

# Strengths and Areas for Improvement – Findings from Key Informant Interviews

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INSIGHTS TO DELAWARE'S MATERNAL AND CHILD HEALTH  
SYSTEM OF CARE

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## INTRODUCTION

Title V of the Social Security Act reflects our nation’s commitment to improving the health and well-being of mothers, children, and their families, and is operationalized through a block grant. The Title V Block Grant serves as the foundation for much of the work related to maternal and child health. Every five years, as a part of the federal Title V Block Grant, states are required to complete a comprehensive assessment of the needs, desired outcomes, and system capacity for the maternal and child health population, including children and youth with special health care needs. The results of this assessment will be used to establish the priorities that will guide Delaware’s Title V program for the next five years (2020-2025).

The challenges of the Maternal and Child Health system are complex. To create solutions to address these challenges it is important to understand the systems and the interrelated components of the system that shape health. The five-year needs assessment process allows state Title V programs to begin to understand the complexity of these challenges, identify needs, and select priority areas of focus.

### Methodology

In Spring 2020, the Maternal and Child Health section contracted JSI Research and Training Institute, Inc. to conduct key informant interviews with identified stakeholders to gather insight to the strengths and needs of the MCH populations as well as gaps and leverage points in the system of care serving the populations. A total of thirteen interviews (Table 1) were completed with stakeholders with expertise in at least one of the five MCH Population Domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Adolescent Health; and 5) Children with Special Health Care Needs. Informants included administrative and clinical staff and service coordinators. An interview guide was provided in advance and interviews lasted approximately 60 minutes. Interviews were recorded with permission, and transcribed<sup>1</sup>. A priori, the JSI team developed a set of preliminary coding themes based on the

Table 1: Organizations, Committees and Coalitions Represented by Key Informants

1. Division of Medicaid & Medical Assistance (DMMA)
2. Christiana Care Health Systems
3. Children and Families First (CFF)
4. Saint Francis Healthcare
5. Sussex County Health Coalition
6. Division of Public Health (DPH), Bureau of Oral Health and Dental Services
7. Beebe Healthcare
8. Department of Education
9. Parent Information Center
10. Nanticoke Women's Health
11. Fetal Infant Mortality Review
12. Child Death Review Commission
13. Maternal Mortality Review
14. Healthy Communities Delaware

<sup>1</sup> Wreally.com AI-based transcription software was used to create transcripts from audio files. JSI staff then cross-checked and revised the transcriptions against the audio files to ensure accuracy.

interview guide and the first few interviews. Thematic coding then proceeded iteratively, using a manual process with one lead coder and team reviewers.

The interview asked informants to describe their organization's role in addressing a specific population domain, its reach and population focus, partnerships, strengths and challenges of Delaware's current system of care, disparities and emerging issues. The following is a summary of key findings.

## FINDINGS

Findings are organized into five areas: Initiatives and Services; Partnerships; Gaps/Challenges; Strengths and Opportunities; and, Emerging Issues.

### Overview: Delaware's Organizational Initiatives and Services

Key informants were administrators, clinicians, service providers and advocates – representing the breadth and depth of the public health workforce actively engaged in Delaware's maternal and child health work to improve the population's health. Key informants represent organizations that provide either statewide or region specific services and supports. The scope of services and supports discussed and described by key informants blanketed a wide spectrum of services across the life span. However, what was evident is that some areas were certainly threadbare and would have benefited from additional resources or stronger coordination of services. Key informants consistently described the populations most in need and those included women, children and families confronted by social and economic barriers to care as well as those who are undocumented and the social and economic barriers are further exacerbated by fear of deportation. Many of the families served by these organizations or prioritized by these initiatives are low-income, receive Medicaid or are underinsured.



*“A lot of the focus is alignment, investment, and impact. So what we're trying to do is bring a lot of funding partners together into alignment, both at the community level, with collaboration among organizations, understanding what their common goals would be, like a collective impact model. So shared measurement, shared vision, shared strategies.”*

The remainder of this section describes some key examples of organizations providing services in a collaborative way.

### Cross-cutting/Systems Building

- Healthy Communities Delaware - Healthy Communities Delaware is a statewide initiative that seeks to address program capacity and/or the systems-building needs of a State. This initiative focuses on cross-sector systems building as it seeks to partner with communities to address social determinants.
- Division of Medicaid and Medical Assistance (DMMA) – Clinical decision-making and quality measurements were two key areas of focus for DMMA. DMMA is working closely with the Division of Public Health and the Division of Substance Abuse and Mental Health on substance use disorder. DMMA also works closely with the Office of Children with Special Healthcare Needs and oversees the program, the Children's Community Alternative Disability Program (CCADP) – an eligibility program for children with disabilities for children whose family income is too high to qualify for Medicaid, but they have a disability. To guide its work, DMMA has a Medicaid advisory committee on children with medical complexity that involves both state agencies as well as our Managed Care Organizations and some pediatric provider partners, notably Nemours, and family representatives.



*“Our kids are struggling and we see such a huge need in anxiety depression and other issues going on. We’ve got like a large population of kids living at or below the poverty level, single parent homes and with the opioid epidemic and all the other things that are going on. These kids are really struggling and we’re not able to do a lot, enough resiliency based prevention to help kids be able to navigate that well.”*

### Perinatal and Infant Health

- Delaware Healthy Mother Infant Consortium in Delaware’s (DHMIC) primary goal is to reduce infant mortality and has expanded its work to include maternal mortality. It addresses four priority areas: (1) well woman care and life course perspective; (2) maternal morbidity and mortality; (3) social determinants of health; and (4) continued emphasis on reducing preterm birth and infant wellbeing. These areas are reflected in a strategic plan developed by all members of the Consortium. One year goals are to: (1) partner with key community organizations, planners, and stakeholders to address community identified needs; (2) use consumer and community information to drive change; (3) revise the Healthy Women Healthy Baby model to identify and address some of the social determinants of health; (4) discuss data lessons learned from previous community partnerships, including thriving communities; (5) further engage the faith-based community improving health; and (5) promote rapid cycle performance improvement to improve programs. Three year goals are: (1) to create a sustainable model for Health Advocates to improve birth outcomes; (2) to engage hospital systems and other anchor institutions to partner and drive community economic change and (3)

improve the effectiveness of organizations and staff, statewide, on cross cultural encounters.

#### *Children and Youth with Special Health Care Needs (CYSHCN)*

- The Parent Information Center (PIC) and the Parent Training and Information Center project (PTIC) – which is written into law under the Individuals with Disabilities Education Act - requires every state have a PTIC. The goal of PIC is to support the whole child, thus PIC staff partner with organizations to ensure resources and information are accessible to all families of children with disabilities. For example, if a family contacts PIC with questions about their child's education, and indicate possible mental health challenges and/or the family is seeking mental health resources, it's imperative that PIC staff are knowledgeable enough and connected with the community resources to share appropriate resources with families.

#### *Adolescent and Child Health*

- Sussex County Health Coalition is a “provider oriented” coalition established to ensure providers who work directly with families have an opportunity to work on community level issues. The Coalition is active, with an average of 130-140 members in attendance every month. The coalition is comprised of several committees and task groups that address early childhood (birth to six years of age); youth/adolescence; chronic health conditions; behavioral health; drug-free committee (focuses on addiction issues); and, economic mobility. The coalition meets to examine policies, practices and programs as well as identify gaps in the community and to build networks to solve those problems. Early childhood and mental health were among the areas of high need identified. The coalition found that there was tremendous need for mental health services for children in Sussex County. To address issues related to these areas, the Coalition formed a collaborative with three school districts across Sussex County and started to build that infrastructure. In each school in Sussex County a cross sector mental health committee was assembled and included the director of student services, a psychologist, a psychiatrist, a guidance counselor, a behavioral health consultant and other individuals as deemed necessary. The committee addressed how to: 1) provide infrastructure to triage students appropriately to ensure that outside counseling agencies would be allowed into the schools by establishing a Memorandum of Understanding (MOU); 2) provide counseling services at no cost to the school; and, 3) build training and educational opportunities to prevent suicide or homicide, training and trauma. The coalition received several years of funding which enabled training of school district personnel and Instituted "risk", which was for suicide assessment, care too for the homicidal, and then the trauma informed through a local vendor who did that through those districts.

## Women and Maternal Health

- Women's and Children's Services, Beebe Healthcare – Beebe Healthcare has a little over 700 deliveries per year. Services are provided in Lewis and Georgetown. Beebe was the first baby-friendly hospital in the state of Delaware and maintains this designation. As such a great deal of effort and energy is directed toward lactation. Outpatient lactation visits are provided at two locations; however due to COVID-19 currently these visits are conducted virtually. Beebe is the only National Accreditation Program for Breast Centers (NAPBC) certified breast program in the state of Delaware right now. In addition to its OB/GYN and lactation services, the hospital provides childbirth education as well as comprehensive mammography screening.

*“One of the underlying strengths that we always feel in Delaware, and I know Joe Biden talks about this all the time, it is like “reaching across the aisle”... It’s a small state. So, even if you guys don’t agree on everything, you know who to reach out to, and if I had a thought if I had something I wanted to push forward ... [I know] ... who reach out to see what the perspective is and how possibly we can work together. That sense of collaboration and engagement is very high in Delaware.”*

## Partnerships

Partnerships are an essential component to improving maternal and child health and was consistently identified by key informants as one of the state’s greatest strengths. Delaware partnerships present as either broad networks of organizations where information is exchanged, activities may be coordinated or even reach a degree of integration. Partnerships may also present as agreements (Memorandum of Understanding) between two entities where the scope and delivery of services are negotiated and resources leveraged. All informants consistently noted that collaboration and partnerships across Delaware is a strong and integral part of their work, and there was deep interest in building and maintaining those relationships. Successful statewide and local (county/city) initiatives required multi-year, wide-reaching, cross-sector collaborations. Some informants noted that the annual nature of funding streams, and the resources required for grant-writing and grant-making, can impede long-term planning and implementation that systems level collaboration requires.

Collaborators mentioned included:

- State agencies and divisions, including:
  - Division of Public Health
  - Department of Services for Children, Youth and their Families (DSCYF)
  - Division of Prevention and Behavioral Health Services (under DSCYF)
- Community-based organizations
- Managed Care Organizations
- Federally qualified health centers
- School-based programs

- Public housing developments
- Universities and teaching hospitals

Significant initiatives across the state included:

- Contraceptive Access Now
- Family SHADE
- Delaware Afterschool Alliance
- Delaware Early Childhood Council
- State Systemic Improvement Plan Committee (SIP)
- Delaware Healthy Mother and Infant Consortium (DHMIC)
- Women’s Preventive Services Initiative
- Sussex County Health Coalition
- Project Aware (SAMHSA funded)

### *Partnerships to Achieve Collective Impact*

In Delaware, partnerships and collaborations serve as a vehicle to achieve collective impact and promote quality improvement (QI). Delaware’s more expansive partnership that exemplifies collective impact is **Healthy Communities Delaware**, a collaboration between the Delaware Division of Public Health and the Delaware Community Foundation and the University of Delaware partnership for Healthy Communities. The focus of Healthy Communities Delaware is on three concepts: alignment, investment, and impact with the aim of bringing funding partners into alignment at the community level, and promoting the development of partnerships across sectors. However, the key informant noted that this has yet to be operationalized. Although it is a statewide initiative, Healthy Communities Delaware is focusing its efforts on specific census tracts in Wilmington, Dover and Western Sussex County identified by the Division of Public Health based on how they ranked on a health index and four specific measures (e.g., percent of children in poverty, percent graduating from high school). The initiative issued a Call for Interest and Collaboration to address healthy safe and vibrant communities. The Call intentionally streamlined the grant-making process, and resulted in numerous letters of interest and 33 applications from coalitions or collaborations among organizations in the targeted communities. Most interested parties represented community organizations such as Habitat for Humanity and the food bank.

Healthy Communities Delaware is said to utilize a “place-based approach” and thinks about communities as a whole without a focus on a specific population but rather a focus on social determinants of health. It seeks to support communities in taking a public health approach to conducting needs assessments and based on findings, determine from a list of evidence-based resources, interventions which would best address the identified needs. Its decision-making process and actions are intended to be both community- and data-driven. Healthy Communities Delaware also draws on aspects of Collective Impact as it works closely with communities to

identify common goals as well as shared measurement, vision and strategies. Healthy Communities Delaware is still in the early stages of its work, selecting approaches and innovative models for communities to implement.

#### *Partnerships to Facilitate Quality Improvement*

Like Healthy Communities Delaware, **Delaware Healthy Mother and Infant Consortium (DHMIC)** and the **Delaware Perinatal Quality Collaborative (DPQC)**, are two equally expansive partnerships. DPQC was initially established in 2011 as a subcommittee of the Delaware Healthy Mother and Infant Consortium (DHMIC).<sup>2</sup> In 2019 the DPQC was memorialized in state code as a freestanding organization.<sup>2</sup> The DPQC is now constituted as an independent public instrumentality.<sup>2</sup> All seven birthing institutions in Delaware are members of the DPQC. The Collaborative is comprised of voting members appointed by member organizations. Each member organization has one representative. The primary goal of the DPQC is to foster collaboration to improve the quality of care for mothers and babies in Delaware. The objectives are for the DPQC members to identify health care processes that need to be improved, and then to use the best available methods to make changes as quickly as possible.

DHMIC pursues the health of women, infants and families through a life course approach. DHMIC works in partnership with communities to think holistically about women’s health and addressing inter-generational health. The Consortium supports a continuum of services promoting optimal health from birth throughout the lifespan, from one generation to the next.

Every member of the Consortium is appointed by the governor and represent providers and other key stakeholders - nurses, administrators of hospitals and federally qualified health centers, consumers – forming a diverse group of stakeholders.

#### *Partnerships to Strengthen Delaware’s System of Care*

- Delaware’s **Division of Medicaid & Medical Assistance (DMMA)** notable partnerships are with the Managed Care Organization, Division of Substance Abuse and Mental Health and with the Office of Children with Special Health Care Needs. Maternal mortality and infant mortality efforts are spearheaded by DPH through the Delaware Healthy Mother and Infant Consortium, but Medicaid recognized it as well and thinks about its role in this work as well.
- **Children and Families First (CFF)** is a multiservice agency (since 1884) providing an array of services, ranging from home visiting (Nurse Family Partnership), to foster care and adoption, and to Strengthening Families Programs. Its Adolescent Resource Center



*“There's not the huge disparity between our outpatient rates and private payer rates that there are in some other places. So we actually have really good provider networks because people are willing to accept our Medicaid plans. I think that's a good strength.”*

<sup>2</sup> <https://dethrives.com/dhmic/strategic-initiatives/delaware-perinatal-quality-collaborative>

provides puberty education to 5<sup>th</sup> graders at partner schools, and human sexuality group sessions for teens at partner hospitals and community centers. For several years, Healthy Women Healthy Babies (HWHB) funded a partnership between CFF and Christiana Care – to increase access to adolescent reproductive health services. That program ended when HWHB funding ended. CFF also conducts outreach through Reach Riverside, a planned community nearby. Reach Riverside is a public-private partnership, focused on rebuilding that Wilmington neighborhood with high quality mixed income housing, as well as high quality education and health services. CFF is a program partner with Reach Riverside, delivering educational programs for teens in their community center.

- **Women's Preventive Services Initiative** was spearheaded by the American College of Obstetrics and Gynecology (ACOG), recommending women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services, including preconception and many services necessary for prenatal and interconception care, are obtained.<sup>2</sup> The initiative promotes a comprehensive approach under a reshaped and well-defined umbrella known as well woman care. It is with this approach in mind that *Every Woman Every Time Delaware!* was launched. “*Every Woman Every Time Delaware* takes a comprehensive evidence-based approach to building upon the traditional approach to reproductive health re-imagining this episode of care to become more encompassing to meet the diverse and oftentimes complex needs of reproductive age women.<sup>2</sup> It espouses primary preventive care involving not only those practicing in the area of reproductive health but is also inclusive of all medical specialties.<sup>2</sup> This approach to well woman care is opportunistic in nature taking advantage of engaging women at every health encounter. It supports women preconceptionally who may become pregnant providing the best opportunity to impact reproductive and pregnancy related outcomes.”<sup>2</sup>

ACOG is an active partner in Delaware’s MCH work. In addition to the Women’s Preventive Services Initiative, ACOG works with Black Mothers in Power to address implicit bias in care, services and supports and leverages resources throughout the state and bring that topic to something much more than just an awareness.

### Challenges/Gaps and Strengths/Opportunities: the Role of Social Determinants of Health

Social determinants of health – the contextual factors of where we live, learn, work and play– shape the conditions of daily living and ultimately our health.<sup>3</sup> Key informants all spoke to and named specific determinants they believe are impacting the health and well-being of women, children and families. Health and health care disparities “refer to differences in health and health care between groups that are closely linked with social, economic, and/or environmental

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<sup>3</sup> World Health Organization. Social Determinants of Health. [https://www.who.int/social\\_determinants/en/](https://www.who.int/social_determinants/en/)

disadvantage. Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.”<sup>4</sup>

Social determinants of health (SDOH) and the ever increasing health disparities are a significant challenge nationally and in Delaware. Initiatives to address some of the mentioned SDOHs are critical to the success of improving MCH performance measures. However, it can be a challenge to get people to understand the impact that SDOHs have/how they manifest in population health. One key informant articulated, in their own ways, the concept that the high economic instability and poverty manifests as fragmented family structures, lack of social support, and family trauma, fragmentation, domestic violence, addiction and many other health consequences.

Social determinants identified by key informants include:

- Lack of affordable housing
- Gun violence
- Substance use
- Under- or poor-resourced school systems
- Workforce development (lack of opportunities)
- High economic instability and poverty
- Lack of healthy community spaces
- High food insecurity
- Transportation

Disparities Identified by key informants include:

- Racial disparities in terms of poor outcomes for African-American and Latino women and children around both maternal and infant mortality.

### Strengths/Gains for Delaware

Significant gains have been made through the initiatives described above, and this success can be attributed to several strengths that are shared by most or all of the organizations. Some of these strengths include:

*“Disparities in Delaware and disparities nationally are based on hundreds of years of history and policy...it's a political policy factor based on layers and layers and layers of policy and...intended and unintended consequences of policy. It took us hundreds of years...to get to this point. It's not going to be very easy to untangle that ball of thread.”*

*“I think it was a level of frankness and talk about the causes of disparities that people hadn't heard in the past and really made people feel uncomfortable. Because I think it's a realization that...this is everybody's problem and everybody's part of the problem and it's not not something that's, you know, out there by chance.”*

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<sup>4</sup> Kaiser Family Foundation. Disparities in Health and Health Care: Five Key Questions and Answers. <https://www.kff.org/>

- **Strong partnerships and collaborations.** As evidenced above through the numerous collaborations and partnered initiatives, one of the greatest strengths unanimously described by the key informants is that collaboration and community based principles guide the partnerships and initiatives towards success. As a relatively small state with a relatively small number of provider organizations and community organizations, it is possible for change makers to come together and address issues together.
- **Strong health systems and Medicaid coverage policy.** Delaware was among the earliest states to expand Medicaid, expanding even before the Affordable Care Act. The eligibility policies within the federal rules are generous and there is good acceptance of Medicaid across the state. In addition, there are strong health systems (FQHCs, Nemours, Christiana Care) that are working to fill gaps in access.
- **Data Driven, Equity Informed Decision Making.** There is strong use of quality improvement measures and evaluation methods and decisions are based on needs of families and communities and driven by an equity perspective. There is also a strong recognition that initiatives should strive to focus on populations experiencing greatest inequities and support for continuing to bring resources to populations experiencing inequities.

#### *Notable Gains*

- Breastfeeding – several informants noted that the state has made a huge step in leading breastfeeding advocacy, and there has been a concerted effort to raise everyone to the same standard for breastfeeding and embrace the concept of breastfeeding and the World Health Organization (WHO) recommended practices. Every single hospital is either Baby-Friendly Certified or on that path.
- Preventive dental services – Delaware has made a “huge leap” with the legislation mandating Medicaid coverage for adult dental services.
- Contraceptive Access Now - Delaware is one of the seminal states and is able to provide long-acting reversible contraception immediately postpartum.
- Infant Mortality – there has been over a 21 percent reduction in infant mortality, and a reduction in premature birth. In 2005, the governor determined that it was high time to decidedly address the high infant mortality rate in Delaware. Legislation was passed creating the DHMIC (described earlier in this report), the infant mortality commission was mandated to conduct the infant death reviews, use vital statistics to issue special reports on infant mortality, and create the HWHB program. Currently the DHMIC addressing four areas of focus: well woman care, maternal morbidity/mortality, neonatal/infant care and social determinants of health. Strategic priorities include 1. Enhance HWHB 2.0; Consumer informed and community-based participation to drive change; Improve access to provisional vital statistics to inform change and support evaluation efforts; and, Develop toolkits and train stakeholders on Life Course Approach to well woman care initiative (<https://dethrives.com/dhmic/strategic-initiatives>).

- Mental health support – Delaware has made many gains in this area. Governor Carney has an Executive Order 24 that requires Delaware to be a trauma-informed state, and many training around trauma and Adverse Childhood Experiences (ACEs) have been developed. The opioid crisis has activated a lot of support across the state and Naloxone has been provided to all of the schools. Three school districts are involved in Project Aware, a SAMHSA grant (Substance Abuse and Mental Health Services Administration), and all of our school districts are required to follow a plan that follows the ASCA school counseling model (American School Counseling Association).

*“Delaware is one of the states where they bus kids out and what happens, but they also allowed school choice. So we have a lot of disparity in our schools economically, just walking in from one school to another, it's shocking.”*

### Gaps/Challenges

As discussed above, social determinants of health posed significant difficulties for initiatives trying to reach their desired effective outcomes; the greatest challenge being convincing others of their impact on the populations they worked with. In addition to this, key informants identified other challenges and areas where resources could be shifted so that further gains could be made:

- **Lack of clear goals and vision** – while collaboration and partnerships are strong, often initiatives lack efficacy given their lack of direction and vision. Furthermore, given that Delaware is a small state, while that allows for collaboration, it also means that some efforts are duplicative.
- **Primary care shortage** – several key informants pointed out that sufficient primary care coverage is not available and roles are often misallocated. For example, OBGYNs are not considered primary care but end up providing significant services – however, this is not reflected in budget allocations and decreases focus on maternal priorities
- **Cultural competence and implicit bias** – concern was expressed about the ability of the workforce to serve a diverse population and to recognize the bias one “brings into the equation”. One key informant commented that while people are well-intentioned their biases come

*“A lot of organizations want to collaborate, try to collaborate, and so in that sense, I think there is some good positioning for making this work effective. I would say that what happens probably a lot is that there is not clear shared vision, not clear shared goals, strategies or ways of understanding. So I think that there is a big area of opportunity - the intent is there but the sort of operationalizing of it in a way that is likely to bring to be impactful has not necessarily happened very often.”*

out in serving families or in their perception of what families' need, what families can do or cannot do.

- **Systems navigation/care coordination to ensure families have access to information and resources** – One key informant spoke to the need to ensure families have access to information, tools and resources to support decision making. The informant shared the observation that collaboration between organizations needs to improve and silos continue challenging the ability of families to navigate a fragmented system.
- **Competing resources within the educational system** – Delaware operates on a somewhat bifurcated system with many private schools. A real focus on meeting the needs of children in the public system is necessary to meet all the health goals.

*“The building blocks alone do not constitute a system, any more than a pile of bricks constitutes a functioning building. It is the multiple relationships and interactions among the blocks – how one affects and influences the others, and is in turn affected by them – that convert these blocks into a system.”*

*-Savigny and Taghreed, 2009*

### Emerging Opportunities for Systems Improvement

Key informants also identified innovations and ideas in response to emerging opportunities for systems improvement:

- As technology evolves and the demand for it increases, further infrastructure and operations should be devoted to these emerging technologies.
- Pandemic responses should include labor and delivery as a central service.
- New partnerships should be established with other social services where there is need, such as for affordable housing.
- Mental health resources should be curated and specialized towards specific populations, specifically for women.
- Though health disparities have been discussed, special care and priority should be given to black maternal health.

*“The coronavirus epidemic has really accelerated the process of thinking about using telehealth and other non-traditional methods.”*

## CONSIDERATIONS MOVING FORWARD

Key informants spoke to partnerships, social determinants, workforce capacity all of which reflect system building blocks identified in the World Health Organization's (WHO), Systems Thinking for Health Systems Strengthening.<sup>5</sup> Key informants are thinking about Delaware's systems and opportunities for improvement. Systems Thinking for

<sup>5</sup> Don de Savigny and Taghreed Adam (Eds). Systems thinking for health systems strengthening. Alliance for Health Policy and Systems Research, WHO, 2009.

Health Systems Strengthening presents WHO's "Framework for Action" on health systems which includes six health systems building blocks that "together constitute a complete system".<sup>5</sup> The building blocks include:

- *Service delivery*: including effective, safe, and quality personal and non-personal health interventions that are provided to those in need, when and where needed (including infrastructure), with a minimal waste of resources;
- *Health workforce*: responsive, fair and efficient given available resources and circumstances, and available in sufficient numbers;
- *Health information*: ensuring the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status;
- *Medical technologies*: Including medical products, vaccines and other technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use;
- *Health financing*: raising adequate funds for health in ways that ensure people can use needed services, and are protected financial catastrophe or impoverishment associated with having to pay for them;
- *Leadership and governance*: ensuring strategic policy frameworks combined with effective oversight, coalition building, accountability, regulations, incentives, and attention to system design.

As Delaware prepares its action plan for the next five years, considerations should be given to each of these components of its MCH system of care. Goals and objectives could be developed to address each informed by some of the gaps/challenges identified by key informants including but not limited to social determinants, strengthening workforce competence in working with diverse communities, and systems integration by strengthening how partnerships coordinate services and supports. Delaware's current quality improvements initiatives have a great deal to contribute to this work with its approach and use of data to inform decision making.