Doi: 10.32481/djph.2026.03.12

How Strong Data Infrastructure Could Transform Delaware's Firearm Violence Prevention Ecosystem

Lauren Footman, MSOD;[1] Danielle Fisher;[2] & Alexandra Wynn, PhD[3]

1. Executive Director, End Community Violence Now; Affiliated Faculty, Department of Organizational Dynamics, University of Pennsylvania

2. Program Officer, End Community Violence Now

3. Postdoctoral Researcher, Department of Epidemiology, University of Delaware

Abstract

Firearm violence is a persistent and preventable public health crisis in Delaware, resulting in avoidable loss of life, long-term injury, and community harm. Over the past decade, firearm violence has become prevalent across the state and disproportionately in communities with historic disinvestment and limited access to protective factors. Trends in firearm violence have shifted over time in Delaware, with periods of improvement in some jurisdictions occurring alongside rising violence in others. This context makes clear the need to treat firearm violence as a population-level health issue that requires timely and accessible data, coordinated systems, and intervention and prevention strategies beyond traditional criminal justice responses. This commentary examines Delaware's current capacity to address community violence intervention (CVI) through a public health lens, with a focus on the role of data infrastructure. The commentary argues that Delaware's fragmented data systems jeopardize the state's ability to effectively prevent and respond to firearm violence. By outlining the consequences of these gaps and drawing lessons from surrounding states, this provides best practices for strengthening Delaware's data infrastructure to support reductions in firearm violence statewide.

Firearm Violence as a Public Health Issue

In 2024, the U.S. Surgeon General published a Surgeon General's Advisory, stating that firearm violence is a public health crisis in America.[1] Firearm violence leads to preventable injury and death and affects the well-being and safety of every Delawarean. Over the past five years, firearm-related injury has been the leading cause of death for U.S. children and adolescents, outpacing car crashes, cancer, and drug overdoses.[1] Furthermore, firearm violence disproportionately affects young adults, males, and racial or ethnic minorities, especially in Delaware.[2,3] Firearm violence is not specific to one form, as various types affect all ages and races, including suicide, homicide, domestic violence, unintentional shootings, and exposure to firearm violence, creating a complex problem that requires a comprehensive public health approach.[3,4]

At the heart of the public health approach is the need for timely data collection and enhanced research funding to create data-driven and evidence-based solutions that will address the root causes of firearm violence, including racial disparities, poverty, and housing, all known barriers to health here in Delaware.[3,4] For Delaware to more accurately and efficiently respond to firearm violence, a standardized, statewide data system is necessary to prevent and treat gun-related injury and death. Without a comprehensive picture from data, the state lacks the ability to

address the root causes and develop tailored interventions to reduce firearm violence and improve public health outcomes.

The Scope of Firearm Violence in Delaware

For more than a decade, Delaware has faced a persistent and deeply consequential firearm violence crisis. The issue drew national attention in 2014, when Wilmington was labeled "Murder Town USA" in Newsweek, a reflection not only of rising homicide rates but of the growing recognition that the state lacked the infrastructure and coordinated strategies required to address violence. A decade later, Delaware continues to face significant challenges: on average, one resident is killed by a firearm approximately every three days.[2]

Like many states, firearm violence in Delaware is not evenly distributed; it is highly concentrated in communities that have experienced generations of structural disinvestment and limited economic opportunity. Young Black men ages 15 to 34, who constitute just three percent of the state's population, accounted for 40 percent of all firearm homicide fatalities in 2023.[2] These disparities underscore firearm violence as a reflection of broader social and health inequities, rather than isolated criminal events. Historically, Wilmington, Delaware's largest city, has carried a disproportionate share of this burden. In 2013, with a population just over 71,000, Wilmington recorded a violent crime rate of 1,625 incidents per 100,000 residents, far exceeding the national rate of 368 per 100,000.[5] Analysis by the Wilmington News Journal placed the city third in violent crime among 450 comparably sized U.S. cities, trailing only Saginaw and Flint, Michigan.[6] These figures reflect longstanding challenges, magnified by unequal access to prevention resources and the absence of coordinated, data-driven strategies.

The COVID-19 pandemic introduced a new layer of complexity. Nationally, firearm violence rose 30 percent between March 2020 and March 2021,[7] a surge mirrored in Delaware. Even as overall crime declined in Wilmington during 2020, firearm-related violence spiked: total crime fell six percent from 2019, yet shooting incidents increased 52 percent, and homicides rose 35 percent.[8] These shifts highlighted the limitations of traditional law enforcement approaches in the absence of comprehensive social support and real-time situational awareness. As the state emerged from the pandemic, Wilmington began to see a sustained decline in firearm violence. By the end of 2023, homicides had fallen by more than 50 percent from pandemic-era peaks, reaching a five-year low.[9] In 2024, Wilmington reported its lowest number of shootings in six years and a 21 percent reduction in overall crime compared to the previous year. Although homicides increased from 14 to 24 between 2023 and 2024, they remained 31 percent below their 2017 level.[10] By 2025, shooting incidents had returned to pre-pandemic levels, with year-to-date reductions of 23 percent in shootings and 30 percent in murders.[11]

City leaders attribute these declines to intentional investments in collaborative, multi-agency partnerships; intelligence-led policing; and trust-based relationships with community organizations. Wilmington also remains the only city in the state to implement the recommendations from the 2014 Centers for Disease Control and Prevention (CDC) report.[12] Yet as Wilmington made measurable progress, firearm violence rose sharply in Kent and Sussex Counties. Kent County's homicide rate exceeded that of New Castle County in two of the past three years.[11] In Dover, the state capital, homicides increased from two to six between 2023 and 2024, while shooting incidents remained at 46 in both years.[11] Sussex County experienced similar volatility: in 2023, the town of Laurel endured three homicides within a six-month span.

Doi: 10.32481/djph.2026.03.12

Despite the rise in homicides in Kent and Sussex County, Delaware has taken several steps to address firearm violence. In 2025, following targeted philanthropic investments in collective-impact intervention models, Laurel reported zero homicides and zero shootings for the year, demonstrating the impact of coordinated local action.[13] In May of 2025, Governor Meyer announced the launch of Delaware's State Office of Gun Violence Prevention and Community Safety, a major step in building the state's infrastructure for a coordinated public health approach to firearm violence reduction.[14] The Office will announce its focus areas in 2026, for which partners in the ecosystem have advocated for data to be at the forefront of their priorities.

Together, these trends highlight a critical reality: Delaware's gun-violence crisis is dynamic, geographically uneven, and deeply tied to structural inequities. Progress in one jurisdiction does not offset rising violence in another. Sustainable statewide improvement will require consistent data, coordinated investments, and a comprehensive public-health approach that reaches every community experiencing heightened risk. The sustainability of this infrastructure is dependent on stable funding; episodic or short-term government funding can jeopardize its long-term impact and continuity. Strengthening public–private partnerships is essential, as private-sector resources, including staff time, financial support, and opportunities for cross-training with academic partners, can bolster system capacity and help ensure the durability of statewide violence-prevention efforts.

Addressing Firearm Violence Through Data Infrastructure

A comprehensive, statewide data system is foundational for public-health–oriented CVI. Contemporary public health approaches to firearm violence emphasize the need to "define and monitor the problem" — that is, to have data that enable identification of where firearm violence is occurring, among which populations, and with what frequency.[4] In Delaware, a technical data platform used to exist (My Healthy Community). However, it was not routinely updated, nor did it provide provisional mapping or near-real-time data,[15] preventing timely, actionable information for decision-makers, CVI practitioners, hospitals, or community partners. Without regular updates, Delaware loses the ability to detect emerging patterns, monitor shifts in firearm injury, or respond proactively. Thus, intervention efforts risk lagging behind actual trends, resources may be misallocated, and opportunities for prevention may be missed.

Moreover, data infrastructure is not just a technical add-on — it is essential for transparency, accountability, and equity. Communities disproportionately impacted by firearm violence are often those historically marginalized and under-resourced. Having timely, disaggregated data empowers public health, community, law enforcement, and investors to clearly identify where harms are concentrated, to mobilize resources, and to monitor whether interventions are reducing disparities.[4] The new MDH Maryland Firearm Violence Data Dashboard provides a useful standard: it aggregates fatal and nonfatal firearm injuries, broken out by county, ZIP code, age group, sex, race/ethnicity, and mechanism (homicide, suicide, unintentional, etc.), making public-health data accessible to researchers, policymakers, and community stakeholders.[16]

Delaware's Current Data Infrastructure and its Gaps

An infrastructure that supports reliable, timely, and consistent data is essential for understanding and addressing Delaware's escalating firearm violence crisis. Yet Delaware's existing data infrastructure for firearm violence remains fragmented, inconsistent, and insufficient for a modern public-health–oriented approach to community violence intervention. Publicly available

Doi: 10.32481/djph.2026.03.12

information about shootings, homicides, and related incidents is limited, with many residents relying primarily on reporting from *Delaware Online*, a news outlet stepping in to fill gaps left by the absence of reliable, routinely updated statewide law enforcement or public health data. While this journalism serves an important civic function, it is not subject to the methodological standards, quality controls, or accountability mechanisms required for public health surveillance. The result is a system in which the state's most basic awareness depends on reporting that was never intended to serve as an official data infrastructure. This poses a real concern: without consistent, validated data, Delaware lacks the ability to identify trends, implement data-informed responses, or ensure equitable attention to communities experiencing disproportionate levels of violence.

Wilmington currently maintains the strongest and most transparent firearm violence data infrastructure. The Wilmington Police Department (WPD) publishes weekly CompStat reports, providing regular, real-time information about shooting incidents and other crimes. This level of transparency positions Wilmington as a model for what a local, data-driven system can contribute: routine reporting, public accessibility, and actionable information for practitioners and policymakers. Yet no other police department in Delaware provides comparable, real-time firearm violence data. The absence of standardized, statewide reporting leaves most communities without visibility into patterns of violence, limiting their capacity to mobilize resources, monitor changes, or engage in evidence-based intervention and prevention. This gap highlights the need for a timely, transparent, and comprehensive infrastructure for firearm violence data across all jurisdictions in Delaware. Still, Wilmington's improvements highlight a broader statewide problem: a single city's data capacity cannot substitute for a coordinated, consistent, and accessible statewide infrastructure.

Routine Data in Surrounding States: Goals and Response to Violence

The 2025 launch of Maryland's statewide firearm violence dashboard illustrates how committed data infrastructure can transform a state's response to firearm violence. According to *The Trace* article accompanying the dashboard release, the tool provides decision-makers with timely awareness of changing patterns, enabling earlier intervention, and empowering community-based groups to plan and respond with relevant programs.[17] The dashboard's ability to provide data broken out by age, race/ethnicity, location, and mechanism supports a nuanced understanding of risk and helps to target prevention strategies where they are most needed.

Moreover, Maryland's approach is intentionally designed to be independent of shifting federal support or politics — drawing from state-level vital statistics, hospital emergency-department data, and its violent death reporting system, rather than relying solely on federal repositories. This self-sufficiency enhances resilience against disruptions in federal funding or changes in national data priorities. For Delaware, the MDH model demonstrates that with political will and public health leadership, it is feasible to build a data-driven firearm injury surveillance and intervention system that is locally controlled, sustainable, and responsive.

Best Practices Needed Here in Delaware

Targeting Evidence-Based Investments into Areas Most Impacted

Allocating limited CVI resources effectively requires clarity about which communities bear the greatest burden. States like Maryland and Pennsylvania illustrate how data infrastructure enables

strategic, evidence-based investment.[18] For Delaware, this matters because demographics and geography play a significant role. Without granular, updated data, funding and interventions may continue to follow outdated assumptions — failing to reach communities that have become newly impacted, such as Kent and Sussex Counties. Using data-driven targeting, the state could ensure that prevention programs, hospital-based violence intervention, trauma services, community outreach, and social supports are directed to neighborhoods with current and rising burdens of firearm injury. This would increase the likelihood that investments produce meaningful reductions in violence, improve equity, and maximize returns on public health and safety resources.

Identifying Emerging Hotspots, Evaluating Effectiveness, and Allocating Investments

In dynamic social contexts where violence patterns change rapidly — as retaliatory cycles, youth involvement, economic stressors, and social network shifts — only up-to-date, granular data can provide valid signals of emerging "hotspots." Having a dashboard with monthly (or near real-time) updates and the ability to filter by ZIP code or county illustrates how data can flag emerging trends before they escalate, enabling prevention interventions, outreach, and resource deployment. For example, Everytown for Gun Safety Support Fund developed Everytown Labs, an innovation hub with a mission to create and accelerate the use of advanced technology tools in addressing and responding to gun violence in America. Everytown Labs recently launched EveryShot, an interactive website, powered by artificial intelligence. The site uses thousands of public sources to collect data about gun deaths and injuries across the nation, including information about date, location, type of shooting, victims, and suspects. This AI tool then synthesizes the information collected about incidents and presents the data in accessible formats to the public.[19] Such data systems also enable evaluation: by tracking firearm injuries and deaths over time, across interventions or policy changes, stakeholders can assess whether CVI programs, community investments, or legislation are producing measurable reductions. Without that data infrastructure, evaluation is reliant on anecdote, retrospective patterns, or lagging federal data — insufficient for adaptive public health practice. Finally, using data to allocate investments equitably and effectively becomes possible only when data are timely, comprehensive, and accessible. Otherwise, resource distribution risks being arbitrary, reactive, or reinforcing historic inequities.

Sustaining the Field and Building the Business Case

Sustaining CVI over the long term requires rigorous evaluation and documentation of impact.[20] The public health model depends on data collection, analysis, and continuous quality improvement, which in turn supports demonstration of outcomes, justification for funding, and scaling of effective interventions. My Healthy Community, Delaware's old technical data platform, combined fatality data, emergency department visits, demographic breakdowns, and time trend analysis– a replicable model for how data can support this kind of long-term, evidence-based CVI infrastructure, if updated in a timely manner, is necessary.

For Delaware, expanding legacy data systems would allow CVI efforts to build a documented track record: reductions in shootings and firearm injury, declines in hospitalizations, narrowing of racial/ethnic and geographic disparities, and better alignment of social services. This documentation is critical for attracting and sustaining funding — from state budgets,

philanthropic sources, or federal grants — because investors increasingly demand measurable outcomes and accountability. Without reliable data, sustaining CVI as a stable, scalable public health strategy becomes far more difficult.

Conclusion

Delaware's capacity to effectively address firearm violence as a public health crisis is currently constrained by a fragmented and insufficient data infrastructure. The absence of timely, standardized, and accessible statewide data limits surveillance, impedes evaluation of community violence intervention strategies, and jeopardizes the equitable allocation of prevention resources. Sustained investment in a comprehensive firearm violence data system is required as a core public health function to support evidence-based policy, accountability, and long-term reductions in gun-related injuries and death in Delaware.

Ms. Footman may be contacted at lauren@ecvndelaware.org.

References

1. Office of the Surgeon General (OSG). (2024). *Firearm violence: a public health crisis in America: The U.S. Surgeon General's Advisory*. US Department of Health and Human Services (US).
2. Johns Hopkins Center for Gun Violence Solutions. (n.d.). *State data: Delaware. Johns Hopkins Bloomberg School of Public Health.* Johns Hopkins University. Retrieved from https://publichealth.jhu.edu/center-for-gun-violence-solutions/gun-violence-data/state-gun-violence-data/delaware
3. American Public Health Association. (n.d.). *Gun violence is a public health crisis.* https://www.apha.org/getcontentasset/cd515a29-89fa-45aa-a2c3-55ef0c4c4a92/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/220617_gun_violence_prevention_fact_sheet.pdf?language=en
4. Johns Hopkins Center for Gun Violence Solutions. (n.d.). *The public health approach to prevent gun violence.* https://publichealth.jhu.edu/center-for-gun-violence-solutions/our-work/the-public-health-approach-to-prevent-gun-violence
5. Federal Bureau of Investigation. (2014). *Crime in the United States, 2013.* U.S. Department of Justice. https://ucr.fbi.gov/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/summary-2013/2013-cius-summary-_final.pdf
6. Jones, A. (2014, December 19). *Murder town USA (aka Wilmington, Delaware).* Newsweek. Retrieved from https://www.newsweek.com/2014/12/19/wilmington-delaware-murder-crime-290232.html
7. Ssentongo, P., Fronterre, C., Ssentongo, A. E., Advani, S., Heilbrunn, E. S., Hazelton, J. P., . . . Chinchilli, V. M. (2021, October 21). Gun violence incidence during the COVID-19 pandemic is higher than before the pandemic in the United States. *Scientific Reports*, *11*(1), 20654. https://doi.org/10.1038/s41598-021-98813-z PubMed
8. Eichmann, M. (2021, February 2). *Wilmington shootings up 50% in 2020, case clearance drops amid pandemic.* WHYY. https://whyy.org/articles/wilmington-shootings-up-50-in-2020-case-clearance-drops-amid-pandemic/

9. State of Delaware News. (2024, January 29). *AG Jennings, law enforcement leaders announce record low violent crime rates.* News Delaware. https://news.delaware.gov/2024/01/29/ag-jennings-law-enforcement-leaders-announce-record-low-violent-crime-rates/

10. Wilmington Police Department. (n.d.). *2024 Year-End Report.* https://www.wilmingtonde.gov/home/showpublisheddocument/12732/638743610622100000

11. Parra, E. (2025, February 11). *Why Delaware shootings are down to pre-pandemic levels — What's driving this.* Delaware Online. https://www.delawareonline.com/story/news/crime/2025/02/11/delaware-shootings-down-to-pre-pandemic-levels-whats-driving-this/77491393007/

12. Sumner, S. A., Maenner, M. J., Socias, C. M., Mercy, J. A., Silverman, P., Medinilla, S. P., . . . Hillis, S. D. (2016, November). Sentinel events preceding youth firearm violence: An investigation of administrative data in Delaware. *American Journal of Preventive Medicine*, *51*(5), 647–655. https://doi.org/10.1016/j.amepre.2016.08.002 PubMed

13. Delawareblack. (2025, October 8). Crime trends: Laurel, DE has reported zero shootings and homicides to date for 2025. https://delawareblack.com/crime-trends-laurel-de-has-reported-zero-shootings-and-homicides-to-date-for-2025/#google_vignette

14. End Community Violence Now. (2025, May 1). *End Community Violence Now joins Governor Meyer to announce state Office of Gun Violence Prevention and Community Safety* [Press release]. https://ecvndelaware.org/wp-content/uploads/2025/07/RELEASE_-End-Community-Violence-Now-Joins-Governor-Meyer-to-Announce-State-Office-of-Gun-Violence-Prevention-and-Community-Safety.pdf

15. Delaware Health and Social Services. (n.d.). My healthy community. https://dhss.delaware.gov/dph/my-healthy-community/

16. Maryland Department of Health. (2025). *MDH interactive dashboards [Dataset]*. https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/firearm-violence.aspx

17. Brownlee, C. (2025, July 22). *Maryland launched a data dashboard to prevent gun violence and protect against federal cuts.* The Trajectory. https://www.thetrace.org/2025/07/maryland-gun-violence-data-dashboard/

18. ArcGIS Online. (n.d.). *Gun violence and VIP grants* [Dataset]. https://www.arcgis.com/apps/dashboards/bb47bf83b7f64a519fae4abd01c29abc

19. Everytown for Gun Safety. (2025). *Everytown Labs announces launch of EveryShot, AI-powered tool to track fun violence.* https://www.everytown.org/press/everytown-labs-announces-launch-of-everyshot-ai-powered-tool-to-track-gun-violence/

20. Costa, J., Adrianzén McGrath, S., & Carrillo, P. (2025). Defining CVI: A critical review of current conceptualizations and their implications for policy, research and practice. *Inquiry: a journal of medical care organization, provision and financing, 62*, 469580251366146. https://doi.org/https://doi.org/10.1177/00469580251366146

Doi: 10.32481/djph.2026.03.12