



**Delaware Hospitals
and Health Systems
Community Benefit
Annual Report
2011**

**Delaware
Healthcare
Association**

Delaware's Hospitals and Health Systems serve our communities with an eye toward a healthier tomorrow.

Delaware hospitals and health systems save lives and provide care to the sick and injured all day, every day. They also address community health needs in a proactive way. This means moving beyond hospital walls and into neighborhoods of all kinds whether urban or rural, young or old, rich or poor. It means tackling major health issues in Delaware—cancer, obesity, diabetes, heart disease—head on in an effort to keep Delaware communities healthy. That is no simple task. Improving community health is a multi-dimensional challenge for all Delaware hospitals and health systems.

The challenge can be partly expressed in numbers. In 2011, Delaware hospitals incurred costs totaling more than \$407 million for community benefit related programs and services, including \$47 million in charity at cost. Through financial assistance programs, low-income families are provided services free of cost or provided discounted services based on a sliding fee scale. The financial assistance policies, considered a best practice around the country, are a clear indication of commitment to serve every member of the Delaware community, regardless of ability to pay.

As you will see on the pages that follow, community health services mean more than the 24-hour a day, 7 days a week, 365 days a year commitment our hospitals make to patient services. You will find our hospitals working alongside community partners throughout the State to reach vulnerable populations. You will see them at health fairs, providing health screenings and health education to at risk populations. You will find them in our schools where children are learning about healthy eating and the importance of physical activity. You will find them providing care and support to patients as they transition from hospital to home. You will find them in your neighborhood, serving as cornerstone of your community and an economic engine employing well over 20,000 employees.

Across the State, our hospitals strive to make our communities healthier in spite of an ever-changing healthcare environment. The pages the follow highlight some of the programs and services Delaware hospitals provide to ensure a healthier future for all Delawareans.

Delaware Hospitals by the Numbers 2011

Over \$407 million in
Community Benefit
representing 15% of
operating expenses

400,896 Emergency Room
Visits

106,259 Inpatient Discharges

11,444 Babies Born

29,413 Inpatient Surgeries

60,485 Ambulatory
Surgeries

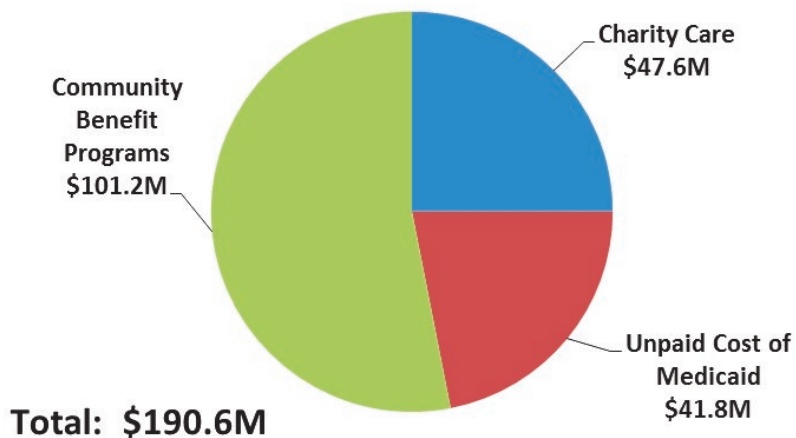
2,544,653 Other Outpatient
Visits at DE Hospitals

20,458 Hospital Employees

\$206 Million paid in Taxes

Combined Financial Contributions: \$407.4 Million

2011 Community Benefit as Defined by the IRS



Category Definitions

Community Benefit Programs

- Community Health Improvement
- Health Professions Education
- Subsidized Health Services
- Research
- Financial and In-Kind Donations
- Community Building Activities
- Community Benefit Operations

Charity Care

- The cost of services which are not billed to patients due to inability to pay or who meet certain financial criteria according to hospital policies.

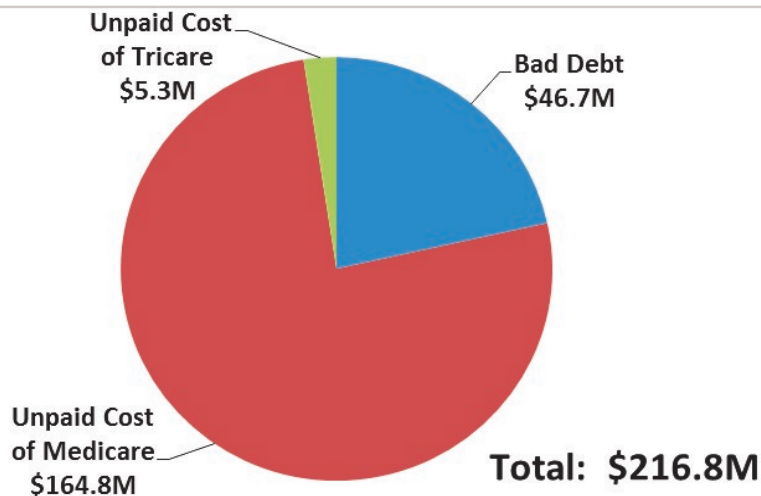
Bad Debt

- The cost of services which are billed but deemed uncollectable.

Unpaid Cost of Medicaid, Medicare & Tricare

- The difference between the cost of services delivered and government payment.

Other Significant Financial Contributions



INCREASING ACCESS TO HEALTHCARE SERVICES

Health insurance coverage is the single most important influence in determining whether or not an adult or child has access to adequate healthcare when sick or injured. Long term health and financial consequences abound for families who do not receive necessary healthcare services in a timely manner. Healthcare costs prohibit families without health insurance from seeking routine check-ups and screenings as well as acute and chronic illness care until the illness has become so advanced that they end up in the emergency room where their illness is more costly and possibly more difficult to treat.

In Delaware, slightly over 14% of adults are without health insurance and 8% of children aged 0-17 are without health insurance. Improved access to effective healthcare means improvements in health status over time.

Cover the Uninsured

Since 2003, Robert Wood Johnson Foundation project - *Cover the Uninsured* inspired tens of thousands of event, helped millions of children and adults in available coverage programs, and elevated the issue of the uninsured on the national agenda. **Saint Francis Healthcare** *Cover the Uninsured* event began as an extension of that program and to respond to growing concerns voiced by our community. St. Francis Healthcare feels the effects of the uninsured on a daily basis and consistently seeks opportunities to reach out and assist the community.

The program began in 2010 on a small scale. St. Francis Healthcare offered various health screenings and sought opportunities to showcase the services we had to offer the community. Staff reached out to churches, community centers, health care facilities, community services, social workers and

the state of Delaware to assist with being able to offer available coverage plans for the participants. Our hope was to be able to have the participants become aware of the services the facility offered to the community and to help them navigate thought the maze of modern healthcare.

Since program inception, 240 people have attended the event and were able to access care and available coverage. Many of those who attended were also scheduled for further medical screening on the spot.



When long term uninsured children do not see doctors, they are twice as likely as insured children to make their doctor visits in emergency rooms which are more expensive than regular doctor visits.

Source: Families USA, www.familiesusa.org

Medical Home for Foster Children

In 2011, **Nemours/Alfred I. duPont Hospital for Children** became the “medical home” for primary care services for children in Delaware’s foster care system. Children in foster care often run the risk of having their health needs go unmet or unrecognized. Nemours developed the partnership with the state’s foster care program, which serves more than 1,200 children annually.

Nemours physicians now see children in foster care for an initial screening required within 72 hours of placement and a comprehensive evaluation within 30 days. Ongoing primary and preventive care can be provided at one of 10 Nemours Pediatrics sites closest to the foster care home.

In addition, the child’s medical history is incorporated into the

Nemours electronic health record to ensure coordination of care and continuity should the child leave the state, go elsewhere for care or age out of the program.



WELLNESS & PREVENTION

CANCER

From 1993–97 to 2003–07, Delaware’s cancer incidence rate decreased 1.8 percent, compared to 2.1 percent nationally. The decline was greater for Delaware males (4.4 percent) than females (1.4 percent) and for African Americans (8.8 percent) compared to Caucasians (0.6 percent).

Declines in cancer mortality have been more significant. During this same time, Delaware’s cancer death rate decreased 18 percent, compared to 12.1 percent nationally. The decline was greater for Delaware males (22.4percent) than females (15.2 percent) and for African Americans (33.2 percent) compared to Caucasians (15.7percent).

Despite Delaware’s progress in reducing the state’s overall cancer burden, Delaware’s 2003–07 cancer incidence rate (510.6 per 100,000) was 7.8% higher than that of the U.S. (473.6 per 100,000). There is still much work to be done, particularly concerning lung, prostate, and colorectal cancers.

Source: Delaware’s Cancer Incidence and Mortality Report 2003-2007, published March 2012.

Cancer Prevention and Support Services Program



St. Francis Healthcare Prevention and Support Services Navigators provide patients with personalized service from education on prevention to screenings to navigating through the complexities of barriers that a patient may encounter in the healthcare system.

Saint Francis Healthcare offers a full array of services and state-of-the-art technology for early detection, diagnosis and treatment including surgery and Chemotherapy on site. At Saint Francis Healthcare we are doing our part to help alleviate the burden that cancer can have on patients and their families.

Consistent with the mission of Saint Francis Healthcare, we strive to provide and promote health programs and to be a

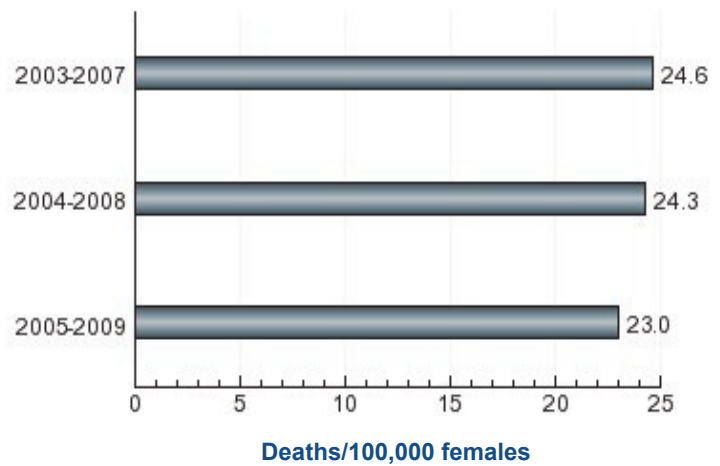
compassionate, healing presence in the communities we serve.

The Cancer Prevention and Support Services have made it possible for patients to get health insurance and pay for their cancer treatment, this program has offered navigation services, transportation and financial assistance. St. Francis Healthcare is in the heart of the city and serves many. The presence of our Cancer Prevention & Support Services within the city limits allows patients not to have to travel out of their comfort zone and come where it is convenient.

The program has experienced over 1,500 encounters since it launched in July 2005 as a result of a recommendation made by the Delaware Cancer Consortium.

According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the U.S. The greatest risk factor in developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

Age Adjusted Breast Cancer Death Rate: State of Delaware



Women for Health Peer Educators

Through **Christiana Care Health System**, Latinas are learning about breast health and cancer screenings, essential information they can share with others as “promotoras”—promoters of health education—to Delaware’s rapidly-expanding Hispanic community. They are liaisons between the health care system and the community who take what they learn about the importance of breast screenings and breast health back into their communities and teach others – their moms, sisters, neighbors, church goers, etc.

Christiana Care has bilingual outreach workers who train the promotoras so they can help share information with their friends and family on how to stay healthy and understand the importance of early detection. Among Hispanic women, breast cancer is the leading cause of cancer death among Hispanic women, according to the American Cancer Society. Hispanic women are 20 percent more likely to die from breast cancer than non-Hispanic white women diagnosed at the same age, often because the cancer is diagnosed at a later stage, according to ACS Cancer Facts. Within the past year, 41.7 percent of Hispanic women



had a mammogram, compared to 53 percent of non-Hispanic white women.

In Fiscal Year 2011, 68 women were referred for breast cancer. Eleven completed mammograms and eight women were enrolled into the Screening for Life Program.

Josefina Hernandez knows firsthand how important it is to get an annual mammogram. Her regularly scheduled screening detected Stage I breast cancer, an early form of the disease that is highly treatable. “I would have never found out that I had cancer if I hadn’t had my mammogram,” she says. “Now, I tell my kids, my sisters, my family, so that they will know.”

Breast Cancer Screening Program

Initiated in conjunction with the **Bayhealth Medical Center** Advocacy Navigator Breast Cancer Program, the Breast Cancer Screening program focuses on the needs of uninsured and underinsured women. Originally targeted towards women under the age of 50, the program has expanded to include women of all ages, particularly Medicare-eligible women, who are at higher risk for breast cancer but less likely to have annual screenings.

Partnerships with several community organizations, such as New Castle's Mature African Americans for Mammography Coalition, are a vital part of the program. In addition, *Bayhealth* has created a position for a dedicated Breast Care Coordinator in order to facilitate scheduling and follow-up imaging when necessary. Grants from the National Breast Cancer Foundation and Susan G. Komen for the Cure have made it possible for *Bayhealth* to eliminate the nominal fee originally associated with the screenings. Screening mammograms continue to be offered monthly at Kent General, Milford Memorial, and Middletown Medical Center.

Delaware's breast cancer incidence rates are higher than the national average, with the *Bayhealth* service area's rates the highest in the state. 20% of Kent County female residents 40+ have not had a mammogram in the last 2 years. *Bayhealth* is working to increase awareness of and screening for breast cancer in local communities. Since inception, the *Bayhealth* Breast Cancer Screening Program has served 111 individuals and has reduced the fee associated with mammograms, from \$50 in 2000, to \$15 in 2007, and to \$0 in 2009.



“Girls Night Out”

Through continued support, partnerships and the passion of its staff, **Nanticoke Memorial Hospital** expanded outreach and education activities. Nanticoke held its second annual “Girls Night Out” event. The goal for this event continues to be to reach women with breast health education including information on breast self-exams and the importance of annual mammography screenings. To reach more women, Nanticoke combined educational information with a night of fun and games. Nearly 250 women attended this inaugural event. Representatives from the Nanticoke Cancer Care Center, The Delaware Breast Cancer Coalition, and the American Cancer Society came together to share information. During the year, Nanticoke has connected with hundreds of women providing education about mammograms.

CHILDHOOD OBESITY

Over the past three decades, childhood obesity has nearly tripled. According to the CDC, the percentage of children aged 6–11 years in the United States who were obese increased from 7% in 1980 to nearly 20% in 2008. Similarly, the percentage of adolescents aged 12–19 years who were obese increased from 5% to 18% over the same period.

Childhood obesity has immediate and long term health effects. Obese children are more likely to have high cholesterol, high blood pressure, and experience chronic life long conditions such as diabetes and heart disease. Healthy lifestyle habits—healthy eating and physical activity—can greatly reduce the risk of developing obese related diseases.

There is some evidence that childhood obesity may be on the decline in some major cities across the U.S. that have actively promoted school-based policies and program highlighting healthy behaviors. Schools play a particularly critical role by providing opportunities for students to learn about and practice healthy eating and physical activity.

Make School a Moving Experience

Make School a Moving Experience, a physical activity initiative developed by **Nemours**, offers training, resources and support to 13 school districts and their wellness councils throughout the state of Delaware. The program encourages 150 minutes of moderate to vigorous physical activity per week and works with schools and educators to create their own combination of physical education, classroom activities, recess activities and other modified approaches to ensure that kids get moving throughout the day.

As a result of these partnerships, physical activity is becoming embedded in school routines and schedules of more than 40,000 students annually. Studies have shown that increased physical

activity not only improves levels of fitness, it also improves student behavior and academic achievement.

“Brader Elementary has had a culture of health and wellness for a long time. Even with this high level of fitness awareness already existing on our part, our physical education teacher is constantly on the look-out for programs that produce results. Because of her prior dealings with Nemours, it was natural to work in the Make School a Moving Experience initiative.”

-Heather Buchanan, Principal, Brader Elementary School, Newark, Delaware

57.6% of Delaware Schools do not sell less nutritious foods and beverages anywhere outside the school food service program.

11.0% of Delaware Schools always offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations whenever foods and beverages were offered.

58.4% of Delaware Schools prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations.

Source: CDC, Division of Adolescent and School Health. The 2010 School Health Profiles.

CHRONIC DISEASES

Diabetes

In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

In Delaware, in 2010, approximately 67,000 adults or 8.7% of the total adult population has been diagnosed with diabetes. This is up from 8.1 % in 2009.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be \$116 billion nationally.

Blue Prints for the Community

Nanticoke Memorial Hospital was awarded the Blue Cross Blue Shield Blue Prints for the Community to improve access to care for members of the Western and Central Sussex County Hispanic Community. This grant is being used to expand Nanticoke's education outreach program for early and adequate prenatal care at LaRed. This includes education about prenatal nutrition to reduce the risk of developing gestational diabetes. The program also includes helping women manage their gestational diabetes to prevent complications during pregnancy.

Education related to early childhood nutrition to reduce the risk of obesity and diabetes among the target population is also provided. According to the American Diabetes Association, members of the Hispanic community are twice as likely as Caucasians to develop diabetes. That's why continuing the education to include nutrition for new families is so important.

This educational program is implemented by a bilingual registered nurse in cooperation with LaRed Prenatal Healthcare services in Georgetown, Delaware. During the first few months of the program, 28 patients with GDM or Type II

diabetes have been provided testing materials and focused educational sessions on proper nutrition for both mother and baby. An additional 257 patients have received nutritional and physical activities education for both themselves and their children. Support and education from a Lactation Consultant has also been provided to new Hispanic mothers promoting the benefits of breastfeeding. The program is expanding to include education at local preschool and Head Start centers.



The percentage of Delaware's population over age 65 will increase over the coming decades and with it, older adults will have increasingly complex healthcare needs requiring increased healthcare services. But research has shown that poor health does not have to be an inevitable consequence of aging. According to the CDC, older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain healthy, live independently, and incur fewer health-related costs. The CDC emphasizes that an essential component to keeping older adults healthy is preventing chronic diseases and associated complications. Currently, 80% of adults aged 65+ have at least one chronic condition; 50% of those over 65 have 2 or more chronic conditions. This is why efforts to prevent or reduce the risk of disease must be pursued.



STEPS to Healthy Aging Program

Bayhealth Medical Center initiated the STEPS to Healthy Aging Program in 2006. Resulting from the merger of 2 programs, Seniorsfirst and Mall Milers, the STEPS Program offers free membership to anyone 50+ or older in the Bayhealth service area with the intent of providing preventative healthcare and health strategies to help seniors maintain an active quality of life.

Membership offers access to educational workshops covering topics of interest to the 50+ cohort: the benefits of screenings; recommendations for daily activity and health diet options; safety precautions for seniors both inside and outside the home; disease management of common senior health issues.

Members are encouraged to attend Bayhealth's weekly free blood pressure screenings and regularly-scheduled osteoporosis clinics, both of which are open to the public. Additionally, many STEPS members initially discover the program through attending a free community screening and gaining access to information on adopting a healthier, more active lifestyle.

Each August, members enjoy a celebratory appreciation breakfast for STEPS members, during which a Bayhealth administrator addresses the group.

The percentage of Delaware residents over the age of 50 is higher than the national average, bringing a range of health issues to the forefront in the Bayhealth service area. 30-40% of those we serve are overweight or obese. Of local residents 65 or older, 36% do not regularly get the flu shot. Additionally, 25% of local residents 75+ have never had a colonoscopy. The STEPS program strives to improve these statistics through educational interventions in the local communities.

Heart Disease

Heart disease is a term that encompasses a variety of different diseases affecting the heart and is the leading cause of death in the United States accounting for 25.4% of total deaths. The most common type in the United States is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias. Coronary artery disease occurs when plaque builds up in the arteries that supply blood to the heart and the arteries narrow (atherosclerosis). There are many modifiable risk factors for atherosclerosis including tobacco smoking, obesity, sedentary lifestyle, and high levels of low-density lipoprotein in blood serum. Moreover, it is important to note that heart disease is the number one killer of women in the United States.

Delaware's age adjusted death rate due to heart disease decreased from 202 deaths per 100,000 in 2004-2008 to 190 per 100,000 in 2005-2009. However, prevalence of high blood pressure—a risk factor for heart attacks and strokes—has increased from 29.3% in 2007 to 34.8% in 2011. Similarly, the prevalence of high cholesterol - another major risk factor for heart disease—has increased from 30.3% in 2007 to 40.6% in 2011. Lowering both indicators for people of all ages is important to the overall health of our State.

Making Women's Health Our Business

Nanticoke Memorial Hospital expanded efforts in women's health to include outreach and awareness around women and heart disease. Nanticoke partnered with *The Heart Truth*®, a division of the National Heart and Lung Institute to develop and implement a community awareness campaign. Through the use of local Red Dress Ambassadors, the message of preventing heart disease as well as knowing the signs and symptoms was delivered in various formats beginning in the fall of 2012 and culminating with *From The Heart. For The Heart.* luncheon featuring former first lady Laura Bush as the keynote speaker. While over 400 people attended this event, numerous cholesterol and blood pressure screenings reached over 600 people during the campaign and promotional activities reached community members throughout Sussex County and in several northern communities.



A collaborative effort of community members, community resources and three area hospitals has begun in Sussex County, Delaware. The mission is to make Sussex County one of the healthiest in the nation by addressing health issues and working toward optimal health. The collaborative's objectives are threefold: 1) Identify and address health disparities; 2) Identify and address health education needs; and 3) Positively impact health behavior.

Healthier Sussex County

Beebe Medical Center, Bayhealth - Milford, Nanticoke Health Services and several other health and community organizations have joined together to support all Sussex County residents in the quest to achieve better health.

The first two Healthier Sussex County initiatives began in July 2012. The primary goals include increasing the number of residents in Sussex County who receive **diabetes testing** and self-management education, and to increase compliance with recommended **breast cancer screenings** among women in the county.

Results of both objectives will be tracked to see how they impact health risk factors of Sussex County residents. Healthier Sussex County can report that the Diabetes Care Pilot Program comprised of ten physician practices beginning on July 1, 2012 is well underway.

The Mammography Task Force of Healthier Sussex County hosted a film premiere in September 2012 (planning began in 2011) of a documentary, *Sharing Our Story, Saving Our Sisters*, that shares the stories of breast cancer survivors and information from experts to educate women about the importance of breast cancer screening. The event also provided breast health education to the more than 300 women who attended and encouraged women in Sussex County in underserved populations to schedule mammography appointments.

The next focus of the Mammography Task Force is to increase the use of the Mobile Health Screening Van throughout the state of Delaware (Van program is supported through the State of Delaware, the Breast Cancer Coalition and other sponsors). This van provides mammography screening for women in the state.



SUPPORTING COMMUNITY BASED CARE

REDUCING AVOIDABLE HOSPITAL READMISSIONS

Reducing avoidable hospital readmissions takes collaboration among a full range of healthcare settings and stakeholders beyond the "hospital walls," and requires understanding and attending to the experiences of patients over time, across settings.

Patients with complex medical needs coupled with social and behavioral factors are most at risk for frequent, yet often times preventable, visits to the Emergency Department where care is provided at costs higher than care received in a community setting. This underscores a growing consensus among healthcare professionals that, to serve the needs of the small percentage of the population driving up healthcare costs, healthcare providers must take a closer look at what is happening outside hospital walls and find ways to support their community partners in caring for patients with multiple needs. In fact the U.S. Department of Health and Human Services estimates that only 10 percent of personal health is influenced by healthcare, with other socio-economic and behavioral health factors rounding out the other 90 percent.

Project Engage

Christiana Care Health System's Project Engage identifies, refers and enrolls patients into community-based substance abuse disorder treatment, reducing subsequent hospitalizations and other costly health care services. The program, founded on a "low tech" approach, includes peer-to-peer counseling. Onsite Engagement Specialists who are recruited, trained and supervised by our partner Brandywine Counseling and Community Services work directly and intensely with patients who have been identified as being addicted or misusing drugs and or alcohol after they arrive at Wilmington Hospital or Christiana Hospital. Key to the success of the program is engaging patients during such "reachable moments" and identifying barriers to intervention efforts.

The project has resulted in 274 patients entering Substance Use-Disorder Treatment. Findings for 55 patients involved in two pilot studies showed a decrease in insurance claims and inpatient medical admissions and emergency department visits. The total savings equaled \$264,656.



"This is one of very few programs in the nation designed to go after inpatient admissions and create an opportunity to engage people in community care," said Terry Horton, M.D., Chief of Addiction Medicine and faculty in General Internal Medicine. "Through Project Engage, we are breaking down the myth that these patients cannot be engaged in their health. These individuals now have the hope that they can become healthy."

Beebe CARES—Care Coordination, Access, Referral to community-based resources, and Empowerment

Beebe Medical Center's transitional-care initiative was implemented as a pilot in early-2012 to improve and maintain the health of patients with chronic illnesses such as heart failure after they are discharged from the hospital. The initiative also was focused on reducing the hospital's costs and utilization that is caused by a small number of chronically ill patients. The Beebe CAREs team, under the direction of Population Health Director Megan Williams, FNP-COPC, identified 12 patients who had been readmitted more than three times in one year, and who were considered high risk for re-admission and enrolled them into the pilot.

The team worked closely with these patients to set personal, motivating goals as part of the transition program. The patients were educated on health red flags that would lead to readmission, and on their specific medications and treatment. Meanwhile, the Beebe CAREs team also communicated with family members and/or caregivers, as well as agencies such as home health, to make sure that the patients had the support they needed to stabilize their chronic illnesses. The program has had 390 encounters since it was launched last year.

The 90-day pilot program results demonstrated a 49% reduction in readmissions, a 45% reduction in the average length of stay, a 95% improvement in the average transition skills score, and a 44% improvement in the average quality of life.

Due to these results, the full-scale Beebe CAREs program was implemented in December 2012. It is estimated that about 240 patients a year will be provided with this additional care and support through their transition from hospital to home.



Sunday Breakfast Mission

Christiana Care Health System is expanding its commitment to the Sunday Breakfast Mission and those who are in need by sponsoring a new medical program created by Reverend Thomas Laymon. Upon the completion of the Sunday Breakfast Mission family shelter, Christiana Care fully-equipped a nurse's suite at the Mission so it is now able to offer free exams and offer non-acute medical care to those it serves. Modeled on a program that Rev. Laymon pioneered in Detroit, the program can actually reduce unnecessary Emergency Department visits. Some of the patients who present at the emergency departments at both Christiana Hospital and Wilmington Hospital are also served by the Mission. Christiana Care equipped two patient examination rooms, a nursing work area, and a laboratory. In late April, Christiana Care delivered furniture and supplies. Equipping the new clinic is only the first step in our continued support of this transformative program.



DELAWARE HEALTHCARE ASSOCIATION

Purpose

Established in March 1967, the **Delaware Healthcare Association (DHA)** is a statewide trade and membership services organization that exists to represent and serve hospitals, health systems, and related healthcare organizations in their role of providing a continuum of appropriate, cost-effective, quality care to improve the health of the people of Delaware.

Mission

- Provide members with the resources needed to stay current about healthcare issues and their impact.
- Recognize the provision of healthcare services is constantly evolving and changing to better serve patients and their communities.
- Promote effective change in the provision of healthcare services through collaboration and consensus building on healthcare issues at the State and Federal levels.
- Provide effective advocacy, representation, timely communication, and information to our members.

Who We Are

Wayne A. Smith, President & CEO

Suzanne E. Raab-Long, Executive Vice-President

Lisa A. Schieffert, Director, Health Policy

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