Good Morning Senator McDowell, Representative Johnson, members of the Joint Finance Committee and members of the public. I’m Karyl Rattay, Director of the Division of Public Health. With me today are Crystal Webb, Deputy Director, and Linda Popels, Chief of Administration.

Thank you for the opportunity to speak with you today and present our accomplishments and Fiscal Year (FY) 2021 Governor’s Recommended Budget.
DIVISION OVERVIEW

• Our mission is to protect & promote the health of all people in Delaware

• Our vision is healthy people in healthy communities

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

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

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

This past year was another challenging year for infectious diseases in Delaware. In addition to managing routine inquiries and incidences of various diseases, DPH and our partners responded to several larger events potentially imposing a risk to the general public such as a tuberculosis (TB) cluster with exposure to over 700 people, Pertussis in the Amish community, Mumps cases in multiple schools, Salmonella impacting multiple schools related to a multi-state exposure, a Hepatitis A outbreak as part of a national event, and the worst flu season in recorded history. We are now in the midst of responding to the COVID-19 outbreak - assessing and monitoring individuals at risk and preparing our state for broader community spread. DPH continues to experience high numbers of rabies inquiries related to animal and human health. Also, thanks to our public health laboratory, DPH was able to identify several rare infections, including six cases of Brucellosis and one case of Francisella tularensis, as well as assist in the evaluation of a MERS Co-V and an Ebola concern.
EVALI

Vaping remains a serious public health threat. This past year we responded to EVALI or e-cigarette or vaping associated lung illness. Delaware saw 20 cases of EVALI, including one death.

Vaping Toolkit

High rates of vaping among our youth is a significant concern. We are grateful to the Legislature for your support of Senate Bill 25 to increase the purchase age of all tobacco products to 21. To directly address vaping, DPH worked with teachers, school administrators, parents, healthcare providers, youth and community partners who work with youth to develop a vaping toolkit to provide them with various supportive resources. Our goal is to help prevent youth from initiating e-cigarettes and as well as provide cessation resources to help those who use e-cigarettes to quit. DPH partnered with the Department of Education, the Department of Services for Children, Youth and Families, the Division of Alcohol and Tobacco Enforcement, the Division of Substance Abuse and Mental Health and Polytech High School on the development of the toolkit.
DE CAN Initiative
Delaware previously held the record for having the highest unintended pregnancy rate in the nation. The DE CAN initiative, which stands for Contraceptive Access Now, is a collaboration between DPH, the Division of Medicaid and Medical Assistance and Upstream USA. This initiative is focused on removing barriers to contraception, including the most effective methods, for all Delaware women. This initiative is linked to an estimated 24% decline in unintended pregnancies and truly demonstrates how policy, systems and environmental changes implemented simultaneously yield collective impact. As Upstream utilizes the Delaware experience as a model to spread this work to other states, DPH is sustaining the critical pieces of this work.

Healthy Women Healthy Babies 2.0
Over the last 2 years, with feedback from many stakeholders/providers and consumers, we reframed the Healthy Women Health Babies (HWHB) program and released a new Request for Proposal (RF in 2019) to integrate an outcomes-orientation and culture throughout the contracting process and ongoing service delivery relationship. Focusing on outcomes, the program takes an equity-driven approach that deepens funder-provider-participant mutual accountability in designing and delivering services focused on indicators such as pregnancy intention, depression and substance misuse screening. This new model is a paradigm shift focused on increasing enrollment and outreach to high risk women living in HWHBs zones using a learning collaborative approach and community health workers along with a Value Based Payment (VBP) structure.
Healthy Communities Delaware

Healthy Communities Delaware, or HCD, is a collaborative, community-level approach to improve the social determinants of health—the conditions into which we are born, live, learn, work and play. Examples of the social determinants of health range from housing and transportation to food security and civic engagement. We believe we can make a significant and sustainable impact on health by working in new ways with communities, organizations and funders to address community-driven priorities for change. The tagline of HCD—“Alignment. Investment. Impact”—reflects the goal to align vision, strategy, measurement and investments to achieve a greater impact. HCD has hired an Executive Director and disseminated a Call for Interest in Multi-Year Collaboration for Healthy, Safe and Vibrant Communities. Awardees from eligible communities will receive funding from the Health Fund Innovation Funds, and their proposals will be presented to a Community Investment Council of public and private partners to leverage additional funding.
My Healthy Community Data Portal

Launched in May 2019, the My Healthy Community data portal currently has 87 indicators covering domain areas that include: mental health and substance abuse, community characteristics, community safety, environment, chronic disease, health services utilization, maternal and child health, healthy lifestyles and infectious disease. This site has taken years to conceptualize, fund and develop. To date it has been supported financially by the Department of Natural Resources and Environmental Control (DNREC), the Division of Substance Abuse and Mental Health (DSAMH), the Health Care Commission, the Centers for Disease Control & Prevention (CDC) and DPH.
Addiction Crisis
The opioid epidemic is a priority for DPH. We are working hard to coordinate efforts across state government and with our many partners. We are using data better to understand this crisis and to inform our response. Delaware is ranked second in the nation for drug-related overdose death rates for 2018 and first in the nation for prescribing high-dose opioids and long-acting opioids. DPH is working in partnership with the Division of Professional Regulation to improve safe opioid prescribing and promote better pain management. This includes a revamped provider section of HelpIsHereDe.com website, Academic Detailing to “outlier” prescribers, and Safe Prescribing and Pain Management Toolkits.

This past year, Delaware became a recipient of a multi-year $17 Million Cooperative Agreement from the CDC to address the ongoing overdose epidemic. Through this opportunity, Delaware is able to continue previously established work, and to start new, innovative activities to enhance the efforts.

Naloxone Point of Dispensing Events
Over this past fiscal year, DPH implemented multiple POD (point of distribution) naloxone events, using data to get this overdose reversal medication where it is needed most. These PODs provide rapid deployment of training and distribution of naloxone. As an example, this past September, in response to an increase in overdose deaths during the labor day weekend, a POD event was set up in Sussex County within a few days that was able to directly reach over 50 residents in a local town. In total, over 3,000 naloxone kits were distributed into the community in 2019.
Overdose System of Care Established
In 2019, we continued to move forward on execution of House Bill 440 which created Delaware’s Overdose System of Care by solidifying its operation and convening quarterly meetings, establishing committees and conducting the work of this strategic initiative. The system involves establishing interventions to assist first responders and those in the emergency departments in saving lives and better connecting those who have overdosed to the most appropriate care.

Delaware Overdose Report Released
For the first time and through the integration of 12 multi-agency datasets, DPH developed a demographic picture of the Delawareans who died from drug overdoses. Published in August 2019, the report provides an in-depth look at the individuals who died of drug overdoses in Delaware in 2017. The report assessed the types of drugs involved in overdose deaths and described the decedents interactions with Delaware health systems in order to best target our interventions.
LOOKING AHEAD – IDENTIFIED AREAS OF IMPROVEMENT

- Reduce Opioid Deaths
- Address infant mortality gap for African-American babies
- Address obesity and lack of physical activity as risk factors for chronic disease

Allow me to go into these in more detail…
**Opioid Deaths**

The number of Delaware residents who died from drug overdoses in 2018 was 395. Preliminary numbers for 2019 are not yet available but our data suggest that the numbers in 2019 will be around the same as in 2018. We are doubling down on our prevention, treatment and harm reduction efforts to reverse the trends we have been seeing.
Birth Outcomes

We have made significant progress in the past decade, but it remains true that too many of our babies in Delaware do not live to see their first birthday. Although we are now much closer to the national rate, our infant mortality rate is still higher than the national average. The African-American infant mortality rate is more than twice as high as the White infant mortality rate in Delaware. We are working to more directly address the social determinants of health factors that contribute to poor birth outcomes among African American babies and moms.
Obesity and lack of Physical Activity
A recent report ranked Delaware last in the nation for physical activity among women. Physical inactivity is a risk factor for obesity and other chronic diseases, certain types of cancer and poor birth outcomes. We are experiencing higher obesity rates among our Hispanic and African-American populations here in Delaware. A subcommittee under the Delaware Cancer Consortium has come together and is focused on providing evidence-based policy, system and environmental recommendations to the Governor to promote healthy eating and active living.

National Coalition of 100 Black Women Research Partnership
Our data show that black girls are less physically active than white girls starting around 7th grade. DPH, University of Delaware, Delaware State University and the National Coalition of 100 Black Women are working on a research project and gathering data about the life experiences of black girls, ages 10-19, in Delaware. This team is looking at experiences related to race and racism, and social, emotional, mental, and physical health. This research project includes questions to explore what may be some of the barriers related to physical activity for black girls in Delaware.
The slide above shows the FY 2021 Governor’s Recommended Budget (GRB) for DPH.

Our Division’s FY 2021 GRB includes:

- $36,507.4 [Thirty-Six Million, Five Hundred and Seven Thousand Four Hundred Dollars] in General Funds (GF);
- $38,885.2 [Thirty-Eight Million, Eight Hundred and Eighty Five Thousand Two Hundred Dollars] in Appropriated Special Fund (ASF) spending authority; and
- $68,466.1 [Sixty-Eight Million, Four Hundred and Sixty-Six Thousand One Hundred Dollars] in Non-Appropriated Special Funds (NSF).
• **Food inspection**: DPH has been challenged in keeping up with the high number of restaurant inspections necessary. A new database system is needed to support better communication with the regulated community and further refinements to the permitting process which will be used to cement these improvements to better serve Delaware businesses.

• **Naloxone access**: Due to many lives being lost to the opioid epidemic, we must continue to improve access to naloxone.

• **Health Fund Enhancements**:
  - Personnel Costs were restored to previous funding levels
  - Cancer Council Recommendations include:
    - $206,000 for cancer screening;
    - $729,000 for Physical Activity, Nutrition & Obesity and tobacco cessation;
    - $7,000 for cancer registry;
    - $158,000 for promoting healthy lifestyles; and
    - ($588,000) for cancer treatment for the uninsured
Thank you for the opportunity to share with you the challenges and opportunities facing the Division of Public Health

I am happy to answer any questions you may have.