



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DELAWARE

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Delaware

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

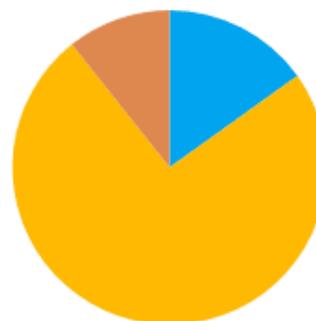
State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$1,935,927
State MCH Funds	\$9,512,763
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$1,368,000

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$4,214,448
Enabling Services	\$1,355,083	\$3,173,583
Public Health Services and Systems	\$580,844	\$3,525,795

FY 2014 Expenditures Federal



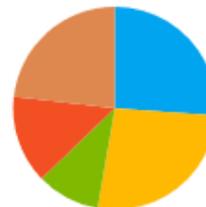
FY 2014 Expenditures Non-Federal



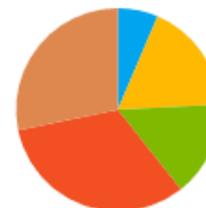
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	4,218	\$2,911,352	26.1%
Infants < 1 Year	11,718	\$2,962,022	26.6%
Children 1-22 Years	9,965	\$1,121,613	10.1%
CSHCN	21,331	\$1,565,949	14.1%
Others *	18,593	\$2,579,626	23.2%
Total	65,825	\$11,140,562	100%

FY 2014 Expenditures



FY 2014 Individuals Served



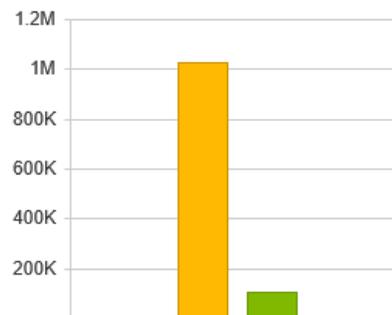
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	2,080
State Title V Social Media Hits:	1,027,762
State MCH Toll-Free Calls:	104,064
Other Toll-Free Calls:	0



Executive Summary

Title V in Delaware

Title V of the Social Security Act reflects our nation's commitment to improving the health and well-being of mothers, children, and their families, and is operationalized through a block grant. For an overview of the Title V Block Grant and the national health priorities it addresses, please visit <http://mchb.hrsa.gov/blockgrant/>.

In Delaware, the Title V Block Grant serves as the foundation for much of our Maternal & Child Health Program, and is administered by the Delaware Division of Public Health (DPH). DPH coordinates and collaborates with many organizations and other state agencies to implement activities that address grant goals and objectives.

As reflected throughout this application, partnerships are essential to our Title V Program, and collective impact is a philosophy that is foundational to our work. The scope of maternal and child health is broad and the needs are extensive. The Title V Program does not have the resources or capacity to be successful in addressing these needs without engaging many partners and aligning our work with that of others. Therefore, we consistently aim to identify goals that we share with our partners, and use those goals as a lens to guide our program and review emerging opportunities and needs.

This philosophy of partnership and collective impact is reflected in "DE Thrives," a social marketing theme shared by the Delaware Division of Public Health, the Delaware Healthy Mother and Infant Consortium, and partner organizations throughout the state. All share one common aim - that all of Delaware's babies and children have the same opportunity to thrive. And, all share one common belief - that we all have a part to play, and that when our babies and children thrive, we all are better off. Healthy women. Healthy babies. Healthy families. Healthy communities. That's DE Thrives. (www.dethrives.com)

The Title V Needs Assessment

Every 5 years, as a part of the federal Maternal and Child Health Title V Block Grant, states are required to complete a comprehensive assessment of the needs, desired outcomes, and system capacity for the maternal and child health population, including children and youth with special health care needs. The results of this assessment are then used to establish the priorities that will guide our Title V program for the next five years (2015-2020).

In September 2014, the Delaware Division of Public Health initiated its 2015 Title V Needs Assessment process. This process included presentations to stakeholders, gathering of quantitative data, surveys of professionals and families, key informant interviews, and community focus groups. Our Steering Committee then conducted an analysis of this quantitative and qualitative data, and used it to inform the selection of priority needs. Many factors were considered in selecting priorities, including: size and seriousness of the health issue; disparities in outcomes; stakeholder support; importance to the community; and alignment with national and state goals.

Delaware's Title V Priorities and Plans

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

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

Population Domain Snapshot: Women's and Maternal Health

Priority Health Need(s)	Goal(s)	Summary
<p>Well-Woman Care</p> <p>To increase the number of women who have a preventive health visit to optimize the health of women before, between and beyond pregnancies</p>	<p>By July 2020, increase the percentage of women with birth interval >18 months.</p> <p>By July 2020, reduce the unintended pregnancy rate by 10%.</p>	<p>Defining the Need: In 2013, 81% of Delaware women, ages 18-44, had received a routine check-up within the last year (Behavioral Risk Factor Surveillance System). Access to preventive health care is critical to identify health issues early, prevent the onset of disease, and prepare women for healthy pregnancies.</p> <p>Accomplishments to Date: Through partnership with the Delaware Healthy Mothers and Infants Consortium, there has been much work to educate our population about preconception health, in which preventive health visits play a key role. This work included social media outreach around the theme that "Health Begins Where You Live, Learn, Work & Play." Over the last year, preconception peer educators provided outreach to college students on topics ranging from preventive care, nutrition, physical activity, and reproductive life planning. We also continued to disseminate reproductive life planning tools to teens and adults to encourage them to establish and maintain healthy habits to support their life goals.</p> <p>Plans for the Coming Year: Preventive health visits are an integral part of preconception care. In the coming year, we will continue our education and marketing campaign to encourage teens and women to develop reproductive life plans. We will also work to educate and counsel women of reproductive age (ages 14-44) about all contraceptive methods that are safe and appropriate for them, including long-acting reversible contraceptives (LARCs). Leveraging state funding, Delaware will continue to support the Healthy Women, Healthy Babies program, providing preconception, nutrition, prenatal and psychosocial "bundles" of care for women at the highest risk of poor birth outcomes. In addition, we will be implementing a plan to ensure that all women seeking health care are asked if they desire to become pregnant in the next year and, if not, provide same-day access to the full range of contraceptive methods, including long acting reversible methods, IUDs and implants.</p>
<p>Are we moving the needle for women in Delaware?</p>	<p>With 81% of Delaware women accessing preventive health care, we are doing fairly well in this area. However, we are not doing so well on our rate of unplanned pregnancies, with Delaware ranked among the worst states in the nation. We hope to leverage preventive health visits as an opportunity to provide guidance on preconception health, reproductive life planning, and preconception in order to address this issue.</p>	

Population Domain Snapshot: Perinatal/Infant Health

Priority Health Need(s)	Goal(s)	Summary
<p>Breastfeeding</p> <p>Improve rates of breastfeeding initiation and duration</p>	<p>By July 2020, increase breastfeeding initiation rates in Delaware from 72.4% to 81.9%.</p> <p>By July 2020, increase the percent of women who breastfeed exclusively through 6 months from 13% to 25.5%.</p>	<p>Defining the Need: According to the 2011/2012 National Survey of Children's Health, 72.4% of Delaware babies were "ever breastfed or fed breast milk"; lower than the national estimate of 79.2%. Only 13% of infants are breastfed exclusively for 6 months.</p> <p>Accomplishments in the Past Year: Title V funding was used to support staff within DPH's home visiting program to earn and maintain the IBCLC (International Board Certified Lactation Consultant) credential. Leveraging additional sources of funding, DPH began implementing a program called EPIC BEST (Educating Providers in the Community-Breastfeeding Education and Support Training) that provides onsite breastfeeding education and support training for ob-gyn and pediatric practices. Finally, we collaborated with the Breastfeeding Coalition of Delaware (BCD) and the Delaware Healthy Mothers and Infants Consortium (DHMIC) to share resources and increase the spread of posters, tip sheets, and educational materials that promote breastfeeding.</p> <p>Plans for the Coming Year: We will continue to support home visitors to maintain the IBCLC credential, and we will also continue to implement EPIC BEST, spreading the training to more medical practices. In terms of marketing, we will disseminate existing messages and materials promoting breastfeeding. We will research the feasibility of launching the It's Only Natural social marketing campaign, as well as a workplace lactation support initiative for possible implementation in 2017.</p>
<p>Are we moving the needle for infants in Delaware?</p>	<p>This is a new priority area for our Title V Program, and we will be tracking progress on the goals listed above. However, the percent of Delaware babies who were "ever breastfed or fed breast milk" remained stable between 2007 and 2011/12. During the same time period, the percent who were exclusively breastfed for their first six months increased from 10.6% to 13.0% (National Survey of Children's Health, 2007 and 2011/12)</p>	

Population Domain Snapshot: Child Health

Priority Health Need(s)	Goal(s)	Summary
<p>Developmental Screening</p> <p>Improve rates of developmental screening in the healthcare setting</p>	<p>By July 2020, increase the percent of children, ages 9-71 months, receiving a developmental screening using a parent-completed screening tool.</p>	<p>Defining the Need: According to the National Survey of Children’s Health, the percent of children receiving a developmental screening from their doctor increased from 10.9% in 2007 to 30.8% in 2011/12.</p> <p>Accomplishments in the Past Year: In May 2012, the Division of Public Health launched the PEDS portal, making it available free of charge to pediatricians and family practice physicians who sign up to implement the validated tool. PEDS Online is a web-based tool that allows parents to complete a developmental screening assessment, which is then transmitted to the provider for review at a well-child visit.</p> <p>Over the past year, training and technical assistance were provided to pediatric and family practices to implement the PEDS tool. From January 2014- May 2015, approximately 10,000 screens were completed, bringing the cumulative total since the launch of the initiative to over 20,000 screens. Additionally, four practices signed up to use the tool, increasing the total enrolled to thirty-three. Seventy-four physicians from these 33 practices have been trained to use the tool. To educate parents and promote awareness of developmental milestones, we created a developmental screening webpage (http://developmentalscreeningde.com/).</p> <p>Plans for the Coming Year:</p> <p>About one third of the practices that are currently enrolled to participate in Delaware’s PEDS online are screening at very low rates. Over the coming year, we will work to address several barriers that prevent optimal screening, including the need for site-specific data, the lack of awareness of where to refer at-risk children once screened, and lack of a feedback system with the referral sources to track progress of a given patient.</p> <p>We will also spread information and educational resources to physician’s offices, state service centers, WIC offices, and other venues to empower parents to recognize signs of delay and to influence their pediatricians to provide screening.</p>
<p>Healthy Lifestyles</p> <p>Increase healthy lifestyle behaviors (healthy eating and physical activity)</p>	<p>By July 2020, increase the percent of children 6-11 years old who are physically active at least 60 min/day.</p>	<p>Defining the Need: The 2011 Delaware Survey of Children’s Health (DSCH) estimates that 40% of children ages 2-17 are overweight or obese, with only 42.4% of children ages 6-11 achieving the recommended 60 minutes of physical activity per day.</p> <p>Accomplishments in the Past Year: Promotion of healthy lifestyles (active living and healthy eating) is a strategic priority for the Division of Public Health. Within DPH, work in this area is led by the Physical Activity, Nutrition, and Obesity (PANO) Program. Over the past year, statewide health disparities and health risks related to community design, infrastructure, and built environment issues were identified and inventoried to produce a set of 15 GIS maps defining food deserts, as well as assessments of active mobility (walking/biking). This information was used to help with community planning and design. Two additional large initiatives were launched:</p> <ul style="list-style-type: none"> • The “One Less” marketing campaign promoted healthy beverage choices through vending machines at DHSS Social Service Centers throughout Delaware. • The Motivate the First State “clubhouse” within the online Plus3Network was launched to promote increases in walking and biking among Delawareans. <p>Plans for the Coming Year: The Title V program will continue to partner with the PANO Program to spread their initiatives and materials through our Maternal and Child Health programs, services, and partner networks. For example, we will support “Motivate the First State” by sending flyers and information through our email networks, asking partners to post links to the initiative on their websites, and using our social media channels to spread the word. We will also infuse healthy lifestyle messaging into MCH programs, including home visiting and QT30. Finally, we will support the work of the Governor’s Council on Health Promotion and Disease Prevention and look for opportunities to (1) represent the unique needs of children, both with and without special health care needs and (2) use our capacity and resources to assist in moving their action plan forward.</p>
<p>Are we moving the needle for children in Delaware?</p>	<p>A few years ago, Delaware was ranked 50th among states for the percent of children who received standardized developmental screening during health care visits. As of 2011/12 data, our screening rate is equal to the national rate. Although this is a substantial improvement, there is still much work to be done to ensure that all children are screened at appropriate ages with a validated tool, allowing for early identification of problems and connection to services.</p> <p>With respect to healthy lifestyles, data from the Delaware Survey of Children’s Health show that from 2006 to 2011, there were trends in a positive direction for physical activity, increasing consumption of fruits and vegetables, and decreasing consumption of sugar-sweetened beverages. This is a new area of focus for Title V, and we will track progress on the goals listed above.</p>	

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

Priority Health Need(s)	Goal(s)	Summary
<p>Medical Home Increase the percent of children with and without special health care needs having a medical home</p>	<p>By July 2020, increase the percentage of pediatric clinicians in Delaware who have effective policies and procedures in place for effective care integration and cross-provider communication.</p> <p>By July 2020, improve access to care coordination within a medical home for families of CYSHCN.</p> <p>By July 2020, increase the percentage of primary pediatric practices reporting use of care plans for CYSHCN patients that have been developed and shared with families.</p>	<p>Defining the Need: According to the 2009/10 National Survey of Children with Special Health Care Needs, only 41.4% of CYSHCN received coordinated, ongoing, comprehensive care within a medical home, slightly below the national estimate of 43%.</p> <p>Accomplishments in the Past Year: An evaluation of the 2013 CYSHCN Medical Home Pilot project was completed. Of the three medical practices completing the post-project survey, all showed improvements in at least one of the domains defined for medical home. One of the trained parent partner guides who was placed in a pilot project practice was also transitioned to our Part C Program Child Development Watch. The positive results of this pilot project along with clear indication from parents through focus groups and surveys conducted in 2014 and 2015 and our key informant interviews conducted this year show a strong interest for care coordination within a family-centered medical home model.</p> <p>Plans for the Coming Year: Working with our partners and building on lessons learned from the Medical Home Pilot, we will develop recommendations on effective medical home implementation for CYSHCN that can be shared with the Delaware Center for Health Care Innovation, the organization leading implementation of Delaware's State Health Care Innovation Plan. We will educate and support Delaware clinicians on effective care integration using tools developed by the national Center for Medical Home Implementation. Emphasis will also be placed on educating families on what to expect from a Medical Home and how a functional, well-developed care coordination plan within a medical home setting can be achieved.</p>
<p>Are we moving the needle for CYSHCN in Delaware?</p>	<p>Medical home is a new priority area for our Title V Program, and we will be tracking progress on the goals listed above. In order to effectively measure progress in this area, we need to establish a baseline of the number of pediatric practices within the state that meet the criteria for a medical home for CYSHCN, whether or not they have been accredited. A survey to establish this baseline is planned for the coming year.</p>	

Population Domain Snapshot: Adolescent Health

Priority Health Need(s)	Goal(s)	Summary
<p>Bullying Decrease rates of bullying by promoting development of social and emotional wellness.</p>	<p>By July 2020, decrease the number of Middle School students reporting they are being bullied based on the YRBS survey by 2%.</p> <p>By July 2020, decrease the number of children who report being bullied on school property at the high school level by 2%.</p>	<p>Defining the Need: Approximately 30% of students in the United States have experienced being bullied, and many children (70-85%) experience bullying either as victims, perpetrators, bystanders, or a combination of roles. (add the source)</p> <p>Accomplishments in the Past Year: In the past our efforts were concentrated on reducing unintentional injuries in children and youth. Those efforts are carried out by several partners within the State of Delaware. MCH partners with the Safe Kids of Delaware coalition to sponsor their annual Safe Kid Conference, which included workshops tied to our Title V Program priorities, including cyber-bullying and how early year experiences, specifically adverse childhood experiences (ACEs), influence a child's development.</p> <p>Plans for the Coming Year: Going forward, our focus on injury prevention will shift slightly to addressing bullying among middle and high school age children. This is a new area of work for Title V, so in the coming year we will research and gain an understanding of existing Delaware efforts to address bullying.</p>
<p>Are we moving the needle for adolescents in Delaware?</p>	<p>This is a new priority area for our Title V Program, and we will be tracking progress on the goals listed above. However, the next year will be dedicated to getting the 'lay of the land' as related to the many issues and impacts of bullying on children, including children who have special health care needs, in Delaware.</p>	

Population Domain Snapshot: Health Issues That Cut Across the Life Course

Priority Health Need(s)	Goal(s)	Summary
<p>Oral Health Improve oral health preventive care for pregnant women and children</p>	<p>By July 2020, increase the percentage of pregnant women who have a dental visit during pregnancy from 39% to 43%.</p> <p>By July 2020, increase the percent of Delaware children, ages 1 through 17, who have an annual preventive dental visit from 77% to 80%.</p>	<p>Defining the Need: According to the CDC Pregnancy Risk Assessment Monitoring System, the percentage of Delaware women who reported visiting a dentist or dental clinic during their most recent pregnancy rose slightly between 2007 (36.0%) and 2010 (39.0%). The percent of children ages 1-17 who received one or more preventive dental care visits declined from 78.4% in survey year 2007 to 77.2% in survey year 2011/12 (National Survey of Children's Health).</p> <p>Accomplishments in the Past Year: Partnering with DPH's Bureau of Oral Health and Dental Services (BOHDS), Title V provided funding for a contract with Christiana Care to embark on a Fluoride Varnish and Oral Health Screening project. The goals of this project included providing physician training on the "Smiles for Life" curriculum, infusing a standardized oral health risk assessment, and collaborating with fellow colleagues to facilitate dental care/dental homes for the targeted population.</p> <p>Plans for the Coming Year: We will work to enhance the data available on this topic by gathering oral health data from 2-1-1 Help Me Grow and the PRAMS survey and sharing it with stakeholders. We will also develop a better understanding of the barriers that exist with regard to oral health services for pregnant women and young children by collaborating with the BOHDS and health professionals that promote preventive oral health services for these populations.</p>
<p>Adequate Insurance Coverage Increase the percent of children who are adequately insured</p>	<p>By July 2020, increase the percent of families reporting that their CYSHCN's insurance is adequate and affordable.</p> <p>By July 2020, increase the number of health plans whose member services staff are linked to relevant family organizations and programs to meet the needs of CYSHCNs.</p>	<p>Defining the Need: According to the 2011/12 National Survey of Children's Health, only 78% of Delaware children are adequately insured.</p> <p>Accomplishments in the Past Year: Over the past several years we have supported Delaware Family Voices in holding a monthly Medicaid Managed Care Call to address the concerns, questions and issues that parents of children with special health care needs may have with their Managed Care Organizations (MCO). These calls have been particularly productive during the last year, as changes in the Medicaid MCO's resulted presented many challenges for families.</p> <p>Plans for the Coming Year: This is a new area of focus for Title V, so the coming year will be an exploratory one. A key priority will be to build partnerships between Title V and entities with influence over insurance and financing. We will also conduct a scan of existing health plans to determine whether or not plans offer specialized staff and appropriate linkages to services.</p>
<p>Are we moving the needle for Delawareans?</p>	<p>Data presented above show that we have much more work to do to increase preventive oral health care for pregnant women and children. However, these data are from surveys conducted in 2010-2012, and we hope to see improvements as we work to gather more recent information.</p> <p>Adequate insurance coverage is a new priority area for our Title V Program, and we will be tracking progress on the goals listed above. We intend to focus our initial efforts on adequacy of insurance for children and youth with special health care needs, and hope that by addressing the issue for this vulnerable population, all children and families will benefit from processes developed, lessons learned, and information shared.</p>	