

DPH 2007 Accomplishments



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

TABLE OF CONTENTS

Bureau of Health Statistics	3
Bureau of Oral Health and Dental Services.....	5
Delaware Public Health Laboratory	7
Director of Nursing	8
Family and Community Health Section	9
Health Promotion and Disease Prevention Section.....	11
Health Systems Protection Section	13
Legislation	15
Long Term Care Section	17
Office of Emergency Medical Services.....	19
Office of Health and Risk Communications	21
Office of Minority Health	23
Office of Workforce Development	24
Northern Health Services Section	25
Public Health Preparedness Section.....	27
Southern Health Services Section.....	29
Support Services Section	31

**Produced by Delaware Health and Social Services, Division of Public Health,
Office of Health and Risk Communications**

Bureau of Health Statistics

2007 ACCOMPLISHMENTS

BLAZING TRAILS – The Bureau of Health Statistics received the 2007 National Vital Statistics System Trailblazer Award from the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics. The CDC lauded Delaware’s office for being among the first states to revise their birth and death certificates and fetal death report, thereby forging a new path for Vital Statistics.

COUNTING KIDS FOR “KIDS COUNT” – Each year, Kids Count produces a highly visible and very well received fact book about the status of Delaware’s children and families. The Bureau of Health Statistics provides a significant portion of their report. The Delaware Population Consortium (DPC) and the U.S. Census Bureau’s population estimates greatly depend on our annual compilations of health data.

SUPPORTIVE INFRASTRUCTURE – It is hard to imagine DPH’s grant applications being successful without health and vital statistics. The Office provides statistical data that helped secure DPH’s Traumatic Brain Injury grant award and the Maternal and Child Health grant. The Bureau of Health Statistics’ *Delaware Vital Statistics Annual Report* supports the data needs of many policy makers and program managers.

CHAP PROJECT – For the third consecutive year, the Delaware Health Statistics Center provided mapping support to the Community Healthcare Access Program (CHAP). DHSC’s maps determine if the CHAP enrollment goals are met in areas designated as the highest need, such as census tracts whose population was within 100-199% of poverty. The DHSC obtained all census population and poverty data, all geographic data, created the maps

and generated the final analysis identifying the areas of highest need.

NEW STANDARDS – The Bureau of Health Statistics assisted with drafting the first DPH policy, Policy #49: Data and Data Release Standards, to ensure that data and data release is handled in a consistent manner.

IDENTITY PROTECTION – Dover’s Office of Vital Statistics office was involved in a pilot program that tested a new program that scans driver’s licenses to verify customers’ identities for security purposes. (To purchase Delaware’s vital statistics records, you must be the person, the parent, or a legal guardian.) DPH’s input helped the vendor, VitalChek; determine the program’s efficiency and validity. We anticipate using this system in all three offices in the future.

DEATH CERTIFICATES ONLINE – The Office of Vital Statistics is working toward offering death certificates online as part of its Electronic Vital Records System. Staff is entering new death certificates directly on a new secure computer system. Older death certificates were incorporated as well. In the near future, funeral homes, medical facilities and physician offices will enter the deceased’s information directly on a secure website via online and password access. Currently, funeral directors must hand-deliver information about the bodies they embalm and bury or cremate. Electronic data entries of Delaware’s deceased will eliminate the need for funeral directors to hand-deliver information. Also, customers who purchase death certificates will eventually have less wait time, as staff will be able to locate records even faster. The Office of Vital Statistics’ Electronic Vital Records System already holds birth information. Electronic marriage and divorce records are to be included beginning in 2008.

Bureau of Health Statistics

HELPING OUR CUSTOMERS – The Office of Vital Statistics now accepts Automatic Teller Machines (ATM) cards at its New Castle County Office. An estimated 1,500 certificates were purchased using debit cards.

2008 GOALS

- Implement electronic Marriage and Divorce Records.
- Implement Front-end Electronic Death Reporting.
- Provide quality customer service for Vital Records and Health Statistics requests.
- Produce Annual Vital Statistics Report and continue to provide high quality statistical data to requestors in a timely manner.
- Implement an interactive web page to provide de-identified data to requestors in a user friendly, easy-to-query format.
- Further refine the DPH Policy #49 and provide training throughout the Division.
- Implement an interactive web page to provide de-identified data to requestors in a user friendly, easy-to-query format.
- Further refine the DPH Policy #49 and provide training throughout the Division.

Bureau of Oral Health and Dental Services

2007 ACCOMPLISHMENTS

NEW FOUR-YEAR GRANT – In August, the Bureau of Oral Health and Dental Services received a four-year, \$160,000 grant from the Health Resources and Services Administration (HRSA). DPH's application for a Targeted State MCH Oral Health Service Systems (TOHSS) Grant competed against 50 other applications. Twenty programs were awarded. The grant will increase families' access to oral health care and prevent oral disease by improving the public oral health infrastructure. Project goals are for children to receive early and comprehensive oral health services; and for families to understand the importance of oral health and learn how to achieve optimal oral health status.

PERSISTENCE PAYS – For two years, the Bureau of Oral Health and Dental Services worked with the Health Resources and Services Administration (HRSA) grant officers to investigate "lost" carry-over funds totaling \$74,000. The funds were found! HRSA awarded DPH the carry-over funds and a one-year project period extension. A portion of this award will facilitate the work of the Delaware Oral Health Coalition and oral health training programs.

SEAL-A-SMILE – In September, DPH's sealant program commenced its fourth consecutive year of service to targeted second grade children. During the 2006-2007 school year, the program visited 33 schools, screened 553 students and placed 1,417 sealants. Work is funded by the Oral Health Workforce Activities grant received in 2006. The Bureau anticipates expanding this program through its Mobile Dentistry.

ORAL HEALTH COALITION – The Delaware Oral Health Coalition is a new group formed to help reduce the high level of dental disease among the state's children. The State Oral Health

Collaborative Systems Grant funded the creation of this diverse group representing approximately 20 organizations. Through local and national partnerships, the Coalition is developing an infrastructure to increase awareness about the importance of good oral health and its relationship to good overall health. It will also provide education about good oral health practices, and improve access to dental health providers.

HEALTHY SMILE, HEALTHY YOU – The Delaware Oral Health Coalition's Awareness and Prevention Committee has teamed up with the Bureau of Oral Health Dental Services to launch a statewide oral health awareness campaign. In February, in support of National Children's Dental Health Month, the campaign will formally introduce the Coalition.

SEALANT PROGRAM REFERRALS – To further enhance and assure the dental services provided to underserved children in DPH's Seal-A-Smile sealant program, the Bureau of Oral Health and Dental Services has contracted with a private vendor to establish a case management referral system. Through the system, children identified through the sealant program will be directed to a network of oral health providers who will accept them into their practices.

PARTNERING WITH WIC – The Bureau of Oral Health and Dental Services, and Delaware's Women, Infant and Children (WIC) program are partnering to provide oral health prevention education during WIC's Nutrition Education Module in January. This effort will launch an oral health awareness campaign among the WIC population about the importance of oral health, regular dental care and preventing early childhood caries disease.

Bureau of Oral Health and Dental Services

DENTAL CLINIC RENOVATIONS – The project to renovate the Shipley Dental Clinic in Seaford begins in January 2008. This renovation will increase and enhance dental service delivery for Sussex County, Delaware's most underserved area. Renovations will replace the two antiquated treatment rooms with four "state of the art" treatment rooms. The temporarily closed clinic is expected to reopen in June 2008.

2008 GOALS

- Renovate Shipley Dental Clinic (January – June 2008)

Oral Health Workforce Activities Grant

- Department of Education Oral Health Curriculum
- Case Management Referral System – Pilot Project
- Mobile Dentistry Program

Targeted State MCH Oral Health Service Systems (TOHSS) Grant

- Two Merit Positions will be funded under this grant
- Primary Care Physician Oral Health Trainings
- Pediatric Residency Oral Health Trainings
- Oral Health Needs Assessment and Surveillance Activities

Delaware Public Health Laboratory

2007 ACCOMPLISHMENTS

HIV TESTING – In partnership with the HIV Program, the Delaware Public Health Laboratory (DPHL) implemented rapid HIV testing throughout the state, transitioning to a newer version of the test kit. Clients can now receive HIV test results within 20 minutes at numerous statewide locations.

BLOOD LEAD TESTING – DPH purchased six Lead Care II instruments to provide rapid blood lead screening results on finger stick samples in as little as three minutes. DPHL trained division staff in the use of the portable instruments at Hudson, Williams, Milford, Georgetown and Shipley State Service Centers, and the Claymont Community Health Center. Elevated screens prompt immediate venous samples that DPHL confirms with its new Inductively Coupled Plasma Mass Spectrometer. Rapid tests spur faster public health investigations to identify and mitigate sources.

NEWBORN SCREENING – The Newborn Screening Program now tests for and reports all of the core disorders recommended by the American College of Medical Genetics. Delaware is one of only a few states that tests both initial and routine second newborn screening specimens for the 29 disorders identified through mass spectrometry. This provides an added level of assurance that babies with detected genetic or metabolic disorders can receive necessary treatment as early as possible.

BIOTERRORISM TRAINING – DPHL provided specialized sentinel bioterrorism training to nine hospital laboratories, emergency departments and first responders, as well as to DPHL staff.

LEAKS REPAIRED – Facilities Management replaced DPHL's leaking water pipes, eliminating constant threats to laboratory operations, equipment and critical testing. Services were uninterrupted.

FERN PROJECT – DPHL participates in the Food Emergency Response Network (FERN), a network of state and federal laboratories committed to analyzing food samples in the event of a biological, chemical, or radiological terrorist attack. Microbiology and Molecular Virology staff performed food borne testing for the Taco Bell *E. coli* outbreak. The team quickly screened restaurant employees, tested food samples from suspect restaurants, and provided time-sensitive information to proper authorities. They kept the impact of tainted food to an absolute minimum in Delaware, allowing facilities to quickly re-open.

PREPAREDNESS – DPHL maintained its status as a Laboratory Response Network Chemical Terrorism Level 2 reference lab. As such, DPHL is the only lab in Delaware certified to test for chemicals potentially associated with adverse human health effects and chemical terrorism. DPHL continually updated LRN protocols for cyanide, 14 trace elements of toxicological and nutritional significance, blood metals, and organophosphate nerve agents.

2008 GOALS

- Offer web-based, real-time access to newborn screening results to those who submit specimens.
- Finalize a strategic plan for the lab engaging lab partners, DPH administration and programs.
- Finalize a continuity of operations plan for the lab.
- Assure well qualified, well trained staff performing testing that is reliable, rapid and relevant using optimal technologies.

Director of Nursing

2007 ACCOMPLISHMENTS

ASSURING COMPETENT PUBLIC AND PERSONAL CARE WORKFORCE –

The Nursing Director established and/or maintained memorandums of understanding with eight Delaware and surrounding states' colleges and universities. In collaboration with Northern and Southern Health Services, and DPH programs, DPH nurses provided clinical and other learning opportunities for nursing students, promoting consideration of public health nursing careers.

EVALUATING SERVICES FOR EFFECTIVENESS, ACCESSIBILITY AND QUALITY –

DPH's Nursing Director established a quality improvement team (including the Nursing Director, Nurse Consultants, Social Services Administrator and Quality Improvement staff) to work with Community Health Services and Programs in developing the DPH Community Health Quality Plan. The plan includes Quality Management expectations, tools, reporting structure and oversight.

MEDICAID QUALITY IMPROVEMENT –

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

PUBLIC HEALTH WEEK – The annual Public Health Week conference allowed 300 DPH staff to celebrate accomplishments and learn more about Public Health and Personal Preparedness.

DEVELOPING STANDING ORDERS – To support current and safe practice in DPH clinics the Nursing Director develops, reviews and revises standing orders annually, and as needed, in collaboration

with the Medical Director, Northern and Southern Health Services and programs.

ENSURING PROVISION OF HEALTH CARE DESPITE VACANCIES – During the summer, Northern Health Services experienced a high nursing vacancy rate. Then Southern Health Services experienced a temporary absence of field nurses in one unit. So that client services would not suffer, the Nursing Director temporarily assigned two nurse consultants to the field, in the spirit of collaboration and flexibility. The nurse consultants cheerfully assisted with the Home Visiting Program for First Time Parents until the staffing crises abated.

2008 GOALS

- Provide training for public health nursing staff in public health nursing basics, historical foundations, essential services, core functions, PHN interventions and social marketing.
- Plan Public Health Week Staff Celebration and Conference in April 2008 to celebrate staff accomplishments and promote understanding of DPH priorities and Public Health's 10 Essential Services.
- Strengthen public health nursing clinical and other learning opportunities for students.
- Develop and implement Community Health Quality Improvement Program in collaboration with programs.
- Collaborate with NHS/SHS staff and programs to update standing orders, manuals, policies and procedures.
- Hire and develop Reproductive and Sexual Health Quality Improvement Advanced Practice Nurse with the Title X Program, to work with DPH clinics and the 18 contracted community-based agencies.

Family and Community Health Section

2007 ACCOMPLISHMENTS

TAKING STOCK OF PROVIDERS – The Office of Primary Care and Rural Health completed reports on the supply and distribution of Delaware's primary care physicians and dentists. The reports provide the number of each discipline, the full-time equivalency count, and if the providers were accepting new patients and Medicaid patients. DPH used the data on several Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) applications. Health care facilities located in HPSA or MUA/P areas qualify for a host of state and federal resources.

FILLING PHYSICIAN VACANCIES – Fifteen physician vacancies in underserved areas were filled with the help of the Bureau of Health Planning and Resources Management. The Bureau used the Conrad State 30/J-1 Visa Program to help recruit the physicians (a psychiatrist, obstetrics/gynecologists, a pediatric neurologist and other specialties. Revised 2007 regulations require J-1 Program practice sites and physicians to participate in the VIPII physician network that provides no-cost/low-cost health homes for uninsured patients.

IMPROVING ACCESS TO CARE – The Delaware Health Resources Board (DHRB) fine-tuned its charity care policy and successfully advocated for amended legislation to make the charity care requirements legally enforceable. Free-standing surgery centers must provide a specified level of charity care to uninsured patients, for free or based on a sliding fee scale. This makes needed surgeries affordable for patients that otherwise might have to forgo care. Through these improvements DHRB expects to reduce disparities in access to care and ensure the equitable distribution of uncompensated care.

ELECTRONIC MEDICAL RECORDS – The State Systems Development Initiative supported Delaware Health Net, an association of three federally qualified community health centers, in its application to Health Resources Service Administration (HRSA) for funding to build an interoperable, electronic, health information system. The linked system will use Electronic Medical Records technology to give physicians instant access to patient's clinical information. This technology puts Delaware health centers in step with other providers in the state. It is expected to reduce medical errors and cut health care costs. Ultimately, the system will link to the Delaware Health Information Network.

INFANT MORTALITY TASK FORCE – The Infant Mortality program implemented multiple research projects to satisfy Infant Mortality Task Force recommendations. The Pregnancy Risk Assessment Monitoring System (PRAMS) created a monitoring system to increase understanding of the risks faced by pregnant women in Delaware. The Fetal Infant Death Review Committee staff assembled and convened two Case Review Teams (one for New Castle County and one for Kent/Sussex Counties) to begin reviewing full infant and fetal death charts. DPH funded seven contractors at seven service sites to support the Comprehensive Family Practice Team Model Program; and four contractors at nine service sites to support the Preconception Care Program. Preconception care helps a woman plan her reproductive life course, including learning about a healthy diet, exercise, and how to reduce daily stress, manage chronic disease, and limit risky behaviors such as smoking or drug use. Pregnant women and their infants up to two years post partum receive continuous comprehensive case management services through the Family Practice Team Model Program.

Family and Community Health Section

NEWBORN SCREENING – Through newly passed Senate Bill 78, health insurance and group and blanket health insurance policies must cover certain medical formulas and food expenses for treating Phenylketonuria (PKU) and other inherited metabolic diseases. Delaware screens newborns for 35 disorders. Untreated disorders result in severe mental retardation, complicated medical conditions, extensive health care costs, or death.

DEVELOPMENTAL SCREENING AS A STANDARD OF CARE – The National Academy for State Health Policy's Assuring Better Child Health and Development (ABCD) funded the Family and Community Health Section for a 15-month project researching pediatric practices that use developmental screening as a standard of care. The ABCD focus is on Delaware's eight Nemours Pediatric Clinics that serve over 40,000 children. Medicaid will identify ways to engage the state's private insurers so developmental screening is included in their benefit packages. The goal is to have private insurers reimburse pediatric practices for developmental screening.

REVIEWING FAMILY PLANNING SITES – The Family Planning Program is establishing a Quality Improvement Nurse Practitioner position to review 25 family planning service sites. The resulting review process will produce an assessment of service sites directed towards assuring compliance with federal requirements and improving service delivery. Family Planning hopes to enhance system delivery, standardize data reporting elements, and improve environmental issues surrounding the receipt of services.

GUIDING TEENAGERS – The Maternal and Child Health team developed outcome-based, data-driven programs for the Alliance for Adolescent Pregnancy Prevention program. The team introduced two programs: "Making a Difference, which targets at-risk students ages 11 through 13;

and "Wise Guys," which targets at-risk students ages 14 through 18 and uses a mentor approach.

WELLNESS CENTER FOR ST. GEORGES – Family and Community Health developed and issued a Request for Proposal for a School-Based Wellness Center at the new St. Georges Vocational-Technical High School. The center will serve 1,000 students. The tentative RFP award date is January 2008.

TRAUMATIC BRAIN INJURY FUNDING HELPS 10 FAMILIES – The Office of Children with Special Health Care Needs received an \$118,600 second year grant award from the Health Resources Service Administration (HRSA)/Maternal and Child Health. In collaboration with A.I. Dupont Hospital for Children, 10 families having children with recent brain injuries will receive 16 hours of structured training from "Family Ambassadors." The Ambassadors will provide resources and family support, help with post-hospital placements and general recovery, and educate medical providers and school districts.

2008 GOALS

- To provide leadership and support to communities so that all residents have access to a health care system that is affordable, equitably distributed and delivers quality health care.
- To reduce morbidity and mortality among infants, children and women of reproductive age, improve health and reduce disparities in infant mortality.
- To promote a comprehensive system of care so children are as healthy as possible and that any special health care needs are met.

Health Promotion and Disease Prevention Section

2007 ACCOMPLISHMENTS

EXPANSION OF DELAWARE CANCER TREATMENT PROGRAM – With the support of Delaware’s General Assembly, this year DPH doubled its coverage time under the Delaware Cancer Treatment Program, a program unique to the nation. DCTP now provides up to two years of eligibility instead of one year. Between its 2004 start and September 2007, DCTP served 379 Delawareans with cancer, their families and loved ones by reimbursing cancer treatment costs. DCTP is serving approximately 180 new patients per year at an average cost of \$33,000 per case. This is consistent with private insurance estimates of cost per cancer case. The two most commonly treated cancers were lung/bronchus and breast.

MORE COLORECTAL SCREENINGS – Delaware’s colorectal cancer screening rates are now the third highest in the nation, according to 2006 Behavioral Risk Factor Surveillance Survey data. The number of colorectal screenings facilitated through the Cancer Screening Nurse Navigation Program surpassed previous records. During FY08’s first quarter alone, there were over 1,000 screenings compare to 1350 for fiscal years 2006 and 2007 combined. Most significantly, there has been a 38% increase in colorectal cancer screening rates among African-Americans and 42% of those screened reported that they had gotten this potentially life-saving test in the last two years.

SFL GAINS PROSTATE SCREENING – Since September, men enrolled in the Screening for Life (SFL) Program can receive free prostate screenings if they are uninsured or underinsured and age 50 or older; or high-risk men age 40 and older. To date, 123 men are enrolled for screening and 22 were screened. Two men were diagnosed with prostate cancer. Adding

prostate cancer screening to SFL addresses the disparity in mortality among African American men, who are 2.5 times more likely than Caucasian men to die from prostate cancer, according to 1998-2002 data from the Delaware Cancer Registry. SFL is the nation’s first program to provide breast, cervical, colorectal and prostate screening - building on federally funded infrastructure to keep state costs low.

DECLINE IN SMOKING RATES – Fewer Delawareans are smoking. Preliminary data from the Behavioral Risk Factor Surveillance System for the first eight months of 2007 indicate an all-time low of a current smoking prevalence under 20% among adult Delawareans, compared to the 2006 rate of 21.7%. During the 1990s, Delaware’s smoking prevalence averaged about 26%. The decline can be attributed in part to the Delaware General Assembly’s appropriations to DPH’s Tobacco Prevention and Control Program, allowing it to conduct a comprehensive, sustained prevention and cessation program. The Program championed the 60 cents per pack of cigarettes excise tax increase passed by the Delaware legislature in June. According to the Tobacco program, a 10% cost increase reduces the number of young adult smokers by 3.5%, and reduces the number of kids who smoke by 6-7%.

HPV IMMUNIZATION PREVENTS CERVICAL CANCER – The Immunization Program joined the Family Health Services Section to offer the FDA-approved HPV vaccine Gardasil that prevents four strains known to cause cervical cancer. The Immunizations Program established the Adult HPV Program for women 19-26 years who are uninsured or under-insured, or without a private provider. Eligible girls 9-18 can receive Gardasil through the Vaccines for Children program.

Health Promotion and Disease Prevention Section

FEWER CANCER DEATHS – The state’s cancer mortality rate is dropping twice as fast as the national mortality rate. Comparing 1995–1999 rates to 2000–2004 rates, the U.S. all-cancer mortality average annual percent decline was 0.6% while Delaware’s decline was 1.2%, according to the American Cancer Society, South Atlantic Division, *and Cancer Facts & Figures 2007*. Although this decline cannot be attributed to any one cause, the synergistic effect of increased awareness, increased screening, and early cancer detection is making a positive difference in Delaware.

NEEDLE EXCHANGES BEGIN – More than 140 injecting drug users in the City of Wilmington enrolled in DPH’s Needle Exchange Program since it began in February. The five-year pilot program, within City limits, is expected to reduce HIV transmission among enrollees who receive clean needles for used ones. Injecting drug users are the most frequent direct and/or indirect source of HIV infection in Delaware.

MRSA – Following reports of Methicillin Resistant Staphylococcus Aureus (MRSA) infections in Delaware, there was significant press coverage leading to considerable public anxiety. The Bureau of Epidemiology alleviated concerns and misconceptions. They also made educational presentations to multiple stakeholders.

PHYSICAL ACTIVITY PROGRAM – In mid-October HPDP hired Michelle Eichinger as DPH’s first Physical Activity Program Administrator. This begins a comprehensive statewide approach to help reduce major health problems, cardiovascular disease, diabetes, and cancer caused by lack of physical activity and obesity.

BREASTFEEDING IS BEST – The Women, Infant and Children (WIC) Program realized a noticeable increase in breastfeeding initiation and continuation rates among

enrollees. In 2007, 36% of Delaware WIC women breastfed their infants, compared to 34% in 2005. Twenty-nine percent of them are not supplementing with formula: a 27% jump over 2006 statistics.

HEALTH CENTERS PROVIDE DIABETES EDUCATION, MANAGEMENT – All Federally Qualified and non-Federally Qualified Health Centers in Delaware provide direct services to people with diabetes. Certified diabetes educators provide on-site testing, one-on-one telephone, and group education.

2008 GOALS

- Institutionalize comprehensive cancer control in Delaware to improve early detection and screening and reduce cancer incidence and mortality.
- Reduce breast, cervical, colorectal and prostate cancer mortality and morbidity by coordinating program components and serving as a third party payor for screening services.
- Prevent youth initiation to tobacco products and decrease tobacco use among all Delawareans.
- Decrease exposure to secondhand smoke.
- Reduce the incidence of chronic diseases by reducing obesity and increasing physical activity.
- Increase breastfeeding in at-risk populations.
- Conduct outreach and education initiatives to increase lipid screenings, eye and foot exams, and flu shots and blood glucose monitoring.
- Educate health professionals about diabetes screening and treatment guidelines.

Health Systems Protection Section

2007 ACCOMPLISHMENTS

CANCER PREVENTION IN THE

WORKPLACE – The Occupational Health Program coordinated the assessment of private and public sector employers to determine the degree to which Delawareans are exposed to hazardous substances in their workplaces, and the nature of those exposures. The Department of Labor (DOL), which signed a Memorandum of Understanding with DHSS in May, will partner with DPH to satisfy public outreach, education and consultation service needs.

OCCUPATIONAL HEALTH VISIBILITY –

DPH established a web page for HSP's Occupational Health Program. Future employer programs and Delaware's "Worker Right-to-Know" information will be posted at: www.dhss.delaware.gov/dhss/dph/hsp/oh.html. A "Worker Right-to-Know" media campaign commences in March 2008; look for billboard and bus ads.

RESTAURANT INSPECTIONS ON-LINE –

After collaborating with many DHSS and DPH offices, the Office of Food Protection's Inspections Reports debuted online in March:

www.dhss.delaware.gov/dhss/dph/hsp/feir.html.

SWIFT EMERGENCY RESPONSE –

The Environmental Health Evaluation Branch responded to mercury, chemical and oil spills, and carbon monoxide complaints. The most significant emergency response involved the styrene release at Dow-Reichhold in Cheswold. Staff also responded to the Henry B. DuPont Middle School in Hockessin after an explosion injured a science teacher and contaminated her classroom. The Food Service Branch inspected Delaware's 15 Taco Bell restaurants in response to reported illnesses at other chain facilities.

Highlights of Work Completed

- 5,521 Food Establishment inspections conducted.
- Over 3,600 Food Establishment permits issued.
- 519 Food operations in childcare facilities reviewed and classified.
- 329 Food Establishment plans reviewed and approvals issued.
- 79 Milk Safety plant, farm and equipment inspections conducted, and 157 Milk Processor and Raw Milk Producer permits issued.
- 56 Non-alcoholic Beverage permits issued.
- 728 Mattress, Pillow and Bedding permits issued.
- 122 health facility licenses issued.
- 116 federal and 24 state health facility surveys completed.
- 25 health facility blueprints reviewed and 16 post-construction inspections completed
- 71 Clean Indoor Air Act inspections performed.
- 208 registered radiation machine facilities inspected and 29 new facilities reviewed.
- 600 applications for registered radiation machine facilities renewed, and 100 applications for registered radioactive material facilities renewed.
- 10 requests for licensed out-of-state radiation sources to temporarily operate in Delaware approved.
- 800 applications for radiation technicians renewed and 242 new applications for Radiation Technician certification issued.
- 150 Radiation Technician licenses verified.
- 10 radiological drills and trainings completed and 22 public water systems cited for failing to hire certified operators.
- 800 responses and/or constituent requests handled by the Environmental Health Evaluation and Toxicology Branch

Health Systems Protection Section

ODW FUNDS SIX WATER SYSTEMS –

In Calendar Year 2007, Office of Drinking Water awarded \$10,925,174 in State Drinking Water Revolving Funds to the cities of Wilmington and Rehoboth Beach and the towns of Laurel, Greenwood, Georgetown and Clayton. The public drinking water infrastructure projects funded include \$22 million for Wilmington's Cool Springs Reservoir project; \$850,000 for Clayton's arsenic removal system; and in Rehoboth Beach, Lindane removal, treatment plant upgrades and new wells for \$5 million.

NEW FEES IMPLEMENTED – The passage of House Bill 72 allows DPH to collect \$100 plumbing permits and \$50 re-inspection fees. To keep pace with rising professional certification costs, the Office of Radiation Control raised its Medical Radiation Technician Limited Scope examination fees from \$70 to \$100 per examinee, effective Jan. 1, 2008.

LEAD GRANTS ABOUND – The Office of Lead Poisoning Prevention received two notable grants: approximately \$3 million from the U.S. Department of Housing and Urban Development and \$100,000 from the U.S. Environmental Protection Agency.

REGULATIONS PROCESSED - The Office of Health Facilities Licensing and Certification (HFCLC) developed these regulations: Personal Assistance Services Agencies; Free Standing Birthing Centers; Skilled Home Health Agencies; and Aide Only Home Health Agencies.

COOPERATING WITH THE LAW - DPH transferred its Office of Narcotics and Dangerous Drugs (ONDD) to the Delaware State Police in FY07. HSP retains some ONDD duties, such as reviewing 1,500 controlled substance applications, under its newly named Office of Controlled Substances (OCS). For the Office of Radiation Control, the State Police signed a new five-year Memorandum of

Understanding that enables the release of sensitive radioactive material facility data for law enforcement, illicit source interdiction, and/or emergency response.

SUCCESS UNDER DEADLINE – Working under deadline, the Office of Radiation Control (ORC) staff estimated \$102,900 in total annual fee revenue, of which 96,000 would be for radiation machine fees, to support Senate Bill 108. The Authority on Radiation Protection, which has the legal mandate to establish regulations, fees and fines (Delaware Code, Chapter 74), is expected to lobby for its passage. ORC staff received DPH's "Group of the Quarter Award" for the third quarter of 2007.

2008 GOALS

- Implement an Office of Healthy Environments.
- Revise the Delaware Food Code and regulations for hospitals, home health agencies, public pools and water operator certification.
- Integrate a common data management infrastructure for permitting, licensing and registrations.
- Develop legislative changes to enhance DPH's ability to conduct enforcement activities.
- Amend the Delaware Radiation Control Regulations due to transitioning primary licensing and enforcement authority of NARM materials to the Nuclear Regulatory Commission.
- Assure fluoridation of drinking water systems.
- Implement a new statewide blood lead screening system for DPH shareholders.
- Increase food safety training activities for food establishments.
- Study the implementation of an Environmental Health Tracking System (biomonitoring).

Legislation

2007 ACCOMPLISHMENTS

The 144th Delaware General Assembly passed nine public health-oriented pieces of legislation which since became law.

SENATE BILL 112: IN-STATE STOCKPILE – This Act exempts licensed healthcare professionals as well as trained, non-licensed persons, acting at the direction of the Public Health Authority, from the licensing statutes and regulations for healthcare professionals. This exemption is necessary to allow trained, non-licensed persons to distribute prepackaged medications to essential workers (Delaware's first line of defense) without there necessarily being a licensed healthcare professional physically present to oversee the dispensing process.

The law identifies trained, non-licensed persons as employees of the Division of Public Health, the Delaware Emergency Management Agency and the Delaware Department of Transportation, as well as fire service and law enforcement agencies. Under the previous law, there was no guarantee, in the event of a declared State of Emergency, that there would be enough licensed healthcare professionals to oversee the medication dispensing process at the workplaces of essential workers. Gov. Minner signed SB 112 on July 24.

SENATE BILL 78, AMENDED: PKU INSURANCE – This bill provides that certain medical formulas and food expenses in the on-going treatment of phenylketonuria (PKU) and other inherited metabolic diseases shall be covered in health insurance contracts and also in group and blanket health insurance policies, effective July 1, 2008. Untreated PKU can result in severe mental retardation, complicated medical conditions, extensive health care costs, or death. Such outcomes can be prevented by following a very strict, medically prescribed diet. Gov. Minner signed SB 78 on Aug. 1.

SENATE BILL 87: HEALTH RESOURCES BOARD, CHARITY CARE – This bill corrects technical errors from a 2005 Joint Sunset Committee Bill that inadvertently omitted wording to enable the enforcement of charity care requirements. Additionally, this bill correctly references the dollar amount that must be triggered for the review of capital expenditures. Lastly, this bill clarifies that the 15-day timeline for the review of applications means 15 business days. Governor Minner signed SB 87 on July 5.

HOUSE SUBSTITUTION 1 FOR HOUSE BILL 47, AMENDED: HOSPITAL INFECTIONS DISCLOSURE ACT - This bill creates the Hospital Infections Disclosure Act that requires hospitals to report quarterly data on hospital-acquired infection rates. House Amendment 2 specifies that the hospital infection data provided pursuant to this Act, except as provided in specified Sections of the Act, shall not be subject to disclosure under the Freedom of Information Act (FOIA). This legislation supports patient confidentiality as protected under the Health Insurance Portability and Accountability Act (HIPPA).

Hospitals must use the accepted Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) definitions in disclosing physician-reported infections. Quarterly reports must be available to the public at each hospital. DHSS shall issue its first public report to the legislature, as well as on its website, by June 30, 2009. Secretary Meconi will appoint an Advisory Committee to assist DHSS in developing all aspects of collection methodology, formatting and methods and means for release and dissemination. Gov. Minner signed the Hospital Infections Disclosure Act on July 12.

Legislation

HOUSE BILL 72, AMENDED: PLUMBING INSPECTION FEES - This legislation authorizes the Division of Public Health to assess fees for plumbing permits issued by the Division of Public Health and for plumbing inspections required because plumbing does not comply with the State Plumbing Code. Revenue generated by these fees shall be retained by the Division to defray costs associated with the plumbing program. In addition to collecting and managing fee charges, the legislation requires DPH to develop a data management system and to develop protocol and staff resources to issue and charge for plumbing permits.

The program will conservatively generate between \$300,000 and \$500,000 legislatively designated for the Plumbing Permit and Inspection Program. The new funds will allow expansion of program staff and infrastructure to meet demand. Implementing this legislation will require intra-divisional collaboration between Health Systems Protection and Support Services sections, as well as inter-departmental consultation with the Department of Justice (DOJ) and the Department of State (Division of Professional Regulation). Governor Minner signed the bill on July 10.

HOUSE RESOLUTION 29: WOMEN'S HEALTHY HEART TASK FORCE - House Resolution 29 establishes a Task Force for Women's Healthy Heart Issues with a report due to the General Assembly by March 2008. The task force will study the issues of women's heart risk and develop a comprehensive strategy to encourage healthy heart activities. The bill says cardiovascular disease claims more women's lives than the next six causes of death combined - nearly 500,000 women's lives a year, nearly twice as many as all forms of cancer. Unlike men, women may not suffer chest pain or discomfort as the first symptoms of a heart attack. The House passed the resolution on June 27.

HOUSE SUBSTITUTION 1 FOR HOUSE BILL 194: MERCURY IN VACCINE BILL - This Bill allows the use of mercury-containing vaccines for children less than eight years of age or to pregnant women when an emergency occurs as declared by the Director of the Division of Public Health, or when there is no mercury-free vaccine manufactured or available for a specific disease.

Martin Luta explains that these vaccines contain mercury: DT (Diphtheria and Tetanus) multi-dose formulations by Sanofi Pasteur; Tripedia (DTaP) by Sanofi Pasteur; TT (Tetanus Toxoid) by Sanofi Pasteur; Fluzone multi-dose viral by Sanofi Pasteur; Fluvirin with Thimerosal by Chiron; Menommune multi-dose virals by Sanofi Pasteur; and Japanese-encephalitis vaccine. Governor Minner signed the bill on July 12.

HOUSE BILL 178, AMENDED: HEARING AID LOAN BANK - This Act re-authorizes the Hearing Aid Loan Bank to ensure that all eligible children have access to hearing aids. Gov. Minner signed HB 178 on July 12.

SENATE BILL 150, AMENDED: VOLUNTEER MEDICAL SERVICES (MEDICAL SOCIETY BILL) - This legislation enhances and strengthens Delaware's Medical Corp by ensuring that medical personnel that volunteer their services during emergency and/or disaster relief operations are protected from liability in the same way that state emergency responders are protected. Gov. Minner signed SB 150 on Aug. 7.

TOBACCO EXCISE TAX WITHIN BUDGET BILL - The Budget Bill increased the state tobacco excise tax by 60 cents, effective Aug. 1. It is more than the 45 cents that tobacco prevention advocates were pushing through HB49 (stricken). The increase is expected to decrease youth tobacco initiation and adult consumption of tobacco.

Long Term Care Section

2007 ACCOMPLISHMENTS

DIETARY SOFTWARE – In November, the Delaware Hospital for the Chronically Ill (DHCI) replaced 18-year-old DOS based Dietary software with the web-based Computrition Dietary software system for DHCI, Emily P. Bissell Hospital (EPBH), and Governor Bacon Health Center (GBHC). The Long Term Care Section's (LTC) new software increases residents' menu choices; facilitates tracking of residents' likes, dislikes and special diets; and automates inventory control. The system dramatically and noticeably improved the residents' quality of life, and residents and staff give it rave reviews. Residents are also eating better.

REAL-TIME DATA – Over 200 Delawareans call DHCI home. LTC Section Chief Jack Askin implemented the "My Innerview" web-based LTC Quality Management System. It provides real-time quality indicator and timekeeping / assignment stability data at the unit level. DHCI is the nation's first organization to use "My Innerview" as the unit-specific level

MEDICARE PART D – The LTC Medicare Part D Working Group continues to be used as a business model across the country. The plan finds the best "fit" between all LTC resident drug needs, minimum/no out-of-pocket cost and maximum reimbursement to the facility and the State.

QUALITY IMPROVEMENT - The Director formed the Long Term Care Quality Improvement Oversight Committee and committed to uniform, centralized and comprehensive quality improvement monitoring and reporting for our three long term care facilities. Nursing staff directly report on standardized Medicare quality indicators, giving high visibility to our standard of care. Indicators include falls, pressure ulcers, incontinence, and use of

anti-psychotic medications. LTC is in the process of fielding an internal quality management system which enables "drilling down" all quality indicators to the unit level as well as monitoring custom indicators such as absenteeism and turnover by unit. DPH is partnering with Long Term Care Resident Protection for limited access to their incident report database which will provide transparent instantaneous and robust statistical reporting of all abuse or neglect cases to senior staff.

HAPPIER CHANNELING – At DHCI, Comcast is wiring the entire facility for cable television, "gratis." Previously, resident TV viewing options were limited to five channels that were often fuzzy. Now, residents will get free basic digital cable with 99 channels. DHCI will purchase Hispanic channels for appropriate residents as needed.

NEW OFFICE FURNITURE – Christmas came early to the LTC Section when the Dover Air Force Base's (DAFB) closed Aerial Port Squadron donated 700 surplus pieces of office furniture. Recycling this furniture improved the working environments for over 800 employees at LTC's three sites. In several cases, LTC replaced battleship gray metal desks from the '50s with newer pieces. This was a tremendous yet worthwhile undertaking, with staff and Department of Corrections (DOC) personnel transporting the surplus DAFB furniture to our three campuses. Military personnel helped LTC and DOC pack up three 53-foot tractor trailers, plus DHCI's dietary truck four times.

COLORING THEIR WORLD - All 375 of Delaware's neediest citizens who live at DHCI, Emily P. Bissell Hospital (EPBH) and Governor Bacon Health Center (GBHC) received colorful bedspreads for their resident rooms. This initiative provides a more home-like atmosphere, positively boosting residents' spirits.

Long Term Care Section

CURTAINS AND LAUNDRY – EPBH residents and families' quality of life improved when LTC purchased new privacy curtains and window treatments, and constructed a laundry room. These improvements provide a non-institutional home-like atmosphere that recognizes the dignity of our residents and their need to be happy.

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

FLIP THIS HOUSE -- At EPBH, the New Year will bring the addition of a movie room, library, pool/game room, two donated computers with ISP, and a mini outdoor basketball court. All of these facility improvements address the younger resident population's needs and wants while creating places for more independent activities across the lifespan.

RESIDENTS' CHOIR FORMED – EPBH staff and residents formed a choir in September. On average, 15 choir members gather each Wednesday afternoon to practice. The choir presented three concerts: two in November and a holiday concert, leading to rave reviews. One EPBH resident plays the piano and a staffer substitutes when the usual pianist is ill. The choir is already an asset to this wonderful facility.

ADOPT-A-RESIDENT 2007 GIVING THE BEST EVER – All 209 of DHCI's residents were adopted through the Adopt-a-Resident program. Ten extra persons were also adopted. Through Dec. 15, \$2,785 was collected for the residents. Eight groups brought in large donations of miscellaneous items from the gift suggestion list.

2008 GOALS

- To implement the "My Innerview" LTC Quality Management System at EPBH and GBHC.
- To "fine tune" GBHC and EPBH's recently installed Computrition Dietary software program. It is the first time these facilities have had an automated dietary system.
- With IMS and IRM support, to duplicate the same database template used by the Division of Long Term Care Residents Protection at DHCI, GBHC and EPBH to track and report abuse investigations and incident reports.
- By April 30, 2008, 90% of all CNA's will take customer service and verbal abuse prevention training. This training will provide nursing assistants with tools needed to have positive interactions with residents, family and staff.
- By July 31, 2008, 90% of all CNA's will take Psycho-Social Behavior Training, since DHCI is seeing increased admissions with significant psychosocial behavior issues, Traumatic Brain Injuries and dementia.

Office of Emergency Medical Services

2007 ACCOMPLISHMENTS

CRASH OUTCOME DATA EVALUATION SYSTEM (CODES) – The Office of Emergency Medical Services (OEMS) accomplished many Crash Outcome Data Evaluation System (CODES) projects: linking 2004 CODES data; preparing Motor Vehicle Crash hospital hospitalization data for the Injury Prevention and Surveillance Program’s Data Review and Research Committee; and generating CODES fact sheets to support state and local agencies. At the request of the National Highway Traffic Safety Administration, OEMS participated in an older driver model, which tracked contributing factors to accidents involving drivers 65 years and older. The model also studied if paramedics and basic life support responders are under-estimating older persons’ injuries.

IMPROVING DRIVER SAFETY – The OEMS supported safer driver discussions underway through presentations and publications. OEMS staff produced information for an aggressive driving study. Analyzing the impact of Delaware’s graduated licensing system on motor vehicle crashes led to one Doctor’s Dissertation entitled, “Life Matters: The Impact of Delaware’s Graduated Driver License Program.” DPH staff coordinated efforts to produce a presentation about the effect of a graduated licensing system from a prehospital emergency care perspective.

TRAUMA CENTER STATUS – In May, the A.I. duPont Hospital for Children received their full state designation as a Level 3 Pediatric Trauma Center. The hospital was previously designated as a “participating hospital”, and in 2008 will be seeking *full* Level 2 trauma center designation. Beginning Jan. 1, 2008, the hospital will be designated as a *provisional* Level 2 trauma center. Since injury is the leading cause of death and disability in children, the trauma

designation of Delaware’s only pediatric care facility is extremely important. Downstate, Bayhealth’s Milford Memorial Hospital returned to Level 3 Trauma Center status in September after restoring 24/7 orthopedic surgery coverage. The restoration improved access to trauma care for Milford and its neighboring communities. It also decreased the extra load on other members of the EMS and Trauma Systems when injured patients were temporarily transferred to other state trauma centers.

FIRST STATE, FIRST SHOCK! – This year the OEMS exchanged 22 older monophasic Automatic External Defibrillators (AEDs) for updated models on behalf of agencies registered with the Public Access Defibrillation Program. In cooperation with the Delaware Department of Education, the AED Program issued 97 AEDs to public and charter schools. Delaware is the only state to have 100% of all public schools, including charter schools, AED-equipped without legislative mandate. Two hundred people were CPR/AED trained.

MANAGING PEDIATRIC EMERGENCIES – The Emergency Medical Services for Children program initiated the development of a pediatric emergency care system. Clinical experts in emergency care are working on a formal plan for DPH to recognize Delaware hospitals for their ability to manage pediatric emergencies.

CAPED CRUSADER? – Delaware’s State Emergency Medical Services for Children (EMSC) Coordinator Marie Renzi, MSN, RN received a National Heroes Award from the EMSC National Resource Center. Renzi received the National EMSC Project Coordinator of Distinction for 2007. For the past decade, Renzi successfully integrated pediatrics into Delaware’s emergency care system by bringing many agencies together for a common cause.

Office of Emergency Medical Services

SPECIAL NEEDS ALERT PROGRAM –

Eighty-three children are registered in DPH's Special Needs Alert Program (SNAP) database, provided in partnership with the Public Health Preparedness Section. Families give the OEMS permission to share their special needs children's medical information with emergency care providers.

EMERGENCY DATA INFORMATION

NETWORK – A number of improvements enhanced the Emergency Data Information Network (EDIN) system in 2007. Eighty-three percent of users surveyed at the September Delaware Volunteer Firemen's Conference reported that they were either "satisfied" or "very satisfied" with EDIN.

EMS TRAINING – In 2007, the OEMS completed its transition to International Trauma Life Support (ITLS) by providing all Delaware licensed paramedics this certification. ITLS certification stresses rapid assessment, appropriate intervention and identification of immediate life threats. When the national organization makes its site visit in January, OEMS will be an official ITLS training center.

COMPUTERIZED TESTING – The National Registry adopted computer-based testing for all pre-hospital certifications. The OEMS prepared all pre-hospital providers for the transition from paper-and-pencil exams. Students now register online to choose convenient testing dates, times and places.

CONTINUING EDUCATION – The OEMS sponsored three days of continuing education classes for EMT-Bs during the Delaware Volunteer Fireman's Association Conference. Over 300 EMTs studied trauma, pediatric care, domestic preparedness and other topics.

2008 GOALS

- Facilitate integration of the A.I. duPont Hospital for Children successfully into the EMS and Trauma Systems in terms of pre-hospital and inter-facility delivery of appropriate patients to our Level 2 Pediatric Trauma Center.
- Complete the regulation revision process for the Trauma System regulations.
- Complete the EDIN project to enable the system to send a patient care report directly to the receiving hospital.
- Integrate EDIN and the Computer Aided Dispatch System.
- Continue current activities to improve relationships between OEMS and users of system (customer service).
- Increase the availability and quality of EMS continuing education offerings.
- Actively participate in the change to the National Scope of Practice, as well as new curriculum development at the national level.
- Link EMS patient care data with CODES data.
- Increase awareness within schools of the use of an AED and how to perform CPR.
- Complete development of a pediatric care system for recognition of pediatric hospital care.
- Increase Special Needs Awareness Program participation by 20 families.

Office of Health and Risk Communications

2007 ACCOMPLISHMENTS

A BUSY PLACE – OHRC reviewed, edited and/or developed over 600 DPH projects in 2007. Staff took charge of press releases, reports, brochures, posters, media campaigns, ads, cards, letters, handbooks, and public service announcements. Staff compiled speeches and translated materials into Spanish.

NATIONAL RECOGNITION – OHRC brought home four awards from the 2007 National Public Health Information Coalition (NPHIC) conference. A workplace preparedness TV ad won the gold, while a private well water poster took the silver. OHRC's teenaged immunization T-shirt and a pre-term labor shower swan received bronze awards. Our office is proud of these accomplishments since we competed against other state health agencies and their contractors.

FACT SHEET CATALOG – OHRC edited, standardized and logged more than 300 fact sheets received from the Sections. The DPH Fact Sheet Catalog is posted to our website (<http://www.dhss.delaware.gov/dhss/dph>) to serve staff, our health partners, and the public. Most fact sheets carry the 'public information' or 'frequently asked questions' headers, although some are written for audiences such as 'medical,' 'EMS' and 'lab.' Some pages are in Spanish. DPH employees and the public can access these fact sheets 24/7.

WRITTEN PERIODICALS – OHRC is in the third year of producing DPH's monthly employee newsletter, *The Buzz*, using our in-house talents. All text is written internally and is DPH-specific; no generic filler items are used. OHRC writes and edits the monthly e-mails to staff and obtains the Director's approval. The office is also charged with supplying monthly articles to

El Tiempo Hispano newspaper, and quarterly and annual reports to the Medical Society of Delaware. Mid-year, OHRC began contributing bi-monthly articles to the Medical Society of Delaware's newsletter, *MSD News*.

GO KIT/2007 UPDATE – OHRC's revamped "Go Kit," completed for the State Health Operations Center/Public Affairs Command Group, is sleeker than ever. Our premier "Go Kit CD" contains more than 300 fact sheets, 21 pre-approved press releases, message maps, section chief biographies, training materials and 400 contacts. The information will prove indispensable during any public health emergency response.

TRAININGS PRESENTED – The OHRC office offered eight staff training sessions, including media trainings and call center trainings.

MEDIA RESPONSE – Media relations staff responded to over 215 initial media requests in 2007. Staff analyzed materials to develop media strategies for high profile situations.

EVENT COORDINATION – OHRC tracked and/or supported 80 events with materials and guidance. Four of these events attracted the participation of the Governor's and Lt. Governor's Offices. Congressman Michael N. Castle toured the DPH Lab in April. In December, U.S. Rep. Castle and U.S. Sen. Thomas R. Carper joined Wilmington Mayor James Baker at a lead grant press conference.

FOIA – The Director's Office transferred oversight of the Freedom of Information Act (FOIA) requests to OHRC.

2008 GOALS

- Provide quarterly media and communication training to DPH staff.
- Train more staff members in graphic arts production.
- Develop tuberculosis awareness campaign.
- Increase analysis of news trends.
- Produce 25% more in-house products.
- To be seen by DPH as the DPH marketing firm, recognized for accomplishments, talents and abilities that match or exceed those of the marketing agencies we deal with on a contractual basis.
- Transition emergency operations location for the SHOC Public Affairs Team to the Delaware Hospital for the Chronically Ill (DHCI).
- Continue to purchase equipment that will allow DPH to act independently during any type of event or emergency. Most significant is a portable public address system, a digital video camera, and a computer suitable for graphic arts production.

Office of Minority Health

2007 ACCOMPLISHMENTS

HEALTH DISPARITIES TASK FORCE -

The Office of Minority Health (OMH) worked with an internal team to prioritize the 17 recommendations of the task force. The prioritization provided a necessary framework to propel the recommendations.

FUNDING FOR FOUR - The Office of Management and Budget released \$100,000 to DPH to carry out four initiatives from the Health Disparities Task Force recommendations. Funded are a project to assess the need for developing a Cultural Competency curriculum; and a project to expand comprehensive diabetes screening in all of the Federally Qualified Health Centers and five community clinics. Also funded is the establishment of the Community Advisory Council that will provide input and guidance to DPH and the Disparities Task Force; and a contract for a temporary Administrative Specialist position.

HEALTH PROFESSIONS ACADEMY –

Thirty-five fourth, fifth and sixth graders enrolled in the Health Professions Academy in 2007. Through this initiative, DPH seeks to diversify the healthcare workforce by inspiring students to pursue health careers. A U.S. Office of Minority Health grant funds this initiative through a partnership with Delaware State University. By September 2008, the OMH hopes that half of the enrollees perform at a level one grade higher in math and science, with 20% indicating an interest in a health profession.

OMH DRAFTS LEGISLATION FOR 2008 –

A fifth Health Disparities Task Force initiative is to introduce legislation requiring the standardization of patient-reported demographic information. The legislation will ask health providers to collect race, ethnicity, preferred language and educational level from each patient or client.

This will help Delaware's health care system to address health disparities in a culturally and linguistically appropriate manner.

ASSESSING CULTURAL COMPETENCE -

Drexel University's School of Public Health will complete DPH's Cultural Competence Assessment by Dec. 31. This internal assessment tool will help DPH evaluate where it sits within a "spectrum of cultural competence." The results will help DPH gain a broad perspective on its policies, programs and procedures relevant to ethnic and cultural concerns. The findings will allow DPH to see how it meets the needs of diverse populations, both clients and those in the workforce. Drexel will supply improvement suggestions.

2008 GOALS

- Provide more consistent OMH review and oversight of DPH programs to reduce disparities.
- Develop the Community Advisory Council as the succession entity to the Disparities Task Force.
- Increase OMH staff, particularly finding a State-funded OMH director position.
- Develop more transparency in the community.
- Strengthen partnerships with minority communities to solve key health concerns.
- Develop a volunteer bank to assure the accessibility of trained interpreters.

Office of Workforce Development

2007 ACCOMPLISHMENTS

HIPAA TAKES THE TRAIN – In July, the Office of Workforce Development (OWD) placed the first ever locally developed Health Insurance Portability Access Act (HIPAA) course on the Delaware Train Learning Management System. This web-based training program, developed by DPH's HIPAA Coordinator, offers our employees the convenience and flexibility of completing this required training program at their own pace.

PERIODICALS FOR PUBLIC HEALTH – Eighteen public health and/or medical periodicals are maintained in an easily accessible library at the OWD. Some of the publications maintained are the *Journal of the American Medical Association (JAMA)*, *Journal of Environmental Health*, *Public Health Nursing*, and *Health Affairs*. Employees can access these by contacting the OWD or by researching them on-line through a web-based portal.

FREE TRAININGS – OWD coordinated three free trainings in July, September and October 2007 conducted by the Johns Hopkins University Public Health Training Center. "Innovation & Change for Public Health Leaders," "Succession Planning for Public Health" and "Force of Change: Mobilizing for Action through Partnerships & Planning" attracted approximately 30 staff members to each training. The OWD is planning a long and fruitful relationship between the agencies.

TRAINING NEEDS ASSESSMENT– In the fall, OWD conducted a needs assessment for DPH's Community Health employees. The needs assessment survey yielded an incredible 81% response rate (587 respondents). The results of this assessment gave the OWD the direction they need to work toward fulfilling the training needs of our workforce.

STAFF IN PLACE – To his relief, Public Health Administrator Dave Walton filled his last open position in October with the hiring of Trainer/Educator Rudy Bailey. Other OWD staffers are: Training Administrator Mike Rudis (March 2007); Trainer/Educator Becky Moody (April 2007); Trainer/Educator Sandy Murray (August 2007); and Administrative Specialist Debbie Consolazio (December 2006).

AVIAN INFLUENZA SUPPORT - In concert with the Health Information & Science and the Public Health Preparedness Sections, OWD planned and conducted October's Multi-Agency Avian Influenza Responder Conference. The OWD orchestrated the event from contract to cleaning up. Approximately 100 attendees represented by various groups throughout the state learned how to coordinate with one another in the event of an Avian Influenza outbreak.

2008 GOALS

- Facilitate, coordinate and develop training to meet needs identified in the needs assessment.
- Place at least 10 locally developed training courses on the DE Train Learning Management System.
- Establish a DPH supervisory training program.
- Develop policy and framework for a DPH mentoring program.
- Coordinate additional Johns Hopkins University Public Health Training Center training courses.
- Establish just-in-time training program for State Health Operations Center functions.

Northern Health Services Section

2007 ACCOMPLISHMENTS

PREPAREDNESS - The entire 150 NHS staff, in partnership with several community organizations and State agencies, conducted a Mass Flu Pandemic Clinic at the Delaware Technical Community College in Stanton on Nov. 8. Staff used the state Neighborhood Emergency Help Center (NEHC) model within the national Incident Command and Control organizational structure to dispense the influenza (flu) vaccine. The public was triaged on a first come, first served basis with an average wait time of seven minutes. Within 9 ½ hours, which involved a full staff shift change, NHS staff administered 2,544 flu and 84 pneumococcal vaccinations. NHS reached three goals. First, DPH exceeded its goal of serving 2,500 people. Secondly, NHS ran a fast, efficient NEHC operation, seeing 150 to 300 people per hour. Lastly, NHS achieved its goals of providing safe, efficient and courteous service. It was the first time on many fronts: for a DPH preparedness exercise to provide public vaccinations; for a DPH flu clinic to serve the general population; and for DPH to serve children ages 6 months to 18 years in a mass flu clinic. Public reactions were extremely positive. The Public Health Preparedness Section supported operations and the Office of Health and Risk Communication coordinated a very effective advertising campaign, "Everyone Deserves a Shot."

FLU SHOTS – NHS staff, in collaboration with the Immunization Program, continued to their efforts to increase flu vaccinations among the general public. Efforts to target African American and Hispanic populations resemble those established in previous years: a flu clinic at the Latin American Community Center, attending the Latino Conference, and contacting Ezion Mount

Carmel and Bethel AME churches. Preliminary 2007 data indicates that NHS did its best job since 2005 of reaching targeted health populations.

IMMUNIZATION PARTNERSHIPS – The Immunization Coalition of Delaware, chaired by NHS Section Chief Anita Muir, has significantly increased its collaborative partnership outreach from about 10 members a few years ago to 77 current members. The group meets monthly in person and via teleconference. Partners include the DPH Immunization Program Office, Southern Health Services, Northern Health Services, several drug manufacturer representatives, the University of Delaware Health Services, the Delaware Medical Society and a cross-section of community partners. Discussions, information presentations, and communication collaborations are strengths.

TUBERCULOSIS INVESTIGATIONS - NHS continues to handle the largest number of active tuberculosis (TB) cases, with 62% of all 2007 cases residing in New Castle County. NHS managed four major TB contact investigations this year. During one case involving a high profile national company, TB staff spoke with 750 employees in a 24-hour period and tested 100 staff members. In another case involving a nursing home, TB staff talked with and tested 250 patients, staff and family members. This year, NHS' TB staff averaged a workload of 330 monthly latent TB infection (LTBI--without the disease) patient visits. NHS also made 2,144 Direct Observation Treatment (DOT) visits to clients' homes and workplaces. Staff also handled a non-compliant suspect necessitating a Public Health Emergency Order.

Northern Health Services Section

LEAD PREVENTION – Pregnant women now have the chance to participate in a primary lead prevention awareness program offered by Kids Kare and Smart Start (KK/SS) Public Health Nurses (PHN's). The PHN's work collaboratively with the Office of Lead Poisoning Prevention's NHS staff, the Beautiful Gate Outreach Center, and Delaware State University. Outreach workers with the latter two parties educate clients about preventing lead hazards in the home, provide an at-home dust wipe sample test, and direct where children can be tested if necessary, once a PHN makes a referral. This program, funded by a U.S. Environmental Protection Agency lead grant, is building a referral bank to be implemented in 2008.

COMMUNITY SERVICES - The demand for Child Development Watch (CDW) services continues to grow. In 2007, CDW followed over 2,800 children in the program. Federal and local monitoring ensures that state programs comply with regulations related to timeliness of multidisciplinary assessments, development of Individualized Family Service Plans for eligible children, and transition planning for children aging out of the program. This year, CDW's NHS staff achieved a 92% compliance with transition planning and 96% with service timelines. CDW/NHS completed its first year of outcome measurement, a project involving a

significant system change. Preliminary data for 75 children show the following outcomes:

- 62.7% are achieving or have emerging ability to achieve milestones in social emotional skills;
- 56% are achieving or have emerging ability to achieve milestones in skill acquisition; and
- 56% are achieving or have emerging ability to achieve milestones in meeting their own needs.

2008 GOALS

- Outcome Measurements tools
- Work Force Development targeting projections of employees who are eligible for retirement
- Health Disparity Issues – across the board, population-based
- Statewide managers (NHS/SHS) retreat for service analysis discussions

Public Health Preparedness Section

2007 ACCOMPLISHMENTS

STRATEGIC NATIONAL STOCKPILE – The Centers for Disease Control and Prevention ranked Delaware's SNS highly (94%) capable to receive, manage and distribute federal medications, equipment and supplies.

IN-STATE STOCKPILE LEGISLATION – PHPS developed a training program to implement this legislation, which allows non-healthcare providers to distribute medications to essential workers, to report for duty and to assist the public during state of emergencies. Lobbyists referenced research that says essential workers will respond more frequently if assured that they and their families are protected.

SHOC COMPLETION – PHPS' move to the Delaware Hospital for the Chronically Ill Campus in Smyrna finalized the establishment of a new State Health Operations Center. SHOC's audio/visual components will be installed in early 2008. An Incident Management System will allow SHOC staff to manage public health emergencies efficiently.

PANDEMIC INFLUENZA – Four pandemic influenza workshops focused on planning issues concerning criminal justice, ethics, mass fatalities and essential services for persons with disabilities. Outcomes are a mass fatality plan, an ethics board, and the involvement of DEMA, DOC and the Courts to study certain recommendations.

MEDICAL RESERVE CORPS – The Delaware Medical Reserve Corps will augment Public Health and hospital staff during emergencies. The MRC currently has approximately 150 members. PHPS has trained these volunteers. DPH assisted the Medical Society of Delaware with drafting Senate Bill 150. The bill, now signed into law, provides clear language about liability protections for Corps members. PHPS

implemented the Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) so medical volunteers can be registered, provided with emergency credentialing, and verified prior to and during emergencies. The system shares information across state lines and with federal partners.

NON-TYPICAL FUNCTION NEEDS – PHPS raised emergency responder awareness of communications, transportation and other issues facing individuals with disabilities, the homeless and others. To help responders identify and address non-typical persons who may need assistance, PHPS provided information; formed an interagency committee; and produced a brochure in English, Spanish, in Braille and on tape. PHPS offered Delawareans enrollment in the Statewide 911 Registry for households with special health needs. The Registry is maintained by the Delaware State Police. They notify first responders about households with oxygen tanks, bedridden residents, and household members with chronic conditions such as diabetes or heart problems.

DELAWARE INFORMATION AND ANALYSIS CENTER (DIAC) – The Delaware State Police's leadership recognized the successful placement of a PHPS representative in the fusion center to support DIAC operations. The fusion center brings together multiple entities such as DPH, the Delaware National Guard and those with business backgrounds to analyze intelligence activities.

CONTINUITY OF OPERATIONS PLANNING – With approval of the Secretary of Delaware Health and Social Services, PHPS is coordinating Continuity of Operations Planning (COOP) for DHSS' 12 divisions so they can maintain operations during emergencies.

Public Health Preparedness Section

MEDICAL SURGE – By February 2008, PHPS should finalize an MOU for a Southern Delaware Acute Care Center site. The site will provide an additional 50 surge beds. PHPS also purchased and stockpiled 500 portable hospital beds (joint funded with DHS funding) to support hospital surge. Additional purchases in support of a Mobile Medical Facility include beds, a powered sanitizing system; a portable oxygen generating system; and HAM radio systems for the SHOC and four of Delaware's hospitals previously without HAM Radio communications.

NATIONAL AND STATE SERVICE - Public Health Preparedness actively works with federal, national and regional entities such as the Centers for Disease Control and Prevention's Performance Measures

working group; the Association for State and Territorial Health Officials; and the Mid-Atlantic Public Health Preparedness Committee. PHPS has significantly impacted issues involving all states, such as redefining national CDC performance measures and insisting on further discussions on indicators in the Trust for America's Health annual report.

WAREHOUSE – PHPS is leasing a 60,800 square foot warehouse in Dover for stockpiled supplies and equipment. This site will serve as the Southern Receipt, Storage and Security (RSS) site for the Strategic National Stockpile. Several PHPS staff will relocate to the warehouse by January 2008 to manage stored materials.

2008 GOALS

- To evaluate SHOC's operational readiness by demonstrating a seamless transition from normal work operations to emergency and recovery operations; to identify gaps or deficiencies; to develop SHOC training; and to automate manual procedures.
- To develop Memoranda of Understanding (MOUs) with laboratories, hospitals, long-term care facilities, community health centers, and surgicenters to increase surge capacities for patient care; to develop triaging protocols; and to develop or refine response and recovery plans for family assistance centers and family reunification.
- To refine and complete our training program to deliver distance learning and just-in-time training; to dovetail credentialing programs; and to make it available for the public health and medical community, and to outside organizations and partners.
- To complete unfinished community preparedness and participation activities from the previous budget period, including a community preparedness program.
- To continue comprehensive Continuity of Operations Planning (COOP).
- To ensure the availability of mortuary supplies in the event of mass fatalities stemming from a pandemic flu event. The objective of this project, by July 1, 2008, is to incorporate and enhance mortuary capacity during emergencies by 50%. PHPS will purchase mortuary supplies and a bar coding tracking system to easily locate the deceased.
- To provide respiratory support and care outside of the hospital or healthcare system via the Mobile Medical Facility (MMF) or other alternate care site. Some activities supporting this project include purchasing 15 ventilators with pediatric capability and 36 H size portable oxygen cylinders.

Southern Health Services Section

2007 ACCOMPLISHMENTS

BREASTFEEDING -- To increase the number of women who breastfeed their infants, the Milford Health Unit hired an RN as a "Certified Lactations Consultant." The RN provides weekday case management and consultative services to Smart Start and Kids Kare cases involving breastfeeding mothers.

FAMILY PLANNING - Seaford Family Planning referred 54 pregnant women and teens to a Shipley Social Worker, who with another staff member presented the Smart Start program to the women, achieving a 90% acceptance rate.

POST-NATAL MEDICAL CARE – The A.I. DuPont Hospital for Children contacted the Seaford Public Health Unit requesting urgent assistance with a newborn with serious health issues. Since hospital staff did not know the family's location, DPH located the family and coordinated medical care.

PATCH PROJECT - The first Southern Health Services Planned Approach to Community Health (PATCH) project for Southwestern Sussex County began in August. Focus group discussions occurred in Seaford, Laurel and Bridgeville. To determine health priorities within these communities, community leaders (primarily among African American and Hispanic communities) were interviewed. The PATCH project contractor leverages the current Sussex Child Health Coalition's infrastructure with a part-time coordinator.

IMMUNIZATIONS - The African American Access Initiative (AAAI) convened in September to address issues specific to the health of the African American population. To increase by 10 % the number of African Americans receiving influenza shots from Southern Health Services, six churches allowed vaccination clinics to coincide with

their Sunday services. The AAAI committee will consider other specific interventions to reduce the health disparities gap.

CULTURAL COMPETENCE - To better service the Milford Health Unit (MHU) and satellite WIC clinic clients, the MHU hired bilingual staff including a seasonal Registered Nurse, an Operations Support Specialist, two Social Service Technicians and a Nutritionist. Currently, Spanish-speaking staff members are available in Sexual and Reproductive Health, WIC, Child Health, Smart Start and Kids Kare programs.

HIV CASE MANAGEMENT - Staff referred approximately 125 HIV Case Management and Ryan White clients to community-based organizations such as the Sussex County AIDS Council and the Delaware HIV Consortium. The clients needed health services, dental and medical care, food supplements and transportation.

RAPID HIV TESTS - All Sexual and Reproductive Health clients now receive rapid HIV tests. Providing rapid HIV tests eliminates repeat visits for HIV test results, allowing medical staff to serve more clients.

BUILDING BLOCK OUTCOMES - Child Development Watch (CDW) statewide implemented a Delaware Building Block Outcomes Project to better define the progress of Delaware's children with special health care needs. The project tracks functional abilities versus simply skills assessment and deficit-based evaluations. SHS' CDW staff was trained to enhance their evaluation abilities and skills. Outcome measurements verify quality of service provision and increased accountability of service providers, increasing family participation in the process.

Southern Health Services Section

ACCESS TO STD SERVICES - To prevent and control sexually transmitted diseases (STD), MHU began offering STD services in November. A Kent County Health Unit DIS worker is assigned to assist with MHU's case management weekly.

TB CLINIC RELOCATION – When the Georgetown HIV Wellness Center left the state service center for Stockley Center, the move allowed the Georgetown Health Unit TB Clinic to stretch into the vacated space. On Nov. 27, the TB Clinic relocated to the vacated suite. The refurbished clinical area is twice the size of the former, and includes an isolation room with negative air pressure for sputum collection; eight medical offices; and an area dedicated for staff meetings. One examination room is a designated Direct Observed Therapy area, with dual computer capabilities for reading online and monitoring CD chest radiographs.

STARDOM FOR SEAFORD CLIENT – A Child Development Watch client from Seaford was chosen to represent the National Down Syndrome Society, according to the Sept. 13 *Seaford Leader* and *State Register*. Gloria Boardman's client was selected from over 2,500 applications due to her ability to be included in typical settings. As part of October's National Down Syndrome Awareness Month, the child's photo will be included in the National Down Syndrome Society video to be shown on New York City Times Square's Newscorp Astrovision.

With CDW's encouragement and support, her family participated in Hanen training, It Takes Two to Talk, Stay and Play, and Partners in Policy Making. The family received individual therapy and early childhood education services through Early Choices. They also received supportive services at home and in the childcare setting for their daughter from age eight months through transition at age three.

CDW's Specialized Community Services (SCS) staff provided consultative and coaching services at the childcare location for motor development, as well as coordination between the childcare staff and family. The child's parents continue to be excellent advocates for children with special needs. This client represents one of CDW's first and longest collaborations in typical settings. More importantly, the client represents what children can accomplish when supported by CDW's Specialized Community Services team!

2008 GOALS

- Assure access to health services for vulnerable Kent and Sussex County residents.
- Partner with the Bureau of Chronic Disease programs to foster collaboration between SHS services and chronic disease management and prevention in the areas of cancer, diabetes and heart disease.
- Assure proficiency among SHS staff who deliver services in Neighborhood Emergency Health Centers.
- Assure support for breastfeeding women at Kent and Sussex health care agencies, SHS clinic sites, and in family settings using a variety of strategies.
- Develop a "Life Plan" strategy for sexual and reproductive health clients that will include age-appropriate, progressive services and information for teens to prevent unplanned and unwanted pregnancies.
- Assure that all eligible Kent and Sussex children have access to Child Development Watch services.

Support Services Section

2007 ACCOMPLISHMENTS

PROCESS IMPROVEMENT – Support Services worked with a team of staff from across the division (the Process Improvement Team, or PIT) to examine some of DPH's business processes. Following a travel process analysis, the travel policy was revised and a new process developed. Support Services provided training across the division on the new policy and process. The PIT is now examining DPH's grants process.

HELPDESK RESPONSE - In 2007, the Information Management Services Bureau's Network Technicians resolved 5,963 requests for assistance.

SAFEGUARDING HIPPA DATA - In late June, the Information Management Services Bureau met with School-Based Health Services Program representatives to discuss deficiencies in current practices and procedures that endanger the safety of HIPPA data. A plan is being developed to address these issues at the program level with assistance from IMS.

IT PURCHASING - The Technology Purchase Order System (TPOR) purchasing system allowed for streamlined purchases of computers and accessories. Requestors now have the ability to track purchases through their lifecycles. IMS processed over 300 TPOR's, including the acquisition of 176 desktop computers, 26 laptop computers, 39 desktop printers and 27 network printers.

LAPTOPS ON LOAN – DPH employees may now borrow quality laptops through IMS' Laptop Loaner Program. The pool supports users with real but infrequent needs for portable computers but without access to shared section or program laptops. To borrow a laptop, employees must submit a Helpdesk ticket.

COST SAVINGS - IMS Network Technicians implemented a software solution that allows every DPH user to create PDF files without spending \$500 for each Adobe Acrobat license. If IMS were to purchase Adobe for DPH's approximately 1,500 employees, it would cost the division \$750,000. With this solution, DPH's cost for Adobe will be less than \$5,000 a year.

REGISTERING NATURAL RADIOACTIVITY – As directed by the federal Energy Policy Act of 2005, DPH transferred its primary licensing, inspection and enforcement authority for naturally-occurring or accelerator-produced radioactive materials to the U.S. Nuclear Regulatory Commission (NRC), effective Jan. 31, 2008. The State continues to maintain a registry for purposes of local accountability and emergency response. IMS designed a new functionality in the Office of Radiation Control's (ORC) database to register and track all radioactive isotopes in Delaware. ORC is sharing that information with the NRC and the Delaware State Police in the interest of public safety.

NEWBORN SCREENING FOLLOW-UP - IMS added Delaware rules to the Newborn Screening Program's existing vendor application. Delaware now benefits from other states' application improvements. Since Newborn Screening Program users can access infant health information faster, they can rapidly follow up on abnormal screenings.

OTHER SYSTEMS IMPROVED - IMS added prostate screening to the Screening for Life (SFL) databases. IMS and LTC implemented a new computer Dietary Management System for Emily P. Bissell Hospital, Governor Bacon Health Center, and the Delaware Hospital for the Chronically Ill.

Support Services Section

BETTER IMMUNIZATIONS RECORDS –

The Immunizations Program's records are now more accurate, allowing providers to administer better care. The records enhancement occurred when IMS expanded the electronic data gathering process to include insurance providers as well as medical providers.

EXTERNAL COMMUNICATIONS - IMS staff issued 16 Health Alert Notices in 2007. IMS maintains the Health Alert Network database, which grew to 1,480 people in 2007 after IMS added 79 new people to it.

WEB OUT! - IMS staff is responsible for the technical review of all web pages. The DPH website had 2,004,894 hits in 2007: an average of 167,075 hits monthly. This is a more than 25% increase in traffic on our website, compared to 2006.

CONTRACTS AND GRANTS – The Bureau of Contracts and Grants Management received, reviewed and processed more than 55 grants and more than 660 contracts, memoranda of agreement, and requests for proposals. In FY 2007 Grants and Contracts staff handled a workload increase of more than 20% over the previous year and completed the additional work without hiring more staff!

AIMING FOR STRAIGHT A's - The Contracts and Grants Management Bureau is developing a contract grading system. The system will be implemented in FY08 for the contract audits. The grading system will provide section managers with data regarding the quality of their contracts, from development through completion and close of the contract.

FINALIZING THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS –

In August, Support Services forwarded the Executive Summary for the National Public Health Performance Standards Program assessment completed in 2006. DPH staff and 13 partners responded to the survey. Approximately 37 hard copy letters with the Executive Summary were sent to public health partners designated by the Director.

2008 GOALS

- Continue with the process improvement initiative for business processes.
- Implement a contract grading system to increase quality and accountability in contract development and management.
- Complete an information management strategic plan for the division.

