

Executive Summary

Delaware’s Title V priorities and plans for the coming year are presented below by population domain, as defined by the federal Maternal and Child Health Bureau. These population domain “snapshots” convey a brief overview of our goals, progress, and plans for each health area. In some of the health areas, we are building on years of previous work and partnerships and have very detailed action plans forward. In others, we are forging into new territory and will be spending the time over the course of the five year grant cycle learning, building expertise, and establishing new relationships.

Please note that these plans represent the role that the Title V Program can play in improving the health of mothers and children, given our resources and capacity, and are not intended to be a comprehensive strategic plan to address each of the targeted health areas. Moving the needle on any of these health priority areas will require collective effort from many partners throughout the state. For more detail, please review Delaware’s full Title V Maternal and Child Health Block Grant application.

Population Domain Snapshot: *Women’s and Maternal Health*

Priority Health Need(s)	Objectives(s)	Strategies
<p>National Performance Measure</p> <p><u>Well-Woman Care</u> To increase the number of women who have a preventive health visit to optimize the health of women before, between and beyond pregnancies.</p> <p>Decrease the percentage of women of reproductive age with an unintended pregnancy. (SPM)</p> <p>Reduce the disparity in infant mortality rates. (SPM)</p>	<p>By July 2025, increase percentage of women with birth interval > 18 months.</p> <p>By 2025, increase the number of women receiving a timely postpartum visit.</p> <p>By July 2025, decrease the number of live</p>	<p>Defining the Need: In 2020, 81.9% of Delaware women, ages 18-44, had received a routine check-up within the last year (Behavioral Risk Factor Surveillance System). Access to preventive health care is critical to identify health issues early, prevent the onset of disease, and prepare women for healthy pregnancies. Delaware struggles with the dilemmas of recognizing different health care providers are delivering varying components of well women care; coordination and communication of well women care among health care providers and other social supports is incongruent often existing in silos; patients have little to no understanding of what well women care entails; women’s competing demands and priorities make accessing health care difficult and often they put off care, especially during the Covid 19 pandemic; and finally, that a framework operationalizing well women care must be developed with the goal of bolstering awareness and universally improving knowledge deficits. A new and emerging issue is the aging OBGYN workforce, which will impact access to well woman care. Beyond pregnancy, ongoing preventive care and family planning are important, as is interconception care to address the risks of women who experienced adverse pregnancy outcomes. Delaware Contraceptive Access Now (DE CAN) has paved the way for improving access to all methods of contraception for women of reproductive</p>

	<p>births that were the result of an unintended pregnancy.</p>	<p>age, including LARCs. By reducing unintended pregnancy, we can reduce costs for pregnancy related services, particularly high risk pregnancies and low birth weight babies, improve overall outcomes for Delaware women and children, decrease the number of kids growing up in poverty, and even potentially reduce the number of substance exposed infants. At 6.5 deaths per 1000 live births, Delaware's infant mortality rate is still higher than the national average of 5.69. And the Delaware rate masks a significant racial disparity. The Black infant mortality rate of 11.6 is 3 times as high as the White rate of 3.8 deaths per 1000 live births and almost 2 x higher than the Hispanic rate of 6.3 deaths per 1000 live births. The available research is clear that the path to more significant and sustained improvement women's health and birth outcomes and in eliminating the persistent racial disparity lies in addressing the social determinants of health -the social context factors that compromise the health of women and their families, which then makes them susceptible to poor outcomes.</p> <p>Accomplishments to Date: Through a partnership with the Delaware Healthy Mothers and Infants Consortium, there has been much work to educate our population about preconception health, in which preventive health visits play a key role. This work includes social media outreach around the theme that "Health Begins Where You Live, Learn, Work & Play." Over the last year, Delaware DPH, DHMIC:</p> <ul style="list-style-type: none"> • Continue to implement 3 year strategic action plan, which includes a well women care initiative as a priority. All priorities and interventions will be carried out through the lens of improving health equity, the use of the life course approach, enhancing data collection and use of quality improvement to achieve stated goals. - Sustain the Healthy Women Healthy Babies 2.0 program model to focus on a) performance/value based care b) address the social determinants of health and c) coordinate and provide referral linkages with community health workers. Through the Healthy Women Healthy Babies 2.0 program, Delaware women with a previous adverse birth outcome are identified, assessing their risks, and then provided an enhanced care coordination approach. Providers are incentivized using a performance-based approach tracking key benchmark indicators. While Delaware has seen gains in fewer infant deaths over the last decade for which there is much to celebrate, Delaware's disparity rate is stubborn and persistent.
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		<p>This program will focus on reaching these women to improve outcomes for women and babies.</p> <ul style="list-style-type: none">- Implemented 8 Healthy Women Healthy Babies Zones community based interventions to address the social determinants of health.- Support the training and deployment of community health workers deployed in the city of Wilmington, as well as expansion to Kent County and western Sussex County to support Healthy Women Healthy Babies to link women of reproductive age to maternal and child health support and services. <p>DPH is working on functionality and content updates to the DEthrive.com website and launched digital ads using a life course framework.</p> <p>Sustainable plan fully transitioned to DPH to reduce unintended pregnancies, now coined as Delaware Contraceptive Access Now (DE CAN; http://www.upstream.org/delawarecan/), is that all children are born to parents who plan for them and want them. We envision a time when accidental pregnancies are increasingly a thing of the past.</p> <p>Plans for the Coming Year:</p> <p>Preventive health visits are an integral part of preconception care. In the coming year, we will work on our social media education and marketing campaign and quarterly webinars to encourage teens and women to develop reproductive life plans. We will also continue to educate and counsel women of reproductive age (ages 14-44) about all contraceptive methods that are safe and appropriate for them, including long-acting reversible contraceptives (LARCs). A law was passed this year, that allows pharmacists in DE, along with 11 other states, to administer or dispense contraceptives under a standing order from the Division of Public Health and regulations will be published to support implementation. A Delaware Omnibus bill package was passed and signed by the Governor this Delaware General Assembly session, including Doula in Department of Corrections, cultural competency and implicit bias training development for maternal and child health providers, plan for Doula reimbursement by Medicaid, expansion of Medicaid to cover women 1 year postpartum, are among the few key policy areas. In FY22, the General Assembly appropriated \$1.5M in state funding to DPH to sustain DE CAN to ensure that a system is in place to support</p>
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		<p>uninsured and underinsured women of reproductive age seeking health care continue to get access to the full range of contraceptive methods, including the most effective, long acting reversible methods, IUDs and implants. Delaware will continue to transition the Healthy Women, Healthy Babies program 2.0, providing preconception, nutrition, prenatal and psychosocial care for women at the highest risk focused on value based care by monitoring a core set of benchmark indicators. Finally, Delaware will continue existing and new Healthy Women Healthy Babies Zones or community based interventions and is adding 2 new grantees to address the social determinants of health, providing coaching and technical assistance using a learning collaborative approach.</p>
<p>Are we moving the needle for women in Delaware?</p>	<p>At a population based level, Delaware has been transforming our work to a performance based approach for much of our work, using a learning collaborative and collective impact approach. We have established benchmarks for our program interventions and monitor programming through data collection and analysis to assess whether we are moving the needle for women in Delaware. For example, our Healthy Women Healthy Babies mini-grantees have established pay for performance measures and have met or exceeded these targets. In addition, the following outcomes are being tracked for over 500 women being served through the small scale place based interventions, including:</p> <ul style="list-style-type: none"> • Statistically significant reductions in stress • Training of over a dozen doulas who are women of color to provide physical and emotional support to women during pregnancy, labor and delivery, and post-partum • Increases in breastfeeding initiation and duration • Increases in feelings of hopefulness • Reductions in financial stress <p>At a policy level, we have had significant legislation passed which will also address and support maternal health outcomes, through the Delaware Momnibus, and will report on implementation of efforts to advance, promote and improve women’s health and improve birth outcomes.</p>	

Population Domain Snapshot: *Perinatal/Infant Health*

Priority Health Need(s)	Objectives(s)	Strategies
<p>National Performance Measure</p>		<p>Defining the Need: The priority is to improve breastfeeding rates and duration. According to the Pregnancy Risk Assessment Monitoring System (PRAMS) 2020 data, the overall</p>

<p>Breastfeeding Improve rates of breastfeeding initiation and duration</p>	<p>By July 2025, increase breastfeeding initiation rates in Delaware.</p>	<p>estimate of mothers who delivered a live infant within the past year and ever breastfed was 82.8 percent and currently breastfeeding/at the time of survey was 48.2 percent. Delaware infants who are ever breastfed in 2019 was at 87.3%. This is compared to 86.6% in 2018 and 87.1% in 2017. When you view the percent of Delaware infants who are breastfed exclusively through six months, the number are significantly lower. The data clearly shows the need for improvements in overall breastfeeding initiation but also the need to address disparities that exist in Delaware. Based on PRAMS data, the 2020 prevalence of ever breastfed among Black non-Hispanics was 82.0 percent as compared to 82.6 percent among White non-Hispanics, and 82.4 percent among Hispanics. Similarly, the 2020 prevalence of currently breastfeeding (or at the time of survey) among Black non-Hispanics was 41.5 percent as compared with 50.8 percent among White non-Hispanics and 45.1 percent among Hispanics. In addition, the input gathered through the Needs Assessment process showed overwhelming support from partners to address this area. Through a survey of MCH stakeholders, breastfeeding was ranked as the number one National Performance Measure for our Title V program to address in the perinatal/infant health domain.</p> <p>Accomplishments in the Past Year: The following activities have been accomplished this past year with the use of Title V funding and through partnerships with entities such as the DHMIC, WIC and the Breastfeeding Coalition of Delaware (BCD). According to the Ripples Group findings in the Final Quarter Report of 2022, WIC WOW Data System:</p> <ul style="list-style-type: none"> • Breastfeeding Initiation rates in the WIC population has remained stable at 57% • Duration at 3 months has remained steady in all clinics at 42% since December 2021 • Duration in all counties increased at 6 months from 27% to 34% since August 2021 • Exclusivity rates at 12 months increased from 19% in December 2021 to 28% in March 2022. <p>According to Ripples findings of the FY 2022 second quarter, a participant contacted by a peer counselor is 91% more likely to be breastfeeding at 3</p>
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		<p>months and 79% more likely to be breastfeeding at 6 months. Exclusivity rates among WIC mothers remains 5% higher when mothers are contacted by a peer counselor.</p> <p>WIC offices remain closed to date due to Covid-19 precautions. Participants are contacted by phone for scheduling appointments certifications and recertifications. WIC benefits are loaded remotely and the WIC no show rate because of WIC waiver for Physical Presence remains at an all-time low of 11%. The virtual breastfeeding classes remain successful. Additionally, a third breastfeeding class was added on the third Saturday of each month starting at 11am. A breastfeeding group will be added for an addition tier of support to the WIC Program participants. The classes are offered the first and third Wednesday of each month at 11am and 5pm. The Breastfeeding Coordinators also taught Levels One and Two of the NEW USDA Breastfeeding Support Curriculum, Learn Together, Grow Together in April and June of 2022. The Delaware WIC Program will also Virtually host the Annual Breastfeeding Event on August 4, 2022.</p> <p>Plans for the Coming Year:</p> <p>The Breastfeeding Coalition of Delaware was selected as one of the HWHB mini-grant awardees. Their goal is to improve breastfeeding rates for women of color to the HWHB high-risk zones of Wilmington, Claymont, and Seaford by providing access to community resources, education, and peer support. The project, Delaware Breastfeeding Village is offering accessible support, engaging groups, text check-ins, access to variable levels of lactation support, and incentives for participation. In addition, the Breastfeeding Coalition of Delaware hired three diverse breastfeeding peer counselors (BPC) and one lactation consultant to provide breastfeeding support to women. WIC and Medicaid eligible mothers can participate in a 6-month program where they receive support from a breastfeeding peer counselor and a lactation consultant if needed. Mothers receive incentives to participate in groups and have monthly motivational text from peer counselors. Mothers who complete the program will be invited to a baby shower to celebrate completion. The goal is to decrease isolation among mothers, to increase breastfeeding duration and to decrease barriers to breastfeeding support. Earlier this year, 60 women were enrolled in</p>
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		the program, and we are looking forward to reviewing the data to determine if this is an initiative that can be scaled to increase breastfeeding rates statewide.
Are we moving the needle for infants in Delaware?	<p>According to the 2018 Breastfeeding Report Card, 77.4 % of babies born in Delaware were “ever breastfed or fed breast milk” ; lower than the national estimate of 83.2%. Within this measure, there are disparities by both race/ethnicity and household income level. As is the case nationally, rates of breastfeeding are lowest for Black, non-Hispanic infants, as well as infants in low-income households. These disparities are mirrored in the data for longer-term breastfeeding, with the overall rate dropping to just 20.5% of infants who are breastfed exclusively for 6 months; lower than the national average of 24.9%.</p> <p>This data shows the need for improvements in overall breastfeeding initiation but also improvement in the disparities that exist in Delaware. In addition, the input gathered through our needs assessment process showed overwhelming support from partners to address this area. Through a survey of MCH stakeholders, breastfeeding was ranked as the number one national performance measure for our Title V program to address in the perinatal/infant domain, and 72% indicated that there was a strong desire among stakeholders to address the issue.</p>	

Population Domain Snapshot: *Child Health*

Priority Health Need(s)	Objectives(s)	Strategies
<p>National Performance Measure</p> <p><u>Developmental Screening</u></p> <p>Children receive developmentally appropriate services in a well-coordinated early childhood system.</p>	<p>By July 2025, increase the percent of children, ages 9-71 months, receiving a developmental screening using a validated parent-</p>	<p>Defining the Need:</p> <p>The priority is for children to receive developmentally appropriate services in a well-coordinated early childhood system. According to the National Survey of Children’s Health, only 29.1% of Delaware children, ages 9-35 months, received a developmental screening in the past year. The National Institute of Children’s Health Quality (NICHQ) features an article regarding Delaware’s developmental screening journey. https://www.nichq.org/insight/50th-nation-national-success-delaware-improves-early-childhood-outcomes</p> <p>Accomplishments in the Past Year:</p> <ul style="list-style-type: none"> Continued tracking of the Ages and Stages Questionnaire (ASQ) and PEDS screens through a Memorandum of Understanding (MOU) between

	<p>completed screening tool.</p>	<p>the Office of Early Learning (OEL) and MCH enables the sharing of ASQ/PEDS data to key stakeholders.</p> <ul style="list-style-type: none"> • Successful organizing of Books, Balls and Blocks (BBB) Online using zoom. About fifteen (15) BBB online events were held from June 2020 to July 2021. • DPH/MCH continues to fund and provide technical assistance (through the American Academy of Pediatrics) for pediatricians and family practices that are implementing the Parents' Evaluation of Developmental Status (PEDS) tool. • A total of 13,842 PEDS Online screens were completed on children 0-59 months between January 2021 to December 2021, which corresponds to an estimated 9,090 unique or unduplicated children. The previous year's (2020) developmental screening count was about 855 more than 2021. • Of the total number of screens administered (13,842) by pediatric practices, 3.6% (321) were high risk for delays while 11.5% were of moderate risk. • Additionally, of that number of screens (13,842), 2,800 (94.9%) of children between 18 to 24 months screened for the MCHAT, passed the test while 150 (5.1%) failed. Modified Checklist for Autism in Toddlers (MCHAT) screens for autism. • Overtime, about 20 pediatric practices have been consistent in their frequency of using a validated instrument in screening for developmental delays. • Increased outreach during this period, saw the public health clinic at Porter State services center signing up to use the PEDS tool. Additionally, Henrietta Johnson Medical Center (FQHC) in Wilmington is contemplating implementing the PEDS instrument. • We continue to partner with the Delaware Chapter of the AAP on an online education webinar targeting pediatricians and family practitioners. The training provides an overview of developmental screening best practices, Delaware's developmental screening initiative, PEDS online
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		<p>tools, the referral process, early intervention including care coordination and community resources (Help Me Grow/2-1-1).</p> <ul style="list-style-type: none"> • This year, saw an expansion of the curriculum to include information on Lead Screening, oral health and the Reach Out and Read program. The course will be made available on an online education platform that health providers or other stakeholders could access for professional development. • MCH/ECCS has been successful in implementing a pilot project to test the use of CHADIS as a platform to streamline care coordination gaps that have impaired the EC system overtime. Child Health and Development Interactive System (CHADIS) is a web-based patient engagement and Data collection system. <p>Plans for the Coming Year:</p> <ul style="list-style-type: none"> • Partner with the Office of Early Learning to bring the universal developmental screening legislation into practice. • Support efforts to increase the number people/providers/parent leaders trained to use the ASQ and PEDS. • Continue collaboration with early intervention programs to improve referrals following high risk developmental screens to ensure families are connected to treatment services; • Work with the AAP and Medical Society of Delaware to assist enrolled practices to address challenges and improve their performance and support appropriate utilization of PEDS Online during primary care well child visits. • Promote early detection by encouraging physician practices to increase developmental screens and link families to community resources and services. • Continue with the CHADIS pilot project to ensure pilot practices are fully implementing the platform. Collaborate with partners to scale up and spread use within healthcare. • Build parent/family leadership and capacity to advocate for themselves and their communities through BBB events. • Continue organizing community events (virtual and in-person, when appropriate) such as Books, Balls and Blocks events to increase families
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		<p>understanding of developmental screening and milestones.</p> <ul style="list-style-type: none"> • Continue opportunities to promote Help Me Grow/2-1-1 as a one-stop-shop for linkages to community resources and referrals. • Support efforts by the AAP to engage health providers to sign up for the Reach Out and Read program.
<p>National Performance Measure</p> <p><u>Oral Health</u></p> <p>Improve the rate of Oral Health preventive care in children</p>	<p>By 2025, the percent of children 1-17 who had a preventive dental visit in the past year will increase to 87%</p>	<p>Defining the Need: Delaware aims to increase access to comprehensive oral health care for children most at risk for oral disease. When left untreated, tooth decay can harm a child's quality of life and impair academic performance. According to the 2019/2020 National Survey of Children's Health (NSCH), 22.6% of Delaware children, ages 0 through 17, have not had a preventive dental visit in the past year.</p> <p>Accomplishments to Date: The Bureau of Oral Health and Dental Service (BOHDS) completed the Basic Screening Survey. The students in 3rd grade were screened in addition to students in kindergarten. Challenges persisted due to fears of COVID and increase of COVID cases during the screening period. However, the total number of students screened was four times higher than the last survey completed over 5 years ago. A total of 4,236 students participated in the survey. 2,088 third grade students were screened and 2,135 kindergarten students. BOHDS will be releasing a report detailing the results of the survey in 2023. The information will be used to assist them with updating the oral health state action plan and developing oral health programs.</p> <p>The Delaware Smile Check Program originated as a school-based oral health outreach program in 2017 that provided dental screenings, fluoride varnish applications and referrals to a dentist. Over time this program has been evaluated and has transitioned to meet the needs of the community and improve outcomes. During the last year COVID has continued to have an impact on participation. Many partners have declined participation as well as students due to the concerns or being overwhelmed. Through it all the Delaware Smile Check Program continued the program and screened</p>

		<p>2,363 students. 2,363 students received individualized oral health education and resources to address their specific needs. 873 fluoride varnish applications were applied to student screened. In addition, through case management 204 students were connected to a dentist and completed care for restorative work that was not completed.</p> <p>Plans for the Coming Year: BOHDS will continue to develop new approaches and integrated new technology into schools and other programs to continue to provide education, dental screenings, and case management to the most vulnerable populations during the COVID-19 pandemic.</p> <p>BOHDS will also continue with efforts in reporting the results from the Statewide Oral Health Survey ASTDD. The information will be used to produce a report to be released to stakeholders that identifies the gaps in oral health access to care, insurance, and other barriers to care which were identified through the survey. BOHDS will develop access to care plans, preventive dental programs, and methods to reduce barriers to care to resolve inequities associated with care during the 2023 fiscal year.</p> <p>We feel the need to support BOHDS efforts to incorporate dental into school-based wellness programs across the state to improve access to care for preventive dental treatments. BOHDS will continue to collaborate with schools interested in including dental into their school-based wellness centers across the state.</p>
<p>Are we moving the needle for children in Delaware?</p>	<p>29.1% of Delaware's children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool in the past year, according to the 2019/2020 National Survey of Children's Health. Compare this to the 2018-2019 NSCH, where 30.3% of Delaware children received the screening in the past year. The ECCS program will continue with outreach efforts to promote developmental screenings and milestones thereby increasing awareness and promoting and parental involvement.</p>	

	<p>Delaware is tracking along with the national average of children, ages 1 through 17, who had a preventive dental visit in the past year. According to the 2019/2020 National Survey of Children’s Health, 77.4% of Delaware children had one or more dental visit, which resembles the national average of 77.5% of children. Unfortunately, this equals to 22.6% of Delaware’s children have not had a preventive dental visit in the past year.</p>
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Population Domain Snapshot: Adolescent Health

Priority Health Need(s)	Objectives(s)	Strategies
<p>National Performance Measure</p> <p><u>Physical Activity (ages 12-17)</u></p> <p>Empower adolescents to adopt healthy behaviors.</p>	<p>Increase the percent of adolescent students who are physically active at least 60 minutes a day.</p>	<p>Defining the Need: Delaware strives to increase the number of adolescents who are physically active. According to the 2019/2020 NSCH, Delaware is among the lowest of its surrounding states when comparing the percentage of adolescents, ages 12-17, who are physically active at least 60 minutes per day. Additionally, 19.3% of Delaware’s adolescents are physically active zero days per week. Although Delaware is the lowest of its surrounding states when it comes to adolescents being physically active every day, resting at 14.9%, this percentage has increased from 13.0% during the 2018/2019 results and 11.6% from the 2017/2018 results. During our 2020 Needs Assessment, our stakeholders selected increasing physical activity among this population as the number one priority for this population domain and was ranked 5th overall.</p> <p>Accomplishments in the Past Year: DPH provides support to the Delaware Cancer Consortium, Cancer Risk Reduction Committee, Healthy Lifestyles Subcommittee (HLSC). The HLSC developed health and wellness policy recommendations to the Office of the Governor, many of which impact the health and wellness of adolescents. To help implement some of these policy recommendations, PANO launched the Advancing Healthy Lifestyles: Chronic Disease, Health Equity & COVID-19 (AHL) initiative.</p> <p>AHL foundational pillars include Coordinated School Health and Wellness, Community Capacity Building, and Workplace and Employee Wellness. Each component provides opportunities to implement evidence-based practices and programs that reach broad populations across the lifespan, with a cross cutting</p>

		<p>approach that overlaps and interrelates with one another. Each component is designed to engage and support specific objectives of the AHL initiative which will help develop a HLSC Action Plan, while connecting to partners in schools, the community, and the workplace.</p> <p>PANO planned to engage Delaware schools through implementing a mini-grant program and supporting school health action teams to implement policy, systems, and environmental (PSE) strategies that promote healthy lifestyles for Delaware youth. However, the impact of COVID-19 presented various challenges. The realities of engaging and securing commitment with schools led to considering other ways to reach and support youth as they transitioned back to school in the fall of 2021. Community based, youth serving organizations (YSO) have a unique role in communities and often have additional flexibility that schools may not. The Boys and Girls Clubs of Delaware (BGC) reaches a large population of youth statewide with their extensive network, variety of programming, and relationship with schools. In September 2021, through AHL, PANO partnered with BGC to introduce a new program called Triple Play at 3 locations in Delaware: Milford, Laurel, and Western Sussex. This healthy lifestyle program focuses on the three components of a healthy Self, Mind, Body, and Soul. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships.</p> <p>Plans for the Coming Year: The Physical Activity, Nutrition, & Obesity Prevention (PANO) activities for the August 2022 through July 2023 Application Year will be focused on key healthy lifestyle and chronic disease intervention areas impacting youth and the families and communities they live in.</p> <p>Through DPH's Advancing Healthy Lifestyles (AHL): Chronic Disease, Health Equity & COVID-19 initiative, we will continue to support youth health through the AHL foundational pillar: Coordinated School Health and Wellness. Through AHL, PANO is facilitating the connection between youth-serving organizations (YSOs) and schools to support the health and well-being of youth and to strengthen community partnerships. Under the AHL initiative, these</p>
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		<p>partnerships focus on the link between a community-based, youth-serving organization and the health and social-emotional well-being of participating youth.</p> <p>Through the AHL foundational pillar: Community Capacity Building, DPH will continue to facilitate technical assistance (TA) to four community partner teams on the implementation of community-based interventions, all of which impact children and families. In 2021, PANO began working with the American Lung Association (ALA), University of Delaware (UD), and Delaware State University (DSU) to provide TA on PANO-related interventions which include: an asthma self-management program to be offered to children in schools and/or in youth-serving organizations (YSOs); improving access to healthy, locally produced food in targeted communities; a physical activity and nutrition education intervention for children with disabilities and their families that teaches parents skills to increase the healthfulness of family meals, and increases physical activity for this population; and, revitalizing a community space for health education and physical activity for children in an underserved community.</p>
<p>National Performance Measure</p> <p><u>Adolescent Well-Visit</u></p> <p>Increase the number of adolescents receiving a preventive well-visit annually to support their social, emotional and physical well-being.</p>	<p>Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services.</p>	<p>Defining the Need:</p> <p>The priority need is to increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional, and physical well-being. The National Survey for Children’s Health (NSCH) shows that the percentage of Delaware adolescents who have had a preventive medical visit in the past year declined from 2017 to 2018 but rose in 2019. In 2017, the percentage was 84.2%, while in 2018 the percentage declined to 70.2%. The 2019, Delaware’s percentage of adolescents who have had a preventive medical visit in the past year increased to 75.7%; however, reduced again to 71.9% during the 2019/2020 NSCH combined years. During our 2020 Needs Assessment, our stakeholders identified the adolescent well visit as the number two priority for this population domain and was ranked 7th, overall.</p> <p>Accomplishments in the Past Year:</p> <p>A vast majority of schools have returned to in person learning with the option of remote learning and/or hybrid learning, increasing the accessing to School Based Health Centers (SBHC) at the beginning of the year. Many SBHC’s implemented telehealth at the onset of COVID which is still in place to ensure</p>

		<p>are students have access to treatment when needed. Upon availability of the vaccine to adolescents 12 and older, SBHC's have coordinated efforts for the COVID-19 vaccine with medical vendors in the latter months of the school year.</p> <p>During the 2020/2021 school year, the School Based Health Centers in Delaware schools administered 912 depression screenings, 1,046 STD screenings, 1,836 Emotional (Mental Health) evaluations, 912 depression screenings, and 6,295 risk assessments. In addition to this, SBHC's in Delaware completed 759 physical exams (well child), 2,379 sports physicals, 171 administrative physicals (ex. ROTC, pre-employment), 1,838 immunizations, and 1,283 nutritional counseling sessions. These numbers have slightly decreased from the previous school year due to the pandemic.</p> <p>Legislation was submitted and approved; House bill No. 129; awarding \$170,000 to two high needs elementary schools per year until all high needs elementary schools are in compliance. There are currently 20 high need elementary schools in the state of Delaware. May 3, 2022, Kuumba Academy Charter School became a State Recognized School-Based Health Center Provider. As a SBHC they have applied for and are eligible to provide medical, mental health care treatment and health education to promote a healthy lifestyle. This center will serve children in grades K-8 allowing access to services such as sports physicals, reproductive health needs, and mental health counseling. May 9, 2022, Odessa High School became a State Recognized School-Based Center Provider, providing sports physicals, reproductive health needs and mental health counseling.</p> <p>Plans for the Coming Year: Delaware defines SBHCs as health centers, located in or near a school, which use a holistic approach to address a broad range of health and health-related needs of students. Services may also include preventative care, behavioral and mental healthcare, sexual and reproductive healthcare, nutritional health services, screenings and referrals, health promotion and education, and supportive services. SBHCs are operated by multi-disciplinary health professionals, which includes a nurse practitioner overseen by a primary care physician, licensed behavioral health provider, and licensed nutritionist. SBHCs are separate from, but interact with, other school health professionals, including</p>
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		<p>school nurses and school psychologists and counselors. SBHCs also operate alongside and interact with outside health care professionals and systems.</p> <p>The Delaware Division of Public Health (DPH), in collaboration with several key stakeholders, convened this past year and completed the Delaware School-Based Health Center (SBHC) Strategic Plan. The planning process was utilized to develop a model for expansion of SBHCs that was both financially sustainable and anchored in best practices. There were 13 goals established to include a comprehensive list of action items to ensure that SBHCs are responsive to the individual needs of Delaware’s children — who, for a variety of reasons, may not otherwise have access to the health care system for critical health and wellness services.</p> <p>The 13 goals of the plan include items, such as creating new SBHC sites where the need is greatest, establishing a new hub-and-spoke model for SBHC setup, fostering partnerships to increase the base menu of services, facilitating referrals to providers, adopting culturally linguistic appropriate services, increasing the capacity for telehealth, developing data collection infrastructure and analysis, establishing payer relationships and funding channels, and more. The plan will be governed by an independent body from public and private sectors, with a completion target date of 2025. The plan was developed to ensure that SBHCs are responsive to the individual needs of Delaware’s children - who, for a variety of reasons, may not otherwise have access to the health care system for critical health and wellness services. In June 2021, Delaware released the Implementation Plan for Strategic Plan for School-Based Health Centers. We will also begin governance and implementation of the Plan as well as setting up a longer-term governance and accountability model to oversee implementation of the Plan and continued success of School Based Health Centers.</p> <p>For the past 30 years, Delaware School Based Health Centers, located in now 38 public high schools, have contributed to the health of the state’s high school adolescents and have been an essential strategy to support individuals overall physical and mental health. Eventually, these young women and men will be our health consumers, so it is essential to support health and wellness during this critical period and coming of age. SBHCs provide at-risk assessment, diagnosis and treatment of minor illness and injury, mental health counseling,</p>
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		<p>nutrition and health counseling and diagnosis and treatment of STIs, HIV testing and counseling and reproductive health services (27/32 sites) with school district approval as well as health education. Given the level of sexual activity among high school students, persistent high rates of sexually transmitted infections (STIs) and the numbers of unintended pregnancies, reproductive health planning services are very important.</p>
<p>Are we moving the needle for adolescents in Delaware?</p>		<p>According to the 2019/2020 National Survey of Children’s Health (NSCH), 28.1% of Delaware adolescents have had no preventive medical visit in the past year. Delaware’s School Based Health Centers (SBHCs) provide prevention-oriented, multi-disciplinary health care to adolescents in their public-school setting, and contribute to better outcomes related to selected priorities, NPM 1 Well Woman Care, NPM 8.2 Physical Activity and NPM 10 Adolescent Well Visit. There continues to be a growing interest for expansion to elementary, middle, and additional high schools, especially given the COVID-19 pandemic. School Based Health Centers are going through a paradigm shift, and there continues to be a large number of stakeholder interest and commitment to provide evidence based SBHC services based on national and in state innovations in practices and policies, to enhance the growing number of SBHCs in Delaware within the local healthcare, education, and community landscape.</p> <p>DPH’s long-term goal is to reduce the prevalence of adult and childhood obesity and other chronic diseases by promoting healthy lifestyles and improving health outcomes for Delawareans. Our objectives encompass the development and implementation of evidence-based policy, system, and environmental (PSE) strategies that will help Delawareans engage in regular physical activity, better nutrition, and make intentional lifestyle changes, lowering the risk of developing heart disease, cancer, chronic lower respiratory disease, diabetes, and other chronic diseases.</p>

Population Domain Snapshot: Children and Youth with Special Health Care Needs (CYSHCN)

Priority Health Need(s)	Objectives(s)	Strategies
<p>National Performance Measure <u>Adequate Insurance</u></p>	<p>By July 2025, increase the percent of families</p>	<p>Defining the Need: The priority is to increase the percent of children with and without special health care needs who are adequately insured. Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 28,493. According to the 2019-2020 National Survey of Children’s Health (NSCH), 67.2%</p>

<p>Increase the percent of children with and without special health care needs who are adequately insured.</p>	<p>reporting that their CYSHCN's insurance is adequate and affordable.</p> <p>By July 2025, increase the number of health plans whose member services staff are linked to relevant family organizations and programs to meet the needs of CYSHCN.</p>	<p>of Delaware children are adequately insured in comparison to the national average of 66.7%. This includes CYSHCN between the ages of 0 through 17.</p> <p>Accomplishments in the Past Year: During calendar year 2021-2022, COVID-19 and the new variants continued to impose on the delivery of services to Delawareans with Children and Youth with Special Health Care Needs (CYSHCN). Services were rendered through improvising and collaborating with our parent lead organization-Hands and Voices/Guide by Your Side (H&V/GBYS) and our Statewide Programs for the Deaf, Hard of Hearing, and Deaf Blind and Delaware School for the Deaf as well as Family SHADE (Support and Healthcare Alliance Delaware). Our community partners served our Deaf/Hard of Hearing (D/HH) population as well as all our children with special health care needs ages 0 through 17. H&V/GBYS provided statewide services that consisted of Learning Communities (LC) and Deaf/Hard of Hearing Mentorships for families of children and youth who were diagnosed with being Deaf/Hard of Hearing (D/HH). In November of 2021 H&V/GBYS was impacted by low family participation due to the pandemic; therefore, we established a Memorandum of Understanding (MOU) with another parent lead organization called Family Voices. Delaware is fortunate to be a small state, both Family Voices and H&V/GBYS are very familiar with one another and seamlessly transitioned the LC virtual sessions so that there wasn't an interruption in rendering the informative virtual LC on topics that empowered families to make informed decisions on their newly diagnosed infants, as well as accessing and navigating the EHDI System of Care. Family SHADE promoted the efforts, as well as promoted access to high quality health care, including having adequate health insurance that reduced barriers to primary and specialty care which continued to be of most importance to women, children, and families. As a result of the COVID-19 pandemic, Family SHADE utilized their website as well as transitioning the Networking Breakfast Meetings into Family Leadership Network (FLN). The FLN consist of parents of CYSHCN providing insight and feedback on the gaps in service. Their insight has provided the feedback necessary to address CYSHCN delivery of service. Presentations are provided by organizations rendering services to CYSHCN throughout the state. The parents that participate in FLN receive a stipend for their participation in the Learning Communities (LC) offered by the Family SHADE project. This incentive is</p>
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		<p>provided to families, as long as the funding is available through Parent Information Center (PIC).</p> <p>In calendar year 2021-2022 a competitive Request for Proposal (RFP) process was executed to revitalize the Family SHADE (Support and Healthcare Alliance Delaware) program. The approach was to select a vendor which demonstrated cultural and linguistic competencies through clearly defined values, behaviors, attitudes, policies, structures, and practices. At the completion of the competitive process, Parent Information Center (PIC) was the awarded vendor to implement the newly approach to Family SHADE in August of 2021. PIC with guidance from the Division of Public Health began to work together to align the state identified National Performance Measure (NPM) with a request for proposal mini-grantee competitive process. PIC was tasked with developing a mini-grantee process to fund local communities/organizations to implement interventions that address the Title V state and National Performance Measures. Through the competitive request for proposal minigrantee selection process, 2 community-based agencies were awarded. Jay's House and Tomaro's Change.</p> <ol style="list-style-type: none"> 1. Jay's House serves families of children with Autism in New Castle County, with resources in the community to assist with providing a better quality of life for all family members. Their mission is to provide support to children and families affected by Autism. 2. Tomaro's CHANGE has a history of providing therapy services to youth and families. Also, the organization has provided charity services to teens and adolescents who had low or no income. Services such as, parent/child relationship building, supplying basic needs such as hygiene products, clothes/shoes, cribs, and car seats. Tomaro's CHANGE provides holistic care to youth and families, particularly those who are uninsured or underinsured. <p>Each mini-grantee received 25,000.00. The funding was scheduled to be administered on a payment schedule of 12,500.00 at the beginning of the project and at the middle of the project year. The mini-grants have contributed to the enhancements of their programs which continues to serve families of CYSHCN.</p> <p>Also, Maternal Child Health continued to support the Family Voices Managed Care (MCO) Calls in Spanish and English as these calls have continued to be a</p>
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		<p>wanted resource. Title V also continues to participate in Delaware's Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations which are discussed in the narrative.</p> <p>Plans for the Coming Year: In Delaware's Title V/Title XIX Memorandum of Understanding (MOU) it charges us to establish the Cross-Agency Coordination Committee with our Medicaid partners. However, the Title V Director, Title V Deputy Director have monthly meetings with Medicaid to discuss pressing MCH issues and opportunities. At this time, we are not actively pursuing the development of a coordination committee. Our Medicaid partners are also attending MCH meetings such the DHMIC and Doula committee meetings. Medicaid and the Division of Public Health (DPH) sees their participation in community meetings with us as a fantastic opportunity to align quality improvement efforts with Title V MCH priorities to improve health outcomes for women, babies and CYSHCN.</p> <p>In calendar Yr. 2022-2023 Parent Information Center (PIC) will implement Learning Communities to families and organizations that serve parents of CYSHCN through the Family SHADE (Support Healthcare Alliance Delaware) project. The project will align Maternal Child Health National Performance Measures (NPM) through the services rendered by organizations in Delaware that serve families of CYSHCN. In an effort to enhance capacity and sustain programs that serve CYSHCN, Family SHADE will provide technical assistance and quality assurance to two agencies that were awarded in April of 2022. The Family SHADE project will provide learning collaborative where the organizations can learn from each other, network, learn best practices, and learn to leverage existing programs on resiliency and self-sufficiency, and do continuous quality improvement based on the collected data. The PIC Team in partnership with their external evaluator will monitor baseline data, benchmarks, and quarterly data. They will measure:</p> <ol style="list-style-type: none">1. Increase the number of children with SHCN who have a medical home2. Increase the number of children who receive appropriate and timely screening, assessment, and referral to CYSHCN Services. <p>Through ongoing programmatic meetings with the CYSHCN Director and the PIC Team, Family SHADE will work toward educating families of CYSHCN on the available medical insurance coverage that is available in Delaware through</p>
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		<p>innovative approaches such as Zoom meetings, emails, mail distribution and through the distribution contact list of partnering agencies that serve CYSHCN.</p> <p>Also, Maternal Child Health continues to support the Family Voices Managed Care (MCO) Calls in Spanish and English as these calls have continued to be a wanted resource. Title V also continues to participate in Delaware’s Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations which are discussed in the narrative.</p> <p>Through the Division of Public Health (DPH) website: www.DEthrives.org; the DPH and Family SHADE project in collaboration with the Bureau of Oral Health and Dental Services utilize the DEthrives platform to promote and provide essential public health services to improve and promote preventative care and oral health for Children and Youth with Special Health Care Needs (CYSHCN). Improving access to Dental Care for Delawareans with Disabilities will help the dental workforce provide more effective and culturally competent care to patients with disabilities. Through outreach, information dissemination, and education made available to pediatricians and dental practitioners, this collaborative will educate practitioners on best practices on serving the CYSHCN population. Through this collaborative initiative we will explore the implementation of a Toolkit for practitioners which will include a Tool Kit of resources which will include a patient assessment tool, medical and physical evaluation tool, and other tools that will assist the practitioner in best serving CYSHCN.</p>
<p>Are we moving the needle for CYSHCN in Delaware?</p>		<p>Adequate insurance is a priority area for our Title V Program, and we will track progress on the goals listed above. In order to effectively measure progress in this area, we will need to increase knowledge of the components of Adequate Insurance coverage among parents of CYSHCN. Through educational efforts we will bring adequate insurance to the forefront increasing the demand for families of CYSHCN while giving providers more information to be better position them to meet the families’ needs.</p>