

# WELCOME!



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health



*“An integrated culture of health in which holistic wellness is collectively valued, promoted, and prioritized across sectors, systems, and services in a manner that fosters equitable opportunities for health for all Delawareans, leading to improved health outcomes.”*

OUR VISION  
FOR A  
HEALTHY  
DELAWARE

DRAFT

# THERE ARE FOUR ASSESSMENTS WITHIN THE MAPP PROCESS

## 1. Community Themes and Strengths Assessment (CTSA)

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?
  - Series of six community meetings (June-October)
  - Asset Mapping (work group)

## 2. Local Public Health System Assessment (LPHSA)

- What are the components, activities, competencies, and capacities of our local public health system?
- How are essential public health services being provided in our community?
  - Delaware Community Health Improvement Initiatives Survey
  - A series of 12 key informant interviews (May-October)

## 3. Community Health Status Assessment (CHSA)

- How healthy are residents in Delaware?
  - Local, community level data (i.e., the 2015 Delaware Household Health Survey)
  - Peer, state, and national data (i.e., County Health Rankings, HP 2020 benchmarks)

## 4. Forces of Change Assessment (FOCA)

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats and/or opportunities are generated by these occurrences?
  - Coalition-wide FOC assessment activity (4/19)



# FORCES OF CHANGE

- The purpose of the Forces of Change Assessment is to identify the trends, events, and factors that -directly or indirectly- affect health and quality of life in the community, and the effectiveness of the public health system.
  - The related challenges and opportunities these forces pose.
- Forces of change include factors both generated inside the public health system and imposed from the outside.
- “Forces” are a broad all-encompassing classification that includes trends, events, and factors.
  - Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
  - Factors are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
  - Events are one -time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation
- **NEXT SLIDE: 2012 FORCES OF CHANGE ASSESSMENT RESULTS**

| Forces   | Threats Posed   | Opportunities Created   |
|--|---|---|
| (Trends, Events, Factors)                              | Economic  |   |
| Weak Economy   | Increase in number of unemployed and underemployed                              | Motivation for entrepreneurship   |
|  | Strain on societal safety net programs  | Improve the resource allocation   |
|  | Increase in number of uninsured and underinsured                                | Increase partnerships and collaborations  |
|  | Increase in foreclosures and housing issues                                     | Increase low cost and innovative social support                                   |
|  | Mental health issues  | <i>(none defined)</i>   |
| Environmental  |   |   |
| Pollution and Environmental Degradation                | Pollutants cause health problems such as cancers and neurological disruptions   | Clean and redesign public spaces and parks  |
|  | Particularly damaging to children and the elderly                               | Enact stronger environmental protection legislation                               |
|  | Contaminates water supply   | Increase community value by improving environment                                 |
|  | Lasting damage to environment, animals, and plant life                          | <i>(none defined)</i>   |
| Built Environment                                      | Limited option for affordable housing   | Develop safe public spaces to encourage active lifestyles                         |
|  | Lack of affordable transportation options                                       | Provide walking, jogging, and biking trails                                       |
|  | Lack of well-designed public spaces for recreation                              | Improve transportation options and make community life more accessible            |
| Ethical  |   |   |
| Rationing Care   | Leads to more inequality and disparity  | Decreases unnecessary health procedures and tests                                 |
|  | Insurance companies limit coverage of needed care                               | Contributes to lower health care costs  |
|  | Disproportionately affects low income and lower educated groups                 | Improves the standard of care through evidence-based practice                     |
| Legal  |   |   |
| Legislative Health Care Reform                         | Difficulty implementing new requirements  | Collaborate to comply with requirements of EHR                                    |
|  | Confusion about new systems for patients and care providers                     | Increase in access to care for more people  |
|  | Cost of implementing new requirements   | Create a more efficient and equitable system                                      |
| Political  |   |   |
| Elections 2012   | Changes in foreign relations, social policies and health care                   | Changes in foreign relations, social policies, health care                        |
|  | Depending on election outcome   | Depending on election outcome   |
| Reduced Funding for Social Services and State Programs | Less money available for direct services and prevention programs                | Shift responsibility of some programs to private sector or nonprofit agencies     |
|  | Decreases support system for high-risk, high-needs populations                  | Increased incentive to collaborate between offices and programs                   |
|  | Spend more time seeking grant funding   | Streamline services and decrease wasteful spending                                |
|  | Job loss that affects infrastructure of social systems & public health programs | Create new systems to reach more clients efficiently                              |
| Scientific   |   |   |
| Advances in Medical Care                               | Increase in cost for health care  | Improve health care services and treatment  |
|  | Increase in demand  | Better health outcomes  |
|  | Unnecessary use of technology   | <i>(none defined)</i>   |
|  | Unequal access to advances  | <i>(none defined)</i>   |
| Social   |   |   |
| Socio-Economic Disparity                               | Widens the gap between the “haves” and the “have-nots”                          | Form partnerships to offer opportunities to under-served/resourced communities    |
|  | Poor health and economic outcomes for more people                               | Increase wealth among some people   |
|  | More children and families with unmet needs                                     | Improve systems to equitably distribute resources and services                    |
| Aging Population                                       | Aging workforce   | Improve collaboration of services   |
|  | Increase in need for caretakers and hospice                                     | Coordinate Medicare and social services   |
|  | Increase in costs associated with end-of-life care                              | Improve palliative care and end of life care                                      |
| Education and Health Workforce Training                | Shortage of trained health professionals  | Partner with nearby out-of-state professional health schools                      |
|  | Poor health outcomes related to lack of education                               | Strengthen in-state undergraduate health workforce training                       |
| Safe Communities and Mental Health Services            | Strain on mental health services and social systems                             | Improve health education services to lay population                               |
|  | Increase in community violence and homicides                                    | Increase community safety coalitions  |
| Technological  |   |   |
| Information Technology                                 | Increase in chance of misinformation  | Improve access and availability of mental health services                         |
|  | Difficult to control messages   | Improve ability to communicate with larger audience                               |
|  | People ignore important health communication messages                           | Multiple communication tools to reach people                                      |
|  | Overwhelming amount of info = difficult to differentiate fact from fiction      | Improve communication between health professional and within the health system    |
|  |   | Partner with community groups & professionals to provide valid, credible messages |