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# PREVENTING VIOLENCE IN OUR STATE



FOCUSING ON 19801, 19802 AND 19805

Secretary Kara Odom Walker, MD, MPH, MSHS  
May 4, 2017

# SITUATIONAL CONTEXT

- Wilmington's homicide rate is 4<sup>th</sup> in the nation
- The growth has outpaced all other states
- Over half of all homicides are under age 25 years old
- Potentially 200 youth at risk for gun violence based on CDC prediction algorithm

Year	Annual Total				Year-to-date (Jan. 01 - Apr. 23)			
	Incidents	Homicide incidents	Victims	Killed	Incidents	Homicide incidents	Victims	Killed
2017	54	13	62	14	54	13	62	14
2016	127	21	145	21	37	9	42	9
2015	131	26	151	26	30	10	35	10
2014	114	23	124	23	26	6	27	6
2013	127	16	154	18	42	4	52	5
2012	96	23	118	25	33	5	35	5



# MAP OF ZONES



Sources: *Cease Violence Report 2016* Center for Drug and Health Studies

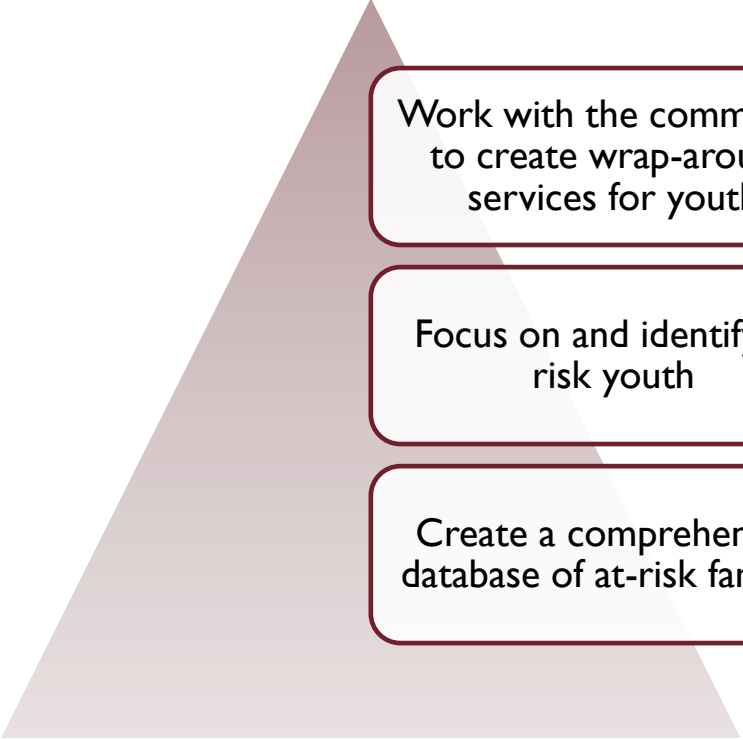


# PREDICTORS OF BEING INVOLVED IN GUN VIOLENCE

- Emergency Department Visit History
  - Gunshot wound
  - Stabbing
  - Blunt weapon injury
  - Physical fight
  - Suicidal ideation/attempt, self-inflicted injury
  - Clinical encounter involves police(a)
  - Any emergency department event listed above
- Labor Indicators
  - Unemployed in quarter preceding the crime(b)  
Application filed for unemployment benefits
- Child Welfare Investigation History
  - Investigated as victim of child maltreatment
  - Out of home placement
  - Any child welfare event listed above
- State Juvenile Services Participation
  - Community probation
  - Residential detention
  - Behavioral health services
  - Managed care services
  - Any juvenile service listed above
- School System Events(c)
  - Recipient of social assistance programs ever
  - Prior suspension/expulsion
  - Dropped out prior to high school graduation
  - More than 10 unexcused absences in school year preceding crime(d)



# PRIMARY CDC RECOMMENDATIONS



Work with the community  
to create wrap-around  
services for youth

Focus on and identify at-  
risk youth

Create a comprehensive  
database of at-risk families



# SURVIVORS OF VIOLENCE ARE AT RISK FOR OTHER NEGATIVE HEALTH BEHAVIORS/OUTCOMES

## Adverse Childhood Experiences (ACEs)

As ACEs “score” goes up, so does risk for...

- Risky Behaviors
  - Physical Inactivity, Smoking, Drug/Alcohol Abuse Early Sexual Activity
- Chronic Disease
  - Obesity, COPD, Asthma, Diabetes, Liver Disease, Heart Disease
- Other Health Outcomes
  - Teen Pregnancy, STDs, Miscarriage, Depression, Suicide Attempts, Early Death, Job Problems/Lost Time from Work, Perpetration of IPV





# ACES CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death**.

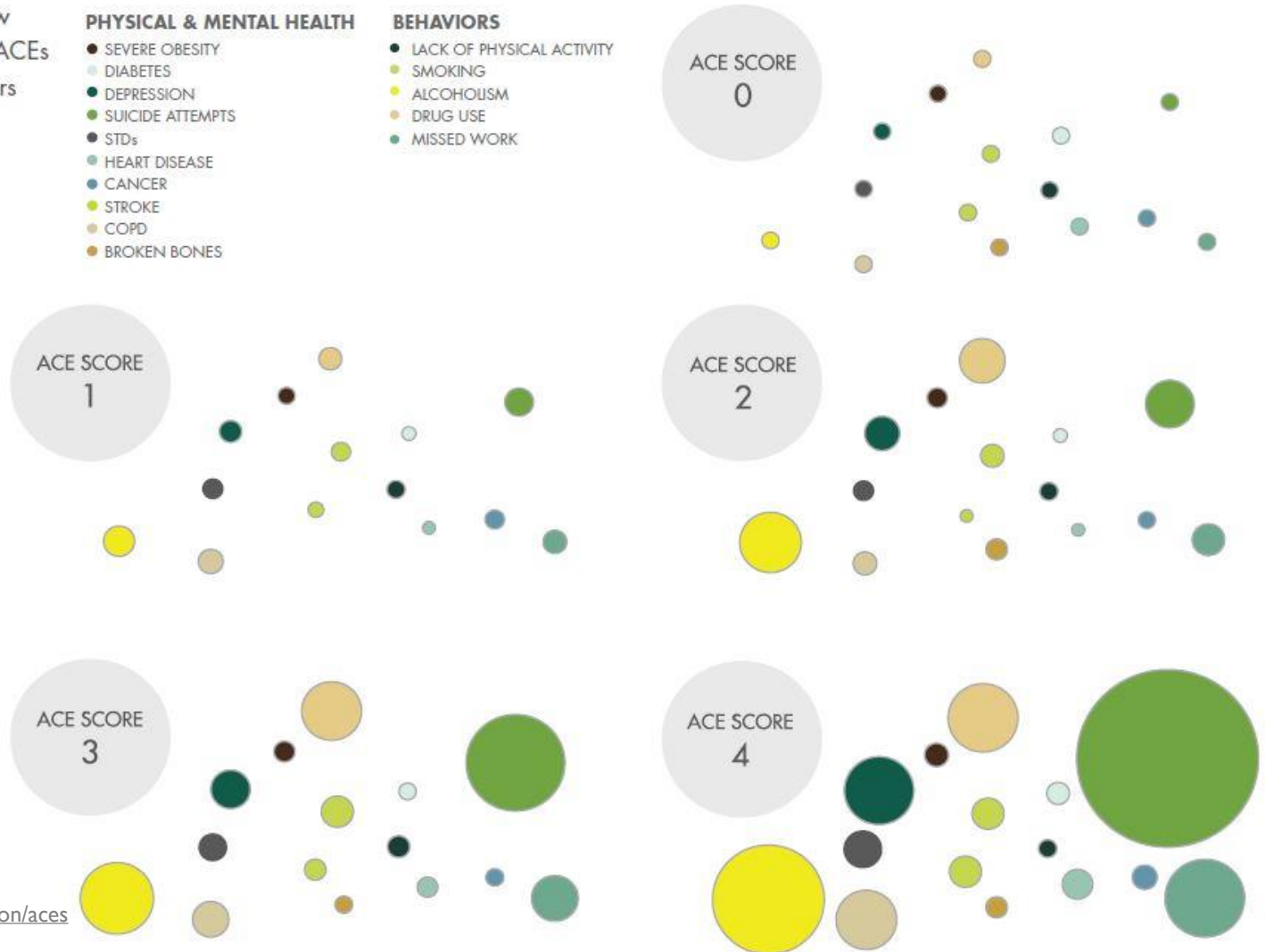
The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

## PHYSICAL & MENTAL HEALTH

- SEVERE OBESITY
- DIABETES
- DEPRESSION
- SUICIDE ATTEMPTS
- STDs
- HEART DISEASE
- CANCER
- STROKE
- COPD
- BROKEN BONES

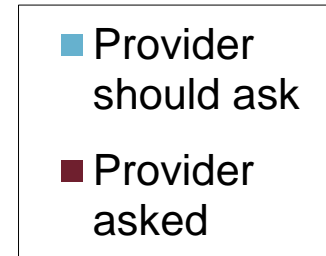
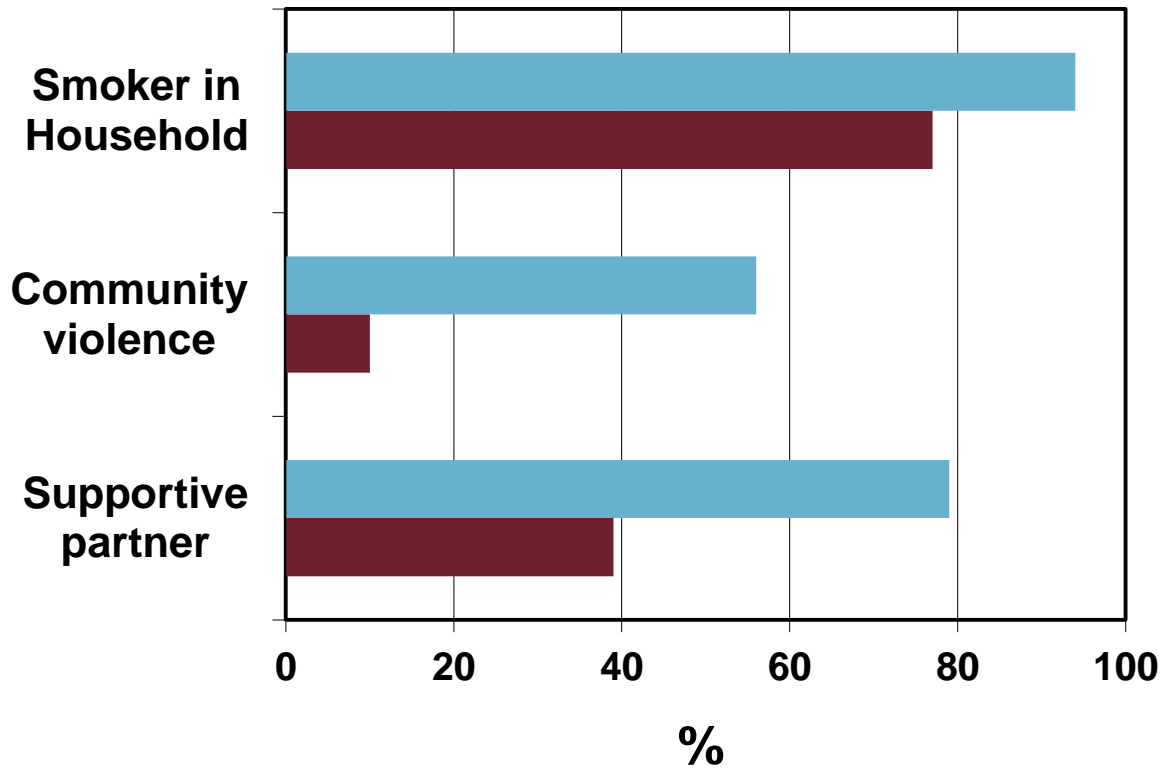
## BEHAVIORS

- LACK OF PHYSICAL ACTIVITY
- SMOKING
- ALCOHOLISM
- DRUG USE
- MISSED WORK



Source: CDC, Adverse Childhood Experiences Study. Available at: <http://www.cdc.gov/violenceprevention/acesstudy/>

# CRUCIAL ROLE OF HEALTH CARE PROFESSIONALS



Source: Kogan MD et al.  
*Pediatrics* (2004)





# EVIDENCE BASED APPROACHES

## Approaches for use in schools, homes, or communities:

- **Universal School-based Youth Violence Prevention Programs** provide students and educators with information about violence and teach skills to nonviolently resolve disputes.
- **Parenting Skill and Family Relationship Approaches** provide caregivers with support and teach communication, problem-solving, monitoring, and behavior management skills.
- **Policy, Environmental, and Structural Approaches** involve changes to community environments that can enhance safety and reduce the risk for violence.

## Approaches that focus on those at immediate risk:

- **Intensive Family-focused Approaches** provide therapeutic services to high-risk, chronic youth offenders and their families.
- **Street Outreach and Community Mobilization Approaches** connect trained staff with at-risk youth to immediate conflict, make service referrals, and change beliefs about the acceptability of violence.

## Approaches that focus on very young children:

- **Early Childhood Home Visitation** provides information, support, and training about child health, development, and care to families who have infants and young children.
- **Early Childhood Education** offers high-quality, early education to disadvantaged children to build a strong foundation for future learning and healthy development.



# WILMINGTON EFFORTS UNDERWAY (SUMMER)

- **Foster violence-free environments and promote opportunities and connections to trusted adults for all youth.**
  - **Expand the capacity of community centers to offer year-round programs with evidence-based or promising practices aimed at violence prevention and positive youth development.**
    - Target the 10 sites previously funded under the DSCYF Extended Hours/Safe Havens Summer Program. Add an additional site in Southwest Wilmington - Browntown/Hedgeville
      - Total Number of Children/Youth to be Served – 2,500
  - **Invest in a year-round employment “earn and learn” program for youth from 16 to 24, including summer employment, work-based learning and service opportunities, and “soft” and “hard” skill development.**
    - School on enhanced Summer Youth Employment, including pilot to connect 20 youth to the Delaware Pathways initiative in their schools.



# WILMINGTON EFFORTS UNDERWAY (SUMMER)

- **Protect children and youth from violence in the community.**
- **Increase support for outreach programs that engage the community in creating and sustaining a culture and environment that prevents violence and promotes positive development, including de-escalation of conflicts and retaliation.**
  - Develop and implement a plan to place “community interventionists” in the “hot spot” neighborhoods to deescalate conflicts and connect youth and families to needed services.
  - Conduct a multigenerational campaign, “Summer of Success,” led by youth as a kick-off to summer to engage families and the community as a whole in promoting positive youth development and community resiliency.



# TODAY'S DISCUSSION

- What additional short-term strategies could be useful?
- How do we best identify those families at risk?
- What screening, training, time, resources are needed to dedicate support towards supporting families at risk for violence?

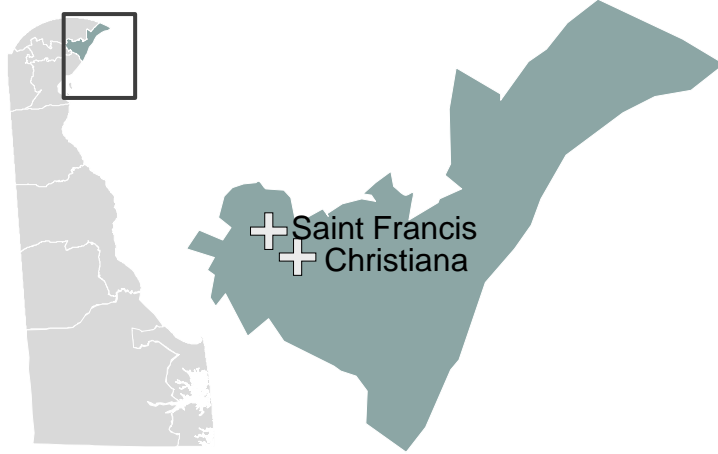




# APPENDIX



# Wilmington/Claymont Overview

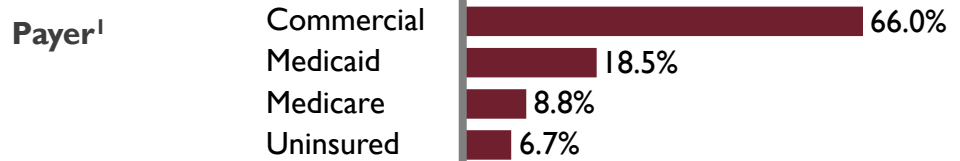


**Population** 115,456 (M: 47.2%, F: 52.8%)



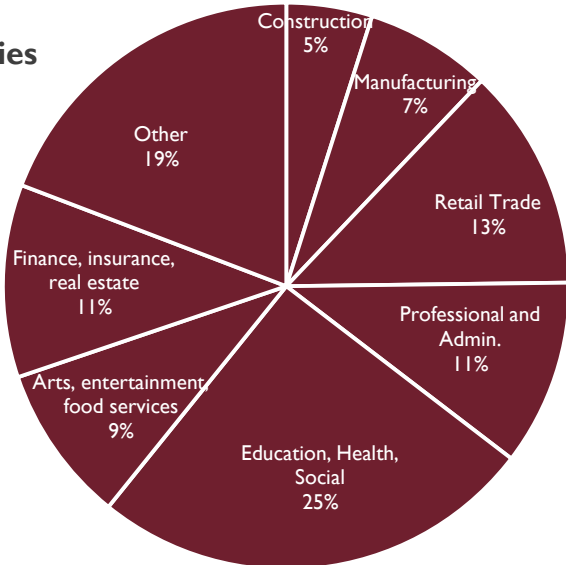
**Income** \$42,980 (Median household)

**Unemployment** 7.85%



**Health services** Christiana Care Health System, Westside Family Healthcare, St. Francis Hospital, Henrietta Johnson Medical Center, Nemours/Al duPont Hospital for Children

## Major Industries

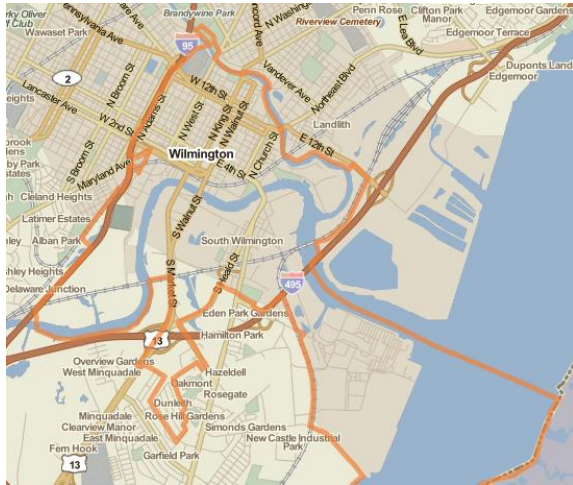


## Race/Ethnicity, %

Zip Code	Pop	White	Black	Hisp.
19801	15,895	13.4	75.8	7.8
19802	25,367	17.4	75.4	4.2
19703	17,980	56.5	29.5	7.7
19804	41,071	71.3	9.5	16.5
19805	15,143	40	30.5	26.5
<b>Total</b>	<b>115,456</b>	<b>38.4</b>	<b>43.2</b>	<b>15</b>

<sup>1</sup> Data available at county level only, includes 1% dual eligible (Medicaid and Medicare)  
Source: American Community Survey, 2014; Interstudy, July 2015

# 19801 Demographic Profile

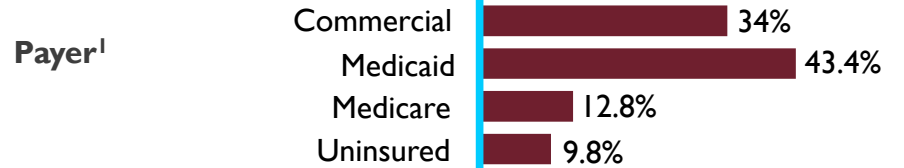


**Population** 15,895 (M: 48.9%, F: 51.1%)



**Income** \$27,888 (Median household)

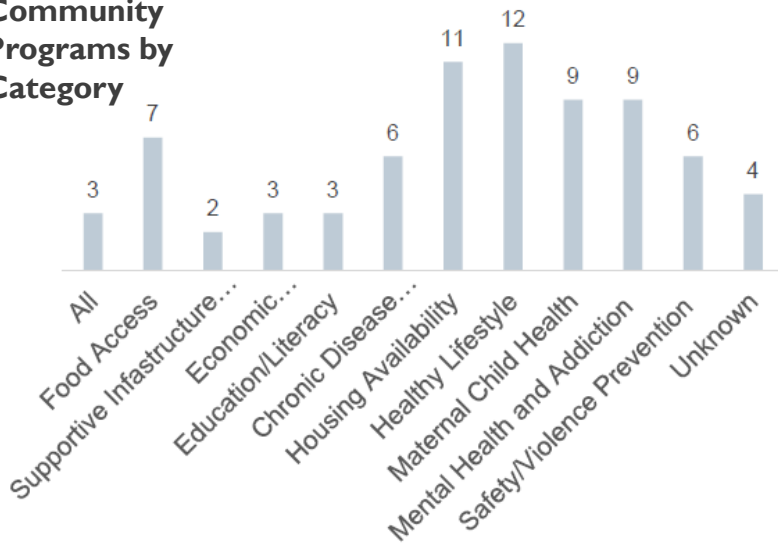
**Unemployment** 9.9%



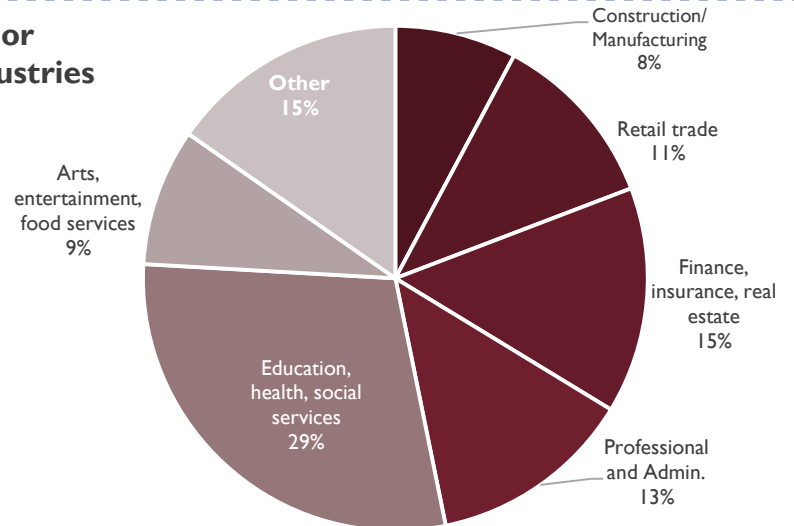
**% Over 25 with Bachelor's Degree: 9.9%**

**Percent Below Poverty Line: 35.5 %**

## Community Programs by Category



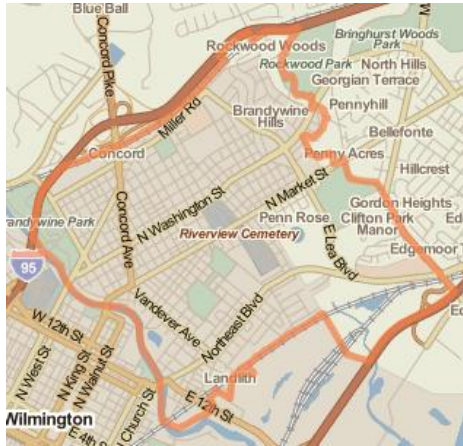
## Major Industries



<sup>1</sup> Data available at county level only, includes 1% dual eligible (Medicaid and Medicare)



# 19802 Demographic Profile

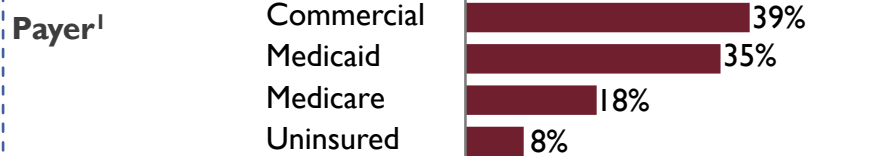


**Population** 25,367 (M: 46%, F: 54%)



**Income** \$39,806 (Median household)

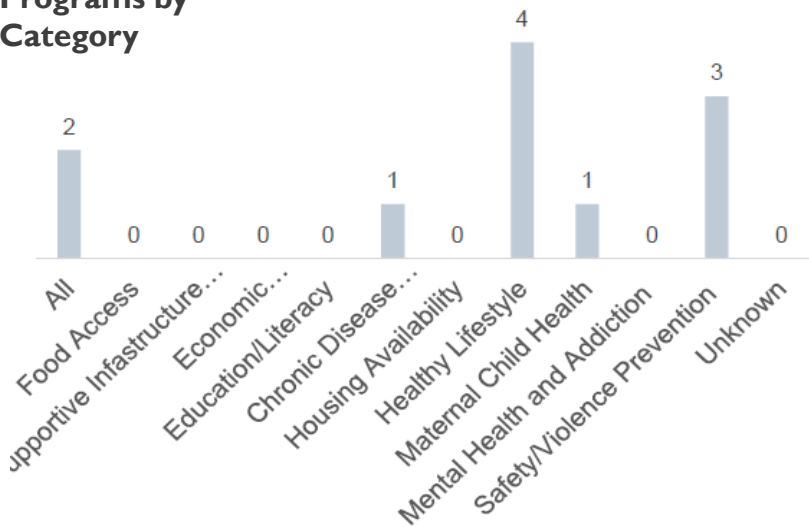
**Unemployment** 8.4%



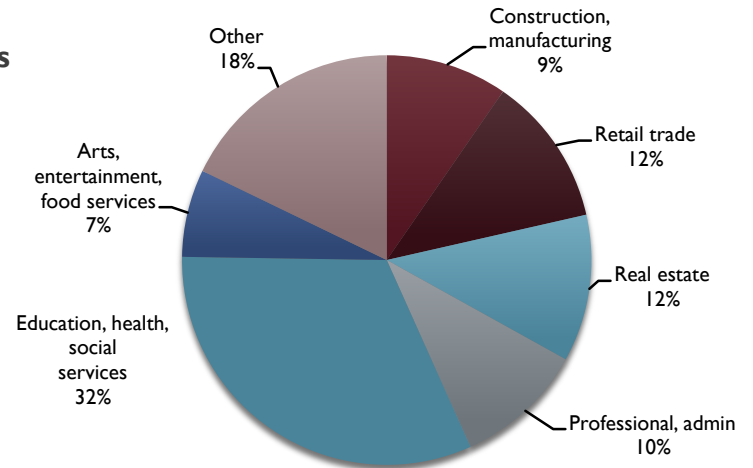
**% Over 25 with Bachelor's Degree:** 13%

**Percent Below Poverty Line:** 23.7%

## Community Programs by Category

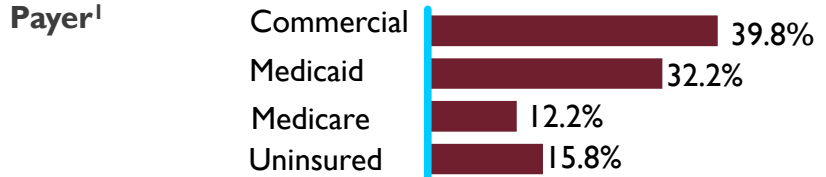
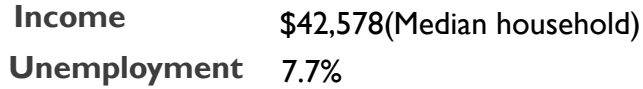
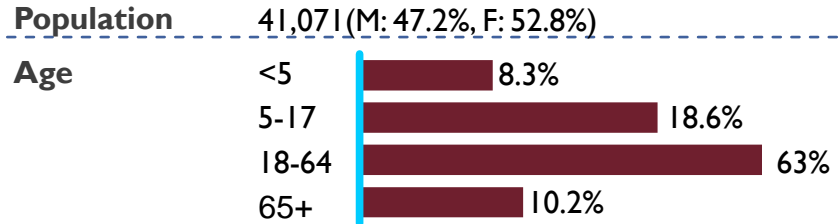
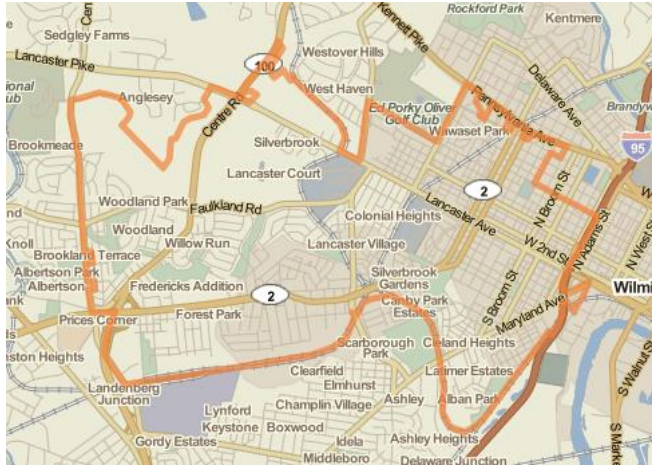


## Major Industries



<sup>1</sup> Data available at county level only, includes 1% dual eligible (Medicaid and Medicare)

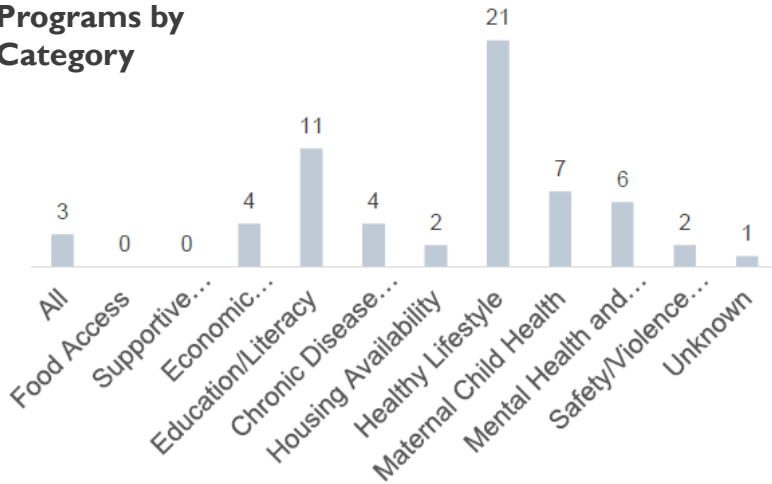
# 1985 Demographic Profile



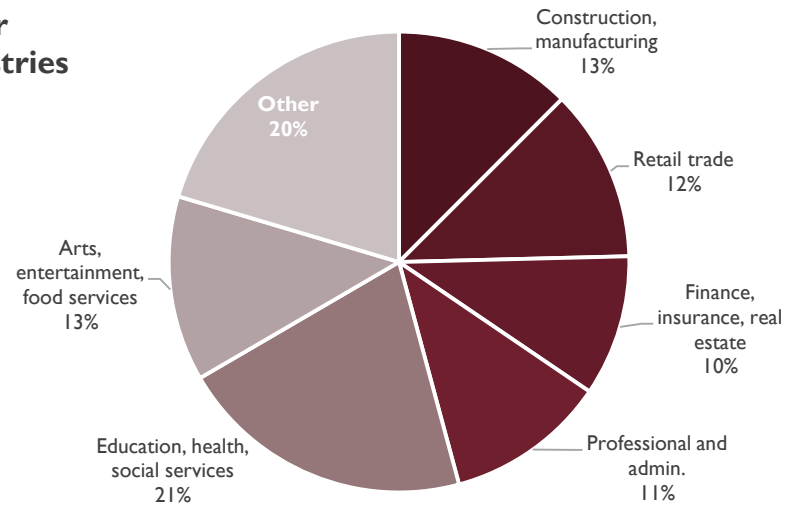
**% Over 25 with Bachelor's Degree:** 12.2%

**Percent Below Poverty Line:** 21.7 %

## Community Programs by Category

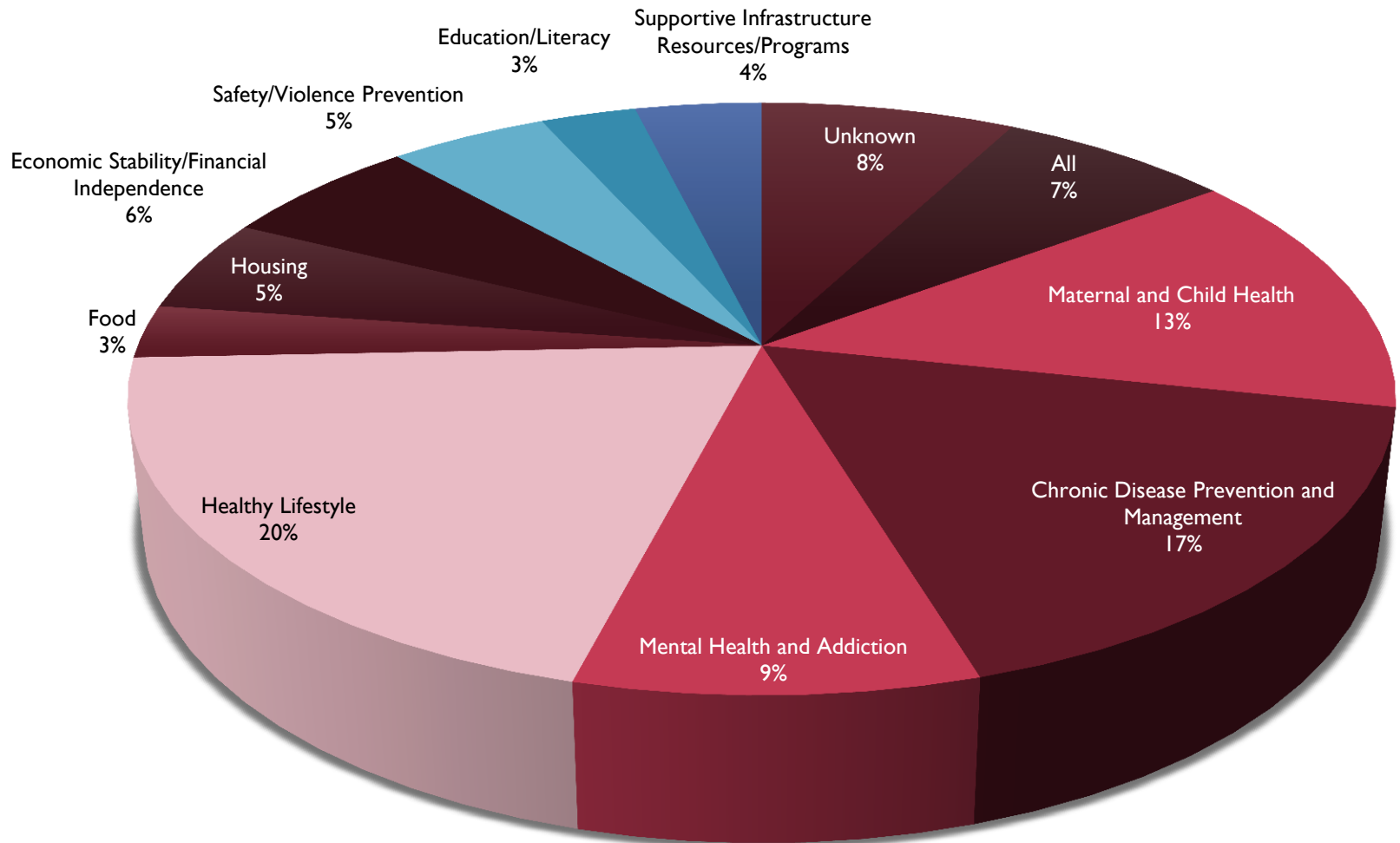


## Major Industries



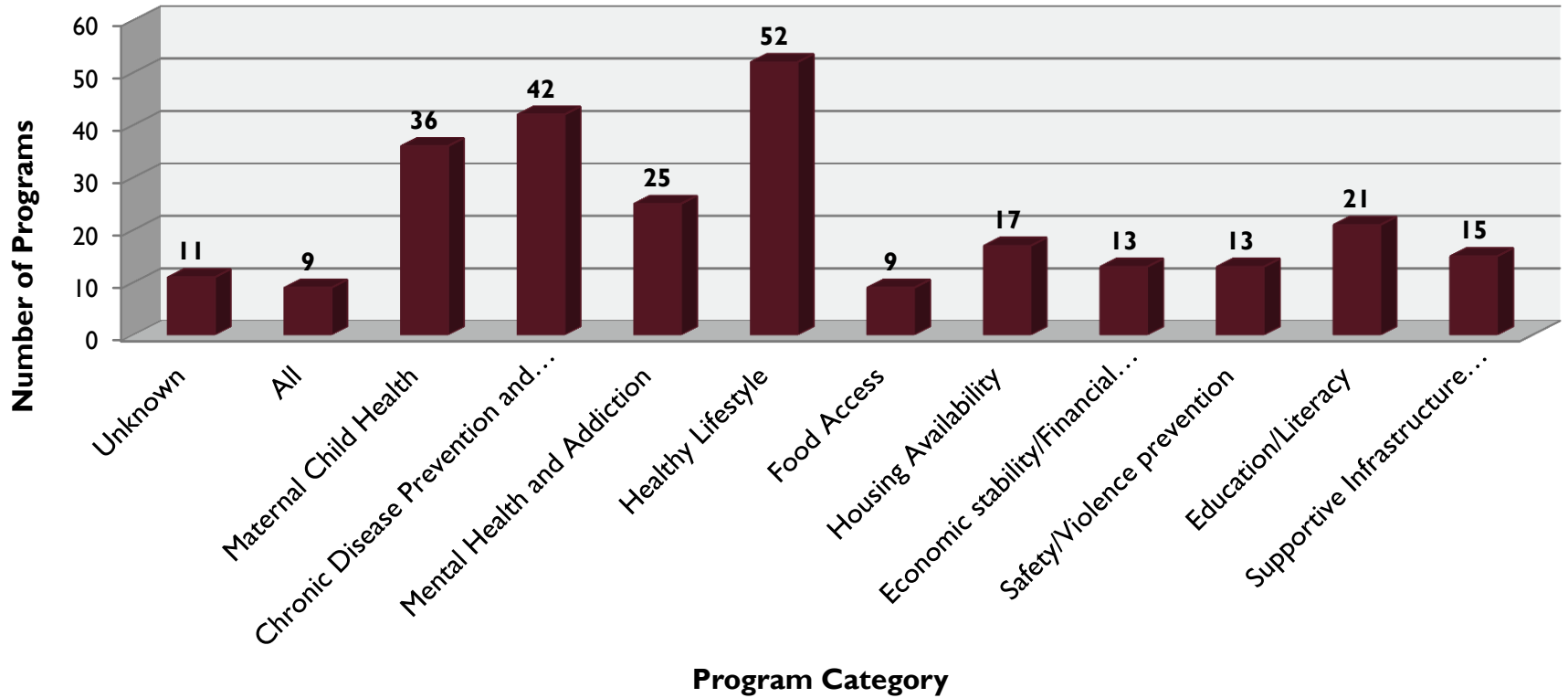
<sup>1</sup> Data available at county level only, includes 1% dual eligible (Medicaid and Medicare)

# Wilmington/Claymont Program Categories



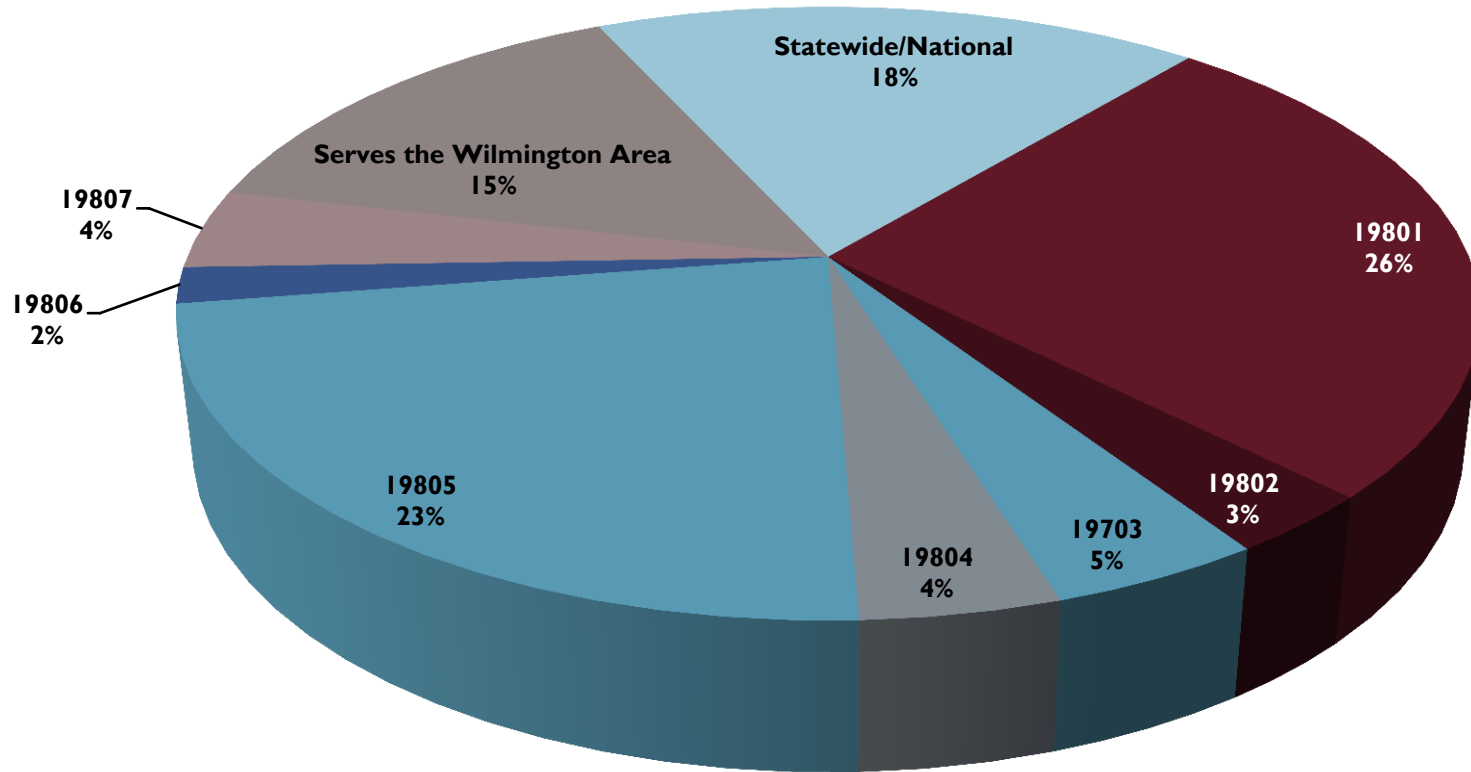
The above chart displays the percentage of programs available in Wilmington/Claymont by theme.

## Wilmington/Claymont Programs



The figure above displays the number of programs available in Wilmington/Claymont by theme.

## Percentage of Programs in Each Area - Wilmington/Claymont



The above chart displays the percentage of programs available in Wilmington/Claymont by location (ZIP code).

# TANF INDIVIDUALS BY ZIP CODE

<b>Zip codes</b>	<b>TANF Individuals</b>	<b>Total Capitation Payments</b>
19801	645	\$803,793
19802	762	\$889,263
19805	946	\$1,494,107
Total	2,353	\$3,187,163



# CHILD CARE, FOOD BENEFITS, GENERAL ASSISTANCE BY ZIP CODE

Zip codes	Child Care individuals	Food Benefits individuals	Food Benefit Total	General Assistance Total
19801	1683	8434	\$10,556,329	\$294,758
19802	1935	9401	\$11,732,078	\$313,174
19805	2557	13,484	\$18,645,031	\$350,828
Subtotal	6175	31,319	\$40,993,438	\$958,760





# SELECTED MEDICAID POPULATIONS AND TOTAL CAPITATION BY ZIP CODE

ZIP codes	Pregnant Women	Youth	Chronic Renal Disease	Blind	Total Capitation
19801	164	2184	34	7	\$73,586,366
19802	181	2823	58	19	\$85,508,447
19805	363	4691	40	42	\$120,190,579
Subtotal	708	9698	132	68	\$279,385,392





# REFERENCES

**Connecting the Dots: An Overview of the  
Links Between Multiple Forms of Violence**  
[http://www.cdc.gov/violenceprevention/pub/  
connecting\\_dots.html](http://www.cdc.gov/violenceprevention/pub/connecting_dots.html)

**CDC's Division of Violence Prevention**  
<http://www.cdc.gov/violenceprevention/>