

JOINT FINANCE COMMITTEE HEARING
FISCAL YEAR 2020 BUDGET



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DIVISION OF PUBLIC HEALTH
Department of Health and Social Services
March 20, 2019
Legislative Hall, Joint Finance Committee Hearing Room

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

Thank you for the opportunity to speak with you today and present our Fiscal Year (FY) 2020 Governor's Recommended Budget.

DIVISION OVERVIEW

- Our **mission** is to protect & promote the health of all people in Delaware.
- Our **vision** is healthy people in healthy communities.



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DPH's mission is to protect and promote the health of all people in Delaware. Our vision is healthy people in healthy communities. We do this by providing a variety of services and programs in partnership with many private, public, professional and community entities statewide.

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

Before reviewing the Governor's Recommended Budget (GRB), let me begin with highlighting some of our accomplishments over the last year and some challenges that we face moving forward.

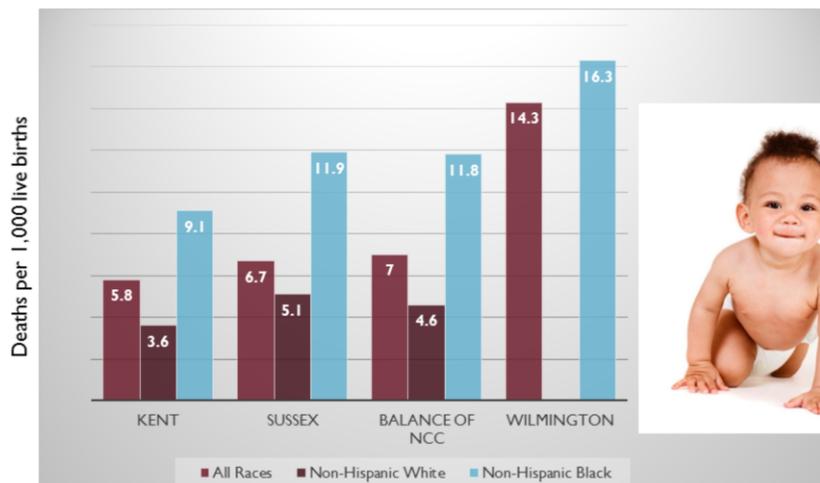


We recently launched Healthy Communities Delaware (HCD) from the 5 year State Innovation Model (SIM) Grant. HCD is a collective impact initiative to enhance the alignment, coordination and the volume of investments in Delaware’s communities aimed at improving the health and well-being of individuals in low-wealth neighborhoods. In a few moments, I will discuss why this initiative is critical to improving poor health outcomes in Delaware.

This past year was a particularly challenging year for infectious diseases in Delaware. DPH and our partners responded to Pertussis and Mumps outbreaks, two tuberculosis (TB) outbreaks, the worst flu season in recorded history and our first human rabies death in nearly 80 years.

The Health Promotion and Disease Prevention Section within DPH has been expanding access to evidence based self-management training programs that are designed to help people prevent and manage chronic diseases. We are collaborating with the Delaware Medical Reserve Corp and now have hundreds of trainers across the state who are implementing the following self-management programs: Diabetes Self Management; Chronic Disease Self-Management; Cancer Thriving and Surviving Self-Management; and Chronic Pain Management.

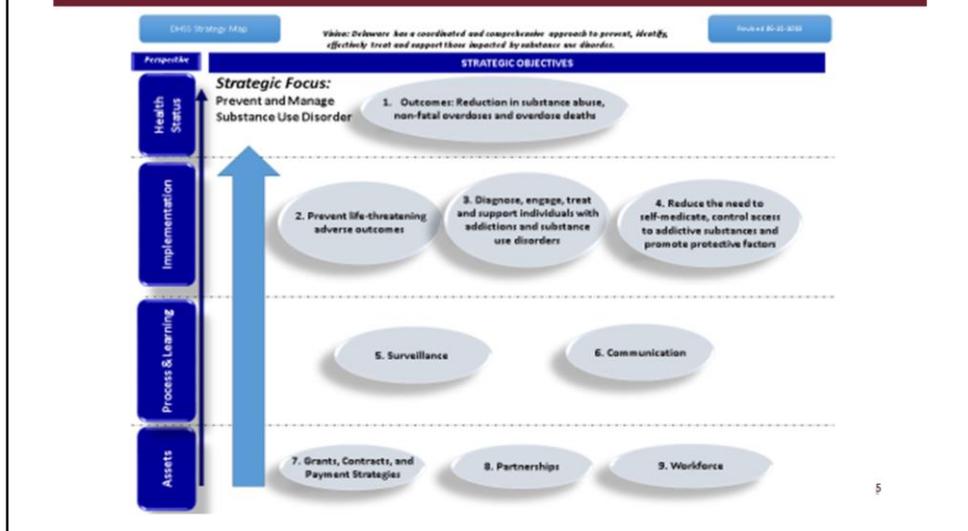
INFANT MORTALITY RATE BY RACE & COUNTY DELAWARE, 2013-2017



* Rates with counts less than 20 are suppressed Source: Delaware Health Statistics Center

We have made significant progress in the past decade, but it remains true that too many of our babies in Delaware do not live to see their first birthday. Our infant mortality rate is still significantly higher than the national average. The African-American infant mortality rate is more than twice as high as the White infant mortality rate in Delaware. We have plans to more directly address social determinants of health factors that contribute to poor birth outcomes.

ACCOMPLISHMENTS – OPIOID AND SUBSTANCE ABUSE DISORDER (SUD)



The opioid epidemic is a priority for DPH. We are working hard to coordinate efforts across state government and with our many partners. We are using data better to understand this crisis and to inform our response. Delaware is ranked first in the nation for prescribing high-dose opioids and long-acting opioids. DPH is working in partnership with the Division of Professional Regulation to improve safe opioid prescribing and promote better pain management, this includes a revamped provider section of HelpsHereDe.com website.

In September, Delaware became the first state in the nation to have legislation signed creating an Overdose System of Care. The system involves establishing interventions to assist first responders and those in the emergency departments in saving lives and better connecting those who have overdosed to the most appropriate care. 2018 was significant regarding our ability to expand access to the overdose reversing medication, naloxone, to first responders and members of the public. This last year has also been significant for the long awaited expansion of the Syringe Services Program. Starting with a well-established record of accomplishments in Wilmington, there are now 17 sites statewide, with a target of approximately 30 sites after full expansion.

Finally, in the 2017- 2018 school year, DPH partnered with the Department of Education (DOE) to pilot the Botvin LifeSkills® curriculum in five middle schools statewide to teach students the skills they need to prevent addiction and promote positive decision-making.

FY 2020 GOVERNOR'S RECOMMENDED BUDGET

FY 2020 Governor's Recommended Budget (\$ in thousands)

	GF	ASF	NSF	Total
FTEs	345.0	59.0	203.5	607.5
Dollars (\$)	35,796.1	37,455.7	68,451.3	141,703.1

Budget Definitions:

GF – General Funds
 ASF – Appropriated Special Funds
 NSF – Non-Appropriated Special Funds
 FTEs – Full Time Equivalent Positions



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The slide above shows the budget included in the FY 2020 Governor's Recommended Budget (GRB).

Our Division's FY 2020 GRB is:

- \$35,796,100 [thirty five million, seven hundred ninety six thousand dollars] in General Funds (GF);
- \$37,455,700 [thirty seven million, four hundred fifty five thousand] in Appropriated Special Fund (ASF) spending authority; and
- \$68,451,300 [sixty eight million, four hundred fifty one thousand] in Non-Appropriated Special Funds (NSF).

These funds will allow us to maintain the FY 2019 level of service while we continue to explore new and/or low cost program improvements that meet the goals set by the Governor's Action Plan.

I also pause here to mention the importance we place on the upcoming U.S. Census. DHSS is a member of the Complete Count Committee and we support a comprehensive rollout of the Census across our state that counts everyone. Given that nearly 50% of our funding comes from federal sources, we understand the impact that an accurate count has on the federal funding we receive for many of our public health programs.

FY 2020 GOVERNOR'S RECOMMENDED BUDGET

- \$350.0 Continuation of Statewide Syringe Services Program
- \$100.0 Community Naloxone
- \$1,494.5 Delaware Contraceptive Access Now (DE CAN) Sustainability
- \$500.0 Healthy Communities Delaware – Health Fund
- \$1,000.0 Health Innovation Funds – Health Fund



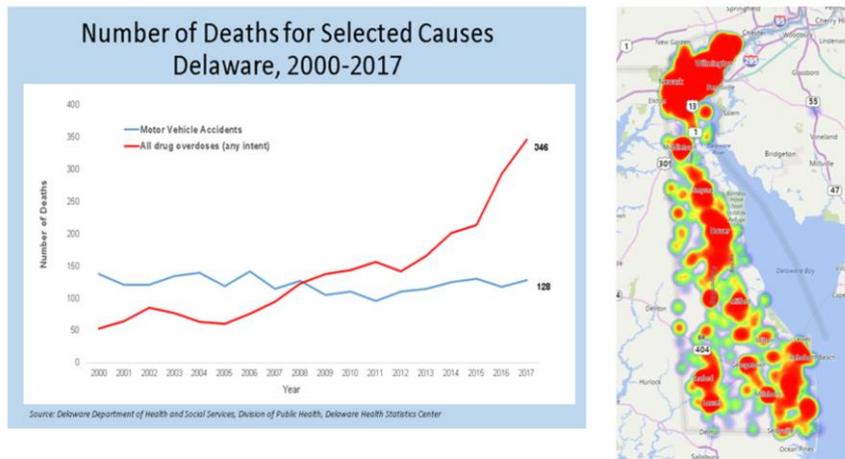
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The GRB includes:

- \$350.0 for Continuation of Statewide Syringe and Needle Exchange Program;
- \$100.0 for the Community Naloxone program;
- \$1,494.5 for Delaware Contraceptive Access Now Sustainability;
- \$500.0 for Healthy Communities Delaware in the Health Fund; and
- \$1,000.0 for Health Innovation Funds in the Health Fund.

In the slides ahead, I will highlight the initiatives that will be sustained by these funds.

LOOKING AHEAD: ADDICTION EPIDEMIC



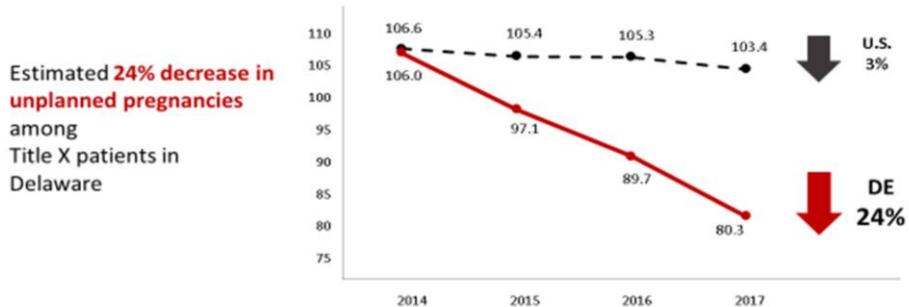
Now we'd like to take a look at the work ahead of us. Drug overdose deaths surpassed deaths caused by motor vehicles in 2009. Since that time, there has been a significant increase in the number of drug overdose deaths. In 2017, 345 Delawareans died of a drug overdose, placing Delaware as 6th highest in the nation for overdose deaths.

The map on the right depicts the number of naloxone administrations in 2018. In 2018, there were a total of 2,474 first responder patient contacts involving naloxone. Many lives have been saved by having naloxone widely available but more needs to be done to turn this heartbreaking crisis around. We need to ensure that naloxone is always available to those who first respond, including friends and family members.

We also need to ensure our system supports engaging those who have overdosed into treatment, and we must continue to focus on prevention efforts, including safer prescribing, better pain management practices and supporting evidence-based school and community prevention interventions.

LOOKING AHEAD: DELAWARE CONTRACEPTIVE ACCESS NOW (DE CAN)

Estimated Reduction in Unplanned Pregnancy



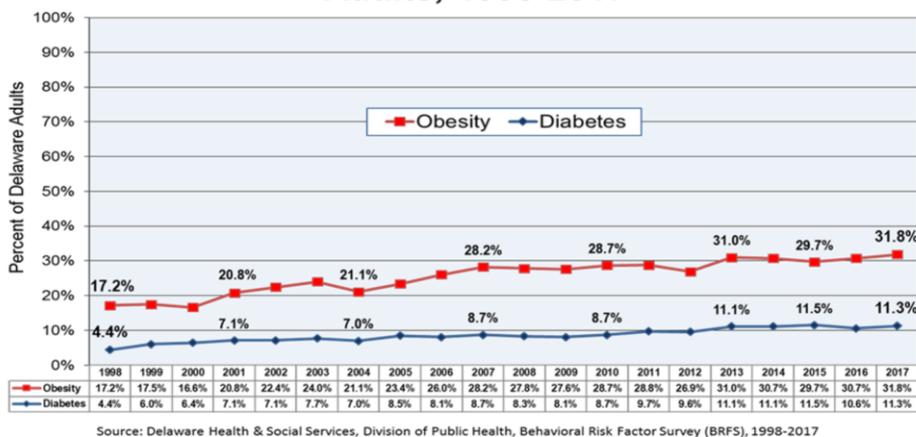
upstream

Source: FamilyScope simulations using state-level Title X data from Delaware and from U.S. Title X data, 2014-2017 *Study limited to women ages 20-39 at risk of unintended pregnancy (sexually active and not pregnant or seeking pregnancy)

Delaware previously held the record for having the highest unintended pregnancy rate in the nation. The DE CAN initiative, which stands for Contraceptive Access Now is a collaboration between DPH, the Division of Medicaid and Medical Assistance and Upstream USA. This initiative is focused on removing barriers to contraception, including the most effective methods, for all Delaware women. This project is linked to an estimated 24% decline in unintended pregnancies and truly demonstrates how policy, systems and environmental changes implemented simultaneously yield collective impact. As Upstream utilizes the Delaware experience as a model to spread this work to other states, DPH is setting up processes to sustain pieces of this work moving forward.

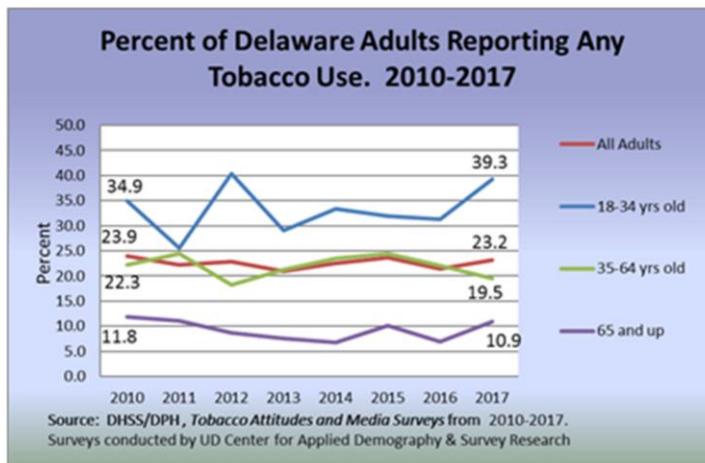
LOOKING AHEAD: CHRONIC DISEASES

Obesity and Diabetes Among Delaware Adults, 1998-2017



Delaware still faces many challenges from chronic diseases, including heart disease, cancer and diabetes. Delaware fortunately has seen a leveling of obesity prevalence – and with it diabetes prevalence – over the past decade. However, during the previous two decades we saw a doubling of both obesity and diagnosed diabetes. So while we are pleased to see a plateau, Delaware’s incidence of obesity and diabetes places us among the group of states with the highest incidence of these diseases. More importantly, these largely preventable conditions place a heavy quality of life burden on individuals and families affected and are very costly to our health system and society as a whole. We cannot allow these high rates to become the new normal. Consistent with the Health Care Quality Benchmark priorities, obesity and physical inactivity must be addressed if we are to decrease Delaware’s high health care expenditures.

LOOKING AHEAD: TOBACCO USE



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I remain extremely concerned about the prevalence of tobacco usage in our state. Tobacco remains the leading cause of preventable death and disability in Delaware and the United States. Nicotine is highly addictive and there is no safe amount of nicotine for a person to consume. While cigarette smoking continues to go down, the rise in popularity of other tobacco products – especially e-cigarettes – is of great concern. In 2017, 13.6% of public high school students were current e-cigarette smokers, 39.3% have tried e-cigarettes and 19.4% were regular users of tobacco products.

From the chart above you can see that 39.3% of young adults in Delaware were regular users of tobacco 2017 and is on the rise. It is critical that we do all we can to prevent youth and young adult tobacco initiation in order to prevent a lifelong addiction to nicotine. This is also a key indicator for the Benchmark priorities given the role of tobacco usage in our high health care expenditures.

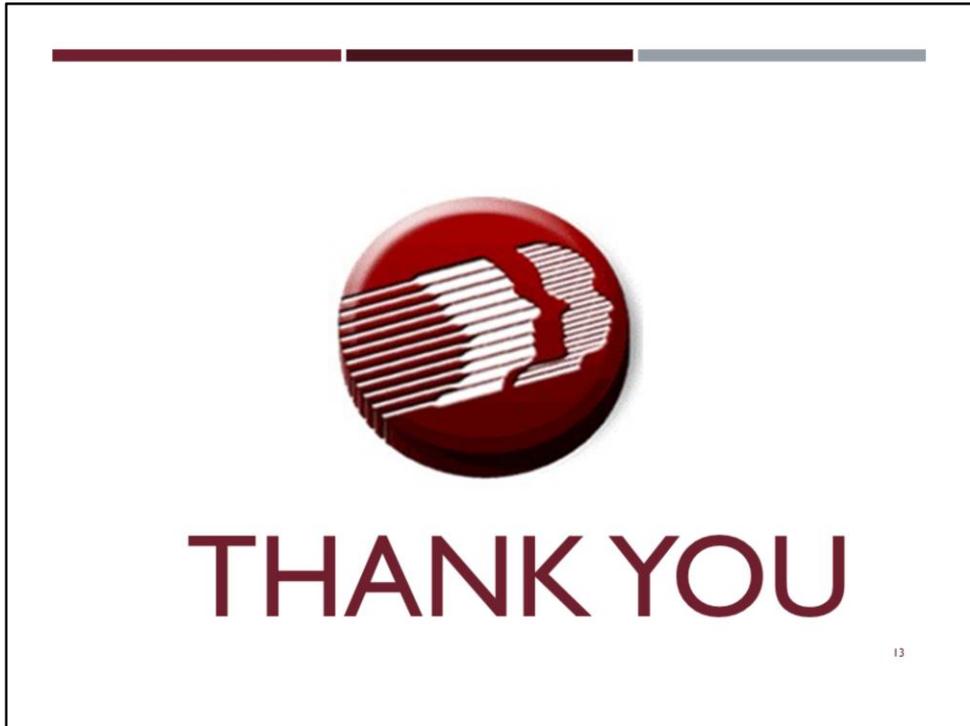
We are excited about Senate Bill 25 to increase the tobacco purchase age to 21 and appreciate the support of the General Assembly.

LOOKING AHEAD: SUSTAINABLE HEALTH IMPACTS



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In order to truly make a difference in addressing health disparities and the high burden of poor health outcomes in Delaware, it is critical we focus with the communities where help is needed the most. As I previously mentioned, Healthy Communities Delaware (HCD) was recently launched and will enable aligned, meaningful investments to impact health in our low-wealth neighborhoods. The work under HCD is complimentary to current Department-wide efforts related to impacting social determinants of health. The social determinants of health are the conditions in which we live, learn, work, and play, which health experts now recognize play a huge and significant role in affecting overall health and quality of life. This place-oriented initiative consists of a Leadership Council to set HCD's goals and priorities; a Community Investment Council involving a variety of investors who want to be a part of meaningful and measurable community initiatives; and a Management Group which will be an administrative backbone organization providing a range of research, planning, evaluation and managerial support services to help all parties accomplish their goals and objectives for improving community level health. The Delaware Community Foundation, the University of Delaware and DHSS/DPH make up the HCD Management Group.



Thank you for the opportunity to share with you the challenges and opportunities facing the Division of Public Health. I am happy to answer any questions you may have.