

SUPPLEMENTAL INFORMATION: CHRONIC DISEASE

Recommended Evidence-based and/or Promising Strategies

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), which is part of the U.S. Centers for Disease Control and Prevention, recommends the following strategies to prevent chronic diseases across four areas or domains¹:

1. Improve surveillance systems to better understand how chronic diseases affect communities and the extent to which interventions are working to prevent and control chronic diseases. Importantly, data collection efforts should include attention to social and environmental factors and tracking policies that affect chronic diseases, such as those related to access to healthy foods and physical activity in schools.
2. Improving environments to make it easier for people to make healthy choices. Environmental approaches with strong evidence of effectiveness include increasing access to healthy foods and beverages (i.e. full service grocery stores and farmers' markets), banning flavored cigarettes to make smoking less attractive to youth, safe routes to schools initiatives that promote physical activity, and pricing strategies for unhealthy products such as alcohol and tobacco.
3. Efforts to strengthen the healthcare system in ways that focus on prevention and early diagnosis. Specific strategies include increasing access to care for underserved populations, including improved access to cancer screening for people with little or no insurance; changing payment structures to focus on outcomes rather than fee-for-service care; and increasing the use of community health workers, patient navigators, and other allied health professionals.
4. Interventions that connect clinical services with community programs and resources, so that individuals with chronic diseases or risk factors for chronic diseases are better supported in their communities. Specific initiatives include things like increasing the use of community-based chronic

¹ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). How we prevent chronic diseases and promote health. Retrieved from <https://www.cdc.gov/chronicdisease/center/nccdphp/how.htm>.

disease self-management programs and smoking cessation services, and policy strategies that ensure community organizations are reimbursed for these services by insurance companies.

Not surprisingly, the Delaware SHIP recommendations to address chronic diseases are generally consistent with those of the NCCDPHP. Further, SHIP recommendations related to system-wide, policy change that address the social determinants of health also echo the NCCDPHP recommendations.

SHIP Recommendations to Address Chronic Disease

1. Reduce obesity by promoting healthy diet and exercise
2. Increase access to healthy foods
3. Improve the built environment
4. Promote access to remote patient monitoring for patients with chronic conditions
5. Increase access to community health workers and care coordination
6. Reduce lung disease (e.g. asthma, lung cancer, chronic obstructive pulmonary disease)
7. Increase the number of primary care physicians in underserved areas
8. Increase the number of Medicaid dental providers in underserved areas
9. Develop a focused effort to “make the healthy choice the easy choice”

Evidence-based and Promising Strategies

Improve surveillance systems to

1. understand impact on communities
 2. determine effectiveness of interventions to address and prevent
 3. understand social and environmental factors
 4. track policies
- Improve environments to make it easier for people to make healthy choices
 - Strengthen the healthcare system in ways that focus on prevention and early diagnosis
 - Connect clinical services with community programs and resources

Stakeholder Input

Feedback from SHIP stakeholders who participated in the roundtable discussion related to chronic diseases at the SHIP Annual Meeting in October 2019 was also generally consistent with the current SHIP

recommendations and expert recommendations from NCCDPHP. However, some meeting attendees also provided more specific suggestions in some areas. For instance, with respect to linking individuals with community resources, meeting attendees identified the need for better communication about existing resources, such as streamlining and consolidating information about all relevant resources on a single website (e.g. the SHIP website). Similarly, it was suggested that more information about community-based chronic disease resources be part of the state's 211 information referral line. In relation to environmental approaches, some attendees endorsed the need for more farmers' markets and a focus on school-based programs that involve parents as well as students. Similarly, attendees referenced the need for better education in several areas, including for example, culturally tailored nutrition information.

Meeting attendees also highlighted needed changes to clinical practice and workforce shortages, including not only increasing the number of primary care providers but also ensuring a diverse and culturally competent workforce to address the needs of diverse communities. Stakeholders indicated support for student loan repayment policies for doctors working in underserved communities. Stakeholders also suggested the need to increase access to cancer screening for all types of cancer for which there is an appropriate screening protocol. Recommendations included better access to remote patient monitoring and telehealth to reach underserved communities. Some meeting attendees noted the importance of addressing chronic diseases among people with disabilities and other special populations, including better access to dental care for pregnant women. Finally, meeting attendees referenced the importance of policy changes with evidence of positive impacts, such as exploring a tax on sugary drinks, to influence behavior change in relation to chronic diseases.

SHIP 2019-2020 Activities to Address Chronic Diseases

SHIP stakeholders concerned about chronic diseases were engaged in a variety of efforts that aligned with the above recommendations during the past year. Information from the high impact groups (i.e. Delaware Cancer Consortium (DCC) was derived from meetings, websites, and other resources, and highlights of these activities are presented below. Given the nature of our data collection, this list should not be considered exhaustive. We welcome feedback to ensure we provide a complete picture of SHIP-related activities.

SR = SHIP Recommendation



EBP = Evidence-based strategies and/or promising practices

Policy efforts spanning multiple SHIP recommendations and evidence-based and promising strategies **SR EBP** Governor John Carney asked the DCC Chair, Katy Connelly, and Co-Chairs of the Cancer Risk Reduction Committee, Deborah Brown and Lieutenant Governor Bethany Hall-Long, to lead an effort to determine the most practical approaches that can be taken to improve healthy eating and active living in the State of Delaware. The Healthy Lifestyles Subcommittee of the Cancer Reduction Committee was established, co-chaired by Lieutenant Governor Hall-Long and Division of Public Health (DPH) Director Dr. Karyl Rattay. The subcommittee was tasked to come up with a list of policy recommendations to be presented to the Governor to accomplish this goal. Several primary and secondary objectives were considered. They have been organized into three categories: from birth to age 18, employee/workplace wellness, and community health. The subcommittee was especially focused on the role which schools can play to promote physical activity and healthy eating as well as early childhood education. The recommendation development process included three thematic meetings, two expert webinars, one virtual Town Hall, a community feedback survey, and a subcommittee feedback survey. The Virtual Town Hall was held on April 21, 2020 where various policy recommendations were shared, and valuable community input was gathered in an interactive poll. Following the event, people were able to mark their support, or lack thereof, for 17 policy recommendations. At the time of this SHIP report publication, the sub committee's final report to the Governor was not yet available.

Reduce obesity by promoting healthy diet and exercise **SR**

Physical Activity, Nutrition and Obesity – The Physical Activity, Nutrition, and Obesity Prevention (PANO) Program is in DPH's Bureau of Health Promotion. Recently PANO has focused on strengthening its partnership with the Department of Education (DOE) to support a more comprehensive strategy around supporting physical activity in schools. DOE has embarked on a comprehensive process to examine policy and practices that support emotional and physical health for all students that will support academic achievement. Good data is critical to supporting efforts in schools. PANO has supported the implementation of FitnessGram in schools for many years. FitnessGram is a tool that teachers can utilize to collect data around the physical fitness of students. All students in the state are mandated by DOE to have a physical fitness assessment, and FitnessGram

can help facilitate that requirement, while providing helpful information and resources, and collecting additional data beyond self-reported population data currently collected through the Youth Risk Behavior Survey (YRBS). PANO is partnering with DOE to strengthen the utilization of the FitnessGram tool in schools through technical assistance and making the process easier for teachers to implement as part of larger school health curriculum. The Cooper Institute, which developed the FitnessGram tool, provided an all-day training for Delaware educators at a statewide professional development day in October 2019. Also, they shared some physical fitness curriculum strategies for teachers. Understandably, COVID-19 presents some unique challenges for the current school year related to FitnessGram assessments. PANO will continue partnering with DOE and school districts to provide ongoing training, technical assistance, and working together to find innovative solutions to address challenges. A toolkit was developed that will be accessed at deschoolpe.com, and updates are being made to the HealthyDelaware.org website that will include FitnessGram and Cooper Institute resources.

Promote access to remote patient monitoring for patients with chronic conditions -  

Telehealth Services – To help Delawareans secure or maintain access to health care services during COVID-19, Governor Carney’s COVID-19 related emergency declaration and ensuing modifications made allowances for telehealth in unprecedented ways, such as removing barriers that a first visit to a physician providing telehealth services take place in person. Further, Governor Carney signed House Substitute No. 1 for House Bill 348 on July 17, 2020. The Act expires on July 1, 2021, but in the meantime provides that Delawareans can continue to access health care services via phone and/or video call. Telemedicine services permitted under the bill must receive the same insurance coverage as in-person services provided under existing law. Amendments to the Delaware Code provided via the bill include the following:

- Physicians and Advanced Practice Registered Nurses may prescribe controlled substances including opioids via telemedicine but must follow requirements of existing law.
- Out-of-state health care practitioners can practice via telemedicine in Delaware during the COVID-19 state of emergency by following certain procedures.
- Patients do not need to have been a patient of a physician or APRN prior to the existence of COVID-19 in order to now become a telemedicine patient of a provider.
- Respiratory therapists and physician assistants can now practice telemedicine.

- This law does not cover all healthcare professionals. Those professionals who require direct supervision by the nature of the work (e.g. licensed associate counselors of mental health) still cannot practice telemedicine under this law.
- Additionally, effective March 18, 2020, the Delaware Division of Medicaid and Medical Assistance (DMMA) will follow guidance issued by the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS). OCR stated telehealth services may be provided using “any non-public facing remote communication product that is available to communicate with patients.”² This means that more widely used and available consumer services and products that would not typically meet the HIPAA privacy and security standards for telehealth can be used. Examples of such services and products include FaceTime and Skype. Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Medication Access – [HB 263](#) signed into law in July 2020 improves the affordability of medication for those suffering with diabetes. The Act requires that individual, group, and State employee insurance plans cap the amount an individual must pay for insulin prescriptions at \$100 a month and must include at least one formulation of insulin on the lowest tier of the drug formulary developed and maintained by the carrier.

Self-Management Programs – DPH offers free [Chronic Disease Self-Management Program](#) workshops, including Diabetes Self-Management. These free, six-session programs are evidence-based and designed to help people and their caregivers gain confidence in their ability to control their symptoms and learn how their health problems affect their lives. Following the arrival of COVID-19, plans are underway to offer these programs virtually.

Increase access to healthy foods

A major focus for stakeholders this SHIP reporting period was to help provide much-needed relief for many Delawareans struggling to meet their families' food and nutritional needs because of the devastating economic impact of the coronavirus crisis. Beginning in March 2020, emergency benefits

² <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

were made available to Delaware Supplemental Nutrition Assistance Program (SNAP) participants each month as part of a provision set forth by the federal Families First Coronavirus Responses Act of 2020. Under this federal act that was signed into law on March 18, 2020, DHSS will issue emergency benefits to any household not already receiving the maximum monthly benefit.

Pandemic Electronic Benefit Transfer – To help feed children during the pandemic, on May 1, 2020, the Division of Social Services (DSS) was approved by the United States Department of Agriculture (USDA) to operate Pandemic Electronic Benefit Transfer (P-EBT), a new program authorized by the Families First Coronavirus Response Act that provides assistance to families with children who are eligible for free or reduced-price school meals. The P-EBT program provides a supplemental food-purchasing benefit to current SNAP households and a new EBT benefit to other eligible households to offset the cost of meals that would have otherwise been available at school. Under the Families First Coronavirus Response Act, states may submit a plan to the Secretary of Agriculture for providing P-EBT benefits to SNAP and non-SNAP households with children who have temporarily lost access to free or reduced-price school meals due to pandemic-related school closures. State agencies may operate P-EBT when a school is closed for at least five consecutive days during a public health emergency designation during which the school would otherwise be in session. Families First allows states to provide these benefits through fiscal year 2020 (which ends September 30, 2020). States can submit a plan to provide these benefits for children who attend schools that are operating virtual programs in August and September, but legislation is needed to extend the program past September and to address the range of hybrid approaches to virtual and in-person learning that many school districts are using for the current school year.

Online food purchases with SNAP – The USDA approved DSS to provide households with access to purchase food online using SNAP benefits through a pilot program established by the 2014 Farm Bill. Beginning in July, households will be able to use the food benefits on their Delaware SNAP EBT cards to order groceries online through three USDA authorized retailers: Amazon, ShopRite, and Walmart. Households may use their SNAP food benefits to shop and pay for eligible food items online, but they will not be able to use SNAP benefits to pay for service, delivery, or membership fees.

Gardening Initiatives for Healthy Food Access in Communities – The Delaware Center for Horticulture and the Food Bank of Delaware are teaming up to expand the Pennsylvania Horticultural Society's

Harvest 2020 program to Delaware to increase food production and address food inequality throughout the region. Harvest 2020 is a multi-faceted initiative aimed at mobilizing gardening enthusiasts and other individuals in the region to help people in underserved communities. The expected collective action from Harvest 2020 will bring a stronger focus to food insecurity, while teaching people to garden more productively, collecting thousands of pounds of fresh produce for hunger relief organizations, building long-lasting relationships among gardeners and hunger relief organizations, and continuing a vision of using horticulture to advance the health and well-being of local communities. To date, over 500 pounds of produce grown in home and community gardens has been donated through the program.

Improve the built environment

Safe Routes to School – Safe Routes to School programs focus on starting with children and the trip to school so that communities become safe places for everyone to walk and bike. Events such as Walk to School Day and Bike to School Day are organized and promoted through the initiative. The Delaware Safe Routes to School program is coordinated by the Delaware Department of Transportation (DelDOT). This year, DelDOT reported that Bayard Middle/Elementary signed on to the Safe Routes to School Program for participation in education and encouragement strategies and infrastructure projects. Delaware’s program is also working on a GIS tool to help identify and possibly rank schools statewide that would benefit from participation in the program. The program was awarded a grant from Safekids Worldwide for a bike-to-school day that provided helmets and resources.

Bicycling – Bicycle plans for [New Castle County](#) and the [City of Wilmington](#) were published during this SHIP project period. DelDOT announced that the League of American Bicyclists ranked Delaware as the sixth most bicycle-friendly state in the nation, up from seventh in the previous report issued in 2017, and in the top 10 since 2012. The Bicycle Friendly State ranking provides a ranking for all 50 states based on four public data sources and a Bicycle Friendly State survey that is answered by each state's transportation department and/or a statewide bicycle advocacy organization. Following the arrival of COVID-19 and Governor Carney's Stay-at-Home Order, Urban Bike Project reported a 180% increase in demand for bike sales and a 60% increase in traffic to its Free Bike Program. The program reported distributing more than 200 bikes in May 2020 through no-cost giveaways and affordable sales.

Increase access to community health workers (CHWs) and care coordination **SR EBP**

As part of an effort to strengthen and build Delaware's CHW workforce, DPH employed the Institute for Public Health Innovation to operate an 80-hour core competency training for CHWs in early 2020. This comprehensive training was designed for current Community Health Workers, Community Health Ambassadors, Community Health Advocates, and Peer Support Specialists who work in community or clinical settings such as community-based service providers, social services, physician offices, clinics, hospitals, public health agencies. A monthly CHW roundtable meeting is held with trained CHWs. DPH also plans in the future to have trainers that are trained to offer the training in-house. Contact tracers hired by DPH as part of its COVID-19 response efforts are also being trained as CHWs with the 80-hour training. While DPH continues to support CHW certification and training, conversations around CHW certification, including payment structure and what the ideal workforce would look like in the community and within the health care system, will need to be revisited with new DHSS leadership in the coming year.

Reduce lung disease (e.g. asthma, lung cancer, chronic obstructive pulmonary disease) **SR EBP**

Updates to Five-year Lung Cancer Plan – The five-year lung cancer plan is taken from the overall Delaware Cancer Consortium (DCC) state cancer plan, also known as the “orange book.” The DCC’s 2019-2020 accomplishments include the following:

- Determined the baseline of late stage lung cancers: 73.7% are late stage (2,942 out of 3,965).
- Statewide lung cancer screening patient navigators are in place at Christiana and Bayhealth.
- Screening for Life Program (SFL) – Six providers offices are helping remind eligible patients to be screened for lung cancer; an academic detailing curriculum was developed to educate providers on the importance of referring eligible patients to lung cancer screening; and, a new SFL database is being developed.
- Social Marketing – A lung cancer screening campaign is scheduled to be re-run in the fall of 2020. A new secondhand smoke commercial was developed and began airing in fall 2019.

Increase the number of primary care physicians in underserved areas **SR EBP**

In July 2019, Bayhealth and Beebe Health Systems were awarded grants to create residency programs in Kent and Sussex counties. The Rural Residency Planning and Development Program grant from the

Health Resources and Services Administration (HRSA) provides grants to health care systems developing new rural residency programs while they apply for accreditation through the Accreditation Council for Graduate Medical Education (ACGME). The initiative helps address a local shortage of primary care physicians in rural areas. Faculty and curriculum development are underway in anticipation of welcoming residents in 2021. Ahead of the start of the program, a new family medicine outpatient clinic in Dover will open where residents will care for patients under faculty supervision. This practice is estimated to bring more than 30,000 full-spectrum primary care visits, including adult, pediatric, and obstetric care, per year to the community.

Increase the number of Medicaid dental providers in underserved areas **SR EBP**

As reported in the 2019 SHIP Annual Report, [Senate Substitute 1 for Senate Bill 92](#), enacted in 2019, directs DMMA to establish an adult dental benefit. Adult dental coverage is optional for state Medicaid programs, but most offer at least an emergency dental benefit. It has been a long-standing priority of DMMA to offer preventive and restorative dental treatment for Delaware's adult population to address negative health outcomes associated with the lack of oral health care. The benefit will enable Medicaid-enrolled adults to receive up to \$1,000 of dental care per year. An additional \$1,500 may be available for qualifying emergency or supplemental care when medically necessary.

Unfortunately, Delaware was unable to meet the April 1, 2020 implementation date included in the legislation. DMMA is working closely with the Centers for Medicare and Medicaid Services (CMMA) and estimated an additional six months would be needed to receive all the necessary federal approvals and complete the subsequent administrative tasks necessary to begin the program. The program went into effect beginning Oct. 1, 2020. Individuals ages 19-65 who are enrolled in a managed care Medicaid plan will receive their adult dental services through that plan and can obtain a list of providers from their managed care organization. About 200,000 of the 235,000 Medicaid clients (adults and children) in Delaware are served by one of two managed care organizations, Highmark Health Options Blue Cross Blue Shield Delaware and AmeriHealth Caritas Delaware. Adults who are enrolled in fee-for-service Medicaid will receive their adult dental services through that program and may obtain a list of providers from DMMA by contacting the Delaware Health Benefits Manager. The benefit will cover a wide variety of services, including exams, cleanings, fillings, sedation, and regular tooth extractions. It will cover \$1,000 of dental care per year; an additional \$1,500 per year may be available for qualifying emergency or supplemental care when medically necessary.

Improve surveillance systems to: 1) understand impact on communities; 2) determine effectiveness of interventions to address and prevent; 3) understand social and environmental factors; and 4) track policies. **EBP**

Environmental Public Health Tracking – This year, the [My Healthy Community: Environmental Public Health Tracking Network](#) added a COVID-19 Data dashboard and more data related to: Chronic Disease, Environment, Mental Health & Substance Abuse, Healthy Lifestyles, Community Safety, Maternal & Child Health, Health Services Utilization, and Infectious Disease.

Food Resource Mapping – In January 2020, the [Delaware Council on Farm and Food Policy](#) published the report, *Delaware Food-Based Assessment Tool: A Statewide Analysis of Delaware's Food System*. The Delaware Council on Farm and Food Policy hired Gorham Public Health Consulting to design a food-based assessment tool of food resources in Delaware. Using the mapping tool, the consulting firm analyzed these food resources to establish baseline conditions of existing food distribution resources; located these resources geographically in our communities; and evaluated the extent these resources and activities are meeting the needs of Delawareans with low to moderate incomes, health equity and food insecurity issues. The Council will be able to use this tool to assess a community's social vulnerability, health statistics, and food resources to understand where gaps exist. This information will guide the council on programming, planning, and policy decision-making.