

# 6 Implications for the Future

The discussion of future social and economic needs in this chapter is based on the demographic findings and projections reported in Chapter 2 and the perceptions of social and economic problems and system issues reported in Chapters 3, 4, and 5. Based on the authors' interpretations of the many factors involved in future social and economic service needs and their interrelationships, there is likely to be an increase in the need for Delaware social and economic services in the next decade. This rise should be less dramatic if the Delaware economy remains strong, with high employment. But an economic downturn during the next ten years will intensify the need because so many state residents currently survive on low-paying, low-benefit jobs and limited public assistance.

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

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

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

Of the many factors that will trigger growth in social and economic service needs in Delaware through 2020, the following three are especially prominent:

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

The benefits from allocating resources to these rising social and economic needs should outweigh the added costs. A healthier, better educated citizenry can help Delaware sustain economic growth, compensate for the shrinking labor pool, and aid in the competition among states for new businesses. Therefore, in addition to the direct benefit to recipients, high quality social and economic services are an asset in attracting new businesses to the state and encouraging existing ones to remain. Unfortunately, the growth in the number of needy Delawareans can also be expected to heighten competition for scarce health and human service funds.

As noted above, a significant variable in forecasting future needs is the condition of Delaware's economy. A robust economy provides greater opportunity to address as yet unmet needs, but it does not ensure progress across the board. As the economy rebounded from the recession in the early 1990s, some population groups, low income children for example, lost ground. Similarly, while many new jobs have been created, the absence of accompanying employee benefits means that thousands of Delawareans are one medical emergency away from economic hardship.

Although the forecast varies among types of social and economic needs, a rise is expected in nearly all categories that were considered, including assistance with basic needs such as enough money for food and clothing; adequate housing; medical, mental health, child, elderly, rehabilitative, and other forms of professional care; preventing and treating the harm to individuals, families, and communities caused by drug and alcohol abuse, teen pregnancy, and crime; and overcoming language, literacy, and legal barriers to gaining mainstream opportunities.

There will be growth in the need for social and economic services in the 2000s, particularly for basic needs assistance, because the population will increase. Although we are still in an extended peak of a business cycle, benefits of this growth are not distributed among all segments of the population, as evidenced by the fact that 80 percent of the state's poor families with children have at least one working parent.<sup>1</sup> The rise in single parent households expands the vulnerable group as does increasing income inequality in the state. By the mid-1990s, the richest 20 percent of families with children in Delaware had average incomes 10 times as large as the poorest 20 percent of families. The richest 20 percent of families with children in the state had average incomes 2.7 times as large as the middle 20 percent of families. Moreover, between 1978-80 and 1994-96, the average incomes of the top fifth increased by 30 percent, while the average incomes of the middle fifth fell by one percent, and the average incomes of the bottom fifth fell by 6 percent.<sup>2</sup>

While some families with children do see their incomes increase over time, studies of income mobility have shown that the majority of low-income families have low incomes for many years. A recent study of earnings mobility showed that mobility among workers in the bottom fifth of the income distribution is significantly lower than mobility among workers in the middle three-fifths of the distribution.<sup>3</sup> In the late 1980s, over 80 percent of workers in the bottom fifth of the distribution were still in the bottom fifth a year later and over 60 percent were still in the bottom fifth five years later. By contrast, approximately 60 percent of workers in the second fifth of the income distribution were still in the second fifth of the distribution a year later and close to 45 percent of workers were still in the second fifth of the distribution five years later. Following is a discussion of the current status of the need for social and economic services in Delaware, by category of need, as reported by households, focus group members, and service providers. A brief discussion of implications for the future will conclude this report.

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<sup>1</sup> Christina Smith Fitzpatrick and Edward Lazare, *Poverty Despite Work*, 2<sup>nd</sup> Edition, Washington, DC: Center on Budget and Policy Priorities, 1999, p.18.

<sup>2</sup> Kathryn Larin and Elizabeth C. McNichol, *Pulling Apart: A State by State Analysis of Income Trends*, Washington, DC: Center on Budget and Policy Priorities, 1997, pp. 5,13.

<sup>3</sup> Richard V. Burkhauser, Amy D. Creuz, Mary C. Daly, and Steven P. Jenkins, *Income Mobility and the Middle Class*. American Enterprise Institute Studies of Understanding Income Inequality. Washington, DC: American Enterprise Institute Press, 1996.

## **Assistance with Basic Needs**

Basic needs include shelter, food and clothing. In the 1999 CNA Survey, questions about having enough money for necessities, housing, and unemployment also pertain to basic needs.

### **Housing**

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

1999 CNA household respondents identified housing (in poor condition, crowded, too expensive) among the most serious neighborhood problems. Housing was among the three most important neighborhood problems reported by household respondents from suburban New Castle County, the City of Wilmington, and Kent County. The most frequently reported household problem by 1999 CNA household respondents was housing repair, followed by paying utilities, and paying rent or mortgage. Housing repair was also among the most serious household problems cited by 1999 CNA household respondents. Maintaining and repairing their homes was the most important household problem facing respondents in households with members aged 60 and over.

1999 CNA focus group participants identified affordable housing and homelessness among the most serious neighborhood problems. New Castle County and Wilmington focus group participants raised the issue of the quality of senior housing. Kent County focus group participants identified affordable housing and homelessness among the top three community problems. Sussex County focus group participants pointed out that many homes in the county lack indoor plumbing and rely on contaminated water and inadequate sewer systems.

### **Basic Needs**

Despite unprecedented economic growth, poverty grips a significant segment of the population, with disproportionate representation among children and members of racial and ethnic minorities. Although not viewed as a serious problem in some parts of the state, Kent County household respondents rated basic needs (families that need help with food, clothing, furniture, utility bills) among the three most important neighborhood problems.

Contributing to the perception of need is the mismatch between supply and demand. 1999 CNA service provider respondents reported that among the most under-supplied services, i.e., demand substantially exceeding supply, are housing and basic needs. Although progress has been made in each of these areas, it is not surprising that households, focus group participants, and service providers rate basic needs assistance among the most serious social and economic needs.

### **Unemployment**

While unemployment rates around the nation and in Delaware have dropped steadily since 1991, there is a core of unemployed and under employed citizens who struggle to provide for themselves and their families. Despite record-breaking decreases in the unemployment rate for African Americans nationally, their unemployment rate is still three times that for whites. In 1998 the overall unemployment rate in Delaware was 3.8%, while the rate for African Americans was 6.7% and the rate for whites was 2.8%.

Kent County household respondents reported that unemployment was among the three most important neighborhood problems. Statewide, 1999 CNA focus group participants identified employment problems and the increasing number of working poor families among the most serious neighborhood problems. New Castle County and Wilmington focus group participants perceived low-paying service sector jobs and part-time jobs without benefits as important community issues. Kent County focus group participants stated that local employment opportunities are not adequate to meet the needs of families. Sussex County focus group participants rated employment problems, particularly temporary jobs without benefits, among the top three community problems.

### **Future Implications**

According to the U.S. Census Bureau, in 1995, approximately 49 million Americans, or about 1 person in 5, lived in a household that had at least one difficulty in meeting basic needs (i.e., trouble paying bills and making ends meet). Eleven percent lived in households where more than one difficulty took place.

Judging by the trends in Delaware TANF and food stamp participation rates (both of which have declined significantly), the carryover into the 2000s of people seeking basic needs assistance may seem comparatively low, but the number of people who are very fragile economically is much greater. In 1990, about one in six Delawareans was poor or near poor (defined conservatively as 150 percent of the federal poverty threshold). The incidence of poverty was substantially higher for African Americans and children of all races. According to the 1990 census, fully 148,429 persons, or 22.3 percent of the state's population, were in households with incomes at or below 200 percent of the federal poverty

threshold. Because of rapidly escalating housing costs in the 1980s and to a lesser extent in the 1990s, accompanied by increases in the cost of food and clothing and a net decline in real inflation-adjusted wages for lower income workers, the number of individuals and families at risk of not having their basic needs met has increased. In addition, there appears to be an increasing pattern of multiple non-related workers pooling earnings to make paying for housing, food, and other basic needs possible. This is evidenced in the increasing proportion of unrelated individuals living together and the decrease in the number of families as a percent of total households. These and other adjustments, like the shifts in employment opportunity to lower paying service and retail jobs, have created a large Delaware population that is struggling financially and is more likely to be vulnerable to negative changes in the economy,

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

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

During the 2000s, the problem of basic needs assistance, already an issue for too many state residents, will grow as the population increases. The amount of rise depends greatly on the status of the economy. For example, if the current poverty rate holds steady, the projected increase in population will mean an estimated 10,000 to 15,000 more Delawareans living in poverty by 2020. However, this may be a conservative estimate if the poverty rate for children (aged 0-17) which rose from 11 percent in 1992 to 16 percent in 1997 continues to increase.

In addition, due to changes in family structure and marital disruption, the level of basic needs assistance will increase as the population grows regardless of the status of the economy. The rate of births to single women is expected to increase, especially for African Americans. The incidence of divorce in which mothers are

left without the means to support their children because fathers do not pay adequate child support is also on the rise. Disabilities, personal behaviors, and other circumstances also cause individuals and families to need basic assistance.

## **Access to Professional Care**

Professional care includes physical and mental health care, child and elder care, and daily living assistance for people with injuries or disabilities. The types of care needed can range from highly specialized facilities to in-home care. The questions in the 1999 CNA Household Survey pertaining to professional care focused separately on health care problems, child care, mental illness and emotional problems, problems facing the elderly, and problems facing individuals with disabilities.

### **Medical Care**

As health care costs climb and health insurance gaps persist, Delaware's residents are clearly worried about their ability to locate and pay for quality medical care. 1999 CNA focus group participants, particularly those from Kent and Sussex Counties, see health and access to medical care as critical issues. Inadequate health care and the capping of fees paid through health maintenance organizations (HMOs) are seen as major issues affecting the general population, but particularly critical for the working poor. The availability of affordable prescription drugs is also a concern. Focus group participants from New Castle County and the City of Wilmington pointed out the need for community based, culturally and language appropriate health care services for Hispanics and African Americans. Kent County focus group participants rated health access and mental health treatment as their number one community issue. The top problem/need identified by Sussex County focus group participants was medical care, including dental, vision, and mental health. With the exception of health and disability related problems, 1999 CNA Survey household respondents were much less likely to identify professional care issues as problems in their own homes. Problems getting adequate health insurance, finding a doctor, and having money for medicine were all ranked as important household concerns. Service providers see the lack of supply to meet health care demand among the most serious imbalances.

### **Mental Illness**

One of the most difficult problems to identify is mental and emotional illness, yet this problem has an impact that extends beyond the ill person to family members and, in many cases, the community. Kent County focus group participants rated health access and mental health treatment as their number one community issue. The top problem/need identified by Sussex County focus group participants was medical care, including mental health. Service providers see the imbalance

between supply and demand (under supply) for mental health among the most serious imbalances. Similarly, Contact Delaware Crisis Line statistics show an eight percent increase in requests for mental health related assistance between 1996 and 1998.

### **Child Care**

With increasing numbers of two-wage families and the rise of single-parent, largely female-headed households, reliable and affordable child care is a major concern for millions of Americans. About half of the 1999 CNA Survey household respondents citing neighborhood problems viewed access to child care for working parents as a problem in their neighborhood. Kent County household respondents rated access to child care among the three most important neighborhood problems. Focus group participants from Kent County believe that Delaware's subsidized child care program, known as Purchase of Care, has regulations that are very confusing for parents and providers. They also noted that workers with non-traditional hours have a very hard time finding affordable, quality child care. Service providers see the imbalance between supply and demand (under supply) for child care among the most serious imbalances.

### **Problems Facing the Elderly**

As baby boomers age and families grow smaller, there will be more older people who need support and assistance and fewer family members to fill the traditional role of providing this care. About half of the 1999 CNA Survey household respondents citing neighborhood problems viewed problems facing the elderly as a problem in their neighborhood. Problems facing older people were ranked among the most important neighborhood problems by household respondents across the state. Suburban New Castle County, Kent County and Sussex County respondents ranked problems facing the elderly among the three most important neighborhood problems.

### **Problems Facing Individuals with Disabilities**

As expected, problems facing individuals with disabilities, such as access to recreational activities and education and training, were cited most frequently as important household problems by those who had a household member with a disability.

### **Future Implications**

In the 2000s, more people will need assistance in obtaining professional care. For example, if the current rate of medical indigence persists, 31,428 people will be added to the 103,000 (including 23,000 children) Delawareans who already lack health insurance. The addition of an estimated 3,805 people over age 80, nearly a 20 percent rise in this population, will represent a much greater increase in need than signaled by their comparatively small group size. For people in this age

category, the need for medical and other types of professional care rises precipitously. In addition, the high percentage of new births to African American females, who, compared to whites, have almost triple the infant mortality rate and double the low birth weight rate, portends a greater need for professional care services.

With the female labor force participation rate over 60 percent and welfare reform moving more women into the labor force, the need for child day care will continue to rise. According to a 1998 report by the Children's Defense Fund, an estimated 66 percent of Delaware mothers with children younger than six and 81 percent of women with children between the ages of six and 17 are in the labor force. The cost of full time child care often represents the largest expense, after housing, for working parents who need full time care for their children.

The less families earn, the higher the proportion of income is spent on child care. Quality child care is not affordable for many working families in Delaware. The average cost of public college tuition in the state in 1997 was \$4,180, which was less than the average cost of care for a four year old in a child care center and three-quarters of the average cost for an infant in a child care center.<sup>4</sup> For low-income families, Delaware requires one of the highest family co-payment levels in the country in its subsidized child care program.

The Children's Defense Fund estimates that about 40,000 Delaware pre-school and school-aged children (aged 0-12) currently need but do not have child care. There are approximately 37,000 children in licensed or legally operating child care programs, with an additional 12,000 cared for by relatives or care givers in the children's home. Based on 1990 census projections, it is estimated that approximately 90,000 pre-school and school-aged children currently need some type of child care during all or part of the year.

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

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<sup>4</sup> Gina Adams and Karen Shulman, *Delaware: Child Care Challenges*, 1998, Washington, DC: Children's Defense Fund.

The current delivery system has few incentives for families to keep their older family members at home. Further, because of falling birth rates, the number of people available to care for elderly household members will decline. As the population ages, the need for a restructured senior services delivery system, with an emphasis on personal care and assistance with daily living for the elderly, becomes more apparent. Family care givers are becoming overstretched as more family members join the workforce and fewer family members are able to provide direct care. Public and nonprofit agencies will need to be increasingly creative in finding means to help the elderly remain in their communities.

According to the National Mental Health Association, approximately 12 percent of U.S. children have diagnosable psychological disorders. However, only about a third of these children receive treatment and even less receive appropriate care. The National Institute of Mental Health predicts that more than one-fifth of American adults can expect to develop a psychiatric disorder at some time. Estimates are that 31,216 adults in Delaware have severe mental illness and that 15,030 adults have severe and persistent mental illness.<sup>5</sup> As people live longer, there will likely be more people in need of care because of dementia or other illnesses that diminish their mental capacity.

Mental health services are among the most difficult and expensive to provide, and are complicated by the fact that diagnosis of problems is complex and patients may resist treatment. With increasing drug and alcohol abuse—and the concurrent impact on the mental health of non-abusing family members—health and human service providers need even more treatment options and capacity. It is also becoming increasingly difficult to place the chronically mentally ill in community-based settings. The challenge of mental health service providers lies as much in educating those who do not require their services as it does in serving those with pressing needs.

The backlog of unaddressed mental illness, the absence of a comprehensive health coverage plan, the increase in the number of elderly and disabled, and the increasing cost of providing for all types of professional care do not bode well for those in need of such services over the next two decades.

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<sup>5</sup> Delaware Department of Health and Social Services, *SFY2000 Community Mental Health Services Block Grant Application*, SAIN #99-01-30-05, September 1999.

## **Assistance with Personal Behaviors**

Assistance with personal behaviors includes the range of prevention and treatment services available through health and human service providers to address behaviors, such as substance abuse, that are demonstrably harmful to individuals, families, and communities. In the 1999 CNA surveys and focus groups, the following problem areas targeted personal behaviors: drug abuse, problems facing youth, alcohol abuse, crime, public health, and family violence. Public health is considered a personal behavior issue because the survey questions focused on communicable diseases such as AIDS and venereal disease.

Generally, problems associated with personal behaviors were viewed as among the most serious social and economic needs in the state. Drug abuse, alcohol problems, and crime were among the top five neighborhood problems identified by 1999 CNA household survey respondents. Substance abuse was mentioned much less frequently by 1999 CNA focus group participants, while the criminal justice system rather than crime was an important issue for these groups. Only one percent of the 1999 CNA household respondents said that need for treatment of alcohol abuse and substance abuse were problems in their home. This response contrasts sharply with the concerns that the same individuals raised about substance abuse problems in their neighborhood (more than half of the household respondents reporting neighborhood problems said that drug abuse and problems with alcohol use were serious neighborhood problems) 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.

### **Drug abuse**

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

### **Alcohol Problems**

Alcohol abuse is reflected in a host of misfortunes including babies born with fetal alcohol syndrome, car and boat accidents, high school dropout rates, divorce statistics, and serious crimes. Recognizing the far reaching effects of alcohol-related abuse, more than half of the 1999 CNA household respondents cited it as a serious neighborhood problem, second only to drug abuse. None of the

household respondents identified alcohol abuse as a problem in their own homes. It is likely that some service providers included alcohol in their definition of substance abuse and perception that the need for these services somewhat or substantially exceeded supply.

### **Crime**

Some households (14.1%) ranked crime among the top three neighborhood problems. Residents of the City of Wilmington and Sussex County more often identified this among the top five neighborhood problems in the areas where they live.

### **Problems Facing Youth**

Society's achievements for the next 20 years will rest with the youth now in junior and senior high schools. We can already measure their social status and aptitude, and for many of these youth the outlook is not promising. However, less than five percent of households said that problems facing youth were among the most serious problems in their neighborhoods. Overall, nearly one half (49.6%) of the household respondents identified problems with youth as a neighborhood problem. About a quarter (26.0%) of respondents living in households with children between the ages of 6 and 17 indicated that lack of social/recreational activities for youth was a problem in their home, while 11.9 percent reported problems in getting adequate child support. One in ten respondents reported problems finding day care. Nine percent of the 1999 CNA household respondents with children under 17 identified sexually active teenagers as a household problem. More than two-fifths (45.8%) of service providers reported that the need for services for youth was somewhat or substantially greater than the supply.

### **Public Health**

Public health includes communicable diseases such as AIDS and venereal diseases. Although households did not consider public health issues to be among the most serious neighborhood or home problems, these problems have grown in recent years. For example, Delaware has the seventh highest rate of AIDS cases per capita in the United States and the highest percentage of injection drug users with AIDS in the nation.<sup>6</sup> It is expected that this trend will continue. Nearly half (46.7%) of service provider respondents reported that the need for health care services is somewhat or substantially greater than the supply.

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<sup>6</sup> AIDS Delaware, <http://www.aidsdelaware.org/stats.htm>.

### **Family Violence**

Although none of the household respondents ranked family abuse or violence among the most important neighborhood problems, about a quarter (26.7%) identified family abuse or violence as a problem in their neighborhood. Less than two percent of the respondents revealed that domestic violence was a problem in their home. Given this difference, the possibility that there is under reporting of such a sensitive problem by respondents to community surveys must be considered.

### **Future Implications**

Delaware households have a strong sense of urgency about the consequences of negative personal behaviors, particularly drug and alcohol abuse, which take a great toll on the well-being of individuals, families, and communities. The National Institutes of Health estimated the costs of alcohol and drug abuse in 1992 at \$246 billion. These costs include treatment and prevention costs, other health care costs, reduced job productivity and lost earnings, and other costs such as crime and social welfare. The National Center for Health Statistics found that in 1997, there was a 6.5 per 100,000 persons rate of alcohol related motor vehicle deaths, a 12.9 per 100,000 rate of cirrhosis of the liver deaths, and a 5.1 per 100,000 rate of drug related deaths in the United States. According to the Delaware Department of Health and Social Services, approximately 12 percent of Delaware adults are “binge drinkers,” defined by the Behavioral Risk Factor Surveillance Survey as having five or more drinks at one occasion, one or more times during the past month. During the 1993-94 school year, 33 percent of Delaware’s fifth graders, 75 percent of eighth graders, and 86 percent of eleventh graders reported ever using alcohol.<sup>7</sup> Monthly alcohol use for eleventh graders was quite high over the last decade, with an estimate for 1998 of 47 percent. Past month alcohol use for eighth graders has also been quite high but stable for the last decade, with 29 percent reporting drinking in the past month.<sup>8</sup>

Drug abuse is accurately portrayed as part of a larger dilemma. Factors that fuel drug use include poverty, crowded housing, and unemployment. Side effects of drug use include criminal activity to support the addiction, family violence, an increase in sexually transmitted diseases, neglected or abused children, poverty, unemployment, and the eminent death of the user. Delaware hospitals are seeing more infants born addicted to drugs because their mothers are addicts. Although drug use rates among workers have declined from 17 percent in 1985 to 7 percent

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<sup>7</sup> Debra Brucker, *Adolescent Substance Abuse in Delaware*, Analytic Paper, Masters of Public Administration, Newark, DE: College of Urban Affairs and Public Policy, University of Delaware, 1995.

<sup>8</sup> Steven S. Martin, Tihomir N. Enev, Robert L. Peralta, Roberta E. Gealt and Christina L. Purcell, *Alcohol, Tobacco and Other Drug Use Among Delaware Students 1998*. Newark, DE: Center for Community Development and Family Policy, Center for Drug and Alcohol Studies, University of Delaware, 1999.

in 1992, the National Institute on Drug Abuse estimates that employed drug abusers cost their employers twice as much in medical and worker compensation claims as their drug-free co-workers.

Nationally, high school and college students and young adults have decreased their drinking, as well as marijuana and cocaine use. However, in Delaware, a 1998 assessment showed that monthly marijuana use increased markedly between 1992 and 1995 for both eleventh and eighth graders. Since 1995, eleventh grade marijuana use has been stable with 25 percent past month users in 1998. However, eighth grade marijuana use rose 4 percent in 1998, to 19 percent, the highest rate ever recorded.<sup>9</sup>

As the population ages, it might be assumed that the rate of new drug and alcohol abuse, crime and other adverse behaviors that usually surface among teenagers will slow down. However, the need for assistance with personal behavior will grow in the 2000s unless existing behavior patterns change dramatically.

Children growing up in single-parent households typically do not have the same economic or human resources available as those growing up in two-parent families. Nationally, almost half (49%) of children in female headed families were poor in 1997. In Delaware, just over 55 percent of female headed households with children are in poverty. Stanford University research has shown that children in families headed by single females have higher arrest rates, more disciplinary problems in school, and a greater tendency to smoke and run away from home than do peers who live with both natural parents—regardless of income, race or ethnicity. The number of single female-headed households shows no signs of declining.

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

Unfortunately, programs designed to influence negative personal behaviors are those with the least certainty of success and therefore present unclear choices about

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<sup>9</sup> Ibid.

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

## **Environment and Physical Infrastructure**

The environment and physical infrastructure includes the air, land, water, and the manmade physical structures such as utility and transportation systems that support the lives of individual state residents and the Delaware community as a whole. In the 1999 CNA survey and focus groups, the following topics fell into this category of need: water pollution, poor public transportation, and not enough recreation or cultural activities.

In general, focus group participants placed greater emphasis on physical environment needs than did household survey respondents. Focus group participants, particularly those in Sussex County, saw water pollution as a key community problem.<sup>10</sup> Poor public transportation and not enough recreation and cultural activities were among the top five neighborhood problems reported by household survey respondents. Focus group participants shared the concern with poor public transportation, while lack of recreation and cultural activities was not mentioned at all by the focus groups.

### **Pollution**

Pollution is considered a threat to the water we drink, the air we breathe and the oceans and bays in which we swim, boat and fish. Water and sewer problems were among the top three community issues identified by Sussex County focus group participants. This group stated that many communities in the county have extremely poor housing conditions with related health issues. Homes lack indoor plumbing and have contaminated water and inadequate sewer systems. They further stated that water is polluted in many areas from sewage conditions, but also from the poultry industry.

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<sup>10</sup> 1999 CNA household survey respondents were not asked about pollution as a possible neighborhood or household problem.

### **Poor Public Transportation**

Employment opportunities and social and economic service programs mean little if the people who need them cannot gain access to them, and in rural and low-income communities, transportation is a special consideration. Overall, about a quarter (25.7%) of household respondents saw poor public transportation as among the top three neighborhood problems. Access to transportation was also among the top five household problems identified by household respondents. Transportation was also among the top three community problems for focus group participants in the City of Wilmington, suburban New Castle County and Sussex County. Kent County participants stated that public transportation is not available to help people get to work. Sussex County participants stated that the lack of public transportation severely limits the ability to get to work or meet job search requirements. The eastern part of the county has limited public transportation while the western part of the county is not served. No bus service is available between Sussex County and Kent County. More than half (58.3%) of service providers believed that the need for transportation was somewhat or substantially greater than the supply and nearly two-thirds (60.3%) ranked lack of transportation as among the top five service barriers for their clients.

### **Lack of Recreational and Cultural Activities**

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

### **Future Implications**

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

In particular, it is increasingly important to recognize the special physical infrastructure needs, such as good public transportation, of specific groups. The elderly, disabled and poor (and near poor) are all especially vulnerable to shortfalls in the physical infrastructure. The demand for transportation, particularly public transportation will rise. As the elderly population grows, employers try to attract new workers and more women into the workforce. These needs will be strong throughout Delaware, but based on the demographic trends and the 1999 CNA Survey results, they will be most heavily felt in Sussex County, where the greatest rate of population growth is expected.

## **Mainstream Access**

The concept of mainstream access encompasses the primary barriers facing those who want to participate fully and fairly in the social, business, education, and other sectors that comprise Delaware society. The concept was operationalized in the 1999 CNA surveys as problems with illiteracy and the English language, as well as difficulties obtaining legal services and other social and economic services.

Generally, mainstream access issues were not perceived by household respondents or focus group participants to be among the most serious area problems. We should be cautious about these findings because the household survey was conducted in English over the telephone, and the focus groups were conducted in English. As a result, we may not have captured households and others most likely to cite mainstream access problems. The match between supply and demand in this area was generally perceived as adequate, with the exception of legal services, where more than three quarters of service providers (76.9%) saw the need as somewhat or substantially greater than the supply.

### **Illiteracy**

One in five adults in the United States cannot read.<sup>11</sup> This condition has far-reaching effects for both the individual and society, particularly in a state like Delaware where unemployment is so low. So even though households and focus group participants did not consider illiteracy to be among the most serious area problems, the problem is more consequential than reported. Sussex County focus group participants reported a need for more GED programs to help people learn to read. Service providers did not rank literacy skills among those with supply and demand imbalances, although about two-fifths (42.4%) reported that the need for education services somewhat or substantially exceeded the supply.

### **English Language Difficulties**

Between 1980 and 1990, the foreign-born population of the United States increased by approximately 5.7 million, bringing the overall percentage of foreign-born close to what it was in 1900. With Delaware's seasonal labor needs and generally low unemployment, the state can be expected to attract additional individuals with English language difficulties, particularly in Sussex County, where Hispanic immigrants are concentrated.

Household respondents ranked English language difficulties among the least serious neighborhood and household problems. However, focus group participants in Sussex County considered this problem to be an important one.

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<sup>11</sup> National Center for Education Statistics, U.S. Department of Education, *The Condition of Education* 1999.

**Difficulties in Obtaining Services**

About one-third (35.2%) of the household respondents reported difficulties in getting help. The largest proportion of respondents reporting difficulties (81.0%) perceive “too much red tape” as a problem in getting help. There were no statistically significant differences in difficulty receiving assistance based on age, race, marital status, income, educational level, or occupation. In contrast, nearly all of the service provider respondents (94.3%) identified at least one service barrier for recipients of their services. Language and cultural barriers was among the top five barriers identified by service providers. Not surprisingly, education service providers were more likely to cite this barrier. Focus group participants highlighted the elderly and non-English speaking Hispanics, two new or increasing groups of clients, as needing new services, in particular, community and home based care and English as a Second Language instruction. These groups also noted that health and social service providers are not able to meet the diverse needs of Hispanics and African Americans.

**Future Implications**

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

The poor, the aged, immigrants, individuals with disabilities, women, and other minority groups have less opportunity to gain the benefits of Delaware society. Some people are blocked from access by language or literacy barriers, others by biases against racial and ethnic groups, the elderly or females. To the extent that mainstream access is inhibited, those affected are much less likely to gain a fair share of the benefits in society and are less likely to become capable members of their communities. There is a strong need to provide all citizens with the opportunity to learn to read, and thus work more productively, and to share in the social and economic opportunities available to Delawareans.

**Implementing Change**

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

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

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