

IMPLEMENTATION STRATEGY PLAN

(COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP))

2025



*Advancing Community Health
Through Action*



Beebe
Healthcare





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Beebe Healthcare welcomes questions and comments regarding its Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (otherwise known as the Community Health Improvement Plan (CHIP)), as it will be referenced here. The current and previous CHNAs can be accessed at [Beebe Healthcare](#).

Questions or comments regarding the Community Health Needs Assessment and Community Health Improvement Plan can be emailed to Kim Blanch.

kblanch@beebehealthcare.org

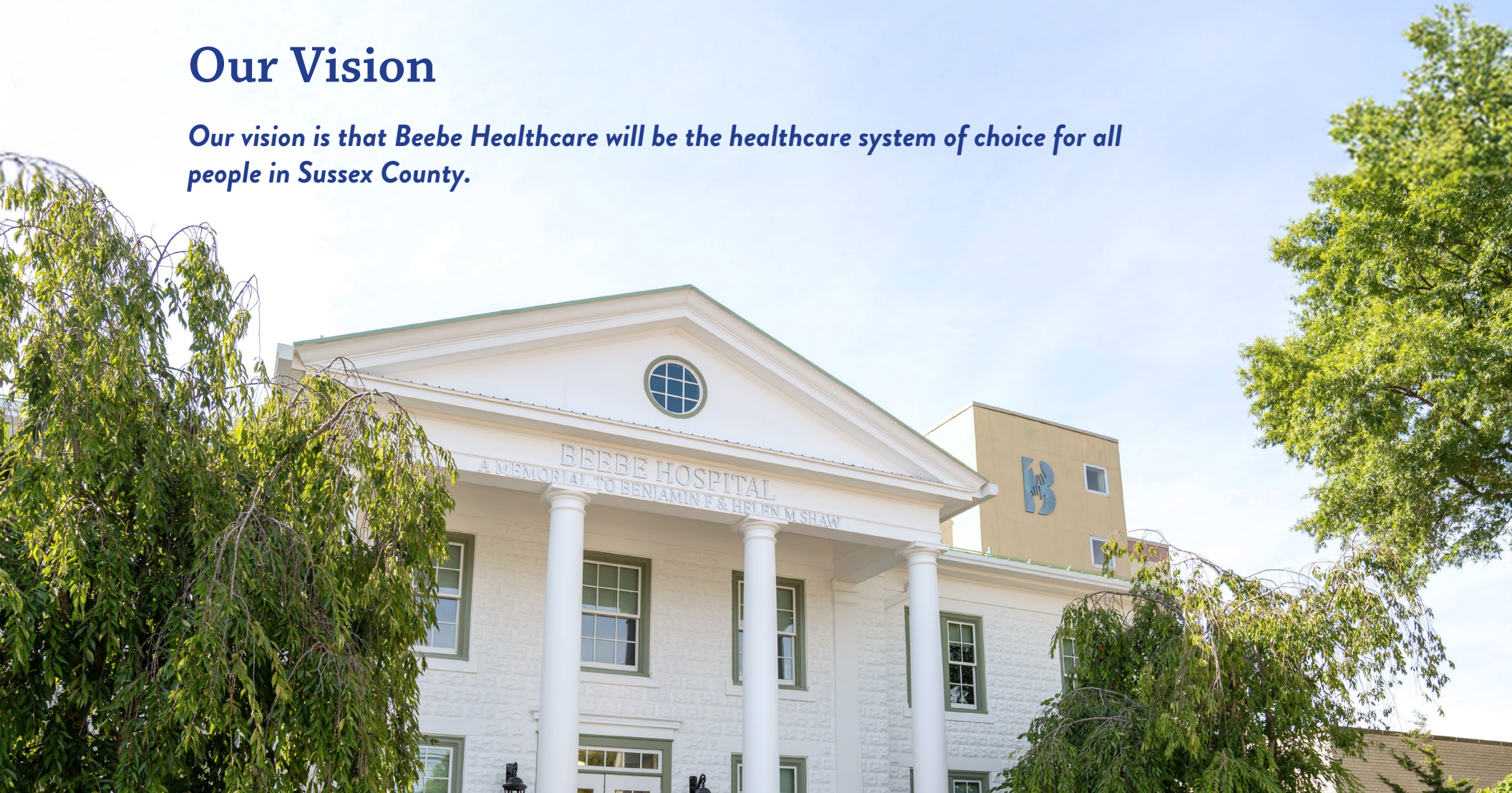


Our Mission

Beebe Healthcare'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

Our vision is that Beebe Healthcare will be the healthcare system of choice for all people in Sussex County.



The Community We Serve

Beebe Healthcare's primary service area includes the central and eastern portions of Sussex County, where most patients live and receive care. Communities such as Lewes, Rehoboth, Milford, Georgetown, Milton, Millsboro, and Bethany Beach represent the highest volume of inpatient and outpatient encounters, making them the core focus for identified health needs and priorities. By centering its CHNA and implementation strategies on these ZIP codes, Beebe Healthcare ensures that resources, partnerships, and programs are directly aligned with the populations most dependent on its services. At the same time, Beebe's commitment extends beyond this primary service area to all of Sussex County and the broader Delmarva Peninsula, where many individuals rely on the system for high-quality, compassionate care. This regional perspective reinforces Beebe Healthcare's mission as a trusted health leader, dedicated to improving outcomes for all who seek its services.





Map 1: Beebe Healthcare's Service Area Map

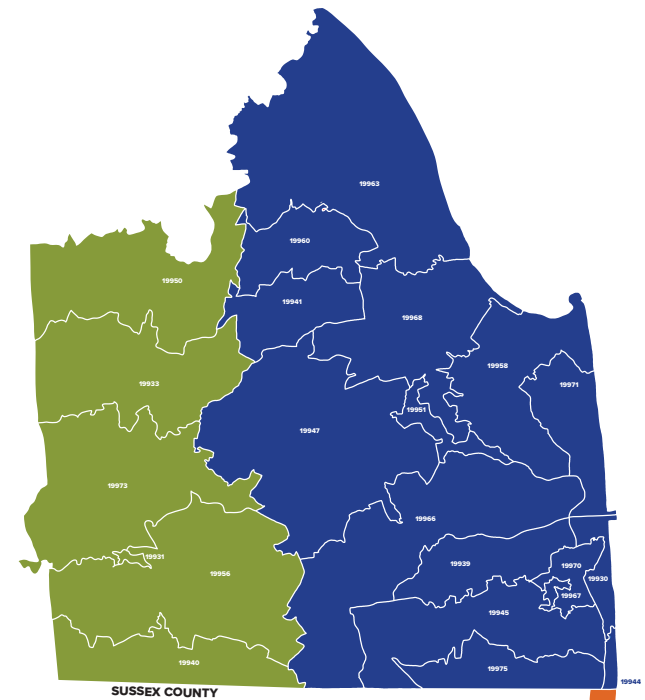
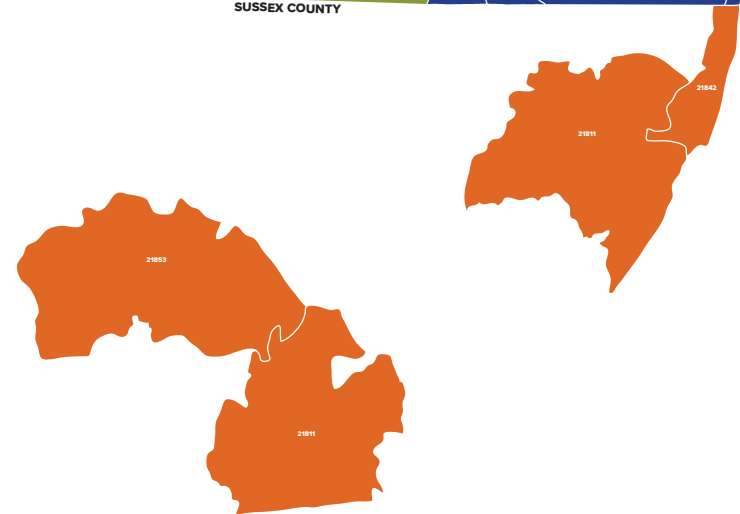


Table 1: Beebe Healthcare's Service Areas

PRIMARY SERVICE AREA	
ZIP CODE	CITY/TOWN
19930	Bethany Beach
19939	Dagsboro
19941	Ellendale
19944	Fenwick Island
19945	Frankford
19947	Georgetown
19951	Harbeson
19958	Lewes
19960	Lincoln
19963	Milford
19966	Millsboro
19967	Milville
19968	Milton
19970	Ocean View
19971	Rehoboth
19975	Selbyville

SECONDARY SERVICE AREA	
ZIP CODE	CITY/TOWN
19931	Bethel
19933	Bridgeville
19940	Delmar
19950	Greenwood
19956	Laurel
19973	Seaford

TERTIARY SERVICE AREA	
ZIP CODE	CITY/TOWN
21811	Berlin
21842	Ocean City
21851	Pocomoke City
21853	Princess Anne





Community Health Needs Assessment Overview

In fall 2024, Beebe Healthcare (Beebe) launched a Community Health Needs Assessment (CHNA) to evaluate health status, needs, and gaps across Sussex County, Delaware, its primary service area. Guided by the Patient Protection and Affordable Care Act (PPACA) requirements, the CHNA identified key health challenges, highlighted service gaps, and informed future planning. Beebe worked with health officials, providers, nonprofit leaders, and community members to ensure an inclusive process, combining primary data from focus groups and interviews with secondary data on demographics, health outcomes, and social drivers of health.

A prioritization session with Beebe Healthcare leaders and community stakeholders then identified three top priorities: chronic conditions (diabetes, heart disease, hypertension, obesity), behavioral health (mental health and substance use), and cancer, with a focus on education, screening, and navigation. These issues were recognized as critical to the well-being of Sussex County residents.

Beebe is committed to developing strategies that address these needs through prevention, disease management, expanded behavioral health services, care integration, and enhanced cancer screening and coordination. Its approach is rooted in data, clinical expertise, and community partnerships, ensuring measurable improvements in population health. The CHNA provides a roadmap for action, guiding Beebe's implementation strategies, fostering collaboration, and aligning resources to deliver sustainable health outcomes for the region.

Through innovation, collaboration, and compassion, **Beebe Healthcare** is advancing health, improving quality, and ensuring accessible care *for all who call our community home.*

The CHNA process incorporated input from individuals representing the diverse interests of the hospital's service area, including public health experts and advocates for vulnerable populations. It was carried out through a multi-step approach, as illustrated in the flow chart below.

Figure 1: Methodology Flow Chart



The Patient Protection and Affordable Care Act (PPACA)

The CHNA and CHIP fulfill the requirements outlined in the PPACA. This legislation has transformed how individuals access care by encouraging cost reduction, enhanced care coordination, and improved service quality. In response, health care organizations and systems increasingly focus on strengthening community health through strategic partnerships and collaborations with local, state, and national stakeholders.

Tripp Umbach collaborated with executive leaders of Beebe Healthcare to complete the assessment, which was approved by the board on June 27, 2025; the CHIP highlights the identified needs and details Beebe's plan to meet them over the next three years. The requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following (the bullet points below are a broad summarization of the requirements):

- Conduct a CHNA every three years.
- Report on how it is addressing the needs identified in the CHNA and describe the needs not being addressed and the reasons why.
- Define the community served by the hospital facility.
- Assess the health needs of the community using data and stakeholder input.
- Include input from persons who represent the broad interests of the community/have knowledge of, or expertise in public health.
- Identify and prioritize significant health needs of the community.
- Describe resources potentially available to address identified needs.
- Make the CHNA publicly available, including posting it on the hospital's website and making a printed copy available.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Outline goals, actions, and resources the hospital will use to address identified health needs.

The full IRS requirement for the CHNA and Implementation Strategy Plan can be found [here](#).



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Walk-in Care
Second Floor
Diagnostic Imaging
Lab Express
Physical
Rehab
Services

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Priority Health Issues

Beebe Healthcare identified chronic diseases, behavioral health, and cancer as the top priorities for the 2025 CHNA, based on community input, data trends, and their significant impact on health in Sussex County. Chronic conditions such as diabetes, heart disease, hypertension, and obesity are especially prevalent among older adults, driving healthcare utilization and costs, and requiring focused strategies in prevention, management, and specialized care.¹ Behavioral health remains a pressing need, with mental health and substance use challenges compounded by barriers such as stigma, provider shortages, and financial limitations—particularly in rural communities. Addressing these gaps will expand access, reduce emergency visits, and strengthen long-term community well-being. Cancer prevention, screening, and patient navigation are also emphasized to improve early detection, enhance treatment outcomes, and reduce disparities in access to care. By targeting these three areas, Beebe aims to deliver measurable improvements in population health and advance its mission to provide equitable, accessible care for all residents.

Figure 2: 2025 Identified Community Health Needs



¹ Beebe Healthcare’s 2022 CHNA identified behavioral health (including mental health and substance use disorders), chronic diseases (such as cancer, heart disease, high blood pressure, and diabetes), and healthy lifestyles (including obesity and nutrition) as key community health priorities. In preparation for the 2025 CHNA cycle, Beebe’s Population Health Advisory Council convened a prioritization session to assess and reorganize the needs based on updated data and emerging trends. As a result, Beebe Healthcare will continue its strong focus on chronic diseases and behavioral health, while recognizing that healthy behaviors remain a foundational element that will be integrated across all priority areas. Notably, cancer has emerged as a growing health concern in Sussex County. In response, Beebe Healthcare has elevated cancer as a distinct priority area requiring intensified focus and dedicated resources to address its increasing impact on the community.

Beebe Healthcare and Community Program Highlights

Beebe Healthcare is deeply committed to improving the health and well-being of Sussex County residents and beyond by providing healthcare, education, and resources directly into the community. Through a wide range of innovative outreach initiatives, Beebe addresses both medical and social needs to ensure access to care for all populations. Many programs have been launched since Beebe's 2022 CHNA and CHIP, such as the Mobile Outreach Program, which delivers integrated medical, behavioral, and social services where people live, gather, and work, reducing barriers to care and fostering early detection of chronic conditions like diabetes and hypertension while also providing much-needed access to behavioral healthcare. The Food Prescription Program, launched in 2024, complements the monthly food program by connecting families facing food insecurity with fresh food and household essentials. The Food Prescription Program is the next level of programming that provides individuals living with food insecurity and certain chronic conditions with fresh, healthy foods, nutritional sessions, cooking classes, and self-management education. At the same time, Diabetes Education and Prevention programs empower individuals to better manage or prevent the disease through evidence-based education, coaching, and support groups. Beebe Healthcare's self-management workshops for chronic disease and chronic pain help participants build practical skills for healthier living, and Narcan PODs equip community members with the knowledge and tools to respond to opioid overdoses. In addition, Beebe's commitment to prevention and health equity is evident through its community-based presence at health fairs, educational series, provision of free resources, free health and age-related cancer screenings, connections to care providers, and dissemination of critical health information to thousands each year. By combining clinical excellence with community-based outreach, Beebe Healthcare demonstrates a steadfast commitment to not only treating illness but also addressing the broader social factors that influence health, ultimately building a healthier, stronger Sussex County and beyond.

The following provides a snapshot of the diverse programs and outreach initiatives that Beebe Healthcare offers to support the health and well-being of the community, many of which have launched since Beebe's 2022 Community Health Improvement Plan, furthering its aim and reach in addressing prioritized needs. Several of these programs and events can be found on www.beebehealthcare.org/calendar.





Listening to Voices, Building Solutions

In 2023, Beebe Healthcare launched its Mobile Outreach Program to expand access to care by bringing a multidisciplinary team of clinicians, nurses, peers, and community health workers directly into neighborhoods in Sussex County. This innovative initiative integrates behavioral health, medical care, and social support, ensuring that individuals receive holistic services that address both immediate health needs and the social drivers that impact long-term wellness. The mobile unit provides a comprehensive range of services, including psychiatric assessments, addiction medicine, and primary care for various medical conditions. Concurrently, it aims to connect individuals with the necessary care providers and directly to the resources they need to address their social circumstances. Examples of mobile outreach services include medications for substance use disorders, phlebotomy, extensive point-of-care testing, wound care, peer support, and community health worker engagement. Point-of-care testing includes, but is not limited to, blood glucose screenings and hemoglobin A1C tests to identify prediabetes and Type 2 diabetes, blood pressure checks, comprehensive lipid screenings, behavioral health assessments, testing for respiratory illnesses, HIV/HCV testing, and future state capabilities that may include ECGs and ultrasounds. Additionally, connections to primary care providers, specialty providers, medical insurance, housing resources, and medication assistance programs are top priorities of mobile outreach. By meeting people where they live, work, and gather, the program creates convenient access points to care, reduces transportation barriers, promotes early detection, increases engagement across the county, and creates opportunities for ongoing disease prevention and management. Importantly, it also serves as a trusted entry point for individuals who may be hesitant to seek care in traditional settings, building stronger relationships between Beebe and the community. Over the last year, the program has expanded its fleet and broadened its geographical coverage, adapting to emerging community needs and feedback. Annually, the program serves thousands of individuals, many of whom would otherwise remain disconnected from critical resources. The Mobile Outreach Program is made possible through the support of donors, as well as congressional, state, and local partners, reinforcing Beebe's commitment to equitable access to care, prevention, and improved outcomes for all residents of Sussex County.

Contact: mhc@beebehealthcare.org or 302-645-3026 for more information.

Monthly Food Box Program

Launched in 2016 through a partnership with the Food Bank of Delaware, the Monthly Food Box Program is designed to support patients identified as food insecure across Sussex County. Each month, participants receive food boxes supplemented with essential household items, including paper towels, toilet paper, laundry detergent, and personal hygiene products. Deliveries are made possible through the dedicated efforts of volunteers from Epworth Church and Jewish Seaside, ensuring consistent outreach to those in need. In addition to receiving monthly supplies, patients are connected with a Community Health Worker who provides personalized support and resource navigation to address a wide range of social needs. This holistic approach fosters community health by promoting stability and increasing access to essential services.

Contact: FoodRx@beebehealthcare.org or 302-645-3100 extension 5019 for more information.

Food Prescription Program (Food RX)

The Food Prescription Program is a grant-funded initiative supported by MERCK, PNC, American Lung Association, and others, designed to assist food-insecure patients managing chronic conditions such as hypertension, high cholesterol, diabetes, and obesity. With current operations in two zip codes and expansion into a third, possibly a fourth, the program provides weekly distributions of fresh produce, lean proteins, and heart-healthy, low-glycemic, shelf-stable goods in partnership with the Food Bank of Delaware. Over a six-month period, participants engage in a 12-week educational series that includes culinary instruction with a professional chef, nutrition classes led by a registered dietitian, and evidence-based self-management education. Education is adapted for participants with limited kitchen resources or housing challenges. To measure health outcomes, biometric data—including blood pressure, full lipid levels, A1C, and BMI—is collected at the beginning, midpoint, and conclusion of the program. Both readiness to change and healthcare utilization are assessed throughout the program, and supportive measures are activated to ensure optimal participant outcomes. Accessibility is a core priority: delivery services are available for homebound patients or those lacking transportation, and all educational sessions are recorded via Teams or available telephonically. Community partners, such as libraries and churches, generously provide space for in-person classes. The program culminates in a graduation ceremony celebrating participants' progress and commitment. Throughout their participation, patients work closely with a Community Health Worker, with the goal of ensuring connection to the necessary care providers and the appropriate social service agencies to address social needs, thereby ensuring a comprehensive approach to wellness and support.

Contact: FoodRx@beebehealthcare.org or 302-645-3100 extension 5019 for more information.

Diabetes Self-Management Education Sessions

Since 1998, Beebe Healthcare's Diabetes Management team has provided nationally recognized education and support to individuals living with diabetes, earning accreditation from the American Diabetes Association (ADA) for meeting the highest standards of diabetes self-management education. The program combines group and individual sessions led by diabetes educators and medical nutrition therapists, covering topics such as healthy eating, physical activity, medication management, risk reduction, coping strategies, and problem-solving. Specialized classes are also offered on gestational diabetes, carbohydrate counting, insulin pump use, chronic kidney disease, and weight management. On average, patients in the program achieve a 10% reduction in A1C levels, and 73% report meeting their health goals. Services are available in person, virtually, or via telehealth, with support groups available to foster ongoing peer connections.

Contact: 302-645-3100, extension 73293 for more information.

Healthy Living with Chronic Conditions Self-Management Workshop Series

Beebe Healthcare offers free, evidence-based Six-Week Self-Management Workshops on chronic disease and chronic pain, designed to empower adults living with these conditions, as well as their caregivers, to improve their quality of life. Conducted in partnership with trained lay leaders and community partners, the workshops offer the nationally recognized Stanford University curriculum, emphasizing interactive learning in small group settings of 12 to 16 participants. Each session lasts 2.5 hours and is held weekly over six weeks, providing participants with practical tools to better manage symptoms, prevent or delay complications, and develop personalized action plans. Topics include goal setting, managing health conditions, problem-solving, nutrition, physical activity, medication use, and effective communication with healthcare providers. The workshops not only build essential skills for self-management but also foster peer support, creating a collaborative environment that helps participants gain confidence and motivation to take control of their health and live fuller, healthier lives.

Contact: Outreach@beebehealthcare.org or 302-645-3100, extension 70601 for more information.

Preventative Health Educational Series

Beebe Healthcare's three-part educational series is designed to empower community members with the knowledge and tools to improve their overall health and well-being. The program includes sessions on Preventative Care, which emphasizes the importance of proactive health management and stabilizing chronic conditions before they progress; Knowing Your Numbers, which focuses on understanding key health indicators such as blood pressure, blood sugar, and cholesterol, with onsite screenings provided by nurses; and Life Before Death – Living a Better Life Now by Planning Ahead, which addresses advance care planning, medical interventions, and the value of open conversations about end-of-life wishes. By combining health education with practical resources, screenings, and professional guidance, the series enables participants to take control of their health, reduce the risks of serious diseases, and engage in meaningful planning for the future. This initiative reflects Beebe's commitment to prevention, patient empowerment, and improving long-term health outcomes across Sussex County.

Contact: Outreach@beebehealthcare.org or 302-645-3100, extension 70601 for more information.

National Diabetes Prevention Program (NDPP)

Beebe Healthcare's National Diabetes Prevention Program (NDPP) is a year-long lifestyle change initiative designed to help individuals with prediabetes or at risk for Type 2 diabetes take control of their health through sustainable behavior changes. Using a CDC-approved curriculum, the program equips participants with the skills needed to lose weight, increase physical activity, and manage stress, factors proven to significantly reduce the risk of developing Type 2 diabetes. Led by trained lifestyle coaches, participants benefit from personalized guidance and encouragement, as well as the support of a peer group with similar health goals. The program begins with weekly meetings during the first six months, followed by monthly sessions for the remainder of the year, providing ongoing accountability and reinforcement of healthy habits. With one in three American adults living with prediabetes, most unaware of their risk, this program offers a critical opportunity to prevent or delay the onset of serious health complications such as heart disease, stroke, and kidney failure. By delivering practical education and ongoing support, Beebe's NDPP reflects the organization's commitment to prevention, community health, and long-term wellness for residents of Sussex County.

Contact: sgosting@beebehealthcare.org or 302-645-3100 extension 70601 for more information.

Narcan Points of Distribution (PODs)

Beebe Healthcare's Outreach teams are actively addressing the opioid crisis by organizing Narcan PODs (Points of Distribution) across the community. These events provide vital education on how to recognize the signs of an opioid overdose, initiate an emergency 911 call, and properly administer Narcan. This life-saving medication can reverse an overdose. Each participant receives a free state-supplied opioid rescue kit, which includes two Narcan nasal sprays, a mouth-to-mouth face shield barrier, and clear instructions for use. In addition to hands-on training, attendees are connected to supportive resources for themselves or loved ones struggling with substance use. For those unable to attend in person, Narcan kits and information can be accessed through the Help is Here Delaware initiative, which also offers the option of having a kit mailed directly to one's home. By equipping community members with both knowledge and tools, Beebe Healthcare's Narcan POD program empowers individuals to act quickly in emergency situations, reduces stigma around seeking help, and strengthens the collective response to the opioid epidemic in Sussex County.

Contact: Outreach@beebehealthcare.org or 302-645-3100, extension 70601 for more information.

Care Coordination Programs

Care coordination is a healthcare approach that ensures patients receive well-organized, seamless care across multiple providers and settings. It involves healthcare professionals working together—such as doctors, nurses, specialists, and social workers—to manage a patient’s needs, reduce care gaps, and improve health outcomes. By sharing information, coordinating treatment plans, and addressing both medical and social factors, care coordination helps prevent unnecessary hospital visits, reduces healthcare costs, and enhances the overall patient experience. It is especially important for individuals with chronic conditions, complex medical needs, or those transitioning between care settings, such as hospitals and home care. The goal of care coordination is straightforward: to deliver the right care, at the right time, with enhanced communication and improved patient support.

There are several programs through Beebe Healthcare’s Care Coordination programs that aim to support high-quality care for chronic diseases, led by a multidisciplinary team of Advanced Care Providers, RN Care Coordinators, Pulmonary Navigators, Community Health Workers, and Diabetes Management-ADA Certified RNs and Registered Dietitians. Longitudinal Care Coordination provides ongoing support over an extended period to patients. This includes Chronic Care Management, which is covered by Medicare Part B. Transitional Care Coordination aims to bridge and optimize transitions of care between different healthcare settings, such as hospitals, acute rehabilitation facilities, or skilled nursing facilities. These programs help patients manage their medical care and navigate interactions with their healthcare team in their local communities by focusing on achieving successful health outcomes, enhancing the overall experience, and increasing patient and family knowledge for disease self-management.

Contact: **302-645-3337** extension **4** for more information.

Healthy Heart Ambassador

Beebe partners with Delaware’s Division of Public Health to provide trained and Certified Healthy Heart Ambassadors. This free CDC-approved, four-month initiative is designed to empower individuals living with hypertension to effectively manage their condition. Participants will learn to manage their blood pressure through personalized guidance, nutrition education, and ongoing support, utilizing self-management techniques and a heart-healthy diet. Participants receive a free blood pressure monitor to measure and record their blood pressure and attend two personalized 15-minute virtual consultations per month. Additionally, nutrition and cooking classes are offered via a 60-minute virtual platform each month. Upon completion, participants will have received eight coaching sessions, four nutrition education classes, and four simple cooking classes, along with a complimentary gift in celebration of their commitment to heart health.

Contact: [Healthy Heart Ambassador Program](#) | [Healthy Delaware](#) or **302-208-9097** for more information.



Friends and Family Cardiopulmonary Resuscitation (CPR) Training

As part of Beebe Healthcare's mission to encourage healthy living and prevent illness, the outreach team provides free community CPR and AED training. Cardiopulmonary resuscitation (CPR) is carried out when a person's heart stops or fails to supply enough oxygen and blood flow to the tissues of the body. Studies have shown that if CPR is started within a few minutes, the person has a better chance of survival without serious damage to the brain or other organs. The course teaches adult Hands-only CPR, child CPR, infant CPR, automated external defibrillator (AED) use, and what to do when someone is choking. The course combines video lectures with hands-on practice using mannequins designed specifically for medical education. This course follows the American Heart Association Friends and Family guidelines. Once completed, participants will be more readily available to respond when a family member, friend, or someone in need requires assistance.

Contact: Outreach@beebehealthcare.org or **302-645-3100** extension **70601** for more information.

Community Health Screenings

Our community-based outreach screening events provide an additional opportunity for community members to learn more about their health, connect with primary and specialty care, access needed resources, and discover Beebe services. The outreach team is staffed with registered nurses who perform point-of-care testing and additional risk assessment screenings. The point-of-care tests provide instant results for blood sugar, cholesterol, body mass index, bone density, and blood pressure. With prevention, early detection, and education as key priorities, our outreach nurses provide participants with real-time readings, education, and referrals as appropriate. The additional risk assessments that are performed include lung cancer pre-screening and a prostate cancer risk assessment. The screening tools provide a calculated risk score to help participants identify and address additional healthcare needs. These results are sent to the individual's Beebe Primary Care clinician or given to the individual with instructions to share them with their Primary Care clinician.

Contact: Outreach@beebehealthcare.org or **302-645-3100** extension **70601** for more information.

Results Nurse Navigator

In 2022, Beebe Healthcare recognized the need for an additional clinical layer of the Results Nurse Navigator. This nurse plays a pivotal role in bridging the gap between diagnostic imaging and timely, life-saving care. Incidental findings—unexpected abnormalities discovered during imaging for unrelated concerns—can often be overlooked or deprioritized amidst the complexity of clinical workflows. This position ensures that such findings are not lost in the shuffle by meticulously tracking imaging reports, flagging incidental results, and initiating a cascade of communication with the ordering provider, the patient's primary care physician, and the patient themselves. By doing so, the Nurse Navigator transforms passive data into active intervention, safeguarding patients from delayed diagnoses and missed opportunities for early treatment. Their work not only enhances clinical accountability but also empowers patients with clarity and direction, reinforcing a culture of proactive, coordinated care that can dramatically improve outcomes.

Contact: **302-645-3337** extension **4** for more information.

Community Health Workers

In March 2023, Beebe Healthcare launched its Community Health Worker program thanks to funding support through Sussex County's American Rescue Plan Act opportunity. Community Health Workers (CHWs) are an essential component in a multidisciplinary team approach to whole-person care. They play a vital role in advancing whole-person care and improving health outcomes, particularly in underserved and rural communities, such as those found across Sussex County. Their unique position, embedded within the communities they serve, allows them to bridge gaps between healthcare systems and individuals, fostering trust, promoting equity, and driving meaningful change. CHWs often share cultural, linguistic, and lived experiences with the populations they serve. This trust enables them to engage individuals who might otherwise avoid or delay care due to fear, stigma, or lack of understanding.

They are champions of whole-person care, which extends beyond treating symptoms to encompass physical, emotional, social, and behavioral health. CHWs help identify social drivers of health (e.g., housing, food insecurity, transportation) and connect individuals to resources that support overall well-being. They promote awareness of chronic conditions, preventive screenings, and healthy behaviors, conducting outreach, leading educational sessions, and encouraging age-appropriate screenings, key strategies in early detection, and reducing late-stage diagnoses. CHWs are navigators of complex systems, guiding patients through healthcare systems, helping them schedule appointments, understand insurance, and adhere to treatment plans. Their support reduces missed visits, improves medication adherence, and enhances continuity of care. Studies show that CHW-led interventions can lead to lower hospital readmissions, improved chronic disease management, and increased screening rates. Their presence in care teams contributes to more personalized, coordinated, and effective care delivery.

Beebe Healthcare recognizes the indispensable role of CHWs in its mission to deliver high-quality, patient-centric care across Sussex County. Beebe continues to integrate CHWs into mobile health clinics, community outreach programs, and care navigation strategies, ensuring that every resident has a pathway to whole-person care, no matter where they live or what challenges they face.

Beebe Healthcare has opened a new location as part of its ongoing effort to provide follow-up care for patients being discharged from the Margaret H. Rollins Lewes Campus.

Contact: kblanch@beebehealthcare.org or 302-645-3100 extension 5059 for more information.

Coordinated Care Center

Beebe Healthcare opened its Coordinated Care Center in August 2024 to bridge the gap between inpatient hospitalizations and crucial follow-up care for patients without a primary care provider. These transitional visits are crucial in preventing rehospitalization and connecting patients with a primary care provider for ongoing support. Patients are given an appointment prior to their discharge.

The Coordinated Care Center (CCC) represents the latest evolution of Beebe's strategic transformation, implementing best value-based care practices in an equitable manner for residents and visitors of Sussex County, providing the right care at the right time. Beebe recognizes that it is important for healthcare systems to meet the needs of patients throughout the entirety of their healthcare journey. By examining a patient's continuum of care, the care team considers the entire picture of a patient's health. The CCC team assists patients with chronic medical conditions, enhancing their navigation of the healthcare system, playing a vital role in improving the health and well-being of individuals with these conditions. This center also contributes to the sustainability of the healthcare system by optimizing resource utilization and reducing costly complications and return trips to the emergency department. This type of care coordination for patients is happening outside of the hospital, providing high-quality, compassionate, and valuable care by developing individual care plans that center around dignity and improved outcomes. Beebe Medical Group physicians and advanced practice clinicians place an emphasis on integrated, preventative care, and Population Health outreach nurses bring resources to families with barriers to care in more remote areas.

Contact: 302-291-6450 for more information.

Cancer Assessment Pilot Program

Beebe Healthcare is proud to announce the start of a new Cancer Assessment Pilot Program in August 2025. This program was established to streamline the evaluation for patients with a new suspected cancer. Patients with suspected cancer often face challenges navigating complex health systems, resulting in delays in diagnosis and time to treatment, which are associated with adverse outcomes and patient dissatisfaction. This program enhances patient access and prioritizes expedited cancer evaluation, timely and accurate diagnostic testing, and seamless transition of care to subspecialty Oncologists, thereby improving the patient experience and cancer-related outcomes. This program is designed for patients with abnormal symptoms, laboratory results, or x-ray studies, or those without a diagnosis and a clinician's uncertainty about the best next steps. Patients will have access to a nurse navigator and other resources to make this process seamless and decrease time to treatment.

Contact: rnewell@beebehealthcare.org or **302-644-0964** for more information.

Cardiovascular Institute

Beebe Healthcare is proud to announce its Cardiovascular Institute, an integrated, evidence-based team model that connects patients with expert clinicians in Sussex County. For many years, Beebe has been advancing heart care for the community, bringing the latest technologies and minimally invasive procedures to allow patients to receive the highest level of quality care close to home, in its four cardiac catheterization labs and a hybrid operating room. Now, thanks to these advancements, the Cardiovascular Institute at Beebe Healthcare will serve as the focal point of heart, vascular, and lung care for Sussex County patients, bringing together the area's top clinicians to streamline the patient care experience and provide efficient, high-quality care. This destination for heart care will only improve with the implementation of Epic and MyChart, enabling seamless care coordination and patient engagement, this November.

Beebe's team-based approach is grounded in the latest research and national best practices, earning five Get With The Guidelines awards for heart failure, stroke, and heart attack care. These national honors from the American Heart Association highlight Beebe's commitment to evidence-based, high-quality cardiovascular and stroke treatment and reflect the expertise and dedication of our clinical team. The Institute will be seeking accreditation from the prestigious American College of Cardiology in the coming year.

Employed physicians, advanced practice clinicians, and independent physicians on Beebe's medical staff provide the following specialties at the Cardiovascular Institute:

- General Cardiology
- Interventional Cardiology
- Cardiac Surgery
- Thoracic Surgery (Lung)
- Vascular Surgery
- Electrophysiology
- Cardiac Rehabilitation
- Noninvasive Cardiology

In total, more than 30 physicians and advanced practice clinicians make up the Cardiovascular Institute at Beebe Healthcare. This team plays an instrumental role in diagnosing and treating patients with a wide variety of complex cardiac conditions – including congestive heart failure, coronary artery disease, coronary atherosclerosis, atrial fibrillation, hypertension, hyperlipidemia, and arrhythmias. They are also committed to providing patients with education and support to manage symptoms, understand and minimize risks, and make lifestyle changes to improve their heart health.

Contact: **302-644-4282** for more information.

Chronic Diseases

(Diabetes, Heart Disease, Hypertension, and Obesity)

Chronic diseases remain a major public health challenge in Sussex County, where conditions such as diabetes, heart disease, hypertension, and obesity account for most leading causes of death and drive billions in annual healthcare costs. Nearly 10% of Delaware residents live with multiple chronic conditions, placing a heavy burden on families and the healthcare system. Sussex County has the state's highest adult obesity rate at 32.3%,² contributing to elevated rates of diabetes (12.5%) and high blood pressure (34%).³ These trends are influenced by factors such as an aging population, limited access to healthy foods, socioeconomic disparities, and transportation barriers that restrict access to preventive care. Non-Hispanic Black adults face particularly high rates of diabetes prevalence and mortality, underscoring the need for targeted, culturally relevant interventions. Programs like the Diabetes Prevention Program at Beebe Healthcare and the YMCA have demonstrated success in reducing risk through lifestyle changes.^{4,5} While heart disease mortality has declined over the past decade, it remains a leading cause of death, and hypertension continues to affect a large portion of the population. Without proactive, community-based approaches, including prevention, education, and improved access to care, these chronic conditions will continue to drive poor outcomes and rising costs. Feedback from stakeholder interviews and focus groups confirms that chronic disease management is among the community's most urgent health priorities.

GOAL: To reduce, prevent, and manage chronic diseases, inclusive of hypertension, heart disease, diabetes, and obesity.

ANTICIPATED IMPACT: To reduce the prevalence and complications of chronic diseases by improving early detection, care management, and patient self-management, leading to better health outcomes, lower A1c levels, and increased completion of Medicare Annual Wellness Visits. These efforts will strengthen prevention, reduce hospitalizations, and enhance overall community health.

² [Delaware Health and Social Services/Division of Public Health: The Burden of Chronic Disease in Delaware, 2024](#)

³ [The Impacts of Diabetes in Delaware, 2023](#)

⁴ [Delaware Health and Social Services/Division of Public Health: The Burden of Chronic Disease in Delaware, 2024](#)

⁵ [Delaware Journal of Public Health, 2017](#)

Target Populations	Objectives	Strategies/Actions	Metrics	Partners
<p>Individuals living with chronic conditions. Individuals identifying as overweight or obese with a BMI greater than 25.</p> <p>Individuals who need additional nutritional support.</p> <p>Individuals in low-socioeconomic areas, including but not limited to, Hispanic and African American ethnicities, 65 yrs. and older.</p> <p>Individuals diagnosed with Diabetes Mellitus Type 2 referred to Diabetes Self-Management Education (DSME).</p> <p>Individuals participating in community presentations & events across Sussex County.</p>	Reduce and prevent the occurrence of diabetes, pre-diabetes, hypertension, and heart disease diagnoses through health screenings, health education, and connection to care.	Increase impact #s of community-based health screenings by 10% each calendar year related to diabetes, hypertension, hyperlipidemia, and obesity through community events.	<ul style="list-style-type: none"> • Number of blood pressure screenings • Number of blood glucose screenings • Number of cholesterol screenings • Number of body mass index screenings 	<p>Beebe Medical Group (BMG) Primary Care Practices Non-BMG Primary Care Practices Endocrinology Practices Beebe Cardiovascular Institute Cardiology Practices Quality Insights Delaware Diabetes Coalition Division of Public Health Food Bank of Delaware Epworth Church CAMP Rehoboth La Esperanza Milford Wellness Village American Heart Association American Diabetes Association Managed Care Organizations Other payers Health Promotion Council Sussex County Health Coalition Schools and Faith-based Organizations HOAs & Property Management Companies Community-based Organizations First State Community Action Agency CHEER Centers & Senior Activity Centers Village Volunteers Libraries</p>
	Improve individuals' ability to more effectively self-manage their chronic conditions through enhanced knowledge and skill-building.	Increase the number of individuals participating in community-based chronic disease educational sessions by 10% each calendar year.	<ul style="list-style-type: none"> • Number of enrolled participants • Percentage of participants who attended 4 out of 6 sessions 	
		Increase the number of individuals connected to care via community events each calendar year.	<ul style="list-style-type: none"> • Number of primary care connections • Number of specialty care connections 	
	Improve uncontrolled Diabetes Mellitus Type 2 incidence in those patients treated by Beebe Healthcare.	Increase DSME by increasing enrollment to education program(s) by 5% each calendar year.	<ul style="list-style-type: none"> • Number enrolled in program • Number completed 	
		Conduct 4 National Diabetes Prevention Programs each calendar year.	<ul style="list-style-type: none"> • Number enrolled in each program • Percentage of individuals with improved biometrics • Number of individuals who achieve 80% completion 	
	Increase awareness of risks associated with hypertension, stroke, and heart disease.	Identify areas of high incidence and provide targeted educational presentations on hypertension, stroke, and heart failure each calendar year.	<ul style="list-style-type: none"> • Number of events each year • Number of attendees each year 	
	Reduce incidence of elevated A1c in attributed patient population.	Identify diabetic patients with an A1C >9%.	<ul style="list-style-type: none"> • Percentage of attributed patients with A1C > 9% 	
	Improve completion of Medicare Annual Wellness Visits to strengthen chronic disease management and early detection.	Identify and schedule eligible Medicare patients for Annual Wellness Visit.	<ul style="list-style-type: none"> • Percentage of patients with a completed Medicare Annual Wellness Visit 	



Advancing Prevention and Early Intervention in Sussex County

For the 2025 CHNA cycle, Beebe Healthcare is refining its chronic disease objectives and strategies as part of a broader, mission-driven effort to address the evolving needs of Sussex County with greater precision, equity, and impact. This refinement reflects Beebe's commitment to delivering high-quality, patient-centric care while expanding access, education, and preventive services across all communities.

Sussex County is experiencing rapid population growth and demographic shifts, which bring new challenges and opportunities for healthcare delivery. Beebe recognizes that to remain the health system of choice, it must proactively adapt its strategies to meet the diverse needs of its residents. While Beebe Healthcare recognizes the importance of bariatric services in supporting long-term health outcomes, these services will not be a central focus of the 2025 CHNA. This decision reflects Beebe's commitment to community-based initiatives that deliver broader population-level impact, such as preventive education, screenings, and care navigation, especially in underserved areas of Sussex County. By concentrating resources on scalable interventions that address chronic conditions earlier and connect more residents to care, Beebe can more effectively advance accessible health initiatives and optimize outcomes across all communities.

Beebe's refined objectives emphasize prevention and early intervention as cornerstones of community health. By increasing education, screenings, and care navigation, Beebe aims to empower individuals with knowledge about chronic conditions, lifestyle risks, and available resources; detect health issues earlier through targeted screenings, particularly in underserved populations; and bridge care gaps by connecting patients to appropriate services, specialists, and support systems.

This approach is rooted in the belief that informed and engaged patients are more likely to seek timely care, adhere to treatment plans, and experience better outcomes. Beebe is focused on care delivery metrics that ensure every patient receives care tailored to their diagnosis, age, and personal circumstances. This includes supporting staffing models that align workforce capacity with patient volume, improving efficiency and responsiveness while also leveraging data-driven technology to personalize care plans and monitor quality outcomes. These efforts are part of Beebe's broader strategic plan, which emphasizes clinical excellence, superior outcomes, compassionate care, and a consistent experience across all programs and sites.

The refinement of objectives is not a standalone initiative; it is part of Beebe Healthcare’s philosophy, which integrates the missions of Beebe Medical Center, Beebe Medical Group, the Margaret H. Rollins School of Nursing, and the Beebe Medical Foundation. This unified approach ensures that every touchpoint in the health system reflects shared values and a commitment to community well-being. Through this refined approach, Beebe Healthcare is not only responding to the changing landscape of Sussex County—it is setting a new standard for what a community-focused, non-profit, independent health system can achieve. Through education, access, and personalized care, Beebe is building a healthier future for all.

As part of its assessment plan, Beebe Healthcare is strengthening its role as a committed partner in chronic diseases with ongoing refinement and expansion of Beebe’s aforementioned programs that focus on individuals who are living with chronic health conditions, such as heart disease, hypertension, hyperlipidemia, and obesity, while also promoting weight management and healthy living. In reviewing community needs, Beebe prioritized initiatives where its expertise and resources can deliver the greatest benefit. To maintain this focus and ensure alignment with evolving priorities, the organization has chosen to phase out certain objectives and strategies from the previous CHIP. This decision reflects the realities of staffing limitations, financial constraints, and resource availability, which require a more targeted approach. Moving forward, Beebe will concentrate its efforts where it can create the most meaningful impact, and as such, the following initiatives will no longer be advanced:



OBJECTIVE 1

Increase the percentage of Sussex County residents reporting targeted health behaviors, including healthy eating and an active lifestyle.

STRATEGIES

Provide awareness and education on healthy eating and making good food choices to outpatients, schools, and the community.

OBJECTIVE 2

Increase the percentage of Sussex County residents with a healthy weight range.

STRATEGIES

Provide awareness and education on the benefits and risks of bariatric surgery.

Expand education and awareness regarding weight management alternatives and the implications of obesity.

STRATEGIES⁶

Continue to support early intervention for children enrolled in school-based health centers

⁶ The listed strategies will no longer be implemented; however, the objectives in which they fall under will continue.

Behavioral Health

(Mental Health and Substance Use Disorder)

Behavioral health encompasses the vital connection between behaviors and the overall health and well-being of the body, mind, and spirit. It includes not only mental health conditions such as depression, anxiety, and schizophrenia, but also substance use disorders, stress-related illnesses, and other life challenges that directly impact daily functioning and long-term wellness. Strong behavioral health is critical to how individuals manage stress, make healthy choices, and maintain physical health. When left unaddressed, behavioral health issues can erode personal well-being, strain family relationships, reduce workplace productivity, and place significant burdens on healthcare and social support systems.

In Sussex County, where 29.48% of the population is aged 65 and older, the highest concentration of older adults in Delaware, the risks are even more pronounced, with an aging demographic especially vulnerable to mental health challenges.⁷ Data from Delaware's My Healthy Community highlights these concerns, with 18.4% of adults reporting depression and residents averaging 4.6 poor mental health days per month in 2024, pointing to chronic emotional distress and its serious consequences, including suicide, emergency department visits, and criminal justice involvement.^{8,9} Access remains a persistent challenge, as Sussex County faces a mental health provider ratio of 1 to 450, compared to 1 to 310 statewide, contributing to treatment delays, higher hospitalization rates, and poor outcomes.¹⁰ Additional barriers, such as a poverty rate of 11.6%, stigma, limited insurance coverage, and transportation challenges, compound the issue, particularly for older adults and economically disadvantaged residents.¹¹

The ripple effects of untreated behavioral health needs extend further, impacting children's development and academics, while fueling community-level challenges such as homelessness, unemployment, and incarceration. For healthcare providers such as Beebe Healthcare and its community partners, this reality underscores the urgent need for accessible, integrated, and culturally competent behavioral health strategies that emphasize prevention, early screening, coordinated primary care, and workforce expansion. Addressing behavioral health is not only essential for individual recovery but also crucial for enhancing public health, promoting economic stability, and stimulating community resilience. Without targeted and sustained investment, the burden of unmet behavioral health needs will continue to grow, further straining individuals, families, and the healthcare system as a whole.

GOAL: To improve behavioral and mental health by providing access to appropriate, quality behavioral, mental health, and substance use disorder services.

ANTICIPATED IMPACT: To strengthen early identification and treatment of mental health and substance use disorders by expanding screening, securing Delaware Division of Substance Abuse and Mental Health (DSAMH) licensure, and increasing treatment capacity; thereby, improving access, outcomes, and connections to care.

⁷ [Neilsberg Sussex County, DE Population by Age, 2025 Update](#)

⁸ [Delaware Environmental Public Health Tracking Network, My Healthy Community](#)

⁹ [County Health Rankings & Roadmaps](#)

¹⁰ [County Health Rankings & Roadmaps](#)

¹¹ [U.S. Census Bureau, American Community Survey](#)

Target Populations	Objectives	Strategies/Actions	Metrics	Partners
<p>Individuals with behavioral health and co-occurring conditions.</p> <p>All patients presenting to our acute care facilities to identify those with a positive Columbia Suicide Screening Tool (CSST).</p> <p>Patients within our Behavioral Health Continuum of Care who are diagnosed with SUD.</p>	Improve BH/MH screening methods in the inpatient, outpatient, and emergency department environments through implementation of evidence-based tools.	Conduct Columbia Suicide Screening Tool with every patient 12 and older.	<ul style="list-style-type: none"> Number of patients screened Number of patients connected to BH care based on screening results Number of Psychiatry consults Number of patients connected to Behavioral Health Telehealth 	<p>Sussex County BH and MH Providers</p> <p>SUN Behavioral Health</p> <p>Dover Behavioral Health</p> <p>Focus Behavioral Health</p> <p>Lifestance Health</p> <p>Embrace Wellness</p> <p>Synergy Behavioral Health Group</p> <p>Delaware Psychological Services</p> <p>Sussex County Health Coalition</p> <p>Division of Substance Abuse and Mental Health (DSAMH)</p> <p>Behavioral Health Consortium</p> <p>Treatment facilities in-state and out of state</p> <p>Community-based Organizations</p> <p>Springboard Collaborative</p> <p>Impact Life</p> <p>Day resource centers</p> <p>Code Purple & shelters</p>
	Obtain DSAMH licensure for BH services across continuum of care within state-defined timeline.	Contract with external consultant to ensure licensure requirements are integrated across BH services and licensure is achieved.	<ul style="list-style-type: none"> Successful attainment of DSAMH licensure 	
	Enhance our SUD treatment capacity and services.	Provide medications for Opioid Use Disorder/Medication Assisted Treatment (MOUD/MAT) induction.	<ul style="list-style-type: none"> Number of patients inducted on MOUD/MAT- ED and IP setting each calendar year Number of patients inducted on MOUD/MAT- Mobile outreach each calendar year 	
		Increase warm handoffs to MOUD/MAT programs for substance use disorder/Co-Occurring Disorders (SUD/COD) for patients seeking SUD treatment across our Behavioral Health services.	<ul style="list-style-type: none"> Number of patients inducted each calendar year Percent of SUD/COD patients with warm handoffs to MAT programs each calendar year 	
	Expand BH support and connection to BH care resources within the organization.	Integrate BH Care Coordination into the Continuum of Care.	<ul style="list-style-type: none"> Total BH Care Coordination referrals each calendar year 	
	Create additional access points of BH care in the community.	Expand days of operation for BH mobile outreach.	<ul style="list-style-type: none"> Total number of days per calendar year 	
	Increase identification of individuals in the community in need of BH support.	Utilize PHQ-2 for mobile and community outreach encounters.	<ul style="list-style-type: none"> Total mobile and community outreach patient encounters each calendar year Total PHQ-2 completed in mobile and community outreach patient encounters each calendar year Total number of BMG patient encounters each calendar year Total number of PHQ-2 completed in BMG encounters 	



Bringing Behavioral Health Care Closer to Home

Beebe Healthcare’s unwavering commitment to Behavioral Health—including mental health and substance use disorder (BH/MH/SUD)—continues to evolve and deepen as part of its strategic vision to meet the complex and growing needs of Sussex County. Since the publication of its 2022 CHNA, Beebe has made significant strides in expanding access, integrating services, and building a more responsive and inclusive continuum of care.

Several key objectives outlined in the 2022 CHNA have been fully realized, laying a strong foundation for continued progress. The Peer Recovery Specialist Program has created a vital bridge between clinical care and community support, empowering individuals with lived experience to guide others through recovery and connect them to resources. Our Community Mobile Health Clinic, designed around an Integrated Care Model, brings Behavioral Health, Primary Care, Mental Health, Addiction Medicine, and Harm Reduction directly into neighborhoods, reducing barriers to care and meeting patients where they are. Our outpatient Behavioral Health Practice, staffed by Psychiatrists, Psychiatric Mental Health Nurse Practitioners (PMHNPs), and Licensed Clinical Social Workers (LCSWs), offers comprehensive, patient-centric outpatient services that are both accessible and effective. These achievements reflect Beebe’s proactive approach to addressing BH/MH/SUD needs with compassion, innovation, and clinical excellence.

While many 2022 goals have been met, others are being thoughtfully carried forward into the 2025 CHNA to ensure sustained development and impact. These include a focus on expanding service capacity across Beebe’s Continuum of Care, ensuring that behavioral health is embedded in acute, outpatient, and mobile settings; strengthening care coordination between behavioral health providers and primary care teams to support whole-person care; and enhancing harm reduction strategies and addiction medicine services to address the opioid crisis and other substance use challenges. This forward momentum ensures that Beebe’s behavioral health initiatives remain dynamic, responsive, and aligned with community needs.

Although clinician and staff education are not a primary focus of the 2025 CHNA, it remains a critical priority for Beebe. Ongoing training in trauma-informed care, cultural competency, and evidence-based behavioral health practices ensures that providers are equipped to deliver high-quality, empathetic care across all settings.

Beebe’s commitment to behavioral health extends beyond traditional brick-and-mortar facilities. Through mobile outreach, community partnerships, and innovative care models, Beebe is expanding access points and reducing the stigma associated with healthcare. Mobile and community-based care are vital in reaching vulnerable populations, including those in rural or underserved areas.

At the heart of Beebe Healthcare’s behavioral health strategy is a commitment to provide the care and services that Sussex County residents need, regardless of where they live or what challenges they face. Whether through a mobile clinic parked in a neighborhood, a peer recovery specialist walking alongside someone in crisis, or a psychiatrist offering outpatient support, Beebe is there—committed, compassionate, and community-driven.

In refining its 2025 assessment plan, Beebe Healthcare is not just continuing its work in behavioral health; it is reaffirming its role as a trusted partner in healing, hope, and holistic care for all. Through the process, Beebe Healthcare assessed community health needs and concentrated on those areas where its expertise and resources could drive the most meaningful outcomes. In refining its approach, the organization has chosen to discontinue select objectives and strategies from the prior CHIP in order to better align with evolving priorities and maximize impact. This decision reflects practical challenges, including limited staffing, financial pressures, and resource availability, that necessitate focusing efforts where they can be most effective. Consequently, Beebe Healthcare will no longer pursue the following initiatives.



STRATEGIES¹²

- Identify Primary Care Hubs for future expansion.
- Integrate a behavioral health provider into the Primary Care Office 2-3 days a week.

¹² The listed strategies will no longer be implemented; however, the objectives in which they fall under will continue.

Cancer

(Education, Screenings, and Navigation)

Cancer remains the second-leading cause of death in both Delaware and Sussex County, presenting a significant public health challenge that demands sustained attention and resources. From 2016 to 2020, Delaware reported an all-site cancer incidence rate of 457.6 per 100,000 population, exceeding the national rate of 442.2 per 100,000.¹³ Within the same period, Sussex County alone recorded 8,880 new cancer cases and 3,191 cancer-related deaths, underscoring the disease's profound local impact.¹⁴ Colorectal cancer remains particularly concerning as the third-leading cause of cancer deaths in Delaware, claiming about 170 lives annually, with mortality rates 36% higher among African Americans than other residents.¹⁵ The state's most deadly cancers mirror national trends, with mortality rates per 100,000 residents at 36.4 for lung and bronchus, 21.1 for female breast, 19.0 for prostate, and 12.3 for colorectal.¹⁶ Evidence shows that annual low-dose CT scans for at-risk individuals can reduce lung cancer mortality by up to 20% by detecting tumors at earlier, more treatable stages.¹⁷

To address these disparities, Beebe Healthcare is advancing a multifaceted cancer outreach strategy that combines mobile screening services, community-based education, and personalized patient navigation. Through partnerships with local organizations, Beebe is expanding access to risk assessments, clinical exams, lab draws, referrals, and critical screenings for residents in rural and underserved areas, where transportation and cost barriers often prevent timely care. Health educators work to raise awareness about cancer risks, highlight the value of early detection, and dispel common myths, while care navigators provide individualized support to help patients interpret results, schedule follow-up care, and manage complex treatment journeys. These combined efforts are especially vital for older adults, low-income residents, and minority populations who are disproportionately affected by cancer and barriers to care. Without early detection, many cancers are diagnosed at advanced stages, leading to more aggressive treatments, higher healthcare costs, poorer survival outcomes, and preventable deaths. By investing in screening access, health literacy, and strong support systems, Beebe Healthcare is working to reduce cancer disparities, promote equitable outcomes, and align with broader state and national goals to advance preventive care and community health.

GOAL: To improve age-related cancer rates through education, screenings, and navigation.

ANTICIPATED IMPACT: To expand screenings and access to care across Sussex County and beyond, leading to earlier detection, reduced late-stage diagnoses, and improved survival outcomes.

¹³ [Delaware Department of Health & Social Services Division of Public Health 2023, Cancer Incidence and Mortality in Delaware \(2016-2020\)](#)

¹⁴ [Delaware Department of Health and Social Services – Delaware Cancer Registry Report, 2016-2020](#)

¹⁵ [Delaware Health and Social Services; Colon Cancer Facts](#)

¹⁶ [Delaware Health and Social Services; Division of Public Health](#)

¹⁷ [American Cancer Society](#)

Target Populations	Objectives	Strategies/Actions	Metrics	Partners
Beebe Medical Group (BMG) patients and non-BMG community members, including under resourced individuals.	Improve early detection, prevention, and connection to care.	Expand community-based education on cancer risks, age-related cancer screenings, and need for connection to care, utilizing county data sources to target high-need areas.	<ul style="list-style-type: none"> • Number of screening events held each calendar year • Number of cancer pre-screenings conducted at events • Percentage of positive pre-screenings • Total PCP referrals for mammography during outreach events • Total PCP referrals for colorectal screenings during outreach events • Total PCP referrals for PSA during outreach events • Number of PSA screenings performed at outreach events each year. • Demonstrate a 10% increase in age-related screening rates in the primary service area with historically low rates within 3 years 	Delaware Cancer Consortium DE Breast Cancer Coalition Cancer Support Community Delaware Faith-Based Organizations CAMP Rehoboth Community Resource Center First State Community Action Agency La Esperanza Delaware Prostate Cancer Coalition Livestrong YMCA American Cancer Society Quality Insights Division of Public Health Sussex County Health Coalition Epworth Church Village Volunteers
Individuals with positive findings on screenings/diagnostics.	Improve identification of follow up care needs for individuals with incidental findings.	Connect patients with incidental lung findings to follow up care through the Results Nurse Navigator.	<ul style="list-style-type: none"> • Number of Lung Nodule incidental finding patients connected to follow up care 	
Individuals throughout Sussex County who participate in our cancer screening events and meet eligibility/best practice guidelines for relevant screenings.	Increase age-related cancer screening rates within BMG patient population.	Support patient scheduling of screenings/diagnostics through Annual Wellness Visits and care gap closure efforts.	<ul style="list-style-type: none"> • Number of patients scheduled for age-related screening per type • Percentage of patients that received colorectal cancer screening • Percentage of patients that completed Biennial Routine Breast Cancer Screening • Percentage of positive findings 	
	Increase access to cancer care throughout Sussex County.	Expand mobile outreach services to include wellness visits and age-related cancer screenings.	<ul style="list-style-type: none"> • Schedule 4 events each calendar year focused on culturally tailored cancer education, screening, and navigation • Total number of patients engaged in education • Total number of patients screened per cancer type • Total number of patients engaged with CHW for navigation support • Percentage of positive findings per cancer type 	



Meeting Sussex County's Growing Cancer Care Needs

Beebe Healthcare continues to advance its commitment to oncology services with a strategic, community-centered approach that reflects both the growing needs of Sussex County and the organization's mission as an independent, non-profit health system. Recognizing the rising demand for cancer care and the importance of early detection, Beebe is expanding its oncology footprint while embedding innovation, best practices, and compassionate care throughout its continuum.

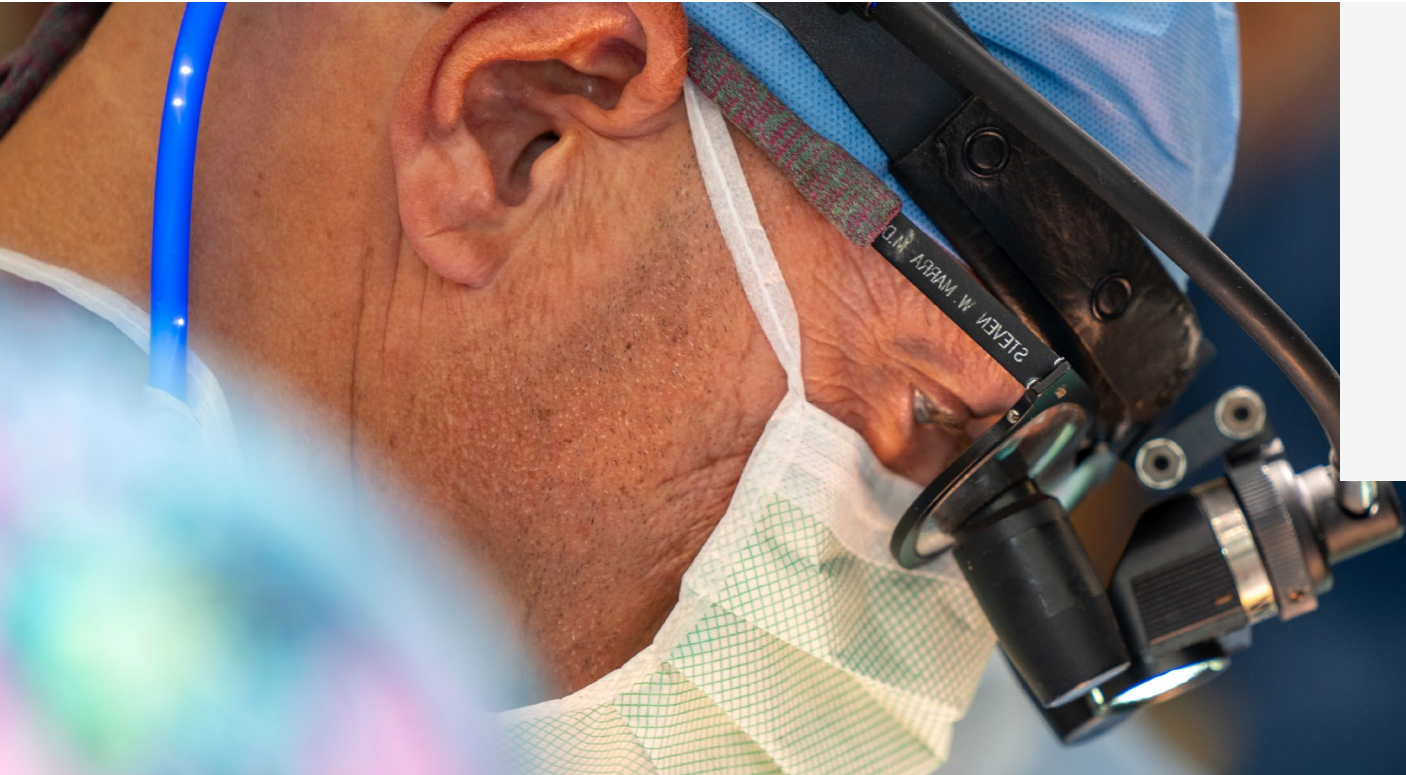
Sussex County's population growth and aging demographics have led to an increased incidence of cancer diagnoses and a greater need for comprehensive oncology care. In response, Beebe Healthcare is enhancing clinical capacity through expanded facilities, multidisciplinary teams, and advanced treatment modalities, investing in technology and innovation to bring cutting-edge diagnostics, precision medicine, and evidence-based therapies to local patients, while also strengthening partnerships with regional and national cancer networks to ensure access to specialized expertise and clinical trials. These efforts ensure that patients can receive high-quality, personalized cancer care close to home—without the burden of traveling long distances.

Beebe's 2025 CHNA places a strong emphasis on prevention and early detection, recognizing that timely screenings and education are critical to reducing late-stage cancer diagnoses. Key strategies include community education campaigns to raise awareness about age-related screenings such as mammograms, colonoscopies, prostate cancer risk assessments, and lung cancer scans. These strategies include mobile outreach initiatives that bring screening services directly into neighborhoods, workplaces, and underserved areas, as well as navigation services that guide individuals from screening to diagnosis and treatment, ensuring no one falls through the cracks. These initiatives reflect Beebe's belief that cancer care begins long before a diagnosis—with informed choices, accessible services, and trusted guidance.

Building on the foundation laid in the 2022 CHNA, Beebe has refined its oncology-related objectives to better align with current community needs and healthcare trends. This comprehensive approach aims to address disparities in screening rates and outcomes across different populations, while also monitoring quality measures to ensure that care is timely, effective, and patient-centered. Following the successful launch of its South Coastal Cancer Center, Beebe continues to bring care closer to home for residents of Sussex County. By evolving its strategies, Beebe ensures that its oncology services remain relevant, equitable, and impactful.

Beebe’s oncology expansion is not just about clinical excellence—it’s about meeting people where they are. Whether through brick-and-mortar cancer centers or mobile units stationed in rural communities, Beebe is committed to reducing barriers to care, including transportation, access, and health literacy. Equally important is the recognized need to foster trust and engagement through culturally competent outreach and patient education. Over the last several years, the Oncology Psychosocial and Navigation teams have been providing whole-person care throughout patients’ cancer journeys. Additionally, Palliative Care services have been fully integrated into the Oncology Service Line. These were two very important objectives in Beebe’s 2022 CHIP. Important to note that Beebe’s Survivorship Programs continue, as does the focus on expanded opportunities through partnerships. By creating seamless pathways from prevention to survivorship, with support throughout every step, this community-driven model reflects Beebe’s core values of compassion, accessibility, and innovation.

Beebe Healthcare identified a range of health needs and prioritized those where the effective use of existing knowledge, partnerships, and resources could achieve the greatest impact. To strengthen alignment with current priorities and ensure efficient use of limited capacity, certain objectives and strategies from the previous CHIP have been discontinued. These changes reflect challenges such as staffing shortages, financial limitations, and resource constraints. As a result, Beebe Healthcare will no longer implement the following initiatives:



OBJECTIVE 1

Expand survivorship continuum of care programs.

STRATEGY¹⁸

Increase opportunities for Survivorship programs and community engagement.

¹⁸ The listed strategies will no longer be implemented; however, the objectives in which they fall under will continue.

Adjusting Objectives, Strategies/Action Steps, and Metrics

Beebe Healthcare has refined its CHIP to improve clarity, focus, and measurable impact. By aligning related initiatives and consolidating strategies, the updated CHIP creates a streamlined roadmap for addressing priority community health needs. This approach strengthens coordination of resources, fosters collaboration with internal teams and external partners, and provides a clear framework for tracking progress and evaluating outcomes. Many initiatives have been pulled forward with refinement of strategies and metrics, ensuring that efforts remain responsive to evolving needs and measurable in their outcomes. And, as importantly, many objectives were achieved since the 2022 CHNA. At the same time, some objectives have been discontinued as part of a reprioritization of organizational resources, reflecting the realities of staffing, financial capacity, and shifting priorities. By concentrating on the most effective and sustainable actions, Beebe is positioned to maximize community benefit while demonstrating adaptability, innovation, and a continued commitment to improving health across Sussex County.



Conclusion

Beebe Healthcare's Community Health Needs Assessment and Implementation Strategy Plan reveals both the clinical urgency and the equity imperative facing Sussex County. Chronic disease, behavioral health, and cancer already account for much of the county's illness and death, driving high rates of hospitalizations, emergency visits, and complex care needs. Without critical intervention, these clinical burdens will escalate, straining Beebe's capacity to deliver high-quality care and diverting resources away from prevention and early treatment.

Equally concerning are the widening health disparities that will persist if action is not taken. Vulnerable populations, including older adults, rural residents, and underserved communities, are disproportionately affected by diabetes, hypertension, obesity, and cancer. Inaction risks deepening these inequities, leaving entire segments of the community without adequate access to timely, effective, and affordable care. The consequences extend beyond individual health, threatening workforce stability, economic vitality, and the long-term sustainability of Beebe Healthcare.

By moving forward with its CHIP, Beebe Healthcare can confront these challenges head-on, reducing preventable disease, closing equity gaps, and positioning itself as a trusted leader committed to the health of all. The stakes are clear: without meaningful action, poor health outcomes will continue to burden the community, and disparities will widen; however, with a bold, coordinated response, Beebe Healthcare can drive lasting improvements that strengthen both the hospital and the community it serves.

The CHNA and CHIP affirm that Beebe Healthcare, together with community stakeholders and partners, holds the power to **shape the future of health** in Sussex County and within the region. Without action, the community's well-being will face greater challenges, but with **shared commitment, collaboration, and compassion**, Beebe Healthcare can help every resident thrive and build a healthier, more equitable community for **generations to come**.



Consultants

Beebe Healthcare contracted with Tripp Umbach, a private healthcare consulting firm, to conduct a Community Health Needs Assessment and develop an Implementation Strategy Plan. Tripp Umbach has collaborated with over 300 communities across all 50 states. In fact, more than one in five Americans lives in a community where Tripp Umbach has worked.

From community needs assessment protocols to fulfilling Patient Protection and Affordable Care Act IRS 990 requirements, Tripp Umbach has turned needs assessments into practical action plans with sound implementation strategies, evaluation processes, and funding recommendations for hundreds of communities. Tripp Umbach has conducted over 400 community health needs assessments and has collaborated with more than 800 hospitals.

Changes introduced by the PPACA have placed an increased emphasis on population health and well-being, as well as on collaborative efforts among providers, public health agencies, and community organizations to improve the overall health of communities.



trippumbach.com 



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