AGENDA

- Welcome and Introductions
- Approval of Minutes
  - November 5, 2020 Meeting
- Litigation Update
- Budget Update
- Overview of Delaware Health Trends
- Innovation Fund Update
- Process for Developing FY 23 Recommendations
- Public Comment
- Adjournment
APPROVAL OF NOVEMBER 5, 2020 MEETING MINUTES
LITIGATION UPDATE

VANESSA KASSAB, DEPUTY ATTORNEY GENERAL
FY 23 BUDGET UPDATE
CARLA CASSELL-CARTER, OFFICE OF MANAGEMENT AND BUDGET (OMB)
State of Delaware
Financial Overview
Health Fund Advisory Committee
October 13, 2021
Agenda

• FY 2022 Budget Package Overview
• DEFAC Revenue Forecast
• Cost Drivers
• Spending Limitations
• FY 2023 and What’s Next
Fiscal Year 2022 Financial Package

• General Fund Operating Budget............$4,771.5 M
  ▪ GF Operating Budget Growth 4.9% ($224.5M)

• Bond and Capital Improvements Act.....$1,350.9 M
  ▪ State Capital Projects ............... $964.8M
    – G.O. Bonds ............. $255.9 M
    – Cash ................. $692.3 M
    – Other ............... $16.6 M
  ▪ Transportation Authorizations ... $386.1 M

• Grants-In-Aid...........................................$63.2 M

• One-Time Supplemental.........................$221.1 M

• Budget Stabilization Fund.......................$287.3 M
DEFAC: Five Year Revenue Forecast

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Cost Drivers: Student Units

Source: September 30th Student Enrollment and Unit Allotment Reports. Figures do not include Dover Air Force Base.
Spending Limitations

- 98% Appropriation Limit
- 2% Set-Aside
- 5% Rainy Day Fund
- Executive Order 21
  - EO is Non-binding to the General Assembly
- Debt Issuance

29 Del. Code §7422: [https://delcode.delaware.gov/](https://delcode.delaware.gov/)
What does this mean for FY 2023?

• Continue with COVID-19 response
• Updated revenue forecast Oct. 18
• Three budgetary issues:
  1. Anticipate less resources to spend in FY 23 than we have in FY 22
  2. Mandatory cost increases (Door Openers) estimated at $190M+
  3. BSF is up to $287.3M
What’s Next?

- October – review of agency budget request submission
- October/November – OMB Public Hearings – Operating and Capital Budget Requests
- December 18, 2021 – DEFAC Meeting
- January 2022 – Governor’s Recommended Budgets
- February – JFC Public Hearings – Operating Budget
- February – Bond Bill Public Hearings – Capital Budget
- March – DEFAC
- April – DEFAC
- May – DEFAC
- May – JFC Markup – Operating Budget
- June – DEFAC
- June – Bond Bill Markup – Capital Budget
OVERVIEW OF DELAWARE HEALTH TRENDS
TOBACCO USE
QUALITY BENCHMARK FOR TOBACCO USE

Cigarette Smoking: Actual and Goals

*Behavioral Risk Factor Surveillance System, CDC
Delaware Adult Cigarette Smoking Prevalence, 2011-2020

Smoking prevalence has DECREASED by 30.7% since 2011

Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011-2020
High School Students who EVER Used Electronic Vapor Products, 2015-2019

Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 1999-2019
Comparison of Current Use of Different Tobacco Products, Statewide 2017 and Kent County 2017 and 2019

Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 2017 & 2019
QUALITY BENCHMARK FOR HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE

*Youth Risk Behavior Survey, CDC

**There is no benchmark for 2020 because there will be no data available to measure performance. The survey serving as the data source is administered by the federal government every other year.
CHRONIC DISEASES
High School Students who were Obese, DE and US, 1999-2019

Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 1999-2019
Prevalence of Delaware Adults Diagnosed with Diabetes by Race, 2000-2020

Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1995-2020
OBESITY/OVERWEIGHT

• **Obesity:** 21.2 percent of obese Delaware adults have diabetes, compared to 4.7 percent of normal weight Delaware adults.

• **Overweight:** 10.8 percent of overweight Delaware adults have diabetes, compared to 4.7 percent of normal weight Delaware adults.

Prevalence of Delaware Adults Diagnosed with Hypertension, 2001-2019

Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2001-2019
COVID-19 AND CHRONIC DISEASE

- Linked to increased severe illness and negative outcomes:
  - OBESITY
  - PREDIABETES
  - DIABETES
  - HYPERTENSION

- COVID-19 Illness is also linked to new onset diabetes
  - Could affect diabetes prevalence estimates in the upcoming years
CANCER SCREENING
Prevalence of Delaware Women age 40 and Older Who Have Received a Mammogram Within the Past Two Years, 2000-2020

Source: DHSS, DPH, Behavioral Risk Factor Survey, 2000-2020
Cancer Screening Rates in Delaware

Screening for Life Cancer Screening Rates 2019-2021

Colorectal: 122 (May 2019-May 2020), 67 (May 2020-May 2021)
Prevalence of Delaware Adults by Race Who Have Met the USPSTF Colorectal Cancer Screening Recommendations, 2014-2020

Source: DHSS, DPH, Behavioral Risk Factor Survey, 2014-2020
ESTIMATED ECONOMIC COSTS OF CANCER

- According to the National Institutes of Health, the projected National total cost of cancer care in 2020:
  - $173 Billion
    - 39% increase from 2010
  - Prostate Cancer and Breast Cancer estimated to see the largest increase in expenditures

MATERNAL AND CHILD HEALTH
Preterm Births

Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, Vital Records Data, 2010-2019.
Infant Mortality

![Graph showing Infant Mortality Rates in Delaware from 2010-2019](image)

Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, Vital Records Data, 2010-2019.
Adverse Childhood Experiences

Adverse Childhood Experiences in the U.S. and Delaware, 2016-2019

Adverse Childhood Experiences cont.

SOURCE: NATIONAL SURVEY OF CHILDREN'S HEALTH (NSCH)
Neonatal Abstinence Syndrome

![Graph showing the rate of Neonatal Abstinence Syndrome from 2010 to 2019 with 95% Confidence Intervals. The graph includes data points for each year, with the highest rate in 2015 at 30.8 per 1000 birth hospitalizations, and the lowest rate in 2010 at 14.1 per 1000 birth hospitalizations. The 2017 National Sample Estimate was 7.3 (95% CI: 6.8-7.7). Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, Hospital Discharge and Vital Records Data, 2010-2019. Rates are presented with 95% confidence intervals; UCL = upper confidence limit; LCL = lower confidence limit. 2019 data contains ICD-9-CM and ICD-10-CM changes. Excludes iatrogenic cases. 2018 data are updated to reflect updated HDD records. 2019 NAS rate may be a slight underestimate as 2019 data contains less overall newborn records for Delaware Residents.]

SOURCE: HOSPITAL DISCHARGE DATA
SUBSTANCE MISUSE AND MENTAL HEALTH
REVERSING THE OPIOID CRISIS

Rate of Opioid-Related Overdose Deaths in Delaware

Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center
Monthly suspected non-fatal drug overdose rates, Emergency visits, by drug type, Delaware residents, January 2016-July 2021

Data source: Delaware Department Health and Social Services, Division of Public, Health Statistics Center and Delaware Electronic Surveillance System for the Early Notification of Community-based Epidemics (DE-ESSENCE). Notes: All drug, opioid, heroin, and stimulant categories were defined using syndromic surveillance definitions found in the National Syndromic Surveillance Platform (NSSP) and utilized in the Overdose Data to Action Technical Guidance for the Drug Overdose Surveillance and Epidemiology (DOSE) System, as of August 27, 2021. Rates based on counts less than 20 were suppressed.
MENTAL HEALTH EMERGENCY RATES

Monthly mental health indicators, Emergency visits, by key indicators, Delaware residents, January 2016 - July 2021

Data source: Delaware Department Health and Social Services, Division of Public, Health Statistics Center and Delaware Electronic Surveillance System for the Early Notification of Community-based Epidemics (DE-ESSENCE). Notes: Mental health, suicide-related, and disaster-related mental health were defined using syndromic surveillance definitions found in the National Syndromic Surveillance Platform (NSSP) and utilized in the Overdose Data to Action Technical Guidance for the Drug Overdose Surveillance and Epidemiology (DOSE) System, as of February 11, 2021. Rates based on counts less than 20 were suppressed.
HEALTHY COMMUNITIES DELAWARE INNOVATION FUNDING UPDATE
Goal: To improve health, well-being and equity in low-wealth Delaware communities through alignment, investment and impact

A network of partners, managed as a collaboration among:

- Delaware Division of Public Health
- University of Delaware Partnership for Healthy Communities
- Delaware Community Foundation

Long-term initiative to advance healthy, safe and vibrant communities

Work in partnership with communities on resident-driven priorities related to the social determinants of health
Social Determinants of Health/Vital Conditions

- The conditions in which people are born, grow, live, work and age
- Shaped by the distribution of money, power, resources, structural racism
- Mostly responsible for health inequities - the unfair and avoidable differences in health status
**WHERE DO WE SPEND? WHERE SHOULD WE INVEST?**

### Vital Conditions/ Social Determinants of Health

- Transportation
- Environment
- Housing
- Financial Health & Wealth
- Job Creation, Workforce Development, Meaningful Work
- Education
- Community Vitality, Belonging, Civic Muscle
- Basic Needs for Safety
- Basic Needs for Health (including Healthy Food)

### Urgent Needs

- Acute Care for Illness & Injury
- Homelessness Services
- Unemployment & Food Assistance
- Environmental Clean up
- Criminal Justice, Violence, Emergencies
- Addiction and Recovery
$1.4m Investment in Vital Conditions/SDOH

Community Vitality
Education
Environment
Food & Agriculture
Financial Health & Wealth
Humane Housing
Job Creation & Workforce Development
Public Safety
Health System & Services
Transportation

Thriving People & Places
OUTCOMES: LEVERAGED AND ALIGNED FUNDING

- Investment through HCD: $1.4 million
- Aligned Funding: **Over $3.3 million**
  - DHSS CARES Act funding
  - DPH PANO
  - DPH Health Equity
  - Partnership for Healthy Communities - MPH students
- Leveraged due to HCD: **Over $2 million**
  - Nemours
  - Cornerstone West
  - Central Baptist CDC
  - Be Ready CDC
  - La Esperanza
La Esperanza (Georgetown, Western Sussex County)
- Resource Navigation and Family Coaching to provide bi-lingual services (funding for staff)
- HCD Funding: 48,000
- Funding Leveraged: $350,000
- Direct financial support to immigrants who do not have access to other resources.
- La Esperanza community guides screened clients for self-sufficiency, provided relevant referrals, and connected them with the financial resources.
- Having staff in place, both at La Esperanza and in the community in Georgetown, Seaford and Bridgeville (soon to be Milford and Laurel), made these resources more accessible to a wider range of families.
Community-driven priorities identified

- Community Need Assessment and Action Plan
  - Derby Estates, Manchester Square & Willis Rd. Commons
Increased food security and increased access to healthy food
  • 8,136 home deliveries of fresh produce to low-income families (NCC)
  • 1 Food Access Initiative Business Plan

Increased affordable housing
  • 1 Housing Market Analysis

Increased community and home safety
  • 272 revitalization services for 152 residents (e.g., AC/furnace tune-ups, video doorbell installation, gutter cleaning, etc.)

Increased access to safe spaces that support well-being/health
  • 1 Architectural plan for community center

Increased capacity to support community change
  • 2 Staff members employed to support community change
PROCESS FOR DEVELOPING FY 23 RECOMMENDATIONS
FY 23 TIMELINE

- October
  - 10/13- Meeting #1
    - Overview of settlement and budget
    - Review of applications and recommendation scenarios
  - 10/26- Meeting #2
    - Review recommendation scenarios

- November
  - TBD- Meeting #3
    - TBD
    - Vote on final recommendations
  - 11/15- Recommendations due to Governor Carney and the General Assembly

- Questions?
PUBLIC COMMENT
NEXT PUBLIC MEETINGS:

- Tuesday, October 26, 2021
  - 10:00 am – 12:00 pm
  - Virtual

- TBD
  - Virtual
THANK YOU