Vision

The AHL Coalition uplifts the well-being of all Delawareans and breaks down barriers to achieve healthy lifestyles.

Mission

The AHL Coalition brings together coalitions and partners to focus on healthy lifestyles and equity through the PANO lens to leverage and expand resources in the community.

Core Values

- **Inclusive.** We embrace cultural inclusivity and work to understand and respond to different cultural needs of our counties and communities to ensure equitable access.

- **Build Trust.** We provide a safe and respectful space for diverse community representatives, and listen to communities to build trust and buy-in. Our efforts support community engagement and belonging.

- **Collaboration.** We practice shared responsibility, collaboration, and leadership with our member and partner organizations.

- **Collective action.** We strive to effect meaningful broad systems and cultural change of organizations and individual attitudes to impact social determinants of health and improve health outcomes.

Priorities (Year 1)

- The most pressing need relating to health equity is to increase awareness.
- The area of focus should be mental health and wellness.
- The top outcomes for year one should be increased community engagement.
Strategic Goals*

I. **Collaboration/Partnerships:** Engage coalitions and key representatives across the health system with a PANO focus to serve as a repository, knowledge sharing and networking vehicle.

   **Potential Actions:**
   1. Create a health community list serve on the PANO website.
   2. Develop a repository of programs and best practices.
   3. Provide networking opportunities virtually and in-person for Coalition members and partners.
   4. Share data and published reports.
   5. Engage in partnerships with businesses, health care community, state systems, local government, faith-based institutions, the re-entry community, the unsheltered, public safety, and school systems.
   6. Encourage healthcare system collaboration.
   7. Establish relationships with leaders of growing special population groups.
   8. A Steering Committee will plan an annual conference.
   9. Evaluate the success of this goal and its outcomes.

II. **Community Outreach Engagement and Access:** Provide outreach opportunities to increase access to existing programs and services with a PANO focus, regardless of income, race, ethnicity, gender identification, age, ability, citizenship status, or geography.

   **Potential Actions:**
   1. Partner with the Statewide Health Improvement Plan to conduct a needs assessment and convene town halls. Conduct a Town Hall meeting in each county (or participate with other planned town halls). Solicit input from the community and from all age groups on existing needs. Ask what the communities want and need. Partner with the SHIP or hospitals to obtain needs assessments and share data with health community.
   2. Remove barriers to health care in economically depressed areas.
   3. Increase visibility in the community of existing programs and services that are available especially those that help to reduce health disparities.
   4. Utilize community navigators, and community health workers, to assist the community with clinical questions and health system communication.
   5. Create mentoring and support programs.
   6. Evaluate the success of this goal and its outcomes.
III. Program Development linked to PANO: Identify gaps in services and programs that increase access to PANO related services that reduce health disparities, improve outcomes, and affect system or cultural change.

Potential Actions:

1. Access what is available for everyone, providing the tools and skills.
2. Identify and make available innovative evidence based community programs and preventative lifestyle practices and behavioral health.
3. Encourage municipalities to promote physical infrastructure to support healthy lifestyles.
4. Provide education on nutrition and wellness with facts, to change misperceptions.
5. Support and promote programs that make healthy lifestyles easier and promote healthy lifestyles.
6. Find ways to make health resources and information on nutrition, wellness and recreational programs more accessible to consumers.
7. Evaluate the success of this goal and its outcomes.

IV. Marketing and Communication: Develop a marketing plan for existing programs linked to PANO and other Coalitions that promote equity and help reduce health disparities.

Potential Actions:

1. Develop a communication plan to reach the community with consistent language across the state on health and wellness.
   a. Consider literacy levels, dual language audiences, cultural and generational differences, and learning styles in communication strategies.
   b. Utilize multiple forms of interaction and outreach and reach meeting people where they are. Reach people where they are and recognize the different communication needs of different generations. Use social media, and app for the health care system.
2. Develop a marketing campaign to encourage communities to change daily decisions, and create new creative daily habits for nutrition, exercise, and health. Target every year the biggest risk factors and use the same messaging. Develop new ways to educate the public and increase awareness on preventative care and lifestyle changes.
3. Use platforms to communicate with communities like Unite Us to promote programs (free to nonprofits).
4. Develop marketing materials to communicate with legislators.
V. **Policy:** Advocate for policy systems or environmental changes with a PANO focus that increase equitable access to health programs and services to increase access and reduce health disparities.

**Potential Actions:**

1. Identify and pursue policy and legislature changes across the state that remove barriers to health equity. (i.e., Mental health/trauma, public safety, environmental disparities, food desserts/food swamp, etc.)
2. Expand Medicaid to offer more prenatal care and expand to children in western Sussex County, immigrants, and children

*Potential actions will eventually be developed into SMART objectives by committees which will include benchmarks and outcome measures. It is anticipated that this process may take six to nine months to complete.*