

2019 Beebe Healthcare Community Health Needs Assessment



Prepared by Beebe Healthcare Population Health Service Line June 2019

About the Photos:

For over 100 years Beebe Healthcare has served the Delaware Beach community and surrounding areas of Sussex County. Sussex County is one of the fastest growing counties in the nation and Beebe's goal is to make it one of the healthiest counties in the nation. To meet the needs of all ages and walks of life in our community, Beebe is embarking on an ambitious, \$200 million dollar plan to expand its facilities as well as continue to recruit and retain its award-winning team of healthcare professionals. As the community has grown, Beebe Healthcare, once a small family hospital continues to grow into a large, state-of-the-art healthcare system. Expansion projects include our South Coastal Cancer Center and free-standing Emergency Department, our Rehoboth Campus Specialty Surgical Hospital and the Hybrid Operating Room at the Margaret H. Rollins Lewes Campus. By design, these endeavors will continue to support our goal to improve the health of the county population as a whole.



Margaret H. Rollins Lewes Campus is undergoing renovations that include refurbishment of current semiprivate patient rooms to private rooms and additional on-site parking. An improved main entrance and the creation of a new West Lobby will make navigation much easier for patients and visitors. A new Hybrid Operation Room and a third Cardiac Catheterization/Electrophysiology Lab are scheduled for completed this fall. With the latest in advanced technology such as state-of-the-art da Vinci Robotic Surgical System and the Center for Heart and Vascular Services, patients will have access to less invasive procedures resulting in shortened recovery times and decreased risk of post-operative complication.



South Coastal Cancer Center will offer all of the services currently available at the Tunnell Cancer Center in Rehoboth: medical oncology, chemotherapy and radiation oncology. Beebe Healthcare’s cancer care teams are committed to providing every patient and their family extraordinary care with great compassion. Opening summer of 2020.



South Coastal Campus on Route 17 in Millville will provide care at a new freestanding Emergency Department (ED) as well as Level III trauma center. It will be open year-round, 24 hours a day, 7 days a week. There will be 14 emergency bays, onsite imaging and laboratory, and a helipad. We expect to provide emergency care for approximately 15,000 people annually. This ED is scheduled to be open in summer of 2020 and will be in addition to the existing Millville Walk-In clinic, which will remain open year-round.



Specialty Surgical Hospital Rehoboth Campus will enhance and expand access to advanced medical technologies and outpatient services. Outpatient and short stay surgeries offer many advantages over traditional inpatient surgery, without compromising quality of care. Some benefits of outpatient and short stay surgery include: recovering in the privacy of your own home, generally lower costs and less stress than an extended patient stay.

This world-class, destination campus will have a dedicated floor for *Women's Health* and *Labor & Delivery* and will be the future home for Beebe Healthcare's newly created *Center for Robotic Surgery*.

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I. Executive Summary:

Beebe Healthcare is a not-for-profit, community health system, with the charitable mission to encourage healthy living, prevent illness, and restore optimal health with the people residing, working, or visiting the communities we serve. The healthcare system's vision is for Sussex County to be one of the healthiest counties in the nation. Our core values include dedication to excellence in healthcare, instilling knowledge to empower community members to live healthier lives and prevent illness, and a patient-centered approach to care across the continuum of services offered throughout Sussex County, Delaware. In an effort to further the health of the community and fulfill the Internal Revenue Service requirement, Beebe Healthcare conducted a Community Health Needs Assessment beginning in June 2018 and concluding in June 2019. The purpose of the assessment was to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.

Sussex County, Delaware is designated as a Health Professional Shortage Area (HPSA) for primary medical, mental health and dental care. There is one Federally Qualified Health Center in the county, La Red Health Center in Georgetown, which serves individuals from all across the county. In an effort to meet the population's needs, Beebe has a long standing history of extensive community benefit efforts and viewed the current Community Health Needs Assessment as an opportunity to establish findings from extensive data analyses and corroborate this through stakeholder and community input. The involvement of local residents, community partners, and stakeholders was a hallmark of the Community Health Needs Assessment. The healthcare system's assessment was led by the Population Health Service Line and governed by the Beebe Population and Community Committee, which is comprised of a diverse group of individuals, including community residents, education and faith-based leaders, healthcare system representatives, public health leaders and other stakeholder organizations. Both quantitative and qualitative data were collected and analyzed in order to provide recommendations for the healthcare system's health priorities, specifically as they relate to the needs of underserved and low-income communities throughout Sussex County, Delaware.

Beebe Healthcare's approach to the Community Health Needs Assessment is based on guidelines established by the Internal Revenue Service. Our approach incorporates best practice standards that have been published by nationally recognized leaders in the field: the Catholic Health Association and the Robert Wood Johnson Foundation. The Community Health Needs Assessment enables hospitals to gain a better understanding of the health needs of vulnerable or underserved populations and then develop a plan that will guide future community benefit programming. Beebe Healthcare will further our work in the community by applying community benefit resources to support a documented implementation plan with measurable objectives. The implementation

strategies will serve as a roadmap for how the healthcare system will use its resources and collaborate with strategic partners to address the identified priorities.

The 2019 Community Health Needs Assessment presented a successive opportunity to engage in a focused evaluation of the community we serve, and continue to develop more robust relationships with health care service providers, community-based organizations, and residents of Sussex County. The results of this collaborative effort revealed opportunities for improvement in access to chronic disease prevention, cancer prevention and screening, health promotion and access to health care services, inclusive of mental and behavioral health. Moving forward, Beebe Healthcare programming will continue to address the identified needs and collaborate with community partners and members throughout the county.

II. Introduction

Beebe Healthcare

Beebe Healthcare, founded in 1916, is a 210-bed, not-for-profit community hospital located in Lewes, Delaware. Beebe has become the premier healthcare facility in Sussex County, serving thriving coastal towns, vacation resort areas, a desired retirement destination as well as a farming and rural community. Beebe provides comprehensive inpatient, outpatient, and emergency services, as well as home care in the arenas of medical-surgical, obstetrics, pediatrics, oncology, and critical-care medicine. Current structure includes the Margaret H. Rollins Lewes Campus, the Tunnell Cancer Center, Primary Care and Specialist offices, laboratories and diagnostic imaging facilities throughout southern Delaware. Outpatient services include an Outpatient Surgical Center, Diagnostic Imaging Centers, Physical Rehabilitation Campus, Walk-in Centers and three High School Based – Wellness Centers. In addition, the Beebe Margaret H. Rollins School of Nursing opened a brand new 18,000 square foot building, for nursing students in August of 2015.

Beebe Healthcare is currently expanding to improve healthcare access in Sussex County with its South Coastal Emergency Department and Cancer Center in addition to a Specialty Surgical Hospital at its Rehoboth Campus and expansion of its Center for Heart and Vascular Services at the Margaret H. Rollins Lewes Campus.

The mission of Beebe Healthcare is rooted in three actions: encouraging healthy living, preventing illness and restoring optimal health within our community. To optimize the health of people in our community, Beebe supports the provision of a Community Health Needs Assessment so that we may identify our community needs and adapt our services

to create a healthier community. The health care, education and services provided today are the keys to our healthy communities of tomorrow.

In order to maintain alignment of Beebe Healthcare with the health needs of our community, a Community Health Needs Assessment was once again initiated in the summer of 2018 and completed in June 2019. Multiple stakeholders, focus group participants and community members across the county were surveyed for their views of the health needs of our community. Through a variety of methods, the community was assessed for their greatest health needs, greatest barriers, access to care, preventative care, health issues and habits. Analysis of the data led to identification of major themes which were recurrent through multiple groups. The major themes were then prioritized, and a plan of action is being developed to strategically utilize our resources and implement programs for the community's unmet health needs.

III. Community Overview

Beebe Healthcare is located in Lewes, Delaware, and a quick overview of Lewes displays key positive community elements including a high level of funding for education, vast areas for recreation and physical activity, access to transportation and fresh fruits and vegetables, higher than average levels of access to health care, and lower than average rates of unemployment, at 3.2% (U.S. Bureau of Labor Statistics, May 2019). All of these strengths result in a relatively positive picture of the community of Lewes. Despite this, Lewes is not immune to many of the health epidemics faced throughout the rest of the country. Using synthesized data from Delaware Health Tracker, health disparities were identified throughout Sussex County and Southern Delaware. As we reach outside of Lewes and into the entire community, we will review the numerous factors and influences for our service area.

A. The Communities Served

The State of Delaware consists of three counties: New Castle, Kent, and Sussex County. For this Community Health Needs Assessment, Sussex County will be assessed with specific focuses on Beebe Healthcare's primary service areas while incorporating secondary service area considerations as a result of survey collection. Beebe Healthcare's service area was identified by utilizing the Centers for Medicare & Medicaid Services' definition for the "geographic area served by the hospital".

The following 17 towns with zip codes comprise 90% of Beebe Healthcare’s inpatient population. The primary service area zip codes (in red, yellow, green and blue) include: Bethany/ South Bethany (19930), Bridgeville (19933), Dagsboro (19939), Dewey/ Rehoboth Beaches (19971), Frankford (19945), Georgetown (19947), Harbeson (19951), Lewes (19958), Long Neck/ Millsboro (19966), Millville (19967), Milton (19968), Ocean View (19970), and Selbyville (19975). The SSA towns within the service area include: Laurel (19956), Lincoln (19960), Milford (19963) and Seaford (19973).

Sussex County Delaware



B. Population Estimates

According to the 2010 Census, Delaware’s population was 897,934, with 61% living in New Castle County, 21% in Sussex, and 18% in Kent County (Delaware Health Tracker). There has been no census since 2010, but the estimated population for 2019, according to the Annual Projections from The Delaware Population Health Consortium, is 232,407 with a population of 60,987 (26.2%) over the age of 65. The percentage of this age group living in poverty is listed at 5.9%. Sussex also has a very high percentage of Medicare recipients at 26.8%, up from 23.6% in 2015 when average annual spend was approximately 10K per enrollee. Due to the lack of zip code specific secondary data as a result of low population density, most of the data presented in this section of the report pertains to Sussex County specifically, unless otherwise indicated.

Figure 1. Distribution of Delaware Population by County, 2017

Race	Delaware	Kent	New Castle	Sussex
Caucasian	69.1%	66.8%	64.8%	81.9%
African American	21.9%	24.9%	24.6%	12.3%
American Indian/ Alaska Native	0.4%	0.6%	0.3%	0.4%
Asian	3.9%	2.0%	5.5%	1.2%
2 or more races	2.8%	4.2%	2.5%	2.3%
Ethnicity – Hispanic	9.0%	6.8%	9.6%	9.2%

Source: U.S. Census Bureau, (2017). American Fact Finder. ACS Demographic and Housing Estimates 2013-2017 American Community Survey 5-Year Estimates, 2017, <http://factfinder2.census.gov/>

Sussex County Caucasian population increased from 79.0% of the population in 2010 to 81.9% in 2017, a 2.9% increase. Sussex County’s African American population declined from 12.7% in 2010 to 12.3% in 2017, a 0.3% decrease.

The service area population is estimated at 147,731 with a 3-year growth rate of 4.9%, approximately 7,263 residents. It is noted that our combined primary and secondary service areas have a 26% population age 65 or older where the U.S average is 13%. (Beebe Medical Staff Development Plan, April 2019).

Determinants of Health

Determinants are known as factors that contribute to one’s current state of health. These may be biological, socioeconomic, psychosocial, behavioral, or social. Scientists recognize the five determinants of health as:

1. Biology and genetics
2. Individual behavior
3. Social environment
4. Physical environment
5. Health services

Source: Centers for Disease Control and Prevention. 2016. NCHHSTP Social Determinants of Health. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

The World Health Organization defines Social Determinants of Health as “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”. The Kaiser Family Foundation offers the following schematic:

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

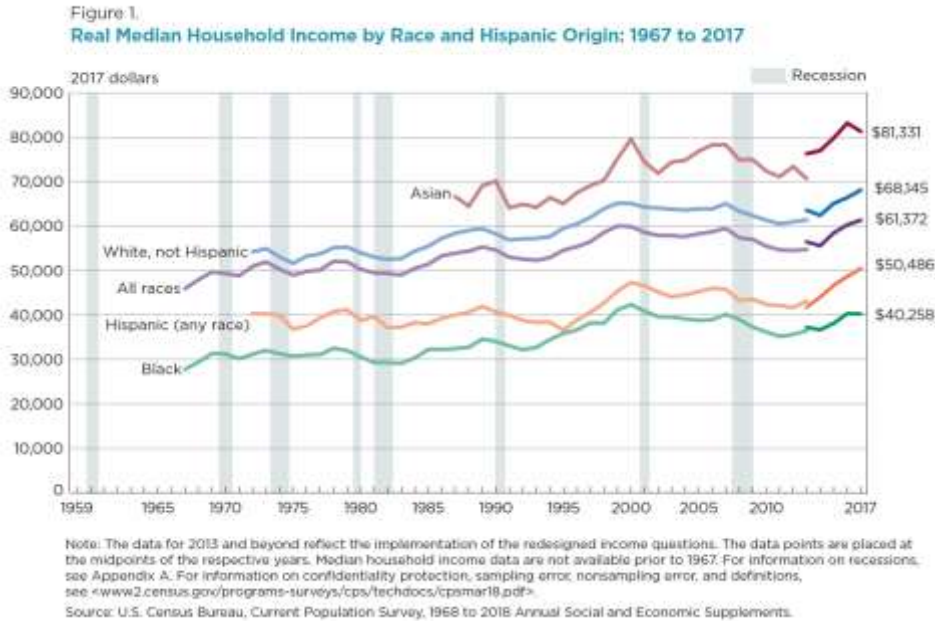


C. Economic Factors

According to the Census Bureau, the overall median household income measured from 2013-2017 was \$57,652 for the United States of America, \$63,036 for Delaware, and \$57,901 for Sussex County in Delaware. The breakdown by race is seen for the United States data. A higher income is found by Asians, White not Hispanic, Hispanic and then black.

Source: QuickFacts: Sussex County, Delaware, United States, (2013-2017). Median Household Income (in dollars). <https://www.census.gov/quickfacts/fact/table/sussexcountydelaware,US,DE/PST045218>

Median Household Income by Race/Ethnicity

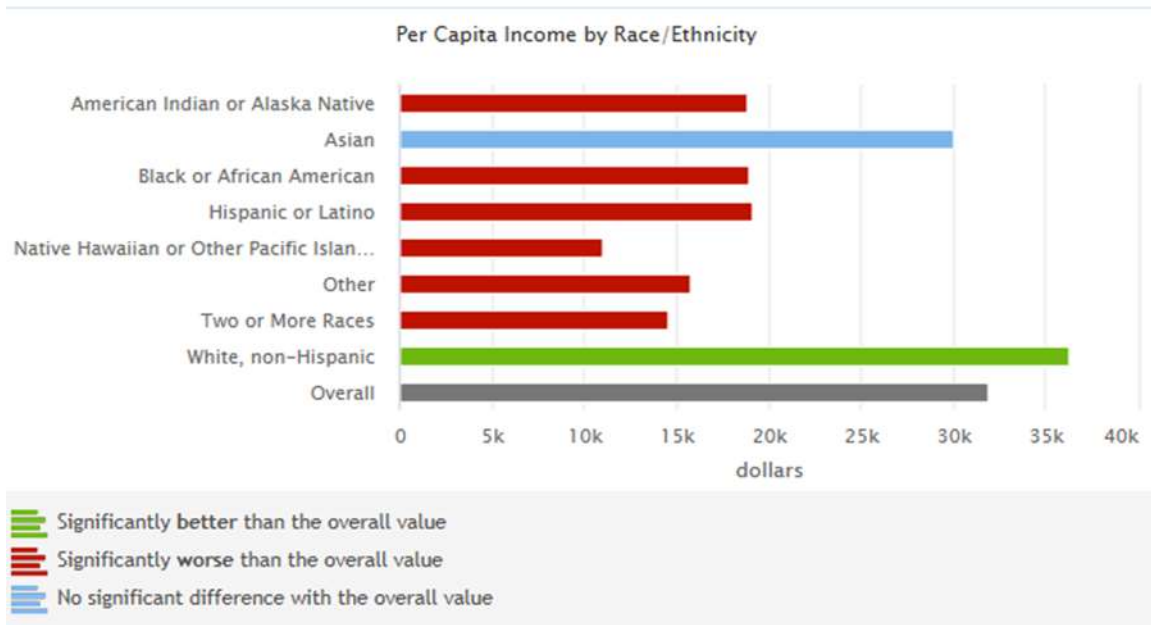


Source:

Fontenot, K., Semega, J., & Kollar, M. (2018, September). *Income and Poverty in the United States: 2017*. Retrieved from Census.gov:
<https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-263.pdf>

The per capita income is the “... total income of the region divided by the population. It is an aggregate measure of all sources of income and therefore is not a measure of income distribution or wealth”. (U.S. Census). Per capita income demonstrates a significantly different picture when comparing the median household income due to the outliers in the per capita income data. The overall per capita income for the United States is \$31,177, \$32,625 for Delaware and \$31,874 for Sussex County in Delaware. The overall per capita income for the United States was previously \$30,191, so it has increased by \$986 when compared to the most recent assessment of \$31,177. The four ethnicities with the highest per capita income are Asian, White, non-Hispanic and Black or African American, which was different than the data on median household income. The groups with the lowest per capita income are Native Hawaiian or Other Pacific Islander, two or more races and those listed as other. These groups identified in the lowest per capita income did not reflect the same as the median household income.

Per Capita Income by Race/Ethnicity



Source: American Community Survey, (2013-2017). Per Capita Income (in dollars) by Race/Ethnicity. <http://factfinder2.census.gov/>

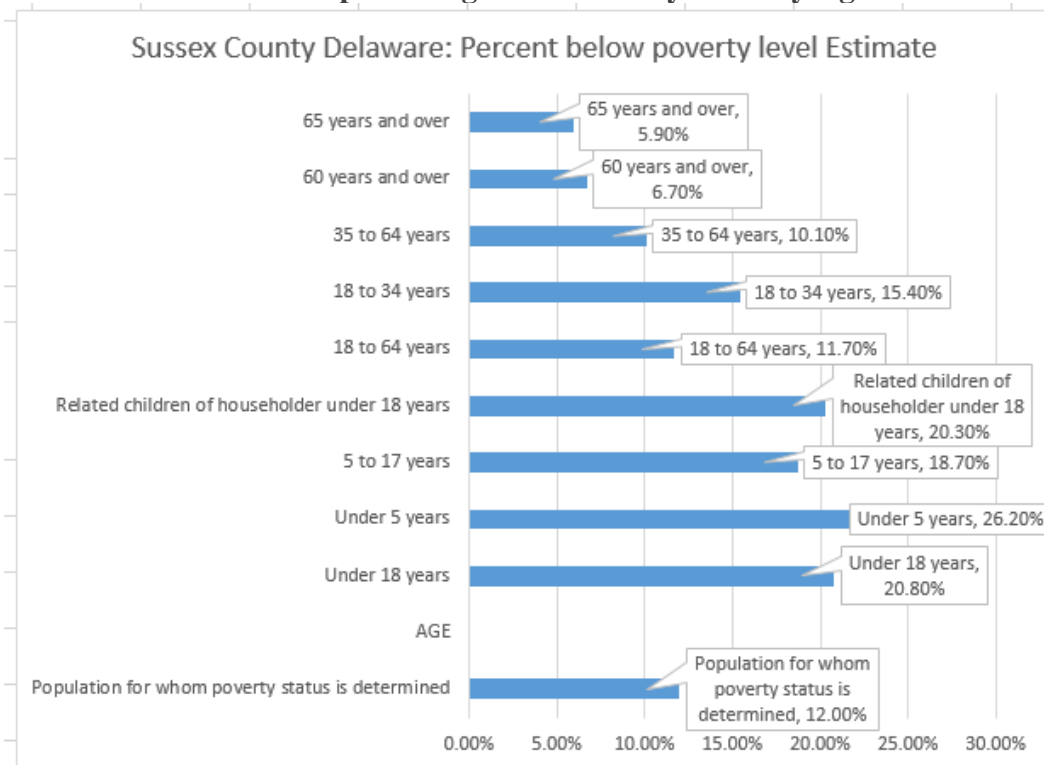
Poverty

The U.S. Census Bureau establishes new Federal poverty thresholds every year by size of family and ages of family members. The causative factors of a high poverty rate are poor economic condition and insufficient local employment opportunities which subsequently produces decreased buying power and decreased taxes. Although Sussex County is only showing an overall rate of 12%, when broken down by age, the children 18 and under are the highest at 20.8% while adults age 65 years and over are the lowest at 5.9%.

Source: American Community Survey, 5 –Year Estimates (2013-2017). Poverty status in the past 12 months. <http://factfinder2.census.gov/>

Poverty by Age

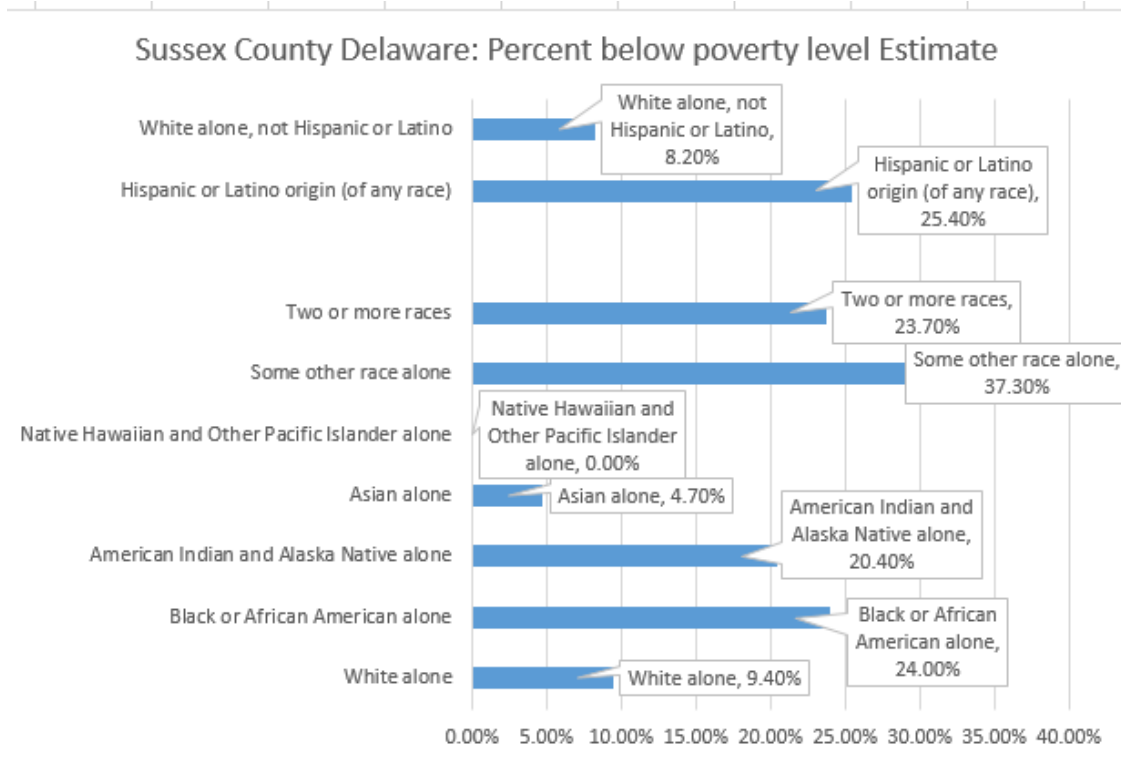
People Living Below Poverty Level by Age



Source: American Community Survey, 5 –Year Estimates (2013-2017). Poverty status in the past 12 months. <http://factfinder2.census.gov/>

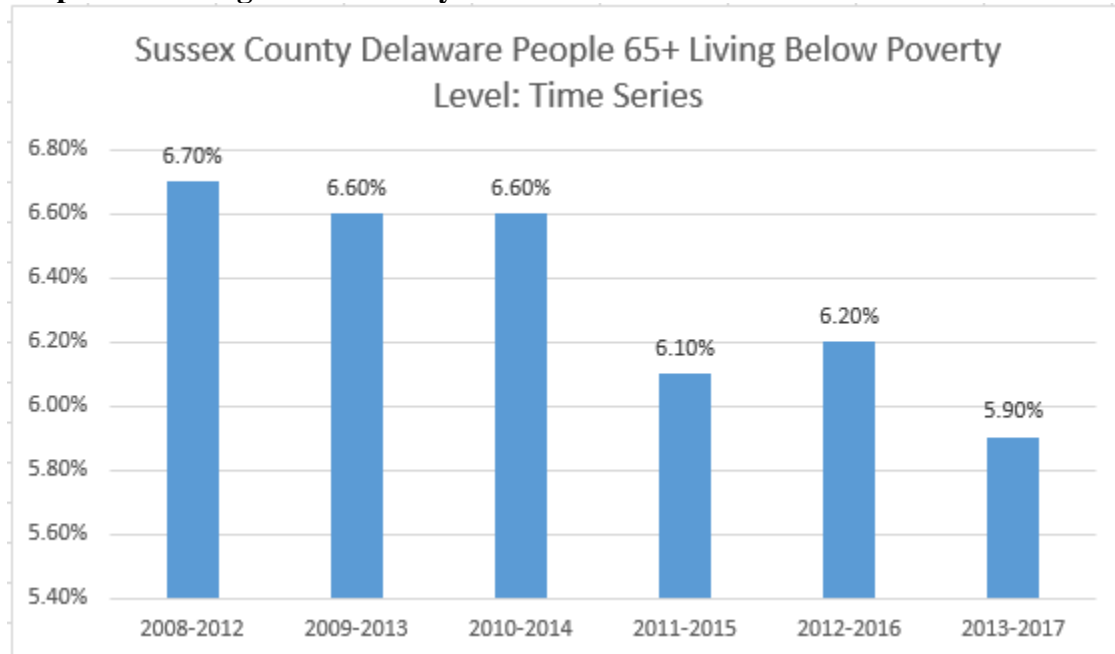
A Disparity Indicator: This chart demonstrates the higher number of ethnic/race populations that are living below the poverty level. Noted populations who have a higher percentage living below poverty are: Some other race alone, Two or more races, Hispanic or Latino, American Indian or Alaska Native and Black or African American alone.

Percentage of People Living Below Poverty Level by Race/Ethnicity



Source: American Community Survey, 5 –Year Estimates (2013-2017). Poverty status in the past 12 months.
<http://factfinder2.census.gov/>

People 65+ Living below Poverty Level: Time Series

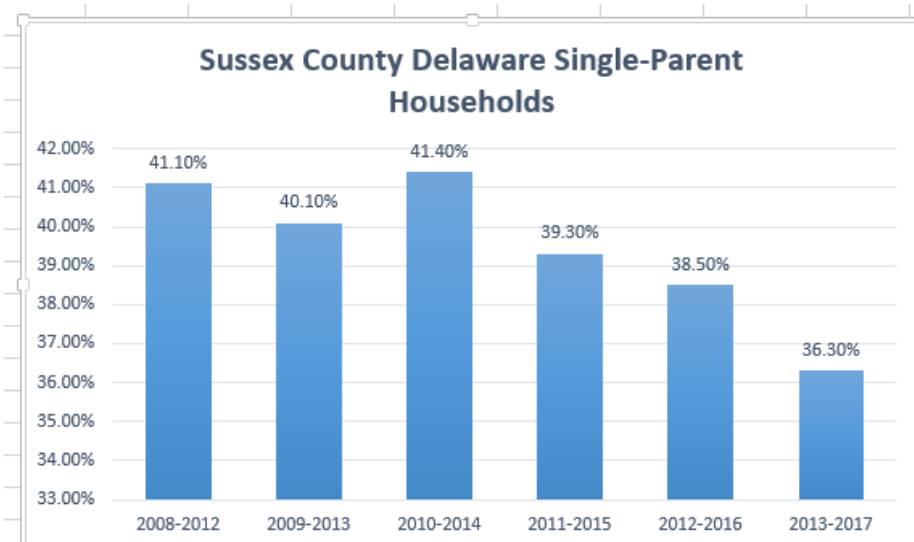


Source: American Community Survey, (2008-2017). People Living Below Poverty Level: Time Series.
<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Single-Parent Households

According to the Delaware Health Tracker, Sussex County has the highest percentage of single-parent households in the state at 36.3%. This percentage decreased from 2010-2014 by 5.1%.

The children of single-parent household are reported to have more emotional and behavioral problems, substance abuse, depression, and an increased risk of morbidity and mortality.



Source: Delaware Health Tracker. (2019, February). *Single-Parent Households*. Retrieved from Delaware Health Tracker 2008-2017:
<http://www.delawarehealthtracker.com/indicators/index/view?indicatorId=411&localeId=370&periodId=270>

Industry

Some of the main industries in the area are service-related and include retail shops, restaurants, bars and hotels in the heavier populated resort areas. Agriculture with primarily soybeans, barley, wheat, corn, potatoes, and peas continues to be a strong industry within the County. Many migrant workers come during the summer season to work on the farms and leave when the season is over. The poultry industry also is a major part of Sussex County's industry from growing the chicks on farms to poultry processing and packaging plants.

Unemployment

Per the U.S. Bureau of Labor Statistics, the March 2019 unemployment rate for Sussex County was 3.7%, which is down from 4.6% in November of 2015. This is a good stride towards the county providing more jobs for residents.

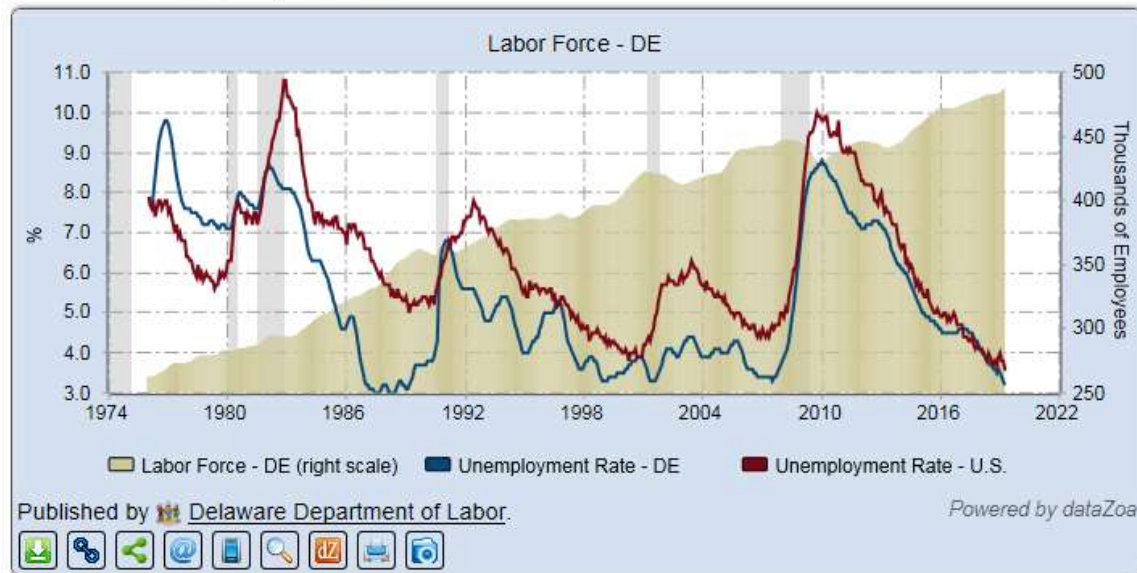


Source: U.S. Bureau of Labor Statistics. (2019). Unemployed Workers in Civilian Labor Force. <http://data.bls.gov/pdq/querytool.jsp?survey=la>.

Unemployment affects individuals and their entire family. The family experiences the economic strain and mental stress. Many families with members on unemployment also share the burden of applying and utilizing food stamps, which is a social strain.

Below is a graph showing the US, and Delaware Unemployment Rates. Delaware has fared better than most states as of May 2019 Delaware Department of Labor statistics.

Annual Unemployment Rate



Source: 2019 Delaware Department of Labor, (2019). Local Area Unemployment Statistic. <http://lmi.delawareworks.com/Content/Information/LAUS.php#>

D. Social Factors

Households with Cash Public Assistance

Sussex County rate of Households with Cash Public Assistance is 2.2%



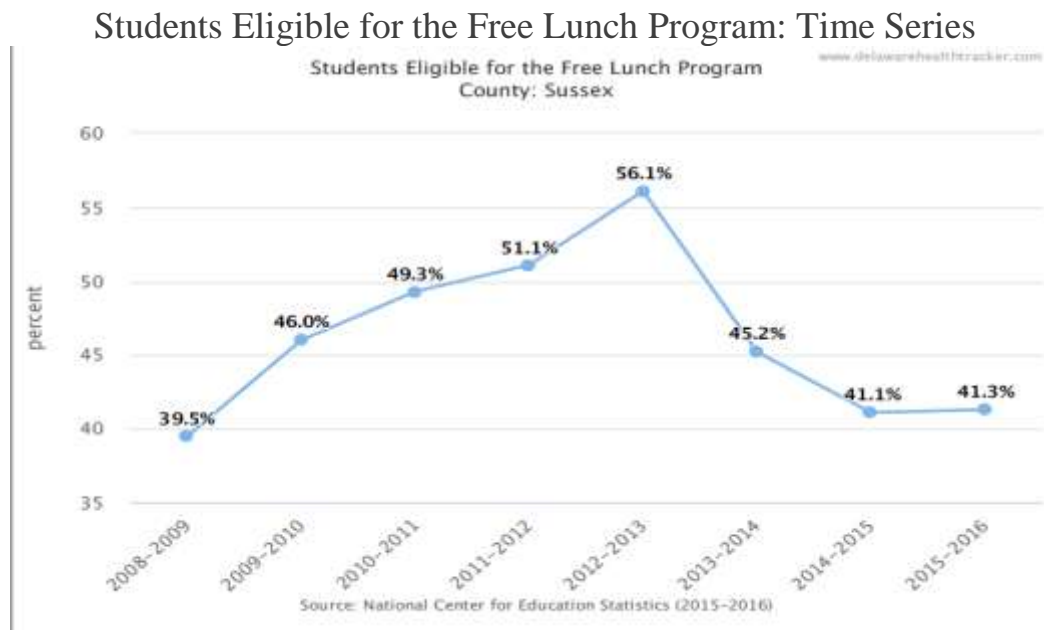
Source: American Community Survey, (2013-2017). Households with Cash Public Assistance.

<http://factfinder2.census.gov/>

A higher rate of public assistance is directly correlated with the higher rate of poverty. Public Assistance does not include food stamps, other noncash benefits, or Supplemental Security Income.

Free Lunch Program

Free lunches provide a nutritionally balanced meal without a cost to the family/child. Many schools are now providing free breakfast to the children who are identified for the Free Lunch Program. As of 2015-2016, Sussex County Delaware had the highest rate of students eligible for the free lunch program at 41.3%.



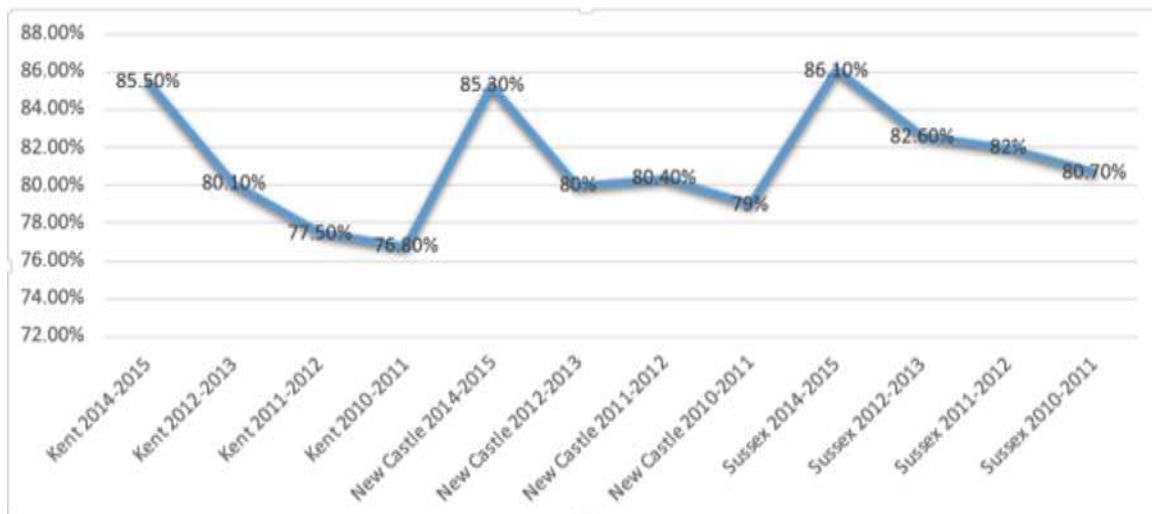
Source: National Center for Education Statistics -, (2015-2016). Free Lunch Program.

<http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=416&localeId=370>

Education

The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.

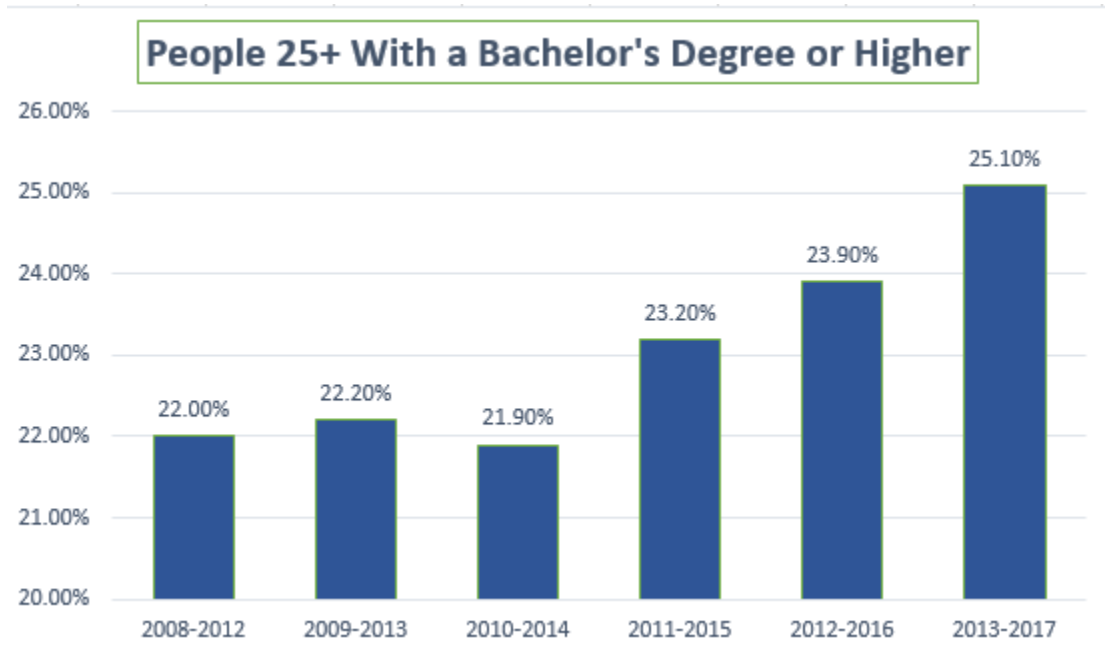
Impact: “Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required functioning in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime” (County Health Rankings, 2012). Data obtained from the County Health Rankings reveal that education in Sussex County boasts an impressive high school graduation rate of 82%. Sussex County has the highest rate of high school graduation compared with the other counties in Delaware. However, Sussex County also has the lowest number of students enrolled in public schools in the state.



Source: County Health Rankings. (2017). High School Graduation (2010-2015).

<http://www.delawarehealthtracker.com/indicators/index/view?indicatorId=13&periodId=399&localeId=370>

People 25+ With a Bachelor's Degree or Higher



Source: American Community Survey, (2013-2017). People 25+ With a Bachelor's Degree or Higher.
<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

Violent Crime

A crime is considered to be a violent crime if the person uses or threatens to use violent force against another individual. A list of violent crimes includes homicide, assault, rape, and robbery. The impact on the community has a negative effect on productivity, property values, and services. As of 2014-2016, violent crime has decreased by 83.5 crimes/100,000 population since the 2010-2012.

County: Sussex

406.1

crimes/ 100,000 population

Source: County Health Rankings [↗](#)

Measurement period: 2014-2016

Maintained by: Conduent Healthy Communities Institute

Last update: April 2019

COMPARED TO



DE Value
(499.0)



US Value
(386.5)



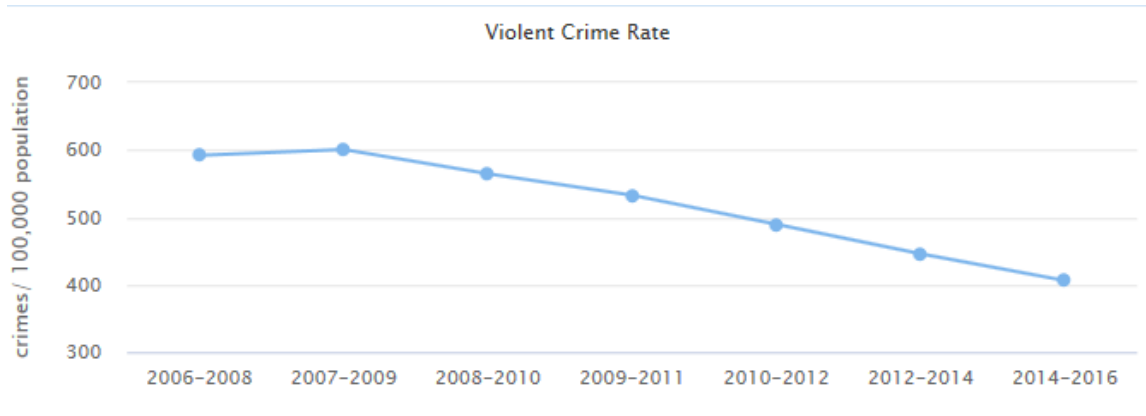
Prior Value
(445.8)



Trend

Technical note: Due to nonpublished data in 2015, only 2 years of data were used (2014 & 2016) for 2019 Rankings.

Violent Crime (cont'd)



Source: County Health Rankings, 2014-2016. Violent Crimes. <http://www.countyhealthrankings.org/rankings/data>

E. Built Environment

The Healthy People 2020 national health target is to increase the proportion of workers who take public transportation to work to 5.5%.

Transportation is significantly reduced in Sussex County, especially in the rural areas at a rate of 1.0%, which also translates into minimal access to health care via public transportation. The greatest utilizers of public transportation by race/ethnicity are Hispanic or Latino with 2.0% and Black or African American at 1.9%. The primary cause of the low transportation utilization is lack of available public transportation in Sussex County.

Mean Travel Time to Work

County: Sussex

25.3

minutes

Source: American Community Survey [↗](#)

Measurement period: 2013-2017

Maintained by: Conduent Healthy Communities Institute

Last update: February 2019

COMPARED TO



U.S. Counties



DE Value
(25.7)



US Value
(26.4)

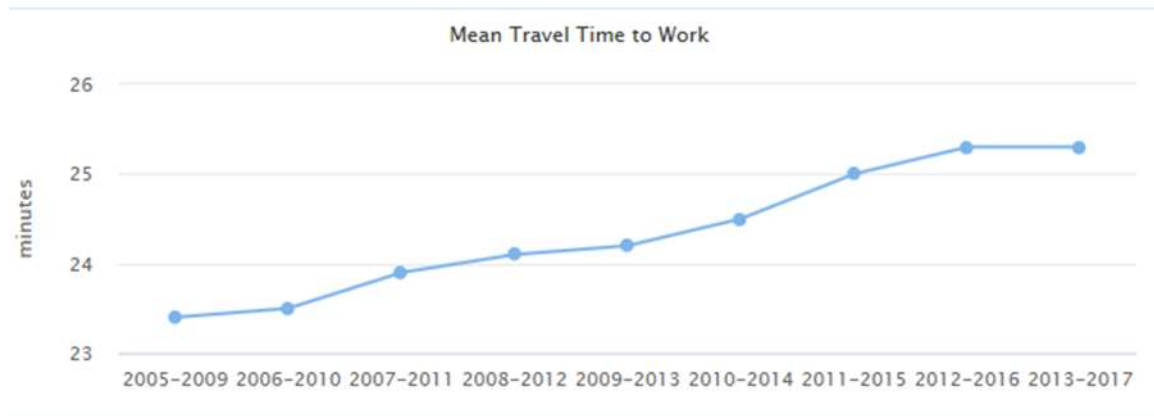


Prior Value
(25.3)

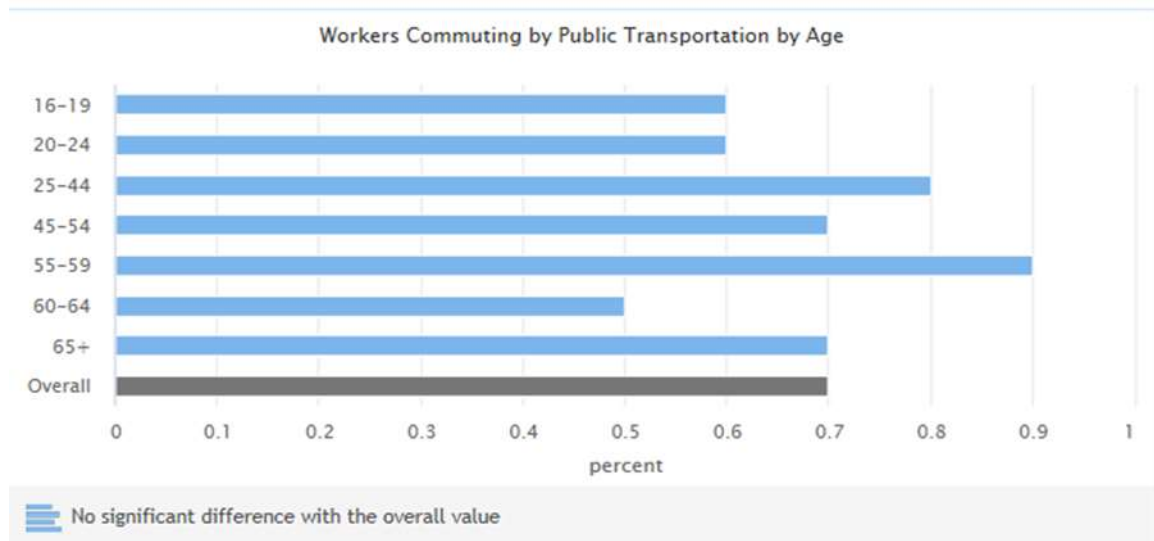


Trend

Mean Travel Time to Work (cont'd)

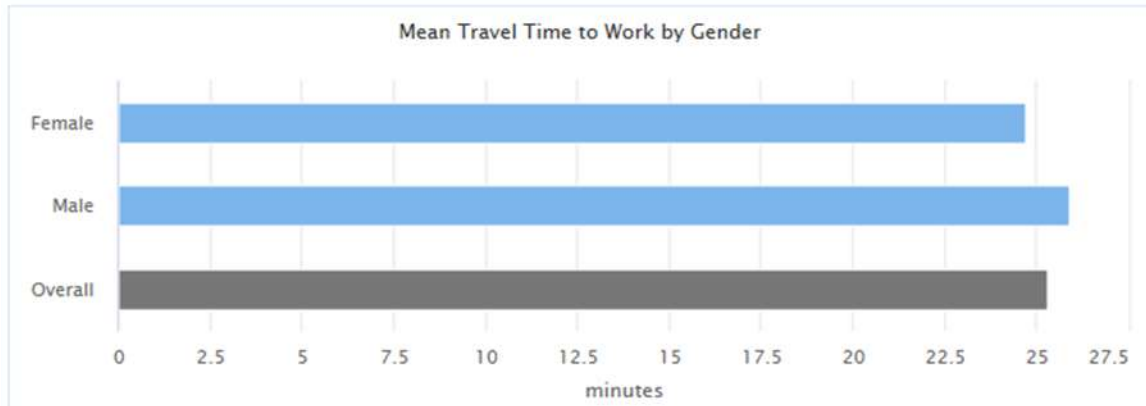


Percentage of Workers Commuting by Public Transportation by Age



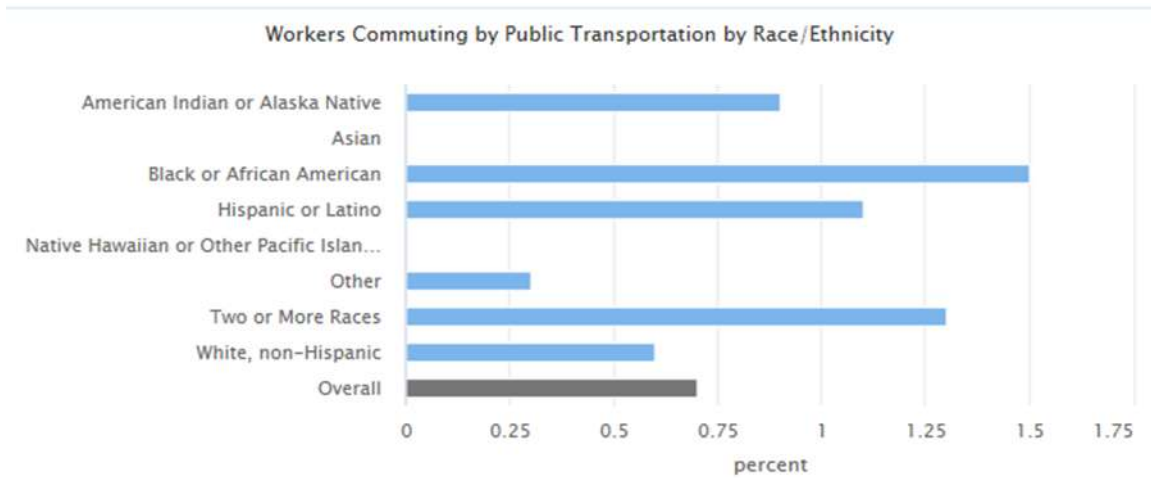
Source: American Community Survey, (2013-2017). Workers Commuting by Public Transportation by Age <http://factfinder2.census.gov/>

Percentage of Workers Commuting by Public Transportation by Gender



Source: American Community Survey, (2013-2017). Workers Commuting by Public Transportation by Gender percentage. <http://factfinder2.census.gov/>

Percentage of Workers Commuting by Public Transportation by Race/Ethnicity



Source: American Community Survey, (2013-2017). Workers Commuting by Public Transportation by Race/Ethnicity <http://factfinder2.census.gov/>

Liquor Store Density

Sussex County, considered a resort community, has a very high Liquor Store Density rate at 31 liquor stores per 100,000 population members, and is the highest in Delaware. When a high rate of Liquor Store Density is found there is reportedly a higher rate of violence, increased drinking and driving, motor vehicle related pedestrian injuries and child abuse and neglect. Food found within the area around liquor stores is frequently unhealthy snack foods that are expensive. (U.S. Census – County Business Patterns, 2010).

Fast Food Restaurant Density

Sussex County rates of Fast Food Restaurant Density are 0.79 restaurants/1,000 population. This is highest in the State and is noted as being in the red zone on the dashboard from the U.S. Department of Agriculture - Food Environment Atlas.

Fast Food calories are primarily high in fat, low in recommended nutrients, and unlikely to contain fresh fruits and vegetables. Fast food consumption contributes to an increased risk of being overweight and obese with the associated health risks of hypertension, coronary heart disease, stroke, type-2 diabetes, multiple cancers, premature death and chronic conditions (U.S. Department of Agriculture).

Farmers Market Density

Sussex County is quite rural with a large number of farms and multiple farmers markets. Many farms find this the best option to locally sell their products. The food is fresh and affordable. “Farmers markets often emphasize good nutrition and support consumers to cook healthier meals and maintain good eating habits. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity” (U.S. Department of Agriculture - Food Environment Atlas). For local Sussex county farmers markets that take EBT cards go to the site below.

<https://agriculture.delaware.gov/communications-marketing/farmers-markets-guide/>

F. Physical Environment

Carcinogens are defined as compounds that provide strong scientific evidence that increase the likelihood of getting cancer. People can be exposed to carcinogens in many different manners, usually through the air. Exposures to carcinogens at the workplace are generally considered to be higher levels of exposure than those of public exposures.

104,883 pounds of carcinogens were recorded as being released into the air in Delaware in 2017 which is up from 95,475 pounds of carcinogens recorded in 2014. as being released into the air in Delaware in 2014 of the 179 point source emissions by the U.S. Occupational Safety and Health Administration. With this increase, Delaware is still in the green zone for our air carcinogen levels. (U.S. Environmental Protection Agency, 2018).

Air particles defined as: “Particle pollution refers to the amount of particulate matter in the atmosphere. Inhaling particulate matter can adversely affect health through illnesses such as asthma or cardiovascular problems, or premature death. The smaller the particulate matter, the more hazardous it is to health” (American Lung Association, 2013).

The Annual Report for Sussex and Kent County reports the particle pollution at 1.0 and New Castle at a high of 4.0. The measurement is compared to the U.S. particle pollution standards of PM2.5.

Source: County Health Rankings, 2014-2016. Annual Particle Pollution.
<http://www.countyhealthrankings.org/rankings/data>

Drinking Water Violations

Drinking safe and clean water is important to overall health and well-being. Many sicknesses and waterborne diseases can be contracted from unsafe water. The Environmental Protection Agency requires public drinking water systems to be monitored for approximately 90 contaminants and indicators. Violations occur when contaminants exceed their Maximum Contamination Limit or when the water has not been properly treated. In the public water system as of 2018, majority of the contaminants are lower than the maximum level allowed but only the Nitrate level in the water is at 4.5mg/l which is high considering the maximum allowed is 1.0mg/l.

Source: My Healthy Community, Delaware.gov, (2018). Public Drinking Water Systems.
<https://myhealthycommunity.dhss.delaware.gov/locations/county-sussex/environment/drinking-water>

G. Beebe Healthcare Resources

Health care services in the immediate service area include eight primary care practices, four walk-in facilities, multiple out-patient surgery centers, numerous specialists, six imaging facilities, seven laboratories, pharmacies and one main hospital campus. Beebe Healthcare’s Margaret H. Rollins Lewes Campus is a 210-bed facility located in the center of the town of Lewes. Established in 1916, it is a not-for-profit known for being

progressive, providing quality care and its mission is to make Sussex one of the healthiest counties in the nation. Beebe Healthcare provides Emergency Services and myriad outreach and education programs throughout its primary service area as well as its secondary service area. Beebe outpatient services include radiology, laboratory, surgical, cancer, gastrointestinal, walk-in clinics, population health and home health. Specialties include infectious disease, internal medicine, interventional cardiology, interventional radiology, medical oncology, neonatology, nephrology, neurology, occupational medicine, ophthalmology, oral/maxillofacial surgery, orthopedics, pediatric cardiology, and endocrinology. For a recent Beebe Community Benefit Report, see Appendix B.

Beebe Services

Patient Care Services:

- Gull House Adult Activities Center (Supervised Adult Daycare Program)
- Bariatric Services (Weight loss surgery)
- Beebe Healthy Back (Comprehensive treatment solution for chronic back and neck pain)
- Cardiac & Vascular Services
- Diabetes Management and Medical Nutrition Therapy (Providing education that meets national standard for diabetes self-management)
- Emergency Services
- Home Care Services (Helping those who need skilled care to live independently at home)
- Hospital Medicine Program (Provides patients with around-the-clock physician care)
- Imaging (radiography, C-Arm, 2D and 3D Mammography, Ultrasound, CT, MRI, Nuclear Medicine, PET/CT, bone density)
- Inpatient and Outpatient Palliative Care Team Consultations
- Integrative Health (Integrating conventional medicine and alternative health practices)
- Neurology/Stroke Services Program
- Orthopedic Services
- Physical Rehabilitation Services
- Respiratory Services (Helps patients with chronic breathing problems)
- Service Line Nurse Navigators
- Tunnell Cancer Center (Uses a multidisciplinary approach and Nurse navigators to treat cancer)
- Wellness Centers (On-site wellness centers in schools make sure local teens have access to healthcare)
- Women's Health (Mammograms, Labor and Delivery and Gynecological Surgery)
- Wound Healing

Population Health Services:

- CAREs Program - interdisciplinary transitional care program for high risk patients initiated at hospital discharge (Care coordination, Access, Referral to community based resources, and Empowerment of patients and caregivers)
- Community Health Outreach (Screenings for Blood Pressure, Diabetes, Cholesterol, BMI, Memory and Bone Density done at health fairs across Sussex County)
- Self-Management Healthy Living Workshops (partnership with Delaware Division of Public Health, 6 week facilitated workshops)

New Resources made available 2017-2019

- Margaret H. Rollins School of Nursing Faculty Professional Development Scholarship Fund generously gifted by the Ma-Ran Foundation.
- The Center for Robotics Surgery at the Margaret H. Rollins Lewes Campus opened in August 2018 providing robotically assisted surgery for appropriate patients, advantages include smaller incisions and reduced recovery times.
- Hyperbaric Medicine continues to expand its capabilities through generous donations from Beebe supporters.
- A dedicated Electrophysiology Lab providing minimally invasive procedures opened June 2019.
- Pharmacy Navigator to assist and support patients in obtaining their medications and provides resources related to their pharmacy needs.
- Smoking Cessation Programs offering free one-on-one counseling sessions.
- Navigational Bronchoscopy which uses minimally invasive, GPS-like technology to find and reach tumors in the periphery of the lungs.
- Carethrough Chronic Care Management for Medicare patients who choose to enroll in the program, offered through select Beebe Medical Group providers.
- Behavioral health inpatient Behavioral Emergency Response Team to maintain the safety and optimal care of patients in or exhibiting potential for crisis.
- BeWell Team Member wellbeing programs offered through Population Health and Integrative Health collaboration, designed to meet the needs of employees.
- Pulmonary Navigator coordinates disease-specific care and barrier identification for COPD and/or pneumonia patients in the hospital setting to optimize their health outcomes and reduce readmissions.
- Partnership with Quality Insights, Population Health, Beebe Medical Group Family Practices and Diabetes Education Department to identify patients with Diabetes who could benefit from Diabetes Self-Management Education.

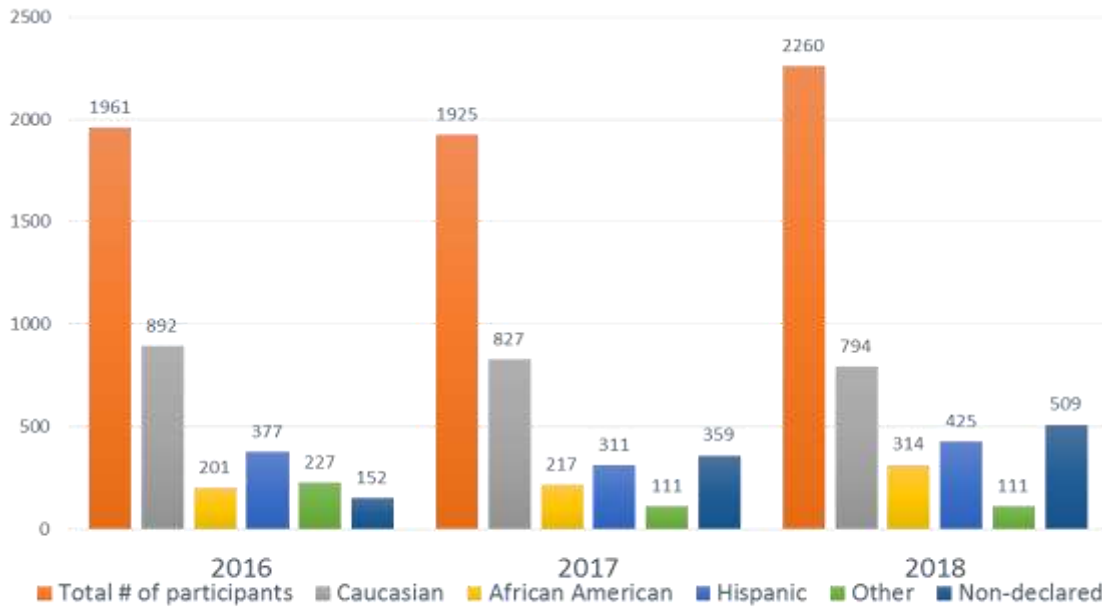
Beebe Medical Foundation

- Sponsorships for Community Organizations include La Esperanza's Hispanic Fest, Children's Beach House Asthma Camp, CHEER's Frontier Festival for our area senior residents as well as numerous community-focused events and activities.

H. Beebe Population Health Total Annual Screenings

Beebe's Population Health Community Outreach Team provides free screening across all of Sussex County in a wide variety of community venues throughout the year. The focus of the team is to bring education and early identification into the areas of the community with the greatest needs and health disparities.

	FY2016	FY2017	FY2018
Total # of events	58	53	60
Total screenings	5977	6077	7383
Total # of participants	1961	1925	2260
Caucasian	45.5%	43.1%	35.1%
African American	10.2%	11.2%	13.9%
Hispanic	19.2%	16.1%	18.8%
Other	11.6%	5.8%	4.9%
Non-declared	7.8%	18.6%	22.5%
% without Primary Care Provider	6.7% (405)	5.7% (347)	6.9% (511)
# of participants without Insurance	UNK	UNK	34 of 213 (Began June 2018)

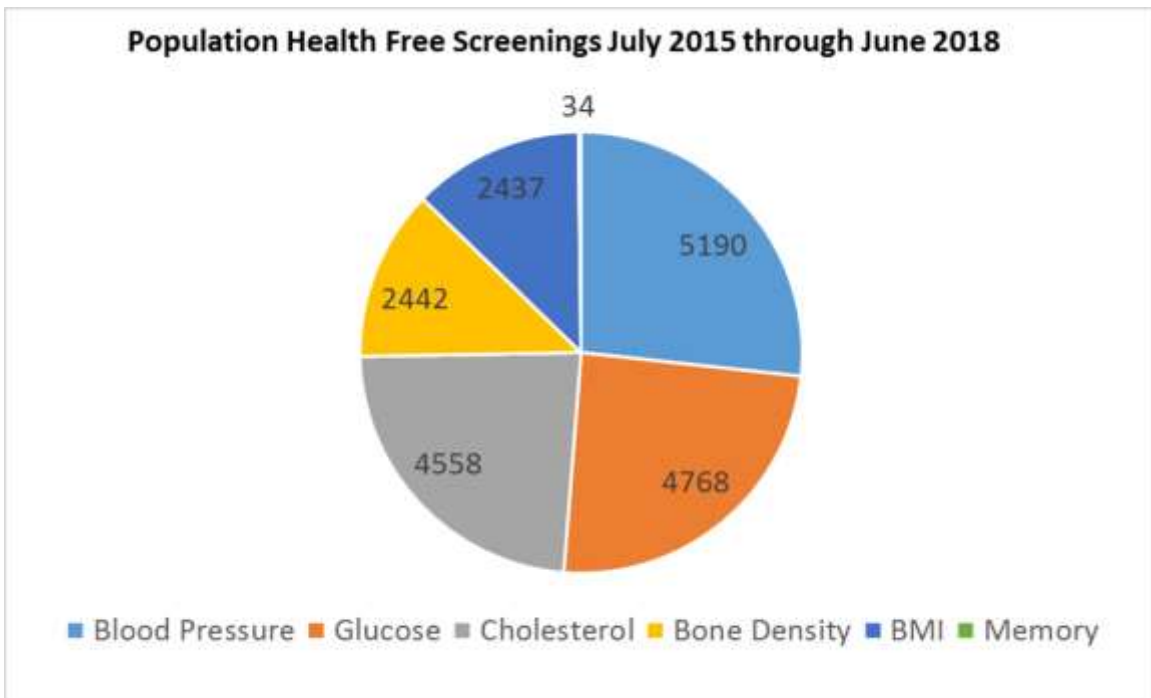


Additional data indicating race percentiles of declared and non-declared event attendees.

Beebe Population Health Screening Details

	FY2016	FY2017	FY2018
% of participants screened had abnormal blood pressure (>140/90)	17.9%	14.6%	10.4%
% of participants screened had abnormal blood sugar levels (fasting >100mg/dL)	12.3%	18.2%	12.7%
% of participants screened had abnormal cholesterol levels (>200mg/dL)	24.3%	23.2%	26.1%
% of participants screened had abnormal Body Mass Index (>30)	20.2%	24.3%	26.8%
% of participants screened had abnormal Bone Density (T-score < -0.0)	20.3%	25.2%	18.2%

Current rates of abnormal screening values among the outreach screening participants.



I. High School Wellness Centers

Beebe Healthcare is proud to sponsor three High School Wellness Centers. Cape Henlopen opened in 1996 and celebrated its 23rd anniversary in April 2019. Two centers in the Indian River district, Sussex Central and Indian River High Schools, were originally opened by Bay Health in 1999. Beebe assumed operations in 2002. These three centers have a combined enrollment of 3,352 students for the 2018-2019 school year with a total number of visits at 5716.

The High School Wellness Programs include health education, sports and routine physicals, immunizations, nutrition visits, mental health and physical health visits. Staffing includes nurse practitioners or physician’s assistants, licensed clinical social workers and registered dietitians.

Goal 1: Reduce critical health problems of adolescence by improving accessibility and increase utilization of comprehensive health services provided at wellness centers.

Goal 2: Improve health of students attending high school.

Goal 3: Reduce the incidence of health behaviors that place students at risk for morbidity and mortality.

Goal 4: To reduce the psychosocial mental health problems by improving accessibility and increasing the utilization of services.

Goal 5: Ensure coordination between BBHC and school and school health services.

Goal 6: Increase parental involvement in wellness centers.

Goal 7: To ensure coordination with student's medical home and / or primary care provider.

Goal 8: Increase community awareness of the importance of the wellness center at the high school in promoting and ensuring good health among adolescents.

J. State and Local Health Care Resources

Division of Public Health – The Thurman Adams State Service Center currently offers client services administered by Delaware Health and Social Services (DHSS) divisions, including the following:

Division of State Service Centers (DSSC)

- Community Resource Assistance Services (CRASP)
- DART Bus Ticket Sales
- Dental Transportation
- Diabetes Fund
- EBT (Electronic Benefit Transaction) Activation Site
- Emergency Assistance Service (EAS)
 - Emergency Shelter - is provided for eligible EAS clients
 - Needy Family Fund
- Family Visitation Center
- Food Closet
- Foster Grandparent Program
- Kinship Care Program
- Low-Income Home Energy Assistance Program Referrals
- Retired and Senior Volunteer Program- Sussex County
- Teen Voucher
- Utility Assistance

Division of Social Services (DSS)

- **Purchase of Care**
- Children's Community Alternative Disability Program
- Food Benefit Program
- Food Stamps
- General Assistance

- Long Term Care
- Medicaid
- Temporary Assistance for Needy Families

Division of Public Health (DPH)'s Sussex County Health Unit:

- Vital Statistics
- Child Health Clinic
- Immunizations
- Lead Screening
- Dental clinic for children
- WIC - A supplemental Nutrition Program for pregnant and nursing women, infants and young children
- Family Planning
- Sexually Transmitted Disease (STD) Clinic
- Tuberculosis (TB) services
- Pregnancy testing and counseling
- HIV counseling, testing and education
- Home visits for families
- Health Education
- Environmental Health/Field Services/Sussex County Office
- Plumbing Permit and Inspection Program

Division of Substance Abuse and Mental Health (DSAMH)

- **Community Mental Health Center**

Dover Behavioral Health System – Dover Behavioral Health is a Joint Commission accredited facility offering a range of behavioral health and chemical dependency services including: inpatient services, partial hospitalization programs, chemical dependency inpatient and outpatient programs, dual diagnosis program, and a military program. Inpatient services are offered in Kent County with outpatient services offered at a satellite location in Sussex County.

La Esperanza – Community Center – This is the only bi-cultural and bilingual 501(c) (3) social services agency that provides free culturally appropriate programs and services in the areas of family development, immigration, victim services, and education to help Hispanic adults, children and families living in Sussex County. The Center currently serves approximately 10,000 individuals annually.

LaRed Health Center – There are 3 locations available in Georgetown, Seaford and Milford. Services include: Adult and Senior, Behavioral Health, Customized Services for Small Businesses, Oral Health, Patient Enabling, Pediatric and Adolescent, Women’s Health, Community Outreach, Medication, Delaware Marketplace, Medicaid Enrollment Assistance, Referrals for WIC, Screening for Life, The Community Healthcare Access program (CHAP), After Hours Coverage and Emergencies, Access to Transportation, Case Management for the Homeless Population, Laboratory Services, Gynecological Care Program. The center accepts: Uninsured, Underinsured, Private Insurance, Medicare, and Medicaid; all income levels accepted. Fees: Sliding scale available. Languages Spoken: English, Spanish.

LogistiCare Transportation Service – LogistiCare provides non-emergency, medically necessary medical transportation and currently manages all of Delaware’s Medicaid and chronic renal disease patient transportation.

Nemours Pediatrics – Services include: Pediatric Primary Care Services, Vision Services, Hearing Services, Dental Services, and Immunizations. The clinic accepts: Uninsured, Underinsured, Insurance, Medicare, and Medicaid; all income levels accepted. Financial assistance is available.

First State Community Action Agency - Housing, counseling, case management & community outreach

Healthier Sussex County Task Force - created in the fall of 2011 through community collaboration to make Sussex County one of the healthiest in the nation by addressing critical health issues. Some of the main goals that the Task Force created are the same that the Community Health Needs Assessment aims to address as well. Three of the greatest objectives currently set are to identify and address health disparities, identify and address health education needs, and to positively impact health behavior.

The Healthier Sussex County Task Force was created by the hospital Chief Executive Officers of Sussex County in Bay health at Milford Memorial, Beebe Medical Center in Lewes, and Nanticoke Memorial in Seaford. Other members of the Task Force represent each of the hospital organizations and a variety of community partners, such local universities, the Division of Public Health, Quality Insights of Delaware, local Medicaid plan administrators and leadership from the Sussex County Federally Qualified Health Center.

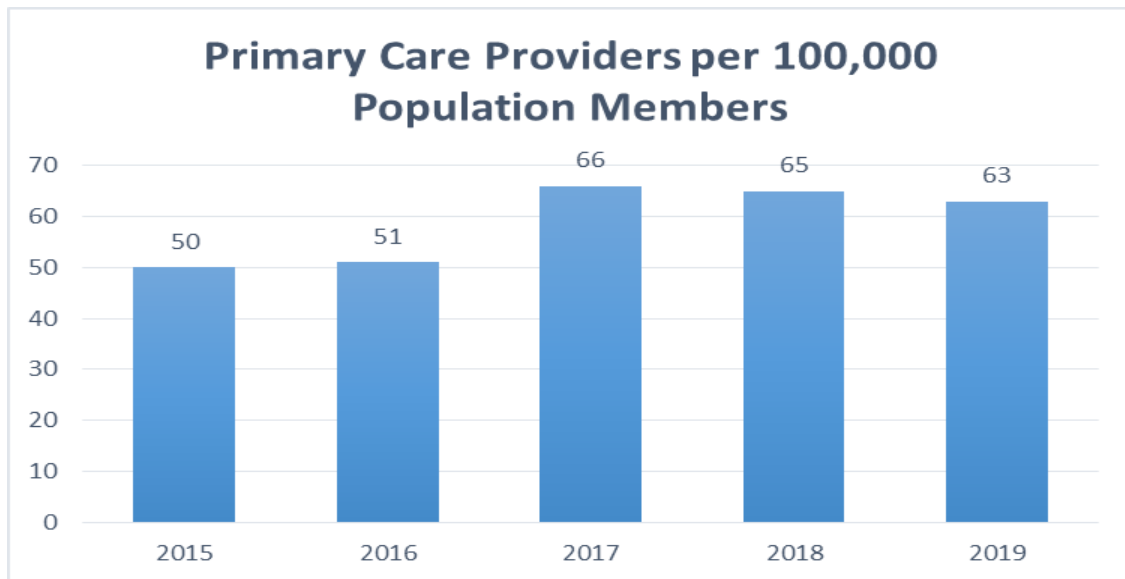
Many of the needs identified in the 2015 Community Health Needs Assessment served as the foundation for future initiatives of the Healthier Sussex County Task Force. This task force continues to address pressing issues in Sussex County and will continue to collaborate and build upon existing strategies and interventions such as the low dose CT cancer screening program and Healthy Neighborhood initiative. By utilizing partnerships and building upon existing programs, the task force has the capacity to effectively serve as a platform to impact the needs identified in the Community Health Needs Assessment.

As of early 2019, the Healthier Sussex County Task Force continues its collaborative efforts by collectively informing the hospital systems and key stakeholders of continued areas of need as well as emerging population health concerns. The task force and related participants were informed of the T-21 proposed legislation which resulted in a successful campaign to increase the minimum sale age of tobacco products to 21 years of age. A number of presentations to the task force have resulted in proactive engagement in various initiatives across the County and State.

K. Healthcare Providers and Coverage in Sussex County

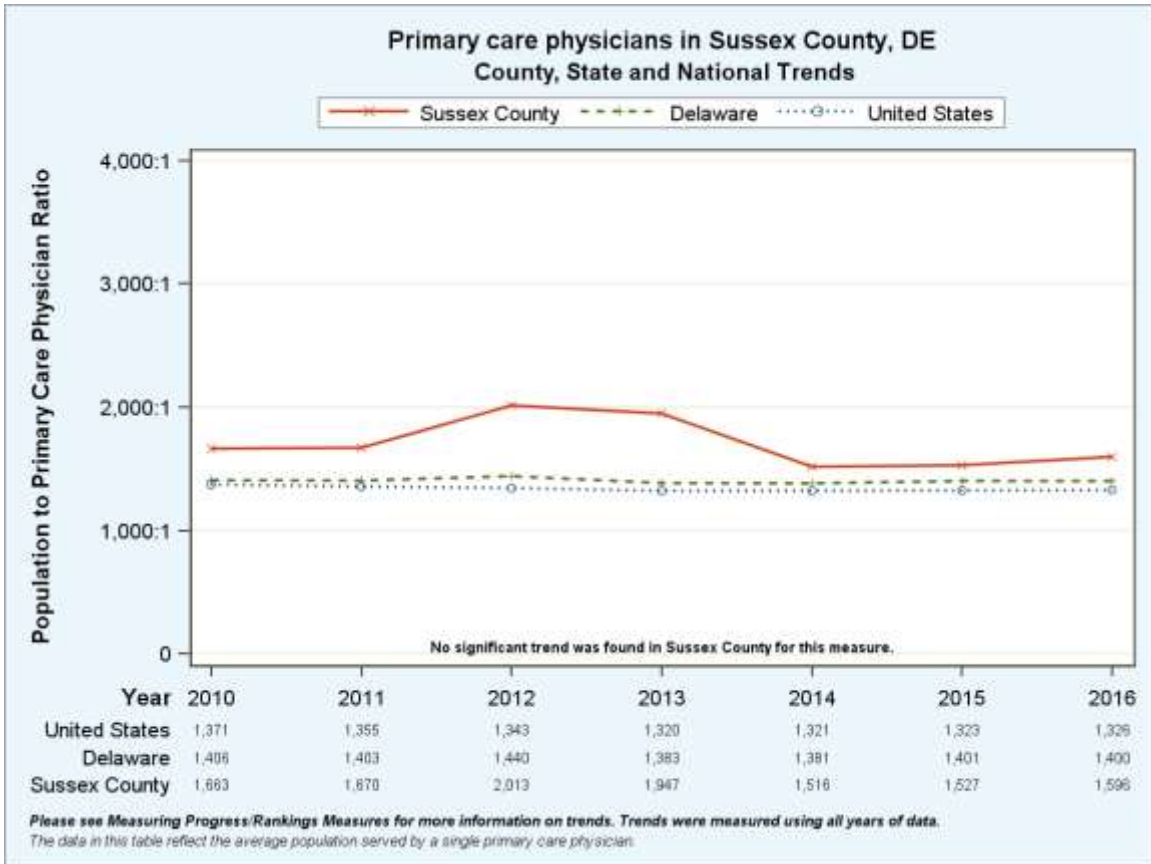
Healthcare Providers

The County Health Rankings note that Sussex County has **63/100,000** providers in 2019, compared to 50/100,000 providers in 2016. Population increase reflected in 1600:1 population to provider ratio for 2019, which is without notable change from 2016.



Source: County Health Rankings, (2015-2019). Primary Care Provider Rate.

<http://www.countyhealthrankings.org/rankings/data>



Primary Care Providers per 100,000 Population Members

Source: County Health Rankings, (2019). Primary Care Provider Rate graph.

<http://www.countyhealthrankings.org/rankings/data>

Current Physician Shortage as it relates to Primary Care as well as specific Medical Sub-Specialty and Surgical Sub-Specialty for our primary service area (PSA).

Service Area	Population		3 Year % Change
	2019	2022	
PSA	147,731	154,994	4.9%

Source: Beebe Healthcare, Medical Staff Development Plan June 2019.

Based on the population chart above, there is a provider deficit of 22.5 FTEs in Family Medicine, 25.0 FTEs in Internal Medicine and 4.8 FTEs of Advanced Care Providers. There is a surplus of Nurse Midwives and Urgent Care Providers in our primary service area.

In Medical Sub-Specialties, the greatest areas of need are Medical Cardiology, Psychiatry and Physical Medicine & Rehab. Areas of surplus in this category are Interventional Cardiology, Pain Management, Reproductive Endocrinology and Rheumatology.

In Surgical Sub-Specialties, the greatest areas of need are General Orthopedic Surgery, Ophthalmology and Otolaryngology. Areas of surplus in this category are Spinal Orthopedic Surgery, Podiatry and Hand Orthopedic Surgery.

Our Community: Sussex County

	2019	2030	Estimated %Change	2019 to 2030
Less than 20 years	48,794	49,551		1.6%
20 - 24 years	11,929	14,162		18.7%
25 - 34 years	23,874	26,897		12.7%
35 - 64 years	86,813	85,904		-1.0%
65 - 84 years	53,538	66,059		23.4%
85 years and over	7,459	12,570		68.5%
Female	119,267 (51.3%)	131,224 (51.4%)		10.03%
Male	113,140 (48.7%)	123,919 (48.6%)		9.53%
Total	232,407	255,143		9.8%

	2015		2019		2020		2025		2030	
	Count	% Total	Count	% Total	Count	% Total	Count	% Total	Count	% Total
White	160,082	74.3%	171,054	73.5%	172,791	73.4%	177,526	71.9%	179,407	70.3%
Black	26,034	12.1%	27,040	11.6%	27,277	11.6%	28,375	11.5%	29,346	11.5%
2+ Races	8,660	4.0%	11,402	4.9%	11,466	4.9%	13,741	5.6%	15,443	6.1%
Hispanic	20,626	9.6%	23,271	10.0%	23,862	10.1%	27,119	11.0%	30,947	12.1%
Total	215,402	100.0%	232,767	100.0%	235,396	100.0%	246,761	100.0%	255,143	100.0%

Source: Delaware.gov (2018). Annual Projections From The Delaware Population Consortium. Retrieved from Delaware.gov: <http://stateplanning.delaware.gov/demography/dpc-projection-data.shtml>



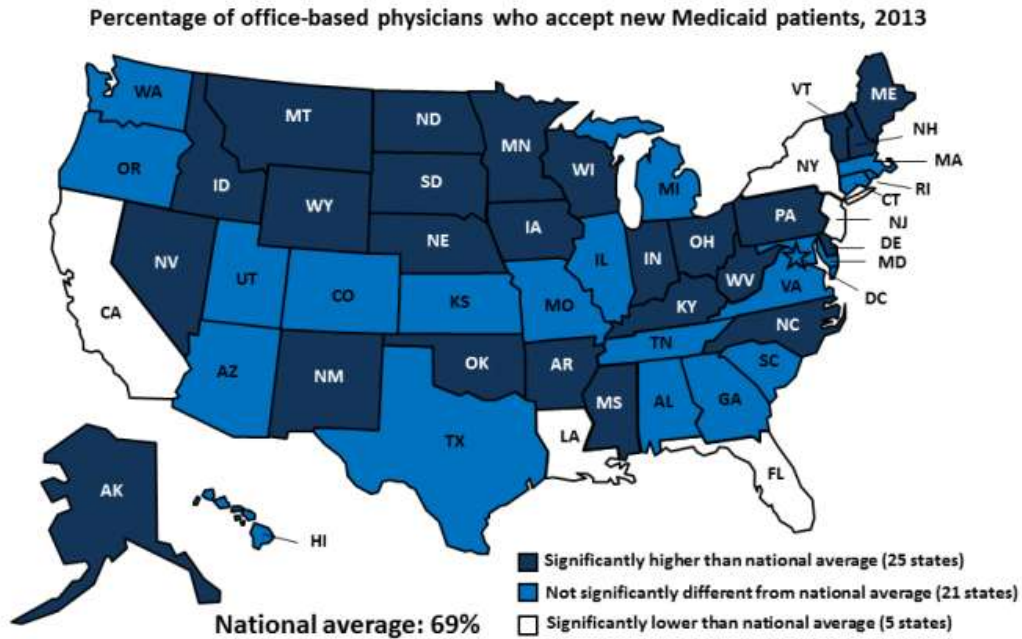
Health Insurance

The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100%.

In 2013, most office-based physicians (95.3%) accepted new patients, according to the CDC/NCHS, National Electronic Health Records Survey. The percentage of physicians accepting new Medicaid patients nationally (68.9%) vs (DE 80.0%) was lower than the percentage accepting new Medicare patients nationally (83.7%) vs (DE 81.5%) or new privately insured patients nationally (84.7%) vs (DE 86.8%). The percentage of physicians accepting new Medicare or Medicaid patients was lower for physicians within Medical Service Areas (MSAs) compared with those outside of MSAs.

Figure 1

Nearly 70% of physicians accept new Medicaid patients.



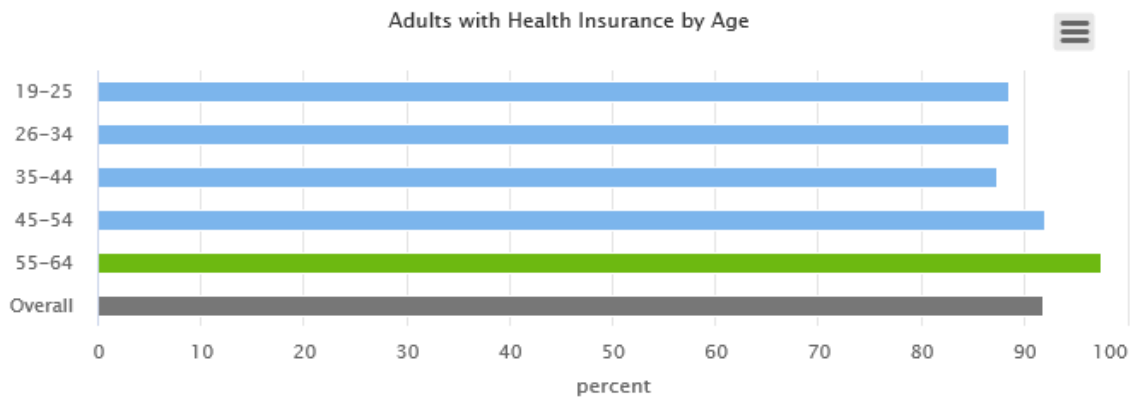
SOURCE: Hing et al., "Acceptance of New Patients with Public and Private Insurance by Office-based Physicians: United States, 2013," *NCHS Data Brief*, No. 195, March 2015, CDC, USDHHS.



Sussex County (92.8%) has the lowest percentage of adults in Delaware covered by health insurance in the State (93.9%) as of 2017. In the Delaware Health Tracker, the community dashboard places New Castle County as the highest (94.4%). Insurance has improved for students up to the age of 26 being on their parents' health insurance, but as noted, there is a significant decrease in the 25-34 age group carrying health insurance and many report cost as the greatest barrier. Multiple factors are affected when a person does not have health insurance- from preventive care, routine check-ups, screenings and vaccinations, to not seeking medical care when needed and becoming extremely ill causing an increase in cost and treatment when they do access care.

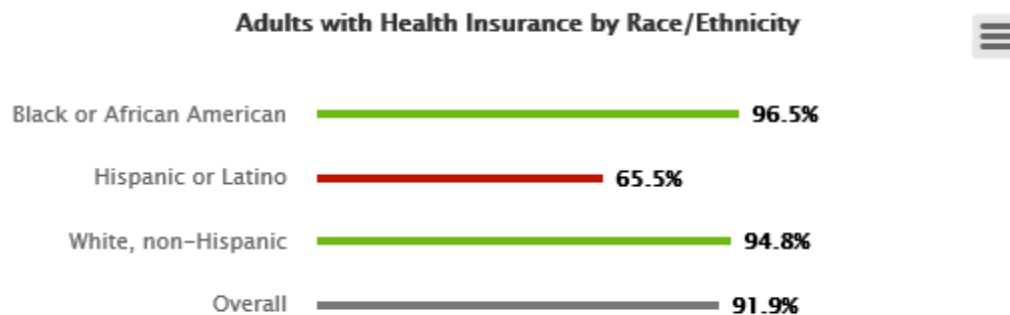
An analysis of race/ethnicity in relation to health insurance in Sussex County reveals Hispanic or Latino populations had a significantly lower rate of health insurance coverage, at only 30.4% in 2013, but has significantly improved by 2016 and is now at a rate of 63.8%.

Percentage of Adults with Health Insurance by Age



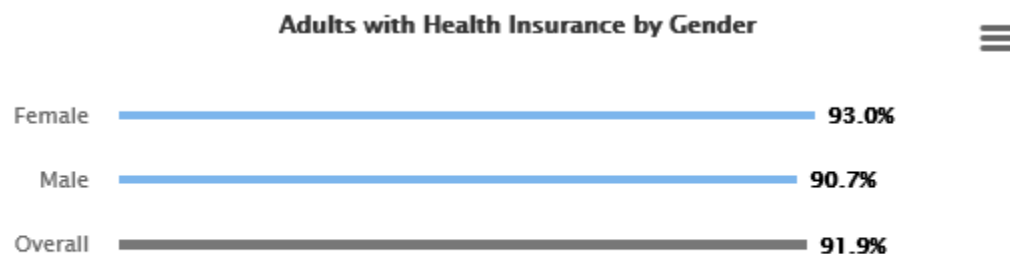
Source: Delaware Health Tracker. (n.d.). Percentage of Adults with Health Insurance by Age. Retrieved from Delaware Health Tracker:
<http://www.delawarehealthtracker.com/indicators/index/view?indicatorId=4315&localeFilterId=370&periodId=1349&localeId=9395>

Percentage of Adults with Health Insurance by Race/Ethnicity



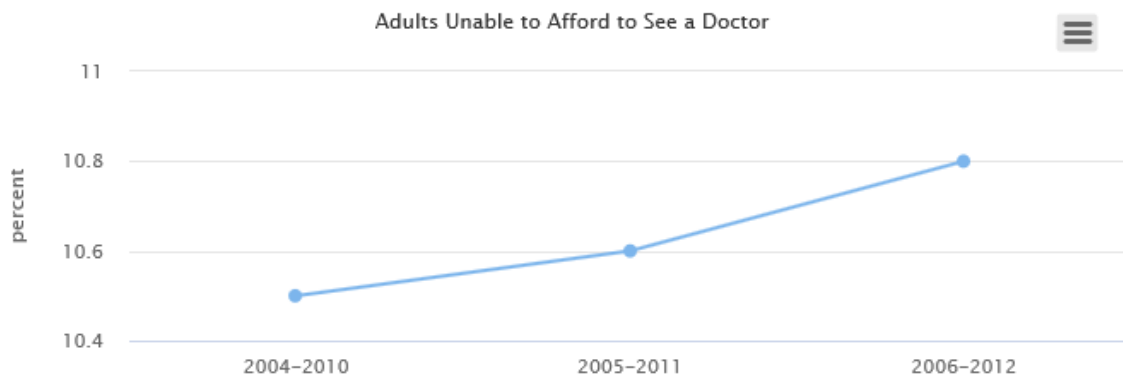
Source: Delaware Health Tracker. (n.d.). Percentage of Adults with Health Insurance by Race/Ethnicity. Retrieved from Delaware Health Tracker:
<http://www.delawarehealthtracker.com/indicators/index/view?indicatorId=4315&localeFilterId=370&periodId=1349&localeId=9395>

Percentage of Adults with Health Insurance by Gender



Source: Delaware Health Tracker. (n.d.). Percentage of Adults with Health Insurance by Gender. Retrieved from Delaware Health Tracker:
<http://www.delawarehealthtracker.com/indicators/index/view?indicatorId=4315&localeFilterId=370&periodId=1349&localeId=9395>

Sussex County: Measurement Period: 2006-2012



Source: Delaware Health Tracker. (n.d.). Adults Unable to Afford to See a Doctor. Retrieved from Delaware Health Tracker: <http://www.delawarehealthtracker.com/indicators/index/view?indicatorId=4315&localeFilterId=370&periodId=1349&localeId=9395>

SAFETY NET RESOURCES: SUSSEX COUNTY

Safety Net Programs are available to uninsured and underserved Delawareans.

Screening for Life: Provides payment for cancer screening tests to qualified Delaware adults. Services provided to eligible Delawareans include mammograms and clinical breast exams, Pap tests, prostate cancer screening tests, colorectal cancer screening tests, lung cancer screening tests, health education, and help with coordinating associated care. To be eligible, individuals must meet all of three criteria related to income, insurance, and age.

L. Health Indicators

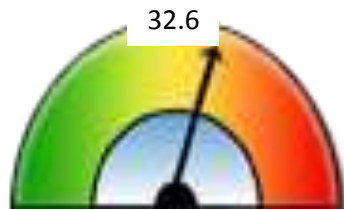
Obesity

The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 and older who are obese to 30.6%.

Obesity is defined as a Body Mass Index (BMI) greater than 30. A BMI is calculated by taking the weight and dividing by the height.

Obesity has a direct effect on healthcare spending and lost earnings. Obesity is a risk factor for many diseases such as heart disease, diabetes, cancer and hypertension.

Sussex County's Percentage of Overweight or Obese Adults is 32.6%. Compared to 2014 results of 29.4% the rate of obesity has worsened over the past 3 years. The overall rate in Delaware was 29.4% in Delaware in 2014 and, as of October 2018, was 31.8%.



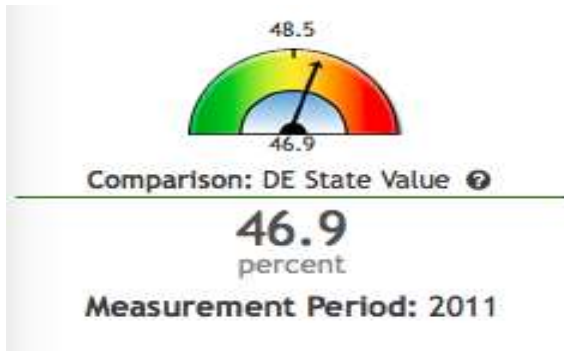
**Comparison: DE State Value 31.8%,
October 2018**

Source: Behavioral Risk Factor Surveillance System, (updated October 2018). Percentage of Overweight or Obese Adults. <http://apps.nccd.cdc.gov/brfss/>

The Healthy People 2020 national health target is to increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%.

Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. More than 60 percent of adults in the United States do not engage in the recommended amount of activity, and about 25 percent of adults are not active at all. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat.

Sussex County's percentage of adults engaging in regular physical activity is 49.7%. This is up 3 percentage points from the assessment completed in 2013. (Physical activity is defined as aerobic exercise at a minimum of 150 minutes /week). According to the 2015 Delaware Household Health Survey, approximately 54% adult residents within Beebe Healthcare's primary service area engaging in regular physical activity as compared to the State at 59.4%.



This infographic is the most recent data available as this category is no longer being calculated as such.

Source: Behavioral Risk Factor Surveillance System, (2013). Percentage of Adults Engaging in Regular Physical Activity. <http://apps.nccd.cdc.gov/brfss/>

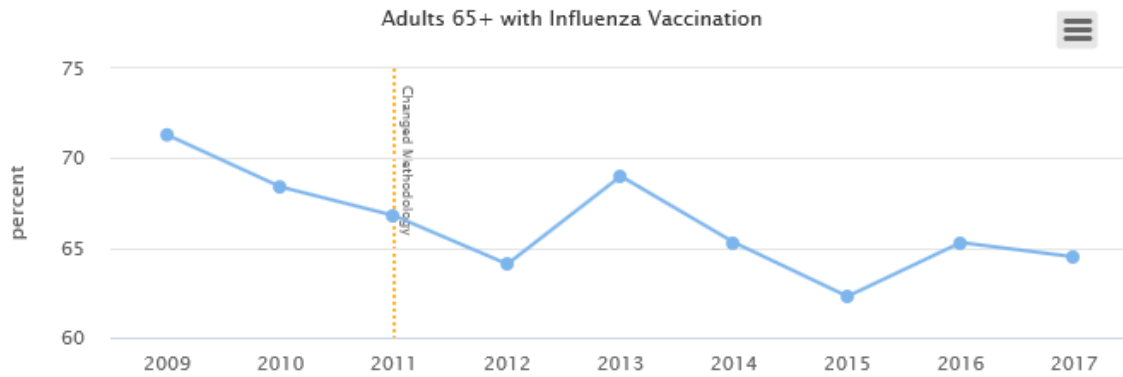
Vaccinations

The Healthy People 2020 national health target is to increase the proportion of adults aged 65 years and older who receive an influenza vaccination to 90%.

Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. Infection with influenza can cause high fever, diarrhea and seizures in children. It is estimated that 226,000 people are hospitalized each year due to influenza and 36,000 die - mostly the elderly. The seasonal influenza vaccine can prevent serious illness and death. The Centers for Disease Control and Prevention (CDC) recommends annual vaccinations to prevent the spread of influenza” (Behavioral Risk Factor Surveillance System, 2014).

Influenza vaccine is provided in Sussex County through multiple sources including physician offices, pharmacies and free vaccine clinics. Beebe Healthcare provides on average 30 free Influenza vaccine clinics throughout the season to prevent Influenza. Last season, approximately 3700 vaccines were administered. The percentage of vaccinations has decreased in the County to 64.5 % from 66.8% of adults 65+ and older since 2011.

Sussex County Adults 65+ with Influenza Vaccination



Change in methodology for 2011:

The BRFSS 2011 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

Source: Delaware Health Tracker. (n.d.). Adults 65+ with Influenza Vaccination. Retrieved from Delaware Health Tracker: <http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=44&localeTypeId=2&localeId=370>

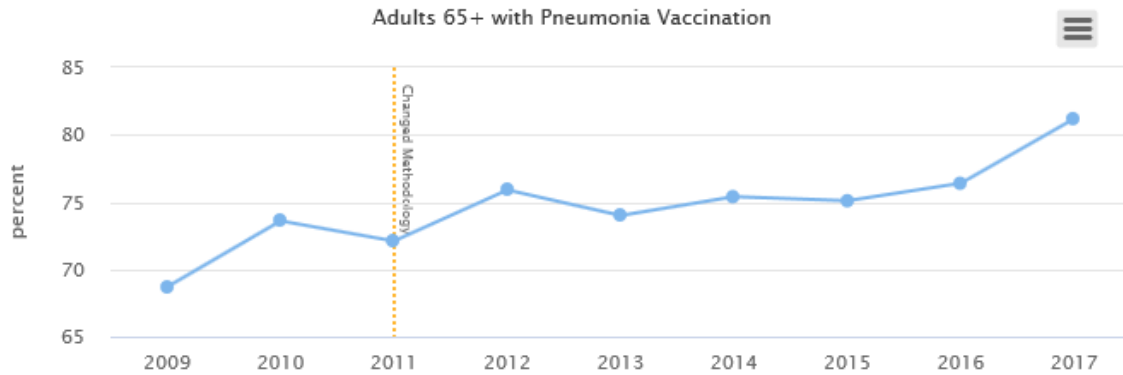
Influenza Vaccinations provided for free to community members by Beebe Healthcare's Outreach Team

	Regular Adult Dose	High Dose Vaccine	Total Provided
FY 2015	2300	1349	3679
FY 2016	1968	1770	3738
FY 2017	1880	1713	3593
FY 2018	1781	1924	3722 (30 FluBlock)

The Healthy People 2020 national health target is to increase the proportion of adults aged 65 years and older who receive a pneumonia vaccination to 90%.

Pneumonia kills approximately one (1) of every twenty 20 people who acquire the disease. In 2017, Sussex County has **81.2%** of adults 65+ getting the Pneumonia Vaccine.

Sussex County Adults 65+ with Pneumonia Vaccination



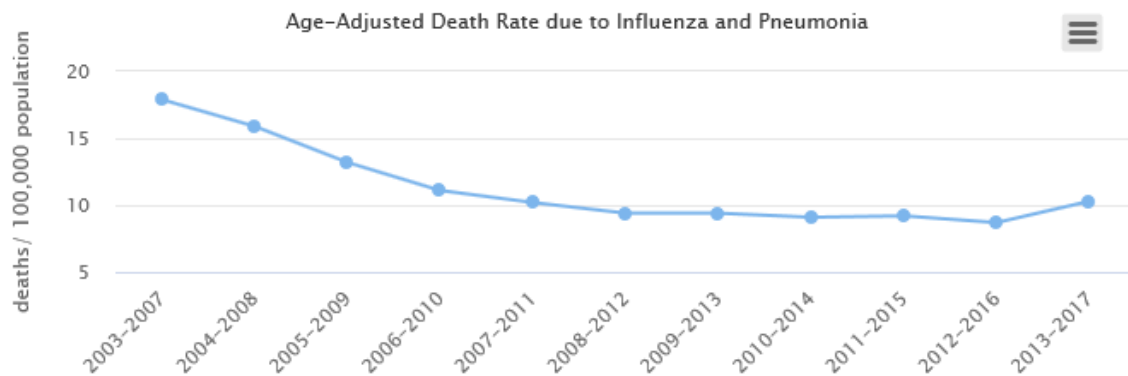
Change in methodology for 2011:

The BRFSS 2011 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

Source: Delaware Health Tracker. (n.d.). Adults 65+ with Pneumonia Vaccination. Retrieved from Delaware Health Tracker: <http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=45&localeTypeId=2&localeId=370>

Sussex County Age-Adjusted Death Rate due to Influenza and Pneumonia

Sussex County rate is 10.2 deaths /100,000 populations due to Influenza and Pneumonia



Source: Delaware Health Tracker. (n.d.). Age-Adjusted Death Rate due to Influenza and Pneumonia. Retrieved from Delaware Health Tracker: <http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=110&localeTypeId=2&localeId=370>

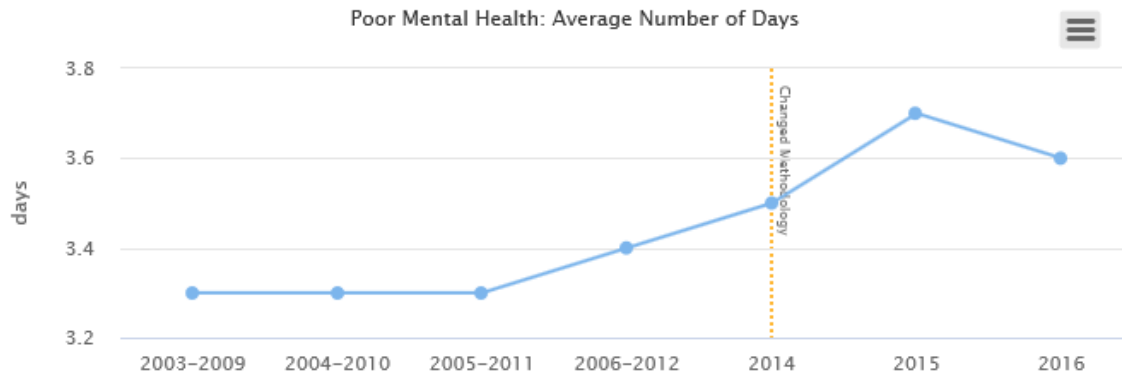
M. Health Disparities

The strengths and weaknesses of the Lewes community provide insight into the implications for the population's health. Unfortunately, focusing solely on the primary data yields a limited picture. Another element that must be factored in for the Lewes community is the difference that exists between the year round local working residents and the retired residents, who may or may not be seasonal. A thorough windshield survey, informal focus groups and stakeholder interviews reveal dramatic differences in these populations and the need to bridge the widening gap. According to one key informant, a local community outreach nurse, the year round working residents have greater racial and ethnic diversity, with higher percentages of African American and Latino members. In addition, the vast majority of this population lives on the western outskirts of the town of Lewes, where cost of living is lower, unemployment and crime are higher, and access to transportation, health care and physical activity are limited. Although the numbers of individuals impacted by this dynamic may not be considered statistically significant, they are the portion of the population most critical to understand and address.

A closer look at health disparities in the area through the Healthy Communities Website, Delaware Health Tracker, which synthesizes data from several primary sources, provides a clear visual representation of many of the strengths and weakness evident in Southern Delaware.

Mental Health

People in Sussex County reported an average of 3.6 poor mental health days in the last 30, indicating an increase from 3.4 in 2015. This is important because psychological distress can affect all areas of life and overall health outcomes. It is imperative to identify and address psychological issues in a proactive manner to ensure adequate resources are in place.



Change in methodology for 2014:

A new modeling technique was used to produce estimates for 2014 data. Therefore, 2014 data is not directly comparable to previous years of data. **Source:** Delaware Health Tracker. (n.d.). Poor Mental Health: Average Number of Days. Retrieved from Delaware Health Tracker: <http://www.delawarehealthtracker.com/indicators/index/view?indicatorId=368&localeId=370>

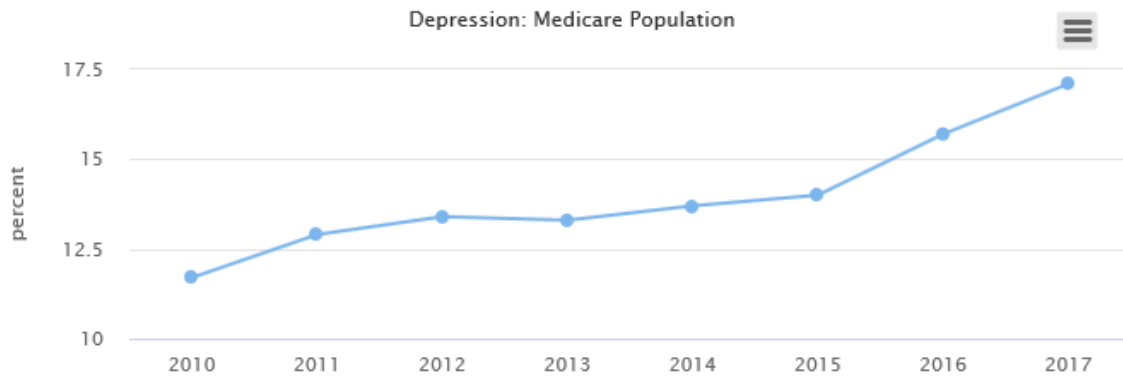
	UNITS (Period)	SUSSEX	DE	US	HP 2020	PRIOR VALUE (Sussex)
MENTAL HEALTH						
Age Adjusted Death Rate due to Suicide	Deaths/100,000 population (2016)	12.9	12.6	13.0	10.2	12.7
Poor Mental Health Average Number of Days	Days (2016)	3.6	3.7	3.8		3.7
Frequent Mental Distress	Percent (2016)	11.3%	11.7%	15.0%		11.2%
Depression Medicare	Percent (2015)	14.0%	15.6%	16.7%		13.7%
Mental Health Provider Rate	Providers/100,000 population (2017)	163	231	214		150
ER Visits Mental Health – Beebe	(2018) 811					(2017) 684
IP Admissions Mental Health – Beebe	(2018) 56					(2017) 32
Transfers to MH facilities from Beebe	(2018) 550					(2017) 533

Depression

Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. Depression has a variety of symptoms, the most common being a feeling of sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable. Many people with depression never seek treatment; however, even those with the most severe depression can improve with treatments including medications, psychotherapies, and other methods.

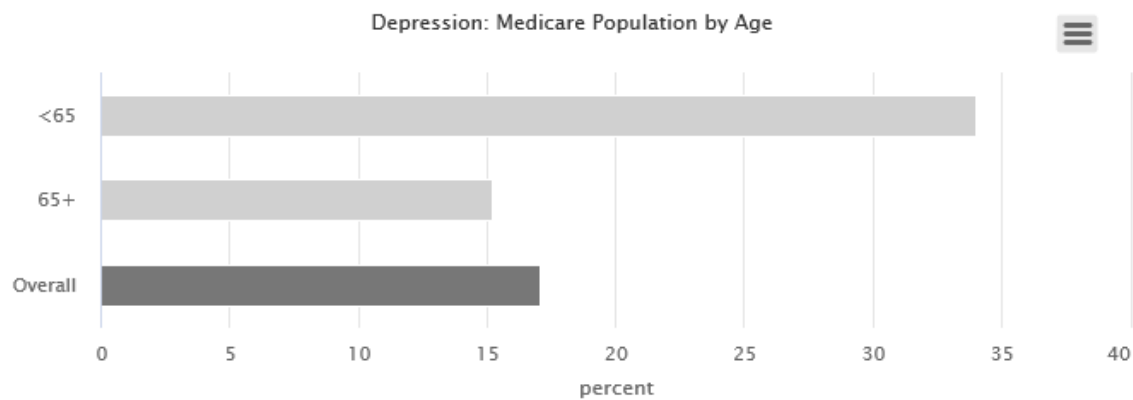
According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7 percent in people over the age of 60 compared to 16.9 percent overall. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.

Depression in Sussex County: Medicare Population: Time Series



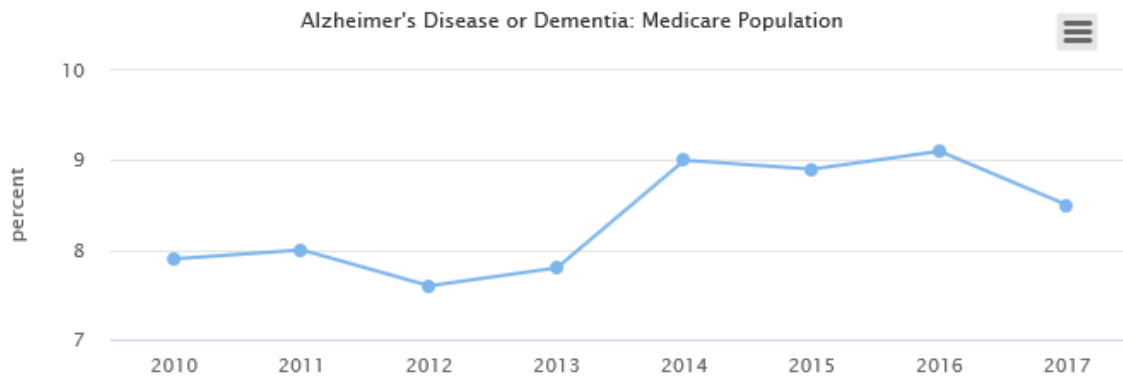
Source: Centers for & Medicaid Services, (2017). Depression: Medicare Population. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html.

Depression: Medicare Population by Age

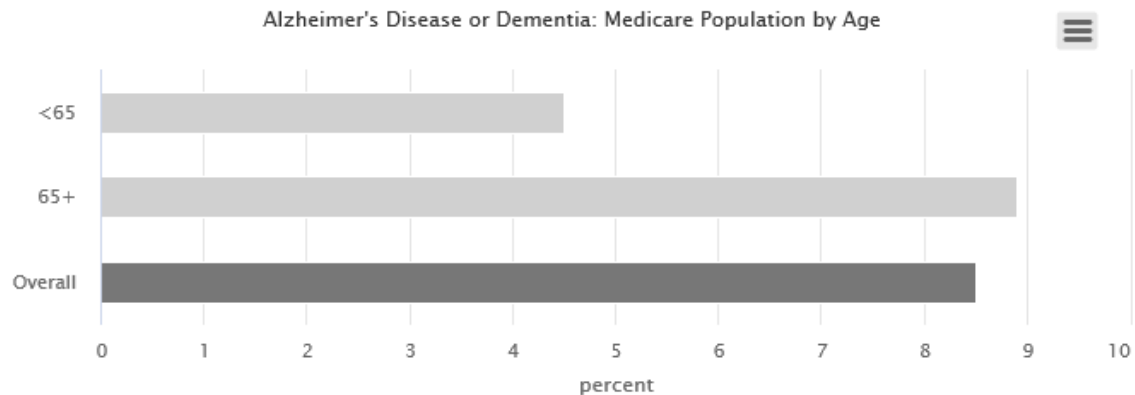


Source: Centers for & Medicaid Services, (2017). Depression: Medicare Population. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html

Alzheimer's disease or Dementia: Medicare Population: Time Series



Alzheimer's disease or Dementia: Medicare Population by Age



Source: Centers for & Medicaid Services, (2017). Alzheimer's disease or Dementia: Medicare Population: Time Series.

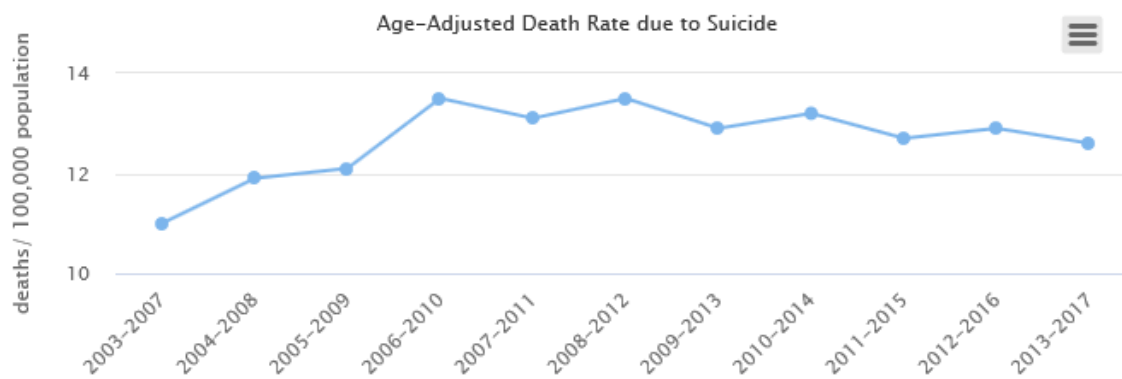
Age Adjusted Death Rate Due to Suicide

The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 populations.

Suicide is a leading cause of death in the United States. This presents a major, preventable public health problem. Estimates of over 33,000 commit suicide each year according to the Centers for Disease Control and Prevention, but deaths by suiciding account for only part of the problem. An estimated 25 attempts to suicide occur per every suicide death, and those who survive may have serious injuries, in addition to depression and other mental problems. Other repercussions include the combined costs of medical care and lost work on the community, totaling over \$30 billion for all suicides in a year. This is in addition to the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75

years and older. With the increasing 65+ population in Sussex County and transportation barriers that lead to social isolation and depression, this is an area that necessitates awareness. Sussex County reports 12.6 deaths/100,000 population.

Age-Adjusted Death Rate due to Suicide: Time Series



Source: Delaware Department of Health and Social Services, Division of Public Health, (2017). Age-Adjusted Death Rate by Suicide by Race/Ethnicity. Retrieved from Delaware Health Tracker: <http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=120&localTypeId=2&localeId=370>

Cancer

Average Annual Age-Adjusted Cancer Incidence Rates with 95% Confidence Intervals; Delaware vs. U.S., 2009–2013

Table 1-1: Average Annual Age-Adjusted Cancer Incidence Rates with 95% Confidence Intervals; Delaware vs. U.S., 2009–2013

Cancer Site	DE Incidence Rate 2009–2013	U.S. Incidence Rate 2009–2013	DE %Change: 99-03 to 09-13	U.S. % Change: 99-03 to 09-13
All Site *	507.3 (501.2, 513.5)	448.7 (448.1, 449.4)	-1	-7
Brain	6.6 (5.9, 7.3)	6.4 (6.3, 6.5)	+3	-4
Female breast *	130.1 (125.9, 134.5)	125.0 (124.5, 125.5)	+1	-6
Cervical	8.3 (7.2, 9.6)	7.5 (7.4, 7.6)	-3	-3
Colorectal	38.3 (36.6, 40.0)	41.0 (40.8, 41.2)	-33	-23
Lung / bronchus *	71.4 (69.2, 73.8)	57.3 (57.1, 57.5)	-8	-11
Melanoma *	30.1 (28.6, 31.7)	21.8 (21.7, 21.9)	+78	+14
Oral	12.2 (11.3, 13.2)	11.1 (11.0, 11.2)	+5	+4
Prostate *	151.4 (146.6, 156.3)	129.4 (128.9, 129.9)	-14	-28

Rates are per 100,000 and age-adjusted to 2000 U.S. standard population.

* = Delaware incidence rate is significantly higher than the U.S. rate at the 95% confidence level.

Source: Delaware Cancer Registry, Delaware Division of Public Health, 2017. Table 1.1: Average Annual Age-Adjusted Cancer Incidence Rates with 95% Confidence Intervals; Delaware vs. U.S., 2009–2013.

https://www.dhss.delaware.gov/dhss/dph/dpc/files/im09-13_july2017.pdf (No new updates since this info released in 2017)

Table B: Average Annual Age-Adjusted Cancer Mortality Rates with 95% Confidence Intervals; Delaware vs. U.S., 2009–2013

Cancer Site	DE Mortality Rate (2009-2013)	U.S Mortality Rate (2009-2013)	De % Change	US % Change
All-Site*	176.1 (172.5, 179.7)	168.5 (168.3, 168.7)	-15	-14
Brain	4.1 (3.6, 4.7)	4.3 (4.3, 4.3)	-13	-4
Female breast	21.7 (20.0, 23.5)	21.5 (21.4, 21.6)	-19	-17
Cervical	2.6 (2.0, 3.3)	2.3 (2.3, 2.3)	-26	-15
Colorectal	14.1 (13.1, 15.1)	15.1 (15.0, 15.2)	-33	-25
Lung/bronchus*	52.0 (50.0, 54.0)	46.0 (45.9, 46.1)	-15	-17
Melanoma	2.9 (2.4, 3.4)	2.7 (2.7, 2.7)	-9	-4
Oral	2.6 (2.2, 3.1)	2.4 (2.4, 2.5)	+13	-11
Prostate	19.9 (18.1, 22.0)	20.7 (20.5, 20.8)	-30	-29

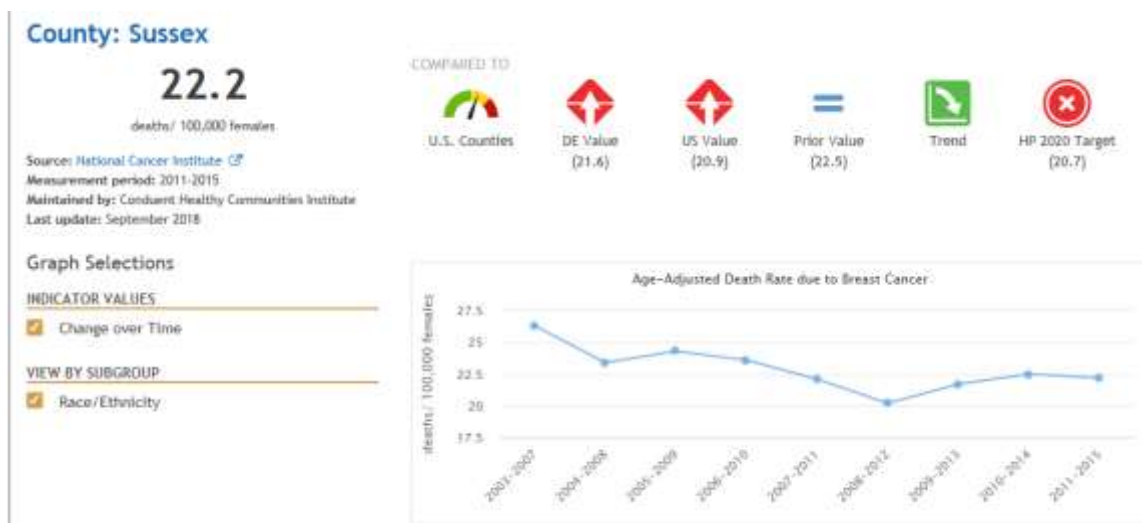
Source: Delaware Health Statistics Center, (2017). Average Annual Age-Adjusted Cancer Mortality Rates with 95% Confidence Intervals; Delaware vs. U.S., 2009–13, https://www.dhss.delaware.gov/dhss/dph/dpc/files/im09-13_july2017.pdf

Age-Adjusted Death Rate due to Breast Cancer

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females.

Sussex County breast cancer death rate is 22.2 deaths/100,000 females in the period of 2011-2015

Source: National Cancer Institute, (2018). Age-Adjusted Death Rate due to Breast Cancer. <http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=94&localeTypeId=2&localeId=370>



Breast Cancer Incidence

Sussex County Breast Cancer Rate is 129.7 cases/100,000 females through the period of 2011-2015



Source: National Cancer Institute, (2018). Breast Cancer Incidence Rate.

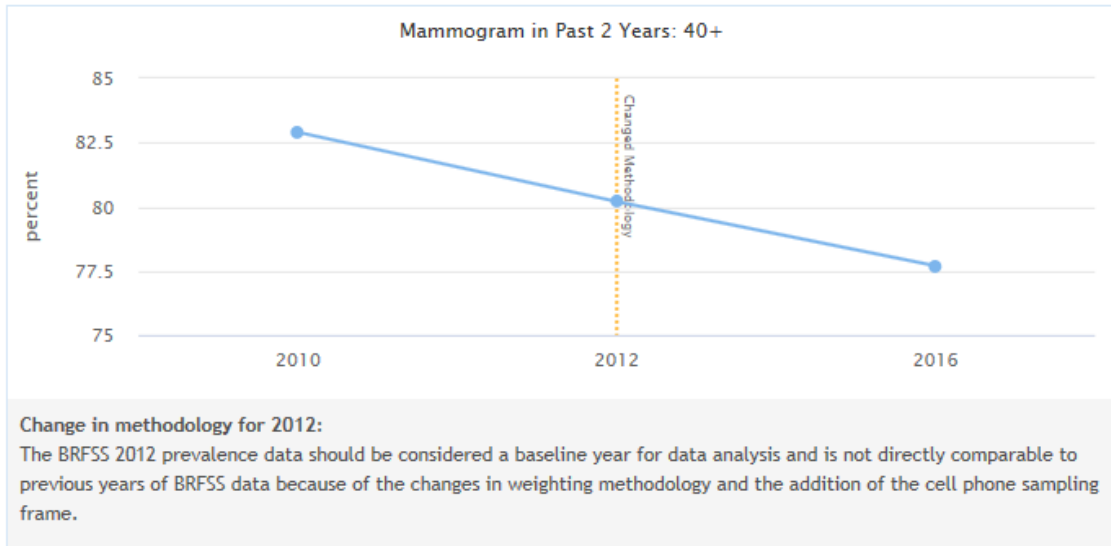
<http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=180&localeTypeId=2&localeId=370>

Mammogram History

This indicator is a measure of the women 40 years of age and older who have had their mammogram in the past 2 years. Mammogram screening can identify calcifications and tumors. Once an abnormality is identified, further tests are performed to rule out breast cancer. Mammography is one of the first steps in the early detection of breast cancer therefore decreasing breast cancer mortality.

Sussex County Mammogram history is 77.7%





Source: Behavioral Risk Factor Surveillance System, (2018).Mammogram History.
<http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=307&localeTypeId=2&localeId=370>

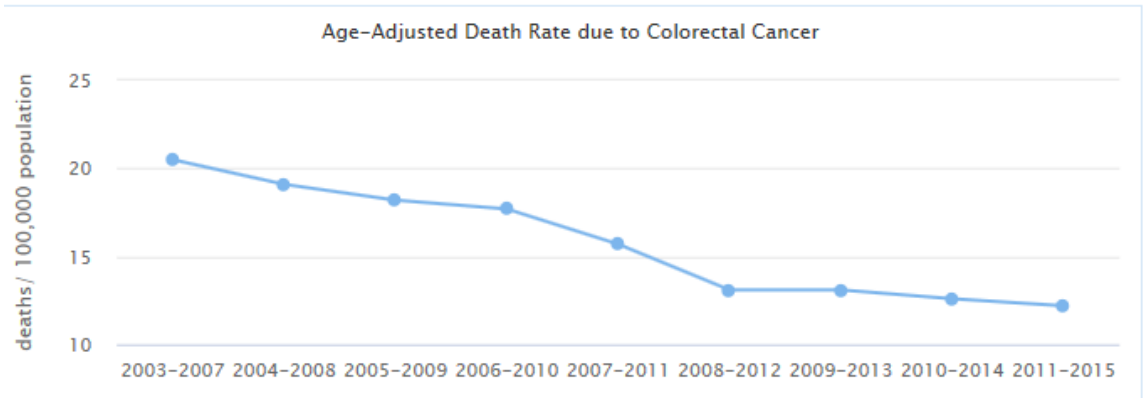
Colon Cancer

Age-Adjusted Death Rate due to Colorectal Cancer

The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 populations.

Sussex County's Age- Adjusted Death Rate due to Colorectal Cancer is 12.6 deaths/100,000 populations during the period of 2011-2015





Source: National Cancer Institute (2018). **Age-Adjusted Death Rate due to Colorectal Cancer.**
<http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=98&localeTypeId=2&localeId=370>

Colorectal Cancer Incidence Rate

The Healthy People 2020 national health target is to reduce the colorectal cancer incidence rate to 39.9 cases per 100,000 populations.

Sussex County Colorectal Cancer Incidence Rate is 36.7 cases/100,000 populations in the period of 2011-2015. The rate has improved by 2.6% since 2015. Colorectal Cancer is the 2nd leading cause of cancer related deaths.

Sussex County Colorectal Cancer Incidence Rate 36.7%

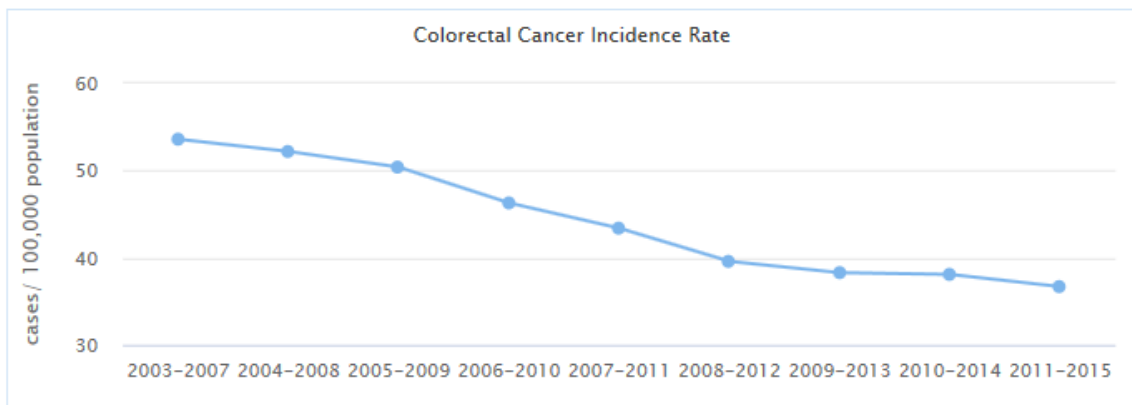
County: Sussex

36.7
cases / 100,000 population

Source: National Cancer Institute
 Measurement period: 2011-2015
 Maintained by: Conduent Healthy Communities Institute
 Last update: September 2018

COMPARED TO

- U.S. Counties
- DE Value (37.2)
- US Value (39.2)
- Prior Value (38.1)
- Trend
- HP 2020 Target (39.9)

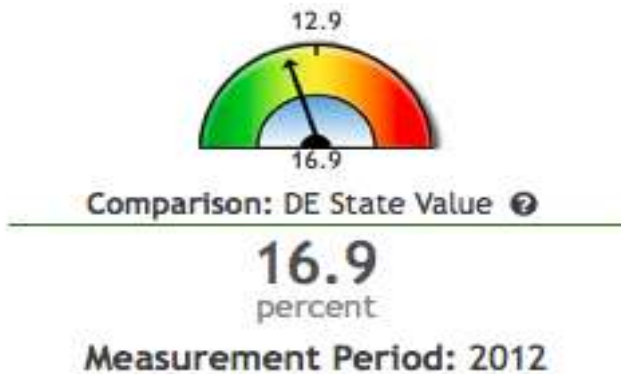


Source: National Cancer Institute (2018). Colorectal Cancer Incidence Rate.
<http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=221&localeTypeId=2&localeId=370>

Colon Cancer Screening

Sussex County Colon Cancer Screening rate is 16.9 % for 2012, and overall state rate of 9.6% comparison of the US states period for 2014.

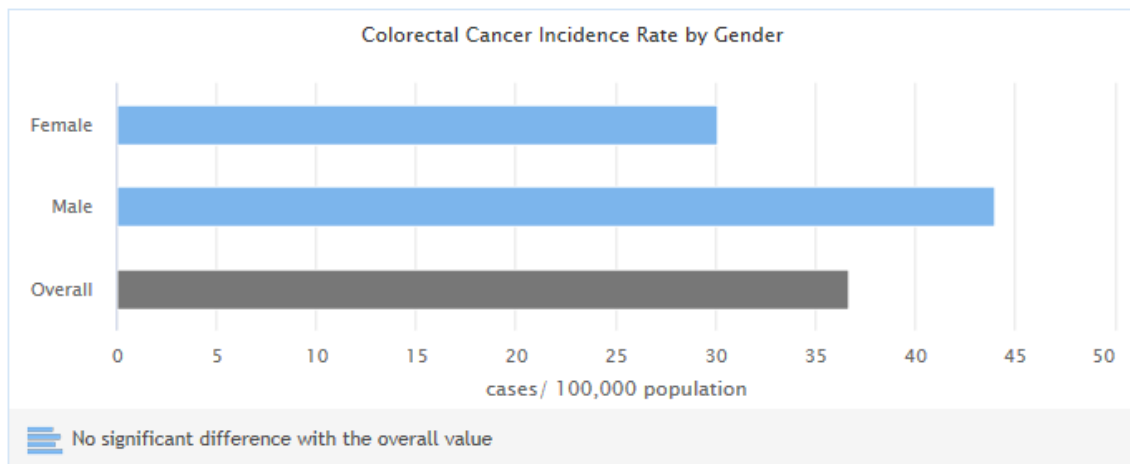
The indicator shows the percentage of people 50 years of age and older who have had a blood stool test in the past 2 years.



Source: Behavioral Risk Factor Surveillance System, (2014). Colon Cancer Screening.
<http://apps.nccd.cdc.gov/brfss/>

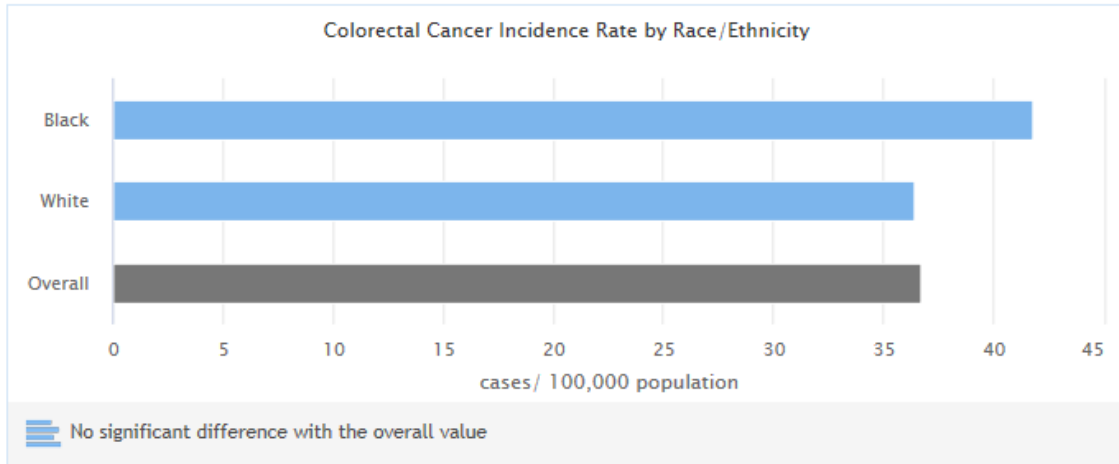
Disparities noted for Colorectal Cancer Incidence by Gender (Male greater than Female) and Colorectal Cancer by Incidence by Race/Ethnicity (Black greater than White or Other)

Colorectal Cancer Incidence Rate by Gender in 2011-2015



Source: National Cancer Institute, (2018). Colorectal Cancer Incidence Rate by Gender.
<http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=221&localeTypeId=2&localeId=370>

Colorectal Cancer Incidence Rate by Race/Ethnicity in 2011-2015



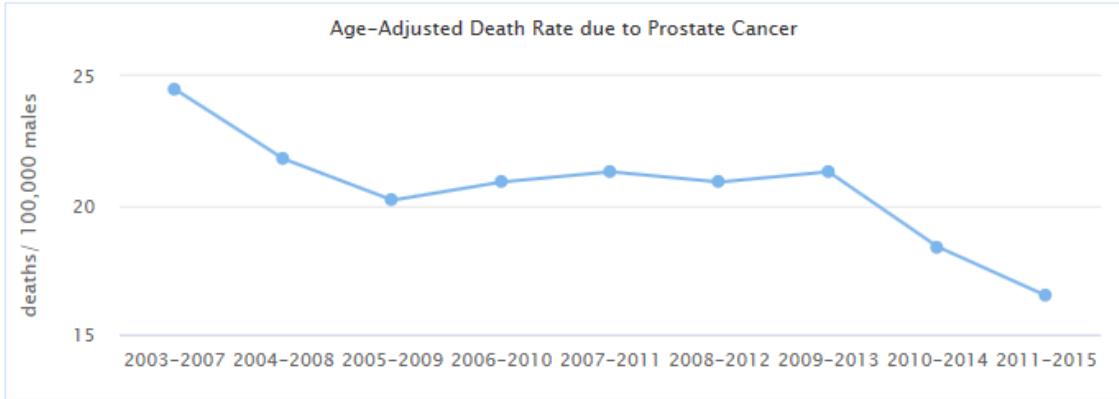
Source: National Cancer Institute, (2018). Colorectal Cancer Incidence by Race/Ethnicity.
<http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=221&localeTypeId=2&localeId=370>

Prostate Cancer

Age-Adjusted Death Rate by Prostate Cancer

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.8 deaths per 100,000 males. The age-adjusted death rate in Sussex County, Delaware is 16.5 per 100,000 males.





Source: National Cancer Institute, (2018). Age-Adjusted Death Rate due to Prostate Cancer. <http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=119&localeTypeId=2&localeId=370>

Prostate Cancer is the most commonly diagnosed cancer in men and second to Lung cancer for cancer related death rates. Age and Race are the primary risk factors. **Sussex County Prostate Cancer Incidence Rate is 122.5 cases/100,000 males**

County: Sussex

122.5

cases/100,000 males

COMPARED TO



U.S. Counties



DE Value
(136.1)



US Value
(109.0)



Prior Value
(129.6)



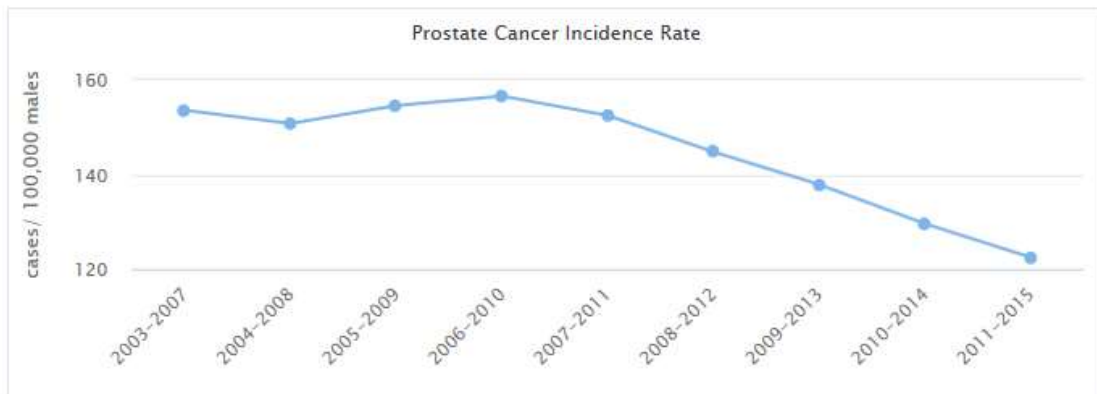
Trend

Source: National Cancer Institute

Measurement period: 2011-2015

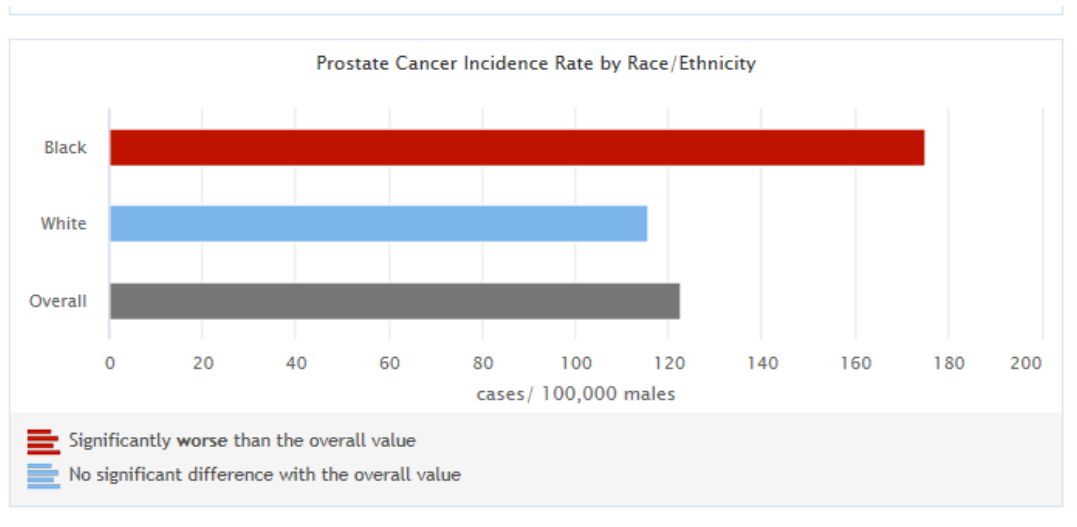
Maintained by: Conduent Healthy Communities Institute

Last update: September 2018



Source: National Cancer Institute, (2018). Prostate Cancer Incidence Rate. <http://statecancerprofiles.cancer.gov/>

Prostate Cancer Incidence by Race/Ethnicity



Source: National Cancer Institute, (2018). Prostate Cancer Incidence by Race/Ethnicity. <http://statecancerprofiles.cancer.gov/incidencerates/>

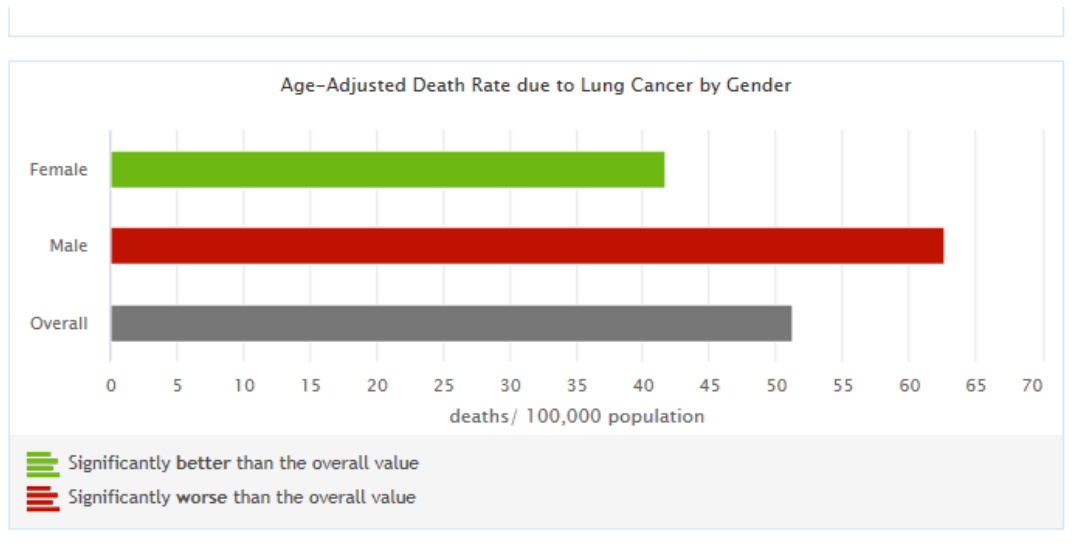
Lung Cancer

The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 populations.

The annual death rate is higher for Lung Cancer than any other type of cancer. The primary risk factor is smoking in quantity and years. As male rates have diminished, the same trend has not been demonstrated in women. Lung Cancer has the highest death rate of all Cancers.

Sussex County's Age-Adjusted Death Rate due to Lung Cancer is 51.2 deaths/100,000 populations during the period of 2011-2015

Age-Adjusted Death Rate due to Lung Cancer by Gender



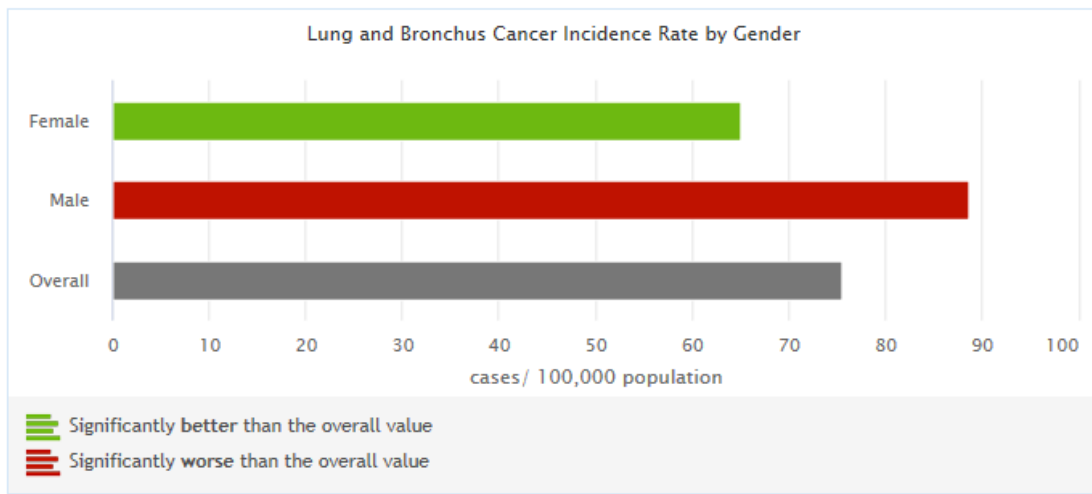
Source: National Cancer Institute, (2018). Age-Adjusted Death Rate due to Lung Cancer by Gender
<http://statecancerprofiles.cancer.gov/deathrates/deathrat...>

Sussex County Lung and Bronchus Incidence rate was 75.6 cases/100,000 population in the time period of 2011-2015



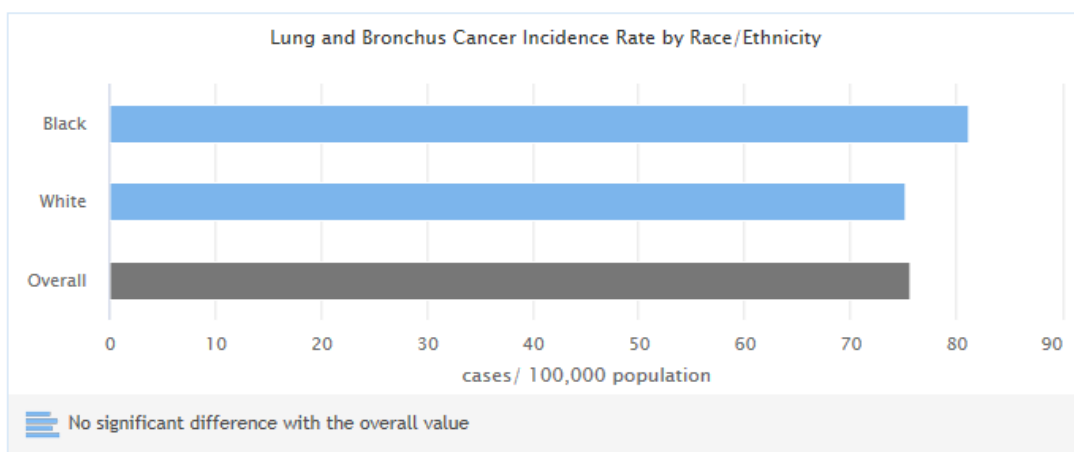
Source: National Cancer Institute, (2018). Lung and Bronchus Incidence Rate.
<http://statecancerprofiles.cancer.gov/incidencerates/>

Lung and Bronchus Cancer Incidence Rate by Gender (cases/100,000 population)



Source: National Cancer Institute, (2018). Lung and Bronchus Incidence Rate by Gender.
<http://statecancerprofiles.cancer.gov/incidencerates/>

Lung and Bronchus Cancer Incidence Rate by Race/Ethnicity (cases/100,000 population)



Source: National Cancer Institute, (2018). Lung and Bronchus Incidence Rate by Race/Ethnicity.
<http://statecancerprofiles.cancer.gov/incidencerates/>

Neck and Throat Cancer

Thyroid Cancer

There are four main types of thyroid cancer: papillary, follicular, medullary, and anaplastic. Papillary is the most common. Thyroid Cancer is frequently not identified until there is a sizable nodule. Palpation of the neck for the thyroid gland is usually not performed at routine visits to a healthcare provider. It is noted that a 1% or greater increase in thyroid cancer is identified by the National Cancer Institute. Thyroid cancer represents the 8th most common cancer in the United States. In 2012, there were an estimated 601,789 people living with thyroid cancer in the United States. Thyroid cancer is trending higher in Delaware as well as in the U.S.

National Cancer Institute, (2002-2008). <http://progressreport.cancer.gov/trends-glance.asp>

National Cancer Institute, (2013). <http://www.cancer.gov/cancertopics/types/thyroid>

Known Risk Factors by Cancer Type

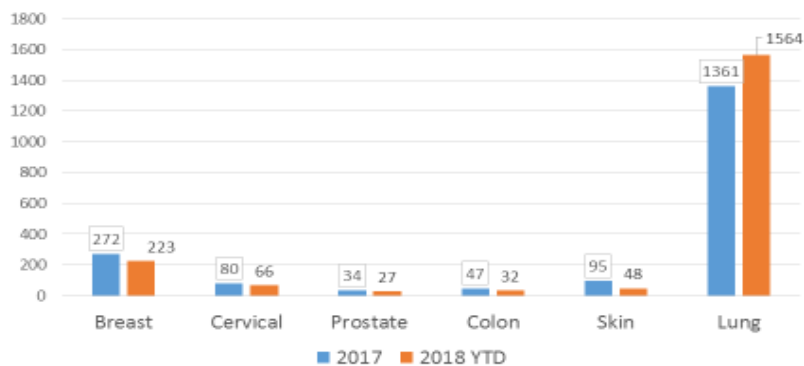
Cancer Type	Risk Factors
Breast	age – increasing, alcohol abuse, family history, genetic mutations, benign breast conditions, early menarche, hormone therapy, high-fat diet, recent birth control pills, smoking (cigarettes, cigars or pipes), secondhand smoke
Colon/rectum	age 50 and older, alcohol abuse, diabetes – type 2, family history, high-fat diet, history of bowel disease, physical inactivity, smoking (cigarettes, cigars or pipes), overweight or obesity
Lung	asbestos, diet low in fruits and vegetables, family history, radiation therapy, radon exposure, secondhand smoke, smoking (cigarettes, cigars or pipes), tuberculosis, workplace exposures
Oral cavity	alcohol abuse, diet low in fruits and vegetables, gender – male, genetic syndromes, heavy drinking and smoking, human papilloma virus, poor nutrition, smoking (cigarettes, cigars or pipes), snuff or chewing tobacco, ultraviolet light (lip cancer)
Prostate	African American race, age – over 50, diet high in red meat and high-fat dairy, ethnicity – non-Hispanic, family history, gene mutations, inherited DNA changes, obesity, workplace exposures
Thyroid	age (40 – 50 in women, 60 and older in men), diet low in iodine, gender – female, genetic conditions, lack of iodine, race – Caucasian, radiation – environmental and medical

Source: Delaware Department of Health and Social Services, (2013). Known Risk Factors by Cancer Type. http://dhss.delaware.gov/dhss/dph/dpc/files/2ndaryanalysis_consistencyhigh2009.pdf. Table modified to display cancers that are presented in this paper.

Beebe Healthcare’s Tunnel Cancer Center Outreach Program

Tunnell Cancer Center’s Cancer Outreach Program encompasses early detection, cancer screening, risk reduction education, and navigation of community residents who need assistance in getting these important screenings completed. The education provided is for those cancers for which there is a screening test: breast, cervical, prostate, colon, and lung cancer. Skin cancer education is also provided. Outreach education and presentations are held at various community venues including programs at churches, civic associations, schools, community health fairs and other events. Periodic community screenings are held for breast cancer for women in Sussex County who do not have health insurance. A free annual skin cancer screening is provided to Sussex residents each year and referrals to area specialists are arranged. The Cancer Screening Nurse Navigator communicates with and helps residents who have requested assistance in completing cancer screenings by overcoming barriers to screening. These barriers include financial, transportation, language, education, and lack of healthcare provider, to name a few.

Outreach, Prevention, and Screening:



Screenings Completed
2017 & 2018 Comparison

Low Dose Lung CT Screening Data

	2015	2016	2017	2018
Total LDCT Screenings Performed	372	988	1361	1564
Total # Cancers Identified	8	19	20	25
Stage I	6	8	14	14
Stage II	0	4	1	1
Stage III	0	3	0	5
Stage IV	2	2	1	0
Unknown/Small Cell	0	2	4	5

LDCT Incidental Cancer Findings

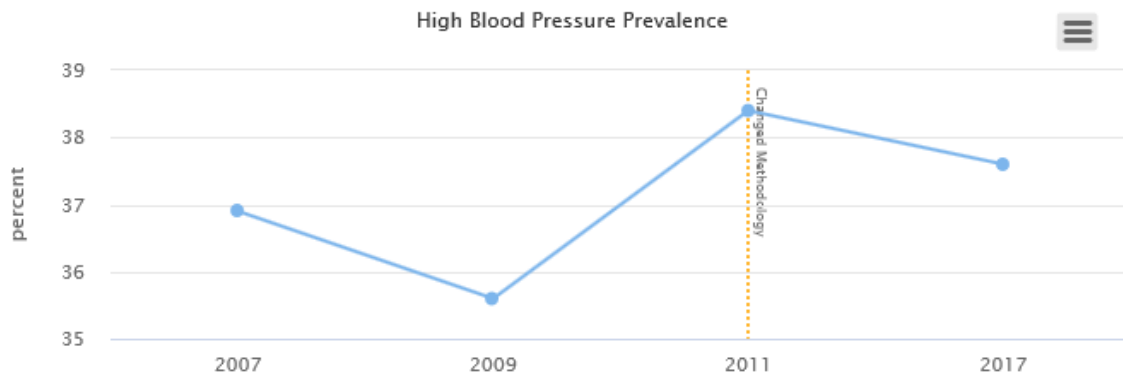
2015	2016	2017	2018
None	None	<ul style="list-style-type: none"> • 1 Male metastatic breast cancer • 2 cases B cell lymphoma 	<ul style="list-style-type: none"> • 1 Low grade B Cell Lymphoma • 1 Invasive Squamous Cell of Larynx • 1 Esophageal cancer • 1 Large cell neuroendocrine carcinoma of lung and liver • 1 Thyroid-papillary (pt. also diagnosed with lung cancer)

Hypertension

The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.

Sussex County percentage of Adults with High Blood Pressure is 37.6%.

Hypertension is known as the “silent killer”. It affects approximately 1 out of every 3 people above the age of 35, a third of those are not aware they have it and it is the number one modifiable risk for stroke. It is one disease that can be substantially affected by our behaviors and life style. It is frequently found in older adults, obese people, African Americans, heavy drinkers and women using birth control contraception.



--- Indicates a change in methodology

2011 The BRFSS 2011 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

Source: Behavioral Risk Factor Surveillance System, (2017). High Blood Pressure Prevalence: Time Series. Source: Centers for & Medicaid Services. Retrieved from Delaware Health Tracker: <http://www.delawarehealthtracker.com/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=253&localeTypeId=2&localeId=370>

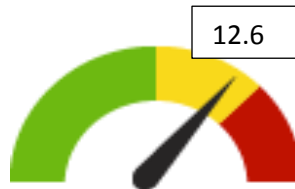
Diabetes

The Healthy People 2020 national health target is to reduce the number of new cases of diabetes from 8.0 per 1,000 to 7.2 per 1,000 aged 18 years and older.

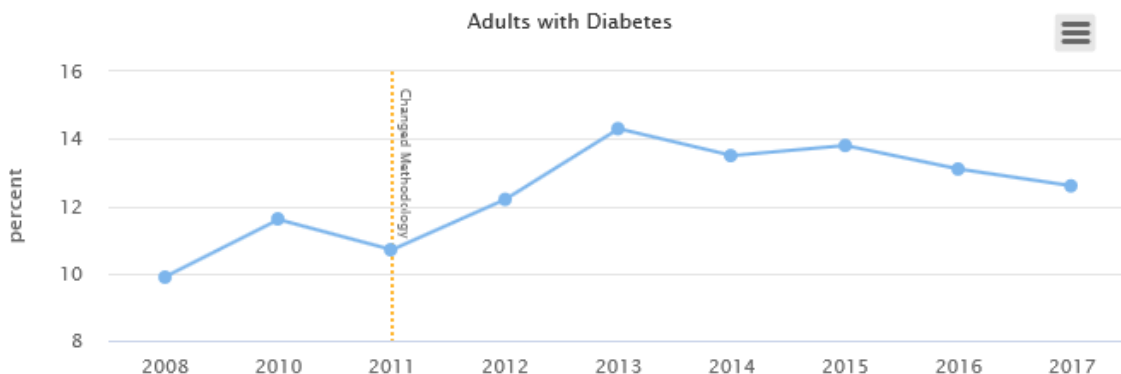
Sussex County percentage of Adults with Diabetes is 12.6%.

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. According to the CDC, the direct medical expenditures attributable to diabetes are over \$116 billion. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages.

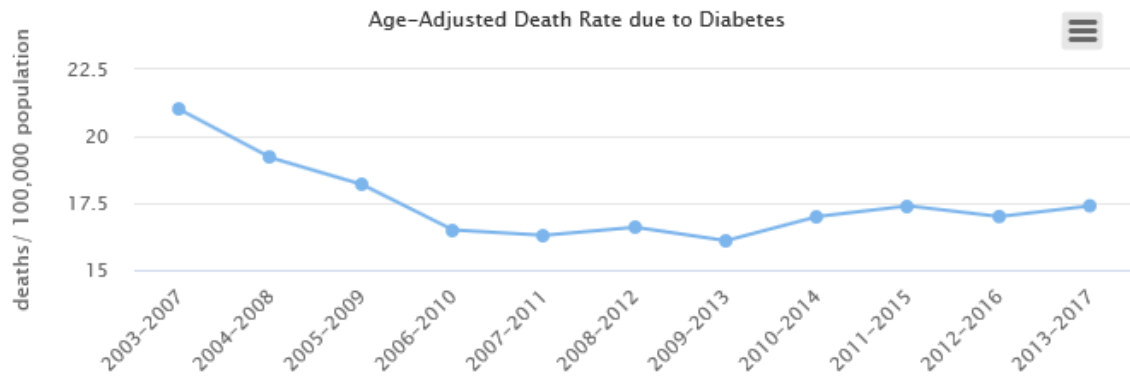
State of Delaware percentage of Adults with Diabetes is 11.3% as of 2017 measurement period, up from 10.6% in 2016.



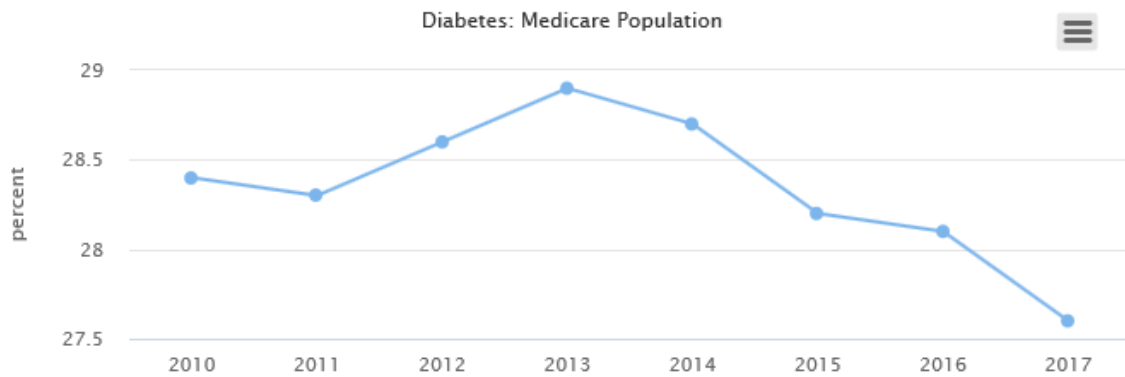
Sussex County Adults with Diabetes



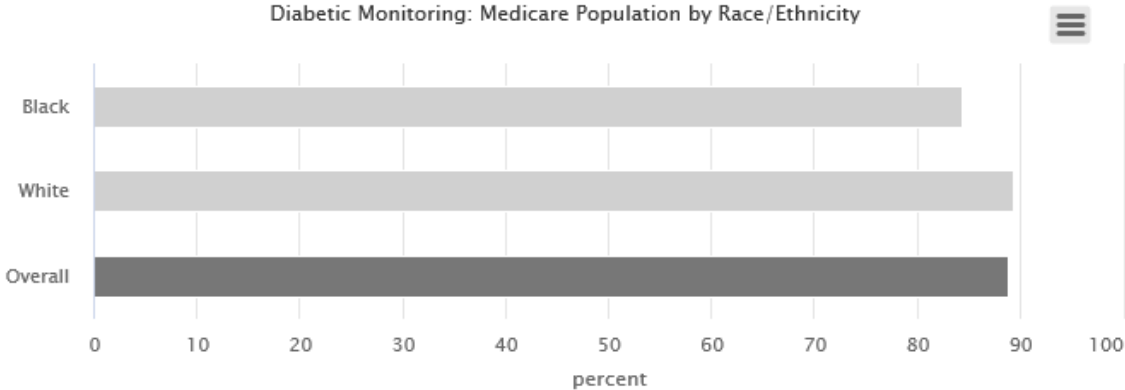
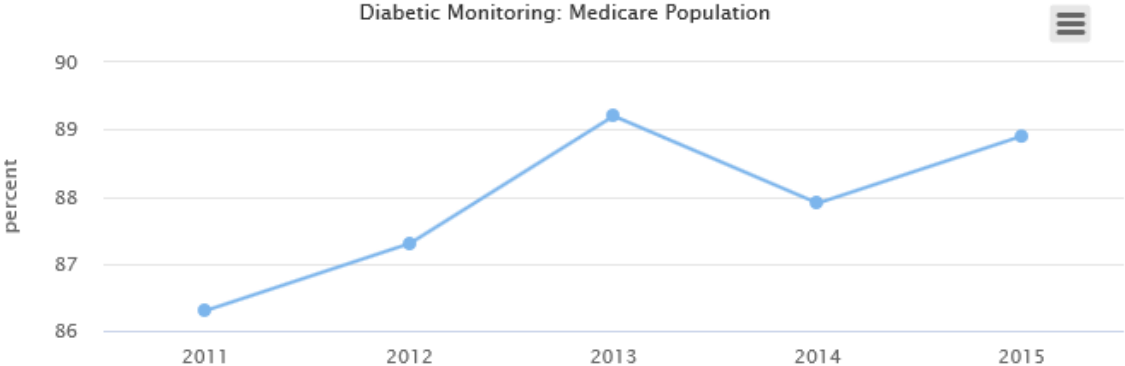
Sussex County Age-Adjusted Death Rate due to Diabetes



Sussex County Diabetes: percentage of Medicare beneficiaries who were treated for diabetes.



Sussex County percentage of diabetic Medicare patients ages 65-75 who had a blood sugar (HbA1c) test in the past year.



IV. Approach and Methodology

A. Overview

Beebe Healthcare began the comprehensive Community Health Needs Assessment (CHNA) process in the summer of 2018, capturing data from a variety of primary and secondary sources. Utilizing guidelines set forth by the Catholic Health Association of the United States (CHA) in collaboration with Vizient Incorporated, and Healthy Communities Institute, the Beebe CHNA process followed the following steps:

Step 1: Plan and Prepare for the Assessment

Step 2: Determine the Purpose and Scope of the CHNA

Step 3: Identify Data that Describes the Health and Needs of the Community

Step 4: Understand and Interpret the Data

Step 5: Define and Validate Priorities

Step 6: Document and Communicate Results

The organization felt it was imperative to collect primary data due to the limitation of servicing a relatively rural population not well characterized by solely secondary data sources. According to the Delaware Health Tracker, inaccurate data on the population at risk in small geographic areas continues to complicate epidemiologic studies in community settings. Census data are less accurate for cities or counties than for states. Therefore, an ideal approach incorporates both primary and secondary data. In order to fully incorporate the primary data elements, the CHNA team conducted focus groups, town hall meetings, stakeholder interviews, and online surveys. By gathering information from local residents and area organizations, the organization hopes to gain a better insight to the priority needs of those living in the service area. Additional data was also collected through completion of a community health survey by area residents, community based organizations and health care providers. In late 2018-early 2019, due to engagement with our local shelter, a portion of the Sussex county homeless population was surveyed. Lastly, Sussex County Health Coalition provided four of their monthly committee meetings to the task group to utilize as robust, group interviews and discussions focused on the stakeholder survey. The meeting attendees represent myriad agencies, associations and organizations at local, county and state levels.

Beebe's Population Health Department staff organized and analyzed the data, and was responsible for collecting current demographic information from the Delaware Population Consortium, U.S. Census Bureau, the Delaware Hospital Association, and the Delaware Health Tracker. Staff also conducted a community assets and resource

analysis, which was included in the overall assessment and rationale for prioritized community needs.

The final product of the Community Health Needs Assessment reflects the primary data collected via surveys and analyzed for significance, in conjunction with the secondary data obtained from resources such as the Delaware Health Tracker which houses all of the available national data sources. Once this information was synthesized, the Beebe Population and Community Health Committee evaluated the results of the data collection and analysis using the principles of the Robert Wood Johnson Foundation County Health Rankings Model, emphasizing the varied and vast determinants of health. In addition, the Kaiser Family Foundation's Social Determinants of Health model and Accountable Health Communities screening tool were incorporated as components of the post-survey review. Ultimately, priorities were established by evaluating all of the identified needs in the context of the feasibility, strengths and resources of the Beebe Healthcare system.

B. Regulatory Compliance

In 2010, the passage of the Patient Protection and Affordable Care Act (PPACA) included a specific provision (Sec. 9007) for all not-for-profit health care systems to complete a Community Health Needs Assessment every three years. The Community Health Needs Assessment is one of many additional reporting requirements for all 501(c) 3 providers, mandated by the PPACA and regulated by the Internal Revenue Service. A CHNA must be conducted by the end of the hospital's first fiscal year starting after March 23, 2012 and be completed for every facility operating as a hospital in a health system. Failure to comply will result in a \$50,000 fine for each year and the potential loss of the hospital's not-for-profit tax-exempt status. Although mandated by the PPACA, a Community Health Needs Assessment invites providers to engage their communities in identifying and addressing priority community health needs. The benefits of an effective Community Health Needs Assessment are vast and can have tremendous implications for the health of a community. These benefits include identifying priority health needs, developing strategies to address needs, positioning the hospital as a value-added leader, reinforcing hospital presence as a community pillar, providing new opportunities for collaboration with partners, protecting tax-exempt status, and avoiding penalties and excise taxes.

C. Collaborating Organizations: Healthier Sussex County Task Force

Beebe Healthcare has a longstanding history of providing a robust platform of community services to the area in and surrounding the main hospital located in Lewes.

The healthcare system's charitable mission is to encourage healthy living, prevent illness, and restore optimal health with the people residing, working, or visiting the communities we serve. Our vision is for Sussex County to be one of the healthiest counties in the nation. In an effort to optimize the availability of services and resources currently available to residents across Sussex County, Beebe reached out to create a new Task Force in 2, led by the three hospitals located in Sussex county- Bayhealth, Beebe, and Nanticoke. The Task Force was established in the fall of 2011 by the Chief Executive Officers of the three Sussex County Health Systems. Four hospital staff members from each health system were appointed to develop a plan to address health disparities in Sussex County. The focus of the Task Force includes:

- Organizational Team Approach & Community Focus
- Commitment of Organizations and Resources
- Involvement of Business and Community Resources
- Action Plan, Data Collection & Results Reporting

These aims work in conjunction with the charge of the Beebe Population Health Department, and are consistent with the methods and approach utilized by the Robert Wood Johnson Foundation County Health Rankings (see *Appendix D*).

- Identify critical community health needs by geographic and demographic characteristics
- Identify interventions for individuals and organizations to respond to the problematic issues identified
- Educate the community about taking individual responsibility for one's health and about the right choices to sustain one's own health
- Develop partnerships from many sectors of our community to develop synergies, eliminate duplicate programs, and encourage the joint ownership of population health issues
- Oversee community health needs assessment every three (3) years and develop the appropriate strategies and action to address needs that are identified

The Healthier Sussex County Task Force convened in April of 2018 to begin the review and revision process of both the community member and stakeholder survey to factor in areas of health care concerns as well as access and equity barriers. Also included in this most recent survey were questions related to our child and youth population.

D. Take Action Cycle

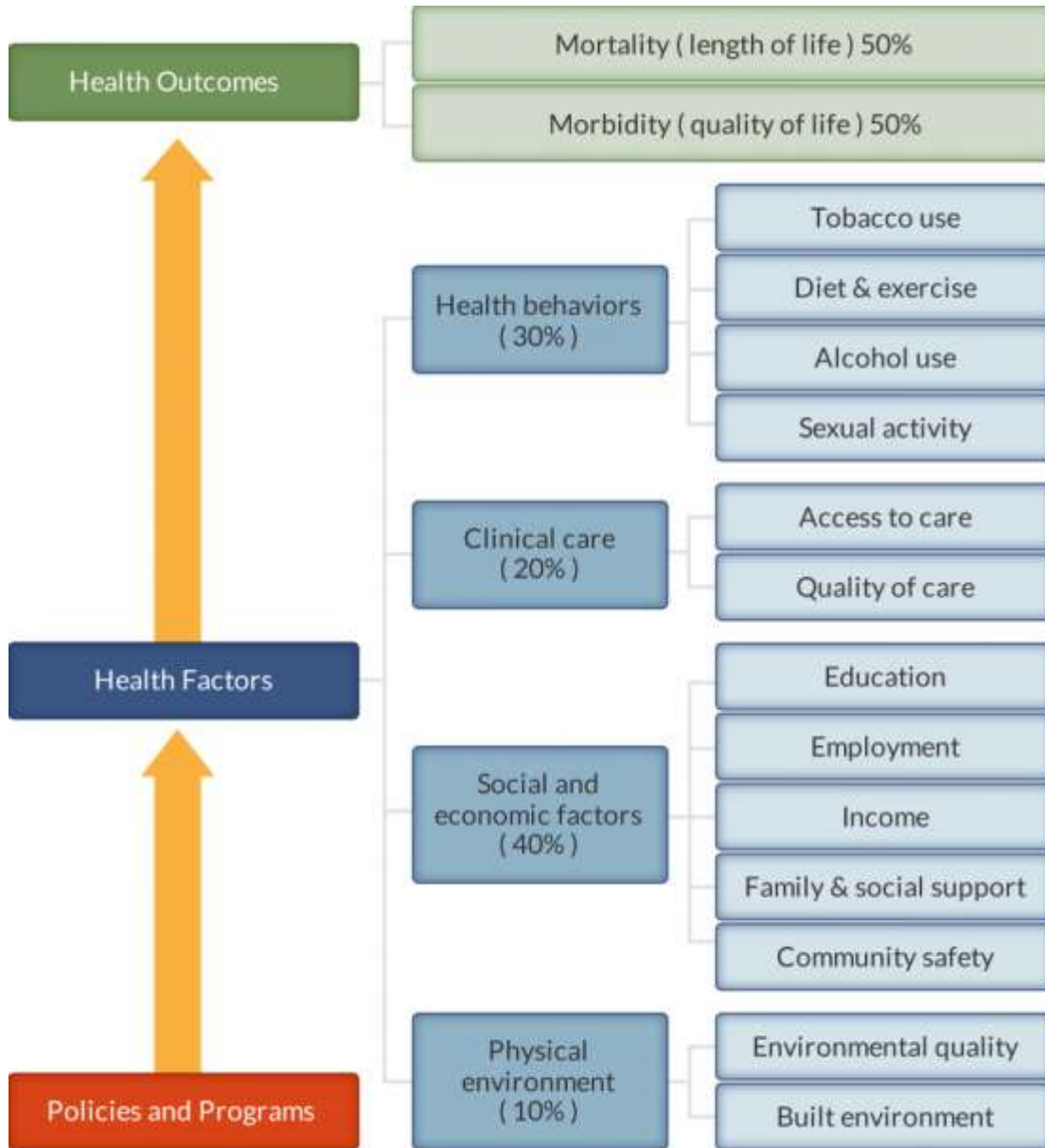


Communities can work together to improve health by following the steps around the Take Action Cycle.

*In collaboration with the
Robert Wood Johnson Foundation*

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E. County Health Rankings Model



County Health Rankings model ©2012 UWPHI

The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

*In collaboration with the
Robert Wood Johnson Foundation*

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Healthier Sussex County Task Force

The Task Force has made tremendous strides in collaboration among the three health systems as well as outside resources, such as American Heart Association, Delaware Veteran Services, Food Bank of Delaware, Quality Insights of Delaware, Sussex County's Federally Qualified Health Center - La Red, multiple insurers, local universities, faith-based communities, SUN Behavioral Health, and the Delaware Division of Public Health.

The initial focus areas the task force decided to target in 2015 were mental health, cancer, obesity and nutrition. A primary aim of this task force effort was to increase the number of residents in Sussex County who receive diabetes, cholesterol, and BMI testing as well as self-management education and low dose CT scans. A key imperative of this effort was establishing and maintaining effective communication with area ambulatory health care providers. It is essential that area providers are informed regarding health care system planning, as well as the resources in place to reach the goal of improving chronic disease care in Sussex County. As part of the initial Task Force efforts, a Healthier Sussex County website was developed and is now maintained and updated by the Task Force. This service has provided a resource for area health care providers, community-based organizations and residents of Sussex County.

Since 2015, the task force has continued to engage with community-focused organizations to inform new and potential strategic collaborations. Through presentations and tactics shared by representatives of said organizations, the task force has been able to disseminate information and, collectively, take action steps on various initiatives, such as legislation to increase the minimum sale age of tobacco products to age 21, Delaware Quitline smoking cessation programs and Sussex Goes Purple, an opioid awareness campaign aimed at community member education and information on available resources for those impacted by addiction.

F. Needs Assessment Time Line

Step 1. Identify the population that needs to be assessed, May – September 2018

The first step of the CHNA was centered on organization. This was done in conjunction with the Healthier Sussex Task Force that was created to help complete the assessment in the most efficient manner. During this step, identification of possible stakeholders in the community was compiled and a windshield survey was taken to take a snapshot look at Sussex County.

Step 2. Identification of health priorities, October – December 2018

Next, a collaborative process was used to design the survey and informant interview questionnaires. This was followed by collection of data sources and recruitment of key informants and community stakeholder focus groups and interviewees. This step was finalized through creating vision and purpose for the Community Health Needs Assessment in Sussex County.

Step 3. Assessment of the health priorities for action, January – March 2019

After collection and identification of the health priorities, all the data was collected and compiled via surveys, focus groups, and interviews. After collection, the community health profile was analyzed and completed with specific focus on addressing community health disparities.

Step 4. Compilation of assessment data and synthesis March – May 2019

After the assessment of the health priorities, disparities, and needs, reflection on the results was completed to identify the most key priority needs. Here the vision and identification of specific challenges as well as opportunities available to improving community health were addressed. With this identification process complete, synthesis and drafting of the CHNA took place.

Step 5. Future action planning to implement identified strategies, May – September 2019

After completion of the CHNA and identification process of community health needs, programming development and collaboration will begin to take place. This step in the process will formulate goals and specific outcome objectives for the issues and priority needs identified in Step 4. Implementation will begin to meet goals and needs of the entire CHNA.

G. Survey Methods

As the first set of Task Force initiatives stabilized, members began planning for the collaborative Community Health Needs Assessment. Understanding that each health care system would ultimately be responsible for drafting and implementing the needs assessment and strategies, it was agreed that sharing the same methodological approach for completion of the assessment and developing strategy interventions collectively would ideally suit the needs of the residents of Sussex County. In the second quarter of 2018, Task Force members reviewed validated needs assessment tools, revising the 2015 survey and interview questionnaire in English and Spanish collaboratively. In July of 2018, outreach teams from all of the organizations involved in the Task Force began to distribute the surveys and perform interviews with stakeholders across the county. In 2019 the task force collaborated once again in the use of a shared Survey Monkey site to increase survey availability. These were created in the same format as paper surveys in English and Spanish, as well as stakeholder surveys. Task Force members collected demographic data on each respondent and were able to collect sufficient data in the Beebe service area for more detailed reporting and analysis by dividing the survey monkey by zip codes.

H. Stakeholders and Surveys

Primary data, surveys, focus groups, and interviews with key stakeholders in the community were conducted and analyzed to determine key themes and emergent health disparities and needs of community members. Sussex County Health Coalition, a significant community partner, was instrumental in creating a robust and engaged format for stakeholder survey discussion. They did this offering four of their five monthly committee meetings as opportunities to collectively and collaboratively explore the needs of our community members with representatives from numerous State and County agencies, organizations and civic associations. The Sussex County Health Coalition strives to fulfill their mission to engage the entire community in collaborative family-focused efforts to improve the health of children, youth and families in our county.

Surveying the population was done in conjunction with the collaborative, the Healthier Sussex County Task Force – Connecting Community & Health Resources. A brief community health survey was distributed by community outreach staff from each of the three health care systems – Bay health, Beebe and Nanticoke. The community outreach staff facilitated the distribution via face-to-face interaction in community based organizations across the county and by providing the survey in electronic format through Survey Monkey in both English and Spanish versions. The total responses received

during the six months of survey data collection was approximately 1100, and represented members and leadership from a wide variety of organizations as well as known underserved areas of the community.

Furthermore, qualitative data was collected among key stakeholders who were either interviewed, in focus groups, or completed a survey questionnaire that was similar to the community survey, but allowed for more open ended responses and dialog with the community outreach worker. After reaching out to key stakeholders, more than 150 individuals and leaders across Sussex County provided responses (See tables below for example of Surveys utilized in the assessment process and a listing of organizations and stakeholders screened.)

2018 - 2019 Key Stakeholder Survey



Healthier Sussex County
Connecting Community & Health Resources

1. What is the number one thing that our local health care systems could do to improve the health and quality of life of the community?
2. What are the three most important health issues/ needs in the community?
 - a.
 - b.
 - c.
3. What are the three most important health issues/ needs in your area of service?
 - a.
 - b.
 - c.
4. What are the three most important health issues/ needs in your geographical area?
 - a.
 - b.
 - c.
5. How accessible and adequate are the following care/ services in Sussex County:
 - a. Primary care
 - b. Mental/ Behavioral Health
 - c. Human/ Social Services
 - d. Specialties (e.g. Cardiologist, Endocrinologist, Orthopedist, etc.)

If these services are inadequate, what would be the best way to address this?

6. Does the community have adequate programs which promote healthy lifestyles?
 - a. How do residents obtain information about these programs?
 - b. How are you addressing this in your agency?

7. How could information be better disseminated in the community so that more people are informed?
8. How do the members of your community/ organization perceive healthcare services?
 - a. What do you perceive is their greatest need?
 - b. Do those that you represent value preventive care and are proactive about their own healthcare?
9. Is there anything else you would like to discuss about your community that you feel impacts those you represent? (e.g. Socioeconomic status, education, barriers, language barriers, access to care, access to insurance, transportation, perceived risks, prevention services, etc.)

Community Member Survey

Community Health Survey  **Healthier Sussex County**
Improving Community Health & Well-Being

1. In your opinion, what is the one biggest health care issue for our community?
- Cancer Lung/Breathing Substance Abuse Other _____
- Diabetes Mental Health Unexplained Injury _____
- Heart Disease Obesity/Nutrition _____
2. Do you have access to services and information for this issue?
- Yes No
3. In your opinion, what is the one greatest barrier to health care?
- Available Doctors Language Medical Cost Other _____
- Cultural Barriers Making an Appointment Transportation _____
- Health Insurance _____
4. Where was the last place you went for health care?
- Doctor's Office Parish Nurses Wellness Center Other Community Clinic _____
- Emergency Room State Health Clinic Wastide _____
- La Red Walk-in Care _____
5. When was your last health care exam?
- Past 1-3 Months Past 6 Months to 1 Year Past 2+ Years
- Past 3-5 Months Past 1 Year to 2 Years Unknown
6. Which of the following have you had in the last 3-5 years?
- Blood Pressure Check Colonoscopy Flu Shot Physical
- Blood Sugar Check Dental Check Immunizations/Vaccines Prostate Screening
- Body Mass Index (BMI) Depression Screening Lung Cancer Screening Skin Cancer Check
- Cholesterol Check Eye Exam Mammogram
- Fall Risk Screening PAP Smear

(OVER)

Community Health Survey  **Healthier Sussex County**
Improving Community Health & Well-Being

- (Continued from first)*
7. Have you ever been told by a healthcare provider that you have any of the following?
- Bezele Bones (Osteoporosis) Diabetes High Cholesterol Overweight
- Cancer Type _____ Heart Disease Memory Problems Substance Abuse/Addiction
- Depression High Blood Pressure Obesity
8. With respect to children and teens, what do you think is the one biggest health issue in our community?
- Bullying Obesity/Nutrition Teen Pregnancy/ Birth Control Other _____
- Immunizations/Vaccines STD's _____
- Mental Health Substance Abuse _____
9. In the past 6 months, have you had to choose between buying food or buying medicine and/or paying your bills?
- Never Rarely Often

Tell us about yourself! (Please Fill In Blanks & Check 1 Response Per Question)

Gender: Male Female Education: Did not finish HS; HS Diploma/GED

Do you live alone? Yes No Some College or College Grad

Age: Under 18 18-35 Your Zip Code _____

35-44 45-64 Your Ethnicity _____

Over 65

Thank You For Your Participation.

Stakeholder List

- Ace Center
- Alzheimer's Association
- American Cancer Society
- American Diabetes Association
- American Red Cross
- Anna C. Shipley State Service Center
- ARC of Delaware
- Attack Addiction
- Beebe Community Outreach & Home Health
- Beebe Community Outreach & Home Health
- Big Brothers Big Sisters of Delaware
- Board of Education & Principals _ Sussex County
- Boys & Girls Clubs of Delaware
- Bridging Recovery in Delaware
- Business Leaders Hispanic
- Business Leaders Large Corporations
- CAMP Rehoboth
- Cheer Senior Centers - Sussex County
- Children & Families First

City of Seaford
 Clergy Sussex County Connections
 CSP Contact Lifeline
 Coverdale Community Center
 Dart Drivers
 Delaware Aging & Disabilities Center
 Delaware Association of Family Practitioners
 Delaware Association of Hispanic Nurses
 Delaware Association of Nurses
 Delaware Breast Cancer Coalition
 Delaware Early Childhood Center
 Delaware Guidance
 Delaware Heal
 Delaware Health Information Network (DHIN)
 Delaware Healthcare Association
 Delaware Technical & Community College GTN Child Development Center
 Delaware Healthcare Commission
 Delaware Hospice – Sussex Locations
 Delaware Veterans Services – Sussex Locations
 Diabetes Coalition
 Division of Public Health-Georgetown
 Dover Behavioral Health
 Easter Seals
 Ellendale Recovery Center
 Employees- Bayhealth, Beebe, Nanticoke (various)
 First State Community Action Agency
 Food pantries – Sussex County (various)
 Generations Transportation, Inc
 Genesis Healthcare
 Goodwill Industries
 Greater Bethany/Fenwick Island Chamber of Commerce
 Greater Delmar Chamber of Commerce
 Greater Georgetown Chamber of Commerce

Stakeholder List (cont'd)

Greater Laurel Chamber of Commerce
 Greater Lewes Chamber of Commerce
 Greater Millsboro Chamber of Commerce
 Rehoboth Beach – Dewey Beach Chamber of Commerce
 Greater Seaford (Western Sussex) Chamber of Commerce
 Habitat for Humanity
 High School Wellness Centers
 Sussex County Hospital & Physician Office Care Coordinators
 Iglesias de Dios Maranatha
 Job Center @ Delaware Libraries
 La Esperanza
 La Red Healthcare Center
 Laurel School District
 Law Enforcement Agencies
 Legislators Representing Sussex County
 Lil' Red Hen Early Learning Center
 Lions Clubs

Love INC/Shelters
MAXIMA Hispanic Radio
Meals on Wheels – Sussex County Medicaid/Other Insurance Providers Medical Society of Delaware
Mental Health Association
Mid-Atlantic AIDS Training Center
Milford Senior Center
Mountaire & Perdue Chicken Plants – Sussex Locations
NAMI Delaware
Nanticoke Indian Center
Nanticoke Senior Center
Parent Information Center
People’s Place
Perdue Poultry Plants – Sussex Locations Providers
Bayhealth, Beebe, Nanticoke Public Health Nurses
Sussex County Rotary – Sussex Chapter
Soroptimist – Sussex Chapters Southern Delaware Tourism Strong Communities
Sun Behavioral Health
Sussex County 4-H
Sussex County Association of Towns Sussex Child Health Promotion Coalition Sussex County Chambers of Commerce Sussex County EMS & Fire Stations Sussex County Libraries
Sussex County Senior Centers (CHEER) Sussex County Veterans Group
Sussex Early Childhood Council
Sussex Family YMCA
Sussex Health Promotion Coalition
Sussex Outdoors
Sussex Restaurant Association
Teen Challenge
Telamon Corporation
Thresholds, Inc
Thurman Adams State Service Center
Trinity Transport, Inc
University of Delaware
University of Delaware Coop Extension
VFW/ American Legion – Sussex County
Western Sussex Chamber of Commerce
Westside Healthcare Center – Sussex County

V. Health Needs Identified by Community Members

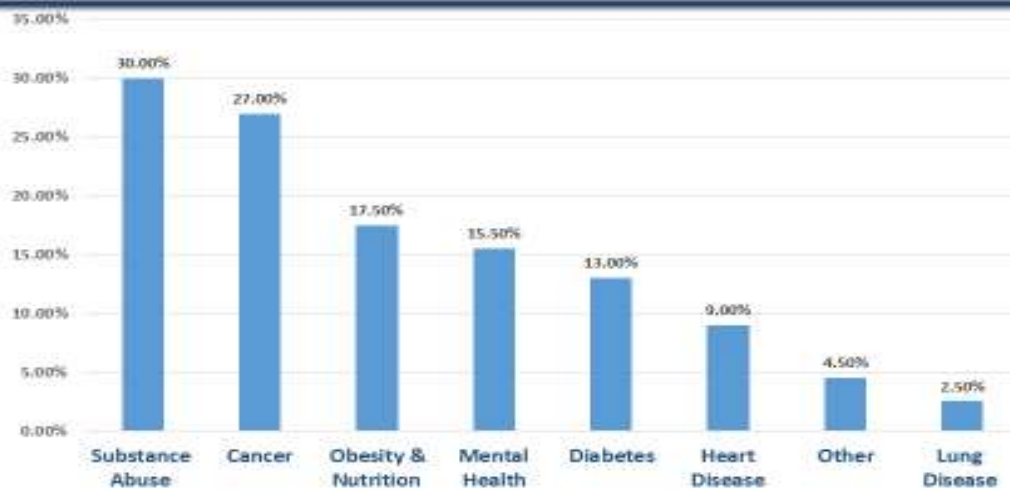
A. Community Survey Results and Analysis

The following topics were themes that each question aimed to target and answer via the Community Health Needs Assessment survey that was distributed to community event participants by outreach personnel and a web-based link shared throughout organizations, local chambers of commerce and area businesses.

Q1: In your opinion, what is the one biggest healthcare issue for our community?

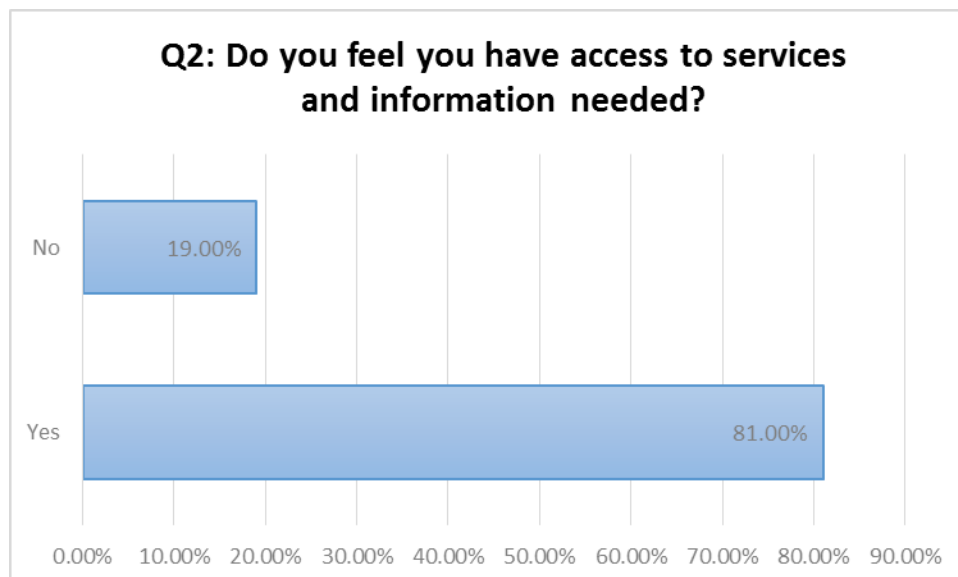
Greatest healthcare needs were determined in the community by asking the community members what they felt was the biggest health care issue that they and others are having. The response showed that the most concerning health issue is Substance Abuse (30.0%). Cancer (27.0%) was the second most concerning issue followed by obesity/nutrition (17.5%).

2019 CHNA Survey Results (N=1081)



Source: HSC Community Health Needs Survey 2018-2019
Note: Some answered multiple times; n = 1,081

Q2: Do you feel you have access to services and information needed?



Q3: In your opinion, what is the one greatest barrier to healthcare?

Numerous barriers can be found in the ability for community members to receive necessary health care. After surveying, the community identified medical costs (35%) of health care as the most problematic barrier to receiving significant and appropriate health care. The second barrier was ability to afford health insurance (30%) followed by available providers (25%).

Perceived Greatest Barriers

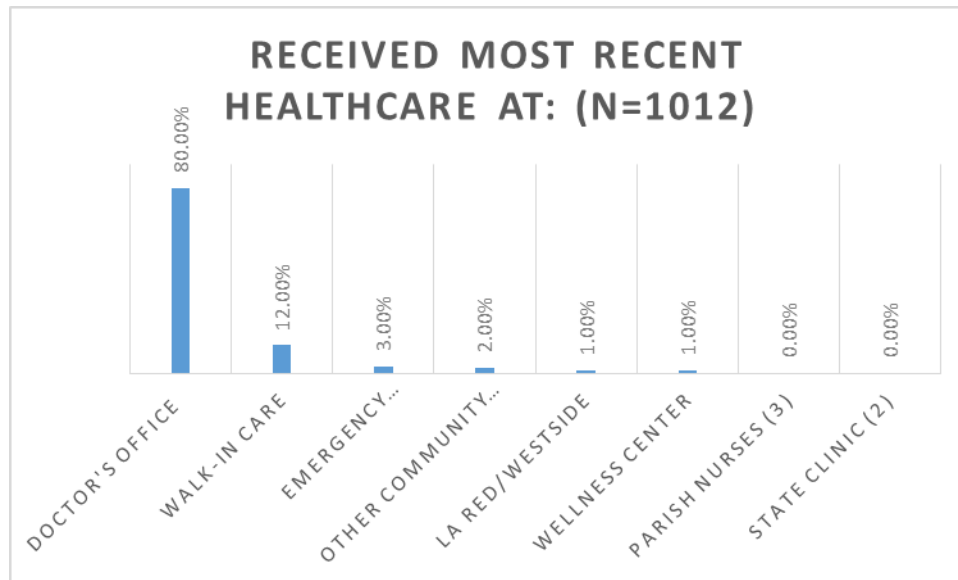
	Count	%
Medical Cost	347	35%
Health Insurance	300	30%
Available Doctors	253	25%
Making Appointment	64	6%
Transportation	53	5%
Other	51	5%
Language	26	3%
Cultural Barriers	17	2%

Note: Some selected multiple answers.

Source: HSC Community Health Needs Survey 2018-2019
Note: Some answered multiple times; n = 1,081

Q4: Where did you go for your most recent healthcare needs?

This question was used to help identify outlets that are utilized the most by community members to seek out health care. The most popular response among community members was utilization of doctor's offices (80%). Walk in (12%) was the next most popular way to seek health care, followed by Public Health Clinics (3%).



Q6: Which of the following have you had in the last 3-5 years?

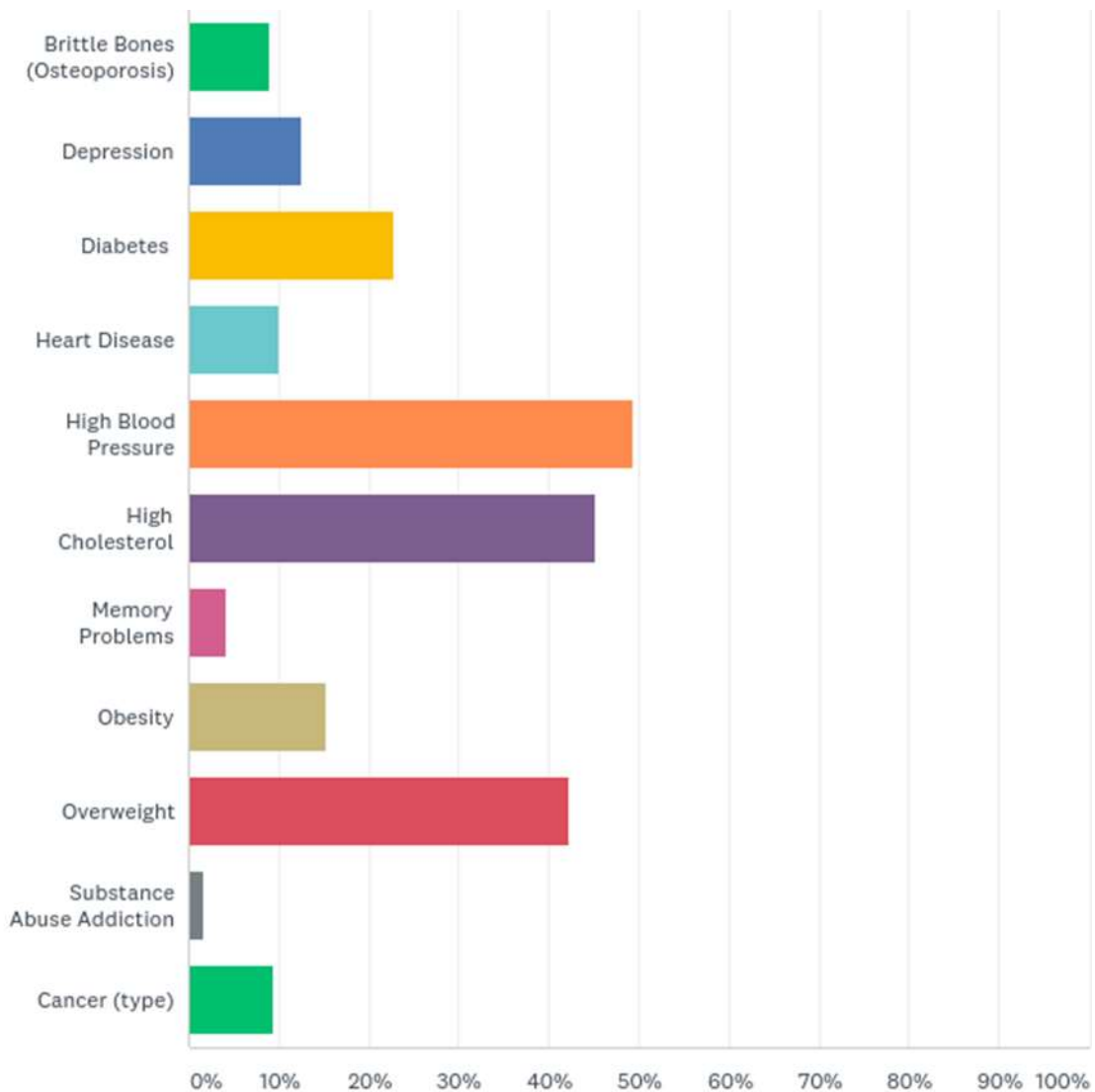
Self-Reported Preventative Procedures: It is important to understand the preventative procedures and health measures that are taken by community members to best understand which health disparities are not being addressed appropriately. Community members were asked which preventative procedures have been done in the past 3-5 years. According to the survey results the most sought out preventative screening was Blood Pressure (87.58%) followed by Blood Sugar Check (66.01%) and Cholesterol (64.71%). Many of the preventive screenings should be done yearly, particularly with certain risk

factors such as age, which may not be an appropriate determinant if community members are paying attention to specific health needs or concerns.

ANSWER CHOICES	RESPONSES	
Blood Pressure Check	87.58%	402
Blood Sugar Check	66.01%	303
Cholesterol Check	64.71%	297
Eye Exam	63.83%	293
Flu Shot	56.43%	259
Dental Check	56.21%	258
Physical	54.68%	251
Mammogram	39.87%	183
Colonoscopy	35.29%	162
Body Mass Index (BMI)	33.33%	153
PAP Smear	30.72%	141
Skin Cancer Check	22.88%	105
Immunizations/Vaccines	22.00%	101
Depression Screening	11.33%	52
Prostate Screening	11.33%	52
Fall Risk Screening	5.88%	27
Lung Cancer Screening	5.23%	24

Q7: Have you ever been told by a healthcare provider that you have any of the following:

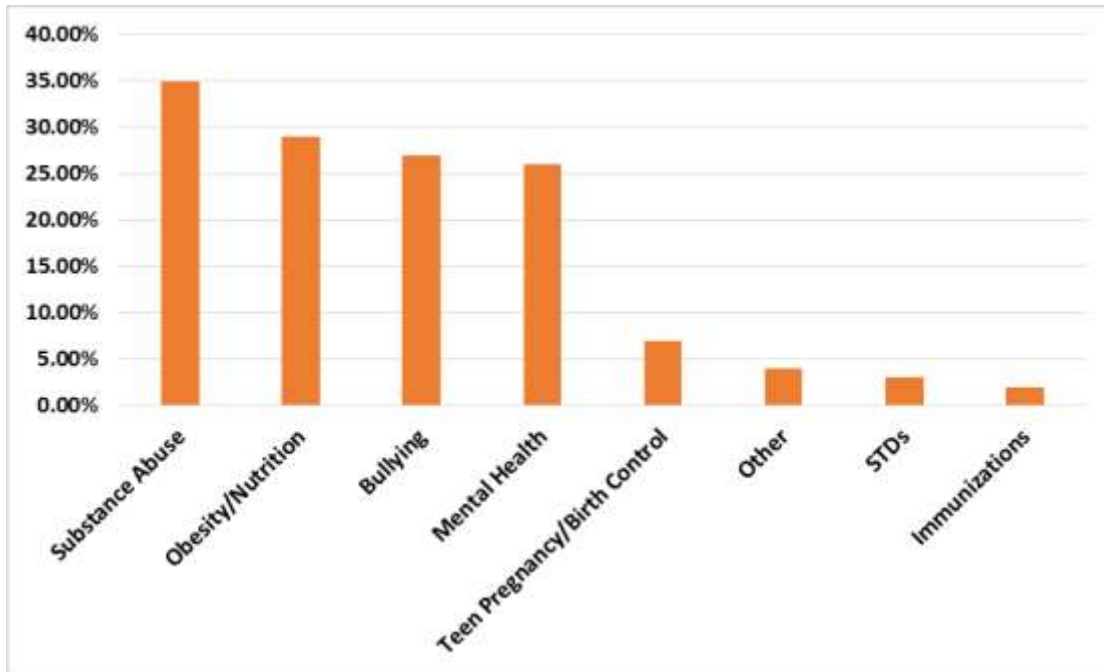
Self-Reported Health Issues: Community members may not report specific health disparities despite what a healthcare provider has told them. This question aimed to address this issue by asking if healthcare providers are speaking to their patients about a variety of common health issues. Given the survey results, Hypertension (49.43%) and High Cholesterol (45.17%) were the most common, followed by Overweight (42.33%) and Diabetes (22.73%).



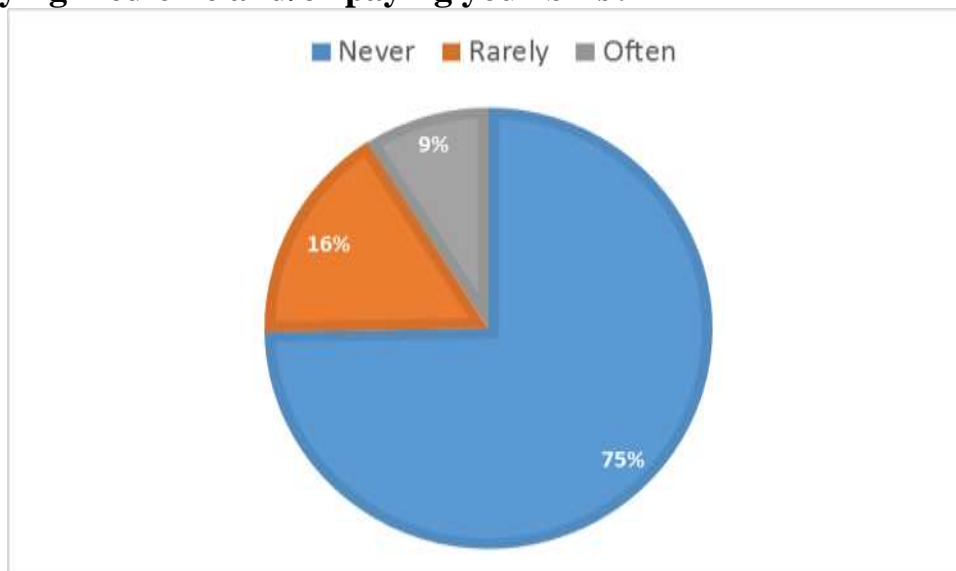
It is interesting to note, Delaware Health Tracker 2015 reports that in Sussex County approximately 67% of the adult population is overweight or obese, compared to the 2013 survey of 51.09%, a greater than 50% increase. Other results compared to 2013 include a high cholesterol increase by 6.92%, high blood pressure remained consistent at 38%, diabetes increased by 1% to 15.03%, and the 2016 assessment added reported depression at 24.98% as seen on figure above.

Q8: With respect to children and teens, what do you think is the one biggest health issue for our community?

As research regarding substance abuse indicates that youth are experimenting with tobacco products, scheduled prescription drugs and illicit drugs. In addition, the obesity rate of our youth continues to present as an area of concern as well as the prevalence of bullying, in-person or via social media outlets. Note: some community members selected multiple answers.



Q9: In the past 6 months, have you had to choose between buying food or buying medicine and/or paying your bills?



B. Beebe Service Area Survey Results and Analysis

In an effort to achieve more specific understanding of the needs and barriers to care in the community surrounding Beebe Healthcare, the needs assessment team compiled survey results by zip code and tabulated data for the each of the questions below. These mirror the same questions posed to all respondents who answered the community survey.

The following zip codes are Beebe Healthcare service areas in which the Community Survey results were broken down further: Bethany/South Bethany (19930), Dagsboro

(19939), Dewey/Rehoboth Beaches (19930), Fenwick Island (19944), Frankford (19945), Georgetown (19944), Lewes (19958), Long Neck/Millsboro (19966), Millville (19967), Milton (19968), Ocean View (19970), and Selbyville (19975).

Community Survey: Greatest Health Care Needs

Survey respondents from the survey zip codes within the immediate Beebe service area were very similar to the county wide results. Results were similar across the county, with substance abuse being perceived as the greatest health care need at 30.0%, cancer was second at 27% with obesity & nutrition being third at 17.5% and mental health was the fourth greatest health care need at 15.5%.

Results identified as the greatest health care barrier still overwhelmingly identify cost and insurance as the greatest concern. Furthermore, the primary Beebe service area identified a continuing concern in regards to the lack of specialty physicians, which is important to address in terms of improving health care services in the future for Beebe Healthcare and its patients.

Community Survey: Disparities Patients told by Healthcare Providers

It is important to note that over the last 6 years, more health care providers are becoming aware of the obesity problem and addressing this subject with their clients. The data reviewed from 2013 only listed 23.8% of providers told their clients they had weight problems as opposed to the 2016 survey noting 54.62% of clients surveyed stated their physician identified they had weight problem. However, the 2019 survey indicated yet another increase. 57.5% of community members surveyed were told they were overweight or obese. Obesity & Nutrition remains one of the top 3 concerns in our survey and a struggle still exists for providers to offer help to their patients.

Demographics of Surveyed Population

Survey participants were 82% female and 18% male. Of those individuals, 15% lived alone. Community members within the 45-64 age range submitted 56% of the surveys with the 18-34 age range coming in second at 17%. Seniors were responsible for 15% of the survey submissions with the 35-44 age range being the lowest rate of participation at 12%.

C. Stakeholder and Focus Group Results and Analysis

After completing data collection from secondary sources and via community surveys, more than 150 individuals were either surveyed with open ended style questions, and were interviewed one on one, or via survey monkey. Questions were similar to what community members answered but were reformatted as open-ended questions to allow for more in depth responses and opinions. The following themes were addressed and determined as important finding, amongst Stakeholders in the community.

Perceived Greatest Needs:

- Access to More Providers and/or More Choice in Providers
- Access to More Mental Health and Behavioral Health Services
- Care Navigation/Coordination and Patient Engagement
- Transportation for Patients
- Education and Health Information

Perceived Greatest Barriers:

- Navigation of the Healthcare System –both Clinically and Financially
- Transportation
- Under-utilization due to Lack of Care Coordination across Community Services
- Provider Education – Support Services and Community Partnerships
- Re-integration Services

The health care issues in the community with the greatest potential to create a large impact or change in health care is improving access and connection to services as well as education to the clients. A persistent theme in a number of community-based meetings was the divide between available services and individuals who would benefit from said services. Potential and effective outreach to the community necessitates encompassing education on resources available, including 211.org to which individuals can be directed for future needs, and programming to raise awareness around health-related issues such as nutrition, exercise, addiction and mental health to health disparities such as diabetes and heart disease. In addition to the aforementioned is the need for affordable care and coverage. Top priority specific concerns noted were substance abuse, cancer and obesity & nutrition. Bridging these gaps and improving our healthcare system here in Sussex County will provide opportunity to greatly enhance the health related quality of life of the local community on both the individual and community level.

Most important health issues or needs in the Community

When asked what three health issues were most important in the community, stakeholders reported concerns regarding access to providers, inclusive of primary care and specialists with behavioral and mental health providers being a significant need. Care Navigation and Coordination of Care is an ever-present need as agencies and community-based organizations experience challenges in connecting the existing resources to community members most in need. Transportation challenges have a significant impact on both access to providers and resources. Education and Health Information also present as important health needs in our community, including healthcare literacy.

Accessibility and Adequacy of Health Care and Services in Sussex County

Stakeholders seem to have very similar opinions regarding different care and services in Sussex County. Primary care issues seem to include the long wait times to get an

appointment (up to 4 weeks) and physicians no longer taking new patients. There is a lack of qualified physicians in the area to meet our health care needs.

In terms of mental health needs, there is a lack of overall providers along with a lack of these providers who will see patients with no insurance coverage. Sussex County specifically lacks detoxification units, long term inpatient care services, and child/adolescent mental health care accessibility. In addition to lack of adequate programs and resources, the length of stay at most detoxification and rehabilitation centers is insufficient and results in unsuccessful outcomes and greater frequency of repeat utilization.

Furthermore, Human/Social Services health care seems to be an unknown or identified area of help for community members. According to the stakeholders, community members lack access to these services, do not know they exist, and when they do utilize this outlet of care, it is perceived as low quality and having long wait times.

Overall, stakeholders seem to agree that there are a lack of health care providers and physicians. Specifically, there are an insufficient number of specialty physicians such as Cardiologists, Psychiatrists, Endocrinologists, Ophthalmologists and Dermatologists. Addressing these issues will require recruitment of more providers to meet the needs of both the growing and aging community population. Additionally, more partnerships with leading regional medical universities may play an important role to improve this deficiency. This lack of care is also attributable to its non-affordability that restricts care.

Adequacy of Community Programming

Stakeholders agree that programs promoting healthy lifestyle are available but difficult to access and not highly marketed. Community programs are mainly distributed via word of mouth and there is a lack of distribution through media and technology. This lack of communication in the promotional side of community programs does not allow for a high number of community members to become successful at involving themselves in a healthy lifestyle if they are not already doing so. This lack of dissemination is one of the most noted issues that are addressed among the stakeholders.

Lack of promotion for health care services and programs is identified as a major issue amongst stakeholders. Almost all responses included the need for increased use of TV, websites, billboards, brochures, social media, and overall electronic and print advertisement sources. Along with these promotion outlets, promotional messages and information need to be addressed in a variety of channels due to the demographical make-up of the Sussex County community. For instance, all information needs to be addressed in both English and Spanish. Also, due to the lack of internet access, lack of computer owners, and the older population of individuals, health information should be addressed through television commercials, radio advertisements, billboards, and brochures at local meeting areas of the community such as churches. Other messaging to address youth and parents is achieved through text messaging, e-mail, and public awareness activities.

Perception of Health Care Services

Community leaders and stakeholders seem to agree that health care services are only being utilized by community members for treatment of current health issues rather than preventable ones (screenings, healthy lifestyle programs, education etc.). Individuals see health care as expensive and, at times, difficult to navigate. More programs are needed to provide education about prevention of disease and promotion of healthy lifestyles.

Overall, stakeholders have found that community members cannot grasp the concept of preventative health and its impact on overall health and wellness. If community members do understand or value preventative health, they will not act in a preventative manner. The community needs to start seeking preventative care and health care providers must improve engagement efforts in regards.

	PCPs (66)	MH (67)	Social Services (65)	Specialty Providers (65)
Not Adequate	20	47	19	17
Fair/Needs Improvement	19	17	25	14
Adequate	25	1	17	30
Unsure	2	2	4	4

If inadequate, what do you feel is best way to address shortage? Stakeholders

- Coordinate recruiting for specialties across different organizations
- Increase recruitment
- Increase telehealth

Does the community have adequate programs which promote healthy lifestyles?

- Yes 30
- No 5
- Unsure 9

D. Statewide Community Health Needs Assessment

In 2017, the Delaware Health and Social Services a Division of Public Health finalized their State Community Health Needs Assessment. The Delaware Division of Public Health (DPH) is working to improve community health in the state through partnerships with community members and stakeholder organizations. To accomplish this goal, the state finished a community and state wide strategic planning process by using the Mobilizing for Action through Planning and Partnerships (MAPP) model. The purpose of

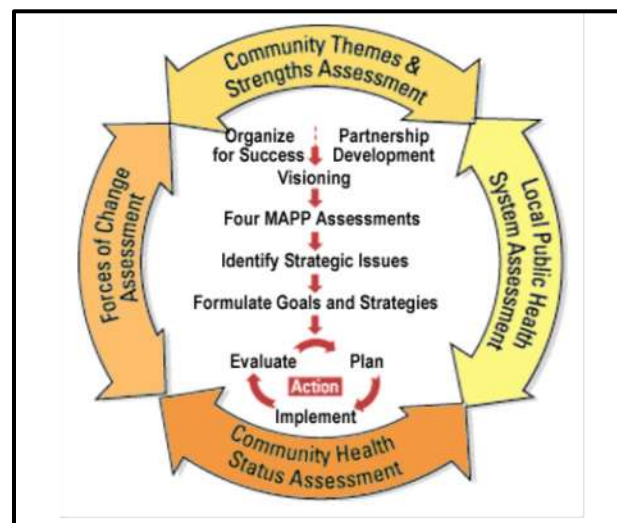
this document is to report on the goals and strategies of the planning process, Phase 5 of the MAPP process.

The MAPP Framework (see below) was developed by the National Association of County and City Health Officials (NACCHO) as a strategic approach towards improving local public health systems by prioritizing public health issues, identifying resources for addressing them, and taking measurable strategic actions. Although designed as a county or local health assessment tool, it is broad in scope and could be easily modified to serve as a statewide model. It is also a natural selection because of the central role of the Division of Public Health as both the county and state organization of public health for Delaware.

The MAPP process is utilized through a process of six Phases:

1. Organizing for Success and Partnership Development
2. Visioning
3. Assessing
4. Identifying Strategic Issues
5. Formulating Goals and Strategies
6. Action Phase- Implementing and Evaluating

The Mapp Process



Mobilizing for Action through Planning and Partnerships (MAPP).
<http://www.naccho.org/topics/infrastructure/mapp/>

The Delaware State Health Needs Assessment identified four priority areas of focus and provided 14 recommendations to address them. In October of 2016, a community meeting was held in Dover to provide an opportunity for researchers to collect information on community issues and concerns, as well as perceptions about quality of life. The southern Delaware community meeting found that the most prevalent conditions impacting health were diabetes, obesity, mental health conditions, and substance use disorders. The participants also noted that smoking (cigarettes and other forms of tobacco) and teen pregnancy are growing problems. Many participants stated that mental

health services are not available to children and young adults. The quality of life in southern Delaware was “average,” and the current health system does not meet residents’ needs. The four focus areas each have specific targets:

1. Chronic Disease: heart disease, diabetes and asthma
2. Maternal and Child Health: teen pregnancy, premature births and low birth weight infants
3. Substance Use Disorders: opioid epidemic, accidental overdose, and tobacco and e-cigarette use
4. Mental Health: diagnosis (youth), suicide/suicide ideations, and the impact of trauma

E. Final Prioritized Needs for Community Health Needs Assessment

The health needs identified through the community health needs assessment were prioritized on the basis of multiple dynamics including primary and secondary data, along with current resources, collaborations and feasibility of effective programming. The prioritization was agreed upon by Beebe Healthcare’s Population Health and Community Needs Assessment Committee and the Healthier Sussex County Task Force. The opportunity for open discussion and dialog with medical staff and community members was provided by the assessment team and collectively, priorities were established. The scope of the evaluation included assessment of unmet community needs along with available community assets, current hospital services and community need perceptions. Community demographics, psychosocial needs, and morbidity and mortality indices were incorporated as well. The needs assessment team took into account the size of populations impacted, the extent of disparity, the severity of the issue and the alignment with Beebe Healthcare’s vision and mission. Ultimately, all involved parties were in agreement regarding the prioritization of needs, which span from the inside of the hospital out to the most underserved areas of the community. The five highest ranking needs, in order, are:

- (1) Substance Abuse
- (2) Cancer
- (3) Obesity/Nutrition
- (4) Mental Health
- (5) Access/Availability

Behavioral & Mental Health is a growing health disparity in the United States population, and Sussex County is no different. With lack of providers and availability to non-insured individuals, physicians are struggling to provide appropriate care for these individuals.

Obesity remains a growing epidemic and issue health care must address. Obesity has been associated with numerous morbidities that create costly health care utilization. According

to Trogdon and colleagues (2012), the cost of obese patients across all payers is \$1,429 higher per year (42%) than someone of normal weight. Additionally, nearly 52.6 million physician visits are attributed to obesity and 39.2 million days of work lost are due to obesity related issues. An additional chronic condition was listed at 73% of visits for obesity compared with 56% of visits for other diagnoses.

Hypertension, hyperlipidemia, diabetes, and depression were listed at a higher percentage of visits for obesity than at visits for other diagnoses (42% compared with 32%; 27% compared with 20%; 24% compared with 13%; and 15% compared with 11%, respectively). Hypertension was the most commonly listed chronic condition at visits for obesity (42%).

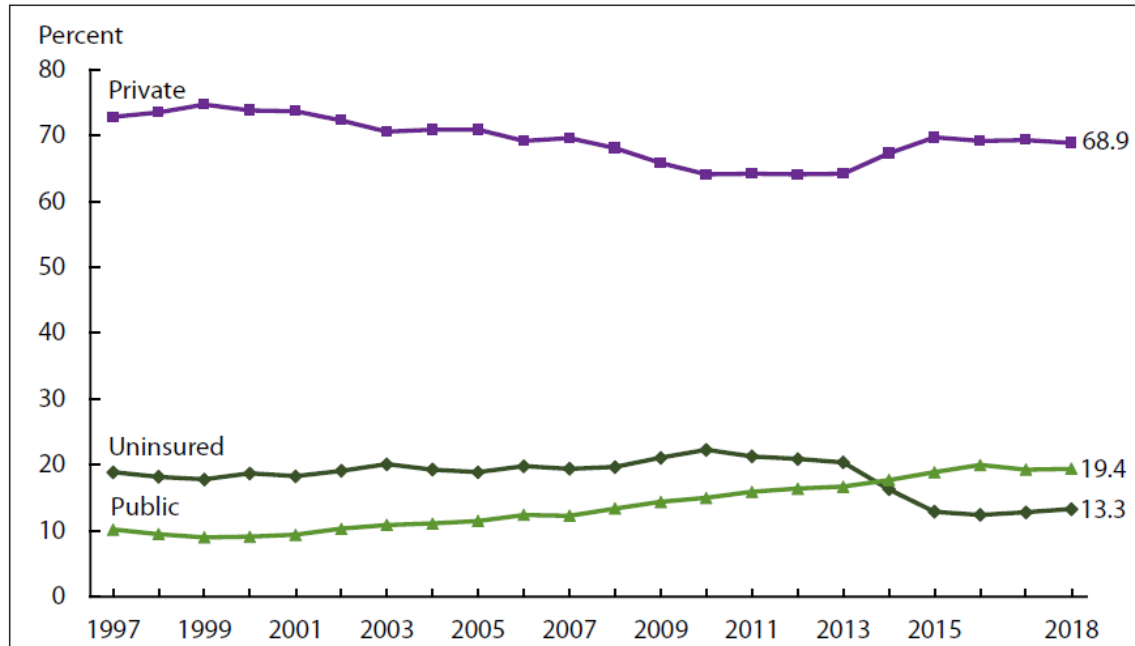
Quality of life among cancer patients is a growing concern as patients are surviving more and living. However, this does not come without cost. There is an incidence rate of 13.8 and 18.1 million cancer survivors from 2010 to 2020 and with this incidence rate comes the associated costs that lay between \$124.57 and \$157.77 billion in 2010. The projected cancer costs for 2020 are projected to be at approximately \$173 billion, a 39% increase from 2010. This is assuming projections of the current incident trends are declining and the survival rates are increasing which have small effects on estimates, but if the costs are increasing by 2% within the first and last year of life phases, continued increases of health care costs among cancer patients remains an issue of concern (Mariotto et al., 2011).

Access to care, according to Healthy People 2020, needs to be comprehensive and enhance quality services for successful achievement of health equity to increase the health related quality of life for everyone. The focus on access to care involves four components: coverage, services, timeliness, and workforce. To be able to achieve health services means use of personal health services to improve health outcomes, but it comes with three steps. 1) Gaining entry into the health care system; 2) accessing a location where needed services are provided; 3) Ability to find a health care provider with whom the patient has trust and the ability to communicate. By completing this three step process, overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, and life expectancy can all be impacted in a positive manner.

Today nearly one in six Americans under age 65 lacks health insurance, which creates sizable costs upon society and health care, an estimated \$65-\$130 billion. Uninsured individuals have high cost consequences across a variety of sectors. Some of these costs include greater morbidity and premature mortality, developmental losses for children, family financial uncertainty and stress, lost income of uninsured breadwinner in ill health, workplace productivity losses, and diminished sense of social equality and self-respect (Miller, Vigdor, & Manning, 2004). Having access to health services has four components: coverage, services, timeliness, and workforce. Lack of adequate coverage makes it difficult for people to access the health care that is needed and when care is received, it

often generates large medical expense. To improve health care services, it is important to increase access and use of evidence-based preventive services (both primary and secondary). Primary prevention done through detecting early warning signs or symptoms before they develop into disease and secondary prevention through detection of disease at an earlier and more manageable and treatable stage (Healthy People 2020).

Figure 1. Percentage of adults aged 18–64 who were uninsured or had private or public coverage at the time of interview: United States, 1997–2018



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: NCHS, National Health Interview Survey, 1997–2018, Family Core component.

Beebe administration, with approval from the Population Health and Community Needs Assessment Committee is committed to focus on the following affirmed priorities. In summation, the priority needs identified were:

- 1. Substance Use Disorder Services.**
- 2. Cancer Screening, Education and Prevention.**
- 3. Obesity Prevention and Treatment.**
- 4. Mental Health Services.**
- 5. Access to care and coverage for services.**

F. Next Steps: Implementation Strategy Approach

The implementation strategy serves as a roadmap for how community benefit resources will address the health priorities identified in the community health needs assessment and contribute, along with current programming, to the health of the communities we serve. In an effort to improve outcomes and measure progress over the next three years, a few, well defined and resources strategies will be chosen. The programming component of the implementation strategy is based on the following:

- Including time frame for implementation
- Reporting short – and long-term outcome measures
- Refining and expanding existing programs and services that align with the identified health priorities
- Identifying, enhancing and sustaining new community partners
- Identifying and testing best practice evidenced based approaches
- Leveraging expertise across the organization and community
- Sharing and optimizing utilization of existing operating and human resources to support implementation of programming strategies

The activities documented in the implementation strategy will undergo extensive evaluation and process evaluations will support continuous quality improvement efforts to enhance how the activity is delivered. Outcome evaluations will assess for change in knowledge, health status or skill among persons impacted. Whenever possible, an effort to optimize resource utilization and impact measurable outcome will serve as the foundation for efforts. Some strategies will be implemented in conjunction with the Healthier Sussex Task Force members, with bi-annual updates and evaluations on programming reported back to the three hospital Chief Executive Officers. The strategies implemented solely by Beebe Healthcare will receive ongoing review through the Population and Community Health Committee to the hospital board, which meets quarterly to assess outcomes and evaluate programming. This committee has been integral in completion of the community health needs assessment, review of the data, future development of strategic programming and endorsement of the implementation plan, set for fall 2016.

G. Report and Availability

The Community Health Needs Assessment Report is reviewed by Beebe Healthcare's Executives, Board of Directors and Stakeholders. The report is also available through the hospital web site at beebehealthcare.org, Delaware Health Tracker at www.delawarehealthtracker.com, and the Healthier Sussex County site www.healthiersussexcounty.com or may be requested by contacting Beebe Healthcare at (302)-645-3300.

VI. References

- American Community Survey, (2017). Adults with Health Insurance by Age. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2017). Adults with Health Insurance by Race/Ethnicity. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). Households with Cash Public Assistance. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). Median Household Income by Race/Ethnicity. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). People Living Below Poverty Level by Age. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). Per Capita Income by Race/Ethnicity. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). Poverty by Age. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). Workers Commuting by Public Transportation by Age. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). Workers Commuting by Public Transportation by Gender percentage. Retrieved from <http://factfinder2.census.gov/>
- American Community Survey, (2013-2017). Workers Commuting by Public Transportation by Race/Ethnicity. Retrieved from <http://factfinder2.census.gov/>
- American Lung Association (2018). State of the Air Report. Retrieved from <http://www.stateoftheair.org/>
- Beebe Medical Center, Medical Staff Development Plan July 1, 2018 to June 30, 2019.

- 3D Health Inc., Health primary research.
- Behavioral Risk Factor Surveillance System, (2015). Adults that are Obese. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2015). Adults 65+ with Influenza Vaccine. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2015). Adults 65+ with Pneumonia Vaccine. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2013). Colon Cancer Screening. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2015). High Blood Pressure Prevalence by Age. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2015). High Blood Pressure Prevalence by Race/Ethnicity. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2018). Mammogram History. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2011). Percentage of Adults Engaging in Regular Physical Activity. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Behavioral Risk Factor Surveillance System, (2015). Percentage of Overweight or Obese Adults. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- Catholic Health Association of the United States (2011). Comments on Community Health Needs Assessment Guidelines. Retrieved from <http://www.chausa.org/docs/default-source/advocacy/072011-cha-comments-on-community-health-needs-assessment-guidelines-pdf.pdf>
- My Healthy Community, Delaware.gov (2018). Drinking Water Safety. Retrieved from <https://myhealthycommunity.dhss.delaware.gov/locations/county-sussex/environment/drinking-water>
- County Health Rankings, (2016). Primary Care Provider Rate. Retrieved from <http://www.countyhealthrankings.org/rankings/data>
- County Health Rankings, 2014-2016. Violent Crimes. Retrieved from <http://www.countyhealthrankings.org/rankings/data>
- Delaware Department of Labor, (2019). Local Area Unemployment Statistics. Retrieved from <http://lmi.delawareworks.com/Content/Information/LAUS.php#>

- Delaware Department of Health and Social Services, Division of Public Health, (2006-2010). Age-Adjusted Death Rate due to Influenza and Pneumonia. Retrieved from <http://www.dhss.delaware.gov/dhss/dph/hp/annrepvs.html>
- Delaware Department of Health and Social Services, Division of Public Health, (2017). Age-Adjusted Death Rate by Suicide by Race/Ethnicity. Retrieved from <http://www.dhss.delaware.gov/dhss/dph/hp/annrepvs.html>
- Delaware Department of Health and Social Services, (2017). Known Risk Factors by Cancer Type. Retrieved from http://dhss.delaware.gov/dhss/dph/dpc/files/2ndaryanalysis_consistentlyhigh2009.pdf
- Delaware Health Tracker (2017). <http://www.delawarehealthtracker.com>
- Delaware School Survey, (2017). Teens Who Use Alcohol. Retrieved from <http://www.udel.edu/delawaredata/Pages/level03/delschsurv...>
- Garfield, R., & Druss, B. (2012). Health reform, health insurance, and mental health care. *The American Journal of Psychiatry*, (169), June 17, 2013-675-677. doi:10.1176/appi.ajp.2012.12040506
- Healthier Sussex County Task Force (2012-2019). Healthier Sussex County: Connecting Community and Health Resources. <http://www.healthiersussexcounty.com>
- Healthy people 2020 topics & objectives: Access to health services. (2013). Retrieved June 6, 2013, from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>
- Hing E, Decker SL, Jamoom E. Acceptance of new patients with public and private insurance by office-based physicians: United States, 2013. NCHS data brief, no 195. Hyattsville, MD: National Center for Health Statistics. 2015.
- Iglehart, J. (1996). Managed care and mental health. *The New England Journal of Medicine*, (334), June 17, 2013-131-136. Doi: 10.1056/NEJM199601113340221
- Mariotto, A. B., Yabroff, K. R., Shao, Y., Feuer, E. J., & Brown, M. L. (2011). Projections of the cost of cancer care in the United States: 2010-2020. *Journal of the National Cancer Institute*, 103(2), 117-128. doi:10.1093/jnci/djq495; 10.1093/jnci/djq495
- Miller, W., Vigdor, E. R., & Manning, W. G. (2004). Covering the uninsured: What is it worth? *Health Affairs (Project Hope)*, Suppl Web Exclusives, W4-157-67. doi:10.1377/hlthaff.w4.157

- National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Retrieved from <http://www.naccho.org/topics/infrastructure/mapp/>
- National Cancer Institute, (2018). Age-Adjusted Death Rate due to Breast Cancer. Retrieved from <http://statecancerprofiles.cancer.gov/deathrates/deathrat...>
- National Cancer Institute (2018). **Age-Adjusted Death Rate due to Colorectal Cancer.** Retrieved from <http://statecancerprofiles.cancer.gov/deathrates/deathrat...>
- National Cancer Institute, (2018). Age-Adjusted Death Rate due to Lung Cancer. Retrieved from <http://statecancerprofiles.cancer.gov/deathrates/deathrat...>
- National Cancer Institute, (2018). Age-Adjusted Death Rate due to Lung Cancer. Retrieved from <http://statecancerprofiles.cancer.gov/deathrates/deathrat...>
- National Cancer Institute, (2018). Age-Adjusted Death Rate by Prostate Cancer. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Age-Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Breast Cancer Incidence Rate. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute (2018). Colorectal Cancer Incidence Rate. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Colorectal Cancer Incidence Rate by Gender. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Colorectal Cancer Incidence by Race/Ethnicity. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Lung and Bronchus Incidence Rate. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Lung and Bronchus Incidence Rate by Gender. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Lung and Bronchus Incidence Rate by Race/Ethnicity. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>

- National Cancer Institute, (2018). Prostate Cancer Incidence Rate. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2018). Prostate Cancer Incidence by Race/Ethnicity. Retrieved from <http://statecancerprofiles.cancer.gov/incidencerates/>
- National Cancer Institute, (2009-2013). Table A: Average Annual Age-Adjusted Cancer Incidence Rates with 95% Confidence Intervals; Delaware vs. U.S., 2005–2009. Retrieved from <http://www.cancer.gov/cancertopics/types>
- National Cancer Institute, (2009-2013). Table B: Average Annual Age-Adjusted Cancer Mortality Rates with 95% Confidence Intervals; Delaware vs. U.S., 2005–2009. Retrieved from <http://www.cancer.gov/cancertopics/types>
- Trogdon, J. G., Finkelstein, E. A., Feagan, C. W., & Cohen, J. W. (2012). State- and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity* (Silver Spring, Md.), 20(1), 214-220. doi:10.1038/oby.2011.169; 10.1038/oby.2011.169
- U.S. Census Bureau, (2010). American Fact Finder. 2010 Census Interactive Population Search. Retrieved from <http://factfinder2.census.gov/>
- U.S. Census Bureau, (2010). American Fact Finder. Distribution of Delaware Population by County, 2010. Retrieved from <http://factfinder2.census.gov/>
- U.S. Department of Agriculture - Food Environment Atlas, (2012). Farmers Market Density. Retrieved from <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>
- U.S. Department of Agriculture - Food Environment Atlas, (2009-2014). Fast Food Restaurant Density. Retrieved from <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>
- U.S. Department of Agriculture - Food Environment Atlas, (2017). Low-Income Persons who are SNAP Participants. Retrieved from <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>
- U.S. Department of Health and Human Services Health Resources and Services Administration. Health Professional Shortage Areas. Retrieved from <http://data.hrsa.gov/tools/shortage-area/hpsa-find>
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VII. Appendices

Appendix A: Stakeholder and Needs Assessment Participants

Listing of Boards of Directors

for

Beebe Medical Center, Inc. Entities

BEEBE MEDICAL CENTER, INC. BOARD OF DIRECTORS

David A. Herbert, *Chairman*

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Joseph R. Hudson, *Chairman Emeritus*

R. Christian Hudson

Paul H. Mylander

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BOARD OF DIRECTORS

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Members

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Paul C. Peet, MD (President, Medical Staff)

Anis K. Saliba, MD

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Non-Voting Members	Jackye Emory Richard A. Schaffner, Jr. Bruce Leshine, Esq. Paul J. Pernice, CPA

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Chair	Michael Meoli
Members	David A. Herbert R. Christian Hudson Terry A. Megee Jacquelyn O. Wilson, Ed.D
Non-Voting Members	Richard A. Schaffner, Jr. Katie C. Halen

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	Judy Aliquo
	James W. Bartle
	R. Michael Clemmer
	Richard A. Schaffner, Jr.
	David A. Herbert
	Joseph M. Lavenia
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	Mark Loukides
	Michael J. Maksymow
	Michael Meoli
	Paul H. Mylander
	Paul J. Pernice, CPA
	Paul G. Townsend

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COMMUNITY HEALTH NEEDS ASSESSMENT TEAM

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Ngozi Azuogu, RN, MSN

Judith Ramirez, EdD, MA

Rita Karapurkar Williams, MA, CHES, NBC-HWC

Barbie Robets

Elizabeth West, RN

Community Outreach Team

Rehana Rizvi, MPH

HEALTHIER SUSSEX COUNTY TASK FORCE

- Terry Murphy, FACHE CEO/Bayhealth Medical Center
- Steve Rose, RN, MN CEO/Nanticoke Memorial Hospital
- Rick Schaffner Interim CEO/Beebe Healthcare
- Brian Olson CEO/La Red Health Center
- Sharon Harrington Nanticoke Memorial Hospital
- Rachel Webster Nanticoke Memorial Hospital
- Ray Fulkrod Nanticoke Memorial Hospital
- Tres Pelot Nanticoke Memorial Hospital
- Judith Ramirez Beebe Healthcare
- Kim Blanch Beebe Healthcare
- Catherine Murphy Beebe Healthcare
- Angeline Dewey Bayhealth Medical Center
- Teresa Towne Bayhealth Medical Center
- Michael Ashton, FACHE Bayhealth Medical Center
- Megan Williams Delaware Healthcare Association
- Patty Deer Bayhealth Medical Center
- Alice Rausch Bayhealth Medical Center
- Dana Canatelli-Smith Bayhealth Medical Center
- Peggy Geisler Sussex County Health Coalition
- Cheryl Doucette Sussex County Health Coalition
- Rita Williams Beebe Healthcare

- Appendix B: Beebe Healthcare 2017-2018 Community Benefit Report

OUR FINANCIALS

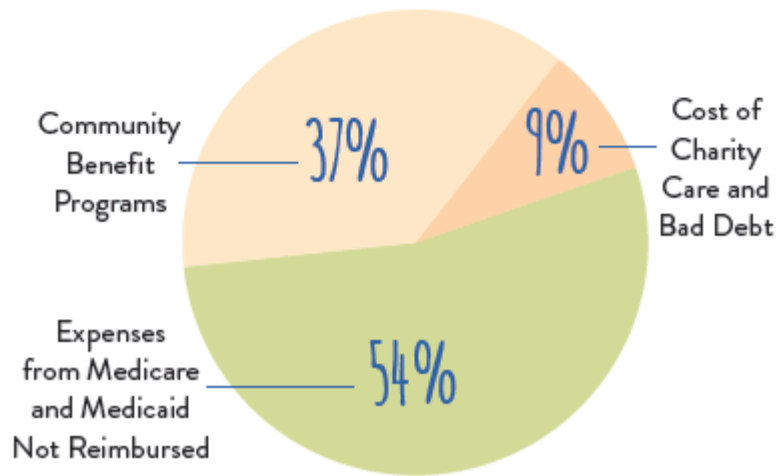
Community Benefit Cost (Fiscal Year Ended June 30, 2018)

Cost of Charity Care and Bad Debt	\$7,817,323
Expenses from Medicare and Medicaid Not Reimbursed	46,890,266

COMMUNITY BENEFIT PROGRAM (NET LOSS)

Health Fairs	\$36,000
Health Promotion and Wellness Programs	1,149,576
School-based Wellness Programs	91,916
Behavioral Health Services	261,646
Sexual Assault Nurse Examiner Programs	166,824
Oncology Research Program	306,994
Interpreter Services	212,824
Physician Services Recruitment	797,731
Physician Practice Guarantees	2,813,980
Workforce Development with Educational Institutions	1,269,684
Sponsorships	154,675
Gull House Adult Day Care	681,590
Subtotal Community Benefits	<u>7,943,439</u>
Beebe Medical Group	24,154,501
Total Cost of Community Benefits	<u>32,097,940</u>

COMMUNITY BENEFIT TOTAL \$86,805,530



10,534 Hospital Admissions 

Comparative Consolidated Audited Statements of Operations for the twelve months ending June 30, 2018

FISCAL YEAR	JUNE 2018	JUNE 2017
PATIENT REVENUE		
Net Patient Revenue	\$414,609,487	\$405,476,340
Other Operating Revenue . . .	<u>5,080,582</u>	<u>4,626,371</u>
Total Operating Revenue	\$419,690,069	\$410,102,711
OPERATING EXPENSES		
Salaries	\$162,695,715	\$159,177,362
Contract Labor	6,368,257	7,248,254
Employee Benefits	53,894,606	48,232,649
Physician Fees	13,697,431	10,263,632
Patient-related Supplies and Services	87,608,831	82,615,285
Non-patient-related Supplies .	4,007,319	4,506,387
Utilities	5,681,658	5,788,471
Insurance	3,760,227	4,070,646
Depreciation and Amortization	20,273,719	19,752,556
Interest	1,272,659	1,200,790
Repairs and Maintenance . . .	10,638,267	9,458,682
Other Expenses	<u>38,468,449</u>	<u>34,296,567</u>
Total Operating Expenses	\$408,367,138	\$386,611,281
Income (loss) from Operations	<u>\$11,322,931</u>	<u>\$23,491,430</u>

 **4.20 Days** AVERAGE LENGTH OF HOSPITAL STAY



782
BIRTHS



5,118

Cardiac Procedures
(Inpatient and Outpatient)

63,807	Home Care Visits
44,302	Inpatient Days of Care
783,457	Laboratory Tests (Outpatient)
13,818	Radiation Oncology Procedures (Outpatient)
147,916	Radiology Procedures (Outpatient)
100,697	Physical Rehab Visits (Outpatient)
15,796	Surgical Procedures (Inpatient and Outpatient)
256,097	Beebe Medical Group Visits (Office Visits plus Outpatient Visits)

SUPPORTING A HEALTHY COMMUNITY



60 HEALTH FAIRS AND EVENTS



3,722 FREE FLU SHOTS



2,245 FREE HEALTH SCREENINGS



THE GIFT OF TIME
646 volunteers provided nearly 70,000 hours of their time to Beebe Healthcare.

Appendix C: Beebe Financial Assistance Program:

Health Care Connection

CHAP Now Named Health Care Connection

Last November, the State of Delaware announced that CHAP would evolve, change its name and focus on those ineligible to purchase health insurance or exempt from the federal insurance coverage mandate. These changes affected Delawareans, who were enrolled in CHAP and potential clients in the future.

Screening for Life Program and the services provided will not be affected by this change, as Screening for Life is an exception to Division of Public Health Policy Memorandum No. 43: Provision of Health Care Services to Person Eligible for Health Coverage.

The new name is Health Care Connection (HCC), effective June 24, 2015.

Individuals inquiring about HCC or CHAP should be directed to Patient Financial Service Department located at 431 Savannah Road, The Saliba Building, ground floor, or refer calls to (302) 645-3167 to speak to the Health Promotion Advocate.

Value Statement

Beebe Healthcare is a not-for-profit, community-based healthcare facility. It is hospital policy that no one will be denied medically necessary hospital services based upon the patient's ability to pay for those services. A public notice of the availability of financial assistance will be visible within the hospital and on our website. Beebe will comply with all federal, state, and contractual laws, regulations, and requirements.

Objective

The patient or guarantor has the ultimate financial responsibility for care received from Beebe Healthcare. Beebe will cooperate and assist all patients in the fulfillment of their financial responsibility. This cooperation includes payment arrangements, assistance with enrollment in public or private insurance programs, charity-based programs, financial assistance programs, or other third-party programs. Patients have the responsibility to provide timely and accurate information when seeking consideration under the Beebe Healthcare Charity and Financial Assistance Policy.

To make sure patients who live in the Beebe Healthcare service area do not go without needed medical care, we offer a Charity Assistance Program to qualifying patients. The focus of the Affordable Care Act is to provide affordable insurance for all. Due to federal mandates patients must first apply for insurance and provide proof of eligibility under the ACA prior to obtaining financial assistance. In certain circumstances there are patients who are ineligible or exempt from

Insurance requirements under the Affordable Care Act or who may need assistance on balances after insurance.

It is easy to determine if you may be eligible to receive a full or partial Charity Discount from Beebe Healthcare by referencing the Charity Discount Table.

If you determine your income is within the Charity guidelines and you would like to apply for Charity Assistance, please reference our online policy and application process at www.beebehealthcare.org. Or call (302) 645- 3546 to assist you in the preparation of a Charity Assistance Application.

With the approval of your application, Beebe Healthcare will make the appropriate adjustment to any of your account(s) that may qualify, so that further collection activity is avoided.

Beebe Healthcare also works with patients currently approved for Delaware Medicaid or Delaware Health Care Connection and Screening for Life Programs.

Definitions

Uninsured or Under insured Payment Policy: Uninsured, Under insured patients, or patients who designate themselves as self-pay at time of registration and do not qualify under the Charity Policy or Financial Assistance Policy, may be offered a discount of 10% of billed charges if the claim is paid within 30 days from the date of the first billing statement. (Exclusions may exist based on specific 3rd party payer or insurance contract agreements)

Charity Policy: Uninsured or Under insured patients with family income up to 200% of the current Federal Poverty Level may be eligible for participation in the hospital's charity program unless specific exclusion are noted. Cumulative patient balances greater than \$300.00 may be deemed to be hospital charity. A patient may be deemed ineligible under the Charity Policy if, in the judgment of Beebe Healthcare, the patient is eligible for Medicaid, the Insurance Market Place or other third-party reimbursement programs and refuses to apply for those benefits or has disposable assets that exceed \$7,500.00 per household. Approval of the Beebe Financial Assistance program will remain in effect for a period up to one year unless eligibility changes.

Individual eligibility will be determined by proof of income and additional required documents as determined through:

- Pay stubs or required income documents
- Tax return from most recent year (mandatory requirement)
- Certification of ineligibility or exemption from Insurance Market Place mandate per the Affordable Care Act (for applications after 2/1/15)
- Investment Statements

- Bank Statements from two most recent months
- Written statements from employer attesting to income
- Proof of residency as verified by Delaware driver's license and resident utility bills

Residents of Beebe's primary service area eligible for charity policy are:

ZIP Code Community Name:

19930 Bethany Beach

19939 Dagsboro

19941 Ellendale

19944 Fenwick Island

19945 Frankford

19947 Georgetown

19951 Harbeson

19958 Lewes

19960 Lincoln

19966 Millsboro/Long Neck

19967 Millville

19968 Milton

19969 Nassau

19970 Ocean View/Clarksville

19971 Rehoboth Beach/Dewey Beach

19975 Selbyville

- Residency requirements may be waived in the event of medical emergencies and approved oncology services.
- Enrollees approved in the Health Care Connection (formerly CHAP), or Delaware Medicaid Programs are granted coverage under the Beebe Charity Care Policy for any patient

balances upon completion of required application and after appropriate fee schedule payments or discounts are applied.

- La Red designated patient referrals

Financial Assistance Policy:

Financial assistance in the form of a debt payment plan will be offered to eligible patients whose family income exceeds 200% of the Federal Poverty Level. The hospital will work with the patient to develop an affordable, interest-free payment schedule. A charity discount of 50% of billed charges will be granted to qualified persons with family incomes between 200% and 300% of Federal Poverty Level who complete the application for financial assistance and participate in a payment plan. A charity discount of 40% of billed charges will be granted to qualified persons with family income between 300% and 400% of Federal Poverty Level who participate in a payment plan.

Beebe Healthcare will not require debt payment that forces a family, either insured or uninsured, into "medical indigence" as defined by Beebe's calculation of "medical indigence" based upon income and assets.

Policy

Notice of Financial Assistance Beebe's mission is to provide quality care to all who need it, 24 hours a day, seven days a week, and 365 days a year. It is our hospital policy that no one will be denied medically necessary hospital services based upon the patient's ability to pay for those services.

If you are ineligible or exempt from Health Insurance under the Affordable Care Act or may need assistance with balances after Insurance and worry that you may not be able to pay for part or all of your hospital care, Beebe provides financial assistance to patients residing within Beebe's primary service area based upon income and financial need. In addition, we may be able to help you to receive government-sponsored health insurance, or work with you to arrange a manageable payment plan.

Federal and state law requires all hospitals to seek payment for care provided. This means we could ultimately turn unpaid bills over to a collection agency, which could affect your credit status. Therefore, it is important that you let us know if you may have a problem paying your bill, or if you have any questions or concerns about paying your bill.

Some Beebe related provider services will be billed separately from the hospital, and you will need to contact the providers regarding possible financial assistance. If you receive a bill from the following associated providers, please give them a call regarding their individual financial policies:

- Allied Diagnostic Pathology Consultant
- Delmarva Radiation Services
- Sussex Emergency Associates
- Delaware Anesthesia Associates
- Southern Delaware Imaging Associates

The Beebe Healthcare Financial Assistance program will remain in effect for up to a period of one year from your approval date based on eligibility status. If you are currently active under CHAP/HCC or Delaware Medicaid Program you may remain active under Beebe's program until your Health Care Connection (HCC formerly CHAP) or Medicaid Program expires or until eligibility changes.

For more information, please contact a Financial Counselor in the Patient Financial Services department at (302) 645-3546 or ask to speak with a Health Care Connection (HCC formerly CHAP) Health Promotion Advocate. Screening for Life and Health Care Connection (HCC formerly CHAP) are Programs for uninsured Delaware residents who meet specific requirements. The programs are administered by the Delaware Health Care Commission. All information you provide to Beebe is considered confidential.

If you meet the requirements of the program and prefer to apply on-line, please complete the Financial Assistance Application available for download below.

This application is available in both English and Spanish, and will forward to our email address FinApps@beebehealthcare.org upon completion. For more information, call Health Care Connection (HCC formerly CHAP) at (302) 645-3167 (English and Spanish).

Appendix D: County Health Rankings

The *County Health Rankings & Roadmaps* program is collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

County Health Rankings & Roadmaps help communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income. Having health insurance and quality health care are important to our health, but we need leadership and action beyond health care. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate **what we know** when it comes to what's making people sick or healthy. The *County Health Roadmaps* **show what we can do** to create healthier places to live, learn, work and play.

Delaware Counties: Ranking by Health Indicators, 2019

<i>Health Indicator</i>	<i>New Castle County</i>	<i>Sussex County</i>	<i>Kent County</i>
Health Outcomes			
Overall	1	2	3
Health Factors			
Overall	1	2	3
Health Behaviors	1	2	3
Clinical Care	1	2	3
Social & Economic Factors	1	2	3
Physical Environment	2	3	1
https://www.countyhealthrankings.org/app/delaware/2019/rankings/sussex/county/outcomes/overall/snapshot			

Delaware Counties: Ranking by Health Indicators, 2016

<i>Health Indicator</i>	<i>New Castle County</i>	<i>Sussex County</i>	<i>Kent County</i>
Health Outcomes			
Overall	2	1	3
Mortality	1	2	3
Morbidity	2	1	3
Health Factors			
Overall	1	2	3
Health Behaviors	1	2	3
Clinical Care	1	2	3
Social & Economic Factors	1	2	3
Physical Environment	1	2	3
https://www.countyhealthrankings.org/app/delaware/2016/rankings/sussex/county/outcomes/overall/snapshot			

Appendix E: Community Resource Guide:

Local Home Health Care Services:

Addus Healthcare
 1675 S State Street, Suite 4C
 Dover, DE 19901
 302.424.4842

Generations Home Care
205 E Market Street
Georgetown, DE 19947
302.856.7774

Amedisys Home Health
21309 Berlin Road, Unit 9
Georgetown, DE 19947
302.855.0319

Interim Home Healthcare
665 S. Carter Road, Suite 1
Smyrna, DE 19977
302.322.2743

BAYADA Home Health Care
600 NE Front Street
Milford, DE 19963
302.424.8200

Maxim Healthcare Services
1012 State College Road, Suite 101
Dover, DE 19904
302.734.9040

Bayhealth Home Care
560 S. Governors Ave.
Dover, DE 19904
302.744.7300

Millennium Home Care
19 Village Square
Smyrna, DE 19977
302.514.9597

Peninsula Home Care
Salisbury – 410.543.7550
Ocean Pines – 410.208.4828
Seaford – 302.629.4914

Christiana Care Visiting Nurses Association
2116 S DuPont Highway Suite 2
Camden, DE 19934
302.698.4300

In-Home Services and Personal Assistance

- Home Instead Senior Care in your own home: www.homeinstead.com, 888-272-0223
- Senior Helpers- 302-234-1274, www.seniorhelpers.com
- Griswold- (302) 703-0130, <http://www.griswoldhomecare.com/delaware/>
- Visiting Angels- (302) 329-9475, visitingangels.com

Information on Services for the Elderly

National Service: Eldercare Locator: Eldercare.gov / 800-677-1116

Office on Aging: Delaware's Aging and Disability Resource Center (ADRC)

- Phone: 1-800-223-9074
- www.DelawareADRC.com
- Resource guide of services for older Delawareans and persons with disabilities
http://www.dhss.delaware.gov/dhss/dsaapd/files/aging_and_disabilities_guide.pdf

Local Agency on Aging Office:

- <http://www.caregiverlist.com/Delaware/departmentonaging.aspx>
- Delaware Area Agencies on Aging: <http://www.dhss.delaware.gov/dsaapd/>
- State Senior Services Help Line: 800-223-9074
- State Senior Services Email Contact: DSAAPDinfo@state.de.us
- Elder Abuse Hotline: 800-223-9074

Assisted Living in Sussex County On-line listings and facility ratings:

- <http://www.caring.com/local/assisted-living-facilities-in-sussex-county-delaware>
- <http://www.thirdage.com/d/al/assisted-living-sussex-county-delaware>

Nursing Homes in Sussex County On-line listings and facility ratings:

- <http://www.caring.com/local/nursing-homes-in-sussex-county-delaware>
- <http://www.thirdage.com/d/nh/sussex-county-nursing-homes-delaware>

<http://www.carepathways.com/nhg-3-sample.cfm?ST=DE&State=Delaware&County=Sussex>

Skilled Nursing Facilities:

ATLANTIC SHORES REHABILITATION & HEALTH CENTER
231 SOUTH WASHINGTON STREET
MILLSBORO, DE 19966
302-934-7300

HARRISON SENIOR LIVING OF GEORGETOWN, LLC
110 W. NORTH STREET
GEORGETOWN, DE 19947
302-856-4574

CADBURY AT LEWES
17028 CADBURY CIRCLE
LEWES, DE 19958
302-645-6400

LOFLAND PARK CENTER
715 E. KING STREET
SEAFORD, DE 19973
302-628-3000

CADIA REHABILITATION RENAISSANCE
26002 JOHN J WILLIAMS HIGHWAY
MILLSBORO, DE 19966
302-947-4200

METHODIST MANOR HOUSE
1001 MIDDLEFORD ROAD
SEAFORD, DE 19973
302-629-4593

DELAWARE VETERANS HOME
100 DELAWARE VETERAN'S DRIVE
MILFORD, DE 19963
302-424-6000

MILFORD CENTER
700 MARVEL ROAD
MILFORD, DE 19963
302-422-3303

DELMAR NURSING & REHABILITATION CENTER
101 E. DELAWARE AVENUE
DELMAR, DE 19940
302-846-3077

SEAFORD CENTER
1100 NORMAN ESKRIDGE HIGHWAY
SEAFORD, DE 19973
302-629-3575

HARBOR HEALTHCARE & REHAB CTR
301 OCEAN VIEW BLVD
LEWES, DE 19958
302-645-4664

Home Health services at Beebe Healthcare:

Beebe Home Care Services
Beebe Medical Center
232 Mitchell Street, Suite 201
Millsboro, DE 19947
302-934-5830

Home Health Services

- Skilled nursing
- Catheter care
- Continence care
- Skin/decubitus care
- Diabetic care and education
- Special feedings
- TPN/nutritional support
- Dressing changes/wound care
- Injections
- Intravenous therapy
- Laboratory tests
- Medication monitoring
- Pain management
- Patient and family education
- Patient assessment and monitoring

Physical Therapy

- Ambulation evaluation and instruction
- Balance disorder evaluation and intervention
- Individualized therapeutic exercise to restore function and prevent or minimize disability
- Musculoskeletal evaluation and treatment
- Prosthetics training

Occupational Therapy

- Development of muscle function, coordination, and hand use
- Mobility training related to everyday tasks
- Recommendation of assistive devices
- Home safety adaptations
- Self-care and home management training
- Visual perception retraining

Certified Home Health Aides

- Personal Assistance
- Bathing
- Dressing
- Home exercise
- Walking and mobility

Speech Pathology

- Programs for stroke and other neurological disorders
- Rehabilitative instruction for speech and language, communication disorders, and for improved cognitive function
- Treatment for swallowing disorders

Medical Social Work

- Counseling and education regarding long-range planning and financial assistance
- Accessing available community resources
- Short-term counseling to assist with adjustment to illness

In-Home Services and Personal Assistance:

Home Instead Senior Care in your own home: 888-272-0223

Greater Lewes Community Village
16686 Kings Highway, Suite B
Lewes, DE 19958
302-703-2568

Senior Helpers
302-234-1274
www.seniorhelpers.com
New Castle, Kent, Sussex

Diabetes Resources:

Delaware Diabetes Coalition

Printed and online: Delaware Resource Guide for Persons with Diabetes.
1001 South Bradford Street, Suite 9
Dover, DE 19904
302-744-9267
www.dediabetescoalition.org

Diabetes Self-Management Education

Tina Trout
Beebe Long Neck Health Center
32060 Long Neck Road
Millsboro, DE 19966
Phone: 302-947-2500
Fax: 302-947-2909
Hours: Monday through Friday by appointment only
http://www.beebemed.org/html/serv_diabetes.cfm

The Delaware Prevention and Control Program:

Contact: Donald Post, donald.post@state.de.us

Phone: 302-744-1020

Fax: 302-739-2544

<http://www.dhss.delaware.gov/dph/dpc>

Delaware Diabetes Self-Management Program

<http://www.dhss.delaware.gov/dph/dpc/diabetesselfmgt.html>

Emergency Medical Diabetes Fund Provides Assistance for Uninsured

<http://dhss.delaware.gov/dph/dpc/diabetesfund.html>

Behavioral / Mental Health:

The Mental Health Association in Delaware

- Kent/Sussex information & Referral Services – (800)287-6423
- Support Groups
- Community Workshops
- See complete directory on line – www.mhainde.org

Dover Behavioral Health System

- Information – (885)609-0711
- Schedule an assessment or make a referral
- Inpatient and partial hospitalization for adolescents and adult

Delaware Psychiatric Center

- State operated psychiatric hospital for adults
- Phone: (302) 255-2700

Division of Substance Abuse and Mental Health

- (302)255-9399 or (800)652-2929
- Alcoholics Anonymous – (302)655-5113/736-1567/856-6452
- Narcotics Anonymous – (800)317-3222
- National Suicide Prevention Lifeline -
- (800)273-TALK or (888)628-9454 *Spanish*
- New Directions (302)286-1161 – Meets monthly and offers education sessions and support groups.

Emergency/Crisis Intervention Services

- Kent/Sussex County – (800)652-2929
- Mobile Crisis Unit – (800)

Connections

- Mental Health/Drug Abuse
- Medicaid sliding fee scale
- Counseling/Support Groups
- Millsboro – (866)477-5345

La Red Health Center

- (302)855-2130
- Georgetown
- Behavioral Health Services are provided by a bilingual Licensed Clinical Social Worker and a Psychiatric Nurse Practitioner.
- Provides services to uninsured and underinsured patients.

Ellendale Recovery Response Center

- 23 Hour crisis assessment
- 700 Main St., Ellendale
- (302)424-5660
- State Funded

Beebe Healthcare, Gull House Adult Activities Center

34382 Carpenter Way, Lewes, DE 19958

(302) 703-3576

- Social, mental, emotional & physical support for functionally disabled adults.
- Certified Dementia Practitioners

Brandywine Counseling

- 528 East Market Street, Georgetown
- (302) 856-4700
- Outpatient & intensive substance abuse counseling and treatment
- Outpatient mental health counseling
- Medication management

Catholic Charities

- 406 S. Bedford St., Suite 6, Georgetown
- (302)856-9578
- Emotional & Psychological treatment
- Family and Marriage counseling
- Psychiatric consultations
- Services for the elderly
- Sliding fee scale – accepts most major insurance plans

People's Place

- Milford – (302) 422-8026
- Millsboro – (302) 934-0300
- Seaford – (302) 422-8026
- Drug & Alcohol abuse counseling
- Individual/Group/Family Therapy
- Medical Management
- Veterans' Services

Therapists:

Richard L. Todd, Ph.D., M.Div.
 Licensed Psychologist
 Shore View Medical
 28342 Lewes-Georgetown Hwy.
 Milton, DE 19968
 Phone: 302-853-0559
 Fax: 302-231-2086

Eric Kafka, Ph.D.
 142 2nd Street
 Lewes, DE 19958
 Phone: 302-645-0911
 Fax: 302-645-0875
 Takes: BCBS and Aetna

Dr. David Kalkstein, MD, PhD & Associates
 18947 John J Williams Hwy, Lewes
 (Medical Arts Bldg.)
 (302)644-2773
 Outpatient Facility
 All Insurances

Westside Family Healthcare – Bilingual
 27 Marrows Road
 Newark, DE
 (302)455-0900
 Provides care to all ages; includes behavioral health
 All Insurances – scale payments

Therapists: on-line listing

http://therapists.psychologytoday.com/rms/prof_results.php?sid=1350652686.1886_16895&county=Sussex&state=DE

Smoking Cessation

Delaware Quitline 1-866-409-1858
 Beebe Smoking Cessation Free Program 645-3030

Vision:

Delaware Eye Institute: 302-645-2300
 Rehoboth Beach

Dental

La Red Health Center
 (302)855-2130
 Georgetown, Delaware

On-line Listing:

http://www.dexknows.com/local/health_care/dentistry/general_dentists/geo/co-sussex_county-de/

Podiatry

Refer to Beebe Outpatient Provider Directory

Other community partners

Physical Therapy

Refer to Beebe Outpatient Provider Directory

Other community partners

Comfortable Shoe Wear

SAS Comfort Shoes Rehoboth Beach 301-644-3660

VP Shoes Rehoboth Beach 302-644-7463

New Balance Shoes Rehoboth Beach 302-644-1776

Caregivers Support Groups

Gull House

3rd Thursday of month

34382 Carpenter Way, Lewes, DE 19958

(302) 703-3576

Brandywine

2nd Tuesday of month

Fenwick Island\Selbyville 302-226-8750

Easter Seals

22317 Dupont Blvd, Georgetown, DE 19947

(302) 253-1100

Sussex County Senior Centers

Bridgeville Senior Center

414 Market Street
Bridgeville, DE 19933
302-337-8771

Georgetown Senior Center

546 South Bedford Street
Georgetown, DE 19947
302-856-5187

Harbour Lights Cheer Center

34211 Woods Edge Drive
Lewes, DE 19958
302-645-9239

Laurel Senior Center

113 North Central Avenue
Laurel, DE 19956
302-875-2536

Milford Senior Center

111 Park Avenue
Milford, DE 19963
302-422-3385

Long Neck Cheer Center

26089 Long Neck Rd
Millsboro, DE 19966
302-945-3551

Roxana Cheer Senior Center

Pyle Center Rd.
Roxana, DE 19945
302-732-3662

Cape Henlopen Senior Center

11 Christian Street
Rehoboth Beach, DE 19971
302-227-2055

Greenwood Cheer Center

P.O. Box 341
Greenwood, DE 19950
302-349-5237

Indian River Senior Center

322A Wilson Hwy
Millsboro, DE 19966
302-934-8839

Lewes Senior Center

32083 Janice Road
Lewes, DE 19958
302-645-9293

Nanticoke Senior Center

310 Virginia Avenue
Seaford, DE 19973
302-629-4939

Ocean View Leisure & Resource Center

P.O. Box 637
Ocean View, DE 19970
302-539-2671

Additional listings:

<http://delmarvayellowpages.newspaper.com/DE-Rehoboth-Beach/Senior-and-Elder-Care-Services-and-Information>

Meals & Grocery Store Information

Meals on Wheels of Lewes & Rehoboth

32409 Lewes-Georgetown Hwy, Lewes, DE 19958

Phone: 302-645-7449

<http://www.mealsonwheelsde.org/>

Supplemental Nutrition Assistance Program (SNAP) formerly the *federal Food Stamp Program*

<http://www.fns.usda.gov/snap/>

Safeway

19266 Coastal Highway

Rehoboth Beach, DE 19971

Phone: (302) 226-3073

On-line order for delivery:

<http://shop.safeway.com/superstore/default.asp?brandid=1&page=corphome>

Harris Teeter

26370 Bay Farm Rd, Millsboro, DE 19966

Phone: (302) 945-1705

Does not deliver, but will take an order for pickup

Super G

19312 Lighthouse Plaza, Rehoboth Beach, DE 19971

Phone: 302-227-5950

Website: giantfood.com

On-line order for delivery: <http://www.peapod.com/?001=523&006=10114&linkid=L>

Pharmacy

Sussex County on-line listing:

http://www.dexknows.com/local/retail/pharmacies/geo/co-sussex_county-de/

Transportation Services

Delaware Aging Network – Medical Transportation

<http://www.delawareagingnetwork.org/Transportation.htm>

302-658-6731

TRANSPORTATION SERVICES IN SUSSEX COUNTY, DELAWARE

DART First State Intercounty Fixed Routes

- Information: 1-800-652-3278
- Requires reduced fare photo ID or Medicare
- Tickets can be purchased in advance – cash accepted
- Applications on line or by phone

PARATRANSIT SERVICES

- Reservations – 1-800-553-3278
- Must be pre-qualified
- Door to Door for disabled
- Reservations in advance required – 1 day in advance or 2 weeks in advance
- Fee is \$2. One way

SCAT – Senior Citizen Affordable Taxi

- Information – 1-800-652-3278
- Half-price taxi service for age 60 and over or disabled
- Available 7 days per week and holidays

GENERATIONS 5317 – New Freedom Funds Transportation Program (program closing Summer 2019)

- Georgetown Office - 302-276-1466 Ask for transportation and you will be put in touch with a dispatcher/scheduler.
- Persons of any age with a disability
- Reserve 7 days in advance (space available basis)
- Fee is \$5. One way

CHEER Transportation – 302-856-5187

- Transportation from home to Cheer Activity Center

LOGISTICARE SOLUTIONS – MEDICAID & RENAL DIALYSIS

- NO FEE
- Reserve 48 hours in advance
- Phone: 1-866-412-3778
- **Resource guide of services for older Delawareans and persons with disabilities**
- http://www.dhss.delaware.gov/dhss/dsaapd/files/aging_and_disabilities_guide.pdf

Local Agency on Aging Office

- <http://www.caregiverlist.com/Delaware/departmentonaging.aspx>
- **Delaware Area Agencies on Aging:** <http://www.dhss.delaware.gov/dsaapd/>
- **State Senior Services Help Line:** 800-223-9074
- **State Senior Services Email Contact:** DSAAPDinfo@state.de.us
- **Elder Abuse Hotline:** 800-223-9074

Sussex Exercise Programs & More:

YMCA of Delaware
20080 Church Street,
Rehoboth Beach, DE 19971

Phone: 302-296-YMCA

Fax: 302-227-3638

- *Aquatics*
- *Group Fitness*
- *Health & Wellness*
- *Lap Swimming*
- *Sports*

Delaware Technical and Community College

Adult Plus+ Program

Owens Campus,
Rt. 18, Georgetown, DE 19947
302-856-5618

- Elderhostel – Fitness
- Arthritis Aquatics
- Ballroom Dancing
- Cardio/Weight Training Program
- Golf
- PilateSenior Circuit
- Tai Chi

Annual \$15 membership

- <http://hearttruthdelaware.org/community-resource-guide/sussex-county-resources/sussex-exercise-programs/>
- <http://hearttruthdelaware.org/community-resource-guide/sussex-county-resources/>
- [Sussex County Senior Services CHEER Centers](#) Locations throughout Sussex County
 - www.scss.org
 - **302-856-5187**

Hotline and Resource Numbers for Students

- Child Priority Response Hotline: 302-424-4357 or 424-HELP
- National Dating Abuse Hotline-866-331-9474 or text “love is” to 77054
www.loveisrespect.org
- Contact Delaware: 800-262-9800 (deals with any type of crisis)
- Hotline for Teens Who Self Injure: 800-273-TALK or www.selfinjury.com
- National Teen Emergency Hotline: 800-448-3000 (deals with any type of crisis)
- Al-anon and Ala-teen Hotline (for family and friends of a problem drinker) 800-344-2666 or www.al-anon.org
- Local Ala-teen Coordinator for Sussex County: Name: Laurel (908) 451-0527

- Alcohol and Drug Helpline: 800-821-4357 (Referral Hotline)
- Eating Disorders Information and Referral Line: 800-931-2237 or www.nationaleatingdisorders.org
- Depression/Grief/Loss of a Loved One: 800-826-3632
- Gay and Lesbian Hotline: 888-843-4564 M-F 4-12, Sat 12-5 or www.glbtnationalhelpcenter.org
- Planned Parenthood: 800-230-7526
- Emergency Birth Control (Referral Line) 800-584-9911
- National Sexually Transmitted Disease (STD) Hotline: 800-227-8922 or www.ashastd.org
- RAINN-Rape, Abuse and Incest Network: 800-656-4673 or www.RAINN.org
- United Way: resource for various services...800-560-3372
- National Runaway Switchboard: 800-runaway or 800-786-292 or dial 211
- Contact Lifeline: 800-262-9800 (hotline for any problems)
- Contact Teenline: 855-517-1500 Friday-Sunday 5:30-9:30 EST
- Project Inform: HIV/AIDS Treatment Hotline: 800-822-7422
- Abortion Information: 800-772-9100 M-F 7-11
- Post Abortion Hotline and Services (Project RACHEL): 800-593- 2273
- Domestic Violence Hotline: 800-799-SAFE or 900-799 7233
- Drug Help National Hotline: 800-378-4435 24-hour referrals
- Emergency Contraception Information: 888-NOT-2-LATE or 888- 668-2528
- Gay, Lesbian, Bisexual, and Transgender Youth Support Line: 900-850-8078
- HelpisHereDE.com
- National Youth Talkline: 800-246-7743
- Marijuana Anonymous: 800-766-6779 or www.marijuana-anonymous.org
- Panic Disorder Hotline: 800-64-PANIC
- Suicide Prevention-The Trevor Helpline: Specializing in gay and lesbian youth suicide prevention: 800-850-8078
- Teen Helpline: 800-400-0900
- Teen Line: 800-522-8336 M-F 2-6 pm
- Teen Runaway Hotline: 800-6210-4000 Support services for runaways, families and friends
- Pet Loss Support Hotline: 888-ISU-PLSH or 888-478-7574
- CAMP Rehoboth: Local resource for gay, lesbian, bisexual and transgender youth: 302-226-5620

Local Counseling Agencies:

- Catholic Charities: 302-856-9578
- Children and Families First: 302-856-856-2388
- Delaware Guidance Services: 302-645-5338
- People’s Place II, Inc. 302-422-8026
- Atlantic Psych Associates 302- 678- 0213
- Arbor Counseling 302- 853-5054
- Bridge Counseling & Therapy 302-856-9190
- Coastal Therapeutics 302-644-7788
- Dr. Susan Corey, Psych NP 302-644-4606
- Delaware Psychological Services 302-703-6332
- Dover Behavioral Health 302-747-1421
- Focus Behavioral Health 302-762-2283
- Mind & Body Consortium 302-424-1322
- Partners in Health & Wellbeing 302-655-2627
- Turning Point 302-422-8058
- Sunni Days Counseling 302-604-2118
- Day Break Counseling Services 302-422-7021
- Salfi’s Old-fashioned Psychiatry 302-416-2116
- Cape Counseling & Wellness 302-644-4323
- La Red Health Center 302-855-1233
- Fellowship Health Resources 302-854-0626
- Union of Mind, Body, Soul 302-898-2524 or 302-362-7212
- Psychologist – Dr. Richard Todd 302-853-0559
- Henlopen Psychological Services 302-561-0290
- Lewes Counseling LLC 302-430-2127
- For more provider listings, please contact 645-3337 Beebe Healthcare Population Health

Drug and Alcohol Services

- Aquila: 302-856-9746
- People’s Place: 302-422-8026
- Thresholds, Inc. 302-856-1835
- Brandywine Counseling & Community Services 302-656-2348
- Connections 302-384-8167
- Psychotherapeutic Services, Inc 302-922-1208
- Gaudenzia 302-836-8260
- Gateway 302-653-3923

Public Health/Social Services:

302-856-5340 (Medicaid, TANF, Food Stamps, etc.)

Walk-In Care centers in Southern Delaware and Maryland

AMBIENT CARE

24459 Sussex Hwy, Seaford
(302) 629-3099
Mon. – Fri.: 7 a.m. to 8 p.m.
Sat. & Sun.: 9 a.m. to 5 p.m.

BAYHEALTH WALK-IN

301 Jefferson Ave. Milford
(302) 430-5705
Mon. – Fri.: 12 p.m. to 7 p.m.

BEEBE WALK-IN MILLVILLE

32550 Docs Place Unit 1, Rt. 26, next to
Food Lion
(302) 541-4175
Daily: 9 a.m. to 7 p.m.
Memorial Day - Sept. 30,
7 days/week: 8 a.m. to 8 p.m.

BEEBE WALK-IN GEORGETOWN

21635 Biden Avenue, across from Delaware
Technical Community College
(302) 856-9729
Daily: 9 a.m. to 7 p.m.

BEEBE WALK-IN MILLSBORO

28538 DuPont Blvd. (Route 113), next to
Food Lion shopping center
(302) 934-5052
Daily: 9 a.m. to 7 p.m.

BEEBE WEEKEND WALK-IN REHOBOTH

302- 645-3010
18941 John J Williams Hwy, (Rt 24)
Daily: 8 a.m. to 8 p.m.

CEDAR TREE MEDICAL & SURGICAL

32711 Long Neck Rd, Millsboro
(302) 945-9730
WALK-INS BETWEEN SCHEDULED APPTS.
Mon. – Fri.: 8:30 a.m. to 3:30 p.m.

GOT A DOC – LEWES

1309 Savannah Road
(302) 644-1441
Mon. – Sat.: 7:30 a.m. to 7:30 p.m.
Sunday: 9 a.m. to 5 p.m.

GOT A DOC – LONG NECK

25935 Plaza Dr. (shopping center)
(302) 947-4111
Mon. – Sat.: 7:30 a.m. to 7:30 p.m.
Sunday: 9 a.m. to 5 p.m.

NANTICOKE IMMEDIATE CARE

505 W. Market Street, Georgetown
(302) 856-4120
Mon. – Fri.: 8 a.m. to 8 p.m.
Sat. & Sun.: 9 a.m. to 5 p.m.

75TH ST MEDICAL CENTER

7408 Coastal Hwy., Ocean City, MD
(410) 202-2246