

Healthy Communities Delaware



Update to the Delaware Health Care Commission

by

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December 6, 2018



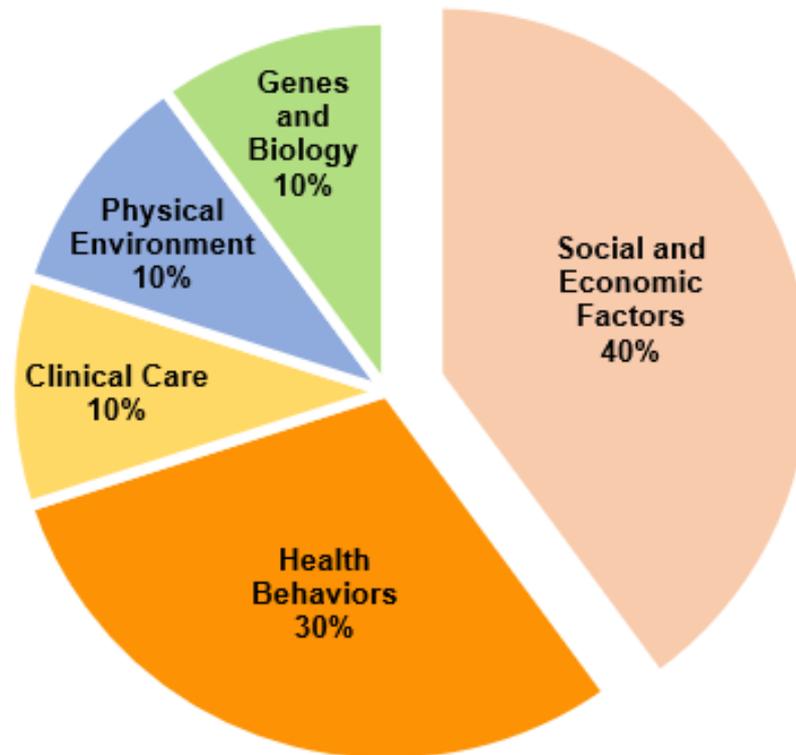
- We're pleased to give you an update on the development of Healthy Communities Delaware (HCD).
- The last briefing you had on HCD was on April 5th, and a lot has happened since then.



To refresh your memories . . .

HCD is a collective impact initiative to enhance the alignment, coordination and volume of investments in Delaware's communities to address the social determinants of health.

Determinants of Health



Necessary conditions for health (according to WHO)

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Mobility
- Social justice and equity

Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.



Delaware's Overall Health is Poor!

Our population is older and aging faster.

We are sicker than the average state.

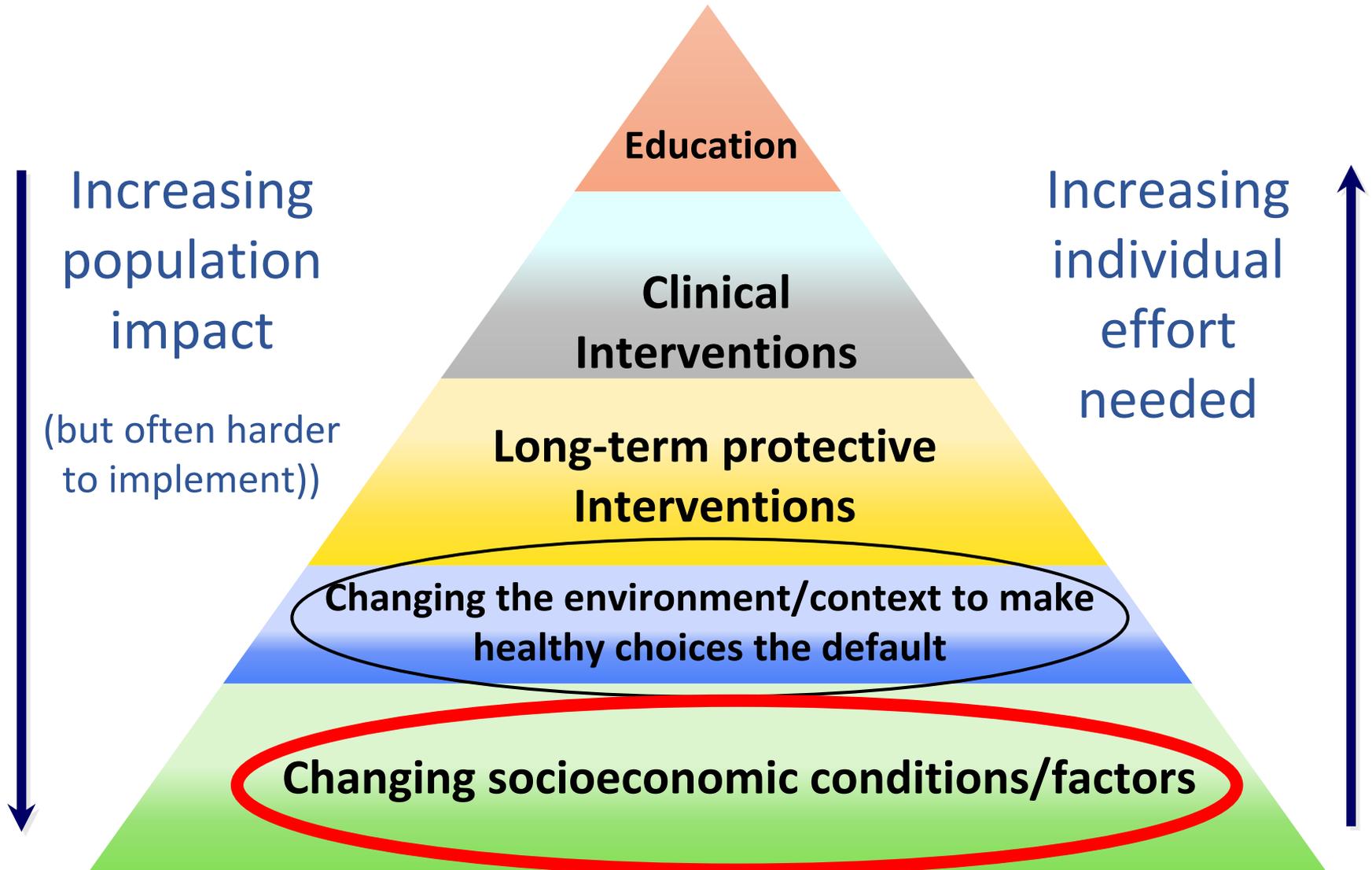
Our investments have not led to better outcomes – we are ranked 30th in America's Health Rankings.

We rank in the bottom half of states for:

- Overdose deaths
- Infant mortality
- Cancer deaths
- Diabetes
- Physical activity
- Smoking
- Cardiovascular deaths

RANKED
30

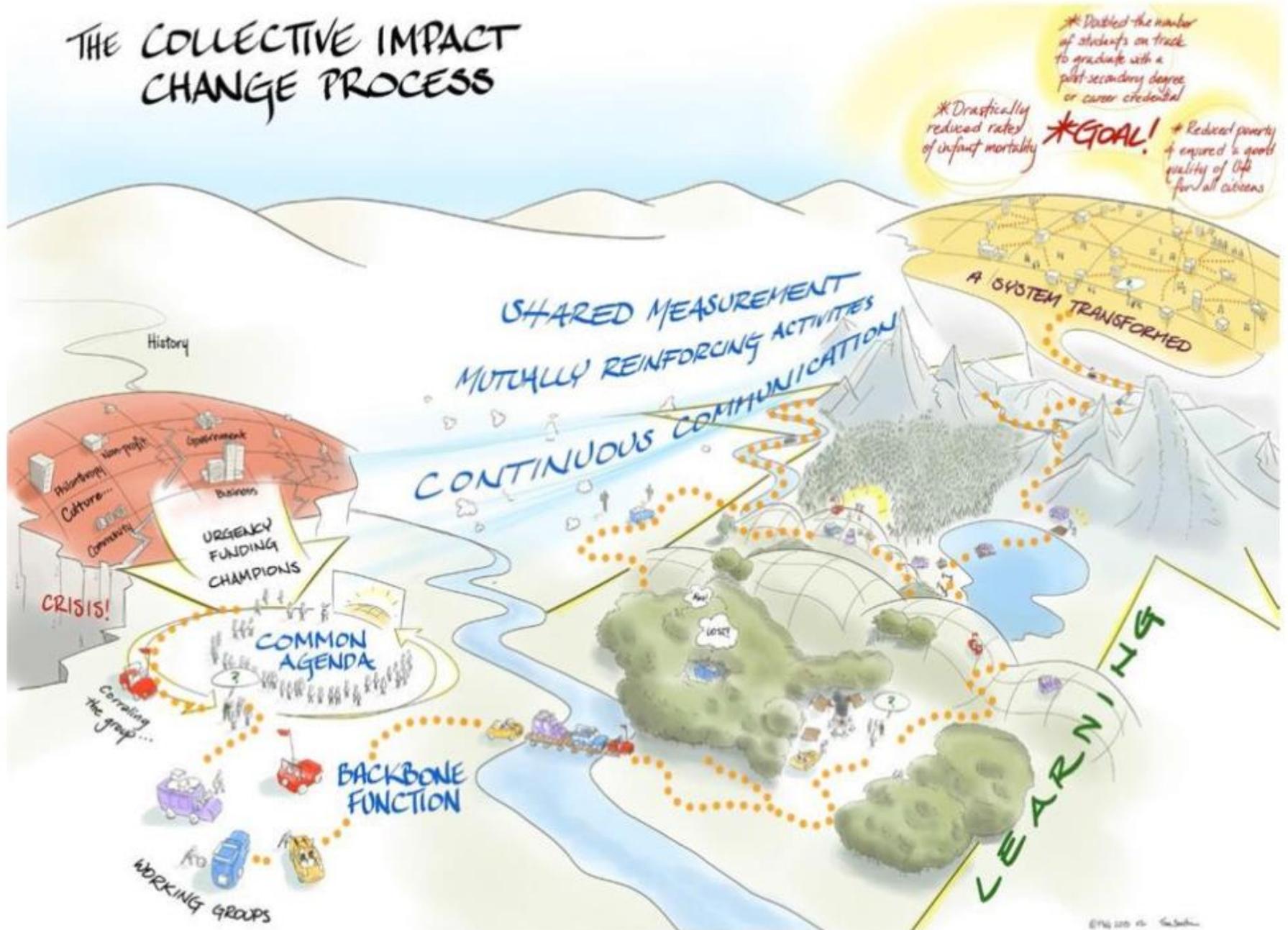
“Impact Pyramid”





So, there is great need for a sustainable investment and evaluation process to produce more significant collective community health impacts.

THE COLLECTIVE IMPACT CHANGE PROCESS

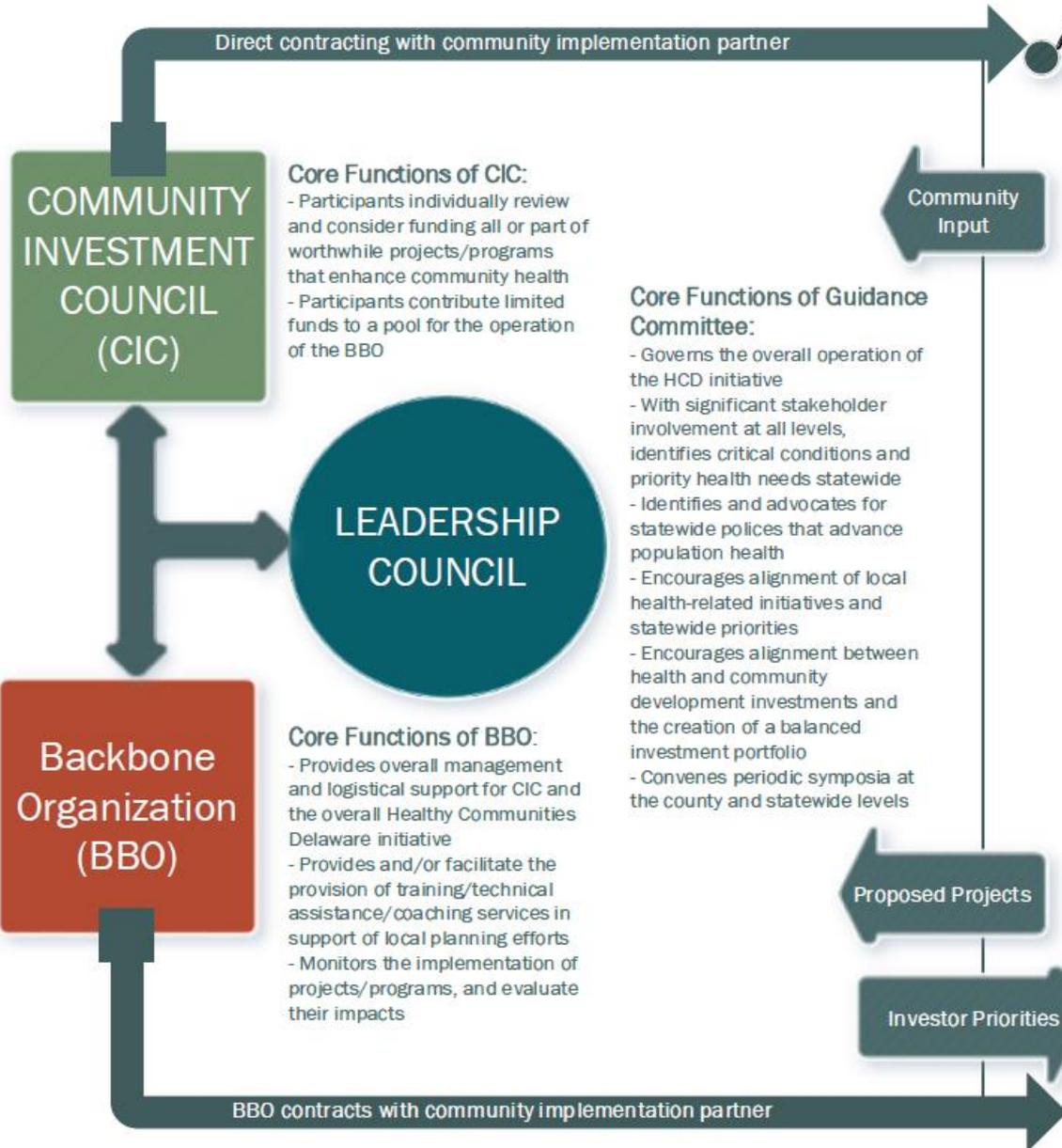




Description of the Healthy Communities Delaware Model

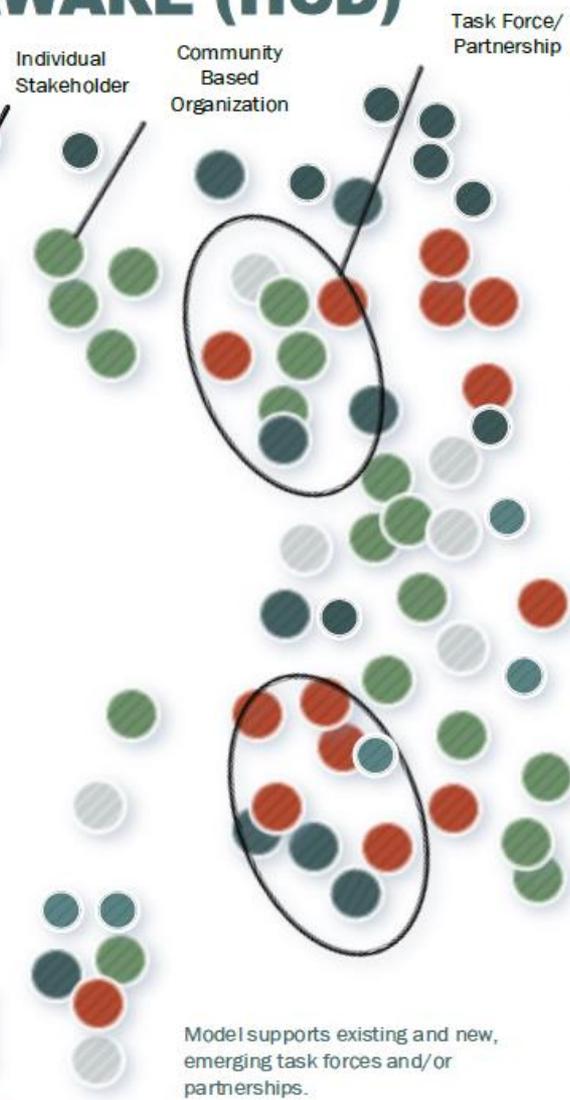
HEALTHY COMMUNITIES DELAWARE (HCD)

HCD INFRASTRUCTURE



Core Functions of Guidance Committee:

- Governs the overall operation of the HCD initiative
- With significant stakeholder involvement at all levels, identifies critical conditions and priority health needs statewide
- Identifies and advocates for statewide policies that advance population health
- Encourages alignment of local health-related initiatives and statewide priorities
- Encourages alignment between health and community development investments and the creation of a balanced investment portfolio
- Convenes periodic symposia at the county and statewide levels



Model supports existing and new, emerging task forces and/or partnerships.

Local stakeholders are encouraged to form alliances and partnerships and work collaboratively to plan and carry out activities that improve community health.

COMMUNITY LEVEL PLANNING AND PROJECT/PROGRAM IMPLEMENTATION



To sustain the momentum that's been built over the past few years, we are implementing HCD in three phases:

- Phase I:** April 2018 through January 2019. Includes the design of the HCD model and the launch of its three primary components.
- Phase II:** February 2019 – June 2019. No SIM funding, but sustaining momentum with local financial and in-kind resources, and assistance from HMA via Federal grants to address the opioid crisis.
- Phase III:** July 1, 2019 and beyond. Support through a variety of financial and in-kind sources, including the Community Investment Council and state funding (potentially through the Delaware Health Fund - Tobacco Settlement monies).



The HCD Leadership Council



The Leadership Council consists of approximately 35 members, with a 7-person Executive Committee. Strong efforts have been made to attract very knowledgeable people across:

- the public, private and nonprofit sectors,
- across disciplines and issue areas, and
- across different geographical areas of the state



Primary Responsibilities of the Leadership Council are to . . .

- Pursue ideas and actions that are evidence-based using a collective impact approach to improve community health.
- Discuss, decide and prioritize major short-term, mid-term and long-term goals of HCD that are based on reliable data.
- Provide ideas and feedback on the composition and implementation of different “investment portfolios” for different low-wealth communities across the state.
- Meet every other month (6 times a year).



List of Leadership Council Members

- Steven Peuquet, Co-Chair, University of Delaware
 - Karyl Rattay, Co-Chair, Delaware Division of Public Health
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- Kenneth Anderson, Delaware Division of Small Business
 - Douglas Azar, eBright Health
 - Anas Ben Addi, Delaware State Housing Authority
 - Carrie Casey, New Castle County Community Development & Housing
 - Stuart Comstock-Gay, Delaware Community Foundation
 - Dorothy Dillard, Delaware State University
 - Rysheema Dixon, Wilmington City Council/North Wilmington-Claymont Healthy Neighborhoods Council
 - David Edgell, Office of State Planning Coordination
 - Bernice Edwards, First State Community Action Agency
 - Susan Frank, Cinnaire
 - Dorrell Green, DE Department of Education
 - William Grimes, Solid Rock Baptist Church (Invited)
 - Terri Hasson, WSFS Bank
 - Paul Herdman, Rodel Foundation of Delaware (Invited)
 - Terrence Keeling, Central Baptist Community Development Corporation
 - Omar Khan, Delaware Health Sciences Alliance
 - Rita Landgraf, University of Delaware Partnership for Healthy Communities
 - Sarah Long, Delaware Bankers Association
 - Paul Morris, Delaware Technical and Community College



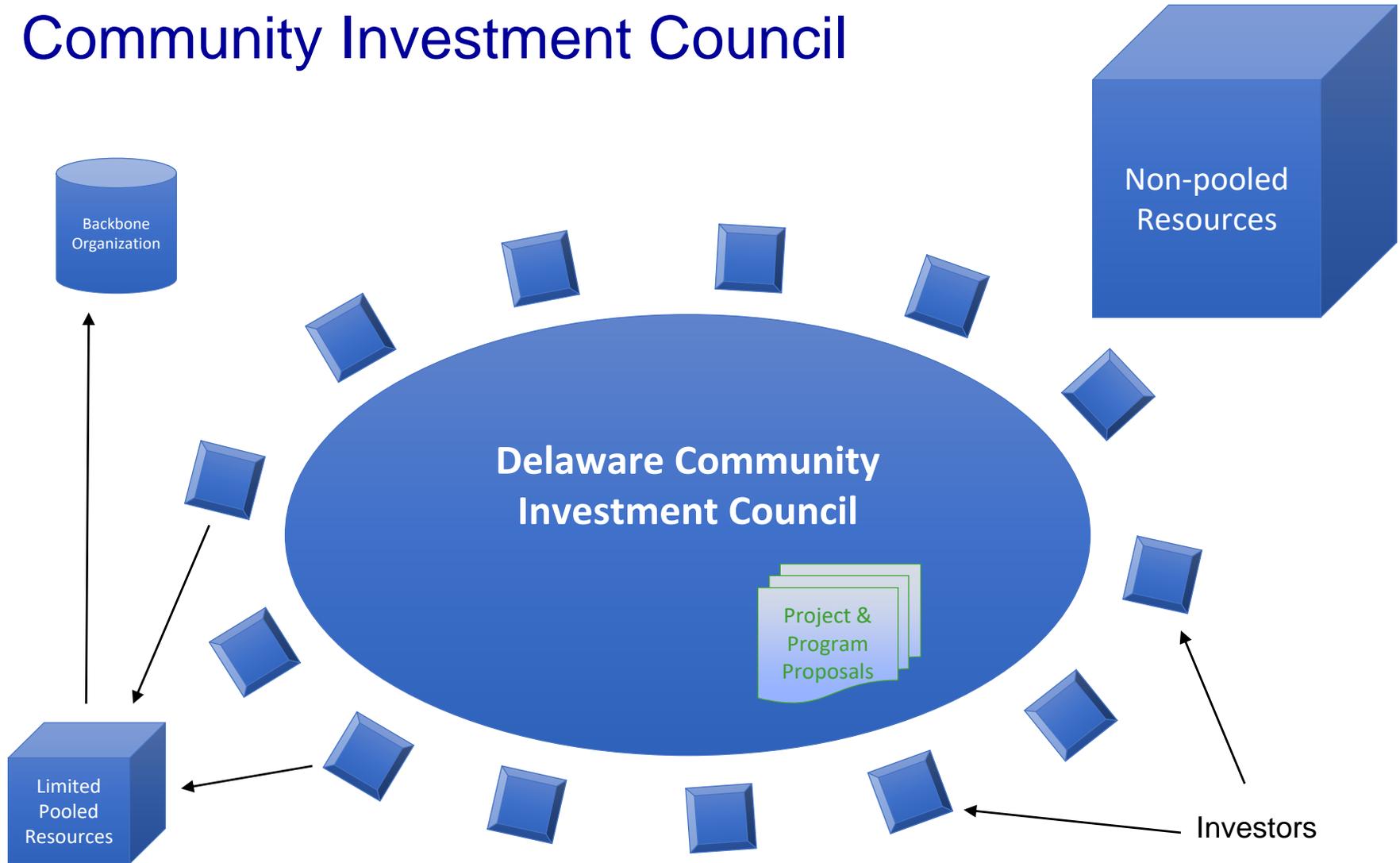
List of Leadership Council Members continued . . .

- Margaret Norris Bent, Westside Family Healthcare
- Matthew Parks, Discover Bank
- Tanner Polce, Dover City Council
- Cynthia Pritchard, Philanthropy Delaware
- Michael Quaranta, Delaware State Chamber of Commerce
- Brian Rahmer, Health Policy Consultant
- Rosa Rivera, La Red Health Center
- Christina Showalter, Housing Alliance Delaware
- Wayne Smith, Delaware Health Care Association
- Karen Speakman, NCALL (Invited)
- Matthew Stehl, Highmark Delaware
- Matthew Swanson, Delaware Center for Health Innovation
- Michelle Taylor, United Way of Delaware
- Javier Torrijos, Delaware Hispanic Commission
- Jane C.W. Vincent, Community Development Consultant



The HCD Community Investment Council

Community Investment Council



Who Will Be the Investors?

CIC will attract investors willing to provide financial and/or in-kind resources. Some contributions will be pooled to support the overall functioning of the system, but most will be allocated by individual investors for the implementation of impactful community projects and programs. Investors could include:

- State government
- County & municipal government
- Hospital systems
- Universities
- Major foundations
- United Way
- Major banks, retail & wholesale
- CDFIs
- Corporations
- Others?



A Few Words About Investment Portfolios

- Longer term, HCD seeks to establish community investment portfolios.
- All geographic areas have a portfolio in play, whether acknowledged or not. Most are very ad hoc with ill-defined goals.
- We need to bring capacity to the table in helping communities explicitly define and implement investment portfolio that can improve community health.
- And, we need to measure the impact of these community investment portfolios and fine-tune them over time.



Investments to Assure Vital Conditions <i>Properties of places and institutions that all people need regularly to be healthy and prevent threats to well-being.</i>			Services to Address Urgent Needs <i>Services that anyone under adversity may need temporarily to regain or restore well-being.</i>		
 Education	Education	Lifelong learning and literacy from early childhood through high school graduation and career (e.g., Head Start, Pre-K, K-12, job training, student loans)	 Urgent & Long-Term Health Care	Acute Care for Illness or Injury	Efforts to deliver acute and post-acute care for physical and mental illness (e.g. EMS, ER, acute hospitalization, trauma-informed care)
 Job & Living Wage	Jobs, Wages, Wealth	Efforts to foster economic development, access to well-paying jobs, and community wealth (e.g. living wage policies, employment programs, worker cooperatives, public transit)	 Addiction & Recovery Services	Addiction & Recovery Services	Behavioral health care, substance abuse treatment, recovery from chemical dependency or addiction (e.g., AA, NA, Narcan, SBIRT, Recovery Homes)
 Stable Housing	Stable Housing	Efforts to assure permanent housing that is adequate, safe, and affordable (e.g., subsidies to construct/renovate affordable housing; mixed income design to avoid gentrification)	 Criminal Justice, Violence, Emergencies	Criminal Justice, Violence, Emergencies	Efforts to identify, adjudicate, and enforce violations of the law (e.g., courts, jails, prison, parole); first responders in a crisis (e.g. fire, ambulance, 911, suicide hotline, poison control, emergency operations)
 Safe Neighborhoods	Safe Neighborhoods & Homes	Efforts to design and keep neighborhoods and homes safe from crime, injury, and violence (i.e. community-police partnerships, youth development, fire safety, lighting, greenspace, zoning)	 Environmental Clean-Up	Environmental Cleanup	Efforts to clean up hazards in air, water, soil, homes, workplaces, and communities (e.g., lead abatement)
 Nutritious Food	Healthy Food	Efforts to assure easy access to affordable, nutritious food (e.g. school lunch, food labeling, transfat bans, fruit/veg discounts, farm-to-work programs)	 Unemployment Assistance	Unemployment and Income Assistance	Assistance for those unemployed or disabled; supports for disadvantaged (e.g. TANF, energy assistance, childcare assistance); efforts to reduce hunger, food insecurity, and malnutrition (e.g., SNAP, WIC, food banks)



The HCD “Backbone”



The HCD backbone organizations is the administrative entity that manages the day-to-day operation of HCD. It's responsibility is to:

- Support the functioning of the LC and CIC
- Provide technical assistance and training to local community-based groups
- Gather and analyze primary and secondary data to identify needs and formulate community investment portfolios
- Measure the individual and collective impacts of program and projects (portfolios)



The HCD backbone organizations is in the process of being established as a partnership between three anchor organizations:

- DE Department of Health and Social Services
- University of Delaware
- Delaware Community Foundation



A few comments on the Evolution of Healthy Communities Delaware

While the name “Healthy Communities Delaware” is relatively new, the initiative is built on ideas and hard work that’s not so new, in particular, the “Healthy Neighborhoods” program.



Some history on Healthy Neighborhoods . . .

- Planning discussions began in 2013 as part of Delaware’s overall health reform efforts.
- Delaware received a CMS/CMMI/SIM Planning Grant followed by a Testing Grant.
- Population Health or “Healthy Neighborhoods” has been one of the areas of focus of this grant.
- This work has involved supporting community health councils at the local level (one council in each county)
- Two years ago the Healthy Neighborhoods Committee developed a subcommittee to focus on sustainable models . . . HCD was developed out of the results of these discussions, because we need to sustain this work beyond the SIM Grant, which ends January 31, 2019.



The good news is that local planning has been happening as the HCD model has been developing, and out of this planning, local projects and programs have been created and are being funded.

To date, \$516,259 for 8 local community projects has been approved via the SIM Grant.



Please mark your calendars!

The official public launch of HCD
will happen on January 14th at a
day-long symposium at the Chase
Center in Wilmington



Thanks for listening!

Your questions and comments
please . . .