

Delaware State Health Assessment

# 2022–2023 REPORT



October 2023



DELAWARE HEALTH  
AND SOCIAL SERVICES  
Division of Public Health

Partnership for Healthy  
Communities



UNIVERSITY OF DELAWARE  
COMMUNITY ENGAGEMENT  
INITIATIVE

# DELAWARE STATE HEALTH ASSESSMENT

## 2022-2023 REPORT

October 2023

Delaware Department of Health and Social Services  
Division of Public Health



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For information about Delaware's State Health Assessment and the Delaware Health Improvement Plan,  
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## ACKNOWLEDGMENTS

The State Health Assessment (SHA) is an initiative that addresses health disparities and shares the voices and needs of the citizens of Delaware. This assessment will provide insight on how to serve marginalized and underserved populations, including diverse racial and ethnic populations and rural communities.

The SHA is supported by funds made available by the Center for Disease Control and Prevention, Center for State, Tribal, Local, and Territorial Support under the national initiative to address Coronavirus (COVID-19) health disparities.

The SHA and State Health Improvement Plan (SHIP) Partnership Coalition consists of multi-sector stakeholders representing community partners, health groups, associations, health systems, government agencies, and others. Partners labored to assess the vital conditions and are valued for providing their input, time, and resources to complete this assessment.

- American Association of Retired Persons - Delaware Chapter
- American Civil Liberties Union, Delaware Chapter
- Alpha Kappa Alpha Sorority, Inc.
- American Heart Association of Delaware
- American Lung Association
- Bayhealth
- Beebe Healthcare
- Healthy Communities Delaware
- Centro de los Derechos del Migrante, Inc.
- ChristianaCare
- Community Education Building
- Delaware Community Legal Aid Society, Inc
- Delaware Academy of Medicine
- Delaware Breast Cancer Coalition
- Delaware Coalition Against Domestic Violence
- Delaware Department of Transportation
- Delaware Developmental Disabilities Council
- Delaware Diabetes Coalition
- Delaware Division of Public Health
- Delaware Healthcare Association
- Delaware HIV Consortium
- Delaware Division of Libraries
- Delaware Technical Community College
- Domestic Violence Ambassadors

- Dover/Kent County Metropolitan Planning Organization
- First State Community Action Agency
- Food Bank of Delaware
- Healthy Communities Delaware
- Housing Alliance Delaware
- Jefferson Street Center
- La Red Health Center
- Latin American Community Center
- League of Women Voters of Delaware
- Literacy Delaware
- Mental Health Association in Delaware
- Ministry of Caring
- National Alliance on Mental Illness Delaware
- Nemours Children's Health
- Network Connect
- New Castle County Government
- New Castle Prevention Coalition
- Planned Parenthood of Delaware
- Redding Consortium
- State Council for Persons with Disabilities
- Sussex County Health Coalition
- Sussex Pride
- The Arc of Delaware
- TidalHealth
- University of Delaware (UD)
- Trauma Matters Delaware
- UD Cooperative Extension
- UD Partnership for Arts & Culture
- West Side Grows Together
- Wilmington Area Planning Council
- Wilmington University
- Women Empowered Against Violence in Every Relationship

## EXECUTIVE SUMMARY

The Delaware Department of Health and Social Services, Division of Public Health (DPH) completed a state health needs assessment (SHA) of the state of Delaware with support from the University of Delaware Epidemiology Program and the Partnership for Healthy Communities (UD EPI/PHC). The assessment was designed to compare Delaware's health to the health of the nation. The intent of the SHA was to determine the health needs of Delaware's residents. To determine the needs of the state, survey data was collected to analyze the current health of Delawareans. In addition, community members and stakeholders across various sectors and all counties of Delaware were selected to gather further information about access and barriers to health and well-being using the framework of the vital conditions. The vital conditions of health and well-being framework guide the major determinants of health, factors necessary to producing health and well-being, and the discussions surrounding the areas of need in the state. The SHA also highlights the factors that contribute to the challenges across the state and if existing resources can be mobilized to address them. Delaware undertakes a full statewide SHA every five years, with the last report being completed in 2017.

Since the last SHA, Delaware has made progress on several important measures:

- Excessive drinking decreased from 18.9% to 14.3% of adults between 2019 to 2021 (America's Health Rankings, 2022a)
- Flu vaccination rates among adults increased from 38.2% in 2018 to 49.8% of adults in 2021 (America's Health Rankings, 2022b)

The 2022-2023 SHA (September 2022-June 30, 2023) appraised community health needs through a multi-pronged approach by using interviewer-administered surveys, hosting community conversations, and forming a statewide partnership coalition. Secondary data, including statistics from federal, state, and local sources about various health indicators (i.e., education, poverty, and health care services) were also gathered and assessed throughout the assessment period. The methods used to accomplish the assessment were established by the Public Health Accreditation Board (PHAB, 2022). The vital conditions for health and well-being framework were used to create an equity-driven assessment, by producing a meaningful and broad portrayal of factors that most impact the health of Delawareans (The Rippel Foundation, n.d.).

DPH, UD EPI/PHC, and its partners will use the findings from this assessment to identify a set of health priorities. This will be the focus of the State Health Improvement Planning (SHIP) process. The SHIP will provide opportunities for communities and other stakeholders to work together to improve health outcomes and health equity for all Delawareans.

# BACKGROUND AND PURPOSE

The Delaware Division of Public Health (DPH) evaluates the health of all people in Delaware every five years by conducting a State Health Assessment (SHA). The SHA provides the foundation for improving and promoting the health of residents by identifying factors that impact population health. The SHA determines the availability of resources within the community to address these factors adequately. The multiple methods used to develop the 2022-2023 SHA involved the systematic collection and analysis of information about the community's health. The vital conditions of health framework were used to identify areas of need across the state and provide opportunities to investigate challenges and barriers related to the vital conditions. The vital conditions include basic needs for health and safety, humane housing, meaningful work and wealth, lifelong learning, reliable transportation, thriving in the natural world, and belonging and civic muscle.

The SHA fulfills the following Public Health Accreditation Board (PHAB) reaccreditation standards:

- Standard 1. 1 – Participate in or lead a collaborative process resulting in a comprehensive community health assessment.
- Standard 1. 2 – Collect and share data that provides information on conditions of public health importance and on the health status of the population.
- Standard 1. 3 – Analyze public health data, share findings, and use results to improve population health (PHAB, 2022).

All efforts were guided by the SHA and State Health Improvement Plan (SHIP) Partnership Coalition's mission:

*To improve health outcomes, well-being, and health equity across Delaware's communities and population.*

This vision statement shaped to the work of the SHA/SHIP Partnership Coalition:

*All people in Delaware enjoy healthy lives and healthy communities.*

The SHA provides a snapshot of many different data points that inform an understanding of health and the factors that influence it. This report provides a wide-ranging review of issues impacting Delaware's communities and population.

# THE SHA PROCESS

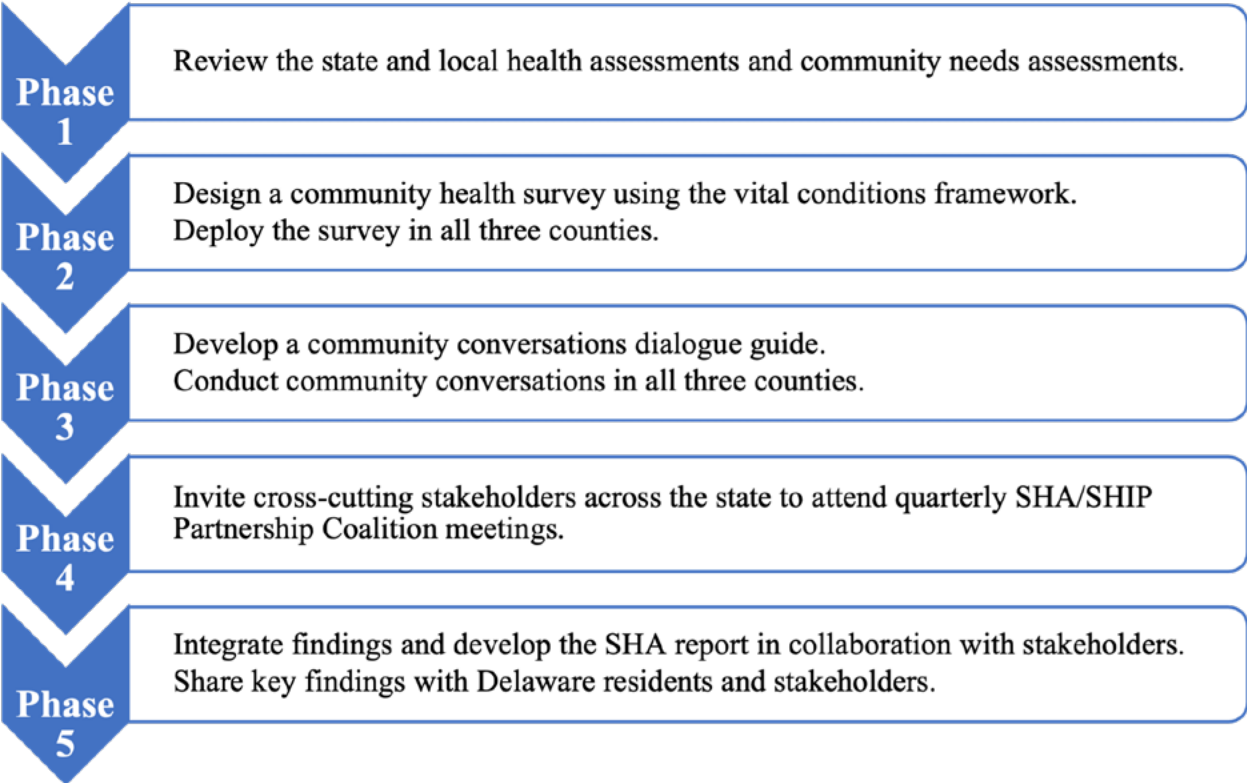
The following pages summarize the multi-part State Health Assessment (SHA) process completed between September 2022 and July 2023. In September 2022, the University of Delaware Epidemiology Program and the Partnership for Healthy Communities (UD EPI/PHC) began planning data collection for the SHA. The vital conditions for health and well-being framework were adopted. Adopting the vital conditions provided an opportunity to focus on a set of conditions that affect people's health and well-being ability to thrive consistently (Office of Disease Prevention and Health Promotion, 2022a). The framework for the vital conditions' seven categories was adopted by the Federal Plan for Equitable Long-Term Recovery and Resilience for Social, Behavioral, and Community Health in 2022 (Figure 1) (Office of Disease Prevention and Health Promotion, 2022a). The vital conditions framework focuses on conditions that impact communities' ability to thrive and provides a means to develop upstream targeted interventions to address inequities. A multi-step assessment process was used to narratively and calculably evaluate the indicators of the framework. The methods used to apply the vital conditions in a research context are described in Figure 2.

Figure 1. Vital Conditions for Health and Well-Being, n.d.



Source: The Rippel Foundation. (n.d.). Vital Conditions for Health and Well-Being.

Figure 2. Multi-Step Assessment Process Used for the State Health Assessment, 2022-2023



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware State Health Assessment, 2022-2023

In this multi-step assessment, many different types of data were collected and synthesized to create a comprehensive, and representative picture of the health of Delawareans, including the challenges to their health and well-being. The data includes primary and secondary data, feedback about the SHA, and resources in Delaware to support its citizens health. The primary sources, including the Community Survey and Community Conversations, consist of quantitative and qualitative reports of health and well-being factors that represent the seven vital conditions. The secondary data, including the Environmental Scan, represents previous reports from the federal, state, and local level describing health disparities and health indicators identified as a priority in the previous Delaware State Health Improvement Plan (SHIP). The SHA/SHIP Partnership Coalition (Coalition) is a group of stakeholders that represent each of the seven vital conditions. The Coalition aided in completing the SHA by providing feedback and identifying community assets and challenges to thriving within the vital conditions. Please read more about the data sources below:

**Environmental Scan:**

Community and regional-level assessments were reviewed. This included existing surveillance and data systems such as the Behavioral Risk and Surveillance System (BRFSS), the Pregnancy Risk Factor Monitoring System, Delaware Cancer Registry, vital statistics, infectious disease monitoring, environmental health monitoring, Delaware’s My Healthy Community data portal, and surveillance and data systems from external agencies and organizations (e.g., IP3 Assess from Healthy Communities Delaware).

**Policy, Systems, and Environmental (PSE) Change Mapping:**

Identified organizations, coalitions, and key stakeholders and recommended PSE changes in vital conditions and disease state areas. The status of current implementation efforts was mapped for PSEs.

**Community Survey:**

A 36-question survey instrument was used to obtain demographic and other information about the seven vital condition domains. The interviewer-administered survey was conducted in each Delaware county in either English or Spanish, and those who completed the survey received a monetary incentive. The University of Delaware Institutional Review Board (IRB 1966239) and the DPH Privacy Board reviewed and approved the survey and related materials.

**Community Conversations:**

In-person community conversations with socially vulnerable populations were conducted between March and April 2023 in each of the three Delaware counties. The conversations provided an opportunity to gather resident input about access and barriers to health and well-being using the framework of the vital conditions. Residents discussed resilience and the vital condition areas related to their neighborhoods. Those who participated received a monetary incentive. The conversation guide and related materials were approved by the University of Delaware IRB (1966239).

**SHA/SHIP Partnership Coalition:**

The Coalition comprises cross-sector stakeholders across Delaware from vital condition domains. Coalition meetings were held quarterly online on January 6, 2023, February 2, 2023, April 6, 2023, and June 1, 2023. The objective of forming a Coalition was to gather those with common interests to improve health and equity for all through an assessment mapping process. The Coalition provided valuable information to support the process.



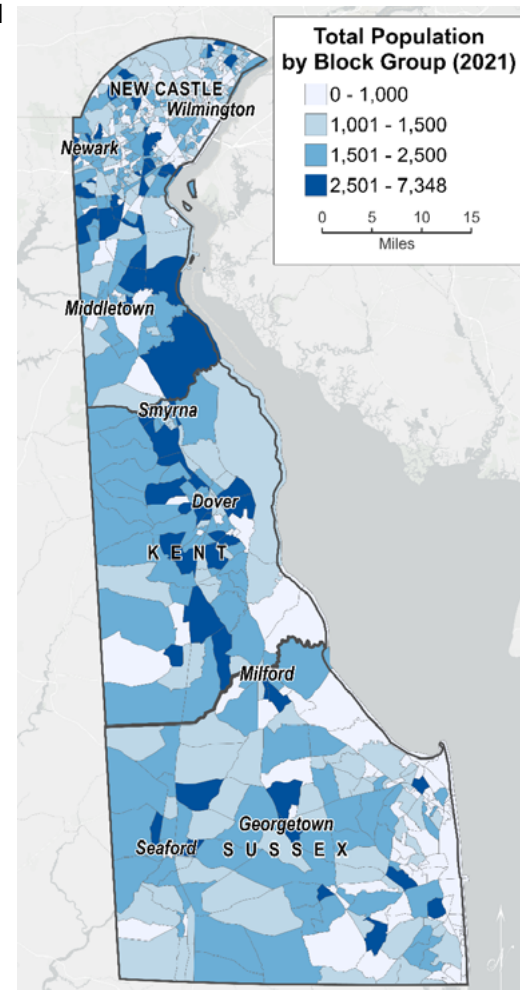
## DIVERSE DELAWAREANS

This section provides a snapshot of the diversity of Delawareans in terms of age, race, ethnicity, geography, gender, education, and housing.

**Figure 3. Total Population by Block Group, Delaware, 2021**

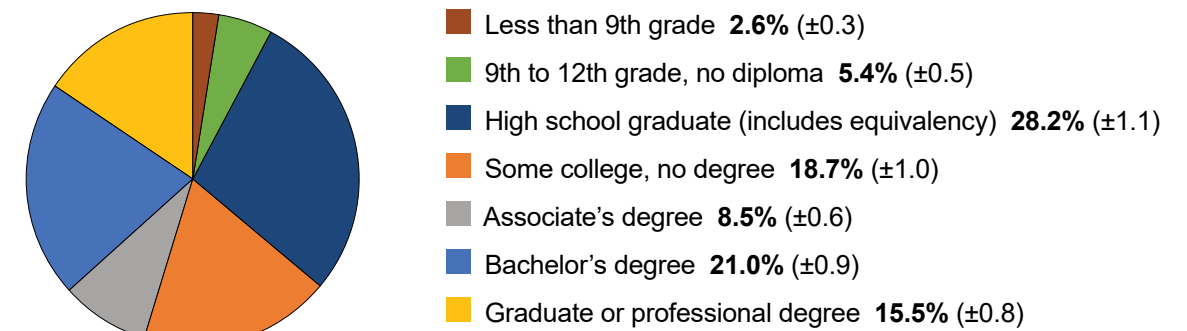
The state of Delaware is made up of three counties: New Castle, Kent, and Sussex (Figure 3). New Castle County, where the City of Wilmington is the county seat, is the most populous county, with an estimated 575,494 residents in 2022 (U.S. Census Bureau, 2022a). The estimated population of Kent County is 186,946 residents (U.S. Bureau, 2022a). The county seat of Kent is the state's capital of Dover, home to the state government. Sussex County has roughly 255,956 residents, with the county seat in Georgetown (U.S. Census Bureau, 2022a).

In 2022, 1,018,396 people lived in Delaware (U.S. Census Bureau, 2022a). Of this population, 48.6% were assigned male at birth and 51.4% were assigned female at birth (U.S. Census Bureau, 2022a). Since the year of 2021, Delaware's population has grown about 1.4% increase with about 15,048 new residents. Approximately 18.8% of the state's total population is estimated to live in rural area in 2021 (America's Health Rankings, 2021a). In addition, 20.4% of the state's population is under 18, 5.3% of residents are under the age of five years, and 20.8% of residents are over 65 years (U.S. Census Bureau, 2022a). Among the residents over the age of 25 years, approximately 28.2% were high school graduates, and 36.5% have a bachelor's degree or higher (Figure 4) (U.S. Census Bureau, 2022a).



Source: U. S. Census Bureau (2021a). 2017-2021 American Community Survey 5-Year Estimates, Delaware FirstMap, New Jersey Office of GIS, Virginia Geographic Information Network (VGIN), Environmental Systems Research Institute (ESRI), HERE Technology, Garmin, SafeGraph, Food and Agriculture Organization (FAO), METI/NASA, Environmental Protection Agency (EPA), U.S. National Parks (NPS)

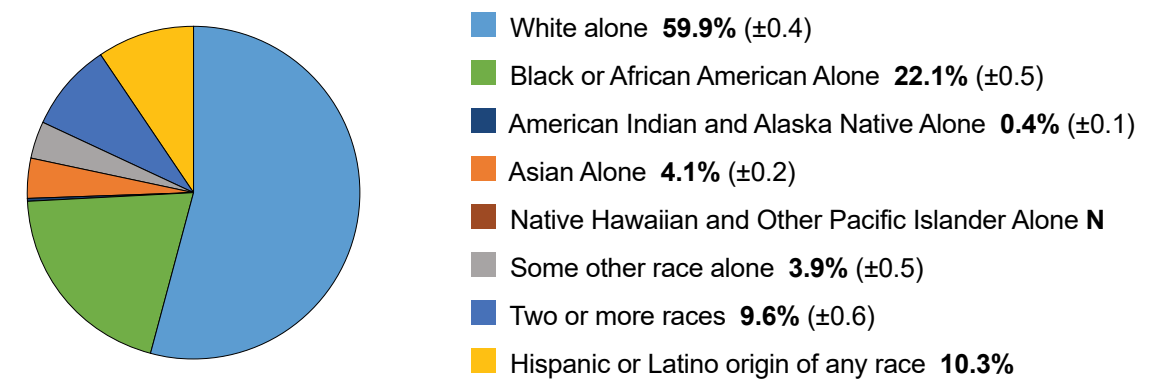
**Figure 4. Highest Educational Attainment for Population 25 years and over, Delaware, 2022**



Source: U. S. Census Bureau. (2022h). 2022 American Community Survey 1-Year Estimates Subject Tables, Table S1501. Notes: The numbers in parenthesis indicate the margin of error at a 90% confidence level. The U. S. Census Bureau suppresses estimates for American Indian and Alaska Natives in the summary tables due to estimate variability and small numbers. Estimates for this population were obtained from detailed tables, and the margin of errors were approximated according to U. S. Census guidance and should be used cautiously.

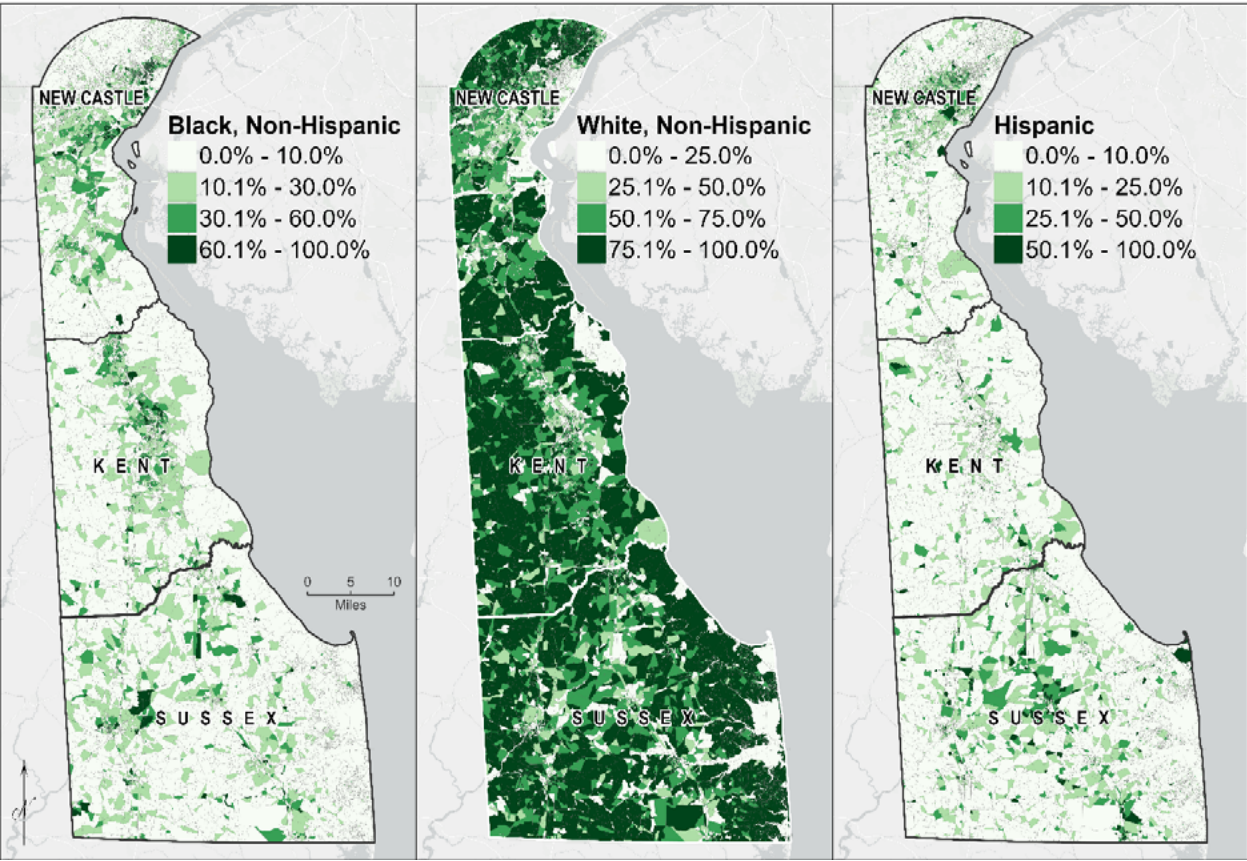
In 2022, an estimated 59.9% of residents identified as White, 22.1% identified as Black or African American, 9.6% identified as two or more races, 4.1% identified as Asian, 3.9% identified as some other race, and 0.4% identified as American Indian and Alaska Native (U.S. Census Bureau, 2022a). The race/ethnicity of Delaware residents can be seen in Figure 5. Of the 2022 population, 10.3% of the population identified as Hispanic or Latino (as identified by the data source) (U.S. Census Bureau, 2022a).

**Figure 5. Race/Ethnicity in Delaware, 2022**



Source: U. S. Census Bureau. (2022a). 2022 American Community Survey 1-Year Estimates Subject Tables, Table DP05. Notes: The numbers in parenthesis indicate the margin of error at a 90% confidence level. The U. S. Census Bureau suppresses estimates for American Indian and Alaska Natives in the summary tables due to estimate variability and small numbers. Estimates for this population were obtained from detailed tables, and the margin of errors were approximated according to U. S. Census guidance and should be used cautiously.

Figure 6. Race and Ethnicity by U.S. Census Block, Delaware, 2020



Source: U. S. Census Bureau. (2020). Decennial Census Block Data, Delaware FirstMap, New Jersey Office of GIS, VGIN, Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, United States Geological Survey (USGS), EPA, NPS

## VITAL CONDITIONS

Health indicators for Delaware’s counties, the state, and the nation, are presented using Vital Conditions for Health and Well-Being.

### Basic Needs for Health and Safety

Meeting basic needs, including behavioral, psychological, cultural, and safety requirements is essential to foster individuals’ happiness and health (Office of Disease Prevention and Health Promotion, 2022b). Physical and mental well-being starts with having access to fresh air and water, healthy food, and the stability of a secure home (Community Commons, n.d.-a). Additionally, people require healthy relationships where they can express their gender and sexuality without restriction and live without factors, such as violence, injury, and toxic stress (Community Commons, n.d.-a). To thrive within this vital condition, access to both routine and acute health care is essential for maintaining health and well-being. Failure to meet basic needs can result in increased domestic violence, toxic stress, mental health issues, and other negative health outcomes (Community Commons, n.d.-a). Toxic stress is described as prolonged, severe, or chronic stress. This can cause significant problems with health and development (Administration for Children and Families, n.d.).

Key indicators mentioned in Table 1 help identify the environment needed to meet basic health and safety needs. These indicators include health care access, food access, substance use, and residing in areas with low levels of violence. Delawareans report having more recent primary care visits than the national average; however, both Kent and Sussex County were designated primary care physician shortage areas by the U.S. Department of Health and Human Services’ Health Resources and Services Administration (Delaware Department of Health and Social Services (DHSS), 2022). New Castle County has the highest amount of full-time equivalent primary care physicians (462) compared to Sussex County (111) and Kent County (87) (DHSS, 2022). The percentage of people in Delaware who were food insecure (i.e., did not have a reliable source of food) in 2021 is lower than the national average, indicating Delaware has better food access than the nation (Feeding America, 2022). Of the three counties, Kent County has the highest percentage of food insecurity (13.7%) (Food Bank of Delaware, 2024). To equitably improve safety for Delawareans, targeted efforts are needed to address violence and substance use and improve linkage to affordable and acceptable treatment programs. Promoting healthy behaviors (e.g., physical activity), improving risk communication (e.g., smoking cessation), and ensuring reliable access to healthy foods are needed to improve the health of Delawareans. Other related basic needs for health and safety are described in Table 1.



Table 1. Key Indicators for Basic Needs for Health and Safety for Delaware, the U.S., and by County, Delaware, 2015-2022

Indicator	Delaware	United States	County		
			New Castle	Kent	Sussex
Routine check-up within the past year (2021) <sup>1</sup>	77.1% <sup>2</sup>	73.6%	75.0%	75.1%	80.2%
Life expectancy at birth (years) (2019-2021) <sup>3</sup>	77.4	77.6	77.4	76.0	77.8
Food insecurity (2024) <sup>4</sup>	12.6%	13.5% <sup>5</sup>	12.0%	13.7%	13.3%
Drug overdose deaths per 100,000 population (2019-2021) <sup>3</sup>	47.0	27.0	49.0	42.0	45.0
Homicides per 100,000 population (2015-2021) <sup>3</sup>	7.0	6.0	9.0	6.0	3.0
Cigarette smoking in adults (2021) <sup>3</sup>	14.0%	15.0%	14.0%	18.0%	15.0%
Physical inactivity (2021) <sup>3</sup>	26.0%	23.0%	25.0%	29.0%	26.0%
Robbery rates per 1,000 people (2018-2022) <sup>6</sup>	0.6	--	0.8	0.4	0.4
Forcible sex offenses rates per 1,000 people (2018-2022) <sup>6</sup>	0.6	--	0.5	1.0	0.1
Aggravated assault cases using a firearm per 1,000 people (2018-2022) <sup>6</sup>	3.1	--	3.0	3.8	2.8
Human trafficking cases per 1,000 people (2018-2022) <sup>6</sup>	<0.1	--	<0.1	<.01	<.01

Sources:

<sup>1</sup> Centers for Disease Control and Prevention (2022a). PLACES: Local Data for Better Health. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

<sup>2</sup> Centers for Disease Control and Prevention (2015). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

<sup>3</sup> University of Wisconsin Population Health Institute. (2024). County Health Rankings & Roadmaps.

<sup>4</sup> Food Bank of Delaware. (2024). Food Insecurity among the Overall Population in Delaware.

<sup>5</sup> Feeding America. (2022). Food Insecurity among the Overall Population in the United States.

<sup>6</sup> State of Delaware Statistical Analysis Center. (n.d.). Crime in Delaware 2018-2022.

### Humane Housing

Humane housing is having access to safe living spaces free from hazards. One essential aspect of humane housing is costs. This ensures people and families can secure safe living spaces. According to the Seven Vital Conditions for Health and Well-Being, high housing costs are a key indicator of the quality of living in Delaware. The inability to afford adequate housing can lead to financial strain, overcrowding, and even homelessness. According to the American Community Survey Data (ACS), cost burdened housing is defined as the percentage of occupied housing units for which housing costs amount to 30% or more of household income (Cromwell, 2022). However, as shown in Table 6, researchers collected data representing housing costs that amount to 35% or more of household income.

Quality housing, defined as the physical condition of an individual’s home and the quality of the surrounding area where the home is located (Bonney, 2007; Krieger & Higgins, 2002), is equally important to health (Table 2). Many aspects, such as affordability, quality, and safety, are associated with many health outcomes (Swope & Hernández, 2019). The physical quality of a house, including plumbing and access to a kitchen, is central to meeting the basic needs of residents. A useable kitchen and bathroom are a requirement of the Fair Housing Act (The Equal Rights Center, 2013). Incomplete plumbing or kitchen facilities can contribute to unhealthy living conditions and pose health risks to people and their families. Poor housing quality and inadequate housing conditions, such as overcrowding, are other important indicators that affect humane housing. Household overcrowding is defined as the number of occupants exceeding the capacity of the dwelling space available and can be measured as rooms, bedrooms, or floor area (Evans, 2003). Overcrowding can lead to poor mental health, food insecurity, and infectious diseases (Cutts et al., 2011).

Vacant housing negatively impacts neighborhoods by potentially increasing crime rates and decreasing property values (Community Commons, n.d.-b). Other important factors for humane housing include neighborhood walkability and access to parks and public spaces (Community Commons, n.d.-b). Access to diverse neighborhoods, without gentrification, segregation, or condensed poverty, is essential to living a healthy life.

Table 2. Key Indicators for Humane Housing: Incomplete Plumbing or Kitchen Facilities, Overcrowded Households, Vacant Housing, High Housing Costs, and Multi-family Housing for Delaware, the U.S., and by County, Delaware, 2018-2022

Indicator	Delaware	United States	County		
			New Castle	Kent	Sussex
Incomplete plumbing	0.5%	0.4%	0.6%	0.4%	0.3%
Incomplete kitchen facilities	0.6%	0.8%	0.6%	0.8%	0.5%
Overcrowded households (occupants per room)	0.7%	1.2%	0.5%	1.0%	1.0%
Vacant housing	13.6%	9.7%	5.3%	4.4%	31.1%
High housing costs	37.8%	42.7%	35.6%	46.6%	36.7%
Multi-family housing	16.7%	26.8%	22.6%	12.0%	9.9%

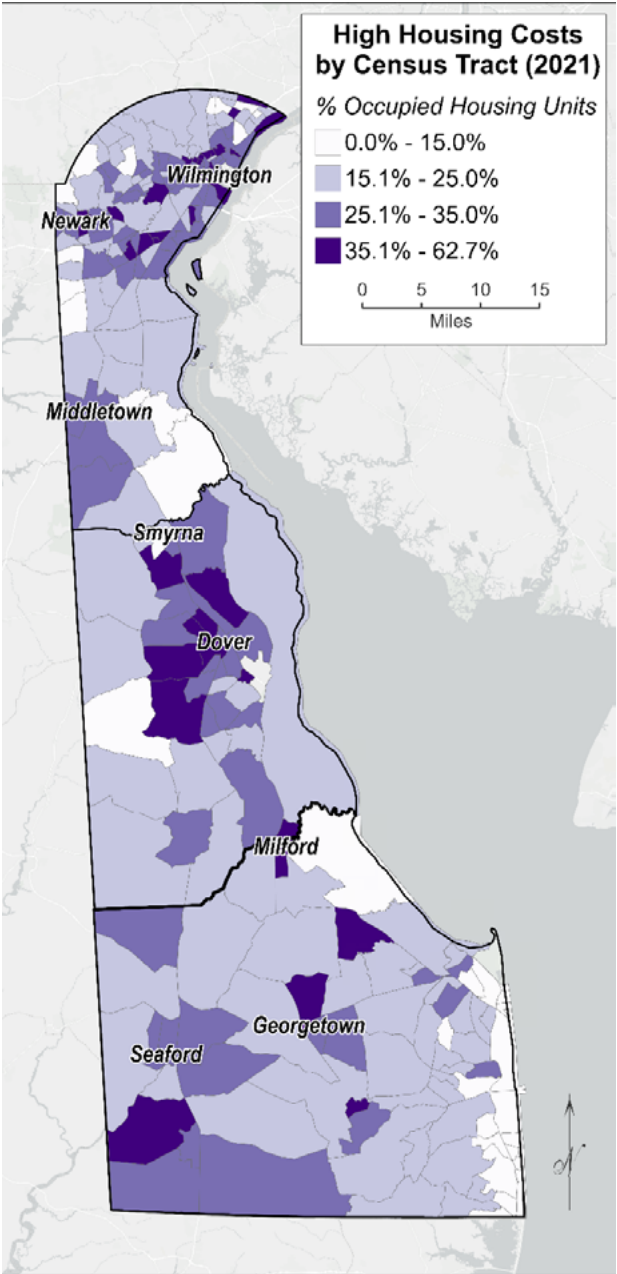
Source: U. S. Census Bureau. (2022g). 2018-2022 American Community Survey 5-Year Estimates Subject Table DP04.

Delaware has a lower percentage of incomplete kitchen facilities, overcrowded households, and high housing costs, but higher incomplete plumbing, vacant housing and less multi-family housing compared to national averages. Housing costs are lower in Delaware than nationally. While Delaware performs well on some of these indicators, the state can improve multi-family housing (e.g., two or more housing units per structure). This could increase the amount of affordable housing that Delaware offers. The percentage of high housing costs is highest in Kent County compared to New Castle and Sussex counties.

A 2023 National Low Income Housing Coalition report showed that in 2023, a minimum wage worker in Delaware earning \$11.75 per hour would need to work 89 hours per week to afford a two-bedroom Fair Market Rent (FMR) (\$1,357) home. A household must earn \$4,522 monthly or \$54,269 annually to be able to afford this level of rent and utilities without paying more than 30% of income on housing (National Low Income Housing Coalition, 2023).

About 59% of renters in Delaware cannot afford the two-bedroom FMR on a 40-hour per week wage (National Low Income Housing Coalition, 2023). The greatest housing demand in Delaware is from renters making less than 50% of Annual Median Income (AMI) (42%) and renters making more than 80% of AMI (38%) (National Low Income Housing Coalition, 2023). For owners, the greatest housing demand is from households earning between 80% and 120% of AMI (33%) and owners earning above 120% of AMI (39%) (National Low Income Housing Coalition, 2023). This indicates a huge demand for housing in the State of Delaware, not just for low-income renters but across the board for high income renters and high-income owners. Regardless of the AMI there should be housing readily available for the renters and owners in the State of Delaware.

Figure 7. High Housing Costs, Occupied Housing Units, Paying 30% or more of Income on Housing, by U.S. Census Tract, Delaware, 2021



Source: U.S. Census Bureau. (2021a). 2017-2021 American Community Survey 5-Year Estimates, Delaware FirstMap, New Jersey Office of GIS, VGIN, Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, EPA, NP

Notes: American Community Survey estimates for high housing costs in Delaware should be used with caution based on variance in estimate reliability.

## Meaningful Work and Wealth

Meaningful work and wealth include personal, family, and community wealth (Community Commons, n.d.-c). Personal, family, and community wealth includes equitable and high pay, fulfilling jobs and careers, and financial security that spans across an individual's life (Community Commons, n.d.-c). Growing financial security and stability provides generational wealth for future communities (Community Commons, n.d.-c). Table 3 shows key metrics related to the financial well-being of the people in Delaware. The key metrics, such as homeownership, income inequality, and median household income, matter because it reflects the economic well-being and financial stability of Delawareans. Wealth, income, and home ownership are all connected to other social determinants of health, including health care access, transportation, education, and other financial and social services, that affect one's health and health outcomes (D'Alessandro & Appolloni, 2020; Woolf et al., 2015). For example, homeownership indicates access to housing, affordability of housing, and generational wealth. Homeownership creates stable and diverse communities as a protective factor for many chronic health conditions and health disparities due to the resources available, including social networks, and quality of local services (Ellen & Turner, 1997), that could positively affect health and well-being (Rahman & Steeb, 2024; Taylor, 2018). Furthermore, those with high paying jobs not only have a higher income but access to careers that are stable, flexible, and have good benefits (i.e., paid leave and health insurance) which affects family's quality of life and access to health and other social resources (Woolf et al., 2015). Overall, these key metrics intersect with health and well-being because financial well-being and career status determines access to jobs, health care, healthy food, schools, and other resources that allow families to thrive in their environments (Woolf et al., 2015).

Delaware has exceeded the national average in residential homeownership and has a lower income inequality rate than the national average. The state, New Castle County, and Sussex County are above the national median household income (U.S. Census Bureau, 2022b). However, Kent County falls below the median household income. When comparing homeownership by county, there are more homeowners in Sussex County than in New Castle and Kent counties. In Delaware from 2018-2022, households in the 80th percentile income made approximately \$151,272 (University of Wisconsin Public Health Institute, 2024). New Castle County had the highest income per household at \$161,921 followed by Sussex County (\$142,997) and Kent County (\$128,673) (University of Wisconsin Public Health Institute, 2024). For the 20th percentile income, the income per household was \$34,397 across the whole state (University of Wisconsin Public Health Institute, 2024). New Castle County had the highest income per household for the 20th percentile at \$35,719, followed by Sussex County at \$33,497, and Kent County at \$31,773 (University of Wisconsin Public Health Institute, 2024). Given the ratio of household income at the 80th percentile to income at the 20th percentile, households in Delaware with higher incomes had income 4.4 times that of households with lower incomes (University of

Wisconsin Public Health Institute, 2024). This income inequality ratio is 4.9 for the U.S., indicating that Delaware has a lower income inequality rate. Income inequality ranged from 4.0 to 4.5 across all three counties in the state: New Castle County (4.5), Sussex County (4.3), and Kent County (4.0) (University of Wisconsin Public Health Institute, 2024). Delaware is below the national poverty level of 12.5% with 11.1% of Delawareans living below 100% of the Federal Poverty Level (FPL) (U.S. Census Bureau, 2022c). The United for ALICE (Asset Limited, Income Constrained, Employed) 2021 report shows that of the 395,656 households in Delaware 2021, 160,868, or 41% had income below the ALICE Threshold of Financial Survival. The ALICE Household Survival Budget is "the bare minimum cost of household basics necessary to live and work" (United for ALICE, 2023).

**Table 3. Key Indicators for Meaningful Work and Wealth: Median Household Income, Homeownership, Income Inequality, Poverty, and Unemployment Rate for Delaware, the U.S., and by County, Delaware, 2018-2022**

Indicator	Delaware	United States	County		
			New Castle	Kent	Sussex
Median household income (2018-2022) <sup>1</sup>	\$79,325	\$75,149	\$85,309	\$69,278	\$75,406
Homeownership (2018-2022) <sup>2</sup>	72%	65%	68%	70%	81%
Income inequality rate (2018-2022) <sup>2</sup>	4.4	4.9	4.5	4.0	4.3
Poverty - below 100% FPL (2018-2022) <sup>3</sup>	11.1%	12.5%	10.5%	12.3%	11.6%
Unemployment rate (2022) <sup>2</sup>	4.5%	3.7%	4.4%	5.2%	4.4%

Sources:

<sup>1</sup> U. S. Census Bureau. (2022b). 2022 American Community Survey 5-Year Estimates Subject Tables, Table S1901.

<sup>2</sup> University of Wisconsin Population Health Institute. (2024). County Health Rankings & Roadmaps.

<sup>3</sup> U. S. Census Bureau. (2022c). 2022 American Community Survey 5-Year Estimates Subject Tables, Table S1701.



Lifelong Learning

Lifelong learning means providing an education that meets or exceeds the national standard for everyone, regardless of age, background, or ability (Community Commons, n.d.-d). Lifelong learning ensures access to the foundational education people need to reach their full potential. Adequate education can launch people into meaningful careers to offer further opportunities to learn and grow. Higher levels of education are linked with higher income, better health, and increased opportunities (Community Commons, n.d.-d). Education is an engine of social mobility, so monitoring key indicators provides vital information for improving Delaware’s social and economic health dimensions.

Key indicators related to education and lifelong learning are shown in Table 4. Delaware’s preschool enrollment, the percentage of 3- to 4-year-olds enrolled in school, is near the national average but is lower in both Kent County and Sussex County (U.S. Census Bureau, 2022d). Access to early childhood education is important for gender equity because children learn social, emotional, cognitive and language skills foundational for health in adulthood (Plan International, 2017). Children also learn about gender and societal norms that contribute to their sense of self-worth, identity, and belonging (Plan International, 2017). Thus, early childhood education should include gender inclusive programming and initiatives to close gender gaps and promote children’s development (Plan International, 2017). In terms of higher education, there are slightly fewer Delawareans with at least some college compared to the national average (University of Wisconsin Public Health Institute, 2024). In this data, adults are defined as the percentage of the population ages 25 to 44. Sussex County has the lowest percentage of adults with at least some college (University of Wisconsin Public Health Institute, 2024). All three counties show they achieve or exceed the U.S. percentage of adults with a high school diploma (University of Wisconsin Public Health Institute, 2024). However, Delaware is lower than the national average for on-time high school graduation statewide and in every county (University of Wisconsin Public Health Institute, 2024). The 2019 State Assessment from the Delaware Department of Education, 53% of students in grades 3 to 8 scored at the proficient level or higher in the Smarter English Language Arts (ELA) assessment, compared to 54% in 2017 (Delaware Department of Education, 2019). In the 2023 State Assessment, 40% of students in grades 3 to 8 scored at the proficient level or higher in the ELA compared to 53% in 2019 (Delaware Department of Education, 2023; Delaware Department of Education, 2019).

In addition, lifelong learning includes access to libraries and every Delawarean is within approximately 7 miles of a library, membership providing online access to some library services 24/7 (Joint Legislative Oversight & Sunset Committee, 2021).

Table 4. Key Indicators for Education and Lifelong Learning for Delaware, the U.S., and by County, Delaware, 2018-2022

Indicator	Delaware	United States	County		
			New Castle	Kent	Sussex
Preschool enrollment (2018-2022) <sup>1</sup>	44.9%	45.6%	50.5%	29.4%	43.7%
Adults with at least some college (2018-2022) <sup>2</sup>	64.0%	68%	68.0%	62.0%	56.0%
Adults with a high school Diploma (2018-2022) <sup>2</sup>	91.1%	89.0%	92.0%	89.0%	90.0%
On-time high school graduation (2020-2021) <sup>2</sup>	81.0%	86.0%	82%	81%	80%

Sources:  
<sup>1</sup>U. S. Census Bureau. (2022d). 2018-2022 American Community Survey 5-Year Estimates Subject Tables, Table S1401.  
<sup>2</sup>University of Wisconsin Population Health Institute. (2024). County Health Rankings & Roadmaps.

Reliable Transportation

Reliable transportation requires consistent and affordable access to move daily between home, work, school, and stores. Access to jobs, the ability to socialize with others, and overall health are influenced by how you get around (Community Commons, n.d.-d). Table 5 shows key indicators for reliable and safe transportation in Delaware. Delaware can increase the amount of active transportation – biking and walking – by providing incentives to use public transit and encouraging active transportation for daily activities. This would improve statewide transportation and contribute to improving the physical health of Delawareans. The average commute time is slightly lower in Delaware (26.1 minutes) compared to the national average (26.4 minutes) (U.S. Census Bureau, 2022e).

The active commuting indicator shows the percentage of workers aged 16 years and older who commute to work using public transportation, bicycling, or walking. Delaware’s active commuting indicator (1.4%) is below the national average (3.1%) (U.S. Census Bureau, 2022e).

Motor vehicle crash deaths are another often discussed reliable transportation indicator. In 2022, there were more motor vehicle crash deaths per 100,000 population Delaware (13.0) compared to national rates (12.0) (University of Wisconsin Population Health Institute, 2024). Sussex County (16.0) and Kent County (16.0) had the highest rate of motor vehicle crash deaths per 100,000, followed by New Castle County (11.0) (University of Wisconsin Population Health Institute, 2024).

**Table 5. Key Indicators for Reliable Transportation for Delaware, the U.S., and by County, Delaware, 2015-2022**

Indicator	Delaware	United States	County		
			New Castle	Kent	Sussex
Mean commute time (minutes) (2022) <sup>1</sup>	26.1	26.4	24.6	--	--
Active commuting (2022) <sup>1</sup>	1.4%	3.1%	2.1%	--	--
Households without access to a vehicle (2022) <sup>1</sup>	5.9%	8.3%	7.3%	--	--
Motor vehicle crash deaths per 100,000 (2015-2021) <sup>2</sup>	13.0	12.0	11.0	16.0	16.0

Sources:  
<sup>1</sup>U. S. Census Bureau. (2022e). 2022 American Community Survey 1-Year Estimates Subject Tables, Table S0201.  
<sup>2</sup>University of Wisconsin Population Health Institute. (2024). County Health Rankings & Roadmaps.

Belonging and Civic Muscle

Belonging and civic muscle are defined by the fulfilling relationships and social support that individuals need to thrive (Community Commons, n.d.-e). This vital condition encompasses being a part of a community and actively contributing to its vitality (Community Commons, n.d.-e). To meet practical needs, navigate life’s challenges, and encourage healthy behaviors, it is imperative to receive support from friends, family, and other social networks (Community Commons, n.d.-e). Table 6 shows the key indicators for belonging and civic muscle for Delaware compared to the national average and by county.

Compared to the national average (7%), Delaware has a lower percentage of 16 to 19-year-olds who are neither in school nor employed (5%) (University of Wisconsin Population Health Institute, 2024). However, both Kent (7%) and Sussex (8%) Counties exhibit higher rates of youth not in school and not working than the national average (7%) and New Castle County (4%) (University of Wisconsin Population Health Institute, 2024). Statewide, both household computer and internet access surpass the national average (U.S. Census Bureau, 2022e). However, Kent County falls below the national average in household computer access and Sussex County matches it (U.S. Census Bureau, 2022e). In an increasingly connected world, ensuring that all Delawareans have access to computers and the Internet is necessary for progress in not only belonging and civic muscle but other vital condition areas such as education and lifelong learning, health and well-being, and meaningful work.

Delaware can improve civic engagement by increasing voter participation. The voter turnout metric is defined as the percentage of citizen population aged 18 or older who voted in the 2020 presidential election (University of Wisconsin Population Health Institute, 2024). Voter turnout is important; lower turnout is associated with political disengagement and inadequate belief in public policy change (Fair Vote, n.d.). Voter turnout was slightly higher in Delaware (69.7%) compared to the national average (67.9%) (University of Wisconsin Population Health Institute, 2024). Among the counties, the highest percentage of voter turnout was in Sussex County (72.2%), while the lowest was in Kent County (65.1%) (University of Wisconsin Population Health Institute, 2024). Census participation is defined as the percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire, or telephone) (University of Wisconsin Population Health Institute, 2024). Census participation benefits communities because it uses population totals and breakdowns to determine federal funding allocation as well as to determine how each community gets equitable schools, hospitals, roads, and public works (U.S. Census Bureau, 2021b). New Castle and Kent Counties have higher census participation percentages compared to the national average, but Sussex County is lower (University of Wisconsin Population Health Institute, 2024).

**Table 6. Key Indicators for Belonging and Civic Muscle: Youth Not in School, Not Working, Inadequate Social and Emotional Support, Computer and Internet Access, Voting Participation, and Isolated Seniors for Delaware, the U.S., and by County, Delaware, 2018-2022**

Indicator	Delaware	United States	County		
			New Castle	Kent	Sussex
Disconnected Youth (Youth not in school, not working) <sup>2</sup> (2018-2022)	5%	7%	4%	7%	8%
Social Associations (Number of membership associations per 10,000 population) <sup>2</sup> (2021)	10.1%	9.1%	10.9%	8.5%	9.1%
Households with a computer <sup>1</sup> (2022)	94.7%	94.0%	95.7%	92.7%	93.9%
Households with broadband internet subscription <sup>1</sup> (2022)	90.3%	88.3%	91.6%	89.2%	88.3%
Voter turnout <sup>2</sup> (2020)	69.7%	67.9%	70.1%	65.1%	72.2%
Census participation <sup>2</sup> (2020)	-	65.2%	68.7%	68.1%	56.3%

Sources:  
<sup>1</sup>U. S. Census Bureau. (2022e). 2022 American Community Survey 1-Year Estimates Subject Tables, Table S0201  
<sup>2</sup>University of Wisconsin Population Health Institute. (2024). County Health Rankings & Roadmaps.

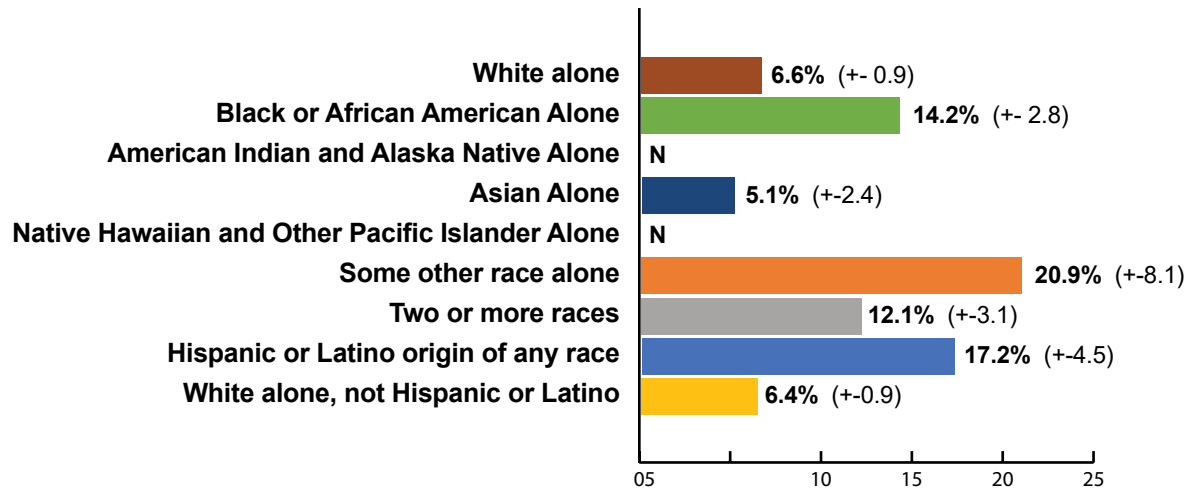
# REVIEW OF SECONDARY DATA

The secondary data sources collected for the State Health Assessment (SHA) provide a better understanding of health indicators by the vital conditions. These sources include statistics for various health indicators (i.e., education, poverty, health care services, and the environment) from federal, state, and local sources, such as illness and death rates. This section uses secondary data to describe health disparities and assess specific health indicators identified as priority areas of concern in the 2018-2019 Delaware SHIP. Priority areas of concern are chronic disease, maternal and child health, substance use disorder, and mental health. Secondary data analysis is an important tool for identifying health disparities and areas that need targeted attention to improve health equity throughout Delaware.

Health disparities result from several factors, including low socio-economic status, environmental stressors, limited access to health care, and other inequalities (Centers for Disease Control and Prevention (CDC) , 2023a). Different populations experience health inequities, including racial and ethnic minorities, people with disabilities, those who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, or other), people with limited English proficiency, and more (CDC, 2022b).

The population of Delaware demonstrated significant disparities in the percent of the population living below the federal poverty level across different racial and ethnic groups in 2022, demonstrated by Figure 8. Those who identified as Some Other Race Alone experienced the highest poverty rate, with 20.9% living below the federal poverty level (U.S. Census Bureau, 2022f). Those identified as Hispanic or Latino origin of any race faced the second highest percentage living below the federal poverty level, at 17.2% (U.S. Census Bureau, 2022f). This was followed by the Black or African American population, in which 14.2% lived below the poverty level (U.S. Census Bureau, 2022f). Among respondents who identified as two or more races, 12.1% were living below the federal poverty level (U.S. Census Bureau, 2022f). For those who identified as White Alone, 6.6% lived in poverty, and the percentage was slightly lower for those in the White Alone, not Hispanic or Latino subgroup (U.S. Census Bureau, 2022f). The Asian Alone population had the lowest recorded percentage of population living below the federal poverty level at 5.1% (U.S. Census Bureau, 2022f). Data for American Indian and Alaska Native Alone, as well as Native Hawaiian and Other Pacific Islander Alone, was not available.

Figure 8. Delaware Population Living Below the Federal Poverty Level by Race and Ethnicity, 2021



Source: U. S. Census Bureau. (2022f). 2022 American Community Survey 1-Year Estimates Subject Tables, Table DPO2.

Notes: The numbers in parenthesis indicate the margin of error at a 90% confidence level. The U. S. Census Bureau suppresses estimates for American Indian and Alaska Natives in the summary tables due to estimate variability and small numbers. Estimates for this population were obtained from detailed tables, and the margin of errors were approximated according to U. S. Census guidance and should be used cautiously.

## Chronic Disease

Hypertension and high cholesterol are the most prevalent chronic health conditions affecting more than a third of Delaware’s adult population (DHSS, n.d.-a). Based on data collected in 2021, Table 7 summarizes the adult prevalence of chronic disease indicators including obesity, diabetes, smoking, sedentary behavior, and access to exercise opportunities, across Delaware statewide, the U.S., and the counties of New Castle, Kent, and Sussex. Physical activity can modify an individual’s risk of developing and controlling chronic diseases (Anderson & Durstine, 2019). Based on 2021 data, most adults in New Castle County (93%) have access to exercise opportunities (University of Wisconsin Population Health Insitute, 2024). Adults in Kent (65%) and Sussex counties (56%) have significantly less access to exercise opportunities (University of Wisconsin Population Health Insitute, 2024). In Delaware overall, the percentage of adults who have access to exercise opportunities (79%) is slightly lower than it is in the nation (84%) (University of Wisconsin Population Health Insitute, 2024). The proportion of physically inactive adults is similar in New Castle and Sussex counties, with the greatest proportion of physically inactive adults residing in Kent County (64%). In 2021, 23% of adults in the U.S. were reported as being physically inactive whereas Delaware has a higher percentage of physically inactive adults at 26% (University of Wisconsin Population Health Insitute, 2024).



Based on data collected in 2021, the proportion of adults who are obese is 34% in both Delaware and nationwide (University of Wisconsin Population Health Institute, 2024). In 2021, the proportion of adults who were physically inactive was slightly higher in Delaware (26%) compared to the nation (23%) (University of Wisconsin Population Health Institute, 2024). Furthermore, the percentage of adults living with a diagnosis of diabetes is the same in both Delaware and the United States at 10% (University of Wisconsin Population Health Institute, 2024). Regarding smoking, the prevalence of adults who smoke in Delaware (14%) is slightly lower than the national average of 15% (University of Wisconsin Population Health Institute). Within Delaware, Kent County has the highest smoking rate at 18%, while Sussex County has a smoking rate of 15% and New Castle has a smoking rate of 14% (University of Wisconsin Population Health Institute, 2024).

**Table 7. Prevalence of Select Chronic Diseases for Delaware, the U.S., and by County, Delaware, 2021**

Chronic Disease Indicator	Delaware	United States	New Castle County	Kent County	Sussex County
Adults who are obese	34%	34%	35%	41%	35%
Adults with diabetes	10%	10%	10%	11%	10%
Adults who smoke	14%	15%	14%	18%	15%
Physically inactive adults	26%	23%	23%	64%	28%
Access to exercise opportunities	79%	84%	93%	65%	56%

Source: University of Wisconsin Population Health Institute. (2024). County Health Rankings & Roadmaps.

Maternal and Infant Health

The 2024 University of Wisconsin Population Health Institute County Health Rankings used data from 2015-2021 to examine infant mortality, defined as deaths among children less than one year of age per 1,000 live births. In Delaware, using data from 2015-2021, there were seven deaths among infants less than one year of age per 1,000 live births (University of Wisconsin Population Health Institute, 2024).

Due to structural racism in health care and social services and the resulting race-based inequities in infant mortality outcomes, it is crucial to examine the breakdown of infant mortality rates by race and ethnicity in Delaware (Taylor et al., 2019). Broken down by race and ethnicity, Delaware’s five-year average infant mortality rates from 2017 to 2021 were as follows: 3.4 per 1,000 for Non-Hispanic White infants, 11.0 per 1,000 for Non-Hispanic Black infants, and 4.9 per 1,000 for Hispanic infants, as referenced by source (Delaware Health Statistics Center, 2024).

The infant mortality rates show that Delaware has significant racial disparities in infant mortality as Non-Hispanic Black infants are dying at a rate that is three times the rate of Non-Hispanic White infants. From 2015-2021, New Castle County recorded an infant mortality rate of 11.1 non-Hispanic Black infants and 3.5 non-Hispanic White infant deaths per 1,000 live births (Delaware Health Statistics Center, 2024). In Kent County, the rate was the highest with 12.4 non-Hispanic Black infants and lowest with 3.3 non-Hispanic White infant deaths per 1,000 (Delaware Vital Statistics, 2021). In Sussex County, also during the same period, the rate was 8.3 non-Hispanic Black infants and 3.2 non-Hispanic White infants (Delaware Health Statistics Center, 2024).

High-risk behaviors, such as smoking during pregnancy, can negatively impact the health of both mothers and babies. In 2021, 5.2% of Delawareans reported smoking while pregnant (America’s Health Rankings, 2021b). Smoking during pregnancy can cause tissue damage in the fetus, specifically to the lungs and brain (CDC, 2023b). Smoking during pregnancy is linked to an increased risk of miscarriage (Pineles et.al, 2014). Health education and social support for modifying risk-taking behaviors can help improve this area of maternal-child health in Delaware.

Teenage pregnancies are a significant public health issue that can result in serious health and social consequences for mother and child, families, and communities (World Health Organization (WHO), 2024). From 2016-2022, Delaware’s teenage birth rate was 16 per 1,000 females aged 15-19 (University of Wisconsin Population Health Institute, 2024). There was a 53.3% decline in teen pregnancy from 2011 to 2021 (from 30 per 1,000 females in 2011 to 14 per 1,000 in 2021) (My Healthy Community, n.d.-a); therefore, teen pregnancy is trending down. Ongoing efforts to reduce teen pregnancies include the Adolescent Pregnancy Prevention (APP) program. APP and other initiatives work to identify needs and high-risk populations (Christiana Care, n.d.). The program promotes school-based pregnancy prevention curricula in concert with student health centers (Christiana Care, n.d.).

Interpersonal Violence Deaths

Another health disparity indicator is deaths resulting from interpersonal violence. Interpersonal violence is defined by the National Institute of Health (NIH) as: “...the intentional use of physical force or power against other persons by an individual or small group of individuals. Interpersonal violence may be physical, sexual, or psychological (also called emotional violence), and it may involve deprivation and neglect” (Mock et al., 2017). Acts of interpersonal violence can include family or partner violence (including domestic violence and child maltreatment), and community violence (including homicides and other violent offenses) (Mock et al., 2017).

Domestic violence is defined by the Office of Violence Against Women as “a pattern of abusive behavior (physical, sexual, emotional, economic, psychological, or technological) that is used by one partner to gain or maintain power and control over another intimate partner” (2023). Domestic violence can have serious mental and physical health consequences on both the victim and the community (Office of Violence Against Women, 2023). From July 1st, 2021, to June 30th, 2022 (Fiscal Year 2022), 21,955 combined criminal and non-criminal domestic violence incidents were reported in Delaware (Domestic Violence Coordinating Council, 2022). Criminal domestic violence incidents accounted for 48.7% (10,701) of these cases. Of these criminal domestic violence incidents, 2,374 (22.2%) resulted in physical injury to the victim (Domestic Violence Coordinating Council, 2022). Criminal violence incidents are those in which a crime is committed or alleged, and non-criminal violence incidents are those where no crime was alleged but there was indeed police contact (Domestic Violence Coordinating Council, 2022). Additionally, 4,160 (38.9%) of these criminal domestic violence incidents occurred with children present, and 3,364 (31.4%) were between intimate partners (Domestic Violence Coordinating Council, 2022). Furthermore, among the criminal intimate partner incidents, 75% of the victims were female and 25% were male (Domestic Violence Coordinating Council, 2022).

To further understand the impact of family violence within communities, it is imperative to examine child abuse statistics. In the Fiscal Year 2022, Delaware’s Division of Family Services (DFS) received 23,598 reports alleging child abuse or neglect, with 8,610 (36.5%) accepted for investigation (Domestic Violence Coordinating Council, 2022). Of the accepted reports, 1,730 (20.1%) also involved domestic violence allegations (Domestic Violence Coordinating Council, 2022).

Further delving into community safety in Delaware, homicide data from 2015-2021 shows that Delaware had a rate of seven homicides per 100,000 people (University of Wisconsin Population Health Institute, 2024). The homicide rate differed by county, with New Castle at nine per 100,000, Kent at six per 100,000, and Sussex at three per 100,000 (University of Wisconsin Population Health Institute, 2024).

Following the homicide data, it is also essential to consider trends in violent offenses. Violent offenses are defined as “those crimes which involve force or threat of force” and include murder and non-negligent manslaughter, human trafficking, kidnapping, forcible sex offenses, robbery, and assault (State of Delaware Statistical Analysis Center, n.d.). In Delaware, the number of violent offenses reported decreased by 8% from 2018 to 2022 (from 18,684 to 17,279) (State of Delaware Statistical Analysis Center, n.d.). By county, the number of violent offenses from 2018 to 2022 decreased by 15% in New Castle County and 3% in Sussex County (State of Delaware Statistical Analysis Center, n.d.). However, in Kent County, the number of violent offenses increased by 6% from 2018 to 2022 (State of Delaware Statistical Analysis Center, n.d.). Moreover, the number of arrests for violent crimes statewide decreased by 10.7% from 2018 to 2022 (State of Delaware Statistical Analysis Center, n.d.).

# Substance Use Disorder and Drug Overdose

To highlight the prevalence and severity of drug use in Delaware, it is important to examine key metrics such as non-medical prescription drug use, illicit drug use, and excessive alcohol consumption. In Delaware in 2023, 13.5% of adults reported using prescription drugs non-medically (including pain relievers, stimulants, and sedatives) or illicit drugs (excluding cannabis) in the last 12 months, compared to 15.9% nationwide (America’s Health Rankings, 2023). In this period, 1.7% of Delawareans reported illicit drug use (excluding opioids and cannabis) (America’s Health Rankings, 2023). Also in 2023, approximately 4.7% of Delaware adults reported illicit opioid use in the past 12 months, compared to 1.1% of U.S. adults reporting illicit opioid use. Additionally, 8.3% of Delaware adults in 2023 reported non-medical use of prescription opioids in the past 12 months compared to 7.7% of adults in the nation (America’s Health Rankings, 2023).

According to 2021 data, the prevalence of excessive alcohol consumption in Delaware is 16%, two percentage points lower than the national average (18%) (University of Wisconsin Population Health Institute, 2024). Also, according to 2021 data, New Castle County has the highest percentage of excessive alcohol consumption (16%) compared to Kent County (14%), and Sussex County (15%) (University of Wisconsin Population Health Institute, 2024). Nationally, excessive alcohol consumption is higher among men than women, but the rate of increase is steeper among women across all ages, races, ethnicities, and regions (Karaye et al., 2023). Excessive alcohol consumption is defined as the age-adjusted percentage of adults reporting binge or heavy-drinking (University of Wisconsin Population Health Institute, 2024). In Delaware in 2022, binge drinking was higher among men (16.5%) than women (11.6%) (DHSS Alcohol Use in Delaware, 2022). Binge drinking is defined as “males having five or more drinks, and females having four or more drinks, on one occasion” within the past 30 days (DHSS, n.d.-b). In addition, alcohol-induced deaths in Delaware totaled 151 in 2021 (Delaware Health Statistics Center, 2023). The median age of the alcohol-induced decedents was 58 years for males and 61 years for females (Delaware Health Statistics, 2023).

In 2021, there were 507 suspected drug overdose deaths in Delaware (My Healthy Community, 2024). According to the Delaware Health Statistics Center, the average increase in drug overdose deaths count is 18% every year from 2012 to 2020 (My Healthy Community, 2024). Nationally, the age-adjusted rate of overdose deaths in 2022 was 32.6 per 100,000 people (Spencer et al., 2024). The national rate is lower than in Delaware as in 2022, the age-adjusted drug overdose mortality rate was 55.3 per 100,000 (CDC, 2022c).

According to 2019-2021 data, all three counties have higher overdose death rates than the national average of 27 drug overdose deaths per 100,000 people (University of Wisconsin Population Health Institute, 2024). According to data from 2019-2021, Kent County's average was 42 drug overdose deaths per 100,000 people, New Castle County's average was 49 per 100,000, and Sussex County's average was 45 per 100,000 (University of Wisconsin Population Health Institute, 2024).

Delaware's overdose deaths vary among races. In the 5-year period of 2017-2021, the age-adjusted drug overdose mortality rate was higher among Non-Hispanic Whites (58.3 per 100,000) compared to Non-Hispanic Blacks (40.3 per 100,000) (Delaware Health Statistics, 2023). However, according to 2022 data, nationally, the age adjusted rate of drug overdose deaths is higher among Non-Hispanic Blacks (47.5 per 100,00) compared to Non-Hispanic Whites (35.6 per 100,000) (Spencer et al., 2024).

### Smoking Cessation

According to America's Health Rankings (2022c), 12.9% of adults in Delaware have smoked at least 100 cigarettes over their lifetimes and "smoke daily or some days" in 2022, compared to the national average of 14.0%. In addition to cigarettes, E-cigarette use has been on the rise in youth groups. Across the U.S., e-cigarette use among high school surged from 11.7% in 2017 to 27.5% in 2019, more than doubling in just 2 years (DHSS, n.d.-c). In Delaware, according to 2017 data, 13.6% of students used e-cigarettes in the past month, while 6.2% smoked regular cigarettes (DHSS, n.d.-c). Also, according to the 2017 Delaware Behavioral Risk Factor Survey data, about 38% of Delaware high school students reported ever trying an electronic vapor product (DHSS, n.d.-c). Among middle school and high school students in the U.S. who currently use e-cigarettes, 25.2% used e-cigarettes daily (Birdsey et.al, 2023).

From 2019 to 2022, tobacco smoking fell across all age groups in Delaware: from 15.9% in 2019 to 12.9% in 2022 (America's Health Rankings, 2022c). In 2022, 13.4% of individuals aged 18 to 44 were current smokers, 16.6% of individuals aged 45 to 64 were current smokers, and 7.6% of individuals aged 65 and older were current smokers (America's Health Rankings, 2022c). On an income-based level in 2022, 30.0% of people in Delaware who make less than \$25,000 were current smokers, compared to 25.1% nationally (America's Health Rankings, 2022c). Compared to 17.3% nationally, 19.1% of Delawareans who make \$25,000-\$49,999 were current smokers (America's Health Rankings, 2022c). Additionally, 11.4% of Delawareans who make \$50,000-\$74,999 were current smokers compared to 13.2% nationally (America's Health Rankings, 2022c). Lastly, 10.2% of Delawareans who make more than \$75,000 were current smokers compared to 8.4% nationally (America's Health Rankings, 2022c). Thus, individuals with the lowest income levels smoke the most, while those with the highest income levels smoke the least in both Delaware and the U.S.

### Mental Health

Mental Health is defined by the WHO as: "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2022a). According to 2021 data, 87.0% of Delaware adults reported good mental health or had 14 or fewer poor mental health days (My Healthy Community, n.d.-b). Despite this, 149,000 Delawareans have a mental health condition (National Alliance on Mental Illness (NAMI), 2021). Mental health conditions (also referred to as mental health disorders and mental illnesses) include several conditions that affect mood, thinking, and behavior (WHO, 2022b).

Depressive disorders are one of the most common types of mental health disorders. Depressive disorders include depression, major depression, dysthymia, and minor depression (DHSS, n.d.-a). Depressive disorders affect about one in every five Delaware adults; in 2022, 19.9% of Delaware adults said yes, they had been told by a doctor that they had a depressive disorder (DHSS, n.d.-a). Women were more likely to report having a depressive disorder (24.4%), compared to men at 14.9% (DHSS, n.d.-a).

Of the 149,000 Delawareans with a mental health disorder, 42,000 have a serious mental illness (NAMI, 2021). Serious mental illness is defined as "a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" (National Institute of Mental Health, 2023). Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder (Veterans Affairs (VA), n.d.). Serious mental illnesses carry a heavy burden; people with severe mental illnesses die 10 to 20 years earlier than the general population (WHO, n.d.). Untreated mental illnesses can lead to disability, unemployment, substance use, homelessness, incarceration, and suicide (NAMI California, n.d.). Thus, appropriate mental health treatment needs to be accessible as it has been shown to be effective in helping those with mental health disorders or serious mental illness in navigating their illness and/or overcoming challenges associated with it (Substance Abuse and Mental Health Services Administration (SAMHSA), 2024).



Despite the effectiveness of mental health treatment, Delawareans may have limited access to mental health care resources due to barriers in access due to COVID-19, cost, insurance access, and a shortage of mental health professionals. In 2021 during the COVID-19 pandemic, 32.8% of adults in Delaware reported symptoms of anxiety or depression but 16.9% were unable to get counseling or therapy that they needed (NAMI, 2021). Additionally, 36.8% of Delawareans who needed necessary mental health care but did not receive it, did not receive it because of cost (NAMI, 2021). Furthermore, Delawareans face greater challenges in finding affordable mental health care, as they are more than three times more likely to be forced out-of-network for mental health care compared to primary health care (NAMI, 2021). Alongside inadequate insurance access, mental health providers are limited in Delaware; there are only about 1,000 behavioral health providers in the state (Gibbs, 2022).

Leading Causes of Death

Leading causes of death are important indicators for communities. They allow for identifying priority diseases to initiate focused interventions, prevention, and resource planning. Delaware's top five leading causes of death in 2021 were cancer, diseases of heart, COVID-19, accidents, and stroke (Table 8) (Delaware Health Statistics Center, 2023). Similarly, the top leading causes of death nationally in 2021 were heart disease, cancer, COVID-19, accidents, and stroke (Xu et al., 2022).

Table 8. Number of Deaths by Disease, Delaware, 2021

Disease	Delaware Deaths
Malignant neoplasms (Cancer)	2,139
Diseases of heart	2,088
COVID-19	1,042
Accidents (unintentional injuries)	798
Cerebrovascular diseases (stroke)	733
Chronic lower respiratory diseases	490
Alzheimer’s disease	376
Diabetes mellitus	327
Nephritis, nephrotic syndrome, and nephrosis	159
Chronic liver disease and cirrhosis	138

Source: Delaware Health Statistics Center. (2023). Delaware Vital Statistics Annual Report Mortality, 2021

In Delaware from 2017 to 2019, the top two leading causes of death for non-Hispanic White individuals, non-Hispanic Black individuals, and Hispanic individuals (as referenced by source) were malignant neoplasms (cancer) and diseases of the heart (Table 9).

Table 9. Top Two Leading Causes of Death by Race and Ethnicity in Delaware, 2017-2021

Race and Ethnicity	Cancer (#, % of Deaths)	Diseases of Heart (#, % of Deaths)
Non-Hispanic White	8,144, 21.6%	8,045, 21.3%
Non-Hispanic Black	1,883, 20.5%	1,683, 18.3%
Hispanic	234, 17.3%	217, 16.1%

Source: Delaware Health Statistics Center. (2023). Delaware Vital Statistics Annual Report Mortality, 2021

The four cancer types with the highest incidence between 2016 and 2020 in Delaware were: female breast (134.5 per 100,000 population), prostate (125.0 per 100,000 population), lung and bronchus (56.9 per 100,000 population), and colorectal (34.6 per 100,000 population) (DHSS, 2023b). According to the 2016-2020 Cancer Incidence and Mortality in Delaware Report, Delaware ranks 20th among the states for highest all-site cancer incidence (DHSS, 2023a). However, Delaware improved in rankings since the last five-year periods measured – from 13th in 2015 to 2019 (DHSS, 2023b). These same cancers account for the highest cancer-related mortality: lung and bronchus (38.4 per 100,000 population), female breast (20.7 per 100,000 population), prostate (17.6 per 100,000 population), and colorectal (12.7 per 100,000 population) as shown in Table 10 (DHSS, 2023b). Also seen in Table 10, between 2016 and 2020, mortality rates for all-site cancer decreased by an average of 1.7% per year in Delaware and the U.S. (DHSS, 2023b). For all-site cancer mortality, Delaware ranks 15th among the states for 2016 to 2020 which is an improvement since the 1990’s when it was ranked second (DHHS, 2023b).

Table 10. Highest Incidence Rate and Mortality of Cancer per 100,000 population, by Type, Delaware, 2016-2020

Type of Cancer	Incidence Rate (Per 100,000 population)	Cancer Related Mortality (Per 100,000 population)
Female breast cancer*	134.5*	20.7
Prostate cancer	125.0	17.6
Lung and bronchus cancer	56.9	38.4*
Colorectal cancer	34.6	12.7

Source: Delaware Department of Health and Social Services. (2023). Cancer Incidence and Mortality in Delaware, 2016-2020

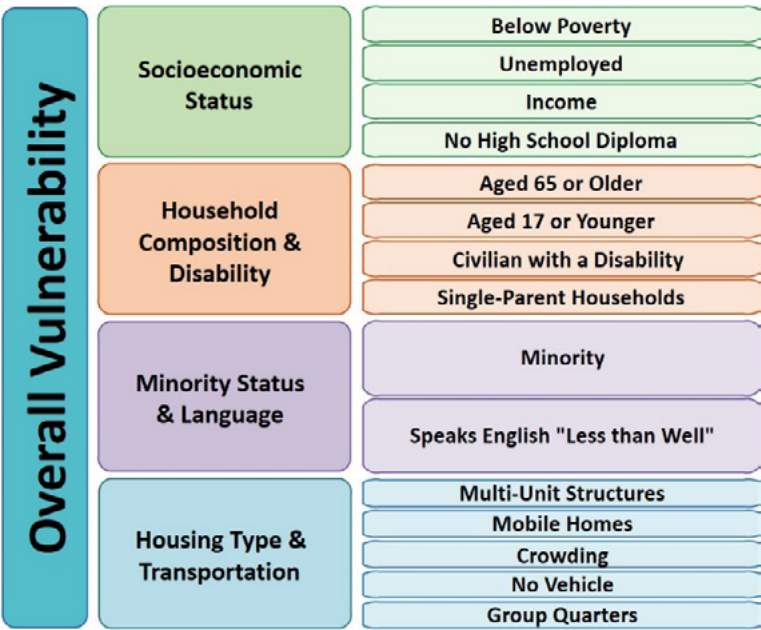
\*Denotes the highest incidence and highest cancer-related mortality by cancer type

# COMMUNITY SURVEYS

## BACKGROUND

The statewide community health needs survey was designed using the vital conditions for health and well-being’s seven domains. The objective of the survey was to gather information to address the concerns and needs of Delaware communities. The survey focused on identifying barriers to improving health. It was conducted in high social vulnerability areas as measured by the CDC for Toxic Substances and Disease Registry Social Vulnerability Index (CDC/ATSDR SVI). CDC/ATSDR defines social vulnerability as “the potential negative effects on communities caused by external stresses on human health” (ATSDR, 2024). The 2018 SVI is made up of 15 different variables at census tract and county levels. The index covers four different themes: socioeconomic status, household composition and disability, minority status and language, and housing type and transportation (Figure 9). Community surveys were conducted in New Castle and Kent counties in October 2022 and in Sussex County in February and March 2023.

Figure 9. Social Vulnerability Index, 2018



Source: Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, 2018

## METHODS

A 36-item questionnaire was developed to assess each domain of the vital conditions’ framework. The survey covered the following areas:

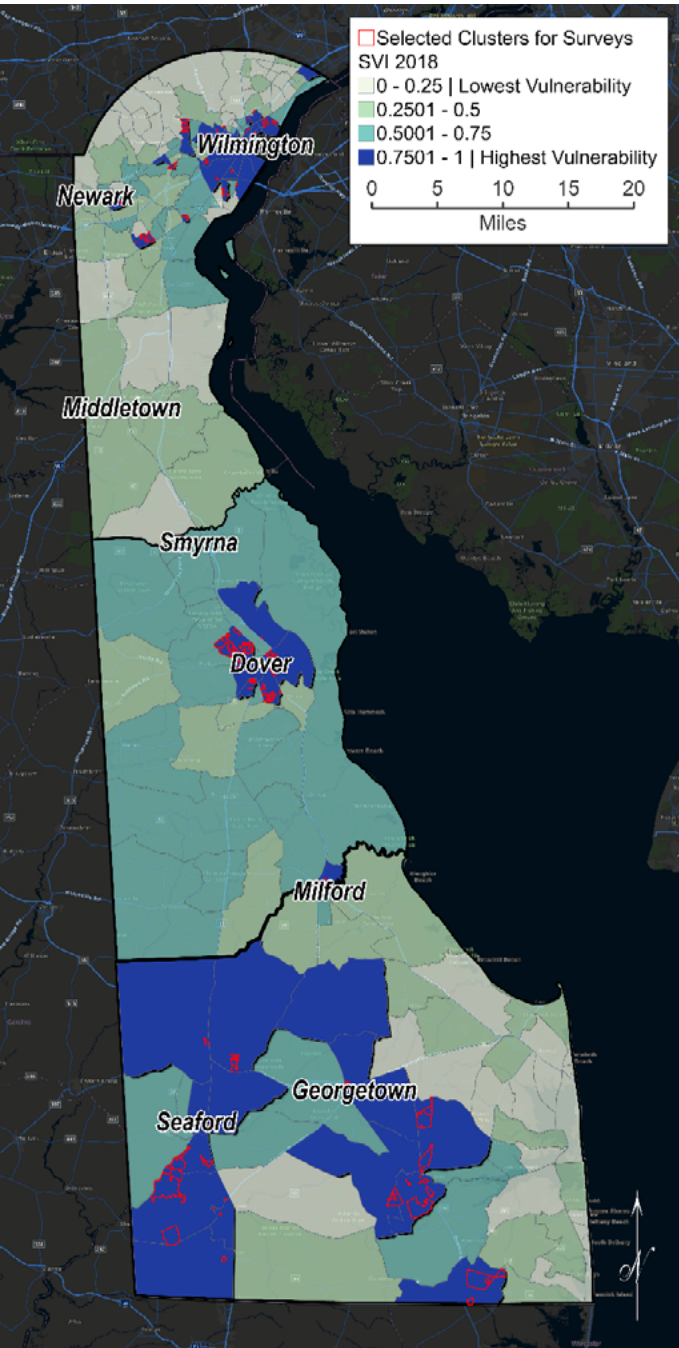
- food security
- access to health care providers
- tobacco use
- access to quality K-12 schools
- affordable childcare
- housing conditions
- the built environment
- access to reliable transportation
- and the household’s sense of community and belonging.

The survey was a joint effort with Delaware Division of Public Health (DPH) to receive community feedback. Those who completed the survey received a \$30 gift card. The University of Delaware (UD) IRB (1966239) and the DPH Privacy Board reviewed and approved the study and related materials.

The survey target population included the most vulnerable neighborhoods in all three counties. These neighborhoods were defined by the CDC’s SVI and shown in dark blue in Figure 10. The areas represented in blue have an SVI of 0.75-1. It indicates that the counties within this SVI are among the more vulnerable areas. Data for the SVI were obtained from the U.S. Census Bureau’s American Community Survey (ACS).

The sampling frame was defined as all census blocks within the most vulnerable census tracts (Figure 10). A two-stage cluster sampling method was used to select a population-weighted sample of census blocks. This method is used for a Community Assessment for Public Health Emergency Response (CASPER).

Figure 10. Selected Clusters and Survey Sample Frame Representing the Most Vulnerable Neighborhoods as Defined by the Social Vulnerability Index, in Delaware, 2018



Sources: CDC SVI 2018, US Census Block 2020, Delaware FirstMap, New Jersey Office of GIS, VGIN, Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, USGS, EPA, NPS

CASPER was initially developed by the CDC and the WHO (Malilay et al., 1996). Population-weighted cluster sampling allows the results to be generalized to the sample frame’s entire population. However, being classified into different sub-groups can result in imprecise estimates because of smaller sample sizes. This sampling method was validated to assess various population-level public health needs rapidly.

In the first sampling stage, 30 census blocks were randomly selected. The probability of selection is proportional to the number of occupied households (Figure 10). The second sampling stage randomly selected seven residential addresses within each pre-selected block. The 30x7 cluster sample resulted in a total sample size of 210. Residential addresses were provided by the Biden School of Public Policy, Center for Applied Demography & Survey Research in September 2022. A three-hour just-in-time training for surveyors and volunteers was held before beginning fieldwork. The training was done with local civic organizations and individuals from the UD EPI/PHC.

Site-specific details follow:

- In New Castle County, Network Connect was requested to assist with the survey. Field teams included Network Connect employees, UD students and staff, and community volunteers. Field headquarters were at the Rosehill Community Center at 19 Lambson Lane, New Castle, Delaware 19720. This provided a central location for field teams to gather. A total of 37 surveyors were trained and conducted the assessment.
- In Kent County, Network Connect was recruited to assist with the survey. Field teams included Network Connect employees, UD students and staff, and community volunteers. Field headquarters were located at the Green Beret Project at 375 Simon Circle, Dover, Delaware 19904. This provided a central location for field teams to gather. A total of 28 surveyors were trained and conducted the assessment.
- In Sussex County, field teams included community volunteers, UD students, and staff. The field headquarters were at the First State Community Action Agency at 308 North Railroad Avenue, Georgetown, Delaware 19947. This provided a central location for field teams to gather. A total of 32 surveyors were trained and conducted the assessment.
- Each county's contact, cooperation, and completion rates were calculated based on CDC guidelines for conducting CASPER (CDC, 2024).
- The contact rate is calculated by dividing the number of completed interviews by all households where contact was attempted. This included completed interviews, incomplete interviews, refusals, and non-respondents.
- The cooperation rate is calculated by dividing the number of completed interviews by all households where contact was made. This includes completed interviews, incomplete interviews, and non-respondents.
- The completion rate was calculated by dividing the number of completed interviews by the number of interviews intended to complete (usually 210).



The completion, contact, and cooperation rates were all within the expected ranges for all the community surveys (Smitherman et al., 2017). The three response rates are important to calculate to gauge the sample’s representativeness to the Delaware population. A representative sample is essential for interpreting results to provide accurate insights about the needs and concerns of the Delaware communities. Accurate results enable the development of effective strategies to improve the overall health of those who are most affected by health inequity. The completion rates are all 80% and above, aligning with the CDC’s acceptable percentage for generalizability (Smitherman, et al., 2017). Our cooperation rates were higher, indicating a sizeable proportion of the contacted households completed the survey, reducing the likelihood of a convenience sample (CDC, 2019). Our contact rates were lower, indicating that more households were sampled to complete the necessary number of surveys, thus affecting the sample’s representativeness (CDC, 2019). All three counties’ contact, cooperation, and completion rates are shown in Table 11.

**Table 11. Contact, Cooperation, and Completion Rates for New Castle, Kent, and Sussex Counties Community Surveys, Delaware, 2022-2023**

	New Castle <sup>1</sup>	Kent <sup>2</sup>	Sussex <sup>3</sup>
Contact Rate	185/968 = 19.1%	178/743 = 24.0%	168/708 = 23.7%
Cooperation Rate	185/322 = 57.5%	178/296 = 60.1%	168/318 = 52.8%
Completion Rate	185/210 = 88.1%	178/210 = 84.8%	168/210 = 80.0%

Sources:  
<sup>1</sup>State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
<sup>2</sup>State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
<sup>3</sup>State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023

The weighted percentages are presented in the tables and figures. These numbers do not represent the actual percentages of participants but the weighted count. Survey weighting allows the sample to be generalized to the entire sampling frame. Each respondent is assigned a weight representing the total household responses in the sampling frame. The survey weight is a product of the number of clusters selected, the number of interviews conducted in each cluster, and the total number of households in the sample frame. This type of weight is considered a design weight and accounts for the selection probability when using a two-stage cluster sample. Weighting is applied to questions that were asked of every participant. The complete field reports for the community surveys are available in Appendices D, E, and F.

## RESULTS

### Demographics

To assess how representative the survey samples were, researchers compared the demographics of the sample with the demographics of the sampling frame in all three counties. For all three counties, there was acceptable alignment between the sample and the sample frame across all demographics.

- Survey respondents in New Castle County were 58.9% female (n=109). Only 14.1% (n=26) of respondents identified as Hispanic, Latino/a/x, or Spanish origin, which is below the percentage of Hispanics in the sampling frame (18.6%). About half of all respondents identified as Black or African American (49.7%, n=87), and 35.4% (n=62) identified as White.
- Nearly half of all survey respondents in Kent County were female (49.7%, n=85). Only 8.3% (n=14) of respondents identified as Hispanic, Latino/a/x, or Spanish origin. This is below the percentage of Hispanics in the sampling frame (9.6%). Almost half of all respondents identified as Black or African American (45.0%, n=76), and 39.6% (n=67) identified as White.
- Just over half of all survey respondents in Sussex County were female (55.6%, n=90). About 14.0% (n=25) of respondents identified as Hispanic, Latino/a/x, or Spanish origin, which is lower than the percentage of Hispanics in the sampling frame (15.5%). About one fifth of respondents identified as Black or African American (23.8%, n=38), and 55.0% (n= 88) identified as White.

The survey also collected data on the survey participants’ highest level of educational attainment. In all three counties, most survey respondents had a high school diploma or General Education Development (GED). This is followed by those who attended some college but did not have a degree (Table 12).

Table 12. Highest Level of Educational Attainment for New Castle, Kent, and Sussex Counties Community Survey Participants, Delaware, 2022-2023

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Less than 9 <sup>th</sup> Grade	0.9%	0.002	0.04	1.0%	0.002	0.05	6.7%	0.03	0.1
9 <sup>th</sup> to 12 <sup>th</sup> grade, No Diploma	19.0%	0.1	0.3	13.0%	0.1	0.2	13.1%	0.1	0.2
High School Diploma (or GED)	25.4%	0.2	0.4	25.2%	0.2	0.3	28.0%	0.2	0.4
Some College, No Degree	19.4%	0.1	0.3	22.6%	0.2	0.3	20.2%	0.1	0.3
Associate Degree or Vocational Training	9.0%	0.05	0.2	10.7%	0.1	0.2	12.4%	0.1	0.2
Bachelor's Degree	17.9%	0.1	0.3	17.1%	0.1	0.3	11.4%	0.1	0.2
Graduate or Professional Degree	6.4%	0.04	0.1	8.9%	0.04	0.2	5.3%	0.03	0.1

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023 Note:  
CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

Basic Needs for Health and Safety

Households were asked if the following statement, “I worried whether my food would run out before I got money to buy more,” was often true, sometimes true, or never true for them/their household in the last 12 months. Most survey respondents in all three counties stated that the statement was never true. However, 38.5% in New Castle County reported that the statement was sometimes true and often true. A similar prevalence of food insecurity was noted for Kent and Sussex counties at 27.0% and 33.8%, respectively (Table 13).

Table 13. Percentage of Respondents in the Last 12 Months Who Are Worried Food Will Run Out Before Getting Money to Buy More in New Castle, Kent, and Sussex Counties, Delaware, 2022-2023

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Often True	9.5%	0.1	0.2	4.3%	0.02	0.1	10.2%	0.1	0.2
Sometimes True	29.0%	0.2	0.4	22.7%	0.2	0.4	23.6%	0.2	0.3
Never True	61.1%	0.5	0.7	72.0%	0.6	0.8	65.0%	0.5	0.7
Prefer not to answer	0.5%	0.00	0.04	1.0%	0.00	0.04	1.2%	0.00	0.1

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023  
Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

Survey participants were asked if they strongly agreed, agreed, disagreed, or strongly disagreed that people of all races, ethnicities, backgrounds, and beliefs in their community are treated fairly by programs and institutions. Survey respondents in all three counties had comparable responses for all the possible responses to this question. In New Castle County, 59.9% of residents agreed or strongly agreed that people of all races, ethnicities, backgrounds, and beliefs in their community are treated fairly by programs and institutions. However, roughly one third in all three counties disagreed or strongly disagreed (Table 14).

Table 14. Percentage of Respondents Who “Believe that People of All Races, Ethnicities, Backgrounds, and Beliefs in their Community are Treated Fairly by Programs and Institutions” in New Castle, Kent, and Sussex Counties, Delaware, 2022-2023

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Strongly Agree	19.9%	0.1	0.3	18.8%	0.1	0.3	12.6%	0.1	0.2
Agree	40.0%	0.3	0.5	46.1%	0.4	0.5	54.7%	0.2	0.3
Disagree	27.7%	0.2	0.4	24.1%	0.2	0.3	23.4%	0.2	0.3
Strongly Disagree	11.6%	0.1	0.2	8.2%	0.5	0.1	8.2%	0.4	0.2

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023  
Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

Survey participants were also asked if anyone in the household ever smoked cigarettes. Approximately, 48.4% of survey respondents in Sussex County said they or someone in the household did not smoke. New Castle County had the highest percentage of respondents stating they or someone in their household did smoke (52.4%) (Table 15).

Table 15. Percentage of Survey Participants Who Answered Has Anyone in a Household Ever Smoked Cigarettes in New Castle, Kent, and Sussex Counties, Delaware, 2022-2023

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Yes	52.4%	0.4	0.6	52.8%	0.4	0.6	48.9%	0.4	0.6
No	45.8%	0.4	0.5	46.1%	0.4	0.6	48.4%	0.4	0.6
Prefer not to answer	1.9%	0.005	0.1	1.1%	0.002	0.04	2.7%	0.008	0.1

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023  
Note:  
CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

## Lifelong Learning

When asked if they can access high-quality K-12 schools where they live, most survey respondents agreed in all three counties. Less than 5% in each of the three counties strongly disagreed (Table 16).

Table 16. Percentage of Respondents Who Answered, “I Can Access High Quality K-12 Schools Where I Live” in New Castle, Kent, and Sussex Counties, Delaware, 2022-2023

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Strongly Agree	26.4%	0.2	0.3	20.4%	0.1	0.3	33.9%	0.2	0.4
Agree	4.5%	0.4	0.5	50.1%	0.4	0.6	48.3%	0.4	0.6
Disagree	10.7%	0.1	0.2	11.2%	0.1	0.2	9.2%	0.05	0.2
Strongly Disagree	4.4%	0.02	0.1	4.3%	0.02	0.1	0	0	0

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023  
Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

## Meaningful Work and Wealth

Survey respondents were asked to think about their ideal job or career and to judge how these ideals are or are not realized in their lives. Interviewees rated their responses from the best possible life (1) to the worst possible life (5). In all three counties, most survey respondents rated their lives as “3” (Table 17).

**Table 17. Percentage of Respondents Who, When Thinking About Their Ideal Job or Career, Rated Their Responses from 1, the Best Possible Life, to 5, the Worst Possible Life in New Castle, Kent, and Sussex Counties, Delaware, 2022**

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Best Possible Life (1)	27.6%	0.2	0.4	27.8%	0.2	0.4	32.9%	0.2	0.4
2	22.9%	0.2	0.3	28.3%	0.2	0.4	19.5%	0.2	0.3
3	29.8%	0.2	0.4	32.4%	0.3	0.4	33.1%	0.2	0.4
4	7.1%	0.04	0.1	6.8%	0.04	0.1	8.5%	0.04	0.2
Worst Possible Life (5)	3.8%	0.01	0.1	2.7%	0.01	0.1	1.7%	0.01	0.1

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023 Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

## Humane Housing

Survey respondents were asked if they were worried about losing their homes. In all three counties, most survey respondents said they were not worried about losing their homes. Compared to the other counties, Sussex County respondents were most concerned about losing their housing (17.0%) (Table 18).

**Table 18. Percentage of Participants Worried About Losing Their Home, New Castle, Kent and Sussex Counties, Delaware, 2022-2023**

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Yes	7.6%	0.04	0.1	9.8%	0.1	0.2	17.0%	0.1	0.3
No	91.4%	0.8	1.0	86.7%	0.8	0.9	79.9%	0.7	0.9

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023 Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

## Thriving Natural World

To address thriving in the natural world, survey respondents were asked if they felt safe accessing parks and recreation centers in their community. In all three counties, greater than 80% of respondents reported that they did feel safe accessing parks and recreation centers in their communities. (Table 19).

**Table 19. Percentage of Participants Who Felt Safe Accessing Parks and Recreation Centers in their Neighborhood in New Castle, Kent, and Sussex Counties, Delaware, 2022-2023**

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Yes	81.3%	0.7	09.9	84.2%	0.8	0.0	80.3%	0.7	0.9
No	14.6%	0.1	0.2	8.5%	0.05	0.2	6.2%	0.03	0.1
Don't Know	0.3%	0.02	0.1	6.2%	0.03	0.1	10.3%	0.1	0.2
Prefer Not to Answer	0.3%	0.0	0.02	1.0%	0.001	0.1	3.2%	0.01	0.1

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023 Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.

## Reliable Transportation

Survey respondents were asked if a lack of reliable transportation kept them from medical appointments, meetings, work, or getting things they needed for daily living in the last 12 months. Most survey respondents in all three counties reported that reliable transportation was not a barrier to accomplishing daily tasks (Table 20). Kent County was the highest with 93.2% saying that reliable transportation was not a barrier, followed by Sussex County (87.5%) and New Castle County (79.4%).

**Table 20. Percentage of Survey Respondents Who Answered that Not Having Access to Reliable Transportation Kept Them from Medical Appointments, Meetings, Work, or from Getting Things They Needed for Daily Living in the Last 12 Months in New Castle, Kent, and Sussex Counties, Delaware, 2022-2023**

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Yes	19.0%	0.1	0.3	6.8%	0.03	0.1	10.2%	0.1	0.2
No	79.4%	0.7	0.9	93.2%	0.9	1.0	87.5%	0.8	0.9

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023 Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit.  
Note. A respondent answering "No" infers that they do have access to reliable transportation. A respondent answering "Yes" infers that they do not have access to reliable transportation.



Belonging and Civic Muscle

Survey participants were asked if they were very willing, willing, somewhat willing, or not that willing to become involved in their community by working with others to “make things happen.” Most respondents in Kent (34.8%) and Sussex (35.7%) were willing to work with others to make things happen, while most respondents in New Castle County were only somewhat willing (33.6%) to do so (Table 21).

Table 21. Percentage of Participants Willing to Become Involved in Your Community by Working with Others to “Make Things Happen,” New Castle, Kent, and Sussex Counties, Delaware, 2022-2023

	New Castle County			Kent County			Sussex County		
	Percentage	95% CI		Percentage	95% CI		Percentage	95% CI	
		LCL	UCL		LCL	UCL		LCL	UCL
Very willing	24.4%	0.2	0.3	25.6%	0.2	0.4	25.9%	0.2	0.4
Willing	21.7%	0.2	0.3	34.8%	0.3	0.4	35.7%	0.3	0.5
Somewhat willing	33.6%	0.3	0.4	27.8%	0.2	0.4	20.2%	0.1	0.3
Not that willing	12.7%	0.1	0.2	8.9%	0.05	0.2	10.6%	0.1	0.2
Prefer not to answer	7.7%	0.03	0.2	3.0%	0.01	0.1	7.8%	0.0	0.1

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023 Note: CI = Confidence Intervals. LCL = Lower Confidence Limit. UCL = Upper Confidence Limit

COMMUNITY CONVERSATIONS

BACKGROUND

Three in-person community conversations were held between March and April 2023, one in each county. The conversations aimed to explore the broader needs and resources available for overall community health and well-being. The objective was to learn how residents living within vulnerable communities believe their community supports their health and well-being. State Health Assessment (SHA)-relevant data, including topics related to the seven domains of the vital conditions, were collected. The information obtained from the community conversations was used to identify areas of need and guide discussions around potential resources and investments that could be allocated to address these needs. The key objectives of the community conversations were to:

- 1) gather resident input on drivers and barriers to health and well-being in communities using the vital conditions of health and well-being/social determinants of health frameworks.
- 2) gather information on what community-based organizations and residents feel is key to recovery and resilience efforts.
- 3) co-create solutions and priorities for health equity resources in the state.

Engaging communities in dialogue that raises their voices increases the quality of the state health plan. Community conversations can enhance equity and inform community investments. This is a critical and necessary part of this process.

METHODS

The target audience for the community conversations was Delaware residents living in U.S. Census tracts with an SVI value greater than 0.75. These areas represent the most vulnerable 25% of census tracts based on 15 variables. Community members were invited to participate through existing partnerships and various outreach methods. The community conversations were intentionally small to encourage discussion and equal participation by participants. Local outreach conducted by a leading community organization was conducted in each county (Bellevue Community Center in New Castle County, Network Connect in Kent County, and First State Community Action Agency in Sussex County).



Some community members and organizations shared concerns about continued data collection in their communities, expressing skepticism that more assessments may not translate into the changes needed for community health improvements. The planning team sought guidance from the Delaware Division of Public Health (DPH), who reaffirmed the SHA's purpose is to provide direction for the entire state in investment and community health improvement.

Each conversation session was staffed or co-led by facilitators from the University of Delaware, Epidemiology and Partnership for Health Communities (UD EPI/PHC) team and observers who took detailed notes during each session. The postdoctoral researcher later transcribed and combined the notes. Identifying information was removed before reviewing the data and combining the key points into categories. The community conversations were not audio recorded to protect community members' privacy and provide a space for free speech.

All community conversations were conducted in person and held at venues provided by community partners. Community conversation participants signed up and were asked to provide their names, confirm they were county residents, and confirm that they were 18 year of age or older. Providing this information was voluntary and participants were able to decide how much information they would like to provide. Participants were given a \$30 gift card for their attendance and contributions to the community conversations.

Before each community conversation, facilitators stated that participation was voluntary and reiterated that participants could opt to answer or not answer any question. During the session, participants were asked to complete a voluntary, brief, anonymous demographic survey. The demographic survey included questions about age, gender, race, and ethnicity.

A semi-structured dialogue guide directed the conversations. The guide was developed to address the seven vital conditions including basic needs for health and safety, reliable transportation, humane housing, meaningful work and wealth, lifelong learning, and thriving natural world. The vital conditions are “properties of places and institutions that we all need all the time to reach our full potential, like food, humane housing, access to meaningful work and wealth, and a sense of belonging” (Community Commons, n.d.-f). The discussion guide provided the facilitators with a standard set of questions (Figure 11). The dialogue guide and other materials were reviewed and approved by the UD’s IRB (1824941-2).

**Figure 11. Standard Questions for Facilitators During the Community Conversations, 2023**

Standard Questions
Who has access to this resource (e.g., health and safety), and who does not have access?
What are the greatest barriers that may discourage community members in this vital condition?

Source: State Health Assessment, Community Conversations, New Castle, Kent, and Sussex counties, 2023

## New Castle County

The community conversation in New Castle County was held on March 8, 2023, at Bellevue Community Center in Wilmington, Delaware. There were 15 participants in this session, and they were 18 years or older. Out of the 15 participants, 10 were female, and 5 was male. Twelve of 15 (80%) participants lived in census tracts with very high social vulnerability (>0.75). Demographic information about race and ethnicity was not collected for the New Castle County community conversation participants.

The conversations started by asking participants what their community means to them. Community members were asked to provide an example of how their primary community demonstrated resilience (i.e., capacity to recover). Participants were asked to write their responses on a sticky note. The facilitator then combined and arranged the sticky notes to identify the common themes presented below:

Community:

- “Community is the village of people around you that support you and your family, but it is also what is around and available to help you survive.”
- “Family”
- “The environment that I am supposedly a part of...”
- “A group of beings living, working, and/or sharing a common space or interest.”
- “A sense of connection”

Community Resilience:

- “We pulled together and help each other through a natural disaster and to keep our neighborhoods safe and clean.”
- “We communicate our needs and watch out for each other.”
- “We come together and check on neighbors (e.g., providing BBQs and community unity days).”
- “We held food drives for people during the COVID/pandemic.”
- “Bellevue Community Center operated at reduced capacity, but kept children engaged, and in daycare during COVID.”

The community conversation participants then began a guided discussion on the vital conditions. Time constraints did not allow discussion on all vital condition areas and four remained undiscussed. The vital conditions that were discussed include basic needs for health & safety, reliable transportation, and lifelong learning. The comments documented in this section reflect the unique perspectives of the community members who participated in the conversations. While these views provide valuable insights, they may not be fully consistent or universally representative of the entire community.

**Topic(s): Basic Needs for Health and Safety**

Participants spoke about issues impacting their community. Participants reported that individuals with mental health conditions and those who experience trauma and violence do not have access to basic health and safety. Participants shared that those who live in food deserts are also less likely to have access to medical or dental care. They reported high crime areas in their county but emphasized that there was more crime in the inner city. Other participants disagreed that crime was primarily in the inner city, stating, “crime and opioid addiction is everywhere. White people just don’t talk about crime.”

Participants said clean and safe drinking water was not accessible to everyone in their communities. They stated that people who have money can buy filters or bottled water, while those with more limited financial means cannot. Participants emphasized that people without vehicles also have less access to basic health and safety needs.

When asked what the greatest barriers are that may discourage community members from accessing basic health and safety, participants stated, “people don’t want you to know their business.” They spoke about pride versus need. One responded, “sometimes you have to put your pride to the side.” A lack of communication with residents about potential resources was also a barrier. Participants reported that some resources feel like well-kept secrets, making them inaccessible to many community members. They cited additional challenges such as complicated forms, specifically being unable to fill out forms, and the fact that information is shared in many places that are often hard to find. They stated that there should be easier, more streamlined ways to access information.

**Topic(s): Reliable Transportation**

Participants stated that those that live in downtown Wilmington are the only ones with reliable public transportation. They stated that you need a car to get around Delaware, and this need becomes more pronounced the further south you go. Participants said taking public transportation is time-consuming and that buses need to come more frequently. One resident stated that some buses only come every hour or every three hours.

Participants also said that one of the hardships of accessing transportation is that buses are not designed for transfers, and you must pay extra for each transfer. In addition, they noted that one-car households need access to reliable transportation. Participants emphasized the difficulty of doing laundry or hauling groceries when needing to access public transit. This is especially true given that riders are only allowed three bags per bus trip.

**Topic(s): Lifelong Learning**

Participants said racial prejudice, faith, and sexual orientation could impact a resident’s ability to access needed education. They said community members need a safe space to learn. Several of the community members have previously pushed to provide online language lessons for Muslim women in the community. They stated that providing online learning and offering childcare or daycare would increase some community members’ attendance in lifelong learning opportunities. Participants stated that learning starts at home and provides the building blocks for formal education. One participant said, “these days, things like social media, TikTok, take away from family time and education.” Residents agreed that cultivating family time must be intentional because of these outside distractions.

Participants spoke about gifted programs in schools. They commented on how getting into the gifted classes is a very different process compared to other classes offered by the school. They said the students’ socioeconomic status impacts who are invited to participate in gifted programs. One participant stated, “it comes down to who you know.” They said that it feels like teachers and staff care about students in gifted programs and do not care about students who are not in gifted programs. One participant stated, “those not in gifted programs feel as if they’re being set up for failure.” Participants also spoke about trauma and how it impacts everything and everyone. It can be a major barrier to learning. Participants said that alternatives to advanced learning should be encouraged, and a greater emphasis should be placed on the benefit of attending trade schools and community colleges.

**Kent County**

The community conversation in Kent County was held on March 20, 2023, at Network Connect in Dover, Delaware, with 10 participants. All the participants were 18 years or older, with an average age of 40 years (range: 25-61. Of the 10 participants, seven were female. None of the participants identified as Hispanic or Latino/a/x origin; two declined to provide ethnicity. One participant identified as American Indian or Alaska Native, five identified as Black or African American, two identified as White, and two preferred not to answer.

As with New Castle County, the conversation started by asking participants what their community means to them, and then to provide an example of how their primary community demonstrates resilience. Participants were asked to write their responses on a sticky note. The facilitator then combined and arranged the sticky notes to identify the common themes presented below:

Community:

- “Working hard and speaking to each other.”
- “Sharing resources, better communication, respect for all perspectives.”
- “Coming together to be better.”

Community Resilience:

- “After a biking/cycling tragedy last year, the community came together, and now there are more safety measures in place.”

The community conversation participants then began a guided discussion on the vital conditions. The comments in this section reflect the personal viewpoints of the community members who participated in the discussions. Although these perspectives provide valuable insights, they might not fully align with or represent the views of the entire community.

**Topic(s): Basic Health and Safety**

Participants stated those with financial means and political power could access basic health and safety. In contrast, participants said marginalized people such as those who are minorities, home insecure, and living in rural areas do not. Participants stated that those in unstable housing could not get Medicaid or Medicare because they need a stable address to access this type of insurance. Some health and safety barriers discussed were economic, lack of transportation, and health literacy. Participants said that the built environment contributes to barriers to health. Some examples given were limited access to nutritious foods, living in food deserts, and ineffective or insufficient infrastructure policies.

**Topic(s): Reliable Transportation**

Participants noted that money defines who can and cannot access reliable transportation. Participants said there are no direct routes to their desired locations, and that public transit could be made more efficient. For example, participants shared that public transit could require more than 15 changes or transfers when trying to get to their desired locations. They said that most of the City of Dover is not walkable, and many cyclists have been hit by cars. Some barriers that discourage community members from reliable transportation are consistency, time, awareness, and needing more help understanding how it works. Participants said that the urban planning/development (name of department was not identified) need to more strongly consider transportation. In addition, participants stated that transportation between counties is inefficient, and sometimes it is not possible to travel to one county and return on the same day.

**Topic(s): Lifelong Learning**

Participants stated that white-collar workers or well-off individuals can access education and lifelong learning. They said an often-forgotten population in terms of lifelong learning is senior citizens and elders. Participants also said family support and a family’s thoughts about school often influence who attends school or seeks further education. They said that several community programs offered after the COVID-19 pandemic showed some of the educational and practical concerns that became more severe during the pandemic. For example, participants said that these programs had many 7- and 8-year-olds who could not read or tie their shoes. One participant said they believe there is a low percentage of Delawareans who have higher education degrees and said there were not many alternatives to traditional university systems such as trade schools.

**Topic(s): Meaningful Work and Wealth**

Participants stated that lack of knowledge and lack of desire to move are barriers to meaningful work and wealth. Participants expressed fear of leaving their jobs due to potential retaliation, even after they have left their employer. This fear is speculated to be compounded by the close-knit nature of the community in Dover. One resident stated, “everyone is related to one another by two to three degrees”, highlighting the challenges of maintaining privacy and anonymity when seeking new employment or moving to a different job within the community.



**Topic(s): Humane Housing**

Participants started by discussing food deserts and the limited ability to get groceries using public transportation. Riders can only carry three bags per trip. They cited finances as being a major obstacle to humane housing. People living in encampments, formerly incarcerated individuals, sex offenders, and survivors of domestic violence were noted as specific groups unable to access humane housing. Participants stated that most property owners will not rent to those with a felony or to those who have experienced domestic violence. One participant said that she felt discriminated against when trying to rent an apartment because of her race. Participants also noted seasonal workers as having difficulty gaining approval for housing due to their fluctuating incomes.

**Topic(s): Thriving in the Natural World**

Participants debated whether low or high-income residents have greater access to public parks and green spaces. Most people agreed that accessing green spaces can be challenging. People who owned homes were more likely to have access to green space than those who rented.

**Topic(s): Belonging and Civic Muscle**

Regarding belonging and civic muscle, participants believed that while everyone has access, only some feel welcome to speak up about issues. Participants felt their voices are only recognized if they are articulate and have formal education. Participants also expressed that they were not “in the know” about when and how they could speak up. Further, participants expressed facing challenges in holding others accountable for their actions due to fear of authority or retaliation. One participant said people must be responsible for themselves by seeking resources instead of expecting to be handed opportunities. Participants agreed that community members should be part of the solution and emphasized that everyone needs to take action for themselves.

**Topic(s): Looking to the Future**

Participants spoke about food drives and other events and their belief that they are not always accessible to those who need them most. They said there are often no services available without an appointment, and strict requirements such as a car and identification. Participants asked, “who are we trying to serve if we create those barriers?” One participant stated that it is important to have open communication channels. Community members want local, county, and state representatives to look like the communities they serve and represent. Another participant stated that having locally owned businesses rather than restaurant chains might provide better access to grocery stores.

When discussing health care deserts, participants discussed the difficulty of getting a primary physician. One participant stated, “we should decrease the cost of medical school for family medicine doctors, so they are incentivized not to specialize.” Other participants suggested that health care providers should accept more insurance plans.

**Sussex County**

The community conversation in Sussex County was held on April 14, 2023. Twenty-four participants attended the First State Community Action Agency in Georgetown, Delaware. Most were residents of the nearby Springboard Collaborative shelter who had previously experienced homelessness. Only 16 of the participants completed the demographic survey. The average age of the participants was 52 years (range: 30-60). Of the 24 participants, 11 were female and only five were male. Two participants identified as Hispanic or Latino/a/x origin. One of the participants identified as American Indian or Alaska Native, four identified as Black or African American, 10 identified as White and, one identified as Other. All the participants were 18 years or older. Of the 24 participants, 21 (87.5%) lived in census tracts with very high social vulnerability (>0.75).

Participants were asked what their community means to them. They were also asked to provide an example of how their primary community demonstrates resilience. Participants were asked to write their responses on a sticky note. The facilitator then combined and arranged the sticky notes to identify common themes, presented below:

Community:

- “Community is family, friends, respect, support, hospitality, and togetherness.”
- “Community means helping the homeless, providing better support, and resources.”
- “Community is looking out for each other.”
- “We all have the same needs and basically need the same kind of help.”
- “Community means stores, post offices, buses, and everything a person needs.”

Community Resilience:

Participants in the Sussex Community Conversation had difficulty sharing examples of community resilience.

This section’s comments showcase the distinct viewpoints of the community members involved in the conversations. Although these perspectives provide important insights, they may not be entirely consistent or universally reflect the entire community.

**Topic(s): Basic Needs for Health and Safety**

Participants agreed there were significant barriers to accessing health care, such as scheduling difficulties and reliance on public transportation. Also, they voiced concerns about a lack of accessible information about basic health and safety. However, the specific type of information was not named. The participants stated that health insurance was also a barrier because of the types of insurance clinics do and do not accept.

**Topic(s): Reliable Transportation**

The participants stated that getting to work without reliable transportation is a major barrier. Many of the participants did not work in the area in Georgetown where they lived. They stated that the wait times for transportation can be more than two hours. Participants shared that the buses do not run on Sundays in Sussex County, further complicating transportation for residents. One participant shared that scheduling free transportation for medical appointments was unreliable. Participants reported that missed appointments occurred due to the failure of the transportation service to arrive.

**Topic(s): Lifelong Learning**

One participant shared that The Springboard Pallet Village (Pallet Village) helps residents access local university classes. However, most participants were unaware of this resource. The Pallet Village shelters 44 people who have previously experienced homelessness. Many participants stated they do not seek additional learning opportunities due to the high cost. Limited access to technology also hinders their ability to participate in online learning opportunities.

**Topic(s): Meaningful Work and Wealth**

Participants expressed that the greatest barrier to meaningful work and wealth is addiction. Participants also expressed concerns about facing repercussions or negative consequences after leaving their current jobs. Based on discussions during other community conversations, these concerns may be related to concerns about finding future employment opportunities or experiencing backlash from employees or colleagues.

**Topic(s): Humane Housing**

Participants were most interested in discussing safe housing, as most lived in The Pallet Village. The Pallet Village community is temporary, and the funding is only for three years. The participants were concerned that they will be unhoused if the shelter closes after the current funding period. Many homes in the area are inhabited by multi-generational families. Participants voiced that there is a lack of affordable housing, and many homes are not up to code in the Georgetown area. Participants stated that if they seek assistance to get housing, women are more likely to get help than single men. Racism and stereotypes against formerly homeless persons have prevented them from securing safe housing.

**Topic(s): Thriving in the Natural World**

Participants stated that there were very few parks in Sussex County and that they could not access them. However, when able to access parks, participants said they generally feel safe.

**Topic(s): Belonging and Civic Muscle**

Participants expressed the need for a greater sense of belonging within the community. For example, one participant who recently moved to the area, said, “it doesn’t feel like I have a community; I am still trying to find it.” Participants mentioned that they do not have many opportunities to voice their concerns about the community.

**Topic(s): Looking to the Future**

For the Sussex conversation, facilitators asked for more details on topics discussed and steps forward. In response to questions about what signs of community renewal they would like to see in five years, participants said they would like better public transportation. They also stated they’d like better treatment and more housing for people experiencing homelessness.

Facilitators asked the residents what can be done by health care providers, the government, residents, and other parties to improve services in the community. The participants said that health care providers should reduce wait times to get an appointment. Health care providers should also assist patients with tasks such as applying for insurance (though the specific type of insurance was not mentioned) and navigating the process of contesting insurance claim denials. Participants suggested that the government could establish mechanisms or positions to provide support with paperwork, although the specific types of paperwork were not identified. Additionally, participants expressed interest in expanding free legal aid services. While the exact type of legal aid needed was not mentioned, it's worth noting that organizations like the Delaware Community Legal Aid Society, Inc. (CLASI) may already provide accessible legal aid services. However, participants emphasized the need for broader availability and access to these services.

Participants raised concerns about how civil service entities adequately and equitably serve populations who are experiencing homelessness. A recent overdose at The Pallet Village involved a 911 call to first responders. The caller felt that some questions asked by the 911 operator were unnecessary. The participant was uncomfortable with the multitude of questions, particularly those about race. The residents thought the questions delayed the first responder's arrival. Once EMS arrived, they declined to go into the shelter without police assistance. The police arrived much later than EMS, and the lack of urgency from EMS left the residents feeling their lives were not valued. Several participants said, "we just needed help. We weren't going to hurt anyone."

Participants said residents should stop stereotyping people experiencing homelessness and claiming that they reduce the value of housing in the area. Participants said that when decisions are made about the future of policies and programs around housing, individuals experiencing homelessness should have a say – "we need representation at the table." Participants also voiced concerns about government officials breaking their promises once they are in office.

## DISCUSSION

The community conversations demonstrate how the vital conditions framework can be used to gather resident input, and gain information on which organizations are key to recovery. The vital conditions framework may also be used to discern priority areas and potential areas for investment of health equity resources in Delaware. Participants recognized gaps in access to resources across multiple vital conditions. The community conversations allowed residents to share their concerns about areas that need to be addressed.

Facilitators observed that by providing participants with definitions and examples of each vital condition, participants could provide their perspectives on the presence or absence of these essential resources for health equity. However, the belonging and civic muscle indicator returned the fewest responses. Residents believe this is partly because both the title and associated explanation are vaguer than those of the other conditions.

Community conversations differed across counties. Each topic generated unique perspectives on health equity resources and highlighted areas in need of attention. Participants in all three counties consistently recognized the interconnectedness of resources. For example, participants discussed how constrained access to transportation limits access to all other resources. In Sussex County, the greatest area of concern was the lack of affordable housing. This influenced responses throughout the discussion of other vital conditions.

The observations recorded in this section capture the distinct viewpoints of the individuals who engaged in these discussions. These insights are crucial, but they may not consistently or comprehensively represent the entire community's perspectives. To ensure that all voices and concerns are considered, ongoing engagement, thorough data review, and continued partnerships will be essential to guide future education, priorities, and actions.

## RECOMMENDATIONS

Based on the findings gathered from the Community Conversations across New Castle County, Kent County, and Sussex County through the lens of the Vital Conditions of Health and Well-Being, the following recommendations are proposed to improve community well-being and resilience across Delaware:

### Enhance access to health resources:

- Improve health literacy through targeted programs, especially for vulnerable populations, to facilitate a better understanding and access to health care services.
- Expand health care access by increasing the availability of health care facilities and services in underserved areas, particularly in rural and marginalized communities.
- Address food insecurity by implementing strategies to reduce food deserts and ensure equitable access to nutritious foods.



**Improve transportation infrastructure:**

- Enhance public transit by expanding public transportation networks with more frequent and reliable services, especially in rural areas like Sussex County where transportation limitations are emphasized.
- Develop integrated transportation systems that connect counties and improve accessibility to essential health services and resources, such as health care facilities, grocery stores, pharmacies, etc.

**Promote lifelong learning opportunities:**

- Increase access to educational programs, such as vocational programs, online education, and adult literacy programs, to allow diverse educational needs to be met by residents of the community.
- Bridge the digital gap by providing access to technology and internet connectivity to facilitate participation in online learning and resources.

**Ensure affordable and humane housing:**

- Collaborate with stakeholders to develop more affordable housing options and enforce housing standards to ensure safe and humane conditions for all members of the community
- Enhance sustainable support services for individuals experiencing homelessness through transitional housing programs and employment assistance.

**Foster belonging and civic engagement:**

- Develop initiatives or incentives to increase civic participation and engagement to ensure all voices of the community are represented in decision making.
- Improve transparency and accessibility of community resources or services to reduce barriers such as complex forms and fragmented information sources.

**Integration of approaches and multi-sector collaboration:**

- Support collaboration between governmental agencies, community organizations, and health care providers to coordinate efforts and maximize resources used towards common goals.
- Aid and assist community-led initiatives or grassroots efforts that address local priorities identified by the community.

**Continued monitoring and evaluation:**

- Continuously collect data, monitor progress, and evaluate the impact of interventions with evidence-based approaches to understand evolving community needs and efficacy of initiatives.
- Establish feedback mechanisms which collect input from members of the community and allow for adaptation of current strategies.

**LIMITATIONS**

The community conversations were intended to act as a data collection activity. The community organizations/host sites were requested to recruit residents within the community to participate. In the future, additional recruitment from facilitators could be beneficial to ensure more participants from outside of the host site organization. While their perspectives provide valuable insights, it is important to recognize that the county samples may not fully represent the diversity of opinions across each county. For instance, in the Sussex County community conversation, most participants were residents of The Pallet Village and had previously experienced homelessness. Representation should be considered when interpreting the findings. Moreover, discrepancies between participant perspectives in the community conversations and the survey findings (i.e., feeling safe when accessing public parks in Sussex County) underscores the complexity of the issues discussed and highlight that the experiences shared from participants in community conversations may not fully capture the opinions of all individuals in the community surveys. The community conversations could be improved by having more facilitators and notetakers during the event to make smaller group conversations feasible. Ideally, if there were 15 total participants at a community conversation, five smaller groups of three would have allowed for more input from each individual and group. Alternatively, several small community conversations would have allowed for more nuanced conversations.

# STATE HEALTH ASSESSMENT/ STATE HEALTH IMPROVEMENT PLAN PARTNERSHIP COALITION

The SHA/SHIP Partnership Coalition (Coalition) is made up of stakeholders throughout Delaware who have a vested interest in the state’s well-being. Coalition members worked together to produce this completed State Health Assessment (SHA), which will inform the development and implementation of the current five-year State Health Improvement Plan (SHIP), which will guide health improvement efforts over the next five years.

The Coalition convened on December 2, 2022, and had 41 attendees for its first two-hour meeting. Members were asked to participate in a live poll to help assess stakeholder engagement. Members were asked to select one answer to the following question:

What was your level of engagement with Delaware SHIP before today’s meeting?

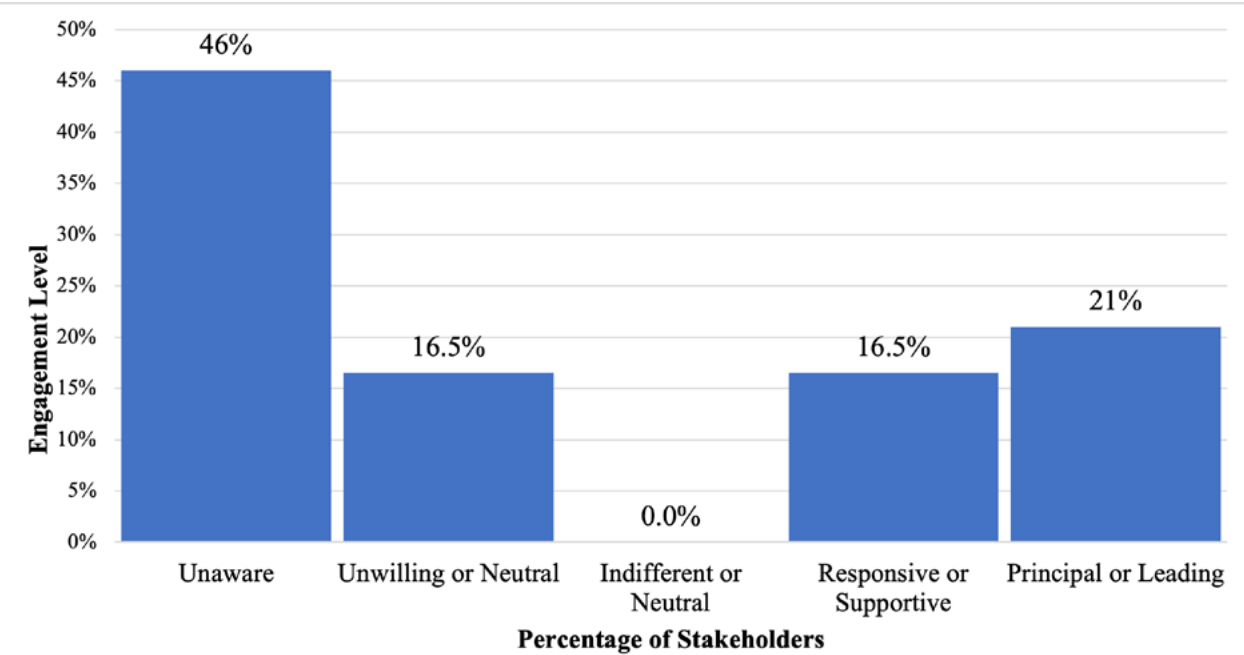
- This is my first introduction to Delaware SHIP.
- I have been aware of Delaware SHIP efforts, but not enough yet to have formed an opinion.
- I have been aware of Delaware SHIP efforts but am unclear about the potential impact(s).
- I have been aware of Delaware SHIP efforts and supportive of the work.
- I have actively worked on a Delaware State Health Assessment and/or worked to implement one or more Delaware SHIP recommendations.

Using this model, stakeholders could be categorized in five different ways:

- Unaware – Stakeholders are unaware of the project and its potential impacts.
- Neutral – Neutral stakeholders are aware of the project but neither resist nor support it.
- Supportive – These stakeholders are aware of the project and its potential impact and support the change.
- Leading – Stakeholders in this category are aware of the project and are actively working to ensure its success.

A stakeholder engagement assessment matrix is a project management model used to establish the current level of engagement with a project, program, or planning process. These assessments can also be used to identify the desired amount of engagement for each stakeholder or group. Figure 12 shows the results of the live poll that assessed the level of engagement in the SHA.

Figure 12. The Percentage of Stakeholders Engaged in the Delaware State Health Assessment/ State Health Improvement Plan Coalition by Level of Engagement, Delaware, 2022



Source: Delaware SHA/SHIP Partnership Coalition Meeting Live Zoom Poll, December 2, 2022.  
 Notes: The meeting recording is available at <https://delawareship.org/ship-coalition-1>.

The Coalition stakeholder engagement assessment revealed that nearly half of the members (46%) were new to the Delaware SHA/SHIP development. These results were promising and expected. The SHA/SHIP project management team actively sought a broad array of stakeholders and sent over 130 invitations to the first Coalition meeting. This shaped a diverse membership to reflect the following adopted Public Health Accreditation Board (PHAB) Standards and Measures for Reaccreditation for developing a SHA:

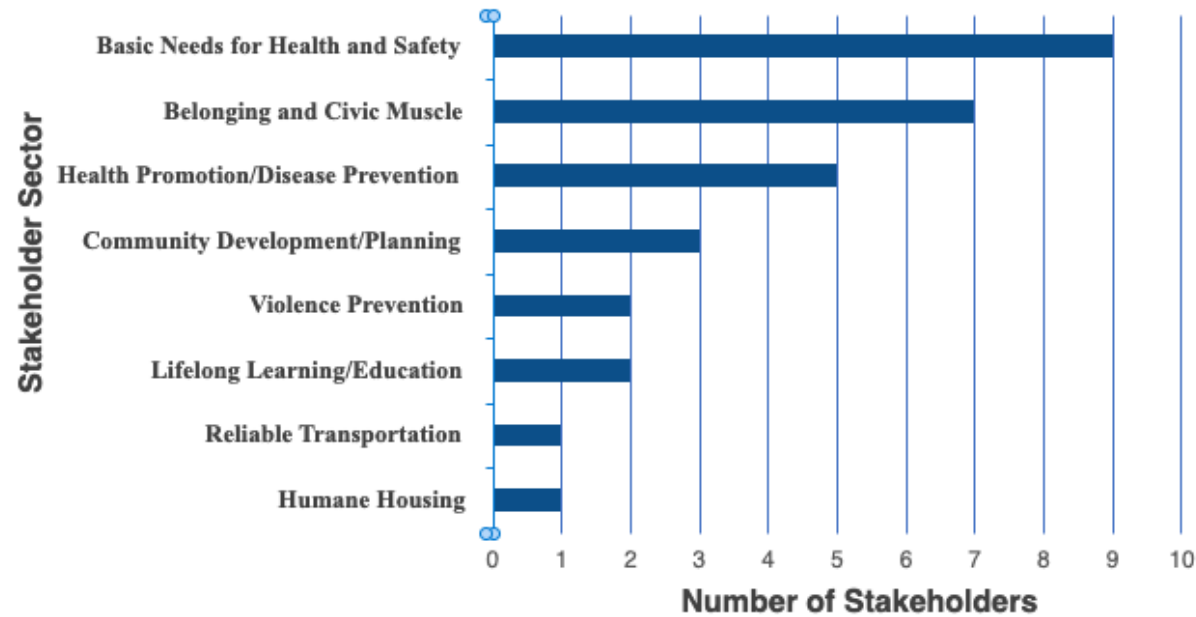
*Partners that represent various sectors of the community could include hospitals, behavioral health, community clinics, and other health care providers; mortality review committees or boards; environmental public health groups; community foundations and philanthropies; volunteer organizations; religious organizations; community organizers and advocates; unions; parent-teacher associations, tenants, or volunteer organizations; or real estate representatives.*

The partnership will include community members directly and organizations representing those populations who are disproportionately affected by conditions that create poorer health outcomes or for whom systems of care are not appropriately designed. Individuals or organizations that represent populations who have lived experiences with or are disproportionately affected by conditions that contribute to poorer health outcomes could include, for example: historically excluded or marginalized population groups, communities of color, indigenous communities, LGBTQ populations, individuals with limited English-speaking abilities, individuals with disabilities, immigrants, refugees, aging populations, or individuals who are blind, deaf, or hard of hearing. Organizations that represent populations or have expertise addressing inequities could include, for example, local, state, or regional networks and agencies, not-for-profits, or civic groups representing specific issues or subpopulations (Public Health Accreditation Board, 2022).

Among the remaining Coalition members (54%) who responded that they were previously aware of the Delaware State Health Improvement Plan (DE SHIP), approximately 38% responded that they have supported the SHIP or actively applied recommendations, and about 16.5% were neutral about the SHIP or not clear about the impact of its planning. Project managers used these data to guide the planning process by creating interactive membership opportunities in the Coalition meeting format. Small and revolving breakout sessions and discussions were planned and conducted for both the February 2, 2023, and April 6, 2023, quarterly meetings. These helped set the foundation for connections and learning across the membership. The format also leveraged the experiences of those already engaged with SHIP.

Another critical component of PHAB reaccreditation is ensuring the Coalition is cross-sector. This includes each of the vital condition areas. To this end, the project management team reviewed attendance and ongoing recruitment and invitation efforts of Coalition quarterly meetings between December 2022 to June 2023. Over 55 unique agencies participated in the Coalition during this project period. They represented a variety of sectors and covered all seven vital condition areas (Figure 13).

Figure 13. Number of Stakeholders Participating in Delaware State Health Assessment/State Health Improvement Plan Coalition by Type of Sector, 2022-2023



Source: Delaware SHA/SHIP Partnership Coalition Meeting, Series Registration, 2022-2023.  
Notes: The meeting information available at <https://delawareship.org/ship-coalition-1>.

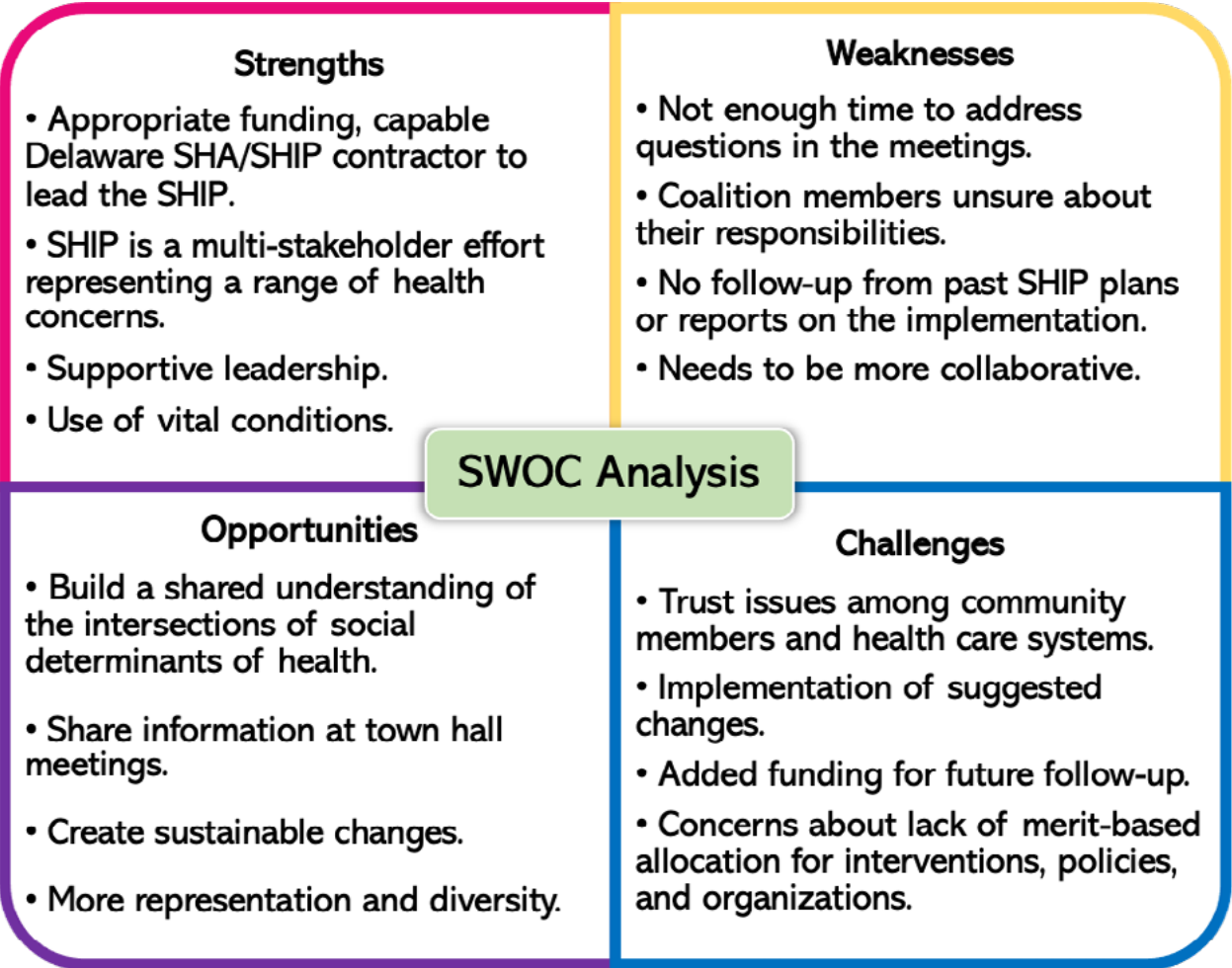
During the first half of the project period, the Coalition members developed a mission and vision statement (on page 4). This was established via the following steps:

- Project managers proposed equity-focused mission and vision statements as a launchpad.
- Jamboard was used to collect member input during an interactive meeting session.
- Project managers synthesized common themes.
- Project managers polled members on top selections for final wording.

Project managers also analyzed stakeholder input on assets and needs relating to vital conditions. These were provided during breakout sessions held in December 2022 and February 2023 Coalition meetings (The Rippel Foundation, n.d.). Additional stakeholder input was recorded via a Google Form widely distributed to members and available on the DE SHIP website.

In April 2023, Coalition members participated in a Strengths, Weaknesses, Opportunities, and Challenges (S.W.O.C.) analysis (Figure 14). Members participated in breakout sessions to identify the internal strengths and weaknesses of the Coalition and its participating stakeholder groups and the external opportunities and challenges to accomplishing the SHIP mission.

Figure 14. Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis, 2022-2023



Source: Delaware SHA/SHIP Partnership Coalition Meeting, SWOC Analysis, April 2023.

UNDERSTANDING ASSETS AND BARRIERS TO IDENTIFY OPPORTUNITIES FOR IMPROVEMENT

During the State Health Assessment (SHA) process, stakeholders from the Coalition were asked to identify assets and challenges for each vital condition. A community asset is anything that improves the quality of life. There are many assets within the Delaware ecosystem that help to create positive outcomes related to vital conditions and health. The asset most frequently mentioned during the breakout sessions was Delaware’s size. The size of the state allows for people to come together, often in one room, to discuss and address important issues. Other strengths frequently mentioned were the strong personal networks between those who work in communities and the well-established history of successful collaboration between organizations.

There are also many barriers discussed within and across vital condition domains that create challenges for community and individual-level health and well-being. Understanding both challenges and assets is crucial to identify opportunities for improvement. Those discussed will be reviewed and prioritized during the upcoming process of creating the SHIP.

Assets – ranging from organizations to community characteristics – as well as barriers, and challenges, are detailed in Figures 15a - Figure 15g. The assets shared here outline resources in Delaware that can be leveraged to improve the vital conditions and improve health and health equity for Delawareans in the First State.



Figure 15a. Assets and Barriers/Challenges to Basic Needs for Health and Safety, as discussed by SHA/SHIP Coalition Members during Meetings, Delaware, 2022-2023

Basic Needs for Health and Safety	
Assets <ul style="list-style-type: none"><li>Delaware’s small size makes it easy to work together.</li><li>Successful collaboration among organizations.</li><li>Strong personal networks within communities’ foster support for health and safety.</li></ul>	Barriers/Challenges <ul style="list-style-type: none"><li>High medical bills and medical care accessibility issues</li><li>People are facing food insecurity across the board and even those with stable jobs are being affected.</li><li>There is a shortage of dental providers.</li><li>Language and literacy barriers further hinder access to life insurance screenings.</li><li>A significant level of mistrust exists between communities and health care systems.</li><li>Concentration of resources in specific regions.</li><li>Outdated technology and systems.</li></ul>

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Partnership Coalition, 2022-2023

Figure 15b. Assets and Barriers/Challenges to Humane Housing, as discussed by SHA/SHIP Coalition Members during Meetings, Delaware, 2022-2023

Humane Housing	
Assets <ul style="list-style-type: none"><li>Human Relations Commission (works to promote fair treatment and equality for all Delaware residents)</li><li>Community Legal Aid Society, Inc. (provides free legal aid service to low-income individuals in Delaware)</li><li>Delaware State Housing Authority (manages affordable housing programs and policies)</li></ul>	Barriers/Challenges <ul style="list-style-type: none"><li>Non-English speakers and renters are groups who may have less access to humane housing.</li><li>Redlining, limited Internet access, racism, classism, and immigration status have also been identified as significant barriers.</li></ul>

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Partnership Coalition, 2022-2023

Figure 15c. Assets and Barriers/Challenges to Meaningful Work and Wealth, as discussed by SHA/SHIP Coalition Members during Meetings, Delaware, 2022-2023

Meaningful Work and Wealth	
Assets <ul style="list-style-type: none"><li>Delaware Technical Community College, including Seed Scholarship.</li><li>Delaware State University.</li><li>Project New Start (includes job training reentry services for individuals transitioning out of incarceration)</li><li>Career counseling.</li><li>High school pathways career-preparation programs.</li><li>Union Advocacy (provides protection for workers)</li></ul>	Barriers/Challenges <ul style="list-style-type: none"><li>Individuals who have interacted with the criminal justice system continue to face penalties, even after serving their sentences.</li><li>Structural and institutional racism can hinder job access, especially for those who don't have the right connections.</li><li>Migrant workers with varying documentation statuses tied to their employers can face challenges in accessing meaningful work (and may face language barriers).</li><li>Limited access to job opportunities due to location and lack of adequate transportation infrastructure</li></ul>

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Partnership Coalition, 2022-2023

Figure 15d. Assets and Barriers/Challenges to Lifelong Learning, as discussed by SHA/SHIP Coalition Members during Meetings, Delaware, 2022-2023

Lifelong Learning	
Assets <ul style="list-style-type: none"><li>Education potential, with eight colleges and universities, six vocational-technical high schools.</li><li>Cooperative Extension community health programs ranging from agriculture to diabetes management, mindfulness, food safety, and prevention are offered live and virtually.</li><li>Delaware library system has very robust resources beyond books, including job training, certificate programs, in-house and virtually; hotspots and Chromebooks are also available at some libraries.</li><li>University of Delaware Lifelong Learning Institute in Dover is an option for populations downstate.</li><li>Delaware Technical Community College, Polytech High School, and Milford-based programs are competitive.</li></ul>	Barriers/Challenges <ul style="list-style-type: none"><li>Lifelong learning opportunities may be available, but the costs associated with receiving formal certification or a degree can pose a significant barrier for many.</li><li>People working multiple jobs or struggling with basic survival needs may not prioritize lifelong learning, reducing their access to such opportunities.</li><li>Inadequate support and resources for individuals with disabilities.</li><li>Unequal access to internet and digital resources</li></ul>

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Partnership Coalition, 2022-2023

Figure 15e. Assets and Barriers/Challenges to Reliable Transportation, as discussed by SHA/SHIP Coalition Members during Meetings, Delaware, 2022-2023

Reliable Transportation	
Assets	Barriers/Challenges
<ul style="list-style-type: none"><li>Delaware Bike Council (advises on bicycling policies and promotes bike-friendly initiatives)</li><li>Urban Bike Project (a non-profit that supports Wilmington's bicycling community through repairs and education)</li><li>Newark Bike Project (a community organization promoting cycling through bike repairs and education in Newark)</li><li>Amtrak (a national rail service providing intercity passenger train travel, including routes through Delaware)</li><li>Bellevue State Park has free bikes that can be borrowed.</li><li>Community Well-Being Ambassador initiative and Network Connect (provide transportation passes to community members)</li><li>Dual Generation Center (offers educational and workforce development programs for families in Wilmington)</li><li>Delaware Transit Corporation (operates public transportation services statewide, including DART)</li><li>Micro Mobility app for Sussex County residents (provides transportation solutions such as e-scooters and bike-sharing)</li><li>Delaware Department of Transportation funding to support connectivity (manages and funds transportation infrastructure and services in Delaware)</li><li>Office of State Planning and Coordination (coordinates land use planning and development across Delaware)</li></ul>	<ul style="list-style-type: none"><li>The operating hours of public transportation often do not align with work schedules, especially for shift workers in industries like poultry processing.</li><li>A lack of safe bike lanes spanning North to South Delaware and not enough walkable communities further restrict mobility.</li><li>Certain areas, like Sussex County and rural locations, have limited transportation options.</li><li>Even within areas with more reliable transportation like New Castle County, affordability can be a barrier</li><li>Individuals with disabilities often face challenges in accessing appropriate transportation options</li></ul>

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Partnership Coalition, 2022-2023

Figure 15f. Assets and Barriers/Challenges to Thriving in the Natural World, as discussed by SHA/SHIP Coalition Members during Meetings, Delaware, 2022-2023

Thriving Natural World	
Assets	Barriers/Challenges
<ul style="list-style-type: none"><li>Delaware Department of Natural Resources and Environmental Control (DNREC) is receptive to suggestions on how to improve resources. (Oversees environmental conservation and resource management in Delaware)</li><li>Delaware Office of State Planning and Coordination (engages with counties and municipalities to develop comprehensive plans for connecting communities with the natural world)</li><li>Delaware Department of Transportation (provides funding to support connectivity)</li><li>Green lands and wetlands throughout the state provide the opportunity for increasing community engagement with the natural world.</li><li>Local charities, foundations, and civil organizations support community environmental initiatives</li><li>Wilmington Parks</li><li>Initiatives to establish outdoor classrooms to promote environmental education and incentivize anti-littering practices.</li></ul>	<ul style="list-style-type: none"><li>People working in certain occupations, such as migrant labor and protein processing, are more exposed to environmental hazards and chemical leaks.</li><li>Urban areas are often exposed to pollution from brownfields and factories.</li><li>Poor connectivity and limited public transportation routes to access parks and green spaces</li><li>Parks are not always properly maintained.</li><li>Natural resources and spaces are not always accessible for individuals with disabilities, and promotional efforts often overlook these groups.</li></ul>

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Partnership Coalition, 2022-2023

Figure 15g. Assets and Barriers/Challenges to Belonging and Civic Muscle, as discussed by SHA/SHIP Coalition Members during Meetings, Delaware, 2022-2023

Belonging and Civic Muscle	
Assets <ul style="list-style-type: none"><li>Community centers and embedded senior centers; religious institutions.</li><li>Institutes for higher education can spur community engagement and action.</li><li>Unions.</li><li>Churches, including programming and engagement that empower congregation and community members alike.</li><li>Delaware has a good network of funding opportunities (specific opportunities not mentioned).</li><li>The small size as a state makes it possible to reach policymakers and allows for networking and finding and joining causes.</li></ul>	Barriers/Challenges <ul style="list-style-type: none"><li>Those who speak different languages or are dependent on migration status lack visibility and recognition, limiting their sense of belonging.</li><li>National level political divisiveness is affecting the state, creating divides such as upstate versus downstate.</li><li>There is a need for more funding and attention for out-of-school time experiences for youth.</li><li>Those without access to connective resources such as transportation or internet (ex. Zoom) may be isolated from civic engagement</li></ul>

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Partnership Coalition, 2022-2023

NEXT STEPS

The Delaware State Health Assessment (SHA) is an overview of the status of health indicators and vital condition areas throughout the state. The SHA is the first step to improving the health equity and health outcomes of Delawareans. The SHA findings will inform the basis of the State Health Improvement Plan (SHIP). The SHIP will use the findings to create a plan that evaluates, prioritizes, and addresses the health needs of all populations within the state. Options for setting health priorities will be presented to the SHA/SHIP Partnership Coalition and the broader community to determine the best way forward (Table 22).

Table 22. Possible Prioritization Techniques for Selecting Community Health Priorities for the Next Phase of the Delaware State Health Improvement Plan (2023-2028)

Techniques	Description
Multi-Voting Technique	Decide on priorities by agreeing or disagreeing in group discussions and continuing the process/rounds until a final list is developed.
Strategy Lists	Determine if the health needs are of “high or low importance” by placing an emphasis on problems whose solutions have maximum impact, with the possibility of limited resources.
Nominal Group Technique	Rate health problems from 1 to 10 through group discussion.
Hanlon Method	List those health needs viewed as priorities based on baseline data, numeric values, and feasibility factors.
Prioritization Matrix	Weigh and rank multiple criteria for prioritization with numeric values to determine health needs with high importance.

Source: American Health Association Community Health Improvement. (n. d.). Community Health Assessment Toolkit.

Community events will be held throughout Delaware to share the assessment results.

To become engaged with the SHA/SHIP Coalition and the Delaware SHIP, contact [info@DelawareSHIP.org](mailto:info@DelawareSHIP.org).



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# APPENDIX A

## Acronyms and Abbreviations

ACS	American Community Survey
ALA	American Library Association
AMI	Annual median income
APP	Adolescent Pregnancy Prevention Program
ATSDR	Agency for Toxic Substances and Disease Registry
BHC	Behavioral Health Consortium
BRFSS	Behavioral Risk Factor Surveillance System
CASPER	Community Assessment for Public Health Emergency Response
CDC	Centers for Disease Control and Prevention
CDC/ATSDR	Center for Disease Control Agency for Toxic Substances and Disease Registry
CLASI	Community Legal Aid Society, Inc.
CHNA	Community Health Needs Assessment
COVID-19	Coronavirus Disease 2019
DACCTE	Delaware Advisory Council on Career and Technical Education
DCR	Delaware Cancer Registry
DEAL	Delaware Equal Accommodations Law

DeIDOT	Delaware Department of Transportation
DfS	Division of Family Services
DHIN	Delaware Health Information Network
DHMIC	The Delaware Healthy Mother & Infant Consortium
DHSS	Department of Health and Social Services
DIB	Delaware Industries for the Blind
DMV	Department of Motor Vehicles
DNREC	Department of Natural Resources and Environmental Control
DPH	Division of Public Health
DSCYF	Department for Children, Youth, and Their Families
DSHA	Delaware State Housing Authority
DSWA	Delaware Solid Waste Authority
DUCIOA	Delaware Uniform Common Interest Ownership Act
ELA	English Language Assessment
EMS	Emergency Medical Service
EPCS	Electronic Prescription for Controlled Substances
FAPE	Free Appropriate Public Education
FAST	Focus on Alternative Skills Training Program
FMR	Fair Market Rent
FPL	Federal Poverty Level
GED	General Education Development
HIPAA	Health Insurance Portability and Accountability Act of 1996

HDHP	High deductible health plan
HPV	Human papillomavirus
IDEA	Individuals with Disabilities Education Act
IRB	Institutional Review Board
JLOSC	Joint Legislative Oversight and Sunset Committee
LGBTQIA+	Lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, or other
MW	Megawatts
NAMI	National Alliance on Mental Illness
NCBW	National Coalition of 100 Black Women, Inc. - Delaware Chapter
NCHS	National Center for Health Statistics
NIH	National Institute of Health
NIMH	National Institute of Mental Health
NPCR	National Program of Cancer Registries
OCCL	Office of Child Care Licensing
OCD	Obsessive Compulsive Disorder
OPO	Organ Procurement Network
PBM	Pharmacy Benefits Manager
PFOA	Perfluorooctanoic acid
PFOS	Perfluorooctane sulfonic acid (water contaminant)
PHAB	Public Health Accreditation Board
PrEP	Pre-exposure prophylaxis (medication that reduces risk of HIV transmission)
PSE	Policy, Systems, and Environmental Changes

PTSD	Post Traumatic Stress Disorder
RPAC	Recycling Public Advisory Council
SAMHSA	Substance Abuse and Mental Health Services Administration
SCALE	Sustainable Change and Lifestyle Enhancement, TidalHealth's evidence-based weight loss, nutrition, and physical activity program
SEED	Student Excellence Equals Degree Act
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SOAR	Strengths, Opportunities, Aspirations, and Results
SVI	Social Vulnerability Index
SWOC	Strengths, Weaknesses, Opportunities, and Challenges
UD	University of Delaware
UD EPI/PHC	University of Delaware, Epidemiology and Partnership for Healthy Communities
United for ALICE	United for Asset Limited, Income Constrained, Employed
VA	Veterans Affairs
WIAC	Water Infrastructure Advisory Council
WILMAPCO	Wilmington Area Planning Council
WHO	World Health Organization
YMCA	Young Men's Christian Association

## APPENDIX B

### ENVIRONMENTAL SCAN

Hospital Community Health Needs Assessments (CHNAs), non-profit organizations, and community plans for the state were reviewed as a part of the Delaware State Health Assessment (SHA). The environmental scan aimed to identify which groups and organizations completed CHNAs and the current goals of those community groups. The environmental scan is intended to provide background information for the State Health Assessment/State Health Improvement Plan (SHA/SHIP) Partnership Coalition (Coalition) stakeholders.

#### Hospital Community Health Needs Assessments and Implementation Plans

##### Bayhealth Community Health Needs Assessments (2022) and 2022-25 Implementation Plan for Kent and Sussex County (2024)

Bayhealth is the largest health care system in central and southern Delaware. Bayhealth conducted a Community Health Needs Assessment (CHNAs) for both Kent and Sussex County. The analyses of the data identified the following health care needs as priority areas for both Kent and Sussex counties: (1) obesity; (2) mental health; (3) social determinants of health (SDOH), and (4) preventable emergency room visits/hospital stays.

As a result of the identified priority areas, Bayhealth developed an implementation plan which outlines their strategies and related progress related to improving each of these areas for both Kent and Sussex Counties. For mental health, Bayhealth aims to develop and implement systemwide strategies for behavioral health services, including integrating behavioral health clinicians into primary care practices and enhancing emergency department facilities, with plans for further staffing and service improvements. Addressing obesity, Bayhealth aims to affiliate with trusted partners to elevate services to their community, collaborating with organizations like Unite Delaware and the Food Bank of Delaware to address obesity through initiatives such as the 302 Food Rescue program. Additionally, they plan to provide mobile medical units for community clinics, provide healthy food boxes for food insecure patients, and offer healthier food options within their facilities. Regarding SDOH, Bayhealth also aims to affiliate with trusted partners to elevate services to their community, collaborating with Sussex County Habitat for Humanity and other local groups which support SDOH initiatives aiming to improve living conditions, transportation access, and food security. Bayhealth also screens a high percentage of inpatients for SDOH. To reduce preventable emergency room visits and hospitalizations, Bayhealth aims to improve access to care and introduce services to inform and promote convenience to patients. Bayhealth has introduced emergency medicine residency programs, community health events, chronic care managers, improved metrics for chronic disease and preventative care screenings, and telemedicine services.

##### Beebe Healthcare Community Health Needs Assessment (2022) and Implementation Plan (2022)

Beebe Healthcare is a non-profit community health system in Lewes, Delaware, serving Sussex County. Beebe Healthcare's community health assessment and implementation plan highlighted these top priority areas: (1) behavioral health - mental health and substance abuse; (2) chronic diseases - cancer, heart disease, blood pressure, and diabetes; and (3) health lifestyles - obesity and nutrition. Beebe Healthcare is committed to addressing these three priority concerns over a three-year cycle. Implementation plans included activities, programs, and initiatives to address top needs reported by the community, stakeholders, interviews/public, and commentary.

For behavioral health, the focus is on swiftly identifying patients, connecting them with community resources, ensuring compliance with medication regulations, evaluating strategic plan alignment, and addressing educational deficits. For chronic disease, the objectives include enhancing early detection and prevention, expanding cancer care, improving access in Sussex County, and reducing diabetes, heart disease, hypertension, and stroke through screenings and education. For healthy lifestyles, the plans aim to expand programs for chronic conditions and obesity, provide education on healthy eating, leverage community partnerships, and increase awareness of bariatric surgery and weight management alternatives.



### **ChristianaCare Community Health Needs Assessment (2022) and Implementation Plan (2022)**

As determined by analysis of data in their CHNA and an overarching focus on advancing health equity, ChristianaCare defined their significant community health needs as: (1) access to health services; (2) chronic health conditions; (3) maternal and child health; (4) mental health and substance use disorders; (5) SDOH; and (6) violent crime . To address these health priority areas, ChristianaCare created a Community Health Implementation Plan from 2022 to 2024, highlighting strategies and measures.

To increase access to primary and dental care, the plan includes expanding digital solutions, mobile and school-based health services, and connecting individuals to resources, tracking success by the number of individuals served. The implementation plan aims to improve chronic condition management by operating and evaluating Community Health Worker (CHW) and food insecurity programs and building processes to identify and reduce disparities in health outcomes. The success of the implementation plan will be measured by improved health indicators and reduced emergency department visits. For women’s and children’s health, it focuses on reducing infant mortality through Health Ambassadors and CHW Programs, measuring success by improved maternal/infant health outcomes and increased referrals. Behavioral health access will be increased by expanding programs and embedding consultants in clinical spaces, tracking the number of patients enrolled, and the achievement of patient-centered goals. The plan addresses SDOH by introducing new screening platforms, using Unite Delaware, and investing in community-based organizations, measuring success by the number of screenings completed and individuals served. To decrease community violence, it will enhance trauma department integration and community partnerships, tracking success through patient enrollments and goal achievements.

### **Nemours Community Health Needs Assessment (2022) and 2023-2025 Implementation Plan (n.d.)**

Nemours, one of the largest pediatric health systems in the country, seeks to transform children’s health through a holistic model that emphasizes innovative, safe, and high-quality care, extending beyond medical treatment to address overall well-being. Nemours defines their community for their CHNA and subsequent implementation plan as the residents of the three-county state of Delaware, including all three counties. Through primary and secondary data from the 2022 CHNA and data from their SDOH Screening Tool, Nemours identified two top focus areas: (1) violence prevention; and (2) food insecurity. These priorities are in alignment with their 2020-2022 CHNA implementation plan. Based on these priority areas, Nemours highlighted key initiatives, goals, and metrics in their CHNA 2023-2025 implementation plan.

To address violence prevention, Nemours plans to implement a referral pathway to an evidence-based violence intervention program, aiming to establish a partnership with ChristianaCare, develop a referral pathway to the EVOLV program, and refer at least 75% of eligible patients by 2025. Metrics include establishing a Memorandum of Understanding (MOU) with ChristianaCare, defining eligibility criteria, and tracking patient referrals to the EVOLV program. Additional strategies include educational initiatives on gun safety, providing universal gun locks, and offering trauma-informed violence prevention training, with success measured by the distribution and completion rates of educational materials and training. To tackle food insecurity, Nemours aims to expand their Care Closets to additional practice sites and stock pantries at the new sites. The pediatric health system will also partner with a mobile food pantry to make regular stops at practice locations, finalizing an MOU with the Food Bank of Delaware and rolling out the service. Metrics include the number of care closet sites, pantry stops, promotional materials distributed, and mobile food pantry visits. Additionally, Nemours will support additional food pantry locations, annual food drives, and use SDOH screening tools to guide further efforts in combating food insecurity.

### **TidalHealth and Somerset County & Wicomico County Health Departments 2022 CHNA Report (2022) and Community Health Improvement Plan Strategies and Indicators 2023-2025 (n.d.)**

TidalHealth services Sussex County as well as Somerset and Wicomico counties in Maryland. TidalHealth’s mission is to provide world-class care while building healthier communities for generations to come. TidalHealth thoroughly reviewed the health status in its community through its CHNA and identified three priority health areas: (1) access and health equity; (2) behavioral health; and (3) chronic disease and wellness. Based on these priority areas, TidalHealth created a three-year action plan with strategies and indicators for 2023-2025.

For access and health equity, the goal is to increase equitable health care access by boosting insurance coverage, standardizing SDOH screening, and expanding the CHW workforce. Key strategies include outreach to uninsured groups, integrating CHWs into health care, conducting environmental scans for SDOH screenings, and collaborating on grants to support CHW positions. In behavioral health, the plan aims to reduce suicide rates and prevent opioid misuse through Mental Health First Aid training, implementing the Talk Saves Lives Program, expanding access to Narcan/Naloxone, and supporting the Community Outreach Addiction Team (COAT). Efforts also focus on strengthening integrated behavioral health-primary care models by increasing referrals to behavioral health therapists and enhancing screening processes. For chronic disease and wellness, the goal is to reduce the prevalence and mortality rates of chronic diseases, particularly diabetes, and improve overall health and wellness. Strategies include facilitating Diabetes Prevention Program (DPP) cohorts, maintaining and enhancing referral processes between providers, operating a mobile integrated health program (SWIFT), and providing remote patient monitoring for high-risk patients with chronic conditions. Additional efforts aim to promote preventive health screenings and healthy lifestyles through self-management programs and physical activity initiatives.

**Trinity Health/Saint Francis Hospital Community Health Needs Assessment (2023) and Implementation Strategy: Fiscal Years FY 24-26 (2023)**

Saint Francis Hospital in Wilmington serves the Delaware community as part of the Trinity Health Mid-Atlantic group. In their CHNA, they define their community served as: (1) The City of Wilmington; and (2) Census Tract 22, bounded by West 6th Street to the North; I-95 to the west; Lancaster Avenue to the South; and Broom Street to the East. This geographic approach focuses on the areas in which most patients come for care. Through analysis of quantitative and qualitative data and input from the West Side Steering Committee, community leaders, public health officials, and community members at-large, Saint Francis Hospital defined their CHNA priorities areas of focus as: (1) food access; (2) housing; and (3) access to care. These priorities will target special needs populations to help the State of Delaware reduce health disparities and uphold Saint Francis Healthcare’s mission to serve as a safety net hospital. Considering these priorities, Trinity Health created a 2024-2026 Implementation Strategy.

Trinity Health underscores a commitment to enhancing food access by decreasing the number of food-insecure community members and expanding trusted food network partners and resources. Strategies here are multifaceted, emphasizing direct distribution of food, screenings to identify those in need, and collaboration with community-based organizations to provide essential services like cooking courses and nutrition education. The housing initiative within the implementation strategy aims to bolster housing preservation, development, and advocacy in disadvantaged communities. Strategies include collaboration with local organizations for home repairs targeting low-income and elderly homeowners, partnering on home ownership strategies, and offering buyer education and financial literacy programs. Lastly, Saint Francis Hospital’s initiative to enhance access to care prioritizes equitable, high-quality health care and social services for Wilmington residents. Strategies include bolstering transportation assistance, providing language interpreters, integrating CHWs into various health care settings, and delivering health and social services directly to underserved communities through mobile units.

**Non-Profit Organizations**

**Delaware Cancer Consortium: Guided by our legacy. Prioritizing healthy living: The Next Five-Year Plan 2022-2026 (2022)**

The Delaware Cancer Consortium (DCC) is an organization established in 2001 to reduce Delaware’s cancer incidence and mortality rates. The DCC’s advisory council, consisting of 15 members appointed by the governor, advises the legislature and governor on causes and strategies to reduce cancer rates. The DCC has also established five-year plans with recommendations for cancer control that guide its efforts. The DCC outlines several goals in its most recent five-year plan for 2022-2026. The goals are stratified by four committees: the Delaware Cancer Consortium Advisory Council, the Early Detection and Prevention Committee, the Cancer Risk Reduction Committee, and the Delaware Cancer Registry Advisory Committee.

The Delaware Cancer Consortium Advisory Council has five key goals:

1. Maintain a permanent council that reports directly to the Governor to oversee implementation of the recommendations and comprehensive cancer control; the council should have committees that continually evaluate and work to improve cancer care and cancer-related issues in Delaware.
2. Develop and implement a five-year cancer control and prevention plan based on CDC guidelines and involve multiple stakeholders with assigned responsibilities.
3. The Delaware Cancer Consortium will serve as a leader and resource for the public.
4. Reimburse the cost of cancer treatment for every eligible Delawarean for up to two years after diagnosis.
5. Support the health and well-being of cancer survivors.

The Early Detection and Prevention Committee has six key goals:

1. Incorporate health equity principles into preventative cancer screening initiatives.
2. Promote breast, cervical, colorectal, lung, and prostate cancer screening.
3. Provide human papillomavirus (HPV) vaccines to girls, young women, boys, and young men ages 9-26.
4. Analyze data in state databases related to cancer screening.
5. Inform and educate health care providers and the general public on available resources.
6. Increase patient engagement and health literacy.

The Cancer Risk Reduction Committee has five key goals:

1. Encourage healthy lifestyles and reduce risky behaviors.
2. Initiate and support policies and programs to reduce tobacco use and exposure to secondhand smoke.
3. Prevent initiation of tobacco, nicotine, and emerging products use among youth and young adults.
4. Increase the number of Delawareans who stop using tobacco and nicotine products.
5. Implement a statewide initiative to address physical activity, nutrition, and obesity prevention.

The Delaware Cancer Registry Advisory Committee has five key goals:

1. Improve timeliness/completeness of reporting of cancer data.
2. Improve data quality to enable the routine evaluation of treatment practices and patterns against patient outcomes.
3. Increase the use of data to answer research questions.
4. Develop routes of efficient and effective communication between the [Delaware Cancer] Registry (DCR) and its stakeholders, to inform stakeholders of reporting requirements and benefits of the DCR.
5. Maintain National Program of Cancer Registries (NPCR) funding through adherence to NPCR program standards for data use and collection.

### **Delaware Department of Health and Social Services: Reimagining State Service Delivery (n.d.)**

The Delaware Department of Health and Social Services (DHSS) launched the Reimagining Service Delivery initiative to improve the client experience at its 15 State Service Centers and four standalone Social Services buildings. This initiative, part of Governor John Carney's Family Services Cabinet Council, aims to make services more accessible and streamlined. The initiative began with comprehensive community engagement, including town halls, focus groups, interviews, and surveys to identify challenges and gaps. The initiative defined five key areas: (1) client service delivery; (2) employees; (3) technology; (4) facilities; and (5) meeting evolving client needs. Solutions are being designed and tested with a focus on coordinated, accessible, person-centered, and well-funded services (DHSS, n.d.-b).

In client service delivery, the initiative aims to ensure universal processes across all centers, simplify intake and application processes, and combine front desk services. For employees, the initiative includes training staff on available services and eligibility, delivering services through a trauma-informed lens, and creating new onboarding and performance management programs. Technology improvements will feature an electronic check-in system, lobby screens for service information, and updated technology for staff. Facility upgrades will involve new furniture and amenities, Americans with Disabilities Act reviews, and private interview spaces. To meet evolving client needs, annual assessments will be conducted, a base set of services will be considered across all centers, and awareness and education campaigns will be created. This multi-year endeavor, grounded in research, data, and community feedback, aims to continuously evolve to meet the needs (DHSS, n.d.-a).

### **Delaware Healthy Mother & Infant Consortium: DHMIC Strategic Report 2022 (2023)**

The Delaware Healthy Maternal Infant Consortium (DHMIC) is a governor-appointed group of key stakeholders dedicated to enhancing the health and well-being of mothers and infants in Delaware through education, support, and advocacy. Following extensive surveys, focus groups, and retreats, DHMIC has outlined three main goals for the next three to five years: (1) eliminating disparities in infant and maternal mortality among White, Black, and Hispanic populations; (2) reducing the preterm birth rate from 11% to under 7%; and (3) developing an innovative model of care addressing health disparities and the reduction in preterm births.

DHMIC aims to achieve these goals through three strategic priorities: (1) increasing engagement and outreach to the community; (2) ensuring an innovative model of care to address preterm birth and disparities; and (3) creating a strong policy agenda. Community engagement initiatives include expanding promising programs through mini grants, creating consistent educational messaging, integrating behavioral health awareness, and collaborating with schools and managed care organizations. The innovative care model focuses on utilizing data from existing sites, encouraging well-woman visits and mental health screenings, expanding program eligibility to Hispanic women, providing tailored services for refugee families, and embedding doulas in care sites. The policy agenda aims to use data to support policy development, create housing and supplemental income programs for pregnant women, scale up guaranteed basic income and early childhood intervention programs, and support quality improvement in birthing hospitals and high-risk clinics. To support these priorities, DHMIC will set specific SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) goals, ensure effective communication, and continuously improve their structure and member orientation. The consortium’s mission is to lead statewide efforts to prevent infant and maternal mortality and improve health outcomes, envisioning a future where all Delaware mothers and babies can thrive equally.

**Health Literacy Council of Delaware: Delaware Health Literacy Report 2023 (2023)**

The Health Literacy Council of Delaware (HLCD), formed in 2022, consists of key health care leaders and community partners committed to improving health literacy statewide. Their vision is “Equity Through Literacy,” and their mission is to empower individuals and organizations to achieve optimal health through education, awareness, and advocacy (Delaware Literacy Alliance, 2024). HLCD has refined its goals based on research and strategic planning sessions, aligning closely with the tenets of the Healthy People 2030 national initiative. This includes initiatives to eliminate health disparities, achieve health equity, and promote both personal and organizational health literacy. Their strategies, aligned with three main categories: (1) policy; (2) awareness; and (3) education and engagement, form the foundation of HLCD’s recommendations to improve health literacy statewide (HLCD, 2024).

Based on the “Strengths, Opportunities, Aspirations, and Results (SOAR)” methodology as well as quantitative and qualitative research findings, HLCD outlined five recommendations which align with the three strategy categories. (1) HLCD advocates for the establishment of legislative policies that secure consistent funding for health literacy initiatives in Delaware. These policies would also set standards for interventions and clarify organizational responsibilities, ensuring that health literacy improves over time. (2) HLCD proposes engaging high-level leadership within health care organizations and state systems to standardize health literacy policies and practices. By involving these leaders, HLCD aims to promote sustainable improvements in policies and practices within critical anchor institutions and state systems. To enhance public and private consumer awareness, (3) HLCD recommends launching a comprehensive health literacy awareness campaign. This initiative seeks to educate patients, consumers, and organizational staff with unified messaging, fostering a culture of informed health decisions. (4) HLCD emphasizes the facilitation and support of health literate materials under its guidance to ensure access to relevant, accurate resources for partners and consumers, including digital health literacy tools, self-advocacy materials, and other pertinent information crucial for patients and providers. Finally, (5) HLCD advocates for streamlining and standardizing health literacy education across primary and secondary schools, as well as professional medical training programs statewide. This approach aims to maintain consistency in health literacy language and messaging throughout the educational journey of all Delaware residents, ensuring comprehensive health literacy development from an early age through professional careers (HLCD, 2024).

**Johns Hopkins Bloomberg School of Public Health and the Bloomberg American Health Initiative: A Blueprint for Transforming Opioid Use Disorder Treatment in Delaware (2018)**

Delaware faces a significant public health crisis regarding opioids, with nearly 300 lives lost to overdose in 2016 and ranking eighth in the nation for drug overdose death rates (Center for Disease Control and Prevention, 2022). These statistics are attributable to opioids such as heroin, prescription opioids, and synthetic opioids like fentanyl. To address this, Secretary Kara Odom Walker in April 2017 initiated a collaboration with the Johns Hopkins Bloomberg School of Public Health to assess Delaware’s treatment system and make recommendations for improvement. The proposed vision emphasizes accessibility, evidence-based practices, individualized care, comprehensiveness, and accountability. Four major strategies are outlined: (1) increasing the capacity of the treatment system; (2) engaging high-risk populations in treatment; (3) creating incentives for quality care; and (4) using data to guide reform and monitor progress (Johns Hopkins Bloomberg School of Public Health and the Bloomberg American Health Initiative, 2018).



Recommendations for enhancing the treatment system’s capacity include the establishment of Centers of Excellence to increase timely access to medication treatment with linkages to continuing and comprehensive care, maintaining an online inventory of treatment providers, promoting the prescribing of buprenorphine, and developing plans to support housing and employment for individuals in recovery. The second strategy targets high-risk populations, advocating for opioid use disorder treatment in detention facilities, upgrading withdrawal management centers, and setting standards for hospital provision of substance use disorder treatment. Strategy three emphasizes the creation of incentives for quality care, urging a review of reimbursement rates, extension of value-based payment initiatives, and the development of compliance strategies. Finally, the fourth strategy advocates for utilizing data to guide reform and monitor progress, suggesting the creation of a data dashboard, establishment of a data linkage project, and ongoing evaluation of program and policy changes. By implementing these recommendations, Delaware aims to strengthen its treatment system, improve access to care, and mitigate the devastating impact of opioid misuse within the state (Johns Hopkins Bloomberg School of Public Health and the Bloomberg American Health Initiative, 2018).

## Community Plans

### South Wilmington Planning Network: Southbridge Neighborhood Action Plan (2021)

The Southbridge Neighborhood Action Plan (SNAP) was created by the South Wilmington Planning Network, in partnership with Healthy Communities Delaware, the Southbridge Civic Association, and the Asakura Robinson Planning Firm. SNAP is a blueprint for equitable growth in South Wilmington, particularly in Southbridge and Riverfront East. SNAP aims to help the Southbridge neighborhood face multiple challenges, including high rates of poverty, high levels of pollution and flooding, and a lack of investment. Based on conversations with community stakeholders, community questionnaires, and a public workshop, SNAP created six broad categories of action items: (1) community empowerment; (2) economic revitalization; (3) youth and education; (4) affordable living; (5) better health; (6) improved mobility; and (7) resilience to climate change.

Considering these action items, SNAP described their strategies for improvement. The summary below captures the proposed strategies but does not encompass every specific detail of the action items. Community empowerment strategies encompass strengthening the Southbridge Community Development Corporation (CDC), signing Community Benefits Agreements (CBAs) with developers, and investing in local leadership development through training programs. Economic revitalization efforts speak to reactivating Southbridge as a Main Street America Affiliate, establishing a Merchants Association, and collaborating with organizations like the Equitable Wilmington Collaborative to expand economic opportunities. Simultaneously, youth and education initiatives prioritize establishing youth programs, forging partnerships with educational institutions, and enhancing recreational spaces to foster positive growth and development. Affordable living solutions encompass developing affordable housing units, providing housing counseling and navigation assistance, and connecting residents to homeownership and financial literacy programs. Better health outcomes are targeted through collaborations with health care providers to increase access to medical care, mental health services, and healthy food options, alongside community awareness campaigns and violence intervention programs. Improved mobility is envisioned through enhancements to public transit, pedestrian infrastructure, and bike lanes, prioritizing environmental sustainability. Lastly, resilience to climate change is addressed through coordinated efforts to secure funding for stormwater and sewer system upgrades, implement flood mitigation strategies, and promote community resilience and preparedness through education and infrastructure investments. Through these comprehensive strategies, SNAP aims to create a resilient, inclusive, and sustainable community in South Wilmington, enhancing the quality of life for all residents and fostering long-term prosperity.

### Sussex County Delaware: Sussex County Comprehensive Plan (2019)

The Sussex County Comprehensive Plan represents a collaborative effort aimed at guiding the county’s development across key areas crucial to its future through 2045 (27 years). This plan reflects extensive community engagement. Led by Sussex County staff, the Planning and Zoning Commission, and actively involved stakeholders and citizens, the planning process began with a thorough analysis of current conditions, including market trends, demographics, and environmental factors. From these foundations, critical issues were identified, guiding the formulation of goals and opportunities through public input and scenario planning. These critical areas were structured into chapters within the Comprehensive Plan, encompassing: (1) future land use; (2) conservation; (3) recreation and open space; (4) utilities; (5) housing; (6) economic development; (7) historic preservation; (8) intergovernmental coordination; (9) community design; and (10) mobility. Throughout its development, the Draft Comprehensive Plan has been shaped by robust public outreach, ensuring that community voices shape the vision and strategies for Sussex County’s sustainable growth and enhanced quality of life.

Sussex County’s comprehensive community plan addresses a wide range of vital areas with structured goals and strategies. Future land use goals aim to manage growth impact, ensure quality development, designate development areas that protect natural resources, minimize adverse development impacts, and support the agricultural and inland bays areas. Conservation goals focus on preserving natural resources, protecting farmland and forestland, ensuring water and wetland quality, and maintaining air quality. Recreation and open space objectives seek to enhance quality of life through sustainable recreation opportunities and expand the open space system. Utilities initiatives aim to ensure adequate sewer and water services, promote energy conservation and renewable energy, manage stormwater, enhance telecommunications coverage, and support waste reduction efforts. Housing goals prioritize providing safe, diverse housing options and expanding fair housing. Economic development strategies focus on strengthening the economic base, promoting economic diversity and agriculture, and maintaining tourism appeal. Historic preservation goals aim to preserve cultural resources and develop comprehensive preservation planning. Intergovernmental coordination objectives include ensuring consistency among governmental plans and maintaining public services. Community design goals emphasize promoting compatible design, preserving development quality, and improving existing developments. Mobility strategies seek collaborative transportation solutions, increase transportation capacity, improve roadway operations, address evacuation needs, facilitate freight movement, and promote alternative transportation modes. Together, these goals form a comprehensive framework designed to guide Sussex County’s sustainable growth and enhance its resilience for the next quarter-century. It is worth noting that Sussex County community stakeholders and the public are actively adopting amendments to the Comprehensive Plan, particularly in relation to the Future Land Use Map.

**Washington Heights Blueprint Community: Washington Heights Blueprint Community Revitalization Plan (n.d.)**

The Washington Heights Blueprint Community is a multi-year revitalization effort spanning the Triangle, Washington Heights, and Brandywine Village neighborhoods in Wilmington. Supported by the FHLBank of Pittsburgh, the University of Delaware Center for Community Research & Service, and the City of Wilmington, this initiative aims to revitalize neighborhoods by improving economic, social, and cultural conditions through collaborative efforts and resident involvement in community planning. After gathering information through focus groups, conversations, surveys, and data analysis, six key areas of concern were identified in the plan: (1) public safety and crime; (2) education; (3) youth opportunities; (4) cleanliness; (5) housing and rentals; and (6) family and household relations.

Based on these key areas of concern, the plan is built on specific, long-term strategies to address key issues effectively. Public safety initiatives include leveraging media and community events to change negative perceptions and bring the community together, implementing a neighborhood watch program, and building stronger relationships between neighborhood associations and police to enhance community safety. Education efforts focus on utilizing local schools as hubs for community activities and forming partnerships with early education programs and nonprofits to support children and families. Youth engagement strategies involve establishing supervised recreational spaces and mentoring programs in collaboration with organizations like Parks and Recreation and local churches. Enhancing neighborhood cleanliness entails organizing regular cleanup events and partnering with city authorities to address infrastructure issues. Housing initiatives aim to improve housing conditions through partnerships with Habitat for Humanity and Lutheran Community Services, and support residents facing financial challenges through counseling and education programs. Strengthening family bonds and community cohesion is facilitated through outreach programs, block leadership development, and collaborative efforts with local community organizations like Children and Families First, and the Stepping Stones Community Federal Credit Union. These strategies collectively aim to foster a resilient and thriving community for all residents.

**Northeast Wilmington Blueprint Initiative: Northeast Wilmington Community Revitalization Implementation Plan (2019)**

The Northeast Wilmington Community Revitalization Plan aims to revitalize the community through comprehensive and coordinated efforts that enhance the quality of life for residents. In 2017, the Northeast Wilmington Community Revitalization Plan (Blueprint Plan) was completed as part of the Federal Home Loan Bank of Pittsburgh’s Blueprint Communities program, with community representatives and stakeholders collaborating with the University of Delaware Center for Community Research & Service. The plan identified five strategic focus areas: (1) community economy; (2) health/healthy living; (3) housing; (4) infrastructure; and (5) youth development/engagement. Whitman, Requardt & Associates, LLP (WRA) developed an Implementation Plan endorsing a collective impact approach, supported by a Northeast Blueprint Backbone Organization (NBBO) for coordination. This plan is structured into three main initiatives: (1) coordination and community engagement; (2) North Market Street commercial development; and (3) resilience in renovation and development.

The coordination and community engagement initiative encompasses several key projects for comprehensive community development, including The Community Economy Project, the Health/Healthy Living Project, the Infrastructure Project, and the Youth Development and Engagement Project. The Community Economy Project aims to boost local businesses and job opportunities, improve commercial district aesthetics, fill vacant properties, and support workforce development through local hiring, job connections, and community clean-ups. The Health/Healthy Living Project supports state programs for better health outcomes, increases preventive care engagement, and improves access to quality medical care, healthy foods, and safe housing by building health care capacity, increasing access to healthy foods, and supporting green spaces. The Infrastructure Project focuses on creating a clean, safe, walkable, and well-lit community with enhanced outdoor spaces, improved public transportation access, increased road safety, and stormwater mitigation through bicycle and pedestrian improvements, vehicular infrastructure enhancements, and addressing brownfields and flooding. The Youth Development and Engagement Project coordinates and expands youth activities, engages youth in community development, and supports summer and weekend programs, fostering career development, civic engagement, and improved transportation for youth.

The North Market Street Commercial Development Initiative encompasses streetscape improvements to create a pedestrian and business-friendly environment, a community hub centered on Brandywine Community United Methodist Church and Conscious Connections Community Garden to enhance community health and economy, and business attraction and retention efforts through forming a merchant association, promoting the Downtown Development District Program, and marketing retail locations, updating business listings, partnering with the Wilmington Police Department for crime reduction, monitoring absentee landlords, acquiring nuisance properties, and implementing a façade improvement program and community benefit agreements. Lastly, the Resilience in Renovation and Development Initiative integrates green infrastructure projects and housing rehabilitation, focusing on creating bike and pedestrian connections, implementing green stormwater infrastructure, renovating pre-1950 homes, ensuring compliance of rental properties with safety codes, facilitating the redevelopment of vacant properties, and promoting energy efficiency and tenant rights through educational programs and home improvement initiatives like “Rock the Block” and “A Brush with Kindness” .

### **Collaborate Northeast: A Strategic Plan for the Backbone Organization to Facilitate Implementation of the Northeast Wilmington Revitalization Plan: 2019-2030 (n.d.)**

Collaborate Northeast is a Collective Impact organization with a mission of coordinating and facilitating place-based redevelopment in Northeast Wilmington, covering three census tracts northeast of Brandywine Creek. Collaborate Northeast acts as a backbone organization, leading the implementation of strategies, goals, and activities outlined in the Northeast Wilmington Revitalization Plan through facilitation, technology and communications support, data collection and reporting, as well as handling logistical and administrative details. Collaborate Northeast outlined four strategic initiatives it will pursue during its first five years to advance its mission and outcomes: (1) organizational capacity and structure, (2) community engagement, (3) community development along key commercial corridors, and (4) resilience through housing redevelopment.

First, under organizational capacity and structure, Collaborate Northeast focuses on establishing itself by creating the entity, securing funding, building staff capacity, and establishing clear performance metrics for accountability. Second, in terms of Community Engagement, the organization prioritizes ongoing communication with residents through a dedicated work group, coordinating community events, advancing strategies for improving community health, safety, economics, and engagement, and advocating, monitoring, and communicating infrastructure improvement progress. Thirdly, Community Development Along Key Commercial Corridors aims to stimulate economic growth along North Market Street and Northeast Boulevard. Collaborate Northeast will encourage partnerships among business and property owners, support property improvements, and advocate for public sector investments to stimulate business development and economic growth. Lastly, Resilience Through Housing Redevelopment seeks to enhance neighborhood resilience by supporting private residential rehabilitation, advancing investment in connectivity to recreational resources and in green infrastructure, and repurposing brownfields, all in alignment with community priorities.

**Wilmington Area Planning Council: The Route 9 Corridor Land Use and Transportation Master Plan (2017)**

The Route 9 Corridor Master Plan, funded and executed by the Wilmington Area Planning Council (WILMAPCO) under the guidance of a Steering Committee (composed of local civic and agency partners), responds to New Castle County’s initiative to revitalize the Route 9 Corridor near Wilmington, Delaware. The Route 9 Corridor stretches north to south from the City of Wilmington line to the City of New Castle line, and west to east from US 13 to the Delaware River (WILMAPCO, 2017). This comprehensive 20-year plan outlines five key goals: (1) improve health and quality of life of residents by enhancing access to jobs, education, healthy foods, active recreation opportunities, community services, and affordable residential development; (2) incentivize economic development, including mixed-use and mixed-income development; (3) mitigate environmental and health concerns within the corridor; (4) examine existing land uses and recommend zoning adjustments to support the plan’s goals; and (5) recommend roadway improvements that promote and enhance the use of alternative transportation options while managing truck traffic effectively (WILMAPCO, 2017).

Through an analysis of existing physical conditions of the Route 9 Corridor and community input received throughout the project, the Master Plan outlined key recommendations, organized into three components: (1) guiding principles; (2) corridor-wide recommendations; and (3) center-specific recommendations (WILMAPCO, 2017). The guiding principles outline best practices for creating a successful and sustainable built environment, focusing on the Route 9 Corridor. These principles will guide zoning, streetscape, and development improvements to ensure consistency and prevent decisions that could compromise the corridor’s character and function. The corridor-wide recommendations propose improvements to zoning regulations, pedestrian and bike accommodations, and traffic and truck circulation throughout the entire corridor. These recommendations provide a comprehensive framework aimed at creating an interconnected network of zoning and circulation enhancements to foster a more multi-modal, sustainable, and mixed-use corridor. The center-specific recommendations focus on four key intersections or “centers” primed for growth due to existing zoning, current use, and surrounding development. These centers, each within a 1/4-mile walking radius of major intersections, are identified as prime opportunities for investment or redevelopment, especially underutilized land within 200 feet of Route 9. The recommendations include zoning assessments and changes to allowable uses and standards to align with community goals, infrastructure improvements and detailed streetscape alternatives. Each center also features comprehensive plans for pedestrian, bicycle, transit, and stormwater facilities (WILMAPCO, 2017).

Specific initiatives include rezoning industrial areas to separate them from residential zones, implementing new truck routes to redirect truck traffic away from residential areas, and encouraging mixed-use developments in suburban centers to foster economic growth and community vibrancy. Initial redevelopment efforts center around the Innovation District, with plans for housing, office spaces, retail, and public amenities aimed at revitalizing these areas. Furthermore, the plan advocates for road diets on Route 9 and Memorial Drive, enhancing safety and connectivity for pedestrians, cyclists, and motorists. These measures are designed to transform the Route 9 Corridor into a sustainable, accessible, and thriving community hub, aligned with local needs and future growth objectives (WILMAPCO, 2017). Furthermore, the 2023 Route 9 Corridor Work Plan includes a Data Trends Report & Health Action Plan, which will provide ongoing monitoring of the physical implementation of the Route 9 Corridor Master Plan. This report will measure outcomes against anticipated results and assess changes in demographics over time, enabling the Monitoring Committee to make informed adjustments to the plan as needed based on actual outcomes (WILMAPCO, 2023).

**Wilmington Area Planning Council: Route 9 Corridor Community Health Needs Assessment (May 2021) and Health Action Plan (2024)**

Based on the Route 9 Corridor Land Use and Transportation Master Plan, WILMAPCO created an initial 2023 Work Plan to provide a snapshot of key data points to monitor the physical implementation of the plan, measure the outcomes of recommendations against anticipated results, and assess demographic changes over time. This initial report established the baseline for future annual reports to track data trends as the plan is implemented (WILMAPCO, 2023). Following this, we will delve into the CHNA which guided the Health Action Plan, and the most recent 2024 updates on the Health Action Plan.

In Spring 2021, a CHNA was conducted to gather information on the perceived health and wellness needs of residents along the Route 9 Corridor. The responses were analyzed, grouped into themes, and those themes were presented to the Route 9 Health Subcommittee for developing an action plan. Four key areas for intervention were identified based on the results: (1) neighborhood cohesion, (2) environmental concerns, (3) safety, and (4) mental health. Additionally, respondents noted the impact of the COVID-19 pandemic as a consideration for planning interventions to improve health, well-being, and overall quality of life (Crist et al., 2021).



Throughout 2023, the subcommittee worked to implement strategies that addressed the four key areas for intervention through neighborhood programs that facilitated community gathering and programming/resources for the community, conversations regarding air quality improvements, and safety interventions, including improved lighting (streetlights and bus shelter lights) and pothole repairs. Looking ahead, the main goal for 2024 is to create clear communications for residents on how to report neighborhood issues and receive emergency alerts. WILMAPCO also reported potential strategies related to the three key areas of intervention identified in the CHNA. In terms of the environment, they aim to promote anti-littering efforts, address soil contamination, and improve water issues, especially related to flooding. Regarding safety, the primary strategy is to increase lighting in the corridor and improve reporting of lighting issues. Additionally, facilitating emergency alert services for the community was emphasized. For neighborhood cohesion, the focus is on increasing programming for youth and teens through the National Crime Prevention Council (NCPC) and environmental justice youth programming (Crist, 2024).

**NeighborGood Partners: Restoring Central Dover Strategic Plan (2014)**

The Restoring Central Dover Strategic Plan is a comprehensive neighborhood revitalization plan led by NeighborGood Partners, and a Steering Committee comprised of local stakeholders, elected officials, residents, and service providers. The plan focuses on addressing the essential needs of low-income residents in Central Dover, including affordable housing, neighborhood safety, economic growth, and vital services. Through research and data collection on existing conditions as well as planning with community partners and the public, strategies for vitality of Central Dover were organized into three goal areas designed to achieve: (1) a strong community; (2) positive development; and (3) an integrated public realm and infrastructure (NeighborGood Partners, 2014). While the original 2014 plan outlines a five-year implementation period, the updated information on the website extends this to a ten-year implementation plan (NeighborGood Partners, 2023).

The first goal, a strong community, prioritizes community capital building through resident-led civic groups and partnerships with anchor institutions, complemented by annual events like the “Celebrating Central Dover” block party. Enhancements in public safety include collaborative policing, expanded patrols, and improved lighting. Engaging youth through programs and educational support centers strengthens community ties. The second goal, positive development, aims to improve housing and economic opportunities by bolstering housing standards, promoting flexible zoning, and incentivizing redevelopment. Efforts to revitalize commercial corridors include activating storefronts and supporting local businesses. The third goal, an integrated public realm and infrastructure, focuses on transportation improvements, green infrastructure, and open space enhancements. Initiatives include expanding transit services, improving bike and pedestrian infrastructure, and implementing green stormwater management (NeighborGood Partners, 2014). Together, these goals aim to create a vibrant and sustainable Central Dover, fostering economic growth and enhancing quality of life for its residents.

**The National Coalition of 100 Black Women, Inc. - Delaware Chapter: 2021-2024 NC100BW-DE Strategic Plan (n.d.)**

The National Coalition of 100 Black Women Inc. (NCBW) is a nationally recognized nonprofit with over 14 million members across 62 chapters in the United States. NCBW’s mission is to advocate for black women and girls by promoting leadership development and gender equity in health, education, and economic empowerment through national and local actions and strategic alliances. The Delaware Chapter of the NCBW (NCBW-DE) outlined their goals and action plans to serve as the driving force to address the unique needs of Black women and girls in Delaware from 2021-2024, focusing on; (1) membership, (2) fund development & fundraising, (3) economic empowerment, (4) education, (5) health, and (6) public policy/advocacy.

Within membership, the focus is on expanding active membership through recruitment at events and enhancing benefits via national research, while also prioritizing retention and leadership development through strategic events, surveys, and skill leveraging. Fund development and fundraising efforts aim to secure funding via signature events and diversified sources, manage a funding database, and establish grant writing protocols to bolster financial stability and advocacy efforts. Economic empowerment strategies include promoting financial literacy, wealth-building, supporting women-owned businesses, and advocating for equitable economic policies. The education plan targets increasing educational attainment and advocacy for equitable funding, scholarships, and program expansions. Within health, goals center on raising awareness of breast cancer and metabolic syndromes, promoting mental health awareness, and addressing maternal health disparities. Public policy/advocacy efforts seek to serve as policy experts, increase political engagement and leadership among Black women, collect and disseminate research, and maintain protocols for effective advocacy and policy response. These plans collectively aim to empower Black women and girls, foster community engagement, and drive impactful change across Delaware.

## Vulnerable Populations Assessments

### The Center for Drug and Health Studies, University of Delaware: The Impact of the COVID-19 Pandemic on People with Disabilities in Delaware (2021)

The Coronavirus 2019 (COVID-19) pandemic has had a significant impact on people with disabilities in Delaware, as it has highlighted the challenges they face as a vulnerable population. Existing inequalities have worsened, affecting this population's physical and mental health, access to services, and employment. To address these issues, the report recommends integrating disability rights and accessibility into COVID-19 response and recovery efforts, along with creating inclusive and equitable policies (Sparling et al., 2021). The assessment emphasized the increased risk for people with disabilities, the challenges of living in congregate settings, and the importance of in-person support.

The goals identified include inclusive planning, data collection, shifting to community-based services, preserving protections, policy changes, workforce strengthening, contingency planning, and improving technology accessibility. The implementation plan involves meaningful engagement, better data tracking, policy advocacy, and investment in services and support systems to enhance the well-being of people with disabilities during future public health emergencies (Sparling et al., 2021).

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# APPENDIX C



Date:	Cluster:
Team:	Point:
Survey Language:	

## Delaware State Health Needs Assessment Questionnaire

(Interviewer-administered)

Thank you for taking part in this survey to help the Delaware Department of Health and Social Services, Division of Public Health improve the health of Delawareans.

Your participation involves answering questions related to basic health and safety needs, education, jobs, home budget including rent or mortgage and utilities, housing, being involved in your community, and the environment. The responses to these questions will be used to inform the Delaware State Health Improvement Plan. Please note that your participation in this survey is entirely voluntary and you may choose to stop at any time. Your answers will not impact services provided to you by Delaware's Department of Health and Social Services in any way. No identifying information is collected, and your responses are kept completely confidential. However, by providing a valid email address or mailing address, you are eligible to receive one \$30 gift card per household. If you have any questions about this survey, you may contact the University of Delaware's Director of the Epidemiology Program, Professor Jennifer Horney, at 302-831-3866 or [horney@udel.edu](mailto:horney@udel.edu).

We only accept responses from adults 18 years of age or older.  
Are you 18 years of age or older? Y/N

Do you consent to participate in this survey? Y/N

Do you live in this household? Y/N  
(If no, ask if a current resident is available. If not, end interview.)

## BASIC DEMOGRAPHICS (PART 1)

I'll start by asking just a couple questions about you. As a reminder, everything you share with me will remain completely confidential and anonymous.

1. What year were you born? \_\_\_\_\_ (record four-digit year, ex. 1980)
  - Prefer not to answer
2. What is your gender?
  - Female
  - Male
  - Self-identify: \_\_\_\_\_
  - Prefer not to answer
3. Are you of Hispanic, Latino, or Spanish origin?
  - Yes
  - No
  - Prefer not to answer
4. How do you describe yourself? You may select more than one option.  
(Read all options.)
  - ☐ American Indian or Alaska Native
  - ☐ Asian or Asian American
  - ☐ Black or African American
  - ☐ Native Hawaiian or Pacific Islander
  - ☐ White
  - ☐ Prefer not to answer
  - ☐ Some other race not listed.
  - ☐ \_\_\_\_\_ (Record other response.)

## I. Basic Needs for Health and Safety

Ok, now we would like to talk about your access to health care, food, and how safe you feel in your community. When you think about access, please think about location, cost, and availability. Let's start by talking about food. Please tell me whether the statement was often true, sometimes true, or never true for you/your household in the last 12 months — that is, since last (name of current month).



5. The first statement is “I worried whether my food would run out before I got money to buy more.” Was that often true, sometimes true, or never true for you in the last 12 months?
- ☐ Often true
  - ☐ Sometimes true
  - ☐ Never true
  - ☐ Don't Know
  - ☐ Prefer not to answer

Now thinking specifically about how you define your community, please tell us how you feel about the following statements:

6. People of all races, ethnicities, backgrounds, and beliefs in my community are treated fairly by programs and institutions. Do you “strongly agree”, “agree”, “disagree” or “strongly disagree”?
- ☐ Strongly Agree
  - ☐ Agree
  - ☐ Disagree
  - ☐ Strongly Disagree
  - ☐ Don't Know
  - ☐ Prefer not to answer
7. Ok, now let’s talk about your health care. In the past 12 months, did you or someone in your household have a problem getting the health care you needed from any type of health care provider, dentist, pharmacy, or other facility?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ Prefer not to answer

8. If yes, what type of provider did you or someone in your household have trouble accessing?

(Select all that apply.)

- ☐ Dentist
- ☐ General practitioner
- ☐ Eye care/optometrist/ophthalmologist
- ☐ Pharmacy/prescriptions
- ☐ Pediatrician
- ☐ OB/GYN
- ☐ Mental health provider
- ☐ Substance use treatment provider
- ☐ Hospital
- ☐ Urgent care center
- ☐ Specialist: Please specify: \_\_\_\_\_
- ☐ Prefer not to say.

9. In the last 6 months, how often did people in a medical setting show interest in your questions and concerns?
- ☐ Never
  - ☐ Sometimes
  - ☐ Usually
  - ☐ Always
  - ☐ Prefer not to answer

10. In the last 6 months, has anyone in a medical setting asked if you ever have trouble paying for your medicines?
- ☐ Never (skip to #12)
  - ☐ Sometimes
  - ☐ Usually
  - ☐ Always
  - ☐ Prefer not to answer

11. In the last 6 months, has anyone in a medical setting assisted you to get help paying for your medicines?
- ☐ Never
  - ☐ Sometimes
  - ☐ Usually
  - ☐ Always
  - ☐ Prefer not to answer

12. Has anyone in this household ever smoked cigarettes?
- ☐ Yes
  - ☐ No
  - ☐ Prefer not to answer

13. Does anyone in this household use smokeless tobacco (i.e., chewing tobacco, snuff, vaping, hookah, etc.)?
- ☐ Yes
  - ☐ No
  - ☐ Prefer not to answer

14. If someone in Delaware needed substance use services or treatment for alcohol or drug addiction, do you know where they would go to get help?
- ☐ Hospital
  - ☐ Private Facility
  - ☐ School Resource
  - ☐ Prefer not to answer
  - ☐ Don't know

II. Lifelong Learning

The next set of questions focuses on your access to education and schooling in your community. As a reminder, when you think about access, please think about location, cost, and availability. Please tell us whether you “strongly agree”, “agree”, “disagree” or “strongly disagree” with each of the next few statements thinking specifically about your community as you see it.

15. I can access high quality K-12 schools where I live.

- ☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree
- ☐ Don't Know

☐ Prefer not to answer

☐ NA

16. I can access affordable childcare and early learning options where I live for newborns to age five.

- ☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree
- ☐ Don't Know

☐ Prefer not to answer

☐ NA

III. Meaningful Work and Wealth

Now I have some questions about your job status and financial health.

17. Thinking about your ideal job or career, please rate your response from 1 to 5; 1 represents the best possible life and 5 represents the worst possible life. Where do you stand?

1	2	3	4	5	NR
Best Possible Life				Worst Possible Life	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Do you think you (and any family living with you) are financially better or worse off these days than you were 12 months ago?

- ☐ Much worse off

☐ Somewhat worse off

☐ About the same

☐ Somewhat better off

☐ Much better off
- ☐ Don't Know

☐ Prefer not to answer

IV. Housing

I would like to ask a couple questions about your housing status now. Please answer the following questions about the place where you and your household live.

19. How many separate rooms are there in this home? Rooms must be separated by walls that extend out at least 6 inches from the floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.

EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

Number of rooms

20. How many of these rooms are bedrooms? Count the number of bedrooms you would list if this home were for sale or rent. If this is an efficiency/studio apartment, print “0”.

Number of bedrooms

21. Do you or any member of your household own, pay rent, or have a mortgage on THIS property?

- ☐ Own the property

☐ Pay rent for the property

☐ Have mortgage on the property
- ☐ Don't Know

☐ Prefer not to answer

☐

22. Are you worried about losing your housing?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to answer

23. Are you receiving any housing subsidies?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to answer

24. Think about the place where you live. Do you have problems with any of the following?

(Read options, check all that apply.)

- ☐ Bug infestation
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Inadequate heat
- ☐ Inadequate air conditioning
- ☐ Inadequate insulation
- ☐ Oven or stove not working
- ☐ No or not working smoke detectors
- ☐ Carbon monoxide
- ☐ Water leaks
- ☐ None of the above
- ☐ Other:
- ☐ Please Specify: \_\_\_\_\_
- ☐ Prefer not to say.

25. Next, I have a question about safety in the community. This refers to how YOU define your community. How safe do you feel in your community? Would you say very safe, somewhat safe, somewhat unsafe, or very unsafe?

- ☐ Very safe
- ☐ Somewhat safe
- ☐ Somewhat unsafe
- ☐ Very unsafe
- ☐ Prefer not to answer
- ☐ Don't know

V. Thriving Natural World

The next set of questions focuses on environmental quality in your community.

26. Do you believe that any of the following are impacting your community’s health and living conditions? (Read each option and select Yes or No.)

	Yes	No	NR
a. Air pollution from vehicles			
b. Fumes, noise, and/or chemicals from current industrial businesses or gas stations			
c. Pollution at the location of past industrial businesses			
d. Water pollution in creeks and storm drainage areas			
e. Contamination of drinking water			
f. Areas that are at risk of flooding			
g. Hot weather/Extreme heat			
h. Healthy food near my home.			

27. Do you have access to the following resources in your community?

(Read each option and select Yes or No.)

	Yes	No	NR
a. Shade outside my home from street trees and trees in parks			
b. Access to parks and/or recreation centers			
c. Opportunities for activities and sports at neighborhood parks/ fields/courts			
d. Affordable organized activities and sports at neighborhood parks and recreation/civic centers			
e. Sidewalks, crosswalks, and curb ramps for people who walk and use mobility devices such as wheelchairs			
f. Bicycle lanes and low impact traffic speeds for people who use bicycles to get around			
g. Grocery stores, supermarkets, corner stores, and farmers markets that sell fresh fruits, vegetables, lean meats, and other healthy options			

28. Do you feel safe accessing parks and recreation centers in your neighborhood?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to answer

VI. Reliable Transportation

Now I would like to ask you a few questions about transportation.

29. In a typical week, what type of transportation do you use the most for work, school, or shopping? *(Check all that apply.)*

- ☐ Bike
- ☐ Rideshare service (Uber, Lyft, etc.)
- ☐ Bus
- ☐ Walk
- ☐ Car/Truck/Van
- ☐ None of the above
- ☐ Motorcycle
- ☐ Prefer not to answer
- ☐ Other: Please Specify: \_\_\_\_\_

30. Please tell us whether you “strongly agree”, “agree”, “disagree”, or “strongly disagree” with the following statement: There are places where I can be physically active near my home. Consider parks, trails, places to walk, playgrounds, gyms, recreation centers, etc. that are near where you live.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't Know
- ☐ Prefer not to answer

31. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

VII. Belonging and Power to Make Change

Ok, we are almost done. I would like to ask you a few more questions about living in your community.

32. Please tell us whether you strongly disagree, disagree, are neutral, agree, or strongly agree to the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NR
a. People around here are willing to help their neighbors.						
b. People in the neighborhood don't get along with each other.						
c. People in this neighborhood can be trusted.						
d. This is a close-knit neighborhood.						
e. People in this neighborhood don't share similar values.						

33. Right now, how willing are you to become involved in your community by working with others to make things happen?

- ☐ Very willing
- ☐ Willing
- ☐ Somewhat willing
- ☐ Not that willing
- ☐ Prefer not to answer

DEMOGRAPHICS (PART 2)

Thank you so much for taking the time to answer my/these questions! Just to remind you, all the information you shared with us will be kept completely confidential. It will be reported only as a group summary. I have one last section to complete and then I can share additional information about the gift card.



**34. What was your total household income last year before taxes?**

- ☐ Monthly income: **\$0 to \$833**; Yearly income: **\$0 to \$9,999**
- ☐ Monthly income: **\$834 to \$1,250**; Yearly income: **\$10,000 to \$14,999**
- ☐ Monthly income: **\$1,251 to \$2,082**; Yearly income: **\$15,000 to \$24,999**
- ☐ Monthly income: **\$2,083 to \$2,916**; Yearly income: **\$25,000 to \$34,999**
- ☐ Monthly income: **\$2,917 to \$4,167**; Yearly income: **\$35,000 to \$49,999**
- ☐ Monthly income: **\$4,168 to \$6,249**; Yearly income: **\$50,000 to \$74,999**
- ☐ Monthly income: **\$6,250 to \$8,332**; Yearly income: **\$75,000 to \$99,999**
- ☐ Monthly income: **\$8,333 to \$10,416**; Yearly income: **\$100,000 to \$124,999**
- ☐ Monthly income: **\$10,417 to \$12,499**; Yearly income: **\$125,000 to \$149,999**
- ☐ Monthly income: **\$12,500 or more**; Yearly income: **\$150,000 or more**.
- ☐ Don't Know
- ☐ Prefer not to answer

**35. What is the highest grade or year of school you completed?**

- Less than 9th grade
- 9-12th grade, no diploma
- High school graduate (or GED/equivalent)
- Some colleges (no degree)
- Associates degree or vocational training
- Bachelor's degree
- Graduate or professional degree
- Don't Know
- Prefer not to answer

**36. Including yourself, how many people live in your household? Include those that you claim as a dependent or that live with you at least half of the year. \_\_\_\_\_**

**Thank you so much for your time today! I really appreciate your willingness to complete this survey. (Give participant handouts of Delaware 211 information if they indicated need for resources during survey.)**

**If you would like to receive a \$30 gift card, I just need your contact information and signature on this form to acknowledge that you received the gift card from me today (show form). (Have participant fill out form and check that it is complete before giving them the gift card.)**



Fecha:	Grupo
Equipo:	Punto
Idioma de la encuesta:	

# Cuestionario de Evaluación de Necesidades de Salud del Estado de Delaware

(Administrado por el entrevistador)

*Gracias por participar en esta encuesta para ayudar al Departamento de Salud y Servicios Sociales de Delaware, División de Salud Pública a mejorar la salud de los residentes de Delaware.*

*Su participación implica responder preguntas relacionadas con las necesidades básicas de salud y seguridad, educación, empleos, presupuesto de la vivienda, incluyendo el alquiler o la hipoteca y los servicios públicos, la vivienda, además de la participación en su comunidad y el medio ambiente. Las respuestas a estas preguntas se utilizarán para informar al Plan de Mejora de la Salud del Estado de Delaware. Tenga en cuenta que su participación en esta encuesta es totalmente voluntaria y puede optar por detenerse en cualquier momento. Sus respuestas no afectarán los servicios que le proporciona el Departamento de Salud y Servicios Sociales de Delaware de ninguna manera. No se recopila información de identificación y sus respuestas se mantienen completamente confidenciales. No obstante, al proporcionar una dirección de correo electrónico válida o una dirección postal, usted es elegible para recibir una tarjeta de regalo de \$30 por hogar. Si tiene alguna pregunta sobre esta encuesta, puede comunicarse con la directora del Programa de Epidemiología de la Universidad de Delaware, la profesora Jennifer Horney, al 302-831-3866 o [horney@udel.edu](mailto:horney@udel.edu).*

**Solo aceptamos respuestas de adultos mayores de 18 años.**

**¿Tiene 18 años de edad o más? S/N**

**¿Acepta participar en esta encuesta? S/N**

**¿Vive usted en este hogar? S/N** *(Si la respuesta es NO, pregunte si hay un residente que viva en la vivienda y que esté disponible. Si no es así, finalice la entrevista)*

ESTADÍSTICAS DEMOGRÁFICAS (PARTE 1)

Comenzaré haciendo solo un par de preguntas sobre usted. Como recordatorio, todo lo que comparta conmigo permanecerá completamente confidencial y anónimo.

1. ¿En qué año nació usted? \_\_\_\_\_ (anote el año con cuatro dígitos, ej. 1980)
- ☐ prefiero no responder
2. ¿Con qué sexo se identifica?
- ☐ Mujer

☐ Autoidentificación: \_\_\_\_\_

☐ Hombre

☐ Prefiero no responder
3. ¿Es usted de origen hispano, latino o español?
- ☐ Sí

☐ Prefiero no responder

☐ No
4. ¿Cómo se describiría a sí mismo? Puede seleccionar más de una opción. (Lea todas las opciones)
- ☐ Indio americano o nativo de Alaska

☐ Asiático o asiático- americano

☐ Negro o afroamericano

☐ Nativo de Hawái o de las islas del Pacífico

☐ Blanco

☐ Prefiero no responder

☐ Otra raza que no está en la lista.

☐ \_\_\_\_\_ (Anote otra respuesta)

I. Necesidades Básicas de Salud + Seguridad

Ok, ahora nos gustaría hablar sobre su acceso a la atención médica, los alimentos y lo seguro que se siente en su comunidad. Cuando piense en el acceso, piense en la ubicación, el costo y la disponibilidad.

Empecemos hablando de comida. Por favor, dígame si la siguiente declaración es: a menudo cierto, a veces cierto, o nunca cierto para usted / su hogar en los últimos 12 meses, es decir, desde el último (nombre el mes actual).

5. La primera declaración es: “Me preocupaba que mi comida se acabara antes de obtener dinero para comprar más”. ¿Eso fue a menudo cierto, a veces cierto, o nunca cierto para usted en los últimos 12 meses?
- ☐ A menudo cierto

☐ No sé

☐ A veces cierto

☐ Prefiero no responder

☐ Nunca cierto
- Ahora pensando específicamente en cómo define su comunidad, cuéntenos cómo se siente acerca de las siguientes declaraciones:
6. Las personas de todas las razas, etnias, orígenes y creencias en mi comunidad reciben un trato justo en los programas e instituciones “totalmente de acuerdo”, “de acuerdo”, “en desacuerdo” o “totalmente en desacuerdo”.
- ☐ Totalmente de acuerdo

☐ No sé

☐ De acuerdo

☐ Prefiero no responder

☐ En desacuerdo

☐ Totalmente en desacuerdo
7. Ok, ahora hablemos de su atención médica. En los últimos 12 meses, ¿usted o alguien en su hogar ha tenido problemas para obtener la atención médica que necesitaba de cualquier tipo de proveedor de salud médica, dentista, farmacia u otro centro médico?
- ☐ Sí

☐ No sé

☐ No

☐ Prefiero no responder
8. En caso afirmativo, ¿Con qué tipo de proveedor tuvo problemas para acceder usted o alguien de su hogar? (Seleccione todos los que correspondan.)
- ☐ Dentista

☐ Doctor de medicina general

☐ Cuidado de los ojos/optómetra/oftalmólogo

☐ Farmaceuta/recetas médicas

☐ Pediatra

☐ Obstetra/ginecologo

☐ Profesional de la salud mental

☐ Profesional especialista en tratamiento de uso de sustancias adictivas

☐ Hospital

☐ Centro de atención de urgencia

☐ Especialista: Especifique: \_\_\_\_\_

☐ Prefiero no responder.

9. En los últimos 6 meses, ¿con qué frecuencia las personas en un entorno médico mostraron interés en sus preguntas e inquietudes?

- ☐ Nunca
- ☐ Prefiero no responder
- ☐ A veces
- ☐ Usualmente
- ☐ Siempre

10. En los últimos 6 meses, ¿alguien en un entorno médico le ha preguntado si alguna vez ha tenido problemas para pagar sus medicamentos?

- ☐ Nunca *(pase a #12)*
- ☐ Prefiero no responder
- ☐ A veces
- ☐ Usualmente
- ☐ Siempre

11. En los últimos 6 meses, ¿alguien que sea parte del ambiente médico, lo ha asistido a encontrar ayuda para pagar por sus medicamentos?

- ☐ Nunca
- ☐ Prefiero no responder
- ☐ A veces
- ☐ Usualmente
- ☐ Siempre

12. ¿Alguien en este hogar ha fumado cigarrillos alguna vez?

- ☐ Sí
- ☐ Prefiero no responder
- ☐ No

13. ¿Alguien en este hogar usa tabaco sin humo? (es decir, tabaco de mascar, rapé, vapeo, hookah, etc.)

- ☐ Sí
- ☐ Prefiero no responder
- ☐ No

14. Si alguien en Delaware necesitará servicios para el tratamiento del uso de sustancias adictivas o para la adicción al alcohol o a las drogas, ¿sabe a dónde iría para obtener esa ayuda?

- ☐ Hospital
- ☐ Recurso escolar
- ☐ Institución privada
- ☐ Prefiero no responder
- ☐ No sé

II. Educación

El siguiente conjunto de preguntas se centra en su acceso a la educación y la escolarización en su comunidad. Como recordatorio, cuando piense en el acceso, piense en la ubicación, el costo y la disponibilidad. Díganos si está “muy de acuerdo”, “de acuerdo”, “en desacuerdo” o “muy en desacuerdo” con cada una de las siguientes afirmaciones pensando específicamente en su comunidad como usted la ve.

15. Puedo acceder a escuelas de alta calidad de Kinder a 12 grado en el sector donde vivo.

- ☐ Muy de acuerdo
- ☐ No sé
- ☐ De acuerdo
- ☐ Prefiero no responder
- ☐ En desacuerdo
- ☐ NA
- ☐ Muy en desacuerdo

16. Donde vivo puedo acceder a guarderías asequibles y opciones de aprendizaje temprano para recién nacidos hasta los cinco años.

- ☐ Muy de acuerdo
- ☐ No sé
- ☐ De acuerdo
- ☐ Prefiero no responder
- ☐ En desacuerdo
- ☐ NA
- ☐ Muy en desacuerdo

III. Realización Profesional Y Riqueza

Ahora tengo algunas preguntas sobre su estado laboral y salud financiera.

17. Pensando en su trabajo o carrera ideal, califique su respuesta de 1 a 5, 1 representa la mejor vida posible y 5 representa la peor vida posible, ¿dónde diría que se encuentra?

1	2	3	4	5	NR
La mejor vida posible				La peor vida posible	Prefiero no responder
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. ¿Cree que usted (y cualquier familia que vive con usted) están financieramente mejor o peor en estos días que hace 12 meses?

- ☐ Mucho peor

☐ Un poco peor

☐ Más o menos igual

☐ Un poco mejor

☐ Mucho mejor
- ☐ No sé

☐ Prefiero no responder

IV. Vivienda

Ahora me gustaría hacer un par de preguntas sobre su estado de vivienda.  
Responda las siguientes preguntas sobre el lugar donde usted y su familia viven.

19. ¿Cuántas habitaciones separadas hay en esta casa? Las habitaciones deben estar separadas por paredes que se extiendan al menos 6 pulgadas desde el piso hasta el techo.

- INCLUYA dormitorios, cocinas, etc.

• EXCLUYA baños, porches, balcones, vestíbulos, pasillos o sótanos sin terminar.

Número de habitaciones

20. ¿Cuántas de estas habitaciones son dormitorios? Cuente el número de habitaciones que enumeraría si esta casa estuviera en venta o alquiler. Si se trata de un apartamento de eficiencia/ estudio, escriba “0”.

Número de habitaciones

21. ¿Usted o cualquier miembro de su hogar posee, paga el alquiler o tiene una hipoteca sobre ESTA propiedad?

- ☐ Es dueño de la propiedad

☐ Paga el alquiler de la propiedad

☐ Tiene una hipoteca sobre la propiedad
- ☐ No sé

☐ Prefiero no responder

22. ¿Le preocupa perder su vivienda?

- ☐ Sí

☐ No
- ☐ No sé

☐ Prefiero no responder

23. ¿Está recibiendo algún subsidio de vivienda?

- ☐ Sí

☐ No
- ☐ No sé

☐ Prefiero no responder

24. Piense en el lugar donde vive. ¿Tiene problemas con alguno de los siguientes puntos? (Leer opciones, marcar todas las que aplican.)

- ☐ Plaga de insectos

☐ Hongos

☐ Tuberías o pintura con plomo

☐ Calefacción inadecuada

☐ Aire acondicionado inadecuado

☐ Aislación térmica inadecuada

☐ El horno o la estufa no funcionan

☐ Los detectores de humo no funcionan

☐ Monóxido de carbono

☐ Fugas de agua

☐ Ninguna de las anteriores

☐ Otra:

☐ Por favor especifique: \_\_\_\_\_

☐ Prefiero no responder.

25. A continuación, tengo una pregunta sobre la seguridad en la comunidad. Esto se refiere a cómo USTED define su comunidad ¿Qué tan seguro se siente en su comunidad? ¿Diría que es muy seguro, algo seguro, algo inseguro o muy inseguro?

- ☐ Muy seguro

☐ Algo seguro

☐ Algo inseguro

☐ Muy inseguro
- ☐ Prefiero no responder

☐ No sé



V. Calidad del Medio Ambiente

El siguiente conjunto de preguntas se centra en la calidad ambiental en su comunidad.

26. ¿Cree que alguno de los siguientes está afectando la salud y las condiciones de vida de su comunidad? (Lea cada opción y seleccione Sí o No)

	SÍ	No	NR
a. Contaminación atmosférica debido a los vehículos			
b. Humos, gases, ruidos y/o productos químicos de las empresas industriales o estaciones de servicio en el área			
c. Contaminación que dejaron en el área empresas industriales antiguas			
d. Contaminación del agua en arroyos y áreas de drenaje pluvial			
e. Contaminación del agua potable			
f. Áreas que están en riesgo de inundación			
g. Clima caluroso / Calor extremo			
h. Comida saludable cerca de mi casa			

27. ¿Tiene acceso a los siguientes recursos en su comunidad? (Lea cada opción y seleccione Sí o No.)

	SÍ	No	NR
a. Sombra fuera de mi casa gracias a árboles de la calle y árboles en los parques			
b. Acceso a parques y/o centros de recreación			
c. Oportunidades para actividades y deportes en parques/campos/canchas del vecindario			
d. Actividades organizadas y deportes a precios asequibles en parques y centros recreativos /centros cívicos del vecindario			
e. Aceras, cruces peatonales y rampas en la acera para personas que caminan y usan aparatos para moverse como sillas de ruedas			
f. Carriles para bicicletas y de baja velocidad de tráfico para las personas que usan bicicletas para moverse			
g. Tiendas de comestibles, supermercados, tiendas de esquina y mercados de agricultores que venden frutas frescas, verduras, carnes magras y otras opciones saludables			

28. ¿Se siente seguro yendo a parques y centros recreativos en su vecindario?

- ☐ Sí
- ☐ No sé
- ☐ No
- ☐ Prefiero no responder

VI. Transporte Confiable

Ahora me gustaría hacerle algunas preguntas sobre el transporte que utiliza.

29. En una semana típica, ¿qué tipo de transporte usa más para trabajar, ir a la escuela o ir de compras? (Marque todo lo que corresponda.)

- ☐ Bicicleta
- ☐ Servicio de viaje compartido (Uber, Lyft, etc.)
- ☐ Bus
- ☐ Caminar
- ☐ Coche/Camioneta/Furgoneta
- ☐ Ninguna de las anteriores
- ☐ Motocicleta
- ☐ Prefiero no responder
- ☐ Otros: Por favor especifique:\_\_\_\_\_

30. Por favor, díganos si está “totalmente de acuerdo”, “de acuerdo”, “en desacuerdo” o “totalmente en desacuerdo” con la siguiente declaración: Hay lugares donde puedo estar físicamente activo cerca de mi casa. Considere parques, senderos, lugares para caminar, parques infantiles, gimnasios, centros de recreación, etc. que estén cerca de donde usted vive.

- ☐ Totalmente de acuerdo
- ☐ No sé
- ☐ De acuerdo
- ☐ Prefiero no responder
- ☐ En desacuerdo
- ☐ Totalmente en desacuerdo

31. En los últimos 12 meses, ¿la falta de transporte confiable le ha impedido tener citas médicas, reuniones, trabajo u obtener las cosas necesarias para la vida diaria?

- ☐ Sí
- ☐ Prefiero no responder
- ☐ No

VII. Sentido de Pertenencia + Poder Para Efectuar Cambios

Ok, casi hemos terminado. Me gustaría hacerle algunas preguntas más sobre cómo se vive en su comunidad.

32. Por favor, díganos si está totalmente en desacuerdo, en desacuerdo, se siente neutral, está de acuerdo o está totalmente de acuerdo con las siguientes declaraciones:

	Totalmente en desacuerdo	En desacuerdo	Neutral	De acuerdo	Totalmente de acuerdo	NR
a. La gente en esta área está dispuesta a ayudar a sus vecinos.						
b. La gente del vecindario no se lleva bien entre sí.						
c. Se puede confiar en las personas de este vecindario.						
d. Este es un barrio muy unido.						
e. La gente de este barrio no comparte valores similares.						

33. En este momento, ¿qué tan dispuesto está a involucrarse y trabajar con otros y lograr construir cosas en su comunidad?

- ☐ Muy dispuesto
- ☐ Prefiero no responder
- ☐ Dispuesto
- ☐ Algo dispuesto
- ☐ No tan dispuesto

ESTADÍSTICAS DEMOGRÁFICAS (PARTE 2)

¡Muchas gracias por tomarse el tiempo para responder a mis/estas preguntas! Solo para recordarle, toda la información que compartió con nosotros se mantendrá

completamente confidencial. Solo se dará un reporte en forma de resumen del grupo. Tengo una última sección que completar y luego puedo compartir información adicional sobre la tarjeta de regalo.

34. ¿Cuál fue el ingreso total de su hogar el año pasado antes de pagar impuestos?

- ☐ Ingresos mensuales: \$0 a \$833; Ingreso anual: \$0 a \$9,999
- ☐ Ingresos mensuales: \$834 a \$1,250; Ingreso anual: \$10,000 a \$14,999
- ☐ Ingresos mensuales: \$1,251 a \$2,082; Ingreso anual: \$15,000 a \$24,999
- ☐ Ingresos mensuales: \$2,083 a \$2,916; Ingreso anual: \$25,000 a \$34,999
- ☐ Ingresos mensuales: \$2,917 a \$4,167; Ingreso anual: \$35,000 a \$49,999
- ☐ Ingresos mensuales: \$4,168 a \$6,249; Ingreso anual: \$50,000 a \$74,999
- ☐ Ingresos mensuales: \$6,250 a \$8,332; Ingreso anual: \$75,000 a \$99,999
- ☐ Ingresos mensuales: \$8,333 a \$10,416Ingreso anual: \$100,000 a \$124,999
- ☐ Ingresos mensuales: \$10,417 a \$12,499; Ingreso anual: \$125,000 a \$149,999
- ☐ Ingresos mensuales: \$12,500 o más; Ingreso anual: \$150,000 o más.
- ☐ No sé
- ☐ Prefiero no contestar

35. ¿Cuál es el grado o año más alto de la escuela que completó?

- ☐ Menos de 9° grado
- ☐ Título de asociado o formación profesional
- ☐ 9-12° grado, sin diploma
- ☐ Título universitario
- ☐ Graduado de la escuela secundaria (o GED / equivalente)
- ☐ Título de postgrado o profesional
- ☐ Universidad (sin título)
- ☐ No sé
- ☐ Prefiero no responder

36. Incluyéndose a sí mismo, ¿cuántas personas viven en su hogar? Incluya aquellos que reclama como dependientes o que viven con usted al menos la mitad del año.

\_\_\_\_\_

¡Muchas gracias por su tiempo hoy! Realmente apreciamos su disposición para completar esta encuesta. **(Entregue los folletos al participante.)** Si desea recibir una tarjeta de regalo de \$30, solo necesito su información de contacto en este formulario **(mostrar formulario)**. Si tiene un correo electrónico y lo comparte conmigo, será la forma más rápida de obtener su tarjeta de regalo. Si prefiere que le envíen la tarjeta de regalo por correo, puede completar su dirección postal en el formulario. **(Entregue el formulario de participación si el participante muestra interés en la tarjeta de regalo.)**

APPENDIX D

2022 New Castle County  
Community Assessment for Public Health  
Emergency Response  
Field Report  
New Castle County, Delaware  
October 27-29, 2022

Background

The Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH), in collaboration with the University of Delaware’s Partnership for Healthy Communities (PHC) and Epidemiology Program, used the Vital Conditions of Health and Well-Being framework to assess community health needs. The assessment focused on the seven vital condition domains: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle. A community assessment was conducted in October 2022 in New Castle County, Delaware. The assessment’s objective was to gather information to better meet the needs and address Delaware communities’ concerns. The assessment was focused on identifying barriers to improving health. It was conducted in high social vulnerability areas as measured by the Centers for Disease Control and Prevention (CDC), Agency for Toxic Substances Disease Registry (ATSDR) Social Vulnerability Index (SVI).

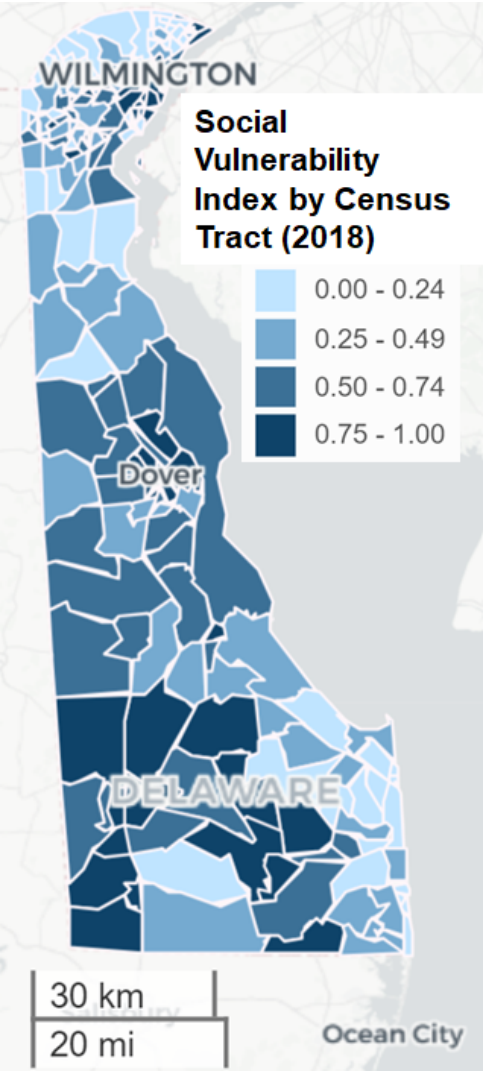
Methods

A questionnaire was developed to assess each domain of the vital conditions’ framework. The questionnaire included 36 questions. The survey instrument asked questions about food security, access to health care providers, tobacco use, access to quality K-12 schools and affordable childcare, the household’s housing conditions, the built environment, access to reliable transportation, and the household’s sense of community and/or belonging. The survey was designed in collaboration with DPH and based on feedback from community partners. Respondents received a \$30 gift card for participating in the survey. The University of Delaware Institutional Review Board (IRB 1966239) and the DPH Privacy Board reviewed and approved the survey instrument.

Figure D1. Neighborhoods Social Vulnerability by Census Tract as defined by the Centers for Disease Control and Prevention’s Social Vulnerability Index, Delaware and New Castle County, Delaware, 2022

Source: Delaware Division of Health and Social Services My Health Community, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program

The target populations for the surveys were the most vulnerable neighborhoods in New Castle County, as defined by the CDC/ATSDR SVI (SVI - 2018). Per the CDC/ATSDR, the highest vulnerability neighborhoods, or census tracts, are defined as those with an SVI value greater than 0.75. These areas represent the top 25% of census tracts based on vulnerability. The sampling frame was, therefore, defined as all census blocks within the most vulnerable census tracts (Figure D1).



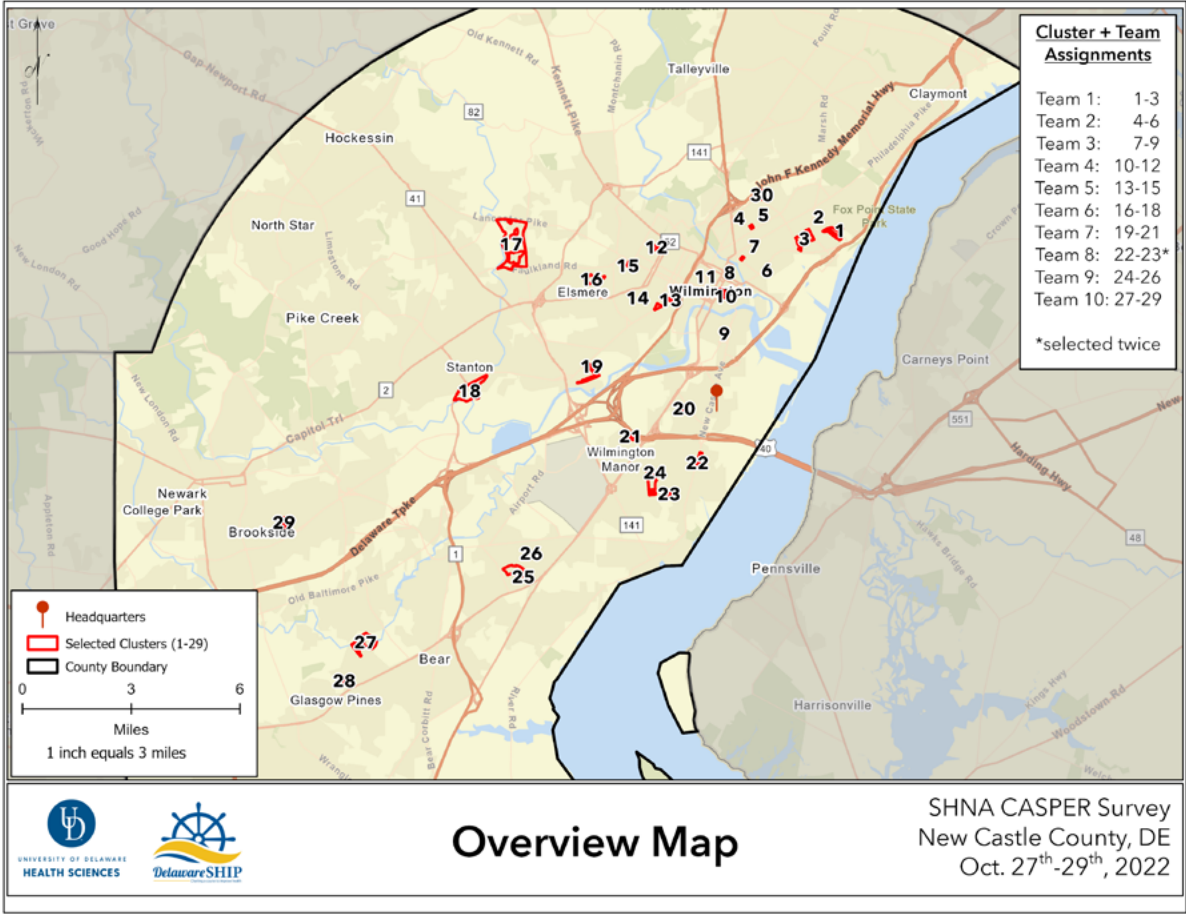
A two-stage cluster sampling method, developed by the CDC and the World Health Organization, was used to select a population-weighted sample of census blocks (Malilay et al., 1996). Population-weighted cluster sampling allows the results to be generalized to the entire population of the sample frame; however, stratification of results into sub-groups can result in imprecise estimates because of smaller sample sizes. This sampling method has been validated for rapid assessments of a variety of population-level public health needs and produces valid and precise estimates that are within +/-10% of the “true” estimate (Binkin et al.,1992; Frerichs & Shaeen, 2001).

In the first stage of sampling, 30 census blocks were randomly selected with the probability of selection proportional to the number of occupied households (Figure D2). In the second stage, seven residential addresses were randomly selected within each selected block. The 30x7 cluster sample has a total sample size of 210. Residential addresses were provided by the Biden School of Public Policy, Center for Applied Demography & Survey Research in September 2022.

A three-hour just-in-time training was held on October 26 and October 27, 2022, before beginning fieldwork. The training was accomplished in collaboration with numerous local civic organizations and individuals from the University of Delaware and the PHC, which has long-standing relationships with many organizations. Network Connect was specifically requested to assist with the New Castle County survey. Field teams included Network Connect employees and University of Delaware students and staff. Field headquarters were located at the Rosehill Community Center at 19 Lambson Lane, New Castle, Delaware 19720 which provided a central location for field teams to gather. A total of 37 surveyors were trained to administer the surveys and participated in the assessment.

Once data collection was complete, surveys were entered into a Microsoft Excel spreadsheet and imported into SAS Version 9.4 (Cary, NC) for analysis. To calculate 95% confidence intervals (95% CI), interview responses for households were weighted based on the probability of being selected in each cluster. Weighting was guided by the CDC’s Community Assessment for Public Health Response (CASPER) toolkit. Confidence intervals represent a range of numerical values around which the actual value for the population is likely to fall. Therefore, using this survey methodology reliably produces estimates accurate to within 10% of the true level in the population with 95% confidence.

Figure D2. Selected clusters within the most vulnerable neighborhoods sampling frame in New Castle County, Delaware, 2022



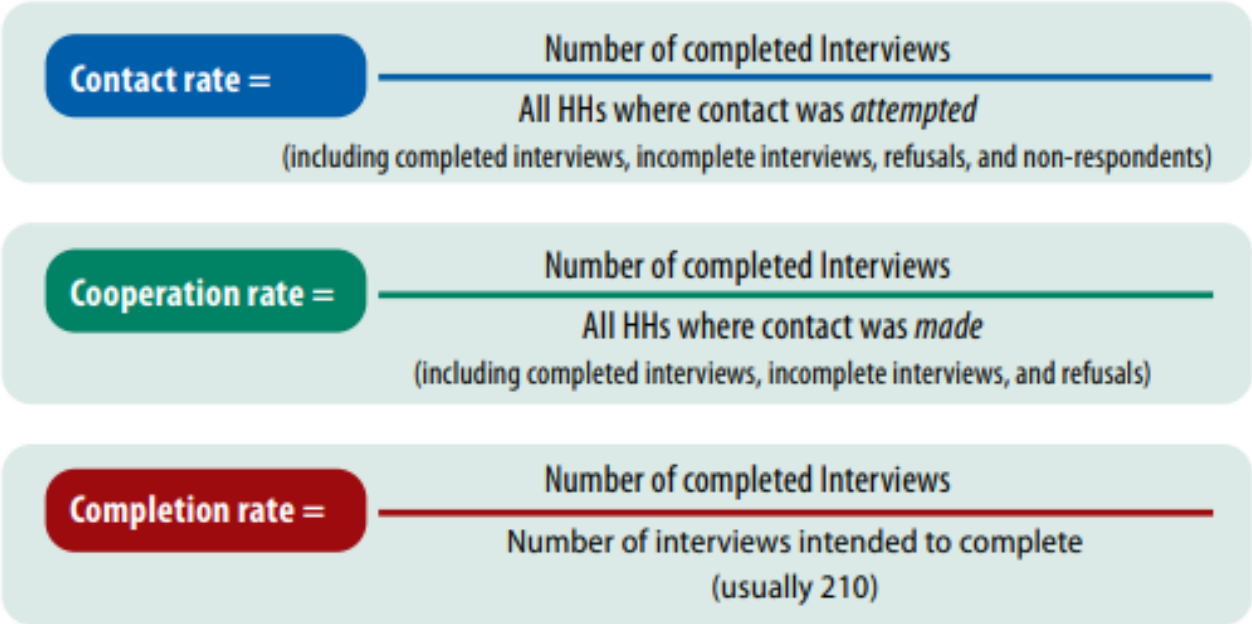
Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

## Results

A series of response rates were calculated following CDC guidelines (Figure D3). The number of surveys that were successfully completed was 185 (Completion Rate: 185/210 = 88.1%). The contact rate, which measures effort and accounts for the total number of households which surveyors approached, was 19.1% (185/968). The cooperation rate, a measure of the respondent’s willingness to participate in the survey, was 88.1% (185/210). The completion, contact, and cooperation rates were all within the expected ranges for a CASPER survey (Smitherman et al., 2017) (Figure D3). Weighting was conducted to calculate confidence intervals, but frequencies are unweighted. Percentages may add to slightly more or less than 100% due to rounding and weighting.



Figure D3. Calculation of Community Assessment for Public Health Emergency Response (CASPER) rates, Delaware, 2022



Source: Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Third Edition ([cdc.gov](https://www.cdc.gov))

Demographics

To assess how representative the survey sample was, the sample and sample frame (high SVI) were compared to New Castle County demographics overall. There was adequate alignment between the sample and the sample frame across all demographics. Survey respondents in New Castle County were nearly two-thirds female (58.9%, n=109). About 14.0% (n=26) of respondents identified as Hispanic, Latino, or Spanish origin, which was lower than the percentage of Hispanic, Latino, or Spanish identifying individuals in the sampling frame (18.6%). Almost half of all respondents identified as Black or African American (49.7%, n=87), and 35.4% (n=62) identified as White (Table D1).

Table D1. Demographic characteristics of high-SVI Community Assessment for Public Health Emergency Response (CASPER) survey respondents, high-SVI CASPER survey sample frame was defined as all census blocks within the most vulnerable census tracts, and New Castle County, Delaware, 2022

	Sample <sup>1</sup> (95% CI)	Sample Frame <sup>2</sup> (SVI>0.75)	New Castle County <sup>3</sup>
<b>Sex</b> (n= 185)			
Male	41.1% (31-48)	46.8% (±2.0)	48.7% (±0.1)
Female	58.9% (52-69)	53.2% (±2.4)	51.4% (±0.1)
<b>Age</b> (n= 185)	Age in years		
Mean age	48.0	35.0 (±1.1)	39.8 (±0.5)
<b>Race</b> (n= 175)			
American Indian or Alaska Native	1.1% (0-4)	0.3% (±0.2)	0.3% (±0.2)
Asian or Asian American	2.8% (1-9)	1.9% (±0.5)	5.9% (±0.2)
Black or African American	49.7% (38-64)	48.6% (±2.9)	25.7% (±0.6)
White	35.4% (23-48)	40.2% (±2.1)	54.3% (±0.5)
Some other race	5.7% (2-13)	5.6% (±1.2)	4.7% (±0.7)
Two or more races	0.0% (1-80)	3.3% (±0.7)	9.1% (±0.9)
Prefer not to answer	2.2% (1-7)	---	---
<b>Hispanic Ethnicity</b> (n=185)			
Hispanic	14.0% (7-24)	18.6% (±1.7)	11.3%

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

<sup>1</sup>N=185, Ages 18 and over

<sup>2</sup>U.S. Census Bureau. (2020). 2020 American Community Survey 5-year estimates, Census Tracts SVI > 0.75, Table DP05, all ages.

<sup>3</sup>U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Tables, Table DP05, all ages.

The most education respondents in New Castle County received was a high school diploma or GED (25.4%, n=47). After a high school diploma or GED, most respondents (19.4%, n=32) had some college or no degree, followed by 17.9%, (n=28) who have a bachelor’s degree. Compared to all other categories, most respondents (27.5%, n=51) did not know or refused to answer the questions about median household income. Of those who did answer the question, most (9.1%, n=17) reported an income within the \$25,000 to \$34,999 range (Table D2).

Table D2. Education and income for sample, sample frame was described as all census blocks within the most vulnerable census tracts, and New Castle County, Delaware, 2022

	Sample <sup>1</sup> (95% CI)	Sample Frame (SVI>0.75)	New Castle County
<b>Education</b> (n=184)			
Less than 9 <sup>th</sup> grade	0.9% (1-4)	5.5% (±1.0) <sup>2</sup>	2.1% (±0.4) <sup>3</sup>
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	19.0% (12-28)	9.7% (±1.0) <sup>2</sup>	4.6% (±0.6) <sup>3</sup>
High school graduate (or GED)	25.4% (17-36)	43.2% (±2.1) <sup>2</sup>	27.3% (±1.5) <sup>3</sup>
Some college, no degree	19.4% (13-28)	16.1% (±1.4) <sup>2</sup>	17.9% (±1.4) <sup>3</sup>
Associate degree or vocational training	9.0% (5-16)	6.5% (±1.1) <sup>2</sup>	7.9% (±0.8) <sup>3</sup>
Bachelor's degree	17.9% (11-29)	12.1% (±1.2) <sup>2</sup>	23.3% (±1.5) <sup>3</sup>
Graduate or professional degree	6.4% (4-11)	6.8% (±1.0) <sup>2</sup>	16.8% (±1.3) <sup>3</sup>
<b>Median household income</b> (n=185)			
Less than \$10,000	8.6% (4-15)	9.5% (±1.2) <sup>4</sup>	4.5% (±1.0) <sup>5</sup>
\$10,000 to \$14,999	10.2% (5-17)	5.8% (±1.7) <sup>4</sup>	2.5% (±0.7) <sup>5</sup>
\$15,000 to \$24,999	10.2% (5-14)	11.3% (±1.7) <sup>4</sup>	5.8% (±0.8) <sup>5</sup>
\$25,000 to \$34,999	9.1% (5-21)	12.3% (±1.7) <sup>4</sup>	7.1% (±1.1) <sup>5</sup>
\$35,000 to \$49,999	9.1% (6-16)	12.5% (±1.5) <sup>4</sup>	9.8% (±1.1) <sup>5</sup>
\$50,000 to \$74,999	10.2% (6-15)	17.7% (±1.7) <sup>4</sup>	14.3% (±1.4) <sup>5</sup>
\$75,000 to \$99,999	6.4% (4-13)	12.7% (±1.5) <sup>4</sup>	13.7% (±1.4) <sup>5</sup>
\$100,000 to \$149,999	7.0% (4-11)	11.5% (±1.4) <sup>4</sup>	19.8% (±1.7) <sup>5</sup>
\$150,000 or more	1.0% (0-4)	6.7% (±1.1) <sup>4</sup>	9.6% (±1.1) <sup>5</sup>
Don't Know/Refused to Answer	27.5% (21-40)	---	---

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

<sup>1</sup>N= 185, ages 18 and over

<sup>2</sup>U.S. Census Bureau (2020). 2020 American Community Survey 5-year estimates, Census Tracts, Census Tracts SVI > 0.75, Table S1501, population 25 and over

<sup>3</sup>U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Table S1501, population 25 years and over

<sup>4</sup>U.S. Census Bureau. (2020). 2020 American Community Survey 5-Year Estimates Subject Table DP03, Census Tracts SVI > 0.75, household estimates

<sup>5</sup> U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Table S1901, household estimate

Basic Needs for Health and Safety

Respondents of administered surveys represented their household when being asked the following statements, “I worried whether my food would run out before I got money to buy more,” was often true, sometimes true, or never true for you/your household in the last 12 months. Roughly one-tenth of respondents (8.7%, n=16) said it was often true. Fewer than one-third (31.6%, n=58) of respondents reported it was sometimes true, and nearly two-thirds (59.0%) reported it was never true (Table D3). Overall, most respondents reported that they were never worried that food would run out before getting the money to buy more.

Table D3. Count and percentage of respondents that are worried food will run out before getting money to buy more in the last 12 months, New Castle County, Delaware, 2022

	n (%)	95% CI
Often true	16 (8.7)	5-17
Sometimes true	58 (31.6)	20-40
Never true	108 (59.0)	49-72
Don’t know	0 (0)	--
Prefer not to answer	1(0.5)	0-4
Total	183	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Respondents were asked if they strongly agreed, agreed, disagreed, or strongly disagreed that people of all races, ethnicities, backgrounds, and beliefs in their community are treated fairly by programs and institutions. Roughly 20.0% (n=32) of survey respondents strongly agreed, 39.3% (n=63) agreed, 29.3% (n=47) disagreed, and 10.6% (n=17) strongly disagreed (Table D4). Thus, most of the respondents agreed that everyone was treated fairly by programs and institutions.

**Table D4. Count and percentage of respondents’ agreement that people of all races, ethnicities, backgrounds, and beliefs in their community are treated fairly by programs and institutions, New Castle County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	32 (20.0)	13-28
Agree	63 (39.3)	31-50
Disagree	47 (29.3)	19-38
Strongly disagree	17 (10.6)	6-20
Don't know	0 (0)	--
Prefer not to answer	1 (0.6)	0-6
Total	160	Missing Responses (n=25)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Most respondents (87.2%, n=156) reported that they or someone in their household did not have a problem getting the health care they needed from any type of health care provider, dentist, pharmacy, or other facility. However, more than one in 10 (12.8%; n=23) said they had difficulty accessing health care from any type of provider (Table D5).

**Table D5. Count and percentage of respondents reporting having a problem getting the health care they needed from any type of health care provider, dentist, pharmacy, or other facility for themselves or household members in the past 12 months, New Castle County, Delaware, 2022**

	n (%)	95% CI
Yes	23 (12.8)	8-18
No	156 (87.2)	82-92
Don't know	0 (0)	--
Prefer not to answer	0 (0)	--
Total	179	Missing Responses (n=6)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

If respondents had problems accessing health care, a follow-up question asked what type of provider the respondent or someone in their household has trouble accessing. Of the types of providers respondents were asked about, the most challenging to access were dentists (50.0%, n=17), followed by mental health providers (33.3%, n=11), eye care/optometrist/ ophthalmologists (30.3%, n=10), and general practitioners (29.4%, n=10). Providers that the respondent or someone in their household had the least trouble accessing were specialists (94.2%, n=33), substance use treatment providers (78.7%, n=26), and urgent care centers (73.5%, n=25) (Table D6).

**Table D6. Count and percentage of respondents indicating what type of provider they had difficulty accessing, New Castle County, Delaware 2022**

	Response n (%)			Total (n)	Missing responses (n)
	Yes	No	Prefer not to say		
Dentist	17 (50.0)	13 (38.2)	3 (8.8)	34	1 (2.9)
General practitioner	10 (29.4)	20 (58.8)	3 (8.8)	34	1 (2.9)
Mental health provider	11 (33.3)	18 (54.5)	3 (9.0)	33	1 (3.0)
Eye care/optometrist/ ophthalmologist	10 (30.3)	19 (57.5)	3 (9.0)	32	1 (3.0)
Pharmacy/ prescriptions	8 (26.6)	21 (65.0)	3 (8.4)	33	1 (3.0)
OB/GYN	8 (23.5)	22 (64.7)	3 (8.8)	34	1 (2.9)
Pediatrician	8 (23.5)	22 (64.7)	3 (8.8)	34	1 (2.9)
Hospital	7 (20.5)	23 (67.6)	3 (8.8)	34	1 (2.9)
Urgent care center	3 (8.1)	25 (73.5)	3 (8.8)	34	1 (2.9)
Substance use treatment provider	3 (9.0)	26 (78.7)	3 (9.0)	33	1 (3.0)
Specialist	0 (0)	33 (94.2)	1 (2.8)	35	1 (2.8)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey New Castle County, Delaware, October 27-29, 2022

Respondents were asked in the last six months how often people in a medical setting showed interest in their questions and concerns. Most respondents (36.0%, n=66) indicated that people in a medical setting always showed interest in their questions and concerns; 18.0% (n=33) indicated people in a medical setting usually showed interest in their questions and concerns; 23.5% (n=43) said they sometimes showed interest in their questions; and 18.0% (n=33) said they never showed interest in their questions and concerns in a medical setting (Table D7). Surveyors were instructed to skip this question if respondents answered “never” to the previous question; therefore, this question resulted in fewer survey responses (Table D7).

**Table D7. Count and percentage of respondents reporting how often people in a medical setting showed interest in their questions and concerns in the last six months, New Castle County, Delaware, 2022**

	n (%)	95% CI
Never	33 (18.0)	12-25
Sometimes	43 (23.5)	16-32
Usually	33 (18.0)	12-24
Always	66 (36.0)	29-48
Prefer not to answer	8 (4.3)	2-9
Total	183	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked in the last six months if anyone in the medical setting asked them if they had trouble accessing their medicines. Most respondents stated they were never (80.3%, n=147) asked if they had trouble paying for medications, 12.0% (n=22) reported sometimes being asked, 1.0% (n=2) reported usually being asked, and 4.5% (n=9) reported always being asked. Only 1.8% (n=3) of respondents preferred not to answer the question (Table D8).

**Table D8. Count and percentage of respondents reporting how often anyone in a medical setting has asked if they ever have trouble paying for their medicines in the last six months, New Castle County, Delaware, 2022**

	n (%)	95% CI
Never	147 (80.3)	70-86
Sometimes	22 (12.0)	7-24
Usually	2 (1.0)	0-5
Always	9 (4.5)	2-10
Prefer not to answer	3 (1.8)	1-6
Total	183	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

More than half of survey respondents (59.6%, n=31) reported never having anyone in a medical setting assist them to get help paying for their medicines in the last six months, 19.2% (n=10) reported someone sometimes assisted them, 3.8% (n=2) reported someone usually assisted them, and 13.4% (n=7) reported someone always assisted them in getting help to pay for their medicines. Approximately 3.8% (n=2) of survey respondents preferred not to answer this question. Surveyors were instructed to skip question nine if respondents responded “Never” to the above question; however, not all surveyors followed these instructions (Table D9).

**Table D9. Count and percentage of respondents, reporting how often anyone in a medical setting has assisted them to get help paying for their medicines in the last six months, New Castle County, Delaware, 2022**

	n (%)	95% CI
Never	31 (59.6)	38-75
Sometimes	10 (19.2)	8-50
Usually	2 (3.8)	1-16
Always	7 (13.4)	5-24
Prefer not to answer	2 (3.8)	1-15
Total	52	

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022



The majority (54.3%, n=100) of the survey respondents said someone in the household ever smoked cigarettes whereas 43.4% (n=80) reported no one in the household ever smoked cigarettes. Only 2.1% (n=4) of respondents preferred not to answer the question (Table D10).

**Table D10. Count and percentage of respondents reporting cigarette smoking by anyone in their household, New Castle County, Delaware, 2022**

	n (%)	95% CI
Yes	100 (54.3)	43-62
No	80 (43.4)	37-54
Prefer not to answer	4 (2.1)	1-6
Total	184	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Most (75.2%, n=134) of the survey respondents reported that no one in the household uses smokeless tobacco (i.e., chewing tobacco, snuff, vaping, hookah, etc.), whereas 23.6 (n=42) said someone in the household uses smokeless tobacco (Table D11).

**Table D11. Count and percentage of respondents reporting smokeless tobacco use (i.e., chewing tobacco, snuff, vaping, hookah, etc.) by anyone in their household, New Castle County, Delaware, 2022**

	n (%)	95% CI
Yes	42 (23.6)	14-30
No	134 (75.2)	69-85
Prefer not to answer	2 (1.1)	0-4
Total	178	Missing Responses (n=7)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

More than half (58.5%, n=58) of survey respondents reported someone should go to a hospital if they needed substance use services or treatment for alcohol or drug addiction. In contrast, 34.3%(n=34) suggested a private facility would be a good place for someone to go if they needed services or treatment for alcohol or drug addiction (Table D12).

**Table D12. Count and percentage of respondents knowing where someone would go if they needed substance use services or treatment for alcohol or drug addiction, New Castle County, Delaware, 2022**

	n (%)	95% CI
Hospital	58 (58.5)	44-71
Private Facility	34 (34.3)	23-49
School Resource	4 (4.0)	2-11
Prefer not to answer	3 (3.0)	1-11
Don't know	0 (0)	--
Total	99	Missing Responses (n=86)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Lifelong Learning

When asked if they can access high-quality K-12 schools where they live, one-quarter of respondents stated they strongly agreed (28.5%, n=46), nearly half (45.9% n=74) agreed, a little over one-tenth (10.5%, n=17) disagreed, and 3.7% (n=6) strongly disagreed. Approximately 11.1% (n=18) did not know if they could access high-quality K-12 schools where they live (Table D13). Overall, most of the respondents agreed that they can access high-quality K-12 schools where they live.

**Table D13. Count and percentage of respondents' agreement that they can access high-quality K-12 schools where they live, New Castle County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	46 (28.5)	20-34
Agree	74 (45.9)	35-54
Disagree	17 (10.5)	7-16
Strongly disagree	6 (3.7)	2-10
Don't know	18 (11.1)	6-27
Prefer not to answer	0 (0)	--
NA	0 (0)	--
Total	161	Missing Responses (n=24)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked if they can access affordable childcare and early learning options where they live for newborns to age five. Most respondents agreed (36.6%, n=58) that they can access affordable childcare and early learning options where they live, 16.6% (n=25) strongly agreed, 12.6% (n=19) disagreed, 8.0% (n=12) strongly disagreed, 23.3% (n=35) did not know, and only 0.6% (n=1) of survey respondents preferred not to answer (Table D14).

**Table D14. Count and percentage of respondents’ agreement that they can access affordable childcare and early learning options where they live for newborns to age five, New Castle County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	25 (16.6)	11-26
Agree	58 (36.6)	28-52
Disagree	19 (12.6)	8-19
Strongly disagree	12 (8.0)	5-13
Don’t know	35 (23.3)	14-34
Prefer not to answer	1 (0.6)	0-5
NA	0 (0)	--
Total	150	Missing Responses (n=35)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Meaningful Work and Wealth

When survey respondents were asked to think about their ideal job or career and rate their responses from one (being the best possible life) to five (being the worst possible life), majority (29.1%,n=53) rated their life a three, followed by 25.8% (n=47) who rated their life a two, 25.2% (n=46) rated their life a one (best possible life), 7.6% (n=14) rated their life a four; and only 3.8% (n=7) rated their life as the worst possible life (five). Approximately 8.2% (n=15) of survey respondents preferred not to answer this question (Table D15).

**Table D15. Count and percentage of respondents rating their ideal job or career from best to worst possible life, New Castle County, Delaware, 2022**

	n (%) *	95% CI
(1) Best possible life	46 (25.2)	20-36
(2)	47 (25.8)	16-31
(3)	53 (29.1)	22-39
(4)	14 (7.6)	4-11
(5) Worst possible life	7 (3.8)	1-10
Prefer not to answer	15 (8.2)	6-14
Total	182	Missing Responses (n=3)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022  
Note: 1 represents the best possible life and 5 represents the worst possible life

Survey respondents were asked if they or any family living with them were financially better or worse off these days than they were 12 months ago. Approximately 12.0% (n=22) of respondents reported being much worse off, 25.6% (n=47) reported being somewhat worse off, 32.7% (n=60) reported being about the same, 19.6% (n=36) were somewhat better off, and 8.7% (n=16) were much better off than they were 12 months ago (Table D16). Thus, most respondents think they are about the same financially as a year ago.

**Table D16. Count and percentage of respondents reporting their own and household family members’ financial status as better or worse off these days compared to 12 months ago, New Castle County, Delaware, 2022**

	n (%)	95% CI
Much worse off	22 (12.0)	8-16
Somewhat worse off	47 (25.6)	19-34
About the same	60 (32.7)	23-38
Somewhat better off	36 (19.6)	14-26
Much better off	16 (8.7)	6-25
Don’t know	0 (0)	--
Prefer not to answer	2 (1.0)	0-4
Total	183	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Humane Housing

Households were asked how many rooms were in the household. Residents reported a mean of 5.5 rooms (standard deviation (SD) of 1.7); the minimum number of rooms reported was one and the maximum was 11 (Table D17). Households were asked how many people lived in their household, including dependents that live with them at least half of the year. The mean number of people in the household was 3.0 (Table D17a).

To calculate how crowded households were, the number of people in the household was divided by the total number of rooms in the household. If households had greater than 1.0 people living per room, the households were considered crowded (U.S. Census Bureau). According to the U.S. Census Bureau, using persons per room is informative because while room size may vary considerably, customs and building codes will establish an explicit minimum size for rooms to be considered safe and healthy. Approximately 11.9% (n=22) of households had greater than 1.0 people living per room (Table D17b). Households were asked how many of their rooms were bedrooms and reported a mean of 2.6 bedrooms (SD of 1.1), a minimum of zero, and a maximum of six (Table D18).

Table D17. Summary statistics of the number of separate rooms in the household, New Castle County, Delaware, 2022

	Mean	Std Deviation	Interquartile Range (25%-75%)	Minimum, Maximum
Number of rooms	5.5*	1.7*	4*-7*	1*,11*
Total	181	Missing Responses (n=4)		

Source: Delaware State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022

Table D17a. Summary statistics of the number of people living in the household, including dependents or those living with the respondent at least ½ of the year, New Castle County, Delaware, 2022

	Mean	Std Deviation	Interquartile Range (25%-75%)	Minimum, Maximum
People in the Household	3.0*	1.8*	2-4*	0*, 12
Total	183	Missing Responses (n=2)		

Source: State Health Assessment Community Assessment for Public Health Emergency Response Survey  
New Castle County, Delaware, October 27-29, 2022

Table D18. Summary statistics for the number of bedrooms in the household, New Castle County, Delaware, 2022

	Mean	Std Deviation	Interquartile Range (25-75%)	Minimum, Maximum
Number of bedrooms	2.6*	1.1*	2*-3*	0, *6*
Total	181	Missing Responses (n=4)		

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked if they or someone from their household owns it, pays rent, or has a mortgage on their property. Nearly half of survey respondents (45.2%, n=81) pay rent for their property, slightly over one-quarter (27.3%, n=49) own their property, and (25.7%, n=46) have a mortgage on their property. Roughly 1.6% (n=3) preferred not to answer the question (Table D19).

Table D19. Count and percentage of respondents that own, pay rent, or have a mortgage on the property, New Castle County, Delaware, 2022

	n (%)	95% CI
Pay rent for the property	81 (45.2)	33-60
Own the property	49 (27.3)	18-38
Have mortgage on the property	46 (25.7)	16-38
Don't know	0 (0)	--
Prefer not to answer	3 (1.6)	1-5
Total	179	Missing Responses (n=6)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Most survey respondents (90.6%, n=165) were not worried about losing their homes; however, 8.2% (n=15) were worried they might lose their homes. Two survey respondents (1.0%) preferred not to respond (Table D20).

Table D20. Count and percentage of respondents worried about losing their home, New Castle County, Delaware, 2022

	n (%)	95% CI
Yes	15 (8.2)	4-14
No	165 (90.6)	85-95
Don't know	0 (0)	--
Prefer not to answer	2 (1.6)	0-4
Total	182	Missing Responses (n=3)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked if they were receiving any housing subsidies. Most respondents (88.4%, n=160) said they were not receiving any subsidies; however, 11.0% (n=20) were receiving housing subsidies. Only 0.5% chose not to answer the question (Table D21).

Table D21. Count and percentage of respondents receiving any housing subsidies, New Castle County, Delaware, 2022

	n (%)	95% CI
Yes	20 (11.0)	6-21
No	160 (88.4)	78-93
Don't know	0 (0)	--
Prefer not to answer	1 (0.5)	0-4
Total	181	Missing Responses (n=4)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked if they have problems with any of the following issues where they live: bug infestation, mold, lead paint or pipes, inadequate heat, inadequate air conditioning, inadequate insulation, oven or stove not working, no or not working smoke detectors, no or not working carbon monoxide detectors, water leaks, none of the above, or any other issues. Of the potential issues, water leaks (10.8%, n=20), presence of mold (9.7%, n=18), bug infestation (8.6%, n =16), and inadequate insulation (8.6%, n=16) were reported as the biggest issues. The factor that survey respondents had the least number of problems with was having an inoperable oven or stove (89.1%, n=165) (Table D22).

Table D22. Count and percentage of respondents who have problems with any of the following where they live, Sussex County, Delaware, 2023

Response n (%)				
	Yes	No	Prefer not to say	n, missing
Water leaks	20 (10.8)	150 (81.0)	1 (0.5)	171, 14
Mold	18 (9.7)	152 (82.1)	1 (0.5)	171, 14
Bug infestation	16 (8.6)	154 (83.2)	1 (0.5)	171, 14
Inadequate insulation	16 (8.6)	154 (83.2)	1 (0.5)	171, 14
Inadequate heat	9 (4.8)	161 (87.0)	1 (0.5)	171, 14
No or not working smoke detectors	8 (4.3)	162 (87.5)	1 (0.5)	171, 14
Inadequate air conditioning	6 (3.2)	164 (88.6)	1 (0.5)	171, 14
No or not working carbon monoxide detectors	6 (3.2)	164 (88.6)	1 (0.5)	171, 14
Lead in paint or pipes	6 (3.2)	164 (88.6)	1 (0.5)	171, 14
Oven or stove not working	4 (2.1)	165 (89.1)	1 (0.5)	171, 14
None of the above	104 (56.2)	66 (35.6)	1 (0.5)	171, 14
Other				

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Notes: Percentages may add to slightly more or less than 100% due to rounding and weighting.

Survey respondents were asked how safe they felt in the community. Roughly 41.8% (n=77) felt very safe, 46.7% (n=86) felt somewhat safe, 8.7% (n=16) felt somewhat unsafe, and 2.1% (n=4) felt very unsafe. Only 0.5% (n=1) of survey respondents preferred not to answer the question (Table D23). Overall, most respondents feel very safe in their community.



Table D23. Count and percentage of how safe respondents feel in the community, New Castle County, Delaware, 2022

	n (%)	95% CI
Very safe	77 (41.8)	34-55
Somewhat safe	86 (46.7)	33-53
Somewhat unsafe	16 (8.7)	5-21
Very unsafe	4 (2.1)	1-7
Prefer not to answer	1 (0.5)	0-3
Don't know	0 (0)	--
Total	184	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Thriving Natural World

Survey respondents were asked if any issues such as air pollution, fumes, noise, and chemicals, pollution, water pollution, contamination of drinking water, areas at risk of flooding, hot weather/ extreme heath, or accessing healthy food near their home were impacting their community’s health or living conditions. Less than half of survey respondents (44.3%, n=82) thought air pollution from vehicles was an issue, whereas most respondents (52.9%, n=98) did not think this was an issue. A little more than one-third of survey respondents (38.0%, n=70) thought fumes, noise, or chemicals from current industrial businesses or gas stations were an issue, whereas more than six in 10 (58.7%, n=108) did not think this was an issue. Around one-third of survey respondents (32.7%, n=60) thought pollution at the location of past industrial businesses was an issue, while 59.5% (n=109) did not think this was an issue. Percentages may add to slightly more or less than 100% due to rounding and weighting.

Roughly 62.5% (n=115) did not think water pollution in creeks or storm drainage areas was an issue, whereas 30.9% (n=57) survey respondents thought that it was an issue. Nearly six in 10 (57.6%, n=106) survey respondents thought contamination of drinking water was not an issue, whereas 35.3% (n=65) thought it was an issue. Nearly three-fourths of survey respondents (70.1%, n=129) did not think areas at risk of flooding impacted their community’s health and living conditions; however, a little less than one-fourth (22.8%, n=42) thought it did impact their community’s health and living conditions. Almost three-fourths of survey respondents (73.2%, n=134) do not think hot weather or extreme heat impacts their community’s health or living conditions, yet 22.4% (n=41) think that it does. Finally, a little over half of the survey respondents (52.7%, n=97) believe that access to healthy food near their home is an issue and 44.0% (n=81) believe it is not (Table D24).

Table D24. Count and percentage of respondents who believe that any of the following environmental factors are impacting their community’s health and living conditions, New Castle County, Delaware, 2022

	n (%)	95% CI
<b>Air pollution from vehicles</b>		
Yes	82 (44.3)	34-52
No	98 (52.9)	45-64
NR	5 (2.7)	1-7
Total	185	Missing Responses (n=0)
<b>Fumes, noise, and/or chemicals from current industrial businesses or gas stations</b>		
Yes	70 (38.0)	27-44
No	108 (58.7)	52-70
NR	6 (3.2)	2-7
Total	184	Missing Responses (n=1)
<b>Pollution at the location of past industrial businesses</b>		
Yes	60 (32.7)	23-44
No	109 (59.5)	49-70
NR	14 (7.6)	4-13
Total	183	Missing Responses (n=2)
<b>Water pollution in creeks and storm drainage areas</b>		
Yes	57 (30.9)	21-37
No	115 (62.5)	57-73
NR	12 (6.5)	3-11
Total	184	Missing Responses (n=1)
<b>Contamination of drinking water</b>		
Yes	65 (35.3)	26-44
No	106 (57.6)	49-69
NR	13 (7.0)	3-12
Total	184	Missing Response (n=1)
<b>Areas that are at risk of flooding</b>		
Yes	42 (22.8)	17-33
No	129 (70.1)	61-78
NR	13 (7.0)	3-12
Total	184	Missing Responses (n=1)
<b>Hot weather/Extreme heat</b>		
Yes	41 (22.4)	13-35
No	134 (73.2)	61-84
NR	8 (4.3)	2-7
Total	183	Missing Responses (n=2)
<b>Healthy food near my home</b>		
Yes	97 (52.7)	40-63
No	81 (44.0)	34-57
NR	6 (3.2)	1-6
Total	184	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked if they have access to resources in their community such as shade outside of their home from street trees and parks, access to parks and/or recreation centers, opportunities for activities and sports at neighborhood parks/fields/courts, affordable organized activities and sports at neighborhood parks and recreation/civic centers, sidewalks, crosswalks, and curb ramps, bicycle lanes and low impact traffic speeds, and grocery stores and other places that sell healthy food options. Most survey respondents said they had access to shade outside their homes from street trees and parks (83.1%, n=153), while 15.2% (n=28) said they did not have access to shade outside their homes. Most survey respondents (91.3%, n=168) reported having access to parks and/or recreation centers, whereas 8.1% (n=15) of survey respondents reported not having access.

Most survey respondents (80.9%, n=149) also reported having access to opportunities for activities and sports at neighborhood parks/fields/courts; however, 16.3% (n=30) stated they did not. Approximately 67.9% (n=125) respondents stated they had access to affordable organized activities and sports at neighborhood parks and recreation/civic centers; however, 21.7% (n=40) did not.

Most respondents reported (80.4%, n=148) that those who walk and use mobility devices such as wheelchairs have access to sidewalks, crosswalks, and curb ramps, but 18.4% (n=34) of survey respondents stated they did not have access to these items in their built environment. Approximately 61.2% (n=112) of survey respondents reported having access to bicycle lanes and low impact traffic speeds for people to get around, and 35.5% (n=65) said they did not. Finally, most survey respondents (86.4%, n=159) had access to grocery stores and other local stores with healthy food; however, 11.9% (n=22) did not (Table D25).

Table D25. Count and percentage of respondents that have access to the following resources in their community, New Castle County, Delaware, 2022

	n (%)	95% CI
<b>Shade outside my home from street trees and parks</b>		
Yes	153 (83.1)	76-90
No	28 (15.2)	8-22
NR	3 (1.6)	1-5
Total	184	Missing Responses (n=1)
<b>Access to parks and/or recreation centers</b>		
Yes	168 (91.3)	86-95
No	15 (8.1)	4-14
NR	1 (0.5)	0-5
Total	184	Missing Responses (n=1)
<b>Opportunities for activities and sports at neighborhood parks/fields/courts</b>		
Yes	149 (80.9)	73-87
No	30 (16.3)	11-23
NR	5 (2.7)	1-6
Total	184	Missing Responses (n=1)
<b>Affordable organized activities and sports at neighborhood parks and recreation/civic centers</b>		
Yes	125 (67.9)	60-77
No	40 (21.7)	14-29
NR	19 (10.3)	6-17
Total	184	Missing Responses (n=1)
<b>Sidewalks, crosswalks, and curb ramps for people who walk and use mobility devices such as wheelchairs</b>		
Yes	148 (80.4)	64-86
No	34 (18.4)	13-35
NR	2 (1.0)	0-5
Total	184	Missing Responses (n=1)
<b>Bicycle lanes and low impact traffic speeds for people who use bicycles to get around</b>		
Yes	112 (61.2)	46-67
No	65 (35.5)	30-51
NR	6 (3.2)	1-7
Total	183	Missing Responses (n=2)
<b>Grocery stores, supermarkets, corner stores, and farmers markets that sell fresh fruits, vegetables, lean meats, and other health options</b>		
Yes	159 (86.4)	78-91
No	22 (11.9)	8-19
NR	3 (1.6)	0-5
Total	184	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Most survey respondents (80.2%, n=146) reported feeling safe accessing parks and recreation centers in their neighborhood. Approximately 15.3% (n=28) of respondents reported not feeling safe accessing parks and recreation centers in their neighborhood, 3.8% (n=7) did not know, and 0.5% (n=1) preferred not to answer (Table D26). Thus, most respondents feel safe accessing parks and recreation centers in their neighborhood.

**Table D26. Count and percentage of respondents that feel safe accessing parks and recreation centers in their neighborhood, New Castle County, Delaware, 2022**

	n (%)	95% CI
Yes	146 (80.2)	73-87
No	28 (15.3)	9-22
Don't know	7 (3.8)	2-8
Prefer not to answer	1 (0.5)	0-2
Total	182	Missing Responses (n=3)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Reliable Transportation

Survey respondents were asked what type of transportation they use most for work, school, or shopping in a typical week. Most survey respondents (97.8%, n=181) did not use a bike, yet 2.1% (n=4) did. Approximately 83.7% (n=155) did not use a bus, but 16.2% (n=30) did report using a bus. Most survey respondents (88.1%, n=163) used a car for transportation; however, 11.8% (n=22) did not. None of the survey respondents used a motorcycle (100%, n=185) in a typical week. Similarly, 97.3% (n=180) did not use rideshare services for typical transportation, whereas 2.7% (n=5) reported using rideshare services. Most people did not walk (92.9%, n=172), with 7.0% (n=13) reporting walking in a typical week for work, school, or shopping (Table D27).

**Table D27. Count and percentage of respondents' modes of transportation used most in a typical week for work, school, or shopping, New Castle County, Delaware, 2022**

Response n (%)				
	Yes	No	Prefer not to say	Missing Responses
Motorcycle	0 (0)	185 (100)	0 (0)	0
Bike	4 (2.1)	181 (97.8)	0 (0)	0
Rideshare service	5 (2.7)	180 (97.3)	0 (0)	0
Walk	13 (7.0)	172 (92.9)	0 (0)	0
Bus	30 (16.2)	155 (83.7)	0 (0)	0
Car	163 (88.1)	22 (11.8)	0 (0)	0
Total	185		Missing Responses (n=0)	

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked if they can be physically active near their home and to consider places like parks, trails, places to walk, playground gyms, and recreation centers. Over half of survey respondents (51.8%, n=96) strongly agreed, 37.8% (n=70) agreed, 7.0% (n=13) disagreed, and 1.6% (n=3) strongly disagreed. Only 1.0% (n=1) did not know and 0.5% (n=2) of survey respondents preferred not to answer (Table D28).

**Table D28. Count and percentage of respondents' agreement that there are places where they can be physically active near their home, considering parks, trails, places to walk, playgrounds, gyms, recreation centers, etc., New Castle County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	96 (51.8)	43-63
Agree	70 (37.8)	28-47
Disagree	13 (7.0)	4-12
Strongly disagree	3 (1.6)	0-5
Don't know	1 (0.5)	0-5
Prefer not to answer	2 (1.0)	0-4
Total	185	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Survey respondents were asked in the last 12 months if lack of reliable transportation kept them from medical appointments, meetings, work or from getting things they needed for daily living. One in five (17.9%, n=31) survey respondents said a lack of reliable transportation was an issue, while most respondents (80.3%, n=139) did not report it as an issue. Approximately 1.7% (n=3) preferred not to answer the question (Table D29).

**Table D29. Count and percentage of respondents reporting a lack of reliable transportation preventing them from attending medical appointments, meetings, work, or from getting things needed for daily living in the past 12 months, New Castle County, Delaware, 2022**

	n (%)	95% CI
Yes	31 (17.9)	12-28
No	139 (80.3)	69-87
Prefer not to answer	3 (1.7)	1-5
Total	173	Missing Responses (n=12)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Belonging and Power to Make Change

Survey respondents were asked a five-item social cohesion/trust question to measure how well communities work together and evaluate how likely neighbors are to support each other in times of need (Sampson, Raudenbush, Earls, 1997). A five-point scale (1=strongly agree; 5=strongly disagree) was used to rate responses to the following statements: 1) People around here are willing to help their neighbors; 2) People in the neighborhood don’t get along with each other; 3) People in this neighborhood can be trusted; 4) This is a close-knit neighborhood; and 5) People in this neighborhood do not share similar values. The two negatively worded questions (statements 2 and 5) were reverse coded so that the high values mean more collective efficacy. Next, each score was calculated for each respondent by averaging their ratings. The mean social cohesion/trust score for New Castle County was 3.2 and the range was 1.4 to 5.

Survey respondents were asked if they were willing to become involved in their community by working with others to make things happen. Approximately 23.3% (n=43) were very willing, 23.3% (n=43) were willing, 34.2% (n=63) were somewhat willing, 14.1% (n=26) were not that willing, and 4.8% (n=9) respondents preferred not to answer (Table D30). Thus, most respondents were only somewhat willing to become involved in their community by working with other people to make things happen.

**Table D30. Count and percentage of respondents’ willingness to become involved in their community by working with others to make things happen, New Castle County, Delaware, 2022**

	n (%)	95% CI
Very willing	43 (23.3)	17-34
Willing	43 (23.3)	15-30
Somewhat willing	63 (34.2)	25-43
Not that willing	26 (14.1)	8-19
Prefer not to answer	9 (4.8)	3-19
Total	184	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, New Castle County, Delaware, October 27-29, 2022

Conclusions

Investigating the health needs in each county using the vital conditions of health and well-being framework has allowed surveyors to get a better understanding of county specific needs in the most vulnerable areas in Delaware. The assessments focused on the seven vital condition domains: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle.

Data related to basic needs for health and safety showed that most respondents were not worried about food insecurity, yet a notable portion still faced concerns about running out of food before getting money to buy more. Most respondents felt that programs and institutions in their community treated individuals of all backgrounds fairly, suggesting a positive perception of equity within the community. While most respondents did not report issues related to accessing health care, specific challenges were highlighted, particularly with dental care, and regarding payment assistance for medications.

In terms of lifelong learning, there was a strong consensus that high-quality K-12 education and childcare or early learning options were accessible in the area. However, there remains a portion of the population who is dissatisfied with education accessibility.

Related to meaningful work and wealth, respondents showed varying perceptions about their financial situation compared to one year ago. Some felt their situation had improved, but a significant number of people reported feeling worse off, highlighting the prevalence of economic challenges and potential disparities.



Related to humane housing, most respondents reported paying rent for their property (rather than owning or having a mortgage), most respondents were not receiving any housing subsidies, and concerns about housing stability were minimal overall. Some common housing issues included water leaks and mold.

Data related to the thriving natural world demonstrated varying levels of concern related to things like pollution, with most not seeing it as an issue. Additionally, a significant portion of respondents reported they had access to resources in the community and felt safe accessing resources.

In reliable transportation, most respondents relied on cars for their primary transportation needs, with a small number experiencing issues with transportation reliability. Additionally, a strong majority of respondents reported the ability to be physically active near their home.

Finally, related to belonging and power to make change, community engagement levels varied, with most respondents reporting they were at least somewhat willing to become involved in their community by working with others to make things happen.

This information revealed by the investigations is crucial in informing policies and developing strategic interventions to target each specific county. Overall, while many residents in New Castle County enjoy a sense of safety, fair treatment, and access to services, there remains disparities and challenges related to health care, economic stability, housing quality, environmental health, and transportation.

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# APPENDIX E

## 2022 Kent County Community Assessment for Public Health Emergency Response Field Report Kent County, Delaware November 10-12, 2022

### Background

The Delaware Department of Health and Social Services (DHSS) Division of Public Health (DPH), in collaboration with the University of Delaware’s Partnership for Healthy Communities (PHC) and Epidemiology Program, used the Vital Conditions of Health and Well-Being framework to assess community health needs. The assessment focused on the seven vital condition domains: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle. A community assessment was conducted in November 2022 in Kent County, Delaware. The assessment’s objective was to gather information to better meet the needs and address Delaware communities’ concerns. The assessment was focused on identifying barriers to improving health. It was conducted in high social vulnerability areas as measured by the Centers for Disease Control and Prevention (CDC), Agency for Toxic Substances Disease Registry (ATSDR) Social Vulnerability Index (SVI).

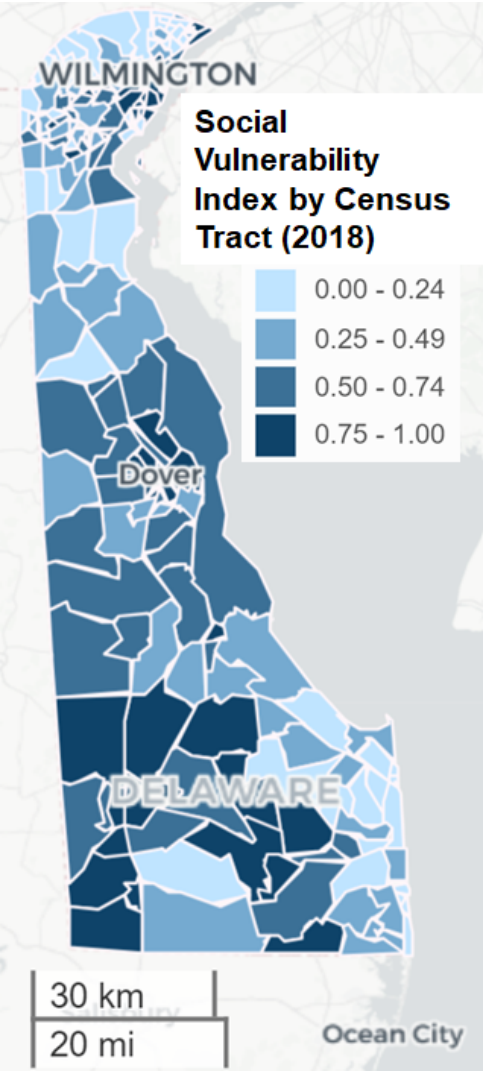
### Methods

A questionnaire was developed to assess each domain of the vital conditions’ framework. The questionnaire included 36 questions. The survey instrument asked about food security, access to health care providers, tobacco use, access to quality K-12 schools and affordable childcare, the household’s housing conditions, the built environment, access to reliable transportation, and the household’s sense of community and/or belonging. The survey was designed in collaboration with DPH and based on feedback from community partners. Respondents received a \$30 gift card for participating in the survey. The University of Delaware Institutional Review Board (IRB 1966239) and the DPH Privacy Board reviewed and approved the survey instrument.

**Figure E1. Neighborhoods Social Vulnerability by Census Tract as defined by the Center for Disease Control and Prevention’s Social Vulnerability Index, Delaware and Kent County, Delaware, 2022**

*Source: Delaware Division of Health and Social Services My Health Community, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program*

The target populations for the surveys were the most vulnerable neighborhoods in Kent County, as defined by the CDC/ATSDR SVI (SVI - 2018). Per the CDC/ATSDR, the highest vulnerability neighborhoods, or census tracts, are defined as those with an SVI value greater than 0.75. These areas represent the top 25% of census tracts based on vulnerability. The sampling frame was, therefore, defined as all census blocks within the most vulnerable census tracts (Figure E1).



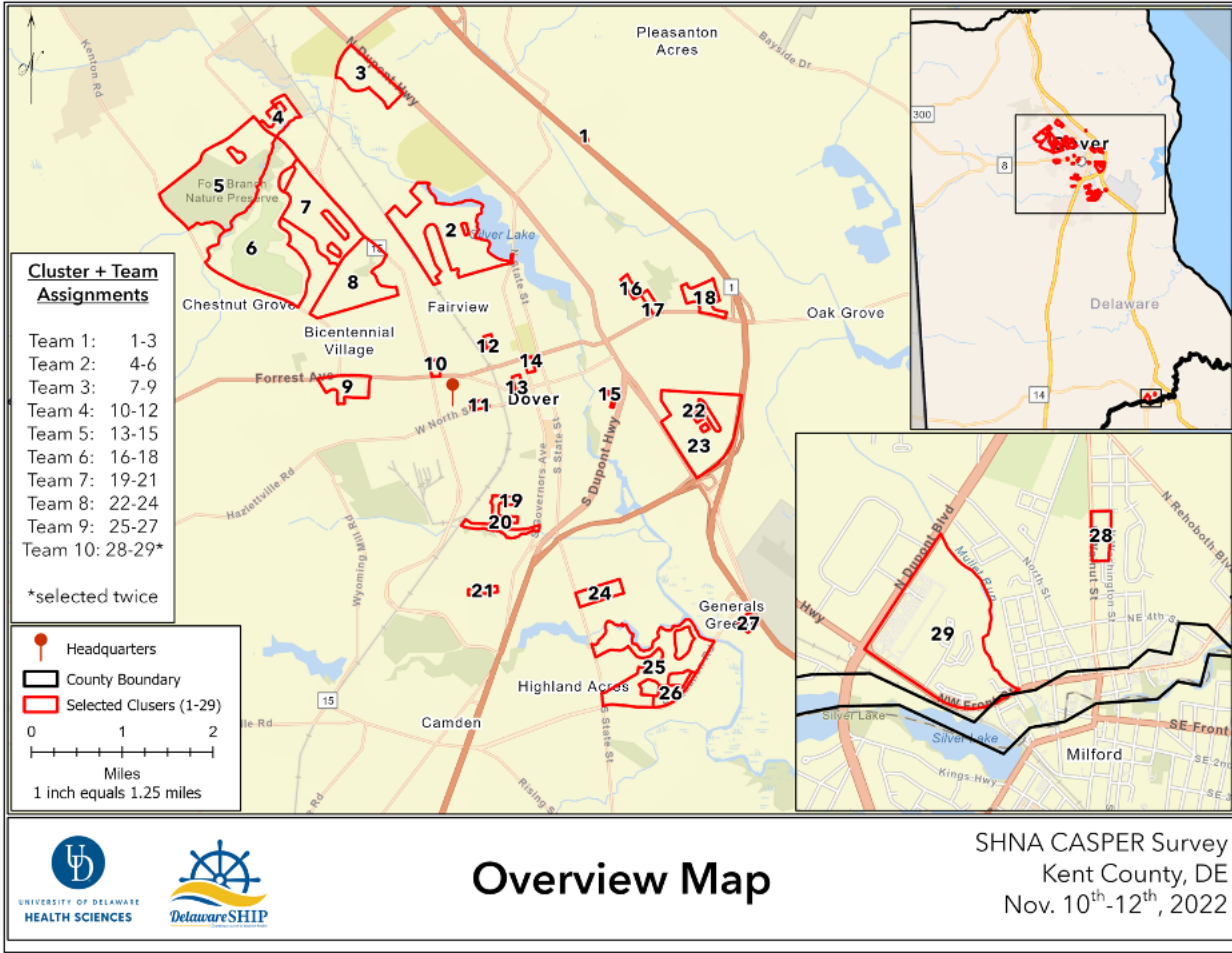
A two-stage cluster sampling method, developed by the CDC and the World Health Organization, was used to select a population-weighted sample of census blocks (Malilay et al., 1996). Population weighted cluster sampling allows the results to be generalized to the entire population of the sample frame; however, stratification of results into sub-groups can result in imprecise estimates because of smaller sample sizes. This sampling method has been validated for rapid assessments of a variety of population-level public health needs and produces valid and precise estimates that are within +/-10% of the “true” estimate (Binkin et al.,1992; Frerichs & Shaeen, 2001).

In the first stage of sampling, 30 census blocks are randomly selected with the probability of selection proportional to the number of occupied households (Figure E2). In the second stage, seven residential addresses are randomly selected within each selected block. The 30x7 cluster sample has a total sample size of 210. Residential addresses were provided by the Biden School of Public Policy, Center for Applied Demography & Survey Research in September 2022.

Before beginning fieldwork, a three-hour just-in-time training was held on November 10, 2022. The training was accomplished in collaboration with numerous local civic organizations and individuals from the University of Delaware and PHC, which has long-standing relationships with many organizations. Network Connect was specifically requested to assist with the Kent County survey. Field teams included Network Connect employees and University of Delaware students and staff. Field headquarters were located at the Green Beret Project at 375 Simon Circle, Dover, Delaware, 19904, which provided a central location for field teams to gather. A total of 28 surveyors were trained to administer the surveys and participated in the assessment.

Once data collection was complete, surveys were entered into a Microsoft Excel spreadsheet and imported into SAS Version 9.4 (Cary, NC) for analysis. To calculate 95% confidence intervals (95% CI), interview responses for households were weighted based on the probability of being selected in each cluster. Weighting was guided by the CDC’s Community Assessment for Public Health Response (CASPER) toolkit. Confidence intervals represent a range of numerical values around which the actual value for the population is likely to fall. Therefore, using this survey methodology reliably produces estimates accurate to within 10% of the true level in the population with 95% confidence.

Figure E2. Selected clusters within the most vulnerable neighborhoods sampling frame in Kent County, Delaware, 2022



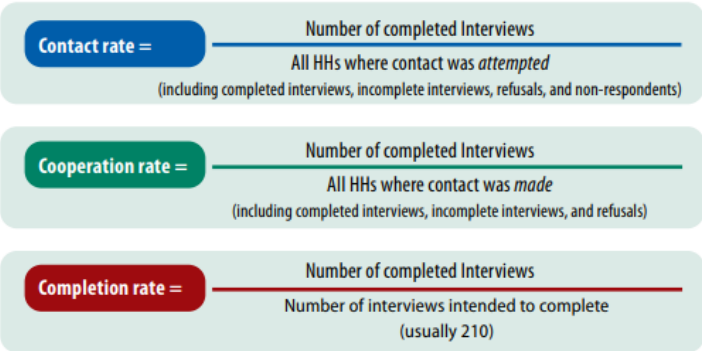
Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Survey, Kent County, Delaware, November 10-12, 2022



# Results

A series of response rates were calculated following CDC guidelines (Figure E3). The number of surveys that were successfully completed was 178 (Completion Rate: 178/210 = 84.8%). The contact rate, which measures effort and accounts for the total number of doors on which surveyors knocked, was 24.0% (178/743). The cooperation rate, a measure of the respondent’s willingness to participate in the survey, was 60.1% (178/296) (Figure E3). The completion, contact, and cooperation rates were all within the expected ranges for CASPER survey (Smitherman et al., 2017). Weighting was conducted to calculate confidence intervals, but frequencies are unweighted. Percentages may add to slightly more or less than 100% due to rounding and weighting.

**Figure E3. Calculation of Community Assessment for Public Health Emergency Response (CASPER rates, Delaware, 2022**



Source: Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Third Edition (cdc.gov)

## Demographics

To assess how representative the survey sample was, researchers compared the demographics for the sample, the sampling frame (high SVI), and Kent County demographics overall. There was adequate alignment between the sample and the sample frame across all demographics. Nearly half of all survey respondents in Kent County were female (49.7%, n=85). About 8.3% (n=14) of respondents identified as Hispanic, Latino, or Spanish origin, which was below the percentage of Hispanic, Latino, or Spanish identifying individuals in the sampling frame (9.6%). Almost half of all respondents identified as Black or African American (45.0%, n=76), and 39.6% (n=67) identified as White (Table E1).

**Table E1. Demographic characteristics of high-SVI Community Assessment for Public Health Emergency Response (CASPER) survey respondents, high-SVI CASPER survey sample frame was defined as all census blocks within the most vulnerable census tracts, and Kent County, Delaware, 2022**

	Sample <sup>1</sup> (95% CI)	Sample Frame <sup>2</sup> (SVI>0.75)	Kent County <sup>3</sup>
<b>Gender</b> (n= 171)			
Male		47.3% (±2.8)	48.4% (±0.5)
Female	49.7% (40-58)	52.7% (±2.9)	51.6% (±0.5)
<b>Age</b> (n= 178)			
Age in years			
Mean age	50	36.1 (±2.0)	37.7 (±1.1)
<b>Race</b> (n= 176)			
American Indian or Alaska Native	1.2% (0-7)	0.1% (±0.04)	0.2% (±0.2)
Asian or Asian American	1.8% (1-6)	2.9% (±0.1)	2.5% (±0.3)
Black or African American	45.0% (33-55)	40.4% (±3.3)	26.7% (±1.2)
White	39.6% (29-52)	47.3% (±3.7)	57.7% (±1.1)
Some other race	6.5% (3-13)	1.8% (±0.1)	1.4% (±0.6)
Two or more races	0% (0-7)	7.0% (±1.6)	11.4% (±1.6)
Prefer not to answer	1.2% (2-12)	---	---
<b>Hispanic Ethnicity</b> (n=176)			
Hispanic	8.3% (4-17)	9.6% (±2.0)	8.1%

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

<sup>1</sup>N=178, Ages 18 and over

<sup>2</sup> U.S. Census Bureau. (2020). 2020 American Community Survey 5-year estimates, Census Tracts SVI > 0.75, Table DP05, all ages.

<sup>3</sup> U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Tables, Table DP05, all ages.

Most respondents in Kent County’s highest education level were high school graduates or had a GED (24.3%). About 25.2% of respondents attended some college but did not attain a degree followed by 17.1% who have a bachelor’s degree. Compared to all other categories, most respondents (31.2%) did not know or refused to answer the questions about median household income. Of those who did answer the question, most (11.8%) reported an income within the \$50,000 to \$74,999 range (Table E2).

Table E2. Education and income for sample, sample frame was described as all census blocks within the most vulnerable census tracts, and Kent County, Delaware, 2022

	Sample <sup>1</sup> (95% CI)	Sample Frame (SVI>0.75)	Kent County
<b>Education (n=177)</b>			
Less than 9 <sup>th</sup> grade	1.0% (0-4)	4.5% (±1.3) <sup>2</sup>	3.6% (±1.1) <sup>3</sup>
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	13.1% (8-23)	8.6% (±1.5) <sup>2</sup>	6.6% (±1.5) <sup>3</sup>
High school graduate (or GED)	25.2% (17-33)	32.5% (±3.5) <sup>2</sup>	33.4% (±2.9) <sup>3</sup>
Some college, no degree	22.6% (17-28)	22.9% (±2.9) <sup>2</sup>	21.6% (±2.6) <sup>3</sup>
Associate degree or vocational training	10.7% (6-18)	8.2% (±1.7) <sup>2</sup>	9.6% (±1.8) <sup>3</sup>
Bachelor's degree	17.1% (11-26)	13.9% (±1.7) <sup>2</sup>	14.5% (±1.8) <sup>3</sup>
Graduate or professional degree	8.9% (4-18)	9.5% (±1.5) <sup>2</sup>	10.8% (±1.8) <sup>3</sup>
<b>Median household income (n=177)</b>			
Less than \$10,000	4.1% (1-14)	7.1% (±1.7) <sup>4</sup>	3.9% (±1.2) <sup>5</sup>
\$10,000 to \$14,999	5.9% (4-14)	6.3% (±1.7) <sup>4</sup>	2.9% (±1.2) <sup>5</sup>
\$15,000 to \$24,999	4.7% (2-9)	10.6% (±2.2) <sup>4</sup>	6.5% (±1.5) <sup>5</sup>
\$25,000 to \$34,999	7.7% (4-13)	12.3% (±1.7) <sup>4</sup>	7.4% (±1.9) <sup>5</sup>
\$35,000 to \$49,999	10.0% (6-19)	15.8% (±2.5) <sup>4</sup>	11.7% (±2.1) <sup>5</sup>
\$50,000 to \$74,999	11.8% (7-19)	17.2% (±2.6) <sup>4</sup>	19.2% (±2.8) <sup>5</sup>
\$75,000 to \$99,999	5.9% (3-11)	14.3% (±2.8) <sup>4</sup>	16.0% (±2.6) <sup>5</sup>
\$100,000 to \$149,999	13.5% (8-22)	10.0% (±2.8) <sup>4</sup>	19.4% (±2.9) <sup>5</sup>
\$150,000 or more	5.3% (3-10)	6.3% (±1.5) <sup>4</sup>	8.2% (±2.2) <sup>5</sup>
Don't Know/Refused to Answer	31.2% (23-41)	---	---

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

<sup>1</sup>N= 177, ages 18 and over

<sup>2</sup> U.S. Census Bureau (2020). 2020 American Community Survey 5-year estimates, Census Tracts, Census Tracts SVI > 0.75, Table S1501, population 25 and over

<sup>3</sup>U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Tables, Table S1501, population 25 years and over

<sup>4</sup>U.S. Census Bureau. (2020). 2020 American Community Survey 5-Year Estimates Subject Tables, Table DP03, Census Tracts SVI > 0.75, household estimates

<sup>5</sup>U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Tables, Table S1901, household estimate

Basic Needs for Health and Safety

Respondents of administered surveys represented their household when being asked the following statements, “I worried whether my food would run out before I got money to buy more,” was often true, sometimes true, or never true for a household in the last 12 months. Approximately 4.6% (n=8) respondents said it was often true, 21.8% (n=38) of respondents reported it was sometimes true, and 72.4% (n=126) of survey respondents reported it was never true (Table E3). Overall, most respondents reported that they were never worried that food would run out before getting the money to buy more.

Table E3. Count and percentage of respondents that are worried food will run out before getting money to buy more in the last 12 months, Kent County, Delaware, 2022

	n (%)	95% CI
Often true	8 (4.6)	9-12
Sometimes true	38 (21.8)	16-32
Never true	126 (72.4%)	61-80
Don't know	0 (0)	--
Prefer not to answer	2 (1.2)	0-4
Total	174	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Respondents were asked if they strongly agreed, agreed, disagreed, or strongly disagreed that people of all races, ethnicities, backgrounds, and beliefs in the community are treated fairly by programs and institutions. Roughly 15.9% (n=24) of survey respondents strongly agreed, 45.7% (n=69) agreed, 25.8% (n=39) disagreed, and 9.3% (n=14) strongly disagreed. Approximately 3.1% (n=5) respondents preferred not to answer (Table E4). Thus, most of the respondents agreed that everyone was treated fairly by programs and institutions.

**Table E4. Count and percentage of respondents’ agreement that people of all races, ethnicities, backgrounds, and beliefs in their community are treated fairly by programs and institutions, Kent County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	24 (15.9)	13-26
Agree	69 (45.7)	38-54
Disagree	39 (25.8)	16-34
Strongly disagree	14 (9.3)	5-15
Don't know	0 (0)	--
Prefer not to answer	5 (3.3)	1-6
Total	151	Missing Responses (n=25)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Most respondents (82.4%, n=140) reported that they themselves or someone in their household did not have a problem getting the health care they needed from any type of health care provider, dentist, pharmacy, or other facility. However, 17.7% (n=30) said they had difficulty accessing health care from any type of provider (Table E5).

**Table E5. Count and percentage of respondents reporting having a problem getting the health care they needed from any type of health care provider, dentist, pharmacy, or other facility for themselves or household members in the past 12 months, Kent County, Delaware, 2022**

	n (%)	95% CI
Yes	30 (17.7)	10-27
No	140 (82.4)	73-90
Don't know	0 (0)	--
Prefer not to answer	0 (0)	--
Total	173	Missing Responses (n=5)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Respondents were asked what type of provider the respondent or someone in their household has trouble accessing. Of the types of providers, 48.6% (n=17) of survey respondents indicated dentists were difficult to access, followed by general practitioners 27.8% (n=10), and hospitals (25.0%, n=9). The types of providers that the respondent or someone in their household had the least trouble accessing include pediatricians (80.6%, n=29), substance use treatment providers (80.6%, n=29), and mental health providers (80.6%, n=29) (Table E6).

**Table E6. Count and percentage of respondents indicating what type of provider they had difficulty accessing, Kent County, Delaware, 2022**

	Response n (%)				Total (n)
	Yes	No	Prefer not to say	Missing	
Dentist	17 (48.6)	13 (37.1)	2 (5.7%)	3 (8.6%)	35
General practitioner	10 (27.8)	20 (55.6)	2 (5.6%)	4 (11.1%)	36
Hospital	9 (25.0)	21 (58.3)	2 (5.6%)	4 (11.11%)	36
Eye care/optometrist/ ophthalmologist	8 (22.2)	22 (61.1%)	2 (5.6%)	4 (11.1%)	36
Pharmacy/prescriptions	5 (13.9)	25 (69.4)	2 (5.6%)	4 (11.1%)	36
Urgent care center	5 (13.9)	25 (69.4)	2 (4.2%)	4 (11.1%)	36
OB/GYN	5 (13.9)	25 (69.4)	2 (4.2%)	4 (11.1%)	36
Specialist	2 (5.6)	28 (77.8)	2 (5.6%)	4 (11.1%)	36
Pediatrician	1 (2.8)	29 (80.6)	2 (4.2%)	4 (11.1%)	36
Mental health provider	1 (2.8)	29 (80.6)	2 (5.6%)	4 (11.1%)	36
Substance use treatment provider	1 (2.8)	29 (80.6)	2 (5.6%)	4 (11.1%)	36

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Respondents were asked, in the last six months, how often people in a medical setting show interest in their questions and concerns. Most respondents (34.1%, n=59) indicated that people in a medical setting always showed interest in their questions and concerns, 20.3% (n=33) indicated they usually showed interest in their questions and concerns, 19.1% (n=33) said they sometimes showed interest in their questions, and 32.1% (n=40) said they never showed interest in their questions and concerns (Table E7).

**Table E7. Count and percentage of respondents reporting how often people in a medical setting showed interest in their questions and concerns in the last six months, Kent County, Delaware, 2022**

	n (%)	95% CI
Never	35 (20.2)	14-27
Sometimes	40 (23.1)	18-31
Usually	33(19.1)	13-31
Always	59 (34.1)	24-42
Prefer not to answer	6 (3.5)	1-9
Total	173	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked in the last six months if anyone in the medical setting asked them if they had trouble accessing their medicines. Most respondents stated they were never (80.7%, n=138) asked if they had trouble paying for medications, 9.4% (n=16) reported sometimes being asked, 4.1% (n=7) reported usually being asked, 2.3% (n=4) were always asked. Only 3.5% (n=6) of respondents preferred not to answer the question (Table E8).

**Table E8. Count and percentage of respondents reporting how often anyone in a medical setting asked if they ever have trouble paying for their medicines in the last six months, Kent County, Delaware, 2022**

	n (%)	95% CI
Never	138 (80.7)	68-85
Sometimes	16 (9.4)	6-22
Usually	7 (4.1)	2-9
Always	4 (2.3)	1-6
Prefer not to answer	6 (3.5)	1-8
Total	171	Missing Responses (n)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Two thirds of survey respondents (66.7%, n=48) reported never having anyone in a medical setting assist them to get help paying for their medicines, 6.9% (n=5) reported someone sometimes assisted them, 2.8% (n=2) reported someone usually assisted them, and 15.3% (n=11) reported someone always assisted them in getting help to pay for their medicines.

Approximately 8.3% (n=6) of survey respondents preferred not to answer this question. Surveyors were instructed to skip this question if respondents answered “never” to the previous question; therefore, this question resulted in fewer survey responses (Table E9).

**Table E9. Count and percentage of respondents reporting how often anyone in a medical setting has assisted them to get help paying for their medicines in the last six months, Kent County, Delaware, 2022**

	n (%)	95% CI
Never	48 (66.7)	46-79
Sometimes	5 (6.9)	2-12
Usually	2 (2.8)	1-10
Always	11 (15.3)	9-42
Prefer not to answer	6 (8.3)	3-18
Total	72	

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Nearly half of the survey respondents (49.1%, n=86) said someone in the household ever smoked cigarettes, while 49.7% (n=87) reported no one in the household ever smoked cigarettes. Only 1.1% (n=2) of respondents preferred not to answer the question (Table E10).

**Table E10. Count and percentage of respondents reporting cigarette smoking by anyone in their household, Kent County, Delaware, 2022**

	n (%)	95% CI
Yes	86 (49.1)	41-61
No	87 (49.7)	39-58
Prefer not to answer	2 (1.1)	0-4
Total	175	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022



Most (82.1%, n=142) of survey respondents reported that no one in the household uses smokeless tobacco (i.e., chewing tobacco, snuff, vaping, hookah, etc.). Fewer than 16.2% (n=28) of respondents said someone in the household uses smokeless tobacco. Approximately 1.7% (n=3) of respondents preferred not to answer (Table E11).

**Table E11. Count and percentage of respondents reporting smokeless tobacco use (i.e., chewing tobacco, snuff, vaping, hookah, etc.) by anyone in their household, Kent County, Delaware, 2022**

	Percent (n)	95% CI
Yes	28 (16.2)	72-88
No	142 (82.1)	10-27
Prefer not to answer	3 (1.7)	0-6
Total	173	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

When asked where someone would go if they needed substance use services or treatment for an alcohol or drug addiction, most survey respondents (47.3%, n=52) thought someone should go to a hospital followed by a private facility (44.6%, n=49). Roughly 3.6% (n=4) thought someone should seek help from a school resource, and 4.6% (n=5) preferred not to answer (Table E12).

**Table E12. Count and percentage of respondents knowing where someone would go if they needed substance use services or treatment for alcohol or drug addiction, Kent County, Delaware, 2022**

	Percent (n)	95% CI
Hospital	52 (47.3)	33-58
Private Facility	49 (44.6)	36-61
School Resource	4 (3.6)	0-14
Prefer not to answer	5 (4.6)	2-9
Don't know	0 (0)	--
Total	110	Missing Responses (n=68)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Lifelong Learning

About 21.6% (n=32) strongly agreed that they can access high-quality K-12 schools. Just under half (48.7% n=72) agreed, a little more than one-tenth (10.7%, n=16) disagreed, and 4.1% (n=6) strongly disagreed when asked if they can access high-quality K-12 schools where they live. Approximately 14.2% (n=21) did not know if they could access high-quality K-12 schools where they lived (Table E13). Overall, most of the respondents agreed that they can access high-quality K-12 schools where they live.

**Table E13. Count and percentage of respondents' agreement that they can access high-quality K-12 schools where they live, Kent County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	32 (21.6)	13-30
Agree	72(48.7)	43-60
Disagree	16 (10.8)	6-19
Strongly disagree	6 (4.1)	2-9
Don't know	21 (14.2)	8-23
Prefer not to answer	1 (0.7)	0-4
NA	0 (0)	--
Total	148	Missing Responses (n=30)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked if they can access affordable childcare and early learning options where they live for newborns to age five. Many respondents agreed (35.8%, n=48) that they can access affordable childcare and early learning options where they live, whereas 13.4% (n=18) strongly agreed, 11.9% (n=16) disagreed, 3.0% (n=4) strongly disagreed, and 35.8% (n=48) did not know (Table E14).

**Table E14. Count and percentage of respondents’ agreement that they can access affordable childcare and early learning options where they live for newborns to age five, Kent County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	18 (13.4)	10-24
Agree	48 (35.8)	29-46
Disagree	16 (11.9)	6-20
Strongly disagree	4 (3.0)	1-13
Don’t know	48 (35.8)	22-45
Prefer not to answer	0 (0)	--
NA	0 (0)	--
Total	134	Missing Responses (n=42)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Meaningful Work and Wealth

When survey respondents were asked to think about their ideal job or career and rate their responses from one (being the best possible life) and five (being the worst possible life), most of the respondents (31.6%,n=55) rated their life a three, followed by 28.7% (n=50) who rated their life a two, 27.0% (n=47) who rated their life a one (best possible life), 7.5% (n=13) who rated their life a four, and 2.9% (n=5) who rated their life as the worst possible life (five). Approximately 2.3% (n=4) of survey respondents preferred not to answer this question (Table E15).

**Table E15. Count and percentage of respondents rating their ideal job or career from best to worst possible life, Kent County, Delaware, 2022**

	Percent (n)*	95% CI
(1) Best possible life	47 (27.0)	19-40
(2)	50 (28.7)	21-36
(3)	55 (31.6)	25-40
(4)	13 (7.5)	3-12
(5) Worst possible life	5 (2.9)	1-6
Prefer not to answer	4 (2.3)	1-6
Total	174	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Note: 1 represents the best possible life and 5 represents the worst possible life

Survey respondents were asked if they or any family living with them were financially better or worse off these days than they were 12 months ago. Few respondents (7.5%, n=13) reported being much worse off, 19.1% (n=33) reported being somewhat worse off, more than one-third (38.7%, n=67) reported being about the same, 23.7% (n=41) were somewhat better off, and 10.4% (n=18) were much better off than they were 12 months ago (Table E16). Thus, most respondents reported that they are about the same financially as a year ago.

**Table E16. Count and percentage of respondents reporting their own and household family members’ financial status as better or worse off these days compared to 12 months ago, Kent County, Delaware, 2022**

	n (%)	95% CI
Much worse off	13 (7.5)	4-13
Somewhat worse off	33 (19.1)	13-27
About the same	67 (38.7)	31-49
Somewhat better off	41 (23.7)	17-31
Much better off	18 (10.4)	6-18
Don’t know	0 (0)	--
Prefer not to answer	1 (0.6)	0-4
Total	173	Missing Responses (n=5)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Housing

Households were asked how many rooms were in the household. Residents reported a mean of 5.71 rooms (standard deviation (SD) of 1.88); the minimum number of rooms reported was two and the maximum was 13 (Table E17). Households were asked how many people lived in their household, including dependents who live with them at least half of the year. The mean number of people in the household was 2.91 (Table E17a).

To calculate how crowded households were, the number of people in the household was divided by the number of rooms in the household. If households had greater than 1.01 people living per room, the households were considered crowded (U.S. Census Bureau). According to the U.S. Census Bureau, using persons per room is informative because while room size may vary considerably, customs and building codes will establish an explicit minimum size for rooms to be considered safe and healthy. Approximately 8.4 (n=5) households had greater than or equal to 1.01 people living per room (Table E17b). Households were asked how many of their rooms were bedrooms and reported a mean of 2.87 bedrooms (SD 0.97), a minimum of zero, and a maximum of six (Table E18).

Table E17. Summary statistics of the number of separate rooms in the household, Kent County, Delaware, 2022

	Mean	Std Deviation	Interquartile Range (25%-75%)	Minimum, Maximum
Number of rooms	5.71*	1.88*	4*-7*	2*,13*
Total	177	Missing Responses (n=1)		

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Table E17a. Summary statistics of the number of people living in the household, including dependents or those living with the respondent at least ½ of the year, Kent County, Delaware, 2022

	Mean	Std Deviation	Interquartile Range (25%-75%)	Minimum, Maximum
People in the Household	2.91*	1.52*	3*-4*	1*, 8*
Total	176	Missing Responses (n=2)		

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Table E18. Summary statistics for the number of bedrooms in the household Kent County, Delaware, 2022

	Mean	Std Deviation	Interquartile Range (25-75%)	Minimum, Maximum
Number of bedrooms	2.87*	0.97*	2*-3*	0*,6*
Total	177	Missing Responses (n=1)		

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked if anyone from their household owns, pays rent, or has a mortgage on their property. More than half of those surveyed (55.8%, n=97) pay rent,21.8% (n=38) own their property, and 21.8% (n=38) have a mortgage on their property. Roughly 0.6% (n=1) preferred not to answer the question (Table E19).

Table E19. Count and percentage of respondents that own, pay rent, or have a mortgage on the property, Kent County, Delaware, 2022

	N (%)	95% CI
Pay rent for the property	97 (55.8)	41-68
Own the property	38 (21.8)	15-33
Have mortgage on the property	38 (21.8)	14-33
Don't know	0 (0)	--
Prefer not to answer	1 (0.6)	0-4
Total	174	Missing Responses (n=4)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Most survey respondents (87.9%, n=152) were not worried about losing their home; however, 9.8% (n=17) were worried they might lose their home. Roughly 2.3% (n=4) of survey respondents preferred not to answer (Table E20).

Table E20. Count and percentage of respondents worried about losing their home, Kent County Delaware, 2022

	n (%)	95% CI
Yes	17 (9.8)	5-18
No	152 (87.9)	78-93
Don't know	0 (0)	--
Prefer not to answer	4 (2.3)	1-11
Total	173	Missing Responses (n=5)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked if they were receiving any housing subsidies. Most respondents (89.5%, n=155) said they were not receiving any subsidies; however, 9.3% (n=15) were receiving housing subsidies. Only 1.2% (n=2) chose not to answer the question (Table E21).

Table E21. Count and percentage of respondents receiving any housing subsidies, Kent County Delaware, 2022

	n (%)	95% CI
Yes	15 (9.3)	5-18
No	155 (89.5)	81-94
Don't know	0 (0)	--
Prefer not to answer	2 (1.2)	0-9
Total	172	Missing Responses (n=6)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked if they have problems with any of the following issues where they live: bug infestation, mold, lead paint or pipes, inadequate heat, inadequate air conditioning, inadequate insulation, oven or stove not working, none or not working smoke detectors, none or not working carbon monoxide detectors, water leaks, none of the above, or any other issues. Of the potential issues, mold (10.1%, n=18) and inadequate insulation (8.4%, n=15) were reported most often. Respondents were unlikely to list smoke detectors not working (99.4%, n=177) as one of the problems where they live (Table E22).

Table E22. Count and percentage of respondents who have problems with any of the following where they live, Kent, Delaware, 2022

Response n (%)				
	Yes	No	Prefer not to say	n, missing
Mold	18 (10.1)	160 (89.9)	0%	178, 0
Inadequate insulation	15 (8.4)	163 (91.6)	0%	178, 0
Bug infestation	13 (7.3)	165 (92.7)	0%	178, 0
Inadequate air conditioning	10 (5.6)	168 (94.4)	0%	178, 0
Inadequate heat	9 (5.1)	169 (94.9)	0%	178, 0
Water leaks	9 (4.9)	169 (95.1)	0%	177, 0
Lead in paint or pipes	3 (1.7)	175 (98.3)	0%	178, 0
Oven or stove not working	2 (1.1)	176 (98.9)	0%	178, 0
No or not working carbon monoxide detectors	2 (1.1)	176 (98.9)	0%	178, 0
No or not working smoke detectors	1 (0.6)	177 (99.4)	0%	178, 0
None of the above	116 (65.2)	62 (34.8)	0%	178, 0
Other	0			

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked how safe they felt in the community. Roughly 83.5% (n=147) felt very safe, 9.1% (n=16) felt somewhat safe, 6.3% (n=11) felt somewhat unsafe, and 1.1% (n=2) felt very unsafe (Table E23).

Table E23. Count and percentage of how safe respondents feel in the community, Kent County, Delaware, 2022

	n (%)	95% CI
Very safe	147 (83.5)	76-90
Somewhat safe	16 (9.1)	5-15
Somewhat unsafe	11 (6.3)	3-12
Very unsafe	2 (1.1)	0-7
Prefer not to answer	0 (0)	--
Don't know	0 (0)	--
Total	176	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022



Thriving Natural World

Survey respondents were asked if any issues such as air pollution, fumes, noise, and chemicals, pollution, water pollution, contamination of drinking water, areas at risk of flooding, hot weather/ extreme heath, or accessing healthy food near their home were impacting their community’s health or living conditions. Fewer than one-third of survey respondents (32.6%, n=58) thought air pollution from vehicles was an issue, whereas 62.4% (n=111) did not think this was an issue. A little less than one-quarter of survey respondents (24.7%, n=44) thought fumes, noise, or chemicals from current industrial businesses or gas stations were an issue. In contrast, 73.0% (n=130) did not think this was an issue. Approximately 17.0% (n=30) thought pollution at the location of past industrial businesses was an issue, 79.1% (n=140) did not think this was an issue, and 4.0% (n=7) did not respond to this question.

Approximately 67.2% (n=119) did not think water pollution in creeks or storm drainage areas was an issue, whereas 29.9% (n=53) of survey respondents thought that it was an issue. About 64.8% (n=114) of survey respondents thought contamination of drinking water was not an issue, whereas 30.1% (n=53) thought it was an issue. Over 80% of survey respondents (80.9%, n=144) did not think areas at risk of flooding impacted their community’s health and living conditions; however, fewer than 20% (18.0%, n=32) thought it does impact their community’s health and living conditions. Approximately 77.5% (n=138) do not think hot weather or extreme heat impacts their community’s health or living conditions, yet 21.35% (n=38) think that it does. Finally, over 60% of the survey respondents (62.7%, n=111) believe that access to healthy food near their home is an issue, and 36.2% (n=64) believe it is not (Table E24).

Table E24. Count and percentage of respondents who believe the following environmental factors are impacting their community's health and living conditions, Kent County, Delaware, 2022

	n (%)	95% CI
<b>Air pollution from vehicles</b>		
Yes	58 (32.6)	23-39
No	111 (62.4)	53-72
NR	9 (5.1)	3-13
Total	178	Missing Responses (n=0)
<b>Fumes, noise, and/or chemicals from current industrial businesses or gas stations</b>		
Yes	44 (24.7)	17-34
No	130 (73.0)	64-81
NR	4 (2.3)	1-10
Total	178	Missing Responses (n=0)
<b>Pollution at the location of past industrial businesses</b>		
Yes	30 (17.0)	17-34
No	140 (79.1)	64-81
NR	7 (4.0)	1-10
Total	177	Missing Responses (n=1)
<b>Water pollution in creeks and storm drainage areas</b>		
Yes	53 (29.9)	21-40
No	119 (67.2)	58-77
NR	5 (2.8)	1-8
Total	177	Missing Responses (n=1)
<b>Contamination of drinking water</b>		
Yes	53 (30.1)	23-41
No	114 (64.8)	53-73
NR	9 (5.1)	2-11
Total	176	Missing Response (n=2)
<b>Areas that are at risk of flooding</b>		
Yes	32 (18.0)	12-26
No	144 (80.9)	73-88
NR	2 (1.1)	0-4
Total	178	Missing Responses (n=0)
<b>Hot weather/Extreme heat</b>		
Yes	38 (21.4)	14-28
No	138 (77.5)	70-86
NR	2 (1.1)	0-4
Total	178	Missing Responses (n=0)
<b>Healthy food near my home</b>		
Yes	111 (62.7)	51-74
No	64 (36.2)	24-47
NR	2 (1.1)	0-7
Total	177	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked if they have access to resources in their community such as shade outside of their home from street trees and parks, access to parks and/or recreation centers, opportunities for activities and sports at neighborhood parks/fields/courts, affordable organized activities and sports at neighborhood parks and recreation/civic centers, sidewalks, crosswalks, and curb ramps, bicycle lanes and low impact traffic speeds, and grocery stores and other places that sell healthy food options. Most survey respondents said they had access to shade outside their homes from street trees and parks (91.0%, n=162), with 8.4% (n=15) saying they did not have access to shade outside their homes. Most survey respondents (88.8%, n=158) reported having access to parks and/or recreation centers, whereas 11.2% (n=20) of survey respondents reported not having access.

Most survey respondents (77.5%, n=138) also reported having access to opportunities for activities and sports at neighborhood parks/fields/courts; however, 17.4% (n=31) stated they did not. About 69.5% (n=123) of respondents stated they had access to affordable organized activities and sports at neighborhood parks and recreation/civic centers; however, 22.0% (n=39) did not. Approximately 8.5% (n=15) of respondents did not respond to this question.

Roughly 85.4% (n=152) of respondents said those who walk and use mobility devices such as wheelchairs have access to sidewalks, crosswalks, and curb ramps. Less than 15% (13.5%, n=24) of survey respondents stated they did not have access to these items in their built environment. Almost 70% (67.8%, n=120) of survey respondents reported having access to bicycle lanes and low impact traffic speeds for people to get around, yet 30.5% (n= 54) said they did not. Finally, most survey respondents (93.2%, n=165) had access to grocery stores and other local stores with healthy food; however, 6.8% (n=12) did not (Table E25).

Table E25. Count and percentage of respondents that have access to the following resources in their community, Kent County, Delaware, 2022

	n (%)	95% CI
<b>Shade outside my home from street trees and parks</b>		
Yes	162 (91.0)	85-95
No	15 (8.4)	5-14
NR	1 (0.6)	0-4
Total	178	Missing Responses (n=0)
<b>Access to parks and/or recreation centers</b>		
Yes	158 (88.8)	51-74
No	20 (11.2)	24-47
NR	0 (0)	0-7
Total	178	Missing Responses (n=0)
<b>Opportunities for activities and sports at neighborhood parks/fields/courts</b>		
Yes	138 (77.5)	72-86
No	31 (17.4)	10-22
NR	9 (5.1)	3-9
Total	178	Missing Responses (n=0)
<b>Affordable organized activities and sports at neighborhood parks and recreation/civic centers</b>		
Yes	123 (69.5)	62-76
No	39 (22.0)	15-27
NR	15 (8.5)	6-17
Total	177	Missing Responses (n=1)
<b>Sidewalks, crosswalks, and curb ramps for people who walk and use mobility devices such as wheelchairs</b>		
Yes	152 (85.4)	77-91
No	24 (13.5)	9-22
NR	2 (0.7)	0-3
Total	178	Missing Responses (n=0)
<b>Bicycle lanes and low impact traffic speeds for people who use bicycles to get around</b>		
Yes	120 (67.8)	57-77
No	54 (30.5)	22-42
NR	3 (1.7)	0-4
Total	177	Missing Responses (n=1)
<b>Grocery stores, supermarkets, corner stores, and farmers markets that sell fresh fruits, vegetables, lean meats, and other health options</b>		
Yes	165 (93.2)	87-97
No	12 (6.8)	0.03-0.13
NR	0 (0)	--
Total	177	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Most survey respondents (83.5%, n=147) felt safe accessing parks and recreation centers in their neighborhood, whereas 9.1% (n=16) did not. Approximately 6.3% (n=11) did not know and approximately 1.1% (n=2) of survey respondents preferred not to answer (Table E26).

**Table E26. Count and percentage of respondents that feel safe accessing parks and recreation centers in their neighborhood, Kent County, Delaware, 2022**

	n (%)	95% CI
Yes	147 (83.5)	5-15
No	16 (9.1)	76-90
Don't know	11 (6.3)	3-12
Prefer not to answer	2 (1.01)	0-7
Total	176	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Reliable Transportation

Survey respondents were asked what type of transportation they use most for work, school, or shopping in a typical week. Most survey respondents (97.1%, n=170) did not use a bike, yet 2.9% (n=5) did. Roughly 92.6% (n=163) did not use a bus, but 7.4% (n=13) did report using a bus. Many survey respondents (85.8%, n=151) used a car for transportation; however, 14.2% (n=25) did not. Most survey respondents did not use a motorcycle (98.3%, n=172) in a typical week, while 1.7% (n=3) did. Similarly, most respondents (95.4%, n=167) did not use rideshare services for typical transportation, whereas 4.6% (n=8) reported using rideshare services. Most people did not walk (90.9%, n=159), with 9.1% (n=16) reporting walking in a typical week for work, school, or shopping (Table D27).

**Table E27. Count and percentage of respondents' modes of transportation used most in a typical week for work, school, or shopping, Kent County, Delaware, 2022**

	Response n (%)			
	Yes	No	Prefer not to say	Missing Responses
Car	151 (85.8)	25 (14.2)	0%	2
Walk	16 (9.1)	159 (90.0)	0%	3
Bus	13 (7.4)	163 (92.6)	0%	2
Rideshare service	8 (4.6)	167 (95.4)	0%	3
Bike	5 (2.9)	170 (97.1)	0%	3
Motorcycle	3 (1.7)	172 (98.3)	0%	3
Total	178		Missing Responses (n=16)	

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked if they can be physically active near their home and to consider places like parks, trails, places to walk, playground gyms, and recreation centers. Slightly less than half of survey respondents (48.3%, n=86) strongly agreed and 39.9% (n=71) agreed, while 6.2% (n=11) disagreed and 0.6% (n=1) strongly disagreed (Table D28).

**Table E28. Count and percentage of respondents' agreement that there are places where they can be physically active near their home, considering parks, trails, places to walk, playgrounds, gyms, recreation centers, etc., Kent County, Delaware, 2022**

	n (%)	95% CI
Strongly agree	86 (48.3)	39-63
Agree	71 (39.9)	29-49
Disagree	11 (6.2)	2-14
Strongly disagree	1 (0.6)	0-6
Don't know	9 (5.1)	2-10
Prefer not to answer	0 (0)	--
Total	178	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Survey respondents were asked in the last 12 months if lack of reliable transportation kept them from medical appointments, meetings, work or from getting things they needed for daily living. Approximately 6.9% (n=12) of survey respondents said the lack of reliable transportation was an issue, whereas 93.1% (n=162) did not report it as an issue (Table D29).

**Table E29. Count and percentage of respondents reporting a lack of reliable transportation preventing them from attending medical appointments, meetings, work, or from getting things needed for daily living in the past 12 months, Kent County, Delaware, 2022**

	n (%)	95% CI
Yes	12 (6.9)	3-15
No	162 (93.1)	85-97
Prefer not to answer	0 (0)	--
Total	174	Missing Responses (n=4)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Belonging and Power to Make Change

Survey respondents were asked a five-item social cohesion/trust question to measure how well communities work together and evaluate how likely neighbors are to support each other in times of need (Sampson, Raudenbush, and Earls, 1997). A five-point scale (1=strongly agree; 5=strongly disagree) was used to rate responses to the following statements: 1) People around here are willing to help their neighbors; 2) People in the neighborhood don’t get along with each other; 3) People in this neighborhood can be trusted; 4) This is a close-knit neighborhood; and 5) People in this neighborhood do not share similar values. The two negatively worded questions (statements 2 and 5) were reverse coded so that the high values mean more collective efficacy. Next, each score was calculated for each respondent by averaging their ratings. The mean social cohesion/ trust score for Kent County was 2.8 and the range was 0.8 to 4.8.

Survey respondents were asked if they were willing to become involved in their community by working with others to make things happen. Approximately 27.5% (n=49) were very willing, 36.0% (n=64) were willing, 24.2% (n=43) were somewhat willing, 10.1% (n=18) were not that willing, and 2.3 (n=4) respondents preferred not to answer (Table D30). Thus, most respondents were willing to become involved in their community by working with other people to make things happen.

**Table E30. Count and percentage of respondents’ willingness to become involved in their community by working with others to make things happen, Kent County, Delaware, 2022**

	n (%)	95% CI
Very willing	49 (27.5)	19-36
Willing	64 (36.0)	26-43
Somewhat willing	43 (24.2)	19-37
Not that willing	18 (10.1)	5-16
Prefer not to answer	4 (2.3)	1-8
Total	178	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Response Survey, Kent County, Delaware, November 10-12, 2022

Conclusions

Investigating the health needs in each county using the vital conditions of health and well-being framework has allowed surveyors to better understand county-specific needs in the most vulnerable areas in Delaware. The assessments focused on the seven vital condition domains: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle.

Regarding basic needs, most respondents reported never worrying about running out of food and agreed that programs and institutions treated people of all backgrounds fairly. Access to healthcare was reported as being adequate for most respondents, though some reported some difficulties, especially with dental services.

Related to humane housing, most respondents were not worried about losing their homes, and very few received housing subsidies. There were minimal safety concerns as most respondents reported feeling safe in their communities and having access to necessary resources like parks and healthy food.

In reliable transportation, most respondents reported using cars most often for their transportation needs. Additionally, most respondents agreed that they had opportunities to be physically active near their homes. Many respondents were willing to work with others to improve their communities, indicating positive levels of social cohesion and community involvement.



This information revealed by the investigations is crucial in informing policies and developing strategic interventions to target each specific county. Overall, the survey findings suggest that there are some areas for improvement, particularly in healthcare access. The sample represents the broader community well. The survey data provides valuable insights into the demographics, basic needs, housing, transportation, and social cohesion within Kent County, Delaware, thus guiding future efforts to address community needs and enhance well-being.

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## APPENDIX F

# 2023 Sussex County Community Assessment for Public Health Emergency Response Field Report

Sussex County, Delaware  
February 16-18, February 25, and March 4, 2023

## Background

The Delaware Department of Health and Social Services (DHSS) Division of Public Health (DPH), in collaboration with the University of Delaware's Partnership for Healthy Communities (PHC) and Epidemiology Program, used the Vital Conditions of Health and Well-Being framework to assess community health needs. The assessment focused on the seven vital condition domains: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle. Community assessments were conducted in Sussex County, Delaware during February and March 2023. The objective of the assessment was to gather information to better meet the needs and address the concerns of Delaware communities. The assessment was focused on identifying barriers to improving health. It was conducted in high social vulnerability areas as measured by the Centers for Disease Control and Prevention (CDC), Agency for Toxic Substances Disease Registry (ATSDR) Social Vulnerability Index (SVI).

## Methods

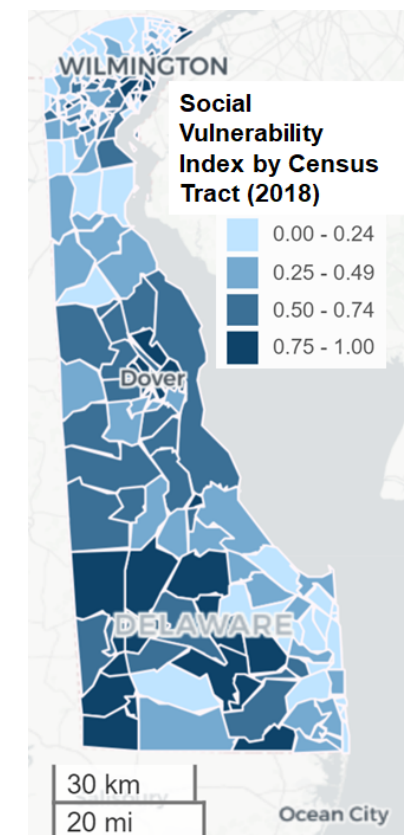
A questionnaire was developed to assess each domain of the vital conditions' framework. The questionnaire included 36 questions. The survey instrument asked about food security, access to health care providers, tobacco use, access to quality K-12 schools and affordable childcare, the household's housing conditions, the built environment, access to reliable transportation, and the household's sense of community and/or belonging. The survey was designed in collaboration with DPH and from feedback from community partners. Respondents received a \$30 gift card for participating in the survey. The University of Delaware Institutional Review Board (IRB 1966239) and the DPH Privacy Board reviewed and approved the survey instrument.

The target populations for the surveys were the most vulnerable neighborhoods in Sussex County, as defined by the CDC/ATSDR SVI (SVI - 2018). Per the CDC/ASTDR, the highest vulnerability neighborhoods, or census tracts, are defined as those with an SVI value greater than 0.75. These areas represent the top 25% of census tracts based on vulnerability. The sampling frame was, therefore, defined as all census blocks within the most vulnerable census tracts (Figure F1).

**Figure F1. Neighborhoods Social Vulnerability by Census Tract as defined by the Centers for Disease Control and Prevention's Social Vulnerability Index, Delaware and Sussex County, Delaware, 2023**

*Source: Delaware Division of Health and Social Services My Health Community, Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program*

A two-stage cluster sampling method, developed by the CDC and the World Health Organization, was used to select a population-weighted sample of census blocks (Malilay et al., 1996). Population weighted cluster sampling allows the results to be generalized to the entire population of the sample frame; however, stratification of results into sub-groups can result in imprecise estimates because of smaller sample sizes. This sampling method has been validated for rapid assessments of a variety of population-level public health needs and produces valid and precise estimates that are within +/-10% of the "true" estimate (Binkin et al., 1992; Frerichs & Shaeen, 2001).

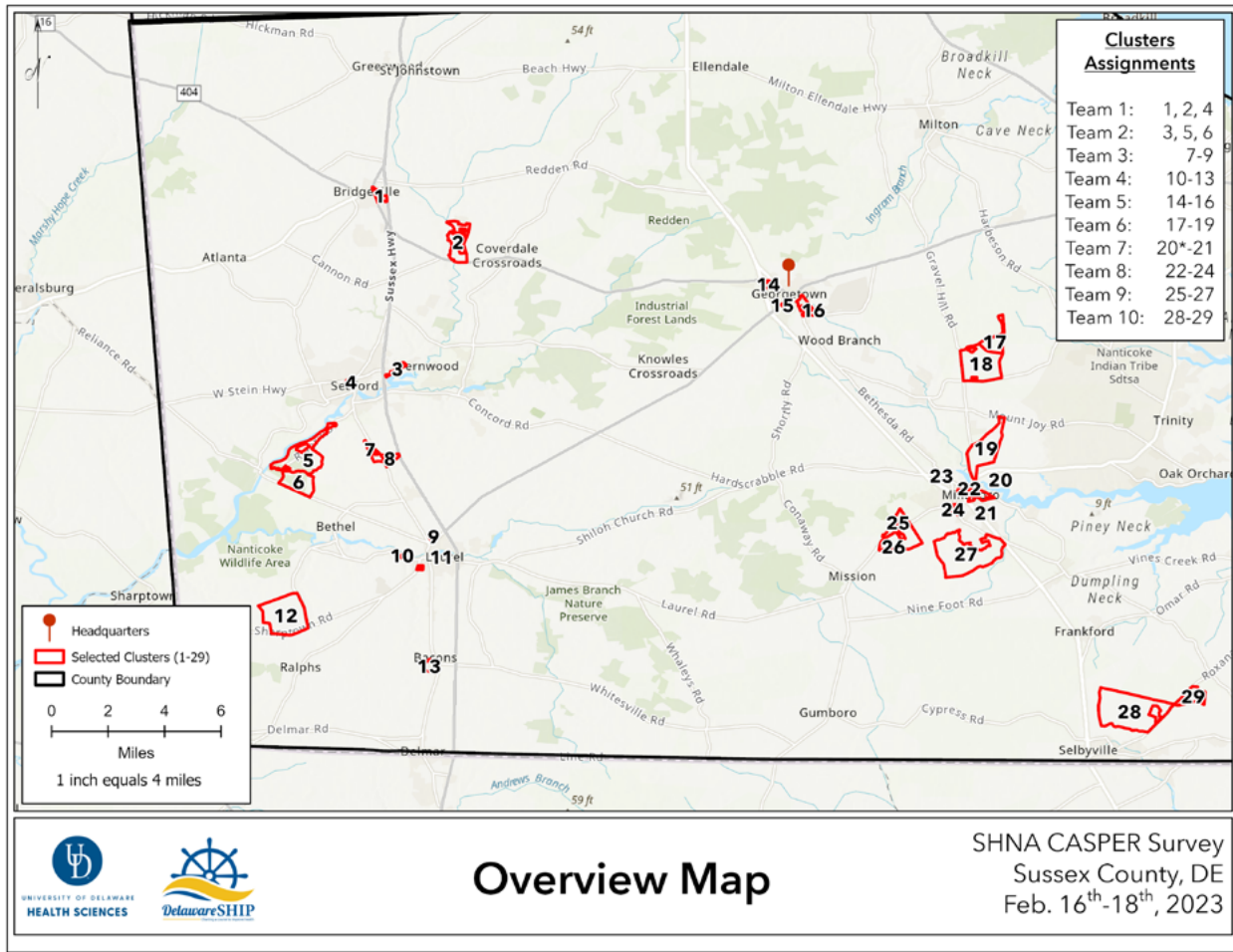


In the first stage of cluster sampling, 30 census blocks are randomly selected with the probability of selection proportional to the number of occupied households (Figure F2). The second stage of sample selection randomly selected seven residential addresses within each selected block. The 30x7 cluster sample has a total sample size of 210. Residential addresses were provided by the Biden School of Public Policy, Center for Applied Demography & Survey Research in September 2022.

A three-hour just-in-time training was held February 16, 2023. The training was accomplished in collaboration with numerous local civic organizations and individuals from the University of Delaware and PHC, which has long-standing relationships with many organizations. Field teams included community volunteers and University of Delaware students and staff. Field headquarters were located at the First State Community Action Agency 308 North Railroad Avenue, Georgetown, Delaware 19947, which provided a central location for field teams to gather. A total of 32 surveyors were trained to administer the surveys and participated in the assessment.

Once data collection was complete, surveys were entered into a Microsoft Excel spreadsheet and imported into SAS Version 9.4 (Cary, NC) for analysis. To calculate 95% confidence intervals (95% CI), interview responses for households were weighted based on the probability of being selected in each cluster. Weighting was guided by the CDC’s Community Assessment for Public Health Response (CASPER) toolkit. Confidence intervals represent a range of numerical values around which the actual value for the population is likely to fall. Therefore, using this survey methodology reliably produces estimates accurate to within 10% of the true level in the population with 95% confidence.

Figure F2. Selected clusters within the most vulnerable neighborhoods sampling frame in Sussex County, Delaware, 2023



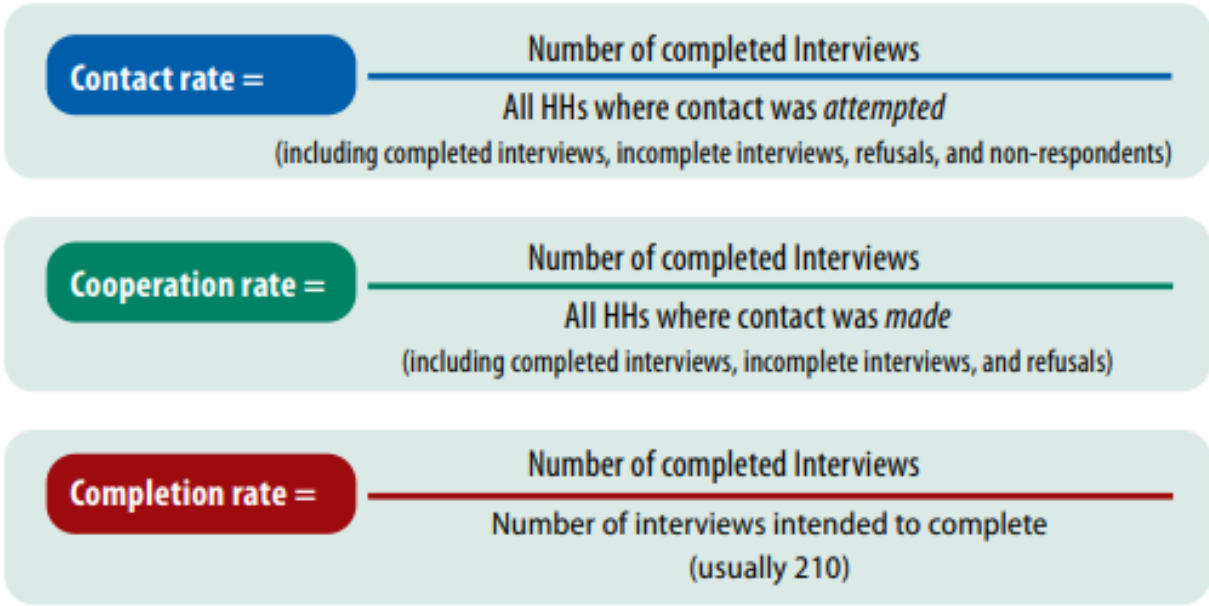
Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023



Results

A series of response rates were calculated following CDC guidelines (Figure F3). One hundred and sixty-eight surveys were successfully completed (Completion Rate: 168/ 210 = 80.0%). The contact rate, which measures effort and accounts for the total number of doors on which surveyors knocked, was 23.7% (168/708) (Figure F3). The cooperation rate, a measure of the respondent’s willingness to participate in the survey, was 52.8% (168/318). The completion, contact, and cooperation rates were all within the expected ranges for CASPER surveys (Smitherman et al., 2017). Weighting was conducted to calculate confidence intervals, but frequencies are unweighted. Percentages may add to slightly more or less than 100% due to rounding and weighting.

Figure F3. Calculation of Community Assessment for Public Health Emergency Response (CASPER rates, Delaware, 2022



Source: Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Third Edition (cdc.gov)

Demographics

To assess how representative the survey sample was, researchers compared the demographics for the sample, the sampling frame (high SVI), and Sussex County demographics overall. There was adequate alignment between the sample and the sample frame across all demographics. Over half of all survey respondents in Sussex County were female (55.5%, n=93). About 14.0% (n=25) of respondents identified as Hispanic, Latino, or Spanish origin, below the percentage of Hispanics, Latino, or Spanish identifying individuals in the sampling frame (15.5%). Over half of all respondents identified as White 55.0% (n= 90) and 23.7% (n=38) identified as Black or African American (Table F1).

Table F1. Demographic characteristics of high-SVI Community Assessment for Public Health Emergency Response (CASPER) survey respondents, high-SVI CASPER survey sample frame was defined as all census blocks within the most vulnerable census tracts, and Sussex County, Delaware, 2023

	Sample <sup>1</sup> (95% CI)	Sample Frame <sup>2</sup> (SVI>0.75)	Sussex County <sup>3</sup>
<b>Gender</b> (n= 165)			
Male	44.4% (35-52)	49.7% (±2.1)	48.5% (±0.2)
Female	55.5% (48-65)	50.3% (±2.0)	51.5% (±0.2)
<b>Age</b> (n= 168)			
Age in years			
Mean age	48.6	40.6 (±1.3)	52.7 (±0.4)
<b>Race</b> (n=163)			
American Indian or Alaska Native	3.1% (1-13)	0.3% (±0.2)	0.6% (±0.4)
Asian or Asian American	0.6% (0-4)	1.2% (±0.4)	1.1% (±0.2)
Black or African American	23.8% (12-33)	19.2% (±1.5)	10.6% (±0.7)
White	55.0% (45-70)	72.7% (±3.0)	74.2% (±0.6)
Some other race	11.9 (5-19)	3.0% (±1.0)	4.1% (±1.1)
Two or more races	0.6% (0-9)	3.5% (±1.0)	9.5% (±1.2)
Prefer not to answer	0.0% (2-9)	---	---
<b>Hispanic Ethnicity</b> (n=164)			
Hispanic	14.0% (8-24)	15.5% (±2.1)	9.7%

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

<sup>1</sup>N=168, ages 18 and over

<sup>2</sup>U.S. Census Bureau. (2020). 2020 American Community Survey 5-year estimates, Census Tracts SVI > 0.75, Table DP05, all ages.

<sup>3</sup>U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Tables, Table DP05, all ages.



Most respondents in Sussex County were high school graduates or had a GED (27.3%, n=48). About 19.6% (n=33) of respondents had some college education but no degree followed by 11.0% (n=17) who have a bachelor’s degree. Compared to all other categories, most respondents (41.6%, n=70) did not know or refused to answer the questions about median household income. Of those who did answer the question, 11.8% (n= 19) reported an income within the \$50,000 to 74,999 range (Table F2).

**Table F2. Education and income for sample, sample frame was described as all census blocks within the most vulnerable census tracts, Sussex County, Delaware, 2023**

	Sample <sup>1</sup> (95% CI)	Sample Frame (SVI>0.75)	Sussex County
<b>Education (n=168)</b>			
Less than 9 <sup>th</sup> grade	6.5% (3-14)	5.8% (±0.8) <sup>2</sup>	2.9% (±0.7) <sup>3</sup>
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	12.8% (7-22)	10.4% (±1.1) <sup>2</sup>	6.2% (±1.0) <sup>3</sup>
High school graduate (or GED)	27.3% (19-36)	34.7% (±2.0) <sup>2</sup>	26.9% (±1.4) <sup>3</sup>
Some college, no degree	19.6% (14-28)	20.9% (±1.6) <sup>2</sup>	18.6% (±1.5) <sup>3</sup>
Associate degree or vocational training	14.1% (8-23)	9.7% (±1.1) <sup>2</sup>	9.1% (±1.1) <sup>3</sup>
Bachelor’s degree	11.0% (6-19)	11.3% (±1.3) <sup>2</sup>	20.3% (±1.4) <sup>3</sup>
Graduate or professional degree	5.7% (3-11)	7.2% (±0.9) <sup>2</sup>	16.0% (±1.2) <sup>3</sup>
<b>Median household income (n=168)</b>			
Less than \$10,000	4.9% (1-9)	5.1% (±1.1) <sup>4</sup>	3.3% (±0.8) <sup>5</sup>
\$10,000 to \$14,999	9.3% (5-18)	6.1% (±1.4) <sup>4</sup>	2.7% (±0.8) <sup>5</sup>
\$15,000 to \$24,999	8.1% (5-15)	8.4% (±1.2) <sup>4</sup>	5.4% (±1.0) <sup>5</sup>
\$25,000 to \$34,999	6.2% (4-12)	12.3% (±2.5) <sup>4</sup>	6.9% (±1.1) <sup>5</sup>
\$35,000 to \$49,999	6.8% (4-12)	14.6% (±1.7) <sup>4</sup>	10.7% (±1.6) <sup>5</sup>
\$50,000 to \$74,999	11.8% (8-18)	18.5% (±1.7) <sup>4</sup>	17.2% (±2.0) <sup>5</sup>
\$75,000 to \$99,999	2.5% (1-7)	12.6% (±1.3) <sup>4</sup>	13.0% (±1.3) <sup>5</sup>
\$100,000 to \$149,999	6.2% (4-14)	14.4% (±1.7) <sup>4</sup>	20.9% (±1.7) <sup>5</sup>
\$150,000 or more	2.5% (1-8)	8.1% (±1.2) <sup>4</sup>	9.6% (±1.4) <sup>5</sup>
Don't Know/Refused to Answer	41.6% (33-50)	---	---

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

<sup>1</sup>N=168, ages 18 and over

<sup>2</sup> U.S. Census Bureau (2020). 2020 American Community Survey 5-year estimates, Census Tracts, Census Tracts SVI > 0.75, Table S1501, population 25 and over

<sup>3</sup> U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Table S1501, population 25 years and over

<sup>4</sup>U.S. Census Bureau. (2020). 2020 American Community Survey 5-Year Estimates Subject Table DP03, Census Tracts SVI > 0.75, household estimates

<sup>5</sup>U. S. Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates Subject Table S1901, household estimate

Basic Needs for Health and Safety

Respondents of administered surveys represented their household when being asked the following statements, “I worried whether my food would run out before I got money to buy more” was often true, sometimes true, or never true for the respondent/the household in the last 12 months. Approximately 10.5% (n=17) respondents said it was often true, 24.0% (n=39) of respondents reported it was sometimes true, and 64.2% (n=107) of survey respondents reported it was never true (Table F3). Overall, most respondents reported that they were never worried that food would run out before getting the money to buy more.

**Table F3. Count and percentage of respondents that are worried food will run out before getting money to buy more in the last 12 months, Sussex County, Delaware, 2023**

	n (%)	95% CI
Often true	17 (10.5)	6-16
Sometimes true	39 (24.0)	17-32
Never true	107 (64.2)	55-75
Don't know	0 (0)	--
Prefer not to answer	2 (1.2)	0-5
Total	165	Missing Responses (n=3)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Respondents were asked if they strongly agreed, agreed, disagreed, or strongly disagreed that people of all races, ethnicities, backgrounds, and beliefs in the community are treated fairly by programs and institutions. Roughly 12.3% (n=18) of survey respondents strongly agreed, 55.8% (n=78) agreed, 22.4% (n=31) disagreed, and 8.7% (n=12) strongly disagreed. Approximately 0.7% (n=1) respondents preferred not to answer (Table F4). Thus, most of the respondents agreed that everyone was treated fairly by programs and institutions.

**Table F4. Count and percentage of respondents' agreement that people of all races, ethnicities, backgrounds, and beliefs in their community are treated fairly by programs and institutions, Sussex County, Delaware, 2023**

	n (%)	95% CI
Strongly agree	18 (12.3)	7-22
Agree	78 (55.8)	44-64
Disagree	31 (22.4)	16-33
Strongly disagree	12 (8.7)	4-16
Don't know	0 (0)	--
Prefer not to answer	1 (0.7)	0-8
Total	140	Missing Responses (n=28)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Most respondents (85.3%, n=139) reported that they themselves or someone in their household did not have a problem getting the health care they needed from any type of health care provider, dentist, pharmacy, or other facility. However, 14.1% (n=23) said they had difficulty accessing health care from any type of provider. Roughly 0.6% (n=1) respondents preferred not to answer (Table F5).

**Table F5. Count and percentage of respondents reporting having a problem getting the health care they needed from any type of health care provider, dentist, pharmacy, or other facility for themselves or household members in the past 12 months, Sussex County, Delaware, 2023**

	n (%)	95% CI
Yes	23 (14.1)	10-22
No	139 (85.3)	78-90
Don't know	0 (0)	--
Prefer not to answer	1 (0.6)	0-2
Total	166	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

If respondents had problems accessing health care, a follow-up question asked which type of provider the respondent or someone in their household had trouble accessing. The most challenging providers to access were dentists in Sussex County (35.6%, n=12). The second most challenging were specialists (36.0%, n=8), particularly cardiovascular and stroke recovery specialists. General practitioners also posed difficulties (22.5%, n=7). The least commonly cited providers that respondents or their household members had trouble accessing were substance use treatment providers (87.1%, n=27), mental health providers (83.9%, n=26), and OB/GYNs (80.6%, n=25) (Table F6).

**Table F6. Count and percentage of respondents indicating what type of provider they had difficulty accessing, Sussex County, Delaware, 2023**

	Response n (%)			Total n
	Yes	No	Prefer not to say	
Dentist	12 (35.6)	15 (51.2)	4 (13.2)	31
Specialist	9 (36.0)	12 (48.0)	4 (16.0)	25
General practitioner	7 (22.5)	20 (64.5)	4 (12.9)	31
Eye care/optometrist/ophthalmologist	4 (12.9)	23 (74.2)	4 (13.2)	31
Urgent care center	4 (12.5)	24 (75.0)	4 (12.7)	32
Hospital	4 (12.5)	24 (75.0)	4 (12.7)	32
Pharmacy/prescriptions	3 (9.7)	24 (77.4)	4 (13.2)	31
Pediatrician	3 (9.7)	24 (77.4)	4 (13.2)	31
OB/GYN	2 (6.5)	25 (80.6)	4 (13.2)	31
Mental health provider	1 (3.2)	26 (83.9)	4 (13.2)	31
Substance use treatment provider	0 (0)	27 (87.1)	4 (13.2)	31

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Respondents were asked in the last six months how often people in a medical setting showed interest in their questions and concerns. Most respondents (39.0%, n=64) indicated that people in a medical setting always showed interest in their questions and concerns, 20.7% (n=34) indicated people in a medical setting usually showed interest in their questions and concerns, 21.3% (n=35) said they sometimes showed interest in their questions, and 15.8% (n=26) said they never showed interest in their questions and concerns in a medical setting (Table F7).

**Table F7. Count and percentage of respondents reporting how often people in a medical setting showed interest in their questions and concerns in the last six months, Sussex County, Delaware, 2023**

	n (%)	95% CI
Never	26 (15.8)	12-22
Sometimes	35 (21.3)	15-32
Usually	34 (20.7)	16-32
Always	64 (39.0)	27-47
Prefer not to answer	5 (3.0)	1-6
Total	164	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked in the last six months if anyone in the medical setting asked them if they had trouble accessing their medicines. Most respondents (73.8%, n=121) stated they were never asked if they had trouble paying for medications, 12.2% (n=20) report sometimes being asked, 6.1% (n=10) reported usually being asked, and 6.7% (n=11) were always asked. Only 1.2% (n=2) of respondents preferred not to answer the question (Table F8).

**Table F8. Count and percentage of respondents reporting how often anyone in a medical setting has asked if they ever have trouble paying for their medicines in the last six months, Sussex County, Delaware, 2023**

	n (%)	95% CI
Never	121 (73.8)	67-81
Sometimes	20 (12.2)	7-18
Usually	10 (6.1)	3-12
Always	11 (6.7)	3-12
Prefer not to answer	2 (1.2)	0-6
Total	164	Missing Responses (n=1)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

More than half of survey respondents (67.7%, n=44) reported never having anyone in a medical setting assist them to get help paying for their medicines, 13.8% (n=9) reported someone sometimes assisted them, 4.6% (n=3) reported someone usually assisted them, and 7.7% (n=5) reported someone always assisted them in getting help to pay for their medicines. Approximately 6.1% (n=4) of survey respondents preferred not to answer this question. Surveyors were instructed to skip question 9 if respondents responded “Never” to the above question; however, not all surveyors followed these instructions (Table F9).

**Table F9. Count and percentage of respondents reporting how often anyone in a medical setting has assisted them to get help paying for their medicines in the last six months, Sussex County, Delaware, 2022**

	Percent (n)	95% CI
Never	44 (67.7)	59-83
Sometimes	9 (13.8)	6-28
Usually	3 (4.6)	1-12
Always	5 (7.7)	2-18
Prefer not to answer	4 (6.1)	1-12
Total	65	

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Nearly half of the survey respondents (47.2%, n=76) said someone in the household ever smoked cigarettes and nearly half (50.9%, n=82) reported no one in the household ever smoked cigarettes. Only 1.9% (n=3) of respondents preferred not to answer the question (Table F10).

**Table F10. Count and percentage of respondents reporting cigarette smoking by anyone in their household, Sussex County, Delaware, 2023**

	n (%)	95% CI
Yes	76 (47.2)	40-58
No	82 (50.9)	40-57
Prefer not to answer	3 (1.9)	1-8
Total	161	Missing Responses (n=3)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Most (88.3%, n=144) of survey respondents reported that no one in the household uses smokeless tobacco (i.e., chewing tobacco, snuff, vaping, hookah, etc.), whereas 11.0% (n=18) of respondents said someone in the household uses smokeless tobacco. Only one respondent preferred not to answer (Table F11).

**Table F11. Count and percentage of respondents reporting smokeless tobacco use (i.e., chewing tobacco, snuff, vaping, hookah, etc.) by anyone in their household, Sussex County, Delaware, 2023**

	n (%)	95% CI
Yes	18 (11.0)	7-16
No	144 (88.3)	84-93
Prefer not to answer	1 (0.6)	0-2
Total	163	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Most survey respondents (50.0%, n=41) thought someone would go to a private facility for alcohol or drug addiction compared to a hospital (42.2%, n=33). Roughly 4.9% (n=4) thought someone should seek help from a school resource, and 4.9% (n=4) preferred not to answer. Many people may have chosen not to respond to this question due to the sensitive nature of substance use (Table F12).

**Table F12. Count and percentage of respondents knowing where someone would go if they needed substance use services or treatment for alcohol or drug addiction, Sussex County, Delaware, 2023**

	Percent (n)	95% CI
Private Facility	41 (50.0)	42-63
Hospital	33 (42.2)	27-48
School Resource	4 (4.9)	2-16
Prefer not to answer	4 (4.9)	2-11
Don't know	0 (0)	--
Total	82	Missing Responses (n=85)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Lifelong Learning

Approximately 32.2% of respondents strongly agreed (n=49) that they can access high-quality K-12 schools. Nearly half (50.0% n=76) agreed and 9.2% (n=14) disagreed when asked if they could access high-quality K-12 schools where they live. Approximately 8.5% (n=13) did not know if they could access high-quality K-12 schools where they lived (Table F13). Overall, most of the respondents agreed that they can access high-quality K-12 schools where they live.

**Table F13. Count and percentage of respondents' agreement that they can access high-quality K-12 schools where they live, Sussex County, Delaware, 2023**

	n (%)	95% CI
Strongly agree	49 (32.2)	24-44
Agree	76 (50.0)	40-56
Disagree	14 (9.2)	5-17
Strongly disagree	0 (0)	0-5
Don't know	13 (8.5)	4-16
Prefer not to answer	0 (0)	--
NA	0 (0)	--
Total	152	Missing Responses (n=13)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked if they can access affordable childcare and early learning options where they live for newborns to age five. Many respondents agreed (32.4, n=47) that they can access affordable childcare and early learning options where they live, whereas 17.2% (n=25) strongly agreed, 13.1% (n=19) disagreed, 9.6% (n=14) strongly disagreed, and 26.2% (n=38) did not know (Table F14).



**Table F14. Count and percentage of respondents’ agreement that they can access affordable childcare and early learning options where they live for newborns to age five, Sussex County, Delaware, 2023**

	n (%)	95% CI
Strongly agree	25 (17.2)	11-27
Agree	47 (32.4)	23-41
Disagree	19 (13.1)	8-21
Strongly disagree	14 (9.6)	5-17
Don’t know	38 (26.2)	19-38
Prefer not to answer	2 (1.4)	0-6
NA	0 (0)	--
Total	145	Missing Responses (n=20)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Meaningful Work and Wealth

When survey respondents were asked to think about their ideal job or career and rate their responses from one (being the best possible life) and five (being the worst possible life), most of the respondents (31.5%, n=51) rated their life a three, followed by 30.9% (n=50) who rated their life a one (best possible life), 21.6% (n=35) who rated their life a two, 8.0% (n=13) who rated their life a four, and 1.8% (n=3) who rated their life as the worst possible life (five). Approximately 6.2% (n=10) of survey respondents preferred not to answer this question (Table F15).

**Table F15. Count and percentage of respondents rating their ideal job or career from best to worst possible life, Sussex County, Delaware, 2023**

	n (%) *	95% CI
(1) Best possible life	50 (30.9)	23-41
(2)	35 (21.6)	15-28
(3)	51 (31.5)	25-42
(4)	13 (8.0)	4-17
(5) Worst possible life	3 (1.8)	1-5
Prefer not to answer	10 (6.2)	2-10
Total	162	Missing Responses (n=3)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Note: 1 represents the best possible life and 5 represents the worst possible life

Survey respondents were asked if they or any family living with them were financially better or worse off these days than they were 12 months ago. Roughly 14.7% (n=24) reported being much worse off, 17.8% (n=29) reported being somewhat worse off, 38.0% (n=62) reported being about the same, 19.0% (n=31) were somewhat better off, and 9.2% (n=15) were much better off than they were 12 months ago. Roughly 1.2% (n=2) of respondents preferred not to answer (Table F16). Thus, most respondents reported that they are about the same financially as a year ago.

**Table F16. Count and percentage of respondents reporting their own and household family members’ financial status as better or worse off these days compared to 12 months ago, Sussex County, Delaware, 2023**

	n (%)	95% CI
Much worse off	24 (14.7)	11-22
Somewhat worse off	29 (17.8)	13-27
About the same	62 (38.0)	28-43
Somewhat better off	31 (19.0)	14-30
Much better off	15 (9.2)	5-15
Don’t know	0 (0)	--
Prefer not to answer	2 (1.2)	0-4
Total	163	Missing Responses (n=2)

Source: Delaware State Health Assessment CASPER Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Housing

Households were asked how people live in their household at least half the year and how many rooms there were in the household. Residents reported a mean of 5.8 rooms (standard deviation (SD) of 2.1); the minimum number of rooms reported was one and the maximum was 13 (Table F17a).

To calculate how crowded households were, the number of people in the household was divided by the number of rooms in the household. If households had greater than or equal to 1.01 people living per room, the households were considered crowded (U.S. Census Bureau). According to the U.S. Census Bureau, using persons per room is informative because while room size may vary considerably, customs and building codes will establish an explicit minimum size for rooms to be considered safe and healthy. Approximately 18.5% (n=31) households had greater than 1.0 people living per room, and 81.6% had less than 1.0 people living per room (Table F17b). Households were asked how many of their rooms were bedrooms and reported a mean of 3.0 rooms, SD of 0.9, a minimum of zero, and a maximum of seven (Table F18).

Table F17. Summary statistics of the number of separate rooms in the household, Sussex County, Delaware, 2023

	Mean	Std Deviation	Interquartile Range (25%-75%)	Minimum, Maximum
Number of rooms	5.8*	2.1*	4*-7*	1*, 13*
Total	160	Missing Responses (n=8)		

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Table F17a. Summary statistics of the number of people living in the household, including dependents or those living with the respondent at least ½ of the year, Sussex County, Delaware, 2023

	Mean	Std Deviation	Interquartile Range (25%-75%)	Minimum, Maximum
People in the Household	3.4*	1.9*	2*-4.5*	1*, 12*
Total	164	Missing Responses (n=4)		

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Table F18. Summary statistics for the number of bedrooms in the household, Sussex County, Delaware, 2023

	Mean	Std Deviation	Interquartile Range (25-75%)	Minimum, Maximum
Number of bedrooms	3.0*	0.9*	3*- 4*	0*, 7*
Total	161	Missing Responses (n=7)		

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked if they or someone from their household owns their home, pays rent, or has a mortgage on their property. Most survey respondents (39.2%, n=65) pay rent for their property, 22.9% (n=38) own their property, and 32.5% (n=54) have a mortgage on their property. Roughly 5.4% (n=9) preferred not to answer the question (Table F19).

Table F19. Count and percentage of respondents that own, pay rent, or have a mortgage on the property, Sussex County, Delaware, 2023

	n (%)	95% CI
Pay rent for the property	65 (39.2)	26-51
Have mortgage on the property	54 (32.5)	24-45
Own the property	38 (22.9)	17-31
Don't know	0 (0)	--
Prefer not to answer	9 (5.4)	2-11
Total	166	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Most survey respondents (81.3%, n=135) were not worried about losing their home; however, 16.9% (n=28) were worried they might lose their home. Approximately 1.8% (n=3) of survey respondents preferred not to answer (Table F20).

Table F20. Count and percentage of respondents worried about losing their home, Sussex County Delaware, 2023

	n (%)	95% CI
Yes	28 (16.9)	11-25
No	135 (81.3)	71-87
Don't know	0 (0)	--
Prefer not to answer	3 (1.8)	1-12
Total	166	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked if they were receiving any housing subsidies. Most respondents (91.4%, n=145) said they were not receiving any subsidies; however, 6.9% (n=13) were receiving housing subsidies. Only 1.7% (n=2) chose not to answer the question (Table F21).

**Table F21. Count and percentage of respondents receiving any housing subsidies, Sussex County Delaware, 2023**

	n (%)	95% CI
Yes	13 (6.9)	3-15
No	145 (91.4)	84-96
Don't know	0 (0)	--
Prefer not to answer	2 (1.7)	0-8
Total	160	Missing Responses (n=8)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked if they have problems with any of the following issues where they live: bug infestation, mold, lead paint or pipes, inadequate heat, inadequate air conditioning, inadequate insulation, oven or stove not working, no or not working smoke detectors, none or not working carbon monoxide detectors, water leaks, none of the above, or any other issues. Of the potential issues, bug infestation (8.6%, n=13) was reported as the biggest issue. None or not working carbon monoxide detectors was the least (1.9%, n=3) of their concerns (Table F22).

**Table F22. Count and percentage of respondents who have problems with any of the following where they live, Sussex County, Delaware, 2023**

	Response n (%)			
	Yes	No	Prefer not to say	n, missing
Bug infestation	13 (8.6)	134 (88.7)	4 (2.6)	151, 17
Mold	8 (5.3)	138 (92.0)	4 (2.6)	147, 18
Lead in paint or pipes	3 (1.9)	144 (95.4)	4 (2.6)	148, 17
Inadequate heat	5 (3.3)	142 (94.0)	4 (2.6)	148, 17
Inadequate air conditioning	8 (5.3)	139 (92.1)	4 (2.6)	148, 17
Inadequate insulation	6 (4.1)	138 (93.2)	4 (2.6)	145, 20
Oven or stove not working	6 (3.9)	141 (93.4)	4 (2.6)	148, 17
None or not working smoke detectors	8 (5.3)	139 (92.0)	4 (2.6)	148, 17
None or not working carbon monoxide detectors	3 (1.9)	144 (95.4)	4 (2.6)	148, 17
Water leaks	8 (5.3)	139 (92.0)	4 (2.6)	148, 17
None of the above	109 (72.7)	37 (24.7)	4 (2.6)	147, 18
Other	-	-	-	-

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked how safe they felt in the community. More than half 54.6% (n=90) of survey respondents felt very safe, 40.6% (n=67) felt somewhat safe, 3.6% (n=6) felt somewhat unsafe, and 0.6% (n=1) felt very unsafe. Approximately 0.6% (n=1) preferred not to answer (Table F23).

**Table F23. Count and percentage of how safe respondents feel in the community, Sussex County, Delaware, 2023**

	n (%)	95% CI
Very safe	90 (54.6)	47-65
Somewhat safe	67 (40.6)	31-47
Somewhat unsafe	6 (3.6)	1-7
Very unsafe	1 (0.6)	0-4
Prefer not to answer	1 (0.6)	0-9
Don't know	0 (0)	--
Total	165	Missing Responses (n=3)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Thriving Natural World

Survey respondents were asked if any issues such as air pollution, fumes, noise, and chemicals, industrial pollution, water pollution, contamination of drinking water, areas at risk of flooding, hot weather/extreme heath, or accessing healthy food near their home were impacting their community’s health or living conditions. Approximately 32.7% of survey respondents (n=54) thought air pollution from vehicles was an issue, whereas 63.0% (n=104) did not think this was an issue. About 28.0% of respondents (n=46) thought fumes, noise, or chemicals from current industrial businesses or gas stations were an issue, whereas 68.9% (n=113) did not think this was an issue. Roughly 22.6% of respondents (n=37) thought pollution at the location of past industrial businesses was an issue, 69.5% (n=114) did not think this was an issue, and 7.9% (n=13) did not respond to this question.

Roughly 61.2% (n=101) did not think water pollution in creeks or storm drainage areas was an issue, whereas 33.3% (n=55) of survey respondents thought that it was an issue. Of the survey respondents, 64.8% (n=107) thought contamination of drinking water was not an issue, whereas 31.5% (n=52) thought it was an issue. Most of the survey respondents (74.5%, n=123) did not think areas at risk of flooding impacted their community’s health and living conditions; however, 23.0% (n=38) thought it did impact their community’s health and living conditions. Most of the survey respondents (74.7%, n=121) did not think hot weather or extreme heat impacts their community’s health or living conditions, yet 20.9% (n=34) thought that it does. Approximately 44.5% (n=73) believed that access to healthy food near their home is an issue and 50.6% (n=83) believed it is not (Table F24).

Table F24. Count and percentage of respondents who believe that any of the following environmental factors are impacting their community’s health and living conditions, Sussex County, Delaware, 2022

	n (%)	95% CI
<b>Air pollution from vehicles</b>		
Yes	54 (32.7)	28-42
No	104 (63.0)	56-69
NR	7 (4.2)	1-9
Total	165	Missing Responses (n=3)
<b>Fumes, noise, and/or chemicals from current industrial businesses or gas stations</b>		
Yes	46 (28.0)	23-40
No	113 (68.9)	58-75
NR	5 (3.0)	1-6
Total	164	Missing Responses (n=4)
<b>Pollution at the location of past industrial businesses</b>		
Yes	37 (22.6)	16-32
No	114 (69.5)	60-77
NR	13 (7.9)	4-12
Total	164	Missing Responses (n=4)
<b>Water pollution in creeks and storm drainage areas</b>		
Yes	55 (33.3)	23-42
No	101 (61.2)	52-72
NR	9 (5.4)	2-13
Total	165	Missing Responses (n=3)
<b>Contamination of drinking water</b>		
Yes	52 (31.5)	25-43
No	107 (64.8)	55-73
NR	6 (3.6)	1-7
Total	165	Missing Response (n=3)
<b>Areas that are at risk of flooding</b>		
Yes	38 (23.0)	16-32
No	123 (74.5)	63-83
NR	4 (2.4)	0-6
Total	165	Missing Responses (n=3)
<b>Hot weather/Extreme heat</b>		
Yes	34 (20.9)	16-29
No	121 (74.7)	67-82
NR	7 (4.3)	1-9
Total	162	Missing Responses (n=6)
<b>Healthy food near my home</b>		
Yes	73 (44.5)	37-57
No	83 (50.6)	40-59
NR	8 (4.9)	1-12
Total	164	Missing Responses (n=4)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023



Survey respondents were asked if they have access to resources in their community such as shade outside of their home from street trees and parks, access to parks and/or recreation centers, opportunities for activities and sports at neighborhood parks/fields/courts, affordable organized activities and sports at neighborhood parks and recreation/civic centers, sidewalks, crosswalks, and curb ramps, bicycle lanes and low impact traffic speeds, and grocery stores and other places that sell healthy food options. Around 79.2% (n=133) of survey respondents said they had access to shade outside their homes from street trees and parks; and 20.2% (n=34) said they did not have access to shade outside their homes. Approximately 80.9% (n=136) reported having access to parks and/or recreation centers, whereas 15.5% (n=26) of survey respondents reported not having access.

Most survey respondents (72.6%, n=122) also reported having access to opportunities for activities and sports at neighborhood parks/fields/courts; however, 19.6% (n=33) stated they did not. Approximately 7.7% (n=13) of survey respondents chose not to answer this question. Most survey respondents 58.9% (n=99) said they had affordable organized activities and sports at neighborhood parks and recreation centers; however, 27.4% (n=46) said they did not. Approximately 13.7% (n=23) did not answer this question.

Over half of survey respondents (59.5%, n=100) stated that those who walk and use mobility devices, such as wheelchairs, have access to sidewalks, crosswalks, and curb ramps. However, 38.1% (n=64) of survey respondents stated they did not have access to these items in their built environment. Approximately 2.4% (n=4) of survey respondents did not answer this question. Approximately 38.7% (n=65) of survey respondents reported having access to bicycle lanes and low impact traffic speeds for people to get around, yet 54.2% (n= 91) said they did not. Finally, 89.7% (n=152) of the survey respondents had access to grocery stores and other local stores with healthy food; however, 9.1% (n= 14) did not. Approximately, 1.2% (n=2) of survey respondents chose not to respond (Table F25).

Table F25. Count and percentage of respondents that have access to the following resources in their community, Sussex County, Delaware, 2023

	n (%)	95% CI
<b>Shade outside my home from street trees and parks</b>		
Yes	133 (79.2)	69-86
No	34 (20.2)	13-31
NR	1 (0.6)	0-2
Total	168	Missing Responses (n=0)
<b>Access to parks and/or recreation centers</b>		
Yes	136 (80.9)	74-88
No	26 (15.5)	10-22
NR	6 (3.6)	1-9
Total	168	Missing Responses (n=0)
<b>Opportunities for activities and sports at neighborhood parks/fields/courts</b>		
Yes	122 (72.6)	67-82
No	33 (19.6)	2-26
NR	13 (7.7)	4-13
Total	168	Missing Responses (n=0)
<b>Affordable organized activities and sports at neighborhood parks and recreation/civic centers</b>		
Yes	99 (58.9)	50-70
No	46 (27.4)	19-37
NR	23 (13.7)	8-19
Total	168	Missing Responses (n=0)
<b>Sidewalks, crosswalks, and curb ramps for people who walk and use mobility devices such as wheelchairs</b>		
Yes	100 (59.5)	46-69
No	64 (38.1)	29-51
NR	4 (2.4)	1-6
Total	168	Missing Responses (n=0)
<b>Bicycle lanes and low impact traffic speeds for people who use bicycles to get around</b>		
Yes	65 (38.7)	29-50
No	91 (54.2)	42-63
NR	12 (7.1)	4-15
Total	168	Missing Responses (n=0)
<b>Grocery stores, supermarkets, corner stores, and farmers markets that sell fresh fruits, vegetables, lean meats, and other health options</b>		
Yes	152 (89.7)	84-94
No	14 (9.1)	5-15
NR	2 (1.2)	0-5
Total	168	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

A few survey respondents (6.6%, n=11) felt safe accessing parks and recreation centers in their neighborhood, whereas most (77.7, n=129) did not. Approximately 11.4% (n=19) did not know and 4.2% (n=7) of survey respondents preferred not to answer (Table F26).

**Table F26. Count and percentage of respondents that feel safe accessing parks and recreation centers in their neighborhood, Sussex County, Delaware, 2023**

	n (%)	95% CI
Yes	11 (6.6)	3-11
No	129 (77.7)	72-86
Don't know	19 (11.4)	6-16
Prefer not to answer	7 (4.2)	2-8
Total	166	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Reliable Transportation

Survey respondents were asked what type of transportation they use most for work, school, or shopping in a typical week. Most survey respondents (98.8%, n=165) did not use a bike, yet 1.2% (n=2) did. Approximately 98.2% (n=164) did not use a bus, but 1.8% (n=3) reported using a bus. Most survey respondents (95.2%, n=159) used a car for transportation; however, 4.8% (n=8) did not. Most respondents (99.4%, n=166) did not use a motorcycle in a typical week, but 0.6% (n=1) did. Similarly, 99.4% of respondents (n=164) did not use rideshare services for typical transportation, whereas 0.6% (n=1) reported using rideshare services. Most people did not walk (98.2%, n=164); 1.8% (n=3) reported walking in a typical week for work, school, or shopping (Table F27).

**Table F27. Count and percentage of respondents' modes of transportation used most in a typical week for work, school, or shopping, Sussex County, Delaware, 2023**

Response n (%)				
	Yes	No	Prefer not to say	Missing Responses
Car	159 (95.2)	8 (4.8)	0 (0)	0
Walk	3 (1.8)	164 (98.2)	0 (0)	0
Bike	2 (1.2)	165 (98.8)	0 (0)	0
Bus	3 (1.8)	164 (98.2)	0 (0)	0
Motorcycle	1 (0.6)	166 (99.4)	0 (0)	0
Rideshare service	1 (0.6)	166 (99.4)	0 (0)	0
Total	167			Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked if they can be physically active near their home and to consider places like parks, trails, places to walk, playground gyms, and recreation centers. Approximately 32.7% (n=55) strongly agreed, almost half (48.8%, n=82) agreed, 7.7% (n=13) disagreed, 3.6% (n=6) strongly disagreed, 5.9% (n=10) of respondents did not know, and 1.2% (n=2) preferred not to answer (Table F28). Overall, most of the survey respondents agreed that they can be physically active near their home.

**Table F28. Count and percentage of respondents' agreement that there are places where they can be physically active near their home, considering parks, trails, places to walk, playgrounds gyms, recreation centers, etc., Sussex County, Delaware, 2023**

	n (%)	95% CI
Strongly agree	55 (32.7)	24-39
Agree	82 (48.8)	42-61
Disagree	13 (7.7)	4-13
Strongly disagree	6 (3.6)	1-8
Don't know	10 (5.9)	0-7
Prefer not to answer	2 (1.2)	3-11
Total	168	Missing Responses (n=0)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Survey respondents were asked in the last 12 months if a lack of reliable transportation kept them from medical appointments, meetings, work, or from getting things they needed for daily living. The lack of reliable transportation was an issue for 11.4% (n=19) of survey respondents, whereas 86.8% (n=144) did not report it as an issue (Table F29).

**Table F29. Count and percentage of respondents reporting a lack of reliable transportation preventing them from attending medical appointments, meetings, work, or from getting things needed for daily living in the past 12 months, Sussex County, Delaware, 2023**

	n (%)	95% CI
Yes	19 (11.4)	6-18
No	144 (86.8)	80-92
Prefer not to answer	3 (1.8)	1-8
Total	166	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment for Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

Belonging and Power to Make Change

Survey respondents were asked a five-item social cohesion/trust question to measure how well communities work together and evaluate how likely neighbors are to support each other in times of need (Sampson, Raudenbush, and Earls, 1997). A five-point scale (1=strongly agree; 5=strongly disagree) was used to rate responses to the following statements: 1) People around here are willing to help their neighbors; 2) People in the neighborhood don’t get along with each other; 3) People in this neighborhood can be trusted; 4) This is a close-knit neighborhood; and 5) People in this neighborhood do not share similar values. The two negatively worded questions (statements 2 and 5) were reverse coded so that the high values mean more collective efficacy. Next, each score was calculated for each respondent by averaging their ratings. The mean social cohesion/ trust score for Sussex County was 3.3 and the range was 0.8 to 5.

Survey respondents were asked if they were willing to become involved in their community by working with others to make things happen. Approximately 26.5% (n=44) were very willing, 36.1% (n=59) were willing, 18.7% (n=30) were somewhat willing, 10.8% (n=18) were not that willing, and 7.8% (n=13) respondents preferred not to answer (Table F30). Thus, most respondents were willing to become involved in their community by working with other people to make things happen.

**Table F30. Count and percentage of respondents’ willingness to become involved in their community by working with others to make things happen, Sussex County, Delaware, 2023**

	n (%)	95% CI
Very willing	44 (26.5)	18-35
Willing	59 (36.1)	27-45
Somewhat willing	30 (18.7)	14-28
Not that willing	18 (10.8)	6-18
Prefer not to answer	13 (7.8)	4-13
Total	166	Missing Responses (n=2)

Source: Delaware State Health Assessment Community Assessment Public Health Emergency Response Survey, Sussex County, February 16-18, February 25, and March 4, 2023

# Conclusions

Investigating the health needs in each county using the vital conditions of health and well-being framework has allowed surveyors to get a better understanding of county specific needs in the most vulnerable areas in Delaware. The assessments focused on the seven vital condition domains: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle.

Based on the data regarding basic needs for health and safety, most respondents reported that they were never worried that food would run out before getting to buy more, but a notable proportion does face concerns with food security. Most respondents perceive fair treatment of residents, regardless of background, from programs and institutions in the community. Access to healthcare is adequate for most, but there are challenges related to dentists and specialists. The engagement of medical professionals in addressing concerns of patients varied, with a notable proportion reporting minimal assistance with payment for medications.

In terms of lifelong learning, residents generally felt they have access to high-quality K-12 schools and childcare options, but there is a significant portion of respondents who are uncertain or disagree about their accessibility.

Related to meaningful work and wealth, there were varied responses for financial security in comparison to the previous year, with a majority reporting no significant change. However, some respondents reported financial improvement or decline, showing varied economic experiences in the community.

For humane housing, most households reported adequate living space and housing stability, with a minority expressing concern about losing their homes. Housing subsidies were not widely used, but a small portion of the community relies on them. Bug infestation was reported as the most frequent housing issue.

Related to thriving natural world, the data suggests varied views on environmental issues impacting their community. Some respondents reported problems with pollution and access to healthy foods. The availability of resources, such as shade and recreational facilities, was generally adequate. However, access to other resources in the built environment, such as bicycle lanes and sidewalks, was reported as being less consistently available. Notably, only a small percentage of respondents felt safe accessing parks and recreation centers in their neighborhood.

For reliable transportation, the use of cars was by far the most common mode of transportation, with public transportation and biking/walking being minimally utilized. Most respondents did not report issues with reliable transportation, but a small number still face transportation challenges.

Finally, in terms of belonging and power to make change, most respondents expressed a willingness to become involved in their community by working with others to make things happen.

This information revealed by the investigations is crucial in informing policies and developing strategic interventions to target each specific county. While the data from Sussex County demonstrate a solid foundation related to the vital conditions of health and well-being, things like food security, health care access, financial stability, access to resources in the built environment, and safety should be further supported and addressed to improve the overall health of the community.



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# Community Conversations



# Agenda

01

Meet the team

02

Learn about the  
project

03

Learn from each  
other

04

Wrap up



# The Community Conversations Team



**Leanne Fawkes,  
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SHIP Project Director,  
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**Braulio Florentino  
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Graduate Research Assistant,  
MPH Epidemiology Student,  
University of Delaware



**Danielle Whyte**

Intern,  
BS Behavioral Health,  
University of Delaware



# Objective

To provide residents from Delaware counties the opportunity to express their opinions about what will make where you live, work, and play the healthiest it can be.

During our conversations, we hope to learn from our community members about the state of health and well-being in their community and learn about the resources available within the community that support health and well-being.

The information learned during the community conversations will inform the Delaware's State Health Needs Assessment and inform how future resources and investments in health in the state will be directed.

# Statewide Health Assessment

**Community health assessments were conducted to understand the concerns of Delaware communities and improve the overall health in Delaware in the future as part of Delaware's State Health Improvement Plan (SHIP).**



**1. Surveying**

**2. Community Conversations**

**3. Statewide Coalition**

**4. Background Research on Existing Community Health Assessments/Data**

# Surveys By County

Contact, Cooperation, and Completion Rates for New Castle, Kent, and Sussex County Community Surveys (95% CI shown after percent), Delaware, 2022-2023			
	New Castle	Kent	Sussex
Contact Rate	185/968 = 19.1%	178/743 = 24.0%	168/708 = 23.7%
Cooperation Rate	185/322 = 57.5%	178/296 = 60.1%	168/318 = 52.8%
Completion Rate	185/210 = 88.1%	178/210 = 84.8%	168/210 = 80.0%

Sources:  
State Health Assessment CASPER Survey, New Castle County, Delaware, October 27-29, 2022  
State Health Assessment CASPER Survey, Kent County, Delaware, November 10-12, 2022  
State Health Assessment CASPER Survey, Sussex County, Delaware, February 16-18, 2023



# Coalition

To inform the Statewide Health Assessment (SHA) and the development of the Statewide Health Improvement Plan (SHIP), we created a SHA/SHIP Partnership Coalition.

## **The Coalition is comprised of:**

- Key partners from the vital condition of health and well-being areas and health care sectors



# Introduction to the Vital Conditions



Basic Needs  
for Health &  
Safety



Reliable  
Transportation



Lifelong  
Learning



Meaningful  
Work & Wealth



Thriving  
Natural World



Humane  
Housing



Belonging &  
Civic Muscle

**Vital Conditions/ Social Determinants of Health:**  
What all people need all the time to thrive and reach  
our full potential.



# Upstream vs. Downstream, Prevention vs. Treatment



# Community

What does community mean to you?

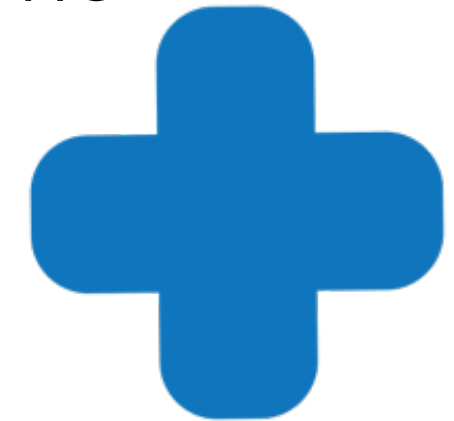
What is an example of how your primary community demonstrated resilience (capacity to recover)?



# Basic Needs for Health & Safety

## Basic requirements for health & safety

- Nutritious food, safe drinking water
- Fresh air
- Sufficient sleep
- Routine physical activity
- Safe, satisfying sexuality & reproduction
- Freedom from trauma, violence, addiction, and crime
- Routine care for physical and mental health.





# Basic Health and Safety



Who in your community has access to basic health and safety? Who does not have access?

What are the greatest barriers that may discourage community members from accessing basic health and safety?



# Reliable Transportation

## Reliable, safe, and accessible transportation

- Close to work, school, food, leisure
- Safe transport
- Active transport
- Efficient energy use
- Few environmental hazards.



# Reliable Transportation



Who in your community has access to reliable transportation? Who does not have access?

What are the greatest barriers that may discourage community members from accessing transportation?

# Lifelong Learning

## Continuous learning, education, and literacy

- Continuous development of cognitive, social, emotional abilities
- Early childhood experiences
- Elementary, high school, and higher education
- Career and adult education.





# Lifelong Learning

## Continuous learning, education, and literacy

Who in your community has access to lifelong learning and who does not have access?

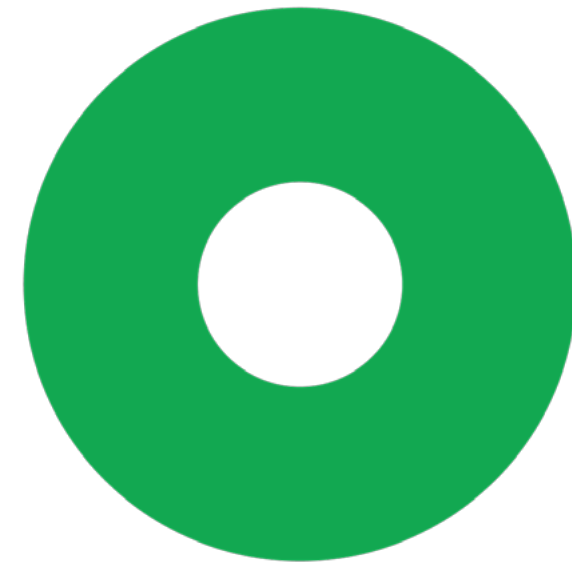
What are the greatest barriers that may discourage community members from lifelong learning?



# Meaningful Work & Wealth

## Rewarding work, careers, and standards of living

- Job training/retraining
- Good-paying and fulfilling jobs
- Family and community wealth
- Savings and limited debt.



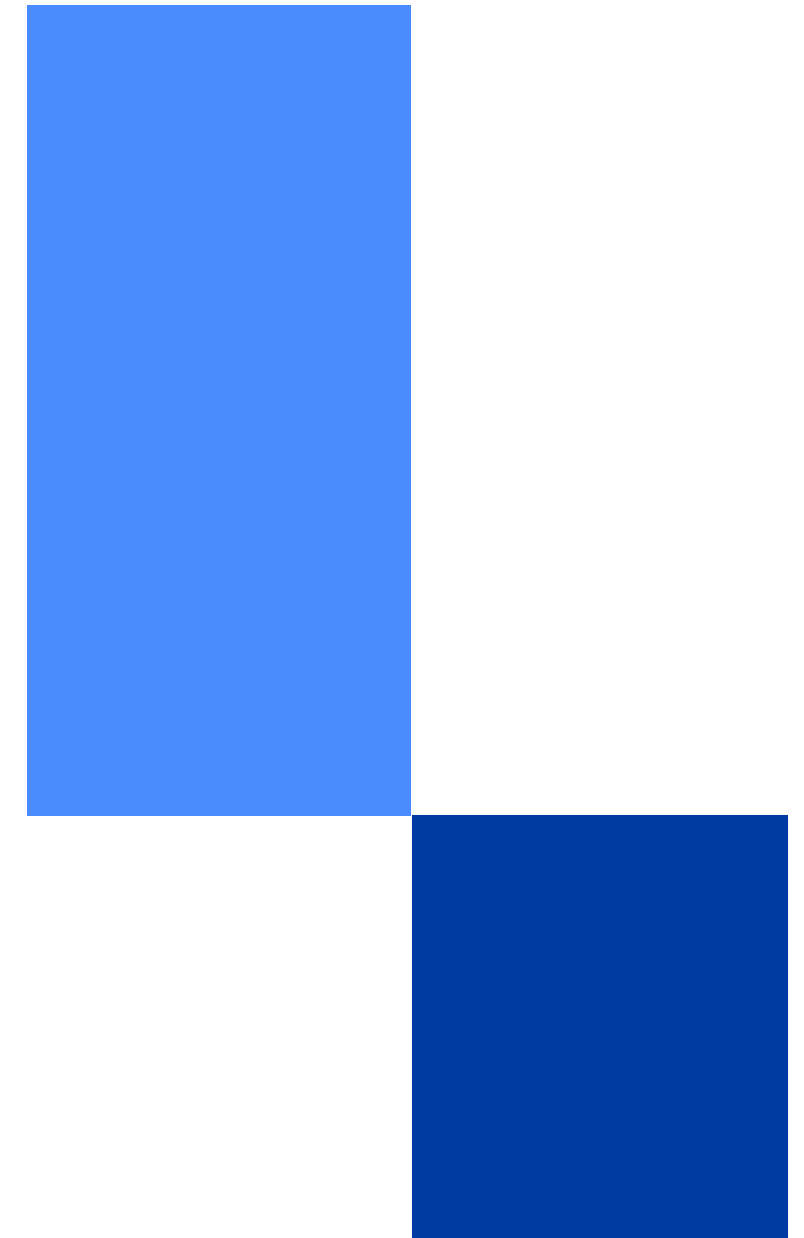
# Meaningful Work & Wealth

## Rewarding work, careers, and standards of living

Who in your community has access to meaningful work & wealth? who does not have access?

What are the greatest barriers that may discourage community members in this vital condition?

# 5 min Break





# Humane Housing

## Humane, consistent housing

- Adequate space per person
- Safe structures
- Affordable costs
- Diverse neighborhoods (without gentrification, segregation, concentrated poverty)
- Close to work, school, food, recreation and nature.



# Humane Housing

## Humane, consistent housing

Who in your community has access humane housing? Who does not have access?

What are the greatest barriers that may discourage community from accessing humane housing?



# Thriving Natural World

## Sustainable resources, contact with nature, freedom from hazards

- Clean air, water, soil
- Healthy ecosystems able to sustainably provide necessary resources
- Accessible natural spaces
- Freedom from extreme heat, flooding, wind, radiation, earthquakes, pathogens.



# Thriving Natural World

## Sustainable resources, contact with nature, freedom from hazards

Who in your community has access to a thriving natural world? Who does not have access?

What are the greatest barriers that may discourage community members in this vital condition?



# Belonging & Civic Muscle

## Sense of belonging and power to shape a common world

- Social support
- Civic associations
- Freedom from stigma, discrimination, oppression
- Support for civil rights, human rights
- Civic agency
- Collective efficacy
- Vibrant arts, culture, and spiritual life
- Equitable access to information
- Many opportunities for civic engagement (voting, volunteer, public work).



# Belonging & Civic Muscle

**Sense of belonging and power to shape a common world**

Who in your community has access to this and who does not have access?

What are the greatest barriers that may discourage community members in this vital condition?

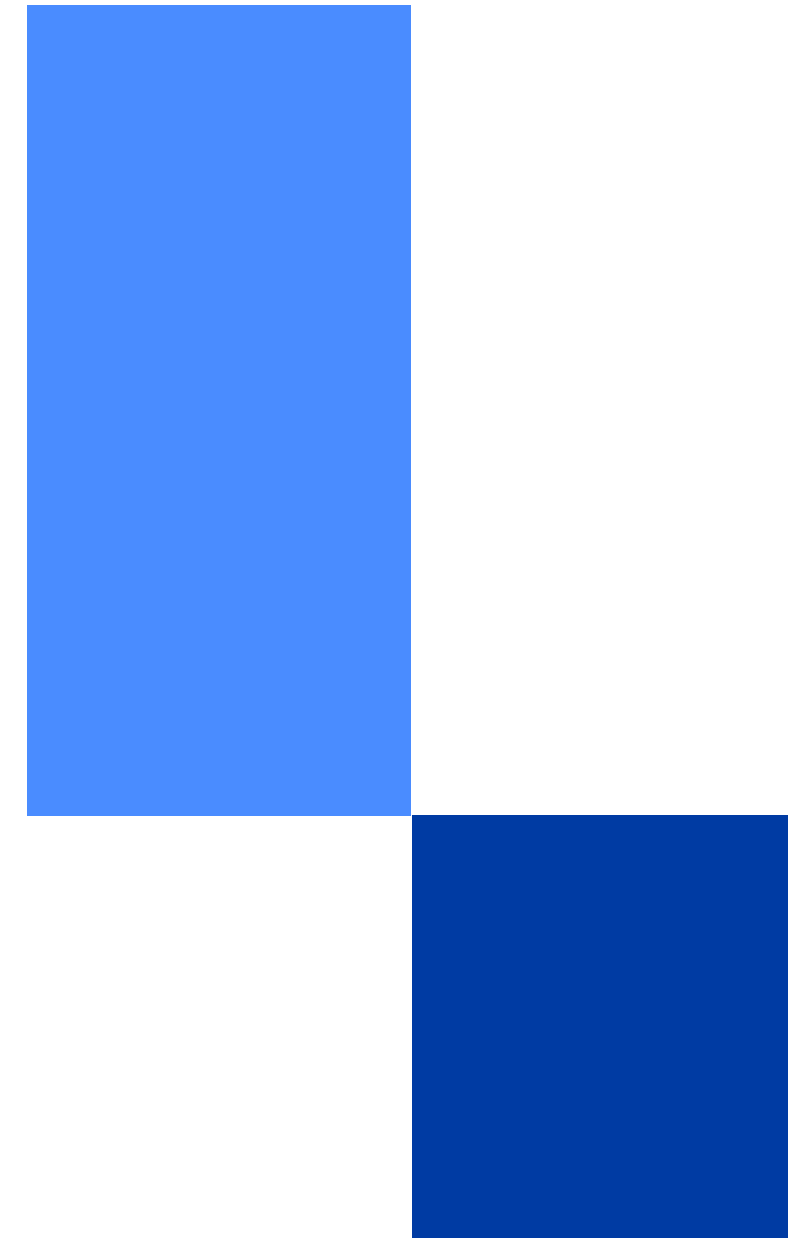


# Looking to the Future

- What signs of community renewal would you be most excited to see five years from now?
- What do you think can be done by the following parties to improve services in your community?
  - Healthcare providers
  - Government
  - Residents
  - Other parties.

Our hope is to continue the conversation to inform funding, identify solutions, and strategies to address some of the issues that have been identified at these community conversations.

Your voice and active participation is important to us, and we are honored to have had you join us in this work.





# Thank You!

Email [info@DelawareSHIP.org](mailto:info@DelawareSHIP.org)  
with questions  
or to participate in the Coalition.



# APPENDIX H

## Legislative Scan

### Basic Needs for Health and Safety

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 118	Signed 9/20/23	An Act To Amend Title 16 Of The Delaware Code Relating To The Prohibition Of Smoking In Vehicles When A Minor Is In The Vehicle.	Due to continuing concerns over the negative health effects secondhand smoke will have on the youth of Delaware, this bill adds Smoking Restrictions within vehicles if a person under the age of eighteen (18) is in the vehicle. Also, it makes clear that a police officer will not stop or detain a car solely on suspicion of having violated this Statute.	Kevin S. Hensley	<a href="https://legis.delaware.gov/BillDetail/130176">https://legis.delaware.gov/BillDetail/130176</a>
House Bill 54	Signed 5/25/23	An Act To Amend Title 18, Title 29, And Title 31 Of The Delaware Code Relating To Insurance Coverage Of Epinephrine Autoinjectors.	Currently, all health insurance plans subject to requirements under Delaware law must include at least 1 formulation of epinephrine autoinjectors on the lowest tier of the carrier's drug formulary for individuals who are 18 years of age or younger. This Act expands this requirement to all covered individuals, regardless of age, by January 1, 2024. This Act also makes a technical correction to §§ 3571Y of Title 18 to add standard language about applicability, which is already in § 3370D of Title 18.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=129957">https://legis.delaware.gov/BillDetail?LegislationId=129957</a>
House Bill 80	Signed 8/9/23	An Act To Amend Title 31 Of The Delaware Code Relating To Coverage Of Doula Services.	This Act requires that doula services be covered by Medicaid in Delaware by January 1, 2024. It follows up on HB 343 from the 151st General Assembly which required the Division of Medicaid and Medical Assistance to submit a plan for implementing this coverage, and draws on that completed report.	Melissa Minor-Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130035">https://legis.delaware.gov/BillDetail?LegislationId=130035</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 4	Signed 8/16/23	An Act To Amend Title 14 Of The Delaware Code Relating To Mental Health Services For School Trauma.	This Act is Nolan’s Law. The purpose of this legislation is to provide more behavioral health supports to school districts and charter schools in the aftermath of a school-connected traumatic event, which is defined as the death of any student, educator, administrator, or other building employee of a public school. The Department of Education is charged with developing guidance, best practices, and written resources for schools dealing with a school-connected traumatic event. The Department must consult with behavioral health specialists and school-based mental health professional organizations such as NAMI, Delaware, Delaware Association of School Psychologists, Delaware School Counselors Association, and the School Social Workers Association of Delaware. The Department must finalize these items by January 1, 2024. This legislation also requires the Department to cover the costs of grief counseling offered to students for up to thirty days after a school-connected traumatic event. In an effort to create a more standardized approach for the occurrence of a school-connected traumatic event, this bill charges each school district and charter school to establish a detailed crisis response policy that must meet a minimum number of required policies and procedures. Policies must be adopted by the school district or charter and distributed to the Department of Education by September 1, 2024.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130246">https://legis.delaware.gov/BillDetail?LegislationId=130246</a>
House Bill 3	Signed 8/16/23	An Act To Amend Title 14 Relating To School Attendance.	According to a recent CDC survey, the COVID pandemic exacerbated an existing mental health crisis for students. One in 5 school aged children has a mental health condition, and 45% of children may have experienced a traumatic event. This bill provides for excused absences for the mental or behavior health of a student and requires that any student taking more than 2 such excused absences will be referred to a behavioral health specialist. This bill provides a supplemental tool to identify students struggling with mental and behavioral health issues and legitimizes these struggles faced by many students. Moreover, this bill makes clear that the mental and behavioral health of students is a priority in this State.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130248">https://legis.delaware.gov/BillDetail?LegislationId=130248</a>
House Bill 120	Signed 6/30/23	An Act To Amend Title 21 Of The Delaware Code Relating To Rules Of The Road.	Speeding is a contributing factor in many serious injury motor vehicle crashes and roadway fatalities. This Act adds operating a motor vehicle at a speed of 90 miles an hour or more to the definition of reckless driving.	Franklin D. Cooke	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130206">https://legis.delaware.gov/BillDetail?LegislationId=130206</a>
House Bill 227	Signed 8/31/23	An Act To Amend Titles 16 And 24 Of The Delaware Code Relating To Lead Poisoning Prevention.	This Act makes various amendments to the Childhood Lead Poisoning Prevention Act to improve compliance with its testing and reporting requirements. First, this Act requires physicians to take a training program every 2 years relating to the provisions of the Childhood Lead Poisoning Prevention Act. Second, it requires the Division of Public Health to develop electronic forms to be used at a child’s 12 and 24 month well visit that record lead screening results and are shared with the Division. Third, it clarifies that laboratories and health care professionals involved in blood lead level analysis must report results to the Division of Public Health. Finally, it requires the Division of Public Health to share data with school nurses relating to whether an enrolled student has been screened for lead poisoning.	Larry Lambert	<a href="https://legis.delaware.gov/BillDetail?LegislationId=140606">https://legis.delaware.gov/BillDetail?LegislationId=140606</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 383	Signed 10/14/22	An Act To Amend Title 31 Relating To "Seeing Eye Dogs."	This Act repeals § 2117, Title 31, which relates to an individual who, by reason of loss or impairment of eyesight or hearing, has a right to be accompanied by a “seeing eye dog,” also known as a “guide dog,” in public conveyances; hotels; lodging places; all places of accommodation, amusement, or resort; and other places to which the general public is invited. This Act is a result of the Joint Legislative Oversight and Sunset Committee’s review of the Division for the Visually Impaired, and furthers the goal of modernizing Chapter 21, Title 31. Section 2117 is antiquated and no longer appropriate to include in Chapter 21, Title 31. The rights of an individual who is accompanied by a service dog are adequately and more appropriately protected through Chapter 45, Title 6 (Equal Accommodations), Chapter 95, Title 16 (Delaware White Cane Law); and § 1917, Title 2 (Transportation Networks – No discrimination; accessibility).	Sherry Dorsey Walker	<a href="https://legis.delaware.gov/BillDetail?LegislationId=109345">https://legis.delaware.gov/BillDetail?LegislationId=109345</a>
House Bill 345	Signed 7/25/22	An Act To Amend Title 11 Of The Delaware Code Relating To Medical Care.	This Act ensures pregnant women and women who have given birth within the past six weeks who are subject to the custody of the Department of Corrections at Level IV or V have access to midwifery and doula services by requiring the Department to make reasonable accommodations for provision of available midwifery or doula services. This Act requires the Department to establish and provide midwifery services subject to the availability of funds designated for that purpose. This Act also requires the Department to provide written notice to pregnant and postpartum women subject to the custody of the Department at Level IV or V of the availability of midwifery and doula services.	Melissa Minor-Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=79246">https://legis.delaware.gov/BillDetail?LegislationId=79246</a>
House Bill 229	Signed 7/30/21	An Act To Amend Title 18 Of The Delaware Code Related To Interstate Insurance Product Regulation.	This Act authorizes the State of Delaware to execute the Interstate Insurance Product Regulation Compact to protect the interest of consumers of individual and group annuity, life insurance, and disability income insurance products; to develop uniform standards for insurance products covered by the Compact; to establish a central clearinghouse to receive and provide prompt review of insurance products covered under the Compact and, in certain cases, advertisements related thereto, submitted by insurers authorized to do business in one or more compacting jurisdictions; to give appropriate uniform standards; to improve coordination of regulatory resources and expertise between state insurance departments regarding the setting of uniform standards and review of the insurance products covered by the Compact; to create the Interstate Insurance Product Regulation Commission; and to perform these and such other related functions as may be consistent with the state regulation of the business of insurance. A compacting state includes any state which has enacted the legislation and has not withdrawn or been terminated. This Act also designates the Delaware Insurance Commissioner as the State representative to the Commission. Currently, 45 states and Puerto Rico have adopted this Compact and 1 additional state has pending legislation.	William Bush	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78808">https://legis.delaware.gov/BillDetail?LegislationId=78808</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 224	Signed 9/17/21	An Act To Amend Titles 6, 11, 18, 19, And 25 Of The Delaware Code Relating To Definitions.	This bill makes the definitions of sexual orientation, gender identity, and disability consistent throughout the Delaware Code and with federal law.	Kendra Johnson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78811">https://legis.delaware.gov/BillDetail?LegislationId=78811</a>
House Bill 222	Signed 6/30/21	An Act To Amend Title 16 And Title 18 Of The Delaware Code Relating To Childhood Lead Poisoning Prevention.	Currently, blood lead level screening and testing rates are well below what the Division of Public Health would expect them to be based on the risk factors that determine when screening or testing is necessary. This Act simplifies the requirements and process for health-care providers and eliminates confusion that may be causing the low compliance rate for screening or testing. Specifically, this Act does the following: (1) Defines “screening” and “testing” for clarity. (2) Mandates screening, defined as a capillary blood test, at or around 12 and 24 months of age. (3) Clarifies insurance coverage for the costs of compliance with the Act. (4) Directs the Division of Public Health to report on elevated blood lead levels to the General Assembly annually and to develop regulations to implement and enforce the Act within 12 months of being enacted. (5) Makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Larry Lambert	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78803">https://legis.delaware.gov/BillDetail?LegislationId=78803</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 219	Enact w/o Sign 10/26/21	An Act To Amend Title 18 Of The Delaware Code Relating To Pharmacy Benefits Managers.	Over 80% of pharmaceuticals in the United States are purchased through pharmacy benefits manager ("PBM") networks. PBMs serve as intermediaries between health plans, pharmaceutical manufacturers, and pharmacies or pharmacists, and PBMs establish networks for patients to receive reimbursement for drugs. Given the scope of PBMs in the healthcare delivery system, this Act is designed to provide enhanced oversight and transparency as it relates to PBMs. Specifically, this Act does the following: (1) If a PBM denies an appeal for reimbursement subject to maximum allowable cost pricing, requires the PBM to provide the national drug code number of wholesalers in Delaware that have the drug in stock below maximum allowable cost. (2) Authorizes a pharmacy or pharmacist to decline to dispense a prescription drug or provide a pharmacy service to a patient if the amount reimbursed by a PBM is less than the pharmacy acquisition cost. If a pharmacy or pharmacist declines to provide a drug or service, the pharmacy or pharmacist must inform the patient that the pharmacy or pharmacist did this because of the costs of providing the drug or service and provide the patient with a list of pharmacies in the area that may provide the drug or service. (3) Requires PBMs to provide a reasonably adequate and accessible pharmacy benefits manager network. (4) Increases transparency by requiring PBMs to provide reports to the Insurance Commissioner on network adequacy and the amount of rebates received by PBMs to provide reports to the Insurance Commissioner on network adequacy and the amount of rebates received by PBMs and distributed to insurers or patients. (5) Prohibits PBMs from engaging in certain conduct, such as spread pricing, false advertising, and reimbursing a pharmacist or pharmacy in an amount less than the PBM reimburses itself or an affiliate for the same drug or service. If a PBM engages in prohibited conduct, the Insurance Commissioner is authorized to deny, suspend, or revoke the PBM's registration under § 3355A of Title 18 or impose penalties or take other enforcement action under § 3359A of Title 18. (6) Clarifies that the Insurance Commissioner is authorized to deny an application for registration filed by a PBM. (7) Increases the registration and renewal fee to be paid by a PBM to better reflect the cost of the registration and renewal process and better align with the fee assessed by other states that require PBMs to register. (8) Transfers § 3359A of Title 18 (regarding penalties and enforcement) to a separate subchapter focused on prohibited practices, penalties, and enforcement. In addition, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. Finally, this Act requires a greater than majority vote for passage because § 10 of Article VIII of the Delaware Constitution requires the affirmative vote of three-fifths of the members elected to each house of the General Assembly to increase the effective rate of any tax levied or license fee imposed.	Andria L. Bennett	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78800">https://legis.delaware.gov/BillDetail?LegislationId=78800</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 202	Signed 10/20/21	An Act To Amend Title 14 Of The Delaware Code Relating To Developmental Screening.	This Act is designed to increase the opportunity for Delaware children to undergo developmental screening with a research-based screening tool at an early age in order to identify children who may be eligible for Early Intervention or special education services. It requires any applicant for a license or renewal of a license to operate a child care facility on or after July 1, 2023 to commit that each child between the age of birth and 5 years old (who has not yet entered kindergarten) enrolled by the child care provider will undergo developmental and social emotional screening. The screening mechanism to be used is the screening system approved by the Department of Education and will be administered by the parent or guardian of the child seeking to be enrolled in the child care facility. This Act permits an operator of a child care facility at a YMCA to be appointed to the Provider Advisory Board, changes references from “day care” to “child care” in the existing law and makes other changes consistent with the Legislative Drafting Manual.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78746">https://legis.delaware.gov/BillDetail?LegislationId=78746</a>
House Bill 190	Signed 8/4/21	An Act To Amend Title 10 And Title 11 Of The Delaware Code Relating To Domestic Violence	This Act updates the domestic violence first offender diversion program to allow the following offenses to be eligible for the program: assault third, terroristic threatening, and criminal contempt of a domestic violence protective order or lethal violence protective order. In addition, the Act makes these same offenses ineligible for probation before judgement in the Court of Common Pleas and Family Court.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68727">https://legis.delaware.gov/BillDetail?LegislationId=68727</a>
House Bill 184	Signed 9/15/21	An Act To Amend Title 16 Of The Delaware Code Relating To The Newborn Screening Program.	This Act reduces the time frame to obtain a blood specimen from newborn infants from 72 hours to 24 to 48 hours after birth for screening for metabolic, hematologic, endocrinologic, immunologic and certain structural disorders. It also requires that blood specimens be destroyed once screening and testing is complete including confirmation of any diagnosis. It also provides that the Division of Public Health provide abnormal results only to the physician of record. It also requires all fees collected from newborn screening to be used to defray operating expenses associated with the Newborn Screening Program and for programs to ensure optimal health and development across the lifespan of the maternal and child health population. Finally, the Act makes several technical corrections consistent with the Delaware Legislative Drafting Manual.	David Bentz	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68700">https://legis.delaware.gov/BillDetail?LegislationId=68700</a>
House Bill 111	Signed 6/15/21	An Act To Amend Title 18 Of The Delaware Code Relating To Insurance Discrimination Based On Pre-Exposure Prophylaxis Medication To Prevent HIV Infection.	Individuals who are at very high risk of getting HIV can take pre-exposure prophylaxis (“PrEP”) medication to reduce the risk of HIV transmission. PrEP medication reduces the risk of HIV transmission by up to 99% if taken daily. This Act prohibits discrimination because an individual takes PrEP medication in the issuance or renewal of disability, long-term care, and life insurance.	Sean M. Lynn	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48388">https://legis.delaware.gov/BillDetail?LegislationId=48388</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 100	Signed 8/19/21	An Act To Amend Title 14 Of The Delaware Code Relating To Free Public Schools.	This Act establishes a mental health services unit for Delaware elementary schools. The unit is at a ratio of 250 full-time equivalent students grades K-5 for a full-time school counselor, school social worker, or licensed clinical social worker. Additionally, a unit ratio of 700 full time equivalent students for grades K-5 for employment of a full-time school psychologist. This Act defines “mental health services” as prevention, response, and coordination services delivered to students in elementary schools. Mental Health disorders are the most common health problem for school aged youth. According to the National Institute of Mental Health (NIMH), one in five youth are affected by a mental health disorder. Additionally, 50% of lifetime mental illnesses begin by age 14. Untreated mental illness leads to negative outcomes including increased risk of dropout, homelessness, substance abuse, other chronic illnesses, incarceration, and possibly suicide. According to the National Alliance on Mental Health, 90% of people who have taken their own life have had an underlying mental health condition, and suicides are on the rise. According to the Centers for Disease Control and Prevention, suicides are now the second leading cause of death for youth ages 10-14. Delaware schools need trained and experienced mental health professionals to provide prevention and support programs and services to students. Currently, as reported by Delaware school districts, 86% of elementary schools do not employ a school social worker, and ratios of students to school counselors and school psychologists far exceed national best practices. This bill will lower ratios and increase access to mental health services for elementary school students.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48362">https://legis.delaware.gov/BillDetail?LegislationId=48362</a>
House Concurrent Resolution 26	Passed 6/9/21	Recognizing The Month Of May 2021 As Mental Health Awareness Month.	This Concurrent Resolution recognizes the month of May 2021 as Mental Health Awareness Month.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78744">https://legis.delaware.gov/BillDetail?LegislationId=78744</a>
House Concurrent Resolution 18	Passed 4/1/21	Recognizing The Week Of April 11 Through April 17, 2021 As "Black Maternal Health Awareness Week" In Delaware.	This Resolution recognizes the week of April 11-17, 2021, as "Black Maternal Health Awareness Week" in Delaware.	Melissa Minor-Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48524">https://legis.delaware.gov/BillDetail?LegislationId=48524</a>
House Amendment 1 to House Bill 226	Passed 6/17/21		This Amendment removes language that suggests the Division of Public Health and the Department of Agriculture are available to inspect donated food upon request by nonprofit organizations accepting donated food.	Andria L. Bennett	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78846">https://legis.delaware.gov/BillDetail?LegislationId=78846</a>
House Amendment 1 to House Bill 190	Passed 6/17/21		This Amendment adds terroristic threatening to the acts of domestic violence for which an offender may elect to apply for first offender status. This Amendment also removes reference to the time of arraignment from §1024(c).	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78836">https://legis.delaware.gov/BillDetail?LegislationId=78836</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Amendment 1 to Senate Bill 161	Passed 6/29/21		This Amendment makes clear that an individual may not surrender a baby at a Delaware State Police station.	Larry Lambert	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78984">https://legis.delaware.gov/BillDetail?LegislationId=78984</a>
House Amendment 1 to House Bill 161	Passed 5/20/21		This Amendment clarifies the services a surgical hospital must provide on-site which are similar to the services a general hospital must provide on-site in contrast to the services which are not required to be provided at long-term care, psychiatric and rehabilitation hospitals. General hospitals must have an emergency department with facilities and staff while surgical hospitals are only required to provide basic emergency care. Both general and surgical hospitals are required to provide diagnostic x-ray, clinical laboratory, and operating room services all with facilities and staff.	David Bentz	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68677">https://legis.delaware.gov/BillDetail?LegislationId=68677</a>
House Amendment 1 to Senate Bill 107	Passed 6/24/21		This amendment creates exemptions for two types of health plans because this requirement conflicts with the current federal requirements for catastrophic and high deductible health plans. Both exemptions apply only if this requirement conflicts the federal law governing the type of health plan. A high deductible health plan (HDHP) is an insurance policy that has a higher deductible and lower premiums than traditional insurance plans. The Internal Revenue Code establishes the requirements for HDHPs, which include minimum deductibles and maximum out-of-pocket expenses. Under the Affordable Care Act, HDHPs may provide preventive care benefits without a deductible or other requirements if the benefit is described as preventive care under § 1861 of the Social Security Act or determined to be preventive care in guidance issued by the Department of the Treasury. The most recent IRS guidance regarding preventive care benefits that are permitted to be provided by HDHPs includes insulin but does not include insulin pumps. Thus, this amendment exempts high deductible health plans if providing coverage under this Act if doing so would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code. Catastrophic health insurance plans are only available to people under age 30 and are not included in group health insurance. Catastrophic plans have low monthly premiums and very high deductibles because the individual insured under the plan must pay for most routine medical expenses. While catastrophic health insurance plans cover some preventive care, federal law limits the preventive care services that can be included in these plans and currently excludes the coverage required under this Act.	David Bentz	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78996">https://legis.delaware.gov/BillDetail?LegislationId=78996</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Amendment 1 to House Bill 26	Passed 3/25/21		This amendment provides The Department for Children, Youth and Their Families (“DSCYF”) the ability to make a motion to the court for permission to place a pretrial youth in a facility other than one operated by DSCYF. While the circumstances prompting this request are rare, it is important to ensure the health and safety of youth and staff and the DSCYF facilities. This amendment also permits DSCYF’s ability to use contracted facilities for youth who are detained pending adjudication so that an alternative placement can be sought for youth when necessary. Finally, this amendment clarifies that “The Department” referred to in Section 2 of HB 26 specifically refers to the Department for Children, Youth and Their Families and not the Department of Correction.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48464">https://legis.delaware.gov/BillDetail?LegislationId=48464</a>
Senate Bill 166	Signed 10/14/21	An Act To Amend Title 16 Of The Delaware Code And The Laws Of Delaware Relating To The Distribution Of Funds From The Prescription Opioid Impact Fee And Court Settlements.	Delaware has been irreparably harmed by the opioid crisis. This Act establishes the Prescription Opioid Settlement Fund (Settlement Fund) and Prescription Opioid Distribution Commission (Commission), to ensure that settlement money is used to remediate and abate the opioid crisis and is not diverted to other purposes. This Act preserves the status quo of the existing parties to litigation while limiting the ability for new local government opioid suits to be brought, because new lawsuits could limit the size of Delaware’s recovery in global settlements that are expected to be reached. This Act repeals the sunset of the Prescription Opioid Impact Fee (Impact Fee) and Impact Fund. It also repeals the report requirement for the Impact Fund because the information in that report will be included in the new report that the Commission must produce. This Act requires a greater than majority vote for passage because § 4 of Article VIII of the Delaware Constitution requires the affirmative vote of three-quarters of the members elected to each house of the General Assembly to appropriate funds to a county or municipality. This Act also requires a greater than majority vote for passage because § 1 of Article IX of the Delaware Constitution requires the affirmative vote of two-thirds of the members elected to each house of the General Assembly to amend a charter issued to a municipal corporation.	Stephanie L. Hansen	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78817">https://legis.delaware.gov/BillDetail?LegislationId=78817</a>
Senate Bill 160	Signed 8/10/21	An Act To Amend Title 18 Of The Delaware Code Relating To Insurance And Line-Of-Duty Disability Policies For Certain Emergency Responders.	This allows a policy to be purchased by the Insurance Coverage Office to cover cancer for active Volunteer Firefighters, Paid Firefighters, Fire Marshals, Fire Instructors, Fire Police, EMTs, and Paramedics of the State of Delaware exclusive of those in private sector. This policy will be funded by an assessment calculated based on reporting of gross premiums by insurers writing certain lines of insurance under § 705 of Title 18. The benefits will provide a lump sum for early and advance stages of cancer and monthly income benefits for 36 months.	Nicole Poore	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78787">https://legis.delaware.gov/BillDetail?LegislationId=78787</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 153	Signed 9/30/21	An Act To Amend Title 16 Of The Delaware Code Relating To The Department Of Services For Children, Youth And Their Families.	This Act updates statutes relating to the Department of Services for Children, Youth and Their Families. It adds "Institutional Abuse Investigation Unit" to the definitions within the existing statute. In addition, it updates references in certain sections of the laws to reflect whether the Department of Services for Children, Youth and Their Families, or a unit or division within that Department, is responsible for certain duties as described in the Delaware Code. It also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78771">https://legis.delaware.gov/BillDetail?LegislationId=78771</a>
Senate Bill 136	Signed 9/30/21	An Act To Amend Title 14, Title 16, Title 29, And Title 31 Of The Delaware Code Relating To Early Intervention Services.	This Act transfers responsibility for early intervention services for children ages birth to age 3 from the Department of Health and Social Services to the Department of Education and revises the Code to be consistent with federal law. The Individuals with Disabilities Education Act (IDEA) requires states to provide a comprehensive, coordinated, interagency, interdisciplinary early intervention services system for eligible infants and toddlers and their families. This Act requires that early intervention services be provided in compliance with all of the requirements of the IDEA, improves coordination between advisory bodies, and requires early intervention service providers to receive the same training on child abuse and the same background checks as school employees.	Laura V. Sturgeon	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68709">https://legis.delaware.gov/BillDetail?LegislationId=68709</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Substitute 1 for Senate Bill 120	Signed 10/1/21	An Act To Amend Title 16 And Title 18 Of The Delaware Code, Chapter 189, Volume 82 Of The Laws Of Delaware, And Chapter 392, Volume 81 Of The Laws Of Delaware, As Amended By Chapter 141, Volume 82 Of The Laws Of Delaware, Relating To Primary Care Services.	<p>This Act is a substitute for Senate Bill No. 120. Like Senate Bill No. 120, this Substitute continues recent efforts to strengthen the primary care system in this State by doing the following: (1) Directing the Health Care Commission to monitor compliance with value-based care delivery models and develop, and monitor compliance with, alternative payment methods that promote value-based care. (2) Requiring rate filings limit aggregate unit price growth for inpatient, outpatient, and other medical services, to certain percentage increases. (3) Requiring an insurance carrier to spend a certain percentage of its total cost on primary care. (4) Requiring the Office of Value-Based Health Care Delivery to establish mandatory minimums for payment innovations, including alternative payment models, and evaluate annually whether primary care spending is increasing in compliance with the established mandatory minimums for payment innovations. (5) In Sections 2 and 3 of this Act, revising the appointment process for members of the Primary Care Reform Collaborative who are not members by virtue of position to comply with the requirements of the Delaware Constitution. These revisions are largely similar to those proposed in Senate Substitute No. 1 to Senate Bill No. 59 (151st General Assembly) (“the Substitute”). As such, Section 2 is designed to take effect if the Substitute does not pass both chambers or passes but is not enacted; Section 3 is designed to take effect if the Substitute passes both chambers and is enacted. (6) Making technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual This Substitute differs from Senate Bill No. 120 as it does all of the following: (1) Adds a “whereas clause” stating that the Department of Insurance does not regulate Medicaid or employer-based plans provided under the Employee Retirement Income Security Act, or their rates. (2) Provides that rate filings for health benefit plans may not include aggregate unit price growth for nonprofessional services that exceed the greater of 2% or Core CPI plus 1% in 2024, 2025, and 2026. (3) Makes a technical correction to properly alphabetize definitions in Section 4 of the Act (relating to § 2503 of Title 18). (4) Removes “mental health and substance abuse disorder” from the definition of an “inpatient hospital”. (5) Adds a definition of “professional services” and makes clear that “nonprofessional services”, which are subject to the aggregate unit price growth limits of § 2503(a)(12)a. of Title 18, do not include professional services. (6) Amends the definition of “other medical services” to make clear the term includes the facility component of vision exams, dental services, and other services when those services are billed separately from the professional component. (7) Changes the date for mandatory minimums for payment innovations to support a robust system of primary care to January 1, 2026. (8) Make clear that the Office of Value-Based Health Care Delivery is to annually evaluate whether primary care spending is increasing in compliance with the requirements of, and regulations adopted under, all of Title 18. (9) Requires the Office of Value-Based Health Care Delivery to collect data and develop reports to monitor and evaluate the percentage of spending in primary care that is delegated to hospitals and related networks for care coordination through alternative payment models. (10) Removes the sunset date on provisions requiring individual, group, and State employee insurance plans to reimburse primary care physicians, certified nurse practitioners, physician assistants, and other front-line practitioners for chronic care management and primary care at no less than the physician Medicare rate. (11) Sunsets Sections 5 and 6 of this Act and § 2503(a)(12)a. of Title 18 as contained in Section 4 of this Act on January 1, 2027.</p>	Bryan Townsend	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68714">https://legis.delaware.gov/BillDetail?LegislationId=68714</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 109	Signed 9/30/21	An Act To Amend Title 29 Of The Delaware Code Relating To Medicaid Reimbursement Rates For Home Health-Care Services.	This Act requires that home health-care services for Medicaid long-term care services and support providers be reimbursed for services by Medicaid-contracted organizations at a rate equal to or more than the rate set by the Division of Medicaid and Medical Assistance for equivalent services. This rate floor system is currently used for reimbursement rates for home health-care nursing services paid for by Medicaid-contracted organizations. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Sarah McBride	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58574">https://legis.delaware.gov/BillDetail?LegislationId=58574</a>
Senate Bill 107	Signed 10/14/21	An Act To Amend Title 18, Title 29, And Title 31 Of The Delaware Code Relating To Insurance Coverage Of Insulin Pumps.	This Act requires that individual, group, State employee, and public assistance insurance plans provide coverage for a medically necessary insulin pump at no cost to a covered individual.	Marie Pinkney	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58567">https://legis.delaware.gov/BillDetail?LegislationId=58567</a>
Senate Bill 88	Signed 9/10/21	An Act To Amend Title 16 Of The Delaware Code Relating To The Delaware Health Information Network And The Protection And Use Of Information.	This Act largely tracks current law regarding the use of health care claims data that DHIN holds. It requires DHIN to promulgate regulations to permit appropriate health-care payers, providers, purchasers, or researchers to access clinical data in DHIN's possession under terms and conditions that DHIN and its Board of Directors establish. This Act maintains and enhances language that requires DHIN to disclose individually-identifiable patient information only with direct patient consent or for purposes permitted by the federal Health Insurance Portability and Accountability Act of 1996 and associated regulations ("HIPAA"). This Act also provides additional protections to consumers, by codifying DHIN's general practice of providing Delaware residents with access to their own health information and requiring DHIN to promulgate regulations giving residents the ability to require DHIN to provide that health information to third parties under appropriate terms and conditions. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48476">https://legis.delaware.gov/BillDetail?LegislationId=48476</a>
Senate Bill 87	Signed 9/10/21		This Act requires the Delaware Health Information Network ("DHIN") to provide the Gift of Life program – the State's approved organ procurement organization, or "OPO" – with access to data on potential anatomical donors when the data is needed to determine the suitability for organ, tissue, and eye donation for any purpose identified in Delaware's Uniform Anatomical Gift Act. This Act is the result of the 2019 report of the Joint Legislative Oversight and Sunset Committee's task force under Senate Resolution No. 9 of the 150th General Assembly.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48475">https://legis.delaware.gov/BillDetail?LegislationId=48475</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 76	Signed 6/3/21	An Act To Amend Title 16 Of The Delaware Code Relating To Fentanyl Testing Strips.	This Act authorizes the distribution of testing strips to determine the presence of fentanyl or fentanyl-related substances. Fentanyl testing strips could be distributed to the community along with opioid overdose reversal medication as a harm reduction strategy in the opioid addiction crisis. A number of states have authorized fentanyl testing strips distribution in recent years including Maryland, Rhode Island, the District of Columbia, and North Carolina. Twenty-seven states currently provide fentanyl testing strips through needle exchange programs. According to an April 2019 Delaware Health Alert published by the Department of Health and Social Services, fentanyl is a potent opioid that is increasingly being mixed into illicitly sold drugs, often without the buyer's knowledge. In Delaware, fentanyl was involved in 72% of overdose deaths during 2018, up from 58% in 2017 according to the state's Division of Forensic Science. During 2018, there were more fatal overdoses than any year on record with 400 deaths. This Act exempts fentanyl testing strips from the drug paraphernalia statute. This Act provides the limitations on liability for lay individuals and organizations in Section 1 of this Act because of the extraordinary epidemic of death that is occurring in Delaware as a result of fentanyl being mixed into illicit drugs. It is similar to liability exemptions under § 8135(b) of Title 10 and § 6801 of Title 16 of the Delaware Code for certain types of volunteers and Good Samaritans and is an exception to the general public policy against civil immunity.	Laura V. Sturgeon	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48404">https://legis.delaware.gov/BillDetail?LegislationId=48404</a>
Senate Bill 60	Signed 6/15/21	An Act To Amend Title 16 Of The Delaware Code Relating To Medical Marijuana.	This Act allows nurse practitioners and physician assistants to recommend medical marijuana for adult patients. This Act does not require the Department of Health and Social Services to promulgate new regulations before implementing this Act because § 10113 of Title 29 exempts amendments to existing regulations to make them consistent with changes in basic law from the process otherwise required under Chapter 101 of Title 29. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Ernesto B. Lopez	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48375">https://legis.delaware.gov/BillDetail?LegislationId=48375</a>
Senate Bill 44	Signed 6/15/21	An Act To Amend Title 16 Of The Delaware Code Relating To The Drug Overdose Fatality Review Commission.	This Act allows the Drug Overdose Fatality Review Commission ("Commission") to review all deaths related to a drug overdose, regardless of the type of drug implicated in the overdose death. This change will allow the Commission to obtain and review all medical records, including substance abuse and mental health records, when there is a death related to a drug overdose. This approach will allow the Commission to monitor the evolving nature of societal drug use over time and make recommendations that are proactive in reducing the harm from emerging trends. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Laura V. Sturgeon	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48320">https://legis.delaware.gov/BillDetail?LegislationId=48320</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 25	Signed 9/10/21	An Act To Amend Title 24 Of The Delaware Code Relating To Insurance Coverage And Reimbursement For Services Provided By A Chiropractor.	Chiropractic care is a drugless system of health care. It is uniquely positioned as a treatment for back pain and chronic headaches, which a peer-reviewed medical journal has indicated are alarming drivers of opioid-related deaths. Other peer-reviewed studies have indicated that chiropractic physician care reduces opioid usage rates, costs significantly less than the opioid treatment path, and contributes to preventing addiction and overdose death. In Delaware, back problems are a top-three cost driver and are among the most common conditions resulting in disability and lost productivity. This Act helps to address these issues in Delaware and improves access for Delawareans seeking opioid-free treatment by ensuring chiropractors are reimbursed at least at the level of Medicare and not at historically persistent lower rates.	Bryan Townsend	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78822">https://legis.delaware.gov/BillDetail?LegislationId=78822</a>
Senate Joint Resolution 4	Signed 8/23/21	Designating August 31, 2021, As "International Overdose Awareness Day" In The State Of Delaware.	This Senate Joint Resolution designates August 31, 2021 as "International Overdose Awareness Day" in the State of Delaware and directs the State flag to be lowered to half-staff at State facilities and encourages local governments, businesses, and Delawareans to do the same.	Stephanie L. Hansen	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68656">https://legis.delaware.gov/BillDetail?LegislationId=68656</a>
Senate Concurrent Resolution 61	Passed 6/29/21	Honoring Sean Locke And Increasing Awareness For The Need For More Mental Health Resources.	This resolution honors the life of Sean Locke and recognizes all loss survivors of suicide. It further urges increased awareness of the need for more mental health resources for those suffering from depression and increased support for the loss survivors. This resolution further honors the life and memory of Sean Locke.	David P. Sokola	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78992">https://legis.delaware.gov/BillDetail?LegislationId=78992</a>
Senate Concurrent Resolution 58	Passed Senate 6/22/21	Recognizing The Month Of July 2021 As Uterine Fibroids Awareness Month	This resolution recognizes July 2021 as Uterine Fibroids Awareness Month in Delaware.	John "Jack" Walsh	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78894">https://legis.delaware.gov/BillDetail?LegislationId=78894</a>
Senate Concurrent Resolution 51	Passed Senate 6/22/21	Continuing To Raise Awareness That The Month Of May Is "Melanoma And Skin Cancer Detection And Prevention" Month In Delaware.	This resolution raises awareness that the month of May is Melanoma and Skin Cancer Detection and Prevention Month in Delaware and celebrates ongoing research that lowers melanoma rates.	John "Jack" Walsh	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78783">https://legis.delaware.gov/BillDetail?LegislationId=78783</a>
Senate Concurrent Resolution 35	Passed 4/29/21	Recognizing May 5, 2021 As Maternal Mental Health Awareness Day.	This resolution recognizes May 5, 2021, as Maternal Mental Health Awareness Day in Delaware.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68615">https://legis.delaware.gov/BillDetail?LegislationId=68615</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Concurrent Resolution 33	Passed Senate 5/11/21	Requesting The United States Congress Approve Delaware's Community Project Fund Request For Fiscal Year 2022 To Provide Funding For The Statewide Violence Reduction Program Through The Criminal Justice Council To Reduce Preventable Community Gun Violence Using Evidence-Based Strategies.	This Senate Concurrent Resolution requests that the United States Congress approve Delaware's Community Project Fund request for fiscal year 2022 allocating funding to the Statewide Violence Reduction program, to be administered through the Delaware Criminal Justice Council. This fund will provide resources to evidence-based programs for gun violence intervention and prevention statewide, including the Group Violence Intervention program, community-based intervention and interruption programs, and hospital-based violence interruption, as well as prevention programs.	Marie Pinkney	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58586">https://legis.delaware.gov/BillDetail?LegislationId=58586</a>
Senate Concurrent Resolution 9	Passed 4/1/21	Celebrating The 40th Anniversary Of The Food Bank Of Delaware.	This resolution commends the Food Bank of Delaware on its 40th anniversary and for its contributions toward ending hunger and resolving the root causes of poverty in the State of Delaware through its increased statewide impact.	Colin Bonini	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48384">https://legis.delaware.gov/BillDetail?LegislationId=48384</a>
Senate Concurrent Resolution 8	Passed Senate 1/27/21	Declaring Gun Violence A Public Health Crisis.	This Senate Concurrent Resolution declares that gun violence is a public health crisis, that ending the gun violence devastating Delaware is a policy priority, and supporting policy and legislative solutions that will make schools safe, confront armed hate and extremism, prevent suicide, and center and support survivors of gun violence.	Marie Pinkney	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48338">https://legis.delaware.gov/BillDetail?LegislationId=48338</a>
Senate Resolution 6	Passed 1/19/21	Condemning The January 6, 2021, Assault On The United States Capitol, Committing To Peaceful And Respectful Discourse By Delaware State Senators, And Expressing Gratitude To The Members Of The Delaware National Guard.	This Resolution condemns the violence at and assault on the United States Capitol on January 6, 2021; commits the Senate to peaceful, thoughtful, and respectful discourse in the conduct of public business; and expresses gratitude to the members of the Delaware National Guard.	David P. Sokola	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48308">https://legis.delaware.gov/BillDetail?LegislationId=48308</a>
Senate Amendment 1 to Senate Bill 44	Passed 3/23/21		This Amendment removes the word "all" from the current law. Currently, the Drug Overdose Fatality Review Commission ("Commission") uses a sampling method since there are so many overdose deaths to review each year. The removal of "all" allows the Commission to review every death if resources allow, but also reflects the current process that reviews a sample of the deaths.	Laura V. Sturgeon	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48417">https://legis.delaware.gov/BillDetail?LegislationId=48417</a>
Senate Amendment 1 to House Bill 7	Passed 6/8/21		This amendment increases the size of the Adult Correction Healthcare Review Committee and adds as a member an organization that serves inmates and inmates' families.	Marie Pinkney	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78769">https://legis.delaware.gov/BillDetail?LegislationId=78769</a>



## Meaningful Work and Wealth

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 144	Signed 6/30/23	An Act To Amend Title 19 Of The Delaware Code Relating To Workers Compensation.	This Act increases the number of members of a limited liability corporation who are eligible for exemption from workers compensation reimbursement from four to eight, making the number equal to the number of officers in a traditional corporation who are eligible for exemption.	William Bush	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130347">https://legis.delaware.gov/BillDetail?LegislationId=130347</a>
House Bill 130	Signed 8/9/23	An Act To Amend Title 29 Of The Delaware Code Relating To Deferred Compensation For Public Officers And Employees Of The State.	There are thousands of casual/seasonal employees, who work for the State of Delaware. These hard-working individuals make up a critical part of the state government workforce and play a significant role in keeping our state running and delivering services to the people of Delaware. Since these individuals are not eligible for the state pension plan, many of them are eager to participate in a retirement savings plan so that they can save, invest, and build wealth for a secure and comfortable retirement. Currently, these individuals are not permitted to participate in the state's 457(b) plan. This bill allows casual/seasonal employees the opportunity to participate in the 457(b) plan.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130226">https://legis.delaware.gov/BillDetail?LegislationId=130226</a>
House Bill 348	Signed 10/26/22	An Act To Amend Title 14 Of The Delaware Code Relating To The Basic Salary Schedule For School-Based Physical And Occupational Therapists.	This Act provides nationally certified occupational therapists with a salary supplement for receiving national certification. This Act also makes technical corrections to conform existing language to the standards of the Delaware Drafting Manual.	Sherae'a Moore	<a href="https://legis.delaware.gov/BillDetail?LegislationId=79232">https://legis.delaware.gov/BillDetail?LegislationId=79232</a>
House Bill 265	Signed 6/30/21	An Act Making Appropriations For Certain Grants-In-Aid For The Fiscal Year Ending June 30, 2022; Specifying Certain Procedures, Conditions And Limitations For The Expenditure Of Such Funds; Amending The Fiscal Year 2022 Appropriations Act; Amending The Fiscal Year 2022 One-Time Supplemental Appropriations Act; And Amending Certain Statutory Provisions.	This Act provides supplementary appropriations to certain Grants-in-Aid recipients for Fiscal Year 2022. Section 1 – Government Units and Senior Centers \$27,599,217 Section 2 – One-Times and Community Agencies \$28,158,601 Section 3 – Fire Companies \$7,059,096 Section 4 – Veterans Organizations \$431,348 GRAND TOTAL \$63,248,262	William J. Carson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=79013">https://legis.delaware.gov/BillDetail?LegislationId=79013</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 251	Signed 6/28/22	An Act Making A One-Time Supplemental Appropriation For The Fiscal Year Ending June 30, 2022 To The Office Of Management And Budget.	This Act appropriates \$378,613,700 to provide one-time funded projects through the Office of Management and Budget.	Trey Paradee	<a href="https://legis.delaware.gov/BillDetail/119631">https://legis.delaware.gov/BillDetail/119631</a>
House Bill 249	Signed 9/17/21	An Act To Amend Titles 14 And 16 Of The Delaware Code Relating To Volunteer Firefighter Tuition Reimbursement.	This Act creates a tuition reimbursement program for volunteer firefighters, similar to already existing programs for law enforcement officers and National Guard members. Pursuant to this program, active volunteer firefighters may be reimbursed for tuition for 2 undergraduate level courses or one masters level course per semester at any Delaware college or university. The State Fire Prevention Commission is charged with promulgating rules and regulations and administering the program.	John L. Mitchell	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78939">https://legis.delaware.gov/BillDetail?LegislationId=78939</a>
House Bill 237	Signed 9/10/21	An Act To Amend Title 19 Of The Delaware Code Relating To Police Officers' And Firefighters' Employment Relations Act.	Currently, there are police officers in this State that are not covered by the Police Officers' and Firefighters' Employment Relations Act meaning that they do not possess the right of organization and representation. The purpose of this bill is to allow certain law enforcement officers, including supervisors, currently not covered by the Act to have the right of organization and representation. This bill only makes those officers not currently covered by the Act eligible to organize and be represented under the Act. The Act is not intended and should not be construed to affect the rights of any public employer, police officer, or firefighter already covered by the Act.	John L. Mitchell	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78871">https://legis.delaware.gov/BillDetail?LegislationId=78871</a>
House Bill 233	Signed 9/17/21	An Act To Amend Title 24 Of The Delaware Code Relating To The Profession Of Psychology.	This Act updates the Delaware Code relating to the Delaware Board of Examiners of Psychologists by amending the qualifications for licensure for reciprocity applicants. Currently reciprocity applicants, even those who have practiced many years in another state without blemish, are required to possess the same type of psychology doctoral degree as a new graduate. This bill would grant the Board greater flexibility when evaluating reciprocity applicants by allowing the Board to use an applicant's years of experience and training while licensed in another jurisdiction to compensate for any deficiencies in their education. If passed, the bill would align Delaware more closely with surrounding jurisdictions.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78843">https://legis.delaware.gov/BillDetail?LegislationId=78843</a>
House Bill 230	Signed 7/30/21	An Act To Amend Title 10 Of The Delaware Code Relating To Judicial Privacy.	Recent high-profile attacks on judges and their families are a constant reminder to those that choose public service that they may be doing so at the risk of their and their loved ones' lives. The death of U.S. District Court Judge Esther Salas' son, Daniel Anderl, in New Jersey is tragically just one example – numerous instances of threatening and harassing behavior targeted at judicial officers rarely make prime time news but nonetheless impacts them. The rise and use of social media and online access to information has made it more difficult for judicial officers to maintain their privacy. This Act would allow judicial officers to make a written request that their personal information not be published and remain confidential. The Act takes effect 1 year after its enactment to allow for implementation.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78779">https://legis.delaware.gov/BillDetail?LegislationId=78779</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 214	Signed 8/10/21	An Act To Amend Titles 14 And 29 Of The Delaware Code Relating To Disabled Veterans' School Tax Credit.	This Act creates the Disabled Veterans Property Tax Relief and Education Fund. Pursuant to this legislation, school districts are authorized to create a credit against school taxes for up to the full amount of school tax liability for property owned by a veteran with a 100% disability rating who is domiciled in this state. The full amount of such credit will be reimbursed by a transfer from the State's General Fund to the County Receiver for distribution to such school districts. It has a delayed effective date to allow for implementation of the program.	William J. Carson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78795">https://legis.delaware.gov/BillDetail?LegislationId=78795</a>
House Bill 201	Signed 6/30/21	An Act To Amend Title 29 Of The Delaware Code Relating To The State Lottery.	This legislation updates the licensing requirements for gaming employees and vendors. In addition, it updates references in certain sections of the laws to reflect which law enforcement agencies are responsible for the duties as described in the Delaware Code. It also ensures that administrative and vendor costs necessary to run the Internet video lottery are deducted only once from the net proceeds derived from the Internet video lottery. Finally, this Act clarifies that the prohibition on selling a lottery ticket for a price greater than that fixed by the Director includes sports lottery tickets in addition to drawing lottery tickets and instant lottery tickets.	Andria L. Bennett	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78738">https://legis.delaware.gov/BillDetail?LegislationId=78738</a>
House Bill 178	Signed 8/9/21	An Act To Amend Title 14 Of The Delaware Code Relating To Year-Long Teacher Residency Programs.	Year-long teacher residency programs are a partnership between an educator preparation program and a Delaware school district or charter school to provide a year-long immersive experience for teacher candidates, allowing them a full and supported, on the ground experience of teaching in a Delaware school. The teacher resident also receives a stipend while participating in the program, which may be used to defray education and living expenses. These programs are the gold standard for teacher preparation and they assist in attracting and retaining quality, diverse educators. For the last several years, the General Assembly has appropriated funds in the annual budget to support and sustain these programs. This bill codifies the program and establishes guidelines for how and when the funds will be awarded and what they may be used for. The Department of Education continues to be charged with administration of the funds.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68678">https://legis.delaware.gov/BillDetail?LegislationId=68678</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Substitute 1 for House Bill 166	Signed 10/19/21	An Act To Amend Title 19 Of The Delaware Code Relating To The Elevate Delaware Program.	Like House Bill No. 166, House Substitute No. 1 for House Bill No. 166 establishes the Elevate Delaware program. Elevate Delaware will provide payments for tuition and auxiliary expenses, up to \$10,000, for individuals to attend an approved non-credit certificate program. The Workforce Development Board will create a list of non-credit certificate programs eligible for the Elevate Delaware program and establish priorities based upon the skill requirements of employers in Delaware. It also allows the Department of Labor to provide payments to participants in Elevate Delaware to cover auxiliary expenses necessary to meet basic living expenses or purchase supplies necessary for the non-certificate program or employment upon completion of the program. House Substitute No. 1 for House Bill No. 166 differs from House Bill No. 166 as follows: 1. Instead of basing eligibility upon graduation from a Delaware high school, individuals are eligible for Elevate Delaware if they are employed by an employer with under 51 employees and are subject to Delaware income tax. This change helps small employers expand by investing in workforce development and helps Delaware residents increase their earning capacity. Currently, over 83% of Delaware employers have under 51 employees. 2. States that the intent of Elevate Delaware is to preserve jobs in Delaware and for Delaware residents and that the Department of Labor may recoup payments made on behalf of individuals if either the individual or an employer acts in bad faith under the requirements of Elevate Delaware. 3. Requires that if an individual is not a resident of Delaware, the individual's employer must intend to retain the individual as an employee for at least 1 year following completion of the eligible program and the individual must intend to work in Delaware for at least 1 year following completion of the eligible program. 4. Tuition payments are made directly to an eligible program. 5. Allows Elevate Delaware payments to be made for supplies an individual needs for the training program or employment upon completion of the program. 6. Requires the Workforce Development Board to approve non-credit certificate programs throughout the State, based upon the population of each county. 7. Takes effect for programs that begin after December 31, 2021 instead of within 1 year from enactment of this Act. 8. Removes the requirement that the Joint Legislative Oversight and Sunset Committee review this Act because this review can occur without a specific requirement in this Act.	Edward S. Osienski	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68699">https://legis.delaware.gov/BillDetail?LegislationId=68699</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 122	Signed 10/20/21	An Act To Amend Title 19 Of The Delaware Code Relating To Employment Of And Wages Payable To Persons With Disabilities.	This Act is called the Jamie Wolfe Employment Act in recognition of Jamie Wolfe, a powerful disability rights advocate who worked tirelessly on behalf of people with disabilities for equal rights and equal access to education, housing, competitive and integrated employment, transportation, and community-based services. The Act requires that authorization to pay individuals with disabilities less than the minimum wage required to be paid to other employees will be phased out by July 1, 2023. It is consistent with the goals of the Employment First Act enacted by the 146th General Assembly and with national trends. In September 2020, the United States Commission on Civil Rights recommended that 14(c) certificates be phased out. The Employment First Oversight Commission created in the Employment First Act is charged with the responsibility of developing and implementing a plan for the phase-out and ensuring that the needs of affected providers and employees with disabilities working at less than minimum wage are considered as the phase-out is implemented.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48483">https://legis.delaware.gov/BillDetail?LegislationId=48483</a>
House Bill 1	Signed 3/23/21	An Act To Amend Title 4 Of The Delaware Code Relating To Alcoholic Liquors.	Food and drink establishments suffered great losses since March, 2020 due to the pandemic including millions of dollars in lost sales and the loss of an tens of thousands of jobs in this State. This Act extends the provisions contained in HB 349 from the 150th General Assembly until March 31, 2022 with the goal of continuing the efforts to try and mitigate the losses this industry has suffered. This bill extends the following provisions in HB 349: (1) Allowing an entity that has a valid on-premise license to sell alcohol to continue to alcoholic beverages as part of transactions for take-out, curbside, or drive-through food service so long as certain conditions are met; (2) Allowing a licensee to continue to use outdoor seating for serving of food and drinks so long as the licensee satisfies certain conditions; (3) Allowing the Commissioner to temporarily suspend a license only if the Commissioner has reasonable grounds to believe that public's safety is at risk and there has been a violation of the law; and (4) Allowing the Commissioner to hold hearings by electronic, telephonic, or remote means.	Peter C. Schwartzkopf	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48222">https://legis.delaware.gov/BillDetail?LegislationId=48222</a>
House Concurrent Resolution 2	Passed 1/14/21	Honoring Delaware's First Responders And Essential Workers.	This House Concurrent Resolution honors Delaware's first responders and essential workers who have continued performing duties that are vital to the health, safety, and well-being of all Delawareans as we combat the COVID-19 pandemic.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48281">https://legis.delaware.gov/BillDetail?LegislationId=48281</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Amendment 2 to House Bill 122	Passed 6/23/21		This Amendment strengthens the role of stakeholders in developing the 14(c) phase out plan by requiring the Employment First Commission to appoint a task force comprised of stakeholders, including national subject-matter experts, to develop the phase out plan as opposed to merely consulting with stakeholders. The Amendment also adds a requirement that the phase out plan include consideration of current sheltered workshop employees' wishes to continue working in or near the same location and people with whom the employee is friendly or familiar. This amendment changes the date by which the Employment First Oversight Commission shall develop their implement their plan from July 1, 2023 to January 31, 2024 in order to afford ample time to convene and complete the tasks necessary. This amendment also includes in the plan assurance of adequate funding to support those employers once an individual is hired and the number of individuals who may lose a job opportunity as a result of a minimum wage increase. Finally, the amendment requires that the Commission provide the plan to the General Assembly.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78988">https://legis.delaware.gov/BillDetail?LegislationId=78988</a>
Senate Bill 158	Signed 7/20/21	An Act To Amend Title 11 Of The Delaware Code Relating To The Department Of Correction.	This bill expands prison-based jobs to provide work experience and job skill training and will assist offenders with reentry, while also maintaining Department of Correction (“DOC”) facilities. DOC has not been able to increase the number of offender job opportunities at its facilities or increase inmate wages due to budget constraints; and allowing offenders to be either compensated or awarded additional good time credits will allow the Department to increase the number of offenders eligible to work and provide them with additional opportunities to earn good time credits. Increasing the number of good time credit days an offender may earn will enhance the incentive for inmates to participate in approved programs and productive work.	Darius J. Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78782">https://legis.delaware.gov/BillDetail?LegislationId=78782</a>
Senate Bill 156	Signed 9/9/21	An Act To Amend Title 14 Of The Delaware Code Relating To The Charter Of The University Of Delaware.	This Act requires that prevailing wages be paid to laborers and mechanics working on all University of Delaware construction sites or renovation projects that exceed a certain cost. The prevailing wages are set by the Delaware Department of Labor, Division of Industrial Affairs, and apply to various classes of laborers and mechanics, according to the county in which the work is performed.	John "Jack" Walsh	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78776">https://legis.delaware.gov/BillDetail?LegislationId=78776</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 127	Signed 7/27/21	An Act To Amend Title 29 Of The Delaware Code Relating To Economic Development.	The purpose of this legislation is to promote sustained economic growth and stability by establishing a fund to provide grants, loans or other economic assistance to businesses or public entities that invest in constructing, renovating or improving infrastructure for sites that will attract new businesses or expand existing businesses within the State to initiate economic development opportunities that will create a significant number of direct, permanent, quality, full-time jobs. There is intense competition between the states to attract and to keep vital businesses that create and maintain these direct, quality employment opportunities. Therefore, it is critical to expand and sustain economic growth within the State to consistently maintain readily available commercial, industrial sites to attract new business, or expand existing businesses. The delay in converting completely undeveloped sites into sites that are fully capable of conducting business may result in the loss of significant business opportunities that benefit the public. The site readiness fund will provide economic assistance to qualified businesses or public entities to renovate, construct, or improve commercial, industrial sites that are readily available to new businesses, established businesses that are considering moving to the State or existing businesses within the State that need additional sites to remain or expand within the State. To ensure fiscal accountability that site readiness funds are expended for their intended purpose, the applications will be administered in accordance with the existing regulations that govern applications made to the Strategic Fund. The Council on Development Finance will review the applications and supporting financial information to make recommendations to the Director of the Division of Small Business concerning the viability of the proposed project and whether the project meets the criteria established by this legislation to award funding. The Director has the final authority to award funding based on the Council's recommendations and the requirements imposed by this legislation. The Director shall administer any such award in accordance with the requirements of Chapter 87A of Title 29 of the Delaware Code and the existing Strategic Fund regulations. To protect the assets of the Fund, the Director may require recapture provisions in any contract agreements for grants, loans or other economic assistance that recover for any substantial or complete cessation of operations or failure to reach any employment or other benchmarks. The Director may require the applicant to report financial statements and project progress reports to determine that expenditures on the project are consistent with the purpose of the Fund.	John "Jack" Walsh	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68670">https://legis.delaware.gov/BillDetail?LegislationId=68670</a>
Senate Bill 123	Signed 9/30/21	An Act To Amend Title 19 Of The Delaware Code Relating To Workers' Compensation Benefits.	This bill will allow all surviving spouses of persons killed in the course and scope of employment to receive the same level of death benefits as the surviving spouses of those persons defined as "covered persons" in Section 6601(2), Title 18 of the Delaware Code, in the event that the surviving spouse remarries. This expansion of the death benefit beyond the surviving spouses of those persons specified in Section 6601(2) will result in all surviving spouses, who decide to remarry, being treated equally under Delaware's Workers' Compensation laws.	Nicole Poore	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68634">https://legis.delaware.gov/BillDetail?LegislationId=68634</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 73	Signed 9/30/21	An Act To Amend Title 24 Of The Delaware Code Relating To License To Practice Dentistry.	This Act permits an individual to practice dentistry for the Division of Public Health (Division) under a provisional license. Delaware law provides several routes for entering practice on an interim basis until full licensure can be obtained, however, none of these routes specifically permit hiring by the Division with the intent to practice in a state-supported dental clinic. This Act will assist the Division in recruiting dentists to serve those in need. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Sarah McBride	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48399">https://legis.delaware.gov/BillDetail?LegislationId=48399</a>
Senate Bill 42	Signed 2/16/21	An Act To Amend Title 14 Of The Delaware Code Relating To The Educator Evaluation System.	This Act suspends the educator evaluation system during the 2020-2021 school year and replaces it with an observation and feedback cycle that provides educators with coaching and support related to hybrid and remote learning practices. This Act provides for all of the following during the observation and feedback cycle: 1. An initial goal setting process, classroom observation, and end-of-year conference. 2. Feedback provided to an educator must be recorded in the Data Service Center platform. 3. Evidence collected and feedback provided during observations may not be used as part of the evaluation cycle or to assign a summative rating for the 2020-2021 school year. 4. Recommendations on performance may not result in a formal improvement plan. 5. Educators must complete only the goal setting form and a verification form. This Act also provides that formal improvement plans in place for the 2020-2021 school year remain in effect through the next evaluation cycle under this section.	Bryan Townsend	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48313">https://legis.delaware.gov/BillDetail?LegislationId=48313</a>
Senate Bill 15	Signed 7/19/21	An Act To Amend Title 19 Of The Delaware Code Relating To Minimum Wage.	This bill provides for gradual increases in the Delaware minimum wage to \$15 over a period of several years.	John "Jack" Walsh	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48445">https://legis.delaware.gov/BillDetail?LegislationId=48445</a>
Senate Concurrent Resolution 50	Passed 6/29/21	Directing The Department Of Health And Social Services To Produce An Annual Report On The Status Of Delaware's Home Visiting Programs.	This Senate Concurrent Resolution establishes the purpose and protocol for the creation of an annual report on home visiting programs in Delaware. The report is to be prepared by the Department of Health and Social Services in consultation with the Department of Education and the Delaware Home Visiting Community Advisory Board for review by the Governor, the Delaware State Senate, the Delaware State House of Representatives, the Delaware Kids' Caucus, and the Delaware Early Childhood Council no later than December 1 of each year, and is to include a summary of current practices and challenges, as well as program recommendations.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78740">https://legis.delaware.gov/BillDetail?LegislationId=78740</a>
Senate Concurrent Resolution 44	Passed 5/20/21	Creating An Aging-In-Place Working Group To Develop Recommendations Related To Home And Community Based Services.	This Concurrent Resolution creates an Aging-in-Place Working Group that will develop a plan to guide policies designed to promote successful aging-in-place for seniors in Delaware. The group will deliver preliminary recommendations to the General Assembly by March 30, 2022.	Spiros Mantzavinos	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78741">https://legis.delaware.gov/BillDetail?LegislationId=78741</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Concurrent Resolution 43	Passed 6/24/21	Directing The Secretary Of The Department Of Human Resources To Use Departmental Authority Through The Merit Rules And The State Budget Act To Focus Centralization Efforts Across State Executive Branch Agencies To Evaluate Equity In Compensation And Salary, With Starting Rates On Initial Appointment And The Advanced Starting Salary Procedure, Including In The Context Of Race And Gender, And Issue A Report On Progress To The General Assembly.	This resolution directs the Secretary of the Department of Human Resources to cause the Department to instruct Executive agency human resources to conduct an equity review and analysis for every employee new hire or new promotion across State Executive Branch agencies, including whether there are gender or racial inequities, utilizing the State's advanced starting salary procedure, when reviewing the starting rate on initial appointment. The Secretary and the Department are also directed to develop a plan to remedy any inequities and issue a comprehensive written progress report to the General Assembly on or before October 30, 2021.	Stephanie L. Hansen	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68695">https://legis.delaware.gov/BillDetail?LegislationId=68695</a>
Senate Concurrent Resolution 36	Passed 6/10/21	Directing The Department Of Education And The Delaware Early Childhood Council To Create A State Target Compensation Scale And Professional Career Pathway For Early Childhood Care Educators Who Teach Ages Birth Through Five.	This resolution directs the Delaware Department of Education and the Delaware Early Childhood Council to create a state target compensation scale and professional career pathway for early child care educators who teach ages birth through five years and issue a comprehensive written report by December 1, 2021.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68715">https://legis.delaware.gov/BillDetail?LegislationId=68715</a>
Senate Amendment 1 to Senate Bill 15	Passed 3/18/21		This amendment makes a technical correction to clarify that the minimum wage will remain at its current level of \$9.25 per hour until January 1, 2022.	John "Jack" Walsh	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48481">https://legis.delaware.gov/BillDetail?LegislationId=48481</a>

## Humane Housing

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 11	Signed 8/3/23	An Act To Amend Title 16 Of The Delaware Code Relating To County Building Codes.	This Act requires new commercial buildings with a foundation footprint of 50,000 square feet or greater to meet certain requirements to ensure that their roof is able to support solar energy infrastructure.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130288">https://legis.delaware.gov/BillDetail?LegislationId=130288</a>
House Bill 386	Signed 10/26/22	An Act To Amend Title 25 Of The Delaware Code Relating To Rental Agreements.	This Act prohibits a landlord from requiring a tenant declaw a cat as a condition for entering into or renewing a rental agreement. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Paul S. Baumbach	<a href="https://legis.delaware.gov/BillDetail/109364">https://legis.delaware.gov/BillDetail/109364</a>
House Bill 374	Signed 7/22/22	An Act To Amend Title 25 Of The Code Relating To The Residential Landlord-Tenant Code And Manufactured Home And Manufactured Home Communities Act.	This bill extends protections to homeowners in manufactured home communities even if their homes do not qualify as “manufactured homes” under the current definition of manufactured home. Currently there exists a population of Delawareans living in camper trailers on rented land. Due to this unique living situation these individuals are not protected under the landlord-tenant code or our state's manufactured housing laws. This act remedies this inequality for Delawareans who have lived in this situation for at least 5 years. Currently there exists a population of Delawareans living in camper trailers on rented land. Due to this unique living situation these individuals are not protected under the landlord-tenant code or our State's manufactured housing laws. This Act remedies this inequality for Delawareans who have lived in this situation for at least 5 years.	Madinah Wilson-Anton	<a href="https://legis.delaware.gov/BillDetail?LegislationId=99319">https://legis.delaware.gov/BillDetail?LegislationId=99319</a>
House Bill 240	Signed 10/6/21	An Act To Amend Title 31 Of The Delaware Code Relating To Emergency Housing Assistance For College Students And Appropriating General Funds To The Student Emergency Housing Assistance Fund.	This Act creates the Korey Thompson Student Emergency Housing Assistance Fund for the benefit of housing insecure undergraduate students at any college or university in Delaware and appropriates \$90,000 to the Fund for FY2022. DSHA is charged with administering the Fund and reporting to the Governor and the General Assembly how the funds are spent.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78820">https://legis.delaware.gov/BillDetail?LegislationId=78820</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 171	Signed 7/30/21	An Act To Amend Title 30 Of The Delaware Code Related To Tax Administration.	Sections 1, 4, and 6 clarify that the funds to satisfy income tax withholding on a sale of real estate by a non-resident shall be derived from the net proceeds of the real estate sale and permit the filing of the deed if the closing attorney can establish that the non-resident seller did not receive any proceeds from the sale. Section 2 allows the Division of Revenue to use its discretion to adjust the filing frequency of employers if the taxpayer can demonstrate that complying with the statute would result in a hardship. Section 2 also broadens the requirements for filing of information returns with the Delaware Division of Revenue to include any information return required to be filed with the Internal Revenue Service for payments of any type of remuneration made to Delaware resident individuals. This will provide the Division of Revenue with greater information about income received by Delaware residents to ensure that all taxable income is reported and taxed. Section 3 corrects the recipient for donations to the Delaware Ovarian Cancer Foundation, which is now its own separate 501(c)(3) organization, allowing donations to be forwarded to them directly. Section 5 codifies the long-standing practice of the Division of Revenue to limit Net Operating Loss deductions to those deductions that were claimed on a federal return. Because Delaware tax law starts with the income reported and deductions available at the federal level, any net operating loss that exceeds that claimed on a federal return is not permitted in the calculation of Delaware tax. Section 7 eliminates the requirement that multiple business licenses for the same licensee be on the same licensing schedule, which will reduce the burden for both licensees and the Division of Revenue. Section 8 clarifies the definition of “Mercantile agency or collection agency” to include those agencies involved in the collection of both commercial and consumer debt, which removes a potential ambiguity from existing language. Section 9 provides that the sections of this act are severable in the event that one is determined to be invalid, and section 10 establishes the effective date of the legislation.	Stephanie T. Bolden	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68653">https://legis.delaware.gov/BillDetail?LegislationId=68653</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 112	Signed 9/15/21	An Act To Amend Title 25 Of The Delaware Code Relating To Common Interest Ownership.	<p>This Act corrects several technical and typographic errors in the Delaware Common Interest Ownership Act (the “DUCIOA”) and makes a number of non-controversial changes agreed upon by the Common Interest Community Advisory Council and representatives of builders, real estate sales professionals, association managers, and owners. Section 1. This section amends Section 2246 to correct the inadvertent omission of “not” in the Unit Property Act clarifying that exclusively nonresidential condominiums are not required to maintain a repair and replace reserve. Section 2. This section amends Section 81-116(a) to clarify the original intent of the DUCIOA, which exempts nonresidential common interest communities. Section 3. This section amends Section 81-119 by adding five sections of the DUCIOA to apply to pre-existing communities through section 81-119 as follows: §81-217 (i): consent of holders of security interest are deemed to have granted approval of amendments to the declaration if they do not refuse consent in writing after notice. §81-306: Bylaws. §81-308A: executive board meetings are open to members after the period of declarant control. §81-310: voting proxies and voting by ballot without a meeting permitted. §81-314: surplus funds remaining after payment of expenses and prepayment of reserves, returned to owners. This section also clarifies that a conflict between a preexisting document and DUCIOA in any common interest community is resolved in favor of the preexisting documents, whereas the prior language specified application only to condominium and cooperatives. Section 4. This section amends Section 81-217(i) to clarify a common ownership community’s ability to amend its governing documents. Section 5. This section amends Section 81-217(m) to add a new subsection which allows Declarants or the Council to correct typographical errors efficiently and easily, by deeming consent to amendments by security interest holders after notice. It follows the procedures in the DUCIOA for obtaining lenders’ consent to actions and amendments to apply to existing common interest communities. Section 6. This section amends Section 81-303(a) to clarify that under Delaware corporate law there is no distinction between the duties of a director or officer of a for-profit corporation and those of a director or officer of a non-profit corporation. Section 7. This section amends Section 81-303(c) to allow termination of the period of declarant control as permitted in the declaration. Section 8. This section amends Section 81-310(a) to expand the options and methods for owner voting. Section 9. This section amends Section 81-316(h) to add language that allows a community to charge a reasonable fee to provide required certifications regarding the community and limits the liability of a voluntary association for inadvertent errors. Section 10. This section amends Section 81-316(j)(1) to add a comma to correct a typographical error in the existing statute. It clarifies that mortgages can be foreclosed upon by law processes, equity processes, or as provided in the governing documents.</p>	Kendra Johnson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48422">https://legis.delaware.gov/BillDetail?LegislationId=48422</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
			Section 11. This section amends Section 81-318(e) to add language that clarifies the right of the association to charge a fee, in advance, to the unit owner when the unit owner has requested conversion, inspection, or copying of association records. Section 12. This section amends Section 81-324(a) to add language that clarifies that voting at a budget meeting may be by proxy as well as in person. Section 13. This section amends Section 81-408(a). Currently, the DUCIOA limits the right to cancel for failure to supply a public offering statement to purchasers of condominiums and cooperatives. Changes to this section conform subsection (a) to UCIOA and clarify the date for cancelation of purchase contracts. Section 14. This section amends Section 81-409(b) to limit the liability of the Association for inaccurate information provided by the property manager in fulfillment of the requirement to provide information to complete a resale certificate. In the alternative, it declares providing false information is a per se violation of the Consumer Fraud Act, which allows a private right of action to recover damages and punitive damages against “merchant” sellers.		
House Bill 60	Signed 9/30/21	An Act To Amend Title 25 Of The Delaware Code Relating To Tenant's Remedies Relating To The Rental Unit.	This bill increases the amount that a tenant may deduct from rent in order to have necessary work done on the rental premises if the landlord fails to repair or maintain the premises after proper notice. The original amount of \$200 was selected at the time that the Landlord Tenant Code was drafted in 1996. The amended amount of \$400 reflects inflation of rent and cost of repairs.	Stephen Smyk	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48236">https://legis.delaware.gov/BillDetail?LegislationId=48236</a>
House Bill 57	Signed 9/17/21	An Act To Amend Title 25 Of The Delaware Code Relating To Rules And Regulations Relating To Certain Buildings Single Room Lease.	This bill requires a landlord to provide 15 days written notice to a single room tenant prior to the termination of a rental agreement for any reason other than a material violation. This notice provision ensures that the tenant has time to find suitable housing prior to the termination of their current lease, while still permitting a landlord to quickly remove a tenant renting a single room within a house.	Stephen Smyk	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48233">https://legis.delaware.gov/BillDetail?LegislationId=48233</a>
House Concurrent Resolution 19	Passed 4/27/21	Recognizing The Month Of April 2021, As The Annual “National Fair Housing Month” In The State Of Delaware.	This House Concurrent Resolution recognizes the month of April 2021, as “National Fair Housing Month” in the State of Delaware.	Kendra Johnson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48505">https://legis.delaware.gov/BillDetail?LegislationId=48505</a>
House Amendment 1 to House Bill 159	Passed 6/17/21		This amendment removes the authorization to hold sales of real estate during the execution process through an online auction process. This amendment also makes technical corrections.	John L. Mitchell	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78906">https://legis.delaware.gov/BillDetail?LegislationId=78906</a>

## Lifelong Learning

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 138	Signed 8/23/23	An Act To Amend Title 14 Of The Delaware Code Relating To Teacher Apprenticeships.	This Act establishes a Delaware Educator Apprenticeship Program to be developed by the Department of Education. The Department of Education will work with the Department of Labor to create a program that places aspiring teachers in paid positions in schools, while the teacher candidates complete the training and schooling necessary to become a Delaware credentialed teacher. This program will complement the Grow Your Own Educator Program and teacher residency programs to create a low-cost pathway for aspiring teachers to earn their teaching credentials and will address the educator shortage in Delaware. A pilot program will be created for the 2023-24 school year between 1 institute of higher education and 1 district or charter school. The program shall be expanded if interest and funding is available for the 2024-25 school year and thereafter.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130312">https://legis.delaware.gov/BillDetail?LegislationId=130312</a>
House Bill 481	Signed 8/4/22	An Act To Amend Title 14 Of The Delaware Code Relating To The Delaware Higher Education Office And Approval Of Postsecondary Institutions.	This Act will amend the Delaware Code relating to the powers of the Delaware Higher Education Office and the state authorization of private postsecondary institutions. The intent of the Act is to increase consumer protections for students enrolled in private postsecondary institutions as it relates to student loans, distance education, and predatory practices. The Act will also clarify the current functions of the Delaware Higher Education Office relating to student support for transitions into postsecondary education and execution of state financial aid programs through the elimination of functions that are no longer under the purview of the Delaware Higher Education Office. This Act establishes responsibilities for certain postsecondary institutions, private schools, and trade schools prior to ceasing operation. This Act changes the penalty for an individual violating chapter 85 from a fine not to exceed \$500 to a fine of a minimum of \$500 for each offense and changes the penalty for a person violating chapter 85 from a fine not to exceed \$1,000 to a fine of a minimum of \$1000 for each offense. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. Finally, this Act requires a greater than majority vote for passage because § 11 of Article VIII of the Delaware constitution requires the affirmative vote of three-fifths of the members elected to each house of the General Assembly to impose a fee.	Madinah Wilson-Anton	<a href="https://legis.delaware.gov/BillDetail?LegislationId=129700">https://legis.delaware.gov/BillDetail?LegislationId=129700</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 480	Signed 8/25/22	An Act To Amend Titles 14, 16, 29, And 30 Of The Delaware Code Relating To Financial Assistance For Education.	This Act amends the Delaware Code relating to financial assistance for education in order to promote and support the state's high demand career fields and reduce student debt for Delaware residents. The Act clarifies the Delaware Higher Education Office's role in administering programs. Professional incentive scholarship loan programs will generally be replaced with the career-based scholarship program and the educator support scholarship and mental health services scholarship programs will be established. In addition, a loan repayment program is created for speech-language pathology and mental health professions to attract and retain these professionals in Delaware schools. Career-based and educator support scholarships will be made to Delaware students who intend to pursue careers in specific fields identified as areas of need in Delaware. Academic scholarships will be awarded to Delaware students in memory of elected officials and other distinguished citizens. Need-based scholarships will be awarded to Delaware students so that they will not be denied the opportunity of an education because of financial need. The Act also clarifies the programs that are not administered by the Delaware Higher Education Office. The Education Endowment Fund and the Michael C. Ferguson Achievement Awards will be repealed because they are no longer funded. The Delaware College Investment Plan has been renamed the DE529 Education Savings Plan, and conforming changes are made to other parts of the Code. The Ivyane D. F. Davis Memorial Scholarship program is updated.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=129679">https://legis.delaware.gov/BillDetail?LegislationId=129679</a>
House Bill 454	Signed 7/22/22	An Act To Amend Title 14 Of The Delaware Code Relating To Eligibility For Special Education And Related Services.	This Act revises the Code to be consistent with federal law. The Individuals with Disabilities in Education Act (IDEA) requires states to make a free appropriate public education (FAPE) available to all children with disabilities "between the ages of 3 and 21, inclusive." 20 U.S.C. § 1412(a)(1)(A). The term "inclusive" requires states to extend eligibility until a student's 22nd birthday. The IDEA allows states to limit the age of eligibility for FAPE to students between the ages of 18 through 21 only to the extent state law, practice, or court order limits the provision of public education to all children within those age ranges. 20 U.S.C. § 1412(a)(1)(B). In Delaware, state law and practice provide public education to adults without age limitation. Delaware is one of the few states that has developed a public adult high school, the James H. Groves Adult High School, accommodating those needing an alternative to a regular day-school program. As such, federal law requires Delaware to extend eligibility for children with disabilities through their 22nd birthday. Current statute and regulation extend eligibility to the end of the school year in which a child with a disability turns 21, this Act proposes to keep the established exit point to minimize service interruptions and only change the age from the end of the school year in which a child turns 21 to the end of the school year in which a child turns 22.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=109603">https://legis.delaware.gov/BillDetail?LegislationId=109603</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 430	Signed 9/9/22	An Act To Amend Title 14 Of The Delaware Code Relating To Grow Your Own Educator Program.	This Act creates a statewide Grow Your Own Educator Program to improve recruitment, retention, and diversity of educators in Delaware public schools. The Program establishes a competitive grant process to be administered by the Department of Education. Any Delaware reorganized school district or charter school can apply for a grant to establish its own unique Grow your Own Educator Program. Subject to funding grants will be awarded on a 2-year basis. Applicants must provide a detailed explanation how their proposed Program will be run, including any partnerships with institutions of higher education and whether the Program anticipates providing last dollar tuition and related educational financial assistance to candidates accepted into their Program who commit to teaching a minimum of 3 years, upon licensure, in the Applicant's school district or charter school. Any awarded grant money must be used to initiate and run the Program. In evaluating applications that meet the Department's criteria, if funding is limited, the Department will give additional weight to Applicants that prioritize recruiting candidates from high-need schools, placing teacher candidates in high-need schools, develop programs that support teacher professionals, including bilingual candidates and those without bachelor's degrees, and leverage apprenticeship and year-long teacher residency models. The Department will annually provide Program data to the Senate and House Education Committees including the number of grant applications, the number of grants awarded, names of districts and charter schools receiving grants, and retention rate for educator candidates hired by the district or charter school. For fiscal year 2022-2023 \$4,000,000 is anticipated being appropriated to the Department from the General Fund consistent with the agreed settlement terms in In Re Delaware Public Schools Litigation, C.A. No. 2018-0029-VCL which states, in part, that the Governor's proposed budget for fiscal year 2023-2024 will include at least \$4,000,000 to support enhanced teacher recruitment and retention in high-need schools. A portion of those funds will be allocated to implement the Grow Your Own Educator Program established in this Act.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=109531">https://legis.delaware.gov/BillDetail?LegislationId=109531</a>
House Bill 198	Signed 6/17/21	An Act To Amend Title 14 Of The Delaware Code Relating To Black History Education.	This Act requires each school district and charter school to establish and implement a curriculum on Black History for students in grades K through 12. This Act incorporates contemporary events into discussions of Black History and the tools of experience.	Sherry Dorsey Walker	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48487">https://legis.delaware.gov/BillDetail?LegislationId=48487</a>
House Bill 196	Signed 9/17/21	An Act To Amend Titles 14 And 31 Relating To The Parents Right To Know Act.	The Act places the Parents Right to Know Act in the Department of Education instead of the Department of Services for Children, Youth, and Their Families. This Act also clarifies the notice requirements.	Nnamdi O. Chukwuocha	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78736">https://legis.delaware.gov/BillDetail?LegislationId=78736</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 175	Signed 6/30/21	An Act To Amend Title 14 Of The Delaware Code Relating To School Attendance.	This Act allows one excused absence per school year for students grades 6 through 12 to attend civic engagements such as visits to the United States Capitol, Legislative Hall, and sites of political and cultural significance, or participation in a rally, march, protest, or walkout. For a student to attend a civic engagement event, the student's parent or guardian must provide written permission no later than 3 school days prior to the student's planned absence. The school shall determine what is acceptable as written permission. If the principal or another school or school district official does not confirm receipt of written permission with the parent or guardian prior to the student's planned absence, permission for the student to attend the civic engagement event as an excused absence is presumed.	Eric Morrison	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68607">https://legis.delaware.gov/BillDetail?LegislationId=68607</a>
House Bill 173	Signed 9/15/21	An Act To Amend Title 14 Of The Delaware Code Relating To Education Enrollment Of Military-Connected Students.	This Act allows the parent or guardian of a military-connected student to preliminarily enroll the student by remote registration in a school district where the parent or guardian is in the active military of the United States or in full-time status during active service with a force of the Delaware National Guard, if the parent or guardian is being transferred to Delaware under military orders and is transferred to or is pending transfer to a military installation within Delaware.	Nnamdi O. Chukwuocha	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68660">https://legis.delaware.gov/BillDetail?LegislationId=68660</a>
House Bill 133	Signed 8/4/21	An Act To Amend Title 14 Of The Delaware Code Relating To Educator Evaluations.	This Act changes the current evaluation system for all teachers from the former Delaware Performance Appraisal System II evaluation to a new Delaware Teacher Growth and Support System. The goal of this new evaluation system is to build a culture of professionalism and learning within every school by converting the evaluation system from a teacher-focused to a learning-focused system. It also increases accountability by requiring a beginning, middle, and end of the year review of both the teacher's professional learning goals and student improvement goals. All teachers (not just 4-8 testing subjects) will be held accountable for student growth. The new evaluation system will only apply to teachers. Specialists and administrators will continue to be evaluated under the Delaware Performance Appraisal System II. Under this Act the new evaluation system will be phased in with a minimum of 3 local education agencies participating in a pilot program for academic year 2021-2022, which will sunset on June 30, 2022. Under Section 2 and 3 of this Act, effective academic year 2022-2023, all teachers will fall under the Delaware Teacher Growth and Support System and all specialists and administrators will be evaluated under Delaware Performance Appraisal System II.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48415">https://legis.delaware.gov/BillDetail?LegislationId=48415</a>
House Bill 123	Signed 10/21/21	An Act To Amend Title 14 Of The Delaware Code Relating To Financial Assistance For Higher Education For Youth Who Have Been In Foster Care.	This Act supports children who spent part or all of their teen years in the State's foster care system to access higher education by providing a tuition waiver program to cover the cost of tuition, fees, and (where offered) room and board at a public Delaware college or university.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78841">https://legis.delaware.gov/BillDetail?LegislationId=78841</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 104	Signed 8/4/21	An Act To Amend Title 14 Of The Delaware Code Relating To Teen Dating Violence And Sexual Assault.	This Act moves the date by which the Department of Education shall submit its annual report to the Domestic Violence Coordinating Council from August 1 to October 15 of each year. Moving the date to October 15 will better accommodate the data collection, quality control, and certification process utilized by the Department of Education. Schools and districts are required to enter their data by July 1 and the process of verifying the information and making any corrections necessary to certify the data is usually finished by October 1.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48382">https://legis.delaware.gov/BillDetail?LegislationId=48382</a>
House Bill 86	Signed 7/30/21	An Act To Amend Title 14 Of The Delaware Code Relating To Special Education Funding.	This Act provides increased funding for kindergarten through third grade students identified as eligible for basic special education services. Currently, basic special education is provided for students in fourth through twelfth grade who are identified as eligible for basic special education and related services; there is no additional unit funding for students in kindergarten through third grade who may be eligible for basic special education services. The Act adds a designation of “K-3 Basic Special Education (basic)” and over three years reduces the number of students comprising a unit from the current 16.2 to 8.4. This Act will increase the unit count funding for K-3 Basic Special Education (basic) students by School Year 2023-2024, Fiscal Year 2024, to be consistent with the 8.4 unit of pupils currently available to students in grades 4 through 12. Sections 1 through 3 of this Act change the funding chart currently in the Code to subsections and provides for a decrease in the ratio between the number of students enrolled and the unit count for basic special education from 16.2 currently to 12.2 in Fiscal Year 2022, 10.2 in Fiscal Year 2023, and 8.4 in Fiscal Year 2024. Section 4 of this Act delays the effect of each Section until the start of each new fiscal year in the 3-year cycle over which this Act’s changes are intended to occur.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48341">https://legis.delaware.gov/BillDetail?LegislationId=48341</a>
House Concurrent Resolution 24	Passed 6/30/21	Modernizing Delaware’s Education Funding System.	This Resolution: 1) Celebrates Senate Bill No. 56 and the immediate investment of targeted funding for student needs; 2) Describes the need for additional action from the General Assembly to update and modernize remaining underlying education funding issues; 3) Requires the Department of Education to report information to help illuminate systemic inequities in the current education funding system to inform future legislative proposals.	Nnamdi O. Chukwuocha	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78729">https://legis.delaware.gov/BillDetail?LegislationId=78729</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Amendment 1 to House Bill 128	Passed 5/13/21		This Amendment clarifies that the type of services to be provided to eligible students under HB 128 are those transition services necessary to support a child's achievement of post-secondary goals because students turning 21 in the 2020-2021 school year are transitioning to post-secondary activities. If transition services and activities for those students were adversely affected by the State of Emergency Due to the Public Health Threat caused by the COVID-19 pandemic, the student so affected will be offered an extension of services until post-secondary goals are met or the end of the 2021-2022 school year, whichever is earlier. The IEP team will determine whether there is a basis for extension of services and if so, the nature and duration of the services to be provided. This Amendment also clarifies the source of funding for services to be provided to eligible students is federal funding through the Elementary and Secondary School Emergency Relief Fund. Accordingly, eligible students will not be included in the annual unit count.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68665">https://legis.delaware.gov/BillDetail?LegislationId=68665</a>
House Amendment 2 to House Bill 100	Passed 6/8/21		This amendment phases implementation of House Bill No. 100 out over three years in regard to school counselors, licensed clinical social workers, and school social workers. Current ratios of students to these professionals far exceed those recommended by leading counseling and mental health organizations. Gradual implementation is needed to allow Delaware school districts time recruit and retain these critical positions. This amendment also provides districts flexibility to allocate units where needed most, prioritizing disadvantaged students and students with special needs. Additionally, it adds district Pre-Kindergarten to the strategic plan. The amendment also makes technical corrections since there was duplication of many of the "Whereas" clauses.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78823">https://legis.delaware.gov/BillDetail?LegislationId=78823</a>
House Amendment 1 to House Bill 20	Passed 3/18/21		This Amendment changes the section of the Delaware Code being amended and the school year by which all public schools and charter schools must provide feminine hygiene products to students who can have a menstrual cycle from the 2020-2021 school year to the school year commencing in the fall of 2021. It also requires that feminine hygiene products be provided in ½ of bathrooms designated non-gender conforming.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48459">https://legis.delaware.gov/BillDetail?LegislationId=48459</a>
Senate Bill 169	Signed 10/20/21	An Act To Amend Title 14 Of The Delaware Code Relating To The Delaware Child Care Act.	In 2019, the Office of Child Care Licensing (“OCCL”) was transferred from the Department of Services for Children, Youth, and Their Families to the Department of Education. This Act makes changes to improve OCCL’s implementation and enforcement of the Child Care Act, Chapter 30A of Title 14 of the Delaware Code. Additionally, this Act does the following: (1) Updates and expands the definition of child care to include early education programs for children below the grade of kindergarten that are operated by public or private schools. (2) Increases penalties for violations of the Child Care Act. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78821">https://legis.delaware.gov/BillDetail?LegislationId=78821</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 133	Signed 6/30/21	An Act To Amend Title 14 Of The Delaware Code Relating To Requirements For Educator Preparation Programs.	The 2019 Delaware Literacy Plan (“Literacy Plan”) established a framework to address Delaware’s literacy challenges. The Literacy Plan concluded that a strong teacher preparation program should lay the foundation for teachers to be able to engage students in the essential components of evidenced-based reading instruction, known as the "science of reading." This Act incorporates the science of reading into Delaware’s public and charter schools by requiring, beginning July 1, 2023, that teacher preparation programs which prepare elementary school, early childhood education, or special education teachers or reading specialists must provide instruction in evidence-based reading instruction. It requires the Department of Education to establish a minimum number of hours of training that instructors in educator preparation programs must complete in evidence-based reading instruction. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Laura V. Sturgeon	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68682">https://legis.delaware.gov/BillDetail?LegislationId=68682</a>
Senate Bill 125	Signed 8/10/21	An Act To Amend Title 14 Of The Delaware Code Relating To Education.	This bill provides that the spouse and any child of a member of the active military service of the United States, who has been assigned to duty elsewhere immediately following assignment to duty in Delaware, shall be deemed to be an in-state resident for the purposes of determining the tuition, fees, and other charges at Delaware public universities, colleges, or community colleges as long as the spouse or child remains enrolled at such institution.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68648">https://legis.delaware.gov/BillDetail?LegislationId=68648</a>
Senate Bill 117	Signed 8/10/21	An Act To Amend Title 14 Of The Delaware Code Relating To Education And Purple Star Schools.	This bill allows schools and school districts to submit an application to the Department of Education to have a school designated as a Purple Star School.	Bruce C. Ennis	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68613">https://legis.delaware.gov/BillDetail?LegislationId=68613</a>
Senate Bill 106	Signed 7/29/21	An Act To Amend Title 14 Of The Delaware Code Relating To Services For Children With Disabilities In Homeschools.	This Act makes students who attend homeschools eligible for the same services for children with disabilities as students who attend private schools in a manner that allows federal funds to pay for the services. This Act is the result of discussions regarding Senate Bill No. 19, which would make homeschool students eligible for speech therapy services, and accomplishes the goal of Senate Bill No. 19 because through meaningful consultation, speech therapy services are often included in the services provided to students who attend private schools. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	David L. Wilson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58565">https://legis.delaware.gov/BillDetail?LegislationId=58565</a>
Senate Bill 95	Signed 7/30/21	An Act To Amend Title 14 Of The Delaware Code Relating To The Inspire Scholarship Program.	This bill will provide Delaware students with strong academic credentials and a demonstrated commitment to volunteer public service to receive scholarship monies sufficient to cover the full cost of tuition at Delaware State University. The intent of this bill is to increase the number of students in Delaware who not only attend the University but who successfully complete degree programs.	Trey Paradee	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48517">https://legis.delaware.gov/BillDetail?LegislationId=48517</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 86	Signed 9/10/21	An Act To Amend Title 14 Of The Delaware Code Relating To The Delaware Advisory Council On Career And Technical Education.	This Act is a result of the Joint Legislative Oversight and Sunset Committee's ("JLOSC") 2019 review of the Delaware Advisory Council on Career and Technical Education ("DACCTE"), and adds a requirement to DACCTE's annual report to provide students and families access to information regarding educational, employment, and training opportunities.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48474">https://legis.delaware.gov/BillDetail?LegislationId=48474</a>
Senate Substitute 1 for Senate Bill 82	Signed 10/20/21	An Act To Amend Title 14 Of The Delaware Code Relating To Public School Registration.	This Act is a substitute for Senate Bill No. 82. Like Senate Bill 82, this Substitute does all of the following: (1) Codifies the Department of Education's ("Department") current efforts to establish a uniform public school registration process and requires that, beginning with the 2023 through 2024 school year, all public schools shall use the uniform public school registration process. This registration process will simplify the process for families, enable public schools to engage with families and plan in advance of the school year, and integrate data systems to eliminate duplication of effort. (2) Requires the uniform public school registration process to be Internet-based and in paper form and in English and Spanish and may be in other languages. This Act also requires that certain information must be provided in the process and that the Internet-based uniform public school registration process must include certain features. (3) Requires the Department to provide training to certain school district and charter school employees regarding the uniform public school registration process and issue guidelines for privacy of information submitted as part of the registration process. (4) Requires the Department to report to the Governor and General Assembly, no later than March 14, 2022, on the Department's ability to connect the Internet-based uniform public school registration process to other Internet-based systems that are used to collect student data by the State; the Department; a licensed child care provider, including Head Start; or a public school serving preschool through age 21. This Substitute differs from Senate Bill No. 82 by doing all of the following: (1) Clarifying that a student must be registered in the student's school district of residence before being eligible for the school choice process. (2) Requiring a public school be certified as completing training from the Department on the uniform public school registration process before providing paper forms as part of the in-person registration process. (3) Requiring the Department to provide uniform information about the uniform public school registration process to public schools and requiring the public schools to post the information on the school's website and in other publications. (4) Requiring a public school to provide a parent with certain information after the parent completes the registration process, including the public school and school in which the child is enrolled.	Elizabeth Lockman	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68725">https://legis.delaware.gov/BillDetail?LegislationId=68725</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Substitute 2 for Senate Bill 78	Signed 9/17/21	An Act To Amend Title 14 And Title 31 Of The Delaware Code Relating To Qualifications For Members Of School Boards And The State Board Of Education.	<p>Senate Bill No. 78 enhances the qualifications for an individual to serve as a member of a school board or the State Board of Education. Specifically, this Act does all of the following:</p> <p>1. Requires a prospective member of a school district board or State Board of Education to undergo the background check for child-serving entities and provides authority for the State Bureau of Identification to provide the required background check information to the appropriate entities. 2. Provides that background check information provided under this Act is not a public record under the Delaware Freedom of Information Act. 3. Requires that the Commissioner of Elections determine that an individual does not have any disqualifying convictions before the individual can be a candidate for election to a school board. 4. Requires the suspension of a member of a school board or the State Board of Education if the member is charged with a crime that would disqualify the individual from holding the position if convicted. 5. Requires the suspension of a charter school board member who is charged with a disqualifying offense. Existing law requires potential charter school board members to undergo and pass a criminal background check to serve as a charter school board member. 6. Makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. The disqualifying convictions under Senate Bill No. 78 are similar to those that cause an educator to lose their license or certificate and the additional qualifications do not apply to current school board members until the expiration of the member's current term, unless the member is charged with a disqualifying crime while serving. Senate Substitute No. 1 for Senate Bill No. 78 differs from Senate Bill No. 78 as follows: 1. Automatically suspends a member of the State Board of Education or a vocational-technical school district board if the member is charged with a disqualifying crime instead of requiring the Governor to suspend the member. 2. Imposes a 10-year period of ineligibility, instead of a lifetime bar, for someone convicted of a violent felony. 3. Removes the section making this Act effective immediately because legislation is always effective immediately, unless otherwise provided, so that section is unnecessary. Senate Substitute No. 2 for Senate Bill No. 78 differs from Senate Substitute No. 1 for Senate Bill No. 78 and Senate Bill No. 78 as follows: 1. Changes the permanent disqualification of an individual convicted of a felony offense against public administration to a 10-year disqualification like other felonies. 2. Requires a candidate for election to a school board to have requested the background checks by the deadline to file notice of candidacy but provides the State Bureau of Identification and the Department of Services for Children, Youth and Their Families with 15 days to provide the results of the background checks. 3. Revises § 309 to Title 31 so that background check reports required under this Act are provided to the proper entities and makes additional revisions to § 309 to Title 31 for internal consistency within the statute and for consistency with other provisions of this Act.</p>	Laura V. Sturgeon	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68618">https://legis.delaware.gov/BillDetail?LegislationId=68618</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Substitute 1 for Senate Bill 65	Signed 9/30/21	An Act To Amend Title 19 Of The Delaware Code Relating To The Focus On Alternative Skills Training Program.	Senate Bill No. 65 establishes the Focus on Alternative Skills Training Program ("FAST"). FAST will provide tuition assistance, to Delaware residents who have obtained a high school diploma, Diploma of Alternate Achievement Standards, or a Delaware secondary credential, which includes earning a GED, and have enrolled in an approved non-degree credit certificate program. The Workforce Development Board will create a list of non-degree credit certificate programs approved for the FAST program. Senate Substitute No. 1 for Senate Bill No. 65 differs from Senate Bill No. 65 as follows: 1. Extends eligibility from 18 to 24 months after an individual graduates from high school. 2. Increases the maximum amount of assistance that an individual may receive from \$9,000 to \$10,000. 3. Allows tuition payments for up to 12 months instead of 6 months. 4. Requires FAST to be implemented within 6 months of enactment, instead of 1 year. 5. Acknowledges the expected availability of federal funds for FAST. 6. Sunsets FAST 2 years after enactment.	Brian Pettyjohn	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78762">https://legis.delaware.gov/BillDetail?LegislationId=78762</a>
Senate Bill 56	Signed 6/30/21	An Act To Amend The Delaware Code Relating To Educational Opportunity Funding.	This Act codifies the Opportunity Fund, an additional source of educational funding for Delaware public schools intended to support the increased needs of low income and English learner students and establishes the parameters for how the funding is to be distributed to school districts and charter schools.	Laura V. Sturgeon	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48348">https://legis.delaware.gov/BillDetail?LegislationId=48348</a>
Senate Bill 55	Signed 8/10/21	An Act To Amend Title 16 Of The Delaware Code Relating To School Access To Epinephrine Autoinjectors.	This Act creates emergency access to epinephrine that allows an institution of higher education to acquire and stock a supply of epinephrine autoinjectors if an employee or agent has completed a training program. This Act allows the individual who has completed the training program to provide an epinephrine autoinjector to someone experiencing anaphylaxis for immediate self-administration or administer an epinephrine autoinjector to someone experiencing anaphylaxis. Before an individual administers an epinephrine autoinjector under this Act, the individual must notify EMS immediately, and after administration, must report the administration to the prescribing health-care provider. This Act also makes technical corrections to conform existing law to the creation of the new subchapter and to the standards of the Delaware Legislative Drafting Manual.	David P. Sokola	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48340">https://legis.delaware.gov/BillDetail?LegislationId=48340</a>
Senate Bill 12	Signed 10/12/21	An Act To Amend Title 14 Of The Delaware Code Relating To Education And The Delaware Student Excellence Equals Degree Act.	The purpose of this act is to open up The Delaware Student Excellence Equals Degree Act (SEED Act) to adult Delaware residents, who are not recent high school graduates. Currently, about 56% of Delawareans age 25-64 lack a post-secondary degree. This expansion of the SEED grant program will encourage adult learners to return to school to enhance their knowledge and skills and increase their job opportunities. Adult individuals with a high school diploma or less education were significantly impacted by Covid-19-related job loss. This legislation can help to mitigate the effects of the pandemic on those adults. Tennessee has instituted a similar program called the Tennessee Reconnect Act.	Nicole Poore	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58563">https://legis.delaware.gov/BillDetail?LegislationId=58563</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Concurrent Resolution 55	Passed 6/17/21	Directing The Department Of Education To Establish Consistent Regulations For Child Care Licensing, The Early Childhood Assistance Program, And The Quality Rating And Improvement System.	This Concurrent Resolution directs the Delaware Department of Education to establish consistent regulations across the State's early child care providers and programs. It also directs the Department to engage stakeholders in this process, and to make recommendations to the General Assembly by October 1, 2022, and propose necessary code revisions by January 1, 2023.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78862">https://legis.delaware.gov/BillDetail?LegislationId=78862</a>

## Reliable Transportation

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 81	Signed 5/12/23	An Act To Amend Title 14 Of The Delaware Code Relating To Charter School Student Transportation.	This Act makes clear that a school district may deny a request from a charter school to have the school district where the charter school is located to transport students residing in that district. If the school district denies the request, the charter school is to receive the payment provided by the State under existing law.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130066">https://legis.delaware.gov/BillDetail?LegislationId=130066</a>
House Bill 223	Signed 8/10/21	An Act To Amend Titles 21 And 25 Of The Delaware Code Relating To Possessory And Other Certain Liens On Motor Vehicles.	This Act clarifies that when a motor vehicle is subject to a possessory lien either through towing or because of failure to make payment to a garage owner for services rendered to the motor vehicle, the possessory lien does not extend to personal property located in the motor vehicle, and such property shall be returned to the owner if the owner claims the items prior to the sale of such vehicle. This Act also clarifies that “abandoned personal property” does not include personal property inside an abandoned motor vehicle if the owner of the personal property files an answer to a Petition seeking full title and interest to the personal property.	Edward S. Osienski	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78804">https://legis.delaware.gov/BillDetail?LegislationId=78804</a>
House Bill 211	Signed 9/30/21	An Act To Amend Title 21 Of The Delaware Code Relating To Emergency Vehicles.	This bill adds the Department of Correction, Bureau of Prisons and Bureau of Community Corrections' vehicles to the list of "authorized emergency vehicles" identified in Chapter 41 of Title 21 that are afforded certain privileges when responding to an emergency.	Ruth Briggs King	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78781">https://legis.delaware.gov/BillDetail?LegislationId=78781</a>
House Bill 121	Signed 9/17/21	An Act To Amend Chapter 196, Volume 81 Of The Laws Of Delaware Relating To A Bicycle Approaching Or Entering An Intersection.	This Act removes the October 5, 2021, sunset provision in Chapter 196, Volume 81 of the Laws of Delaware so that the rule of the road for bicycles approaching or entering intersections with 2 or fewer lane roads, § 4196A (c) of Title 21 of the Delaware Code, will remain law.	John L. Mitchell	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48479">https://legis.delaware.gov/BillDetail?LegislationId=48479</a>
House Bill 120	Signed 6/30/21	An Act To Amend Title 14 Of The Delaware Code Relating To The Red Clay Consolidated School District Bus Safety Camera Pilot Program.	This Act makes changes to House Bill 202 from the 150th General Assembly creating a pilot program for the Red Clay School District to use external camera systems on their school buses to catch motorists that fail to stop when a school bus is stopped and displaying flashing lamps to take on or discharge school children and assess a civil penalty as punishment. The changes in this bill are necessary to make clear that the Act, which mirrors 21 Del. C. § 4101(d), the State's Electronic Red Light Safety Program, only creates a civil, not a criminal penalty.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48484">https://legis.delaware.gov/BillDetail?LegislationId=48484</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Concurrent Resolution 29	Passed 6/24/21	Establishing The Subdivision Street Funding Task Force.	This Concurrent Resolution establishes the Subdivision Street Funding Task Force to study and make findings and recommendations regarding funding and implementing the needed maintenance and reconstruction of subdivision streets identified by the Department of Transportation in the “Subdivision Street Report and Analysis” provided in response to House Concurrent Resolution No. 4 (151st General Assembly).	Sean Matthews	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78775">https://legis.delaware.gov/BillDetail?LegislationId=78775</a>
House Concurrent Resolution 4	Passed 1/19/21	Requesting The Secretary Of The Department Of Transportation To Provide A Report Including The Amount Of Funds Needed To Adequately Repair And Maintain Subdivision Streets.	This Concurrent Resolution requests that the Secretary of the Department of Transportation provide a report within 30 days of final passage of this Concurrent Resolution to the President Pro Tempore of the Senate, Speaker of the House of Representatives, Controller General, Director of the Division of Research of Legislative Council, Governor, and Director of the Office of Management and Budget that includes the amount of funds needed to adequately repair and maintain subdivision streets within the Capital Transportation Program without reliance on the Community Transportation Fund.	Sean Matthews	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48216">https://legis.delaware.gov/BillDetail?LegislationId=48216</a>
Senate Bill 66	Signed 4/19/21	An Act To Amend Title 21 Of The Delaware Code Relating To Revoked License Or Driving Privileges Fees.	This Act exempts an individual from having to pay the revoked license or driving privileges reinstatement fee if the individual is eligible for and applies for reinstatement of the individual's license or driving privileges within 1 year of their release from Department of Correction Level V supervision. The purpose of this Act is to limit financial barriers that may impede an individual from successfully reintegrating into the community after that individual has served their time. The ability to legally drive is imperative for an individual to secure and maintain employment, access educational opportunities, and foster family and community connection that may lower recidivism. Additionally, if an individual was incarcerated, the individual likely could not renew their license or driving privileges before the license or privilege lapsed. This Act makes it easier for an individual reintegrating to restore their license or driving privileges. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Ernesto B. Lopez	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48389">https://legis.delaware.gov/BillDetail?LegislationId=48389</a>
Senate Bill 20	Signed 9/15/21	An Act To Amend Title 6 And Title 21 Of The Delaware Code Relating To Parking.	This Act clarifies that a person with a special license plate or permit for persons with disabilities may park for an unlimited period where the length of time is otherwise limited and must be able to park in a metered parking space for at least 1 hour. This Act clarifies that it is a violation of the state equal accommodations law to prohibit parking as authorized for a person with a special license plate or permit for persons with disabilities. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Brian Pettyjohn	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48239">https://legis.delaware.gov/BillDetail?LegislationId=48239</a>

## Thriving Natural World

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 161	Signed 7/21/23	An Act To Amend Title 29 Of The Delaware Code Relating To The Energy Efficiency Investment Fund.	This Act allows the Department of Natural Resources and Environmental Control to assist more small businesses and organizations in making energy efficiency improvements to their facilities by raising the proportion of those projects that can be funded through grants or loans by the Energy Efficiency Investment Fund. Currently, assistance is capped at 30% of the project cost up to \$250,000, leaving an applicant to come up with the remaining 70% or more. This can be prohibitive for smaller entities. By raising the eligible proportion of the project cost to 60%, without changing the maximum funding, the Department can help more small businesses, local governments, and nonprofits reduce their operating costs and environmental impact.	William Bush	<a href="https://legis.delaware.gov/BillDetail?LegislationId=140403">https://legis.delaware.gov/BillDetail?LegislationId=140403</a>
House Bill 99	Signed 8/3/23	An Act To Amend Titles 7 And 29 Of The Delaware Code Relating To Climate Change.	This Act, known as the Delaware Climate Change Solutions Act of 2023, follows the issuance of Delaware's Climate Action Plan in 2021, and establishes a statutory target of greenhouse gas emissions reductions over the medium and long term to mitigate the adverse effects of climate change due to anthropogenic greenhouse gas emissions on the State. The Act establishes a process of regular updates to the Climate Action Plan to serve as the framework to achieve the targeted emissions reductions and develop resilience strategies for the State, creates Climate Change Officers in certain Key Cabinet-Level Departments who will assist DNREC in the ongoing implementation of the Climate Action Plan, requires State agencies to consider climate change in decision-making, rulemaking, and procurement, and requires an Implementation Report every 2 years on the progress of the State towards meeting the statutory targets.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130272">https://legis.delaware.gov/BillDetail?LegislationId=130272</a>
House Bill 35	Signed 4/26/23	An Act To Amend Title 7 Of The Delaware Code Relating To Motor Vehicle Noise.	This Act charges the Department of Safety & Homeland Security, in cooperation with the Department of Natural Resources and Environmental Control and the Department of Transportation, to present a report and plan to the General Assembly no later than October 1, 2023, for a comprehensive motor vehicle noise and abatement program. The agencies are charged with considering developments in technology, other state and federal standards, and proposing changes as necessary to Delaware law and recommendations for changes in equipment and procedures.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=129902">https://legis.delaware.gov/BillDetail?LegislationId=129902</a>
House Bill 10	Signed 8/3/23	An Act To Amend Title 29 Of The Delaware Code Relating To The Delaware Electric School Bus Program.	This Act establishes targets for annual purchase of electric school buses through fiscal year 2030, and requires the Department of Education to submit an annual implementation report through 2029 as well as a comprehensive report in 2030 detailing future recommendations for electric vehicle purchases and other measures to reduce the carbon and environmental impact of the State's school transportation fleet.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=130292">https://legis.delaware.gov/BillDetail?LegislationId=130292</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 218	Signed 9/30/21	An Act To Amend Title 7 Of The Delaware Code Relating To Hunting And Fishing Authorizations.	This Act modernizes fishing, hunting, and trapping license and associated waterfowl and trout stamp specifications to include digital formats. This Act refines the definition of waterfowl consistent with the gamebird waterfowl definition in existing code for determining when a waterfowl stamp is required to hunt waterfowl. This Act also eliminates trout catch reporting requirements, clarifies when and where a trout fishing stamp is required for fishing, and corrects certain trout stamp exemptions in the current code.	William J. Carson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78799">https://legis.delaware.gov/BillDetail?LegislationId=78799</a>
House Bill 212	Signed 9/30/21	An Act To Amend Title 7 Of The Delaware Code Relating To Recycling And Waste Reduction.	This Act provides a phased in approach to further the reduction of single-use plastic bags. This Act increases the minimum thickness for a plastic bag to qualify as a reusable bag from 2.25 mils to 10 mils effective January 1, 2022, and makes the restrictions applicable to stores regardless of size effective July 1, 2022. This Act also makes corrections to existing law to make it conform to the standards of the Legislative Drafting Manual.	Gerald L. Brady	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78798">https://legis.delaware.gov/BillDetail?LegislationId=78798</a>
House Bill 200	Signed 7/22/21	An Act To Amend The Delaware Code Relating To Clean Water For Delaware.	Many of the State's waters do not meet water quality standards to support their designated uses, such as for drinking, swimming, or supporting aquatic life. The Clean Water for Delaware Act establishes a framework for assessing needs and planning and implementing projects that support Delaware's efforts to improve the quality of the State's water supply and waterways. A Delaware Clean Water Trust account is created as a funding source for executing projects highlighted by this framework. The Trust account will have oversight from the Clean Water Trust Oversight Committee (the "Committee"). The Committee will draw upon recommendations from the Water Infrastructure Advisory Council, (WIAC), the county Conservation Districts,' experts in the effected Cabinet agencies and other public input with the goal of assisting municipal and county governments and others in implementing affordable water quality projects. The Committee is required to develop and publish an Annual Report and multi-year Strategic Plan for Clean Water with annual updates.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48199">https://legis.delaware.gov/BillDetail?LegislationId=48199</a>
House Bill 149	Signed 9/17/21	An Act To Amend Title 7 Of The Delaware Code Relating To Conservation Access Passes.	This Act provides a senior discount for residents and non-residents 62 years of age and older, for a conservation access pass, and a life-time conservation access pass for Delaware residents, 65 years of age and older, consistent with current senior discounts for access fees to Delaware State Parks.	Andria L. Bennett	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58582">https://legis.delaware.gov/BillDetail?LegislationId=58582</a>
House Bill 8	Signed 10/20/21	An Act To Amend Title 29 Of The Delaware Code Relating To Drinking Water.	This Act mandates that the Department of Natural Resources and Environmental Control and the Division of Public Health establish maximum contaminant levels for specific contaminants found in drinking water in this state. Such contaminants include PFOA and PFOS, which are man-made chemicals. In certain studies, these chemicals were found to be associated with increased risks of chronic diseases. The Environmental Protection Agency, thus far, has not established a maximum contaminant levels, but have issued health advisories. The establishment of maximum contaminant levels is essential in order to protect the health and safety of all Delawareans from contaminants in drinking water.	Debra Heffernan	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48449">https://legis.delaware.gov/BillDetail?LegislationId=48449</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Substitute 1 for Senate Bill 24	Signed 9/17/21	An Act To Amend Title 16 Of The Delaware Code Relating To The Delaware Litter Control Law.	<p>The intent of this Act is to reduce the amount of waste that ends up in the environment and to raise awareness of the need to properly dispose of balloons. To that end, this Act imposes a civil penalty for the violation of intentionally releasing 5 or more balloons filled with air or lighter-than-air gases, to prevent litter which blights our communities and environment and causes harm to wildlife and marine animals. The release of multiple balloons at 1 time is a single offense under this Act. This Act also establishes that intentionally releasing 1 to 4 balloons at 1 time is littering. Exceptions are provided for the following: - A balloon that is released for scientific or meteorological purposes, on behalf of a governmental agency, or under a governmental contract. - A hot air balloon that is recovered after launching. - A balloon that is released and remains indoors. - A balloon that is filled with water for recreational purposes and recovered after recreation. - A balloon that is negligently or unintentionally released. Under this Act, the intentional release of 1 or more balloons is a civil violation, penalized as follows: - The first violation is subject to a civil penalty of at least \$25. - A second or subsequent violation within 2 years of the first is subject to a civil penalty of \$75 and up to 8 hours of community service for a second violation within 2 years of the first violation. The mass release of balloons is penalized as follows: - A first violation is subject to a civil penalty of at least \$250 and up to 8 hours of community service. - A second or subsequent violation within 2 years of the first is subject to a civil penalty of at least \$350 and up to 25 hours of community service. Under this Act, a retail or wholesale establishment that sells balloons must post a notice for customers that the intentional release of balloons is unlawful. All law enforcement agencies in Delaware have the authority to enforce this chapter. The Justice of the Peace Court has jurisdiction over violations of this chapter. This Act also makes a technical correction to conform existing law to the standards of the Delaware Legislative Drafting Manual. This Substitute differs from the original Senate Bill No. 24 by doing the following: - Making clarifications to the synopsis and the notice to be posted by retail or wholesale establishments. - Providing delayed enforcement for individuals who violate the prohibition of littering with 1 to 4 balloons or the mass release of balloons on or before April 30, 2022. Persons who are not individuals, such as organizations, are subject to the penalties under this Act immediately upon the effective date of this Act. This Substitute also makes technical corrections that were missed in the original Senate Bill No. 24.</p>	Stephanie L. Hansen	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48453">https://legis.delaware.gov/BillDetail?LegislationId=48453</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 2	Signed 9/17/21	An Act To Amend Titles 6, 26, And 29 Of The Delaware Code Relating To Community Owned Energy Generating Facilities And Renewable Energy.	In order to lower the cost of energy and accelerate the adoption of community-based solar photovoltaic systems in the State, this bill eliminates current barriers to such systems and sets up a regulatory process to be implemented by the Public Service Commission with consumer protection provided by the Department of Justice. More specifically, this bill: 1. Allows for multiple types of ownership models, defined as "community-owned energy generating facilities," to exist and compete in the marketplace; 2. Increases the maximum size of these systems to 4 megawatts (MW); 3. Eliminates the requirement that all customers of a system must be located on the same distribution feeder; 4. Eliminates the requirement that all customers of a system must be identified before the system can be built; 5. Provides for the regulation of these systems by the Public Service Commission and sets forth the fee and requirements for a Certificate to Operate; 6. Provides compensation to the system owner for 10% or less of unsubscribed energy; 7. Requires each system owner to certify that it serves at least 15% low income customers; and 8. Provides that the Public Service Commission will engage in rule-making in consultation with the Consumer Protection Unit of the Delaware Department of Justice and promulgate rules and regulations by March 11, 2022.	Stephanie L. Hansen	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78777">https://legis.delaware.gov/BillDetail?LegislationId=78777</a>
Senate Concurrent Resolution 56	Passed 6/29/21	Directing The General Assembly To Work With Delaware's Department Of Natural Resources & Environmental Control And The Delaware Solid Waste Authority To Identify A New Funding Source For The Recycling Grants Program And Encouraging Education And Outreach On The Importance Of Recycling Electronic Devices.	This Concurrent Resolution directs the General Assembly to work with DNREC, DSWA, and RPAC to identify funding for the Recycling Grants and Low Interest Loan Program. It also encourages further outreach and education on the importance of recycling electronic devices.	Marie Pinkney	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78873">https://legis.delaware.gov/BillDetail?LegislationId=78873</a>
Senate Amendment 1 to Senate Substitute 1 for Senate Bill 47	Passed 3/16/21		SS 1 for SB 47 clarifies that yard waste is included in the types of trash and litter that it is illegal to discard on a highway, and defines "yard waste." This Amendment clarifies that placing yard waste on a highway in compliance with state, county, municipal, or private program requirements for collection and disposal of yard waste may not be interpreted to be a violation of 21 Del. C. § 4189.	Dave G. Lawson	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48456">https://legis.delaware.gov/BillDetail?LegislationId=48456</a>



## Belonging and Civic Muscle

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 188	Signed 9/11/23	An Act To Amend Title 14 Of The Delaware Code Relating To The Public Education Equity Ombudsperson Program And The Education Equity Council.	This Act codifies the Equity Ombudsman program, the purpose of which is to provide students and families encountering inequity in the school system with non-lawyer advocates to assist them. The Educational Equity Council, as a stakeholder council, provides oversight to the Equity Ombudsman program, to provide broad review, analysis and recommendations, for the improvement of student equity and outcomes in Delaware's public education system.	Sherae'a Moore	<a href="https://legis.delaware.gov/BillDetail?LegislationId=140502">https://legis.delaware.gov/BillDetail?LegislationId=140502</a>
House Bill 384	Signed 10/14/22	An Act To Amend Title 16 Of The Delaware Code Relating To Statewide Contracts To Support Employment For Individuals With Disabilities.	This Act is a result of the Joint Legislative Oversight and Sunset Committee's ("JLOSC") review of the Division for the Visually Impaired. Under this Act, the Delaware Industries for the Blind ("DIB") is repealed. DIB closed operations in March 2017 after experiencing several challenges, including all of the following: - Responding to the recession. - Reduction of resources permitted for state agencies to award employee recognition rewards. - Being classified as a sheltered workshop. - An ineffective and inefficient business model that ultimately resulted in cash flow issues. This Act also makes needed updates to § 9606, Title 16, which relates to the Blind Enterprise Program, a program under Delaware's Division of Vocational Rehabilitation, authorized by the federal Randolph-Sheppard Act, and monitored by the federal Rehabilitation Services Administration. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Sherry Dorsey Walker	<a href="https://legis.delaware.gov/BillDetail?LegislationId=109346">https://legis.delaware.gov/BillDetail?LegislationId=109346</a>
House Bill 342	Signed 7/25/22	An Act To Amend Title 11 Of The Delaware Code Relating To Treatment Of Pregnant And Post-Partum Prisoners.	Delaware law already prohibits the use of restraints on women who are giving birth or in labor except in limited circumstances. This Act expands that protection to include women in the second or third trimester of pregnancy and those in the 13-week immediate post-partum period. Wrist restraints fastened in front of the body may be used during transport except during labor or delivery or while being transported with a newborn. Wrist, leg, and waist restraints may also be used in extraordinary circumstances, but a licensed medical professional must be notified as soon as practicable when waist or leg restraints are applied and examine the prisoner within 10 minutes of the notification. Leg and waist restraints are prohibited for prisoners in labor and delivery. The Act also requires that a pregnant or post-partum woman who is required to squat or cough during a strip search be provided accommodations to avoid falls and prohibits vaginal exams except those performed by a medical professional. The American College of Obstetricians and Gynecologists states that shackling a pregnant inmate increases the risk of falling, impairs evaluations for serious pregnancy-associated conditions, causes pain and skin damage, and further endangers inmates at increased risk of preeclampsia. The use of restraints in the post-partum period creates additional risks to physical and mental health.	Melissa Minor-Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=79248">https://legis.delaware.gov/BillDetail?LegislationId=79248</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 311	Signed 10/10/22	An Act To Amend Title 6 And Title 29 Of The Delaware Code Relating To Equal Accommodations.	<p>This Act clarifies the scope and protections for individuals with disabilities under the Delaware Equal Accommodations Law (DEAL) and further aligns definitions and scope of DEAL with federal law protecting individuals with disabilities from discrimination by places of public accommodation, including the Americans with Disabilities Act. This Act is consistent with the Superior Court's decision in Ray v. State Human Rels. Comm'n, 2021 Del. Super. LEXIS 668, which held that "[a]ny interpretation to suggest the legislature made a choice to narrow DEAL's protection ignores both the express mandates and comprehensive guidance under DEAL. It takes away the right of a protected class member to be heard. As interpreted, Delaware law would need to reject what has been universally accepted." This alignment with federal law includes all of the following: 1. Using the same terms and definitions for those terms. 2. Clarifying that places of public accommodation must make reasonable modifications in policies, practices, and procedures, sometimes referred to as "reasonable accommodations", unless doing so would fundamentally alter the program, business, or service. 3. Clarifying that a public accommodation must provide auxiliary aids and services, unless doing so would fundamentally alter the program, business, or service or be an undue burden. 4. Clarifying that places of public accommodation must remove physical barriers if doing so is readily achievable. 5. Clarifying that state investigations of complaints must apply the requirements under state law in a manner consistent with equivalent requirements under federal laws. This Act also does all of the following 1. Clarifies that an individual does not have to use the exact terms in DEAL to request a reasonable modification or auxiliary aids and services for the request to be covered by DEAL. 2. Extends the time to file a complaint under DEAL to 1 year. 3. Allows the Commission to waive the cost of transcript, upon application by a party. 4. Makes corresponding changes to the requirement under § 10006A of Title 29 that a public body allow a member with a disability to use electronic means of communication to attend a meeting because "reasonable modification" is the term now used under § 4504 of Title 6. The term "reasonable accommodation" is retained because that is the term used under state and federal law in employment contexts, which might apply to a member of public body. 5. Makes technical corrections to clarify existing law and conform existing law to the standards of the Delaware Legislative Drafting Manual.</p>	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail/79173">https://legis.delaware.gov/BillDetail/79173</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 263	Signed 9/15/21	An Act TO Amend Title 3 And Title 16 Of The Delaware Code Relating To Pet Food Manufacturing Fees.	This bill seeks to address overpopulation of cats and dogs in our state by creating an additional revenue stream for the State Spay/Neuter Program, to relieve some of the funding burden on animal welfare organizations in the state that are involved in reducing the free-roaming cat population, and provide more funding to meet the needs of low-income residents to spay/neuter their pets. First, it increases the fee only on manufactured cat and dog food over 3 years to \$100 per each product per brand, which is in line with many other states. The existing \$23 fee currently goes into the General Fund; this legislation will add \$2 to the amount going to the General Fund. From the balance of the registration fee, funds are allotted to the Department of Agriculture to cover the cost of creating a program that adapts the registrations to distinguish between the types of feed and to cover the cost of maintaining that system. The remaining funds are distributed to the State Spay/Neuter Fund which provides for a statewide spay/neuter program for free-roaming animals and income-eligible pet owners and allows for qualified non-profit organizations to participate in the Program. The bill also removes the limitation on positions for the Spay/Neuter Program and allows Program to be funded from the Spay/Neuter Fund. This bill is identical in substance to Senate Bill No. 185, as amended by Senate Amendment No. 1, except that this bill provides that pet foods manufactured by non-profits will continue to pay a \$23 fee and not be subject to the increase applicable to other pet foods.	Kimberly Williams	<a href="https://legis.delaware.gov/BillDetail?LegislationId=79027">https://legis.delaware.gov/BillDetail?LegislationId=79027</a>
House Bill 243	Signed 11/8/21	An Act To Amend Title 11 Of The Delaware Code Relating To The Release And Publication Of The Name And Photograph Of A Juvenile.	This bill prohibits law-enforcement agencies from releasing or publishing or causing to be released or published the name of any juvenile or any image depicting a juvenile, including displaying such image on any publicly maintained social media page or website, unless the juvenile is charged with a violent felony, and release or publication of the photograph is necessary to protect the public's safety.	Franklin D. Cooke	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78885">https://legis.delaware.gov/BillDetail?LegislationId=78885</a>
House Bill 228	Signed 7/30/21	An Act To Amend Title 30 Of The Delaware Code Relating To Charitable Donations To The Delaware Combined Campaign For Justice Through The Personal Income Tax Return.	This Act adds the Delaware Combined Campaign for Justice to the 21 charitable organizations listed on the Delaware personal income tax return to which Delaware taxpayers may contribute, either through paying a portion of a refund owed, or an amount in addition to taxes owed through a check off. The Delaware Combined Campaign for Justice was established in 1999 as a partnership of the Delaware State Bar Association, Community Legal Aid Society, Inc., Delaware Volunteer Legal Services and Legal Services Corporation of Delaware. The partners joined to increase the availability of civil legal services to disadvantaged people in Delaware by increasing the resources available to fund legal services.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78810">https://legis.delaware.gov/BillDetail?LegislationId=78810</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 227	Signed 8/4/21	An Act To Amend Title 13 Of The Delaware Code Relating To Child Protection From Domestic Violence.	This Act adds child abuse in the third degree to the list of enumerated criminal offenses for which, if convicted, one is by definition considered a “perpetrator of domestic violence” for purposes of this Child Protection From Domestic Violence Act. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78807">https://legis.delaware.gov/BillDetail?LegislationId=78807</a>
House Bill 226	Signed 9/17/21	An Act To Amend Titles 10 And 16 Of The Delaware Code Relating To Immunity From Liability For Donated Food.	Subchapter III, Chapter 68, Title 16 of the Delaware Code (“Subchapter III”) was originally enacted in 1982. In 1996, President Clinton signed the Bill Emerson Good Samaritan Food Donation Act, 42 U.S.C. § 1791 (“Bill Emerson Act”). The Bill Emerson Act preempts Subchapter III to the extent of any conflict, known as “partial preemption”. This Act makes Subchapter III consistent with the Bill Emerson Act by protecting a “gleaner” from civil or criminal liability as it relates to their donation of the gleaned food. Since the Bill Emerson Act only partially preempts state law on this subject, the State is free to provide greater protection than the Bill Emerson Act. Therefore, this Act does all of the following: 1. Extends to those who, in good faith, donate food to state agencies the same immunity from civil or criminal liability that is granted to those who, in good faith, donate food to nonprofit organizations. 2. Specifically includes within the definition of “food” both perishable food and wild game to makes it clear that food, in all of its forms, is covered by this Act. Thus, under this Act, those donating deer to the Division of Fish and Wildlife’s Sportsmen Against Hunger program would be immune from civil or criminal liability as it relates to the donation. 3. Protects a person who, in good faith, provides services to a nonprofit organization or state agency related to the processing of wild game that is donated to a nonprofit organization or a state agency. This Act removes the exemption from liability for donation of prepared food from Title 10 so that the exemption no longer appears in both Title 10 and Title 16. The Act also clarifies the authority of Division of Public Health and Department of Agriculture relating to donated food.	Andria L. Bennett	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78806">https://legis.delaware.gov/BillDetail?LegislationId=78806</a>
House Bill 213	Signed 9/10/21	An Act To Amend The Charter Of The Town Of Elsmere And Title 21 Of The Delaware Code Relating To A Voluntary Assessment Center.	This Act amends the Charter of the Town of Elsmere and Title 21 of the Delaware Code to create a Voluntary Assessment Center and establish procedures governing the creation and operation of the Center.	John L. Mitchell	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78797">https://legis.delaware.gov/BillDetail?LegislationId=78797</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Bill 119	Signed 10/27/21	An Act To Amend Title 1 Of The Delaware Code Relating To Legal Holidays.	This Act establishes Juneteenth as a State holiday. Juneteenth commemorates the emancipation of the last enslaved African Americans in the United States. The Act adds Juneteenth as a legal holiday and reduces the number of floating holidays from 2 to 1. The two floating holidays were created by the 145th General Assembly as replacements for Presidents Day and Columbus Day. This Act replaces the floating holiday that replaced Columbus Day with a legal holiday to celebrate Juneteenth. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Sherry Dorsey Walker	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78805">https://legis.delaware.gov/BillDetail?LegislationId=78805</a>
House Concurrent Resolution 31	Passed 6/15/21	Honoring Melissa Hopkins For Being Named Delaware's 2021 Mother Of The Year.	This Concurrent Resolution congratulates Melissa Hopkins for receiving Delaware's Mother of the Year Award.	Madinah Wilson-Anton	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78796">https://legis.delaware.gov/BillDetail?LegislationId=78796</a>
House Concurrent Resolution 30	Passed 6/15/21	Acknowledging June 2021 As Lgbtq+ Pride Month In Delaware.	This Concurrent Resolution acknowledges June 2021 as LGBTQ+ Pride Month in the State of Delaware.	Eric Morrison	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78789">https://legis.delaware.gov/BillDetail?LegislationId=78789</a>
House Concurrent Resolution 28	Passed 6/9/21	A Resolution Commending The Work Of The NCCPD Behavioral Health Unit And Urging Law Enforcement Agencies Throughout The State To Adopt A Similar Unit.	This Resolution commends the work of the New Castle County Police Department Behavioral Health Unit and urges law enforcement agencies throughout the State to adopt a similar unit.	Valerie Longhurst	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78745">https://legis.delaware.gov/BillDetail?LegislationId=78745</a>
House Concurrent Resolution 27	Passed 4/22/21	Recognizing The Holy Month Of Ramadan And Muslim Residents Of This State As They Observe Ramadan.	This Concurrent Resolution recognizes Ramadan and Muslim residents of this State as they observe Ramadan.	Madinah Wilson-Anton	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58562">https://legis.delaware.gov/BillDetail?LegislationId=58562</a>
House Concurrent Resolution 25	Passed 5/13/21	Recognizing May 17, 2021 As The 67th Anniversary Of Brown V. Board Of Education Of Topeka.	This Resolution recognizes May 17, 2021 as the 67th anniversary of Brown v. Board of Education of Topeka.	Krista Griffith	<a href="https://legis.delaware.gov/BillDetail?LegislationId=68689">https://legis.delaware.gov/BillDetail?LegislationId=68689</a>
House Concurrent Resolution 22	Passed 5/11/21	Recognizing The Month Of April 2021 As "National Donate Life Month" In Delaware.	This Concurrent Resolution recognizes the month of April 2021 as "National Donate Life Month" in Delaware.	Peter C. Schwartzkopf	<a href="https://legis.delaware.gov/BillDetail?LegislationId=58599">https://legis.delaware.gov/BillDetail?LegislationId=58599</a>



Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
House Concurrent Resolution 20	Passed 4/29/21	Designating The Month Of May As "National Nurses Month" In The State Of Delaware.	This resolution designates the month of May as "National Nurses Month" in Delaware.	Melissa Minor-Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48490">https://legis.delaware.gov/BillDetail?LegislationId=48490</a>
House Amendment 2 to House Bill 195	Passed 6/17/21		This amendment requires the Council to include the Delaware State Troopers Association and the Delaware Fraternal Order of Police in discussions concerning the regulations for the use of body worn cameras by police officers and requires that both review the regulations prior to formal approval of the Council. This amendment also clarifies that body worn cameras must be worn by a probation and parole officer of the Department of Correction assigned to a law enforcement task force.	Sherry Dorsey Walker	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78886">https://legis.delaware.gov/BillDetail?LegislationId=78886</a>
House Amendment 1 to House Bill 163	Passed 6/17/21		This amendment consolidates the language of the bill into Chapter 27 of Title 14, requires the Secretary of Education to create a list of religious holidays on which an absence must be excused through the regulatory process, and clarifies that a written excuse from a parent or guardian is necessary to excuse a religious absence.	Madinah Wilson-Anton	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78834">https://legis.delaware.gov/BillDetail?LegislationId=78834</a>
Senate Bill 161	Signed 10/14/21	An Act To Amend Title 11 And Title 16 Of The Delaware Code Relating To Safe Arms For Babies.	According to the Children's Bureau within the Administration for Children & Families, U.S. Department of Health & Human Services, all 50 states plus Washington, D.C. and Puerto Rico have enacted infant safe haven laws that allow a parent to surrender a newborn without fear of prosecution. These laws vary in terms of where an infant can be surrendered. Delaware is among 16 states that only permit a baby to be surrendered to a hospital. Twenty-five states allow surrenders at fire stations and 25 states permit surrenders to personnel at police stations or other law enforcement agencies. This Act adds police stations to the designated safe havens where an individual may surrender a baby. This Act makes conforming amendments to other laws of this State based on this addition. Additionally, this Act codifies a portion of the original Safe Arms for Babies law, Chapter 187 of Volume 73 of the Laws of Delaware, that requires the Department of Health and Social Services to take certain actions related to the law. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Marie Pinkney	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78788">https://legis.delaware.gov/BillDetail?LegislationId=78788</a>
Senate Bill 148	Signed 11/8/21	An Act To Amend Title 29 Of The Delaware Code Relating To The Division Of Civil Rights And Public Trust.	This Act expands the Division of Civil Rights and Public Trust's responsibility to review deadly use of force incidents by law enforcement by adding review of cases involving serious physical injury. It also requires that if the Division issues a public report on the use of force, the report must include the race of the law enforcement officer who used force, the race of the individual on whom force was used, and whether race was a relevant or motivating factor.	Marie Pinkney	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78767">https://legis.delaware.gov/BillDetail?LegislationId=78767</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 72	Signed 6/30/21	An Act To Amend Title 6 Of The Delaware Code Relating To Equal Accommodations.	This Act clarifies that discrimination against any person because of religion is illegal under Chapter 45 of Title 6, the Delaware Equal Accommodations Act. Religion and religious beliefs were always intended to be protected under the Delaware Equal Accommodations Act through the word "creed" and this Act codifies that understanding, consistent with the Superior Court's decision in <i>Boscov's Dep't Store v. Jackson</i> , 2007 Del. Super. LEXIS 37. This Act adds the term "religion" to the list of prohibited bases for discrimination and defines "religion" to include all aspects of religious observance and practice, not just belief. This Act also updates the forms of communication covered by the Delaware Equal Accommodations Act so the list includes notices or advertisements on television or the Internet. This Act is known as "The Religious Freedom for All Act". This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Sarah McBride	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48398">https://legis.delaware.gov/BillDetail?LegislationId=48398</a>
Senate Bill 32	Signed 4/13/21	An Act To Amend The Delaware Code Relating To Discrimination.	A 2019 study found the following: (1) Black women are 80% more likely to change their natural hair to meet social norms or expectations at work. (2) Black women are 50% more likely to be sent home or know of another Black woman sent home from work because of her hair. (3) Black women are 30% more likely to be made aware of a formal workplace appearance policy. Delaware law prohibits discrimination on the basis of race in a variety of settings. This Act makes clear that race also includes traits historically associated with race, including hair texture and a protective hairstyle, which includes braids, locks, and twists. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	Darius J. Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48276">https://legis.delaware.gov/BillDetail?LegislationId=48276</a>

Bill	Status	Long Title	Original Synopsis	Primary Sponsor	Link
Senate Bill 5	Signed 6/30/21	An Act To Amend Title 15 Of The Delaware Code Relating To Registration Of Voters.	This Act creates an automatic voter registration system at the Delaware Division of Motor Vehicles (DMV) and grants the State Election Commissioner the authority to implement automatic voter registration at other state agencies that already offer voter registration services under existing law. This Act stipulates that an unregistered adult citizen who provides proof of U.S. citizenship during a DMV license or identification card transaction will be automatically registered to vote by the Department of Elections, if otherwise eligible for registration. To ensure the accuracy of voter rolls, this Act also ensures any updated name or address received from a registered voter during a DMV license or identification card transaction will be automatically forwarded to the Department of Elections for the purpose of updating existing voter registration records. Using an existing mailer, the Department of Elections then will notify new registrants of their registration and provide them an opportunity decline registration or affiliate with a political party. Existing registrants will similarly be notified of any update to their registration using an existing mailer and provided an opportunity to undo the change, if necessary. People who register to vote under this automatic system but do not identify a specific political party will be afforded another opportunity to affiliate at the polls during the primary election immediately following their registration. To prevent ineligible non-citizens from registering to vote, individuals who provide documents establishing non-citizenship during a DMV transaction and individuals applying for the Delaware Driving Privilege Card will not be offered the opportunity to register to vote at the DMV and will not have any information forwarded to the Department of Elections. Unregistered individuals who do not provide proof of U.S. citizenship or proof of non-citizenship during a license or identification card transaction will be offered the opportunity to register to vote during the DMV transaction only if they affirm citizenship and other eligibility requirements, consistent with federal law requirements and existing law. This Act becomes effective two years after enactment, or five days after the State Election Commissioner certifies to the Governor and the General Assembly that the systems to implement the act are functional, whichever is earlier.	Kyle Evans Gay	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48446">https://legis.delaware.gov/BillDetail?LegislationId=48446</a>
Senate Concurrent Resolution 62	Passed Senate 6/29/21	Recognizing June As "Alzheimer's And Brain Awareness Month" In The State Of Delaware.	This concurrent resolution recognizes June as "Alzheimer's and Brain Awareness Month" in Delaware.	John "Jack" Walsh	<a href="https://legis.delaware.gov/BillDetail?LegislationId=78997">https://legis.delaware.gov/BillDetail?LegislationId=78997</a>
Senate Concurrent Resolution 2	Passed 1/21/21	Honoring The Life And Work Of Dr. Martin Luther King, Jr. On The Occasion Of "Dr. Martin Luther King Jr. Day".	This Senate Concurrent Resolution honors and recognizes the leadership and achievements of Dr. Martin Luther King, Jr. and urges all citizens of the First State to participate fittingly in the observance of Dr. Martin Luther King, Jr. Day on January 18, 2021.	Darius J. Brown	<a href="https://legis.delaware.gov/BillDetail?LegislationId=48294">https://legis.delaware.gov/BillDetail?LegislationId=48294</a>

# APPENDIX I

## Health Literacy

After the SHA was released for the public comment period, feedback was received that community members wanted to see the Vital Conditions for Health and Well-being from a health literacy lens. This appendix is intended to define health literacy and how it is a factor in causing health disparities in Delaware.

Health literacy is categorized into two definitions for developing new research and practices in health care (Office of Disease Prevention and Health Promotion, 2021). Health literacy is categorized into two distinct aspects -- personal and organizational health literacy, which are defined by the Office of Disease Prevention and Health Promotion as:

- **Personal health literacy** is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others

Regarding individual health, personal health literacy is associated with worse health care and health outcomes. This is due to the increased risk of misunderstanding information about making informed decisions to achieve and maintain health. Given the scope of personal health literacy, it is deemed a social risk (Office of Disease Prevention and Health Promotion, 2021). Health literacy at the organizational level is considered a determinant of health, given its place in the health care system. The lack of organizational health literacy influences health outcomes through the quality of care provided to the individuals they serve (Office of Disease Prevention and Health Promotion, 2021). Considering the social and structural components of health literacy, it is interconnected with each vital condition to influence health outcomes. Based on the known link between health literacy and poor health outcomes, it may be one of the factors, in combination with additional external elements, that contribute to the health disparities seen within the Vital Conditions.

## Basic Needs for Health and Safety

Basic Needs for Health and Safety represent routine health care, food, and environmental safety factors. Personal and organizational health literacy is critical to accessing routine and critical health care. Individuals with low levels of health literacy report lower perceived access to health care, satisfaction with health care, and self-reported health (Robertson et al., 2023). Because of difficulties in understanding health information, individuals reported feeling they had less access to healthcare. This was often due to patients either concealing their struggles with understanding or not wanting to challenge their providers (Barret & Sheen Puryear, 2006). Furthermore, food literacy is an important aspect of health literacy that represents an individual's ability to make informed decisions about their food choices and how they affect their health. Information about healthy eating is becoming more accessible, but people are uncertain about how to interpret or if it is true. Consequently, individuals can make food choices without realizing its health effects, potentially leading to chronic conditions such as heart disease (Silvia et al., 2023). Lastly, environmental health literacy involves understanding and using information about how harmful environmental exposures influence health. Environmental health literacy aims to increase knowledge and raise awareness in the community to engage in protective behaviors (Lichtveld et. al, 2019).

## Humane Housing

Rising housing and renting costs limit access to affordable housing, leaving many individuals experiencing housing insecurity and/or without housing (Chen et al., 2023). Furthermore, those without housing report having low levels of personal health literacy and levels of health, which increases the risk of disease burden (Odoh et al., 2019). Those without housing tend to require more access to care, but the complex structure of the health care system and health information deter these individuals from seeking health care leading to low levels of self-reported health (Campbell et al., 2015). While organizational health literacy is challenging to quantify among those experiencing housing insecurity, educational outreach programs for personal health literacy have improved health literacy levels and health care access (Vaugoyeau et al., 2024).

## Meaningful Work and Wealth

Personal health literacy is one-factor mediating socioeconomic status and health disparities, as those with lower levels of health literacy are more likely to earn less on average. The direct relationship between educational attainment and literacy is what puts individuals at risk for low levels of health literacy and, ultimately, lower socioeconomic status (Stormacq et al., 2019).



Both financial literacy and health literacy play a role in the prevention and treatment of adverse health outcomes. Personal health literacy influences seeking out health-promoting actions, exams, and treatments (Leung et al., 2022). However, financial literacy, the ability to manage financial resources, influences the ultimate decision to use health services (Leung et al., 2022). Given this, low-income earners, coupled with financial and health literacy, experience limited access to health care and are at increased risk for adverse health outcomes. Financial security is vital to promoting access to health care and health literacy across the lifespan, allowing individuals to make informed decisions about their health and well-being.

**Lifelong Learning**

Health literacy is directly correlated with lifelong learning, as individuals with lower levels of educational attainment have lower levels of health literacy (Office of Disease Prevention and Health Promotion, n.d.). As a result, this leads to barriers to health care access, preventative services, and proper medication use (Office of Disease Prevention and Health Promotion, n.d.). These barriers also arise for individuals with limited English proficiency (Office of Disease Prevention and Health Promotion, n.d.). Health education starts in K to 12 grade school programs to equip students with a skills-based approach to advocate for their personal, family, and community health needs. However, it is up to local and state governments to determine the curriculum for health education classes, while there are no policies in place to allocate additional health resources to schools with limited resources (Auld et al., 2020). As a result, many schools cannot implement health education resources, and if students do not have access to these educational opportunities, they can miss out on building foundational competencies for health literacy (Huang et al., 2013). Lastly, organizational health literacy can act as an institutional barrier to these populations if providers are not culturally competent, multilingual, or lack well-trained interpreters. These barriers are also linked to lower reported quality of primary and mental health care (Office of Disease Prevention and Health Promotion, n.d.).

**Belonging and Civic Muscle**

Personal health literacy is considered a social risk as individuals with low levels of health literacy have poorer health outcomes, general health status, and use of health resources (DeWalt et al., 2004). When an individual is sick for a longer time, they have less opportunity to contribute to their community. Community-based education and engagement are proven ways to promote health literacy while providing an outlet for community members to practice civic engagement. The educational goals of these interventions empower individuals to heighten awareness of adverse health outcomes and engage in active decision-making for their own health (Taylor et al., 2024). Together, community-based interventions can

enhance health literacy and foster civic engagement to reduce health disparities.

**Reliable Transportation**

One mode of transportation that is influenced by health literacy is walking. Physical activity levels and health literacy are determinants of pedestrian safety behavior. Pedestrian safety behavior positively influences health outcomes through physical activity levels. In addition, those with higher levels of health literacy engage in pedestrian safety behavior, including using pedestrian bridges, walking in the direction of vehicles, and more (Zahedi et al., 2024). Technological literacy is an additional barrier to reliable transportation, specifically concerning access to health care. Technological literacy, the ability to manage technology to solve tasks, can contribute to transportation barriers by hindering telehealth, digital appointment reminders, and other virtual health care services (Oluyede et al., 2022).

**Currently in Delaware**

The 2023 Delaware Health Literacy Report provides a look into Delawareans' current health literacy rates (Delaware Literacy Alliance, n.d.). Their research found that 56% of Delawareans aged 16 to 74 are not proficient readers (Delaware Literacy Alliance, n.d.). More specifically, around 200,000 Delawareans read below a sixth-grade level, and around 100,000 read below a third-grade level (Delaware Literacy Alliance, n.d.). Specifically, Kent and Sussex Counties have populations where 20% or more have below basic literacy levels (Delaware Literacy Alliance, n.d.). In terms of national health literacy levels, Delaware is behind many of the northeast and western regions in the United States (Delaware Literacy Alliance, n.d.). In a national comparison, Delaware ranks 26th out of 50 for low literacy rates (Delaware Literacy Alliance, n.d.). According to the Delaware Health Literacy Report, the difference in health literacy could be attributable to many factors which include differences in education, language spoken, health behaviors, and health system characteristics. Focus groups were conducted throughout the three counties to understand this disparity in health literacy better. Two themes emerged: patients and providers. Patients identified that there were communication needs not being met by providers. As for providers, there was a need for cultural awareness, training, and accountability. Overall, there is a need for public health interventions in Delaware to improve health literacy to promote the health of Delawareans. While public health interventions for health literacy are needed in Delaware, the Barbara Bush Foundation provides resources for educators, families, and other literacy programs (Barbara Bush Foundation, n.d.). The resources include digital materials to support child and adult learners in boosting their literacy skills (Barbara Bush Foundation, n.d.). Peer mentoring for students in grades one to three and adult literacy programs are also available through the Barbara Bush Foundation to promote health literacy across the United States (Barbara Bush Foundation, n.d.).



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