Beebe Medical Center
Community Health Needs Assessment

Prepared by Beebe Medical Center
Population Health Department
6/30/2013
# Table of Contents

I. Executive Summary - - - - - - - - - - - - - - - - - - - - - - - - 4  
II. Introduction - - - - - - - - - - - - - - - - - - - - - - - 6  
III. Community Assessment - - - - - - - - - - - - - - - - - - - - 7  
   A. Description of Community Served - - - - - - - - - - - - - - - - 7  
   B. Population Estimates - - - - - - - - - - - - - - - - - - - - - 8  
   C. Economic Factors - - - - - - - - - - - - - - - - - - - - - - 9  
   D. Social Factors - - - - - - - - - - - - - - - - - - - - - - - 13  
   E. Built Environment - - - - - - - - - - - - - - - - - - - - - - 16  
   F. Physical Environment - - - - - - - - - - - - - - - - - - - - - 19  
   G. Healthcare Resources and Current Assets - - - - - - - - - 20  
   H. Health Indicators - - - - - - - - - - - - - - - - - - - - - - 29  
   I. Health Disparities - - - - - - - - - - - - - - - - - - - - - - 47  
IV. Approach and Methodology - - - - - - - - - - - - - - - - - - - - 49  
   A. Overview - - - - - - - - - - - - - - - - - - - - - - - - - - 49  
   B. Regulatory Compliance - - - - - - - - - - - - - - - - - - - - - 50  
   C. Collaborating Organizations: Healthier Sussex - - - - - - - - - 51  
   D. Take Action Cycle - - - - - - - - - - - - - - - - - - - - - - - 52  
   E. County Health Rankings Model - - - - - - - - - - - - - - - - - - 53  
   F. Needs Assessment Time Line - - - - - - - - - - - - - - - - - - - 54  
   G. Survey Methods - - - - - - - - - - - - - - - - - - - - - - - - 55  
   H. Stakeholders - - - - - - - - - - - - - - - - - - - - - - - - - 57  
V. Health Needs Identified by Community Members - - - - - - - - - - 58  
   A. Community Survey Results & Analysis - - - - - - - - - - - - - - - 59  
   B. Beebe Service Area Survey Results & Analysis - - - - - - - - - - - - 66  
   C. Stakeholder and Focus Group Results and Analysis - - - - - - - - - - - 69  
   D. Statewide Community Health Needs Assessment - - - - - - - - - - - - 72  
   E. Final Prioritized Needs - - - - - - - - - - - - - - - - - - - - - 74  
   F. Next Steps: Implementation Strategy Approach - - - - - - - - - - - 77  
   G. Report & Availability of CHNA - - - - - - - - - - - - - - - - - - 78
APPENDIX

A. Leadership and Needs Assessment Participants
B. Beebe Medical Center Community Benefit Report Fiscal Year 2012
C. Beebe Financial Assistance Program
D. County Health Rankings
E. Needs Assessment Community Survey
F. Stakeholder/Focus Group Questionnaire
G. Beebe Physician Network Community Resource Guide
Executive Summary:

Beebe Medical Center, 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 hospital’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 Medical Center conducted a Community Health Needs Assessment beginning in May 2012 and concluding in June 2013. 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 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 hospital’s assessment was led by the Population Health Department 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, hospital representatives, public health leaders and other stakeholder organizations. Both quantitative and qualitative data were collected and analyzed in order to provide recommendations for the hospital’s health priorities, specifically as they relate to the needs of underserved and low-income communities.

Beebe Medical Center’s approach to the Community Health Needs Assessment is based on guidelines established by the Internal Revenue Service. Our approach also incorporates best practice standards that have been published by nationally recognized leaders in the field, such as 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 Medical Center 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 hospital will use its resources and collaborate with strategic partners to address the identified priorities.
The 2013 Community Health Needs Assessment presented an opportunity to take a further look at the community we serve, 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 Medical Center programming will address the identified needs and continue to engage community partners and members across the county.
Introduction

Beebe Medical Center

Beebe Medical Center, 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, emergency, and 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, labs, and imaging facilities throughout southern Delaware. Outpatient services include an Outpatient Surgical Center, Diagnostic Imaging Centers, Rehabilitation, Millville and Millsboro Walk-in Center and School Based Health Centers.

The mission of Beebe Medical Center is rooted in three actions: encouraging healthy living, preventing illness, and restoring optimal health with the people in our community. To optimize the health of people in our community, Beebe supports the provision of a Community Health Needs Assessment so 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 key to our healthy communities tomorrow.

To align Beebe Medical Center with the health needs of our community, a Community Health Needs Assessment was initiated in the summer of 2012 and completed in June 2013. Hundreds of stakeholders, focus group participants and community members across the county were surveyed for their views of the health needs of our community. Through multiple 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 communities’ unmet health needs.
Section 1: Community Overview

Beebe Medical Center 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, currently 8.7% (U.S. Bureau of Labor Statistics, 2012). All of these strengths result in a relatively positive picture of the community of Lewes. In spite of this, Lewes is not immune to many of the health epidemics faced throughout the rest of the country. A closer look at health disparities in the area through the new 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 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.

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 focus on Beebe Medical Center’s primary and secondary service areas. Beebe Medical Center’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 Medical Center’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).
**Population Estimates**

According to the 2010 Census, Delaware’s 2010 population was 897,934, with 61% living in New Castle County, 21% in Sussex, and 18% in Kent County (Delaware Health Tracker). 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.

**Figure 1. Distribution of Delaware Population by County, 2010**

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


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 decreased from 16.8% in 1990 to 12.7% in 2010, a 24% decline.

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).
Economic Factors

As noted in the U.S. Census graph, Sussex County has an overall median household income of $53,215. A higher income is found by White, non-Hispanic, Asian and American Indian or Alaska Natives, while those indicating Two or more races, Native Hawaiian or Other Pacific Islander, Black or African American have the lowest median household incomes.

Median Household Income by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>50,208</td>
</tr>
<tr>
<td>Asian</td>
<td>56,042</td>
</tr>
<tr>
<td>Black or African American</td>
<td>35,250</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>46,518</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>33,750</td>
</tr>
<tr>
<td>Other</td>
<td>37,033</td>
</tr>
<tr>
<td>Two or more races</td>
<td>32,123</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>56,075</td>
</tr>
<tr>
<td>Overall</td>
<td>53,215</td>
</tr>
</tbody>
</table>


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 $27,580. The three ethnicities with the highest per capita income are Asian, White, non-Hispanic and American Indian or Alaska Native, which was congruent with the data on median household income. The groups with the lowest per capita income are two or more races, other and Hispanic or Latino. These groups identified in the lowest per capita income did not reflect the same as the median household income, although the category Two or more races was the lowest in both data sets.
Per Capita Income by Race/Ethnicity


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.

People Living Below Poverty Level by Age

Poverty by Age


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, Two or more races, Hispanic or Latino, and Black or African American.

Percent of People Living Below Poverty Level by Race/Ethnicity

**Single-Parent Households**

According to the Delaware health tracker, Sussex County has the highest percentage of single-parent households in the state at 40.7%. Zip code specific data revealed the highest rates of single-parent households were in the Millsboro/Long Neck (43.9%), Dagsboro (43.3%), Laurel (46.6%) and Seaford (53.5%). The lowest rates of Single-Parent Households primarily in the beach area of Rehoboth/Bethany (14.1%), Dewey (27.7%) and Lewes (27.6%).

The children of single-parent household are reported to have more emotional and behavioral problems, smoking, alcohol and 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 our season is over. The poultry industry also is a major part of Sussex County’s industry from growing the chicks on farms to poultry processing and packaging plants.

**Unemployment**

Per the U.S. Bureau of Labor Statistics, the March 2013 unemployment rate for Sussex County was 8.1%. Although Sussex County unemployment rates range in the middle as of March, the unemployment rates will shift with the arrival of the summer season due to many seasonal businesses, the influx of students and vacationers, and the farming community ramping up with seasonal vegetables and fruits and migrant workers. Unemployment affects individuals and the 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 USA and Delaware Unemployment Rate. Delaware has fared better than most states during the past year per the 2013 Delaware Department of Labor.
Social Factors

Households with Cash Public Assistance

Sussex County rate of Households with Cash Public Assistance is 2.3 %

http://factfinder2.census.gov/

A higher rate of Public Assistance is directly rated with the higher rate of poverty. Public Assistance does not include food stamps.
Low-Income Persons who are SNAP Participants

SNAP is the Supplemental Nutrition Assistance Program previously known as the Food Stamp Program. SNAP assists low-income households in obtaining adequate food supplies. In June 2009, one of every eight adults and one of every four children were using this service.

Sussex County had 36.5% of the households participating in the SNAP Program.

[Image of a color-coded graph showing percentages]


Free Lunch Program

As of 2009, Sussex County had the highest rate of students eligible for the free lunch program in Delaware and is trending upward. 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.

Percentage of Children Participating in Free Lunch Program

[Bar chart showing percentages for 2006, 2008, and 2009]

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 to function 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 Lewes boasts an impressive high school graduation rate of 85.1% and the Lewes public schools spend $8,508 per student, while the average school expenditure in the U.S. is nearly three thousand less ($5,678). There are about 13.6 students per teacher in Lewes (Delaware Department of Education). Sussex County has the highest rate of high school graduation at 81.5% compared with the other counties in Delaware.

<table>
<thead>
<tr>
<th>County</th>
<th>Public</th>
<th>Non Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent</td>
<td>29,915</td>
<td>2,872</td>
</tr>
<tr>
<td>New Castle</td>
<td>76,135</td>
<td>15,409</td>
</tr>
<tr>
<td>Sussex</td>
<td>24,560</td>
<td>1,650</td>
</tr>
<tr>
<td>Total</td>
<td>130,610</td>
<td>19,931</td>
</tr>
</tbody>
</table>

Source: Delaware Department of Education

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.

Source: County Health Rankings, 2008-2010. Violent Crimes. [Link](http://www.countyhealthrankings.org/rankings/data)
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 decreased in Sussex County, especially in the rural areas at a rate of 0.9%, which also translates into minimal access to health care via public transportation. Two or more races, Black or African American and Hispanic or Latino are the greatest utilizers of public transportation in Sussex County at 1.8% to 2.2%. The primary cause of the low utilization is lack of available public transportation in Sussex County.

Percentage of Workers Commuting by Public Transportation by Age


Percentage of Workers Commuting by Public Transportation by Gender

Percentage of Workers Commuting by Public Transportation by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.0</td>
</tr>
<tr>
<td>Asian</td>
<td>0.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.8</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1.6</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1.5</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.2</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>0.6</td>
</tr>
<tr>
<td>Overall</td>
<td>0.9</td>
</tr>
</tbody>
</table>


**Liquor Store Density**

Sussex County, considered a resort community, has a very high Liquor Store Density rate at 30.9 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 0.74 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).
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).

**Farmers Market Density**

![Bar Chart]

Physical Environment

Ozone

Defined as: “Ozone is an extremely reactive gas composed of three oxygen atoms. It is the primary ingredient of smog air pollution and very harmful to breathe. Ozone essentially attacks lung tissue by reacting chemically with it. It also damages crops, trees and other matter -- even breaking down rubber compounds” (American Lung Association, 2010). Air Quality is determined daily and listed on the Delaware Health Tracker web site. Air Quality can vary from 0 to 5 with the 0 to < 2 = Green, 2-3 = Yellow and >3 = Red. Data is collected by the Environmental Protection Agency and the Sussex County Annual Ozone Air Quality Sussex County indicator is currently Red.

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 Safety


Sussex County has the highest score in Delaware at 2.5% for Drinking Water Safety. This does not mean the water is safe, but that the County has the highest “percentage of people who get water from public water systems that have received at least one health-based violation in the reporting period.” (County Health Rankings, 2012). http://www.countyhealthrankings.org/
Healthcare Resources and Current Assets

Health care services in the area include ten primary care practices, three walk-in facilities, two out-patient surgery centers, multiple specialists, six pharmacies and one hospital. The hospital, Beebe Medical Center, is a 210 bed facility located in the center of Lewes. Established in 1911, 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 Medical Center 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 and Home Health. For a recent Beebe Community Benefit Report, see Appendix B.

Beebe Community Outreach Services

Beebe offers a variety of community resources which including the following:

- Bariatric Program
- Beebe School of Nursing
- 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)
- CHOICES education program for 8th grade students across the county
- Diabetes and Wound Care Center- diabetes education and self-management classes
- Gull House – day program for aging residents with dementia
- Health Screenings and Chronic Disease Education and Follow Up- hypertension, stroke, diabetes, obesity, high cholesterol and osteoporosis;
- Home Health Agency
- Oncology Transportation Services
- Patient Financial Assistance Program and CHAPs (see Appendix C)
- Patient Centered Medical Home Community Resource Guide (see Appendix G)
- Provider Recruitment Services and Practice Guarantees
- SANE and Trauma team services and community outreach
- Sponsorships for Community Organizations include Shore Fun Camp for obese children, Asthma Camp
- Tunnell Cancer Center- free prostate, colon, skin and breast screenings; oncology research program
Beebe’s Population Health Community Outreach team provides free screening across all of Sussex County and 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 need and health disparities.

Current rates of abnormal screening values among the outreach screening participants compared to general county and state populations.
Population Health Free Outreach Screenings 7/2011 through 6/2012

High School Wellness Centers - Sussex County has three High School Wellness Programs that are also supported by Beebe Medical Center. The Wellness Centers have a
Medical Director, Nurse Practitioner or Physician Assistant, Social Worker, Registered Dietician and Administrative Assistant. This program is partially funded by the State of Delaware and Beebe Medical Center. Each year Beebe provides in-kind donation to maintain the programs.

The High School Wellness Programs include health education, sports and routine physicals, immunizations, nutrition visits, mental health and physical health visits. During the 2011-2012 school year:

- Sussex Central High School had 86% of the students enrolled with 1756 visits.
- Cape Henlopen High School had 55% of the students enrolled with 2364 visits.
- Indian River High School had 76% of the students enrolled with 1088 visits.

**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
- Emergency Assistance Service (EAS)
  - Emergency Shelter - is provided for eligible EAS clients
  - Needy Family Fund
- Food Closet
- Foster Grandparent Program
- Kinship Care Program
- Teen Voucher
- Utility Assistance

**Division of Social Services (DSS)**
- Child Care
- Food Stamps
- General Assistance
- Healthy Children
- Medicaid
- Temporary Assistance for Needy Families

**Division of Public Health (DPH)'s Sussex County Health Unit:**
- Child Health Clinic
- Immunizations
- Lead Screening
- Dental clinic
- 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

Division of Substance Abuse and Mental Health (DSAMH)
• Sussex Community Mental Health (CMH)
• Ellendale, Recovery Response Center
  o Assessment, referral to treatment and case management
  o 24 Acute Psychiatric Services

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.

LaEsperanza – Community Center – This is a 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 – Services include: Primary Care, Pediatric Services, Dental Services, Counseling/Mental Health Services, Pregnancy Services, and HIV/AIDS Treatment. 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 Bayhealth 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 Community Health Needs Assessment will serve as the foundation for future initiatives of the Healthier Sussex County Task Force. The Healthier Sussex County Task Force will work to address pressing issues in Sussex County and will continue to collaborate to use and build upon existing strategies and interventions such as the Diabetes Care Program and the Mammography Screening Task Force. By utilizing partnerships and building upon existing programs, the Task Force has the built-in capacity to effectively serve as a platform to impact the health needs identified in the Community Health Needs Assessment.
Healthcare Providers and Coverage in Sussex County

Healthcare Providers
The County Health Rankings note that Sussex County has 60/100,000 providers and is less than noted in 2010-2011.

Physicians per 100,000 Population Members

An in-depth Medical Staff Assessment for Physician Needs was conducted in November 2012 by Beebe Medical Center. The total 3-year physician needs were noted to be a total of 36 with 5 physicians needed immediately to fill current gaps in our service area.

Current Physician Shortage

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Family Medicine</th>
<th>Internal Medicine</th>
<th>Endocrinology</th>
<th>Otolaryngology</th>
<th>Dermatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current FTE Deficit</td>
<td>2.1</td>
<td>1.0</td>
<td>0.8</td>
<td>0.8</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Access to Primary Care Physician Practices is limited depending on practices being closed to new patients 43(51%). The national benchmark is 17% (3d Health Inc., Health primary research).

Scheduling a new patient for a non-urgent visit is typically over a month out, with 31% of patients waiting greater than a month. 29% of patients with Medicare are waiting greater than a month and only 18% of patients with Blue Cross/ Blue Shield are waiting greater than a month. Wait times for Psychiatry, Pulmonary and Sleep Medicine are longer than
Health Insurance

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

Sussex County (82.3%) has the lowest percentage of adults in Delaware covered by health insurance in the State (86.7%). In the Delaware Health Tracker, the community dashboard places the best level above 80.3%. 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 have a significantly lower rate of health insurance coverage, at only 30.4%.

Percentage of Adults with Health Insurance by Age

![Chart showing percentage of adults with health insurance by age](http://factfinder2.census.gov/)


http://factfinder2.census.gov/
Percentage of Adults with Health Insurance by Race/Ethnicity

Source: American Community Survey, (2011). Adults with Health Insurance by Race/Ethnicity
http://factfinder2.census.gov/
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 Obesity at 33.7% in 2011

![Percentage of Obesity](image)


Adults Who are Overweight or Obese

Overweight is defined as a Body Mass Index (BMI) of 25-29.9. 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.

Sussex County’s Percentage of Overweight or Obese Adults is 67%

![Percentage of Overweight or Obese Adults](image)

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 46.9%. (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.

## Cancer

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

### Highlighted sites are targets for this assessment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All site *</td>
<td>515.3 (508.9, 521.7)</td>
<td>465.2 (464.5, 465.9)</td>
<td>0.0%</td>
<td>-3.9%</td>
</tr>
<tr>
<td>Brain</td>
<td>7.3 (6.5, 8.1)</td>
<td>6.5 (6.4, 6.5)</td>
<td>5.7%</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Female breast</td>
<td>127.1 (122.7, 131.5)</td>
<td>124.3 (123.9, 124.8)</td>
<td>-7.2%</td>
<td>-9.5%</td>
</tr>
<tr>
<td>Cervix</td>
<td>8.9 (7.7, 10.2)</td>
<td>8.1 (8.0, 8.2)</td>
<td>-18.7%</td>
<td>-10.0%</td>
</tr>
<tr>
<td>Colorectal *</td>
<td>49.3 (47.3, 51.3)</td>
<td>46.3 (46.1, 46.5)</td>
<td>-19.8%</td>
<td>-16.6%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>5.3 (4.6, 5.9)</td>
<td>4.5 (4.4, 4.6)</td>
<td>-16.7%</td>
<td>-4.3%</td>
</tr>
<tr>
<td>Hodgkin lymphoma</td>
<td>3.0 (2.5, 3.6)</td>
<td>2.8 (2.8, 2.9)</td>
<td>-14.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kidney / renal pelvis</td>
<td>15.7 (14.6, 16.9)</td>
<td>15.1 (15.0, 15.2)</td>
<td>32.2%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Larynx</td>
<td>3.9 (3.4, 4.5)</td>
<td>3.4 (3.4, 3.5)</td>
<td>-27.7%</td>
<td>-19.0%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>12.4 (11.4, 13.5)</td>
<td>12.5 (12.4, 12.6)</td>
<td>10.3%</td>
<td>-4.6%</td>
</tr>
<tr>
<td>Liver and bile duct **</td>
<td>6.2 (5.5, 6.9)</td>
<td>7.5 (7.4, 7.6)</td>
<td>75.3%</td>
<td>70.5%</td>
</tr>
<tr>
<td>Lung / bronchus *</td>
<td>77.3 (74.9, 79.8)</td>
<td>62.6 (62.4, 62.9)</td>
<td>-7.9%</td>
<td>-6.0%</td>
</tr>
<tr>
<td>Melanoma of skin *</td>
<td>25.8 (24.4, 27.3)</td>
<td>21.0 (20.9, 21.2)</td>
<td>63.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>6.1 (5.4, 6.9)</td>
<td>5.8 (5.8, 5.9)</td>
<td>17.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>20.1 (18.8, 21.4)</td>
<td>19.6 (19.5, 19.8)</td>
<td>7.9%</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Oral cavity / pharynx</td>
<td>11.3 (10.4, 12.3)</td>
<td>10.8 (10.7, 10.9)</td>
<td>1.3%</td>
<td>-4.4%</td>
</tr>
<tr>
<td>Ovary</td>
<td>12.0 (10.7, 13.5)</td>
<td>12.7 (12.6, 12.9)</td>
<td>-31.5%</td>
<td>-12.4%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>12.6 (11.6, 13.6)</td>
<td>12.1 (12.0, 12.3)</td>
<td>18.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Prostate *</td>
<td>181.4 (175.9, 187.1)</td>
<td>162.3 (161.9, 162.7)</td>
<td>5.0%</td>
<td>-7.0%</td>
</tr>
<tr>
<td>Stomach</td>
<td>6.8 (6.1, 7.6)</td>
<td>7.6 (7.5, 7.7)</td>
<td>-15.7%</td>
<td>-10.6%</td>
</tr>
<tr>
<td>Testis</td>
<td>5.4 (4.4, 6.5)</td>
<td>5.4 (5.3, 5.5)</td>
<td>6.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Thyroid *</td>
<td>11.3 (10.3, 12.3)</td>
<td>10.1 (10.0, 10.2)</td>
<td>56.5%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Urinary bladder *</td>
<td>25.2 (23.8, 26.6)</td>
<td>21.0 (20.9, 21.1)</td>
<td>8.7%</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Uterus *</td>
<td>28.1 (26.2, 30.3)</td>
<td>23.5 (23.3, 23.7)</td>
<td>16.9%</td>
<td>-5.6%</td>
</tr>
</tbody>
</table>

Rates are per 100,000 and age-adjusted to 2000 U.S. standard population. U.S. incidence rates for 2005–09 based on SEER 18 areas.  
* = Delaware incidence rate is significantly higher than the U.S. rate at the 95% confidence level.  
** = U.S. incidence rate is statistically significantly higher than the Delaware rate at the 95% confidence level.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All site *</td>
<td>185.7 (181.9, 189.6)</td>
<td>178.7 (178.4, 178.9)</td>
<td>-18.7%</td>
<td>-12.5%</td>
</tr>
<tr>
<td>Brain</td>
<td>4.4 (3.9, 5.1)</td>
<td>4.3 (4.2, 4.3)</td>
<td>9.7%</td>
<td>-8.5%</td>
</tr>
<tr>
<td>Female breast</td>
<td>22.5 (20.7, 24.4)</td>
<td>23.0 (22.9, 23.1)</td>
<td>-29.0%</td>
<td>-19.0%</td>
</tr>
<tr>
<td>Cervix</td>
<td>2.1 (1.6, 2.8)</td>
<td>2.4 (2.4, 2.4)</td>
<td>-54.3%</td>
<td>-22.6%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>16.7 (15.6, 17.9)</td>
<td>16.7 (16.6, 16.8)</td>
<td>-29.0%</td>
<td>-22.7%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>4.2 (3.6, 4.8)</td>
<td>4.3 (4.3, 4.3)</td>
<td>-23.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kidney / renal pelvis</td>
<td>3.7 (3.2, 4.3)</td>
<td>4.0 (4.0, 4.0)</td>
<td>-11.3%</td>
<td>-4.8%</td>
</tr>
<tr>
<td>Larynx</td>
<td>1.3 (1.0, 1.7)</td>
<td>1.2 (1.2, 1.2)</td>
<td>-22.0%</td>
<td>-20.0%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>6.8 (6.0, 7.5)</td>
<td>7.1 (7.1, 7.1)</td>
<td>-12.9%</td>
<td>-7.8%</td>
</tr>
<tr>
<td>Liver and bile duct</td>
<td>5.3 (4.6, 5.9)</td>
<td>5.5 (5.4, 5.5)</td>
<td>40.0%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Lung / bronchus *</td>
<td>56.0 (53.9, 58.1)</td>
<td>50.6 (50.5, 50.7)</td>
<td>-16.8%</td>
<td>-11.5%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>2.8 (2.4, 3.3)</td>
<td>2.7 (2.7, 2.8)</td>
<td>-12.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>3.5 (3.0, 4.1)</td>
<td>3.4 (3.4, 3.5)</td>
<td>-14.1%</td>
<td>-12.8%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>6.3 (5.6, 7.1)</td>
<td>6.6 (6.5, 6.6)</td>
<td>-22.2%</td>
<td>-24.1%</td>
</tr>
<tr>
<td>Oral cavity / pharynx</td>
<td>2.4 (2.0, 2.9)</td>
<td>2.5 (2.4, 2.5)</td>
<td>-25.2%</td>
<td>-16.7%</td>
</tr>
<tr>
<td>Ovary</td>
<td>8.0 (7.0, 9.2)</td>
<td>8.2 (8.2, 8.3)</td>
<td>-17.1%</td>
<td>-7.9%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>10.7 (9.8, 11.7)</td>
<td>10.8 (10.8, 10.9)</td>
<td>-0.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Prostate</td>
<td>24.3 (22.1, 26.7)</td>
<td>23.6 (23.5, 23.7)</td>
<td>-35.0%</td>
<td>-31.2%</td>
</tr>
<tr>
<td>Stomach</td>
<td>3.8 (3.3, 4.4)</td>
<td>3.6 (3.6, 3.6)</td>
<td>-25.5%</td>
<td>-28.0%</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>4.9 (4.3, 5.6)</td>
<td>4.4 (4.3, 4.4)</td>
<td>-18.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Uterus</td>
<td>5.0 (4.2, 5.9)</td>
<td>4.2 (4.1, 4.2)</td>
<td>18.2%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

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

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

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

= Mortality data are not presented for Hodgkin lymphoma and cancers of the testis and thyroid due to low number of deaths.

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 24.3 deaths/100,000 females in the period of 2005-2009


Breast Cancer Incidence

Sussex County Breast Cancer Rate is 126.9 cases/100,000 females through the period of 2005-2009

In 2009 there were 192,379 cases and 40,170 deaths in the United States


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 as of 2010. Mammogram screening can identify calcifications and tumors. Once an abnormality is identified, further tests are performed to rule out breast cancer. Mammogram is one of the first steps in the early detection of breast cancer therefore decreasing breast cancer mortality.
Sussex County Mammogram history is 82.9%


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 population.

Sussex County’s Age-Adjusted Death Rate due to Colorectal Cancer is 18.2 deaths/100,000 population during the period of 2005-2009


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 population.

Sussex County Colorectal Cancer Incidence Rate is 50.4 cases/100,000 population in the period of 2005-2009

Colorectal Cancer is the 2nd leading cause of cancer related deaths. In 2009 there were approximately 106,100 new cases and 49,920 deaths in the United States.
Sussex County Colorectal Cancer Incidence Rate


Colon Cancer Screening

Sussex County Colon Cancer Screening rate is 23.8 %.

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 as of 2010

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 2009**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Incidence Rate (cases/100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>41.1</td>
</tr>
<tr>
<td>Male</td>
<td>61.1</td>
</tr>
<tr>
<td>Overall</td>
<td>50.4</td>
</tr>
</tbody>
</table>


**Colorectal Cancer Incidence by Race/Ethnicity in 2009**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Incidence Rate (cases/100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>60.6</td>
</tr>
<tr>
<td>White</td>
<td>49.0</td>
</tr>
<tr>
<td>Overall</td>
<td>50.4</td>
</tr>
</tbody>
</table>

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.

Disparities are noted for Age Adjusted Death Rate by Prostate Cancer and the Incidence by Race/Ethnicity (Black greater than White or Other for both indicators), although the Rate of Prostate Cancer death meets the Healthy People 2020 National Health Targets.

Sussex County’s Age-Adjusted Death Rate by Prostate Cancer is 20.2 deaths /100,000 males


Age-Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity

Prostate Cancer Incidence Rate

Sussex County Prostate Cancer Incidence Rate is 154.6 cases/100,000 males


Prostate Cancer Incidence by Race/Ethnicity


Lung Cancer

Age-Adjusted Death Rate Due to Lung Cancer

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

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.

Disparities are noted for the Age-Adjusted Death Rated due to Lung Cancer and incidence rate by Gender (Male greater than Female). Male Death Rate has stabilized while Female Death Rate continues to increase. Incidence rate of Lung and Bronchus Cancer is noted to be higher in the White than the Black population.
Sussex County’s Age-Adjusted Death Rate due to Lung Cancer is 59.3 deaths/100,000 population during the period of 2005-2009


Age-Adjusted Death Rate due to Lung Cancer by Gender

Source: National Cancer Institute, (2009). Age-Adjusted Death Rate due to Lung Cancer by Gender http://statecancerprofiles.cancer.gov/deathrates/deathrate...

Lung and Bronchus Cancer Incidence Rate

Lung Cancer is the second most common cancer in the United States. There were approximately 219,440 new cases and 159,390 deaths in the United States in 2009.
Sussex County Lung and Bronchus Incidence rate was 84.0 cases/100,000 population in the time period of 2005-2009


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


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

Neck and Throat Cancer

Thyroid Cancer

There are four main types of thyroid cancer which are papillary, follicular, medullary, and anaplastic thyroid cancer with papillary the most common. Thyroid Cancer is frequently not identified until there is a sizable nodule due to 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. In 2013, there are an estimated 60,220 new cases of Thyroid Cancer and 1,850 Deaths in the U.S. due to Thyroid Cancer. Thyroid Cancer is trending higher in Delaware as well as the U.S.


### Known Risk Factors by Cancer Type

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>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</td>
</tr>
<tr>
<td>Colon/rectum</td>
<td>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</td>
</tr>
<tr>
<td>Lung</td>
<td>asbestos, diet low in fruits and vegetables, family history, radiation therapy, radon exposure, secondhand smoke, smoking (cigarettes, cigars or pipes), tuberculosis, workplace exposures</td>
</tr>
<tr>
<td>Oral cavity</td>
<td>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)</td>
</tr>
<tr>
<td>Prostate</td>
<td>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</td>
</tr>
<tr>
<td>Thyroid</td>
<td>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</td>
</tr>
</tbody>
</table>

**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 one out of every three 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.

**Percentage of High Blood Pressure Prevalence by Age**

![Percentage of High Blood Pressure Prevalence by Age](image)


**Percentage of High Blood Pressure Prevalence by Race/Ethnicity**

![Percentage of High Blood Pressure Prevalence by Race/Ethnicity](image)

Mental Illness

The data found for Mental Illness is from 2005-2009. It was noted that Delaware reported a mean score of 3.1 mentally unhealthy days in the past 30 days for individuals >=18 years of age reported by the Behavioral Risk Factor Surveillance System.

**Figure 1. Percentage of persons 12 years of age and older with depression by demographic characteristics: United States, 2005–2006**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5.4</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>12–17</td>
<td>4.3</td>
</tr>
<tr>
<td>18–39</td>
<td>4.7</td>
</tr>
<tr>
<td>40–59</td>
<td>7.3</td>
</tr>
<tr>
<td>60 and older</td>
<td>4.0</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>6.7</td>
</tr>
<tr>
<td>Male</td>
<td>4.0</td>
</tr>
<tr>
<td>Race and Hispanic origin</td>
<td></td>
</tr>
<tr>
<td>Mexican American</td>
<td>6.3</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>4.8</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>8.0</td>
</tr>
</tbody>
</table>

1Significantly different from all other age groups.
2Significantly different from men.
3Significantly different from non-Hispanic white persons.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.


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 population.**

**Sussex County reports 13.5 deaths/100,000 population.**

In 2007, Males were 4 times more likely than females to commit suicide. Whites were 2 times more likely than Blacks or Hispanics. Eight to 25 reported attempts are made for every actual suicide. Suicide is the 11th leading cause of death in the U.S and is trending up.
Age-Adjusted Death Rate due to Suicide by Race/Ethnicity


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, 2010).

Influenza vaccine is provided in Sussex County through multiple sources including physician offices, pharmacies and free vaccine clinics. Beebe Medical Center provides multiple Influenza Vaccine clinics throughout the season to prevent Influenza. It is noted that the percentage of vaccination is decreasing in the County, although it is the highest percentage in the state at 66.8%.
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 continues to lead the State by the largest percentage of people receiving the pneumonia vaccine.

Age-Adjusted Death Rate due to Influenza and Pneumonia

Sussex County rate is 11.1 deaths /100,000 population due to Influenza and Pneumonia

**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 dynamic and dichotomy 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 dichotomy. According to a key informant, a local community outreach nurse, the year round working residents have greater racial and ethnic diversity, with higher percentages of African American, Black, Hispanic 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 higher, and access to transportation, health care and physical activity 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 new 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.

**Colorectal Cancer – Majority Black Male**

- Colorectal Cancer Incidence by Race/Ethnicity
  
  **60.6 Black cases /100,000 population** compared to 49.0 White cases /100,000 population.

- Age Adjusted Death Rate due to Colorectal Cancer by Gender
  
  **21.5 male deaths /100,000 population** compared to 14.9 female deaths/100,000 population.

**Prostate Cancer – Majority Black Male**

- Prostate Cancer Incidence by Race/Ethnicity-
  
  **234.9 Black male cases /100,000 population** compared to 144.4 White male cases /100,000 population.

- Age Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity
  
  **50.9 Black male deaths/100,000 population** compared to 17.7 White male deaths/100,000 population.
Lung and Bronchus – Majority White Male

- Lung and Bronchus Cancer Incidence Rate by Gender
  99.0 male cases/100,000 population compared to 72.3 female cases/100,000 population.
- Age Adjusted Death Rate due to Lung Cancer
  72.5 male deaths/100,000 population compared to 48.5 female deaths /100,000 population.
- Lung and Bronchus Cancer Incidence by Race/ Ethnicity
  84.7 White cases /100,000 population compared to 75.7 Black cases/100,000 population.

Health Insurance – Least Insurance – Hispanic or Latino

- Adults with Health Insurance by Race Ethnicity  87.8% Black or African American, 87.7% White, non-Hispanic and 30.4% Hispanic or Latino

Poverty

- Populations who have a higher percentage living below poverty are Other 26%, Two or more races 24.0%, Hispanic or Latino 24.6% and Black or African American 23.9%.

As noted above the Disparities are mixed across races and ethnicities with males being the primary gender noted for the cancers listed.

In conclusion, in Section 1 of Beebe’s Community Assessment we attempted to provide a well-rounded view and identify needs from data of Delaware, Sussex County and our specific service area. The impact of chronic illness, specifically obesity, cancer and mental illness is well illustrated by the secondary data available. Below we will further detail the data collection process, both primary and secondary and illustrate the connection between the two data types. Then, we will describe the key themes that emerged and the plan to develop implementation strategies to address the identified needs.
Section 2: Approach and Methodology

Overview

Beebe Medical Center began the comprehensive Community Health Needs Assessment process in the summer of 2012, 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 VHA Inc. 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 (see Appendix A). 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. Lastly, key informant interviews were completed with community stakeholders.

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. Along with this, staff 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 health care system.

**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 Patient Protection and Affordable Care Act of 2010 (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.
Collaborating Organizations: Health Sussex County Task Force

Beebe Medical Center 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 Medical Center'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, the Medical Center 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
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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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 amongst 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 two focus areas the task force decided to target in 2012 were diabetes care and mammography. A primary aim of this task force effort was to increase the number of residents in Sussex County who receive diabetes testing and self-management education, and complete breast cancer screenings. 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.

**Needs Assessment Time Line**

**Step 1. Identify the population that needs to be assessed, May – September 2012**

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 were compiled and a windshield survey was taken to take a snapshot look at Sussex County.

**Step 2. Identification of health priorities, October – December 2012**

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 – April 2013**

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.

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 (July – Sept 2013)

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.

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 2012, Task Force members researched validated needs assessment tools and designed a survey and interview questionnaire in English and Spanish collaboratively (see Appendices E and F). In January of 2013, 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 addition, the Healthier Sussex County website has been utilized to communicate regarding the Community Health Needs Assessment and served as the platform for the on-line survey tool disseminated in Sussex. 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.

Stakeholders

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 – Bayhealth, 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 600, 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, 85 individuals and leaders across Sussex County provided responses (see Tables below for detailed listing of organizations and stakeholders, see Appendix for contact information).
<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s Association</td>
<td>Mid-Atlantic AIDS Training Center</td>
</tr>
<tr>
<td>American Cancer Society</td>
<td>Public Health Nurses (Milford, Georgetown, Milton)</td>
</tr>
<tr>
<td>American Diabetes Association</td>
<td>Southern Delaware Tourism</td>
</tr>
<tr>
<td>Bayhealth, Beebe, &amp; Nanticoke Employees (Social workers, discharge planners, patient access and financial services representatives, medical staff)</td>
<td>Strong Communities</td>
</tr>
<tr>
<td>Beebe Community Outreach &amp; Home Health</td>
<td>Sussex County Association of Towns</td>
</tr>
<tr>
<td>Camp Rehoboth</td>
<td>Sussex Child Health Promotion Coalition</td>
</tr>
<tr>
<td>Delaware Association of Hispanic Nurses</td>
<td>Sussex County Churches</td>
</tr>
<tr>
<td>Delaware Breast Cancer Coalition</td>
<td>Sussex County Chambers of Commerce</td>
</tr>
<tr>
<td>Delaware Healthcare Commission</td>
<td>Sussex County EMS</td>
</tr>
<tr>
<td>Delaware Hospital Association</td>
<td>Sussex County Libraries</td>
</tr>
<tr>
<td>Delaware Hospice (Milford, Georgetown)</td>
<td>Sussex County Fire Stations</td>
</tr>
<tr>
<td>Division of Public Health-Georgetown</td>
<td>Sussex Restaurant Association</td>
</tr>
<tr>
<td>Easter Seals</td>
<td>Sussex County Senior Centers (CHEER)</td>
</tr>
<tr>
<td>Ellendale Recovery Response Center</td>
<td>Sussex County Veterans Groups</td>
</tr>
<tr>
<td>High School Wellness Centers (Lewes, Georgetown, &amp; Indian River)</td>
<td>VFW/American Legion</td>
</tr>
<tr>
<td>Hope Medical Center</td>
<td>YMCA-Rehoboth</td>
</tr>
<tr>
<td>La Esperanza</td>
<td></td>
</tr>
<tr>
<td>La Red Federally Qualified Health Center</td>
<td></td>
</tr>
<tr>
<td>Law Enforcement Agencies (Milford, Georgetown, Lewes, &amp; State)</td>
<td></td>
</tr>
<tr>
<td>Mountaire &amp; Perdue Chicken Plants</td>
<td></td>
</tr>
<tr>
<td>Nanticoke Indian Center</td>
<td></td>
</tr>
<tr>
<td>Peninsula Home Care</td>
<td></td>
</tr>
<tr>
<td>People’s Place</td>
<td></td>
</tr>
</tbody>
</table>
Section 3: Health Needs Identified by Community Members

Primary and secondary data, which included information gathered through 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 carried out 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 – Bayhealth, 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 600, 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 stake holders, 85 individuals and leaders across Sussex County provided responses.
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 cancer (39.4%) followed by obesity (31.8%). Three additional health issues were diabetes (26.2%), heart disease (23.9%), and mental health (12.9%).

![Image of CHNA Preliminary Results for Healthier Sussex County](image-url)
Greatest Barriers: Numerous barriers can be found in the ability for community members to receive necessary health care. After surveying, the community identified cost/insurance aspect (67.9%) of health care as the most problematic barrier to receiving significant and appropriate health care. The second barrier was prescription/medication costs (19.9%) followed by access/availability of health care (13.2%), lack of specialty physicians (13%), transportation to receive care (10%), and language/cultural barriers (7.5%).
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 (35.4%), followed by African Americans (28.4%), White (29.4%), and Asians (6.8%). It may be necessary to look at the percentage of survey respondents whom included White (84.1%), African American (8.6%), Hispanic (6.8%), and Asian (0.6%).
**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 amongst community members was utilization of doctor’s offices (83.3%). Public health clinics were only used by 5.7% of the respondents, followed by urgent/walk-in clinic’s (5.4%), emergency room visits (3.5%), and other forms (2.1%). Primary care physicians are community members’ choice of health care when needed.
**Self-Reported Preventative Screenings:** It is important to understand the preventative screenings 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 Mammograms (Female 45+) (94%), followed by blood pressure checks (74.6), and general health exams and PAP (Female 18+) (69.9%). Other preventative measures that were taken at a fairly high rate were cholesterol (66.3%), and blood sugar (62.5%). Screenings less than 50% were colon cancer (45+ years) (44.4%), EKG testing (42.7%), and general immunizations (41.2%). Those less than 50% could be a result of non-necessary procedures if other preventative testing was completed. Furthermore, many of the preventative screening results should be done yearly, particularly with certain risk factors such as age, which may not appropriate determine if community members are taking particularly „good” attention to specific health needs or concerns they should be having.
**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, high cholesterol was the most addressed issue by healthcare providers (38%). This was closely followed by high blood pressure (38.0%), which is likely because they are co-morbidities and highly causal. Others include weight problems (25.2%), diabetes (14.5%), and heart problems 13.7%.

It is interesting to note, Delaware Health Tracker 2010 reports that in Sussex County approximately 33.7% of the adult population is Obese, which would show some discrepancy in the number of adults who report being told they have weight issues. This is slightly lower than what the CDC reports as the national average of approximately 35.7% of obese adults, but Sussex County is higher than the State Average of 28.8%.

In terms of Diabetes, the Delaware Health Tracker reported in 2010 that 11.6% of adults in Sussex County are living with diabetes, which is lower than the reported number of individuals saying they have been told they have diabetes (14.5%). This could likely include individuals who are pre-diabetic, which could attribute to the difference in percentages.
**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. Not surprising, given the community landscape, that nearly 89.5% of community members bought food from farmers markets. Additionally, 52.0% eat food from a personal garden. This goes hand in hand with the reported nutritional practices of eating 5 fruits and vegetables each day (73.4%). Additionally, 43.5% claim to eat fast food more than 1x per week. Physical activity was reported by 60% that claimed to have exercised for 30 minutes per day, 5 days per week. Over reporting may be likely due to discrepancy of the term “exercise” which can be defined differently by each individual, many of whom do not know the exercise recommendations for health benefits as stated by the CDC. These exercise standards include at least 150 minutes each week of moderate-intensity aerobic activity (i.e. brisk walking) or 75 minutes a week of vigorous intensity aerobic activity (i.e. running). It also includes muscle-strengthening activities on 2 or more days a week that work all major muscle groups. The reported number of individuals through the Community Health Needs Assessment may not know these standards or the difference between moderate and vigorous exercise which help aid in providing the positive health benefits that exercise facilitates. Furthermore, the national average of 48.4% of adults who met aerobic physical activity standards and only 24.0% of adults meeting muscle strengthening physical activity guidelines is much lower than the reported 60% of individuals meeting the standards for aerobic activity. This is likely a skewed since other health indicators and reports would likely be lower with 60% of the Sussex County theoretically exercising to CDC standards.

<table>
<thead>
<tr>
<th>Health Habit</th>
<th>% Responding Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat 5 fruits &amp; vegetables each day</td>
<td>73.4%</td>
</tr>
<tr>
<td>Eat fast food more than 1x per week</td>
<td>43.5%</td>
</tr>
<tr>
<td>Exercised 30 mins per day-5 days per week</td>
<td>60.0%</td>
</tr>
<tr>
<td>Bought food from farmers market</td>
<td>89.5%</td>
</tr>
<tr>
<td>Eaten food from personal garden</td>
<td>52.0%</td>
</tr>
</tbody>
</table>
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 Medical Center, 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 Medical service areas in which the Community Survey results were broken down further: Bethany/South Bethany (19930), Dagsboro (19939), Dewey/Rehoboth Beaches (19930), Fenwick Island (19944), Frankford (19945), Georgetown (19944), Lewes (19958), Long Neck/Millsboro (19966), Millville (19967), Milton (19968), Ocean View (19970), and Selbyville (19975).

Community Survey: Greatest Health Care Needs

<table>
<thead>
<tr>
<th>% Response (Note some checked multiple boxes)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>43.9%</td>
</tr>
<tr>
<td>Obesity</td>
<td>28.9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>26.4%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>25.3%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>12.8%</td>
</tr>
<tr>
<td>Other</td>
<td>7.3%</td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

Survey respondents from the survey zip codes within the immediate Beebe service area were very similar to the county wide results. It is interesting to note that both cohorts expressed greater concern for cancer than obesity. However, when focus group/stakeholder interviews and secondary data was collected and taken into account, obesity supersedes as the greatest health concern.
### Community Survey: Greatest Health Care Barriers

<table>
<thead>
<tr>
<th>Barriers</th>
<th>% Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost/Insurance</td>
<td>68.2%</td>
</tr>
<tr>
<td>Prescription Medication Cost</td>
<td>22.4%</td>
</tr>
<tr>
<td>Access/Availability of Services</td>
<td>11.3%</td>
</tr>
<tr>
<td>Lack of Specialty Physicians</td>
<td>13.8%</td>
</tr>
<tr>
<td>Transportation</td>
<td>9.8%</td>
</tr>
<tr>
<td>Language</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

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 regard to the lack of specialty physicians, which is an important to address in terms of improving health care services in the future for Beebe Medical and its patients.

### Community Survey: Travel Outside the Beebe Medical Service Area for Care

<table>
<thead>
<tr>
<th>Response</th>
<th>% Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26.9%</td>
</tr>
<tr>
<td>No</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

Almost a third of Beebe Medical’s service area populations are seeking health care elsewhere. A variety of explanations could be made, one being the influx of a growing population into the Sussex County area and individuals retaining previous health care providers in their original home states. Additionally, the lack of access and availability to health care providers close by, as well as lack of specialists physician specialist in the area may provide reason for the distinct number of individuals seeking health care outside the service area.
Community Survey: Told by Healthcare Provider Have

<table>
<thead>
<tr>
<th>Condition</th>
<th>% Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Cholesterol</td>
<td>39.7%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>33.3%</td>
</tr>
<tr>
<td>Weight Problems</td>
<td>23.8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14.2%</td>
</tr>
<tr>
<td>Heart Problems</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

The results are a direct mirror in terms of the entire Sussex County Community Survey results. It is important to recognize the smaller percentage of reported „Weight Problems” as told by a health care provider, while obesity remains the second most reported health issue. Additionally, it is important to address the higher number of those being told they have high cholesterol and high blood pressure but not weight problems. The gap may be caused because of the ability for providers to directly treat high cholesterol and high blood pressure, but not directly solve the weight problem that could be the foundation for the development of many chronic conditions, such as high cholesterol and high blood pressure.
Stakeholder and Focus Group Results and Analysis

After completing data collection from secondary sources and via community surveys, 85 individuals were either surveyed with open ended style questions, were interviewed one on one, or shared information through focus groups. 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 greater access to high quality care that is timely and convenient. 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
Stakeholders had a variety of responses when asked what they thought health care systems could do to improve Quality of Life and health in the community. The most common responses included (1) increased quality and access through more providers (both primary care and specialists), (2) lower health care costs, (3) better access to transportation, (4) better insurance coverage, (5) better health condition/prevention education is needed, (5) more screenings.
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.

Accessibility and Adequacy of health care and services in Sussex County
Stakeholders seemed 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 there is a lack of providers and lack of providers who will see patients with no insurance coverage. Sussex County specifically lacks in mental health care services in a few ways. To date, there are no detoxification units, long term inpatient care services, or children/adolescent mental health care accessibility.

Furthermore, the 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. More specifically there is 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.

**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 driven areas. 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 the next issue that is 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 through text messaging, e-mail, and public awareness activities.

**Perception of Health Care Services**

Community Leaders and Stakeholders seems to agree that health care services are only being utilized by community members to receive treatment for health issues rather than the preventative side of health care (screenings, healthy lifestyle programs, check-ups, etc.). Individuals see health care as expensive and at times difficult to navigate. Overall, the greatest needs are similar to what have been addressed above which include access to care both transportation and available physicians. More funds to help alleviate costs of health care and provide education about prevention of disease and healthy lifestyles is necessary.

Overall, Stakeholders have found that community members cannot grasp the concept of preventative health and its impact on overall health and health outcomes. If community members do understand and value preventative health they do not necessarily act in a preventative manner. Simply, the community at large needs to start seeking care to prevent the onset of disease, but health care providers must improve engagement efforts.
Statewide Community Health Needs Assessment

In 2012, 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 to be used 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 was 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 Medical Center, 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, impact and sustainability of all implementation efforts.
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 Medical Center’s Population and Community Heath 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 Medical Center’s vision and mission. Ultimately, all involved parties were in agreement regarding the prioritization of needs, which span from the inside of the hospital far out in to the most underserved areas of the community. The five highest ranking needs, in order are:

1. Obesity
2. Cancer
3. Mental/behavioral health
4. Cost/health insurance/access
5. Transportation

Obesity remains a growing epidemic and issue health care must address. Obesity has been associated with numerous morbidities that create costly health care utilization. According to Trogdon and colleagues (2012), obesity across all payers is $1,429 higher per year (42%) than someone of normal weight. Additionally, nearly 52.6 million physicians visits are attributed to obesity and 39.2 million days of lost work due to obesity related issues take place.

Quality of life among cancer patients is a growing concern as patients are surviving more often and longer than ever before, but this comes 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 is 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 at large (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).

Behavioral & Mental Health is a necessary and 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).

Improved transportation services are an area of necessary growth in health care and noted to be an issue for residents across the Beebe service area. Currently, Beebe”s Tunnell
Cancer Center provides van transportation for oncology patients receiving services throughout the state. Ideally, these services would be supported by additional county wide transportation resources via community organizations and state funded programs. Of the five identified needs in the community health needs assessment, Beebe has chosen not to initiate a specific plan of action for transportation as organization leadership feels that this priority is most effectively managed on a more broad scale and by the local and state government agencies responsible for providing public transportation networks.

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. Obesity Prevention and Treatment
2. Cancer Screening, Education and Prevention
3. Access to care and coverage for services
4. Mental health and substance abuse services.
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 Medical Center 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 2013.
Report and Availability

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


Beebe Medical Center, Medical Staff Development Plan July 1, 2012 to June 30, 2013. 3D Health Inc., Health primary research.


Appendix A: Leadership and Needs Assessment Participants

Listing of Board of Directors
for
Beebe Medical Center

BEEBE MEDICAL CENTER

The Honorable William Swain Lee,
Chairman
Jacquelyn O. Wilson, Ed.D., Vice Chair
Jeffrey M. Fried, FACHE, Secretary
Paul T. Cowan, Jr. D. O., Treasurer
James D. Barr
J. Kirkland Beebe, M. D.
Steven D. Berlin, M. D.
William L. Berry, CPA
The Honorable Joseph W. Booth
Stephen M. Fanto, M. D.
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
Patti D. Shreeve, R.N.
Theodore W. Becker
Joseph W. Booth
Bhaskar S. Palekar, M. D.
Ileana M. Smith, Ed.D.
Angela Dunmore

BEEBE POPULATION HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT TEAM

Megan M. Williams, APRN, FNP
Elizabeth West, RN
Doris Hensler, RN
Martha Brooks, RN, MSN
Kelsey Brayman, BS, Population Health Intern
# Healthier Sussex County Task Force

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terry Murphy, FACHE</td>
<td>CEO/Bayhealth Medical Center</td>
</tr>
<tr>
<td>Steve Rose, RN, MN</td>
<td>CEO/Nanticoke Health Services</td>
</tr>
<tr>
<td>Jeff Fried, FACHE</td>
<td>CEO/Beebe Medical Center</td>
</tr>
<tr>
<td>Kelly Griffin</td>
<td>Beebe Medical Center</td>
</tr>
<tr>
<td>Sharon Harrington</td>
<td>Nanticoke Health Services</td>
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<tr>
<td>Melinda Huffman</td>
<td>Nanticoke Health Services</td>
</tr>
<tr>
<td>Judith Ramirez</td>
<td>Beebe Medical Center</td>
</tr>
<tr>
<td>Nancy Street</td>
<td>Beebe Medical Center</td>
</tr>
<tr>
<td>Don Tricarico</td>
<td>Nanticoke Health Services</td>
</tr>
<tr>
<td>Lucinda Mancuso</td>
<td>Nanticoke Health Services</td>
</tr>
<tr>
<td>Kay Malone</td>
<td>La Red Health Center</td>
</tr>
<tr>
<td>Tres Perot</td>
<td>Nanticoke Health Services</td>
</tr>
<tr>
<td>Catherine Salvato</td>
<td>Bayhealth Medical Center</td>
</tr>
<tr>
<td>Megan Williams</td>
<td>Beebe Medical Center</td>
</tr>
<tr>
<td>Michael Ashton, FACHE</td>
<td>Bayhealth Medical Center</td>
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<tr>
<td>Eric Gloss, DO</td>
<td>Bayhealth Medical Center</td>
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<tr>
<td>Pam Marecki</td>
<td>Bayhealth Medical Center</td>
</tr>
<tr>
<td>Joyce Webb</td>
<td>Bayhealth Medical Center</td>
</tr>
<tr>
<td>Betsy Wheeler</td>
<td>Wheeler Associates Management Services</td>
</tr>
<tr>
<td>JoEllen Workman, RN, MSN, MHSA</td>
<td>Bayhealth Medical Center</td>
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## Stakeholders and Community Partners

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<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
<th>Role/Title</th>
<th>Contact Person</th>
<th>Role/Title</th>
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<tbody>
<tr>
<td>American Cancer Society</td>
<td>Beverly Furst</td>
<td>Representative</td>
<td>Pat Lincoln</td>
<td>Site Director</td>
</tr>
<tr>
<td>Diabetes Coalition</td>
<td>Betsy Wheeler</td>
<td>Advocate</td>
<td>Cheryl Rogers</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Bayhealth, Beebe, &amp; Nanticoke Employees (Social workers, discharge planners, patient access and financial services representatives, medical staff)</td>
<td>Multiple</td>
<td>Southern Delaware Tourism</td>
<td>Scott Thomas</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Beebe Population Health &amp; Community Outreach</td>
<td>Megan Williams</td>
<td>Director of Population Health</td>
<td>Michelle Johnson</td>
<td>Community Development Specialist</td>
</tr>
<tr>
<td>Beebe Home Health Agency</td>
<td>Joan G. Thomas, RN, MS, FACHE</td>
<td>Special Consultant to the President</td>
<td>Bob Ricker</td>
<td>President</td>
</tr>
<tr>
<td>Camp Rehoboth</td>
<td>Steve Elkins</td>
<td>Executive Director</td>
<td>Peggy Geisler</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Delaware Association of Hispanic Nurses</td>
<td>Ludmila Santiago-Rotchford</td>
<td>Clinical Nurse Specialist</td>
<td>Todd Lawson</td>
<td>County Administrator</td>
</tr>
<tr>
<td>Delaware Breast Cancer Coalition</td>
<td>Connie Holdridge</td>
<td>Program Manager</td>
<td>Eric Huovinen</td>
<td>Special Operations Coordinator</td>
</tr>
<tr>
<td>Delaware Healthcare Commission</td>
<td>Jill Rodgers</td>
<td>Executive Director</td>
<td>Stan Pollakof</td>
<td>Library Director</td>
</tr>
<tr>
<td>Delaware Hospice (Milford)</td>
<td>Cheryl Doucette</td>
<td>Community</td>
<td>Pennel Barrett</td>
<td>Sussex County Fire Chief</td>
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<td>Sussex County Association of Towns</td>
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<tr>
<td><strong>Georgetown)</strong></td>
<td><strong>Education Coordinator</strong></td>
<td><strong>Association President</strong></td>
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<td></td>
<td>Luanne Holland</td>
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<td></td>
<td>Volunteer of the Year</td>
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<th><strong>Sussex Restaurant Association</strong></th>
<th><strong>Sussex County Senior Centers (CHEER)</strong></th>
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<tbody>
<tr>
<td>Kathleen Russell, Deputy County Health Administrator Kent and Sussex Counties Division of Public Health</td>
<td>Carrie Leishman-President &amp; CEO</td>
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<th><strong>Sussex County Veterans Groups</strong></th>
<th><strong>Roslyn Harris- Director</strong></th>
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<tbody>
<tr>
<td>Leslie Gale- Representative Ford Waggoner-Director of Marketing</td>
<td>David Skocik-President</td>
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<tr>
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<th><strong>Sussex County Veterans Groups</strong></th>
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<tbody>
<tr>
<td>Gene Johnson-President/CEO</td>
<td></td>
<td>Carrie Leishman-President &amp; CEO</td>
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<th><strong>High School Wellness Centers</strong> (Lewes, Georgetown, &amp; Indian River)</th>
<th><strong>VFW/American Legion</strong></th>
<th><strong>President</strong></th>
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<tbody>
<tr>
<td>Maribel Garcia Medical Director</td>
<td>David Skocik-President</td>
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<tr>
<th><strong>La Esperanza</strong></th>
<th><strong>YMCA-Rehoboth</strong></th>
<th><strong>Terry Rasberry –Executive Director</strong></th>
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<tbody>
<tr>
<td>Claudia Porretti-Executive Director</td>
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<th><strong>Mountaire: Mike Tirrell –VP of Human Resources and Business Services</strong></th>
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<tr>
<td>Jess Quintero – Health Ambassador</td>
<td></td>
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<th><strong>Mountaire &amp; Perdue Chicken Plants</strong></th>
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<tr>
<td>Mountaire: Mike Tirrell –VP of Human Resources and Business Services</td>
<td>Herman Robbins-Chief</td>
<td>Sandra Russ-RN, BSN</td>
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<tr>
<th><strong>People’s Place</strong></th>
<th><strong>Nancy Carranza-Social Worker</strong></th>
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FINANCIAL REPORT & COMMUNITY BENEFIT REPORT

Comparative Consolidated Statements of Operations for the twelve months ending June 30, 2012

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<td>Total Net Patient Revenue</td>
<td>$280,375,081</td>
<td>$262,108,200</td>
</tr>
<tr>
<td>Other Operating Revenues</td>
<td>3,814,988</td>
<td>4,626,102</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>$284,190,069</td>
<td>$266,734,302</td>
</tr>
</tbody>
</table>

|                          |           |           |
| **OPERATING EXPENSES**   |           |           |
| Salaries                 | $105,665,987 | $96,408,723 |
| Contract Labor           | 4,584,949  | 5,383,890  |
| Employee Benefits        | 36,795,988 | 34,428,121 |
| Physician Fees           | 7,977,364  | 8,236,434  |
| Patient-related Supplies & Services | 56,002,940 | 51,515,788 |
| Non-patient-related Supplies | 3,648,547      | 3,513,988      |
| Utilities                | 5,563,866  | 5,526,697  |
| Insurance                | 2,331,896  | 1,284,162  |
| Depreciation and Amortization | 19,466,766 | 17,281,930 |
| Interest                 | 2,225,623  | 2,401,712  |
| Bad Debt                 | 13,350,873 | 13,205,113 |
| Repairs & Maintenance    | 5,790,487  | 5,523,619  |
| Other Expenses           | 24,043,003 | 21,592,220 |
| Total Operating Expenses | $387,444,429 | $366,250,997 |

|                          |           |           |
| **ANALYSIS OF SERVICE**  |           |           |
| Admissions               | 8,761     | 8,794     |
| Average Length of Stay (Days) | 4.15     | 4.19     |
| Inpatient Days of Care   | 36,333    | 36,833    |
| Cathlab Catheterization Procedures (Inpatient and Outpatient) | 1,709 | 1,454 |
| Births                   | 889       | 829       |
| Emergency Visits, including Millville seasonal facility | 50,849 | 50,403 |
| Laboratory Tests (Outpatient) | 675,959 | 626,840 |
| Radiation Oncology Procedures (Outpatient) | 10,415 | 9,469 |
| Radiation Procedures (Outpatient) | 108,728 | 106,615 |
| Rehabilitation Visits (Outpatient) | 72,839 | 72,100 |
| Surgical Procedures (Inpatient and Outpatient) | 12,710 | 11,780 |
| Beebe Physician Network Visits (Office Visits plus OP Visits) | 67,034 | 44,777 |
| Beebe Physician Network Hospital Inpatient Visits | 38,672 | 33,768 |
| Home Health Visits       | 13,854    | 13,507    |

Appendix B: Beebe Medical Center Community Benefit Report
Fiscal Year 2012
Financial Summary for Fiscal Year Ended June 30, 2012

<table>
<thead>
<tr>
<th>Service</th>
<th>Community Benefit Cost</th>
<th>COMMUNITY BENEFIT COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity care (at cost)</td>
<td>$3,742,970</td>
<td></td>
</tr>
<tr>
<td>Bad debt (at cost)</td>
<td>$5,328,554</td>
<td></td>
</tr>
<tr>
<td>Government-sponsored Healthcare (net loss)</td>
<td></td>
<td>$34,713,269</td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td>6,237,272</td>
</tr>
<tr>
<td>Total Net Expense</td>
<td></td>
<td>8,950,541</td>
</tr>
<tr>
<td>Community Benefit Program (net loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Fair</td>
<td>$45,300</td>
<td></td>
</tr>
<tr>
<td>Health Promotion &amp; Wellness Programs</td>
<td>$282,456</td>
<td></td>
</tr>
<tr>
<td>School-based Wellness Programs</td>
<td>$355,094</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Services</td>
<td>$132,149</td>
<td></td>
</tr>
<tr>
<td>Sexual Assault Nurse Examiner Programs</td>
<td>$173,185</td>
<td></td>
</tr>
<tr>
<td>Oncology Research Program</td>
<td>$146,396</td>
<td></td>
</tr>
<tr>
<td>Interpreter Services</td>
<td>$103,108</td>
<td></td>
</tr>
<tr>
<td>Physician Services</td>
<td>$625,922</td>
<td></td>
</tr>
<tr>
<td>Physician Practice Guarantees</td>
<td>$2,940,008</td>
<td></td>
</tr>
<tr>
<td>Workforce Development with Educational Institutions</td>
<td>$322,988</td>
<td></td>
</tr>
<tr>
<td>Sponsorships</td>
<td>$103,512</td>
<td></td>
</tr>
<tr>
<td>Gulf House Adult Day Care</td>
<td>$443,958</td>
<td></td>
</tr>
<tr>
<td>Total Cost of Community Benefits</td>
<td></td>
<td>16,104,268</td>
</tr>
</tbody>
</table>

TOTAL COMMUNITY BENEFIT FOR 2012: $86,126,423

COMMUNITY HEALTH DOLLARS SPENT

<table>
<thead>
<tr>
<th>Cost of Charity Care &amp; Bad Debt</th>
<th>Expenses from Medicare and Medicaid Not Reimbursed</th>
<th>Community Benefit Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,071,516</td>
<td>$58,950,541</td>
<td>$16,104,268</td>
</tr>
</tbody>
</table>
Appendix C: Beebe Financial Assistance Program

Charity and Financial Assistance Policy - Screening for Life and CHAP

Charity and Financial Assistance Policy – Screening for Life and CHAP

Value Statement

Beebe Medical Center 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. Beebe Medical Center 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 Medical Center. Beebe Medical Center will cooperate and assist all patients in the fulfillment of their financial responsibility. This cooperation includes assistance with enrollment in public or private insurance programs, charity-based programs, financial assistance programs, or other third-party payment programs. Patients have the responsibility to provide timely and accurate information when seeking consideration under the Beebe Medical Center Charity and Financial Assistance Policy.

Definitions

Uninsured Payment Policy: Uninsured 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, will be offered a discount of 10% of billed charges if the claim is paid within 30 days from the date of first billing statement.

Charity Policy: Uninsured or underinsured patients with family income up to 200% of the current Federal Poverty Level are eligible for participation in the hospital's charity program. Patient balances will be deemed to be hospital charity. A patient may be deemed to be ineligible under the Charity Policy if, in the judgment of Beebe Medical Center, the patient is eligible for Medicaid or other third-party reimbursement programs and refuses to apply for those benefits. Approval of the Beebe Medical Center program will remain in effect for a period of one year.

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 two most recent years (mandatory requirement) 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

Area of residency in Beebe Medical Center'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
Financial Assistance Policy: Financial aid 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 uninsured 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 uninsured or persons with family income between 300% and 400% of Federal Poverty Level who participate in a payment plan.

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

Policy

Notice of Financial Assistance: Beebe Medical Center's mission is to provide quality care to all who need it, 24 hours a day, seven days a week, 365 days a year. 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.

If you do not have health insurance, or worry that you may not be able to pay for part or all of your hospital care, Beebe Medical Center 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 free 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.

The Beebe Medical Center Financial Assistance program will remain in effect for a period of one year from your approval date. If you are currently active under the CHAP or Delaware Medicaid Program you may remain active under Beebe Medical Center's program until your CHAP or Medicaid Program expires or until eligibility changes.

For more information, please contact a financial assistance counselor at the hospital's Cashier Office, or ask to speak with a CHAP counselor. Screening for Life and CHAP is the Community Health Access Program for uninsured Delaware residents who meet specific financial requirements. The programs are administered by the Delaware Health Care Commission. All information you provide to Beebe Medical Center 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.
Appendix D: County Health Rankings

The County Health Rankings & Roadmaps program is a 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, 2013

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>New Castle County</th>
<th>Sussex County</th>
<th>Kent County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Mortality</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Morbidity</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Health Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Note. Adapted from County Health Rankings & Roadmaps. (2013). 2013 Rankings Delaware.

http://www.countyhealthrankings.org/sites/default/files/states/CHR2013_DE_0.pdf
Appendix E: Needs Assessment Community Survey

1. What do you feel is the biggest health care issue for members of our community?
   - [ ] Cancer
   - [ ] Injury Prevention
   - [ ] Mental Health
   - [ ] Other: ___________
   - [ ] Diabetes
   - [ ] Heart Disease
   - [ ] Obesity: ___________

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?
   - [ ] Access/Availability of Services
   - [ ] Language/Cultural Barriers
   - [ ] Prescription Medication Costs
   - [ ] Cost/Health Insurance
   - [ ] Lack of Specialty Physicians
   - [ ] Transportation

4. Which of these groups do you believe is most in need of increased health outreach?
   - [ ] African American
   - [ ] Hispanic
   - [ ] Asian
   - [ ] White

5. Where do you go for routine health care?
   - [ ] Doctor's Office
   - [ ] Emergency Room
   - [ ] Other: ___________
   - [ ] Urgent/Walk-in Care
   - [ ] Public Health Clinic

6. Do you travel outside of the area for health care?
   - [ ] Yes
   - [ ] No
   - If you answered “Yes” Where: ______________________________
   - Reason: ______________________________

7. Which preventative procedures have you had in the last 3-5 years?
   - [ ] General Health Exam
   - [ ] Blood Sugar Check
   - [ ] Mammogram
   - [ ] Blood Pressure Check
   - [ ] Cholesterol Screening
   - [ ] Pap Smear
   - [ ] EKG
   - [ ] Immunizations
   - [ ] Colon Cancer Screening

(Over)
Community Health Survey

(Continued from front)

8. Have you ever been told by a healthcare provider that you have any of the following:
   - Heart Problems
   - Diabetes
   - High Cholesterol
   - Weight Problems
   - High Blood Pressure

9. When was your last routine healthcare visit?
   - Past 1-3 Months
   - Past 4-6 Months
   - Past 6 Months to 1 Year
   - Past 1 Year to 2 Years
   - Past 2+ Years
   - Do Not Know

10. 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
   - Bought food from a local farmer's market? □ Yes □ No
   - Eaten food from your own garden? □ Yes □ No

Tell us about yourself: (Please circle and fill in blank)

<table>
<thead>
<tr>
<th>Zip Code Where you Live:</th>
<th>African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>Asian</td>
</tr>
<tr>
<td>18-44 yrs old</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Male</td>
<td>Hispanic</td>
</tr>
<tr>
<td>45-64 yrs old</td>
<td>Other:____________</td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>65 yrs old</td>
<td></td>
</tr>
</tbody>
</table>
Appendix F: Stakeholder/Focus Group Questionnaire

Key Stakeholder ___Interview ___ Focus Group Questions

Name/ Title: 

Organization Representing: Date:

1. What is the number one thing that Beebe Medical Center 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 Kent/Sussex County:
   a. Primary care 
   b. Mental/ Behavioral Health 
   c. Human/ Social Services 
   d. Specialties (e.g. Cardiologist, Endocrinologist, Orthopedist, etc.)
      i. 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.)
Appendix G: Patient Centered Medical Home Community Resource Guide

Beebe Physician Network
Community Resources

October 31, 2012

Thank you to Population Health, The School Based Health Centers, and the PCMH Team for gathering and sharing this community information.

This document is a work in progress. If you need resources for services not listed or know of resources you would like to share/recommend please email them to Nancy Street at nystreet@andbreatheinc.com.
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

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

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

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

Medical Social Work
- Counseling and education regarding long-range planning and financial assistance
- Accessing available community resources
- Short-term counseling to assist with adjustment to illness
In-Home Services and Personal Assistance

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

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

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](http://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 Medical Center, 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.  Eric Kafka, Ph.D.
Licensed Psychologist
Shore View Medical
28342 Lewes-Georgetown Hwy.
Milton, DE 19968

142 2nd Street
Lewes, DE 19958
Phone: 302-645-0911
Fax: 302-645-0875
Phone: 302-853-0559
Fax: 302-231-2086
Dr. David Kalkstein, MD, PhD & Associates
18947 John J Williams Hwy, Lewes
(Medical Arts Bldg.)
(302)644-2773
Outpatient Facility
All Insurances
Takes: BCBS and Aetna

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

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

<table>
<thead>
<tr>
<th>Senior Center</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bridgeville Senior Center</strong></td>
<td>414 Market Street, Bridgeville, DE 19933</td>
<td>302-337-8771</td>
</tr>
<tr>
<td><strong>Cape Henlopen Senior Center</strong></td>
<td>11 Christian Street, Rehoboth Beach, DE 19971</td>
<td>302-227-2055</td>
</tr>
<tr>
<td><strong>Georgetown Senior Center</strong></td>
<td>546 South Bedford Street, Georgetown, DE 19947</td>
<td>302-856-5187</td>
</tr>
<tr>
<td><strong>Greenwood Cheer Center</strong></td>
<td>P.O. Box 341, Greenwood, DE 19950</td>
<td>302-349-5237</td>
</tr>
<tr>
<td><strong>Harbour Lights Cheer Center</strong></td>
<td>34211 Woods Edge Drive, Lewes, DE 19958</td>
<td>302-645-9239</td>
</tr>
<tr>
<td><strong>Indian River Senior Center</strong></td>
<td>322A Wilson Hwy, Millsboro, DE 19966</td>
<td>302-934-8839</td>
</tr>
<tr>
<td><strong>Laurel Senior Center</strong></td>
<td>113 North Central Avenue, Laurel, DE 19956</td>
<td>302-875-2536</td>
</tr>
<tr>
<td><strong>Lewes Senior Center</strong></td>
<td>32083 Janice Road, Lewes, DE 19958</td>
<td>302-645-9293</td>
</tr>
<tr>
<td><strong>Milford Senior Center</strong></td>
<td>111 Park Avenue, Milford, DE 19963</td>
<td>302-422-3385</td>
</tr>
<tr>
<td><strong>Nanticoke Senior Center</strong></td>
<td>310 Virginia Avenue, Seaford, DE 19973</td>
<td>302-629-4939</td>
</tr>
<tr>
<td><strong>Long Neck Cheer Center</strong></td>
<td>26089 Long Neck Rd, Millsboro, DE 19966</td>
<td>302-945-3551</td>
</tr>
<tr>
<td><strong>Ocean View Leisure &amp; Resource Center</strong></td>
<td>P.O. Box 637, Ocean View, DE 19970</td>
<td>302-539-2671</td>
</tr>
<tr>
<td><strong>Roxana Cheer Senior Center</strong></td>
<td>Pyle Center Rd., Roxana, DE 19945</td>
<td>302-732-3662</td>
</tr>
</tbody>
</table>

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:

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
Cheer’s Transportation Services
http://www.cheerde.com/transportation
Call 24 hours a day, 7 days a week: 302-856-5187
Transportation from home to Cheer Activity Center
Public Bus System: 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
  - http://www.dartfirststate.com/

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 - 302-856-7774 – ext.2 (Tim)
  - Persons of any age with a disability
  - Reserve 7 days in advance (space available basis)
  - Fee is $5. one way

Logisticare Solutions – Medicaid & Renal Dialysis
  - NO FEE
  - Reserve 48 hours in advance
  - Phone: 1-866-412-3778

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

Local Agency on Aging Office
- 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:

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

**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
- Pilates
- Senior Circuit
- Tai Chi
Annual $15 membership

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 and Urgent Care Facilities

Beebe Health Campus – Millville – (302)541-4175
Creekside Plaza, Rt. 26, Next To Food Lion
Memorial Day – Labor Day – 8 A.M. To 8 P.M.
Fall – Spring: Friday, Saturday, Sunday & Monday – 10:00 A.M. to 7:00 P.M.
Pay at Time of Service

La Red Health Center – (302)855-1233
21444 Carmean Way, Georgetown
Monday – Thursday – 8 A.M. – 7 P.M.
Friday – 8 A.M. – 5 P.M.,
Saturday 8 A.M. – 12:00 P.M.
Multi-Lingual
All Types of Payment Accepted

Medical Aid – Lewes – (302)227-6231
1309 Savannah Road
Monday – Saturday – 9 A.M. – 5 P.M.
Sunday – 9 A.M. – 1 P.M.
Fee - $120 + Testing Costs

Medical Aid – Long Neck (302)947-4111
Plaza Shopping Center
Monday, Wednesday, Friday, Saturday – 9 A.M. – 7 P.M.
Tuesday, Thursday, Sunday – 9 A.M. – 7 P.M.
Fee - $120 – Most Insurances Accepted

Atlantic Immedicare – (302)297-0396
Rite Aid Pharmacy, Millsboro
Monday – Friday – 10 A.M. – 8 P.M.
Saturday, Sunday – 10 A.M. – 5 P.M.
Fee - $49 – Testing $11. – Medicare Patient
Fee - $34.
No Insurance Accepted