Introduction

This volume of the 1999 Community Needs Assessment provides an inventory of a variety of studies which have assessed the social, health and economic needs of Delawareans. A number of reports representing small community studies and statewide needs assessments of special populations, as well as data collected from focus groups and two telephone helplines (Delaware Helpline, Contact Delaware), have been examined to determine what is known about the health and social service needs of Delawareans. The assessments, reports, and data reviewed here include:

- The ABC Evaluation: The Early Economic Impact's of Delaware's A Better Chance Welfare Reform Program, by DHSS-DSS
- Access to Jobs / Reverse Commute Application, of Delaware Department of Transportation and Delaware Transit Corporation
- Adolescent Substance Abuse in Delaware, by CUAPP
- Affordable Housing Finance Needs Assessment, by The First State Community Loan Fund (Terry Kreer)
- Alcohol, Tobacco and Other Drug Abuse Among Delaware Students, by UD - CCD - The Center for Drug and Alcohol Studies

Annual Report and Strategic Plan Annual, by Delaware Health Care Commission; includes:

2. Delaware Health Care Commission Committee on Managing Managed Care: Recommendations for Regulating Managed Health Care
3. Delaware Without Health Insurance: A Demographic Overview
4. Options for Medicaid Managed Long Term Care in Delaware: Executive Summary


Barriers to Food Security in Wilmington: Problems in Access to Affordable, Nutritious Food, by CUAPP - CCDFP

Care & Services for Adults with Disabilities in Delaware, By Cari DeSantis - for The Longwood Foundation - Easter Seals of DE and MD Eastern Shore

CAREVan Data, by Ingleside Homes

Client Satisfaction Survey Results for Wilmington, New Castle County, Kent County and Sussex County, by DHSS - Delaware State Service Centers

A ‘Competitive Advantages’ Analysis of Wilmington, Delaware Economy: 1990-1995, by UD - CHEP - SUAPP

CONTACT Delaware Helpline Statistics, by CONTACT Delaware
Crime & Justice in the Enterprise Community: The Public’s View, by CHEP - SJAPP and CCDFP


Crime, Public safety & Police Service: Attitudes of Wilmington Residents, by CHEP - CCDFP

Delaware Career Compass: Charting Your Course, by Delaware Dept. of Labor

Delaware: Child Care Challenges, by Children’s Defense Fund


Delaware Helpline Data, by Delaware Helpline

Delaware Jobs: What Do They Offer?, by Delaware Department of Labor, Office of Occupational and Labor Market Information

Delaware Monthly Labor Review: November 1998, by Delaware Dept. of Labor

Delaware Perinatal Board Progress Report, by Delaware Perinatal Board

Delaware Regional Job Access Transportation Business Plan (draft), by Delaware Transit Corporation and KFH

Delaware Tomorrow 1997, by Delaware Dept. of Labor

Delaware Wages 1995, by Delaware Dept. of Labor

Delaware Women: Where Are They Working - by the Delaware Department of Labor: Office of Occupational and Labor Information and the Delaware Occupational Information Coordinating Committee

Delaware’s Continuum of Care Narrative: Gaps and Priorities, by Homeless Planning Council

Demographic Packet, by DHSS - Division of Services for Aging and Adults with Physical Disabilities

Domestic Violence: An Inventory of Programs and Policies - Report I: Community-Based Service Organizations, by CUAPP - CCD

Domestic Violence: An Inventory of Programs and Policies - Report II: Educational Institutions, by CUAPP - CCD
Domestic Violence: An Inventory of Programs and Policies - Report III: Emergency Shelters and Transitional Housing Programs, by CUAPP - CCD

Domestic Violence: An Inventory of Programs and Policies - Report IV: Advocacy Organizations, by CUAPP - CCD

Domestic Violence: An Inventory of Programs and Policies - Report V: Health Care Treatment Services, by CUAPP - CCD

Domestic Violence: An Inventory of Programs and Policies - Report VI: Enforcement Services, by CUAPP - CCD

Domestic Violence: An Inventory of Programs and Policies - Report VII: Survivors’ Perspective on Emergency and Support Services, By CUAPP - CCD

Empowerment Zone/Enterprise Community Strategic Plan for Wilmington, Delaware: Capturing the Potential of Wilmington’s Future - prepared by Kise, Straw & Kolodner with Urban Partners for the City of Wilmington

Enterprise (Wilmington) Community Evaluation Design: An Assessment of the Program’s Implementation and a Framework for Future Evaluation, by SUAPP - CCDFP

Enterprise Community Progress Report: January 1, 1995 - June 30, 1996, by Enterprise Community

Evaluation of the Wilmington Weed & Seed Program January to December 1995, by State of Delaware - Executive Department - Statistical Analysis Center

Family Survey Report, by Center for Disabilities Studies (CDS), University of Delaware, Interagency Resource Management Committee

Final Report: Delaware Alcohol and Drug Prevalence Survey, by CUAPP - DHHS - CSAT

Findings and Recommendations to the Complaint of the Coalition for Equal Justice in Public Education, by State of Delaware - Human Relations Commission

Focusing on Information Sources for Delaware’s Developmental Disabilities Community, by UD - CUAPP - Delaware Public Administration Institute

History Report: Services Integration in the State of Delaware - Robert B. Denhardt and Joseph W. Grubbs, CCDFP

Homebound Seniors by Zip Code, by Meals on Wheels

Homelessness in Delaware, CUAPP/Urban Agent Division, in cooperation with The Salvation Army

Homelessness in Delaware Revisited, by CUAPP - CCDFP

Hunger: The Faces and Facts 1993 - prepared by the VanAmburg Group, Inc. for the Food Bank of Delaware
Hunger: The Faces and Facts 1997 - prepared by the VanAmburg Group, Inc. for the Food Bank of Delaware

The Impact of a Boys and Girls Club Facility / Component A: Baseline Analysis, by CUAPP

Juvenile Victims and Their Perpetrators, by State of Delaware - Executive Department - Statistical Analysis Center, in conjunction with the Attorney General’s Task Force on Child Victims

Lenders’ Profile of Southern Delaware, by Community and Consumer Affairs Dept - Federal Reserve Bank of Philadelphia

The Location of Critical Businesses and Services in Wilmington, Delaware, by CHEP - CCDFP

1995 Vital Statistics Annual Report, by Delaware Health and Social Services

1997 Delaware Behavioral Risk Factor Survey, by DHSS - DPH - CDC

1997 Delaware Medical Assistance Program Annual Report - DHSS, DSS

1996 Surveillance Report: Division of Public Health, Office of Lead Poisoning Prevention (OLPP) - Russell Dynes, OLPP

1996 Vital Statistics Annual Report, by Delaware Health and Social Services

No Home, Poor Health: Final Report of the Wilmington Homeless Health Care Study, by CUAPP - Urban Agent Division

The “Persistent Emergency” of Hunger: Food Pantry Usage in Delaware - by Karen Curtis and Brian Green of CUAPP

Prevalence and Need for Treatment of Alcohol/Drug Abuse Among Women in Delaware, by Roberta Murphy, Christine Saum, Dorothy Lockwood, Karen Cerra and Steven Martin

The Prevalence and Treatment of Alcohol and Other Drug Abuse and Dependence among the Sheltered Homeless in Delaware, by CCDFP - CHEP

Protection From Abuse Act Statistics for Calendar Year 1997, by The Family Court of Delaware

(Public Perceptions) 1997 Statewide Poll on the Condition of Education in Delaware - Summary of Results, by UD - College of Education - Delaware Education Research and Development Center

Public Perceptions of the Condition of Education in Delaware - Summaries of Results of Comparisons of African-American Households to Caucasian-American Households, by UD - College of Education - Delaware Education Research and Development Center
The Realities of Poverty in Delaware (1989 - 1999 Updates), by Public Assistance Task Force

Secondary Conditions and Community Integration Among Delawareans with Traumatic Brain Injuries: A First Look, by Ed Ratledge, CADSR

Service Provider Survey, prepared for Division of Child Mental Health Services - Department of Services for Children, Youth and Their Families - State of Delaware, by University of Delaware - College of Human Resources, Education and Public Policy - Center for Community Development and Family Policy

State of Delaware Consolidated Plan, Fiscal Year 1998 Annual Action Plan for period 7/1/98 to 6/30/99 (Document number 10-03-98-05-01), by Delaware State Housing Authority

Statewide Housing Needs Assessment: Executive Summary and Technical Summary, by Prepared by Legg Mason Realty Group, Inc. for Delaware State Housing Authority

Substance Abuse and Need for Treatment Among Criminal Justice Detainees in Delaware 1995 -- Steven S. Martin, Center for Drug and Alcohol Studies, CUAPP

Substance Use and Abuse Patterns of Delaware Youth: Implications for Treatment Services Planning Summary Report (and Interim Draft Report), by Delaware Department of Health and Social Services - Division of Alcoholism, Drug Abuse and Mental Health

The Need for Supported Housing in Delaware: A Survey of Existing Data, by Independent Living

The Needs of Delawareans with Disabilities: A Five Year Plan for Strengthening Person’s and Families’ Community Supports, by Community Systems and Services Inc.

A Turning Point: A Series of News Journal Special Sections, by The Wilmington News Journal, CADSR

Urban Neighborhoods: Opportunity for Community Reinvestment Act Investment - Dr. John E. Stapleford and Dr. Francis X. Tannian, Bureau of Economic Research, College of Business and Economics, UD

Wilmington Area Community-Based Development Project: First Year Report - by Raheemah M. Jabbar-Bey, CUAPP

Year 1 -1997: A Report on the Focus Groups (Study Circles on Racism and Race Relations; New Castle County, Delaware, by Study Circle Resource Center and the YWCA of New Castle County, Delaware

While each report differs in its scope and methodology, each has been assessed for its contribution to the understanding of problems and needs in thirteen categories corresponding to the National taxonomy of exempt entities (NTEE) Classification Codes. These are: children/youth problems/needs; civil rights problems/needs; crime and legal services problems/needs; problems/needs of the disabled; problems/needs of the disabled; emergency assistance problems/needs; employment problems/needs; health/health care problems/needs;
housing problems/needs; parenting problems/needs; public infrastructure problems/needs; and victim assistance problems/needs. In addition, any data pertaining to the supply of services and or problems Delawareans encounter when trying to obtain services is also documented. We also document the source of the report or data, the geographic area of the state addressed, and the kinds of information/data used. A summary table listing each report and its area(s) of study is provided in Appendix A for easy reference.

Problems/needs relating to the above areas, as well as barriers to service, were also explored through a telephone survey of 1,200 Delawareans, four focus groups in the City of Wilmington, suburban New Castle County, Kent County, and Sussex County, and a mailed survey of 141 nonprofit and government service providers. The results of these surveys and focus groups can be found in Volume 4: Responses from Surveys of Households and Service Providers and Focus Group Report. A synthesis of the data collected through the surveys, focus groups, and this inventory of needs assessments is provided in Volume 2: Synthesis of Survey and Focus Group Findings and Existing Needs Assessment Reports. Together with Volume 1: Executive Summary, these reports comprise the entire 1999 Community Needs Assessment prepared by the Center for Community Development and Family Policy for the Budget Office, State of Delaware.
Delaware’s A Better Chance Program was one of the first state welfare reform programs. Since welfare reform is such a major issue nationwide, it is important to evaluate the impacts of the ABC program. This evaluation measured and compared outcomes of those who had randomly been chosen to participate in ABC and those who remained under the AFDC program.

Results:

• After one year of follow-up, ABC participants had higher employment rates (56% vs. 45%) and higher average earnings ($167 or 16% more in the fourth quarter) than control group (AFDC) members.
• Average welfare payments were lower ($76 less in the fourth quarter) for ABC than AFDC participants.
• The program did not have a statistically significant impact on overall rates of welfare receipt, likely because working ABC recipients retain their eligibility longer than under AFDC.
• Participants had knowledge of many of the ABC rules but did not understand the details.
• Compliance problems led to high sanction rates in the ABC group.
• ABC recipients were somewhat less likely (50% vs. 63%) than AFDC recipients to attribute leaving the program to increased earnings.
• ABC had little impact on employment and welfare receipt for the least and most disadvantaged recipients.
• ABC did not affect utilization of other public and private assistance or total household income.
A section of this grant application details the unmet public transportation needs of individuals in Delaware’s ABC program. These are divided into four primary sections: The overall need and service needs for each of the three counties.

THE OVERALL PUBLIC TRANSPORTATION NEED
- The fixed bus routes do not serve where some ABC clients live, where the jobs are, or where child and adult day care facilities are located.
- The fixed bus routes do not operate at the hours or days when ABC clients need to get to work - especially if they are involved or can be involved in shift work.
- The fixed bus route fares are prohibitive, especially during the first few months ABC clients are working.
- There are almost no fixed bus routes in rural areas of the state.
- Information about bus routes and times is difficult to obtain, making it difficult for ABC clients and caseworkers to use existing transportation services. There is a general lack of understanding concerning public transportation options by ABC clients.

NEW CASTLE COUNTY SERVICE NEEDS
- No Sunday service - affecting workers who need to work then, especially in the retail sector.
- Many people live beyond a reasonable walking distance to fixed route bus stops.
- Lack of late night service - persons working third shifts are unable to utilize fixed route bus service.
- Lack of service in Southern New Castle County - the only fixed bus route operating below the canal is the 301 Intercounty service, creating problems
employment access for these residents.

KENT COUNTY SERVICE NEEDS

• No fixed route bus service on evenings or weekends in the Dover area, when many ABC clients would need to get to work.
• Many people live beyond a reasonable walking distance to fixed route bus stops.
• No service to rural areas of Kent County. About 1,500 client families in Kent County live outside the fixed route service area and do not own a car.

SUSSEX COUNTY SERVICE NEEDS

• Overall lack of service. Currently, only three fixed bus routes run in the entire county, and these offer only two or three runs each way per day. In addition, service to the shore, where resort and outlet jobs are, ends in mid-afternoon.
• There are no fixed route bus services in Sussex County on Saturday or Sunday, when many people need to get to work.
• More inter-urban connector routes within Sussex County are needed. The only connections currently available in Sussex County are from Laurel to Millsboro and Georgetown, and from Georgetown to the shore communities.
• Most of Sussex County has no service at all. About 1,000 client families in Sussex County live outside the fixed route service area and do not own a car.
Adolescent Substance Abuse in Delaware

Debra Brucker

1995

Analytic Paper, College of Urban Affairs and Public Policy

New Castle County, Kent County, Sussex County and the City of Wilmington.

The 1993 Public School Survey, the Perspectives, Activities, and Use Survey (PAUS) (Database, 1990), 1990 Delaware Census data, American Drug and Alcohol Survey (ADAS) of 1990, and in-class surveys with fifth, eighth, and eleventh grade students in Delaware state public schools.

Yes, the original sample included between 13 and 14% of public school students enrolled in each grade.

“Child/Youth”; cross-listed with “Health and Health Care”

Number of Children Who Have Reported Ever Using a Particular Substance:

- Alcohol; Fifth Graders - 33%, Eighth graders - 75%, Eleventh Graders - 86%
- Cocaine; Fifth Graders - .3%, Eighth Graders - 1.65, Eleventh Graders - 3.6%
- Marijuana; Fifth Graders - .1%, Eighth Graders - 15%, Eleventh Graders - 34%

Comparing Delaware to the Nation

- There are quite similar lifetime use rates between Delaware and national figures of all substances at the eleventh grade level and in alcohol use at all three grade levels.
- There is minimal difference between Delaware and national levels on substance use at the lower grades.
- There is a large increase in usage rates for all substances from the eighth to the eleventh grade both in Delaware and nationally.

Need Estimates

- It is estimated that 7-10% of those persons who ever use a substance will develop an addiction.
- Approximately 35% of students “in need of treatment” were male.
- Nearly 38% of these substance abusing students met the criteria for both alcohol and marijuana abuse.
- 33% met the criteria for solely alcohol abuse, 29% for solely marijuana abuse.
- A higher amount of students were found to abuse substances in Sussex County, however, findings suggest the greatest absolute need for treatment is found in New Castle County.
The rate of substance abuse may in fact be higher in private than public schools. In Delaware's eleventh grade population, including public and private schools, there is an estimated 1,103 students who met DSM-III-R criteria for substance abuse.

Demand Estimate
- The total demand for treatment for eleventh grade students falls somewhere between 140 and 180 slots.
- Adding in private school students the total rises 166 to 221 slots per year.

Comparing Supply to Demand
- In 1991, Delaware treatment facilities were servicing 101 youth of all ages.
- A service gap exists between the number of youths clinically diagnosed as abusing substances and the number actually obtaining treatment.
- There is a need for substantially more treatment of youthful substance abusers in all three Delaware counties.

Conclusions
- The analysis performed here does not enable us to determine the extent of services necessary for each student.
- A wide array of services is available to substance abusing adolescents. These services vary considerably in their intensity and duration. Often students will avail themselves of several forms of treatment before leaving the system.
- Current efforts at drug prevention are misguided to the extent they focus on symptoms, rather than the psychological syndrome underlying the drug abuse.
- Education programs such as the “Just Say No” program seem to trivialize the factors involved in drug use, implicitly denying their depth and pervasiveness.
- The perception of drug abuse as a result of a “lack of education” diverts attention from the real physiological, and sociological causes of drug abuse.
TITLE: Affordable Housing Needs Assessment

AUTHOR: Terry L. Kreer

DATE: 1998

SOURCE: First State Community Loan Fund

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THIS STUDY: survey of 20 nonprofit housing developers and 1 for profit housing developer as well as information obtained from the Statewide Housing Needs Assessment.

IS THIS DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?: Yes, but only in response to survey questions.

PROBLEMS/NEEDS ADDRESSED IN THIS STUDY: “Housing”

AFFORDABLE HOUSING NEEDS

- The Statewide Housing Needs Assessment (SHNA) suggests that the supply of rental units statewide should increase by a total of 3,000 units by the year 2000 or 600 units per year. It is recommended that 1,000 of these units be market rate and the affordable new units be targeted as follows:
  - Very Low Income - Defined as households earning less than $15,000 per year. It is estimated that 1,000 units will be needed during the period of 1995-2000 to meet the demand
  - Low Income - Defined as households earning between $15,000 - $25,000 per year. Five hundred units will be needed during 1995-2000 to meet the demand of this group.
  - Senior Renters - The number of senior citizen households aged 75+ is expected to increased by 2,815 during the period of 1995-2000. It is estimated that an additional 500 units in senior rental housing will be needed.

At-Risk Renter Households

- The Statewide Housing Needs Assessment estimates that there are 9,615 at-risk renter households that are earning less than 50% of area median income and are paying more than 50% of those incomes for housing expenses. It is also estimated that up to 15,995 renter households would have to be assisted in order to have all very low-income households paying 30% or less of their incomes for housing. Therefore, the current need for affordable rental units is estimated at between 9,615 and 15,995.

Demand for Home ownership

- The SHNA estimates the demand for affordable Home ownership in the State at 31,500
units over the five-year period of 1995-2000. This demand was forecasted by estimating the number of home buyer households within the $25,000 - $50,000 income range. The following estimates are for Home ownership demand by location.

<table>
<thead>
<tr>
<th>Location</th>
<th>First-Time Buyer</th>
<th>Other Affordable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilmington</td>
<td>1,000</td>
<td>1,500</td>
</tr>
<tr>
<td>New Castle County</td>
<td>3,500</td>
<td>11,000</td>
</tr>
<tr>
<td>Kent County</td>
<td>1,000</td>
<td>4,500</td>
</tr>
<tr>
<td>Sussex County</td>
<td>2,500</td>
<td>6,500</td>
</tr>
</tbody>
</table>

- The demand for manufactured housing is strongest in Sussex County at 400 units per year. This demand declines to 300 units in Kent and 200 in New Castle County.

At-Risk Home ownership Units

- The SHNA has estimated that there are at least 4,869 at-risk homeowners. The submarkets with the highest concentrations of at-risk homeowners in 1995 were in Wilmington, New Castle, Brandywine, Lower Christiana, Dover, Selbyville-Frankford and Laurel-Delmar.

**AFFORDABLE HOUSING FINANCE NEEDS**

**Past Experiences**

- All 21 organizations surveyed are currently involved or are planning to become involved in the development of affordable housing in Delaware. The majority of the organizations surveyed (62 percent) have been developing affordable housing for 15 years or less. The remaining 38 percent have been developing affordable housing for 16 to 30 years. These organizations have developed a combined total of 2,500 units or affordable housing throughout the state. Over the past two years, 900 units of affordable housing have been developed by these organizations.

**Funding Sources**

- The resources used by more than 50 percent of the organizations surveyed are the State Housing Development Fund, HOME Program, financial institutions and foundations. The most commonly utilized resources are financial institutions and foundations.

**Projected Financing Needs**

- Of the 21 organizations surveyed, 16 have plans to develop between 810 and 830 units over the three-year period of 1998-2001. Each organization was asked to provide details on the estimated financing needs for the projects in development. The following is a summary of the housing finance needs for each category of funding.

<table>
<thead>
<tr>
<th>Type of Financing</th>
<th>Total Amount</th>
<th>Total Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-development</td>
<td>$365,000</td>
<td>153</td>
</tr>
<tr>
<td>Category</td>
<td>Amount</td>
<td>Percent</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
<td>---------</td>
</tr>
<tr>
<td>Acquisition</td>
<td>5,620,000</td>
<td>287</td>
</tr>
<tr>
<td>Acquisition/Renovation</td>
<td>1,620,000</td>
<td>33</td>
</tr>
<tr>
<td>Renovation</td>
<td>1,670,000</td>
<td>83</td>
</tr>
<tr>
<td>Renovation/Construction</td>
<td>4,625,000</td>
<td>185</td>
</tr>
<tr>
<td>Construction</td>
<td>14,069,000</td>
<td>246</td>
</tr>
<tr>
<td>Construction/Permanent</td>
<td>11,300,000</td>
<td>142</td>
</tr>
<tr>
<td>Permanent</td>
<td>10,610,000</td>
<td>256</td>
</tr>
<tr>
<td>Bridge</td>
<td>2,650,000</td>
<td>65</td>
</tr>
<tr>
<td>Gap</td>
<td>2,000,000</td>
<td>103</td>
</tr>
<tr>
<td>Totals*</td>
<td>$54,529,000</td>
<td>1,553**</td>
</tr>
</tbody>
</table>

*These totals do not include additional units that may need funding.

**There are a total of 810-830 units that are planned for development over the next three years. This number is higher because some units will require more than one type of financing.

General Comments on Training and Financing Tools Needed

- Each organization was asked to provide an opinion about the need for additional training in completing applications for funding and about the need for additional financing tools that would encourage more affordable housing development in Delaware.

- Concerning training, 57 percent of the organizations surveyed stated that they thought there was a need for additional training. Ten percent of the survey respondents stated that there may be a need, and 33 percent stated that there was no need for additional training. Specific types of training were noted by some organizations:
  - Information on the format for applications and what should be included.
  - Information on resources available
  - Understanding of underwriting principles
  - Low-Income Housing Tax Credit training
  - Board training regarding contractual agreements

- There were many ideas expressed concerning financing tools that would stimulate increased housing development in Delaware. Some of these ideas include:
  - Offer more below-market financing.
  - Provide funding for rental subsidies
  - Streamline the application process so that it takes less time; this may involve pre-qualifying organizations
  - Provide affordable pre-development financing
  - Increase funding available for low-and very-low income housing
  - Provide a revolving line of credit statewide or some type of working capital product that does not have excessive terms and is readily accessible
  - Provide lower-interest rates on short-term loans to help with acquisition and renovation of Home ownership projects.
  - Provide operating funds for nonprofit organizations.
  - Provide grants for site acquisition
  - Increase marketing by funders of resources available
Some Key Findings:

Monthly Use Trends:

- Between 1989-1998, reports of monthly drug use by 5th graders have remained low and stable within margin of statistical error. There is no evidence of any trend up or down, and the estimates remain small. Very few 5th graders are current drug users.

- Monthly cigarette use by 11th graders, which had gone up significantly between 1995 and 1997, did not change in 1998; however, monthly cigarette use by 8th graders went up slightly in 1998 after two previous years of decline. One-third of 11th graders and one-fourth of 8th graders have smoked in the past month.

- Monthly alcohol use for 11th graders has remained at a very high level for the last decade, with an estimate for 1998 of 47%, the same as in 1997. Past month alcohol use for 8th graders has also been quite high but stable for the last decade, with 29% reporting drinking in the past month.

- Monthly marijuana use increased markedly from 1992 to 1995 for both 11th and 8th graders. Since 1995, 11th grade marijuana use has been stable with 25% past month users in 1998. However, 8th grade marijuana use rose 4% in 1998 to 19%, the highest ever recorded.

- Reports of monthly use of other drugs remain rare. The other drug most often used by 8th graders is inhalants (8%), and for 11th graders - hallucinogens and stimulants (3%). For 8th and 11th graders, heroin use is 1%.

Other Findings:

• In the 5th grade, most students have not yet experimented with drugs. Even the most
common drug tried, alcohol, has only been tried by one out of four; cigarettes - by less than one out of five; and inhalants - by less than one out of seven.

• In general, use of any of the drugs illegal for youth (that includes cigarettes and alcohol) does not differ significantly among the three counties in Delaware. Nor, in general, are there significant differences in male and female use.

• About the only drug that males use consistently more than females is smokeless tobacco; smokeless tobacco use declined in 1998 for 8th and particularly 11th graders.

Binge drinking (defined here as 3 or more drinks at a time in the past two weeks) is quite high among 8th and 11th graders. Most students who report having at least one drink in the past month also report binge drinking in the past two weeks. Twenty-eight percent of all 11th graders report binge drinking.

• Cigarettes are a gateway drug. For 5th, 8th, and 11th grade students, those who report past month cigarette use, as compared to those who do not, are significantly more likely to be past month users of alcohol, marijuana, and other illegal drugs. In fact, if an 8th or 11th grader is a current cigarette smoker, chances are better than 50/50 that she or he is also a current drinker and user of marijuana.

• Cigarettes, alcohol, marijuana, and even cocaine are available to 5th graders -- one out of six 5th graders says it is easy to get cigarettes and one out of eight says it is easy to get cocaine. On the encouraging side, easy availability of all drugs to 5th graders has declined slightly since 1997.

• When it comes to 8th and 11th graders, the majority of students know where to get cigarettes, alcohol, and marijuana. There are small decreases in getting cigarettes for 8th graders but no change for 11th graders.

• Fifth graders report they were most likely to get cigarettes from friends or a vending machine; 8th graders - from friends; and 11th graders - from friends or from a store clerk. Getting cigarettes from vending machines declined for the second year in a row for each of 5th, 8th, and 11th graders. Getting cigarettes from store clerks went down for 5th graders.

• Ninety-seven percent of 5th graders, 91% of 8th graders, and 85% of 11th graders report having had some drug education in school (DARE is part of the 5th grade curriculum statewide). Eleventh graders have improved significantly; it was only 50% in 1995, 58% in 1996 and 69% in 1997. This reflects the increasing coverage of DARE statewide since 1990.

• Whereas 97% of 5th graders report receiving drug education in the past year, only 56% of 8th and 29% of 11th graders report any drug education in the 1997-1998 year.

• Fewer 5th, 8th and 11th graders thought there is a "great risk" from smoking a pack of cigarettes a day in 1998 as compared to 1997.

• Most Delaware students do not think there is a "great risk" in using alcohol -- only 27%
of 5th graders, 20% of 8th graders and 28% of 11th graders think there is a great risk from drinking everyday. All percentages are declines from 1997.

- Most Delaware students do not think there is a "great risk" in trying marijuana -- only 28% of 5th graders, 18% of 8th graders, and 15% of 11th graders think there is a great risk in trying marijuana. The 5th and 8th graders' perceived risk decreased from 1997, significantly for 8th graders.

- Even among those students who have never tried marijuana, 40% of 5th graders, 46% of 8th graders and 54% of 11th graders think there is little risk from trying marijuana. All percentages are up from 1997.

- Only 27% of 5th graders think there is great risk from trying cocaine. The percentage finding great risk from trying cocaine rises to 35% for 8th graders and 52% for 11th graders. However, for all 3 grades, fewer students see a great risk from trying cocaine in 1998 as compared to 1997.

- Half of 5th, 8th, and 11th graders think that fighting or violence is a problem at their school. However, taking a weapon to school declined slightly in 1998 to 4% of 8th graders and 5% of 11th graders.

- The vast majority of students feel safe in school. However, only about 64% of 5th graders think kids at school obey their teachers, and only 19% of 8th graders and 22% of 11th graders think students treat teachers with respect most of the time. Less than half of 5th graders think kids at school are well-behaved in class, and this percentage declines to 28% of 8th graders and 33% of 11th graders who think students are well-behaved in public. For 5th and 8th graders, these are significant declines from 1997.

- About 8% of 11th graders report driving after smoking marijuana in the past month, and 11% report driving after drinking in the past month. One in seven 11th graders has ridden with a drinking driver and one in five has ridden with a marijuana-using driver in the past month.

- Among both 8th and 11th graders, past month substance use -- whether cigarettes, alcohol, or marijuana -- is highly correlated with other delinquent behaviors such as gang fights, stealing, illegal entry, and trouble with police.

- Four percent of 8th graders meet criteria approximating a clinical definition of each of cigarette and alcohol dependence, and an additional 14% of 8th graders are alcohol abusers. Among 11th graders, 12% meet dependence criteria for each of cigarettes and alcohol, and an additional 30% are alcohol abusers. Levels of dependence have been steady for the last four years.

- For all grades and for 8th graders in particular, students who report they communicate well with their parents and that their parents are involved with their school are less likely to use drugs.

- Students, particularly 8th graders, whose parents or siblings smoke cigarettes are more likely to smoke cigarettes and use other drugs.
How do the data for Delaware compare with what is happening regionally and nationally? We have little data yet from other states for 1998. National data report small declines in drug use for 8th and 12th graders in 1998. In the past four years, Delaware trends have tended to precede national trends by about a year. The rates of drug use among Delaware students are comparable to those reported regionally and nationally in the past couple of years, though 8th grade marijuana use has been slightly higher in Delaware.
TITLE: Consumer Assessment of Health Plans in Delaware: Preliminary Report

AUTHOR: Conducted for the Delaware Health Care Commission the Institute for Public Administration and the Center for Applied Demography and Survey Research

DATE: November 1997

SOURCE: Delaware Health Care Commission: Annual Report and Strategic Plan

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:
Primary data -- from a consumer survey regarding the types of health plans in which Delawareans are enrolled; enrollment by age, health status; quality of health insurance plan (access, finding a new doctor)

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes. The only data source is a consumer survey conducted over the phone.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: "HEALTH AND HEALTH CARE"

It can be difficult for individual consumers as well as institutions to assess the quality of health care provided by various managed care companies and other service providers. This survey is designed to be an unbiased information source for consumers regarding consumer satisfaction with various types of health plans.

Results:

• Managed care enrollment highest in New Castle County, followed by Kent and then Sussex Counties
• Fewer elderly people are enrolled in managed care programs than non-elderly
• Healthier people are more likely to be enrolled in managed care than unhealthy people
• Overall, consumers rated fee-for-service and managed care programs similarly across the state
• Consumers report problems with waiting too long and with getting an appointment more than with not being able to see a specialist, with no statistically significant differences between fee-for-service and managed care
• More managed care enrollees said it was hard to find a personal doctor
The shift toward managed care has created the need for new regulatory approaches to health care. The Delaware Health Care Commission’s Committee on Managing Managed Care developed guiding principles and the following key recommendations:

- Adopt National Association of Insurance Commissioners Model as a basis for regulation, in particular:
  - Adopt “prudent layperson” standard to all health plans in emergency room/urgent care center use.
  - Strengthen regulations regarding utilization review
  - Financial payment incentives and disclosure of arrangements, including bans on incentives to provide less than medically necessary services
  - Network adequacy
  - Set standards for quality assessment among health plans
  - Require plans to establish procedures to verify credentials
  - Assure adequate consumer complaint procedures

- Adopt Delaware Health Information Network Enabling Legislation
- Continue internal health plan and independent statewide patient satisfaction surveys
- Avoid piecemeal regulatory/legislative approaches
TITLE: Delaware Without Health Insurance: A Demographic Overview

AUTHOR: Prepared for the Delaware Health Care Commission by Edward C. Ratledge and Rebecca C. Bedford

DATE: November 1997

SOURCE: Delaware Health Care Commission: Annual Report and Strategic Plan

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Secondary data -- regarding the numbers and characteristics of Delawareans without health insurance and demographics of Delaware including the labor market

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. One of the data sources was the March Current Population Survey, which is a survey of households conducted by the U.S. Census Bureau

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “HEALTH AND HEALTH CARE”

• The lack of access to health care of those Delawareans who are uninsured, and the subsequent impact on costs for the insured and employers.
• Overall the percentage of Delawareans who are uninsured has declined significantly since 1982 (as a result of population growth), while the overall number of uninsured Delawareans has remained nearly constant.
• Changing structures in the state’s economy and in employment in particular affect who has/does not have health insurance.
• Current trends of population growth would increase the number of uninsured Delawareans by 15,000-20,000, but such trends may not continue.
• Single person households are by far the most likely to be uninsured, while two and four person households are the least likely.
• As would be expected, a lack of health insurance is also correlated with poverty.
• African-Americans, Hispanics, and other minorities in Delaware are much more likely to lack health insurance than whites.
Title: Options for Medicaid Managed Long Term Care in Delaware: Executive Summary

Author: The MEDSTAT Group

Date: April 1997

Source: Delaware Health Care Commission: Annual Report and Strategic Plan

Geographical Area: Statewide

Kinds of Information/Data Used in the Study:

Secondary data -- policy options for how Delaware can approach Medicaid managed long-term care services

Is the Data/Study Representative of Community Input?

No. Report and recommendations written by an out-of-state consulting firm

Problems/Needs Addressed in the Study: “Health and Health Care”

Delaware has started a major initiative to enroll Medicaid recipients in fully capitated managed health care plans. About 70 percent of Medicaid spending pays for services for individuals who are excluded from enrollment in the state’s plan, the Diamond State Health Plan. These individuals are primarily elderly (also receiving Medicare) and/or receiving long-term care services. In 1996, $154 million or 38% of total Medicaid spending in Delaware went to long-term care services. In this study, 14 different policy options for addressing Medicaid managed long-term care are reviewed.
TITLE: Assessment of the Capacity-Building Needs of Non-profit Housing Development Organizations in Delaware.

AUTHOR: O G M, Inc.

DATE: April 1992

TYPE OF DATA USED: Individual organizational assessments were conducted through interactive meetings and review and follow-up of self-assessment forms and other supporting information supplied by the organization.

GEOGRAPHICAL AREA: statewide

REPRESENTATIVE OF COMMUNITY INPUT: Yes, the views of non-profit housing organizations were solicited through meetings and self-assessment forms.

NEEDS/PROBLEMS IDENTIFIED: HOUSING

Technical Assistance

• Strategic Planning and Board Development. Redefinition and/or clarification of mission, focus, housing, related development and/or service goals and policies; clarification of the role of the board and the staff in decision-making, board-staff relations, board composition, including community representation and levels of expertise; understanding the strategic planning process and development of multi-year strategic plans that balance production goals with organizational goals and client needs. ($40-75,000 needed)

• Organizational and Management Development. Review of leadership roles and management styles, organizational governance, project planning and development process, identification or staffing needs, staff expansion options, re-definition of staff structure and staff working relationships; staff training to acquire new management skills. ($40-65,000 needed)

• Fund-raising. Assistance in assessing current Fund-raising efforts, developing Fund-raising strategies and planning Fund-raising programs, establishing board and staff roles in Fund-raising, training and coaching in Fund-raising approaches and specific techniques. ($30-55,000 needed)

• Housing-Related Technical Assistance. For housing producers, specific training and coaching in housing finance, project identification and feasibility assessment, project development and packaging, and ongoing project management. For organizations providing housing-related services, assistance in reviewing program goals and current operations, coaching in program management and performance assessment. ($25-30,000 needed)

Financial Assistance

• Pre-Development Funding. Early funding for project planning, feasibility analysis and site acquisition. ($70-90,000)

• Core Operating Support. All forms of non-project specific support that contributes to the core administrative and operating budgets of an organization. Support for additional staff salaries, additional equipment and/or facilities, and working capital are all included in this category. ($275-360,000)
As the above estimates suggest, the level of funding required to meet the near-term capacity building needs of the nine organizations assessed is in the order of $135-225,000 for direct technical assistance and $345-459,000 for other financial assistance. These six categories describe the full array of needs identified in the individual assessments. These needs are believed to reflect those of the broader system.
TITLE: Barriers to Food Security in Wilmington: Problems in Access to Affordable, Nutritious Food

AUTHOR: Karen A. Curtis and Stephanie A. McClellan

DATE: December 1996

SOURCE: CUAPP - CCDFP

GEOGRAPHICAL AREA: Wilmington

KINDS OF INFORMATION/DATA USED IN THE STUDY:
- Income / poverty levels / demographics / employment by geographic areas
- Requests for assistance from the emergency food assistance system
- Accessibility to supermarkets (opening and closing of supermarkets, at which locations)
- Individual Resources
- Community Resources
- Quality, contents and amenities of supermarkets

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? No. Interviews with food recipients are reported in other products of this project.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: Emergency Assistance

Emergency Assistance - Food and Sufficient Nutrition

STATEWIDE

- Indicator of demand for service: substantial growth in the emergency food assistance network in DE since 1981
- Barrier to service: restrictions on use of emergency food programs
- Barrier to service: accessibility to supermarkets (also noted in “Public Infrastructure” below), with affordable and culturally-acceptable food
- Decreased purchasing power among poor people
- Changes in AFDC and the Food Stamp Program - eligibility restrictions and declines in funding levels

WILMINGTON

- Areas with high poverty rates and minority concentration also lack full-service supermarkets
- Many low-income households do not own automobiles

II. Public Infrastructure/Services

- Access to conventional sources of food declined substantially in Wilmington
Target Population
1. Adults Ages 19 though 64
2. Mental Retardation
3. Physical Impairment
4. Chronic and Long Term

Demographic Profile

I Definition of Disability
Some Disability:
A limitation in a social defined role or task

Severe Disability:
An inability to perform one or more functional or socially defined roles or tasks; having one or more specific impairments; or using a mobility device, such as a cane or wheelchair.

II History
It was not until the 1990 U.S. Census that there was a concerted effort to collect disabilities data from the general population; prior to the 1990 Census, data gathered referred only to persons with a work-related disability.

III Delaware Population with Disabilities
• At least 19.4% of Delawareans (129,237 people) have some type of disability.

• Of the disabled Delawareans over age 20, 70.8% (67,815 people) have a mild or moderate disability.

• Of the disabled Delawareans over the age of 20, 29.2% (27,969 people) have a severe disability.

IV Developmental Disabilities
Developmental Disabilities include a variety of physical and mental disorders, either genetically caused or acquired during fetal or early childhood development. Developmental disability is
usually a lifelong condition, requiring specialized medical, educational, rehabilitation, and transportation resources. It usually results in an inability to work and premature death. A list of mental retardation and physical disabling conditions can be found in the report.

**Service Providers**
Most of the organizations serving people with disabilities are non-profit agencies (57%); government agencies comprised less than 20% of the organizations (17) and the remainder are for-profit companies (15%) or those who IRS status was unreported in the study (11%).

I Population Served
Inconsistencies in reporting and the fact that so few agencies reported in detail make the aggregate information unreliable. Therefore, the aggregate number of total clients served as reported by agencies on the Provider Survey is not reported in this study summary at this time.

II Annual Expenditures
With just 25 of the 100 organizations reporting a 1998 annual budget, the total annual expenditures exceed $138.2 million. Human resource expenditures consume over 50% of the annual budget. In terms of number of employees, the 27 agencies that responded reported employing over 2,300 people in Delaware.

III Funding Sources
Except for the government agencies or organizations fully contracted by them, most of the non-profit organizations rely on some form of private philanthropy: foundation or corporate grants, donor solicitations and fund-raising events.

IV The Network of Care
Information about the network of care and services for people with disabilities in Delaware is fragmented and not easily accessible in any comprehensive format.

**Service Gaps**
In the provider survey, respondents were asked to identify and rank services that they believed were not available or were not adequately available. Further information is available in the report.

**Service Threats**
One of the highest concerns among providers responding to the survey was the threat to care by reduced Medicaid and Medicare reimbursements. Non-profit organizations identified the impact of managed care as the biggest threat to care for people with disabilities

I Threats to Care and Services in the Future
In the provider survey, providers were asked to rank perceived threats to care and services for people with disabilities in the future. Thirty-nine organizations participated in the ranking.

II Insurance: Perhaps the Greatest Threat
According to the provider survey conducted as part of this study, five of the top nine Threats to Care and Services for the future involve the changes in the nation’s insurance industry and medical reimbursements. They are (in order):

• Reduced Medicaid & Medicare Reimbursements
• Impact of Managed Care
• Financial Viability of Families Caring for People with Disabilities
• Lack of Insurance Coverage for Day Programs
• Medicare Capitation of Therapies

The other four of the top nine threats to Care and Services include:

• Aging Family Caregivers
• Reduced Federal Funding
• Declining Pool of Caregivers
• Lack of Service Coordination

Providers Interested in Collaborations

In an effort to facilitate collaborative initiatives to meet the service needs of the target population, the survey asked providers to indicate their interests in partnering with other organizations. There is further information provided in the report.

Looking to the Future

As the baby boomers age, the generation behind it is significantly lower in number, meaning there will be even less people available to care for the large number people who will need assistance and care. Public and private providers need to join forces to promote the existing network of care to make it easier for people to access it. There are a number of activities that should be addressed immediately to lay a solid foundation for an appropriate infrastructure in Delaware serving the needs of adults with disabilities into the first part of the 21st century. These include:

• Conduct a comprehensive consumer survey to assess consumer needs, attitudes, perceptions, desires, knowledge of services, and anticipated needs.
• Produce a directory of providers.
• Research and identify model collaborative systems in other states and cities that could offer suggestions for shaping an integrated, collaborative system here in Delaware.
• Inform and educate Delaware legislators about public policy issues that affect people with disabilities in Delaware, and advocate for change in specific areas.
• Investigate accessing public health funding through the Delaware Health Fund (tobacco settlement fund).
TITLE: CAREVan Data

AUTHOR: Ingleside Homes

DATE: Calendar Year 1998

SOURCE: Ingleside Homes

GEOGRAPHICAL AREA: Wilmington and parts of New Castle County

KINDS OF INFORMATION/DATA USED IN THE STUDY: Statistics of service provision by mobile informational and referral unit.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes

PROBLEMS/NEEDS addresses in the study: “ELDERLY”

Total Number reported: 788

Top Ten Problems/needs reported by CAREVan in 1998

1. Transportation (271)
2. Home Maintenance (95)
3. Health/Medical (89)
4. Home Health (73)
5. Information (73)
6. Housing (49)
7. Financial Assistance (30)
8. Insurance (29)
9. Food (15)
10. Shopping Assistance (11)
TITLE: Client Satisfaction Survey

AUTHOR: Division of State Service Centers and Division of Management Services

DATE: May 29, 1996

SOURCE: Division of State Service Centers

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Primary data -- results of client satisfaction survey

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. The data reflects responses provided by Division of State Service Center clients.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: "GENERAL"

- Level of satisfaction with state services and service centers, including specifically:
  - Services not available that clients would like to see in the building
  - How satisfied clients are with how early/late the center is open
  - Appearance of the waiting room/office
  - Availability of free parking
  - Helpfulness of receptionist
  - Extent to which the services provided meet client needs
  - Average length of waiting time for clients to receive services
  - Open comments - results included generally positive comments about courtesy, attitude, helpfulness of staff, level of client satisfaction with services, and some negative comments regarding clients having difficulty scheduling appointments and having to wait too long for services.

- Recommendations Offered:
  - Access Issues
    - Division of State Service Centers should evaluate outreach mechanisms for enhancing awareness of services
    - DSSC should evaluate changes in the mix of services and changes related to welfare reform with the goal of identifying and providing support services to assist clients through transitions
    - Further evaluate responses regarding additional services desired by clients
    - Further analyze transportation issues for those clients traveling a long way to service centers
    - Alleviate the problem at several centers of inadequate parking
    - Post adequate signs clarifying the location of offices within centers

- Client Satisfaction
• Determine acceptable level of client satisfaction and evaluate performance using that standard
• Conduct evaluation and training for front desk staff
• Recognize staff commended by clients
• Share results with other agencies and work together to improve satisfaction and access
• At centers with notable levels of dissatisfaction for appearance of waiting rooms/offices, evaluate facilities and make improvements where feasible

  • Overall
    • Present each center with these results, comparing statewide average to that particular center
    • Examine all operating policies and procedures and make necessary revisions to enhance quality and productivity of service delivery

Ongoing evaluation of client satisfaction is recommended in order to chart progress


Brian Bailey

1999

Center for Community Development and Family Policy, College of Human Resources, Education, and Public Policy, University of Delaware.

Primarily Wilmington, with more minor implications for the remainder of Northern New Castle County.

Data on employment trends by one-digit SIC economic classification by year for the years 1990-1995. This data was analyzed using the economic base modeling method, which is explained in detail on pages 5-11. The economic base modeling method was used as a methodological surrogate for Professor Michael Porter’s theoretical A Competitive Advantage@ model, explained briefly on pages 1-4.

No.

“EMPLOYMENT” Overall, this report presents a very positive view of the growth and overall strength of Wilmington’s economy during the early and mid-1990’s. The notable economic problems addressed in this study are the growth of low-paying, comparatively non-secure service and retail jobs, as well as the question of equity between workers who are Wilmington residents vs. workers who commute from suburban New Castle County.

Highlights of this study:

• While total employment in Wilmington grew by nearly 7% (5,527 jobs) between 1990 and 1995, much of that growth came from personal services, educational services, retail trade, and other unclassified services. These jobs tend to be among the lowest paying, with few benefits and poor job security.

• The primary economic activity comprising Wilmington’s economic base is financial services. While these tend to be higher-paying, higher-skill jobs, the trend in Wilmington’s economy has been toward increased reliance upon this activity, thus making the city’s economy more narrow, i.e. less diversified.
• Several sectoral components of Wilmington’s economic base are activities in name only. Such economic activities as personal services provision actually flow from other activities upon which the local economy is actually based, such as financial services, transportation, and utilities. This shows that these lower-paying, low-skill activities are growing at a rate faster than the national rate of growth, and this is a potential future weak point in the city’s economy.

• The city’s highest-paying, largest-employment, and highest-skill economic activities, such as financial services and professional services, are thought to employ a high percentage of workers from outside the city limits of Wilmington. This leads to a mismatch between residents’ skills and available jobs. The growth rate of these economic sectors leads to an increasing gap between Wilmington residents’ skills and available jobs in the city.

• In terms of governmental needs, a data system which more accurately reflects actual employment figures and which accurately reflects wages paid to employees is needed to adequately perform research using annual data. This is needed in the future to adequately assess the employment, income, and training needs of Wilmington residents, as well as those of residents of Northern New Castle County who depend on Wilmington’s economic health for employment.
TITLE: CONTACT Delaware Helpline Statistics

AUTHOR: N/A

DATE: 1996-1998

SOURCE: CONTACT Delaware

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY: Primary Data. Calls received are categorized monthly by: age of caller, gender of caller, number of new callers and by classification of type of call.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: Mental Health/ Legal/ Victim's Assistance
Listed under "GENERAL", "VICTIM ASSISTANCE", "HEALTH AND HEALTH CARE" and "CRIME AND LEGAL SERVICES"

Top 10 Types of calls

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Mental/Emotional (4972)</td>
<td>1. Mental/Emotional (6156)</td>
<td>1. Mental/Emotional (4149)</td>
</tr>
<tr>
<td>2. Loneliness (2728)</td>
<td>2. CONTACT Related* (2750)</td>
<td>2. CONTACT Related* (2556)</td>
</tr>
<tr>
<td>3. CONTACT Related* (2054)</td>
<td>3. Loneliness (2034)</td>
<td>3. Loneliness (2076)</td>
</tr>
<tr>
<td>4. Depression (1382)</td>
<td>4. Family/interpersonal (1152)</td>
<td>4. Family (1248)</td>
</tr>
<tr>
<td>5. Family (1228)</td>
<td>5. Misc. (1010)</td>
<td>5. Depression (1050)</td>
</tr>
<tr>
<td>8. Health Problems (822)</td>
<td>8. Depression (780)</td>
<td>8. Mental (726)</td>
</tr>
<tr>
<td>10. Addictions (not D&amp;A) (538)</td>
<td>10. Marital (455)</td>
<td>10. Interpersonal (479)</td>
</tr>
</tbody>
</table>

Total Calls: 19942 19978 21521
Percent Female: 69% 73% 70%
Age
Percent 36-60 yrs. 71% 70% 70%
New Callers 47% 43% n/a

* CONTACT Related calls are informational requests about the program.
TITLE: Crime and Justice in the Enterprise Community: The Public's View (An Examination and a Comparison of the Public's Perception of Crime and Justice Inside and Outside of the Enterprise Community)

AUTHOR: Danilo Yanich

DATE: March 1998

SOURCE: UD-CHEP-SUAPP-CCDFP

GEOGRAPHICAL AREA: Enterprise Community

KINDS OF INFORMATION/DATA USED IN THE STUDY: (Qualitative) Responses to survey questions

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes - survey conducted between April and September 1997 of 734 Wilmington residents.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY:

• GENERAL

  • Some neighborhoods in center city have undergone a dramatic decline in investment and have suffered extensive out-migration from their residential population
  • Deteriorated housing stock, limited employment and economic opportunity, and widespread poverty
  • Considerable obstacles in achieving its goal for community and economic revitalization, especially that the EC’s 14 census tracts constitutes one of the regions most economically distressed areas

CRIMINAL JUSTICE SYSTEM

• Residents within the EC rated the performance of the Wilmington Police Dept., the adult courts in the state and the state’s adult corrections system much lower than residents outside of the EC

SAFETY

• Residents outside of EC felt more safe during the day, but all residents felt much less safe after dark; significantly lower evaluations about neighborhood generally as compared to previous year for EC residents (about 44% felt about the same, but 38% rated their neighborhood worse than the previous year)

DRUGS AND DRUG USE
Almost 2/3 (65%) of the EC residents saw drugs as a major problem within their neighborhood (in terms of both perceived number of people using and drug-dealing taking place)
Crime/Youth

This report is an annual tabulation of the incidence of crime in the state. “Needs” are not a focus of this report.

Outline of Crime

I. Part I Crime
   A. Violent Crime
      1. Homicide
      2. Forcible rape
      3. Robbery
      4. Aggravated assault
   B. Property Crime
      1. Larceny
      2. Burglary
      3. Motor vehicle theft
      4. Arson

Trends of Part I Crimes (as compared to 1992 level unless otherwise specified)

I. Part I Crime overall
   · Statewide: decrease (58.2 per 1000 population to 53.7) ↓
   · New Castle: decrease (26,823 to 25,041) ↓
   · Kent: decrease (6,417 to 5,649) ↓
   · Sussex: increase (6,321 to 6,500) ↑

   A. Violent crime
      · Statewide: rising steadily since 1987; increase of 2.6% from 1992 level ↓
      · New Castle: increase (3,151 to 3,455) ↑
1. Homicide
   - Statewide: decrease (36 to 26)
   - No comparisons given for the counties

2. Forcible Rape
   - Statewide: decrease (605 to 581)
   - New Castle: decrease (342 to 312)
   - Kent: increase (112 to 129)
   - Sussex: decrease (151 to 140)

3. Robbery
   - Statewide: increase (1,313 to 1,426)
   - New Castle: increase (1,039 to 1,181)
   - Kent: decrease (158 to 140)
   - Sussex: decrease (116 to 105)

4. Aggravated Assault
   - Statewide: increase (3,050 to 3,105); steady increase since 1986
   - New Castle: increase (1,752 to 1,945)
   - Kent: decrease (624 to 501)
   - Sussex: decrease (674 to 659)

B. Property Crime
   - Statewide: decrease (34,557 to 32,052); declining since 1982, reaching a low in 1986 and gradually rising to a peak in 1991; since 1992, declined to roughly 1990 level and decreased further in 1993
   - New Castle: decrease (23,672 to 21,586)
   - Kent: decrease (5,512 to 4,876)
   - Sussex: increase (5,373 to 5,590)

1. Larceny
   - Statewide: decrease (24,470 to 22,307)
   - New Castle: decrease (16,625 to 14,972)
   - Kent: decrease (4,162 to 3,601)
   - Sussex: increase (3,683 to 3,734)

2. Burglary
   - Statewide: decrease (7,249 to 6,733)
   - New Castle: decrease (4,673 to 4,059)
   - Kent: decrease (1,070 to 1,044)
   - Sussex: increase (1,506 to 1,630)

3. Motor vehicle theft
   - Statewide: increase (2,537 to 2,740)
   - New Castle: increase (2,172 to 2,380)
   - Kent: decrease (229 to 193)
4. Arson
   - Statewide: decrease (301 to 272) ↓
   - New Castle: decrease (202 to 175) ↓
   - Kent: decrease (51 to 38) ↓
   - Sussex: increase (48 to 59) ↑
This report is an annual tabulation of the incidence of crime in the state. “Needs” are not a focus of this report. Violent crime increased by over 9% in 1995, the largest percentage increase since 1990. The juvenile violent crime rate increased in each county in 1995. Increase in violence is associated with a resurgence of illicit drug crimes.

Outline of Crime

Part I Crime
A. Violent Crime
   1. Homicide
   2. Forcible rape
   3. Robbery
   4. Aggravated assault

B. Property Crime
   1. Larceny
   2. Burglary
   3. Motor vehicle theft
   4. Arson

Trends of Part I Crimes (as compared to 1994 level unless otherwise specified)

I. Part I Crime overall
   · Statewide: increase (56.8 per 1000 population to 58.6) ↑
   · No comparisons given for counties
A. Violent crime
   · Statewide: increase (5,132 to 5,598)
     · New Castle: increase (3,396 to 3,683)
     · Kent: increase (812 to 862)
     · Sussex: increase (924 to 1,053)

1. Homicide
   · Statewide: increase (30 to 36)
     · New Castle: decrease (21 to 20)
     · Kent: same (5 each year)
     · Sussex: increase (4 to 11)

2. Forcible Rape
   · Statewide: increase (540 to 601)
     · New Castle: increase (306 to 339)
     · Kent: increase (116 to 127)
     · Sussex: increase (118 to 135)

3. Robbery
   · Statewide: increase (1,383 to 1,685)
     · New Castle: increase (1,138 to 1,385)
     · Kent: increase (142 to 176)
     · Sussex: increase (103 to 124)

4. Aggravated Assault
   · Statewide: increase (3,179 to 3,276)
     · New Castle: increase (1,931 to 1,939)
     · Kent: increase (549 to 554)
     · Sussex: increase (699 to 783)

B. Property crime
   · Statewide: increase (35,026 to 36,420)
     · New Castle: increase (24,278 to 25,572)
     · Kent: decrease (5,293 to 5,289)
     · Sussex: increase (5,455 to 5,559)

1. Larceny
   · Statewide: increase (23,337 to 25,264)
     · New Castle: increase (15,887 to 17,600)
     · Kent: decrease (3,854 to 3,783)
     · Sussex: increase (3,596 to 3,881)

2. Burglary
   · Statewide: increase (6,831 to 7,486)
     · New Castle: increase (4,123 to 4,890)
     · Kent: increase (1,087 to 1,152)
     · Sussex: decrease (1,621 to 1,444)
3. Motor vehicle theft
   · Statewide: decrease (4,415 to 3,099)
   · New Castle: decrease (3,952 to 2,666)
   · Kent: decrease (279 to 256)
   · Sussex: decrease (184 to 177)

4. Arson
   · Statewide: increase (443 to 571)
   · New Castle: increase (316 to 416)
   · Kent: increase (73 to 98)
   · Sussex: increase (54 to 57)

JUVENILE CRIME

I. Arrests
   · Statewide: increase (6,636 to 7,236)
   · New Castle – 52.7% of the arrests
   · Kent: no information given
   · Sussex: increase and highest rate of three counties

II. Part I Crime overall
   · Statewide: increase (2,725 to 2,744)
   · No comparisons given for counties

A. Violent crime
   · Statewide: increase (514 to 588)
   · New Castle: increase (321 to 382)
   · Kent: increase (90 to 93)
   · Sussex: increase (103 to 113)

B. Property crime
   · Statewide: decrease (2,211 to 2,156)
   · New Castle: decrease (1,363 to 1,305)
   · Kent: decrease (470 to 415)
   · Sussex: increase (378 to 436)
III. Part II Crimes

· Statewide: increase (3,911 to 4,492)
· New Castle: increase (2,173 to 2,456)
· Kent: increase (756 to 852)
· Sussex: increase (982 to 1,184)

ILLEGAL DRUGS

Complaints
· Statewide: increase of 11.9% (1995 rate: 9.4 per 1,000 population)
· New Castle: increase of 22.8% to 9.7 per 1,000
· Kent: increase of 4.4% to 9.4 per 1,000
· Sussex: decrease of 8.5% to 8.5 per 1,000

Arrests
· Statewide: increase by 20% to 4.2 per 1,000 (3,036 arrests)
· New Castle: increase of 33.3%
· Kent: increase of 8.3% to 3.9 per 1,000
· Sussex: no change – 3.9 per 1,000

Type
· Marijuana use appears to be on the rise, as does that of heroin. Use of powder cocaine seems to have decreased.

Juvenile Drug Arrests
· Statewide: increase by 45% (413 to 597 arrests)
· Statewide: increase of 442% between 1986 and 1995
· New Castle: increase of 62% (265 to 428 arrests)
· Kent: increase of 14%
· Sussex: increase of 15%
TITLE: Crime, Public Safety & Police Service: Attitudes of Wilmington Residents

AUTHOR: Timothy Barnekov, with the assistance of Danilo Yanich

DATE: October 1998

SOURCE: University of Delaware – College of Human Resources, Education and Public Policy – Center for Community Development and Family Policy

GEOGRAPHICAL AREA: Wilmington

KINDS OF INFORMATION/DATA USED IN THE STUDY: primary data: survey of Wilmington residents about issues of crime, public safety and police service

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY:

“CRIME AND LEGAL SERVICES”

Over 1,000 residents of Wilmington were surveyed between April and June of 1998 both citywide and within six police service areas (PSAs).

Respondent Demographics

· Just under a third of the respondents citywide have a college degree or more and only 14 percent have less than a fall high school education.
· Thirty-four percent are married, 18 percent are divorced or separated, 33 percent have never married, and 13 percent are widowed.
· Twenty-six percent live in households where there are children under 10 and 18 percent say that there are children between 10 and 17 in their household.
· Four percent of the respondents are of Hispanic, Latino or Spanish origin. Forty-five percent describe themselves as African-Americans, 50 percent as White and 5 percent as Other.
· Almost two in five have lived in their present housing unit for 11 or more years. Nearly 60 percent say that they own the housing unit they presently occupy. Forty-four percent have lived in their neighborhood for 11 or more years.
· Twenty-eight percent live in households with incomes of $20,000 or less last year while 30 percent live in households with incomes of $50,000 and above.
· Thirty-four percent of the respondents are 35 years of age or younger, 34 percent are between 36 and 55, and 32 percent are age 56 or older.
· Sixty percent of the respondents are female.

Crime, Safety, and Neighborhood

· Fully 55 percent of the respondents citywide feel that conditions in the state related to crime are getting worse and 60 percent say that conditions in the city
related to crime are getting worse.
- During the day, Wilmington residents (84%) feel safe in their neighborhood but at night more than half (56%) do not.
- While nearly three-quarters of the respondents say that safety conditions in their neighborhood are about the same, a little more, or much more safe than a year ago, a significant minority (28%) feels that these conditions are a little less or much less safe than a year ago.
- Almost three-quarters of the respondents feel that, as a place to live, their neighborhood is about the same, a little better or much better than a year ago and a majority say that their neighborhood is one where people work together and help each other.
- Most (71%) believe that residents and the police together are responsible for the quality of life in their neighborhood and generally respondents (over 60%) say that they contribute personally to the quality of life in their neighborhood.

The Police and the Criminal Justice System

- Nearly 60 percent of the respondents feel that their neighborhood is patrolled satisfactorily, but only 13 percent know any of the officers who are assigned to their neighborhood and, of those, about half could name one or more of them.
- Citywide, just under half of the respondents rate the service provided by the officers in their neighborhood as good or excellent and 45 percent believe that the service being provided in the rest of the city is good or excellent.
- Fifty-one percent of the respondents rate the performance of the Wilmington Police as A or B but 63 percent give this grade to the performance of the New Castle Country Police and 70 percent rate the performance of the Delaware State Police as A or B.
- With respect to other institutions of the criminal justice system in Delaware, 33 percent rate the performance of the adult court system as A or B, 29 percent rate the performance of the family/juvenile court system as A or B, and 25 percent rate the performance of the adult corrections system as A or B.

Experiences with the Criminal Justice System

- Five percent of city residents acknowledge having been a defendant in a criminal case and 10 percent have been a witness.
- Just over four out of ten Wilmington residents have been a victim of a crime and a third indicate that a member of their household has been a victim of a crime.
- Twenty-three percent of the respondents (or a member of their household) have been a victim of one or more crimes in the past year. Of this group, 81 percent say that they reported at least one of the crimes to the police and an additional 7 percent say that they reported some of the crimes.
- Auto break-ins, physical assaults, robbery from the person, stolen cars, home break-ins, and theft are most frequently mentioned as the crimes experienced in the last year.
- Almost half of the respondents have (at some time) reported a crime to the police.
- Of those who say that someone in their household had been a victim of a crime in the past year and that they had reported one or more of the
incidents to the police, 31 percent were very dissatisfied or somewhat dissatisfied with the service they received.

Neighborhood Problems

- According to respondents across the city, the most serious neighborhood problems are the lack of recreational programs for juveniles, groups of persons hanging around on the streets, and drugs being sold on the streets.
- Property crime, dirty streets, violent crime and abandoned houses and buildings are also regarded as very serious issues by at least 20 percent of the respondents.
- The degree of concern about these issues varies considerably across the police service areas with residents of the eastern section of the Northern Division (N2) and both the western (E1) and eastern (E2) sections of the Eastern Division expressing the greatest concern about drugs, the lack of recreational programs for juveniles, and groups of persons hanging around on the streets.
This report includes statewide employment trend data also included in Delaware Tomorrow Report, which has also been summarized. But in order to be user friendly for job seekers, this report breaks the statewide employment data down by job title/description, offering the projected number of annual openings, percentage growth in jobs, and average wages per hour, as well as general qualifications and job characteristics.
CHILD CARE ABCs: The need for child care and early education has become a fact of life for many Delaware parents.

A recent Delaware report estimates that about 40,000 Delaware preschool and school-age children (ages 0-12) currently need but do not have child care. There are approximately 37,000 children in licensed or legally operating child care programs, with an additional 12,000 cared for by relatives or caregivers in the children’s home. Based on 1990 census data projections, it is estimated that approximately 90,000 preschool and school-age children currently need some type of child care during all or part of the year.

An estimated 66 percent of Delaware mothers with children younger than six, and 81 percent of women with children between the ages of six and 17, are in the labor force.

Child Care Costs: Quality child care is unaffordable for many working families in Delaware.

The average annual cost of public college tuition in Delaware in 1997 was $4,180 - less than the average cost of care for a four-year-old in a center and three-quarters the average cost for an infant in a center.

Families in Delaware with both parents working full-time at the federal minimum wage earn only $21,400 per year. There are about 47,610 children younger than 13 who live in low-income families (with incomes below about $27,000 for a family of three or 200 percent of poverty).

In Delaware, child care for a four-year-old in a child care center cost an average of $4,531 in 1997; in Wilmington - $4,871, with fees as high as $9,360; in Sussex County - $3,636, with fees as high as $4,836. Parents with more than one child in care spend significantly more.
• To buy child care for an infant and a four-year old in a child care center at the average price in Delaware, a two-parent family with both parents working full-time at the minimum wage would have to spend 47 percent of their income on child care.

• Delaware ranked in the bottom third of all states as far as making low-income families eligible for child care assistance. In January 1998, the state only allowed low-income working families earning less than $20,664 (for a family of three) to be eligible for any child care help, although federal law allows the state to serve families with incomes up to $38,927.

• The situation is likely to get worse in the coming years, as more families are required to move from welfare to work under A Better Chance. In a recent survey, Delaware reported that, without additional funds, it is not confident that it will be able to meet the demand the child care assistance generated by the increase in welfare work requirements.

• The state estimates that an additional 1,300 children will enter state-subsidized care annually through the end of the decade. While state officials believe that sufficient slots are available for the total of 8,375 children who will need assistance this year, it is not clear that their families can find the kind of care that they want for their children.

• The state spent $0.38 out of every $100 in state tax revenues on child care and early education in 1994.

• The state requires one of the highest family copayment levels in the country.

• Families in Delaware who receive child care assistance still face enormous difficulties finding providers who will take care of their children, as the amount that the state will pay for care is significantly below market prices. In contrast, a number of other states pay at levels based in current market prices.

C Child Care Quality: Although child care shapes children’s futures, too many children in Delaware are in care that may be harmful to their development, health and safety.

C Delaware is one of the many states that do not adequately protect their children. In 1997, the state met recommended levels for the number of children a single caregiver could care for in a child care center for only two of the six age groups examined.

C Delaware does not have enough licensing inspectors to visit each licensed care provider annually. For example, family child care homes may be visited only every five years, even though small homes are responsible for two-thirds of the health, safety and administrative violations recorded by the state.

C Each licensing worker in the state is responsible for 235 facilities, although experts recommend no more than one worker for 100 to 150.

C Three-month investigation in Delaware by The News Journal, which examined 35,000 records, found that inspectors rarely conduct surprise visits.

C High turnover rates, low wages and inadequate training for child care providers threaten the quality of care.

C Delaware requires that child care providers have only 15 hours of training within the first year of receiving a license.

C In 1996, the annual average wage of child care workers in Delaware was only $13,640 (as compared to bus drivers - $20,150, garbage collectors - $18,100, or bartenders - $14,450). In addition, national studies of child care providers find
that they tend to receive no benefits or paid leave.

C Low wages are closely linked to rapid turnover rates among child care providers, which breaks the stable relationship that children need to have with their caregivers to feel safe and secure. Turnover rates are high in Delaware. On average, one out of every five family child care homes goes out of business each year, with rates as high as one out of four in Wilmington, and one out of three in Sussex County.

C As of December 1997, the Family and Workplace Connection reported that only 11 percent of the operating licensed child care centers in the state were accredited. There is only one accredited program in Wilmington out of 37 licensed operating child care centers, and only one accredited child care center in Sussex County out of 50 licensed operating child care centers.

C Child Care Availability: Families across Delaware face difficulties finding quality, affordable care. The lack of such care is even greater for some groups of families, including families with school-age children and families with children younger than three.

C In Delaware, agencies that help families find child care report that there is a serious shortage of various kinds of needs, including infant care, school-age care, care for children with special needs, care for children who are mildly ill, and care for families who work during nontraditional hours.

C Certain regions in Delaware have general shortages of child care. For instance, in the Bear area of New Castle County, there are only six child care centers; in Kent County there is a need for family child care homes; and in rural Sussex County, there is a limited supply of child care overall.

C In Delaware, only one out of five public schools offer extended-day programs in 1993-1994.

C There are only 8,900 before- and after-school care slots in legally operating day care facilities in Delaware, although there are an estimated 74,600 school-age children with working parents.

C There are limited infant care options of any type in Bear. Local experts report shortages on infant care in other communities as well, including North Wilmington.

C Families have limited options in Middletown, and particularly limited options if their jobs don't end until 5:30 or later. There are no child care centers in town, and there are only 45 family child care homes. Only 12 of these homes are open past 5:30 PM and only three are open past 6 PM.

C Many Delaware communities report shortages of care during nontraditional hours. Evening and weekend care can be especially hard to find. For example, evening care is scarce in North Wilmington, Hockessin, Stanton and Ogletown. In Kent County, only three centers are open until 9PM or later, and none are open on weekends. In Sussex County, only two child care centers are open until at least 9 PM, and only two offer some kind of weekend care.

C North Wilmington and Middletown/Bear both report shortages of care for mildly ill children.

See attached “Child Care Facts at a Glance”
During the 1996-1997 school year, 1,464 out of 32,568 students enrolled in grades 9 through 12 left school. The statewide annual dropout rate of 4.5% for the school year 1996-97 remains the same as last year’s dropout rate.

Of the 1,464 dropouts:
- 58.2% were male and 41.8% were female.
- 55.1% were White/Other, 39.1% were African American/Black; 5.9% were Hispanic.
- African American/Black students dropped out at the rate of 6.1%.
- Hispanic students dropped out at the rate of 7.3%.
- White/Other students dropped out at the rate of 3.7%.
- Most dropouts left school in either the 9th or 10th grade (63.3%).
- Most dropouts left school when they were 16 or 17 years of age (61.2%), a reflection of the compulsory school attendance law requiring attendance at school between 5 and 16 years of age.
The top ten problem/needs areas were:

<table>
<thead>
<tr>
<th>AREA</th>
<th>Calls per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilities</td>
<td>(4757)</td>
</tr>
<tr>
<td>2. Rent</td>
<td>(2200)</td>
</tr>
<tr>
<td>3. Gov’t Agencies/Employment</td>
<td>(1881)</td>
</tr>
<tr>
<td>4. Medical Insurance</td>
<td>(1383)</td>
</tr>
<tr>
<td>5. Medical Care</td>
<td>(1251)</td>
</tr>
<tr>
<td>6. Shelter (Basic)</td>
<td>(1170)</td>
</tr>
<tr>
<td>7. Security Deposits</td>
<td>(1151)</td>
</tr>
<tr>
<td>8. Emergency Food</td>
<td>(879)</td>
</tr>
<tr>
<td>9. Medical Information</td>
<td>(796)</td>
</tr>
<tr>
<td>10. Other Financial Assistance</td>
<td>(794)</td>
</tr>
</tbody>
</table>

NOTES:
The overall number of calls per month were highest in December (4406) and lowest in February (2549). There is no geographical breakdown of calls received.

The report presents a very positive view of conditions for employees of Delaware companies. The notable need addressed in this study is the need for benefits, such as health insurance, day care, and retirement benefits for a portion of Delaware's work force. Highlights of this study, showing unmet needs of Delaware workers:

- Just over 21% (@ 78,000 jobs) of all employment in Delaware is part-time, with over half of all jobs in the retail trade and personal services sectors (both rapidly growing economic sectors in Delaware) being part-time. Most part-time employment in Delaware is in firms with under 250 employees. Almost none of these employees receive extensive or even adequate benefits. However, it should be noted that the composition of the Apart-time labor force is not addressed in this study.

- About 4% (@15,000 jobs) of jobs in Delaware pay minimum wage. Well over half of these jobs are in retail trade and services, with less than 1% of all workers in other economic sectors earning only the federally mandated minimum wage.

- About 35% (@160 firms) of firms who responded to this survey stated that they
planned to do no new hiring in 1997. Manufacturing, construction, and service firms were most likely to be hiring.

- Only 6% of the firms responding to this survey provide on-site day care or day care subsidies to their workers.

- Over 90% of Delaware workers are employed in firms that provide health insurance. However, nearly 35% of all firms with fewer than 20 workers do not offer health insurance benefits of any sort to their employees. Strangely, perhaps, workers at large firms (100+ employees) in the state are less likely to have their employer pay the entire cost of their medical insurance coverage than workers in small firms.

- Nearly 35% of workers employed in Delaware are not provided dental insurance by their employer.

- Nearly 70% of all employers in Delaware, cutting across firm size classes, do not offer vision insurance or benefits to their employees.

- Only 46% of all Delaware firms with under 100 employees offer some form of a retirement plan. 16% of all Delaware firms with over 100 employees do not offer some form of a retirement plan.
This report is a monthly update of employment growth by occupational sector. The highlights of the data are:

- Between October 1998 and November 1998 total non-farm employment increased by 2,900 in Delaware to 409,300
- 900 of these new jobs were in government
- 800 of these new jobs were in services, mainly business services
- 800 of these new jobs were in wholesale and retail trade
- Since November 1997 total non-farm jobs have increased by 12,500
- 5,000 of these new jobs were in “services,” including business services
- 2,300 were in wholesale and retail trade
- 1,700 were in finance, insurance, and real estate
- 1,200 were in construction
- 1,000 were in manufacturing
- 800 were in government
- 500 were in transportation and public utilities
The Delaware Perinatal Board Progress Report identifies the Perinatal Board’s responsibilities in reducing Delaware’s high infant mortality rate and discusses their effort in these areas. "CHILD/YOUTH", "HEALTH AND HEALTH CARE" and "PARENTING"

The Board’s Vision:
- Delaware will have the healthiest infants in the nation.
- The strategic framework identifies four key areas that are to be addressed by the committees.
  - Reduction of the proportion of high-risk pregnancies;
  - Reduction of the incidence of low birth weight (LBW) and pre-term births by the improvement of health care the behavior of women;
  - Improvement of birth weight specific survival by strengthening obstetric and neonatal health systems;
  - Reduction of death from specific causes in the post-neonatal period.

Short-Term Agenda:
- Develop standards of educational programs for the child-bearing family during the perinatal period.
- Promote efforts for eligible parents to participate in the Home Visiting Program.
- Continue communication and collaboration with agencies involved in education programs, which are beneficial to child-bearing families to avoid duplication.
- Develop a plan for the delivery of client-based education to the community (i.e., Public Service Announcements).
- Establish guidelines for the education of perinatal health care providers.
- Investigate individual risk factors that negatively impact Delaware’s infant mortality rates. Systematically evaluate these risks factors related to the three stages of perinatal health: preconception, pregnancy by trimester, and neonatal infant.
- Promote healthy lifestyles of adolescents, childbearing adults, and their families by developing an educational plan for client-based education in the community.
- Coordinate an annual perinatal symposium sponsored by the Delaware Perinatal Board.

Long-Term Issues:
- Increasing the public’s awareness of behaviors which affect the health of pregnant women and
infants;
• Continued funding for the ongoing function of the Board.
• Identification of funding sources for long-term initiatives to prevent infant mortality and reduce low birth weights.
• The concept of regionalization as it relates to community resources.

Goals:
• Facilitate the identification of appropriate services to pregnant women and infants which meet identified community needs.
• Advocate for appropriate resources for critical maternal/infant health initiatives (e.g., home visiting, developmental assessments for at risk infants; expanded coverage for adolescent mothers; drug rehabilitation coverage, uniform and universal coverage for genetic counseling etc.)
• Collect and collate information on agencies and individual providers impacting the issues surrounding infant mortality and underweight births. Disseminate this information on available services and initiatives related to reducing infant mortality in Delaware.
• Foster coordination of efforts between agencies providing related services to women and children.
• Identify system deficiencies, which result in unmet client needs, which may increase infant mortality.
• Promote cultural sensitivity education so that the childbearing population is well informed about the need for health lifestyle (mental and physical).
• Establish guidelines for ongoing education for physicians, nurses, and other care providers in maternal and infant care.
• Describe factors associated with infant mortality, which most effects Delaware’s high rate.
• Identify priority areas for infant mortality reduction efforts.
• Assure standards for care during the prenatal, delivery of infants, and postnatal periods are met by all providers.
TITLE: Delaware Regional Job Access Transportation Business Plan

AUTHOR: Delaware Transit Corporation (DTC), also KFH, a consulting firm.

DATE: 1998

SOURCE: DTC, with assistance from Wilmington Area Planning Council.

GEOGRAPHICAL AREA: Entire state, with sections emphasizing needs in each of the three counties individually. Also a section detailing needs of DTC in terms of providing better, more appropriate services.

KINDS OF INFORMATION/DATA USED: Secondary data on individuals in Delaware’s A Better Chance Program (ABC) obtained from the following agencies: U.S. Department of the Census, Wilmington Area Planning Council, Delaware Department of Health and Social Services, and the Delaware Economic Development Office. Primary data on the state’s public transportation routes and the relationship of where individuals live to these routes obtained by DelDOT and DTC. Much of the information used in this study is also used in the FTA Access to Jobs/Reverse Commute Grant Application.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? No.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “INFRASTRUCTURE”

A section of this grant application details the unmet public transportation needs of individuals in Delaware’s ABC program. These are divided into five primary sections: general transportation service gaps, the overall state public transportation need, and service needs for each of the three by counties.

GENERAL TRANSPORTATION SERVICE GAPS

- There is a lack of common access to the various databases, which are useful for finding employment for ABC clients. These databases, such as those dealing with employment opportunities, fixed transportation routes, etc., are maintained by various state agencies that do not coordinate their use in finding employment for ABC clients. This creates a barrier to more effective use of transportation services (in addition to fixed route bus services) which are available.
- Lack of coordination among public transportation service providers including public, agency, and private transportation.
- Lack of funding to better serve the transportation needs of ABC clients.

THE OVERALL PUBLIC TRANSPORTATION NEED

- The fixed bus routes do not serve where some ABC clients live, where the jobs are, or where child and adult day care facilities are located.
- The fixed bus routes do not operate at the hours or days when ABC clients need to get to work - especially if they are involved or can be involved in shift work.
- The fixed bus route fares are prohibitive, especially during the first few months ABC clients are working.
- There are almost no fixed bus routes in rural areas of the state.
• Information about bus routes and times is difficult to obtain, making it difficult for ABC clients and caseworkers to use existing transportation services. There is a general lack of understanding concerning public transportation options by ABC clients.

• **NEW CASTLE COUNTY SERVICE NEEDS**
  • No Sunday service - affecting workers who need to work then, especially in the retail sector.
  • Many people live beyond a reasonable walking distance to fixed route bus stops.
  • Lack of late night service - persons working third shifts are unable to utilize fixed route bus service.
  • Lack of service in Southern New Castle County - the only fixed bus route operating below the canal is the 301 Intercounty service, creating problems of employment access for these residents.

• **KENT COUNTY SERVICE NEEDS**
  • No fixed route bus service on evenings or weekends in the Dover area, when many ABC clients would need to get to work.
  • Many people live beyond a reasonable walking distance to fixed route bus stops.
  • No service to rural areas of Kent County. About 1,500 client families in Kent County live outside the fixed route service area and do not own a car.

• **SUSSEX COUNTY SERVICE NEEDS**
  • Overall lack of service. Currently, only three fixed bus routes run in the entire county, and these offer only two or three runs each way per day. In addition, service to the shore, where resort and outlet jobs are, ends in mid-afternoon.
  • There are no fixed route bus services in Sussex County on Saturday or Sunday, when many people need to get to work.
  • More inter-urban connector routes within Sussex County are needed. The only connections currently available in Sussex County are from Laurel to Millsboro and Georgetown, and from Georgetown to the shore communities.
  • Most of Sussex County has no service at all. About 1,000 client families in Sussex County live outside the fixed route service area and do not own a car.
This report looks at statewide trends in employment, demographics, and education, and at employment and demographic growth projections from 1995 to 2005. The following are highlights of the reported data:

- The statewide unemployment rate has generally been below the national average, and stood at 4.3% in the first part of 1997.
- Over the last several decades most job growth in Delaware has been in the service industries: including wholesale/retail trade; finance, insurance, and real estate; government; and transportation, communication, and utilities.
- By the year 2005, service industries will provide 80% of all jobs in the state, compared to 48% in 1950.
- Delaware’s labor force participation rate of 69.7% in 1995 was higher than the national average (66.65) and increased from a rate of 62.6% in 1976.
- While the labor force participation rate of men in Delaware has remained relatively constant, that of women has increased from under 50% in 1976 to nearly 65% in 1995.
- From 1995 to 2005 Delaware’s population is expected to increase from 717,400 to 795,300, with much of the growth occurring in the 45-64 age group.
- The sector that is expected to experience the most growth in employment between 1995 and 2005 in Delaware is professionals, paraprofessionals, and technical workers (both in percentage and sheer numbers).
• The industries in Delaware projected to have the most new jobs created between 1995 and 2005 are commercial banks (7,097), eating and drinking places (3,629), personnel supply services (2,581), elementary schools (2,337), and self-employed (2,137)

• The industries with the most rapid rates of growth in Delaware in the period 1995-2005 are projected to be commercial sports (114.4%), computer and data processing services (60.4%), child and day care services (58.2%), amusement and recreational services (52.8%), and drugs (50.1%)

• It is estimated that 60% of all new jobs in Delaware in the period 1995-2005 will require training beyond high school, and wages are generally tied to education level.

• Wages are distributed unevenly across the state, as New Castle County has a much higher percentage of workers in the upper income brackets than either Kent or Sussex Counties.
PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “EMPLOYMENT”

The report summarizes average hourly wages in Delaware broken down by occupational group, specific occupation, and county. The following are highlights of the findings:

a. Statewide, the average hourly wage in 1995 was $13.86, with an average wage of $15.01 in New Castle County, $11.50 in Kent County, and $10.40 in Sussex County

• The median hourly wage statewide was $10.76, with the 25th percentile at $7.04 and the 75th percentile at $16.71

• Managerial and Administration was the occupational group that had the highest statewide average hourly wage at $28.94, while the “Service” group had the lowest average hourly wage of $7.46


**TITLE:** Delaware Women: Where Are They Working?

**AUTHOR:** Delaware Department of Labor: Office of Occupational and Labor Market Information/Delaware Occupational Information Coordinating Committee

**DATE:** 1997

**SOURCE:** Delaware Department of Labor

**GEOGRAPHICAL AREA:** Statewide

**KINDS OF INFORMATION/DATA USED IN THE STUDY:**

Secondary data -- statistics regarding statewide employment trends by gender

**IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?**

No. The data is purely government statistics

**PROBLEMS/TRENDS ADDRESSED IN THE STUDY:** “EMPLOYMENT”

- In 1995 Delaware women had a 62.9% labor force participation rate compared to the national average of 58.9%, and up from 49.1% in 1976
- As the economy expands, Delaware must attract more women into the workforce or face labor shortages, particularly for skilled workers
- More than 90% of all new jobs created since 1990 have been in service industries
- Since 1980, 58% of Delawareans entering the workforce have been women
- The number of Delaware women working full-time has increased 79% since 1980
- In 1995, only 2.3% of Delaware women worked part-time because they couldn’t find full-time work (down from 7.4% in 1980)

C In 1995, 24% of the jobs held by women in Delaware were part-time (down from 32% in 1980)
C The population of Delaware women is aging: over the next 10 years the number of Delaware women aged 25-34 is expected to drop 11%, while the number of women aged 55-64 will increase 45%
C Women held 47.4% of all Delaware jobs in 1995, up from 43.4% in 1980
C Only 12% of employed Delaware women worked in goods-producing industries in 1995
C Women in Delaware have increased their share of executive, administrative, and managerial jobs from 28.2% in 1980 to 41.6% in 1995.
• 56.9% of Delaware's professional jobs are now held by women

• Nearly 80% of all clerical jobs are still held by women

• The proportion of farming, forestry, and fishing workers who are women dropped from 21.0% in 1980 to 11.4% in 1995

• In descending order, the number of jobs held by Delaware women experienced the greatest increase in sheer numbers in the following sectors: Executive, Administrative, Managerial (14,583 jobs); Administrative Support and Clerical (14,565 jobs); Sales (13,343 jobs); and Professional Specialties (9,781 jobs)

• The statewide unemployment rate was somewhat lower for women (4.1%) than for men (4.5%) in 1995

• Nationally, women earn only 75% as much as men and the same trend exists in Delaware
Over 500 copies of the 1998 Homeless Planning Council Survey were distributed throughout the state. The survey solicited participants’ opinions as to the relative need for housing and supportive service elements for the homeless, ranking perceived needs both for individuals and for families with children. Of the 145 surveys completed, two thirds of the respondents were from Wilmington/New Castle County, an appropriate representation as these are the most densely populated subsections. The Homeless Shelter Providers Associates was particularly instrumental in obtaining survey participation by homeless individuals. Over half of the surveys statewide were completed by current and previous homeless respondents. Survey results were a significant factor, coupled with actual inventories of service units available, in determining ranking and relative priority of needs.

**Unit count of needs:**

**Both individuals and persons in families with children:**
- Permanent Housing

**Support Services for individuals:**
- Substance Abuse
- Mental Health Care
- Housing Placement

**Support Services for Families:**
- Job Training
- Child Care
- Mental Health Care

**The sub-population for both individuals and families:**
- Chronic Substance Abusers
- Seriously Mentally Ill
- Dually-diagnosed

**Gaps in Service: Individuals**
<table>
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Gaps in Service: Persons In Families with Children

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Support Services Slots

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Title: Delaware Health and Social Services’ Division of Services for Aging and Adults with Physical Disabilities: Demographic Packet

Author: Delaware Health and Social Services’ Division of Services for Aging and Adults with Physical Disabilities

Date: March 1998

Source: Delaware Health and Social Services

Geographical Area: Statewide

Kinds of Information/Data Used in the Study:

Quantitative data - statistical analysis of household survey

Is the Data/Study Representative of Community Input?

No. Just a compilation of statistical information derived from Delaware Population Consortium projections.

Problems/Trends Addressed in the Study: “Elderly”

Projected growth in the elderly population of the state, particularly in Sussex County.

Highlights:

- Between 1990 and 2020 Delaware’s population over age 60 will increase 68%, while population under 60 will increase only 28%.
- While those 85 and older will no longer be the fastest growing segment of the older population, between 1990 and 2015 this group will increase 80%.
- While between 1990 and 2000 the number of persons aged 60-70 is expected to have declined due to the Depression years, by 2010 “baby boomers” will start becoming “elder boomers.”
- Between 1990 and 2020 New Castle, Kent, and Sussex Counties’ 60 and older populations will grow by 46%, 99%, and 115% respectively.
- Of the three counties, Sussex has the largest percentage of its total population over age 60 at 23.5%, followed by Kent at 15.5% and New Castle at 14.6%.
Domestic Violence: An Inventory of Programs and Policies // Report I: Community-Based Service Organizations

Author: Robin Beads and Andrea Luckring

Date: May 1995

Source: UD - CUAPP - CCD

Geographical Area: statewide

Kinds of Information/Data Used in the Study: Qualitative - responses to questionnaire

Is the Data/Study Representative of Community Input? Yes - written questionnaires and some telephone surveys of organizations.

Problems/Needs Addressed in the Study: Domestic Violence

Service Needs and Access (pp. 16-18)

Wilmington

- Emergency shelter
- Financial assistance
- Law enforcement
- Individual counseling/therapy and family counseling/therapy
- Substance abuse treatment

Suburban New Castle County

- Affordable, accessible individual counseling/therapy
- Financial assistance
- Law enforcement services
- Legal assistance
- Family counseling/therapy

Kent County

- Emergency shelter
- Financial assistance
- Transportation
- Substance abuse treatment
- Also mentioned: day care, Individual counseling/therapy and family counseling/therapy, and food
Sussex County
• Individual counseling/therapy and family counseling/therapy
• Emergency shelter
• Law enforcement (both quicker response time and before situation becomes a crisis)
• Day care
• Medical care

Obstacles to Service (pp. 19-21)

Wilmington

Obstacles That Impede Victims

• Fear of reprisal, fear of exposure and dislike of going outside for help
• Lack of awareness of services, lack of a telephone, lack of transportation, belief that the service will be ineffective and illiteracy
• Belief that service provider will be unsympathetic, language barrier, problems due to developmental and physical disabilities, lack of child care, lack of money, organization’s hours, and the goals and mission of the agency

Obstacles That Impede Perpetrators

• Fear of reprisal, fear of exposure and dislike of going outside for help
• Lack of awareness of services, belief that service provider will be unsympathetic, language barrier, problems due to developmental disabilities, lack of child care, lack of money, organization’s hours, and the goals and mission of the agency

Suburban New Castle County

Obstacles That Impede Victims

• Lack of awareness of services, fear of exposure, dislike of going outside for help, lack of transportation and problems due a physical disability
• “Older people seem to just ‘put up’ with abuse (often long-term).”

Kent County

Obstacles That Impede Victims

• Lack of awareness and knowledge of services
• Fear of reprisal, dislike of going outside for help and lack of transportation
• Fear of exposure, belief that the service will be ineffective, belief that service provider will be unsympathetic, lack of a telephone, a developmental disability and language barriers
Obstacles That Impede Perpetrators

- Lack of awareness and knowledge of services, fear of exposure, lack of transportation, illiteracy, service organization hours, lack of a telephone, and a developmental disability

Sussex County

Obstacles That Impede Victims

- Dislike of going outside for help
- Fear of reprisal, fear of exposure, lack of a telephone, lack of transportation, and illiteracy
- Lack of awareness and knowledge of services, and service organization’s hours

Obstacles That Impede Perpetrators

- Lack of awareness and knowledge of services
- Illiteracy, failure to see the need for services, belief that the services will be ineffective and that the service provider will be unsympathetic
- Dislike of going outside for help and service organization hours
Public school districts (19 respondents) listed their three most challenging obstacles:

- Lack of resources in the school (11 districts)
- Lack of assistance for victims and families (9 districts)
- Lack of training and expertise among school staff (9 districts)
- Amount of time agencies take to respond to reports of abuse (7 districts)
- Victim’s fear (4 districts)
- Maintaining confidentiality, family and victim denial, and lack of knowledge and support in the community (3 districts)
- Others: fear of making situation worse, child socialization that justifies abuse, lack of functional networks with other agencies and difficulty in confirming abuse

Private schools (9 respondents) listed their three most challenging obstacles:

- Time (4 schools)
- Denial in the family, pressure on the parents (esp. single parents) who are overworked and stressed, and difficulty in verifying the violence (2 schools)
- Others: fear both for children and retaliation, finding trained professionals to teach the information, determining the amount of information appropriate to share with elementary school children, family ignorance, informing parents of the investigation, confidentiality, convincing faculty that violence is important enough to warrant time in class, and ambivalence of the natural parent to sometimes ask for assistance or support
Needed State Initiatives
Public school districts (17 respondents) listed the three most important initiatives that need to be taken by the State
- Increase in support services, including counseling and social services for students, parents and “criminals” (8 districts)
- Increased funding for services, programs and staff (7 districts)
- Raise awareness (6 districts)
- More training opportunities for school staff (5 districts)
- Improved cooperation and communication between districts and social service agencies (3 districts)
- More thorough investigations of reports and stronger penalties for perpetrators (2 districts)

Private schools (8 respondents) listed the three most important initiatives that need to be taken by the State
- Educational programs for victims, perpetrators, the public and women in general (4 schools)
- Increased services and support for victims, including “drop-in resource areas” for a parent or child (3 schools)
- Reference service for victims to find assistance (2 schools)
- Addressing “the issue of the integrity of the family - fathers must be in the home and taking lead in the family in a loving way”
- Challenging parts of society that promote violence (e.g., television)
- Finding causes of abuse
- Giving churches the opportunity to expand programs and services

PART II - INSTITUTIONS OF HIGHER EDUCATION
University of Delaware
Challenging Obstacles
- Finding out about the violence
- Preventing victims from returning to abusive relationships
- Dealing with denial and lack of education
- Providing services for perpetrators

Initiatives That Should be Taken by the University
- Providing more programs and services for employees
- Educating people who are not involved in abusive relationships
- Clarifying the appropriate role for the University in domestic violence situations
- Mobilizing the community
- Incorporating domestic violence issues into the curriculum
- Making employees aware of services both within the institution and in the surrounding community
- Educating supervisors about the indicators of domestic violence and how to appropriately address the issue
Initiatives That Should be Taken by the State
• Educating the public on the magnitude of the problem
• Making systems, such as the courts, hospitals and police, more user-friendly
• Committing to this issue - put more money behind programs
• Providing more shelters for battered women and children
• Increasing protection for spouses and the counselors who work in the field
• Encouraging primary prevention to help people express feelings in a positive manner
• Holding batterers accountable and supporting the needs of battered women
• Providing alternatives to treatment
• Conferring continually with mental health practitioners
• Addressing perpetrators
The vast majority of emergency shelters and/or transitional housing programs have no programming to address domestic violence. There are only two shelters in Delaware specifically designed to deal with domestic violence and only three others that offer limited services to victims of domestic violence. 18 of the 23 shelters that responded to the survey do not address the problem in any substantial way.

Services that shelters would like to offer

- Aid in Dover, Inc. (Dover)
  - Medical care and substance abuse treatment
  - Formal, accredited education

- The Salvation Army Booth Social Service Center (Wilmington)
  - Individual counseling/therapy
  - Substance abuse treatment

- House of Joseph (Wilmington)
  - Individual counseling/therapy
  - Family counseling/therapy
  - Legal assistance

- The Sussex Community Crisis Housing Services, Inc. (Georgetown)
  - Individual and family counseling/therapy
  - Support groups
  - Safe shelter

- The Sunday Breakfast Mission (Wilmington)
  - Individual counseling
  - Medical care
• Substance abuse treatment
• Support groups
• Legal assistance
• Day care

Emmaus House (Newark)
• Individual and family counseling and therapy

Impediments to Accessing Services (shelter providers’ responses as to why a victim or perpetrator may not seek help)

• Fear of reprisal
• Fear of exposure
• Dislike of going for outside help
• Lack of knowledge of services

Also noted:
• Access problems due to lack of telephone
• Lack of transportation
• Language barriers

Most Significant Needs

• Individual counseling
• Substance abuse treatment
• Law enforcement (noted: consequences of violent behavior must be administered quickly (i.e., punishment))
• Emergency shelter
• Legal Assistance (particularly with child custody cases)

Also noted:
• Family counseling
• Support groups
• Transitional housing
• Transportation
• Day care
• Awareness of the problem itself
• Support and education for the victims
• Visitation centers
• Out-of-state women who cannot be taken by the local shelter

Safety is a special concern when dealing with domestic violence.
Hotlines
• Three of thirteen organizations have hotlines

Populations and Issues for Which the Organizations Advocate
• The organizations list what they do and for which populations

Direct Client Services
• Organizations responded whether/which of the seventeen services they provided and if so, whether they charged a fee

Victim Characteristics
• The organizations describe general characteristics of the clients with whom the organizations have had contact

Perpetrator Characteristics
• The organizations describe general characteristics of the perpetrators with whom the organizations have had contact

Unmet Needs
• Legal assistance was indicated by six of the nine organizations.
• Housing was identified as a significant need by six organizations.
• Transitional housing was noted by three organizations, two of which also noted that long-term housing is needed as well.
• Two organizations indicated that emergency shelter is needed - more funding for it, too.
• One organization noted that housing following shelter is a need that is not adequately met.
• Financial assistance was indicated by four of the nine responding organizations.
• Medical care was indicated by three organizations, one of which said that expanded medical care is needed.
• Substance abuse treatment, transportation, support groups and family counseling/therapy were each identified as significant needs by two organizations.
• Expanded individual counseling/therapy, law enforcement services, day care, self defense law, a toll-free statewide hotline, and economic independence through skills-building/job training/education were each identified by one organization.

Services That Organizations Would Like to Offer to Persons Affected by Domestic Violence
• Four organizations identified support groups.
• Three organizations identified transportation services (two of which would like to expand their current provision).
• Individual counseling/therapy and family counseling/therapy were indicated by two organizations.
• Legal assistance was noted by two organizations, one of which already provides some, but would like to provide more.
• Emergency shelter, day care and law enforcement services were each indicated by two organizations.
• Financial assistance, medical care and substance abuse treatment were each identified by one organization.

Obstacles to Service
Obstacles That Impede Victims
• Lack of awareness of services, fear of reprisal, fear of exposure, and access problems due to lack of transportation were each identified by three organizations.
• The belief that service will be ineffective, the scarcity of treatment resources, financial barriers, and access problems due to lack of a telephone, mobility of the victims and organizations hours were each identified by one organization.

Obstacles That Impede Perpetrators
• Lack of awareness of services, fear of exposure, and access problems due to lack of transportation, and the belief that the service provider will be unsympathetic were each identified by two organizations.
• The scarcity of treatment resources, financial barriers, a dislike of going for outside help, and access problems due to lack of a telephone were each identified by one organization.
TITLE: Domestic Violence: An Inventory of Programs and Policies // Report V: Health Care Treatment Services

AUTHOR: Stephanie Moller and Andrea Luckring

DATE: January 1996

SOURCE: UD - CUAPP - CCD

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY: Primary data, quantitative - responses to questionnaire

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes - written questionnaires of the 73 health care providers who responded.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: DOMESTIC VIOLENCE

The responses to each item in the outline below are broken down by the following provider types:
- Physical Health Care only (25 providers)
- Mental Health Care only (14 providers)
- Substance Abuse Counseling only (3 providers)
- Physical and Mental Health Care (3 providers)
- Mental Health and Substance Abuse Counseling (21 providers)
- Physical Health, Mental Health and Substance Abuse Counseling (7 providers)

- Contact with Victims (asked to indicate if they come into contact with victims of domestic violence as patients or clients and if they maintain statistics on their contact)
  - Victim characteristics
    - Gender/age
      - adult - male/female
      - elderly - male/female
      - child victims/witnesses
    - special populations
      - physically challenged
      - functionally illiterate
      - developmentally disabled
      - immigrants or refugees, and/or spoke little or no English where the majority of the victims came from (county or state)
  - Asked whether they employ particular strategies for identifying victims of domestic violence

- Contact with Perpetrators (asked to indicate if they come into contact with perpetrators of domestic violence as patients or clients and if they maintain statistics on their contact)
- Perpetrator characteristics
  - male, female or both
  - special populations: physically challenged, functionally illiterate and/or developmentally disabled
  - immigrants or refugees, and/or spoke little or no English
  - where the majority of the perpetrators came from (county or state)
- Asked to indicate whether they come in contact with individuals that they would characterize as both victims and perpetrators of domestic violence

- Hotlines, Referrals and Treatment Modality
  - Hotline characteristics: staffed by paid operator, staffed 24 hours/day, shared with others, recording after business hours, offers information and referral, offers crisis intervention counseling
  - Referrals given to victims and perpetrators
  - Treatment Modality (e.g., group treatment, psycho-educational treatment, family therapy for couples, etc.)

- Service Needs and Access
  - Needs
  - Obstacles to Service - Victims
  - Obstacles to Service - Perpetrators

Characteristics of All 6 Provider Types Combined

- Contact With Victims
  - 66 of the 73 health care providers that they come in contact with victims of domestic violence as patients or clients
  - Victim Characteristics
    - Gender/age
      - 60 of the 66 had contact with adult female victims
      - 47 of the 66 had contact with child victims/witnesses
      - 38 of the 66 had contact with adult male victims
      - 30 of the 66 had contact with elderly female victims
      - 16 of the 66 had contact with elderly male victims
    - Special populations
      - 33 of the 66 had contact with victims who were physically challenged
      - 30 of the 66 had contact with victims who were functionally illiterate
      - 30 of the 66 had contact with victims who were developmentally disabled
      - 24 of the 66 had contact with victims who spoke little or no English and 20 of the 66 had contact with victims who were immigrants or refugees to the United States
  - Geographical region of origin
    - 54% of responding providers indicated that the majority of their victims were from NCC
    - 16% of responding providers indicated that the majority of their
victims were from Kent County

- 13% of responding providers indicated that the majority of their victims were from Sussex County
- 5% of responding providers indicated that the majority of their victims were from either Kent or Sussex County

- Strategies - 33 of the 66 indicated that they have strategies for identifying victims of domestic violence

- Contact With Perpetrators
  - 52 of the 73 respondent health care providers reported that they definitely come into contact with perpetrators of domestic violence as patients or clients; 4 providers were not sure; 1 indicated “probably”; 1 wrote “not aware”; and 15 reported that they do not

- Perpetrator Characteristics
  - Male, female or both
    - 49 of the 52 reported definite contact with male perpetrators; 3 indicated that they may have
    - 35 of the 52 reported contact with female perpetrators; 2 were uncertain if they had

- Special populations
  - 23 of the 52 had contact with perpetrators who were functionally illiterate; 3 providers were not sure
  - 18 of the 52 had contact with perpetrators who were developmentally disabled; 2 providers were not sure
  - 13 of the 52 had contact with perpetrators who were physically challenged; 2 providers were not sure

- 13 of the 52 had contact with perpetrators who spoke little or no English and 2 providers were not sure; 11 of the 52 had contact with perpetrators who were immigrants or refugees to the United States and 2 providers were not sure

- Geographical region of origin
  - 29 of the responding providers indicated that the majority of their perpetrators were from NCC
  - 8 of the responding providers indicated that the majority of their perpetrators were from Kent County
  - 9 of the responding providers indicated that the majority of their perpetrators were from Sussex County
  - 2 of the responding providers indicated that the majority of their victims were from either Kent or Sussex County

- Hotlines and Referrals
  - Hotlines
    - 18 of the 73 providers (25%) reported operating a hotline
    - 13 of the 18 (72%) are staffed by paid operators
    - 13 of the 18 (72%) are staffed 24 hours a day
    - 5 of the 18 are shared with other organizations
    - 5 of the 18 rely on a recording after business hours
• 16 of the 18 provide information and referral
• 13 of the 18 provide crisis intervention counseling
• None are staffed by volunteers

C Referrals - Victims

• 66 of the 73 providers specified types of referrals that they offer to victims of domestic violence
• 50 providers offer victims referrals to emergency shelters
• 49 providers offer victims referrals to mental health care
• 48 providers offer victims referrals to law enforcement services
• 43 providers offer victims referrals to medical care
• 43 providers offer victims referrals to legal assistance
• 39 providers offer victims referrals to substance abuse counseling
• 2 providers offer victims referrals to Child Protective Services
• 2 providers offer victims referrals to the Victim Assistance Program
• 2 providers offer victims referrals to support groups
• Each of the following were indicated once as other types of referrals offered to victims: Battered Women's Hotline, career/vocational counseling and planning, other housing assistance, educational groups, psychiatric inpatient hospitalization, and Adult Protective Services

C Referrals - Perpetrators

• 54 of the 73 providers specified types of referrals that they offer to perpetrators of domestic violence
• 75% of the responding providers offer perpetrators referrals to mental health care
• 72% of the responding providers offer perpetrators referrals to substance abuse counseling
• 20 of the responding providers offer perpetrators referrals to medical care
• 17 of the responding providers offer perpetrators referrals to legal assistance
• 16 of the responding providers offer perpetrators referrals to law enforcement services
• Over 1/5 of the responding providers offer perpetrators referrals to emergency shelters

• Service Needs and Access (Providers identified what they believed to be the three most significant needs.)
  • Various Needs
    • 43% (28 of 65 respondents) identified financial assistance and individual counseling/therapy
    • 37% (24 respondents) - legal assistance
    • 34% (22 respondents) - family counseling/therapy
    • 32% (21 respondents) - affordable housing
    • almost 25% (16 respondents) - emergency shelter
    • 22% - transportation
    • 18% - law enforcement services
    • 15% - substance abuse counseling services
• 14% - support groups
• 11% - day care
• 5% - medical care
• One provider listed psychopharmacology and psycho educational skills-building programs for victims, perpetrators and couples
• Each of the following was listed once by responding providers: job training, prevention, affordable treatment services, individualized support services, alternative housing and protection following the report

• Obstacles to Victims
  • 75% of the 60 responding providers indicated lack of awareness or knowledge of services
  • 73% - fear of reprisal
  • 22 respondents - indicated fear of exposure
  • 21 - the victim’s belief that the service will be ineffective
  • 16 - lack of transportation
  • 12 - fear of legal repercussions
  • 4 - lack of a telephone and financial difficulties
  • 3 - physical disability
  • 2 - developmental disability
  • 2 - problems due to illiteracy

• Obstacles to Perpetrators
  • 35 of the 48 responding providers indicated fear of exposure
  • 32 - fear of legal repercussions
  • 24 - lack of awareness or knowledge of services
  • 35% - fear of reprisal
  • 31% - the perpetrator’s belief that the service will be ineffective
  • 4 respondents - lack of transportation
  • 2 - financial difficulties
  • 2 - problems due to illiteracy
TITLE: Domestic Violence: An Inventory of Programs and Policies // Report VI: Law Enforcement Services

AUTHOR: Andrea Luckring

DATE: June 1996

SOURCE: UD – CUAPP - CCD

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY: Primary data – responses to questionnaire, police department/call data

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes - written questionnaires returned by 24 police departments.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “DOMESTIC VIOLENCE”

Although the full report covers law enforcement services, domestic violence calls and arrests, including statistics on the number and type of domestic violence calls to which departments respond; frequency of arrests for categories of perpetrators; arrests of perpetrators for violating the Protection From Abuse Act and/or restraining order; policies and procedures, services, training, service needs and access, police dispatcher services, domestic violence calls and client served; and procedures; only services provided and service needs and access are summarized here.
Types of Assistance Officers Can Offer to Victims of Domestic Violence

Respondents were asked to indicate from a list of eleven services, including an "other" category, the types of assistance that the officers of the department are able to offer victims of domestic violence. The number of departments that indicated their officers can offer a particular type of assistance is provided in the table below. A summary by area of the state served follows the table.

<table>
<thead>
<tr>
<th>Type of Assistance Offered by Officers</th>
<th>Number of Departments Whose Officers Can Offer the Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to emergency shelter</td>
<td>24</td>
</tr>
<tr>
<td>Referrals to social services</td>
<td>23</td>
</tr>
<tr>
<td>Escort to an emergency shelter</td>
<td>21</td>
</tr>
<tr>
<td>Escort to medical care</td>
<td>21</td>
</tr>
<tr>
<td>Referrals to counseling</td>
<td>21</td>
</tr>
<tr>
<td>Referrals to medical care</td>
<td>19</td>
</tr>
<tr>
<td>Referrals to legal assistance</td>
<td>16</td>
</tr>
<tr>
<td>On-site intervention counseling</td>
<td>9</td>
</tr>
<tr>
<td>Bilingual services</td>
<td>9</td>
</tr>
<tr>
<td>Referrals to the department’s victim assistance program</td>
<td>5</td>
</tr>
</tbody>
</table>

Statewide

- Both departments with statewide jurisdiction offer victims an escort to emergency shelter and to medical care and referrals to: emergency shelter, medical care, and social services.

- In addition, the officers of one of the departments with statewide jurisdiction also offer victims on-site crisis intervention counseling, bilingual services and referrals to: counseling, legal assistance, and the department’s victim assistance program.
New Castle County

· All six departments located in New Castle County offer victims an escort to medical care and referrals to: emergency shelter, counseling, and social services.

· Five of the six respondent departments located in New Castle County can offer victims of domestic violence an escort to emergency shelter and referrals to legal assistance.

· Four respondents indicated that their departments' officers can offer victims referrals to medical care.

· Three departments offer victims on site crisis intervention counseling, bilingual services, and referrals to the Delaware Victim Center that is employed by the Delaware State Police.

· Two respondents indicated that their departments' officers can offer victims of domestic violence referrals to their departments' victims assistance program.

Kent County

· All four departments that responded to the survey can offer victims of domestic violence an escort to emergency shelter, and referrals to: emergency shelter, counseling, legal assistance, and social services.

· Three of the four respondent departments indicated referrals to medical care and an escort to medical care.

· Two of the four respondent departments that serve Kent County offer victims of domestic violence on site intervention counseling.

· One respondent indicated that officers on the department's force can offer victims of domestic violence referrals to their department's victims assistance program.

· One respondent noted that the department's officers can offer victims "referrals to the Delaware State Police victims services personnel."

· The officers on one department's force can also offer victims "assistance with [the] filing of violent crimes claims and Protection Orders or various other related criminal paperwork as well as transportation and court accompaniment."

Sussex County

· All ten departments that serve Sussex County can offer victims of domestic violence referrals to emergency shelter.

· Nine of the ten respondents indicated that their departments' officers can offer victims referrals to medical care and referrals to social services.

· The officers of eight departments' forces can offer victims an escort to emergency
shelter, an escort to medical care and referrals to counseling.

- Five departments' officers can offer victims referrals to legal assistance.
- Four can offer victims of domestic violence bilingual services.
- Two of the ten responding departments indicated that they can offer victims on site intervention counseling and referrals to the Delaware State Police Victims Assistance Program.

Other

- Both departments in this category can offer victims of domestic violence an escort to emergency shelter and to medical care, and referrals to: emergency shelter, counseling, and social services.
- One respondent also indicated that the department's officers can offer victims of domestic violence on site intervention counseling, referrals to medical care, and referrals to the department's victims assistance program.
- The second department can also offer victims bilingual services and referrals to legal assistance.

Departments with Victims Assistance Programs

Respondents were asked to indicate whether or not their department has a victims assistance program. If the respondent indicated yes, he/she was then asked: how many persons work in the program, the type of professions on the program's staff, and the types of services offered by the program.

Five of the twenty-four responding departments indicated that they have a victims assistance program. One of the five has statewide jurisdiction, two serve all or part of New Castle County, one is located in Kent County and the last department with a victims assistance program serves the University of Delaware campuses. None of the respondent departments with jurisdiction in Sussex County indicated that they have a victims assistance program.

The five departments that have victims assistance programs are listed in the table below detail the programs' staff and available services. Following the table is summary information on the services offered by the programs.

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of Staff</th>
<th>Types of Professions on Program's Staff</th>
<th>Types of Services Offered by the Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>Number of Staff</td>
<td>Types of Professions on Program’s Staff</td>
<td>Types of Services Offered by the Programs</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Delaware State Police</td>
<td>5 full time, 10 part time, 4 volunteers</td>
<td>Social worker, police officer, investigator, and volunteers</td>
<td>arrangement of Protection From Abuse (PFA) orders, referrals to emergency shelters, referrals to social services, referrals to legal assistance, referrals to counseling, bi-lingual services, accompaniment of victim to court proceedings, 24 hour crisis intervention, assistance with VCCB [violent crimes compensation board] forms, hospital accompaniment, and transportation</td>
</tr>
<tr>
<td>New Castle County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Castle County Police</td>
<td>2</td>
<td>counselor</td>
<td>counseling, arrangement of PFA orders, referrals to emergency shelters, referrals to social services, bilingual services, and accompaniment of victim to court proceedings</td>
</tr>
<tr>
<td>Wilmington Police Department</td>
<td>full-time, periodic student interns</td>
<td>social worker, student volunteers</td>
<td>legal assistance, counseling, arrangement of PFA orders, referrals to emergency shelters, referrals to social services, accompaniment of victim to court proceedings</td>
</tr>
<tr>
<td>Kent County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>Number of Staff</td>
<td>Types of Professions on Program's Staff</td>
<td>Types of Services Offered by the Programs</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>City of Dover Police Department</td>
<td>1 full-time</td>
<td>police officer, Victim Services Coordinator</td>
<td>arrangement of PFA orders, referrals to emergency shelters, referrals to social services, accompaniment of victim to court proceedings, transportation, case information updates, assistance with filing for violent crimes compensation, crisis intervention</td>
</tr>
<tr>
<td></td>
<td>1 part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UD Department of Public Safety</td>
<td>2</td>
<td>Police officer</td>
<td></td>
</tr>
</tbody>
</table>

As seen in the above table the victims assistance programs run by the police departments offer an array of services. A tally of the services offered is provided below.

- All five departments with victims assistance programs offer victims of domestic violence referrals to emergency shelters and referrals to social services.

- Four of the five departments offer arrangement of Protection From Abuse (PFA) orders and four offer victims accompaniment to court proceedings.

- Two of the five programs offer: bilingual services, counseling services, transportation, crisis intervention (one program offers 24-hour crisis intervention), and assistance in filing for violent crimes compensation.

- One program offers victims of domestic violence legal assistance, one program offers case information updates, and one other program offers victims of domestic violence accompaniment to the hospital, referrals to legal assistance, and referrals to counseling.
Service Needs and Access

In the final section of the survey, respondents were asked to indicate the obstacles/barriers that victims of domestic violence face that may prevent them from calling the police. Respondents were also asked to identify the services that they think victims need most from police departments. The responses of the departments are summarized below.

Obstacles/Barriers

Respondents were asked to indicate from a list of ten obstacles the top three obstacles/barriers that they think victims of domestic violence face that may prevent them from calling the police. The list includes the following obstacles:
- lack of knowledge of 911 dispatcher service;
- lack of telephone;
- desire to keep problems private/do not want outside help;
- belief that the service will be ineffective;
- belief that the police, prosecutor or court system will be unsympathetic;
- access problems due to a physical disability;
- access problems due to a language barrier;
- the victim is among the homeless population;
- fear of reprisal from attacker; and
- an "other" category.

One respondent department located in Sussex County did not answer this question and two respondents identified only two obstacles. An overall summary of the obstacles/barriers indicated by the respondents is provided below followed by a breakdown of the responses by the area of the state in which each department has jurisdiction.

- Twenty-two of the twenty-three respondents that identified obstacles indicated that the desire to keep problems private/do not want outside help and fear of reprisal from attacker are among the top three obstacles that prevent victims from calling the police.

- Eleven respondents indicated the belief that police, prosecutor, or court system will be unsympathetic is among the top three obstacles/barriers.

- The belief that the service will be ineffective was identified by six respondents.

- Two respondents indicated that a lack of a telephone is one of the top three barriers that prevent victims of domestic violence from calling the police.

- Access problems due to a language barrier, "fear that the spouse will be arrested," a belief that the "court system will not punish violator," and a belief by the victim that she/he "will not be able to reconcile if the police become involved, i.e., loss of lover, companion, funds, home, child custody, etc." were each identified by one respondent as among the top three obstacles that victims face that may prevent them from calling the police.

Statewide
Both respondent departments with statewide jurisdiction identified the same three, obstacles that they think may prevent victims of domestic violence from calling the police. They are listed below.

- the desire to keep problems private/do not want outside help
- the belief that the service will be ineffective
- fear of reprisal from the attacker

New Castle County

- All six respondent departments in New Castle County indicated that fear of reprisal from attacker is among the top three obstacles that prevent victims of domestic violence from calling the police.

- Five of the six respondents indicated that they believe the desire to keep problems private do not want outside help is among the top three obstacles victims face that may prevent them from calling the police.

- The belief that the police, prosecutor or court system will be unsympathetic was identified by three respondents as among the top three barriers that prevent victims from calling the police.

- Two respondents indicated the belief that the service will be ineffective.

- Lack of telephone and a “fear that the spouse will be arrested” were each indicated by one respondent.

Kent County

- All four respondents identified the desire to keep problems private/do not want outside help and fear of reprisal from the attacker as major obstacles that prevent victims of domestic violence from calling the police.

- Three of the four respondents indicated the belief that the police, prosecutor, or court system will be unsympathetic.

- Lack of a telephone was indicated by one respondent as one of the three most significant obstacles that prevent victims of domestic violence from calling the police.

Sussex County

One of the ten respondent departments located in Sussex County did not identify any obstacles/barriers that may prevent victims of domestic violence from seeking assistance from the police. Two of the ten identified only two obstacles.

- Nine respondents indicated that they believe the desire to keep problems private/do not want outside help is among the top three obstacles that prevent victims from calling the police.

- Fear of reprisal from the attacker was identified by eight respondents as among the top
three obstacles that victims face that may prevent them from seeking help from the police.

- The belief that the police, prosecutor, or court system will be unsympathetic was indicated by three respondents.
- Two respondents indicated the belief the service will be ineffective.
- One respondent indicated that access problems due to a language barrier is among the top three obstacles facing victims that may prevent them from calling the police.
- One respondent wrote, "Court system will not punish violator."
- One respondent noted that, in their opinion, one of the top three obstacles that may prevent victims from calling the police is that the victim fears she/he "will not be able to reconcile if the police become involved, i.e., loss of lover, companion, funds, home, child custody, etc."

Other

Both departments in this category identified the same three obstacles/barriers that they believe may prevent victims of domestic violence from calling the police. The obstacles identified follow.

- the desire to keep problems private/do not want outside help
- the belief that the police, prosecutor or court system will be unsympathetic
- fear of reprisal from the attacker

Service Needs

Respondents were also asked to indicate on a list of eleven services the services that, in their opinion, victims of domestic violence need most from police departments. The list includes the following services:

- escort to an emergency shelter;
- referrals to emergency shelter;
- escort to medical care;
- referrals to medical care;
- family counseling;
- counseling of perpetrator;
- counseling of victim;
- referrals to counseling;
- referrals to legal assistance;
- referrals to social services;
- and an "other" category.

The service needs identified by the respondents are summarized below. An overall tally of the services identified by all twenty-four respondents is provided first followed by a summary of responses by the area of the state in which each department has jurisdiction.
Overall

- Fourteen respondents indicated that among the services victims of domestic violence need most from police departments are referrals to social services and referrals to counseling.

- Twelve indicated referrals to legal assistance.

- Counseling of the victim and referrals to emergency shelter were identified by ten respondents as among the services victims need most from police departments.

- Referrals to medical care, an escort to an emergency shelter, and counseling of the perpetrator were each specified by eight respondents as among the services victims need most from police departments.

- Seven respondents identified an escort to medical care.

- Family counseling was indicated by six respondent departments as among the services victims need most from police departments.


Statewide

- Both respondents with statewide jurisdiction indicated that they think victims of domestic violence need an escort to an emergency shelter, referrals to emergency shelter, an escort to medical care, referrals to medical care, and counseling most from police departments.

- One of the two respondents checked all other services listed as well, including family counseling, counseling of the perpetrator, referrals to counseling, referrals to legal assistance, and referrals to social services.

New Castle County

- Three of the six respondent departments indicated that they think what victims need most from police departments are counseling for victims, counseling of perpetrators, referrals to counseling, and referrals to legal assistance.

- Referrals to medical care, referrals to social services, family counseling, "protection," and "immediate intervention - usually arrest action," were each specified by one respondent as among the services that victims need most from police departments.

Kent County

- Referrals to emergency shelter, referrals to counseling, and referrals to legal assistance were each indicated by three of the four respondent departments with
jurisdiction in Kent County.

- Two respondents indicated that what victims need most from police departments are an escort to an emergency shelter and referrals to social services.

- An escort to medical care, referrals to medical care, "preparation of criminal case against the perpetrator," "information on domestic violence and its effects," and "removal of the threat by arrest" were each specified by one respondent.

Sussex County

- Eight of the ten respondents in Sussex County indicated that victims need referrals to social services most from police departments.

- Six respondents indicated referrals to counseling.

- Referrals to emergency shelter and referrals to legal assistance were each identified by four respondents as among the services that victims need most from police departments.

- Three respondents indicated an escort to medical care, referrals to medical care, family counseling, and counseling of the victim.

- Escort to an emergency shelter and counseling of the perpetrator were each indicated by two respondents.

- One respondent specified that what victims need most from police departments is "protection from abuse."

Other

- Both departments in this category indicated that in their opinions the services that victims of domestic violence need most from police departments are an escort to an emergency shelter, counseling of the perpetrator, counseling of the victim, and referrals to social services.

- In addition, one department indicated all other services on the list including referrals to an emergency shelter, an escort to medical care, referrals to medical care, family counseling, referrals to counseling, and referrals to legal assistance.
TITLE: Domestic Violence: An Inventory of Programs and Policies // Report VII: Survivors’ Perspective on Emergency and Support Services

AUTHOR: Robin Beads

DATE: July 1996

SOURCE: UD - CUAPP - CCD

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY: Qualitative-responses to questionnaire

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes - interviews conducted with twenty domestically abused women

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: DOMESTIC VIOLENCE

Introduction
During the fall of 1995, twenty female survivors of domestic abuse were interviewed about the abuse they had suffered and about their satisfaction with assistance they sought from various sources in Delaware.

Section I: Participant Backgrounds and Demographics

Survivor Characteristics
Twenty survivors were interviewed. They ranged in age from 23 years old to 69 years old at the time of the interviews. Fifty percent of the survivors identified themselves as African American or Black, forty percent identified themselves as White, and the remaining ten percent said that they are Hispanic. At the time of the interview, seventy-five percent of the women surveyed were not employed.

Survivor Residency
The report gives the survivor’s residency by counties in Delaware, or the if the interviewee said that she was a resident of a state other than Delaware when interviewed. The report gives a breakdown of the survivor’s residency.

Educational Level
Two of the survivors hold college degrees and four others indicated that they have completed some college. Seven women completed high school and the remaining five women completed grade school or the sixth grade.

Illness or Disability
The women were asked if they suffered from illnesses or disabilities that did not have to be related to the abuses they suffered. Further information is provided in the report.

Children
The women were asked if they have children who live with them, whether that be at home or at one of the shelters. The average number of children was slightly higher than two, and the children ranged in age from one week to thirteen years at the time of their mother’s interview. Not all women had children.

**Abuse Information**
The participants were asked about the person who abused them and about the abuse they suffered.
- 50% of the women were abused by their husbands.
- 35% were abused by a current boyfriend.
- 10% were abused by a former boyfriend.
- One participant indicated that her female partner had abused her.

**Race/Ethnicity**
The racial characteristic of women interviewed:
- 50% were African American
- 35% were White
- 10% were Hispanic
- 5% were other (described as biracial)

**Section II: Experience with Services**

**Experiences with Police**
In response to questions about interaction with police, eighteen of the twenty Survivors responded that the police had called at least once because of an abusive episode. Further information about experiences with police are available in the report.

**Experience with Protection From Abuse Orders**
Nine of the twenty Survivors had filed Protection From Abuse Orders (PFAs) at the time of the interview. They were asked to describe briefly what they could remember about the filing process. In the report the Survivors list their experiences.

**Experiences with Advocates and Lawyers**
Only five Survivors were in a position to obtain legal counsel, or involved in legal proceedings that either required them to retain a lawyer or have an advocate assigned to them.

**Experiences with Courts**
Only a few Survivors have had court room experiences related to the abuse they suffered. Their experiences fall into three categories including divorce proceedings, child custody hearings, and criminal proceedings in which either the woman or their abusers were the defendants. Most of the experiences with court proceedings and judges described by the Survivors were not positives. The responses given by the Survivors are given in the report.

**Experiences with Family Violence Shelters**
Only two of the twenty Survivors never had sought refuge in a family violence shelter. Overwhelmingly, the Survivors were extremely satisfied with and appreciative of the shelters, shelter staff and the services they could access while residents. The most common complaint by women was that the length of stay in shelter should be longer. No information is available for the Survivor who did not complete the interview. Further comments are available in the report.
from the Survivors that completed the interview.

Experiences with Medical Care Providers
Half of the Survivors interviewed have sought medical treatment for the injuries suffered as a result of abuse. Comments describing their experiences are provided in the report. All comments refer to experiences at the hospital emergency rooms or private physician’s offices.

Experiences with Counseling
Out of the nineteen Survivors who responded to this section, seventeen had participated in some form of counseling at the time of their interview. Only two of the Survivors had participated in individual or private counseling. The other Survivors had attended support groups sponsored by the family violence programs and shelters in New Castle and Kent Counties. The majority of women were pleased with the counseling that they and their children had received. Further responses by the Survivors are provided in the report.

Opinions, Obstacles, and Suggestions
At the end of the interview, Survivors were asked a series of questions that attempted to identify their most immediate needs when they first sought assistance as well as the obstacles they encountered. The women were also asked to identify the services that were most helpful to them and make suggestions for the improvement of service access. The Survivors’ responses are given in the article.

Section III: Interviews
Section III provides a small sample of the interviews transcribed from audiotape. Included in this section are interviews with four of the African American Survivors, four of the White Survivors, and one Hispanic Survivor. All women are identified by pseudonyms. These nine women were chosen because of the varied number of services they used as a group, the experiences they shared, and the variety of unique circumstances they experienced.
TITLE: Empowerment Zone/Enterprise Community Strategic Plan for Wilmington, Delaware: Capturing the Potential of Wilmington’s Future

AUTHOR: Prepared by Kise, Straw & Kolodner with Urban Partners for the City of Wilmington

DATE: October 9, 1998

SOURCE: Wilmington Enterprise Community, Inc.

GEOGRAPHICAL AREA: Wilmington Census Tracts 1, 7, 8, 9, 16, 17, 18, 19, 20, 21, 22, 27

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Secondary data -- regarding statewide health and social services statistics including infant mortality, teen pregnancy, household characteristics, welfare caseload, waiting list for subsidized child care, new job creation, and HIV/AIDS rates.

Primary data -- results of surveys of residents of each neighborhood that is part of the enterprise community, including information regarding “neighborhood issues,” “opportunities and concerns,” “neighborhood priorities and goals,” and “development initiatives.”

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. The data includes surveys of residents in neighborhoods included in the Enterprise Community.

PROBLEMS/TRENDS ADDRESSED IN THE STUDY: “GENERAL” and “HEALTH AND HEALTH CARE”

C The Need to Strengthen Delaware’s Families:
C Trends/Problems:
C In 1992, 1,400 babies in Delaware born to teen mothers
C Nearly 100,000 people in the state lacked health insurance
C More than 25% of children were living in single-parent households
C 70% of all parents were working outside the home

C Some efforts to date:
• A Better Chance welfare reform initiative cut state’s welfare caseload by 23% since 1989
• Waiting list for subsidized child-care has been reduced from 1,750 children to zero
• Health care coverage has been extended to 38,000 working poor since 1993

• Minority Health Issues:

As minority population increases, health issues affecting minorities increase, and thus areas with large minority populations must receive specialized care. Four target areas of health
concern for Delaware’s minority population outlined by Governor’s Advisory Council on Minority Health:

- **Infant Mortality**
  - Problems
    - Infant mortality rates are much higher for African-Americans in Delaware (18.2%) than for whites (6.6%)
    - While low birth weight infants comprise 7% of all infants, the costs of their care comprise 57% of all newborn costs
  - Recommendations
    - Use community-based resources, particularly in the African-American community
    - Improve access to services, including transportation or increasing the number of providers.
    - Continue emphasis on teenage pregnancy prevention

- **Cancer**
  - Problems
    - Five cancers (lung, colo-rectal, breast, prostate, bladder) account for 60% of all of the state’s reported cases
    - For all cancers, survival rates are lower for African-Americans than for whites
    - Smoking contributes to 74% of all Delaware’s lung cancer cases
    - Age-adjusted mortality from prostate cancer for African-American males in Delaware is 20% higher than for African-American males across the U.S.
  - Recommendations
    - Early detection and treatment services should be developed to target minority populations
    - Emphasis should be placed on smoking cessation
    - Organizations that are not minority focused should develop programs that are known to be successful in minority communities

- **HIV/AIDS**
  - Problems
    - Delaware ranks 6th in the nation in AIDS rate with 37.7 cases per 100,000 population
    - Between 1987 and 1991 the number of HIV cases increased sharply, making HIV/AIDS the 5th leading cause of death in the 22-44 age group
    - Rates of HIV infection are increasing most rapidly among minorities and women
    - 75% of AIDS cases reported among African-American males since 1993 were drug-related infections, as well as 84% of cases among African-American females.
  - Recommendations
    - Education about HIV should be improved through a variety of media
    - Minority providers must be identified and approached to assist in providing treatment
• More money needs to be invested into the long-term treatment of Substance abuse

• Enterprise Community
  • Characteristics
    C 1990 unemployment rate in the EC (13%) was more than twice that of the city as a whole
    C 44% of EC residents did not graduate from high school, compared to 32% in the entire city
    C Household income in the EC was substantially lower, and the percentage of poor residents much greater than the city as a whole
    C More people in the EC rent their homes (50%) than own them (33%)
    • The EC’s housing vacancy rate was 14% compared to the city’s 9%
    • The median house value was also much lower in the EC ($57,387) than the entire city ($77,756)
    C EC population is 71% African-American, 16% Hispanic and 13% white
    C Between 1990-1998 the white population of the EC decreased 26% while the Hispanic population increased 99%
  C Problems/Opportunities
    C The city’s recent economic development has benefitted the region but not the EC
    C The city could support construction of 400-650 new residences, and the EC is a prime location
    C While having locational advantages to the reap the benefits of the EC, EC residents are not prepared to take advantage of coming development
    C Residents identify top needs as education, crime reduction, anti-drug programs, and health care.
    C A majority of surveyed residents believed that the EC has brought positive changes to their neighborhood

• Neighborhood by neighborhood analysis of population, labor force, housing, income, land-use/zoning/open space, transportation/circulation, historic resources and “neighborhood issues”/“opportunities and concerns”/“neighborhood priorities and goals”/“development initiatives” as determined through surveys of neighborhood residents.

Neighborhoods analyzed:

• West Center City - bounded by I-95 to the west, Delaware Ave. to the north, MLK Boulevard to the south, and Tatnall Street/Center City to the east
• Eastside - bounded by Brandywine Creek to the north, the Cristina River to the south, Walnut Street to the west and Church Street to the east
• Northeast - bounded by Market St. to the west, Amtrak/Penn Central RR tracks to the east, Brandywine Creek to the south, and city boundary to the north.
• Southbridge - census tract 19, bounded by the Cristina River to the east, north, and west, and by the city boundary to the south
• Browntown - census tract 27, bounded by MLK Boulevard to the north, the Cristina River to the east, the city boundary/B&O RR to the southeast, city boundary to the southwest, and Maryland Avenue to the west

• Westside/Hilltop - census tract 22, bounded by 6th Street to the north, Jackson Street to the east, Lancaster Avenue to the south, and Broom Street to the west
TITLE: Enterprise Community Evaluation Design: An Assessment of the Program’s Implementation and a Framework for Future Evaluation

AUTHOR: J. Grubbs, T. Barnekov and R. Denhardt

DATE: November 1997

SOURCE: CCDFP

GEOGRAPHICAL AREA: Wilmington - Enterprise Community

KINDS OF INFORMATION/DATA USED IN THE STUDY:
- Process-oriented assessment of the implementation phase
- Program analysis, which outlines the numerous programs under the EC umbrella within each EC strategic theme
- Stakeholder interviews, which examines stakeholder perceptions of EC programs and their impact on neighborhoods within the designated area
- Citizen survey conducted by telephone on a random sample of households within the EC

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes, stakeholder interviews and citizen surveys.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: General

Stakeholder Interviews
C EC could explore ways to enhance its capacity to communicate with citizens and others involved in the program
C Suggestions that the partnership build upon its effort to support emerging citizen organizations, work on strategies to make neighborhoods more self-sufficient and help them become equal partners
C Expand EC governance structure to make it more engaging

Citizen Survey
- Services most needed in their neighborhoods included education (78%), crime and anti-drug programs (each 73%) and youth activities (73%)
- Belief that the City of Wilmington had not become more concerned with / responsive to their neighborhoods
- Only 24% of the EC residents said that the City of Wilmington and the Wilmington EC administration had been “effective” or “very effective” in representing the interests of the residents’ communities
- 27% of the respondents said that the partnership had been “ineffective” in representing their neighborhood’s needs

Recommendation

Strategy Development

Strategic planning: The Wilmington EC should redevelop its strategic plan, based on the
changing needs and accomplishments of the partnership

Financial strategy: The Wilmington EC should identify means of enhancing the financial base of the existing partnership by creating a sustainability plan, geared toward replacing limited federal EC funding.

External Environment

Governance structure: The Wilmington EC should explore ways of broadening its governance structure, including the development of steps to enhance and sustain involvement in the planning, implementation and evaluation processes.

Communication: The Wilmington EC should build upon its existing capacity to communicate with stakeholders and citizens.

Internal Environment

Goal-setting and benchmarking: The Wilmington EC should undertake a goal-setting and benchmarking process, drawing from the redevelopment of the strategic plan and national standards established by other EC sites.

Administration: The Wilmington EC should update its administrative functions and explore ways of re-engineering the management arm of the partnership.

Evaluation

Accountability: The Wilmington EC should enhance its accountability strategy to reach a greater portion of the population than current means.

Reporting: The Wilmington EC should build from the framework provided by this evaluation design and create a system of reporting for the EC and EC-related programs.

Tables (starting on page 11):

Table 1 - Enterprise Community Needs Assessment
(most needs were ranked “very important” by at least 60% of the residents)
Table 2 - Changes in the Neighborhood by Service Area During the Past Two Years
Table 3 - Perceptions of Community
Table 4 - Participation in Enterprise Community Programs
Table 5 - Length of Participation in Enterprise Community Programs
Table 6 - Importance of Enterprise Community Programs
Table 7 - Effectiveness of City of Wilmington/Enterprise Community in Representing Community Interests
Table 8 - Level of Participation in Community Organizations
Table 9 - Neighborhood/Planning Council of Residence
Table 10 - Education Attainment
Table 11 - Household Income
Table 12 - Resident status: Rent v. Own
Table 13 - Gender

Table 14 - Eastside-Southbridge Needs Assessment
(most needs were ranked “very important” by at least 70% of the residents)
Table 15 - Eastside-Southbridge Changes in the Neighborhood by Service Area During the Past Two Years
Table 16 - Eastside-Southbridge Perceptions of Community

Table 17 - Northeast Needs Assessment
(most needs were ranked “very important” by at least 60% of the residents)
Table 18 - Northeast Changes in the Neighborhood by Service Area During the Past Two Years
Table 19 - Northeast Perceptions of Community

Table 20 - Southwest-Browntown Needs Assessment
(most needs were ranked “very important” by at least 60% of the residents)
Table 21 - Southwest-Browntown Changes in the Neighborhood by Service Area During the Past Two Years
Table 22 - Southwest-Browntown Perceptions of Community

Table 23 - West Center City Needs Assessment
(most needs were ranked “very important” by 40-58% of the residents)
Table 24 - West Center City Changes in the Neighborhood by Service Area During the Past Two Years
Table 25 - West Center City Perceptions of Community

Table 26 - Westside Needs Assessment
(most needs were ranked “very important” by at least 60% of the residents)
Table 27 - Westside Changes in the Neighborhood by Service Area During the Past Two Years
Table 28 - Westside Perceptions of Community
Table 29 - Analysis of Variance / Community Perceptions by EC Location Status
Table 30 - Correlation Matrix for Community Perceptions
TITLE: Enterprise Community Progress Report

AUTHOR: The Enterprise Community, Inc.

DATE: January 1, 1995 - June 30, 1996

SOURCE: The Enterprise Community, Inc.

GEOGRAPHICAL AREA: The portion of Wilmington included in the Enterprise Community Designation (Census Tracts 1, 6.01, 6.02, 7, 8, 9, 16, 17, 18, 19, 20, 21, 22, 27)

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Qualitative data -- regarding the goals, strategies, and programs of the Enterprise Community

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. Community members participate in the Enterprise Community through the Neighborhood Planning Councils and general meetings.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “EMPLOYMENT” and “GENERAL”

• Job Preparation and Education

  Programs which address this need:
  • Wilmington Employment Corps
  • Tutoring
  • New Head Start and early childhood education classrooms
  • Wellness Center
  • Mentoring
  • School-based Intervention Programs
  • Americorps
  • Community School Prevention Partnership

Economic Development

  Programs which address this need:
  • Pre-Jobs Fairs
  • People’s Produce Market
  • North Market Street Initiative
  • College of Art and Design
  • Small Business Investment

C Strong Families

  Programs which address this need:
  • “A Better Chance” - Welfare Reform
  • “Strengthening Young Parent Families” - Welfare Reform
C  Supportive Communities

Programs which address this need:
  •  Crime Control Program
  •  Substance Abuse Prevention
  •  Fire Safe Campaign
  •  Housing Development
  •  “Connect Wilmington” Bulletin Board
  •  Technical Assistance Grants
Evaluation of the Wilmington Weed & Seed Program January to December 1995

Richard J. Harris and John P. O’Connell

April 1997

State of Delaware - Executive Department - Statistical Analysis Center

Wilmington

reported crime statistics; key findings from a report by MJM Consulting Services (in-depth interviews); also includes summary of 1992-1995 activity

Not in and of itself, but references to MJM Consulting Services does provide information on community input.

“CRIME AND LEGAL SERVICES”

Wilmington Delaware's Operation Weed & Seed - 1992 to 1995

Weeding programs consisted of five community policing officers targeted to walking patrols, increased funding for traditional narcotics enforcement and state prosecutor and state probation officers dedicated to Weed & Seed cases. New under Operation Weed & Seed, an active investigative consortium of federal (ATF, DEA, FBI) and local law enforcement agencies chaired by the Delaware Federal Prosecutor was established.

The seeding programs focused on victim services, substance abuse education and treatment, recreation, tutoring, and parent training. Most of the seeding programs are offered in conjunction with the area's four safe havens (community centers): West End Neighborhood House, William "Hicks" Anderson Community Center, Hilltop Lutheran Neighborhood Center, and the Latin American Community Center.

Key to Operation Weed & Seed is the evolution from traditional policing “responding to a problem” to community policing “having a ready knowledge of a community and its issues”. Making the transformation from traditional to community policing involves increasing communication between the community and police such that a partnership of common goals is obtained. The goal of Operation Weed & Seed is to weed out the problems so that seeding programs have a better chance of succeeding thus changing the atmosphere, quality of life, and safety in tough neighborhoods.

The West Center City and Hilltop neighborhood are parts of the city that have recently experienced the most significant increase in illicit drug activity.
Successes: 1992 - 1993

Crime statistics and perceptions of the community and law enforcement showed that Operation Weed & Seed had clearly made measurable improvements in quality of life and safety in 1992 and 1993. Drug-related calls for service decreased significantly and the number of arrests began to drop as reported crime decreased.

Walking patrols received high marks and were recognized as the symbol of the envisioned partnership being sought by the community.

People reported less fear and exhibited a greater willingness to walk, shop, and visit in their neighborhood.

Lost Ground: 1994 - 1995

Though drug-related calls for service from the Weed & Seed area rose by 43 percent, arrests for drug-related crimes decreased. This decrease in drug arrests while reported illicit drug-related events increased was troublesome.

Probably the best known reason for the negative turnaround in the Weed & Seed area was the city’s “financial squeeze” that was associated with a significant reduction in Wilmington Police Department (WPD) manpower from an authorized staffing level of 289 to a low of 235.

Community members observed a decrease in police presence, particularly the absence of community policing officers “walking their beat”.

The release of many drug offenders who were arrested and incarcerated during the early phases of Weed & Seed and an influx of outside drug traffickers may have led to an increase in the number of criminally prone persons in the Weed & Seed area.

Fighting Back: 1995-present

Late in 1995, drug-related arrests in the Weed & Seed area rose by 42 percent, mostly as a result of increased enforcement in the Westside/Hilltop area and three special police initiatives—the Reactionary Drug Enforcement Team (RDET), the Warrant Execution Team (WET), and the Strategic Community Action Team (SCAT).
The impact of these efforts are related to increased arrests in the area, but have not fully translated into a decrease in reported drug related events. The results sector by sector are mixed; some are up and some are down. It does not appear, however, that the type of increase that the area experienced in 1994 has continued. The special police emphasis in 1995 appears to have contained the situation.

Finally, the news breaking event in 1996 is the increase in the number of firearm related assaults, which are occurring at a rate far higher than at any time in Wilmington's history. Since 1993, calls for service from the Weed & Seed area for shooting incidents have increased by 167 percent, from 21 calls in 1993 to 56 calls in 1996.

Summary of Intensive Interviews with Key Weed & Seed Program Participants

A series of in-depth interviews with Weed & Seed area residents and community leaders, community policing officers, the Chief of the Wilmington Police Department, and key Weed & Seed program participants were held in Spring 1996. The interviews are part of an ongoing panel study by Mary I Mande, Ph.D. of MJM Consulting Services of community policing in Wilmington and its impact on the city's drug trade. The spring 1996 interviews focused on events that occurred in 1995. The resulting report, entitled "The War on Drugs in Wilmington, Delaware - February 1989 to June 1996" details the responses of those who participated in the panel interviews. Following is a summary of some of the report's key findings.

Residents in the Weed & Seed area have been very receptive to community policing. Both police and residents felt that assigning foot patrols to an area on a long-term basis was the most effective community policing strategy; however reductions in police staffing levels made it necessary to use "park and walk" officers in lieu of permanent walking patrols. Residents felt that the "park and walk" community policing strategy was not as effective as permanent patrols because they tend to interact less with park and walk officers, which makes it more difficult to build a rapport with them.

Residents felt that permanently assigned walking patrols are more likely to be aware of neighborhood issues like who the troublemakers are, which house is frequented by drug users, which families allow their children roam the streets unsupervised at night, etc.

Reduced funding for Weed & Seed community policing officers, combined with overall police staffing reductions resulting from the city's financial problems has been detrimental to efforts at reducing the area's drug trade. Those interviewed said that police visibility in the area is noticeably less since the number of dedicated Weed & Seed officers was reduced from five to three.

Residents of the area and community activists generally felt that the drug problem in the neighborhood had worsened in the past year. Police, on the other hand, felt that the area's drug problem is about the same or slightly better than it was a year ago. The
police's perception that the area was stabilizing was possibly influenced by the fact that they had made more drug related arrests in the area.

Some of those interviewed said that they did not feel that their neighborhood was safe at night. One individual said that he wouldn't drive down certain streets at night, for fear of being robbed or wounded by a stray bullet. Community activists have said that they have been threatened and their car windows have been shot out. Some said that they were less willing to participate in drug vigils, marches, or other high-profile anti-drug activities because they fear harassment or other forms of retaliation by drug dealers.

Both the police and area residents felt that much of the area's drug problem stems from out-of-state drug dealers, mostly from New York and Philadelphia. However, some of those interviewed stated that a lack of parental guidance in some families who reside in the area is also a problem. Out-of-state drug dealers often recruit local youths to sell drugs for them. Some parents may look the other way when their children come home with large amounts of cash, especially when the family is struggling financially. In some cases, the parents themselves may be addicted to drugs or alcohol.

Absentee landlords who fail to adequately screen prospective tenants before leasing their properties was also identified as a big problem. One landlord in particular is known to have rented several properties to Dominican drug dealers. This landlord has been warned several times, but so far nothing has been done about it.

Some felt that Weed & Seed should place more emphasis on drug and alcohol rehabilitation. A substance abuse treatment counselor who participated in the panel interviews said that there was dearth of treatment facilities in Wilmington, given the magnitude of the city's drug problem. The high prevalence of substance abuse among area residents creates a problem for the entire neighborhood since drug addicted residents usually don't care that drugs are being sold nearby. Some of those interviewed suggested that referral to substance abuse treatment should be more integrated with Weed & Seed's law enforcement component.

Services and Programs available to children and families in four Delaware Early Intervention Programs

Transportation  Health & Medical services
Physical therapy  Occupational Therapy
Employment Services  Child development services
Parent education Program  Vocational/Rehabilitation Services
Social work Services  Service coordination
Home visits  Special education
Nutrition  Counseling services
Psychological services  Child Care
Speech-Language therapy  Parent support Program
Vision Therapy  Substance Abuse Services

Delaware Early Intervention Programs (General)

- Over 91% of the parents with children returning the survey indicated that they felt their families were better able to care for their children because of their involvement in the programs; specifically, 93.9% of the parents stated that they were more confident as parents since enrolling in the program.

- Over 93% of the parents the survey felt that their children were more advanced since enrolling in the programs; parents reported positive changes in their children in the areas of physical development, speech skills, social skills, cognitive skills, and self-help skills since enrolling in the programs.

- Over 93% of the parents reported they were satisfied with the interactions they had with the
programs:

- Over 87% of the parents stated that they felt their families were respected and were included in decision-making about their children;

- Over 85% of parents were satisfied with the accessibility and responsiveness of the programs; and

- Over 92% of the families returning the surveys were satisfied with the programs in which their children were enrolled.

- Overall the parents felt that the programs made an effort to link their children and families to services such as counseling, parent support groups and services for all four-program types.

**Child Development Watch Program (CDWP)**

The most frequently used services by the families in the CDWP were home visits, the least frequently used services were vocational rehabilitation, substance abuse, and employment services (0.9%).

- 92.8% were satisfied. 2.2% of the families were dissatisfied and 5.0% of the families stated they were less satisfied than they would like to be with the overall services of the programs.

- Families receiving CDWP services reported lower levels of use of service coordination, health and medical, and child development services. Each family identified themselves as having used an average of 4.38 services.

- Families receiving CDWP services had an overall positive response to the services they received. Aggregating the six clusters and weighing the individual cluster totals according to total responses within the cluster results in an overall positive response rate of 90.1% with 9.9% of the families responding negatively.

**Head Start Program Results**

- The most frequently used services by the families receiving Head Start services were home visit services with a total of 76.9% reporting receiving these services.

- The least frequently used services were vocational rehabilitation, psychological, and occupational services with only 1.6% families reporting the use of these services.

- The families receiving Head Start services had an overall positive response to the services they received. Aggregating the six cluster results in an overall positive response rate of 90.5% with 9.5% of the families responding negatively.

**Early Childhood Assistance Program (ECAP)**
• Families identified a total of 631 services as being used during the program year. This is an average of 5.01 services per family.

• The most frequently used services used by the families receiving ECAP services were home visit services with a total of 74.6% families reporting receiving these services.

• The least frequently used services were vocational rehabilitation, psychological, substance abuse, and service coordination services with less than 4% of the families reporting the use of these services.

• 98.7% of the families indicated that they were satisfied. Only 0.8% of the families stated they were less satisfied than they would like to be with the overall services of the programs.

Preschool Special Education Program Results (PSE)

• The services most frequently reported by families as being used by the children in the PSE programs or the children’s family members were speech-language therapy services (75.1%).

• The least frequently services provided were employment, vocational rehabilitation, and substance abuse services.

• 92.6% of the families reporting were satisfied with the services provided. Only 2.1% of the families indicated they were dissatisfied and 5.5% stated they were less satisfied than they would like to be with the overall services of the programs.
Delaware Alcohol and Drug Telephone Survey

Substance Use

- Marijuana is the most frequently used illicit drug, followed by cocaine, hallucinogens, and opiates. Gender (being male) is a statistically significant predictor of use for all drugs, and household income (higher levels) is a statistically significant predictor for all drugs except opiates.

Lifetime and One-Year Alcohol Diagnoses

- Males 18-29 have the highest rates of lifetime and one-year alcohol dependence and abuse (33.3%). Rates from this survey are consistent with national studies.

- White males have the highest rates of lifetime and one-year alcohol dependence and abuse (24.1%). Rates from this survey are nearly two times the national average (13.6%).

- Lifetime and one-year alcohol dependence and abuse is most prevalent in New Castle County (6.6%), followed by Sussex County (5.8%), the City of Wilmington (4.9%), and Kent County (4.4%).

Drug Dependence and Abuse Diagnoses

- The number of respondents reporting lifetime drug dependence and abuse was too small to provide a statistically significant demographic profile of an abuser.
Alcohol Treatment: Need and Demand

- This survey estimates that in 1995 approximately 43,000 persons over 18 in Delaware are in active need of alcohol and drug treatment. National studies have estimate that 20% of active abusers that would seek treatment if there were no barriers to receiving treatment (e.g. waiting lists, transportation). Therefore, estimated treatment demand in Delaware is 8,600 persons. In 1995, over 4,000 persons are estimated to have received treatment. The difference between 8,600 and the number who received some form of treatment approximates the unmet demand for treatment in Delaware.

Delaware Small Area Prevalence Survey

Substance Use

- Alcohol was the most prevalent substance followed by illicit substances, marijuana, cocaine, hallucinogens, and opiates.

Lifetime and One-Year Alcohol Diagnoses

Small area population projections for substance abuse from self-reported substance use:
- Lifetime; Alcohol - 105,250, Marijuana - 34,241, Cocaine - 8,733, Hallucinogens - 5,056, Opiates - 1,494.
- Last 18 Months; Alcohol - 73,997, Marijuana - 72,239, Cocaine - 1,034, Hallucinogens - 345, Opiate - 115.

Use in state Planning Areas

<table>
<thead>
<tr>
<th>Substance</th>
<th>New Castle County</th>
<th>Kent County</th>
<th>Sussex County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>71.4%</td>
<td>61.1%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>8.0%</td>
<td>3.85%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.0%</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
<td></td>
<td>0.95%</td>
</tr>
<tr>
<td>Opiates</td>
<td></td>
<td></td>
<td>0.2%</td>
</tr>
</tbody>
</table>

- Lifetime alcohol prevalence rates for persons over 18 are: alcohol abuse 2.9%, alcohol dependence 1.4%, alcohol dependence with abuse 6.0%, and dependence and abuse 9.65%. Prevalence rates are the highest for white males in the 18-29 and 30-44 age categories.
- One-year alcohol prevalence rate for persons over 18 are: 1.0% for abuse, 0.5% for dependence, 1.6% for dependence with abuse, and 3.1% dependence and abuse. Prevalence rates are highest for white males between 18-29.

Frequency of DSM-III-R Symptoms of Alcohol Dependence

- 6.8% experience drinking larger amounts or more than intended.
- 2.8% experience a persistent desire or one or more unsuccessful efforts to cut down.
- 1.7% spent a great deal of time drinking or getting over effects from drinking.
- 7.7% experienced frequent intoxication when expected to fulfill major roles obligations or when physically dangerous.
- 7.7% gave up more social, occupation, or recreational activities because of drinking.
- 4.1% continued to drink despite a social, physical, or emotional problem caused or exacerbated by drinking.
- 2.6% experienced tolerance to alcohol.
• 0.4% experienced withdrawal symptoms.
• 0.9% drank to relieve withdrawal symptoms.

**Lifetime and One-Year Drug Diagnoses**

- **Lifetime prevalence rates for drug diagnoses for those over 18 are:** 0.8% for abuse, 1.7% dependence, and 2.4% dependence and abuse. Prevalence rates are highest among African-American males in the 30-44 age group.
- **One-year prevalence rates for those over 18 are:** 0.2% for abuse, 0.9% dependence, 1.1% dependence and abuse. Drug diagnoses are most prevalent for African-American males in the 30-44 age group.

- **Lifetime and One-Year Alcohol and Drug Dependence and Abuse**
  - Lifetime prevalence is highest in New Castle County, 11.6%, followed by Sussex County, 10.8%, and Kent County, 9.7%.
  - One-year prevalence rates are highest for Sussex County, 6.2%, followed by New Castle County at 3.50% and Kent County at 2.90%.

**Treatment Histories**

- Approximately 5,200 persons or 4.5% of survey respondents ever received treatment for alcohol or drug problems.
- During the last year, 1.9%, or nearly 2,200 persons received treatment and 4.1%, or about 4,711 persons were in need of treatment.
- The most utilized lifetime treatment modalities include: outpatient services, Alcoholics Anonymous, informal therapy, detox services, and short-term residential treatment.
- During the last year, the most frequent modalities were: Alcoholics Anonymous, informal treatment-therapy, informal treatment—clergy, and less than intensive outpatient treatment.
- Respondents in Sussex County were more likely to ever receive treatment in their lifetimes and in the last year, followed by New Castle and Kent Counties.
- Sussex and Kent Counties utilized more informal treatment modalities such as Alcoholics Anonymous, informal treatment-clergy, and informal treatment-therapy.
- Treatment modalities were more evenly dispersed in New Castle County between information and formal types.
- The most utilized modalities were: Alcoholics Anonymous, informal treatment-therapy, inpatient hospital rehabilitation, and less than intensive outpatient treatment.

**Comparisons and Contrasts between the Surveys**

- Both surveys indicate that alcohol dependence and abuse is most prevalent among 18-29 year olds, males, and white-males.

- Alcohol disorders seem to be widely dispersed throughout the state's population; however, drug disorders seem to be concentrated in clusters in certain areas among certain populations.

- The statewide survey indicates that only 10% of those in need of treatment actually received treatment in 1995. The small area survey indicated that roughly 40% of those in need of treatment received treatment in 1995.

**Alcohol Prevalence Implications**
• It appears that more aggressive treatment planning efforts need to target young white male adults (18-29 years old).

**Drug Prevalence Implications**

• More prevention and intervention can be targeted at 30-44 year old non-white males, the demographic group with the highest rate of drug dependence and abuse.
Introduction
The Commission’s review included five employment areas:
• The district’s total work force
• Recruitment / retention policies
  • Hiring practices
  • Applicant flow data
  • Affirmative Action

Statistical data provided to the Commission included: work force by race, gender and EEO-4 categories, hires, promotions, terminations, applicant flow, etc. Employment information was provided through written policies on recruitment, training, and retention plans, outlines of district’s hiring process, records of the composition of applicant flow data and affirmative action plans. Once all the information was submitted, a subsequent interview was completed, and the results were tabulated to provide a format for comparison on the reported districts.

Fourteen school districts responded with the requested information:
1. Caesar Rodney
2. Cape Henlopen
3. Capital
4. Delmar
5. Indian River
6. Lake Forest
7. Laurel
8. Milford
9. New Castle County Vo-T
10. Polytech
11. Seaford
12. Smyrna
13. Sussex County Vo-Tech
14. Woodbridge
State Human Relations Commission Summary, Conclusions and Recommendations

In this report, the State Human Relations Commission reviewed fourteen Delaware schools. The examination of the content of this indicates that minority group members are underrepresented in most Delaware Public Schools throughout their work force. The Commission recognizes that minority administrators and professionals are in great demand nationwide, and that availability is more than likely less than the labor market availability percentage of 20% for administrators and 15% for teachers in Delaware. In an ideal situation, the administrative and professional staff should reflect the racial composition of the student population.

It is the recommendation of the Commission, and indeed the philosophy of the Department of Education, that school districts should adopt a goal of working toward similar staff to student representation. The urges school districts to work toward equalizing this balance. The commission recommends development of an Affirmative Action Plan for each school district. An effort to develop plans with consistent core elements among districts would strengthen a climate of employment desirability for the State of Delaware.

The State Human Relations Commission implores Delaware’s Colleges and Universities to step up efforts in educating minority teachers. In turn, the Districts could increase their efforts to raise the awareness of minority students to the opportunities of a teaching career. The Commission plans to annually monitor the progress of the District’s implementation of the recommendations contained in the report over the next five years.
TITLE: Focusing on Information Sources for Delaware’s Developmental Disabilities Community

AUTHOR: Audrey Helfman, Robert Wilson, Donna Bacon - Delaware Public Administration Institute, Graduate College of Urban Affairs and Public Policy; University of Delaware

DATE: 5/96

SOURCE: Delaware Developmental Disabilities Planning Council, 302-739-3333

GEOGRAPHICAL AREA: New Castle, Kent and Sussex counties.

KINDS OF INFORMATION/DATA USED IN THE STUDY: Four service-provider focus groups, six consumer-focus groups (two of which were Spanish-speaking).

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes, 10 focus groups of five to ten participants were recruited through community press releases, agency publications, flyers sent to local schools and service provision organizations, and mailing lists from disability related agencies.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: Disabled

Information needs of the developmentally disabled population from both consumer and service provider viewpoints. Focus group participants confirmed the fragmentation of information and services among private, non-profit, and public agencies throughout the state.

What did consumers say

- Parent and consumer questions ranged from general and broad based to specific, personal inquiries about services available in Delaware.
  - Other parents had looked for specific information about symptoms, treatment, medical specialists for recently diagnosed disabilities or conditions.
  - Questions about funding and support contacts were prevalent among all ages and disabilities.
  - Parents of pre-schoolers were interested in were most interested in finding the most talented diagnosticians and therapist, funding sources for special services and equipment, and seeking some source of respite care.
  - Parents of school-age children were mostly concerned with placement in special schools, inclusion in regular classroom, understanding the IEP process and how to get involved with it, accessing assistive technology and funding for it, and finding and accessing respite or regular day care.
  - Consumers who were past secondary-school age had concerns about accessing technology, assistance in pursuing college or job training courses.
  - Housing, independent living, and transportation questions were prevalent among adult consumers and their parents.
Consumers first source for information

- There was a strong consensus within each consumer group, that the most reliable and comfortable source of information was to call someone from their personal network of service providers or acquaintances.
- For those traumatically acquiring a disability or just moving to the state there were several first sources noted. The phone book was found to have inconsistencies of department or agency names. Others contacted agencies by agency name recognition, still others went to a local school or hospital as a first step in seeking information.
- There was general agreement the phone book’s blue or yellow pages were difficult to navigate and quickly locate information in.
- The efforts of the Child Development Watch Program were noted for providing support and information to parents of newborns or babies diagnosed early with potential disabilities.
- Most consumers were receptive to computers as a resource but agreed they would not be their first priority.
- A central 800# was often suggested as a viable means of information retrieval, but that it would only be as good as the personnel trained to provide information and explain the resources available.
- The ideal system cited was a “mixed bag” of multiple resources, including a published directory, an 800#, and an on-line system which they could both look up specific information and chat to others in the disability community.

What did Spanish speaking consumers say?

- Spanish-speaking consumers cited language barriers as their greatest difficulty in accessing services or information.
- Participants noted that most state agencies do not have bilingual workers to help them. As a result most use a third party, such as La Oficina de la Familia y los Ninos, St Michael’s Church or Child Watch Development in their information searches. Bilingual friends were also cited as an important resource for finding information.
- No Spanish-speaking consumers had computer experience, but were open to training.
- One-on-one contact was preferred by all, with Spanish speaking operators available was recommended as the most effective and accessible format for information retrieval.

What did service providers say?

- Questions asked of providers ran the gamut from general statewide availability of services to very specific questions of personal eligibility for equipment and services.
- Many were also faced with questions about specific topics that are not within their expertise, such as housing, independent living or respite care.
- Each provider group verified that its own network of service providers and associates were their greatest source of information. Some have put together their own notebook, directory or Rolodex of names, addresses, and phone numbers should a question or situation come up.
- Several of the state directories, such as the DHSS Directory of Services, DPI Handbook, DATI Resource Guide, and the handbook for the elderly were mentioned as first sources.
- A few have used the phone book’s blue and yellow pages, but indicated they were not the most efficient or effective tool.
- Some have called the Delaware HelpLine for help, others have been called by the helpline for answers.
Most service providers are limited to e-mail capabilities and have very little computer access to other agencies in the state or the Internet. All service providers seemed receptive to using a computerized Database, especially if they could correspond directly with other providers in other agencies. Service providers thought a central 800# would be a good central point for both themselves and their clients to first look for information, if staffed with properly trained personnel. Providers thought that an ideal system for information would include a wide range of multimedia mechanisms. They would like an 800# or an enhanced Helpline, a computer Database and chat line, a published directory of agencies, addresses, numbers, contacts, and revised cross-referenced blue pages in the phone book.
TITLE: History Report: Services Integration in the State of Delaware

AUTHOR: Robert B. Denhardt and Joseph W. Grubbs, Center for Community Development and Family Policy, College of Human Resources, Education, and Public Policy, University of Delaware

DATE: May 1998

SOURCE: Center for Community Development, College of Human Resources, Education, and Public Policy, University of Delaware

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Secondary data - narrative regarding the history of the Family Services Cabinet Council (FSCC) and service integration in Delaware

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

No. The data are a compilation of information presented in government documents describing the relevant events and processes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “GENERAL” and “HEALTH AND HEALTH CARE”

Supply of Services/Barriers to Service

• Governor Carper’s Executive Order of May 17, 1993 that created the Family Services Cabinet Council was necessary because of changes in family structure/social environment in the state, and the gap between schools and State service agencies

• The Services Integration Working Group, created in 1996 to oversee the practical implementation of services integration, began to work on integration of services in schools and communities

• The task of evaluating the emerging services was given to the Benchmarking and Evaluation Subgroup, and the task of linking the technological infrastructures of State Agencies was given to the Technology Subgroup

• The school-based component of the initiative, known as the School Friendly component, grew out of a Wellness Center program begun by DPI and DOE, which put an array of health care, counseling, and other support personnel in high schools to ensure that children had more immediate access to services

• The community-based component of the initiative, known as Community Links, built upon existing, successful community-based health and social service delivery and neighborhood
redevelopment programs, including Family Services Partnerships, K-3 Early Intervention Programs, Strong Communities, HB 247 Pilot Programs, First Time Home Visiting Program, “A Better Chance” Welfare Reform, Community Policing, and School Resource Officers

• More recently, the Working Group has made strides toward developing a comprehensive model for services integration
TITLE: Homebound Seniors by Zip Code

AUTHOR: Meals on Wheels

DATE: 1998

SOURCE: Meals on Wheels-Delaware

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY: statistics regarding seniors, who received home meal delivery in the state of Delaware in 1998

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “ELDERLY”

According to the data recorded:

• There are 60,421 seniors 65 years of age or older in the state of Delaware.

• There are 3,545 (6%) of seniors in Delaware that are being served by Meals on Wheels.

The Top Ten Zip Codes with Seniors Being Served:

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>City</th>
<th>Seniors</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 19805</td>
<td>Wilmington</td>
<td>342 seniors</td>
<td>10%</td>
</tr>
<tr>
<td>C 19802</td>
<td>Wilmington</td>
<td>285 seniors</td>
<td>8%</td>
</tr>
<tr>
<td>C 19901</td>
<td>Dover</td>
<td>233 seniors</td>
<td>7%</td>
</tr>
<tr>
<td>C 19801</td>
<td>Wilmington</td>
<td>208 seniors</td>
<td>6%</td>
</tr>
<tr>
<td>C 19947</td>
<td>Georgetown</td>
<td>201 seniors</td>
<td>6%</td>
</tr>
<tr>
<td>C 19711</td>
<td>Newark</td>
<td>200 seniors</td>
<td>6%</td>
</tr>
<tr>
<td>C 19713</td>
<td>Newark</td>
<td>167 seniors</td>
<td>5%</td>
</tr>
<tr>
<td>C 19808</td>
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<td>5%</td>
</tr>
<tr>
<td>C 19804</td>
<td>Wilmington</td>
<td>140 seniors</td>
<td>4%</td>
</tr>
<tr>
<td>C 19720</td>
<td>New Castle</td>
<td>139 seniors</td>
<td>4%</td>
</tr>
</tbody>
</table>
Title: Homelessness in Delaware

Author: Steven W. Peuquet and Pamela J. Leland

Date: 1988

Source: The Urban Agent Division, College of Urban Affairs and Public Policy, University of Delaware, in cooperation with the Salvation Army

Geographical Area: statewide

Kinds of Information/Data Used in This Study: four types of surveys were utilized: inventory of service providers, client survey, expert survey, and supplemental enumeration.

Is This Data/Study Representative of Community Input?: Yes, but only in response to survey questions.

Problems/Needs Addressed in This Study: “Housing”

Age, Gender, Race

- In a survey of 262 households and a total of 472 individuals the surveyed shelter population was young. The median age of all shelter residents was 21. Looking at the heads of households, this group’s median age was also relatively young, standing at 28.5 years.
- Of those who were residing at emergency shelters, 36 percent were female adults. A greater proportion, 39 percent, were children 18 years old or younger. Of the children, 23.0 percent were under the age of five. Only a quarter (25.4 percent) were adult males.
- Out of the total number of household heads answering questions about their race, 16.3 percent were black men and 25.9 percent were black females, for a total of 42.2 percent. Only 4.4 percent of the remaining population was Hispanic and other minorities, while whites comprised the remaining 53.4 percent.

Household Types

- More than half (54.7 percent) of surveyed households were headed by women. Families with children accounted for a total of 32.9 percent of the surveyed households, and most of these (73 out of 85) were headed by a female. One person male households were seen 37.2 percent of the time, and one person female households were observed at a frequency of 26.4 percent. Male/female couples with or without children were seen 8.2 percent of the time.
- Households consisting of a male/female couple without children had the lowest median age at 25 years. This was closely followed by a median of 26 years for females who are heads of households with children. In order of increasing median age, single female households came next (27 years), followed by male/female couples with children (29 years), with the highest median age being for single male households (39 years).

Education, Marital Status and Place of Origin

- Slightly more than half (51 percent) of the surveyed homeless had not graduated from high
school. About a quarter (26 percent) had obtained a high school diploma but went no further, almost one-fifth (18.5 percent) had some college, and only one out of twenty (4.6 percent) had a college diploma.

- The vast majority (77.1 percent) of all surveyed homeless heads of households had either never been married or were separated or divorced.
- When asked where they were from, almost half (44.6 percent) of the surveyed homeless stated they had been in the area where they were currently sheltered for three years or more, and almost a fifth (19 percent) had been there his or her entire life. Of the 55.5 percent of household heads who reported they had been in that location two years or less, almost half came from some other place in Delaware.

**Employment and Income**

- The majority of all responding heads of households were unemployed at the time of the survey, 73.2 percent that did not have work, more than a third (35.4 percent) could be viewed as long-term unemployed in that they had been unemployed a year or more. About a quarter (27.5 percent) had been without a job for less than a year but more than two months, and the remainder (23.4 percent) had stopped working within the last three months.
- While only 26.8 percent of the household heads surveyed were employed, 56.5 percent claimed to have a steady source of income. Half said they got part or all of their money from their job. The other most common sources were: Aid to Families with Dependent Children (26.7 percent), Supplemental Security Income (11.6 percent), and General Assistance (5.5 percent).
- A total of 80.9 percent of all the surveyed heads had incomes of less than $450 monthly, or $5,400 per year.

**Homeless Episodes**

- Among the 262 heads of households interviewed, 62.2 percent were homeless for the first time, and on average, they tended to be younger than those who had previously experienced one or more homeless episodes. Almost 56 percent of those homeless for the first time were under 30 years old compared to 46.9 percent for those who had been homeless one or more times previously.

**Mental Health Problems and Substance Abuse**

- Six out of every 10 responding heads of households stated that they had never previously been treated for an emotional or mental health problem or for substance abuse. Those with a history of substance abuse or emotional or mental health problems were more likely to report that they had been homeless at least once before.
- Of those stating that this was not their first homeless episode, 52.2 percent indicated they had previously been treated or were hospitalized for substance abuse or an emotional or mental health problem. This compares to only 34.2 percent for first-time homeless persons. By disaggregating the 52.2 percent of those who had previously been homeless and had a history of problems, it can be seen that as the number of episodes of previous homelessness increases, so does the proportion of respondents with a history of substance abuse or emotional or mental health problems. For those previously homeless one to three time in
the past two years, 47.5 percent had a history of these health problems. For those with four to seven previous homeless episodes, the proportion reporting a history of such problems rose to 62.5 percent.

- There also appears to be a correlation between the duration of the current homeless episode and a history of substance abuse or mental health problems. For those homeless for three or less weeks at the time of the interview, only about 28 percent reported any history of substance abuse or emotional or mental health problems. For those homeless one to twelve months, 57.5 percent claimed a history of such problems. And for the chronically homeless, i.e., those homeless for more than a year, the reported incidence of these types of health problems was 64.4 percent.
**TITLE:** Homelessness in Delaware Revisited

**AUTHOR:** Steven W. Peuquet, Ph.D. and Abigail Miller-Sowers

**DATE:** 1996

**SOURCE:** Center for Community Development, College of Urban Affairs and Public Policy
University of Delaware

**GEOGRAPHICAL AREA:** statewide

**KINDS OF INFORMATION/DATA USED IN THIS STUDY:** residents of both emergency and transitional shelters participated in telephone interviews. Managers of emergency and transitional shelters completed inventories and surveys. Also, managers provided data on the number of families and individuals sheltered on the night of January 25, 1995 generating a point-in-time estimate of sheltered homeless in the state for that time.

**IS THIS DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?:** Yes, but only in response to survey questions.

**PROBLEMS/NEEDS ADDRESSED IN THIS STUDY:** “Housing”

**Number of Sheltered Homeless in 1995**

- On January 25, 1995, a total of 1,031 persons were estimated to be residing in emergency and transitional housing in the state.
- Of this homeless population 299 (29 percent) were children under the age of 18; and 732 (71 percent) were adults.
- Adult men living by themselves represented 39.1 percent of all sheltered homeless persons. Adults and children living in households headed by a female represented 37.4 percent of all sheltered homeless persons. Adult females living alone were 12.7 percent. Male/female couples with children represented 4.5 percent of this population. Male headed households with children when there was no female present were 2.7 percent. Male/female couples with no children and children living by themselves were 1.6 percent. Households with multiple adults of the same sex with no children was only 0.4 percent of the homeless population.

**Counts by Type of Shelter**

- Of the 1,031 persons residing in emergency and transitional shelters on Jan. 25, 1995, 49 percent (504 persons) were living in site-based emergency shelter facilities. Fourteen percent (148 persons) were living in motel rooms provided through an emergency shelter program. Thirty-seven percent (379 persons) were occupying a transitional shelter facility. In addition, 136 persons entered a day shelter program on that day.

**Counts by Location**

- Approximately two-thirds (66.1 percent) of the individuals residing in emergency and transitional shelters in the state on Jan. 25, 1995 were staying in Wilmington. The portion of
New Castle County outside of Wilmington housed only 6 percent. Kent County housed 16.1 percent of the homeless population on that day and Sussex County played host to 11.7 percent.

**Size of Selected Subpopulations**

- Based on their response to interview questions, nineteen percent (76 adults) residing in emergency shelters in the state on Jan. 25, 1995 can be categorized as having mental health problems. 184 adults (46.3 percent) can be categorized as abusers of alcohol and/or other drugs. 10.3 percent (41 adults) can be categorized as having mental health problems and alcohol or drug abuse problems. 7.6 percent (30 persons) suffered from domestic violence or the threat of domestic violence.

**Changes in Point-in-Time Estimates**

- For February 25th, 1986 it was found that 178 adults and 88 children for a total of 266 persons were housed by the state’s emergency shelter programs (Note: data obtained from a 1986 study conducted by Steve Peuquet and Pamela Leland entitled Homelessness in Delaware). On the night of Jan. 25th, 1995 the number grew to 652 persons (254 children and 398 adults) an increase of 14.5 percent. (Note: The number of homeless housed in transitional housing programs was not recorded in the 1986 study).

**Statewide Overview of the Shelter Network**

- Of the 53 shelter programs located throughout the state, 38 facilities were located in Wilmington/New Castle County; 8 were located in Kent County, and 7 were located in Sussex County.
- A total of 870 shelter beds were provided by 44 site based emergency and transitional shelter programs throughout the state. Of these beds, 450 were strictly for singles, 328 were strictly for families, and 92 were for a combination of singles and families.
- Of the 450 single beds, 85 were designated for females, 310 were for men and 55 were for either men or women depending on the need.
- Of the 53 shelter programs in Delaware, 13 provided general medical care; 5 provided women’s health care; 7 provided HIV/AIDS testing or counseling; 3 provided tuberculosis (TB) testing; 5 provided monies for dental services; and 16 provided funds for eyeglass assistance.
- Ten shelters provided psychological counseling; none offered alcohol or detoxification services; 17 provided some type of alcohol counseling; 18 programs offered drug counseling; 18 programs offered family counseling; and 15 shelters offered domestic abuse counseling.
- Twenty-one shelters offered parenting classes; 6 shelters provided child care services; 29 shelters provided life skills training; 10 shelters provided literacy training; 12 shelters provided GED classes; 10 shelters provided job training; 25 shelters provided job search assistance.
- 17 provided legal assistance; 32 provided financial counseling; 30 provided housing counseling; 23 assisted residents in finding permanent housing; 26 assisted residents in obtaining welfare assistance; 30 assisted residents in obtaining proper identification; and 31 helped transport their residents to appointments.

**Household Structure and Gender**
A total of 69 percent of the 147 homeless individuals interviewed lived by themselves in what is termed single person households. Women with children comprised 19 percent of surveyed participants. Adults living in traditional family units consisting of male/female couples with or without children comprised 12 percent.

There were more female adults found in emergency shelters than males; 56 percent compared to 44 percent respectively.

Age, Race and Spanish Ancestry

The median age of all the 147 persons interviewed was 31 years. Women with children had the lowest median age of 26 years. In order of increasing median age, single females came next (29.5 years), followed by other adults (30.5 years), with the highest median age being for single male households (35.5 years).

The proportion of homeless blacks in the survey was 60 percent, more than 3.5 times that found in the general state population. Whites comprised 33 percent of the surveyed population. A total of 4 percent of the surveyed homeless adults reported that they were Hispanic, Latino, or of Spanish decent.

Education

Of the surveyed population, 21.2 percent had not graduated from high school; while 43 percent had obtained a high school diploma but went no further; 33.1 percent had attended some college but had not earned a bachelor’s degree; and 2.3 percent had a four-year college or higher degree.

Duration of Residency in the Community

Of the surveyed population, 46 percent said they had been in the area where they were currently sheltered for three years or more. Of the remainder who said they had been in the location less than three years, almost half came from some other place in Delaware.

Income and Its Sources

A total of 59 percent of all those interviewed had an annual household income of less than $10,000, and 35 percent existed on less than $5,000 per year. Women living by themselves were the poorest households, with 67 percent having annual incomes under $10,000. Sixty-five percent of “other households” consisting mostly of male/female couples with or without children brought in less than $10,000 per year. Sixty-two percent of women with children households brought in under $10,000 per annum. Fifty percent of single male households brought in less than $10,000 per year.

A total of 58 percent of those interviewed claimed to have a steady source of income from employment or from a government sponsored program. Of the homeless adults surveyed, 6.7 percent receive income from the General Assistance program; 12.7 percent participated in the AFDC program; 2.2 percent were receiving income from SSI; and 0.7 percent received income from the VA Disability program.
Employment

- More than half (56 percent) of those interviewed were unemployed at the time of the survey. About one-quarter of these individuals (23 percent) could be viewed as chronically unemployed in that they were without a job for a year or more. However, the majority, 63 percent were only recently unemployed.
TITLE: Hunger: The Faces and Facts of 1993

AUTHOR: Prepared by the VanAmburg Group, Inc.

DATE: January 15, 1994

SOURCE: Food Bank of Delaware

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Primary data -- results of an agency survey and client personal interviews undertaken at emergency shelters, emergency kitchens, food pantries, and other emergency food assistance programs.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. The data includes surveys of both agencies and clients.

PROBLEMS/TRENDS ADDRESSED IN THE STUDY: “EMERGENCY ASSISTANCE”

The following statistics are highlights derived from the client survey, with figures in parentheses indicating national data acquired from similar surveys across the country

- 12.4% of Delawareans relied on emergency food programs in 1993 (10.4% nationally).
- 64.8% of respondents did not expect to need emergency food help 3 months ago (45.5%).
- 58.3% of respondents were female (60.9%).
- 58.3% of respondents were living with children 17 or under.
- 64.4% of respondents lived in households with annual incomes of $10,000 or less (73.0%).
- 82.2% of respondents did not have private medical insurance (84.0%).
- 42.8% were covered under Medicaid (43.0%).
- 50.6% were receiving Food Stamps (48.3%).
- 61.1% reported that Food Stamps last 3 weeks or less (82.1%).
- 41.7% were part of single-parent households (26.8%).
- 23.9% were homeless (18.1%).
- 43.7% were unemployed (39.0%).
- 8.2% were seniors (8.1%).
- 38.5% were white (50.7%).
- 53.4% were African-American (32.8%).
- 6.0% were Hispanic (11.4%).
- 95.9% lived in the same county as the food program they were utilizing (94.9%).
- 17.0% were disabled (17.2%).
- 46.8% were high school graduates (36.6%).
- 30.2% of adults missed meals in the past month (32.4%).
- 7.2% of children missed meals in the past month (10.7%).
- 30.7% had wages as their primary source of income (26.1%).
- 17.0% had AFDC as their primary source of income (12.0%).
- 10.6% had Social Security as their primary source of income (16.5%).
Primary data -- results of an agency survey and client personal interviews undertaken at emergency shelters, emergency kitchens, food pantries, and other emergency food assistance programs.

**IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?**

Yes. The data includes surveys of clients.

**PROBLEMS/TRENDS ADDRESSED IN THE STUDY:** "EMERGENCY"

The following statistics are highlights derived from the client survey, with figures in parentheses indicating national data acquired from similar surveys across the country:

- 10.3% of Delawareans relied on emergency food programs in 1993
- 66.7% of respondents did not expect to need emergency food help 3 months ago (45.8%)
- 62.6% of respondents were female (62.4%)
- 59.4% of respondents lived in households with annual incomes of $10,000 or less (67.0%)
- 84.4% of respondents did not have private medical insurance (80.8%)
- 37.8% were covered under Medicaid (40.3%)
- 41.2% were receiving Food Stamps (40.7%)
- 67.8% reported that Food Stamps lasted 3 weeks or less (78.7%)
- 50.6% were part of single parent households (33.4%)
- 23.1% were homeless (15.8%)
- 48.4% were unemployed (37.0%)
- 19.0% were working (20.7%)
- 54.4% were adults (46.4%)
- 8.7% were seniors (16.0%)
- 40.5% were white (47.1%)
- 51.7% were African-American (32.1%)
- 5.3% were Hispanic (14.6%)
- 95.3% lived in the same county as the food program they were utilizing (95.0%)
- 20.2% were disabled (21.0%)
- 44.1% were high school graduates (36.2%)
- 31.8% of adults missed meals in the past month (27.5%)
- 7.3% of children missed meals in the past month (9.1%)
- 33.0% had wages as their primary source of income (28.1%)
• 6.9% had TANF as their primary source of income
• 13.2% had Social Security as their primary source of income (18.2%)
• 7.1% had SSI as their primary source of income (10.9%)
TITLE: The Impact of a Boys and Girls Club Facility; Component A: Baseline Analysis

AUTHOR: Timothy Barnekov, Marjorie Eldridge, and Steven Peuquet

DATE: August 1992

GEOGRAPHICAL AREA: New Castle county, Delaware—specifically the neighborhoods of Brookmont Farms, Greenfield Manor, Glasgow Pines Trailer Court, Glasgow Pines Townhouses, Glasgow Pine Homes, and Glasgow Court Trailer Park.

TYPE OF DATA USED: The overall study includes three components:

**Component A**: A baseline analysis to be completed prior to the opening of the facility consisting of the following items:
- adult perceptions about the nature and extent of juvenile problems from a household survey;
- key informant interviews with local community leaders, police officers, school administrators, and public officials;
- incidence data on crime, substance abuse, truancy, school dropout, academic failure, and teenage pregnancy; and
- demographic information from the 1990 census.

**Component B**: A third year follow-up consisting of the following items:
- During the third year of operation, the household survey, key-informant interviews, and collection of incidence data will be carried out again in the same way as in Component A.
- Additionally, the household survey will be administered to a representative sample of parents or guardians of the boys and girls who use the new boys and girls Clubs.
- Problem incidence information will also be collected from member/users of the facility.
- Comparisons will be made between the community-related data collected in Components A and B, additional comparisons will be made between the community-related data and the user-related data in Component B.

**Component C**: Fifth year follow-up consisting of the following items: Component C will be structured in the same way as component B. Again, cross comparisons will be made. Here, community-related data from Component C will be compared with community-related data from Components A and B. Additionally, user related data from Component C will be compared to community-related data from Component C, and to user-related data from Component B.

REPRESENTATIVE OF COMMUNITY INPUT: Yes, there were community key informant interviews and household surveys conducted as well as surveys of member/users of the facilities done. Additionally, the following neighborhoods were studied: Brookmont Farms, Greenfield Manor, Glasgow Pines Trailer Court, Glasgow Pines Townhouses, Glasgow Pine Homes (single family), and Glasgow Court Trailer park.

NEEDS/PROBLEMS IDENTIFIED: General

Neighborhood Problems
- Respondents were presented with a list of 15 problems and were asked whether each was a problem in their neighborhood. Most frequently indicated were:
  - lack of supervision after school (62%)
vandalism/disorderly conduct (62%)
• crimes involving property such as burglary and theft (58%)

The following are the results for the remaining problems:
* Use or sale of illicit drugs (45%)
* Staying out of school without permission (39.4%)
* Teenage pregnancy (37.6%)
* Violet criminal behavior (29.7%)
* Physical or other abuse in the family (20%)
* Alcohol abuse (41%)
* Unemployment among teenagers
* Dropping out of school (35.8%)
* Poor performance in school (31.8%)
* Suspension or expulsion from school (23.4%)
* Lack of sufficient food or nutrition (18%)

Brookmont Farms respondents indicated a higher portion of concern across all 15 problem areas. 44% said the most serious neighborhood problems was the use or sale of illegal drugs as compared to 12% of all respondents.

41% of Glasgow Pines Homes respondents say it was lack of supervision as more serious compared to 16% of all respondents.

Female heads of households tended to be more concerned than male heads of households about:
* children dropping out of school (41% vs. 31%)
* alcohol abuse (49% vs. 35%)
* sale of illegal drugs (56% vs. 39%)

Males were more likely than females to say the biggest neighborhood problem was lack of supervision after school (26% vs. 14%).

Females were more likely than males to say the biggest neighborhood problem was vandalism/disorderly conduct (18% vs. 12%)

Hispanic heads of households consistently expressed more concern about neighborhood problems than did blacks or whites. Responses to the problem of poor performance in school illustrates the typical pattern. Nearly 88% of the Hispanics said they were concerned about this problem as compared to 41% of the black respondents and 29% of the white respondents.

23% of the white respondents said the biggest problem facing their neighborhood was the lack of supervision after school, as compared to 13% of black and Hispanic respondents. A greater proportion of white respondents also identified crimes involving property (17%), and vandalism/disorderly conduct (15%) as the biggest problems.

The three areas in which the responses did vary significantly among ethnic group lines were: gang activity, crimes involving property, and vandalism/disorderly conduct.

Marital status was not related to the perception of neighborhood problems with the exception that those who were separated (42%) were much more likely to indicated that physical or other abuse in the family was a neighborhood problem as compared to the entire population of respondents (20%).

Those who were married said that lack of supervision was the biggest problem (29% vs. 15% unmarried).

Those who were not married (divorced, widowed, separated, and never married) said the biggest neighborhood problem was crimes involving property (19% vs. 12% married).

Middle-aged respondents expressed more concern than younger and older respondents did about three problem areas: alcohol abuse, the use or sale of illegal drugs, and unemployment among teenagers. For example 57% of those between 35 and 44 years of age said they were concerned about the sale and use of illegal drugs as compared to 44% of those who were under
Household Problems

Respondents were asked if any of the 15 problems were problems in their households. Only a small proportion acknowledged a household problem, 9% indicated poor performance in school, 4% indicated lack of supervision after school, just under 4% reported a lack of sufficient food or nutrition and less than 1% said it was the use of sale of illegal drugs.

- The acknowledgment of household problems was related to household location in just four areas: poor performance in school, alcohol abuse, staying out of school without permission, and dropping out of school.
- In each of these areas, the proportion of respondents indicating a problem was highest among those living in Brookmont Farms. Fully 16% of residents said poor performance in school was a household problem.
- 15% of residents of Glasgow Pines also said poor performance in school was a problem in their household.
- Teenage pregnancy was mentioned in 14% of households headed by a black respondent and 5% of households headed by a divorced person.

Perception of the Potential of the Boys Club

- Respondents were asked how much they thought the new Boys Club could contribute to making their neighborhood a better place to live. Perception of the impact was not related to age, marital status, or sex of the head of household and was only marginally related to the amount of education of the head of the household or income of the household. Respondents with less education and from lower income households were somewhat more likely to be very optimistic about the impact of the Boys Club.
- 36% of the respondents indicated the impact as “a great deal”, 34% indicated “some”, 65 said “not much”, and 2% said “none”.
- 78% of black respondents indicated the Boys Club would contribute a great deal in making their neighborhood a better place. 42% of whites and 17% of Hispanics indicated it would make a difference.

Programs and Services

- Respondents were given a list of 15 programs and services that will be provided by the Boys Club and were asked to indicate which might be used by the children in the household. The results were as follows:
  - Athletic Leagues - 30.85%
  - Game room activities - 27.7%
  - Computer Education - 25.95%
  - After School Recreation - 23.7%
  - Summer Day Camp - 23.3%
  - Arts and Crafts - 22.8%
  - Field Trips - 21.5%
  - Health and Fitness Programs - 21.5%
  - Special Interest Groups - 17.1%
  - Homework Help - 16%
  - One-on-One Tutoring - 15.1%
  - After School Child Care - 12.6%
Substance Abuse Prevention - 12%, Teen Pregnancy Prevention - 8.9%, Meal Program - 7.5%.

- Black respondents, followed by Hispanic respondents, were significantly more likely to indicate utilization than White respondents.
- Respondents in households headed by a person between 35 and 44 consistently indicated the highest utilization rates, reflecting the presence of children in the household.
- Households headed by a single person also indicated higher utilization rates, probably a consequence of the extra difficulties of raising children in a single parent household.
- Household income was related to utilization of four services: after school recreation, summer day camp, substance use prevention, and the meal program. Utilization was highest in the lowest income groups and dropped considerably as household incomes exceeded $25,000 a year.
- A similar pattern developed in regards to the educational level of the head of a household in three service areas: computer education, teen pregnancy prevention, and meal programs.

- For previous analysis, see 1994 Community Needs Assessment, Vol. III, pp. 66-65
Ten General Categories of Crime:

1. Felony Assault
2. Misdemeanor Assault
3. Harassment
4. Homicide
5. Kidnapping
6. Robbery
7. Felony Sexual Assault
8. Misdemeanor Sexual Assault
9. Theft
10. Welfare

Overall

- There were a total of 3,444 crime incidents for selected crimes involving juvenile victims in 1995.
- The 15-17 age group is the most victimized age group overall, victimized in 41 percent of incidents.
- Victims tend to be the youngest when the perpetrator is female and the victim is male.
- Males make up over three-quarters of the perpetrators, while making up just half of the juvenile victims.
- 41.3 percent of the perpetrators are juveniles.
- The most common scenario for total selected crime is that males victimize other males.
- Perpetrators are more likely to be juveniles when both the victim and the offender are of the same sex.
- Males are more likely to victimize males; females are more likely to victimize females.
- Child victims ages 0-2 are nearly always victimized by adults.
• Child victims ages 9-11 are victimized by peers and older juveniles in about half of the cases.
• Older juvenile victims are more likely to be victimized by peers than younger victims.

**Felony Assault** (includes reckless endangering 1st, assault 1st and 2nd, vehicular assault 1st, and aggravated act of intimidation)

• There were 301 felony assaults with juvenile victims in 1995.
• The 15-17 age group was the most victimized among the juvenile victims of felony assault, victimized in nearly half (49 percent) of the incidents. The number of juvenile cases of felony assault increases at age 12.
• Males are the victims in 71.3 percent of the juvenile cases of felony assault.
• The age group with the most perpetrators against juveniles is the 15-17 group, arrested in 29 percent of the incidents.
• Males are the perpetrators in 80.7 percent of arrests.
• 42.8 percent of the perpetrators are juveniles.
• For felony assault, the most common scenario is that males victimize other males (63 percent).

**Misdemeanor Assault** (includes offensive touching, menacing, reckless endangering 2nd, assault 3rd, terroristic threatening, and vehicular assault 2nd)

• There were a total of 1,661 misdemeanor assaults in 1995.
• Males make up 53.8 percent of the juvenile victims, but 75.0 percent of the perpetrators.
• The 15-17 age group is the most victimized among the juvenile victims of felony assault, victimized in 49 percent of the incidents.
• The age group with the most perpetrators against juveniles is the 15-17 group, arrested in 30 percent of the incidents.
• 48.6 percent of the perpetrators are juveniles.
• For misdemeanor assault, the most common scenario is that males victimize other males.

**Harassment** (includes harassment, aggravated harassment and stalking)

• There were a total of 74 harassment crime incidents in 1995.
• Juvenile females are victims of harassment more frequently than juvenile males (73.0 percent vs. 27.0 percent).
• The 15-17 age group is the most victimized among the juvenile victims of harassment, victimized in 61 percent of the incidents.
• Males are more frequently the arrestees (63.5 percent vs. 36.5 percent).
• The age group with the most perpetrators against juveniles is the 15-17 group, arrested in 34 percent of the incidents.
• 47.3 percent of the perpetrators are juveniles.
• For harassment, the most common scenario is that males victimize females.
**Homicide** (includes criminally negligent homicide; manslaughter; and murder 1	extsuperscript{st} and 2	extsuperscript{nd})

- There were a total of 13 homicides involving juvenile victims in 1995.
- The 15-17 age group is the most victimized among the juvenile victims of homicide, victimized in 38 percent of the incidents.
- Juvenile males are more likely to be victims than juvenile females (84.6 percent vs. 15.4 percent).
- The age group with the most perpetrators against juveniles is the 15-17 group, arrested in 38 percent of the incidents.
- 38.5 percent of the perpetrators are juveniles.
- For homicide, the most common scenario is that males victimize other males.
- Males tend to victimize other males; females tend to victimize males.
- Males are the perpetrators in 84.6 percent of arrests.

**Kidnaping** (includes unlawful imprisonment 1	extsuperscript{st} and 2	extsuperscript{nd}, kidnaping 1	extsuperscript{st} and 2	extsuperscript{nd}, and interference with custody)

- There were a total of 60 kidnaping crime incidents involving juvenile victims in 1995.
- The 15-17 age group is the most victimized among the juvenile victims of kidnaping, victimized in half of the incidents.
- Juvenile females are victims of kidnaping more frequently than juvenile males (66.7 percent vs. 33.3 percent).
- The age group with the most perpetrators against juveniles is the 15-17 group, arrested in 38 percent of the incidents.
- 16.7 percent of the perpetrators are juveniles.
- Males are more frequently the arrestees (83.3 percent vs. 16.7 percent).
- For kidnaping, the most common scenario is that males victimize females.
- Both males and females tend to victimize juvenile females.

**Robbery** (includes robbery 1	extsuperscript{st} and 2	extsuperscript{nd})

- There were a total of 156 robberies involving juvenile victims in 1995.
- The 15-17 age group is the most victimized among the juvenile victims of robbery, victimized in 63 percent of the incidents.
- Most juvenile victims are male (82.7 percent vs. 17.3 percent).
- The age group with the most perpetrators against juveniles is the 15-17 group, arrested in 40 percent of the incidents.
- 60.9 percent of the perpetrators are juveniles.
- The vast majority of perpetrators are male (94.9 percent vs. 5.1 percent).
- For robbery, the most common scenario is that males victimize other males (over 80 percent of the cases).
Felony Sexual Assault (unlawful sexual contact 1st and 2nd; unlawful sexual penetration 1st, 2nd and 3rd; unlawful sexual intercourse 1st, 2nd and 3rd; continuous sexual abuse of a child; and sexual exploitation of a child)

- There were a total of 385 felony sexual assaults involving juvenile victims in 1995.
- The victims are younger than most crime categories in this study; 32 percent are in the 12-14 age group.
- Most juvenile victims are female (84.7 percent vs. 15.3 percent).
- 25.2 percent of the perpetrators are juveniles.
- The vast majority of perpetrators are male (97.4 percent vs. 2.6 percent).
- The age group with the most perpetrators against juveniles is the 30-34 age group, arrested in 17 percent of the cases. Felony sexual assault perpetrators were older than the perpetrators from any other crime category in this study.
- For felony sexual assault, the most common scenario is that males victimize females.

Misdemeanor Sexual Assault (includes sexual harassment, indecent exposure, incest, unlawful sexual contact 3rd, and obscenity)

- There were a total of 125 misdemeanor sexual assaults involving juvenile victims in 1995.
- The 12-14 age group is the most victimized among the juvenile victims of misdemeanor sexual assault, victimized in 46 percent of the incidents.
- Most juvenile victims are female (86.4 percent vs. 13.6 percent).
- The vast majority of perpetrators are male (94.4 percent vs. 5.6 percent).
- 44.8 percent of the perpetrators are juveniles.
- The age group with the most perpetrators against juveniles is the 12-14 group, arrested in 25 percent of the incidents.
- For misdemeanor sexual assault, the most common scenario is that males victimize females (85 percent of the cases).

Theft (includes theft and extortion)

- There were a total of 175 thefts involving juvenile victims in 1995.
- The 15-17 age group is the most victimized among the juvenile victims of homicide, victimized in 44 percent of the incidents.
- Most juvenile victims of theft are male (76.6 percent vs. 23.4 percent).
- 85.1 percent of the perpetrators are juveniles.
- The age group with the most perpetrators against juveniles is the 12-14 group, arrested in 39 percent of the incidents; the 15-17 age group made up 37 percent of the arrests.
- Males make up 88.0 percent of the arrestees in theft involving juvenile victims, while females make up 12.0 percent.
- For theft, the most common scenario is that males victimize other males (71 percent of the cases).

Welfare (includes abandonment of children, endangering the welfare of a child, unlawful dealing with a child, and endangering children)
• There were a total of 494 welfare crime incidents involving juvenile victims in 1995.
• The 0-2 age group is the most victimized among the juvenile victims of homicide, the youngest most victimized age group among all the crime categories. Victims 5 and under make up 32 percent of the incidents.
• Males make up a slight majority of juvenile victims (52.8 percent vs. 47.2 percent).
• 8.1 percent of the perpetrators are juveniles.
• The age group with the most perpetrators against juveniles is the 25-29 group, arrested in 21 percent of the incidents; this is the oldest age group of the most arrested of all crime groups in this study.
• Females make up a slight majority of arrestees in welfare incidents involving juvenile victims (51.0 percent vs. 49.0 percent).
• Welfare is a less gender-oriented crime for victims and perpetrators than the other crime types.
TITLE: Lenders’ Profile of Southern Delaware: Community Affairs Consulting Report

AUTHOR: Federal Reserve Bank of Philadelphia - Keith Rolland

DATE: February 1990

SOURCE: Federal Reserve Bank of Philadelphia: Consumer Affairs

GEOGRAPHICAL AREA: Kent and Sussex Counties and New Castle County below the Chesapeake and Delaware Canal.

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Qualitative data -- regarding the banking needs of the community
Quantitative data -- regarding loan/deposit ratios of banks, types of loans awarded, demographics, and employment..

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. Community leaders from banks, community-based organizations, etc. were interviewed for the “community perceptions” section.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “GENERAL” and “HOUSING”

• Affordable Housing
• Community Perceptions
  • Cost of housing rising faster than incomes
  • Need for more affordable housing
  • Difficulty with 20% down payment required
  • Limitations of the Farmers Home Administration (FMHA) program
  • Those in the 50-80% range of median family income are above FMHA’s target and below that of banks
  • Banks should partner with other players to assist low and moderate income home buyers.
  • Minorities and others feel banks put too much emphasis on long-past as opposed to recent credit history
  • Minorities go directly to mortgage and finance companies in anticipation of rejection by banks
  • Minorities would use bank services more if more minorities were loan officers and managers
  • Banks can serve on the boards of nonprofits, provide funding and favorable financing for projects
• Bankers’ Perceptions
  • Agree that there is a serious housing affordability problem
  • Larger Wilmington banks disagree that 20% down payment is the standard; Smaller banks in Southern Delaware agree.
• Agree with statement about FMHA problem
• Disagree strongly that bank policies exclude low and moderate income borrowers
• Agree with need for more partnerships
• Mixed response to credit history issue
• Agree that minorities anticipate rejection but deny that this is based in reality
• Mixed response to issue of working with nonprofits

Opportunities for Bank Responses
• Offer low down payment mortgage loans, possibly through a “soft second” program in cooperation with a public agency
• Eliminate minimum loan amount policies
  C Work with CDCs
  C Establish a CDC
  C Participate in a consortium loan pool for low-income rental housing developers
  C Work with a nonprofit on a lease-purchase program
  C Work with Fannie Mae’s secondary market programs

Small Business and Rural Economic Development
Community Perceptions
• Banks not interested in working with start-up small businesses and businesses with less than 100% of collateral
• Banks not willing to use Small Business Administration alternative in order to accommodate credit needs of small businesses
• No specialized commercial loan offices in Southern Delaware
• Banks reluctant to consider micro-loans for business
• Minorities in particular feel financing needs not met by banks
• Others feel banks simply averse to most small business, not just minority businesses
• Banks should become part of support system for small business start-ups and expansions
• Banks should participate more in partnerships with public agencies, nonprofits
• Development officials and business leaders want banks to purchase bonds for developing industrial parks, provide credit to expanding businesses, invest in venture capital funds.

Bankers Perceptions
• Not a lack of interest but averse to the risk involved
• Major disincentives to using SBA
• Large Wilmington banks denied there was a location problem, small downstate banks agreed
• Willing to make micro-loans but collateral necessary
• Range of reactions to rapport with minorities question
• Disagree that banks are averse to small business
• Agree that support systems for small business would be useful
• Agree that partnerships are good business
• Mixed reactions to supporting regional economic development
Opportunities for Bank Response

- Educational services dealing with starting and managing a small business
- Relationships with intermediaries can simplify small business support
- Capitalization assistance
- Public/private partnership Loan Guarantee Programs
- Join consortia of banks to assist small businesses
- State and local governments can use linked deposits
- Loan loss reserve program to make nearly bankable loans bankable
- Bond programs
- SBA-certified development corporations

Education and Marketing to Low-Income People

Community Perceptions

- Banks should hold educational forums to explain services
- Banks are intimidating
- Banks overlook low and moderate income communities in marketing and advertising
- Banks should do more outreach

Bankers Perceptions

- Two-thirds agreed that more educational programs is good idea, some smaller banks said they don’t have the time or money
- Half understand the intimidation point, others say there’s no excuse
- Many said they do broad-based advertising designed to reach entire community, others said little profit to be made in marketing to low income people
- Mixed opinion

Opportunities for Bank Responses

- Targeted advertising and marketing
- Working with nonprofits to do “grassroots marketing”
- Formal calling program to improve outreach to nonprofits and community organizations
TITLE: The Location of Critical Businesses and Services in Wilmington, Delaware.

AUTHOR: Brian Bailey, Center for Community Development and Family Policy, University of Delaware.

DATE: December 1997

GEOGRAPHICAL AREA: Wilmington, Delaware

TYPE OF DATA USED: The methodology used in this study taken from the “McHarg Approach” used in geography to locate one group of entities in relation to the location of another group. In this report, retail service facilities were identified through the use of city record, the Bell Atlantic Yellow Pages and field survey. These facilities were mapped using a geographic information system called ArcView. Each sector’s ArcView output was overlaid on a map of Wilmington’s analysis areas, as well as a map of city bus routes. In addition, a residents-per-business ratio was calculated for both Wilmington and suburban New Castle County to determine how well Wilmington is served in each sector relative to its surrounding communities.

WAS THE COMMUNITY REPRESENTED: No; however, this report details the spatial distribution of retail and service establishments with the needs of the poorest residents in Wilmington in mind. The purpose to assist city government and city residents in visioning creative solutions to the city’s long-standing problem of inadequate access to basic goods and services, notably in poorer areas.

PROBLEM/ISSUES IDENTIFIED: PUBLIC INFRASTRUCTURE

- Wilmington lags significantly behind the suburban communities in access to lower-cost quality in food provided in supermarkets. The southern and southeastern areas of the city continue to have the poorest access.
- Wilmington enjoys excellent access to small neighborhood markets and convenience stores.
- Wilmington’s poorest neighborhoods have very limited access to full-service banking. Such facilities are basically non-existent.
- Several low-income areas of Wilmington lack convenient access to self-service laundromats.
- Access to physicians in Wilmington is spatially segregated, with the higher-incomes areas enjoying easy access to individual family and general practice physicians and poorer areas having walk-in medical clinics.
- Wilmington has a proportionally much smaller number of pharmacies than suburban New Castle County but only Southbridge has a serious access problem to the existing pharmacies in the city.
There was a 4.3% decrease in the Delaware infant mortality rate for the five-year period 1991-1995, dropping to a five-year rate of 8.9 deaths per 1,000 live births.

More Delawareans were married in 1995.

For the fourth consecutive year, there were fewer births to Delaware residents.

Other highlights from the report:

- The breast cancer mortality rate for black females, which has historically been higher than the U.S. rate, in 1991-1995 dropped below the U.S. rate for the first time.
- After decreasing for two consecutive years, the percentage of women receiving adequate prenatal care in Kent County increased from 53.1% in 1994 to 61.6% in 1995. The percentage of mothers receiving adequate prenatal care in Wilmington increased from 70.7% in 1994 to 73.5% in 1995. Increases were also seen in New Castle County (80.5% in 1994; 82.5% in 1995) and Sussex County (66% in 1994; 67.8% in 1995).
- More than 33% of births in Delaware during the 1991-1995 period were to single mothers, up slightly from the previous five-year period. Only 65.5% of single mothers received adequate prenatal care during 1995, compared to 82.2% of married mothers.
- The percentage of mothers who reported smoking during pregnancy dropped from 14.1% in 1994 to 13.1% in 1995. The percentage has dropped every year since 1989, when 19.7% of mothers reported smoking.
- Heart disease, cancer and stroke continued to be the three leading causes of death in Delaware and the nation.
- Among persons in the 25-44 age group in Delaware, HIV infection/AIDS was the second leading cause of death during the 1991-1995 period.
Sexual health

- Approximately 4% of Delaware’s adult population are engaging in behaviors that place them at high risk of being infected with HIV, the virus that causes AIDS.
- Delawareans, between the ages of 18 and 50, were surveyed regarding their behaviors that could directly affect the risk of contracting AIDS. 78% reported only one sexual partner during the past 12 months. However, 7% said that they had 2-3 sexual partners, while another 3% reported four or more partners. 11% reported that they had no sexual partners.
- As expected, the number of sexual partners in the past year was significantly higher among young adults in the 18-24 age group. Approximately 16% of this group reported 2 or 3 partners during the past year, while 7% of the young adult group reported four or more sexual partners in the past year.
- 9% of adults in the 18-49 age group reported a new partner, while an additional 6% reported 2 or more new partners. Again, the young adults were more likely to report new sexual partners, with 15% reporting one new partner in the past year, and an additional 15% reporting two or more new partners.
- About ¼ of the adult population in the 18-49 group reported using condoms during their last intercourse. The majority (79%) of those who use condoms say they use them for both disease prevention and birth control. Only 3% said that they use condoms exclusively to prevent sexually transmitted diseases, while 18% reported using condoms only to prevent pregnancy.
- Respondents were asked about their own perception of HIV risk. The majority - about 61% of adults age 18-64 - believe that they have no risk of HIV infection. 31% think that have a low risk, while 7% believe that they are at a medium or high risk.
To better determine actual risk, the study gave respondents a list of four high-risk situations and asked “if any of these situations apply to you.” The situations were:

- use of intravenous drugs during the past year;
- a positive test for HIV;
- treatment for a sexually transmitted disease in the past year; and
- anal sex without condoms in the past year.

About 4% of the 18-49 year-old age group reported one or more of these situations.

Adult between the ages of 18 and 64 were asked, “Considering what you know about HIV, have you changed your sexual behavior in the past 12 months?” 13% replied yes. Among those who answered positively:

- 82% reported a decrease in the number of partners or became abstinent;
- 74% said they now have sex with “only the same partner”; and
- 46% said they now always use condoms for protection.

These responses add up to more than 100% because respondents may have reported more than one of these behavior changes.

Public perception about the effectiveness of condoms continues to change in a positive direction. The percentage of adults who think a “properly used condom is very effective for protection against HIV infection through sexual activity” has risen from a low of 28% in 1992 to almost 47% in 1997. Another 43% of Delaware adults believe condoms are “somewhat effective”.

¾ of Delaware adults believe that AIDS education should begin by at least the sixth grade. Another 15% say that AIDS education should start in the middle school years, 7th to 9th grades.

Almost half of Delaware’s adults believe that they have been tested for HIV infection. The most common reason - given by 25% of those who have been tested - was to see if they were infected. Nearly 72% of those tested said that they received results, and 26% of those received results also received counseling. Many people who submitted blood as part of routine physicals, pregnancy tests or physical exams believe that they had an HIV test. However, in reality, at least in part, for the high percentage of people who say they did, did not receive test results.

Approximately 3% of adults in the 18-49 age group said that they had been treated for a sexually transmitted or “venereal” disease in the past year. The percentage was 9% among young adults (18-24).

Cigarette Smoking

- 27% of Delaware adults smoke; this smoking prevalence has not changed significantly for the past eight years.
- Prevalence among young adults aged 18-24 has increased from 22% in 1990 to 35% in 1997.
- Among Delaware adults, there was no statistically significant difference between white and minority smoking prevalence in 1997 (whites = 27%, Af-Am = 26%, Hispanic = 25%).
Weight and Nutrition

• 1/3 of all Delaware adults are significantly overweight, using the Body Mass Index (BMI) as the standard. The prevalence of overweight adults is increasing in Delaware (from 25% in 1992 to 33% in 1997), while the percentage of adults who even get moderate physical activity is decreasing.
• There is no statistically significant difference between men and women.
• Nonwhites are more likely to be overweight (37%) than whites (31%), using the BMI standard.
• The U.S. Centers for Disease Control indicate that lack of exercise combined with poor diet is the second leading cause of premature death and illness in the United States.

Awareness of Health Problems (diabetes, high blood pressure and “in poor health”)

• In 1997, 6.4% of Delaware adults were told by a doctor that they had diabetes. This percentage has been about the same since 1992.
• The prevalence of high blood pressure appears to have increased slightly. In 1997, 25.5% of Delaware adults were told that they had high blood pressure, which is up from 21% in 1995. Nonwhites report a slightly higher prevalence (28%) than whites (25%).
• About 14% of Delaware adults report that they are in “poor health”. Other studies indicate that self-assessment of quality of health is a good indicator of risk.

Health Insurance Coverage

• In 1997, about 11% of Delawareans report having no health insurance. The prevalence of uninsured adults has remained the same for the past four years.
• Nonwhites are significantly more likely to report not having health insurance than whites (21% uninsured among nonwhites vs. 8% among whites).
• Younger adults and those with less than a high school education are also less likely to have health insurance coverage.
• Nearly 10% of Delaware adults say that they could not see a doctor at least once during the past year because of cost (8% of whites, 16% of nonwhites).

Alcohol Abuse (binge drinkers, chronic drinkers, and drinking and driving)

• About 12% of Delaware adults are “binge drinkers”, defined by the Behavioral Risk Factor Surveillance Survey as having five or more drinks at one occasion, one or more times during the past month.
• There is no difference between whites and nonwhites.
• There are major gender and age differences: 21% of men report binge drinking compared to only 4% of women. Young males are the largest group at risk. In the 18-24 year-old age group, 44% of men report binge drinking versus 9% of the women.
• Based on their reported alcohol consumption, 3.4% of adults are classified as “chronic drinkers”, which is defined as having an average of more than 60 alcoholic drinks per month.
• Nonwhites are more likely to report chronic drinking (6%) than whites (3%).
• Gender again is the biggest factor: 6% of men vs. 1% of women.
• About 13% of young males in the 18-24 age group report chronic drinking, vs. only 2% of young women.
• 2% of adults responded yes, that they had driven “when perhaps they had too much to drink”.
• Almost 13% of men in the 18-24 age group say that they had driven after drinking.

Preventive Care

Screening tests results

• Sigmoidoscopic examination
  • 48% of Delaware adults aged 50 and older reported having a sigmoidoscopic examination
  • 52% of males, 44% of females
  • 37% of nonwhites, 49% of whites

• Mammogram and clinical breast exam
  • 72% of women aged 50 and older reported having a mammogram and clinical breast exam during the past two years
  • No significant difference between nonwhites and whites

• Pap smear
  • 89% of adult women reported having a Pap smear during the past three years
  • No significant difference between nonwhites and whites

• Blood pressure
  • 94% of Delaware adults reported having their blood pressure checked in the past two years
  • 91% of males, 97% of females
  • No significant difference between nonwhites and whites

• Cholesterol
  • 69% of Delaware adults reported having their cholesterol level checked in the past five years
  • No significant difference between men and women
  • 60% of nonwhites, 72% of whites

Immunizations

• Flu shot
  • About 69% of Delawareans age 65 and older had a flu shot within the past year
  • No significant difference between men and women
  • 62% of nonwhites, 70% of whites

• Pneumonia vaccination
  • About 53% of Delawareans age 65 and older had a pneumonia vaccination
  • 39% of nonwhites, 55% of whites
Health Needs:

• Eligibility Trends
  • The Delaware Medical Assistance Program (DMAP) covered 11% of the state’s population in 1997, up from 10% the previous year
  • 80% of the DMAP population now have “medical homes” through manage care, while the other 20% receive health care through a fee for service system
  • 56% of the eligible DMAP population live in New Castle County, Kent County had the highest growth rate (16%)
  • Females outnumber males by a 3:2 ratio in DMAP

• Expenditure Trends
  • 12% of the State’s General Fund appropriation was spent on DMAP services
  • The average cost per recipient declined by 4.1% from $4,106 to $3,939
  • Individuals served increased by 12.5% from 90,835 to 102,220
  • Cost savings attributable to managed care are estimated to be 5% of annual expenditures

• Program Trends
  • 80% of DMAP eligibles are enrolled in the Diamond State Health Plan
  • Cost savings from managed care have been used to expand coverage to 12,000+ poor adults
  • Public/private partnerships with Nemours and Robert Wood Johnson Foundations continue
  • Changes in public assistance programs have an impact on DMAP eligibility and expenditures

Russell Dynes, Management Analyst III, Delaware Health and Social Services, Division of Public Health, Office of Lead Poisoning Prevention

June 30, 1997

Delaware Health and Social Services, Division of Public Health, Office of Lead Poisoning Prevention

Statewide

Primary data - statistics regarding cases of childhood lead poisoning by zip code; dwellings identified with lead-based paint hazards in Wilmington by census tract; high-risk census tracts for lead exposure based on household density and number of children under five years of age; prioritized list of geographical areas targeted by the Office Of Lead Poisoning Prevention; the number of child care facilities in the state by county; the location of Headstart and daycare programs that have blood lead screenings; the results of blood lead screenings at these facilities between July, 1994 and May, 1995.

No. The data are a compilation of statistics based on information collected by a variety of state and local government agencies.

As in most of the country, a good deal of the older housing in Delaware contains lead-based paints, which poses the greatest risk of exposure to lead. This is particularly true of housing that has structural damage or is in poor condition due to deferred maintenance. Such housing tends to be concentrated in urban poor and minority communities. Less common sources of lead exposure include drinking water, imported ceramic tableware with glazed lead, old toys and furniture painted with lead-based paint, parents unknowingly bringing home lead dust on their clothes from their workplaces, folk remedies, and vinyl mini-blinds.

• An estimated 5,000 children in Delaware are exposed to hazardous levels of lead in their homes.
• According to FY 96 Delaware screening statistics, 8.8% of tested children had blood-lead levels exceeding 10 mcg/dl, indicating environmental exposure to lead.
• These children are distributed very unevenly throughout the state, and are concentrated in poorer, older neighborhoods.
• At 8.8%, the percentage of Delaware children exposed to hazardous levels of lead is about twice the national average of 4.4%.
• Just 3 out of 22 zip codes in the state (all in Wilmington—19801, 19802, 19805) contain more than 60% of the identified children.

• 13 of 18 high-risk census tracts (identified by household density and number of children under five years of age) in the state are within the 3 zip codes mentioned above in the city of Wilmington.

• Most lead-poisoned children in the state are in areas with 76% or more pre-1960 housing in, while in Kent and Sussex Counties pre-1940 housing is strongly associated with childhood lead poisoning.

• The target areas of the Office of Lead Poisoning Prevention include Census Tracts 1, 3, 4, 5, 6.01, 6.02, 7, 9, 15, 17, 22, and 23 in Wilmington, 154, 155, 158 in Westside New Castle, 504 in Seaford, 408 and 417 in Dover, and 503 in Bridgeville.

• In screenings conducted at child-care centers across the state in 1994 and 1995, about 2,000 children were screened at over 40 sites and only four were found to have elevated blood-lead levels. These results suggest that screenings at child-care centers is not a good use of OLPP resources. Targeted screenings are now focused on door-to-door and community center screenings in at-risk neighborhoods.
Fetal deaths (death occurring during the first year of life)

- The Delaware infant mortality rate for the 1992-1996 period (7.9) dropped below the national rate (8.0) for the first time since the mid-1970s.
- The Delaware rate was down 11.2% from the 1991-1995 rate of 8.9
- Between 1979 and 1995, Delaware's infant mortality rates were consistently higher than the U.S. rates.
- High infant mortality rates are due to high neonatal (less than 28 days after birth) mortality rates and high black infant mortality rates.
- Two significant factors influencing infant mortality rate are low birth weight and inadequate prenatal care.

Neonatal mortality (less than 28 days after birth)

- About 68 percent of Delaware infant deaths between 1992-1996 took place during the neonatal period.
- Both white and black neonatal mortality rates have tended to run above national levels, with black rates running more than twice as high as white rates.

Postnatal mortality (28 to 364 days after birth)

- About 32 percent of Delaware infant deaths between 1992-1996 took place during the postnatal period.
- The 1992-1996 rate of 2.5 decreased from 1991-1995; this rate is lower than the U.S. rate of 2.9 deaths per 1,000 live births.
- Historically, Delaware's postnatal rates have tended to be lower than those of the nation.

Births

- The number of births of Delaware residents declined during 1996 to
10,152, a decrease of 108 births from 1995. This was the fifth consecutive year that births declined.

- Sussex County’s general fertility rate was the highest among Delaware’s three counties (1992-1996 rate was 68.6 births per 1,000 females)

- Prenatal care (based on the Kessner Index, which assigns mother to either “adequate”, “intermediate” or “inadequate” based on 1) number of prenatal visits, 2.) the trimester during which prenatal care began and 3.) the gestational age of the newborn)

Geographic breakdown
- In 1996, 74.0 percent of all Delaware mothers received adequate prenatal care compared to 76.4 percent during the previous year
- New Castle County: decrease in “adequate” from 82.5 percent to 81.2 percent
- New Castle County excluding Wilmington: 83.1 percent had adequate care
- Wilmington: 72.6 percent had adequate care
- Sussex County: 67.3 percent had adequate care
- Kent County: 55.0 percent had adequate care

Breakdown by race, level of education, marital status, age of mother and birth weight of the infant
- 77.4 percent of white mothers received adequate prenatal care, 63.4 percent of black mothers
- White mothers from New Castle County (outside of Wilmington) had highest rate (85.1 percent); black mothers from Kent County had lowest rate (46.9 percent)
- 85.1 percent of mothers with more than three years of college received adequate prenatal care vs. 42.0 percent of mothers who had less than nine years of education
- 80.4 percent of all married mothers received adequate prenatal care vs. 62.5 percent of all single mothers
- 78.6 percent of mothers 25 years old or older received adequate prenatal care vs. 69.4 percent of mothers between 20-24 years old and 60.2 percent of teenage mothers
- For 1992-1996 five-year average data, 64.4 percent of mothers delivering low birth weight babies received adequate prenatal care vs. 75.2 percent of mothers delivering babies weighing more than 2,500 grams

The teenage fertility rate
- Statewide: increased from 57.4 per 1,000 females age 15-19 in 1991-1995 to 57.7 during 1992-1996 (in the U.S.: declined from 59.6 to 58.0 for same periods)
- Statewide: has increased 18.7 percent since 1982-1986
- Kent County: decreased slightly from 65.6 births in 1991-1995 to 65.3 in 1992-1996
- Sussex County: A somewhat larger decrease was observed over the same period (76.9 in 1991-1995; 73.0 in 1992-1996).
- New Castle County: the rate in increased from 50.3 to 51.5
- Over 34% of births during the 1992-1996 period were to single mothers, up slightly from the previous five-year period. Only 62.5% of single mothers received adequate prenatal care during 1995 compared to 80.4% of married mothers.
Variance by race

- Delaware's 1992-1996 rate for blacks was 76.3 births per 1,000 females compared to 58.8 for whites.
- The 1992-1996 rates for both blacks and whites decreased relative to the preceding five-year period.
- The number of births to persons of Hispanic origin increased over 12% from 676 in 1995 to 758 in 1996.
- The percentage of babies delivered by cesarean section has slowly declined from a peak of 25.2% in 1990 to 21.0% in 1996. The likelihood of a C-section delivery varied by source of payment (23.0% for private insurance, 17.9% for Medicaid and 12.7% for self-pay).

Deaths

- Delaware's total age-race-sex-adjusted mortality rate was significantly higher than the U.S. rate during 1991-1995.
- The number of HIV infection/AIDS deaths decreased from 163 in 1995 to 132 in 1996. This is the first decrease in the number of HIV infection/AIDS deaths since the first deaths were reported in 1984.
- Heart disease, malignant neoplasms (cancer) and cerebrovascular diseases (stroke) continued to be the three leading causes of death in Delaware and the nation. Among persons in the 25-44 age group in Delaware, HIV infection/AIDS became the leading cause of death during 1992-1996, surpassing unintentional injuries for the first time.
- After steadily increasing for a number of years, the state's cancer mortality rate dropped for the second consecutive five-year period.
- Mortality rates in Delaware for respiratory cancer were significantly higher than the U.S. rates for all race-sex groups during the 1992-1996 period. Diabetes mortality rates were higher for all groups except white males, whereas kidney disease mortality rates were higher for all groups except black females. For all race-sex groups except white females, the mortality rates for homicide and legal intervention in Delaware were significantly lower than the U.S.

Marriages

- In 1996, the number of marriages (5,209) decreased by 3.1 percent (5,378) from the previous year.
- New Castle County continues to have a much lower marriage rate than Kent or Sussex County.

Divorces

- In 1996, the number of divorces and annulments (3,405) decreased by 3.0 percent (3,509) from the previous year.
- Of all couples divorced in 1996, a total of 1,831 (53.8 percent) reported that they had children under 18 years of age.
Indicators of overall health.

- The homeless in Wilmington are subject to greater exposure to the elements, contagious diseases, inadequate nutrition, and higher levels of stress.
- Homeless people in the city are more likely to lack ready access to primary health care services, facilities and resources useful for self-care such as a place to rest and recuperate, appropriate storage for medications, and availability of simple home remedies.
- 37% of respondents rated their overall health to be only fair or poor.
- Seven chronic diseases were more prevalent in Wilmington's Homeless than nationally. These were:
  - Hay fever and allergies
  - Anemia (especially females)
  - Asthma
  - Cataracts
  - High blood pressure (especially males)
  - Hemorrhoids
  - Chronic bronchitis and emphysema
- A large proportion of the respondents has one or more limitations on physical activity, including trouble walking, climbing, bending, lifting and stooping.
- Generally parents or guardians rated their children's health as good or excellent. Most prevalent conditions experienced in the past 30 days were: feeling sad or depressed, feeling angry most of the time, skin rash, itching skin, colds, and accidents.

Behavioral Risk Factors
• Smoking is more prevalent in the Wilmington homeless population, than in the Delaware population as a whole.
• Drinking was found to be only slightly more prevalent among the homeless as compared to Delaware as a whole. However, chronic and binge drinkers were found to be more prevalent in the Wilmington male homeless population than in the overall state population.
• Nearly half of the homeless adults reported past treatments for alcohol problems. About 39% said they could benefit from more treatment now.
• About 35% of homeless adults reported past treatment for drug abuse. Fully 80% of those who reported past drug abuse stated that they could benefit from more treatment now.

Evidence of High Prevalence of Chronic and Acute Conditions

• Of all adults interviewed, 90% reported having one or more acute symptoms or conditions recently, nearly as many said they have one or more chronic conditions.
• There was a high prevalence of acute and chronic respiratory conditions for the adult population. While the incidence of pneumonia and tuberculosis were low, the risk of more serious respiratory illness is potentially high due to the general prevalence of smoking and respiratory conditions.
• A total of 43 adults reported having at least one sexually transmitted disease sometime in their life, while 16 reported having at least two STDs in their lifetime. Gonorrhea was the most reported STD.
• No attempt was made to assess the mental health of the respondent however, nearly 70% reported either being “nervous or anxious or depressed, sad or angry most of the time.”

Utilization and Access to Health Care

• 78% of respondents said they had seen a doctor in the last year. The last visit for 11% of the respondents was between 13 and 24 months prior to the interview, and the remaining 11% said they had not seen a doctor in more than two years.
• For adults the last visit to a doctor was more likely to have occurred in a hospital emergency room. Children were most commonly seen in an outpatient clinic.
• All conditions and symptoms were categorized as to whether they should have prompted a doctor visit. 90% of adults reported at least one condition or symptom that warranted a doctor visit. A determination was made as to whether a doctor visit actually occurred in an appropriate time period. The results are:
  25% failed to go when they should have
  27% failed to go on some but not all occasions
  48% never failed to go when they should have
• Three quarters of adults said they had a skin test for tuberculosis, but only half reported a chest x-ray for TB or a blood test for HIV/AIDS or syphilis.
• Most of the women in the survey reported having had a Pap test within the last year. 22% had never had a Pap test.
• Most of the women studied never had a mammogram, but most are also under the age of 45. More information would be needed to ascertain the risk status of these women in order to know whether regular mammograms would be recommended.
• Eye care and eyeglasses were reported to be relatively difficult for homeless adults to obtain. 33% need eyeglasses but do not have them
  25% need eyeglasses and have them
42% do not need eyeglasses

- For homeless adults the average number of months since the last dental visit was 44, which is nearly four years. Dental care is among the services homeless people report having the greatest difficulty obtaining. When asked about medical services for which they could not find help, 33% of respondents mentioned dental problems. Furthermore, 44% persons reported they needed dentures, and of these, 73% did not have dentures.
- Most of the children have had appropriate immunizations for DPT and measles, although it cannot be determined whether immunization was delayed. Those interviewed were asked about problems that are sometimes encountered in seeking health care. The following three were deemed most serious: cost too high, no transportation, long waits.
- Generally speaking the homeless population surveyed is not covered by any kind of health insurance, public or private. Medicaid and Medicare benefits were being received by only 20% and 2% of respondents respectively, and only 9% reported any other type of health insurance coverage.
TITLE: The “Persistent Emergency” of Hunger: Food Pantry Usage in Delaware

AUTHOR: Karen Curtis and Brian Green, College of Urban Affairs and Public Policy of the University of Delaware.

DATE: 1996

SOURCE: College of Urban Affairs and Public Policy, University of Delaware

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Secondary data -- U.S. Conference of Mayors (1993) data regarding emergency food assistance facilities and clients; Food Research and Action Center data regarding children and hunger; Food Bank of Delaware data regarding the demographics of emergency food assistance clients, levels of use, etc.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

No. It is secondary data gathered from government agencies and nonprofits.

PROBLEMS/TRENDS ADDRESSED IN THE STUDY: “EMERGENCY ASSISTANCE”

• A substantial increase in Food Pantry usage in Delaware between 1981 and 1993 occurred in the context of increased unemployment, increased rental housing costs, and a state-level safety net that lags behind much of the nation.

• There has been substantial growth in the number of emergency food assistance facilities in Delaware since 1981.

• Peaks in emergency food assistance service seem to coincide with national and statewide economic downturns.

• Since 1989, 54% of those served by reporting Delaware food pantries have been children.

• Requests for food assistance were highest in the colder months in New Castle and Sussex Counties, but highest in the warmer months in Kent County (possibly due to the presence of seasonal farm workers).

• The percentage of emergency food assistance clients reporting AFDC income decreased over the 1980’s from 45% to 28%, while the percentage reporting wages as their primary source of income increased from 8% to 12%.

• The percentage of client households reporting no regular source of income increased during the 80’s from 21% in 1981 to 30% in 1989.

• From 1989 to 1993 there was a 51% increase in emergency food assistance service statewide, with the largest increase occurring in Sussex County (179%).
TITLE: Prevalence and Need for Treatment of Alcohol and Other Drugs Abuse Among Women In Delaware

AUTHOR: Roberta Murphy, Christine Saum, Dorothy Lockwood, Karen Cerra, Steven Martin, Center for Drug and Alcohol Studies, University of Delaware.


GEOGRAPHICAL AREA: Delaware counties; where possible, by State Planning Area (the City of Wilmington, New Castle County excluding Wilmington, Kent County and Sussex County).

TYPES OF DATA USED:

• Interpolations from national and regional survey data.
• Survey responses, which identify regular alcohol or drug use and classify by DSM-III-R criteria.
• Social indicators, such as Drug and Alcohol involved emergency room visits and mortality rates.
• Information concerning special populations such as prison inmates or birthing mothers.

WAS THE COMMUNITY REPRESENTED: Yes, 1993 Delaware Alcohol and Drug Household Telephone Survey was used, besides the telephone survey estimates, (data on women in Delaware existed in state data base of national information.)

PROBLEMS/ISSUES IDENTIFIED: HEALTH AND HEALTH CARE

• Although lifetime and past alcohol use was reported at rates somewhat higher than national norms, alcohol “abuse and dependence” was estimated to be within the range of national norms.
• There appears to be more alcohol dependence and abuse among older women (aged 45-64) than among older men in Delaware, a direction different from national norms.
• White females also appear to have comparable or higher levels of abuse and abuse with dependence than non-white women.
• Female alcohol involvement did not vary appreciably by race, but alcohol involved mothers were more likely to smoke cigarettes, be unmarried, and have less than a high school education.
• Alcohol-involved birthing mothers were significantly more likely to reside in Kent County than in either New Castle or Sussex Counties.
• Alcohol-involved mothers were almost twice as likely to have a low birth weight baby as non-alcohol involved mothers, but this is confounded with the colinearity with cigarette smoking as well.
• The highest concentrations of women meeting DSM-III-R criteria are in the level V incarcerated population.
• Non-Whites (overwhelmingly Blacks) make up over 75% of the incarcerated women in Delaware.
• Non-White women are more cocaine involved, while White women use more heroin and injection drugs.
• Cocaine is the most problematic drug for both Whites and Non-Whites.
• White women are more likely to state that alcohol is their biggest problem than are Non-Whites.
• Blacks are disproportionately represented in the publicly funded treatment slots in Delaware.
• Women in treatment are, on average, less than high school graduates and about 32 years old, 20% are married.
• Alcohol and cocaine are the primary drugs of abuse with over 40% of women reporting each
as their primary problem drug, with heroin about 10%. This is different than the estimates for men where alcohol is by far the primary drug of abuse reported.

- Women remained in treatment a median of under 10 days; however, a smaller group remain in long-term treatment, so that the average for women is 29 days.
- 19% of female detox clients and 12% of females in other modalities are needle users at high risk for HIV transmission.
- 2% of the detox cases and 15% of the other treatment women were reported as pregnant at the time of admission.
- The hidden treatment needs of women in Delaware were not being adequately represented in the phone survey nor are they adequately measured in the current state databases.
TITLE: The Prevalence and Treatment of Alcohol and Other Drug Abuse and Dependence Among the Sheltered Homeless in Delaware

AUTHOR: Steven W. Peuquet, Ph.D., Abigail Miller-Sowers, and Susan Pfeifer, Ph.D.

DATE: n.d.

SOURCE:

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THIS STUDY: the study was based on a survey of 147 adults residing in site-based shelters who were interviewed by telephone between November 1994 and August 1995.

IS THIS DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?: Yes, but only in response to survey questions.

PROBLEMS/NEEDS ADDRESSED IN THIS STUDY: “Health and Health Care” and “Housing”

General Prevalence

• Statewide, 38.2 percent of those participating in the study were currently abusing or dependent on alcohol. The rate was highest in Wilmington/New Castle County, standing at 49.2 percent, compared to 19.2 percent in Kent County and 17.1 percent in Sussex County.
• After alcohol, cocaine, especially in the form of crack, was the drug of choice. The survey data revealed that 22.6 percent of the sheltered homeless statewide had been diagnosed with cocaine abuse or dependence. The rate was 26.9 percent in Wilmington/New Castle County, while the prevalence rates in Sussex and Kent County were 19.2 percent and 13.5 percent respectively.
• On January 25, 1995, there were an estimated 184 adults who were receiving emergency shelter services who had any drug or alcohol diagnosis. Of this number, 141 were located in Wilmington/New Castle County, 26 were sheltered in Kent County, and 17 were sheltered in Sussex County.

Prevalence Rates by Sex

• While 23.5 percent of women were diagnosed as abusers of alcohol or other drugs, the percent was three times greater, 74.2 percent for men.

Prevalence Rates by Age Group

• For alcohol, the rates of abuse increase consistently with age. The rate starts at 7.7 percent for those under 21, this abuse rate grows to 32.7 percent for those 21-30, increases further to 47.1 percent for those in the two age groups of 31-40 and 41-50 and peaks at 80 percent for those age 51-60.
• For those abusing drugs other than alcohol, the rate grows, peaks, and the subsidies. The rate
is 0 percent for those under 21, and the rates are 30.9 percent and 34.6 percent respectively for those in the 21-30 and 31-40 age groups. The rate then drops to 29.4 percent and 0 percent respectively for those between the ages of 41-50 years and 51-60 years.

Prevalence Rates by Race

- For alcohol, the rate of abuse was higher for Whites (50 percent) than it was for African Americans (34.1 percent).
- For drugs other than alcohol, the rates of abuse for these two racial groups were very similar, Whites (50 percent) as compared to African Americans (47.4 percent).

Prevalence Rates by Household Types

- Seventy-seven percent of men living alone were diagnosed with drug or alcohol abuse. The next highest rates of drug and alcohol abuse were females with children (30.0 percent), male-female couples without children (25.0 percent), and females living by themselves (20.5 percent).

Treatment History

- Of the surveyed adults diagnosed with current drug or alcohol abuse, 17.5 percent reported that they had not received treatment in the past 12 months for their abuse problem. This means that on January 25, 1995, there were approximately 32 adults in the emergency shelter system in the state that had a diagnosable substance abuse problem and had not received any treatment for that problem over the preceding 12 months.
- Of those interviewed adults with a substance abuse diagnosis who were treated within the previous 12 months, overall, 42.6 percent of these individuals said they would have availed themselves of more treatment if such treatment had been available to them.
Summary Analysis

Filings:
- There were 2549 petitions for Protection From Abuse tracked through disposition. The county percentages for filing were:
  - 66% New Castle County
  - 19% Kent County
  - 15% Sussex County
- Female petitioners in 85% of the cases. Males were petitioners in 15% of the cases.

Ex parte Orders:
- Ex Parte orders were given in 20% of the cases. County percentages for ex parte orders were:
  - 20% New Castle County
  - 29% Kent County
  - 32% Sussex County
- 22% of all female petitioners are granted ex parte orders. 2% of all male petitioners are granted ex parte orders.

PFA Orders Issued:
- PFA Orders consist of three categories: Consent orders, Default orders, and “Full” orders. Consent orders may have been agreed to in a pretrial conference with court staff or in the courtroom before a judicial officer. Default orders are issued when a respondent fails to appear after receiving proper notice. “Full” orders are issued after
a finding of abuse at trial.

- Orders were issued in 58% of the cases. 58% of all female petitioners receive PFA orders. 55% of all male petitioners receive PFA orders.

- Consent orders represent 61% of the PFA orders issued. Females given orders receive them by consent 62% of the time. Males given orders receive them by consent 57% of the time.

- Default orders represent 16% of all PFA orders issued. Females given orders receive them by default 16% of the time. Males given orders receive them 16% of the time.

- Orders after a hearing represent 23% of all PFA orders issued. Females given orders receive them after a hearing 22% of the time. Males given orders receive them after a hearing 27% of the time.

Dismissals:

- 42% of all petitioners are dismissed either voluntarily before a hearing, for petitioner’s failure to appear for the hearing, or because abuse was not found by a preponderance of the evidence after a hearing.

- Voluntary dismissals account for 38% of the dismissals. Female petitioners dismiss 15% of their petitions. Male petitioners dismiss 22% of their petitions.

- Failure of the petitioner to appear for the hearing accounts for 26% of all dismissals. Female petitioners fail to show for the hearing 12% of the time. Male petitioners fail to appear 7% of the time.

- Dismissals for failure to prove abuse by a preponderance of the evidence at trial account for 23% of all dismissals.

- Dismissals for other reasons, e.g., failure to effect services of process, account for 13% of all dismissals.

Hearing Statistics:

- 23% of all petitions result in a hearing. 21% of female petitioners have a hearing. 30% of all male petitioners have a hearing.

- Abuse is found in 58% of all trials. Abuse is found in 60% of the hearings in which petitioner is female. Abuse is found in 48% of the hearings in which petitioner is male.

Modifications and Contempts:

- There were 173 civil motions for contempt heard in 1997. Females filed 87% of the motions for contempt. Males filed 13% of the motions for contempt.

- Contempt is found for 65% of all motions for civil contempt. Contempt is found for 66% of motions filed by female petitioners. Contempt is found for 64% of motions by male petitioners.
• Motions for modification are granted 62% of the time. Motions for modification by female petitioners are granted 67% of the time. Motions for modification by male petitioners are granted 40% of the time.

The report subsequently gives statistical changes from 1996 to 1997 in the aforementioned, as well as other topics. These statewide and county statistics include: 1996 and 1997 numbers and percentages, percent of change, and the amount of percent change.
Quality of Education in Delaware

While only 3% of Delaware citizens would give the public schools a grade of “A”, 32% a grade of “B” or better, and 67% a grade of “C” or better, the remainder (22%) grade the schools at “D” or “F” (12% responded “don’t know”). Many view the public schools in their own community in a more favorable light. Some citizens (9%) would give the schools in their community a grade of “A”, 39% a “B” or better, and 68% a grade of “C” or better.

Many citizens (43%) believe children today are getting a poorer quality (“worse”) education than they did themselves. Some (27%) believe children today are receiving a better education than they themselves received.

Ways to Improve Delaware’s Schools

To bring about the greatest improvement in the schools, the top two areas in which citizens feel funds should be spent if additional money became available to spend on public schools would be to improve the curriculum (37%) and to buy/upgrade technology (27%).

Most citizens (85%) believe that providing professional development for teachers will lead to improvement in all of Delaware's schools.

School Climate and Organization

Most citizens (85%) believe that discipline problems in school are strongly related to the lack of discipline in the home.
Many citizens (62%) believe that a teacher is limited in what he/she can do because a student's home environment is a large influence on a student's achievement.

Many parents (66%) believe that, in class, students frequently or always concentrate on their work with very little disruption.

**Assessment/Accountability/Standards**

Most citizens (63%) state that they are not familiar at all with the Delaware Content Standards.

Most citizens believe that students (82%) and parents (89%) should be held very much accountable for the academic achievement of students. In addition, most (more than or equal to 86%) feel that teachers, principals, local school board members, district administrators, the State Board of Education, the State Secretary of Education, and the Governor should be held at least somewhat accountable for the academic achievement of students.

While many citizens believe that the state accountability system should serve multiple purposes, there are several purposes that are supported by most citizens:

- to identify areas in which teachers need to improve their teaching skills (88%);
- to identify areas in which students need extra help (88%);
- to indicate an individual student's progress (83%), a school's progress (84%) and a district's progress (85%) in relation to the state content standards;
- to determine if a student graduates from high school (82%); and
- to determine if a student advances to the next grade level of schooling (76%).

**Finance Reform and Financial Issues**

Few citizens support allowing school boards to raise or lower taxes without submitting the change to a public referendum vote, even if the increase will only account for changes in inflation (17%), changes in student enrollment (21%), or changes in property values (11%).

Most citizens (81%) would favor having all of the lottery and casino proceeds in the state revenue fund earmarked specifically for education.

Some citizens would be willing to pay more state income taxes (66%) or pay a 1% sales tax (64%) if it were earmarked specifically for education.

**Instructional Focus**

About half of the citizens state that schools do not give enough attention to teaching students
how to think (53%), preparing students who do not go to college for a job or career after graduation (54%), and developing students' moral and ethical character (53%).

Community Involvement

About one-third (36%) have attended any public school district function (i.e., PTA meeting, teacher conference, school board meeting, etc.) in the last year. Half (52%) of the citizens have attended other functions held in a public school building (i.e., lecture, sports event, meeting, or social occasion) during the last year. Less than half (42%) voted in the last school referendum in their community.

Communication

While some citizens (43%) believe they get enough information about public schools in their community, many (53%) feel they do not. Furthermore, the top three sources of information about public schools cited by the public were the newspaper (47%); school or district newsletter (30%); and friends, relatives, or neighbors (25%).

Most citizens (80%) anticipate that the "School Profiles" that will be available to parents and community members will be useful or very useful.
Highlights of Findings

Many of the results of analyses comparing African-American households to Caucasian-American households reveal similar responses for both groups. The following highlights enumerate just those points at which substantial differences (defined as twelve percentage points difference - the margin of statistical significance) between the two groups occur. On numerous other issues the difference reached ten or eleven percentage points. Significant differences between the two groups included:

African-American respondents gave the public schools in Delaware higher grades: 56% gave them a grade of "B" or better as compared to 34% of the Caucasian-American respondents.

In order to help the schools earn an "A", the only differences in recommendations are that more African-American respondents than Caucasian-American respondents felt that "raising teachers' salaries" (86% to 71%) and "building new schools" (62% to 43%) are "Important" or "Very Important."

Thirty-eight percent (38%) of African-Americans compared to twenty-three percent (23%) of Caucasian-Americans "think that children today get a 'Better' quality of education" than they did.

More African-Americans are "willing to pay more taxes to improve the schools in poorer communities" than Caucasian-Americans (73% versus 59%).

More African-American respondents "feel that parents and community members should have 'More Say' with regard to policies about" the following four areas in the public schools: "books and instructional materials" (50% to 32%), "books placed in the school libraries" (50% to 32%), "amount of homework assigned" (43% to 31%), "discipline policies" (75% to 63%). Thirty percent (30%) of African-Americans felt parents and community members have about the right amount of say regarding the "selection and hiring of teachers" compared to forty-two percent (42%) of Caucasian-Americans.
Although newspapers are among the most frequently cited sources of information for all respondents, more Caucasian-American respondents "get most of their information about the public schools" from newspapers (54% to 35%).

More African-Americans (25%) than Caucasian-Americans (5%) estimate that "25% or more of Delaware's high school students are expelled each year." Conversely, more Caucasian-Americans (30%) than African-Americans (18%) estimate about 2% are expelled.

Twenty-two percent (22%) of African-Americans have heard of New Directions for Education in Delaware, whereas thirty-four percent (34%) of Caucasian-Americans have.

Of those who have seen the academic content standards of New Directions for Education, seventy-four percent (74%) of African-Americans said "they are good expectations for all Delaware children" and "they are important to the improvement of schools in Delaware," but only forty-eight percent (48%) of the Caucasian-Americans said so.

Of those who have heard about the Governor's Education Improvement Commission (EIC), eighty-two percent (82%) of African-Americans said "the recommended actions of the EIC are important to the success of education in Delaware" compared to fifty-three percent (53%) of Caucasian-Americans.

More African-American respondents (89%) than Caucasian-American respondents (74%) attended "public school only" when they were in school.

More African-American respondents (34%) than Caucasian-American respondents (18%) were "Single - Never married", and more Caucasian-American respondents (57%) than African-American respondents (41%) were married.
TITLE: The Realities of Poverty in Delaware, 1989 Update

AUTHOR: Alice Brandreth, Editor

DATE: 1989

SOURCE: Public Assistance Task Force; Wilmington, DE

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY: (Secondary date: The News Journal, Children's Defense Fund, DHSS - Office of Community Services, National Health Care Campaign, food closet / Food Bank reports, DelDoT, The United Way of Delaware and others)

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? No.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: General

General discussion of increasing poverty in America; poverty in Delaware; who the poor are; Delaware’s poor: welfare recipients and the working poor.

Unmet Needs of the Poor

Lack of Affordable Housing
Lack of Health Care Coverage
Food/Hunger
Fuel/Energy Costs
Transportation
Crisis Alleviation

Lack of Affordable Housing
· Since 1983, the group among whom homelessness has increased the most is families; members of families with children represent 28% of the homeless population
· More families are joining the ranks of the homeless because of increasing housing costs and decreased or stagnant wages
· In Delaware, the number of very low income renter households exceeded the number of very low rent units by 123.7% in 1985 (= a shortage of 10,086 units)
· Except for a brief period in September 1988, the Wilmington Housing Authority has not taken housing applications for public housing since 1986 because of the 264 families on the waiting list; approximately 10,000 households in Delaware are on waiting lists for public and other subsidized housing
· All three counties experienced substantial growth in the number of persons housed by emergency shelters between January 1984 and October 1987
· During 1988, 4,065 individuals were not sheltered (2,849 were sheltered), as reported by 12 agencies statewide (unserved number may include duplicated people)

Lack of Health Care Coverage
· According to a 1987 study, 86,000 Delawareans are uninsured and another 35,000 are under insured
· The working poor and their families comprise the largest category of the uninsured and under insured

Food/Hunger
· Approximately one out of every ten citizens in Delaware is chronically hungry
· Emmanuel Dining Hall reports increasing numbers of women and children, as well as a continual and gradual increase annually in the number of persons served
· Food Conservers also estimated an increase in the number of persons served from 1982-1988 through their Food Warehouse program

Energy Costs
· Household energy costs rose 201% for the poor, resulting in crisis for low and fixed-income households, forcing them to choose between energy and other household needs
· Funding from LIHEAP (Low Income Housing Energy Assistance Program) decreased in 1987-1988, with average household benefits decreasing from about $346.00 per year to $330.00 per year (1988-1989)
· Even after LIHEAP benefits are distributed, a sizable inequity occurs
· The decrease in households eligible for LIHEAP benefits is a consequence of the decrease of affordable housing units available for poor families

Transportation
· Lack of evening and weekend bus service, as well as circumscribed routes provided, creates a barrier for low-income persons in accessing jobs

Crisis Alleviation
· FEMA (Federal Emergency Management Agency) allocated $250,000 to 42 agencies throughout the state from October 1, 1988 to September 30, 1989
· The amount of crisis alleviation funds is inadequate to meet the needs
· In June 1988, when 17 agencies were contacted, 7 had already used up FEMA funds and the remaining agencies had a very small amount left; by September 1988, only 2 of the 21 agencies in New Castle County had any FEMA funds remaining
General discussion of poverty and inequality - declining opportunity in the U.S.; who the poor are; poverty and inequality in Delaware; children in poverty; Delaware's poor: welfare recipients and the working poor.

The AFDC caseload increasing after decrease in the 1980s

Unmet Needs of the Poor

Lack of Affordable Housing
Lack of Health Care Coverage
Food
Fuel
Transportation
Crisis Alleviation

Lack of Affordable Housing
· Since 1983, the group among whom homelessness has increased the most is families; members of families with children represent 28% of the homeless population
· In Delaware, there is a significant shortage of affordable rental housing; few rental units are being constructed that are affordable at income levels of people working in major job growth areas; prices of homes are out of reach of incomes earned
· In contrast to federal government funding, state government funding has increased for the development of affordable housing
· Although a state Housing Trust Fund has been established, there is no permanent funding mechanism upon which it can depend; the current funding level is grossly inadequate to meet the demand of 35,000 renter households statewide
· Those who are homeless are increasing in number; in 1990, only 33% of those seeking emergency or transitional housing received shelter

Lack of Health Care Coverage
Approximately 72,000 Delawareans (about 12% of the non-elderly population) are likely to be without any form of health care coverage at any point in time. The uninsured population is predominantly younger, with 51% of all uninsured persons being under the age of 21. The working poor and their families comprise the largest category of the uninsured and under insured.

**Food**
- Hunger continues to escalate in Delaware
- Approximately one out of every ten citizens in Delaware is chronically hungry
- Emmanuel Dining Hall reports increasing numbers of women and children, as well as employed workers who are being fed

**Fuel**
- Costs for low-income families in Delaware for heating and energy are the highest in the nation
- A typical three-person family receiving welfare in Delaware spends 42% of its income on energy
- Household energy costs rose 201% for the poor, resulting in crisis for low and fixed-income households, forcing them to choose between energy and other household needs
- Funding from LIHEAP (Low Income Housing Energy Assistance Program) decreased in 1987-1988, with average household benefits decreasing from about $346.00 per year to $330.00 per year (1988-1989); as of January 1991, the current average household benefit was $315.00
- Even after LIHEAP benefits are distributed, a sizable inequity occurs

**Transportation**
- In a 1990 study in New Castle County, 21% of unemployed persons interviewed reported that they were not working because of lack of transportation and 33% of the low-income persons attributed their un(der)employment to lack of transportation
- Lack of evening and weekend bus service, and routes and schedules not available for the reverse commute to the suburbs or to travel between suburbs prevented low-income persons from accessing jobs in the suburbs
- In rural Sussex and Kent counties, there is little access to public transportation

**Crisis Alleviation**
- FEMA (Federal Emergency Management Agency) allocated $324,282 to 44 agencies throughout the state from October 1, 1990 to September 30, 1991
- The amount of crisis alleviation funds is inadequate to meet the needs
**TITLE:** The Realities of Poverty in Delaware, 1993 Update

**AUTHOR:** Alice Brandreth, Editor

**DATE:** 1993

**SOURCE:** Public Assistance Task Force; Wilmington, DE

**GEOGRAPHICAL AREA:** Statewide

**KINDS OF INFORMATION/DATA USED IN THE STUDY:** (Secondary Data: The News Journal, Children’s Defense Fund, DHSS - Office of Community Services, National Health Care Campaign, food closet / Food Bank reports, DelDoT, The United Way of Delaware and others)

**IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?** No.

**PROBLEMS/NEEDS ADDRESSED IN THE STUDY:** General

General discussion of income redistribution; who the poor are; myths about AFDC; poverty and inequality in Delaware; Delaware’s poor; the working poor.

- The AFDC caseload increased from 8,025 (1990) to 8,866 (1991) to 10,350 (1992) (12th highest caseload increase in the nation)

  **Unmet Needs of the Poor**

  - Lack of Affordable Housing
  - Lack of Health Care Coverage
  - Child Care
  - Food/Hunger
  - Energy Costs
  - Transportation Gaps
  - Crisis Alleviation

  **Lack of Affordable Housing**

  - Home ownership is increasingly out of reach for young families in America; family housing crisis is the result of rising housing costs, falling incomes and a decade of inadequate government housing and income assistance for the poor
  - There is a significant shortage of affordable housing in Delaware; income is not keeping pace with housing rates
  - Although a state Housing Trust Fund has been established, there is no permanent funding mechanism upon which it can depend; the current funding level is grossly inadequate to meet the demand of 35,000 renter households statewide
  - Those who are homeless are increasing in number (see p. 10 for numbers of those not able to be sheltered due to lack of space or funds)
  - The number of those seeking emergency or transitional housing has more than doubled since 1988
Lack of Health Care Coverage
- The working poor and their families comprise the largest category of the uninsured and under insured
- Only when families begin to earn more than 250% of the poverty level do they begin to accumulate enough disposable income required to contribute ... to health care costs
- Infant mortality rate comparisons (In 1989, Delaware, with a rate of 11.8 per thousand births, ranked 47th in the nation (national rate was 9.8 per thousand births)

Child Care
- In Delaware, child care workers make an average of $10K a year for 40-hour work weeks

Food/Hunger
- Hunger continues to escalate in Delaware; approximately 1 out of every 10 citizens in Delaware is chronically hungry

Energy Costs
- In 1981, the federal government established LIHEAP (Low-Income Housing Energy Assistance Program) to distribute funds to states; funding for LIHEAP has been continuously reduced since 1987-1988

Transportation Gaps
- In a 1990 study in New Castle County, 21% of unemployed persons interviewed reported that they were not working because of lack of transportation and 33% of the low-income persons attributed their underemployment to lack of transportation
- Lack of evening and weekend bus service, and routes and schedules not available for the reverse commute to the suburbs or to travel between suburbs prevented low-income persons from accessing jobs in the suburbs
- In rural Sussex and Kent counties, there is little access to public transportation

Crisis Alleviation
- For 1993, it was anticipated that FEMA funds would be completely depleted within six weeks
- FEMA funds provide approximately 10% of the need for emergency assistance
General discussion of economic insecurity in America (structural changes in the economy; policy changes that have increased poverty); who the poor are; myths vs. facts of welfare reform; poverty rate amongst children; Delaware’s poor: welfare recipients and the working poor.

Unmet Needs of the Poor

- Lack of Affordable Housing
- Lack of Health Care Coverage
- Child Care
- Food/Hunger
- Energy Costs
- Transportation Gaps
- Crisis Alleviation

Lack of Affordable Housing

- For the past two decades, homelessness has increased faster among families with children than among any other group of Americans; families with children accounted for, on average, 39% of the homeless population
- In Delaware, there is a significant shortage of affordable rental housing; the need for subsidized housing is estimated to be at least 11,000 additional units to close the gap between what the market provides and what very low income households can afford
- Large reductions in rental housing assistance have contributed to homelessness
- In January 1995, the Wilmington Housing Authority reported that there were 1,148 households on their waiting list for public housing; because of this, new applicants have not been accepted for four years
- In December 1995, there were 1,546 households in Kent and Sussex that were on the waiting list for public housing, with 1,508 of these households also on the Section 8 waiting list
- Although a state Housing Trust Fund has been established, there is no permanent funding mechanism upon which it can depend; the current funding level is grossly
inadequate to meet the demand
· prices of homes are out of reach of incomes earned

Lack of Health Care Coverage
· Estimates of the number of Delawareans lacking health insurance range from 89,000 to 95,000
· The working poor and their families comprise the largest category of the uninsured and under insured
· Delaware ranks as the 28th worst state in the nation for the percent of its total population that is medically undeserved
· Delaware's improvements in health care access (establishment of pediatric clinics and health care for adults below 100% of poverty under Delaware's Medicaid Managed Care program) are severely threatened by the federal government's proposed Medicaid cuts

Child Care
· Child care is a major concern due to increasing number of two-wage earners and the increase of single-parent, largely female-, headed households
· Although many children of the working poor qualify for subsidized day care, the State Division of Social Services reported in June 1994 that approximately 1,376 children who were then qualified were on the waiting list for an available slot
· The State Division of Social Services also reported that 42% of the families were forced to return to welfare because the family could not afford child care

Food/Hunger
· Approximately one out of every ten citizens in Delaware is chronically hungry; the Food Research and Action Center estimates that 21.8% of Delaware's children under age 12 are hungry or at-risk for hunger
· Emmanuel Dining Hall feeds women and children, as well as employed and unemployed workers; low wages and expensive rental housing costs create the need for food subsidy
· The number served at Emmanuel Dining Hall peaked in 1991, but 1992-1994 numbers are all greater than those years previous to 1991

Energy Costs
· A typical three-person family receiving welfare in Delaware spends 42% of its income on energy
· Household energy costs rose 201% for the poor, resulting in crisis for low and fixed-income households, forcing them to choose between energy and other household needs
· Funding from LIHEAP (Low Income Housing Energy Assistance Program) has been continually reduced since 1987-1988; expected cut in funding to Delaware is from $3.5 million (1994-1995) to $2.6 million (1995-1996)
· Even after LIHEAP benefits are distributed, a sizable inequity occurs
Transportation
- In a 1990 study in New Castle County, 21% of unemployed persons interviewed reported that they were not working because of lack of transportation and 33% of the low-income persons attributed their underemployment to lack of transportation
- Lack of evening and weekend bus service, and routes and schedules not available for the reverse commute to the suburbs or to travel between suburbs prevented low-income persons from accessing jobs in the suburbs
- In rural Sussex and Kent counties, there is little access to public transportation
- In 1995, these transportation gaps still exist

Crisis Alleviation
- The amount of crisis alleviation funds is inadequate to meet the needs
- Based on the experience that FEMA funds are completely depleted in six weeks, it can be extrapolated that FEMA provides approximately 10% of the need of emergency assistance
Lack of Affordable Housing
Inadequate Health Care Coverage
Child Care
Food/Hunger
Energy Costs
Transportation Gaps
Crisis Alleviation

Lack of Affordable Housing

- Sanctions and work requirements from Delaware’s welfare reform’s Contract of Mutual Responsibility have increased the risk of homelessness and the subsequent placement of children in foster care
- Peuquet and Leland, and Peuquet and Miller-Sowers studies have shown a sizable increase in homelessness in Delaware between 1984-1987 and 1986-1996, respectively
- The changing face of who are the primary clients in shelters - today’s homeless include young as well as older single individuals, and a significant number of families, a large portion of which are headed by a single parent
- Homelessness rose in Delaware even during periods of economic prosperity and low unemployment
- “No arrangements known” is the largest category for those leaving emergency or transitional housing, which reflects the need for more comprehensive services to address the need of chronic homelessness, and demonstrates the difficulty and frustration on the part of shelters in attempting to assist households become self-sufficient in a short period of time and with limited resources
- The Wilmington Housing Authority has 672 eligible families on their waiting list and has not accepted new application for families since February 1996
Inadequate Health Care Coverage
- The estimated number of Delawareans lacking health insurance in 1995 was 96,000, about the same as in 1994 - 94,000
- The majority of Delaware's uninsured have remained uninsured for over a year
- 64% are working; 73% are above the poverty line
- As of December 1996, a total of 60,603 clients were enrolled in Medicaid Managed Care Organization (MCO)

Child Care
- TANF/ABC time limits put increased pressure on low-income families who will struggle to survive with wages too low to pay for subsistence needs and also to pay for day care
- The Congressional Budget Office estimates that TANF provides $1.4 billion less than what is needed over the next six years for the child care necessary to meet the requirements, even if the states put up all of the state matching funds needed to obtain the new federal dollars
- The State Division of Social Services is reporting that no one is on the waiting list for subsidized day care

Food/Hunger
- The welfare reform law targets food assistance programs for the deepest reductions in their history, which means an average loss of $355 in food stamp benefits, and cuts in meals for children in summer programs and WIC
- Emmanuel Dining Hall feeds employed and unemployed workers, as well as an increasing number of children; low wages and expensive rental housing costs create the need for food subsidy
- The number served at Emmanuel Dining Hall peaked in 1991, but 1992-1994 numbers are all greater than those years previous to 1991; hit lower dip in 1994, with increases in 1995 and again in 1996

Energy Costs
- A typical three-person family receiving welfare in Delaware spends 42% of its income on energy
- Household energy costs rose 201% for the poor, resulting in crisis for low and fixed-income households, forcing them to choose between energy and other household needs
- Funding from LIHEAP (Low Income Housing Energy Assistance Program) has been continually reduced since 1987-1988; cuts are reflected in the reduction of both number of households receiving benefits and the average benefits received
- Even after LIHEAP benefits are distributed, a sizable inequity occurs

Transportation
- Little has changed since 1990 study:
- In New Castle County, 21% of unemployed persons interviewed reported that
they were not working because of lack of transportation and 33% of the low-income persons attributed their underemployment to lack of transportation.

- Lack of evening and weekend bus service, and routes and schedules not available for the reverse commute to the suburbs or to travel between suburbs prevented low-income persons from accessing jobs in the suburbs.
- In rural Sussex and Kent counties, there is little access to public transportation.

**Crisis Alleviation**

- The amount of crisis alleviation funds is inadequate to meet the needs.
- Based on the experience that FEMA funds are completely depleted in six weeks, it can be extrapolated that FEMA provides approximately 10% of the need of emergency assistance.
Title: The Realities of Poverty in Delaware, 1999 Update

Author: Alice Brandreth

Date: Summer 1999

Source: The Housing Journal

Geographical Area: statewide


Is the Data/Study Representative of Community Input? No

Problems/Needs Addressed in the Study: General, Emergency Assistance, Housing, Employment

Profile of the Poor

- Despite rising prosperity in the nation, child poverty increased from 14.4% in 1973 to more than 20% in 1996.
- In 1993, Delaware shared first place in having the lowest percentage of children living in poverty in the United States. Now Delaware ranks 16th in the U.S.
- In Delaware, welfare benefits have not been increased since 1990.

Outcomes of Welfare Reform

- Since the 1996 welfare reform law was enacted, welfare caseloads have dropped 31% nationwide.
- Since 1996, Delaware’s welfare caseloads have dropped by 35%.
- In Delaware, most clients, who leave the welfare program, enter the workforce finding jobs that pay an average of $6.17 an hour.
- In February 1999, a statewide survey was done to show the effects of welfare reform in Delaware. It reported:
  - Nearly two-thirds of responding households reported at least one person working, while a quarter of respondents reported two or more workers
  - The average number of hours worked a week was 32.7
  - The average wage reported was $7.42 per hour
  - High levels of Medicaid and Food Stamps were reported, while child care assistance remained low.
  - Minimal support for education or job training was reported.

Unmet Needs of the Poor

- Homelessness: The rate of homelessness in Delaware is similar to rates found elsewhere in the U.S. and for the nation overall. There are approximately 20 homeless per 10,000 persons. With a statewide population of
700,000, this equates to about 1,400 homeless persons in Delaware.
The rise of homelessness in Delaware can be attributed to the overall growth of one-person and single-parent households, combined with a lack of real growth in earnings for a number of years.

- **Health care coverage:**
  From the early 1980’s until the mid-1990’s, Delaware residents without health insurance has decreased for 15.6% to 13.6%.
  According to a study conducted for the Delaware Health Care Commission, the majority of Delaware’s uninsured have remained uninsured for more than a year.
  In 1999, the Delaware Healthy Children Program was initiated to provide children under the age of 19 with family incomes at or below 200 percent of the federal poverty level with health insurance.

- **Child care:**
  In 1998, the state only allowed low-income working families earning less than $20,644 (for a family of three) to be eligible for any child care help although federal law allows the state to serve families with incomes up to $38,927.
  A family of three earning $19,995 a year receiving child care help could be required to pay as much as 15% of their income in family copayment, which is 50% more than experts recommend.

- **Food security:**
  It is estimated that $15 million in food stamps will be cut between 1997 and 2002, which is equivalent of three meals per day for one year for 33,970 people.

- **Energy:**
  By 1989, according to the National Consumer Law Center Report, a typical person receiving welfare in Delaware spent 42% of its income on energy.
  Since 1995, the Low Income Housing Energy Assistance Program (LIHEAP), which distributes funds to states for the purpose of assisting, low-income households with their energy costs has experienced funding cuts that are reflected both in the number of households receiving benefits and average benefits received.

- **Transportation:**
  A study in 1990 by New Castle County for the Delaware Transportation Authority reported that 21% of the unemployed were not working because of lack of transportation.
  There is also a lack of evening and weekend bus service, as well as limited routes and schedules available for the reverse commuter trip to the suburbs.

- **Emergency assistance:**
  The Federal Emergency Management Agency (FEMA) allocates money to the states for emergency food and shelter programs.
  Information about the total amount of emergency assistance funds dispersed in Delaware by all private and state agencies from all sources has not been collected.

**Escalating income disparity**
- Corporate CEO’s who earned 41 times what their workers made in 1960, made 185 times as much as their workers in 1995
- In 1995, CEO’s earned more every two days than the average worker earned in a whole year.
- In Delaware 38% of jobs pay less than $15,330 a year ($7.37 an hour).
- Between the 1970’s and the 1990’s the average income of the poorest fifth of families fell by $810, from $12,850 to $12,040, while the average income of the richest fifth of families increased by $27,250, from $89,720 to $116,940.
• Welfare reform at both the federal and state levels has accelerated the growth of poverty as economic realities are ignored and the notion of “personal responsibility” for economic insecurity is embraced by those eager to reduce government benefits from the poor.

**Conclusion**

• Lack of awareness of the realities of poverty by the average American contributed to a political environment in which the needs of the poor can be readily ignored.
• Welfare reform has succeeded in reducing welfare rolls but failed in reducing poverty.
• Social services and casework treatments of the problems of the poor can neither keep pace with the rate of impoverishment nor address the root cause.
• The escalation of redistribution of income from the poor to the wealthy and the increasing disparity of economic opportunity in the U.S. raises questions about the values of Americans.
TITLE: Secondary Conditions and Community Integration Among Delawareans with Traumatic Brain Injuries: A First Look

AUTHOR: Prepared by Edward C. Ratledge, Center for Applied Demography and Survey Research, University of Delaware, for Delaware Disabilities Prevention Program Division of Public Health, Delaware Department of Health and Social Services

DATE: June 1997

SOURCE: Center for Applied Demography and Survey Research, University of Delaware

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Primary data - results of a survey of 16 adults in Delaware with brain injuries

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes, to the degree that the respondents represent the community of Delawareans with brain injuries.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “HEALTH AND HEALTH CARE” and ‘DISABLED”

The report is the end product of a study conducted to gather information about secondary conditions suffered by and the degree of community integration of Delawareans with brain injuries. The highlights of the results are:

· The degree of community integration among those surveyed varied greatly.

· The frequency and treatment of secondary conditions also varied widely, though only about one-third of respondents reported being treated for secondary conditions.

· Those that were treated for secondary conditions were generally satisfied.

· The frequency of secondary conditions appears to be negatively related to the degree of community integration.
The Division of Child Mental Health Services (DCMHS) Mission and Values

Areas for Improvement:

· Supporting the implementation of innovative programs and services
· Providing a structure for effective collaboration
· Increasing the scope of services
· Demonstrating sensitivity to cultural and ethnic differences
· Strengthening accountability

DCMHS System Performance

Conclusions:

Respondents were generally satisfied with the performance of the DCMHS system. Specific strengths included improvements in communication and the concern for clients demonstrated by DCMHS personnel.

Despite the positive evidence for DCMHS’s communication with service providers, communication is also an area identified as needing improvement. In particular, improvements were suggested in:

· the provider appeals process;
· the consistency and amount of information provided to the providers; and
· the amount and complexity of the paperwork.

Better coordination across Divisions within the Department of Services for Children, Youth and Their Families was also recommended, as well as additional training and clarification of the roles of DCMHS personnel.
Role of the Provider in the DCMHS Managed Behavioral Health System

Findings:

Overall, providers were very aware of expectations and requirements of the role of the provider. When asked about strengths of the provider role, the respondents tended to comment on the strengths of their agency, including the quality of services that they provided, the quality of their staff, and their communication with DCMHS. Similarly, some of the areas for improvement identified were specific to the individual agencies. The areas in which DCMHS needs to improve focused on communication and paperwork.

Areas for Improvement:

The respondents indicated that communication between DCMHS and the providers could be improved by:
- Clarifying the providers’ accountability responsibilities to different DCMHS components;
- Continuing the process of identifying systems concerns;
- Improving coordination and communication between wraparound service and primary clinical providers; and
- Improving the timeliness of paperwork.

Provider Network Administration

Findings:

Respondents’ experience with the DCMHS Program Administrators was generally positive. A majority of the respondents having direct experience with the contracting or monitoring processes gave favorable responses about the clarity or appropriateness of the processes. Strengths that were noted were the monitoring process, accessibility, the RFP process, and one specific staff member.

Despite the strengths, communication was again identified as a concern.

Areas for Improvement:

The responses of the service providers indicate that communication could be improved by:
- Clarifying the awards process and making it more objective;
- Reducing the time that elapses between monitoring visits and provision of feedback based on the visit;
- Making feedback from incident reporting more informative (Note: Those providing intensive outpatient services were much more satisfied with feedback than the other service providers.);
- Revising forms to ensure consistency with service providers’ other paperwork processes;
- Respecting service providers in deliberations by treatment teams; and
- Reducing inconsistencies between the central and local offices.
Clinical Services Management

Findings for Coordinators/Supervisors:

Clinical Services Coordinators received generally high approval from the survey respondents. Over 22 (79%) of the service providers who responded to the survey agreed with statements about the coordinators’ accessibility, responsiveness, involvement, ability to explain decisions, and knowledge. The items receiving the highest proportion of favorable responses (89%) were those addressing the accessibility and responsiveness of the Coordinators/Supervisors. The items receiving the lowest proportion of favorable responses were those addressing the usefulness of the service plan and the clarity of the role of the Clinical Services Management Team, with 19 (or 68%) of the service providers agreeing.

Areas for Improvement for Clinical Services Coordinators and Supervisors:

The overall picture of the management by the Coordinators and Supervisors is positive, but clinical services management could be further strengthened by:

· Making the service plan more useful to the provider agencies; and
· Clarifying the coordinators'/supervisors' role.

Findings for Clinical Services Team Leaders:

The pattern of responses to the questions about Team Leaders was similar to, although rated slightly lower than, that for the Coordinators/Supervisors. The proportion of service providers agreeing to positive statements about the Team Leaders ranged from a high of 86% (agreeing with the item about the accessibility of Team Leaders) to a low of 61% (for the item about Team Leaders’ resolution of disagreements).

Areas for Improvement for Clinical Services Team Leaders:

While the responses were generally favorable, management by the Team Leaders could be further improved by:

· Increasing skills and practice in resolving disagreements and explaining decisions; and
· Increasing the clinical sophistication of team leaders.
General Findings:

Looking at clinical services management in general, more than half the service providers who returned the survey responded positively to items about the coordinators' role in treatment; the response rates to emergencies; the clarity and reasonableness of the authorization procedures; and the planning and facilitation of transitions (except the transition to adult services, which was not applicable to many of the service providers). The favorable responses ranged from 68% agreement that the agency therapist's input was considered, to 54% agreement that discharge planning and facilitation was effectively planned. (The item about planning and facilitating transitions to adult services was agreed to by only 21%, but 57% indicated that they either did not know or the item was not applicable.)

Looking at the data from the other direction, the items receiving the most negative responses were:
- clarity of the authorization procedures (36% disagreement);
- importance of the coordinators' role in treatment (29% disagreement);
- reasonableness of the information required for continued authorization (29% disagreement); and
- effectiveness of DCM HS discharge planning and facilitation (29% disagreement).

Compared to other parts of the survey, the responses to items in this section of the survey were more likely to vary by the type of services provided by the respondents. For example, crisis service providers were generally more satisfied with clinical services management than all providers. In responses to open-ended questions, strengths of clinical services management included the quality of the people involved, the focus on clients, the accessibility of the teams, and the coordination of services. However, some of these same areas appeared in the suggestions for improvements.

General Areas for Improvement:

Three themes emerged from the service providers' responses to both closed- and open-ended questions in this section:
- inconsistencies across different clinical management teams and between DCM HS central office and local staff;
- complexity and appropriateness of management procedures; and
- communication.

The responses suggest the following improvements:

**Inconsistencies in clinical services management** could be addressed by:
- Using similar decision making procedures across the different management teams (e.g., for determining length of stay); and
- Improving skills in local teams (e.g., in making referrals).
Management procedures could be improved by:
- Simplifying and clarifying paperwork requirements, especially for initial authorizations and reauthorizations;
- Seeking more feedback on appropriateness of clinical information required for continued authorization (some find it unreasonable) and making appropriate changes; and
- Seeking more feedback on discharge planning and facilitation, and making appropriate changes.

Communication could be improved by:
- Increasing coordination between DCMHS and other divisions within the Department of Services for Children, Youth and Their Families;
- Increasing face to face contact with clients and other participants; and
- Using service providers' expertise and documentation of case in making decisions.

The DCMHS Provider Survey: Responsiveness and Improvements

Findings:
A majority of respondents to this section of the survey (53%) indicated satisfaction with DCMHS' response to issues raised in last year's survey. In particular, efforts to improve communication between DCMHS and its providers were appreciated, with the clarification of the authorization procedures in the Provider Manual and the annual meeting receiving the largest proportions of agreement (76% for the Provider Manual and 70% for the annual meeting). In describing the value of the survey, respondents emphasized the value of knowing that DCMHS is committed to obtaining feedback. In addition, internal uses of the provider survey process were identified.

Areas for Improvement:

The respondents also provided recommendations for improving the survey by:
- Expanding the scale to 5 points;
- Asking for frequency or extent instead of agreement;
- Including questions about the quality of services for clients or survey clients directly;
- Including questions about coordination of services within the Department of Children, Youth and Their Families; and
- Asking more questions about the functioning of local teams.

CONCLUSIONS
In many ways the news from the service providers who responded to the FY 1998 survey is good. For example, the value of collaboration stated in the new mission statement was shared by the service providers; service providers recognized DCMHS's improvements in communication and concern for clients; and accessibility, responsiveness, and knowledge characterized clinical services management.

Despite the many positive responses about DCMHS system performance in FY 1998, many areas where improvements are still needed were also identified. In particular, communication
continued to be a major concern for the service providers. Looking across the comments made in different sections, the major communications needs appear to be:

- Providing more or clearer information about
  - the DCMHS managed care system;
  - the provider appeals process;
  - providers' accountability responsibilities to different DCMHS components;

- the awards process; and
- the coordinators role;

- Reducing and simplifying paperwork required of service providers;
- Providing quick feedback based on visits and reports and quickly completing paperwork required of DCMHS;
- Increasing consistency across different sources of information (individual personnel, local offices, provider manual, central office);
- Coordinating (1) with other divisions of the Department of Services for Children, Youth and Their Families, and (2) across different kinds of services; and
- Respecting and using service providers' expertise and documentation of case in making decisions.

Continued progress on these fronts could bring even more positive feedback in response to next year's survey than was received this year.
PROBLEMS/NEEDS ADDRESSED IN THE STUDY:

HOUSING

Data are based on LMRG Housing Needs Assessment in 1996.

Breakdown demand for ownership housing, stratified by First-Time Home buyers, Other Affordable Home buyers, First-Time Move-Up Home buyers, and High Income Home buyers by New Castle County, Sussex County, Kent County, and the City of Wilmington.

Existence of substandard housing is concentrated in Wilmington (558 units), Dover (406 units), Millsboro (378 units), New Castle (372 units), and Selbyville-Frankford (338).

Affordable housing needs, by county, of:
- Senior population
- Division of Mental Retardation (DMR)
- Division of Alcoholism, Drug Abuse and Mental Health (DADAMH)
- Migrant workers
- Those infected/living with HIV/AIDS

Homeless / Transitional Housing

- LMRG estimated that the total population of homeless persons in the State on any given day in the year is approximately 1,216 (based on point-in-time survey on January 25, 1995).
- Housing gap for homeless persons for the State is approximately 243 beds or units
- The primary need of persons threatened with homelessness is financial support during periods of economic crisis, and counseling to reduce the cost burden of housing exceeding 30% of median income.
NON-HOUSING COMMUNITY DEVELOPMENT
Community Revitalization strategy includes:
- Neighborhood revitalization (housing rehabilitation)
- Water and wastewater infrastructure improvements
- Community redevelopment (economic development and job creation)

(p. 25a – Continuum of Care: Gaps Analysis numbers – Individuals)
(p. 25b – Continuum of Care: Gaps Analysis numbers – Persons in Families with Children)

Page 27 – Gaps in the Housing Delivery System
- Lack of sufficient resources
- Limited resources available for essential related social service programs

Lead-based paint hazard (p. 27)
TITLE: Statewide Housing Needs Assessment

AUTHOR: Prepared by Legg Mason Realty Group, Inc.

DATE: 1996

SOURCE: Delaware State Housing Authority

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY
Current and projected housing conditions based on analysis of demographic, economic and real estate development data, as well as qualitative information gathered through extensive interviews with experts.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? No

PROBLEMS/NEEDS ADDRESSED IN THE STUDY: “HOUSING”

POPULATIONS THAT NEED HOUSING

Households Living in Substandard Housing - This report estimates that the total number of substandard housing units in the State in 1995 to be 12,053, or 4.34 percent of the housing supply of the State. 45.8 percent of the State’s substandard units are home ownership units; 54.2 percent are rental.

- City of Wilmington - has an estimated 2,434 substandard units
- New Castle County - has approximately 3,804 substandard units
- Kent County - this county has an estimated 2,311 substandard units
- Sussex County - has an estimated 3,504 substandard units

At-Risk Households - Defined as 1) living in overcrowded conditions, and 2) having very low income (less than 50 percent of Area Median Income) and paying more than 50 percent of their income for housing expenses. There are an estimated 14,486 at-risk households in the State. 33.6 percent of at-risk households occupy home ownership units. Renters are an estimated 9,615 out of the total of at-risk households. Almost 12.5 percent of renters are at-risk compared with only 2.4 percent of homeowners.

- City of Wilmington - estimated 3,223 at-risk households
- New Castle County - there are an estimated 6,907 at-risk households
- Kent County - estimated 2,235 at-risk households
- Sussex County - estimated 2,121 at-risk households

Special Needs Populations - This population includes primarily: senior citizens, the mentally retarded, mentally ill, homeless, migrant workers, and persons with AIDS.

- Senior Citizen Population (65+)- The senior population of DE was at 92,796 in 1995 constituting 13 percent of the total population. Growth of the senior population during
the next five years is forecast to be 6,706 persons: an increase of 7.2 percent. Legg Mason concentrated on longer-term trends in order to highlight the accelerating increase of the senior population and in the housing needs of the low-income segment of said population. The total population of the State will grow only 28.6 percent during the 1995-2020 period. The senior population will grow 60.7 percent. The fastest growing segment of the senior population and of the State’s population as a whole is the 85+ age groups. This segment will increase by 7,532 (107.5 percent) statewide between 1995 and 2020. Senior households account for 25.7 percent of all households experiencing housing problems, predominately excess housing cost burden. Almost 27 percent of senior households in the State have these problems, 19.3 percent of all senior homeowners and 54.3 percent of all senior renters.

City of Wilmington - Wilmington is estimated to have 2,654 senior households paying more than 30 percent of their incomes for housing expenses in 1995. New Castle County - This county has an estimated 6,400 senior households affected by excessive housing costs, 57.7 percent of them homeowners. Kent County - In 1995 the county has an estimated 2,035 senior households paying excessive housing costs, 62.0 percent homeowners. Sussex County - The county is estimated to have 3,300 senior households paying more than 30 percent of their incomes for housing expenses in 1995; 80.0 percent of them are homeowners.

Mentally Retarded Persons - It is currently estimated that of a total Division of Mental Retardation (DMR) caseload of 1,253 persons, 414 mentally retarded persons may need housing in the next five years. Effective demand for housing this population is up to 30 beds (6-10 group homes) annually.

Mentally Ill Persons - The total number of mentally ill persons within the Division of Alcoholism, Drug Abuse and Mental Health (DADAMH) caseload management system is 2,349. Housing units for mentally ill persons in supportive environments total 570 statewide. Legg Mason estimates the need for supportive housing statewide in 1995 to be up to 1,779 units for those with mental illness. Effective demand is limited to an estimated 30 beds (6-10 homes) per year.

Homeless Persons - From the information obtained for the University of Delaware’s Center for Community Development, it is estimated that homeless persons in the state on any given day total 1,217. 973 persons were observed as housed in all shelters, reception/day centers and transitional housing throughout the state. The housing gap for homeless persons for the State is approximately 244 beds.

Migrant Workers - It is estimated that the total number of households in the peak seasonal migrant farm labor force is at 2,186. Housing units available to migrant households in licensed labor camps and Elizabeth’s Landing total 904. The potential housing gap at peak season (July-September) can be considered as high as 1,282 units.

Persons with AIDS - As of July 1995, the Division of Health estimates that there are 519 persons living with AIDS in the state. This number does not include HIV infected persons. As of 1995, there were 16 beds dedicated to Persons with AIDS. A potential housing gap
can be estimated as high as 575.

Housing Problems by Income - This analysis focused on households earning 0-60 percent of median income.

City of Wilmington - There are an estimated 8,331 households in the 0-60 percent of median income range experiencing housing needs. More than 3/4 of these households is renter. Substandard units account for one-quarter (2,083 households) of housing problems. Housing cost burden (and to a lesser extent overcrowding) is the predominant problem: 6,248 households are paying more than 30 percent of their incomes for housing.

New Castle County - 18,440 households in the 0-60 percent of median income range experience housing needs. Two-thirds of these households are renters.

Kent County - Estimated 5,761 households experiencing housing needs in the 0-60 percent of median income range. Seventy percent of these households are renters.

Sussex County - Estimated 7,206 households in the 0-60 percent of median income range experiencing housing needs. Substandard units account for 39.8 percent of housing problems, due in large part to the high level of failing septic systems.

NEED FOR AFFORDABLE RENTAL HOUSING

Need for New Rental Construction - The supply of rental units statewide should increase by a total of 3,000 by the Year 2000 (an average of 600 units per year) to accommodate net new rental demand. The principal components of the State’s demand for new construction, affordable rental units between 1995 and 2020 are:

Very Low Income - The largest single block (1,000 units) of demand for affordable rental units in the 1995-2000 periods comes for those households earning less than $15,000 per year.

Low Income - This $15,000 - $25,000 annual income segment will account for another 500 units of demand during the 1995-2000 period.

Senior Renters (Aged 75+) - The need for additional senior rental units is 500 for the 1995-2000 period.

Needs Within Existing Rental Supply

Substandard Rental Units - Legg Mason estimates that there are 6,533 occupied substandard rental housing units in the State, representing 54.2 percent of all substandard units. Each substandard rental unit will need at least $30,000 in rehabilitation expenses: a total expenditure of $196 million. In addition to substandard units needing substantial rehabilitation, Legg Mason has estimated that 12,000 occupied rental units statewide are in need of moderate rehabilitation averaging about $10,000 - $30,000 in repairs: a total expenditure of $210 million.

At-Risk Renter Households - An estimated 9,615 at-risk renter households in the state are earning less than 50 percent of area median income and are paying more than 50 percent of their incomes toward housing expenses. An estimated 15,995 households are paying more than 30 percent of their incomes toward housing expenses. Therefore, the current need for affordable rental units, can therefore, be defined as between 9,615 and 15,995
Rental Demand by Location

City of Wilmington - Will need essentially no new net rental units over the next five years.
New Castle County - Will need approximately 500 new rental units for very low income households earning less than $15,000 per year. The need for low income senior rentals should increase by 250 units.
Kent County - Is projected to need about 150 new affordable rental units for low income seniors.
Sussex County - Needs 1,100 affordable rental units over the 1995-2000 period. Target renter populations are very low (500 units) and low (500 units) income households, with an additional 100 units for low income seniors.

Low Income Housing Tax Credits - The core need for rental housing units assisted by Low Income Housing Tax Credits can be estimated by determining the number of renter households in the 51-60 percent income group living in substandard housing or at-risk conditions or paying more than 30 percent of their incomes toward housing expenses. Legg Mason estimates the total number of renter households falling within the 51-60 percent guideline in 1995 as 7,126: 1,160 in Wilmington; 4,071 in New Castle County; 1,112 in Kent County, and 783 in Sussex. The number of those households with housing needs totals 2,082 in the State in 1995: 268 in Wilmington; 891 in New Castle; 419 in Kent; and 504 in Sussex.

NEED FOR AFFORDABLE OWNERSHIP HOUSING

Demand for Home ownership Opportunities - The demand for affordable ownership housing totals 31,500 units over the next five years (47.0 percent of the total ownership demand).

Needs of Existing Home ownership Inventory

Substandard Home ownership Inventory - Legg Mason estimates that 5,523 occupied substandard home ownership units in the State need at least $30,000 in rehabilitation expenses: a total of $166 million. Legg Mason also estimates that 12,000 occupied housing units statewide are in need of moderate rehabilitation averaging about $10,000 - $30,000 in repairs: a total of $210 million.

At Risk Home ownership Units - Legg Mason estimates that there are at least 4,869 at risk homeowners in the State in 1995 earning less than 50 percent of area median income and paying more than 50 percent of their incomes toward total housing expenses.

Home ownership Demand by Location

City of Wilmington - Affordable home ownership demand constitutes 2,500 units and more than half of the total home ownership demand.
New Castle County - Affordable home ownership demand constitutes 14,500 units.
Kent County - Projected to experience 5,500 affordable home ownership sales
Sussex County - Affordable home ownership demand constitutes 9,000 units.
OTHER ASSISTANCE NEEDED

Senior Citizen Needs - There are an estimated 10,891 senior households in the State that have incomes of less than $15,000 annually and are paying more than 30 percent of their incomes toward housing expenses. Homeowners comprise 6,285 (57.7 percent) of those households and renters constitute the remaining 4,606 households. Though these households are sheltered, their quality of life could be substantially improved by reducing their housing expenses through the provision of some sort of direct or indirect rental subsidy from the public sector.

The needs for senior homeowners are rehabilitation financing, and social services supports geared toward assisting them in aging in place through increased specialization, home health care, and minor adaptive repairs. Reverse annuity mortgages or similar financial strategies are other options.

Resource Gaps

Infrastructure for Construction of Affordable Housing - One of the most critical impediments facing affordable housing providers is the supply and location of land appropriately zoned for the construction of new multifamily housing. Zoning policies and the zoning process in many localities effectively exclude many new affordable rental communities.

Financing for Housing Rehabilitation - There is a need for $361 million in rehabilitation financing in order the make the State’s 12,053 substandard housing units fully habitable. In addition to substandard housing units needing substantial rehabilitation, there are an estimated 24,000 housing units statewide in need of moderate rehabilitation requiring an additional $420 million. Rehabilitation permits in the State have averaged only 3,000 per year in recent years at an average pocket size of $11,241, for a total of approximately $33.7 million annually. Projecting those numbers out over the 1995-2000 period, the gap between moderate rehabilitation need ($420 million) and available financing ($168.6 million) is approximately $251 million and at least 9,000 unrehabbed units.

Financing for New Construction

Home ownership Financing - That State’s 8,000 first-time home buyers during the 1995-2000 period need a continued source of moderate-cost financing, mortgage underwriting at reasonable terms, and assistance with down payment and settlement expenses. Rental Financing - The State’s need for 2,000 affordable rental units over the 1995-2000 period reveals a significant gap in available financing. Quantifying the dollar amount of the financing gap is impossible. The size of the gap is ultimately totally dependent on the ability of the targeted renter population to pay some real contribution toward its housing expenses.
TITLE: Substance Abuse and Need for Treatment Among Criminal Justice Detainees in Delaware 1995

AUTHOR: prepared by Steven S. Martin et. al., Center for Drug and Alcohol Studies, University of Delaware for College of Urban Affairs and Public Policy

DATE: September 1997

SOURCE: College of Urban Affairs and Public Policy, University of Delaware

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Primary data - interviews with detainees from Delaware's corrections facilities regarding the prevalence of alcohol and drug abuse, whether or not detainees had been treated for alcohol and drug abuse, and unmet needs

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. Data comes from interviews of detainees.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY:

Health Needs/Legal Services

Highlights:

- 82% of 185 juveniles interviewed reported alcohol use during the past year
- 81% reported using marijuana in the past year, and 19% reported cocaine use
- 14% of juveniles interviewed met the clinical criteria for alcohol dependence, 24% met the clinical criteria for marijuana dependence, and 3% met the clinical criteria for cocaine dependence
- Of the juveniles who met the clinical criteria for either drug or alcohol abuse, 77% had never received any treatment for substance abuse during their lifetime
- Of 635 adults interviewed from the Delaware detention population, 93% reported using alcohol during the past 18 months and 49% met the clinical criteria for alcohol abuse or dependence during the past 18 months
- 88% reported using marijuana in the past 18 months, and 28% met the clinical criteria for marijuana abuse or dependence over the past 18 months
- 69% reported cocaine use in the past 18 months, and 32% met the clinical criteria for cocaine dependence
- Of the adults who met the clinical criteria for alcohol or drug abuse, 74% reported a need for treatment of drug abuse and 61% reported a need for treatment of alcohol abuse
Any Lifetime Use

· A comparison of the fifth grade and eighth grade data indicates a large increase in usage rates, both within Delaware and the nation, for all substances from the fifth to eighth grades.
· A significant increase in usage rates is evident between the eighth and eleventh grades as well.

Treatment Need Estimate

· From the Perspectives, Activities and Use Survey (PAUS, a public school survey) eleventh grade driver sample, 103 eleventh graders were found to meet the criteria for substance abuse; approximately 67 percent of these students were male.
· Nearly 38 percent of these substance abusers met the criteria for both alcohol and marijuana abuse.
· 33 percent met the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) criteria solely for alcohol abuse and 29 percent met the criteria solely for marijuana abuse.
· The sample findings suggest that the greatest absolute need for treatment is found in New Castle County (56/103 - New Castle County; 21/103 - Kent County; 26/103 - Sussex County). However, a higher percentage of students (18.3%) were estimated to abuse substances in Sussex County than in New Castle County (16.4%) and Kent County (13.5%). The overall statewide rate was 16.1 percent.
· To extrapolate from sample to general population, an estimated 1103 Delaware eleventh grade students met DSM-III-R criteria for substance abuse.
· The number of public and non-public high school students meeting DSM-III-R criteria for substance abuse is estimated to be 3551.
Treatment Demand Estimate

- According to the research, an estimated 15-20 percent of substance abusers should be targeted for treatment in a given year. Given this, the demand would be 27-36 eleventh graders in Kent County, 107-142 in New Castle County and 32-43 in Sussex County (= 1107 total).
- The total demand for treatment of eleventh graders (public and private schools) would be 166-221 at any given time.
- The total demand for treatment of all high school students (9-12 grades, public and private schools) would be 533-710 at any given time.

Treatment Supply Estimate

- The U.S. Department of Health and Human Services’ 1991 National Drug and Alcoholism Treatment Unit Survey (NDATUS) findings indicate that on September 30, 1991, 101 Delaware youth were receiving substance abuse treatment, either outpatient or residential services (since this is all youth, the number of adolescents would be fewer).
- None of the agencies that were contacted during the telephone survey had a waiting list for services, although some had waiting lists in the past.
- Many stated that they could expand their services if the need arose.
- At any point in time, the seven residential services that were contacted stated they have a total of 216 slots available for Delaware and non-Delaware substance-abusing adolescents.
- The seven counseling agencies that were contacted stated they have a total of 121 to 145 outpatient slots available.
- The number of slots available for Delaware youth may be fewer since a significant portion of the agencies contacted are located outside of the state.

Implications

- The estimate of the number of substance abuse treatment slots needed for all high school-aged youth reveals a need for services that clearly surpasses the supply.
- With 533 to 710 slots required, and an estimated 337-361 slots available, the provision of at least an additional 200-350 slots is necessary. The provision of even more serious services could be required given the fact that all need and demand estimates made in this report err on the conservative side.
- Few adolescent substance abuse treatment services are easily accessible to populations living in Kent or Sussex Counties.
- The telephone survey reveals a lack of adequate adolescent-focused treatment services statewide.
- Further research is needed for an analysis of reasons for the gap between need and supply.

Recommendations

- Prevention efforts must focus on the underlying issues that often precede substance abuse, rather than focusing solely on drug education.
- Efforts should be made to assist students in making a smooth transition to new schools (to decrease anxiety and therefore, the desire to experiment with drugs to gain peer acceptance).
· Offer youth-structured activities, such as sports or clubs, which provide an instant peer group.
· Identify interests of those youth who do not join standardized types of activities provided by schools and agencies.
· There is a need for a more effective and efficient statewide system for identifying the supply of substance abuse treatment. This would greatly assist any future treatment services planning efforts.
This report surveys the existing data on people with disabilities in Delaware in order to determine how many adults between the ages of 21 and 54 are likely to need supported housing services.

Summary of Data on Target Population

- According to the census definition of disability (i.e., mobility or self-care limitation), there are nearly 33,000 adults in Delaware aged 16 and over with disabilities - or roughly 38,000 if residents of institutions are counted.
- The rate of disability varies considerably with age. As expected, elderly persons aged 65 and older have the highest prevalence, with rates approaching 20%. Working age adults have a relatively low rate of disability.
- Delaware’s rate of disability (6.5%) is slightly lower than the national rate (7.1%).
- Within the state, the highest rate of disability (7.5%) is in Sussex County, in the vicinity of Georgetown and Millsboro. Wilmington and Dover also have a relatively high prevalence of disability (5%-7.5%).
- In terms of raw numbers, disabled people are most numerous where the state’s population is concentrated north of the Chesapeake and Delaware Canal.
- Census data indicate that, within the targeted age group, 21 to 54, the number of disabled people is over 13,000.
- Although there is no reliable information on the prevalence of various disabling conditions in the state, developmental disabilities (especially mental retardation) and other mental disorders account for the majority of disabled people within this group.
- Based on national prevalence rates, the number of people aged 21 to 54 with developmental disabilities (primarily mental retardation) can be roughly estimated at 8,300. Of that group, an estimated 4,900 are considered unable to perform a major life activity, such as working at a job.
- An inexact estimate of the number of adults in the targeted age group with moderate or severe mental illness is 3,000, based on national prevalence.
- An analysis of the census data suggests that there are over 3,000 adults aged 21 to 54 who are still living with their parents or as dependents of other household members.
A reasonable, but very rough estimate of the number of people who need supported housing services is 3,300. This includes an estimated 2,600 who are currently living in households (i.e., not in an institution, group home or other group quarters).

Summary of Data on Existing Programs

- Existing residential facilities for adults with mental retardation accommodate about 700 clients. This figure includes about 315 individuals who are currently residing at Stockley Center, but that number will drop over the next few years as that institution is downsized.
- Non-institutional residential programs for people with mental retardation (including ICF/MRs, neighborhood homes, apartment programs, and foster care) now accommodate nearly 390 persons. (If ILI’s programs for people with unspecified disabilities are included, this figure rises to about 410 persons.)
- Nearly 270 people are the waiting list for placement in residential programs. When children are included, the number rises to 400. In addition, some 150 people at the Stockley Center should be moved to less restrictive settings over the next few years. Thus, there is an immediate need for 450 to 550 additional community-based residential programs.
- Non-institutional residential facilities for people with mental illness (including group homes and scattered site housing) presently accommodate about 290 persons.
- About 490 mentally ill persons in Delaware receive case management services through Continuous Treatment Team Programs (CTTPs), which include some housing-related services. Due to the absence of a centralized waiting list, the immediate need for residential programs serving the mentally ill is unclear.

Summary and Conclusions

- According to the 1990 census, 13,000 people are in the targeted age with disabilities severe enough to be reported as “mobility or self-care limited.” This includes some 4,000 people who are unable to perform major life activities due to mental retardation (or some other developmental disability). Another 3,000 in this age group are likely to suffer from moderate or severe mental illness.
- Of the roughly 8,000 adults in the age group who are mentally retarded or chronically mentally ill, some 2,000 are either living in residential facilities or have immediate access to support services through CTTPs or other programs. It is likely that a sizable portion of the 6,000 does need supported housing.
- 3,000 disabled adults aged 21 to 54 continue to live as dependents with their parents or other household members. It is proposed 2,600 of these people could benefit from supported housing programs.
- 270 adults (or 400 persons in total, including school age children) are on waiting lists for residential programs for the mentally retarded.
**TITLE:** The Needs of Delawareans with Disabilities: A Five Year Plan for Strengthening Person' and Families' Community Supports

**AUTHOR:** Community Systems and Services Inc. prepared for the Developmental Disabilities Planning Council, State of Delaware

**DATE:** December 1996

**SOURCE:** Community Systems and Services Inc., Suite 440, 8301 Greensboro Drive, McLean, Virginia, 22102

**GEOGRAPHICAL AREA:** Delaware

**KINDS OF INFORMATION/DATA USED IN THE STUDY:** Interviews with government administrators and managers, state agency social workers/case managers, private agency managers, consumer and their families, and other people with special roles and expertise.

**IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?** Yes

**PROBLEMS/NEEDS ADDRESSED IN THE STUDY:** DISABILITY

Services available to persons with disabilities include: intake for community services, case management, family support, respite services, residential services, services for special populations - The Department of Health and Social Services (DHSS), The Division of Mental Retardation (DMR)

Case management, adult foster care/Homemaker/home health care/Home delivered meals/Assistive technology, home modification/Attendant services/Emergency response system/Medicaid home and community-based Waiver/Other - DHSS, The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

Outreach/intake/Independent living/ Orientation, Mobility, and low Vision Program/Education/, Training/Equipment services/Vocational Services/Material and Volunteer Center - DHSS, Division for the Visually Impaired (DVI)

DHSS, Bureau of Alcohol and Drug Abuse Mental Health Services - Division of Alcohol, Drug Abuse, and Mental Health Services

Vocational rehabilitation services (except for those with vision loss) - Department of Labor, Division of Vocational Rehabilitation

Administrative base for special purpose organizations - Department of Administrative Services

Low and moderate income housing- Delaware State Housing Authority

Transportation assistance- Delaware Department of Transportation

Prevalence estimates and service needs
With respect to persons with mental retardation, 1,883 persons were identified by Delaware service agencies as receiving community or institutional services. Depending upon the research data source utilized, there are an estimated 2,495 to 8,194 persons with mental retardation living in Delaware, the lower number including persons with moderate to severe levels of disability and the higher number including persons with a functional limitation.

With respect to persons with chronic physical disabilities, 11,087 persons have been identified by Delaware service agencies as receiving community or institutional services. There are 17,000 to 105,000 Delawareans with chronic physical disabilities. It would appear to be 6,000 or more Delawareans with moderate to severe levels of disability who are neither institutionalized nor known to DSAAPD. The majority of the 6,495 persons receiving DSAAPD services receive only food services, and it is questionable, given the prevalence estimates of moderate to severe disability, whether that service alone meets their need.

With respect to persons with serious and persistent mental illness and/or chronic substance abuse, there were 7,644 service recipients identified by Delaware service agencies, almost all of whom were currently receiving services and few wait-listed for service. There are an estimated 12,167 to 72,612 persons with mental illness or abusing drugs/alcohol, the lower number including only persons with moderate to severe levels of disability. There may be an additional 2,076 persons with disability caused by mental disorder in need of services.

Service need, even among persons with moderate to severe disabilities, does not necessarily equate with service demand. Delawareans with physical disabilities are likely to be those having the greatest unmet service needs, which, if there were enhanced public information programs about service availability, would result in some additional, expressed demand. There would appear to be a smaller number of persons with serious and persistent mental illness, chronic substance abuse, and moderate to profound mental retardation also in need of services.

There is a nationwide movement toward granting persons with all disabilities the opportunity for community inclusion and community integration. Delaware should continue to advance current efforts to incorporate persons with disabilities in the communities. In so doing, it might look to the experience of Oregon and Rhode Island, for example, as states having strong community-based programming.

Improving accessibility to public, commercial, and private buildings: persons with chronic disabilities have continuing concern that their activities of daily living - grocery shopping, seeing their physician, eating at a restaurant, attending the movies - are still hindered by the lingering noncompliance. Specific compliance include the placement of accessible parking spaces and curb cuts, the failure to provide accessibility through the front door, and the failure to have functioning checkout lines which accommodate adapted shopping carts.

Persons with disabilities oftentimes report being isolated or "trapped" in their homes by their disability, because they lack a vehicle, are unable to drive a vehicle independently, or
cannot access public transportation. There is a need to strengthen transportation options for persons with disabilities throughout the state.

- It is recommended that DART First State Paratransit strengthen the role of consumers with disabilities in its operations/governance.

- Among the consumers and families who have participated in this study, there is great variability in the degree to which they have knowledge of publicly sponsored programs serving persons with disabilities, their participation criteria, and their specific service offerings.

- There is need for a minimum, uniform DHSS policy on public/consumer information sharing that utilizes common approaches and common media.

- Some persons interviewed (having chronic disabilities or the parents of persons with such disabilities) participated in the Diamond State Health Plan and were assigned one of its four managed care organizations. They report reductions in services or the threatened loss of services, most typically in the number of home health aide hours assigned/week, the number of physical therapy sessions/week, or the threatened loss altogether of those services.

- There are two significant public/private organization partnerships (Arc/DMR and AMID/DADAMH, which have lead to the creation of supportive housing beyond that sponsored directly by the DHSS. It is reported that United Cerebral Palsy (UCP) and the Mary Campbell Center (MCC) are contemplating the creation of supportive, community housing as well. Consumers with physical disabilities (other than those associated with UCP and MCC) and substance abuse histories lack parallel opportunities. There is a need for additional public/private and public/family partnerships.

- The community-based service delivery strategies of both DSAAPD and DMR rely increasingly on families to provide the primary supports to persons with physical disabilities and mental retardation. Primary consumers and informal caregivers both indicate the caregivers' need for training and technical assistance to fulfill their role.

- There is insufficient supportive housing currently to meet the needs of Delawareans with chronic disability and there are additional persons with significant chronic disabilities about whom the state has no knowledge.

- 30 persons statewide receive financial support from DHSS to engage Utilization of Personal Care Attendants (PCAs). The PCA services should be doubled.

- Examining the Interface Between the Youth and Adult Human Services Delivery systems The resources of this needs assessment have not permitted a detailed examination of the issues facing youth with chronic disabilities (and their families) upon turning 18 or, in special circumstances, turning 22.

- Persons with traumatic head injuries have no DHSS recognized service division. Only some persons are admitted to DSAAPD services, because of their special services and behavioral
support needs.

- The 1994 reorganization of the DHSS, which permitted the creation of DSAAPD, is welcome among persons with physical disabilities. Important service models to promote and sustain community living for younger persons with disabilities have been established, including the Medicaid Waiver program and the Emergency Response Pendant Program. Delaware should consider a publicly supported service animal program.

- There is need to continue piloting new approaches to supporting persons’ independence, because consumers, especially young consumers who could live an integrated life for many more years if they could overcome their lack of human resource support, remain at risk of nursing home placement. DSAAPD should create one supportive housing pilot per county.

- Consumers with physical disabilities, developmental disabilities, and mental retardation interviewed in this study speak to the isolation that can come from living alone with disabilities, particularly when mobility impairments complicate travel. Many also speak to their individual efforts to remain physically fit, as means of better managing their chronic disabilities.

- There is an inadequate supply of respite services, particularly for in-home services, which are preferred by consumers. There is a need for physical health facilities, which are adapted to the needs of persons with disabilities and around which socialization activities can be organized.

- DSAAPD caseworkers were periodically confronted with circumstances in which a consumer’s support systems “crumbled” or his/her health declined precipitously. Therefore institutional placement decisions may be made on an emergency basis. There is a need for institutional placement pre-screening in which a person’s qualifications for such placement are determined.

- Companion services are fundable within Medicaid Waiver plans, but are not funded in the Delaware Medicaid Waiver Services Plan for persons with physical disabilities. Companion services should be a Medicaid Waiver option.

- The informal administrative policy, which restricts Medicaid Waiver Funding to $3696 Maximum for a month, should be eliminated.

- The state should open 100 new Medicaid Waiver slots to eliminate the wait-list, and 50 slots per year in the following five years.
A State of Tolerance

This study seeks to evaluate the state of race relations in Delaware 30 years after the rioting that led to the National Guard’s occupation of Wilmington. According to the article, at a time when the state is more integrated than it has previously been, people of different races more tolerate than accept the differences between races. There is still a “mistrust” between the races. The following statistics are taken from a 1998 News Journal survey, conducted by CADSR, of 394 Delawareans.

- How would you describe the racial make up of your neighborhood?
  Mostly white: 51%
  Evenly split: 24%
  Mostly non-white: 14%
  All white: 8.7%
  All non-white: 2.3%
  Other: 0.5%

<table>
<thead>
<tr>
<th>Question:</th>
<th>Agree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the problems racial minorities have today are due to discrimination.</td>
<td>42%</td>
<td>58%</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Minority businesses should be given preference when bidding on government contracts.</td>
<td>13%</td>
<td>87%</td>
<td>28%</td>
<td>72%</td>
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<td>Many racial minorities miss out on good housing because white owners won’t rent or sell to them.</td>
<td>33%</td>
<td>67%</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>Question:</td>
<td>Whites</td>
<td></td>
<td>Minorities</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Relations between the races are much better today than they were in the 1960s.</td>
<td>85%</td>
<td>15%</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Many racial minorities in Delaware miss out on jobs and promotions because of discrimination.</td>
<td>25%</td>
<td>75%</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>The amount of prejudice against racial minorities today is highly exaggerated.</td>
<td>64%</td>
<td>36%</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>In the U.S., people of all races are treated the same.</td>
<td>18%</td>
<td>82%</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>People like to live in an integrated neighborhood.</td>
<td>32%</td>
<td>68%</td>
<td>54%</td>
<td>46%</td>
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<tr>
<td>The media places too much emphasis on race.</td>
<td>84%</td>
<td>16%</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Over the past years the government and politicians have paid too much attention to racial minorities.</td>
<td>50%</td>
<td>50%</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>By 2050, people in the majority race today will be in the minority. When they are in the minority, they will be at a disadvantage.</td>
<td>54%</td>
<td>46%</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Affirmative action programs have eliminated most of the employment discrimination experienced by racial minorities in the past.</td>
<td>54%</td>
<td>46%</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Relations between the races in Delaware today are better than they are in the rest of the U.S.</td>
<td>55%</td>
<td>45%</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>Most racial prejudice is still here; people have just learned to hide it.</td>
<td>76%</td>
<td>24%</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Compared to your own experience with race relations, do you expect the youngest generation’s experience to be better?</td>
<td>75%</td>
<td>25%</td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**Uniting To Find Solutions**

The following are results from breakout sessions from a statewide forum of Delawareans discussing the frustrations, hopes, and dreams of a diverse society.
• **Workplace & Affirmative Action**
  - Hiring and diversity practices are needed, but negative attitudes about
racism must be changed.
  - Senior management and public officials must be role models.
  - Accountability for minority hiring practices must be required, along with
  consequences for negative actions.

• **Education**
  - Schools must close the achievement gap between white students and
  students of color. Test scores soon to be released by Department of
  Education will show that the gap remains wide.
  - Every student should be expected to achieve at a high level. Teachers and
  schools must be held accountable for those who don’t.
  - Public schools need greater racial diversity among faculty and
    administrators. More blacks must be recruited into teaching.

• **Tolerance & Acceptance**
  - Educate parents to the problems of racism. Because parents are the first
    teachers of their children, they are able to head off the development of
    racist attitudes.
  - Inform the media of positive stories. This will help the media cover a
    broader spectrum of events in minority communities.
  - Define expected behavior and results from the criminal justice system -
    including adequate resources for legal assistance to poor people. Establish
    consequences for unacceptable results.
TITLE: Urban Neighborhoods: Opportunity for Community Reinvestment Act

AUTHOR: prepared by Dr. John E. Stapleford and Dr. Francis X. Tannian, Bureau of Economic Research, College of Business and Economics, University of Delaware

DATE: May 1993

SOURCE: College of Business and Economics, University of Delaware

GEOGRAPHICAL AREA: Community Reinvestment Act Target Area, including census tracts 6.01, 6.02, 7, 8, 9, 15, 16, 17, 19, 21, 22 in Wilmington and 155 south of Wilmington, which includes: East Side Areas; Northeast; Price's Run Area; South Wilmington; and West Wilmington

KINDS OF INFORMATION/DATA USED IN THE STUDY:

Primary data -- results of a survey of small businesses in the target area, a customer survey in the Adams Four Shopping Center, and a survey of target area residents' shopping patterns.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Yes. Community input is the primary source of information.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY:

This study looks at local business conditions in the Wilmington census tracts targeted under the Community Reinvestment Act (CRA). Authors point out that all attention has been given to central business districts and that the conditions in these targeted neighborhoods are poorly understood.

Conclusions:

• Despite the low incomes of many households and residents, the neighborhoods targeted under CRA are densely populated making commercial access quite easy. There is an active retail/service base in each neighborhood, and there is sufficient purchasing power for expansion of the base.

• Much of the residents' spending on retail and services “leaks” out of the neighborhoods, and some of it could be captured by new small businesses.

• Neighborhood residents have clearly defined preferences for certain retail and service businesses that they believe are important to have in their neighborhoods: drug stores, supermarkets, full-service banks, medical clinics, and doctor/dentist offices. Least important were liquor stores, pawn shops, movie theaters, flower shops, accountant/legal services, and family counseling.

• Most residents are positive about the business climate in their neighborhoods, and they believe the quality of merchandise and service are good, and that stores are not run down. Residents believe their neighborhoods are safe places to shop and food locations...
for businesses to move. They find local prices too high, an inadequate number and variety of stores, and too many gangs of youths congregating outside neighborhood businesses. They also report that neighborhood businesses are not generally creating jobs for neighborhood residents.

• While generally satisfied with City services, business owners and residents alike could benefit from neighborhood-based training programs targeted at the labor needs of neighborhood businesses and the establishment of small business insurance pools. Most small business owners are not aware of the array of small business support services available to them at no cost from various government agencies and non-profits.

• About half of the existing small business base is “nonlegal”, and must be encouraged to enter the legal business structure so that lending institutions can be of assistance.
**Title**: Wilmington Area Community-Based Development Project: First Year Report  

**Author**: College of Urban Affairs and Public Policy: University of Delaware - Raheemah M. Jabbar-Bey  

**Date**: May 1991  

**Source**: College of Urban Affairs and Public Policy of the University of Delaware  

**Geographical Area**: Wilmington's Census Tracts 6.01, 6.02, 7, 8, 9, 15, 16, 17, 19, 21, 22  

**Kinds of Information/Data Used in the Study:**  

Primary data - statistical results of a survey conducted at community-based development neighborhood forums; specific problems cited by respondents at the community-based development neighborhood forums; statistical results of a survey of community-based organizations and government agencies understanding of community needs and the field of community-based development  

Secondary data -- census data (1980) regarding housing vacancy rates, median household income, types of households, household size, owner vs. renter occupancy, and race; statewide labor and unemployment statistics  

**Is the Data/Study Representative of Community Input?**  

Yes. The data received at the community-based development neighborhood forums came from direct surveying of community members. The survey of community-based organizations and government agencies can likewise be considered community input.  

**Problems/Trends Addressed in the Study: “General”**  

The responses of the participants at the community-based development neighborhood forums were grouped into the following categories and ranked in the following order according to the most common overall responses:  

- Need for community organizing and outreach;  
- Need for human capital development;  
- Need for political education;  
- Need for improved relations between the community and institutions;  
- Need for economic development and job creation; and  
- Need for improved community health and well-being.  

The 47 agencies responding to the community-based development survey included 17 social service agencies, 28 human and community development organizations, 9 substance abuse agencies, 6 ethnic issue-oriented organizations, 5 organizations for the mentally ill, 9 affordable housing groups, and 4 advocacy organizations. The organizations' responses to the survey revealed the following ranking of needs/problems in their target areas:
• Affordable housing;
• Child/youth services;
• Medical, health, and insurance needs;
• Institutional structures;
• Substance abuse;
• Business and economic development;
• Advocacy and political education;
• Educational and Vocational training; and
• Special population service needs.

Conclusions:

Census Data
• Between 25% and 70% of families in each analyzed census tract had incomes below the federal poverty level in 1980
• Lack of ownership/control of land, homes, and businesses precludes residents from accessing needed capital
• Resources are being drained out of these communities
• Those employed have low incomes due to low wages, part-time work, and a substantial portion of families are dependent on public assistance for income

Community-based Development Neighborhood Forums
• Strong community groups exist in many neighborhoods in the targeted census tracts.
• Resident leaders are primarily concerned with community organizing; self-determination of community needs
• Quality education for all residents extremely important
• Need for developing better relationships with public and private institutions
• Opportunity and need exist for new economic enterprise and job creation
• Resident leaders believe that with additional resources they would be able to turn their communities around

Survey of organizations/agencies:
• Agencies/organizations identified similar issues/needs as residents
• More than half indicated a strong understanding of community-based development
• Many agencies support increased community-based development and the creation of public/private partnerships.
• Most agencies are currently engaged in some form of community organizing/outreach.
• All agencies regularly cooperate with other agencies in delivery of services.

Recommendations:

5 major elements required for a support system that would meaningfully advance
Community-based development in the Wilmington area:

- Financial support for newly-formed organizations;
- Affordable training opportunities for practitioners;
- Educational opportunities to inform the public about CBD;
- Adequate access to capital; and
- Affordable technical assistance.
Need for the Program

Focus Group respondents felt:

C saw a need in the community for interracial dialogue and for open conversations about racism and race relations;
C were disturbed, and at times angry, that this need for dialogue about racism and race relations persists;
C saw the importance of action steps and the importance of dialogue leading to action, (though their ideas of meaningful action differed);
C were frustrated by wide variations in knowledge about race - between people of different races and sometimes within racial groups (for example, between people of different generations). Many felt this variation made it difficult to move beyond elementary conversations;
C acknowledged that their communities have deep-seated race problems and that reluctance to acknowledge racial issues is common;
C saw that face-to-face dialogue in the Study Circles as a sign of progress, as an acknowledgment of problems, and as a productive first step;
C saw that candor and a willingness to be uncomfortable contributed to productive interracial dialogue;
C saw that diversity was central to creating the conditions for productive conversations;
C saw that the initial participation of about 600 people was a beginning, and that more should be done to address racism and that it was important to find ways to involve more people (particularly young people);
C saw that it was important to move beyond "black and white" when discussing racism and race relations, as well as the importance of addressing racial tensions within communities of color;
C felt that limited time was the strongest constraint on productive dialogue;
C felt that newspaper coverage would continue to be a deciding factor in the success of the program; and C saw that sponsors' and public officials' endorsements of the program as an important way to draw attention and support to the program; actual participation would be even more meaningful.

Individual and Community-level Effects of the Study Circles

Many white respondents felt the Study Circles had helped them to build meaningful relationships with African American individuals. These respondents also felt they were able to effect positive change through those relationships. On the other hand, many black respondents indicated that they were not able to build meaningful relationships with whites in their Study Circles, largely because of the limited time period.

Most white respondents were generally satisfied with the program thus far. Many African American respondents felt that the jury was still out, and were withholding judgment until they learned what happened as a result of the program.

Respondents in all three groups said Study Circles had contributed to their understanding of racism and race relations.

Many white respondents reported that they had a higher resolve to protest when they heard racist comments after participating in Study Circles.

Other follow-up actions were also reported, including neighbor-to-neighbor efforts to resolve a zoning problem and to combat racism in a local school.

Challenges

The respondents in these focus groups saw racism as an ominous problem, and were eager to see it end. In light of their assessment of the race problems facing their community and the country, and given the limited time and reach of the Study Circles to date, they expressed doubts and concerns about the program's ability to reach the essence of the problem and effect sustainable change. That acute concern underlies all of the findings. It sometimes provokes hope and sometimes provokes despair.

In many cases, the respondents' sense of the Study Circle program's possibilities was dependent upon the visibility of outcomes, and this was especially true for African American respondents. To overcome this knowledge gap, one of the major challenges that this program faces is to improve communications.

Another challenge involves connecting participants with opportunities for action. Again and again, respondents indicated that they wanted more; people were looking to make connections in different ways. Participants needed an opportunity to find out how and where to get involved.
Program organizers at the YWCA are also continuing their efforts to adapt and expand their Study Circle program. In light of this report, organizers are working to connect Study Circle participants with volunteer opportunities, supporting and publicizing the work of Study Circle action groups, looking for ways to connect and collaborate with local media, exploring the use of Study Circles in area workplaces, and seeking to involve more members of the community in the future rounds of Study Circles.