



# Community Health Needs Assessment

## April 2020

Adopted by the Saint Francis Hospital Community Board on April 27, 2020



**Trinity Health**  
Mid-Atlantic

**Saint Francis**  
Healthcare

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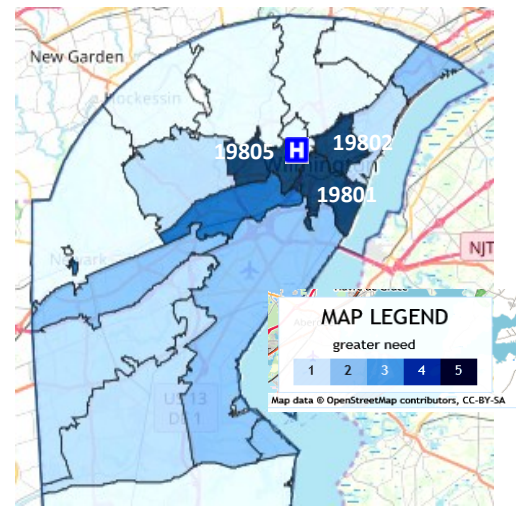
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**Saint Francis Healthcare’s Community Health Needs Assessment is used to identify health priorities**

and make decisions on where to commit resources that can effectively improve community health and well-being.

Saint Francis Healthcare primarily serves the City of Wilmington, which has some of the highest socio-economic needs zip codes in the State of Delaware — 19801, 19802 and 19805. Saint Francis Hospital is located in 19805, just blocks from Census Tract 22, a high needs neighborhood. Zip codes considered high needs generally have poorer health outcomes than zip codes in more affluent neighborhoods.

**Community Served**



**Community Health Priorities FY 2020-2022 are:**

- 1. Behavior Health**
- 2. Access to Care (with a focus on chronic disease prevention and management)**
- 3. Food Insecurity**

**Behavioral Health**

- Delaware ranks 5th highest among drug overdose mortality rates in the nation.
- Drug Overdose Fatalities increased 228% between 2011-2017 in New Castle County.
- 4 out of 5 who died of a drug OD in 2017 interacted with a Delaware health system in the prior year.
- Mental, behavioral, and neurodevelopmental disorders are often reasons those struggling with addiction are hospitalized.

**Access to Care**

- Chronic Diseases are the leading causes of death in Delaware with cardiovascular diseases ranking #1 followed by cancer, lung diseases and diabetes.
- Health disparities exist for almost all chronic disease indicators. Blacks and Hispanics are impacted by chronic diseases at higher rates than non-Hispanic whites.
- Poor oral health and lacking access to dental care were identified as significant health needs in Wilmington.

**Food Insecurity**

- 36% of New Castle County and 25% of Wilmington food insecure children are ineligible for food assistance compared to 8.5% nationally.
- 13% of New Castle County, or close to 65,000, Households are Food Insecure.
- 5% of New Castle County residents have limited access to healthy foods.

### Social Determinants of Health

<b>60%</b>	<b>57%</b>	<b>70%</b>	<b>23.5</b>
of Children living in Census Tract 22 live below poverty	of Wilmington residents spend 30%+ of their income on rent	High School Graduation Rate (compared to 87% nationally)	(per 100,000) Homicide Rate in Wilmington (compared to 5.5 nationally)
	<b>41%</b>		<b>\$25,407</b>
	Of residents age 65+ live alone in Wilmington		The median Household Income in Census Tract 22

### Top 5 Health Concerns Expressed by the Community

1. Lack of Substance Abuse & Mental Health Providers and Services
2. The Long-Term Impact of Trauma on Health
3. Equitable Access to Care in low-income, minority communities
4. Lack of Affordable Housing
5. Lack of Quality Education in high poverty areas

### Demographics

	NCC	Wilmington	Census Tract 22
<b>Total Population</b>	559,335	71,276	3,271
<b>% Female</b>	52	53	51
<b>% Male</b>	49	47	49
<b>% Pop. Black</b>	26.1	58	51
<b>% Pop. Hispanic or Latino</b>	10.3	11	45
<b>% Pop. White</b>	56.8	34	25

## Introduction

### About Saint Francis Healthcare

For more than ninety years, Saint Francis Healthcare has served the Wilmington community and Northern New Castle County by living our mission to, “serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.”

Founded by the Sisters of Saint Francis of Philadelphia in 1924, Saint Francis heeds a particular call to serve those in need. Our ministry is to serve all who require expert medical care regardless of religion, race, color, creed or economic status.

A member of Trinity Health, Saint Francis Healthcare offers emergency care, cardiology, cancer care, family medicine and women's health among other services. In addition to providing health care in an acute setting, Saint Francis Healthcare also offers LIFE (Living Independently for Elders), a program of all-inclusive care for seniors, a Home Care program and a variety of affiliated physician practices.

Saint Francis Healthcare sponsors many charity care programs. Our Saint Clare Medical Outreach Van provides medical care to people in the community who need it most. The Tiny Steps program assists women in need who may be expecting or planning a family, and children in the first year of life. The Center of Hope reaches out to persons who have health needs in the bilingual community. Our Cancer Outreach and Education series promotes cancer education and screenings. The Financial Assistance program helps people to receive care regardless of their ability to pay.

As a mission-driven innovative healthcare organization, we will become the leader in improving the health of our communities and each person we serve.

### 2017 Community Health Needs Assessment

The previous Community Health Needs Assessment was adopted in Fiscal Year 2017. Based on feedback delivered at Town Hall meetings from community partners, including healthcare providers, public health experts, health and human services agencies, and other community representatives, Saint Francis Healthcare focused its 2017-2020 community health improvement efforts on the following health priorities and implementation strategies:

#### Access to Care

Overview. The Saint Clare Medical Outreach Van provides primary care services five days a week to underserved populations in Wilmington, New Castle, and Newark, Delaware. In 2018, in an effort to address barriers to care identified in the 2017 CHNA such as transportation, convenience, fear, and lack of specialty services, the St. Clare Medical Outreach Van implemented the following changes: 1) began seeing insured patients in addition to uninsured; 2) recruited a volunteer specialty provider (podiatry) to see Van patients twice a month; and 3) expanded the schedule of Van stops to include community centers in neighborhoods with high poverty and crime rates.

**Goals:** 1) Reduce access to care barriers by extending St. Clare Van services to at least 100 insured patients per year; 2) Reduce number of non-emergent ER visits by connecting uninsured patients to the St. Clare Mobile Outreach Van and by connecting insured patients to either the Van or Saint Francis Healthcare's Family Practices; 3) increase access to specialty care services on the Van, beginning with podiatry services.

**Impact.** The Saint Clare Medical Outreach Van provided services to 772 unduplicated patients in Fiscal Year 2019. Of the total patients, eighty-six (86) were insured and the remainder were uninsured. The St. Clare Van has, historically, served the uninsured and underserved communities only. To increase the number of insured patients seen of the Van required changing community perceptions. The Saint Clare Van is perceived as a service for poor people only. This perception has impeded our ability to reach populations who are insured but remain unconnected to care for a variety of reasons.

Podiatry services were offered once a month beginning in October 2018. A total of 44 patients, most of whom had a history of diabetes, were seen for podiatry services.

We were unable to determine a decrease in non-emergent ED visits. ED prompt care reports were created monthly to show patients with no PCP and insurance status, however there was no way to track in the EMR referrals to the Saint Clare Van or to Family Practice from the ED. The switch to Epic in 2021 from Allscripts and Cerner may help us better track metrics related to decreases in ED usage resulting from our efforts to connect non-emergent ED visits to the St. Clare Van or Family Practice.

## **Obesity**

### **Strategy 1:**

**Overview.** Saint Francis Healthcare Family Practice partnered with the Delaware YMCA to refer patients to the National Diabetes Prevention Program (NDPP). The NDPP program is a lifestyle change program targeting diabetic and pre-diabetic patients with high BMI and other risk factors. Through a series of 16 educational sessions (one per week), DPP enrollees learn how healthy lifestyle choices can prevent Type 2 diabetes or better manage it. One Saint Francis employee became certified as a NDPP coach and delivered the NDPP education at the Saint Francis Center of Hope, a Family Practice office serving the Hispanic community in the Newark area.

**Goal:** Reduce obesity among the Hispanic population by implementing a Spanish Diabetes Prevention Program and referring at least 10 patients to the NDPP who would each achieve between 5-7% weight loss.

**Impact.** During Fiscal Year 2019 a total of 7 referrals were made from family practice physicians to the NDPP. Of the 7 referrals only 1 completed the 16 week program. That one participant lost 10 lbs. or 4.9% of their bodyweight. An evaluation of the program showed program length was a barrier to patient compliance. An hour long class once a week at a location outside their home for 16 weeks was a time commitment most enrollees were unwilling to make.

## **Strategy 2:**

Overview. Saint Francis Healthcare in partnership with Conscious Connections and the Food Bank of Delaware hosted Healthy Kids, Brighter Futures events once per quarter either at the hospital or in different community centers around Wilmington to encourage healthy eating habits among children and families. Some of the attractions of the Healthy Kids, Brighter Futures events are, interactive cooking demonstrations, nutrition education, healthy fruit and vegetable Popsicle demonstrations, and breakout sessions on health and wellness resources for parents. In conjunction with the Food Bank, each family received take home giveaways, such as, fresh fruits and vegetables, meal recipes, and nutritional and educational books.

Goal: To reach 60-80 families living in high needs zip codes, 19801, 19802 and 19805.

Impact. Upwards of 300 families were reached through the Healthy Kids events held quarterly during Fiscal Year 2019. One of the most frequent comments received on evaluations post-event was that parents and children perceived value in learning how to cook together and in buying healthy groceries together.

## **Substance Use Disorder**

### **Strategy #1:**

Overview. Saint Francis Hospital's tobacco cessation and prevention program efforts included monthly provider education and training on tobacco screening and documentation requirements, promoting the Delaware Quit Line to patients and employees needing smoking cessation assistance, and advocating for policy changes to lower the legal age to purchase tobacco products from 18 to 21.

Goal: Improve tobacco screening in the clinical setting while advocating for policy changes to reduce teen and adult tobacco use.

Impact: Tobacco screening in our primary care offices increased from 85% to almost 90% between Fiscal Years 2018 and 2019. Additionally, Delaware Quit Line reports for that same time period showed a 12% increase in tobacco cessation referrals between Fiscal Year 2018 and 2019. On the policy side, Delaware's General Assembly enacted Tobacco 21 following an intense lobbying effort driven by a coalition of partners including Saint Francis Healthcare, American Cancer Society-Cancer Action Network, and the American Lung Association, among others.

### **Strategy #2:**

Overview. Over three hundred Delawareans died of a drug overdose in 2017. Eighty-four percent (84%) of the total overdose deaths were opioid related. One harm reduction strategy proven to save lives and give people a second chance to get connected to treatment is expanded use of Naloxone. Saint Francis Healthcare was part of a coalition that advocated for policy changes to allow first

responders to carry Naloxone. Following enactment of the law in 2018, Saint Francis Healthcare partnered with the Wilmington Police Department to provide Naloxone training to Wilmington police officers. Additionally, Saint Francis ED physicians and EMS teams conducted Naloxone and opioid education outreach in areas with high homelessness and prostitution.

Goal: Increase the distribution and accessibility of Naloxone, especially in high need areas of Wilmington.

Impact. According to state data, in 2018, first responders in Delaware administered 3,728 doses of naloxone, compared to 2,861 in 2017, a 30% increase. In 2018, Governor Carney signed legislation supported by Saint Francis Healthcare to protect firefighters, park rangers, ambulance drivers, campus security, lifeguards, and other emergency personnel to carry and administer naloxone. Federal funding through the SAMHSA First Responder Grant allowed the State to provide naloxone to law enforcement agencies. Through these policy and outreach initiatives, Delaware has significantly increased distribution and saturation of Naloxone among first responder agencies.

## **Violence**

Overview. In Fiscal Year 2017 violent crime rates were higher in New Castle County (616 per 100,000) when compared to Delaware (576 per 100,000) and the national benchmark (59 per 100,000). Community members voiced their concerns about the impact of violence on the community at the CHNA town hall meeting. Among their suggestions was a request that Saint Francis Hospital become a Level III Trauma facility. Level III trauma centers benefit the communities they serve by decreasing the amount of time it takes for a person with a traumatic injury (such as a gun shot wound) to be transported to the hospital, and thereby increase their chances of survival.

Goal: Become a Level III designated Trauma facility to promptly care for patients who experience trauma due to assault, motor vehicle crashes, and falls.

Impact: In September 2017, Saint Francis Hospital became a designated Level 3 Trauma facility. All trauma transports to Saint Francis Hospital increased 4% when comparing 2017 to 2018 totals. EMS transports to Saint Francis Hospital for assaults increased from 32% to 37%. Between November 2015 and November 2019, the total number of trauma cases at Saint Francis Hospital more than tripled, increasing from 121 to 430.

## **Written Comments Received on the Prior CHNA and Implementation Strategy**

The prior CHNA and Implementation Strategy were made available for public review and comment on Saint Francis Healthcare's website. To date, the Saint Francis Healthcare has not received any written comments.



## CHNA Methods & Process

The Association for Community Health Improvement's (ACHI) community engagement model frames our Fiscal Year 2020 CHNA. Steps 1 through 6 on the diagram below are the focus of this Report. Step 7, the Implementation Plan, will be made available on or before November 15, 2020. Steps 8 and 9 will be rolled out between Fiscal Year 2020-2022.



### *Stakeholder Engagement*

Engaging our community stakeholders in meaningful discussions was a goal we established early in the CHNA process. We benefitted from participating in neighborhood, city and county coalitions or consortiums that were also addressing community health needs albeit from a different perspective. Some of those community groups include: Healthy Communities Delaware, Westside Grows Together, Greater Wilmington Partnership, Wilmington Consortium, and the Wilmington Health Planning Council, among others. The end result of more frequent and on-going engagement was an expanded network of stakeholders who could provide insight and overall direction for our FY 2020 CHNA. Most importantly, as explained in later sections of this Report, stakeholders participated in a needs identification and prioritization process.

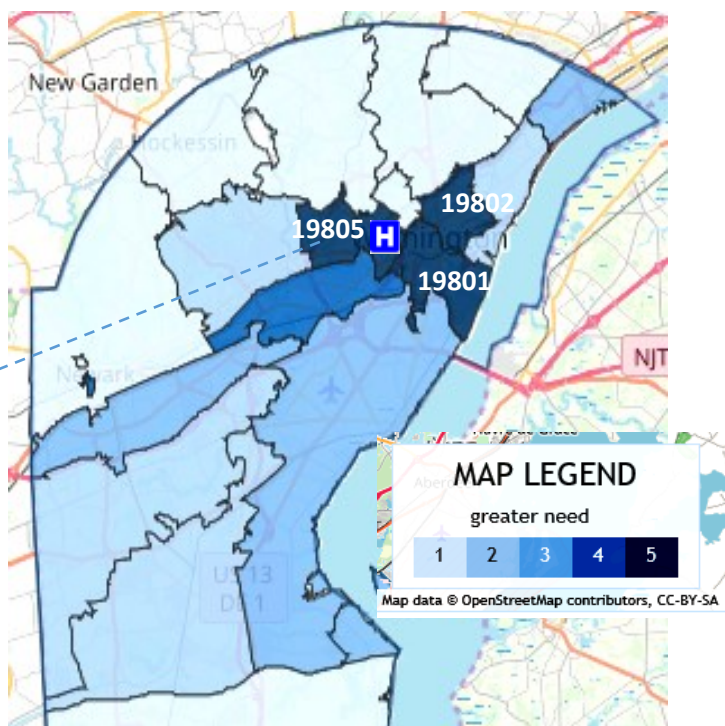
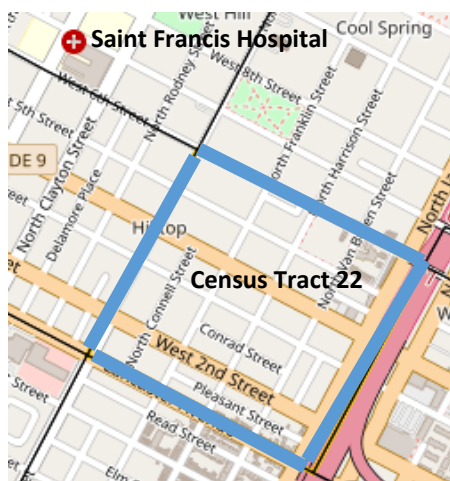
## Community Served

The Fiscal Year 2017 Community Health Needs Assessment defined the community served as New Castle County. The Fiscal Year 2020 CHNA defines the community served more narrowly than the 2017 CHNA in order to more strategically and intentionally direct hospital resources. **The 2020 CHNA defines the community served as: 1) The City of Wilmington; and 2) Census Tract 22, bounded by West 6th Street to the North; I-95 to the west; Lancaster Avenue to the South; and Broom Street to the East.**

A review of inpatient and outpatient discharge data between April 2018 and April 2019 shows that Saint Francis hospital does serve all of New Castle County but the highest concentration of patients comes from the state's largest City, Wilmington, and in particular, zip codes 19801, 19802, and 19805. The Hospital itself is geographically located in 19805, making it a true inner-city, community hospital.

19801, 19802, and 19805 are the highest needs zip codes in New Castle County, based on a Socio-Economic Needs Index. The Index is a composite score derived from social determinants of health indicators (which range from poverty to education). The higher the socioeconomic needs score, the higher the likelihood the zip code will experience poor health outcomes such as preventable hospitalizations and premature death.

The map below shows where the hospital is located in relation to the three zip codes. The darkest areas of shading represent areas with the highest social-economic needs score. Census Tract 22, located within a few blocks of the Hospital, is considered a high needs neighborhood within 19805 due to its high poverty rates especially among children, and its demonstrated poor health outcomes. Census Tract 22 presents Saint Francis Hospital with an opportunity to improve health outcomes in neighborhoods that may have fallen through the cracks.



Source: Delawarehealthtracker.com

## Community Profile

The following tables are a demographic overview of the City of Wilmington and Census Tract 22 in comparison to New Castle County. In summary, Wilmington’s population of just over 70,000 is relatively young with a median age of 36 and close to half the City’s population is Black.

Profound economic differences emerge in the demographics when comparing Wilmington to New Castle County, and comparing Census Tract 22 to both the County and the City. It is clear from the demographics that, in spite of the wealth generated by Wilmington’s banking and credit card industries, pockets of poverty exist. Prosperity Now, a national non-profit devoted to increasing economic opportunity in low income areas, in partnership with JP Morgan Chase, released a March 2019 report called *The Racial Wealth Divide in Wilmington*. The report concluded the average median household income for black and Hispanic families living in Wilmington is half that of white families. Furthermore, the report concluded that nearly 65% of Hispanic households lack sufficient savings to replace income at the poverty level for three months if they were to experience a sudden job loss, medical emergency, or other financial crisis. Black residents lead in income poverty, with roughly 27 percent of black families in Wilmington earning below the federal poverty level for the past 12 months.

*The Racial Wealth Divide* study tracked educational attainment. Almost 93 percent of white residents hold a high school degree or higher, while just over 81 percent of black residents do. More than 35 percent of Latinos in Wilmington lack a high school degree, according to the study.

### Economy

	New Castle County	Wilmington	Census Tract 22
Median HH Income	\$68,336	\$40,221	\$25,407
Unemployment Rate	4.5	4.4	Undetermined
Income Inequality	4.7	Undetermined	Undetermined
% People Living Below Poverty	11.9	27.0	42.7
% Children Living Below Poverty	15.9	40.4	61.4

### Education

	New Castle County	Wilmington	Census Tract 22
% Graduated High School	85.3	70	Undetermined
Some College 25-44 (%)	66	Undetermined	Undetermined
% Population with Bachelor’s Degree or Higher	35.7	26.2	9.9

With respect to housing, the Prosperity Now report found that the majority-black city’s homeownership rate stands at 58.2 percent for white residents, nearly twenty points higher than that for black and Asian residents, and roughly double that for Latino residents. The study did acknowledge that Wilmington’s black-white racial divide in homeownership is smaller than the national divide.

## Housing

	New Castle County	Wilmington	Census Tract 22
Vacant Home Properties (%)	1.6	2.7	9.3
Homeownership (%)	62.7	38	31.6
Renters Spending 30%+ of Income on Rent (%)	48.8	56.8	70.4
Severe Housing Burden*	13	Undetermined	Undetermined

\*% of HH with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen, lack of plumbing

## Gender /Age/ Race/Ethnicity

Demographic	New Castle County	City of Wilmington	Census Tract 22
Total Population	559,335	71,276	3,271
% Female	52	53	51
% Male	49	47	49
% Population Under 18	22	23	34
% Population Over 65	15	13	6
% Pop. Black/African American	26.1	58	51
% Asian	2	1	1
% Pop. Hispanic or Latino	10.3	11	45
% Pop. White (non-Hispanic or Latino)	56.8	34	25
% Pop. w/ Disability	10.7	13	16
% Pop. Age 5+ w/ language other than English Spoken at Home	14.6	11	48
# of HH with Limited English Proficiency	202,654	28,484	846

## Data Collection and Analysis

Secondary data was collected between April 2019 and August 2019 from the following sources:

- Delaware HealthTracker: an on-line database of 100+ health and wellness indicators comparing a geographic location to national benchmarks or goals (i.e., Healthy People 2020, CDC 500 cities, County Health Rankings). For the purposes of this CHNA, indicators were analyzed at the lowest level possible. Delaware HealthTracker may be found at: <http://www.delawarehealthtracker.com/>.
- My Healthy Community: The Delaware Division of Public Health's on-line database of community level statistics for substance use disorder, asthma, air quality, and drinking water. My Healthy Community is found at: <https://myhealthycommunity.dhss.delaware.gov/>.
- County Health Rankings: the annual rankings provided a starting point for identifying emerging health issues in New Castle County. Other data sources helped us drill down into the County Health Rankings data to understand how community-level issues impact the County. <https://www.countyhealthrankings.org/app/delaware/2019/rankings/new-castle/county/outcomes/overall/snapshot>
- USDA and Feeding America: a wealth of data around food insecurity, food deserts, and hunger in general. <https://www.usda.gov/topics/food-and-nutrition> and <https://www.feedingamerica.org/hunger-in-america>

Please see Appendix A for tables of population health data.

A benchmark analysis was performed on the quantitative data to determine whether an indicator was a significant community health need. The three most commonly used benchmarks in this CHNA are, Healthy People 2020 , CDC 500 Cities, and 2019 County Health Rankings for New Castle County. Indicators that did not meet the established benchmarks were considered a need. The difference between the national benchmark and the community's performance was then calculated to determine the degree of unfavorability to the benchmark. The greater the need differential (or the higher the degree of unfavorability), the greater the need for a particular indicator. Indicators in Appendix A that emerged as significant are highlighted in red.

To further refine the data analysis, we considered the top 10 most significant health needs, determined by the need differentials, in the City of Wilmington, and separately, in Census Tract 22. Few surprises emerged. Behavioral health, chronic disease , and child and maternal health indicators emerged as significant needs in Wilmington. Those needs coupled with dental and mental health issues emerged as significant health needs in Census Tract 22.

In addition to the data analysis, we inventoried and reviewed existing state and community reports to better understand the contextual relationship between the Saint Francis CHNA and the broader healthcare landscape. Please see Appendix B for an inventory of reports reviewed.

Primary data was collected between July 2019 and November 2019. Strategies to gather qualitative data included:

- An on-line Community Survey conducted through Survey Monkey asking health status and community health related questions (Appendix C). Survey distribution channels included social media, external e-mail listservs, hospital volunteer managed lap-top stations placed throughout the hospital, and assistance from bi-lingual community health workers employed by the Division of Public Health. We collected 113 responses from 36 community members and 77 Saint Francis Healthcare employees who live in the same zip codes as Saint Francis Hospital's primary service area.
- Saint Francis Hospital hosted a Community Engagement meeting in October 2019 with community leaders to collect their input on unmet health needs. Forty (40) attendees representing 25 community based organizations actively participated in a facilitated and semi-structured needs identification process covering topics from parks and recreation to services for the homeless, to education and access to healthcare, among other topics. Attendees individually and in small groups prioritized the needs they identified through a structured priority ranking process. Each group's prioritized needs were then aggregated to determine the Top 5 unmet health needs from the community's perspective. In order of priority the community identified needs are: 1) Substance Use Disorder and Mental Health; 2) Impact of Trauma on Health; 3) Equitable Access to Care; 4) Affordable Housing; and 5) Lack of Education. Please see Appendix D for a list of meeting attendees, and Appendix E for a tabulation of meeting results.
- We met with state public health leaders in September 2019 and discussed how our preliminary CHNA data aligned with work already underway through the State Health Improvement Plan (SHIP). Our data and public health's SHIP align around chronic disease management, substance use disorders, mental and behavioral health, and child and maternal health.
- We attended and participated in neighborhood, city, and state level meetings to promote alignment of CHNA priorities among multiple stakeholders. Saint Francis Hospital is an active member of groups such as Healthy Communities Delaware, Westside Grows Together, Greater Wilmington Partnership, and the Wilmington Health Planning Council, to name a few. These meetings provided a forum for CHNA discussions.



## Secondary Data Summary

### Access to Care

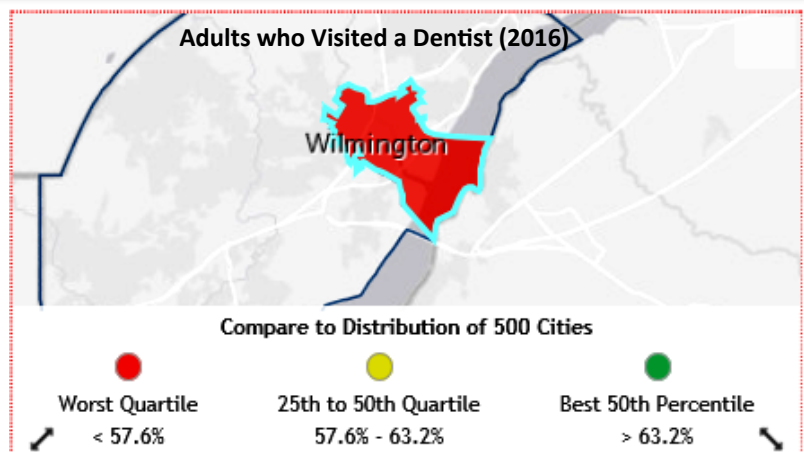
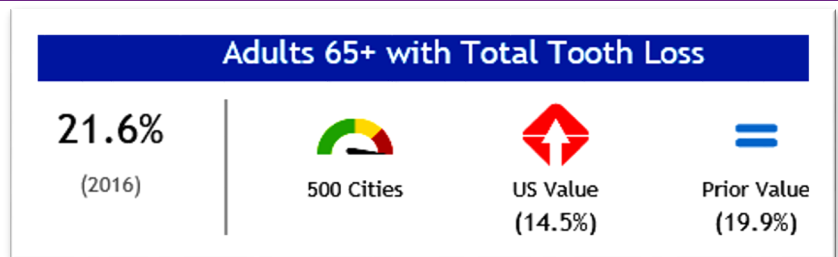
Overall, New Castle County fares comparatively well on access to health insurance. Most of the population, including children, have health insurance due to passage of the Affordable Care Act, which reduced by almost half, the uninsured population in New Castle County. Within the City of Wilmington, 31.9% are publicly insured (vs. 20% in New Castle County) and 47.4% have private health insurance (vs. 61.4% in NCC).

Health insurance alone does not guarantee access to healthcare services. Accessing services is largely dependent upon a strong provider network. The 2019 County Health Rankings report for New Castle County assessed the provider network with mixed results — the primary care and mental health provider ratios

compare relatively well to the County Health Rankings Top Performers. Yet, New Castle County’s ranking on preventable hospital stays for Ambulatory Care Sensitive Conditions (ACSCs) suggests access to primary care in Delaware’s largest county is less than optimal, possibly due to barriers such as inconvenient PCP office hours, lack of transportation, language, and regulatory or payment roadblocks to care.

Access to dental care is a problem. New Castle County does not have an adequate dental provider network compared to the County Health Rankings Top Performers.

Indicator	Benchmark (HP 2020 or County Health Rankings)	New Castle County	Wilmington
Adults with Health Insurance	100	93.7	90.8
Children w/ Health Insurance	100	97	97.3
<b>Dental Providers</b>	<b>1,260:1</b>	<b>1,660:1</b>	<b>Undetermined</b>
MH Providers	310:1	340:1	Undetermined
PCP	1,050:1	1,200:1	Undetermined
<b>Preventable Hospital Stays (ACS Conditions per 100,000)</b>	<b>2,765</b>	<b>5,098</b>	<b>Undetermined</b>



Two other indicators underscore this point: Adults who have visited a dentist, and adults 65+ with total tooth loss. Wilmington ranks among the worst cities on both of these CDC 500 Cities measures.

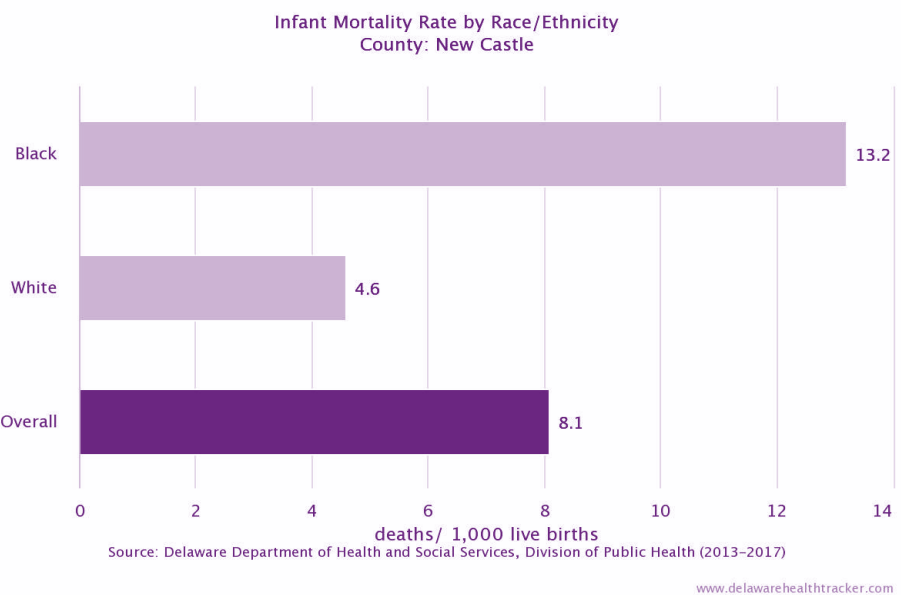
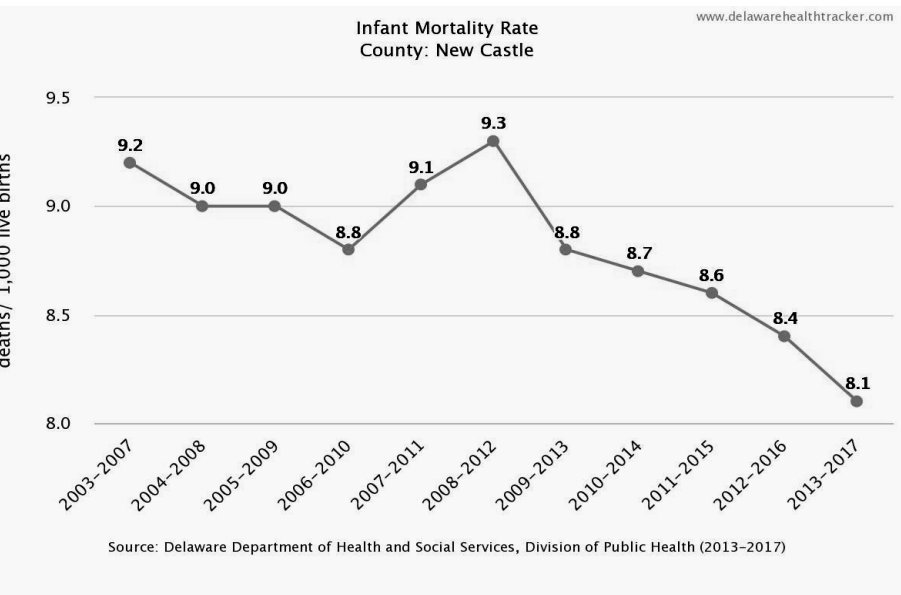
### Child and Maternal Health

Access to quality care is relevant to child and maternal health. According to March of Dimes, in 2016, 1 out of 8 infants (12.3% of live births) was born to a woman receiving inadequate prenatal care in New Castle County. Perhaps a more telling indicator of child health is infant mortality. Delaware has the 14th highest infant mortality rate in the country. While the infant mortality rate has been trending downward to its current 7.3 deaths per 1,000 live births, it remains higher than the U. S.

infant mortality rate of 5.9 deaths per 1,000 live births and the HP 2020 benchmark of 6.0 deaths per 1,000 live births.

The highest concentration of infant deaths is in New Castle County. While also trending down, the County's infant mortality rate is 8.1 deaths per 1,000 live births, well above the national benchmark. Within New Castle County, the highest concentration of infant deaths is in the City of Wilmington — 12.5 infant deaths per 1,000 live births. Most alarming is the disparity between black and white babies. Black babies are nearly 3.5 times more likely to die than white babies.

According to the CDC, premature birth and low birth weight are two leading causes of infant mortality. In Wilmington, for the measurement period 2012-2016, 12.1% of births were










babies weighing less than 5 lbs., 8 oz., which is significantly higher than the 7.8% HP 2020 goal and the New Caste County average of 8.9%. Premature births (less than 37 weeks) in Wilmington are 18.9% compared to 14.6% for New Castle County. The HP 2020 benchmark is 9.4%.



## Chronic Diseases

Chronic diseases are the leading causes of death nationally and in Delaware. Cardiovascular disease, including heart disease and stroke, is the number one cause of death in Delaware followed cancer, lung diseases, and diabetes. The charts below provide an overview of the chronic disease burden in Wilmington and in Census Tract 22, where available.

	Benchmark	Wilmington	Census Tract 22	Trends
Asthma Hospitalizations Children Under 18 (per 10,000)	18.3*	92.9	Undetermined	
Age-Adjusted Asthma Hospitalizations (entire population) (per 10,000)	14.1*	36.3	Undetermined	
Adults with COPD (%)	5.9**	7.5	8.9	
High Cholesterol Prevalence (%)	13.5**	32.2	33.4	
High Blood Pressure Prevalence (%)	26.9**	39.8	41.6	
Adults Who Experienced Stroke (%)	2.9**	4.3	5.0	
Adults with Diabetes (%)	9.9***	14.0	18.0	

Sources: MyHealthCommunityDelaware and Delawarehealthtracker.org

\*State Benchmark

\*\*Healthy People 2020 Benchmark

\*\*\*CDC 500 Cities Benchmark

## Respiratory Diseases

Asthma hospitalizations and emergency department visits for asthma are two data points often used to measure inefficiencies in the healthcare system. Ideal access points to treat and manage asthma are the primary care office and pharmacy rather than the more costly inpatient hospital admissions and emergency departments. Uncontrolled asthma is attributed to smoking, obesity, disability, and poor air quality or other environmental stressors.

Asthma hospitalizations in Wilmington are significantly higher than suburban New Castle County and the State of Delaware. The age adjusted asthma hospitalization rate for Wilmington is 36.3 hospitalizations per 10,000, an increase of almost 30% between 2011-2016. This compares to 14.5 asthma hospitalizations per 10,000 for New Castle County and 11.8 for the State of Delaware.

In New Castle County, Emergency Department visits by adults with asthma was 44.0 visits per 10,000, which is almost identical to the rate for the State of Delaware as a whole.

For children 18 and under living in Wilmington, the asthma hospitalization rate is 92.9 hospitalizations per 10,000 compared to 36.4 for New Castle County and 28.5 for the State of Delaware. Childhood hospitalizations for asthma in the City of Wilmington increased 129% between 2011 and 2016. Census Tract level data for adult and childhood hospitalizations were unreliable and therefore not included in this report.

Census tract data for adults with Chronic Obstructive Pulmonary Disease, another respiratory issue, was identified as a need in our data analysis. 8.9% of adults living in Census Tract 22 have been told by a doctor they have COPD, emphysema, or chronic bronchitis compared with the CDC 500 Cities benchmark of 5.9%.

### Cardiovascular Diseases

High blood pressure, high cholesterol, and smoking are key preventable risk factors for developing cardiovascular diseases, including heart disease and stroke. Delaware ranks 40th in the nation for high cholesterol and 35th in the nation for high blood pressure. In 2017, the most recent year data is available, just over 30% of Wilmington adults over age 18, and 33% in Census Tract 22, had their cholesterol checked and were told by a healthcare provider that their cholesterol was high. These percentages are more than double the Healthy People 2020 goal of 13.5%. While Wilmington ranks poorly compared to the Healthy People 2020 goal, it ranks near the best 50% of cities that are part of the CDC 500 Cities Project, indicating that Wilmington's high cholesterol prevalence rate is not an outlier when compared with like cities. The percentage of Wilmington adults with high blood pressure in 2017 is 39.8% (41.6% in Census Tract 22), up slightly from 37% previously. This is high compared to the HP 2020 goal of 26.9%. High blood pressure and high cholesterol rates in Wilmington help explain why 4.3% of Wilmington's adult population has experienced a stroke (and 5% in Census Tract 22).

The chances of dying from heart disease and stroke depend on many factors. Some factors can be modified with lifestyle changes (i.e., smoking, physical activity) while other factors like race and sex cannot be modified. Nationally, blacks are nearly twice as likely to die from heart disease and stroke as whites, and men have the highest risk of dying across all races and ethnic groups. In Delaware, the age adjusted mortality rate for non-Hispanic black males is over 60 deaths per 100,000 compared to just under 40 deaths per 100,000 white males.




Diabetes

Delaware ranks 36th in the nation for diabetes. Eighteen percent (18%) of adults living in Census Tract 22 have diabetes compared to 14% in Wilmington and 10% in New Castle County. The CDC 500 Cities diabetes benchmark is 9.9% of adults. The prevalence of Delaware adults with diabetes has been slowly creeping upward from a low of 6.6% in 2008 to 10.1% in 2018.

Diabetes nationally and in Delaware disproportionately affects minority and older populations. Approximately 15% of non-Hispanic blacks were diagnosed with diabetes in 2018 compared to 11.8% of non-Hispanic white and 6.9% of Hispanics. With respect to age, 21.9% of individuals diagnosed with diabetes are aged 65 and older compared to 16% who are aged between 45-64.

Diabetes is an ideal target for prevention strategies as it is a major risk factor for other serious chronic conditions and can be managed through a combination of lifestyle modifications and health care interventions. Studies show that the onset of type 2 diabetes can be largely prevented through weight loss as well as increasing physical activity and improving dietary choices.

Cancer

	Benchmark*	New Castle County	Trends
Breast Cancer Incidence Rate (per 100,000)	125	138.6	
Prostate Cancer Incidence Rate (per 100,000)	104.1	130.8	
Age-Adjusted Mortality Rate All Cancer (per 100,000)	161.4	176.7	

Source: DelawareHealthtracker.com  
 \*US Value

Although Delaware’s all-site cancer mortality rate has historically been higher than the U.S. rate, the gap has narrowed over the last decade as the state continues to make strides in reducing cancer related deaths through cancer screening and early detection. According to the Delaware Cancer Incidence & Mortality 2011-2015 report released Spring 2019, Delaware’s ranking of 18th among the states for highest all-site cancer mortality is lower than the state’s ranking of 16th in the 2018 report, which looked at the 2010-2014 time period, and represents considerable continued progress since the 1990s, when the state ranked second in the country for cancer mortality. From 2001-2005 to

2011-2015, Delaware's cancer death rate decreased 14%, the same decline seen nationally.

The all-site cancer mortality rate among non-Hispanic African American males in Delaware declined 30%, compared to a 19% decline among non-Hispanic Caucasian males and a 7% decline among Hispanic males. Among female Delawareans, the all-site cancer mortality rate declined 14% in non-Hispanic African Americans, declined 13% in non-Hispanic Caucasians, and declined 4% in Hispanics. There were larger declines in rates among males compared to females.

For 2011-2015, Delaware ranked 9th in the country for breast cancer incidence rate with most of the cases found in New Castle County residents who are non-Hispanic Caucasian followed by non-Hispanic African-American and Hispanic. Delaware Ranks 3rd in the country for prostate cancer incidence rate with most cases again found in New Castle County residents who are non-Hispanic Caucasian followed by non-Hispanic African-American and Hispanic.

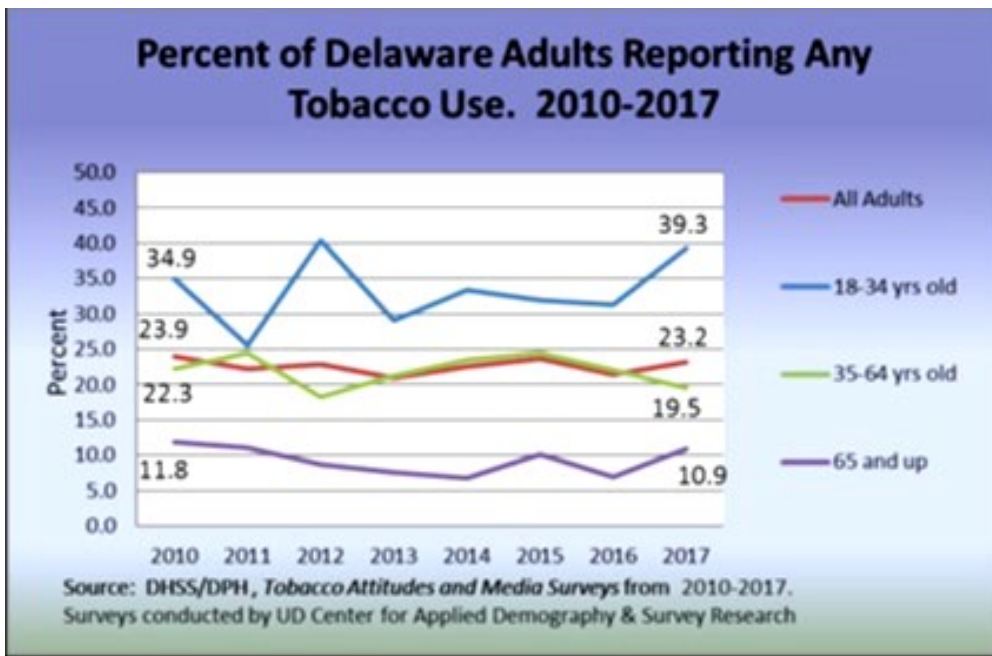
The high incidence rates for both breast and prostate cancer are likely due to the State's robust prevention and screening programs instituted in the 1990s and 2000s which increased education and screening for all populations, leading to a much earlier detection of cancer (and correspondingly lowering cancer mortality rates).

For the purpose of this CHNA, cancer data was examined at the County level only due to data instability and reliability concerns associated with small group analysis. Also, only cancer indicators that emerged as significant needs are highlighted in this report. For a more detailed analysis of cancer in Delaware please see the Division of Public Health's *Cancer Incidence and Mortality, 2011-2015* report found at: <https://www.dhss.delaware.gov/dhss/dph/dpc/files/iandm2011-2015.pdf>.

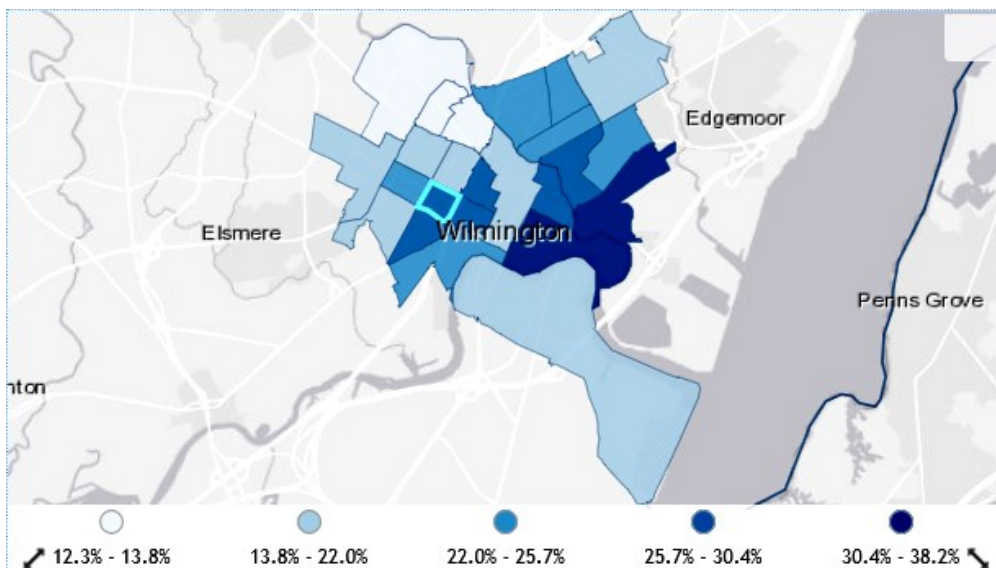
## Health Behaviors

Chronic diseases can be prevented or at least better managed by making healthy lifestyle choices. Healthy choices should be the easy choice. Unfortunately, in Wilmington more work needs to be done to make that happen. Wilmington ranks poorly on smoking, obesity, and sedentary lifestyles when compared to national benchmarks.

Smoking tobacco products increases the risk of lung cancer, diabetes, hypertension, and asthma, in both the smoker and in family members who inhale second-hand smoke. In Delaware, there has been an uptick in adult tobacco use among 18-34 year olds between 2010 and 2017. Looking more closely at Wilmington, in 2016, 15.9% of adults smoked cigarettes and in Census Tract 22 the percent of smokers skyrockets to 29.5%. Both indicators are well above the Healthy People 2020 benchmark of 12%.



Adults Who Smoke - City of Wilmington & Census Tract 22 (2016)



HP 2020 Benchmark= 12 %

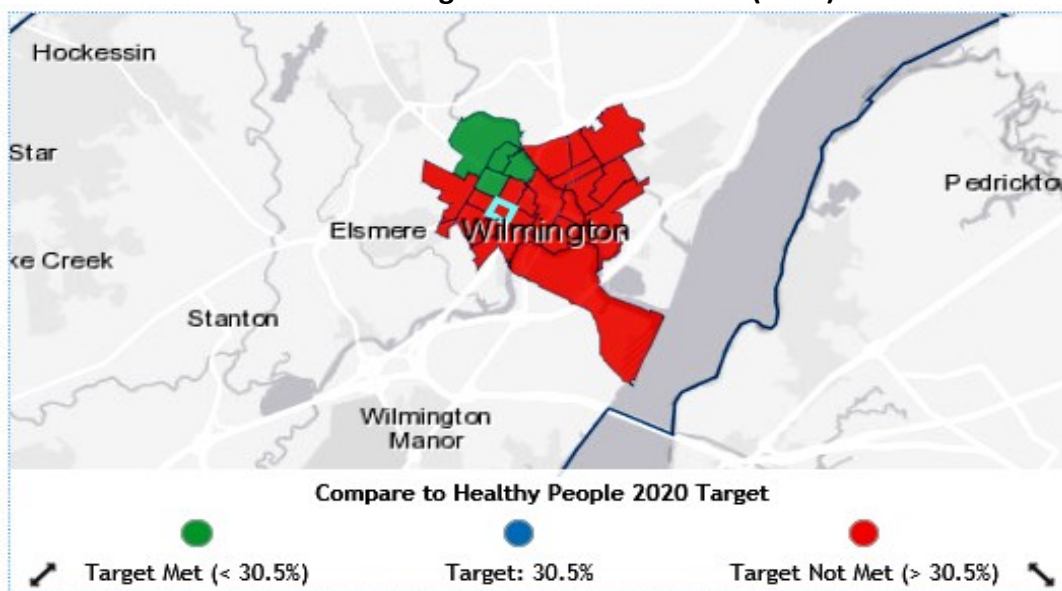
Wilmington=15.9%

Census Tract 22=29.5%

Among youth, tobacco smoking is being replaced by e-cigarettes. Thirty-eight (38%) of high school students reported trying e-cigarettes in 2017 and 13.6% of Delaware high school students reported they currently use electronic vaping products compared to 13.2% for the US overall. The advent of electronic vaping products has had profound health consequences in growing numbers of teens across the nation. Any effort to address tobacco products should simultaneously address vaping products.

Another lifestyle choice detrimental to health is physical inactivity. Physical inactivity along with poor nutrition habits is known to increase obesity, which is another risk factor for developing heart disease, Type 2 diabetes, cancer, respiratory disease and other lifelong chronic conditions. More than 35% of Wilmington adults were obese in 2016, which is approximately the same percentage as the prior year but higher than the Healthy People 2020 goal of 30.5%. In Census Tract 22, the percent of obese adults

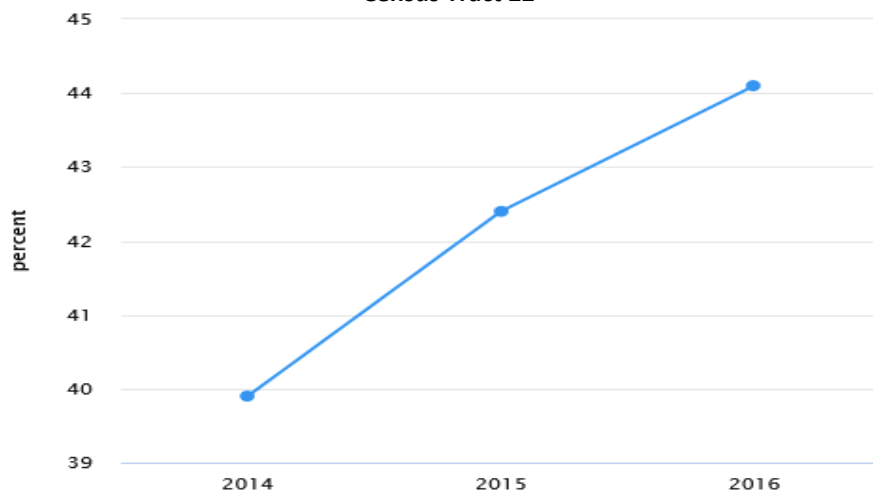
### Adults Who Are Obese—Wilmington & Census Tract 22 (2017)



is 42.4%, which is a decline from 2014 when the percentage was closer to 45%. Adults in this Census Tract are also more likely to be sedentary (44%) compared to the Healthy People 2020 target of 32.6%.

Source: Delaware Healthtracker.com

Sedentary Adults (2014-2016)  
Census Tract 22



Source: Delawarehealthtracker.com

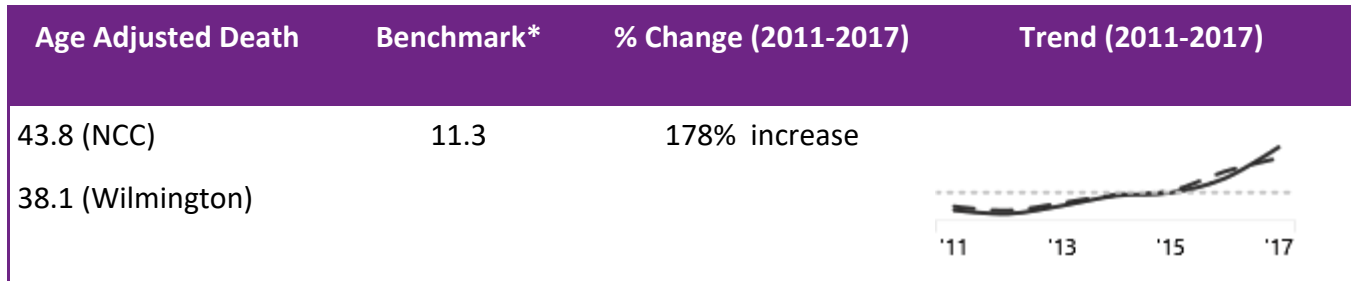
Sedentary lifestyles in Census Tract 22

may be partially attributed to the lack of safe parks and recreational facilities. Drug trafficking, crime, and vacant buildings surround one of the largest parks in Census Tract 22, and the nearest YWCA is not located within safe walking distance.

## Behavioral Health

Delaware ranks 5<sup>th</sup> highest among drug overdose mortality rates in the nation. During 2017, 346 Delawareans died of a drug overdose. In New Castle County alone, drug overdose deaths from all substances increased 178% between 2011 and 2017 to 43.8 deaths per 100,000. Wilmington was not far behind the County. Its drug overdose mortality rate was 38.1. New Castle County and Wilmington mortality rates are staggeringly high when compared to the national drug related overdose death benchmark of 11.3 deaths per 100,00.

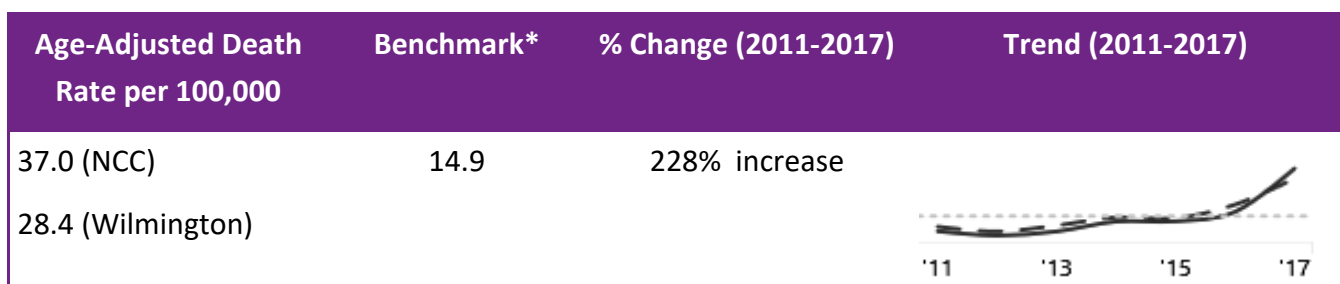
### Drug Overdose Deaths From All Substances (2017)



Source: MyHealthyCommunity.dhss.delaware.gov

According to the *Drug Overdose Mortality Surveillance Report 2017*, opioids accounted for 84% of all drug related overdose deaths. Between 2011 and 2017, drug overdose deaths due to an opioid increased 228% in New Castle County. Wilmington’s age-adjusted mortality rate due to opioid overdose was 28.4 compared to New Castle County’s 37.0 and the national benchmark of 14.9 overdose deaths per 100,000 people.

### Drug Overdose Deaths From Opioids (2017)



Source: MyHealthyCommunity.dhss.delaware.gov

\*National Center for Health Statistics National Benchmark

Almost 70% of the 346 drug overdose decedents in 2017 were males, between the ages of 25 and 54 years (76%), non-Hispanic white (79%), never married (59%), and had a high school diploma or GED (55%). Looking at drug overdose deaths by occupational industry, the *Drug Overdose Mortality Surveillance Report* identified construction and the install, maintenance, and repair industry for males, and food service and office support for women. Thirty-three (33%) of decedents were unemployed.



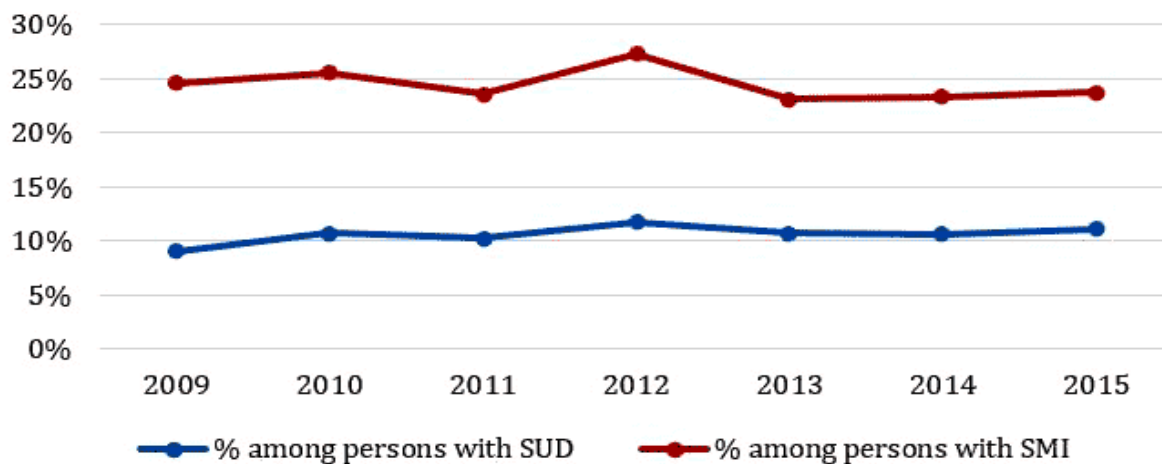
One of the most significant findings in the state drug overdose mortality report is that 81% (or 4 out of 5 persons) who died of a drug overdose in 2017 interacted with a Delaware health system in the year prior to their deaths. One in two drug overdose decedents visited a Delaware Emergency Department in the year prior to their death, though not necessarily due to their addiction. Around a quarter of drug overdose decedents had visited the ED for mental health related reasons. Other reasons for the ED visit included a previous overdose, or unmanaged pain diagnosis.

Nearly half of the 346 decedents had a history of EMS encounters in the year prior to their death, mostly due to a non-fatal drug overdose. Naloxone was administered to 39.1% of those decedents during the previous non-fatal overdose EMS encounter.

The same report reviewed hospitalization data which showed that approximately 12% of drug overdose decedents were hospitalized in the year prior to their deaths for mental, behavioral, or neurodevelopmental disorders.

The connection between mental health disorders and substance misuse has been widely documented. According to multiple population health surveys cited on the National Institute on Drug Abuse’s website, about half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa. The graph below shows the overlap is especially pronounced with serious mental illness (SMI). Serious mental illness among people ages 18 and older is defined at the federal level as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment. Around 1 in 4 individuals with SMI also have an SUD (<https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use->

**Co-Occurring Substance Use Disorder and Serious Mental Illness in Past Year among Persons Aged 18 or Older**

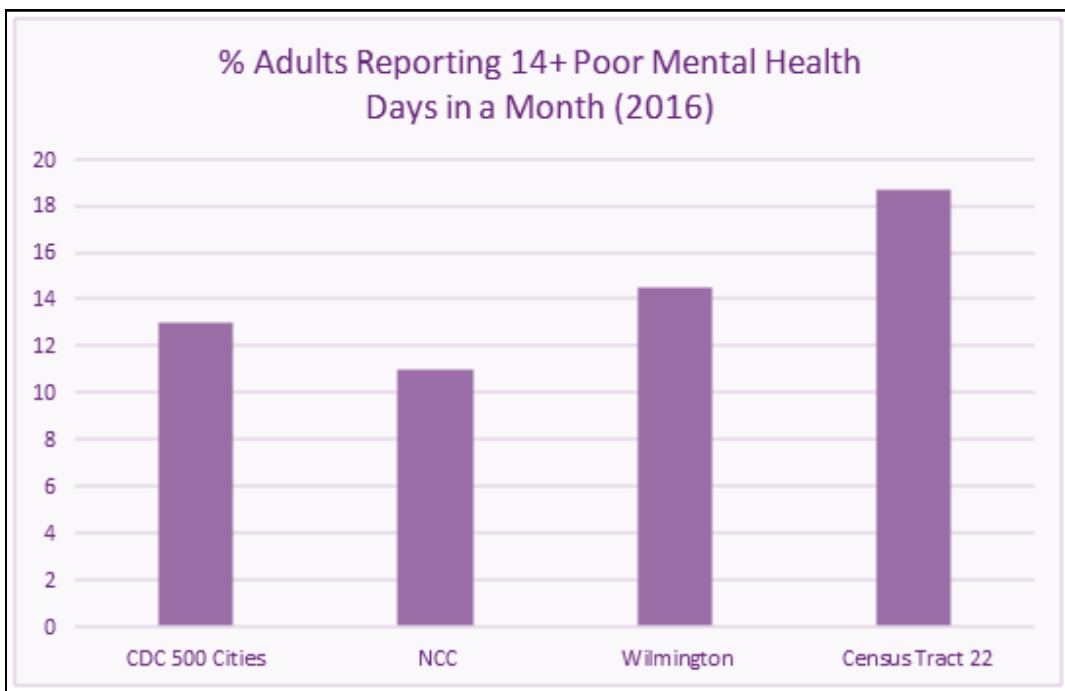


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Mental Health, Detailed Tables.



[disorders/part-1-connection-between-substance-use-disorders-mental-illness\)](#)







One mental health data point that emerged as significant in our CHNA analysis is the percentage of adults who reported more than 14 poor mental health days in a month. The chart bellows shows that Wilmington, and Census Tract 22 in particular, reported a higher percentage of adults with poor mental health days than suburban New Castle County. The finding is no surprise considering Census Tract 22's demographic profile as a high poverty/low employment area of New Castle County. This is not to say all who reported 14+ poor mental health days will develop a substance use disorder; rather the data raises a red flag on the mental well-being in neighborhoods surrounding Saint Francis Hospital, and underscores the need to have an adequate and readily accessible network of mental health and substance use disorder treatment providers.



Source: Delawarehealthtracker.com

## Social Determinants of Health

Healthy People 2020 defines Social Determinants of Health (SDoH) as, “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>). The SDoH below are pervasive and entrenched in Wilmington and in Census Tract 22.

	<ul style="list-style-type: none"> <li>• 50% of Wilmington residents live above 200% of the federal poverty level; only 23.7% of people in Census Tract 22 live above 200% poverty.</li> <li>• 3.2% of households in Wilmington receive cash public assistance income while 7.8 % of households in Census Tract 22 are public cash assistance income recipients.</li> <li>• Income Inequality (GINI Index) in Wilmington and in Census Tract 22 is .53.</li> </ul>
	<ul style="list-style-type: none"> <li>• 13.2% of New Castle County Households are Food Insecure compared to the national benchmark of 8.5%.</li> <li>• 36% of New Castle County and 25% of Wilmington food insecure children are likely ineligible for food assistance compared with 8.5% nationally.</li> <li>• 5% of New Castle County has limited access to healthy food compared with 2% for the top performing counties in the U.S.</li> </ul>
	<ul style="list-style-type: none"> <li>• The High School Graduation Rate for Wilmington is 70% compared to 87% nationally.</li> <li>• 39% of residents living in Census Tract 22 have no high school diploma.</li> <li>• 26.2% of Wilmington residents have a bachelor’s degree or higher; only 9.9% do in Census Tract 22.</li> </ul>
	<ul style="list-style-type: none"> <li>• The Home Owner Vacancy Rate in Census Tract 22 is 9.35 compared to 2.7% in Wilmington and 1.6% in New Castle County.</li> <li>• 70.4% of renters living in Census Tract 22 spend 30% or more of their income on rent compared to 56.8% of renters in Wilmington and 49% in New Castle County.</li> </ul>
	<ul style="list-style-type: none"> <li>• Violent Crime for New Castle County is 551 per 100,000 compared to top performing counties who averaged 63 per 100,000.</li> <li>• The Homicide Rate in Wilmington is 23.5 per 100,000 compared to 5.5 per 100,000 nationally.</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.3% of youth in Census Tract 22 are neither in school nor working.</li> <li>• 72% of Wilmington Children and 66% of Census Tract 22 children live in single parent households.</li> <li>• 48% of residents age 65+ in Census Tract 22 live alone compared to 41% in Wilmington and 26% in New Castle County.</li> </ul>

## Community Input

Community input was received from the following sources:

State Division of Public Health. We met with the Delaware Division of Public Health's Strategic Leadership Group (SLG) on September 19th, 2019. Members of the SLG included the Public Health Director, Deputy Director, Medical Director, Dental Director and Section Chiefs who represented community health, child and maternal health, health promotion and disease prevention, epidemiology, and rural health. The meeting format included a presentation of the CHNA data followed by a question and answer session where we collected SLG feedback on identified community health needs. Some key points from the meeting include:

- Emerging needs identified in the CHNA data align with priorities in the Division's 2018– 2023 State Health Improvement Plan (SHIP). The SHIP priorities are: 1) Chronic Diseases; 2) Maternal & Child Health; 3) Substance Use Disorders; 4) Mental & Behavioral Health.
- Discussion concerning Access to Healthcare Services versus Access to Health Insurance focused on why inner city populations are not accessing services even though health insurance rates hover near 90% in the City of Wilmington. The Community Health Director suggested competing priorities may be a reason why high risk populations do not access care. Other barriers such as lack of transportation, inconvenient office hours, language barriers, poverty and health illiteracy were also mentioned as possible reasons why City residents are not accessing available healthcare services.
- Delaware's high breast and prostate cancer incidence rates are being monitored closely relative to breast and prostate cancer mortality rates. Cancer screenings have likely plateaued while Delaware's breast and prostate cancer mortality rates, while trending downward, are still higher than the national average.
- The Medical Director mentioned the Camden model of care as a good example of how care coordination can improve healthcare for inner-city residents living in poverty stricken areas.
- The Dental Director mentioned a general lack of awareness on the connection between oral health and chronic diseases. He would like to see more collaboration around oral healthcare and oral cancer screening in particular.
- The Public Health Director mentioned one Social Determinant of Health that is often overlooked is Social Disconnectedness (also known as social isolation). Delaware ranks 42nd in the nation for youth disconnectedness.

Additionally, we participated in a day long State Health Improvement Plan Stakeholder meeting on October 23rd, 2019, at the University of Delaware, sponsored and led by Delaware's Department of Health and Social Services. Public health stakeholders were updated on SHIP progress to date, which included discussion around alignment between the SHIP priorities and the priorities of stakeholders and partners.

Substantial alignment is underway across each of the Delaware SHIP priority areas (chronic diseases, maternal and child health, substance use disorder and mental health), with the greatest emphasis seen in the area of chronic disease. The greatest degree of alignment was observed in “making the healthy choice the easy choice”; the least amount of alignment is occurring around efforts to increase the number of Medicaid dental providers in underserved areas.

In the area of maternal and child health, stakeholder groups are more aligned to promote health education and emphasize healthy parenting in schools than they are around efforts to incorporate graduated levels for health education in schools. In addressing substance use disorder, stakeholder groups are in strong alignment to reduce substance use disorders overall, and are particularly focused on opioid use disorder. Less alignment is seen around reducing tobacco and tobacco substitute use; however, the passage and signing of Senate Bill 25 in 2019, which raised the minimum age to buy tobacco and vape products from 18 to 21, is a step in the right direction.

In the area of mental health, stakeholders are most aligned around improving access to behavioral and mental health services, with less alignment found around providing each school with a trained mental health provider. However, efforts to help fund and/or expand these type of services are underway through the FY2020 state budget and federal grants.

Lastly, to achieve SHIP priorities, public health officials encouraged stakeholders to adopt a policy, systems and environmental (PSE) approach.

Medically Underserved, Low-Income, and Minority Populations. We obtained input from the following organizations during a Community Engagement meeting at Saint Francis Hospital on October 30th, 2019. For a complete list of attendees, please see Appendix F.

Organization Name	Primary Population Served
Latin American Community Center	Immigrants (documented and undocumented)
Catholic Charities	Homeless/Low-Income/Minority
Salvation Army	Homeless/Victims of Human Trafficking
Ministry of Caring	Homeless/Low-Income
Sunday Breakfast Mission	Homeless/Low-Income
Boys & Girls Club	Pre-teen/Teen Low-income
Westside Family Healthcare (FQHC)	Medically Underserved/Minority
DE Coalition Against Domestic Violence	Victims of Violence, predominantly low-income minority

Using the Nominal Group Technique as the method to guide discussion and build group consensus, professionals representing a broad range of constituencies were asked to: 1) identify from their perspective the most urgent health needs impacting the City of Wilmington; 2) share the identified needs within small groups; 3) prioritize the list of needs from 1-5 with 5 being the most significant health need and 1 the lowest; and 4) share ranked priorities within small groups and then report the results to the larger group.

Ideas were recorded on flip charts and priorities were recorded on work sheets that were used to tally votes and scores. Please see Appendix E for aggregated scores and votes.

### Community Identified Urgent Needs (in order of priority)

1. Substance Abuse & Mental Health
2. Impact of Trauma on Health (caused by violence/crime)
3. Equitable Access to Care
4. Affordable Housing
5. Lack of Education

Group discussions during the Nominal Group Technique identification and prioritization process with community partners yielded some insightful input:

- Equitable access to healthcare services, especially reproductive services, dental, and vision services remains an on-going challenge in low-income, minority communities. Availability of services, transportation, language, and cultural factors were mentioned as barriers to accessing care.
- An attendee serving the Hispanic/Latino population commented, ***“Immigration status can have a profound impact on health.”*** Undocumented immigrants are less likely to seek care via the traditional healthcare system out of fear of deportation. Undocumented immigrants routinely go without care until the health issue rises to the level of emergency care.
- A related comment, ***“Culture can impact health and is very hard to change”***, was made by a community health worker in the context of discussing health disparities.
- A representative from one of the homeless shelters noted that, ***“Something is wrong, we are still dealing with the same problems.”*** This speaks to systemic issues such as poverty, income inequalities, and other structural problems requiring coordinated policy and environmental changes.
- Trauma, resulting from violence and poverty, underlies many health issues because, ***“Trauma puts people in “survival mode”***, forcing many to concern themselves with meeting basic needs before anything else, including health.

- Adverse Childhood Experiences are rooted in poverty and are highly correlated with chronic diseases and mortality rates. One participant asked, *“How can ACES awareness be incorporated into the hospital setting?”*
- “Financial Toxicity” is a term coined by a member who felt that too many Wilmington residents cannot afford co-pays or deductibles and therefore must choose between rent and treatment. It’s a no win situation.
- Collective Impact, Community Engagement, Stakeholder Buy-In, and Greater Investment in Collaborative projects among non-profits, were all mentioned as strategies that could improve Wilmington’s health and well-being.
- Community Health Workers can play a vital role in connecting people from underserved/disconnected neighborhoods to the health systems.
- Job creation, workforce development, employment, and education were seen as intricately connected to improving community health.

Community Survey

An on-line community survey conducted through Survey Monkey was made available to community residents and Saint Francis employees between August 1 and September 30th, 2019. The on-line survey included two community health related questions among general questions about health status and social determinants of health. The two community health related questions were: **1) What do you think are the top 3 health concerns in your community? and 2) What is needed most to improve the health of your community.** A copy of the survey is found in Appendix C. Survey results are summarized below and on the next page.

Community Survey (July – September 2019) (n=113)	
Health Concern	Score (# Times Mentioned)
Drug & Alcohol Use/Addiction	49
Mental Health/Illness	43
Obesity/Overweight	35
Access to Healthcare Services	33
Affordable Housing/Homelessness	33

Community Survey (July – September 2019) (n=113)	
Health Improvement Strategies	Score (# Times Mentioned)
Increase Drug & Alcohol Rehab Services	48
Increase # of Mental Health Services/Providers	43
Increase Job Opportunities with Upward Mobility	42
Increase # of Free Health Screenings	38
Increase # of Healthier Food Options	34

Dug and alcohol use/addiction, mental health, and affordable housing followed closely by access to healthcare services were mentioned as top health concerns from the broader community perspective. Jobs, free health screenings and healthier food options followed by drug/alcohol rehabilitation services were mentioned as most needed to improve community health, suggesting that employment is a key social determinant of health in Wilmington.

The same on-line survey was made available to Saint Francis Healthcare employees for the purpose of affirming that hospital employees are in tune with the community they serve. Results show that St. Francis employees share similar opinions on priority health needs as the community in general. Saint Francis employees identified drug and alcohol use/addiction, mental health services, and obesity as top community health concerns followed closely by access to healthcare services. To improve Community Health, Saint Francis colleagues responded there is a need for more substance abuse and mental health services, increasing access to free health screenings, healthier food options, and creating more job opportunities.

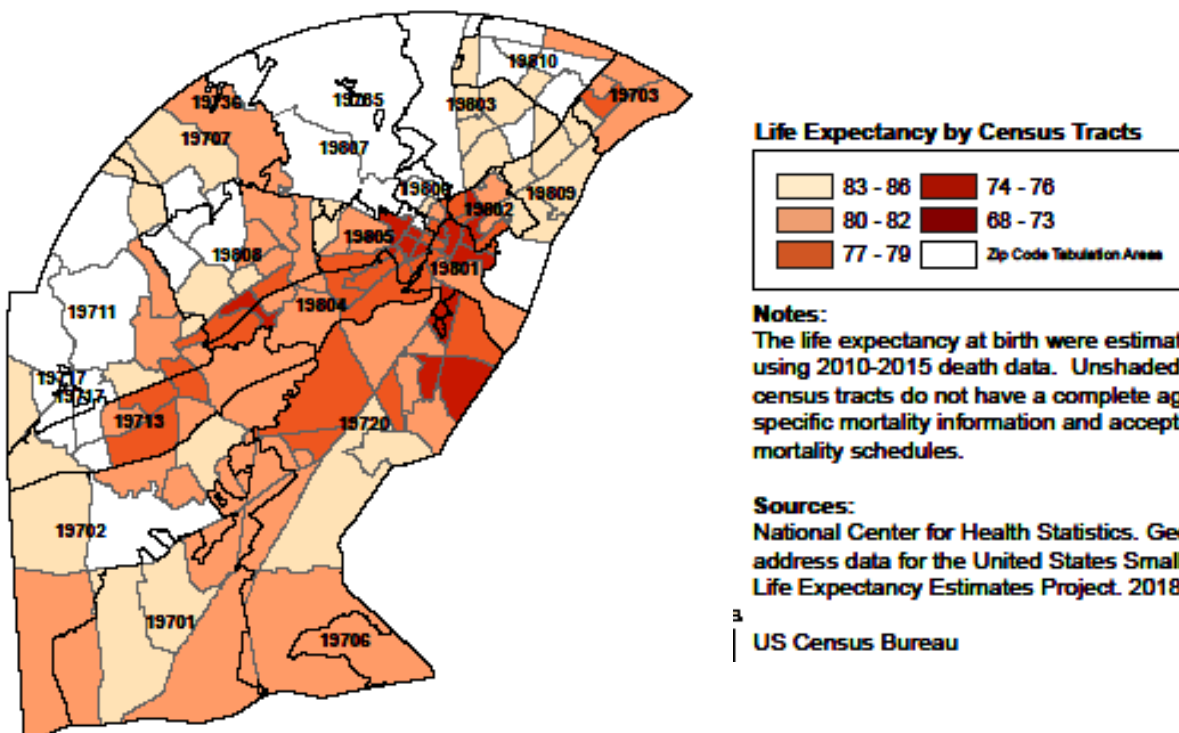
The total number of survey respondents was 113 (36 community responses and 77 hospital employee responses).

The survey link was promoted through various distributions channels. Internally, we posted the link to social media accounts and equipped hospital volunteers with surveys uploaded to lap tops located in high traffic areas of the hospital. Externally, our partners promoted the survey through their organization’s social media and marketing efforts. Community Health Workers from the Division of Public Health provided outreach to the Hispanic community.

## Healthy Communities Delaware

Saint Francis Healthcare is an active participant in the Healthy Communities Delaware initiative, which began as a State Innovation Model concept. Healthy Communities Delaware (HCD) is a consortium of public, nonprofit and private organizations committed to taking a collective impact approach to align efforts and invest in projects, programs and policies aimed at improving the health of people in low-wealth communities in the state. Led by the State of Delaware, University of Delaware and the Delaware Community Foundation, and guided by a diverse Leadership Council, HCD is committed to effective and sustainable ways of investing in local communities to reduce the health disparities that exist from one zip code or neighborhood to another. <https://healthycommunitiesde.org/>

HCD provided input around disparities in **Life Expectancy** throughout Delaware and in the City of Wilmington. Life expectancies at birth for Saint Francis Healthcare's primary service area are between 68 and 76 years of age depending on one's zip code. Census Tract 22's life expectancy is 74.4 years. The life expectancy outcomes compare unfavorably to life expectancy outcomes in zip codes/census tracts a few miles away, where life expectancies reach between 83-86 years of age. Life expectancy is between 68 and 71 years of age for blacks living in most of Wilmington. Blacks living in more affluent areas just north of the City have a life expectancy of 84 years. Disparities in life expectancies highlight that zip code matters more than genetic code.





## Significant Community Health Needs

Process for Significant Needs Identification. Significant Community Health Needs were identified by: 1) data analysis comparing Delaware to national health and well-being benchmarks (Healthy People 2020, CDC 500 Cities, County Health Rankings) and measuring the difference between the benchmark and the community's performance on the benchmark; 2) conducting an on-line community health survey; 3) engaging community partners in a Nominal Group Planning process to identify and prioritize needs from the community perspective; and 4) meeting with the Delaware Division of Public Health and participating in DPH's State Health Improvement Planning Process.

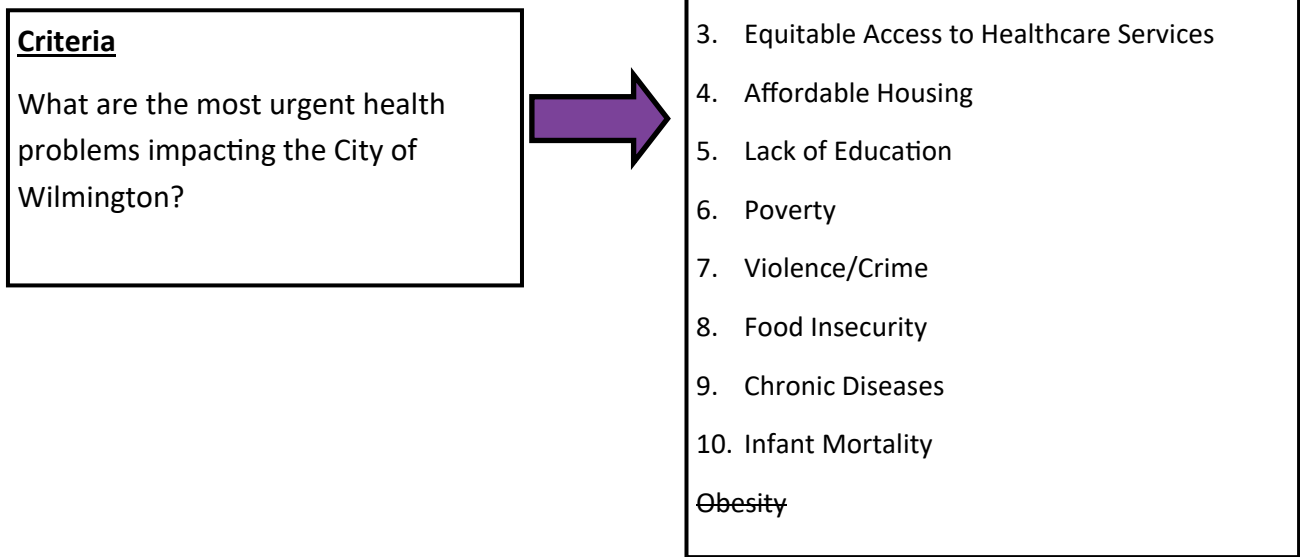
The matrix below summarizes health and wellness indicators as identified through the quantitative and qualitative methods mentioned above. The ten (10) indicators in the upper right quadrant represent indicators that the community considered urgent AND the urgency is supported by the data analysis. The upper left quadrant represents indicators (or health concerns) the community considered urgent but little

		<b>Significant Health Needs</b>	
Community Input	High	<ul style="list-style-type: none"> <li>• Access to Health Insurance</li> <li>• Adverse Childhood Experiences</li> <li>• Re-Entry Programs/Prison Health</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Substance Use Disorder &amp; Mental Health</b></li> <li>• <b>Equitable Access to Healthcare Services</b></li> <li>• <b>Chronic Diseases</b></li> <li>• <b>Obesity</b></li> <li>• <b>Infant Mortality</b></li> <li>• <b>Violence/Crime</b></li> <li>• <b>Poverty</b></li> <li>• <b>Food Insecurity</b></li> <li>• <b>Affordable Housing</b></li> <li>• <b>Lack of Education</b></li> </ul>
	Low	<ul style="list-style-type: none"> <li>• Preventative Services (Pap Tests, Mammograms, Colon Cancer Screenings)</li> <li>• Adults 65+ with Flu &amp; Pneumonia Vaccinations</li> <li>• Adults who had a routine checkup</li> <li>• Teen Births</li> <li>• Transportation</li> <li>• No Prenatal Care (%)</li> <li>• Binge Drinking</li> </ul>	<ul style="list-style-type: none"> <li>• Chlamydia Incidence Rate</li> <li>• Gonorrhea Incidence Rate</li> <li>• HIV/AIDs</li> <li>• Adults who Smoke</li> <li>• Cancer Incidence Rates</li> <li>• Preventable Hospital Stays (ACS per 100,000)</li> <li>• Social Connectedness</li> <li>• Air/Water Pollution</li> </ul>
		Low	High

to no data currently exists to support the community’s perspective. The bottom left quadrant include indicators the community perceived as having little or no urgency and that have low need differentials based on a comparison between the benchmark and the community’s performance on the benchmark. Indicators in the bottom right quadrant have high need differentials but were not considered urgent needs from the community’s perspective.

Prioritization of Needs Process and Criteria. Community partners were assigned to groups of 6-7 people and were asked to individually select and rank unmet health needs from the list of ten significant health needs mentioned on the previous page. Urgency of the need relative to other needs was the decision criteria each group member considered. Individual responses were tabulated among group members first, followed by large group discussion and vote on rankings. Some interesting results emerged. The data analysis indicated obesity was a significant health need, but community members felt differently. Obesity was not ranked among the top ten indicators requiring immediate attention. Instead, community partners, many of whom serve in their organizations as front line staff, ranked trauma and adverse childhood experiences as the second most urgent need that, if timely addressed, could improve community health and well-being. Community members emphasized repeatedly that trauma was missing from the data analysis. In other words, the data analysis did not fully capture the needs of the community as they perceived them.

Another result worth mentioning is that, five of the ten highest ranked significant health needs are social determinants of health — indicators which require community based strategies that reach far beyond clinical care.



Saint Francis Healthcare took into account input from community leaders, public health officials, and community members at-large while selecting three priority areas of focus for the Fiscal Years 2020—2022 Community Health Needs Assessment. **The CHNA priorities are:**

**1. Behavioral Health**

- Opioid Addicted

**2. Access To Care (with a focus on chronic conditions)**

- Immigrant/Migrant
- Homeless
- Low-Income Women of Childbearing Age

**3. Food Insecurity**

- Hispanic
- Immigrant/Migrant
- Low-Income
- Unemployed

Each priority area will specifically target special needs populations in an effort both to help the State of Delaware reduce health disparities, and to uphold Saint Francis Healthcare’s mission to serve as a safety net hospital.

**Conclusion**

Saint Francis Healthcare is in the process of completing the Community Health Implementation Plan due no later than November 15th, 2020. The Implementation Strategy Plan will identify specific programs and strategies for each of the three priority areas outlined in this Community Health Needs Assessment — Behavioral Health, Access to Healthcare Services and Food Insecurity. The Implementation Strategy Plan is updated annually.

Copies of the Community Health Needs Assessment may be found on-line at <https://www.stfrancishealthcare.org/about-us/community-health-needs-assessment/> or at [www.delawarehealthtracker.com](http://www.delawarehealthtracker.com), or by visiting Saint Francis Hospital in person at 701 North Clayton Street, Wilmington, DE 19805.

Comments on the Community Health Needs Assessment may be directed to:

Lisa Schieffert  
Manager, Community Benefit & Charity Care Programs  
Lisa.schieffert@che-east.org  
(302) 575-8212

The next CHNA is due June 30th, 2023.

<b>Health Indicators</b>	<b>Benchmark</b>	<b>New Castle County</b>	<b>Wilmington</b>	<b>Census Tract</b>
Red = Significant Health Need <i>Data Source: DelawareHealthTracker.com, unless otherwise noted.</i>	(HP 2020, CHR Top Performers, or Performers, State Value)			22
<b>Access To Care</b>				
Adults w/ Health Insurance	100	93.7	90.8	ND
Children w/ Health Insurance	100	97	97.3	ND
Persons with Public Health Insurance Only	23.6	34.8	ND	ND
Adults who Visited Dentist	63.2	68.3	52.7	36.7
Adults 65+ w/ Total Tooth Loss	14.3	ND	21.6	33.8
Dentists (County Health Rankings)	1,260:1	1,660:1	ND	ND
Mental Health Providers (County Health Rankings)	310:1	340:1	ND	ND
Primary Care Physicians (County Health Rankings)	1,050:1	1,200:1	ND	ND
Other Primary Care Providers (County Health Rankings)	726:1	695:1	ND	ND
Preventable Hospital Stays (County Health Rankings)	2765	5098	ND	ND
<b>Cancer</b>				
Breast Cancer Incidence Rate (2011-2015)(NCI)	119	135.5	ND	ND
Adults with Cancer	5.6	5.6	5.6	4
Cervical Cancer Incidence Rate (2011-2015)	7.3	7.7	ND	ND
Colorectal Cancer Incidence Rate (2011-2015)	39.9	36.2	ND	ND
Oral & Pharynx Cancer Incidence Rate (NCI)	12.6	13.1	ND	ND
Lung & Bronchus Cancer Incidence Rate	60.2	66.2	ND	ND
Prostate Cancer Incidence Rate	109	136.2	ND	ND

## Appendix A: Data Tables

Health Indicators		Benchmark	New Castle County	Wilmington	Census Tract
Red = Significant Health Need		(HP 2020, CHR Top Performers, or Performers, State Value)			22
<i>Data Source: DelawareHealthTracker.com, unless otherwise noted.</i>					
<b>Heart Disease/Stroke</b>					
Adults who experience Stroke (any age)		2.9	ND	4.3	5
Adults with Coronary Heart Disease		5.6	ND	6.4	7
High Blood Pressure Prevalence (2017)		26.9	33.7	37.6	37.7
High Cholesterol Prevalence (2017)		13.5	33	35.2	36.6
<b>Respiratory Diseases</b>					
Adults with COPD		5.9		7.5	8.9
Adults with Current Asthma		9.2	11.2	10.7	11.7
Age-Adjusted Asthma ED Visit Rate per 10,000 (entire pop.) (DPH)		44	44	ND	ND
Age-Adjusted Asthma Hospitalization Rate per 10,000 (entire pop.):(DPH)		14.1	14.5	36.3	ND
Asthma ED Visits Children Under 18 per 10,000(DPH)		24	36	ND	ND
Asthma Hospitalization Children under 18 per 10,000 (DPH)		18.3	36.4	92.9	ND
Age-Adjusted Asthma Hospitalization Rate per 10,000 (entire pop.) (DPH)		14.1	14.5	36.3	ND
<b>Diabetes</b>					
Adults with Diabetes		9.8	10.1	13.9	16.9
Diabetes Prevalence (County Health Rankings)		9	10	ND	ND
<b>Health Behaviors</b>					
Adults who are Obese		30.5	29.3	36.4	42.4
Adults who Smoke		12	15.9	23.8	29.5
Adults who are Sedentary		23.9	ND	32.9	44.1
Adult Physical Inactivity Age 20+ (County Health Rankings)		19	23	ND	ND
% Adults Reporting Binge Drinking (County Health Rankings)		13	19	ND	ND
Insufficient Sleep (County Health Rankings)		27	37		

<b>Health Indicators</b> Red = Significant Health Need <i>Data Source: DelawareHealthTracker.com, unless otherwise noted.</i>	<b>Benchmark</b> (HP 2020, CHR Top Performers, or Performers, State Value)	<b>New Castle County</b>	<b>Wilmington</b>	<b>Census Tract 22</b>
<b>Infectious Diseases</b>				
Chlamydia Incidence Rate (County Health Rankings)	152.8	571.4	ND	ND
HIV Prevalence (County Health Rankings)	49	446	ND	ND
HIV Incidence Rate	12.4	14.2	ND	ND
Gonorrhea Incidence Rate	113	151.5	ND	ND
Syphilis Incidence Rate	6.4	6.6	ND	ND
TB Incidence Rate per 100,000	1	2	ND	ND
<b>Maternal &amp; Infant Health</b>				
Babies w/ Low Birth Weight	7.8	8.9	12.1	ND
Infant Mortality Rate	6	8.4	12.5	ND
Live Premature Births (%)	9.4	14.6	18.9	ND
Teen Births (per 1,000 15-19 yr old)(County Health Rankings)	14	19	ND	ND
Child Mortality Rate (County Health Rankings)	40	60	ND	ND
No Prenatal Care (%)	22.1	17.7	22.1	ND
<b>Quality of Life</b>				
Poor Mental Health Days 14+ in a Month	13	11	14.5	18.7
Poor or Fair Health Days (County Health Rankings)	12	15	ND	ND
% Adults Reporting Poor Physical Health Days (County Health Rankings)	3	3.3	ND	ND
Frequent Physical Distress (County Health Rankings)	9	10	ND	ND
Frequent Mental Distress (County Health Rankings)	10	11	ND	ND
Life Expectancy (County Health Rankings & DPH)	81	78.7	70	74.4

Health Indicators	Benchmark	New Castle County	Wilmington	Census Tract
Red = Significant Health Need	(HP 2020, CHR Top Performers, or Performers, State Value)			22
<i>Data Source: DelawareHealthTracker.com, unless otherwise noted.</i>				

**Mortality Rates**

Age-Adjusted Death Rate All Cancer	161.4	176.7	207.6	ND
Age-Adjusted Death Rate Due to Breast Cancer	20.7	20.5	20.7	ND
Age-Adjusted Death Rate Due to Colon Cancer	14.5	13.4	ND	ND
Age-Adjusted Death Rate Due to Cervical Cancer	2.2	2.4	ND	ND
Age-Adjusted Death Rate Due to Prostate Cancer	21.8	18.9	ND	ND
Age-Adjusted Death Rate Due to Lung Cancer	45.5	46.5	59.9	ND
Age-Adjusted Death Rate Due to CAD	103.4	111	145.6	ND
Age-Adjusted Death Rate due to Stroke	34.8	41	55.7	ND
Age-Adjusted Death Rate Due to HIV/AIDS	3.3	4.9	20.8	ND
Age Adjusted Death Rate due to Suicide	10.2	12	9.2	ND
Age Adjusted Death Rate due to Unintent. Injuries	36.4	42.1	ND	ND
Age Adjusted Death Rate due to Homicide (DPH)	5.5	8.6	23.5	ND
Age-Adjusted Death Rate Due to Drug Overdose (all substances)(DPH)	11.3	43.8	38.1	ND
Age-Adjusted Death Rate Due to Drug Overdose Any Opioid (DPH)	14.9	37	28.4	ND
Alcohol Impaired Driving Deaths (County Health Rankings)	13	32	ND	ND
Premature Death Rate/Before Age 75 per 100,000 (County Health Rankings)	5400	7400	ND	ND

**Prevention (Immunizations & Screenings)**

Pap Test Past 3 Yrs.	93	78.4	83.7	82.3
Mammogram Past 2 Yrs.: 40+	81.1	78.6	82.6	81.6
Colon Cancer Screening	70.5		59.5	46.3
Flu Vaccinations (entire pop.)(County Health Rankings)(%)	52	53	ND	ND
Adults 65+ w/ Pneumonia Vaccination	90	75.2	ND	ND
Adults 65+ w/ Influenza Vaccination	60.7	66	ND	ND

## Appendix B

### Community Reports

*Cancer Incidence & Mortality in Delaware, 2011-2015*, Delaware Division of Public Health

*Community Health Needs Assessment, 2019*, Christiana Care Health System

*Community Health Needs Assessment, 2019*, Nemours/A.I. DuPont Hospital

*Delaware State Health Improvement Plan, Annual Report 2019*, Department of Health and Social Services

*Delaware Drug Overdose Mortality Surveillance Report, August 2019*, Delaware Division of Public Health

*Investing in Primary Care, A State Level Analysis, July 2019*, Patient Centered Primary Care Collaborative and Robert Graham Center

*Racial Wealth Divide in Wilmington, March 2019*, Prosperity Now and JP Morgan Chase & Co.

*Shedding Light on New Threats, 2017-2022*, Impact Tobacco Prevention Coalition

*The Burden of Asthma in Delaware Update, 2016*, Delaware Division of Public Health

*Westside Grows Together Impact Report, 2012-2017, June 20, 2018*

*Westside Grows Together Neighborhood Revitalization Plan, June 2012*



## Appendix C

### Community Survey

#### **Community Survey Introduction**

Saint Francis Healthcare is conducting a survey to better understand your community's health concerns and needs. The information obtained from the survey will be used to improve your community's health and well-being.

**This survey will take approximately 10-15 minutes to complete.**

Completing this survey helps us identify significant health concerns as expressed by those who know their community best. You will be asked questions that include education, employment, housing, healthcare and other basic needs.

**We appreciate your participation in this survey and please note that all information in this survey will be anonymous and confidential.**

**If you have any questions about the survey or are experiencing technical difficulties, please contact:**

Lisa Schieffert

Manager, Community Benefit and Charity Care Programs

302-575-8212

[Lisa.Schieffert@che-east.org](mailto:Lisa.Schieffert@che-east.org)

**END OF SURVEY**

**Q1. What is the ZIP code you live in?**

Please write a 5-digit ZIP code.

\_\_\_\_\_

**Q2. What is your age group (years)?**

18-29

30-39

40-49

50-59

60-69

70 and older

**Q3. What is your gender?**

Male

Female

Transgender

Prefer not to answer

**Q4. What is the highest level of education you have completed?**

Never attended school

8<sup>th</sup> grade or less

Some high school, but did not graduate

High school graduate or GED

Technical high school

Some college

Associate's degree

College graduate (4 years or more)

Graduate or professional level degree

Other: (please specify) \_\_\_\_\_

**Q5. What is your current employment status? (Check all that apply)**

Employed full time (40 or more hours per week)

Employed part time (up to 39 hours per week)

Unemployed and currently looking for work

Unemployed and not currently looking for work

Student

Retired

Self-employed

Unable to work

**Q6. What is your yearly household income range?**

Less than \$20,000

\$20,000-\$34,999

\$35,000-\$49,999

\$50,000-\$74,999

\$75,000-\$99,999

Over \$100,000

**Q7. Are you of Hispanic, Latino, or Spanish origin?**

No, not Hispanic, Latino or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, other Hispanic, Latino, or Spanish origin:  
(please specify)

\_\_\_\_\_

**Q8. What is your race?**

- Black or African American
- Caucasian or White
- Asian
- American Indian or Alaska Native
- Multi-racial
- Do not know
- Other: (please specify)  
\_\_\_\_\_

**Q9. Would you say your health is:**

- Excellent
- Good
- Fair
- Poor

**Q10. Thinking about your mental health (stress, depression, problems with emotions), how many days during the past 30 days was your mental health not good?**

Number of Days: \_\_\_\_\_

**Q11. What type of health insurance do you have?**

- None/uninsured
- Medicaid
- Medicare
- Tricare
- Children's Health Insurance Program (CHIP)
- Employer sponsored
- Other: (please specify)  
\_\_\_\_\_

**Q12. If you do not have health insurance, why not?**

- I do not qualify
- I cannot afford it
- I do not need it
- I do not want it
- I do not know how to apply
- I had insurance but lost it
- Does not apply to me

**Q13. Where do you go for routine medical care?**

- Doctor's office
- Community Health Center
- Hospital emergency department
- Walk in/Urgent care clinic
- I do not seek primary care
- Other: (please specify)  
\_\_\_\_\_

**14. If you or a household member used a hospital emergency room in the past 12 months, was it due to:**

- An injury that required immediate attention
- An injury that did not require immediate attention but it was the only service available
- An ongoing illness

**Q15. Have you or anyone in your household had any difficulty finding a doctor that treats specific health issues (i.e., *specialist doctors*)?**

Yes

No (Skip to question 17)

**Q16. If yes, what kind of specialist did you need? (Please specify)**

---

**Q17. When was the last time you had an appointment with a dentist or a dental clinic for any reason?**

Within the past year

Within the past 2 years

Within the past 5 years

5 or more years ago

I have never had dental services

I don't know/not sure

**Q18. Have you been told by a doctor/health care provider that you have any of the following health issues? (Check all that apply)**

High Blood Pressure

Heart Disease

Stroke

High Cholesterol

Diabetes

Cancer: (please specify type)

---

Alzheimer's Disease

Respiratory disease (Asthma, COPD)

Sexually Transmitted Disease (HIV/AIDS, Chlamydia, Gonorrhea, Syphilis)

Overweight/Obesity

Mental Health Issues

Drug or alcohol misuse

I do not have any health issues

Other (not listed)

---

**Q19. Please select all that apply to you.**

- I smoke tobacco products or chew tobacco
- I use electronic cigarettes
- I use illegal drugs
- I drink more than 3 alcohol drinks a day
- I am exposed to people smoking at work or home
- I eat fast food more than one time a week
- I wear sunscreen or protective clothing in the sun
- I eat at least 2 servings of vegetables and fruit a day
- I get at least 6-8 hours of sleep every night
- I participate in 30 minutes of physical activity or exercise daily
- I do self-exams for breast cancer or cancer of the testicles, monthly
- I get a flu shot every year

**Q20. What barriers prevent you from accessing healthcare? (*Select only three*)**

- Stigma or a feeling of shame
- Language barriers
- Knowledge of services available
- Limited hours of operation
- Cultural/religious beliefs
- Transportation problems
- Fear of seeking services
- Unable to afford costs for services
- No insurance to pay for services
- I do not know how to find doctors
- I do not understand the need to see a doctor
- No barriers
- Other: \_\_\_\_\_

**Q21. Where do you currently get most of your information about health? (Check all that apply)**

Doctor/ Healthcare provider

Social media

Hospital

Family or friends

Internet

Health Department

Library

Newspaper/magazines

Radio

Church group

School or college

TV

Worksite

Other (please specify):  
\_\_\_\_\_

**Q22. What preventative health screenings are needed for you and your family?**

Blood pressure checks

Cholesterol checks

Pap Test

Mammogram

HIV/AIDS & STDs testing

Diabetes testing

Mental health/depression services/suicide screenings

Vaccination/immunization services

Dental screenings

Wellness checks (Example: annual exam, check-up)

Other (please specify):  
\_\_\_\_\_

**Q23. What do you think are the top three health concerns in your community? (Select only three)**

- Access to affordable & healthy foods
- Affordable housing/ homelessness
- Asthma/breathing problems
- Cancer
- Child abuse/neglect
- Crime/assault
- Dental Health
- Diabetes
- Domestic (family) violence
- Drug & Alcohol use/Addiction
- Family planning/birth control
- Heart disease
- High blood pressure
- Mental Health/illness
- Obesity/Overweight
- Prenatal/infant care
- Sexually transmitted diseases (HIV/AIDS, Chlamydia, Gonorrhea)
- Stroke
- Teen pregnancy
- Tobacco use

Other \_\_\_\_\_

**Q24. From the options below, what is needed to improve the health of your community? (Select only 3 options)**

- Drug and Alcohol Rehabilitation Services
- Job opportunities
- Recreation space (Example: gyms, parks, athletic courts)
- Increase/improve transportation
- Free or affordable health screenings (Example: blood pressure, diabetes, cancer screenings)
- Safe places to walk/play
- Primary care doctors (Example: family practice, pediatricians)
- Specialty doctors (Example: heart specialist, brain and nerve specialist)
- Healthier food options
- Youth organizations/programs
- Weight loss help
- Fall prevention program
- Smoking cessation programs
- Resources for victims of violent crime
- More mental health services/providers
- More dental services/dental providers
- Other: \_\_\_\_\_

**Q25. Please check the types of health education services that are needed in your community. (Check up to 5)**

- Drug and alcohol abuse
- Cancer screening
- Alzheimer's Disease
- Diabetes
- Child abuse/family violence
- Disease prevention
- HIV/AIDS & STDs
- Eating disorders
- Quitting smoking
- Stress management
- Prenatal care
- Dental screenings
- Blood pressure
- Exercise/physical fitness
- Heart disease
- Nutrition
- Mental health/depression/suicide education
- Vaccinations
- Cholesterol
- Asthma/lung health
- Fall prevention education
- Other: \_\_\_\_\_

**Q26. What is your main form of transportation?**

- Public transportation
- My car
- Family/friend's car
- Walking
- Bicycle
- Taxi/Cab/Uber
- Other:  
\_\_\_\_\_

**Q27. In the past year, have you or any family member you lived with been unable to get to any of the following when it was really needed? (Check all that apply)**

- Food
- Housing
- Clothing
- Utilities
- Childcare
- Medicine or any health care (medical, dental, mental health, vision)
- Phone
- Other  
\_\_\_\_\_
- Does not apply to me or my family



**Q28. How would you describe your housing situation?**

- Own a house or condo
- Rent a house, apartment or room
- Living in a group home
- Living temporarily with a friend or relative
- Multiple households sharing an apartment or house
- Living in a shelter
- Living in a motel
- Living in a senior housing or assisted living
- Other (please explain):  
\_\_\_\_\_

**Q29. Has your household ever experienced any of the following food concerns?**

- Food ran out before you got money to buy more
- Not able eat a balanced meal because money was running out
- Adults were unable to eat because of not having enough money
- Children were unable to eat because of not having enough money
- You or your family do not qualify for assistance to help pay for food
- Food assistance does not provide enough for you and your family
- Your household has not experienced food concerns

**Q30. Has lack of transportation kept you from medical appointments, meetings, work or from getting things you needed for daily living? (Check all that apply)**

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- No

**Q31. Check the options below that best describe your experience with violence at home or in the community.**

- I have been in a relationship that has been physically or verbally harmful
- I have been physically or verbally harmed by a caretaker who helps take care of me (*healthcare professional, family member, legal caretaker*)
- I have been physically attacked or threatened in my neighborhood
- I know someone who has been physically attacked or threatened in my neighborhood
- I have no experience with physical or verbal violence in my relationships or my neighborhood
- I choose not to answer
- Does not apply to me

## Appendix D

### Community Engagement Forum Attendees

October 30, 2019

#### Saint Francis Hospital

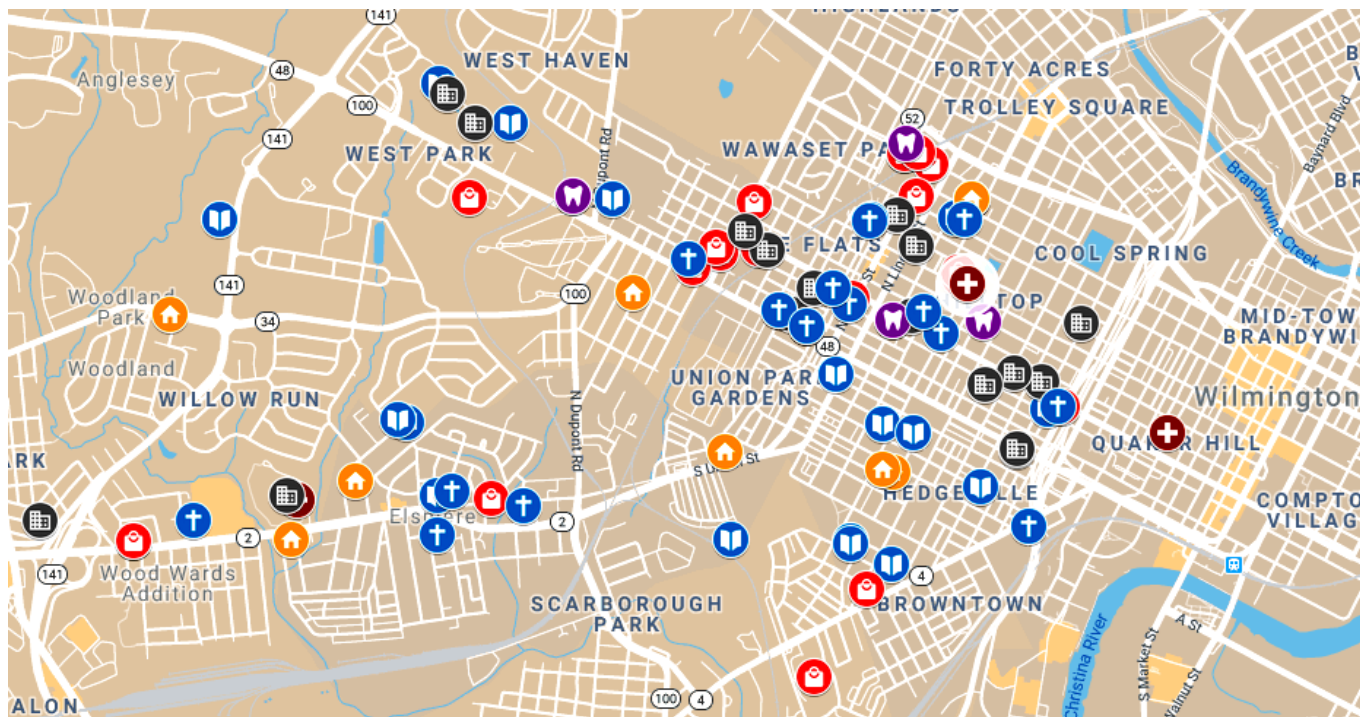
Bianca	Aldegon	Latin American Community Center
Carla	Aponte-Johnson	Christiana Care
Lauren	Arnold	Salvation Army
John	Bates	Ministry of Caring
Rep. Gerald	Brady	General Assembly
Jeanne	Chiquoine	American Cancer Society CAN, Inc.
Matt	Coyle	American Lung Assoc. - DE
Dan	Cruce	United Way Delaware
Frank	Dawkins	AIDS Delaware
Rysheema	Dixon	Wilmington City Council
Laurel	Jones	Nemours
Fritz	Jones	Catholic Charities
Rachel	Kane	Boys & Girls Club
Kevin	Kelley	City of Wilmington
Amanda	Kelly	NAMI
Jonathan	Kirch	American Heart Association
Rev. Tom	Laymon	Sunday Breakfast Mission
Leann	Marcinek	Westside Family Healthcare
		YWCA Delaware Sexual Assault Response Ctr.
Elizabeth	McCourt	
Erika	Narducci	Cancer Support Community Delaware
Maggie	Norris-Bent	Westside Family Healthcare
Kirsten	Olson	Children & Families First
Nicole	Pickles	Cancer Support Community Delaware
John	Pierson	St. Elizabeth School
Rosalia	Ramos	DE Breast Cancer Coalition
Erin	Ridout	DE Coalition Against Domestic Violence
Kadija	Robinson	Ministry of Caring
Sue	Ryan	DE Coalition Against Domestic Violence
Sandee	Sallee	Van Buren Medical
Jose	Santiago	Ministry of Caring
Carrie	Sawyer-Casey	New Castle County Government
Diana	Suchodolski	Meet Me At The Well
Kelli	Thompson	Nemours
Rosalia	Velazquez	Latin American Community Center
Richelle	Vible	Catholic Charities
Dana	Williams	Connections Community Support Programs








## Appendix E: Nominal Group Technique Results

Combined Description	Individual Descriptions	Total Score	Most Votes	Rank
<b>Substance Abuse &amp; Mental Health</b> #1	Addiction	11	3	1
	Residential Mental HC	8	3	3
	Mental Health Services	12	3	2
	Addiction	7	2	5
	Mental Health Services	10	3	2
	SUD/MH System of Care	10	2	3
	Mental Health & Behavioral Health	11	3	1
	Opioid & Mental Health	7	2	4
<b>TOTAL</b>		<b>76</b>	<b>21</b>	
<b>Equitable Access to Care</b> #3	Oral Health Care	7	3	5
	Primary Care Provides	8	2	4
	Access to Reproductive Services	6	2	5
	Access to Health Care	14	4	1
	Access to Affordable Healthcare	6	2	5
<b>TOTAL</b>		<b>41</b>	<b>17</b>	
<b>Housing</b> #4	Safe & Affordable Housing	9	3	4
	Lack of Affordable Housing	16	4	1
	Safe & Affordable Housing	7	2	3
<b>TOTAL</b>		<b>32</b>	<b>9</b>	
<b>Education</b> #5	Lack of Education	11	3	3
	Lack of Education	19	3	3
<b>TOTAL</b>		<b>30</b>	<b>6</b>	
<b>Trauma</b> #2	Undiagnosed Trauma	11	3	2
	Trauma	10	2	2
	ACES/Trauma	7	2	4
	Trauma	15	4	1
<b>TOTAL</b>		<b>43</b>	<b>11</b>	
<b>Food Access</b>	Food Insecurity	6	2	5
	Access to Healthy Foods	11	3	1
<b>TOTAL</b>		<b>17</b>	<b>5</b>	
<b>Violence</b>	Violence	15	4	1
	Violence	8	3	3
<b>TOTAL</b>		<b>23</b>	<b>7</b>	
<b>Poverty</b>	Poverty	8	2	4
	Poverty	9	3	4
	Poverty	11	4	2
<b>TOTAL</b>		<b>28</b>	<b>9</b>	

## Community Resources & Assets

### Community Asset Map for 19805



-  Medical Facilities (4)
-  Dental Providers (4)
-  Physicians & Specialists (28)
-  Education (19)
-  Community Services (19)
-  Senior Living (8)
-  Churches (19)

Saint Francis Hospital is fortunate to be geographically located in an area with numerous community assets. The 19805 community includes many churches, community based organizations, elementary and high schools, homeless shelters, and other service providers, as noted on the asset map above.

In addition, Saint Francis Hospital is part of Westside Grows, a coalition of residents, businesses, churches and community groups working together to improve the quality of life for city residents living in four census tracts surrounding Saint Francis Hospital. The Coalition is one potential resource available to meet community health needs.

Another potential resource to address community health needs is Healthy Communities Delaware, a public/private partnership of state agencies, academia, business, and philanthropy who have a shared mission to fund and support place-based initiatives.

## Appendix F Community Assets

### Education

Odyssey Charter School  
Austin D. Baltz Elementary School  
Casimir Pulaski Elementary School  
St. Anthony of Padua Grade School  
Ferris School  
Academia Antonia Alonso  
All Saints Catholic School  
Cab Calloway School of the Arts  
Bayard Middle School  
Joseph H. Douglass School  
St. Elizabeth High School  
St. Paul Elementary School  
Harvest Christian Academy  
St. Hedwig's Elementary School  
Nativity Preparatory School

### Medical

Nemours/Al DuPont Hospital for Children  
Wilmington Hospital  
VA Medical Center  
Westside Family Healthcare

### Dental

Children's Dental Health of Wilmington

### Senior Living/Assistance

Saint Anthony's Senior Center  
Always Best Care Senior Services  
Fram Center for Active Adults  
Maplewood Housing  
Oak Grove Senior Center Inc.  
Senior Home Service Network  
Claymore Senior Center  
Retired Senior Volunteer Program

### Churches

St. Paul's Catholic Church  
St. Anthony of Padua Church  
Unity Church  
St. Thomas the Apostle Church  
Iglesia Pentecostal De Jesus  
Crossroads Church  
Faith Harvest Worship Center  
Wesleyan Church  
Corpus Christi Catholic Church  
St. Thomas the Apostle Church  
Elsemere Presbyterian  
Christ the Cornerstone  
Unity Church

### Community Based Organizations

Latin American Community Center  
National Association for Mental Illness  
Ministry of Caring  
Catholic Charities  
Connections Community Support Programs  
West End Neighborhood House  
Bayard House  
American Heart Association  
American Lung Association  
Beautiful Gates  
Cancer Support Community  
Child Inc.  
Children & Families First  
Division of Public Health  
Delaware Breast Cancer Coalition  
Delaware Coalition Against Domestic Violence  
Delaware Ecumenical Council  
Salvation Army  
Sunday Breakfast Mission  
United Way  
Wilmington Consortium  
YMCA