



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DELAWARE

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

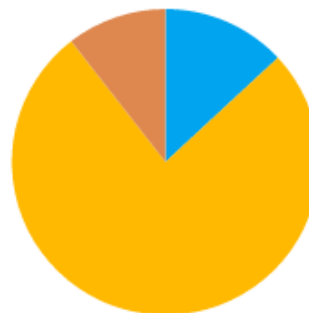
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$1,605,272
State MCH Funds	\$9,390,789
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$1,292,148

FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$3,169,678
Enabling Services	\$1,069,653	\$5,556,288
Public Health Services and Systems	\$535,619	\$1,956,971

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



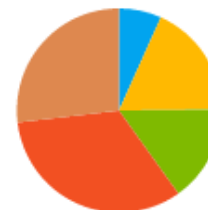
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	4,426	\$3,803,852	26.1%
Infants < 1 Year	11,931	\$3,293,703	22.6%
Children 1-22 Years	10,073	\$2,235,004	15.3%
CSHCN	21,736	\$2,499,198	17.2%
Others *	17,700	\$2,729,552	18.7%
Total	65,866	\$14,561,309	100%

FY 2015 Expenditures



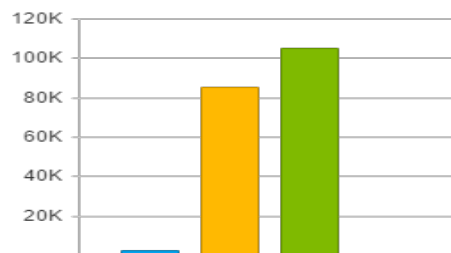
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	2,167
State Title V Social Media Hits:	85,147
State MCH Toll-Free Calls:	104,999
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	# of social media messages promoting preventive health care and preconception health for women of reproductive age
NPM 1	Well-Woman Visit	ESM 1.2	# of DHMIC Education and Prevention meetings held in past year
NPM 1	Well-Woman Visit	ESM 1.3	# of women served by the HWHBs program that received Bundle A services/preconception care
NPM 1	Well-Woman Visit	ESM 1.4	# of women served by Title X programs/clinics that received a reproductive preconception health and/or other preventive services within the context of family planning visits.
NPM 4	Breastfeeding	ESM 4.1	# of provider practices that receive EPIC BEST training
NPM 4	Breastfeeding	ESM 4.2	Increase the number of downloads and/or web hits to already vetted materials
NPM 4	Breastfeeding	ESM 4.3	# of home visitors who are certified by the International Board of Lactation Consultants
NPM 4	Breastfeeding	ESM 4.4	Percent of infants receiving breast milk at 6 months of age enrolled in home visiting
NPM 4	Breastfeeding	ESM 4.5	Increase the number of birthing facilities that receive baby friendly designation
NPM 6	Developmental Screening	ESM 6.1	# of new practices to adopt PEDs
NPM 6	Developmental Screening	ESM 6.2	# of referrals to HMG/2-1-1 from pediatric practices
NPM 6	Developmental Screening	ESM 6.3	The percent of high risk screens referred to early intervention/Part C by pediatric practices
NPM 6	Developmental Screening	ESM 6.4	# of screens following expansion to include HMG 2-1-1 call center
NPM 6	Developmental Screening	ESM 6.5	# of new partnerships/collaborations
NPM 6	Developmental Screening	ESM 6.6	# of YouTube views of educational video on developmental screening

NPM 8	Physical Activity	ESM 8.1	# of MCH social marketing materials (brochures, blogs, website content, tweets, etc) that include healthy lifestyle messages for children
NPM 8	Physical Activity	ESM 8.2	Create a marketing message to address healthy lifestyles and active living for children ages 6-11
NPM 8	Physical Activity	ESM 8.3	# of Healthy Lifestyles brochures for children ages 6-11 distributed
NPM 8	Physical Activity	ESM 8.4	# of SHIP and/or Healthy Neighborhoods meetings and events attended that align with statewide initiatives for active living and healthy eating
NPM 9	Bullying	ESM 9.1	Complete environmental scan of all the activities and messages being promoted around bullying prevention to ensure alignment
NPM 9	Bullying	ESM 9.2	# of people who attend Safe Kids conference
NPM 9	Bullying	ESM 9.3	# of trainings and learning sessions presented to staff focused on bullying
NPM 9	Bullying	ESM 9.4	# of meetings, conferences, webinars MCH staff attend in partnership with School Based Health Centers that address bullying
NPM 9	Bullying	ESM 9.5	# of partners who attend various information sessions and conferences presented by DPH around bullying and/or emotional well-being.
NPM 11	Medical Home	ESM 11.1	Include questions around the availability of medical homes within an annual survey conducted by Family SHADE
NPM 11	Medical Home	ESM 11.2	Identification of a care coordination toolkit to be recommended for use by both clinicians and families
NPM 11	Medical Home	ESM 11.3	Collaborate with Family Shade to ensure representation of CYSHCN partners at DCHI meetings and forums.
NPM 11	Medical Home	ESM 11.4	Family Shade will work with their member organizations to develop recommendations and sign a letter to the DCHI regarding medical home and care coordination needs of this CYSHCN population.
NPM 11	Medical Home	ESM 11.5	Convene education sessions/workshops/seminars explaining medical home and care coordination

			concepts to public health professional who interface with CYSHCN.
NPM 13	Preventive Dental Visit	ESM 13.1	Development of an annual report that includes HMG 2-1-1 referrals, PRAMS data and DPH dental clinic service utilization data
NPM 13	Preventive Dental Visit	ESM 13.2	# of hits on BOHDS website
NPM 13	Preventive Dental Visit	ESM 13.3	# of presentations completed for partners & community members
NPM 13	Preventive Dental Visit	ESM 13.4	# of pediatric practices who are providing fluoride treatments
NPM 15	Adequate Insurance	ESM 15.1	# of staff of who attend trainings for Title V staff to ensure knowledge of insurance coverage
NPM 15	Adequate Insurance	ESM 15.2	MOU between Title V and Title XIX

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of Delaware women of reproductive age that had an unintended pregnancy	Women/Maternal Health
SPM 2	Percent of Black, non-Hispanic mothers who initiate breastfeeding.	Perinatal/Infant Health
SPM 3	Percentage of high school students reporting feeling hopeless for two or more weeks at a time in the past 12 months.	Adolescent Health

Executive Summary

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 which was completed in May, 2015. 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.

Following the Title V 2015 Needs Assessment, states were to prepare a Five-year State Action Plan and submit it as part of the first year Title V MCH Block Grant Application/Annual Report. The Five-year State Action Plan table is intended to serve as a working tool for states in developing an Action Plan that addresses the state and national MCH priorities identified through the Five-year Needs Assessment process.

Title V Action Planning

To address the build-out of the Five-year State Action Plan, a team of Domain Leaders was established along with a process by which all domain leaders would select their evidence based strategies. Each Domain Leader facilitated work groups that focused on the strategic planning process for each of the 8 national priorities selected. These work groups were a partnership comprised of state and community stakeholders. The work group purpose was to identify strategies and evidence-based/informed measures to address Delaware's Title V priorities.

Delaware worked with John Snow Inc., to review and research evidence based strategies provided by the new HRSA-funded initiative that supported states in their development of strategies to promote the health and well-being of maternal and child health populations in the US. The Strengthen the Evidence Base for Maternal and Child Health (MCH) Programs initiative was undertaken by Johns Hopkins. Each domain workgroup received a list of identified and appropriate strategies for consideration and were encouraged to present additional strategies that they would like to have been considered.

In addition to the list of strategies, each workgroups was given a Strategy Grid to select strategies and evidence informed measures that would be used for the strategic planning process. The Strategy grids facilitated work groups in refocusing efforts by shifting emphasis towards addressing problems that will yield the greatest results. This tool was particularly useful when agencies were limited in capacity and wanted to focus on areas that provide 'the biggest bang for the buck.' Rather than viewing these challenges through a lens of diminished quality in services, the strategy grids provided a mechanism to take a thoughtful approach to achieving maximum results with limited resources.

After reviewing the strategies, the work groups began the categorization and prioritization process by placing competing activities, projects, or programs in the appropriate quadrant based on the quadrant labels. This process was guided by posing Feasibility and Need criteria questions to the group. The feasibility and need criteria were just a few criteria/questions for consideration. Each work group determined if the criteria made sense and if there were others that should be included. After completing the categorization and prioritization process using the Strategy Grid the work groups selected priority Evidence-based/informed measures that could be used to populate the Five-year Action Plan table.

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)	Objectives(s)	Strategies
<p>National Performance Measure</p> <p>Well-Woman Care 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>Decrease the percentage of women of reproductive age with an unintended pregnancy. (SPM)</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. Unplanned pregnancies are expensive and cost women, families, government, and society. Extensive data show that unplanned pregnancies have been linked to increased health problems in women and their infants, lower educational attainment, higher poverty rates, and increased health care and societal costs. And, unplanned pregnancies significantly increase Medicaid expenses. By reducing unintended pregnancy, we can reduce costs for pregnancy related services, particularly high risk pregnancies and low birth weight babies, improve overall outcomes for Delaware women and children, decrease the number of kids growing up in poverty, and even potentially reduce the number of substance exposed infants. A national study revealed that among opioid-abusing women in the U.S., almost nine out of every 10 pregnancies were unintended. Delaware has one of the highest unintended pregnancy rates in the nation; 57% of pregnancies are unplanned. Approximately 48 percent of all Delaware births are paid for by Medicaid.</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>While Delaware has seen gains in fewer infant deaths over the last decade for which there is much to celebrate, Delaware’s unplanned pregnancy rate is one of the highest in the nation. The vision of the Delaware Plan to Reduce Unintended Pregnancies, now coined as Delaware Contraceptive Access Now (DE CAN), is that all children are born to parents who plan for them and want them. We envision a time when accidental pregnancies are increasingly a thing of the past.</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. To accomplish this vision, all women of reproductive age will have access to free, effective contraception through their health care provider of choice, and providers will have both the training and supplies needed to offer all methods of contraception on the same day they are requested. Delaware has developed a plan to ensure that all women seeking health care, regardless of their health insurance status, are asked the One Key Question—if they desire to come pregnant in the next year and, if not, provide same-day access to the full range of contraceptive methods, including long acting reversible contraceptive (LARC) 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)	Objectives(s)	Strategies
<p>National Performance Measure</p> <p>Breastfeeding Improve rates of breastfeeding initiation and duration</p> <p>Reduce the disparity between African American women who initiate breastfeeding (SPM)</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 implemented a program called EPIC BEST (Educating Providers in the Community-Breastfeeding Education and Support Training) that provides online breastfeeding education and support training for ob-gyn and pediatric practices. To date, a total of 45 practices and over 400 healthcare employees have received training. In this second year of EPIC BEST, we attempted to reach practices that have a high number of impoverished and/or minority women and children in their practices and can now say that every Federally Qualified Health Center has received training. We continued to collaborate 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. Finally, our largest birthing facility in the state received Baby Friendly designation this past year.</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. We will also continue supporting birthing facilities with development and implementation of breastfeeding policies. 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. We will collaborate with the BCD around provider education to support breastfeeding for Black women as part of their Generating Equity in our Mothers (GEM) project goal.</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)	Objectives(s)	Strategies
<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 two years, training and technical assistance were provided to pediatric and family practices to implement the PEDS tool. In 2015, 10,076 screens were completed for a total of approximately 30,000 screens to date. This makes up 7,866 unique children screened in 2015 – about 9% of children 0-8 years in the state. Practices implementing the tool increased by 3 in 2015 for a total of 36 community practices and 78 physicians trained to use the tool. To educate parents and promote awareness of developmental milestones, we created a developmental screening webpage (http://developmentalscreeningde.com) as well as a YouTube video.</p> <p>Plans for the Coming Year: 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 continue 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. We will expand screening via HMG/2-1-1 call center to increase the number of children receiving developmental screening in the state. 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: The Title V program continued 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 supported "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. Our Home Visiting staff utilized our QT30 program guide to advise families on the benefits of physical activity and healthy eating. Our staff brought an awareness of developmentally appropriate activities for their children that included dance parties, frog leaps, and biking. With respect to healthy eating, our DPH staff includes fully licensed/certified nutritionists who provided consultation services for our families focused on healthy cooking.</p> <p>Plans for the Coming Year: While the Governor's Council on Health Promotion and Disease Prevention ended this year, we will continue to participate on committees of the State Health Improvement Plan and Healthy Neighborhood to align and support their plans to promote active living and healthy eating. To support these strategies we will work to create a marketing message similar to QT30 for children ages 6-11 that will highlight physical activities that will support our goal of increasing the percent of children who are physically active at least 60 minutes/day. This messaging strategy will also include suggestions for healthy cooking and eating options.</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)	Objectives(s)	Strategies
<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>Work during this first year focused on increasing our collaboration with partners both within and external to state government. The purpose of this group was to serve a guiding committee for Title V/CYSHCN in order to both align our Title V goals for this population with the goals of multiple other state agencies and service providers as well as to identify mechanisms to advance the objectives of this grant. In order to reach providers and payors, time and effort during the first year of this application focused on connecting with and providing input to the Delaware Center for Health Innovation (DCHI) State Innovation Model (SIM) initiative. Much effort went toward having the concerns of the CYSHCN community heard by the DCHI committees this year. Ann Phillips, Executive Director of Delaware Family Voices serves on the Patient/Consumer Advocacy Committee. Family SHADE representatives have attended meetings of every SIM Committee throughout the year. Through the active participation in and reporting from the DCHI meetings throughout the year the issues important to the CYSHCN community were highlighted including the need for care coordination within medical homes and better payment models coverage for supports for this high needs population.</p> <p>Plans for the Coming Year: We will work with our partners including Family SHADE, Family Voices-DE chapter and our Guiding committee as well as families to identify a toolkit for both clinicians and families to help promote medical home and care coordination for CYSHCN. We will continue to use the Family SHADE Families Know Best survey to keep a pulse on how families are experiencing the level of care for their children. Questions will be included on a quarterly basis regarding the families' perspective on care coordination and the components of a medical home.</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)	Objectives(s)	Strategies
<p>Bullying Decrease rates of bullying by promoting development of social and emotional wellness.</p> <p>State Performance Measure Decrease the percentage of high school students reporting feeling hopeless for two or more weeks at time in the past 12 months.</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: According to the 2013 Youth Risk Behavioral Survey, 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. The percentage of students who reported feeling sad or hopeless for two or more weeks at a time in the past twelve months was 22% for Straight students, 42% for Gay/Lesbian students, and 60% for those who identified as bisexual with 12.8% who seriously considered attempting suicide.</p> <p>Accomplishments in the Past Year: In the past year our efforts were concentrated on gaining the "lay of the land" with regard to the services and programs available in Delaware for students who are bullied or who bully others. MCH participated in numerous training sessions, webinars, conferences, and workshops focusing on bullying prevention. As in past years, MCH partnered with the Injury Prevention Coalition to sponsor their annual Safe Kid Conference. The conference included presentations that focused on bullying and more specifically, the social and emotional competence of children to cope with bullies. In addition, MCH participated in workshops focused on LGBTQ and Transgender issues and how to become effective allies for these community members. As part of our efforts to understand the programs and services available to adolescents for addressing bullying, we became aware of the work being done to address the mental and emotional impacts of bullying. MCH participated in the AMCHP sponsored Bullying Workgroup where we were offered opportunities to collaborate with other States who have selected National Performance Measure 9 through conference calls, webinars, and workshops to explore and discuss evidence based strategies that could be implemented to offer assistance for bullying prevention activities and messaging.</p> <p>Plans for the Coming Year: Going forward, our focus on bullying prevention will turn to building partnerships and collaboration with our community partners to bring training and education resources to our grass roots organizations such as the Sussex County Health Coalition. Additionally, MCH will launch a new Bullying Prevention webpage that will offer resources and information for parents, students, and professionals on how to address bullying for children with and without special health care needs. The decision to add a State Performance Measure linked to NPM 9 was made with the goal of focusing on the mental and emotional impacts on bullying and how those impacts can lead to suicidal ideation among adolescents. We will explore evidence based strategies that help define how the impacts of bullying can lead to serious, and possibly fatal, health outcomes in middle and high school aged children.</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, we feel we have made great strides in understanding the education resources available in Delaware that address bullying prevention, but there is more work to do. We will continue to assemble tools that address the mental, emotional and physical impacts of bullying in order to share and disseminate information to our community partners.</p>	

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

Priority Health Need(s)	Objectives(s)	Strategies
<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 between 2007 (36.0%) and 2011 (40.5%). 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 technical assistance in developing a website marketing message that highlighted the Oral Health Tool Kit, Tooth Troop, as well as offering a provider resource listing for parents of children with and without special health care needs. The website will be integrated with our MCH website, DEThrives.com by the summer of 2016. MCH has also collaborated with our community partner, Sussex County Health Coalition, to support and align our Title V priority needs and strategies with their strategic plan for Oral Health in Sussex County. BOHDS provided training for our MCH Home Visiting staff and we are in the planning stages of extending that training to additional community partners.</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 two years, as changes in the Medicaid MCO's resulted presented many challenges for families. Meetings between Title V Director and the Director of the Division of Medicaid and Medical Assistance over the first year have resulted in a commitment to update the Memorandum of Understanding between the two organizations. The Title V CYSHCN director met with Meg Cozmeau, Co-Principal Investigator at the Catalyst Center, who has agreed to work with Delaware as we develop the MOU to reflect the current needs of both programs.</p> <p>Plans for the Coming Year: Meetings throughout the year with key state Public Health constituents including Delaware's Part C programs, Child Development Watch, Home Visiting, Newborn Screening and Public Health Nurses showed that there was clear interest from all programs to be better educated around Delaware's Medicaid program, particularly around the Managed Care Organizations and plans. As members of each of these organizations interact with the public, and often CYSHCN and their families, they wanted better understanding of the Medicaid program in Delaware so that they could both directly answer questions and better direct their clients' questions. To address this need the Title V program working with the Division of Medicaid and Medical Assistance plans to establish a series of seminars tentatively titled "Medicaid 101" in years 2 and 3 of this cycle to provide clear understanding of the Medicaid Programs in Delaware.</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>	