

Introduction

The University of Delaware's Center for Community Development and Family Policy has carried out a community needs assessment for the state of Delaware to identify the major social and economic issues that are affecting communities, neighborhoods, and families within the state and to gain insight into how these issues can be effectively dealt with in the public, nonprofit, and private sectors. The project was overseen by the 1999 Community Needs Assessment Research Panel, composed of volunteers with experience and expertise in business, government, research, and the provision of social and economic services.

The community needs assessment employed a combination of methods including 1) a review of existing studies and reports on social and economic problems in Delaware, 2) the collection and analysis of existing secondary data on Delaware social and economic problems, and 3) the collection of new data through household and service provider surveys and focus group meetings. The final product clearly identifies the major social and economic problems facing families, neighborhoods and communities in Delaware with recommendations for policy strategies that can effectively reduce the problems identified.

Four reports have been produced as part of the 1999 Community Needs Assessment project. The reports take a comprehensive look at major trends that will affect social and economic needs in our state to the year 2020. They describe current and projected demographic and economic conditions and blend these with results of surveys conducted with households and survey providers and focus groups about existing social and economic needs. The result, combined with an examination of the capability of Delaware's delivery system to respond to this changing environment, provides a forward thinking look into what will likely be the major issues and human service needs Delawareans will face in the decades ahead. The reports include:

Volume 1: Executive Summary;

Volume 2: Synthesis of Findings;

Volume 3: Responses from Surveys of Households and Service Providers and Focus Group Report; and,

Volume 4: Inventory of Existing Needs Assessment Reports.

In addition to the written reports, an electronic data base has been developed that contains results from the surveys of households and service providers. Inquiries about how to obtain 1999 Community Needs Assessment publications and databases should be directed to the Center for Community Development and Family Policy at the University of Delaware.

The purpose of the 1999 Community Needs Assessment is to establish a common information base which can be used to address the challenge of meeting community needs. We view the challenge of meeting community needs as a shared responsibility of government, the nonprofit sector, and business.

Accordingly, these reports will:

- assist nonprofit organizations in their strategic planning and service delivery;
- assist legislators in their policy making to meet community needs through the appropriate mix of legislation, regulation, taxation, and direct subsidies;
- assist the state and its public and private partners in mobilizing the public to support responses to social and economic issues;
- assist the state and its public and private partners in leveraging federal dollars and other resources to address social and economic issues; and,
- assist grant makers and philanthropic institutions in identifying pressing and emerging needs and in directing resources more effectively.

This Executive Summary covers the major findings of the 1999 Community Needs Assessment and discusses the implications of these findings for our future. It provides important information on demographic and economics trends, and the perceptions that households, focus group participants, and health and human service providers have about community issues and problems. The report concludes by focusing on the community problems that are of greatest concern to Delawareans.

Facing Our Future

Many factors will trigger growth in Delaware's social and economic service needs in the 2000s. The following three are particularly prominent:

- The projected population growth of 12.6 percent, and changes in population composition and distribution, such as a 17.8 percent increase in people who are 80 or older, a 12.4 percent increase in the Hispanic and Asian population, a 16.7 percent increase in single parent households, and a 23.6 percent population increase in Sussex County.
- The legacy of need carried forth from the 1990s and before, particularly medical care for Delaware's 103,000 uninsured; quality, affordable child care for the increasing number of single and two-parent working families; and assistance for the homeless, working poor, and others who struggle financially despite unprecedented prosperity.
- The shortage of policy solutions, such as demonstrably effective substance abuse prevention programs, that can successfully address existing needs.

Allocating resources to these rising social and economic needs will undoubtedly entail added costs - but these will be outweighed by the benefits. A healthier, better educated citizenry can help Delaware sustain economic growth, compensate for the shrinking pool of labor, and help keep us competitive as states vie for new businesses. Unfortunately, the growth in the number of needy Delawareans can also be expected to heighten competition for scarce health and human service funds.

Partnerships between the public, private and nonprofit sectors, and between service providers and consumers, need to be recognized as increasingly important policy and implementation vehicles to meet these needs. More partnerships will also be needed among various state agencies in order to deal with such issues as the role of substance abuse in the criminal justice system, the transportation needs of persons with disabilities, and employment for various population groups - including the disabled and those moving out of the welfare system. Partnerships are also needed to develop greater capacity in nonprofit service providers, who are potentially the source of increased service delivery to compensate for changing governmental roles and limited resources.

In order to be effective, these collaborations should be guided by the following principles:

- a commitment to acknowledging and addressing root problems and encouraging accountability;
- locally-planned and oriented approaches that include technical assistance to community-based organizations;
- a genuine respect for service consumers that focuses on their capabilities and potential and encourages self-sufficiency;
- longer-term involvement, permitting time for creativity, collaboration and continuity of service, while taking into account regional differences, needs, and resources; and
- clearly defined milestones, assessment and evaluation of service.

Assistance with Basic Needs

Assistance with basic needs—food, shelter, clothing—already a problem for too many Delawareans, will grow as the population increases. The extent to which needs will rise will also be determined by the future health of the economy. For example, if the current poverty rate holds steady, an estimated 10,000-15,000 more Delawareans will be living in poverty by 2020, based on projected population growth alone. However, this may be a conservative estimate, if the poverty rate for children (aged 0-17) which rose from 11 percent in 1992 to 16 percent in 1997 continues to increase.

The overall strength of the economy will persist in affecting the need for basic services. There is a direct correlation between economic factors such as unemployment rates and the number of uninsured and welfare related programs. The economy is also expected to affect the service capacity and the ability to close service gaps in a variety of areas such as housing and homelessness. If employment opportunities do not materialize to the extent needed, since the federally funded safety net has been weakened, welfare reform may create a large population requiring emergency assistance.

In addition, due to changes in family structure and marital disruption, the level of basic needs assistance will increase as the population grows regardless of the status of the economy. The rate of births to single women is expected to increase, especially for African Americans. The incidence of divorce in which mothers are left without the means to support their children because fathers do not pay adequate child support is also on the rise. Disabilities, personal behaviors, and

other circumstances also cause individuals and families to need basic assistance.

Access to Professional Care

In the 2000s, more people will need assistance from professionals for medical care, child or elder care, or daily living assistance for an injured or disabled person. Combined with an overall rise in the population, the addition of an estimated 3,805 people over age 80, nearly a 20 percent rise in this population, will represent a much greater increase in need than that reflected by their relatively small group size. This demand on our health care system will be further magnified should current rates of medical indigence persist, increasing the number of people lacking medical insurance in the 2000s by 31,428.

The continuing growth in single-parent and multi-wage earner households means that those traditionally caring for children and elderly family members are increasingly less available to perform care giver roles. According to a 1998 report by the Children's Defense Fund, 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.¹ As more traditional care givers work outside the home, and as our population ages, greater reliance will be placed on public and nonprofit agencies to assist with the care of our children and elderly citizens.

The backlog of unaddressed mental illness and the expected increase in levels of substance abuse, combined with the escalating costs of providing professional care does not bode well for those with mental health or substance abuse needs in the decade ahead.

Assistance with Personal Behaviors

Surveys and focus groups conducted as part of the 1999 Community Needs Assessment show a strong sense of urgency about the consequences of personal behaviors such as drug and alcohol abuse, which take a great toll on the well-being of individuals and communities. Unfortunately, programs designed to influence behavior are among those with the least certainty about results and therefore present less clear choices about how to provide assistance.

A main factor influencing rising need in the 2000s is the carryover of unaddressed need from earlier decades. If the number of substance abusers stopped growing

¹ Gina Adams and Karen Shulman, *Delaware: Child Care Challenges*, 1998, Washington, DC: Children's Defense Fund.

today, the health and human service needs of those already affected would ripple forward for decades. This is because a tendency to substance abuse is a life-long condition and the long-term requirements for medical and psychological assistance associated with drug abuse, particularly drug addiction, are not fully understood.

Environment and Physical Infrastructure

As public awareness heightens and the physical infrastructure ages, pressure will mount to preserve the physical environment and improve water and sewage systems, recreational facilities, public transportation, and other resources in our community. Specific groups have particular infrastructure needs, such as access to good and affordable public transportation. Transportation is needed to hold a job, gain an education, and access health or child care. The elderly, disabled, and poor are all especially vulnerable to inadequacies in our transportation systems. As employers try to attract new workers and more mothers enter the work force, transportation needs will rise. These needs will be strong throughout Delaware, but based on the demographic trends and the 1999 Community Needs Assessment survey results, they will be most heavily felt in Sussex County, where the greatest rate of population growth is expected.

Mainstream Access

Delaware's increasing population and growing racial and ethnic diversity implies that more individuals will face barriers to mainstream opportunities. Removing these barriers is one of the preeminent challenges facing health and human service professionals.

The poor, the elderly, immigrants, persons with disabilities, women, and other minority groups have less opportunity to gain the benefits of Delaware society. Some people are blocked from access by language or literacy barriers, others by biases against racial and ethnic groups, the elderly, or females. To the extent that mainstream access is inhibited, those affected are much less likely to gain a fair share of the benefits in society and are less likely to become capable members of their communities. In addition, the loss to the state when individual citizens are closed off from mainstream opportunities has a compounding effect. For example, a parent who cannot read generally cannot adequately support a family or help children become fully self-sufficient adults.

Implementing Change

Many factors will combine to produce increases in Delaware social and economic

services needs in the 2000s - increases that are not offset by a growing economy or other influences on the resources side of the social and economic services expenditure equation. Population growth, the aging of the population, and other factors will have double-edged effects on the amount of social and economic service need and the resources available to meet that need. Ultimately, the legacy of under-addressed need from earlier decades will persist, helping to tip the scales to an overall net increase in the requirement for social and economic service assistance in the 2000s.

Delaware has a chance to use its strong economy as a platform to launch responsible programs to meet the needs of individuals and to prepare citizens to become as self-sufficient as possible. For the next decade there will be more citizens between the ages of 19 and 65 (the “working” and thus peak earning years) than either younger or older. After this period, there will be a dramatic rise in the number of people over age 65 (and less likely to be working), placing a greater burden on those employed to provide for the retired population.

Now is the time to take advantage of this strong base to further revamp social and economic service programs to address persistent and emerging needs. Using the 1999 Community Needs Assessment reports as an indicator of perceptions and crucial trends, nonprofit and public agencies can develop effective approaches in setting priorities to address needs and thus enhance the well-being of Delaware and its citizens.

Using information contained in the 1999 Community Needs Assessment on citizens’ perceptions, on critical demographic and economic trends, and on barriers that hinder access to services, nonprofit and public agencies as well as the business sector can develop effective approaches to setting priorities to address needs and thus enhance the well being of the state and its citizenry.

Population and Economic Trends

Population Trends

By the year 2020, more people will live in Delaware, and the largest group - today's baby boomers - will be over 65. Other trends of the recent past are likely to continue: more people will move to the state from other places; more people will remain single; people will marry later; married couples will have fewer children; and many marriages will end in separation or divorce.

Delaware's population is projected to increase by 12.6 percent, from 760,691 to 856,229, between 2000 and 2020. The African American population will increase by 19 percent, as compared to a 11.1 percent increase in the white population. The Other category, made up largely of Asians and Hispanics, is projected to increase by 12.4 percent.

Sussex County will be the fastest growing county between 2000 and 2020, increasing by 23.6 percent, followed by a 15.7 percent increase in Kent County. New Castle County will experience the slowest population growth. Its population is expected to grow 8.6 percent.

Changes in the size of age cohorts will have a significant impact on the types of services and assistance needed in the community. The services needed by older individuals differ considerably from the services needed by children and youth. As shown in Figure 1, Delaware's population will age over the next 20 years with an increase of 56.5 percent in the 60 to 79 cohort. The 80 and over cohort will increase by 28 percent between 2000 and 2010 but then decline slightly so that its 2020 size will be 17.8 percent greater than in 2000. The 40 to 59 cohort will increase by 19.6 percent, while the 20 to 39 cohort will increase by only 1.7 percent and the 0 to 19 cohort will actually decrease by 4.9 percent.

While Delaware's population will increase by 12.6 percent between 2000 and 2020, the number of households will increase by 22.2 percent. The increase in the number of households will be greatest in Sussex County (30.8%) as compared to Kent County (22.0%) and New Castle County (18.5%). The decline in the number of persons per household is related to the long-term change in the composition of households. Figure 2 shows that non-family households, that is households composed of single individuals or unrelated individuals, rose from 12.1 percent of all households in 1950 to 32 percent in 2000 and are expected to

reach 35 percent in 2020. Single-head of households, will rise from 7.4 percent in 1950, to 15 percent in 2000, to 17.5 percent in 2020. This means that households containing both a husband and wife will drop from 80.5 percent in 1950, to 53 percent in 2000, and only 47.5 percent in 2020.

Figure 1

**Change in Age Cohorts
2000 to 2020**

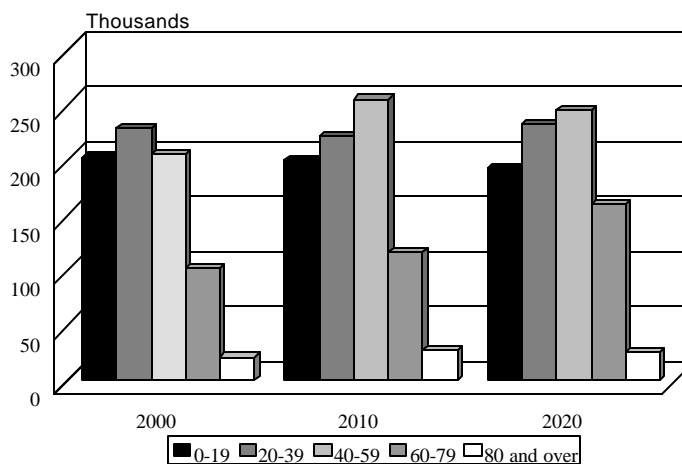
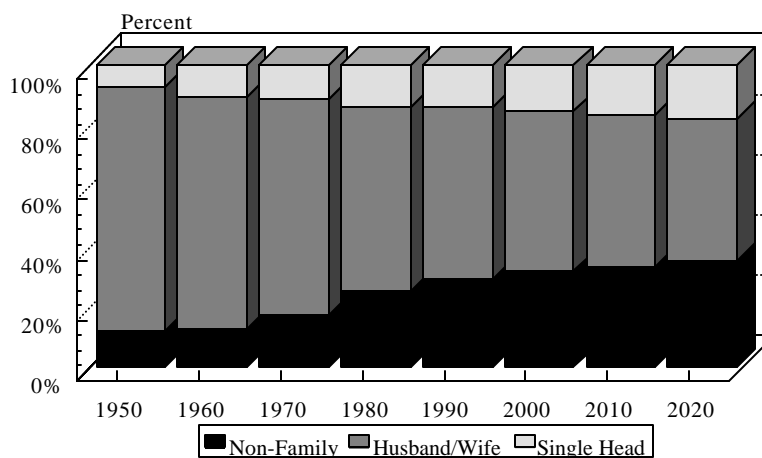


Figure 2

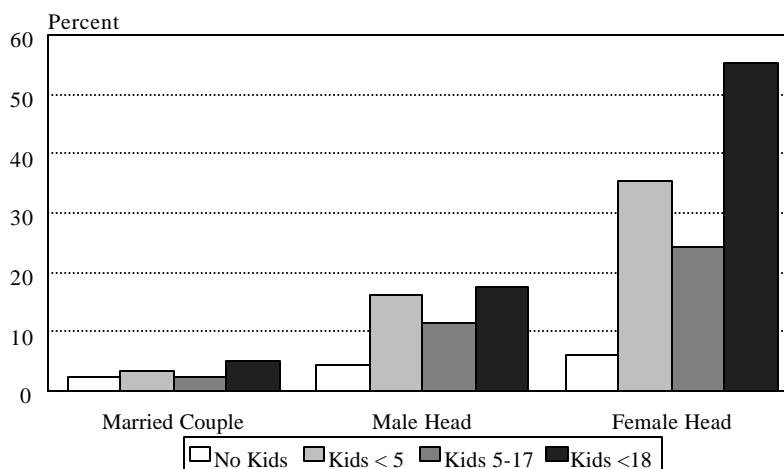
**Distribution of Households Types
Delaware 1950-2020**



This change in household composition has significant social and economic consequences. There is an enormous difference in the poverty rates of households with children under the age of 17 that are female-headed as compared to male-headed and married couples. As shown in Figure 3, just over 55 percent of female-headed households in the state are in poverty. The poverty rate drops to 17.6 percent for male-headed households and 5 percent for married couple households. The increase in the proportion of single-headed households means that a greater proportion of children are at risk of growing up in poverty.

Figure 3

**Poverty Rates by Family Structure
for Delaware in 1990**



Source: Center for Applied Demography and Survey Research, University of Delaware

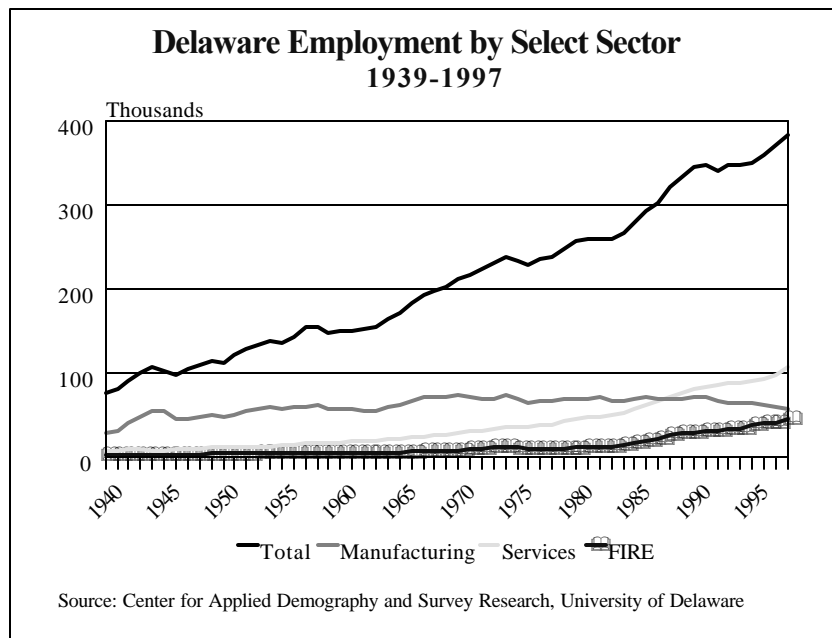
Employment Trends

The proportion of the state's population that is employed (either part-time or full-time) has been rising. It has been rising largely because of the increase in the employment rate among females but that major source of new labor market entrants is gradually diminishing. Employment rates for males have remained fairly constant. The increases that occurred between 1990 and 2000 were almost entirely due to greater participation by minorities. Between 2000 and 2020, as

the baby boomer cohort retires, the employment rate is likely to fall further. The caveat is that preferences for work may also change with longevity and the baby boomer cohort may work longer at least on a part-time basis.

While labor force participation rates are changing along with the age structure of the population in Delaware, there are other long-term shifts occurring in the structure of the labor market. Delaware has experienced the same shifts as the rest of the country. Figure 4 shows that manufacturing employment has been declining slowly since its peak in the late 1980s. In contrast, service sector employment has been growing rapidly and surpassed manufacturing in 1987. This trend has been driven by corporate restructuring, and in particular by outsourcing. In addition, with the increase in the number of two-worker households, many services that were once done at home are now the focus of service sector companies. A major shift occurred in the FIRE (finance, insurance, and real estate) sector when the state enacted the Financial Center Development Act in the early 1980s. FIRE sector employment increased threefold over that period. This initiative fundamentally changed the level of diversification within the state's labor market and economy.

Figure 4



As the size of each sector changes, job opportunities also change for those sectors. The time when an individual could simply graduate from high school and get a well-paying job at the local factory is largely gone. Many of the good jobs being created require significantly more education, either formal, or employer provided and many of these jobs are performed by “information workers” now found in the service sector. The jobs require the ability to use and process information in a variety of ways. For those without such skills, the future is not bright. Fortunately, many Delawareans are improving their educational level.

The predicted decline in employment rate places further pressure on firms to attract in-migrants or net in-commuters to fill jobs if they are to be located in Delaware. In 1960, 2,000 more people left the state on their way to work than entered. Over the past 30 years, that situation has reversed to the point that more than 12,000 net in-commuters were filling jobs in Delaware. Today net commuters are estimated to number almost 31,000 with 51,000 expected by the year 2020. A large net in-commuter population may affect the nonprofit sector’s ability to raise funds to support local social and economic services.

The increase in service sector employment has consequences for the economic well being of state residents. According to the Delaware Department of Labor, just over 21 percent of all employment in Delaware (or 78,000 jobs) is part-time, with over half of all jobs in the retail trade and personal services sectors being part-time. Most part-time employment in the state is in firms with under 250 employees. Almost none of these employees receive extensive or even “adequate” benefits.² Part-time workers in jobs without benefits are likely to increase demand for social and economic services from public and private sector providers.

According to a 1999 Center for Community Development and Family Policy study, the concentration of FIRE firms in the City of Wilmington is combined with the relatively low level of educational achievement among city residents. This leads to a mismatch between residents’ skills and available jobs.³

² Edward Simon, *Delaware Jobs: What Do They Offer?*, Delaware Department of Labor, Office of Occupational and Labor Market Information, 1997.

³ Brian Bailey, *A “Competitive Advantages” Analysis of the Wilmington, DE Economy: 1990-1995*, Newark, DE, Center for Community Development and family Policy, University of Delaware, 1999.

More Children at Risk

One out of every four people in Delaware is a child, and more than a third (35.0%) of the recent births in our state (1993-1997) were to single women.⁴ Although fertility rates for women have declined somewhat in recent years, the growth in single mothers shows no signs of abating. According to the 1990 Census, female-headed families in Delaware accounted for 19.7 percent, or nearly one in five of all families with children. These trends have life-long ramifications for these mothers and their children. Many single mothers have not finished high school and have limited job skills, putting their children at risk for a life of poverty. For example, 80 percent of the state's poor families with children have at least one working parent. Moreover, between 1979-80 and 1994-96, the average incomes of the bottom 20 percent of families with children fell by 6 percent.

In terms of comparison with the U.S. as a whole as well as recent state level trends, the data from the KIDS COUNT/FAMILIES COUNT fact book for 1999 indicate that the following issues need the most attention:

- low-birth weight babies;
- children without health care coverage;
- substance abuse by children of middle school age;
- teen deaths;
- student achievement in school;
- children in poverty;
- children living in one-parent households;
- births to teenagers; and
- children in out of home care.

⁴ Population Estimates Program, Population Division, U.S. Bureau of the Census, Delaware Health Statistics Center, as reported in KIDS COUNT/FAMILIES COUNT 1999, p. K-11, Table 60 , p. K-83.

Distribution of Social and Economic Needs Across the State

An important issue for decision-makers in both the public and nonprofit sectors is the location of the most severe social and economic needs in the state. In order to deliver assistance effectively and efficiently, decision-makers need to know where families and individuals in need of assistance are likely to be found. In 1997, the Delaware Department of Health and Social Services (DHSS), conducted an analysis for the Family Services Cabinet Council to determine where services should be targeted.⁵ In the unpublished report, priority areas are identified by selecting relevant social and economic indicators for which census tract level data is available either from the 1990 census, the 1991-1995 Delaware vital statistics data assembled by the Department of Health and Social Services, or estimates from the Delaware Population Consortium. All of Delaware's 168 census tracts are then ranked for each indicator and an aggregate ranking for each tract is calculated by adding the tract's rankings on each indicator and dividing by the total number of indicators. Tracts are then sorted into five groups based upon their aggregate ranking.

Twenty indicators are identified and linked to ten factors which include teen mothers, prenatal care, poverty, employment, public assistance, transportation, home ownership, education, language, and children in single parent households. Each factor is associated with two indicators; for example, the teen mothers factor is made up of the number of births to mothers aged 20 years or under and the estimated teen birth rate (for teenagers from 15 to 19 years of age). The ten factors and 20 indicators upon which they are based are shown in Appendix A.

Table 1 shows the distribution of the census tracts among five groups ranging from Group 1 made up of the tracts with the lowest aggregate rankings on the 20 indicators to Group 5 made up of the tracts with the highest aggregate rankings.⁶ Tracts in Group 5 are likely to have greater per capita numbers of teen mothers, children living in female-headed households, a greater need for prenatal care, a

⁵*Community Prioritization in Delaware* prepared for the Family Services Cabinet Council Working Group on Service Integration by Don Berry and Ted Jarrell of the Delaware Department of Health and Social Services. Unpublished: July 28, 1997.

⁶*Ibid.*

higher proportion of persons with incomes below 200 percent of poverty, without employment, receiving public assistance, lacking a vehicle in their household, renting their housing unit, having less than a high school diploma, and/or unable to speak English well or at all.

Table 1: Census Tract Rankings

Group Ranking	Number of Tracts	Level	Population	Percent of Delaware Population
1	33	Lowest	88,410	13.3%
2	33	-	127,171	19.1%
3	34	-	116,407	17.5%
4	34	-	163,455	24.5%
5	34	Highest	170,725	25.6%

Source: Delaware Health and Social Services

As shown in Map 1, the tracts with the highest aggregate rankings (levels 4 and 5) in New Castle County are located in and around Wilmington, in Claymont, in Newark (largely because of the number of students living around the University), in the Route 40 corridor, and in Middletown.

Large proportions of both Kent and Sussex Counties fall into levels 4 and 5 with the areas of greatest need in the greater Dover area, Smyrna, Harrington, around Milford, Rehoboth, and Georgetown and much of the western part of Sussex County (see Maps 2 and 3). (Not included in electronic versions of this document.)

Community Concerns

Individual households, those organizations and people who provide civic and political leadership, and those that work to provide health and human services have a direct sense of the problems that keep today's communities from achieving their full potential. It is important to obtain and understand their opinions and insights to help determine the social well-being and needs of the community. The two surveys (of households and service providers) and focus groups for the 1999 Community Needs Assessment were used to obtain these important views.

Knowing how Delawareans perceive current social and economic problems is one component of successful strategic planning to meet community needs.

Perceptions of problems help define the initiatives to pursue by indicating where public opinion stands, and by inference, the support such initiatives will receive.

As this project demonstrates, perceptions about problems in Delaware are not uniform across subgroups of the population, such as households of different races or income levels, or households residing in different geographic areas, or between households and service providers. The two primary data collection techniques, the surveys and focus groups, also elicited somewhat different responses.

Underlying demographic and economic trends and perceptions of capabilities of the service delivery system also play key roles in informing strategic planning for community needs. In addition, there are often data and information about the incidence and prevalence of social and economic problems that corroborate or challenge the public's perceptions of problems. It should also be noted that since the household survey, provider survey, and focus groups were undertaken at a specific time, there are inevitable shortcomings in the perceptions of problems captured, because perceptions shift over time.

Social and Economic Needs at the Neighborhood Level

This section reports on the perceptions of current social and economic problems and needs expressed by randomly selected adults living in Delaware households. More specifically, 1,200 adults (age 18 or older) identified problems that needed attention in their neighborhoods and homes. The findings are presented for the four geographic areas (suburban New Castle County, City of Wilmington, Kent County, Sussex County), at the statewide level, and for subgroups within a demographic variable who differ significantly from one another. These response patterns are further examined through cross-tabulations and calculation of the chi-

square statistic.⁷ The results of four focus groups, one each in Wilmington, New Castle County, Kent County, and Sussex County, are also included in this section.

Responses show a pattern of race, age, and geographic location being associated with the likelihood of reporting one or more neighborhood problems. Statewide, close to one-quarter (24.3%) of the survey respondents stated that there are social and economic problems in the area where they live. Hispanic respondents (46.2%) are more likely to report neighborhood problems than either African American (34.8%) or white respondents (22.5%). Households headed by someone age 18-59 (78.2%) are much more likely to report neighborhood problems than those headed by a person over age 60 (21.8%). Suburban New Castle County and Kent County respondents reported the lowest levels of neighborhood problems, 13.8 percent and 14.7 percent respectively. About one third (33.2%) of Wilmington respondents see problems in their neighborhood, while more than one-half (56%) of the Sussex County respondents perceive neighborhood problems.

Race, age, and geographic location are also associated with variation among respondents on the types of neighborhood problems reported. African American respondents are more likely to identify basic needs (60.7%), health care problems (64.3%), problems with alcohol use (75.9%), drug abuse (83.3%), and unemployment (58.6%) as neighborhood problems.

Statewide, a majority of respondents (74.1%) who perceive neighborhoods problems identify lack of recreation and cultural activities as a problem in their neighborhood. About half of those who said there are problems in their neighborhood identify drug abuse (56.7%), problems with alcohol use (53.3%), poor public transportation (52.8%), problems with youth (49.6%), problems facing older people (49.0%), and child care for working parents (49.0%) as problems in the area where they live. Households headed by a respondent age 18-59 are more likely to identify teen pregnancy (88.7%), child care for working parents (91.4%), and crime/victim's services (87%) as neighborhood problems. Table 2 shows which problems are identified among the three most important neighborhood problems by household respondents.

⁷ Only statistically significant relationships are reported in the following three sections of this report. *Volume 2: Synthesis of Findings* provides more detail in each of these areas.

Table 2: Most Important Neighborhood Problems Identified by Statewide Respondents

Neighborhood Problem	Percentage of Statewide Respondents Identifying
Drug Abuse	36.5
Recreation/culture	33.7
Public Transportation	25.7
Alcohol Use	16.4
Crime/Victim's services	14.1
Housing	12.4
Problems facing Elderly	10.4

Source: 1999 Community Needs Assessment, Household Survey

Respondents from suburban New Castle County and the City of Wilmington are similar in their identification of drug abuse, problems with alcohol use, and problems with youth as neighborhood problems. More than one-half of Wilmington and Kent County respondents classify housing as a neighborhood problem. Sussex County respondents differ from those in the three other areas in their focus on poor public transportation as a neighborhood problem.

There is geographic variation in the responses of focus group participants as well as important differences between the household survey and focus group responses. Views shared by members of all four focus groups include concerns about 1) the high cost and low availability of health care, housing, and public transportation, 2) the change in focus of the criminal justice system (from rehabilitation to punishment), 3) the increasing number of working poor families, and 4) a need for information on the effects of welfare reform. Focus group participants from Kent and Sussex counties see health and access to medical care as key issues, while those in Wilmington and New Castle County focus on services integration and coordination. Infrastructure concerns (transportation, water and sewer) are also rated among the three most important problems by focus group participants in Wilmington, New Castle County and Sussex County.

Focus group participants are much more likely to identify problems of working poor families and welfare to work participants than respondents to the household telephone survey. This may be due to the predominance of service agency

representatives among focus group participants. One problem, lack of access to recreation and cultural activities (particularly for youth), which is among the top five for household survey respondents in all four geographic areas, was not mentioned at all by focus group participants. Drug abuse and alcohol use are also among the top five neighborhood problems for household survey respondents. Substance abuse was mentioned much less frequently by focus group participants. Crime and public safety are priority issues for household survey respondents from Wilmington and Sussex County, while focus group participants in Wilmington and New Castle County rated crime and public safety as their number one concern. Transportation is a critical issue for household survey respondents in Sussex County and focus group respondents in Wilmington, New Castle County and Sussex County.

Social and Economic Needs at the Household Level

Compared to reports of neighborhood problems, more respondents report household problems than reported neighborhood problems and there is much less variation in reporting household problems among respondents in the four geographic areas. Close to one in three respondents (29.3%) report household problems while less than a quarter (24.3%) reported problems in the area where they live. African American respondents (56.0%) are 24 percent more likely to identify one or more household problems than white respondents (42.5%). Respondents age 18-59 are much more likely to report one or more household problems than those age 60 and over, 77.4% vs. 22.6% respectively. Respondents with annual income less than \$20,000 are more likely to report one or more household problems.

One-quarter of suburban New Castle County respondents (25%) report having household problems, while about one-third of Kent County (33%), Sussex County (35.3%), and Wilmington (36.5%) respondents report having household problems. In contrast to the neighborhood level findings, there is less variation among respondents on the type of household problem reported in the four geographic areas. With the exception of housing repair and paying utilities, well below 10 percent of the respondents from all four geographic areas report specific household problems. Statewide, the most frequently reported household problem is housing repair. The next three leading problems are paying utilities, paying rent, and transportation.

Perceptions about Services

There is very little agreement between household respondents' most frequently cited barriers and those listed by service providers. Slightly more than a third of the household respondents (35.2%) report difficulty getting help. Too much "red tape"⁸ was the most frequently cited reason (81.0%) why people had difficulty in getting help from health and human service organizations. The belief that services would not help was the next most frequently reported reason (41.7%), followed by agency staff unpleasantness (34.6%), services too far away (24.0%), and lack of child care (19.6%).

Virtually all of the provider respondents (94.3%) identified at least one barrier to service. Service providers identified very different barriers to service including, lack of knowledge about availability of services (80.9%), lack of transportation (60.3%), lack of knowledge about how to locate services (55.3%), dislike of going to outsiders for help (29.1%), and language and cultural barriers (26.2%). Lack of knowledge about the availability of services was also considered the most important of the barriers by a considerable margin.

How can we account for these differences in perceptions? Service providers view the barriers from their perspectives in working with large numbers of clients or constituents. Household respondents view such barriers from their personal point of view or that of their families. Thus, while some household respondents have problems or have interacted with social service or health agencies, many would have little familiarity with the problems, the organizations that provide services, or other people who have problems.

Service provider respondents rated the supply and demand for services offered by their agencies on a five point scale (service is substantially underused, service is somewhat underused, need for service is well-matched with supply, need for service is somewhat greater than supply, need for service is substantially greater than supply). Respondents see the need for housing services as substantially greater than the supply. However, service providers also see need outpacing supply in a number of other areas - family services, education, mental health, employment, youth services, health care, basic needs, substance abuse, day care, legal services, and transportation.

⁸ Too much "red tape" is defined as requiring too much paperwork or documentation and repeated agency contacts.

Service provider respondents identified specific issues that they thought most seriously affected service delivery in the following areas of concern: 1) regulations and requirements, 2) financial planning and management, 3) staffing, 4) facilities and equipment, 5) collaboration and coordination, 6) strategic planning and performance measurement, and 7) information technology.

Service provider respondents were in general agreement about the relative prominence of the specific issues in the area of regulations and requirements, including differences in funding source eligibility requirements (33.3%), client eligibility (27.7%), and excessive reporting requirements (25.5%). In the area of financial planning and management, providers see one overriding problem: insufficient or restrictive funding (48.9%). The other service delivery concerns in this area, such as lack of timely reimbursement (21.3%), lack of data for planning (14.2%), and different funding cycles (18.4%) are bunched fairly closely together and are well below the primary concern.

The overwhelming staffing concerns for provider respondents are inadequate staff for workload (44.7%) and low or inadequate salaries(41.1%). Smaller proportions cited lack of qualified /experienced staff (29.8%) and high staff turnover (24.1%). In the area of facilities and equipment, about a third of provider respondents (32.6%) cited lack of space is the leading concern. The next most frequently cited concerns are well below the primary concern and include lack of computer systems (21.3%) and facilities in need of repair (14.9%).

When asked about collaboration and coordination, one in three providers said that service gaps (31.9%), “turf” issues (30.5%) and upstate/downstate distinctions (29.1%) were primary concerns. Lack of means to collect performance data is the primary strategic planning and performance measurement concern for one quarter (25.5%) of the provider respondents. Other concerns in this area - lack of outcome measures (18.4%) and staff resistance to collecting performance data (14.2%) - fall well below the first concern. About one in three (29.8%) of the service providers see lack of staff expertise as the leading information technology concern, followed closely by lack of computer training (28.4%) and lack of networking/connectivity (24.1%).

Provider respondents were also asked about the three most significant problems facing their organization in the next year. Shortage of income to meet expenses was chosen by about a third (31.6%) of the group, followed by growing demand

for services without the resources to support program growth (28%), and shrinkage of public money to support programs and competition with other nonprofits (both 17.1%). Government cuts in funding is the policy change seen by close to a third (29.1%) of provider respondents as most likely to affect their organization's ability to continue to deliver services. Smaller percentages see managed care and client choice/vouchers (12.1% each) and welfare reform (9.2%) as critical changes.

Specific Community Problems

This part of the report discusses the problems listed in Table 2 which identifies the most important neighborhood problems cited by household respondents. By recognizing and understanding community concerns, we can determine what most be done to resolve them and begin to develop an integrated approach to social and economic service problem solving.

Drug Abuse, Alcohol Use and Crime

Delaware households have a strong sense of urgency about the consequences of drug and alcohol abuse, which take a great toll on the well-being of individuals, families, and communities. The National Institutes of Health estimated the costs of alcohol and drug abuse in 1992 at \$246 billion. These costs include treatment and prevention costs, other health care costs, reduced job productivity and lost earnings, and other costs such as crime and social welfare. The National Center for Health Statistics found that in 1997, there was a 6.5 per 100,000 persons rate of alcohol related motor vehicle deaths, a 12.9 per 100,000 rate of cirrhosis of the liver deaths, and a 5.1 per 100,000 rate of drug related deaths in the United States. According to the Delaware Department of Health and Social Services, approximately 12 percent 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. During the 1993-94 school year, 33 percent of Delaware’s fifth graders, 75 percent of eighth graders, and 86 percent of eleventh graders reported ever using alcohol.⁹ Monthly alcohol use for eleventh graders was quite high over the last decade, with an estimate for 1998 of 47 percent. Past month alcohol use for eighth graders has also been quite high but stable for the last decade, with 29 percent reporting drinking in the past month.¹⁰

Drug abuse is accurately portrayed as part of a larger dilemma. Factors that fuel drug use include poverty, crowded housing, and unemployment. Side effects of drug use include criminal activity to support the addiction, family violence, an

⁹ Debra Brucker, *Adolescent Substance Abuse in Delaware*, Analytic Paper, Masters of Public Administration, Newark, DE: College of Urban Affairs and Public Policy, University of Delaware, 1995.

¹⁰ Steven S. Martin, Tihomir N. Enev, Robert L. Peralta, Roberta E. Gealt and Christina L. Purcell, *Alcohol, Tobacco and Other Drug Use Among Delaware Students 1998*. Newark, DE: Center for Community Development and Family Policy, Center for Drug and Alcohol Studies, University of Delaware, 1999.

increase in sexually transmitted diseases, neglected or abused children, poverty, unemployment, and the eminent death of the user. Delaware hospitals are seeing more infants born addicted to drugs because their mothers are addicts. Although drug use rates among workers have declined from 17 percent in 1985 to 7 percent in 1992, the National Institute on Drug Abuse estimates that employed drug abusers cost their employers twice as much in medical and worker compensation claims as their drug-free co-workers.

Nationally, high school and college students and young adults have decreased their drinking, as well as marijuana and cocaine use. In Delaware, a 1998 assessment showed that monthly marijuana use increased markedly between 1992 and 1995 for both eleventh and eighth graders. Since 1995, eleventh grade marijuana use has been stable with 25 percent past month users in 1998. However, eighth grade marijuana use rose 4 percent in 1998, to 19 percent, the highest rate ever recorded.¹¹

Although the population is aging, which should help to slow the rate of new drug and alcohol abuse, crime and other adverse personal behaviors that usually surface during teen years, the need for assistance with personal behavior will grow in the 2000s unless existing behavior patterns change dramatically.

In addition, problems associated with personal behaviors tend to be additive. One problem can lead to another and once an individual has a problem, that problem is likely to remain or resurface at a later date. A main factor influencing rising need in the 2000s is the carryover of unaddressed need from earlier decades. If the number of substance abusers stopped growing today, for example, the health and human service need of those already affected would ripple forward for decades. This is because of a tendency to substance abuse is a life-long condition and we do not fully understand the long-term requirements for medical and psychological assistance associated with substance abuse, particularly drug addiction.

Unfortunately, programs designed to influence negative personal behaviors are those with the least certainty of success and therefore present unclear choices about how to provide assistance. For example, little is known about effective drug abuse treatment, making it difficult to design programs, a frustrating situation

¹¹ Ibid.

when funds are scarce and so many people need treatment. While there is little evidence about the impact of drug education programs in schools, it is clear that prevention is the key. Social programs not strictly focused on drug abuse can help, especially in prevention. These include programs to keep youth off the streets, summer job programs, and programs designed to enhance the self-esteem of young people. Adding to the dilemma is the public's perceptions of urgency for action.

Drug abuse, alcohol problems, and crime were among the top five neighborhood problems identified by household survey respondents. Substance abuse was mentioned much less frequently by focus group participants, while the criminal justice system rather than crime was an important issue for focus group members.

Drug abuse

By a considerable margin, the highly publicized and seemingly intractable problem of drug abuse is the most important neighborhood concern expressed by Delaware households. More than a third (36.5%) of household respondents with neighborhood problems said drug abuse was the first or second most serious problem in their neighborhood. As noted above, although households identified drug abuse as one of the three most important neighborhood problems, it was ranked 11th among 14 possible problems found in their homes. One half of the service provider respondents (50%) indicated that the need for substance abuse services somewhat or substantially exceeded the supply.

Alcohol Problems

Alcohol abuse is reflected in a host of misfortunes including babies born with fetal alcohol syndrome, car and boat accidents, high school dropout rates, divorce statistics, and serious crimes. Recognizing the far reaching effects of alcohol-related abuse, more than half of the 1999 CNA household respondents cited it as a serious neighborhood problem, second only to drug abuse. None of the household respondents identified alcohol abuse as a problem in their own homes. It is likely that some service providers included alcohol in their definition of substance abuse and perception that the need for these services somewhat or substantially exceeded supply.

Crime

Some households (14.1%) ranked crime among the top three neighborhood problems. Residents of the City of Wilmington and Sussex County more often

identified this among the top five neighborhood problems in the areas where they live.

Public Transportation and Recreation and Cultural Activities

There is a growing recognition that the quality of the lives of individuals and communities is increasingly dependent on improving the physical infrastructure of roads and highways, water supply and sewage systems, parks and recreational facilities, and other common physical resources.

In particular, it is increasingly important to recognize the special physical infrastructure needs, such as good public transportation, of specific groups. The elderly, disabled and poor (and near poor) are all especially vulnerable to shortfalls in the physical infrastructure. The demand for transportation, particularly public transportation will rise. As the elderly population grows employers try to attract new workers and more women into the workforce. These needs will be strong throughout Delaware, but based on the demographic trends and these survey results, they will be most heavily felt in Sussex County, where the greatest rate of population growth is expected.

Poor public transportation and not enough recreation and cultural activities were among the top five neighborhood problems reported by household survey respondents. Focus group participants shared the concern with poor public transportation, while lack of recreation and cultural activities was not mentioned at all by the focus groups.

Poor Public Transportation

Employment opportunities and social and economic service programs mean little if the people who need them cannot gain access to them, and in rural and low-income communities, transportation is a special consideration. Overall, about a quarter (25.7%) of household respondents saw poor public transportation as among the top three neighborhood problems. Access to transportation was also among the top five household problems identified by household respondents. Transportation was also among the top three community problems for focus group participants in the City of Wilmington, suburban New Castle County and Sussex County. Kent County participants stated that public transportation is not available to help people get to work. Sussex County participants stated that the lack of public transportation severely limits peoples' ability to get to work and

welfare recipients' ability to meet job search requirements. The eastern part of the county has limited public transportation while the western part of the county is not served. No bus service is available between Sussex County and Kent County. More than half (58.3%) of service providers believed that the need for transportation was somewhat or substantially greater than the supply and nearly two-thirds (60.3%) ranked lack of transportation as among the top five service barriers for their clients.

Lack of Recreational and Cultural Activities

Although frequently cited as an area problem (among the top five), neither household respondents nor focus group participants generally viewed lack of recreational and cultural activities among the most serious of social and economic problems. About a quarter (28.6%) of service providers believed that the need for recreational and cultural activities was somewhat or substantially greater than the supply.

Housing

The lack of affordable housing for thousands of Delawareans is one of the state's most visible unmet needs. Recent estimates peg the state's homeless population at between 1,200 and 1,400, while an additional 14,486 households live in overcrowded condition, have very low income (less than 50 percent of the area median) and pay more than 50 percent of their income for housing. The Delaware State Housing Authority estimates that there are 12,053 substandard housing units statewide, with approximately 52 percent of these units located in the City of Wilmington and suburban New Castle County. Housing availability is an important component of economic growth - new industry cannot locate in an area where their workers cannot find adequate, affordable housing.

The shortage of low-income housing is a longstanding problem. Economic growth could actually increase the problem if in-migrants lured by job opportunities squeeze more low-income people out of their housing. Conversely, in a mild recession, homelessness could balloon relatively quickly. Meanwhile, the existing housing stock will continue to deteriorate if people must devote so much of their housing budget directly to shelter. Fewer dollars remain for maintenance and needed renovation.

Household respondents identified housing (in poor condition, crowded, too

expensive) among the most serious neighborhood problems. Housing was among the three most important neighborhood problems reported by household respondents from suburban New Castle County, the City of Wilmington, and Kent County. The most frequently reported household problem by household respondents was housing repair, followed by paying utilities, and paying rent or mortgage. Housing repair was also among the most serious household problems cited by household respondents. Maintaining and repairing their homes was the most important household problem facing respondents in households with members aged 60 and over.

Focus group participants identified affordable housing and homelessness among the most serious neighborhood problems. New Castle County and Wilmington focus group participants raised the issue of the quality of senior housing. Kent County focus group participants identified affordable housing and homelessness among the top three community problems. Sussex County focus group participants pointed out that many homes in the county lack indoor plumbing and rely on contaminated water and sewer systems.

Problems Facing the Elderly

In the 2000s, more older people will need assistance in obtaining professional care. The addition of an estimated 3,805 people over age 80, nearly a 20 percent rise in this population, will represent a much greater increase in need than signaled by their comparatively small group size. For people in this age category, the need for medical and other types of professional care rises precipitously. As people live longer, there will likely be more people in need of care because of dementia or other illnesses that diminish their mental capacity.

In 1980, only one in 200 Americans was an elderly person in a nursing home. By 2040, one in 15 Americans will have nursing home care, assuming existing patterns of long-term care continue. Already expensive, as nursing home costs continue to rise, it becomes all the more important that older people be able to live independently, or with only minimal assistance in the community. The 10.1 percent of Delaware's elderly population who live below the poverty line are already at risk for inadequate health care because of their high health care needs and the substantial gaps in Medicare service coverage.

The current delivery system has few incentives for families to keep their older

family members at home. Further, because of falling birth rates, the number of people available to care for elderly household members will decline. As the population ages, the need for a restructured senior services delivery system becomes more apparent; with an emphasis on personal care and assistance with daily living for the elderly. Family care givers are becoming overstretched as more family members join the workforce, and when there are no family members able to provide direct care, public and nonprofit agencies will need to be increasingly creative in finding means to help the elderly remain in their communities.

As baby boomers age and families grow smaller, there will be more older people who need support and assistance and fewer family members to fill the traditional role of providing this care. About half of the household respondents citing neighborhood problems viewed problems facing the elderly as a problem in their neighborhood. Problems facing older people were ranked among the most important neighborhood problems by household respondents across the state. Suburban New Castle County, Kent County and Sussex County respondents ranked problems facing the elderly among the three most important neighborhood problems.

Appendix A: Factors Used in Distribution Analysis

Factor	Specific Measure	Source
Teen Mothers	# births to mothers 20 & under	1991-1995 vital statistics data
	estimated teen birth rate (15-19)	1991-1991 vital statistics, 1990 census, Delaware Population Consortium
Prenatal Care	# births with less than adequate care	1991-1995 vital statistics data
	% births with less than adequate care	1991-1995 vital statistics data
Poverty	# persons below 200% of poverty	1990 census data
	% persons below 200% of poverty	1990 census data
Employment	# unemployed persons	1990 census data
	% unemployed persons	1990 census data
Public Assistance	# persons receiving public assistance	1990 census data
	% persons receiving public assistance	1990 census data
Transportation	# households with no vehicle	1990 census data
	% households with no vehicle	1990 census data
Home Ownership	# renter occupied housing units	1990 census data
	% renter occupied housing units	1990 census data
Education	# persons 25 & older with less than high school diploma	1990 census data
	% persons 25 & older with less than high school diploma	1990 census data
Language	# persons who do not speak English well or at all	1990 census data
	% persons who do not speak English well or at all	1990 census data
Children in Single- Parent Households	# children <18 living in female-headed households	1990 census data
	# children <18 living in female-headed households	1990 census data

Source: Delaware Health and Social Services

Appendix B: Methodology

Household Survey

A telephone survey was conducted of twelve hundred (1,200) randomly selected households statewide in four geographic areas (suburban New Castle County, the City of Wilmington, Kent County, and Sussex County) by the Center for Applied Demography and Survey Research (CADSR) during February and March 1999.

The telephone survey included nearly 300 households in each of the four geographic areas.¹² The sampling design used a random digit dialing method. The telephone numbers were generated using a random number generator on the University of Delaware mainframe computer and information from the telephone company about telephone exchanges in each county.

The quantity of numbers generated from the sampling frame was calculated to provide the desired finished sample size. This design permitted the collection of a substantial amount of data from a fairly large number of households and provided results with a high degree of reliability and accuracy at a reasonable cost and within a short period of time. In addition, this design protected the respondents' rights to anonymity and confidentiality. For the four geographic areas, and inter-geographic area comparisons, the sample is of sufficient size to achieve a high level of reliability and accuracy with a margin of error within plus or minus five percent at a 95 percent level of confidence and to allow for cross-tabulations by factors such as race, age, income level, and gender.

Weighted Sample Construction

The sampling strategy employed here is known as a disproportionate stratified random sample, that is, an equal number of households were randomly selected in each geographic area, regardless of their corresponding proportions in the state population. Therefore, it was necessary to weight the sample to reflect the proportion of households in each geographic area. According to the Delaware Population Consortium projections for number of households in each geographic area in 2000, suburban New Castle County contains 54.15 percent of the households in the state, the City of Wilmington includes 10.29 percent, Kent County, 15.88 percent, and Sussex County, 19.68 percent of the households in the state. To account for this distribution the surveys were weighted accordingly so that each geographical area was accurately represented in the statewide data set.

¹² The suburban New Castle County sub-sample includes 304 cases, while the City of Wilmington sub-sample includes 296 cases. This is a result of verification of telephone numbers and addresses after the survey was fielded.

The following table shows the composition of the weighted sample. At the statewide level, the weighted sample is of sufficient size to achieve a high level of reliability and accuracy with a margin of error within plus or minus four percent at a 95 percent level of confidence and to allow for cross-tabulations by factors such as race, age, income level, and gender.

Composition of the Weighted Sample

Area	Number of Households	Percent of New Castle County Households	Number of Surveys	Percent of Total Sample
Suburban New Castle County	161,305	100.00%	300	54.15%
City of Wilmington	30,504	18.91%	57	10.29%
Kent County	47,373	29.37%	88	15.88%
Sussex County	58,858	36.49%	109	19.68%
Total	298,040		554	100.00%

Source: Delaware Population Consortium, Annual Population Projections, July 1, 1999, Version 1999.0

The Survey Instrument

The household survey is comprised of four parts: 1) problems in the area where the respondent lives, 2) household problems and needs, 3) reasons for not getting help with problems, and 4) household demographic characteristics. The household survey instrument was developed with assistance from the Community Needs Assessment Research Panel and Center for Survey Research and Applied Demography staff. The instrument was pretested by experienced interviewers. A total of 26 pretests were conducted throughout the state. Comments from the interviewers and preliminary tallies from the pretest sample guided final refinement of the questionnaire and survey administration.

Conducting the Survey

The method used for the telephone interviews was random digit dialing with up to 15 call backs. Respondents were screened for the required survey characteristics. Only respondents who were over the age of 18, who bore major responsibility for the household were included in the sample.

Analyzing the Results

A raw data file was prepared for analysis which required coding of the questionnaire and double-coding every tenth questionnaire to verify coding and data entry. Data analysis includes a set of computer frequencies for each variable as well as cross-tabulation tables by segments of the population such as race, age, gender, and geographic location and use of the chi-square test. The chi-square test is used when respondents have been allocated to categories of two variables (e.g., race and neighborhood problems). The chi-square test compares the number of cases falling into each cell of the table with the frequency that would be expected if there were no association between the two variables that form the table. If the significance value is equal to or less than .05, you can conclude that the chi-square test indicates that there is a statistically significant association between the two variables.¹³

Interpreting the Results

The protocol for the analysis is to focus on statistical relationships in which there is an observed significance level of .05 or less as measured by the Pearson chi-square. These are relationships in which we can be confident that there is a 95 percent probability (or better) that the relationship did not occur by chance. In some cases, a somewhat lower confidence level will be used (up to .10 if a particularly interesting result is observed or to compare results for two or more subgroups). When significant statistical relationships are observed between variables, a comment will be made as to how these variables seem to be related. These relationships will be noted in the analysis, but the reader should keep in mind several qualifications. The margin of error for the stratified random sample (e.g., the four geographic areas) is plus or minus five percent and this margin of error decreases at the statewide level (the weighted sample) to plus or minus four percent. Furthermore, confirmation of the way in which two variables are related would require more elaborate statistical tests than are presented in this analysis. Nonetheless, the results of the analysis presented here provide us with strong indications of the groups in the sample which are responding in a significantly different manner to particular items than the sample as a whole.

Service Provider Survey

¹³ The chi-square test is only valid if three conditions are met. First, the data must be independent; no respondent can appear in more than one cell of the table. Secondly, no cell should have an expected frequency of less than one. The third requirement is that no more than 20 percent of the expected frequencies in the table can be less than five. The expected frequencies are calculated for each cell in the table by multiplying the appropriate row and column totals and dividing by N. The chi-square frequency table shows the number of cases in each cell of the table, followed by the value of chi-square (labeled Pearson), the degrees of freedom, and the probability (Significance) (Jeremy J. Foster (1998) *Data Analysis: Using SPSS for Windows*, Thousand Oaks, CA: Sage Publications, p 144).

A comprehensive list of 794 Delaware service providers was developed from the DANA Community Services Directory (1997) and the state Human Services Directory of Delaware (1998). The survey was mailed to those providers in May 1999, with a second mailing in July 1999 and follow-up telephone calls in August and September 1999. The sample size was revised, following exclusion from the sample of 1) for-profit organizations, 2) organizations no longer operating in Delaware, 3) organizations that do not provide direct services, 4) agency locations which are one site of a multi-site agency for which the main administrative site responded for the entire agency, and 5) organizations for which we could find no current mailing address. The revised sample size is 685. A total of 141 service providers completed and returned the survey, for a response rate of 20.58 percent.¹⁴ The sample is of sufficient size to achieve a 95 percent level of reliability and accuracy with a margin of error of plus or minus approximately seven percent and to allow for cross-tabulations by factors such as number of clients, service area, provider type, and client type.

The Survey Instrument

The survey instrument gathers information in four areas: 1) the nature of the services provided; 2) service delivery concerns; 3) the characteristics of clients; and 4) characteristics of the responding agency. The service provider survey instrument was developed with assistance from the Community Needs Assessment Research Panel. The instrument was informally pretested with 10 service providers. Comments from the pretest respondents guided final refinement of the questionnaire and survey administration.

Analyzing the Results

A raw data file was prepared for analysis which required coding of the questionnaire and double-coding every tenth questionnaire to verify coding and data entry. Data analysis includes a set of computer frequencies for each variable as well as cross-tabulation tables by agency and service characteristics such as geographic area served by the agency, type of service provided by the agency, and number of clients served annually by the agency, and use of the chi-square statistic. The explanation of the chi-square statistic and caveats on interpreting the results as discussed for the Household Survey are also relevant for the Service Provider Survey.

¹⁴ Because the provider survey did not use a random sampling design, some selection bias may be present. However, the distribution of different respondent characteristics such as service area, provider type, number of clients, and type of clients, are not seriously skewed.

Focus Groups

Focus group participants were recruited using the Center for Community Development and Family Policy's data base of community-based organizations, state agencies, the philanthropic community, and elected officials . Each focus group had a pre-registered list of participants and a waiting list. The targeted focus group size was 15 persons. Actual focus group participation ranged from 15 to 26 persons with a total of 54 persons participating in the four focus groups.

Question Guide

The focus group question guide was developed with assistance from the Community Needs Assessment Research Panel and Goeins-Williams principal, Dr. Devona Williams. The question guide is comprised of four areas: 1) problems/needs in the area where the participant lives or works, 2) quality of life in the area where the participant lives or works; 3) changes in problems/needs or quality of life in the area where the participant lives or works in the last five years; and 4) service accessibility in the area where the participant lives or works.

Conducting the Focus Groups

During the second week of April 1999, four focus groups were conducted statewide by Goeins-Williams Associates, Inc., one in each of four geographic areas (suburban New Castle County, the City of Wilmington, Kent County, and Sussex County). The Wilmington and New Castle County focus groups were held on April 6, 1999 at the Community Service Building in Wilmington, Delaware. The Kent County focus group was held on April 7 at the Community Legal Aid Society in Dover, Delaware. The Sussex County focus group was held on April 9 at First State Community Action Agency in Georgetown, Delaware. Dr. Devona Williams facilitated all four focus groups with assistance from CCDFP graduate research assistants and an MPA intern who served as observers/recorders.

Analyzing the Results

The four focus groups were audio taped and the graduate assistants recorded all participant comments. Using the question guide as the organizing structure, systematic coding and content analysis of each focus group and comparisons across focus groups were completed by Goeins-Williams staff under the direction of Dr. Devona Williams. A copy of the focus group report is included in Volume 3 of the 1999 Community Needs Assessment.

Review of Other Studies

Center for Community Development and Family Policy staff and graduate research assistants tracked down, obtained, and analyzed existing needs assessment reports and secondary data to determine what is known about the social and economic needs of Delawareans. While each report and data base 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.¹⁵ These are: 1) children/youth problems/needs; 2) civil rights problems/needs; 3) crime and legal services problems/needs; 4) problems/needs of the disabled; 5) domestic violence problems/needs; 6) problems/needs of the elderly; 7) emergency assistance problems/needs; 8) employment problems/needs; 9) health/health care problems/needs; 10) housing problems/needs; 11) parenting problems/needs; 12) public infrastructure problems/needs; and 13) victim assistance needs.

In addition, data pertaining to the supply of and demand for social and economic services and/or barriers that Delawareans confront when trying to obtain services is documented. Volume 4 of the 1999 Community Needs Assessment includes a full listing of the studies with the following information; author (if applicable), date of publication or data collection, the source of the report or data, the geographic area(s) of the state addressed, and the kinds of information/data utilized.

¹⁵ The National Taxonomy of Exempt Entities (NTEE) is a comprehensive classification system of tax-exempt organizations and services. The NTEE is a mixed notation classification system of 26 major groups collapsible into 10 major categories and divisible into over 645 groups. Created by the National Center for Charitable Statistics in cooperation with scholars and practitioners in the early 1980s, NTEE is now housed at The Urban Institute.