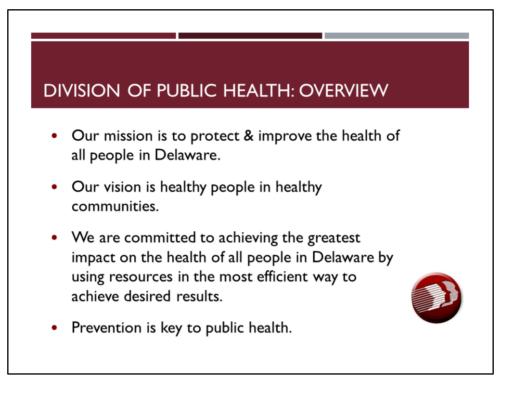


Good Afternoon, Senator McDowell, Representative Smith, members of the Joint Finance Committee, and members of the public. I am Karyl Rattay, Director of the Division of Public Health (DPH). With me today is Crystal Webb, Deputy Director, and Mark Letavish, Chief of Administration.

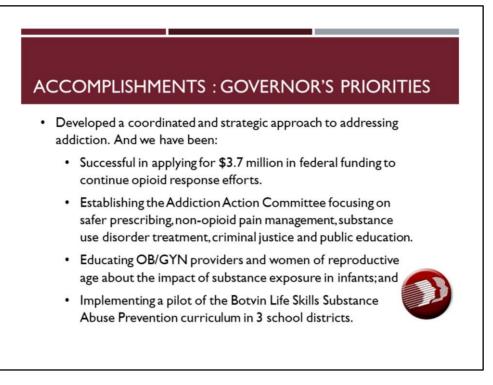
Thank you for the opportunity to speak with you today and present our accomplishments, challenges and Fiscal Year (FY) 2019 Governor's Recommended Budget.



DPH's vision is healthy people in healthy communities. Our mission is to protect and improve the health of all people in Delaware. We do this in many ways.

A goal of public health is to help make Delaware one of the healthiest states in the nation. We are committed to achieving the greatest impact on the health of all Delawareans by using resources in the most efficient way to achieve desired results. Prevention is the key to public health. Public health prevention initiatives not only saves lives, but also yield excellent returns on investment. For example, for every \$1 spent to prevent chronic disease, we can save \$5.60 in healthcare costs.

Before reviewing the Governor's Recommended Budget, let me begin with highlighting some of our accomplishments over the last year and some challenges that we face moving forward.



In the past year, DPH has focused its priorities and activities on implementing the Governor's Action Plan. Types of activities completed in DPH include:

Addressing the Opioid Epidemic in Delaware

DPH has led the development of a coordinated and comprehensive strategy to address the addiction crisis. Some examples of the addiction work include:

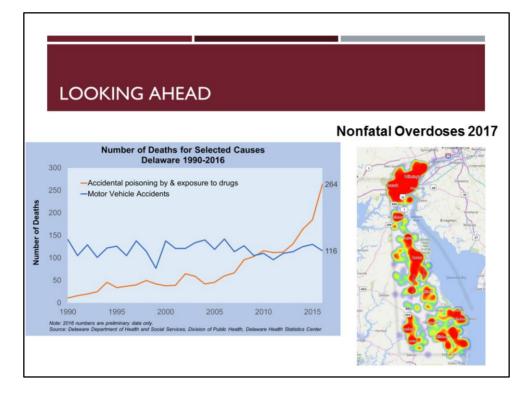
- DPH successfully applied for \$3.7 million in federal funding to continue opioid response efforts.
- In August, the Addiction Action Committee was signed into law by the Governor and is focusing on safer prescribing, non-opioid pain management, substance use disorder treatment, criminal justice and public education.
- DPH has worked with partners to develop informational materials to educate OB/GYN providers and women of reproductive age about the impact of substance exposure in infants.
- DPH organized and financially supported the Botvin Life Skills Middle School Pilot launch for eight (8) middle schools across Delaware which will impact approximately 1,500 middle school children.
- Secondary to the passage of House Bill 48 to make the overdose reversing drug naloxone available over the counter without a prescription, DPH worked with CVS as they became the first pharmacy in Delaware to offer naloxone over the counter at all of their Delaware pharmacy locations.
- In May, the Help Is Here DE website was relaunched (http://www.helpisherede.com) providing
 more information that is mobile friendly and available in multiple languages.
- DPH has partnered with the Division of Professional Regulation to develop supportive tools to promote safer prescribing, implement the new prescribing regulations and upgrade the Prescription Monitoring Program.



Reducing unintended pregnancies is another priority for the Governor. DPH has partnered with Upstream USA and the Division of Medicaid and Medical Assistance on many fronts. The statewide results are extraordinary. Delaware Title X family planning program sites use of long-acting reversible contraception (LARC) increased from 5% in 2013 to 15% in 2016.

The Governor's Action Plan also prioritizes **promoting healthy eating and active living among state employees**.

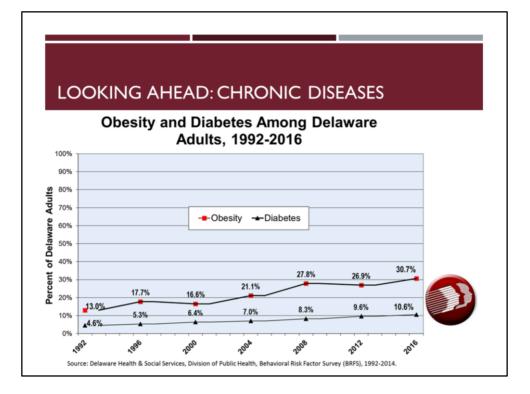
Our activities include working with the YMCA, Highmark and state employee benefits to allow for coverage of the evidence-based Diabetes Prevention Program (DPP) classes for State of Delaware employees. This is important because the management and prevention of diabetes will lead to decreased long term health care costs.



Delaware, like the rest of the country, is in the midst of an addiction epidemic. In 2016, final data shows 264 people died from overdoses in Delaware, compared to 185 overdose deaths reported in 2015.

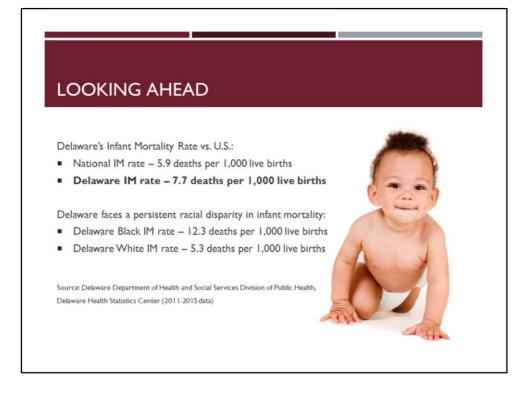
The map to the right depicts the number of non-fatal overdoses in 2017. There were a total of 1,906 individuals who received naloxone last year. Many lives have been saved by having naloxone widely available, but more can be done. We need to ensure that naloxone is always available to those who first respond. We also need to ensure our system supports engaging those who have overdosed into treatment and that treatment is coordinated, comprehensive, evidence-based, person-centered and high quality.

The crisis is complex and the response is and must be multifaceted. It is important to recognize that this epidemic is extremely costly, impacting all Delawareans. A recent economic analysis of the opioid epidemic and estimated that per capita costs are \$2,540 which is 3.56% of the Gross Domestic Product.



Delaware still faces many challenges from chronic diseases, including heart disease, cancer and diabetes. Delaware fortunately has seen a leveling of obesity prevalence – and with it diabetes prevalence – over the past decade. However, during the previous two decades we saw a doubling of both obesity and diagnosed diabetes. So while we are pleased to see a plateau, Delaware's incidence of obesity and diabetes places us among the group of states with the highest incidence of these diseases. More importantly, these largely preventable conditions place a heavy quality of life burden on individuals and families affected and are very costly to our health system and society as a whole. We cannot allow these high rates to become the new normal.

I remain extremely concerned about our prevalence of tobacco usage. Smoking continues to be our number one cause of death. It is important to note that young adults have the highest prevalence of smoking and tobacco usage.



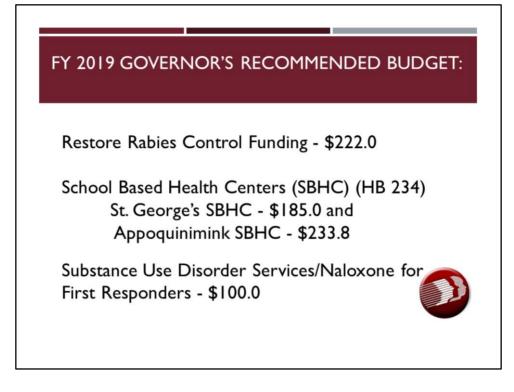
In spite of the very significant progress we have made, it remains true that too many babies in Delaware do not live to see their first birthday. Delaware's infant mortality rate is still significantly higher than the national average and we see an unacceptable racial disparity where the Black infant mortality rate is more than twice as high as the White infant mortality rate. We can do better and are committed to doing so.

The slide above shows the budget included in the FY 2019 Governor's Recommended Budget (GRB).

Our Division's GRB is:

- \$34,113.7 [thirty four million, one hundred thirteen thousand dollars] in General Funds (GF);
- \$34,422.0 [thirty four million, four hundred twenty two thousand dollars] in Appropriated Special Funds (ASF) spending authority; and
- \$18,151.3 [eighteen million, one hundred fifty one thousand dollars] in Non-Appropriated Special Funds (NSF).

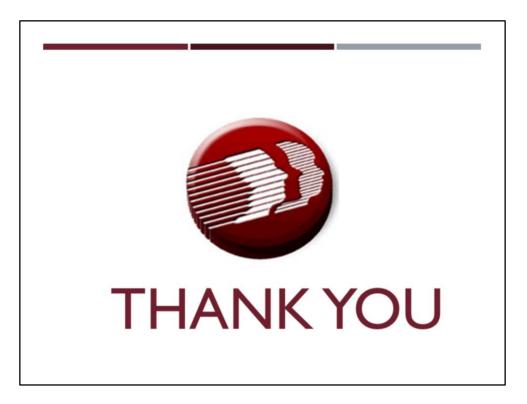
Although overall funding levels have remained essentially the same from FY 2018, reallocation of funds between GF and ASF, along with other redistributions of funding in this year's budget will allow DPH to pursue some of the priorities identified. Some specific enhancements are shown on the next slide.



Rabies funding has been restored to the Office of Animal Welfare.

A School Based Health Center will be established at Appoquinimink High School to complete the implementation of the programs as required by House Bill 234, as well as the continued funding for the School Based Health Center at St. Georges Technical High School which opened in January of this year.

Funding is being provided to allow for the development of a program to ensure consistent availability of Naloxone to First Responders.



Thank you for the opportunity to share with you the challenges and opportunities facing the Division of Public Health. I look forward to your questions.