

Program Overview

Delaware’s Title V priorities and plans for the coming year are showcased below by population domain, as defined by Health Resources & Service Administration’s (HRSA) 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 time over the course of the five-year grant cycle 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. These plans 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 details, 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 |
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| <p>National Performance Measure</p> <p><u>Well-Woman Care</u> 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 2025, increase percentage of women with birth interval > 18 months.</p> <p>By 2025, increase the number of women receiving a</p> | <p>Defining the Need: In 2021, 81.4% 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. Delaware struggles with the dilemmas of recognizing different health care providers are delivering varying components of well women care; coordination and communication of well women care among health care providers and other social supports is incongruent often existing in silos; patients have little to no understanding of what well women care entails; women’s competing demands and priorities make accessing health care difficult and often they put off care, especially during the Covid 19 pandemic; and finally, that a framework operationalizing well women care must be developed with the goal of bolstering awareness and universally improving knowledge deficits. A new and emerging issue is the aging OBGYN workforce, which will impact access to well woman care. Additionally, maternal mental health, anxiety and depression are also a concern. Beyond pregnancy, ongoing preventive care and family</p> |

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| <p>Reduce the disparity in infant mortality rates. (SPM)</p> | <p>timely postpartum visit. By July 2025, decrease the number of live births that were the result of an unintended pregnancy.</p> | <p>planning are important, as is interconception care to address the risks of women who experienced adverse pregnancy outcomes. Delaware Contraceptive Access Now (DE CAN) has paved the way for improving access to all methods of contraception for women of reproductive age, including LARCs. 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. At 5.4 deaths per 1000 live births, Delaware's infant mortality rate is now par with the national average of 5.4. And the Delaware rate masks a significant racial disparity. The Black infant mortality rate of 11.6 is 3 times as high as the White rate of 3.8 deaths per 1000 live births and almost 2 x higher than the Hispanic rate of 6.3 deaths per 1000 live births. The available research is clear that the path to more significant and sustained improvement women's health and birth outcomes and in eliminating the persistent racial disparity lies in addressing the social determinants of health -the social context factors that compromise the health of women and their families, which then makes them susceptible to poor outcomes.</p> <p>Accomplishments to Date: Through a 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 includes social media outreach around the theme that "Health Begins Where You Live, Learn, Work & Play." Over the last year, Delaware DPH, DHMIC:</p> <ul style="list-style-type: none"> • Developed a new 5 year DHMIC Strategic Plan, which includes a well women care initiative as a priority. All priorities and interventions will be carried out through the lens of improving health equity, the use of the life course approach, enhancing data collection and use of quality improvement to achieve stated goals. • Support new Delaware Healthy Mother and Infant Consortium (DHMIC) leadership as well as Delaware Perinatal Quality Collaborative (DPQC) and membership with onboarding and training on goals, infrastructure responsibilities, and priorities. • Doula stakeholder engagement focus group report and key informant interviews with maternal health providers commissioned by DPH. |
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| | | <ul style="list-style-type: none"> • Implement Healthy Women Healthy Babies 3.0 program model to focus on a) performance/value based care b) address the social determinants of health c) coordinate and provide referral linkages with community health workers and d) strengthen integration of behavioral health into the model. Through the Healthy Women Healthy Babies 3.0 program, Delaware women with a previous adverse birth outcome are identified, assessing their risks, and then provided an enhanced care coordination approach. Providers are incentivized using a performance-based approach tracking key benchmark indicators. While Delaware has seen gains in fewer infant deaths over the last decade for which there is much to celebrate, Delaware’s disparity rate is stubborn and persistent. This program will focus on reaching these women to improve outcomes for women and babies. • Operate and sustain 10 Healthy Women Healthy Babies Zones community based interventions including a Guaranteed Basic Income demonstration program to address the social determinants of health. • Support the training and deployment of community health workers deployed in high risk zones to support Healthy Women Healthy Babies to link women of reproductive age to maternal and child health support and services. <p>DPH launched the newly designed DEthrives.com website and is promoting the site broadly.</p> <p>Plans for the Coming Year: Preventive health visits are an integral part of preconception care. In the coming year, we will work on our social media education and marketing campaign to encourage teens and women to develop reproductive life plans. We will also continue 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). DPH will work with partners to implement a law passed over a year ago that allows pharmacists in DE, along with 11 other states, to administer or dispense contraceptives under a standing order from the Division of Public Health and regulations will be published to support implementation. Delaware will continue to transition the Healthy Women, Healthy Babies program 3.0, providing preconception, nutrition, prenatal and psychosocial care for women at the highest risk focused on value based care by monitoring a core set of benchmark indicators. In partnership with Maternal and Child Death Review Commission,</p> |
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| | | roll out and distribute maternal health warning signs materials and toolkit to providers. Continue to promote newly designed DEthrives.com website to promote and educate on our MCH priorities and interventions. Finally, Delaware will work on a sustainability plan to support Healthy Women Healthy Babies Zones or community based interventions to address the social determinants of health, providing coaching and technical assistance using a learning collaborative approach. |
| <p>Are we moving the needle for adolescents in Delaware?</p> | <p>At a population based level, Delaware has been transforming our work to a performance based approach for much of our work, using a learning collaborative and collective impact approach. We have established benchmarks for our program interventions and monitor programming through data collection and analysis to assess whether we are moving the needle for women in Delaware. For example, our Healthy Women Healthy Babies mini-grantees have established pay for performance measures and have met or exceeded these targets. In addition, the following outcomes are being tracked for over 500 women being served through the small scale place based interventions, including:</p> <ul style="list-style-type: none"> • Statistically significant reductions in stress • Training of over a dozen doulas who are women of color to provide physical and emotional support to women during pregnancy, labor and delivery, and post-partum • Increases in breastfeeding initiation and duration • Increases in feelings of hopefulness • Reductions in financial stress <p>At a policy level, we have had significant legislation passed in 2022, which will also address and support maternal health outcomes, through the Delaware Momnibus as well as Medicaid coverage of doula care services and will report on implementation of efforts to advance, promote and improve women’s health and improve birth outcomes.</p> | |

Population Domain Snapshot: *Perinatal/Infant Health*

| Priority Health Need(s) | Objectives(s) | Strategies |
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| <p>National Performance Measure</p> <p>Breastfeeding</p> | | <p>Defining the Need: According to the 2019 National Survey of Children’s Health, 87.3% of Delaware babies were “ever breastfed or fed breast milk”, compared to 86.6% in 2018 and 87.1% in 2017. In 2018, only 28.2% of infants are exclusively breastfed through six months.</p> |

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| <p>Improve rates of breastfeeding initiation and duration</p> | <p>By July 2025, increase breastfeeding initiation rates in Delaware.</p> | <p>Accomplishments in the Past Year: According to the Gibbious findings in the First and Second Quarter Report of Fiscal year 2023 and the WIC WOW Data System:</p> <ul style="list-style-type: none"> • Breastfeeding initiation at increased by 4% in the last two quarters • Breastfeeding Initiation rates in the WIC population has increased by 2% from the 1st to the 2nd quarter • Exclusivity increased by 3% from the 1st to the 2nd quarter • 12-month Duration remained level during the 1st and 2nd quarter <p>Delaware WIC offices are scheduled to reopen on August 9, 2023, with a modified schedule pending FNS approval. The virtual breastfeeding classes remain successful and will continue to be offered. Currently, classes are offered the first and third Wednesday of each month at 11am and 5pm. However, a third breastfeeding class was added on the third Saturday of each month starting at 11am.</p> <p>Plans for the Coming Year: The Breastfeeding Coalition of Delaware was one of the awarded community-based organizations. Their goal is to improve breastfeeding rates for women of color to the HWHB high-risk zones of Wilmington, Claymont, and Seaford by providing access to community resources, education and peer support. The project, Delaware Breastfeeding Village is offering accessible support, engaging groups, text check-ins, access to variable levels of lactation support, and incentives for participation. In addition, the Breastfeeding Coalition of Delaware hired three diverse breastfeeding peer counselors (BPC) and one lactation consultant to provide breastfeeding support to women. WIC and Medicaid eligible mothers can participate in a 6-month program where they receive support from a breastfeeding peer counselor and a lactation consultant if needed. Mothers receive incentives to participate in groups and have monthly motivational text from peer counselors. Mothers who complete the program will be invited to a baby shower to celebrate completion. The goal is to decrease isolation among mothers, to increase breastfeeding duration and to decrease barriers to breastfeeding support. We looked forward to analyzing the data to determine impact and if this</p> |
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| | | project can be brought to scale to serve more women and increase breastfeeding rates statewide. |
| Are we moving the needle for infants in Delaware? | <p>According to the 2022 Breastfeeding Report Card, 83.6 % of babies born in Delaware in 2019 were “ever breastfed or fed breast milk” ; equal to the national estimate of 83.2%. Within this measure, there are disparities by both race/ethnicity and household income level. As is the case nationally, rates of breastfeeding initiation are lowest for Black, non-Hispanic infants, as well as infants in low-income households. These disparities are mirrored in the data for longer-term breastfeeding, with the overall rate dropping to just 25% of infants who are breastfed exclusively for 6 months; equal to the national average of 24.9%.</p> <p>This data shows the need for improvements in overall breastfeeding initiation but also improvement in the disparities that exist in Delaware. In addition, the input gathered through our needs assessment process showed overwhelming support from partners to address this area. Through a survey of MCH stakeholders, breastfeeding was ranked as the number one national performance measure for our Title V program to address in the perinatal/infant domain, and 72% indicated that there was a strong desire among stakeholders to address the issue.</p> | |

Population Domain Snapshot: *Child Health*

| Priority Health Need(s) | Objectives(s) | Strategies |
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| <p>National Performance Measure</p> <p><u>Developmental Screening</u></p> <p>Children receive developmentally appropriate services in a well-coordinated early childhood system.</p> | <p>By July 2025, increase the percent of children, ages 9-71 months, receiving a developmental screening using a validated parent-</p> | <p>Defining the Need: The priority is for children to receive developmentally appropriate services in a well-coordinated early childhood system. According to the 2020/2021 National Survey of Children’s Health, only 32.1% of Delaware children, ages 9-35 months, received a developmental screening in the past year. The National Institute of Children’s Health Quality (NICHQ) features an article regarding Delaware’s developmental screening journey. https://www.nichq.org/insight/50th-nation-national-success-delaware-improves-early-childhood-outcomes</p> <p>Accomplishments in the Past Year: We continue to partner with the Department of Education’s Office of Early Learning to track and analyze the Ages and Stages Questionnaire (ASQ) through a Memorandum of Understanding</p> |

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| | <p>completed screening tool.</p> | <p>(MOU) between the Office of Early Learning (OEL). This enables the sharing of ASQ/PEDS data to key stakeholders.</p> <p>We also continue to serve on the State Implementation committee and the Core Team committees towards the implementation of HB202 which mandates licensed childcare centers to do annual developmental screening for enrolled children. This mandate will definitely increase the number of children who receive screens using the ASQ tool within child cares and the school districts. For 2022, 7,510 ASQ screens were administered representing 7,050 unduplicated children. The majority of children screened (29%) were between 48-59 months.</p> <p>Through Books Balls and Blocks (BBB) activities, we continue with building parent/family leadership and capacity to advocate for themselves and their communities. This past year, the virtual sessions targeting children birth to three led to the creation of “Parent Meet Up” sessions. This need became apparent since most of the parents would linger after the kids’ sessions to address issues they were having in their families. The outgrowth of this need is a monthly virtual meeting targeting parents. To date four Parent Meet Up sessions have been successfully held.</p> <p>We will continue organizing community events (virtual and in-person, when appropriate) such as Books, Balls and Blocks events to increase families understanding of developmental screening and milestones, while creating opportunities to actually administer the Ages and Stages Questionnaire. Events organized in the past year include collaboration with libraries, United Way of Delaware, Winterthur Museum, and Managed Care Organizations such as Highmark.</p> <p>For the past year, BBB reached over 60 families virtually and face-to-face. Additionally, since July 2020, over 30 Online BBB sessions have been carried out with 124 online evaluations completed.</p> <p>DPH/MCH continues to fund and provide technical assistance (through the American Academy of Pediatrics) for pediatricians and family practices that are implementing the Parents’ Evaluation of Developmental Status (PEDS) tool.</p> |
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| | | <p>A total of 9,214 PEDS Online screens were completed on children 0-59 months between January 2022 to December 2022, which corresponds to an estimated 6,574 unique or unduplicated children. There's a decrease in the number of screens since 4 pediatric practices are part of the CHADIS pilot project which is seeking to streamline our developmental screening processes. Of the total number of screens administered (9,214) by pediatric practices, 4.7% (426) were high risk for delays. Additionally, of that number of screens (9,214), 2,559 (94.3%) of children between 18 to 24 months screened for the MCHAT, passed the test while 155 (5.0%) failed.</p> <p>We will continue to have increased collaboration with other early childhood programs such as the lead program, AAP early literacy committee; oral health program, Help Me Grow@211, Reach Out and Read program and the Food Bank. The idea is to leverage the combined synergies of these programs in reaching out to health providers.</p> <p>Over time, it became apparent that recruiting pediatricians to implement developmental screening was difficult, however they appeared to have more interest in early literacy- through the Reach Out and Read program. As a strategy, the proposal is to package early childhood programs, services, and supports such as lead screenings, oral health, Food Bank of Delaware, developmental screening, and Help Me Grow @211 while leveraging the Reach Out and Read program.</p> <p>We will continue the expansion of the DEAAP's web page dedicated to online education webinar targeting pediatricians and family practitioners. It will include information on lead screening, oral health, HMG@211, Reach Out and Read and the Food Bank. The course will be made available on an online education platform that health providers or other stakeholders could access for professional development.</p> <p>MCH/ECCS, in partnership with the DEAAP, continues with the CHADIS pilot project to test the use of CHADIS as a platform to streamline care coordination gaps in the developmental screening process. MCH successfully built the CHADIS referral platform which brings in Child Development Watch, Child Find and Help Me Grow@211. MCH also successfully integrated pediatric practices</p> |
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| | | <p>Electronic Medical Records (EMR) with CHADIS platform. Child Health and Development Interactive System (CHADIS) is a web-based patient engagement and Data collection system. The referral platform went live in November 2022 and efforts have been focused on continuous quality improvement as we track the data and do check-ins with users.</p> <p>Plans for the Coming Year: MCH will continue the partnership with the Office of Early Learning as they work towards launching universal developmental screening at early learning centers.</p> <p>We will also support efforts to increase the number people, providers, and parent leaders trained to use the ASQ and PEDS. MCH will continue our collaboration with early intervention programs to improve referrals following high risk developmental screens to ensure families are connected to treatment services.</p> <p>In addition, we will work with the DEAAP and Medical Society of Delaware to support enrolled practices to address challenges and improve their performance toward appropriate utilization of PEDS Online during well child visits. MCH will also promote early detection by encouraging physician practices to increase developmental screens and link families to community resources and services.</p> <p>MCH will forge ahead with the continuous quality improvement of the CHADIS pilot project in preparation for the scaling up and spread within healthcare.</p> <p>Through Books Balls and Blocks activities, MCH will continue building parent/family leadership and capacity to advocate for themselves and their communities. We have been successful in establishing a monthly “Parent Meet Up” session, which is an offshoot of the BBB sessions. We will continue organizing community events (virtual and in-person, when appropriate) such as Books, Balls and Blocks events to increase families’ understanding of developmental screening and milestones. MCH will also continue with opportunities to promote Help Me Grow@2-1-1 as a one-stop-shop for linkages to community resources and referrals, with a special focus on health providers.</p> |
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| <p>National Performance Measure</p> <p><u>Oral Health</u></p> <p>Improve the rate of Oral Health preventive care in children</p> | <p>By 2025, the percent of children 1-17 who had a preventive dental visit in the past year will increase to 87%</p> | <p>Defining the Need: Delaware aims to increase access to comprehensive oral health care for children most at risk for oral disease. When left untreated, tooth decay can harm a child’s quality of life and impair academic performance. According to the 2020/2021 National Survey of Children’s Health (NSCH), 77.3% of Delaware children, ages 1 through 17, have had a preventive dental visit in the past year.</p> <p>Accomplishments to Date: From July 1, 2022, through May 30, 2023, the Delaware Smile Check Program provided a dental screening to 2,670 students. During that same time frame, 2,550 students received a fluoride varnish application. There were 162 students that were identified as having an urgent dental need (pain or swelling) and 742 with suspected dental decay. Through case management we were able to confirm 269 students that received follow up treatment with a dental provider in the community.</p> <p>MCH worked with the Bureau of Oral Health and Dental Services to create an online sign-up form for the Delaware Smile Check Program. Students can access the online form through a QR code or a link. During this reporting cycle, 689 student consent forms were completed, and 115 school/organizational consent forms were completed using the DE Thrives website.</p> <p>The Bureau of Oral Health and Dental Services has been working with schools to integrate dental into the school wellness centers. A portable dental clinic was opened in Warner Elementary School. It includes 4 dental chairs and offers comprehensive examinations, dental cleanings, fluoride application, dental sealants, and oral health education. In addition, we are looking at options to expand into taking x-rays and restorative treatment. To date, 38 students have been seen at the Warner Elementary School location.</p> <ul style="list-style-type: none"> • 38 students received an examination • 30 students have received a dental cleaning • 29 students received a fluoride varnish • 83 sealants were completed • 20 of the students were found to have dental decay and connected to a provider for treatment |
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| | | <p>Plans for the Coming Year: MCH finds it beneficial to support BOHDS in their efforts to aid children who lack access to dental care, with the recent pass of legislation. This legislation will now allow alternate paths for dentists to obtain a license in Delaware when employed by a Federally Qualified Health Center (FQHC) or DPH, which have been a barrier to hiring a dentist in the state. MCH also sees the value in supporting legislation that was presented in 2023 after the pilot at Colonial School District. This legislation would require all newly enrolled students to receive a dental examination or screening in the 12 months prior to entering school for the first time.</p> <p>MCH supports BOHDS efforts to incorporate dental into school-based wellness programs across the state to improve access to care for preventive dental treatments. BOHDS will continue to pursue expansion efforts for x-rays and restorative treatment to be offered. BOHDS will continue to collaborate with schools interested in including dental into their school-based wellness centers across the state.</p> <p>BOHDS will continue to expand their early intervention programs for pregnant women and infants. This includes education programs for pregnant women and infants collaborating with OBGYN, Lactation Specialists, Substance Abuse, and other organizations that serve infants and pregnant women. These programs target pregnant teenagers through DAPI and women who are struggling with addiction that are pregnant through DSAMH. Classes are designed to empower and inspire the women to self-advocate for the oral health of their children as well as themselves through receiving preventive dental treatment during pregnancy, and assuring their children receive routine preventive dental care and have a dental home by age one.</p> <p>MCH sees continued interest and benefit in supporting BOHDS with early intervention for dental services through various programs that target under age 5. BOHDS has provided training for fluoride varnish application, caries risk assessment and referrals to most pediatric providers in Delaware. A certificate is provided to offices that completed the recommended Smiles for Life Courses, participated in oral health training for all office staff and collaborated with one of the Division of Public Health Dental Hygienists during a well child visit to demonstrate how to incorporate billing, education, application of fluoride during</p> |
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| | | the visit. BOHDS will continue with this program and expand oral health education and training to other healthcare professionals in schools, OBGYN offices and family practitioners. |
| Are we moving the needle for adolescents in Delaware? | <p>According to the 2020/2021 National Survey of Children’s Health (NSCH), 32.1% of Delaware children received a developmental screening in the past year. This is an increase from the 2019/2020 NSCH, where only 29.1% of Delaware children had the screening completed.</p> <p>Delaware is slightly better than the national average of children, ages 1 through 17, who have not had a preventive dental visit in the past year. According to the 2020/2021 National Survey of Children’s Health, 22.7% of Delaware children have not had a preventive dental visit in the past year, which is only slightly better than the national average of 24.9% of children who have not.</p> | |

Population Domain Snapshot: Adolescent Health

| Priority Health Need(s) | Objectives(s) | Strategies |
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| <p>National Performance Measure</p> <p><u>Physical Activity (ages 12-17)</u></p> <p>Empower adolescents to adopt healthy behaviors.</p> | <p>Increase the percent of adolescent students who are physically active at least 60 minutes a day.</p> | <p>Defining the Need: Delaware strives to increase the number of adolescents who are physically active. The percentage of overweight children and adolescents (85th to 94th percentile) in Delaware has remained steady since 2019, where the NSCH shows 17.4% were overweight. According to the 2021 NSCH, 17.9% of adolescents in the same category are considered overweight currently. In addition, obese children and adolescents (95th percentile or above) in Delaware have reduced by over four percentage points from 18.4% in 2019 to 14.0% in 2021.</p> <p>Accomplishments in the Past Year: The Physical Activity, Nutrition, and Obesity Prevention’s (PANO) long-term goal is to reduce the prevalence of adult and childhood obesity and other chronic diseases by promoting healthy lifestyles and improving health outcomes for Delawareans. PANO’s objectives encompass the development and implementation of evidence-based policy, system, and environmental (PSE) strategies that will help Delawareans engage in regular physical activity, better nutrition, and make intentional lifestyle</p> |

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| | | <p>changes, lowering the risk of developing heart disease, cancer, chronic lower respiratory disease, diabetes, and other chronic diseases.</p> <p>In September 2021, through AHL, PANO partnered with BGC to introduce a new program called Triple Play at 3 locations in Delaware; Milford, Laurel, and Western Sussex. This healthy lifestyle program focuses on the three components of a healthy self, Mind, Body, and Soul. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships. BGC delivers Triple Play once a week to youth in school-based sites, serving as a bridge between the extensive constellation of programs and resources of the BGC and the schools where youth are enrolled. Triple Play is primarily facilitated by 12-18 year-old high school student youth mentors (called Wowzers) and college interns, managed by BGC staff. The school-YSO partnership with BGC emphasizes systems change approach to adapt or replicate a proven health promotion model in multiple environments where youth work and play. In the Spring 2022, 148 Delaware youth participated in the Triple Play program at the 3 school-based locations. During summer 2022, 253 youth participated in Triple Play programming at 2 school-based locations, and at a BGC Center location in Sussex County. In Fall 2022, 106 youth participated in the Triple Play program at 3 school-based locations.</p> <p>Through Advancing Healthy Lifestyles (AHL), in Summer 2022, PANO also launched a mini-grant program which offered funding and technical assistance to 7 community based organizations implementing policy, system, and environmental changes to support healthy eating and physical activity in communities throughout Delaware. These efforts enable community-based organizations to achieve long-term and sustainable outcomes around health and wellness initiatives that support young Delawareans and the communities that care for them.</p> <p>PANO collaborates with the Delaware Department of Education (DOE) on coordinated school health and wellness initiatives. To support DOE physical education regulations on annual physical fitness assessment, reporting and compliance standards, PANO supports the utilization and implementation of</p> |
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| | | <p>WELNET ® a physical fitness education and assessment tool, from Focused Fitness. PANO collaborates with DOE and Focused Fitness to provide physical education and physical activity resources to Delawareans. PANO provides technical assistance for WELNET ® implementation, professional development, and training opportunities for Delaware educators, and provides online resources.</p> <p>Plans for the Coming Year: Through PANO’s Program’s Advancing Healthy Lifestyles (AHL): Chronic Disease, Health Equity & COVID-19 initiative, PANO will continue to support youth health through the AHL foundational pillar: Coordinated School Health and Wellness. Through AHL, PANO is facilitating the connection between youth-serving organizations (YSOs) and schools to support the health and well-being of youth and to strengthen community partnerships. Under the AHL initiative, these partnerships focus on the link between a community-based, youth-serving organization and the health and social-emotional well-being of participating youth. PANO will continue to partner with the Boys and Girls Clubs of Delaware (BGC) to implement the Triple Play program in Delaware. The goal of the program is to improve knowledge of healthy habits, good nutrition, and physical fitness; increase the numbers of hours per day youth participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships. Triple Play is primarily facilitated by BGC youth mentors (called Wowzers) and college interns, managed by BGC staff. BGC will implement Triple Play at 9 locations across the state, 3 in each County. Each 10-week session will run from mid-June 2023 to early June 2024.</p> <p>From May 2023 to October 2023, PANO will continue to partner with UD Cooperative Extension to further enhance a Farm to Store pilot project, which supports a relationship between a retail store and a local farm, to provide fresh produce to the community, which includes many children and families. This program also plans to expand to include a Farm to School component in the Fall of 2023 school year.</p> <p>In September 2023, PANO will launch the AHL Community Mini-Grant program for a second year. The AHL Community Mini-Grants will award funding to schools, community-based, and youth serving organizations that provide</p> |
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| | | <p>physical activity, nutrition promotion and obesity prevention programs or implement PSE changes aligned with PANO's goals of improving health and reducing chronic conditions.</p> <p>PANO will continue to partner with DOE to facilitate improved responses from schools for school health data surveys, including the Youth Risk Behavior Survey (YRBS) and the School Health Profile (SHP). Select schools are currently scheduling participation in the 2023 Youth Risk Behavior Survey (YRBS) with data collection to occur during the 2023-2024 school year. DPH is consistently working to improve response rates from the schools, and efforts to find ways to improve school participation will resume. The School Health Profile (SHP) will be completed in 2024. The information obtained from the YRBS, and the SHP surveys are used to help develop state programs and initiatives and help to guide prevention efforts, which will improve the health and health outcomes for Delaware communities and youth.</p> <p>PANO will continue to facilitate collaborative work efforts and interventions that address increased physical activity, improved nutrition, and healthier lifestyles for Delaware youth.</p> |
| <p>National Performance Measure</p> <p><u>Adolescent Well-Visit</u></p> <p>Increase the number of adolescents receiving a preventive well-visit annually to support their social, emotional and physical well-being.</p> | <p>Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services.</p> | <p>Defining the Need: The priority need is to increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional and physical well-being. According to the 2020/2021 National Survey of Children's Health (NSCH), the percent of Delaware adolescents who have had a preventive medical visit in the past year is 71.8%, which is only slightly above the national average of 69.6%. During the 2019/2020 combined results, 71.9% Delaware's adolescents had a preventive medical visit. We are holding steady with our numbers, but still have much work to be done.</p> <p>Accomplishments in the Past Year: In partnership with Planned Parenthood of Delaware, training is offered for staff at School Based Health Centers (SBHCs) each year. Planned Parenthood attendees range from School of the Deaf, Detention and Treatment Centers from within the Department of Services for Children Youth and Their Families (DSCYF), Delaware Adolescent Program Inc. (DAPI), SBHCs, middle schools, high schools as well as community agencies, partners and parents. In addition, mental health and medical</p> |

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| | | <p>providers participate in trainings provided by Planned Parenthood of Delaware throughout the year.</p> <p>All schools have returned to in person learning with the option of remote learning and/or hybrid learning, increasing the accessing to SBHC's at the beginning of the year. Many SBHC's implemented telehealth at the onset of COVID which is still in place to ensure are students have access to treatment when needed. Upon availability of the vaccine to adolescents 12 and older, SBHC's have coordinated efforts for the vaccine with medical vendors in the latter months of the school year.</p> <p>During the 2021/2022 school year, the School Based Health Centers in Delaware schools administered 4,094 depression screenings, 941 STD screenings, 1,753 Emotional (Mental Health) evaluations, and 4,395 risk assessments. In addition to this, SBHC's in Delaware completed 4,854 physical exams (well child), and 1,283 nutritional counseling sessions. These numbers have increased from the previous school year.</p> <p>Mental and Behavioral health services continue to be an area of growth and development. In some locations SBHCs continue to struggle to provide services to students due to staffing shortages and frequent turnover rates. While others are able meet and exceed their projected goals to service for mental and behavioral health services. Some SBHCs are still experiencing difficulties servicing students due to the parameters of COVID 19; many have implemented telehealth services to provide an increasing needed service to students.</p> <p>During this past grant cycle, MCH partnered with the Department of Education (DOE) to expand advertisement of Project THRIVE. The need for self-identification of trauma has become a critical component to the success of Project THRIVE. MCH is committed to the success of this program and worked to conduct preliminary research and determined the path forward to deliver targeted advertising to reach youth to increase self-identification and subsequently, utilization of Project THRIVE's services. The advertisement campaign is focused on building awareness of Project THRIVE to adolescents. The existing video was adjusted to fit each advertisement platform. We selected</p> |
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| | | <p>YouTube, TikTok, Instagram, YouTubeKids, Snapchat and Spotify to advertise with.</p> <p>During the first month of the campaign alone, we were able to reach a third of Delaware, which is 300,000 unique users. The campaign earned over 6 million impressions where TikTok, Snapchat, Instagram and video ads made up the majority of the impressions. During the second month of the campaign, we gained a higher impression rate than the first month earning over 8 million impressions, where video ads continued to make up the majority of the impressions primarily by TikTok, followed by Instagram, and then Snapchat. During the third and final month of the campaign, we were again able to earn over 6 million impressions, where video ads made up the majority of the impressions for the third time in a row, primarily made by TikTok, Instagram, and Snapchat.</p> <p>Plans for the Coming Year: The Delaware Division of Public Health (DPH), in collaboration with several key stakeholders, convened in 2022 and completed the Delaware School-Based Health Center (SBHC) Strategic Plan. The planning process was utilized to develop a model for expansion of SBHCs that was both financially sustainable and anchored in best practices. There were 13 goals established to include a comprehensive list of action items to ensure that SBHCs are responsive to the individual needs of Delaware’s children — who, for a variety of reasons, may not otherwise have access to the health care system for critical health and wellness services. The 13 goals of the plan include items, such as creating new SBHC sites where the need is greatest, establishing a new hub-and-spoke model for SBHC setup, fostering partnerships to increase the base menu of services, facilitating referrals to providers, adopting culturally linguistic appropriate services, increasing the capacity for telehealth, developing data collection infrastructure and analysis, establishing payer relationships and funding channels, and more. The plan will be governed by an independent body from public and private sectors, with a completion target date of 2025. The plan was developed to ensure that SBHCs are responsive to the individual needs of Delaware’s children. We will also begin governance and implementation of the Plan as well as setting up a longer-term governance and accountability model to oversee implementation of the Plan and continued success of School Based Health Centers.</p> |
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| | | <p>Mental and Behavioral health services continue to be an area of growth and development. SBHCs continue to struggle to provide services to students due to staffing shortages and frequent turnover rates. It is imperative to promote and increase awareness and education regarding resources for Mental and Behavioral health. Some areas in Delaware experience limited access to healthcare. It is our goal to increase education, awareness, and resources to young women of reproductive age in the Sussex County area.</p> <p>Overall education, awareness, and continued support for adolescents in Delaware is an initiative where Delaware continuously explores avenues to engage the adolescent population. The goal is to increase avenues to distribute information to adolescents. To be successful with the adolescent population information needs to be presented in a manner where it is received, accepted, and retrained by adolescents.</p> <p>We will continue to partner with the Department of Education to advertise Project THRIVE throughout each middle and high school within the State of Delaware. We will continue to cooperate with participating school districts to promote Project THRIVE and mental health services. As stated in our Adolescent Health Annual Report, MCH will continue to share the Airtable link with Project THRIVE messaging to our partners so they can easily access and share its contents. In addition, we plan to continue our working relationship with the various school districts to advertise adolescent health and Project THRIVE, as well as School Based Health Center messaging in each middle and high schools.</p> |
| <p>Are we moving the needle for adolescents in Delaware?</p> | | <p>Using National Survey of Children’s Health (NSCH) data for 2016-2021, Delaware saw a 5-percentage point decline in two or more ACEs from 21.9% in 2019 to 16.4% in 2020. During the same timeframe, the U.S. saw 1-percentage point decline in two or more ACEs from 18.7% in 2019 to 17.4% in 2020. However, in 2021, the percentage of two or more ACEs among Delaware children 3-17 years was 17.8% (95%CI: 14.1-21.5), a one percentage point increase from 2020. In contrast, in 2021, the percentage of two or more ACEs among the U.S. children 3-17 years was 16.6% (95%CI: 15.8-17.3), a one percentage point decrease from 2020. In summary, two or more ACEs among Delaware children increased while in the U.S. it decreased, and the prevalence of two or more ACEs among Delaware and the U.S. children was not statistically different.</p> |

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| | <p>Delaware’s School Based Health Centers (SBHCs) provide prevention-oriented, multi-disciplinary health care to adolescents in their public-school setting, and contribute to better outcomes related to selected priorities, NPM 1 Well Woman Care, NPM 8.2 Physical Activity and NPM 10 Adolescent Well Visit. There continues to be a growing interest for expansion to elementary, middle, and additional high schools. School Based Health Centers are going through a paradigm shift, and there continues to be a large number of stakeholder interest and commitment to provide evidence based SBHC services based on national and in state innovations in practices and policies, to enhance the growing number of SBHCs in Delaware within the local healthcare, education, and community landscape.</p> <p>The prevalence of obesity among Delaware adults has continued to increase over the last few years. In 2012, the obesity prevalence in adults was 26.9%, and in 2021 that number increased to 33.9% of adult Delawareans. Conversely, the prevalence of overweight adults in Delaware has declined over the years from 39.1% in 2012 to 34.9% in 2021. To address these major public health challenges, DPH promotes policies and systems changes, and implements programs and strategies in the following areas: Physical Activity, Health Eating and Obesity Prevention.</p> |
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Population Domain Snapshot: *Children and Youth with Special Health Care Needs (CYSHCN)*

| Priority Health Need(s) | Objectives(s) | Strategies |
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| <p>National Performance Measure</p> <p><u>Adequate Insurance</u></p> <p>Increase the percent of children with and without special health care needs who are adequately insured.</p> | <p>By July 2025, increase the percent of families reporting that their CYSHCN’s insurance is adequate and affordable.</p> <p>By July 2025, increase the</p> | <p>Defining the Need: Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 28,111. According to the 2020/2021 National Survey of Children’s Health (NSCH), 68.8% of Delaware children are adequately insured in comparison to the national average of 68.2%. This includes CYSHCN between the ages of 0 through 17. Among the sub-group of children health care needs, 65.4% are continuously and adequately insured, compared to 69.7% of non-CYSHCN children.</p> <p>Accomplishments in the Past Year: In calendar year 2022, the Parent Information Center (PIC) completed their 2nd year as the Division of Public Health’s vendor to implement the newly revitalized Family Support Healthcare Alliance Delaware (SHADE) project. The programmatic approach included family and professional partnerships at all levels</p> |

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| | <p>number of health plans whose member services staff are linked to relevant family organizations and programs to meet the needs of CYSHCN.</p> | <p>of decision making, to best serve our CYSHCN and their families. PIC implemented the Family Leadership Network (FLN) which is a network for parents/guardians of children birth to 26 that have a special health care need. The FLN network membership is a member network which offers trainings, monthly learning community sessions, and support with Individual Educational Plans (IEPs), and referrals. FLN members received monthly stipends for attendance and participation pending that there was funding available. The FLN recruited 12 family members that had a child or youth with special health care needs in their family. These families were included in all levels of planning, implementation, and evaluation of CYSHCN programs and promoting positive systems change to better serve families of CYSHCN. Family SHADE served as a learning network and resource for the community agencies serving CYSHCN. PIC succeeded in the implementation of the revitalized Family SHADE project which consisted of the execution of 2 competitive mini-grant opportunities that were innovative and aligned with our MCH NPMs.</p> <p>Through the Family SHADE project, there were two community-based organizations awarded mini-grants in April of 2022. Jay's House and Tomaro's C.H.A.N.G.E. (Creating healing, answers, & necessary guidance for excellence). They each received a mini-grant in the amount of \$25,000.00 each.</p> <p>Through relationship building, partnerships and referrals for CYSHCN; Jay's House registered 21 families to become members of the Family SHADE program. Jay's House increased capacity in the Family SHADE program through the inclusion of CYSHCN families. Jay's House's team fostered and developed relationships with families on understanding the definition of a Medical Home (NPM #11) and its importance. They worked with families on obtaining early childhood services for their child's specific age-group or developmental stage in the education system. Also, they worked with families of CYSHCN on preparation and transition to the adult healthcare system as well as making sure the children were adequately insured as they transitioned into the adult health care system.</p> <p>Jay's House launched a Parent/Caregiver Engagement event to introduce the organization to the community members and provided information and background on CYSHCN and the Family SHADE project. Jay's House</p> |
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| | | <p>representatives began recruitment efforts to engage with families and build partnerships through social media, school guidance counselors, after-school programs, and faith-based organizations. Their team hosted a Medical Home Meeting which included families of CYSHCN and health care providers. This meeting included strategies to improve systems of care for CYSHCN families and connected families with health-care physicians in the area. They ensured that families and children/youth received the resources and information necessary to have early detection, testing, and secure appropriate medical professionals which best served their child so that they can thrive and grow through their developmental milestones. Jay's House completed one year under the Family SHADE mini grant project. This project was the first of its kind and there were accomplishments as well as opportunities to learn from in the first year of the mini grant project.</p> <p>The most valuable component of the mini-grant activities was the networking with other organizations. Jay's House participated with other community organizations in 7 community events between July 7 and October 15 in calendar year 2022. Organizations included Planned Parenthood, Kids Count, Safe Schools, the Division of Vocational Rehabilitation, AngelSense, Camp Bliss for Kids, Claymont Community Center, Colonial School District. Of particular note Jay's House connected with a parent who was part of the Jay's House program. Jay's House connected with this mother who had to close her daycare during the pandemic. They are actively collaborating to open a daycare specifically for children with autism and developmental delays in calendar year 2023. Jay's House did not decide to apply for the year 2 mini-grantee opportunity because of the new opportunity to open a daycare with a community organization targeting children with autism and developmental delays. This collaboration Jay's House pursued was at the end of their 1st year project with Family SHADE and it was not funded by the mini-grant funding. Jay's House found that the networking with other organizations was of great value and it has open up other doors to serve children with autism which is what Jay's House's passion to serve this targeted population.</p> <p>Tomaro's C.H.A.N.G.E. also received a mini-grant in the amount of \$25,000.00 in April of 2022. In the first year they worked on a Logic Model, Evaluation Plan, and a health survey questionnaire with the technical assistance of PIC. They</p> |
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| | | <p>intended on implementing the “YES” Program’s “YES to Mindfulness!” which ensured that children who are experiencing difficulties, regardless of mental or behavioral health issue, have an opportunity to learn mindfulness techniques that can help them. The techniques were to teach their clients to master mindfulness techniques overtime. The techniques that they were intended to teach, tied in with therapeutic services, that would help improve a child’s overall emotional psychological, and physical health using holistic methods that would otherwise be overlooked. The targeted population was intended for youth ages 10 through 17 who resided in Delaware. Although Tomaro’s C.H.A.N.G.E. was located in Claymont, the program was to be implemented throughout the state to those that were interested in virtual participation. However, the project had a difficult time getting started and executing their program due to securing a location to execute the project. “Mindfulness” work was originally planned to be a significant program addition for ongoing therapy clients, but the timing and access proved not conducive to working with current clients. Consequently, the program was delayed and reformatted as more of a stand-alone service. At the end of calendar year 2022 Tomaro’s C.H.A.N.G.E. did not implement their program. They decided to reformat their project and begin their implementation in calendar year 2023. The new approach. Their new approach would be to implement weekly sessions at the Route 9 New Castle County Library. Youth and adolescent participants would begin attending the “Yes to Mindfulness Program” once a week for a series of five 60–90-minute sessions, where they were taught basic techniques of mindfulness and meditation to help youth and adolescent clients heal and manage their emotions and behaviors. The short-term goal improved behavior and mental state, with a long-term goal of ultimately leading to them becoming more healthy and productive adults. Tomaro’s C.H.A.N.G.E. provides holistic care to youth and families, particularly those who are uninsured or underinsured.</p> <p>Each mini-grantee received \$25,000.00. The funding was scheduled to be administered on a payment schedule of \$12,500.00 at the beginning of the project and at the middle of the project year. The mini-grants have contributed to the enhancements of their programs which continues to serve families of CYSHCN.</p> |
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| | | <p>Also, MCH continued to support the Family Voices Managed Care (MCO) Calls in Spanish and English as these calls have continued to be a wanted resource. Title V also continues to participate in Delaware's Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations which are discussed in the narrative.</p> <p>Plans for the Coming Year: In Delaware's Title V/Title XIX Memorandum of Understanding (MOU) it charges us to establish the Cross-Agency Coordination Committee with our Medicaid partners. The Title V Director and the Title V Deputy Director have monthly meetings with Medicaid to discuss pressing MCH issues and opportunities. At this time, we are not actively pursuing the development of a coordination committee. Our Medicaid partners are also attending MCH meetings such as the DHMIC and Doula committee meetings. Medicaid and DPH sees their participation in community meetings with us as a fantastic opportunity to align quality improvement efforts with Title V MCH priorities to improve health outcomes for women, babies and CYSHCN.</p> <p>In calendar Yr. 2023-2024, PIC will implement Learning Communities to families and organizations that serve parents of CYSHCN through the Family SHADE project. The project will align MCH NPMs through the services rendered by organizations in Delaware that serve families of CYSHCN. To enhance capacity and sustain programs that serve CYSHCN, Family SHADE will continue to provide technical assistance and quality assurance to Tomaro's C.H.A.N.G.E. who will be transitioning into year 2 of the mini-grant project since they had to reformat their program in year one. PIC will provide technical assistance and quality assurance to the newly awarded mini-grantees who recently were awarded but are working on developing a Logic Model, Work Plan, Evaluation Plan, Evaluation Tool, Sustainability Proposal and a COVID Response Plan. The 3 new agencies that were awarded and will begin to implement services soon are:</p> <ol style="list-style-type: none">1. Down Syndrome Association of Delaware – Will implement their unique partnership between the Down syndrome Association of Delaware and the Down Syndrome Program at Nemours Children's Health System to ensure families leave clinics feeling supported, with multiple contacts |
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| | | <p>helping them address medical and non-medical concerns and care for their child, mentally, physically, and emotionally. Their Multi-Specialty Approach will provide a coordinated approach to address every child's medical, developmental, and social needs helping them reach their full health and developmental potential. It is essential that families be able to access these resources on location, reducing barriers to these services by increasing convenience and providing innovative holistic support for the entire family. This project aligns with NPM 11- Access to a medical home.</p> <p>2. Children's Beach House (CBH) – Will implement a Youth Development Program described as “giving kids what all kids need.” CBH will assist in establishing and meeting the needs kids need such as relationships with friends, positive adult role models, the safety and security to try new things and develop natural skills and talents, and access to community resources to help them thrive. Through a rigorous case management program provided by the programs team of Family Engagement Coordinators (FEC). These FECs will work with each child and family to identify each child's unique interests and talents and to weave together a network of services and relationships that will help them to thrive. This will be in collaboration with the children's schools and learning specialists, as well as a wide variety of partnering government agencies and community-based nonprofits. This project aligns with NPM 11 -Access to a medical home.</p> <p>3. Teach Zen – Will implement the One Love, One Hearth Curriculum in at-risk children of low-income families who are enrolled in an early childcare program who receive 50% funding from Purchase of Care. The program goal is to expose young children with special health care needs between the ages of 3 to 5 enrolled in a childcare program to Social Emotional Learning and self-regulation techniques to improve their overall emotional wellbeing. A One Love, One Heart Curriculum Instructor will visit each classroom for a total of 20-30 minutes (developmentally appropriate amount of time) to implement the day's activities. This project aligns with NPM 6. - developmental screening. The program will be for 12 weeks in length and covers the following topic areas:</p> <ul style="list-style-type: none">• Kindness and Compassion |
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- Discovering the Benefits of using our Breathe to calm Ourselves
- Handling Emotions/Various Self-Regulation Techniques
- Positive Self Image
- Sharing/Social Engagement (Games)
- Cultural songs and community drumming

Through the execution of The Family SHADE project the FLN members and the mini-grantees will be part of the learning collaboratives where the organizations can learn from each other, network, learn best practices, and learn to leverage existing programs on resiliency and self-sufficiency, and do continuous quality improvement based on the collected data. The PIC Team in partnership with their external evaluator will monitor baseline data, benchmarks, and quarterly data.

They will measure:

1. Increase the number of CYSHCN who have a medical home
2. Increase the number of children who receive appropriate and timely screening, assessment, and referral to CYSHCN services.

Through ongoing programmatic meetings with the CYSHCN Director and the PIC Team, Family SHADE will work toward educating families of CYSHCN on the available medical insurance coverage that is available in Delaware through innovative approaches such as Zoom meetings, emails, mail distribution and through the distribution contact list of partnering agencies that serve CYSHCN.

Also, MCH continues to support the Family Voices Managed Care (MCO) Calls in Spanish and English as these calls have continued to be a wanted resource. Title V also continues to participate in Delaware's Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations which are discussed in the narrative.

Through our website, [DEThrives](#), DPH and Family SHADE collaborate with the Bureau of Oral Health and Dental Services. We utilize the DEthrives platform to promote and provide essential public health services to improve and promote preventative care and oral health for CYSHCN. Improving access to dental care for Delawareans with disabilities will help the dental workforce provide more effective and culturally competent care to patients with disabilities. Through outreach, information dissemination, and education made available to

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| | | <p>pediatricians and dental practitioners, this collaborative will educate practitioners on best practices on serving the CYSHCN population. Through this collaborative initiative we will explore the implementation of a Toolkit for practitioners which will include resources with a patient assessment tool, medical and physical evaluation tool, and other tools that will assist the practitioner in best serving CYSHCN.</p> |
| <p>Are we moving the needle for CYSHCN in Delaware?</p> | <p>Adequate insurance is a priority area for our Title V Program, and we will track progress on the goals listed above. To effectively measure progress in this area, we will need to increase knowledge of the components of Adequate Insurance coverage among parents of CYSHCN. Through educational efforts we will bring adequate insurance to the forefront increasing the demand for families of CYSHCN while giving providers more information to be better position them to meet the families' needs.</p> | |