

DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health



2009 Accomplishments

TABLE OF CONTENTS

Bureau of Health Statistics	2
Bureau of Oral Health and Dental Services	4
Delaware Office of Women's Health	5
Delaware Public Health Laboratory	6
Family Health and Systems Management Section	8
Health Promotion and Disease Prevention Section	10
Health Systems Protection Section	13
Long Term Care Section	15
Northern Health Services Section	17
Office of Emergency Medical Services	21
Office of Health and Risk Communication	23
Office of Minority Health	25
Office of Workforce Development	26
Public Health Nursing	27
Public Health Preparedness Section	28
Southern Health Services	30
Support Services Section	32

This document is located on the Delaware Division of Public Health's website at:
<http://www.dhss.delaware.gov/dhss/dph/ss/files/dphacc2009.pdf>

Produced by Delaware Health and Social Services, Division of Public Health, Office of Health and Risk Communications in June 2010.

Bureau of Health Statistics

2009 ACCOMPLISHMENTS

ELECTRONIC VITAL RECORDS SYSTEM (EVRS)

– In 2009, Physicians and Funeral Directors began the phased implementation of the web-enabled electronic input feature for death certificates. Currently 85% of funeral directors are trained and using the system. Physician training is ongoing and the Bureau's electronically filed death certificates are increasing daily.

INTERACTIVE WEBSITE – 2009 brought about the development of an interactive webpage for the Delaware Health Statistics Center (DHSC). Once launched, the webpage will enable users to query de-identified data in a user-friendly format. The project is in the test phase. DHSC hopes for its webpage to be live in early 2010.

COUNTING KIDS FOR “KIDS COUNT”

– Each year, Kids Count produces a highly visible and very well received fact book about the status of Delaware's children and families. The Bureau of Health Statistics provides a significant portion of their report. The Delaware Population Consortium (DPC) and the U.S. Census Bureau's population estimates greatly depend on our annual compilations of health data.

SUPPORTIVE INFRASTRUCTURE – The Bureau of Health Statistics' *Delaware Vital Statistics Annual Report*, and the *Hospital Discharge Summary Report* support the data needs of many policy makers and program managers. An e-mail mailing list and additional data contained within Stat Sheets were added to the DHSC website: <http://dhss.delaware.gov/dph/hp/healthstats.html>. Stat Sheet topics cover:

- Traumatic Brain Injury Hospitalizations in Delaware
- Care of Women in Delaware Hospitals
- Poisoning Deaths in Delaware
- Drug- and Alcohol-Induced Mortality in Delaware

REVENUE GENERATED – Beginning July 1, 2009, fees for certified copies of birth, adoptee birth, death and marriage records rose to \$25.00 each. Prior to that, fees for certified copies were \$10 for Birth, \$12 for Death, and \$25 for Marriage. The Office of Vital Statistics will generate \$2.5 million annually at these new rates. These funds support the Bureau's operation and maintenance of our state-of-the-art Electronic Vital Records System (EVRS), the distressed Cemetery fund, the Domestic Violence Fund, and the Delaware General Fund. The National Association for Public Health Statistics and Information Systems and the National Center for Health Statistics recognized Delaware's Bureau of Health Statistics as a national records management leader due to its successful use of EVRS.

HELPING OUR CUSTOMERS – Beginning in November 2009, the Office of Vital Statistics started accepting Credit Cards and Automatic Teller Machines (ATM) cards at all three locations (Kent, Sussex, and New Castle County Offices). During December 2009, customers purchased approximately 325 certificates with credit or debit cards.

CEMETERY BOARD – 2009 marked the first calendar year that the Bureau of Health Statistics provided administrative support to the Delaware Cemetery Board. The Delaware General Assembly created the Board, and Secretary Landgraf established it Jan. 1, 2009 with the appointment of five members. The Cemetery Board meets monthly and about 80 cemeteries are registered. The Board established the criteria and forms for applying for distressed cemetery funds, and is currently awarding initial disbursements from a \$2.00 fee attached to the sale of death certificates. In 2009, the Bureau collected \$109,316 for the Distressed Cemetery Fund.

Bureau of Health Statistics

GIS SUPPORT – The Delaware Health Statistics Center provides GIS support to all DPH sections. In 2009, this included mapping and GIS analysis pertaining to cancer incidence; Health Professional Shortage Areas, (HPSA) designated areas; and H1N1 influenza information such as confirmed state and national cases, pharmacies providing vaccinations, free vaccination clinics and patient origin.

2010 GOALS

- Provide quality customer service for Vital Records and Health Statistics requests.
- Produce Annual Vital Statistics Report and continue to provide high quality statistical data to requestors in a timely manner.
- Implement interactive web page to provide de-identified data to requestors in a user friendly, easy-to-query format.
- Further refine the DPH Policy #49 and provide training throughout the Division. The purpose of this policy to make data available to the public and external agencies while protecting the privacy of individuals and using appropriate and consistent standards for displaying, describing and attributing data.
- Continue implementation and training of physicians on front-end Electronic Death Reporting.

Bureau of Oral Health and Dental Services

2009 ACCOMPLISHMENTS

HRSA GRANTS – The U.S. Health Resources and Services Administration (HRSA) awarded a new Oral Health Workforce Activities grant to the Bureau of Oral Health and Dental Services (BOHDS). The grant will provide \$440,000 for each of the next three years to implement strategies to increase access to dental care. These include the establishment of dental services for low-income families in Sussex County; outreach and case management; and dental services in the newly acquired dental van.

MOBILE DENTAL VAN ARRIVES – The Bureau accepted delivery of its new dental van obtained with 95% federal funding. The van supports the Seal-A-Smile program, through which elementary school children receive exams, dental sealants and oral hygiene instructions. BOHDS will also use the van to provide advanced treatments at selected schools and dental services for pregnant women in the Healthy Moms/Healthy Babies program. The van features two state-of-the-art treatment rooms. Its equipment supports restorative procedures and is more durable than the portable equipment currently used at school sites.

PROFESSIONAL EDUCATION – The Bureau and Nemours sponsored a seminar for pediatricians and nurses to conduct oral health assessments during regular pediatric appointments. At the Life Conference, the Bureau sponsored a caregivers seminar.

ORAL HEALTH COALITION – The Delaware Oral Health Coalition (DOHC) promoted its social marketing campaign, *Healthy Smile, Healthy You*, at Head Start centers, community events and commercial venues. The DOHC voted to become a non-profit corporation, attaining BOHDS' goal set in 2006. As an independent organization, the DOHC can better advocate for oral health and provide promotion and educational activities.

MEDICAID CONSULTATIVE SERVICES – The BOHDS continues to review dental claims, prior authorization of services, and orthodontic evaluations for DHSS' Division of Medicaid and Medical Assistance. The BOHDS revised its policy manual to improve its delivery of appropriate, efficient and quality pediatric dental care.

DENTAL CLINIC SERVICES – The BOHDS continues to provide comprehensive dental services for Medicaid-eligible children at its five dental clinics. An important feature of the program is its linkage to schools. To overcome transportation and attitudinal barriers, schools transport the children to the clinics.

2010 GOALS

Targeted Oral Health Services Systems Grant (TOHSS) :

- Oral Health training for primary care physicians and nurses.
- Pediatric dental training for general dentists.
- Provider training for serving children with special health care needs.
- Development of Dentist Referral Network for children with special health care needs.
- Implementation of Tooth Troop Program.

Oral Health Workforce Grant:

- Start-up of dental clinic in Sussex County to provide dental services for low-income families.
- Outreach and case management for Medicaid-eligible children.
- Implementation of recommendations from Oral Health Feasibility Study.

Delaware Office of Women's Health

2009 ACCOMPLISHMENTS

SUSSEX HEART TRUTH CAMPAIGN –

The Delaware Office of Women's Health (OWH) successfully organized and presented the Sussex Heart Truth Campaign with its partners: La Red Health Center, the Delaware Division of Public Health's Diabetes Prevention and Control Program and DPH's Southern Health Services Section.

Between April 20 and June 8, 13 lectures highlighted by Powerpoint slides were held in Sussex County churches and community centers. Speaker presentations (in English and Spanish) covered the definition of heart disease, risk factors, methods to prevent heart disease, symptoms of stroke and myocardial infarction, and the frequent results of heart disease.

Most attendees were women aged 18-60 years. Participants represented the following ethnicities: 65% African American, 25% Hispanic, 7% Caucasian, 0.5% Asian American, and 1% 'Other' (does not sum to 100% due to rounding error). Of the 130 consenting individuals screened, 84% were overweight or obese; 64% were hypertensive or pre-hypertensive; and 57% were diabetics or pre-diabetics.

A few rare attendees with excessively high blood pressures or blood glucose levels were referred to private physicians and La Red Health Center. Although not required by the grant, public health nurses followed some participants to assist them in altering health behaviors.

DIMINUTION OF HEALTH DISPARITIES –

The OWH extended its support of evidence-based programs and efforts to diminish health disparities through speaking engagements, such as at the Visions of Justice X conference in November. It also reviewed projects, such as the Kaiser Family Foundation's "Putting Women's Healthcare Disparities on the Map" for a local African American women's charitable group, Alpha Kappa Alpha.

DOMESTIC VIOLENCE PREVENTION –

The OWH became increasingly involved in preventing domestic violence:

- In the spring, the Office supported the active Campaign/Walk of the Whitney's Lights Violence Against Women Group. Over 500 persons celebrated the life of Dr. Whitney Lucas and to affirm their commitment to end domestic violence.
- The OWH is a member and consultant to the Delaware Task Force on Teen Dating Violence.
- The OWH continues to participate in the Delta Project of the Delaware Coalition Against Domestic Violence, which formulated a state plan to prevent domestic violence.

2010 GOALS

- Continue to strive to meet the OWH vision: *"To achieve optimal health and well-being among all women and girls in the state of Delaware across the lifespan."*
- Facilitate, integrate, coordinate and advocate for programs, services and initiatives within state government and through community partners which promote health and well-being among all women and girls in Delaware.
- Implement an awareness campaign by the Delaware Office of Women's Health and the Bureau of School-Based Wellness Centers to increase awareness of interpersonal, intimate partners and domestic violence against women and girls.
- Continue to acquire funding from available sources to support the mission of the Delaware Office of Women's Health.

Delaware Public Health Laboratory

2009 ACCOMPLISHMENTS

INFLUENZA PANDEMIC – When the 2009 Influenza A H1N1 pandemic began in April, the FDA authorized qualified laboratories emergency use of a Real Time Reverse Transcriptase Polymerase Chain Reaction (Real Time RT-PCR) method. A Delaware Public Health Laboratory (DPHL) microbiologist received training in the method at CDC headquarters. DPHL had also upgraded its PCR platforms and performed calibrations and verifications under strict FDA guidelines. Therefore, DPHL was eligible to use the 2009 Influenza A H1N1 flu assay. DPHL had the new test validated and in use within days. By mid-July, DPHL tested 1,478 specimens using the 2009 Influenza A H1N1 (swine) influenza assay with 417 positive results.

In October, DPHL adopted a testing algorithm that detected the 2009 Influenza A H1N1 strain and seasonal Influenza A and Influenza B, as well as various subtypes. This enabled the detection of any change in the circulating strain.

By Oct. 22, influenza testing exploded, with DPHL receiving 177 samples on Monday; 66 on Tuesday; and 86 on Wednesday. DPHL received nearly 400 samples by week's end. Eighty percent of all specimens were positive for the pandemic strain. By year's end, laboratorians had not detected any transition to seasonal strains.

NEWBORN SCREENING TESTING – In September, the CDC awarded DPHL a grant to establish a regional newborn screening (NBS) cystic fibrosis (CF) DNA Mutation Analysis Lab. The grant enables the purchase of equipment, staff and reagents to provide a more specific method for identifying newborns with CF; and to reduce the number needing second level, more definitive testing. Once validated, the testing will be offered to other states. In cooperation with Christiana Care, the DPHL NBS lab is also participating in a study of thyroid function in late pre-term infants.

REDUCING FOODBORNE ILLNESSES – DPHL validated a method of extracting DNA from patient culture isolates for subsequent testing by real-time PCR assay for detection of shiga toxin producing *E. coli*. DPHL had used this method on food samples through its Food Emergency Response Network (FERN) grant. Later, DPHL adapted the method for patient cultures. Using real-time PCR rather than conventional culture methods to test patient specimens drastically reduces final reporting time and the need to send these isolates to the CDC. DPHL uploads its data from DNA testing of toxin producing *E. coli* to the CDC PulseNet database for comparison and detection of widespread national outbreaks. DPH's Bureau of Epidemiology investigates any matches so cases can be linked both in state and across the country. The system prevents further infections by recalling incriminated foods and initiating appropriate control measures.

PERFECT SCORE – In September 2009 the DPHL Quality Assurance Lab Manager, the HIV Prevention Program, and Delaware's other rapid HIV testing sites participated in the Model Performance Evaluation Program (MPEP). Delaware scored 100% on testing accuracy using blinded samples.

FIRST DPHL FELLOWSHIP – This summer was the first year for DPHL to host a University of Delaware fellow. In 2008, DPHL and the University signed an agreement to provide summer fellowship funding for a senior in the Medical Technology program. The fellow worked in the Microbiology lab, where she tested food samples as part of the FERN. She prepared and presented a report with pictures and flow charts documenting her experience. She also wrote an article for the *LabOrator* newsletter.

Delaware Public Health Laboratory

CLIA INSPECTION – Two inspectors conducted the semiannual Clinical Laboratory Improvement Amendments (CLIA) inspection in December. They visited the labs at the Williams and Georgetown Health Units and spent a day at the Smyrna lab. The two health unit labs received only minor citations. Overall, the inspectors were very impressed with DPHL's quality management program and its documentation. This is the first year DPHL's Chemical Preparedness lab was CLIA certified, a CDC requirement.

EPA INSPECTION – In November, the U.S. Environmental Protection Agency (EPA) inspected DPHL's drinking water labs for certification under the Safe Drinking Water Act (SDWA). This inspection occurs every three years. Five inspectors were in Delaware for four days. They spent two days on site, going through procedure manuals; reviewing data; asking questions and discussing their observations. They also observed a private lab inspection and inspected the Office of Drinking Water. There were no findings for the water bacteriology/microbiology area, and only minor findings for the chemistry area. Through this process, and with the submission of a corrective action report, DPHL maintains certification for drinking water testing for another three-year period. In addition, a DPHL microbiologist is now certified to inspect Delaware's drinking water labs after attending the EPA Certification Officer training for Microbiology in Ohio.

FDA INSPECTS MILK TESTING – A microbiologist from the U.S. FDA inspected DPHL's program for antibiotic testing in milk. The inspector reviewed written procedures; observed staff performing the testing; and observed the Laboratory Evaluation Officer inspecting Delaware's two dairies. The inspection went well and DPHL's milk certification was renewed.

SELECT AGENT PROGRAM – The DPHL Select Agent Program was also inspected this year. With the publication of the fifth edition of the *Biosafety in Microbiological and Biomedical Laboratories Manual* last year, facility requirements for Select Agent laboratories are more specific and exacting. DPHL is testing its HVAC system and addressing other issues identified in the inspection report in order to maintain Select Agent certification.

2010 GOALS

- Work together with DPH programs, DHSS and external partners to advance DPHL's strategic plan.
- Maintain EPA, CLIA and Select Agent certifications.
- Provide timely, relevant quality-assured laboratory-testing services in a safe, well-maintained facility using up-to-date methods and equipment.

Family Health and Systems Management Section

2009 ACCOMPLISHMENTS

RURAL MENTAL HEALTH – The State Office of Rural Health completed a rural mental health assessment for a regional project led by the National Organization of State Offices of Rural Health. Delaware stakeholders identified several concerns: an inadequate mental health provider supply; the need for additional inpatient psychiatric beds, particularly in Sussex County; and the need for crisis services and mental health courts in Kent and Sussex County.

LONG TERM CARE FACILITIES – *Assisted Living & Rest Residential Facilities Utilization Statistics, 2008* reported that Delaware has 30 private assisted living facilities with a 70% utilization rate, and three private rest residential facilities with a 62% utilization rate. By 2030, a 137% growth is expected among Delawareans aged 65 and above.

PROFESSIONAL PROVIDER SUPPLY – There are sufficient primary care physicians but their locations and specialties are not optimal. Primary care physicians are well distributed in county sub-areas but OB/GYNs are located close to hospitals. The number of general dentists and the persons-per-dentist ratio improved since 2005, but in some areas, the caseload is high or no general dentists were reported.

HEALTH CARE PROVIDER RECRUITMENT – The Conrad 30/J-1 program approved 25 applications to recruit physicians to underserved areas. Fourteen physicians were hired.

INFANT MORTALITY – Delaware's infant mortality rate stands at 8.8 deaths per 1,000 live births, according to the latest statistics available (2002-2006). In the 2001-2005 period, the rate was 9.2 deaths per 1,000 live births. Consistent with CDC recommendations, Delaware's infant mortality reduction efforts focus on preconception health. DPH's Healthy

Women/ Healthy Babies initiative reaches women with a previous poor birth outcome (low or very low birth weight, stillbirth or infant death) and racial and ethnic minority women. Women receive four distinct "bundles" of care: preconception clinical care; prenatal/interconception care; psychosocial services; and nutrition counseling. To evaluate outcomes, the Infant Mortality program has tied provider performance directly to reimbursement by developing and implementing the first phase of an individual-level data reporting system.

PRAMS – In spite of falling response rates nationally, the Delaware Pregnancy Risk Assessment and Monitoring Systems (PRAMS) survey closed the year with a response rate exceeding the 65% rate required by CDC.

FAMILY PLANNING SERVICES – The number of Family Planning clients served in the first nine months of 2009 rose by 483, compared to the same period in 2008. Of clients served, 66% have incomes under 100% of the Federal Poverty Level and many are uninsured, under insured, low income, minority, and hard to reach.

SCHOOL-BASED HEALTH CENTERS – The enrollment in Delaware's 28 School-Based Health Centers increased. In FY08, enrollment rose from 78.7% of the student population to 79.4% in FY09. In FY08, there were 56,461 visits, with an average of 3.7 visits per student. In FY09, there were 60,497 visits, with an average of 3.9 visits per student. The economic downturn may have led more students to seek services.

ADOLESCENT PREGNANCY – During FY09, the Alliance for Adolescent Pregnancy Prevention's Wise Guy program graduated 210 young men; the Making a Difference program had 42 participants; and 46 adolescents attended four Making Proud Choices programs.

Family Health and Systems Management Section

BIRTH DEFECTS SURVEILLANCE –

Delaware now conducts active surveillance of birth defects of conditions identified during the perinatal, post-natal and early childhood period. This will contribute to greater understanding of the true prevalence of birth defects by forming interventions to prevent future birth defects.

NEWBORN SCREENING RESULTS – The Newborn Metabolic Screening Program implemented a pilot at several sites in each county to allow physicians 24/7 web-based access to newborn screening test results. Secure electronic access to test results replaces manually mailing results, realizing cost savings and greater program efficiency.

MATERNAL & CHILD HEALTH – The Title V, Maternal and Child Health (MCH) Block Grant Program completed a needs assessment and environmental scan with community partners, state agencies and DPH programs. The process analyzed and ranked numerous health issues to identify new State priorities for maternal and child health over the next five years. The highest priorities were:

- Reducing Infant Mortality;
- Reducing Prematurity;
- Reducing the percentage of infants born with low birth or very low birth weight;
- Reducing child/teen obesity;
- Reducing obesity among women of childbearing age;
- Reducing unintentional injury mortality among children and youth;
- Reducing teen smoking;
- Increasing the effectiveness and efficiency of organizations that serve families of children with special health care needs throughout Delaware; and
- Increasing the percentage of children with low- or no risk of developmental, behavioral or social delays.

Through 2015, the Title V/MCH Block Grant will focus on these and required federal priorities for maternal and child health.

KIDS WITH SPECIAL HEALTH NEEDS –

The University of Delaware's Center for Disabilities Studies is helping DPH create an "umbrella" group of community-based organizations. It will provide family support, information and referral services for families of children with special health needs.

EARLY CHILDHOOD SYSTEMS –

Standardized developmental screening among pediatric and primary care practices resulted from a collaboration between Early Childhood Comprehensive Systems and Delaware's Chapter of the American Academy of Pediatrics. An education campaign supporting H.B. 99 increased awareness of developmental delay, screenings and early intervention.

2010 GOALS

- Implement a statewide survey of families with children and youth with special health needs.
- Increase the number of providers practicing in rural areas and underserved areas of Delaware.
- Conduct a cost analysis of reproductive health services.
- Create a follow-up system for birth defects.
- Increase reporting to the Autism Registry.

Health Promotion and Disease Prevention Section

2009 ACCOMPLISHMENTS

2009 H1N1 INFLUENZA EPIDEMIC – Health Promotion and Disease Prevention (HPDP) staff supported DPH's response to H1N1 influenza in a variety of areas. HPDP staff accounted for 39% of all staff time and 59% of leadership time devoted to raising and operating the Call Center, which DPH activated twice.

The Delaware Immunization program was the lead in receiving vaccine orders from providers, transmitting orders to CDC, and ensuring that vaccine went to priority groups most at risk for complications or death. The program shipped over 300,000 doses. It answered hundreds of phone calls, mailed thousands of vaccine reporting forms to providers, and processed thousands of doses administered reports. The Program prepared to resume Hib vaccine deliveries; expand HPV vaccination for young males; and purchase vaccines with American Recovery and Reinvestment Act of 2009 (ARRA) funds.

STATEWIDE OBESITY PREVENTION – The Delaware Partners to Promote Healthy Eating and Active Living (DE HEAL) held their annual summit in October. They reviewed five-year comprehensive physical activity, nutrition, and obesity prevention goals and objectives. DPH's Physical Activity, Nutrition, and Obesity Prevention Program staffs the coalition. More than 100 members represent over 60 organizations and agencies from various disciplines.

WOMEN, INFANTS AND CHILDREN – For the first time since the 1970s, the Delaware Women, Infant and Children (WIC) Program implemented a new food package effective Jan. 1, 2009. Revisions support current nutrition science, and vouchers can buy fresh fruits, vegetables and whole wheat bread. The 24,500 WIC clients served in 2009 received comprehensive enhanced nutrition counseling.

HEALTHY COMMUNITIES – The Physical Activity, Nutrition, and Obesity Prevention Program and partners held the first statewide forum on public health and community/urban design. Transportation, economic development, agriculture, and municipality representatives attended. Working groups addressed active transportation, active recreation, and access to healthy foods through land use planning and community design.

FARMERS' MARKET – In July, the Physical Activity, Nutrition, and Obesity Prevention Program launched a weekly Farmers' Market on Legislative Mall in Dover. On average, 200 people visited the market each week through September. Goals were to increase fruit and vegetable consumption and increase the demand for locally grown produce. Partners were six vendors, Delaware State Parks, the City of Dover, DelaWell, and the Delaware Department of Agriculture. This successful program will be repeated in 2010.

BEHAVIORAL RISK FACTOR SURVEY – The Delaware Behavioral Risk Factor Surveillance Survey (BRFSS) completed its 20th year of gathering adult data as part of the CDC's Behavioral Risk Factor Surveillance System. BRFSS measures the prevalence of leading risk factors, such as tobacco use, obesity, physical inactivity, alcohol abuse, safety and chronic disease. Data helps plan, target and evaluate health programs. The landline telephone survey is changing to one with landlines and cell phones. The 2007-2008 report is posted to: <http://www.dhss.delaware.gov/dhss/dph/dpc/brfsurveys.html>.

5K WALK/RUN – DPH Director Dr. Karyl Rattay kicked off the first Annual Immunization 5K Walk/Run in Wilmington. Over 100 participated in the inaugural event, which the Immunization Program sponsored and staged.

Health Promotion and Disease Prevention Section

CANCER INCIDENCE AND MORTALITY –

In June 2009, DPH released the most recent *Cancer Incidence and Mortality Report*. Delaware's cancer incidence and mortality rates are decreasing faster than the national rate. Racial disparities in Delaware's cancer incidence rates are shrinking, and disparities were eliminated for some cancers. Read the report at http://www.dhss.delaware.gov/dhss/dph/dpc/files/ca_imreport08.pdf

DELAWARE CANCER REGISTRY – For the fourth straight year, the North American Association of Central Cancer Registries (NAACCR) awarded its Gold Standard to the Delaware Cancer Registry.

CANCER TREATMENT ASSISTANCE – Between July 2004 and June 2009, 600 Delawareans with cancer received financial assistance through the Delaware Cancer Treatment Program. In FY09, the program reimbursed providers over \$6.68 million for treating 322 individuals. The most commonly treated cancers are lung/bronchus, colorectal and breast.

CANCER SCREENINGS INCREASE – In FY09, the Screening for Life program provided over 6,700 screenings: over 3,000 for breast cancer; over 3,000 for cervical cancer; and over 700 for colorectal cancer. Field-based Cancer Screening Nurse Navigators assisted more than 2,300 Delawareans seeking cancer services. Per BRFSS data, Delaware leads the nation in the number of adults over 50 who have ever had a colonoscopy or sigmoidoscopy.

TOBACCO PREVENTION – The adult smoking rate reached an all-time low of 17.8% and the high school smoking rate plunged to its lowest rate of 17.3%. More than 3,500 adult Delawareans enrolled in cessation counseling services: 2,346 chose Quitline (telephone); 1,773 chose face-to-face counseling; and 1,211 enrolled in Delaware Quitnet (web-based). The

Tobacco Prevention Program awarded 31 community grants that will engage more than 11,500 youth and 6,200 adults in tobacco prevention activities.

LYME DISEASE – The Bureau of Epidemiology confirmed nearly 1,000 of 1,600 reported Lyme disease cases in 2009. A "Got Ticks" outreach campaign produced billboards and new web pages.

NOROVIRUS AND SHIGELLA – DPH epidemiologists determined that norovirus caused 14 of the 18 reported clusters of gastro-intestinal illness, all in long-term care facilities. Shigella reports increased twelve-fold over 2008. Most cases were associated with person-to-person transmission in daycare settings, and most occurred in New Castle County and may have originated from a Pennsylvania outbreak.

FOODBORNE ILLNESS – Epidemiology staff participated in six multi-state foodborne illness investigations with the CDC in 2009. The investigations included one Delaware case of *Salmonella Typhimurium*; one of *Salmonella Bareilly*; seven cases of *Salmonella Newport*; and two of *Listeria monocytogenes*.

COMMUNICABLE DISEASE SUMMIT – In 2009, the Adult Viral Hepatitis C Program hosted the first Annual Communicable Disease Summit with the Medical Society of Delaware. Topics included H1N1 influenza, STDs, HIV, HCV, TB and correctional health. Approximately 120 health care professionals attended.

TB ELIMINATION PROGRAM – The pilot program to build a TB module within the Delaware Electronic Reporting and Surveillance System (DERSS) was successful. Delaware was among the first of the states and 10 big-city programs to report TB cases via the new CDC process. Staff can quickly analyze and identify trends for potential TB disease outbreaks.

Health Promotion and Disease Prevention Section

HIV INFECTIONS DOWN – In 2009, Delaware reported 153 new HIV infections, a 12% drop compared to 2008's 174 new cases. It was the sixth consecutive year that new infections fell. The HIV/AIDS Program determined that 733 living HIV+ clients (21% of Delawareans living with HIV/AIDS, on the low end of the national average) may not be accessing care. The first completely integrated *HIV Treatment & Prevention Plan* and *Coordinated Statewide Statement of Need (2010-2014)* were produced.

CLIENTS RECONNECTED TO CARE – In 2009, HIV/AIDS Surveillance personnel interviewed 271 HIV/AIDS clients for the national Medical Monitoring Project. For the third consecutive year, Delaware ranked #1 in interviews among 24 jurisdictions. According to Christiana Care Health System, 38 HIV+ clients considered "lost to care" were reconnected. In addition, HIV Surveillance personnel tracked clients who received care in another state or whose care expired in another state.

RYAN WHITE PROGRAM – The Ryan White Program resolved gaps in medical care for 1,296 HIV+ patients in CY09. Clients seeking pharmaceutical assistance and oral health care jumped from 7.7% to 8.7%. For the third straight fiscal year, the Program increased co-pay assistance for drugs from 300% of the Federal Poverty Level (FPL) to 500% of the FPL. Allocated funds supply uninsured clients with health care and medications.

NEEDLE EXCHANGE PROGRAM (NEP) – There are 270 active and 417 intermittent NEP clients. In 2009, NEP made 3,600 outreach contacts; provided 500 HIV screening tests; enrolled five clients into substance abuse treatment programs; and exchanged 10,000 needles. In 2010, NEP clients will also receive Adult Viral Hepatitis Virus testing. The CDC estimates that 50%-90% of HIV-infected injection drug users are unknowingly co-infected with the Hepatitis C Virus, which accelerates liver damage.

DIABETES SCREENINGS – In 2009, DPH contractors provided more than 3,412 community blood screenings. The four Federally Qualified Health Centers (FQHCs) provided 1,549 one-on-one diabetes consultations with Certified Diabetes Educators; and treated 33 patients for elevated blood sugars. More than 580 Delawareans received assistance for services, supplies and/or medications.

MOBILE WELLNESS INITIATIVE – The Delaware Diabetes Control Program reached out to 362 older adult Delawareans in rent-assisted housing complexes to educate, screen, monitor and evaluate residents diagnosed with diabetes. Eighty-eight (37%) of the 123 adults indicated that they had diabetes with at least one abnormal finding. An equal percentage of abnormal findings were seen with blood pressures (33%), HDLs (34%) and A1C (33%). Twenty-seven (22%) of the 123 persons with diabetes had a foot problem.

2010 GOALS

- Maintaining Delaware's number one ranking in colorectal cancer screening.
- Maintaining and building on significant reductions in tobacco use, especially among youth.
- Compiling and publishing comprehensive analyses of infectious disease incidence and trends in Delaware to inform public health decisions.
- Re-establishing the Bureau of Epidemiology as a resource to internal and external customers in the areas of disease surveillance, data collection and analysis.
- Establish and staff a comprehensive program to promote physical activity and healthy eating within the Division of Public Health.

Health Systems Protection Section

2009 ACCOMPLISHMENTS

AMERICAN RECOVERY AND INVESTMENT ACT (ARRA) – Health Systems Protection (HSP) closed six Drinking Water loans totaling over \$18.7 million. HSP awarded infrastructure improvement loans to these municipalities: Wilmington, Greenwood, Smyrna, Millsboro, Seaford and Bridgeville. The Office of Drinking Water received an EPA grant as part of President Barack Obama’s stimulus plan or ARRA. Delaware was the first state in EPA Region III to enter into loan agreements using all available funds. To date, drinking water projects have created or retained over 20 jobs. HSP received an ARRA grant to provide greater oversight of Ambulatory Surgical Centers to promote better infection control practices. This program is aligned to the Department of Health and Human Services’ Action Plan to Prevent Healthcare Associated Infections.

HEALTHY HOMES – HSP took a leadership role in 2009 in the planning, development and launching of the Delaware Healthy Homes Initiative. The initiative features a coordinated, comprehensive and holistic approach to preventing diseases and injuries resulting from housing-related hazards and deficiencies. The statewide effort incorporates multiple state, county, city and community partners working together to identify safety and health hazards in low-income households. It provides cost-effective, preventive measures for long-term hazard reductions. This approach provides better “synergy” between community and faith-based agencies, and state, city, and county programs. Main objectives include identifying health, safety and quality-of-life issues in the home environment of children residing in the target areas; and systematically eliminating or mitigating identified problems.

PREPARING FOR RADIOLOGICAL EMERGENCIES – Health Systems Protection delivered proven leadership, technical and grant management services to Delaware’s Radiological Emergency Preparedness Program. Contributing to emergency preparedness procedures assures the safety and health of the public and emergency workers in the event of a radiological release from the Salem/Hope Creek Nuclear Generating Stations in New Jersey.

SAFE INDOOR AIR AT SCHOOL – HSP provided assistance to various schools and school systems regarding indoor air quality issues. HSP also participated in meetings with parents, workers and teachers.

COOPERATING WITH THE LAW – HSP is currently implementing Senate Bill 160 requiring the promulgation of a statewide plumbing code and coordination with the Board of Plumbing Examiners and local jurisdictions.

SKIN CANCER PREVENTION – HSP is currently implementing Title 16 Chapter 30d of the *Delaware Code*. The legislation requires the promulgation of tanning regulations to reduce the incidence of skin cancer.

RADIATION PERMIT REVENUE COMMENCES – HSP successfully implemented Title 16, Chapter 74 of the *Delaware Code*. The law authorized the assessment of fees to radiation machine facility owners. HSP collected over \$104,000.

EMERGENCY PREPAREDNESS – HSP participated in 16 weather related events ensuring safe drinking water was available.

Health Systems Protection Section

CMS PERFORMANCE – HSP met and exceeded seven of eight federal CMS performance measurements. This is a remarkable achievement, considering that the Office of Health Facilities Licensing and Certification had a 40% vacancy rate.

SAFE FOOD – The Office of Food Protection:

- Established a five-year strategic plan to reduce the risk of food borne illness.
- Recognized excellence in food safety by coordinating the sixth annual Governor's Award for Excellence in Food Safety.
- Coordinated information involving the multi-state outbreak of *Salmonella* Typhimurium associated with contaminated peanut butter.
- Maintained inspectional inventories of food establishments even with the loss of staff.
- Provided 11 inspections of food operation for the Department of Corrections.
- Initiated a comprehensive review of the Delaware Food Code to identify amendments that improve food safety.

MOU FOR CHILD CARE LICENSING AND INSPECTIONS – HSP established a Memorandum of Understanding with the Office of Childcare Licensing and trained licensing specialists to conduct environmental health inspections of childcare facilities throughout the state.

Highlights of Work Completed, 2009

- Averaged 3,676 monthly hits to the restaurant inspection website.
- Averaged 4,387 monthly hits to all HSP Program Home Pages.
- Issued 35,423 annual permits, licenses and registrations.
- Administered a Drinking Water State Revolving Fund loan portfolio in excess of \$112 million.
- Enforced 35 sets of regulations as required by *Delaware Code*.
- Managed 18 grants totaling over \$44.5 million.
- Responded to an average of 109 constituent requests monthly.
- Initiated 27 enforcement actions.

2010 GOALS

- Find and create efficiencies and savings.
- Invest in the state's infrastructure to protect public health.
- Provide more responsive programs and services.
- Monitor and enforce health and safety standards.
- Prevent and control environmental risk to human health.

Long Term Care Section

2009 ACCOMPLISHMENTS

SNOEZELEN ROOM FOR DHCI

RESIDENTS – To assist residents with dementia at the Delaware Hospital for the Chronically Ill (DHCI) the facility completed a new multi-sensory room in September. The ‘snoezelen room’ features lighting effects, color, sounds, music and scents to stimulate the senses of residents who are difficult to reach.

HOME-LIKE ENVIRONMENT COMMITTEE

AT DHCI – DHCI created a Home-like Environment Committee to address the Long Term Care Survey Regulation for providing a safe, clean, comfortable and home-like environment for residents. This regulation strives for person-centered care that emphasizes individualization, relationships and a psychosocial environment that welcomes residents and makes each feel comfortable. The committee will de-emphasize DHCI’s institutional character and support a private home environment by allowing residents to use their personal belongings. The committee has developed a sample women’s bedroom and a men’s bathroom.

RESTORATIVE DINING AT EPBH – Emily P. Bissell Hospital (EPBH) added monthly restorative dining events in 2009. These events allow residents to enjoy restaurant-like dining and entertainment. The special occasions are well attended and feedback is extremely positive.

GBHC’S FIVE-STAR MEDICARE RANK

– In November, the Governor Bacon Health Center (GBHC) maintained its Five-Star Rating for Medicare’s ranking of nationwide nursing homes. The ranking is based on three years of annual survey findings; staffing levels and quality measures data.

GBHC PARTICIPATES IN FEDERAL

SURVEY – In July, GBHC was one of 260 nursing facilities selected by the U.S.

Department of Health and Human Services to participate in a nursing home survey. The survey is in response to a congressional inquiry about the quality of care, specifically the safety of nursing facility residents. The survey focused on the hiring practices in nursing facilities regarding background check practices and experiences.

LTCS PREPAREDNESS – In July, DHCI, EPBH and GBHC each received two Stryker Evacuation Chairs from DPH’s Public Health Preparedness Section. A Stryker representative trained LTCS staff in the use of the chairs so they can safely evacuate residents with mobility issues.

LTCS COST CONTROL – EPBH’s reduction in agency nurse usage led to significant cost savings. For the fifth consecutive year, GBHC staff cared for residents without costly agency nursing. The Quick Books software system was installed and is a time saver for Emily P. Bissell Hospital and Governor Bacon Health Center’s petty cash accounts.

LTCS CAPITAL IMPROVEMENTS – The Long Term Care Section welcomed these capital improvements in 2009:

EPBH – In January, HVAC restoration construction was completed on the second floor of the 1912 Building, which houses administrative and support service offices. The work began in 2003. To bring the 1912 and Main Buildings up to code, the existing sprinkler system was upgraded and a new sprinkler system added to unprotected areas. A new fire monitoring system was installed. By November, the roof coping was completed on the Main Building, which was originally constructed in 1950 and now holds the residential areas. A structural basement beam was replaced and work began for the replacement of the main resident transport elevator.

Long Term Care Section

DHCI – DHCI received an emergency generator for the Prickett and Medical Buildings and a boiler plant condensate tank for the Maintenance Building. The first phase to update the existing fire alarm system in Candee Building was completed. To the delight of staff, an additional 50-space parking lot was created behind the Prickett Building.

Planning, design work and projects include water and steam line replacement in Dietary; and a generator to be replaced in the Candee Building. A sprinkler system will be installed in the Dietary Department, Cafeteria and Guest Pavilion 1, which houses the Recreation Room, Activity Therapy and Gift Shop. Phase 2 of the Fire Alarm Integration System will occur on the rest of campus. This system will integrate the old system that had five different reporting signals during a fire emergency. A handicapped entrance with sliding doors is planned from GP2 to the cafeteria, and the bathrooms located in the entrance to the cafeteria will be converted to handicapped-accessible bathrooms.

GBHC – In July, GBHC completed the MCI project to extend full fire sprinkler protection in the Tilton Building.

Planning and design work began in December for three projects: to replace the cable elevator in the Tilton Building; to replace the emergency generator in the Tilton Building; and to install a new primary electrical feed line for the entire campus. Phase 1 will upgrade electrical supply to Gateway Substance Abuse, Meadows, and Mainstay client service programs.

LTCS MAINTENANCE AND REPAIR PROJECTS (M&R) – The Long Term Care facilities benefit from routine maintenance and repair projects, such as these:

DHCI – DHCI's Maintenance Department completed over 80 M&R projects throughout 2009. The department repaired water leaks, removed asbestos, repaired roads, replaced water tanks, removed trees, and painted rooms and hallways.

EPBH – EPBH's Maintenance Department completed numerous projects throughout 2009. The department repaired water leaks and oversaw asbestos removal, roadway repairs, and lead paint removal.

GBHC – GBHC's Maintenance Department completed numerous M&R projects. The Tub Room in the Tilton Building's South 1 nursing unit was completed. In December, work began on the North 1 Tub Room. The department thoroughly cleaned the Tilton Building's HVAC ductwork. In June, staff repaved approximately 100 yards of roads in front of the Tilton Building, offering a smoother surface for wheelchair-bound residents to enjoy the outdoor pavilion.

2010 GOALS

- Complete the development of new diets to work with the needs of select residents and other medical disciplines; and develop a Diet Manual.
- Continue to manage and monitor the residents' Prescription Drug Plan programs to enhance the revenue and limit premium expenditures.
- Standardize template used by the Division of Long Term Care Residents Protection at all three long term care facilities to track and report abuse investigations and incident reports more easily.
- Develop and implement a Quality Assurance/Quality Improvement system in Long Term Care.

Northern Health Services Section

2009 ACCOMPLISHMENTS

NOVEL H1N1 INFLUENZA VIRUS –

Northern Health Services (NHS) continued its tradition to successfully plan and execute services to protect and enhance the health of its citizens. During the evening hours of April 28, 2009, DPH stepped into the national spotlight as attention focused on an outbreak of the Novel H1N1 influenza virus on the University of Delaware's campus in Newark. As the nation anxiously monitored the indicators of a nationwide (and later global) pandemic influenza outbreak, students returning from spring break travel presented with probable Novel H1N1 influenza cases at the UD's student center.

DPH decided to activate a Neighborhood Emergency Help Center (NEHC) at the Carpenter Center on campus, in preparation of the surge of students presenting with influenza symptoms. NHS managers called staff late at night to instruct them to report early on April 29 to staff the NEHC. One hundred percent reported as directed, allowing the NEHC to open in less than two hours. Through May 1, staff assessed 318 students and treated 262 students with Tamiflu as clinically indicated. All students were released to their home or dorm, where they were advised to remain until their symptoms disappeared.

The occasion marked the first time in the state's history that a NEHC was activated to respond to an urgent community medical need after hours, without previous advance planning or staff pre-notification. NHS' prior training, planning and use of the NEHC concept at their mass influenza vaccination clinics aptly prepared them to successfully activate and deliver emergency services to the UD student community. The national wire service, the *Washington Post* and *USA Today* covered the event.

TIRELESS SCHOOL VACCINATION

WORK – When DPH decided to voluntarily vaccinate all school age children for H1N1 influenza at schools during the school day, NHS staff began planning its support of a school vaccination program. NHS estimated staffing requirements, coordinated with school district schedules, and provided logistic support over a three-month period. An in-house management analyst developed an interactive spreadsheet that showed staffing possibilities under different scenarios. A site selection matrix identified the combination of sites that one team could visit in a single day. DPH adopted this planning tool for planning, tracking and consolidating statewide information.

The first doses of intranasal Novel H1N1 influenza vaccine to the public elementary school students (Kindergarten through fifth grade) began Nov. 2 and concluded Jan. 15. NHS made 149 school site visits to administer 21,270 vaccinations in five districts – all within three months.

NORTHERN VACCINE WAREHOUSE –

NHS set up a vaccine warehouse on the Emily P. Bissell Hospital campus to store the large influx of H1N1 influenza vaccine and administrative supplies. Previously, refrigerated vaccine storage capability was limited and there was no emergency power to sustain operation in the event of a long electrical power outage. Hospital administrators and Public Health Preparedness staff rapidly converted two patient rooms, installed shelving, and located a used commercial size pharmacy refrigerator and moved it into place. Emergency power was available and DPH arranged for the installation of 24-hour temperature monitoring.

Northern Health Services Section

HUDSON AND NORTHEAST CLINICS –

In October, Hudson Public Health Clinic opened a dedicated phone line for H1N1 influenza information and appointments. Staff fielded many questions from the public, particularly about H1N1 influenza. Staff communicated the priority groups to receive vaccine, while showing compassion and concern for those who were initially ineligible to receive it. Despite staffing limitations and the additional public health functions, the Hudson Immunization Clinic provided 1,155 H1N1 and 1,240 seasonal influenza vaccines to adults and children aged 6 months to 18 years.

At Northeast State Service Center, staff administered 462 H1N1 and seasonal flu vaccines to minority and low-income populations in Wilmington's inner city. DPH sites offered the H1N1 vaccine to persons without contraindications who requested it.

GOING GREEN – NHS' Central Intake Office took a step toward being the first branch to store referrals electronically. (The office receives all New Castle County referrals for services from the Child Development Watch program and from the home visiting programs.) Working with Archives and DPH's Information Technology branch, the Central Intake Office used existing software to create a system where individuals, managed care organizations, medical offices, and hospitals can "fax" Home Visiting, Kids Kare, Child Development Watch, adult health, and Smart Start referrals directly to an e-mail account. Upon receipt, the electronic documents are stored and transferred to Archives electronically. Electronic records eliminate the need for storage cabinets and cardboard file storage boxes and the system dramatically reduces the use of paper. Staff can quickly and easily access records without having to dig through boxes and stacks of paper copies.

CHILD DEVELOPMENT WATCH – The Child Development Watch (CDW) Program provides developmental assessments to children birth to 3 years of age and service coordination for developmental services and therapies. According to an annual University of Delaware survey, 95.9% of families perceived the CDW program as accessible and receptive, while more than 92.5% perceived change in their child's abilities. As of the end of FY09, CDW has case managed 3,094 children statewide; 1,875 are served by the NHS' CDW office. An additional 124 children will be re-evaluated.

CDW strives for compliance with federal timelines despite high caseload numbers. This year, CDW North achieved 90% for providing services within 30 days. In a study sample of 236 children, 78% of CDW children with skills below age expectations made gains by their discharge date. Forty-seven percent of these children are functioning at age level upon discharge.

COMMUNITY PARTNERSHIPS – DPH; the Child Death, Near Death and Stillbirth Commission; and the A.I. Dupont Hospital for Children joined forces to reduce the risk of infant injury and death due to unsafe sleep environments. In October, A.I. Dupont Hospital for Children announced the new partnership to bring the Cribs for Kids® program to Delaware. Cribs will be distributed free of charge to families who cannot otherwise afford one, and the three agencies are providing safe sleeping educational resources to parents. While deaths from Sudden Infant Death Syndrome (SIDS) have decreased over the past few years, preventable infant deaths have increased, due in large part to infants being placed to sleep in unsafe places. Referrals are called into A.I.'s intake number and are then forwarded to Public Health Central Intake for action. In 2009, Public Health nurses arranged 17 client appointments to deliver cribs, provide demonstration of proper set up, and reviewed safe sleep educational materials.

Northern Health Services Section

TUBERCULOSIS INVESTIGATIONS –

NHS continues to handle the largest number of active tuberculosis (TB) cases in the state, as 84% of the cases reside in New Castle County. NHS staff completed 1,848 directly observed therapy (DOT) visits; interviewed 406 contacts; and followed 245 clients with latent tuberculosis infection monthly. One of 2009's 18 statewide TB cases was non-compliant, necessitating a stand-by Public Health Emergency Order. Fortunately, TB staff did not have to use it.

A partnership continues between DPH, our consultant pulmonary physician and resident physicians from the St. Francis Family Practice Program. From January to June, resident physicians observe clients in the weekly physician TB clinic. This is a valuable teaching opportunity and brings TB to the forefront for consideration when making a diagnosis.

SEXUAL & REPRODUCTIVE HEALTH –

Due to renovations at Porter State Service Center, Porter staff spent the last four months of 2009 sharing space with their co-workers at Northeast State Service Center. Clients have found their way to the temporary location. Disease Intervention Specialists (DIS) locate and transport clients exposed to sexually transmitted diseases so they can receive prompt treatment. Porter DIS staff interviewed 100 of the 153 newly reported HIV-positive clients reported statewide. DIS staff also contacted 81 clients with positive rapid screening tests to determine their syphilis status. They also contacted positive gonorrhea and chlamydia cases via phone or field visits after receiving reports from the surveillance team in Dover. The central office applauded staff for completing their year-end paperwork in record time.

During 2009, Northeast's Sexual and Reproductive Health Clinic experienced an 8% increase in Family Planning visits due to new clients. Family planning services were

integrated with STD services. NHS made a concerted effort to cover Family Planning education, counseling and services during each STD visit. Clients receive education and counseling on sexual and reproductive health, an essential component of their overall care plan.

NHS' three Sexual and Reproductive Health Clinics have successfully instituted the practice of accepting credit cards for payment of services at the time of visit.

WIC SERVICES – NHS continues to manage the state's largest WIC caseload. As of Dec. 11, 2009, 13,317 clients were certified for WIC services in New Castle County. WIC maintained service to the same number of clients despite overcoming two hardships: the relocation of staff and clients from Porter to the West End site, and losing two positions. The average monthly caseload increased by 6%, from 12,384 in 2008 to 13,136 as of July 2009.

CHILD HEALTH IMMUNIZATIONS – The Hudson State Service Center's Child Health/Immunization Clinic continues to be the safety net for those who are uninsured, underinsured, and for those who are foreign born and new to the country. The child health staff has vaccine information sheets in 21 different languages to communicate effectively with non-English speaking clients. The importance of the service provided by the Hudson nursing staff cannot be overstated. Clients who will not go anywhere else will come to the Hudson Center for physicals and immunizations for their children because of its reputation as a "safe place." Also, staff communicate with non-English speaking clients and assist them with their needs. When the client cannot speak English, client visits can take up to two hours. Staff expertly decipher foreign immunization records and communicates important health information to their clients.

Northern Health Services Section

LEAD POISONING PREVENTION – The Trainer/Educator for Childhood Lead Poisoning Prevention provided educational services to the Wilmington Head Start Family Service Advocates, daycare providers within the City of Wilmington, and the Telamon Head Start in Smyrna. The trainer discussed sources of lead, identifying lead-based paint hazards, and screening requirements for children and daycare providers. Other topics were elevated blood lead levels and the meaning of an elevated level. Employees at the Telamon Early Head Start and Head Start Program in Kent and Sussex County received comprehensive training to receive 1.5 CEUs.

HEART TRUTH SERIES – The skills of NHS' trainer/educator assists the Director of the Office of Women's Health when planning the Sussex County Heart Truth Series. The series targeted Caucasian, African American and Latina ethnicities and offered heart health presentations, BMI screenings, and pre- and post-tests.

HIV EDUCATION – Through community presentations, trainings, outreach and individual consultations, the HIV trainer/educator reached 970 individuals statewide with the HIV/STD/pregnancy prevention message.

BIOHAZARD DETECTION SYSTEM – NHS staff planned, trained and implemented incident command steps in preparation of a Biohazard Detection System Point of Dispensing exercise. The exercise supports postal workers at the New Castle County U.S. Postal Service in case they need prophylaxis medication dispensed. If summoned, NHS staff will triage, educate and dispense prophylaxis at a facility near the postal processing center.

2010 GOALS

- Assess the NHS core service needs for New Castle County and private provider capacity.
- Implement Quality Improvement Initiatives in NHS programs.

Office of Emergency Medical Services

2009 ACCOMPLISHMENTS

H1N1 INFLUENZA CLINICS – In response to the 2009 H1N1 influenza pandemic, the Office of Emergency Medical Systems (OEMS) addressed the need for mass vaccination of the EMS workforce. With assistance from paramedic agencies, OEMS staff conducted 15 H1N1 influenza vaccination clinics to ensure vaccine availability to the EMS priority group.

In addition, the Delaware Board of Medical Practice approved protocols to enable paramedics to provide vaccination in specific situations. The protocol reads, “In cases of anticipated, actual, or pending public health need, paramedics may be authorized by the Director of Public Health and the State EMS Medical Director to give immunizations and vaccinations against infectious/communicable diseases. Specific immunization standing orders, administrative procedures, and modifications to existing protocol must be authorized and signed by Director of Public Health, the State EMS Medical Director and State EMS Director. This standing order meets or exceeds the policy standards and guidelines established by the National Vaccine Advisory Committee of the Centers for Disease Control (CDC).”

TRAUMA SYSTEM SAVES LIVES – Governor Jack Markell and DEMSOC Chairman Secretary Lewis Schiliro of the Department of Safety and Homeland Security held a June press conference to announce new findings supporting the effectiveness of Delaware's Statewide Trauma System. Trauma System Registry data shows that between 1998 and 2007, the mortality rate for the most seriously injured patients dropped from 45% to 20% after Delaware implemented a statewide system of trauma care. DPH Director Dr. Karyl Rattay and Deputy Director Crystal Webb attended the media event.

DELAWARE INFORMATION FOR EMERGENCY SERVICES (DIMES) – The OEMS is developing a new data collection system called the Delaware Information Management for Emergency Services (DIMES). The DIMES system will replace the aging EMS Data Information Network (EDIN) system that went online in 2000. All Advanced Life Support agencies use EDIN full time, and 98% of volunteer Basic Life Support agencies use it either full time or partially. EDIN contains over 700,000 records covering the demographic, assessment and treatment phases of EMS incidents.

By upgrading the technology via a web-based program, OEMS will provide higher quality data collection. A .Net format will provide increased functionality and scalability to support facilitate streamlined processing and data exchange. DIMES will further provide a secure method of collecting pre-hospital data, extracting existing data, and exporting or sharing data for strategic planning and process improvement initiatives. Once DIMES is developed, other useful applications like a Palm® or Windows CE® version can be created to work with it.

THINK FIRST! INJURY PREVENTION – A new Coalition for Injury Prevention project in 2009 was the Think First! Delaware Media Project developed in collaboration with Christiana Care Health System. The American College of Surgeons developed the Think First! program to teach teenagers how to prevent traumatic brain and spinal cord injuries. Students watch a brief video and take pre- and post-tests. Students can develop a Public Service Announcement while competing for prizes at the high school and the county levels. The Coalition hopes to expand the Think First! program to all Delaware high schools.

Office of Emergency Medical Services

PREVENTING GUN VIOLENCE – The success of the Coalition for Injury Prevention teams in Wilmington’s 19802 ZIP Code (the Kingswood community) inspired a replication in Sussex County’s 19333 ZIP Code (the Coverdale Crossroads community). At the invitation of Coverdale Crossroads community leaders, Coalition members delivered injury prevention materials to health fairs. During a Summer Youth Program, the Coalition introduced *The Student Pledge Against Gun Violence*. By helping young people channel their feelings in healthy ways, the national program (<http://www.pledge.org>) seeks to reduce gun violence.

SPECIAL NEEDS ALERT PROGRAM – Enrollment in the Special Needs Alert Program (SNAP) grew 33% in 2009, from 136 in January, to 181 in December. The jump occurred when the OEMS hired a second part-time person to assist with database updates and outreach to families. Through SNAP, parents and guardians allow the OEMS to share their children’s medical information with emergency providers in advance.

TRAUMA CENTER DESIGNATIONS – In July, Nanticoke Memorial Hospital returned to Level 3/Community Trauma Center status by providing round-the-clock orthopedic surgeon coverage. Christiana Hospital, St. Francis, Wilmington Hospital and Kent General Hospital received full re-verification following site visits by the American College of Surgeons. For state designation, facilities must be reviewed every three years.

2009 SAFE SUMMER DAY DEMO – The OEMS’ Emergency Medical Services for Children (EMSC) provided a fire safety demonstration at Kent County’s Safe Summer Day. The 20-minute program used real actors and a smokehouse to realistically showcase the challenges of rescuing a child with special healthcare needs from a house fire. A training DVD was produced and distributed.

CRASH OUTCOME DATA EVALUATION SYSTEM (CODES) – The CODES Project is a collaborative effort between the OEMS, the Delaware State Police, the Delaware Health Statistics Center and the Delaware Office of Highway Safety. From these agencies, OEMS collects many types of data (e.g., demographic, injury severity, hospital charge, etc.) that are linked, analyzed and publicized. Resulting data allow state agencies, policymakers and the public to understand the causes and impacts of motor vehicle crashes. In 2009, OEMS linked 2006 CODES data, generated fact sheets, and prepared motor vehicle crash hospitalization data for the Injury Prevention and Surveillance Program’s Data Review and Research Committee.

PEDIATRIC FACILITY RECOGNITION – EMSC developed a pediatric facility recognition program to meet a national performance measure. EMSC recognizes facility and freestanding emergency centers for stabilizing and/or managing pediatric medical emergencies and trauma.

2010 GOALS

- Update the First Responder, EMT-Basic and Paramedic curriculum to support recommendations contained within “EMS Education Agenda for the Future: a Systems Approach.”
- Complete the regulation revision process for the AED regulations.
- Update the statewide EMS Improvement Plan.
- Implement the Delaware Information for Emergency Services (DIMES) system, the state’s EMS data reporting system.
- Implement the pediatric facility designation program.
- Enhance cardiac/stroke care provided by EMS.

Office of Health and Risk Communications

2009 ACCOMPLISHMENTS

H1N1 INFLUENZA SUPPORT – When H1N1 influenza emerged as a global pandemic in April 2009, the Office of Health and Risk Communications (OHRC) staffed the State Health Operations Center via the Public Affairs Command Group. Working long shifts for two weeks, staff met a deluge of media requests, prepared fact sheets and kept the media, public and health care providers informed through the DPH website. To meet the media's needs, OHRC held eight daily telephone briefings led by the DPH Director.

OHRC's second wave of H1N1 influenza activity began Aug. 1 and continued through December. Staff worked tirelessly to encourage vaccinations. Between April and December, staff wrote 67 H1N1 press releases; handled 285 H1N1 media contacts; and coordinated 19 H1N1 telephone briefings. Staff supported seven H1N1 media events, including three with Governor Jack Markell. In addition, a Public Information Officer staffed DPH's six Mass Vaccination Clinics held in November and December at Delaware Technical and Community College campuses.

OHRC staff managed contracts for paid TV, print, radio, Internet, movie, billboard and bus board advertisements. OHRC launched a *Together in Fighting Flu* newsletter, producing seven issues. For the first time, OHRC mailed 11 e-cards and used Twitter, the new social messaging tool.

An OHRC CD that contained over 60 documents was developed and distributed to schools and health care providers. At the request of constituents and other agencies, OHRC scheduled 39 trainings. To meet demand, staff also created a training DVD and made it available to the public for free.

DPH's activated its Call Center from April 29 through May 12, 2009, when it received 959 calls; from Nov. 4, 2009 through Jan. 11, 2010, when it received 8,812 calls.

SUPPORTING OUR SECTIONS – The seven-member OHRC team reviewed, edited and/or developed over 2,230 projects in 2009, compared to 1,717 projects in 2008. Staff completed the projects within an average of 3.21 days. OHRC handled 474 media contacts in 2009, compared to 168 in 2008. Staff processed 96 Freedom of Information Act (FOIA) requests, coordinated events, and oversaw press releases, reports, brochures, media campaigns, ads and Spanish translations.

EVENT SUPPORT – In 2009, OHRC tracked and supported 73 internal and external events. In March, we helped FHMS coordinate a press conference announcing WIC's new food packages; Sen. Thomas Carper and Rep. Michael Castle attended. In April, OHRC coordinated the Delaware Public Health Association's emergency preparedness conference for the elderly. OHRC staff supported the Immunization 5K Walk/Run in Wilmington with publicity and coordination. OHRC produced 61 sets of talking points and six PowerPoint presentations for the Director, Cabinet Secretary, Lt. Governor and Governor. OHRC shared 52 health fair invitations, the most it has ever received.

FACT SHEET CATALOG – In the fall of 2009, OHRC began updating the 500 DPH fact sheets assembled since 2006. The virtual library of fact sheets (see www.dhss.delaware.gov/dhss/dph) serves staff and constituents, especially during emergencies. Sheets cover communicable diseases, vaccines, toxicology, and what to do during chemical, biological and radiological emergencies. Fact sheets are written for the public, medical providers, epidemiologists, emergency medical service providers, and laboratorians. Some sheets are in Spanish.

Office of Health and Risk Communications

NEWSLETTERS AND ARTICLES – *The Buzz*, DPH’s monthly employee newsletter, celebrated its fifth anniversary in 2009. OHRC temporarily suspended publication in November and December due to its H1N1 influenza work; however, *The Buzz* will resume in March 2010. OHRC reviews *The Bridge*, the Office of Performance Management’s bi-monthly newsletter; and for the *Lab-O-Rator* newsletter published by the Delaware Public Health Laboratory.

OHRC wrote and/or edited nine articles for *El Tiempo Hispano* newspaper; and six articles for the Medical Society of Delaware’s newsletter, *MSD News*. It also sent one article to the Delaware Collaborative newsletter. Program staff authored two *MSD News* articles: “DPH protects consumers through health care regulation” and “DPH Electronic Vital Records System (EVRS).” Using news from the Sections, OHRC produced the *2008 DPH Accomplishments* document and five updates for the Medical Society of Delaware.

NEW DHAN SYSTEM – DPH’s new Delaware Health Alert Network (DHAN) system went live Dec. 1. The web-based system provides health care providers with e-mailed or faxed urgent or emergent health alerts. The updated system allows the user to enroll and edit contact information, including one or more e-mail addresses. New users can sign up at <https://healthalertde.org>. OHRC designed the graphic in DHAN’s new system header.

REPORTS – OHRC continues as a member of DPH’s Peer Review Committee, reviewing and editing reports prior to publication. In 2009, OHRC reviewed 14 reports.

WEB PAGES – OHRC continually updates and improves DPH’s web pages. Timely information comes from the quick creation and posting of web documents, so OHRC’s duties were especially valued during the H1N1 influenza response. In 2009, there were 11,085 hits to the H1N1/Seasonal Flu General page and 9,559 hits to the H1N1/Seasonal Flu Communications page. The H1N1/Seasonal Flu Professional page had 4,750 hits; the H1N1/Seasonal Flu Free Flu Materials page (new Aug. 1) had 5,061 hits; and the H1N1/Seasonal DPH page (new Aug. 1) received 673 hits.

2010 GOALS

- Provide quarterly media and communications training.
- Continue to provide professional design and marketing services, especially for programs without resources for contract services.
- Develop a document detailing a comprehensive history of DPH.
- Continue to develop products that assist DPH staff.
- Publicize DPH through alternative media markets.
- Develop video production capability.
- Produce radio PSAs in-house.
- Update the *DPH Snapshot* report.
- Provide more in-depth media analysis and messaging strategies.
- Continue to provide comprehensive event management.

Office of Minority Health

2009 ACCOMPLISHMENTS

HEALTH DISPARITIES – OMH and the Metropolitan Wilmington Urban League produced *Blueprint for Action*. The report summarizes the recommendations generated from the Stronger Together II Minority Health Summit held on March 12, 2009. Another collaboration with the League created the Delaware Health Equity Consortium.

FUNDING – OMH received the fourth of the five-year, federally funded State and Territorial Disparities Elimination Partnership Grant. Although funding was reduced, OMH was able to continue the contractual partnership with Delaware State University for the Health Professions Academy and provide resources to develop DPH's cultural competency training series. The grant also funds the interpreter training for 2009 and supports OMH's one FTE.

HEALTH PROFESSIONS ACADEMY – Through this initiative, DPH seeks to increase students' likelihood of pursuing health careers by introducing fourth, fifth and sixth graders to health professions. Students also strengthen their math and science skills. Twenty-eight students enrolled and completed the 2009 class; 38 are enrolled in the 2009-2010 program. Partners are DPH's Rural Health Program, Delaware State University, and the Delaware Chapter of the National Medical Association.

CULTURAL COMPETENCY – OMH partnered with the Office of Workforce Development to develop DPH: Journey to Cultural Competence," offered year-round. Thirteen DPH staff members were trained as facilitators. Secondly, OMH engaged Social Solutions, a training and consulting firm, to coordinate a series of workshops to build a culturally competent health care system in Delaware. Approximately 163 professionals attended the five trainings and gave overwhelmingly positive evaluations.

MEDICAL INTERPRETER TRAINING – In April 2009, OMH coordinated and hosted its seventh "Bridging the Gap" Medical Interpreter Training. Of the 24 registrants, 21 (87.5%) successfully completed the training. Of the 93 certificate holders, 79 are registered members of Delaware's medical interpreter corps. OMH responded to several community requests to locate interpreters. In May 2009, interpreters staffed DPH's H1N1 Influenza Call Center. In the fall, about 20 interpreters worked at six mass vaccination clinics arranged in response to the epidemic.

OMH WEBSITE – OMH's new website offers information on Delaware disparities, statistics, and upcoming trainings. Books, reports and links are included. Visit it at <http://www.dhss.delaware.gov/dhss/dph/mh/minority.html>.

2010 GOALS

- Work collaboratively with other DPH programs to seek and apply for funding opportunities to support minority health initiatives.
- Enhance the cultural competency workshop series for Delaware's healthcare workforce by expanding to include a web-based component.
- Develop the role of the interpreter corps members to include preparedness training.
- Establish a working partnership to address disparities with consortiums and workgroups supported by DPH.
- Strengthen partnerships with minority communities to solve key health problems.

Office of Workforce Development

2009 ACCOMPLISHMENTS

SUPERVISOR SKILLS TRAINING (SST) –

In December 2009, Office of Workforce Development (OWD) staff completed lesson plans for a division SST program. This unique training teams up a training facilitator and an experienced supervisor to examine supervisory strategies in effective communication; change management; influencing followers; conflict management; coaching and accountability. The first SST will begin in March 2010.

FREE PUBLIC HEALTH SEMINARS –

Johns Hopkins University Public Health Training Center brought four free public health seminars to Delaware. The seminars included “The Power of Data,” “Achieving Outcomes Through Best Process Program Design,” “Managing Stress and Staying Positive in Today’s World,” and “Leadership That Gets Results and Influences Outcomes”. Each seminar averaged 25 participants and included public health staff from Maryland and Pennsylvania.

CULTURAL COMPETENCE TRAINING –

In collaboration with the Office of Minority Health, OWD staff and public health trainers completed a train-the-trainer session and developed a half-day introductory cultural competence awareness training for division staff. *DPH: Journey to Cultural Competence* is filled with rich discussion and interactive activities to help DPH employees increase cultural awareness to better serve our customers, clients, patients and co-workers.

GRANT WRITING TRAINING – In October, OWD coordinated a week-long grant writing workshop taught by The Grantsmanship Center, the premier grants training center. OWD secured scholarships and grant funds for 12 employees to attend tuition free.

EXPANDED ONLINE TRAINING – After securing additional server space, OWD, Public Health Preparedness and Information Management staff developed four basic

online WebEOC training modules. The WebEOC system is a real-time online platform for State Health Operations Center (SHOC) staff to manage activities and collect data during contingencies. OWD published 14 other online training programs unique to DPH employees. DE-TRAIN learning management system enrollment spiked from 114 employees in 2008 to 1,120 employees enrolled in 2009.

CPR/AED AND FIRST AID TRAINING –

Sixty-one employees were certified in basic workplace Cardiopulmonary Resuscitation (CPR), Automatic External Defibrillator (AED) and first aid training provided by OWD. OWD received an American Safety and Health Institute certified trainer and a grant donation for equipment.

LEADERSHIP DEVELOPMENT – With the Delaware Department of Natural Resources and Environmental Control (DNREC), OWD sent five DPH managers to the first ever DNREC Leadership Academy. Five more DPH managers attended the Mid-Atlantic Health Leadership Institute sponsored by Johns Hopkins University Bloomberg School of Public Health.

2010 GOALS

- Provide 45 DPH supervisors Supervisory Skills Training.
- Provide 300 DPH employees cultural awareness training.
- Re-designated the Office of Workforce Development to the Office of Performance Management (OPM) to facilitate performance improvement activities designed to improve organizational effectiveness and efficiency.

Public Health Nursing

Population-based practice to promote and protect the health of all Delawareans

2009 ACCOMPLISHMENTS

2009 H1N1 INFLUENZA VACCINATION – DPH recruited and trained nurse vaccinators from DPH and other DHSS divisions, and from the Delaware Medical Reserve Corps (DMRC), for the 2009 H1N1 Influenza School Vaccination Program. DPH and its contractor teams provided over 65,000 H1N1 influenza vaccinations at public, charter, private, parochial and facility schools. One-third of Delaware’s children were vaccinated through the program, which began Nov. 2. Remaining 2nd dose clinics at private and parochial schools are on schedule for completion by the end of February 2010.

ASSURING COMPETENT WORKFORCE – Public Health Nursing established and/or maintained collaborative relationships and memorandums of understanding with 10 colleges and universities in Delaware and surrounding states. DPH nurses provided clinical and other learning opportunities for undergraduate and graduate nursing students, promoting understanding of public health services, and consideration of public health nursing careers. DPH nursing staff received continuing education through in-service programs, including a pharmacy update on hormonal contraception; a conference to promote breastfeeding among clients; seasonal influenza update presentations; and 2009 H1N1 influenza vaccine trainings. A HIPAA/Privacy training program was developed for DE Train.

DEVELOPING STANDING ORDERS – To support current and safe practice in DPH clinics, Public Health Nursing develops, reviews and revises standing orders annually, and as needed. The Nursing Director and staff collaborate with the State/Clinical Medical Directors, Northern and Southern Health Services, and DPH programs.

QUALITY ASSURANCE SITE VISITS – Public Health Nursing developed and updated manuals, policies and procedures; did consultations; and conducted quality assurance site visits.

With the Family Planning Program, the Quality Assurance APN and PHN consultants conducted site visits at contracted community-based clinics and all DPH Reproductive and Sexual Health Clinics with the support of Clinic Managers and APNs. Site visits included record reviews; auditing compliance with Title X program standards; and pilot performance measures based on the Family Planning Council of America, Inc. performance management system.

The HIPAA Coordinator conducted unannounced HIPAA audits in 2009 at all DPH clinics and long-term care facilities to assure compliance with HIPAA regulations.

Quality Assurance site visits were made for the 2009 H1N1 Influenza School Vaccination Program and community clinics.

2010 GOALS

- Recruit and retain Public Health Nurses to provide essential public health services.
- Develop Public Health Nurses’ skills in population-based practice; taking action to reduce disparities; and promoting healthy lifestyles in at-risk populations.
- Strengthen public health nursing clinical and other learning opportunities for students.
- Collaborate with Community Health Services and Programs to develop and redesign programs to address DHSS/DPH priorities; update standing orders, manuals, policies and procedures; and assure quality services.

Public Health Preparedness Section

2009 ACCOMPLISHMENTS

RESPONSIVENESS – The Public Health Preparedness Section (PHPS) responded to events including the Dover NASCAR races, the Presidential Inauguration Whistle Stop Tour, Safe Summer Day and various weather events. To enhance its ongoing threat assessment, situational awareness and information sharing, PHPS joined forces with the Delaware State Police through the Delaware Fusion Center. The U.S. Department of Homeland Security's Office of Health Affairs recognized both organizations the key fusion center as a leader in this region.

Most notably, DPH initially responded to the H1N1 influenza virus in April 2009 when an outbreak occurred at the University of Delaware. Within 12 hours of notification, PHPS set up mass dispensing clinic operations to dispense antiviral and masks to ill students.

Though PHPS began preparing for a pandemic influenza several years ago, many preparedness and response actions occurred for the *first time* in 2009, including:

- To enhance the state's response capabilities, medications and masks were deployed from the federal Strategic National Stockpile.
- The National Disaster Medical System team was deployed to Delaware to conduct a series of clinics to vaccinate 5,873 persons. This was the first-ever joint federal/state vaccination clinic.
- The Delaware Medical Reserve Corps has over 400 active members. For the H1N1 influenza mass vaccination campaign, the Corps' medical and non-medical volunteers augmented the state workforce by filling vaccinator, interpreter, administrator, and data collector roles.
- DPH conducted hundreds of meetings and teleconferences with key partners, government and elected officials, and the public.

- Delaware established new partnerships with the private sector. DPH rapidly contracted with many Delaware pharmacies to provide free 2009 H1N1 influenza vaccine to any Delawareans requesting it. This provided widespread access to the vaccine.
- The last time vaccinations were offered in schools in Delaware was decades ago. To ensure access to this vulnerable population, DPH conducted a statewide mass vaccination school campaign using Public Health Nurses, Delaware Medical Reserve Corps volunteers and contractual partners. Over 48,000 school-aged children were vaccinated through the school program.
- When a commercial shortage of Tamiflu® oral suspension occurred, PHPS distributed 1,494 courses of it to participating pharmacies and hospitals during the fall. PHPS formalized an "Antiviral Medication Utilization Assessment and Request Policy" to continue to assess the supply of Delaware's antiviral medications. When two hospitals reported shortages in personal protective equipment (specifically N95 and surgical masks), PHPS distributed over 22,000 N95s and surgical masks. PHPS developed a resource allocation formula for the hospitals to request personal protective equipment and vaccine.

RESPIRATORY CARE – PHPS worked with hospitals to determine how to augment pediatric ventilators within the state.

STRATEGIC NATIONAL STOCKPILE – Delaware continues to improve its ability to dispense medications rapidly to the public during public health emergencies. The CDC's annual Strategic National Stockpile Program Review resulted in a state score of 98%, a 2% increase, and a 97% local score.

Public Health Preparedness Section

PANDEMIC INFLUENZA ASSESSMENT –

PHPS spearheaded a Pandemic Influenza Assessment Working Group consisting of division and cabinet level management from many state agencies to contribute a Pandemic Influenza Assessment given by the U. S. Department of Health and Human Services. The Assessment required states to submit “evidence-based” responses to address pandemic influenza planning questions. Delaware received a score of 88% and is one of the top five of states to receive such a significantly high score.

MOBILE MEDICAL EMERGENCY SYSTEM ENHANCEMENTS –

PHPS increased medical surge capabilities and capacities by providing supplies and equipment for alternate care site operations. The equipment includes: four 50-bed Medical Needs Shelter packages; six 50-bed Acute Care Center packages; two Neighborhood Emergency Help Center packages; a 144-corpse Mobile Mortuary Response System package; and a 50-bed Mobile Medical Facility package. Other improvements include increased refrigeration capacity at several sites to enhance cold chain storage for transporting and storing medications.

MASS FATALITY PLANNING – PHPS drafted the final plan to complete a comprehensive mass fatality program. The Family Assistance Center Plan calls for the provision of community services at a secured location during a large mass casualty event. There families and others close to the victims can receive information about persons lost, injured, missing or dead.

MEDICAL FACILITY EVACUATIONS –

Delaware’s eight hospitals developed a comprehensive plan to evacuate hospitals during emergency events. The plan will be further refined using during a tabletop exercise planned for May 2010. The planning occurred with DPH, the Delaware Department of Transportation, and the U.S. Department of Health and Human Services.

CONTINUITY OF OPERATIONS

PLANNING – DPH finalized COOP Phase I, including its Business Impact Analysis to develop continuity plans. The PHPS Warehouse continuity plan is complete.

VOLUNTEER CREDENTIALING – PHPS expanded the division’s volunteer credentialing and notification system to include public health employee notification, daily verification of medical credentials for volunteers, and partner notification.

2010 GOALS

- To improve pandemic influenza preparedness with lessons learned from response to H1N1 influenza outbreak.
- To integrate Public Health and public and private medical capabilities with other first responder systems.
- To develop and refine operational plans.
- To develop comprehensive classroom and distance-learning training programs for all public health plans and emergency positions.
- To develop and sustain essential state and local public health security capabilities, including disease situational awareness, disease containment, risk communication and public preparedness; and rapid distribution and administration of medical countermeasures.
- To address the public health and medical needs of at-risk individuals in the event of a public health emergency.
- To enhance system efficiencies, reduce costs, minimize duplication and assure coordination among state and local planning, preparedness and response activities.
- Maintaining vital public health and medical services to allow for optimal federal, state and local operations in the event of a public health emergency.

Southern Health Services Section

2009 ACCOMPLISHMENTS

PREPAREDNESS – To implement the elementary school H1N1 influenza nasal spray vaccination program in November, Southern Health Services (SHS) staff mobilized five teams. Team members were: a site coordinator; logistical support staff; nurses; DHSS agency nurses; and Medical Reserve Corp nurses. Multiple teams visited 56 schools and eight (8) Kent and Sussex school districts. By mid-December, 8,765 children had received Dose 1. Dose 2 vaccinations began Dec. 3, 2009 and were to stretch into mid-January. In support of the H1N1 influenza prevention mission, three SHS health educators provided 12 H1N1 influenza awareness trainings to 312 attendees from public health, community agencies, and service organizations.

IMMUNIZATIONS – During October, SHS offered 13 community seasonal influenza clinics. Staff gave 2,666 doses of seasonal influenza vaccine to residents of Kent and Sussex counties. They administered 1,830 additional doses at Public Health clinics.

COMMUNITY PARTNERSHIPS – The LPN at the Shipley Public Health Clinic in Seaford partners with the Laurel Food Pantry to sponsor blood pressure screenings and she makes referrals for health insurance, WIC, and food stamps. The LPN arranges smoking cessation referrals, care for family planning, and diabetes, behavioral health and cancer screenings. She also provides information about food safety and bus schedules.

The Shipley Advance Practice Nurse and Senior Medical Social Work Consultant partnered with the Seaford's Delaware Adolescent Program, Inc. (DAPI) through which pregnant teens can receive health and social services, continue their education during and after their pregnancies, discuss medical and social issues, and develop life plans.

SUSSEX CHILD HEALTH PROMOTION COALITION – SHS continued collaborating with the Sussex Child Health Promotion Coalition to facilitate coordination with:

- the Department of Education (DOE) regarding mandatory school physicals;
- Current and former Miss Delaware representatives, who led exercises at community walks and the Delaware State Fair; and
- Various DPH programs, such as the Immunization Program, Oral Health Program, Delaware Oral Health Coalition, Smoking Cessation Program, and Diabetes Program.

BREASTFEEDING PROJECT – Seventeen clients received breast pumps through the Breastfeeding Project, a partnership between the Milford Health Unit field staff and a breastfeeding consultant. This initiative is incorporated into the Smart Start program. SHS field nurses provide extensive breastfeeding education, support and case management to interested clients.

Field Nurses offered the “Breast is Best” conference to OB/GYN nurses, colleges and universities, WIC peer counselors, social workers, registered dietitians, and lactation consultants. They also persuaded two major employers, Dentsply of Milford and Allen's Poultry of Harbeson, to create a breastfeeding friendly location for women to pump and store their milk during the workday. They consulted with Perdue and SeaWatch plant nurses and with Milford and Cape's Wellness Center nurses about the feasibility of their employees and students pumping at work.

They worked with HMOs to provide breast pumps to clients returning to work or school, standardized field staff training, and persuaded Milford Memorial Hospital's gift shop to sell breastfeeding supplies. Staff distributed 44 Maya Wraps with Maternal Child Health Block Grant funding.

Southern Health Services Section

CHILD DEVELOPMENT WATCH (CDW) RECOGNITION – Southern Health Services' Child Development Watch (CDW) staff surpassed their federal 45-day timeline standard from date of referral to delivery of individual family service plans (IFSP) by reducing the interval to 39 days by year's end. While 55% of the Family Service Coordinators were compliant at the beginning of 2009, 83% attained this standard by December. Success is correlated with the systematic implementation of individual and group data feedback provided by the management analyst and supervisors.

CDW PROGRAM AWARENESS – Dr. Carol Owens, Developmental Pediatrician, and Jennifer Donahue, Trainer/Educator, formed a professional outreach committee to encourage physician referrals to the CDW Program. They provided Kent and Sussex County physicians with resources, information and opportunities for collaboration. A practice can elect to receive one or all of the following: a CDW Program manual; one-on-one or group training; one-time contact or monthly contact to discuss referrals. To date, response is lower than expected. New approaches are being considered.

PATCH PROJECT – Western Sussex County community groups are using the Planned Approach to Community Health Project (PATCH) process. Two grassroots entities, We Are Family Group and The Seaford Child Development and Partnerships, Inc., fed the hungry via food bank donations and community gardening. They offered either SHS services or health screenings sponsored by Beebe Medical Center to improve health equity.

CAR SEAT INITIATIVE – Senior Medical Social Work Consultants coordinated with Unison, a managed care insurer, to provide car seats to clients. The pilot project secured 20 car seats for clients who were unable to purchase them for their newborns.

EMPLOYEE GROUP OF THE QUARTER – Eleven SHS employees received DPH's Employee Group of the Quarter for April-June 2009, along with six other DPH team members. The group supported the Heart Truth Campaign that successfully presented a lecture and discussion series about heart health to 236 persons. Attendees were primarily women aged 18-60 years. Thirteen sessions were presented in churches and community centers throughout Sussex County between April 20 and June 8, 2009.

2010 GOALS

- Assure access to health services for vulnerable Kent and Sussex County residents.
- Partner with the Family Health and System Management Section to assure enhanced Smart Start services for eligible Kent and Sussex women and children.
- Partner with the Bureau of Chronic Disease programs to foster collaboration between SHS services and chronic disease management and prevention in the areas of cancer, diabetes, nutrition, physical activity and heart disease.
- Assure preparedness response capability for Kent and Sussex counties.
- Assure that all eligible Kent and Sussex children have access to Child Development Watch services.

Support Services Section

2009 ACCOMPLISHMENTS

WEBSITE OPERATIONS – Information Management Services (IMS) bureau staff is responsible for the technical review of all DPH web pages. In 2009, the DPH Internet website recorded 4,534,546 hits, with a monthly average of 377,879 hits. This is a 48% increase in traffic on our website, compared to 3,065,497 hits in 2008. We obtained the “flu.delaware.gov” URL with assistance from the Governor’s Office. This shorter URL helped the public find our website easier and contributed to the increase in hits. It is also DPH’s fifth year in a row to record double-digit increases in the number of hits over the previous year. Congratulations to the DPH Web Team!

TECHNOLOGY IMPROVEMENTS – IMS provided support to 14 different DPH programs to enhance their ability to use technology for service and training. IMS implemented a revised State Drinking Water Information System (SDWIS) web upgrade and a new Health Alert Network (HAN) system. IMS also facilitated the development of a mass flu clinic scheduling system with DHSS’ Information Resources Management office. Finally, IMS created a billing module for the Office of Radiation Protection to collect x-ray registration fees.

GRANTS AND MORE GRANTS – Support Services’ Bureau of Contracts and Grants Management (BCG) reviewed and processed 78 grants that requested more than \$100 million. BCG successfully navigated the new American Recovery and Reinvestment Act (ARRA) grant process with nine ARRA proposals. Of the total applications submitted by Feb. 1, DPH had received 69 grant awards worth more than \$92 million. In 2008, DPH received 58 of 72 grant awards worth \$61,302,150.

GRANTS TRAINING – BCG arranged for The Grantsmanship Training Center to provide a week-long grant writing workshop in the DPH Training Center at the Blue Hen Corporate Center. The Office of Workforce Development then coordinated the October event. Thirty individuals representing state and private sector agencies attended.

CONTRACTS MANAGEMENT – BCG produced 664 contracts and amendments, memoranda of understanding, and letters of agreement for all aspects of work across the division. This is a 6% increase over 2008.

DOCUMENT COLLABORATION – IMS implemented MS SharePoint to provide business requirements and business case templates. With this technology, documents are easily shared, reviewed and approved. The ability to share y more documents may allow many public folders to convert to a browser-based access point.

RECORDS MANAGEMENT – In CY09, the Records Management Unit scanned and indexed 40,446 Vital Stats records; 4,273 Cremation records; 17,570 Cancer Registry records; 961 Tuberculosis records; and 14,068 Fiscal forms.

2010 GOALS

- Continue work on identifying data usages and needs of DPH programs for interoperability in order to develop a comprehensive Public Health Information System and electronic health record.
- Review and revise standards for fiscal management, contract and grants development and management; and provide training to staff in their utilization of these standards.



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health
Office of Health and Risk Communication

For more information, please contact:

Delaware Division of Public Health
Office of Health and Risk Communication
417 Federal St.
Dover, DE 19901
(302) 744-4704