



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

2008 DPH Accomplishments

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2008 ACCOMPLISHMENTS

ELECTRONIC VITAL RECORDS – 2008 brought several exciting improvements to the Bureau of Health Statistics. Due to the Office of Vital Statistics' successful use of the Electronic Vital Records System (EVRS), the Bureau won acclaim from the National Association for Public Health Statistics and Information Systems and the National Center for Health Statistics as a national records management leader. EVRS incorporated marriage and divorce records. With the move to a new vital records system came the transition to a new format for birth and death certificates, which required extensively re-working the entire process for research file creation.

The State also moved forward in its Electronic Death Reporting capacity. Beginning Jan. 1, 2009, funeral directors and physicians may electronically report death information through the online vital records system. Submitting death information through DPH's web-based portal is more efficient for the funeral directors. Staff will be able to process Delaware's decedent information faster, allowing customers to purchase certificates for recent deaths in a shorter turnaround time. Training for the new death certificate process began in the fall of 2008.

REVENUE SUPPORTS OPERATIONS – Through the sale of certified copies of birth, adoptee birth, death and marriage records, the Office of Vital Statistics generates \$1.2 million annually. These funds support the Bureau of Health Statistics' operation, as well as the implementation and maintenance of its state-of-the-art Electronic Vital Records System.

INTERACTIVE WEBSITE – The close of 2008 finds the Delaware Health Statistics Center in the final stages of developing an interactive website. The center's DataQuery system will enable users to generate custom queries of vital statistics' data, choose their preferred output format, and easily download the results. It will be the first of its kind in DPH.

EXPANDED CUSTOMER CHOICE – Customers of the Office of Vital Statistics' New Castle County Office can purchase certificates with debit cards. The 2007 implementation was popular, as demonstrated by the number of certificates purchased with debit cards in 2007 and 2008 (1,500 and 1,600 respectively).

HELPFUL PUBLICATIONS – The Bureau supports the data needs of policy makers and program managers with its *Delaware Vital Statistics Annual Report*, and the *Hospital Discharge Summary Report*. In addition to its standard reports, in 2008 the Delaware Health Statistics Center website began featuring Stat Sheets to provide additional data. Examples are "Mortality due to Chronic Obstructive Pulmonary Disease (COPD) in Delaware;" "The Contribution of Preterm Births to Infant Mortality in Delaware;" and "Traumatic Brain Injury Hospitalizations in Delaware." The Bureau produces maps to support programs and display data; one example is mapping cancer cases by ZIP code.

IDENTITY PROTECTION – Dover's Vital Statistics Office piloted a program that uses driver's licenses to verify customers' identities for security purposes. (To purchase Delaware's vital statistics records, you must be the person, the parent, or a legal guardian.) DPH's input helped the national vendor, VitalChek, determine the program's efficiency and validity. Upon additional enhancements, we anticipate using this system in all three offices.

Bureau of Health Statistics

DATA SUPPORT – Every year, DPH's Bureau of Health Statistics provides a significant portion of the data included in the *Kids Count Fact Book*, a highly visible and very well received report reflecting the status of Delaware's children and families. The Delaware Population Consortium and the U.S. Census Bureau's population estimates greatly depend on the Delaware Health Statistics Center's (DHSC) birth and death data. The DHSC also supplies data to support annual data requests from the U.S. Centers for Disease Control and Prevention (CDC), including maternal mortality and abortions.

Internally, DHSC data supports a variety of programs including: PRAMS; the EMS CODES project; the Delaware Cancer Registry; EMS' childhood injury reporting; the Delaware Healthy Mothers and Infants Consortium's improved birth outcomes registry and infant mortality report; the Division of Child Support Enforcement; the Bureau of Health Planning; HIV Prevention; and the Division of Substance Abuse and Mental Health. Representatives from the Bureau of Health Statistics also serve on the Mass Fatality Task Force for Delaware.

Externally, we provide data to these hospitals: Bayhealth, Christiana Care Health Systems, Beebe Medical Center, and Nanticoke Hospital. We also provide data to the Child Death, Near Death and Stillbirth Commission; the Consumer Product Safety Commission; the Delaware Health Resources Board; the Delaware Drug and Alcohol Tracking Alliance; the Teen Pregnancy and Prevention Advisory Board; and the Center for Applied Demography and Survey Research at the University of Delaware.

2009 GOALS

- Provide quality customer service for Vital Records and Health Statistics requests.
- Enhance customer service by implementing ATM payment options in Kent and Sussex Counties.
- Finalize implementation of an interactive web page to provide de-identified data to requestors in a user-friendly, easy-to-query format.
- Rework the research file creation process for death certificates due to the transition to a new death certificate format.
- Continue implementing the Electronic Front-end Death Reporting by training physicians and funeral directors throughout the state.
- Produce the annual Vital Statistics report, Hospital Discharge Summary Report, Stat Sheets and maps.
- Support, enforce and enhance DPH Policy #49, ensuring all Division data is used appropriately and that the confidentiality and privacy of individuals are protected and maintained without exception.

Bureau of Oral Health and Dental Services

2008 ACCOMPLISHMENTS

HRSA AWARDS PLANNING GRANT –

A \$200,000 dental planning grant from the Health Resources and Services Administration (HRSA) was awarded to the Bureau of Oral Health and Dental Services (BOHDS) in August. The Bureau will use the one-year grant to develop strategies to increase access to dental care. A contract was issued to the Delaware Health Care Commission to conduct a feasibility study of three high-impact strategies. The first strategy is to establish dental homes for children by creating a case-management system for those eligible for dental Medicaid. The second strategy is to establish a multi-purpose dental clinic and training facility in Sussex County to improve access to dental care and expand training opportunities. The third strategy is enhancing educational opportunities for dental hygienists and general practice dental residents in southern Delaware to strengthen the dental workforce.

DENTAL SERVICES ON WHEELS –

The Bureau issued a bid award in December to purchase a mobile dental van; it should arrive by June 2009. Since a HRSA grant is funding 80 percent of the \$339,000 van, the state's cost will be less than \$60,000. Populations in need will benefit from two state-of-the-art treatment rooms for providing comprehensive dental services. The clinic-standard equipment will support all restorative procedures and is more durable than the portable equipment currently used at school sites. Although the van will primarily be used to provide services at schools, it will also be available for community programs.

ELECTRONIC CLINIC REPORTING – The Bureau developed a new data reporting system to electronically record clinical procedures. This system enhances billing and operations reports. Previously, everything was handwritten.

DENTISTS TO DELAWARE – The Bureau has been unable to use the State Loan Repayment Program as a dentist recruitment tool because the Delaware Health Care Commission (DHCC) requires a 40-hour workweek. Federal programs require 40 hours and the Commission uses federal funding for some of its loans. Since the Bureau of Oral Health and Dental Services' dental staff work 37.5 hours weekly, its dentists and dental hygienists could not meet the requirement. The Bureau worked with the DHCC to qualify its dentists who work 37.5 hours for the loan repayment program. This tool may lure dentists to Delaware's federally designated dental Health Provider Shortage Areas: Sussex and Kent counties and Wilmington's Southbridge area.

MODERNIZED SHIPLEY DENTAL CLINIC REOPENS –

The dental clinic at the Shipley State Service Center in Seaford reopened Sept. 29 after it closed in February 2008 for extensive renovations. A re-design (using no additional space) replaced two antiquated treatment rooms with four state-of-the-art treatment rooms, increasing efficiency and productivity. New features include digital radiography to reduce patient exposure to radiation and improve diagnostic imaging quality; new equipment replacing 1975 instruments; and an integrated instrument processing and sterilization area. Shipley provides dental services for more than 1,200 children living in western Sussex County who are eligible for dental Medicaid. If fully staffed, the clinic can serve nearly twice as many patients.

CASE MANAGEMENT – During the 2007–2008 school year, the Bureau of Oral Health and Dental Services piloted its Case Management Referral System for the Seal-a-Smile (SAS) program. The system refers children who are eligible for dental Medicaid to a dentist to establish their dental homes. A follow-up tracking method encourages parents to obtain regular dental care.

Bureau of Oral Health and Dental Services

SEAL-A-SMILE PROGRAM – Second graders without regular dentists receive complimentary screenings and sealants on permanent molars through the SAS program. SAS visited 34 schools in 2008, its fourth year. The Bureau provides equipment and supplies and coordinates volunteer dentists and dental hygienists with the Delaware State Dental Society, the Delaware Dental Hygienists' Association and the Delaware Department of Education. The U.S. Centers for Disease Control and Prevention (CDC) hails this type of program and community water fluoridation as effectively preventing dental decay.

MEDICAID CONSULTATIVE SERVICES – When Delaware Health and Social Services' Division of Medicaid and Medical Assistance needs dental benefit reviews, the Bureau of Oral Health and Dental Services provides consultative services. The Bureau reviews prior authorization requests, suspended and denied claims, and orthodontic cases; and recommends policy. The Bureau helped review and revise the Dental Provider Policy Manual. The Bureau's suggested changes assure the administration of appropriate, efficient and quality benefits.

DENTAL CARE AND DISABILITIES – The University of Delaware's Center for Disabilities Studies and the Delaware State Dental Society presented an August workshop addressing dental care for persons with disabilities. The Dental Director presented complex mobility, financing and provider issues that people with disabilities encounter when accessing dental care. The Bureau has targeted activities for children with special health care needs in its Targeted State MCH Oral Health Service Systems grant. It will partner with these organizations in 2009. The Center has now established an Alliance to develop solutions for these problems.

ORAL HEALTH COALITION – The Delaware Oral Health Coalition continued its activities through its Awareness and Prevention Committee and its Integrated Delivery Systems Committee. The Coalition was instrumental in developing the Oral Health Awareness Campaign. Members developed a curriculum for all health classes and presented it to the Delaware Department of Education for review. It also reviewed topics such as Medicaid enrollment for dentists, improving access to care in underserved areas, and expanding the dental residency program downstate.

HEALTHY SMILE, HEALTHY YOU – The Bureau of Oral Health and Dental Services launched its "Healthy Smile, Healthy You!" oral health campaign in October 2008. It reminds families with young children about the importance of oral health, routine brushing and flossing, and regular dental visits. Diabetes and heart disease are some of the diseases linked to poor oral health.

2009 GOALS

Targeted State MCH Oral Health Service Systems (TOHSS) Grant:

- Primary Care Physician Oral Health Trainings.
- Pediatric Residency Oral Health Trainings.
- Oral Health Needs Assessment and Surveillance Activities.

Oral Health Workforce Activities Grant:

- Initiative Mobile Dentistry Program on Dental Mobile Van.
- Implement Case Management Referral System in Seal-A-Smile Program.
- Oral Health Awareness Campaign.
- Feasibility Study for improving access to dental care in Sussex County.

Delaware Public Health Laboratory

2008 ACCOMPLISHMENTS

NEW TB BLOOD TEST – As recommended by the U.S. Centers for Disease Control and Prevention (CDC), the Delaware Public Health Laboratory implemented Quantiferon Gold TB testing (QFT-G) as an alternate method for detecting exposure to Tuberculosis (TB). The QFT-G is the first blood test for detecting latent TB infection, and in conjunction with other indications in diagnosing active TB. The blood test replaces or supplements the PPD (Mantoux) skin test that nursing staff administers and reads after two days.

The Quantiferon test is more convenient for the client, as the client does not need to make a return visit to learn the result. While more expensive, the QFT-GIT provides faster results than the skin test, and it affords greater quality assurance since results come from a quality-controlled lab.

Approximately 10 other state public health laboratories are currently running the Quantiferon test. DPHL staff received special training on collection of specimens, incubation of blood tubes and running the Enzyme Immuno Assay method. The new test did not require new equipment, nor does it replace sputum culture or identification tests.

DPHL batches and tests Delaware's TB specimens weekly unless there is an urgent request. If an individual is suspected of having TB, cultures are required to confirm identification of the organism and to perform antimicrobial susceptibility testing to ensure resistant strains are not present. Delaware sends its TB cultures to regional labs so the CDC can track national strain types for epidemiological surveillance purposes.

CONTINUITY OF OPERATIONS – Participating in DHSS' Continuity of Operations training throughout 2008 led to the Delaware Public Health Laboratory completing its own Continuity of Operations plan. The laboratory will use the plan to prepare for, and respond to, emergencies.

LAB SYSTEM ASSESSMENT – In December, a highly successful Public Health Laboratory Assessment symposium gathered 54 DPH and external partners. Participants discussed Delaware's public health laboratory system and rated it against national standards developed by the CDC and the Association of Public Health Laboratories. Results will be used to enhance the system and complete the lab's strategic plan.

RABIES TEST RESULTS – Until recently, certain rabies test results could not be released by the Delaware Public Health Laboratory without first receiving confirmation from the CDC. In 2008, the laboratory developed and implemented a confirmatory method for rabies testing without having to rely on CDC confirmation.

The CDC developed the Direct Rapid Immunohistochemistry Test (DRIT), a 1.5 hour confirmatory method designed to eliminate the ambiguity seen with the traditional three-hour Direct Fluorescent Antibody (DFA) in unusual specimens. When rodents were tested using the DFA test, it produced a non-specific background fluorescence, making the specimen difficult to interpret. In April, DPH sent a microbiologist to a DRIT training that the CDC offered to reduce its number of specimens submitted for confirmation. DPHL then used the DRIT test to clarify rabies test results on two hamsters, a guinea pig, a muskrat and two cats. The DPHL tested 254 specimens for rabies during 2008.

Delaware Public Health Laboratory

NEW PARTNERSHIPS – The DPHL completed plans for a summer fellowship program with the University of Delaware's laboratory sciences departments. DPHL also partnered with the State Fire School to provide training to first responders on collecting and transporting suspect biological and chemical terrorism samples.

CDC INSPECTION – The DPHL also soared through the CDC's biannual Select Agent Inspection. This approval is necessary for the laboratory to handle and test organisms potentially associated with bioterrorism events.

CLIA INSPECTION – The successful passage of the biannual Clinical Laboratory Improvement Amendments (CLIA) inspection was a notable 2008 accomplishment. CLIA assesses quality assurance practices regarding tests performed on human specimens for clinical diagnosis.

SALMONELLA OUTBREAKS – The Delaware Public Health Laboratory had an unusual 'first' during a national investigation into an outbreak of *Salmonella* Agona in early 2008. Delaware had two of the more than 30 cases nationally. At one of the ill Delawareans' homes, a DPH epidemiologist found cereal recalled from a Minnesota plant. In testing the cereal, the DPHL became the first state lab involved in the investigation to isolate *Salmonella* Agona in the product. Subsequent tests confirmed the isolate matched the pattern from the cluster of illnesses and the isolate from the plant.

FLU SPECIMENS – During February and March 2008, the DPHL tested over 1,000 more specimens for influenza than it tested during the entire 2006-2007 flu season. The laboratory worked with DPH's Influenza Advisory Group and hospital laboratories to identify specimens for priority testing, to attract sentinel physicians, and to streamline and optimize testing practices. DPH's Bureau of Epidemiology reported that during the entire 2007-2008 influenza season, there were 1,402 confirmed cases: 1,086 Type A; 311 Type B; and five with both Type A and B.

NEW EQUIPMENT – In 2008, the Delaware Public Health Laboratory purchased an ion chromatograph for testing drinking water for inorganic chemicals. It also bought an ABI 7500Fast for rapid molecular testing and identifying influenza virus strains. A new glove box will provide safe handling of samples associated with chemical or biological threats in a completely closed environment.

2009 GOALS

- Advance the DPHL's strategic plan based on partner input from the Laboratory Assessment.
- 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.

Director's Office

2008 ACCOMPLISHMENTS

LEGISLATION

The second session of the 144th Delaware General Assembly passed nine public health-oriented pieces of legislation in 2008 that became law. The new legislation impacted several DPH programs and required action. In these instances, DPH drafted and executed Implementation Plans.

GEOGRAPHICAL CANCER

IDENTIFICATION – SB 235 w/ SA 2, HA 1 amends Title 16 relating to Uniform Health Data Reporting. The law calls for DPH to geographically identify areas with high cancer incidence rates by census tract, and to make the data publicly available. The law requires that released data is assigned census tract geography from the most recent decennial census. It clarifies that cancer incidence data dissemination pursuant to Title 16, §2005 is permitted, or not in conflict with Title 16, Chapter 12, Subchapter III. HA 1 strengthens the intent of SB 235 by helping Delawareans determine how cancer incidence data applies to where they live and work.

CHILD HELMET LAW – SB 174 w/ HA 1, SA 1, SA 2 amends Title 21 relating to child helmet requirements. This Act updates the Delaware Code to reflect the Consumer Product Safety Commission's 1999 regulations that established helmet manufacturing safety standards for both bicycle and mixed-use helmets. This Act requires 16- and 17-year-olds to wear a conforming helmet when operating bicycles, motorized scooters and skateboards. It exempts objectors citing religious convictions, but objections must be part of the tenets and practices of a recognized church or religious denomination rather than personal religious convictions.

COLORECTAL CANCER SCREENING –

Insurance Coverage - HB 319 w/ HA 3 amends Title 18 relating to Colorectal Cancer Screening. This bill provides for coverage in individual, group and blanket health insurance policies delivered or issued to any Delawarean for the use of anesthesia in colorectal screenings. Coverage is applicable if the health care provider providing treatment believes the use of anesthesia is appropriate and beneficial.

National Guidelines - SS1 for SB107 w/SA1 brings the decisions on colorectal cancer screening under the auspices of national guidelines as defined by the American College of Gastroenterology (ACG) in consultation with the American Cancer Society (ACS). Previously, the Secretary of the Department of Health and Social Services (DHSS) made those decisions. The new law also updates colorectal screening modalities and screening under the auspices of the DHSS Secretary based on recommendations by the Delaware Cancer Consortium and national guidelines, as defined by the ACG, ACS and the U.S. Preventive Task Force Services. The effective date was Jan. 1, 2009.

DISTRESSED CEMETERY FUND –

SB 256 provides for the registration of cemeteries. It also calls for a distressed cemetery fund to be established, and creates a Cemetery Board which shall administer the fund. The Board has the authority to refer complaints regarding cemeteries to appropriate agencies or other organizations. Administrative support is provided by the Department of Health and Social Services. This legislation also provides for funding the distressed cemetery fund by adding \$2 to the cost of each death certificate. The Fund can also receive donations or bequests. Lastly, this legislation creates a clear record of the burial site in the Office of Vital Statistics.

Director's Office

MARRIAGE LICENSE FEE – HB 486 w/ HA 2, HA 3, HA 4 adds a \$15 fee to all certified copies of marriage licenses issued in Delaware. The money raised will fund domestic violence programs. The Office of Management and Budget and the Department of Finance established a separate account for collecting revenue, which will be administered by the Criminal Justice Council.

PRIMARY STROKE CENTERS – HB 378 w/ HA 1 amends Title 16 relating to hospitals. This act establishes a program and criteria to certify acute care hospitals as primary stroke centers. This amendment clarifies the criteria established in the Certificate of Distinction for Primary Stroke Centers issued by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as the basis for designating hospitals as Primary Stroke Centers.

HEARING AID LOAN BANK EXPANSION – HB 387 w/ HA 1 amends Chapter 26A, Title 16 of DE Code relating to the Hearing Aid Loan Bank. In 2007, the State received only two requests for loans through the hearing aid loan bank, one of which was denied because the 11-year-old applicant was ineligible under the statutory provisions. This Act expands eligibility to children less than 18 years and allows DPH to extend the loan for additional six-month periods.

TESTING SEX OFFENDERS – HB 424 HIV w/ HA 1 amends Title 11 regarding voluntary and mandatory testing of offenders convicted of certain sex crimes by requiring the defendant to submit to HIV testing at the victim's request. The defendant must have compelled the victim to engage in sexual activity through either force or threat of force. This legislation expands the period for the defendant to submit to HIV testing.

EMPLOYEE RECOGNITION – In 2008, the Director's Office coordinated recognition efforts for 252 Public Health employees, 225 of whom received service awards. The Office led the process to select Employee and Group of the Quarter recognition.

CONSTITUENT RELATIONS – In 2008, the Director's Office received 658 constituent relation issues, an average of 55 monthly. DPH received and logged contacts from DHSS, the Governor's Office, legislators, external and internal customers, and others. Most issues were resolved within one week.

2009 GOALS

- Strive for excellence in customer service.
- Coordinate the revision of outdated DPH policies.
- Conduct timely Employee Recognition events.
- Complete the reorganization of the DPH Public Folders.

Family Health and Systems Management Section

2008 ACCOMPLISHMENTS

INFANT MORTALITY REDUCTION – Delaware’s infant mortality rate dropped from 9.2 to 8.8 deaths per 1,000 births in 2002-2006 (the latest for which statistics are available). This decrease is greater than observed nationally. Infant mortality reduction projects implemented by the Family Health and Systems Management Section are making a difference in the lives of mothers and babies.

DPH’S CENTER FOR FAMILY RESEARCH AND EPIDEMIOLOGY – Infant deaths can be prevented by having women enter pregnancy healthier. An analysis of Perinatal Periods of Risk validated the Center for Family Health Research and Epidemiology’s focus on preconception health. In 2008, DPH funded six preconception care contracts at eight sites for women of childbearing age with previous poor birth outcomes and/or racial and ethnic minorities. In 2008, DPH funded five Comprehensive Family Practice Team contracts at seven sites for women in need of supplemental care including intensive nutrition and mental health services. In FY08, these programs increased the number of women served by 70% (up to 14,839) and touch 8.5% of Delaware’s almost 175,000 women between 14 and 44 years. The Pregnancy Risk Assessment Monitoring System program consistently exceeded the CDC-required 70% response.

PROVIDER RECRUITMENT – The Conrad State 30/J-1 Visa Waiver Program places international medical graduates completing their medical education in the United States, within Delaware’s medically underserved areas. Normally, international medical graduates must return to their country of nationality for at least two years before returning to the United States. Program

participants can waive returning to their home country for at least two years if they agree to practice medicine full-time in Delaware for at least three years. In 2008, the program approved eight physicians: for Sussex County, an internist/cardiologist, a pediatrician, two hospitalists and a pulmonologist; for Kent County, a geneticist; and for New Castle County, a pediatric psychiatrist and a pediatric urologist.

ACCESS TO CARE – The Delaware Health Resources Board, administered by DPH’s Bureau of Health Planning and Resources Management, developed a charity care policy and implementation requirements for Freestanding Surgical Centers. Goals are to: 1) promote access to care for low income, uninsured and underinsured Delawareans; and 2) to help level the playing field between Delaware’s not-for-profit community hospitals and freestanding surgical centers. Freestanding centers must provide charity care in an amount equal to that provided on average by Delaware hospitals. The implementation requirements will be a condition of approval for a Certificate of Public Review, the state’s mechanism for assuring public scrutiny of certain health care developments.

HEARING DEVICES AND SCREENING – Legislation expanded eligibility for the Delaware Hearing Aid Loaner Bank from children through three years to less than 18 years of age. All children with hearing loss now have access to hearing devices.

The Delaware Infant Hearing Assessment and Intervention Program’s Advisory Board revised the state’s recommended guidelines for infant hearing screening and intervention. The Board recommended that providers complete tandem screening: an Automated Auditory Brainstems Response test and an Otoacoustic Emissions test.

Family Health and Systems Management Section

HEALTH ANALYSES – In 2008, the Section conducted preliminary analyses in two areas: deaths due to birth defects; and repeat teenage pregnancies. These analyses will be used to conduct more comprehensive assessments in 2009. The Bureau of Health Planning and Resources Management updated the *Nursing Home Utilizations Statistics, 2005 and 2006*; and *Assisted Living & Rest Residential Facilities Utilization Statistics, 2007*.

FAMILY PLANNING SERVICES – During the first nine months of 2008, the Delaware Family Planning Program served 22,190 clients with reproductive and sexual health services. Clients increased by 401 over the same period in 2007. Family Planning serves the uninsured, under insured, low income, minority and hard-to-reach populations; 64% of clients have incomes under 100% of the Federal Poverty Level.

CULTURAL COMPETENCY – The Office of Primary Care and Rural Health provided two half-day cultural competency trainings. Attendees represented DPH, the Federally Qualified Health Centers and other organizations. Sessions included “Culturally and Linguistically Appropriate Services;” and “Health Literacy - Establishing Relationships with Coworkers and Clients.”

TWENTY YEARS OF SBWCs – DPH, the Delaware Department of Education and Nemours Prevention and Health Services gathered over 50 public and private leaders in November to discuss the structure, role and future of Delaware’s 28 School-Based Wellness Centers (SBWCs). The first center was established in 1985 at Middletown High School. In FY08, SBWCs enrolled 78.7% of the school population (34,939) where sited. Visits decreased 6.5% over FY07 because stressed budgets allowed fewer provider hours.

With the assistance of the Information Management Services Bureau, the Section placed 28 SBWC databases onto a central server through Citrix. The new platform centrally stores center data; increases security; and facilitates DPH’s access for cost-recovery information.

OUTREACH – The Children with Special Health Care Needs program and the Coordinating Council for Children with Disabilities held an April symposium that shared best practices for transitioning children with special health care needs to adult health services. Forty partners attended another April event, *Delaware Assuring Better Child Health & Development (ABCD) Stakeholders Forum*.

NATIONAL RECOGNITION – In December 2007, DPH’s Maternal and Child Health epidemiologist received the National Award for Young Professional Achievement in Maternal and Child Health Epidemiology from the Maternal and Child Health Coalition. The epidemiologist authored one book and co-authored three professional papers in 2008.

2009 GOALS

- Conduct a comprehensive maternal and child health needs assessment.
- Improve data collection for preconception and family practice team model programs.
- Oversee statewide adoption of enhanced newborn hearing screening recommendations.
- Collaborate with community partners to improve the system that identifies and serves children and families with special health needs.

Health Promotion and Disease Prevention Section

2008 ACCOMPLISHMENTS

PROFESSIONAL ACCLAIM – The North American Association of Central Cancer Registries awarded its Gold Standard to the Delaware Cancer Registry. The association develops data registration standards and certifies population-based registries.

MAPPING CANCER PREVALENCE – In 2008, the Comprehensive Cancer Control Branch's data underwent a higher standard of specialized coding (geo-coding), allowing data to be spatially mapped and more accurately interpreted for computing state cancer incidence and mortality rates. The Registry reviewed 33,854 cancer diagnoses between 2000 and 2006 to validate street addresses at time of diagnosis. In April, the Branch published *Average Annual Age-Adjusted Cancer Incidence Rates, 2000-2004, at the Delaware Sub-County Level*, a report that covers all cancers combined; and breast, colorectal, lung and prostate cancers. In November, the branch produced incidence rates by census tracts per the Cancer Right-to-Know Law.

CANCER SCREENINGS INCREASE – In FY08, Cancer Screening Nurse Navigators and Champions of Change programs increased cancer screenings among minority populations to 62%, a 12.9% rise over FY07. Delawareans age 50 and older who reported receiving a sigmoidoscopy or colonoscopy at least once rose from 68.4% in 2006 to 74.6% in 2007, according to Delaware's behavioral surveillance survey.

CANCER TREATMENT ASSISTANCE – Five hundred Delawareans with cancer received financial assistance through the Delaware Cancer Treatment Program between July 2004 and June 2008. In FY08, the program reimbursed providers over \$5.35 million for treating 167 individuals. The most commonly treated cancers are lung/bronchus, colorectal and breast.

VACCINE DISTRIBUTION – In January 2008, DPH transitioned to a new centralized vaccine distribution system that allows providers to submit orders directly to DPH. The CDC processes and ships the orders. Each year, over 232,000 doses of vaccine are distributed by the Vaccines for Children program to Delaware medical providers.

HPV IMMUNIZATION – Since Gardasil became available in 2007, 12,000 doses were distributed to more than 200 Vaccine for Children providers. Providers administer HPV vaccine to eligible girls 9-18 years through public health and private clinics.

DIABETES – DPH contractors provided more than 4,300 blood screenings occurred statewide during FY08. Certified Diabetes Educators in Delaware's four Federally Qualified Health Centers provided over 1,300 diabetes and cardiovascular consultations in FY08. Also in FY08, DPH distributed 1,200 *Clinical Guidelines for Pre-Diabetes Care* to physicians. Four hundred fifty Delawareans received assistance in FY08 through the Emergency Medical Diabetes Fund.

HOSPITAL INFECTIONS BILL – The Bureau of Epidemiology is implementing the Hospital Infections Disclosure Act (HB 47). The law requires hospitals and correctional facilities to report hospital-acquired infection rates quarterly. Regulations were prepared for public comment in 2009. An advisory committee is preparing an annual report.

PROMOTING HEALTHY COMMUNITIES – DPH's Physical Activity Program gathered over 60 state and community partners in June to initiate a statewide Physical Activity, Nutrition and Obesity Prevention Network. One goal is a statewide strategic plan. The program represents DPH on the Office of State Planning's Preliminary Land Use Service panel and makes recommendations in support of development conducive to active and healthy environments.

Health Promotion and Disease Prevention Section

HIV/AIDS PROGRAMS – There were 180 new HIV infections in Delaware in 2007, down from 300 in 2001. DPH's HIV/AIDS Program determined that Delaware has 964 living HIV-positive clients (28% of the 3,458 Delawareans living with HIV/AIDS, on the low range of the national average).

During 2008, over 1,000 uninsured and under-insured HIV-positive Delawareans received medical treatment through the federal Ryan White Program; another 654 received dental care. Between FY05 and FY08, the number of Ryan White clients increased by 51%; prescriptions rose 61% and dental care rose 15.7%.

During the Needle Exchange Pilot Program's second full year in Wilmington, 387 clients completed more than 730 HIV rapid tests and exchanged 12,400 needles.

TB ELIMINATION – In November, the TB Elimination Program began using the Quantiferon Gold TB Test (QFT-G), the first blood test for detecting latent TB infection, and in conjunction with other indications in diagnosing active TB.

An internal collaboration preserved scant grant dollars for the Tuberculosis Elimination Program. Since the CDC's Tuberculosis Information Management System became obsolete Jan. 1, 2009, DPH's Bureau of Epidemiology added a TB module to its Delaware Electronic Reporting and Surveillance System.

SYPHILIS CONTROL – DPH's Sexually Transmitted Disease Program received Syphilis Elimination funding from the U.S. CDC in January 2008. The first of three years of funding yielded \$172,520 to increase syphilis outreach, testing, diagnosis and treatment. In 2007, Delaware had 18 reported cases of primary and secondary syphilis, compared to 16 cases of primary syphilis in 2008.

EPIDEMIOLOGISTS INVESTIGATE – DPH's Bureau of Epidemiology participated in two national *Salmonella* outbreaks in 2008. Annually, the Bureau receives 5,000 infectious disease reports.

WOMEN, INFANTS AND CHILDREN – For the first time since the 1970s, the Delaware Women, Infant and Children (WIC) Program implemented new food packages effective Jan. 1, 2009. Revisions support current nutrition science; vouchers can buy fresh fruits, vegetables and whole wheat bread.

2009 GOALS

- Increase outreach to Delawareans who have never or rarely been screened for cancer, in order to promote early detection and decrease mortality.
- Improve upon the coordination of programs and services related to improving and positively changing overall health behaviors of Delawareans.
- Obtain funding for a comprehensive program to promote physical activity and healthy nutrition.
- Maintain current rates of decline for tobacco use, cancer screenings and cancer incidence and mortality.
- Complete initial steps toward creation of a comprehensive program to prevent and control cardiovascular disease (begin drafting a burden report and assembling partners).
- Expand the use of DERSS system to include tuberculosis reporting, monitoring and follow up.

Health Systems Protection Section

2008 ACCOMPLISHMENTS

SCREENING FOR WATERBORNE CARCINOGENS – Working with the Delaware Department of Agriculture, HSP collected 160 sets of water samples from shallow agricultural monitoring wells and public water systems with shallow wells drawing from the Columbia Aquifer. HSP also collected surface water samples from the Red Clay Creek, White Clay Creek and Brandywine River. Montgomery Watson Laboratories tested samples for cancer-causing substances and emerging contaminants, including Radium 224 and radon; Tetrachloroethane, Naphthalene, and 1,4-Dichlorobenzene; Chlordane, Dieldrin and Benzo(A)pyrene; pharmaceuticals; and progesterone, testosterone and caffeine. HSP plans to report results to the Delaware Cancer Consortium's Environment Subcommittee in 2009.

FLUORIDATION LAW COMPLIANCE – HSP fully implemented Title 16 Delaware Code §124, which requires municipal water systems to fluoridate their drinking water, to improve dental health.

LARGEST DRINKING WATER LOAN – HSP entered into an \$18.9 million loan agreement with the City of Wilmington. It is the largest single loan processed through the Drinking Water State Revolving Fund (DWSRF). The 2008 loan pays for an upgrade, including filter replacements, at the Brandywine Water Plant, a plant with over 140,000 customers.

During the summer of 2008, the City of Wilmington completed covering the nine million gallon Cool Spring Reservoir. The \$23 million DWSRF project was phased in over several years.

AIR QUALITY – Working with the Delaware Department of Natural Resources and Environmental Control, HSP provided a risk assessment as part of the Delaware Air Toxins Assessment Survey (DATAS) II project. The project is part of the Delaware Cancer Consortium's Environment Subcommittee.

PROTECTING DELAWARE WORKERS – HSP surveyed 127 private and 160 public facilities to assess employees' exposure to hazardous substances. The most frequent carcinogenic chemicals identified were those found in common cleaners; Freon and refrigerants; and automotive/mechanical, painting, office and petroleum products. Only 50% of private facilities and 58% of public facilities employed full or part-time site safety officers. Fifty percent of all surveyed facilities did not have written health and safety plans.

Highlights of Work Completed - 2008

- Issued over 3,700 Food Establishment permits – increase of 100
- Issued 921 Mattress, Pillow and Bedding permits – increase of 193
- Issued 130 Health Facility licenses – increase of 8
- Verified 201 Radiation Technician licenses – increase of 51
- Cited 22 Public Water Systems for failing to hire certified operators
- Completed 12 radiological drills and trainings – increase of 2

Health Systems Protection Section

PERSONAL ASSISTANCE SERVICES LICENSING – HSP implemented Title 16 Delaware Code § 122 (3) (x), Personal Assistance Services Agency law. Regulations require the licensing of businesses that refer direct care workers to provide personal assistance services to individuals primarily in their home or private residence (excluding residents of hospitals and nursing facilities).

PLUMBING REVENUE COMMENCES – HSP implemented Title 16 Delaware Code §§ 7906, 7907. This law authorizes DPH to assess fees for plumbing permits and re-inspections caused by non-compliance with the State Plumbing Code. Previously, plumbing permits were free. HSP developed a data management system and protocol, and identified staff resources.

LEAD POISONING PREVENTION – HSP purchased and distributed four Lead Care II analyzers and testing supplies, to three Federally Qualified Health Centers (FQHCs) and one public health clinic. Lead Care II analyzers provide lead results to finger stick blood samples in as little as three minutes.

INCREASED FOOD PROTECTION VISIBILITY – HSP was engaged in two national food contamination investigations: the *Salmonella* Agona outbreak associated with consuming cereal recalled from a Minnesota plant; and a *Salmonella* Saintpaul outbreak associated with consuming certain types of raw tomatoes and fresh peppers.

HSP MAXIMIZES WEBSITE – Consumers made 114,460 hits to DPH's Food Establishment Inspection web page in its first year of operation (July 6, 2007 – July 31, 2008), with a monthly average of 8,804 hits. The Office of Occupational Health created the Delaware Healthy Homes and Delaware Healthy Workplaces websites.

2009 GOALS

- Develop and implement a Healthy homes initiative: a coordinated, comprehensive, and holistic approach to preventing disease and injuries that result from housing-related hazards and deficiencies.
- Develop an Office of Healthy Environments.
- Study the implementation of an Environmental Health Tracking System (biomonitoring).
- Revise the current organizational structure of Health Systems Protection to improve efficiency of operations and communication.
- Update regulations for Water System Operators, Radiation, Milk and Food.
- Implement an occupational health education plan.
- Enhance data and financial management processes in the Office of Drinking Water.
- Plan an assessment of DPH's environmental health regulatory system.

Long Term Care Section

2008 ACCOMPLISHMENTS

DIETARY SOFTWARE – In January 2008, the web-based Computrition Dietary software system was “fine tuned” at all three Long Term Care Section (LTCS) facilities. The LTCS’ new software increases residents’ menu choices; facilitates tracking of residents’ likes, dislikes and special diets; and automates inventory control. The system dramatically and noticeably improved the residents’ quality of life, and residents and staff give it rave reviews. Residents are also eating better.

REAL-TIME DATA – DHCI continues to implement the “My Innerview” web-based LTC Quality Management System for its 200 residents. The system provides real-time quality indicators and timekeeping and assignment stability data at the unit level. DHCI is the nation’s first organization to use “My Innerview” at the unit level.

MEDICARE PART D – The LTC Medicare Part D Working Group continues to be used as a business model across the country. The plan finds the best “fit” between all LTC residents’ drug needs, minimum/no out-of-pocket cost and maximum reimbursement to the facility and the State. The continued evaluation of the Prescription Drug Plans led the section to reach the anticipated revenue goals that were set for FY08. Revenues are up and problems are down due to the evaluation and group decision-making on this project’s management and enrollment process.

PREPAREDNESS – While it is never easy to successfully evacuate people who are bedridden or who have mobility issues, the LTCS successfully completed such an evacuation in October. Eighty-four volunteer residents tested our disaster plans during a regional drill planned with the Public Health Preparedness Section.

FINANCIAL SERVICES ENHANCEMENTS

– The LTCS Financial Department acquired the Windows based software system, Quick Books, for their six different petty cash accounts. This new system replaces an outdated DOS program that could not be repaired if the system crashes. The new system is currently being used for four of the six petty cash accounts. Facilities will be able to receive software updates, print checks on laser printers, and reconcile and print reports for each account. This will increase accuracy and save time.

QUALITY IMPROVEMENT – In August 2008, DPH partnered with Long Term Care Resident Protection for limited access to their incident report database. The database provides senior staff with transparent, instantaneous and robust statistical reporting of all abuse or neglect cases.

STAFF TRAINING / EDUCATION

– By April 30, 2008, all of DHCI’s Certified Nursing Assistants (CNAs) and licensed nursing staff took customer service and verbal abuse prevention training. Nursing assistants and licensed staff gained tools for establishing positive interactions with residents, family and colleagues.

By July 31, 2008, all of DHCI’s CNAs took Psycho-Social Behavior Training. DHCI has experienced increased admissions with significant psychosocial behavior issues, Traumatic Brain Injuries and dementia.

A Diabetes Nurse Educator, Psychiatrist and Nutritionist III created a Diabetes Support Group for DHCI residents. The group provides support and education about the disease and the benefits of exercise.

In October 2008, all EPBH’s CNAs attended an all-day “Back to Basics” program. The mandatory class ensures that CNAs understand policies and procedures regarding provision of bedside care.

Long Term Care Section

DAYROOM WINDOW TREATMENTS – GBHC purchased and installed new window treatments in the Tilton Building's dayrooms. They improve residents' quality of life by creating a non-institutional home-like atmosphere that recognizes the dignity of residents and their need to be happy. The window treatments also help reduce unwanted glare on bright, sunny days.

LTCS CAPITAL IMPROVEMENTS – The LTCS welcomed several capital improvements in 2008:

GBHC - By July, the campus' water system was replaced with new water mains and a new elevated water storage tank. By December, contractors began installing full fire sprinkler protection in the Tilton Building.

EPBH – A facility-wide fire sprinkler system is nearing completion by February 2009. Gift shop renovations facilitated easier access for residents. Renovations were made to the second floor of the 1912 building.

DHCI – The first phase of the fire alarm integration system was completed, enabling the facility to go from five separate systems to one. A new emergency generator was installed and phase one of the facility electrical upgrades was completed. The facility Secure Card Access System and Video Surveillance was completed. Pharmacy upgrades are under construction and due to be completed by February 2009.

FUN ACTIVITIES – LTC staff engaged previously sluggish DHCI and EPBH residents by organizing lively social activities. The facilities hosted a Spring Formal dance, a resident picnic, a Fall Ball, and a Fall Festival with hayride. Residents were excited and family members were thrilled. These special events dramatically increase family visits.

ADOPT-A-RESIDENT 2008 BEST EVER – All LTCS residents were adopted through the Adopt-a-Resident program. At DHCI, \$2,520 was collected for the residents. Volunteer groups there donated a 26" flat screen television and three Nintendo Wii games, including additional controls.

2009 GOALS

- To establish a centralized Dry Goods Warehouse to improve inventory control, purchasing power, and rotation of stock while reducing costs.
- 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 Plans programs to enhance the revenue and limit premium expenditures.
- By April 2009, to use the Quick Books software system for Emily P. Bissell Hospital and Governor Bacon Health Center's petty cash accounts.
- With support from DPH's Information Management Services Bureau and the Division of Management Services, to duplicate the same database template used by the Division of Long Term Care Residents Protection at all three facilities to track and report abuse investigations and incident reports.
- At Delaware Hospital for the Chronically Ill, to open a multi-sensory room known as Snoezelen for residents with dementia.
- To develop and implement a Quality Assurance/Quality Improvement system in Long Term Care.

Northern Health Services Section

2008 ACCOMPLISHMENTS

PREPAREDNESS – Northern Health Services (NHS) planned and successfully executed a pandemic flu vaccination exercise, utilizing a drive-through format at the vehicle inspection lanes in Wilmington. Within 3.5 hours, staff provided 754 flu immunizations to persons in 555 vehicles. The Delaware Department of Transportation, the Delaware State Police and the Delaware Medical Reserve Corps participated. The Governor promoted the multi-agency initiative through her attendance. Other preparedness work included participation in a federally graded radiological exercise in May; orientation for Medical Reserve Corps on Neighborhood Emergency Health Centers; and testing the Delaware Emergency Notification System.

PANDEMIC FLU CAMPAIGN – In February, NHS organized business, faith, community and healthcare sectors to participate in a national pandemic flu preparedness campaign, “Take the Lead” in the City of Wilmington. Residents were encouraged to create preparedness kits; stock food, water and medicines; avoid spreading germs; and get seasonal flu shots. Initiatives included a bilingual comic book, a Blog site, Wilmington TV coverage and promotion at a Blue Rocks minor league baseball game.

IMMUNIZATION REVIEW TEAM – It usually takes NHS’ immunization team between four and six months to randomly select daycare centers in New Castle County to audit. The team goes in, pulls records and audits for compliance to childhood immunization recommendations. In 2008, the team completed 35% more audits in a condensed timeframe of only 2 ½ months. Data from these audits is provided to the CDC for national comparisons.

IMMUNIZATION PARTNERSHIPS – Chaired by NHS’ Section Chief, the Immunization Coalition of Delaware attained its 2008 goal to educate members and healthcare providers about vaccine preventable diseases. Each of its three educational programs with pharmaceutical manufacturers attracted between 30 and 70 people. Membership rose to over 35 organizations and 100 individuals.

CHILD HEALTH AND IMMUNIZATION SERVICES – Many newly arrived, foreign born and non-English speaking clients visit the Hudson State Service Center’s Public Health Clinic in Newark to receive immunizations and other child health services. These clients are uninsured, undocumented or cannot effectively communicate. Staff deciphers foreign immunization records and uses vaccine information sheets in 21 languages. Since 2007, Hudson’s child health and immunization services rose by 12%.

TUBERCULOSIS INVESTIGATIONS – In 2008, NHS handled 62% of Delaware’s 15 active tuberculosis (TB) contacts. Two case investigations involved over 300 people, a hospital outpatient clinic and multiple physician offices. One non-compliant suspect necessitated a Public Health Emergency Order and hearing.

TB EDUCATION – From January to June, one or two of St. Francis Hospital’s Family Practice resident physicians observe DPH’s weekly physician TB clinic. At Christiana Care Hospital, NHS’ TB nursing staff presented diagnosis and treatment information to infectious disease physicians.

WIC CASELOAD RISES – NHS experienced a 9% increase in WIC service delivery between January and mid-December 2008. NHS anticipates its caseload to rise beyond its current 13,555 clients due to the economic downturn and continuing layoffs.

Northern Health Services Section

SMART START SERVICES – Smart Start’s home visits from nurses, nutritionists and social workers address factors that may negatively influence pregnancy outcomes. No infant deaths were reported among New Castle County’s Smart Start clients who delivered in 2008. In 2008, NHS’ 325 Smart Start clients received three months of services, on average. Babies born in 2008 to Smart Start clients weighed an average of 7 lbs., 1 oz. at birth: a healthy weight.

VISITING FIRST-TIME PARENTS – NHS visited 328 new mothers through the Home Visiting Program for First-Time Parents. To improve its reach to at-risk new parents, DPH established risk criteria for referrals for insured clients. They continue to accept all referrals for the uninsured.

CHILD DEVELOPMENT WATCH – Over 95% of families served by Child Development Watch (CDW) perceived the program as accessible and receptive, according to the University of Delaware’s annual family survey. Ninety-two percent perceived change in their child’s abilities and more than 92% noted a positive perception of family decision-making opportunities. From July 1 through October 2008, NHS served 1,297 of the 1,777 statewide CDW children.

URGENT LEAD POISONING CASE – DPH’s Office of Lead Poisoning Prevention and the Latin American Community Center intervened in a case with two brothers diagnosed with severely high blood lead levels. One boy was hospitalized for chelation treatment. The family was enrolled in the DeLead Program, relocated, and returned to their lead-free home.

HIV/AIDS CASE MANAGEMENT PROGRAM – The Medicaid Continuous Quality Improvement Program in Delaware’s annual audit indicated all NHS case managers’ files exceeded standards.

NORTHEAST SEXUAL AND REPRODUCTIVE HEALTH – Northeast Clinic clients numbered 884 between January and October 2008, up from 740 during the same period in 2007 and 575 during 2006. Since 65% of Northeast’s patients receive Medicaid benefits, DPH is reimbursed for most patients seen. Community partners include the Wilmington Health Planning Council, the Northeast Alliance, and the Wilmington Police Athletic League.

PORTER SEXUAL & REPRODUCTIVE HEALTH CLINIC – Staff undertook a process improvement goal to maximize staffing and increase the number of patients seen per clinician, while still providing excellent customer service. Porter SSC treats the largest proportion of sexually transmitted diseases in the state.

MIDDLETOWN SCHOOL- BASED WELLNESS CENTER –

To prevent dating violence at Middletown High School, DPH found and set up contract education as part of the freshman class’ curriculum. The YMCA is already contracted to provide anti-bullying classroom discussions.

CENTRAL INTAKE REDESIGN – A redesigned NHS Central Intake referrals process replaced paper forms with electronic forms and spreadsheets. Staff time is used more effectively, data is accurate and readily available, and there are cost savings.

2009 GOALS

- Outcome Measurements tools and quality improvement.
- Continuing services assessment and capacity of community providers.

Office of Emergency Medical Services

2008 ACCOMPLISHMENTS

DEMSOC TASK FORCE – In response to Delaware's first death of a paramedic in the line of duty death, the Delaware Emergency Medical Services Oversight Committee (DEMSOC) membership approved a motion to form a task force of Emergency Medical Services (EMS) operational leaders and experts. The task force would review five years of EMS crash data and provide a written report with safety recommendations by March 1, 2009.

2008 CHILDHOOD INJURY REPORT – The Office of Emergency Medical Services (OEMS) released its *2008 Childhood Injury in Delaware* report in September. There were three notable findings since DPH published its report on injuries in 2001. First, the overall statewide injury death rate for children ages 0-19 dropped from 26.4 to 21.15 per 100,000. Secondly, hospital charges for childhood injury hospitalization for a four-year period skyrocketed from \$19 million to \$31.8 million. Lastly, the motor vehicle hospitalization rate for 15- to 19-year-olds dropped from 232 to 181 per 100,000.

SPECIAL NEEDS ALERT PROGRAM – 2008 saw a 40% increase in the Special Needs Alert Program (SNAP) enrollment, from 90 in January to 136 in December. Through SNAP, parents and guardians give OEMS permission to share their child's medical information with emergency care providers in advance.

PEDIATRIC FACILITY RECOGNITION – To meet a national Emergency Medical Services for Children (EMSC) performance measure, the Delaware EMSC developed a pediatric facility recognition program. The intent is to recognize facility and freestanding emergency centers for their ability to stabilize and/or manage pediatric medical emergencies and trauma.

CRASH OUTCOME DATA EVALUATION SYSTEM (CODES) – OEMS linked 2005 CODES data; and prepared Motor Vehicle Crash hospital hospitalization data for the Injury Prevention and Surveillance Program's Data Review and Research Committee. It also generated CODES fact sheets to support state and local agencies. At the request of the National Highway Traffic Safety Administration, OEMS participated in the motorcycle data model, which tracked contributing factors to accidents involving motorcycle operators and riders. The model also studied if paramedics and basic life support responders are under-estimating motorcyclists' injuries.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) – OEMS' First State, First Shock! Program placed at least one AED in schools with over 75 students. The Health Fund Advisory Committee and Rural Access to Emergency Devices grant provided funds for their purchase.

PARAMEDIC STANDING ORDERS – New orders were developed, approved and are in place. Of note is the addition of an induced hypothermia protocol for resuscitated cardiac arrest patients. In 2005, the American Heart Association recommended using induced hypothermia protocol for resuscitated cardiac arrest patients. Very few paramedic agencies in the country perform induced hypothermia. Delaware paramedic agencies are among the few that do perform this service.

FIRST RESPONDER / EMT EDUCATION – The Delaware State Fire School and the Office of Emergency Medical Services finalized an educational policy for First Responders and EMT-Basics. Included are guidelines for applying for, implementing, and certifying all basic life support courses.

Office of Emergency Medical Services

TRAUMA CENTER DESIGNATIONS – The American College of Surgeons informed the A.I. DuPont Hospital for Children and the OEMS that the hospital received a three-year verification, an extremely important accomplishment for Delaware's only pediatric care facility. The DPH Director used the ACS verification and November site visit to designate the hospital a Level 2 Pediatric Trauma Center. Bayhealth's Milford Memorial Hospital and the Beebe Medical Center also received full verification following American College of Surgeon site visits.

INJURY PREVENTION COALITION – Several Injury Prevention Coalition teams are working with community agencies and leaders in Wilmington's 19802 ZIP Code. The teams supported the Kingswood Community Center's spring health fair with injury prevention information. In conjunction with Christiana Care, the Coalition is analyzing survey results to identify residents' high priority injury-related concerns. A third project was a 'train the trainer' workshop, "Promoting Safe and Stable Families."

At the Delaware Trauma Symposium during the summer of 2008, Coalition Chairperson Dr. Peggy Mack received an award for her poster presentation on the Senior Falls Prevention Aquatic Exercise Program. The program was featured on the U.S. Department of Health and Human Services' website as an Older Americans 2008 Program Champion. Dr. Mack made a presentation at the national State and Territorial Injury Prevention Directors Association conference.

TRAUMA SYSTEM REGISTRY DATA – States with organized systems of trauma care can decrease trauma-related mortality by as much as 50%. Delaware's Trauma System Registry data demonstrated a significant decrease in injury-related mortality in Kent and Sussex Counties following implementation of a statewide system of trauma care. Preliminary analysis of data from subsequent years demonstrates incremental decreases in mortality for Delaware's most seriously injured patients. Further analysis will occur in 2009.

2009 GOALS

- Complete the regulation revision process for the Trauma System regulations.
- Complete and submit an application for the U.S. Center for Disease Control's Injury Prevention Surveillance grant.
- Recognize two Delaware hospitals for their ability to manage pediatric emergencies.
- Complete a second evaluation of the SNAP program. The first was completed in 2006 when 32 families were enrolled.
- Integrate Special Needs Alert System information with the reverse 911 system.
- Upgrade the Emergency Data Information network (EDIN) database, an electronic patient care reporting system for all EMS incidents.

Office of Health and Risk Communications

2008 ACCOMPLISHMENTS

DAILY PROJECTS – The Office of Health and Risk Communications' (OHRC) team of seven reviewed, edited and/or developed over 1,717 DPH projects in 2008, compared to 1,434 projects in 2007. Projects were completed within 3.69 days. OHRC responded to media inquiries, coordinated events, and oversaw press releases, reports, brochures, media campaigns, ads and Spanish translations. OHRC served as design consultant for the children's activity book produced for the Office of Drinking Water. OHRC created the DHSS Secretary's PowerPoint presentation and color handout explaining DPH's cancer incidence rate maps. The office supported the "Everyone Deserves a Shot" flu immunization campaign (Year Two); and Wilmington's "Take the Lead" pandemic flu awareness campaign.

MEDIA CALLS – OHRC responded to 168 initial media requests in 2008. The most inquiries were generated by these topics: cancer and cancer clusters; influenza shots; immunizations; HIV; and restaurant inspections.

FREEDOM OF INFORMATION – OHRC assumed DPH's Freedom of Information Act (FOIA) request processing in late 2006. In 2008, OHRC processed 96 FOIA requests. Several involved large amounts of data gathering and analysis.

EVENT SUPPORT – In 2008, OHRC tracked and supported 81 DPH documents and internal and external events. Staff wrote and/or edited 81 sets of talking points and five PowerPoint presentations in 2008, compared to 44 sets of talking points and three PowerPoints in 2007. OHRC also created, enhanced and finalized agendas, invitations, signage, photography and logistical support. It coordinated the

Delaware State Fair's Health Fair. Staff members participated in November's two mass flu clinics and December's Delaware Laboratory Assessment.

WEB PAGES – DPH's website is the division's best tool for conveying timely news, publications and general information to Delawareans. Its computer-based properties elevate the importance of graphics and the ease of locating and accessing information. OHRC's review of the division's Healthy Homes web pages led to DPH receiving the 2008 Gold Award for Excellence from the National Public Health Information Coalition. The Public Health Preparedness Section produced its sub-homepage with OHRC's help. OHRC also provided comment to the Office of Minority Health on its web page possibilities.

REPORTS – In 2008, OHRC produced the Office of Emergency Medical Services for Children's *2008 Childhood Injury in Delaware* report. The report was significant because its data is used to assess progress in reducing risks and implementing safety measures. OHRC staff provided writing, editing, layout and design work for the Office of Minority Health's report, *2008 Delaware Racial and Ethnic Disparities: Health Status Report Card*. OHRC compiles Section Chief updates for the DPH Director's annual and quarterly reports to the Medical Society of Delaware.

NAVIGATING PUBLIC HEALTH – OHRC issued a new internal directory, *Navigating Public Health*, in June. The 132-page electronic resource, posted to DPH's website, guides staff and the public in locating the division's 120 programs, offices and bureaus. The document includes helpful information such as phone and fax numbers; street and state addresses; and program administrators. OHRC will routinely update it.

Office of Health and Risk Communications

BUZZING WITH NEWS – OHRC staff publishes DPH's monthly employee newsletter, *The Buzz*, which completed its fourth year of publication in 2008. In 2008, *Buzz* readers enjoyed more in-depth feature articles. OHRC also provides editing, layout and design skills to the Office of Workforce Development for its newsletter, *The Bridge*. The quarterly publication debuted in May.

OHRC helps DPH convey important news through other mediums as well. OHRC wrote and/or edited 17 Director's Messages to Staff; 11 articles for *El Tiempo Hispano* newspaper; and 12 articles for the Medical Society of Delaware's newsletter, *MSD News*. Program staff authored two MSD News articles: "Salmonella Agona Outbreak Investigation" and "Those New TB Tests – What Do They Mean for the Clinician?"

FACT SHEET CATALOG – DPH's virtual fact sheet library now contains over 500 approved fact sheets ranging from disease and vaccines to preparedness and services. It serves Delawareans and health partners, especially during emergencies. OHRC maintains the fact sheet catalog written for public information, medical, epidemiology, emergency medical services, and lab audiences. Some pages are in Spanish. Visit www.dhss.delaware.gov/dhss/dph for the latest approved versions. DPH staff is encouraged to submit new fact sheets, particularly on uncovered topics.

CAN YOU HEAR US NOW? – No longer should it be difficult to hear at DPH's large events. In 2008, OHRC purchased a portable sound system featuring two wired microphones and two speakers on stands. OHRC employed the system for the first time when staffing a senator's public meeting about the *Average Annual Age-Adjusted Cancer Incidence Rates, 2000-2004, at the Delaware Sub-County Level report*. DPH staff can request the system for their events.

IN-HOUSE POSTERS – OHRC's list of products and services continues to grow. Its map-size plotter prints large signs for various DPH conferences, seminars and other events. DPH staff can request color posters up to 34" wide by 24" long. Posters can be mounted on foam core. OHRC created and printed posters for the Women's Wellness Expo, the disparities report event, and an EMS demonstration.

2009 GOALS

- Provide quarterly media and communications training.
- Digitize all news clips and complete archives back to 2000.
- 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

2008 ACCOMPLISHMENTS

HEALTH DISPARITIES – The Office of Minority Health (OMH) released the 2008 *Delaware Racial and Ethnic Disparities Health Status Report Card*. OMH partnered within DPH and with the Delaware Department of Education to produce the 23-page report, Delaware's first public racial and ethnic disparities document. Commissioned by the DHSS Deputy Secretary, the report card informs Delaware's communities and members of the healthcare system as they develop strategies to eliminate health disparities.

FUNDING – The OMH was awarded Year Three of the five-year federally funded State and Territorial Disparities Elimination Partnership Grant. The grant permits OMH to continue the contractual partnership with Delaware State University for the Health Professions Academy. Grant monies also allow OMH to: complete the organizational cultural competency assessment of the division; fund the interpreter training for 2008; support one FTE; and fund three community-based initiatives to increase health literacy within minority communities.

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-three students enrolled and completed the 2008 class, year. In addition to OMH, partners are DPH's Rural Health Program, Delaware State University and the Delaware Chapter of the National Medical Association.

CULTURAL COMPETENCY INITIATIVES – Two initiatives took shape in 2008. First, DPH engaged a consultant to coordinate training opportunities for healthcare providers working in Delaware. Four additional trainings are planned in 2009 at no charge to participants, and they shall

include continuing education hours. Secondly, OMH is working with the Office of Workforce Development to develop a division-wide cultural competency manual and a series of seminars for DPH staff.

MEDICAL INTERPRETER TRAINING – In April 2008, OMH coordinated and hosted its sixth "Bridging the Gap" Medical Interpreter Training. Twenty registrants received successful completion certificates, bringing the total number of certificate holders to 72. Fifty-eight interpreters are registered as members of Delaware's medical interpreter corps. OMH responded to several community requests to locate interpreters.

OMH WEBSITE – The OMH website is well underway to completion. Visitors will find useful disparities facts, and links to the *Delaware Racial and Ethnic Disparities Health Status Report Card* and the *Family Health Tree*. Readers are directed to national cultural competency trainings and available minority health data.

2009 GOALS

- Work collaboratively with other DPH programs to seek and apply for funding opportunities to support minority health initiatives.
- Develop a Community Advisory Council on Health Equity to succeed the Health Disparities Task Force.
- Seek funding opportunities to increase the staffing of the OMH.
- Work with DPH programs to increase awareness within minority communities of services provided by DPH.
- Strengthen partnerships with minority communities to solve key health problems.

Office of Women's Health

2008 ACCOMPLISHMENTS

MEETING OF STATE PARTNERS – Women's Health advocates gathered in December 2007 to analyze and discuss the health status of women in Delaware. Sixty persons from a wide variety of agencies and organizations attended the gathering at Buena Vista Conference Center. Speakers from Delaware and the Women's Health Law Center in Washington, DC shared their report card.

FIRST OWH SYMPOSIUM – "The Challenges of Obesity, Overweight and Weight Control among Women in Delaware" was presented June 17 at Delaware State University. It was the first symposium sponsored by DPH's Office of Women's Health (OWH). Event speakers shared their thoughts with an enthusiastic audience. The 180 guests listened to plenary presenters, a panel of speakers, and also a panel of consumers. Later, attendees participated in small groups to discuss potential actions to improve the weight of Delawareans. Attendees gained a new sense of urgency related to improving women's health issues. Many registrants asked OWH to present other symposia. Nearly everyone wrote that she or he supported the mission, vision and guiding principles of the Office of Women's Health.

SUSSEX COUNTY HEART TRUTH CHALLENGE – The OWH is working with many partners to educate laywomen about matters related to the heart such as hypertension, stroke and smoking.

FUNDING – The OWH currently seeks funding from sources outside the state. The office plans to work, with partners interested in the health and well-being of women.

2009 GOALS

- Continue to strive toward the vision of the Office of OWH:
"To achieve optimal health and well-being among all women and girls in 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.
- To acquire grant funds from all available sources.

Office of Workforce Development

2008 ACCOMPLISHMENTS

PERFORMANCE MANAGEMENT – The Office of Workforce Development staff assisted in developing a DPH Performance Management Policy, signed in May 2008. The policy requires supervisors to regularly complete performance management actions. The Office created four matching training modules: policy introduction; performance plan; performance feedback; and performance review. Thirty-six policy trainings were delivered to 612 employees. By developing positive supervisor-employee relationships, DPH leadership expects to enhance organizational effectiveness.

SUPERVISOR TRAINING – Based on employee and supervisor feedback in the Workforce Development Needs Assessment, the Office of Workforce Development developed supervisor skill training. Staff researched and selected curriculum, then wrote an outline and delivery approach. A training facilitator and an experienced DPH supervisor will teach the supervisor principles and skills. Supervisor training begins in 2009.

FREE TRAININGS – Each of four free public health seminars taught by the Johns Hopkins University Public Health Training Center attracted about 20 staff. The seminars included “Problem Solving in Public Health,” “The Changing Public Health Workforce,” “Assuring Core Public Health’s Focus,” and “The Future of Public Health.”

ONLINE PERIODICALS – DPH staff now have unprecedented fingertip access to 624 medical and health periodicals when they use the Delaware Medical Information and Resource Alliance (DeIMIRA). The Office of Workforce Development arranged for access to the DeIMIRA network by collaborating with the Health Promotion and Disease Prevention Section and the Delaware Academy of Medicine Library.

E-NEWSLETTER DEBUTS – *The Bridge*, DPH’s first-ever workforce development e-newsletter, debuted in May 2008. The invaluable bi-monthly publication allows the Office of Workforce Development to share workforce development information and training opportunities with DPH’s workforce.

CULTURAL COMPETENCY – Office of Workforce Development staff assisted DPH’s Offices of Minority Health and Rural Health in planning two cultural competency seminars in December 2008. Delivered by the Mid-Atlantic Association of Community Health Centers, the seminars were designed for Delaware’s Federally Qualified Health Center staff and other healthcare providers. Cultural competency training is planned for DPH staff in 2009.

2009 GOALS

- Implement a supervisor/leadership skills training program.
- Secure server space and place for at least 10 locally developed training courses on the DE Train Learning Management System.
- Create and implement online learning modules on basic functions of WebEOC for State Health Operations Center (SHOC) personnel.
- Collaborate with the Office of Minority Health and assist in delivering baseline cultural competency training to most of the DPH workforce.
- Create an Office of Workforce Development web page on the Intranet.

Public Health Nursing

2008 ACCOMPLISHMENTS

ASSURING COMPETENT CARE

WORKFORCE – Public Health Nursing established and/or maintained collaborative relationships and memorandums of understanding with nine Delaware and surrounding states' colleges and universities. DPH nurses provided clinical and other learning opportunities for nursing students, promoting consideration of public health nursing careers.

To maintain and enhance skills, DPH nursing staff received continuing education through internal and external collaboration. In-service programs were: "Public Health Nursing: Eyes to the Future" (public health nursing basics, historical foundations, essential services, core functions, PHN interventions and social marketing); "Pharmacy Update" (Focus: Diabetes); "DHSS Nurse Preparedness Training" (including skills and simulation laboratory experience); and "Influenza Update."

MEDICAID QUALITY IMPROVEMENT –

The Public Health Nursing Director and Team represent DPH at the Medicaid Quality Improvement Initiative Taskforce (QII). QII is an integrated committee supporting ongoing quality oversight, tracking and monitoring of Medicaid-funded programs (DPH has 10).

EVALUATING SERVICES FOR EFFECTIVENESS, ACCESSIBILITY AND QUALITY

– The Quality Improvement Team worked with Community Health Services and Programs to develop performance standards, and to conduct audits and client flow analyses. In collaboration with the Family Planning Program Director, Public Health Nursing developed a Quality Improvement Advanced Practice Nurse position and hired an APN to work with DPH Reproductive and Sexual Health clinics and 18 contracted community-based agencies.

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 Public Health Nursing Director collaborates with the State/Clinical Medical Directors, Northern and Southern Health Services and Programs.

PUBLIC HEALTH WEEK – "Living and Promoting Healthy Lifestyles" was the theme of the annual Public Health Week conference orchestrated by Public Health Nursing and the event committee. Three hundred DPH staff celebrated division accomplishments and learned more about the Public Health Essential Services.

2009 GOALS

- Retain public health nursing staff to provide essential public health services.
- Strengthen public health nursing clinical and other learning opportunities for students.
- Develop and implement Community Health Quality Improvement Program in collaboration with Community Health Services and Programs.
- Collaborate with Community Health Services staff and programs to maintain and update standing orders, manuals, policies and procedures.
- Create on-line employee training program for HIPAA/Privacy.

Public Health Preparedness Section

2008 ACCOMPLISHMENTS

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE SYSTEM (PEPR)

– PHPS implemented a real-time emergency response and recovery management system to enhance situational awareness, manage inventory in real time, communicate internally and externally, and document and share information..

MOBILE MEDICAL EMERGENCY SYSTEM ENHANCEMENTS

– To better meet operational emergency needs and avoid equipment/supply failures, PHPS redesigned its pre-loaded trailer deployment system. The Section invited the Delaware State Police, Delaware Department of Agriculture and other response agencies to use its centralized warehouse.

VOLUNTEER CREDENTIALING – PHPS launched a secure, web-based system for registering volunteers such as members of the Delaware Medical Reserve Corps. The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) allows DPH to register, credential, manage and deploy volunteers 24/7 for the state and the region.

STRATEGIC NATIONAL STOCKPILE

– Delaware aced the 2008 U.S. Centers for Disease Control and Prevention's annual Strategic National Stockpile Program Review. The review assesses DPH's ability to receive, manage and distribute federal medications, equipment and supplies during emergencies with public health impacts. Delaware received a state score of 96% and a local score of 97% -- an increase by 2% and 3%, respectively, over 2007.

PANDEMIC INFLUENZA PLANS

– DPH's pandemic influenza operational plans scored in the top 5% of states that were comprehensively reviewed.

CONTINUITY OF OPERATIONS

PLANNING – Twelve Delaware Health and Social Services divisions are participating in Continuity of Operations Planning (COOP) for emergencies. DPH and the Divisions of State Service Centers and Developmental Disabilities Services finished the first of two phases. Implementation continues in 2009.

ETHICS ADVISORY GROUP

– In 2007, a pandemic influenza forum on ethical issues suggested establishing a Public Health and Medical Advisory Group to advise the State Health Officer of ethical issues, such as fairly allocating medications and medical equipment during shortages. In March 2008, DPH named 13 public and private members to such an advisory group.

MEDICAL FACILITY EVACUATIONS

– A Medical Evacuation Conference held in April discussed facility evacuation plans and gaps; identified a practical scope for future medical evacuation exercises; and determined the need for a state-level bridge document that integrates local, state and federal medical evacuation plans.

In October 2008, the Delaware Hospital for the Chronically Ill and the Governor Bacon Health Center long-term care facilities fully and realistically tested their evacuation and receiving plans. A functional exercise transported mock patients, simulating actual patient census and conditions.

RESPONSIVENESS

– Delaware's public health preparedness system was activated for numerous exercises, threats, large public events and actual emergencies. Such events included flooding of state facilities; bomb threats at hospitals; Presidential Inauguration Whistle-stop tours; Dover International Speedway events; and mass influenza vaccinations.

Public Health Preparedness Section

MASS FATALITY PREPAREDNESS – Preparedness partners tested DPH’s Mass Fatality Management Plan during a March tabletop exercise that provides processes for handling sudden large numbers of corpses.

The Public Health Preparedness Section purchased an additional 5,000 body bags and a Mortuary Enhanced Remains Cooling System. The cooling system is planned as a regional asset. It can store 144 corpses and be placed inside a fixed facility or in an incident’s Mobile Medical Facility.

A Mass Fatality Task Force was established and includes DPH, the Division of Social Services, Office of Chief Medical Examiner, the Division of Substance Abuse and Mental Health, the Funeral Directors Association and cemeteries, the Delaware State Police, the Delaware National Guard, and the Delaware Department of Insurance.

PUBLISHED PLANS – The Section reviewed and updated all public health and medical plans and distributed final versions to key players in June 2008.

RESPIRATORY CARE – Back-up respiratory care is essential when people on oxygen and ventilators are evacuated. PHPS acquired additional ventilators (including pediatric capability) and oxygen generators to provide respiratory support and care at alternate care sites established during emergencies.

STATE HEALTH OPERATIONS CENTER – The PHPS tested the readiness of DPH’s State Health Operations Center used during emergency response. A series of exercises tested DPH staff’s ability to seamlessly transition from normal work to emergency and recovery operations. Identified gaps were largely logistical and process-oriented. PHPS developed concise plans and purchased necessary equipment.

MORE BURN BEDS – With a \$300,000 Homeland Security grant, PHPS and Office of Emergency Medical Services are working with area hospitals to establish a temporary burn unit and enhance statewide capacity for burn patient stabilization.

2009 GOALS

- To fully assess and enhance the state’s current medical surge capability.
- To develop operational plan to safely evacuate hospitals.
- To continue to support continuity of operations planning efforts with department and partner agencies.
- To enhance ability to rapidly dispense medications to the public during public health emergencies.
- To expand the use of DPH’s new automated volunteer credentialing and notification system to include public health employee notification and daily verification of credentials for state public health care workers.
- To enhance system efficiencies and reduce costs by such actions as improved medications management through rotation and shelf-life extension.
- To develop a Family Assistance Plan to provide services and information to victims families during major emergencies such as the Virginia Tech shooting.
- To enhance emergency delivery of health and medical services to homebound and isolated communities during emergencies.
- To develop comprehensive classroom and distance-learning training programs for all public health plans and emergency positions.

Southern Health Services Section

2008 ACCOMPLISHMENTS

CDC SHOWCASES TB TESTING PROGRAM – In 2008, CDC selected DPH's targeted testing and treatment for latent TB infection program as one of the Best Practices programs. DPH's selection was largely due to the CDC learning a great deal about effective interventions since 2003, when its Division of Tuberculosis Elimination evaluated programs through a contract with RTI International. Numerous forums presented findings to help state and local health departments enhance the effectiveness of current TB programs.

REORGANIZATION IMPROVES CLIENT SERVICES – Georgetown's Sussex County Health Unit underwent a large-scale reorganization to improve client services, staff utilization, and overall operations proficiency. Administrators moved 17 staff, office furnishings, records and supplies; and reconfigured telephones and computers. The Sexually Transmitted Disease and Family Planning Clinics merged to become the Reproductive and Sexual Health Clinic and moved into a more spacious suite. Field Services and Home Visiting services, the Immunization Clinic, and the HIV case managers also moved into improved office spaces.

WIC SERVICES EXPAND TO SMYRNA – The newly opened Smyrna State Service Center allowed the Women, Infant and Children (WIC) program to expand to the area. WIC is the only Public Health service offered at the new facility. Using special WIC program funds, Southern Health Services purchased equipment, supplies and furniture for the suite. Redistributing Kent County Health Unit staff allows a nutritionist and a social service technician to staff the Smyrna WIC office each Thursday.

ACCESS TO STD SERVICES – To prevent and control sexually transmitted diseases, Southern Health Services implemented quality improvement initiatives. STD services at the Seaford Health Unit expanded from two to five days per week. Kent County Health Unit's medical staff typically sees clients presenting with complaints or possible STDs in less than 24 hours, and sometimes the same day. Clients requesting HIV testing or needing counseling services have shorter waits, due to an improved check-in information sheet. At the Pyle State Service Center, the Sexual and Reproductive Health Clinic expanded services to include male clients.

PREPAREDNESS – A mass flu clinic attracted 2,547 Kent County residents 6 months of age and older to Dover's Modern Maturity Center in November. Complemented by the Public Health Preparedness Section, Southern Health Services conducted the clinic as a pandemic influenza exercise, allowing DPH to practice its required training for mass vaccination during an influenza pandemic.

IMMUNIZATIONS – Southern Health Services offered 18 flu clinics during November and December. As of Dec. 30, staff gave 2,700 doses of influenza vaccine to residents of Kent and Sussex counties.

COMMUNITY PARTNERSHIP – The LPN at the Shipley Public Health Clinic in Seaford partners with the Laurel Food Pantry to perform blood pressure screenings; administer flu vaccinations; and make referrals for health insurance, food stamps, smoking cessation, and care for diabetes, behavioral health and cancer. During the first half of FY09, biweekly encounters escalated from 12 to 98 clients.

Southern Health Services Section

BREASTFEEDING INITIATIVE – Sixteen clients received breast pumps through The Breastfeeding Project, a partnership between the Milford Health Unit field staff and breastfeeding consultant and the WIC Program. Several clients continued breastfeeding until five and six months. In addition to incorporating this initiative into the Smart Start program, Milford field nurses provide extensive breastfeeding education, support and case management to all interested clients because of the proven maternal and child health benefits. The project recently received funding from the Maternal Child Health Block Grant.

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, offered health screenings; and introduced the Prescription Assistance van to Hispanics and African Americans to improve health equity.

CHILD DEVELOPMENT WATCH RECOGNITION – Southern Health Services' Child Development Watch (CDW) staff surpassed their federal 45-day timeline standard by averaging 44 days from the date of client referral to implementation of the family's individualized family service plan. In addition to that quality improvement, a 2-year-old CDW client unable to walk on her own was featured in the Oct. 28 *Dover Post*. The child, who suffers from global developmental delays, uses a gait walker to improve her walking skills. The family's strength and fortitude represents CDW's desired outcomes.

FISCAL RESPONSIBILITY – Effective Sept. 30, the Lewes Health Clinic closed as a cost-savings measure. Southern Health Services informed clients about the imminent closure and scheduled WIC client visits for Dover, Georgetown and Frankford.

RAPID RESPONSE – A harsh May Nor'easter flooded the Milford Public Health Unit. SHS temporarily relocated staff and services. Staff and services returned to a renovated facility on Sept. 29.

2009 GOALS

- Assure access to health services for vulnerable Kent and Sussex County residents.
- 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 and heart disease.
- Assure proficiency among SHS staff delivering services in Neighborhood Emergency Health Centers.
- Assure support for breastfeeding women at Kent and Sussex health care agencies, SHS clinics, and in family settings.
- Develop a "Life Plan" strategy for sexual and reproductive health clients, including age-appropriate, progressive services and information for teens, to prevent unplanned and unwanted pregnancies.
- Assure that all eligible Kent and Sussex children have access to Child Development Watch services.

Support Services Section

2008 ACCOMPLISHMENTS

IT PURCHASING – The Technology Purchase Order System (TPOR) allowed for streamlined purchases of computers and accessories. In 2008, IMS processed almost 300 TPOR's for IT hardware and software including servers, desktop and laptop computers and network printers.

OTHER SYSTEMS IMPROVED – The Information Management Services Bureau (IMS) and the Long Term Care Section continue to improve and streamline processes with the Dietary Management System at all three resident facilities. Also, IMS facilitated the implementation of a Child Outcomes Testing (COT) module in ISIS. Through the module, the Birth to Three Program assesses special developmentally delayed children and reports the data to the grantor for continued funding.

INFORMATION TECHNOLOGY

STRATEGIC PLAN – IMS developed the division's strategic plan for using information technology. The plan, to be initiated in 2009, will achieve interoperability among applications and develop a robust data dictionary of DPH data in use.

WEBSITE OPERATIONS – IMS staff is responsible for the technical review of all DPH web pages. In 2008, DPH's Internet website recorded 3,065,497 hits with an average of 255,458 hits monthly. This is a 53% increase in traffic on our website compared to 2007's 2,004,894 hits.

HEALTH ALERTS – IMS staff issued 22 Health Alert Notices in 2008, compared to 16 in 2007. IMS maintains the Health Alert Network database. The database grew from 1,480 people in 2007 to 1,560 people in 2008.

ONE STOP FORMS – IMS developed the One Stop Forms system and installed its icon on each PC within DPH. Previously, managers spent an average of 45 minutes finding and completing forms to ensure that their new hires had access to DHSS/DPH resources. With One Stop Forms, managers only spend 15 minutes on the same task. One Stop allows additional functions: adding users to applications; and including a guide to the other required forms for IT access.

EASIER HELPDESK TICKET ENTRY – In 2008, IMS Network Technicians resolved 10,910 requests for assistance, more than double the 5,963 in 2007. Previously, DPH users in need of technological assistance typed email messages with an attachment and sent them to the Helpdesk. Now, users simply enter One Stop Forms and complete a request for assistance. All requests flow to the DHSS Helpdesk.

EMPLOYEES' COST SAVINGS SUGGESTIONS WELCOMED – Another feature in One Stop Forms is the Cost Savings Suggestion Box. Within its first month, the box received over 140 suggestions. DPH's Executive Team reviews and considers staff's confidential suggestions.

VIDEO CONFERENCING

IMPROVEMENTS YIELD SAVINGS – After determining that 99% of DPH's video conference calling is internal to the state, the Support Services Section improved the system and achieved significant cost savings. Video conference calls will be 10 times faster because Support Services moved from one network technology (ISDN) to another (IP based video conferencing). The change saves DPH over \$5,000 monthly.

Support Services Section

RADIATION CONTROL INVOICING – IMS worked with the Office of Radiation Control to produce over 400 invoices to clients to implement Senate Bill 108's directive of fee collection. IMS developed a computer solution to prevent manually generating invoices; and provided the ability to track payments received.

CLEANING UP THE WATER – IMS developed a data quality assurance tool for the Office of Drinking Water (ODW). This tool identified 20,000 deficiencies in the SDWIS database, and ODW resolved 12,000 of them. Additionally, ODW reduced by 77% the number of invalid entries on the federal Significant Non-Compliance List.

SUBLIME CONTRACT QUALITY – The Bureau of Contracts and Grants Management (BCG) trained programs to produce quality contracts. BCG taught several classes on the DPH contract process and provided the contract business process to the Financial Operations Group. Of the 128 DPH contract files scrutinized during the bureau's process/file audit, nearly 100% were compliant.

CONTRACTS AND GRANTS – BCG received, reviewed and processed 72 grants/supplements totaling approximately \$70,988,433. DPH was awarded 58 grants/supplements totaling approximately \$61,302,150. BCG reviewed and processed more than 478 draft and 626 final contracts; memoranda of understanding; letters of agreement; and amendments. BCG processed more than 94% of its final contracts within 10 business days. Roughly 35 Requests for Proposals were facilitated and processed. For the first time ever, BCG provided contract informational sessions to more than 45 vendors. BCG initiated the State Office of Management and Budget's supplier diversity pilot project within DPH.

2009 GOALS

- Begin a division-wide data analysis project that will build a data dictionary and identify data usages and needs for interoperability studies for information technology applications.
- Create standards for contract monitoring, reconciliation, filing and performance.



DELAWARE HEALTH AND SOCIAL SERVICES

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