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2016

Beebe Healthcare Community Health Needs Assessment

Prepared by Beebe Healthcare
Population Health Service Line
June 2016.

About the Photo:

Beebe Healthcare is undergoing a \$200 million expansion to its campus as the healthcare system enters its 100th year of service. For the community, this means better access to care, and better quality of individualized care. The hospital will improve in-patient care by gaining 120 private rooms in addition to the 83 private rooms it currently has available. The expansion will also focus on accommodating the growing population of senior citizens who are settling in the area, and make up roughly a quarter of the Sussex County's residents. In addition, there will be new and expanded operating rooms and heart procedure areas, improvements in emergency services, and additional parking. This is a great stride for overall health care in Sussex County. Expanding the medical center will help improve the health of the county population as a whole.

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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 2015 and concluding in June 2016. 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 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 Health Board 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 2016 Community Health Needs Assessment presented an opportunity to take a deeper look at the community we serve, and 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 health care services, chronic disease prevention, and health promotion. Moving

forward, Beebe Healthcare programming will address the identified needs and continue to engage 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 a thriving beach and vacation resort area as well as a farming and rural community. Beebe provides comprehensive inpatient, outpatient, and emergency services, as well as home care in medical-surgical, obstetrics, pediatrics, oncology, and critical-care medicine. Current structure includes the main hospital in Lewes, 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, Rehabilitation, Walk-in Centers and three High School Based Health 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.

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.

To align Beebe Healthcare with the health needs of our community, a Community Health Needs Assessment was initiated in the summer of 2015 and completed in June 2016. 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, groups most in need, 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.

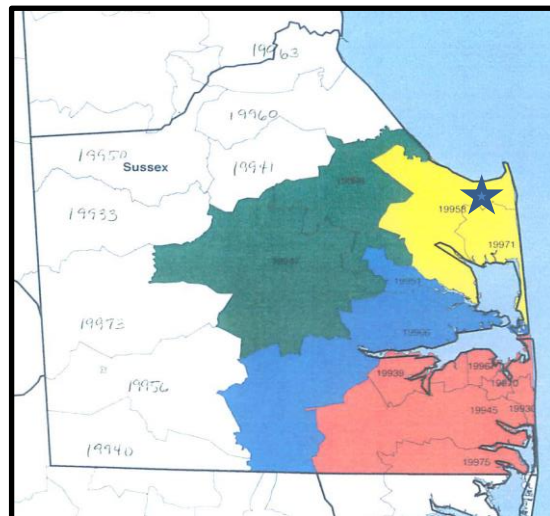
III. Community Overview

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, easy 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 4.8% (U.S. Bureau of Labor Statistics, November 2015). 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 and secondary service areas. 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 of Delaware in 2014 was 935,614 (Delaware Health Tracker). The estimated population for Sussex County in 2010 was 197,145 with a population of 41,073 (20.8%) over the age of 65. Sussex also has a very high percentage of Medicare recipients at 23.3%. The percentage in poverty is listed at 13.9%. 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.

Figure1. Distribution of Delaware Population by County, 2010

Race	Delaware	Kent	New Castle	Sussex
Caucasian	68.9%	67.8%	65.5%	79.0%
African American	21.4%	24.0%	23.7%	12.7%
American Indian/ Alaska Native	0.5%	0.6%	0.3%	0.8%
Asian	3.2%	2.0%	4.3%	1.0%
Other or 2 or more races	6.1%	5.5%	6.1%	6.4%
Ethnicity – Hispanic	8.2%	5.8%	8.7%	8.6%

Source: U.S. Census Bureau, (2010). American Fact Finder. Distribution of Delaware Population by County, 2010. <http://factfinder2.census.gov/>

Sussex County Caucasian population declined from 81.6% of the population in 1990 to 79.0% in 2010, a 3% decrease. Sussex County’s African American population declined from 16.8% in 1990 to 12.7% in 2010, a 24% decrease.

The service area population is estimated at 199,118 with a 3-year growth rate of 4.6%, approximately 9,197 residents. It is noted that our service area has a 21% population age 65 or older where the U.S average is 13%. (Beebe Medical Staff Development Plan, November 18, 2012).

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

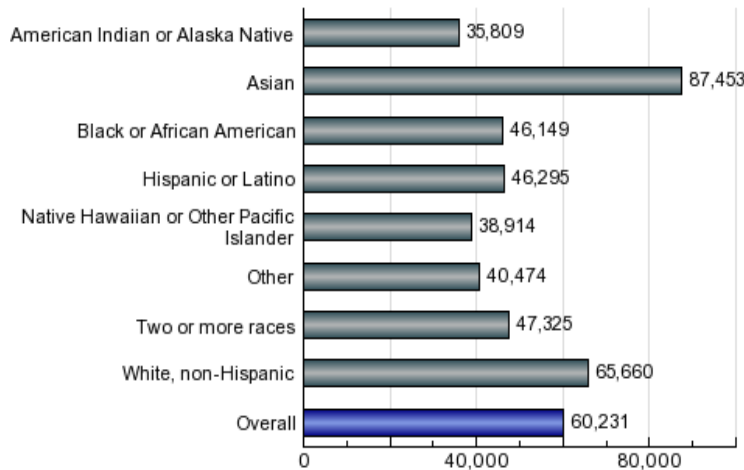
Source: Centers for Disease Control and Prevention. 2016. NCHHSTP Social Determinants of Health. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

C. Economic Factors

According to the Census Bureau, the overall median household income measured from 2010-2014 was \$60,231. A higher income is found by White, non-Hispanic, Asian and those who listed two or more races. American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander has the lowest median household incomes.

Median Household Income by Race/Ethnicity

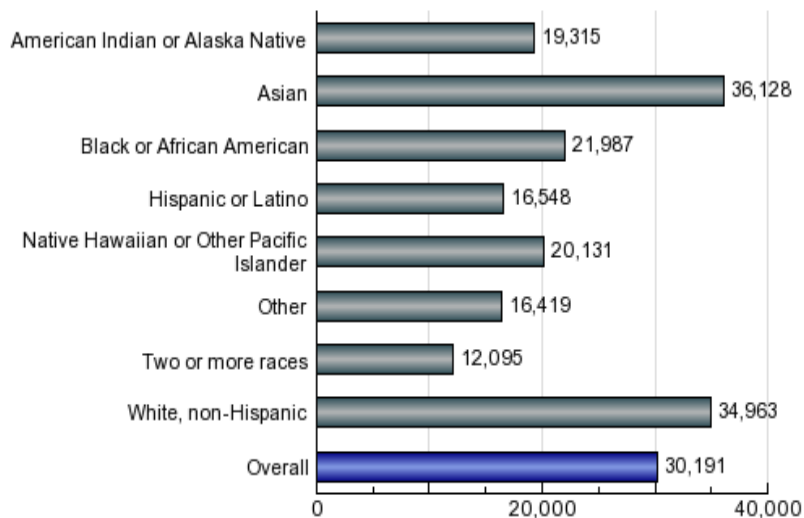
Median Household Income by Race/Ethnicity



Source: American Community Survey, (2009-2013). Median Household Income (in dollars) by Race/Ethnicity. <http://factfinder2.census.gov/>

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 is \$30,191, up \$2611 from \$27,580 since the last assessment. 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 two or more races, those listed as other, and Hispanic or Latino. 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, (2009-2013). 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 11.5% and in the green for the dashboard, the children are actually above the 19.4% critical threshold set by the U.S. Census Bureau.

Percentage of People Living Below Poverty Level

Green $\leq 15.0\%$ / Red $\geq 17.6\%$



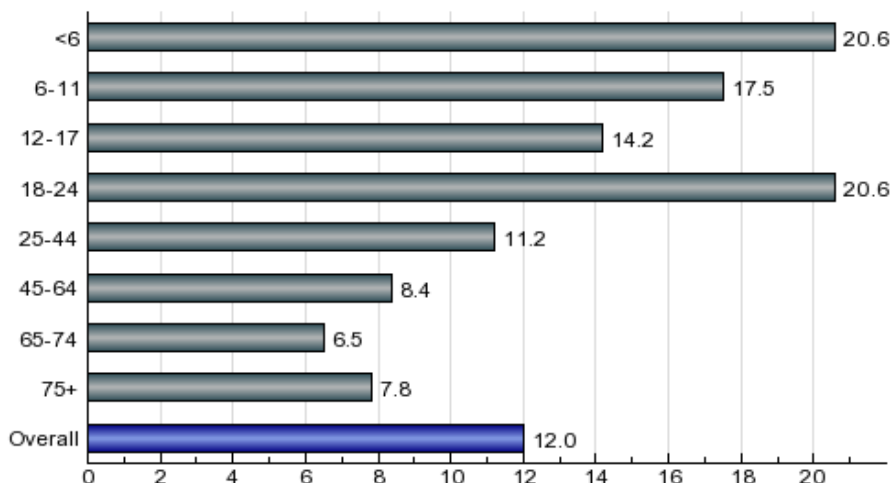
Comparison: U.S. States

12.0

Source: American Community Survey, (2009-2013). People Living Below Poverty Level.
<http://factfinder2.census.gov/>

Poverty by Age

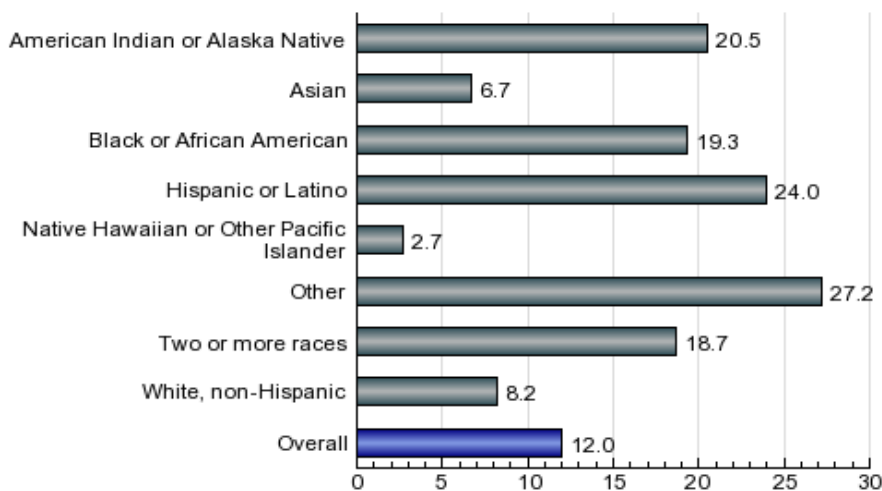
People Living Below Poverty Level by Age



Source: American Community Survey, (2007-2011). Poverty by Age. <http://factfinder2.census.gov/>

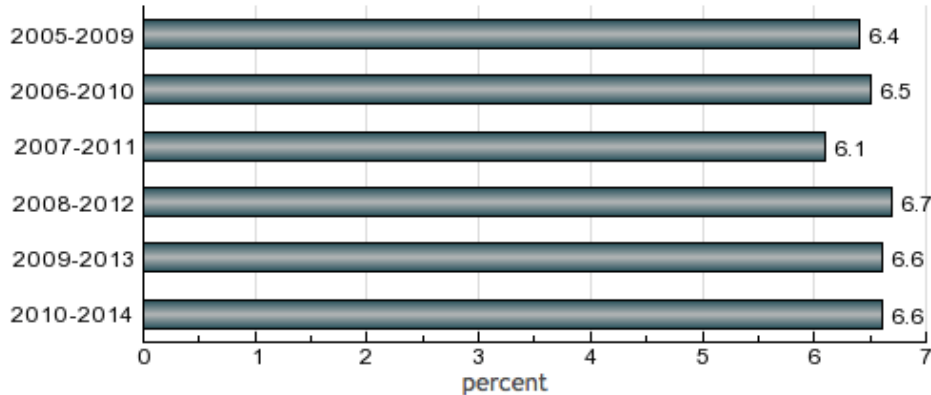
A Disparity Indicator: This chart demonstrates the higher number of ethnic/race populations that are living below the poverty level. Noted populations who have a higher percentage living below poverty are Other, Hispanic or Latino and American Indian or Alaska Native.

Percentage of People Living Below Poverty Level by Race/Ethnicity



Source: American Community Survey, (2009-2013). People Living Below Poverty Level by Race/Ethnicity. <http://factfinder2.census.gov/>

People 65+ Living below Poverty Level: Time Series



Source: American Community Survey, (2010-2014). 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 41.4%. This percentage increased from 2013 by .7%.

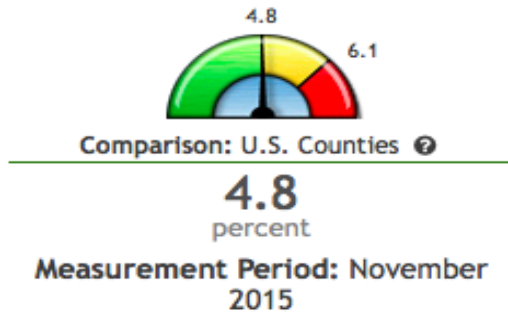
The children of single-parent household are reported to have more emotional and behavioral problems, substance abuse, depression, and an increased risk of morbidity and mortality.

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

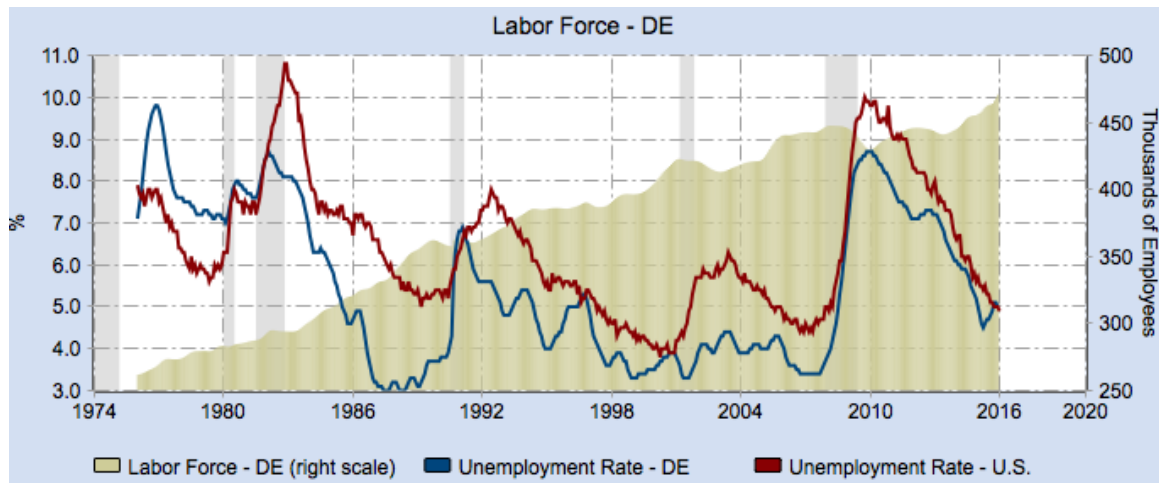
Per the U.S. Bureau of Labor Statistics, the November 2015 unemployment rate for Sussex County was 4.8%, which is down from 8.1% in March of 2013. This is a good stride towards the county providing more jobs for residents.



Source: U.S. Bureau of Labor Statistics. (2015). 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 during the past year per the 2013 Delaware Department of Labor statistics.



Source: 2015 Delaware Department of Labor, (2015). 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 2.3 %

Green $\leq 2.7\%$ / red $\geq 3.4\%$



Comparison: U.S. States 2.6 Percent

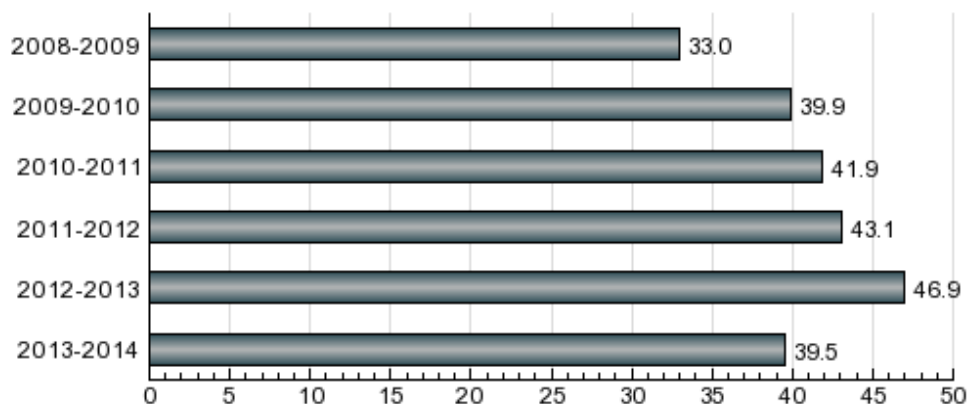
Source: American Community Survey, (2010-2014). Households with Cash Public Assistance.
<http://factfinder2.census.gov/>

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 2014, Sussex County Delaware had the highest rate of students eligible for the free lunch program at 45.2%.

Students Eligible for the Free Lunch Program: Time Series

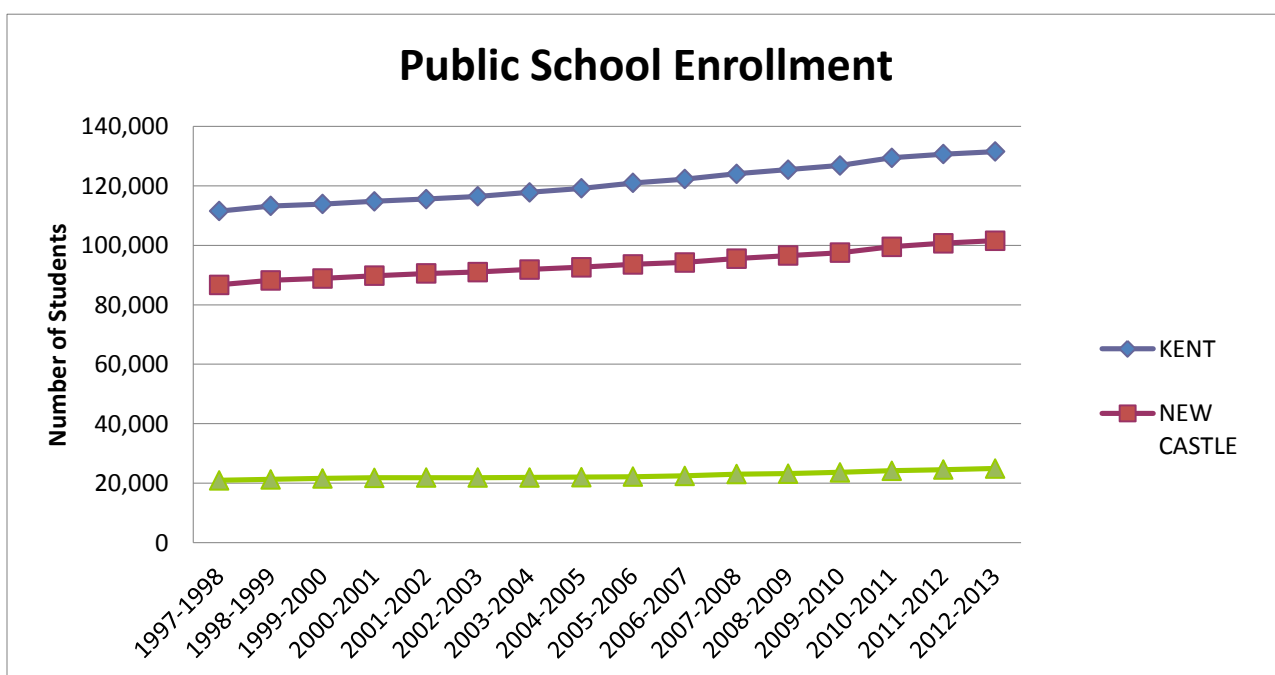


Source: National Center for Education Statistics -, (2015). Free Lunch Program.
<http://www.delawarehealthtracker.com/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=19224957>.

Education

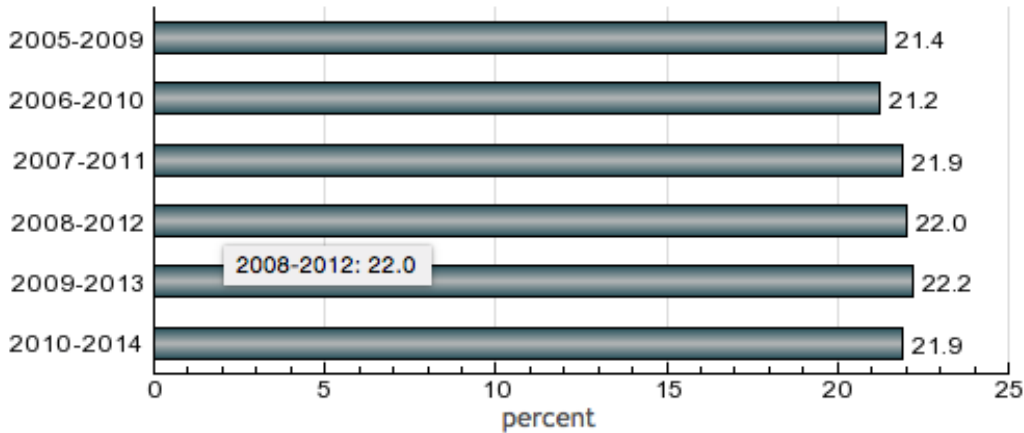
The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.

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: Delaware Department of Education. (2013). Detailed Enrollment Reports (2012-2013). County Summary. <http://www.doe.k12.de.us/Page/1925>.

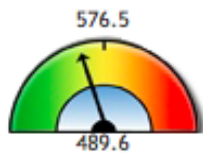
People 25+ With a Bachelor's Degree or Higher



Source: American Community Survey, (2010-2014). 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. Violent crime has decreased by 75.1 crimes/100,000 population from 2010-2012.



Comparison: DE State Value ⓘ

489.6

crimes/100,000 population

Measurement Period: 2010-2012

Comparison: 489.6 DE

Unit: Crimes/100,000 Population

Measurement Period: 2010-2012

Source: County Health Rankings, 2010-2012. Violent Crimes.

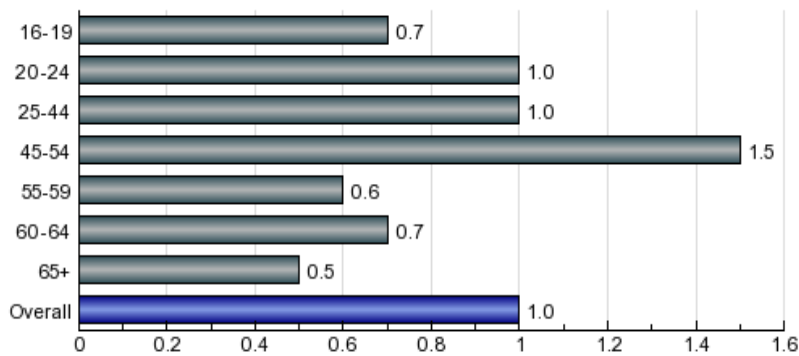
<http://www.countyhealthrankings.org/rankings/data>

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%.

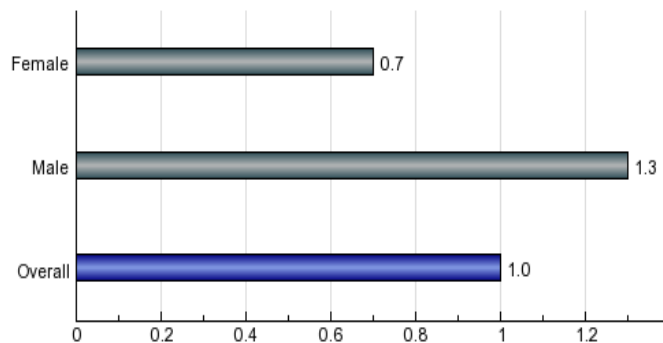
Transportation is significantly reduced in Sussex County, especially in the rural areas at a rate of 1.0%, which also translates into minimal access to health care via public transportation. The greatest utilizers of public transportation by race/ethnicity are Hispanic or Latino with 2.0% and Black or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

Percentage of Workers Commuting by Public Transportation by Age



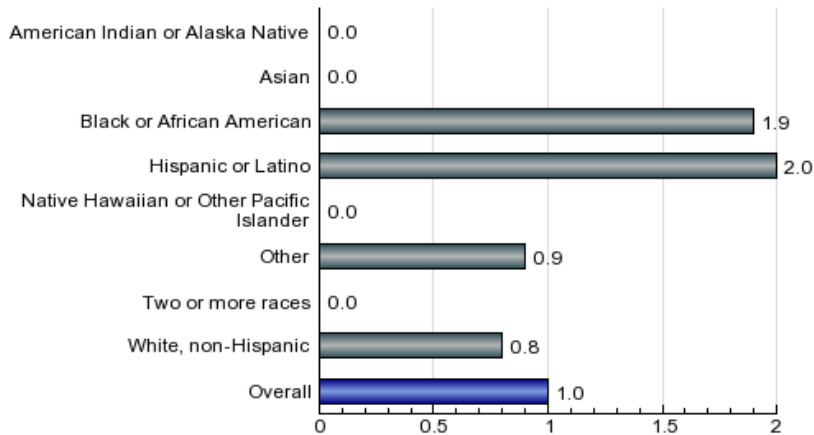
Source: American Community Survey, (2010-2014). Workers Commuting by Public Transportation by Age <http://factfinder2.census.gov/>

Percentage of Workers Commuting by Public Transportation by Gender



Source: American Community Survey, (2010-2014). 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, (2010-2014). 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.
<http://dda.delaware.gov/marketing/FarmersMarketsGuide.shtml>

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. 95,475 pounds of carcinogens were recorded 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. This Value has decreased over time putting Delaware in the green zone for our air carcinogen levels. (U.S. Environmental Protection Agency, 2014).

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.

Drinking Water Violations



Source: County Health Rankings, (2015). Drinking Water Safety.
<http://www.countyhealthrankings.org/rankings/data>

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. 1.3 % of residents in Sussex County get water from public systems that have received at least one health-based violation in the report period.

G. Beebe Healthcare Resources

Health care services in the immediate service area include ten primary care practices, four walk-in facilities, three out-patient surgery centers, multiple specialists, six pharmacies and one hospital. The hospital, Beebe Healthcare, is a 210-bed facility located in the center of Lewes. Established in 1916, it is a not-for-profit known for being progressive, providing quality care and its hospital mission to make Sussex one of the healthiest counties in the nation. Beebe Healthcare provides Emergency Services and several outreach and education programs throughout the local 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)
- 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)
- 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 and Bone Density done at health fairs across Sussex County)
- Ambulatory Palliative Care

New Resources in 2015/2016

- Margaret H. Rollins School of Nursing
- Hyperbaric Medicine (NEW: Hyperbaric Oxygen Therapy opened in March 2016 at Medical Arts Building)

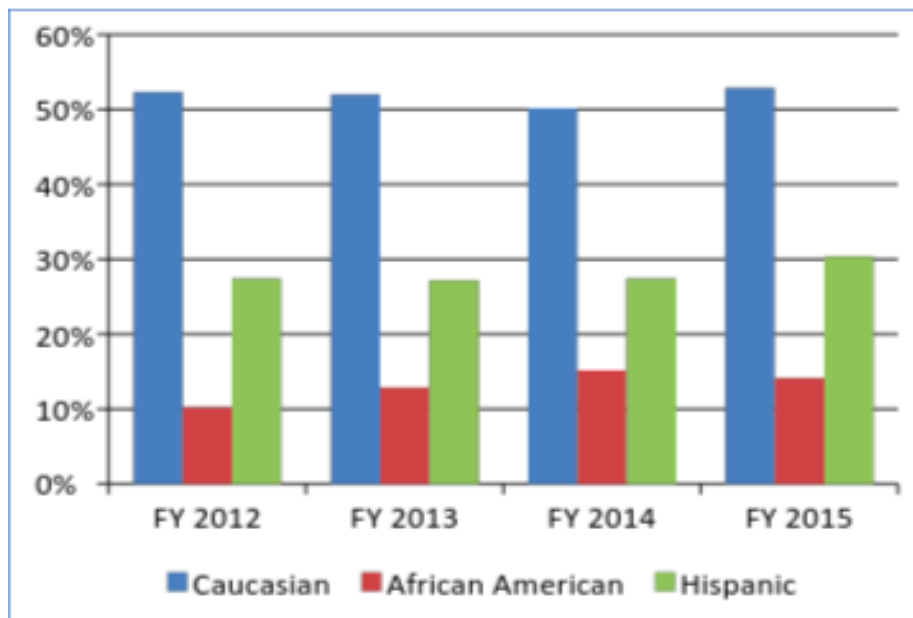
Beebe Medical Foundation

- Sponsorships for Community Organizations include Shore Fun Camp for obese children, Asthma Camp

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.

	FY 2013	FY 2014	FY 2015
Total # Events	53	60	53
Total Screenings	7105	6370	6431
Caucasian	52.0%	50.2%	52.9%
African American	12.9%	15.2%	14.1%
Hispanic	27.2%	24.7%	30.4%
% Without Primary Care Provider	21.5% (496)	22.2% (530)	22.1% (418)

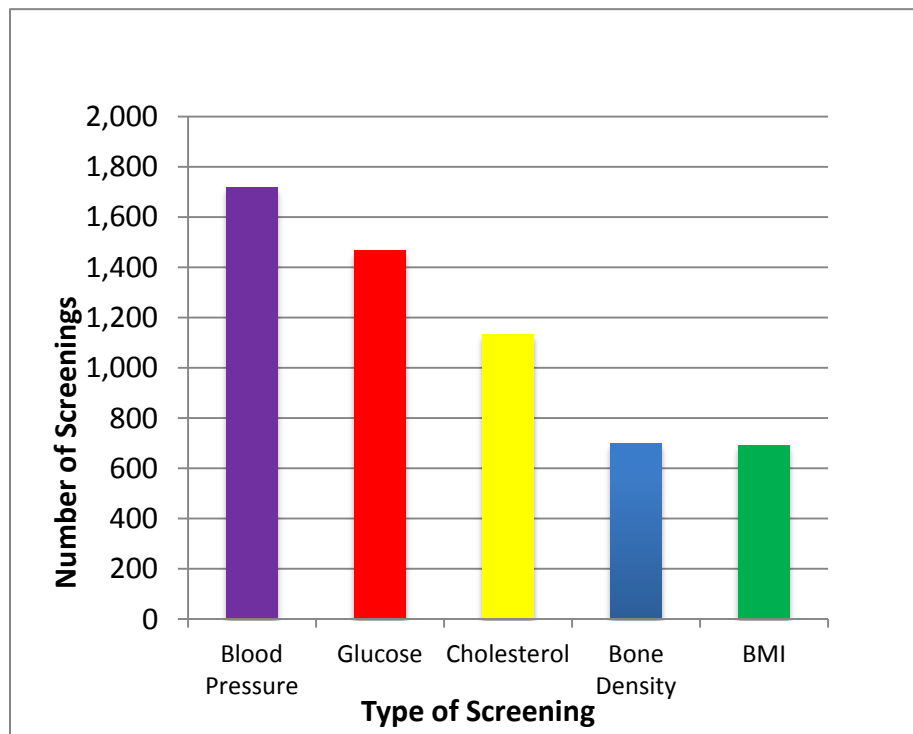


Beebe Population Health Screening Details

	FY 2013	FY 2014	FY 2015
% of participants screened had abnormal blood pressure(>140/90)	30%	27%	17%
% of participants screened had abnormal blood sugar levels (fasting>100mg/dL)	16%	16%	15%
% of participants screened had abnormal cholesterol levels (>200mg/dL)	35%	32%	24%
% of participants screened had abnormal Body Mass Index (> 30)	34%	30%	22%
% of participants screened had abnormal Bone Density (T Score< -1)	36%	31%	23%

Current rates of abnormal screening values among the outreach screening participants compared to general county and state populations.

Population Health Free Outreach Screenings 7/2013 through 6/2015



I. High School Wellness Centers

Beebe Healthcare is proud to sponsor three High School Wellness Centers. Cape Henlopen opened in 1996 and will celebrate its 20th anniversary in April 2016. 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 over 3,000 students for the 2015-16 school year with visits totaling 5076.

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.

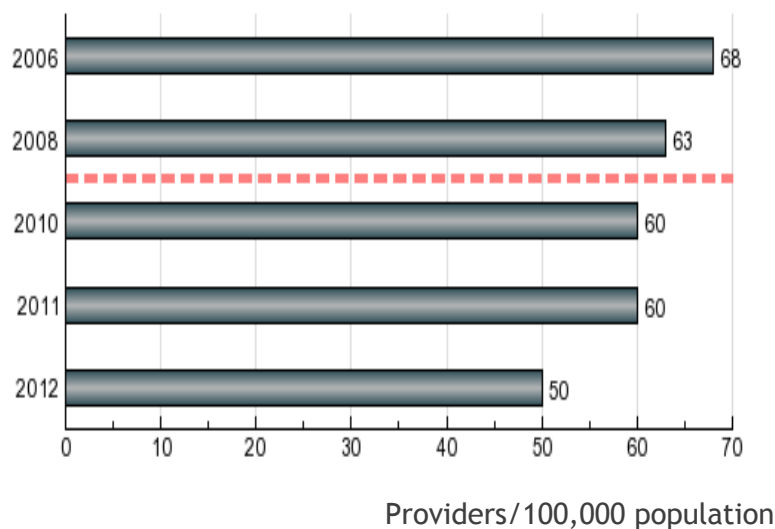
Many of the needs identified in the 2015 Community Health Needs Assessment served as the foundation for future initiatives of the Healthier Sussex County Task Force. This task force continues to address pressing issues in Sussex County and will continue to collaborate and build upon existing strategies 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.

K. Healthcare Providers and Coverage in Sussex County

Healthcare Providers

The County Health Rankings note that Sussex County has **50/100,000** providers.

Primary Care Providers per 100,000 Population Members



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

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

Current Physician Shortage

Specialty	Family Medicine	Internal Medicine	Endocrinology	Otolaryngology	Dermatology
Current FTE Deficit	3.2	6.1	1.9	2.0	1.9

Source: Beebe Healthcare, Medical Staff Development Plan July 1, 2015 to June 30, 2017.

In 2013, most office-based physicians (95.3%) accepted new patients. 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.

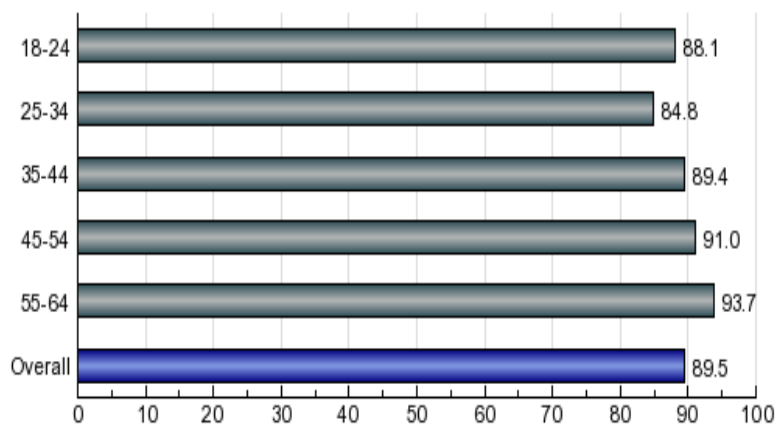
Health Insurance

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

Sussex County (87%) has the lowest percentage of adults in Delaware covered by health insurance in the State (89.5%). In the Delaware Health Tracker, the community dashboard places the best level above 85.8%. 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.

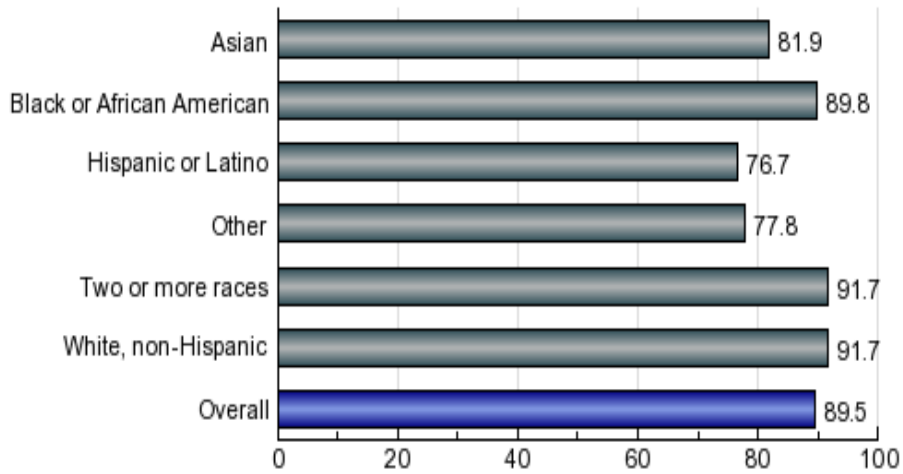
In analysis of race/ethnicity in relation to health insurance in Sussex County reveals Hispanic or Latino populations had a significantly lower rate of health insurance coverage, at only 30.4% in 2013, but has significantly improved by 2016 and is now at a rate of 63.8%.

Percentage of Adults with Health Insurance by Age



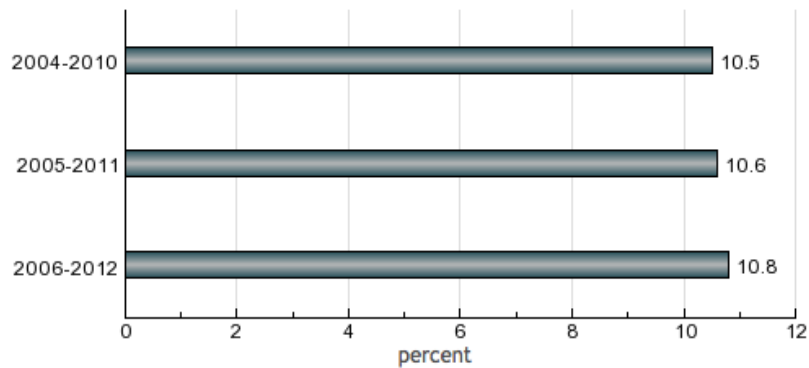
Source: American Community Survey, (2013). Adults with Health Insurance by Age.
<http://factfinder2.census.gov/>

Percentage of Adults with Health Insurance by Race/Ethnicity



Source: American Community Survey, (2013). Adults with Health Insurance by Race/Ethnicity
<http://factfinder2.census.gov/>

Adults Unable to Afford to See a Doctor: Time Series



Source: County Health Rankings (2006-2012). Adults Unable to Afford to See a Doctor
<http://www.countyhealthrankings.org/rankings/data>.

L. Health Indicators

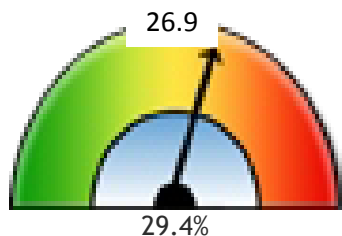
Obesity

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 29.4%. Compared to 2011 results of 33.7% the rate of obesity has improved over the past 4 years. The overall rate in Delaware was 28.8% in Delaware in 2011 and is now 29.4%.

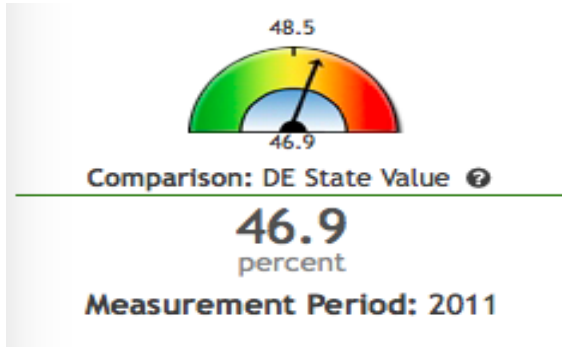


Comparison: DE State Value 26.9% 2012

Source: Behavioral Risk Factor Surveillance System, (updated May 2014). 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%.

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). 25% of adults do not perform any exercise and 60% of adults do not participate in the amount of exercise required.



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

Vaccinations

Adults 65+ with Influenza Vaccination

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 multiple Influenza vaccine clinics throughout the season to prevent Influenza. The percentage of vaccinations has decreased in the County to 64.1 % from 66.8% of adults 65+ and older since 2011.

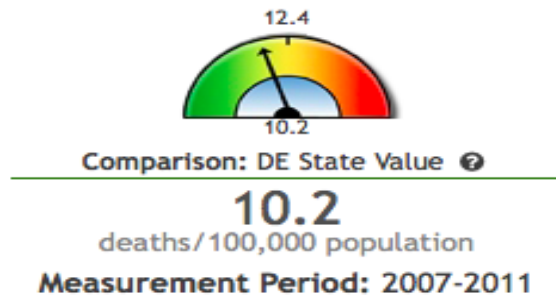
Adults 65+ with Pneumonia Vaccination

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. Sussex County has **75.9%** of adults 65+ getting the Pneumonia Vaccine.

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 Department of Health and Social Services, Division of Public Health, (2007-2011).

Age-Adjusted Death Rate due to Influenza and Pneumonia.

<http://www.dhss.delaware.gov/dhss/dph/hp/annrepvs.html>

M. Health Disparities

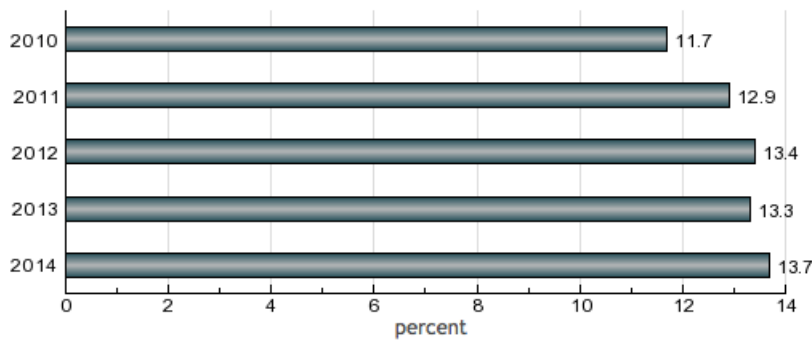
The strengths and weaknesses of the Lewes community provide insight into the implications for the population's health. Unfortunately, focusing solely on the primary data yields a limited picture. Another element that must be factored in for the Lewes community is the difference that exists between the year round local working residents and the retired, seasonal residents. 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 Illness

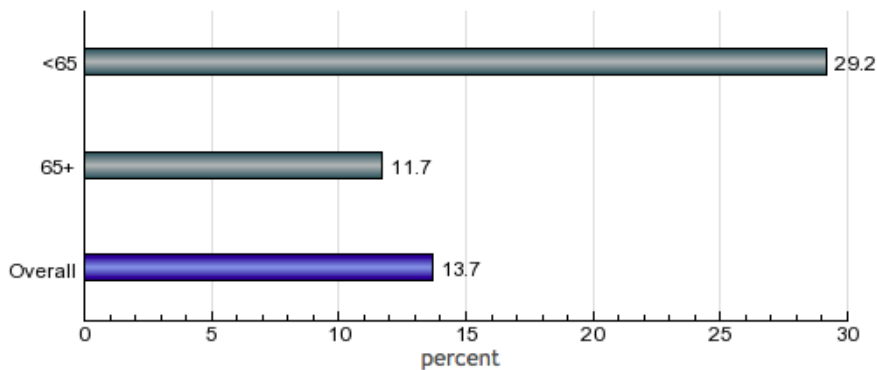
People in Sussex County reported an average of 3.4 poor mental health days in the last 30. This is important because psychological distress can affect all areas of life and overall health outcomes. It is imperative to identify and address psychological issues in a proactive manner to ensure adequate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

Depression in Sussex County: Medicare Population: Time Series



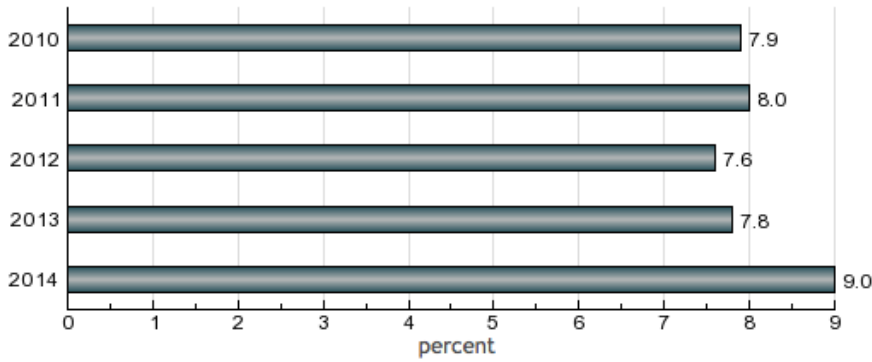
Source: Centers for & Medicaid Services, (2016). Depression: Medicare Population.
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html.

Depression: Medicare Population by Age



Source: Centers for & Medicaid Services, (2016). 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



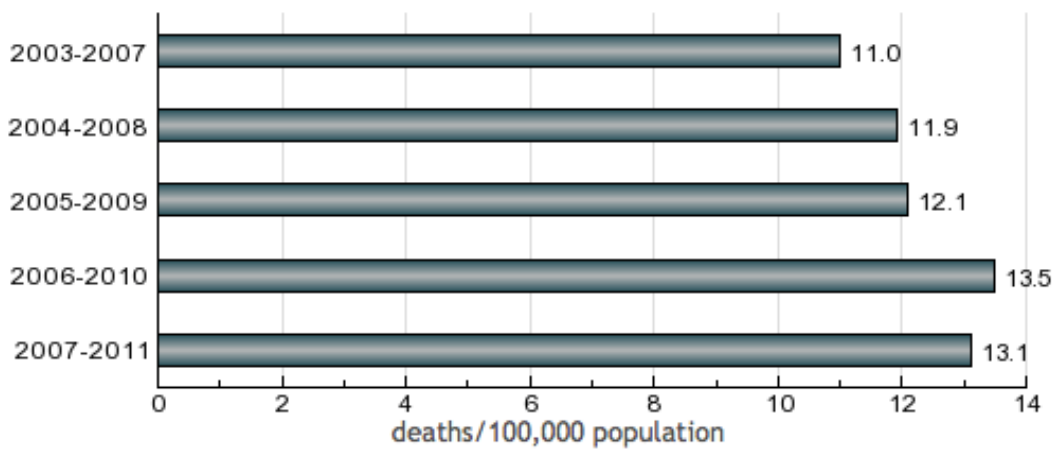
Source: Centers for & Medicaid Services, (2016). Alzheimer's disease or Dementia: Medicare Population: Time Series.

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.

Sussex County reports 13.1 deaths/100,000 populations.

Age-Adjusted Death Rate due to Suicide: Time Series



Source: Delaware Department of Health and Social Services, Division of Public Health, (2014). Age-Adjusted Death Rate by Suicide by Race/Ethnicity. <http://www.dhss.delaware.gov/dhss/dph/hp/annrepvs.html>

Cancer

Average Annual Age-Adjusted Cancer Incidence Rates with 95% Confidence Intervals; Delaware vs. U.S., 2005–2009

Table A: Average Annual Age-Adjusted Cancer Incidence Rates with 95% Confidence Intervals; Delaware vs. U.S., 2006–2010

Cancer Site	DE Incidence Rate 2006–2010	U.S. Incidence Rate 2006–2010	DE %Change: 96-00 to 06-10	U.S. % Change: 96-00 to 06-10
All Site *	511.1 (504.7 , 517.4)	463.0 (462.3 , 463.6)	-0.3%	-4.7%
Female breast	127.3 (123.0 , 131.8)	123.8 (123.3 , 124.3)	-6.9%	-11.1%
Colorectal *	45.2 (43.4 , 47.2)	45.0 (44.8 , 45.2)	-26.4%	-18.9%
Liver and bile duct	7.1 (6.3 , 7.8)	7.7 (7.6 , 7.8)	86.8%	67.4%
Lung / bronchus *	74.6 (72.2 , 77.0)	61.4 (61.2 , 61.7)	-9.0%	-7.1%
Melanoma of the skin *	26.3 (24.8 , 27.7)	21.1 (21.0 , 21.3)	64.4%	17.2%
Pancreas	12.5 (11.5 , 13.5)	12.2 (12.1 , 12.4)	12.6%	7.0%
Prostate *	178.9 (173.5 , 184.5)	152.0 (151.4 , 152.5)	9.9%	-13.6%
Uterus *	27.4 (25.4 , 29.4)	24.3 (24.1 , 24.5)	10.0%	-2.4%

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, 2013. Table A: Average Annual Age-Adjusted Cancer Incidence Rates with 95% Confidence Intervals; Delaware vs. U.S., 2006–2010. http://dhss.delaware.gov/dhss/dph/dpc/files/imreport_2006-10.pdf. (No new updates since this info released in 2013)

Table B: Average Annual Age-Adjusted Cancer Mortality Rates with 95% Confidence Intervals; Delaware vs. U.S., 2006–2010

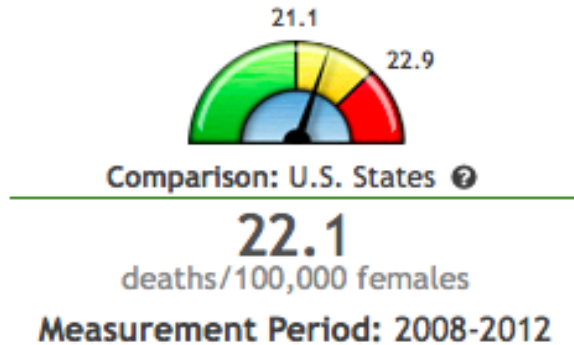
Cancer Site	DE Mortality Rate (2006-2010)	U.S Mortality Rate (2006-2010)	De % Change	US % Change
All Site *	182.9 (179.2 , 186.7)	176.4 (176.2 , 176.6)	-17.5%	-12.7%
Female breast	22.4 (20.7 , 24.3)	22.6 (22.5 , 22.7)	-28.1%	-18.4%
Colorectal	16.0 (14.9 , 17.2)	16.4 (16.3 , 16.4)	-28.3%	-22.6%
Liver and bile duct	5.5 (4.9 , 6.2)	5.6 (5.6 , 5.6)	44.7%	24.4%
Lung / bronchus *	55.3 (53.3 , 57.4)	49.5 (49.4 , 49.6)	-15.3%	-12.7%
Melanoma of the skin	2.7 (2.3 , 3.2)	2.7 (2.7 , 2.8)	-15.6%	0.0%
Pancreas	10.7 (9.8 , 11.7)	10.9 (10.8 , 10.9)	0.0%	3.8%
Prostate	22.4 (20.3 , 24.6)	23.0 (22.9 , 23.2)	-37.4%	-30.1%
Uterus	5.0 (4.2 , 5.9)	4.2 (4.1 , 4.2)	8.9%	4.9%

Source: Delaware Health Statistics Center, (2013). Average Annual Age-Adjusted Cancer Mortality Rates with 95% Confidence Intervals; Delaware vs. U.S., 2005–09, <http://www.cancer.gov/cancertopics>

Age-Adjusted Death Rate due to Breast Cancer

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females.

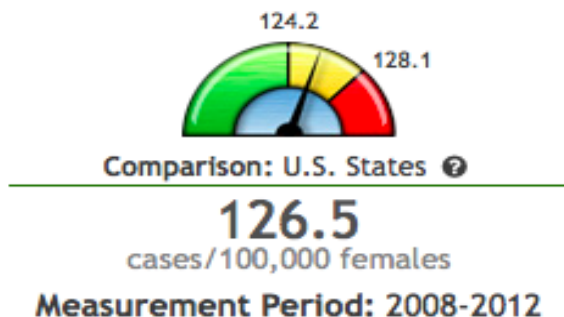
Sussex County breast cancer death rate is 22.1 deaths/100,000 females in the period of 2008-2012



Source: National Cancer Institute, (2015). Age-Adjusted Death Rate due to Breast Cancer. <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>.

Breast Cancer Incidence

Sussex County Breast Cancer Rate is 126.5 cases/100,000 females through the period of 2008-2012

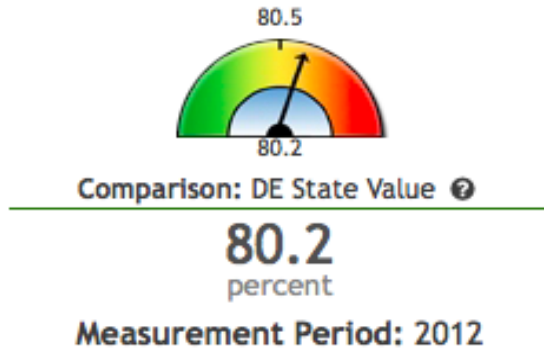


Source: National Cancer Institute, (2015). Breast Cancer Incidence Rate. <http://statecancerprofiles.cancer.gov/incidencerates/>.

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 80.2%



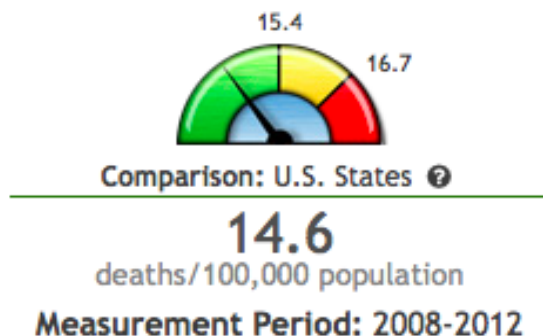
Source: Behavioral Risk Factor Surveillance System, (2014).Mammogram History.
<http://apps.nccd.cdc.gov/brfss/>

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 14.6 deaths/100,000 populations during the period of 2008-2012



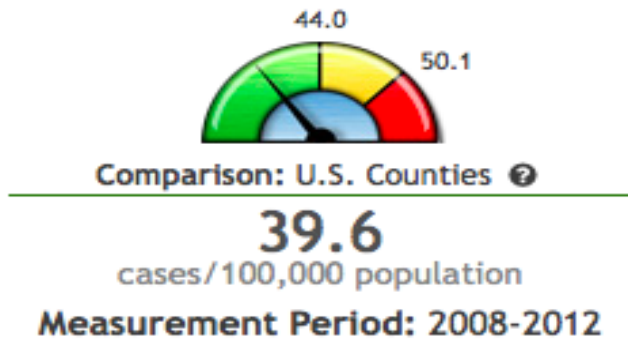
Source: National Cancer Institute (2015). **Age-Adjusted Death Rate due to Colorectal Cancer.**
<http://statecancerprofiles.cancer.gov/deathrates/deathrat...>

Colorectal Cancer Incidence Rate

The Healthy People 2020 national health target is to reduce the colorectal cancer incidence rate to 38.6 cases per 100,000 populations.

Sussex County Colorectal Cancer Incidence Rate is 39.6 cases/100,000 populations in the period of 2008-2012. The rate has improved by 10.8% since 2013. Colorectal Cancer is the 2nd leading cause of cancer related deaths.

Sussex County Colorectal Cancer Incidence Rate 39.6%

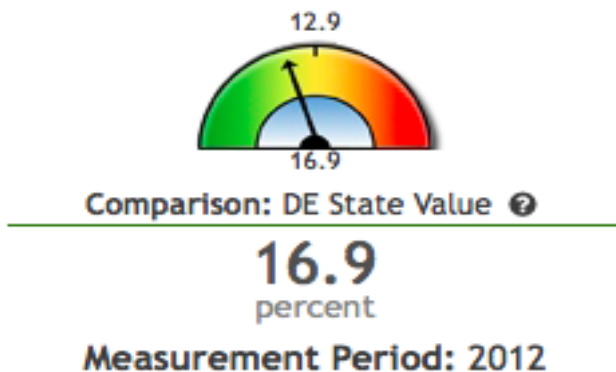


Source: National Cancer Institute (2015). Colorectal Cancer Incidence Rate.
<http://statecancerprofiles.cancer.gov/incidencerates/>

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.

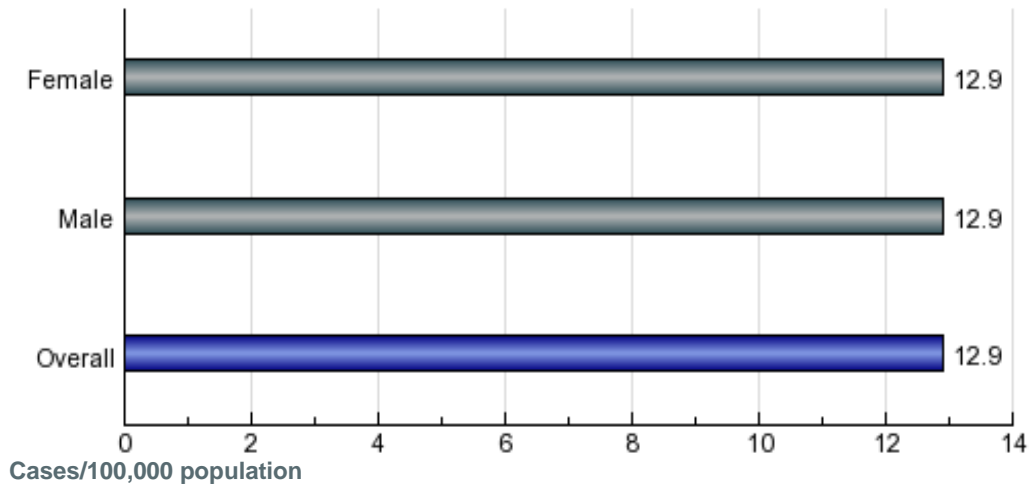
The indicator shows the percentage of people 50 years of age and older who have had a blood stool test in the past 2 years.



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

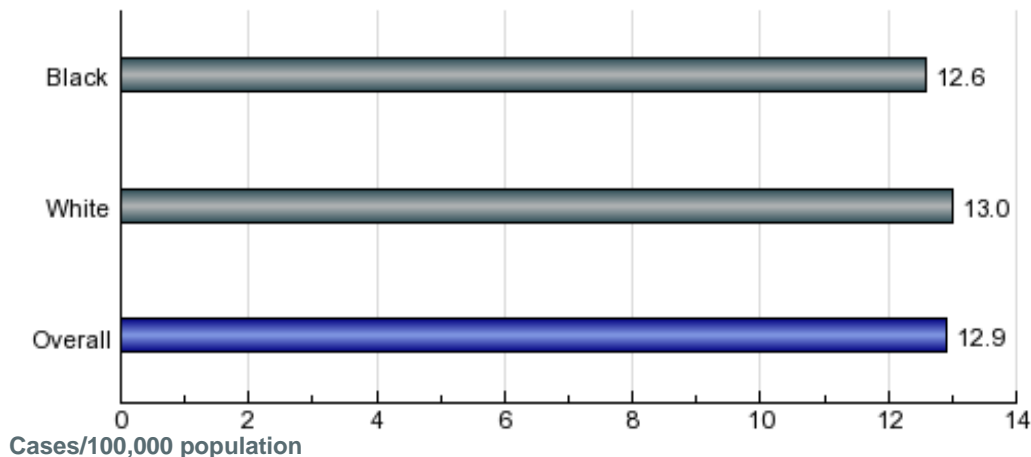
Disparities noted for Colorectal Cancer Incidence by Gender (Male greater than Female) and Colorectal Cancer by Incidence by Race/Ethnicity (Black greater than White or Other)

Colorectal Cancer Incidence Rate by Gender in 2012



Source: National Cancer Institute, (2012). Colorectal Cancer Incidence Rate by Gender.
<http://statecancerprofiles.cancer.gov/incidencerates/>

Colorectal Cancer Incidence Rate by Race/Ethnicity in 2012



Source: National Cancer Institute, (2012). Colorectal Cancer Incidence by Race/Ethnicity.
<http://statecancerprofiles.cancer.gov/incidencerates/>

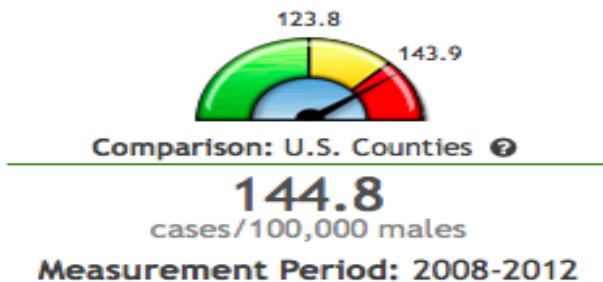
Sussex County 6, 10 ## Rate : The incidence rate is 39.6 with a 95% confidence interval from 36.3 to 43.1 and 117 average annual cases over 2008-2012. ##Recent Trend : The trend is stable. The trend is stable because the trend is -4.9 with a 95% confidence interval from -10.4 to 0.9.

Prostate Cancer

Age-Adjusted Death Rate by Prostate Cancer

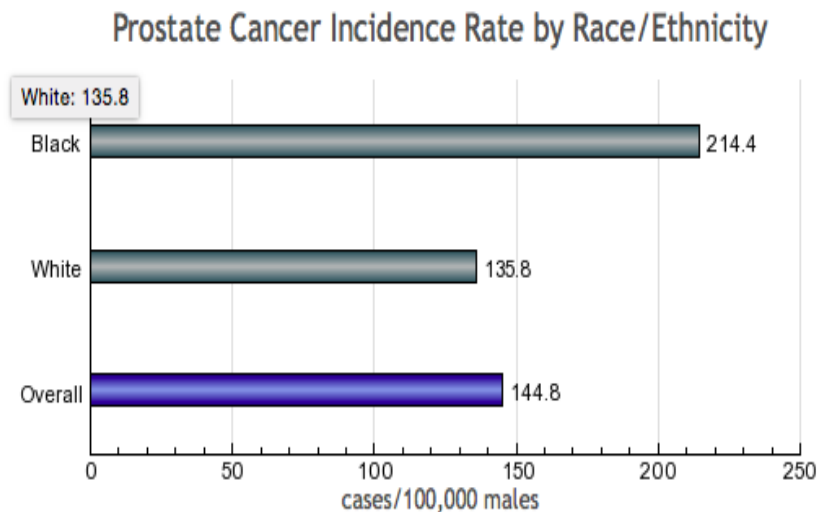
The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.2 deaths per 100,000 males.

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 144.8 cases/100,000 males**



Source: National Cancer Institute, (2015). Prostate Cancer Incidence Rate. <http://statecancerprofiles.cancer.gov/>

Prostate Cancer Incidence by Race/Ethnicity



Source: National Cancer Institute, (2015). Prostate Cancer Incidence by Race/Ethnicity. <http://statecancerprofiles.cancer.gov/incidencerates/>

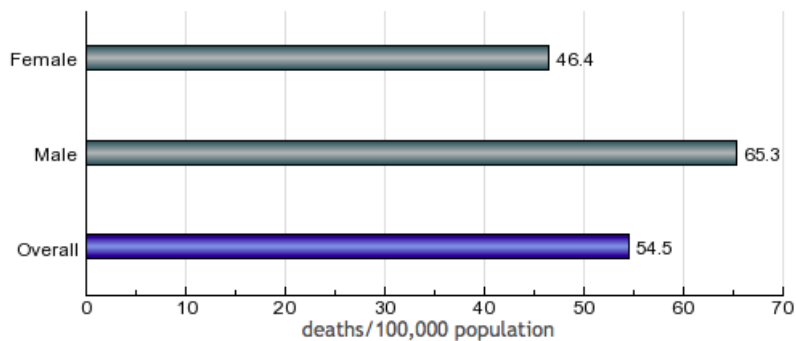
Lung Cancer

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.

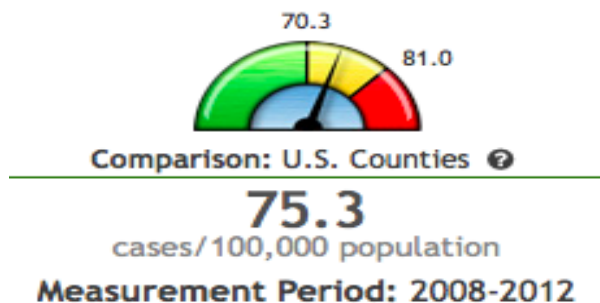
Sussex County's Age-Adjusted Death Rate due to Lung Cancer is 54.5 deaths/100,000 populations during the period of 2008-2012

Age-Adjusted Death Rate due to Lung Cancer by Gender



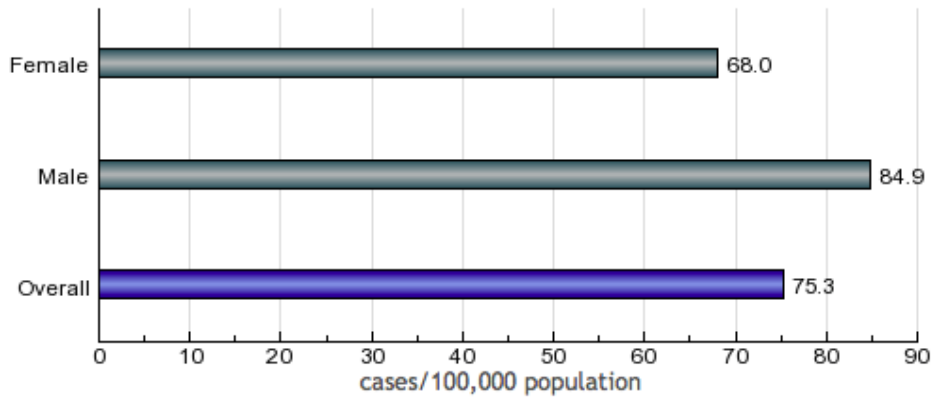
Source: National Cancer Institute, (2015). Age-Adjusted Death Rate due to Lung Cancer by Gender
<http://statecancerprofiles.cancer.gov/deathrates/deathrat...>

Sussex County Lung and Bronchus Incidence rate was 75.3.0 cases/100,000 population in the time period of 2008-2012



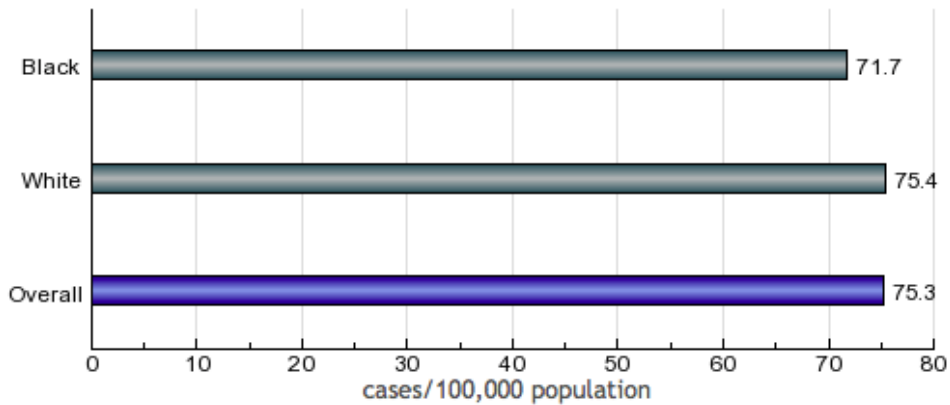
Source: National Cancer Institute, (2015). Lung and Bronchus Incidence Rate.
<http://statecancerprofiles.cancer.gov/incidencerates/>

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



Source: National Cancer Institute, (2015). 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, (2015). 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.

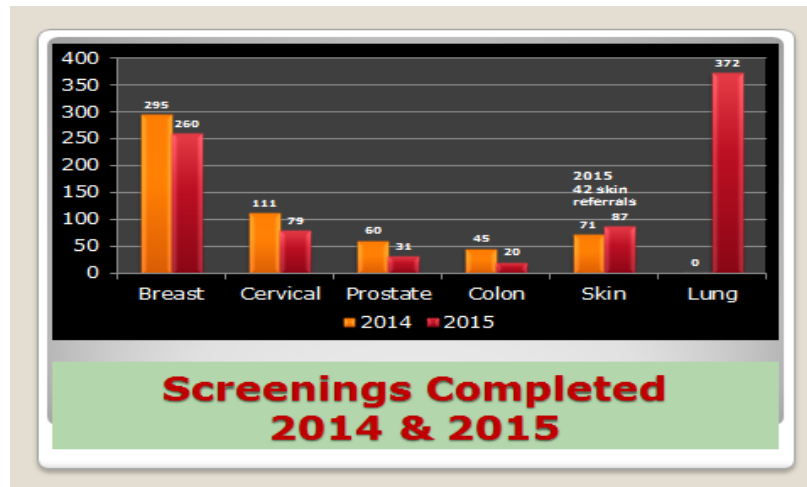
Outreach, Prevention, and Screening: 2015 Cancer Committee Annual Report

Adult Behavioral Risk Factor Prevalence, 2014 Statewide and By County				
	State	New Castle County	Kent County	Sussex County
Men 40 + Who Had PSA Test in Past 2 Years	45.1%	40.9%	49.1%*	51.1%*
Age 50+ Ever Had Colonoscopy	76.5%	76.4%	75.9%	77.3%
Women 50+ Who Had Mammogram in Past 2 Years	83.8%	82.9%	84.2%	85.4%
Women Who Had a Pap Test in Past 3 Years	80.2%	80.7%	79.8%	79.3%
Current Cigarette Smoker	19.9%	18.9%	21.9%	20.8%

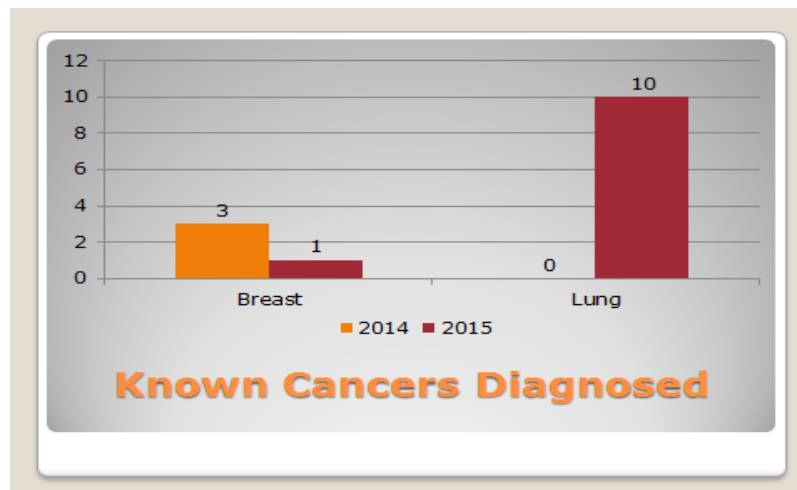
Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2014

2014 BRFS Data

Outreach screenings 2014-2015



Positive results Mammogram and New Low dose CT screenings



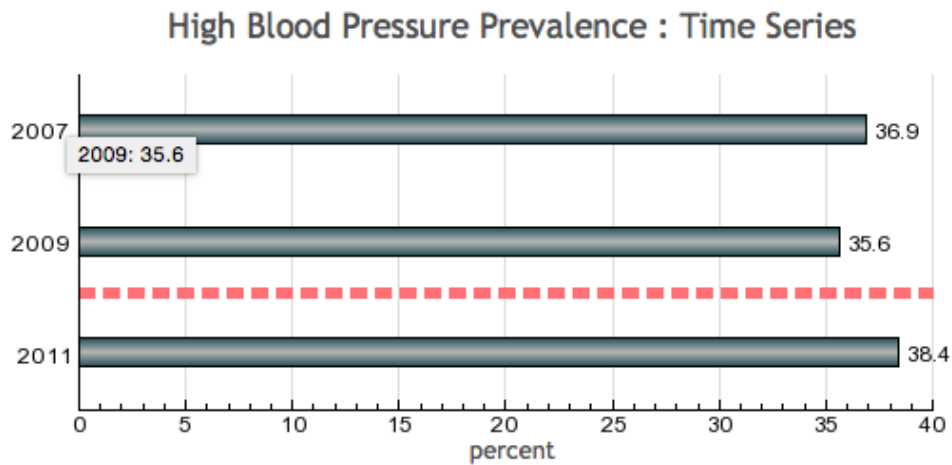
- Attended 30 community events
 - Community health fairs, faith based organizations, mobile food pantry, women's luncheon, community civic programs, flu clinics, English as a second language classes, breast screening at Hispanic Church
 - Provided documented cancer prevention and screening education to 875 individuals
 - Screenings At Tunnell
 - Quarterly breast clinics
 - Skin cancer screening clinic
 - Navigation provided for breast, cervical, prostate, colorectal, skin and lung cancer screening and positive findings
- 2015 Community Cancer Prevention Programs**

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 High Blood Pressure is 38.4%.

Hypertension is known as the “silent killer”. It affects approximately 1 out of every 3 people above the age of 35. 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, (2013). High Blood Pressure Prevalence: Time Series.
Source: Centers for & Medicaid Services.

IV. Approach and Methodology

A. Overview

Beebe Healthcare began the comprehensive Community Health Needs Assessment (CHNA) process in the summer of 2015, 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 2015, with the help of the Delaware Division of Social Services Mobile Crisis Unit, a portion of the Sussex county homeless population was surveyed at the local homeless shelters. Lastly, key informant interviews were completed with community stake holders.

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. 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: Health 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, 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

D. Take Action Cycle

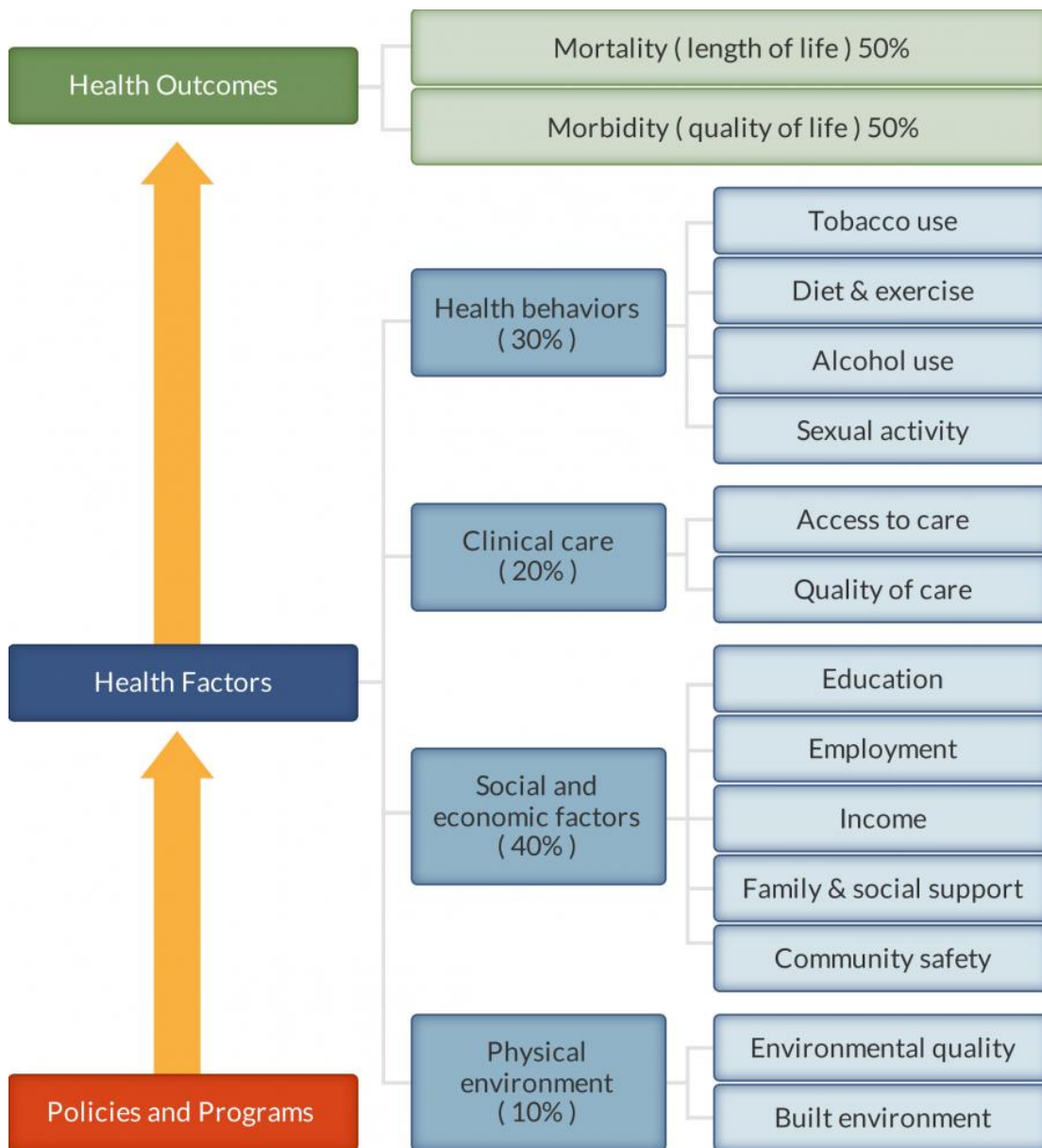


Communities can work together to improve health by following the steps around the Take Action Cycle.

*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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The Task Force has made tremendous strides in collaboration among the three health systems as well as outside resources, such as Quality Insights of Delaware, Sussex County's Federally Qualified Health Center - La Red, multiple insurers, local universities 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.

F. Needs Assessment Time Line

Step 1. Identify the population that needs to be assessed, May – September 2015

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 2015

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 2016

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 2016

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, June – August 2016

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 fall of 2015, Task Force members researched validated needs assessment tools and designed a survey and interview questionnaire in English and Spanish collaboratively. In December of 2015, 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 2016 the task force created and collaborated 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.

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 four months of survey data collection was approximately 1300, 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, 129 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.)



Healthier Sussex County

Connecting Community & Health Resources

Community Health Needs Assessment Key Stakeholder Interview/ Focus Group Questions

Name/ Title:

Date:

Organization Representing:

Zip Code:

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. 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?

4. Does the community have adequate programs which promote healthy lifestyles?
 - a. How do residents obtain information about these programs?
5. How could information be better disseminated in the community so that more people are informed?
6. 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?
7. Is there anything else you would like to discuss about your community that you feel impacts those you represent?
 - a. (e.g. Socioeconomic status, education, barriers, language barriers, access to care, access to insurance, transportation, perceived risks, prevention services, etc.)



Healthier Sussex County

Connecting Community & Health Resources

Community Health Survey  **Healthier Sussex Co**
Connecting Community & Health Resources

1. What do you feel is the biggest health care issue for members of our community? *(choose one)*

Cancer Injury Prevention Obesity/Nutrition Other: _____

Diabetes Mental Health/Substance Abuse Respiratory Diseases _____

Heart Disease _____

2. Do you feel you have access to health services and information for these issues?

Yes No

3. What do you think is the greatest barrier to health care? *(choose one)*

Access/Availability Language/Cultural Barriers Education/Information Other: _____

Health Insurance/Medical Costs Lack of Specialty Physicians Transportation _____

Dental Health _____

4. Which group do you believe is most in need of increased health outreach? *(choose one)*

African American Hispanic Asian White

5. Where do you go for routine health care? *(choose one)*

Doctor's Office Emergency Room Walk-in Care Other: _____

Public Health Clinic Wellness Center _____

6. Do you travel outside of the area for health care? Yes No

If it is answered "Yes" Where? _____

Reason? _____

7. Which preventative procedure have you had in the last 3-5 years?

Blood Pressure Check Dental Check General Health Exam PAP Smear

Blood Sugar Check Depression Screening Immunizations Prostate Screen

Cholesterol Check ECG Low-Dose CT Lung Cancer Screening

Colon Cancer Screening Fall Risk Screening Mammogram

(OVER)

Community Health Survey  **Healthier Sussex County**
Connecting Community & Health Resources

(Continued from Form)

9. When was your last routine healthcare visit? *(choose one)*

Past 1-3 Months Past 6 Months to 1 Year Past 2+ Years

Past 3-6 Months Past 1 Year to 2 Years Unknown

10. Have you ever been told by a healthcare provider that you have any of the following?

Cancer Heart Disease Memory Impairment Weight Problems

Depression High Cholesterol Osteoporosis

Diabetes Hypertension Substance Abuse

11. In the past 12 months, have you

Eaten at least 5 servings of fruits and vegetables each day? Yes No

Eaten fast food more than once a week? Yes No

Exercised at a moderate pace at least 30 minutes per day, 5 days per week? Yes No

11. With respect to child and adolescent health, what do you feel is the biggest healthcare issue in our community?

Immunizations Obesity/Nutrition Other: _____

Mental Health/Substance Abuse Sexual Health (Teen Pregnancy, Contraception, STD's) _____

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

Gender: Male Female Your Zip Code: _____

Do you live alone? Yes No Your Highest Level of Education: _____

Age: Under 18 18-35 35-44 45-64 Over 65 Your Ethnicity: _____

Thank You For Your Participation.

088-0019-0 (1/15)

Stakeholder List

American Cancer Society	Beverly Furst- Rep		
Attack Addiction	Pauline Powell- Chapter Leader		
Bayhealth, Beebe & Nanticoke Employees (Soc	Multiple		
Beebe Community Outreach & Home Health	Megan Williams-Director of Population Health/ Catherine Murphy- Community Health Coordinator		
Boys and Girls Club of Delaware	Chris Basher- VP		
Camp Rehoboth	Steve Elkins-Executive Director		
Cape Senior Center	Bernita Hackney		
Delaware Association of Hispanic Nurses	Ludmila Santiago, Rotchford- Clinical Nurse Specialist		
Delaware Breast Cancer Coalition	Victoria G. Cooke- Executive Director		
Delaware Health Information Network	Jan Lee, MD. Chief Executive Officer		
Delaware Healthcare Commission	Chair- Nancy H. Fan, MD.		
Delaware Hospice (Milford, Georgetown)	Susan Lloyd-President and CEO-		
Delaware Veterans Home	Paul McGuire- Milford VA		
Diabetes Coalition	Susan Policoff-Advocate		
Division of Public Health- Georgetown	Kathleen Russell, Deputy County Health Administrator Kent/Sussex Counties, Division of Public Health		
Easter Seals	Ford Waggoner- Director of Marketing		
Ellen Recovery Response Center	Jean Burgess - Director Crises Intervention Services		
Habitat for Humanity	Kevin Gilmore- Director		
High School Wellness Centers (Lewes, Georget	Dr. Lisa Bartels, Medical Director		
La Esperanza	Crystal Timmons Underwood- Executive Director		
La Red Federally Qualified Health Center	Jess Quintero- Health Ambassador, Brian Olsen- CEO		
Lewes Senior Center	Dennis Nealen		
Medical Society of Delaware	Mark B. Thompson- External Affairs Officer		
Mental Health Association	Emily Vera-Deputy Director		
Mid-Atlantic AIDS Training Center	Pat Lincoln-Site Director		
Milford Senior Center	Joe Cassey- President		
Mountaire & Perdue Chicken Plants	Mike Tirrell- VP of HR and Business Services		
Nanticoke Indian Center	William H. Daisey- Chief		
Nanticoke Senior Center	Barbara Elliott-Director of Operations		
Peninsula Home Care	Sandra Russ-RN, BSN		
People's Place	Nancy Carranza-Social Worker		
Public Health Nurses (Milford, Georgetown, M	Anna Short- Public Health Nurse/Mary Johnson-Social Worker		
Southern Delaware Tourism	Scott Thomas-Executive Director		
Strong Communities	Michelle Johnson, Bernice Edwards, Community Development Specialists		
Sussex County Association of Towns	Bob Ricker-President		
Sussex County Chamber of Commerce	Todd Lawson-County Administrator		
Sussex County EMS	Eric Huovinen-Special Operations Coordinator		
Sussex County Fire Stations	Hunter Holland- Sussex County Fire Chief Association President		
Sussex County Libraries	Stan Pollakof- Library Director		
Sussex County Senior Centers (CHEER)	Yolanda Gallego- Site Manager		
Sussex Health Promotion Coalition	Peggy Geisler- Executive Director, Midline Estimable, Assistant		
Sussex Restaurant Association	Carrie Leishman- President & CEO		
VFW/American Legion	Doris Hensler, Member		
YMCA Rehoboth	Deborah Bagatta-Bowles- CEO		

V. Health Needs Identified by Community Members

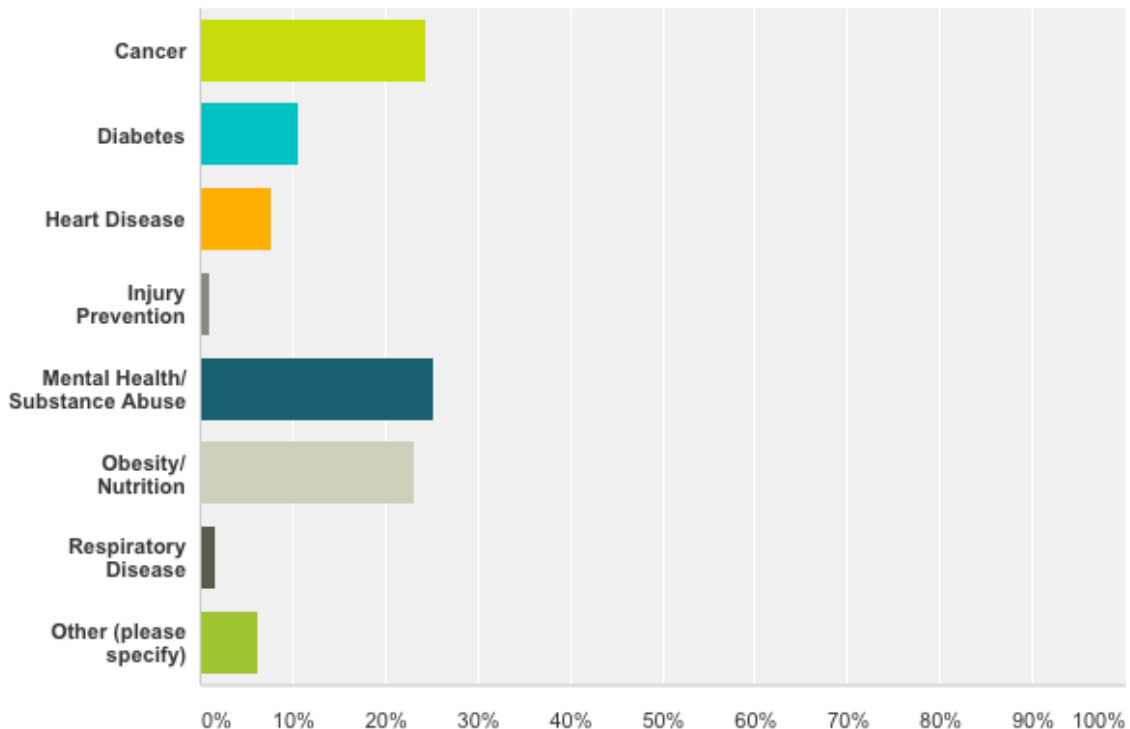
A. Community Survey Results and Analysis

The following topics were themes that each question aimed to target and answer via the Community Health Needs Assessment survey that was distributed by community outreach personnel and the Healthier Sussex County website.

Greatest Health Needs: Greatest health 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 mental health (25.19%). Cancer (24.34%) was the second most concerning issue followed by obesity/nutrition (23.10%).

What do you feel is the biggest health care issue for members of our community?

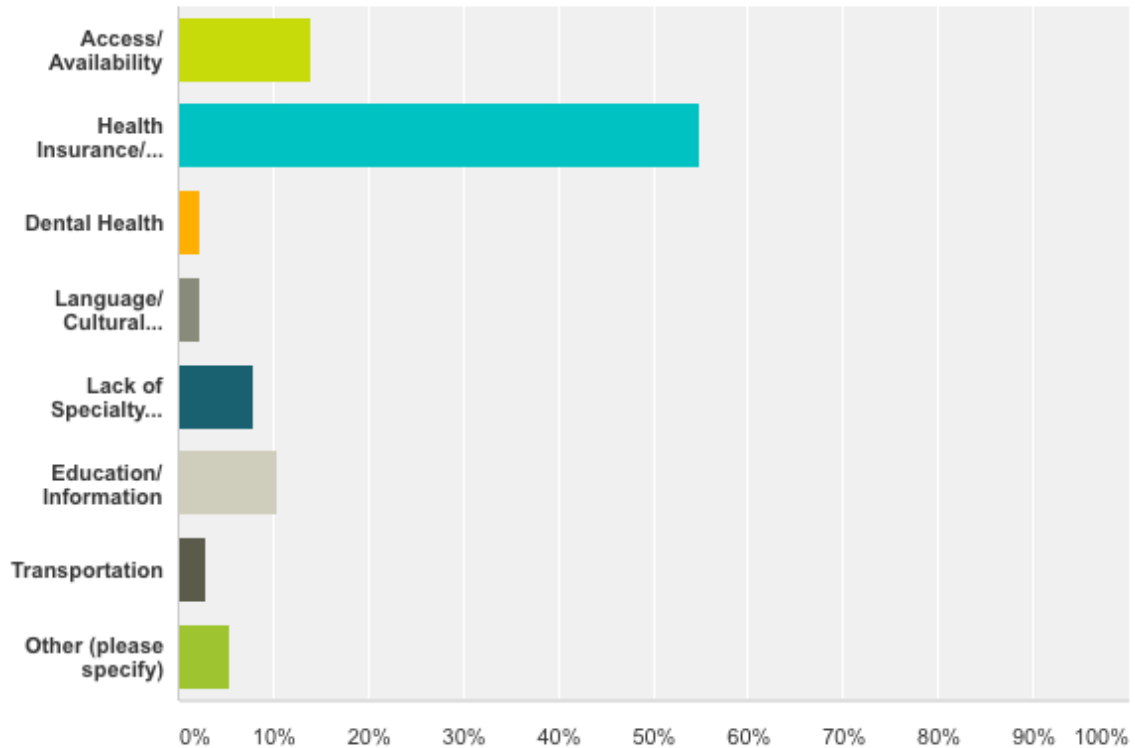
Answered: 1,290 Skipped: 16



Greatest Barriers: Numerous barriers can be found in the ability for community members to receive necessary health care. After surveying, the community identified health insurance/medical costs (54.9%) of health care as the most problematic barrier to receiving significant and appropriate health care. The second barrier was access and availability (13.9%) followed by lack of health related education (10.5%).

What do you think is the greatest barrier to health care?

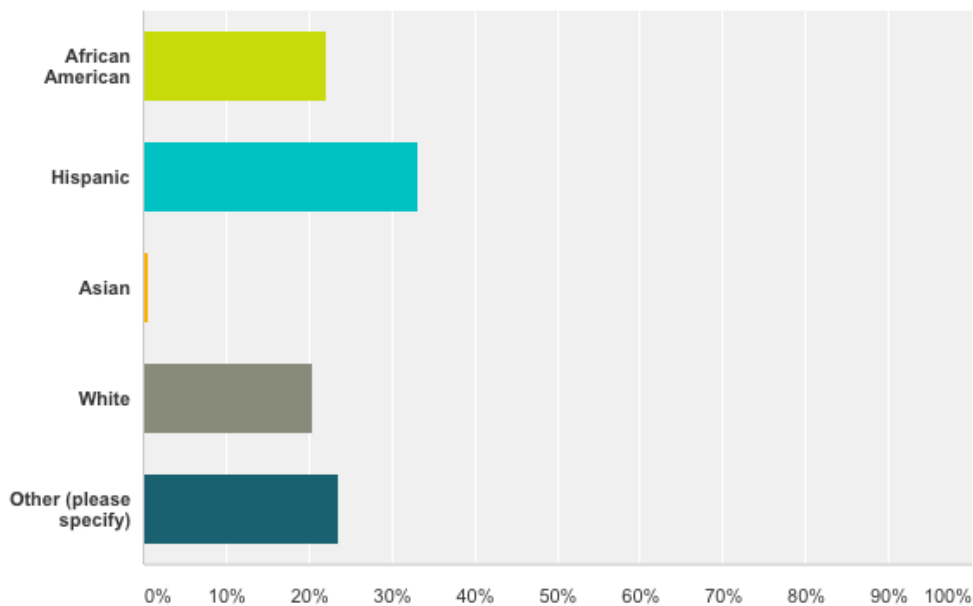
Answered: 1,295 Skipped: 11



Groups Most in Need: To determine which population group needed the most attention in terms of health outreach, the survey asked respondents to simply choose which race or ethnic group they believed was in most need of increased health outreach. The most in need group was Hispanics (33.5%), followed by African Americans (22.03%), and followed by other (23.57%). (Responses listed in other related to the opinion that all people regardless of race, gender, age or affluence were in need of affordable health outreach.)

Which group do you believe is most in need of increased health outreach?

Answered: 1,239 Skipped: 67



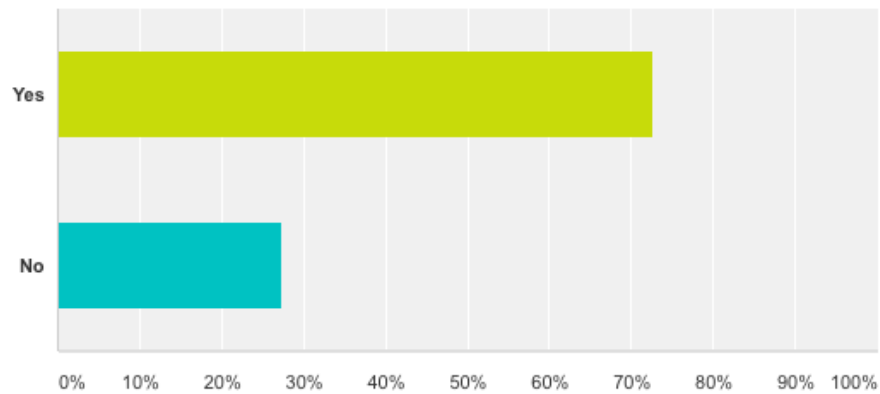
Where do you go for routine health care?

Answer Choices	Responses
▼ Doctor's Office	88.96% 1,822
▼ Public Health Clinic	2.10% 43
▼ Emergency Room	0.93% 19
▼ Wellness Center	0.49% 10
▼ Walk-In Care	5.76% 118
▼ Other (please specify) Responses	1.76% 36
Total	2,048

Routine Health Care Access: 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 (88.22%). Walk in (6.05%) was the next most popular way to seek health care, followed by Public Health Clinics (2.56%)

Do you feel you have access to health services and information for these issues?

Answered: 2,076 Skipped: 46



Answer Choices	Responses
Yes	72.64% 1,508
No	27.36% 568
Total	2,076

Do you travel outside of the area for health care?

Answer Choices	Responses
Yes	26.83% 549
No	73.17% 1,497
Total	2,046

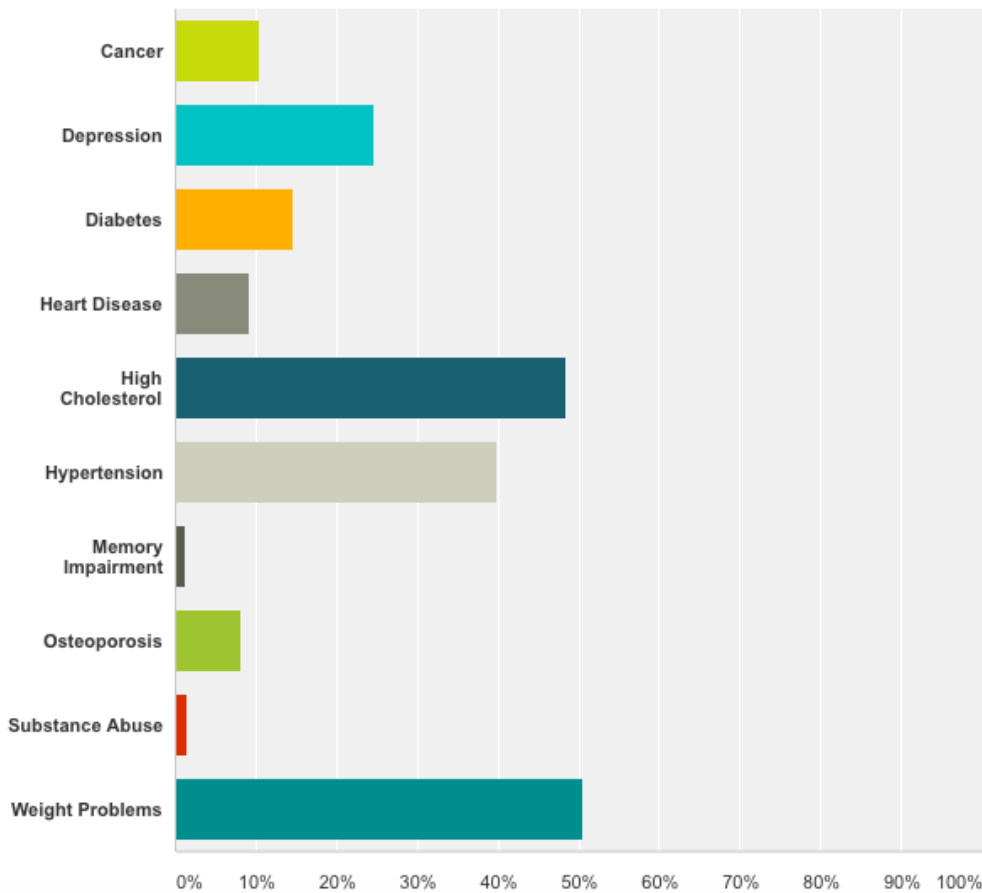
Self-Reported Preventative Procedures: It is important to understand the preventative procedures and health measures that are taken by community members to best understand which health disparities are not being addressed appropriately. Community members were asked which preventative procedures have been done in the past 3-5 years. According to the survey results the most sought out preventative screening was Blood Pressure (88.35%) followed by General Health Exams (79.37%) and Cholesterol (78.66%). 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	88.35%	1,122
▼ Blood Sugar Check	72.28%	918
▼ Cholesterol Check	78.66%	999
▼ Colon Cancer Screening	31.81%	404
▼ Dental Check	73.15%	929
▼ Depression Screening	10.24%	130
▼ EKG	37.40%	475
▼ Fall Risk Screening	4.41%	56
▼ General Health Exam	79.37%	1,008
▼ Immunizations	60.00%	762
▼ Low Dose CT Lung Cancer Screening	0.71%	9
▼ Mammogram	50.63%	643
▼ PAP Smear	55.20%	701
▼ Prostate Screening	6.69%	85
Total Respondents: 1,270		

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, Weight problems (50.58%) were the most common, followed by High Cholesterol (48.46%) and Hypertension (39.98%).

Have you ever been told by a healthcare provider that you have any of the following health conditions or issues? Please choose all that apply.

Answered: 943 Skipped: 363



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.

Self-Reported Health Habits: The following health habits were asked to determine if general wellness is practiced by community members via nutrition and exercise based lifestyle choices. It was reported that 48.95% of people ate at least 5 servings of fruits and vegetables each day. 40.31% of people exercised at a moderate pace at least 30 minutes per day, 5 days a week, and 34.11% of people ate fast food more than once weekly.

	Yes	No	Total
Eaten at least 5 servings of fruits and vegetables each day?	48.95% 631	51.05% 658	1,289
Eaten fast food more than once a week?	34.11% 437	65.89% 844	1,281
Exercised at a moderate pace at least 30 minutes per day, 5 days per week?	40.31% 518	59.69% 767	1,285

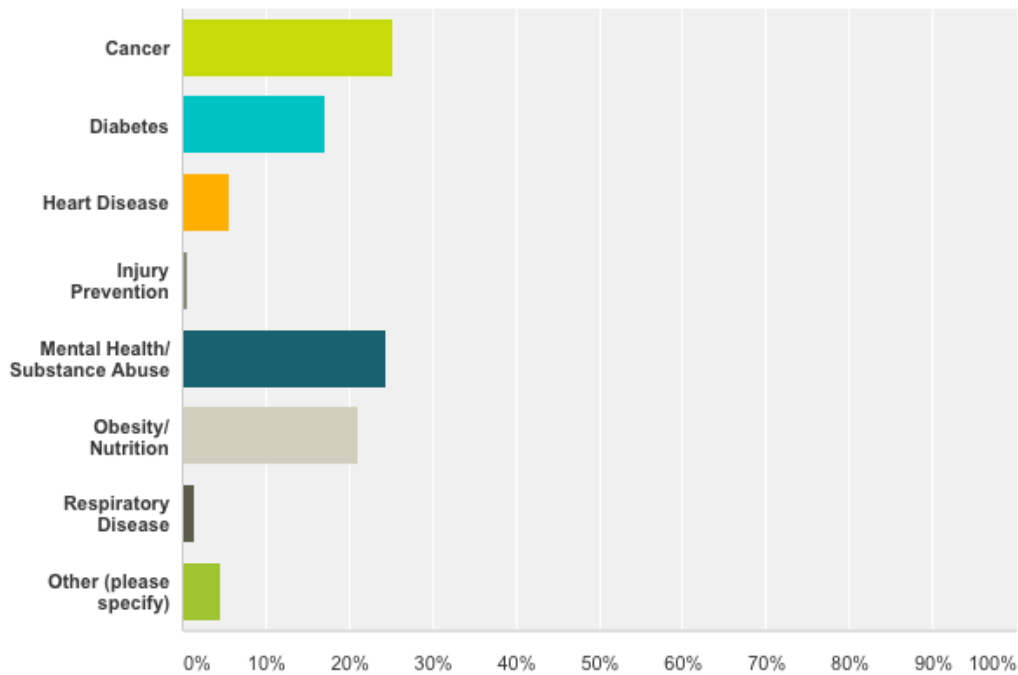
B. Beebe Service Area Survey Results and Analysis

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 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).

What do you feel is the biggest health care issue for members of our community?

Answered: 333 Skipped: 5

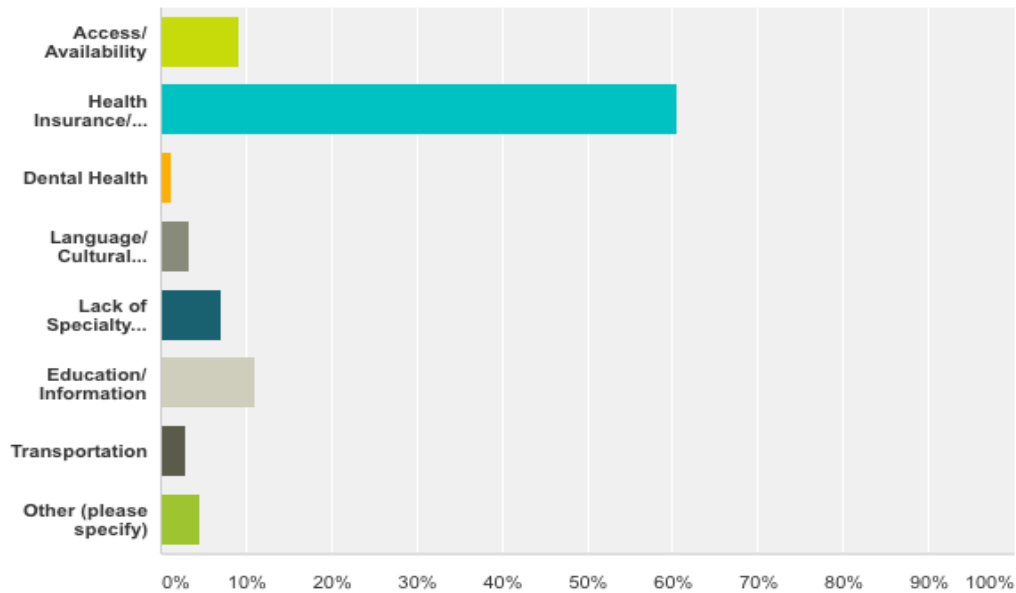


Community Survey: Greatest Health Care Needs

Survey respondents from the survey zip codes within the immediate Beebe service area were very similar to the county wide results. Cancer leading with 25.23% followed by mental health with 24.32% and Obesity with 21.02% respectively.

What do you think is the greatest barrier to health care?

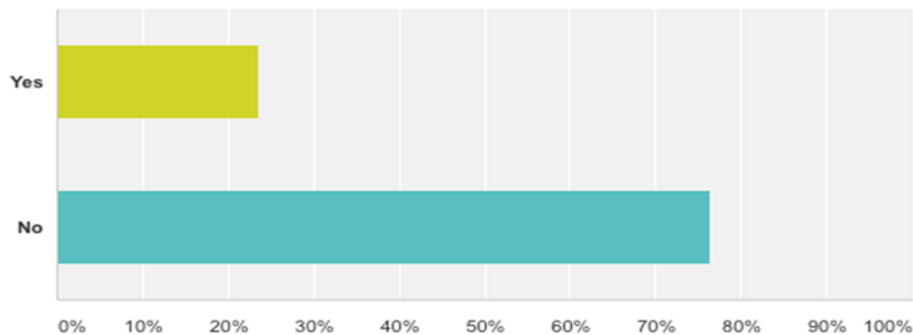
Answered: 334 Skipped: 4



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 slightly larger concern than the county results 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.

Do you travel outside of the area for health care?

Answered: 336 Skipped: 2



The gap of clients seeking healthcare outside of Beebe's service area has lessened over the past 3 years from 26.9% to 23.5% in 2015.

Community Survey: Disparities Patients told by Healthcare Provider They have:

Answer Choices	Responses
▼ Cancer	9.24% 23
▼ Depression	26.91% 67
▼ Diabetes	14.86% 37
▼ Heart Disease	9.64% 24
▼ High Cholesterol	44.98% 112
▼ Hypertension	37.75% 94
▼ Memory Impairment	1.61% 4
▼ Osteoporosis	7.23% 18
▼ Substance Abuse	2.01% 5
▼ Weight Problems	54.62% 136
Total Respondents: 249	

It is important to note that over the last 3 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 there is still a struggle for providers to offer help with the growing obesity issue in America. Obesity remains one of the top 3 concerns in our survey.

Statistics for Surveyed Population

Zip Codes Included In this Survey for Immediate Beebe Service Area

Answer Choices	Responses
19930 (Bethany Beach)	2.18% 14
19933 (Bridgeville)	5.77% 37
19931 (Bethel)	0.00% 0
19939 (Dagsboro)	4.84% 31
19940 (Delmar)	2.65% 17
19941 (Ellendale)	2.18% 14
19944 (Fenwick Island)	0.31% 2
19945 (Frankford)	5.15% 33
19947 (Georgetown)	17.94% 115
19951 (Harbeson)	2.18% 14
19956 (Laurel)	9.52% 61
19958 (Lewes)	38.07% 244
19960 (Lincoln)	9.20% 59
19966 (Millsboro)	0.00% 0
Other (please specify) Responses	0.00% 0

Age Range of Respondents:

Answer Choices	Responses
Under 18	0.16% 1
18-35	18.93% 120
35-44	17.19% 109
45-64	50.32% 319
Over 65	13.41% 85

Ethnicity of Respondents:

Answer Choices	Responses
White	79.67% 482
Hispanic or Latino	7.27% 44
Black or African American	7.27% 44
Native American or American Indian	0.83% 5
Asian / Pacific Islander	0.99% 6
Other (please specify) Responses	3.97% 24

C. Stakeholder and Focus Group Results and Analysis

After completing data collection from secondary sources and via community surveys, 115 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.

According to stakeholders, the global health care issue in the community with the greatest potential to create a large impact or change in health care is improving education to the clients. The educational needs varied from nutrition, exercise, addiction and mental health to health disparities such as diabetes and heart disease. Second to this is the need for affordable care and coverage. Top priority specific concerns noted were obesity, cancer and mental health. 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.

Improving Quality of Life and health in the community

CHNA Preliminary results for Healthier Sussex County Stake holder Surveys

- ▶ Stake holder Interviews:
- ▶ #1 Thing hospitals / healthcare systems can do to improve health and quality of life in your community.
 - ❖ Improve access to Education / Out reach.
 - ❖ Increase access to mental health care.
 - ❖ Increase access to primary care.
 - ❖ Increase access to specialty care.
 - ❖ Improve language barriers / use of interpreters.
 - ❖ Increase number of Primary care providers.

Important Health issues / needs in the community

CHNA Preliminary results for Healthier Sussex county stake holder surveys:

- ▶ Stake holder interview: Most important healthcare / needs in the community?
- ❖ Obesity / Nutrition.
 - ❖ Mental health / substance abuse.
 - ❖ Education : nutrition, smoking cessation, cancer, breast feeding, Diabetes, STD, Family planning.
 - ❖ Early Intervention.
 - ❖ Dementia / Eldercare
 - ❖ Affordable Dental care for adults.

Most important health issues or needs in the Community

When asked what three health issues were most important in the community, stakeholders reported concerns that span across the entire continuum of care from inpatient to ambulatory care to social and living conditions, health promotion and disease prevention. When analyzed, there were six saturated themes found in this qualitative data, as listed in the chart above.

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.

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.

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, Endocrinologists, Orthopedists, and Obstetricians/Gynecologists. 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.

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.

How can we better address these problems?

CHNA preliminary results for healthier Sussex county stakeholder survey

▶ Stake holder interview: If these services are inadequate, what would be the best way to address this need?

- ❖ Recruit more physicians.
- ❖ Open new proposed psych facility in Georgetown.
- ❖ Increase use of navigators to improve transitional care.
- ❖ Create chronic care clinics R/T Diabetes, Obesity, and Heart disease.

* See below statement from SUN Behavioral Health on Georgetown Psychiatric Hospital



Georgetown Psychiatric Hospital Proposed Project

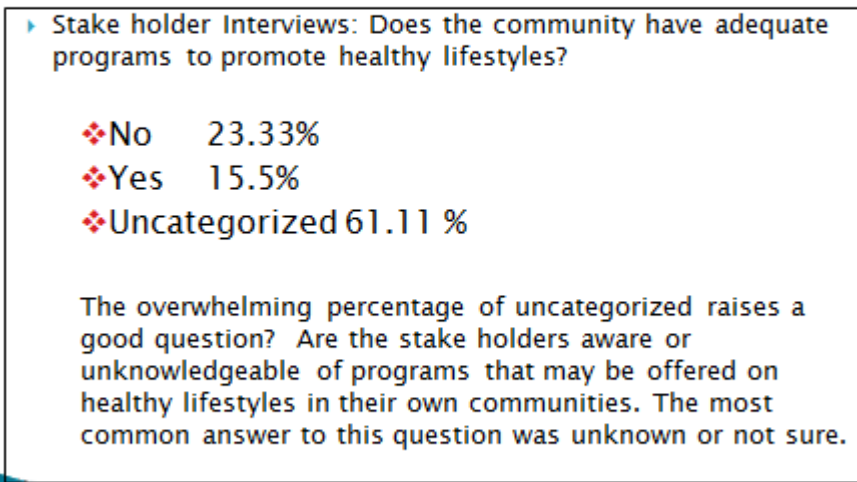
The mission of SUN Behavioral Health is to partner with communities in solving the unmet needs of those suffering from mental illness and addiction disorders

- We do this by establishing and operating healthcare organizations that create a significant positive impact on society
- Through exceptional staff and the finest facilities, we provide personalized treatment, with deep respect and compassion for patients and their families

By collaborating with existing providers in Southern Delaware and Delaware State healthcare constituencies, our vision is to meet the current gap in behavioral healthcare services in Sussex County, offering the highest quality care in the region.

Does the community have adequate programs to promote healthy lifestyles?

CHNA preliminary results for healthier Sussex county stakeholder survey



D. Statewide Community Health Needs Assessment

In 2015, 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/>

Priority Category 1

The state has created six main goals to address how they can develop coordinated and comprehensive systems that target and promote primary prevention and lasting behavior change such as eating well, increasing physical activity, and reducing/eliminating risky behaviors.

The following goals are identified:

- Goal 1: Health Promotion
- Goal 2: Healthy Food Access
- Goal 3: Reduce Obesity Rates
- Goal 4: Improving Children's Health

- Goal 5: Smoking Cessation
- Goal 6: Diabetes Care Management

To address these goals, significant progress has already been made on this strategic issue through a number of coalitions and consortia, including the Governor’s Council on Health Promotion and Disease Prevention, DE Coalition for Healthy Eating and Active Living (DE HEAL), and the Diabetes Prevention and Control Program, currently working to improve the physical health of the population across the lifespan. Moving forward, Beebe Healthcare, in conjunction with the Healthier Sussex County Task Force, is committed to ongoing collaboration with the Delaware State Division of Public Health to implement strategies to address identified needs. These partnerships will serve to optimize resources, and impact and sustain all implementation efforts.

E. Final Prioritized Needs

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 and Community Health 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) Mental Health / addiction
- (2) Obesity
- (3) Cancer
- (4) Access / Availability
- (5) Education / Information

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. Iglehart in the New England Journal of Medicine (1996) reports on this, explaining that physicians who have confronted the new imperatives of managed care, providers of mental health and substance-abuse services such as behavioral health care, are no longer just advocates for the patient; they fulfill multiple roles and must satisfy payers,

insurance-plan managers, and other consumers. As the Affordable Care Act comes into play, there is potential to improve mental health service delivery through the expanding coverage and payment of mental health care, but decisions points are what remain at hand at how to best utilize the change and improve mental and behavioral health (Garfield & Druss, 2012).

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 Trogon 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.

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).

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

- 1. Mental health and substance abuse services.**
- 2. Obesity Prevention and Treatment.**
- 3. Cancer Screening, Education and Prevention.**
- 4. Access to care and coverage for services.**
- 5. Healthy lifestyle Education / outreach / Information.**

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 was provided to 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.

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VII. Appendices

Appendix A: Stakeholder and Needs Assessment Participants

Listing of Board of Directors For Beebe Healthcare

BEEBE HEALTHCARE

The Honorable William Swain Lee, *Chairman*

Jacquelyn O. Wilson, Ed. D., *Vice Chair*

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Paul T. Cowan, Jr. D. O., *Treasurer*

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Steven D. Berlin, M. D.

William L. Berry, CPA

The Honorable Joseph W. Booth

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David A. Herbert

Thomas L. King

James P. Marvel, Jr. M. D.

Janet B. McCarty

Robert H. Moore

Paul H. Mylander

Esthelda R. Parker-Selby

Paul C. Peet, M.D.

Anis K. Saliba, M. D.

Patti D. Shreeve

Robert J. White

Michael L. Wilgus

Emeritus Members:

The Honorable Eugene D. Bookhammer

Joseph R. Hudson

Halsey G. Knapp

BEEBE BOARD OF DIRECTORS

POPULATION AND COMMUNITY HEALTH COMMITTEE

Anis K. Saliba, M. D., *Chairperson*
William Swain Lee, President Beebe Board of Directors
Brian S. Olson, CEO La Red Health Center
Esthelda R. Parker-Selby
Theodore W. Becker
Bhaskar S. Palekar, M. D.
Ileana M. Smith, Ed.D.
Angela Dunmore
Jeffrey Fried, FACHE
Megan Williams, FNP

BEEBE POPULATION HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT TEAM

Catherine Murphy, MSN, RN
Megan M. Williams, DNP, FNP
Brigitta Canfield, BSC, MPH (Intern)
Barbie Robets
Kathryn Hundley, BSN, RN
Elizabeth West, RN
Doris Hensler, RN
Kim Blanch, RN

Healthier Sussex County Task Force

Terry Murphy, FACHE	CEO/Bay health Medical Center
Steve Rose, RN, MN	CEO/Nanticoke Health Services
Jeff Fried, FACHE	CEO/Beebe Healthcare
Kelly Griffin	Beebe Healthcare
Sharon Harrington	Nanticoke Health Services
Rachel Ostroski	Nanticoke Health Services
Melinda Huffman	Nanticoke Health Services
Judith Ramirez	Beebe Healthcare
Catherine Murphy	Beebe Healthcare
Don Tricarico	Nanticoke Health Services
Lucinda Mancuso	Nanticoke Health Services
Kay Malone	La Red Health Center
Tres Perot	Nanticoke Health Services
Catherine Salvato	Bay health Medical Center
Megan Williams	Beebe Healthcare
Michael Ashton, FACHE	Bay Health Medical Center
Eric Gloss, DO	Bay Health Medical Center
Pam Marecki	Bay Health Medical Center
Joyce Webb	Bay Health Medical Center
Joellen Workman	Bay Health Medical Center

Financial Report & Community Benefit Report

Comparative Consolidated Audited Statements of Operations for the twelve months ending June 30, 2015

FISCAL YEAR	JUNE 2015	JUNE 2014
PATIENT REVENUE		
Inpatient Revenue	\$413,415,663	\$370,249,969
Outpatient Revenue	486,182,413	425,955,505
Total Patient Revenue	\$899,598,076	\$796,205,474
REVENUE DEDUCTIONS		
We did not receive full payment:		
Medicare, Medicaid, and Commercial	\$545,189,085	\$465,052,713
Prior Year Medicare Settlements	(1,600,464)	(1,623,387)
Charity Care and Other	14,634,863	20,972,827
Total Revenue Deductions	\$558,223,484	\$484,402,153
Net Patient Revenue before Bad Debt	341,374,592	311,803,321
Bad Debt	5,739,861	7,173,467
Net Patient Revenue after Bad Debt	\$335,634,731	\$304,629,854
Other Operating Revenue	5,447,321	10,786,974
Total Operating Revenue	\$341,082,052	\$315,416,828
OPERATING EXPENSES		
Salaries	\$134,271,474	\$124,541,733
Contract Labor	7,360,694	5,683,234
Employee Benefits	44,429,840	41,471,813
Physician Fees	8,407,423	7,653,541
Patient-related Supplies and Services	68,627,881	63,504,450
Non-patient-related Supplies	4,290,974	4,213,362
Utilities	5,477,690	5,501,401
Insurance	2,715,277	2,919,404
Depreciation and Amortization	18,810,799	17,371,523
Interest	1,475,707	2,010,529
Repairs and Maintenance	7,257,167	7,200,169
Other Expenses	30,805,670	28,580,036
Total Operating Expenses	\$333,930,596	\$310,651,195
Income (loss) from Operations	\$7,151,456	\$4,765,633
ANALYSIS OF SERVICE		
Admissions	10,003	9,978
Average Length of Stay (Days)	4.46	4.09
Cardiac Catheterization Procedures		
(Inpatient and Outpatient)	2,205	2,052
Inpatient Days of Care	44,542	40,902
Births	870	856
Emergency Visits	47,225	45,596
Laboratory Tests (Outpatient)	737,774	665,417
Radiation Oncology Procedures (Outpatient)	12,945	11,388
Radiology Procedures (Outpatient)	120,583	110,580
Rehabilitation Visits (Outpatient)	85,372	72,737
Surgical Procedures (Inpatient and Outpatient)	13,675	13,546
Beebe Medical Group Visits		
(Office Visits plus Outpatient Visits)	125,333	100,336
Home Health Visits	38,695	28,490

Financial Summary for Fiscal Year Ended June 30, 2015

	COMMUNITY BENEFIT COST
Charity Care (at cost)	\$4,848,489
Bad Debt (at cost)	1,833,701
Government-sponsored Healthcare	
Medicare/Medicaid Total Net Expense	42,290,795
Community Benefit Program (net loss)	
Heart Fair	\$36,000
Health Promotion and Wellness Programs	986,677
School-based Wellness Programs	405,284
HealthierSussex.com	8,552
Behavioral Health Services	249,570
Sexual Assault Nurse Examiner Programs	174,685
Oncology Research Program	223,110
Interpreter Services	102,492
Physician Services Recruitment	412,140
Physician Practice Guarantees	2,136,164
Workforce Development with Educational Institutions	1,100,074
Sponsorships	138,125
Gull House Adult Day Care	416,045
Subtotal Community Benefits	6,389,117
Beebe Medical Group	18,495,694
Total Cost of Community Benefits	24,884,811
TOTAL COMMUNITY BENEFIT FOR 2015	\$73,857,795

COMMUNITY HEALTH DOLLARS SPENT



Beebe Boards

EFFECTIVE AS OF JULY 1, 2014–JUNE 30, 2015

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Kristie Zangani, DO, Medicine Department Vice Chair
Leo H. Eshbach, Jr., DO, OB/GYN Department Chair
Steven Berlin, MD, OB/GYN Department Vice Chair
Joseph Degebenbusch, MD, Pathology Department Chair
Erin Fletcher, DO, Pediatrics Department Chair
Nancy Gideon, MD, Pediatrics Department Vice Chair
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Ellen Bahtiarian, MD, Radiology Department Vice Chair
Ronald Sabbagh, MD, Surgery Department Chair
VACANT, Surgery Department Vice Chair

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VACANT, President/CEO, Beebe Medical Group
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Bruce Leshine, Esq., General Counsel
Michael J. Maksymow, CPHIMS, FHIMSS, Vice President, Information Systems
Paul J. Pernice, CPA, Vice President, Finance
Steven D. Rhone, RN, MS, NE-BC, FABC, Vice President, Patient Care Services
Richard A. Schaffner, Jr., Chief Operating Officer
Alex A. Sydnor, Vice President, External Affairs
Joan G. Thomas, RN, FACHE, Vice President, Clinical and Ambulatory Services

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Nancy Tartaglione, First Vice President
VACANT, Second Vice President
Pat Sandy, Treasurer
Lester Levin, Assistant Treasurer
Rosey Vanderhoogt, Recording Secretary
Eileen Thompson, Corresponding Secretary
Lesley Nance, Member-at-Large



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 Financial Assistance 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) 645-3100 ext. 5616 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.

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. Patient balances will 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. 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.
- LaRed 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, 2016

<i>Health Indicator</i>	<i>New Castle County</i>	<i>Sussex County</i>	<i>Kent County</i>
Health Outcomes			
Overall	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
Note. Adapted from County Health Rankings & Roadmaps. (2016). <i>2016 Rankings Delaware</i> . http://www.countyhealthrankings.org/sites/default/files/states/CHR2013_DE_0.pdf			

Delaware Counties: Ranking by Health Indicators, 2013

<i>Health Indicator</i>	<i>New Castle County</i>	<i>Sussex County</i>	<i>Kent County</i>
Health Outcomes			
Overall	1	2	3
Mortality	1	2	3
Morbidity	2	1	3
Health Factors			
Overall	1	2	3
Health Behaviors	1	2	3
Clinical Care	2	1	3
Social & Economic Factors	1	2	3
Physical Environment	3	1	2
Note. Adapted from County Health Rankings & Roadmaps. (2013). <i>2013 Rankings Delaware</i> . http://www.countyhealthrankings.org/sites/default/files/states/CHR2013_DE_0.pdf			

Appendix E: Community Resource Guide:

Beebe 2016

Community Resource Guide

Updated April 2016

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

Bay health 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/departementonaging.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 Health Agency
Beebe Medical Center
20232 Ennis Road
Georgetown, DE 19947
302-854-5210

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

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

- and prevent or minimize disability
- Musculoskeletal evaluation and treatment
- Prosthetics training

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

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

38149 Terrace Road, Rehoboth Beach, DE 19971

(302)226-2160

- 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's Smokers' helpline at 1-866-409-1858

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 BPN directory

Other community partners

Physical Therapy

Refer to BPN 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

38149 Terrance Road, Rehoboth Beach, Delaware

302-226-2160

Brandywine

2nd Tuesday of month

Fenwick Island\Selbyville 302-226-8750

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.newszap.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

- 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
- 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
- Phoenix Behavioral Health: 302-736-6135

Drug and Alcohol Services

- Aquila: 302-856-9746
- People’s Place: 302-422-8026
- Phoenix Behavioral Health: 302-736-6135
- Thresholds, Inc. 302-856-1835

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.

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.

BAYHEALTH WALK-IN

301 Jefferson Ave. Milford

(302) 430-5705

Mon. – Fri.: 12 p.m. to 7 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.

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.

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.

BEEBE WALK-IN GEORGETOWN

21635 Biden Avenue, across from Delaware

Technical Community College

(302) 856-9729

Daily: 9 a.m. to 7 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.

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.

75TH ST MEDICAL CENTER

7408 Coastal Hwy., Ocean City, MD

(410) 202-2246

Memorial Day – Sept. 20, 8 a.m. to 12 a.m.

Off-season (Sept. 21 – Memorial Day),

Mon. – Sat.: 9 a.m. to 6 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.