Community Health Needs Assessment

2016 FINAL SUMMARY REPORT

SUBMITTED BY

October 24, 2016
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EXECUTIVE SUMMARY
Beginning in September 2015, Saint Francis Healthcare undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in New Castle County, Delaware. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing county residents. The assessment examined a variety of health indicators including chronic health conditions, access to health care and social determinants of health. Saint Francis Healthcare contracted with Holleran, a research firm based in Lancaster, Pennsylvania, to execute this project.

The completion of the CHNA enabled Saint Francis Healthcare to take an in-depth look at its community. The findings from the assessment were utilized by Saint Francis Healthcare to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Saint Francis Healthcare is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components
- Secondary Data Research
- Online Community Survey
- Key Informant Interviews
- Prioritization Session
- Implementation Plan

Key Community Health Issues
Saint Francis Healthcare, in conjunction with community partners, examined the findings of the Secondary Data, Online Community Survey, and Key Informant Interviews to select Key Community Health Issues. The following issues were identified:
- Obesity
- Tobacco
- Violence

Prioritized Community Health Issues
Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Saint Francis Healthcare plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:
- Access to Care
- Obesity
- Substance Use
- Violence
Previous CHNA and Prioritized Health Issues
Saint Francis Healthcare conducted a comprehensive CHNA in 2013 to evaluate the health needs of individuals living in the hospital service area. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment helped Saint Francis Healthcare to identify health issues and develop a community health implementation plan to improve the health of the surrounding community. A summary of outcomes from the priority areas can be found in Appendix H.
COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview
Saint Francis Healthcare, a member of Trinity Health, is a not-for-profit entity that operates for one purpose: to extend the presence and healing ministry of Christ. This is achieved through:

- Reinvesting profits back into the community by improving healthcare services, buying new technologies, upgrading facilities, and making sure that care is available to everyone — regardless of their ability to pay.
- Working to improve the health of the community. Compassion is the foundation for all that they do. Patients and their families are treated as people first, which means compassion, dignity, and respect are at the core of any treatment program. It also means that when someone is treated at one of Saint Francis Healthcare’s facilities, the needs of the whole person — body, mind, and spirit — are what matters most.
- Providing a range of special benefits to the community, such as programs to manage care for persons with chronic diseases, health education and disease prevention initiatives, outreach for the elderly, and care for persons who are poor or uninsured. A full list of services provided by Saint Francis Healthcare is included in Appendix I.

Saint Francis Healthcare’s Mission Statement is:
“We, Saint Francis Healthcare, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.”

Community Overview
Saint Francis Healthcare defined its current service area based on an analysis of the geographic area where individuals utilizing its services reside. Saint Francis Healthcare’s primary service area is considered to be New Castle, Delaware. New Castle County is the northernmost and most populous of the three counties in Delaware, with a population of 546,059. A map of the County is included below. Additional demographics are summarized in this report.

Methodology
The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:
✓ A Statistical Secondary Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for New Castle County, Delaware was compiled.

✓ An Online Community Member Survey was conducted with individuals residing in New Castle County between October 23, 2015 and January 18, 2016. The survey was designed to assess their health status, health risk behaviors, preventive health practices and needs, health care access primarily related to chronic diseases, and community assets and opportunities.

✓ Key Informant Interviews were conducted with 29 community leaders and partners between October 2015 and January 2016. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders.

Research Partner
Saint Francis Healthcare contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

✓ Collected and interpreted data from secondary data sources
✓ Collected, analyzed and interpreted data from the online community survey
✓ Collected, analyzed and interpreted data from key informant interviews; and
✓ Prepared all reports

Community Representation
Community engagement and feedback were an integral part of the CHNA process. Saint Francis Healthcare sought community input through key informant interviews with community leaders and partners, an online community member survey available to all residents, and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations
Timeline and other restrictions may have impacted the ability to survey all community stakeholders. Saint Francis Healthcare sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs
Following the completion of the CHNA research, Saint Francis Healthcare prioritized community health issues and developed an implementation plan to address prioritized community needs.
SECONDARY DATA PROFILE OVERVIEW

Background
One of the initial undertakings of the CHNA was to create a Secondary Data Profile. Secondary data are comprised of data obtained from existing resources and includes demographic and household statistics, education and income measures, morbidity and mortality rates, and health indicators, among other data points. Data were gathered and integrated into a graphical report to portray the current health and socio-economic status of residents in New Castle County.

Secondary data were collected from reputable sources, including the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), and the Delaware Department of Health. A full reference list is included in Appendix A. Data represent a point in time study using the most recent data possible. When available, state and national comparisons are provided as benchmarks.

The profile details data covering the following areas:
- Demographic/Socioeconomic Statistics
- Mortality & Morbidity Statistics
- Maternal & Child Health Statistics
- Sexually Transmitted Illness & Communicable Disease Statistics
- Mental Health Statistics
- Environmental Health

Secondary Data Profile Key Findings
The following section highlights the key takeaways from the Secondary Data Profile. A full report of the findings is available through Saint Francis Healthcare.

Demographic Statistics
According to U.S. Census Bureau 2011-2013 estimates, the total population in New Castle County is 546,059, an increase of 1.4% since 2010. The vast majority of residents identify their race as White (68.1%), which is only a slightly lower proportion than seen in the state’s and the nation’s racial makeup (71.8% and 76.3%, respectively).

The racial breakdown of New Castle County provides a foundation for primary language statistics. Approximately 85% of residents speak English as their primary language. As shown in Figure 1, the percentage of the population who speak a language other than English is higher in the county when compared to the state, but is slightly lower than the nation.
Figure 1. Percentage of population speaking a language other than English at home, 2009 – 2013

The median home value in New Castle County is ($240,700) higher than the median value across the state ($230,000) and the national median value ($173,200). Although the vast majority of New Castle county residents pay a mortgage (73.3%), the percentage of owners spending more than 30% of their income on housing (30.3%) is less when compared to Delaware (32.9%) and the nation (34.2%). The average rent in New Castle County ($1,008) closely resembles that of Delaware, and is higher when compared to the nation ($900). The percentage of renters spending more than 30% of their income on housing (50.4%) is similar to Delaware (50.5%) and slightly lower than the nation (52.3%). The vacancy of housing units in New Castle County (7.9%) is also notably lower when compared to the state and nation (17.7% and 12.6% respectively).
Table 1. Housing Characteristics (2011 - 2013)

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Owner-Occupied Housing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner-occupied units</td>
<td>74,108,664</td>
<td>240,771</td>
<td>138,726</td>
</tr>
<tr>
<td>Housing units with a mortgage</td>
<td>65.5%</td>
<td>69.0%</td>
<td>73.3%</td>
</tr>
<tr>
<td>Housing units without a mortgage</td>
<td>34.5%</td>
<td>31.0%</td>
<td>26.7%</td>
</tr>
<tr>
<td><strong>Median value</strong></td>
<td>$173,200</td>
<td>$230,000</td>
<td>$240,700</td>
</tr>
<tr>
<td><strong>Households spending 30% or more of income on mortgage/Owner costs</strong></td>
<td>34.2%</td>
<td>32.9%</td>
<td>30.3%</td>
</tr>
<tr>
<td><strong>Renter-Occupied Housing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied units paying rent</td>
<td>39,400,715</td>
<td>91,732</td>
<td>60,043</td>
</tr>
<tr>
<td><strong>Median dollars</strong></td>
<td>$900</td>
<td>$989</td>
<td>$1,008</td>
</tr>
<tr>
<td><strong>Households spending 30% or more of income on rent</strong></td>
<td>52.3%</td>
<td>50.5%</td>
<td>50.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau

The median income for households and families in New Castle County ($63,755 and $78,110 respectively) is higher than that of Delaware ($59,399; $70,688) and the nation ($52,176; $63,784). When comparing male and female earnings for full-time, year-round workers, the gap in the median earnings for men and women in New Castle County is higher than the gap in the state and on-par with the large $10,253 gap seen nationally. New Castle County has a higher income inequality (4.5) when compared to the state (4.3) and National Benchmark (3.7). Income inequality is a ratio of household income at the 80th percentile to the income at the 20th percentile.

Residents in New Castle County are less likely to live below the poverty level when compared to residents across Delaware and the nation. In New Castle County, 7.3% of all families and 11.2% of all people live below the poverty level, compared to 8.1% and 12.0% respectively in Delaware and 11.7% and 15.9% respectively in the U.S. In addition, the percentage of female-headed households with children under 5 living below the poverty level is substantially lower in New Castle County than in Delaware and the nation. A lower percentage of households in New Castle County received food stamp/SNAP benefits in the past 12 months (11.8%) when compared to the state (13.3%) and the nation (13.4%).
According to the U.S. Census estimates (2014 average), the unemployment rate in New Castle County is 6.1%, hovering between the state’s (5.8%) and the nation’s (6.3%) unemployment rate. Of the residents who are employed, the majority work in management, business, science and arts and are private sector wage and salary workers. The average travel time to work for residents in New Castle County is 25.4 minutes, almost identical to the state and national averages.

Education is an important social determinant of health. It is well documented that individuals who are less educated tend to have poorer health outcomes. High school graduation rates and educational attainment rates for higher education in New Castle County are higher than the state and nation. Approximately 90.0% of adults in New Castle County have a high school diploma or higher degree, while 34.2% have a bachelor’s degree or higher. This is in comparison to Delaware (87.8%; 29.3%) and the nation (86.3%; 29.1%).
Health Insurance Coverage and Health Care Access

Health insurance coverage can have a significant influence on health outcomes. According to the U.S. Census Bureau (2011-13) estimates, the percentage of residents in New Castle County who have health insurance coverage (91.1%) is higher compared to Delaware (90.7%) and the nation (85.2%).

New Castle County is closer than Delaware as a whole to the National Benchmark in regards to health care provider density for primary care physicians, dentists, and mental health providers.

Table 2. Health Care Provider Density (2014)

<table>
<thead>
<tr>
<th>Health Care Provider Density</th>
<th>National Benchmark (90th Percentile)</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care physician density</td>
<td>1,045:1</td>
<td>1,440:1</td>
<td>1,258:1</td>
</tr>
<tr>
<td>Dentist density</td>
<td>1,377:1</td>
<td>2,215:1</td>
<td>1,802:1</td>
</tr>
<tr>
<td>Mental health provider density</td>
<td>386:1</td>
<td>473:1</td>
<td>393:1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

Health Status Indicators

Mortality Rates

The age-adjusted death rate for all causes per 100,000 is slightly lower in New Castle County (721.3) than in Delaware (726.8) and the nation (731.9). As detailed in Table 3, New Castle County has a higher age-adjusted death rate per 100,000 than the state and nation for two of the leading causes of death: cancer and stroke. In particular, death rates due to cerebrovascular disease/stroke are notably higher in New Castle County (43.6) than in the state (37.0), the nation (36.2), and the Healthy People 2020 goal.
Residents in New Castle County and across Delaware are more likely to die prematurely (before age 75) when compared to the National Benchmark. New Castle County has a lower age-adjusted death rate per 100,000 than the nation for the number one leading cause of death; disease of the heart. Also of note in the table below is the comparably lower age-adjusted death rate in New Castle County due to diabetes mellitus, chronic lower respiratory disease, and suicide.

**Table 3. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000 (2013)**

<table>
<thead>
<tr>
<th>Cause</th>
<th>HP 2020</th>
<th>U.S.</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of heart</td>
<td>N/A</td>
<td>169.8</td>
<td>168.0</td>
<td>156.6</td>
</tr>
<tr>
<td>Malignant neoplasms (Cancer)</td>
<td>161.4</td>
<td>163.2</td>
<td>167.6</td>
<td>169.4</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>N/A</td>
<td>42.1</td>
<td>43.5</td>
<td>41.3</td>
</tr>
<tr>
<td>Cerebrovascular diseases (Stroke)</td>
<td>34.8</td>
<td>36.2</td>
<td>37.0</td>
<td>43.6</td>
</tr>
<tr>
<td>Accidents (Not including motor vehicle accidents)</td>
<td>N/A</td>
<td>39.4</td>
<td>42.9</td>
<td>41.3</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>N/A</td>
<td>23.5</td>
<td>17.6</td>
<td>18.2</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>N/A</td>
<td>21.2</td>
<td>19.4</td>
<td>17.9</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>N/A</td>
<td>15.9</td>
<td>13.6</td>
<td>13.2</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>N/A</td>
<td>13.2</td>
<td>16.0</td>
<td>16.9</td>
</tr>
<tr>
<td>Suicide</td>
<td>10.2</td>
<td>12.6</td>
<td>12.5</td>
<td>11.8</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention & Healthy People 2020

**Maternal and Child Health**

In New Castle County, the overall low birth weight percentage (9.1%) is higher than that of Delaware (8.8%), the nation (8.2%), and the Healthy People 2020 goal (7.8%). New Castle County’s very low birth weight percentage (2.0%) is also higher when compared to the state and the nation and falls short of the Healthy People 2020 goal of 1.4%. Infant (9.1), neonatal (6.4), and post-neonatal (2.7) mortality rates per 1,000 live births are higher in New Castle County when compared to the state, the nation, and the HP 2020 goal of 6.0, 4.1, and 2.0 respectively.

On a positive note, the teen birth rate per 1,000 population is lower in New Castle County (32.3) when compared to Delaware (36.6) and the nation (37.1).

**Table 4. Infant Mortality Rate per 1,000 Live Births (2007-2011)**

<table>
<thead>
<tr>
<th>Category</th>
<th>HP 2020</th>
<th>U.S.</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>6.0</td>
<td>6.4</td>
<td><strong>8.1</strong></td>
<td><strong>9.1</strong></td>
</tr>
<tr>
<td>Neonatal</td>
<td>4.1</td>
<td>4.2</td>
<td><strong>5.7</strong></td>
<td><strong>6.4</strong></td>
</tr>
<tr>
<td>Post-neonatal</td>
<td>2.0</td>
<td>2.2</td>
<td>2.4</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, Delaware Department of Health & Healthy People Rate in **red** font indicates that the Delaware rate is significantly higher than the U.S. rate.
Sexually Transmitted and Communicable Diseases
The incidence of Chlamydia cases per 100,000 is notably higher in New Castle County (518.0) when compared to the state (484.0) and the nation (456.7). The incidence of new HIV infections is identical to the nation (18.0), but is higher than that of Delaware (15.8).

Cancer Statistics
The overall cancer incidence for all sites is higher in New Castle County and Delaware (485.9 and 494.9, respectively) when compared to the national rate of 453.8. Women in New Castle County are more likely to be diagnosed with breast cancer (130.3) when compared to their counterparts in Delaware (126.5) and the nation (123.0). New Castle County and Delaware as a whole also had notably higher incidence rates of melanoma and prostate cancer than the national rates (Melanoma: New Castle County 27.5, Delaware 28.7, US 19.9; Prostate Cancer: New Castle County 154.8, Delaware 156.3, US 131.7).

The overall cancer mortality rate is higher for New Castle County (182.4) than for Delaware (181.9), the nation (171.2), and the Healthy People 2020 goal (160.6).

Mental Health Statistics
The suicide rate is considered to be an indicator of the mental health status of an area. The suicide rate per 100,000 in New Castle County is 11.8, and is slightly lower than the state and national rates (12.5 and 12.6 respectively), but higher that the Healthy People 2020 goal of 10.2.

General Health Status and Health Behaviors
A similar proportion of New Castle County adults report having fair or poor overall health when compared to the state and the National Benchmark. The National Benchmark represents the 90th percentile for all counties in the nation. In New Castle County, 11% of adults report having poor or fair health, which is slightly lower than the state (12%) and slightly higher than the National Benchmark of 10%. New Castle County adults report a higher average number of days with poor physical and mental health (3.1 and 3.2 respectively) when compared to the National Benchmark (2.5; 2.4).

New Castle County adults have the benefit of excellent access to exercise opportunities (97%) when compared to the state (88%) and the National Benchmark (92%). Currently, New Castle County adults are very close to the National Benchmark for proportion of adults who are obese (New Castle County 26%, benchmark 25%) and proportion who are physically inactive (New Castle County 22%, benchmark 20%). Obesity and insufficient physical exercise are some of the biggest drivers of preventable chronic diseases and increase the risk for many health conditions.

The New Castle County adult population is also more likely to drink excessively (22%) when compared to the state (20%) and the National Benchmark (10%). Excessive drinking is linked to alcohol poisoning, domestic violence, and motor vehicle crashes. The percentage of alcohol-impaired driving deaths in New Castle County (36%) is more than 2.5 times as high as the National Benchmark (14%), which may be attributed to the higher percentage of excessive drinking among the adult population.
**Physical and Social Environment**

Violent crime rates were higher in New Castle County (616 per 100,000) when compared to Delaware (576) and the National Benchmark (59). New Castle County ranks 3rd out of the three Delaware Counties for Physical Environment. Factors in this ranking include air pollution, drinking water violations, severe housing problems, driving alone to work, and long commutes.

Table 5. Physical Environment Rankings (2015)*

<table>
<thead>
<tr>
<th>Physical Environment Rank</th>
<th>National Benchmark</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution – particulate matter</td>
<td>9.5</td>
<td>11.9</td>
<td>11.9</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>0%</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>9%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>71%</td>
<td>81%</td>
<td>80%</td>
</tr>
<tr>
<td>Long commute – driving alone</td>
<td>15%</td>
<td>32%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

*a Rank is based on all 3 counties within Delaware State. A ranking of “1” is considered to be the healthiest.

*b National Benchmark represents the 90th percentile, i.e., only 10% are better
COMMUNITY MEMBER SURVEY

Introduction
An Online Community Member Survey was conducted with individuals residing in New Castle County between October 23, 2015 and January 18, 2016. The survey was designed to assess their health status, health risk behaviors, preventive health practices and needs, health care access primarily related to chronic diseases, and community assets and opportunities.

Limitations
As with all research efforts, there are some limitations related to this study’s research methods that should be acknowledged. While the community survey provides valuable insights, the demographic information may not particularly mirror the actual population due to non-random sampling techniques.

Data based on self-reports should be interpreted with particular caution. In some instances, respondents may over-or underreport behaviors and illnesses based on fear of social stigma depending on the health outcome of interest or misunderstanding the question being asked. In addition, respondents may be prone to recall bias, where they may attempt to answer accurately, but remember incorrectly.

Analysis Notes
The “check-all-that-apply” questions in the survey allow survey participants to select more than one response from a list of answers. Because of the nature of these types of questions, please note that the percentages in some tables may sum to more than 100%.

The following section provides an overview of the findings from the Online Community Member Survey, including highlights of important health indicators and health disparities.

Demographic Information
A total of 225 respondents in New Castle County participated in the survey. Nearly 40% of all respondents in New Castle County resided in zip codes 19805, 19804, 19701, 19702, and 19803, the majority being from zip code 19805.

The majority of respondents were female (87.6%) and between the ages of 50 and 59 years (32.0%). Caucasians/Whites comprised about 64% of study participants, followed by African Americans/Blacks (19.1%) and Hispanics (10.0%). Other races made up a very small proportion of survey participants. In regards to educational attainment, the majority of respondents had a college degree with four years or more of college education or a graduate or professional level degree (38.2%), and about 19% had some college training.

Access to Health Care
Respondents reported they predominately obtain their health care coverage through employer sponsored plans (83.4%), either their own or their spouse’s. About 3% of respondents cited they are currently uninsured.
Fortunately, respondents confirmed they most frequently seek routine health care through the Physician’s Office (87.1%). This is the most efficient and economical model for receiving regular and coordinated care. Life Center was commonly mentioned as “Other” place where respondents receive routine health care. As for where respondents would go for emergency medical services, nearly 64% of participants indicated Hospital Emergency Room and 20% identified Walk-in/Urgent Care Clinics.

<table>
<thead>
<tr>
<th>Health Insurance Source</th>
<th>Count</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>From your employer</td>
<td>160</td>
<td>66.4%</td>
</tr>
<tr>
<td>Your Spouse’s employer</td>
<td>41</td>
<td>17.0%</td>
</tr>
<tr>
<td>Medicaid or Medical Assistance</td>
<td>20</td>
<td>8.3%</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>16</td>
<td>6.6%</td>
</tr>
<tr>
<td>Medicare</td>
<td>16</td>
<td>6.6%</td>
</tr>
<tr>
<td>A plan that you buy on your own</td>
<td>6</td>
<td>2.5%</td>
</tr>
<tr>
<td>The military, TRICARE, or the VA</td>
<td>5</td>
<td>2.1%</td>
</tr>
<tr>
<td>Don’t have insurance</td>
<td>7</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

### Barriers to Accessing Health Services

Understanding the perceived barriers to accessing health services can be very eye-opening as it often gets to the less obvious reasons people avoid or delay seeking health care. By far, the most commonly encountered barrier among survey participants was the inability to pay insurance co-pays and deductibles (38.8%). There were a high amount of responses in the “Other” category. The inability to take time off work to attend medical appointments and wait times in doctor’s offices being too long were commonly mentioned as “Other” responses. In addition, a substantial number of respondents indicated that they did not have any barriers.
### Table 7. Barriers to Accessing Health Care

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to pay co-pays/deductibles</td>
<td>99</td>
<td>38.8%</td>
</tr>
<tr>
<td>Fear (e.g., not ready to face/discuss health problem)</td>
<td>32</td>
<td>12.5%</td>
</tr>
<tr>
<td>Lack of availability of doctors</td>
<td>30</td>
<td>11.8%</td>
</tr>
<tr>
<td>No insurance and unable to pay for the care</td>
<td>22</td>
<td>8.6%</td>
</tr>
<tr>
<td>Don’t know how to find doctors</td>
<td>15</td>
<td>5.9%</td>
</tr>
<tr>
<td>Transportation problems</td>
<td>14</td>
<td>5.5%</td>
</tr>
<tr>
<td>Language barriers</td>
<td>5</td>
<td>2.0%</td>
</tr>
<tr>
<td>Don’t understand the need to see a doctor</td>
<td>4</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cultural/religious beliefs</td>
<td>3</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>90</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

### Key Health Issues

High blood pressure was reported as the top health issue that respondents and their family members encounter (39.6%). Overweight/obesity was ranked second, with about 37% of respondents selecting the issue and was distantly followed by joint pain or back pain with approximately 29% of respondents identifying it as a health concern they or their family members face.

### Table 8. Top Five Health Issues Facing Survey Participants or Their Family

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>101</td>
<td>39.6%</td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td>95</td>
<td>37.3%</td>
</tr>
<tr>
<td>Joint pain or back pain</td>
<td>73</td>
<td>28.6%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>66</td>
<td>25.9%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>53</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

### Needed Services/Resources

Health promotion resources top the list for most needed services to improve health in New Castle County. Healthier food was selected by over half of the respondents, free or affordable health screenings by about a third, and wellness services by just under than 30%.

### Table 9. Top Three Services/Resources Needed to Improve Health

<table>
<thead>
<tr>
<th>Services/Resources</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthier food</td>
<td>135</td>
<td>52.9%</td>
</tr>
<tr>
<td>Free or affordable health screenings</td>
<td>86</td>
<td>33.7%</td>
</tr>
<tr>
<td>Wellness services</td>
<td>75</td>
<td>29.4%</td>
</tr>
</tbody>
</table>
Health Screenings and/or Services
As indicated above, there is a need for more free or affordable health screenings in New Castle County. The preventive screenings and/or services that were identified by respondents as one of the five most important preventive services needed include: blood pressure check, exercise/physical activity, cholesterol (fats in the blood), dental screenings, and routine wellness checkups.

Table 10. Health Screenings and/or Services Needed

<table>
<thead>
<tr>
<th>Health Screenings/Services</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure check</td>
<td>134</td>
<td>52.5%</td>
</tr>
<tr>
<td>Exercise/physical activity</td>
<td>111</td>
<td>43.5%</td>
</tr>
<tr>
<td>Cholesterol (fats in the blood)</td>
<td>100</td>
<td>39.2%</td>
</tr>
<tr>
<td>Dental screenings</td>
<td>97</td>
<td>38.0%</td>
</tr>
<tr>
<td>Routine well checkups</td>
<td>93</td>
<td>36.5%</td>
</tr>
<tr>
<td>Cancer screening</td>
<td>92</td>
<td>36.1%</td>
</tr>
<tr>
<td>Weight-loss help</td>
<td>74</td>
<td>29.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>64</td>
<td>25.1%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>62</td>
<td>24.3%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>40</td>
<td>15.7%</td>
</tr>
<tr>
<td>Mental health/depression</td>
<td>33</td>
<td>12.9%</td>
</tr>
<tr>
<td>Quitting smoking</td>
<td>32</td>
<td>12.5%</td>
</tr>
<tr>
<td>Vaccination/immunizations</td>
<td>30</td>
<td>11.8%</td>
</tr>
<tr>
<td>Falls prevention for the elderly</td>
<td>18</td>
<td>7.1%</td>
</tr>
<tr>
<td>Drug and alcohol abuse</td>
<td>11</td>
<td>4.3%</td>
</tr>
<tr>
<td>HIV/AIDS &amp; STDs</td>
<td>10</td>
<td>3.9%</td>
</tr>
<tr>
<td>Memory loss</td>
<td>10</td>
<td>3.9%</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>9</td>
<td>3.5%</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>8</td>
<td>3.1%</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>7</td>
<td>2.7%</td>
</tr>
<tr>
<td>Disease outbreak prevention</td>
<td>6</td>
<td>2.4%</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>3</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Health Behaviors

Health behaviors are any action taken by an individual to maintain, attain, or regain good health and prevent illness. Examples of health behaviors include seeking appropriate care when needed, participating in screenings, adhering to prescribed care for existing conditions, health information seeking, and a wide gamut of lifestyle behaviors and choices. The following section highlights some of the actions respondents take to lead healthier lives.
Preventive Care
A large majority of respondents (81.6%) indicated they had received a flu shot in the past 12 months. Nearly 73% of respondents also indicated they had their blood pressure checked in the past year. While these are positive findings, the figures for other chronic conditions screenings were not generally as favorable. For example, only 38.4% had their blood sugar checked in the past year and less than 13% of respondents indicated they had hearing, colon/rectal and/or skin cancer screenings in the past year.

Table 11. Preventive Procedures in the Past 12 Months

<table>
<thead>
<tr>
<th>Preventive Procedures</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu shot</td>
<td>208</td>
<td>81.6%</td>
</tr>
<tr>
<td>Blood pressure check</td>
<td>185</td>
<td>72.5%</td>
</tr>
<tr>
<td>Dental cleaning/X-rays</td>
<td>147</td>
<td>57.6%</td>
</tr>
<tr>
<td>Vision screening</td>
<td>142</td>
<td>55.7%</td>
</tr>
<tr>
<td>Mammogram (if woman)</td>
<td>124</td>
<td>58.8%</td>
</tr>
<tr>
<td>Physical exam</td>
<td>116</td>
<td>45.5%</td>
</tr>
<tr>
<td>Pap smear (if woman)</td>
<td>115</td>
<td>54.5%</td>
</tr>
<tr>
<td>Cholesterol screening</td>
<td>105</td>
<td>41.2%</td>
</tr>
<tr>
<td>Blood sugar check</td>
<td>98</td>
<td>38.4%</td>
</tr>
<tr>
<td>Hearing screening</td>
<td>32</td>
<td>12.5%</td>
</tr>
<tr>
<td>Colon/rectal exam</td>
<td>31</td>
<td>12.2%</td>
</tr>
<tr>
<td>Cardiovascular screening</td>
<td>31</td>
<td>12.2%</td>
</tr>
<tr>
<td>Skin cancer screening</td>
<td>26</td>
<td>10.2%</td>
</tr>
<tr>
<td>Bone density test</td>
<td>21</td>
<td>8.2%</td>
</tr>
<tr>
<td>Prostate cancer screening (if man)</td>
<td>9</td>
<td>30.0%</td>
</tr>
<tr>
<td>None of the above</td>
<td>5</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Health Information & Health Education
About three quarters of respondents reported they receive most of their health information from doctors/health care providers. The second most commonly cited source of health information was the internet (52.9%).

The top five topics survey participants identified as a need for more health education include: exercise/physical activity, nutrition, blood pressure, diabetes, and cancer.

Lifestyle Behaviors
The survey solicited information regarding respondents’ level of health and safety practices. Respondents were provided with an array of statements and asked to rate their health practice and lifestyle behaviors by choosing statements as it applied to their daily living. The vast majority of respondents (85.9%) get a flu shot each year. Over 50% of respondents were likely to use sunscreen or protective clothing before being exposed to the sun and also to exercise at least three times per week. In addition, respondents were less likely to engage in binge drinking, misuse prescription drugs, use illegal drugs, chew tobacco or use electronic cigarettes. However, nearly 21% of respondents reported
eating fast food more than once per week and 12.2% reported drinking regular soda or pop that contains sugar more than 5 times a week.

**Final Thoughts for Saint Francis Healthcare**

Respondents were then asked to disclose how Saint Francis could better meet their health care needs. Commonly voiced suggestions included offering wellness programs, health education and having more specialists on staff.

Lastly, respondents were asked to comment on services or information they would like to see Saint Francis Healthcare provide. The most common responses referenced the need for dental and vision care providers, pediatric care, and exercise programs.
KEY INFORMANT INTERVIEW

Background
A total of 29 key informants completed the survey between October 2015 and January 2016. The key informants were mostly women (63%) and White/Caucasian (70.4%), followed by Blacks/African Americans representing 22.2%. The largest percentage of informants were affiliated with Non-Profit/Social Services/Aging Services Organizations (40.7%), followed by Health Care/Public Health Organizations and Government/Housing/Transportation Sector (14.8% each). It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within the service area.

Analysis Notes
The “check-all-that-apply” questions in the survey allow survey participants to select more than one response from a list of answers. Because of the nature of these types of questions, please note that the percentages in some tables may sum to more than 100%.

Key Health Issues

Substance abuse topped the list when key informants were asked to select the top five health issues most seen in the community, and also when asked to choose the one most significant issue. This is in contrast to the only 2.7% and 2.0% of community survey respondents who selected alcohol overuse and drug abuse, respectively, as one of the top health issues. Not surprisingly, overweight/obesity and cancer ranked high in both surveys. Key informants also pointed to violence, access to care/uninsured, and mental health/suicide as significant issues in New Castle County.

Table 12: Ranking of the Top Five Most Pressing Key Health Issues

<table>
<thead>
<tr>
<th>Key Health Issue</th>
<th>Count</th>
<th>Percent of respondents who selected the issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse/Alcohol /Drug Abuse</td>
<td>21</td>
<td>72.4%</td>
</tr>
<tr>
<td>Violence</td>
<td>18</td>
<td>62.1%</td>
</tr>
<tr>
<td>Access to Care/Uninsured - Tied</td>
<td>16</td>
<td>55.2%</td>
</tr>
<tr>
<td>Mental Health/Suicide - Tied</td>
<td>16</td>
<td>55.2%</td>
</tr>
<tr>
<td>Overweight/Obesity - Tied</td>
<td>16</td>
<td>55.2%</td>
</tr>
<tr>
<td>Maternal/Infant Health</td>
<td>11</td>
<td>37.9%</td>
</tr>
<tr>
<td>Cancer</td>
<td>10</td>
<td>34.5%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>9</td>
<td>31.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8</td>
<td>27.6%</td>
</tr>
<tr>
<td>Dental Health</td>
<td>7</td>
<td>24.1%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>5</td>
<td>17.2%</td>
</tr>
<tr>
<td>Stroke - Tied</td>
<td>3</td>
<td>10.3%</td>
</tr>
<tr>
<td>Tobacco - Tied</td>
<td>3</td>
<td>10.3%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>6.9%</td>
</tr>
</tbody>
</table>
While key informants felt there are resources available in New Castle County for substance abuse, violence, and cancer, they were less likely to feel there is appropriate access to these resources. None of the respondents who selected mental health/suicide felt there are resources available in the community and also noted there are access issues as well. The health issues identified in the Other category were HIV, and “Mental Health – Trauma”. The following sections will discuss access issues in more detail.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Key Health Issue</th>
<th>Most Significant</th>
<th>Resources Available (%Yes)</th>
<th>Access to Resources (%Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Substance Abuse/Alcohol/Drug Abuse</td>
<td>24.1%</td>
<td>85.7%</td>
<td>14.3%</td>
</tr>
<tr>
<td>2</td>
<td>Violence</td>
<td>20.7%</td>
<td>80.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>3</td>
<td>Cancer</td>
<td>13.8%</td>
<td>100.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>4</td>
<td>Maternal/Infant Health</td>
<td>13.8%</td>
<td>75.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>5</td>
<td>Access to Care/Uninsured</td>
<td>10.3%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>Mental Health/Suicide</td>
<td>10.3%</td>
<td>0.0%</td>
<td>33.3%</td>
</tr>
<tr>
<td>7</td>
<td>Other</td>
<td>6.9%</td>
<td>50.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

### Health Care Access

### Availability of Services

A strong majority of key informants agree that access to mental health providers is lacking (71.4%). With mental health issues being reported as a significant health issue in New Castle County, this is of particular importance. Access to bilingual providers and transportation to medical appointments is also lacking (61.5% and 57.1% respectively). There is marginal agreement that access to medical specialists, dentists, and Medicaid providers is sufficient. Access to primary care providers appears positive (62.1%).
Barriers to Health Care Access
Key informants identified barriers that keep people in the community from accessing health care when they need it.

The top five barriers most frequently selected include:
- Inability to Navigate Health Care System
- Inability to Pay Out-of-Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Transportation
- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)

The barrier identified as the most significant issue in New Castle County was the inability to pay out of pocket expenses, echoing the top barrier identified by community survey respondents.

Table 14: Ranking of Barriers to Health Care Access

<table>
<thead>
<tr>
<th>Key Health Barrier</th>
<th>Count</th>
<th>Percent of respondents who selected the issue</th>
<th>Percent of respondents who selected the issue as the most significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to Navigate Health Care System</td>
<td>22</td>
<td>75.9%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)</td>
<td>19</td>
<td>65.5%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>17</td>
<td>58.6%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Availability of Providers/Appointments</td>
<td>16</td>
<td>55.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Basic Needs Not Met (Food/Shelter)</td>
<td>16</td>
<td>55.2%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Lack of Health Insurance Coverage</td>
<td>12</td>
<td>41.4%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Lack of Trust</td>
<td>11</td>
<td>37.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)</td>
<td>11</td>
<td>37.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Language/Cultural Barriers</td>
<td>10</td>
<td>34.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Lack of Child Care</td>
<td>3</td>
<td>10.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>None/No Barriers</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Underserved Populations
Some population groups were identified by key informants as being underserved when compared to the general population. Nearly 90% of respondents felt that low-income/poor population groups were underserved. Homeless individuals were also considered to be underserved by nearly 74% of study participants, followed by uninsured/underinsured individuals (57.9%). Uninsured or underinsured individuals primarily go to the Hospital Emergency Department when they are in need of medical care, as reported by almost 76% of key informants.
Community Resources

Prevention Efforts Needed to Bring an Impact
Key informants were asked to identify the top five prevention efforts that, in their opinion, would impact the health of residents in the community. The areas that garnered the most interest are not surprising as they echo earlier findings. Violence reduction and substance abuse were the top two areas key informants felt prevention efforts are needed, and these were also noted as significant health issues in the New Castle County.

"What are top 5 prevention efforts that would significantly impact the health of the community you serve?"

<table>
<thead>
<tr>
<th>Prevention Effort</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence reduction</td>
<td>62.1%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>58.6%</td>
</tr>
<tr>
<td>Improved Access</td>
<td>51.7%</td>
</tr>
<tr>
<td>Coordinated Care</td>
<td>51.7%</td>
</tr>
<tr>
<td>Education/Health Literacy</td>
<td>44.8%</td>
</tr>
</tbody>
</table>

Figure 5. Top 5 Prevention Efforts Needed to Bring an Impact

Missing Resources/Services
Again, Mental Health Services was selected by the majority of respondents (72.4%) as missing in the community, distantly followed by “Transportation” with 48.3% of key informants selecting the issue. Free/Low Cost Dental Care and Substance Abuse Services were also identified as missing by approximately 45% of respondents selecting each resource/service.
Table 15: Listing of Missing Resources/Services in the Community

<table>
<thead>
<tr>
<th>Rank</th>
<th>Missing Resources /Services</th>
<th>Count</th>
<th>Percent of respondents who selected the issue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental Health Services</td>
<td>21</td>
<td>72.4%</td>
</tr>
<tr>
<td>2</td>
<td>Transportation</td>
<td>14</td>
<td>48.3%</td>
</tr>
<tr>
<td>3</td>
<td>Free/Low Cost Dental Care</td>
<td>13</td>
<td>44.8%</td>
</tr>
<tr>
<td>4</td>
<td>Substance Abuse Services</td>
<td>13</td>
<td>44.8%</td>
</tr>
<tr>
<td>5</td>
<td>Health Education/Information/Outreach</td>
<td>10</td>
<td>34.5%</td>
</tr>
<tr>
<td>6</td>
<td>Free/Low Cost Medical Care</td>
<td>8</td>
<td>27.6%</td>
</tr>
<tr>
<td>7</td>
<td>Bilingual Services</td>
<td>8</td>
<td>27.6%</td>
</tr>
<tr>
<td>8</td>
<td>Prescription Assistance</td>
<td>7</td>
<td>24.1%</td>
</tr>
<tr>
<td>9</td>
<td>Primary Care Providers</td>
<td>5</td>
<td>17.2%</td>
</tr>
<tr>
<td>10</td>
<td>Health Screenings</td>
<td>3</td>
<td>10.3%</td>
</tr>
<tr>
<td>11</td>
<td>Medical Specialists</td>
<td>2</td>
<td>6.9%</td>
</tr>
<tr>
<td>12</td>
<td>None</td>
<td>1</td>
<td>3.4%</td>
</tr>
<tr>
<td>13</td>
<td>Other</td>
<td>1</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

**Challenges and Solutions**

To round out the feedback from key informants, respondents were presented with several open ended questions. Respondents were asked “What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?” Key informants identified a variety of prominent issues in their community. Poverty emerged as a significant barrier to improved health. Socioeconomic factors such as unemployment, unmet basic needs, and lack of finances were also frequently mentioned. The vast majority of informants felt that most people in their communities are just trying to make ends meet and can’t afford to buy healthier foods that usually tend to be more expensive.

“It costs more money to eat right; many families cannot afford to do so.”

Another important theme that emerged was health literacy. Respondents felt there was a need to increase the understanding of health issues and the importance of maintaining healthy lifestyles.

The challenges that were commonly voiced by participants included:

- Lack of finances and time to buy and prepare healthier foods, as well as exercise
- Lack of knowledge about health issues and healthy lifestyles
- Lack of free/safe recreation sites and accessibility of places to exercise
Lastly, key informants were asked, “What’s being done well in the community in terms of health and quality of life?” Community outreach programs, health education efforts, and the availability of free preventative health initiatives such as free screenings and immunizations were frequently mentioned by informants. Many participants also commended Saint Francis for reaching out into the community, as well as offering a wide variety of health care services and programs. As for suggestions or recommendations to improve health and quality of life in their community, informants felt a coordinated effort needs to be in place to work with community members and providers to make health care more comprehensive and accessible.
Additional Research for 19805

Based on needs discovered through research conducted on the health status of New Castle County, Saint Francis Healthcare wanted to further explore certain indicators specific to 19805. Tables with this additional information are included below. All census data pertaining to 19805 is a five year estimate from 2010-2014.

Population Statistics

Table 1. Population by Age (2011 - 2013; 2010 - 2014)

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Delaware</th>
<th>New Castle County</th>
<th>Zip Code 19805</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>6.4%</td>
<td>6.1%</td>
<td>6.1%</td>
<td>7.5%</td>
</tr>
<tr>
<td>5 to 14 years</td>
<td>13.1%</td>
<td>12.4%</td>
<td>12.6%</td>
<td>14.4%</td>
</tr>
<tr>
<td>15 to 24 years</td>
<td>14.0%</td>
<td>13.8%</td>
<td>14.8%</td>
<td>14.6%</td>
</tr>
<tr>
<td>25 to 44 years</td>
<td>26.4%</td>
<td>24.9%</td>
<td>26.5%</td>
<td>30.7%</td>
</tr>
<tr>
<td>45 to 59 years</td>
<td>20.7%</td>
<td>21.1%</td>
<td>21.4%</td>
<td>18.7%</td>
</tr>
<tr>
<td>60 to 74 years</td>
<td>13.3%</td>
<td>15.1%</td>
<td>12.9%</td>
<td>9.3%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>4.2%</td>
<td>4.6%</td>
<td>4.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Median Age (Years)</strong></td>
<td><strong>37.4</strong></td>
<td><strong>39.1</strong></td>
<td><strong>37.2</strong></td>
<td><strong>32.8</strong></td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau

Table 2. Race Alone or in Combination with One or More Other Races (2011 - 2013; 2010 - 2014)

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Delaware</th>
<th>New Castle County</th>
<th>Zip Code 19805</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>76.3%</td>
<td>71.8%</td>
<td>68.1%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>13.7%</td>
<td>23.3%</td>
<td>25.6%</td>
<td>32.8%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.7%</td>
<td>1.0%</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>5.9%</td>
<td>4.0%</td>
<td>5.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Native Hawaiian and Pacific Islander</td>
<td>0.4%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>5.2%</td>
<td>2.7%</td>
<td>2.9%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Hispanic or Latino (<em>of any race</em>)</td>
<td>16.9%</td>
<td>8.6%</td>
<td>9.1%</td>
<td>28.3%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau

* Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic
Income Statistics

Table 3. Household and Family Income (2011 – 2013; 2010 - 2014)

<table>
<thead>
<tr>
<th>Household Income</th>
<th>U.S.</th>
<th>Delaware</th>
<th>New Castle County</th>
<th>Zip Code 19805</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>13.0%</td>
<td>9.9%</td>
<td>9.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>10.9%</td>
<td>9.1%</td>
<td>8.1%</td>
<td>13.4%</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>10.3%</td>
<td>9.7%</td>
<td>8.9%</td>
<td>15.2%</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>13.6%</td>
<td>13.3%</td>
<td>12.5%</td>
<td>14.3%</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>17.9%</td>
<td>19.4%</td>
<td>18.7%</td>
<td>18.2%</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>11.9%</td>
<td>13.4%</td>
<td>13.1%</td>
<td>11.2%</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>12.7%</td>
<td>15.0%</td>
<td>16.3%</td>
<td>9.2%</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>9.6%</td>
<td>10.2%</td>
<td>13.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$52,176</td>
<td>$59,399</td>
<td>$63,755</td>
<td>$42,578</td>
</tr>
<tr>
<td>Mean household income</td>
<td>$72,897</td>
<td>$77,270</td>
<td>$84,879</td>
<td>$56,425</td>
</tr>
</tbody>
</table>

Family Income

| Median family income | $63,784 | $70,668 | $78,110 | $47,376 |
| Mean family income   | $84,975 | $88,980 | $99,640 | $60,547 |

Individual Median Earnings

| Median earnings for workers | $30,327 | $32,298 | $36,029 | $28,160 |
| Male full-time, year-round workers | $48,358 | $50,669 | $54,744 | $41,851 |
| Female full-time, year-round workers | $38,105 | $41,583 | $44,559 | $38,125 |

Source: U.S. Census Bureau

Maternal & Child Health Statistics

Table 4. Low Birth Weight and Preterm Birth Rate Five-Year Trend for Zip Code 19805 (2011 - 2015)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birth Weight</td>
<td>6.4%</td>
<td>N/A</td>
<td>4.1%</td>
<td>4.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Preterm Birth</td>
<td>9.2%</td>
<td>N/A</td>
<td>10.2%</td>
<td>6.7%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Source: Saint Francis Healthcare Tiny Steps Program

Crime Statistics

Table 5. Violent Crime Offenses Reported Per 100,000 Population (2010 - 2012)

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Delaware</th>
<th>New Castle County</th>
<th>Zip Code 19805</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crimes</td>
<td>1,213,859</td>
<td>5,267</td>
<td>3,347</td>
<td>254</td>
</tr>
<tr>
<td>Violent Crime Rate</td>
<td>395.5</td>
<td>580.4</td>
<td>615.8</td>
<td>615.8</td>
</tr>
</tbody>
</table>

Source: Community Commons
According to census data from 2010 - 2014, residents living in zip code 19805 are generally younger (32.8 years) compared to New Castle County (37.2), Delaware (39.1), and the United States (37.4). In terms of race and ethnicity, zip code 19805 has both a higher percentage of Black/African-Americans residents (32.8%) and Hispanic or Latino residents (28.3%) when compared to the county, state, and the nation. For income, both mean household income and mean family income in zip code 19805 are well below the averages in New Castle County, Delaware, and the United States. For crime, the violent crime rate for both zip code 19805 and New Castle County (615.8) are notably higher than the state and the nation.

Maternal and child health data provided by Saint Francis Healthcare’s Tiny Steps Program shows a five-year trend for low birth weight and preterm birth for residents in zip code 19805. The low birth weight rate in 2015 is similar to the rate in 2011 despite a notable decrease in 2013 and 2014. Additionally, overall since 2011, the preterm birth rate has not substantially changed. However, since 2014, both low birth weight and preterm births appear to be on an upward trend.

### Wilmington Neighborhood Survey

The Cease Violence Wilmington Team gathered a survey to understand how Wilmington residents living in 19805 zip code feel about their neighborhood in regard to safety and violent crimes. While many factors go into creating crime rates, the results give some valuable insights to a certain extent.

Fifty respondents completed the survey, of which 54% were females and 46% were males. In regard to the demographic makeup of survey participants, a strong majority (72%) were Black/African American, distantly followed by Hispanics with an 18% representation. White and “other race” each made up 4% of respondents and about 2% of participants identified their race as Asian. As for the age category, the majority (38%) were young adults aged 18 – 34 years old, followed by 34% in the 35 – 54 age bracket. About 18% were older adults aged 55 and over and another 10% were under 18 years.

Respondents were asked if they feel safe calling the police and while over half of them (54%) responded affirmatively, 40% of respondents said they felt either unsafe or very unsafe about calling the police. The next two sets of questions dealt with how they felt about being out alone in their neighborhoods during the day and at night time. Only a little over a quarter of respondents confirmed they feel safe or very safe being out alone during the day while 42% felt either unsafe or very unsafe. Nearly one-third of survey participants responded as neutral. In contrast, an overwhelming majority of Wilmington City residents (64%) felt unsafe or very unsafe being out alone at night. And while 30% of respondents responded as neutral, only 6% stated they feel safe being out alone at night.

Responding to the question “Is there a problem with reoccurring shootings in your neighborhood?” a strong majority of survey participants (58%) confirmed that there was a big problem. While another 14% reported there was somewhat of a problem, about 22% said there was not a problem in their neighborhoods associated with reoccurring shootings.
IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Community Meeting
St. Francis Healthcare held a session with members of the health system to review the results of the 2015 Community Health Needs Assessment (CHNA) on April 8, 2016. The goal of the meeting was to discuss the needs of the local community as identified through the CHNA and to set the stage for community health improvement initiatives and the development of the hospital’s Implementation Strategy. Nineteen individuals attended the session. A list of attendees for both sessions can be found in Appendix E.

Process
The community meeting was facilitated by Holleran Consulting. The meeting began with an abbreviated research overview. This overview presented the results of the secondary data research as well as key findings from the online community survey and key informant survey. A special emphasis was given to the 19805 zip code based on secondary data and anecdotal evidence, which represents the majority of St. Francis’ service area, and where violent crimes are known to be rampant.

Following the research overview, participants were provided with information regarding the prioritization process and criteria to consider when evaluating key areas of focus. In a large-group format, attendees were then asked to share openly what they perceived to be the needs and areas of opportunity in New Castle County. The open group discussion encouraged attendees to share if their perceived needs of the community aligned with the needs as found through the CHNA. Participants confirmed their experience matched the identified needs and areas of opportunity found in the county.

Based on the presentation, the group identified four key health issues and areas of opportunity that they believed St. Francis should prioritize and address over the next three-year cycle. The community priorities include:

- Access to Care
- Obesity
- Substance Use
- Violence

The group also identified key existing resources and programs that they believed would be helpful when addressing the aforementioned focus areas. These include:

- Creating partnerships within the community with health system staff
- Health collaborations, with an emphasis on working in the community
- Parish Nurse Programs
- Understand the available community resources
- Creating violence connections for families who have a loved one incarcerated
- Helping female-headed households of all ages with accessing health care and other existing resources in the community
- Engaging the community at large to address violence
In addition, the group identified the following community resources and services specific to zip code 19805 that may help improve its crime rates and maternal and child health outcomes. These include:

- More directed research from those 'in the hood' with credibility
- Additional community relationships
- Trauma informed care
- Incarceration rates
- Controlling access to firearms
- Aftercare for kids
- Low birthrate data – tiny steps data
- Collaboration with faith-based organizations
- Availability of rehab facilities
- Youth employment
- Specific services in zip code 19805
IMPLEMENTATION PLAN AND STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

After gathering feedback from community members and hospital’s representatives, Saint Francis’ Mission Board members and the leadership team decided to address the following four priority areas over the following three-year cycle:

- Access to Care
- Obesity
- Substance Use
- Violence

Saint Francis’ Mission Board members and representatives held a meeting on October 4, 2016 to review the research findings and identify strategies for adoption and inclusion in Saint Francis’ Implementation Plan. The objectives of the half-day implementation planning session were to:

- Provide an overview of recently compiled community health data and highlight key research findings
- Initiate discussions around key health issues and identify available as well as missing resources in the community to address identified health needs
- Brainstorm goals and objectives to guide the Hospital’s Implementation Plan
- Examine Saint Francis’ role in addressing community health priorities

Saint Francis Healthcare plans to implement the following strategies to impact and measure community health improvement over the next three years.

I. ACCESS TO CARE

Goal: Increase access to quality health care for New Castle County residents

Objectives:

- Increase number of residents who have access to primary care provider
- Increase utilization of free and low cost health care services

Key Indicators:

- Increase in #/% of patients who have access to primary care services
- #/% of adults who have a medical home/relationship with primary care provider
- Reduction in #/% of adults who utilize Emergency Rooms for non-emergency care
- Increase in # of Parish nurses and volunteers to facilitate communication, case management, and help patients navigate the health care system
- Cost savings for reduction in Hospital Readmission Rates
- # of partnerships created between SFH and transportation providers (both volunteers and the Department of Transportation)
Activities:
- Visible/public vehicle to raise awareness of options/sites for health services
- Access to healthcare manual vehicle/publish services. Target population includes SFH employees, Parishes, Schools, Nurses, etc.
- Identify through partnership with Urgent Care the drop in uninsured and underinsured
- Case management follow through (collect data from prompt care)
- Increase the number of parish-based volunteers
- Reuse vans/ambulances (use LIFE/s van down times)
- Collaborate with Department of Transportation to change, improve routing
- Provide better/more information about how to navigate/access the Health Services (better communications)

Existing Community Assets & Resources:
- Charity programs
- FQHCs (Henrietta Johnson Medical Center, Claymont Family Health Services)
- The Saint Clare Medical Outreach Van
- Saint Francis’ programs (Tiny Steps, Center of Hope, Employee MD Offices, DER and Prompt Care, Financial Assistance for bill payment, Family Practice – Home Health)
- Christiana Care Health System – Dental Clinic
- Urgent Care Centers
- Nemours Alfred I DuPont Pediatric Hospital

Missing Resources:
- Urgent Care Centers in 19805
- Education/Information about where to go for what/Continuous public education
- Health navigators/Health coaches to connect people who need care to where the care providers are
- Visible groups to help people to know what is available/costs/etc.
- Health care providers who provide evening/after-hours service
- Transportation services (both public and volunteer)
- Long-term care for individuals with Mental Health and Substance Abuse issues
- Dentists
- HIV clinics (FQHC and CCHS)

Organizations/Groups to collaborate with:
- FQHCs
- Local hospitals and health care providers
- Internal collaboration for prompt care
- EMS/nearby Urgent Care Centers
- Home-based care providers
- Community groups/local parish/community centers
- Department of Transportation
- Healthy Neighborhoods Initiatives
II. OBESITY

Goal: Reduce risk factors that contribute to obesity and comorbid health conditions and improve access to healthy foods and physical activity

Objectives:
- Reduce overweight and obesity rates
- Increase intake of healthy food options among New Castle County residents
- Increase regular physical exercise among County residents

Key Indicators:
- # of Wellness and Health Promotion programs created for SFH employees
- % of health education programs focused on exercise and healthy eating
- % of high-risk individuals who attend cooking classes for healthful foods, exercise/training, and nutrition counseling programs
- # of partnerships created with local food banks, supermarkets, community gardening initiatives, and vending service providers for healthier snacks

Activities:
- Partnering with local food banks (include recipes) and supermarkets
- Promote more community gardening
- Healthier food/beverage selections in the hospital vending machine
- Health promotion (Wellness) program for colleagues
- Work-site peer support for weight loss
- Access to healthcare manual vehicle/publish services. Target population includes SFH employees, Parishes, Schools, Nurses, etc.

Existing Community Assets & Resources:
- Nutritionists in hospital – counseling service available by referral
- YMCA’s pre-diabetic services
- SFH’s participation in health fairs
- SFH’s Bariatric and Nutrition Counseling services
- Food banks, Farmer’s markets and Local Gardening
- Lutheran family services
- Boys’ & Girls’ clubs
- PAL Center
- School-based programs
- Weight Watchers/Weight Loss Programs
- Christiana Care Health System
- AI DuPont Hospital
Missing Resources:
- Lack of education around obesity and its consequences, e.g., Diabetes
- No endocrinology services – needs expansion to include health education, e.g., Diabetes
- Hospital-based services
- Community health fairs
- Information about access to medications (for non-insured)
- Educate SFH physicians/office personnel about services (testing, meds, etc.)
- Lack of Social/Case Managers for persons not hospitalized
- Need more affordable source of fresh produce in certain neighborhoods
- Mobile farmers market
- Access to food banks in 19805
- Safe neighborhood playgrounds and parks
- Sugar taxes
- Preventive education (Diabetes)
- Recreation time (PE) in the schools (adequate/mandated)
- Work-site exercise facilities

Organizations/Groups to collaborate with:
- Vending machine companies with emphasis on healthy food options
- Expanding on farmer’s markets and community gardening
- SFH Cafeteria
- Dietitians/Nutritionists
III. SUBSTANCE USE

Goal: Increase access to quality substance abuse services for residents in New Castel County with a focus on comprehensive, coordinated care.

Objectives:
- Increase number of residents who utilize substance abuse services with an emphasis on connecting low-income, uninsured, and underinsured individuals with appropriate free and low cost services

Key Indicators:
- % of individuals who utilize substance abuse counseling services and education sessions
- # of education programs created and education sessions conducted for the health community in regard to mental health issues, subscription drugs and other related topics
- % of individuals who connect with addiction specialists, rehab centers and support groups through referral services
- # of advocacy and partnerships created to reinforce mental health services and to better monitor prescription drug use

Activities:
- Partnering with the Department of Health & Human Services
- Lobbying state for stronger services, e.g., prescription monitoring
  - Need money for mental health counseling
- Education on magnitude of problem for the health community
- SFH Facilitator (partner + educate)
- Focus on 25 patients per day coming to the ER
  - How many of those patients can be effected
  - Communicate with local hospitals
- Education about resources
- Advocacy for more Mental Health and Substance Abuse services
- Work with payers to look at early intervention

Existing Community Assets & Resources:
- Brandywine Counseling Service
- Claymont Methadone
- Detox Centers
- Pathways
- Sojourners
- Sunday Breakfast
- Alcohol Addition support groups through churches
- Friendship House
- Gaudenzia Fresh Start
- Rockford Hospital
- Outpatient programs
Missing Resources:
- Pain management services – SFH does not have one
- Substance abuse counseling
- Limited physician education
- Few counseling centers for alcohol
- Lack of in-state resources - Referrals outside DE
- Intervention
- Research partnerships with local resources
- Reliable/updated information about available resources
- Adequate reimbursement
- Expand needed exchange
- Expand/teaming up with law enforcement to respond to overdose

Organizations/Groups to collaborate with:
- Addiction specialists
- Pain management services
- Payers
- Rehab centers (for counseling services)
- Clinical staff/Health educators
- Local community resources
- Policy makers
IV. VIOLENCE

Goal: Forster collaboration and partnership with law enforcement and community-based violence prevention coalitions in New Castle County to reduce domestic abuse and violence incidences.

Objectives:
- Reduce youth unemployment rate through partnering with employers
- Expand after-school programs
- Create awareness about domestic violence and ways to prevent it
- Create/Expand partnerships with law enforcement

Key Indicators:
- #/% of youth who get connected to employers/employment agencies as a result of SFH collaborations
- #/% of after-school programs created/reinforced
- # of education sessions held on domestic violence and prevention mechanisms
- # of partnerships created with law enforcement, local schools, health care providers, and community-based groups and organizations

Activities:
- Expand community policing
- Expand neighborhood development/revitalization
- Help maintain and/or expand after-school programs for youth, e.g., West End Neighborhood House
- Partner and coordinate efforts with
  - Banks and call centers/businesses
  - Local schools for tour and talk
  - Community based groups
  - Other Healthcare providers (CCHS, AI DuPont, FQHC, etc.)
  - Law enforcement in the area
- Job training for access to jobs
- Mentor program (SFH)
- Support services for “community re-entry” for inmates
- Safe “drop-off” to turn in guns, drugs, etc.

Existing Community Assets & Resources:
- Latin American Community Center
- Ministry of Caring
- Social Workers in high schools/schools
- Local Police
- HR – domestic violence assistance
- Peace Keepers, “City-wide” Stop Violence program
- Coalition of community and neighborhood and faith based groups
Missing Resources:
- Safe houses for youth sports, education, tutoring
- Safe houses for domestic abuse victims
- Lack of job opportunities and job training
- Home stability (youth)
- Affordable and safe housing
- Individual ownership
- Safe playgrounds and parks
- Limited parental guidance and support
- Intervention of peer-pressure
- Understanding what programs/initiatives are in place (available)
- Coordination of efforts by all/multiple groups

Organizations/Groups to collaborate with:
- Schools and community organizations to expand after-school programs
- Law enforcement
- School based violence prevention program
- Community partners/Cease Violence, Peace Keepers/
- Job providers
- The Chamber of Commerce
- City Counselor/Mayor

RATIONALE FOR COMMUNITY HEALTH NEEDS NOT ADDRESSED

Saint Francis Healthcare recognizes that partnerships with community agencies have the broadest reach to improve community health issues. There are numerous partners in the community that Saint Francis will engage with in helping to improve the identified health needs, as resources are available. In some cases, partners are better suited to lead the initiative to impact certain health needs. For instance, such is the case with the built environment. Saint Francis Healthcare will support ongoing and new efforts to improve the community’s physical environment and infrastructure to improve safety, the transportation system, and create more opportunities for physical activity, but sees its primary role as allocating resources to address direct health needs for the community. As with all of its programs, the hospital is committed to continuously monitoring community needs and will adjust programming and services accordingly.
Appendix A. Secondary Data Sources


Appendix B. Online Community Survey Tool

CHNA Community Survey Introduction

Saint Francis Healthcare is conducting a Community Health Needs Assessment (CHNA) survey to better understand the health concerns and needs in the community. The information obtained from the CHNA will be used in the development of an action plan to help improve the health of local community members. By completing this survey you are helping efforts to make New Castle County a healthier place to live, work, and play. All information gathered in this survey will be anonymous and confidential. We appreciate your participation in this survey. The survey should take about 10-15 minutes to complete and is only open to individuals 18 years of age and older. At the completion of the survey you will be eligible to win one of five $100 gift cards. To be eligible for the prizes you will be required to provide your name, email address and/or phone number at the end of the survey. However, your information will NOT be connected with your responses and will be used strictly for identifying prize recipients.

If you have questions about the survey, please contact:
Ebony Brown
Saint Francis Hospital
302-575-8028
ebrown@che-east.org

If you are experiencing technical difficulties with the survey, please contact:
Elie Schmidt
Holleran Consulting
717-285-3394
eschmidt@holleranconsult.com
1. How would you describe your overall health?
   - Excellent (1)
   - Very Good (2)
   - Fair (3)
   - Poor (4)

2. Please select the top three health challenges you or your family face.
   - Arthritis (1)
   - Alzheimer’s Disease (2)
   - Cancer (3)
   - Diabetes (4)
   - Overweight/Obesity (5)
   - Asthma/Lung disease (6)
   - High blood pressure (7)
   - Stroke (8)
   - Heart disease (9)
   - Joint pain or back pain (10)
   - Mental health issues (11)
   - Alcohol overuse (12)
   - Drug addiction (13)
   - Do not have any health challenges (14)
   - Other (please specify) (15) ________________

3. Where do you go for routine health care?
   - Physician’s office (1)
   - Health department (2)
   - Hospital Emergency room (3)
   - Walk-in/Urgent care clinic (4)
   - Other clinic (5)
   - I do not receive routine health care (6)
   - I would not seek health care (7)
   - Other (please specify) (8) ________________

4. Where would you go for emergency medical services if you were able to take yourself?
   - Hospital Emergency Room (1)
   - Walk-in/Urgent Care Clinic (2)
   - Physician’s Office (3)
   - Health Department (4)
   - Other Clinic (5)
   - I would not seek health care (6)
   - Other (please specify) (7) ________________
5. What are most significant barriers that prevent you from accessing care? (Check all that apply.)
- Cultural/religious beliefs (1)
- Don’t know how to find doctors (2)
- Don’t understand the need to see a doctor (3)
- Fear (e.g., not ready to face/discuss health problem) (4)
- Lack of availability of doctors (5)
- Language barriers (6)
- No insurance and unable to pay for the care (7)
- Unable to pay co-pays/deductibles (8)
- Transportation problems (9)
- Other (please specify) (10) ____________________

6. What is needed to improve the health of your family and neighbors? (Check three.)
- Healthier food (1)
- Job opportunities (2)
- Mental health services (3)
- Recreation facilities (4)
- Transportation (5)
- Wellness services (6)
- Primary Care Doctors (Example: Family Practice, Pediatrician) (7)
- Specialty physicians (Example: Cardiologist, Neurologist) (8)
- Free or affordable health screenings (9)
- Safe places to walk/play (10)
- Substance abuse rehabilitation services (11)
- I don’t know (12)
- Other (please specify) (13) ____________________
7. What types of health screenings and/or services are needed to keep you and your family healthy? (Check up to five.)

- Blood pressure check (1)
- Cancer screening (2)
- Cholesterol (fats in the blood) (3)
- Dental screenings (4)
- Diabetes (5)
- Disease outbreak prevention (6)
- Drug and alcohol abuse (7)
- Eating disorders (8)
- Emergency preparedness (9)
- Exercise/physical activity (10)
- Falls prevention for the elderly (11)
- Heart disease (12)
- HIV/AIDS & STDs (13)
- Routine well checkups (14)
- Memory loss (15)
- Mental health/depression (16)
- Nutrition (17)
- Prenatal care (18)
- Quitting smoking (19)
- Suicide prevention (20)
- Vaccination/immunizations (21)
- Weight-loss help (22)
- Other (please specify) (23) ____________________
8. What health issues do you need education about? (Please check up to five.)

- Blood pressure (1)
- Cancer (2)
- Cholesterol (3)
- Dental screenings (4)
- Diabetes (5)
- Disease outbreak prevention (6)
- Drug and alcohol abuse (7)
- Eating disorders (8)
- Emergency preparedness (9)
- Exercise/physical activity (10)
- Falls prevention in the elderly (11)
- Heart disease (12)
- HIV/AIDS & STDs (13)
- Routine well checkups (14)
- Mental health/depression (15)
- Nutrition (16)
- Prenatal care (17)
- Suicide prevention (18)
- Vaccination/immunizations (19)
- Quit smoking (20)
- Other (please specify) (21) ____________________

9. Where do you get most of your health information? (Check all that apply.)

- Doctor/health care provider (1)
- Facebook or Twitter (2)
- Other social media (3)
- Family or friends (4)
- Health department (5)
- Hospital (6)
- Internet (7)
- Library (8)
- Newspaper/magazines (9)
- Radio (10)
- Church group (11)
- School or college (12)
- TV (13)
- Worksite (14)
- Other (please specify) (15) ____________________
10. When seeking care, which hospital would you visit first? (Check one)
- Saint Francis Hospital (1)
- Wilmington Hospital (2)
- Nemours A. I. DuPont Hospital for Children (3)
- Christiana Hospital, Newark (4)
- Wilmington VA Hospital (5)
- Crozer-Chester Medical Center (6)
- Delaware County Memorial Hospital (7)
- Springfield Hospital (8)
- Taylor Hospital (9)
- Riddle Hospital (10)
- Other (please specify) (11) ____________________

11. Please choose all statements below that apply to you.
- I exercise at least three times per week. (1)
- I eat at least five servings of fruits and vegetables each day. (2)
- I eat fast food more than once per week. (3)
- I drink regular soda or pop that contains sugar more than 5 times a week. (4)
- I smoke cigarettes. (5)
- I chew tobacco or use electronic cigarettes. (6)
- I use illegal drugs. (7)
- I abuse or overuse prescription drugs. (8)
- I have more than four alcoholic drinks (if female) or five (if male) per day. (9)
- I use sunscreen or protective clothing for planned time in the sun. (10)
- I get a flu shot each year. (11)
- I have access to a wellness program through my employer. (12)
- None of the above apply to me. (13)
12. Which of the following preventive procedures have you had in the past 12 months? (check all that apply)

☐ Mammogram (if woman) (1)
☐ Pap smear (if woman) (2)
☐ Prostate cancer screening (if man) (3)
☐ Flu shot (4)
☐ Colon/rectal exam (5)
☐ Blood pressure check (6)
☐ Blood sugar check (7)
☐ Skin cancer screening (8)
☐ Cholesterol screening (9)
☐ Vision screening (10)
☐ Hearing screening (11)
☐ Cardiovascular screening (12)
☐ Bone density test (13)
☐ Dental cleaning/X-rays (14)
☐ Physical exam (15)
☐ None of the above (16)

13. How can Saint Francis better meet your health care needs?

14. Where do you have access to the internet? (check all that apply)

☐ Home (1)
☐ Work (2)
☐ School (3)
☐ Library (4)
☐ Mobile Phone (5)
☐ Other (please specify) (6) ______________________
☐ I don’t have access to the Internet (7)

15. Do you have email?

☐ Yes (1)
☐ No (2)

16. What is your gender?

☐ Male (1)
☐ Female (2)
17. In what zip code is your home located?

18. Which category below includes your age?
   - 18-29 (1)
   - 30-39 (2)
   - 40-49 (3)
   - 50-59 (4)
   - 60-69 (5)
   - 70 and older (6)

19. What is your highest level of education?
   - Never attended school (1)
   - K-8 grade (2)
   - Some high school but no diploma (grades 9-11) (3)
   - High school graduate or GED (4)
   - Technical school (5)
   - Some college (6)
   - Associate’s Degree (7)
   - College graduate (4 years or more) (8)
   - Graduate or professional level degree (9)
   - Other (please specify) (10) ____________________

20. Which of these groups best represents your race?
   - African American/Black (1)
   - Caucasian/White (2)
   - Asian (3)
   - Hispanic (4)
   - American Indian/Alaska Native (5)
   - Multi-racial (6)
   - Other (7)

21. Are you currently covered by any of the following types of health insurance? (select all that apply)
   - From your employer (1)
   - Your Spouse’s employer (2)
   - A plan that you buy on your own (3)
   - Health Savings Account (4)
   - Medicare (5)
   - Medicaid or Medical Assistance (6)
   - The military, TRICARE, or the VA (7)
   - Don’t have insurance (8)
22. How well do you think your health insurance covers your health care costs? (Check one)
   ☐ Excellent (1)
   ☐ Good (3)
   ☐ Fair (4)
   ☐ Poor (5)

23. Optional: Would you like to receive information about a weight management program at Saint Francis Healthcare? If Yes, please provide your contact information at the end of the survey, in Question #29.
   ☐ Yes (1)
   ☐ No (2)

24. Optional: Would you like to receive information about smoking cessation at Saint Francis Healthcare? If Yes, please provide your contact information at the end of the survey in Question #29.
   ☐ Yes (1)
   ☐ No (2)

25. Optional: Do you need a Primary Care Physician? (Family Practice / Internal Medicine). If so, please provide your contact information at the end of the survey in Question #29.
   ☐ Yes (1)
   ☐ No (2)
26. Optional: Are you in need of a health specialist? Please check all that apply and include your contact information at the end of the survey in Question #29.

- Cardiology (1)
- Electrophysiology (EP Studies) (2)
- Orthopedics (3)
- Neurology (4)
- Neurosurgery (5)
- Colorectal (6)
- Gynecology (7)
- Obstetrics (8)
- Bariatric / Weight Loss (9)
- General Surgery (10)
- Gastroenterology (11)
- Urology (12)
- Oncology (13)
- Breast Health (14)
- Thoracic Surgery (15)
- Vascular Surgery (16)
- Plastic Surgery (17)
- Pain Management (18)
- Wound Healing (19)
- Sleep Disorders (20)
- Other (please specify) (21) ________________

27. Optional: Would you like to be a volunteer at Saint Francis Healthcare. If yes, please include your contact information at the end of the survey in Question #29.

- Yes (1)
- No (2)

28. Optional: Are there any services or information that you would like to see Saint Francis Healthcare provide?
29. Optional: To receive information about free or low-cost programs at Saint Francis, please enter your information below.
   - Name (1)
   - Address (2)
   - Address 2 (3)
   - City/Town (4)
   - State (5)
   - Zip (6)
   - Email Address (7)
   - Phone Number (8)

Thank you for your input.*To be entered for a chance to win a $100 gift card, please provide your name, email address and/or phone number.* We will contact the winner of the gift card when the study is complete. Note that your answers will remain confidential and anonymous and will not be connected to your name, email address, and/or phone number. Your information will not be used for marketing purposes. Entering the gift card raffle drawing is optional. When finished, please select the forward arrow button to submit your survey.
   - Name (1)
   - Email address (2)
   - Phone Number (3)

   Thank you for your input!
Appendix C. Key Informant Survey Tool

Key Informant Online Questionnaire

INTRODUCTION: As part of its ongoing commitment to improving the health of the communities it serves, Saint Francis Healthcare is spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be the communities surrounding Saint Francis Healthcare, including New Castle County.

Please indicate which county you primarily serve or represent:
### KEY HEALTH ISSUES

1. **What are the top 5 health issues you see in your community? (CHOOSE 5)**

<table>
<thead>
<tr>
<th>Health Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care/Uninsured</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Dental Health</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Heart Disease</td>
</tr>
<tr>
<td>Maternal/Infant Health</td>
</tr>
<tr>
<td>Mental Health/Suicide</td>
</tr>
</tbody>
</table>

2. **Of those health issues mentioned, which 1 is the most significant? (CHOOSE 1)**

<table>
<thead>
<tr>
<th>Health Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care/Uninsured</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Maternal/Infant Health</td>
</tr>
<tr>
<td>Mental Health/Suicide</td>
</tr>
</tbody>
</table>

3. **With regards to the Most Significant health issue selected in Question #2; are resources available in your community to address this issue?**

   - Yes _____  No _____

4. **With regards to the Most Significant health issue selected in Question #2; do those you serve have reasonable access to available resources?**

   - Yes _____  No _____

5. **Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:**

---
## ACCESS TO CARE

6. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

### Strongly disagree ← → Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)</td>
<td>1 2 3 4 5 Don't know</td>
</tr>
<tr>
<td>Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)</td>
<td>1 2 3 4 5 Don't know</td>
</tr>
<tr>
<td>Residents in the area are able to access a dentist when needed.</td>
<td>1 2 3 4 5 Don't know</td>
</tr>
<tr>
<td>There are sufficient number of providers accepting Medicaid and Medical Assistance in the area.</td>
<td>1 2 3 4 5 Don't know</td>
</tr>
<tr>
<td>There are sufficient number of bilingual providers in the area.</td>
<td>1 2 3 4 5 Don't know</td>
</tr>
<tr>
<td>There are sufficient number of mental/behavioral health providers in the area.</td>
<td>1 2 3 4 5 Don't know</td>
</tr>
<tr>
<td>Transportation for medical appointments is available to area residents when needed.</td>
<td>1 2 3 4 5 Don't know</td>
</tr>
</tbody>
</table>

7. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- None/No Barriers
- Other (specify):
8. Of those barriers mentioned, which 1 is the most significant? (CHOOSE 1)

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- None/No Barriers
- Other (specify):

9. Please share any additional information regarding barriers to health care in the box below:

10. Are there specific populations in this community that you think are not being adequately served by local health services?

   __ Yes  __  No

11. If yes, which populations are underserved? (Select all that apply)

- Uninsured/Underinsured
- Low-income/Poor
- Hispanic/Latino
- Black/African-American
- Immigrant/Refugee
- Disabled
- Children/Youth
- Young Adults
- Seniors/Aging/Elderly
- Homeless
- None
- Other (specify):

12. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

- Doctor’s Office
- Health Clinic/FQHC
- Hospital Emergency Department
- Walk-in/Urgent Care Center
- Don’t Know
- Other (specify):
13.

14. What are top 5 prevention efforts that would significantly impact the health of the community you serve?
   - Community Wellness/Health Promotion
   - Health Screenings (Mammography, Cancer, Diabetes)
   - Smoking Cessation
   - Weight Management/Obesity Prevention
   - Education/Health Literacy
   - Improved Access
   - Vaccination
   - Substance Abuse
   - Family Planning
   - Violence reduction
   - Insurance
   - Economic Development
   - Coordinated Care

15. Related to health and quality of life, what resources or services do you think are **missing** in the community? (Select all that apply)

   - Free/Low Cost Medical Care
   - Free/Low Cost Dental Care
   - Primary Care Providers
   - Medical Specialists
   - Mental Health Services
   - Substance Abuse Services
   - Bilingual Services
   - Transportation
   - Prescription Assistance
   - Health Education/Information/Outreach
   - Health Screenings
   - None
   - Other (specify):

**CHALLENGES & SOLUTIONS**

16. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

17. In your opinion, what is being done well in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)

18. What recommendations or suggestions do you have to improve health and quality of life in the community?

19. Are there activities that Saint Francis could participate in that would help improve community health and quality of life?
CLOSING

Please answer the following demographic questions.

20. **Name & Contact Information:** (Note: Your name and organization is required to track survey participation. Your identify WILL NOT be associated with your responses.)

Name:
Title:
Organization:
Email Address:

21. Which one of these categories would you say **BEST** represents your community affiliation? (CHOOSE 1)

- Health Care/Public Health Organization
- Mental/Behavioral Health Organization
- Non-Profit/Social Services/Aging Services
- Faith-Based/Cultural Organization
- Education/Youth Services
- Government/Housing/Transportation Sector
- Business Sector
- Community Member
- Other (specify):

22. What is your gender?  __ Male  __ Female

23. Which one of these groups would you say **BEST** represents your race/ethnicity? (CHOOSE 1)

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian/Pacific Islander
- Other (specify):

24. Saint Francis Healthcare and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

```
Thank you! That concludes the survey.
```
## Appendix D. Key Informant Interview Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paula Savini</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Judith White</td>
<td>Saint Anthony Grade School</td>
</tr>
<tr>
<td>Christian Willauer</td>
<td>Westside Grows</td>
</tr>
<tr>
<td>Sarah LaFave</td>
<td>University of DE College of Health Sciences</td>
</tr>
<tr>
<td>Rob McCreary</td>
<td>Saint Pauls Counseling</td>
</tr>
<tr>
<td>Margaret Cunniffe, OSF</td>
<td>SFH Board Member</td>
</tr>
<tr>
<td>Kimberly Ellis</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Jill Rogers</td>
<td>State of Delaware; DHHS</td>
</tr>
<tr>
<td>Sean Hebbel</td>
<td>Cancer Support Community of Delaware</td>
</tr>
<tr>
<td>Jennifer Rigby</td>
<td>Division of Public Health Ministries</td>
</tr>
<tr>
<td>Mark Thompson</td>
<td>Medical Society of DE</td>
</tr>
<tr>
<td>Anthony Albence</td>
<td>Delaware Department of Elections</td>
</tr>
<tr>
<td>Lisa Oglesby</td>
<td>Brandywine Women’s Health</td>
</tr>
<tr>
<td>Sheritha Todd</td>
<td>Bayard House</td>
</tr>
<tr>
<td>Cindy Bo</td>
<td>Nemours A.I. DuPont Children’s Hospital</td>
</tr>
<tr>
<td>Tina Kelleher</td>
<td>Padua Academy</td>
</tr>
<tr>
<td>Catherine DeVaney-McKay</td>
<td>Connections Community Support Programs</td>
</tr>
<tr>
<td>Richard Pierznik</td>
<td>Highmark DE</td>
</tr>
<tr>
<td>Nicole R. Adams</td>
<td>City of Wilmington Parks and Rec</td>
</tr>
<tr>
<td>Michelle Taylor</td>
<td>United Way</td>
</tr>
<tr>
<td>Wayne Smith</td>
<td>Delaware Healthcare Association</td>
</tr>
<tr>
<td>Richelle Vible</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Peter Houle</td>
<td>Delaware HIV Consortium</td>
</tr>
<tr>
<td>Cindy Hayes Mann</td>
<td>Saint Francis Board</td>
</tr>
<tr>
<td>Robin Pollock</td>
<td>Delaware Air National Guard</td>
</tr>
<tr>
<td>Rich Angiullo</td>
<td>Saint Francis Board</td>
</tr>
<tr>
<td>Lisa Bond</td>
<td>State of Delaware; DHHS</td>
</tr>
<tr>
<td>Rita Landgraf</td>
<td>State of Delaware</td>
</tr>
</tbody>
</table>
Appendix E. Community Meeting Participants

1. Ebony Brown
2. Bernie Citerone
3. Cathy Weaver
4. Brian Dietz
5. Arek Tatevossian
6. Gina Kennedy
7. Sister Christa Marie Thompson
8. Sister Patricia Hutchinson
9. Linda Branco
10. Sandra Marquez
11. Tonya Hocker
12. Lisa Flemon
13. Rasheema Dixon
14. Noel Duckworth
15. Ronald Brown
16. Salih Hall
17. Maria Miller
18. Nakishia Bailey
19. Sister Nelida Marrero
## Appendix F. Implementation Plan Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Dietz</td>
<td>CEO</td>
</tr>
<tr>
<td>Ebony Brown</td>
<td>Community Benefit Manager</td>
</tr>
<tr>
<td>Shaun Dela Cruz</td>
<td>Administrative Resident</td>
</tr>
<tr>
<td>Oswaldo Nicastro</td>
<td>Family Med./St. Clare</td>
</tr>
<tr>
<td>Michael Polnerow</td>
<td>CMO</td>
</tr>
<tr>
<td>Sister Christa Maria Thompson</td>
<td>Committee</td>
</tr>
<tr>
<td>Sister Patricia Hutchinson</td>
<td>Board</td>
</tr>
<tr>
<td>Bernard Citerone</td>
<td>CFO</td>
</tr>
<tr>
<td>Tonya Hocker</td>
<td>Patient Access Manager</td>
</tr>
<tr>
<td>Sister Margaret Cuniffe</td>
<td>Committee</td>
</tr>
<tr>
<td>Ruben Ruzz</td>
<td>Patient Access</td>
</tr>
<tr>
<td>Arek Tatevossian</td>
<td>SVP, Strategic Planning</td>
</tr>
<tr>
<td>Linda Branco</td>
<td>Director, Pastoral Care</td>
</tr>
<tr>
<td>Melissa Miller</td>
<td>Manager, Medical Affairs</td>
</tr>
</tbody>
</table>
## Appendix G. County Health Rankings for New Castle County

Table L1. Health Outcome Rankings (2015)\(^a\)

<table>
<thead>
<tr>
<th>Health Outcomes Rank</th>
<th>National Benchmark (^b)</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>(Years of potential life lost before age 75 per age-adjusted 100,000)</td>
<td>5,200</td>
<td>7,359</td>
<td>7,335</td>
</tr>
<tr>
<td><strong>Quality of Life Rank</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>10%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Poor physical health in past 30 days (Average number of days)</td>
<td>2.5</td>
<td>3.3</td>
<td>3.1</td>
</tr>
<tr>
<td>Poor mental health in past 30 days (Average number of days)</td>
<td>2.3</td>
<td>3.3</td>
<td>3.2</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>5.9%</td>
<td>8.8%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings  
\(^a\) Rank is based on all 3 counties within Delaware State. A ranking of “1” is considered to be the healthiest.  
\(^b\) National benchmark represents the 90\(^{th}\) percentile, i.e., only 10% are better

### Adult Population with Poor or Fair Health

![Chart showing adult population with poor or fair health](image)

Figure L1. Percent of adult population with poor or fair health, 2015
### Table L2. Health Factors and Behaviors Rankings (2015)\(^a\)

<table>
<thead>
<tr>
<th>Health Factors Rank</th>
<th>Health Behaviors Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>Adult obesity (BMI ≥ 30)</td>
</tr>
<tr>
<td></td>
<td>Food environment index</td>
</tr>
<tr>
<td></td>
<td>Physical inactivity (Adults aged 20 years+)</td>
</tr>
<tr>
<td></td>
<td>Access to exercise opportunities</td>
</tr>
<tr>
<td></td>
<td>Excessive drinking</td>
</tr>
<tr>
<td></td>
<td>Alcohol-impaired driving deaths</td>
</tr>
<tr>
<td></td>
<td>New chlamydia cases per 100,000</td>
</tr>
<tr>
<td></td>
<td>Teen birth rate per 1,000 (Aged 15–19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>National Benchmark(^b)</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>14%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>25%</td>
<td>28%</td>
<td>26%</td>
</tr>
<tr>
<td>Food environment index</td>
<td>8.4</td>
<td>8.0</td>
<td>7.9</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>20%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>92%</td>
<td>88%</td>
<td>97%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>10%</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>14%</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>New chlamydia cases per 100,000</td>
<td>138</td>
<td>484</td>
<td>518</td>
</tr>
<tr>
<td>Teen birth rate per 1,000 (Aged 15–19)</td>
<td>20</td>
<td>34</td>
<td>29</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

\(^a\) Rank is based on all 3 counties within Delaware State. A ranking of “1” is considered to be the healthiest.

\(^b\) National benchmark represents the 90\(^{th}\) percentile, i.e., only 10% are better

### Table L3. Clinical Care Rankings (2015)\(^a\)

<table>
<thead>
<tr>
<th>Clinical Care Rank</th>
<th>National Benchmark(^b)</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured (Population &lt;65 years)</td>
<td>11%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Primary care physician density</td>
<td>1,045:1</td>
<td>1,440:1</td>
<td>1,258:1</td>
</tr>
<tr>
<td>Dentist density</td>
<td>1,377:1</td>
<td>2,215:1</td>
<td>1,802:1</td>
</tr>
<tr>
<td>Mental health provider density</td>
<td>386:1</td>
<td>473:1</td>
<td>393:1</td>
</tr>
<tr>
<td>Preventable hospital stays per 1,000 Medicare enrollees</td>
<td>41</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>Diabetic monitoring among Medicare enrollees age 65 - 75</td>
<td>90%</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>Mammography screening among female Medicare enrollees age 67-69</td>
<td>70.7%</td>
<td>69.7%</td>
<td>67.6%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

\(^a\) Rank is based on all 3 counties within Delaware State. A ranking of “1” is considered to be the healthiest.

\(^b\) National benchmark represents the 90\(^{th}\) percentile, i.e., only 10% are better
### Table L4. Social and Economic Factors Rankings (2015)\(^a\)

<table>
<thead>
<tr>
<th>Social &amp; Economic Factors Rank</th>
<th>National Benchmark(^b)</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>N/A</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Some college</td>
<td>71.0%</td>
<td>60.9%</td>
<td>64.8%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.0%</td>
<td>6.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>13%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Income inequality (Ratio of household income at the 80(^{th}) percentile to income at the 20(^{th}) percentile)</td>
<td>3.7</td>
<td>4.3</td>
<td>4.5</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>20%</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>Social associations per 10,000</td>
<td>22.0</td>
<td>10.2</td>
<td>10.5</td>
</tr>
<tr>
<td>Violent crime rate per 100,000</td>
<td>59</td>
<td>576</td>
<td>616</td>
</tr>
<tr>
<td>Injury deaths per 100,000</td>
<td>50</td>
<td>60</td>
<td>57</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

\(^a\) Rank is based on all 3 counties within Delaware State. A ranking of “1” is considered to be the healthiest.

\(^b\) National benchmark represents the 90\(^{th}\) percentile, i.e., only 10% are better

### Table L5. Physical Environment Rankings (2015)\(^a\)

<table>
<thead>
<tr>
<th>Physical Environment Rank</th>
<th>National Benchmark(^b)</th>
<th>Delaware</th>
<th>New Castle County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution – particulate matter</td>
<td>9.5</td>
<td>11.9</td>
<td>11.9</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>0%</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>9%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>71%</td>
<td>81%</td>
<td>80%</td>
</tr>
<tr>
<td>Long commute – driving alone</td>
<td>15%</td>
<td>32%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

\(^a\) Rank is based on all 3 counties within Delaware State. A ranking of “1” is considered to be the healthiest.

\(^b\) National benchmark represents the 90\(^{th}\) percentile, i.e., only 10% are better
Appendix H. Summary of 2013 Implementation Strategy Outcomes

Strategic Objective: To improve the available care of women and babies in the community, especially those in need of pre-conception, prenatal health and healthcare throughout the first year of life.

Tiny Steps has accomplished several goals to improve available care for women, infants and families in the community. First, Tiny Steps has increased its evening hours schedule to include Wednesday and Thursday evenings to give greater availability to its patients. As a partner of the Division of Public Health’s Healthy Women Healthy Babies Program, Tiny Steps including Center of Hope has provided prenatal education including prenatal vitamins, breastfeeding education, preconception care, and nutrition education.

Program Results:

2013
Tiny Steps including Center of Hope saw 1689 patients, and delivered 94 babies. 275 patients were enrolled in Healthy Women Healthy Babies program.

2014
Tiny Steps including Center of Hope saw 1447 patients, and delivered 121 babies. 258 patients were enrolled in Healthy Women Healthy Babies program.

2015
Tiny Steps including Center of Hope saw 1289 patients, and delivered 116 babies. 391 patients were enrolled in Healthy Women Healthy Babies program.

In addition, a qualified social worker has been employed to complete case management for prenatal and maternity patients. The social worker provides community based assessments and links the patients to community resources for domestic violence, cribs and other social economic needs.

Saint Francis has also reconnected with the Bayard House (a home for pregnant women), to provide residents with monthly health education courses on, but not limited to prenatal care, postpartum, depression, nutrition and breastfeeding. Additionally a course in professional development has been added to the educational series. This course helps residents with resume writing, interview skills, and professional attitude, attire and communication skills. In 2014, 3 out of 6 ladies who attended the professional development workshop were interviewed for positions at Saint Francis Hospital.

Strategic Objective: Offer a comprehensive program of medical care, outreach and education to those who are most in need in the Wilmington Community via the Saint Clare Van, a mobile medical office.

A new and fully equipped medical office, The Saint Clare Van has been deployed and fully operational 5 days per week, providing primary medical care to the uninsured and homeless population throughout
Wilmington. In addition to regular business hours, the Saint Clare Van attends most community health events to provide free blood pressure and glucose screenings, health education, and assistance to connect community members with insurance to primary care physicians in Saint Francis Family Practice offices and other services offered at Saint Francis Hospital.

**Program results:**

2013
2,090 patients served

2014
1,842 patients served

2015
1,730 patients served

**Strategic Objective: Cancer Care**

The cancer care program at Saint Francis has offered free screenings for mammograms, cervical, lung, and colon targeted to decreasing the incidents of specific types of cancer. Partnerships and collaborations have allowed us to reach a greater number of patients as well as refer patients for additional services, education and assistance. Saint Francis is now affiliated with Thomas Jefferson Hospital providing comprehensive cancer care services.

**Program results:**

2013
22 uninsured/underinsured community members received free cervical cancer screenings, 12 patients were referred for colonoscopies, 10 patients were enrolled into the Delaware Cancer Treatment Program, and 21 patients were referred for follow up care with various physician partners.

2014
18 patients received free mammography screenings, 6 patients received free colonoscopy screenings, 6 patients were referred for colonoscopy, 6 patients enrolled into the Delaware Cancer Treatment Program, and 11 patients were referred for follow up care with collaborating physician partners.

2015
30 patients received free cervical exams, 29 patients received free mammograms, 9 patients received free prostate screenings, 5 patients were referred for colonoscopy, 5 patients received free lung cancer screenings, 2 patients were enrolled into Delaware Cancer Treatment program, and 35 patients received navigation services for resources and assistance.

In 2015 Cancer Prevention and Support Services officially partnered with the Division of Hematology and Oncology.
Strategic Objective: Parish and faith-based community connection, school nurse program, and collaboration on violence in the city of Wilmington.

Saint Francis has collaborated with the LACC to participate in LACC Wellness Day, a 1K walk and lunch and learns. During these events, Saint Francis distributes educational materials on cancer and smoking cessation to educate the community and increase awareness.

Saint Francis provides support for Catholic school nurses and counselors by providing meeting space and education materials, including CPR education.

Saint Francis has also contacted the City of Wilmington officials and participated in neighborhood meetings to help the city’s initiatives on violence. The Wilmington Police Department has collaborated with Saint Francis to have marked police officers stationed at the hospital during shift changes as part of the city violence initiatives.
Appendix I. Services Provided by Saint Francis Healthcare

Saint Francis Healthcare serves as the local medical center for numerous people in the Wilmington area. The hospital provides the following services:

- Anesthesiology
- Bariatric Surgery MBSAQIP Accredited Comprehensive Center
- Cancer Care Services
- Care Management
- Dialysis
- Emergency Services
- EMS Services
- Family Medicine
- Gastrointestinal Services
- Heart & Vascular
- Home Care
- ICU
- Imaging
- Joint Replacement & Orthopedics
- Laboratory Services
- Long-Term Care
- Maternity
- Physical Therapy & Rehabilitation
- Respiratory Therapy
- Sleep Center
- Surgery Services
- Urology
- Women’s Health
- Wound Care
- Community Outreach Services such as Saint Clare Mobile Outreach, Tiny Steps, and Center of Hope