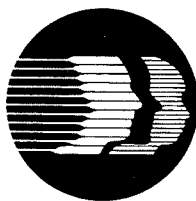


# **COMMUNITY NEEDS ASSESSMENT**

## **PART I: SYNTHESIS OF STATEWIDE SURVEY AND INVENTORY OF NEEDS ASSESSMENTS**

**PREPARED FOR**  
**THE DIVISION OF STATE SERVICE CENTERS**  
**AND**  
**THE DIVISION OF SOCIAL SERVICES**  
**DELAWARE HEALTH AND SOCIAL SERVICES**



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

**November 1994**

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**by**  
  
**Timothy Barnekov  
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At the College of Urban Affairs and Public Policy, we would like to thank the staff of the Center for Applied Demography and Survey Research, particularly Edward Ratledge, Director, and Phyllis Raab, Assistant Director, for their advice and assistance in designing the survey, constructing the telephone sample, and overseeing its implementation. All of the interviewers, both for the telephone survey and field survey, should be commended for the effort they made to administer a very complicated questionnaire. Finally, we would like to thank all of the respondents who took time to participate in the surveys. We hope that the information provided in this project by so many people will contribute to strengthening the quality of and access to health and social services in Delaware.

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## EXECUTIVE SUMMARY

This report presents the results of two surveys conducted by the University of Delaware's Center for Community Development (CCD) and Center for Applied Demography and Survey Research (CADSR). The purpose of these surveys is to determine how both current and potential users of the Delaware State Service Centers view the need for services in their households and in the community. A telephone survey was conducted of 1207 randomly selected low- and moderate-income households statewide in four geographic areas (suburban New Castle County, the City of Wilmington, Kent County and Sussex County). In addition, 133 low and moderate income households without phones in these same geographic areas were interviewed in a field survey. The questionnaire used in both surveys was developed jointly by staff from the Center for Community Development and the Department of Health and Social Services (DHSS).

This Executive Summary highlights the basic findings of what will be described here as the **Community Needs Assessment (CNA) Survey**. The body of the report provides a more detailed discussion of these results and compares them to a number of other assessments and studies of health and social service needs in Delaware. This report, **Community Needs Assessment--Part I: Synthesis of Statewide Survey and Inventory of Needs Assessments**, incorporates information developed in two other reports. **Community Needs Assessment--Part II: Telephone and Field Surveys** documents the results of the **CNA Survey**. **Community Needs Assessment--Part III: An Inventory of Needs Assessments** summarizes the studies, assessments, and public forums which are used here as a base of comparison with the **CNA Survey**.

### General Service Needs

Respondents were asked whether they or someone in their household had a need for assistance in thirteen general areas of service. Basic needs such as paying utilities, paying the rent or mortgage, repairing or weatherizing the home, and getting transportation to medical or other appointments were most frequently identified as problems in the respondent households.

General Service Need	Percent of Respondents
Paying, electric, heating, or other utility bills	37%
Paying the rent or mortgage	24%
Housing that needs repair	23%
Housing that needs weatherization	20%
Getting transportation to medical or other appointments	18%
Having sufficient food or good nutrition	14%
Having furniture or appliances or having them in poor condition	13%
Having adequate clothing	9%

General Service Need (continued)	Percent of Respondents
Needing legal services but cannot find or afford them	9%
Reading or writing well enough to get along	6%
Having conflict between family members that leads to violence	4%
Needing victims' assistance	3%
Using the English language	2%

### Health Needs

The survey included thirteen questions about health needs. Adequate health insurance, adequate dental care, money for medicine, and treatment for chronic disease were the health needs most frequently mentioned as problems in the respondent households.

Health Need	Percent of Respondents
Having adequate health insurance	37%
Lacking adequate dental care	36%
Lacking money for medicine	27%
Needing treatment for a chronic disease	22%
Finding a doctor	12%
Needing physical or occupational therapy	9%
Needing treatment for a mental health problem	8%
Needing care during and after pregnancy	5%
Needing speech therapy	3%
Needing family planning	3%
Needing treatment for alcohol abuse	2%
Needing treatment for drug abuse	2%
Needing treatment for a sexually transmitted disease	1%

### Source of Health Care

Three-quarters of the respondents (76%) said they go to a private doctor when they have a health problem while 18 percent go to a hospital emergency room, 15 percent to a community clinic, and only 1 percent use an HMO.

### Needs of Children and Youth

Approximately 42 percent of the respondents live in households with persons age 17 or younger. They were asked twelve questions about the needs of children or teenagers in their household. Support from the other parent and wholesome activities were the most frequently mentioned needs followed by finding day care, sexually active teenagers, unmanageable behavior, and poor school performance.

Need/Problem For Children or Youth	Percent of Respondents
Getting adequate child support from the child's other parent	34%
Finding wholesome social or recreational activities	28%
Finding day care	16%
Sexually active teenagers	16%
Acting out or unmanageable behavior	15%
Poor school performance	15%
Help with parenting skills	9%
Getting in trouble with law enforcement agencies	6%
Skipping or dropping out of school	6%
Running away from home	3%
Teenagers as parents	3%
Teenagers pregnant	2%

### Needs of Older Persons

About 45 percent of the respondents live in households with a person 60 years of age or older. They were asked seven questions about the needs of the older person or persons in their household. Doing housekeeping or shopping, maintaining or repairing the home, and obtaining transportation were the needs identified most frequently.

Need of Older Person	Percent of Respondents
Doing housekeeping or shopping	16%
Maintaining or repairing the home	14%
Obtaining transportation	14%
Finding suitable recreational activities	9%
Obtaining information about services	7%
Obtaining nursing care at home	4%
Obtaining adult day care	3%

#### Needs of Disabled Persons

Fully 25 percent of the respondents live in households with a disabled person. Nearly half of these disabled persons (47 percent) were 60 years of age or older. Thus, 13 percent of all the respondents live with a disabled person who is under the age of 60. These individuals were asked six questions about the needs of the disabled person or persons in their household. Finding suitable recreational activities, obtaining transportation, and maintaining or repairing the home were cited most often.

Need of Disabled Person	Percent of Respondents
Finding suitable recreational activities	32%
Obtaining transportation	23%
Maintaining or repairing the home	23%
Doing housekeeping or shopping	17%
Obtaining day care	9%
Obtaining nursing care at home	5%

#### Employment and Public Assistance

Respondents who live in households in which there are adults who are not retired (about 67 percent of the sample) were asked four questions about the employment status of persons in their household. Fully 44 percent of these respondents said that someone in their household was unemployed.



Employment Status	Percent of Respondents
Someone unemployed	44%
Person seeking employment	50%
Someone in household employed too few hours	25%
Someone needs job counseling or training	23%

All respondents were asked whether someone in their household receives some form of public assistance. Medicaid and Food Stamps were the most frequently cited source of support followed by Supplemental Security or Disability Income and Welfare.

Public Assistance Support	Percent of Respondents
Someone on Medicaid	25%
Someone on Food Stamps	21%
Someone on Supplemental Security or Disability Income	13%
Someone on AFDC (Welfare)	12%
Someone on WIC (Women, Infants and Children)	9%
Someone on General Assistance	2%
Someone on Unemployment Insurance	2%

### Sources of Help

When asked where they turned to when they needed help for problems other than health care, most people said they turned to a family member (72%) or a friend (59%) followed by the church (46%) and a neighbor (40%). A significant proportion also seek assistance from a State Service Center (29%) or another social service agency or community center (24%).

When asked if they were having difficulty getting help from health and human service agencies, just over 12 percent answered, yes. The reasons for this difficulty were most often attributed to too much red tape, unpleasant agency staff, or lack of money or insurance to pay for assistance.

## SECTION 1

### INTRODUCTION AND METHODOLOGY

This report presents the results of two surveys conducted by the University of Delaware's Center for Community Development (CCD) and Center for Applied Demography and Survey Research (CADSR). The purpose of these surveys is to determine how both current and potential users of the Delaware State Service Centers view the need for services in their households and in the community. A telephone survey was conducted of 1207 randomly selected low- and moderate-income households statewide in four geographic areas (suburban New Castle County, the City of Wilmington, Kent County and Sussex County). In addition, 133 low and moderate income households without phones in these same geographic areas were interviewed in a field survey. The questionnaire used in both surveys was developed jointly by staff from the Center for Community Development and the Department of Health and Social Services (DHSS).

#### The Telephone Survey

**The sample.** The telephone survey included at least 300 households in each of the four geographic areas. Low and moderate income households were defined as households with annual incomes of 200 percent of poverty or less. The 1994 income ceilings for households of various sizes are shown in Table 1-1.

Table 1-1

Income Ceilings for 200 Percent of Poverty  
by Household Size

Household Size	Maximum Annual Income (1994)
One-person	\$13,944
Two-person	\$18,864
Three-person	\$23,784
Four-person	\$28,704
Five-person	\$33,624
Six-person	\$38,544
Seven-person	\$43,464
Eight-person	\$48,384
Each additional person	add \$4,920

The sampling design utilized 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.

The sample is of sufficient size to achieve a high standard of reliability and accuracy for a sample of low- and moderate-income persons with an average margin of error within plus or minus 5 percent at a 95 percent level of confidence and to allow for cross-tabulations by factors such as geographic area, race, age, and gender.

**The survey instrument.** Staff from the CCD and DHSS jointly developed the survey instrument. This instrument was pretested by experienced interviewers on a small sample similar to the target population. A total of 28 pretests were conducted, seven in each of the following geographic areas: the City of Wilmington, suburban New Castle County, Kent County, and Sussex County. 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 multiple callbacks. Respondents were screened for the required survey characteristics. Only respondents who were over the age of 18, who bore major responsibility for the household, and who resided in households with annual incomes of 200 percent of poverty or less were included in the sample.

In suburban New Castle County, an adjustment in the sampling design was required as a result of the time required to find eligible households (two to three hours). The difficulty is that many areas of the county do not contain significant numbers of eligible households. In order to keep the costs of the survey within the limits of the available resources, it was necessary to target the telephone calls to areas of the county where low- and moderate-income households reside. The result is that low- and moderate-income households which are not located in these targeted areas did not have the opportunity to be included in the survey. The alteration in the methodology, however, is not likely to have a significant impact on the results of the survey since the number of households excluded is relatively small.

**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. The size of the sample will not allow for reliable analysis by census tracts or State Service Center catchment areas. A full report on the data analysis is provided in Part II of the **Community Needs Assessment: Telephone and Field Interviews**.

## **The Field Survey**

A limitation of the telephone survey is that it does not include households without telephones. Staff from DHSS were concerned that the needs of these households might be significantly greater than the needs expressed by respondents to the telephone survey. Thus, an additional survey was developed of low- moderate-income households without telephones from each of the four geographic areas. These were to be face-to face interviews at the homes of respondents without telephones. The project budget did not allow for the establishment of a full list of Delaware households without

telephones from which to draw a random sample. Therefore, the following procedures were utilized to locate and interview these households:

1. Because phoneless households are more likely to be in poverty and because 200 percent of the poverty line is one of the survey's criteria, an initial tally of poverty households for all the block groups in Delaware was prepared from the 1990 Census. The block group level was selected because poverty in Delaware tends to be concentrated in geographically small pockets. Further, identifying such compact areas helps those doing the house-to-house interviews to find households which meet the survey's specific criteria, thus reducing travel costs.
2. As a check, a similar block group level estimate of households without telephones was made from the 'long-form' Census (STF3) sample. In most cases, these two tallies pointed to the same or adjacent block groups and it was to these 'highest percentage of likely households' areas that the survey teams were sent. In New Castle County, however, the poverty and no-phone tallies had minimal overlap. Therefore, the interviewers were sent to the block groups which had high proportions of households without telephones.
3. In the field, while actually locating, gaining access to apartment buildings, and getting consent from such households presented problems, the identification scheme proved sufficient. In Kent and Sussex Counties, however, due to lower population densities in block groups, and thus greater difficulty in finding adequate numbers of qualifying households, the survey team--which has considerable field experience in the area--was encouraged to seek out yet other places outside the identified block groups where they anticipated qualifying households might be found. This inclusion of local workers' knowledge worked well.

### Constructing the Final Sample

Table 1-2 shows the number of telephone and field surveys completed in the four geographical areas.

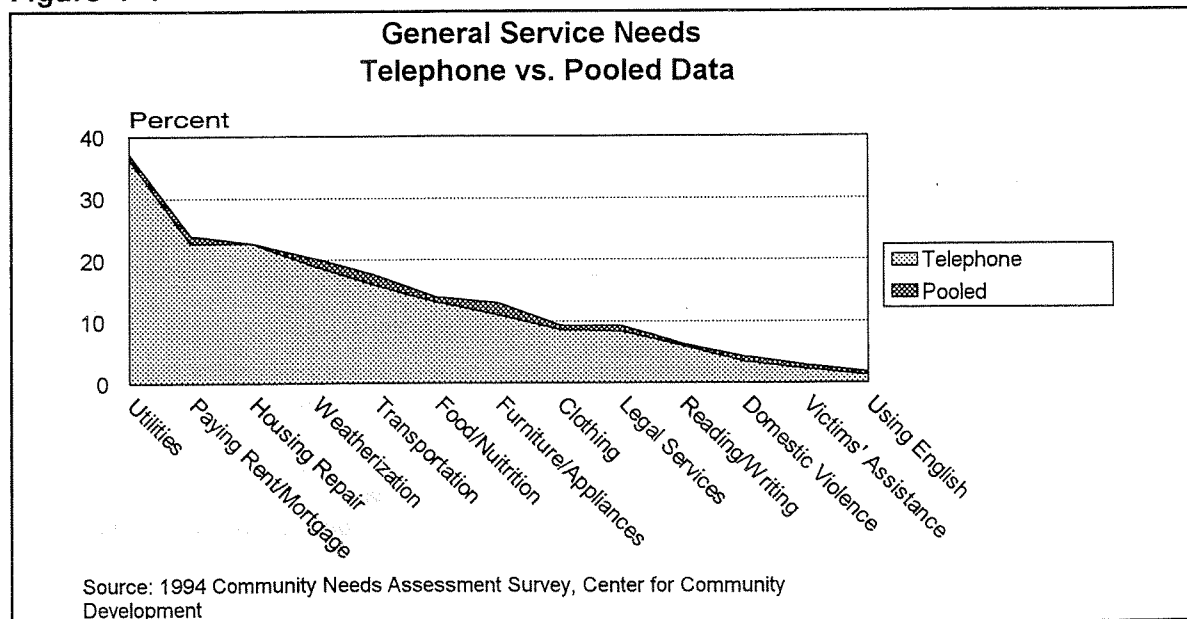
The purpose of conducting the field survey was to account for the low/moderate income households which do not have telephones. Therefore, a strategy had to be devised to pool the two samples in a way that would reasonably reflect the proportion of households with phones and without phones in the general low/moderate income population.

According to the 1990 Census, 3.1 percent of Delaware households, or 7,684 households, do not have telephones. Among homeowners, the percentage is 1.3 and among renters it is 8.1. If we assume that the lack of a telephone is at least as high among low/moderate income households as it is among renter households, then the low-end estimate is 8.1 percent. On the other hand, if all of the 7,684 households without telephones were in the low/moderate income category than just under 14 percent of the 55,070 low/moderate income households in Delaware would be without telephones. This latter figure becomes the high-end estimate. We assume that the actual percentage falls somewhere in between these two estimates and we have selected a figure which is closer to the low-end estimate, that is, 10 percent. Thus, field survey data and telephone survey data have been pooled and weighted so that 10 percent of the final sample is made up of households without telephones. The overall impact of pooling the telephone and field survey data is to increase need by one to two percent across each of the categories. Figure 1-1 compares need for general services as indicated in the telephone survey versus the pooled telephone and field surveys.

Table 1-2  
Surveys Completed

Geographical Area	Surveys Completed
<b>Telephone Survey</b>	
Suburban New Castle County	300
City of Wilmington	306
Kent County	301
Sussex County	300
<b>Field Survey</b>	
Suburban New Castle County	20
City of Wilmington	20
Kent County	42
Sussex County	51
<b>Total</b>	<b>1340</b>

Figure 1-1



A second adjustment in the final data set was required to account for the differences in the number of persons living in the four geographical areas in households with annual incomes below 200 percent. The 1990 census provides data on persons rather than households for the income categories below 200 percent of poverty. Our surveys were based on households. Nevertheless, we used the census data on persons as a surrogate for the distribution of the target households across the four geographical areas. Table 1-3 shows this distribution.

Table 1-3  
Number and Percent of Persons in Households  
With Annual Incomes Above and Below 200 Percent of Poverty

Area	Below 200 Percent of Poverty		200 Percent of Poverty and above		Total*
	Persons	Percent	Persons	Percent	Persons
Suburban New Castle County	53,484	36.03	304,757	63.97	358,241
City of Wilmington	27,061	18.23	42,688	81.77	69,749
Kent County	32,742	22.06	73,931	77.94	106,673
Sussex County	35,142	23.68	75,594	76.32	110,736
Delaware	148,429	100.00	496,970	100.00	645,399

\*Note that these figures only include persons living in households and not those in institutional or group settings.

To account for this distribution the surveys were weighted accordingly so that each geographical area was accurately represented in the statewide data set. Table 1-4 shows the composition of the final data set.

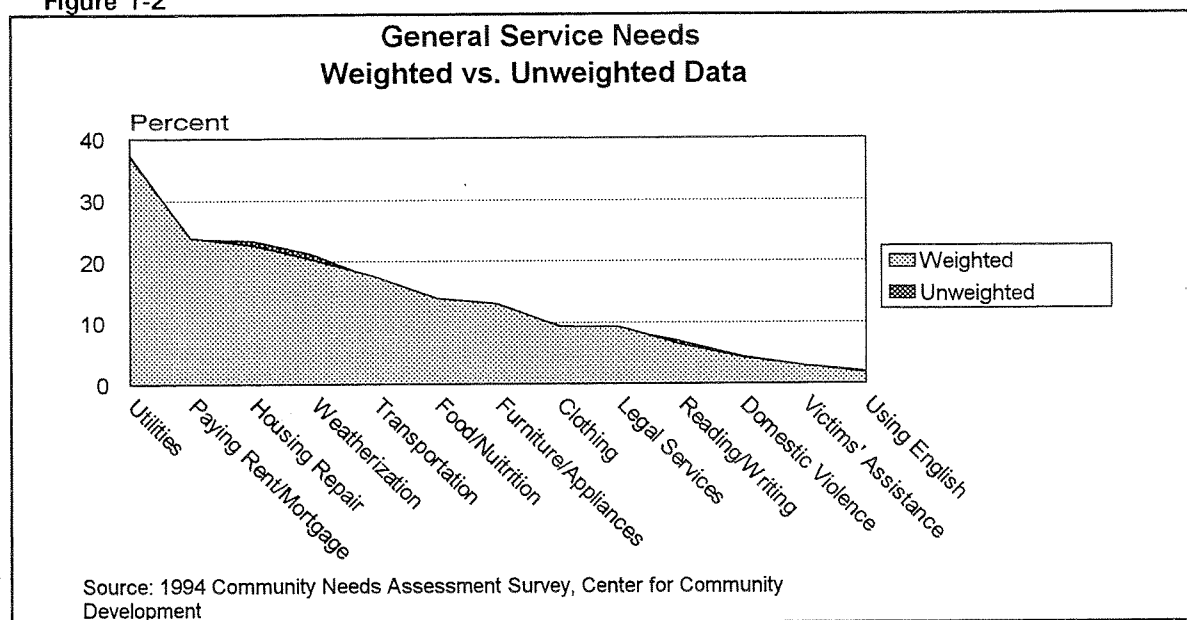
Table 1-4  
Composition of the Final Data Set

Area	Number of Surveys	Percent of Surveys
Suburban New Castle County	482	36.0
City of Wilmington	241	18.0
Kent County	295	22.0
Sussex County	322	24.0
Total	1340	100.0

Figure 1-2 shows the weighting by area did not significantly affect the results of the survey.

Figure 1-2 compares the weighted and unweighted data for the 13 categories of general service needs.

Figure 1-2



#### Demographic Characteristics of Respondents.

Figure 1-3 shows the demographic characteristics of respondents included in the pooled telephone and field surveys. Nearly three-quarters (71 percent) are female, three-fifths (62 percent) are white (only 4 percent Hispanic), just over half (56 percent) have annual household incomes of less than \$12,000, and just over two-fifths (42 percent) are 60 years of age or older.

Figure 1-3

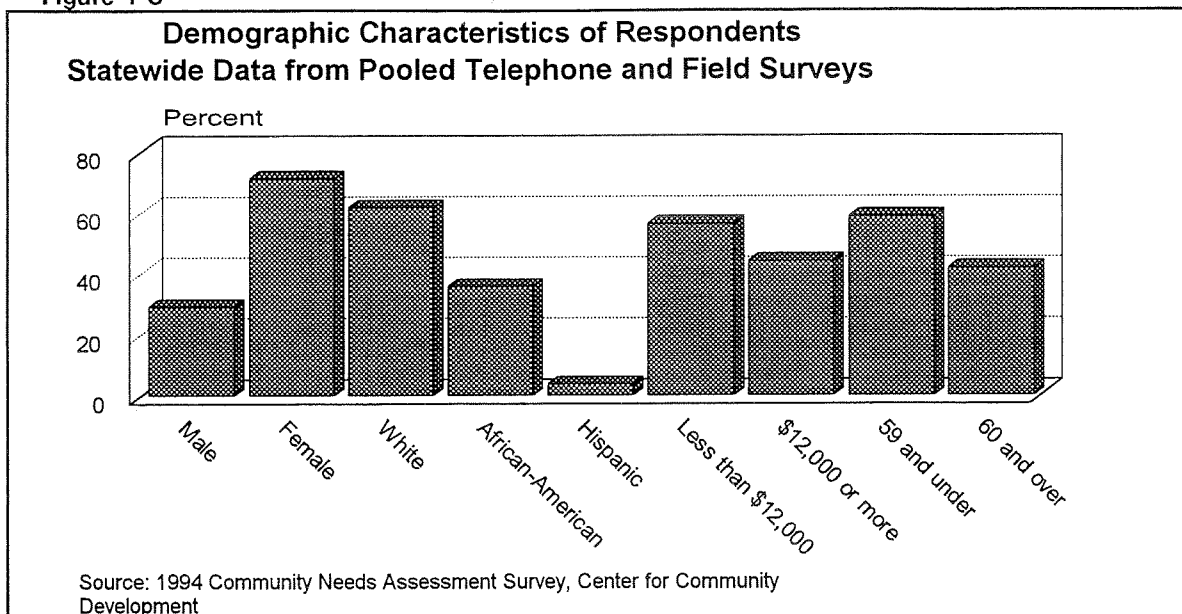


Table 1-5 shows the demographic characteristics of respondents in the pooled sample. In addition it shows that the respondents to the telephone survey differ in important ways from the respondents to the field survey.

Table 1-5

**Demographic Characteristics of Respondents to Telephone and Field Surveys**

Characteristics	Pooled Sample	Telephone Survey	Field Survey
Male	29%	29%	26%
Female	71%	71%	75%
White	62%	67%	17%
African-American	36%	31%	74%
Hispanic	4%	3%	14%
Income less than \$12,000	56%	54%	80%
Income of \$12,000 or more	44%	47%	20%
59 years or younger	59%	55%	90%
60 years or older	42%	45%	10%



### Comparison of Pooled Sample with Statewide Low/Moderate Income Population

Given the fact that 42 percent of the respondents in the pooled sample are 60 years or older, is this an overrepresentation of the elderly as compared to the proportion of this age group in the general population of households with annual incomes of 200 percent of poverty or less? Data from the 1990 census shows that the age characteristics of the pooled sample are very close to the age characteristics of general population in the targeted income group. Table 1-6 compares the age distribution of the pooled sample with this general Delaware population.

**Table 1-6**  
**Age Distribution of Pooled Sample and General Delaware Population**  
**in Targeted Income Group**

Age Category	Pooled Sample		State of Delaware*	
	Number	Percent	Number	Percent
Under 60	2,677	77.5%	118,626	79.9%
60 and over	776	22.5%	29,803	20.1%
Total	3,453	100.0%	148,429	100.0%

\*Source: 1990 U.S. Census of Population and Housing

### 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 .1 if a particularly interesting result is observed). 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 sample as a whole is plus or minus 5 percent and this margin of error increases as the sample is stratified by race, age, gender, etc. 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 population as a whole.

## SECTION 2

### GENERAL SERVICE NEEDS

The survey included thirteen questions about general service needs. Respondents were asked if they or someone in their household had a problem with:

- housing that needs repair
- housing that needs weatherization (that is, the house is too hot in the summer and too cold in the winter)
- paying the rent or mortgage
- having sufficient food or good nutrition
- having adequate clothing
- having furniture or appliances or having them in poor condition
- paying, electric, heating, or other utility bills
- getting transportation to medical or other appointments
- reading or writing well enough to get along
- using the English language
- having conflict between family members that leads to violence within the household (such as pushing, shoving, slapping, hitting, kicking)
- needing legal services but cannot find or afford them
- needing victims' assistance (as a result of being a victim of a crime)

Figure 2-1 shows the responses from the pooled sample in the thirteen areas of general service. Basic needs such as paying utilities, paying the rent or mortgage, repairing or weatherizing the home, and getting transportation to medical or other appointments were most frequently identified as problems in the respondent households.

Figure 2-1

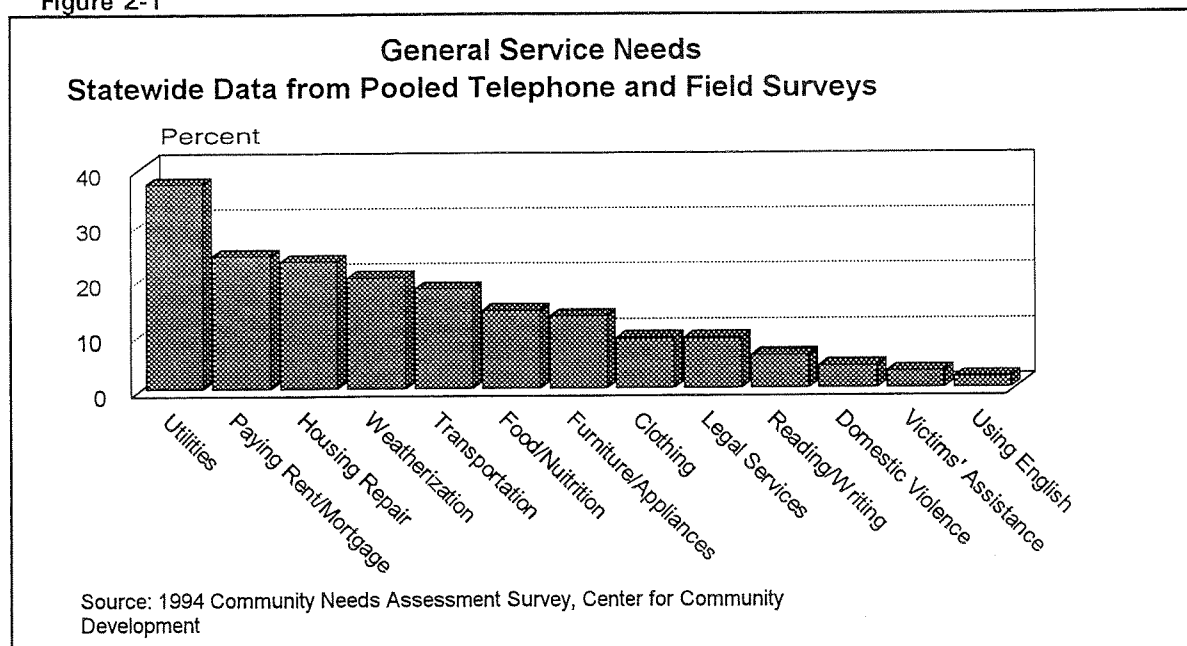


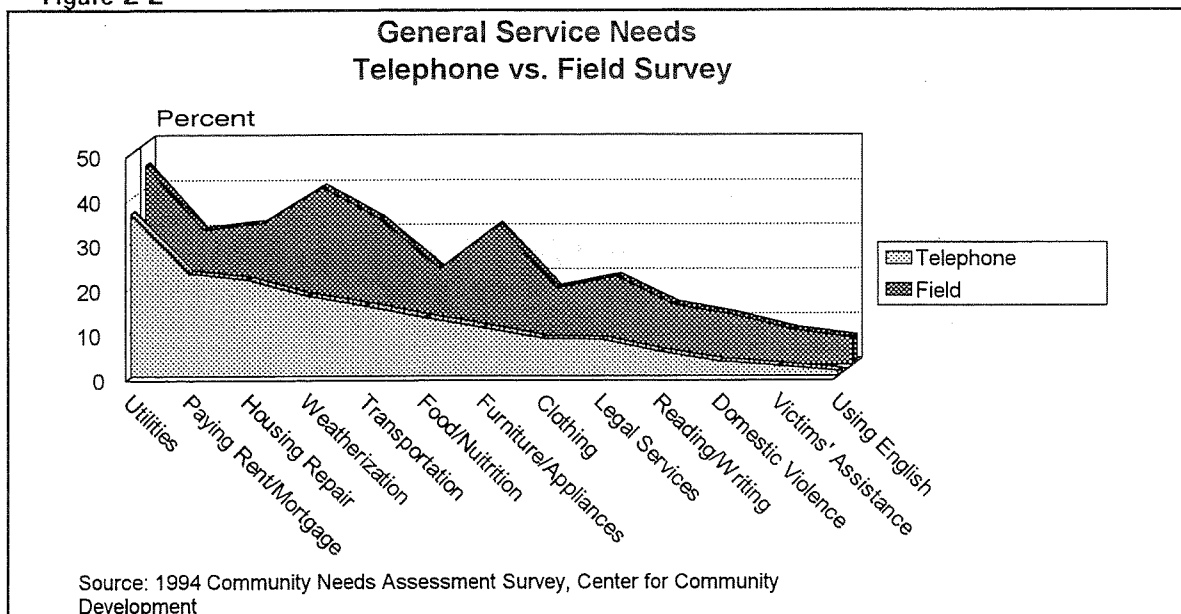
Table 2-1 shows the percent of respondents indicating need in each of the thirteen areas of general service.

**Table 2-1**  
**General Service Needs**

General Service Need	Percent of Respondents
Utilities	37%
Paying Rent/Mortgage	24%
Housing Repair	23%
Weatherization	20%
Transportation	18%
Food/Nutrition	14%
Furniture/Appliances	13%
Clothing	9%
Legal Services	9%
Reading/Writing	6%
Domestic Violence	4%
Victims' Assistance	3%
Using English	2%

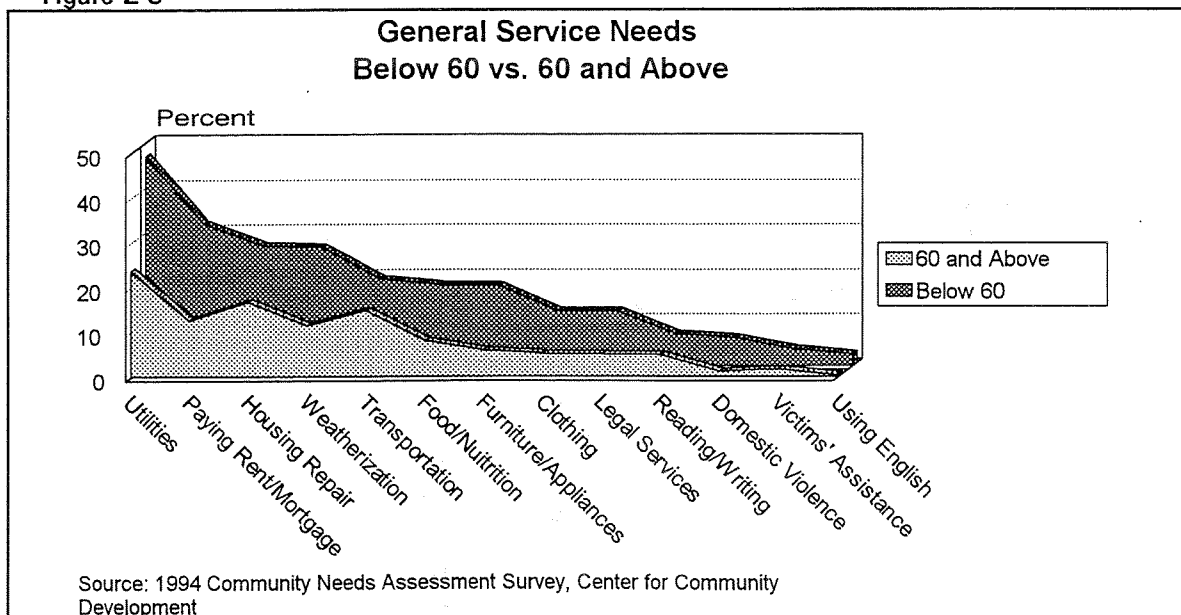
Respondents to the field survey expressed a higher level of need in each of the service areas than respondents to the telephone survey, especially with regard to utilities (45% vs. 36%), housing repair (32% vs. 22%), weatherization (40% vs. 18%), transportation (33% vs. 16%), furniture and appliances (32% vs. 11%), and legal services (20% vs. 8%). Figure 2-2 compares the responses to the telephone and field surveys.

Figure 2-2



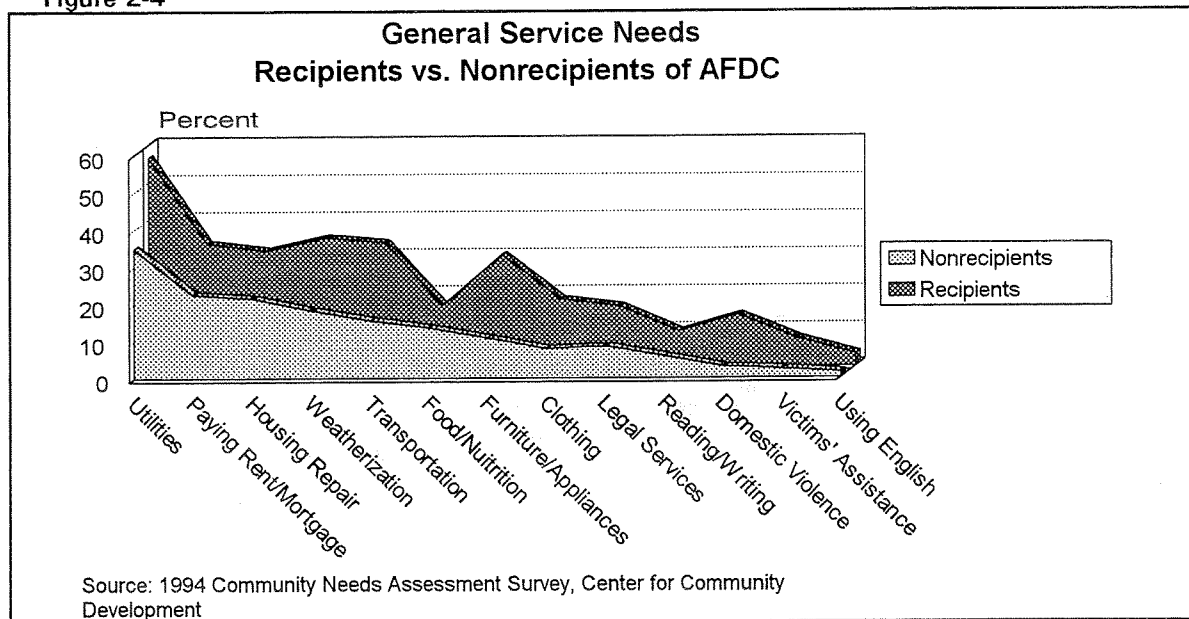
Younger respondents expressed a higher level of need than older respondents. Figure 2-3 compares the needs of respondents below the age of 60 to those 60 years of age or above.

Figure 2-3



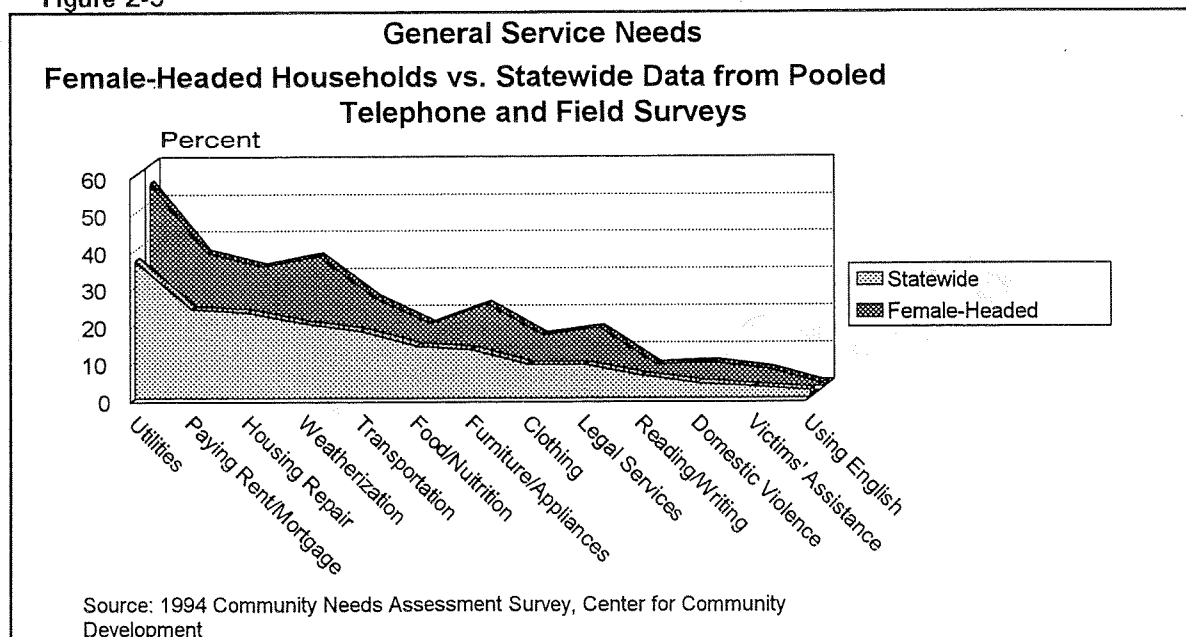
Respondents living in households containing welfare recipients indicated greater needs for assistance as shown in figure 2-4.

Figure 2-4



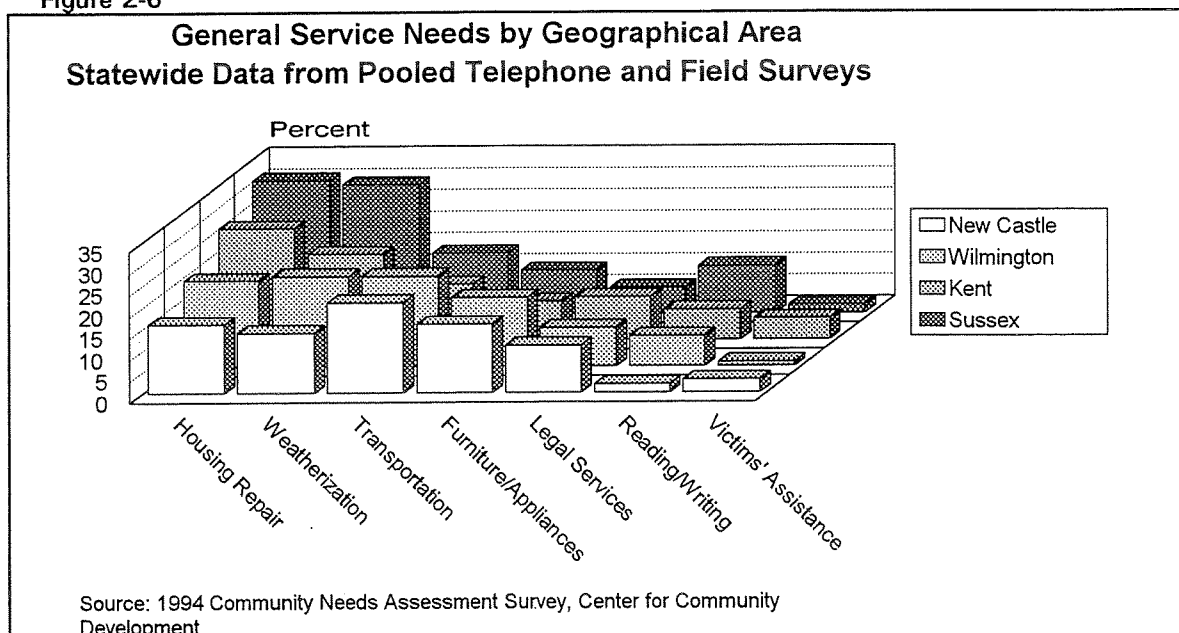
In the areas of utilities, paying rent or mortgage, housing repair, weatherization, and furniture or appliances, respondents from female-headed households (defined here as households headed by an unmarried female with children) also expressed higher levels of need as shown in figure 2-5.

Figure 2-5



In some of the areas of general services, respondents from the different geographical locations indicated differing levels of need. Figure 2-6 shows the seven areas in which there was an observed statistical difference in the response patterns of those who live in suburban New Castle County, the City of Wilmington, Kent County, or Sussex County.

Figure 2-6



Sussex County respondents cited housing repair, weatherization, and reading and writing more frequently than respondents from the other areas but were the least likely to mention legal services. Wilmington respondents and respondents from suburban New Castle County were more likely than downstate respondents to indicate that transportation and furniture and appliances were problems. Kent County respondents mentioned victims' assistance more than other respondents.

### Summary and Comparison With Other Needs Assessments

The discussion which follows summarizes the results of the Community Needs Assessment (CNA) Survey. These results are compared to information from other studies (see **Community Needs Assessment, Part III: Inventory of Needs Assessments**), particularly the results of a survey conducted by the United Way of Delaware called **Insight Delaware**. The latter survey is most closely comparable to the CNA survey since it was conducted statewide and covered many of the same areas of concern. The **Insight Delaware** questionnaire, however, was mailed to 10,000 randomly selected households, of which 2,138 were completed and returned. Differences in methodology may account for some of the differences between the two surveys. The results of the **Insight Delaware** study reported here relate only to the low/moderate income respondents to the survey, a group of 498 households which was separated out as roughly comparable to the low/moderate income population of the CNA Survey. It should be noted that the comparison of the results of the CNA Survey with other needs assessments and studies does not cover every set of data or source of information which relates to the issues covered in the survey. The other studies and reports reviewed here are part of a selection of needs assessments provided to the project staff by DHSS. These are listed at the back of this report.

**Utilities.** Paying electric, heating, or other utility bills was the most frequently cited household problem in the **CNA Survey**. Nearly two-fifths (37%) of the respondents said that this was a problem for someone in their household. The **Insight Delaware** survey did not ask directly about utility bills but rather asked respondents whether a lack of money to pay for basic things, like rent or utilities, was a problem in the household. Nearly 21 percent said that lack of money for basic things was a problem.

Geographical location of a household was not statistically related to the responses to the **CNA Survey** on the question of paying utility bills but calls to the **Delaware Helpline** in 1993 suggest that inability to pay utility bills is a somewhat more serious problem in suburban New Castle County and in Sussex County. Some 38 percent of the calls originating in the Greater Wilmington area were related to water, electricity, gas, oil, kerosene and bottled gas assistance as compared to 49 percent of the calls from suburban New Castle County, 33 percent of the calls from Kent County, and 45 percent of the calls from Sussex County.

In the **CNA Survey** some groups expressed particular difficulty with paying utility bills including African-Americans (46%), Hispanics (71%), those below the age of 60 (47%), unmarried females with children (55%), unmarried females without children (48%), those in households earning less than \$12,000 (43%), those in households with four or more persons (about 50%), and those in households containing recipients of Medicaid (48%), AFDC (56%), or Food Stamps (56%).

**Paying Rent/Mortgage.** Nearly one-quarter (24%) of the respondents to the **CNA Survey** indicated that paying the rent or mortgage was a household problem. **Insight Delaware** asked respondents if they had a problem with housing that was too crowded, too expensive, or in bad condition and 14 percent of the lower income respondents said, yes. Fully 26 percent said it was a neighborhood problem. The State of Delaware's **Comprehensive Housing Affordability Strategy (CHAS)**, developed in 1993, indicates that 70 percent of Delaware's 24,300 low income renter households (those earning less than 50 percent of median family income) experienced a housing problem related to the cost of their dwelling or its condition. And calls about housing needs represented 15 percent of all the calls made to the **Delaware Helpline** in 1993.

The **CNA Survey** did not reveal any differences among the respondents from the four geographic areas with respect to the problem of paying the rent or mortgage but a number of studies and reports have identified a broad range of housing problems in these areas. In Wilmington, the **State Service Center Focus Groups**, community leaders in the **Insight Delaware** survey, the **Wilmington Enterprise Community Summit**, the **AmeriCorps Public Forum**, the **Wilmington Enterprise Community Focus Groups**, the **Eastside Substance Abuse Awareness Program Evaluation**, and the **Westside/West Center City Weed and Seed Grant Report** cited housing problems as serious or very serious. In suburban New Castle County, the **State Service Center Focus Groups** pointed to the need for affordable housing in Belvedere and raised concerns, generally, about rental costs for low-income families, and community leaders in the **Insight Delaware** survey said that housing is a serious problem. In Kent County, the **Delaware Community Clusters Against Substance Abuse** (referred to hereafter as **DECCASA**) needs and resource assessments pointed to housing problems in Dover and Smyrna as did the **First State Community Action Agency's** community assessment in Palmer Park. In Kent County as a whole, housing problems were identified by community leaders in the **Insight Delaware** survey, by the **State Service Center Focus Groups**, and by the **AmeriCorps Public Forum**. And in Sussex County, housing problems were cited by community leaders in the **Insight Delaware** survey, by the **First State Community Action Agency's** community assessment in Broad Acres, Coverdale Crossroads and West Rehoboth, by the **State Service Center Focus Groups**, by the **AmeriCorps Public Forum**, by the **Sound Communities Summit**, and by **DECCASA's** needs and resources assessments in Georgetown and Seaford. Finally, 18 percent of the calls to the **Delaware Helpline** from Wilmington, 15 percent of those from suburban New Castle County, 10 percent of the calls from Kent County, and 11 percent of the calls from Sussex County were related to housing concerns.

The **CNA Survey** found that paying the rent or mortgage was a particular concern for African-Americans (28%), Hispanics (39%), those below the age of 60 (32%), those living in households earning less than \$12,000 (28%) or with three or more persons (from 29% to 32% depending on household size), and those living in households containing recipients of Medicaid (29%), AFDC (33%), and Food Stamps (35%).

**Housing Repair.** In the **CNA Survey**, 23 percent of the respondents said that housing repair was a problem in their household. The studies and assessments mentioned in the above section deal with broad housing concerns beyond just paying the rent and mortgage and they will not be repeated here. The State of Delaware's **Comprehensive Housing Affordability Strategy** estimates that there are 20,000 substandard units of housing statewide, with 14,000 of these units located in Kent and Sussex Counties.

The **CNA Survey** found that Sussex County respondents (31%) were significantly more likely to cite housing repair as a problem than respondents from Kent County (26%), Wilmington (20%), or suburban New Castle County (16%).

The **CNA Survey** also found that housing repair was more of a problem for African-Americans (26%), females as compared to males (24% vs. 18%), those between the ages of 26 to 45 (ranging from 27 to 33%), and those living in households with five or more persons (41%) or in households containing someone on some form of public assistance (about 32% for each program category).

**Weatherization.** On another housing related question, 20 percent of the respondents to the **CNA Survey** were concerned about a problem with weatherization. No other needs assessments reviewed here specifically addressed the weatherization issue.

Respondents from Sussex County (30%) were significantly more likely to identify a household problem with weatherization than respondents from Wilmington (21%), Kent County (20%), or suburban New Castle County (14%).

A number of respondent groups tended to indicate higher rates of concern about weatherization including African-Americans (24%), those between 26 and 45 (29 to 31%), married females (25%), unmarried females with children (35%), unmarried females without children (26%), those living in four-person (30%) or five or more person (35%) households, and those living with a recipient of some form of public assistance (ranging from 29% for those on SSI/SSDI to 35% of those on AFDC).

**Transportation.** Eighteen percent of the respondents to the **CNA Survey** said that getting transportation to medical or other appointments was a problem for someone in their household. The **Insight Delaware** survey did not ask about transportation as a household problem but fully one-third of the low income respondents said that poor public transportation was a problem in their neighborhood and 87 percent of the community leaders ranked transportation as a serious community problem and among the top third of undersupplied services.

In the **CNA Survey**, respondents from suburban New Castle County (21%) and Wilmington (21%) were more likely to cite transportation as a household problem than respondents from Kent County (13%) and Sussex County (14%). In Wilmington, Kent and Sussex Counties, the **Americorps Public Forum** identified the need to provide transportation to increase access to services. The **State Service Center Focus Groups** concluded that transportation problems exist in suburban New Castle County, Kent County and Sussex County and the **Comprehensive Study of Long-Term Health and Social Service Needs of the Claymont Community** reported that lack of transportation was a major factor in the underutilization of services and a primary reason why residents were not making greater use of the State Service Center. The **Insight Delaware** study reported that Kent County households were



especially concerned about the lack of public transportation. The **DECCASA** community needs and resource assessments mention transportation as a problem in Lewes and West Rehoboth and the **Sound Communities Summit** cited transportation as a problem for the target communities in Sussex County. Finally, the **First State Community Action Agency** needs assessment noted the lack of public transportation in Broad Acres and Coverdale and the problem of obtaining transportation service in Ellendale and West Rehoboth.

The **CNA Survey** found that transportation tended to be a greater problem for Hispanic respondents (27%), African-Americans (24%), those between 18 and 25 (25%), households headed by unmarried females with children (24%) or without children (26%), those living in households with annual incomes below \$12,000 (24%), and those living in households containing a person receiving some form of public assistance (ranging from 25% for SSI/SSDI recipients to 34% for AFDC recipients).

**Food and Nutrition.** In the **CNA Survey**, 14 percent of the respondents cited food and nutrition as a household problem. No questions were asked on the **Insight Delaware** survey which directly related to household problems with food and nutrition but the question on poverty asked whether not having enough money for the basic things in life like food, clothing or a place to live was a problem in the neighborhood. Fully 21 percent of the lower income respondents felt that poverty was a neighborhood problem. Also service providers ranked food assistance as an undersupplied service in Delaware. It should be noted that in July of this year, the **Second Harvest National Research Study** and the **Food Bank of Delaware** released studies indicating that 82,000 Delawareans received emergency food during 1993, more than ever before.

There were no statistical differences in the responses to the **CNA Survey** along geographical lines. A focus group of educators in Wilmington's proposed **Enterprise Community** identified the need for free breakfast and lunch to all reduced lunch recipients in the area and an analysis of the calls to the **Delaware Helpline** found that fully 17 percent of the calls in the Greater Wilmington area and 5 percent in suburban New Castle County related to food and congregate meals. The **AmeriCorps Public Forum** cited nutrition as a problem in Wilmington. A study of the **Impact of a Boys and Girls Club Facility** revealed that 18 percent of the respondents in the Brookmont Farms area of New Castle County said that food and nutrition was a neighborhood problem. Greater accessibility to the Food Stamp program was noted by the **State Service Center Focus Groups** in New Castle County. In Kent County, 2 percent of the **Delaware Helpline** inquiries were about food and congregate meals and community needs assessments by the **First State Community Action Agency (FSCAA)** cited nutrition to be a problem in Palmer Park, a concern which was echoed by the **AmeriCorps Public Forum**. In Sussex County, **FSCAA** identified needs for nutritional education in West Rehoboth and Meals on Wheels in Coverdale Crossroads and the **State Service Center Focus Groups** identified a need for food closets in the county.

Fully 30 percent of the Hispanic respondents to the **CNA Survey** said that food and nutrition was a problem. Respondents between 36 and 45 (21%) were also more likely to cite this as a problem as were members of households with five or more persons (20%), and recipients of SSI/SSDI (21%) and Food Stamps (19%).

**Furniture and Appliances.** Thirteen percent of the **CNA Survey** respondents identified a lack of decent furniture or appliances as a household problem. There were no questions on the **Insight Delaware** survey related to furniture or appliances; however, service providers ranked furniture and clothing assistance as an undersupplied service in Delaware. No other needs assessments under review here dealt with this issue.

In the **CNA Survey**, respondents from Wilmington (16%) and suburban New Castle County

(16%) were somewhat more likely to mention the lack of furniture or appliances as were African-American respondents (17%), Hispanics (35%), those between 18 and 25 (22%) or between 36 and 45 (20%), those in larger households (17 to 20%), and recipients of public assistance (ranging from 19% of those living with a recipient of Medicaid to 30% of those living with a recipient of AFDC).

**Clothing.** Nine percent of the respondents to the **CNA Survey** said that the lack of adequate clothing was a household problem. There were no questions on the **Insight Delaware** survey related to household problems with clothing. As mentioned above, service providers ranked furniture/clothing assistance as an undersupplied service.

There was no variation among the respondents from different geographic areas on the question of clothing. The **AmeriCorps** needs assessment noted a problem with adequate clothing in Kent County's Palmer Park and the **State Service Center Focus Groups** in Sussex County cited clothing assistance as a need. No other studies were identified which related to clothing needs.

In the **CNA Survey**, just over 28 percent of the Hispanic respondents said that adequate clothing was a household problem. In addition, those 26 to 45 (14%), those living in households containing a recipient of Medicaid (13%), AFDC (18%), or Food Stamps (16%), and respondents living in households with five or more persons (18%) said that lack of adequate clothing was a problem.

**Legal Services.** In the **CNA Survey**, 9 percent of the respondents across the state said that someone in their household needed legal services but could not find or afford them. The **Insight Delaware** survey also identified 9 percent of the statewide low income respondents as having a problem with legal services in their neighborhood but the question was not asked in relation to household problems. About 3 percent of the **Delaware Helpline** calls in 1993 related to legal services.

Among the geographical areas, the **CNA Survey** found that legal services were more frequently cited as a problem by respondents in suburban New Castle County (11%), in Kent County (10%), and in Wilmington (9%), than in Sussex County (6%). **Insight Delaware's** community leaders survey found that legal service problems and related issues were moderate problems in each of the four areas.

The need for legal services was a particular problem for those 26 to 35 or 46 to 55 (13%), respondents living in four person households (14%), and respondents living in households with a recipient of some form of public assistance (ranging from 14% of Medicaid recipients to 18% of Food Stamp recipients).

**Reading and Writing.** In the **CNA Survey**, 6 percent of the respondents said that someone in their household had a problem with reading and writing. This compares to less than 2 percent of the **Insight Delaware** respondents for a similar income group. Just over 8 percent of the respondents to the latter survey said that reading and writing was a neighborhood problem. Community leaders did not see illiteracy as a serious area problem.

The **Wilmington Enterprise Community Summit** and the **AmeriCorps Public Forum** in New Castle County cited illiteracy as a problem. Illiteracy was mentioned as a barrier to obtaining services by the **State Service Center Focus Groups** in Kent County and the **First State Community Action Agency** needs assessments cited reading and writing as a problem for many families in lower Delaware.

In the **CNA Survey**, nearly 11 percent of the Sussex County respondents said that reading and writing was a household problem compared to only 2 percent of respondents from suburban New Castle County. Hispanic respondents (21%), males (10%), and respondents living in households containing a recipient of AFDC (10%), SSI/SSDI (15%), or Food Stamps (11%) felt that reading and writing was a household problem.

**Domestic Violence.** About 4 percent of the respondents to the **CNA Survey** revealed that domestic violence was a problem in their household as compared to under 2 percent of the respondents to the **Insight Delaware** survey. However, nearly 10 percent of the household respondents in the latter survey said that violence in the family was a neighborhood problem and over 90 percent of the community leaders said it was an area problem. We need to be cautious about the possibility that there is an under reporting of such a sensitive problem by respondents to community surveys. On the issue of child abuse and neglect, the **State of Delaware 1994 Juvenile Justice and Prevention Comprehensive State Plan** indicates that reported incidences and validated reports have risen in recent years.

There was no variation by geographic location on the question of domestic violence in the **CNA Survey**. The study of the **Impact of a Boys and Girls Club Facility** in lower New Castle County found that 20 percent of the respondents felt that physical or other abuse in the family was a neighborhood problem but very few acknowledged it as a household problem. The **State Service Center Focus Groups** identified domestic violence as a problem in Kent County and housing for battered women as a need in Sussex County. **DECCASA's** community needs and resource assessments in Smyrna, Dover, Seaford, and Milford indicated domestic violence problems in these areas. Community leaders in the **Insight Delaware** survey regarded violence in the family as a moderate to serious problem in New Castle County and in Wilmington and it was noted as a moderate problem in Kent and Sussex Counties.

Domestic violence was cited as a household problem most frequently by unmarried males with children (15%), by Hispanics (11%), by respondents living in four person households (11%), and by respondents living in households containing a recipient of AFDC (14%) or Food Stamps (11%).

**Victims' Assistance.** Just 3 percent of the respondents to the **CNA Survey** cited victims' Assistance as a problem in their household. Kent County respondents were somewhat more likely to note a need for victims' assistance (5%). Other information regarding the need for victims' assistance is available from three reports. The **State of Delaware's Juvenile Justice and Delinquency Prevention Comprehensive Plan** indicates the need to develop programs to facilitate negotiations between victims and juvenile offenders. The Criminal Justice Council in the "Needs Assessment of Targeted Neighborhood" section of Wilmington's **Westside/West Center City Weed and Seed Project** provides information on the continual need for victims' assistance and concluded that the city needed additional victim counselors. The **AmeriCorps Public Forum** in New Castle County identified the need for victims' assistance among New Castle County's elderly population.

The need for victims' assistance was most frequently expressed by respondents living in households containing a recipient of AFDC (8%), SSI/SSDI (6%), or Food Stamps (7%).

**Using English.** Less than 2 percent of the respondents to the **CNA Survey** said that someone in their household had a problem with using English. This compares to under 1 percent of the low income respondents to **Insight Delaware's** survey. Community leaders did not view English language difficulties as a very serious problem. The difficulty in reaching non-English speaking respondents may account for the low priority of this problem in both surveys. In this regard, it should be noted that nearly one-third of the Hispanic respondents to the **CNA Survey** and 11 percent of males under 60 said there was a problem with using English in their household. Along geographic lines, there was no observed statistical difference in the responses to the **CNA Survey**. The **State Service Center Focus Groups** cited language barriers as a challenge in Kent County and indicated a need for additional bilingual staff at the State Service Centers in both Kent and Sussex Counties. No other needs assessments were identified which dealt with this issue.

### SECTION 3

#### HEALTH NEEDS AND SOURCE OF HEALTH CARE

The survey included thirteen questions about health needs and a question about where the respondent went when he or she had a health problem. Respondents were asked if they or someone in their household had a problem with:

- finding a doctor
- having adequate health insurance
- lacking money for medicine
- lacking adequate dental care
- needing speech therapy
- needing physical or occupational therapy
- needing treatment for a mental health problem
- needing treatment for alcohol abuse
- needing treatment for drug abuse
- needing treatment for a chronic disease such as TB, cancer, chronic lung disease, or heart disease

If there was someone under the age of 60 in the household, respondents were also asked whether they or someone in the household had a problem with:

- needing treatment for a sexually transmitted disease
- needing care during and after pregnancy
- needing family planning

Finally, respondents were asked whether they went to a private doctor, a hospital emergency room, a Health Maintenance Organization (HMO), or a community clinic when they had a health problem.

#### Health Needs

Figure 3-1 shows the responses from the pooled sample to the thirteen areas of health needs. Adequate health insurance, adequate dental care, money for medicine, and treatment for chronic disease were the needs most frequently mentioned as problems in the respondent households.

Figure 3-1

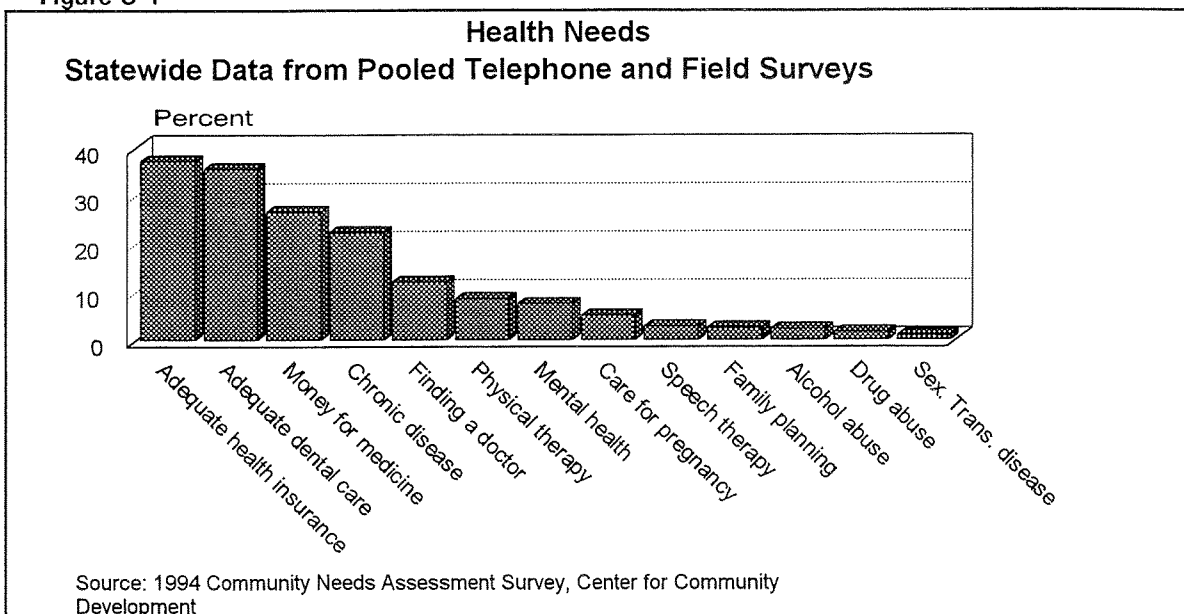


Table 3-1 shows the percent of respondents indicating need in each of the thirteen health areas.

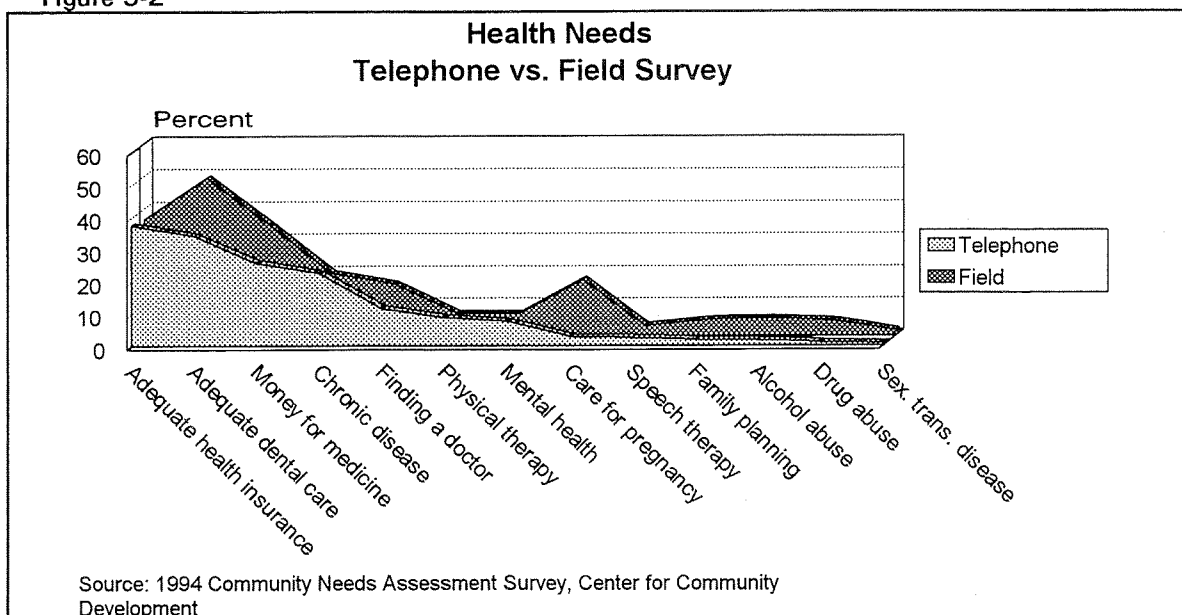
Table 3-1

**Health Needs**

Health Need	Percent of Respondents
Adequate health insurance	37%
Adequate dental care	36%
Money for medicine	27%
Chronic disease	22%
Finding a doctor	12%
Physical therapy	9%
Mental health	8%
Care for pregnancy	5%
Speech therapy	3%
Family planning	3%
Alcohol abuse	2%
Drug abuse	2%
Sexually transmitted disease	1%

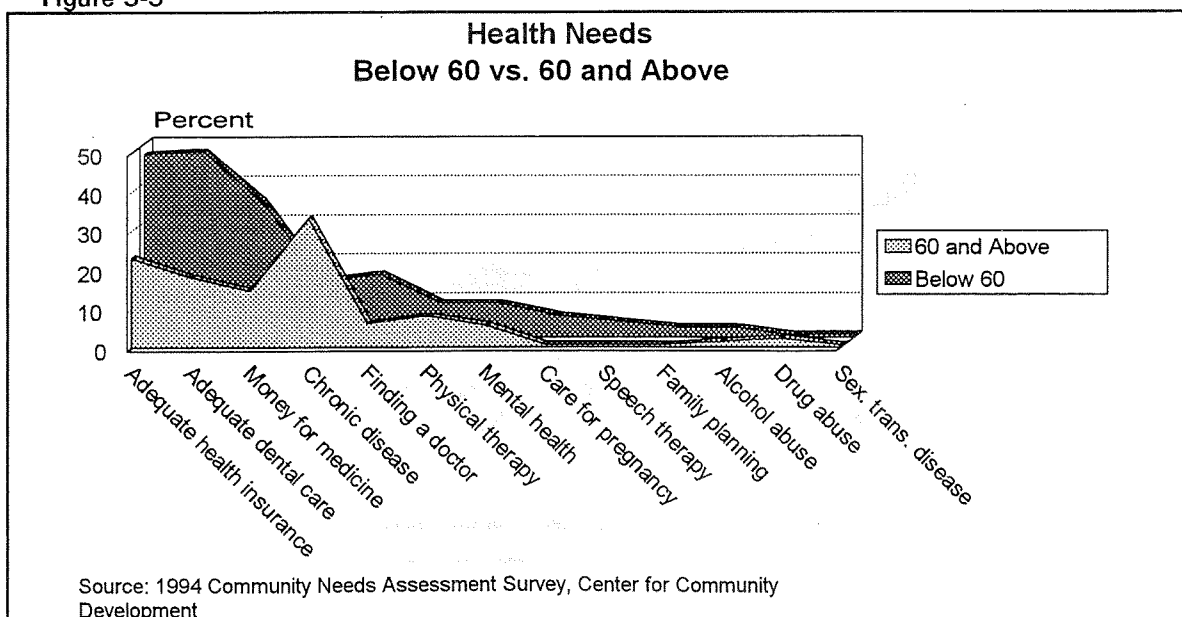
Respondents to the field survey expressed higher level of needs than respondents to the telephone survey, particularly in the areas of adequate dental care, money for medicine, finding a doctor, and care for pregnancy.

Figure 3-2



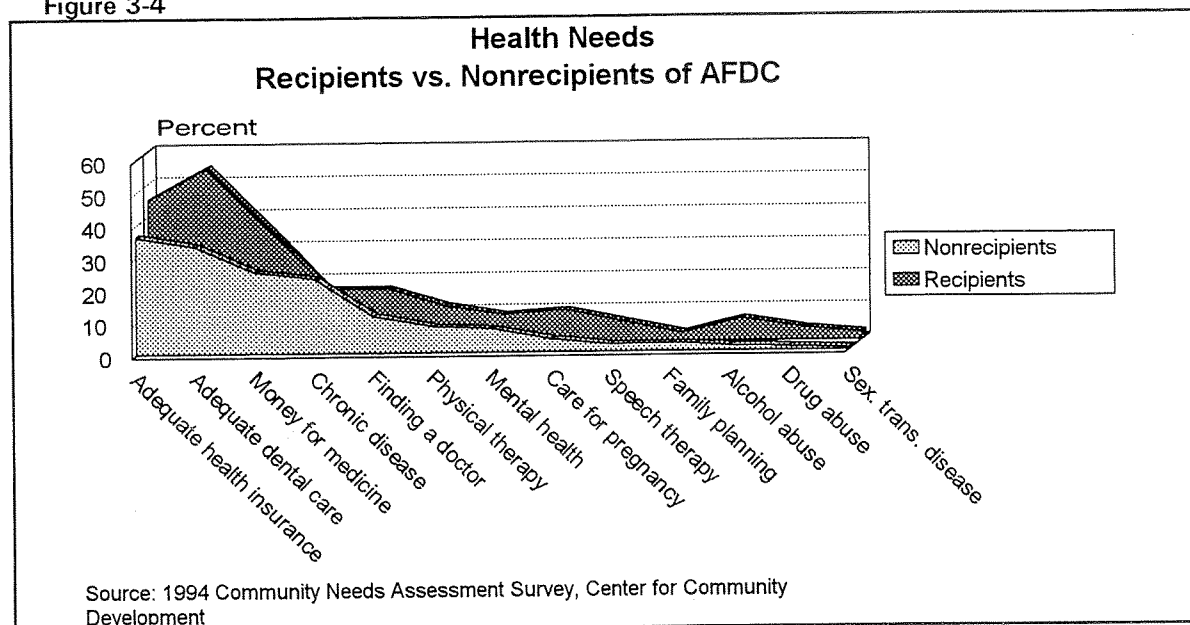
Younger respondents expressed a higher level of health need, particularly in the areas of adequate health insurance, adequate dental care, money for medicine and finding a doctor. As Figure 3-3 shows, only in the area of treatment for chronic disease did respondents 60 years of age or above indicate a higher level of need than respondents below the age of 60.

Figure 3-3



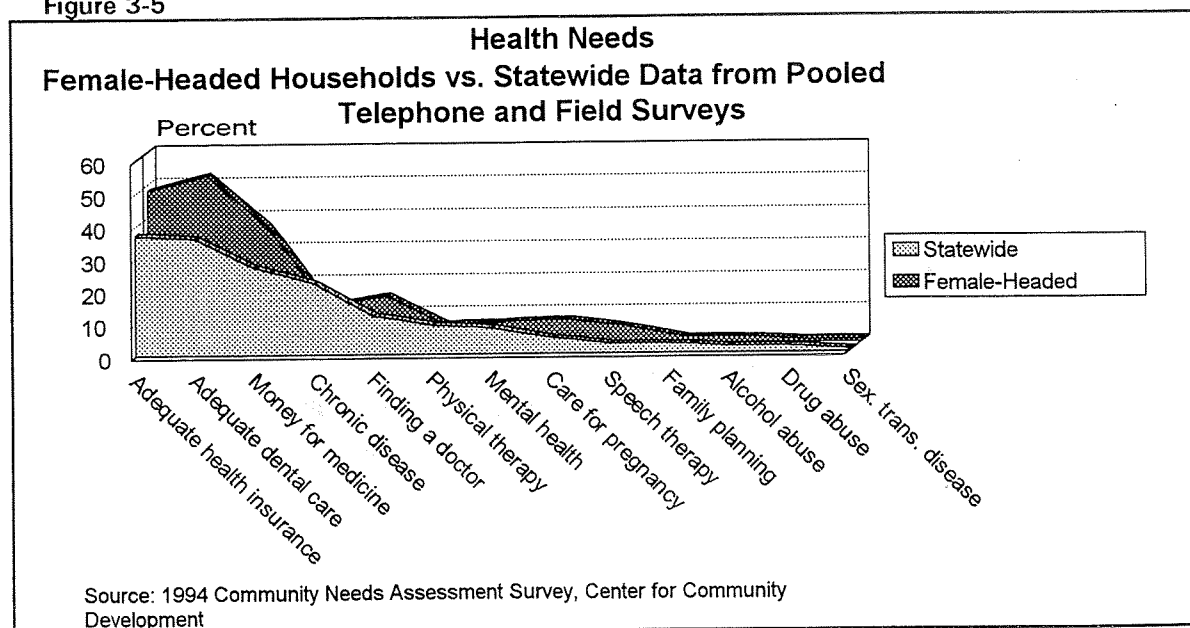
Respondents living in households containing welfare recipients expressed greater health needs, particularly in the areas of adequate health insurance, adequate dental care, money for medicine, and finding a doctor.

Figure 3-4



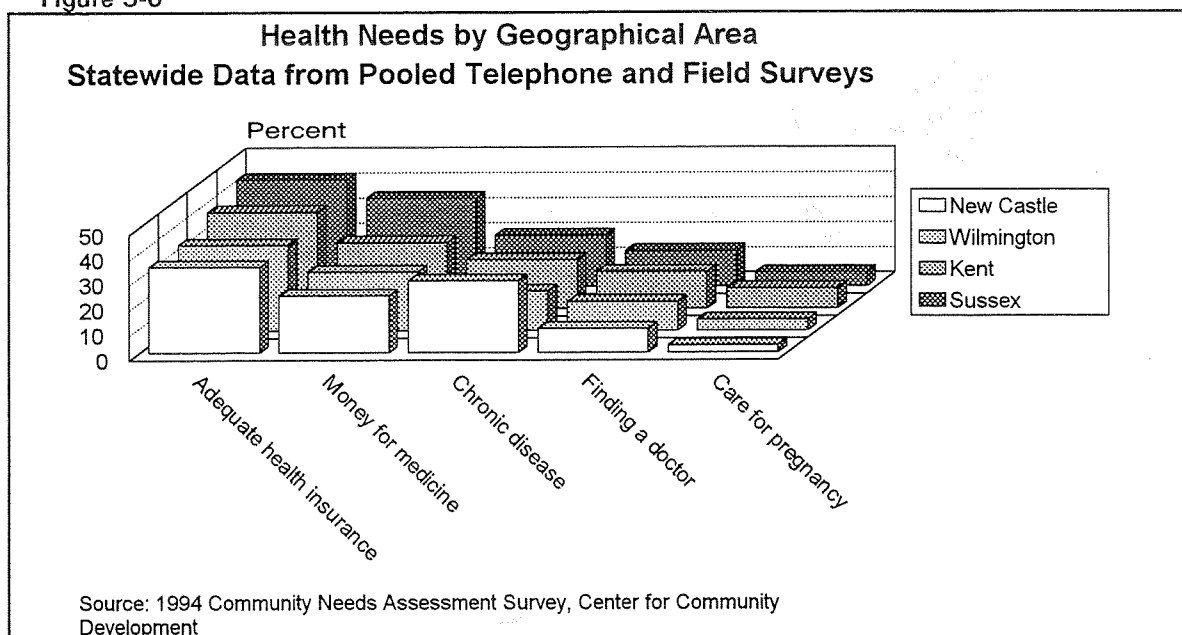
Respondents from female-headed households indicated substantially greater difficulty with adequate health insurance, dental care, and money for medicine.

Figure 3-5



Respondents from Sussex County indicated greater need for adequate health insurance, money for medicine, and assistance in finding a doctor. Respondents from New Castle County expressed the highest level of need for treatment of a chronic disease while respondents from Kent County were somewhat more likely to indicate a need for pregnancy care.

Figure 3-6

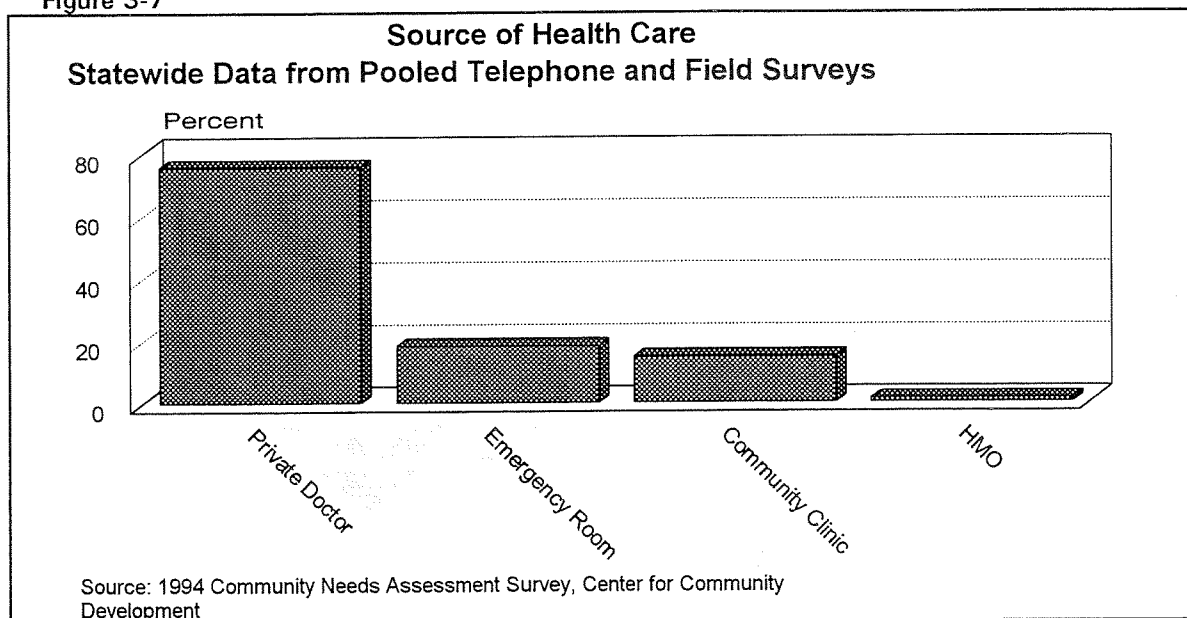


#### Source of Health Care

As shown in Figure 3-7, three-quarters of the respondents (76%) go to a private doctor when they have a health problem while 18 percent go to a hospital emergency room, 15 percent to a community clinic, and only 1 percent use an HMO.

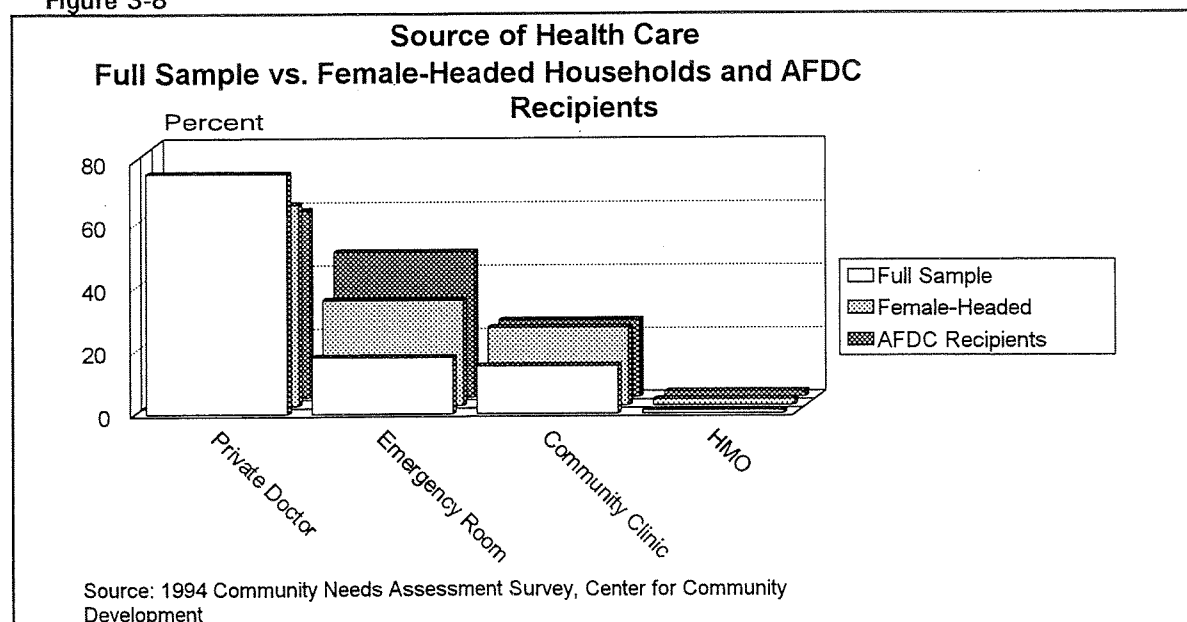


Figure 3-7



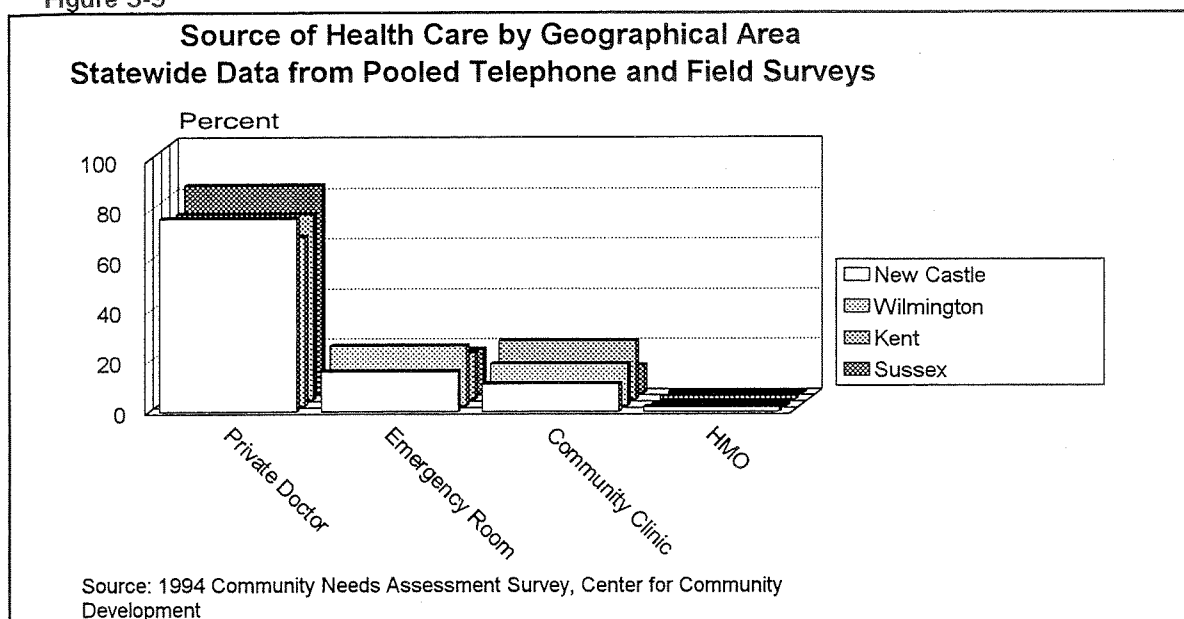
Respondents living in households with welfare recipients (46%) and in female-headed households (33%) are more likely to use an emergency room as their source of health care. These respondents are also more likely to use community clinics (about 25% respectively versus 15% of the overall sample).

Figure 3-8



There were differences in the source of health care along geographic lines. Respondents from Sussex County were the most likely to use a private doctor (83%) and, along with respondents from suburban New Castle County, the least likely to use a community clinic (11% respectively). Respondents from Wilmington had the highest level of use of emergency rooms (24%) while respondents from Kent County made the greatest use of community clinics (23%). Use of HMOs was under two percent in all of the geographical areas.

Figure 3-9



### Summary and Comparison with Other Needs Assessments

**Adequate Health Insurance.** The lack of adequate health insurance was identified by 37 percent of the respondents as a household problem in the **CNA Survey**. The **Insight Delaware** survey asked respondents more generally whether the household was having difficulty getting care or medicine for illness, paying for or getting health insurance, or finding doctors. Nearly 23 percent of the low income respondents in this survey answered in the affirmative and 18 percent said that medical care problems like health insurance or finding doctors was a problem in their neighborhood. Community leaders in the **Insight Delaware** study saw medical care as the fourth most serious problem. Overall, about 8 percent of the calls to the **Delaware Helpline** in 1993 were health related and, of these calls, 12 percent referenced medical or dental insurance bills.

Expressed need for adequate health insurance varied somewhat by geographic area in the **CNA Survey**. Respondents from Sussex County (43%) were more likely than respondents from Kent County (39%) or from Wilmington or suburban New Castle County (both 34%) to say that a lack of adequate health insurance was a household problem. The **Center for Disease Control Survey** also provides information about health care coverage by county. This survey found that in 1993, 10 percent of all New Castle County respondents did not have health care coverage as compared to 14 percent of Kent County respondents and 15 percent of Sussex County respondents. Other reports or needs assessments which cite inadequate health insurance as a problem include the **Eastside Substance Abuse Awareness Program Evaluation** (Wilmington), the **Westside/West Center City Weed and Seed Project** report (Wilmington), the **Wilmington Enterprise Community Focus Groups**, Kent County's **State**

**Service Center Focus Groups, and DECCASA's community needs and resource assessment in West Rehoboth.**

Lack of adequate health insurance was reported most frequently in the **CNA Survey** by Hispanic respondents (57%), by respondents under the age of 60 (47%), by respondents in households with three or more persons (from 44% to 48% depending on household size), and by respondents living in a household with a Medicaid recipient (48%), an AFDC recipient (45%), or a Food Stamp recipient (44%).

When asked who in the household was having a problem with lack of adequate health insurance, 39 percent (of those who indicated a problem in the household) said it was a person between the ages of 18 and 59, 19 percent said it was a person aged 60 and over, and 40 percent said everyone in the household.

**Adequate Dental Care.** Fully 36 percent of the respondents to the **CNA Survey** said that adequate dental care was a problem in their household. No specific information on dental care problems was collected in the **Insight Delaware** study. About 10 percent of all health related calls to the **Delaware Helpline** concerned dental care services.

The **CNA Survey** found no statistical relationship between geographic area and the identification of adequate dental care as a household problem. Reference to dental care as an area of concern was mentioned only by the **State Service Center Focus Groups** in New Castle County and in Kent County and by a **Wilmington Enterprise Community Focus Group** which addressed the need for dental care among homeless persons.

Respondent groups which frequently mentioned dental care as a household problem in the **CNA Survey** included African-Americans (41%), Hispanics (50%), respondents below the age of 60 (48%), respondents living in households with three or more persons (ranging from 42% to 49% depending on household size), and respondents living in a household with a recipient of Medicaid (51%), AFDC (55%), SSI/SSDI (47%), or Food Stamps (55%).

When asked who in the household was having a problem with lack of adequate dental care, 39 percent said it was a person between the ages of 18 and 59, 14 percent said it was a person aged 60 and over, and 44 percent said everyone in the household.

**Money for Medicine.** Another health care concern is the lack money for medicine. This was mentioned as a household problem by 27 percent of the **CNA Survey** respondents. The other needs assessments reviewed in this study focused on more general health care needs rather than the specific issue of money for medicine except that the **Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community** and the **State Service Center Focus Groups** in Sussex County mention the problem of obtaining medicine or prescription drugs.

In the **CNA Survey**, money for medicine was most frequently cited by Sussex County respondents (35%) as compared to respondents from Kent County (26%), Wilmington (24%), or suburban New Castle County (23%). African-Americans (30%), Hispanics (50%), those under the age of 60 (35%), those in households with four or more persons (35% to 40%), and those living in households with recipients of Medicaid (35%), AFDC (36%), SSI/SSDI (33%), and Food Stamps (38%) had above average rates of concern about the lack of money for medicine.

When asked who in the household was having a problem with lack of money for medicine, 41 percent said it was a person between the ages of 18 and 59, 18 percent said it was a person aged 60 and over, and 37 percent said everyone in the household.

**Chronic Disease.** Some 22 percent of the **CNA Survey** respondents said that treatment for a chronic disease was a problem for someone in their household. This issue was not raised specifically by other needs assessments except that the **State Service Center Focus Groups** indicated that TB and AIDS were challenges in Kent County and in Sussex County noted the need to determine why cancer and TB rates are high in Bridgeville.

Respondents from suburban New Castle County (29%) were the most likely to indicate a need for treatment of a chronic disease while Wilmington respondents (16%) were the least likely followed by Kent County respondents (20%) and Sussex County respondents (21%).

Not surprisingly, those 56 years of age or above frequently cited the need for treatment of a chronic disease as a problem (35% for those between 56 and 65 and 33% for those 66 and older). There was only one group with a higher rate of concern--recipients of SSI/SSDI (37%). Respondents living in one-person households (28%) and two-person households (27%) or households with annual incomes below \$12,000 (28%) expressed a higher than average rate of concern.

When asked who in the household was having a problem with needing treatment for a chronic disease, 27 percent said it was a person between the ages of 18 and 59, 60 percent said it was a person aged 60 and over, and only 7 percent said everyone in the household.

**Finding a Doctor.** Twelve percent of the respondents to the **CNA Survey** indicated that someone in their household had a problem with finding a doctor, an issue which was also not covered directly in other needs assessments with the exception that the **Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community** notes a shortage of doctors in the Claymont area and the **State Service Center Focus Groups** in New Castle County mention the need for medical services for children.

The survey found no statistical relationship between geographical area and the problem of finding a doctor. The groups which mentioned the problem most frequently included Hispanics (27%), those between the ages of 36 to 45 (21%), respondents living in households with five or more persons (19%), and those living in households with recipients of Medicaid (19%), AFDC (17%), SSI/SSDI (21%), and Food Stamps (17%).

When asked who in the household was having a problem with finding a doctor, 41 percent said it was a person between the ages of 18 and 59, 19 percent said it was a person aged 60 and over, and 34 percent said everyone in the household.

**Physical Therapy.** Nine percent of the respondents to the **CNA Survey** said that someone in their household had a problem with needing physical or occupational therapy. No other needs assessment addressed this issue.

There were no significant differences among the geographical areas on this issue. The groups which expressed the most concern about the need for physical or occupational therapy included those between the ages of 46 to 55 (18%), married males (15%), unmarried females without children (16%), and those living in households with a recipient of Medicaid (11%) or SSI/SSDI (18%).

When asked who in the household was having a problem with needing physical or occupational therapy, 48 percent said it was a person between the ages of 18 and 59, 40 percent said it was a person aged 60 and over, and 5 percent said it was a child between the ages of 6 and 11.

**Mental Health.** In the **CNA Survey**, 8 percent of the respondents said that someone in their household needed treatment for a mental health problem. **Insight Delaware** asked whether someone in

the household felt depressed or anxious or under more stress than they could handle. Nine percent of the low income respondents said, yes, and close to 10 percent said that mental illness or emotional problems were problems in their neighborhood. Over 85 percent of the community leaders thought mental or emotional problems were moderate to very serious issues in their areas and ranked the shortage of outpatient mental health services as the fifth most serious service shortfall. The State of Delaware's **Juvenile Justice and Delinquency Prevention Comprehensive Plan** determined that 12 percent of the general Delaware youth population is seriously mentally or emotionally disturbed.

In the **CNA Survey** no significant statistical differences were observed in the relationship between location of household and response to the question about mental health. Other needs assessments which cite mental health problems and need for services in specific areas include a **Wilmington Enterprise Community Focus Group** of educators, the **Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community**, the **State Service Center Focus Groups** in New Castle County and Kent County, the **AmeriCorps Public Forum** in Sussex County, and **DECCASA's** needs and resource assessments in Milford and Georgetown.

In the **CNA Survey**, the groups which expressed the most concern about mental health problems in the household included married males (14%), unmarried males with children (19%), respondents living in four or more person households (12% to 14% depending on household size), and respondents living with a recipient of Medicaid (12%), SSI/SSDI (20%), or Food Stamps (11%).

When asked who in the household was having a problem with needing treatment for a mental health problem, 46 percent said it was a person between the ages of 18 and 59, 26 percent said it was a person aged 60 and over, and 9 percent said it was a person between the ages of 6 and 11.

**Care for Pregnancy.** Five percent of the respondents said that care during and after pregnancy was a household problem. No questions on this issue were asked in the **Insight Delaware** survey. The Center for Assessment and Policy Development report on **Delaware's Investments in Children** concluded that existing genetic screening and counseling services are not meeting the full demand and more counselors need to be added and there is a capacity gap in pregnancy testing. Concerns about teen pregnancy will be dealt with in the next section of this report. It should be said, as well, that the need for pregnancy care has to be considered in the context of the infant mortality problem in Delaware.

In the **CNA Survey**, respondents from Kent County (8%) most frequently cited a need for pregnancy care as a household problem. Concerns about the need for pregnancy care were raised in Wilmington's **Westside/West Center City Weed and Seed Project** report, the **Comprehensive Study of Long-Term Health and Social Service Needs of the Claymont Community**, the **State Service Center Focus Groups** in New Castle County and in Sussex County and **DECCASA's** needs and resource assessments in Dover, Smyrna, Milford and Georgetown rank unplanned pregnancies as among the 10 most serious problems.

Respondents who indicated a higher than average level of concern about pregnancy care included African-Americans (8%), Hispanics (18%), those between 18 and 25 (12%), and those living with a recipient of Medicaid (9%), AFDC (10%), or Food Stamps (10%).

When asked who in the household was having a problem with a need for pregnancy care, 72 percent said it was an adult and 28 percent said it was a teenager.

**Speech Therapy.** Three percent of the respondents to the **CNA Survey** cited a concern about speech therapy as a household problem. This issue was not addressed by any other needs assessment reviewed here with the exception that the **State Service Center Focus Groups** in New Castle County

mention the lack of services for people with speech impairments.

No differences were found by geographical area on the need for speech therapy. Somewhat higher rates of concern about this issue were expressed by respondents between the ages of 26 and 45 (6%), married males (8%), unmarried females with children (6%), persons living in households with four or more persons (6% to 9%), and persons living with a recipient of some form of public assistance (5% to 6% depending on the program area).

When asked who in the household was having a problem with a need for speech therapy, 34 percent said it was a person between the ages of 6 and 11 and 33 percent said it was a person between the ages of 12 and 17.

**Family Planning.** This was a problem mentioned by three percent of the respondents to the **CNA Survey**. Other needs assessments did not address the issue other than as a component of the need for pregnancy care with the exception that the **State Service Center Focus Groups** in Sussex County mentioned family planning as a need.

There were no statistical differences in the responses of people residing in the different geographic areas and the only groups which registered a higher than average rate of concern about family planning were unmarried males with children (12%), and two-person households (6%).

Among those who said that family planning was a problem for someone in their household, 66 percent said that an adult was having the problem and 34 percent said it was a teenager.

**Alcohol Abuse.** Just two percent of the respondents to the **CNA Survey** said that a need for treatment of alcohol abuse was a problem in their household. The response to this question and the next question on drug abuse contrasts dramatically with the concerns that individuals raise about substance abuse problems in their community (at least 25 percent in the **CNA Survey** said substance abuse was a serious neighborhood problem) and the number of needs assessments and studies which refer to one or another form of substance abuse as a serious problem. Many people are concerned about substance abuse but very few admit that it is a problem in their own household. A similar pattern was observed in the **Insight Delaware** survey where 5 percent of the low income respondents said that alcohol abuse was a household problem but 28 percent said it was a neighborhood problem. Community leaders in the **Insight Delaware** study rank outpatient and inpatient alcohol abuse treatment among the top areas for which there is a need for expanded service.

No differences were observed among the responses of persons living in the different geographical areas to the question on alcohol abuse. As indicated a number of studies and needs assessments have raised concerns about the substance abuse problem. Since they usually focus on drug abuse, they will be reviewed below.

The only groups which revealed a somewhat higher than average concern about the need for treatment for alcohol abuse were respondents living in households with a recipient of AFDC (7%), SSI/SSDI (6%), or Food Stamps (5%).

In terms of who is having a problem with alcohol abuse, 73 percent (of those who identified this as a household concern) said that someone between the ages of 18 and 59 was having the problem and 13 percent said it was someone 60 years of age or older.

**Drug Abuse.** Two percent of the **CNA Survey** respondents said that someone in their household needed treatment for drug abuse but at least one-quarter cited it as a neighborhood problem. Similarly in the **Insight Delaware** survey just under two percent indicated that drug abuse was a

household problem but 38 percent said it was a neighborhood problem.

Concerns about substance abuse are indicated in the State of Delaware's **Juvenile Justice and Delinquency Prevention Comprehensive Plan**, by several of Wilmington's **Enterprise Community Focus Groups**, by the **Wilmington Enterprise Community Summit**, by the **New Castle County Community Partnership** surveys of target communities in Northeast Wilmington, Rosehill, Bellefonte, Edgemoor, and in the Middletown-Odessa-Townsend area, by the **Eastside Substance Abuse Awareness Program Evaluation**, the **Westside/West Center City Weed and Seed Project** report, the **Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community**, by the study of the Brookmont Farms area in **The Impact of a Boys and Girls Club Facility**, by **State Service Center Focus Groups** in New Castle County, Kent County and Sussex County, by **DECCASA's** needs and resource assessments in Dover, Smyrna, Seaford, Georgetown, Milford, West Rehoboth, and Lewes, by **AmeriCorps Public Forums** in New Castle County and Kent County and needs assessments in West Rehoboth, Coverdale Crossroads, Lewes, Palmer Park, Broad Acres, and Ellendale, by information gathered for the **SAFE Communities Initiative** for seven target communities in Sussex County (Coverdale Crossroads, West Rehoboth, Martin's Swamp, Twin Cedars, Shockleytown, Pepper Ridge, and New Hope), and by the **Sound (Safe) Communities Summit**.

In the **CNA Survey**, no significant statistical relationship was observed between geographic area and response to the drug abuse question. The groups which revealed a somewhat higher than average concern about the problem included Hispanics (6%), and those living in households with a recipient of AFDC (4%), SSI/SSDI (5%) or Food Stamps (5%).

Among the respondents who admitted to a household problem with drug abuse, 84 percent said that someone between the ages of 18 and 59 was having the problem and 10 percent said it was someone between 12 and 17.

**Sexually Transmitted Disease.** One percent of the respondents to the **CNA Survey** indicated that someone in their household needed treatment for a sexually transmitted disease (STD). Thirteen percent of the respondents to the **Insight Delaware** survey said that public health, including diseases like AIDS and venereal diseases, was a neighborhood problem but the question was not asked in relation to the household. Community leaders did not consider public health to be among the most serious problems but the study mentions a growth in the reported incidence of primary and secondary syphilis in Delaware from 6.5 cases per 100,000 persons in 1985 to 15.9 cases in 1988.

No significant statistical relationships were observed between the responses to this question and the geographic location of households and no group of respondents indicated a significantly higher than average rate of concern about the need for treatment of a sexually transmitted disease. Some assessments which focus on this area of concern in the various localities include the **State Service Center Focus Groups** in New Castle County which cite the need for HIV education, the **AmeriCorps Public Forum** in Kent County which notes the need for AIDs prevention programs for youth, the **AmeriCorps** needs assessment in Sussex County which points to a high incidence of STD in Ellendale, the **First State Community Action Agency** needs assessment which indicates that STD is prevalent in Coverdale Crossroads, and the **DECCASA** needs and resource assessment which says that STD is among the 10 most serious problems in Georgetown and that sex education programs need to be strengthened in Smyrna, Seaford, Milford, and Georgetown.

Of those who said that this need was a household problem, 64 percent said that an adult was having the problem, 28 percent said it was a teenager, and 8 percent said both.

**Source of Health Care.** No other needs assessments under review in this project addressed the question of source of health care.

## SECTION 4

### NEEDS OF CHILDREN AND YOUTH

The survey included twelve questions on the needs of children and youth. Respondents living in households with persons age 17 or younger were asked whether for the children or teenagers in the household, there was a problem with:

- acting out or unmanageable behavior
- finding day care or other care while the parents are at work or school
- getting adequate child support from the child's other parent
- finding wholesome social or recreational activities

These respondents were also asked:

- whether anyone in the household needs help with parenting skills such as caring for a child or managing a child's behavior

Respondents living in households with children between the ages of 6 and 17 were asked if any of the children or teenagers in the household were having problems with

- skipping or dropping out of school
- poor school performance
- running away from home
- getting in trouble with law enforcement agencies

Additionally, these respondents were asked if any of the children or teenagers were:

- sexually active
- pregnant
- parents

Figure 4-1 shows the responses from the pooled sample in the twelve areas of need for children or youth. Support from the other parent and wholesome activities were the most frequently mentioned needs followed by finding day care, sexually active teenagers, unmanageable behavior, and poor school performance.



Figure 4-1

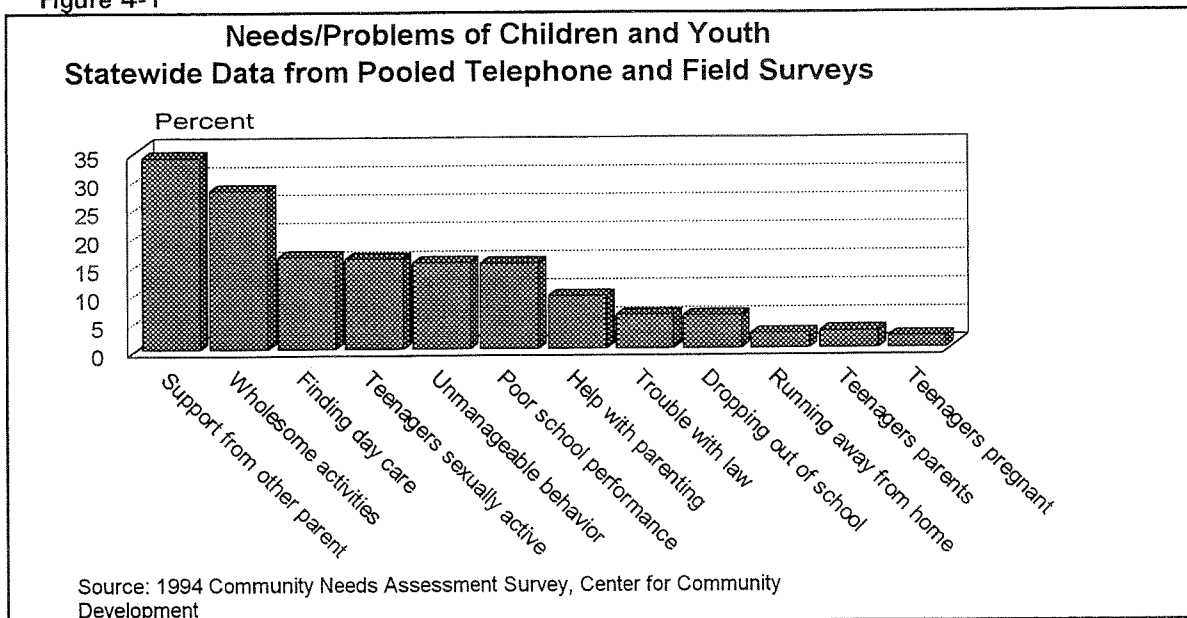


Table 4-1 shows the percent of respondents indicating a need in each of the twelve areas related to children and youth.

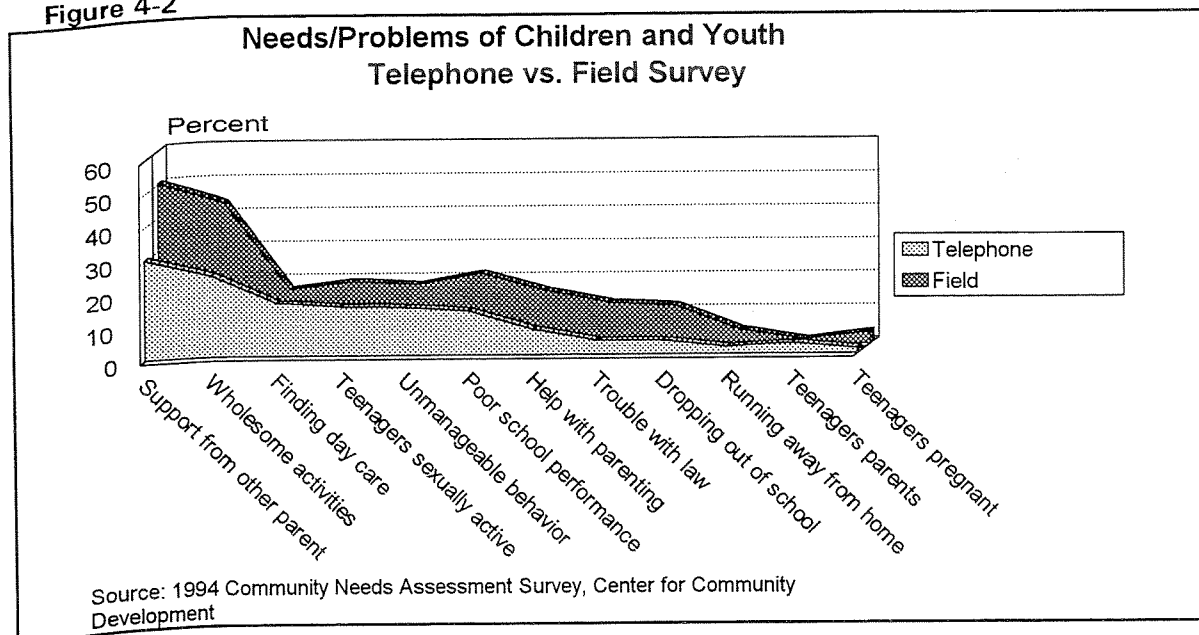
Table 4-1

**Needs/Problems of Children and Youth**

Need/Problem	Percent of Respondents
Support from other parent	34%
Wholesome activities	28%
Finding day care	16%
Teenagers sexually active	16%
Unmanageable behavior	15%
Poor school performance	15%
Help with parenting	9%
Trouble with law	6%
Dropping out of school	6%
Running away from home	3%
Teenagers parents	3%
Teenagers pregnant	2%

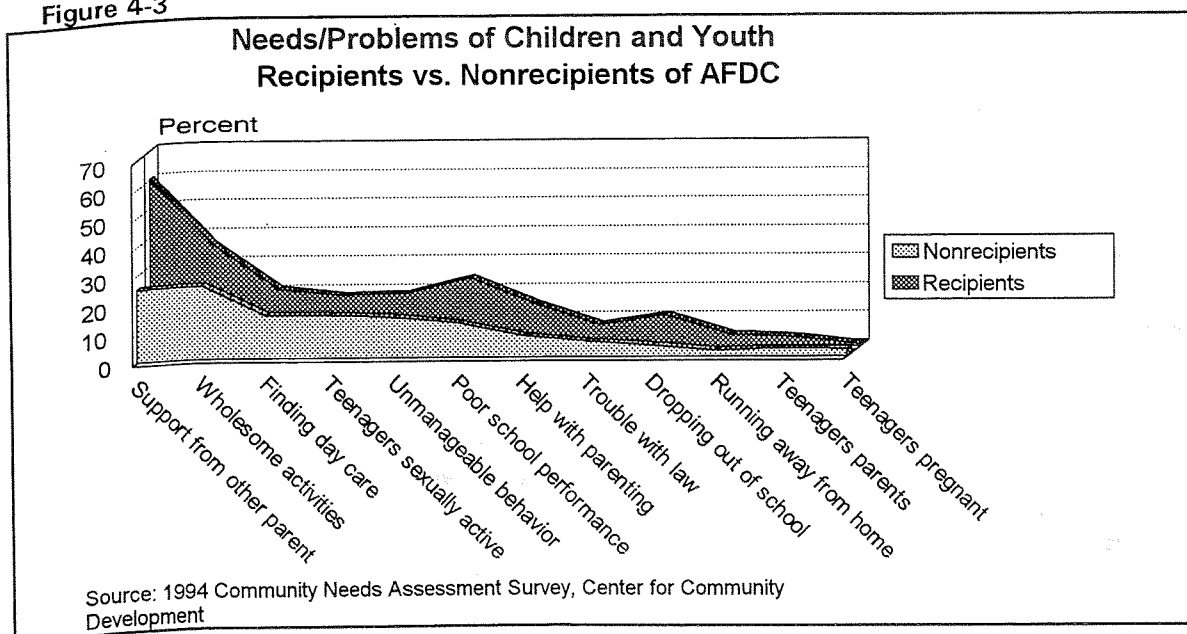
Respondents to the field survey expressed higher levels of need, particularly in the areas of support from the other parent (50%), wholesome activities (44%), poor school performance (22%), help with parenting (16%), trouble with the law (13%), and dropping out of school (12%).

Figure 4-2



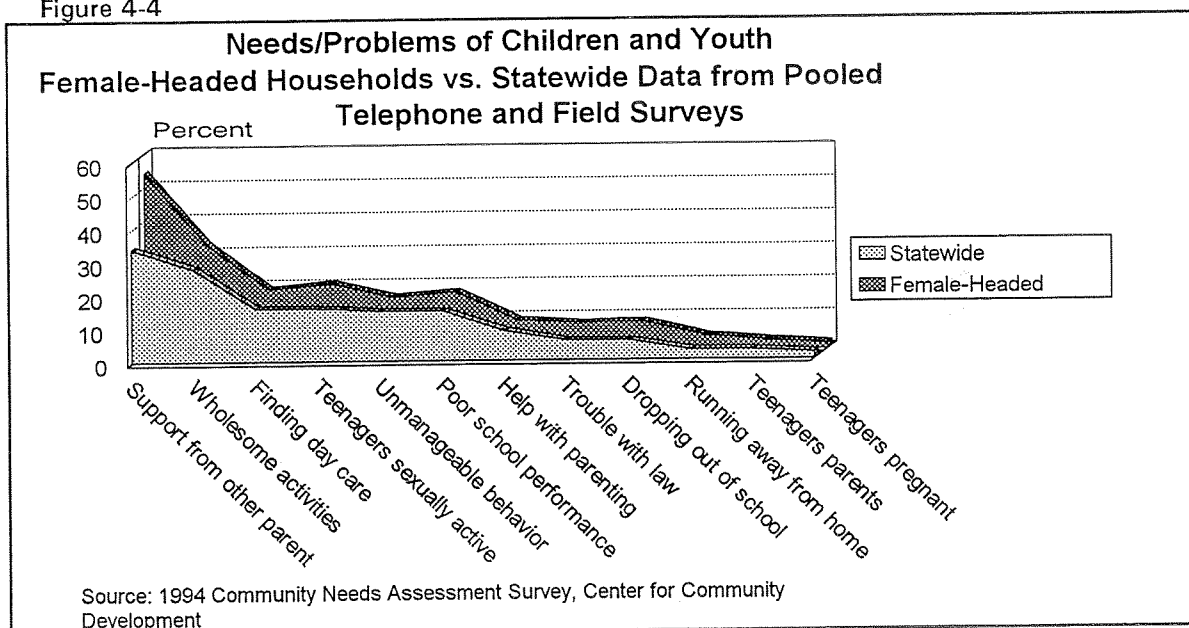
Respondents living in households in which there was a welfare recipient indicated higher levels of need for support from the other parent (60%), wholesome activities (36%), finding day care (21%), unmanageable behavior (19%), poor school performance (24%), help with parenting (15%), and dropping out of school (11%).

Figure 4-3



Respondents living in female-headed households were significantly more likely to say that there was a problem with adequate support from the other parent (54%) and somewhat more likely to report a need for wholesome activities (33%), and a problem with teenagers being sexually active (21%).

Figure 4-4



Generally, there was not a statistically significant difference in the needs expressed by respondents from the different geographical areas. But on the question whether any teenager in the household was a parent, nine percent of the Wilmington respondents said, yes, as compared to an average of less than two percent in the other three locations.

#### Summary and Comparison With Other Needs Assessments

**Adequate Child Support.** The issue which was most frequently identified as a household problem in the **CNA Survey** was getting adequate child support from the child's other parent. Approximately 41 percent of the 1340 households responding to the survey contained children 17 years of age or younger and 34 percent of the respondents from these households said that someone in the household had a problem with getting adequate child support. All of the percentages noted in this section for the **CNA Survey** relate only to households with children. The data from the **Insight Delaware** survey refers to a selection of low income households and not just to households with children. This particular issue of child support was not addressed in the **Insight Delaware** survey and no other needs assessments reviewed in this project dealt with the child support problem.

In the **CNA Survey**, there was no significant statistical relationship between the responses to the question about child support and the geographical location of the households. However some groups cited the problem more frequently including African-Americans (49%), non-Hispanics (35% as compared to only 16% for Hispanics), females (39% as compared to 17% of males), unmarried females with children (54%), respondents in households with an annual income of less than \$12,000 (46%), and respondents living in a household with a recipient of Medicaid (49%), AFDC (60%), or Food Stamps (53%).

**Wholesome Activities.** Finding places for wholesome social or recreational activities for children or teenagers was a matter of concern to 28 percent of the respondents to the **CNA Survey**. **Insight Delaware** asked respondents whether their neighborhood had a problem with not enough programs or places for recreation or cultural activities (for everyone) and 27 percent of the respondents answered, yes, but no questions were asked about problems in the household. At the state level, the Center for Assessment and Policy Development's report on **Delaware's Investments in Children** cited capacity gaps in community-based educational support programs.

Geographic location was not related to respondent concerns about the lack of wholesome activities in the **CNA Survey** but the issue was raised by community leaders, social service providers, youth, area educators and day care providers in the **Wilmington Enterprise Community Focus Groups** and in the **Enterprise Community Summit**, in the **Westside/West Center City Weed and Seed Project** report, in the **Eastside Substance Abuse Awareness Program Evaluation**, in the study of the **Impact of a Boys and Girls Club Facility** on communities in lower New Castle, by the **State Service Center Focus Groups** in New Castle County, by **DECCASA's** needs and resource assessments in Smyrna, Dover, Milford, Lewes and West Rehoboth, Seaford, and Georgetown, by the **First State Community Action Agency's** community needs assessments in Broad Acres and Palmer Park, in Sussex County's **Sound Communities Summit**, and by the **AmeriCorps Public Forum** in Sussex County.

In the **CNA Survey**, respondents groups citing higher than average rates of concern about the lack of wholesome activities included Hispanics (48%), females (30%) as compared to males (21%), unmarried females with children (33%), those living in households with five or more persons (38%), and those living with a recipient of AFDC (36%) or Food Stamps (34%).

**Finding Day Care.** Some 16 percent of the respondents to the **CNA Survey** said that finding day care or other care while the parents are at work or school was a household problem. **Insight Delaware** asked a very similar question and found that 7 percent of the lower income respondents had a household problem with not being able to find or afford someone to take care of the children when parents work or go to school while 15 percent said it was a neighborhood problem. Over 92 percent of the community leaders said that child care was a concern in Delaware and ranked it as the seventh most important problem. They also ranked a shortage in the supply of infant day care services as sixth among 62 possible resource needs. The Center for Assessment and Policy Development's report on **Delaware's Investments in Children** also identified gaps in the provision of supports for families with children in day care and capacity gaps in after-school day care.

No link between geography and concern with finding day care was observed in the **CNA Survey** but needs assessments at the local level which referred to this problem area include the **Wilmington Enterprise Community Focus Groups** of young families and day care providers, the **Wilmington Enterprise Community Summit**, the **State Service Center Focus Groups** in New Castle County and Sussex County, the **Comprehensive Study of Long-Term Health and Social Service Needs of the Claymont Community**, the **AmeriCorps Public Forum** in Kent County, and in **DECCASA's** needs and resource assessments in Smyrna, Dover, Milford, Georgetown, Lewes and West Rehoboth.

In the **CNA Survey**, finding day care was a particular problem for Hispanic respondents (33%), for respondents between the ages of 18 to 25 (31%), and to some extent for respondents living with a recipient of Food Stamps (21%).

**Sexually Active Teenagers.** Approximately 16 percent of the **CNA Survey** respondents identified a household problem with sexually active children or teenagers. **Insight Delaware** asked a more general question about problems with youth including becoming pregnant. These results will be reviewed below in the section on unmanageable behavior. Other needs assessments tended to focus directly on teen pregnancy and these also will be reviewed in the section on teen pregnancy.

In the **CNA Survey**, geographic location of the household did not relate to the response to the question on sexually active children or teenagers. Somewhat higher than average rates of concern were indicated by respondents between the ages of 36 and 45 (25%), unmarried females with children (21%), and those living with a recipient of Food Stamps (21%).

**Unmanageable Behavior.** In the **CNA Survey**, 15 percent of the respondents said that acting out or unmanageable behavior was a household problem. The closest comparable question in the **Insight Delaware** survey was whether problems with youth such as skipping or dropping out of school, running away from home, joining a gang or becoming pregnant were of concern in the household or in the neighborhood. These questions were separately addressed in the **CNA Survey**. Just over 3 percent of the **Insight Delaware** respondents said that these general concerns about youth were problems for the household (remember this figure includes both households with children and households without children) and 17 percent said they were problems for the neighborhood. With regard to other needs assessments, youth problems are usually defined as questions of poor school performance, juvenile crime or delinquency, child care, or teenage pregnancy. Specific questions addressed these issues in the **CNA Survey**.

No link between geography and the question of unmanageable behavior was found in the **CNA Survey**. Non-Hispanics (16%) as compared to Hispanics (0%), those living in four-person households (20%), and those living with a recipient of Medicaid (19%) expressed the greatest concern about unmanageable behavior.

**Poor School Performance.** Poor school performance was a problem for 15 percent of the households with children between the ages of 6 and 17. The question was not addressed directly in the **Insight Delaware** survey. The Center for Assessment and Policy Development's report on **Delaware's Investments in Children** identified a capacity gap in Head Start programs for children up to the age of 5, a need for community-based education programs for 6 to 18 year olds and a problem with inadequate educational support beyond the classroom.

Geography did not affect the responses to the question but there were some reports or needs assessments from the localities which mentioned poor school performance as a problem including the **Wilmington Enterprise Community Summit**, the **Wilmington Enterprise Community Focus Groups** of community leaders and area educators, the **Wilmington Westside/West Center City Weed and Seed Project** report which cited a need for educational and tutoring programs, the **Wilmington AmeriCorps Public Forum**, the **Eastside Substance Abuse Program Evaluation**, the study of the **Impact of a Boys and Girls Club Facility** on communities in lower New Castle, **DECCASA's** needs and resource assessments in Smyrna, Dover, Seaford and Georgetown, and **First State Community Action Agency's** community needs assessments in Broad Acres and Ellendale.

Respondent groups in the **CNA Survey** which more frequently mentioned poor school performance included African-Americans (20%) and those living in households with recipients of AFDC (24%), SSI/SSDI (24%), and Food Stamps (20%).

**Help with Parenting.** Somewhat less than one out of ten of the respondents to the **CNA Survey** cited a household need for help with parenting skills such as caring for a child or managing a child's behavior. No questions were asked in the **Insight Delaware** survey on help with parenting, however, concern about the improvement of parenting skills has been expressed in a number of studies, needs assessments and public forums. Apparently, there is a disjuncture between the initiatives that many people feel are needed to address problems of children and youth and what respondents to household surveys identify as a difficulty that needs to be resolved in their own household. Problems with parenting skills or a need for parenting skills education were identified in the Center for Assessment and Policy Development's report on **Delaware's Investment in Children**, by community leaders, day care

providers, area educators, and social service providers in the Wilmington Enterprise Community Focus Groups, in the Wilmington Enterprise Community Summit, in the Westside/West Center City Weed and Seed Project report, in the AmeriCorps Public Forums in Wilmington, New Castle County and Kent County, in the State Service Center Focus Groups in New Castle County and Kent County and in DECCASA's needs and resource assessments in Smyrna, Milford, Georgetown, Lewes, West Rehoboth, and Seaford. The First State Community Action Agency needs assessment noted a need for parental counseling or parenting skills programs in Ellendale, Coverdale Crossroads, Palmer Park, and West Rehoboth.

Respondents to the CNA Survey did not differ on the question of parenting help in terms of the location of their household but a few groups indicated a higher than average concern about the issue, particularly males (13%), those living in households with annual incomes below \$12,000 (16%), and those living with a recipient of AFDC (15%) or Food Stamps (13%).

**Trouble with Law Enforcement Agencies.** Just 6 percent of the respondents to the CNA Survey said that a child or teenager in their household had a problem with getting in trouble with law enforcement agencies. As indicated above, the Insight Delaware survey asked a more general question about problems with youth. Issues of juvenile crime and violence, of course, have been addressed in many different contexts and there is, perhaps, a discrepancy between what people see as neighborhood or community problems and what they admit to as a household problem. Among the assessments reviewed here the State of Delaware's Juvenile Justice and Delinquency Prevention Comprehensive Plan finds crime and juvenile detention to be a major problem among Delaware youth.

Respondents to the CNA Survey also did not differ on the question of trouble with law enforcement agencies in terms of the location of their household. At the local level the issue was addressed at the Wilmington Enterprise Community Summit, in the Wilmington Westside/West Center City Weed and Seed Project report, the Eastside Substance Abuse Awareness Program Evaluation, the Impact of a Boys and Girls Club Facility in lower New Castle County, in Sussex County's Sound Communities Summit, and by the DECCASA's needs and resource assessments in Symrna, Dover, Milford, and Georgetown.

Among the respondent groups to the CNA Survey, those between 36 and 45 (14%), unmarried males with children (15%), and those living in households with recipients of SSI/SSDI (13%) and Food Stamps (10%) expressed the most concern about this issue.

**Dropping out of School.** Skipping or dropping out of school was a household problem for 6 percent of the respondents to the CNA Survey and responses did not differ by household location. Insight Delaware folded this issue into the broader question on youth problems. Community leaders mentioned the issue in the Wilmington Enterprise Community Focus Groups. It was identified as an area problem in the study of the Impact of a Boys and Girls Club Facility in lower New Castle County and, in Kent County, the AmeriCorps Public Forum identified a need for dropout prevention programs. The First State Community Action Agency needs assessment noted elevated drop-out rates in Coverdale Crossroads and Lewes and identified a need to motivate youth to finish school in West Rehoboth.

In the CNA Survey, respondents between the ages 36 and 45 (11%) expressed higher rates of concern about household problems with skipping or dropping out of school as did those living in households with recipients of AFDC (11%).

**Running Away from Home.** Only 3 percent of the respondents to the CNA Survey expressed concern about a household problem with running away from home. This problem was not directly addressed by any of the studies or needs assessments reviewed in this project.

No differences were detected among respondents from different geographic areas and only one group expressed a somewhat higher than average concern about a household problem with running away from home--those living in four person households (6%).

**Teenagers as Parents.** A household problem with teenagers as parents was indicated by 3 percent of the respondents to the **CNA Survey**. Generally, this question is addressed as a problem of teenage pregnancy (see below) or is, perhaps, seen as part of the concern with strengthening parenting skills. The **Westside/West Center City Weed and Seed Project** report noted a need for expanded programs for teen parents.

In the **CNA Survey**, respondents from Wilmington (9%) more frequently cited teenagers as parents as a household problem.

**Teenage Pregnancy.** This is also an issue where we see a great discrepancy between the concerns that people raise about community problems and the problems that they identify with their own household. Only 2 percent of the **CNA Survey** respondents said that it was a household problem. The **Insight Delaware** survey did not ask the question of household respondents (except as part of the general question about youth problems) but community leaders listed teen pregnancy as the ninth-ranked service shortage.

In the **CNA Survey**, there were no differences in the responses on the teenage pregnancy question which related to the location of households. Concerns about teen pregnancy and pregnancy prevention programs were raised in the **Wilmington Enterprise Community Summit**, by youth in the **Wilmington Enterprise Community Focus Groups**, in the **AmeriCorps Public Forums** in Wilmington, New Castle County, Kent County, and Sussex County, in the study of the **Impact of a Boys and Girls Club Facility** in lower New Castle County, in the **State Service Center Focus Groups** in New Castle County and Sussex County, in **DECCASA's** needs and resource assessments in Smyrna and Dover, in Sussex County's **Sound Communities Summit**, and in **First State Community Action Agency's** community needs assessments in Ellendale, Coverdale Crossroads, West Rehoboth and Palmer Park.

Hispanics (13%) made up the only respondent group which indicated a significantly higher than average rate of concern about teenage pregnancy.

## SECTION 5

### NEEDS OF OLDER PERSONS

The survey included seven questions on needs of older persons. Respondents living in households with persons 60 years of age or older were asked whether, for these persons, there is a problem with:

- finding suitable recreational activities
- doing housekeeping or shopping
- maintaining or repairing the home
- obtaining transportation
- obtaining nursing care at home
- obtaining adult day care
- obtaining information about services for older persons

Figure 5-1 shows the responses from the pooled sample in the seven areas of need for older persons.

Figure 5-1

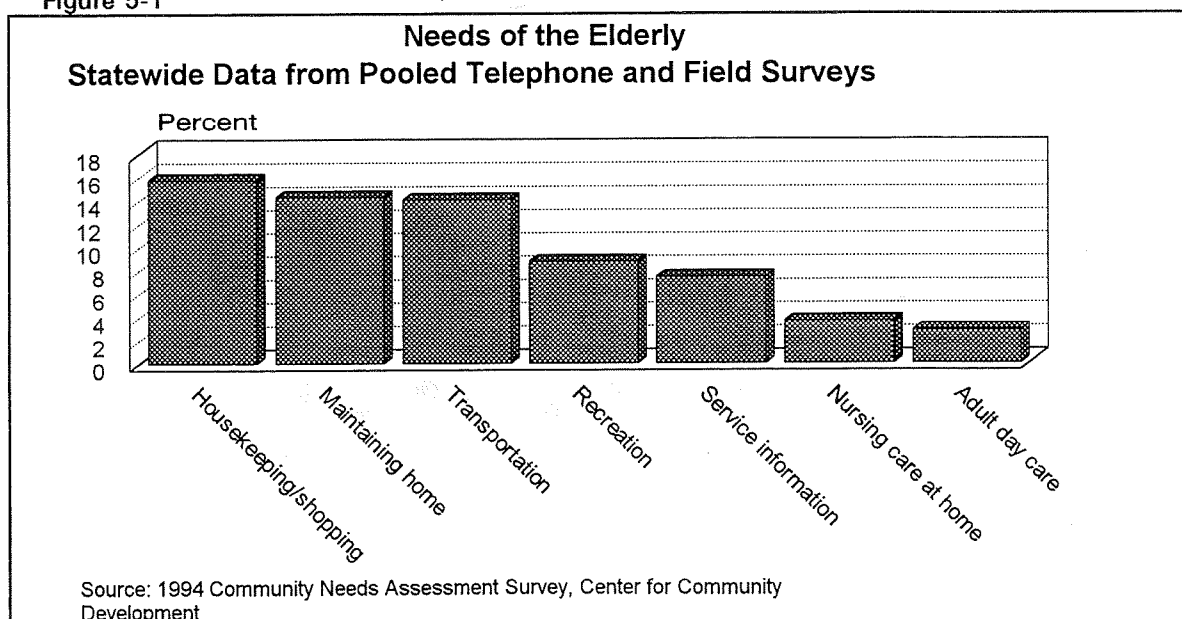




Table 5-1 shows the percent of respondents indicating a need in each of the seven areas related to older persons.

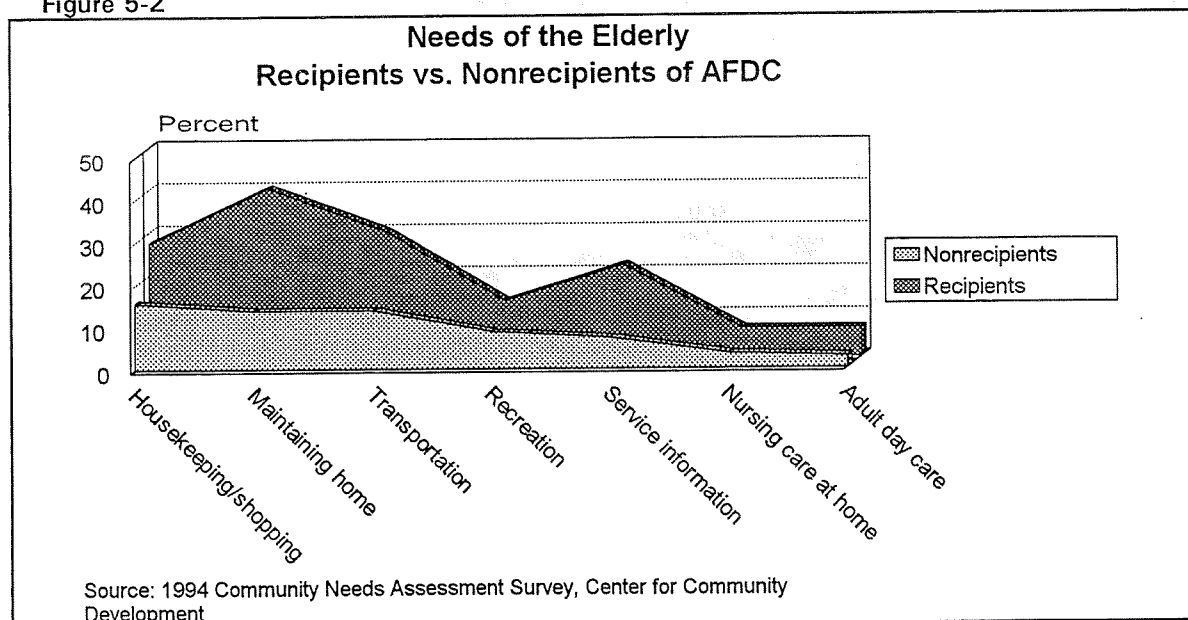
Table 5-1  
Needs of the Elderly

Need	Percent of Respondents*
Housekeeping/shopping	16%
Maintaining home	14%
Transportation	14%
Recreation	9%
Service information	7%
Nursing care at home	4%
Adult day care	3%

\*These are percentages of those households which contain a person 60 years of age or older.

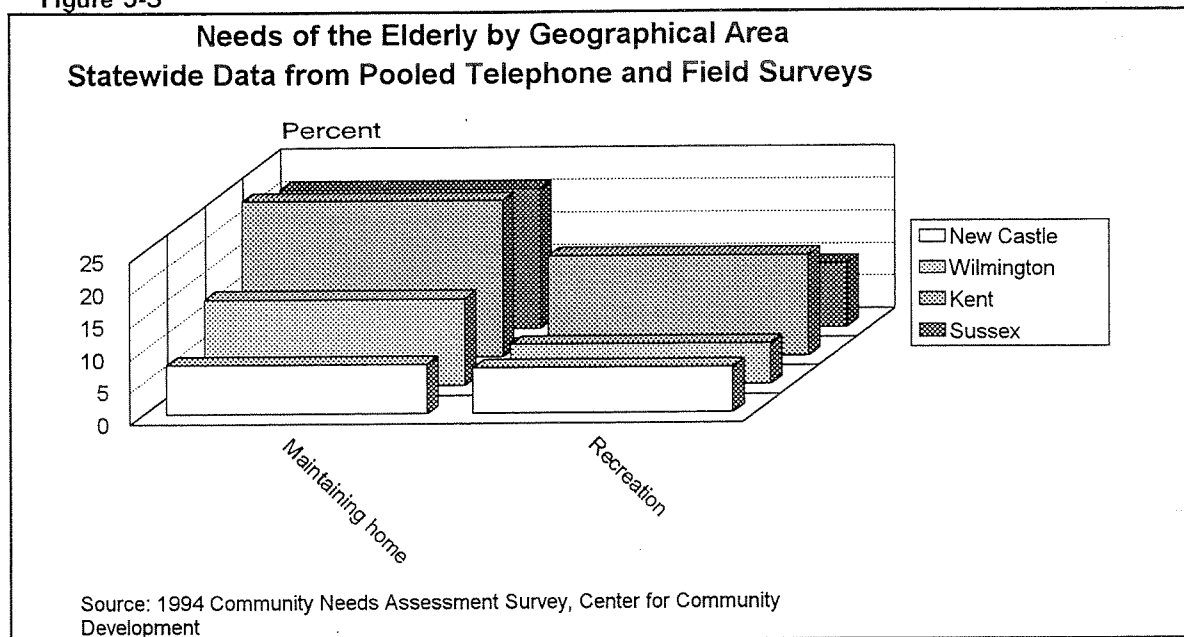
Households which contain a welfare recipient were more likely to indicate a problem existed in the household for a person 60 years of age or older. Figure 5-2 shows that this was particularly the case for maintaining the home and service information.

Figure 5-2



In two areas, respondents from the four geographic locations indicated different levels of need for older persons. Respondents from Kent and Sussex Counties were more likely to indicate that there was a problem in maintaining or repairing the home (24% and 21% respectively) and in finding suitable recreational activities (15% and 10% respectively).

Figure 5-3



### Summary and Comparison with other Needs Assessments

About 45 percent of the respondents to the **CNA Survey** live in a household which contains a person 60 years of age or older. The data in this section relate to that portion of the survey population and not to the sample as a whole. The **Insight Delaware** survey asked one general question of all respondents--do you or someone else in your home need help with finding or affording care at home during the day, health care at home, help with housekeeping, special transportation, or other help because of old age? Respondents were also asked if older people had problems in their neighborhood such as housekeeping or home health care. Nearly 5 percent of the respondents identified a household problem but 23 percent said there was a neighborhood problem. **Insight Delaware** notes the steady increase in the size of the 65 and over age group in Delaware and the expectation that this trend will continue. The study also notes that while the number of elderly persons in Delaware is rising, they are wealthier and less likely to be in poverty than other parts of the population. In the **CNA Survey**, respondents 60 years of age and above tended to express a lower level of need on the general questions of social and health services than respondents below the age of 60.

**Housekeeping and Shopping.** Among the households containing a person 60 years of age or older, the problem which was most frequently identified--by 16 percent of the respondents to the **CNA Survey**--was housekeeping or shopping. There were no differences among the respondents from different locations and respondents living with a recipient of SSI/SSDI (27%) made up the only group to express a statistically significant higher than average rate of concern about housekeeping or shopping.

There were several reports or assessments which directly or indirectly addressed this problem

area. The **Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community** noted that there is a need for transportation assistance for shopping and the **State Service Center Focus Groups** in Kent County identified the needs of the elderly as an issue that was not adequately addressed in the county.

**Maintaining or Repairing the Home.** Fourteen percent of the respondents to the **CNA Survey** indicated that maintaining or repairing the home was a household problem. The **State of Delaware Comprehensive Housing Affordability Strategy** estimates the current supportive housing need for the elderly in Delaware to be 2,500 units.

In the **CNA Survey**, respondents from Kent County (24%) and Sussex County (21%) were significantly more likely to say that a senior in the household had a problem in this area than respondents from suburban New Castle County (8%) or Wilmington (13%). The only other needs assessment reviewed here which specifically identified a problem with maintaining or repairing the home for a senior was the **AmeriCorps Public Forum** in Sussex County which expressed a need for handyman services for the elderly.

Respondents living with a recipient of Medicaid (33%), AFDC (40%), or SSI/SSDI (26%) were significantly more likely than other respondents to indicate a household problem in this area.

**Transportation.** Fourteen percent of the **CNA Survey** respondents cited a household problem with obtaining transportation.

There were no significant differences in the response patterns which could be linked to household location and the only groups which had significantly higher than average rates of concern about transportation were those living in households earning less than \$12,000 (17%), those living in one-person (18%) or three-person households (19%) and those living with recipients of Food Stamps (23%). Among the other assessments which addressed the need for assisting the elderly with transportation, the **Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community** noted that there is a need for transportation assistance for shopping, medical and other purposes, the **State Service Center Focus Groups** in Sussex County said that the elderly had difficulty obtaining services because of transportation problems, and the **First State Community Action Agency** noted this problem particularly in West Rehoboth.

**Recreation.** Nine percent of the respondents to the **CNA Survey** said that a senior in their household had a problem with finding suitable recreational activities.

Respondents from Kent County (15%) were the most likely to cite a problem while respondents from Wilmington were the least likely (6 percent). The **First State Community Action Agency** indicated that the nearest senior center to Broad Acres is 10 miles away and that there is a need for senior citizen programs in Coverdale Crossroads. The **DECCASA** needs and resource assessment also noted a need to expand adult recreation programs in Seaford. No other needs assessment reviewed in this project referred directly to recreational activities for older persons.

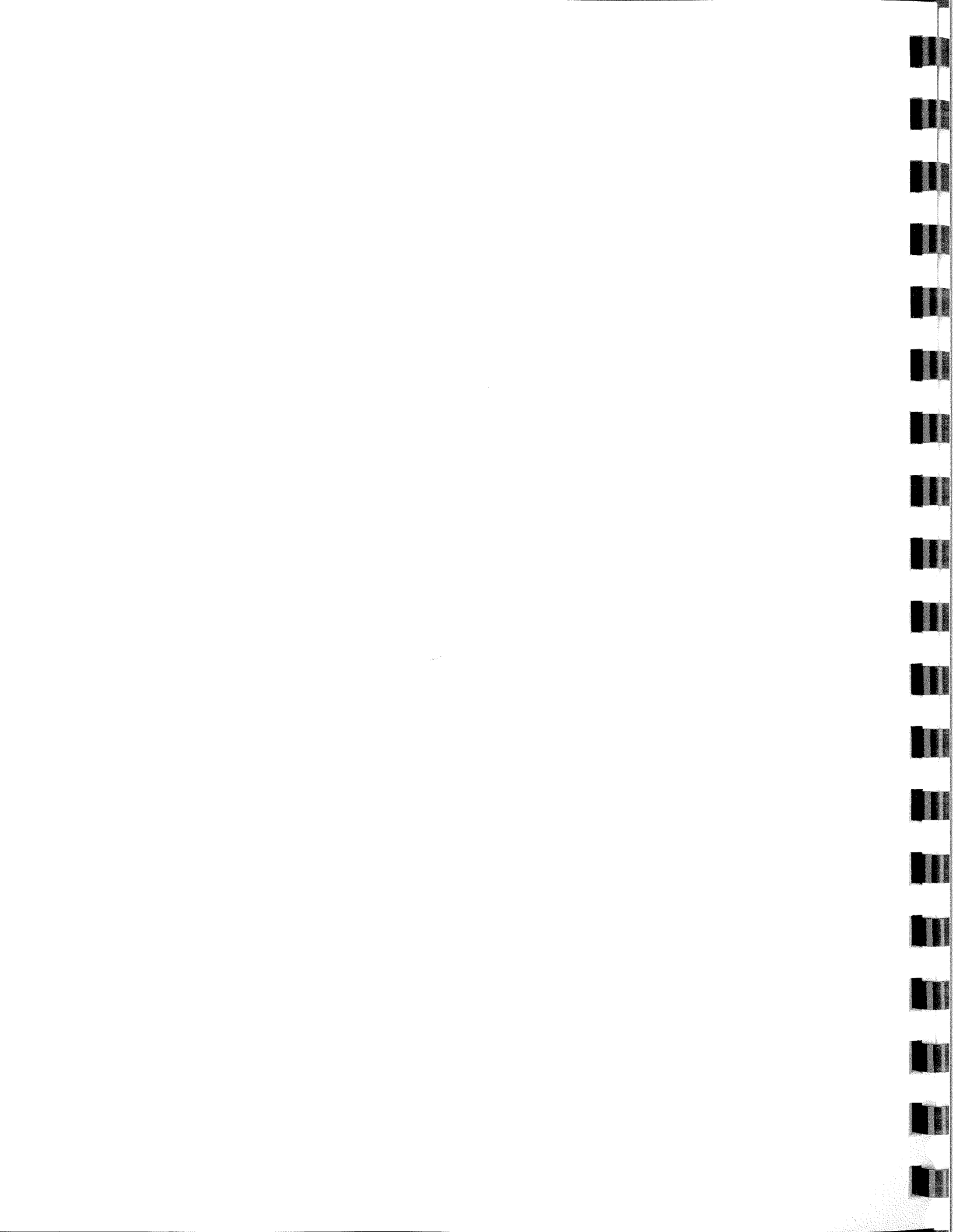
Hispanic respondents (24%), respondents living in households with five or more persons (23%), and respondents living with a recipient of SSI/SSDI (17%) or Food Stamps (18%) had higher than average rates of concern about recreation activities.

**Service Information.** Seven percent of the respondents to the **CNA Survey** said that a senior in their household had a problem with obtaining information about services for older persons. Location of household did not relate to a problem with service information and the only groups which had statistically significant higher rates of concern on this issue were respondents living with a recipient of

some form of public assistance such as Medicaid (16%), AFDC (22%), SSI/SSDI (15%), or Food Stamps (15%). No other needs assessment reviewed in this project referred directly to the problem of obtaining information about services for older persons.

**Nursing Care at Home.** Just 4 percent of the respondents to the **CNA Survey** (reminder--we are referring to 4 percent of the households in which a person 60 years of age or older resides) specified that obtaining nursing care at home was a household problem. African-Americans (7%) and those living in two-person households (7%) represented the only groups (including respondents from different locations) whose response patterns were different from the overall sample in terms of statistical significance. Again, no other needs assessment or report dealt specifically with this issue.

**Adult Day Care.** Finally, 3 percent of the respondents to the **CNA Survey** said that a senior in their household had a problem with obtaining adult day care. There were no significant differences in the response patterns along geographical lines. Six percent of those living in two-person households said they had a problem obtaining adult day care. Other than the **DECCASA** needs and resource assessments which identify a need to establish or expand adult day care services in Smyrna, Dover, Georgetown and Milford, no other needs assessment focused on this area of concern.



## SECTION 6

### NEEDS OF THE DISABLED

Nine questions were included on the survey which related to the needs of disabled persons. The respondent was first asked:

- Does someone in your household have a disability?

If the answer was, yes, the respondent was asked:

- Is this the same person we just talked about?

The questions on the needs of the disabled followed the questions on needs of older persons. Thus, if the disabled person in the household was 60 years of age or older, the series of questions listed below was skipped. Therefore, the data in this section relates only to persons under the age of 60. If there was a disabled person under the age of 60 in the household, the respondent was then asked:

- Is the person an adult over the age of 18 or a child (or both)?
- Does this person have a problem finding suitable recreational activities?
- obtaining day care?
- getting help with housekeeping or shopping?
- getting help to maintain or repair the home?
- obtaining transportation?
- obtaining nursing care at home?

Table 6-1 shows that fully 25 percent of the respondents indicated that someone in the household had a disability. Nearly half of these respondents (47%), said that the disabled person was the individual just talked about—that is, a person 60 years of age or older. Among the younger population of disabled persons, 81 percent were between 18 and 59 years of age. There was no observed statistical relationship between geographical location and the presence of a disabled person in the household.

**Table 6-1**  
**Presence of Disabled Person in Household**

Question	No	Yes
Someone in household with a disability?	75%	25%
Is this the same person we just talked about?	53%	47%
Is the person between 18 and 59?	---	81%
A child?	---	18%
Or both?	---	1%

Figure 6-1 and Table 6-2 show that recreation, transportation, and maintaining or repairing the home were the most frequently cited needs of the disabled.

Figure 6-1

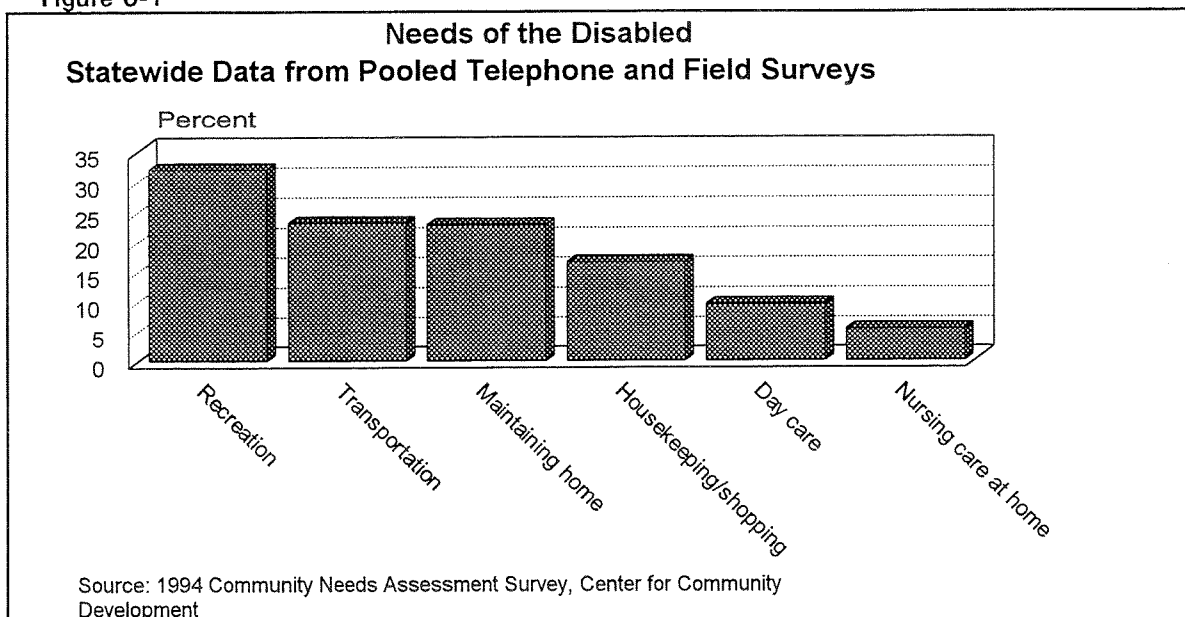


Table 6-2

**Needs of the Disabled**

Need	Percent of Respondents
Recreation	32%
Transportation	23%
Maintaining home	23%
Housekeeping/shopping	17%
Day care	9%
Nursing care at home	5%

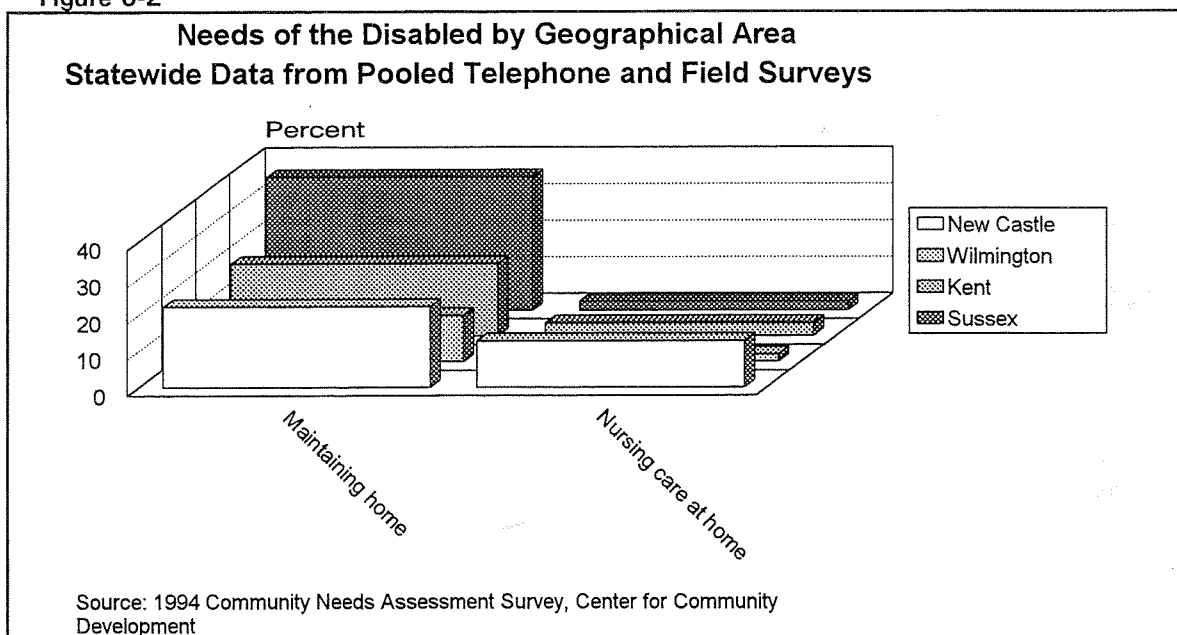
\*Note that these percentages relate only to households which contain a disabled person under the age of 60.

Cross-tabulations indicated that telephone and field survey respondents differed significantly only in the area of obtaining day care with the 21 percent of the field survey respondents indicating a problem as compared to 8 percent of the telephone respondents. Households containing welfare recipients had more problems with obtaining day care (19%) but less problems with maintaining or repairing the home (5%). The problems indicated by respondents in female-headed households with respect to disabled persons were not significantly different except that none mentioned a problem with

nursing care at home.

As shown in Figure 6-2, there were two areas in which respondents from the four geographical areas identified different levels of need. Respondents representing households in Sussex County (36%) which contained a disabled person were more likely to say that there was a problem with maintaining or repairing the home while Wilmington respondents (13%) were the least likely to mention this problem. With respect to getting nursing care at home, a higher proportion of respondents from suburban New Castle County (13%) said that this was a problem for a disabled person in their household.

Figure 6-2



### Summary and Comparison with other Needs Assessments

Direct comparison of the results of the **CNA Survey** with data from the **Insight Delaware** is difficult because of the very different formats of these two surveys. In addition to the different methodologies, the **CNA Survey** asked questions separately of persons 60 years of age and older (some of whom indicated problems of physical disability) and persons under the age of 60 who had a disability. Secondly, the **CNA Survey** distinguished between physical and mental disabilities and, in the area of physical disability, it asked six questions about the problems that a disabled person might face in terms of finding suitable recreational activities, obtaining day care, getting help with housekeeping or shopping, getting help to maintain or repair the home, obtaining transportation, or obtaining nursing care at home. Furthermore, these questions were addressed only to those who said that someone in the household had a physical disability.

One-quarter of the respondents to the **CNA Survey** said that someone in the household had a physical disability but nearly half of these said that the disabled person was someone over 60 years of age or older. About 8 percent of the respondents indicated that someone in the household had a need for treatment of a mental health problem (some of whom may also have had a problem with physical disability). By contrast, **Insight Delaware** asked one question of all respondents about problems in the home related to care for disabled people. Did someone in the household need help with finding or



affording care at home during the day, health care at home, help with housekeeping, special transportation or other help because of a physical or mental disability? Nearly 4 percent of the low income respondents said, yes. In addition, **Insight Delaware** asked respondents whether in their neighborhood there were problems facing disabled people, like housekeeping or home health care. Nearly 14 percent said that there was a neighborhood problem.

The data in this summary from the **CNA Survey** relate only to the population of disabled persons under the age of 60 but in order to obtain a more complete picture of the areas of difficulty facing disabled persons of all ages, the table below combines information from the two age groups and presents it as a proportion of all households responding to the survey as well as a proportion of those 60 and over and those under the age of 60 with a physical disability. The figures in the right-hand column are, perhaps, most comparable to the **Insight Delaware** data.

The table should be read as follows. In the case of recreation, 8.7 percent of those respondents living in a household with a person 60 years of age or older (or 3.9% of all respondents) said that there was a household problem with recreation for the senior. Fully 31.9 percent of those respondents living with a disabled person under the age of 60 (or 4.2% of all respondents) said that this person had a problem with recreation. Thus, 8.1 percent of all respondents said that there was a problem in obtaining suitable recreation activities for a disabled person under the age of 60 or a senior 60 years of age or older.

Table 6-3

Disabled Persons as a Percentage of Total Sample

Problem Area	Total Sample	60 and Over	Total Sample	Persons With Physical Disability Under 60	Percentage of Total Sample of Disabled Persons Under 60 Combined with Disabled Persons 60 and Over
Recreation	3.9%	8.7%	4.2%	31.9%	8.1%
Transportation	6.3%	14.0%	3.1%	23.0%	9.4%
Maintaining Home	6.4%	14.2%	3.0%	22.7%	9.4%
Housekeeping/Shopping	3.9%	15.7%	2.2%	16.5%	9.3%
Day Care	1.3%	2.8%	1.2%	9.4%	2.5%
Nursing Care at Home	1.6%	3.6%	0.7%	5.2%	2.3%

In the **CNA Survey**, there was no relationship between household location and the presence in the household of someone with a disability but respondents between the ages of 46 and 55 (42%) and 56 to 65 (34%), unmarried females without children (36%), those living in two-person households (32%), and those living with recipients of Medicaid (34%) or SSI/SSDI (71%) were the most likely to be living in a household with a disabled person.

Some of the needs assessments reviewed in this project addressed the needs of the disabled but in more general terms than the **CNA Survey** or focused on different issues. The **AmeriCorps Public Forum** in New Castle County identified a need for better training and education programs; the **AmeriCorps Public Forum** in Kent County cited a need for personal financial management and self-

sufficiency; the **State Service Center Focus Groups** in New Castle County noted a lack of services for people with speech and visual impairments, in Kent County maintained that meeting the general needs of people with physical or mental disabilities was a problem, and in Sussex County indicated that homebound support services should be offered. Finally, the Center for Assessment for Policy Development's report on **Delaware's Investments in Children** identified a capacity gap in vocational training services and independent living services for special populations.

**Reminder:** the percentages below refer to the proportion of respondents living in households with a disabled person under the age of 60.

**Recreation.** In the **CNA Survey**, almost one-third (32%) of those respondents living in a household with someone under the age of 60 with a physical disability said that the person had a problem with finding suitable recreational activities. No other needs assessment reviewed here addressed this issue directly.

There were no variations in the response to this question by location of household. The only respondents who expressed a higher than average level of concern were those living in households with annual incomes of \$12,000 or above (38% as compared to 23% of those living in households with incomes below \$12,000).

**Transportation.** Just under one-quarter of the respondents (23%) to the **CNA Survey** said that obtaining transportation was a household problem. No other needs assessment reviewed here addressed this issue directly.

Location of the household did not make a difference in the responses to this question but several groups of respondents expressed a greater than average amount of concern about transportation including: females (29% vs. 8% of males), unmarried females without children (42%), those living in households earning less than \$12,000 annually (33%), and those living in one-person (34%) or two-person (38%) households.

**Maintaining/Repairing the Home.** Twenty-three percent of the respondents to the **CNA Survey** expressed concern about a household problem for a disabled person in the area of maintaining or repairing the home. The State of Delaware's Comprehensive Housing Affordability Strategy estimates the current need for supportive housing for the visually disabled to be 307 units and the physically disabled to be 600 units. One needs assessment reviewed here, the **AmeriCorps Public Forum** in Sussex County, indicated that there is a need for handyman services for the disabled.

Respondents from Sussex County (36%) were the most likely to say that there is a household problem with maintaining or repairing the home and respondents from Wilmington (13%) the least likely. The respondent groups which expressed greater concern about this need were females (27% as compared to 14% of males) and those living in a household with a recipient of SSI/SSDI (30%).

**Housekeeping/Shopping.** Among the households containing a disabled person under the age of 60, 17 percent of the respondents to the **CNA Survey** said that this person had a problem getting help with housekeeping or shopping. The **AmeriCorps Public Forum** in Wilmington identified the need for personal assistance with housekeeping and shopping for disabled persons.

There was no statistically significant variation in the pattern of responses to this question by household location. White respondents (21% as compared to 10% of African-American respondents), those between 36 and 45 (24%) or 46 to 55 (27%), and those living in two-person households (27%) made up the groups which stood out in terms of more frequent indication of a need for assistance with housekeeping or shopping.

**Day Care.** Nine percent of the respondents to the **CNA Survey** identified a problem with obtaining day care for a disabled person in the household. No other needs assessment reviewed here addressed this issue.

Household location did not affect the response to this question but several groups had higher than average rates of concern about obtaining day care including married males (14%), unmarried males with children (73%), those living in three- or four-person households (18%), and those living with a recipient of AFDC (19%).

**Nursing Care at Home.** Just 5 percent of the respondents to the **CNA Survey** said that there was a household problem with obtaining nursing care at home for a disabled person. No other needs assessment reviewed here addressed this question.

Respondents from suburban New Castle County were significantly more likely (13%) than respondents from other locations to say that they had a household problem with at-home nursing care for a disabled person. Unmarried males with children (45%) and whites (9% as compared to 0% of African-Americans), those with household incomes below \$12,000 (9%), and those living with a recipient of Medicaid (9%) expressed the highest rates of concern about this problem.

## SECTION 7

### EMPLOYMENT AND PUBLIC ASSISTANCE

Respondents were asked questions about the employment status of persons in their household and whether anyone in the household received any form of public assistance. The questions on employment status were:

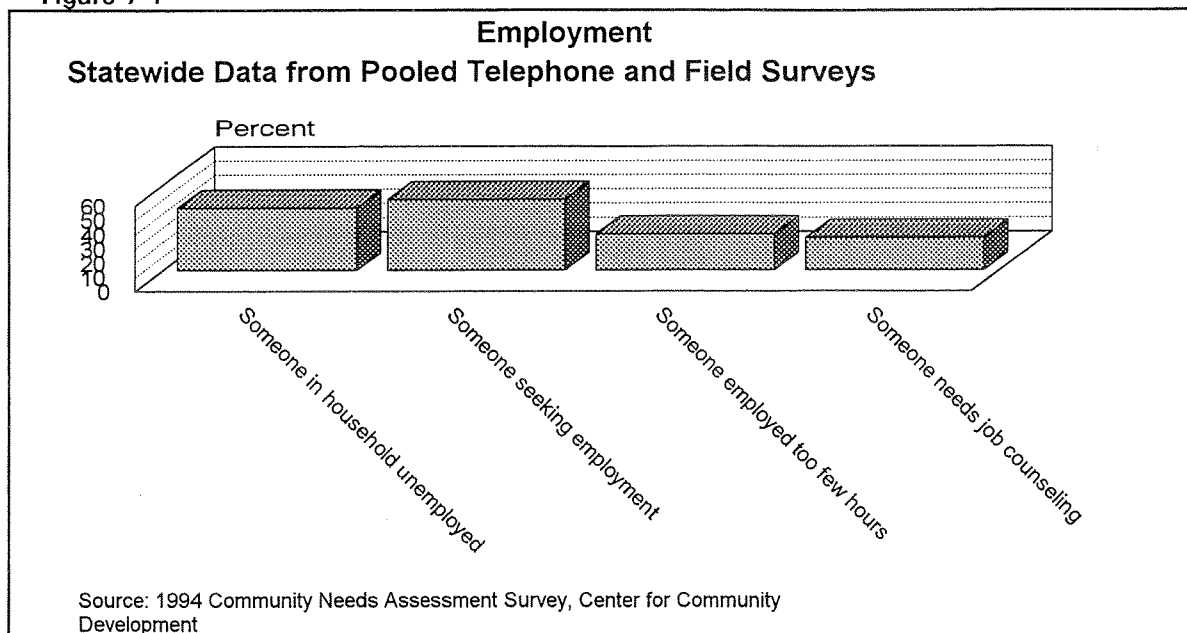
- Is someone in the household unemployed?
- Is the person seeking employment?
- Is someone in the household employed for fewer hours than that person needs?
- Does anyone in the household need job counseling or training?

Respondents were asked if anyone in their household received:

- AFDC (Welfare)
- SSI/SSDI (Supplemental Security or Disability Income)
- GA (General Assistance)
- Medicaid
- WIC (Women, Infants and Children)
- Food Stamps
- Unemployment Insurance

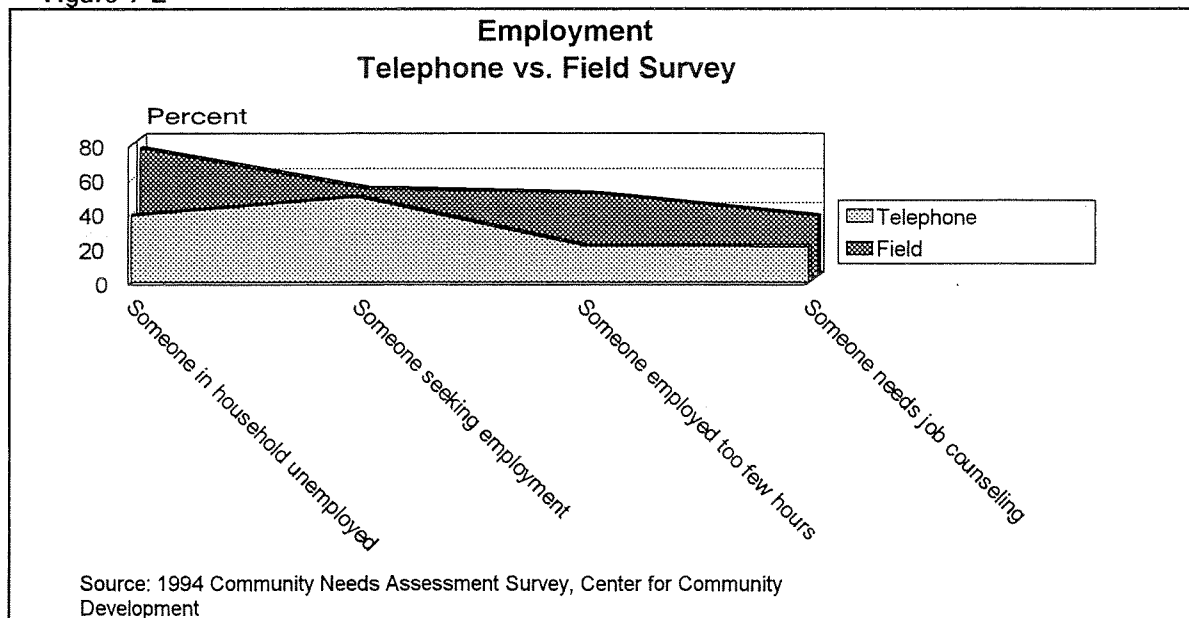
Figure 7-1 shows that nearly 44 percent of the respondents residing in households in which there were adults who were not retired said that there was someone in the household who was unemployed. Fully 50 percent of these respondents said that there was a person in the household seeking employment, 25 percent said that there was a person who was employed for fewer hours than needed, and 23 percent said that there was a person who needed job counseling or training.

Figure 7-1



Respondents in the field survey were more likely to have someone in the household unemployed (74%), employed fewer hours than needed (48%), or needing job counseling (35%). About equal proportions of respondents in the two surveys said that someone in the household was seeking employment.

Figure 7-2



Respondents from Wilmington (54%) were the most likely to say that someone in the household was unemployed while respondents from suburban New Castle County (34%) were the most likely to say that someone was employed too few hours.

Figure 7-3

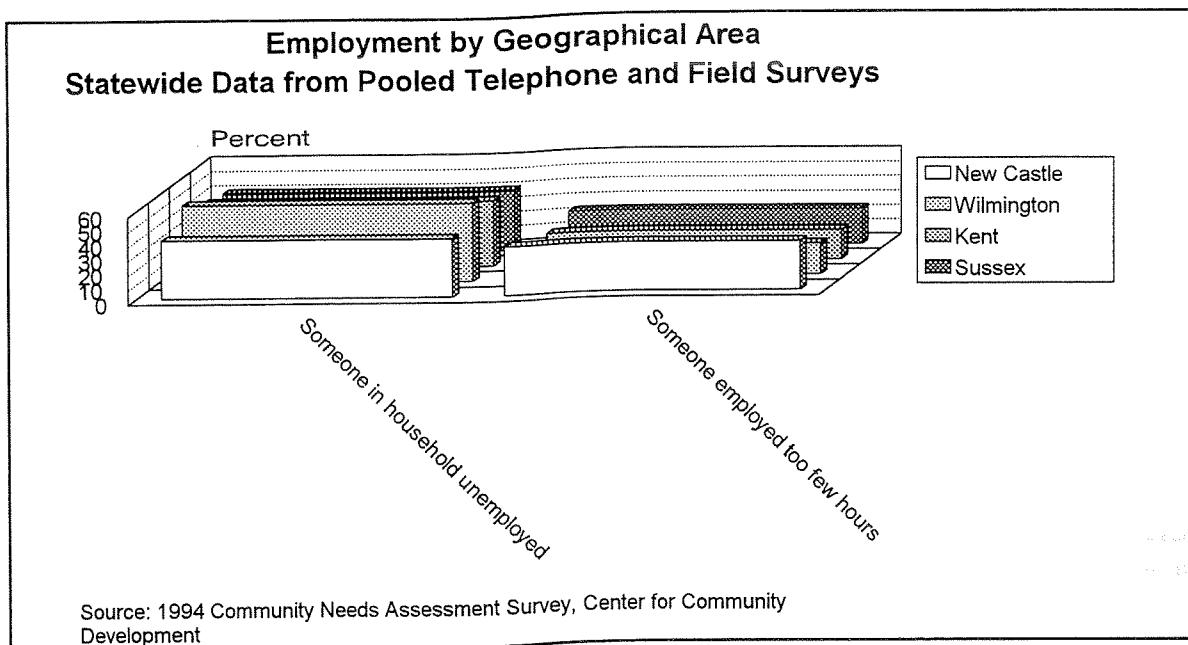
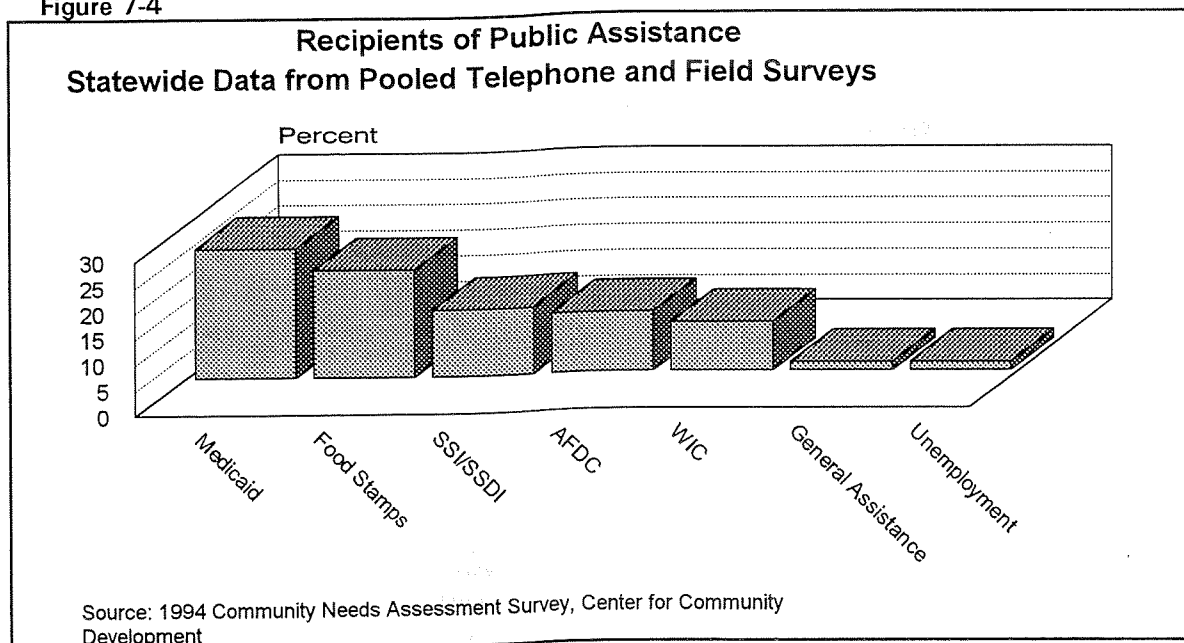


Figure 7-4 and Table 7-1 show the percentage of households in which someone received some form of public assistance.

Figure 7-4

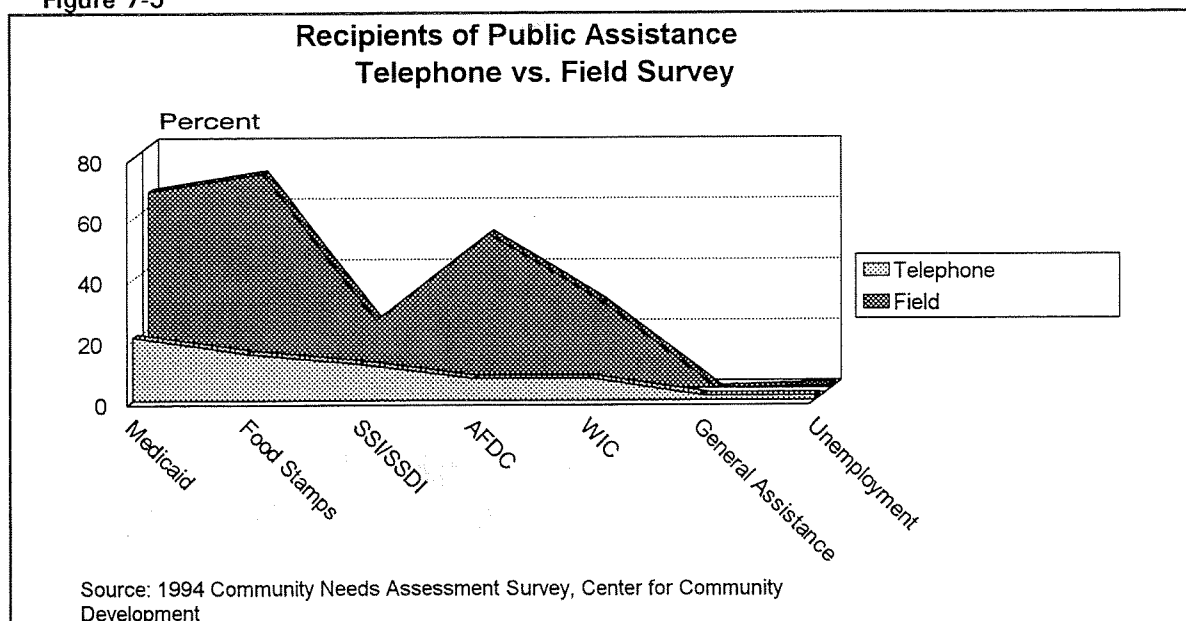


**Table 7-1**  
**Recipients of Public Assistance**

Program	Percentage of Households
Medicaid	25%
Food Stamps	21%
SSI/SSDI	13%
AFDC	12%
WIC	9%
General Assistance	2%
Unemployment Insurance	2%

Respondents to the field survey were significantly more likely to have a recipient of Medicaid (65% vs. 21%), Food Stamps (71% vs. 15%), AFDC (51% vs. 7%), and WIC (28% vs. 7%) in the household and somewhat more likely to have a recipient of SSI/SSDI (22% vs. 12%). Very few of the respondents in either survey said that someone in the household received either General Assistance or Unemployment Insurance.

**Figure 7-5**



The proportions of households with persons receiving some form of public assistance differed by geographical area. As Figure 7-6 and Table 7-2 show, Wilmington had the highest proportions of recipients of Medicaid, Food Stamps, SSI/SSDI, AFDC, and WIC. Kent County had a higher than average proportion of Medicaid and SSI/SSDI recipients. Except for food stamp recipients, New Castle

County was below the average and Sussex County was below the average with the exception of Medicaid recipients. General Assistance and Unemployment Insurance did not vary significantly by geographical area.

Figure 7-6

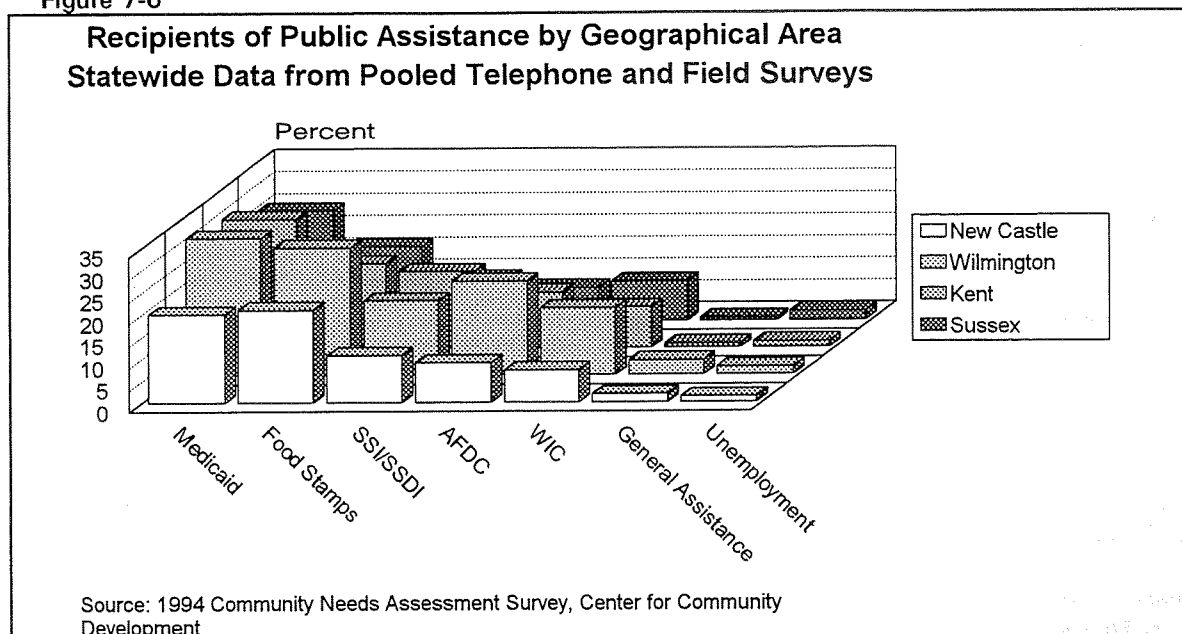


Table 7-2

Recipients of Public Assistance by Geographical Area

Program	New Castle	Wilmington	Kent	Sussex
Medicaid	20%	31%	29%	25%
Food Stamps	21%	29%	19%	17%
SSI/SSDI	11%	17%	17%	10%
AFDC	9%	21%	13%	7%
WIC	7%	15%	9%	9%
General Assistance	2%	3%	1%	1%
Unemployment Insurance	1%	2%	1%	2%

#### Summary and Comparison with other Needs Assessments

**Employment.** Just under nine percent of the respondents to the **Insight Delaware** survey said that someone in their household was unemployed as compared to 44 percent of the respondents to the **CNA Survey** (30% if households containing retired persons are included, a figure which is more



comparable to the **Insight Delaware** results). Fifteen percent of the **Insight Delaware** respondents said that unemployment was a neighborhood problem. While the **CNA Survey** is based on households rather than persons in the labor force, it should be noted that the seasonally adjusted unemployment rate for Delaware in August 1994 was 4.3 percent.<sup>1</sup>

In the **CNA Survey**, Wilmington respondents (54%) were significantly more likely to say that someone in the household was unemployed as compared to respondents from Kent County (45%), Sussex County (41%) or suburban New Castle County (40%). A number of local needs assessments, studies and public forums addressed the question of employment. In the Wilmington **Enterprise Community Focus Groups**, community leaders talked about the low employment prospects for young adults; young families were concerned about the lack of employment opportunities for African-Americans and that most jobs do not pay a living wage; and youth felt that jobs were needed to keep young people off the streets. In the Wilmington **Enterprise Community Summit**, there was discussion about the need to expand small business and self-employment opportunities, for a higher minimum wage, for summer youth employment, and for long-term job opportunities for those who cannot afford college. The **Westside/West Center City Weed and Seed Project** report identified a scarcity of job opportunities in the target area and the **Eastside Substance Abuse Program Evaluation** cited the high incidence of unemployment among clients of the treatment program.

The study of the **Impact of a Boys and Girls Club Facility** in lower New Castle County noted a problem of unemployment among teenagers. The **Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community** described the area as having a higher than average proportion of residents in occupations considered at risk--that is, jobs that are hardest hit by economic recession--and stated that employment assistance services need to be expanded there. **State Service Center Focus Groups** in New Castle County noted the lack of well-paying jobs, particularly for youth, as a challenge in the county. In Kent County the focus groups raised concerns about the lack of permanent jobs which offer medical benefits and, in Sussex County, they referred to the need for year-round jobs with benefits because seasonal work has become predominant there. Community leaders responding to the **Insight Delaware** survey said that unemployment was a moderate problem in Wilmington, and a minor to moderate problem in New Castle County, Kent County, and Sussex County.

The **DECCASA** needs and resource assessments described unemployment problems in Dover, Lewes and West Rehoboth, and Georgetown. The **First State Community Action Agency** needs assessment documented high unemployment in Palmer Park, Broad Acres, Coverdale Crossroads, Ellendale, West Rehoboth, and Lewes and an assessment conducted as part of the **Safe Communities Initiative** pointed to employment needs in the target communities, citing an employment rate of 20 percent in these areas as compared with 4.1 percent in Sussex County generally. Unemployment problems were also a major concern of the participants in the **Sound Communities Summit** in Sussex County.

Among the respondent groups in the **CNA Survey**, African-Americans (53%), Hispanics (59%), married males (48%), unmarried males with children (49%), unmarried females with children (51%), those living in households with incomes below \$12,000 (52%), those living in three-person (48%) or five or more person (53%) households, and those living with a recipient of Medicaid (60%), AFDC (79%), SSI/SSDI (73%), or Food Stamps (67%) most frequently indicated that someone in the household was unemployed.

**Job Training or Counseling.** Fifteen percent of all respondents in the **CNA Survey**, or 23

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<sup>1</sup>Source: Bureau of Economic Research, University of Delaware, **Delaware Economic Indicators**, October 1994.

percent if households containing retired persons are excluded, said that someone in their household needed job counseling or training. There was no variation in this response by geographical area but several groups had high rates of concern about job training including African-Americans (27%), Hispanics (44%), females as compared to males (26% vs. 17%), those 18 to 25 (34%) or 26 to 35 (28%), unmarried males with children (29%), unmarried females with children (35%), those living in households earning less than \$12,000 (28%), those living in five or more person households (31%), and those living with a recipient of Medicaid (29%), AFDC (39%), or Food Stamps (34%).

Several needs assessments dealt with the issue of job training or counseling including a group of homeless persons in the **Wilmington Enterprise Community Focus Groups**, the **Wilmington Enterprise Community Summit** which cited a need for job training for those who cannot afford college, the **AmeriCorps Public Forum** in New Castle County which noted a need for job training, and the **DECCASA** needs and resource assessments which said that vocational training or employment counseling is needed in Milford, Georgetown, Lewes and West Rehoboth.

## SECTION 8

### SOURCES OF HELP

Respondents were asked where they turned to when they needed help for problems other than health care. Did they seek help from:

- a family member
- a neighbor
- a friend
- the church
- a State Service Center
- another social service agency or community center

Figure 8-1 shows that most people turn to a family member (72%) or a friend (59%) followed by the church (46%) and a neighbor (40%). A significant proportion also seek assistance from a State Service Center (29%) or another social service agency or community center (24%).

Figure 8-1

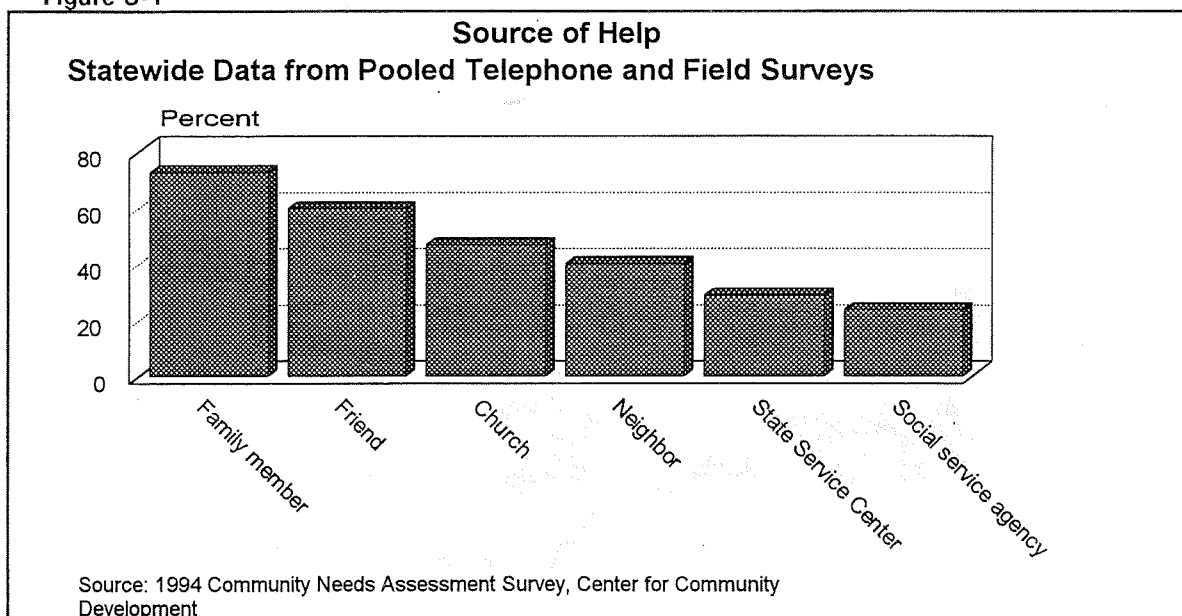
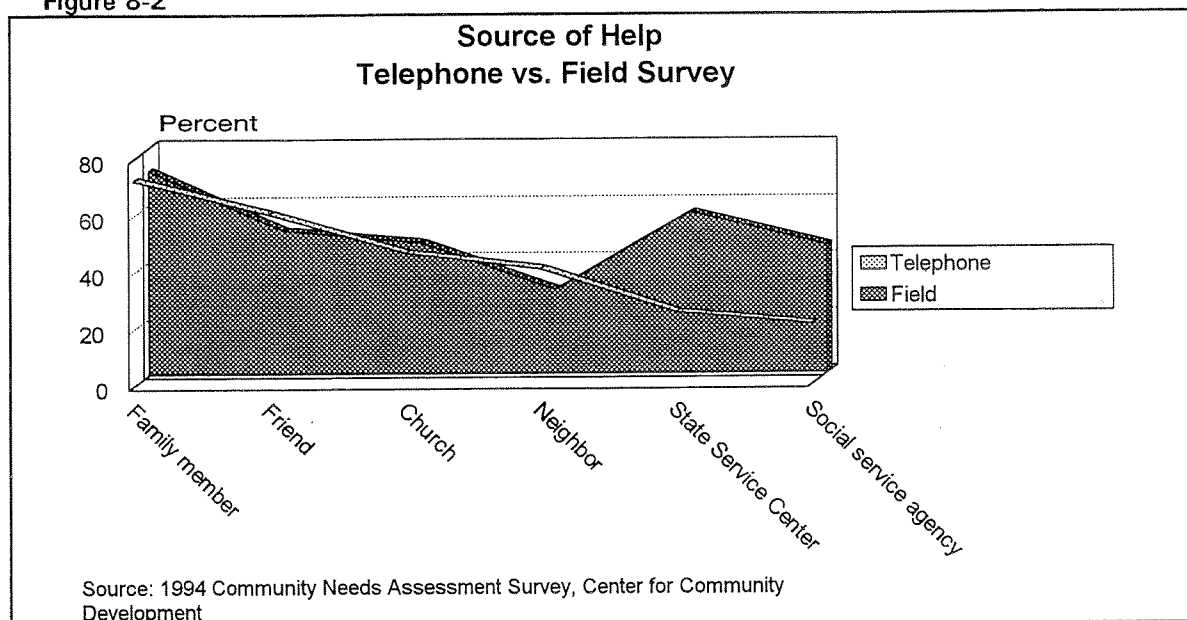


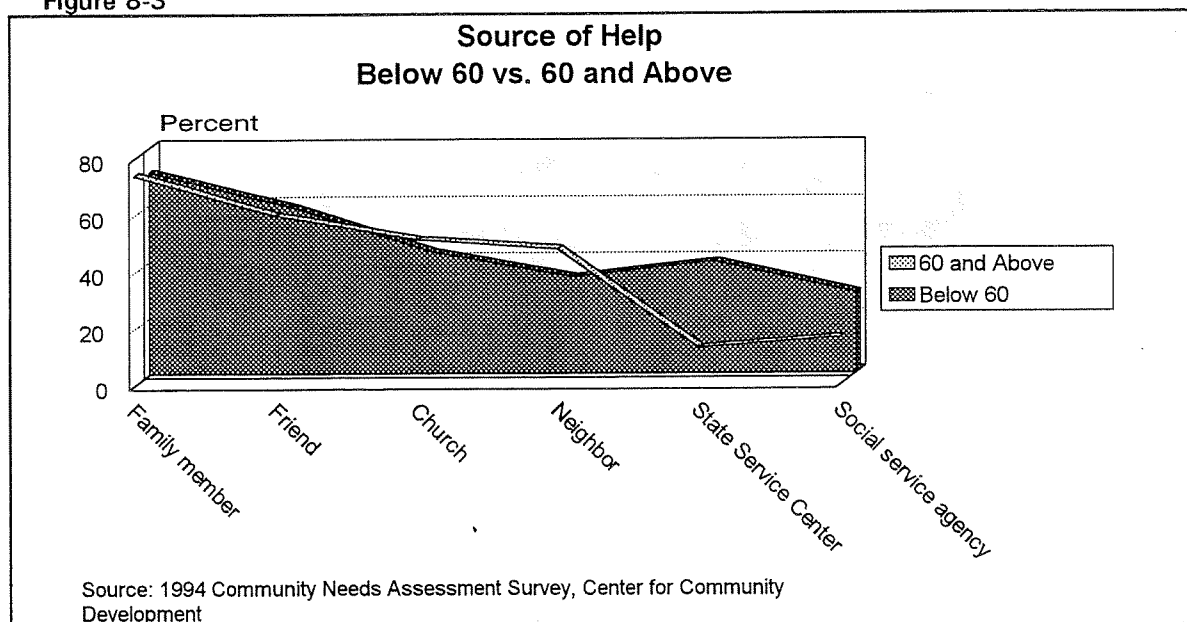
Figure 8-2 Indicates that respondents to the field survey are much more likely than respondents to the telephone survey to go to a State Service Center (57% vs. 25%) or a social service agency (45% vs. 21%) for assistance.

Figure 8-2



Respondents below the age of 60 are much more likely than those 60 or above to go to a State Service Center (40% vs. 13%) or a social service agency (28% vs. 17%) for assistance but somewhat less likely to turn to a neighbor (34% vs. 48%).

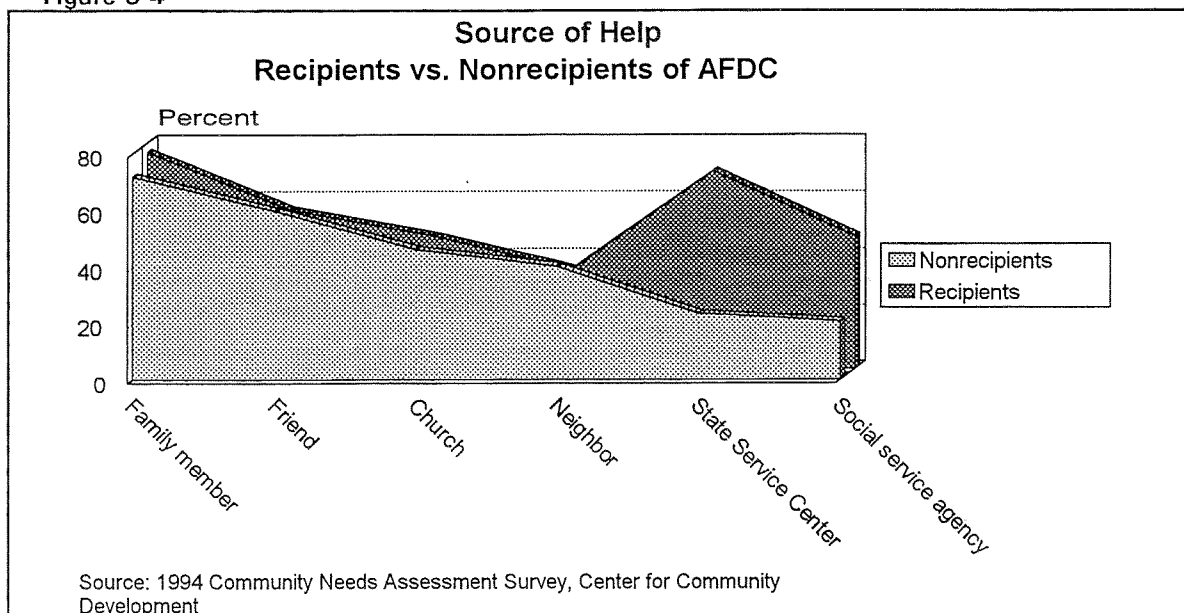
Figure 8-3



Not surprisingly, respondents residing in households containing a welfare recipient are more likely to seek assistance from a State Service Center (70% vs. 23% of recipients in nonrecipient

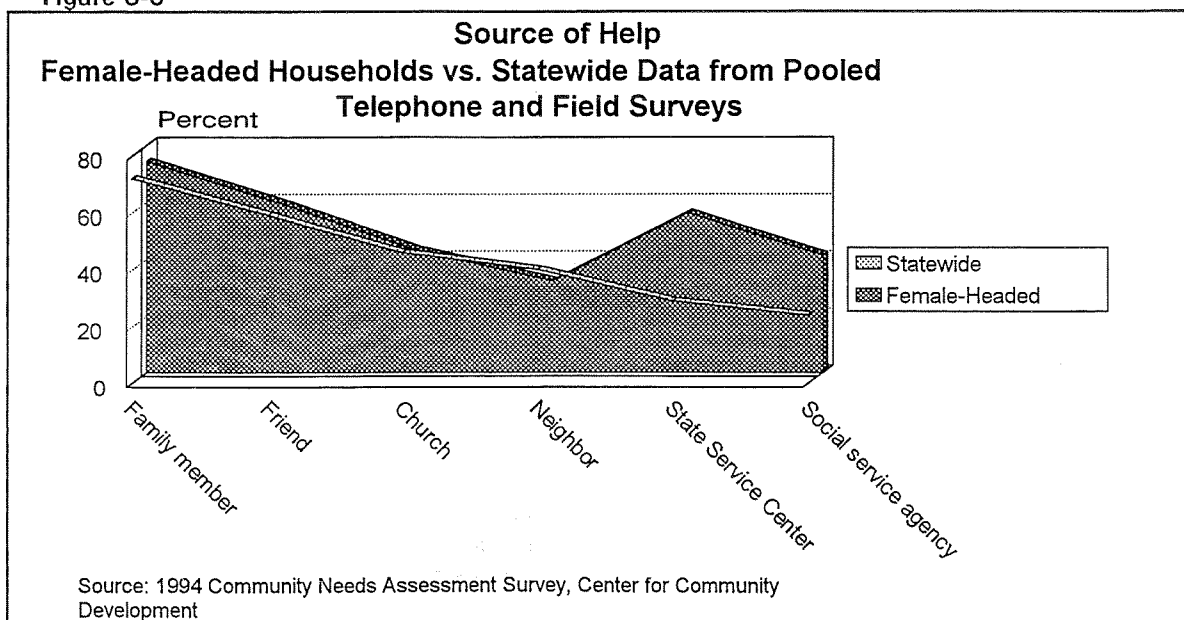
households) or a social service agency (47% vs. 21%). Otherwise, their sources of help are not significantly different from nonrecipient households.

Figure 8-4



Respondents in female-headed households are just as likely to turn to a family member, friend, the church or a neighbor than respondents in the pooled sample as a whole when they need assistance but they are more likely to go to a State Service Center (56% vs. 29%) or a social service Agency (41% vs. 24%).

Figure 8-5



As shown in Figure 8-6 and Table 8-1, respondents from New Castle County are more likely to seek assistance from a family member, a friend, the church, or a neighbor than respondents from the other areas and the least likely to go to a State Service Center or a social service agency. Respondents from Wilmington are the most likely to use a social service agency while respondents from Kent County are more likely to be users of State Service Centers.

Figure 8-6

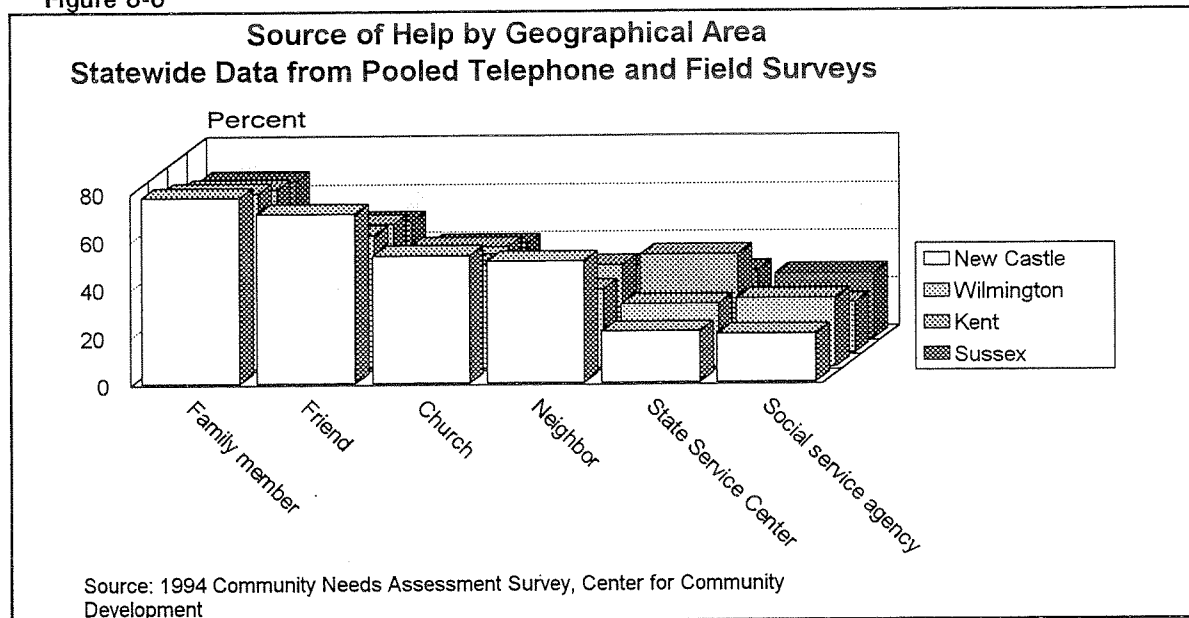


Table 8-1

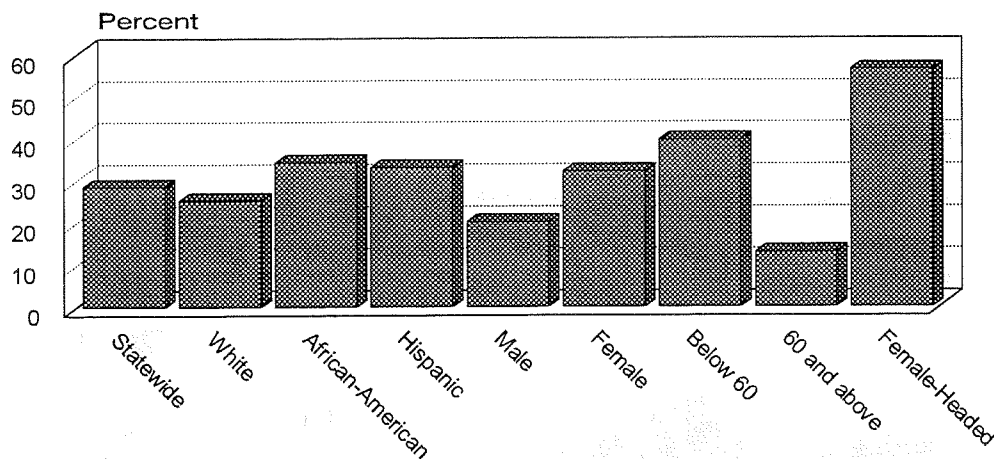
Source of Help by Geographical Area

Source of Help	New Castle	Wilmington	Kent	Sussex
Family member	78%	73%	69%	67%
Friend	71%	56%	54%	50%
Church	53%	44%	45%	40%
Neighbor	51%	33%	37%	31%
State Service Center	21%	27%	41%	29%
Social Service Agency	20%	29%	21%	27%

Nearly 29 percent of the respondents say that they use a State Service Center when they need help. This pattern varies by respondent characteristics as shown in Figure 8-7. A higher proportion of African-Americans (34%) and Hispanics (33%) use the Centers than whites (25%). Females (32%), those below 60 (40%), and respondents in female-headed households (56%) are more likely to use the Centers than males (20%) and those above the age of 60 (13%).

Figure 8-7

**Go to State Service Center by Respondent Characteristics**  
**Statewide Data from Pooled Telephone and Field Surveys**

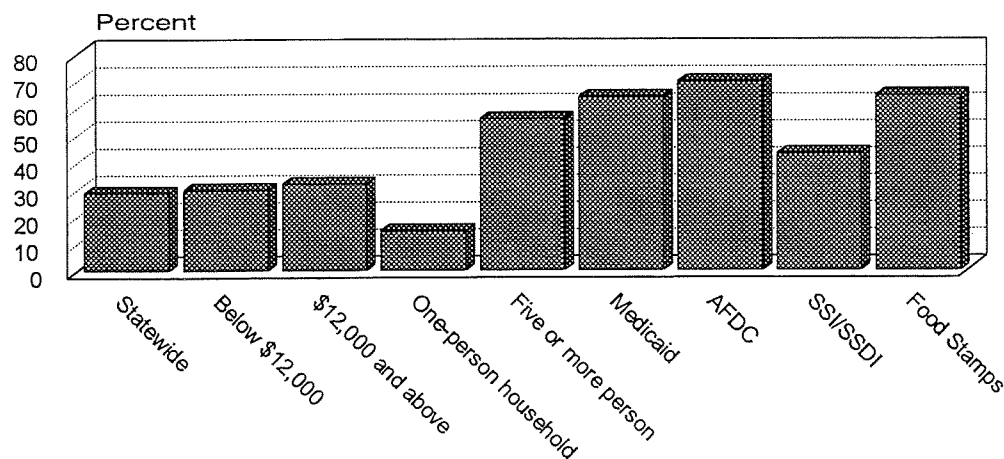


Source: 1994 Community Needs Assessment Survey, Center for Community Development

In terms of household characteristics, respondents living in households containing recipients of public assistance such as Medicaid (64%), AFDC (70%), SSI/SSDI (43%), or food stamps (65%) are proportionately more likely users of the State Service Centers as are respondents who live in households with five or more persons (56%). Income is not related to use of the Centers.

Figure 8-8

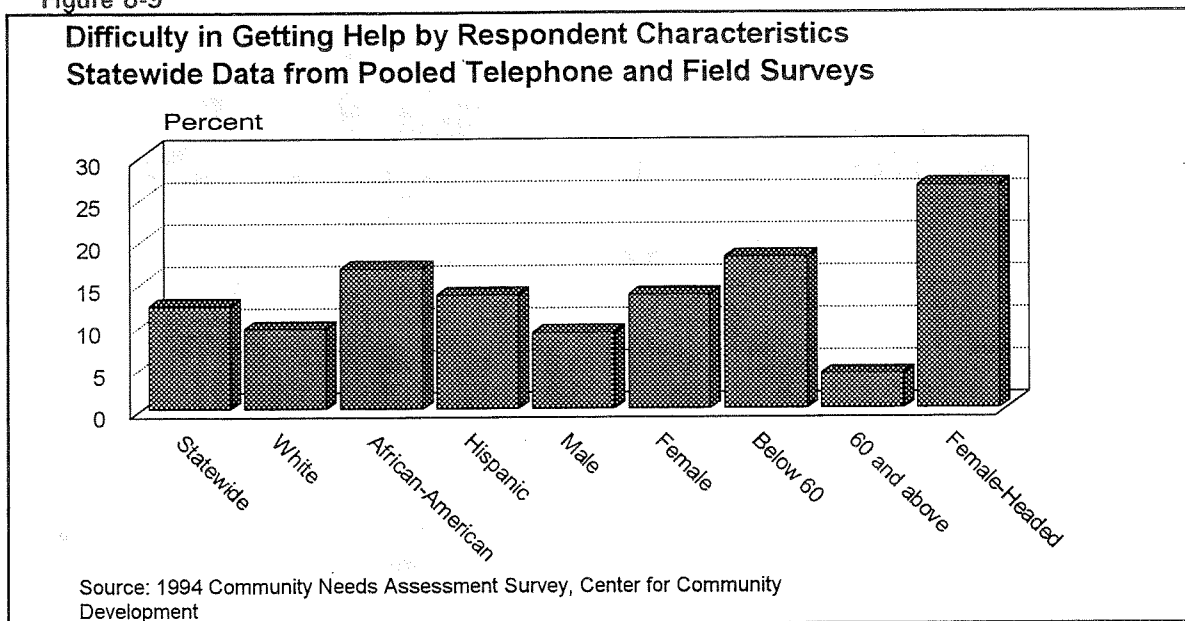
**Go to State Service Center by Household Characteristics**  
**Statewide Data from Pooled Telephone and Field Surveys**



Source: 1994 Community Needs Assessment Survey, Center for Community Development

Respondents were asked if they were having difficulty getting help from health and human service agencies. As shown in Figure 8-9, just over 12 percent answered, yes. There were no significant differences by geographical area on this question but respondents did differ in the extent to which they said they had difficulty. Respondents living in female-headed households (26%), those below 60 years of age (18%), and African-Americans (17%) more frequently said that they had difficulty getting help.

Figure 8-9

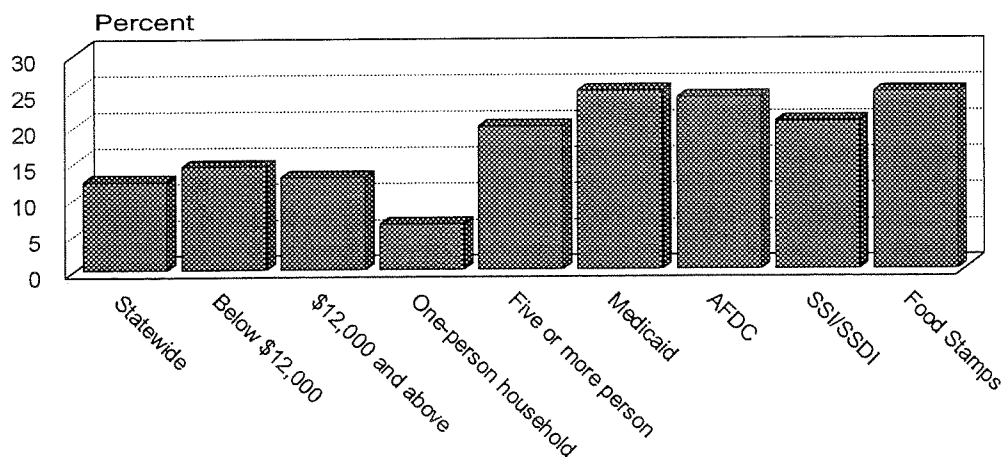


Difficulty getting help was also indicated more frequently by respondents living in five or more person households (20%) and by those living in households with recipients of public assistance such as Medicaid (25%), AFDC (24%), SSI/SSDI (20%), or Food Stamps (25%).



Figure 8-10

### Difficulty in Getting Help by Household Characteristics Statewide Data from Pooled Telephone and Field Surveys

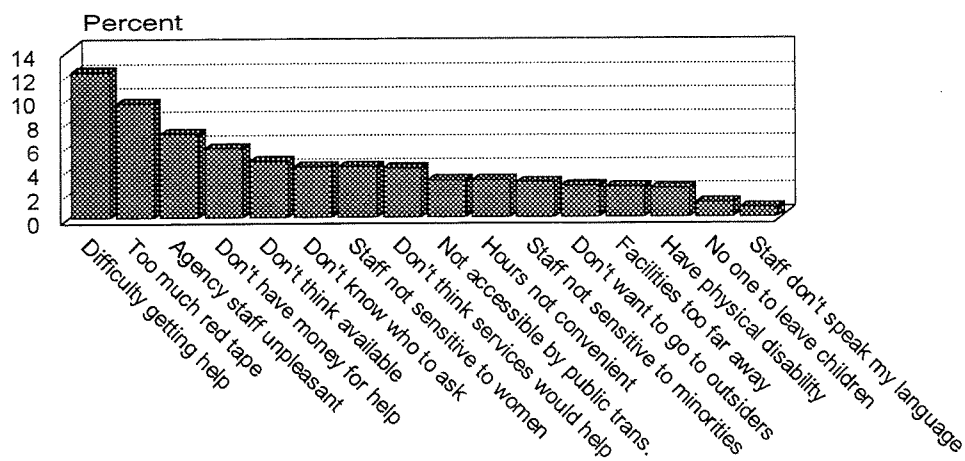


Source: 1994 Community Needs Assessment Survey, Center for Community Development

As indicated above, just 12 percent of the respondents said that they had difficulty getting help from health and human service agencies. As shown in Figure 8-11 and Table 8-2, the reasons for the difficulty were most often attributed to too much red tape, unpleasant agency staff, or lack of money or insurance to pay for assistance.

Figure 8-11

### Reasons For Not Getting Help Statewide Data from Pooled Telephone and Field Surveys



Source: 1994 Community Needs Assessment Survey, Center for Community Development

Other reasons cited were: they did not think help was available, they don't know who to ask or where to go, the agency staff is not sensitive to the special needs of women, they don't think the services would help, the facilities are not accessible by public transportation and no personal transportation is available, the hours are not convenient, the agency staff is not sensitive to the special needs of minorities, they don't want to go to outsiders for help, the nearest facilities are too far away, they have a physical disability which makes it hard to get there or to get inside, there is no one to leave children with when going for assistance, or the agency does not have people who speak their language.

Table 8-2 compares the reasons given in the **CNA Survey** for not getting help with the responses to a similar set of questions in the **Insight Delaware** survey.

Table 8-2

## Reasons For Not Getting Help

Reason For Not Getting Help	CNA Survey	Insight Delaware
Too much red tape	9.6%	-----
Agency staff unpleasant	7.0%	-----
Don't have money for help	5.8%	9.6%
Don't think available	4.7%	8.0%
Don't know who to ask	4.2%	10.6%
Staff not sensitive to women	4.2%	-----
Don't think services would help	4.1%	3.6%
Not accessible by public transportation	3.1%	-----
Hours not convenient	3.1%	2.4%
Staff not sensitive to minorities	2.9%	-----
Don't want to go to outsiders	2.6%	3.4%
Facilities too far away	2.5%	3.0%
Have physical disability	2.4%	1.6%
No one to leave children	1.2%	1.2%
Staff don't speak my language	.8%	.4%

## Summary and Comparison with other Needs Assessments

Too much red tape and agency staff unpleasant were most frequently cited in the **CNA Survey** as reasons why people had difficulty getting help from health and human service agencies followed by lack of money or insurance, lack of knowledge about the help available, and lack of information about

who to ask for help. The first two options were not a part of the list of reasons given to the respondents to the **Insight Delaware** survey. Households placed emphasis on lack of knowledge about services (who to ask and what services were available) and inability to pay. Community leaders and service providers in the **Insight Delaware** survey stressed lack of knowledge about the availability of services, lack of transportation, lack of knowledge about how to locate services, and inability to pay fees.

The list below provides a summary of the ways in which different respondent groups in the **CNA Survey** cited reasons for difficulty in getting help. Only the significantly different responses are mentioned here. In addition, the list notes other needs assessments and studies which comment on one or more of the reasons for difficulty.

**Note:** the percentages below relate only to the 12 percent of the respondents who said that they had difficulty getting help. Thus, while 10 percent of all respondents said that there was too much red tape, 82 percent of those who said they had difficulty getting help indicated that one of the problems was too much red tape.

***Too much red tape***--82 percent of those who said they had difficulty getting help

Kent County respondents (67%) vs. Sussex (84%), suburban New Castle (89%) and Wilmington (92%); Non-Hispanics (85%) vs. Hispanics (55%); those earning less than \$12,000 (90%)

The **First State Community Action Agency** needs assessment noted the amount of time it takes to get results as a barrier to obtaining service for West Rehoboth residents and the Center for Assessment and Policy Development's report on **Delaware Investments in Children** stressed that state services require families with multiple needs to navigate through a complicated mix of agencies and programs and that clients must establish relationships with new workers each time they access a service funded by a different source. Too much paperwork or too complex forms were identified as problems by **State Service Center Focus Groups** in New Castle County, Kent County and Sussex County.

***Agency staff unpleasant***--60 percent of those who said they had difficulty getting help

Kent County respondents (44%) vs. Sussex (50%), Wilmington (60%), and suburban New Castle (81%); those 66 and older (69%), 18 to 25 (70%) and 46 to 55 (74%); SSI/SSDI recipients (78%).

A need for more courteous treatment of clients was indicated by **State Service Center Focus Groups** in Kent County and Sussex County.

***Don't have money for help***--49 percent of those who said they had difficulty getting help

Kent County respondents (33%) vs. Wilmington (45%), Sussex (55%) and suburban New Castle (59%); those 66 and older (54%), 56 to 65 (63%), and 46 to 55 (78%); those earning less than \$12,000 (58%); one-person (61%) and two-person (67%) households.

The **Eastside Substance Abuse Awareness Program Evaluation** notes the lack of money among individuals in need of substance abuse treatment as a barrier. The **DECCASA** needs and resource assessments identify the cost of service in Smyrna, Dover, and Georgetown as a major obstacle that

keeps people from seeking help. In Sussex County, the **State Service Center Focus Groups** pointed out that people do not get medical care because of the cost.

***Don't think available***--40 percent of those who said they had difficulty getting help

Two-person households (60%); SSI/SSDI recipients (53%).

Lack of information about services was mentioned by **State Service Center Focus Groups** in New Castle County and Sussex County.

***Don't know who to ask***--35 percent of those who said they had difficulty getting help

African-Americans (45%); those 66 and older (45%), 56 to 65 (52%) and 46 to 55 (61%); those earning less than \$12,000 (42%); two-person households (56%); three-person households (40%).

Social service providers in the **Wilmington Enterprise Community Focus Groups** mentioned that clients need education on how to access and use the resources of social service providers. The **DECCASA** needs and resource assessments cite lack of knowledge about where to go for help as a problem in Smyrna, Dover, Georgetown and West Rehoboth. Lack of knowledge about where to go for services was noted by **State Service Center Focus Groups** in Kent County.

***Staff not sensitive to women***--40 percent of those who said they had difficulty getting help

No statistically significant relationships observed.

***Don't think services would help***--37 percent of those who said they had difficulty getting help

Whites (46%); Hispanics (85%).

The **DECCASA** needs and resource assessments indicated that some Smyrna respondents felt that services would not help.

***Staff not sensitive to minorities***--27 percent of those who said they had difficulty getting help

Kent County respondents (10%) vs. Sussex (11%), suburban New Castle (42%) and Wilmington (43%); those earning below \$12,000 (33%); two-person households (42%); three-person households (32%).

The **DECCASA** needs and resource assessments note that services are not culturally or ethnically sensitive in Smyrna and that there is racial discrimination in Dover.

***Not accessible by public transportation***--26 percent of those who said they had difficulty getting help

Wilmington respondents (14%) vs. Kent (15%), Sussex (26%) and suburban New Castle (44%); Hispanics (62%); unmarried males without children (55%); unmarried females without children

(48%); those earning below \$12,000 (33%); those in two-person (35%) and one-person (46%) households.

The Comprehensive Study of the Long-Term Health and Social Service Needs of the Claymont Community indicates that transportation is a major factor in the underutilization of the State Service Center. The DECCASA needs and resource assessments note lack of transportation as a barrier to service in Smyrna and Dover and as the most important factor that keeps people from seeking help in Georgetown. The First State Community Action Agency mentions the lack of public transportation as a barrier to obtaining service in Ellendale and West Rehoboth. Transportation was an issue with all of the State Service Center Focus Groups in New Castle County and Sussex County.

***Hours not convenient***--26 percent of those who said they had difficulty getting help

Sussex County respondents (17%) vs. Kent (19%), Wilmington (23%) and suburban New Castle (42%); those earning below \$12,000 (31%); those in two-person households (44%).

The DECCASA needs and resource assessments note agency hours to be a problem in Smyrna and Georgetown. Inconvenient services hours were indicated by State Service Center Focus Groups in New Castle County, Kent County, and Sussex County. In the Client Satisfaction Survey conducted by the Division of State Service Centers, 9 out of 10 respondents found the hours of operation to be adequate but one-third said that they wait longer than 15 minutes for services.

***Don't want to go to outsiders***--22 percent of those who said they had difficulty getting help

Kent County respondents (9%) vs. Sussex (19%), Wilmington (28%) and suburban New Castle (32%); males (34%); those earning below \$12,000 (26%).

The DECCASA needs and resource assessments indicate that a fear of what others might think is an obstacle keeping some people from seeking help in Smyrna, Dover and Georgetown.

***Facilities too far away***--22 percent of those who said they had difficulty getting help

Whites (27%); those earning below \$12,000 (25%); AFDC recipients (35%). The DECCASA needs and resource assessments cite facility location as a problem in Smyrna, Dover, and Georgetown.

***Have physical disability***--20 percent of those who said they had difficulty getting help

Kent County respondents (12%) vs. Wilmington (15%), Sussex (16%), and suburban New Castle County (34%); Whites (27%); Hispanics (62%); those 46 to 55 (43%), and 56 to 65 (48%); those earning below \$12,000 (26%); those in one-person (26%) and two-person (39%) households.

Lack of services for the speech and visually impaired was cited by State Service Center Focus Groups in New Castle County.

***No one to leave children***--13 percent of those who said they had difficulty getting help

Those earning below \$12,000 (19%); AFDC recipients (25%) and SSI/SSDI recipients

(24%).

***Staff don't speak my language***--7 percent of those who said they had difficulty getting help

Kent County respondents (0%) vs. Wilmington (2%), Sussex (3%) and suburban New Castle(18%); those 46 to 55 (19%) and 66 and older (18%); married males (35%).

A need for interpreters was indicated by **State Service Center Focus Groups** in Sussex County.

## LIST OF SOURCES

This report synthesizes a variety of studies which have assessed the health and social service needs of Delawareans. A number of reports representing small community studies and statewide needs assessments, as well as data collected from focus groups and the Delaware telephone helpline, have been examined to determine what is known about the health and social service needs of Delawareans. The following is a list of assessments, reports, and data which were included in the synthesis.

- 1994 Behavioral Risk Survey conducted by the Center for Disease Control, Division of Public Health (DPH), Department of Health and Social Services (DHSS); 1994
- AmeriCorps Public Forums in Wilmington, New Castle County, Kent County, and Sussex County; 1994
- *City of Wilmington, Westside/West Center City Weed and Seed Project* prepared by the Delaware Criminal Justice Council; 1992
- *City of Wilmington, Westside/West Center City Weed and Seed Project -- Phase II* prepared by the Delaware Criminal Justice Council; 1994
- *Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community* prepared for DHSS by Davis and Company and Endecon, Inc.; 1993
- *Delaware Community Clusters Against Substance Abuse (DECCASA) Community Needs and Resources Assessments* conducted by local DECCASA community advisory boards/coalitions in Dover, Smyrna, Georgetown, Lewes/Rehoboth Beach, Seaford, and Milford; 1991-1992
- Delaware Helpline data; 1993 --The helpline is a service of United Way and the Division of State Service Centers (DSSC).
- Delaware State Service Centers' Community-Wide Focus Groups conducted by the DSSC, Delaware Department of Health and Social Services (DHSS); 1994
- *Eastside Substance Abuse Awareness Program Evaluation prepared* by Richard J. Harris and Jack O'Connell of the Delaware Statistical Analysis Center, 1994.
- Empowerment Zone/Enterprise Community Focus Groups conducted by the Wilmington Planning Department with Business Persons, Day Care Providers, Educators, Homeless persons, Neighborhood Knowledgeables, Social Service Providers, Young Families, and Youth; 1994
- *Enterprise Community Summit, June 2-4, 1994; Working Draft*; 1994
- *Executive Summary; Client Satisfaction Survey Results* prepared by DSSC, DHSS; 1994
- First State Community Action Agency (FSCAA) Needs Assessments in Palmer Park, Broad Acres, Coverdale Crossroads, Ellendale, Lewes and West Rehoboth
- *Impact of a Boys and Girls Club Facility; Component A: Baseline Analysis* by Tim Barnekov, Steve Peuquet, and Marjorie Eldridg; Center for Community Development, College of Urban Affairs and Public Policy, University of Delaware; 1992

- *Improving Investments for Children and Families, Final Report Part I and Part II; Delaware's Investments in Children: An Inventory and Assessment* prepared by Patrick T. McCarthy and Virginia D. Miller of the Center for Assessment and Policy Development; 1994
- *Insight Delaware: Finding form the Demographic, Economic, and Survey Research* prepared by James Bell Associates, Inc. for the United Way; 1990
- Reports; New Castle County Community Partnership (NCCCP) Local Coalitions' Household Survey Summaries which include *Report; Middletown/Odessa/Townsend Coalition, Household Survey Summary; Report; Coalition for the Northeast Community, Household Survey Summary; Report; North Wilmington Neighborhood Network, Household Survey Summary; and Report; Rosehill Community Coalition, Household Survey Summary*; 1993
- *Sound Communities Meeting Agenda and Information Packet*, Delaware Department of Public Safety; 1994
- *State of Delaware, 1994 Juvenile Justice & Delinquency Prevention Act; Formula Grant Application & 3-Year Comprehensive State Plan (FY 1994-FY1996)* prepared by the Delaware Criminal Justice Council; 1994
- *State of Delaware Comprehensive Housing Affordability Strategy (CHAS), One-Year Strategy and Fiscal Year 1994 Annual Plan for the Period 10/1/93 - 9/30/94*; 1993



**APPENDIX A**

**RESPONSE DIFFERENCES BY GEOGRAPHICAL AREA**

Table A-1

**General Service Needs by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Need/Problem	Statewide	New Castle	Wilmington	Kent	Sussex
Utilities	37%	39%	38%	34%	36%
Paying rent/mortgage	24%	26%	22%	20%	27%
Housing repair	23%	16%	20%	26%	31%
Weatherization	20%	14%	21%	20%	30%
Transportation	18%	21%	21%	13%	14%
Food/nutrition	14%	16%	13%	13%	14%
Furniture/appliances	13%	16%	16%	9%	10%
Clothing	9%	10%	11%	9%	8%
Legal services	9%	11%	9%	10%	6%
Reading/writing	6%	2%	7%	7%	11%
Domestic violence	4%	4%	6%	3%	4%
Victims' assistance	3%	3%	1%	5%	2%
Using English	2%	2%	2%	1%	3%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

Sussex County respondents cited housing repair, weatherization, and reading and writing more frequently than respondents from the other areas but were the least likely to mention legal services. Wilmington respondents and respondents from suburban New Castle County were more likely than downstate respondents to indicate that transportation and furniture and appliances were problems. Kent County respondents mentioned victims' assistance more than other respondents.

Note: percentages are bolded in these tables when the chi-square is .05 or less (a confidence level of 95 percent).

Table A-2

**Health Needs by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Need/Problem	Statewide	New Castle	Wilmington	Kent	Sussex
Adequate health insurance	37%	34%	34%	39%	43%
Adequate dental care	36%	34%	33%	39%	37%
Money for medicine	27%	23%	23%	26%	35%
Chronic disease	22%	29%	16%	20%	21%
Finding a doctor	12%	10%	11%	15%	14%
Physical therapy	9%	11%	7%	7%	8%
Mental health	8%	7%	6%	10%	7%
Care for pregnancy	5%	3%	4%	8%	6%
Speech therapy	3%	2%	2%	4%	4%
Family planning	3%	1%	3%	3%	4%
Alcohol abuse	2%	2%	4%	3%	1%
Drug abuse	2%	2%	2%	2%	1%
Sexually trans. disease	1%	1%	2%	1%	1%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

Respondents from Sussex County indicated greater need for adequate health insurance, money for medicine, and assistance in finding a doctor. Respondents from New Castle County expressed the highest level of need for treatment of a chronic disease while respondents from Kent County were somewhat more likely to indicate a need for pregnancy care.

Table A-3

**Source of Health Care by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Source	Statewide	New Castle	Wilmington	Kent	Sussex
Private doctor	76%	77%	67%	74%	83%
Emergency room	18%	16%	24%	19%	17%
Community clinic	15%	11%	17%	23%	11%
HMO	1%	2%	1%	1%	1%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

There were differences in the source of health care along geographic lines. Respondents from Sussex County were the most likely to use a private doctor (83%) and, along with respondents from suburban New Castle County, the least likely to use a community clinic (11% respectively). Respondents from Wilmington had the highest level of use of emergency rooms (24%) while respondents from Kent County made the greatest use of community clinics (23%). Use of HMOs was under two percent in all of the geographical areas.

Table A-4

**Needs/Problems of Children and Youth by Geographical Area  
Statewide Data from Pooled Telephone and Field Surveys**

Need/Problem	Statewide	New Castle	Wilmington	Kent	Sussex
Support from other parent	34%	35%	42%	28%	34%
Wholesome activities	28%	33%	26%	23%	30%
Finding day care	16%	15%	14%	18%	18%
Teenagers sexually active	16%	19%	18%	11%	16%
Unmanageable behavior	15%	16%	16%	15%	14%
Poor school performance	15%	14%	19%	11%	18%
Help with parenting	9%	12%	12%	6%	8%
Trouble with law	6%	7%	1%	7%	7%
Dropping out of school	6%	7%	6%	4%	6%
Running away from home	3%	2%	4%	2%	3%
Teenagers parents	3%	1%	9%	2%	2%
Teenagers pregnant	2%	3%	2%	2%	2%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

Generally, there was not a statistically significant difference in the needs expressed by respondents from the different geographical areas. But on the question of any teenagers as parents in the household, nine percent of the Wilmington respondents said, yes, as compared to an average of less than two percent in the other three locations.

Table A-5

**Needs of the Elderly by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Need/Problem	Statewide	New Castle	Wilmington	Kent	Sussex
Housekeeping/shopping	16%	19%	14%	15%	12%
Maintaining home	14%	8%	13%	24%	21%
Transportation	14%	16%	11%	12%	13%
Recreation	9%	7%	6%	15%	10%
Service information	7%	6%	7%	9%	9%
Nursing care at home	4%	4%	3%	4%	3%
Adult day care	3%	4%	3%	0%	3%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

In two areas, respondents from the four geographic locations indicated different levels of need for older persons. Respondents from Kent and Sussex Counties were more likely to indicate that there was a problem in maintaining or repairing the home (24% and 21% respectively) and in finding suitable recreational activities (15% and 10% respectively).

Table A-6

**Needs of the Disabled by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Need/Problem	Statewide	New Castle	Wilmington	Kent	Sussex
Anyone with disability	25%	24%	27%	27%	24%
Recreation	32%	42%	28%	26%	32%
Transportation	23%	25%	28%	23%	17%
Maintaining home	23%	22%	13%	20%	36%
Housekeeping/shopping	17%	22%	15%	13%	16%
Day care	9%	16%	5%	11%	5%
Nursing care at home	5%	13%	2%	3%	2%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

As shown in Table A-6, there were two areas in which respondents from the four geographical areas identified different levels of need. Respondents representing households in Sussex County (36%) which contained a disabled person were more likely to say that there was a problem with maintaining or repairing the home while Wilmington respondents (13%) were the least likely to mention this problem. With respect to getting nursing care at home, a higher proportion of respondents from suburban New Castle County (13%) said that this was a problem for a disabled person in their household.

Table A-7

**Employment by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Employment Problem	Statewide	New Castle	Wilmington	Kent	Sussex
Someone in household unemployed	44%	40%	54%	45%	41%
Someone seeking employment	50%	59%	50%	46%	45%
Someone employed too few hours	25%	34%	21%	20%	24%
Someone needs job counseling	23%	27%	23%	19%	22%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

Respondents from Wilmington (54%) were the most likely to say that someone in the household was unemployed while respondents from suburban New Castle County (34%) were the most likely to say that someone was employed too few hours.

Table A-8

**Recipients of Public Assistance by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Source of Assistance	Statewide	New Castle	Wilmington	Kent	Sussex
Medicaid	25%	20%	31%	29%	25%
Food Stamps	21%	21%	29%	19%	17%
SSI/SSDI	13%	11%	17%	17%	10%
AFDC	12%	9%	21%	13%	7%
WIC	9%	7%	15%	9%	9%
General Assistance	2%	2%	3%	1%	1%
Unemployment	2%	1%	2%	1%	2%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

The proportions of households with persons receiving some form of public assistance differed by geographical area. As Table A-8 shows, Wilmington had the highest proportions of recipients of Medicaid, Food Stamps, SSI/SSDI, AFDC, and WIC. Kent County had a higher than average proportion of Medicaid and SSI/SSDI recipients. Except for food stamp recipients, New Castle County was below the average and Sussex County was below the average with the exception of Medicaid recipients. General Assistance and Unemployment Insurance did not vary significantly by geographical area.



Table A-9

**Source of Help by Geographical Area**  
**Statewide Data from Pooled Telephone and Field Surveys**

Source of Help	Statewide	New Castle	Wilmington	Kent	Sussex
Family member	72%	78%	73%	69%	67%
Friend	59%	71%	56%	54%	50%
Church	46%	53%	44%	45%	40%
Neighbor	40%	51%	33%	37%	31%
State Service Center	29%	21%	27%	41%	29%
Social service agency	24%	20%	29%	21%	27%

Source: 1994 Community Needs Assessment Survey, Center for Community Development

Respondents from New Castle County are more likely to seek assistance from a family member, a friend, the church, or a neighbor than respondents from the other areas and the least likely to go to a State Service Center or a social service agency. Respondents from Wilmington are the most likely to use a social service agency while respondents from Kent County are more likely to be users of State Service Centers.

Respondents were asked if they were having difficulty getting help from health and human service agencies. Just over 12 percent answered, yes. There were no significant differences by geographical area on this question

APPENDIX B  
QUESTIONNAIRE

## COMMUNITY NEEDS ASSESSMENT

ID# \_\_\_\_\_

Time Begin \_\_\_\_\_

Interviewer \_\_\_\_\_

Time End \_\_\_\_\_

Date \_\_\_\_\_

Telephone # \_\_\_\_\_

Page # \_\_\_\_\_

Hello, my name is \_\_\_\_\_. I'm working for the University of Delaware and we are conducting a survey about the health and social service needs of Delaware households. We need to talk to someone age 18 years or older who bears a major responsibility for the household. Are you that person?

**IF YES, PROCEED; IF NO, ASK IF THAT PERSON IS AT HOME. IF NOT AT HOME, ASK WHEN YOU CAN CALL BACK. \_\_\_\_\_ PROCEED WITH INTERVIEW IF THE HEAD OF HOUSEHOLD IS LESS THAN 18. IF LANGUAGE BARRIER PREVENTS COMPLETION OF INTERVIEW, NOTE LANGUAGE \_\_\_\_\_ AND INDICATE THAT WE WILL TRY TO CALL BACK.**

We need your help to make the study as accurate as possible. All information will be kept strictly confidential.

1. Not counting people who are there temporarily, how many persons (adults and children) live in your household? \_\_\_\_ (CHECK INCOME TABLE AND WRITE INCOME LEVEL BELOW)

Our study requires that we interview persons in certain income households. Was your household's total income before taxes in 1993 below \$ \_\_\_\_\_?

**(IF YES, CONTINUE; IF NO THANK THE RESPONDENT FOR THEIR TIME AND END THE INTERVIEW)**

We do not have your name or address. Your telephone number was chosen randomly and your responses will not be linked to your phone number. We will report the results only in summary form, so no individual data will be reported. May I proceed?

2. You said that \_\_\_\_ people live in your household. Do you share your home with another family?

yes	1	(GO TO Q. 2.2)
no	2	(GO TO Q. 2.1)
refused	7	(GO TO Q. 2.1)

2.1. Starting with yourself, could you tell me the age and sex of all the members of your household?

2.2. The following questions will be just about the members of your family. From now on when I say household, I mean just the members of your family. Starting with yourself, could you tell me the age and sex of all the members of your family living in this household?

**INTERVIEWER: PLEASE RECORD AGES AND SEX ON CHART BELOW. CONFIRM GENDER OF RESPONDENT IF IN DOUBT.**



(see page 105)

## PART 1: HOUSEHOLD PROBLEMS AND NEEDS

Now I am going to read you a list of problems that some people in Delaware may have. For each problem I read, please tell me if it is a problem for you or someone living in your household. Just a yes or no answer would be fine.

3. The first area I want to ask you about is housing. Do you (or someone in your household) have a problem with:

3.1. housing that needs repair

yes	1	don't know	9
no	0	refused	7

3.2. housing that needs weatherization (that is, the house is too hot in the summer and too cold in the winter)

yes	1	don't know	9
no	0	refused	7

3.3. paying the rent or mortgage

yes	1	don't know	9
no	0	refused	7

4. Next, I have some questions about general needs. Do you (or someone in your household) have a problem with:

4.1. having sufficient food or good nutrition

yes	1	don't know	9
no	0	refused	7

4.2. having adequate clothing

yes	1	don't know	9
no	0	refused	7

4.3. having furniture or appliances or having them in poor condition

yes	1	don't know	9
no	0	refused	7

4.4. paying electric, heating, or other utility bills

yes	1	don't know	9
no	0	refused	7

4.5. getting transportation to medical or other appointments

yes	1	don't know	9
no	0	refused	7

4.6. Do you or anyone in your household have a problem with reading or writing well enough to get along?

yes	1	don't know	9
no	0	refused	7

4.7 using the English language

yes	1	don't know	9	
no	0	refused	7	(IF NO, GO TO Q.5)

4.7.1. What is the language the person prefers to speak?

---

5. Now I am going to ask you about health care problems. If something is a problem for anyone in your household, could you tell me whether it is a problem for a preschooler (0-5), a child (6-11), a teenager (12-17), an adult (18-59), a senior citizen (60 or over), or for everyone? Do you (or anyone in your household) have a problem with:

(INTERVIEWER: IF RESPONDENT ANSWERS YES, PROBE FOR WHO IS HAVING THE PROBLEM)

				0-5	6-11	12-17	18-59	60+	All
--	--	--	--	-----	------	-------	-------	-----	-----

5.1. finding a doctor

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.2. having adequate health insurance

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.3. lacking money for medicine

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.4. lacking adequate dental care

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.5. needing speech therapy

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.6. needing physical or occupational therapy

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.7. Does anyone in your household need treatment for a mental health problem?

				0-5	6-11	12-17	18-59	60+	All
yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.8. need treatment for alcohol abuse

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.9. need treatment for drug abuse. Remember, information on this survey is strictly confidential.

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

5.10. need treatment for a chronic disease such as TB, cancer, chronic lung disease, or heart disease

yes	1	don't know	9	1	2	3	4	5	6
no	0	refused	7						

(INTERVIEWER: IF THERE IS NO ONE UNDER THE AGE OF 60 IN THE HOUSEHOLD, SKIP TO Q. 7; IF ANSWER IS YES, PROBE FOR WHO IS HAVING THE PROBLEM)

Adult Child/Teenager Both

6. Does anyone in your household

6.1 need treatment for a sexually transmitted disease?

yes	1	don't know	9	1	2	3
no	0	refused	7			

6.2. need care during and after pregnancy

yes	1	don't know	9	1	2	3
no	0	refused	7			

6.3. need family planning

yes	1	don't know	9	1	2	3
no	0	refused	7			

(INTERVIEWER CHECK CHART BELOW. IF THERE IS NO PERSON AGE 60 OR OLDER IN THE HOUSE GO TO Q. 8)

7. For those who are age 60 or older in your household, is there a problem

7.1. finding suitable recreational activities

yes	1	don't know	9
no	0	refused	7

7.2. doing housekeeping or shopping

yes	1	don't know	9
no	0	refused	7

7.3. maintaining or repairing the home

yes	1	don't know	9
no	0	refused	7

7.4. obtaining transportation

yes	1	don't know	9
no	0	refused	7

7.5. obtaining nursing care at home

yes	1	don't know	9
no	0	refused	8

7.6. obtaining adult day care

yes	1	don't know	9
no	0	refused	7

7.7. obtaining information about services for older persons

yes	1	don't know	9
no	0	refused	7

8. Does someone in your household have a disability?

yes	1	don't know	9	
no	0	refused	7	(IF NO, GO TO Q. 9)

(INTERVIEWER: GO TO Q. 8.2 IF THERE IS NO PERSON IN THE HOUSEHOLD 60 OR OLDER)

8.1. Is this the same person we just talked about?

yes	1	don't know	9	(IF YES, GO TO Q.9)
no	0	refused	7	

8.2 Is the person an adult over the age of 18 or a child?

adult	1
child	2
both	3

8.3. Does this person have a problem finding suitable recreational activities?

yes	1	don't know	9
no	0	refused	7

8.4. obtaining day care?

yes	1	don't know	9
no	0	refused	7

8.5. getting help with housekeeping or shopping?

yes	1	don't know	9
no	0	refused	7

8.6. getting help to maintain or repair the home?

yes	1	don't know	9
no	0	refused	7

8.7. obtaining transportation?

yes	1	don't know	9
no	0	refused	7

8.8. obtaining nursing care at home

yes	1	don't know	9
no	0	refused	7

**(INTERVIEWER CHECK BELOW. IF THERE IS NO PERSON AGE 17 OR YOUNGER IN THE HOUSE GO TO Q. 13)**

9. For the children or teenagers in your household, is there a problem with:

9.1. acting out or unmanageable behavior

yes	1	don't know	9
no	0	refused	7

9.2. finding day care or other care while the parents are at work or school

yes	1	don't know	9
no	0	refused	7



## 9.3. getting adequate child support from the child's other parent

yes	1	don't know	9
no	0	refused	7

## 9.4. finding places for wholesome social or recreational activities

yes	1	don't know	9
no	0	refused	7

## 10. Does anyone in household need help with parenting skills such as caring for a child or managing a child's behavior?

yes	1	don't know	9
no	0	refused	7

## (IF THERE ARE NO CHILDREN AGE 6 OR OLDER IN THE HOUSEHOLD, SKIP TO Q. 13)

## 11. Are any of the children or teenagers in the household having problems with:

## 11.1. skipping or dropping out of school?

yes	1	don't know	9
no	0	refused	7

## 11.2. with poor school performance

yes	1	don't know	9
no	0	refused	7

## 11.3. with running away from home

yes	1	don't know	9
no	0	refused	7

## 11.4. getting in trouble with law enforcement agencies

yes	1	don't know	9
no	0	refused	7

## 12. Are any of the children or teenagers

## 12.1 sexually active

yes	1	don't know	9
no	0	refused	7

## 12.2 pregnant

yes	1	don't know	9
no	0	refused	7

## 12.3 parents

yes	1	don't know	9
no	0	refused	7

13. Let's talk again about your household and move on to some other areas of need..

(IF IT IS CLEAR THAT ALL THE ADULTS IN THE HOUSEHOLD ARE RETIRED, SKIP TO Q. 14)

13.1. Is someone in the household unemployed?

yes	1	don't know	9	(IF NO, GO TO Q.13.3)
no	0	refused	7	

13.2. Is the person seeking employment?

yes	1	don't know	9
no	0	refused	7

13.3. Is someone in the household employed for fewer hours than that person needs?

yes	1	don't know	9
no	0	refused	7

13.4. Does anyone in the household need job counseling or training?

yes	1	don't know	9
no	0	refused	7

14. Is there conflict between family members that leads to violence within the household (such as pushing, shoving, slapping, hitting, kicking)?

yes	1	don't know	9
no	0	refused	7

15. Does anyone in the household need legal services but cannot find or afford them?

yes	1	don't know	9
no	0	refused	7

16. Does anyone in the household need victims' assistance (as a result of being a victim of a crime)?

yes	1	don't know	9
no	0	refused	7

17. Are there any other health or social problems in your household that we have not discussed?  
(INTERVIEWER: LIST ANY MENTIONED)

17.1. \_\_\_\_\_

17.2. \_\_\_\_\_

17.3. \_\_\_\_\_

18. Of the problems we've talked about today, which is the most serious in your household? (READ EXAMPLES)

- |                       |                       |                        |
|-----------------------|-----------------------|------------------------|
| 1 crowded housing     | 2 housing repair      | 3 weatherization       |
| 4 paying rent         | 5 food                | 6 clothing             |
| 7 furniture           | 8 utility bills       | 9 transportation       |
| 10 reading            | 11 English            | 12 doctor              |
| 13 insurance          | 14 medicine           | 15 dental              |
| 16 sexual disease     | 17 pregnancy care     | 18 family planning     |
| 19 speech therapy     | 20 phy/occ therapy    | 21 mental health       |
| 22 alcohol abuse      | 23 drug abuse         | 24 chronic disease     |
| 25 soc/rec activities | 26 housekeeping/shop. | 27 home nursing        |
| 28 adult day care     | 29 child day care     | 30 child support       |
| 31 skip/drop school   | 32 school performance | 33 running away        |
| 34 law conflicts      | 35 unemployment       | 36 domestic violence   |
| 37 parenting skills   | 38 legal services     | 39 victim's assistance |
| 97 don't know         | 98 no problems        | 99 refused             |

19. When you have a health problem, where do you go for help?

- 1 private doctor
- 2 hospital emergency room
- 3 HMO (Health Maintenance Organization)
- 4 community clinic (which one? \_\_\_\_\_)
- 7 refused
- 9 don't know

20. For other kinds of problems where do you turn to when you need help? (INTERVIEWER READS LIST AND CHECKS ITEM FOR EACH AFFIRMATIVE ANSWER)

20.1. family member

- |     |   |            |   |
|-----|---|------------|---|
| yes | 1 | don't know | 9 |
| no  | 0 | refused    | 7 |

20.2. neighbor

- |     |   |            |   |
|-----|---|------------|---|
| yes | 1 | don't know | 9 |
| no  | 0 | refused    | 7 |

20.3. friend

- |     |   |            |   |
|-----|---|------------|---|
| yes | 1 | don't know | 9 |
| no  | 0 | refused    | 7 |

20.4. church

- |     |   |            |   |
|-----|---|------------|---|
| yes | 1 | don't know | 9 |
| no  | 0 | refused    | 7 |

20.5. a state service center?

yes	1	don't know	9
no	0	refused	7

20.5.1. Which one? \_\_\_\_\_

20.6. another social service agency or community center?

yes	1	don't know	9
no	0	refused	7

20.6.1. Which one? \_\_\_\_\_

20.7. other?

yes	1	don't know	9
no	0	refused	7

20.7.1.? \_\_\_\_\_

21. Are there any other sources of help that you go to when you have a problem?

21.1. \_\_\_\_\_

21.2. \_\_\_\_\_

21.3. \_\_\_\_\_

22. What are the three most useful resources or services in your community?

22.1. \_\_\_\_\_

22.2. \_\_\_\_\_

22.3. \_\_\_\_\_

23. Now think about your neighborhood (block or street). What are the three most serious problems in your neighborhood?

23.1. \_\_\_\_\_

23.2. \_\_\_\_\_

23.3. \_\_\_\_\_

## PART 2 - REASONS FOR NOT GETTING HELP WITH PROBLEMS

24. Are you having difficulty getting the help you need from health and human service agencies?

yes	1	
no	0	(IF NO, GO TO PART 3, PAGE 13)

25. I will read you a list of some common reasons why people have problems getting help. As I read each one, answer "yes" if it is a reason why you or someone else in your home has a problem getting help.

25.1. do not think any help is available.

yes	1	don't know	9
no	0	refused	7

25.2. do not want to go to outsiders for help.

yes	1	don't know	9
no	0	refused	7

25.3. do not know who to ask or where to go.

yes	1	don't know	9
no	0	refused	7

25.4. don't have insurance or money to pay for assistance.

yes	1	don't know	9
no	0	refused	7

25.5. there is no one to leave children with when going for assistance (SKIP IF NO CHILDREN IN THE HOUSEHOLD).

yes	1	don't know	9
no	0	refused	7

25.6. the nearest facilities are too far away.

yes	1	don't know	9
no	0	refused	7

25.7. the facilities are not accessible by public transportation and no personal transportation is available

yes	1	don't know	9
no	0	refused	7

25.8. a physical disability makes it hard to get there or to get inside.

yes	1	don't know	9
no	0	refused	7

25.9. don't think the services would help.

yes	1	don't know	9
no	0	refused	7

25.10. the hours are not convenient.

yes	1	don't know	9
no	0	refused	7

25.11. too much red tape or hassle.

yes	1	don't know	9
no	0	refused	7

25.12. the agency staff is unpleasant.

yes	1	don't know	9
no	0	refused	7

25.13. the agency staff is not sensitive to the special needs of women.

yes	1	don't know	9
no	0	refused	7

25.14. the agency staff is not sensitive to the special needs of ethnic minorities.

yes	1	don't know	9
no	0	refused	7

25.15. the agency does not have people who speak my language.

yes	1	don't know	9
no	0	refused	7

26. Are there any other reasons for not getting help?

26.1. \_\_\_\_\_

26.2. \_\_\_\_\_

## PART 3 - MORE DEMOGRAPHICS

So that we can be sure that we are getting a cross section of all people, I'd like to ask some questions about you and your household. Again, remember that the information is strictly confidential.

27. How much school have you completed?

no school completed	01
first through 8th grade	02
some high school, but no diploma	03
high school graduate (or equivalent, GED)	04
vocational/trade school graduate	05
some college, but no degree	06
associate degree (1-2 yr. occupational, technical or academic program)	07
four year college graduate	08
advanced degree (including master's, professional degree, or doctorate)	09
refused	97

28. What is your marital status?

married	1
divorced	2
widowed	3
separated	4
never married	5
refused	7

29. What race do you consider yourself to be?

white	1
Africa-American (black)	2
Asian or Pacific Islander	3
Native American or American Indian	4
Eskimo or Aleut	5
other (specify) _____	6
refused	7

30. Are you of Hispanic, Latino, or Spanish origin?

yes	1
no	2
refused	7

31. Does anyone in your household receive the following (CIRCLE ALL THAT APPLY):

AFDC (Welfare)	01
SSI/SSDI (Supplemental Security or Disability Income)	02
GA (General Assistance)	03
Medicaid	04
WIC (Women, Infants and Children)	05
Food Stamps	06
Unemployment insurance	07
refused	97

32. What is your zip code? \_\_\_\_\_

33. How much money came into your household last year (from all people in your household)--from jobs, unemployment insurance, welfare, child support, etc.?)

less than \$3,000	01
\$3,000 - \$7,999	02
\$8,000 - \$11,999	03
\$12,000 - \$14,999	04
\$15,000 - \$24,999	05
\$25,000 - \$49,999	06
\$50,000 - \$64,999	07
\$65,000 or more	08
refused	97

**CONCLUSION:** We are now through with the questions. Thank you for helping us with this survey.



