TABLE OF CONTENTS

I. Executive Summary
II. Description of Community Served
III. Review of Implementation Plan from 2019 Assessment
IV. The 2022 Needs Assessment
V. How the Assessment was Conducted
VI. Community Health Needs Assessment Results
VII. Health Needs Identified
VIII. Summaries: Assessments and Priorities
IX. Next Steps
X. Acknowledgements
XI. References
XII. Appendices
   A. Sussex County Community Member Survey
   B. Sussex County Community Stakeholder Survey
   C. Sussex County Community Stakeholders Included
   D. America’s Health Rankings Senior Report 2022
   E. America’s Health Rankings Annual Report 2021
I. EXECUTIVE SUMMARY

As central and southern Delaware’s largest health system, Bayhealth Hospital has 68 locations including two hospitals, employed physician practices, outpatient diagnostic centers, high school wellness centers, occupational health centers, an ambulatory surgery center, and a freestanding emergency department. The two hospitals include Bayhealth Hospital, Kent Campus in Dover, Delaware, and Bayhealth Hospital, Sussex Campus in Milford, Delaware. The health system is a high reliability organization whose number one focus is the safety of all patients, staff, and visitors with a goal of doing zero harm. Bayhealth is an affiliate of Penn Medicine for Heart and Vascular, Cancer, and Orthopedics, giving patients access to the expertise of an academic medical center and considered to be among the finest in the region.

The staff of more than 3,700 employees, including a Magnet®-recognized team of more than 700 nurses, and 400 physicians, is driven by the mission to strengthen the health of our community, one life at a time by living out our vision to deliver the nation’s best healthcare to communities in Kent and Sussex Counties. Each staff member delivers on the mission and vision by displaying the core values of compassion, accountability, respect, integrity, and teamwork in every interaction. The health system has a robust reward and recognition system that encourages staff to acknowledge peers for adhering to these core values.

Bayhealth is a financially strong health system with a healthy annual operating margin and total net revenue of $782.1 million. In Fiscal Year 2021, Bayhealth Hospital Sussex Campus recorded 29,423 emergency department visits at Sussex Campus, 4,661 patient admissions, 468 births, and 79,146 diagnostic imaging procedures. Bayhealth provided $73.2 million in unreimbursed care. The organization is committed to providing health care services to patients in Kent and Sussex counties and surrounding areas regardless of their ability to pay.

The Financial Assistance Program (FAP) was established to provide financial relief to those who are unable to meet their financial obligation to Bayhealth, regardless of age, gender, race, national origin, social or immigration status, sexual orientation, or religious affiliation. Financial assistance applies to all emergent and medically necessary services provided at Bayhealth-owned and operated entities for patients whose income is at least or below 250 percent of the Federal Poverty Level. Elective and cosmetic services are excluded under this policy.

Eligibility for the FAP is based upon an individual assessment of financial need. Financial assessment includes a review of a completed application which includes the prior year’s tax return or W2, current pay stubs and bank statements, publicly available data that provides information on a patient’s ability to pay (credit scoring), and a review of the patient’s available funds and other financial resources available to the patient. FAP-approved individuals receive a 100 percent discount on patient responsibility balances. This applies to gross charges for uninsured patients and balance after insurance for insured patients. FAP-approved patients are not charged more than the Amounts Generally Billed (AGB). Patients have 240 days from the first statement date after the care is provided to apply for financial assistance.

Bayhealth Hospital, Kent Campus is located in the state capital of Dover. This 266-bed hospital has been offering quality healthcare since 1927. The hospital offers a comprehensive array of services which include the following: cancer care, cardiothoracic and vascular services, neurosciences including neurosurgery, neurology, stroke care, neurosurgical critical care, and sleep care, orthopedics, surgical services offering the da Vinci® Surgical System, women’s and children’s health services to include maternal-fetal medicine, an obstetrical emergency department, and neonatal intensive care unit (NICU), diagnostic and interventional radiology, and a Level 2 Trauma Center.

Bayhealth Hospital, Sussex Campus opened in February 2019, replacing Milford Memorial Hospital. With 152 private rooms, this hospital delivers an exceptional experience for patients, guests and caregivers. The hospital offers many of the same services as Bayhealth Hospital, Kent Campus, including cancer care, interventional cardiology, neurosciences including neurosurgery, neurology, stroke care, orthopedics, surgical services offering the da Vinci® Surgical System, women’s and children’s health services including an obstetrical emergency department, diagnostic and interventional radiology, a Level 3 Trauma Center, and more. The Sussex Campus is also home to Inpatient Rehabilitation designed to help patients regain their independence in an environment that is welcoming and restorative. The Commission on Accreditation of
Rehabilitation Facilities recognized the unit and its healthcare team for providing the highest quality care, value, and optimal outcomes to patients.

Bayhealth launched formal graduate medical education (GME) residency programs in family medicine and internal medicine in July 2021 and expanded to general surgery in July 2022. An emergency medicine residency will launch in 2023. This health system is committed to providing advanced medical technology, progressive treatment options, state-of-the-art equipment, and extensive consumer health education programs. The following Bayhealth departments have earned additional certifications and accreditations:

- The Joint Commission Accreditation Gold Seal of Approval
- The Joint Commission Advanced Certification Primary Stroke Center
- Top Performer on Key Quality Measures® Recognition from The Joint Commission
- Magnet® recognition and twice designated by the American Nurses Credentialing Center’s (ANCC’s) Magnet Recognition Program®, 2015-2019, 2020-2024
- Commission on Cancer Accreditation
- American College of Radiology – Accreditation for Imaging
- Commission on Accreditation of Rehabilitation Facilities (CARF) for Inpatient Rehabilitation, Bayhealth Hospital, Sussex Campus
- American College of Surgeons Verified Trauma Center
- Mission Lifeline® Silver Plus STEMI Receiving Center from the American Heart Association
- Baby-Friendly status from Baby-Friendly USA, Inc.
- Bronze Safe Sleep Champion designation by Cribs for Kids® National Safe Sleep Hospital Certification Program
- “Comprehensive accreditation” under the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®), a joint program of the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBBS)- Bayhealth Hospital, Kent Campus
- PRISM Award™ for Exemplary Practice from the Academy of Medical-Surgical Nurses (AMSN)
- Blue Distinction® Center designation from Highmark Blue Cross Blue Shield Delaware – Cardiac Care, Bariatric Surgery, Maternity Care, Knee and Hip Replacement
- HealthCare Chaplaincy Network’s “Excellence in Spiritual Care” award
- The Human Rights Campaign Foundation’s Healthcare Equality Index recognition as a Top Performer in LGBTQ Healthcare Equality
- Accreditation Commission for Health Care in Specialty Pharmacy Services
- Healthcare Information and Management Systems Society (HIMSS) Stage 7 Award
- College of Healthcare Information Management Executives (CHIME) Digital Health Most Wired – Level 9
- 2020 Top Hospital Award for Outstanding Quality and Safety from the Leapfrog Group - Bayhealth Hospital, Sussex Campus
- National recognition as 2021 Sterile Processing Department of the Year from Healthcare Purchasing News
- Practice Transition Accreditation Program (PTAP) from the American Nurses Credentialing Center (ANCC)
- Accreditation for Laboratory and Pathology Services from the College of American Pathologists
- Transcatheter Aortic Valve Replacement (TAVR) Certification from the American College of Cardiology (ACC)
- Electrophysiology Program Accreditation through American College of Cardiology (ACC)
- Best Maternity Hospital from the Leapfrog Group and Newsweek
- National Accreditation Program for Rectal Cancer (NAPRC) from the American College of Surgeons
- First in Delaware to offer 7D Surgical FLASH™ Navigation System for radiation-free spinal and cranial procedures in Neurosurgery
- Emergency Quality Network (E-QUAL) Honor Roll in sepsis care from the American College of Emergency Physicians
- 2021 Joy in Medicine™ Recognition Program from American Medical Association (AMA) for our Medical Staff Wellness Program
- Level 2 National Certification through Emergency Medical Services for Children
- 2022 HeartCare Center of Excellence through the American College of Cardiology (ACC)
- 2022 Leapfrog Safety Grade A, Bayhealth – Sussex Campus
• Healthgrades 2022, 2021 America’s 100 Best Hospitals for Coronary Intervention Award
• Healthgrades 2022 Stroke Care Excellence Award
• Healthgrades 2022 Outstanding Patient Experience Award
• Healthgrades 2022 America’s 100 Best Hospitals for Pulmonary Care Award
II. DESCRIPTION OF COMMUNITY SERVED

Southern Delaware, home to Bayhealth Hospital, Sussex Campus, delivers on a coastal lifestyle. Located in Milford, it is just 20 miles south of Dover and is 20 miles north of Lewes and Rehoboth Beaches. Milford offers small town charm and a main street with boutiques, coffee shops, restaurants, and more. The town comes to life during their Third Thursday events featuring food vendors, live music and a community atmosphere. Its neighboring town of Milton has much of the same charms with a large park, access to water sports, quaint restaurants, and festivals. South of these towns are award-winning beaches that offer fine dining, outlet shopping, access to water activities, excellent schools, and more. More information is available at SouthernDelaware.com.

COMMUNITY AFFORDABLE CARE ORGANIZATION PARTNERSHIP

Bayhealth is part of the eBrightHealth accountable care organization (ACO) which brings together more than 1,200 primary and specialty care clinicians from two regional health systems, including Bayhealth and ChristianaCare, as well as two federally qualified health centers and 4 private primary care practices. This statewide collaboration helps clinicians address the clinical, behavioral, social and other needs of Medicare beneficiaries to improve their access to primary care office visits, prevent unnecessary emergency department visits and decrease the amount of time they spend in hospitals. The result is improved quality of life for patients and reduced health care spending. eBrightHealth ACO serves approximately 30,000 Medicare beneficiaries from Delaware, Pennsylvania and Maryland. Care coordination is provided by ChristianaCare’s award-winning care coordination program, CareVio.

COMMUNITY BENEFITS

As a not-for-profit healthcare organization, Bayhealth provides many services to the community. Since the 2019 Community Health Needs Assessment, Bayhealth has served over 5,576 people in community outreach programs offered by the Education Department. In addition, 756 people attended community RN-run clinics and programs. According to the 2021 Community Report, Bayhealth reported $142,854,423 in community benefits. Community health education ranges from health fairs to screenings to nurse-run clinics. Other services provided include community-based clinical services, healthcare support services, health professions education, subsidized health services, research, financial and in-kind contributions, community building activities, and community benefit operations.

Beginning in January 2021, Bayhealth offered free COVID vaccine clinics at Blue Hen Corporate Center. As the vaccine became more widely available, this transitioned to community COVID vaccine clinics in local high schools, state housing complexes and local businesses. During the following eight months, over 10,000 COVID vaccines were administered to community members.
Delaware 2-1-1 is available for anyone requesting community resources throughout the state. Information in this repository is provided through the partnership between United Way and the State of Delaware. Callers can inquire about a list of services and programs through this helpline. Bayhealth’s partnership with Unite Delaware will improve referrals for clients served by this organization. The following table depicts the utilization of Delaware 2-1-1 services from August 30, 2019 through June 27, 2022 for Sussex County.
SUSSEX COUNTY’S DEMOGRAPHICS

As reported in 2020 by the US Census Bureau, Delaware’s population was 989,948 with 237,378 living in Sussex County. According to a Delaware Population Consortium report on October 21, 2021, the projected population for 2025 will be 1,018,473 residents in the state of Delaware and 285,286 living in Sussex County.

Sussex County demographic statistics were reported in My Healthy Delaware (www.myhealthycommunity.dhss.delaware.gov/home) and are reflective of 2019 statistics when retrieved on June 21, 2022. The population of 223,384 people consisted of 27% over the age of 65. The median household income is $63,162. Sussex County residents living below the poverty level are calculated at 11%.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>42,274</td>
<td>18.8%</td>
</tr>
<tr>
<td>Between 18 and 65</td>
<td>121,621</td>
<td>54.2%</td>
</tr>
<tr>
<td>Over 65</td>
<td>60,489</td>
<td>27.0%</td>
</tr>
</tbody>
</table>
### Population by Race 2019

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>184,098</td>
<td>82.0%</td>
</tr>
<tr>
<td>Black</td>
<td>26,918</td>
<td>12.0%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>5,196</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other Race</td>
<td>4,384</td>
<td>2.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>2,753</td>
<td>1.2%</td>
</tr>
<tr>
<td>Native American</td>
<td>777</td>
<td>0.3%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>258</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

### Population by Ethnicity 2019

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic</td>
<td>203,807</td>
<td>90.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20,577</td>
<td>9.2%</td>
</tr>
</tbody>
</table>
HEALTH DISPARITIES FOR SUSSEX COUNTY

Chronic diseases are the leading causes of death nationally. In Delaware, the leading causes of death are as follows:

1. Cardiovascular disease, including heart disease and stroke
2. Cancer
3. Lung diseases
4. Diabetes

According to My Healthy Delaware, the following chronic illness and overall health information were reported for Sussex County:

**Asthma Emergency Department Visits**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>AGE-ADJUSTED RATE</th>
<th>BENCHMARK</th>
<th>% CHANGE (2016-2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>717</td>
<td>42.0</td>
<td>52.1</td>
<td>↑ 2%</td>
</tr>
</tbody>
</table>

**Diabetes Prevalence**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>PERCENTAGE</th>
<th>BENCHMARK</th>
<th>% CHANGE (2012-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14.7%</td>
<td>10.5</td>
<td>↑ 20%</td>
</tr>
</tbody>
</table>

**Hypertension**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>PERCENTAGE</th>
<th>BENCHMARK</th>
<th>% CHANGE (2013-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41.4%</td>
<td>32.3</td>
<td>↑ 1%</td>
</tr>
</tbody>
</table>

**Overweight Prevalence in Adults**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>PERCENTAGE</th>
<th>BENCHMARK</th>
<th>% CHANGE (2013-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35.1%</td>
<td>35.3</td>
<td>↓ 7%</td>
</tr>
</tbody>
</table>

**Depression**

<table>
<thead>
<tr>
<th>COUNT</th>
<th>PERCENTAGE</th>
<th>BENCHMARK</th>
<th>% CHANGE (2012-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.4%</td>
<td>20</td>
<td>↑ 24%</td>
</tr>
</tbody>
</table>
THE IMPACT OF COVID-19

Angeline Dewey and Bradley Kirkes co-led a diverse multi-disciplinary team to provide almost 100 COVID-19 testing clinics over five months from March 2020 to July 2020 in Kent and Sussex Counties. Testing sites included the following: Dover Downs (drive-through) and Blue Hen Surgery Center (drive-through) in Dover, Bayhealth Sussex Campus-Nemours Building (drive-through), Perdue Farms in Milford, Perdue Farms in Georgetown, and Allen Foods in Harbeson. Bayhealth also partnered with DHSS to assist with COVID-19 testing at the Milford State Service Center. Educators provided tips on handwashing and proper wear of masks at each screening site.

Bayhealth rallied during the COVID-19 pandemic and created resources to support the health and well-being of staff members. Meal Trains were arranged at each campus to make it convenient for staff. Survival kits were also put together to help relieve stress during this time. Leadership hosted a breakfast buffet to recognize staff for heroic measures. Staff members were also acknowledged through a “Be My Hero” campaign. The outpouring of support from the local community included parades, banners, signage, and meal contributions to help boost morale.

Bayhealth was the first healthcare system in Delaware to receive the COVID-19 vaccine. The vaccine was offered to all team members and administered by nurses from Occupational Health and the Education Department. Volunteers from Bayhealth also participated in community drive-through clinics coordinated by the Department of Health and Social Services (DHSS).

Current statistics on vaccination rates for Sussex County as of August 24, 2022 on the My Healthy Delaware website are as follows:
SOCIAL DETERMINANTS OF HEALTH

Bayhealth recognizes the importance of social determinants in contributing toward to the overall health of our community. Social determinants of health (SDoH) have a major impact on people’s health, well-being, and quality of life. They can contribute to wide health disparities and inequities. According to Healthy People 2030, as cited from https://health.gov/healthypeople/priority-areas/social-determinants-health on September 30, 2021, SDoH include the following: (1) healthcare access and equity, (2) economic stability, (3) education access and quality, (4) neighborhood and built environment, and (5) social and community context. Examples of SDoH include the following:

- Access to nutritious foods and physical activity opportunities
- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Polluted air and water
- Language and literacy skills

Bayhealth initiated SDoH screening assessments with questions related to housing, transportation, financial, community and family support, and personal safety. These were built into Bayhealth’s electronic medical record documentation for healthcare workers to assess inpatients and those seen in the community. It was first piloted at the Bayhealth Hospital - Sussex Campus in March 2021 and later approved and rolled out at both the Kent and Sussex Campuses in July 2021. The Clinical Integration and Education Departments developed online education in the learning management system which targeted Bayhealth healthcare professionals for the acute care and community settings.

To address community needs, Bayhealth partnered with Unite Delaware, a coordinated care network of health and social service providers. Partners in the network are connected through the ‘Unite Delaware’ shared technology platform that enables them to send and receive electronic referrals, address people’s social needs, and improve health across communities. Effective July 28, 2022, those trained in the system now assist clients with the appropriate services to address SDoH. This service is particularly beneficial for care managers to coordinate community services.

COMMUNITY OUTREACH

Bayhealth re-energized a Community Outreach Committee in 2021. The goals of the committee are reflective of Bayhealth’s Strategic Plan. These goals include the following: (1) to reduce barriers to health and wellness services, (2) to address cultural differences and (3) to develop multi-language resources for staff, patients, and community members that align with federal requirements. Populations targeted over the next three fiscal years include the Haitian, Hispanic, and Amish cultures. The committee works with local churches and community non-profits to increase patient education, interpreter services, transportation to appointments, and low-cost/discounted medical services among our most vulnerable populations. This committee is led by Carrie Hart, Volunteer Services Director. Members include staff from Strategic Planning, Clinical Integration, Education, Population Health, Ambulatory Care, and Marketing.

Representatives from the Cancer Center and Education Department participate in monthly Sussex County Healthcare Coalition meetings for partnerships and statewide outreach. Committees involve health care and mental health/substance use disorders to address the needs of communities throughout Delaware.

The Healthier Sussex County Task Force was created to address mental health and substance use disorders as identified by the 2019 Community Health Needs Assessment. It is led by CEOs from three healthcare systems in Sussex County: Bayhealth, Beebe Healthcare, and TidalHealth. The goal of this collective partnership is to make a positive impact on members of the community seeking these services.

Bayhealth also attends meetings for Restoring Central Dover, a program designed to help local entrepreneurs succeed with initiatives to revitalize Downtown Dover. This committee includes members from NCALL, Inc. which focuses on housing and community development. It also addresses the local farmers’ market and community events to engage residents. NCALL, Inc was funded by Healthy Communities Delaware to work with residents impacted by COVID-19 for housing,
financial security, food security, and employment in Kent County. In Sussex County, food pantries and COVID-19 care kits were provided to address food security needs.

Bayhealth’s Community Wellness Program offers RN-run clinics for underserved populations in Kent and Sussex Counties at the following locations: Dover Interfaith Mission (men’s homeless shelter) in Dover, House of Hope (women’s homeless shelter) in Dover, and Slaughter Neck Community Resource Center in Lincoln. Since many clients at homeless shelters do not have a primary care provider, Clinical Educators partnered with the GME program to offer more comprehensive services. In September 2022, internal medicine residents will begin rotating through the Dover Interfaith Mission location to offer assistance to individuals requiring medication refills or access to care through physician referrals.

Bayhealth created a Population Health Department in November 2020 that is working to improve the health of the community while creating greater value for clients served. It is comprised of 14.5 full-time equivalents, including a Senior Manager, RN population health supervisor, population health specialist, Bayhealth Medical Group educator, diabetic educator, 5 annual wellness LPN’s, and 4.5 RN chronic care managers to support primary care practices. Dr. Preeti Gupta from Bayhealth Primary Care, Sussex Campus, is a leader in population health and helped design Bayhealth’s program. This program has grown tremendously and will continue to support the community. Thousands of lives have been touched between 2021-2022 with partnerships throughout the state and in the community.
As a result of the 2019 Community Health Needs Assessment (CHNA), Bayhealth selected the following priority areas to improve upon: (1) obesity/nutrition, (2) diabetes, (3) cancer, and (4) mental health/substance abuse. This grid depicts progress made in each area including Bayhealth departments that participated in each strategy.

### SUMMARY OF 2019-2022 IMPLEMENTATION

#### CHNA STRATEGIES – SUSSEX CAMPUS

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>Activity Implemented</th>
<th>Activity Results with Timeframe</th>
<th>Bayhealth Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity &amp; Nutrition</td>
<td>Collaborating with community service partners to develop strategies to address needs in Dover and the surrounding areas</td>
<td>Despite the challenges brought on from the COVID-19 pandemic, the Bayhealth Bariatric Program completed more than 260 bariatric procedures at both hospitals over the past 32 months (reported 2/21/22) Community involvement was significantly diminished; however, the Bariatric Program did participate in the following: Bayhealth Movie Night at Delaware Turf Fields (10/2019), Go Pink (10/2019), Diabetes Expo (11/2019), and a radio opportunity with WGMD on 1/8/2020 to discuss obesity with its impact on overall health and wellness The Bariatric Program worked with marketing to develop social media posts to drive interest to the website; the community can now locate information on this program, including an on-demand online informational seminar; this has allowed individuals to learn more about obesity and surgical weight loss options offered at Bayhealth Interactive support groups were offered twice monthly to help the community with healthy endeavors; support groups were held at each hospital location and simultaneously via WebEx to increase accessibility and were held virtually until April 2022; patients may attend even if they have not had bariatric surgery at Bayhealth The goal of the Bariatric Program is to educate the community regarding success stories for patients who have had bariatric surgery; these are shared in the Bayhealth Community Health &amp; Wellness electronic newsletter Patricia Deer, RN, the Bariatric Program Coordinator, worked with physician liaisons and provided the Bayhealth Medical Group with brochures for patients seen in clinics Plans moving forward include monthly educational offerings on various topics including nutrition, pregnancy and bariatrics; Dr. Theodoros Katsichtis, general surgeon, is involved with a WebEx endeavor to engage the community</td>
<td>Bayhealth Departments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Executive Team and Board of Directors Medical Staff Patient Care Services Bariatrics Food &amp; Nutrition Pharmacy Education Department</td>
<td>Bayhealth Departments</td>
</tr>
<tr>
<td>Substance Abuse and Behavioral (Mental) Health</td>
<td>In 2019, Dr. Jonathan Kauffman led the creation of Bayhealth’s Opioid Oversight Task Force; Psychiatrist, Dr Andrea DeSimone and Care Manager, Patricia Buck joined the team to address patients with addictions. Bayhealth implemented the Electronic Prescription Controlled Substances (EPCS) platform in the electronic medical record for physicians to provide electronic prescriptions for controlled substances. Dr. Kelly Abbrescia and Dr. Jonathan Kauffman serve on the Delaware Overdose System of Care Committee, a group created by and run by the State of Delaware; they are seeking to improve access to treatment and reduce overdose deaths. Naloxone is now available through a state program for ED patients and families of patients who have had an overdose; several physicians have undergone training to prescribe Suboxone from 2019 to present. Bayhealth hired Peer Recovery coaches (recovering addicts) in our Emergency Departments; Peer Recovery Coaches were contracted through Recovery International - two at the Kent Campus, one for the Sussex Campus, and a supervisor who is back-up for each campus; Dennis Hallock supervises all Peer Recovery Coaches for the Kent and Sussex Emergency Departments. In September 2020, Bayhealth hosted a 2-part “Back to Reality: Substance Use Disorders” virtual Webex to educate healthcare professionals about drug threats in caring for individuals presenting to our hospitals and appropriate treatment modalities; four sessions were held for Bayhealth staff with nursing contact hours awarded. SUN Behavioral programs offered by Webex to Bayhealth staff on various behavioral health topics. <em>My Medication Bag</em> are available throughout Bayhealth, physician practices, and at Community Wellness Clinics to improve medication reconciliation and compliance. Inpatient order sets created and utilized in electronic medical record based upon evidence-based practice; standardized assessment tools and medications used for alcohol and substance withdrawal.</td>
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<td></td>
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<tr>
<td>Executive Team &amp; Board of Directors</td>
<td>Medical Staff</td>
<td>Patient Care Services</td>
<td></td>
</tr>
<tr>
<td>Medical Staff</td>
<td>Finance</td>
<td>Emergency Department</td>
<td></td>
</tr>
<tr>
<td>Patient Care Services</td>
<td>Education</td>
<td>Patient Advocacy</td>
<td></td>
</tr>
<tr>
<td>Performance Improvement</td>
<td>Risk Management</td>
<td>Care Management</td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Workplace Violence</td>
<td>Patient Experience</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Chaplains</td>
<td>Population Health</td>
<td></td>
</tr>
<tr>
<td>Patient Advocacy</td>
<td>Performance Improvement</td>
<td>Marketing &amp; Communications</td>
<td></td>
</tr>
</tbody>
</table>
Bayhealth participated in Delaware Goes Purple in 2019 and 2020 to raise awareness and reduce the stigma attached to substance use and addiction; in 2019, a team organized a “Taking Steps” event where employees gathered for a short walk around the building to show their support for this initiative; Marketing and Communications promoted this campaign at drive through point-of-distribution stations at Blue Hen Mall and Sussex Campus, table displays at Kent/Sussex Campuses, a moment of prayer and meditation on October 23, 2020 at the Kent Chapel, and on Facebook and Workplace.

Psychiatric telehealth is available for use on inpatient units and Emergency Departments at the Kent, Sussex, and Smyrna sites.

Mental health counselors are available for students at all high school Bayhealth Wellness Centers.

Suzanne Chafin, Licensed Professional Counselor for Mental Health, employed by Bayhealth Family Medicine, Dover to offer a range of behavioral health services and counseling to families, children, and adults.

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Collaborating with community service partners to develop strategies to address needs in Dover and the surrounding areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>2019</strong> – Runway of Hope raised more than $83,000 for the Bayhealth Survivorship Program; Go Pink! event raised more than $28,000 for the Bayhealth Cancer Screening Assistance Program</td>
</tr>
<tr>
<td></td>
<td>Expanded the medical team with a radiation oncologist, hematologist- oncologist, and telegeneticist</td>
</tr>
<tr>
<td></td>
<td>Expanded access to patients for the medically-managed genetic counseling program</td>
</tr>
<tr>
<td></td>
<td>Partnered with Penn Medicine’s Abramson Cancer Center Telegenetics Program to provide genetic testing and counseling to guide the development of the patient’s personalized treatment plans for patients</td>
</tr>
<tr>
<td></td>
<td>Targeted at-risk groups for outreach; implemented colorectal and lung navigator programs to reduce barriers to screening and early detection of cancer</td>
</tr>
<tr>
<td></td>
<td>Inaugural celebration for local cancer survivors on June 4, 2019; developed special video featuring Cancer Center staff to express their gratitude</td>
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<tr>
<td></td>
<td>Received donations from the following: (1) Dogfish Head Craft Brewery for benevolence funds to help assist cancer patients during times of financial hardship, (2) Safeway Foundation to provide free biopsies to women in need in central and southern Delaware, (3) C.F. Schwartz Toyota to support oncology services, and (4) Winner Subaru and Delaware Chapter of the Leukemia &amp; Lymphoma Society for cancer patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Executive Team &amp; Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff</td>
</tr>
<tr>
<td>Patient Care Services</td>
</tr>
<tr>
<td>Cancer Institute</td>
</tr>
<tr>
<td>Finance</td>
</tr>
<tr>
<td>Clinical Nurse Navigators</td>
</tr>
<tr>
<td>Education Department</td>
</tr>
</tbody>
</table>
Bayhealth’s Lung and Colorectal Cancer Screening and Outreach Nurse Navigator, Trina Turner, MSN, RN-BC, LNC, raised awareness for colorectal cancer and screening/early detection at Delaware Agricultural Week event in Harrington, Delaware.

Bayhealth participated in Hope Day at Legislative Mall in July 2019 which was hosted by Convoy of Hope; reached more than 350,000 people in Kent County; conducted free clinical breast exams, facial skin screening assessments, and provided information on prostate, colorectal and lung cancer screenings, smoking cessation, and skin health.

Bayhealth cancer registry top cancer sites were breast, lung, and prostate for both campuses.

Bayhealth Research Committee held annual conference entitled “Discover the Wonders of Research”.

2020 – Outreach limited due to the COVID-19 pandemic; lung navigator served as a liaison for the Imaging Center which improved lines of communication.

Imaging Centers designed new ways to screen patients while protecting patients and care providers to minimize risk from potential COVID-19 exposure; instituted universal mask policy to comply with Centers for Disease Control and Prevention guidelines.

Bayhealth Cancer Institute enrolled in the American Society of Clinical Oncology’s registry to collect information about patients who have cancer and were diagnosed with COVID-19; Bayhealth was the only cancer program enrolled in Delaware for this program as of November 2020.

In March 2020, hospital and physician practices altered appointments from in-personal to “virtual” face-to-face and telehealth appointments without disrupting care or quality of services received.

Bayhealth celebrated the 15th anniversary of Go Pink! in October 2020 and sold 4,200 t-shirts for breast cancer awareness month; proceeds after expenses were divided between breast screenings and education programs available through the Bayhealth Cancer Institute and the Delaware Breast Cancer Coalition (DBCC).

The National Breast Cancer Foundation awarded $5,000 to Bayhealth to support the low-cost breast cancer screening programs.
The telegenetics program expanded from Kent County into Sussex County with an additional medical oncologist hired for the Cancer Institute

Dr. Rishi Sawhney, Medical Director of the Bayhealth Cancer Institute, began a bimonthly Molecular Tumor Conference to allow the team to weigh in findings, discuss treatments, and educate others on research impacting therapies

Trina Turner, MSN, RN-BC, LNC, Bayhealth’s Lung and Colorectal Cancer Screening and Outreach Nurse Navigator, was a dual nominee for excellence awards in Ambulatory Care and Volunteerism & Service; she partnered with the Delaware Quit Line and prior to COVID-19, attended over 20 community outreach and educational events to help the underserved in both Kent and Sussex Counties

To raise awareness for colorectal cancer, Bayhealth team members wore blue on the first two Fridays in March 2020; information was shared regarding colorectal cancer and screenings

Two new nurse practitioners and one new radiation oncologist joined the oncology team in 2020

2021 – According to the Bayhealth cancer registry, top cancer sites for each hospital were breast, prostate, and lung.

Bayhealth Cancer Institute’s 10th Annual Runway of Hope fundraiser raised $100,308 in support of programs for cancer survivors and patients.

Bayhealth joined a national Return to Screening effort, spearheaded by the Commission on Cancer, the American Cancer Society, and the National Accreditation Program for Breast Centers to boost screening rates by 10%

Sent postcard reminders in My Chart for overdue screenings

Worked with Dover Air Force Base to ensure that they were aware of the Bayhealth screening program and appointments that are available; opened additional evening appointments at Eden Hill Medical Center

Bayhealth launched a program with the Perdue Foundation to assist underserved women for breast cancer screenings

Partnered with the Delaware Breast Cancer Coalition and Westside Family Healthcare to conduct patient outreach
### Patients enrolled in clinical trials by year:

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent Accruals</td>
<td>442</td>
<td>525</td>
<td>42</td>
</tr>
<tr>
<td>Sussex Accruals</td>
<td>226</td>
<td>251</td>
<td>12</td>
</tr>
<tr>
<td>Total Accruals</td>
<td>668</td>
<td>776</td>
<td>54</td>
</tr>
</tbody>
</table>

### Availability of Providers

Identifying community need to partner with undergraduate (UME) students and graduate medical education (GME) through a formalized program to increase access to providers in the Bayhealth service area.

In 2019, Bayhealth became a formal teaching hospital by providing training to 11 third-year medical students from the Philadelphia College of Osteopathic Medicine (PCOM).

Bayhealth partnered with numerous area medical schools to bring on third- and fourth-year medical students for clinical rotations.

Bayhealth partnered with Philadelphia College of Osteopathic Medicine, Drexel, and Sidney Kimmel Medical College.

Bayhealth partnered with Arcadia to place Physician Assistant students.

Undergraduate medical education (UME) expanded from 76 students in 2019-2020 to 219 students in 2021-2022.

Bayhealth was highlighted in the July 2020 Delaware Healthcare Association’s community benefit report with the steps taken to address access to primary care in Delaware.

Received initial accreditation for Family Medicine (2019), Internal Medicine (2020), General Surgery (2021), and Emergency Medicine (2022) residencies from the Accreditation Council for Graduate Medical Education.

During 2021-2022, there were 13 internal medicine residents and 8 family medicine residents for each 3-year program.

Dr. Brintha Vasagar appointed Program Director for Family Medicine Program which opened in July 2021.

Bayhealth Family Medicine Primary Care Practice created in Dover; this was the first in the area to integrate mental health counseling and offer addiction treatment and the only practice with PharmD integrated; this program increased the need for primary care by 30,000 outpatient visits per year in the local community; this is one of only two practices in the area accepting new patients with the overall shift to concierge medicine.
From 2021-2022, family medicine residents were involved in the community at the Hope Clinic in Dover; they also rotated to Camp Rehoboth to support the LGBTQ+ community to address special needs of this population by participating in the HIV Clinic

Dr. Joseph Deutsch appointed Program Director for Internal Medicine Residency program beginning in July 2021

Medical student rotations created in internal medicine

The Bayhealth Internal Medicine outpatient practice opened July 2021 in Milford, DE; provided care for an underserved population as Milford is a physician-shortage area; when fully staffed in 2024, this practice will add more than 20,000 patient visits to the community per year

Bayhealth sponsored the 2021 Delaware Resorts 55+ Expo in Lewes; blood pressure screening and flu shots were provided, along with information on the Referral Line (1-866-BAY-DOCS) for individuals requesting a new physician

Projected residents for 2022-2023 are 26 internal medicine, 16 family medicine, and 3 general surgery

Emergency Medicine Residency Program will begin in July 2023 led by Program Director, Dr. Dean Johnson; there will be 6 residents for this inaugural class for a 3-year program; a medical student elective in emergency medicine will be available with this program

Team members from the GME program represented Bayhealth at the June 2022 PrideFest event on Legislative Mall in Dover

To enhance the training environment with state-of-the-art technology, Bayhealth created a Simulation Lab for multi-disciplinary team training with an Open House scheduled for September 7, 2022; the Simulation Lab will utilize state of the art training to improve the learning experiences of the interdisciplinary team.
IV. THE 2022 NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) for Sussex County, Delaware was conducted in collaboration with an interprofessional team including the Bayhealth Community Benefits Committee and the Community Health Needs Assessment Subcommittee. Members from Bayhealth on these committees are:

- Education
- Finance
- Population Health
- Care Management
- Medical Staff
- Patient Care Services
- Marketing

Planning for the 2022 CHNA began in August 2021 when team members established the scope of work and the project timeline. The two target populations for the assessment of community health needs included community members of Kent County as well as community stakeholders of Kent County. The CHNA subcommittee met monthly to maintain the project plan. The committee reviewed the survey questions from 2019, other Delaware Hospitals CHNA survey questions, the Delaware State Health Improvement Plan 2020 Annual Report, as well as Healthy People 2030. Additional information considered in developing the surveys for 2022 included national and local trends in healthcare such as Emergency Department usage and SDoH. The community-at-large survey and the community stakeholder survey very much mirror each other in terms of content; however, the different perspectives of a consumer and a stakeholder provide alternative views for data interpretation. A copy of the community-at-large survey can be found in Appendix A and the community stakeholder survey can be found in Appendix B at the end of this document.

Bayhealth’s service area includes both Kent County, Delaware and Sussex County, Delaware. Kent County includes Bayhealth Kent Campus as well as the Free-Standing Emergency Department in Smyrna, Delaware. Sussex County includes the Bayhealth Sussex Campus. For consistency, the subcommittee decided to use the community-at-large and community stakeholder surveys in both counties. This document specifically addresses the Community Health Needs Assessment for Sussex County Delaware. The complete report on Kent County CHNA can be found on www.bayhealth.org/community-health-and-wellness/chna.
V. HOW THE ASSESSMENT WAS CONDUCTED

The CHNA subcommittee approved a promotional plan from the Marketing department and launched the community-at-large survey in October 2021. This survey was primarily advertised electronically using SurveyMonkey and was available in English and Spanish languages. Paper surveys were also available in English, Spanish, and Haitian Creole and deployed for Bayhealth in-person community events, medical provider offices, senior centers, and homeless shelters as well as large businesses. The completed paper surveys were then manually entered into the electronic survey. Bayhealth provided an initiative to complete the survey with a gift card raffle. The survey was advertised with a direct link on Bayhealth’s internal and external website, internal news communications, Bayhealth social media posts, Bayhealth’s community email newsletter, local newspaper advertisements, as well as digital and print ads. Postcards were also made with a QR code link to the survey (participants use their cell phones to scan the QR code) for distribution at medical provider offices, Bayhealth Wellness and Occupational health sites, and waiting rooms in the Bayhealth facilities.

The community stakeholder survey was launched in January 2022. The survey was promoted as an electronic version through SurveyMonkey. The stakeholder list was comprised of six categories

- Healthcare Providers
- Schools
- Business and Organizations
- Churches
- City, County, and State Government
- Non-profit organizations

Email addresses were obtained from a variety of individuals and groups who are employees, members, or leaders within the six categories of stakeholders. The full listing of stakeholders who were contacted are listed in Appendix C. An initial email was sent to stakeholders with a link to the survey as well as two additional follow-up emails requesting their participation.

The results of both the community-at-large and community stakeholder surveys are provided in the next section.
COMMUNITY-AT-LARGE SURVEY RESULTS

The community-at-large survey questions were mostly multiple choice with some areas of free response. In total, 488 community members completed the Sussex County community-at-large survey. The demographic results are below:

The majority of respondents were female (77.46%).

Age breakdown of the respondents is as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Sussex County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>0.62%</td>
</tr>
<tr>
<td>18-34</td>
<td>13.55%</td>
</tr>
<tr>
<td>35-44</td>
<td>13.55%</td>
</tr>
<tr>
<td>45-64</td>
<td>39.63%</td>
</tr>
<tr>
<td>Over 65</td>
<td>32.65%</td>
</tr>
</tbody>
</table>
The predominant ethnicity was non-Hispanic or Latino (93.83%).

White/caucasian (84.25%) encompassed the majority of the responses followed by Black/African American (12.88%).
Most of the respondents were college graduates (30.88%), had some college (28.43%), and 20.04% had a high school diploma/GED.

Of those who responded to the survey, 14.75% stated they lived alone.
The following represent the towns where respondents stated they resided. The top areas included Milford, Lincoln, Milton, and Greenwood, which mirror Bayhealth’s service area in Sussex County.

One of the first questions for the community-at-large stakeholder survey was “Do you have a primary care doctor that you see at least one time a year?” 93% of the respondents indicated that they did have a primary doctor that they see at least once a year.
The next question was “Where do you usually go for healthcare needs?” Doctor/Provider office was the most popular response and 88.98%. Walk-in/Urgent Care center was second with 7.14%.

For the question, “When was your last healthcare exam?” almost half of the respondents answered within the past 1 to 3 months.
The next question looked at diseases; it asked, “In the last 2 years, did your healthcare provider tell you that you have any of the following?” The top three most popular answers were high blood pressure (39.63%), overweight/obesity (35.93%) and high cholesterol (30.80%).

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>7.60%</td>
</tr>
<tr>
<td>COVID-19</td>
<td>16.63%</td>
</tr>
<tr>
<td>Depression or mental health problems</td>
<td>19.51%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>12.73%</td>
</tr>
<tr>
<td>Drug or alcohol misuse</td>
<td>0.41%</td>
</tr>
<tr>
<td>Heart Disease (heart failure, heart attack)</td>
<td>6.37%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>39.63%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>30.80%</td>
</tr>
<tr>
<td>Lung Disease (asthma, COPH)</td>
<td>9.03%</td>
</tr>
<tr>
<td>Memory problems</td>
<td>3.70%</td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td>35.93%</td>
</tr>
<tr>
<td>Sexually transmitted infections (HIV/AIDS, Chlamydia, Gonorrhea, Syphilis)</td>
<td>0.21%</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.05%</td>
</tr>
<tr>
<td>Other: (List any other health issues or type of cancer)</td>
<td>17.04%</td>
</tr>
</tbody>
</table>
For the question, “In the last 3 to 5 years, what screenings and other health checks have you had?” the top five answers included blood pressure check (83.98%), eye exam (75.15%), cholesterol check (68.17%), vaccines (66.94%), and weight check (62.42%). The answers with the lowest responses included: allergy testing (9.65%), prostate screening (9.45%) and lung cancer screening (5.13%).
The next question was “If you’ve been to the Emergency Room in the last 2 years, tell us why?” Of those that answered, 30.37% stated “I was sick and needed care right away” followed by 19.90% of people who indicated “I was hurt and needed care right away.” In addition, 16.49% stated “My doctor or healthcare provider told me to go.”

The next question on the survey asked “Think about the last 12 months. What has stopped you from getting the healthcare services you needed?” The top 3 responses were: “No barriers (42.92%), COVID-19 safety concerns (24.02%), and limited office hours (11.91%).”
When asked “In the past 12 months, did you skip taking your medicine or miss a medical appointment because you did not have transportation?”, 94.25% answered “No.”

For the question “In the past 12 months, have you had to choose between buying food or medicine and paying your bills?”, 74.49% stated “Never” and 13.06% stated “Sometimes.”
The survey then asked, “In the past 12 months, did you stay in a shelter, in a hotel room with others, live on the street or in a car, or stayed in a park for even one night?” 97.75% stated “No.”

In the past 12 months, did you stay in a shelter, in a hotel room with others, live on the street or in a car, or stayed in a park for even one night?

- Yes
- No

97.75%

2.25%

The next question was “Do you have any of these problems in your home?” The top answers included: ants (15.47%), mice (11.32%), mold (10.16%), water leaks (7.16%), and bugs (7.16%).

DO YOU HAVE ANY OF THESE PROBLEMS IN YOUR HOME? (CHECK ALL THAT APPLY)

- Ants: 15.47%
- Bugs: 7.16%
- Lead paint or pipes: 2.77%
- Mice: 11.32%
- Mold: 10.16%
- No drinkable/clean water: 2.31%
- No electricity: 0.92%
- No heat or air conditioning: 2.08%
- No phone service: 1.39%
- Oven or stove problems: 2.08%
- Smoke detectors not working: 5.31%
- Water leaks: 7.16%
- Other: 4.62%
When asked about care partners, the following data was obtained: 72.46% of respondents had a care partner, 2.90% did not have a care partner, but needed one, and 24.64% did not feel they needed a care partner.

Having support from friends and family is helpful. Do you have someone who is care partner to help you with questions about healthcare, help fill medications for you, or help drive you to appointments?

For the question “Does your healthcare provider explain things to you in a way that you can understand?”, 70.87% of responses indicated “Always”, while 17.98% answered “Often” and 7.85% answered “Sometimes.”
The next question asked “Think about children between the ages of 12 and 17 in your community. What do you think is one the biggest health concerns they may be facing?” The top three answers were: bullying (29.15%), mental health (22.98%), and substance use (drugs, alcohol, vaping (17.02%).

The last question on the survey was “Do you know where to find resources to help you live healthier?” 88.07% of respondents answered “Yes.”
COMMUNITY STAKEHOLDER SURVEY RESULTS

The community stakeholder survey questions were also mostly multiple choice with a few areas of free text. The questions very much mirrored the community-at-large survey, but asked participants to answer the questions based on their roles and knowledge as a community stakeholder who serves members of the community.

In total, 65 different community stakeholders responded. The categories of the stakeholders are as follows: 43.08% medical providers, 24.62% schools, 13.85% other, 9.23% government, 4.62% businesses and organizations, 3.08% non-profit organizations, and 1.54% churches.

![Pie chart showing the breakdown of stakeholder roles.]

The breakdown of stakeholder roles is below.

![Pie chart showing the what is your organization name breakdown.]

![Pie chart showing the what is your role in your organization breakdown.]

Sussex County
The following areas were represented with *Milford capturing the majority at 64.62%.*

One of the first questions for the stakeholders was “Do you feel that our primary care doctors are available to our community?” 53.85% felt that yes, they were available and 46.15% felt they were not available.
The next question was “What is the most common place you feel the community goes to receive healthcare?” The top three answers were *Walk-in/Urgent Care Center* (38.46%), *Doctor/Provider office* (30.77%), and *the Emergency Room* (15.38%).

![Pie chart showing the most common places for healthcare in Sussex County](image)

**Sussex County**

When asked “How often do you think your community members see a provider for a healthcare exam?”, the majority answered *within the past one to two years* (37.50%).

![Bar chart showing healthcare frequency](image)

**Sussex County**

- **Within the past 1-3 months**: 7.81%
- **Within the past 3-6 months**: 7.81%
- **Within the past 6 months to 1 year**: 25.00%
- **Within the past 1-2 years**: 37.50%
- **Greater than the past 2 years**: 18.75%
For the question “What do you think the top three health issues are in your community?”, the top three answers were depression or mental health problems (49.23%), COVID-19 (47.69%), and overweight/obesity (41.54%).
The next question was “What are the top five screenings/health checks your community members have done?” The top five most popular answers were blood pressure check (81.54%), vaccines (50.77%), blood sugar check (47.69%), physical (41.54%), and mammogram (40%).
Another question was “What is the primary reason your community members go to the Emergency Room?” The most popular answers were “they were sick and the emergency room was the only option they had for care” (38.46%) and “they were sick and needed care right away” (32.31%).
When asked “Think about the last 12 months. What has stopped your community members from getting the healthcare services they needed?”, the top answers were COVID-19 safety concerns (64.62%), lack of health insurance (44.62%), medical costs (32.31%), limited office hours (24.62%) as well as they can’t find a doctor (23.08%).

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Safety concerns</td>
<td>64.62%</td>
</tr>
<tr>
<td>Cultural or religious beliefs</td>
<td>3.08%</td>
</tr>
<tr>
<td>Don’t have time</td>
<td>13.85%</td>
</tr>
<tr>
<td>Fear of seeing a healthcare provider</td>
<td>10.77%</td>
</tr>
<tr>
<td>They don’t know how to find a doctor</td>
<td>9.23%</td>
</tr>
<tr>
<td>They can’t find a doctor</td>
<td>23.08%</td>
</tr>
<tr>
<td>They don’t think they need to see a doctor</td>
<td>18.46%</td>
</tr>
<tr>
<td>Lack of childcare</td>
<td>4.62%</td>
</tr>
<tr>
<td>Lack of gender support services</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lack of healthcare insurance</td>
<td>44.62%</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>35.38%</td>
</tr>
<tr>
<td>Language barriers</td>
<td>18.46%</td>
</tr>
<tr>
<td>Limited office hours</td>
<td>24.62%</td>
</tr>
<tr>
<td>Medical costs</td>
<td>32.31%</td>
</tr>
<tr>
<td>Stigma or feeling of shame</td>
<td>3.08%</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>3.08%</td>
</tr>
<tr>
<td>No barriers</td>
<td>3.08%</td>
</tr>
</tbody>
</table>
For the question “In the past 12 months, are you aware of any community members who skipped taking their medicine or missed a medical appointment because they did not have transportation?”, the majority of participants stated “Yes” (70.77%).

The next question was “In the past 12 months, are you aware of any community members who have had to choose between buying food or medicine and paying their bills?” The most popular answer was “Sometimes” (36.92%) followed by “Rarely” (23.08%) and “Often” (20%).
Another question was “In the past 12 months, did any of the community members you assist have to stay in a shelter, in a hotel room with others, live on the street or in a car, or stay in a park for even one night?” 52.31% stated “Yes” to this question. Interestingly enough there were multiple free text comments that stated “hotel” as well as “shelter”.

When asked to “Pick the top three housing problems the community members you serve have reported,” the top three answers were “no heat or air conditioning” (40%), “mold” (38.46%), and “bugs” (33.85%).
For the question “Having support from friends and family is helpful. What percentage of your community members have a care partner to help them with questions about healthcare, help pick up medications, or help drive them to appointments?” 40% of respondents stated the less than or about 50%.

The next question was “Have your community members expressed concerns about their healthcare provider’s ability to explain things in a way that they can understand?” The majority of respondents answered “Sometimes” (38.46%). Additionally, 30.77% answered “Rarely” and 16.92% answered “Often.”
Another question was “Think about the children between the ages of 12 and 17 in your community. What do you think is the number one health care concern they may be facing?” The top three answers were mental health (38.46%), bullying (15.38%), and obesity/nutrition (12.31%).

For the question “Do you feel that our community members know where to find resources to help them live healthier?”, 67.19% answered “No.”
When asked “Are you aware of specific populations or groups in the area that are underserved?”, 53.85% answered “yes.” In the free text box, 35 respondents entered further information which included Haitian, Hispanic, and immigrants.

The next question on the survey inquired “What is the preferred communication methods for those in your community who need information on healthcare topics?” The answers were as follows: In-person briefing (44.62%), Text (32.31%), Flyers/Memos (12.31%), and Email (10.77%).
The last question on the survey asked, “How can Bayhealth better partner with the community to improve the health of the community one life at a time?” This was a free text response; the following themes were identified through the responses: affordable healthcare (32.08%), community resources (26.42%), networking (24.53%), and accessible healthcare (1.89%).
VII. HEALTH NEEDS IDENTIFIED

In the analysis of Sussex County Community Health Needs Assessment data from community members and stakeholders, the most important health issues which emerged include:

- Obesity
- Mental health
- Preventable emergency room visits and hospitalizations
- Cost of healthcare
- Access to medical providers
- Social determinants of health including homelessness, finances, transportation and housing

In the section below, data from various reliable web-based databases and organizations will be presented. The elements shown are focused on the above highlighted health issues which were gleaned from the Sussex County Community Health Needs Assessment surveys from community members and stakeholders.
OBESITY

Overweight is defined as a BMI between 25 and 29.9 while obese is defined as a BMI over 30. America, in general continues to be challenged by obesity which continues an upward trend. Delaware has the highest ranking of obesity for adults greater than 65 years old out of all 50 states. Based on the United Health Foundation’s Americas’ Health Ranking Senior Report 2022 (Appendix D). Sussex County in Delaware has experienced a reduced prevalence of healthy weight in adults while also experiencing an increase in obesity prevalence (20% increase from 2012-2019) according to My Healthy Community data retrieved on July 29, 2022. The obesity prevalence also exceeds the benchmark of 31.6. (www https://myhealthycommunity.dhss.delaware.gov/home).

Many factors contribute to this rate of overweight and obese adults including physical activity and nutrition. Overweight and obese individuals are at much greater risk for developing chronic conditions such as heart disease, stroke, diabetes, some cancers, and high blood pressure. Delaware ranks higher than the national average in the percentage of adults who had three or more chronic health conditions [ranked 47th out of 50] (Appendix D).
MENTAL HEALTH

One of the most common health conditions in the United States is mental illness (Center for Disease Control and Prevention). The CDC reports that as many as 1 in 5 will experience mental illness in a given year. The term mental illness covers almost 200 diagnoses including autism, dementia, depression, schizophrenia, as well as psychotic disorders. More than half of Delawareans receive assistance or treatment for their mental health despite being ranked 11th out of 50 states for providing access to mental health services. My Healthy Community reports (as of July 29, 2022) that in Sussex County, 18.4% of individuals have depression which is an increase of 24% from 2012 to 2019.

Suspected non-fatal drug overdoses from heroin and opioids continue to plague Sussex County as well.

Utilizing Analytics from the Bayhealth Electronic Health Record (EHR), the following data was abstracted for the calendar year of 2021:

<table>
<thead>
<tr>
<th></th>
<th>Kent Emergency Room</th>
<th>Sussex Emergency Room</th>
<th>Smyrna Free Standing Emergency Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Visits</td>
<td>1195</td>
<td>627</td>
<td>34</td>
</tr>
<tr>
<td>for calendar year 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://myhealthycommunity.dhss.delaware.gov/locations/county-sussex/mental-health-substance-use/drug-treatments
PREVENTABLE EMERGENCY ROOM VISITS/HOSPITALIZATIONS

151 million people visit the Emergency Rooms/Departments (ED) across the United States annually. This means approximately 47 in 100 people go to the ED each year. Infants and seniors over the age of 75 account for the highest rate of ED visits along with non-Hispanic Black patients (Centers for Disease Control). Compounding this problem are additional factors including:

- 25% of ED visits were by uninsured patients
- 35% of the visits were by patients living below the poverty level
- Almost half of the patients have functional limitations in terms of difficulty with vision, hearing, mobility, communication, cognition, and self-care.

The highest rate of ED visits was from those who have Medicaid or Children’s Health Insurance Program while the ED rate was lowest among patients with private insurance (Cairns, Ashman, Kang, 2022). Certainly some ED visits can be prevented. The need to go to the ED can occur because of poor care coordination, inadequate access to healthcare or poor decisions by the patient. Upwards of 27% of ED visits could be managed in physician offices, clinics, and urgent care centers. Several diagnoses contribute to preventable ED visits including mental health, alcohol or substance abuse, dental conditions, asthma, and diabetes (Agency for Healthcare Research and Quality). Diabetics account for approximately 24% of ED visits by patients aged 45 and older. Incidentally a quarter of the diabetes ED visits had Medicare as their insurance (Hall and Schwartzman, 2018). Delaware ranks 17th in the list of the highest rate of emergency room visits according to a Becker’s Hospital Review article from 2020 (Vaidya, 2020). Delaware also has a high rate of preventable hospitalizations, ranking 37th out of the 50 states (United Health Foundation). Asthma-related ED visit data can be found on My Healthy Community Delaware; it shows an increase in asthma ED visits the past several years as well with Sussex County having a higher rate of asthma ED visits compared with the State of Delaware.

https://myhealthycommunity.dhss.delaware.gov/locations/county-sussex/chronic-disease/asthma/er-visits
The Delaware Health Information Network houses the Delaware Health Care Claims database. A report on Emergency Department Utilization is shown below for the year 2020. The various colors represent different age brackets. Though a decline is seen in ED utilization, recall that the COVID-19 pandemic began in March 2020 and significantly impacted the public’s perception of seeking health care. Note the highest reasons according to this report for going to the ED include chest pain, shortness of breath, other chest pain, and unspecific abdominal pain.

COST OF HEALTHCARE

The United States has historically had the highest health care costs in the world and spends significantly more on health care than other comparable nations. A variety of reasons account for rising health care costs including an aging population, litigious nature, as well as an unhealthy population. Since this information became public, Delaware is the second state in the nation to establish a health care spending benchmark through an executive order by Governor John Carney in late 2018. The benchmark is the target annual per capita growth rate for Delaware’s total health care spending. It is expressed as a percentage growth from the prior year’s per capita spending. The intent is to track and aim for controlled health care expenditure growth. Looking over the reports since this order was implemented, the state failed to meet the health care spending benchmark in 2019 but recovered in 2020 and exceeded the established goal.

Though this sounds encouraging, nine months out of 2020 included the COVID-19 pandemic, a time when many did not seek health care out of fear as well as when many providers and hospitals reduced non-urgent services. There was a noted reduction in hospital inpatient and outpatient spending along with payments to physicians. However, total health care expenditures in Delaware exceeded eight billion dollars with the cost per capita still over $8000 per person.

State Level Total Medical Expense Spending by Major Service Category

Figure 3-8: CY 2020 Change in State Level TME by Service Category (excluding VHA)

-0.5% Hospital Inpatient
-8.9% Hospital Outpatient
-8.5% Physician
0.9% Professional: Other
9.6% Pharmacy (net of rebates)
-0.3% Long Term Care
-0.5% Other

Non-Claims spending had the largest percentage change going from $33 million in CY 2019 to -$53 million in CY 2020.

Pharmacy spending (net of rebates) increased the most in CY 2020 among the claims categories.

TOTAL HEALTH CARE EXPENDITURES (THCE)

CY 2019 Total: $8.1 B
+6.5% or $494 million

CY 2020 Total: $8.1 B
+0.5% or $39 million

DHCC PRESENTATION ON HEALTH CARE SPENDING BENCHMARK
The State of Delaware continues to support and drive several initiatives in order to reduce health care costs including Accountable Care Organizations, transparency and benchmarking of health care spending, as well as assistance in affordable health care insurance acquisition through websites such as: ChooseHealth Delaware [https://www.choosehealthde.com/Road-to-Value](https://www.choosehealthde.com/Road-to-Value)

The percent of uninsured Americans is 9.2%. According to My Healthy Community website, Delaware’s percentage of insured residents is 94.27% (or roughly 6% uninsured), lower than the national average. In addition to basic health care insurance, Delaware offers 28 Medicare Advantage plans (an increase from 2021) and 12 different Medigap plans. The graph on the next page shows geographically what percentage of Delaware residents have health insurance.
Retrieved from https://myhealthycommunity.dhss.delaware.gov/portals/ecdcc/locations/state/health
ACCESS TO PROVIDERS AND HEALTHCARE WORKERS

The internet provides many options for finding a healthcare provider. Many of these search engines assist in locating a provider in a specific area or one whom specializes in a specific disease process. While providers exist, it does not necessarily mean an appointment is readily available or is one that may accept certain health care insurances. In fact, the majority of Delaware has a shortage of providers.

The state of Delaware Division of Public Health works with federal partners to locate and define Medically Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA) within our geographic area. Below are graphics detailing MUA and HPSA in Delaware. Clearly the majority of Delaware is medically underserved and is experiencing a healthcare professional shortage for primary care, dental, and mental health providers.

Nationally and locally a healthcare worker shortage is now a top patient safety concern. The American Hospital Association called the workforce shortage that hospitals are experiencing a national emergency. The shortage expands well beyond nurses; it is essentially every role that participates in the care team. Many reasons exist for the healthcare worker shortage including the COVID-19 pandemic, burn out, and an aging population, rapid increases in chronic diseases, limited capacity of medical and health education programs, as well as an aging healthcare workforce. Hospitals are having to try innovative programs in order to obtain the workforce needed in order to continue caring for patients.
Medically Underserved Areas/Populations
Delaware 2019

Legend
- Medically Underserved Population
- Medically Underserved Area
- DE Counties

Notes:
Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), designated by HRSA, identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area. MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. These groups may face economic, cultural, or linguistic barriers to health care.

Census Tracts are based on 2010 Census Geography.

Sources:
Health Resources and Services Administration
US Census Bureau
Map created by Delaware Health Statistics Center
All HPSA Designations

Legend
- Primary Care HPSA
- Dental HPSA
- Mental HPSA
- Municipal Boundaries
- Federally Qualified Health Center

Notes:
Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, or dental or mental health providers. HPSAs may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Census Tracts are based on 2010 Census Geography.

Sources:
- Health Resources and Services Administration
- US Census Bureau

Map created by:
- Delaware Health Statistics Center

Available data to support or disprove limitations to access health care providers in Sussex County is extremely limited. On My Healthy Communities, there is information about utilization including mortality amendable to health care which measures preventable deaths by timely and effective care. Lower rates in this area indicate an improvement in health system performance. Sussex County has a higher rate than the state of Delaware with the data over nine years staying relatively flat.

![Mortality Amenable to Healthcare* in Sussex County compared with State of Delaware (2011 - 2019) - rate per 100,000 people](image)


Locally, the State Office of Primary Care and Rural Health collaborates with local health advocates on a variety of community development activities designed to increase access to health care in Delaware ([https://dhss.delaware.gov/dph/hsm/pcohome.html](https://dhss.delaware.gov/dph/hsm/pcohome.html)).

SOCIAL DETERMINANTS OF HEALTH

Over the decades, healthcare professionals and organizations have worked to improve the lives and health of the community. The focus during this time has historically been on the prevention and treatment of injury and disease. Within the past several years, more healthcare professionals and organizations have come to understand that staying healthy entails numerous social factors as well. This concept is termed Social Determinants of Health (SDoH) as discussed earlier in this document. To review, there are many different definitions for SDoH. The Center for Disease Control and Prevention utilizes the following: “social determinants of health are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes” (https://www.cdc.gov/socialdeterminants/index.htm retrieved on 8/2/22). Included in SDoH are five categories as listed in the demographic below.
The Deprivation Index measures the socioeconomic deprivation experienced in an area. Higher values indicate higher levels of deprivation. Factors influencing this value include income, education, employment, and housing quality (several SDoH elements). In 2019, Sussex County’s deprivation index was 5 out of 10.

![State Area Deprivation Index 2019](https://myhealthycommunity.dhss.delaware.gov/locations/county-sussex/community-characteristics)

Higher levels of deprivation have been associated with an increased risk of adverse health and health care outcomes.

My Healthy Community Website provides additional Delaware data regarding SDoH:

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four-year graduation rate</td>
<td>88%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>5.45%</td>
</tr>
<tr>
<td>Concentrated areas of higher numbers in Seaford, Greenwood, and Ellendale</td>
<td></td>
</tr>
<tr>
<td>Percentage of families with at least one employed parent</td>
<td>92%</td>
</tr>
<tr>
<td>Family poverty rate</td>
<td>14.02%</td>
</tr>
<tr>
<td>Rent burden (portion of household income spent on rent)</td>
<td>29.6%</td>
</tr>
</tbody>
</table>
The CDC developed a Social Vulnerability Index (SVI), the extent to which an area’s social conditions affect the response and prevention of disasters. SVI’s were created to help differentiate the relative vulnerability of a particular place from those around it.

There are 15 census tract variables in the SVI which are sorted by commonality into four different themes: Socioeconomic Status, Household Composition & Disability, Minority Status & Language, and Housing & Transportation (see graphic below).

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Delaware’s overall SVI is 0.73 which is on the upper end of moderate. This total score is based on the scores within the four categories of socioeconomic status: household composition and disability, minority status and language, and housing type and transportation. The following graphics are the Sussex County percentiles for SVI to include details on socioeconomic status:
Socioeconomic Status

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Sussex County’s ranking of 0.3 indicates a Moderate to Low level of vulnerability.

About the data

Minority Status and Language

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Sussex County’s ranking of 0.77 indicates a High level of vulnerability.

About the data
State of Delaware / Sussex County

Household Composition and Disability

**Theme Ranking:** 0.32

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Sussex County’s ranking of 0.32 indicates a Moderate to Low level of vulnerability.


---

State of Delaware / Sussex County

Housing Type and Transportation

**Theme Ranking:** 0.42

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Sussex County’s ranking of 0.42 indicates a Moderate to Low level of vulnerability.

Another data resource, the United Health Foundation, has additional social and economic factors listed for Delaware along with a national comparison. 9.9% of households experience food insecurity in Delaware compared with 10.7% nationally. On a positive note, the state spends a higher rate of dollars per person on public health ($152 per person versus $116 nationally). Complete report available as Appendix E.

Delaware
State Health Department Website: dhss.delaware.gov

<table>
<thead>
<tr>
<th>Measures</th>
<th>Rating</th>
<th>State Rank</th>
<th>State Value</th>
<th>U.S. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community and Family Safety</td>
<td>Occupational Fatalities (deaths per 100,000 workers)</td>
<td>+++</td>
<td>23</td>
<td>4.8</td>
</tr>
<tr>
<td>Family Safety</td>
<td>Public Health Funding (dollars per person)</td>
<td>+++</td>
<td>15</td>
<td>$152</td>
</tr>
<tr>
<td></td>
<td>Violent Crime (offenses per 100,000 population)</td>
<td>++</td>
<td>36</td>
<td>423</td>
</tr>
<tr>
<td>Economic Resources</td>
<td>Economic Hardship Index (Index from 1-100)</td>
<td>+++</td>
<td>25</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Food Insecurity (% of households)</td>
<td>+++</td>
<td>10</td>
<td>8.9%</td>
</tr>
<tr>
<td></td>
<td>Income Inequality (80-20 ratio)</td>
<td>+++</td>
<td>10</td>
<td>4.41</td>
</tr>
<tr>
<td>Education</td>
<td>High School Graduation (% of students)</td>
<td>+++</td>
<td>10</td>
<td>80.0%</td>
</tr>
<tr>
<td></td>
<td>High School Graduation Racial Disparity (percentage point difference)</td>
<td>+++</td>
<td>6</td>
<td>7.6</td>
</tr>
<tr>
<td>Social Support and Engagement</td>
<td>Adverse Childhood Experiences (% ages 0-17)</td>
<td>+++</td>
<td>23</td>
<td>15.5%</td>
</tr>
<tr>
<td></td>
<td>High-speed Internet (% of households)</td>
<td>+++</td>
<td>17</td>
<td>90.6%</td>
</tr>
<tr>
<td></td>
<td>Residential Segregation — Black/White (Index from 0-100)</td>
<td>+++</td>
<td>1</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Volunteerism (% of 16+)</td>
<td>+++</td>
<td>28</td>
<td>34.2%</td>
</tr>
<tr>
<td></td>
<td>Voter Participation (% of U.S. citizens ages 18+)</td>
<td>+++</td>
<td>28</td>
<td>59.6%</td>
</tr>
</tbody>
</table>

The Healthy People 2030 website (https://health.gov/healthypeople) and the Delaware State Health Improvement Plan 2020 Annual Report (https://img1.wsimg.com/blobby/go/7298608e-3c37-4361-b78a-b30fff51587e/DE%20SHIP%202020%20Annual%20Report_FullReport.pdf) are two additional vital sources of information to be taken into consideration when determining the needs of the community. Both resources dictate national (Healthy People 2030) and local (Delaware State Health Improvement Plan 2020 Annual Report) health priorities. Obesity, mental health, social determinants, and preventable emergency department visits/hospitalizations are all objectives included in the Healthy People 2030 initiative from the United States department of Health and Human Services. Obesity, mental health, and social determinants of health are also clear priorities in the Delaware State Health Improvement Plan.
Based upon the above analysis, Bayhealth Hospital has identified the following healthcare needs as a priority for our service area in Sussex County Delaware:

- Obesity
- Mental health
- Social Determinants of Health
- Preventable emergency room visits/hospitalizations.

Obesity and mental health have continued to plague the community as well as the rest of the country. These two areas have been identified as community health needs in 2016, 2019 and yet again this year. Continued efforts are needed in these areas to pursue a healthier community that has yet to show sustained improvements in these areas.

Bayhealth will develop and implement strategies to address these prioritized health needs with the goal to improve trending data. The priorities for Kent and Sussex Counties will be united in order to develop strategies which will create the most engagement and impact for our community members. Bayhealth will integrate these initiatives into their overall strategic plan and collaborate with community members, stakeholders and service organizations in order to create synergistic outcomes benefiting the overall health of the community one life at a time.

This document was co-authored by Angeline Dewey MSN, RN, APRN, ACNS-BC, CCRN-K, CNRN, Director of Education and Teresa Towne MSN, RN, NPD-BC, NE-BC, Clinical Educator for Bayhealth Hospital. Special thanks to Stella Zhao, the Master’s in Public Health University of Delaware intern who assisted with this project.
XI. REFERENCES

Agency for Healthcare Research and Quality; Chartbook on Care Coordination, Preventable Emergency Department Visits retrieved from https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/carecoordination/measure2.html on 7/27/22.


Healthy People 2030. Healthy People 2030 | health.gov


APPENDIX A: SUSSEX COUNTY COMMUNITY MEMBER SURVEY

Community Member Health Survey – Kent County/Sussex County

You are invited to take a survey to help us understand your health concerns and needs. Your input will be used to help Bayhealth improve the health of our community, one life at a time.

You will need about 10 minutes to complete the survey.

Any information you share with us will stay confidential.

1. Do you have a primary care doctor that you see at least one time a year?
   Yes
   No

2. Where do you usually go for your healthcare needs?
   Community Clinic (i.e., Westside, La Red, etc)
   Doctor/Provider Office
   Do not see a Doctor/Provider
   Emergency Room
   State Health Clinic
   Walk-in/Urgent Care Center
   Other (please specify)

3. When did you have your last healthcare exam?
   Past 1-3 months
   Past 3-6 months
   Past 6 months to 1 year
   Past 1-2 years
   Past 2+ years

4. In the last 2 years, did your healthcare provider tell you that you have any of the following health issues? (Check all that apply).
   Cancer
   COVID-19
   Depression or mental health problems
   Diabetes
   Drug or alcohol misuse
   Heart disease (heart failure, heart attack)
   High blood pressure
   High cholesterol
   Lung disease (asthma, COPD)
   Memory problems
   Overweight/obesity
   Sexually transmitted infection (HIV/AIDS, Chlamydia, Gonorrhea, Syphilis)
5. **In the last 3-5 years, what screenings and other health checks have you had? (Check all that apply).**

- Allergy testing
- Blood pressure check
- Blood sugar check
- Breast screening
- Cholesterol check
- Colonoscopy
- Depression screening
- Eye exam
- Fall Risk screening
- Hearing test
- Lung Cancer screening
- Mammogram
- Pap smear
- Physical
- Prostate screening
- Skin Cancer screening
- Total joint exam (knee, hip, shoulders)
- Vaccines (Pneumonia, Flu, Whooping Cough, Shingles, etc.)
- Weight check
- None of the above

6. **If you’ve been to the emergency room in the last 2 years, tell us why. (Check all that apply).**

- I was hurt and needed care right away
- I was sick and needed care right away
- I was hurt and the emergency room was the only option I had for care
- I was sick and the emergency room was the only option I had for care
- My doctor or healthcare provider told me to go

7. **Think about the last 12 months. What has stopped you from getting the healthcare services you needed? (Select up to three reasons).**
COVID-19 safety concerns
Cultural or religious beliefs
Don’t have time
Fear of seeing a healthcare provider
I do not know how to find doctors
I can’t find a doctor
I don’t think I need to see a doctor
Lack of childcare
Lack of gender support services
Lack of health insurance
Lack of transportation
Language barriers
Limited office hours
Medical costs
Stigma or feelings of shame
Other (please specify)
No barriers

8. In the past 12 months, did you skip taking your medicine or miss a medical appointment because you did not have transportation?

Yes
No

9. In the past 12 months, have you had to choose between buying food or medicine and paying your bills?

Never
Rarely
Sometimes
Often
Always

10. In the past 12 months, did you stay in a shelter, in a hotel room with others, live on the street or in a car, or stayed in a park for even one night?

Yes
No
If yes, please list which one: ______________

11. Do you have any of these problems in your home? Check all that apply.

Ants
Bugs
Lead paint or pipes
Mice
Mold
No drinkable/clean water
No electricity
No heat or air conditioning
No phone services
Oven or stove problems
Smoke detectors not working or don’t have smoke detectors
Water leaks
Other (please list)

12. Having support from friends and family is helpful. Do you have someone who is a care partner to help you with questions about healthcare, help fill medications for you, or help drive you to appointments?

___ Yes, I have a care partner.
___ No, I don’t need a care partner.
___ No, I don’t have a care partner, but need one.

13. Does your healthcare provider explain things to you in a way that you can understand?

Never
Rarely
Sometimes
Often
Always

14. Think about children between the ages of 12 and 17 in your community. What do you think is the one biggest health concern they may be facing?

Bullying
Domestic violence
Homelessness
Obesity/Nutrition
Lack of birth control
Lack of routine childhood vaccines
Mental health
Sex Trafficking
Sexually Transmitted Infections (STIs)
Substance use (drugs, alcohol and vaping)
Support for Gender Identification (ex. LGBTQ+)
Teen Pregnancy
Other: (please list)
15. Do you know where to find resources to help you live healthier?

Yes
No

Tell us about yourself:

Which gender do you identify with:
Male
Female
Non-binary
Prefer not to answer

What is your zip code? (Make mandatory field)

Do you live alone?
Yes
No

Age:
Under 18
18-34
35-44
45-64
Over 65

Education:
Did not finish high school
High school diploma/GED
Some college
College graduate
Graduate degree

Your Ethnicity:
Hispanic or Latino
Non-Hispanic or Latino
Unknown

Your Race:
Native American (American Indian or Alaskan Native)
Asian
Black or African American
If you would like to be entered into a raffle for a prize, please enter your name and contact phone number (including area code) or email.

THANK YOU FOR YOUR PARTICIPATION!!!
Community Stakeholder Health Survey – Kent County/Sussex County

You are invited to take a survey to help us understand your perception of our community’s health concerns and needs as a vital stakeholder in the community. Your input will be used to help Bayhealth improve the health of our community, one life at a time.

You will need about 10 minutes to complete the survey.

Any information you share with us will stay confidential.

PLEASE REMEMBER TO ANSWER THE QUESTIONS AS A STAKEHOLDER IN OUR COMMUNITY’S HEALTH!

1. Do you feel that our primary care doctors are available to our community members?
   Yes
   No

2. What is the most common place you feel the community goes to receive healthcare?
   Community Clinic (i.e., Westside, LaRed, etc.)
   Doctor/Provider Office
   Do not see a Doctor/Provider
   Emergency Room
   State Health Clinic
   Walk-in/Urgent Care Center
   Other

3. How often do you think your community members see a provider for a healthcare exam?
   Within the past 1-3 months
   Within the past 3-6 months
   Within the past 6 months to 1 year
   Within the past 1-2 years
   Greater than the past 2 years

4. What do you think the top 3 health issues are in your community? (Pick three)
   Cancer
   COVID-19
   Depression or mental health problems
   Diabetes
   Drug or alcohol misuse
   Heart disease (heart failure, heart attack)
   High blood pressure
   High cholesterol
   Lung disease (asthma, COPD)
   Memory problems
   Overweight/obesity
   Sexually transmitted infection (HIV/AIDS, Chlamydia, Gonorrhea, Syphilis)
   Stroke
Other: (List any other health issues or the type of cancer you were diagnosed with if applicable)

5. **What are the top 5 screenings/health checks your community members have done? (Choose 5)**
   - Allergy testing
   - Blood pressure check
   - Blood sugar check
   - Breast screening
   - Cholesterol check
   - Colonoscopy
   - Depression screening
   - Eye exam
   - Fall Risk screening
   - Hearing test
   - Lung Cancer screening
   - Mammogram
   - Pap smear
   - Physical
   - Prostate screening
   - Skin Cancer screening
   - Total joint exam (knee, hip, shoulders)
   - Vaccines (Pneumonia, Flu, Whooping Cough, Shingles, etc.)
   - Weight check
   - None of the above

6. **What is the primary reason your community members go to the Emergency Room?**
   - They were hurt and needed care right away
   - They were sick and needed care right away
   - They were hurt and the emergency room was the only option they had for care
   - They were sick and the emergency room was the only option they had for care
   - Their doctor or healthcare provider told them to go
7. Think about the last 12 months. What has stopped your community members from getting the healthcare services they needed? (Select up to three reasons).

COVID-19 safety concerns
Cultural or religious beliefs
Don’t have time
Fears of seeing a healthcare provider
Lack of childcare
Lack of gender support services
Lack of health insurance
Lack of transportation
Language barriers
Limited office hours
Medical costs
Stigma or feelings of shame
They don’t know how to find doctors
They can’t find a doctor
They don’t think they need to see a doctor
Other barriers: (Comment box)
No barriers

8. In the past 12 months, are you aware of any community members who skipped taking their medicine or missed a medical appointment because they did not have transportation?

Yes
No

9. In the past 12 months, are you aware of any community members who have had to choose between buying food or medicine and paying their bills?

Never
Rarely
Sometimes
Often
Always

10. In the past 12 months, did any of the community members you assist have to stay in a shelter, in a hotel room with others, live on the street or in a car, or stay in a park for even one night?

Yes (list all that apply)

No
11. **Pick the top 3 housing problems the community members you serve have reported.**
- Ants
- Bugs
- Lead paint or pipes
- Mice
- Mold
- No drinkable/clean water
- No electricity
- No heat or air conditioning
- No phone services
- Oven or stove problems
- Smoke detectors not working or don’t have smoke detectors
- Water leaks
- Others (Please list)
- None

12. **Having support from friends and family is helpful. What percentage of your community members have a Care Partner to help them with questions about healthcare, help pick up medications, or help drive them to appointments?**
- Less than or about 25%
- Less than or about 50%
- Less than or about 75%
- Almost all

13. **Have your community members expressed concerns about their healthcare provider’s ability to explain things in a way that they can understand?**
- Never
- Rarely
- Sometimes
- Often
- Always

14. **Think about children between the ages of 12 and 17 in your community. What do you think is the number one health concern they may be facing? (Choose one)**
- Bullying
- Domestic violence/sex trafficking
- Homelessness
- Obesity/Nutrition
- Lack of birth control
- Lack of routine childhood vaccines
- Mental health
- Sexually Transmitted Infections (STIs)
- Substance use (drugs, alcohol and vaping)
Community Stakeholder Health Survey – Kent County/Sussex County

Support for Gender Identification (ex. LGBTQ+)
Teen Pregnancy
Other: (please list)

15. Do you feel that our community members know where to find resources to help them live healthier?

Yes
No

16. Are you aware of specific populations or groups in the area that are medically underserved?

No
Yes

17. What is the preferred communication method for those in your community who need information on healthcare topics?
   - Email
   - Text
   - Flyers, memos
   - In-person Briefings

18. How can Bayhealth better partner with the community to improve the health of the community one life at a time?

Tell us about yourself:

What is your organization’s name: (Mandatory)

What zip code is the organization primarily located? (Mandatory)
# APPENDIX C: SUSSEX COUNTY COMMUNITY STAKEHOLDERS INCLUDED

<table>
<thead>
<tr>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Bayhealth medical providers</td>
</tr>
<tr>
<td>All Sussex County medical providers</td>
</tr>
<tr>
<td>La Red Health Center</td>
</tr>
<tr>
<td>Milford Center</td>
</tr>
<tr>
<td>Silver Lake</td>
</tr>
<tr>
<td>Sussex Acute</td>
</tr>
<tr>
<td>Polaris</td>
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<td>Cadia Renaissance</td>
</tr>
<tr>
<td>Hillside</td>
</tr>
<tr>
<td>Milford Place</td>
</tr>
<tr>
<td>Milford School District</td>
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<tr>
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<tr>
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<tr>
<td>Delaware Technical and Community College - Student Life</td>
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<td>Indian River School District</td>
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<td>Choices for Community Living - Delaware</td>
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<tr>
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<tr>
<td>Delaware Prostate Cancer Coalition</td>
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<tr>
<td>Highmark Blue Cross Blue Shield Delaware</td>
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<td>Perdue Farms, Inc. (Milford)</td>
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<tr>
<td>Harrington Chamber of Commerce</td>
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<tr>
<td>City of Harrington</td>
</tr>
<tr>
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<tr>
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<td>Ellendale City Council</td>
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<tr>
<td>Georgetown City Council</td>
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<tr>
<td>Blood Bank of Delmarva, Inc.</td>
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<td>Boys and Girls Club of DE</td>
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<td>Central Delaware Habitat for Humanity</td>
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<td>Delaware Breast Cancer Coalition, Inc.</td>
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<td>Delaware Diabetes Coalition</td>
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<td>Delaware Hospice, Inc.</td>
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<td>Easter Seals of DE &amp; MD’s Eastern Shore</td>
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<td>Frederica Senior Center</td>
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<td>Friends of Delaware Veterans Inc.</td>
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<tr>
<td>Milford Wellness Village</td>
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<tr>
<td>Milford Senior Center</td>
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<td>Children and Family First</td>
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<tr>
<td>United Way</td>
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<tr>
<td>CHEER</td>
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<td>Delaware Veterans Home</td>
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<td>Office of Veterans Services</td>
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<tr>
<td>House District General Assembly members</td>
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<td>Senate District members</td>
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<tr>
<td>Representative Lisa Blunt Rochester</td>
</tr>
<tr>
<td>Senator Tom Carper</td>
</tr>
<tr>
<td>Senator Chris Coons</td>
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<tr>
<td>Avenue United Methodist Church</td>
</tr>
<tr>
<td>King Empowerment Christian Church</td>
</tr>
<tr>
<td>Trinity Church of Love</td>
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<tr>
<td>New Beginnings Community AME Church</td>
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<tr>
<td>Milford Church of Nazarene</td>
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<tr>
<td>Chaplain at Bayhealth</td>
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<tr>
<td>First Baptist Church of Milford</td>
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<tr>
<td>Jesus Loves Temple</td>
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<tr>
<td>Reformation Lutheran Church</td>
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<tr>
<td>Christian Tabernacle</td>
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<tr>
<td>Milford Church of God</td>
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<tr>
<td>Mt. Enon Baptist Church</td>
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<tr>
<td>New Genesis Rock of Love Christian Ministries</td>
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<td>St. John’s Apostle Roman Catholic Church</td>
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<td>Bethel AME Milford</td>
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<td>Trinity UMC Frederica, DE</td>
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<td>Upper Room Church</td>
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<tr>
<td>Avenue UM Church</td>
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<tr>
<td>Lincoln &amp; Slaughter Neck UMC</td>
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<tr>
<td>First Presbyterian Lay Pastor</td>
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<tr>
<td>RCCG Salvation &amp; Praise Assembly</td>
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</tbody>
</table>
## Delaware

**Summary**

**Strengths:**
- Low suicide rate
- High volunteerism rate
- High percentage of four- or five-star nursing home beds

**Challenges:**
- High prevalence of multiple chronic conditions
- High prevalence of obesity
- High preventable hospitalization rate

### Debts

<table>
<thead>
<tr>
<th>Delaware</th>
<th>Rhode Island</th>
<th>Hawaii</th>
<th>Oregon</th>
<th>Vermont</th>
<th>Massachusetts</th>
<th>New York</th>
<th>New Jersey</th>
<th>California</th>
<th>Washington</th>
<th>Alaska</th>
<th>District of Columbia</th>
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</thead>
<tbody>
<tr>
<td>30%</td>
<td>42%</td>
<td>28%</td>
<td>25%</td>
<td>24%</td>
<td>22%</td>
<td>20%</td>
<td>18%</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
<td>12%</td>
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</table>

### Measures

**Social & Economic Factors**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>State Rank</th>
<th>State Value</th>
<th>U.S. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community and Family Safety</td>
<td>++</td>
<td>34</td>
<td>4.92</td>
<td>3.99</td>
</tr>
<tr>
<td>Economic</td>
<td>+++</td>
<td>15</td>
<td>12.2%</td>
<td>7.2%</td>
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<tr>
<td>Resources</td>
<td>++</td>
<td>9</td>
<td>7.3%</td>
<td>4.4%</td>
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<tr>
<td>Poverty (as a percent of adults age 65+)</td>
<td>0</td>
<td>3</td>
<td>3.0%</td>
<td>2.0%</td>
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<tr>
<td>SNAP shortfall (as a percent of adults age 65+)</td>
<td>++</td>
<td>22</td>
<td>7.9%</td>
<td>8.7%</td>
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</tbody>
</table>

**Quality of Care**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>State Rank</th>
<th>State Value</th>
<th>U.S. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>+++</td>
<td>21</td>
<td>5.20%</td>
<td>5.20%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>+++</td>
<td>25</td>
<td>7.75%</td>
<td>7.75%</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>+++</td>
<td>26</td>
<td>6.78%</td>
<td>6.78%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>+++</td>
<td>30</td>
<td>7.02%</td>
<td>7.02%</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>+++</td>
<td>5</td>
<td>5.99%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>+++</td>
<td>37</td>
<td>3.02%</td>
<td>3.02%</td>
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</table>

**Behavioral**

<table>
<thead>
<tr>
<th>Measure</th>
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<th>State Value</th>
<th>U.S. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition and Physical Activity</td>
<td>+++</td>
<td>36</td>
<td>37.2%</td>
<td>38.1%</td>
</tr>
<tr>
<td>Sleep Health</td>
<td>+++</td>
<td>29</td>
<td>20.9%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>+++</td>
<td>9</td>
<td>9.8%</td>
<td>9.8%</td>
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</tbody>
</table>

**Health Outcomes**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>State Rank</th>
<th>State Value</th>
<th>U.S. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral</td>
<td>+++</td>
<td>31</td>
<td>0.01%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Physical</td>
<td>+++</td>
<td>13</td>
<td>2.65%</td>
<td>2.65%</td>
</tr>
<tr>
<td>Obesity</td>
<td>+++</td>
<td>30</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Tooth Extractions</td>
<td>+++</td>
<td>50</td>
<td>37.6%</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

**Overall**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>State Rank</th>
<th>State Value</th>
<th>U.S. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>+++</td>
<td>19</td>
<td>0.23%</td>
<td>0.23%</td>
</tr>
</tbody>
</table>

*Values are summary scores. Higher scores are better.*

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### Delaware

**Appendix D: America's Health Rankings Senior Report 2022**
APPENDIX E: AMERICA’S HEALTH RANKINGS ANNUAL REPORT 2021

UNITED HEALTH FOUNDATION | AMERICA’S HEALTH RANKINGS® ANNUAL REPORT 2021

DELAWARE

State Health Department Website: dbhs.delaware.gov

Delaware

Measures

SOCIAL & ECONOMIC FACTORS*  ++++
Community and Family Safety
Occupational fatality (deaths per 100,000 workers)  +++  23  4.6  4.2
Violent Crime (offenses per 100,000 population)  ++  36  433  379
Economic
Economic Hardship Index (lower than 100)  +++  25  45  —
Income Inequality (80-20 ratio)  +++  19  4.41  4.85
Education
High School Graduation Rate (percent of students)  +++  10  85.0%  85.8%
High School Graduation Rate (percent of students)  ++  15  76  151
Social Support
Adverse Childhood Experiences (% ages 0-17)  +++  23  15.5%  14.8%
Engagement
Residential Segregation – Black/Black (index from 0-100)  +++  1  45  62
Volunteering (% ages 16+)  +++  26  34.2%  34.4%
Voter Participation (% of U.S. citizens ages 18+)  ++  28  58.3%  50.3%

PHYSICAL ENVIRONMENT*

Air and Water
Air Pollution (micrograms of fine particles per cubic meter)  ++  39  8.2  6.3
Quality
Drinking Water Violations (% of community water systems)  +++  1  0.0%  0.9%
Risk-Complex Indicator (Score, 0-100)  +++  17  153.4%  90.5%
Water Pollution (% of population served)  +++  19  95.9%  73.0%
Housing and Travel
Housing Quality Score (% of workers age 15-64)  ++  32  60.7%  75.6%
Housing with Lead Risk (% of housing units)  ++  22  15.1%  17.6%
Severe Housing Problems (% of occupied housing units)  ++  27  14.0%  17.3%

CLINICAL CARE*

Access to Care
Avoidable Care Due to Cost (% ages 18+)  +++  29  9.8%  9.8%
Dental Care  +  50  39.6  62.3
Mental Health  +++  20  200.0  284.3
Primary Care  +++  19  296.2  252.2
Uninsured (% of population)  +++  15  6.6%  9.2%
Preventive
Colorectal Cancer Screening (% ages 50-75)  +++  9  77.2%  15.1%
Clinical
Dental Visit (Trends 18+)  ++  32  64.5%  68.7%
Services
Immunizations
Chlamydia Screening (% ages 18-25)  +++  2  86.0%  75.4%
Flu Vaccination (Trends 18+)  +++  20  48.9%  47.0%
HPV Vaccination (% ages 18+)  ++  16  63.2%  54.6%
Quality of Care
Declined Health Care Providers (% ages 18+)  +++  11  0.0%  17.0%
Preventable Hospitalizations (discharges per 10,000 Medicare beneficiaries)  +  43  8.7%  7.7%

BEHAVIOR*

Nutrition and Physical Activity
Eating Activity Exercise (% ages 19-64)  ++  22  21.6%  25.0%
Physical Activity (percent of ages 19-44)  ++  21  8.4%  8.0%
Sedentary Behavior
Sedentary Behavior (percent of 19-64 age, 20+ hours/week)  +  29  32.7%  22.9%
Sleep
Sleep Insufficiency (percent of ages 18+)  +  23  32.2%  22.2%
Nutrient Consumption
Fruit and Vegetable Consumption (% ages 19-64)  ++  21  8.4%  8.0%
Smoking
Smoking (% ages 18+)  ++  24  15.1%  16.5%
Alcohol
Alcohol Use (% ages 18+)  ++  24  15.1%  16.5%

Health Outcomes
Behavioral
Excessive Drinking (% ages 18+)  +++  13  15.4%  10.7%
Health
High Blood Pressure (% ages 18+)  +++  11  12.3%  12.2%
Physical
High Blood Pressure (% ages 18+)  ++  22  58.7%  58.7%

Mortality
Premature Death (percent age 0-65 years)  +++  9  1  1.5
Premature Death Rate (percent)  +++  9  1.2  1.5

OVERALL
—  0.192 —

*Values derived from individual measures data. Higher values are considered healthier.
**Data not available, missing or suppressed.
For more information, visit the Appendix or visit www.America’sHealthRankings.org.

ANNUAL REPORT www.AmericasHealthRankings.org

83