

**KIDS COUNT IN DELAWARE**  
**FAMILIES COUNT IN DELAWARE**

*2018 Fact Book*



KIDS  
COUNT





STATE OF DELAWARE  
**OFFICE OF THE GOVERNOR**

TATNALL BUILDING, SECOND FLOOR

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March 2, 2018

Dear Friends,

It's my pleasure to address you in this year's KIDS COUNT in Delaware Fact Book. The statistics and information provided by KIDS COUNT make a serious impact on leaders throughout our state. Policymakers, program providers, and advocates make great use of the facts provided by KIDS COUNT to find ways to better serve Delaware's children.

Supporting children in our state has been, and will continue to be, one of my largest priorities as Governor. Our economy is always changing, and it's our responsibility to make sure every child is prepared to learn and succeed in an innovation economy. Investments in early childhood education will help prepare our kids for success in kindergarten and beyond. We also know that many of the jobs in our new economy will rely on skills in science, technology and math, which is why we are proposing funding for additional math coaches at the middle school level.

All children in Delaware deserve a quality education, no matter their zip code. My administration is working to support the many needs of our students, from funding Opportunity Grants to stocking Basic Needs Closets with hygiene products, school supplies and clothing. The best thing we can do to invest in our state's future is to invest in quality education for every Delaware child. But we must support our children outside of the classroom as well. Healthy lifestyles and family relationships prepare our kids for successful futures. Thank you to KIDS COUNT in Delaware and the University of Delaware for your great work on this year's Fact Book. I look forward to continuing to work with our communities to support our children in all areas of their development.

Sincerely,

A handwritten signature in black ink that reads "John C. Carney".

John C. Carney  
Governor, State of Delaware



# KIDS COUNT IN DELAWARE

## FAMILIES COUNT IN DELAWARE

### *Fact Book 2018*



We sincerely thank the children and families who have shared their photos, and their lives.

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The findings and conclusions presented in this report, however, are solely those of KIDS COUNT in Delaware, as are any errors or omissions.



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- Delaware Department of Labor
- Delaware Department of Public Safety
- Delaware Department of Services for Children, Youth and Their Families
- Delaware Division of Libraries
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- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Nemours Health and Prevention Services
- Statistical Analysis Center

*A special thank you to the Delaware children and families  
whose photos are featured throughout this book.*



## *A Message from KIDS COUNT*

Dear Friends,

Who are we as a society if we don't prioritize our children? Better yet, **who will we be** as a society if we don't prioritize our children?

Ensuring that our children have experiences that lead to good outcomes is more than a moral issue- it's also an economic issue. Children are our future. When we retire, they will be the business leaders that keep our economy vibrant; they will be the policymakers sitting in Legislative Hall & the Governor's Office. They will be our entrepreneurs, our educators & our nonprofit directors. They will be the leaders who guide Delaware in the next century. In one short generation, today's children will be the parents, workers, volunteers, leaders, and change-makers determining the social and economic vitality of our state.

And yet, data indicates that our children do not have the same opportunity. Disparities exist in well-being outcomes by gender, ZIP code, and income. Further, we see disparities along racial and ethnic lines in nearly every indicator of child well-being. Delaware is not alone; this problem is one that exists across the nation. Our youngest generation is our most diverse ever and this pattern is projected to continue. If we want a better future for all of us, we need better results for all kids now. We must recognize that while children have different starting points, all children deserve access to opportunities that lead to prosperity and we must take action to create those opportunities. Equality of opportunity is not something that just happens: it is a product of systems, policies, and programs that work together to lay a foundation that allows all of our youngest Delawareans to have an equal chance for participation and for success.

KIDS COUNT is driven by research showing that the consequences of the events kids experience in childhood and the disparities that exist in those experiences are carried with them the rest of their lives. This year's Fact Book explores that theme further with a focus on adverse childhood experiences (ACEs) and asks the question, what can be done to minimize the risks associated with ACEs? Despite a significant prevalence of ACEs in our state, **we can create environments that counteract those experiences.**

Policy change is rarely quick, simple, or easy. Yet, policy matters. Making kids a priority in our budgets matters. Tracking outcomes for kids across time matters. Access to quality early childhood programs matter. Health care and home visiting matters. Afterschool programming and adequately staffing our schools and compensating our teachers matter. Tax credits that help hard-working Delaware families put food on the table matter. And all of these things matter not just for the good they do, but for the harm they prevent and the money they save.

Investing in our kids and families pays dividends many times over for our communities and for our state, a smart economic strategy.



Sincerely,  
Kim Gomes, President, Board  
Mary Joan McDuffie, Chair, Data Committee  
Janice Barlow, Director







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# Kids Count in Delaware

Welcome to the 2018 KIDS COUNT in Delaware Fact Book. This project is a collaborative effort of over forty organizations and is housed within the Center for Community Research & Service at the University of Delaware. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local and state discussion concerning ways to secure better lives for all children. Our mission is to provide up-to-date, accurate, objective, comprehensive data on the well-being of children, youth and their families in order to raise awareness and inform both policy and programmatic decisions throughout the state.

The 2018 Fact Book is the 23rd edition of KIDS COUNT in Delaware's signature publication and the 18th joint publication of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware. Since 1995, KIDS COUNT in Delaware has been reporting on the status of children in the state. Working with the State of Delaware since 1998, KIDS COUNT has been monitoring the conditions of families, children and individuals in the community.



## National KIDS COUNT project:

Nationally, the KIDS COUNT project uses an index of 16 indicators, to report on overall child well-being in four domains: (1) economic well-being, (2) education, (3) health, and (4) family and community.

In the quest to improve outcomes for our nation's children, the KIDS COUNT project has used the Data Book to

highlight these critical building blocks of healthy child development. With special emphasis on: the importance of child well-being to our nation's future prosperity, global competitiveness and community strength; the variability in child well-being by income, race, ethnicity and geography; and evidence-based policies, programs and practices that work.

## National KIDS COUNT domains and indicators:

### Economic Well Being

- Children in poverty
- Children whose parents lack secure employment
- Children living in households with a high housing cost burden
- Teens not in school and not working

### Education

- Children not attending preschool
- Fourth graders not proficient in reading
- Eighth graders not proficient in math
- High school students not graduating on time

### Health

- Low-birthweight babies
- Children without health insurance
- Child and teen deaths per 100,000
- Teens who abuse alcohol or drugs

### Family and Community

- Children in single-parent families
- Children in families where the household head lacks a high school diploma
- Children living in high-poverty areas
- Teen births per 1,000

While the National KIDS COUNT project uses a 16 indicator index, KIDS COUNT in Delaware has historically reported on a larger number of indicators. We will continue to report on featured indicators and noteworthy trends in addition to the variety of other indicators including early care and education, prenatal care, substance abuse, and student achievement.



# Kids Count in Delaware

## Kids Count Network



## The KIDS COUNT in Delaware Fact Book

**T**he KIDS COUNT in Delaware Fact Book uses the most current and reliable data available. Data that are inadequate or unavailable are denoted by N/A. Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology therefore KIDS COUNT has used the terminology reported by the data collection sources. Most data presented here are for calendar years. Where data collected by state or federal authorities is available by school calendar year or fiscal year, the periods are from September to August or July 1 to June 30, respectively. Where possible, data were delineated by counties and the City of Wilmington. Whether a number, rate, or percentage, each statistic tells us something different about children. Not only do the numbers represent real individuals but also have the advantage of allowing for comparisons between the United States, Delaware, and counties.

Caution should be exercised when attempting to draw conclusions from

percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. KIDS COUNT encourages you to look at overall trends. The key in the evaluation of statistics is to examine everything in context. The data challenges stereotypes—pushing us to look beyond the surface for the less obvious reasons for the numbers. Individual indicators, like the rest of life's concerns, do not exist in a vacuum and cannot be reduced to a set of the best and worst in our state. Where county level data are presented, readers can gain a better understanding of the needs in particular segments of the state. Delaware rankings within the National KIDS COUNT Data Book can fluctuate from year to year. Therefore, it is important to look at the trends within the state and over a significant period of time. Hopefully, the graphs help to clarify that picture.



## Making Sense of the Numbers

**The information on each indicator is organized as follows:**









- **Description**  
A description of the indicator and how it relates to child and family well-being
- **Data**  
Charts and graphs giving a visual representation of the data and, when available, showing trends over time and comparing Delaware data to U.S. data
- **Related information**  
Did you know, Data into Action, and For More Information sections

## Sources of Data

**The data are presented primarily in three ways:**

- **Annual data**
- **Three-year and five-year averages** to minimize fluctuations of single-year data and provide more realistic pictures of children's outcomes
- **Annual, three-year or five-year average data** for a decade or longer to illustrate trends and permit long-term comparisons.

# Kids Count Overview: Delaware

		BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE
<b>HEALTH AND HEALTH BEHAVIORS</b> 	<b>Low Birth Weight Births</b> <i>As a Percentage of All Births</i>	<b>8.8%</b> 2007-2011	<b>8.6%</b> 2012-2016	
	<b>Infant Mortality</b> <i>Deaths of Infants Less Than 1 Year Old per 1,000 Live Births</i>	<b>8.1%</b> 2007-11	<b>7.5%</b> 2012-16	
	<b>Children Without Health Insurance</b> <i>Percentage of Children (0-17) Without Health Insurance</i>	<b>7.1%</b> 2010-2012	<b>5.2%</b> 2015-2017	
<b>EDUCATIONAL INVOLVEMENT AND ACHIEVEMENT</b> 	<b>Graduation Rates</b> <i>Percentage of June Graduates Compared to the 9th Grade Class Four Years Previous</i>	<b>80.0%</b> 2011-2012	<b>84.7</b> 2015-2016	
	<b>3rd Grade Reading Proficiency</b> <i>Percentage of Delaware Third Graders Meeting the Standard in Reading</i>	<b>—</b> <i>Baseline data not available</i>	<b>51.8%</b> 2016-2017	
	<b>8th Grade Math Proficiency</b> <i>Percentage of Delaware Eighth Graders Meeting the Standard in Math</i>	<b>—</b> <i>Baseline data not available</i>	<b>38.9%</b> 2016-2017	

 BETTER
  WORSE
  NO CHANGE
  DATA NOT AVAILABLE

# Kids Count Overview: Delaware

		BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE
ECONOMIC SECURITY	<b>CHILDREN IN POVERTY</b> PERCENTAGE OF CHILDREN (0-17) IN POVERTY	<b>19.9%</b> 2010-2012	<b>16.6%</b> 2015-2017	✓
	<b>MEDIAN FAMILY INCOME</b> MEDIAN INCOME IN THOUSANDS OF US DOLLARS OF HOUSEHOLDS WITH CHILDREN UNDER 18 BY FAMILY TYPE	1-PARENT <b>\$26,334</b> 2-PARENT <b>\$83,950</b> 2010-2012	1-PARENT <b>\$34,708</b> 2-PARENT <b>\$95,890</b> 2015-2017	✓
	<b>ECONOMIC INCLUSION OF YOUNG PEOPLE</b> PERCENTAGE OF TEENS (16-19) NOT ATTENDING SCHOOL AND NOT WORKING	<b>7.6%</b> 2010-2012	<b>9.0%</b> 2015-2017	✗

FAMILY & COMMUNITY	<b>TEEN BIRTHS</b> LIVE BIRTHS TO 15-19 YEAR-OLD FEMALES PER 1,000 15-19 YEAR-OLD FEMALES	<b>36.6%</b> 2007-2011	<b>22.6%</b> 2012-2016	✓
	<b>CHILDREN IN ONE-PARENT FAMILIES</b> PERCENTAGE OF CHILDREN (0-17) IN ONE-PARENT FAMILIES	<b>37.9%</b> 2010-2012	<b>36.1%</b> 2015-2017	✓
	<b>CHILD ABUSE/NEGLECT</b> RATE OF SUBSTANTIATED REPORTS OF ABUSE AND NEGLECT PER 1,000 CHILDREN	<b>11.7</b> 2012	<b>7.2</b> 2017	✓

✓ BETTER ✗ WORSE = NO CHANGE - DATA NOT AVAILABLE



# ACEs and Building Resilience



## ACEs are: ADVERSE CHILDHOOD EXPERIENCES

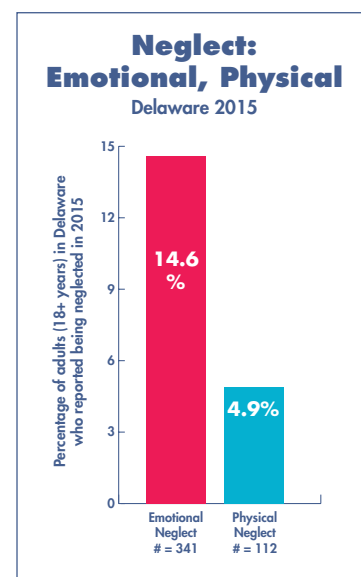
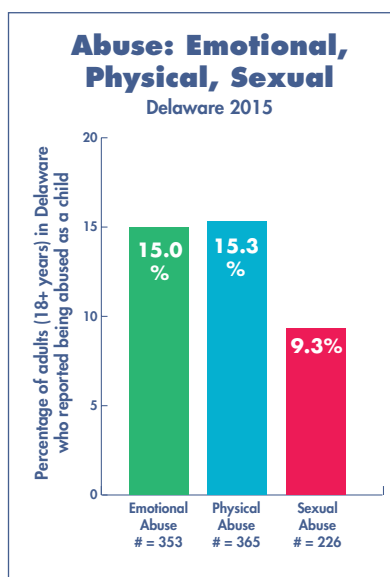
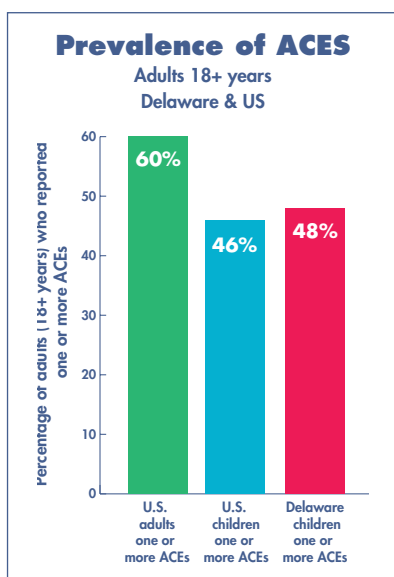
**A**dverse Childhood Experiences, or “ACEs” are stressful or traumatic experiences that disrupt the safe, nurturing environments that children need to thrive. Exposure to ACEs can lead individuals toward the adoption of unhealthy habits and the onset of negative long-term health and economic issues. These childhood adversities aren’t one-time events, but are chronic sources of stress including things like physical or sexual abuse, neglect, addiction or mental illness in the home, and domestic violence.

A growing body of research has sought to quantify the pervasiveness of ACEs and explain their connection with negative behavioral outcomes, physical health outcomes, and mental health outcomes later in life. For example,

analysis by researchers at the Johns Hopkins Bloomberg School of Public Health on data from the 2016 National Survey of Children’s Health show that:

- Economic hardship is the most common ACE reported nationally and in almost all states, followed by divorce or separation of a parent or guardian.
- Abuse of alcohol or drugs, exposure to neighborhood violence, and the occurrence of mental illness are among the most commonly-reported ACEs in every state.
- The prevalence of ACEs increases with a child’s age
- Just under ½ of children in the U.S. have experienced at least one ACE.

### ACEs Reported by Adults 18 + years in Delaware & U.S.



Source: 2015 Delaware Household Health Survey, The Delaware Public Health Institute

# ACEs and Building Resilience



## There is hope!

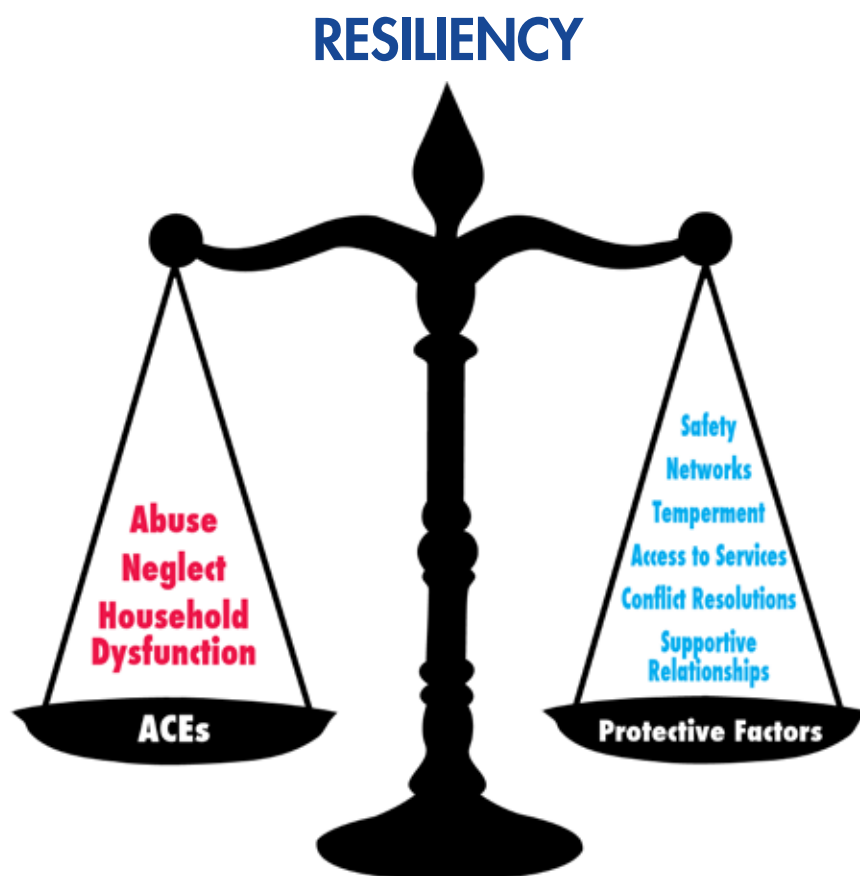
Despite the significant prevalence of ACEs, policymakers, families, community leaders, and health care service providers can create environments where children can flourish and thrive. Decreasing the occurrence of ACEs can also have a financial benefit to society, reducing health care costs by addressing the root causes of many health problems.

We know that the more exposure to ACEs a person has, the more his or her risk increased for poor negative health outcomes.

**However, not every person with a high ACE score will face chronic health issues or a poor quality of life.**

Why? What makes these individuals unique?

Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential. There have been numerous studies over the past few decades that examine how individuals overcome life's adversities.



As the image suggests, we build protective factors in order to “tip the scale” toward resilience and away from the negative outcomes associated with ACEs.

Protective factors can be grouped into individual attributes, family attributes, and community attributes.

Examples in each category include:

**Individual**

- Temperament
- Mastery
- Understanding
- Expression
- Conflict resolution
- Relationships
- Culture

**Family**

- Role Models
- Supportive Relationships
- Health Networks
- Stability

**Community**

- Access to services
- School Mentors
- Neighborhood cohesion
- Neighborhood safety

# ACEs and Building Resilience



## What CAN be done to minimize the risks associated with ACEs?

### Primary prevention:

Avoid exposure to ACEs in the first place.

### Secondary prevention:

Promoting resilience in groups who are at risk by their exposure to ACEs by strengthening protective factors which act to buffer the child from poor outcomes.

### Trauma-informed approaches:

A different way of looking at an individual's actions and their health outcomes associated with them that moves us from the question "what's wrong with that child?" to "what has happened to him or her?" Not a therapy, intervention, or specific action but instead a lens with which to view policies, procedures, programs, and practices.

There is large variability regarding how individuals respond to adversity. When a stressor seems manageable, we perceive it as a challenge (our brains release adrenaline), but when a stressor seems unmanageable, we perceive it as a threat (our brains release cortisol). As individuals, it seems that coping with these stressors is similar to exercise: we become stronger with practice.

When trying to measure how individuals respond to adversity, researchers examine resilience. Protective factors- a combination of supportive relationships, adaptive skill-building, and positive experiences- can build resilience.

**Resilience** noun re-sil-i-ence \ ri-'zil-y n(t)s \ adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

**Protective factors** noun pro-tec-tive fac-tor \ prə'tektiv 'faktər \ conditions or attributes (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

**Research indicates that the single most common factor for children who develop resilience is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult. It also appears that it's never "too late" to build resilience.**

## Enhancing strategies to reduce ACEs and build resilience in Delaware

Children can't vote and they can't lobby for public resources, yet their well-being and development directly impact the future economic and social health of our state. Government however, cannot solve this challenge alone. Addressing ACEs will require a multi-sectoral collaborative approach.

Teaching resilience and promoting positive family communication, routines, and habits are important for all children and are powerful protective and healing factors for children with ACEs. One study found that children ages 6-17 with 2+ ACEs who learn to stay calm and in control when faced with challenges are over



# ACEs and Building Resilience

three times more likely to be engaged in school compared to children who have not learned these skills (71.4% vs 19.2%). Strategies which help to build youth resilience include:

- Encouraging supportive adult-child relationships
- Teaching emotional regulation
- Building a sense of self-efficacy and perceived control, a growth mindset
- Mobilizing sources of faith, hope, and cultural traditions
- Providing opportunities to strengthen adaptive skills

A strong family unit is essential when it comes to addressing ACEs, and broader community support is critical to strengthen families. With this in mind, there are strategies that families, caregivers, providers,

and communities can implement to help children thrive in the face of adversity, many of which are being implemented to some extent in Delaware. These strategies include:

- Home visiting to pregnancy women & families with newborns
- Parenting training
- Intimate partner violence prevention
- Social support for parents
- Parent support for teens/teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- High quality child care
- Sufficient income support for lower income families



**Look for these icons, which highlight ACE indicators, ACE-related hardships, possible risk outcomes, and actions throughout the Fact Book:**



**ACES**

**Children that experience early hardships**

such as those in foster care, one-parent families, and unsafe environments are more likely to experience ACEs which have been linked to risky health behaviors, chronic health conditions, low life potential, and early death.



**Outcomes**

**Possible risk outcomes highlighted in the Fact Book include:**

behaviors as well as physical & mental health.



**Building Resilience**

**Increase resilience and protective factors**

through programs that ensure food security, increase the quality of early childhood education, and build stronger social safety nets among their families and communities.

# Delaware Demographics: Counting the Kids

Data from the Census Bureau's American Community Survey and the Delaware Population Consortium provide a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child centered society now than we were 100 years ago. In the United States, children accounted for 40% of the population in 1900, but only 24% in 2010. Similar trends are evident in Delaware.



## Population at a Glance

Population Estimates by Age for Delaware, Wilmington and Counties, 2017

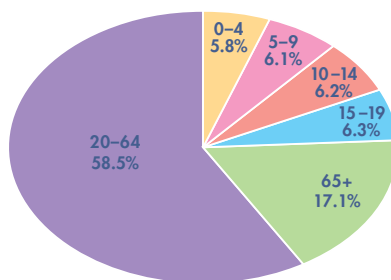
	Population	Age 0-19	Age 20+	% 0-19
Delaware	967,813	235,612	732,201	24.3
New Castle	564,193	137,750	426,443	24.4
Wilmington	73,881	20,055	53,826	27.1
Kent	180,590	50,830	129,760	28.1
Sussex	223,010	47,032	175,978	21.1

Source: Delaware Population Consortium, Population Projection Series



## Population Estimate and Age Distribution

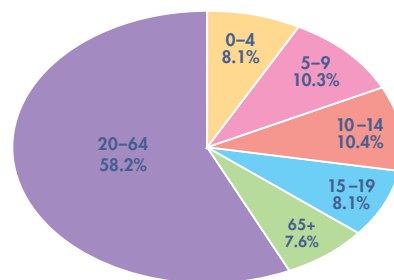
Delaware, 2017



Delaware total	967,813
Total children	235,612
Children 0-4	56,057
Children 5-9	58,878
Children 10-14	59,989
Children 15-19	60,688
Adults 20-64	566,597
Adults 65+	165,604

## Hispanic Population Estimate and Age Distribution

Delaware, 2017



Delaware Hispanic Total	91,533
Total children	33,804
Children 0-4	7,452
Children 5-9	9,388
Children 10-14	9,532
Children 15-19	7,432
Adults 20-64	53,309
Adults 65+	6,908

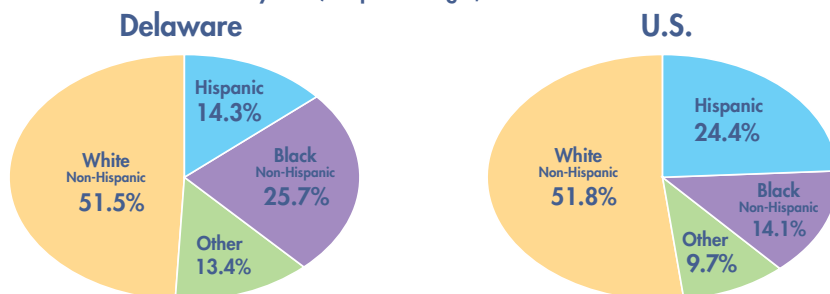
Note: Persons of Hispanic origin may be of any race.

Source: Delaware Population Consortium, Population Projection Series

# Delaware Demographics: Counting the Kids

## Delaware Child Population Compared to U.S.

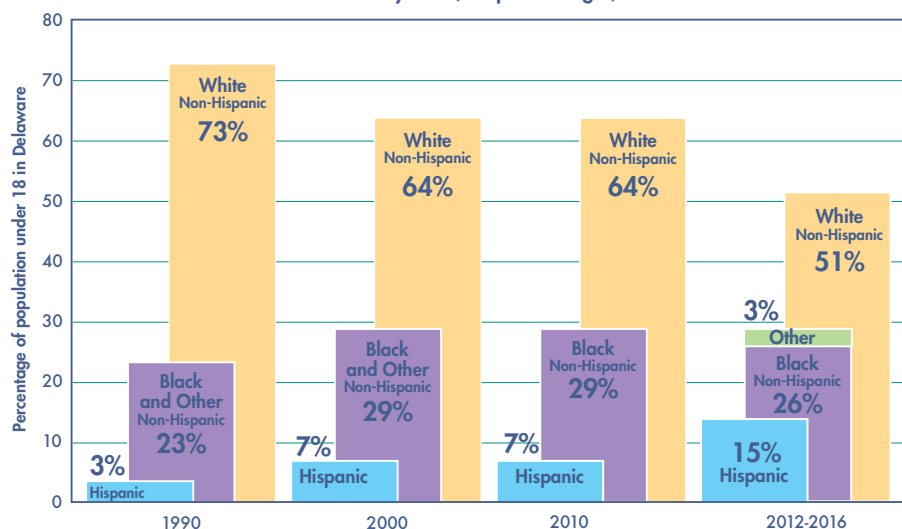
by Race/Hispanic Origin, 2012-2016



Note: Persons of Hispanic origin may be of any race.  
Source: U.S. Census Bureau, American Community Survey

## The Changing Face of Delaware's Children

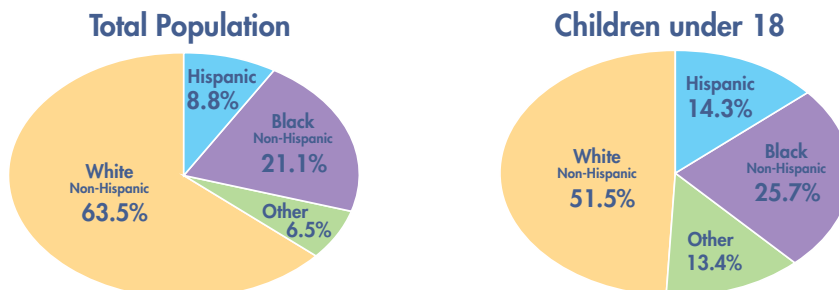
Children under 18 by Race/Hispanic Origin, Delaware



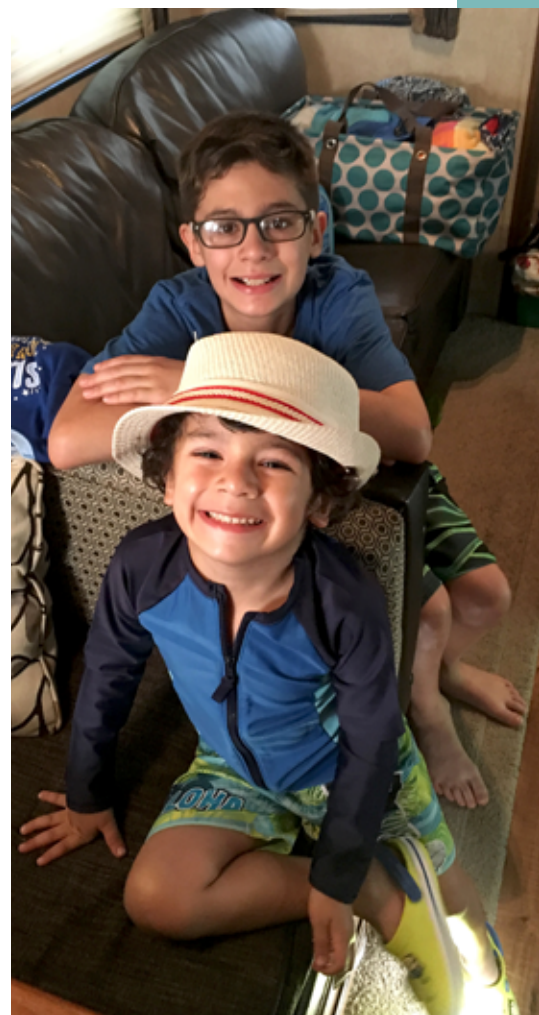
Note: Persons of Hispanic origin may be of any race.  
Source: U.S. Census Bureau, American Community Survey

## Delaware Total Population Compared to Child Population

by Race/Hispanic Origin, 2012-16



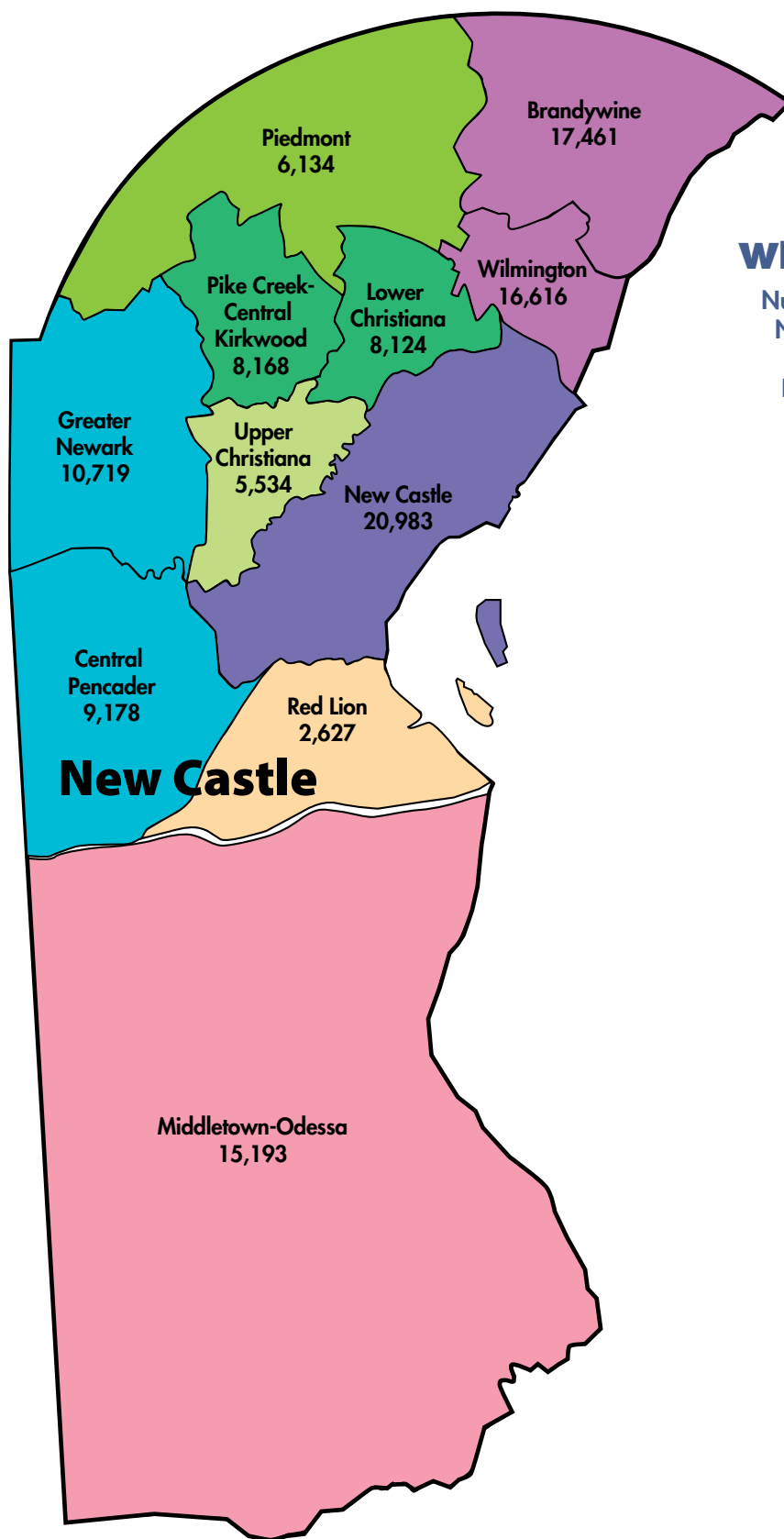
Note: Persons of Hispanic origin may be of any race.  
Source: U.S. Census Bureau, American Community Survey



Delaware's future depends on the well-being of our state's child population, which is growing and becoming increasingly diverse each year. There are disparities along racial and ethnic lines in nearly every indicator of child well-being. As a state we need to figure out how to tackle disparities in order to tear down barriers to success for our children of color.



# Delaware Demographics: Counting the Kids



## Where Are the Kids?

Number of Children Under Age 18  
New Castle County Subdivisions  
Census County Divisions  
Five-Year Average 2012-2016

### Key

0-1,999	
2,000-2,999	
3,000-3,999	
4,000-4,999	
5,000-5,999	
6,000-6,999	
7,000-8,999	
9,000-10,999	
11,000-15,999	
16,000-17,999	
18,000-21,999	

For detailed information on census tracts see: [www.factfinder.census.gov](https://www.factfinder.census.gov)

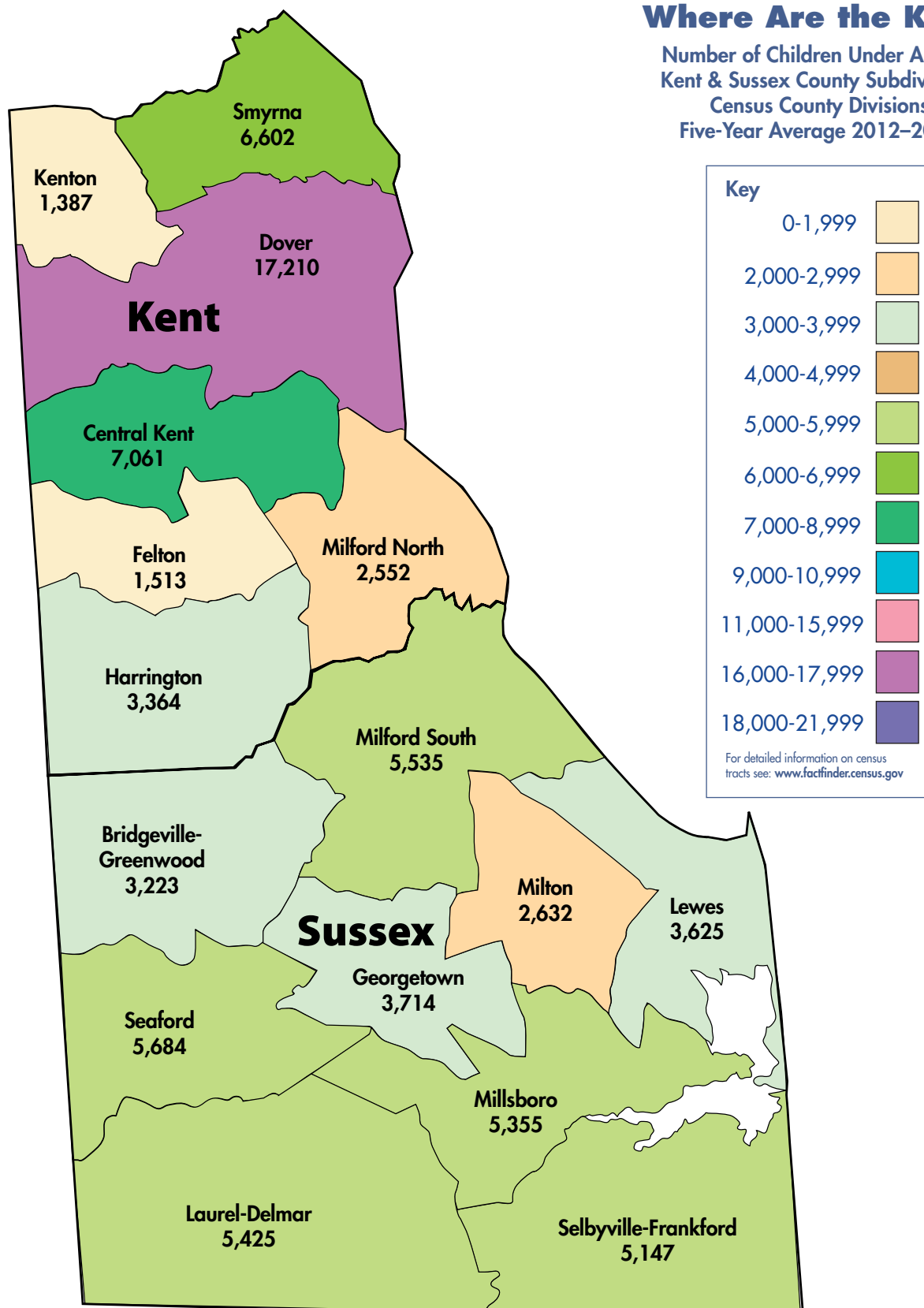
Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>

Source: U.S. Census Bureau, American Community Survey. This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>

# Delaware Demographics: Counting the Kids

## Where Are the Kids?

Number of Children Under Age 18  
Kent & Sussex County Subdivisions  
Census County Divisions  
Five-Year Average 2012-2016

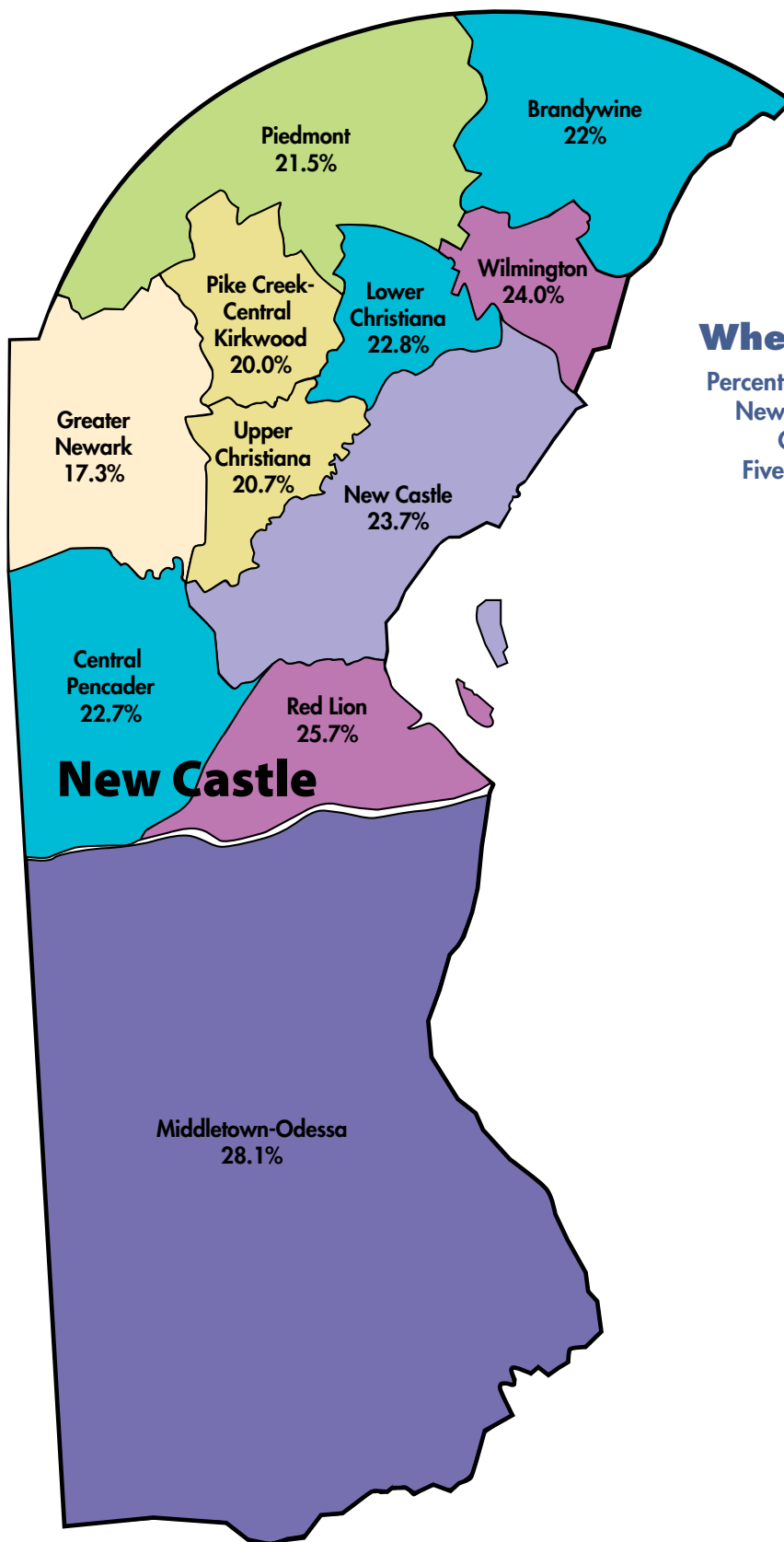


Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>

Source: U.S. Census Bureau, American Community Survey. This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>



# Delaware Demographics: Counting the Kids



## Where Are the Kids?

Percentage of Children Under Age 18  
New Castle County Subdivisions  
Census County Divisions  
Five-Year Average 2012-2016

### Key

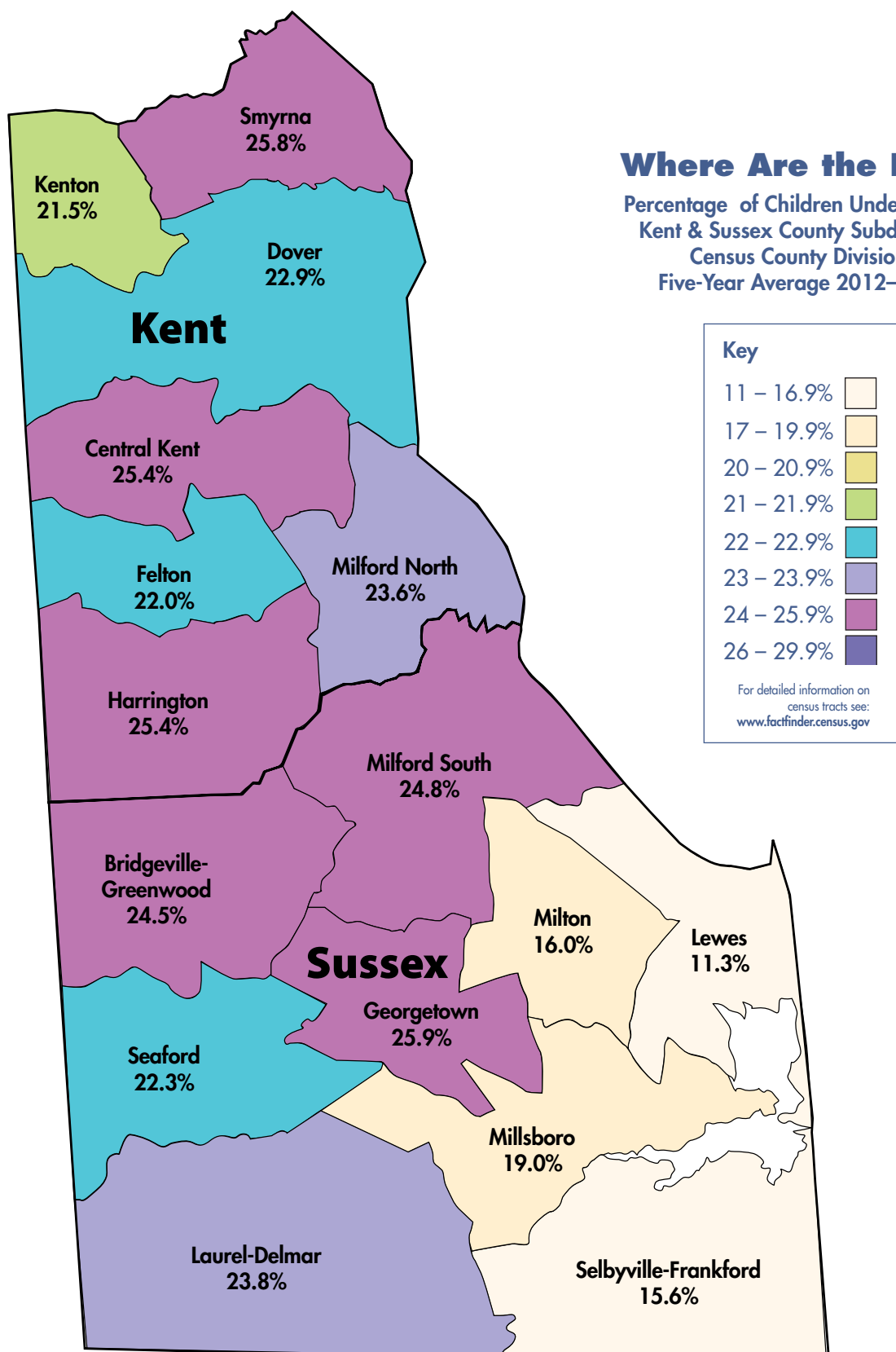
11 – 16.9%	
17 – 19.9%	
20 – 20.9%	
21 – 21.9%	
22 – 22.9%	
23 – 23.9%	
24 – 25.9%	
26 – 29.9%	

For detailed information on  
census tracts see:  
[www.factfinder.census.gov](http://www.factfinder.census.gov)

Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>

Source: U.S. Census Bureau, American Community Survey. This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>

# Delaware Demographics: Counting the Kids



Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>

Source: U.S. Census Bureau, American Community Survey. This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>

# Delaware Demographics: Counting the Kids



Every ten years, the United States undertakes the enormous task of counting every person in the United States during the Decennial Census. Written into the Constitution, it is one of the things that defines America. The numbers that come from the census determine how many seats in Congress each district and state is awarded, as well as how billions of dollars of federal funding will be allocated to individual communities around the country. Our next Census, Census 2020, is due in two years.

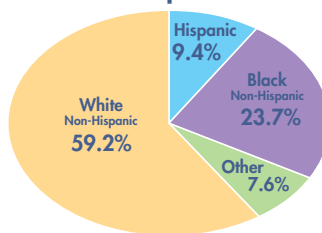
Ensuring that the entire population of the United States is counted accurately is a huge job. In every Census, miscounts happen. Families and individuals who experience homelessness or move from location to location are most often those who are missed by the Census count. In addition, those who are partial residents of several locations can be counted twice or more, resulting in an overcount. In recent years, Black and Hispanic populations have been more likely to be undercounted as compared to white populations. In a survey conducted following Census 2010, the Bureau found that they undercounted 2.06 percent of the Non-Hispanic Black population, but overcounted 0.83 percent of the Non-Hispanic White population.

For Census 2020, Congress elected to not increase dollars allocated to the program from Census 2010. Because of this restricted budget, the Census Bureau has had to plan extensively to make sure America's population is recorded and documented as accurately as possible. They have addressed this by planning to rely more heavily upon existing administrative records for the address list, by optimizing self-response by introducing an internet response option, as well as several other actions. However, due to the limited funding and the pressure to rely more heavily on internet response, it's feared that an even larger number of individuals will fail to be counted in 2020 than in past years.

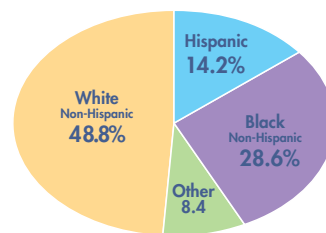
## New Castle County Population

by Race/Hispanic Origin, Five-year Estimate 2012–2016

### Total Population



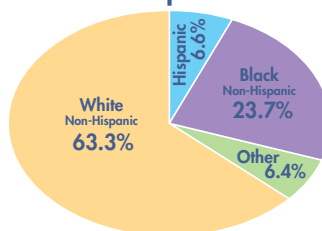
### Children under 18



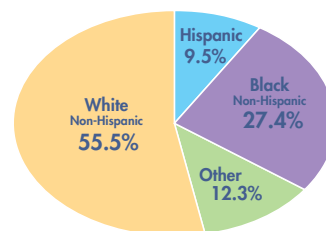
## Kent County Population

by Race/Hispanic Origin, Five-year Estimate 2012–2016

### Total Population



### Children under 18



Note: Persons of Hispanic origin may be of any race.  
Source: U.S. Census Bureau, American Community Survey

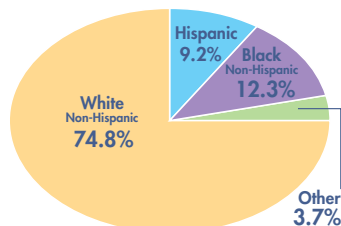


# Delaware Demographics: Counting the Kids

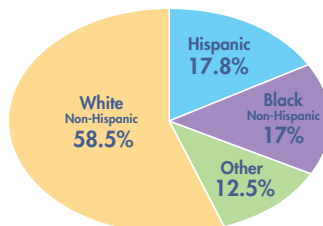
## Sussex County Population

by Race/Hispanic Origin, Five-year Estimate 2012–2016

### Total Population



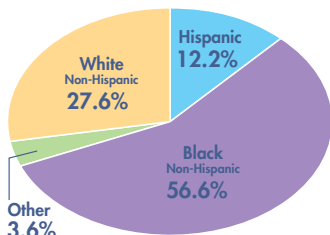
### Children under 18



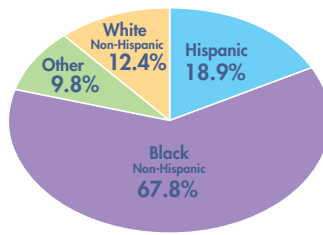
## Wilmington Population

by Race/Hispanic Origin, Five-year Estimate 2012–2016

### Total Population



### Children under 18



Note: Persons of Hispanic origin may be of any race.  
Source: U.S. Census Bureau, American Community Survey



To confuse things more for Census 2020, there has been significant disagreement about how to best include people of all ethnicities in the questionnaire. It was proposed that the 2020 Census include a combined question format regarding race, with options including much more specific ethnicities. Research showed that these changes could encourage more census participants to provide race and ethnicity data.

Despite this, on January 26, 2018 the Census Bureau announced that they will not include a combined question format for collecting Hispanic origin and race, or a separate Middle Eastern or North African category due to intense kickback from representatives and interest groups across the country.

From a Delaware perspective, Hispanic/Latinos are one of our fastest growing populations. Given that Hispanics are often undercounted, this ends up disadvantaging their families, communities and neighborhoods. To make things worse, the expiration of DACA in 2017 has caused concern in undocumented immigrants and those who have undocumented family members that they may be deported using information they provide in Census 2020. This fear is expected to greatly deter them from responding to the census, further negatively impacting already Hard to Count (HTC) populations.

It is imperative that the future of the Census be protected. Cutting and limiting funding for this essential program is likely to further hurt these communities who will be lost in the counting. To ensure our new, modernized, Census reporting system works correctly in 2020, the Bureau needs continued support and funding to research the effectivity of the changes being made.

## Did You Know?

While the number of children in America is expected to grow over the next ten years, it is thought that the ratio of children to adults will actually decrease.

Source: <https://www.childstats.gov/americaschildren/demo.asp>

**Household** – A household consists of all the people who occupy a housing unit. It may be a family household or a non-family household. A non-family household consists of a householder living alone or where the householder shares the home exclusively with people to whom he/she is not related. A family household is a household maintained by a householder who is in a family and includes any unrelated people who may be residing there.

**Family** – A family is a group of two people or more related by birth, marriage, or adoption who are residing together.

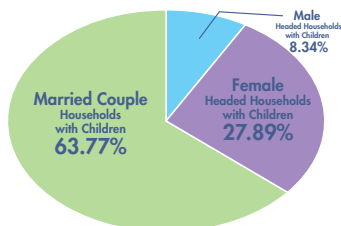
In 2011 there were 919,962 people in 333,192 households in Delaware. The average household size was 2.65; the average family size was 3.17. Families made up 68% of the households in Delaware. Most of the nonfamily households were people living alone (32% of all Delaware households).

# Delaware Demographics: Counting the Kids

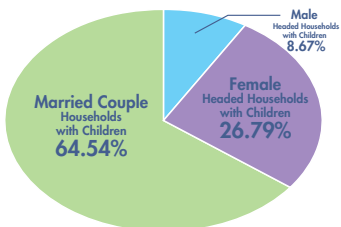


## Families with Related Children by Household Structure 2012–2016

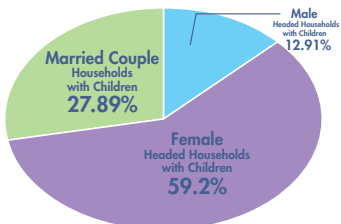
### Delaware



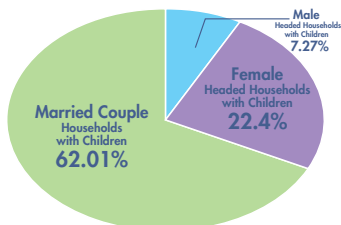
### New Castle County



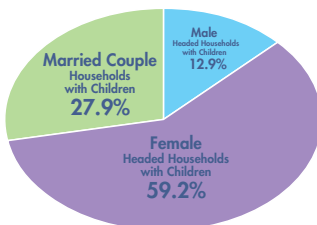
### Kent County



### Sussex County



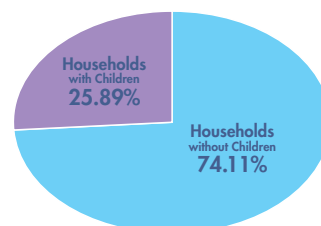
### Wilmington



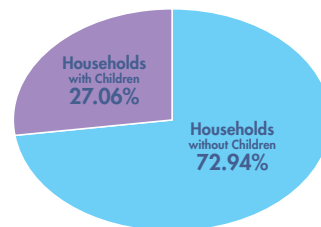
Source: U.S. Census Bureau, American Community Survey

## Households with and without Children under 18 2012–2016

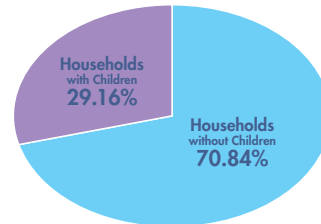
### Delaware



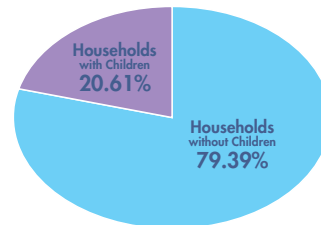
### New Castle County



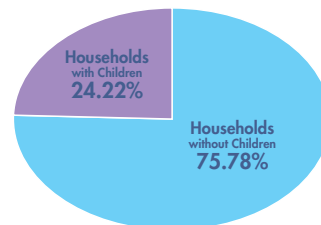
### Kent County



### Sussex County



### Wilmington



Source: U.S. Census Bureau, American Community Survey





# HEALTH & HEALTH BEHAVIORS



The future prosperity of any society depends on its ability to foster the health and well-being of the next generation. Part of fostering that future success is acknowledging and rectifying the structural and institutional discrimination that has a dramatic impact on the health outcomes for children of color. People of color often receive a lower quality and intensity of health care, are more likely to be uninsured, live in medically underserved communities, experience cultural and linguistic barriers to care, and are more likely to be the victims of subtle bias and stereotyping.

Safeguarding a child's health, and in particular addressing the barriers facing children of color, is the first step to ensuring a child is able to grow, learn, and thrive. The conditions and environments in which children live affect their health and differ by race and

ethnicity. Our state can ensure health and wellness by reducing racial and ethnic disparities in food security, access to health insurance for children and parents and exposure to environmental risks.

A healthy start begins with the prenatal health and well-being of a child's mother, and includes a child's early months and years, when a child's brain is rapidly developing the knowledge and skills essential for future success in their relationships, school, and reaching their full potential in life. The economic security and stability of young families is critical during this time, as it reduces the risk of poverty and stress to parents and children—which can have lifelong impacts on the whole family's well-being, even when experienced for a short period of time. A high quality early learning system can support young families by providing children with

learning environments that support healthy development, and giving parents affordable options for child care so they can work if they need or wish to.

Due to policies which created and maintained unequal opportunities for families, disparities in child poverty exist across race, ethnicity and family type. Having a safe and stable house to sleep in each night, as well as having enough food, are fundamental to a child's social, emotional, and physical well-being. Compared to children with adequate nutrition and stable housing, children who experience homelessness and hunger are more likely to experience trauma, chaos, trouble in school, and poorer health. The unpredictability of homelessness and hunger puts a child's safety at risk as well, as the stress on families can reach toxic levels that may undermine relationships between parents and children.



# Prenatal Care

Comprehensive prenatal care is essential to ensuring a baby's future well-being, and maximizes both infant and maternal health. Mothers who receive regular prenatal health care visits have better nutrition, participate in more regular physical activity, and tend to avoid exposing their babies to unhealthy substances such as alcohol, tobacco, or lead.

Mothers who receive inadequate prenatal care face the risks of serious consequences for both mother and baby. Mothers who do not get prenatal care are significantly more likely to have low birth weight babies or face infant mortality than their counterparts who do receive care. Early and adequate prenatal care is crucial for ensuring a healthy future for both the mother and the child.



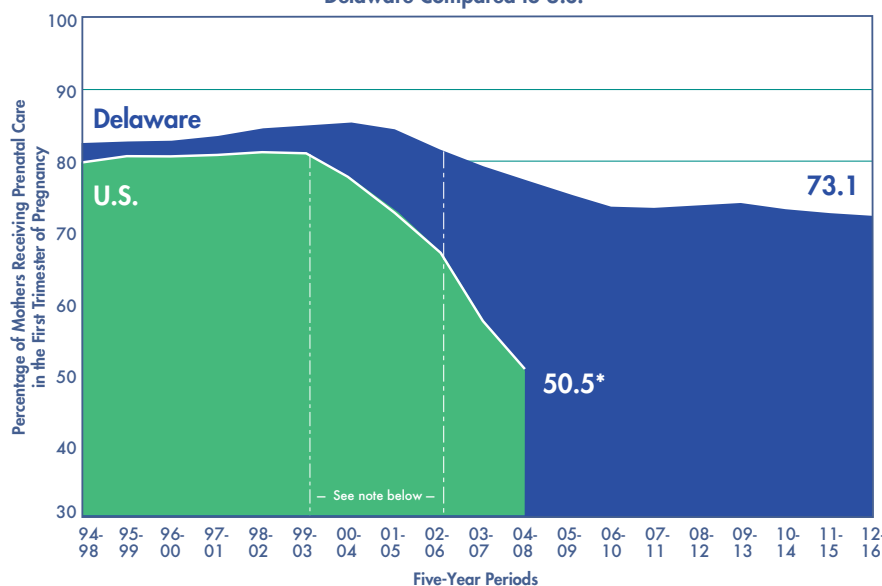
## PUT DATA INTO ACTION

The Enhanced Prenatal and Postpartum Care Program in Delaware provides services to at risk, pregnant mothers to help keep both mother and baby healthy. Delaware has partnered with healthcare providers across the state to provide services, and even continue them past birth if needed.

Source: <http://dhss.delaware.gov/dph/chca/im prenatalcare.html>

## Prenatal Care

Delaware Compared to U.S.



\* U.S. data is not available after the 2004–2008 period.

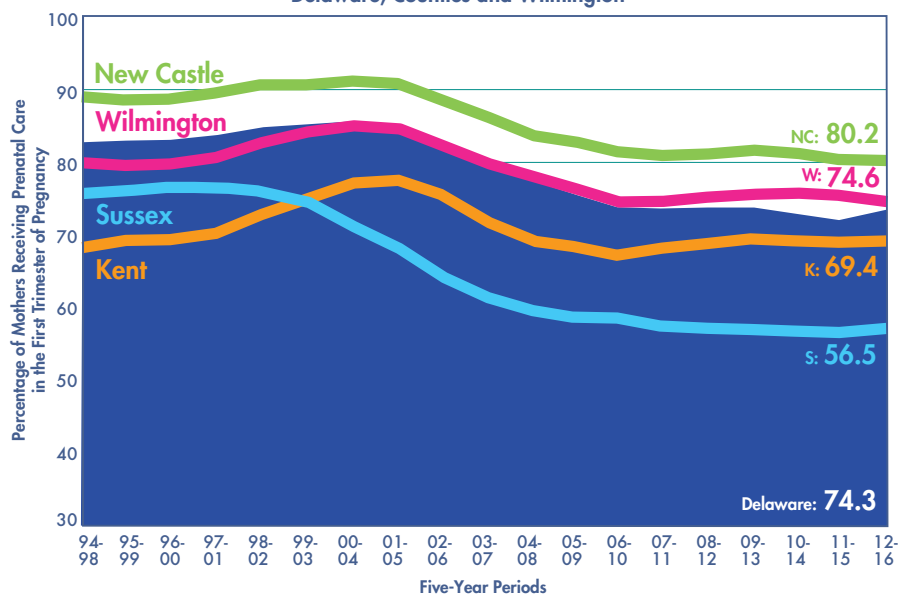
**Note:** A 2003 revision of the U.S. birth certificate introduced substantive changes to information on the timing of prenatal care. Each state has been revising their certificate according to their own schedule; Delaware began collecting data using the revised birth certificate with the 2006 data year. According to the National Center for Health Statistics, prenatal care data based on the revised certificate show a markedly less favorable picture of prenatal care utilization in the U.S. than data from the un-revised certificate. Most of the difference can be attributed to changes in reporting and not to changes in prenatal care utilization.

Source: Delaware Health Statistics Center, National Center for Health Statistics

## Prenatal Care

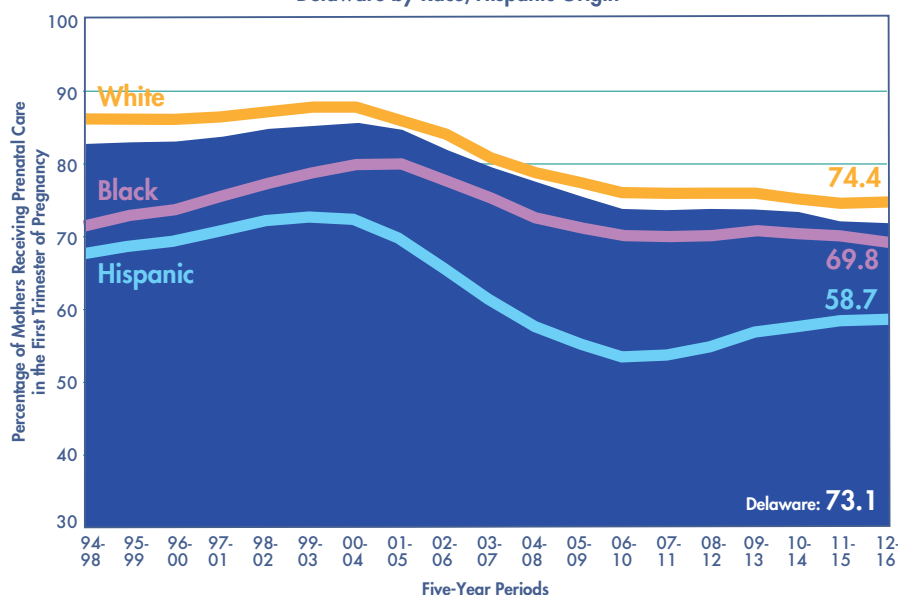
### Prenatal Care

Delaware, Counties and Wilmington



### Prenatal Care

Delaware by Race/Hispanic Origin



Source: Delaware Health Statistics Center



Given the structural barriers that have historically excluded them from the labor market, women of color are both more likely to lack coverage and more likely to live in poverty. High costs and limited resources mean many women cannot seek care as early or as often as they should.

#### Did You Know?

Prenatal care is not limited to obstetricians. Family practice doctors and certified midwives are also available in Delaware to help mom and baby stay safe and healthy during their journey together.

Source: <https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests>

# Low Birth Weight Births



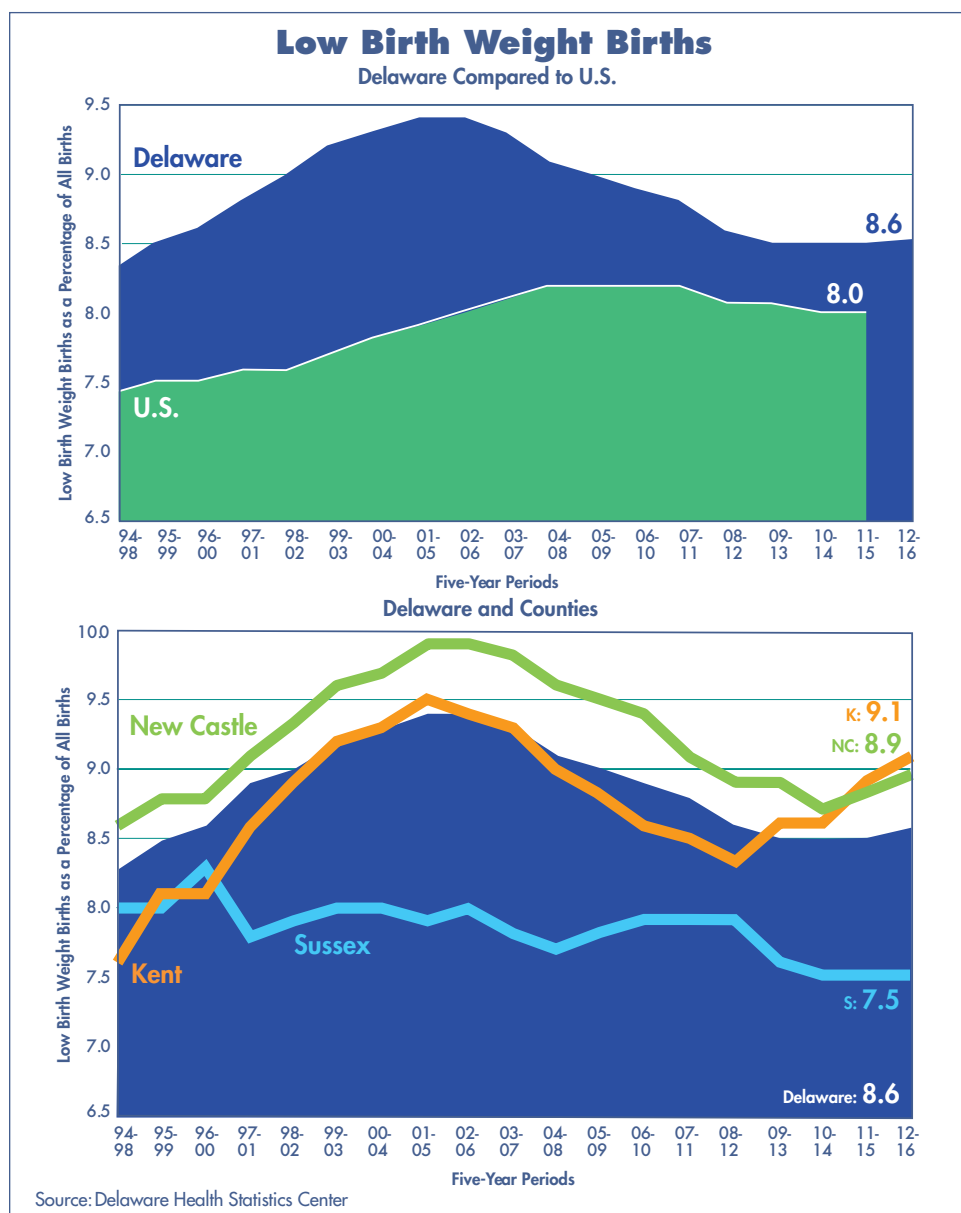
## Did You Know?

In the United States, low birth weight is most often caused by being born before 37 weeks of pregnancy. The second most common cause of low birth weight is slowed growth due to poor mother's health.

Source: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=90&ContentID=P02382>

An infant's weight at birth can be a decisive indicator of the newborn's chances for survival, growth, long term health and psychosocial development. Many causes of infant low birth weight can be linked to the mother's behavior or health during pregnancy. Factors linked with low birth weight include: tobacco, alcohol or drug use, poor nutrition, excessive stress and anxiety, inadequate prenatal care, chronic maternal illness, premature labor, low weight of mother, genetic disorders, or short interval between pregnancies. Babies who are born very low in birth weight can face a variety of negative outcomes including an increased risk of infant mortality, heightened risk for long term disability, and impaired development such as delayed motor and social development. Low birth weight among newborns is a serious issue and it can have an immense impact on the rest of their lives.

It is important to note that access to healthcare and health education varies for women depending on financial and cultural environments. Women of color, women at lower education levels and unmarried women tend to have adverse social and economic support structures and therefore less access to prenatal services.

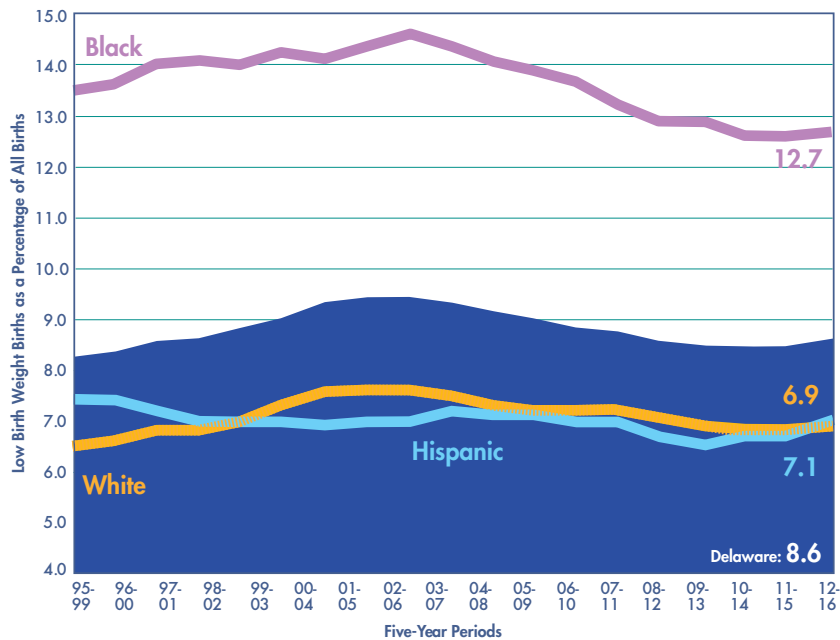




# Low Birth Weight Births

## Low Birth Weight Births

Delaware by Race/Ethnicity



Source: Delaware Health Statistics Center

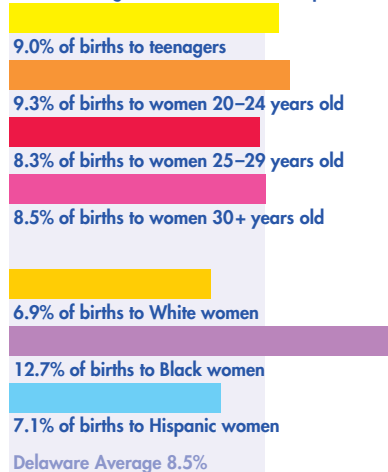


## Percentage of Babies with Low Birth Weight

(weight less than 2500 grams)  
by Age and Race of Mother  
Five-year Average, 2012–2016



Low birth weight babies in Delaware represent



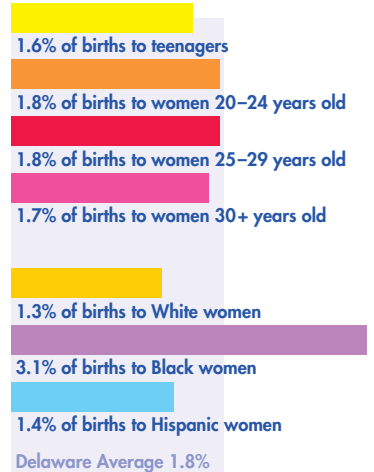
Source: Delaware Health Statistics Center

## Percentage of Babies with Very Low Birth Weight

(weight less than 1500 grams)  
by Age and Race of Mother  
Five-year Average, 2012–2016



Low birth weight babies in Delaware represent



Source: Delaware Health Statistics Center

**H**istorical discrimination makes children of color more likely to be born into families where financial hardship creates barriers to accessing health care in the earliest years. Policies and practices continue to isolate children of color in high-poverty neighborhoods where nutritious foods and healthy infrastructure can be hard to come by. All of these things have an impact, including a baby's weight at birth.

# Infant Mortality

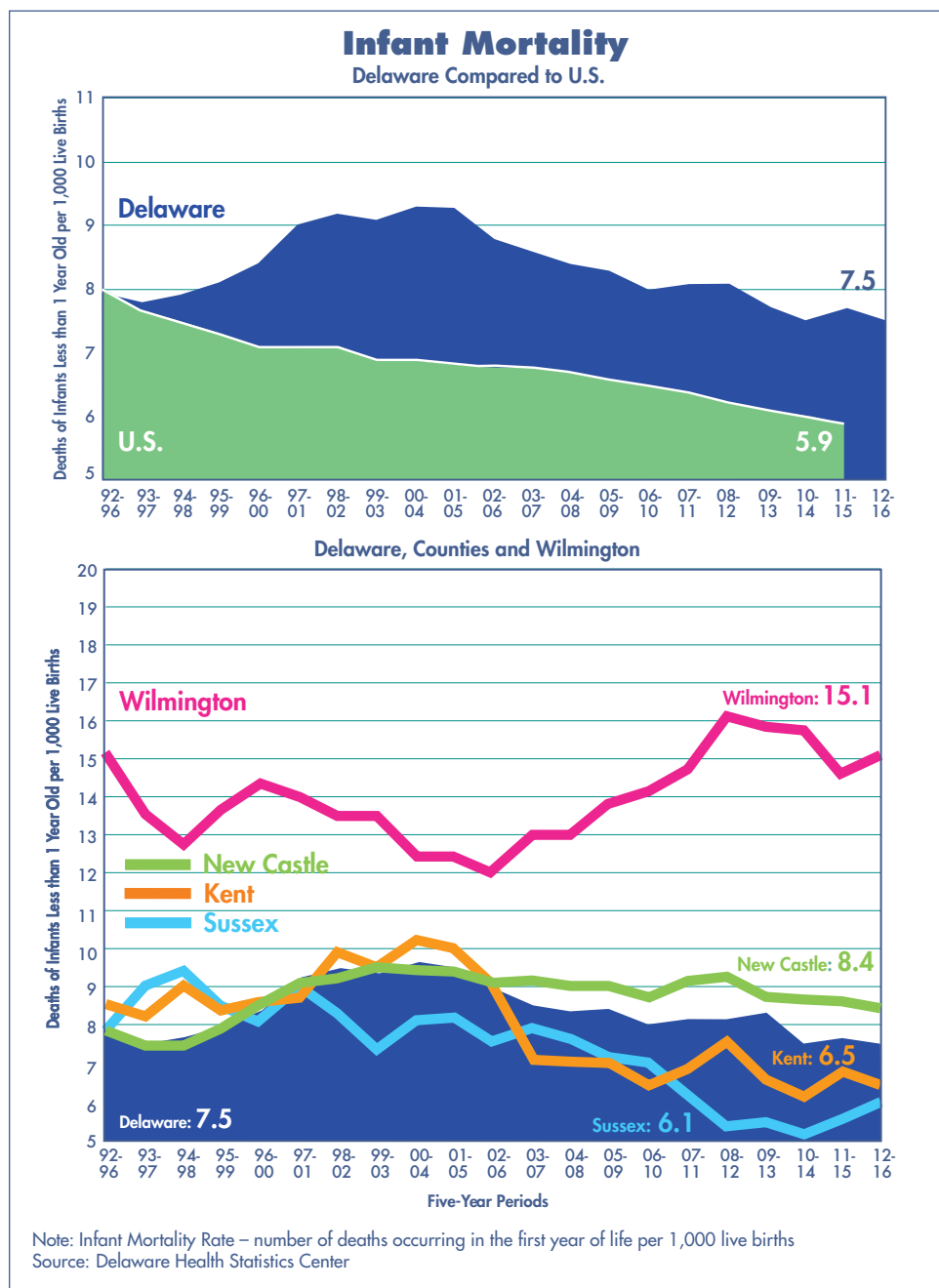


## PUT DATA INTO ACTION

Since 2005, Delaware has used their Infant Mortality Program to improve our state's high infant mortality rate. As of 2015, the combined efforts of state and local organizations have succeeded in lowering the infant mortality rate roughly 1.5%.

Source: <http://www.dhss.delaware.gov/dhss/dph/chca/imimep.html>

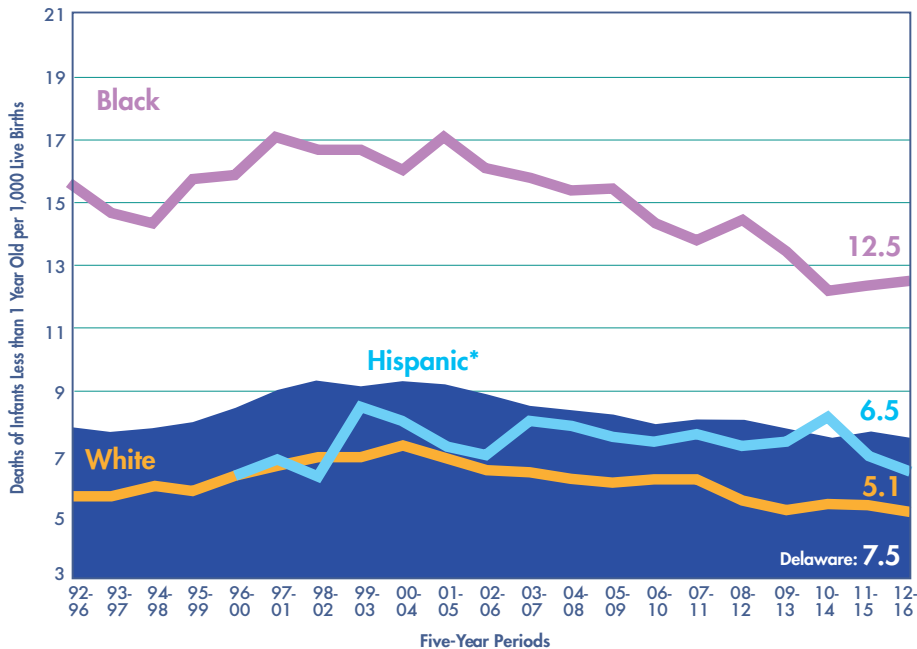
Infant mortality rate is an important indicator of the overall well-being of a society. Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women. The primary causes of infant mortality are birth defects, disorders related to short gestation/low birth weight, Sudden Infant Death Syndrome (SIDS), and issues related to pregnancy and birth, including substance abuse. Since mothers and infants are among the most vulnerable members of society, infant mortality is a measure of a society's concern and investment in supporting community health. In addition, disparities in infant mortality by race/ethnicity and socioeconomic status are an important measure of the inequalities that exist within society. In the United States, about two-thirds of infant deaths occur in the first month after birth, and are mostly due to health problems of the infant or the pregnancy, such as pre-term delivery or birth defects. Proper prenatal care and well-baby preventive care offer opportunities to identify and lower some risk factors for infant mortality.



# Infant Mortality

## Infant Mortality

Delaware by Race/Ethnicity

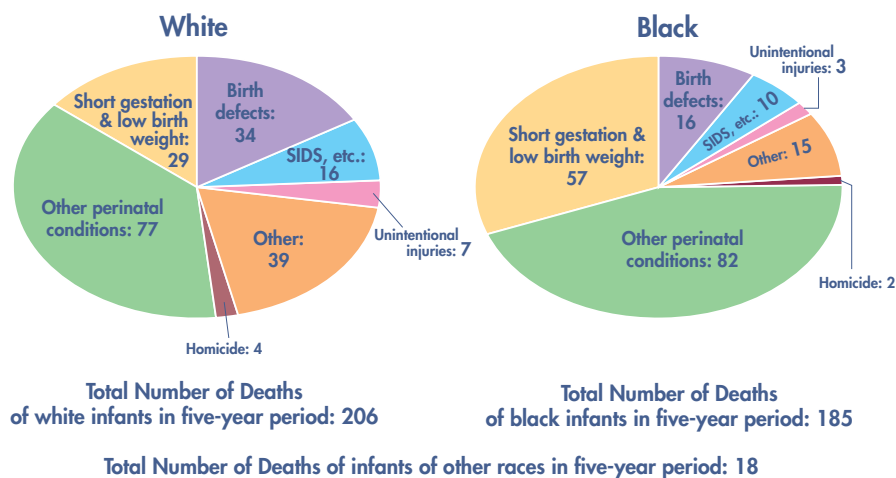


\* Persons of Hispanic origin may be of any race. Hispanic rates prior to 1996–2000 do not meet standard of reliability or precision; based on fewer than 20 deaths in the numerator.

Source: Delaware Health Statistics Center

## Infant Deaths by Cause and Mother's Race

Delaware Live Birth Cohort, 2011–2015



Notes: Live Birth Cohort – a matched file of live births and corresponding infants deaths based on the year of birth (For example, an infant born in November 2015 who died in September 2016 is counted in the 2015 rate.) Other perinatal conditions – other perinatal conditions include maternal complications and risk factors that affect the infant, as well as complications of birth/delivery, and fetal infections

Source: Delaware Health Statistics Center



Health care disparities, economic barriers, and historical discrimination lead to an infant mortality rate for black babies that is more than twice as high as any other group. Even controlling for income, black infants still face disproportionately high rates of infant mortality.

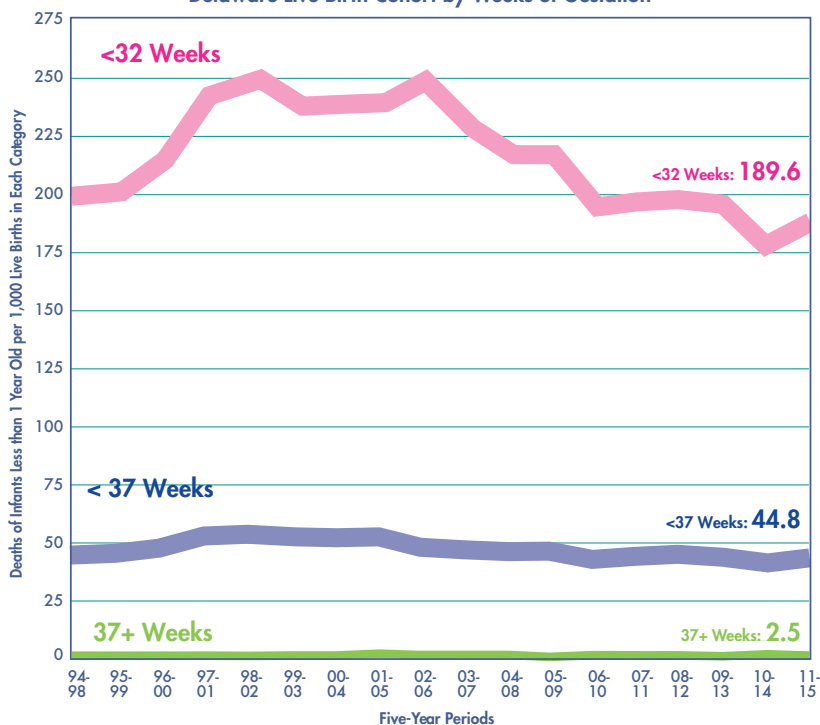


# Infant Mortality



## Infant Mortality by Gestation

Delaware Live Birth Cohort by Weeks of Gestation



Notes: **Gestation** – the period of time a baby is carried in the uterus, usually referred to in weeks. A full-term gestation is between 37 and 42 weeks. **Weeks of Gestation** – the number of weeks elapsed between the first day of the last normal menstrual period and the date of birth

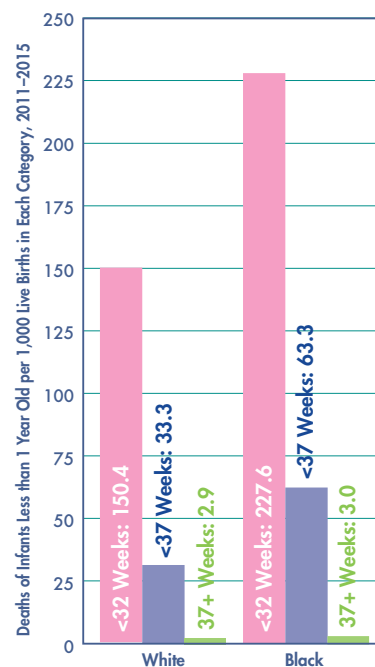
Source: Delaware Health Statistics Center

## Did You Know?

Since 1975, American infant mortality rates have dropped to an all-time low of 5.9 infants per 1,000 live births (2015). However, African-American infants are still at risk for much higher rates of infant mortality. They sit at 10.93 infant deaths per 1,000 live births as of 2015.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

## Infant Mortality in Delaware by Gestation and Race

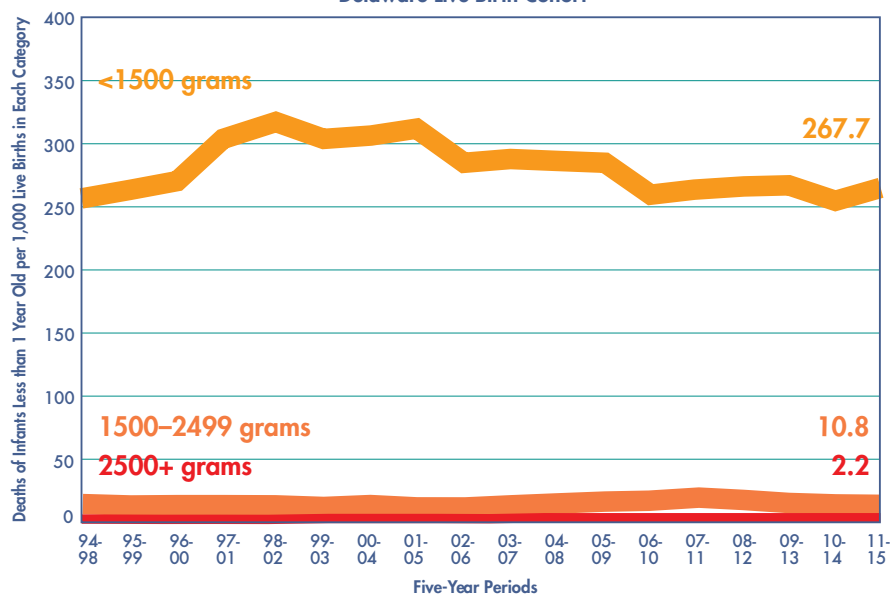


Source: Delaware Health Statistics Center

# Infant Mortality

## Infant Mortality by Birth Weight

Delaware Live Birth Cohort

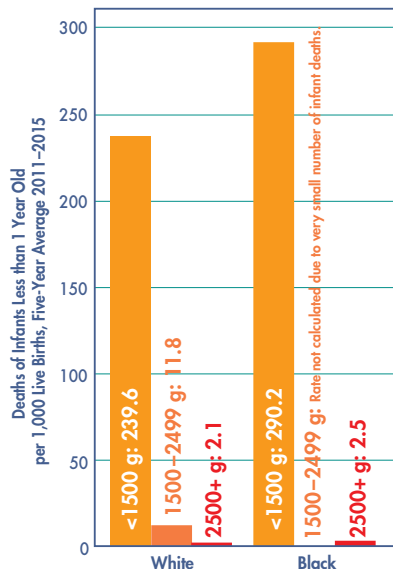


Note: **Low Birth Weight Babies** – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight). **Very Low Birth Weight** – less than 1,500 grams (3.3 lbs.).

Source: Delaware Health Statistics Center



## Infant Mortality in Delaware by Birth Weight



Source: Delaware Health Statistics Center

## Did You Know?

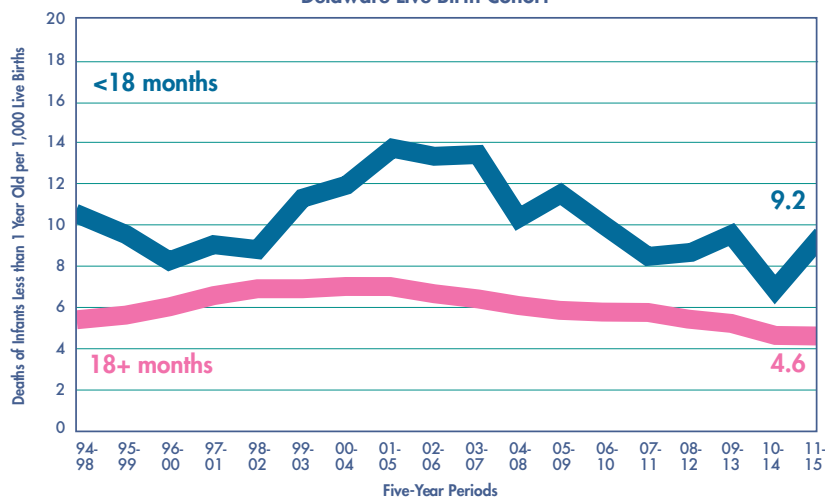
Minimizing harmful behaviors, such as smoking cigarettes, drinking alcohol and taking drugs greatly decreases the risk of Sudden Infant Death Syndrome (SIDS) in infants.

Source: <https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/Pages/healthy-pregnancy.aspx#folic>

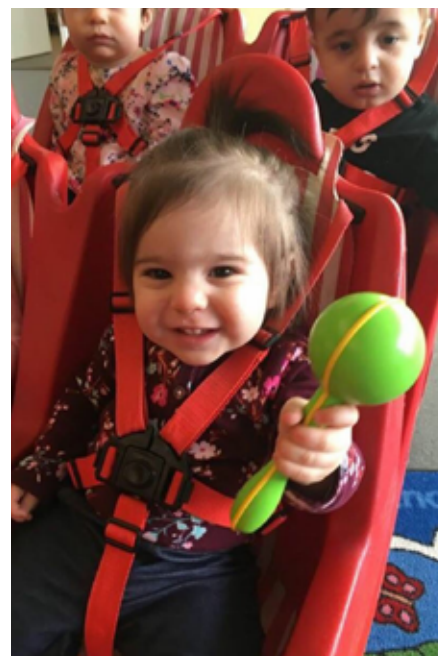
# Infant Mortality

## Infant Mortality by Birth Interval

Delaware Live Birth Cohort

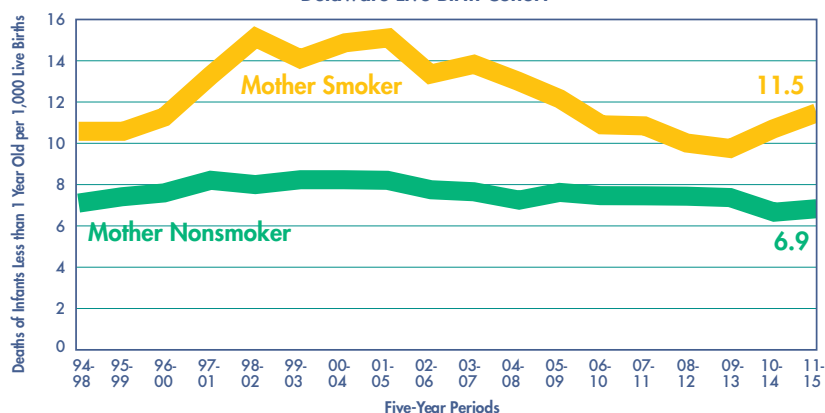


Source: Delaware Health Statistics Center



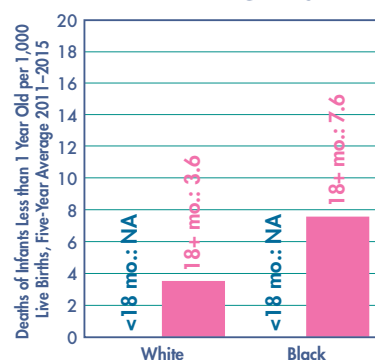
## Infant Mortality by Smoking during Pregnancy

Delaware Live Birth Cohort



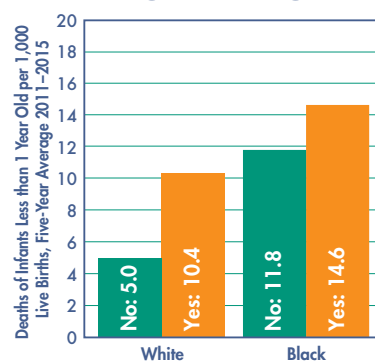
Source: Delaware Health Statistics Center

## Infant Mortality in Delaware by Birth Interval



Source: Delaware Health Statistics Center  
\*N/A-Rate based on a numerator less than 20.

## Infant Mortality in Delaware by Smoking in Pregnancy



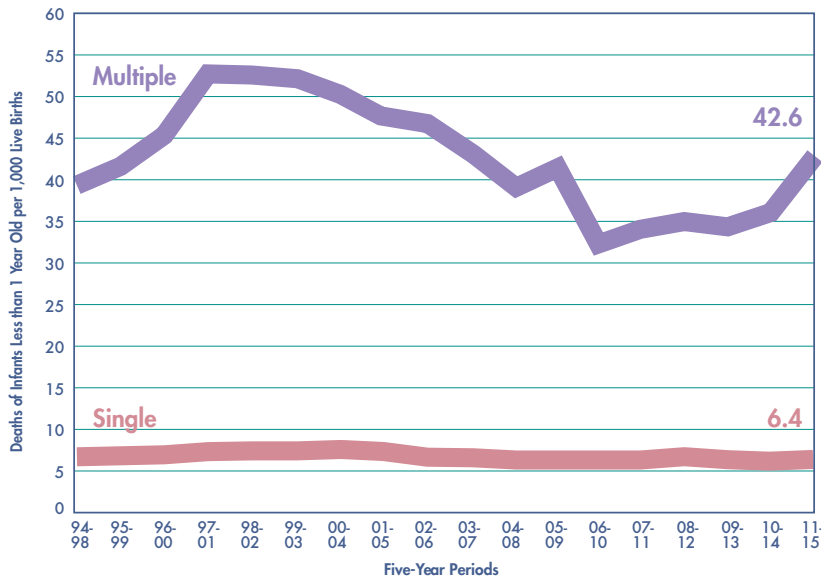
Source: Delaware Health Statistics Center



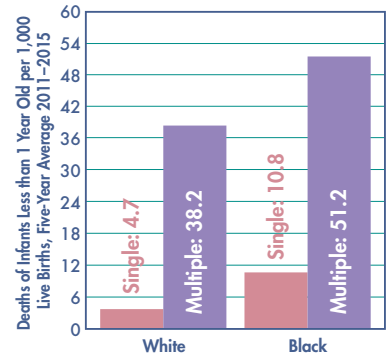
# Infant Mortality

## Infant Mortality by Single vs. Multiple Birth

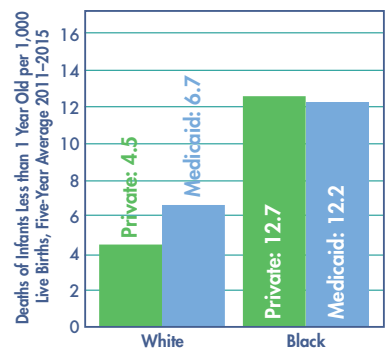
Delaware Live Birth Cohort



## Infant Mortality in Delaware by Single vs. Multiple Birth

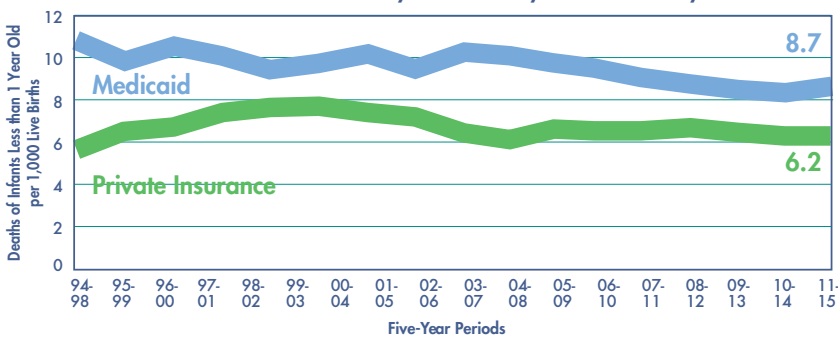


## Infant Mortality in Delaware by Source of Health Insurance for Delivery



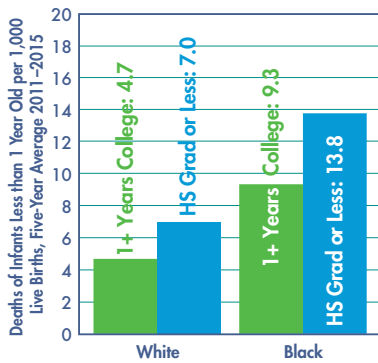
## Infant Mortality by Source of Health Insurance

Delaware Live Birth Cohort by Source of Payment for Delivery



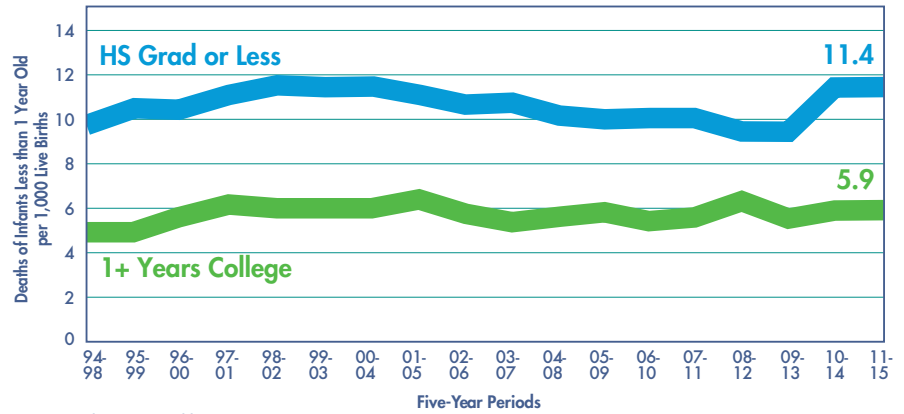
# Infant Mortality

**Infant Mortality in Delaware by Education of Mother**



Source: Delaware Health Statistics Center

**Infant Mortality by Education of Mother**  
Delaware Live Birth Cohort

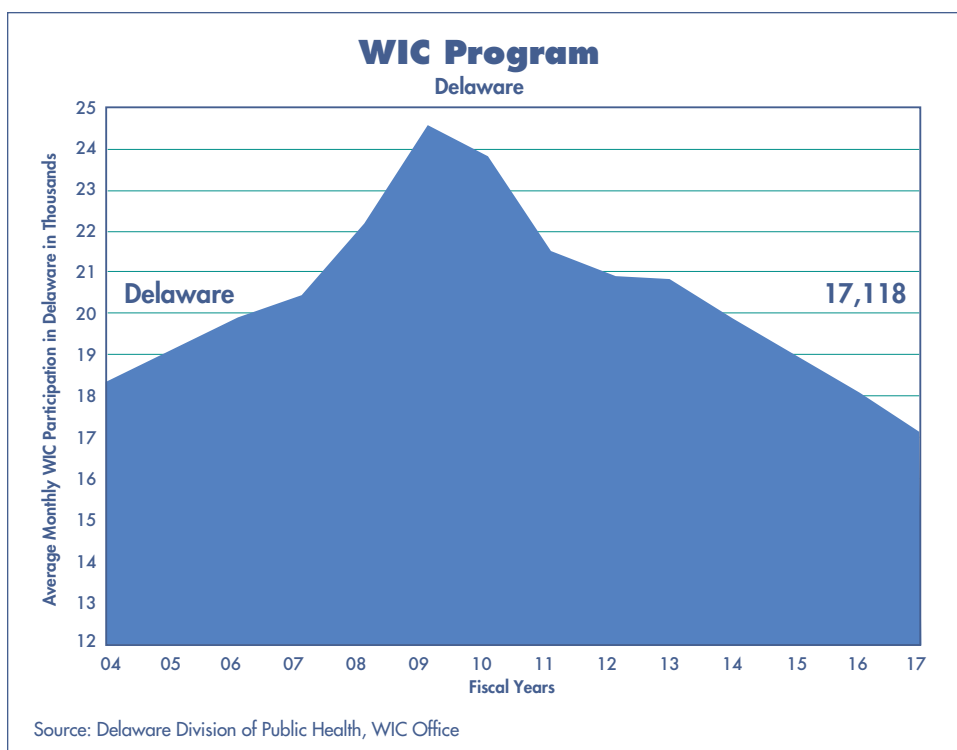


Source: Delaware Health Statistics Center



# Women, Infants and Children Receiving WIC

**W**omen and children across the United States face the effects of poor nutrition and food insecurity on a regular basis. Each month, millions of these low-income women and children who are at risk for inadequate nutrition receive support from the federally-funded Special Supplemental Program for Women, Infants and Children (WIC). This program provides those in need with nutritious foods, nutrition education, and referrals to health and other social service providers free of charge. WIC also supports low-income pregnant, postpartum and breastfeeding women, in addition to low-income infants and children under the age of five. The lasting positive impact of WIC can be seen both on present and future generations. The WIC program is correlated with positive outcomes such as lower Medicaid costs, longer gestation periods, higher birth weight, and lower rates of infant mortality.



*WIC has very positive outcomes like fewer infant deaths, fewer premature births, less incidences of low birth weight infants, savings in health care costs within the first 60 days after birth, and improved rates of childhood immunizations.*

## Did You Know?

Participating in WIC has been shown to lower overall healthcare costs to mothers due to the increased health and wellness of both mother and child. These lowered costs, in turn, help to improve diet, cognitive development and even growth rates in infants and children.

Source: <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>



# Lead Poisoning

**L**ead is a toxin formerly found in gasoline, paint, and other household items. While lead is much less commonly found in home and work environments, lead poisoning still presents a major health concern and requires careful vigilance to prevent, because lead can't be seen, tasted, or smelled. Exposure to lead can result in reduced IQ, learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), behavioral problems, stunted growth, impaired hearing, kidney damage, mental development delays, comas, and even death. Lead poisoning can affect anyone, but children are affected the most due to vulnerabilities in their developing brains and bodies.

## Did You Know?

As of October 2017, there are 535,000 U.S. children ages 1 to 5 years that have blood lead levels high enough to damage their health.

24 million homes in the U.S. contain deteriorated lead-based paint and elevated levels of lead-contaminated dust, 4 million of these are home to young children.

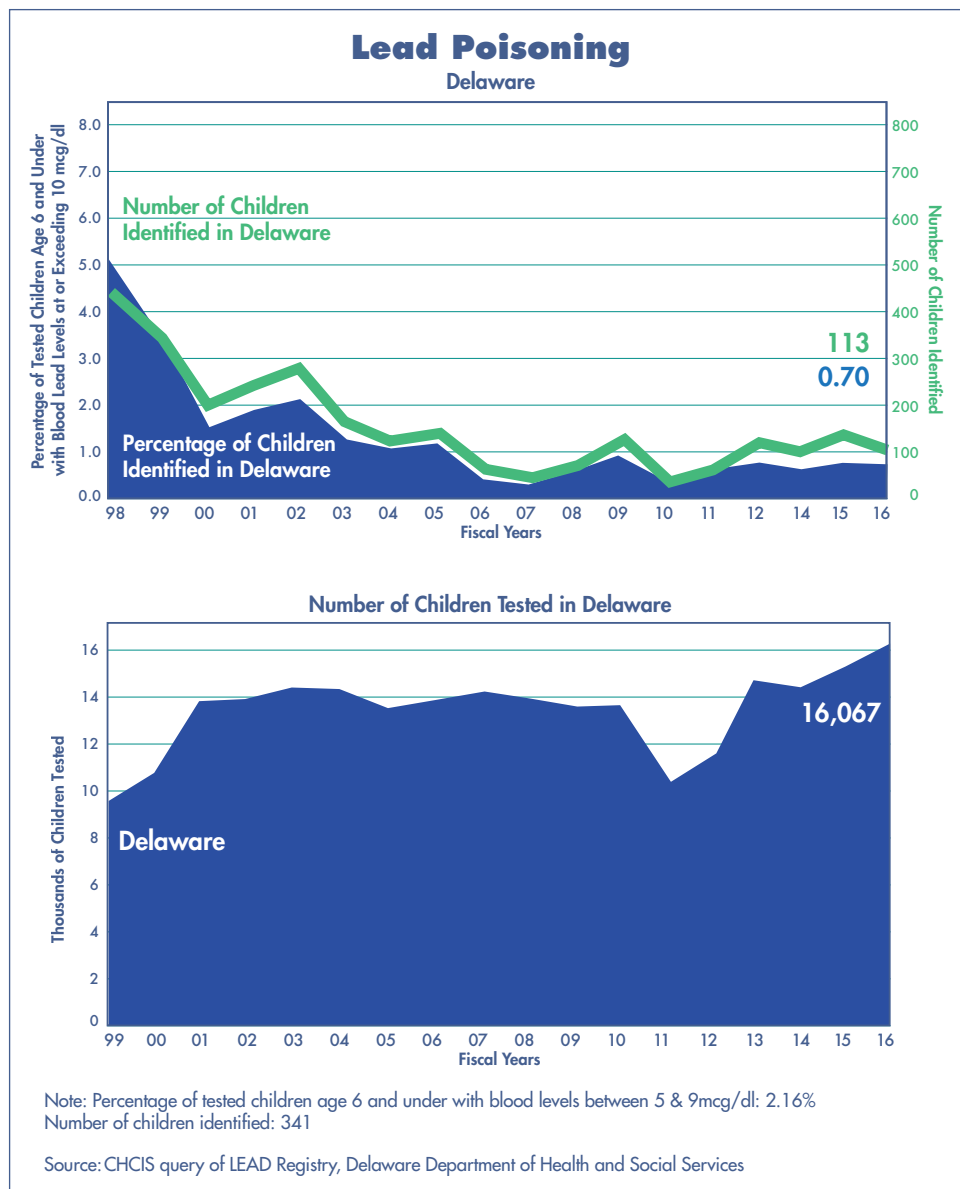
It can cost \$5,600 in medical and special education costs for each seriously lead-poisoned child.

Source: <https://www.cdc.gov/nceh/lead/infographic.htm>

## PUT DATA INTO ACTION

Delaware's Lead Poisoning Prevention Program applies federal lead regulations on a state and local level. Through their website they offer access to regulations, advice for parents and building contractors, and much more. Access their website for more information at:

<http://www.dhss.delaware.gov/dph/hsp/lead.html>



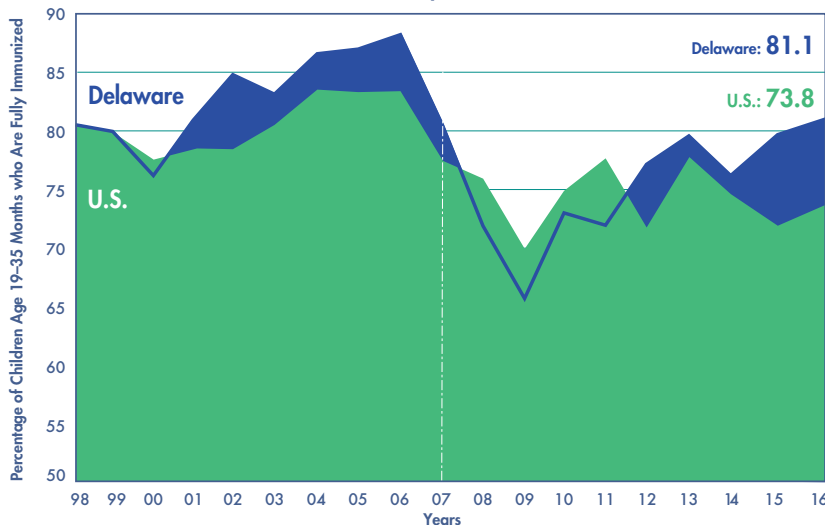
# Immunizations

The health of the whole community is protected when we ensure that our children are immunized. Diseases that once spread quickly and affected thousands of children and adults are now largely contained by vaccines. Child vaccination is one of the most cost-effective preventative health measures. Vaccines are important because they not only protect individual children against dangerous diseases, they protect communities by slowing down or preventing disease outbreaks and protecting communities by helping to protect children who are not able to be vaccinated. In other words, vaccination protects not only the recipient of the vaccine, but everyone in the community. This helps to contain infectious diseases, including polio, measles, diphtheria, and many other dangerous diseases.

While infectious diseases can affect everyone, children are especially susceptible. That's why the Centers for Disease Control and Prevention (CDC) recommend vaccinating children against most vaccine-preventable diseases by two years of age. Protecting children against preventable infectious diseases results in positive outcomes such as improved physical health, the ability to attend school more regularly, and lowered family stress.

## Child Immunizations

Delaware Compared to U.S.

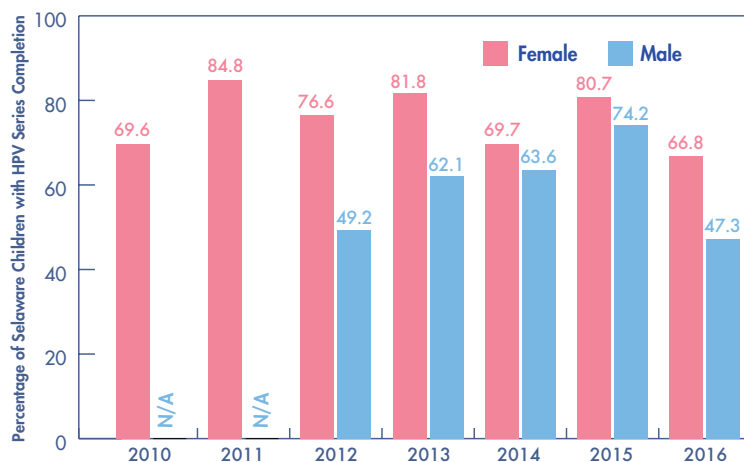


Note: The CDC designation of "fully immunized" has changed from (4:3:1) — four doses of diphtheria, tetanus and Pertussis vaccine (DTaP); three doses of polio vaccine; one or more dose of measles, mumps and rubella vaccine (MMR) — to (4:3:1:3:3:1) — four doses of diphtheria, tetanus and Pertussis vaccine (DTaP); three doses of polio vaccine; one or more doses of measles, mumps and rubella vaccine (MMR); three doses of Haemophilus influenzae type b vaccine (Hib); three doses of hepatitis B vaccine; and one or more doses of Varicella or chickenpox vaccine. The change from 2006 to 2007 is due to the dosing change rather than from fewer vaccinations. 2016 data margin of error is US  $\pm 1.5$ , DE  $\pm 5.9$

Source: Delaware Division of Health-Immunization and Vaccines for Children

## HPV Series Completion

Female and Male



Source: Delaware Division of Health-Immunization and Vaccines for Children

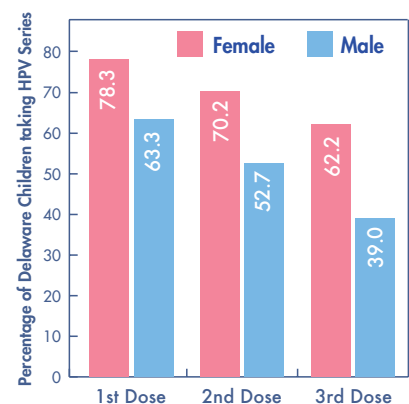
## Did You Know?

Vaccination is one of the best ways parents can protect infants, children and teens from 16 potentially harmful diseases. The younger a child is, the higher risk is that they will have a serious reaction to a vaccine-preventable disease.

Source: <https://www.cdc.gov/vaccines/parents/index.html>

## HPV Series Progress

Female and Male

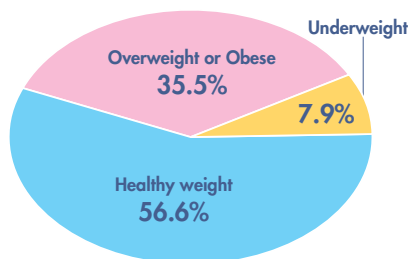


Source: Delaware Division of Health-Immunization and Vaccines for Children

# Childhood Obesity

## Childhood Obesity

Delaware, 2014



**Weight status of Delaware children 2-17 based on Body Mass Index**

Note: Body mass index (BMI) is a calculation that uses height and weight to estimate body fat. The KidsHealth BMI calculator also uses the child's age and calculates percentiles as well as BMI. It is available online at [http://kidshealth.org/PageManager.jsp?dn=nemours&article\\_set=22610&lic=437&cat\\_id=162](http://kidshealth.org/PageManager.jsp?dn=nemours&article_set=22610&lic=437&cat_id=162)

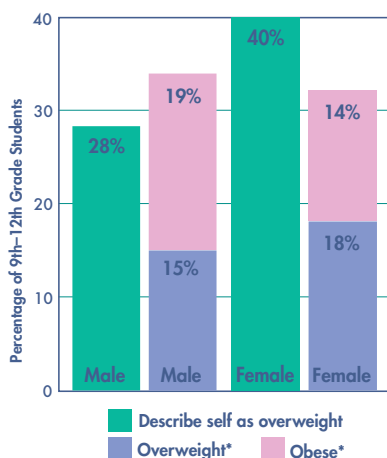
Source: Nemours Health & Prevention Services, 2014 Delaware Survey of Children's Health.

**S**mart states are those that pay attention to effective policies and programs that would get communities in good shape. Experts agree that being healthy and fit in adulthood is largely determined by communities that we live in as children. When schools serve nutritious foods and invest time in physical education, they become learning environments that shape strong minds and bodies. When parents don't have access to healthy food because they live in a neighborhood where access to fresh produce and other healthy foods is limited, this makes it almost impossible to offer healthy diets at home. Initiatives such as community gardens can help make healthy food available to everyone. Neighborhood amenities such as parks, recreation centers, sidewalks and libraries make it safer for children to engage in physical activity and serve as a vehicle for socializing, increased time outdoors and enhanced quality of life. Schools, parents, and communities statewide have the responsibility of promoting healthy lifestyles and encouraging positive habits to combat the crucial issue of childhood obesity.



## Individual Physique: Perception vs. Reality

Teens who describe themselves as slightly/very overweight compared to teens who are overweight or obese\*  
Delaware, 2017



\* Calculated body mass index from reported height and weight

Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

## Did You Know?

The Delaware Survey of Children's Health (DSCH), sponsored by Nemours Children's Health System (Nemours) is one of the most comprehensive health surveillance instruments for Delaware children. This survey was developed by Nemours Health & Prevention Services (NHPS) to collect statewide, population-level data from parents of children birth through age 17. It provides valuable data on multiple aspects of children's health—including weight status (BMI), physical activity, healthy eating, health conditions, and children's family and neighborhood environments. The NHPS Datacenter ([datacenter.nemours.org](http://datacenter.nemours.org)) makes the results from the survey easily accessible to anyone interested in making data-driven decisions to improve children's health.

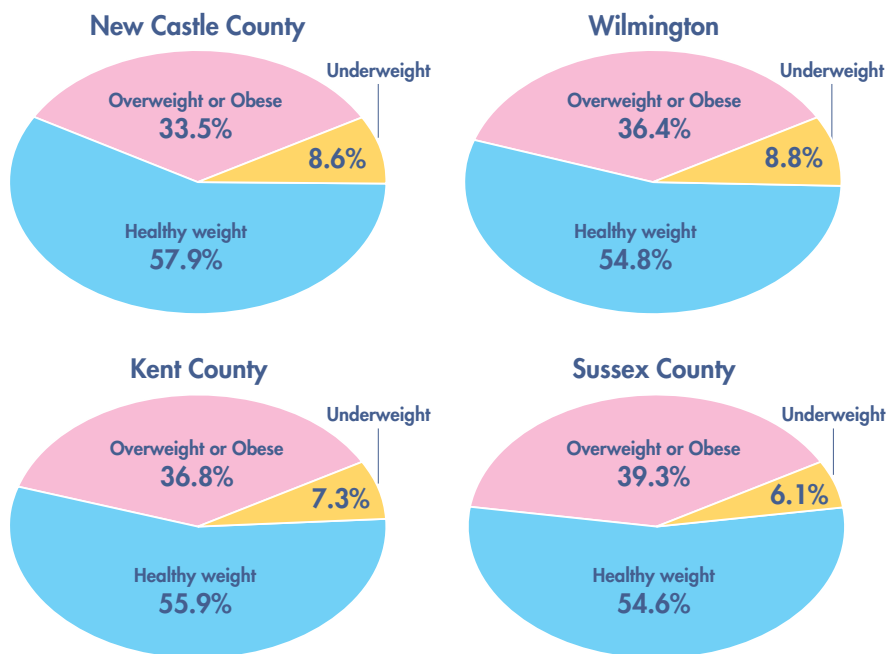
Source: <http://datacenter.nemours.org/>



# Childhood Obesity

## Weight Classification of Children Ages 2-17

Delaware Counties and Wilmington, 2014

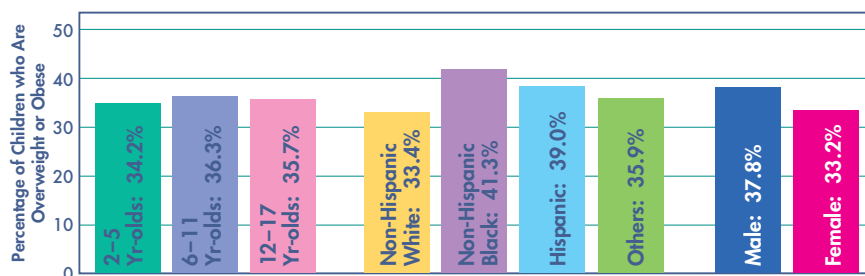


Source: Delaware Survey of Children's Health



## Childhood Obesity by Age, Race, and Gender

Delaware, 2014



Source: Delaware Survey of Children's Health

### Did You Know?

Between 2001 and 2015, the number of Delaware high school students who have obesity doubled, indicating a rapidly growing portion of our young population is at serious risk for increased negative health outcomes.

Source: [https://nccd.cdc.gov/dnpao\\_dtm/rdPage.aspx?rdReport=DNPAO\\_DTM.ExploreByLocation&rdRequestForwarding=Form](https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM.ExploreByLocation&rdRequestForwarding=Form)

### PUT DATA INTO ACTION

According to a study sponsored by Nemours, African American male children have been leading a city-wide decrease of overweight and obese children in Wilmington since 2008. The obesity level dropped from 46.5% in 2008 to 40.3% in 2011.

Source: <https://www.nemours.org/content/dam/nemours/www2/filebox/about/delaware-survey-for-childrens-health.pdf>

# Childhood Obesity



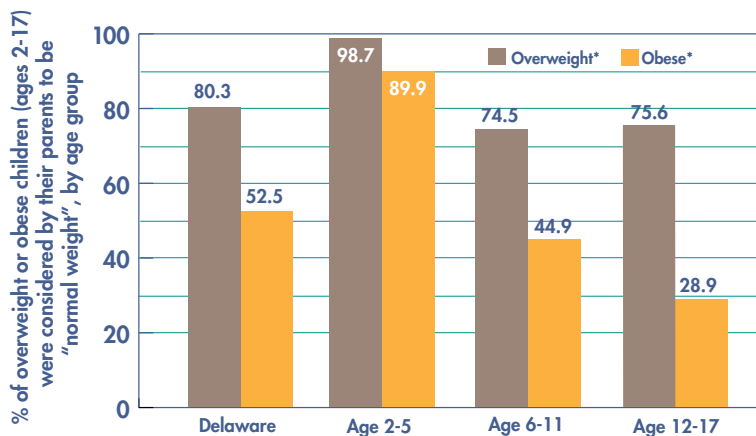
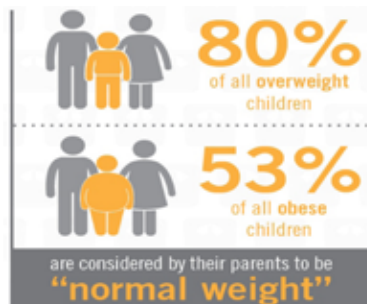
## Did You Know?

A majority of Delaware high school students (56.7%) fail to meet the recommended exercise guidelines for children. The CDC recommends that children and adolescents be active for 1 or more hours each day, at least 5 days a week.

Source: <http://dhss.delaware.gov/dph/dpc/panophyact.html>

## Perception of Weight

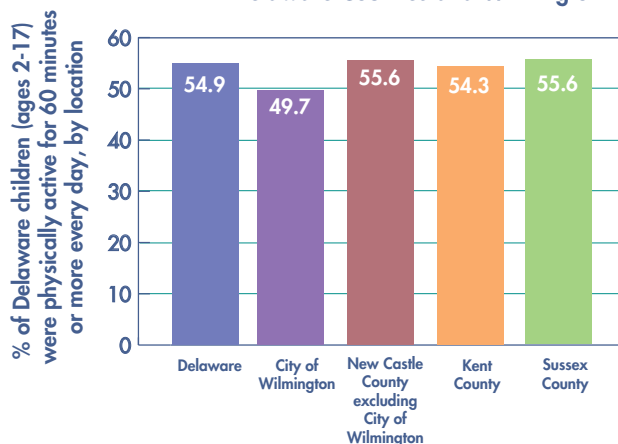
Delaware Counties and Wilmington



\* Data show that parents' perceptions of their child's weight being normal are different for different age groups.  
Source: Delaware Survey of Children's Health (DSCH) 2014

## Physical Activity

Delaware Counties and Wilmington

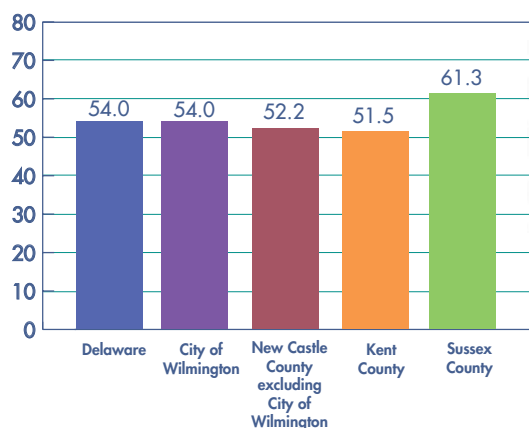


Source: Delaware Survey of Children's Health (DSCH) 2014

## Fruit and Vegetable Consumption

Delaware Counties and Wilmington

% of Delaware children (ages 2-17) consumed five or more servings of fruits and vegetables per day, by location

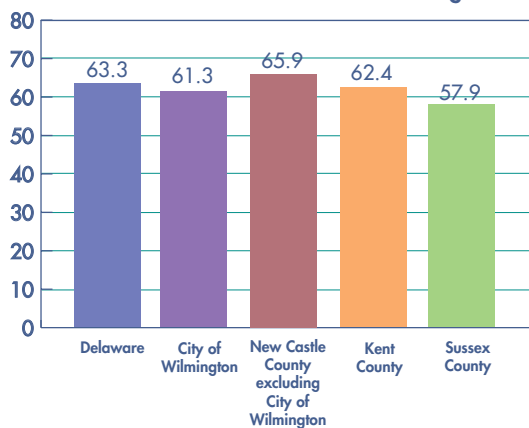


**54%**  
consumed 5+ servings  
of fruits and vegetables  
per day

## Sweetened Beverage Consumption

Delaware Counties and Wilmington

% of Delaware children (ages 2-17) consumed two or less cups of sugar-sweetened beverages per week, by location

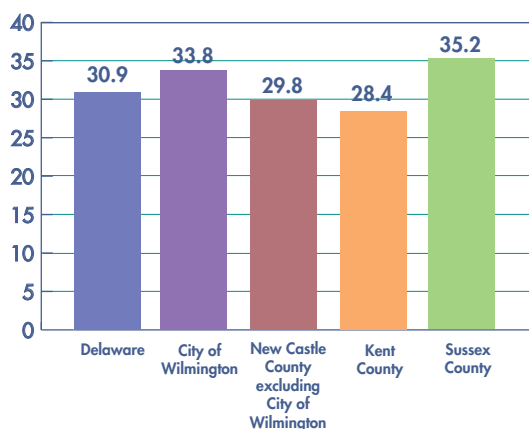


**63%**  
consumed  
2 or less  
cups of sugar-  
sweetened  
beverages  
per week

## Electronics Consumption

Delaware Counties and Wilmington

% of Delaware children (ages 2-17) spent two or less hours daily on electronic devices for non-school related activities, by location



**31%**

spent 2 or less  
hours daily  
on electronic devices\* for  
non-school related activities

### PUT DATA INTO ACTION

Nemours Health has created a resource center for Delaware parents to help them raise safe, happy, healthy children. They provide helpful tips ranging from sleep recommendations to ensuring emotional wellness.

Access their site here: <https://www.nemours.org/service/health/growuphealthy.html>





# Childhood Obesity

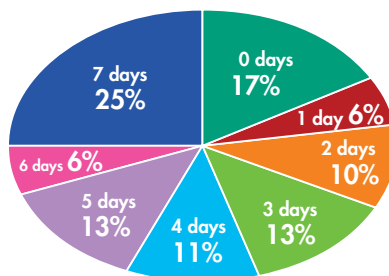


## Strenuous Physical Activity

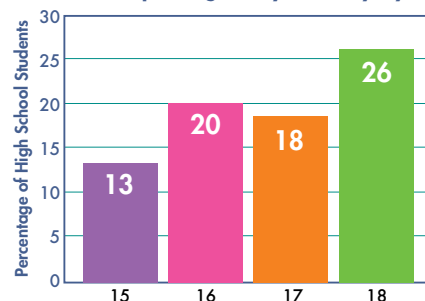
How many days in the past week have you exercised or participated in physical activity for at least 60 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?

Delaware, 2017

9–12th Graders



Students reporting 0 days activity by age



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware



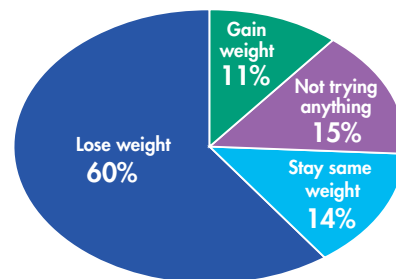
*The CDC recommends children ages 6 to 17 do at least 60 minutes of physical activity a day.*

## Concern about Weight

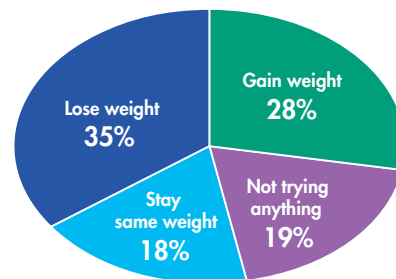
Which of the following are you trying to do about your weight?

Delaware, 2017

9–12th Grade Females



9–12th Grade Males



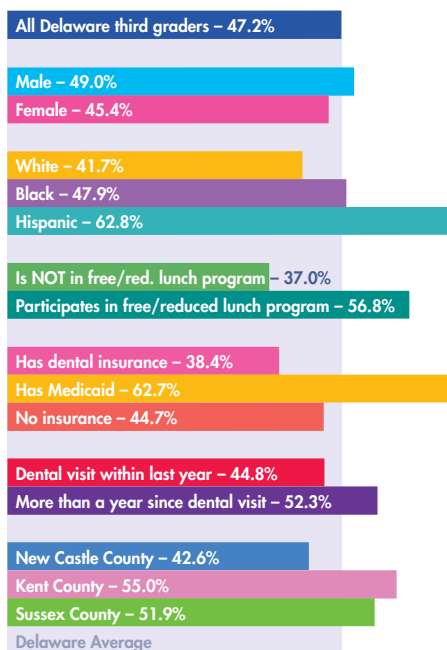
Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

# Oral Health

Oral health is a critical component of a child's overall health and wellbeing, but many children nationwide do not receive adequate or comprehensive oral health care. While inadequate oral health is a widespread problem, dental disease is most likely to affect children from low-income communities, minority groups, or children with special health care needs. Strategies to help prevent oral health problems include increasing access to dental care services, expanding prevention education efforts and increasing the number of dental providers in underserved areas. In 2013, the Delaware Oral Health program conducted Delaware Smiles 2013, a statewide oral health survey of third grade children in Delaware's public schools. You can find resources on childhood oral health, as well as where to find a dentist by visiting Public Health's First Smile website. <http://www.dhss.delaware.gov/dhss/dph/hsm/ohpfirstsmilede.html>

## Decay Experience

Percentage of 3rd graders  
with tooth decay experience  
Delaware, 2013

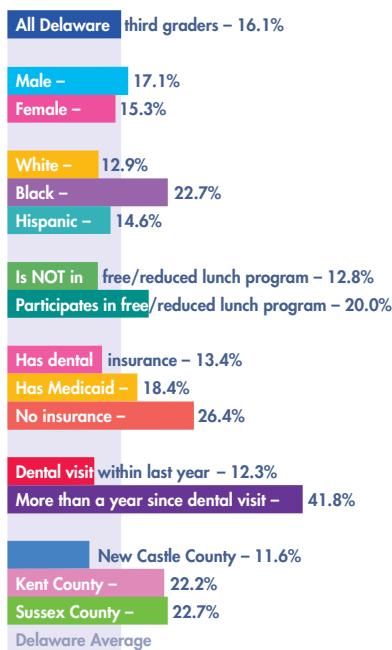


Note: Decay experience refers to having untreated decay or a dental filling, crown, or other type of restorative dental material in primary or permanent teeth. Includes teeth that were extracted because of tooth decay.

Source: Delaware Smile Survey,  
Bureau of Oral Health and Dental Services

## Untreated Decay

Percentage of 3rd graders  
with untreated tooth decay  
Delaware, 2013



Note: Untreated decay refers to having dental cavities or tooth decay in primary or permanent teeth that have not received appropriate treatment.

Source: Delaware Smile Survey, Bureau of Oral  
Health and Dental Services



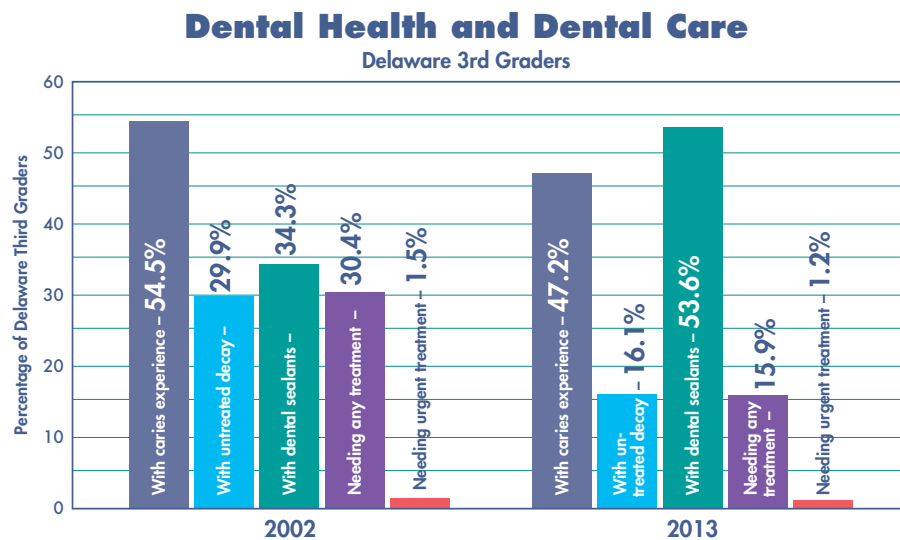
According to the American Dental Hygienists' Association (ADHA) your toothbrush should be replaced every two to three months, and after every illness such as the flu.

## Did You Know?

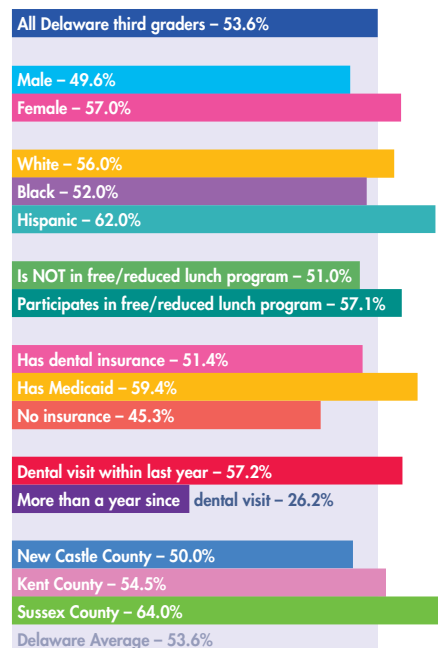
Ensuring infants and young children receive a well-balanced diet, complete with vitamins C and D, as well as calcium and magnesium is essential for the growth of healthy teeth.

Source: [http://www.adha.org/sites/default/files/7256\\_Oral\\_Health\\_Nutrition\\_0.pdf](http://www.adha.org/sites/default/files/7256_Oral_Health_Nutrition_0.pdf)

# Oral Health



### Dental Sealants Percentage of 3rd graders with dental sealants on their permanent teeth Delaware, 2013



Note: Dental sealants are plastic-like coatings that are applied to the chewing surfaces of back teeth. The applied sealant resin bonds into the grooves of teeth to form a protective physical barrier.

Source: Delaware Smile Survey, Bureau of Oral Health and Dental Services



# Children Without Health Insurance

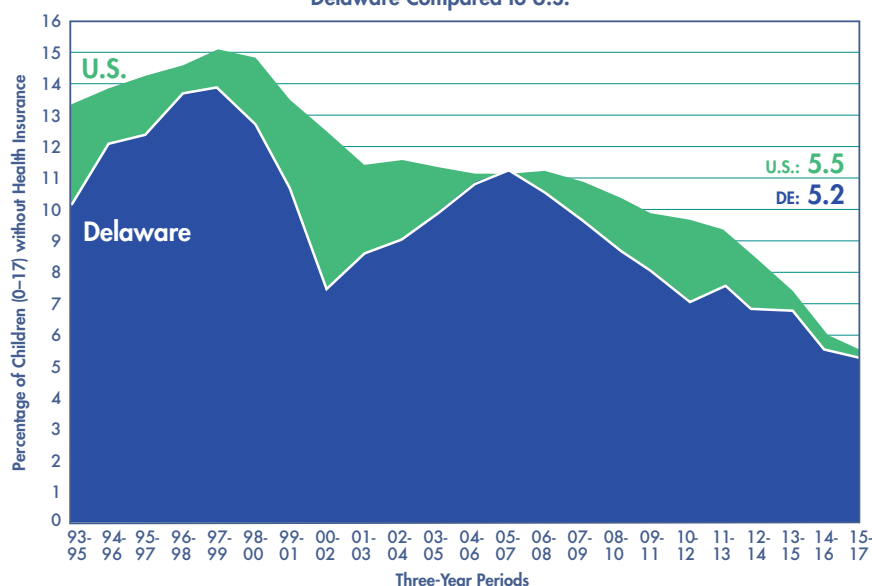
It's a lot smarter to prevent a problem than to wait until it is a crisis. Health insurance plays a crucial role in children's health by making it possible for children to receive access to both preventative care and acute and chronic illness care. Improved access to effective health care means improvement to the health of children nationwide. Children with health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of health care, yet a large number of children are without such insurance coverage. Medicaid and the State Children's Health Insurance Program (SCHIP) play a crucial role in providing coverage for uninsured youth; these programs provide coverage for more than one in four children. Solutions like these- that get everyone to participate in the health insurance system- make healthcare more efficient and affordable for us all.

Approximately 74% of the respondents to the National Survey of Children with Special Health Care Needs (CSHCN) reported that no one discussed with them how to obtain or keep some type of health insurance coverage as their child becomes an adult. Additionally, more than one-fifth of families of CSHCN reported that they had paid \$1,000 or more in out-of-pocket medical costs for CSHCN (22.5%) and another one-fifth needed to cut back or stop working because of their child's health condition (21.6%).

Source: <http://www1.udel.edu/cds/downloads/karalandscape.pdf>

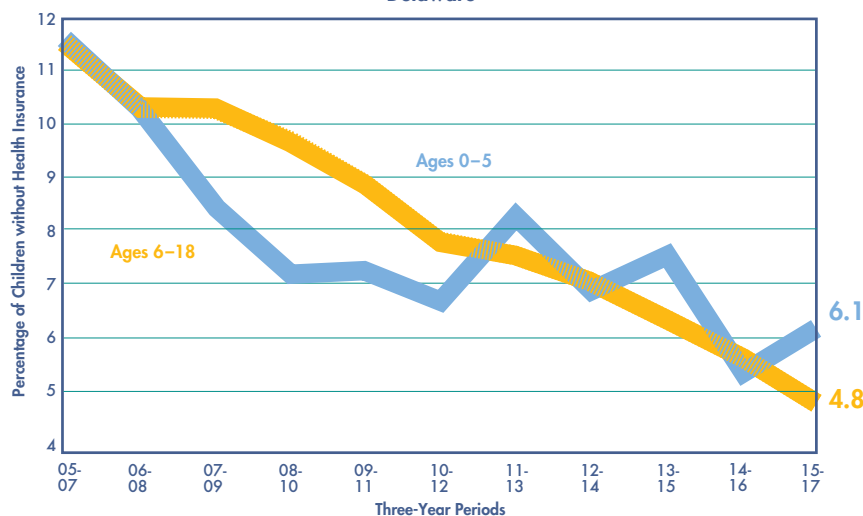
## Children without Health Insurance

Delaware Compared to U.S.



## Children without Health Insurance by Age

Delaware



Source: Center for Applied Demography and Survey Research, University of Delaware

### PUT DATA INTO ACTION

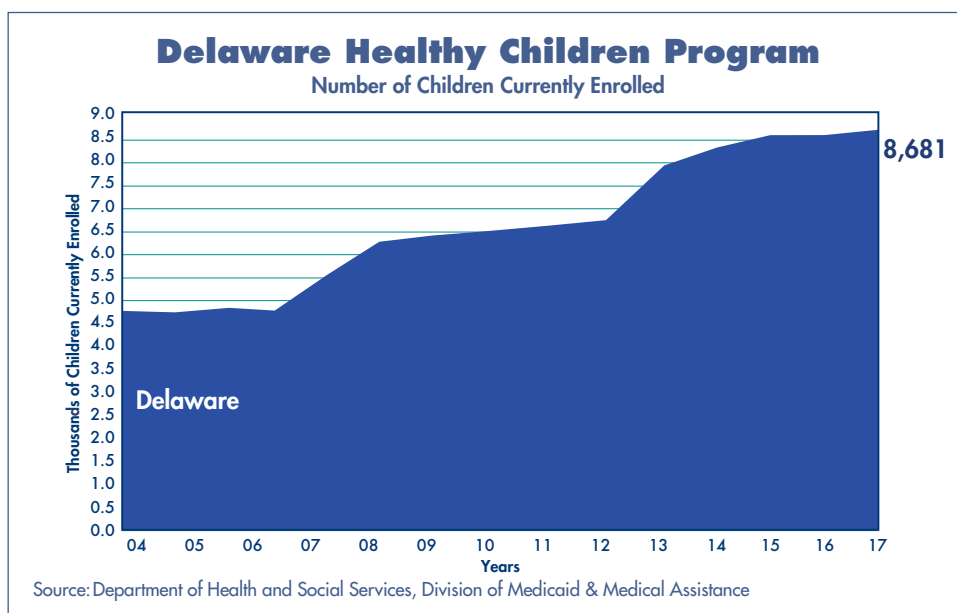
Delaware has several Community Health Centers that are able to bill patients on a sliding fee scale dependent on household income. These centers accept all children, regardless of medical insurance status. To see a complete list of centers and the medical assistance they provide, go to:

<http://dhss.delaware.gov/dph/chs/chsservicecenters.html>

# Delaware Healthy Children Program



The Child's Health Insurance Plan, better known as CHIP, is a bipartisan program that provides insurance coverage to children from lower- and middle-income families who earn too much to qualify for Medicaid. Like Medicaid, it is a jointly funded program, meaning both states and the federal government provide some portion of resources. In Delaware, our CHIP program goes by DHCP, or the Delaware Healthy Children Program. Children under 19 living in households earning less than 212% of the Federal Poverty Level are eligible for coverage. Premium payments are either \$15 or \$25 per month depending on household income and copayments are not required at all for coverage. In an effort to extend comprehensive healthcare services to Delaware children, the DHCP includes a wide range of competitive health services, including eye exams and dental care.



## Did You Know?

CHIP provides low-cost health coverage to children in families that earn too much to qualify for Medicaid but are unable to provide health insurance independently.

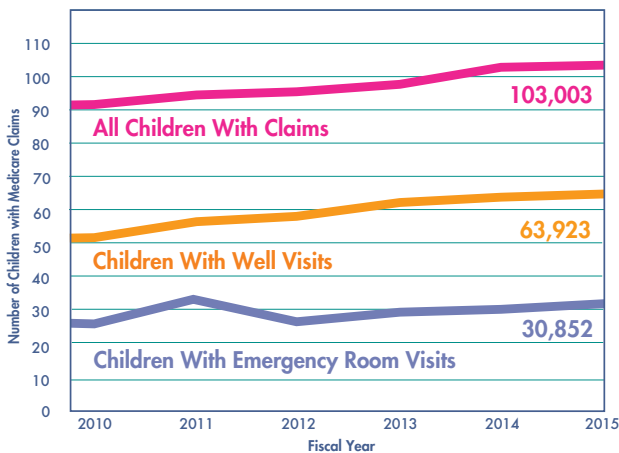
Source: <https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>

On a national level, CHIP faced extreme adversity during 2017. In September, it was due to be renewed by Congress so the program could keep sending money to states to support their programs. However, due to political maneuvering, CHIP funding was allowed to lapse in September. States, Delaware included, were faced with the fact that they might only have half of their expected CHIP dollars for 2018 and would have to pull coverage from thousands of children. In December, Congress passed a short term funding measure to provide states who were critically low in funds, with money to last through January 2018, Delaware was one of these states. Finally, in the 2018 tax bill that was passed, the final verdict on CHIP came through: it now has funding for 10 years with increases in funding for several areas, including community health centers, opioid prevention programs, and much more. However, as a state that almost had a severe funding lapse, we need to ensure that no families fled the plan during the 114 day Congressional standoff when CHIP looked like it might no longer exist. Making sure families know that CHIP is here to stay and that it provides invaluable health resources for their children is key to maintaining and improving Delaware's health.



## Number of Children with Medicaid/CHIP Claims

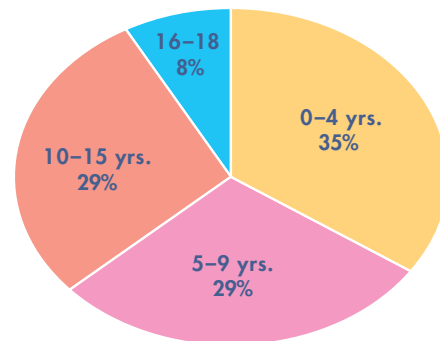
Delaware children with Medical Claims by Age, FY 2010-15



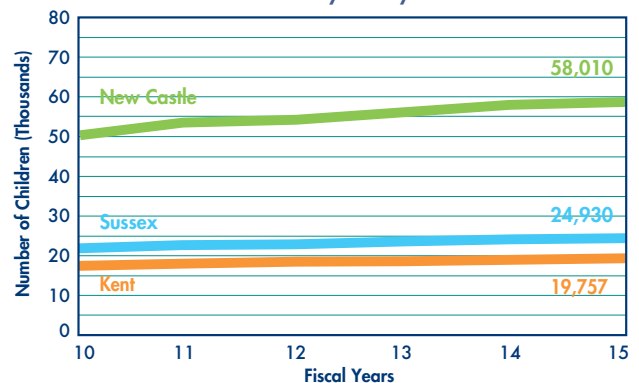
\* 2015 presents preliminary numbers. Fiscal year is July 1 - June 30.  
Source: Center for Community Research and Service, University of Delaware  
Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance.

## Medicaid/CHIP Claims

Delaware children with Medical Claims by Age, FY 2015



Delaware children with Medicaid/CHIP Medical Claims by County FY 2010-15



Fiscal year is July 1 - June 30.  
Source: Center for Community Research and Service, University of Delaware  
Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance.

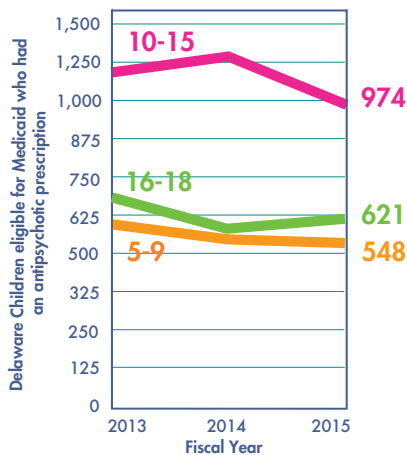


# Medicaid/CHIP



## Antipsychotics

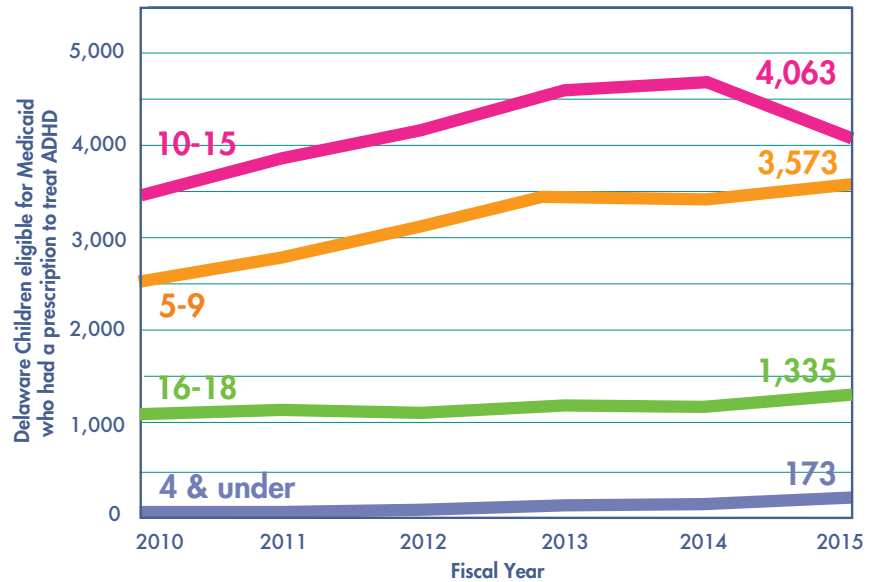
Delaware children eligible for Medicaid/CHIP who had an antipsychotic prescription  
FY 2013-2015



Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences. The National Drug Codes (NDC) associated with anti-psychotics (Table SSD-D, 2013-2014, Cerner Multum, Inc., Denver, CO: [www.multum.com](http://www.multum.com)) were used with permission from the National Committee for Quality Assurance (NCQA). Prior to 2013, these NDC lists were incomplete.

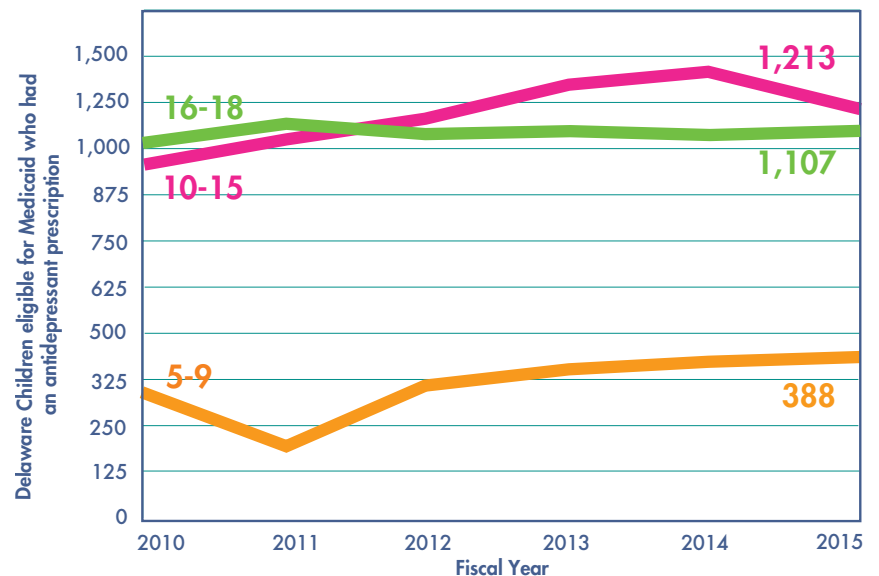
## ADHD Rx

Delaware children eligible for Medicaid/CHIP who had a prescription to treat ADHD  
FY 2010-2015



## Antidepressants

Delaware children eligible for Medicaid/CHIP who had an antidepressant prescription  
FY 2010-2015

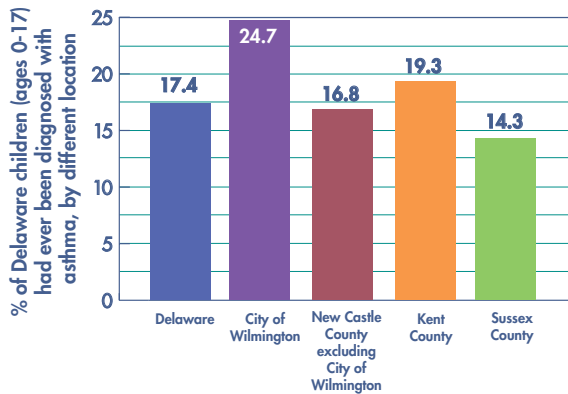


Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences. The National Drug Codes (NDC) associated with the treatment of ADHD (Table ADD\_A, 2009-2014, Cerner Multum, Inc., Denver, CO: [www.multum.com](http://www.multum.com)) were used with permission from the National Committee for Quality Assurance (NCQA).

# Childhood Asthma

## Asthma

Delaware Counties and Wilmington

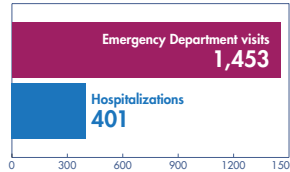


Source: Delaware Survey of Children's Health (DSCCH) 2014

**17%** had ever been diagnosed with asthma

## Number of Asthma Related Medicaid/CHIP Medical Claims

FY 2015



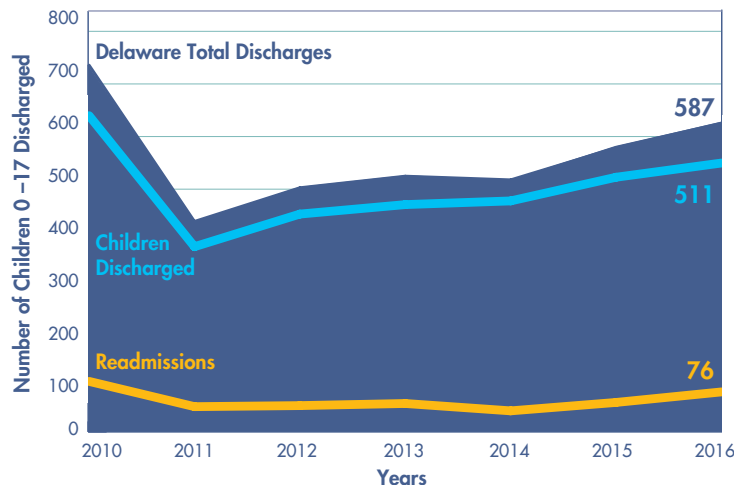
Source: Center for Community Research & Service, University of Delaware, 2016. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences. \* 2015 presents preliminary numbers. Fiscal year is July 1 - June 30.

Asthma is a chronic inflammation of the airways with reversible episodes of obstruction, caused by an increased reaction of the airways to various stimuli. Asthma related breathing problems occur in episodes or attacks, but the underlying inflammation is continuous. While asthma can affect anyone of any age, asthma is the most common chronic illness affecting children and is more common among boys than it is among girls. The factors that may trigger asthma include: respiratory infections; colds; allergic reactions to allergens such as pollen, mold, animal dander, feathers, dust, food, and cockroaches; exposure to cold air or sudden temperature change; cigarette smoke (secondhand smoke); excitement or stress; and exercise. Environmental factors that might trigger an asthma attack include dampness and mold, cockroaches, and inadequate ventilation, which are more commonly found in poor urban settings. Children who live in these areas have a higher risk of asthma.

Many children with asthma miss out on school, sports, and other childhood activities. Asthma can be a life-threatening disease if not properly managed. It is important for family members to learn how to identify and avoid asthma triggers, recognize and prevent asthma attacks, understand medications, and help manage symptoms. With the proper treatment and care, most children with asthma can have active and healthy childhoods.

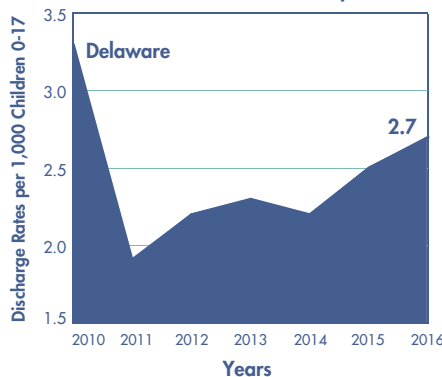
## Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges for Children 0-17, Delaware Hospitals



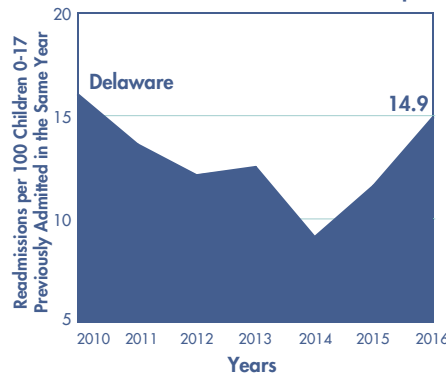
## Discharge Rates

Inpatient Asthma Discharges Rates for 1,000 Children 0-17, Delaware Hospitals



## Readmission Rates

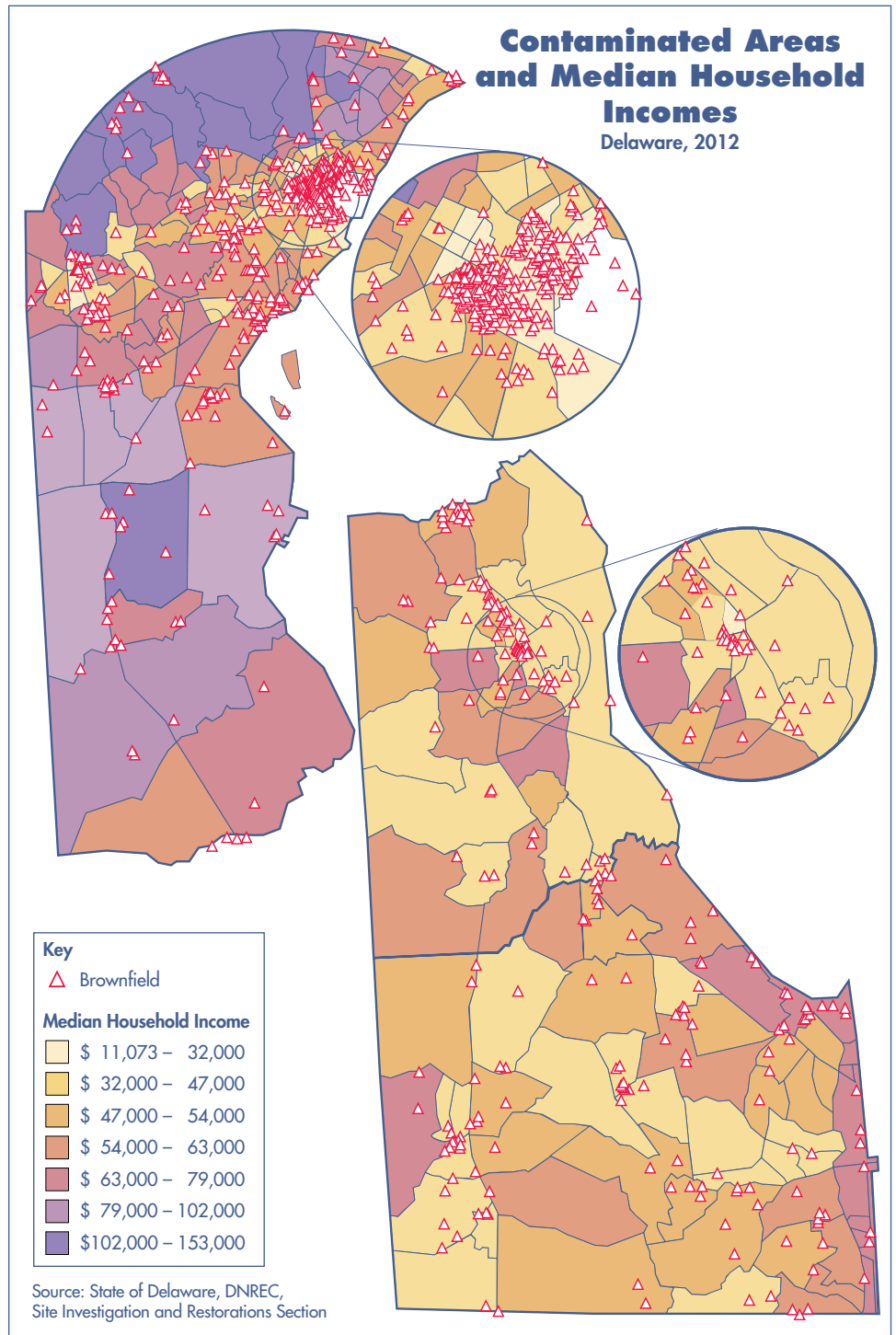
Inpatient Asthma Readmission % for Children Admitted in Same Year, Delaware Hospitals



Source: Delaware Health Statistics Center

# Brownsfields

**D**elawareans deserve healthy environments no matter where they live. The Department of Natural Resources and Environmental Control (DNREC) has certified more than 200 vacant, abandoned, or underutilized properties, called brownfields, in the State of Delaware. Because children's growing brains and bodies are more susceptible to toxins in the environment than adults', the presence of environmental hazards including brownfields can have a critical role in a child's educational, social, and health development. To protect all children, we need to improve the environmental health systems in all communities and give everyone the opportunity to live free from environmental threats.





# Children with Special Needs: Health Care

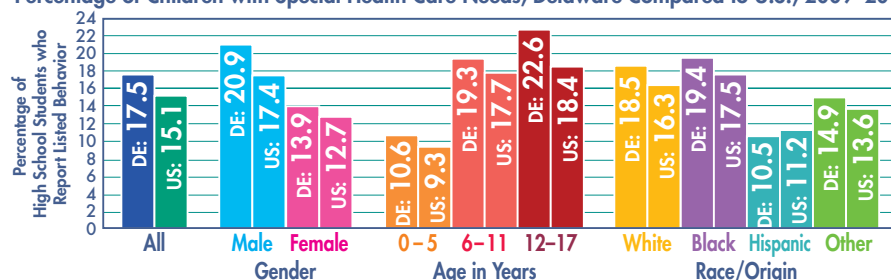
Children across the country face unique challenges every day due to special health care needs. The federal Maternal and Child Health Bureau defines Children with Special Health Care Needs (CSHCN) as: “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” This definition is used to guide the development of family-centered, coordinated systems of care for children and families for children with special needs served by the state Title V block grants administered by the Maternal and Child Health Bureau.

All Children with Special Health Care Needs (CSHCN) experience at least one type of ongoing health condition that results in an increased need for health and related services. Across the list of 20 specific health issues asked about in the 2009/10 National Survey of Children with Special Health Care Needs (NS-CSHCN), the most common issues reported were experience of asthma and/or allergies, with nearly half of these children experiencing an additional health care problem from the list. Special health care needs in children are widespread and require extra attention care, and services.



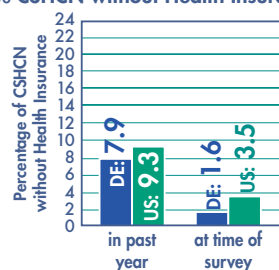
## CSHCN Prevalence

Percentage of Children with Special Health Care Needs, Delaware Compared to U.S., 2009–2010



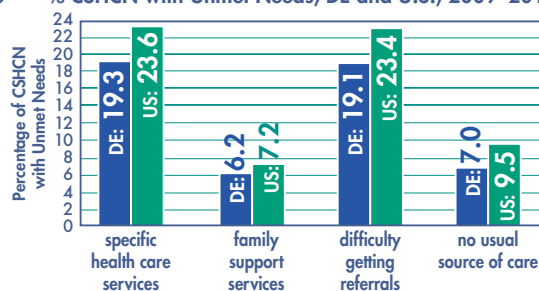
## Health Insurance

% CSHCN without Health Insurance



## Access to Care

% CSHCN with Unmet Needs, DE and U.S., 2009–2010



Note: **National Survey of CSHCN** – Topics Covered by the National Survey of Children with Special Health Care Needs: 1) Child’s health and functional status; including current conditions and functioning difficulties experienced due to health conditions. 2) Child’s health insurance status and adequacy of coverage. 3) Access to health care — including types of health care services needed and any unmet needs for care. 4) Preventive medical and dental care, and specialty services received. 5) Family-centeredness of child’s health care and care coordination. 6) Access to community-based services. 7) Transition to adulthood. 8) Impact of child’s health on family. 9) Demographics of child and family, including age, sex, race/ethnicity, household income, parental education, family structure, primary language spoken in the home

Source: Data Resource Center for Child and Adolescent Health, <http://www.childhealthdata.org/browse/data-snapshots/cshcn-profiles?geo=&rpt=9>

## Did You Know?

Delaware provides a wide range of specialized mental health care options for children with specific needs. Ranging from therapeutic support, to inpatient hospital agreements, Delaware seeks to find the best fit for every family and their child.

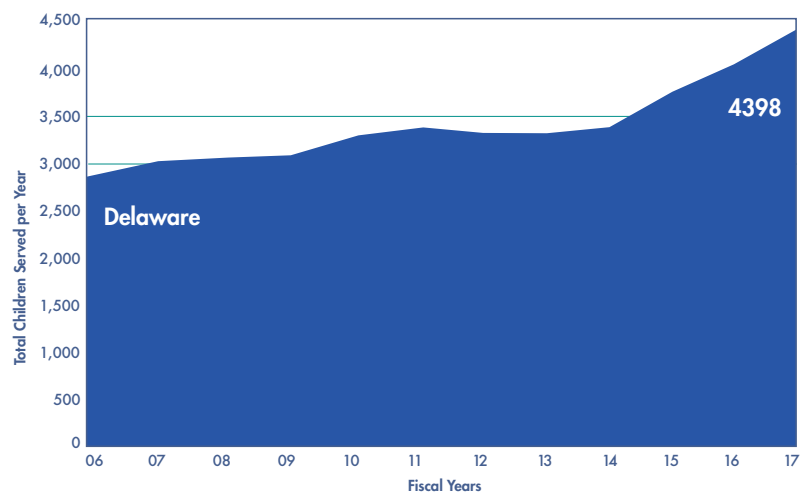
Source: <http://kids.delaware.gov/pbhs/services-offered.shtml>

# Children with Special Needs: Early Intervention



**D**evelopmental problems affect children of all ages indiscriminately, and early intervention is key in mitigating existing developmental issues and preventing future problems from occurring. Early intervention programs are designed to improve the mental, verbal, social and emotional wellbeing of children who already have developmental disabilities, or who are vulnerable due to biological or environmental factors. These programs enhance a child's potential and development, while providing necessary support and assistance to their family. Early intervention has been proven to be cost-effective, to improve the functioning of affected families, and to increase developmental and educational gains for the child.

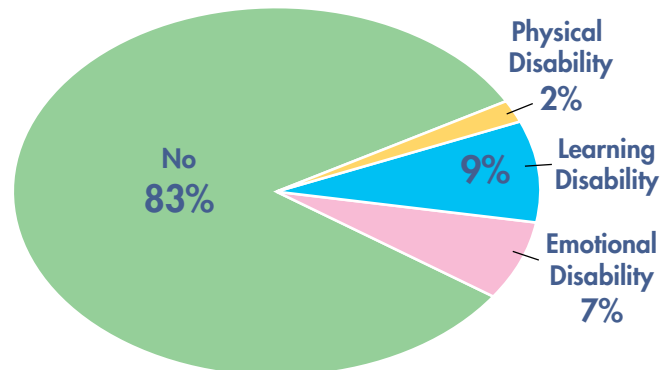
## Child Development Watch



Source: Delaware Birth to Three Early Intervention System, Delaware Department of Health and Social Services (DHSS)

## Identified with a Disability

Delaware High School Students Grades 9-12 that say they have been identified by a doctor or health care professional as having difficulty concentrating, remembering, making decisions, or doing things because of a physical, learning, or emotional disability. 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware  
<http://www.childhealthdata.org/browse/survey/results?q=1621&r=9>

### PUT DATA INTO ACTION

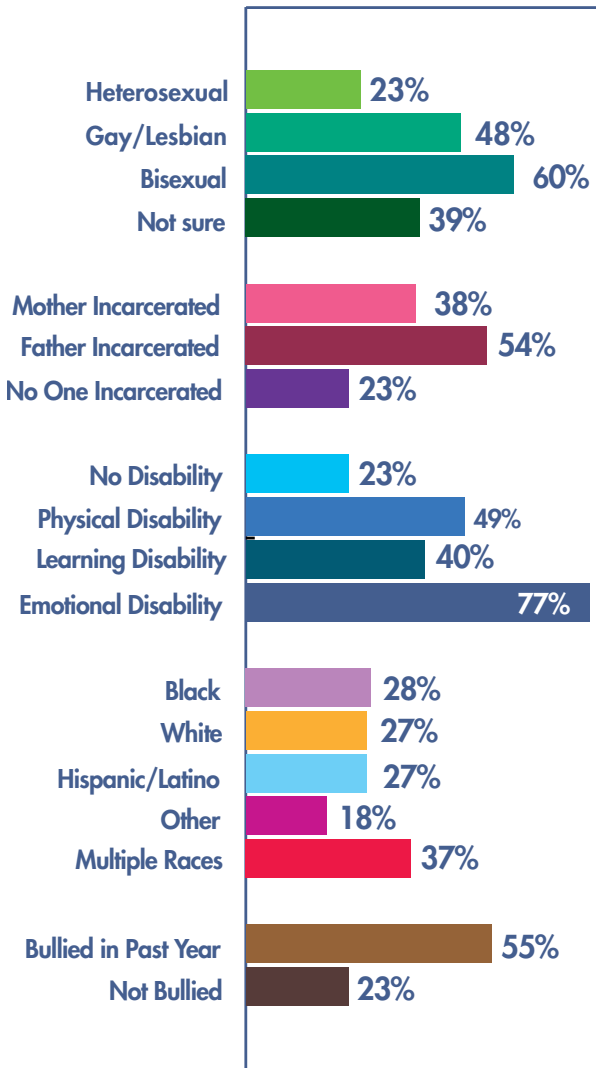
Delaware offers training to help parents detect early signs of special care needs in their children. Classes are offered through CHILD, Inc. at no cost to the parents and can be found in all three counties.

Source: <https://www.childinc.com/index.php/services/parenting-classes-seminar/parenting>

## Mental Health

### Feeling Sad or Hopeless

Delaware High School Students Grades 9-12 that felt sad or hopeless for two weeks or more in a row in the last 12 months, Delaware, 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware



Children's mental health affects how they socialize, how they learn and how well they meet their potential. Mental health is important at every stage in life. Certain kinds of stress in a child's environment can lead to mental health problems. Toxic stress in early childhood is caused by experiences such as extreme poverty, abuse and chronic or severe maternal depression, all of which can disrupt the developing brain, particularly when children lack supports to protect against these harmful experiences. So just like we need to limit the negative substances in our environments to avoid harm, we need to eliminate stressors in children's environments to avoid the toxic stress that will affect their mental health. Children with strong mental health are equipped to develop important skills and capacities, beginning at a very young age.

The mission of the Delaware Division of Prevention and Behavioral Health Services (DPBHS) is to develop and support family-driven, youth-guided, trauma-informed prevention and behavioral health care. DPBHS can answer questions about how to access mental health services (302-633-2571 or 1-800-722-7710).

#### PUT DATA INTO ACTION

According to the World Health Organization, half of all adult mental disorders have started by age 14. Unfortunately, most of these go unreported or unnoticed until many years later.

Source: <http://www.who.int/mediacentre/factsheets/fs345/en/>

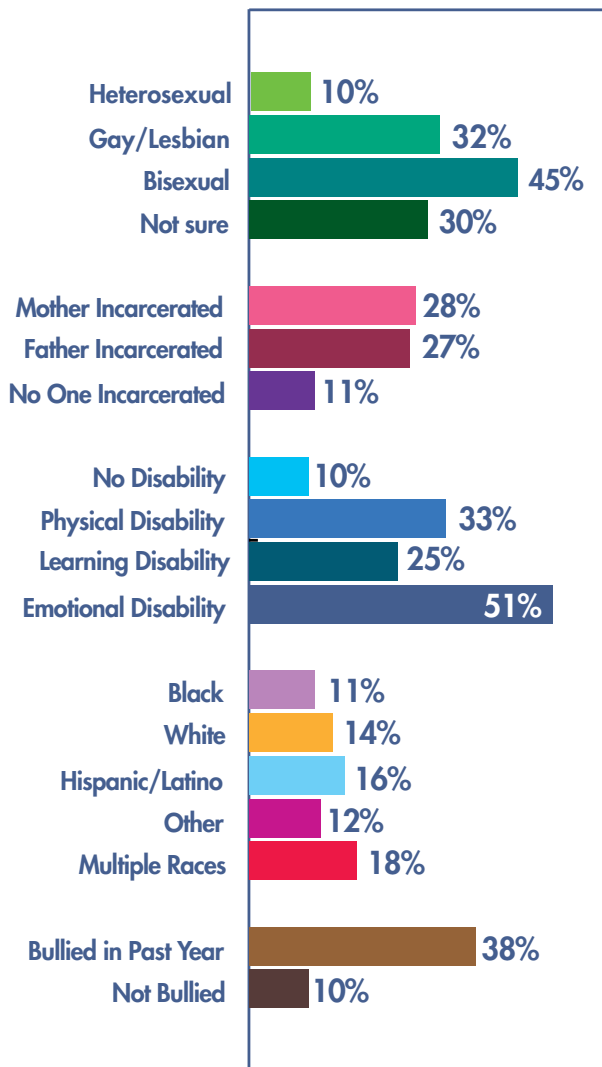
*Mental health is a major concern among American children and teens. Nationally representative data has shown that about half of Americans experience a mental health concern at some point in their life, with the majority of these issues originating in childhood.*



# Mental Health

## Injuring Self

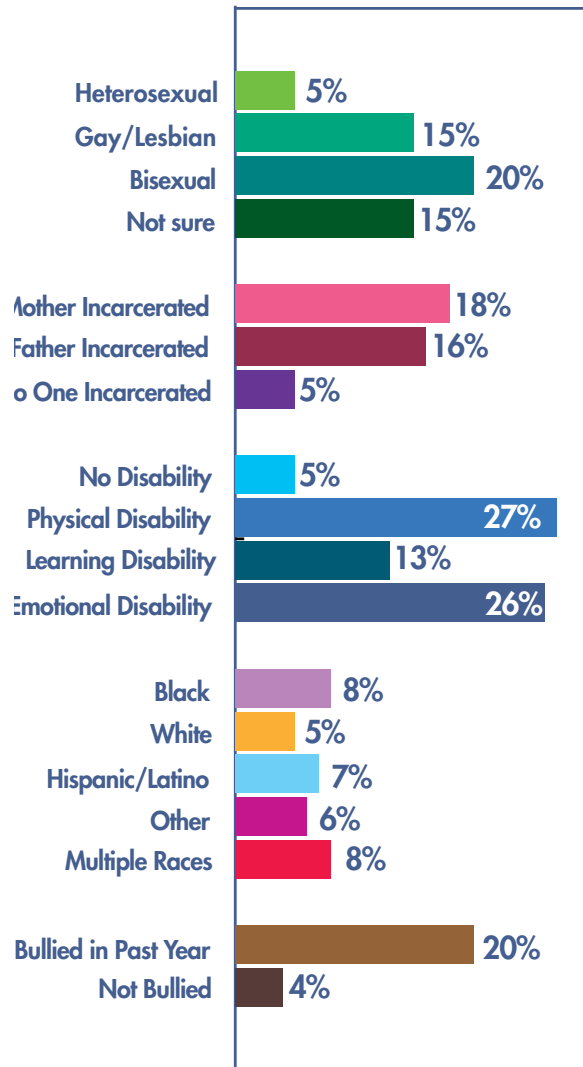
Delaware High School Students Grades 9-12 that purposefully hurt or cut themselves in the last 12 months, Delaware, 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

## Considering Suicide

Delaware High School Students Grades 9-12 that attempted suicide in the last 12 months, Delaware 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware



## Did You Know?

Depression is the third leading cause of illness and disability among adolescents. Violence, poverty, humiliation and feeling unimportant can increase the risk of developing mental health problems.

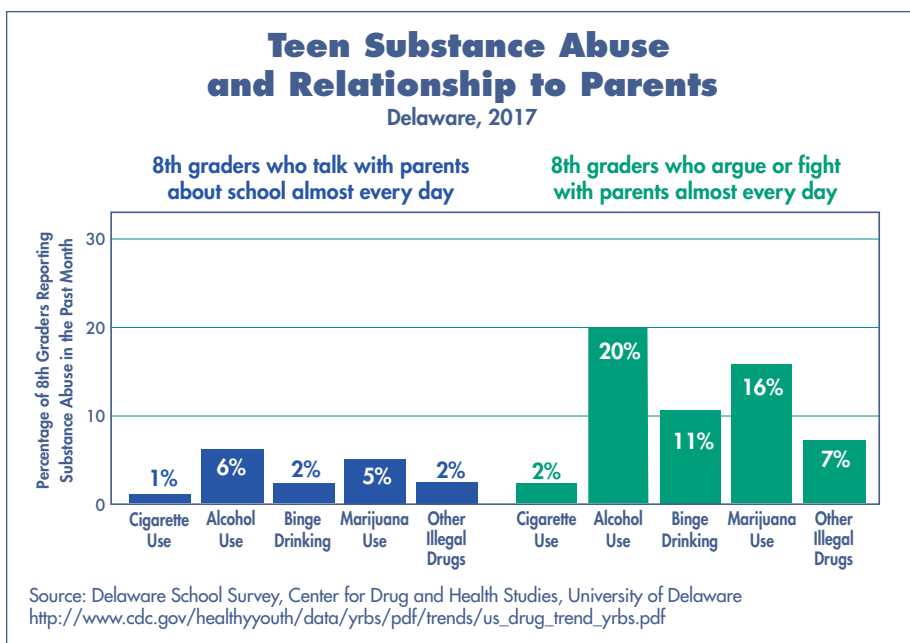
Source: <http://www.who.int/mediacentre/factsheets/fs345/en/>

# Alcohol, Tobacco and Other Drugs

The health and well-being of adolescents and teenagers in communities nationwide is endangered by alcohol and drug use. Common social and environmental risk factors such as poor education, family-related stress, and exposure to drugs and drug-abusing peers have been shown to contribute significantly to use of drugs and alcohol. Periods of transition, and the new challenges and environments that often come with these transitional times in young people's lives, are considered especially high risk periods for drug use.

Children of substance abusing parents have experienced at least 1 ACE. Meaning by the time they hit their teen years they usually hit the point where they begin to adopt health risk behaviors in response to the previous ACE-related trauma. Young adolescents are likely to encounter drugs for the first time when they advance from middle school to high school, a transition that exposes them to a new environment, a variety of new academic and social situations, and various social, emotional and educational challenges. These new ACEs adversely affect their response to their new environment and can lead adolescents to experience a greater availability of drugs, an increase in exposure to drug abusers, and more social activities involving drugs. Early drug abuse often begins with substances including tobacco, alcohol, inhalants, marijuana, in addition to prescription drugs such as sleeping pills and anti-anxiety medications. Drug abuse that continues into later adolescence typically escalates into the use of other drugs along with the continued use of tobacco and alcohol. Following adolescence, continued drug abuse can lead to further problems and an untimely death.

Every young person in danger of drug abuse has different needs, and drug abuse prevention strategies should be targeted to accommodate the specific needs of the individuals involved. Strategies may focus on psychological and emotional support, drug and alcohol education initiatives, or comprehensive intervention.



## PUT DATA INTO ACTION

Parenting methods can help deter children from various forms of substance abuse. The biggest key to preventing abuse is to foster open avenues of communication between parents and their children.

Source: <https://www.drugabuse.gov/family-checkup>

# Alcohol, Tobacco and Other Drugs

## PUT DATA INTO ACTION

Because risk periods for drug abuse appear at every stage in a child's life, the National Institute of Health encourages beginning prevention programs in schools and communities as early as possible to decrease exposure and protect at risk children.

Source: <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors>

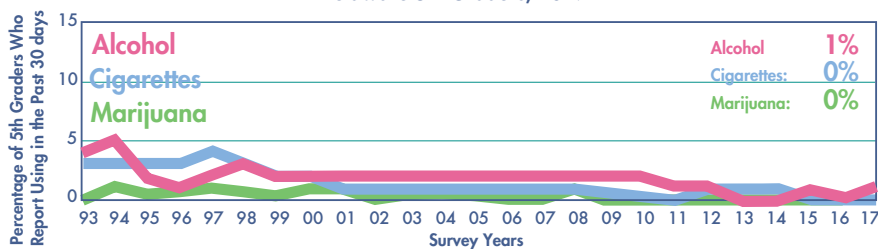
Compared to youth without disabilities, youth with disabilities were more likely to be current smokers (28.6% vs. 16.1%), more likely to engage in alcohol and other drug use behaviors during their lifetime, including:

- ever drank alcohol (80.7% vs. 70.1%),
- ever used marijuana (57.2% vs. 43.5%),
- ever used cocaine (10.4% vs. 4.2%),
- ever used heroin (7.6% vs. 2.1%),

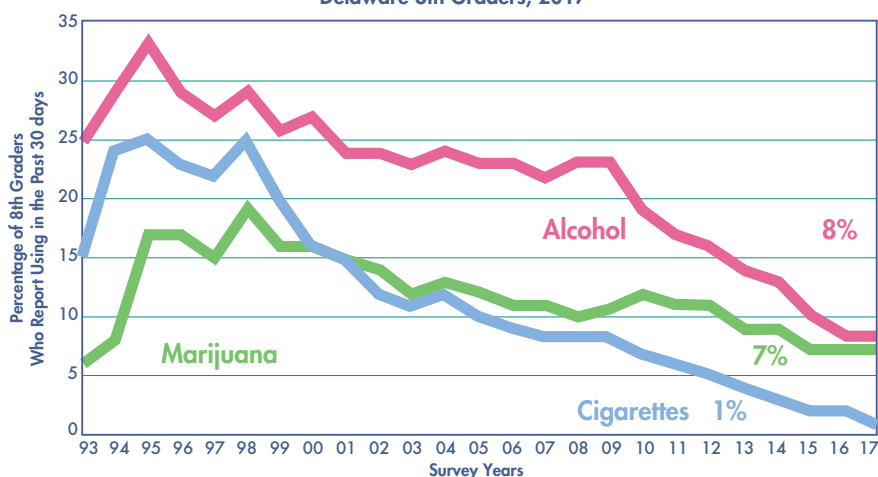
Source: The Current Landscape for Disability and Health in Delaware 2015, Center for Disabilities Studies, University of Delaware



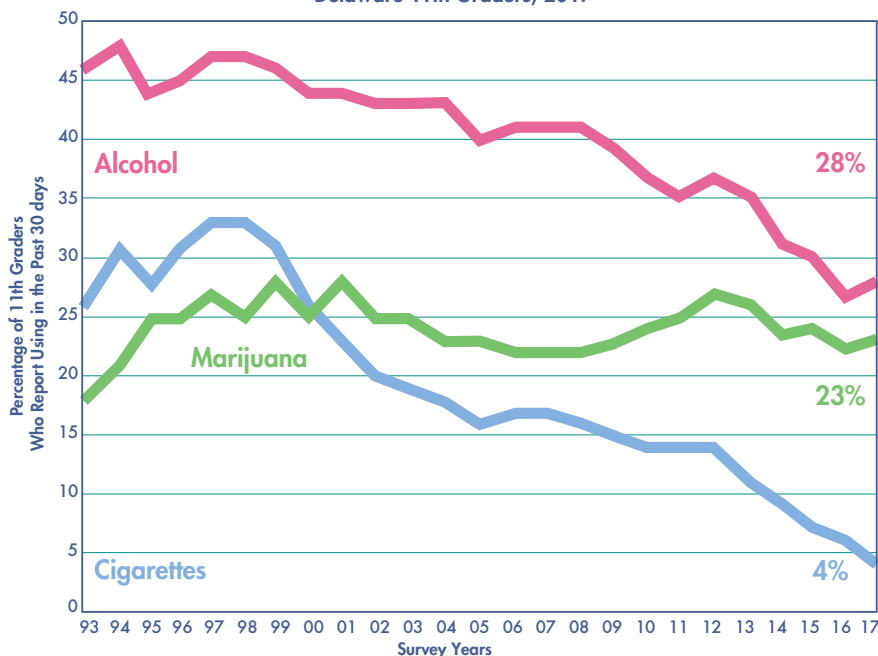
## Trends in Cigarette, Alcohol, and Marijuana Use Delaware 5th Graders, 2017



## Trends in Cigarette, Alcohol, and Marijuana Use Delaware 8th Graders, 2017



## Trends in Cigarette, Alcohol, and Marijuana Use Delaware 11th Graders, 2017



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware  
[http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us\\_drug\\_trend\\_yrbs.pdf](http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us_drug_trend_yrbs.pdf)

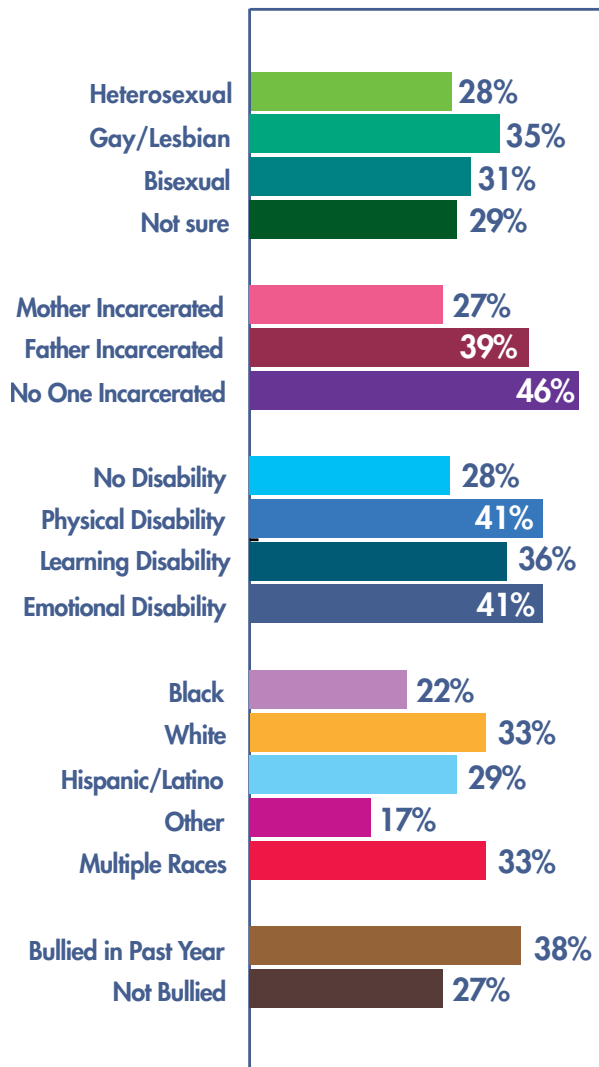


# Alcohol, Tobacco and Other Drugs



## Teen Alcohol Use

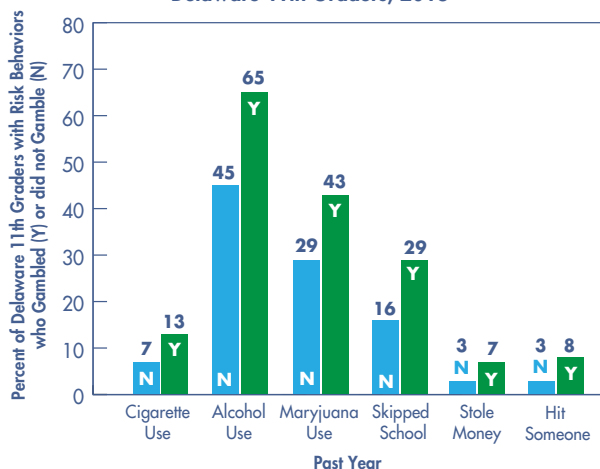
Percentage of Delaware High School Students Grades 9-12 that drank alcohol in the past 30 days, Delaware, 2017



Source: CDC Youth Risk Behavior Survey

## Gambling and Risk Behaviors

Delaware 11th Graders, 2016



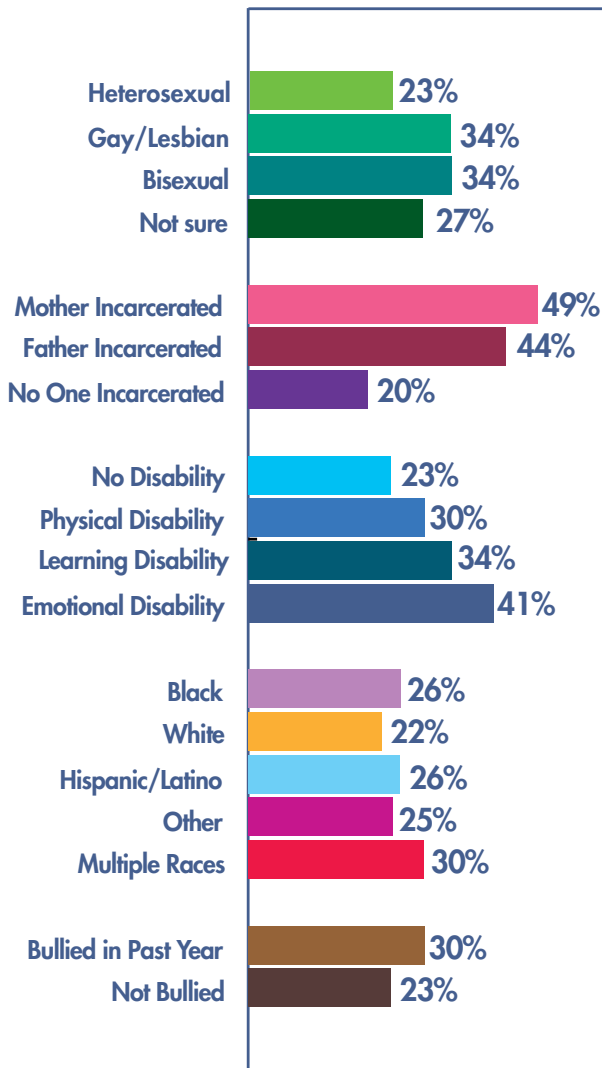
Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware



# Alcohol, Tobacco and Other Drugs

## Teen Marijuana Use

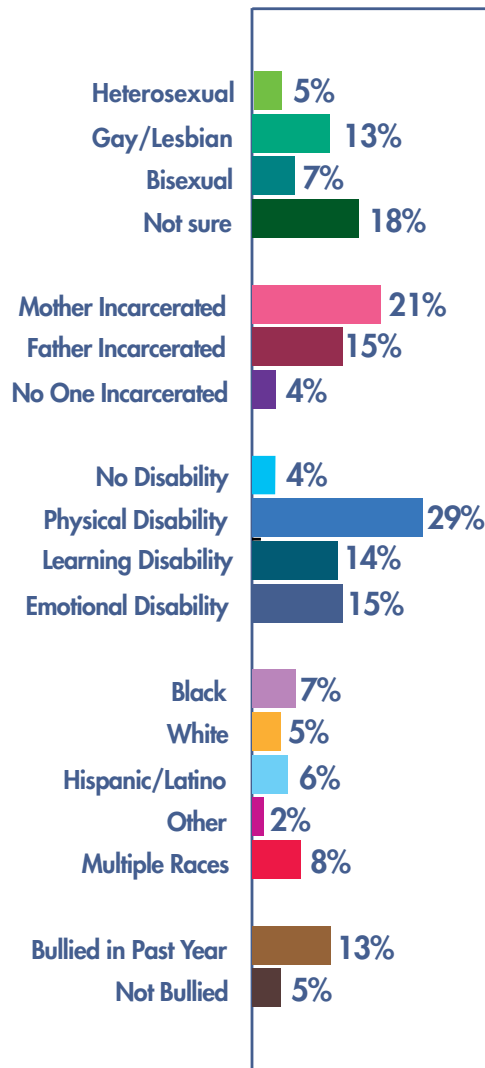
Percentage of Delaware High School Students Grades 9-12 that used marijuana in the past 30 days, Delaware 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

## Teen Prescription Drug Abuse

Percentage of Delaware High School Students Grades 9-12 that abused prescription drugs in the last 30 days, Delaware 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware



## Did You Know?

Deaths among teens due to drug overdoses have more than doubled since 1999. Data has begun to show that much of this change is due to an increase in opioid abuse and heroin abuse.

Source: <https://www.nbcnews.com/storyline/americas-heroin-epidemic/teen-drug-overdoses-doubled-1999-2015-cdc-reveals-n793006>

# Sexually Transmitted Diseases (STDs)

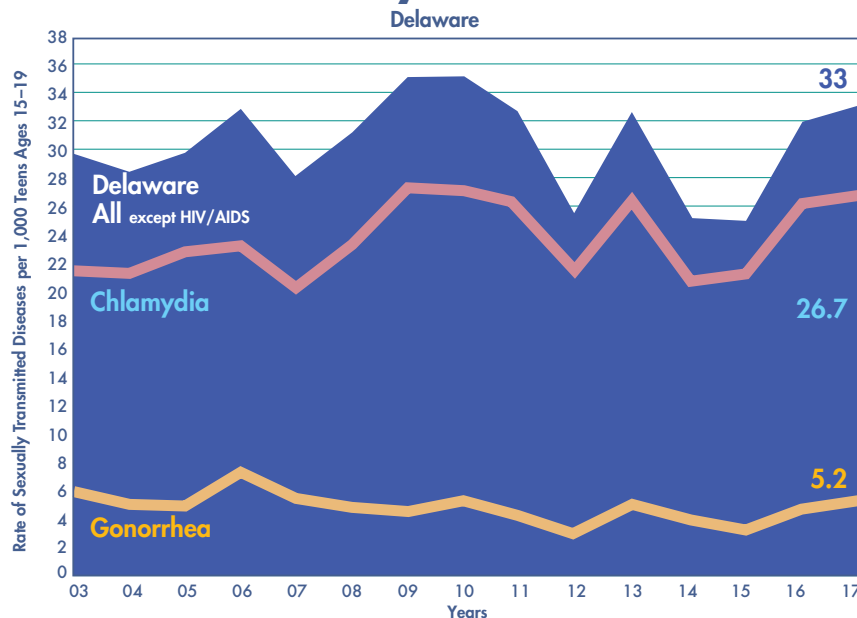
Sexually transmitted diseases (STDs) are a widespread issue among youth. An estimated 19 million new infections occur each year, and almost half of them occur in adolescents and young people. While some infections display signs, most STDs can be “silent”, displaying no signs or symptoms, and can be diagnosed only through testing. Despite the common nature of STDs, testing for these infections is not widespread, leaving many infections undetected and undiagnosed. The social stigma, lack of public awareness, and inadequate education about STDs can severely inhibit discussions about risks, symptoms, transmission and the need for regular testing. As a result of the extensive number of STD cases and lack of public awareness, STDs remain a major public health challenge.

## PUT DATA INTO ACTION

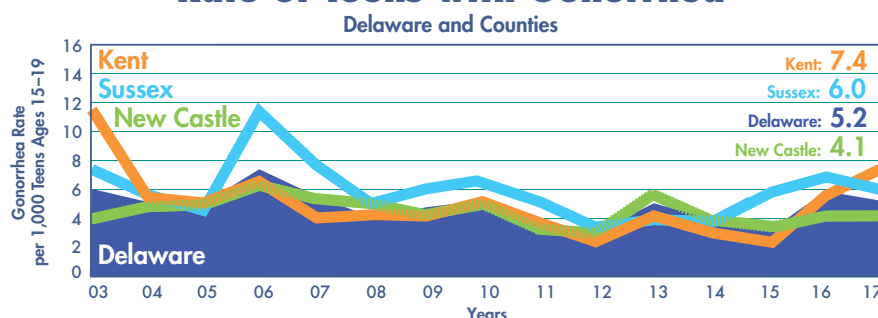
Due to misuse of antibiotics, many STIs, particularly gonorrhea, have been developing resistance to antibiotic treatment. Currently, gonorrhea is resistant to all but one class of antibiotics.

Source: <https://www.cdc.gov/std/products/infographics.htm#arg2016>

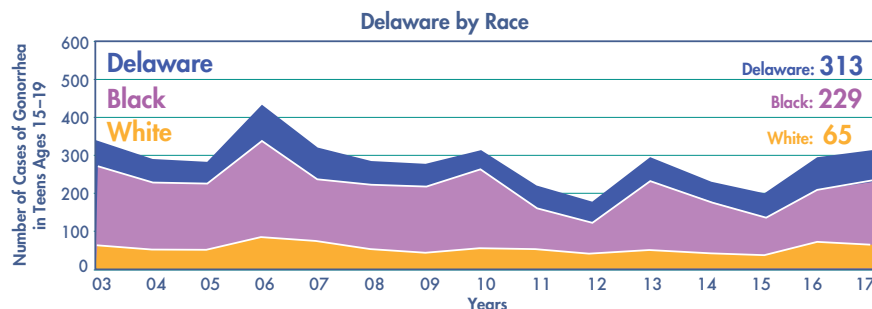
## Teens with Sexually Transmitted Diseases



## Rate of Teens with Gonorrhea



## Number of Teens with Gonorrhea



Source: STD Program, Delaware Division of Public Health

Note: Total includes Black, White, as well as other ethnicities such as Hispanic.



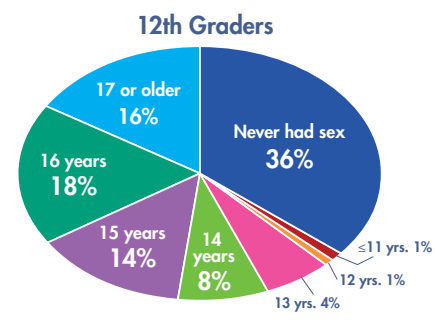
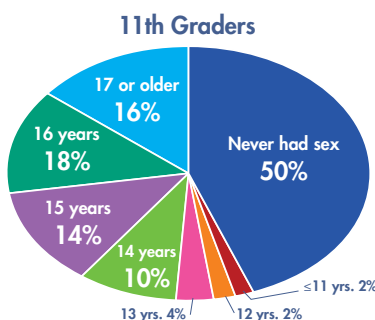
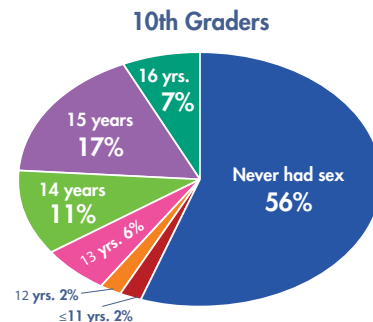
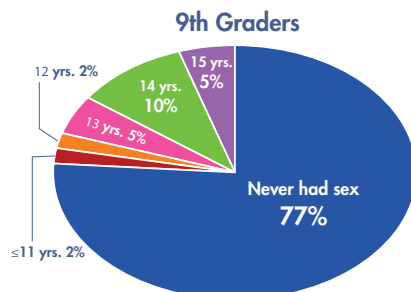


# Sexual activity among high school students



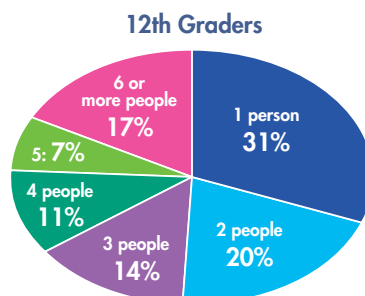
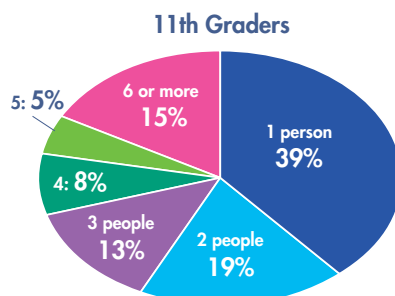
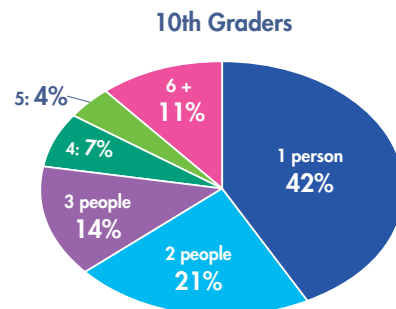
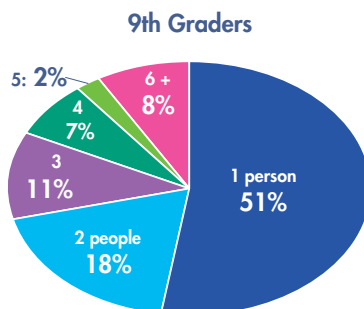
## Sexual Activity

How old were you when you had sexual intercourse for the first time?  
Delaware, 2017



## Sexual Activity

Of those who are sexually active,  
with how many people have you had sexual intercourse?  
Delaware, 2017

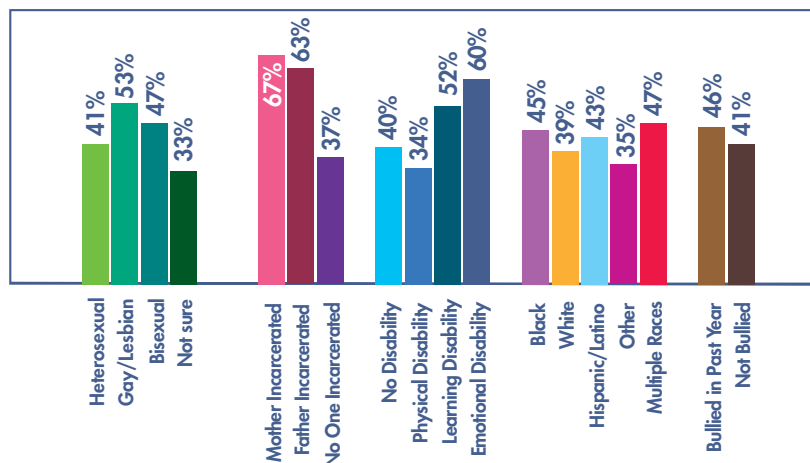


Note: All students did not answer every question, causing percentages to vary.  
Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

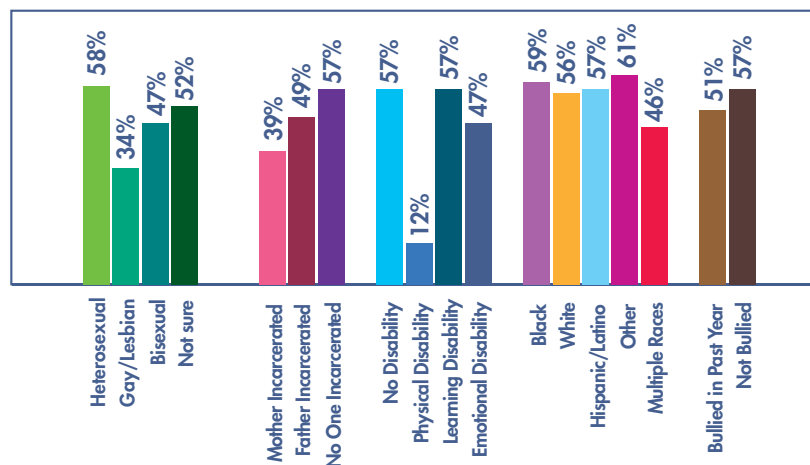
# Sexual activity among high school students

## Teen Sexual Activity

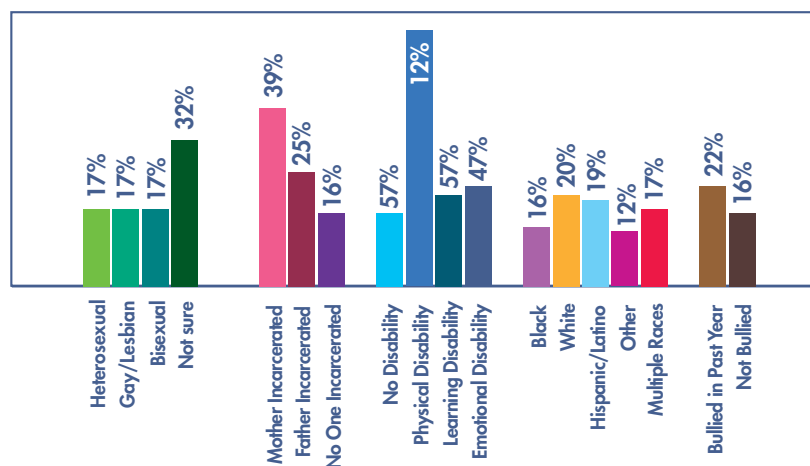
Delaware High School Students Grades 9-12, 2017  
Have you ever had sexual intercourse?



Did you wear a condom last time you had sexual intercourse?  
(among those who have had sex)



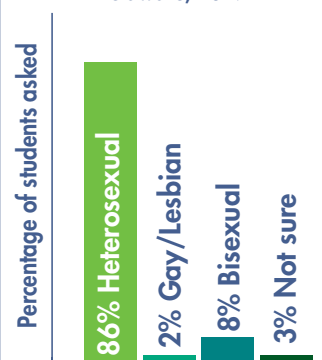
Did you drink alcohol or use drugs before having sexual intercourse last time?  
(among those who have had sex)



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

## Teen Sexual Identity

Self-reported sexual identity  
among high school students  
Delaware, 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

*April is STD Awareness month, during which the Center for Disease Control and Prevention and other organizations focus on spreading awareness of the facts, and encouraging individuals to get tested.*

# Child Deaths, Children 1-14

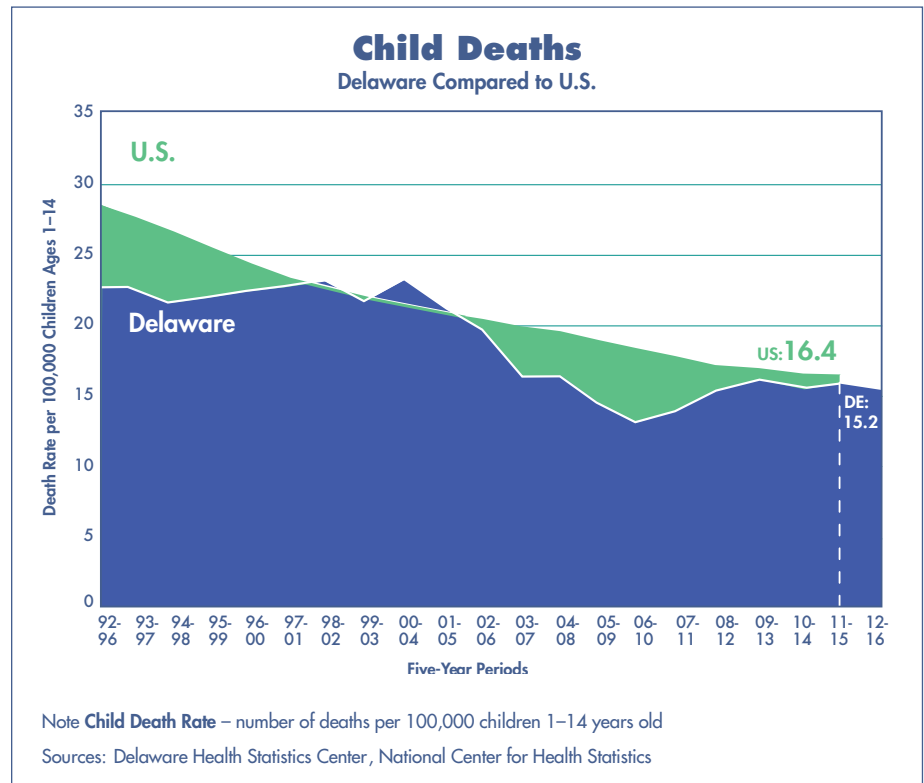


**W**orldwide, accidents kill one million children each year and injure or permanently disable many more. In the United States, injury is a leading cause of death for children, accounting for over one third of all deaths among children ages one to four, and over half of deaths among teens ages 15 to 19. Child death is a significant issue facing the U.S., as death rates among low-income children continue to rise.

## PUT DATA INTO ACTION

The Child Death Review Commission found in 2016 that unexpected deaths in Delaware infants could be correlated to a few specific factors such as prematurity, low birth weight and intrauterine exposure to smoke, alcohol or drugs.

Source: <http://courts.delaware.gov/childdeath/docs/CDRC-2016-Calendar-Year-Report-Delaware.pdf>



*A concussion is a brain injury that causes temporary changes in the way the brain works. You might think they happen when someone is knocked unconscious while playing sports. But concussions can happen with any head injury, often without a loss of consciousness.*

*Concussions in children can happen at any age — it's just part of being an active kid. It might be a fall, a car crash, or a sports injury. Concussions in children require medical attention, lots of rest and a slow, careful return to daily routines under a doctor's care.*

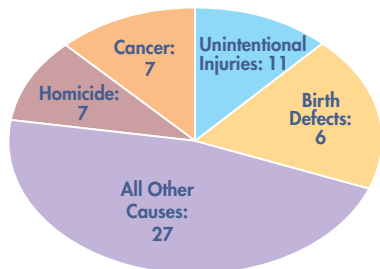
<https://www.nemours.org/service/medical/concussion.html?tab=about&kidshealth=concussions>



# Child Deaths, Children 1-14

## Causes of Death of Children 1-4

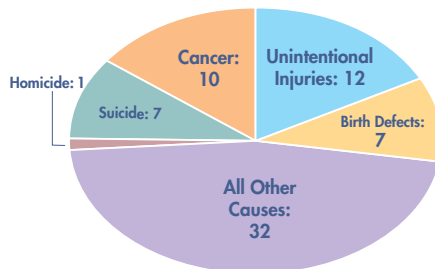
Delaware, 2012-2016



Total Number of Deaths in five-year period: 58 Children

## Causes of Death of Children 5-14

Delaware, 2012-2016



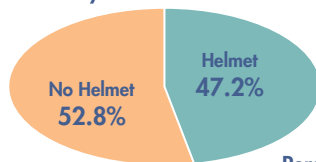
Total Number of Deaths in five-year period: 69 Children

Note: Unintentional Injuries – accidents, including motor vehicle crashes  
Source: Delaware Health Statistics Center

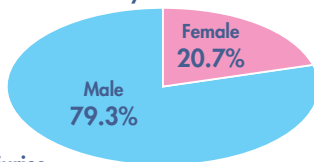
## All Terrain Vehicle (ATV) Injuries

Delaware Children Hospitalized, 2000-2013

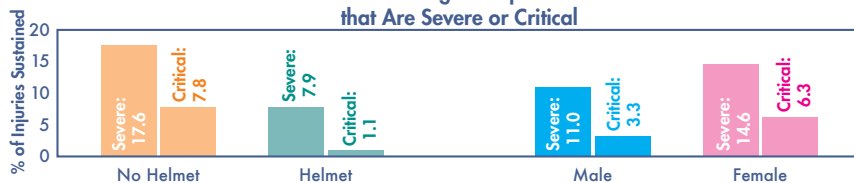
By Helmet Status



By Gender



Percentage of Injuries that Are Severe or Critical



Note: Delaware Trauma System Registry data includes: all inpatient admissions to Delaware hospitals (all eight acute care Trauma System hospitals) due to injury; all injured patients transferred from Emergency Departments to a higher level or specialty care; and all injury-related hospital, Emergency Department, and scene deaths. An analysis of data from the Delaware Trauma System Registry shows there were 232 pediatric trauma patients with ATV-related injuries during the years 2000-2013.

Source: Delaware Trauma System Registry



### Did You Know?

Even up to the age of 9, congenital anomalies are in the top 3 causes of child deaths, as reported by the CDC.

Source: [https://www.cdc.gov/injury/images/lc-charts/leading\\_causes\\_of\\_death\\_age\\_group\\_2015\\_1050w740h.gif](https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2015_1050w740h.gif)

*"According to Safe Kids Worldwide, more children from ages 5 to 14 are seen in emergency rooms for biking-related injuries than from any other sport. Helmets can reduce the risk of severe brain injuries by 88 percent. However, approximately 55 percent of children are reported as not always wearing a helmet while bike riding."*

Source: <http://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Sports-related-Head-Injury>

### Did You Know?

Homicide plays an unfortunately large role in child death, regularly sitting in the top 5 most common causes of child deaths.

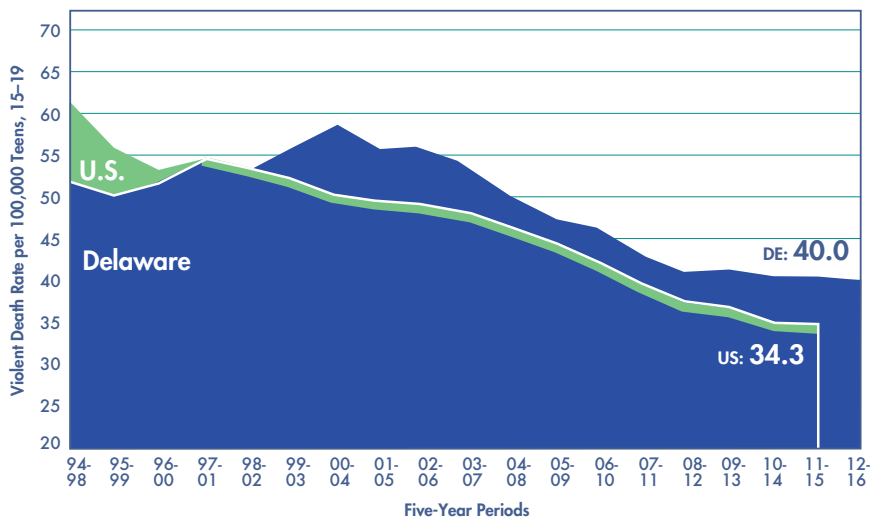
Source: [https://www.cdc.gov/injury/images/lc-charts/leading\\_causes\\_of\\_death\\_age\\_group\\_2015\\_1050w740h.gif](https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2015_1050w740h.gif)

# Teen Deaths by Accident, Homicide and Suicide



**A**s children age, they encounter new environments and challenges that pose new risks to their safety. Teenagers are significantly more likely to die from injuries sustained in motor vehicle accidents and firearms than children of younger ages. Teenagers are a vulnerable population who encounter a variety of risk factors to their well-being.

## Teen Deaths by Accident, Homicide, and Suicide Delaware Compared to U.S.



Note: Teen Deaths by Accident, Homicide, and Suicide – number of deaths per 100,000 teenagers 15-19 years old

Sources: Delaware Health Statistics Center, National Center for Health Statistics

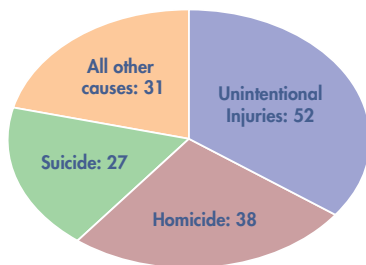
### Did You Know?

The majority of teen deaths in Delaware are classified as natural deaths, such as those from disease or illness.

Source: <http://courts.delaware.gov/childdeath/docs/CDRC-2016-Calendar-Year-Report-Delaware.pdf>

### Deaths of Teens 15-19

Delaware, 2012-2016



Total in 5-year Period: 148 Teens  
114 Males, 34 Females

Note: Unintentional Injuries – accidents, including motor vehicle crashes

Source: Delaware Health Statistics Center

### Deaths of Teens 15-19

Number in Delaware by Cause, 2016

Unintentional Injuries (Includes Motor Vehicle)	7 males 1 female
Suicide	3 males 1 female
Homicide	8 males 2 females
Total Number of Deaths:	22 teens

Source: Delaware Health Statistics Center

# Teen Deaths by Accident, Homicide and Suicide

## Impact of the Graduated Driver's License Program on 16-Year-Old Driver Crashes

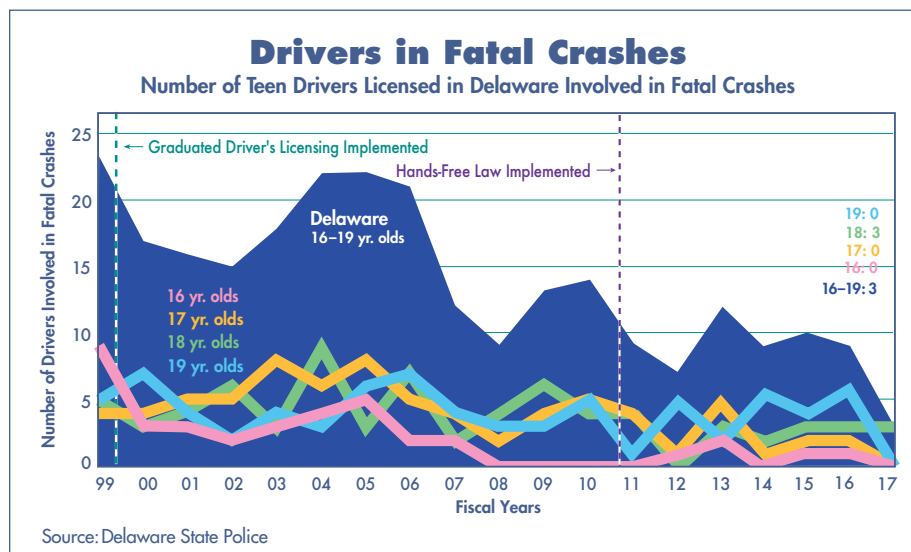
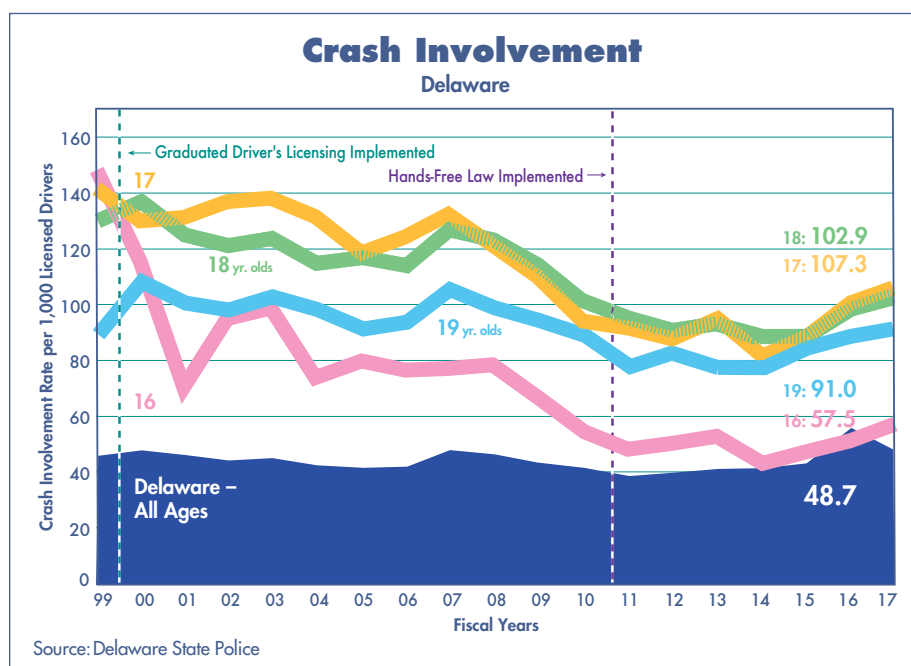
Since enacting the Graduated Driver's Licensing Program on July 1, 1999, Delaware has experienced a significant decrease in the number of motor vehicle crashes involving teens ages 16 to 19. Delaware's GDL program includes all three levels recommended by the National Conference of State Legislatures, Energy and Transportation Program. Level 1 involves obtaining a learner's permit and requires supervised driving at all times for six months. Level 2, reached six months after the issuance of a Level 1 learner's permit, involves limited unsupervised driving and passenger restrictions. After twelve months of driving experience with a learner's permit, a Level 3 license, full licensure with unrestricted privileges, can be obtained.

Source: Delaware Division of Motor Vehicles. [www.dmv.de.gov/services/driver\\_services/drivers\\_license/dr\\_lic\\_grad\\_dl.shtml](http://www.dmv.de.gov/services/driver_services/drivers_license/dr_lic_grad_dl.shtml)



*Distracted driving is a leading factor in most car crashes. Over 40% of Delaware high school students reported that they had texted or emailed while operating a car or other motor vehicle.*

<https://www.childtrends.org/?indicators=distracted-driving>



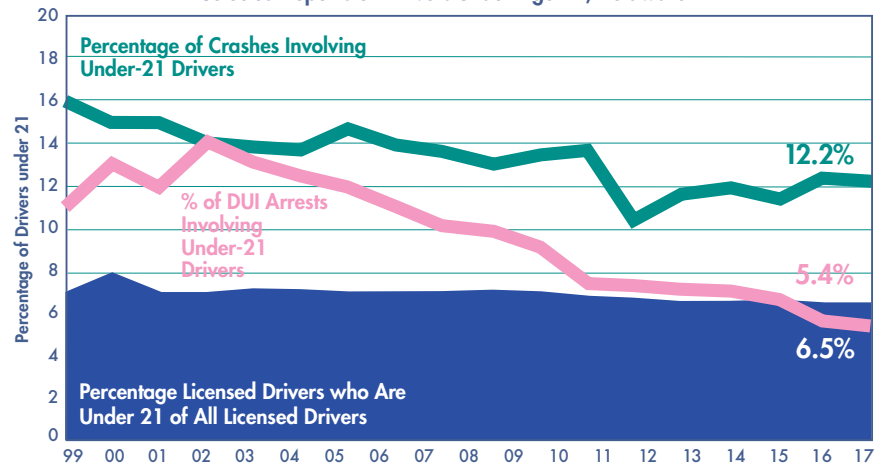


# Teen Deaths by Accident, Homicide and Suicide

*"Parents are the Key" is a campaign from the CDC to help parents, pediatricians and communities help teenage drivers stay safe on the road. The site gives parents and professionals tools and resources to educate teen drivers on driving safety, and offers a downloadable parent and teen driving agreement. Visit <http://www.cdc.gov/parentsarethekey/> for more information.*

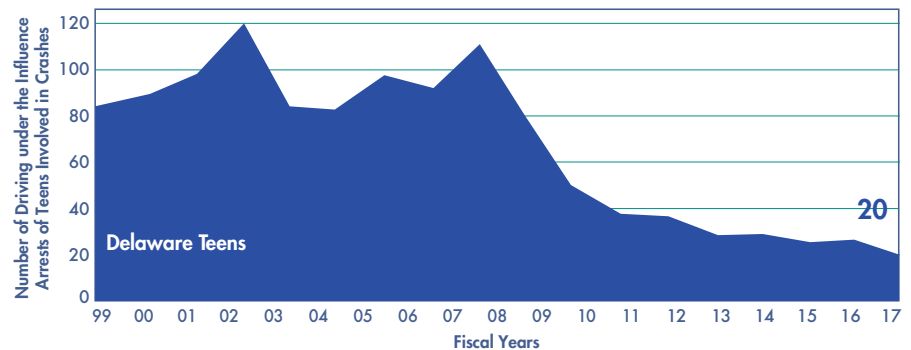
## Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



## DUI Arrests of Teens Involved in Crashes

Delaware



Source: Delaware State Police

Note: The database allows for more than one traffic arrest to be recorded. Before 2005, only the most serious arrest was recorded.

### Did You Know?

Suicide is the third leading cause of death for 15- to 24-year-olds. However, over 90% of teens who commit suicide have some type of mental health distress, such as depression, anxiety, or substance abuse that can be addressed and potentially save their life.

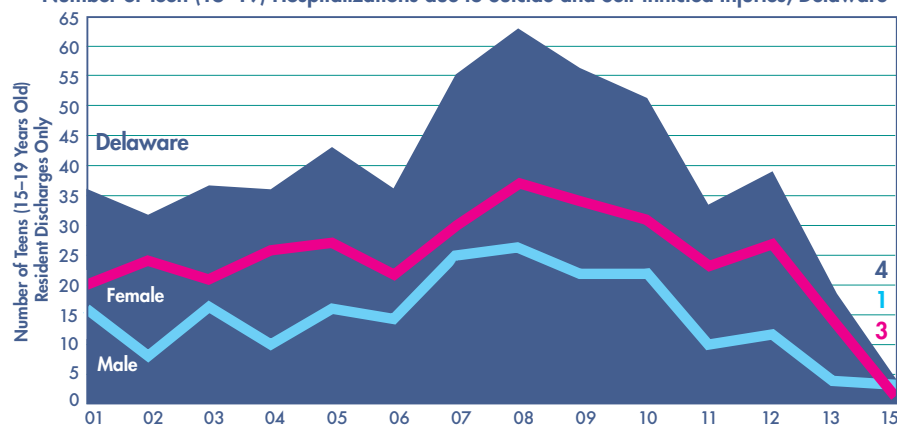
Source: <https://www.healthychildren.org/english/health-issues/conditions/emotional-problems/Pages/Teen-Suicide-Statistics.aspx>



# Teen Deaths by Accident, Homicide and Suicide

## Self-inflicted Injury Hospitalizations

Number of Teen (15-19 Years Old) Resident Discharges Only



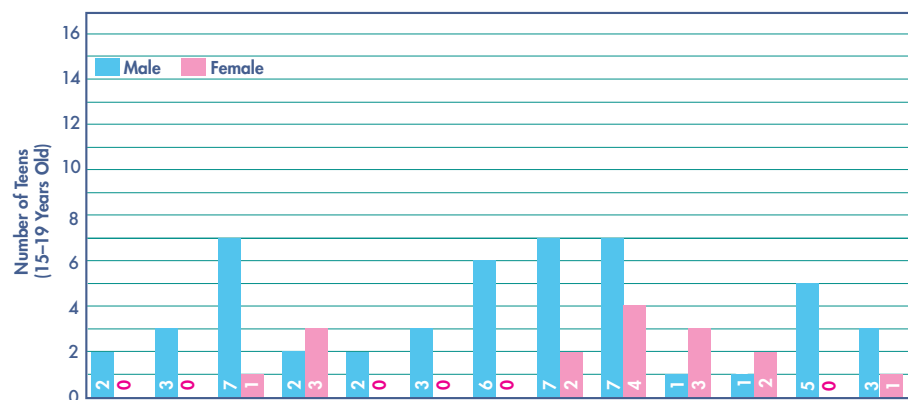
Source: Delaware Health Statistics Center

*Suicide among youth is a widespread problem. It is the third leading cause of death for people between the ages of 10 and 24, and results in roughly 4,600 lives lost annually in the U.S.*

Source: <https://www.cdc.gov/violenceprevention/suicide/index.html>

## Teen Suicides

Number of Teen (15-19 years) Deaths due to Suicide, Delaware



Source: Delaware Health Statistics Center

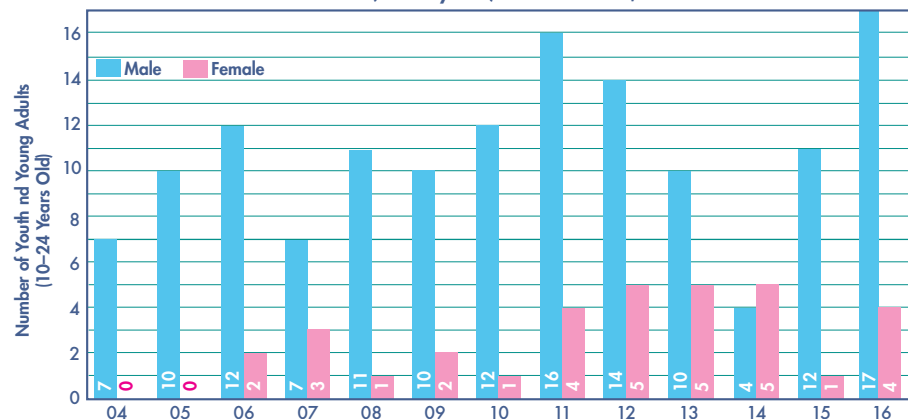
## Did You Know?

In 2014, firearms were the instrument of death in 88% of teen homicides and 41% of teen suicides.

Source: <https://www.cdc.gov/violenceprevention/suicide/index.html>

## Youth and Young Adult Suicides

Number of Deaths (10-24 years) due to Suicide, Delaware



Source: Delaware Health Statistics Center



# Health and Health Behavior



Since 1995, the Center for Drug and Health Studies at the University of Delaware has administered an annual survey to public school students about alcohol, tobacco, and drug use. The Delaware School Survey is an annual survey of 5th, 8th, and 11th grade public school students in Delaware. The surveys are administered at the public schools in Delaware. This study is the continuation of a survey that was first administered to Delaware students in Spring, 1989. Since 2004, the Delaware School Survey has been jointly sponsored by the Delaware Legislature through the Delaware Health Fund and by support from the Division of Substance Abuse and Mental Health through federal Prevention Block Grant funding. It has become a valuable tool in assessing trends of drug use among Delaware students. Over time, the survey has been adapted to include questions on school behavior, health habits, and parental interaction. In recent years, the study has shown an increased interest in safety, parental involvement, educational needs, and healthy lifestyles. The Center for Drug and Health Studies has provided KIDS COUNT in Delaware with a wealth of information detailing the issues which are included in each section as Delaware Children Speak. Read more about the Center for Drug and Health Studies at [www.cdhs.udel.edu](http://www.cdhs.udel.edu)

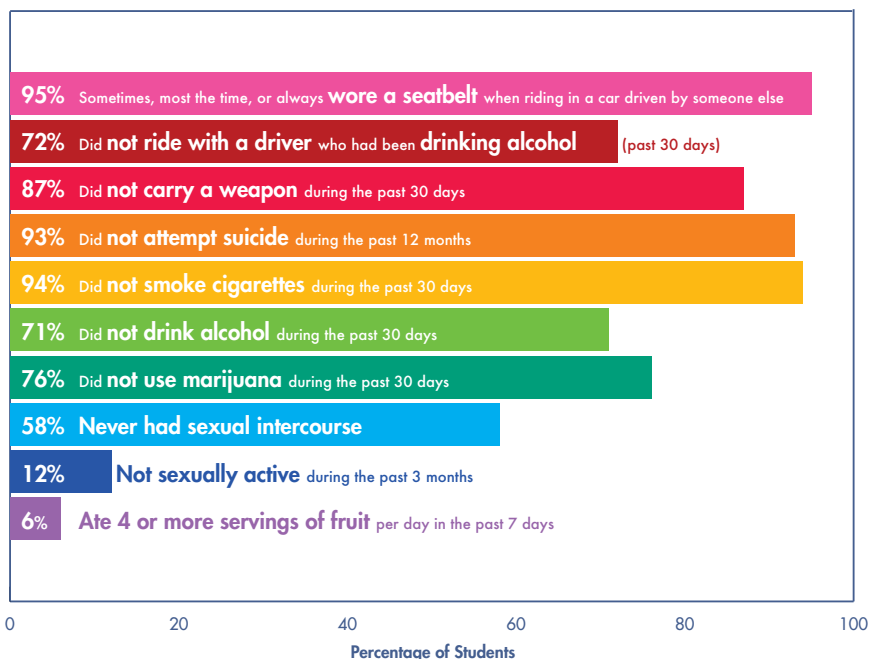
## Did You Know?

Many of children's lifelong health habits are learned from their family and community. Finding ways to promote health and development for children is paramount to raising a healthier future.

Source: <http://www.seattlechildrens.org/research/child-health-behavior-and-development/about/>

## Teen Lifestyle Choices

Delaware High School Students Grades 9–12, 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware Delaware School Survey

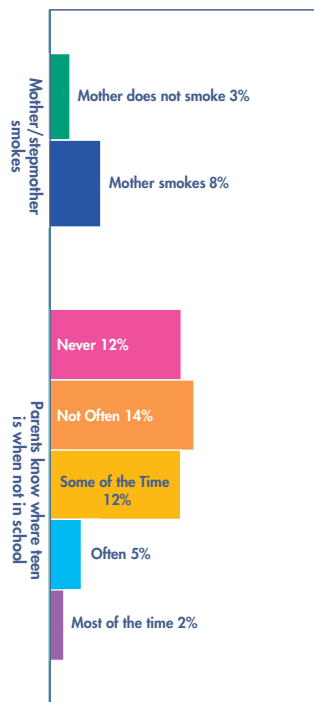


# Health and Health Behavior

## Parents Influence Teen Smoking

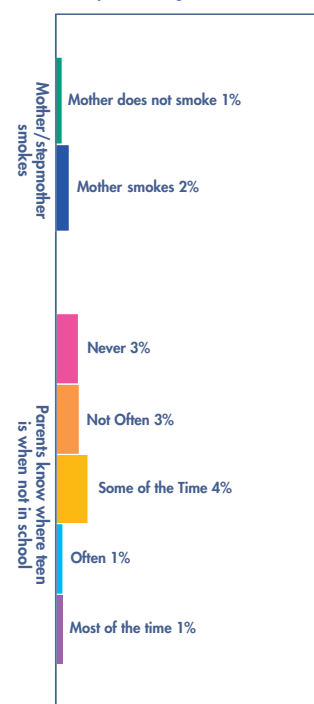
Delaware, 2017

Percentage of 11th Grade Students who Report Smoking in the Past Month



11th Graders who Smoke Cigarettes

Percentage of 8th Grade Students who Report Smoking in the Past Month

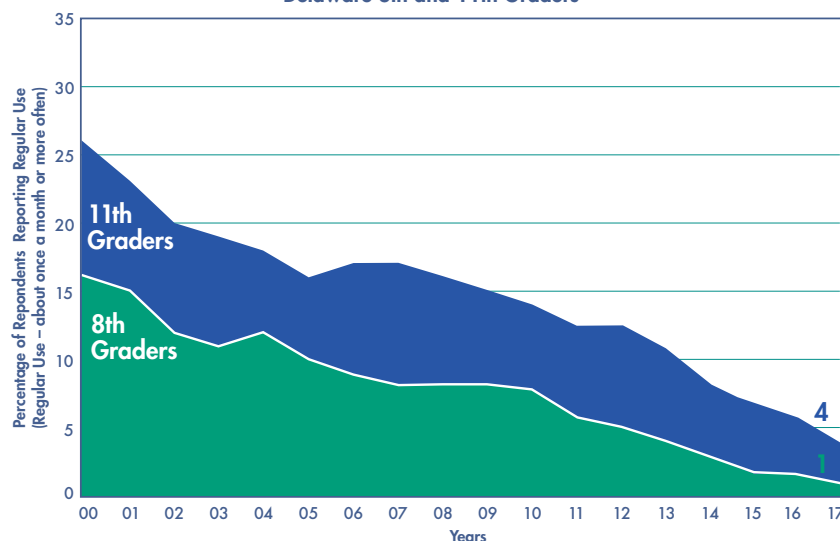


8th Graders who Smoke Cigarettes

Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## Past Month Cigarette Use

Delaware 8th and 11th Graders

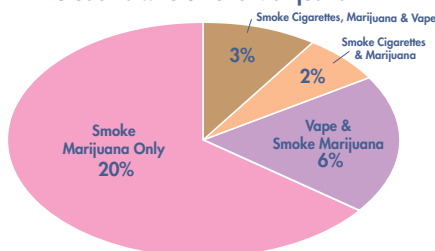


Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## Vaping, Marijuana & Cigarettes past year

2017 11th grade Delaware School Survey

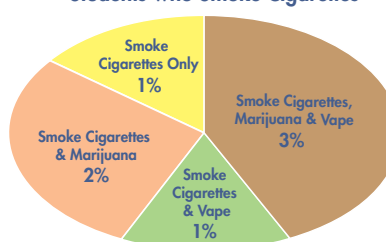
### Students who Smoke Marijuana



### Students who Vape



### Students who Smoke Cigarettes



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## Outcomes



## Did You Know?

Adolescence is the second most important period of life for development of lifelong habits and behaviors after infancy. During this time, teens develop deep patterns in diet, physical activity and sleep.

Source: <https://www.hhs.gov/ash/oah/adolescent-development/physical-health-and-nutrition/healthy-behavior/index.html>

# Health and Health Behavior



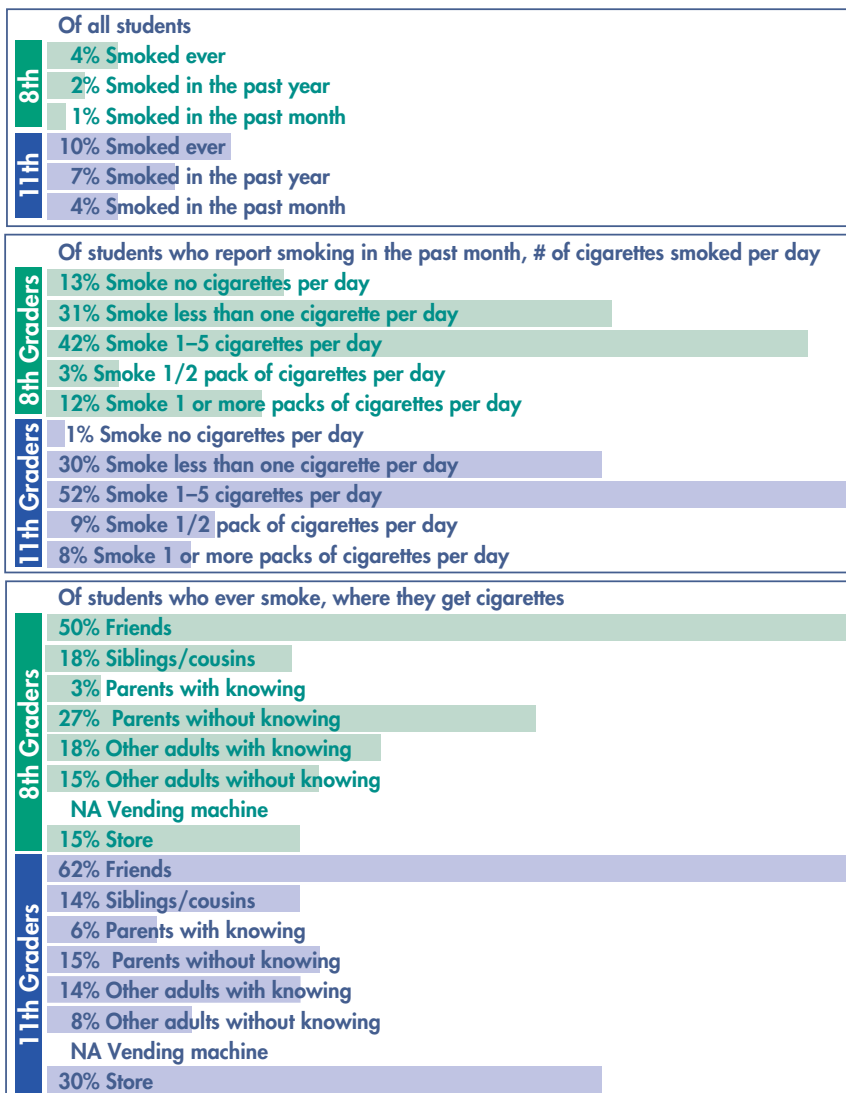
## PUT DATA INTO ACTION

An international policy report by the World Health Organization (WHO) found that many negative health behaviors developed by teens came from exposure in school.

Source: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/119571/E67880.pdf](http://www.euro.who.int/__data/assets/pdf_file/0006/119571/E67880.pdf)

## Youth Cigarette Use

8th and 11th Graders, Delaware, 2017



Source: 2017 Delaware School Survey, Center for Drug and Health Studies, University of Delaware

*There is a range of potential impacts, including risks and possible benefits, of EVPs on patterns of use of cigarettes and other combustible tobacco products among adults. However, among youth, any form of tobacco use, including EVPs, is unsafe. EVPs typically contain nicotine; nicotine exposure during adolescence can cause addiction, might harm brain development, and could lead to sustained tobacco product use. Furthermore, longitudinal studies suggest that youth who use EVPs are more likely to subsequently initiate cigarette smoking.*

Source: [http://pediatrics.aappublications.org/content/139/2/e20162921?utm\\_source=highwire&utm\\_medium=email&utm\\_campaign=Pediatrics\\_etoc](http://pediatrics.aappublications.org/content/139/2/e20162921?utm_source=highwire&utm_medium=email&utm_campaign=Pediatrics_etoc)





## EDUCATIONAL INVOLVEMENT & ACHIEVEMENT

The first five years of a child's life are an important time for growth and development, and lay out the foundations for language, academic ability, habits and socio-emotional development. Research shows that access to high quality early care and education programs help young children grow up ready to succeed in school and life. However, there are large gaps in the quality of early care and childhood programs, and not all

children receive the maximum benefits from their program.

When we invent and replicate high quality programs for children and youth, we can solve these gaps in early childhood development and show significant long-term improvements for children. Investing in a system of high quality early care and education programs will benefit both young children and society. Early

investments reap dividends as child development translates into economic development later on.

In K-12, there is a race gap between white and nonwhite test scores, literacy rates, and graduation rates. These measures are good determinants of future success, and with an increasingly diverse population, addressing this gap will be key to ensuring the stability of our future workforce.



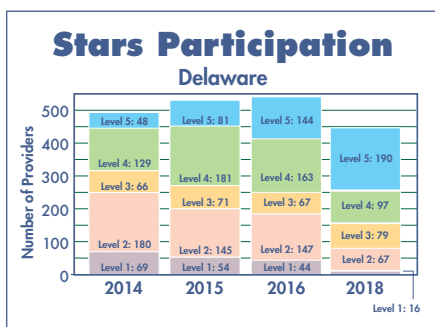
# Early Care and Education



If our society is to prosper in the future, we need to make sure that all children have the opportunity to develop intellectually, socially and emotionally. The first five years of a child's life constitute a critical time in development, and lay the foundations for language, academic ability, habits, and socio-emotional development. Research has shown that access to high quality early care and childhood programs contribute to successful outcomes in young children, however there are large gaps in the quality of early care and childhood programs based on socioeconomic status.

That is why it is important to increase funding for existing programs such as Delaware Stars for Early Success.

"Delaware Stars is Delaware's Quality Rating and Improvement System (QRIS) administered by the Delaware Department of Education. A QRIS is a method to assess, improve, and communicate the level of quality in early care and education and school-age settings. The goal of Delaware Stars is to invest in participating programs to increase access to high quality care for all of Delaware's children, especially those



## Did You Know?

Research has shown a correlation between high quality early care and child development, particularly for children who are already considered at risk for poor developmental outcomes.

Source: <https://www.urban.org/sites/default/files/publication/46526/411482-Early-Care-and-Education-for-Children-in-Low-Income-Families.PDF>

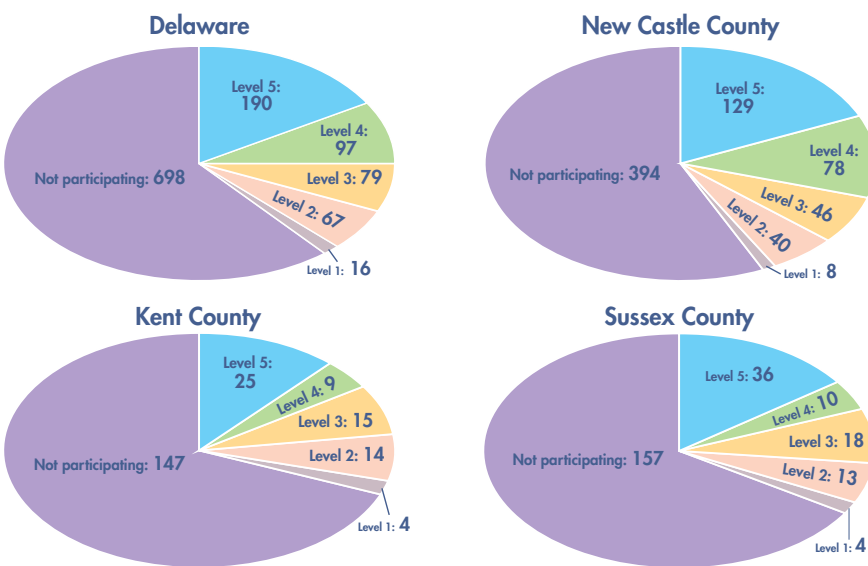


**Delaware Stars for Early Success** – Delaware Stars for Early Success is a product of the University of Delaware's Delaware Institute for Excellence in Early Education.

Source: <http://www.delawarestars.udel.edu/>

## Delaware's Stars for Early Success

Delaware and Counties, January 2018



### "Starting with Stars"

**Level 1** – Programs at this first level of participation in Delaware Stars are in good standing with the Office of Child Care Licensing and are working on required steps for orientation.

**Star Level 2** – Programs at Star Level 2 have begun their active pursuit of continuous quality improvement for their early care and education or school age program. Programs have completed all components required in "Starting with Stars" and are implementing a Quality Improvement Plan linked to the Delaware Stars for Early Success Standards.

**Star Level 3** – To reach a Star Level 3, a program must achieve a minimum of a 3.4 on each of the

ERS assessments for their program and earn at least 40 quality points through their verification of quality standards.

**Star Level 4** – To reach a Star Level 4, a program must achieve a minimum of a 4.4 on each of the ERS assessments for their program and earn at least 60 quality points through the verification of quality standards.

**Star Level 5** – The highest level of achievement for programs in Delaware Stars. To reach a Star Level 5, a program must achieve a minimum of a 5.4 on each of the ERS assessments for their program and earn at least 80 quality points through the verification of quality standards.

Source: The Delaware Institute for Excellence in Early Childhood

## Early Care and Education

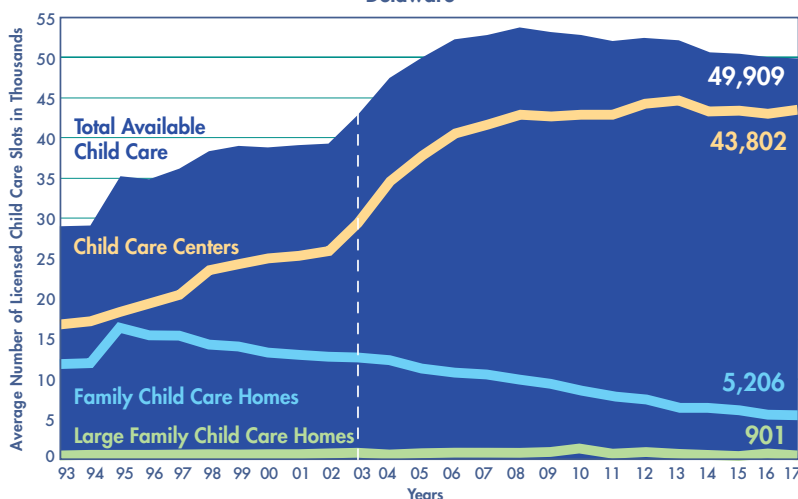
from low-income families.” (Delaware Stars home page)

Participating in a high caliber program decreases the likelihood of negative issues such as behavioral problems, delinquency, crime, smoking, and drug use later in life, and increases future employment, earning potential, and self-sufficiency. A child with a solid foundation becomes part of a solid community and contributes to our society.

When we create and replicate high quality programs for children and youth, we can solve problems in early childhood development and show significant long-term improvements for children. The first five years of a child’s life are an important time for growth and development, and lay out the foundations for language, academic ability, habits and socio-emotional development. Research shows that access to high quality early care and education programs help young children grow up ready to succeed in school and life. However, there are large gaps in the quality of early care and childhood programs, and not all children receive the maximum benefits from their program. Participating in quality programs decreases the likelihood of issues such as behavioral problems, delinquency, crime, smoking, and drug use later in life. Furthermore, quality early care and childhood programs are shown to lead to positive outcomes such as an increase in employment, earning potential and self-sufficiency. Investing in a system of high quality early care and education programs will benefit both young children and society. Early investments reap dividends as child development translates into economic development later on.

### Available Child Care

Delaware



Notes: Data for 2003 and after reflects the addition of child care centers providing part time care

**Available Child Care Capacity** – the maximum possible slots within a licensed center which follows state guidelines for minimum staff/child ratios and maximum group sizes for each age group. Capacity does not necessarily reflect actual enrollment.

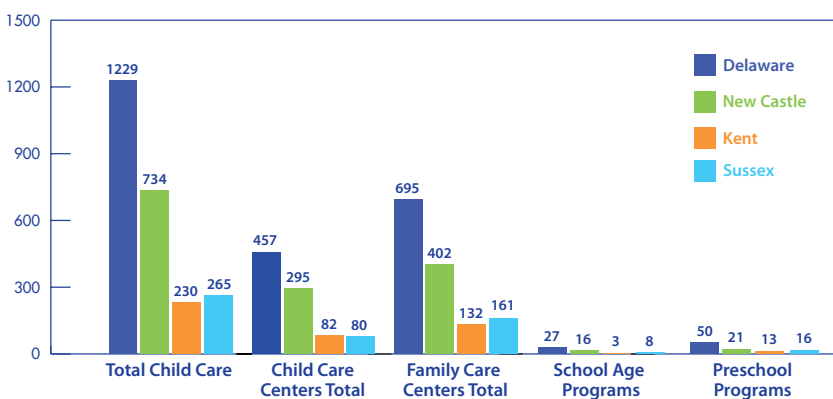
**Family Child Care Homes** – 1 person caring for no more than 6 children.

**Large Family Child Care Homes** – 2 people caring for 7–12 children.

Source: Delaware Department of Services for Children, Youth and Their Families

### Total Child Care Programs

Delaware and Counties, 2017



Source: Children and Families First

## Early Care and Education



### Need for Child Care

Delaware, 2017

Population	Delaware	United States
Total Residents	926,454	316,515,021
Children age birth to 4 years	55,812	19,896,133
Children age birth to 4 years, living in poverty	11,091	4,795,039
Children age 5 to 11	79,066	28,728,645
Total families with children	91,083	33,732,757
Single parent families	33,060	11,039,498
Families in poverty	18,867	8,761,164

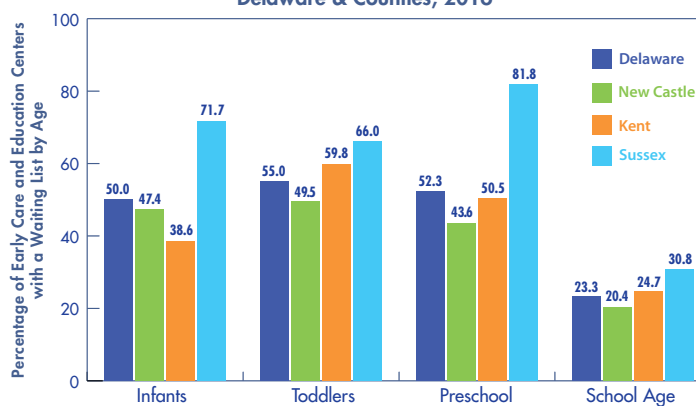
Children under age 6 potentially in need of child care	Delaware	United States
Children in two-parent families, both parents in labor force	23,320	8,602,634
Children in single-parent families, parent in labor force	21,331	6,387,787
<b>Total children under age 6 potentially needing child care</b>	<b>44,651</b>	<b>14,990,421</b>

Number of Working Mothers	Delaware	United States
With infants under one year	7,463	2,500,737
With any children under age 6 only	16,369	5,610,490
With children under age 6 to 17 only	44,403	14,807,580
With both children under age 6 AND children age 6 to 17	12,375	6,856,516
Married working mothers	43,718	14,328,033
Single working mothers	21,230	6,842,084

\*\*NOTE: school age programs graph on page 75, delaware and counties, has no year or citation\*\*  
Source: [https://usa.childcareaware.org/wp-content/uploads/2017/07/DE\\_Facts.pdf](https://usa.childcareaware.org/wp-content/uploads/2017/07/DE_Facts.pdf)

### Demand for Early Childhood Education

Delaware & Counties, 2016



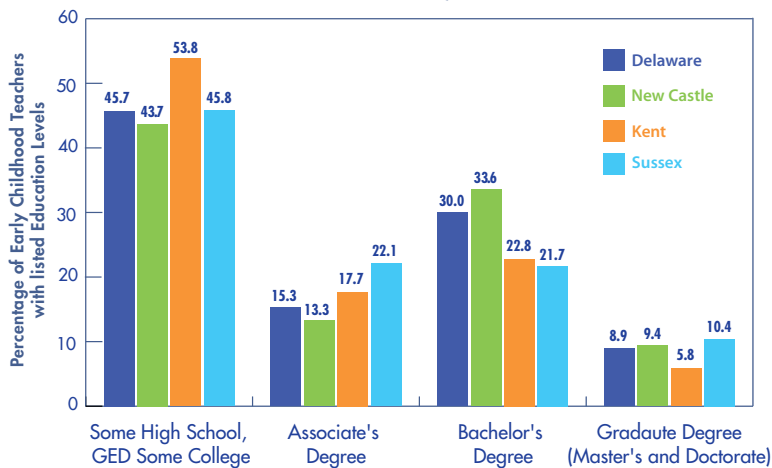
"Source: Delaware's Early Childhood Teachers and Administrators Survey, Center for Applied Demography & Survey Research University of Delaware"



# Early Care and Education

## Education Level of Early Childhood Teachers

Delaware & Counties, 2016



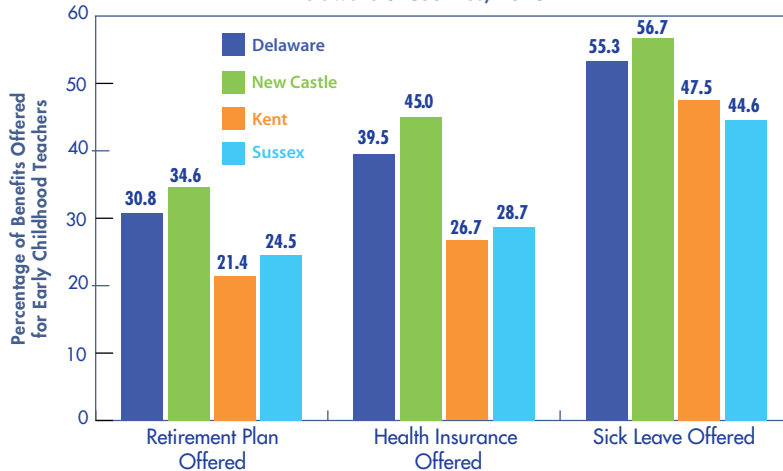
Source: Delaware's Early Childhood Teachers and Administrators Survey, Center for Applied Demography & Survey Research University of Delaware

The Delaware Association for the Education of Young Children (DEaeyc) is an affiliate of the National Association of the Education of Young Children (NAEYC) which is the leading professional membership organization that works to promote high-quality early learning for all young children from birth through age 8. DEAYC aims to provide and support opportunities for professional development; to advocate for children, families and early care, and education professionals in order to build community awareness by connecting early childhood practice, policy, and research.



## Benefits for Early Childhood Teachers

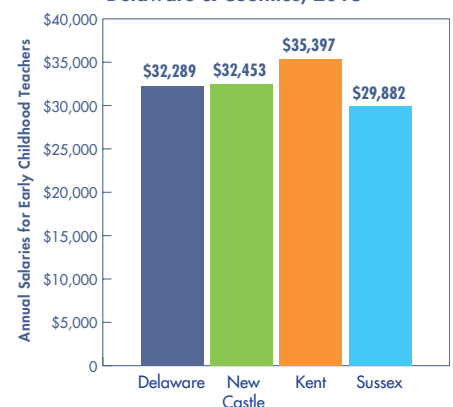
Delaware & Counties, 2016



Source: Delaware's Early Childhood Teachers and Administrators Survey, Center for Applied Demography & Survey Research University of Delaware

## Mean Annual Salary for Early Childhood Teachers

Delaware & Counties, 2016



Source: Delaware's Early Childhood Teachers and Administrators Survey, Center for Applied Demography & Survey Research University of Delaware

# Head Start



## Did You Know?

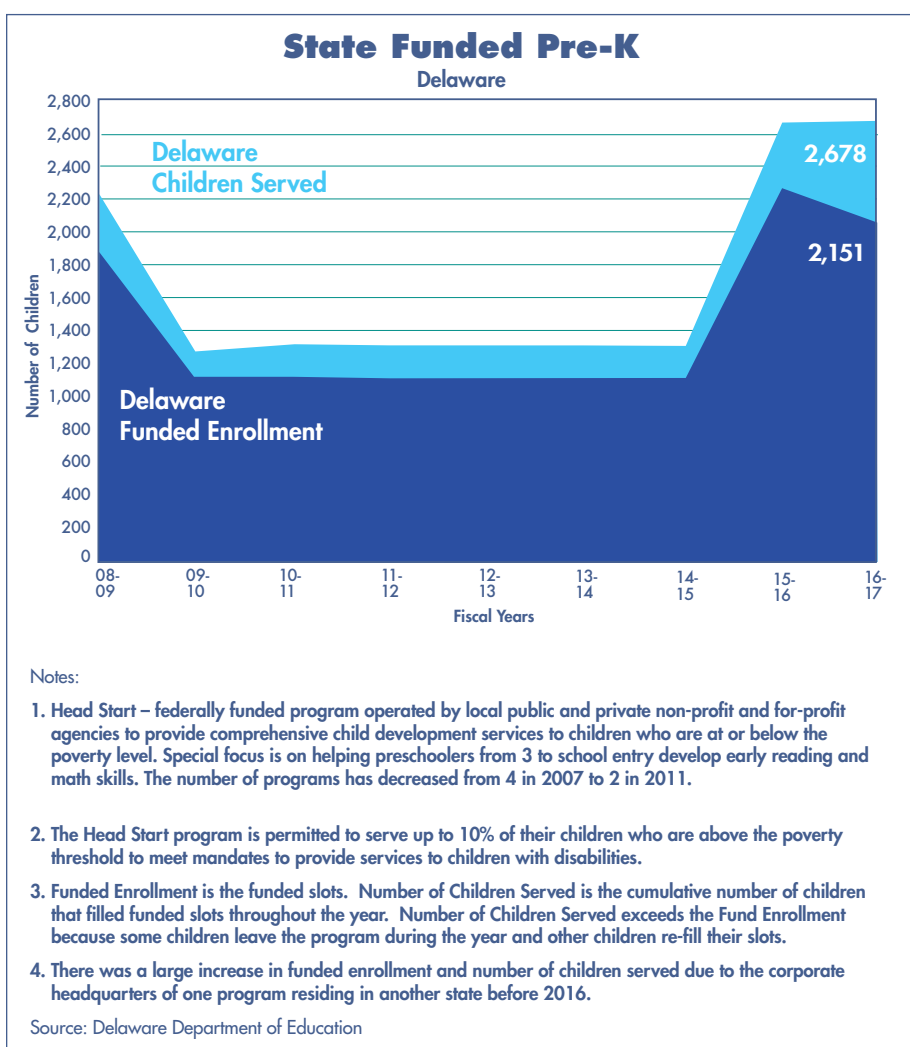
Delaware's Head Start Program uses more than just academic measures of performance for their children, grading their knowledge on not just language and cognition, but also physical and emotional development to better prepare them for kindergarten.

Source: <http://www.telamon.org/uploadedfiles/State/Delaware/DE-Annual-Report-2013-14.pdf>



The Head Start program provides comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in their future academic careers. The range of services offered are designed to be responsive to the developmental, ethnic, cultural, and linguistic experience for children and their families.

Head Start and partnering organizations promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services. Head Start focuses on the child's overall development, and a hallmark of this program is its emphasis on engaging parents in the many activities that support their child development.



# Kindergarten Readiness

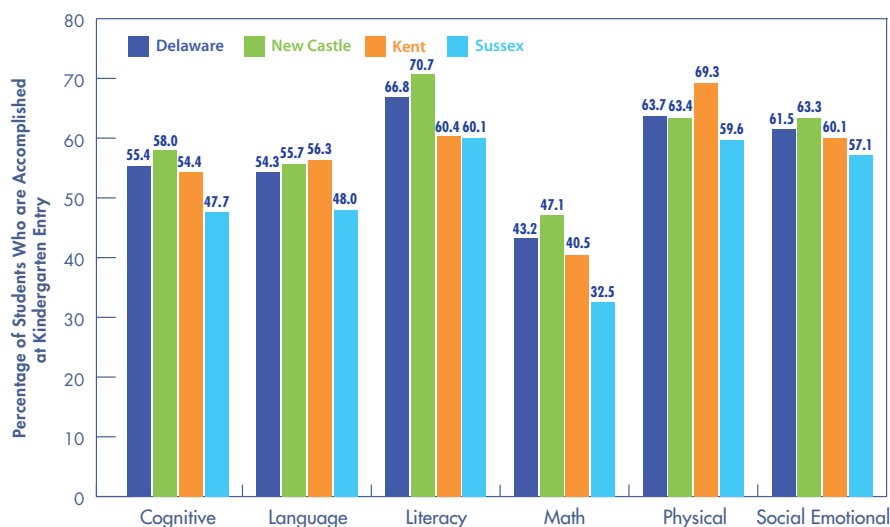
The Educational advocacy for Delaware's young children is a vital goal because a high percentage (40%) of Delaware's children (birth to age 5) live below the poverty line which impacts their ability to be successful learners. As a result, 7 out of 10 children in Delaware are not kindergarten ready. Research confirms these statistics, showing that at age three children from low-income families have heard 30 million fewer words, tend to be less prepared for kindergarten, and are more likely to test below their proper reading level by grade what grade? . (DEAEYC site)

These findings raise significant concerns about the long term educational impact for these learners and shows the importance of improving early care education to supplement and support students continued success in K-12 learning as well.



## Kindergarten Readiness

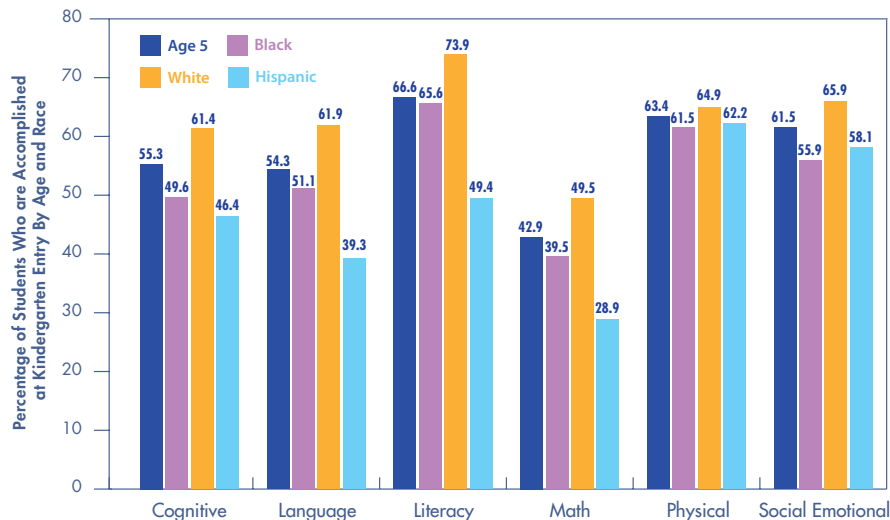
Delaware and Counties, 2017



Source: Delaware Early Learner Survey, Delaware Office of Early Learning

## Kindergarten Readiness by Age and Race

Delaware and Counties, 2017



Source: Delaware Early Learner Survey, Delaware Office of Early Learning



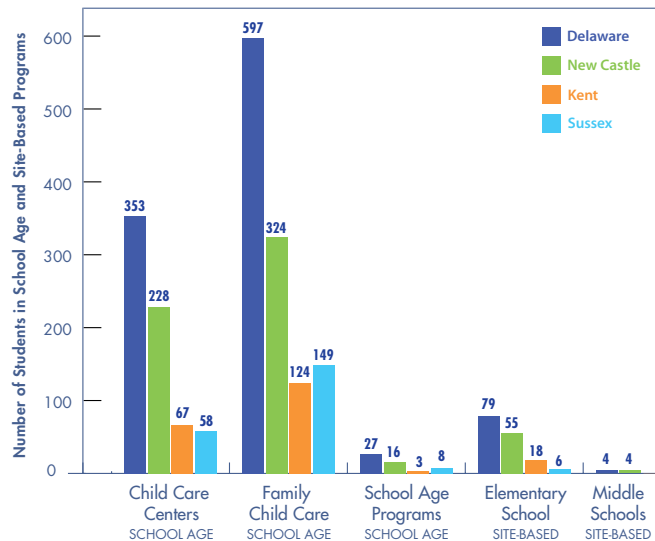
# After School Programs

**A**fterschool boosts student success, keeps kids safe, and helps parents keep their jobs. The demand for afterschool and summer learning opportunities far exceeds the supply and too many young people are being left out.

11,512 communities nationwide benefit from the 21st Century Community Learning Centers initiative, including 51 communities that serve 2,471 students across the state of Delaware. This initiative is the only federal funding source dedicated exclusively to afterschool and summer programs that keep young people engaged and on track for high school graduation, college, and careers.

## School Age Care

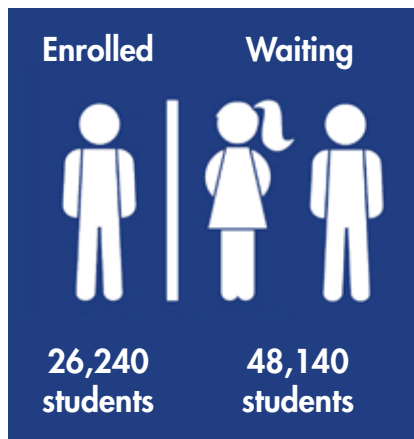
Number of Child Care Facilities and Schools that Offer School Age Care, Delaware and Counties, 2018



Source: Children and Families First

## After School Enrollment

Delaware and Counties, 2017



## After School Works for Families

Delaware and Counties, 2017



Source: <http://www.afterschoolalliance.org/documents/DE-afterschool-facts.pdf>

## Did You Know?

Afterschool works for students.

Students participating in quality afterschool programs attend school more often, do better in school, and are more likely to graduate. Students improve their grades and test scores and make gains that help

narrow the achievement gap between students from high- and low-income families. An evaluation of Delaware's 21st CCLC afterschool programs found that almost all programs "provided activities targeting academically low-performing students, which included activities designed to improve academic

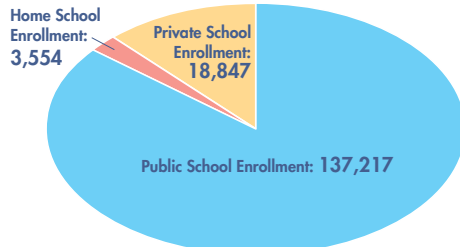
performance. Half of students regularly participating in the program increased their reading (50%) and math (51%) grades between the fall and spring of the 2012-13 school year."

Source: <http://www.afterschoolalliance.org/documents/DE-afterschool-facts.pdf>

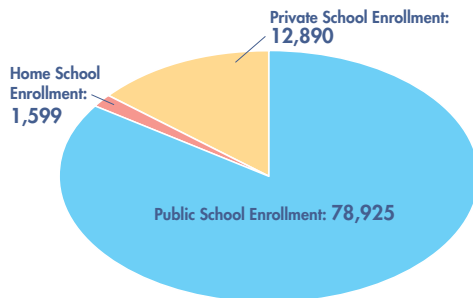
## K-12 Enrollment

### Public and Nonpublic School Enrollment by State and County

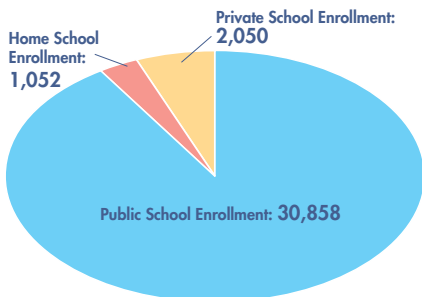
Delaware, 2016-17



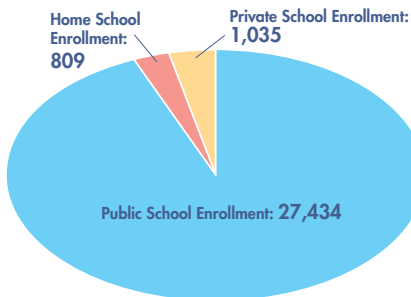
Delaware



New Castle County



Kent County



Sussex County

Source: Delaware Department of Education



Today's students will enter a world that is increasingly interconnected and complex. The next generation of adults will face new challenges in the global economy including significant advancements in technology and increased global competition. Over the past decade, international peers have outpaced the U.S. in growth of adults with a two-year, four-year, graduate, or professional degree. With a job market no longer defined to our nation's borders, it is imperative that Delaware students are equipped with the necessary knowledge and skills to compete for jobs against their peers from around the world.

Source: Vision Coalition of Delaware - Student Success 2025  
<http://visioncoalitionde.org/wp-content/uploads/2016/12/StudentSuccess-2025.pdf>

# Special Education

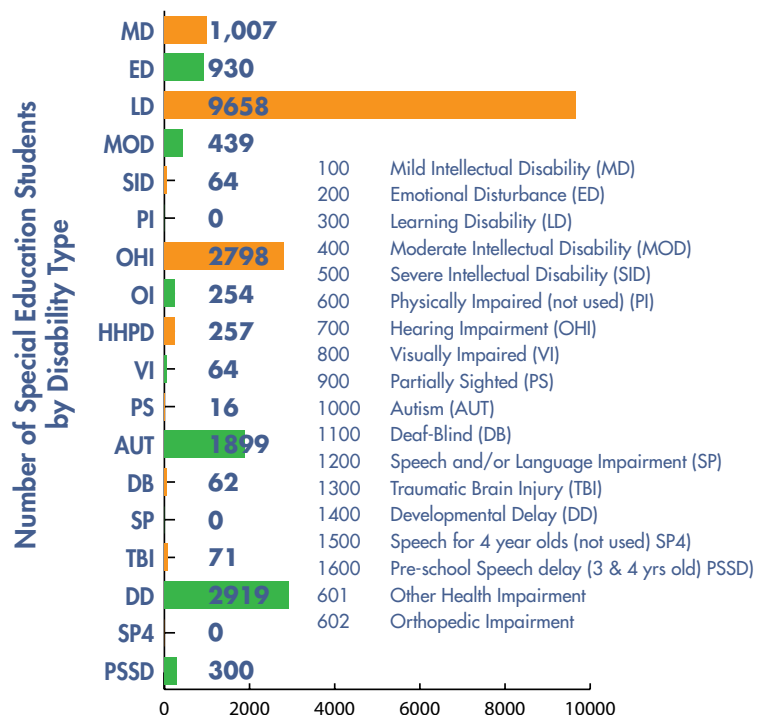
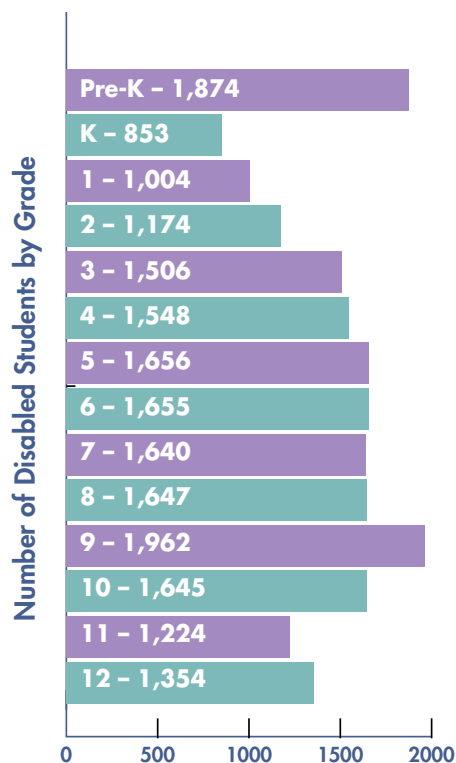


There are more than 19,000 special education students enrolled in Delaware public schools, with nearly half (48%) having a learning disability (Rodel, DDOE). That is why the state of Delaware published the Special Education Strategic Plan in April 2017. It was created through collaborative consensus by a broad group of dedicated stakeholders in order to make sure all parties had a voice. The purpose was to review current policies, make necessary changes and recommendations, and ensure that appropriate supports are in place to serve all students.

They proposed to implement a statewide network of specialists to support students with more intensive and complex needs by providing professional development, direct service, and oversight of implementation. The plan also hopes to increase engagement between parents and families and these new networks to provide access to and knowledge of the resources their children need, both at home and at school.

## Special Education Students by Grade and Disability Type

Delaware, 2016-17



Source: Delaware Department of Education



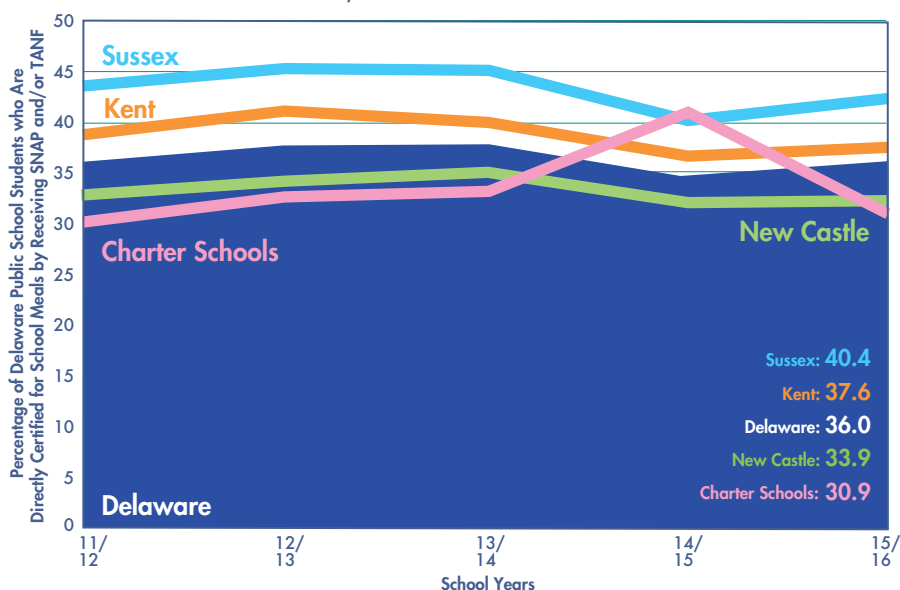
# School Meal Programs

A healthy diet is essential to the daily function for all people, especially the academic achievement of young people. For this reason, nutritious meals are now considered an integral part of a good education. When children are hungry, they cannot learn or grow at their highest potential. The National School Lunch Program (NLSP) is a federally assisted meal program that operates in public and nonprofit private schools and residential child care institutions to provide nutritionally balanced, low-cost or free lunches to children each school day. In the 2014/15 school year, a new lunch option was made available to Delaware schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP). The CEP was enacted as part of the Healthy, Hunger-Free Kids Act 2010 and provides universal meal service to students in school districts with at least 40 percentage of students who are directly certified for free meals from July 1 - April 1. Programs like this- that support child development by ensuring that all children are well nourished- are a critical component in raising healthy, strong and smart children.



## Direct Certification for School Meals

Delaware, Counties and Charter Schools\*



Note: **Direct Certification** – Students who receive benefits from the Supplemental Nutrition Assistance Program (SNAP) and/or Delaware's Temporary Assistance to Needy Families (TANF) automatically qualify for free meals with no further documentation necessary. Other students can qualify based on completion of the meal eligibility form. In CEP schools, the basis for reimbursement is Direct Certification x 1.6, but all students receive free meals.

Source: Delaware Department of Education

## Did You Know?

A groundbreaking study published in the UK in 2013 found that reading for pleasure as a child improved future cognition, particularly vocabulary, and increased the likelihood of future educational attainment and even social mobility.

Source: <https://www.gov.uk/government/publications/research-evidence-on-reading-for-pleasure>



# Student Assessment



## Did You Know?

With Delaware's growing immigrant population, the state has experienced a large disparity in English and Math proficiency between native English speakers and English learning students.

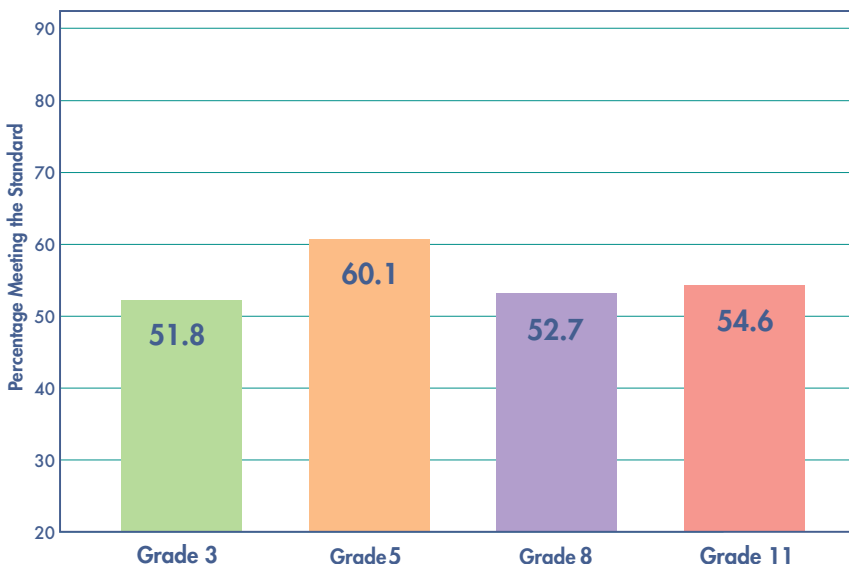
Source: <http://www.rodelfoundationde.org/ataglance/>

In the 2014-15 school year, Delaware's assessment program was renamed the Delaware System of Student Assessments (DeSSA). DeSSA assessments include Smarter English Language Arts/Literacy (ELA) and Mathematics assessments. The Smarter assessments are designed to measure the progress of Delaware students in ELA/Literacy and Mathematics standards in grades 3-8, and 11. Beginning in the 2015-16 year, the SAT is the 11th grade accountability measure.

We need to be sure that future leaders have the skills required to tackle the problems of tomorrow. Future success in life is directly related to a person's breadth of knowledge and ability to think, learn, and communicate. Education plays a primary role in equipping young people with the necessary skills, knowledge, and experiences for achievement. Students have to know how to use information the way cooks use ingredients. This involves selecting, evaluating and combining the ingredients in a hands-on, exploratory way. School testing programs, such as math and reading assessments, are measures of a student's academic achievement. Just as we need many different gauges, windows and mirrors as drivers, education needs a dashboard approach to assessment to provide multiple ways of monitoring and improving.

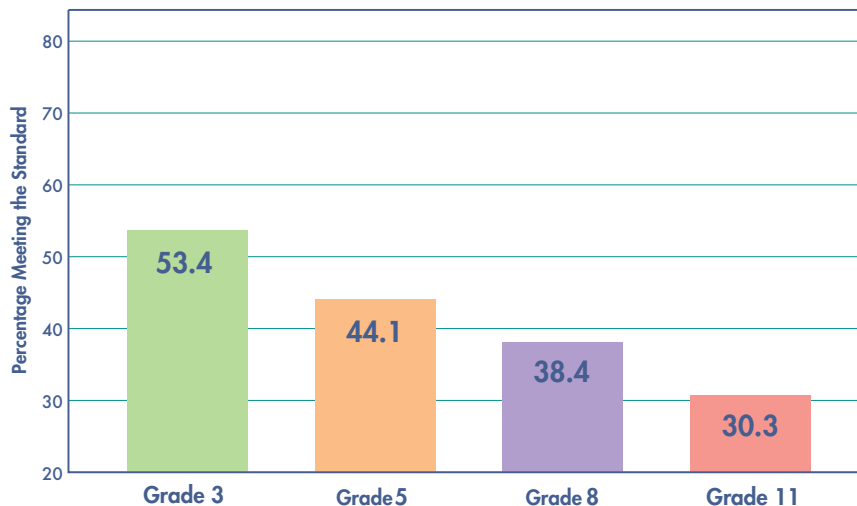
## Reading Proficiency

2016-17 Delaware System of Student Assessments (DeSSA)



## Math Proficiency

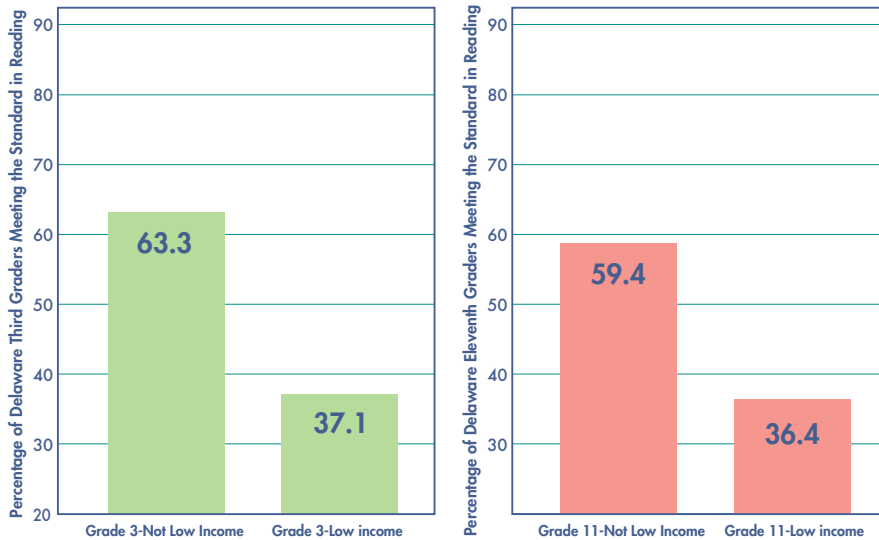
2016-17 Delaware System of Student Assessments (DeSSA)



Source: Delaware Department of Education

## Reading Proficiency by Family Income

2016-17 Delaware Testing, 3rd and 11th Grade Reading by Family Income

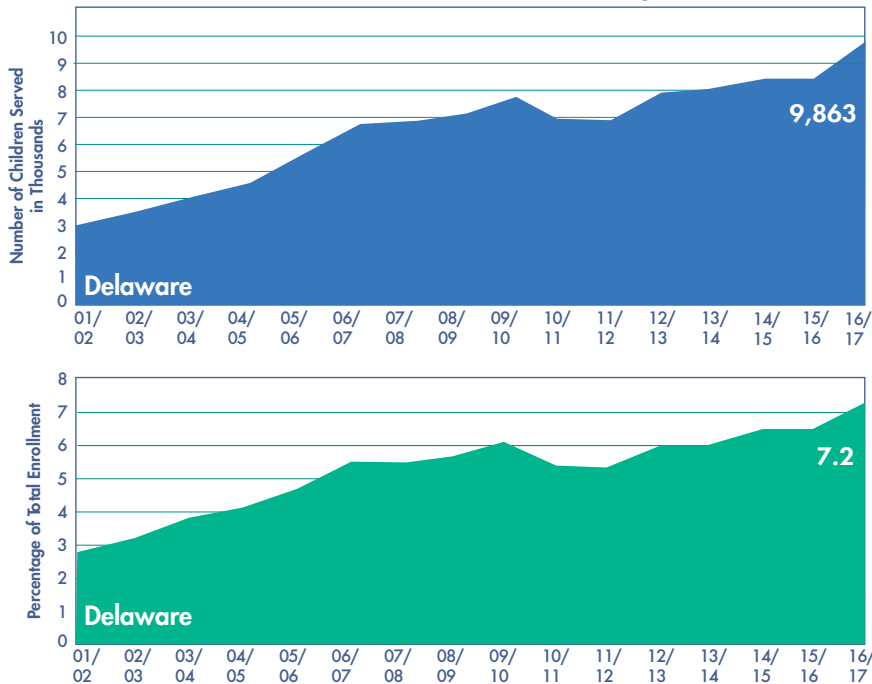


Source: Delaware Department of Education



## English Learners

Number and Percent of Delaware Students who are English Learners



Notes: **English Learner** – an individual who was not born in the U.S. or whose native language is a language other than English; or is a Native American or Alaskan Native and comes from an environment where a language other than English has had a significant impact on such individual's level of English language proficiency; or an individual who has sufficient difficulty speaking, reading, writing, or understanding the English language and whose difficulties may deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English.

Number served is the count of students enrolled on April 1. The total of children served per year is higher.

Source: Delaware Department of Education

## Did You Know?

Delaware is one of only 4 states in the country that does not provide additional education funding for English learners, meaning districts and charters must cobble together other funding to meet legal requirements for serving these students.

Source: <http://www.delawareonline.com/story/opinion/contributors/2017/10/26/english-learning-students-need-our-help-delaware-voices/799782001/>



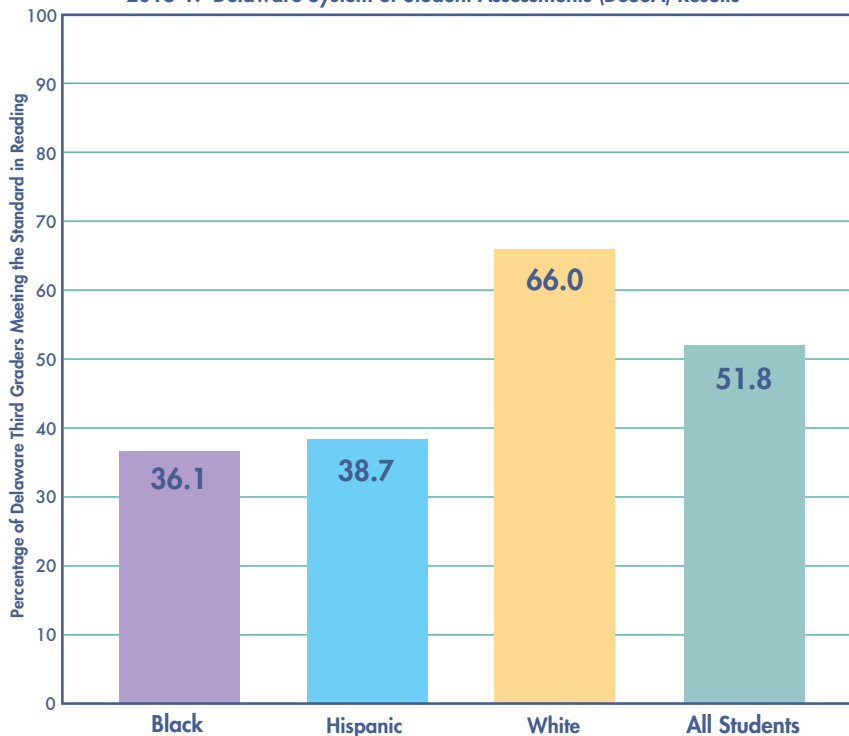
# Student Assessment



As things stand today, children of color face more barriers to getting the education they need to reach their goals than do White children. Housing discrimination created segregated neighborhoods, which in turn created segregated schools. The school funding structure, based largely on property wealth, has created a system in which schools across the state have vastly different educational resources. In turn, these opportunity gaps create disparities in important measures of educational success.

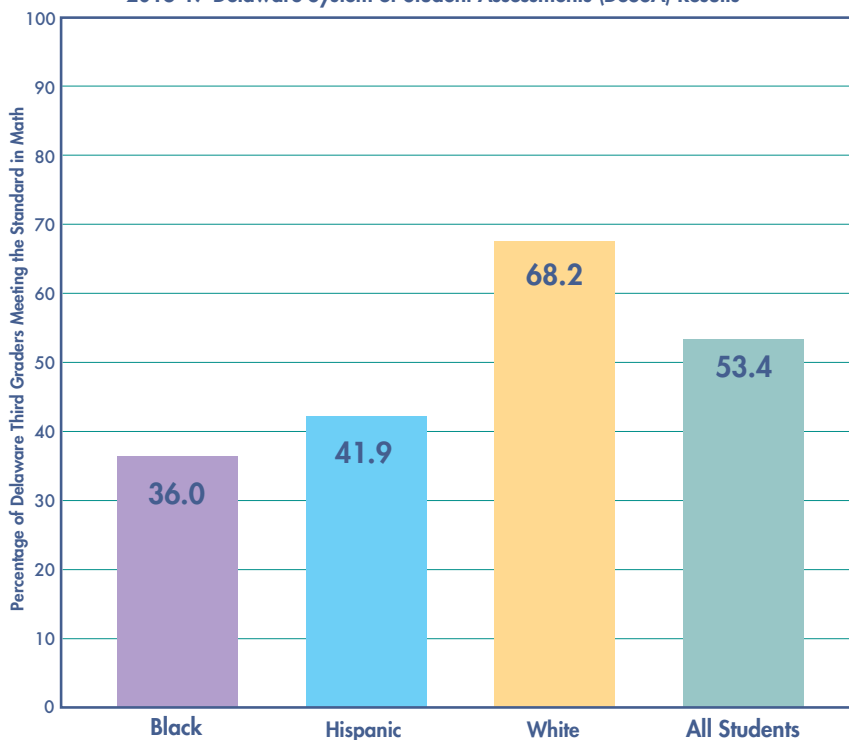
## Grade 3 Reading Proficiency by Race/Ethnicity

2016-17 Delaware System of Student Assessments (DeSSA) Results



## Grade 3 Math Proficiency by Race/Ethnicity

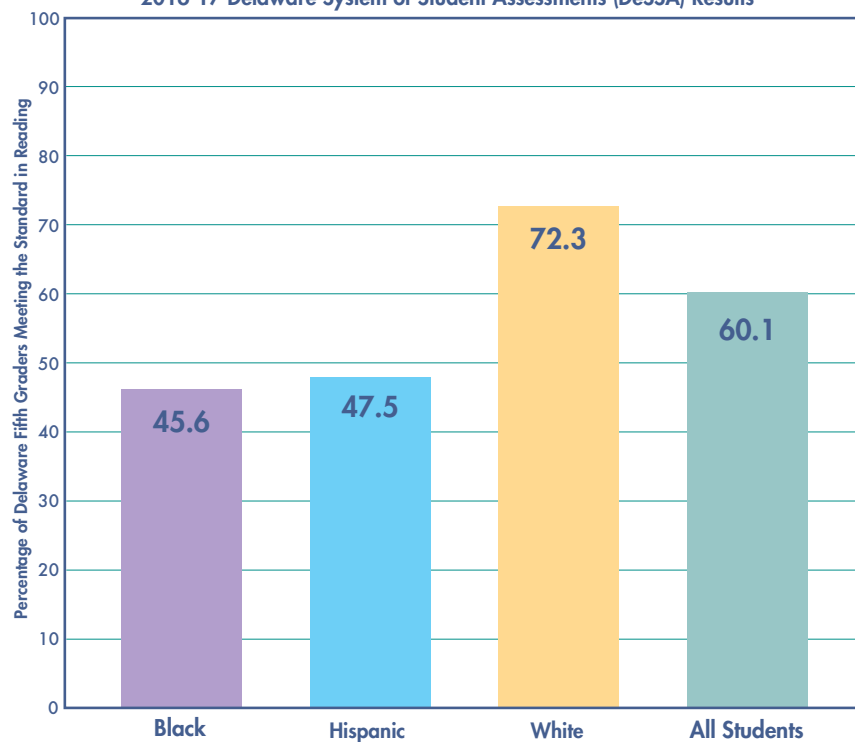
2016-17 Delaware System of Student Assessments (DeSSA) Results



Notes: "All" includes Native American and Asian.  
Source: Delaware Department of Education

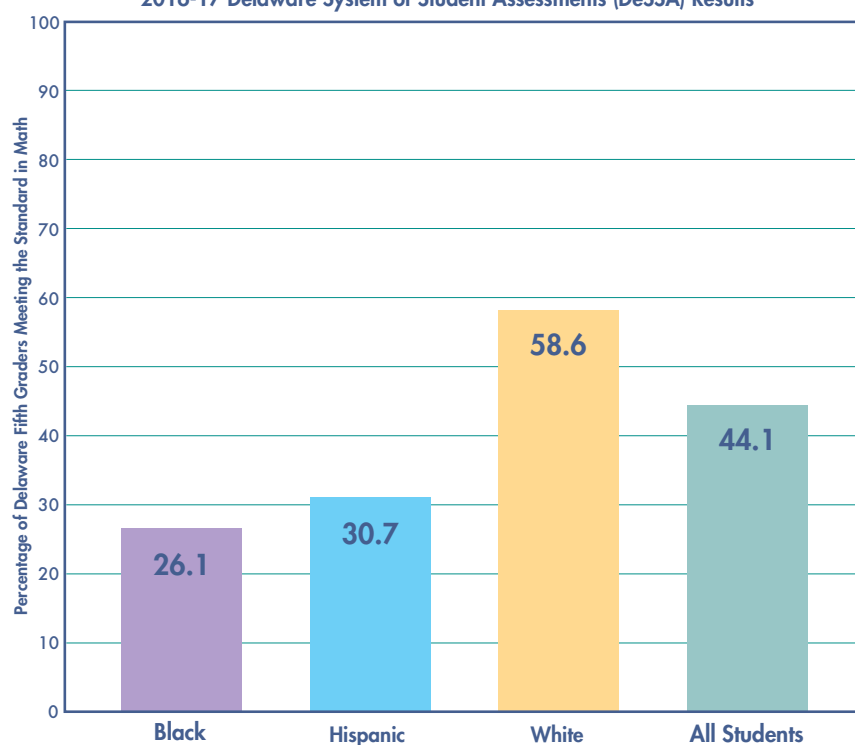
## Grade 5 Reading Proficiency by Race/Ethnicity

2016-17 Delaware System of Student Assessments (DeSSA) Results



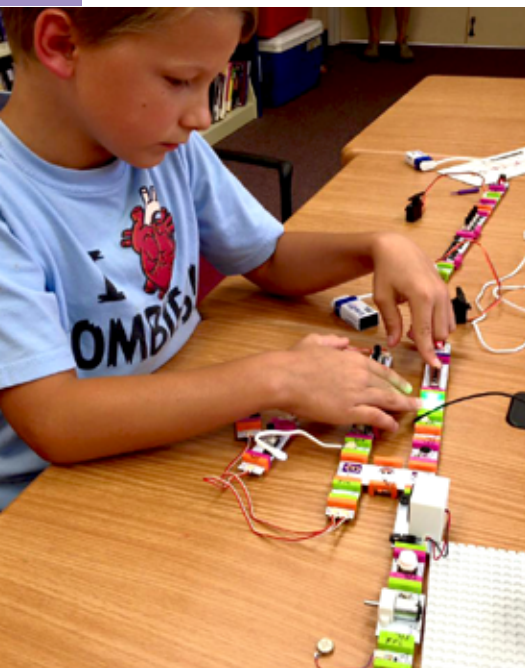
## Grade 5 Math Proficiency by Race/Ethnicity

2016-17 Delaware System of Student Assessments (DeSSA) Results



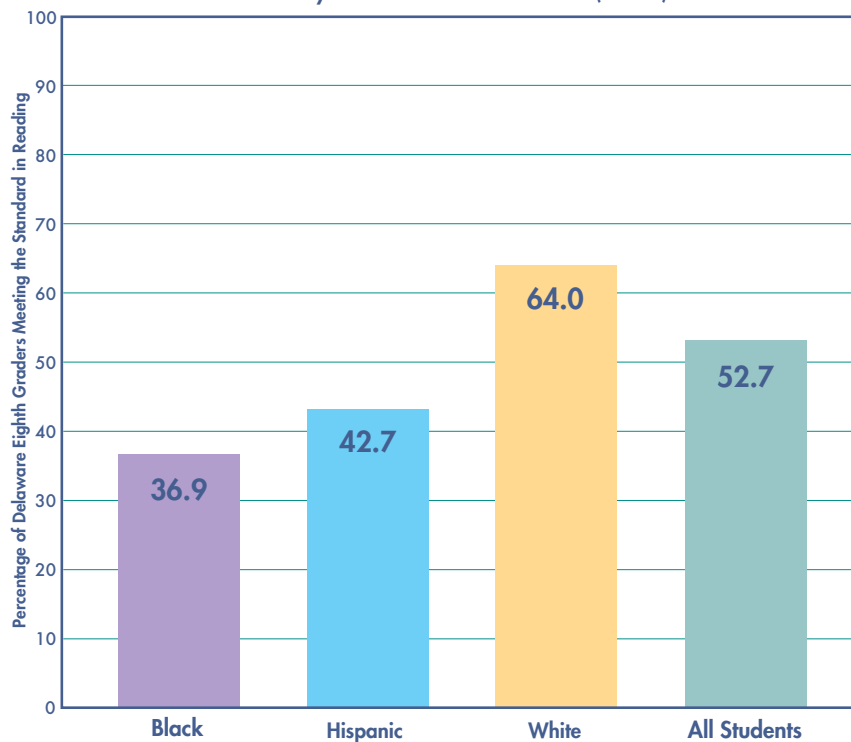
Notes: "All" includes Native American and Asian.  
Source: Delaware Department of Education

# Student Assessment



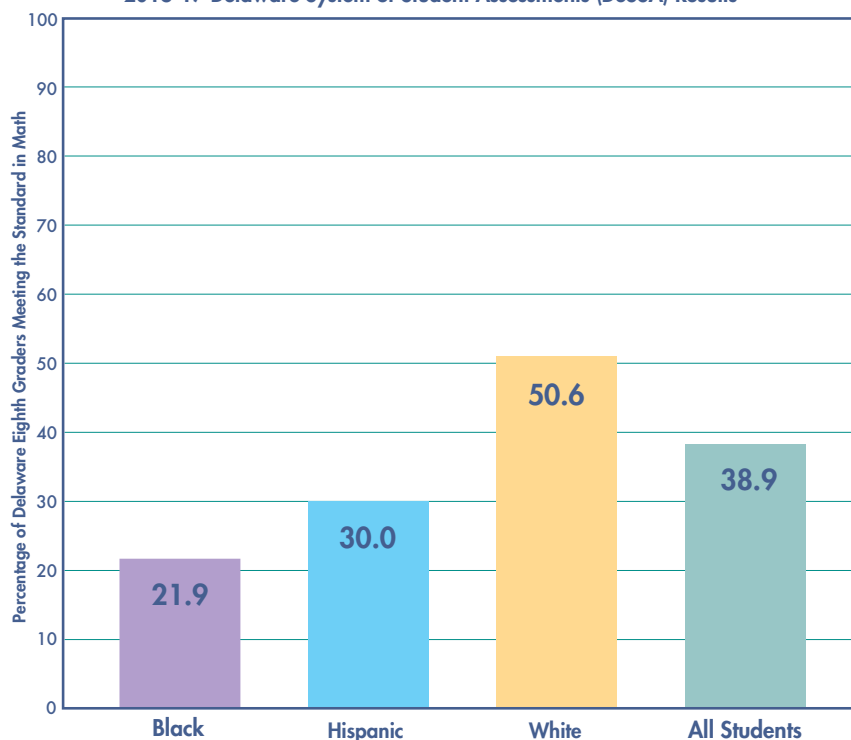
## Grade 8 Reading Proficiency by Race/Ethnicity

2016-17 Delaware System of Student Assessments (DeSSA) Results



## Grade 8 Math Proficiency by Race/Ethnicity

2016-17 Delaware System of Student Assessments (DeSSA) Results

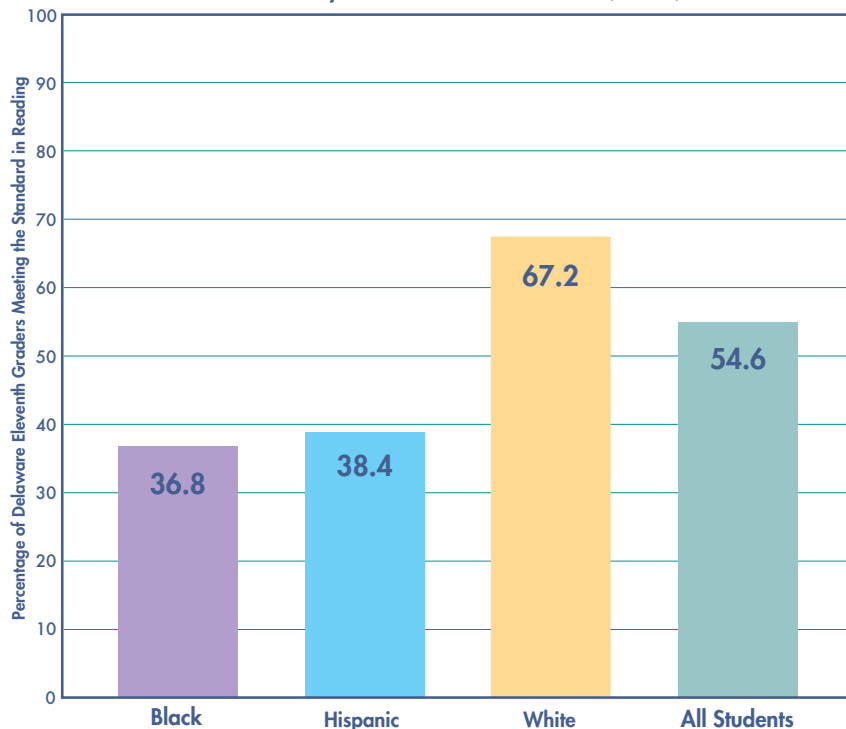


Notes: "All" includes Native American and Asian.  
Source: Delaware Department of Education



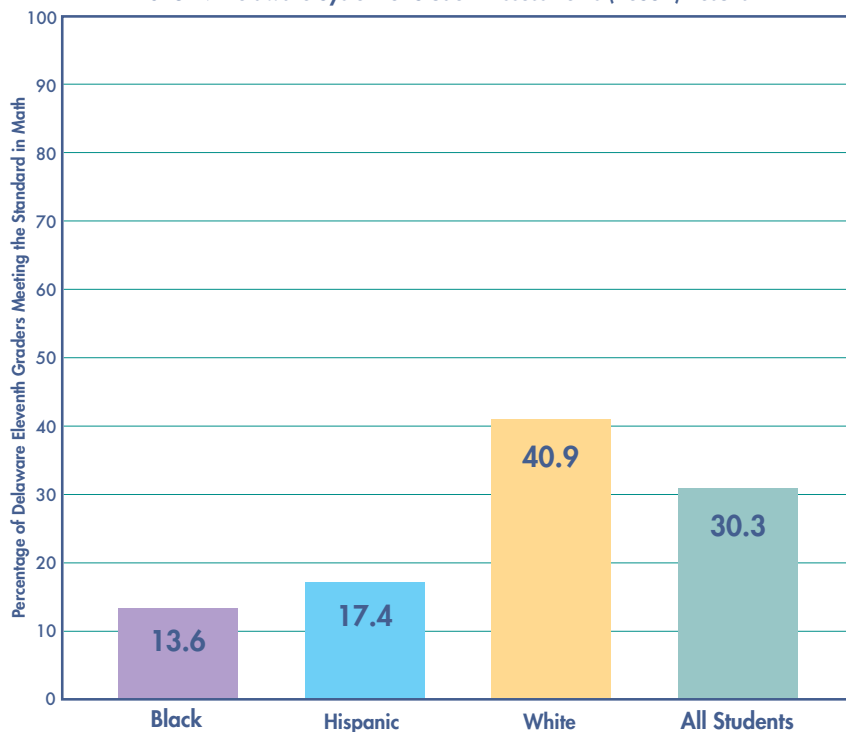
## Grade 11 Reading Proficiency by Race/Ethnicity

2016-17 Delaware System of Student Assessments (DeSSA) Results



## Grade 11 Math Proficiency by Race/Ethnicity

2016-17 Delaware System of Student Assessments (DeSSA) Results

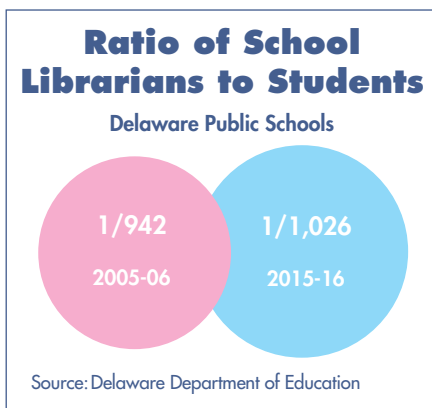
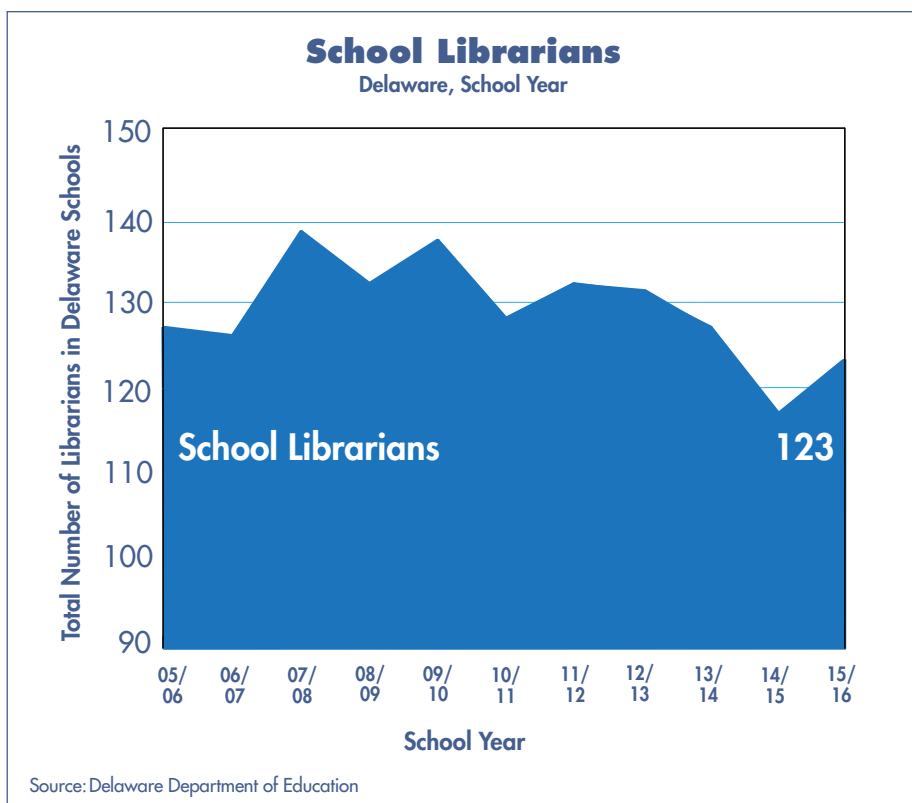


Notes: "All" includes Native American and Asian.  
Beginning in the 2015-16 year, the SAT is the 11th grade accountability measure.  
Source: Delaware Department of Education



# School Libraries

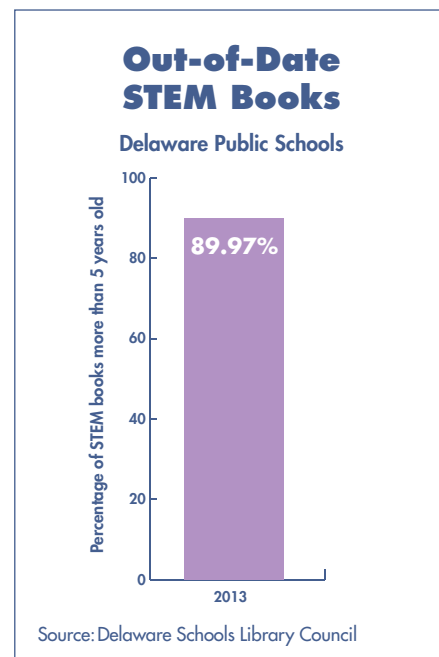
School libraries are among the supports often provided to improve student success. Strong libraries become the “hub” of a school and are used by students in a variety of ways. Research has shown that quality school libraries are correlated with higher student achievement. However, in Delaware the “quality library gap” is growing so that access to resources and technology is not available for all students in the state. Dimension of quality include items such as staffing, funding, collections, technology, integration into curriculum and flexible scheduling.



## Did You Know?

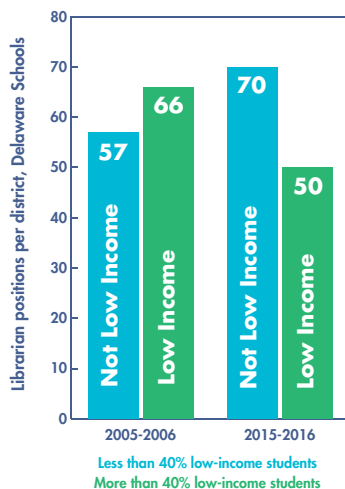
In Delaware, school districts with a majority of students from low-income households have cut librarian positions by over 15% since 2005. Conversely, districts with a small number of low-income students have seen a 13% increase in availability of librarians and library resources since 2005.

Source: <http://www.ipa.udel.edu/publications/delaware-school-libraries-master-plan2016.pdf>



## Librarian Positions per District

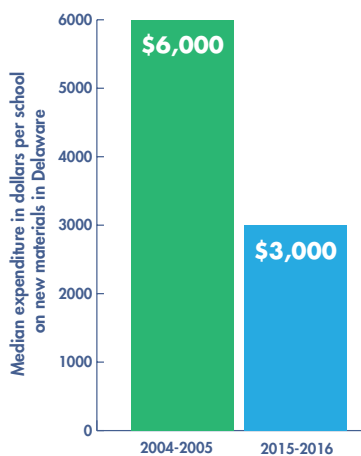
Delaware Public Schools



Source: Delaware Department of Education

## New Median Material Expenditure

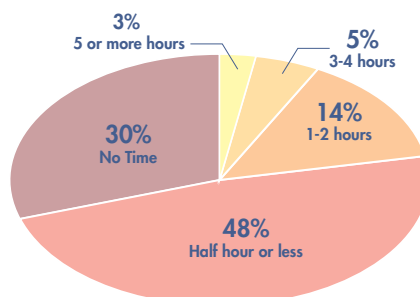
Delaware Public Schools



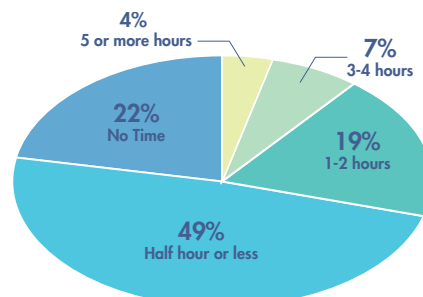
Source: 2004-2005 Center for International Scholarship in School Libraries, Rutgers University; 2015-2016 Institute for Public Administration, University of Delaware

## Reading for Pleasure

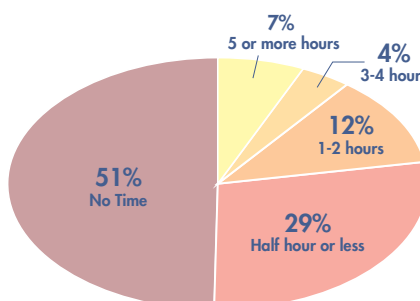
Time Spent Reading on a School Day



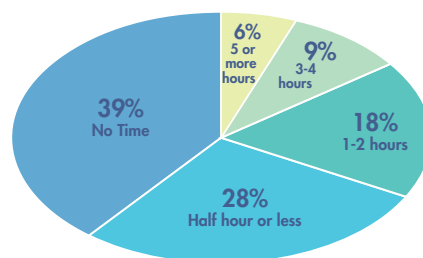
5th grade male



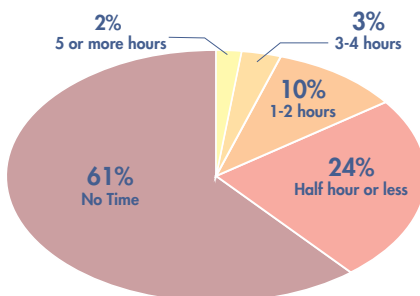
5th grade female



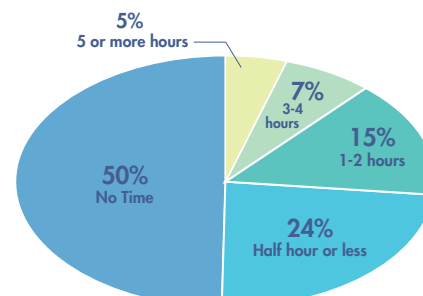
8th grade male



8th grade female



11th grade male



11th grade female

Source: 2017 Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## Did You Know?

A groundbreaking study published in the UK in 2013 found that reading for pleasure as a child improved future cognition, particularly vocabulary, and increased the likelihood of future educational attainment and even social mobility.

Source: <https://www.gov.uk/government/publications/research-evidence-on-reading-for-pleasure>

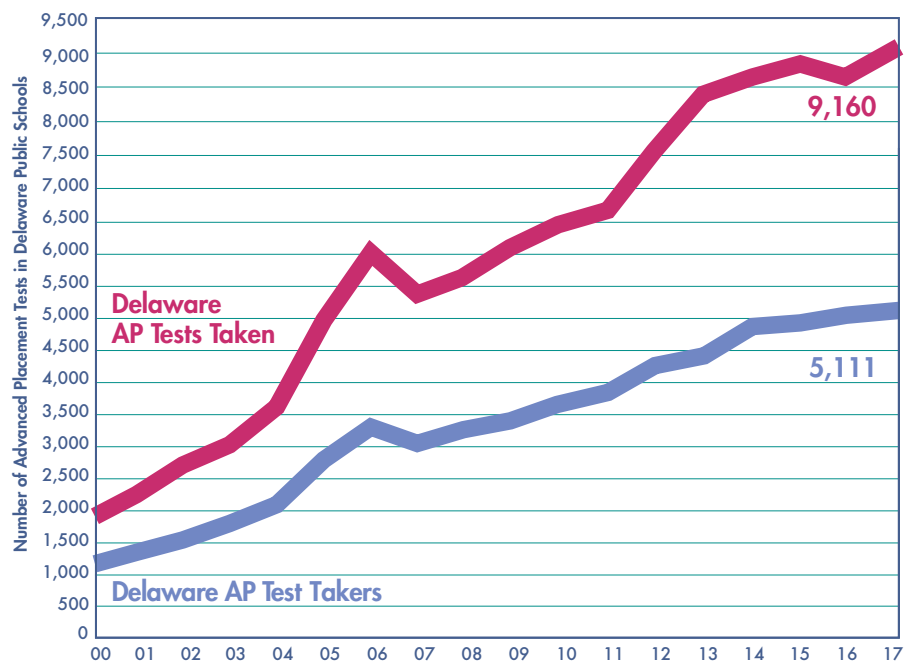
# Advanced Placement

**L**earning is like pollination, with ideas. Learners need access to a lot of pollination points in order to engage their attention and grow their motivation. The Advanced Placement (AP) Program gives students across the country the opportunity to discover knowledge and explore new subjects that might otherwise remain uncharted in high school curriculums. Based on a cooperative educational effort between secondary schools and colleges and universities across the U.S., the AP Program enables students to earn credit or advanced standing at many of the nation's colleges and universities by taking college-level courses in a high-school setting.

To participate in the program, students are only required to possess a strong curiosity for the subject they plan to study and the willingness to work hard. The AP program allows students to explore subjects in greater depth and broaden their intellectual horizons, preparing students for the rigor of college courses and enabling them to show their commitment to academic excellence.

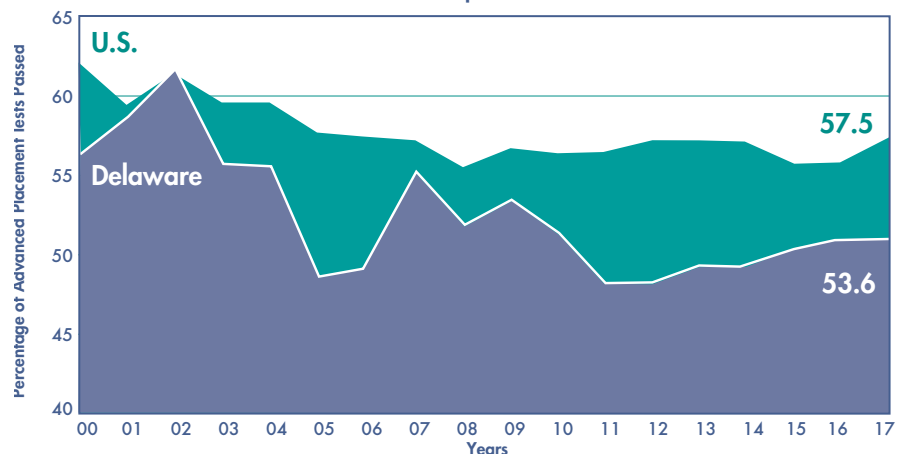
## Advanced Placement Tests

Delaware



## Advanced Placement Tests Passed

Delaware Compared to U.S.

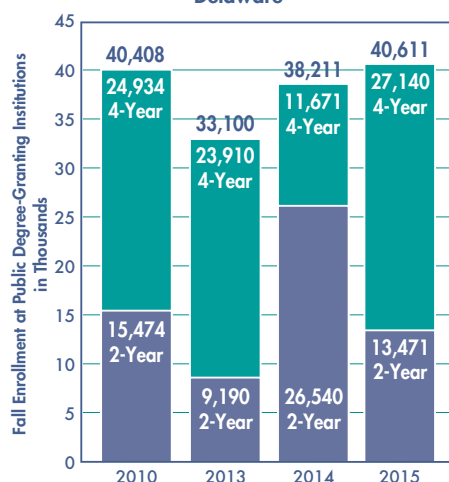


Source: Delaware Department of Education



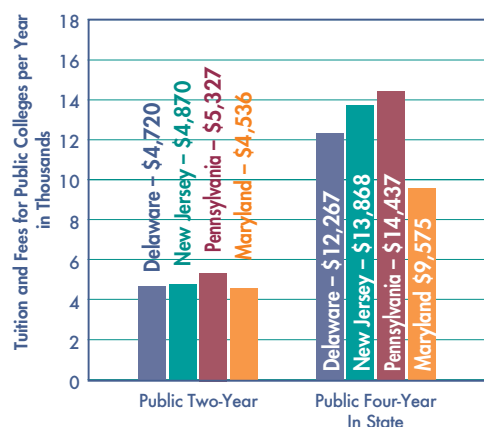
# Higher Education

## College Participation Delaware



Source: College Board Advocacy & Policy Center – Analysis Brief “Trends in Tuition and Fees, Enrollment, and State Appropriations for Higher Education by State

## College Tuition 2017/18



Source: <http://trends.collegeboard.org/>

### Did You Know?

As part of College Application Month, Delaware waived application fees for all in-state and select out-of-state universities for October and November 2017. The Application Month hopes to encourage more Delaware high schoolers to consider college and help students navigate the often complicated application process.

Source: <https://news.delaware.gov/2017/10/19/free-college-applications-more-offered-during-delawares-college-application-month/>



## Delaware Graduates Attending Higher Education

Delaware, 2015-16

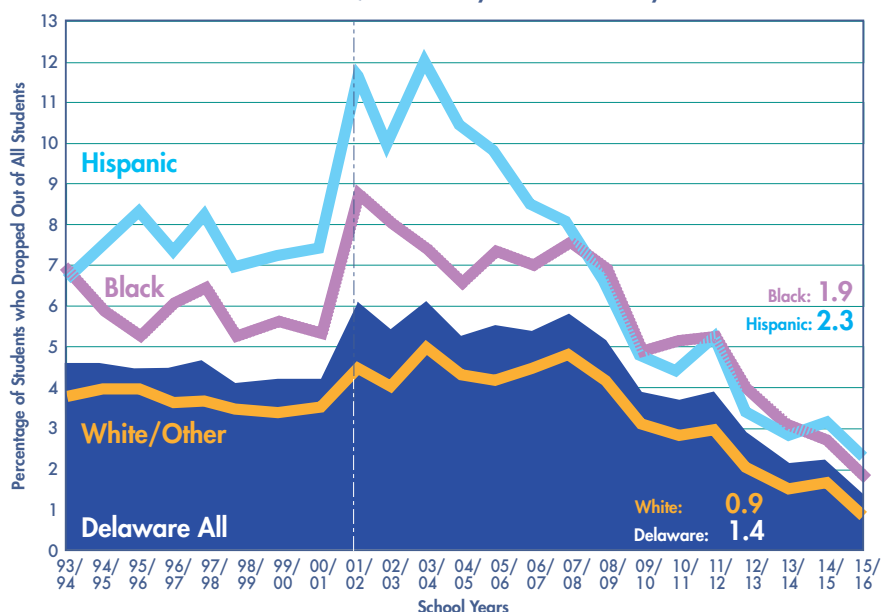
	Attendees	Percentage
Delaware State University	346	7%
University of Delaware	1158	24%
Delaware Technical and Community College	1360	28%
Wesley College	123	3%
Wilmington University	234	5%
Out of State Institutes of Higher Education	1698	35%
<b>Total</b>	<b>4919</b>	<b>100%</b>

Source: Delaware Department of Education

# High School Dropouts

We need the talents and contributions of all learners to be available to our communities. A student's graduation from high school is a direct predictor of future success, and dropping out of school can have immense costs for both the student and the community at large. Young high school dropouts are significantly more likely to face adverse outcomes such as unemployment, living in poverty, receiving public assistance, spending time in prison and being unhealthy. Dropping out of high school is also a cyclical process that affects future generations, as high school dropouts are at a higher risk of becoming single parents with children who drop out of high school themselves. As workplaces become progressively dependent on technology, dropouts will have an increasingly difficult time competing in the labor force, compounding negative effects that are felt across entire communities. Which means we must find innovative solutions for keeping students engaged in education. The changes we need to make to our education system are like remodeling a valuable by outdated house - keeping what works and updating what doesn't - to make it more functional for today's needs.

**Public High School Dropouts**  
Grades 9–12, Delaware by Race and Ethnicity



Note: The percentage after 2000–01 reflects an improvement in data acquisition and reporting. There was not a significant increase in the number of dropouts; those students added to the dropout data were previously listed as "Missing," and not reported. Missing students have been tracked and placed in correct categories.

Note: **Dropout** – A 2014–15 dropout is an individual who was enrolled at the end of the 2013–14 school year; or at any time during the 2014–15 school year; and is no longer in school, has not graduated from high school or completed a state- or district-approved educational program; and does not meet any of the following exclusionary conditions:

- Documentation proving transfer to another public school district, private school, or state- or district-approved education program;
- Temporary absence due to suspension or school-approved illness; or
- Death.

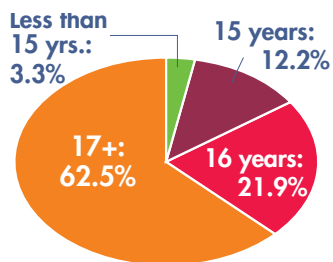
Source: Delaware Department of Education



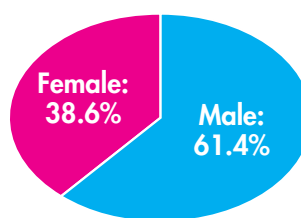
## Dropouts

by Age, Gender, and Racial/Ethnic Group, School Year 2015/16

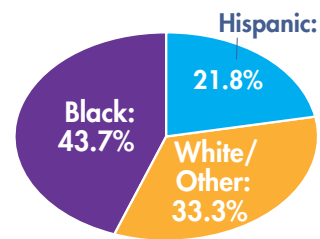
Percentage of all dropouts by age



Percentage of all dropouts by gender



Percentage of all dropouts by racial/ethnic group



Source: Delaware Department of Education

# High School Dropouts

## Dropout Rates

by Racial/Ethnic Group  
School Year 2015/16

### Delaware

All – 1.4

White/Other – 0.9

Hispanic – 2.2

Black – 1.9

### New Castle County

All – 1.3

White/Other – 0.7

Hispanic – 1.8

Black – 2.0

### Kent County

All – 1.3

White/Other – 1.1

Hispanic – 1.8

Black – 1.5

### Sussex County

All – 1.6

White/Other – 1.0

Hispanic – 3.5

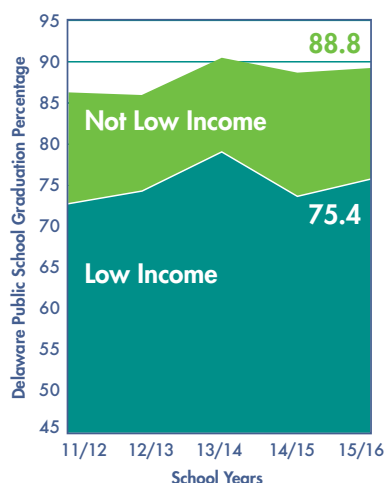
Black – 2.1

Delaware Average: 1.4

Source: Delaware Department of Education

## Graduation Rates by Family Income

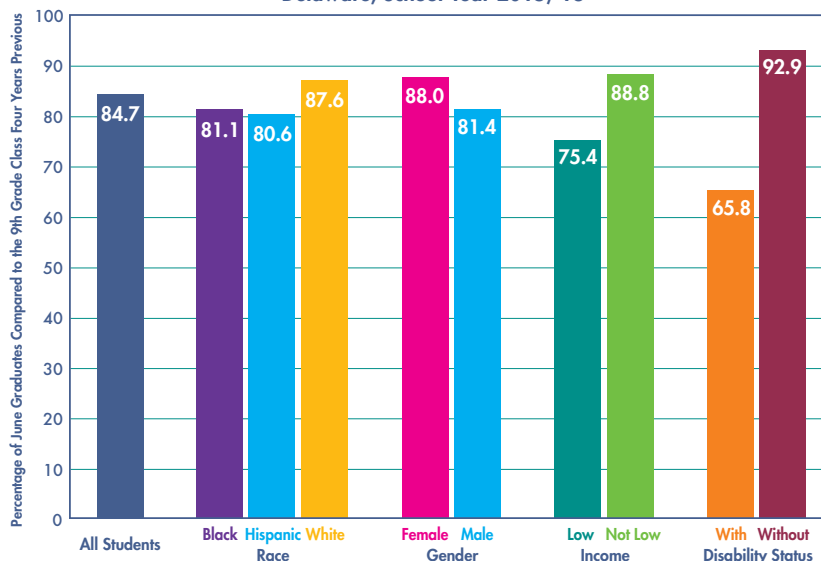
Delaware Public Schools



Source: Delaware Department of Education

## Graduation Rates

Delaware, School Year 2015/16



**Note: Graduation Rate** – The graduation rate is a cohort rate that reflects the percent of 9th grade students who graduated within four years from a Delaware public school. The rate takes into account dropouts. For example, the rate for 2015–2016 reflects the percent of incoming 9th graders in September of 2012 who graduated in June of 2016.

Source: Delaware Department of Education

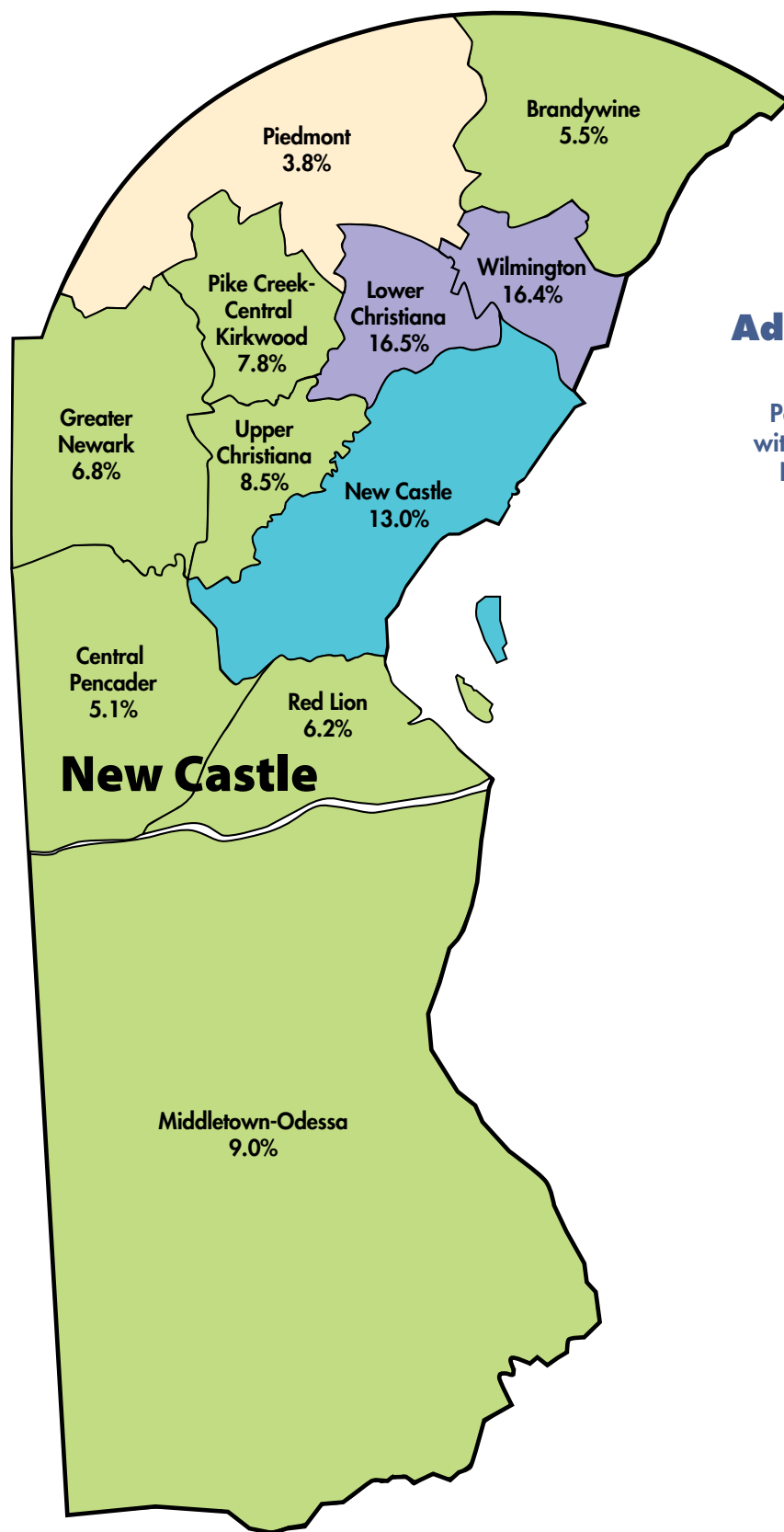
## Did You Know?

Delaware state officials joined with education officials and United Way of Delaware during fall of 2017 to launch the Delaware Campaign for Grade Level Reading.

Source: <https://why.org/articles/united-way-works-reduce-delaware-illiteracy-rate/>



# High School Dropouts



## Adults Without a High School Diploma

Percentage of people over age 25 without high school diplomas or GED  
New Castle County Subdivisions  
Census County Divisions  
Five-Year Average 2012–2016

### Key

0 – 4.9%	
5 – 9.9%	
10 – 14.9%	
15 – 19.9%	
20 – 24.9%	
25 – 35.0%	

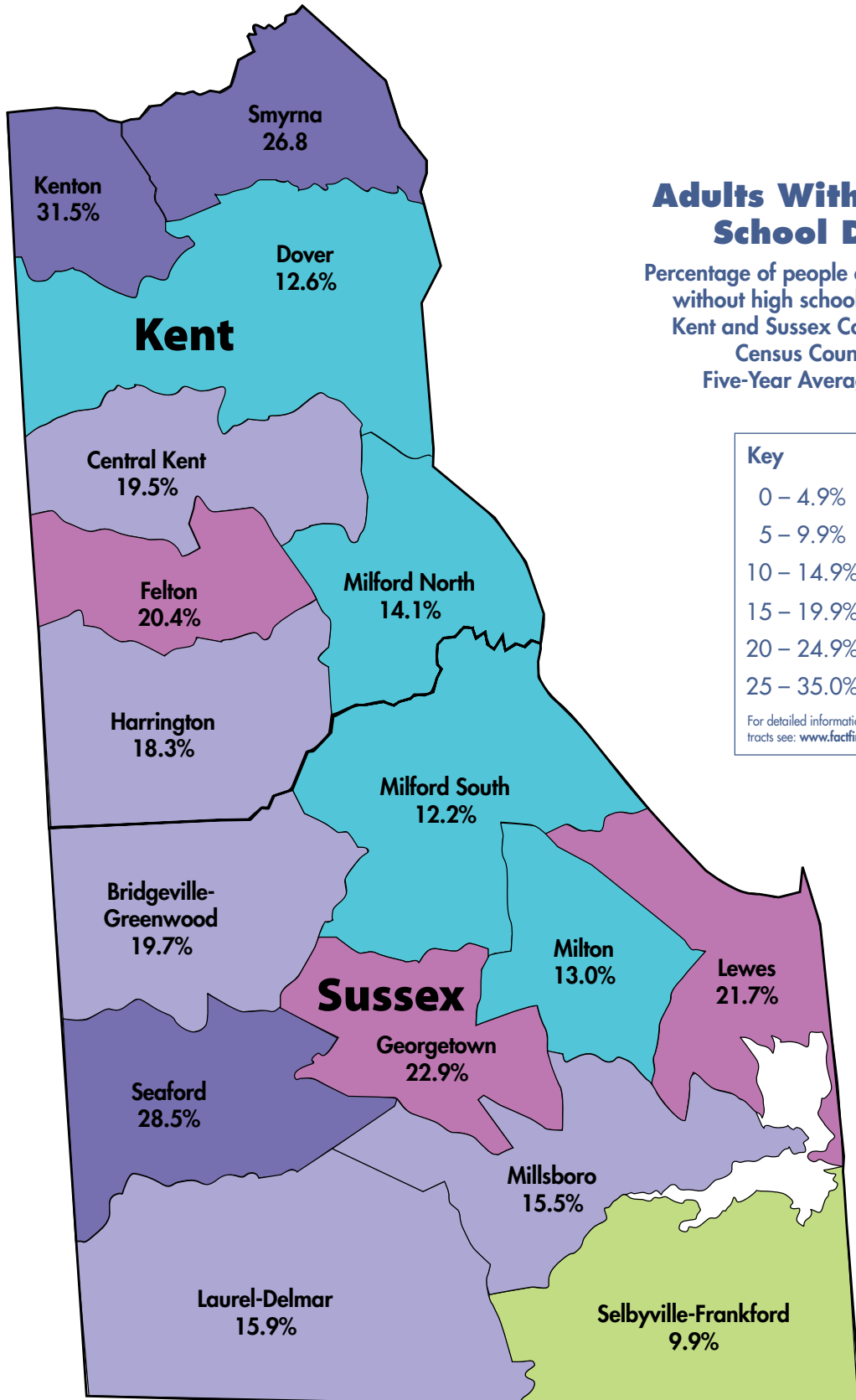
For detailed information on census tracts see: [www.factfinder.census.gov](http://www.factfinder.census.gov)



Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau



# High School Dropouts



## Adults Without a High School Diploma

Percentage of people over age 25 who are without high school diplomas or GED  
Kent and Sussex County Subdivisions  
Census County Divisions  
Five-Year Average 2012–2016

### Key

- 0 – 4.9%
- 5 – 9.9%
- 10 – 14.9%
- 15 – 19.9%
- 20 – 24.9%
- 25 – 35.0%

For detailed information on census tracts see: [www.factfinder.census.gov](http://www.factfinder.census.gov)



Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau

# Expulsions and Suspensions

## Did You Know?

A report by UCLA in 2016 found that the total national cost of 10th grade suspensions for one year exceeds \$53 billion by increasing dropout rates and decreasing ability to succeed of the suspended.

Source: <https://www.civilrightsproject.ucla.edu/news/press-releases/featured-research-2016/school-suspensions-cost-taxpayers-billions>



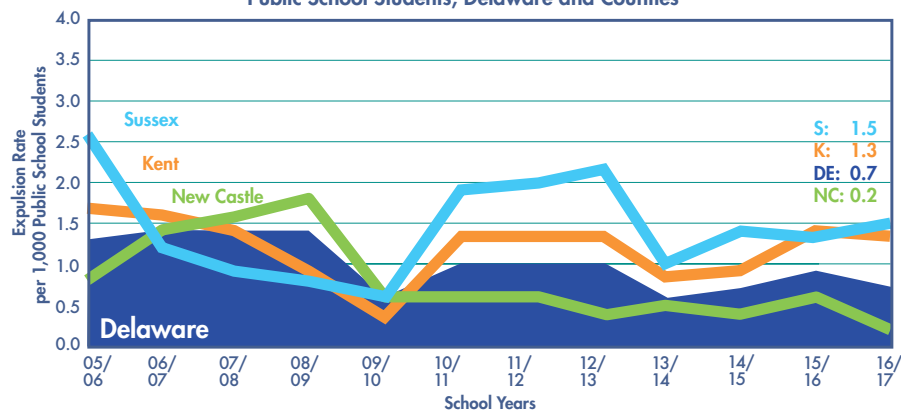
## Expulsions and Suspensions

County	Enrollment	Number of Expulsions	Number of Suspensions*		Total
			Out-of-School	In-School	
Delaware	137,217	98	26,341	21,108	47,449
New Castle	78,925	15	18,012	10,262	28,274
Kent	30,858	41	4,193	5,158	9,351
Sussex	27,434	42	4,136	5,688	9,824

\*Suspensions are total number of suspensions, not students suspended. A student may have multiple suspensions.  
Note: Most frequent infractions resulting in Suspensions were Defiance of School Authority, Fighting, General Disruption. Most frequent infractions resulting in Expulsion were Drug Use or Possession, Assault/Battery.

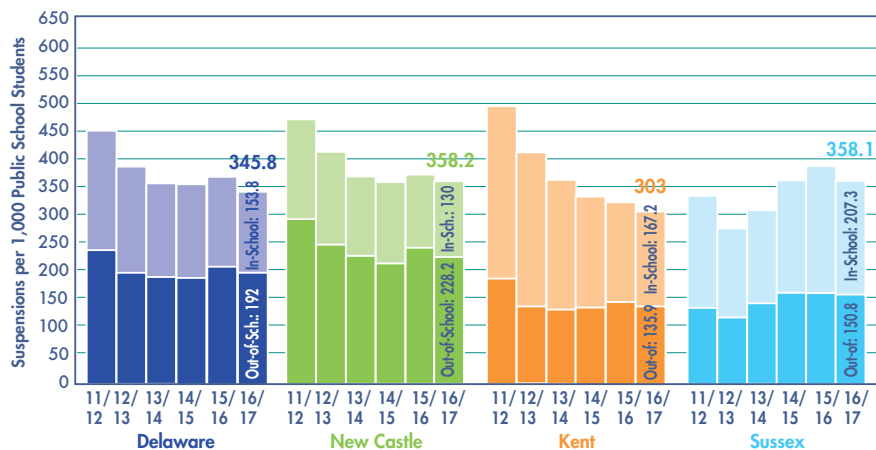
## Expulsion Rates

Public School Students, Delaware and Counties



## Suspension Rates

Public School Students, Delaware and Counties



Note: The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. The duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.

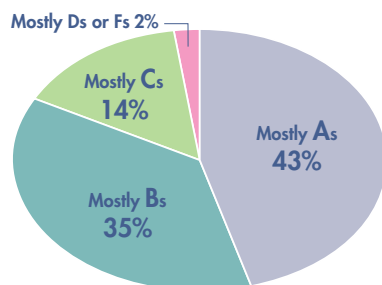
Source: Delaware Department of Education

## Parental Monitoring and Grades

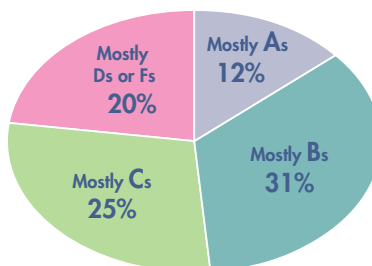
How often do your parents know where you are when you're not in school?  
What grades do you usually make?

Delaware 8th Graders, 2017

Parents know most of the time



Parents never know



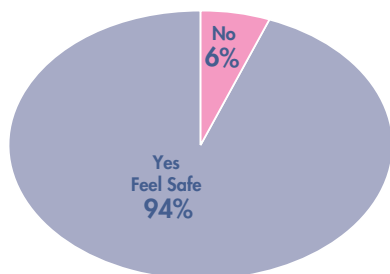
Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## School Safety

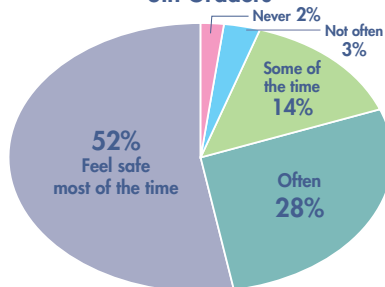
I feel safe in my school.

Delaware, 2017

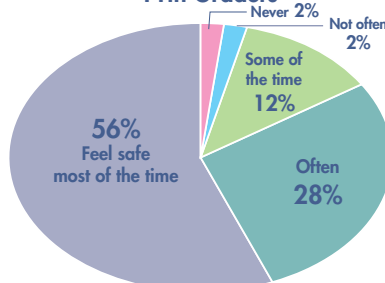
5th Graders



8th Graders



11th Graders

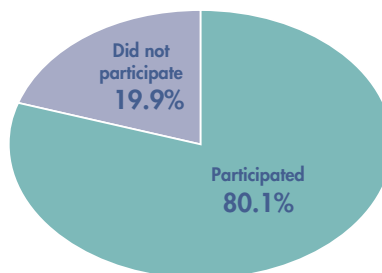


Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## Extracurricular Activities

Percentage of children ages 6 to 17 who participated in organized activities outside of school, such as sports teams or lessons, clubs or organizations

Delaware, 2016

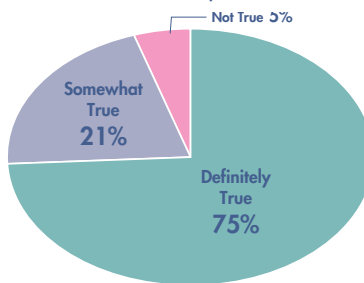


Source: National Survey of Children's Health, 2016  
<http://www.childhealthdata.org/browse/survey/results?q=4749&r=9>

## School Engagement

Percentage of children ages 6 to 17 who care about doing well in school

Delaware, 2016



Source: National Survey of Children's Health, 2016  
<http://www.childhealthdata.org/browse/survey/results?q=4749&r=9>



# Education



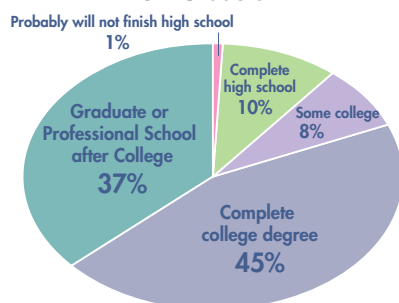
**E**ducation is the foundation for children to build a better future and achieve in all areas of life. In order to achieve at higher levels educationally, children need consistent support from their parents. Positive support such as providing literacy materials, holding high expectations, emphasizing effort over ability and encouraging autonomy can help parents positively impact their children's performance.

Parents can actively participate in their children's education in several ways such as communicating with the child's school, monitoring homework, and attending school activities and meetings. Active and effective support from both parents and the community as a whole can create positive and productive educational outcomes for children.

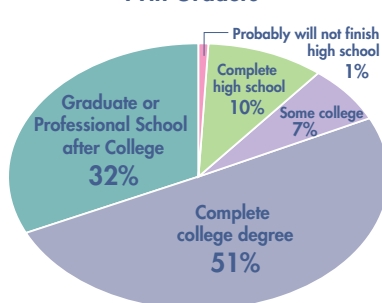
## School Completion

How much schooling do you think you will complete?  
Delaware, 2017

### 8th Graders



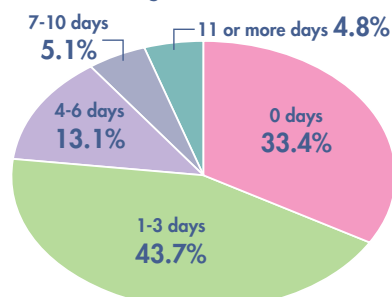
### 11th Graders



Source: 2017 Delaware School Survey, University of Delaware Center for Drug and Health Studies

## Absences

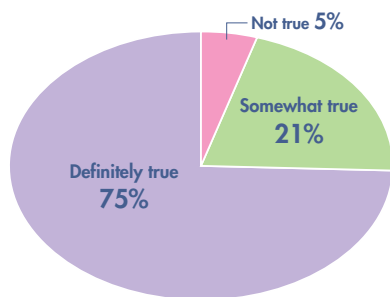
Number of school days missed due to illness or injury during the past 12 months (ages 6-17), Delaware



Source: National Survey of Children's Health

## Homework

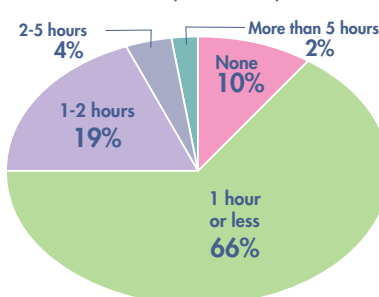
Children who do all required homework  
5th Graders, Delaware, 2017



Source: National Survey of Children's Health

## Studying

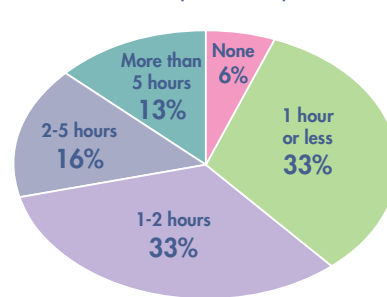
How much time do you spend on a school day (before and after school) doing schoolwork at home?  
5th Graders, Delaware, 2017



Source: 2017 Delaware School Survey, University of Delaware Center for Drug and Health Studies

## Television

How much time do you spend on a school day watching TV, playing games, or on the internet?  
5th Graders, Delaware, 2017



Source: 2017 Delaware School Survey, University of Delaware Center for Drug and Health Studies





## ECONOMIC SECURITY



**A**s a state we need to ensure that families with children live in “high-opportunity” neighborhoods. Many strategies can help advance the goal of every child living in a neighborhood with abundant opportunities, including creating partnerships to invest in neighborhoods, removing barriers for families who want to move to different neighborhoods and pursuing policies to prevent racial and economic isolation. Effective strategies include creating partnerships between schools, colleges, workforce development programs and businesses to offer job-based training for youth and parents; investing state funds to support and expand early college high school programs; and coordinating workforce and early childhood programs.

Delaware should be a state where every child is financially secure. However, historical and current policies, laws and practices have created and

maintained deep divides in children’s opportunities. Although no racial or ethnic group is unaffected by poverty, the likelihood of living in poverty is far higher if you are a Black or Latino child. Fighting child poverty and closing racial and ethnic gaps will require an “all-of-the above” approach: programs that boost incomes and provide safety nets for families who fall on hard times; greater opportunities for parents to increase their skills, education and access to family-supporting jobs; and policies that help every child have meaningful opportunities to reach their full potential, across race, ethnicity and place

Historical barriers created unequal situations for families, and current policies have not done enough to undo them. The availability of and access to jobs that pay family-sustaining wages shapes parents’ ability to provide financial security for their

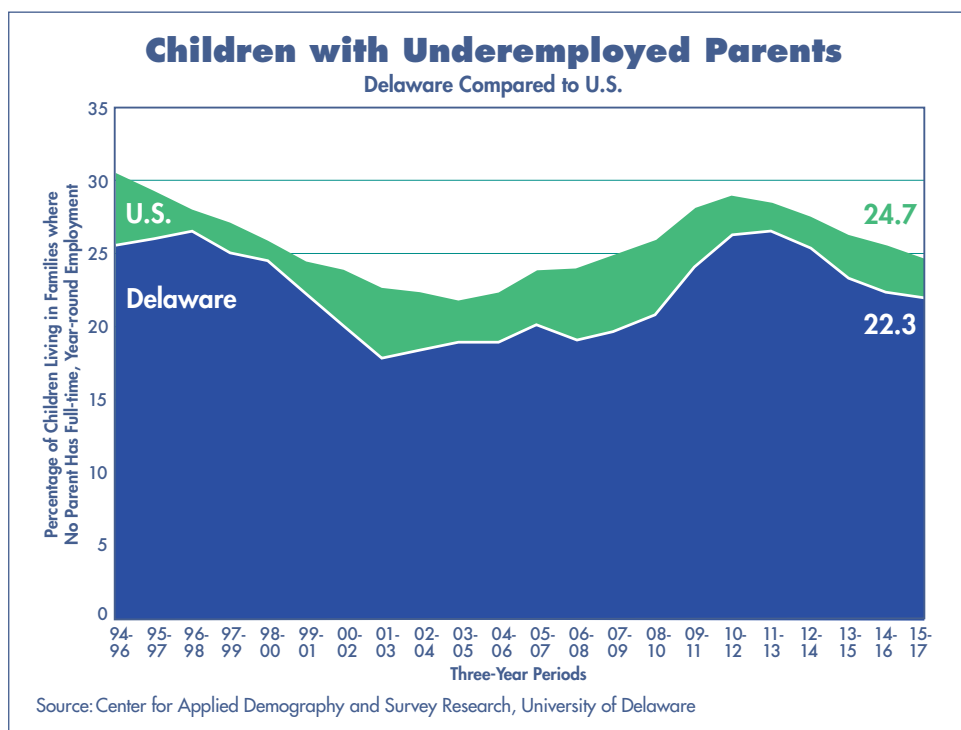
children, which affects children’s likelihood to reach their full potential. Poverty produces a wide variety of circumstances that can hurt children’s well-being, from lack of access to health care, to increased risk of hunger, to higher risk of facing challenges in school. Living in poverty as a child is also predictive of worse employment outcomes as adults

Reducing poverty, and the racial and ethnic disparities in poverty rates, must begin with a shared understanding of how opportunities and well-being are shaped by policy. For example, we have significantly reduced poverty for seniors with income support through Social Security. Conversely, the discriminatory private practices and public policies discussed earlier have created persistently higher poverty rates for Black and Latino families. Our policy choices matter.

# No Parent with Full-time Employment



Unemployment is a pervasive issue in the United States, and parental unemployment has a direct effect on a child's economic stability and overall well-being. Without full-time employment of at least one parent, a child's basic needs can be extremely difficult to meet. Many families across the nation fall under the category of "working poor", a term that denotes families with working parents who live in poverty because their wages are not enough to cover basic needs including food, housing, and stable child care. Secure employment improves family life by providing stability and reducing the stress level generated by unemployment. A higher income is associated with numerous positive outcomes for children including better health, academic achievement, and financial well-being later in life, all of which generate a brighter future for the children involved.



## Did You Know?

Each year, over 8.6 million Americans can be classified as the "working poor," that is, working or looking for work for at least 27 weeks and still failing to earn more than the official poverty level.

Source: <https://www.bls.gov/opub/reports/working-poor/2015/home.htm>

*The U.S. is the only country among 41 nations that does not mandate any paid leave for new parents, according to data compiled by the Organization for Economic Cooperation and Development (OECD). The smallest amount of paid leave required in any of the other 40 nations is about two months.*

Source: <http://www.pewresearch.org/fact-tank/2016/09/26/u-s-lacks-mandated-paid-parental-leave/>



# Economic Inclusion of Young People

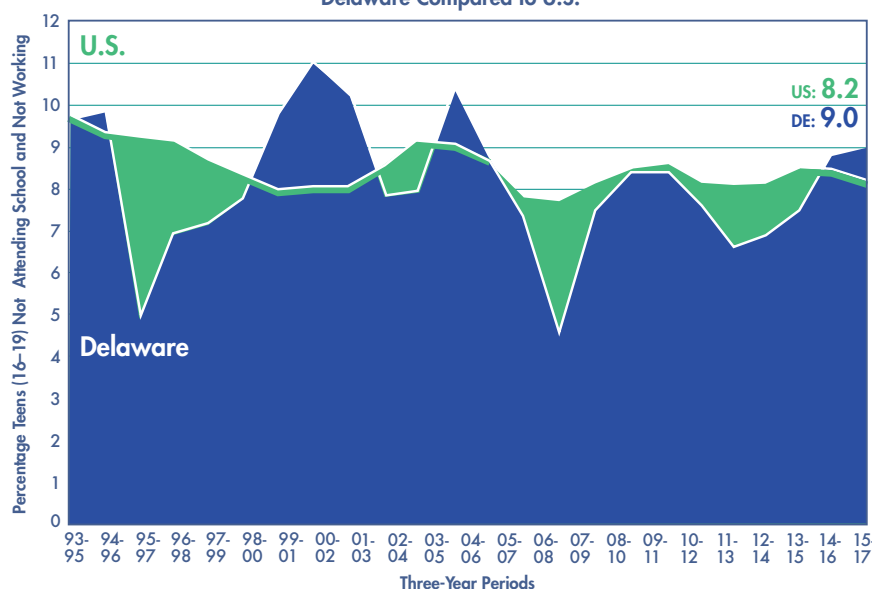
Today, with millions of jobs lost and experienced workers scrambling for every available position, America's youth stand last in line for jobs. Teenagers, especially those who are neither in school or working, may face difficulties transitioning from youth to adult society. Such detachment puts youth at increased risk for having lower earnings and a less stable employment history than their peers who stayed in school or secured jobs.

Reconnecting youth to education and employment requires a multifaceted approach. Young people need multiple and flexible pathways to success that meet their varied needs – combining education, training and supportive services, and strong relationships with adults. In order to thrive during the transition to adulthood, young people need to develop self-management skills through positive work experiences and need a network of resources to tap into. By coordinating the initiatives of national policymakers with the resources of local communities, and by creating career pathways for youth by supporting public and private investment that produces new jobs, youth can be reconnected to the labor market and their needs of economic stability can be met. The economic inclusion of young people is beneficial to the youth themselves and society as a whole.



## Teens Not in School and Not Working

Delaware Compared to U.S.



Notes: **Teens Not in School and Not Working** – teenagers ages 16–19 who are not in school and not employed, also referred to as “disconnected youth”

Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout. This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

Source: Center for Applied Demography and Survey Research, University of Delaware

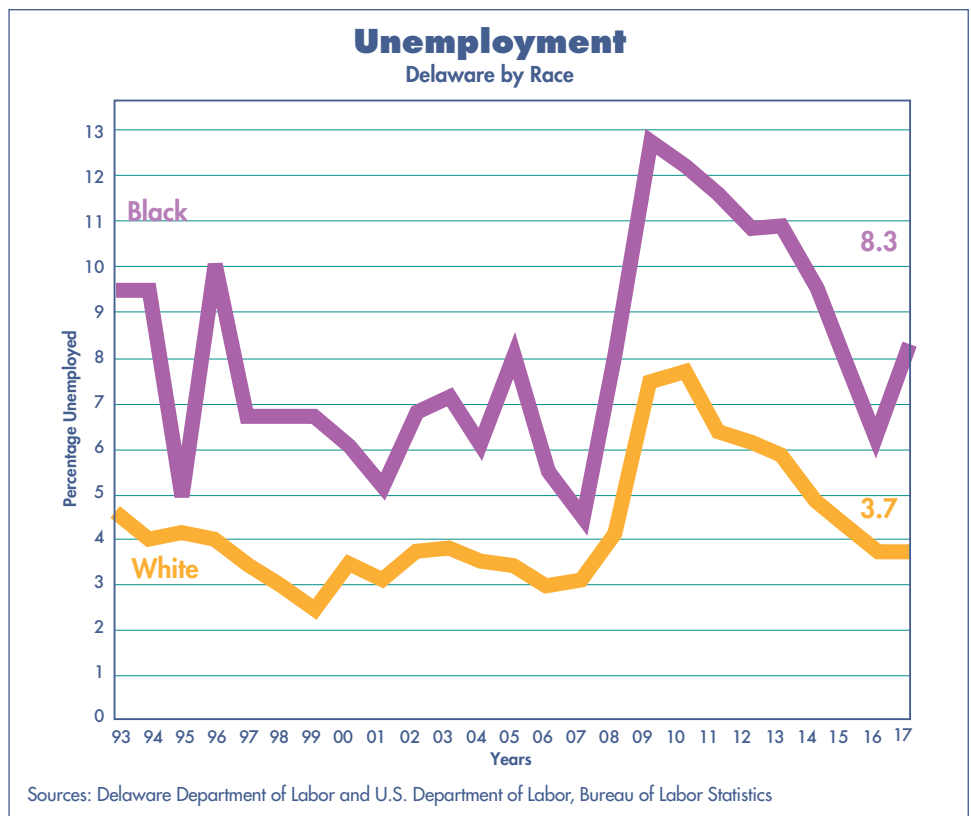
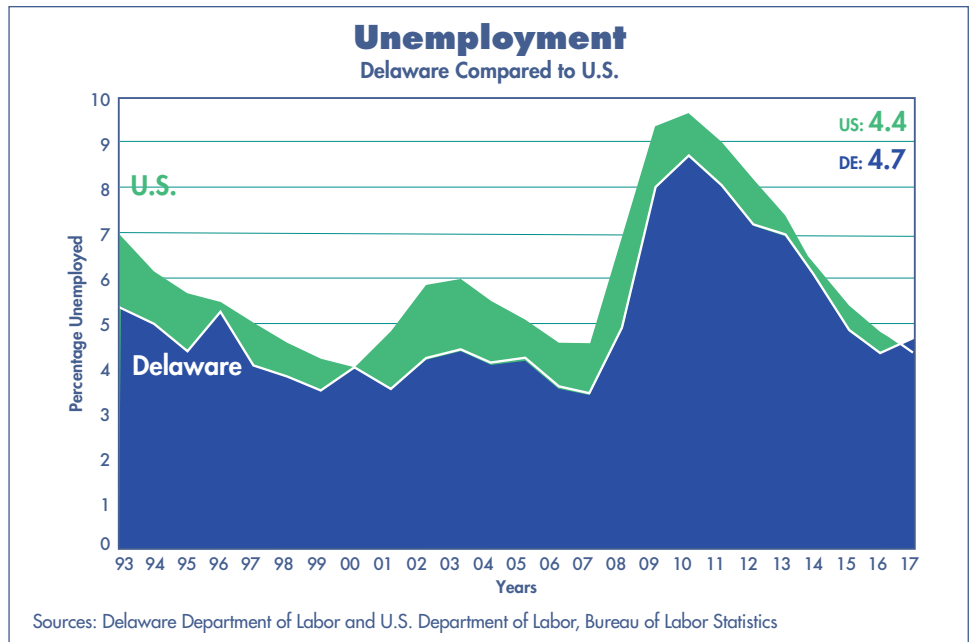
## Did You Know?

“Disconnected youth” or teens that are neither working nor in school miss key educational and work experiences, increasing their risk for future unemployment, poverty, criminal behavior, etc.

Source: <https://www.brookings.edu/research/employment-and-disconnection-among-teens-and-young-adults-the-role-of-place-race-and-education/>

# Unemployment

The foundation of our economy rests on the health and stability of our public systems and structures. Economic activity depends on transportation systems, energy and communications grids. It is supported by the courts, our postal system and educational institutions. When the investment is lacking and unemployment increases, children often face the direct effects. Secure employment of a caregiver can have positive impacts such as access to healthcare and financial stability, both of which improve a child's overall wellbeing. The stability the full-time employment provides is crucial to providing adequate financial, physical and emotional support to children.





# Unemployment

**Unemployment**  
Delaware by Gender

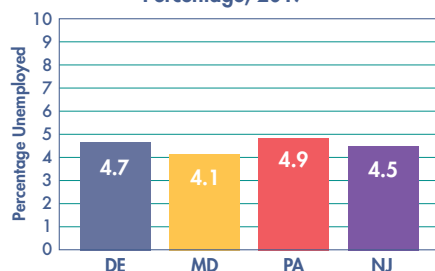


Note: Rates for demographic groups come directly from the household survey, while the official state rate comes from a model based on that survey. The model annual average is no longer forced to equal the survey average. Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics



**Unemployment**

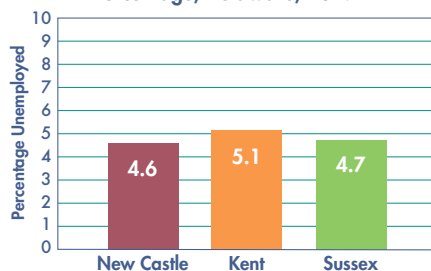
Regional Comparison of Unemployment Percentage, 2017



Source: Delaware Department of Labor, Office of Occupational and Labor Market Information

**Unemployment**

County Comparison of Unemployment Percentage, Delaware, 2017



Source: Delaware Department of Labor, Office of Occupational and Labor Market Information

## PUT DATA INTO ACTION

Research published in 2015 has shown that becoming unemployed can cause lasting negative personality changes in adults. These personality changes can greatly change the home environment and make adjustment difficult for children.

Source: <http://www.apa.org/news/press/releases/2015/02/personality-unemployment.aspx>

A new Pew Research Center survey conducted Sept. 15-Oct. 13, 2015, among 1,807 U.S. parents with children younger than 18 finds that for lower-income parents, financial instability can limit their children's access to a safe environment and to the kinds of enrichment activities that affluent parents may take for granted. For example, higher-income parents are nearly twice as likely as lower-income parents to rate their neighborhood as an "excellent" or "very good" place to raise kids (78% vs. 42%). On the flip side, a third of parents with annual family incomes less than \$30,000 say that their neighborhood is only a "fair" or "poor" place to raise kids; just 7% of parents with incomes in excess of \$75,000 give their neighborhood similarly low ratings.

Source: <http://www.pewsocialtrends.org/2015/12/17/parenting-in-america/>



# Food Insecurity

The quality of life we all want in our community is directly connected to the public structures we build and maintain. Our parks, school, social services and infrastructure are what make our state a good place to live and work. The Supplemental Nutrition Assistance Program (SNAP) is one such public service designed to ensure adequate nutrition, particularly for children. Undernourished children are at risk for illness, cognitive delays, and poor social skills, the effects of which will continue to influence their development later in life. According to an analysis released by the Archives of Pediatrics and Adolescent Medicine, nearly 50% of all US children and 90% of black children will be on food benefits at some point during childhood. SNAP provides food benefits and nutrition assistance to eligible low-income families, enabling children to receive the nutrition they need to flourish.

In Delaware, food insecurity not covered by SNAP is primarily mediated by the Food Bank of Delaware. This enormous program has networks throughout the state to collect and distribute food to over 500 hunger-relief program partners. These partners are often food pantries, shelters and residential programs, but can also be social service agencies and neighborhood and community programs. In 2017, the Food Bank of Delaware distributed over 8 million pounds of food to people within our state.

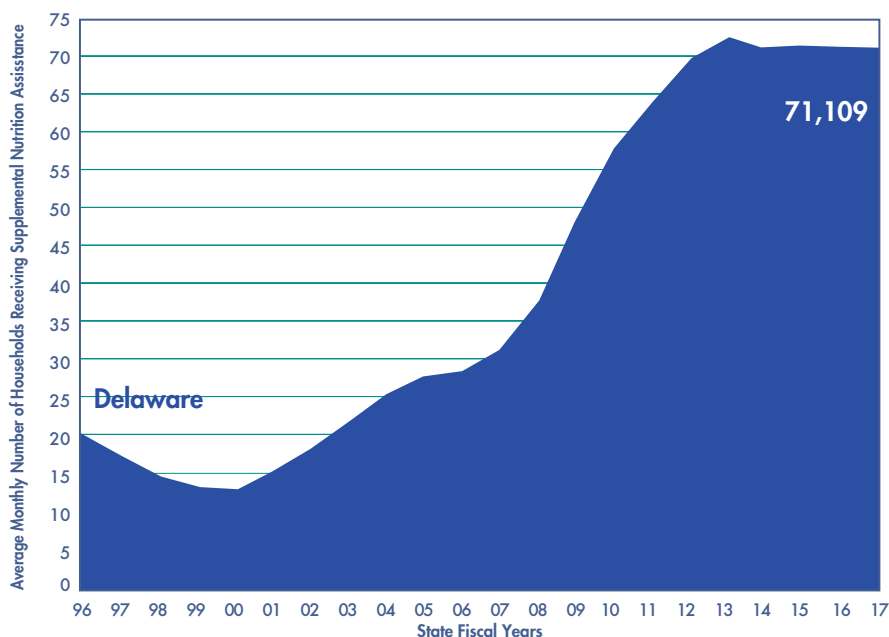
## Did You Know?

Delaware has a relatively low level of child food insecurity in the United States. As of 2017, only 17.3% of children suffered from food insecurity as opposed to Missouri, which has the highest rate of child food insecurity (26.3%).

Source: <http://www.feedingamerica.org/research/map-the-meal-gap/2015/2015-map-the-meal-gap-exec-summary.pdf>

## Supplemental Nutrition Assistance Program

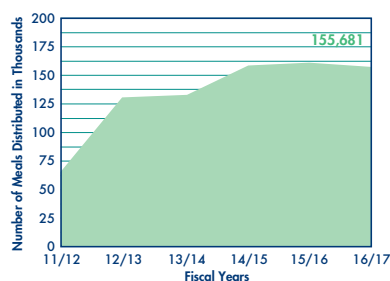
Delaware



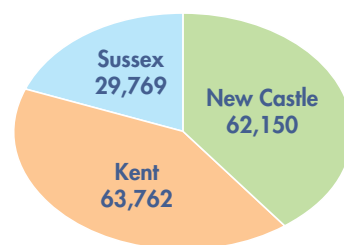
Source: Delaware Health and Social Services

## Food Bank of Delaware's Backpack Program

Number of meals Distributed



Number Distributed per County, 2015/16



## Food Bank Pantries

Delaware, 2017

# Mobile Pantries	163 pantries at 89 sites
Total Households Served at mobile pantries	6,073
Total pounds of food distributed at mobile pantries	669,460
# of In-school food pantries	27
Total pounds of food distributed at school pantries	90,78

Source: Food Bank of Delaware

## Food Bank Workshops

Delaware, 2017

Nutrition Workshops	42
Conducted for # WIC-eligible individuals	394

## Food Bank Cooking Demonstrations

Delaware, 2017

Cooking Demonstrations	137
Conducted for # WIC-eligible individuals	1287

# Temporary Assistance for Needy Families (TANF)

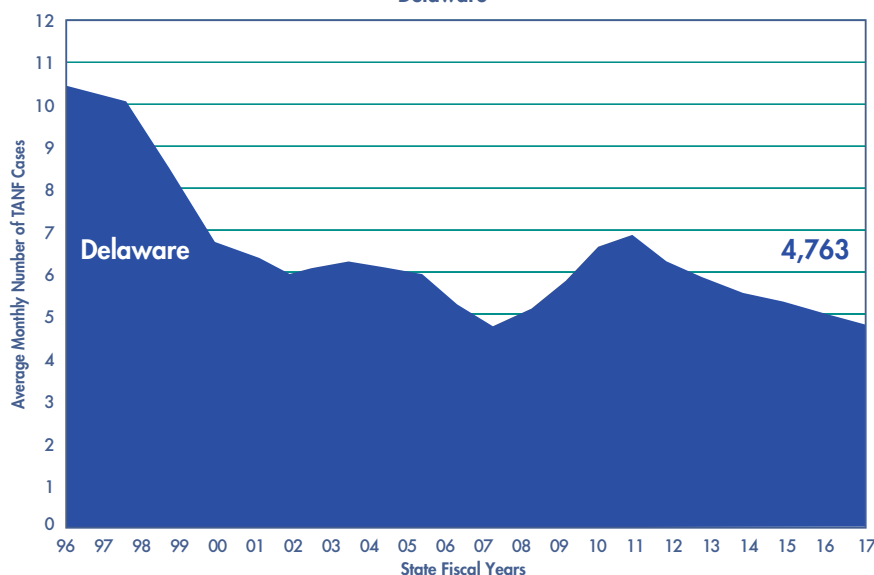


**T**emporary Assistance for Needy Families (TANF) is a cash assistance program for families in Delaware jointly administered by the Delaware Division of Social Services (DSS), Department of Labor, Department of Transportation, and Economic Development Office. The program provides needy families and parents with the means needed to afford expenses, such as high energy bills and car repairs, maintain gainful employment, and receive basic assistance. TANF also makes sure that children in low-income families get the basic amenities, support, and services they need to develop.

Programs that help strengthen the income of low- and middle-income working families are often referred to as safety net programs, meaning they help prevent those families from falling farther into poverty. Specifically, the EITC, Child Tax Credit, SNAP (food stamps), and free or reduced price school meals are federal safety net programs, among others. Research shows that during 2016, safety net programs, like those listed above, raised 36 million Americans out of poverty. While these programs help millions, they also make up only 9% of yearly federal spending. Surprisingly, 6% of the yearly budget is dedicated entirely to paying interest on debts and over 15% is spent on defense and international security assistance. Despite high spending in other areas, safety net programs are often the first to be cut when Republicans in Congress propose budget revisions. Cutting these programs threatens to raise the federal poverty limit from roughly 15% to 24%, and would throw families and communities across the country into further insecurity. Making sure these programs remain strong and support our at-risk populations is key to ensuring the continued safe and healthy growth of Delaware's children.

## Temporary Assistance to Needy Families

Delaware



Source: Delaware Health and Social Services



# Tax Credits Benefiting Families

The tax system has a significant impact on financial security for all families in Delaware, both directly through its role in the distribution of society's resources and indirectly through its effects on the incentives for economic decisions such as working, spending, and saving. Many families benefit directly or indirectly from different tax credits in Delaware. Poverty has profound impacts on a child's development and tax credits are an effective anti-poverty measure with bipartisan support.

## Earned Income Tax Credits

Income Limits and Maximum Credit Amounts, 2016

# Qualifying Children	Single, Income must be less than	Married Filing Jointly, Income must be less than	Maximum Credit
0	\$14,880	\$20,430	\$ 506
1	\$39,296	\$44,846	\$3,373
2	\$44,648	\$50,198	\$5,572
3	\$47,955	\$53,505	\$6,269

## Federal EITC Claims

Benefits in Delaware, 2017

Number of federal EITC claims in Delaware:	72,000
Total federal EITC claimed by DE residents:	\$172 Million
Average federal EITC amount:	\$2,470
Average Delaware EITC amount:	\$2,383

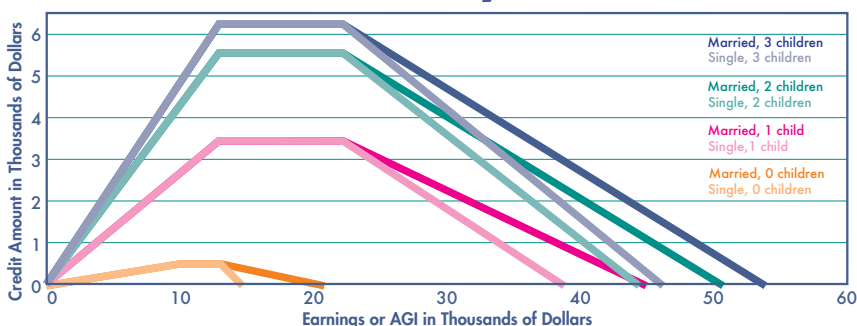
Source: Internal Revenue Service

## Did You Know?

In 2015, nationwide EITC lifted roughly 6.5 million people out of poverty; 3.3 million of those were children. Expanding this program and state EITC programs could help raise even more children out of poverty.

Source: <https://www.cbpp.org/research/federal-tax/policy-basics-the-earned-income-tax-credit>

## EITC Levels by Income



Source: Internal Revenue Service



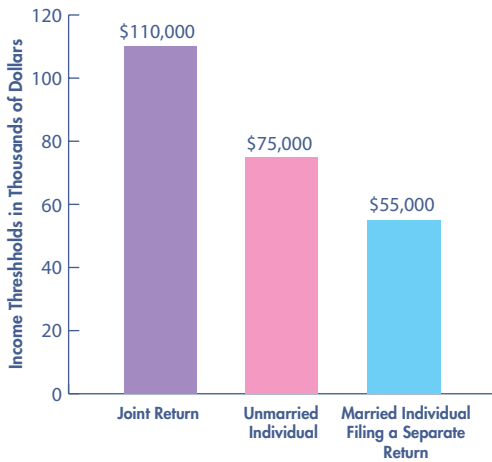
**Earned Income Tax Credit:** The Earned Income Tax Credit (EITC) is the nation's most effective anti-poverty program for working families. The federal Earned Income Tax Credit was introduced in 1975 and was designed to offset federal income taxes, social security payroll taxes, and supplemental earnings while rewarding work. The EITC serves many public policy goals including: reduce child poverty, cut taxes for low-income families, increase incentive to work, stabilize income, and spur consumption. The federal EITC reduces the amount of taxes owed and refunds the difference if the credit is larger than the amount owed. EITC is the nation's most effective anti-poverty program for working families. Only 25 states, Delaware included, have state Earned Income Tax Credits. In Delaware the state EITC is non-refundable meaning it reduces the tax liability but does not provide a refund. Non-refundable EITC may offer substantial tax relief to families with state income tax liability, but it offers no benefit to working families that have income too low to owe any income taxes. Credits from the EITC program, are only available for those who apply for them. The IRS estimates that 20 to 25% of qualifying workers miss out on thousands of dollars every year.



# Tax Credits Benefiting Families

## Child Tax Credit

Child Tax Credit Income Thresholds, 2016



Source: "The Tax Policy Briefing Book" The Tax Policy Center, Urban Institute and Brookings Institute

**Child Tax Credit:** The Child Tax Credit is a powerful weapon against poverty. In 2010 it protected approximately 2.6 million people from poverty, including about 1.4 million children. In combination with the EITC, it lifts even larger numbers of families with children above poverty. Taxpayers with children under age 17 can get a tax credit of up to \$1,000 per child on their tax return. This tax credit reduces the amount owed in taxes, for example a family with three qualifying children can have their tax bill reduced by up to \$3,000. Biological children, stepchildren, adopted children, grandchildren, great-grandchildren, siblings, step-siblings, half-siblings, and foster children placed in the home by a court that have lived with the tax payer for more than half of the year and are U.S. citizens or residents qualify. The child tax credit generally is non-refundable, meaning that it can reduce the tax bill zero, but any extra is not refunded to the tax payer. However under certain qualifications the tax payer may receive any extra back in a credit. The child tax credit is reduced or eliminated if the adjusted gross income is above certain thresholds. For each \$1,000 over the threshold the child tax credit is reduced by \$50, not by \$50 for each child claimed.



## Did You Know?

Research released from the Institute on Taxation and Economic Policy in January indicates that Delaware residents in the highest tax brackets will enjoy the largest tax cuts (23% tax cut) as opposed to the lowest tax brackets (1-4% tax cut), meaning low-income Delawareans will now bear an even larger portion of the tax burden.

Source: <https://itep.org/finalgop-trumpbill-de/>

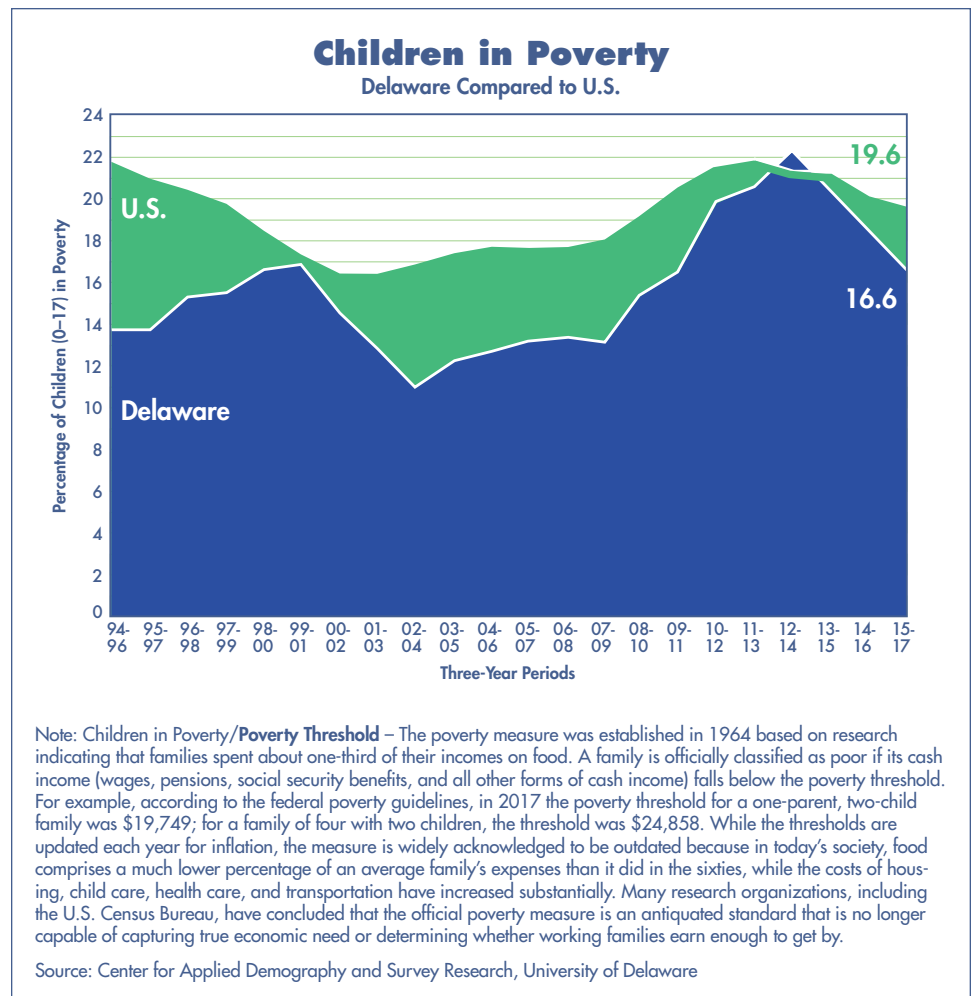


# Children in Poverty



**D**elaware should be a place where a child's beginnings, however humble, do not limit life's paths. Poverty is the single greatest threat to children's well-being. Nearly 15 million children in the United States, over 20% of all children, live in families below the federal poverty level.

Low-income children suffer a disproportionate share of deprivation, hardship, and negative outcomes. The risks are greatest for children who experience poverty when they are younger and for those who live in deep and/or persistent poverty. Not only does this group of children have access to fewer material goods than upper or middle-class children, but they are also more likely to experience poor health and die during childhood, in addition to being more likely to end up poor as adults. In school, these children score lower on standardized test and are more likely to be retained in grade or to drop out. Low-income teens are more likely to have out-of-wedlock births and experience violent crime. Fewer children in poverty will mean increased positive outcomes such as more children entering school ready to learn, better child health, less strain on hospitals and public health systems, less stress on the juvenile justice system, and a decrease in child hunger and malnutrition.

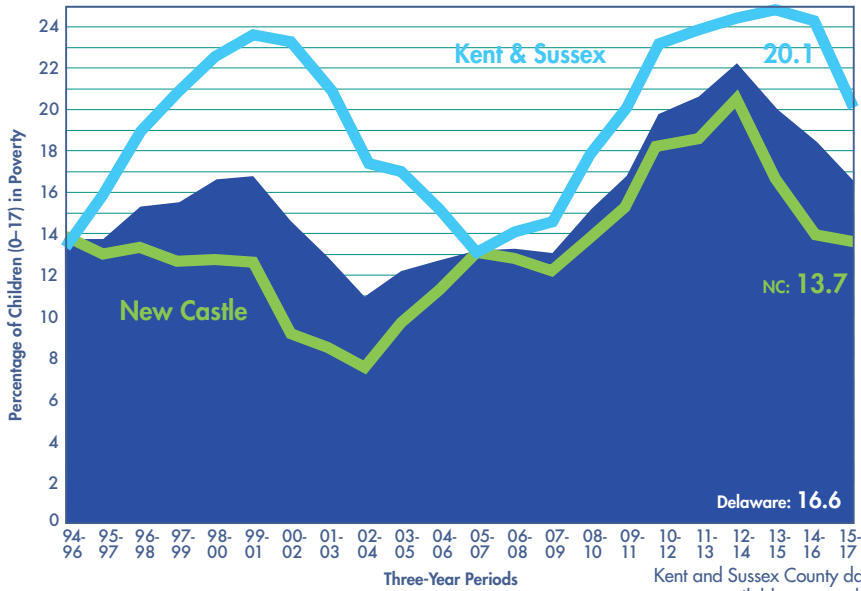




# Children in Poverty

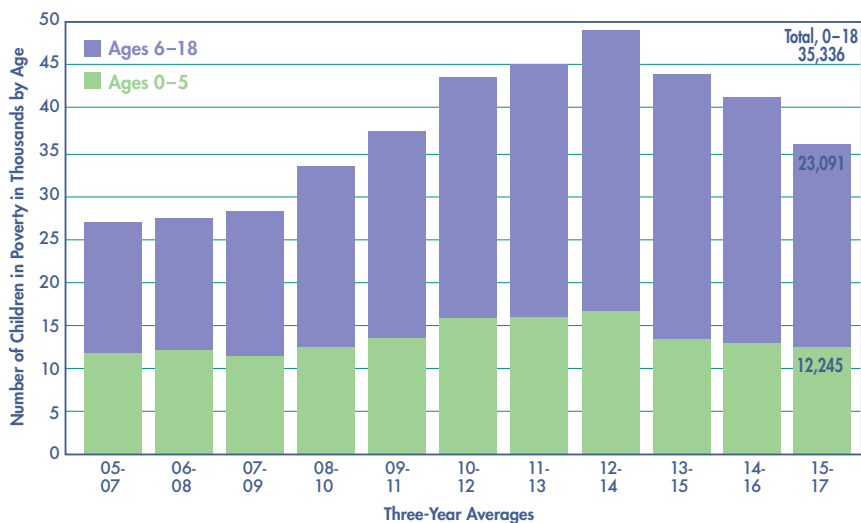
## Children in Poverty

Delaware and Counties

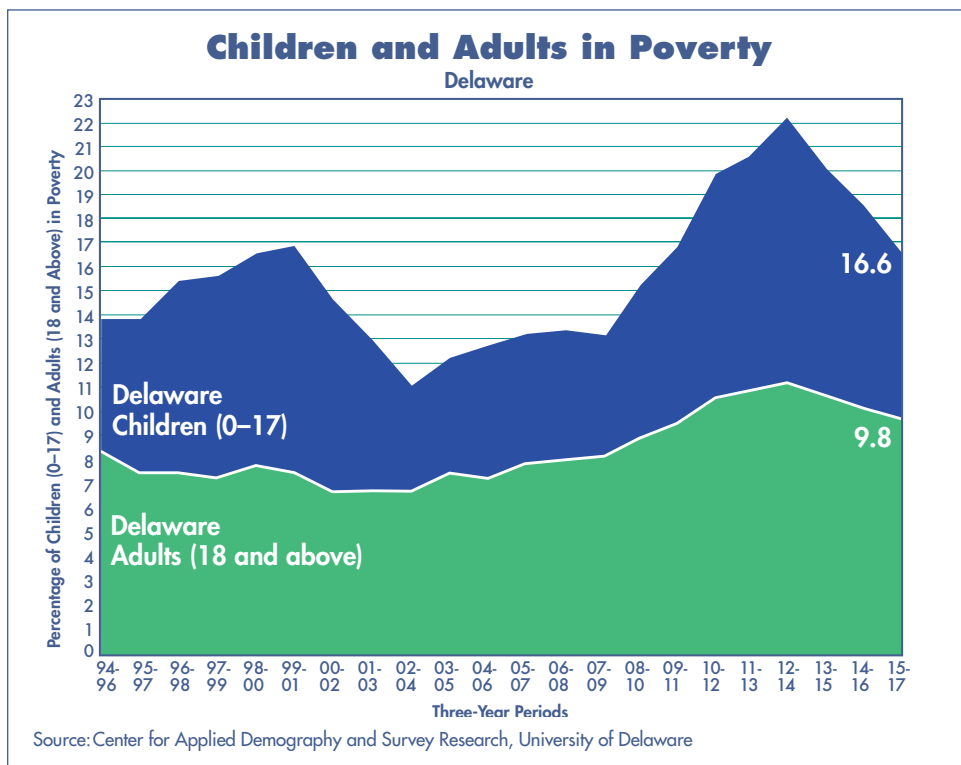


## Children in Poverty by Age

Delaware and Counties



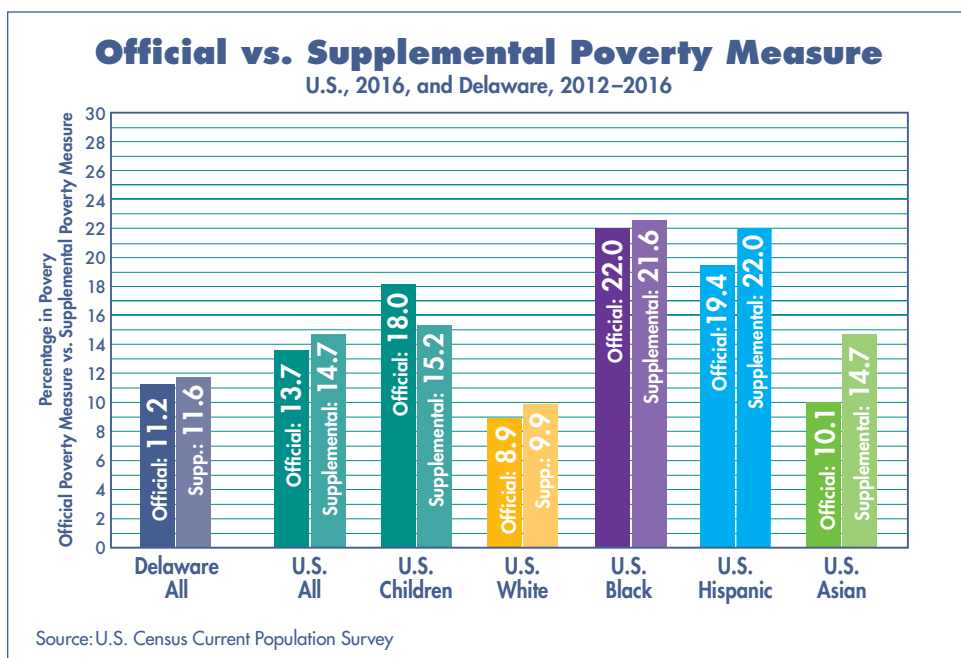
# Children in Poverty



## Did You Know?

On a national level, children born to parents who have immigrated to America are almost 2 times as likely to live in a low-income household.

Source: [http://www.nccp.org/publications/pub\\_1170.html](http://www.nccp.org/publications/pub_1170.html)

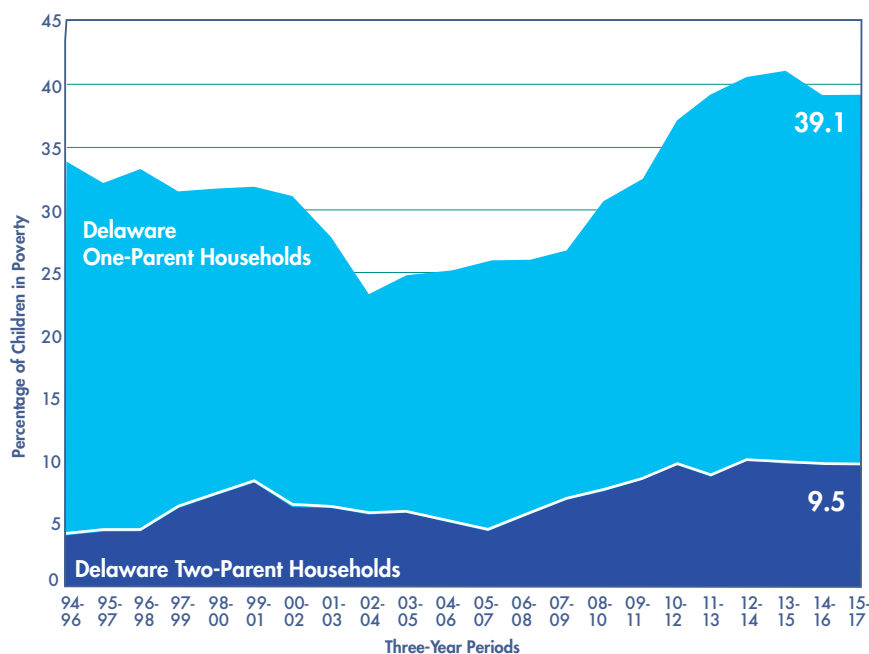




# Children in Poverty

## Children in Poverty by Household Structure

Delaware

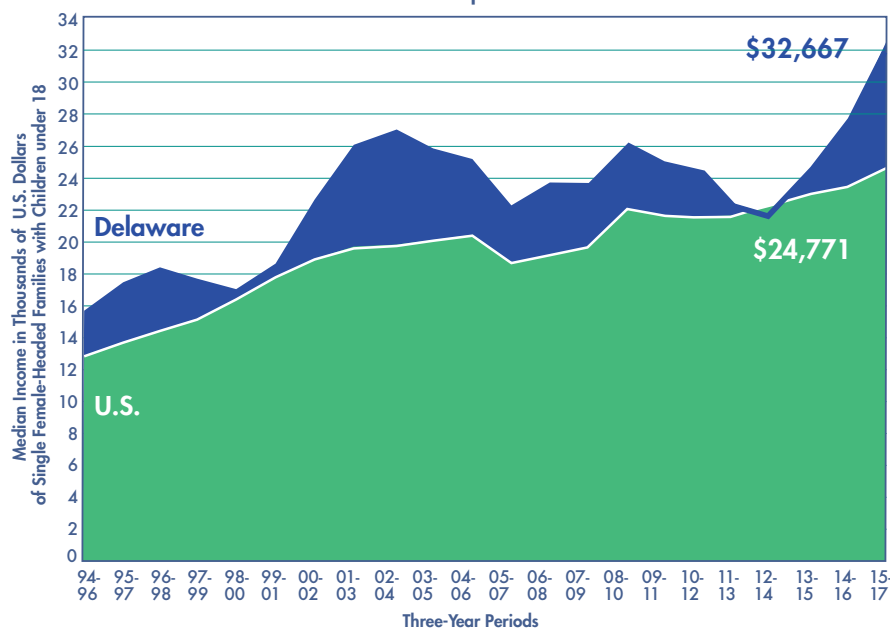


Source: Center for Applied Demography and Survey Research, University of Delaware



## Median Income of Single-Female-Headed Families with Children under 18

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

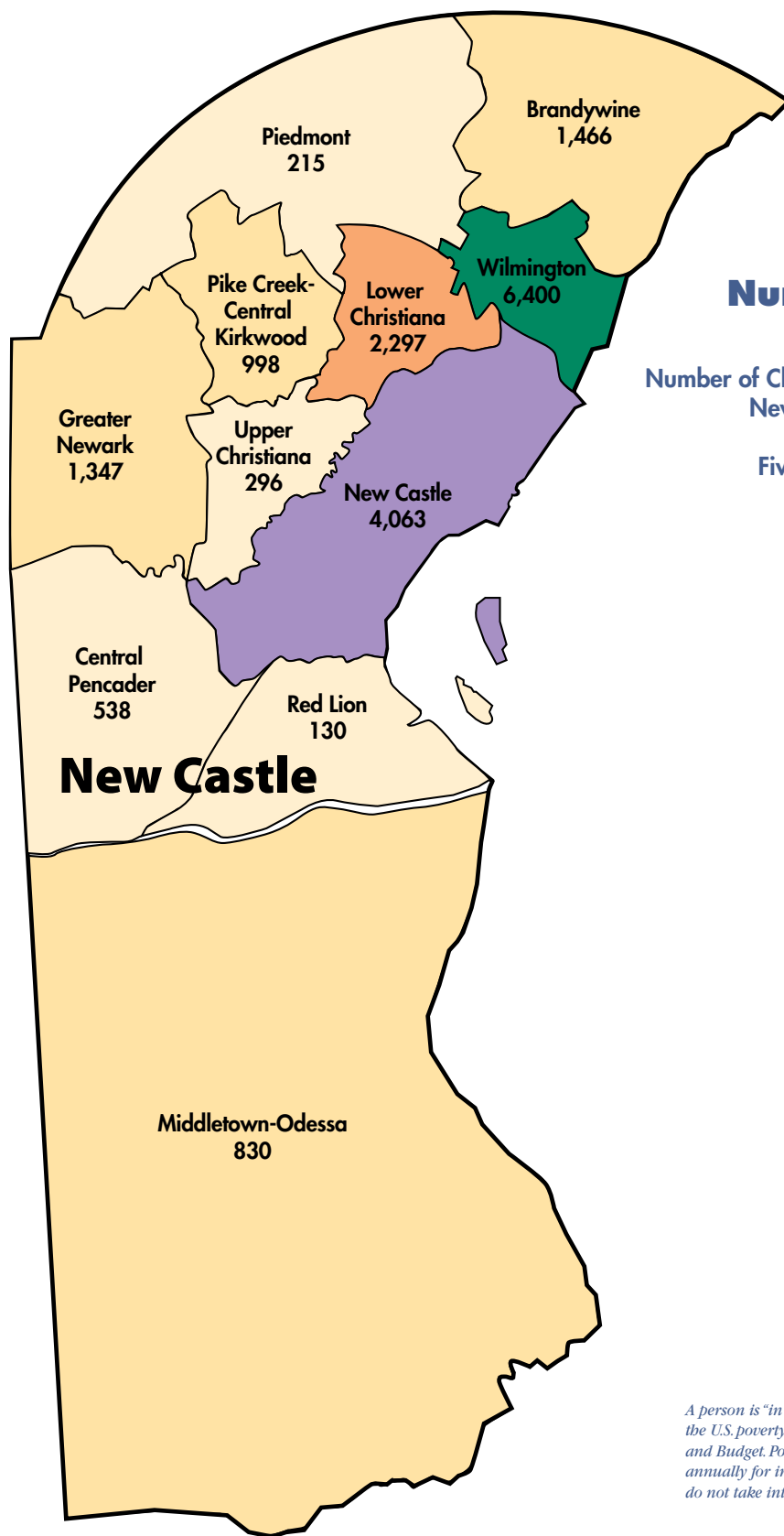
## Did You Know?

The younger a child is, the larger the chance their family lives in poverty. In Delaware 22% of children under 6 live in poor families, while only 17% of children 6 or older live in poverty.

Source: [http://www.nccp.org/profiles/DE\\_profile\\_7.html](http://www.nccp.org/profiles/DE_profile_7.html)



# Children in Poverty



## Number of Children in Poverty

Number of Children Under Age 18 Living in Poverty  
New Castle County Subdivisions  
Census County Divisions  
Five-Year Average 2012-2016

### Key

0-749	
750-1,499	
1,500-2,249	
2,250-2,999	
3,000-3,749	
3,750-4,499	
4,500-5,249	
5,250-5,999	
6,000-6,750	

For detailed information on census tracts see: [www.factfinder.census.gov](http://www.factfinder.census.gov)



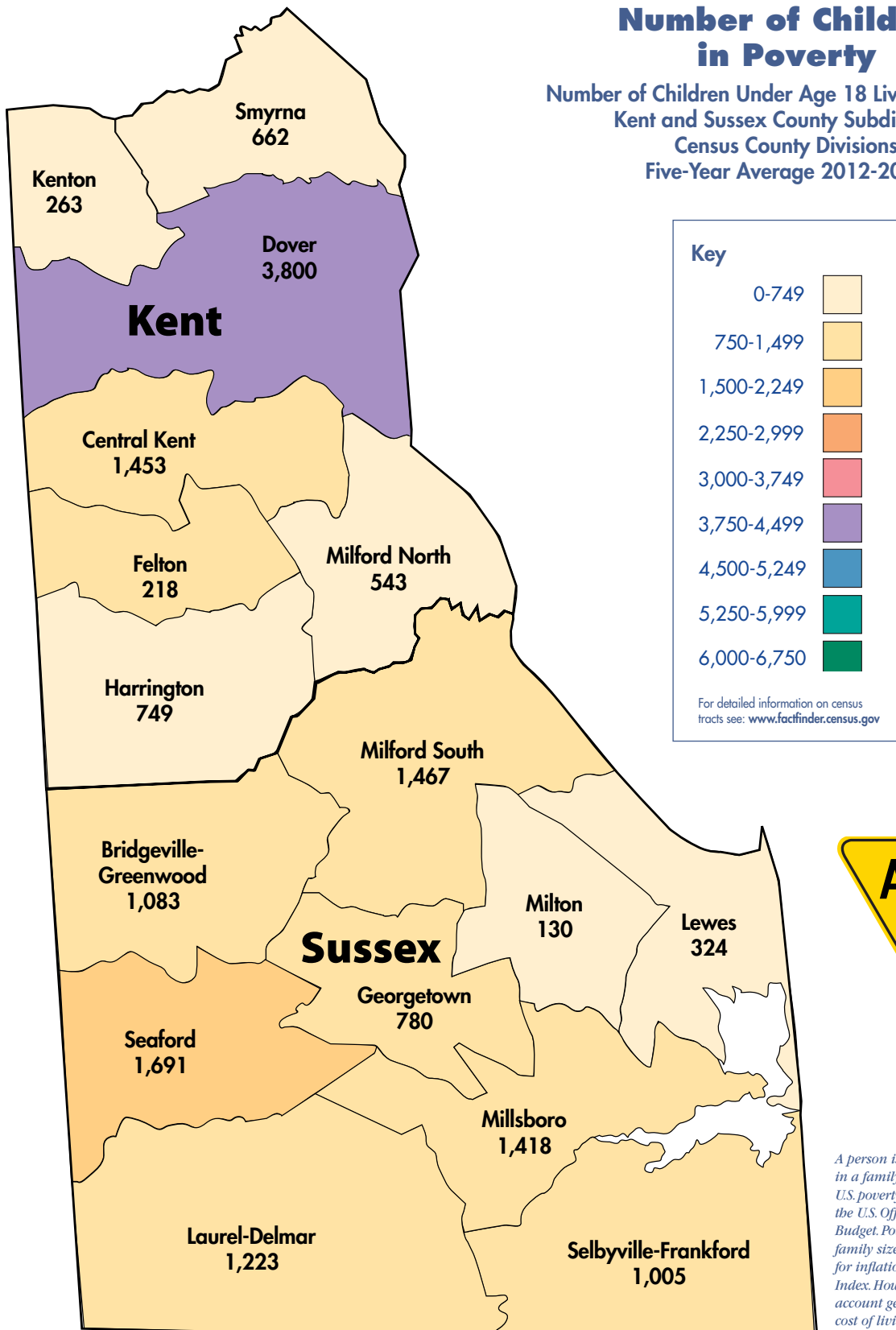
A person is "in poverty" if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.

Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau

# Children in Poverty

## Number of Children in Poverty

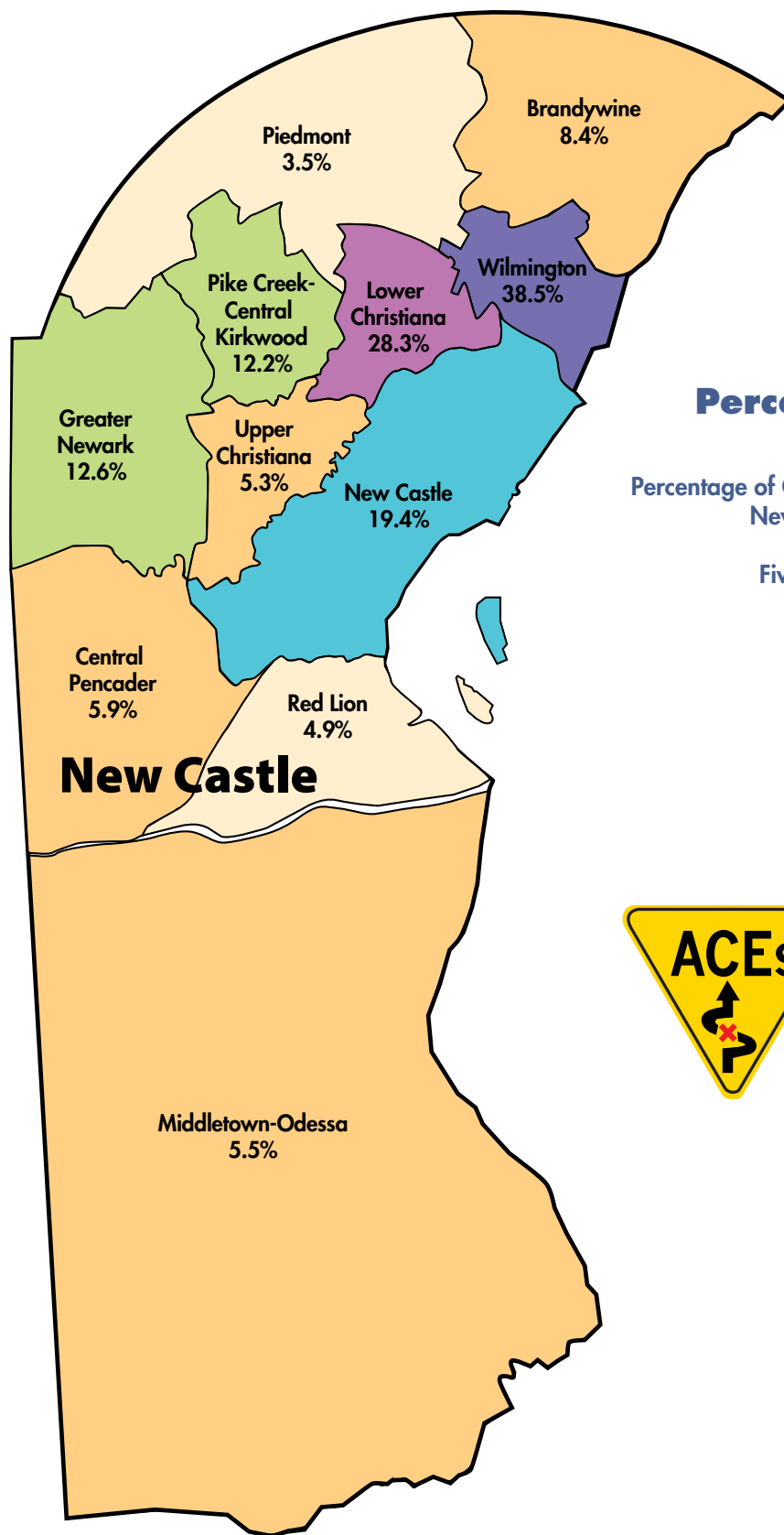
Number of Children Under Age 18 Living in Poverty  
Kent and Sussex County Subdivisions  
Census County Divisions  
Five-Year Average 2012-2016



A person is "in poverty" if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.

Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau

# Children in Poverty



## Percentage of Children in Poverty

Percentage of Children Under Age 18 Living in Poverty  
New Castle County Subdivisions  
Census County Divisions  
Five Year Average 2012-2016

### Key

0 – 4.9%	
5 – 9.9%	
10 – 14.9%	
15 – 19.9%	
20 – 24.9%	
25 – 29.9%	
30 – 39.9%	

For detailed information on census tracts see: [www.factfinder.census.gov](http://www.factfinder.census.gov)



Census tracts ranked by percentage of population below 100% of poverty. A person is "in poverty" if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.

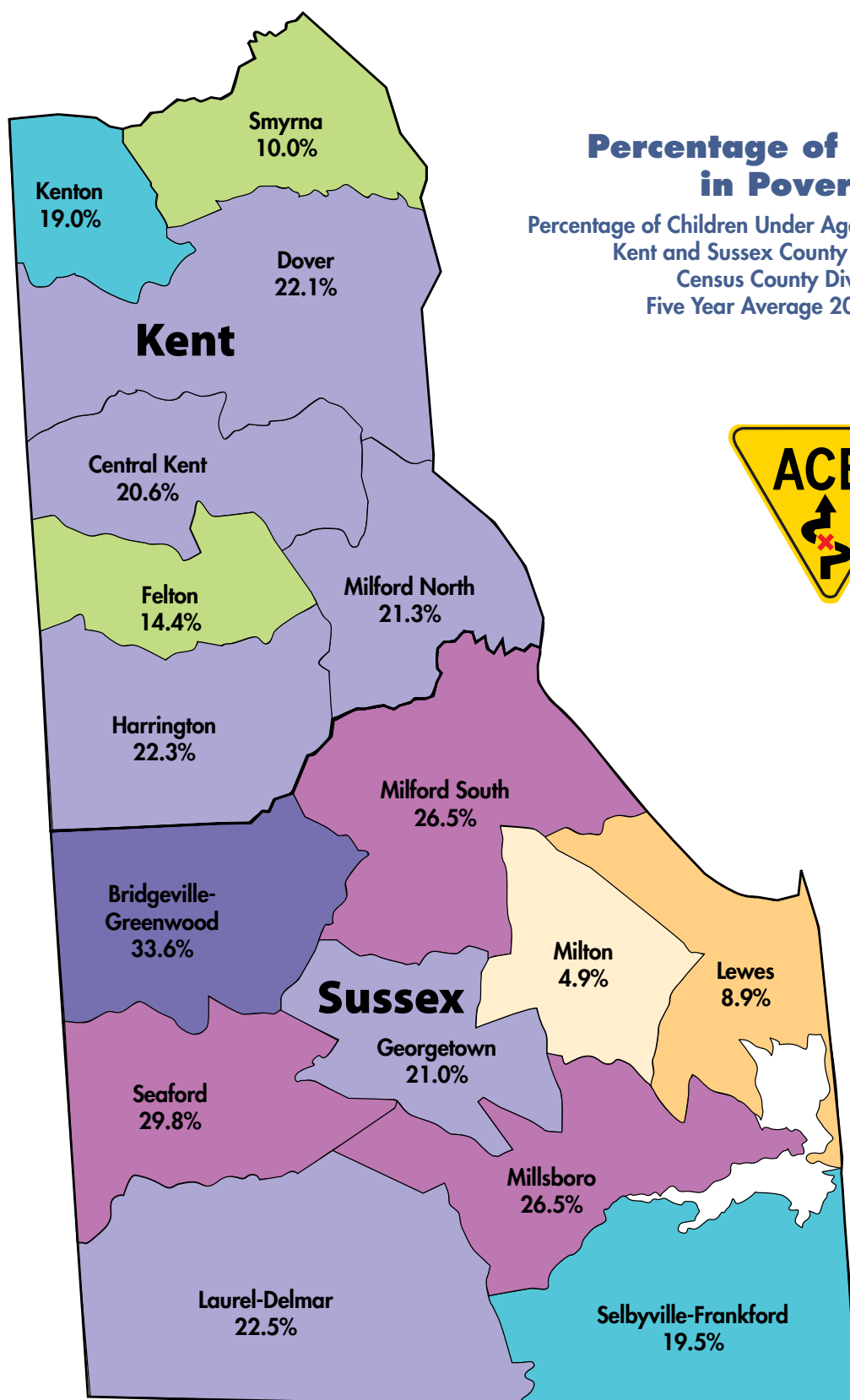
Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau



# Children in Poverty

## Percentage of Children in Poverty

Percentage of Children Under Age 18 Living in Poverty  
Kent and Sussex County Subdivisions  
Census County Divisions  
Five Year Average 2012-2016



### Key

0 – 4.9%	
5 – 9.9%	
10 – 14.9%	
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20 – 24.9%	
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30 – 39.9%	

For detailed information on census tracts see: [www.factfinder.census.gov](http://www.factfinder.census.gov)

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Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau

# Children in Poverty

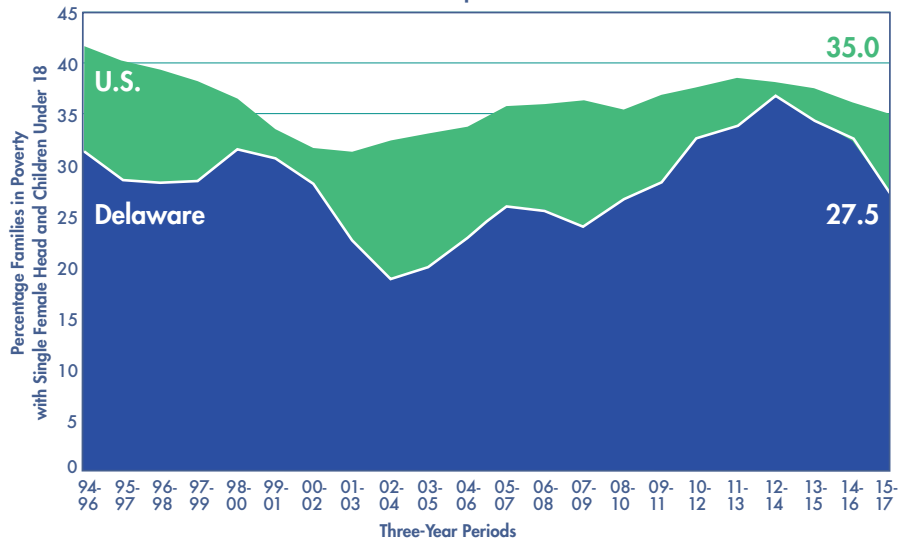
## Female-Headed Families with Children under 5 years old in Poverty 2011-2015

U.S.	30.9%
Delaware	32%
New Castle	27.6%
Kent	36.5%
Sussex	38.4%

Source: American Community Survey, U.S. Census Bureau. 2011-2015 Averages.  
<http://factfinder.census.gov/>

## Female-Headed Families in Poverty

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

## Did You Know?

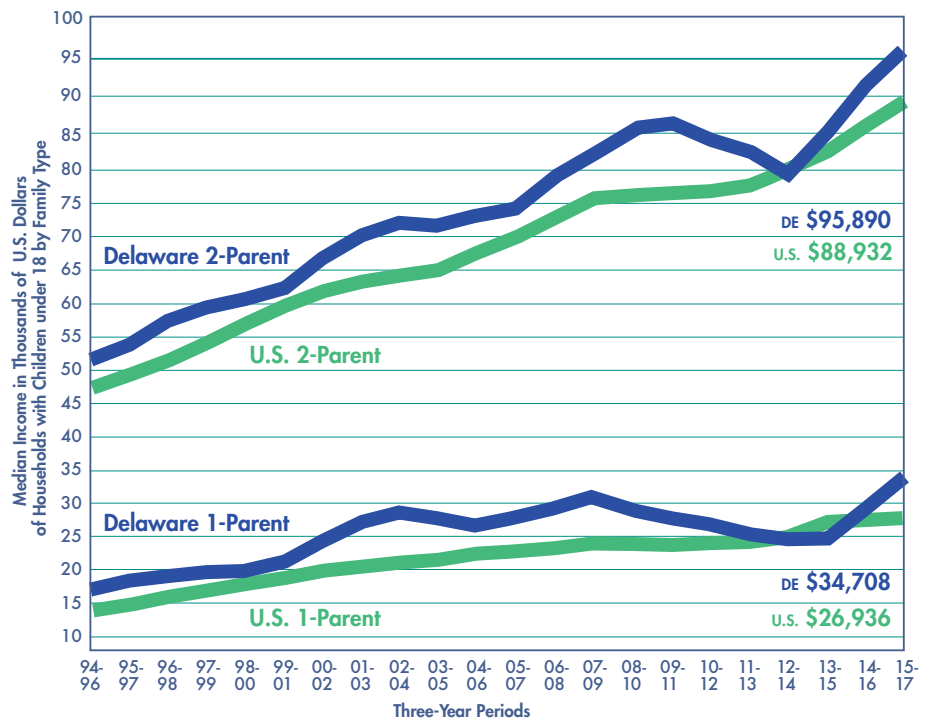
The Delaware Fatherhood and Family Coalition is an independent group that looks to give a voice to fathers. They provide written resources for fathers to improve parenting techniques and can even provide job search help.

Source: <http://www.dffcdads.org/about-dffc.html>



## Median Income of Families with Children by Family Type

Delaware and U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

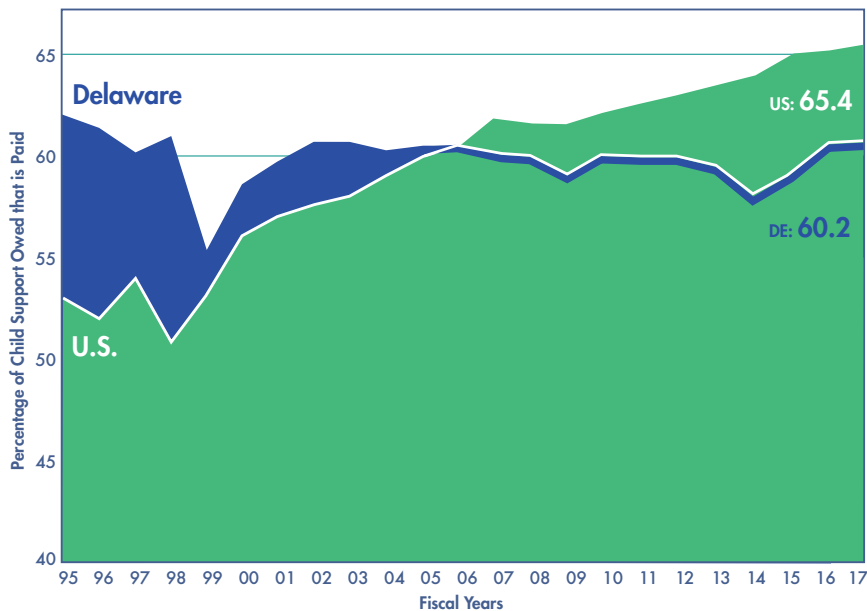
# Child Support

For many children, especially those living in poverty, child support is an important resource to ensuring financial security. Research has indicated that children are more likely to receive the necessary financial support from their nonresident parent when an order is in place. The Child Support Enforcement Program is a federal, state and local partnership aimed at promoting self-sufficiency and child well-being through financial stability. In Delaware, the Division of Child Support Enforcement works to ensure that both parents meet their financial and legal obligations to their children. The child support program assures that assistance in obtaining financial and medical support is available to children through locating nonresident parents, establishing paternity and support obligations, and enforcing those obligations. Child support programs are crucial to ensuring that all children receive adequate financial support from their parents.



## Current Child Support Owed that Is Paid

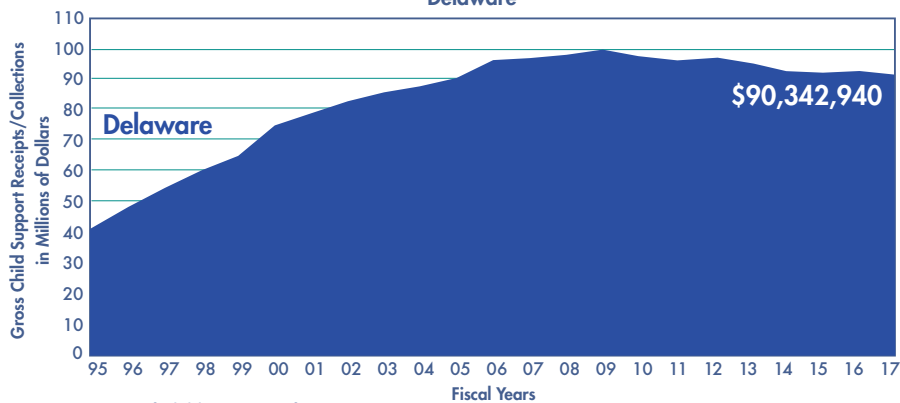
Delaware Compared to U.S.



Source: Division of Child Support Enforcement

## Child Support Collections

Delaware

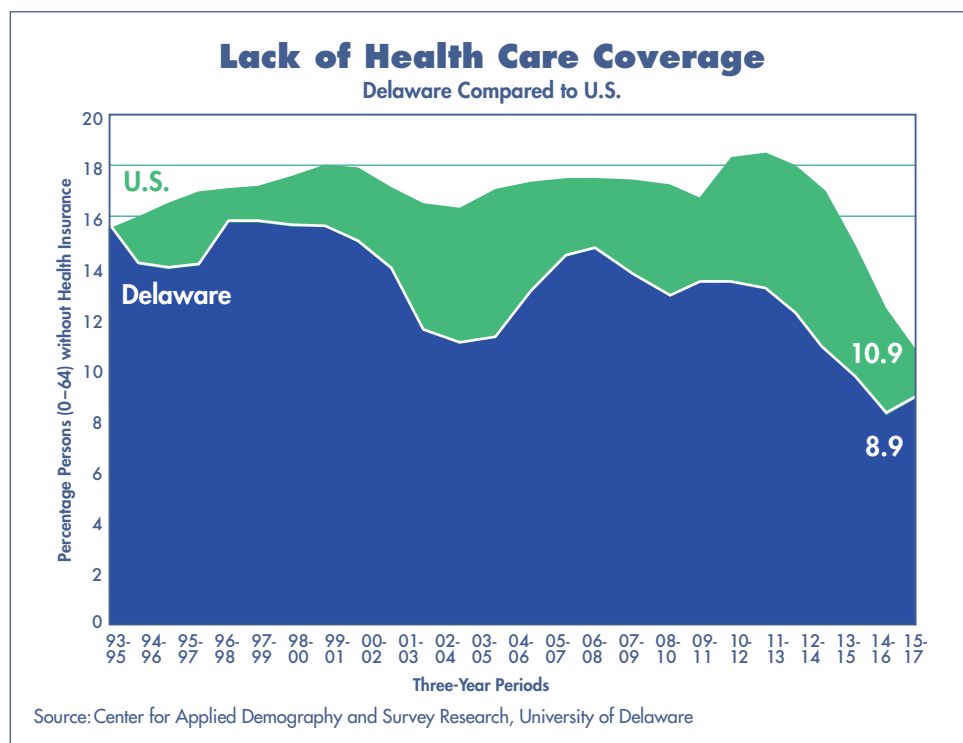


Source: Division of Child Support Enforcement

# Health Care Coverage



Accessible, reliable health care is an important aspect of child and family well-being, but due to the limits of public health care and gaps in employer coverage, there are thousands of people living in Delaware without adequate health care coverage. Families without health care coverage suffer from limited access to care, quality of care, and decreased financial security. Families with inadequate health care coverage receive less preventative care, typically lack a consistent source of care, delay care, and/or have other unmet medical needs. Uninsured children with common childhood illnesses and injuries do not receive the same level of care as their insured peers, and are consequently at a higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions than those with health care coverage.



## PUT DATA INTO ACTION

The Delaware Healthy Children Program (DCHP) provides low cost health insurance for children who are currently uninsured. Families are able to choose from plans from United Healthcare and Highmark for their children to best suit their needs.

Source: <http://dhss.delaware.gov/dhss/dmma/dhcpfaq.html>

## Health Insurance Marketplace Delaware 2017

Total number completed applications in Delaware	24,545
Individuals eligible to enroll in a marketplace plan with financial assistance	22,505
Number of individuals who have selected a marketplace plan	26,825

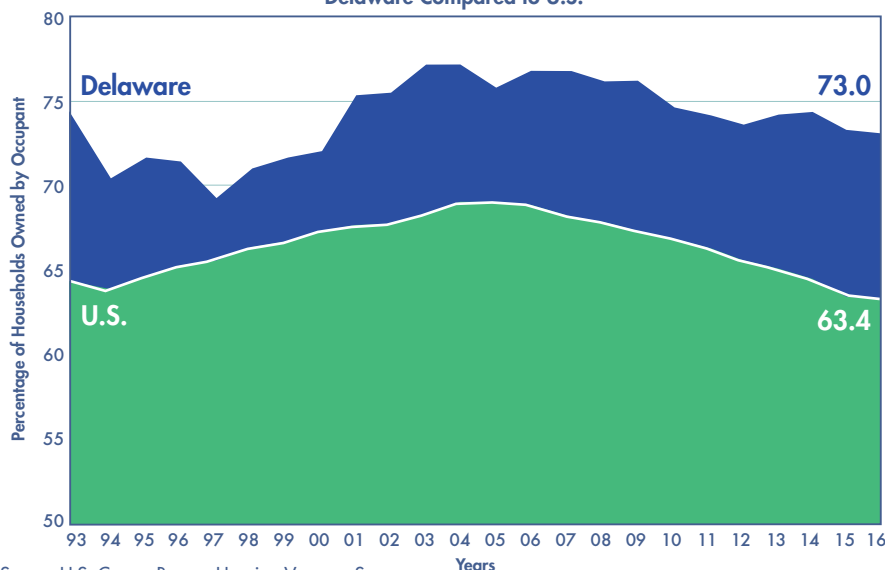
Source: <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-january-enrollment-report>



# Home Ownership

## Home Ownership

Delaware Compared to U.S.

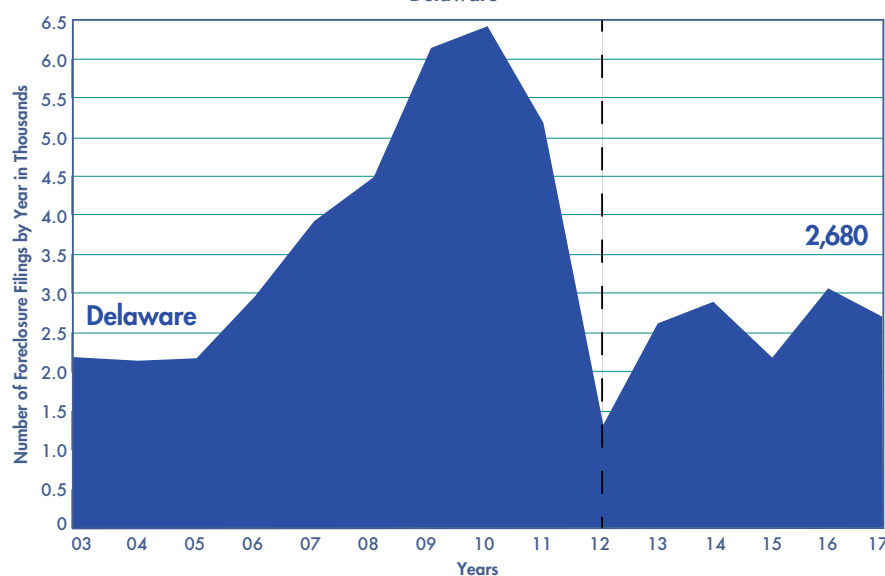


Source: U.S. Census Bureau Housing Vacancy Survey

**H**ome ownership can be a key component to the strengthening of families, children and communities. Homeowners tend to be more involved in their communities and make more investments in the physical quality of their home and neighborhood which, in turn, fosters a better environment for children. Home ownership is an important step towards building assets and financial stability for a family, and research indicates that homeowners are more likely to make other savvy investments such as saving for their child's education. Home ownership creates stronger and more secure families, which in turn creates better communities for every individual.

## Mortgage Foreclosures

Delaware



Source: 2000-2005: The Reinvestment Fund, 2006. Mortgage Foreclosure Filings in Delaware; 2006-2007: Office of the State Bank Commissioner; 2008-2015: File & Serve Express, compiled by Counties and Delaware State Housing Authority.

### Did You Know?

The Delaware Neighborhood Stabilization Program works to refurbish abandoned or dilapidated homes and sell them to low/moderate-income homebuyers at a very low price.

Source: <http://www.destatehousing.com/HomeOwnership/HomeOwnership.php#>

**Note on Foreclosures** – The Delaware Automatic Residential Mortgage Foreclosure Mediation Program (Mediation Program) was created by H.B. 58 in September 2011 and implemented in January 2012. Modeled after successful programs in other states, this program made mediation between parties to a foreclosure action a mandatory part of the foreclosure process for owner-occupied, residential properties. Mediation offers homeowners in default the opportunity to meet face-to-face with their lender and attempt to find an alternative resolution to foreclosure, such as loan modification, repayment, forbearance, or short sale. The Delaware Department of Justice oversees mediations and homeowners work with a housing counselor through the process. As lenders adjusted to the program, filings initially dropped in early 2012 but rose again through late 2012 and 2013. The program was recently extended to continue through 2018.

# Home Ownership

## Cost of Housing, 2017

Delaware median monthly housing costs:

Mortgaged owners \$1,463  
Renters \$1,048

Delawareans spending >30% of income on housing:

Homeowners 27.4%  
Renters 49.9%

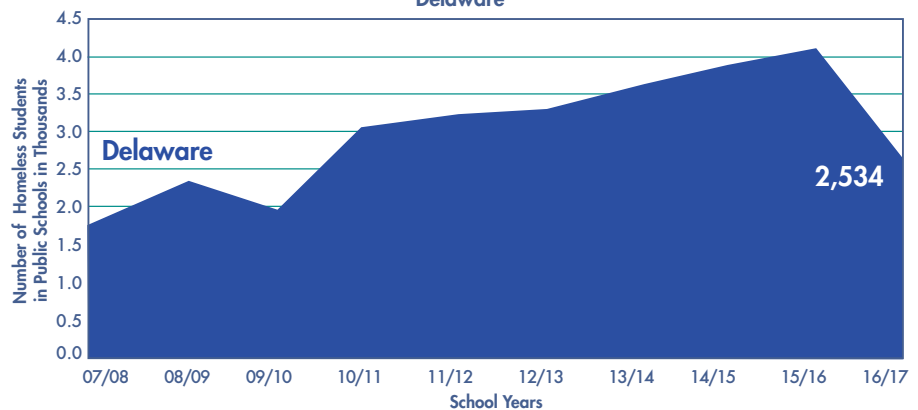
Median housing value:

Delaware \$243,400  
U.S. \$205,000

Source: U.S. Census Bureau, American Community Survey – One year estimates: 2016

## Homeless Students

Delaware

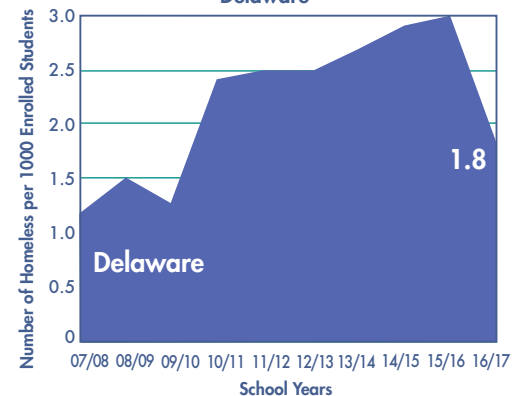


Source: Delaware Department of Education



## Rate of Homelessness

Delaware



Source: Delaware Department of Education

## Delinquent Loans

Percentages, Third quarters, 2014–2016

Foreclosures Inventory:	2014	2015	2016	2017
All Loans, U.S.	2.4	1.9	1.6	1.23
All Loans, Delaware	2.8	2.2	2.3	1.77
Subprime Loans, U.S.	9.8	8.1	7.0	2.52
Subprime Loans, DE	11.0	11.8	11.9	3.37

### Seriously Delinquent\* Loans:

	2014	2015	2016
All Loans, U.S.	4.7	3.6	3.0
All Loans, Delaware	5.7	4.7	4.1
Subprime Loans, U.S.	15.2	12.7	12.5
Subprime Loans, DE	19.5	18.9	18.3

\* The number of loans considered seriously delinquent is the number of loans in foreclosure plus the number of loans 90 or more days past due but not yet in foreclosure.

\*\* The Mortgage Bankers Association discontinued tracking subprime loans in its National Delinquency Survey in 2017.

Source: Mortgage Bankers Association, National Delinquency Survey

## Did You Know?

Delaware adheres to the federal McKinney-Vento Homeless Assistance Act, which guarantees students the right to continue their education at the school they have been attending, even though they might no longer meet local residency requirements. In addition, Delaware homeless students are guaranteed transportation to school and the right to enroll without the typically required documents or immunizations.

Source: <https://www.doe.k12.de.us/homeless>





## FAMILY & COMMUNITY

The well-being of our children is a barometer for the future. In one short generation, they will be the parents, workers, volunteers, leaders, and change-makers determining the social and economic vitality of Delaware. If we want a better future for all of us, we need better results for kids now. Getting results means giving all kids what they need to reach their full potential. And it especially means investing in kids of color and those from families with low incomes, so they can overcome the barriers created by racism and poverty and can have equal opportunity to succeed. We must remove the exclusionary practices that undergird much of our country's public institutions—and replace them with measures designed to let kids of all backgrounds succeed. Second, we must focus our public investments on the success of the whole family, with the understanding that the well-being

of children is inextricably tied to the well-being of their parents.

The opportunity gap starts young, with children of color as much as 2.6 times more likely as their white peers to experience poverty. By fourth grade, Black and Latino children are more likely to be reading below grade level, a crucial milestone that predicts future success in school. As they progress through adolescence into young adulthood, children of color are more likely than their white peers to be diagnosed with asthma, be suspended from school, drop out of high school, and become involved with the criminal justice system. Young adults of color are less likely to graduate from college than their white peers, which has long-term implications for their job prospects, economic stability, and the future well-being of the children they will one day raise.

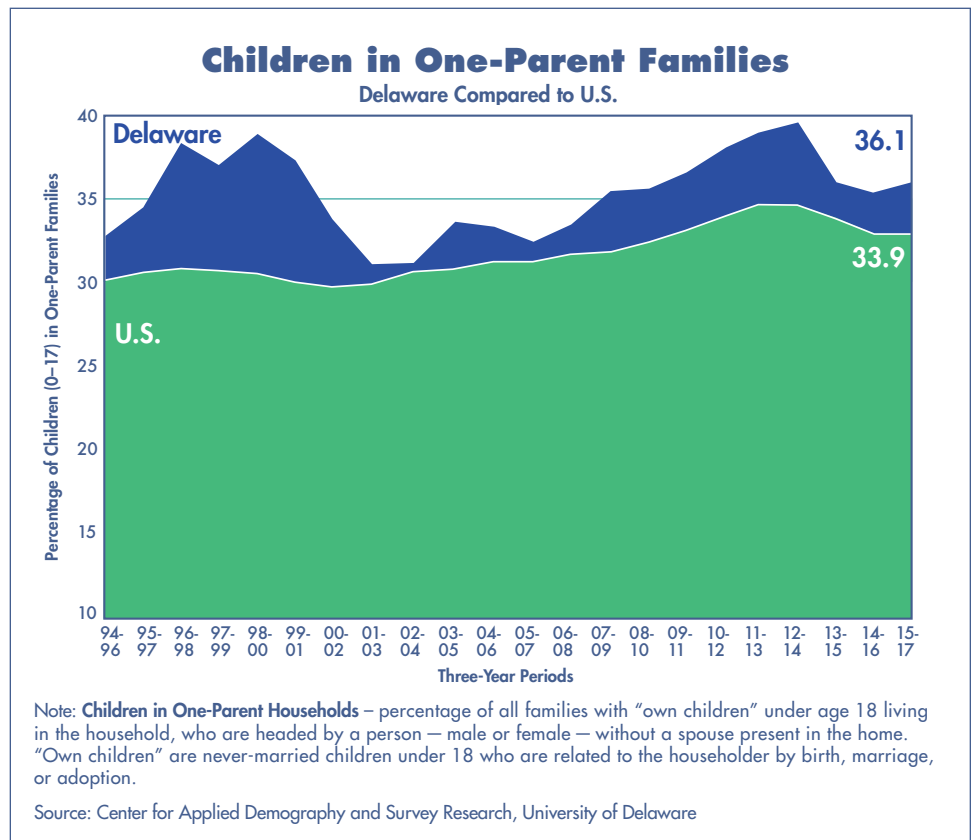
But we cannot raise the bar for all kids if we don't look specifically at how Delaware's children of color are faring. We can often trace racial and ethnic gaps in children's health, education and financial security to historical policies that created barriers for families and current policies that can perpetuate them. We must "close the gaps" by intentionally breaking down any obstacles to certain groups of children reaching their full potential.

We believe that raising the bar and closing the gaps in child well-being is the way forward for sustainable economic growth and prosperity. By creating abundant opportunities for Delaware kids, the state will build on its strengths: its diversity, capacity for growth and enterprising spirit.

# Children in One-Parent Families



The composition of families in America is constantly changing, and as a result, the type of primary caregiver in children's lives varies widely. Families may be headed by biological parents, step-parents, foster parents or other relatives. The number of caregivers in a household also varies widely, and increasingly, single parents have become primary caregivers in many families. Single parenting comes with a variety of unique challenges, and research indicates that children growing up in single parent households face an increased risk for cognitive, financial, social and emotional concerns. Children in these households can face numerous obstacles, and support from parents, schools, and communities can be key to helping them thrive. Strengthening and encouraging resiliency factors, such as open avenues of communication and spending time together as a family can protect children from some of the obstacles associated with growing up in a one-parent household. The more positive relationships with adults a child has in their life, the more likely they are to recover from any previous trauma and the less likely they are to experience future traumas. With this in mind, strengthening communities and encouraging unity and support will help those in Delaware who live in one-parent households.



## Did You Know?

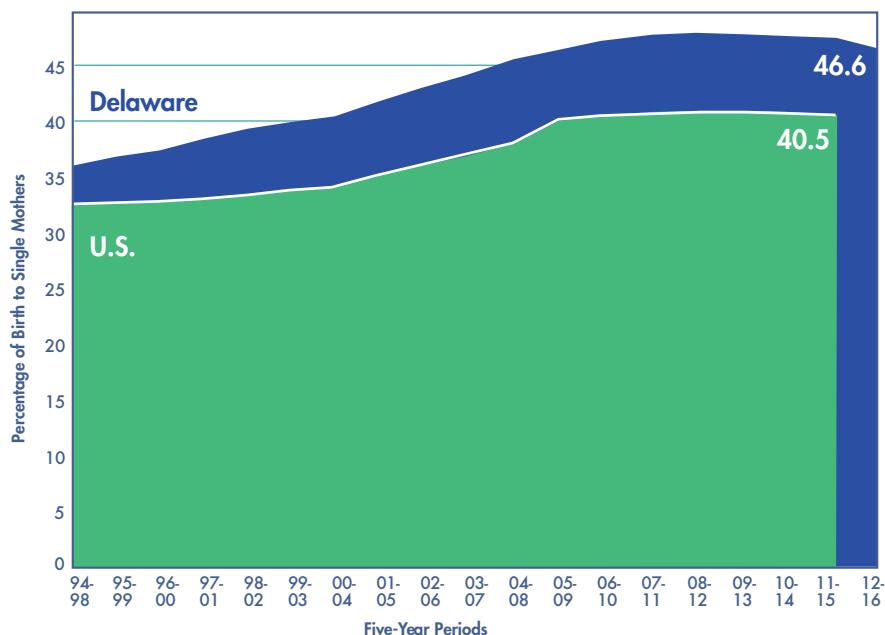
Nationally, 68% of all children residing with a single parent – 16.3 million – live in low-income families.

Source: [http://www.nccp.org/publications/pub\\_1170.html](http://www.nccp.org/publications/pub_1170.html)



# Children in One-Parent Families

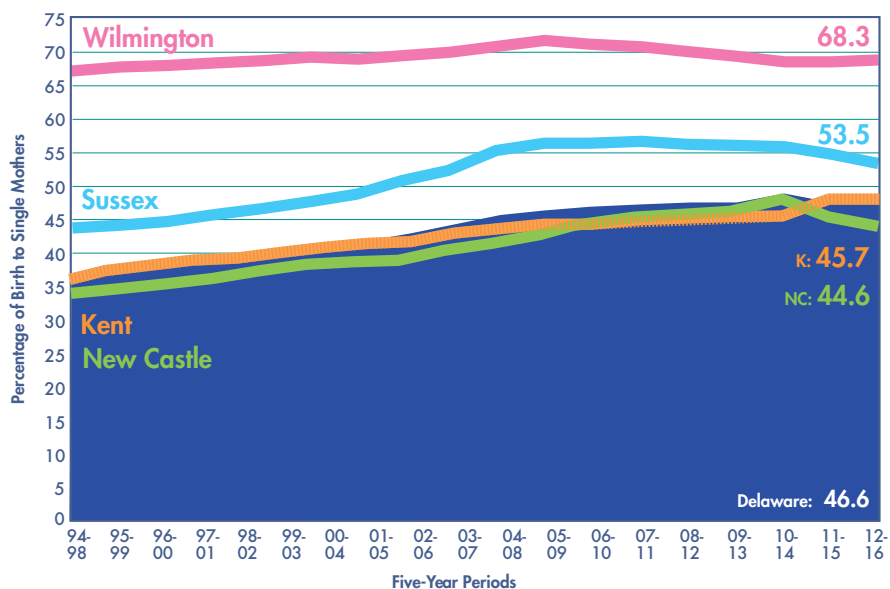
**Births to Single Mothers**  
Delaware and U.S.



Sources: Delaware Health Statistics Center, National Health Statistics Center



**Births to Single Mothers**  
Delaware, Counties, and Wilmington



Sources: Delaware Health Statistics Center, National Health Statistics Center

## Did You Know?

Single-parent households have more than doubled since the 1960's, although the increases have slowed in the past five years. Within these households, parents who have completed less education are more likely to be single parents.

Source: <http://www.pewsocialtrends.org/2015/12/17/1-the-american-family-today/>

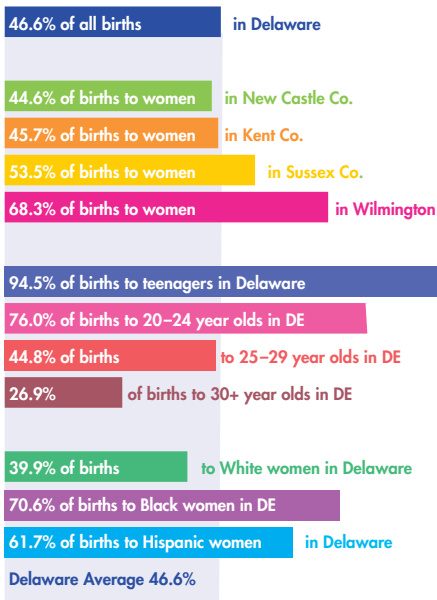


# Children in One-Parent Families



## Percentage of Births to Single Mothers

in Delaware by County, Age, and Race  
Five-year Average, 2012–2016



Source: Delaware Health Statistics Center

Evidence-based programs and clinical services to prevent teen pregnancy through individual behavior change are important, but research is also shedding light on the role social determinants of health play in the overall distribution of disease and health, including teen pregnancy. Efforts that focus on social health determinants in teen pregnancy prevention efforts, particularly at the community level, play a critical role in addressing racial/ethnic and geographical disparities observed in teen births in Delaware.

Source: <https://www.cdc.gov/teenpregnancy/about/social-determinants-disparities-teen-pregnancy.htm>



## PUT DATA INTO ACTION

The Delaware Healthy Children Program (DCHP) provides low cost health insurance for children who are currently uninsured. Families are able to choose from plans from United Healthcare and Highmark for their children to best suit their needs.

Source: <http://dhss.delaware.gov/dhss/dmma/dhcpfaq.html>

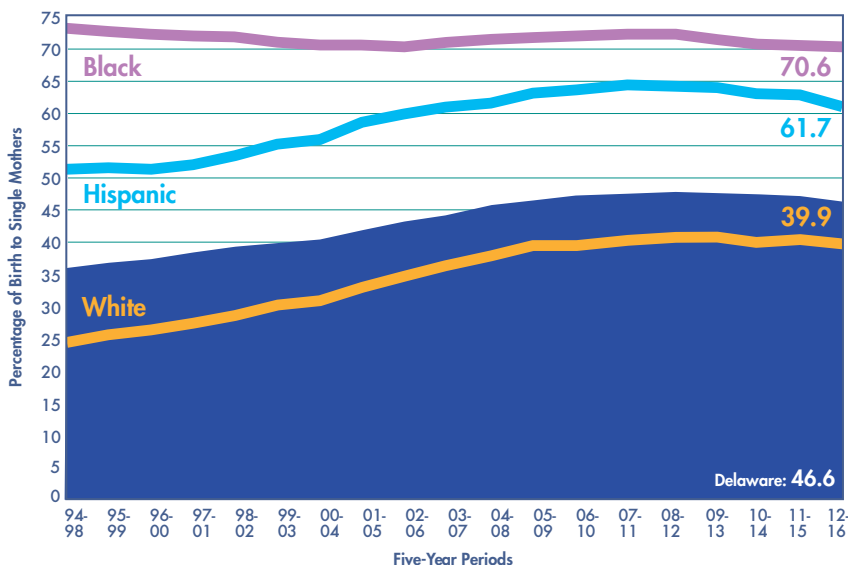
## Did You Know?

As of 2012, school-based health centers in Delaware were able to provide limited reproductive health services with parental approval. These are not substitutes for personal physicians but sources for referral and healthcare questions.

Source: Delaware Department of Health and Social Services, Division of Public Health, Bureau of Adolescent and Reproductive Health

## Births to Single Mothers

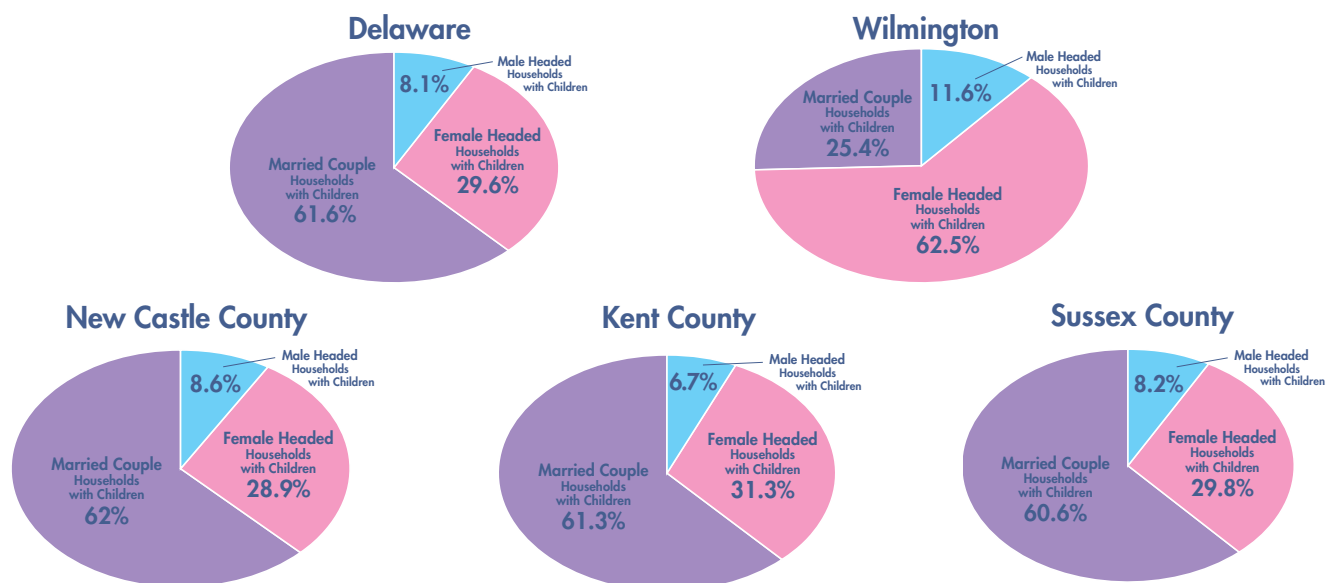
Delaware by Race/Hispanic Origin



Source: Delaware Health Statistics Center

# Children in One Parent Families

## Families with Related Children by Household Structure 2012-2016

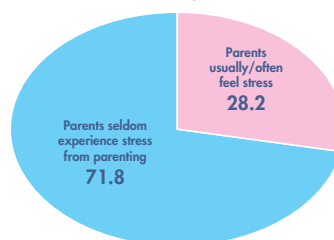


Source: U.S. Census Bureau, American Community Survey



## Parenting Stress

How many children have parents who felt stress from parenting during the past month?  
Delaware, 2016

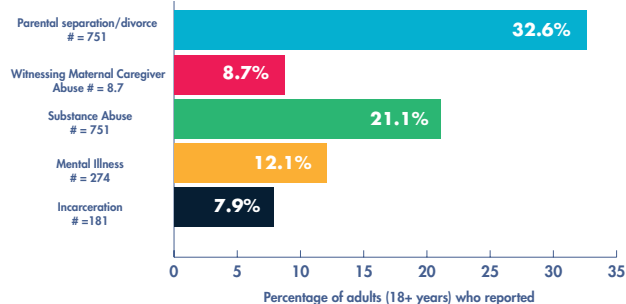


Source: National Survey of Children's Health, 2016 <http://www.childhealthdata.org/browse/survey?q=4759&r=9>



## ACEs Characteristics

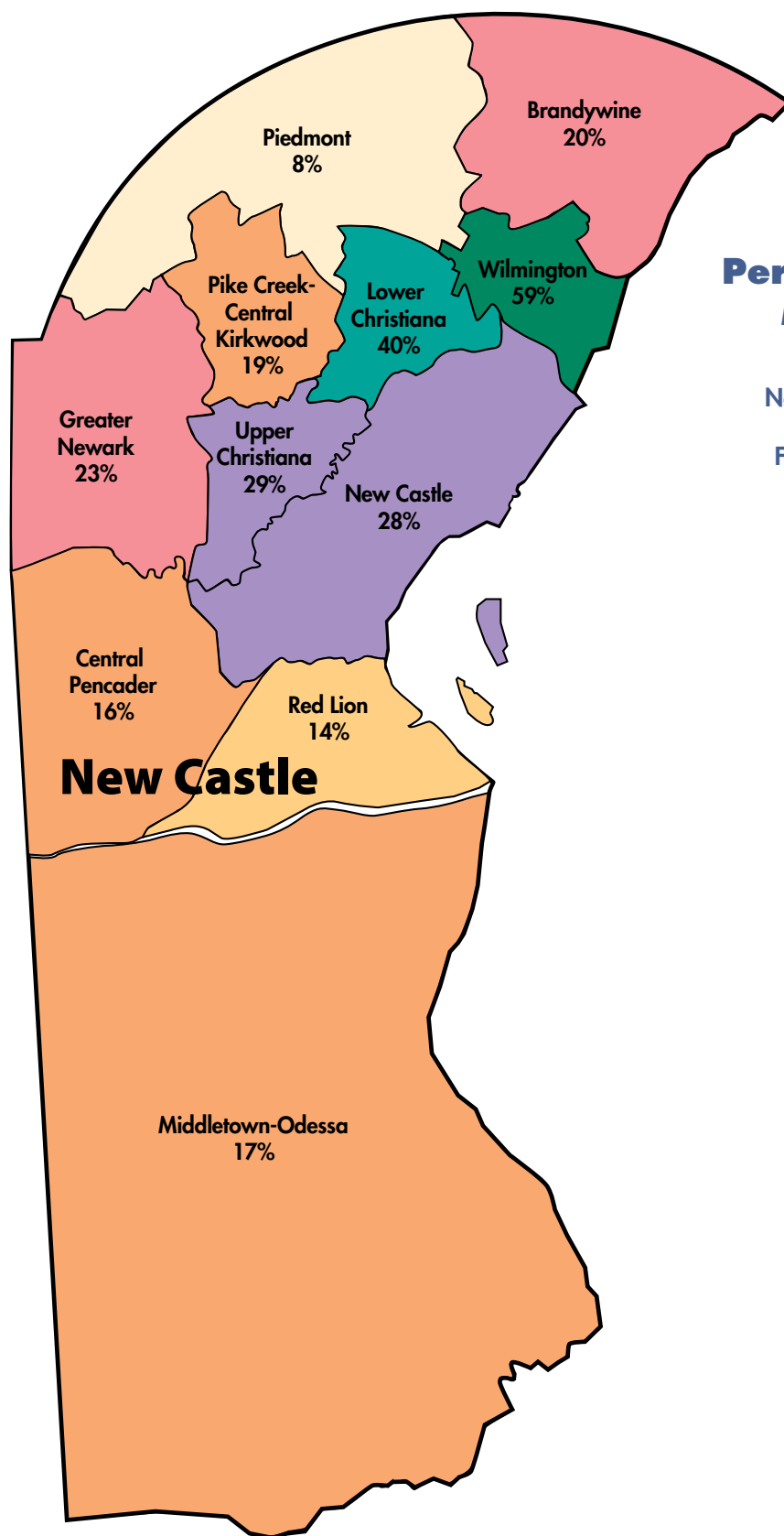
Delaware 2015



Source: 2015 Delaware Household Health Survey, The Delaware Public Health Institute



# Children in One-Parent Families



## Percentage of Single-Mother-Headed Households

New Castle County Subdivisions  
Census County Divisions  
Five Year Average 2012-2016

### Key

0 - 9.9	
10 - 14.9	
15 - 19.9	
20 - 24.9	
25 - 29.9	
30 - 34.9	
35 - 49.9	
50 - 59.9	

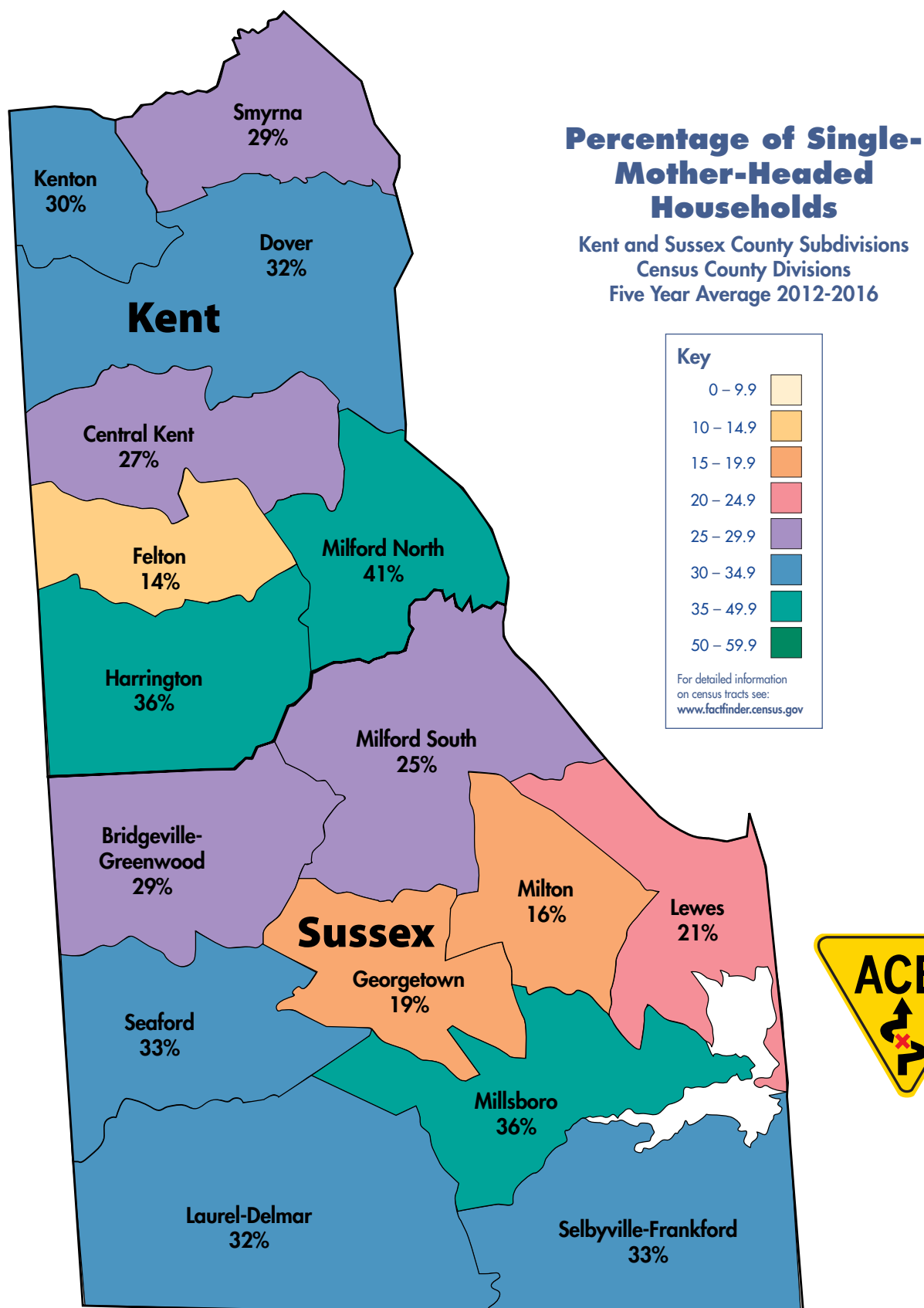
For detailed information  
on census tracts see:  
[www.factfinder.census.gov](http://www.factfinder.census.gov)



Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau



# Children in One-Parent Families

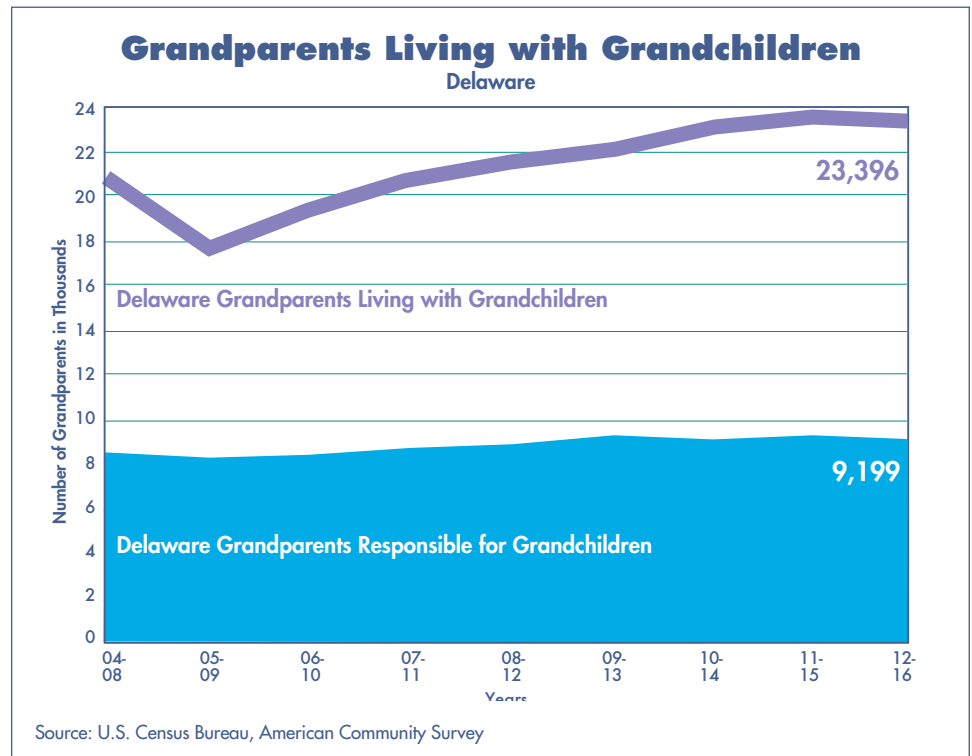


Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>  
Source: American Community Survey, U.S. Census Bureau

# Children Living with Grandparents



While the percentages of grandparents raising grandchildren remains low and steady, in the context of a growing youth population, they represent growing total numbers. As such, the phenomenon of children living with grandparents has received considerable attention in recent years. The relationship between grandparent and grandchild is often loving, but it can be challenging for grandparents to meet the needs of a child amidst their own potential health and stability concerns.



## PUT DATA INTO ACTION

Delaware has a Legal Handbook for Grandparents Raising Children to help guide grandparents through fostering, legal trouble, reporting abuse and many other essential parts of full-time child care.

Source: <http://www.pewsocialtrends.org/2013/07/02/the-rise-of-single-fathers/>

## Grandparents Living with Grandchildren

Delaware, Counties, and Wilmington, Five-year Estimate, 2012–2016

	Delaware	New Castle	Kent	Sussex	Wilmington
Grandparents living with grandchildren under 18 years	23,396	13,146	5,029	5,221	1,758
Grandparents responsible for their grandchildren	9,199	5,059	1,919	1,418	597

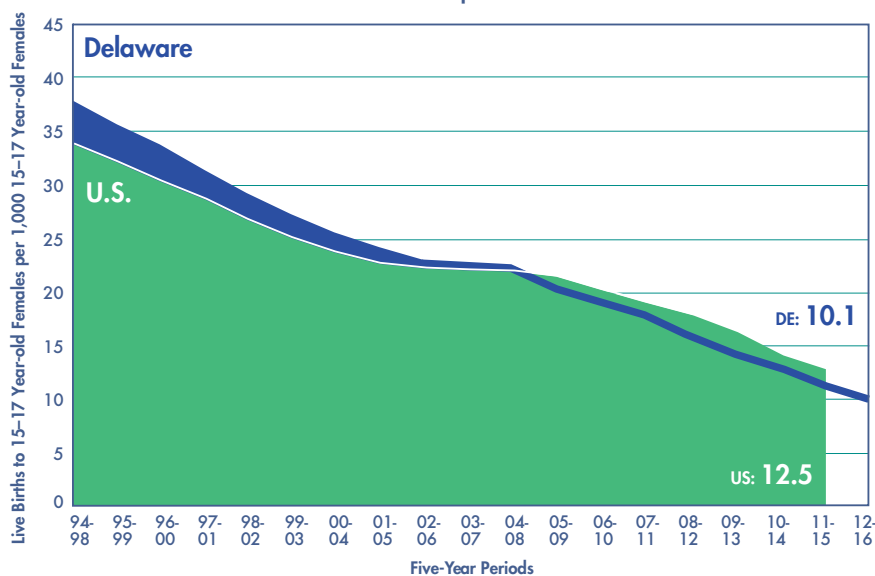
Source: U.S. Census Bureau, American Community Survey

## Births to Teens

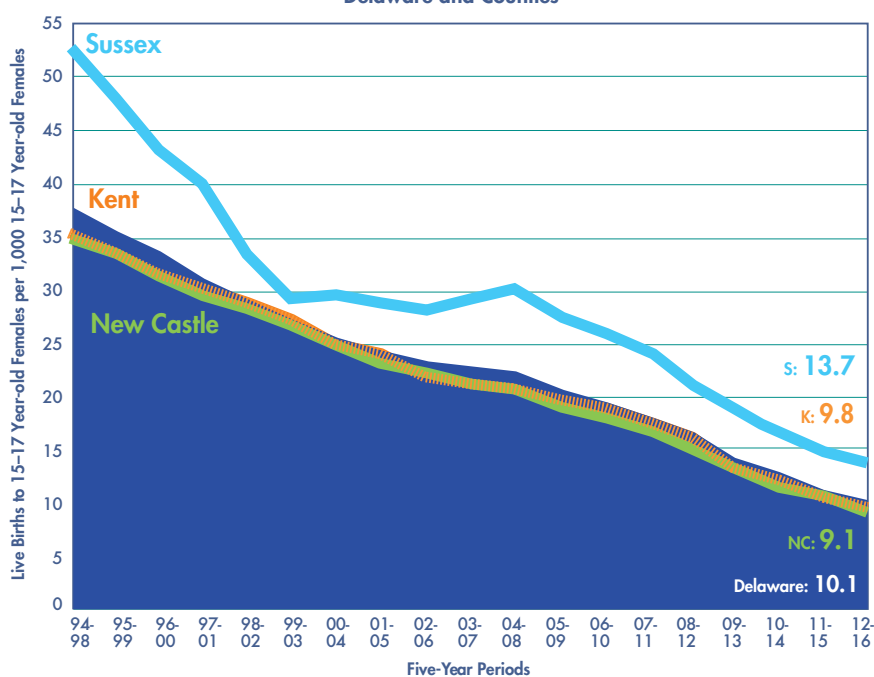
The impact of teen pregnancy is widespread and far reaching across individuals and communities. Teen mothers experience limited opportunities compared to their peers who delay childbearing, and as a result they are more likely to drop out of school, live in poverty, and rely on public assistance. Children born to teenage mothers are also likely to face numerous negative outcomes: they are more likely to have a low birth weight, experience health and developmental delays, have higher rates of infant mortality, and be at an increased risk for abuse and neglect. Teenage parenthood has immense impacts on the community at large, including placing a financial burden on society due to lost tax revenue, and increasing the costs of public assistance and child health care. Teen pregnancy and teenage parenthood are substantial issues for individuals, families, and communities.

### Births to Teens 15-17

Delaware Compared to U.S.



Delaware and Counties



Note: **Birth Rate**— number of births per 1,000 females in the same group

Source: Delaware Health Statistics Center

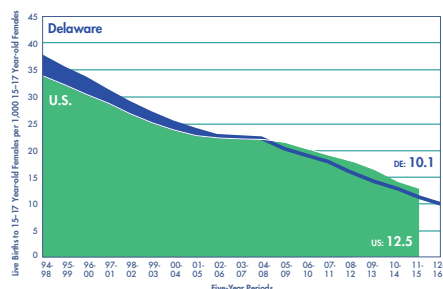
### Did You Know?

School-based health centers (SBHC's) have been opening across the state to provide improved access to a variety of health services. With school board approval, many of these SBHC's are providing STI and pregnancy education and testing services.

Source: <http://www.dhss.delaware.gov/dph/chca/dphsbhchome01.html>

# Births to Teens

## Births to Teens 15-17



The overall birth rate for Delaware teens, both ages 15-17 and ages 15-19, is lower than the United States rate. Birth rates for teens in Sussex County, as well as in the City of Wilmington, are coming down but continue to be much higher than the Delaware rate.

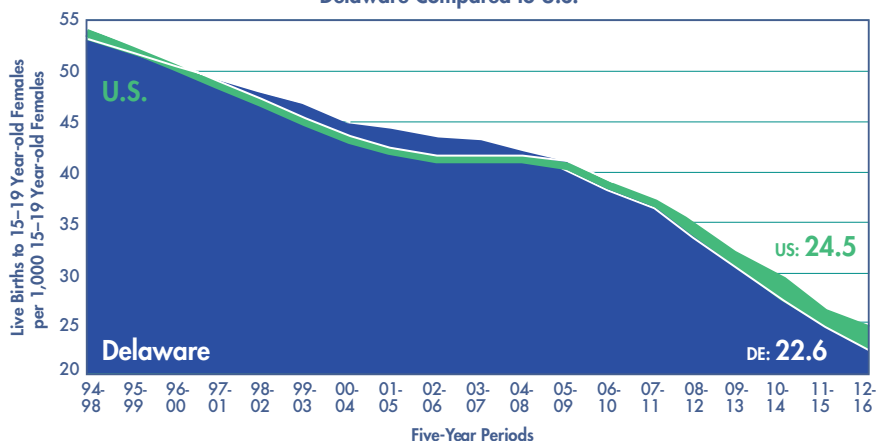
### Did You Know?

Publicly funded family planning centers make a significant difference. In 2014, they helped avert 3,600 unintended pregnancies that would either have been aborted or result in unplanned births in the state.

Source: <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-delaware>

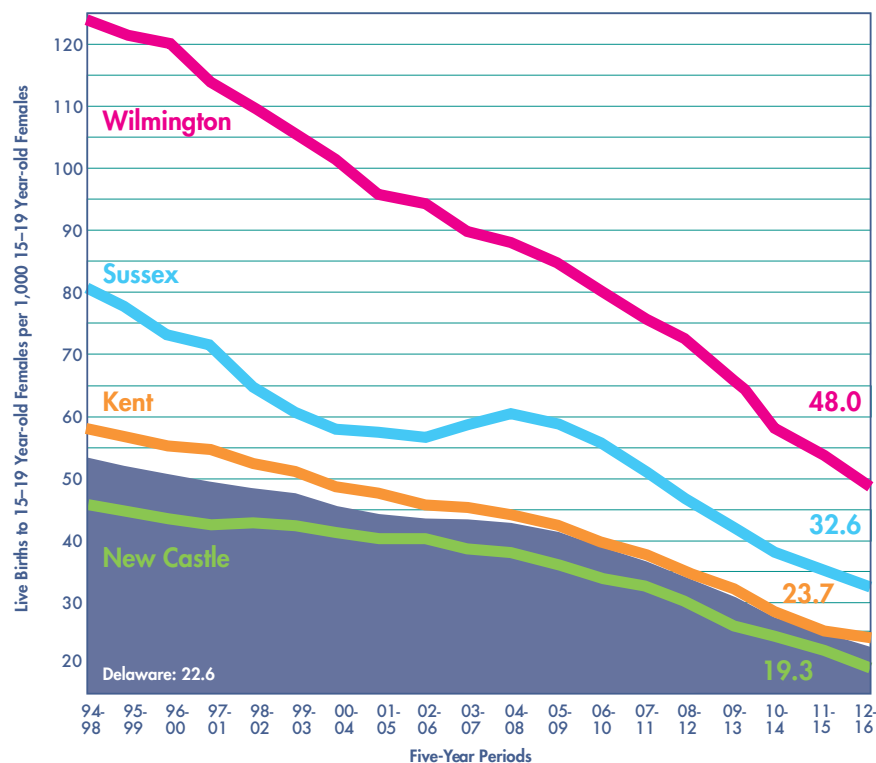
## Births to Teens 15-19

Delaware Compared to U.S.



## Births to Teens 15-19

Delaware, Counties, and Wilmington



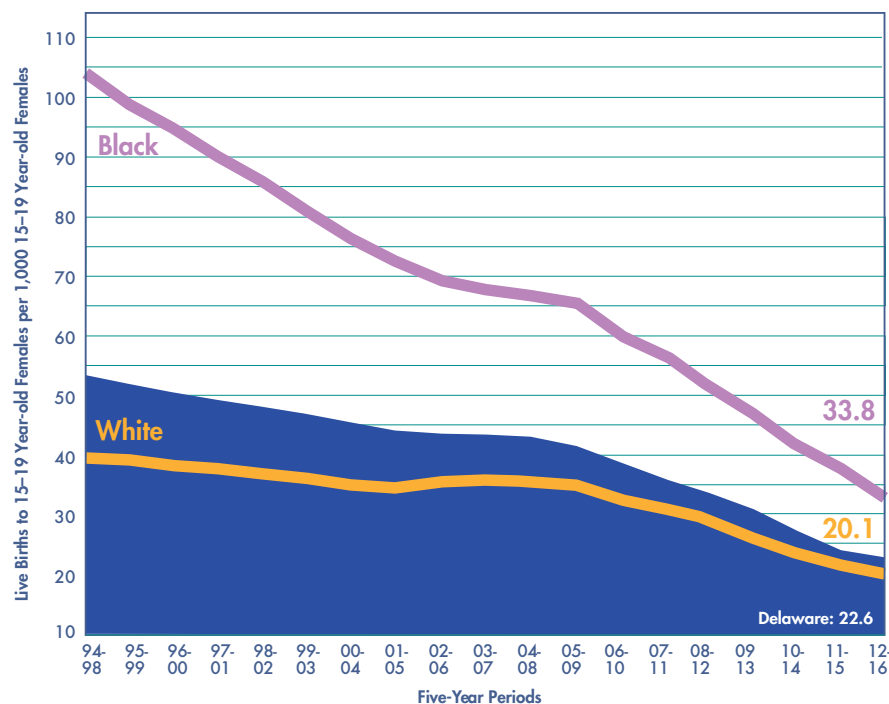
Source: Delaware Health Statistics Center



## Births to Teens

### Births to Teens 15-19

Delaware by Race

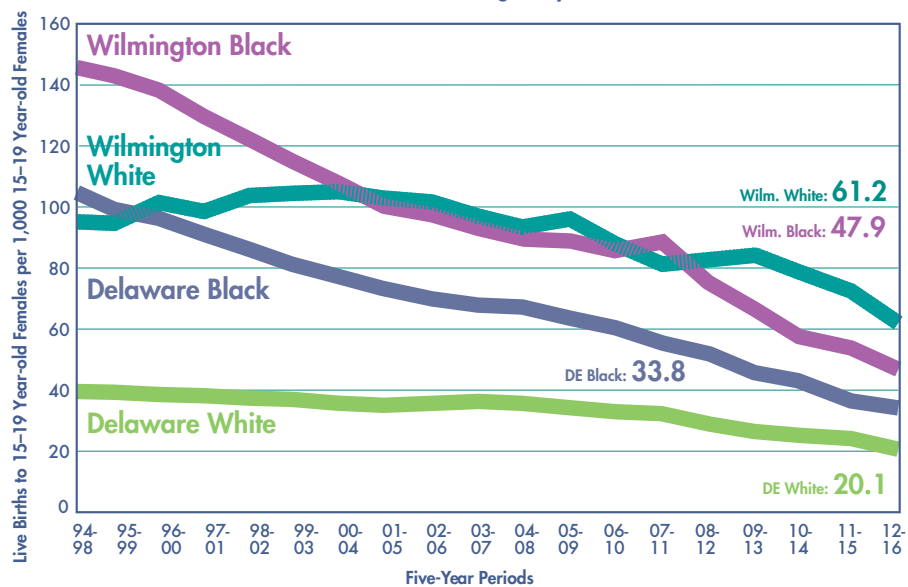


Source: Delaware Health Statistics Center



### Births to Teens 15-19

Delaware and Wilmington by Race



Source: Delaware Health Statistics Center

#### Did You Know?

Over \$28 million per year is spent on teen childbearing in Delaware alone. [Power to Decide.org](http://PowerToDecide.org)

# Births to Teens



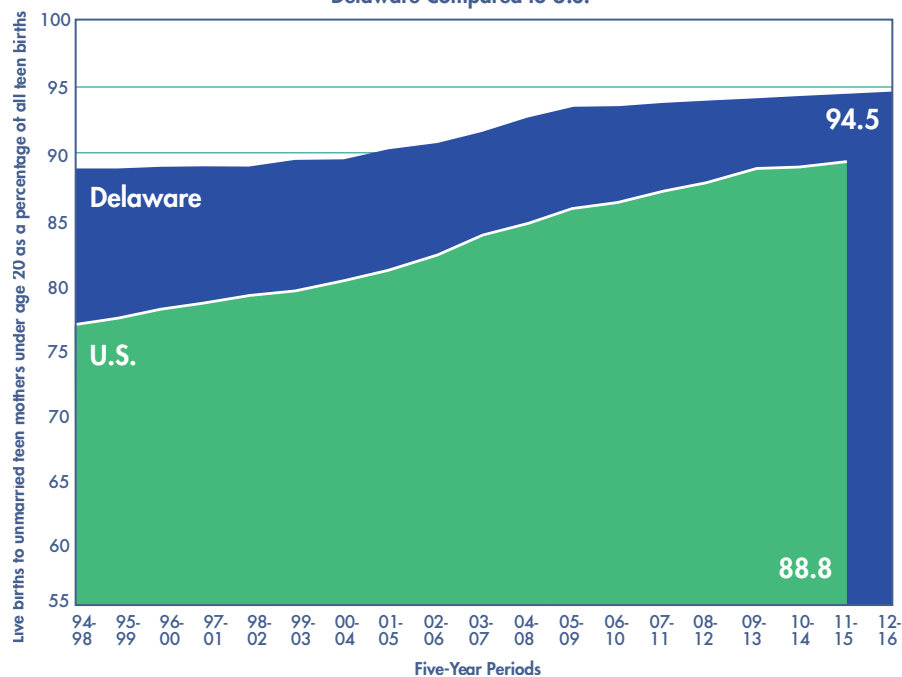
## Did You Know?

Publicly supported family planning centers in the state met only 30% of Delaware women's need for contraceptive services and supplies in 2014.

Source: [https://www.huffingtonpost.com/entry/combating-child-abuse-states-take-action\\_us\\_59c27231e4b0f96732cbcaa5](https://www.huffingtonpost.com/entry/combating-child-abuse-states-take-action_us_59c27231e4b0f96732cbcaa5)

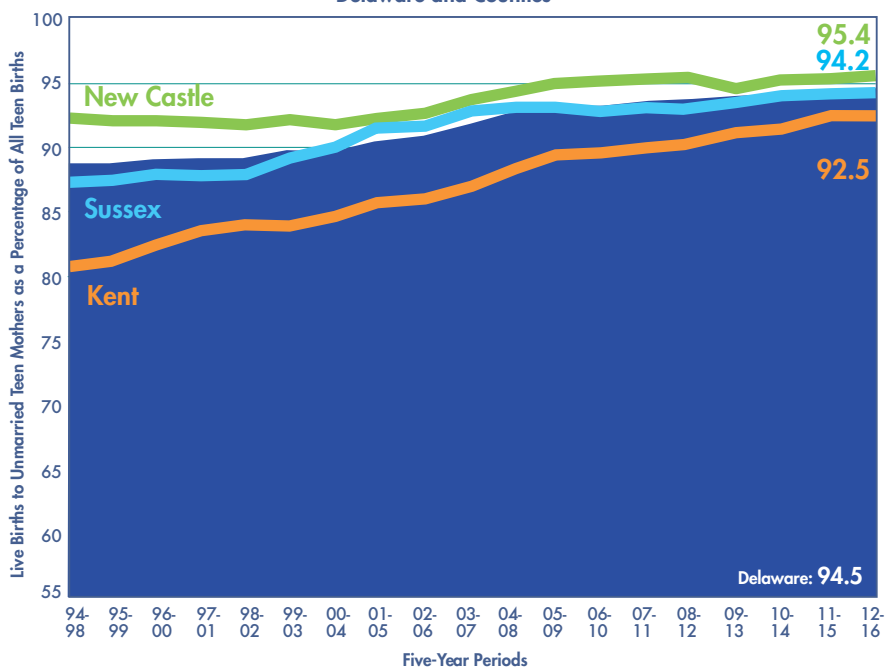
## Births to Unmarried Teen Mothers

Delaware Compared to U.S.



## Births to Unmarried Teen Mothers

Delaware and Counties



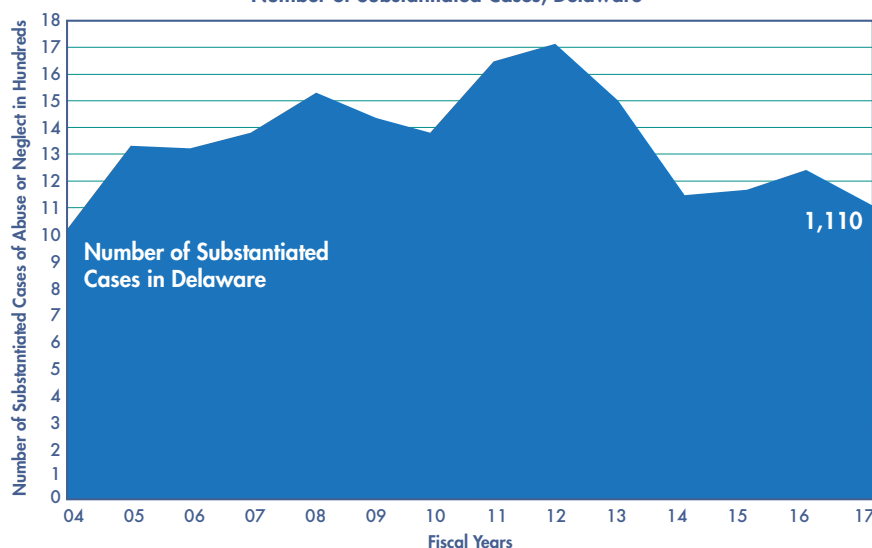
Source: Delaware Health Statistics Center

# Child Abuse and Neglect

**C**hild abuse is the maltreatment or neglect of a child that results in any non-accidental harm or injury. Abuse comes in a number of forms of maltreatment including physical and emotional abuse or neglect, verbal abuse, and sexual abuse. The long-term impacts can last a lifetime, especially if left untreated. Abuse and neglect have far-reaching physical, social, and emotional effects within a community and can cause problems in youth including depression, impaired growth, learning difficulties, low school achievement, juvenile delinquency, substance abuse, and sometimes suicide. States set their own legal abuse definitions of child abuse and neglect within existing federal legal standards.

## Child Abuse and Neglect

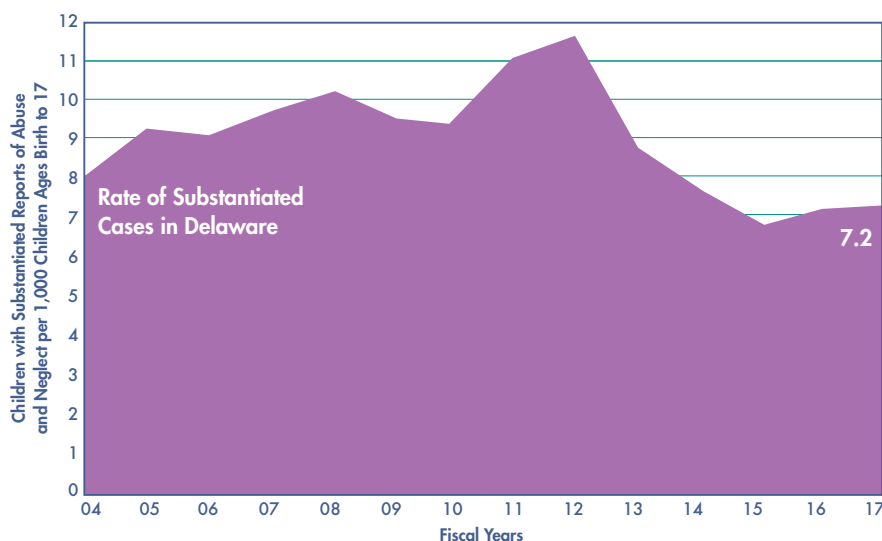
Number of Substantiated Cases, Delaware



Source: Delaware Department of Services for Children, Youth and Their Families

## Rate of Substantiated Child Abuse Cases

Delaware



Source: Delaware Department of Services for Children, Youth and Their Families

## Substantiation:

As defined in 16 Del.C. means a finding by a preponderance of the evidence that child abuse or neglect has occurred. The finding is made after an investigation by the Division of Family Services. In addition, substantiation may occur through a civil child welfare proceeding, a criminal judicial proceeding, or failure to request an appeal of the Division's intent to substantiate within the specified time frame.



# Child Abuse and Neglect



**O**pioid abuse is a serious public health threat for Delaware and the United States. In 2016, the CDC reported that over 42,000 Americans lost their lives to opioid addiction, often leaving behind broken families and children. Opioids come in many forms, which aids their pervasiveness in society; they can be obtained as prescription medication, fentanyl (a synthetic pain reliever that is often used for treating severe pain cases), and heroin. Ensuring that we treat those currently afflicted with addiction and setting barriers in place to prevent growth of the addicted population will be paramount to protecting our children from the societal damages of substance abuse. Instituting and maintaining legislation to aid our addicted populace and support them on their path to recovery is critical to ensure the continued growth of our healthcare system and its future success.

## PUT DATA INTO ACTION

While most states recognize four major types of “maltreatment” in children: neglect, physical abuse, psychological abuse and sexual abuse, there is still no uniform definition that applies nationwide.

Source: [https://www.huffingtonpost.com/entry/combating-child-abuse-states-take-action\\_us\\_59c27231e4b0f96732cbcaa5](https://www.huffingtonpost.com/entry/combating-child-abuse-states-take-action_us_59c27231e4b0f96732cbcaa5)

## Substance Exposed Infants

Number of Hospital Discharges with Drug-related Diagnoses. Delaware

Diagnosis	2012	2013
Suspected Damage to Fetus from drugs	<5	14
Neonatal Abstinence Syndrome (779.5, 760.72)	247	272
Pregnant (V22.2) with Drug related ICDs	0	<5

**Note:** The International Statistical Classification of Diseases and Related Health Problems (commonly known as the ICD) provides alpha-numeric codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or disease.

### ICD 9-CM codes

655.5 Suspected damage to fetus from drugs  
V22.20 Pregnant state, incidental  
779.5 Drug withdrawal syndrome in newborn (with dependent mothers)  
760.72 Narcotics (760.7 Noxious influences affecting fetus or newborn via placenta or breast milk)

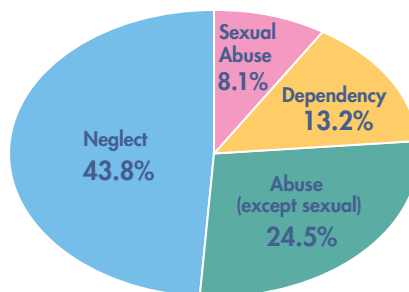
### Drug-related ICDs

304 Drug Dependence  
305.5 Opioid abuse  
977.9 Unspecified drug or medicinal substance  
970.1 opiate antagonists

Source: Delaware Health Statistics Center

## Types of Abuse and Neglect

Delaware, Fiscal Year 2016



Types of Abuse and Neglect	Number of Substantiated Cases
Abuse	303
Neglect	543
Sexual Abuse	100
Dependency	164
Total Substantiated Cases:	1,110

Source: Delaware Department of Services for Children, Youth and Their Families

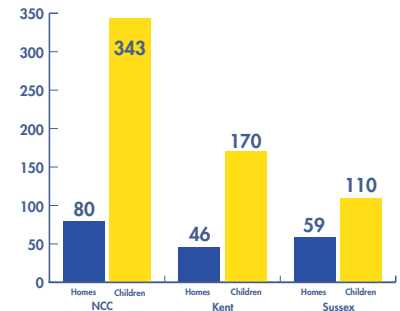


## Foster Care

The parent-child relationship is one of the most fundamental relationships in a child's life. In most families, the parent-child relationship develops as a result of regular, ongoing interactions and this continuous contact serves as a stabilizing force that promotes children's healthy development, fostering their sense of belonging, security and self-assurance. While this scenario is common for many children, the ongoing relationship is disrupted for children placed in foster care. Children in foster care are presented with considerable challenges. Abuse, neglect, and unsuitable home environments are issues faced by children across the United States every day. Foster care provides temporary residential care in another home for children who have been removed from their own home due to physical, emotional or sexual abuse or neglect. The ultimate goal of foster care is for most foster children to return to their parent(s) when the circumstances that led them to be removed from their home have been resolved. When a return to their parents or caretaker is not possible, a permanent home for the child is sought through adoption.

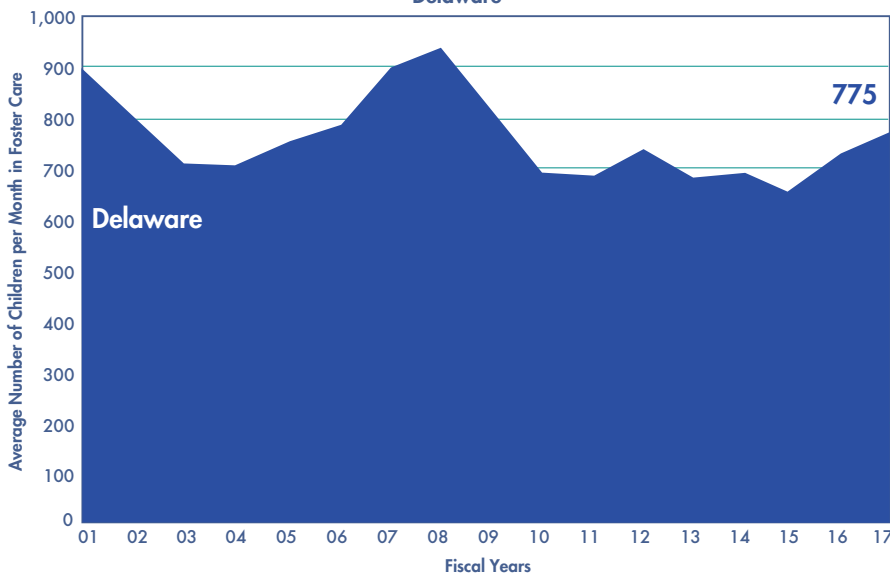
### Number of Homes and Children in Foster Care

Delaware 2017



### Number of Children in Foster Care

Delaware



### Rate of Children in Foster Care

Delaware



Source: Delaware Department of Services for Children, Youth and Their Families



# Domestic Violence



For many, the home is a sanctuary; a place of love, safety, security and shelter. Unfortunately for some, it can be a place of fear and violence. Witnessing or being the victim of domestic violence can have profound emotional, developmental, and physical consequences for children. The extreme to which the child experiences these consequences can be related to the frequency and severity of the violence, the time elapsed since the event, and the child's personality. According to the American Bar Association, many children, victims and witnesses of domestic violence exhibit signs of post traumatic stress disorder. Symptoms may be directed outward and can include inability to sleep through the nights, bed wetting, and temper tantrums, or they may be directed inward and shown by the child being shy or withdrawn. School age-children who experience domestic violence tend to have poor academic performance, are absent frequently, and have health problems. Domestic violence is a serious issue that can have a severe impact on many aspects of a child's development.

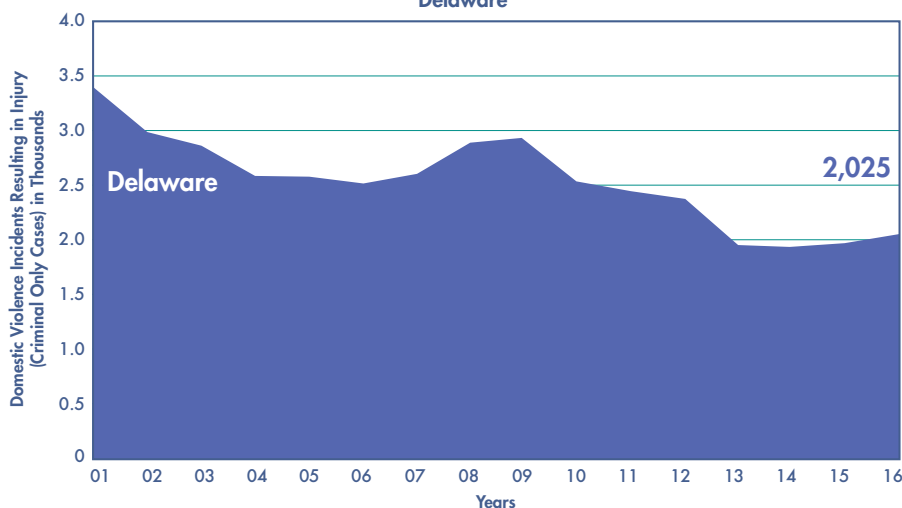
## Did You Know?

Children who have experienced domestic violence often meet the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD).

Source: <https://cdv.org/2014/02/10-startling-domestic-violence-statistics-for-children/>

## Domestic Violence Injuries

Delaware



Note: **Domestic Violence** – The defendant or victim in a family violence case may be male or female, child or adult, or may be of the same sex. Family violence is any criminal offense or violation involving the threat of physical injury or harm; act of physical injury; homicide; sexual contact, penetration or intercourse; property damage; intimidation; endangerment, and unlawful restraint.

Source: Domestic Violence Coordinating Council, Department of Public Safety, Division of State Police

## Domestic Incident Reports

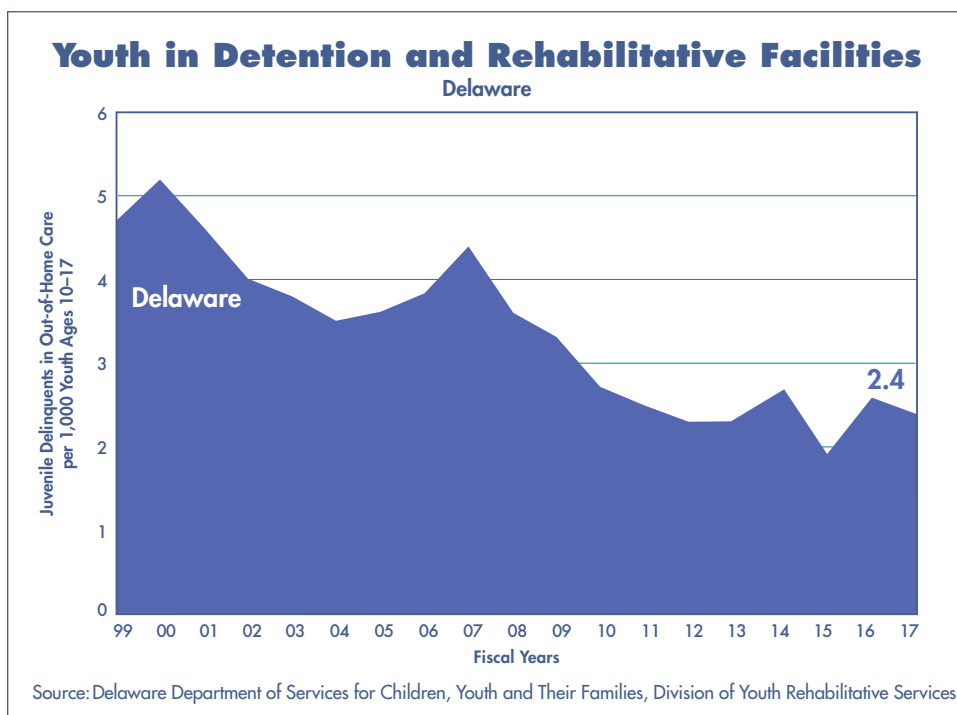
Delaware, 2016

Criminal only:	14,069
Combined criminal/non-criminal:	22,370
Deaths as a result of domestic violence in 2016:	13 deaths

Source: Delaware State Bureau of Identification



# Juvenile Delinquents



Communities across America are impacted by the negative effects of juvenile delinquency. Juvenile delinquency is a legal term that refers to any offense in violation of the state, federal, or local law by a person under the age of 18. There are a number of juvenile justice intervention programs designed to reduce delinquency, ease overcrowding in juvenile detention centers, and to reduce dependence on residential treatment programs by young people considered delinquent.

To address these issues, states establish divisions to provide services to youth who have been delinquent and ordered by the court system to receive special attention. In Delaware, the Division of Youth Rehabilitative Services provides secure detention in special care facilities, 24-hour custodial care, and treatment for incarcerated and adjudicated youth. The Division also provides, through secure care, appropriate education, treatment, counseling, recreation, vocational training, medical care, and family-focused case management for youth in secure residential facilities. All services are aimed at decreasing recidivism and increasing public safety in order to reduce juvenile delinquency and create more secure communities.



## Did You Know?

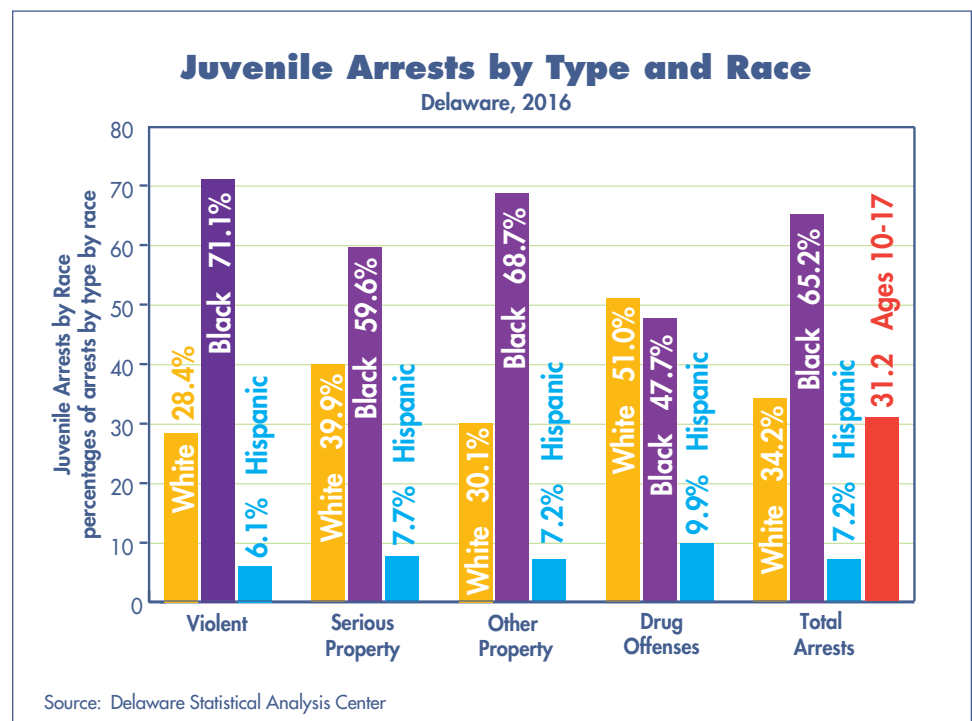
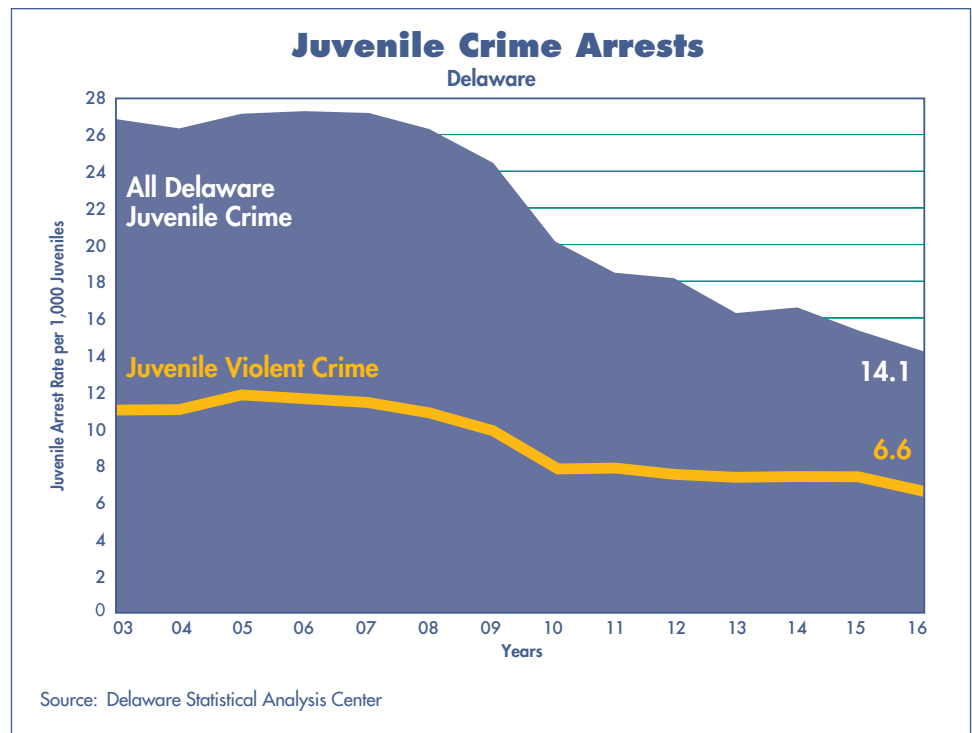
Children who bully or victimize others are more likely than their peers to become delinquents later in life. Both delinquency and bullying most often stem from poorly mediated anger.

Source: <http://www.sciencedirect.com/science/article/pii/S0191886909004656>



# Juvenile Violent Crime Arrests

**V**iolent crime among youth is a serious issue that affects both individuals and communities. The level of youth violence in a society can be a good indicator of the ability of young people to control their behavior, and also of the ability of the socializing agents such as families, peers, schools, and religious institutions to supervise and influence behavior. Participation in criminal behavior may have immediate negative effects on physical, social, emotional and academic development, in addition to lasting impacts into the child's adult life. Violent crime is classified into four offenses, all of which use the threat of force: murder, forcible rape, robbery and aggravated assault. Poor and minority children face risks and disadvantages that make them especially susceptible to criminal behavior. Advocates argue that in order to address youth violence, society should focus on pulling families out of poverty, providing children with adequate health care, improving access to quality education for all children, preventing child abuse and neglect, protecting children from domestic and community violence, and giving children support and guidance as needed. Focusing on these issues may be a step forward in reducing violent crime among juveniles.

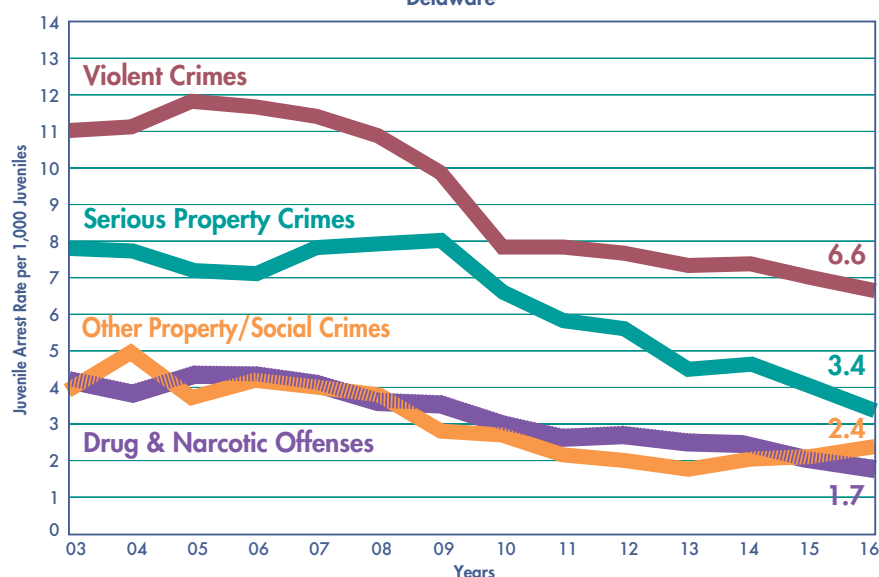




# Juvenile Violent Crime Arrests

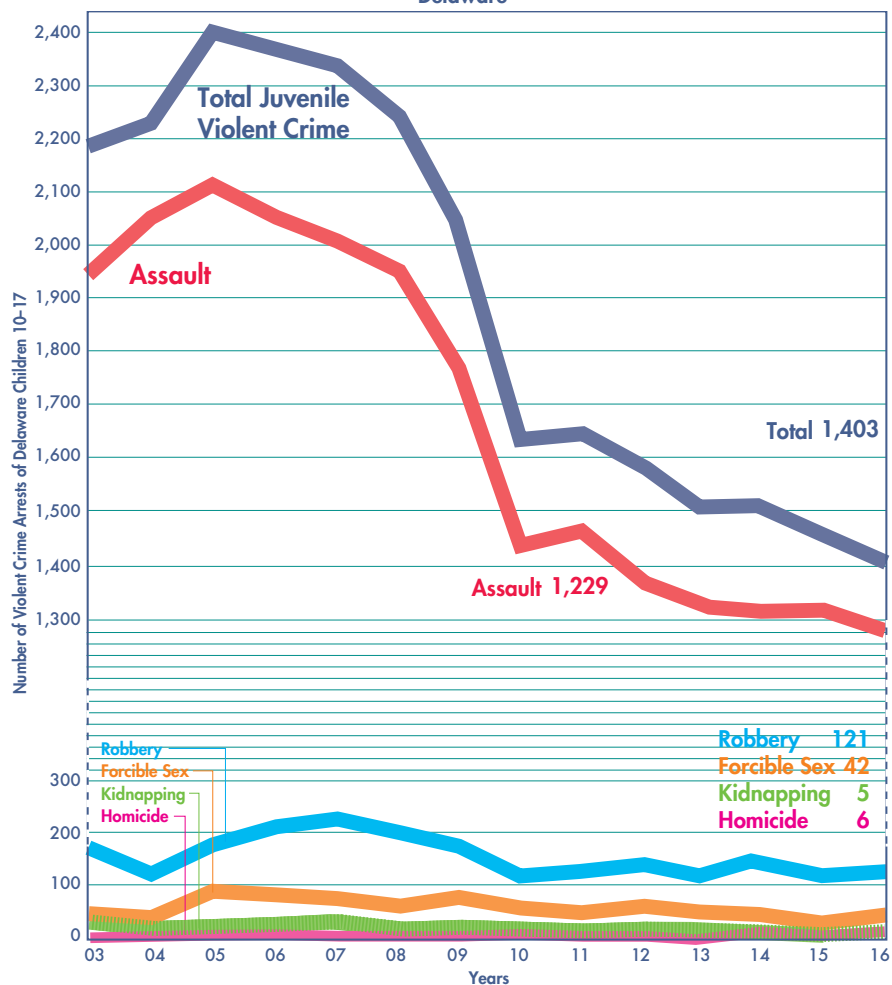
## Juvenile Crime Arrests by Type

Delaware



## Juvenile Violent Crime Arrests

Delaware



Source: Delaware Statistical Analysis Center

Note: Data is preliminary ?



Youth of color remain far more likely to be committed to secure facilities than white youth. In Delaware, the black/white disparity was more than five-to-one, meaning that African American juveniles were more than 5 times as likely as white juveniles to be committed to secure facilities.

Source: <https://www.sentencingproject.org/publications/racial-disparities-in-youth-commitments-and-arrests/>

### PUT DATA INTO ACTION

Young men under the age of 34 who have been shot in Wilmington are 11 times more likely to commit gun violence in their lifetimes.

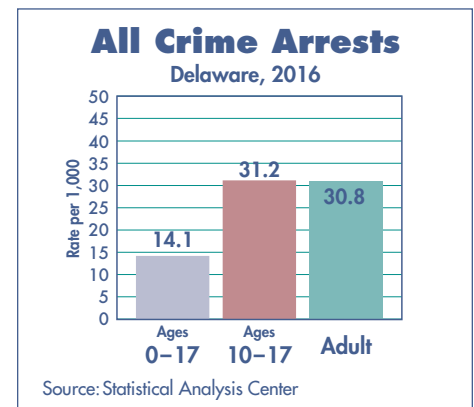
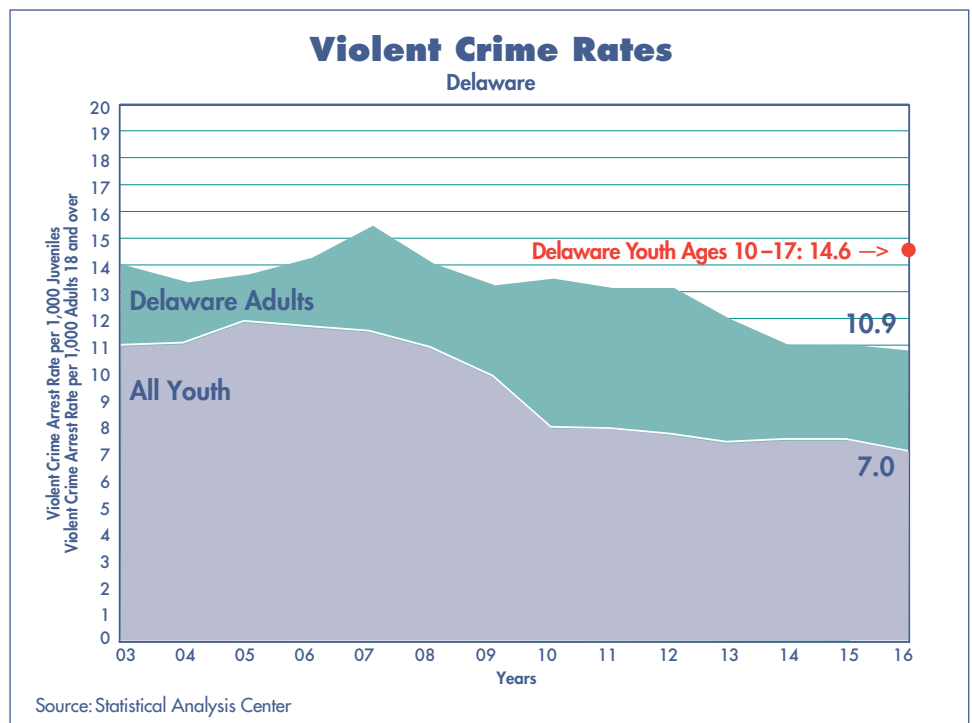
Source: <https://www.usatoday.com/story/news/2017/09/08/wilmington-delaware-leads-u-s-teen-shootings/619458001/>

# Adult Crime



Adult crime impacts individuals, families, and entire communities. Families of inmates face challenges such as lack of financial support and social alienation related to the stigma of having a family member in prison.

Children in particular may experience extreme difficulties during a period of parental incarceration. The psychological and emotional implications for these youth include trauma, anxiety, guilt, shame, and fear. Additionally, their behavior may change to include sadness, withdrawal, low self-esteem, decline in school performance, truancy, use of drugs or alcohol, and aggression. In some instances, changes in behavior may progress to a level of delinquency which can potentially lead to a cycle of inter-generational incarceration. Adult crime and incarceration can have great costs to the children and families involved, as well as have consequences for society at large.



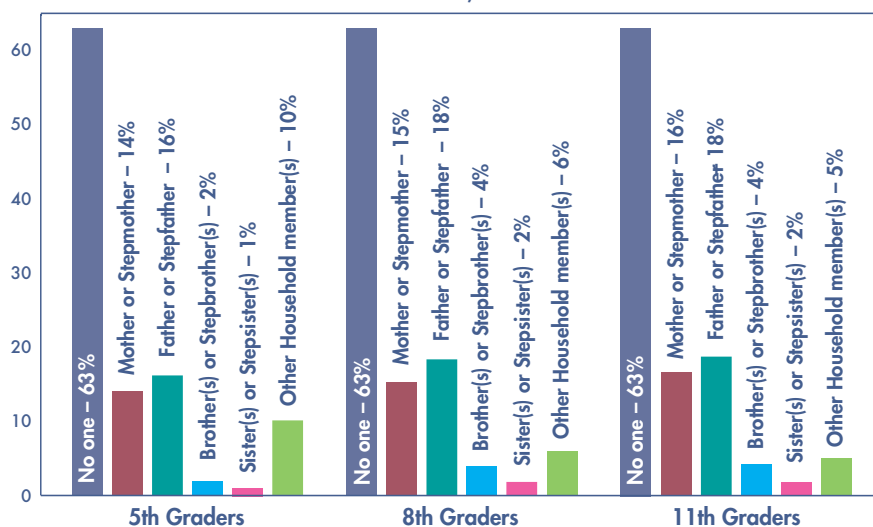
# Family, Environment and Resources

Children's long-term development and success can greatly depend on the support and care they receive at home from their family. A stable and family environment in which all family members care for and appreciate each other is the most beneficial to a child. In addition to meeting the basic needs of food, shelter, and clothing, an optimal family environment might include the following qualities: members with unconditional love for each other; parents spending time with their children; parents listening to their children; parents serving as good role models, understanding that children learn from what they see happening; and parents who value education. These values are key to creating an environment that is the most conducive to positive outcomes for the child.



## Tobacco Use in the Home

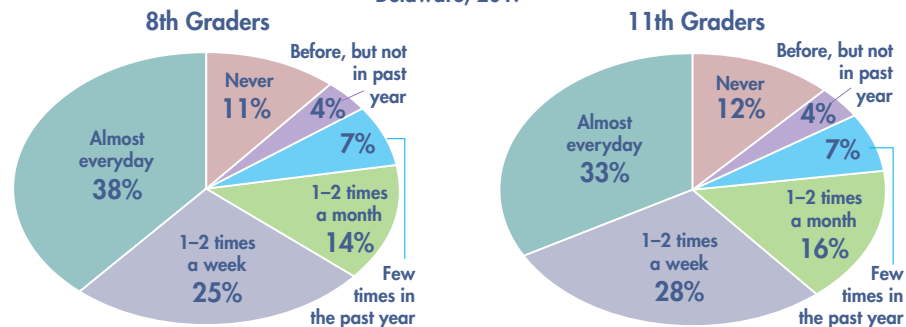
Does anybody living in your home smoke cigarettes or tobacco? (Mark all that apply)  
Delaware, 2017



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## Talking to Parents about School

How often do you talk to either of your parents about how things are going at school?  
Delaware, 2017



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware



# Family, Environment and Resources



## Parental Involvement and Alcohol Use

Past Year, Delaware 11th Graders, 2017

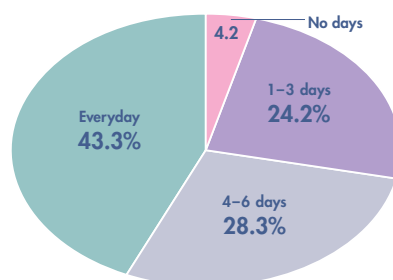
- 7%** Reported their parents asked parents hosting a party if alcohol would be served.
- 15%** Reported parents asked parents hosting the party if they would be present at party.
- 18%** Reported parents called other parents to check up on student.
- 51%** Reported parents offered to pick them up if they needed a safe ride home.
- 63%** Reported parents told them to call to let them know where they were.
- 38%** of binge drinkers and **46%** of heavy binge drinkers reported they had been to a party where parents bought alcohol for the kids, versus **4%** of non-drinkers\*.

\* In this section non drinkers are reported as student who did not drink

Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## Family Meals

Meals with all family together in past week

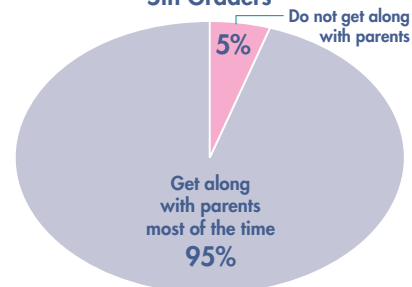


Source: National Survey of Children's Health, 2016  
<http://www.childhealthdata.org/browse/survey/results?q=4779&r=9>

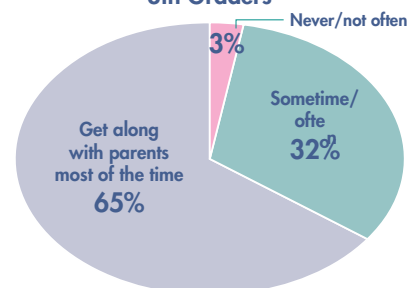
## Parents

I get along well with my parents/guardians.  
 Delaware, 2016

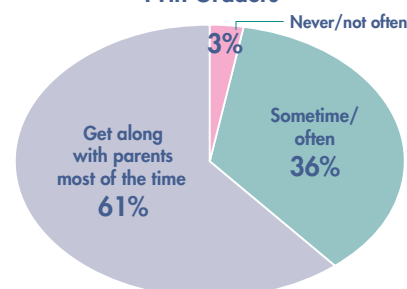
5th Graders



8th Graders



11th Graders



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

## PUT DATA INTO ACTION

Sesame Workshop, the nonprofit behind Sesame Street announced in 2017 their plan to help families and children cope with ACEs. They have trauma response resources on their website, as well as 3 family community centers across the country.

Source: <http://www.gpb.org/blogs/education-matters/2017/10/10/sesame-workshop-launches-groundbreaking-initiative-help-children>



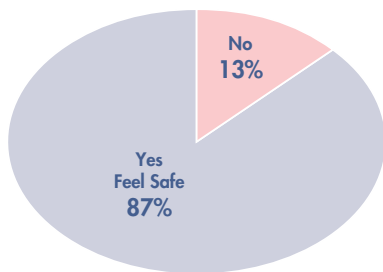
# Community, Environment & Resources

**D**elaware's nonprofit sector is a vibrant social and economic force within in the state. The sector employs thousands and allows for many families, adults, and children to receive important services. Delaware's nonprofit sector also provides many opportunities for volunteers to become involved and make a difference within their communities.

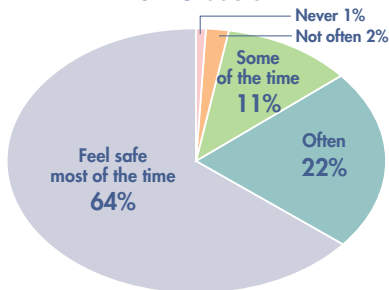
## Neighborhood Safety

I feel safe in my neighborhood.  
Delaware, 2017

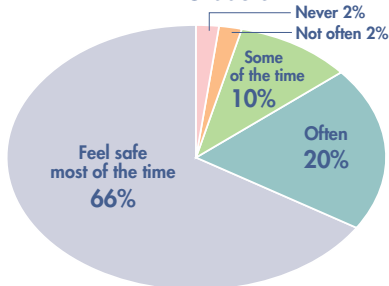
### 5th Graders



### 8th Graders



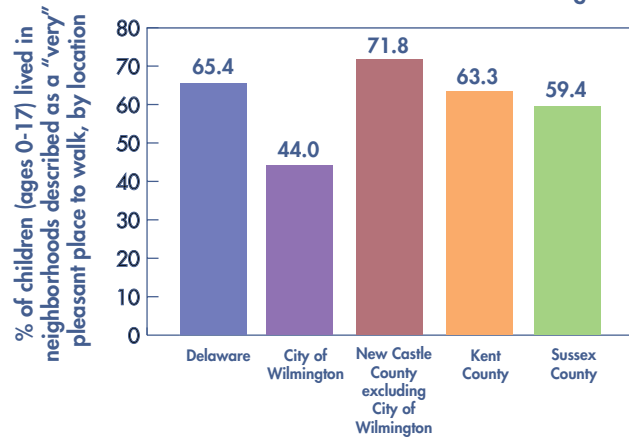
### 11th Graders



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

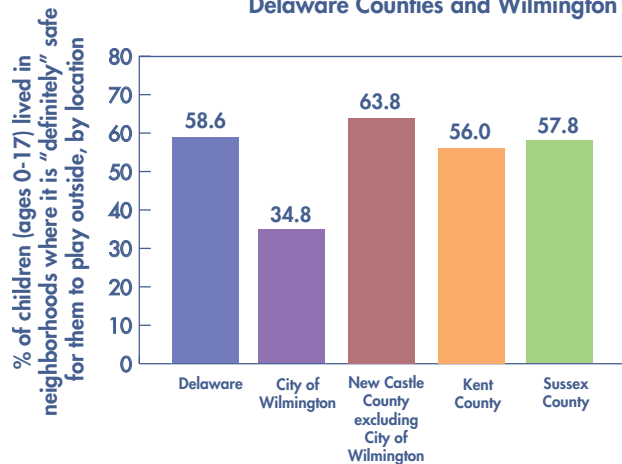
## Walkable Neighborhoods

Delaware Counties and Wilmington



## Neighborhood Safety

Delaware Counties and Wilmington



\* Data show that the differences among locations are significant.  
Source: Delaware Survey of Children's Health (DSCH) 2014



# Community Libraries



- 1. Appoquinimink Public Library**  
651 North Broad St.,  
Middletown, DE 19709
- 2. Bear Public Library**  
101 Governor's Place,  
Bear, DE 19701
- 3. Brandywine Hundred Public Library**  
1300 Foulk Rd.,  
Wilmington, DE 19803
- 4. Bridgeville Public Library**  
600 South Cannon St.,  
Bridgeville, DE 19933
- 5. Claymont Public Library**  
400 Lenape Way,  
Claymont, DE 19703
- 6. Corbit-Calloway Memorial Library**  
2nd and High Sts.,  
Odessa, DE 19730
- 7. Delaware City Public Library**  
250 5th and Bayard St.,  
Delaware City, DE 19706
- 8. Delmar Public Library**  
Temporary Location:  
38481 Sussex Highway,  
Delmar DE 19940
- 9. Dover Public Library**  
35 Loockerman Plaza,  
Dover, DE 19901

- 10. Elsmere Public Library**  
30 Spruce Ave., Elsmere,  
DE 19805
- 11. Frankford Public Library**  
8 Main St., Frankford, DE  
19945
- 12. Georgetown Public Library**  
123 W. Pine Street,  
Georgetown, DE 19947
- 13. Greenwood Public Library**  
100 Mill St., Greenwood,  
Delaware 19950
- 14. Harrington Public Library**  
110 E. Center St.,  
Harrington, DE 19952
- 15. Hockessin Public Library**  
1023 Valley Rd.,  
Hockessin, DE 19707
- 16. Kent County Public Library**  
497 South Red Haven  
Lane, Dover, DE 19901
- 17. Kirkwood Library**  
6000 Kirkwood Highway,  
Wilmington, DE 19808
- 18. Laurel Public Library**  
101 E. 4th St., Laurel, DE  
19956
- 19. Lewes Public Library**  
111 Adams St., Lewes, DE  
19958
- 20. Milford Public Library**  
11 S.E. Front St., Milford,  
DE 19963
- 21. Millsboro Public Library**  
217 W. State St., Millsboro,  
DE 19966
- 22. Milton Public Library**  
121 Union St., Milton, DE  
19968

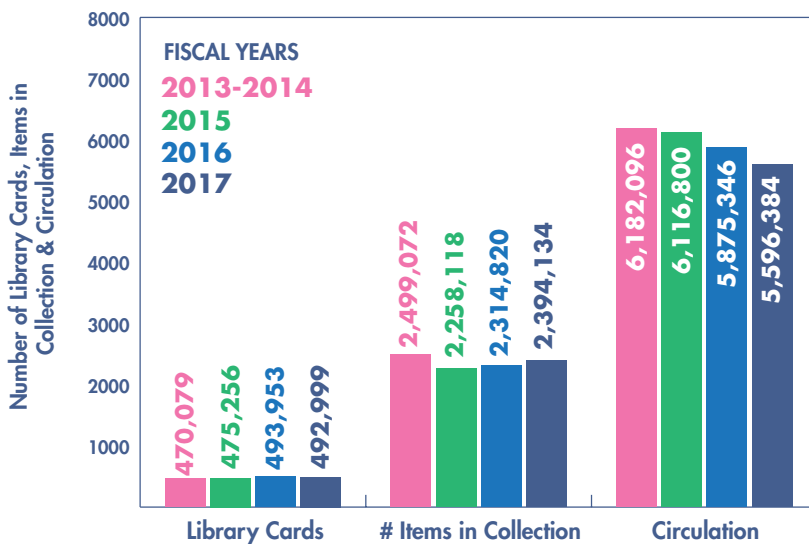
- 23. New Castle Public Library**  
424 Delaware St., New  
Castle, DE 19720
- 24. Newark Free Library**  
750 Library Ave., Newark,  
DE 19711
- 25. Route 9 Library & Innovation Center**  
3022 New Castle Avenue,  
New Castle, DE 19720
- 26. Rehoboth Beach Public Library**  
227 Rehoboth Ave,  
Rehoboth Beach, DE 19971
- 27. Seaford District Library**  
600 N. Market St. Ext.,  
Seaford, DE 19973
- 28. Selbyville Public Library**  
11 Main & McCabe St.,  
P.O. Box 739, Selbyville, DE  
19975
- 29. Smyrna Public Library**  
107 Main St., Smyrna, DE  
19977
- 30. South Coastal Public Library**  
43 Kent Avenue, Bethany  
Beach, DE 19930
- 31. Wilmington Public Library**  
10 E 10th Street,  
Wilmington, DE 19801
- 32. Wilmington Public Library- North Branch**  
3400 N. Market St.,  
Wilmington, DE 19802
- 33. Woodlawn Public Library**  
2020 W. 9th St.,  
Wilmington, DE 19805

# Community Libraries

Public libraries are essential components of the infrastructure in our state which reflect the diversity, character, needs and expectations of a community. They build & support community, promote arts, champion youth, are gathering places diverse populations and allow access to all the world's knowledge. Public libraries are unique and valuable resources. Yet, public libraries are often undervalued in an increasingly digital world. That said, Delaware Libraries single technology infrastructure was lauded as good government during the recession. The digital infrastructure supports statewide partnerships- currently more than 130 partner organizations work with libraries to serve the diverse community needs.

## Library Cards, Collection & Circulation

All ages, Delaware

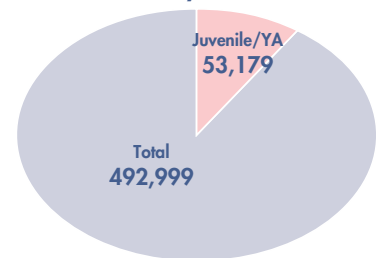


Source: Delaware Division of Libraries

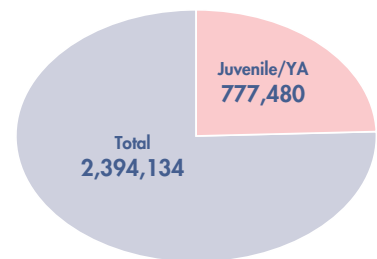
## Juvenile/YA cards compared to Total

FY 2017

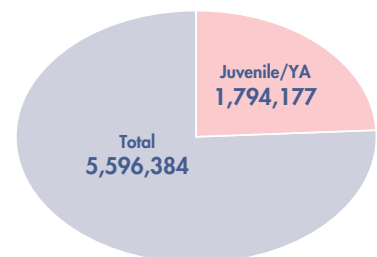
### Library Cards



### # Items in Collection

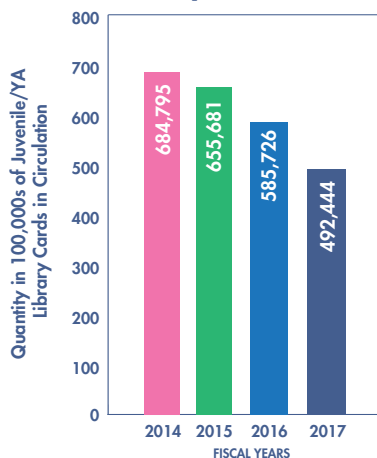


### Circulation



Source: Delaware Division of Libraries

## Circulation of Juvenile/YA cards



Source: Delaware Division of Libraries

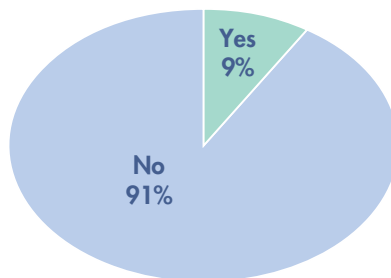
# Community, Environment & Resources



## Buying Cigarettes

Do you know of places where students your age can buy cigarettes?  
Delaware, 2017

5th Graders

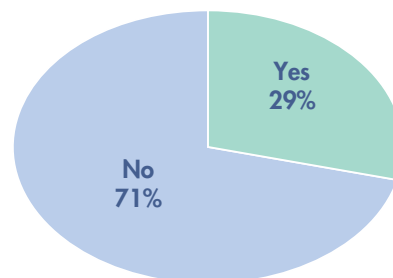


Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

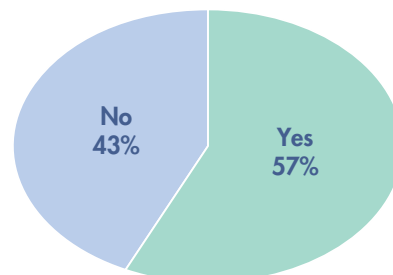
## Buying Marijuana

Do you know of places where students your age can buy marijuana?  
Delaware, 2017

8th Graders



11th Graders

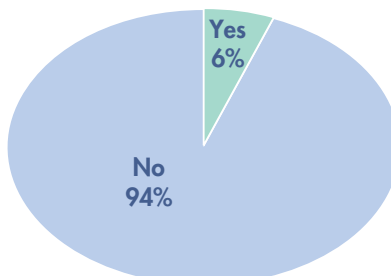


Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

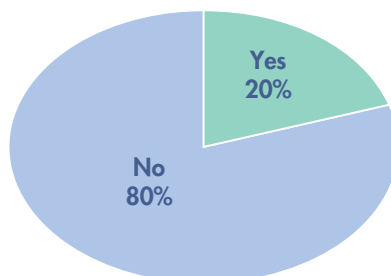
## Getting Alcohol

Do You Know Places Where Students Can Get Alcohol Without Paying For It?  
Delaware, 2017

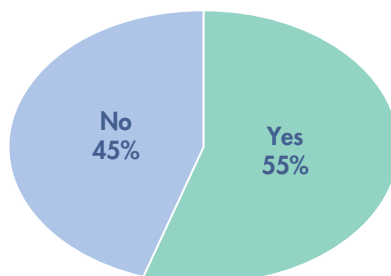
5th Graders



8th Graders



11th Graders

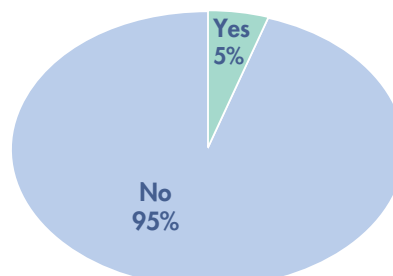


Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

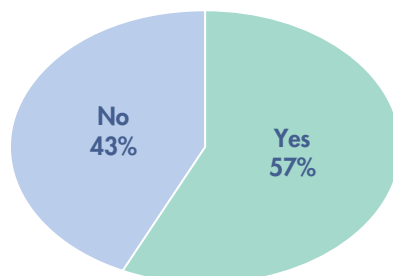
## Distributing Marijuana

In the past year, have you sold or given marijuana?  
Delaware, 2017

8th Graders



11th Graders



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

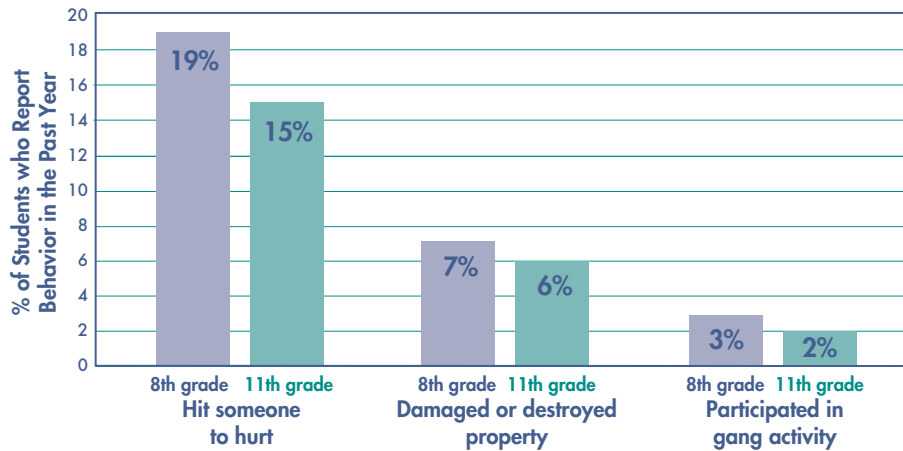




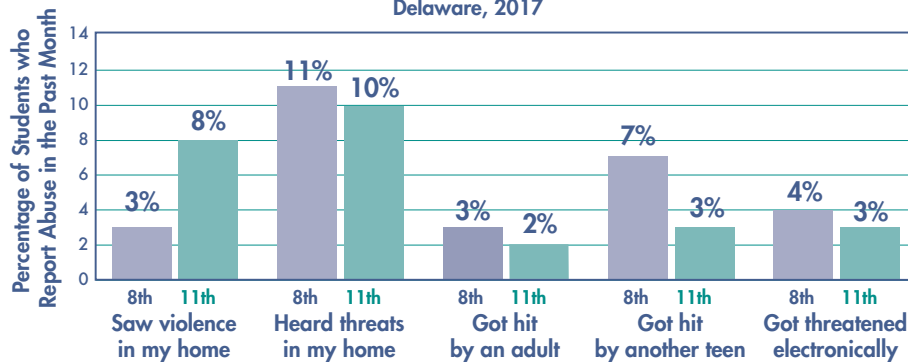
# Community, Environment & Resources

## Teen Violence and Victimization

In the past year, which of the following things have you done?  
Delaware, 2017



In the past month, which of the following things happened to you, and who was involved?  
Delaware, 2017

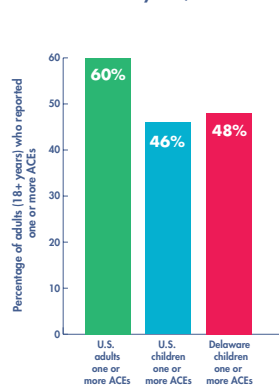


Source: Delaware School Survey. Center for Drug and Health Studies, University of Delaware

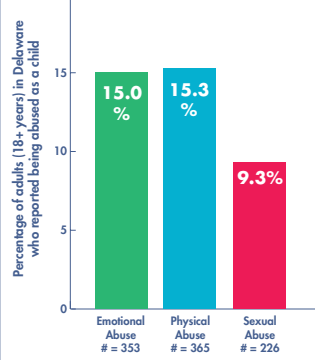


## ACEs Reported by Adults 18+ years in Delaware & U.S.

### Prevalence of ACEs Adults 18+ years, DE & US



### Abuse: Emotional, Physical, Sexual Delaware 2015



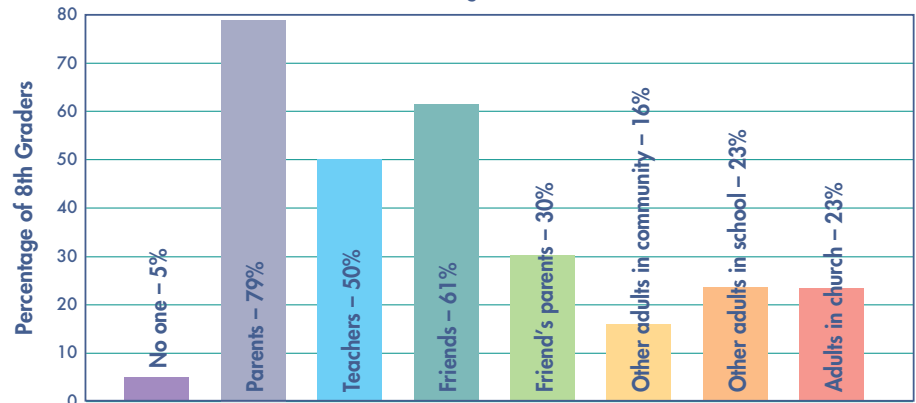
Source: 2015 Delaware Household Health Survey, The Delaware Public Health Institute

# Community, Environment & Resources



## Support

Who gives you a lot of support and encouragement?  
Delaware 8th graders, 2017



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

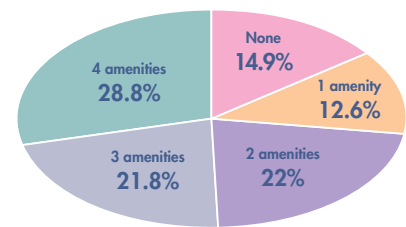
## PUT DATA INTO ACTION

The Delaware Alliance for Nonprofit Advancement performed a study in early 2018 on the estimated impact that decreased state funding will have on Delaware nonprofits. Their findings showed that 81% of nonprofits surveyed lost some measure of state funding in 2017, forcing the majority of nonprofits to reduce their services.

Source: <https://delawarenonprofit.org/wp-content/uploads/2018/01/DE-State-Funding-Impact-to-Nonprofits-2017.pdf?x36194&x36194>

## Neighborhood Amenities

How many children live in neighborhoods that contain certain amenities including parks, recreation centers, sidewalks, or libraries?  
Delaware, 2016



Source: National Survey of Children's Health, 2016  
<http://www.childhealthdata.org/browse/survey/results?q=4759&r=9>

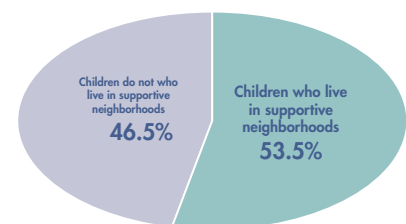
## Did You Know?

Toddlers who have secure, trusting relationships with parents or caregivers experience minimal stress hormone activation when frightened by a strange event, while those who have insecure relationships experience significant activation of the stress response system. This lowered stress response due to trust helps protect children from experiencing ACEs.

Source: <https://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/>

## Supportive Neighborhoods

How many children live in supportive neighborhoods?  
Delaware, 2016



Source: National Survey of Children's Health, 2016  
<http://www.childhealthdata.org/browse/survey/results?q=4759&r=9>





DATA  
TABLES





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# Delaware Demographics

Table 1:

## Population of Children

Population Estimates for Ages 0 to 21 by Sex and Race/Ethnicity, Delaware, 2017

Gender/ Age	White Non-Hispanic	Black Non-Hispanic	Other Non-Hispanic	Hispanic	Total	Gender/ Age	White Non-Hispanic	Black Non-Hispanic	Other Non-Hispanic	Hispanic	Total
Female						Male					
0	3,101	1,448	346	756	5,651	0	3,101	1,448	346	756	5,651
1	3,065	1,438	350	754	5,607	1	3,065	1,438	350	754	5,607
2	2,884	1,437	354	755	5,430	2	2,884	1,437	354	755	5,430
3	2,873	1,513	351	694	5,431	3	2,873	1,513	351	694	5,431
4	3,056	1,504	354	717	5,631	4	3,056	1,504	354	717	5,631
5	3,057	1,564	360	729	5,710	5	3,057	1,564	360	729	5,710
6	2,628	1,384	731	929	5,672	6	2,628	1,384	731	929	5,672
7	2,714	1,366	735	876	5,691	7	2,714	1,366	735	876	5,691
8	2,778	1,484	720	985	5,967	8	2,778	1,484	720	985	5,967
9	2,803	1,409	717	1,019	5,948	9	2,803	1,409	717	1,019	5,948
10	2,943	1,398	679	965	5,985	10	2,943	1,398	679	965	5,985
11	2,902	1,392	673	972	5,939	11	2,902	1,392	673	972	5,939
12	2,901	1,454	701	906	5,962	12	2,901	1,454	701	906	5,962
13	2,962	1,367	609	936	5,874	13	2,962	1,367	609	936	5,874
14	2,878	1,419	617	784	5,698	14	2,878	1,419	617	784	5,698
15	3,126	1,528	623	752	6,029	15	3,126	1,528	623	752	6,029
16	3,063	1,555	621	792	6,031	16	3,063	1,555	621	792	6,031
17	3,142	1,546	574	727	5,989	17	3,142	1,546	574	727	5,989
18	3,202	1,539	535	652	5,928	18	3,202	1,539	535	652	5,928
19	3,240	1,532	533	636	5,941	19	3,240	1,532	533	636	5,941
20	3,334	1,529	518	623	6,004	20	3,334	1,529	518	623	6,004
21	3,318	1,537	451	606	5,912	21	3,318	1,537	451	606	5,912

Note: 1. Estimates for ages 0-21 for the Counties and the City of Wilmington are available at [http://stateplanning.delaware.gov/information/dpc\\_projections.shtml](http://stateplanning.delaware.gov/information/dpc_projections.shtml)  
Source: Delaware Population Consortium, Population Projection Series, Version 2017.0



**Table 2:**

## Delaware Population

Population Estimates by Sex and Race/Ethnicity for Delaware and Counties, 2017

Area/Sex/Race	0–4	5–9	10–14	15–19	20–64	65+	Total	% 0–19	% 20–64	% 65+	% Total
Delaware	56,057	58,878	59,989	60,688	566,597	165,604	967,813	24.3%	58.5%	17.1%	100.0%
Male	28,307	29,890	30,531	30,770	277,068	72,561	469,127	12.3%	28.6%	7.5%	48.5%
White Non-Hispanic	15,280	14,624	15,181	16,410	171,253	57,551	290,299	6.4%	17.7%	5.9%	30.0%
Black Non-Hispanic	7,449	7,449	7,274	7,856	60,007	10,382	100,417	3.1%	6.2%	1.1%	10.4%
Other Non-Hispanic	1,802	2,967	3,107	2,631	17,060	2,541	30,108	1.1%	1.8%	0.3%	3.1%
Hispanic	3,776	4,850	4,969	3,873	28,748	2,087	48,303	1.8%	3.0%	0.2%	5.0%
Female	27,750	28,988	29,458	29,918	289,529	93,043	498,686	12.0%	29.9%	9.6%	51.5%
White Non-Hispanic	14,979	13,980	14,586	15,773	177,913	72,466	309,697	6.1%	18.4%	7.5%	32.0%
Black Non-Hispanic	7,340	7,207	7,030	7,700	67,711	14,732	111,720	3.0%	7.0%	1.5%	11.5%
Other Non-Hispanic	1,755	3,263	3,279	2,886	19,344	3,512	34,039	1.2%	2.0%	0.4%	3.5%
Hispanic	3,676	4,538	4,563	3,559	24,561	2,333	43,230	1.7%	2.5%	0.2%	4.5%
New Castle	33,100	34,242	34,799	35,609	341,885	84,558	564,193	14.2%	35.3%	8.7%	58.3%
Male	16,745	17,387	17,792	18,175	167,614	36,397	274,110	7.2%	17.3%	3.8%	28.3%
White Non-Hispanic	8,430	7,769	7,985	8,785	96,686	26,851	156,506	3.4%	10.0%	2.8%	16.2%
Black Non-Hispanic	4,796	4,769	4,684	5,106	39,509	6,431	65,295	2.0%	4.1%	0.7%	6.7%
Other Non-Hispanic	1,463	2,001	2,077	1,662	12,806	1,767	21,776	0.7%	1.3%	0.2%	2.3%
Hispanic	2,056	2,848	3,046	2,622	18,613	1,348	30,533	1.1%	1.9%	0.1%	3.2%
Female	16,355	16,855	17,007	17,434	174,271	48,161	290,083	7.0%	18.0%	5.0%	30.0%
White Non-Hispanic	8,228	7,418	7,694	8,382	99,752	35,138	166,612	3.3%	10.3%	3.6%	17.2%
Black Non-Hispanic	4,702	4,656	4,442	5,037	44,749	9,373	72,959	1.9%	4.6%	1.0%	7.5%
Other Non-Hispanic	1,418	2,188	2,124	1,768	13,882	2,224	23,604	0.8%	1.4%	0.2%	2.4%
Hispanic	2,007	2,593	2,747	2,247	15,888	1,426	26,908	1.0%	1.6%	0.1%	2.8%
Kent	11,428	12,485	13,192	13,725	106,227	23,553	180,610	5.3%	11.0%	2.4%	18.7%
Male	5,713	6,309	6,604	6,869	51,089	9,859	86,443	2.6%	5.3%	1.0%	8.9%
White Non-Hispanic	3,435	3,464	3,784	4,029	32,003	6,671	53,386	1.5%	3.3%	0.7%	5.5%
Black Non-Hispanic	1,580	1,657	1,575	1,786	12,989	2,472	22,059	0.7%	1.3%	0.3%	2.3%
Other Non-Hispanic	199	511	544	547	2,468	386	4,655	0.2%	0.3%	0.0%	0.5%
Hispanic	499	677	701	507	3,629	330	6,343	0.2%	0.4%	0.0%	0.7%
Female	5,715	6,176	6,588	6,856	55,138	13,694	94,167	2.6%	5.7%	1.4%	9.7%
White Non-Hispanic	3,437	3,384	3,600	3,961	33,214	9,072	56,668	1.5%	3.4%	0.9%	5.9%
Black Non-Hispanic	1,594	1,540	1,665	1,697	15,005	3,353	24,854	0.7%	1.6%	0.3%	2.6%
Other Non-Hispanic	200	586	604	608	3,369	777	6,144	0.2%	0.3%	0.1%	0.6%
Hispanic	484	666	719	590	3,550	492	6,501	0.3%	0.4%	0.1%	0.7%
Sussex	11,529	12,151	11,998	11,354	118,485	57,493	223,010	4.9%	12.2%	5.9%	23.0%
Male	5,849	6,194	6,135	5,726	58,365	26,305	108,574	2.5%	6.0%	2.7%	11.2%
White Non-Hispanic	3,415	3,391	3,412	3,596	42,564	24,029	80,407	1.4%	4.4%	2.5%	8.3%
Black Non-Hispanic	1,073	1,023	1,015	964	7,509	1,479	13,063	0.4%	0.8%	0.2%	1.3%
Other Non-Hispanic	140	455	486	422	1,786	388	3,677	0.2%	0.2%	0.0%	0.4%
Hispanic	1,221	1,325	1,222	744	6,506	409	11,427	0.5%	0.7%	0.0%	1.2%
Female	5,680	5,957	5,863	5,628	60,120	31,188	114,436	2.4%	6.2%	3.2%	11.8%
White Non-Hispanic	3,314	3,178	3,292	3,430	44,947	28,256	86,417	1.4%	4.6%	2.9%	8.9%
Black Non-Hispanic	1,044	1,011	923	966	7,957	2,006	13,907	0.4%	0.8%	0.2%	1.4%
Other Non-Hispanic	137	489	551	510	2,093	511	4,291	0.2%	0.2%	0.1%	0.4%
Hispanic	1,185	1,279	1,097	722	5,123	415	9,821	0.4%	0.5%	0.0%	1.0%

Percentages are calculated based on total state population

Source: Delaware Population Consortium, Population Projection Series, Version 2017.0

# Delaware Demographics

**Table 3:**

## Population Who Are Children

Percentage of Population Who Are Children by Census County Subdivisions  
Five-year Average Estimates, 2012–2016

Geography	Under 5 years	5 to 9 years	10 to 14 years	15 to 19 years	Total under 19 years	Total Pop.
<b>Kent County</b>						
Central Kent	5.2	8.6	7.4	6.4	27.6	27,828
Dover	6.8	5.9	5.8	8.1	26.6	79,965
Felton	7.4	3.8	6.6	6.9	24.7	6,903
Harrington	7.1	6.9	8.4	4.9	27.3	13,309
Kenton	2	7	9.1	6.4	24.5	6,498
Milford North	8.3	6	6.5	4.0	24.8	11,018
Smyrna	6.4	7.8	6.7	6.4	27.3	25,953
<b>New Castle County</b>						
Brandywine	6.6	6.2	5.6	5.4	23.8	80,160
Glasgow	5.5	6.2	7.4	6.0	25.1	40,765
Lower Christiana	7.1	6.7	5.6	6.2	25.6	36,176
Middletown-Odessa	6.0	7.5	8.1	7.9	29.5	56,976
Newark	4.5	3.9	4.3	12.9	25.6	69,279
New Castle	6.4	6.7	6.7	6.3	26.1	89,214
Piedmont	3.7	5.8	6.4	6.7	22.6	29,005
Pike Creek-Central Kirkwood	5.3	5.5	5.9	4.9	21.6	41,579
Red Lion	6.0	6.9	8.7	6.4	28.0	10,354
Upper Christiana	6.2	5.9	5.4	5.2	22.7	26,987
Wilmington	7.1	6.2	6.8	5.7	25.8	71,502
<b>Sussex County</b>						
Bridgeville-Greenwood	7.2	7.1	6.3	6.5	27.1	13,207
Georgetown	8.6	6.1	5.7	4.7	25.1	15,845
Laurel-Delmar	6.0	7.1	7.1	7.0	27.2	22,983
Lewes	2.2	3.6	3.3	3.6	12.7	32,264
Milford South	6.2	6.9	7.5	6.2	26.8	22,590
Millsboro	5.6	5.5	5.9	4.7	21.7	28,784
Milton	5.6	4.1	4.3	4.4	18.4	16,501
Seaford	6.1	6.5	6.2	5.6	24.4	25,907
Selbyville-Frankford	5.0	4.2	4.2	3.4	16.8	33,143

Source: [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S0101&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0101&prodType=table)

**Table 4:**

## Population of Delaware Cities

Population Estimates by Sex and Race/Ethnicity  
Newark, Wilmington, and Dover, 2017

Area/Sex/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	%0-19	%20-64	%65+	% Total
Newark*	937	1,012	980	6,422	20,779	3,139	33,269	28.1%	62.5%	9.4%	100.0%
Male	452	514	480	2,758	10,071	1,271	15,546	12.6%	30.3%	3.8%	46.7%
Female	485	498	500	3,664	10,708	1,868	17,723	15.5%	32.2%	5.6%	53.3%
Wilmington	5,442	5,265	4,822	4,526	44,079	9,747	73,881	27.1%	59.7%	13.2%	100.0%
Male	2,716	2,629	2,438	2,267	21,409	3,830	35,289	13.6%	29.0%	5.2%	47.8%
White Non-Hispanic	493	500	352	279	7,128	1,775	10,527	2.2%	9.6%	2.4%	14.2%
Black Non-Hispanic	1,606	1,553	1,511	1,527	11,135	1,701	19,033	8.4%	15.1%	2.3%	25.8%
Other Non-Hispanic	137	125	110	81	570	97	1,120	0.6%	0.8%	0.1%	1.5%
Hispanic	480	451	465	380	2,576	257	4,609	2.4%	3.5%	0.3%	6.2%
Female	2,726	2,636	2,384	2,259	22,670	5,917	38,592	13.5%	30.7%	8.0%	52.2%
White Non-Hispanic	495	484	353	313	6,447	2,527	10,619	2.2%	8.7%	3.4%	14.4%
Black Non-Hispanic	1,628	1,581	1,504	1,478	13,121	2,961	22,273	8.4%	17.8%	4.0%	30.1%
Other Non-Hispanic	137	134	87	92	695	137	1,282	0.6%	0.9%	0.2%	1.7%
Hispanic	466	437	440	376	2,407	292	4,418	2.3%	3.3%	0.4%	6.0%
Dover*	2,509	2,330	2,095	3,647	22,019	5,500	38,100	27.8%	57.8%	14.4%	100.0%
Male	1,297	1,134	1,071	1,741	10,371	2,092	17,706	13.8%	27.2%	5.5%	46.5%
Female	1,212	1,196	1,024	1,906	11,648	3,408	20,394	14.0%	30.6%	8.9%	53.5%

Percentages are calculated based on total state population (see Table 2)

\* Race/Ethnicity estimates not available for Newark and Dover.

Source: Delaware Population Consortium, Population Projection Series, Version 2017.0

**Table 5:**

## Population by Race and Hispanic Origin

Population Percentages by Race/Ethnicity, Counties  
Five-Year Estimates, 2012–2016

County	Total Population				Children			
	White	Hispanic	Black	Other	White	Hispanic	Black	Other
New Castle	59.2%	9.4%	23.7%	7.6%	47.3%	14.9%	28.4%	9.4%
Kent	63.3%	6.6%	23.7%	6.4%	55.5%	9.5%	27.4%	12.3%
Sussex	74.8%	9.2%	12.3%	3.7%	58.5%	17.8%	17.0%	12.5%
Wilmington	27.6%	12.2%	56.6%	3.6%	12.4%	18.9%	67.8%	9.8%
Delaware	63.5%	8.8%	21.1%	6.5%	51.5%	14.3%	25.7%	13.4%

\*Note: Persons of Hispanic origin may be of any race

Source: U.S. Census Bureau, American Community Survey:

# Delaware Demographics

**Table 6:**

## Families with Children

Number and Percentage of Families with Children by Marital Status of Parents  
Delaware and Counties, Five-year Estimates, 2012–2016

Type of Family	Delaware		New Castle		Kent		Sussex		Wilmington	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
One parent	32,644	36.1%	19,432	35.5%	4,943	72.1%	6,883	38.0%	6,329	36.8%
Male Head	7,516	8.3%	4,751	8.7%	885	12.9%	1,318	7.3%	1,447	8.4%
Female head	25,128	27.9%	14,681	26.8%	4,058	59.2%	5,565	30.7%	4,882	28.4%
Married	57,468	63.8%	35,371	64.5%	1,912	27.9%	11,237	62.0%	10,860	63.2%
Total	90,112		54,803		6,855		18,120		17,189	

Source: U.S. Census Bureau, American Community Survey

**Table 7:**

## Children and Their Living Arrangements

Number of Children by Age Groups in Households  
Delaware, Five-year Estimates, 2012–2016

Living Arrangement	Total Under Age 18	Under 6 Years	6 to 11 Years	12 to 17 Years
Children Living in Households	203,510	66,955	67,362	68,990
<b>Children in Families</b>				
Children in Married Couple Families	125,292	42,223	40,970	42,098
Children in Female-Headed Families	60,194	18,901	20,346	20,948
Children in Male-Headed Families	16,579	5,571	5,587	5,421

\* Data for Children Living in Group Quarters is not available dis-aggregated by age.  
Source: U.S. Census Bureau, American Community Survey



**Table 8:**

## Prenatal Care

Percentage of Mothers Beginning Prenatal Care  
in the First Trimester of Pregnancy by Race/Hispanic Origin  
U.S., Delaware, Counties, and City of Wilmington; Five-year Averages

Area/ Race- Hispanic Orig.	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015	2012- 2016
U.S.	80.8	81.1	80.6	77.6	72.7	66.7	57.4	50.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
White	83.0	83.2	82.5	79.3	74.1	67.8	58.6	51.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Black	70.7	71.5	71.7	68.9	64.8	59.8	49.5	41.9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hispanic*	72.1	72.9	73.3	72.0	67.4	62.4	55.4	50.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	83.9	84.9	85.1	85.4	84.7	82.3	79.4	77.2	75.3	74.0	73.8	74	74.4	73.9	73.2	73.1
White	87.1	87.8	87.9	87.9	86.7	84.3	81.7	79.3	77.4	76.0	75.6	75.3	75.6	75.0	74.3	74.3
Black	75.5	77.5	78.6	79.9	79.9	78.0	75.1	73.1	71.2	70.2	70.0	70.6	71.0	70.8	70.2	69.8
Hispanic*	70.8	72.2	72.6	72.1	69.8	65.9	61.4	57.6	55.2	53.9	54.2	55.1	56.9	57.9	58.5	58.7
New Castle	89.5	90.6	90.6	91.1	90.6	88.7	86.4	84.5	82.6	81.1	80.7	80.9	81.4	81.3	80.5	80.2
White	92.4	93.1	92.9	93.3	92.5	90.7	88.6	87.0	85.1	83.7	83.4	83.5	83.9	83.6	83.0	83.0
Black	81.1	83.5	84.2	85.2	85.3	83.6	80.8	79.0	77.0	75.8	75.5	76.1	76.8	76.9	76.1	74.9
Hispanic*	82.2	84.2	84.9	86.2	85.6	82.2	79.2	75.9	73.2	71.0	71.9	72.2	74.7	75.4	75.4	74.6
Wilmington	80.8	82.8	83.7	84.8	84.7	82.8	79.9	77.9	75.9	74.5	74.6	75.0	75.9	76.3	75.6	74.6
White	87.6	88.4	89.1	89.9	89.4	87.4	85.3	83.4	80.9	79.3	79.2	79.4	79.9	81.2	80.7	80.8
Black	77.0	79.7	80.6	81.7	81.8	80.1	76.8	74.9	73.2	72.1	72.2	72.8	73.7	73.5	72.9	71.3
Hispanic*	80.4	81.5	83.1	84.3	84.0	80.7	78.1	75.6	72.4	69.7	70.4	69.7	71.9	72.8	73.2	72.9
Kent	71.1	72.8	74.8	76.6	77.7	75.2	71.9	69.8	68.7	67.2	67.8	69.1	69.9	69.1	69.0	69.4
White	74.0	75.6	77.5	79.1	80.2	78.1	75.2	73.1	72.1	70.6	71.0	71.9	72.7	71.9	71.5	71.8
Black	63.3	65.4	67.8	70.3	71.3	68.4	64.5	62.3	61.0	59.8	60.9	62.8	63.9	63.4	63.5	64.4
Hispanic*	62.1	63.1	67.2	68.7	69.4	66.4	60.7	56.9	56.4	54.4	55.1	58.3	60.1	59.6	60.9	61.8
Sussex	76.7	76.4	75.9	74.4	71.7	68.0	64.5	61.7	59.8	59.2	58.9	58.0	57.9	56.8	56.0	56.5
White	81.6	81.6	81.1	78.6	74.8	71.2	67.9	64.1	62.1	61.4	60.5	58.7	58.7	57.7	57.0	57.2
Black	65.7	66.0	67.6	68.2	67.0	65.1	63.6	61.4	58.8	58.4	57.0	55.7	54.4	53.5	52.6	53.9
Hispanic*	47.2	47.6	46.7	42.7	37.6	32.7	27.3	24.6	23.2	24.8	25.6	27.2	27.9	29.2	30.5	32.3

Note: An indication of N/A means data was not available for that group or time period.

\* Persons of Hispanic origin may be of any race.

Source: Delaware Health Statistics Center, National Center for Health Statistics

# Health and Health Behaviors

**Table 9:**

## **Births by Birth Weight, Race/Hispanic Origin of Mother, and Prenatal Care**

Number and Percentage of Live Births by Race/Hispanic Origin of Mother, Birth Weight in Grams and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category)  
Delaware, 2012–2016 Averages

Race/Hisp. Origin* Birth Wt.. (g)	Total Number	Percent	First Trimester Number	Percent	Second Trimester Number	Percent	Third Trimester Number	Percent	No Care Number	Percent	Unknown Number	Percent
Total	54,832	100	40,084	73	9,096	17	2,407	4	1,198	2	2,047	4
<2500	4,740	100	3,291	69	759	16	157	3	254	5	279	6
<1500	978	100	703	72	111	11	10	1	74	8	80	8
1500-2499	3,762	100	2,588	69	648	17	147	4	180	5	199	5
2500+	50,058	100	36,791	73	8,337	17	2,250	4	943	2	1,737	3
Unknown	34	100	2	6	0	0	0	0	1	3	31	91
White	35,826	100	26,641	74	5,712	16	1,560	4	637	2	1,276	4
<2500	2,481	100	1,711	69	398	16	89	4	125	5	158	6
<1500	457	100	329	72	53	12	4	1	35	8	36	8
1500-2499	2,024	100	1,382	68	345	17	85	4	90	4	122	6
2500+	33,338	100	24,928	75	5,314	16	1,471	4	512	2	1,113	3
Unknown	7	100	2	29	0	0	0	0	0	0	5	71
Black	14,996	100	10,464	70	2,870	19	715	5	456	3	491	3
<2500	1,905	100	1,326	70	317	17	60	3	114	6	88	5
<1500	458	100	332	72	50	11	6	1	35	8	35	8
1500-2499	1,447	100	994	69	267	18	54	4	79	5	53	4
2500+	13,090	100	9,138	70	2,553	20	655	5	342	3	402	3
Unknown	1	100	0	0	0	0	0	0	0	0	1	100
Other	3,868	100	2,940	76	505	13	123	3	99	3	201	5
<2500	332	100	244	73	43	13	6	2	15	5	24	7
<1500	57	100	38	67	8	14	0	0	4	7	7	12
1500-2499	275	100	206	75	35	13	6	2	11	4	17	6
2500+	3,533	100	2,696	76	462	13	117	3	84	2	174	5
Unknown	3	100	0	0	0	0	0	0	0	0	3	100
Hispanic*	7,396	100	4,343	59	2,010	27	728	10	130	2	185	3
<2500	524	100	332	63	112	21	38	7	22	4	20	4
<1500	104	100	76	73	19	18	0	0	7	7	2	2
1500-2499	420	100	256	61	93	22	38	9	15	4	18	4
2500+	6,854	100	4,011	59	1,898	28	690	10	107	2	148	2
Unknown	18	100	0	0	0	0	0	0	1	6	17	94

\* Persons of Hispanic origin may be of any race.  
Source: Delaware Health Statistics Center

**Table 10:**

## **Births by Birth Weight, Age of Mother, and Prenatal Care**

Number and Percentage of Live Births by Age of Mother, Birth Weight in Grams, and Trimester Prenatal Care Began (Percentages Calculated By Birth Weight Category), Delaware, 2012–2016 Averages

Mother's Age/ Infant's Birth Wt. (g)	Total Number	Total Percent	First Trimester Number	First Trimester Percent	Second Trimester Number	Second Trimester Percent	Third Trimester Number	Third Trimester Percent	No Care Number	No Care Percent	Unknown Number	Unknown Percent
Total	54,832	100.0	40,084	73.0	9,096	17.0	2,407	4.0	1,198	2.0	2,047	4.0
<2500	4,740	100.0	3,291	69.0	759	16.0	157	3.0	254	5.0	279	6.0
<1500	978	100.0	703	72.0	111	11.0	10	1.0	74	8.0	80	8.0
1500-2499	3,762	100.0	2,588	69.0	648	17.0	147	4.0	180	5.0	199	5.0
2500+	50,058	100.0	36,791	73.0	8,337	17.0	2,250	4.0	943	2.0	1,737	3.0
Unknown	34	100.0	2	6.0	0	0.0	0	0.0	1	3.0	31	91.0
Less than 20 yrs.	3,266	100.0	1,931	59.0	901	28.0	229	7.0	102	3.0	103	3.0
<2500	294	100.0	172	59.0	79	27.0	10	3.0	19	6.0	14	5.0
<1500	52	100.0	30	58.0	12	23.0	1	2.0	4	8.0	5	10.0
1500-2499	242	100.0	142	59.0	67	28.0	9	4.0	15	6.0	9	4.0
2500+	2,972	100.0	1,759	59.0	822	28.0	219	7.0	83	3.0	89	3.0
Unknown	0	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20-24 Years	11,642	100.0	7,809	67.0	2,492	21.0	707	6.0	281	2.0	353	3.0
<2500	1,077	100.0	704	65.0	215	20.0	42	4.0	56	5.0	60	6.0
<1500	215	100.0	148	69.0	27	13.0	3	1.0	17	8.0	20	9.0
1500-2499	862	100.0	556	65.0	188	22.0	39	5.0	39	5.0	40	5.0
2500+	10,556	100.0	7,105	67.0	2,277	22.0	665	6.0	225	2.0	284	3.0
Unknown	9	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9	100.0
25-29 Years	16,210	100.0	12,053	74.0	2,503	15.0	687	4.0	360	2.0	607	4.0
<2500	1,347	100.0	953	71.0	203	15.0	45	3.0	80	6.0	66	5.0
<1500	297	100.0	215	72.0	30	10.0	2	1.0	30	10.0	20	7.0
1500-2499	1,050	100.0	738	70.0	173	16.0	43	4.0	50	5.0	46	4.0
2500+	14,854	100.0	11,100	75.0	2,300	15.0	642	4.0	280	2.0	532	4.0
Unknown	9	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9	100.0
30-34 Years	15,398	100.0	11,979	78.0	2,032	13.0	491	3.0	296	2.0	600	4.0
<2500	1,212	100.0	890	73.0	162	13.0	37	3.0	55	5.0	68	6.0
<1500	244	100.0	181	74.0	30	12.0	2	1.0	14	6.0	17	7.0
1500-2499	968	100.0	709	73.0	132	14.0	35	4.0	41	4.0	51	5.0
2500+	14,180	100.0	11,088	78.0	1,870	13.0	454	3.0	240	2.0	528	4.0
Unknown	6	100.0	1	17.0	0	0.0	0	0.0	1	17.0	4	67.0
35+ Years	8,316	100.0	6,312	76.0	1,168	14.0	293	4.0	159	2.0	384	5.0
<2500	810	100.0	572	71.0	100	12.0	23	3.0	44	5.0	71	9.0
<1500	170	100.0	129	76.0	12	7.0	2	1.0	9	5.0	18	11.0
1500-2499	640	100.0	443	69.0	88	14.0	21	3.0	35	5.0	53	8.0
2500+	7,496	100.0	5,739	77.0	1,068	14.0	270	4.0	115	2.0	304	4.0
Unknown	10	100.0	1	10.0	0	0.0	0	0.0	0	0.0	9	90.0

Source: Delaware Health Statistics Center

# Health and Health Behaviors

**Table 11:**

## **Births by Birth Weight, Marital Status, and Prenatal Care**

Number and Percentage of Live Births by Marital Status of Mother, Birth Weight in Grams, and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category)  
Delaware, 2012–2016 Averages

Mother's Marital Status/ Infant's Birth Wt. (g)	Total		First Trimester		Second Trimester		Third Trimester		No Care		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	29,257	100.0	23,216	79.4	3,517	12.0	852	2.9	430	1.5	1,242	4.2
<2500	1,992	100.0	1,491	74.8	242	12.1	48	2.4	65	3.3	146	7.3
<1500	411	100.0	312	75.9	42	10.2	2	0.5	18	4.4	37	9.0
1500-2499	1,581	100.0	1,179	74.6	200	12.7	46	2.9	47	3.0	109	6.9
2500+	27,243	100.0	21,723	79.7	3,275	12.0	804	3.0	364	1.3	1,077	4.0
Unknown	22	100.0	2	9.1	0	0.0	0	0.0	1	4.5	19	86.4
Single	25,575	100.0	16,868	66.0	5,579	21.8	1,555	6.1	768	3.0	805	3.1
<2500	2,748	100.0	1,800	65.5	517	18.8	109	4.0	189	6.9	133	4.8
<1500	567	100.0	391	69.0	69	12.2	8	1.4	56	9.9	43	7.6
1500-2499	2,181	100.0	1,409	64.6	448	20.5	101	4.6	133	6.1	90	4.1
2500+	22,815	100.0	15,068	66.0	5,062	22.2	1,446	6.3	579	2.5	660	2.9
Unknown	12	100.0	0	0.0	0	0.0	0	0.0	0	0.0	12	100.0

Source: Delaware Health Statistics Center



**Table 12:**

## Percentage of Low Birth Weight Births

Percentage of All Births that Are Low Birth Weight Births (<2500 grams)

U.S., Delaware, Counties, and City of Wilmington; Five-year Averages

	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015	2012- 2016
U.S.	7.5	7.6	7.6	7.7	7.8	7.9	8.0	8.1	8.2	8.2	8.2	8.2	8.1	8.1	8.0	8.0	N/A
Delaware	8.6	8.8	9.0	9.2	9.3	9.4	9.4	9.3	9.1	9.0	8.9	8.8	8.6	8.5	8.5	8.5	8.6
New Castle	8.8	9.1	9.3	9.6	9.7	9.9	9.9	9.8	9.6	9.5	9.4	9.1	8.9	8.9	8.7	8.8	8.9
Wilmington	13.1	13.5	14.2	14.1	14.0	14.4	13.9	13.6	13.4	13.5	13.2	12.6	12.3	12.3	11.8	12.0	12.2
Kent	8.1	8.6	8.9	9.2	9.3	9.5	9.3	9.3	9.0	8.8	8.6	8.5	8.3	8.5	8.6	8.9	9.1
Sussex	8.3	7.8	7.9	8.0	8.0	7.8	8.0	7.8	7.7	7.8	7.9	7.9	7.9	7.6	7.5	7.5	7.5

Sources: Delaware Health Statistics Center; National Center for Health Statistics

**Table 13:**

## Percentage of Very Low Birth Weight Births

Percentage of All Births that Are Very Low Birth Weight Births (< 1500 grams)

U.S., Delaware, Counties, and City of Wilmington; Five-year Averages

	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015	2012- 2016
U.S.	1.4	1.4	1.4	1.4	1.4	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.4	1.4	1.4	N/A
Delaware	1.9	1.8	1.9	1.9	1.9	1.9	2	1.9	1.8	1.9	1.8	1.8	1.8	1.8	1.8	1.8	1.8
New Castle	1.9	1.9	1.9	2.0	1.9	2	2.1	2.0	2.0	2.1	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Wilmington	3.0	3.0	3.1	3.1	2.9	3.0	3.1	3.0	2.8	3.1	3.1	2.8	2.9	2.8	2.6	2.5	2.8
Kent	1.8	1.8	1.8	1.9	2.0	1.9	1.8	1.8	1.7	1.7	1.5	1.5	1.5	1.5	1.5	1.7	1.7
Sussex	1.7	1.6	1.7	1.6	1.6	1.6	1.7	1.5	1.5	1.5	1.4	1.4	1.4	1.4	1.4	1.3	1.3

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).

Sources: Delaware Health Statistics Center; National Center for Health Statistics

# Health and Health Behaviors

**Table 14:**

## Low Birth Weight Births by Age, Race/Hispanic Origin of Mother

Percentage of Low Birth Weight Births by Age, Race/Hispanic Origin of Mother  
U.S., Delaware, Counties, and Wilmington; Five-year Averages

Area/ Mother's Age	2009-2013				2010-2014				2011-2015				2012-2016			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	8.1	N/A	N/A	7.0	8.0	N/A	N/A	7.0	8.0	N/A	N/A	7.1	N/A	N/A	N/A	N/A
Less than 20	9.5	N/A	N/A	7.9	9.5	N/A	N/A	7.9	9.4	N/A	N/A	7.9	N/A	N/A	N/A	N/A
20-24	8.3	N/A	N/A	6.6	8.3	N/A	N/A	6.7	8.3	N/A	N/A	6.7	N/A	N/A	N/A	N/A
25-29	7.3	N/A	N/A	6.3	7.3	N/A	N/A	6.3	7.3	N/A	N/A	6.4	N/A	N/A	N/A	N/A
30+	8.2	N/A	N/A	7.5	8.2	N/A	N/A	7.5	8.1	N/A	N/A	7.6	N/A	N/A	N/A	N/A
Delaware	8.5	6.8	12.9	6.5	8.5	6.8	12.6	6.7	8.5	6.8	12.6	7.1	8.6	6.9	12.7	7.1
Less than 20	9.8	7.3	13.2	7.3	9.9	7.6	12.9	7.8	9.6	7.8	11.8	8.4	9.0	7.5	10.6	8.3
20-24	8.8	6.7	12.5	5.5	8.9	6.7	12.4	6.0	8.9	6.6	12.6	6.6	9.3	6.7	13.2	6.6
25-29	8.2	6.5	13.0	5.8	8.3	6.6	12.9	6.1	8.3	6.5	12.8	6.2	8.3	6.7	12.6	6.5
30+	8.4	7.0	13.0	7.9	8.1	6.8	12.5	7.3	8.4	7.0	12.7	7.8	8.5	7.1	12.9	7.6
New Castle	8.9	6.8	13.4	7.4	8.7	6.7	13.1	7.5	8.8	6.7	13.2	7.7	8.9	6.9	13.1	7.5
Less than 20	10.1	7.6	12.7	8.6	10.2	7.8	12.8	8.4	9.8	7.8	12.0	8.5	9.2	7.8	10.8	8.2
20-24	9.8	7.3	13	6.0	9.7	7.3	12.7	6.6	9.9	7.2	13.2	7.1	10.0	6.9	13.7	6.9
25-29	8.5	6.3	13.8	6.1	8.4	6.2	13.5	6.6	8.4	6.2	13.2	7.2	8.3	6.3	12.8	7.1
30+	8.4	6.8	13.6	9.3	8.3	6.7	13.2	8.5	8.4	6.8	13.5	8.3	8.7	7.1	13.5	8.0
Wilmington	12.3	8.3	15.1	9.2	11.8	8.0	14.5	8.8	12.0	8.1	14.8	9.1	12.2	8.4	14.9	10.2
Less than 20	13.2	10.6	14.0	9.8	12.7	8.7	14.1	8.4	11.7	7.8	12.9	8.5	12.0	9.1	12.9	10.9
20-24	14.1	10.8	15.3	8.9	13.6	11.2	14.4	10.0	14.1	11.0	15.2	10.5	14.3	11.4	15.5	11.1
25-29	11.4	5.6	15.3	6.6	10.7	5.5	14.2	5.6	10.6	5.5	13.3	7.6	10.8	6.3	13.3	8.5
30+	11.4	8.4	15.3	12.5	11.1	8.0	15.4	10.9	11.8	8.5	16.6	9.5	11.8	8.3	16.6	10.5
Kent	8.5	7.2	11.5	7.3	8.6	7.4	11.4	7.4	8.9	7.7	11.7	7.7	9.1	7.7	12.3	8.2
Less than 20	10.4	7.3	14.3	7.9	10.9	8.7	13.4	8.1	10.2	8.6	11.4	6.3	9.5	8.9	9.4	6.9
20-24	7.9	6.2	11.5	6.4	8.6	6.6	12.3	6.4	8.6	6.4	12.5	7.4	9.1	6.6	13.3	7.1
25-29	8.2	7.3	10.5	8.5	8.4	7.3	11.1	7.3	8.5	7.4	12.1	7.3	9.0	7.7	12.8	8.9
30+	8.8	8.0	11.1	6.8	8.4	7.8	9.9	8.3	9.1	8.6	10.5	9.1	9.1	8.1	11.7	9.0
Sussex	7.6	6.4	12.5	4.9	7.5	6.3	12.4	5.1	7.5	6.4	11.4	5.8	7.5	6.4	11.6	6.0
Less than 20	8.7	6.8	13.8	4.1	8.4	6.7	12.8	6.3	8.7	7.3	11.6	8.8	8.1	6.3	11.8	8.9
20-24	7.6	6.1	11.9	4.4	7.4	5.8	11.7	4.6	7.1	5.7	10.8	5.3	7.7	6.3	11.6	5.7
25-29	7.2	6.0	13.2	4.4	7.8	6.8	13	5.0	7.5	6.6	11.9	4.3	7.6	6.8	11.5	4.6
30+	7.7	6.8	12	6.0	7.2	6.1	12.7	5.4	7.5	6.4	11.7	6.6	7.3	6.2	11.5	6.4

\* Persons of Hispanic origin may be of any race.  
Source: Delaware Health Statistics Center

**Table 15:**

## Very Low Birth Weight Births by Age, Race/Hispanic Origin of Mother

Percentage of Very Low Birth Weight Births by Age, Race/Hispanic Origin of Mother  
U.S., Delaware, Counties, and Wilmington; Five-year Averages

Area/ Mother's Age	2009-2013				2010-2014				2011-2015				2012-2016			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	1.4	N/A	N/A	1.2	1.4	N/A	N/A	1.2	1.4	N/A	N/A	1.2	N/A	N/A	N/A	N/A
Less than 20	1.7	N/A	N/A	1.3	1.7	N/A	N/A	1.3	1.7	N/A	N/A	1.3	N/A	N/A	N/A	N/A
20-24	1.4	N/A	N/A	1.0	1.4	N/A	N/A	1.1	1.4	N/A	N/A	1.1	N/A	N/A	N/A	N/A
25-29	1.3	N/A	N/A	1.0	1.3	N/A	N/A	1.1	1.3	N/A	N/A	1.1	N/A	N/A	N/A	N/A
30+	1.5	N/A	N/A	1.4	1.5	N/A	N/A	1.4	1.5	N/A	N/A	1.4	N/A	N/A	N/A	N/A
Delaware	1.8	1.2	3.3	1.3	1.8	1.2	3.2	1.4	1.8	1.3	3.2	1.5	1.8	1.3	3.1	1.4
Less than 20	2.2	1.4	3.2	1.5	1.9	1.3	2.8	1.5	1.8	1.3	2.6	1.7	1.6	1.2	2.1	1.9
20-24	1.7	1.1	2.9	0.9	1.7	1.0	2.8	0.9	1.8	1.1	2.9	1.0	1.8	1.2	2.9	1.0
25-29	1.6	1.1	3.1	1.1	1.7	1.2	3.2	1.4	1.8	1.2	3.3	1.5	1.8	1.3	3.2	1.6
30+	1.8	1.2	3.8	1.7	1.8	1.2	3.7	1.7	1.8	1.3	3.6	1.8	1.7	1.3	3.4	1.4
New Castle	2.0	1.2	3.6	1.6	2.0	1.2	3.6	1.6	2.0	1.3	3.5	1.7	2.0	1.4	3.3	1.6
Less than 20	2.3	1.4	3.2	2.1	2.0	1.3	2.8	1.7	1.8	1.5	2.4	1.8	1.5	1.3	1.7	1.3
20-24	2.0	1.1	3.2	0.9	2.0	1.1	3.1	0.9	2.1	1.2	3.1	1.1	2.1	1.3	3.0	1.5
25-29	2.0	1.2	3.8	1.6	2.1	1.2	4.0	2.0	2.1	1.2	3.9	2.2	2.1	1.3	3.6	1.9
30+	1.9	1.3	4.0	2.2	1.9	1.3	3.9	1.9	1.9	1.4	3.9	1.8	1.9	1.4	3.6	1.4
Wilmington	2.8	1.6	3.6	1.9	2.6	1.4	3.4	1.8	2.5	1.5	3.2	1.5	2.8	2.0	3.3	2.1
Less than 20	2.2	1.1	2.7	1.5	2.0	1.2	2.3	1.7	1.9	2.0	1.9	1.9	2.2	2.3	2.2	3.3
20-24	2.9	1.2	3.5	1.7	2.9	1.1	3.5	1.3	3.0	1.2	3.6	1.0	3.1	2.3	3.5	1.9
25-29	2.7	0.9	3.8	1.3	2.5	0.9	3.6	0.9	2.5	0.8	3.5	1.0	2.8	1.5	3.7	1.5
30+	3.1	2.3	4.1	3.3	2.6	1.9	3.5	3.2	2.4	1.9	3.0	2.3	2.6	2.2	3.2	2.2
Kent	1.5	1.1	2.3	1.5	1.5	1.2	2.3	1.8	1.7	1.3	2.6	2.0	1.7	1.3	2.8	1.8
Less than 20	1.8	0.6	3.3	0.0	1.6	0.5	3.1	0.0	1.8	0.5	3.7	0.0	1.6	0.9	2.7	2.3
20-24	1.4	1.1	2.1	1.7	1.5	1.3	2.2	2.0	1.8	1.5	2.5	2.2	1.8	1.5	2.5	1.3
25-29	1.2	1.2	1.2	1.6	1.3	1.2	1.5	1.1	1.5	1.3	2.1	1.4	1.7	1.4	2.9	2.3
30+	1.7	1.1	3.3	1.8	1.5	1.1	2.6	3.0	1.7	1.3	3.0	3.0	1.7	1.3	3.1	1.8
Sussex	1.4	1.1	2.9	0.7	1.4	1.1	2.8	0.8	1.3	1.1	2.3	1.0	1.3	1.0	2.5	1.0
Less than 20	2.2	1.8	3.1	0.9	1.9	1.8	2.2	1.5	1.7	1.5	2.0	2.0	1.8	1.3	2.6	2.7
20-24	1.5	1.0	2.8	0.7	1.3	0.8	2.9	0.5	1.2	0.7	2.5	0.3	1.3	0.8	2.9	0.0
25-29	1.1	0.8	2.6	0.3	1.3	1.1	2.2	0.5	1.2	1.1	1.8	0.7	1.3	1.2	2.0	0.7
30+	1.5	1.2	3.4	1.0	1.4	1.0	3.8	1.0	1.4	1.1	2.6	1.4	1.3	1.0	2.4	1.3

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).

\* Persons of Hispanic origin may be of any race.

Source: Delaware Health Statistics Center

# Health and Health Behaviors

**Table 16:**

## Infant Mortality Rates by Race/Hispanic Origin

Infant Mortality Rates per 1,000 Live Births by Race/Hispanic Origin  
U.S., Delaware, Counties, and City of Wilmington; Five-year Averages

Area Race	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015	2012- 2016
U.S.	7.0	6.9	6.9	6.9	6.8	6.8	6.7	6.7	6.5	6.4	6.2	6.1	6.0	5.9	N/A
White	5.8	5.7	5.7	5.7	5.7	5.7	5.6	5.6	5.5	5.4	5.3	5.2	5.1	5.0	N/A
Black	14.3	14.2	14.0	14.0	13.8	13.6	13.3	13.1	12.7	12.4	12.0	11.6	11.2	11.2	N/A
Delaware	9.2	9.1	9.3	9.3	8.8	8.6	8.4	8.3	8.0	8.1	8.1	7.7	7.5	7.7	7.5
White	6.9	6.9	7.3	6.9	6.5	6.4	6.2	5.7	5.8	5.8	5.5	5.1	5.4	5.3	5.1
Black	16.7	16.7	16.1	17.1	16.1	15.7	15.3	15.6	14.2	13.8	14.4	13.4	12.1	12.3	12.5
Hispanic*	6.3	8.3	7.9	7.5	7.2	8.2	7.7	7.6	7.4	7.7	7.2	7.3	8.0	7.0	6.5
New Castle	9.2	9.5	9.4	9.4	9.2	9.2	9.0	9.0	8.8	9.1	9.3	8.8	8.7	8.6	8.4
White	6.4	6.8	7.3	7.1	6.8	7.0	6.9	6.4	6.1	6.2	5.9	5.4	5.7	5.6	5.6
Black	18.0	18.0	16.5	16.7	16.3	16.3	15.7	16.1	15.8	15.6	16.1	13.0	14.3	13.7	13.2
Wilmington	13.5	13.5	12.4	12.8	12.3	13.0	13.0	13.8	14.1	14.8	16.1	15.9	15.8	14.6	15.1
White	---	---	---	---	---	---	---	---	---	---	9.8	---	10.1	10.0	---
Black	17.9	17.6	15.9	17.0	16.3	17.3	16.3	18.0	18.0	19.1	19.3	20.3	19.2	16.3	16.4
Balance of															
New Castle Co.	8.3	8.6	8.8	8.7	8.5	8.5	8.2	8.0	7.7	7.9	7.9	7.5	7.3	7.5	7.1
White	6.4	6.8	7.3	7.2	6.9	7.0	6.8	6.4	6.0	6.0	5.5	5.1	5.2	5.1	5.1
Black	18.1	18.2	17.0	16.6	16.3	15.8	15.3	14.9	14.5	13.8	14.4	13	12.2	12.6	11.9
Kent	9.9	9.5	10.2	10.0	9.1	7.1	7.1	7.1	6.5	6.9	7.6	6.6	6.2	6.9	6.5
White	9.5	8.6	9.2	7.6	7.0	4.4	4.6	4.3	5.1	5.9	6.3	5.7	6.2	5.8	4.6
Black	12.7	13.4	13.9	17.0	14.9	13.6	13.2	14.0	10.2	9.4	11.5	9.2	6.7	8.5	10.1
Sussex	8.3	7.4	8.1	8.2	7.5	7.9	7.6	7.2	7.0	6.2	5.2	5.4	5.1	5.8	6.1
White	6.5	5.5	5.9	5.5	5.1	6.2	5.7	5.2	5.6	5.0	3.6	3.8	4.0	4.3	4.4
Black	15.9	15.4	16.9	19.0	16.9	15.7	16.0	15.6	12.6	11.2	11.1	10.7	9.5	11.1	12.6

The infant mortality rates is calculated as deaths per 1,000 live births.

\* Persons of Hispanic origin may be of any race.

Note: Rates for Hispanics prior to the 1996–2000 period are based on fewer than 20 deaths during the period and does not meet the standard of reliability or precision as defined by the National Center for Health Statistics.

\*\* Rates for Wilmington Whites after the 1991–1995 period are based on fewer than 20 deaths during the period and does not meet the standard of reliability or precision as defined by the National Center for Health Statistics.

Sources: Delaware Health Statistics Center; National Center for Health Statistics



**Table 17:**

## Infant, Neonatal, and Postneonatal Mortality Rates

Infant Mortality Rates per 1,000 Live Births,  
Neonatal and Postneonatal Mortality Rates, U.S. and Delaware, Five-year Averages

Area/ Mother's Race	2009–2013			2010–2014			2011–2015			2012–2016		
	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal
U.S.	6.1	4.1	2.0	6.0	4.0	2.0	5.9	4.0	1.9	N/A	N/A	N/A
White	5.2	3.5	1.7	5.1	3.4	1.7	5.0	3.4	1.6	N/A	N/A	N/A
Black	11.6	7.5	4.0	11.2	7.4	3.9	11.2	7.3	3.8	N/A	N/A	N/A
Delaware	7.7	5.6	2.1	7.5	5.4	2.0	7.7	5.8	1.9	7.5	5.5	2.0
White	5.1	3.2	1.9	5.4	3.5	1.9	5.3	3.8	1.5	5.1	3.6	1.5
Black	13.4	10.5	2.9	12.1	9.4	2.7	12.3	9.8	2.5	12.5	9.3	3.1

Neonatal – the period from birth to 27 days; Postneonatal – the period from 28 days to one year; Infant – the period from birth to one year;  
The infant mortality rates is calculated as deaths per 1,000 live births.

Sources: Delaware Health Statistics Center; National Center for Health Statistics

**Table 18:**

## Infant Deaths by Causes of Death and Race of Mother

Number and Percentage of Infant Deaths by Selected Leading Causes of Death by Race of Mother  
Total Number All Birth Weights, Live Birth Cohorts, Delaware, 2011–2015 Averages

Cause of Death	All Races		White		Black		Other & Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	415	100.0%	206	100.0%	185	100.0%	24	100.0%
Birth defects	55	13.0%	34	17.0%	16	9.0%	5	21.0%
Certain conditions originating in the perinatal period	166	40.0%	77	37.0%	82	44.0%	7	29.0%
Disorders relating to short gestation, low birthweight	94	23.0%	29	14.0%	57	31.0%	8	33.0%
Symptoms, signs, and ill defined conditions	39	9.0%	25	12.0%	14	8.0%	0	0.0%
Infectious and parasitic diseases	10	2.0%	6	3.0%	4	2.0%	0	0.0%
Unintentional injuries	11	3.0%	7	3.0%	3	2.0%	1	4.0%
Diseases of the respiratory system	4	1.0%	3	1.0%	1	1.0%	0	0.0%
Homicide	6	1.0%	4	2.0%	2	1.0%	0	0.0%
All other causes	30	7.0%	21	10.0%	6	1.0%	1.3	8.0%

Infant deaths are deaths that occur between live birth and one year of age.

Percentages are based upon the total number of infant deaths in each race group. Percentages may not add up to 100% due to rounding.

Live Birth Cohort – All persons born during a given period of time.

Source: Delaware Health Statistics Center

# Health and Health Behaviors

**Table 19:**

## Infant Deaths by Detailed Cause of Death Category and Race

Number of Infant Deaths by Selected Leading Causes of Death by Race of Mother  
Live Birth Cohort, Delaware, 2011–2015

Specific causes of death within categories	White	Black	Other	Unknown	Total
Diarrhea and gastroenteritis of infectious origin	4	4	0	0	8
Septicemia	2	0	0	0	2
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2	1	0	0	3
Volume depletion, disorders of fluid, electrolyte and acid-base balance	1	1	0	0	2
Meningitis	1	0	0	0	1
Anoxic brain damage, not elsewhere classified	2	0	0	0	2
Diseases of the circulatory system	6	2	1	0	9
Influenza and pneumonia	2	1	0	0	3
Hernia of abdominal cavity and intestinal obstruction without hernia	1	0	0	0	1
Newborn affected by maternal hypertensive disorders	0	1	0	0	1
Newborn affected by maternal complications of pregnancy	24	32	0	1	57
Newborn affected by complications of placenta, cord, and membranes	10	13	1	0	24
Newborn affected by other complications of labor and delivery	1	1	1	0	3
Slow fetal growth and fetal malnutrition	0	1	0	0	1
Disorders related to short gestation and low birth weight, not elsewhere classified	29	57	5	3	94
Intrauterine hypoxia and birth asphyxia	4	2	0	1	7
Respiratory distress of newborn	8	9	0	0	17
Interstitial emphysema and related conditions originating in the perinatal period	1	0	0	0	1
Pulmonary hemorrhage originating in the perinatal period	1	2	0	0	3
Chronic respiratory disease originating in the perinatal period	0	0	1	0	1
Atelectasis	1	4	0	0	5
Bacterial sepsis of newborn	7	2	1	0	10
Neonatal hemorrhage	2	1	0	0	3
Necrotizing enterocolitis of newborn	3	1	0	0	4
Hydrops fetalis not due to hemolytic disease	2	2	0	0	4
Congenital malformations, deformations, and chromosomal abnormalities	34	16	4	1	55
Sudden infant death syndrome	16	10	0	0	26
Accidents (unintentional injuries)	7	3	1	0	11
Assault (homicide)	4	2	0	0	6
All other causes	31	17	3	0	51
Total	206	185	18	6	415

Note: Infant deaths are deaths that occur between live birth and one year of age. Live Birth Cohort – All persons born during a given period of time.

Source: Delaware Health Statistics Center

**Table 20:**

## Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Selected Risk Factors and Race of Mother  
Live Birth Cohorts, Delaware, Five-year Averages

Risk Factor	2007-2011			2008-2012			2009-2013			2010-2014			2011-2015		
	All	White	Black	All	White	Black	All	White	Black	All	White	Black	All	White	Black
Birth Weight in grams															
<1500	264.7	233.3	295.1	267.6	222.0	309.2	258.6	216.6	295.4	253.1	219.9	275.4	267.7	239.6	290.2
1500–2499	16.3	18.2	14.7	15.3	16.3	13.4	13.8	15.4	10.9	11.9	14.1	--	10.8	11.8	--
2500+	2.2	2.3	2.3	2.2	2.2	2.5	64.6	50.1	83.1	2.2	2.2	2.4	2.2	2.1	2.5
Age of Mother															
<20	10.2	6.6	14.5	9.6	6.8	13.2	9.6	8.1	11.5	8.7	7.6	10.1	8.9	10.0	8.1
20-24	8.9	6.5	13.6	8.8	6.5	12.7	8.3	6.2	11.7	8.3	6.6	11.3	8.5	6.6	11.4
25-29	7.5	6.0	12.4	7.5	5.2	14.4	7.2	5.3	12.5	7.1	5.6	10.7	7.3	5.2	12.4
30	7.0	5.6	13.5	7.2	5.5	14.2	7.0	5.0	14.9	6.6	4.6	13.6	7.0	5.0	14.3
Marital Status of Mother															
Married	5.9	5.1	12.0	6.0	4.9	12.9	5.5	4.7	10.2	5.0	4.3	7.7	5.1	4.2	9.2
Single	10.1	7.4	13.9	9.9	6.9	13.9	9.9	6.9	13.9	9.9	7.2	13.4	10.3	7.9	13.5
Education of Mother															
<12 years	9.1	6.8	15.1	7.5	5.4	13.2	7.1	5.4	11.7	6.0	5.0	8.6	6.4	6.3	7.4
H.S. diploma	10.8	8.5	14.6	11.2	8.0	16.3	11.3	7.8	16.5	11.0	7.7	15.9	11.4	7.5	17.0
1+ yrs college	5.8	4.6	10.8	6.2	4.9	11.0	5.7	4.6	9.6	5.7	4.7	8.9	5.9	4.7	9.6
Interval in Months Since Last Live Birth															
<18	8.3	--*	12.9	8.4	--	13.4	9.5	--	14.1	6.7	---	---	9.2	---	---
18+	5.7	4.8	8.3	5.4	4.5	8.1	5.1	4.3	7.5	4.6	4.0	7.1	4.6	3.6	7.6

\* Defined as receiving no care or care in the third trimester.

\* Rate based on numerator less than 20.

--\* Rate based on a numerator less than 20.

Source: Delaware Health Statistics Center

**Table 21:**

## Infant Mortality Rates by Birth Interval

Infant Mortality Rates per 1,000 Live Births by Birth Interval  
Live Birth Cohorts, Delaware, Five-year Averages

Birth Interval	Year of Birth														
	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2015
<18 months	8.4	9.2	8.9	11.5	12.1	13.8	13.4	13.5	10.3	11.5	9.9	8.3	8.4	9.5	6.7
18+ months	6.2	6.9	7.0	7.0	7.2	7.1	6.6	6.5	6.2	6.0	5.8	5.7	5.4	5.1	4.6

Source: Delaware Health Statistics Center

# Health and Health Behaviors

**Table 22:**

## Infant Mortality Rates by Gestation

Infant Mortality Rates per 1,000 Live Births by Gestation Weeks and Race of Mother  
Live Birth Cohorts, Delaware, Five-year Averages

Gestation weeks	Year of Birth														
	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015
37+ weeks															
All Races	2.5	2.3	2.3	2.4	2.2	2.1	2.2	2.0	2.0	2.4	2.6	2.6	2.5	2.6	2.9
White	2.3	2.1	1.9	2.0	1.7	1.7	1.9	1.8	1.8	2.4	2.7	2.7	2.6	2.6	2.3
Black	3.1	2.9	3.7	4.0	3.4	3.2	3.3	2.7	2.7	2.8	2.7	2.8	2.7	2.8	3.0
<37 weeks															
All Races	53.0	54.3	52.8	52.6	53.5	48.3	46.3	46.2	47.3	43.6	44.3	45.5	44.0	41.5	44.8
White	41.8	45.5	45.1	46.5	45.2	39.2	36.5	35.4	34.9	33.0	32.3	30.9	30.3	29.5	33.3
Black	73.5	72.5	70.5	67.7	72.7	67.8	66.5	67.9	71.1	64.0	66.3	69.7	65.4	59.8	63.3
<32 weeks															
All Races	238.1	249.6	238.7	239.4	249.1	228.9	216.9	216.9	216.9	194.7	195.7	198.7	190.8	178.9	189.6
White	228.4	249.2	238.2	244	248.3	215.8	196.8	187.7	184.8	159.7	153.0	144.2	140.1	134.2	150.4
Black	250.4	255.4	246.3	239.8	259.4	248.4	244.9	253.6	258.8	237.0	240.9	250.4	234.6	215.0	227.6

Source: Delaware Health Statistics Center

**Table 23:**

## Infant Mortality Rates by Birth Weight

Infant Mortality Rates per 1,000 Live Births by Birth Weight and Race of Mother  
Live Birth Cohorts, Delaware, Five-year Averages

Birth Weight	Year of Birth														
	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015
2500+															
All Races	2.5	2.3	2.4	2.5	2.2	2.1	2.2	1.9	1.9	2.2	2.2	2.2	2.2	2.2	2.2
White	2.4	2.1	2.0	2.1	1.9	1.7	1.9	1.7	1.7	2.1	2.3	2.2	2.3	2.2	2.1
Black	3.0	3.0	3.6	3.9	3.5	3.4	3.3	2.7	2.8	2.7	2.3	2.5	2.5	2.4	2.5
<2500															
All Races	75.2	76.4	74.2	73.1	74.5	68.8	67.7	68.1	70.6	65.4	67.1	68.2	64.6	61.7	64.6
White	63.2	68.7	67.4	68.8	68.4	62.3	59.6	59.1	58.5	55.5	54.9	52.8	50.1	50.0	53.5
Black	93.7	90.5	88.3	83.0	88.0	80.4	81.7	83.4	89.5	81.6	85.9	89.1	83.1	76.0	79.8
<1500															
All Races	304.8	316.2	302.4	306.2	313.9	285	281.3	282.2	279.3	260.3	264.7	267.6	258.6	253.1	267.7
White	281.9	303.4	297.2	316.8	321.2	287.7	284.9	276.9	262.0	241.2	233.3	222.0	216.6	219.9	239.6
Black	329.8	335.5	317.0	301.5	315.7	287.4	284.1	289.5	298.9	283.9	295.1	309.2	295.4	275.4	290.2

Source: Delaware Health Statistics Center



**Table 24:**

## Infant Mortality Rates by Payment for Delivery

Infant Mortality Rates per 1,000 Live Births by Source of Payment for Delivery and Race of Mother  
Live Birth Cohorts, Delaware, Five-year Averages

Payment for Delivery Race	Year of Birth															
	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015
Medicaid																
All Races	9.9	10.6	10.1	9.5	9.8	10.2	9.5	10.3	10.1	9.9	9.5	9.3	8.8	8.5	8.2	8.7
White	7.7	8.6	8.3	7.1	7.5	7.7	7.0	8.0	8.0	7.5	7.5	7.0	6.3	6.0	6.1	6.7
Black	13.1	13.8	13.0	13.3	13.7	14.7	13.8	14.2	13.8	14.1	13.0	13.3	13.3	12.8	11.8	12.2
Private Insurance																
All Races	6.5	6.8	7.4	7.7	7.8	7.5	7.2	6.5	6.1	6.6	6.4	6.4	6.6	6.4	6.2	6.2
White	4.9	5.2	5.7	5.9	6.1	5.7	5.3	4.7	4.4	4.5	4.7	5.0	4.9	4.9	4.7	4.5
Black	14.8	15.6	16.5	17.1	16.9	17.0	16.4	15.2	14.8	16.4	14.8	13.7	14.6	13.0	11.7	12.7

Source: Delaware Health Statistics Center

**Table 25:**

## Infant Mortality Rates by Single or Multiple Birth

Infant Mortality Rates per 1,000 Live Births by Single or Multiple Birth and Race of Mother  
Live Birth Cohorts, Delaware, Five-year Averages

Single vs. Multiple Race	Year of Birth															
	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015
Single Birth																
All Races	6.9	7.3	7.3	7.3	7.5	7.4	6.9	7.0	6.9	7.0	7.0	7.0	6.9	6.7	6.3	6.4
White	4.9	5.2	5.4	5.2	5.6	5.4	4.9	5.2	5.2	4.9	5.4	5.4	5.1	4.9	4.7	4.7
Black	12.9	13.4	13.4	13.8	13.5	13.6	12.8	12.6	12.0	12.7	11.8	11.6	11.7	11.3	10.4	10.8
Plural																
All Races	45.4	53.1	52.9	52.3	50.3	52.0	46.1	43.0	39.3	41.0	32.6	34.2	35.0	34.5	36.1	42.6
White	35.1	43.4	48.0	50.3	49.2	49.9	42.6	35.8	28.8	30.6	23.0	23.5	23.2	25.6	30.5	38.2
Black	73.0	80.7	68.5	60.8	54.1	64.6	59.1	63.5	67.7	69.5	54.4	55.5	60.4	50.4	44.5	51.2

Source: Delaware Health Statistics Center

# Health and Health Behaviors

**Table 26:**

## Infant Mortality Rates by Mothers' Smoking

Infant Mortality Rates per 1,000 Live Births by Smoking during Pregnancy and Race of Mother  
Live Birth Cohorts, Delaware, Five-year Averages

Smoking Status Race	Year of Birth															
	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015
Mother Does Not Smoke																
All Races	7.6	8.1	8.0	8.2	8.2	8.2	7.8	7.5	7.3	7.6	7.4	7.4	7.4	7.2	6.7	6.9
White	5.3	5.7	5.8	5.9	6.2	6.1	5.8	5.6	5.3	5.3	5.6	5.5	5.4	5.2	4.9	5.0
Black	14.3	15.3	14.8	15.0	14.3	14.7	13.5	13.3	13.1	13.9	12.9	12.9	13.2	12.3	11.3	11.8
Mother Smokes																
All Races	11.3	13.4	15.1	14.1	14.8	15.1	13.1	13.6	13.0	12.1	10.7	10.8	10.0	9.7	10.7	11.5
White	9.8	12.2	14.2	12.7	13.3	13.0	9.9	10.5	10.5	8.9	8.2	8.9	7.6	7.2	9.3	10.4
Black	17.3	18.0	18.9	19.4	19.5	22.0	23.2	23.2	20.6	21.5	17.5	15.8	15.9	15.7	14.1	14.6

Source: Delaware Health Statistics Center

**Table 27:**

## Lead Poisoning

Percentage of Children Under Age 6 with Blood Lead Levels at or Exceeding 10 mcg/dL, Delaware

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number Tested	13,793	13,942	14,302	14,203	13,401	13,773	14,179	13,944	13,540	13,583	10,319	11,518	14,617	14,386	15,316	16,113
Number Identified	208	260	296	178	140	164	64	48	81	129	42	64	112	100	132	113
% Identified	1.5%	1.9%	2.1%	1.3%	1.0%	1.2%	0.5%	0.0%	0.6%	0.9%	0.4%	0.6%	0.8%	0.7%	0.9%	0.7%

Note: Prior to 2011, the Centers for Disease Control and Prevention set the threshold for diagnosing lead poisoning in children under 6 years old to 10 micrograms of lead per deciliter of blood. For the first time in twenty years the CDC has lowered the threshold to 5 micrograms of lead per deciliter of blood. Nationally, this is expected to add 200,000 children to those believed to have unsafe lead levels in their blood.

Source: Delaware Department of Health and Social Services, Division of Public Health, Childhood Lead Poisoning Prevention Program

**Table 28:**

## Child Immunizations

Percentage of Children Age 19–35 Months Who Are Fully Immunized  
U.S. and Delaware

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
U.S.	80.6	79.9	77.6	78.6	76.5	80.7	83.5	83.1	83.2	77.4	76.1	69.9	74.9	77.6	71.9	77.7	74.6	72.2	73.8
Delaware	80.6	80.0	76.2	81.0	84.8	82.9	86.4	86.7	88.0	80.3	72.0	65.3	72.9	72.1	77.0	79.3	76.1	79.3	81.1

Note: The CDC designation of "fully immunized" has changed from (4:3:1) — four doses of diphtheria, tetanus and Pertussis vaccine (DTaP); three doses of polio vaccine; one or more dose of measles, mumps and rubella vaccine (MMR) — to (4:3:1:3:3:1) — four doses of diphtheria, tetanus and Pertussis vaccine (DTaP); three doses of polio vaccine; one or more doses of measles, mumps and rubella vaccine (MMR); three doses of Haemophilus influenzae type b vaccine (Hib); three doses of hepatitis B vaccine; and one or more doses of Varicella or chickenpox vaccine. The change from 2006 to 2007 is due to the dosing change rather than from fewer vaccinations.

\*2016 data margin of error is US  $\pm 1.5$ , DE  $\pm 5.9$

Source: National Immunization Survey, 2014; Centers For Disease Control and Prevention

**Table 29:**

## Persons without Health Insurance

Percentage of Persons (0–64) Not Covered by Health Insurance  
U.S. and Delaware, Three-year Averages

	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
U.S.	18.1	18.0	17.2	16.6	16.5	17.1	17.4	17.7	17.7	17.6	17.4	17.7	18.2	18.4	18.0	17.0	15.0	12.6	10.9
Delaware	15.7	15.0	13.9	11.7	11.2	11.4	13.2	14.4	14.8	13.8	13.0	13.5	13.5	13.2	12.3	10.9	9.7	8.2	8.9

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 30:**

## Children without Health Insurance

Percentage of Children Not Covered by Health Insurance  
U.S. and Delaware, Three-year Averages

	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
U.S.	15.1	14.8	13.6	12.4	11.6	11.6	11.3	11.1	11.2	11.3	10.9	10.3	9.9	9.7	9.4	8.5	7.4	6.2	5.5
Delaware	14.9	12.8	10.5	7.5	8.5	9.0	9.8	10.7	11.7	10.5	9.4	8.5	8.0	7.1	7.5	6.9	6.7	5.6	5.2

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 31:**

## Children without Health Insurance by Age

Number and Percentage of Children Not Covered by Health Insurance, Ages 0–5 and 6–18  
Delaware, Three-year Averages

	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Ages 0–5	7,996	7,242	6,011	5,311	5,409	4,784	5,614	4,598	4,930	3,565	4,065
%	11.6	10.4	8.4	7.2	7.3	6.8	8.3	6.9	7.5	5.3	6.1
Ages 6–18	16,163	14,805	15,048	14,266	13,083	11,856	11,406	10,928	9,611	8,181	6,956
%	11.5	10.3	10.3	9.7	8.9	7.8	7.5	7.1	6.3	5.6	4.8

Source: Center for Applied Demography and Survey Research, University of Delaware

# Health and Health Behaviors

**Table 32:**

## Medicaid/CHIP Claims

Number of Children, Delaware and Counties, Fiscal Years

	2012		2013		2014		2015	
	#	% of all claims	#	% of all claims	#	% of all claims	#	% of all claims
Delaware	96,747	100.0	98,854	100.0	102,955	100.0	103,003	100.0
Well Visits	58,911	60.9	62,031	62.8	63,850	62.0	63,923	62.1
Emergency Room	28,387	29.3	29,987	30.3	30,830	29.9	30,852	30.0
New Castle County	54,756	56.6	55,765	56.4	57,986	56.3	58,010	56.3
Kent County	18,331	18.9	18,922	19.1	19,744	19.2	19,757	19.2
Sussex County	23,435	24.2	23,928	24.2	24,914	24.2	24,930	24.2

Note: Fiscal year is July 1 - June 30.

Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences

**Table 33:**

## Medicaid/CHIP Medical Claims by Age Group

Number of Claims by Age Group, Delaware, Fiscal Years

Age groups	2012		2013		2014		2015	
	#	% of all claims	#	% of all claims	#	% of all claims	#	% of all claims
Four and under	36,551	37.8%	36,556	37.0%	35,602	34.6%	35,632	34.6%
Five to Nine	26,724	27.6%	27,807	28.1%	29,736	28.9%	29,746	28.9%
Ten to Fifteen	26,203	27.1%	27,127	27.4%	29,556	28.7%	29,562	28.7%
Sixteen to Eighteen	7,269	7.5%	7,364	7.4%	8,061	7.8%	8,063	7.8%
Total	96,747	100.0%	98,854	100.0%	102,955	100.0%	103,003	100%

Note: Fiscal year is July 1 - June 30.

Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences



**Table 34:**

## Delaware Number of Medicaid/CHIP Children with Asthma Related ED Visits and Hospitalizations

Fiscal Year	All Claims		Asthma - ED Visits		Asthma Hospitalizations	
	#	% of all children with claims	#	% of all children with claims	#	% of all children with claims
2010	90,383	100.0%	1,469	1.6%	391	0.4%
2011	94,999	100.0%	1,310	1.4%	302	0.3%
2012	96,747	100.0%	1,333	1.4%	322	0.3%
2013	98,854	100.0%	1,503	1.5%	374	0.4%
2014	102,955	100.0%	1,452	1.4%	401	0.4%
2015	103,003	100.0%	1,453	1.4%	401	0.4%

Note: Fiscal year is July 1 - June 30.

Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences

**Table 35:**

## Number of Children on Medicaid/CHIP with Anti-Psychotic Drug Prescription Claims

Antipsychotics Age groups	FY2013		FY2014		FY2015	
	#	% of all claims	#	% of all claims	#	% of all claims
Four and under	24	0.1%	16	0.0%	14	0.0%
Five to Nine	584	1.5%	554	1.3%	548	1.3%
Ten to Fifteen	1,239	2.7%	1,261	2.7%	974	2.0%
Sixteen to Eighteen	652	3.0%	599	2.7%	621	2.8%
Total	2,499	1.7%	2,430	1.6%	2,157	1.4%

Note: Fiscal year is July 1 - June 30.

Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences. The National Drug Codes (NDC) associated with anti-psychotics (Table SSD-D, 2013-2014, Cerner Multum, Inc., Denver, CO: www.multum.com) were used with permission from the National Committee for Quality Assurance (NCQA). Prior to 2013, these NDC lists were incomplete.

## Health and Health Behaviors

**Table 36:**

### **Delaware Children eligible for Medicaid/CHIP who had a prescription to treat ADHD (N & %)**

By Fiscal Years

ADHD Age groups	#	2011 % of all claims	#	2012 % of all claims	#	2013 % of all claims	#	2014 % of all claims	#	2015 % of all claims
Four and under	81	0.2%	87	0.2%	180	0.5%	149	0.4%	173	0.4%
Five to Nine	2,748	7.3%	3,154	8.1%	3,498	8.7%	3,478	8.5%	3,573	8.6%
Ten to Fifteen	3,820	9.0%	4,272	9.7%	4,623	10.2%	4,727	10.1%	4,063	8.5%
Sixteen to Eighteen	1,234	5.9%	1,188	5.5%	1,276	5.9%	1,248	5.7%	1,335	5.9%
Total	7,883	5.6%	8,701	6.0%	9,577	6.5%	9,602	6.5%	9,144	6.0%

Note: Fiscal year is July 1 - June 30.

Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences. The National Drug Codes (NDC) associated with the treatment of ADHD (Table ADD\_A, 2010-2014, Cerner Multum, Inc., Denver, CO: www.multum.com) were used with permission from the National Committee for Quality Assurance (NCQA).

**Table 37:**

### **Delaware Children eligible for Medicaid/CHIP who had an antidepressant prescription (N & %)**

By Fiscal Years

Antidepressants Age groups	#	2011 % of all claims	#	2012 % of all claims	#	2013 % of all claims	#	2014 % of all claims	#	2015 % of all claims
Five to Nine	238	0.6%	290	0.7%	332	0.8%	375	0.9%	388	0.9%
Ten to Fifteen	1,089	2.6%	1,236	2.8%	1,340	2.9%	1,414	3.0%	1,213	2.5%
Sixteen to Eighteen	1,129	5.4%	1,037	4.8%	1,059	4.8%	1,034	4.7%	1,107	4.9%
Total	2,456	1.8%	2,563	1.8%	2,731	1.9%	2,823	1.9%	2,708	1.8%

Note: Fiscal year is July 1 - June 30.

Source: Center for Community Research & Service, University of Delaware, 2017. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences. The National Drug Codes (NDC) associated with anti-depressants (Table AMM-C, 2010-2014 Cerner Multum, Inc, Denver, CO: www.multum.com) were used with permission from the National Committee for Quality Assurance (NCQA).

**Table 38:**

## **Substance Abuse by High School Students** In the Past 30 Days, 2016

Students	Alcohol	Cigarettes	Marijuana	Prescription Drugs
Heterosexual	29.0%	8.0%	20.0%	5.0%
Gay/Lesbian	56.0%	20.0%	32.0%	18.0%
Bisexual	39.0%	20.0%	33.0%	12.0%
Not sure	26.0%	16.0%	22.0%	14.0%
Mother Incarcerated	60.0%	39.0%	48.0%	33.0%
Father Incarcerated	46.0%	23.0%	40.0%	13.0%
No one incarcerated	27.0%	7.0%	18.0%	5.0%
No disability	29.0%	8.0%	21.0%	6.0%
Physical Disability	46.0%	26.0%	39.0%	23.0%
Learning Disability	38.0%	19.0%	29.0%	11.0%
Emotional Disability	47.0%	47.0%	28.0%	40.0%
Black	22.0%	8.0%	24.0%	5.0%
White	35.0%	12.0%	22.0%	7.0%
Hispanic/Latino	36.0%	9.0%	24.0%	8.0%
Other	17.0%	6.0%	12.0%	5.0%
Multiple Races	27.0%	9.0%	20.0%	4.0%
Bullied in past year	40.0%	17.0%	28.0%	11.0%
Not Bullied	29.0%	9.0%	6.0%	6.0%

Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware

# Health and Health Behaviors

**Table 39:**

## Sexually Transmitted Diseases

Number of Cases of Chlamydia, Gonorrhea and Syphilis for 15–19 Year Olds  
Delaware and Counties

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Delaware															
Chlamydia	1,212	1,214	1,315	1,370	1,235	1,392	1,648	1,609	1,561	1,294	1,535	1,198	1,270	1,576	1,610
Gonorrhea	335	288	283	431	320	289	271	314	220	179	292	229	194	299	313
Primary/ Secondary Syphilis	3	1	2	1	0	1	2	1	3	6	1	3	2	0	1
New Castle															
Chlamydia	623	670	749	731	678	814	900	908	915	819	924	695	715	891	927
Gonorrhea	144	172	182	237	193	191	158	183	122	114	201	140	97	144	146
Primary/ Secondary Syphilis	2	1	1	0	0	0	1	0	0	6	0	3	2	0	1
Kent															
Chlamydia	330	313	311	312	281	331	380	373	395	254	339	289	262	413	370
Gonorrhea	115	57	53	74	45	48	48	61	43	26	46	47	31	77	99
Primary/ Secondary Syphilis	0	0	1	1	0	0	1	1	2	0	1	0	0	0	0
Sussex															
Chlamydia	259	231	255	327	276	247	368	328	251	221	272	214	293	272	313
Gonorrhea	76	59	48	120	82	50	65	70	55	39	45	42	66	78	68
Primary/ Secondary Syphilis	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0

Source: HIV/STD/HCV Program, Delaware Division of Public Health

**Table 40:**

## Sexually Transmitted Diseases by Age and Gender

Number of Cases of Chlamydia and Gonorrhea by Age, Delaware, 2017

		0–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–54	55–64	65 up
Chlamydia	Female	1	42	1,212	1,416	586	249	94	37	33	9	2
	Male	0	11	362	646	345	121	77	38	68	12	5
Gonorrhea	Female	0	5	195	251	152	107	50	23	11	4	2
	Male	0	2	103	215	223	126	88	45	64	32	4

Source: HIV/STD/HCV Program, Delaware Division of Public Health



**Table 41:**

## Sexually Transmitted Diseases by Race

Number of Cases of Chlamydia and Gonorrhea for 15–19 Year Olds by Race/Hispanic Origin\*  
Delaware

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Delaware															
Chlamydia	1,212	1,214	1,315	1,370	1,235	1,392	1,648	1,609	1,561	1,294	1,535	1,198	1,271	1,576	1,610
Gonorrhea	335	288	283	431	320	289	271	314	220	179	292	229	194	299	313
All except HIV/AIDS**	1,666	1,618	1,719	1,938	1,683	1,882	2,128	2,094	1,935	1,538	1,902	1,492	1,491	1,928	1,990
White															
Chlamydia	328	343	369	376	402	408	469	417	428	366	445	399	436	425	458
Gonorrhea	61	51	52	84	75	55	41	51	52	47	50	44	411	70	65
All except HIV/AIDS**	442	435	467	516	545	547	614	548	550	439	516	469	486	504	542
Black															
Chlamydia	827	804	873	927	762	905	1,089	1,098	1,024	857	980	694	735	1013	988
Gonorrhea	268	225	225	336	233	226	222	261	160	124	230	179	142	207	229
All except HIV/AIDS**	1,151	1,090	1,160	1,328	1,038	1,227	1,389	1,422	1,251	1,017	1,257	907	893	1,260	1,259
Hispanic*															
Chlamydia	78	47	86	90	80	101	106	103	121	98	100	98	95	122	137
Gonorrhea	9	6	15	16	12	4	7	13	12	11	7	11	5	22	12
All except HIV/AIDS**	57	99	106	115	101	121	129	134	142	109	113	111	101	146	153
American Indian															
Chlamydia	1	2	0	0	1	0	0	1	0	0	0	0	0	0	0
Gonorrhea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All except HIV/AIDS**	1	2	0	0	1	0	0	1	0	0	0	0	0	0	0
Asian/Pacific Islander															
Chlamydia	1	2	3	8	4	3	3	2	6	5	4	4	6	4	2
Gonorrhea	1	1	1	1	1	1	0	0	0	0	0	0	1	0	1
All except HIV/AIDS**	2	3	4	10	6	5	3	2	6	5	4	5	7	4	2
Other/Unknown															
Chlamydia	55	63	70	59	66	70	82	87	95	66	106	101	91	128	162
Gonorrhea	5	11	5	10	11	6	7	2	7	8	12	6	10	21	18
All except HIV/AIDS**	70	88	86	84	93	103	116	117	119	77	125	111	102	153	187

\* Persons of Hispanic origin may be of any race. Hispanic cases are duplicated in the table as they are also listed by race.

\*\*This data represents all STDs reported (including gonorrhea, chlamydia, herpes, syphilis, herpes, genital warts, bacterial vaginosis, etc.) excluding HIV/AIDS.

Source: HIV/STD/HCV Program, Delaware Division of Public Health

# Health and Health Behaviors

**Table 42:**

## Child Death Rates

Death Rates per 100,000 Children 1–14 Years of Age  
U.S. and Delaware, Five-year Averages

	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015	2012- 2016
U.S.	25.4	24.2	23.2	22.5	21.8	21.2	20.8	20.3	19.9	19.4	18.8	18.2	17.7	17.2	16.8	16.5	16.4	N/A
Delaware	21.6	22.1	22.5	22.9	21.5	23.1	21.0	19.5	16.3	16.4	14.2	12.8	13.7	15.5	16.1	15.4	15.8	15.2

Sources: Delaware Health Statistics Center; National Center for Health Statistics

**Table 43:**

## Causes of Deaths of Children by Age

Leading Causes of Deaths of Children 1–19 Years Old by Age, Delaware, 2012-2016

Age 1-4	# of Deaths	Percent	Age 15-19	# of Deaths	Percent
Nontransport accidents	9	15.5	Motor vehicle accidents	32	25.7
Malignant Neoplasms	7	12.1	Intentional self-harm (suicide)	27	18.2
Assault (Homicide)	7	12.1	Assault (Homicide)	38	21.6
Congenital malformations	6	10.3	Nontransport accidents	20	13.5
Diseases of the Heart	2	3.4	Malignant Neoplasms	6	4.1
Chronic Lower Respiratory Diseases	2	3.4	Diseases of the Heart	5	3.4
Motor vehicle accidents	2	3.4	Congenital malformations	2	1.4
Influenza and pneumonia	1	1.7	Chronic Lower Respiratory Diseases	1	0.7
Nephritis, nephrotic syndrome, and nephrosis	1	1.7	Septicemia	2	1.4
All other causes	21	36.2	All other causes	15	10.1
Total	58	100.0	Total	154	100.0

Source: Delaware Health Statistics Center

Age 5-14	# of Deaths	Percent
Malignant Neoplasms	10	14.5
Motor vehicle accidents	8	11.6
Intentional self-harm (suicide)	7	10.1
Congenital malformations	7	10.1
Diseases of the Heart	5	7.2
Nontransport accidents	4	5.8
Chronic Lower Respiratory Diseases	2	2.9
Cerebrovascular Diseases	1	1.4
Diabetes mellitus	1	1.4
Assault (Homicide)	1	1.4
Certain conditions originating in the perinatal period	1	1.4
All other causes	22	31.9
Total	69	100.0

**Table 44:**

## Teen Death Rates

Teen Death Rates by Accident, Homicide, and Suicide  
per 100,000 Teens 15–19 Years of Age, U.S. and Delaware, Five-year Averages

	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015	2012- 2016
U.S.	53.2	54.4	53.2	52.2	50.0	49.4	49.1	48.1	46.7	44.3	42.0	39.6	37.3	35.4	34.5	34.3	--
Delaware	51.6	54.4	53.1	55.7	59.1	55.1	55.9	54.4	49.9	47.1	46.3	42.3	41.6	41.7	40.5	40.2	40.0

Sources: Delaware Health Statistics Center; National Center for Health Statistics

**Table 45:**

## Teen Deaths from Crashes

Deaths of 15–19 Year Olds from Motor Vehicle Accidents by Year and Gender, Delaware

Sex of decedent	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	12	14	10	9	9	5	5	6	3	4	7	4	6	0
Female	8	8	6	8	4	2	5	5	2	2	2	2	1	4
Total	20	22	16	17	13	7	10	11	5	6	9	6	7	4

Source: Delaware Health Statistics Center

**Table 46:**

## Teen Deaths from Suicides

Deaths of 15–19 Year Olds from Suicide by Year and Gender, Delaware

Sex of decedent	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	3	2	2	7	2	2	3	6	7	7	1	1	5	3
Female	3	0	0	1	3	0	0	0	2	4	3	2	0	1
Total	6	2	2	8	5	2	3	6	9	11	4	3	5	4

Source: Delaware Health Statistics Center

**Table 47:**

## Teen Hospitalizations from Self-Inflicted Injuries

Number of Teen (15-19) Hospitalizations due to Suicide and Self-inflicted Injuries  
(Resident discharges and all discharges including non-residents), Delaware

Sex of decedent	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Resident Males	11	18	16	26	26	22	22	10	12	4
Resident Females	31	29	29	32	37	34	31	23	27	14
Total Resident Discharges	42	47	45	58	63	56	53	33	39	18
All Males	14	19	24	31	30	24	29	16	18	11
All Females	39	33	36	43	54	48	45	43	41	26
Total Discharges	53	52	60	74	84	72	74	59	59	37

Source: Delaware Health Statistics Center

# Health and Health Behaviors

**Table 48:**

## Crash Involvement Rate

Crash Involvement Rate per 1,000 Licensed Drivers by Age, Delaware, Fiscal Years

Age of Licensed Driver	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
16 years old	70.8	94.5	98.8	74.3	79.5	76.6	77.3	78.6	67.6	54.5	49.3	50.5	54.8	42.2	48.5	51.6	57.5
17 years old	131.0	136.9	138.0	131.6	118.3	124.4	132.4	121.4	111.1	93.9	90.7	87.6	93.3	80.5	89.0	100.6	107.3
18 years old	124.1	120.7	123.4	114.4	116.3	113.8	126.8	123.1	113.4	102.0	94.6	90.2	91.7	88.3	89.3	97.7	102.9
19 years old	100.9	98.2	102.8	98.7	91.1	93.7	105.6	99.1	94.7	89.2	77.6	82.4	77.6	77.1	85.3	89.7	91.0
All Ages	46.4	44.7	45.5	42.4	41.7	42.2	48.1	46.6	43.6	41.4	39.5	39.8	40.8	40.9	42.9	45.4	48.7

Source: Delaware State Police

**Table 49:**

## Teen Crash Involvement by Hour

16-, 17-, 18-, and 19-year-old Drivers Licensed in Delaware Involved in Crashes by Hour  
Delaware, Fiscal Years, Graduated Licensing Enacted 07/01/99

Driver Age	Hour	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
16 years old	2200–2259	48	23	15	15	10	13	16	7	15	17	10	7	12	11	14	10	3	8	17
	2300–2359	39	21	10	7	11	8	9	10	10	7	8	5	4	2	6	6	8	4	7
	0000–0059	15	15	10	6	10	2	4	6	1	4	6	7	9	4	7	3	7	6	9
	0100–0159	11	6	7	3	1	2	3	7	2	3	2	1	2	1	2	1	0	4	0
	0200–0259	2	3	1	3	1	4	2	3	1	2	4	1	1	1	2	1	0	2	1
17 years old	2200–2259	56	40	44	32	50	32	30	41	49	36	31	36	26	16	33	20	18	29	26
	2300–2359	27	29	25	24	34	29	32	27	24	24	14	22	17	14	13	12	11	20	17
	0000–0059	20	30	16	16	19	16	17	12	15	14	15	11	33	21	16	12	15	18	22
	0100–0159	8	14	9	7	16	11	4	13	10	12	10	4	11	9	8	10	5	9	7
	0200–0259	4	6	8	7	11	6	6	6	8	5	3	4	4	6	2	2	2	6	5
18 years old	2200–2259	61	56	37	46	46	42	28	46	51	31	28	26	43	27	25	34	23	25	32
	2300–2359	36	33	27	40	35	37	40	29	30	38	39	22	19	19	18	19	14	22	21
	0000–0059	24	34	29	30	19	24	13	14	28	17	28	26	39	24	19	12	19	27	29
	0100–0159	18	24	26	32	13	13	20	14	27	17	23	13	16	8	15	10	13	11	17
	0200–0259	14	13	18	14	18	14	11	11	10	13	17	4	6	8	7	4	12	7	6
19 years old	2200–2259	33	38	47	30	33	46	23	31	40	37	43	35	33	33	37	31	47	28	32
	2300–2359	21	34	35	31	33	26	28	25	34	27	32	29	30	33	20	21	24	16	17
	0000–0059	25	31	23	22	21	31	23	16	16	15	18	24	31	26	25	17	19	30	35
	0100–0159	15	18	25	28	14	20	13	23	15	20	21	17	16	18	15	14	21	20	14
	0200–0259	10	12	12	17	14	19	17	11	10	10	9	16	9	12	13	11	5	6	14

\* GDL – Graduated Driver's License implemented July 1, 1999

Source: Delaware State Police



**Table 50:**

## Traffic Arrests of Teens Involved in Crashes

Number of Arrests for Teens Involved in Crashes by Violation, Delaware

Title 21 Violation Description	2004	2005*	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
2118 No insurance	30	269	393	498	452	309	335	369	326	338	349	332	347	371
4107 Disobey traffic control device	19	14	20	31	20	10	19	14	13	13	14	14	18	16
4122 Unsafe lane change	78	95	113	109	96	73	81	103	101	140	141	126	143	173
4123 Following too closely	262	276	316	300	280	230	219	260	273	230	232	280	322	446
4132 Unsafe left turn	110	115	128	127	126	196	76	98	87	63	64	85	88	87
4133 Entering roadway unsafely	47	58	43	59	52	43	42	17	19	13	13	14	20	19
4164a&b Stop sign violations	149	155	123	112	81	62	92	93	82	105	108	92	109	94
4168 Unsafe speed	198	181	215	225	160	109	115	107	116	86	90	86	120	92
4176a Careless driving	291	362	315	340	254	166	224	254	223	207	215	225	246	229
4176b Inattentive driving	677	745	761	731	566	362	483	495	499	442	451	469	545	599
4177 Driving under the influence	83	98	92	111	81	51	38	37	26	28	28	23	26	20
Other traffic arrests	35	802	1,088	1,473	1,631	838	645	728	639	644	655	617	739	666
Total Traffic Arrests	2,279	3,170	3,607	4,116	3,799	2,446	2,369	2,575	2,404	2,309	2,360	2,363	2,723	2,812

\* In 2005, the database changed to allow for more than one traffic arrest to be recorded. In previous years, only one traffic arrest was recorded for each driver—the most serious charge.  
Source: Delaware State Police

**Table 51:**

## Drivers in Fatal Crashes

Drivers (Licensed in Delaware) Involved in Fatal Crashes by Age, Delaware, Fiscal Years

Age of Licensed Driver	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
16 years old	3	3	2	3	4	5	2	2	0	0	0	0	1	2	0	1	1	0
17 years old	3	4	6	3	9	3	7	2	4	6	4	4	0	3	1	2	2	0
18 years old	4	5	5	8	6	8	5	4	2	4	5	4	1	5	2	3	3	3
19 years old	7	4	2	4	3	6	7	4	3	3	5	7	5	2	5	4	6	0
All Ages	108	138	139	156	156	158	142	139	111	110	114	112	102	126	133	132	174	108

Source: Delaware State Police

# Educational Involvement and Achievement

**Table 52:**

## Available Child Care Number of Licensed Child Care Slots, Delaware

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Child Care Centers	40,440	41,101	42,819	42,732	43,204	43,158	44,090	44,681	43,643	43,768	43,576	43,802
Family Child Care Homes	10,844	10,308	9,929	9,418	8,501	7,905	7,300	6,684	6,214	5,945	5,547	5,206
Large Family Child Care Homes	819	891	942	987	1,023	938	974	940	898	855	905	901
Totals	52,103	52,300	53,690	53,137	52,728	52,001	52,364	52,305	50,755	50,568	50,028	49,909

\* Beginning in 2005, counts include part-time day care.

Note: Child Care Center – 13 or more children.

Family Child Care Homes – 1 person caring for no more than 6 children

Large Family Child Care Homes – 2 people caring for a group of 7–12 children

Source: Delaware Department of Services for Children, Youth and Their Families

**Table 53:**

## Licensed Child Care Facilities Number of Facilities and Capacity, Delaware and Counties, January 2017

	Delaware		New Castle		Kent		Sussex	
	Centers	Slots	Centers	Slots	Centers	Slots	Centers	Slots
Licensed Day Care Center	460	43,923	296	30,887	84	7,299	80	5,737
Licensed Family Child Care	610	5,134	356	3,018	119	978	135	1,138
Licensed Large Family Child Care	77	887	43	500	11	115	23	272
Total	1,147	49,944	695	34,405	214	8,392	238	7,147

Source: Department of Services for Children, Youth and Their Families, Division of Family Services, Office of Child Care Licensing

# Educational Involvement and Achievement

**Table 54:**

## Child Care by Zip Code

Number of Licensed Child Care Sites and Slots, Delaware, 2017

County	Zip Code	Sites	Sum of Capacity	County	Zip Code	Sites	Sum of Capacity
New Castle	19701	62	2,770	Kent	19946	6	176
New Castle	19702	52	2,488	Kent	19950	1	12
New Castle	19703	17	788	Kent	19952	11	428
New Castle	19706	1	9	Kent	19953	5	234
New Castle	19707	16	1,618	Kent	19955	1	9
New Castle	19709	51	2,487	Kent	19962	11	177
New Castle	19711	40	2,833	Kent	19963	11	708
New Castle	19713	46	1,884	Kent	19977	26	1,396
New Castle	19716	1	102	Kent	19979	2	15
New Castle	19720	94	2,255	Sussex	19933	18	211
New Castle	19730	1	178	Sussex	19937	1	9
New Castle	19734	12	427	Sussex	19939	4	261
New Castle	19801	37	2,499	Sussex	19940	7	265
New Castle	19802	67	2,826	Sussex	19941	5	167
New Castle	19803	26	2,119	Sussex	19945	9	231
New Castle	19804	23	934	Sussex	19947	31	756
New Castle	19805	70	3,629	Sussex	19950	8	168
New Castle	19806	6	315	Sussex	19951	2	83
New Castle	19807	1	118	Sussex	19956	21	430
New Castle	19808	38	2,224	Sussex	19958	14	1,012
New Castle	19809	10	522	Sussex	19960	8	139
New Castle	19810	21	1,329	Sussex	19963	13	306
New Castle	19977	3	27	Sussex	19966	21	672
Kent	19901	40	1,821	Sussex	19968	10	388
Kent	19904	53	2,128	Sussex	19970	2	60
Kent	19931	1	9	Sussex	19971	7	498
Kent	19934	17	647	Sussex	19973	52	1,099
Kent	19938	10	144	Sussex	19975	7	402
Kent	19943	19	455				

Source: Delaware Department of Services for Children, Youth and Their Families

# Educational Involvement and Achievement

**Table 55:**

## Delaware's Stars for Early Success

Quality Rating and Improvement System (QRIS), Delaware and Counties, January 2018

Star Level:	Starting with Stars (Level 1)	Level 2	Level 3	Level 4	Level 5	Not Participating
Delaware	16	67	79	97	190	698
New Castle County	8	40	46	78	129	394
Kent County	4	14	15	9	25	147
Sussex County	4	13	18	10	36	157

Source: The Delaware Institute for Excellence in Early Childhood

**Table 56:**

## Child Care Costs

Average Weekly Cost in Dollars to Families for Child Care by Child's Age  
Delaware, Wilmington and Counties, 2017

Age	Delaware	New Castle County	Wilmington	Kent County	Sussex County
0-12 months	\$164	\$180	\$172	\$145	\$134
12-23 months	\$155	\$171	\$158	\$138	\$126
2 years	\$150	\$165	\$151	\$134	\$119
3 years	\$145	\$161	\$147	\$131	\$115
4 years	\$143	\$158	\$144	\$129	\$114
5 / Kindergarten	\$128	\$143	\$132	\$118	\$101
School-age	\$125	\$139	\$128	\$114	\$99

Source: Children & Families First

**Table 57:**

## Purchase of Care

Monthly Market Rate Used to Determine Purchase of Care Reimbursement  
Delaware Counties, 2014

Age		Infant	Toddler (age 1)	Preschool (2-5)	School Age (6+)
New Castle County	Licensed Family Care	\$660	\$640	\$621	\$600
	Center Care	\$990	\$868	\$800	\$766
Kent County	Licensed Family Care	\$520	\$520	\$500	\$480
	Center Care	\$700	\$625	\$605	\$600
Sussex County	Licensed Family Care	\$520	\$500	\$480	\$480
	Center Care	\$700	\$600	\$540	\$600

Note: Programs accepting POC are reimbursed at 65% of the 75th percentile of market rate plus \$.50 for each eligible child. The tiered reimbursement incentive payment then is the difference between the 65% already being received by the program and the amount the Star 3 program would be eligible to receive for 80% of market rate. Beginning July 1, 2014 Early Childhood programs, including Family and Large Family Child Care, at Star Level 4 and Star Level 5 will receive increased tiered reimbursement percentages. The increase will be only for infants, toddlers and preschool children with POC. The increase does not include school-age children with POC. The increases will be 93% of the 2011 market rate for Star 4 programs and 102% of the 2011 market rate for Star 5 programs. School age children with POC will continue to be reimbursed at 90% in Star 4 programs and 100% in Star 5 programs. All programs at Star 3 will continue to receive 80% reimbursement for all children with POC regardless of the child's age.

Source: Delaware Department of Health and Social Services, Division of Social Services



# Educational Involvement and Achievement

**Table 58:**

## School Age Programs

Number of Before- or After-School Programs and Total Programs  
Delaware and Counties, 2017

Type of care	Delaware		New Castle County		Kent County		Sussex County	
	School Age	Total	School Age	Total	School Age	Total	School Age	Total
Child Care Total	977	1229	568	734	194	230	215	265
Child Care Centers (Licensed)	353	457	228	295	67	82	58	80
Family Child Care (Licensed)	597	695	324	402	124	132	149	161
School Age Programs (Exempt)	27	27	16	16	3	3	8	8
Preschool Programs (Exempt)	0	50	0	21	0	13	0	16

\*\*In 2017 the definition for "Type of Care" was adjusted to match OCCL  
Source: Children & Families First

**Table 59:**

## Site-Based Public School Age Programs

Number and Percent of School Age Child Care Located at Schools,  
Delaware and Counties, School Years

	TOTAL Site-Based Programs	Total # of School *	Elementary Schools Site-Based Programs	Total # of School *	Middle Schools Site-Based Programs	Total # of School *
Delaware	79	171	75	140	4	31
New Castle County	55	98	51	82	4	16
Kent County	18	35	18	29	0	6
Sussex County	6	38	6	29	0	9

Note: 100% of elementary and middle school charters have site-based programs.

\* Data source: State of Delaware K12 website for 2016-17 Public Schools (2017-18 not listed yet)

Source: Children & Families First

**Table 60:**

## State Funded Pre-K

Four-year-old Children Served in Head Start/ Early Childhood Assistance  
Delaware, School Years

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Head Start Funded Enrollment	1,115	1,115	1,115	1,115	1,115	1,115	2,281
Number of Children Served	1,243	1,265	1,265	1,269	1,292	1,309	2,666

**Head Start** – federally funded program operated by local public and private non-profit and for-profit agencies to provide comprehensive child development services to children who are at or below the poverty level. Special focus is on helping preschoolers from 3 to school entry develop early reading and math skills.

The number of programs decreased from 4 in 2007 to 2 in 2011. The Head Start program is permitted to serve up to 10% of their children who are above the poverty threshold to meet mandates to provide services to children with disabilities.

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 61:**

## Kindergarten Readiness by Demographic

Number of Before- or After-School Programs and Total Programs  
Delaware, 2017

	Cognitive	Language	Literacy	Math	Physical	Social Emotional
<b>Age</b>						
4	66.7%	73.1%	85.2%	63.0%	80.8%	76.9%
5	55.3%	54.3%	66.6%	42.9%	63.4%	61.5%
6	58.5%	53.9%	73.5%	51.9%	73.2%	62.6%
<b>Race/Ethnicity</b>						
Black	49.6%	51.1%	65.6%	39.5%	61.5%	55.9%
Hispanic	46.4%	39.3%	49.4%	28.9%	62.2%	58.1%
White	61.4%	61.9%	73.9%	49.5%	64.9%	65.9%
Asian	68.5%	61.4%	80.9%	64.3%	72.3%	68.1%
Multiracial	58.8%	57.3%	68.5%	45.5%	65.3%	63.7%
<b>Gender</b>						
Female	60.0%	60.2%	68.8%	44.4%	69.7%	67.6%
Male	50.9%	48.6%	64.9%	42.0%	57.8%	55.7%
<b>English Learner</b>						
No	57.8%	58.8%	71.1%	46.6%	64.2%	63.2%
Yes	42.3%	30.8%	44.4%	24.4%	60.6%	52.7%
<b>High Need</b>						
No	60.6%	60.0%	72.0%	48.5%	66.4%	65.7%
Yes	46.2%	44.4%	57.7%	33.8%	58.9%	54.3%
<b>Disability Category</b>						
Without disability	58.4%	58.0%	69.0%	45.8%	66.2%	64.5%
Not Listed	26.1%	27.7%	40.9%	25.0%	40.4%	38.3%
Physical	51.1%	43.4%	66.3%	37.6%	58.4%	58.4%
Social/Emotional/Intellectual	27.1%	23.1%	45.5%	18.5%	41.0%	33.5%

\*\*In 2017 the definition for "Type of Care" was adjusted to match OCCL  
Source: Children & Families First

# Educational Involvement and Achievement

**Table 62:**

## Direct Certification

Number and Percentage of Students who Receive TANF or SNAP Benefits and therefore Qualify for School Meals through Direct Certification  
Delaware, Counties, and Charter Schools by School Years

		2011/12	2012/13	2013/14	2014/15	2015/16
		Number Percent	NumberPercent	NumberPercent	Number Percent	Number Percent
Delaware	Enrollment	130,610	131,514	133,369	134,932	136,027
	Direct Certification	46,918	49,593	50,468	47,193	48,996
	Percent Direct Cert.	35.9%	37.7%	37.8%	35.0%	36.1%
New Castle	Enrollment	67,799	68,002	68,336	78,008	78,656
	Direct Certification	22,182	23,484	24,010	25,338	26,662
	Percent Direct Cert.	32.7%	34.5%	35.1%	32.5%	33.9%
Kent	Enrollment	28,264	28,460	28,718	30,527	30,485
	Direct Certification	11,035	11,602	11,485	11,264	11,460
	Percent Direct Cert.	39.0%	40.8%	40.0%	36.9%	39.6%
Sussex	Enrollment	24,225	24,614	25,237	26,397	26,886
	Direct Certification	10,592	11,113	11,342	10,591	10,864
	Percent Direct Cert.	43.7%	45.1%	44.9%	40.1%	40.4
Charter	Enrollment	10,322	10,438	11,078	12,521	14,112
	Direct Certification	3,109	3,394	3,631	3,655	4,359
	Percent Direct Cert.	30.1%	32.5%	32.8%	29.2%	30.9

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 63:**

## Students in Special Programs

Number and Percentage of Students in Regular Education, in Special Education, Are English Learners, and Are Receiving Free and Reduced Lunches, School Year 2016/17

Grade Level	Regular Education		Special Education		Limited English Proficient		Direct Certification		Total Students Number
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Pre-K			1,874	100.0%			833	44.5%	1,874
K	9,111	91.4%	853	8.6%	58	0.6%	4,572	45.9%	9,964
1	9,326	90.3%	1,004	9.7%	1,831	17.7%	4,686	45.4%	10,330
2	9,482	89.0%	1,174	11.0%	1,842	17.3%	4,742	44.5%	10,656
3	9,357	86.1%	1,506	13.9%	1,656	15.2%	4,775	44.0%	10,863
4	9,071	85.4%	1,548	14.6%	1,273	12.0%	4,466	42.1%	10,619
5	9,037	84.5%	1,656	15.5%	671	6.3%	4,208	39.4%	10,693
6	8,861	84.3%	1,655	15.7%	464	4.4%	4,137	39.3%	10,516
7	8,763	84.2%	1,640	15.8%	340	3.3%	3,858	37.1%	10,403
8	8,768	84.2%	1,647	15.8%	337	3.2%	3,589	34.5%	10,415
9	9,762	83.3%	1,962	16.7%	507	4.3%	4,079	34.8%	11,724
10	8,899	84.4%	1,645	15.6%	452	4.3%	3,139	29.8%	10,544
11	8,295	87.1%	1,224	12.9%	246	2.6%	2,488	26.1%	9,519
12	7,743	85.1%	1,354	14.9%	186	2.0%	2,137	23.5%	9,097
Total	116,475	84.9%	20,742	15.1%	9,863	7.2%	51,709	37.7%	137,217

Source: Delaware Department of Education

**Table 64:**

## English Learners

Number and Percentage of English Learners\*  
Delaware, School Years 2005-13

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number Served**	5,710	6,738	6,881	7,184	7,685	6,955	6,921	7,949	8,057	8,872	10,242	9,863
Total Enrollment	121,555	122,563	124,578	125,430	126,801	129,395	130,610	131,514	133,369	134,932	136,027	137,217
% Total Enrollment	4.7%	5.5%	5.5%	5.7%	6.1%	5.4%	5.3%	6.0%	6.0%	6.6	7.5	7.2

\* English Learner – an individual who was not born in the U.S. or whose native language is a language other than English; or is a Native American or Alaskan Native and comes from an environment where a language other than English has had a significant impact on such individual's level of English proficiency; or an individual who has sufficient difficulty speaking, reading, writing, or understanding English and whose difficulties may deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English.

\*\* Number Served is the count of students enrolled on April 1. The total number of children served per year is higher.

Source: Delaware Department of Education



# Educational Involvement and Achievement

**Table 65:**

## Delaware System of Student Assessments (DeSSA) Results

	14/15	15/16	16/17
<b>Grade 3 Reading</b>	54.0	53.8	51.8
Black	39.0	39.4	36.1
Hispanic	41.0	41.0	38.7
White	66.0	66.4	66.0
<b>Grade 3 Math</b>	53.0	55.1	53.4
Black	36.0	38.6	36.0
Hispanic	41.0	44.3	41.9
White	67.0	68.0	68.2
<b>Grade 5 Reading</b>	56.0	60.3	60.1
Black	39.0	44.3	45.6
Hispanic	44.0	49.2	47.5
White	68.0	73.0	72.3
<b>Grade 5 Math</b>	38.0	41.5	44.1
Black	21.0	23.0	26.1
Hispanic	27.0	29.4	30.7
White	50.0	56.0	58.6
<b>Grade 8 Reading</b>	49.0	54.2	52.7
Black	33.0	38.3	36.9
Hispanic	38.0	43.6	42.7
White	60.0	66.6	64.0
<b>Grade 8 Math</b>	35.0	37.7	38.9
Black	17.0	20.0	21.9
Hispanic	27.0	25.0	30.0
White	47.0	51.2	50.6
<b>Grade 11 Reading</b>	52.0	52.4	54.6
Black	40.0	32.5	36.8
Hispanic	42.0	38.7	38.4
White	60.0	64.9	67.2
<b>Grade 11 Math</b>	23.0	31.3	30.3
Black	10.0	13.4	13.6
Hispanic	14.0	17.5	17.4
White	31.0	42.4	40.9

\* Persons of Hispanic origin may be of any race. All includes Native American and Asian. Please see note on DSTP and DCAS on next page.

Note: See note on the next page.

Source: Delaware Department of Education

**Table 66:**

## Delaware System of Student Assessments (DeSSA) Results by Family Income

		14/15	15/16	16/17
<b>3rd Graders</b>				
<b>Reading</b>	Low Income	37.5	38.0	37.1
	Not Low	66.0	65.5	63.3
<b>Math</b>	Low Income	36.7	35.9	39.2
	Not Low	64.7	66.4	64.3
<b>5th Graders</b>				
<b>Reading</b>	Low Income	39.1	44.4	43.1
	Not Low	65.9	70.3	71.2
<b>Math</b>	Low Income	22.6	26.5	27.2
	Not Low	47.7	51.1	55.4
<b>8th Graders</b>				
<b>Reading</b>	Low Income	17.8	36.5	35.6
	Not Low	43.6	62.4	61.5
<b>Math</b>	Low Income	17.8	23.0	22.6
	Not Low	43.6	46.4	47.2
<b>11th Graders</b>				
<b>Reading</b>	Low Income	30.1	32.7	36.4
	Not Low	58.3	58.3	59.4
<b>Math</b>	Low Income	9.7	13.7	13.3
	Not Low	27.7	36.5	34.8

\* Writing was not assessed.

\* Persons of Hispanic origin may be of any race. All includes Native American and Asian

Note: In the 2014-15 school year, Delaware's assessment program was renamed the Delaware System of Student Assessments (DeSSA). DeSSA assessments include Smarter English Language Arts/Literacy (ELA) and Mathematics assessments. The Smarter assessments are designed to measure the progress of Delaware students in ELA/Literacy and Mathematics standards in grades 3-8. Beginning in the 2015-16 year, the SAT is the 11th grade accountability measure.

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 67:**

## Advanced Placement (AP) Tests

Advanced Placement (AP) Tests Taken by Delaware Public School (PS) Students  
and Percentage AP Tests Passed in U.S. and Delaware

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AP Test Takers, DE (#)	1,802	2,092	2,769	3,284	3,023	3,246	3,371	3,630	3,718	4,252	4,593	4,833	4,881	5,031	5,111
AP Tests Taken, DE (#)	3,046	3,624	4,916	6,000	5,360	5,607	6,069	6,436	6,591	7,572	8,391	8,606	8,736	8,685	9,160
AP Tests Passed, DE (%)	55.9	55.6	48.7	49.1	55.1	51.8	53.5	51.3	48.0	48.0	48.9	49.1	50.5	53.6	53.6
AP Tests Passed, U.S. (%)	59.7	59.7	57.6	57.5	57.2	55.6	56.6	55.7	55.8	57.0	56.9	57.1	55.9	56.0	57.5

Sources: College Board, Delaware Department of Education

**Table 68:**

## College Enrollment

Fall Enrollment at Two-Year and Four-Year Public Degree-Granting Institutions  
and Percentage Change, Delaware

	2005	2009	2010	2013	2014	2015
Delaware Public Two-Year	13,978	15,681	15,474	9,190	11,671	13,471
Delaware Public Four-Year	24,704	24,747	24,934	23,910	26,540	27,140
Delaware Total	38,682	40,428	40,408	33,100	38,211	40,611

Source: College Board Advocacy and Policy Center – Analysis Brief, “Trends in Tuition and Fees, Enrollment, and State Appropriations for Higher Education by State, July 2012

**Table 69:**

## College Costs

Public Two-Year and Four-Year In-State Tuition and Fees  
Delaware and Surrounding States

	11/12	12/13	13/14	14/15	15/16	16/17
Delaware Public Two-Year	3,086	3,274	3,471	3,568	3,664	4,720
New Jersey Public Two-Year	4,111	4,274	4,434	4,596	4,724	4,870
Pennsylvania Public Two-Year	3,663	4,407	4,695	4,927	5,164	5,327
Maryland Public Two-Year	3,700	3,988	4,122	4,274	4,417	4,536
Delaware Public Four-Year	10,496	11,261	11,448	11,676	11,935	12,267
New Jersey Public Four-Year	12,041	12,715	13,002	13,303	13,560	13,868
Pennsylvania Public Four-Year	12,079	12,802	13,246	13,395	13,884	14,437
Maryland Public Four-Year	7,993	8,475	8,724	9,163	9,336	9,575

Source: College Board Advocacy and Policy Center – Analysis Brief, “Trends in Tuition and Fees, Enrollment, and State Appropriations for Higher Education by State

# Educational Involvement and Achievement

**Table 70:**

## Dropout Rate by Race/Ethnicity

Dropout Rate per 100 Public School Students by Race/Ethnicity, Grades 9–12  
Delaware, School Years

Race/ Ethnicity	95/ 96	96/ 97	97/ 98	98/ 99	99/ 00	00/ 01	01/ 02	02/ 03	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16
Black	5.3	6.1	6.4	5.2	5.6	5.3	8.7	8.0	7.3	6.6	7.3	7.1	7.5	6.9	4.9	5.1	5.2	4.0	3.0	2.8	1.9
Hispanic	8.3	7.3	8.2	6.9	7.2	7.4	11.7	9.8	12.0	10.5	9.8	8.4	8.0	6.6	4.8	4.4	5.2	3.4	2.8	3.2	2.3
White	4.0	3.7	3.8	3.4	3.4	3.6	4.5	4.0	4.9	4.3	4.2	4.4	4.7	4.1	3.1	2.8	3.0	2.1	1.5	1.7	0.9
All	4.5	4.5	4.7	4.1	4.2	4.2	6.1	5.4	6.1	5.3	5.5	5.4	5.8	5.1	3.9	3.7	3.9	2.9	2.1	2.2	1.4

Source: Delaware Department of Education

**Table 71:**

## Dropout Rates

Dropouts by Gender, Race/Ethnicity, and Age  
Summary Statistics for Delaware Public School Students Grades 9–12, School Years  
Percentage per Year, Delaware

	2009/10 Annual % % of All Dropouts		2010/11 Annual % % of All Dropouts		2011/12 Annual % % of All Dropouts		2012/13 Annual % % of All Dropouts		2013/14 Annual % % of All Dropouts		2014/15 Annual % % of All Dropouts		2015/16 Annual % % of All Dropouts	
Total	3.9	100.0	3.7	100.0	3.9	100.0	2.9	100.0	2.1	100.0	2.2	100.0	1.4	100.0
Gender														
Male	4.4	57.6	4.3	59.1	4.6	59.3	3.4	60.5	2.4	58.8	2.6	58.5	1.7	61.4
Female	3.3	42.4	3.1	40.9	3.2	40.7	2.3	39.5	1.8	41.2	1.8	41.5	1.0	38.6
Race/Ethnicity														
American Indian	9.6	0.9	4.4	0.5	3.9	0.4	3.2	0.5	1.9	0.4	4.0	0.7	2.7	0.7
African American	4.9	41.6	5.1	45.4	5.2	43.2	4.0	44.8	3.0	45.5	2.8	41.2	1.9	43.7
Asian/Pacific Islander	3.2	2.8	2.7	2.4	3.2	2.8	1.4	1.6	1.3	2.1	0.3	0.5	0.2	0.5
Hispanic	4.8	10.6	4.4	11.4	5.2	13.4	3.4	12.7	2.8	15.2	3.2	18.2	2.2	21.8
White	3.1	44.1	2.8	40.4	2.9	40.3	2.2	40.4	1.5	36.8	1.7	37.6	0.9	33.3
Age														
Less than 15	0.5	2.6	0.3	1.7	0.4	2.4	0.1	0.9	0.4	4.5	0.5	5.6	0.2	3.3
Age 15	1.4	9.1	1.2	8.0	1.8	11.0	1.2	9.9	0.6	7.2	0.9	10.3	0.7	12.2
Age 16	3.7	24.4	3.8	25.7	4.0	25.1	2.6	22.4	1.7	20.2	2.0	22.4	1.2	21.9
17+	8.5	63.9	8.0	64.5	8.1	61.5	6.5	66.7	5.0	68.1	5.6	61.8	3.5	62.5

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 72:**

## Enrollment and Dropouts by County

Number of Dropouts and Student Enrollment by Race and Ethnicity,  
Public School Students Grades 9–12, Delaware and Counties, School Years

School Year Area		Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2006/07	Delaware	11,761	2,638	22,853	37,252	828	224	974	2,026
	New Castle	7,905	1,815	12,450	22,170	578	166	536	1,280
	Kent	2,384	383	5,463	8,230	133	28	238	399
	Sussex	1,472	440	4,940	6,852	117	30	200	347
2007/08	Delaware	12,179	2,885	22,880	37,944	913	232	1,062	2,207
	New Castle	8,004	1,981	12,316	22,301	623	175	586	1,384
	Kent	2,623	432	5,401	8,456	184	20	265	469
	Sussex	1,552	472	5,163	7,187	106	37	211	354
2008/09	Delaware	12,623	3,098	22,898	38,619	868	204	916	1,988
	New Castle	8,288	2,124	12,285	22,697	619	161	519	1,299
	Kent	2,720	437	5,434	8,591	154	25	216	395
	Sussex	1,615	537	5,179	7,331	95	18	181	294
2009/10	Delaware	12,825	3,386	22,880	39,091	630	161	722	1,513
	New Castle	8,364	2,285	12,208	22,857	389	111	352	852
	Kent	2,758	470	5,480	8,708	152	25	174	351
	Sussex	1,703	631	5,192	7,526	89	25	196	310
2010/11	Delaware	12,721	3,724	22,679	39,124	654	164	624	1,442
	New Castle	8,250	2,487	12,119	22,856	448	127	304	879
	Kent	2,801	525	5,460	8,786	135	18	186	339
	Sussex	1,670	712	5,100	7,482	71	19	134	224
2011/12	Delaware	12,610	3,919	22,371	38,900	659	204	664	1,527
	New Castle	8,167	2,609	11,997	22,773	449	163	368	980
	Kent	2,772	544	5,367	8,683	111	16	162	289
	Sussex	1,671	766	5,007	7,444	99	25	134	258
2012/13	Delaware	12,551	4,169	21,893	38,613	496	140	470	1,106
	New Castle	8,148	2,714	11,696	22,558	343	109	222	674
	Kent	2,833	582	5,238	8,653	96	15	142	253
	Sussex	1,570	873	4,959	7,402	57	16	106	179
2013/14	Delaware	12,503	4,487	21,959	38,949	372	124	321	817
	New Castle	8,107	2,875	11,782	22,764	257	83	175	515
	Kent	2,854	619	5,191	8,664	68	12	79	159
	Sussex	1,542	993	4,986	7,521	47	29	67	143
2014/15	Delaware	12,773	4,986	21,891	39,650	358	158	352	868
	New Castle	8,304	3,126	11,579	23,009	250	89	177	516
	Kent	2,935	690	5,245	8,870	70	13	100	183
	Sussex	1,534	1,170	5,067	7,771	38	56	75	169
2015/16	Delaware	12,869	5,390	22,028	40,287	239	119	189	547
	New Castle	8,335	3,347	11,518	23,200	163	60	81	304
	Kent	3,027	734	5,288	9,049	44	13	57	114
	Sussex	1,507	1,309	5,222	8,038	32	46	51	129

Source: Delaware Department of Education



# Educational Involvement and Achievement

**Table 73:**

## Dropout Rate and Percentage by Race/Ethnicity

Dropout Rate per 100 Students and Percentage of All Dropouts by Race  
Public School Students Grades 9–12, Delaware and Counties, School Years

School Year	Area	Annual Dropout Rate				Percentage of All Dropouts			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2006/07	Delaware	7.0	8.5	4.3	5.4	40.9	11.1	48.1	100.0
	New Castle	7.3	9.1	4.3	5.8	28.5	8.2	26.5	63.2
	Kent	5.6	7.3	4.4	4.8	6.6	1.4	11.7	19.7
	Sussex	7.9	6.8	4.0	5.1	5.8	1.5	9.9	17.1
2007/08	Delaware	7.5	8.0	4.6	5.8	41.4	10.5	48.1	100.0
	New Castle	7.8	8.8	4.8	6.2	28.2	7.9	26.6	62.7
	Kent	7.0	4.6	4.9	5.5	8.3	0.9	12.0	21.3
	Sussex	6.8	7.8	4.1	4.9	4.8	1.7	9.6	16.0
2008/09	Delaware	6.9	6.6	4.0	5.1	43.7	10.3	46.1	100.0
	New Castle	7.5	7.6	4.2	5.7	31.1	8.1	26.1	65.3
	Kent	5.7	5.7	4.0	4.6	7.7	1.3	10.9	19.9
	Sussex	5.9	3.4	3.5	4.0	4.8	0.9	9.1	14.8
2009/10	Delaware	4.9	4.8	3.2	3.9	41.6	10.6	47.7	100.0
	New Castle	4.7	4.9	2.9	3.7	25.7	7.3	23.3	56.3
	Kent	5.5	5.3	3.2	4.0	10.0	1.7	11.5	23.2
	Sussex	5.2	4.0	3.8	4.1	5.9	1.7	13.0	20.5
2010/11	Delaware	5.1	4.4	2.8	3.7	45.4	11.4	43.3	100.0
	New Castle	5.4	5.1	2.5	3.8	31.1	8.8	21.1	61.0
	Kent	4.8	3.4	3.4	3.9	9.4	1.2	12.9	23.5
	Sussex	4.3	2.7	2.6	3.0	4.9	1.3	9.3	15.5
2011/12	Delaware	5.2	5.2	3.0	3.9	43.2	13.4	43.5	100.0
	New Castle	5.5	6.2	3.1	4.3	29.4	10.7	24.1	64.2
	Kent	4.0	2.9	3.0	3.3	7.3	1.0	10.6	18.9
	Sussex	5.9	3.3	2.7	3.5	6.5	1.6	8.8	16.9
2012/13	Delaware	4.0	3.4	2.1	2.9	44.8	12.7	42.5	100.0
	New Castle	4.2	4.0	1.9	3.0	31.0	9.9	20.1	60.9
	Kent	3.4	2.6	2.7	2.9	8.7	1.4	12.8	22.9
	Sussex	3.6	1.8	2.1	2.4	5.2	1.4	9.6	16.2
2013/14	Delaware	3.0	2.8	1.5	2.1	45.5	15.2	39.3	100.0
	New Castle	3.2	2.9	1.5	2.3	31.5	10.2	21.4	63.0
	Kent	2.4	1.9	1.5	1.8	8.3	1.5	9.7	19.5
	Sussex	3.0	2.9	1.3	1.9	5.8	3.5	8.2	17.5
2014/15	Delaware	2.8	3.2	1.6	2.2	41.2	18.2	40.6	100.0
	New Castle	3.0	2.8	1.5	2.2	28.8	10.3	20.4	59.4
	Kent	2.4	1.9	1.9	2.1	8.1	1.5	11.5	21.1
	Sussex	2.5	4.8	1.5	2.2	4.4	6.5	8.6	19.5
2015/16	Delaware	1.9	2.2	0.9	1.4	43.7	21.8	34.6	100.0
	New Castle	2.0	1.8	0.7	1.3	53.6	19.7	26.6	55.6
	Kent	1.5	1.8	1.1	1.3	38.6	11.4	50.0	20.8
	Sussex	2.1	3.5	1.0	1.6	24.8	35.7	39.5	23.6

# Educational Involvement and Achievement

**Table 74:**

## Enrollments and Dropouts by Gender and Race/Ethnicity

Student Enrollment and Dropouts by Race/Ethnicity and Gender  
Public School Students Grades 9–12, Delaware and Counties, School Years

School Year	Gender	Number of Enrolled Students				Number of Dropouts			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2004/05	Delaware	10,627	2,124	22,731	35,482	703	222	956	1,881
	Male	5,304	1,096	11,729	18,129	379	125	575	1,079
	Female	5,323	1,028	11,002	17,353	324	97	381	802
2005/06	Delaware	11,098	2,390	22,804	36,292	809	235	950	1,994
	Male	5,607	1,201	11,886	18,694	475	135	568	1,178
	Female	5,491	1,189	10,918	17,598	334	100	382	816
2006/07	Delaware	11,761	2,638	22,853	37,252	828	224	974	2,026
	Male	5,913	1,339	11,808	19,060	501	127	580	1,208
	Female	5,848	1,299	11,045	18,192	327	97	394	818
2007/08	Delaware	12,179	2,885	22,880	37,944	913	232	1,062	2,207
	Male	6,092	1,464	11,895	19,451	551	129	626	1,306
	Female	6,087	1,421	10,985	18,493	362	103	436	901
2008/09	Delaware	12,623	3,098	22,898	38,619	868	204	916	1,988
	Male	6,308	1,582	11,784	19,674	529	126	562	1,217
	Female	6,315	1,516	11,114	18,945	339	78	354	771
2009/10	Delaware	12,825	3,386	22,880	39,091	630	161	722	1,513
	Male	6,435	1,696	11,685	19,816	381	87	404	872
	Female	6,390	1,690	11,195	19,275	249	74	318	641
2010/11	Delaware	12,721	3,724	22,679	39,124	654	164	624	1,442
	Male	6,444	1,854	11,598	19,896	392	90	370	852
	Female	6,277	1,870	11,081	19,228	262	74	254	590
2011/12	Delaware	12,610	3,919	22,371	38,900	659	204	664	1,527
	Male	6,390	1,942	11,353	19,685	403	111	392	906
	Female	6,220	1,977	11,018	19,215	256	93	272	621
2012/13	Delaware	12,551	4,169	21,893	38,613	496	140	470	1,106
	Male	6,337	2,085	11,158	19,580	313	79	277	669
	Female	6,214	2,084	10,735	19,033	183	61	193	437
2013/14	Delaware	12,503	4,487	21,959	38,949	372	124	321	817
	Male	6,287	2,248	11,226	19,761	207	79	194	480
	Female	6,216	2,239	10,733	19,188	165	45	127	337
2014/15	Delaware	12,773	4,986	21,891	39,650	358	158	352	868
	Male	6,487	2,498	11,267	20,252	200	105	203	508
	Female	6,286	2,488	10,624	19,398	158	53	149	360
2015/16	Delaware	12,869	5,390	22,028	40,287	239	119	189	547
	Male	6,505	2,730	11,413	20,648	150	72	114	336
	Female	6,364	2,660	10,615	19,639	89	47	75	211

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 75:**

## Dropout Rate and Percentage by Gender and Race/Ethnicity

Dropout Rate per 100 Students and Percentage of all Dropouts by Race and Gender  
Public School Students Grades 9–12, Delaware, School Years

School Year	Gender	Annual Dropout Rate				Percentage of All Dropouts			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2005/06	Delaware	7.3	9.8	4.2	5.5	40.6	11.8	47.6	100.0
	Male	8.5	11.2	4.8	6.3	23.8	6.8	28.5	59.1
	Female	6.1	8.4	3.5	4.6	16.8	5.0	19.2	40.9
2006/07	Delaware	7.0	8.5	4.3	5.4	40.9	11.1	48.1	100.0
	Male	8.5	9.5	4.9	6.3	24.7	6.3	28.6	59.6
	Female	5.6	7.5	3.6	4.5	16.1	4.8	19.4	40.4
2007/08	Delaware	7.5	8.0	4.6	5.8	41.4	10.5	48.1	100.0
	Male	9.0	8.8	5.3	6.7	25.0	5.8	28.4	59.2
	Female	5.9	7.2	4.0	4.9	16.4	4.7	19.8	40.8
2008/09	Delaware	6.9	6.6	4.0	5.1	43.7	10.3	46.1	100.0
	Male	8.4	8.0	4.8	6.2	26.6	6.3	28.3	61.2
	Female	5.4	5.1	3.2	4.1	17.1	3.9	17.8	38.8
2009/10	Delaware	4.9	4.8	3.2	3.9	41.6	10.6	47.7	100.0
	Male	5.9	5.1	3.5	4.4	25.2	5.8	26.7	57.6
	Female	3.9	4.4	2.8	3.3	16.5	4.9	21.0	42.4
2010/11	Delaware	5.1	4.4	2.8	3.7	45.4	11.4	43.3	100.0
	Male	6.1	4.9	3.2	4.3	27.2	6.2	25.7	59.1
	Female	4.2	4.0	2.3	3.1	18.2	5.1	17.6	40.9
2011/12	Delaware	5.2	5.2	3.0	3.9	43.2	13.4	43.5	100.0
	Male	6.3	5.7	3.5	4.6	26.4	7.3	25.7	59.3
	Female	4.1	4.7	2.5	3.2	16.8	6.1	17.8	40.7
2012/13	Delaware	4.0	3.4	2.1	2.9	44.8	12.7	42.5	100.0
	Male	4.9	3.8	2.5	3.4	28.3	7.1	25.0	60.5
	Female	2.9	2.9	1.8	2.3	16.5	5.5	17.5	39.5
2013/14	Delaware	3.0	2.8	1.5	2.1	45.5	15.2	39.3	100.0
	Male	3.3	3.5	1.7	2.4	25.3	9.7	23.7	58.8
	Female	2.7	2.0	1.2	1.8	20.2	5.5	15.5	41.2
2014/15	Delaware	2.8	3.2	1.6	2.2	41.2	18.2	40.5	100.0
	Male	3.1	4.2	1.8	2.5	23.0	12.1	23.4	58.5
	Female	2.5	2.1	1.4	1.9	18.2	6.1	17.2	41.5
2015/16	Delaware	1.9	2.2	0.9	1.4	43.7	21.8	34.6	100
	Male	2.3	2.6	1.0	1.6	27.4	13.2	20.8	61.4
	Female	1.4	1.8	0.7	1.1	16.3	8.6	13.7	38.6

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 76:**

## Adults Without a High School Diploma

Percentage of adults without high school diplomas or GED  
Census County Subdivisions  
Five-Year Average 2012–2016

Geography Census County Subdivisions	# Population over 18-24 years	% Population over 18-24 years	# Population over 25 years	% Population over 25 years
<b>New Castle County</b>				
Brandywine	691	13.8%	2,046	5.5%
Glasgow	362	9.7%	937	5.1%
Lower Christiana	671	21.8%	2,459	16.5%
Middletown-Odessa	920	19.6%	2,356	9.0%
Newark	801	4.7%	1,865	6.8%
New Castle	1,900	25.1%	5,207	13.0%
Piedmont	271	16.3%	486	3.8%
Pike Creek-Central Kirkwood	363	11.1%	1,621	7.8%
Red Lion	131	19.9%	278	6.2%
Upper Christiana	332	11.9%	810	8.5%
Wilmington	1,389	21.0%	5,720	16.4%
<b>Kent County</b>				
Central Kent	474	19.5%	1,321	11.3%
Dover	1,434	12.6%	4,240	12.8%
Felton	131	20.4%	429	12.0%
Harrington	195	18.3%	773	13.1%
Kenton	184	31.5%	426	19.5%
Milford North	103	14.1%	949	19.3%
Smyrna	478	26.8%	1,636	11.8%
<b>Sussex County</b>				
Bridgeville-Greenwood	232	19.7%	1,362	22.0%
Georgetown	364	22.9%	1,102	24.2%
Laurel-Delmar	322	15.9%	1,874	16.0%
Lewes	327	21.7%	1,191	5.8%
Milford South	200	12.2%	1,410	14.4%
Millsboro	258	15.5%	2,182	16.4%
Milton	136	13.0%	690	8.9%
Seaford	590	28.5%	2,725	18.8%
Selbyville-Frankford	196	9.9%	1,537	10.3%

Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>



# Educational Involvement and Achievement

**Table 77:**

## Public and Nonpublic School Enrollment

Delaware, 2016-17

	Public School Enrollment	Home Schools	Private Schools	Total by County	Percent NonPublic
Kent	30,858	1052	2,050	33,960	9.0%
New Castle	78,925	1,599	12,890	93,414	16.0%
Sussex	27,434	809	1,035	29,278	6.0%
Total	137,217	3,554	18,847	159,618	14.0%
Percentage	86.0%	2.0%	12.0%	100.0%	
Out of State		94	2,872	2,966	100.0%

Source: Delaware Department of Education

**Table 78:**

## Special Education Students by Disability Type

Delaware, 2016-17

Grade	MD 100	ED 200	LD 300	MOD 400	SID 500	PI 600	OHI 601	OI 602	HHPD 700	VI 800	PS 900	AUT 1000	DB 1100	SP 1200	TBI 1300	DD 1400	SP4 1500	PSSD 1600	Total
Pre-Kindergarten	-	-	-	-	-	-	53	24	46	-	-	216	-	-	-	1197	-	300	1,874
Kindergarten	-	-	-	-	-	-	34	18	15	-	-	104	-	-	-	648	-	-	853
Grade 1	-	17	112	-	-	-	89	-	-	-	-	141	-	-	-	595	-	-	1,004
Grade 2	33	35	414	17	-	-	150	22	20	-	-	146	-	-	-	326	-	-	1,174
Grade 3	59	57	808	19	-	-	207	18	16	-	-	148	-	-	-	153	-	-	1,506
Grade 4	80	72	962	15	-	-	216	17	27	-	-	142	-	-	-	-	-	-	1,548
Grade 5	85	78	1,020	22	-	-	271	23	-	-	-	132	-	-	-	-	-	-	1,656
Grade 6	114	89	989	29	-	-	263	-	17	-	-	126	-	-	-	-	-	-	1,665
Grade 7	95	83	990	32	-	-	266	16	17	-	-	127	-	-	-	-	-	-	1,640
Grade 8	108	88	961	37	-	-	278	-	21	-	-	115	-	-	-	-	-	-	1,647
Grade 9	94	138	1174	52	-	-	330	20	-	-	-	121	-	-	-	-	-	-	1,962
Grade 10	111	133	907	38	-	-	281	15	15	-	-	121	-	-	-	-	-	-	1,645
Grade 11	76	79	709	35	-	-	193	-	20	-	-	81	-	-	-	-	-	-	1,224
Grade 12	137	56	603	117	27	-	167	34	-	-	-	179	-	-	-	-	-	-	1,354
Total	1,007	930	9,658	439	64	-	2,798	254	257	64	-	1,899	62	-	71	2,919	-	300	20,742

100 Mild Intellectual Disability  
 200 Emotional Disturbance  
 300 Learning Disability  
 400 Moderate Intellectual Disability  
 500 Severe Intellectual Disability  
 600 Physically Impaired (not used)

700 Hearing Impairment  
 800 Visually Impaired  
 900 Partially Sighted  
 1000 Autism  
 1100 Deaf-Blind  
 1200 Speech and/or Language Impairment

1300 Traumatic Brain Injury  
 1400 Developmental Delay  
 1500 Speech for 4 year olds (not used)  
 1600 Pre-school Speech delay (3 & 4 yrs old)  
 601 Other Health Impairment  
 602 Orthopedic Impairment

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 79:**

## Graduation Rates

Percentage of June Graduates Compared to the 9th Grade Class Four Years Previous  
According to the No Child Left Behind Definition, Public School Students in Delaware, School Years

		04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
All Students		82.2	81.4	81.2	83.7	85.3	86.7	87.5	80.0	79.9	84.41	84.3	84.7
Race	African American	75.8	76.8	75.3	77.3	81.4	80.9	82.3	74.6	75.7	80.1	81.1	81.1
	Hispanic	65.6	64.5	65.9	67.3	73.7	80.9	84.3	73.9	77.4	80.9	79.8	80.6
	White	86.3	84.2	84.9	87.8	88.5	90.0	90.3	83.6	82.5	87.3	87.0	87.6
Gender	Female	85.3	83.9	84.2	86.9	87.7	89.9	89.5	84.4	83.3	87.7	87.9	88.0
	Male	79.0	78.9	78.1	80.4	82.9	83.3	85.4	75.8	76.6	81.2	80.9	81.4
Income	Low-Income	71.2	69.5	69.7	73.0	76.8	79.2	81.3	72.7	73.7	77.8	73.7	75.4
	Not Low-Income	88.0	87.2	87.5	89.3	90.3	91.3	91.9	86.3	76.6	90.6	88.6	88.8
Disability Status	With Disabilities	69.2	65.4	65.6	71.5	71.0	75.4	75.8	56.9	59.6	64.1	63.7	65.8
	Without Disabilities	84.4	83.5	83.4	85.8	87.2	88.2	89.0	83.9	83.5	87.6	88.9	92.9

Note: Delaware began calculating the graduation rate using a new method in 2009/10 to comply with federal requirements.

Rates for years 2008/09 and before are not comparable.

Source: Delaware Department of Education

# Educational Involvement and Achievement

**Table 80:**

## Suspensions and Expulsions

Number of Public School Students Enrolled, Expelled, Suspended, and Rate per 1,000 Students  
Delaware and Counties, School Years

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
<b>Delaware</b>											
Enrollment	122,240	124,010	125,430	126,801	129,395	130,610	131,514	133,369	134,932	136,027	137,217
Expulsions	172	178	172	71	132	130	125	86	94	123	98
Rate	1.4	1.4	1.4	0.6	1.0	1.0	1.0	0.6	0.7	0.9	0.7
Out-of-School Suspensions	37,235	37,443	38,953	32,147	29,743	30,182	26,034	24,886	25,057	27,377	26,341
Rate	304.6	301.9	310.6	253.5	229.9	231.1	198.0	186.6	185.7	201.3	192.0
In-School Suspensions	N/A	N/A	32,005	32,101	30,201	28,880	24,923	21,833	22,257	22,262	21,108
Rate				253.2	233.4	221.1	189.5	163.7	164.9	163.7	153.8
Total Suspensions				64,248	59,944	59,062	50,957	46,719	47,314	49,639	47,449
Rate				506.7	463.3	452.2	387.5	350.3	350.7	364.9	345.8
<b>New Castle</b>											
Enrollment	71,744	72,444	73,305	73,858	75,287	76,135	76,571	77,466	78,008	78,656	78,925
Expulsions	99	117	129	47	46	43	32	36	31	45	15
Rate	1.4	1.6	1.8	0.6	0.6	0.6	0.4	0.5	0.4	0.6	0.2
Out-of-School Suspensions	27,900	27,573	28,383	23,240	21,291	21,658	18,977	17,321	16,918	18,843	18,012
Rate	388.9	380.6	387.2	314.7	282.8	284.5	247.8	223.6	185.7	239.6	228.2
In-School Suspensions	N/A	N/A	17,854	19,056	15,356	14,487	12,698	10,780	10,731	10,526	10,262
Rate				258.0	204.0	190.3	165.8	139.2	137.6	133.8	130.0
Total Suspensions				42,296	36,647	36,145	31,675	28,101	27,649	29,369	28,274
Rate				572.7	486.8	474.7	413.7	362.8	354.4	373.4	358.2
<b>Kent</b>											
Enrollment	28,023	28,499	28,873	29,278	29,903	29,915	29,989	30,254	30,527	30,485	30,858
Expulsions	46	40	25	10	39	39	38	25	27	44	41
Rate	1.6	1.4	0.9	0.3	1.3	1.3	1.3	0.8	0.9	1.4	1.3
Out-of-School Suspensions	5,117	5,438	6,237	5,155	4,944	5,324	4,097	3,945	4,094	4,410	4,193
Rate	182.6	190.8	216.0	176.1	165.3	178.0	136.6	130.4	134.1	144.7	135.9
In-School Suspensions	N/A	N/A	7,747	7,426	8,878	9,468	8,248	6,863	6,169	5,539	5,158
Rate				253.6	296.9	316.5	275.0	226.8	202.1	181.7	167.2
Total Suspensions				12,581	13,822	14,792	12,345	10,808	10,263	9,949	9,351
Rate				429.7	462.2	474.7	411.7	357.2	336.2	326.4	303.0
<b>Sussex</b>											
Enrollment	22,473	23,067	23,252	23,665	24,205	24,560	24,954	25,649	26,397	26,886	27,434
Expulsions	27	21	18	14	47	48	55	25	36	24	42
Rate	1.2	0.9	0.8	0.6	1.9	2.0	2.2	1.0	1.4	1.3	1.5
Out-of-School Suspensions	4,218	4,432	4,333	3,752	3,508	3,200	2,960	3,620	4,045	4,124	4,136
Rate	187.7	192.1	186.3	158.5	144.9	130.3	118.6	141.1	153.2	153.4	150.8
In-School Suspensions	N/A	N/A	6,404	5,619	5,967	4,925	3,977	4,190	5,357	6,197	5,688
Rate				237.4	246.5	200.5	159.4	163.4	202.9	230.5	207.3
Total Suspensions				9,371	9,475	8,125	6,937	7,810	9,402	10,321	9,824
Rate				396.0	391.4	330.8	278.0	304.5	356.2	383.9	358.1

Source: Delaware Department of Education

# Economic Security

**Table 81:**

## Teens Not in School and Not in the Labor Force

Number of Teens (15–19 Yrs.) Not in School and Not in the Labor Force  
Delaware and Counties, Five-year Estimates 2012–2016

Area	Total population 16–19 years	Total	Total Non-Hispanic White Population 16–19 years	Non- Hispanic White	Total Black Population 16–19 years	Black	Total Hispanic Origin Population 16–19 years	Hispanic Origin
Delaware	48,375	4.5%	27,075	3.6%	12,491	5.5%	5,654	7.0%
New Castle	30,909	4.3%	17,261	2.9%	7,590	5.9%	3,838	8.6%
Kent	9,283	2.7%	4,599	3.6%	3,401	1.6%	698	3.3%
Sussex	8,183	7.3%	5,215	6.1%	1,500	12.8%	1,118	3.7%

\* Persons of Hispanic Origin can be of any race.  
Source: U.S. Census Bureau, American Community Survey

**Table 82:**

## Teens Not Graduated, Not Enrolled, and Not Working

Percentage of 16–19 Year Olds Who Are Not Graduated, Not Enrolled, and Not Employed  
U.S. and Delaware, Three-year Averages

	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008	2007- 2009	2008- 2010	2009- 2011	2010- 2012	2011- 2013	2012- 2014	2013- 2015	2014- 2016	2015- 2017
U.S.	8.3	7.9	8.0	8.0	8.5	9.2	9.0	8.6	7.8	7.7	8.1	8.5	8.6	8.2	8.1	8.1	8.5	8.5	8.2
Delaware	7.8	9.8	11.0	10.2	7.8	7.9	10.3	8.8	7.4	4.6	7.5	8.4	8.4	7.6	6.6	6.9	7.5	8.8	9.0

Source: Center for Applied Demography and Survey Research, University of Delaware



**Table 83:**

## Unemployment

Percentage of Labor Force Unemployed by Race and Gender, U.S. and Delaware

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
U.S.	5.4	4.9	4.5	4.2	4.0	4.8	5.8	6.0	5.5	5.1	4.6	4.6	5.8	9.3	9.5	8.9	8.1	7.4	6.2	5.3	4.9	4.4
Male	5.4	4.9	4.4	4.1	3.9	4.8	5.9	6.3	5.6	5.1	4.6	4.7	6.1	10.3	10.5	9.4	8.2	7.6	6.3	5.4	4.9	4.4
Female	5.4	4.9	4.6	4.3	4.1	4.7	5.6	5.7	5.4	5.1	4.0	4.5	5.4	8.1	8.6	8.5	7.9	7.1	6.1	5.2	4.8	4.3
White	4.7	4.2	3.9	3.7	3.5	4.2	5.1	5.2	4.8	4.4	4.0	4.1	5.2	8.5	8.7	7.2	7.2	6.5	5.3	4.6	4.3	3.8
Black	10.5	10.0	8.9	8.0	7.6	8.7	10.2	10.8	10.4	10.0	8.9	8.3	10.1	14.8	16.0	15.9	13.8	13.1	11.3	9.6	7.8	7.5
Delaware	5.2	4.0	3.8	3.5	4.0	3.5	4.2	4.4	4.1	4.2	3.6	3.4	4.8	8.0	8.6	8.0	7.1	6.7	6.1	4.8	4.3	4.7
Male*	5.8	4.4	3.7	4.1	4.0	3.7	4.4	4.2	3.9*	4.0	3.8	3.5	5.5	10.1	9.7	7.9	7.8	6.9	5.5	4.7	4.2	4.8
Female*	4.5	3.6	3.9	2.9	4.0	3.3	4.0	4.5	4.0*	4.7	3.2	3.5	4.4	6.9	7.4	7.1	6.6	7.1	6.1	5.3	4.4	4.9
White	3.9	3.3	2.9	2.6	3.4	3.1	3.7	3.8	3.5	3.4	3.0	3.2	4.1	7.5	7.7	6.4	6.2	5.9	4.8	4.3	3.7	3.7
Black	10.1	6.7	6.7	6.7	6.0	5.1	6.8	7.2	6.1	8.1	5.6	4.5	8.1	12.7	12.0	11.6	10.8	10.9	9.5	8.0	6.2	8.3

\* Data for the Delaware total and data for Delaware by gender and by race were taken from different data sources. The apparent discrepancy is due to differences in methodology.

Source: Delaware Department of Labor and U.S. Dept. of Labor, Bureau of Labor Statistics

**Table 84:**

## Children with No Parent Working Full-time

Percentage of Children Living in Families Where No Parent Has Full-Time, Year-Round Employment  
U.S. and Delaware, Three-year Averages

	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008	2007- 2009	2008- 2010	2009- 2011	2010- 2012	2011- 2013	2012- 2014	2013- 2015	2014- 2016	2015- 2017
U.S.	28.1	27.1	25.9	24.5	23.9	22.7	22.3	21.9	22.4	23.8	23.9	24.9	25.9	27.9	28.9	28.5	27.5	24.7
Delaware	26.4	25.1	24.4	22.4	20.1	17.9	18.3	18.9	18.9	20.1	19.0	19.6	20.7	24.2	26.3	26.5	25.3	22.3

Source: Center for Applied Demography and Survey Research, University of Delaware

# Economic Security

**Table 85:**

## Children in Poverty

Percentage of Children (0–17) in Poverty, U.S., Delaware, and Counties, Three-year Averages

	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008	2007- 2009	2008- 2010	2009- 2011	2010- 2012	2011- 2013	2012- 2014	2013- 2015	2014- 2016	2015- 2017
U.S.	18.6	17.3	16.4	16.4	16.9	17.4	17.7	17.6	17.7	18.1	19.2	20.6	21.5	21.9	21.9	20.9	20.2	19.6
Delaware	16.6	16.9	14.6	12.9	11.0	12.2	12.7	13.2	13.3	13.1	15.2	16.9	19.9	20.6	22.1	20.1	18.5	16.6
New Castle	12.8	12.6	9.2	8.5	7.6	9.7	11.3	13.2	12.8	12.2	13.8	15.2	18.1	18.5	20.7	16.7	14.0	13.7
Kent & Sussex	22.5	23.5	23.3	20.8	17.4	17.0	15.2	13.1	14.1	14.6	17.8	20.0	23.1	23.9	24.3	24.9	24.3	20.1

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 86:**

## Adults in Poverty

Percentage of Adults (18+) in Poverty, U.S., Delaware, and Counties, Three-year Averages

	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008	2007- 2009	2008- 2010	2009- 2011	2010- 2012	2011- 2013	2012- 2014	2013 2015	2014- 2016	2015- 2017
U.S.	10.4	10.7	10.9	10.8	10.7	10.8	11.4	12.2	12.7	12.8	12.8	12.8	12.4	11.8
Delaware	6.7	7.4	7.2	7.9	8.0	8.2	8.9	9.6	10.5	10.8	11.2	10.7	10.2	9.8

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 87:**

## Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years  
Annual Income in Dollars, U.S., 2017

Size of Family Unit	Related Children under 18 years old								
	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person (unrelated individual):									
Under age 65	12,752								
Aged 65 and older	11,756								
Two people:									
Householder under age 65	16,414	16,895							
Householder aged 65 and older	14,816	16,831							
Three people	19,173	19,730	19,749						
Four people	25,283	25,696	24,858	24,944					
Five people	30,490	30,933	29,986	29,253	28,805				
Six people	35,069	35,208	34,482	33,787	32,753	32,140			
Seven people	40,351	40,603	39,734	39,129	38,001	36,685	35,242		
Eight people	45,129	45,528	44,708	43,990	42,971	41,678	40,332	39,990	
Nine people or more	54,287	54,550	53,825	53,216	52,216	50,840	49,595	49,287	47,389

Source: U.S. Census Bureau

**Table 88:**

## Number of Children in Poverty by Age

Number of Children in Poverty, Ages 0–5 and 6–18  
Delaware, Three-year Averages

	2005– 2007	2006– 2008	2007– 2009	2008– 2010	2009– 2011	2010– 2012	2011– 2013	2012– 2014	2013– 2015	2014– 2016	2015– 2017
Ages 0–5	11,770	12,172	11,428	12,481	13,530	16,070	16,202	16,417	13,346	12,982	12,245
Ages 6–18	15,142	15,377	17,009	21,081	23,950	27,508	28,865	32,521	30,962	27,590	23,091

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 89:**

## Percentage of Children in Poverty by Age

Percentage of Children in Poverty, Ages 0–5 and 6–18  
Delaware, Three-year Averages

	2005– 2007	2006– 2008	2007– 2009	2008– 2010	2009– 2011	2010– 2012	2011– 2013	2012– 2014	2013– 2015	2014– 2016	2015– 2017
Ages 0–5	17.1	17.4	15.9	17.0	18.5	23.0	23.8	24.7	20.4	19.3	18.6
Ages 6–18	10.8	10.8	11.7	14.4	16.1	18.2	18.9	21.1	20.1	18.5	15.7

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 90:**

## Number and Percentage of Children under Age 18 and Adults over 18 Living in Poverty by County Subdivisions

Census County Divisions, 5-Year Average, 2012–2016

Geography Census County Subdivisions	# Population under 18 years	% Population under 18 years	# Population over 18 years	% Population over 18 years
<b>New Castle County</b>				
Brandywine	1,466	8.4%	3,362	10.5%
Glasgow	538	5.9%	1,687	11.1%
Lower Christiana	2,297	28.3%	3,859	24.0%
Middletown-Odessa	830	5.5%	1,447	7.9%
Newark	1,347	12.6%	8,521	24.9%
New Castle	4,063	19.4%	7,022	19.3%
Piedmont	215	3.5%	822	6.4%
Pike Creek-Central Kirkwood	998	12.2%	2,115	12.5%
Red Lion	130	4.9%	490	11.8%
Upper Christiana	296	5.3%	1,282	15.9%
Wilmington	6,400	38.5%	11,630	43.2%
<b>Kent County</b>				
Central Kent	1,453	20.6%	2,246	19.9%
Dover	3,800	22.1%	7,345	20.5%
Felton	218	14.4%	669	22.3%
Harrington	749	22.3%	963	15.0%
Kenton	263	19.0%	495	12.4%
Milford North	543	21.3%	944	22.5%
Smyrna	662	10.0%	1,516	15.1%
<b>Sussex County</b>				
Bridgeville-Greenwood	1,083	33.6%	1,485	24.9%
Georgetown	780	21.0%	1,433	22.5%
Laurel-Delmar	1,223	22.5%	2,026	20.4%
Lewes	324	8.9%	1,983	13.3%
Milford South	1,467	26.5%	1,863	18.7%
Millsboro	1,418	26.5%	2,665	20.6%
Milton	130	4.9%	1,145	15.5%
Seaford	1,691	29.8%	2,730	24.4%
Selbyville-Frankford	1,005	19.5%	2,314	15.2%

Note: This data is also available at the census tract level from the US Census Bureau-<https://www.census.gov/data.html>



Table 91:

## Snapshot of SNAP Recipients by Zip Code

Number of Cases and Clients by Zip Code who Receive Food Assistance through Delaware's Supplemental Nutrition Assistance Program (SNAP), Snapshot November 25, 2017

Zip Code	Cases	Children	Adults	Total	Clients/case	Zip Code	Cases	Children	Adults	Total	Clients/case
19701	1,567	1,385	1,846	3,231	2.1	19936	53	54	64	118	2.2
19702	3,072	3,533	3,574	7,107	2.3	19938	455	387	544	931	2.0
19703	1,312	1,238	1,517	2,755	2.1	19939	352	322	423	745	2.1
19706	152	146	188	334	2.2	19940	422	329	539	868	2.1
19707	145	117	170	287	2.0	19941	324	325	392	717	2.2
19708	1		1	1	1.0	19943	1,017	794	1,239	2,033	2.0
19709	1,181	1,228	1,392	2,620	2.2	19944	8	1	8	9	1.1
19711	1,714	1,439	1,906	3,345	2.0	19945	489	477	532	1,009	2.1
19713	2,169	2,075	2,465	4,540	2.1	19946	426	388	503	891	2.1
19714	11	14	11	25	2.3	19947	1,583	1,771	1,483	3,254	2.1
19720	5,141	4,866	5,838	10,704	2.1	19950	533	399	669	1,068	2.0
19730	21	8	23	31	1.5	19951	82	50	101	151	1.8
19731	9	9	13	22	2.4	19952	973	865	1,212	2,077	2.1
19732	1		1	1	1.0	19953	301	271	376	647	2.1
19733	15	10	16	26	1.7	19954	163	121	207	328	2.0
19734	404	365	484	849	2.1	19955	26	31	31	62	2.4
19735	1		1	1	1.0	19956	1,640	1,657	1,891	3,548	2.2
19801	4,189	3,147	4,547	7,694	1.8	19958	969	559	1,110	1,669	1.7
19802	4,442	3,803	4,954	8,757	2.0	19960	692	738	761	1,499	2.2
19803	305	206	363	569	1.9	19961	2		3	3	1.5
19804	1,398	1,282	1,487	2,769	2.0	19962	862	811	1,063	1,874	2.2
19805	5,819	6,009	6,318	12,327	2.1	19963	1,807	1,662	1,953	3,615	2.0
19806	399	114	445	559	1.4	19964	119	97	141	238	2.0
19807	36	27	43	70	1.9	19966	2,105	1,793	2,433	4,226	2.0
19808	1,575	1,429	1,689	3,118	2.0	19967	17	14	20	34	2.0
19809	892	816	1,059	1,875	2.1	19968	653	479	747	1,226	1.9
19810	566	422	665	1,087	1.9	19969	2		2	2	1.0
19850	4	2	4	6	1.5	19970	234	172	284	456	1.9
19899	21	8	21	29	1.4	19971	473	316	509	825	1.7
19901	3,948	3,439	4,478	7,917	2.0	19973	2,440	2,303	2,806	5,109	2.1
19903	29	14	32	46	1.6	19975	404	342	453	795	2.0
19904	2,844	2,754	3,300	6,054	2.1	19977	1,434	1,219	1,704	2,923	2.0
19930	24	11	27	38	1.6	19979	42	30	52	82	2.0
19931	13	11	13	24	1.8	19980	15	20	18	38	2.5
19933	927	961	1,058	2,019	2.2						
19934	723	653	855	1,508	2.1						
						Total	66,187	60,338	75,077	135,415	2.0

Source: Delaware Health and Social Service

# Economic Security

**Table 92:**

## Snapshot of TANF Program Recipients by Zip Code

Number of Cases and Clients by Zip Code who Receive Cash Assistance through Delaware's Temporary Assistance to Needy Families (TANF) Program, Snapshot: November 15, 2017

Zip Code	Cases	Children	Adults	Total	Clients/case	Zip Code	Cases	Children	Adults	Total	Clients/case
19701	96	131	19	150	1.6	19939	13	22	3	25	1.9
19702	186	302	61	363	2.0	19940	19	28	6	34	1.8
19703	78	151	42	193	2.5	19941	27	52	9	61	2.3
19706	7	16	2	18	2.6	19943	76	126	25	151	2.0
19707	6	7		7	1.2	19945	27	43	4	47	1.7
19709	73	115	24	139	1.9	19946	28	38	11	49	1.8
19711	84	132	47	179	2.1	19947	69	131	14	145	2.1
19713	88	142	30	172	2.0	19950	21	37	5	42	2.0
19720	305	484	106	590	1.9	19951	3	7	1	8	2.7
19730	1	3		3	3.0	19952	69	134	24	158	2.3
19731	1	1		1	1.0	19953	20	42	5	47	2.4
19733	2	3	2	5	2.5	19954	11	20	3	23	2.1
19734	38	67	13	80	2.1	19955	3	9	1	10	3.3
19801	244	398	138	536	2.2	19956	125	218	43	261	2.1
19802	347	577	153	730	2.1	19958	33	51	8	59	1.8
19803	10	15	6	21	2.1	19960	46	80	13	93	2.0
19804	70	110	26	136	1.9	19962	59	91	13	104	1.8
19805	387	678	165	843	2.2	19963	111	212	41	253	2.3
19806	6	10	3	13	2.2	19964	6	10	1	11	1.8
19807	1	1		1	1.0	19966	108	163	33	196	1.8
19808	73	108	26	134	1.8	19968	32	48	10	58	1.8
19809	69	108	25	133	1.9	19970	8	16	3	19	2.4
19810	16	27	6	33	2.1	19971	18	23	6	29	1.6
19899	1	2	1	3	3.0	19973	157	276	51	327	2.1
19901	223	372	89	461	2.1	19975	17	29	5	34	2.0
19903	2	5		5	2.5	19977	108	166	29	195	1.8
19904	193	366	70	436	2.3	19979	1	1		1	1.0
19930	1	1	1	2	2.0	19980	2	2	1	3	1.5
19933	71	134	18	152	2.1						
19934	51	78	20	98	1.9						
19936	4	10	2	12	3.0						
19938	40	55	10	65	1.6						
						Total	3991	6684	1473	8157	2.0

Delaware's Temporary Assistance to Needy Families (TANF) program offers time limited cash assistance to families with work and personal responsibility requirements.  
Source: Delaware Health and Social Service

**Table 93:**

## Children in Poverty by Household Structure

Percentage of Children (0–17) in Poverty by Household Structure, Delaware, Three-year Averages

	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
One Parent	31.4	31.7	31.9	31.1	28.0	23.2	24.9	25.1	26.1	26.1	26.7	30.9	32.4	37.1	39.2	40.9	41.6	39.1	39.1
Two Parents	6.3	7.1	8.2	6.4	6.3	5.8	6.0	4.6	5.0	5.7	6.9	7.8	8.2	9.6	8.9	10.0	9.9	9.7	9.5

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 94:**

## Income of Families with Children by Family Type

Median Income in U.S. Dollars of Households with Children under 18 by Family Type  
U.S. and Delaware, Three-year Averages

	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
U.S.														
1-Parent	20,780	21,512	22,365	23,521	24,187	24,616	24,616	23,974	24,011	24,277	25,137	25,421	25,488	26,936
2-Parent	64,747	65,578	67,428	70,000	72,900	75,100	75,800	75,900	76,033	77,667	79,971	82,930	85,908	88,932
Delaware														
1-Parent	28,681	27,715	26,369	27,493	29,547	30,259	28,599	27,212	26,334	25,201	24,834	24,897	29,589	34,708
2-Parent	71,612	70,748	72,904	74,959	79,266	82,776	85,393	85,950	83,950	82,058	79,724	85,088	92,887	95,890

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 95:**

## Public Assistance by Household Structure

Children living in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/TANF benefits in the past 12 months, Delaware and U.S., Five-year estimates, 2012–2016

	Delaware	U.S.
Total	30.2%	27.5%
Married Couple Family Household	34.4%	40.5%
Male householder, no wife present family household	9.1%	9.7%
Female householder, no husband present family household	55.6%	50.7%

Source: U.S. Census Bureau, American Community Survey

**Table 96:**

## Poverty Rates for One-Parent Families

Number and Percentage in Poverty for One-Parent Female (FHH) and Male (MHH)  
Householder Families With Related Children Under 18 Years of Age  
Delaware and Counties, 2010 Census

Area	One-Parent FHH Families	FHH Families below poverty		One-Parent MHH Families	MHH Families below Poverty		Risk of Poverty Ratio (FHH vs. MHH)*
		Number	Percent		Number	Percent	
Delaware	31,316	9,509	30.3	8,311	1,744	20.9	1.4
New Castle	19,761	5,858	29.6	4,282	655	15.2	1.9
Kent	5,756	1,783	30.9	1,596	453	28.3	1.1
Sussex	5,799	1,868	32.2	2,433	636	26.1	1.2

\* Female-headed one-parent families are 2.1 times more likely to be in poverty than male-headed one-parent families .  
Source: 2010 Census, U.S. Bureau of the Census

**Table 97:**

## Poverty Rates for Female-Householder Families

Number and Percentage in Poverty for One-Parent Female-Householder (FHH) Families  
With Related Children Under 18 Years of Age, Delaware and Counties

Area	1990 Census			2000 Census			2010 Census		
	One-Parent FHH Families	FHH Families below poverty Number	Percent	One-Parent FHH Families	FHH Families below Poverty Number	Percent	One-Parent FHH Families	FHH Families below Poverty Number	Percent
Delaware	17,625	5,609	31.8	26,419	6,950	26.3	31,316	9,509	30.3
New Castle	11,625	3,202	27.5	16,777	3,991	23.8	19,761	5,858	29.6
Kent	3,193	1,257	39.4	4,832	1,461	30.2	5,756	1,783	30.9
Sussex	2,807	1,150	41.0	4,810	1,498	31.1	5,799	1,868	32.2

Source: U.S. Bureau of the Census

**Table 98:**

## Median Income of Female-Headed Families

Median Income of Families with Children Under 18 and Single Female Head  
U.S. and Delaware, Three-year Averages

	2004- 2006	2005- 2007	2006- 2008	2007- 2009	2008- 2010	2009- 2011	2010- 2012	2011- 2013	2012- 2014	2013- 2015	2014- 2016	2015- 2017
U.S.	\$20,445	\$18,759	\$19,227	\$19,560	\$22,012	\$21,599	\$21,599	\$21,667	\$22,333	\$22,767	\$23,767	\$24,771
Delaware	\$25,383	\$22,242	\$23,737	\$23,735	\$26,202	\$25,132	\$24,500	\$22,300	\$21,940	\$22,573	\$27,973	\$32,667

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 99:**

## Female-Headed Families in Poverty

Percentage Families in Poverty with Single Female Head and Children Under 18  
U.S. and Delaware, Three-year Averages

	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
U.S.	39.3	38.3	36.4	33.5	31.8	31.2	32.3	33.1	33.9	35.7	35.9	36.3	35.4	36.7	37.8	38.5	38.1	37.5	36.1	35.0
Delaware	28.0	28.1	31.3	30.8	28.3	22.8	18.8	20.0	22.7	26.0	25.6	24.3	26.7	28.4	32.5	33.8	36.7	34.4	32.4	27.5

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 100:**

## Child Support

Percentage of Current Child Support Owed that Is Paid, U.S. and Delaware, Fiscal Years

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
U.S.	52.0	54.0	50.8	53.1	56.1	57.0	57.6	58.0	59.0	59.9	60.4	61.2	61.9	61.8	62.0	62.4	63.0	N/A	64.0	65.0	66.0
Delaware	61.4	60.2	61.0	55.3	58.7	59.8	60.7	60.7	60.3	60.5	60.5	60.2	60.0	59.0	60.0	59.8	59.7	59.4	58.2	59.1	60.1

Source: Office of Child Support Enforcement – 157 Report: Child Support Enforcement Annual Report to Congress



**Table 101:**

## Single Mother-Headed Households

Number and Percentage of Single Mother-Headed Households  
by Census County Subdivisions, 5-Year Estimates, 2012–2016

Geography Census County Subdivisions	# Single Mother- Headed Households	% Single Mother- Headed Households
<b>New Castle County</b>		
Brandywine	1,671	20.0%
Glasgow	759	16.0%
Lower Christiana	1,392	40.0%
Middletown-Odessa	1,097	17.0%
Newark	1,188	23.0%
New Castle	2,562	28.0%
Piedmont	231	8.0%
Pike Creek-Central Kirkwood	752	19.0%
Red Lion	171	14.0%
Upper Christiana	800	29.0%
Wilmington	4,058	59.0%
<b>Kent County</b>		
Central Kent	845	27.0%
Dover	2,556	32.0%
Felton	99	14.0%
Harrington	469	36.0%
Kenton	205	30.0%
Milford North	501	41.0%
Smyrna	890	29.0%
<b>Sussex County</b>		
Bridgeville-Greenwood	409	29.0%
Georgetown	304	19.0%
Laurel-Delmar	757	32.0%
Lewes	365	21.0%
Milford South	533	25.0%
Millsboro	815	36.0%
Milton	192	16.0%
Seaford	764	33.0%
Selbyville-Frankford	743	33.0%

Note: This data is also available at the census tract level from the US Census Bureau-  
<https://www.census.gov/data.html>

**Table 102:**

## Home Ownership

### Percentage of Home Ownership, U.S. and Delaware

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
U.S.	65.4	65.7	66.3	66.8	67.4	67.8	67.9	68.3	69.0	68.9	68.8	68.1	67.8	67.4	66.9	66.1	65.4	65.1	64.5	63.7	63.4
Delaware	71.5	69.2	71.0	71.6	72.0	75.4	75.6	77.2	77.3	75.8	76.8	76.8	76.2	76.5	74.7	74.2	73.4	74.1	74.3	73.3	73.0

Source: U.S. Census Bureau Housing Vacancy Survey

**Table 103:**

## Housing Foreclosures

### Number of Foreclosure Filings by Year, Delaware

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Delaware	2,204	2,121	2,174	2,962	3,853	4,478	6,157	6,457	5,112	1,276	2,592	2,877	2,200	3,015	2,680

Source: 2000-2005: The Reinvestment Fund, 2006: Mortgage Foreclosure Filings in Delaware; 2006-2007: Office of the State Bank Commissioner; 2008+: File & Serve Express, compiled by Counties and Delaware State Housing Authority.

**Table 104:**

## Homeless Students

### Number and Percentage of Public School Students Who Are Homeless Delaware, School Years

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of Homeless Students	2,314	1,946	3,056	3,212	3,280	3,645	3,847	4,047	2,534
Number of Homeless Students per 100 Students Enrolled	1.8	1.5	2.4	2.5	2.5	2.7	2.9	3.0	1.8

Note: According to the federal McKinney-Vento Act students are considered to be homeless if they are living with or without their parents in a shelter (e.g. temporary family shelter, domestic violence shelter, runaway shelter), transitional housing, hotel or motel, campground, cars, or on the street. Also included are those children and youth temporarily living with relatives or friends (with or without their parents) because they do not have fixed, regular, safe and adequate residence, and children in foster care.

Source: Delaware Department of Education

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**Table 105:**

## Children in One-Parent Households

Percentage of Children (0-17) in One-Parent Households, U.S. and Delaware, Three-year Averages

	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
U.S.	30.8	30.7	30.4	29.9	29.7	29.9	30.6	30.9	31.2	31.2	31.6	31.8	32.4	32.9	33.8	34.4	34.3	34.0	33.9	33.9
Delaware	38.3	37.0	38.9	37.5	33.7	31.0	31.1	33.6	33.1	32.5	33.4	35.4	35.6	36.6	37.9	39.1	39.5	36.8	35.2	36.1

Source: Center for Applied Demography and Survey Research, University of Delaware

**Table 106:**

## Pre- and Young Teen Birth Rates (10-14 year olds)

Live Birth Rates (births per 1,000) for Females Ages 10-14 by Race  
U.S., Delaware, Counties, and City of Wilmington, Five-year Averages

Area/Race	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
U.S.	0.9	0.9	0.8	0.7	0.7	0.7	0.6	0.6	0.6	0.6	0.5	0.5	0.4	0.4	0.3	0.3
White	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.3	0.3	0.2	N/A
Black	2.6	2.3	2.1	1.9	1.7	1.6	1.6	1.5	1.4	1.3	1.1	1.0	0.9	0.8	0.7	N/A
Delaware	1.3	1.2	1.0	0.9	0.8	0.8	0.7	0.7	0.7	0.7	0.6	0.6	0.4	0.4	0.4	0.4
White	0.6	0.6	0.6	0.5	0.4	0.5	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.2	0.2	0.2
Black	3.3	2.9	2.3	2.1	1.7	1.6	1.4	1.5	1.4	1.5	1.4	1.3	1.0	0.9	0.8	0.7
New Castle	1.2	1.0	0.9	0.8	0.6	0.6	0.6	0.6	0.7	0.7	0.6	0.6	0.5	0.4	0.3	0.3
White	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.4	0.4	0.3	0.2	0.1	0.2
Black	3.1	2.6	2.1	1.8	1.3	1.2	1.2	1.2	1.3	1.4	1.3	1.3	0.9	0.9	0.7	0.7
Wilmington	4.3	3.8	3.1	2.6	1.9	2.1	2.1	2.5	2.7	3.0	2.5	2.4	1.5	1.4	1.1	1.2
White	1.9	2.0	2.5	2.1	2.6	3.2	3.3	3.9	4.5	5.1	4.0	4.5	3.1	2.5	1.5	1.4
Black	5.4	4.7	3.7	3.1	2.0	2.1	2.1	2.5	2.7	2.9	2.4	2.1	1.2	1.2	0.9	1.2
Kent	1.2	1.2	1.0	0.9	1.0	0.9	0.8	0.8	0.6	0.4	0.4	0.3	0.3	0.2	0.3	0.3
White	0.6	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.2	0.2	0.2
Black	3.0	3.1	2.2	2.1	2.5	2.2	2.0	1.9	1.3	0.8	0.8	0.4	0.3	0.4	0.6	0.6
Sussex	1.8	1.7	1.4	1.3	1.1	1.1	1.0	1.0	1.0	0.9	0.8	0.6	0.5	0.4	0.5	0.5
White	1.1	1.1	0.9	0.6	0.6	0.6	0.5	0.4	0.4	0.4	0.3	0.2	0.2	0.1	0.3	0.4
Black	4.4	3.7	3.0	3.2	2.7	2.4	2.1	2.3	2.3	2.6	2.8	2.4	2.2	2.0	1.8	1.2

Sources: Delaware Health Statistics Center; National Center for Health Statistics

**Table 107:**

## Teen Birth Rates (15-17 year olds)

Live Birth Rates (births per 1,000) for Females Ages 15-17 by Race  
U.S., Delaware and Counties, Five-year Averages

Area/Race	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
U.S.	28.4	26.7	25.0	23.7	22.5	21.9	21.7	21.5	21.0	20.3	19.1	17.6	15.8	14.0	12.5	N/A
Delaware	31.6	29.3	27.5	25.9	24.5	23.3	22.8	22.2	20.8	19.6	18.2	16.2	14.5	12.9	11.3	10.1
New Castle	29.6	28.4	27.0	25.1	23.3	22.4	21.4	20.5	19.1	18.1	16.7	14.9	13.4	12	10.6	9.1
Kent	30.3	28.7	27.5	25.0	24.2	21.6	21.1	20.6	19.8	18.8	17.4	16.0	14.3	12.5	10.4	9.8
Sussex	40.1	33.2	29.3	29.6	28.7	28.1	29.4	30.2	27.6	26.1	24.3	21.2	18.4	16.4	14.8	13.7

Sources: Delaware Health Statistics Center; National Center for Health Statistics

**Table 108:**

## Teen Birth Rates (15-19 year olds)

Live Birth Rates (births per 1,000) for Females Ages 15-19 by Race  
U.S., Delaware, Counties, and City of Wilmington, Five-year Averages

Area/Race	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
U.S.	48.5	46.8	45.0	43.3	41.8	41.0	40.8	40.6	40.1	39.0	37.1	34.7	31.9	29.2	26.7	24.5
White	43.7	42.4	41.1	39.7	38.5	37.9	37.7	37.6	37.1	36.2	34.5	32.3	29.8	27.3	25.2	N/A
Black	79.4	75.3	71.0	67.5	64.1	62.4	61.7	61.2	60.2	58.4	55.5	51.9	47.8	43.5	39.6	N/A
Delaware	49.6	48.4	47.3	45.7	44.8	44.1	43.3	42.6	41.1	39.1	36.6	33.6	30.5	27.6	24.8	22.6
White	37.2	36.6	36.5	35.7	35.6	35.9	35.5	35.3	34.5	32.8	31.0	29.1	26.4	24.4	22.1	20.1
Black	90.4	86.5	81.6	77.5	73.4	69.9	67.2	65.6	62.9	60	56.4	51.4	47.1	41.8	37.1	33.8
New Castle	42.7	43.0	42.4	41.3	40.2	40.0	38.3	37.2	35.9	34.3	32.3	29.8	27.1	24.3	21.8	19.3
White	29.6	30.9	31.5	31.4	31.5	32.2	31.1	30.1	29.3	27.6	26.0	24.1	22.0	19.9	18.0	15.9
Black	91.6	86.7	80.3	74.6	68.3	65.3	61.4	59.7	57.2	55.3	52.5	48.1	43.8	39.1	35.0	30.9
Wilmington	111.2	107.4	103.1	98.5	92.4	91.3	86.6	85.5	82.8	78.2	74.1	68.9	64.0	57.9	53.9	48.0
White	98.9	105.4	108.2	110.2	109.8	107.6	101.8	98.7	95.6	87.2	88.4	84.5	84.6	79.6	72.2	61.2
Black	129.0	122.0	115.3	108.2	99.9	97.9	92.6	92.0	89.2	85.0	79.7	73.2	65.8	58.2	53.8	47.9
Kent	54.7	52.4	51.6	48.7	47.7	45.2	44.9	43.6	42.1	39.6	37.4	34.4	31.1	28.4	24.9	23.7
White	49.8	46.2	44.5	40.3	38.2	35.8	36.3	35.2	34.5	32.4	31.3	28.1	24.9	23.6	21.1	19.1
Black	67.5	69.8	73.1	75.3	77	74.8	71.7	69.7	65.6	63.5	58.2	55.6	50.8	44.5	37.0	36.4
Sussex	72	64.8	60.7	58.0	57.3	56.4	58.5	60.0	58.6	55.5	51.1	46.1	41.5	34.9	35.0	32.6
White	55.7	48.5	45.8	45.1	45.3	46.9	48.0	51.3	50.3	49.2	46.1	45.1	40.6	35.2	35.3	33.2
Black	119.6	108.3	97.6	91.5	90.3	83.7	87.6	87.3	86.5	78.3	73.8	61.9	58.5	51.5	48.2	45.0

Sources: Delaware Health Statistics Center; National Center for Health Statistics

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**Table 109:**

## Births to Single Teens

Percentage of Births to Females Under 20 Years of Age Who Are Single  
By Race/Hispanic Origin\* of Mother  
U.S., Delaware, Counties, and City of Wilmington, Five-year Averages

Area/Race Hisp. Org.	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007	2004- 2008	2005- 2009	2006- 2010	2007- 2011	2008- 2012	2009- 2013	2010- 2014	2011- 2015	2012- 2016
U.S.	78.9	79.3	79.8	80.5	81.4	82.5	83.6	84.7	85.6	86.4	87.2	87.9	88.3	88.6	88.8	N/A
White	72.6	73.3	74.1	75.1	76.3	77.7	79.1	80.4	81.5	82.6	83.7	84.5	85.1	85.6	85.9	N/A
Black	95.7	95.7	95.8	95.9	96.0	96.2	96.4	96.6	96.8	97.0	97.2	97.3	97.3	97.3	97.2	N/A
Hispanic	72.9	73.3	73.9	74.9	76.2	78	79.7	81.2	82.6	83.9	85.1	86	86.7	87.2	87.5	N/A
Delaware	89.6	89.6	90	90.1	90.8	91.4	92.1	92.8	93.2	93.3	93.7	93.9	94.0	94.2	94.4	94.5
White	83.1	83.3	84.3	84.8	86.1	87.3	88.2	89.3	90.1	90.3	90.8	91.2	91.4	91.9	92.1	92.2
Black	97.7	97.6	97.6	97.4	97.3	97.2	97.6	97.9	97.9	97.8	98	97.8	97.8	97.9	98.2	98.2
Hispanic	80.2	80.2	80.7	81.1	83.5	85.3	86.4	88.4	89.4	89.0	89.4	89.5	89.2	90.2	91.6	92.5
New Castle	92.4	92.0	92.3	92.0	92.4	93.0	93.5	94.3	94.9	95.1	95.3	95.4	94.9	95.1	95.3	95.4
White	86.8	86.5	87.1	86.6	87.5	88.5	89.3	90.4	91.5	92.1	92.6	93.1	92.5	93.1	93.1	93.7
Black	98.3	98.2	98.4	98.3	98.2	98.4	98.6	98.9	98.9	99.8	98.6	98.4	98.1	98.1	98.4	98.3
Hispanic	78.1	78.6	79.9	79.3	81.3	83.4	84.3	86.8	88.7	89.5	90.7	91.4	90.6	92.1	93.1	94.1
Wilmington	96.5	96.2	96.0	95.8	96.0	96.4	97.0	97.6	98.1	97.9	97.9	97.7	97.5	96.9	97.1	97.2
White	87.5	86.1	85.4	85.9	87.4	87.9	89.9	92.2	93.4	93.6	94.8	93.4	93.7	92.4	92.8	93.2
Black	98.7	98.9	99.0	98.9	98.9	99.2	99.3	99.3	99.4	99.0	98.8	98.9	98.9	99.1	99.3	99.4
Hispanic	82.9	81.9	81.8	82.2	84.5	86	88.1	91.5	93.6	94.4	95.1	93.8	93.2	89.9	89.6	91.3
Kent	83.8	84.1	84.0	84.8	85.8	86.1	87.3	88.6	89.0	89.1	90.0	90.3	91.4	91.8	92.5	92.5
White	75.5	76.0	76.7	78.1	79.8	81.1	82.8	84.2	84.9	85.0	85.4	85.8	87.3	88.0	88.8	88.3
Black	96.2	96.0	95.4	94.7	94.0	93.2	93.7	94.4	94.8	94.9	96.0	95.9	96.5	96.3	97.0	97.0
Hispanic	81.3	76.9	71.6	70.8	76.6	77.3	80.8	84.4	85.7	82.6	81.3	79.4	81.2	84.9	88.8	89.7
Sussex	87.9	88.1	89.3	90.1	91.6	92.0	92.8	93.0	93.0	92.6	93.3	93.2	93.8	94.3	94.3	94.3
White	81.9	82.5	84.9	86.4	88.4	89.4	90.3	90.9	91.1	90.7	91.3	91.4	91.9	92.4	92.4	92.4
Black	97.0	97.0	97.1	97.1	97.9	97.7	98.2	98.2	97.8	97.8	98.1	97.7	98.1	98.9	98.8	99.6
Hispanic	85.7	86.0	86.1	89.6	91.3	92.7	92.8	92.8	92.2	90.3	89.9	89.4	89.6	88.3	89.7	90.6

\* Persons of Hispanic origin may be of any race

Sources: Delaware Health Statistics Center; National Center for Health Statistics



**Table 110:**

## **Births to Single Mothers by Age**

Percentage of Live Births to Single Mothers by Age, Race, and Hispanic Origin  
U.S., Delaware, Counties, and Wilmington; Five-year Averages

Area Age	All Races			White			Black			Hispanic*		
	10-14	11-15	12-16	10-14	11-15	12-16	10-14	11-15	12-16	10-14	11-15	12-16
U.S.	40.6	40.5	N/A	35.8	35.8	N/A	71.4	71.0	N/A	53.3	53.2	N/A
<20	88.6	88.8	N/A	85.6	85.9	N/A	97.3	97.2	N/A	87.2	87.5	N/A
20-24	64.6	65.2	N/A	58.3	54.4	N/A	87.4	87.5	N/A	66.4	67.0	N/A
25-29	35.2	35.9	N/A	30.2	31.0	N/A	67.2	67.8	N/A	47.8	48.3	N/A
30+	21.6	22.0	N/A	19.0	19.4	N/A	47.6	47.8	N/A	36.5	36.9	N/A
Delaware	47.4	47.2	46.6	40.4	40.4	39.9	71.4	71.1	70.6	63.1	63.0	61.7
<20	94.2	94.5	94.5	91.9	92.1	92.2	97.9	98.2	98.2	90.2	91.6	92.5
20-24	75.7	76.1	76.0	68.7	69.1	69.1	89.8	90.2	90.2	74.7	75.0	74.6
25-29	43.8	44.6	44.8	37.4	38.1	38.1	69.7	70.3	70.6	60.2	60.8	58.7
30+	25.7	26.5	26.9	21.6	22.6	23.0	45.9	46.5	47.1	47.6	47.5	46.7
Kent	45.5	45.7	45.7	36.2	36.5	36.3	68.1	69.2	68.8	53.7	54.7	55.3
<20	91.8	92.5	92.5	88.0	88.8	88.3	96.3	97.0	97.0	84.9	88.8	89.7
20-24	66.1	67.8	67.8	56.6	57.4	57.5	84.9	87.0	86.8	64.7	65.1	66.7
25-29	37.8	39.6	40.4	29.3	30.3	30.7	63.9	66.6	68.0	46.5	51.0	50.5
30+	24.6	25.8	26.6	19.3	20.7	21.2	42.0	43.1	43.3	36.5	36.0	37.1
New Castle	45.5	45.1	44.6	37.9	37.7	37.2	70.9	70.4	70.0	62.2	61.6	60.3
<20	95.1	95.3	95.4	93.1	93.1	93.7	98.1	98.4	98.3	92.1	93.1	94.1
20-24	79.8	80.1	80.4	73.7	74.4	74.8	91.2	91.3	91.7	78.0	78.8	78.8
25-29	43.9	44.2	44.5	37.8	37.9	37.9	69.8	70.1	70.2	58.0	57.6	55.5
30+	23.9	24.6	25.1	19.0	19.9	20.4	46.4	47.1	47.8	42.3	41.7	41.4
Wilmington	68.1	68.2	68.3	45.2	44.8	43.9	84.9	85.2	85.8	69.3	68.4	68.1
<20	96.9	97.1	97.2	92.4	92.8	93.2	99.1	99.3	99.4	89.9	89.6	91.3
20-24	90.9	91.5	91.0	81.4	82.1	80.8	94.9	95.1	94.9	82.2	79.5	78.8
25-29	68.0	69.4	69.4	49.0	50.0	48.8	82.0	82.9	83.2	66.8	68.1	65.8
30+	41.2	42.7	45.2	21.6	22.4	23.8	67.5	69.2	72.5	47.3	48.0	51.1
Balance of NC County	41.2	40.8	40.2	37.1	36.9	36.4	64.6	64.0	63.1	60.4	60.0	58.5
<20	94.3	94.5	94.6	93.3	93.2	93.8	97.3	97.7	97.4	92.8	94.2	95.0
20-24	76.9	77.2	77.6	72.8	73.5	74.2	89.3	89.3	90.0	76.8	78.6	78.8
25-29	39.8	39.9	40.3	36.7	36.7	36.9	64.5	64.5	64.6	55.9	55.1	53.3
30+	21.4	22.0	22.3	18.7	19.6	20.0	39.9	40.3	40.4	41.3	40.5	39.5
Sussex	55.4	54.9	53.5	50.0	50.0	48.8	79.1	77.5	76.1	68.0	68.5	66.3
<20	94.3	94.3	94.3	92.4	92.4	92.4	98.9	98.8	99.6	88.3	89.8	90.6
20-24	76.3	76.0	75.0	71.0	71.0	70.2	91.3	90.8	89.8	74.0	73.8	71.4
25-29	49.6	50.7	50.1	43.9	45.5	45.1	78.5	77.8	76.5	68.6	69.5	67.2
30+	33.7	34.3	33.8	31.5	32.3	31.8	49.4	48.7	49.0	58.3	59.3	57.1

\* Persons of Hispanic origin may be of any race.

Source: Delaware Health Statistics Center; National Center for Health Statistics

# Family & Community

**Table 111:**

## **Births to Single Mothers by Race/Hispanic Origin**

Percentage of Live Births to Single Mothers by Race/Hispanic Origin\*  
U.S., Delaware, Counties, and Wilmington; Five-year Averages

Area/Race-Hispanic Origin	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
U.S.	33.0	33.3	33.7	34.2	35.0	36.0	37.1	38.3	39.4	40.1	40.6	40.8	40.8	40.6	40.5	N/A
White	26.8	27.3	27.9	28.6	29.6	30.7	32.0	33.2	34.3	35.1	35.6	35.9	35.9	35.8	35.8	N/A
Black	68.8	68.6	68.5	68.4	68.6	69.0	69.6	70.3	71.0	71.5	71.8	71.9	71.8	71.4	71.0	N/A
Hispanic*	42.0	42.5	43.2	44.1	45.2	46.7	48.3	49.7	51.0	52.0	52.7	53.2	53.3	53.3	53.2	N/A
Delaware	38.0	38.9	39.8	40.5	41.8	42.9	44.1	45.4	46.4	47.0	47.6	47.7	47.6	47.4	47.2	46.6
White	27.2	28.5	30.0	31.1	32.9	34.5	35.7	37.3	38.6	39.2	40.1	40.5	40.4	40.4	40.4	39.9
Black	72.0	71.8	71.1	70.7	70.7	70.6	70.9	71.5	71.7	72.0	72.1	72.1	71.8	71.4	71.1	70.6
Hispanic*	51.6	52.9	55.0	56.3	58.5	59.6	61.1	62.3	63.5	63.8	64.8	64.6	64.1	63.1	63.0	61.7
New Castle	35.6	36.7	37.6	38.1	39.2	40.4	41.4	42.6	44.0	44.8	45.4	45.7	45.8	45.5	45.1	44.6
White	24.5	26.0	27.6	28.5	30.0	31.5	32.6	33.9	35.5	36.3	37.2	37.8	37.9	37.9	37.7	37.2
Black	71.1	70.8	70.2	69.6	69.4	69.6	70.1	70.7	71.0	71.3	71.4	71.2	71.0	70.9	70.4	70.0
Hispanic*	48.0	49.5	52.3	52.7	54.3	55.6	56.3	57.4	59.1	60.0	61.4	62.7	62.6	62.2	61.6	60.3
Wilmington	68.1	68.5	69.0	68.9	69.7	69.9	70.3	71.0	71.6	71.1	70.6	70.1	69.3	68.1	68.2	68.3
White	39.6	40.9	42.7	43.6	45.5	46.3	47.3	48.1	49.0	48.3	48.6	48.1	47.1	45.2	44.8	43.9
Black	84.8	85.0	85.3	84.9	85.4	85.3	85.3	85.5	85.7	85.4	84.9	84.7	84.7	84.9	85.2	85.8
Hispanic*	60.1	61.1	63.3	63.5	65.6	67.8	67.8	68.8	70.6	71.0	70.8	72.0	71.5	69.3	68.4	68.1
Kent	38.8	39.2	40.0	40.6	41.5	41.8	42.8	43.6	43.9	44.0	45.0	45.1	45.0	45.0	45.7	45.7
White	28.6	29.0	30.1	30.9	31.9	32.5	33.7	34.4	34.6	34.7	35.7	35.7	35.7	36.2	36.5	36.3
Black	70.1	70.3	69.6	69.2	68.6	68.3	67.8	68.2	68.5	68.2	68.3	69.4	68.9	68.1	69.2	68.8
Hispanic*	42.2	41.3	41.1	44.5	47.8	48.4	51.9	54.4	55.0	55.0	56.5	54.8	54.8	53.7	54.7	55.3
Sussex	45.7	46.6	47.6	48.8	51.0	52.4	53.9	55.3	56.1	56.2	56.6	56.1	55.8	55.4	54.9	53.5
White	35.4	36.7	37.9	39.7	42.7	45.0	46.5	48.7	50.0	50.0	50.7	50.8	50.4	50.0	50.0	48.8
Black	77.6	77.5	76.9	77.7	78.6	78.1	78.3	79.3	79.3	80.5	80.5	80.2	79.6	79.1	77.5	76.1
Hispanic*	63.1	64.7	65.6	67.7	70.3	71.3	73.1	73.6	73.9	72.8	72.8	70.7	69.7	68.0	68.5	66.3

\* Persons of Hispanic origin may be of any race.

Source: Delaware Health Statistics Center; National Center for Health Statistics

**Table 112:**

## Child Abuse and Neglect

Number of Reports, Number and Rate of Children in Accepted Cases, and  
Number and Rate of Children in Substantiated Cases of Child Abuse/Neglect,  
Delaware, Fiscal Years

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
All Reports	7,548	7,273	8,512	9,527	11,222	14,010	16,678	17,333	18,054	19,058	20,778	20,194
Accepted Cases	5,819	5,566	6,122	5,929	6,533	7,358	8,782	7,999	8,222	8,909	8,951	7,281
Children in Accepted Cases	10,294	11,237	11,849	11,251	12,154	13,031	13,217	12,037	11,449	12,022	11,571	10,899
Rate per 1,000 Children	50.5	55.0	57.6	55.1	58.9	62.9	64.3	58.4	55.7	58.5	55.2	51.5
Substantiated Cases	1,319	1,390	1,520	1,429	13,861	1,651	1,718	1,503	1,147	1,178	1,239	1,110
Children in Substantiated Cases	1,846	2,017	2,109	1,958	1,938	2,303	2,414	1,812	1,555	1,446	1,493	1,532
Rate per 1,000 Children	9.1	9.9	10.2	9.6	9.4	11.1	11.7	8.8	7.6	6.8	7.1	7.2

Source: Delaware Department of Services for Children, Youth and Their Families

**Table 113:**

## Foster Care

Children in Out-of-Home Care  
Delaware, Fiscal Years

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Average number of children per month	811	714	708	754	789	902	934	816	692	684	739	687	694	653	725	775
Total number in year	1,252	1,214	1,141	1,293	1,347	1,553	1,576	1,372	1,210	1,251	1,298	1,156	995	972	1,104	1,178
Rate per 1,000 children	6.3	6.1	5.7	6.4	6.6	7.6	7.7	6.7	5.9	6.0	6.3	5.6	4.8	4.6	5.3	5.6

Note: An indication of N/A means data was not available for that group or time period.

Source: Delaware Department of Services for Children, Youth and Their Families

**Table 114:**

## Juveniles in Rehabilitative Facilities

Number and Rate of Juvenile Delinquents in Out-of-Home Care per 1,000 Youth 10–17  
Delaware, Fiscal Years

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Number of youths	332	298	245	221	217	209	248	186	248	228
Rate per 1,000 youths	3.6	3.3	2.7	2.5	2.3	2.3	2.7	1.95	2.6	2.4

Source: Delaware Department of Services for Children, Youth and Their Families

**Table 115:**

## Juvenile Crime Arrests

Number of Statewide Juvenile Arrests, National Incident Based Crime (NIBRS)  
and Rate per 1,000 Juveniles, Delaware

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Juvenile Violent Crimes Arrest Rate	11.1	11.8	11.6	11.4	10.9	9.9	7.9	7.9	7.7	7.3	7.4	7.0	6.6
Criminal Homicide	3	5	5	3	4	3	4	2	1	0	4	1	6
Kidnapping / Abduction	17	21	22	27	16	18	14	10	13	15	11	9	5
Sex Offenses, Forcible**	40	89*	84	76	67	76	64	53	61	54	42	34	42
Robbery	120	175	211	224	197	180	109	120	138	114	149	115	121
Assault	2,042	2,105	2,046	2,002	1,946	1,766	1,440	1,459	1,366	1,320	1,307	1,310	1,229
Total Violent Crime Arrests	2,222	2,395	2,368	2,332	2,230	2,043	1,631	1,644	1,579	1,503	1,513	1,469	1,403
Drug and Narcotic Offenses Arrest Rate	3.8	4.3	4.3	4.1	3.6	3.5	3.0	2.6	2.7	2.6	2.5	2.0	1.7
Drug and Narcotic Offenses	760	880	873	842	748	717	629	544	554	533	521	429	363
Serious Property Crimes Arrest Rate	7.7	7.2	7.1	7.8	7.9	8.0	6.6	5.8	5.6	4.5	4.7	4.0	3.4
Arson	33	59	65	34	37	31	11	18	20	12	12	17	4
Extortion / Blackmail	2	2	0	0	0	0	0	0	0	1	0	3	0
Burglary	357	314	356	318	306	295	292	158	224	140	199	182	141
Larceny / Theft	1,071	1,028	979	1,189	1,243	1,296	1,026	1,001	874	758	725	606	552
Motor Vehicle Theft	80	60	50	49	37	44	43	33	32	21	25	28	34
Total Serious Property Crimes	1,543	1,463	1,450	1,590	1,623	1,666	1,372	1,210	1,150	932	961	836	731
Other Property and Social Crimes Arrest Rate	4.9	3.7	4.2	4.0	3.8	3.3	2.6	2.1	2.0	1.8	2.0	2.1	2.4
Counterfeiting / Forgery	18	16	9	19	8	5	4	10	3	2	4	6	3
Fraud	107	98	114	117	130	106	64	67	90	55	59	55	71
Embezzlement	13	28	21	20	13	4	96	3	3	0	1	3	2
Stolen Property	120	107	130	118	149	83	96	75	53	53	59	79	119
Property Destruction / Vandalism	342	348	403	399	329	334	244	183	183	179	157	216	208
Sex Offenses	3	7	2	2	3	1	2	2	0	1	2	2	3
Pornography/ Obscene Material	1	0	3	2	0	1	5	4	1	0	0	1	1
Gambling Offenses	4	3	2	1	1	1	0	1	0	0	1	0	0
Prostitution	1	0	0	0	2	0	0	0	1	0	0	0	0
Bribery	0	0	0	1	0	0	0	0	1	1	0	0	0
Weapons Law Violations***	155	145	164	137	153	117	119	92	67	80	120	87	101
Total Other Property and Social Crimes	986	752	848	816	788	673	537	437	402	371	403	449	511
Total Arrests for Group A Offenses****	5,289	5,490	5,539	5,580	5,389	5,099	4,169	3,835	3,685	3,339	3,399	3,183	3,008
Juvenile Arrest Rate per 1,000 population	26.4	27.1	26.3	27.2	26.2	24.6	20.2	18.5	17.9	16.3	16.5	15.2	14.1

\*\* In 2005, Sexual Contact statutes (fondling and unlawful sexual contact) were added to forcible sex crimes. Prior to that rape type offenses were the only forcible sex crimes.

\*\*\* Prior to 2010, Weapons Law Violations were listed as Violent Crimes. Rates have been recalculated for past years based on this category change.

This accounts for changes from previous editions of the KIDS COUNT in Delaware Fact Book.

\*\*\*\* Arrest information is only provided for Group A NIBRS crimes which are shown above.

Source: Delaware Statistical Analysis Center/SBI 11/18/2011

**Table 116:**

## School Conduct Report

Offenses required to be reported under Title 14, Delaware Code §4112 and/or DOE Policy, Delaware

	07/08	08/09	09/10	10/11	State Totals		11/12	12/13	13/14	14/15	15/16	16/17
School Crimes (Title 14, Delaware Code, §4112)	1,194	1,291	1,056	1,014	957	584	624	678	800	810		
Violent Felonies (Title 11, Delaware Code §4201(c))	73	101	75	92	59	51	78	69	68	59		
Gun-Free School Offenses (Handgun, Rifle, Shotgun, Starter Gun, Explosives/Incendiary Device)	9	10	8	6	2	3	7	4	8	3		
Weapon Offenses Destructive Weapon, Dangerous Weapon, Dangerous Instrument, Pellet Gun, BB Gun, Knife, Razor Blade / Box Cutter, Brass Knuckles, Bat, Club, Martial Arts Throwing Star	224	273	177	177	199	164	174	182	220	218		
Drug Offenses (Title 16, Delaware Code)	288	304	284	306	296	246	242	278	291	292		
Assault III (Title 11, Delaware Code §611)	141	141	143	138	100	108	114	132	185	220		
Unlawful Sexual Contact (Title 11, Delaware Code §767)	19	12	20	9	19	12	9	13	28	18		
Offensive Touching Employee Victim (reported as DOE offense starting 2012-13)	306	327	233	213	183	*	*	*	0	0		
Terroristic Threatening Employee Victim (reported as DOE offense starting 2012-13)	134	123	116	73	99	*	*	*	0	0		
Department of Education (DOE) Offenses	9,663	10,790	9,116	9,717	10,291	10,765	9,583	10,432	13,010	13,030		
Pornography: Possession and Production	18	25	16	4	8	14	13	11	25	33		
Bomb Threats	*	*	0	0	0	0	0	0	0	0		
Criminal Mischief (Vandalism)	236	305	223	219	221	198	154	158	217	251		
Tampering with Public Records	2	2	2	0	0	0	0	0	0	0		
Alcohol, Possession and Use	75	101	71	77	100	116	77	89	92	76		
Drug Use/Influence**						77	110	147	156	201		
Felony Theft Offenses (\$1,000 or More)	11	2	9	1	9	3	7	5	2	2		
Bullying	578	577	556	698	662	846	750	660	628	652		
Offensive Touching of a Student	3,127	3,318	2,585	2,853	3,085	3,307	2,853	3,067	4,078	4,396		
Terroristic Threatening of a Student	294	275	194	258	246	291	265	280	377	330		
Sexual Harassment (Title 11, Delaware Code § 763)	131	118	118	78	125	131	101	123	136	138		
Fighting / Disorderly Conduct	5,153	5,424	4,752	4,810	4,957	4,534	4,106	4,340	5,223	4,978		
Inhalants	1	0	2	7	4	0	2	1	5	5		
Drug Paraphernalia	37	47	44	41	51	50	52	74	88	62		
Tobacco Possession and/or use**		561	504	417	391	353	268	391	343	206		
Medications (Inappropriate Possession and/or use)**		35	40	25	51	30	28	28	29	22		
Under 12: Assault III Student Victim**				20	39	25	4	11	33	32		
Under 12: Assault III Employee Victim**				11	11	4	7	11	11	18		
< 12: Unlawful Sexual Contact III Student Victim**				5	5	5	2	3	9	1		
< 12: Unlawful Sexual Contact III Employee Victim**				0	1	0	0	0	1	0		
Offensive Touching Employee Victim**				151	261	597	617	797	1,214	1321		
Terroristic Threatening Employee Victim**				42	64	179	167	229	334	297		
Teen Dating Violence**						5	0	7	5	10		

\* Reported as "Terroristic Threatening of an Employee/Volunteer" starting 2007-08

\*\* New reporting category starting 2008-09

\*\*\* New reporting category starting 2010-11

Download this from the School profiles on our DOE website



**Table 117:**

## Adult Crime Arrest Rates

Adult Arrest Rates per 1,000 Adults 18 and Over,  
National Incident Based Crime (NIBRS), Delaware

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total Arrest Rates	33.9	32.7	34.2	35.9	38.2	37.8	35.2	35.7	35.9	36.7	36.3	35.5	33.5	30.8
Violent Crimes	14.1	13.4	13.7	14.3	15.5	14.1	13.3	13.6	13.1	13.2	12.0	11.0	10.9	10.6
Drug and Narcotic Offenses	7.4	7.2	8.5	8.9	9.1	9.1	8.1	8.0	7.9	8.2	9.5	9.5	8.9	6.6
Serious Property Crimes	6.1	6.1	5.9	7.9	7.1	7.6	8.4	8.5	9.3	9.7	9.4	9.9	8.9	8.7
Other Property / Social Crimes	6.3	6.1	6.1	6.3	6.5	6.2	5.5	5.5	5.7	5.5	5.5	5.1	4.8	4.9

Source: Delaware Statistical Analysis Center

**Table 118:**

## Juvenile Arrest Rates by Sex and Race

Delaware 2016

GROUP A OFFENSES	Rates-All Juveniles 2015 (prelim)	Sex %Male	%White	Race %Black	% Other	Ethnicity Hispanic
<b>Juvenile Violent Crime Arrest Rate</b>	6.6					
CRIMINAL HOMICIDE	6	83.3%	16.7%	83.3%	0.0%	16.7%
KIDNAPPING AND ABDUCTION	5	100.0%	40.0%	60.0%	0.0%	0.0%
SEXUAL OFFENSES, FORCIBLE	42	100.0%	35.7%	64.3%	0.0%	7.1%
ROBBERY	121	87.6%	15.7%	83.5%	0.8%	6.6%
ASSAULT	1,229	60.3%	29.4%	70.1%	0.5%	6.0%
Total Violent Crime Arrests	1,403	64.1%	28.4%	71.1%	0.5%	6.1%
<b>Juvenile Serious Property Crime Arrest Rate</b>	3					
ARSON	4	100.0%	0.0%	100.0%	0.0%	0.0%
EXTORTION/BLACKMAIL	0	0.0%	0.0%	0.0%	0.0%	0.0%
BURGLARY	141	93.6%	39.0%	61.0%	0.0%	7.8%
LARCENY - THEFT	552	61.6%	40.8%	58.9%	0.4%	7.8%
MOTOR VEHICLE THEFT	34	88.2%	35.3%	61.8%	2.9%	5.9%
Total Serious Property Crime Arrests	731	69.2%	39.9%	59.6%	0.4%	7.7%
<b>Juvenile Drug Offense Arrest Rate</b>	1.7					
DRUG/NARCOTIC OFFENSES	363	80.7%	51.0%	47.7%	1.4%	9.9%
<b>Juvenile Other Property and Social Crime Arrest Rate</b>	2.4					
COUNTERFEIT/FORGERY	3	66.7%	0.0%	66.7%	33.3%	33.3%
FRAUD	71	70.4%	31.0%	67.6%	1.4%	11.3%
EMBEZZLEMENT	2	50.0%	50.0%	50.0%	0.0%	0.0%
STOLEN PROPERTY	119	84.0%	12.6%	86.6%	0.8%	8.4%
DESTRUCTION, DAMAGE, VANDALISM OF PROPERTY	208	81.3%	37.0%	63.0%	0.0%	5.8%
SEXUAL OFFENSES, NONFORCIBLE	3	100.0%	66.7%	33.3%	0.0%	0.0%
PORNOGRAPHY/OBSCENE MATERIAL	1	100.0%	0.0%	100.0%	0.0%	0.0%
GAMBLING OFFENSES	0	0.0%	0.0%	0.0%	0.0%	0.0%
PROSTITUTION	0	0.0%	0.0%	0.0%	0.0%	0.0%
BRIBERY	0	0.0%	0.0%	0.0%	0.0%	0.0%
WEAPON LAW VIOLATIONS	101	88.1%	36.6%	63.4%	0.0%	5.9%
CRUELTY TO ANIMALS	3	N/A	N/A	N/A	N/A	N/A
Total Other Property and Social Crime Arrests	511	81.2%	30.1%	68.7%	0.6%	7.2%
<b>TOTAL ARRESTS FOR GROUP A OFFENSES</b>	3,008	70.3%	34.2%	65.2%	0.6%	7.2%
<b>Juvenile Arrest Rate per 1,000 Juveniles</b>	14.1					
<b>Population Figures</b>	211,455					

Source: Delaware Statistical Analysis Center

# Kids Count Data Center and Contact Information



Several national reports are available under “Data Resources” on the left at [www.dekidscount.org](http://www.dekidscount.org) or by going to <http://datacenter.kidscount.org>



It allows the ability to create and download different visualizations or spreadsheets of all of our data. Whether you share this report with others, go online for the full digital version, or utilize the Data Center to discover even more ways to customize the data, please join us in using this data to make informed program and policy decisions by investing in Delaware’s biggest asset, our kids.

## KIDS COUNT® in Delaware

Center for Community Research and Service • School of Public Policy and Administration  
College of Arts and Sciences • University of Delaware • Newark, DE 19716-7350  
302-831-4966 • Fax 302-831-4225 • email: [kids-count@udel.edu](mailto:kids-count@udel.edu) • [www.dekidscount.org](http://www.dekidscount.org)

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# 2018 Resource Guide

**KIDS COUNT in Delaware: [www.dekidscount.org](http://www.dekidscount.org)**

**Delaware Information Helpline**  
2-1-1

**State of Delaware Web Site**  
[www.delaware.gov](http://www.delaware.gov)

**Volunteer Link**

New Castle County 577-7378  
Kent and Sussex Counties 739-4456  
Statewide 1-800-815-5465

Delaware Department of Education  
302-735-4000  
[www.doe.k12.de.us](http://www.doe.k12.de.us)

Delaware Department of Safety  
and Homeland Security  
302-744-2680

Delaware Department of Labor  
302-761-8000  
[www.delawareworks.com](http://www.delawareworks.com)

Delaware Department of Services for  
Children, Youth and Their Families  
302-633-2500  
[www.state.de.us/kids](http://www.state.de.us/kids)

Delaware Department of Health  
and Social Services  
[www.dhss.delaware.gov](http://www.dhss.delaware.gov)

Division of Public Health  
302-744-4700

Division of Social Services  
800-372-2022

Division of State Service Centers  
302-255-9675

Division of Substance Abuse  
and Mental Health  
302-255-9399

Delaware State Housing Authority  
302-739-4263 (Dover)  
302-577-5001 (Wilmington)  
[www.destatehousing.com](http://www.destatehousing.com)

Drug Free Delaware  
[www.state.de.us/drugfree](http://www.state.de.us/drugfree)

Office of the Governor,  
Dover Office 302-744-4101  
Wilmington Office 302-577-3210  
Statewide 1-800-292-9570