

KIDS COUNT IN DELAWARE FAMILIES COUNT IN DELAWARE

Fact Book 2009



Center for Community Research and Service
College of Human Services, Education and Public Policy
University of Delaware



STATE OF DELAWARE
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When we look at our precious children, we literally are looking at the future. We pin our hopes for a better society and a stronger economy on our youngest citizens, so it is our job to ensure that each eager third-grader from Milford or high school sophomore from Smyrna has the resources they need to grow to their full potential.

My two children, Molly and Michael, serve as a daily reminder that the title of Dad is more important than the title of Governor. As Governor, I am committed to strengthening the lives of all Delaware children, but as a father, it often seems like a full-time job to take on the responsibility of just two.

That is why I'm proud that Delaware is home to a strong KIDS COUNT program. With the goal of improving the lives of Delaware's children, KIDS COUNT helps us look after the thousands of children in our state that need not only for us to provide them with world-class schools and educational opportunities, but also with additional attention and devotion so they can grow up to be healthy and successful.

The KIDS COUNT/FAMILIES COUNT Fact Book is an invaluable annual tool for helping us reach the children that need us most and I look forward to making it a key tool in my administration.

Nurturing one of our state's most vulnerable populations is a high priority and I'm grateful for the incredibly detailed information KIDS COUNT releases each year. By working together I am confident that we can help our children live healthy, safe and productive lives so they can rise to the challenges that confront their generation and build a better Delaware.

Sincerely,

A handwritten signature in black ink that reads "Jack Markell".

Jack Markell
Governor

KIDS COUNT IN DELAWARE

FAMILIES COUNT IN DELAWARE

Fact Book 2009

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KIDS COUNT in Delaware

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- Delaware Department of Public Safety
- Delaware Department of Services for Children,
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- Center for Applied Demography
and Survey Research
- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Family and Workplace Connection
- Statistical Analysis Center

***A special thank you to the Delaware
children and families featured on
the cover and throughout this book.***



Dear friends,

You have before you the fourteenth annual edition of the KIDS COUNT in Delaware Fact Book. Each year we produce this publication to provide a prism through which to view the wellbeing of children in our state. Over the years, policy makers, service providers, and advocates have come to rely on KIDS COUNT to provide accurate, unbiased, current, and comprehensive data to inform and support our work on behalf of Delaware's children.

This year, more than at any time since we have been producing this book, it is crucial for those of us who work to improve the lives of children and their families to know the facts in order to apply our limited resources as effectively as possible. While there is a sense of hope and cautious optimism for the future, we are all keenly aware of the many very real challenges facing our country and our state.

In a time of economic crisis, children tend to be among those who suffer most. This time is no exception. We can see from the data that the number of children in poverty in our state continues to rise. This is indeed troubling as it has a devastatingly negative impact on so many other aspects of a child's life — physical and mental health, security, and education. Delaware's children and families are relying on us more than ever to work together on their behalf in these challenging and extraordinary times.

One of fifty-one similar projects throughout the United States funded by the Annie E. Casey foundation, KIDS COUNT in Delaware is housed in the Center for Community Research and Service at the University of Delaware and is led by a Board of committed and concerned child advocates from the public and private sectors. KIDS COUNT is especially indebted to the support from the University of Delaware and the State of Delaware.

On our website, www.dekidscount.org, you will find a PDF of this fact book as well as our other publications, which we encourage you to download. In addition, we invite you to visit www.kidscount.org, the national KIDS COUNT website of the Casey Foundation. This site allows you to view data in a county or state profile and create a line graph, map or ranking table.



Sincerely,

Donna Curtis, MPA

Chair, Board

Theodore W. Jarrell, PhD

Chair, Data Committee

Terry Schooley

Director



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*Saluting all the
people in Delaware
who put children first
in everything they do*





Kids Count in Delaware

Welcome to the fourteenth edition of KIDS COUNT in Delaware and the tenth joint publication of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware, a collaborative project of the State of Delaware and KIDS COUNT, which is housed in the Center for Community Research and Service at the University of Delaware. Since 1995 KIDS COUNT in Delaware has been reporting on the status of children in the state and, working with the State of Delaware since 1998, has been monitoring the conditions of families, children and individuals in the community.

The KIDS COUNT and FAMILIES COUNT indicators have been combined into four categories:

Health and Health Behaviors

Educational Involvement and Achievement

Family Environment and Resources

Community Environment and Resources

The ten KIDS COUNT indicators, featured in the Overview and throughout the book as KIDS COUNT Indicators, have been chosen by the national KIDS COUNT project because they possess three important attributes:

- They reflect a wide range of factors affecting the well-being of children.
- They reflect experiences across developmental stages from birth through early adulthood.
- They permit legitimate comparison because they are consistent across states and over time.

The featured indicators are:

Births to teens

Low birth weight babies

Infant mortality

Child deaths

Teen deaths by accident, homicide, and suicide

High school dropouts

Teens not in school and not working

Children in poverty

Children with no parent with full-time employment

Children in one-parent families



The ten indicators used reflect a developmental perspective on childhood and underscore our goal to achieve a world where pregnant women and newborns thrive, infants and young children receive the support they need to enter school prepared to learn; adolescents choose healthy behaviors; and young people experience a successful transition into adulthood. In all of these stages of development, young people need the economic and social assistance provided by a strong family and a supportive community.

In addition to the featured indicators, we continue to report on a variety of indicators, such as early care and education, prenatal care, substance abuse, and asthma data based on hospitalizations which all impact the lives of children. Indicators related to educational involvement and achievement especially highlighting the results of the Delaware Student Testing Program are included in the second category, while indicators relating to families and community follow. Additional tables with more extensive information are included at the end of the Fact Book. Demographic information with maps from the 2000 Census provide an overview of the changing face of Delaware.

Ultimately the purpose of this book is to stimulate debate, not to end debate by producing definitive answers. We hope this information will add to the knowledge base of our social well-being, guide and advance informed discussion and help us concentrate on issues that need attention, and focus on a better future for our children and families.

Special Report: Children in Poverty

Recognizing that poor children are at increased risk for many negative outcomes, this edition of KIDS COUNT includes a special section on children in poverty, which begins on page 14.

Focus on Poverty

Living in poverty effects all aspects of a child's life. Look for **Focus on Poverty** throughout this book for specific examples.

KIDS COUNT in Delaware Indicator Trends

Measures Needing Attention:	<ul style="list-style-type: none"> • Low Birth Weight Babies • Children in Poverty • Children in One-Parent Families
Measures Remaining Constant:	<ul style="list-style-type: none"> • Child Deaths • Teen Deaths • High School Dropouts • No Parent with Full-Time Employment
Measures Showing Improvement:	<ul style="list-style-type: none"> • Infant Mortality • Births to Teens • Teens Not Attending School and Not Working

Cause for Concern



Cause for Applause



Making Sense of the Numbers

The information on each indicator is organized as follows:

- **Description** A description of the indicator and what it means 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?*, *Put Data into Action*, and *For more information* sections with more information

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

The data has been gathered primarily from:

- Center for Applied Demography and Survey Research, University of Delaware
- Delaware Health Statistics Center, Delaware Health and Social Services
- Department of Education, State of Delaware
- Delaware State Data Center, Delaware Economic Development Office
- Statistical Analysis Center, Executive Department, State of Delaware
- Delaware Department of Health and Social Services, State of Delaware
- Department of Services for Children, Youth and Their Families, State of Delaware
- U.S. Bureau of the Census
- National Center for Health Statistics, U.S. Department of Health and Human Services
- Delaware Population Consortium
- Family and Workplace Connection
- Division of State Police, Department of Public Safety
- Domestic Violence Coordinating Council
- Center for Drug and Alcohol Studies, University of Delaware





Overview

Births to Teens

Page 80

Number of births per 1,000 females ages 15–17

Five-year average, 2002–2006: Delaware 23.0, U.S. 22.2

Delaware compared to U.S. Average

WORSE



Recent trend in Delaware

BETTER

Low Birth Weight Babies

Page 26

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)

Five-year average, 2001–05: Delaware 9.4, U.S. 7.9

Five-year average, 2002–06: Delaware 9.4, U.S. N/A

Delaware compared to U.S. Average

WORSE



Recent trend in Delaware

SIMILAR

Infant Mortality

Page 28

Number of deaths occurring in the first year of life per 1,000 live births

Five-year average, 2002–06: Delaware 8.8, U.S. 6.8

Delaware compared to U.S. Average

WORSE



Recent trend in Delaware

BETTER

Child Deaths

Page 42

Number of deaths per 100,000 children 1–14 years old

Five-year average, 2002–06: Delaware 19.5, U.S. 20.3

Delaware compared to U.S. Average

SIMILAR



Recent trend in Delaware

BETTER

Teen Deaths by Accident, Homicide, and Suicide

Page 44

Number of deaths per 100,000 teenagers 15–19 years old

Five-year average, 2001–05: Delaware 54.3, U.S. 53.4

Five-year average, 2002–06: Delaware 55.2, U.S. N/A

Delaware compared to U.S. Average

SIMILAR



Recent trend in Delaware

SIMILAR



High School Dropouts

Page 71

Percentage of youths 16–19 who are not in school and not high school graduates

School year, 2007/08: Delaware 5.8



Teens Not Attending School and Not Working

Page 74

Percentage of teenagers 16–19 who are not in school and not employed

Three year average, 2006–08: Delaware 4.6, U.S. 7.7



Children in Poverty Pages 14 & 86

Percentage of children in poverty. The poverty threshold for a one-parent, two-child family was \$16,705 for 2007. For a family of four with two children, the threshold was \$21,027 for 2007.

Three year average, 2006–08: Delaware 13.3, U.S. 17.7



No Parent with Full-time Employment Page 85

Percentage of families in which no parent has full-time employment.

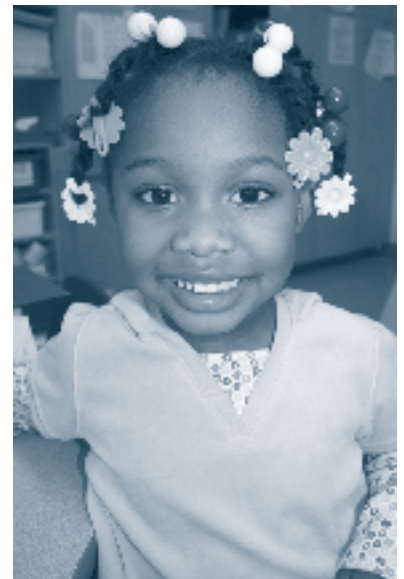
Three year average, 2006–08: Delaware 19.0, U.S. 23.9



Children in One-Parent Families Page 88

Percentage of children ages 0–17 living with one parent.

Three year average, 2006–08: Delaware 33.4, U.S. 31.6





The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2009 uses the most current, and reliable data available. Data that is inadequate or unavailable is denoted by N/A. For some data, only the decennial census has information at the county level.

Most indicators are presented as three- or five-year averages because rates based on small numbers of events in this modestly-populated state can vary dramatically from year to year. A three- or five-year average is less susceptible to distortion. It is helpful to look at trends rather than at actual numbers, rates, or percentages due to the small numbers.

Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. KIDS COUNT has used the terminology reported by the data collection sources.

Fiscal Year Data: 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 June or July 1 to June 30, respectively.

Notes: When necessary we have included technical or explanatory notes under the graphs or tables.

Counties and Cities: Where possible, data were delineated by counties and the City of Wilmington.

Numbers, Rates, and Percentages

Each statistic tells us something different about children. The numbers represent real individuals. The rates and percentages also represent real individuals but have the advantage of allowing for comparisons between the United States and Delaware and between counties.

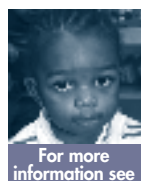
In this publication, indicators are presented as either raw numbers (25), percentages (25%), or rates (25 per 1,000 or 25 per 100,000). The formula for percents or rates is the number of events divided by the population at risk of the event (county, state, U.S.) and multiplied by 100 for percent or 1,000 or 100,000 for rates.

A Caution About Drawing Conclusions

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.



Delaware Demographics: Counting the Kids, which followed this section in previous issues of this book, has been moved to page 120.



CHILDREN IN POVERTY

KIDS COUNT SPECIAL REPORT





Children in Poverty

SPECIAL REPORT

Focus on Poverty

Living in poverty effects all aspects of a child's life. Look for **Focus on Poverty** throughout this book for specific examples.

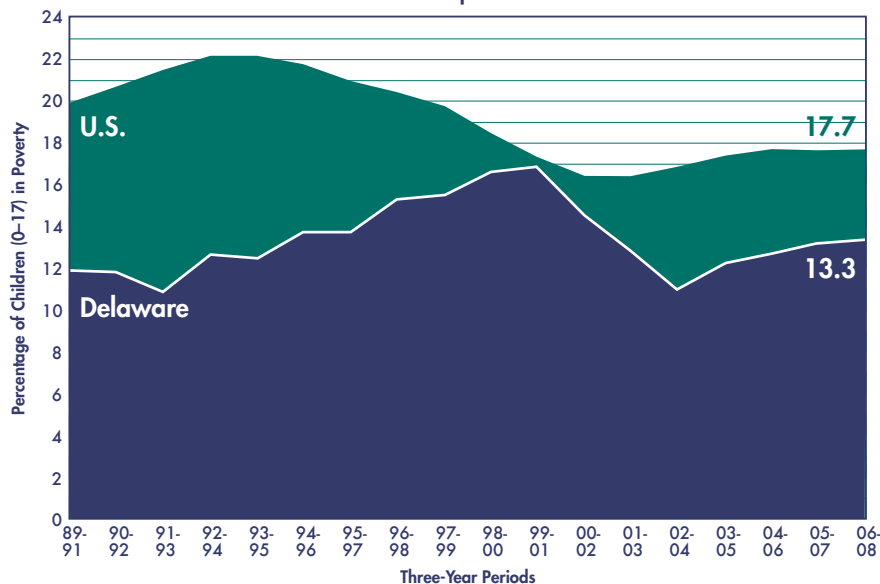
The number of families living below the poverty level has long been an important measure of economic stability. Economic hardship can have profound effects on children's development and their prospects for the future. Children most at risk for not achieving their full potential are children who live in poverty while very young and those who experience severe and chronic economic hardship. More than 27,000 children in Delaware — over 13% of all our children — live in families with incomes below the federal poverty level.



Children in Poverty – According to the 2007 poverty threshold figures, a family of three must make less than \$16,705 annually to be considered in poverty.

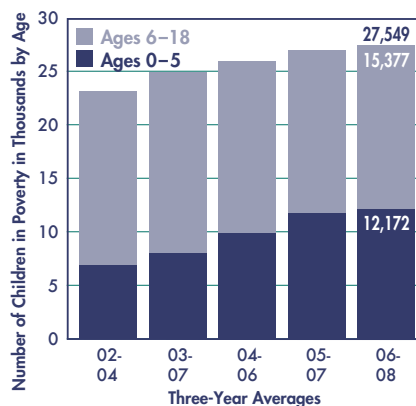
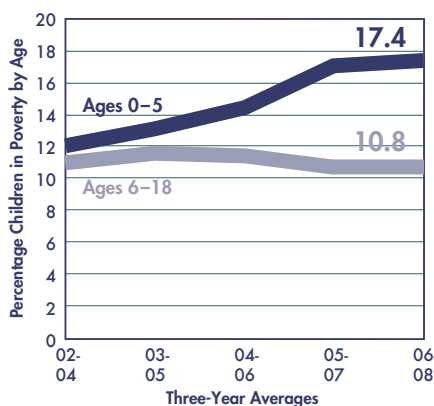
Children in Poverty

Delaware Compared to U.S.



Children in Poverty by Age

Delaware



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



DID YOU KNOW?

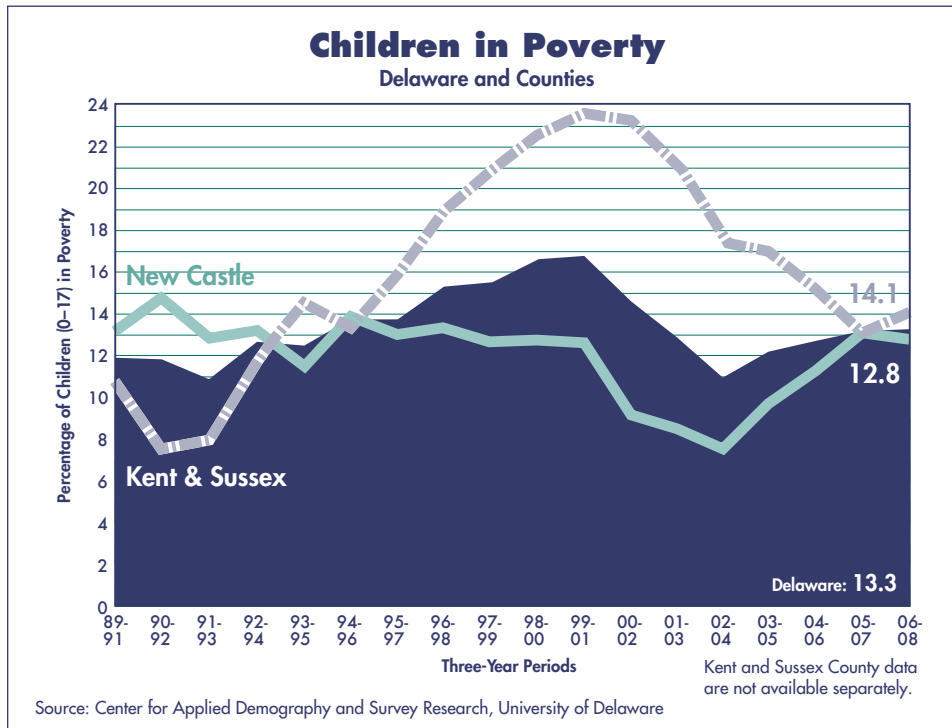
In Delaware, there are 26,000 low-income families and 37% of them have a preschool-age child (under age 6). Among low-income families in Delaware, 86% have at least one parent who works and 60% have a parent who works full-time, year-round. Forty-two percent are two-parent families.

Delaware Children 0-5 by Family Income



*PT – Poverty Threshold, see note page 15

Source: National Center for Children in Poverty, Columbia University, Mailman School of Public Health



Focus on Poverty

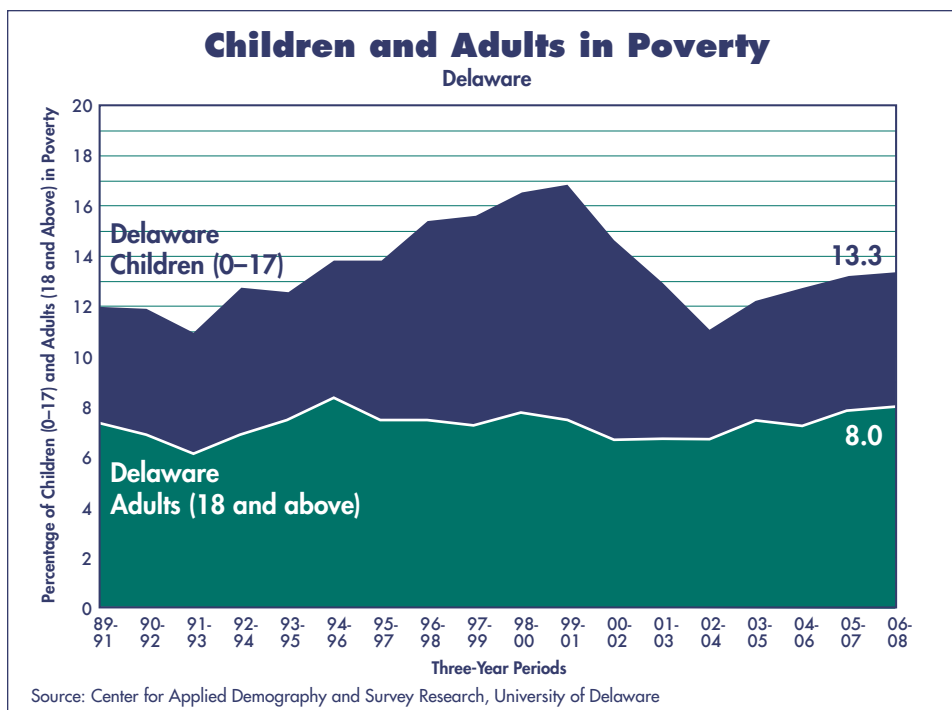
13% of Delaware children live in families that are below the poverty threshold; 33% live in low-income families that are defined as having an income $\leq 200\%$ of the federal poverty level.

Source: National Center for Children in Poverty
http://nccp.org/profiles/DE_profile_7.html

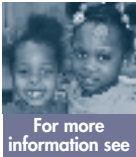


DID YOU KNOW?

Because a child's family unit is the primary source of input, a parent's financial, human and social capital resources highly influences that child's development. A parent's basic life skills, education, and social networks can provide experiences, resources, and services for children to thrive and to grow into healthy, productive adults. In contrast, parents who face chronic economic hardship are much more likely than their more affluent peers to experience severe stress and depression—both of which are linked to poor social and emotional outcomes for children.

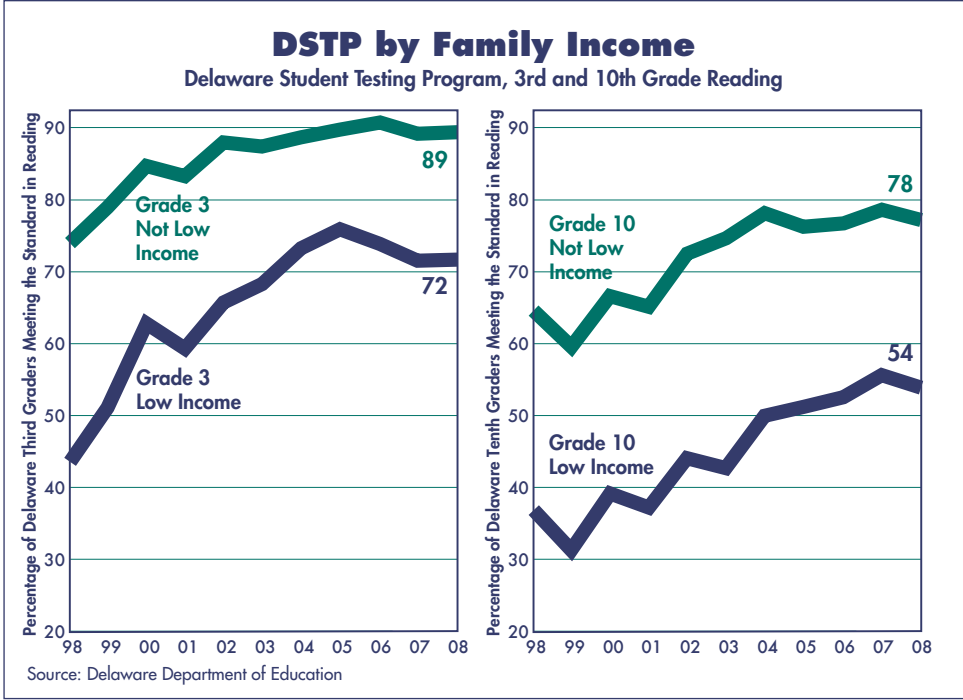


Poverty Threshold – The poverty measure was established in 1964 based on research indicating that families spent about one-third of their incomes on food. A family is officially classified as poor if its cash income (wages, pensions, social security benefits, and all other forms of cash income) falls below the poverty threshold. For example, according to the federal poverty guidelines, in 2007 a family of three must make less than \$16,705 annually to be considered in poverty. While the thresholds are updated each year for inflation, the measure is widely acknowledged to be outdated because in today's society, food comprises a much lower percentage of an average family's expenses than it did in the sixties, while the costs of housing, child care, health care, and transportation have increased substantially. Many research organizations, including the U.S. Census Bureau, have concluded that the official poverty measure is an antiquated standard that is no longer capable of capturing true economic need or determining whether working families earn enough to get by. See Table 75, page 167, for poverty thresholds for 2007.



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For more information see



Once children enter school, those from low-income families tend to have worse outcomes than their non-poor peers—they score lower on standardized tests, are more likely to be retained in grade, and are more likely to drop out. Children in lower-income families are also less likely to participate in after-school activities, sports, and community service activities; such participation would likely be beneficial due to its association with better academic outcomes, higher self-esteem, and improved social skills.

Source: National Center for Children in Poverty, Columbia University Mailman School of Public Health. www.nccp.org



Source: National Center for Children in Poverty, Columbia University Mailman School of Public Health. www.nccp.org

In lifetime earnings, a high school dropout earns, on average, about \$260,000 less than a graduate and about \$1 million less than a college graduate.

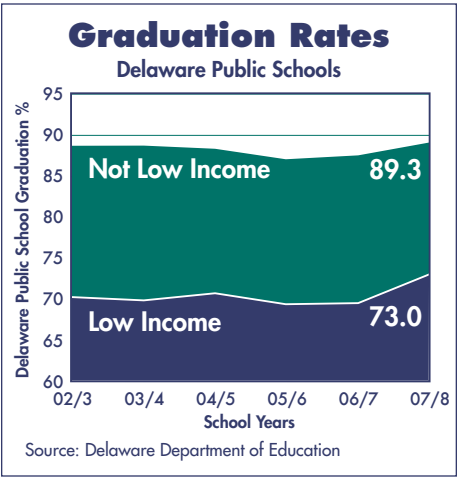
Source: Alliance for Excellent Education. www.all4ed.org



Poverty can contribute to behavioral, social, and emotional problems and it can cause or exacerbate poor child health. Children in families with income above 200% of

the federal poverty line have significantly better health outcomes than children in lower income families. Such children are more likely to be in very good or excellent condition. They are less likely to be overweight and more likely to exercise at least once per week. 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. Improved access to effective health care means improvements in the child's health status over time, which can positively affect the child's life.

Source: Child and Adolescent Health Measurement Initiative. (2005). National Survey of Children's Health. www.childhealthdata.org



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For more information see



PUT DATA INTO ACTION



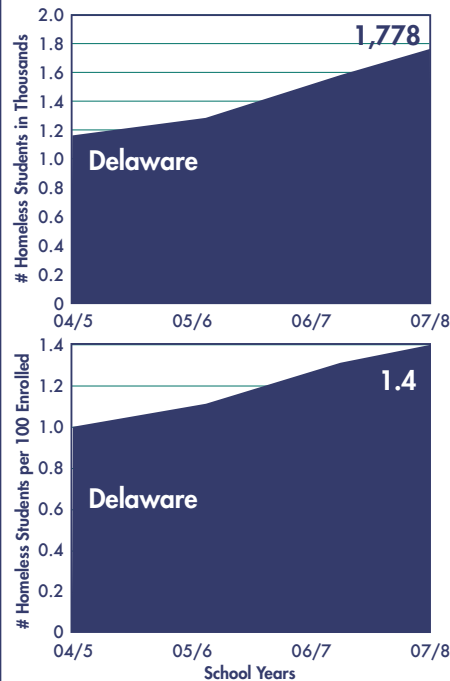
Low family income is related to children's cognitive development and their ability to learn. Odds that children will succeed in school and in life improve with high-quality early

learning opportunities. Common elements of high-quality programs include:

- Highly skilled teachers
- Small class sizes and high staff-to-child ratios
- Age-appropriate curricula and stimulating materials in a safe physical setting
- A language-rich environment
- Warm, responsive interactions between staff and children

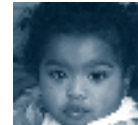
All 50 states in the U.S. invest in child care subsidy systems to enable low-income parents to access child care while they work and to support child development. In Delaware, this subsidization is termed Purchase of Care (POC).

Homeless Students Delaware Public Schools



Source: Delaware Department of Education

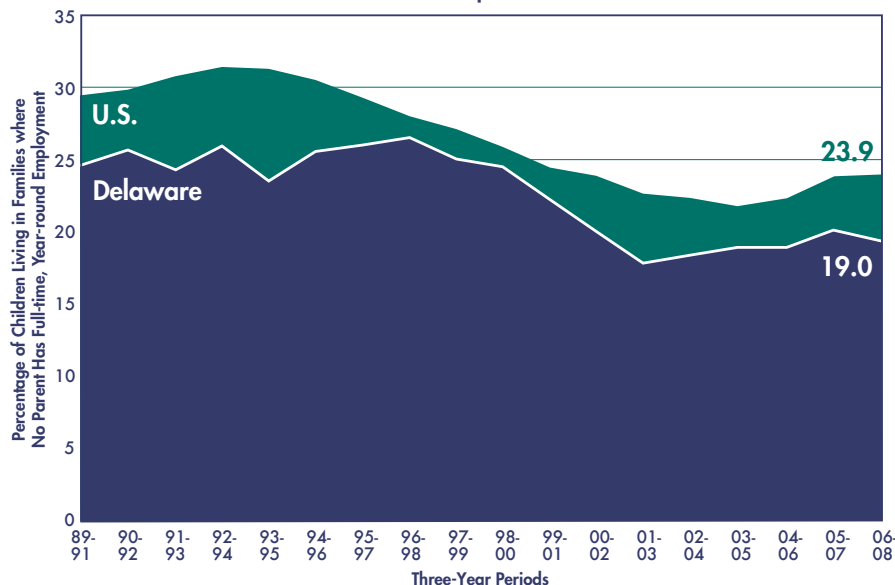
Homeless Students – According to the federal McKinney-Vento Act students are considered to be homeless if they are living with or without their parents in a shelter (e.g. temporary family shelter, domestic violence shelter, runaway shelter), transitional housing, hotel or motel, campground, cars, or 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.



For more information see

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Children with Underemployed Parents Delaware Compared to U.S.



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



DID YOU KNOW?

High rates of families experiencing economic hardship exact a grave toll on the U.S. economy from lost productivity in the labor force and spending on health care and the criminal justice system. Each year, child poverty reduces productivity and economic output by about 1.3 percent of GDP.

Source: Holzer, H.J., Schanzenback, D.W., Duncan, G.J., Ludwig, J. (January 2007). The economic costs of poverty in the United States: Subsequent effects of children growing up poor. Ann Arbor, MI: National Poverty Center.



For more information see

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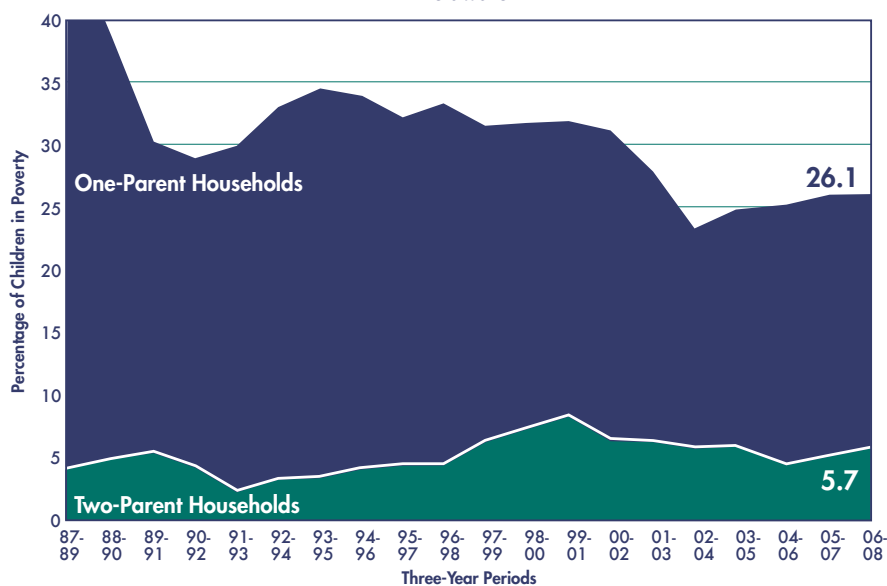
DID YOU KNOW?

The number of caregivers present in a given household varies; increasingly, single parents (typically single mothers) are the primary caregiver in many families. Single-parent families tend to have much lower incomes than do two-parent families, but research indicates that the income differential accounts for only about one-half of the negative effects of parent absence on many areas of child and youth well-being, including health, educational attainment and assessments, behavior problems, and psychological well-being. Female-headed families have high poverty rates compared with other family types. Additionally, children raised in female-headed families experience significant challenges beyond the effects of having low-income. The economic disadvantage of a female-headed family is often a result of under-employment and limited home and property ownership.

Source: The Urban Institute. (2006). Parents and Children Facing a World of Risk: Next Steps Towards a Working Families Agenda. http://www.urban.org/UploadedPDF/311288_parents_and_children.pdf.

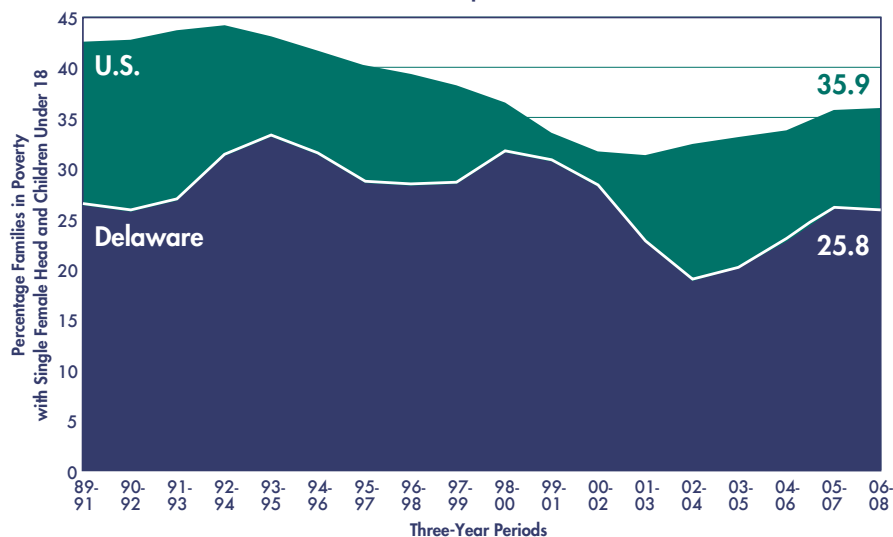


Children in Poverty by Household Structure Delaware



Female-Headed Families in Poverty

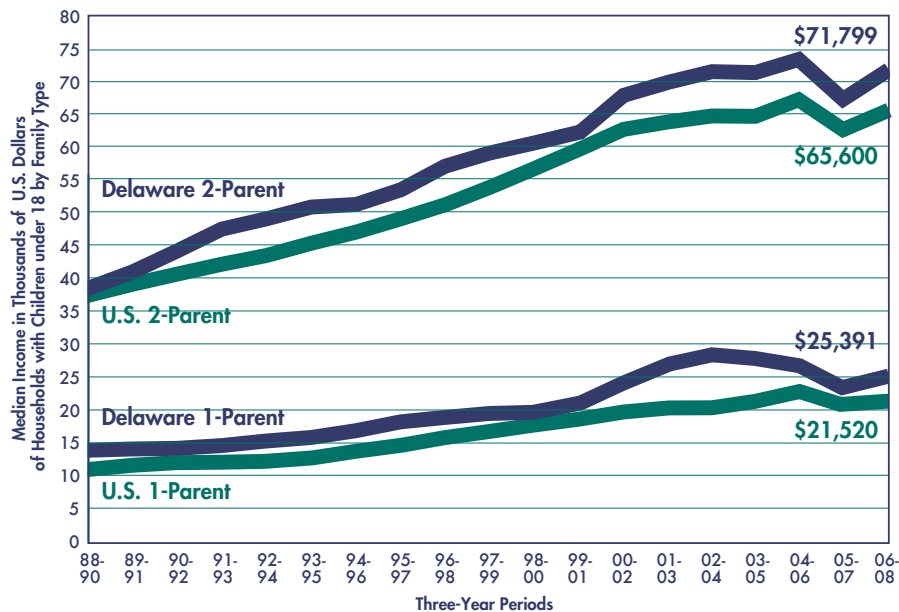
Delaware Compared to U.S.



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

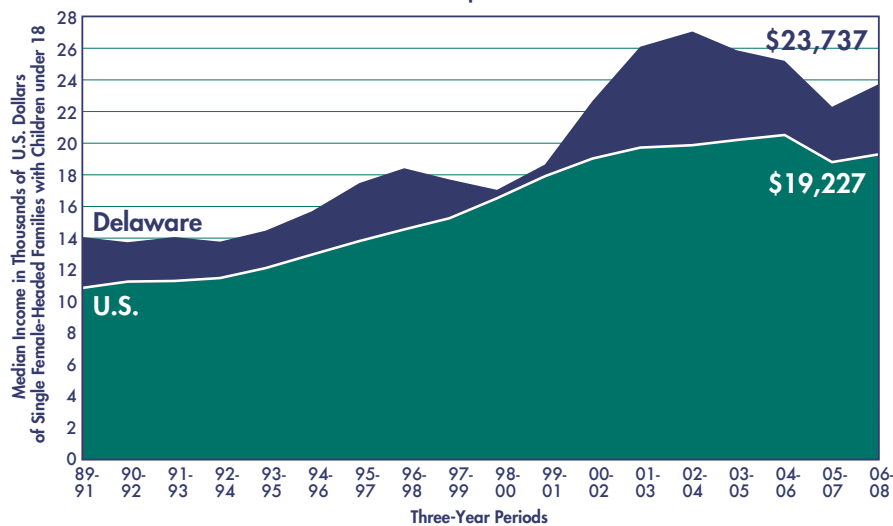
Median Income of Families with Children by Family Type

Delaware and U.S.



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

Delaware Compared to U.S.

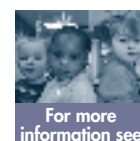


Source: Center for Applied Demography and Survey Research, University of Delaware



Long-term economic trends reflect the gradual but steady growth of economic insecurity among middle-income and working families over the last 30 years. Incomes have increased very modestly for all but the highest earners—expanding inequality. Stagnant incomes combined with the high costs have left many families a single crisis (a serious illness, job loss, divorce) away from financial devastation. The Economic Policy Institute suggests that causes of a growing inequality include increased educational returns (technology), globalization/trade, deregulation, race/gender differentials, absence of full employment, immigration, diminished union presence, low minimum wages, winner-take-all mentality, regressive tax changes, the crumbling “social contract,” diminished mobility/privilege, and reduced bargaining power.

Source: Economic Policy Institute. www.epi.org

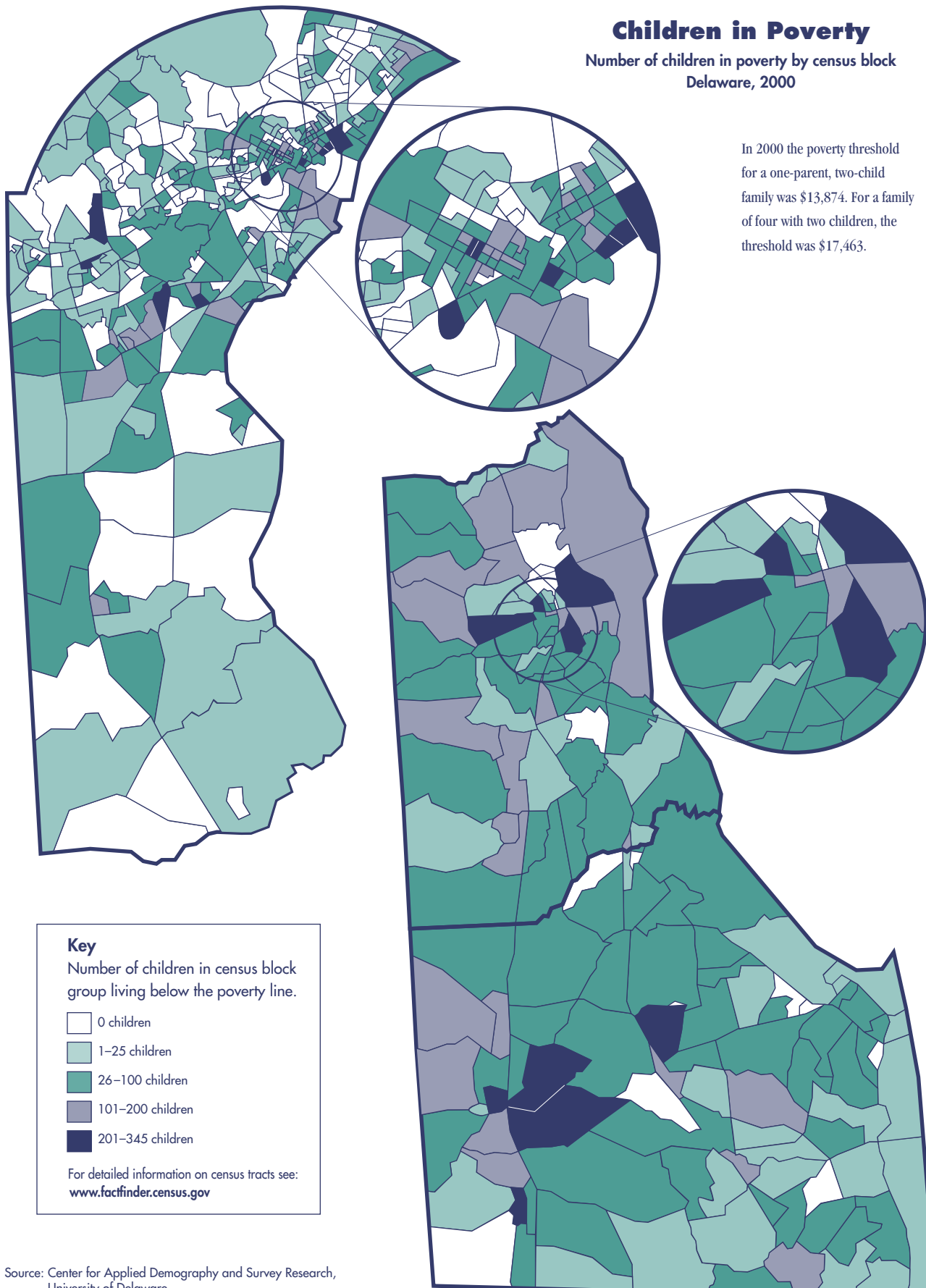


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Children in Poverty

Number of children in poverty by census block
Delaware, 2000

In 2000 the poverty threshold for a one-parent, two-child family was \$13,874. For a family of four with two children, the threshold was \$17,463.

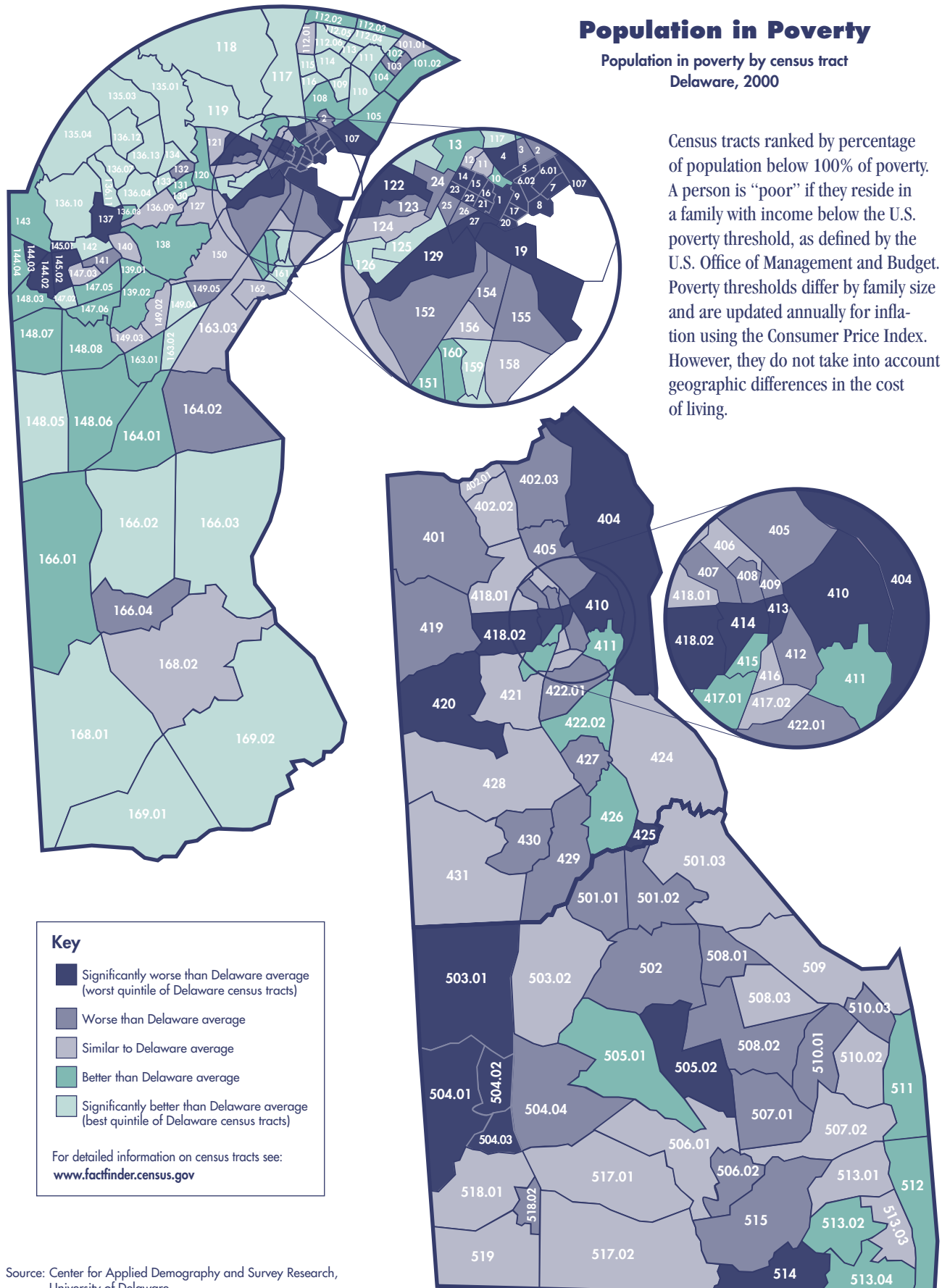


Source: Center for Applied Demography and Survey Research,
University of Delaware

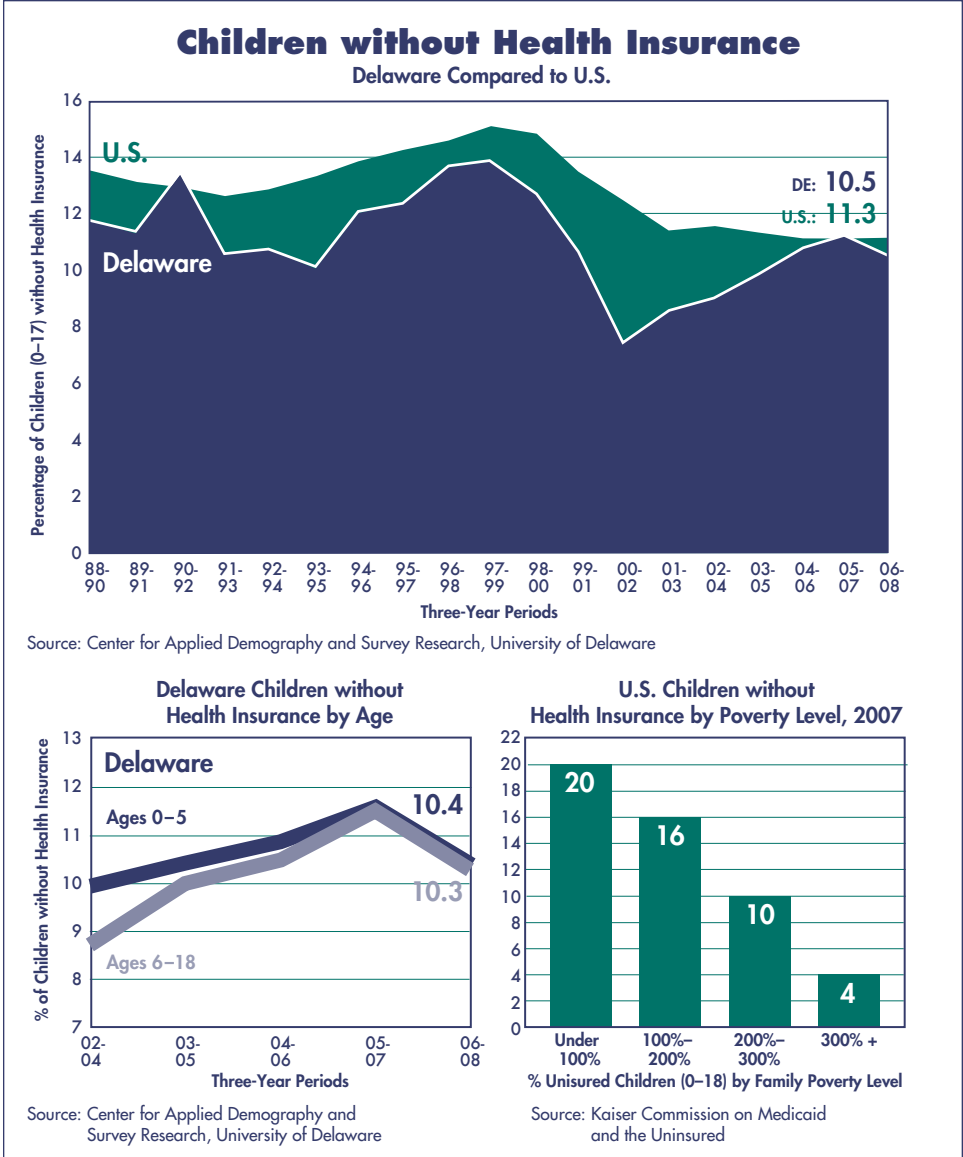
Population in Poverty

Population in poverty by census tract
Delaware, 2000

Census tracts ranked by percentage of population below 100% of poverty. A person is "poor" 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.



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



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www.nccp.org

www.mwul.org

www.jcpr.org

www.childrensdefense.org

www.aspe.hhs.gov/poverty/



The Delaware Child Poverty Task Force

The Child Poverty Task Force, established in 2007, has been charged with creating a plan to reduce the number of Delaware children living in poverty by half by 2017, by establishing recommendations for prevention and early intervention services to promote the health, safety, and well-being of children and families. The Task Force is composed of 24 individuals from across the state representing both public and private agencies. The Task Force is in the

process of developing an effective, statewide child poverty reduction strategy and, for this goal, has spent considerable time collecting information from experts, hearing from local communities, and crafting recommendations.

Effective poverty reduction strategies will focus on supporting family success by building wealth and assets, encouraging entrepreneurship and educational attainment, enhancing income and earning potentials, increasing access to needed resources through system coordination and outreach and enhancing services from prevention to early intervention, prenatal care, school readiness, and early care and education. No single course of action will significantly reduce child poverty; therefore, a multi-faceted approach that includes creative partnership and services, reallocation of monies, investment of new funds, and policy revision is needed to create a cumulative effect.

HEALTH & HEALTH BEHAVIORS





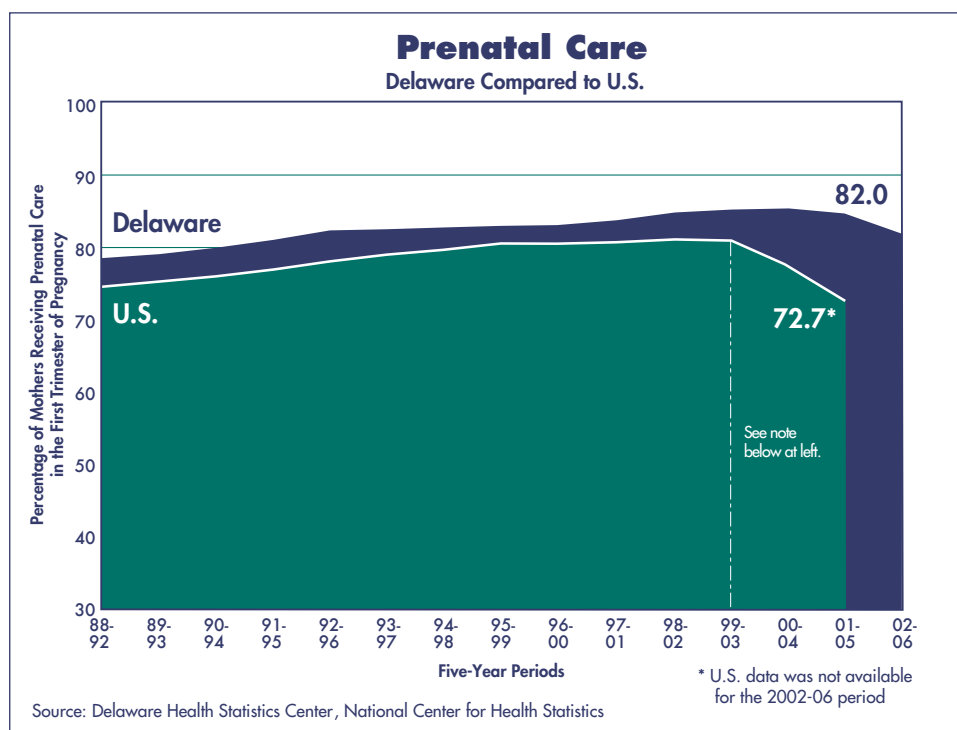
Cause for Applause



Wilmington women receiving first-trimester prenatal care increased from 66.0% in the '88-92 period to 82.2% in the '02-06 period.

Early prenatal care can help to identify and treat health problems and influence mothers' health behaviors thus maximizing infant and maternal health. The mothers who benefit from regular prenatal health care visits have better nutrition, more regular physical activity, and tend to avoid exposing their babies to unhealthy substances such as alcohol, drugs, tobacco, or lead. Moreover, prenatal care increases mothers' awareness and monitoring of warning signs of anything unusual.

Those mothers who don't get adequate prenatal care run the risk that pregnancy-related complications will go undetected or won't be dealt with soon enough. This can lead to serious consequences for both the mother and her baby. In fact, babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.



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 unrevised certificate. Most of the difference can be attributed to changes in reporting and not to changes in prenatal care utilization.



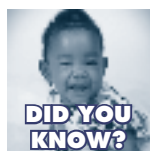
Wilmington, an area where maternal risks factors are the worst in the state, had a 16% increase in the number of women receiving first trimester prenatal care, from 71% in the 1990-94 to 82% in 2002-06.

Source: Delaware Health and Social Service www.dhss.delaware.gov/dph/hp/files/lb06.pdf



Substance use during pregnancy is a risk factor for adverse birth outcomes, such as birth defects, developmental disabilities, preterm birth, low birth weight, and infant mortality. In 2007, of women of childbearing age (18-44), 17.9% of Delaware women reported binge drinking in the past month, compared to 14.6% in the U.S.; 22.8% of Delaware women reported smoking, compared to 21.2% in the U.S.

Source: March of Dimes www.marchofdimes.com/peristats/



Teens are by far the most likely to receive late or no prenatal care. In 2003, 15.4% of births to girls under age 15 and 7.6% of births to teens 15 to 17 were to those receiving late or no prenatal care, as were 5.6% of births to women 18 to 19. This percentage drops steadily with increasing age, reaching a low of 2.3% for women in their early thirties and then increases slightly among older women.

Source: Child Trends Data Bank www.childtrendsdatabank.org/indicators/25PrenatalCare.cfm

Focus on Poverty

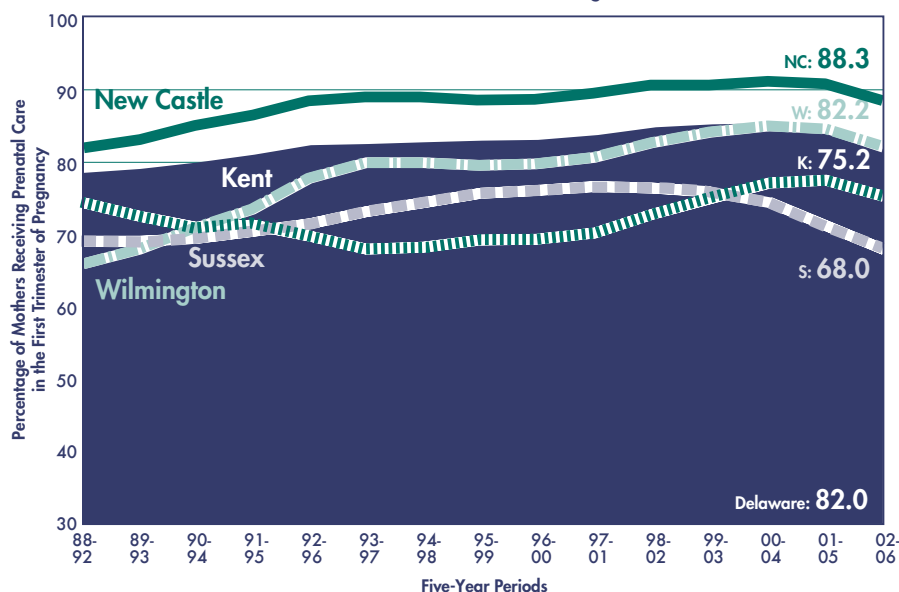
Low-income mothers are 2.8 times as likely to have inadequate prenatal care.

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).

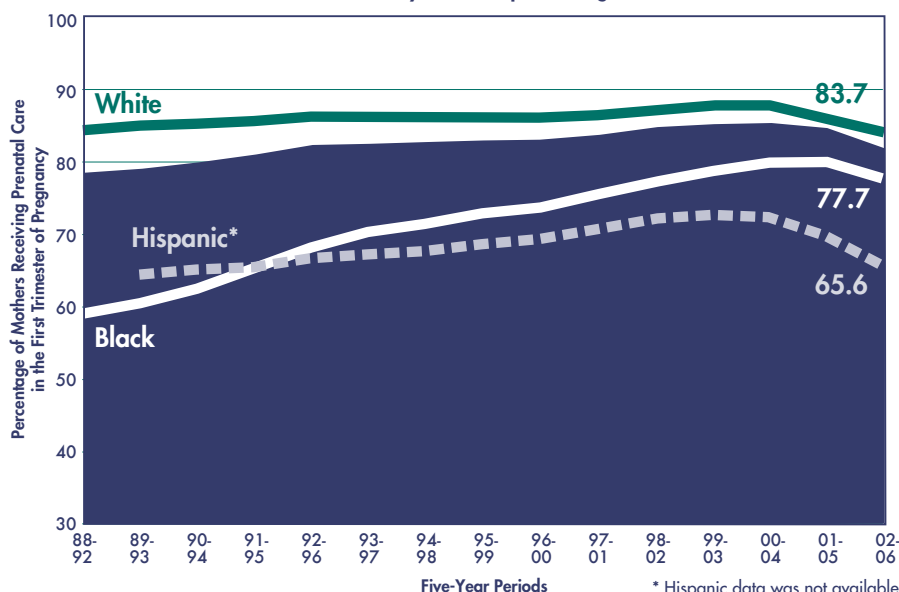


Prenatal Care

Delaware, Counties and Wilmington



Delaware by Race/Hispanic Origin



Source: Delaware Health Statistics Center

* Hispanic data was not available before the 1989-93 period



According to KIDS COUNT research and data analysis, U.S. states with a higher percentage of uninsured children had proportionally more women who gave birth with limited prenatal care.

Source: KIDS COUNT 2008 Data Analysis



Gestational diabetes linked to language delays; early intervention can help

As reported by *Pediatrics* (Nov. 2008), children born to mothers with gestational diabetes are twice as likely as others to have language delays; the association is higher than with any other factor except maternal education level. According to lead author, Ginette Dionne of Laval University in Quebec, "It's surprising ... but the delay is not inevitable. We also found that language stimulation given to children can offset some of the risk."

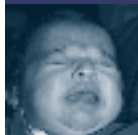


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www.modimes.org/
www.kidshealth.org
www.aafp.org/
www.4woman.gov

www.cdc.gov/nbddd/
www.med.umich.edu/obgyn/smartmoms/



Cause for Concern



In 2006, Delaware's percentage of low birth weight births was the 10th highest in the U.S.

An infant's weight at birth is a good indicator of the mother's health and nutritional status as well as 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 the 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. Low birth weight carries a range of health risks for children. Babies who are very low in birth weight have a 25% chance of dying before age one. These babies are also at increased risk of long-term disability and impaired development and are more likely than heavier infants to experience delayed motor and social development.



Infancy – the period from birth to one year

Neonatal – the period from birth to 28 days

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

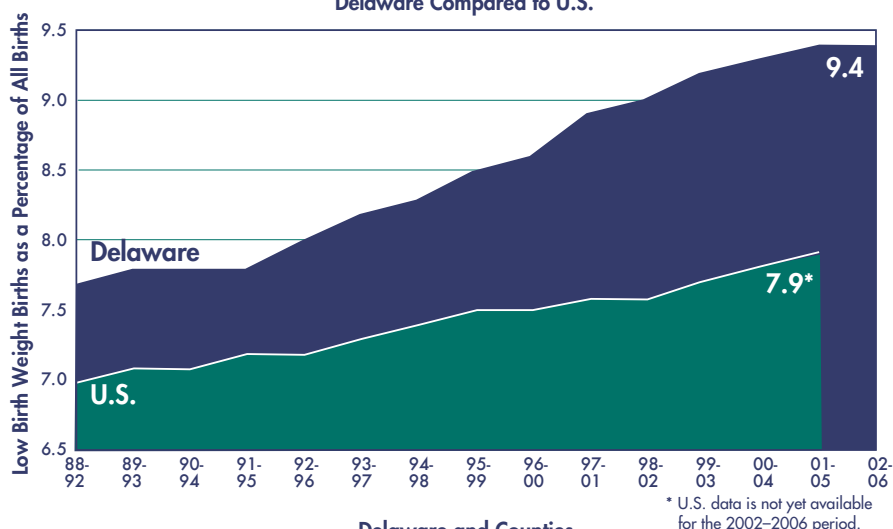
Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)

Pre-term – babies born before the 37th week of pregnancy. (60% of low birth weight babies are pre-term.)

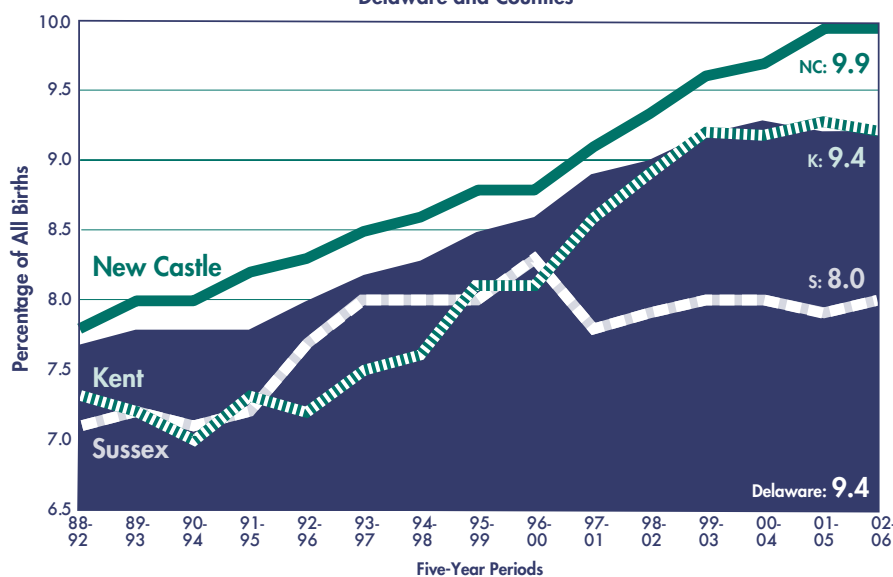
Full Term – babies born between the 37th and 42nd week of pregnancy.

Low Birth Weight Babies

Delaware Compared to U.S.



Delaware and Counties



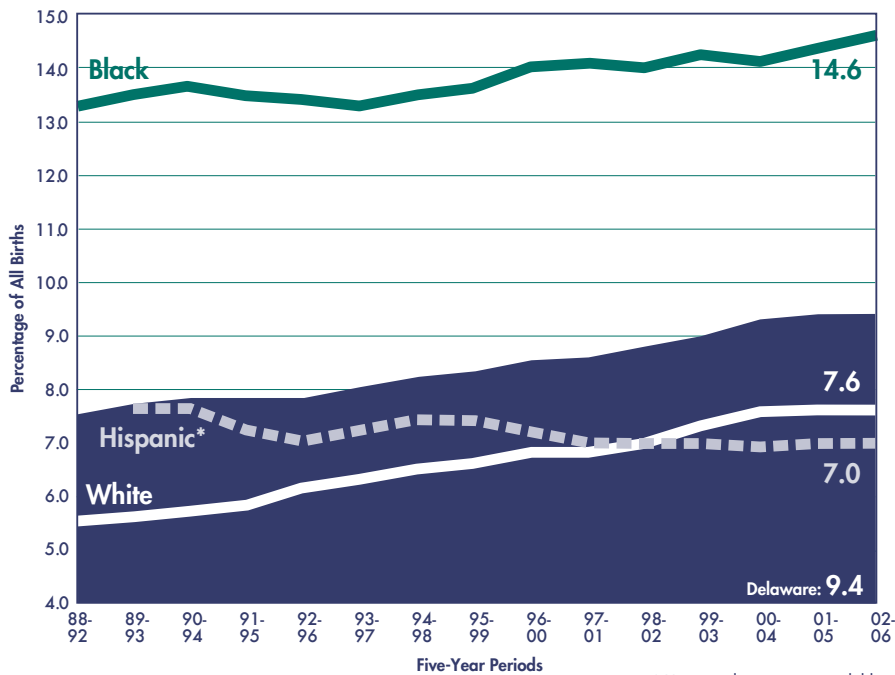
Source: Delaware Health Statistics Center



In 2006, 13.9% of Delaware women who smoked while pregnant gave birth to low birth weight babies (<2,500 grams), versus a significantly lower percentage (8.8%) of non-smokers who gave birth to low birth weight babies.

Source: www.dhss.delaware.gov/dph/hp/files/lb06.pdf

Low Birth Weight Babies Delaware by Race/Hispanic Origin



Source: Delaware Health Statistics Center

* Hispanic data was not available before the 1989-1993 period.

Focus on Poverty

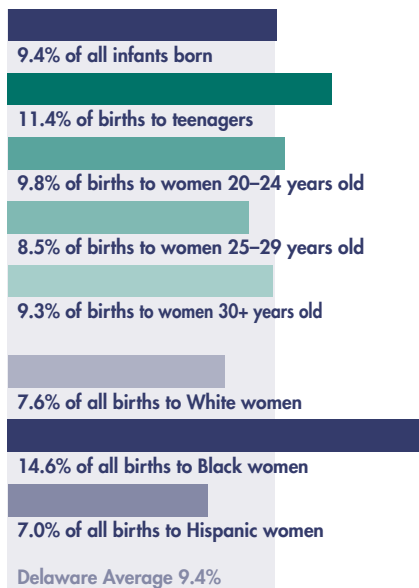
Babies of low-income mothers are 1.9 times as likely to be born at low birth weight.

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).



Percentage of Babies with Low Birth Weight (weight less than 2500 grams) by Age and Race of Mother

Low birth weight babies in Delaware represent

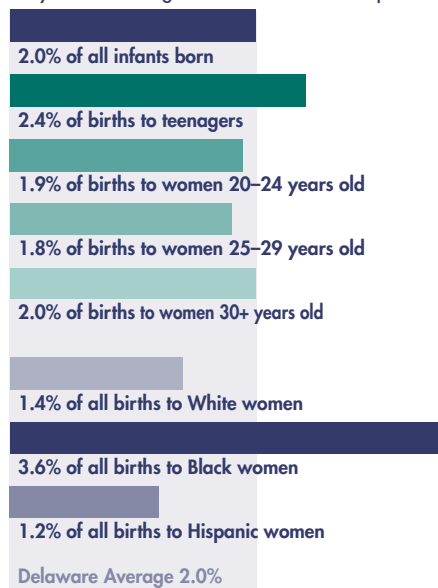


Five-year average percentages, 2002-2006

Source: Delaware Health Statistics Center

Percentage of Babies with Very Low Birth Weight (weight less than 1500 grams) by Age and Race of Mother

Very low birth weight babies in Delaware represent



Five-year average percentages, 2002-2006

Source: Delaware Health Statistics Center



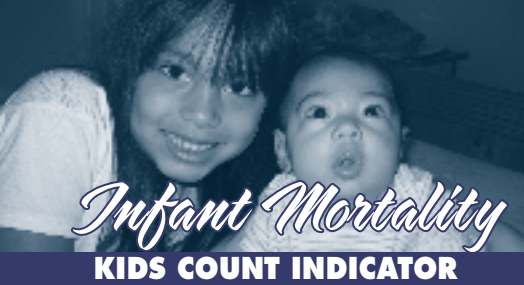
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www.modimes.org

www.kidshealth.org

www.healthystartassoc.org/



Cause for Applause



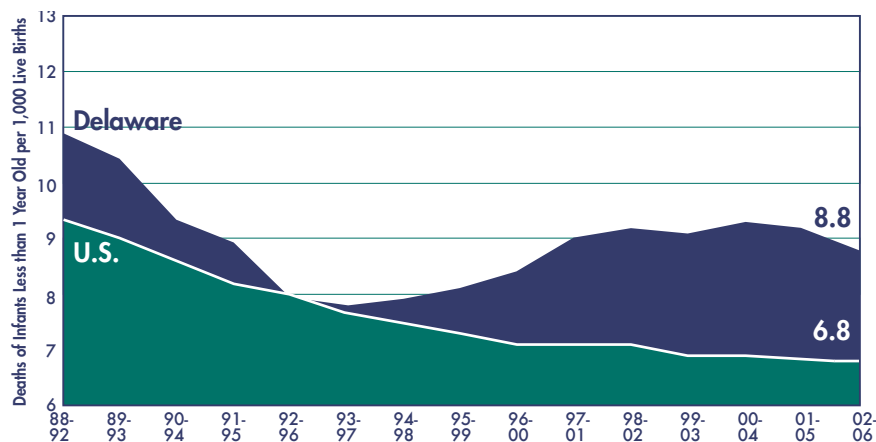
The infant mortality rate has taken a downward trend, mirroring the national improvement.



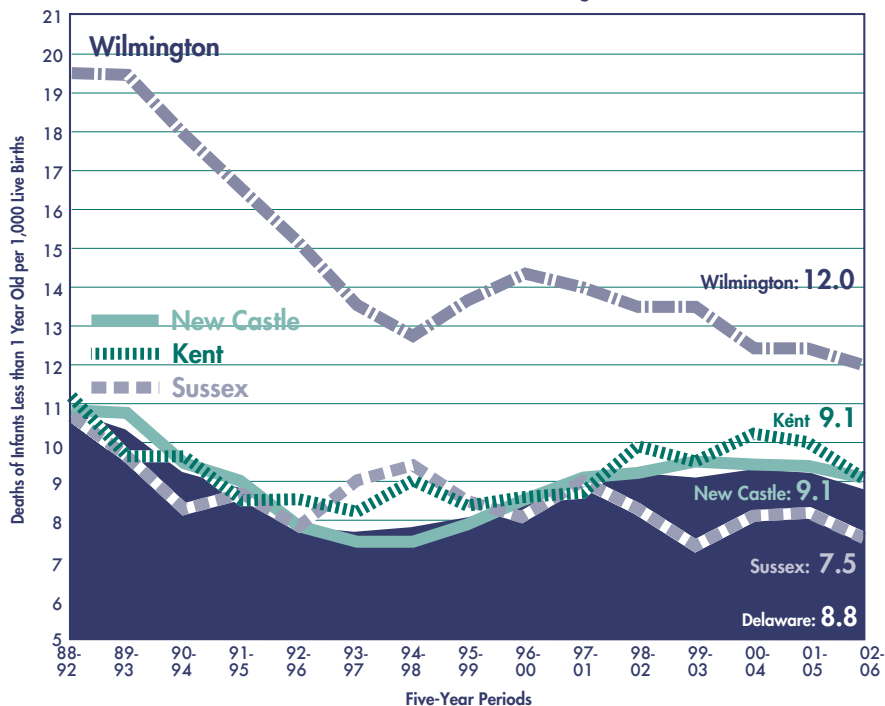
The infant mortality rate is an important indicator of the well-being of infants, children and pregnant women. Infant mortality is related to the underlying health of the mother, public health practices, socio-economic conditions, and availability and use of appropriate health care for infants and pregnant 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 in a society. In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. Proper prenatal and well-baby preventive care offer opportunities to identify and lower some risk factors for infant mortality.

Infant Mortality

Delaware Compared to U.S.



Delaware, Counties and Wilmington

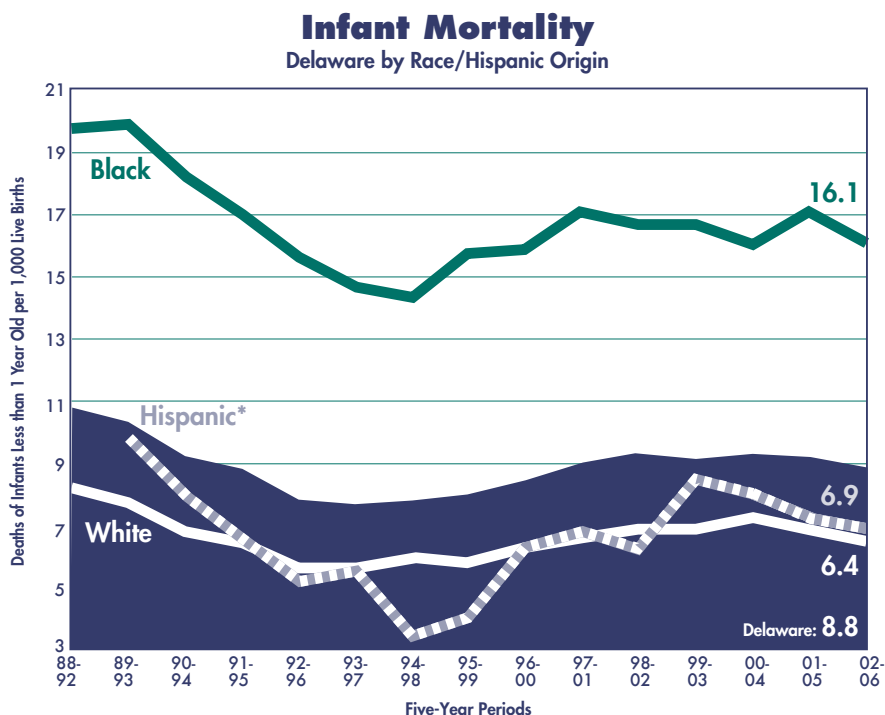


Source: Delaware Health Statistics Center

Focus on Poverty

Babies in poverty are 1.6 times as likely to die in infancy.

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).

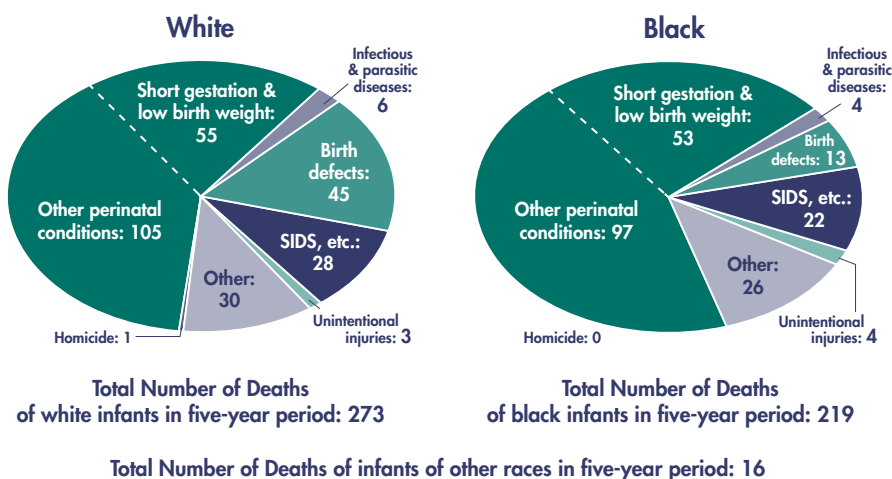


Source: Delaware Health Statistics Center



Infant Deaths by Cause and Mother's Race

Delaware Live Birth Cohort, 2001-2005



Source: Delaware Health Statistics Center



DID YOU KNOW?

The Delaware Division of Public Health reports that Delaware's 5-year average infant mortality rate has declined from 9.2 deaths per 1000 live births in 2001-2005 to 8.8 deaths per 1000 births in 2002-2006 (the latest for which statistics are available). Although still higher than the U.S. rate, this decrease is greater than observed nationally.

Source: Delaware Health and Social Services. <http://www.dhss.delaware.gov/dhss/pressreleases/2008/infantmortalityrate-091108.html>

Infant Mortality

Birth Cohort – all children born within a specified period of time. An infant death in the cohort means that a child born during that period died within the first year after birth.

Birth Interval – the period of time between the birth of one child and the birth of the next. Birth interval stats do not include multiple births.

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.

Infant Mortality Rate – number of deaths occurring in the first year of life per 1,000 live births

Live Birth Cohort – a matched file of live births and corresponding infants deaths based on the year of birth (For example, an infant who was born in November 2006 and died in September 2007 would be counted in the 2006 rate.)

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



Neonatal Period – under 28 days

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

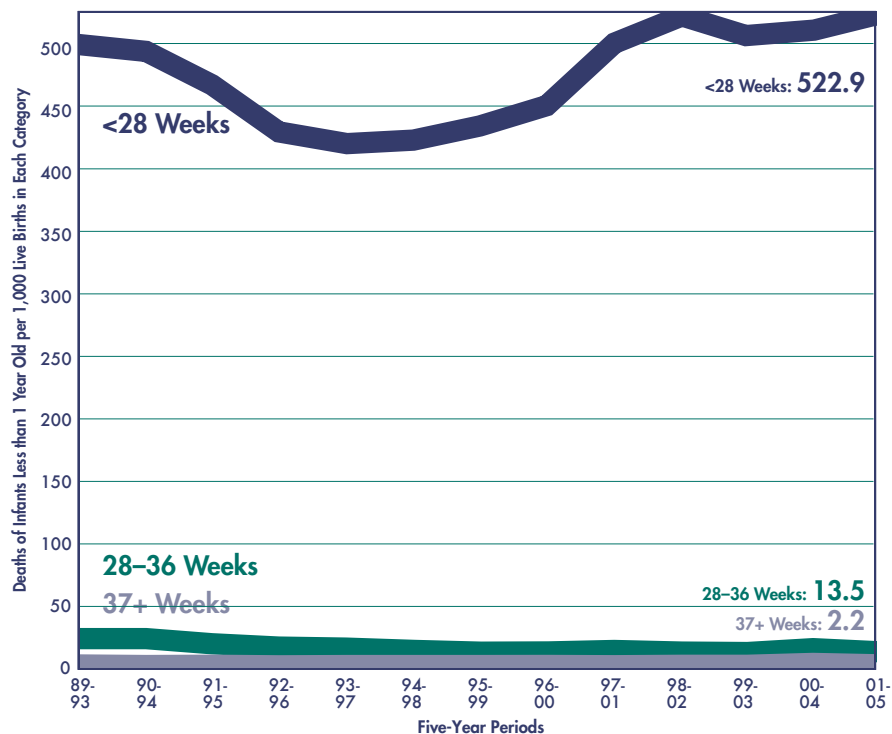
Postnatal Period – 28 days through one year

Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)

Weeks of Gestation – the number of weeks elapsed between the first day of the last normal menstrual period and the date of birth

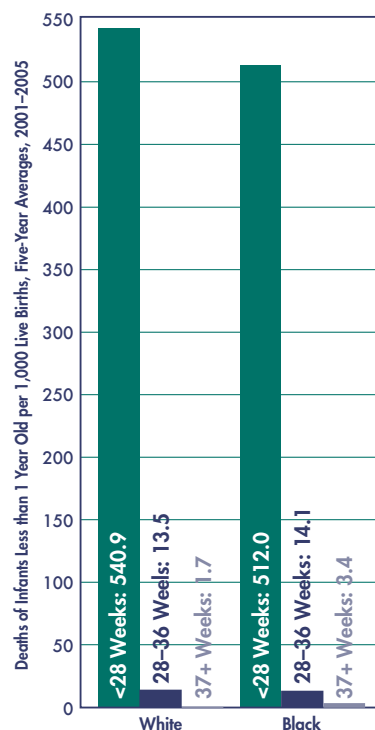
Infant Mortality by Gestation

Delaware Live Birth Cohort by Weeks of Gestation



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Gestation and Race



Source: Delaware Health Statistics Center



In the 2001–05 live birth cohort, 402 of the 508 total infant deaths (79%) occurred in infants born preterm.

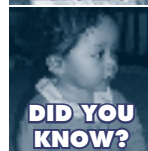
Using the traditional leading cause of infant death classification system, only 109 were identified as being due to *Disorders related to short gestation and low birthweight*, versus 293 that were identified as preterm-related causes using the CDC's grouping of preterm-related causes.

Source: Delaware Health Statistics Center



In the 2001–05 live birth cohort:

- Preterm births accounted for 13.5% of live births.



- One in 20 infants born prematurely died within the first year of life.



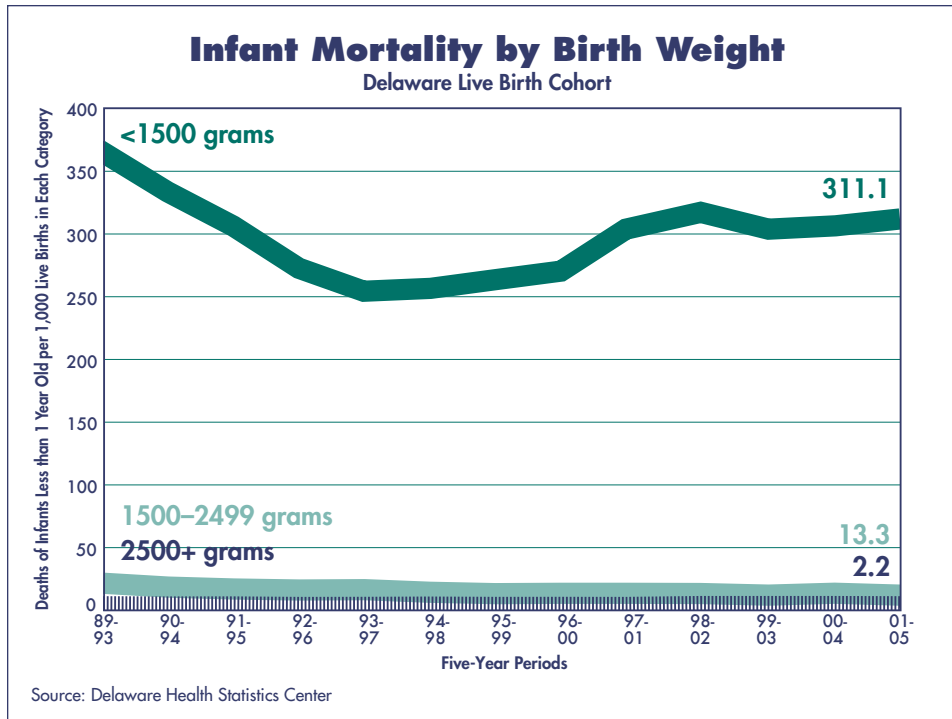
- Nearly 80% of infant deaths were infants born prematurely.

Source: Delaware Health Statistics Center

Focus on Poverty

Babies of low-income mothers are 1.8 times as likely to be born premature (under 37 weeks).

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).



Birth defects were the second leading cause of infant death in 2001–2005. Birth defects (congenital anomalies) are conditions that:

- result from a malformation, deformation, or disruption in one or more parts of the body;
- are present at birth; and
- have a serious adverse effect on health, development, or functional ability.

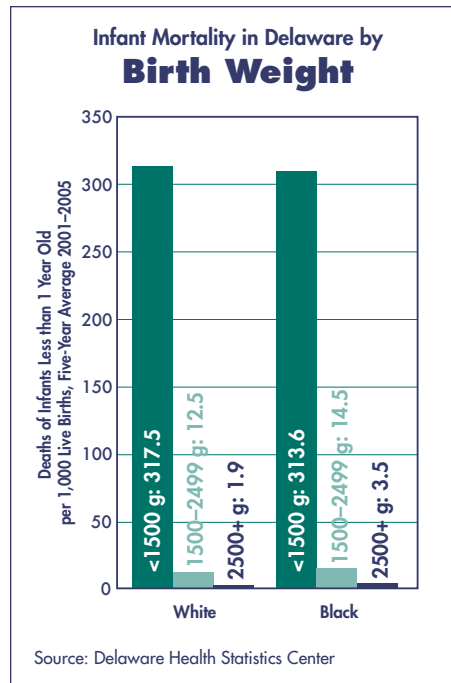


- Cardiovascular birth defects, such as patent ductus arteriosus, atrial septal defects, and ventricular septal defects, accounted for almost half of all birth defects.



- Genitourinary congenital anomalies were the second most common birth defect.

Source: Delaware Health Statistics Center



PUT DATA INTO ACTION

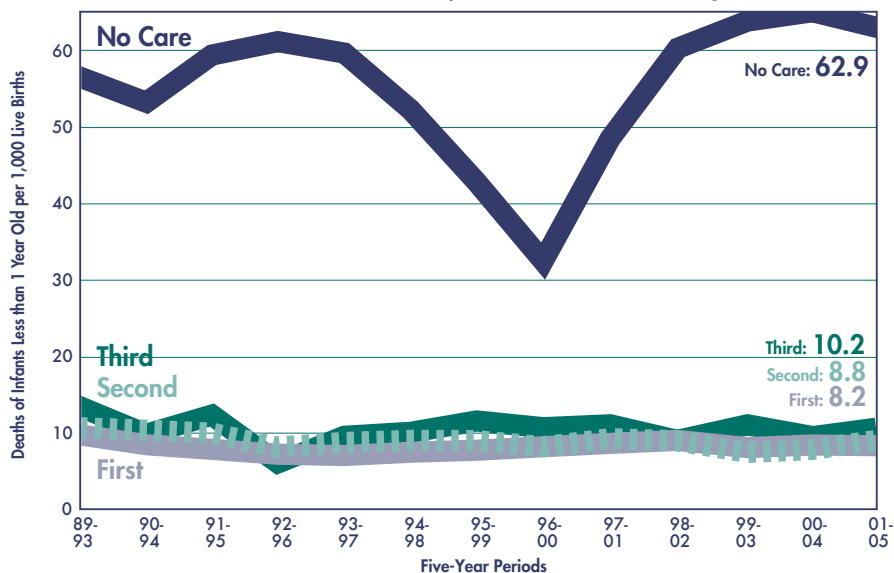


Hearing loss is among the most frequently occurring birth defects, according to the American Academy of Pediatrics. If hearing loss is not detected and treated early, it can impede speech, language, and cognitive development. Over time, such a delay can lead to significant educational costs and learning difficulties. In 2005, the Delaware Legislature mandated Universal Hearing Screenings for all newborns and infants in the state. Additionally, House Bill 355, signed into law by the Governor on June 18, 2008, requires individual and group health insurance contracts to provide coverage for hearing aides of up to \$1,000 per year, every three years, for covered dependents eighteen years of age or less.



Infant Mortality by Prenatal Care

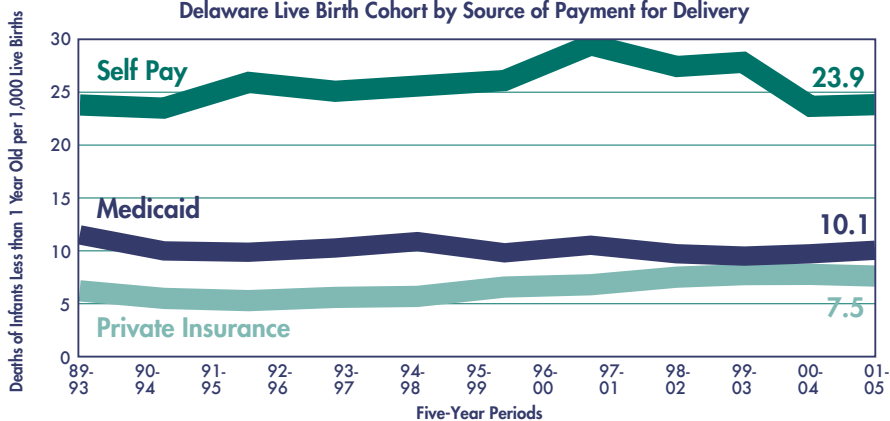
Delaware Live Birth Cohort by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

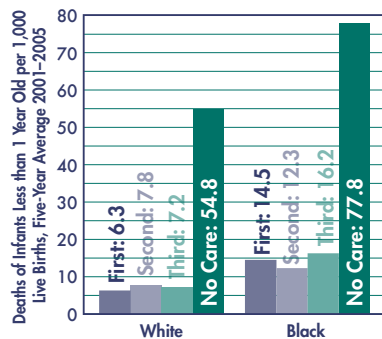
Infant Mortality by Source of Payment

Delaware Live Birth Cohort by Source of Payment for Delivery



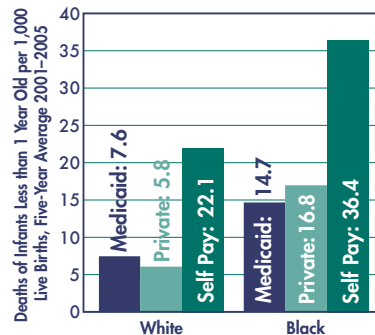
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

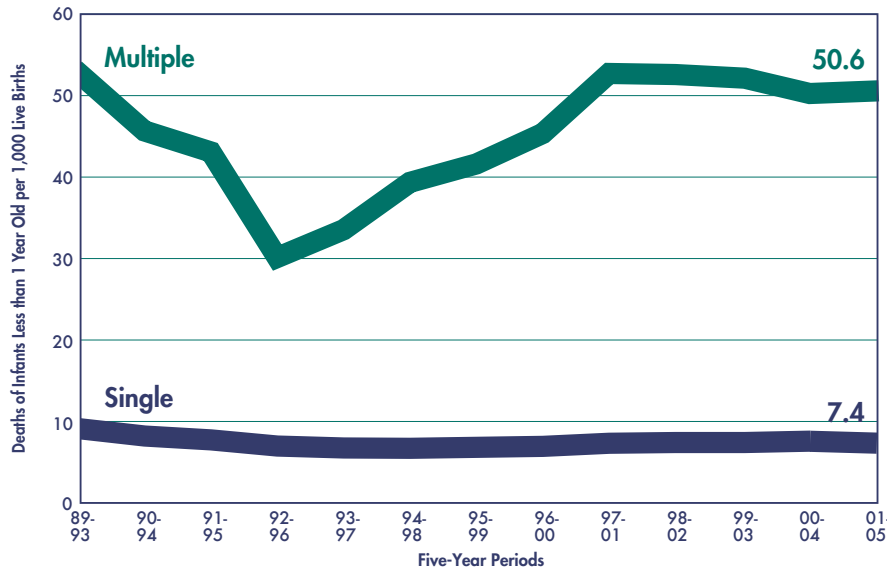
Infant Mortality in Delaware by Source of Payment for Delivery



Source: Delaware Health Statistics Center

Infant Mortality by Single vs. Multiple Birth

Delaware Live Birth Cohort



Source: Delaware Health Statistics Center

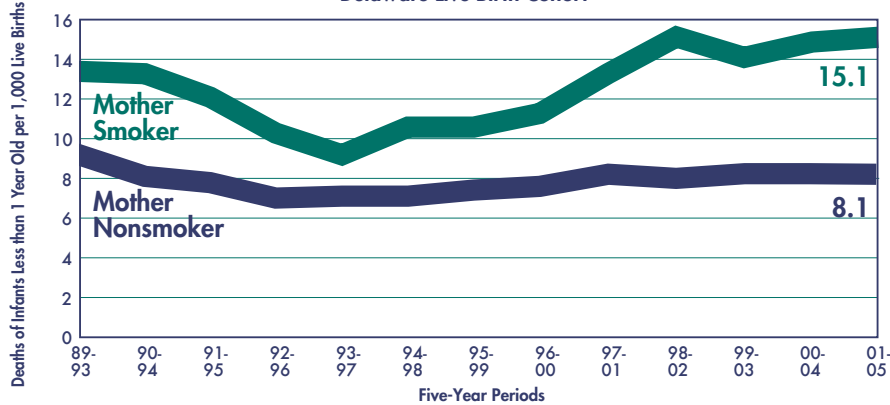
Focus on Poverty

The U.S. infant death rate for babies of uninsured mothers is triple the rate for mothers that had private insurance.

Source: Delaware Health Statistics Center

Infant Mortality by Smoking during Pregnancy

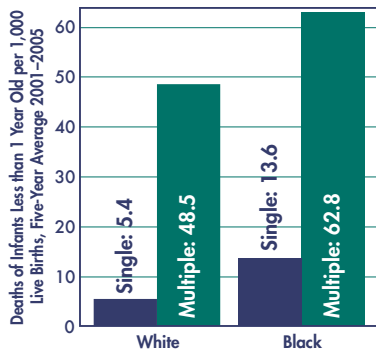
Delaware Live Birth Cohort



Source: Delaware Health Statistics Center

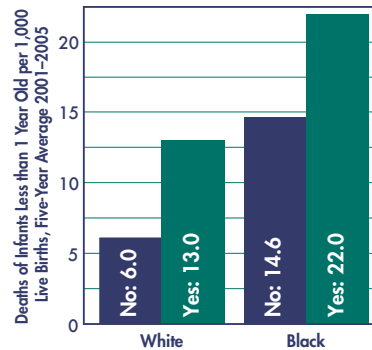


Infant Mortality in Delaware by Multiple vs. Single Birth



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Smoking in Pregnancy

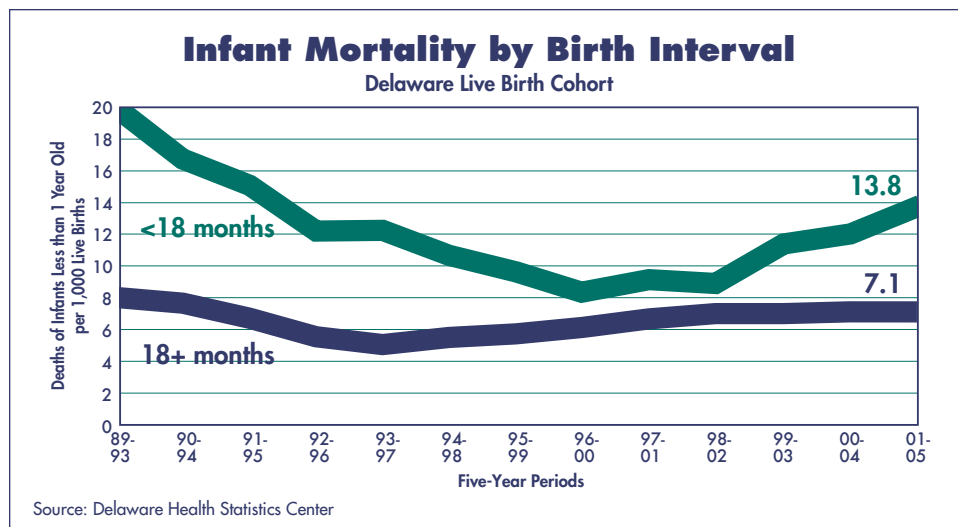


Source: Delaware Health Statistics Center

Mothers Using Tobacco during Pregnancy, 2006

Delaware	9.4%
Delaware under 18	8.3%
Delaware 18-19	12.8%
Delaware White	10.1%
Delaware Black	8.5%
Delaware Hispanic	2.8%
New Castle Co.	6.9%
Wilmington	8.5%
Kent Co.	14.3%
Sussex Co.	12.4%

Source: Delaware Health Statistics Center

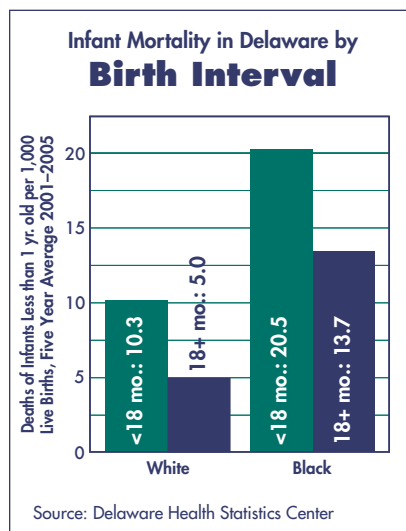


PUT DATA INTO ACTION



In 2005, the Infant Mortality Task Force identified twenty priority recommendations, which led to the formation of the Delaware Healthy Mother and Infant Consortium. The DHMIC promotes the awareness of risk factors and encourages:

recognizing the signs of premature labor; making sure women have access to needed services such as community outreach, transportation and medical and social services; and understanding the need for spacing pregnancies, the role of chronic illness during pregnancy, the role nutritional advice plays during pregnancy, how smoking can affect a baby during pregnancy, and how stress affects premature birth.



Cause for Applause



The hard work of the DHMIC is beginning to show positive results with the infant mortality rate showing a slight drop.



Prenatal Care..... 24
Low Birth Weight Babies 26
Tables 16–28 137–143

www.modimes.org
www.hmh.org

For more information see

www.dhss.delaware.gov/dhss/dph/files/infantmortalityreport.pdf
www.cdc.gov/nccdphp/dht/index.htm
<http://pediatrics.aappublications.org/cgi/content/abstract/116/5/e716>



From the 2008 Delaware Healthy Mother and Infant Consortium Report

- **Family Practice Team Model Program** – Provided outreach into the home and perinatal social support. Of 1,292 high-risk factor pregnancies: only three infant deaths (67% lower than expected), only 10% premature births, and only 5% low birthweight infants.
- **Preconception Programs** – Almost 4,800 women participated. Registry for Improved Birth Outcomes was formally established with the Delaware Health Statistics Center to consistently monitor the causes and conditions that lead to infant mortality, thereby helping to prevent it.
- **Fetal and Infant Mortality Review Committee (FIMR)** – Fully staffed. Identified 110 infant and fetal deaths. Identified and secured BASINET database program to track FIMR data. Conducted interviews. Recruited volunteers for two case review teams.
- **Pregnancy Risk Assessment Monitoring System** – Established protocols for collecting data including selection, mail packets, and telephone interviews. Proposed a focus on women who delivered low birthweight infants. Established a final sample size of 1,534 women.
- **Center for Excellence in Maternal and Child Health and Epidemiology** – provided monitoring for above four programs and the annual report. Internship program established with UD.
- **Standards of Care Committee** – Conducted full review of the current standards of care.

\$4.5 million has been allocated to address infant mortality by the State of Delaware. For more information: <http://www.dhss.delaware.gov/dhss/dph/files/dhmicfy2007annualreport.pdf>

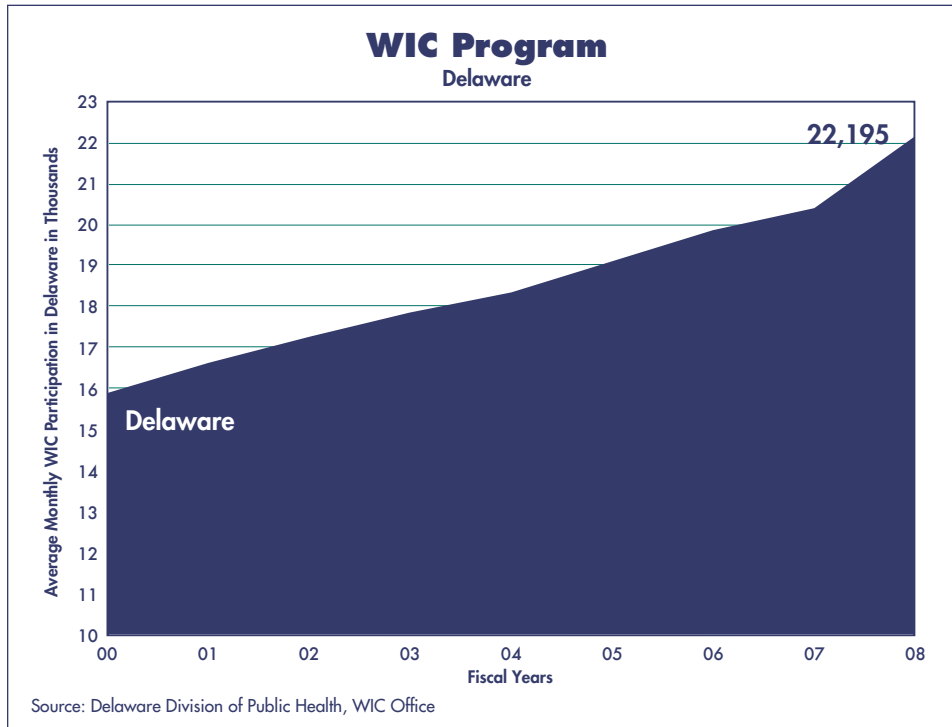
Each month, millions of U.S. low-income women and children who are at nutrition risk are supported through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This program provides nutritious foods, nutrition education, and referrals to health and other social service providers at no charge. The federally-funded program supports low-income pregnant, post-partum, and breastfeeding women, as well as low-income infants and children to the age of five. The program is linked with lower Medicaid costs, longer gestation periods, higher birth weight, and lower infant mortality.



Focus on Poverty

In 2006, children in poverty were 6 times as likely to live in homes where not everyone had enough food all of the time.

Source: *Child Poverty in America*, Children's Defense Fund, 2008.



Delaware WIC provides:

- Nutritious foods to supplement diets,
- Information on healthy eating,
- Breastfeeding support, and
- Referrals to other healthcare, welfare and social services

to low-income women, infants, and children up to age 5 who are at nutritional risk.

Source: Delaware Health and Social Services, Division of Public Health



Delaware WIC now provides vouchers for fresh fruits and vegetables. In January, 2009, Delaware and New York state WIC offices became among

the first to incorporate the new federal Dietary Guidelines into their voucher offerings, and participants will have access to fresh fruit and vegetables, along with other healthful items encouraged under the new guidelines.

Source: United Fresh Produce Association, www.unitedfresh.org

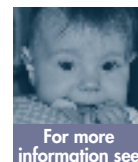
PUT DATA INTO ACTION



WIC encourages clients to breastfeed their infants and offers breastfeeding peer counselors and lactation consultants.

WIC supports breastfeeding rooms where any breastfeeding mom can breastfeed or pump in comfort and privacy. Each room has a glider and ottoman, an electric, hospital-grade pump, a refrigerator for storing expressed milk, and breastfeeding literature. Breastfeeding rooms are available to the public in WIC Clinics and community buildings in New Castle and Kent Counties.

Source: Delaware Health and Social Services, Division of Public Health
<http://www.dhss.delaware.gov/dhss/dph/chca/dphwchominf01.html>

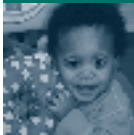


Children Receiving Free and Reduced-Price School Meals 70
www.fns.usda.gov/wic



Lead Poisoning

Cause for Applause



Only 3 Delaware children were identified as having unsafe blood lead levels in 2008, compared to 140 in 1998.

Lead is a very strong toxin which was a common ingredient in gasoline and house paint in the U.S. in the past. Although these items are no longer made with lead, lead poisoning is an ongoing health problem. Lead can be everywhere, including dirt, dust, new toys, and old house paint. Unfortunately, it cannot be seen, tasted, or smelled. When a person swallows a lead object or inhales lead dust, some of the poison can stay in the body and cause serious health problems. A single high, toxic dose of lead can cause severe emergency symptoms, but it is more common for lead poisoning to build up slowly over time.

Lead is much more harmful to children than adults because kids' brains and central nervous system are still being formed. The younger the child, the more harmful lead can be. For small children, even very low levels of exposure can result in reduced IQ, learning disabilities, attention deficit disorders, behavioral problems, stunted growth, impaired hearing, and kidney damage. At high levels of exposure, a child may become mentally retarded, fall into a coma, and even die from lead poisoning. Childhood lead poisoning is one of the most common, yet preventable, pediatric health problems.

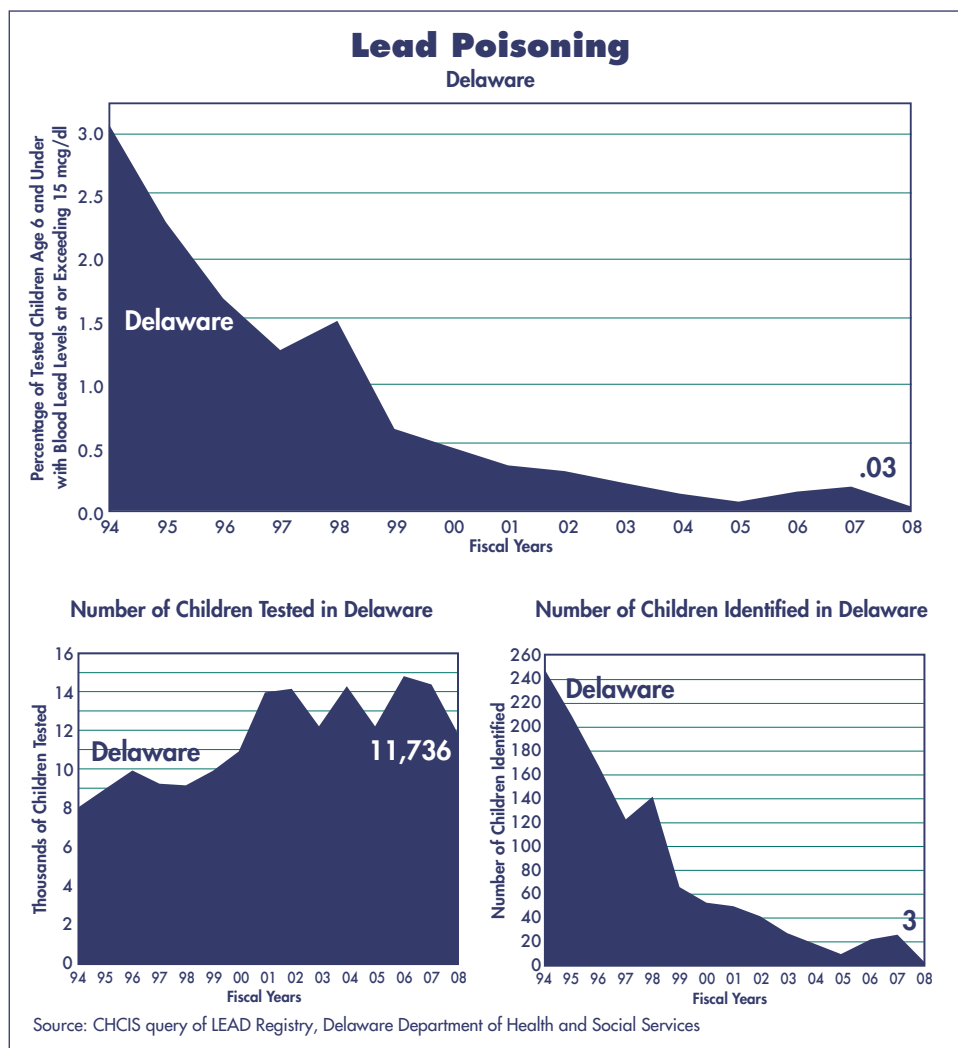


Table 29 14
www.nlm.nih.gov/medlineplus/leadpoisoning.html
www.cdc.gov/nceh/lead/
www.epa.gov/opptintr/lead/
www.hud.gov/offices/lead/

1-212-BAN-LEAD (1-212-226-5323)
 The National Lead Information Center
 1-800-424-LEAD (5323)

PUT DATA INTO ACTION



Children have been sickened, and at least one child has died from swallowing a toy containing lead.

In 2008, Delaware House Bill 362, referred to as the "Children's Toy Safety Act", prohibited the sale or distribution of toys that are harmful to, and threaten the health of, our children in the State of Delaware.



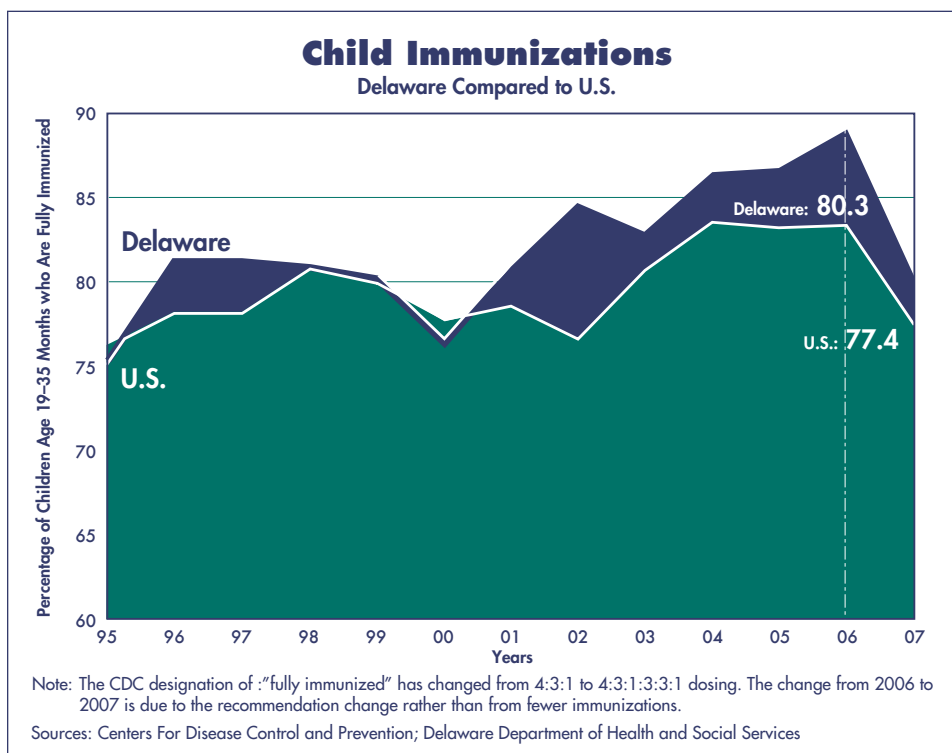
Diseases that once spread quickly and killed thousands of children and adults are now largely controlled by vaccines. Child vaccination is one of the most cost-effective preventive health measures. Vaccines are important because they not only protect individual children against dangerous diseases; they protect communities by helping to protect children who are not able to be vaccinated or who do not respond to vaccines, and by slowing down or preventing disease outbreaks. In other words, vaccination protects not only the child receiving the vaccine, but also those in the child's community. In this way, we are able to control infectious diseases including polio, measles, diphtheria, tetanus and many other dangerous diseases.

Because children are highly susceptible to disease, the Centers for Disease Control and Prevention (CDC) recommends vaccinating children against most vaccine-preventable diseases by the time they are two years old. Protecting children against severe illnesses also results in positive outcomes other than improved physical health, including the ability to attend school more regularly and the absence of increased family stress.

Cause for Applause



Childhood immunization rates in the U.S. remain at or near record levels, with at least 90% coverage for all but one of the individual vaccines in the recommended series for young children, according to the CDC's 2007 National Immunization Survey. Delaware's rate remains well above the national average.



DID YOU KNOW?

The American Academy of Pediatrics recommended 2009 childhood and adolescent immunization schedule includes the following changes:

- Influenza vaccine now is recommended annually for children 6 months through 18 years of age.
- A first dose of oral rotavirus vaccine should be administered at 6 weeks through less than 15 weeks of age, with a second dose by 8 months of age.

Source: American Academy of Pediatrics <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;123/1/189>

PUT DATA INTO ACTION



The CDC recommends that all 11 and 12 year olds receive the meningococcal vaccine and the Tdap booster; girls should receive the human papilloma virus (HPV) vaccine, which protects against the types of HPV that most commonly cause cervical cancer. The cost of these vaccines is usually covered by health insurance; children age 18 and under may be eligible to get vaccines for free through the Vaccines for Children program. For more information on this programs go to www.cdc.gov/vaccines/program/vfc.



4:3:1 – 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)

4:3:1:3:3:1 – all of the 4:3:1 vaccines PLUS 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.



For more information see

Child Deaths 42
Table 30 144
www.cdc.gov/vaccines/
www.kidshealth.org

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;123/1/189>

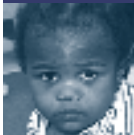
Delaware Department of Public Health
Immunization Branch: 302-741-1060.





Childhood Asthma

Cause for Concern



All data from hospital discharges point to a dramatic increase in the number of children experiencing asthma symptoms.

Focus on Poverty

Children who live in poor urban settings have a higher risk of asthma.



Discharge Rate – Number of inpatient asthma discharges for children 0–17 years of age per 1,000 children in the same aged group

Readmissions – Number of asthma inpatient hospital admissions for children ages 0–17 who had previously been discharged with a diagnosis of asthma in the same year

Readmission Rate – Number of inpatient asthma readmissions for children ages 0–17 per 100 children previously admitted in the same year

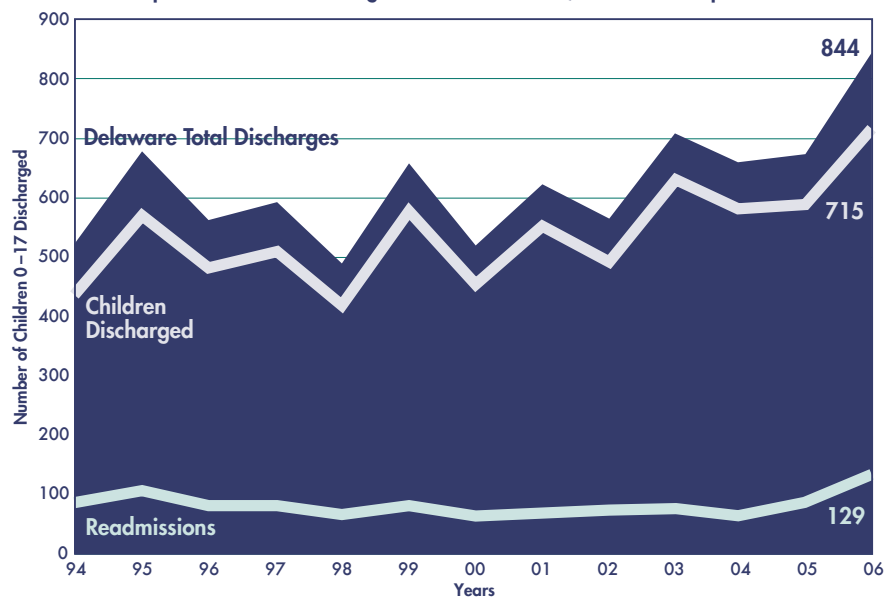
Asthma is a chronic inflammation of the airways with reversible episodes of obstruction, caused by an increased reaction of the airways to various stimuli. Asthma breathing problems usually happen in episodes or attacks; the inflammation underlying asthma is continuous.

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. Some of these environmental factors, such as dampness and mold, cockroaches, and inadequate ventilation, are more common 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



Source: Delaware Health Statistics Center



DID YOU KNOW?

Children born to mothers who took antacids during pregnancy had a 1.5 times increased incidence of asthma compared to children whose mothers did not take the medication, according to researchers at Children's Hospital Boston as reported in *Clinical and Experimental Allergy: Children's Hospital Boston: January 2009*. For mothers with allergies, whose children risk of asthma is already much higher, there does not seem to be an increased risk from the use of antacids, but for non-allergic mothers the increase was 43%. Prior studies have shown that acid-suppressing medications can result in allergic sensitization in adults.

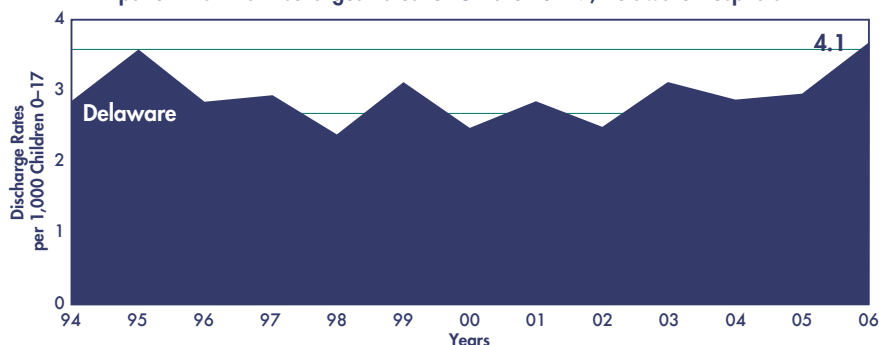


DID YOU KNOW?

Researchers at Tufts University reported in *The Journal of Asthma* (Nov. 2008) that Black babies born in the U.S. were more likely to have asthma than Black children born outside the country. A possible explanation is that babies in developing countries encounter more infections and are therefore better equipped to withstand asthma triggers such as mold and dust mites.

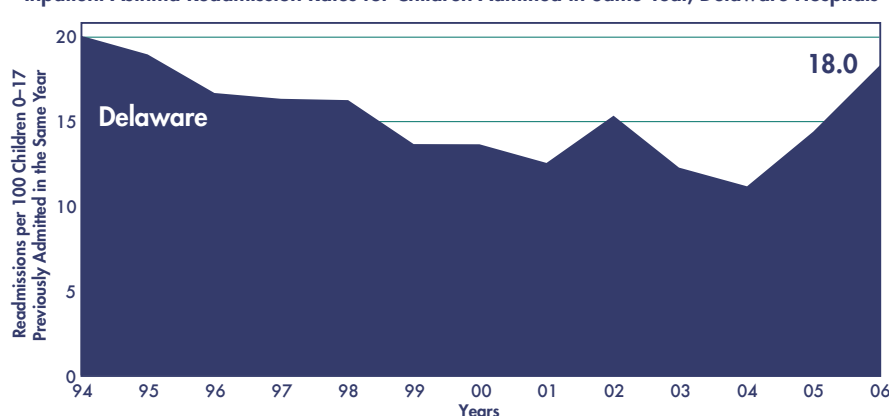
Discharge Rates for Childhood Asthma

Inpatient Asthma Discharges Rates for Children 0–17, Delaware Hospitals



Readmission Rates for Childhood Asthma

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



Source: Delaware Health Statistics Center

Focus on Poverty

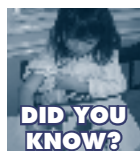
Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population.

Source: Centers for Disease Control. www.cdc.gov/HealthyYouth/asthma/index.htm



DID YOU KNOW?

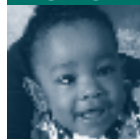
Based on the research of Dr. Tina V. Hartert at Vanderbilt University, the *American Journal of Respiratory and Critical Care Medicine* (Dec. 2008) reported that children born in the fall had a 30% higher risk for asthma than those born in other seasons. A possible explanation is that at peak cold and flu season they are old enough to be exposed to the outside world but still too young for their lungs to be fully developed. Fall babies are at increased risk for a severe winter virus, which may increase their asthma risk.



DID YOU KNOW?

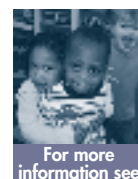
Swiss researchers reported in the journal *Thorax* (Dec. 2008) that babies born by Caesarean delivery had a much higher risk for asthma than babies born vaginally. Of the 3,000 children in the study, those born by C-section were 80% more likely to have asthma.

PUT DATA INTO ACTION



- In the United States, 20% of Puerto Rican children, or one in five, have asthma. Among African-American youngsters, the rate is 13%.
- African-American and Puerto Rican children are six times as likely as white children to die of asthma.
- Inner-city children are exposed to more indoor and outdoor allergens—triggers for breathing problems—in their homes.
- Lack of access to quality care, patterns of medication use and genetics play a role in the prevalence of asthma in minority children.
- Public health programs can change outcomes in children with asthma.

Source: The New York Times, <http://health.nytimes.com/ref/health/healthguide/esn-asthmachildren-ess.html>



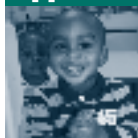
For more information see

Table 31 144
www.kidshealth.org
www.childasthma.com
www.lungusa.org
www.aaaai.org/



Children without Health Insurance

Cause for Applause



Delaware has reached it's highest number of children being enrolled in SCHIP.

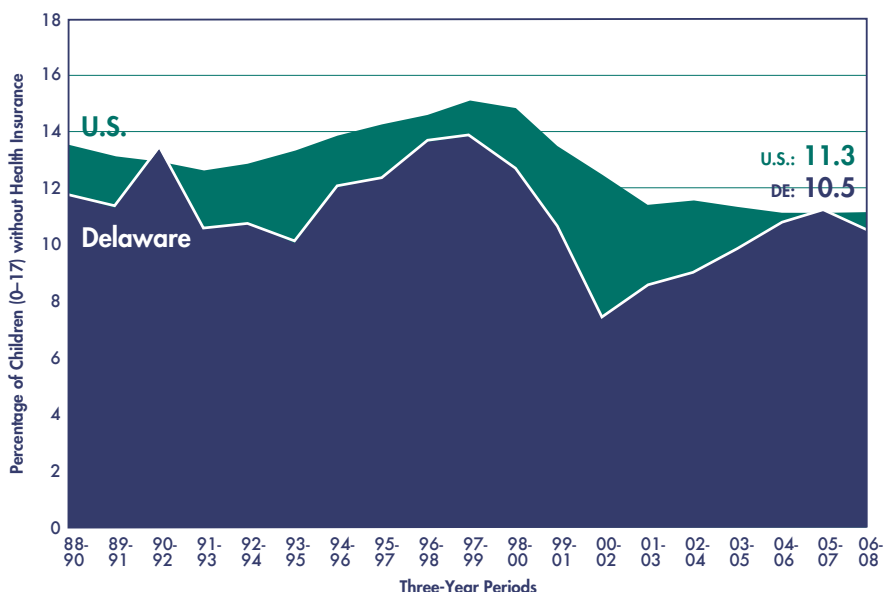
The status of a child's health insurance coverage is the single most important influence in determining whether or not that child has access to adequate health care when sick or injured. Failure to receive necessary health care can have a long term impact on the lives of children. Children with health 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. These children are more likely to be from low-income families for whom private plans are often unavailable or unaffordable. 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.

Health insurance can make it possible for children to receive access to preventive care as well as acute and chronic illness care. Improved access to effective health care means improvements in the children's health status over time, which can positively affect children's lives.



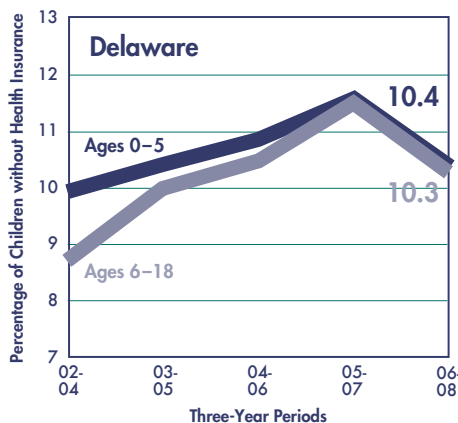
Children without Health Insurance

Delaware Compared to U.S.



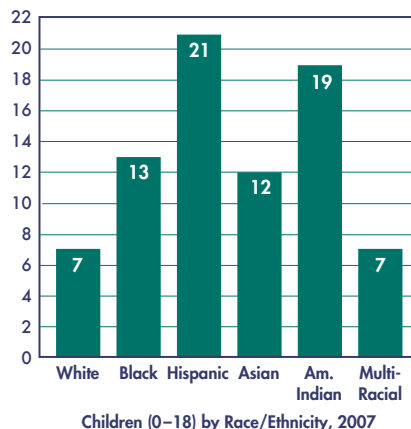
Source: Center for Applied Demography and Survey Research, University of Delaware

Delaware Children without Health Insurance by Age



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

U.S. Children without Health Insurance by Race/Ethnicity



Source: Kaiser Commission on Medicaid and the Uninsured

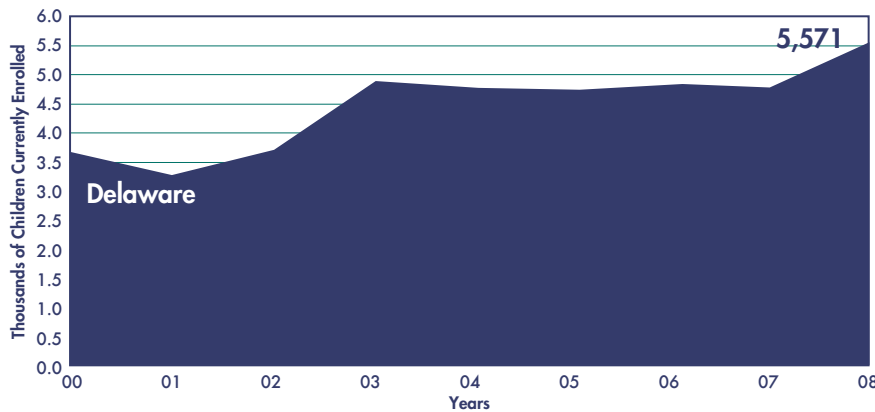
Delaware Healthy Children Program

Applications and Enrollment through October, 2008

Applications mailed to families since the start of SCHIP	19,881
Total ever enrolled*	50,389
Total currently enrolled	5,571

* Total ever enrolled is an unduplicated count of both long-term Delaware Healthy Children Program enrollees plus a large number of individuals who move back and forth between Medicaid and DHCP, even if only for a month.

Number of Children Currently Enrolled



Source: Delaware Department of Health and Social Services, Department of Social Services



DID YOU KNOW?

The Delaware Healthy Children Program (DHCP) is a low-cost health insurance program for uninsured children under age 19 with family income below 200% of the Federal Poverty Level. DHCP offers the benefits of most private health insurance plans, including routine check-ups, eye exams, dental care, and doctor and hospital services. A monthly fee ranges from \$10 to \$25 per month depending on income, without co-pays. For more information on eligibility and the Delaware Healthy Children Program, call toll free 1-800-996-9969 or write to DHCP at P.O. Box 950, New Castle, DE 19720-9914.

PUT DATA INTO ACTION



A number of indicators of children's health have been collected regularly for all states by the Annie E. Casey Foundation through KIDS COUNT. Many of these indicators represent important health outcomes of children. In 2008, the Health Services Policy Group of the Center for Community Research and Service, University of Delaware, undertook a longitudinal assessment of whether differences in the health insurance coverage, especially those rendered through public policies, among states are associated with the considerable variation in the selected health outcomes across states over a period of time. Of special interest was the linkage between health outcomes and both income inequality and state social welfare policy efforts. Social and demographic variables were used in the study as determinants of health outcomes since they represent either need of, or demand for, health care, as well as contribute directly to individual health status. The full version of this report can be found at www.udel.edu/ccrs/knowledge.html.

Selected findings from the analysis:

- U.S. states with a higher percentage of uninsured children had higher infant mortality rates.
- States with a higher percentage of uninsured children had proportionally more women who gave birth with limited prenatal care.

Source: KIDS COUNT 2008 Research Highlights

Focus on Poverty

U.S. children without health insurance

- Children in poverty 1 in 5
- Non-poor children 1 in 10

Source: *Child Poverty in America*. Children's Defense Fund, 2008.

Focus on Poverty

Low-income children are 2.7 times as likely to have no regular source of health care.

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).



For more information see

Children in Poverty Special Report.....	22
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www.kff.org	
www.cms.gov	
www.insurekidsnow.gov	
www.aecfp.org	

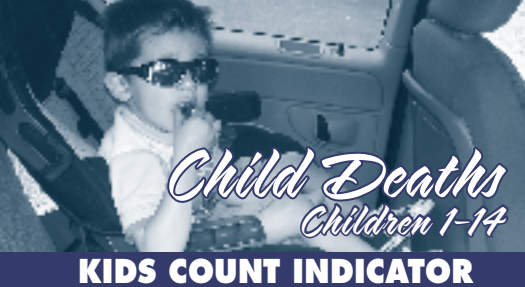
www.state.de.us/dhcc

www.childrensdefense.org

www.dhss.delaware.gov/dhss/dss/dhqpfaq.html

www.delawareuninsured.org/

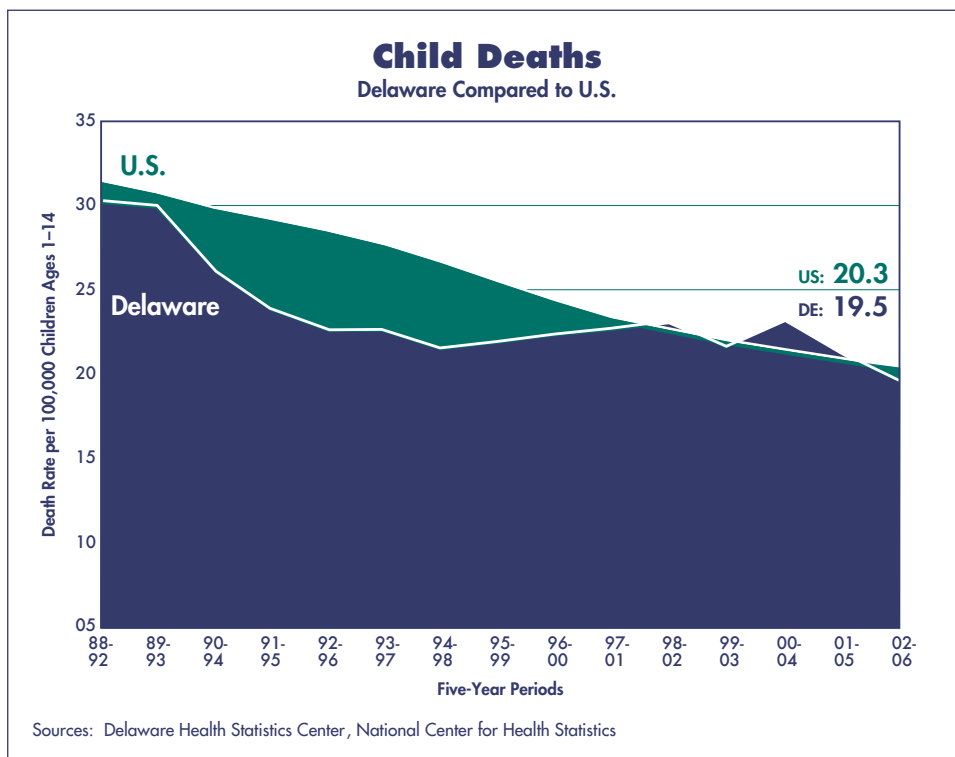
www.familiesusa.org



Child Deaths Children 1-14

KIDS COUNT INDICATOR

Around the world, accidents kill one million children each year and permanently disable many more. In the U.S., injury is a leading cause of death among children and youth. Injuries account for more than one third of all deaths among children ages one to four, and half of all deaths among teens ages 15 to 19. Death rates among children of low-income families continue to rise.



Children younger than 4 years are at greatest risk of severe injury or death. In 2006, children younger than 4 years accounted for 79% of child maltreatment fatalities, with infants under 1 year accounting for 44% of deaths.

Source: Centers for Disease Control and Prevention www.cdc.gov/ncipc/factsheets/cmfacts.htm



Motor vehicle injuries are considered the greatest public health problem facing children today. They are the leading cause of death among children in the U.S.

Source: Centers for Disease Control and Prevention www.cdc.gov/ncipc/factsheets/children.htm

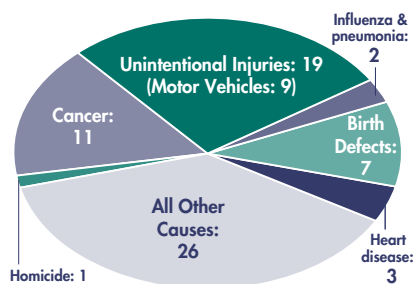


The Delaware Children's Fire Safety Foundation is a nonprofit organization formed to conduct, support, and sponsor educational activities intended to eliminate fire-related deaths and injuries among children of Delaware. Fire safety education saves lives. Through the Foundation's educational activities, children can learn to save their own lives and the lives of others during a fire. "Learn Not to Burn" teaches important fire and burn prevention behaviors using songs, games, and play activities. The Foundation offers a fun and interactive Safe T. Bear website for children to learn behaviors such as "Stop, Drop, and Roll", "Cool a Burn", and "Crawl Low Under". Children can access activities such as coloring pages, poster contests and a variety of information on topics ranging from first aid, emergency escape, and match safety at www.safetbear.com/index.html. The Delaware Children's Fire Safety Foundation website can be accessed at www.safetbear.com/foundation/index.html.

Source: Delaware Children's Fire Safety Foundation. www.safetbear.com/foundation/index.html

Causes of Death of Children 1-4

Delaware, 2002-2006

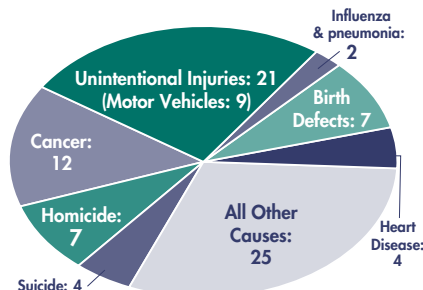


Total Number of Deaths in five-year period: 69 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5-14

Delaware, 2002-2006



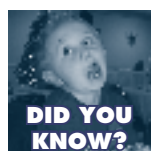
Total Number of Deaths in five-year period: 82 Children

Source: Delaware Health Statistics Center

Focus on Poverty

Children in low-income families are 3 times as likely to be in fair or poor health.

Source: *Child Poverty in America*. Children's Defense Fund, 2008.



Each year in the United States, hospital emergency rooms treat more than 200,000 children ages 14 and younger for playground-related injuries.

Source: Centers for Disease Control and Prevention www.cdc.gov/ncipc/factsheets/children.htm

PUT DATA INTO ACTION



Vaccinations save lives

In the decade before the measles vaccination program began, an estimated 3-4 million persons in the U.S. were infected each year, of whom 400-500 died, 48,000 were hospitalized, and another 1,000 developed chronic disability from measles encephalitis. Widespread use of measles vaccine has led to a greater than 99% reduction in measles cases in the United States compared with the pre-vaccine era.

In August 2008, the Centers for Disease Control and Prevention reported that during January to July 2008, 131 measles cases were reported to CDC, compared with an average of 63 cases per year during 2000-2007. Of the reported measles cases, 76% were in persons less than 20 years old, and 91% were in persons who were unvaccinated or of unknown vaccination status.

Source: Centers for Disease Control and Prevention, www.cdc.gov/vaccines/

Some parents are concerned about vaccinating their children due to reports that vaccines may be connected to an increase in cases of autism. According to a March 2008 Fact Sheet produced by the American Academy of Pediatrics, "From time to time, rumors circulate that thimerosal, a mercury-based preservative once used in several vaccines (and still used in some flu vaccine), could contribute to autism spectrum disorders. However, valid scientific studies have shown there is no link. For example, a recent study in California showed that, even though thimerosal was removed from most childhood vaccines by 2002, cases of ASD did not decrease. The American Academy of Pediatrics (AAP), the American Medical Association (AMA), the CDC, and the Institute of Medicine (IOM) agree that science does not support a link between thimerosal in vaccines and autism. (For the IOM report, please go to <http://www.iom.edu/CMS/3793/4705/4717.aspx>.) The National Institute of Child Health and Human Development says, "To date there is no definite, scientific proof that any vaccine or combination of vaccines can cause autism. It's important to know that vaccines actually help the immune system to defend the body."

Source: <http://www.aap.org/advocacy/releases/autismfactsforparents.pdf>



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www.kidshealth.org

www.cdc.gov/ncipc/duip/duip.htm

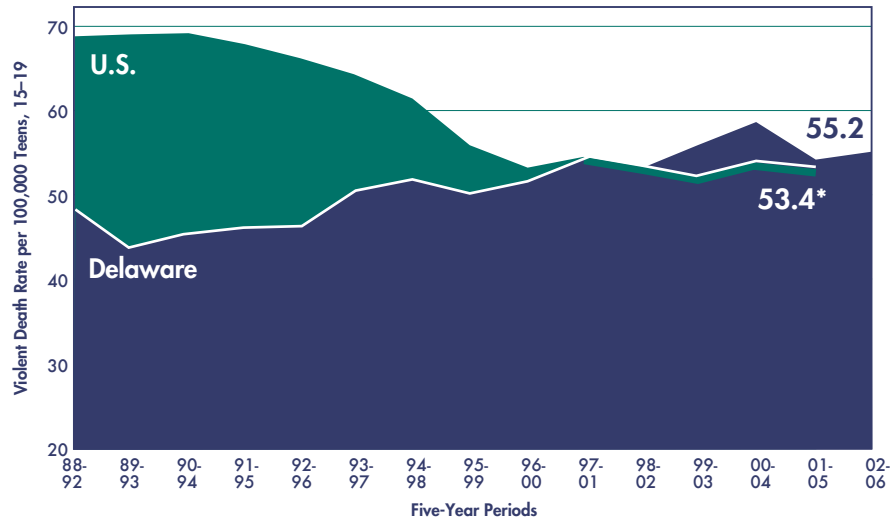
www.codereadover.org/home.asp

Teen Deaths by Accident, Homicide & Suicide

KIDS COUNT INDICATOR

As children age into their middle and late teenage years, they encounter new risks to their safety. Injury accounts for nearly 80% of adolescent deaths. Teenagers are much more likely to die from injuries sustained in motor vehicle traffic accidents and from injuries sustained from firearms than children of younger ages.

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



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

*U.S. data not available for 2002-06

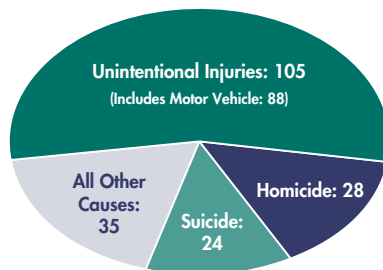


Teen Deaths by Accident, Homicide, and Suicide – number of deaths per 100,000 teenagers 15-19 years old

Unintentional Injuries – accidents, including motor vehicle crashes

Deaths of Teens 15-19

Number in Delaware by Cause and Gender, 2002-2006



Total in 5-year Period: 192 Teens
134 Males, 58 Females

Source: Delaware Health Statistics Center

Deaths of Teens 15-19

Number in Delaware by Cause, 2006

Motor Vehicle Crashes	9 males 8 females
Suicide	7 males 1 females
Homicide	5 males 0 females
All Other Causes	7 males 5 females

Total Number of Deaths: 42 teens

Source: Delaware Health Statistics Center

PUT DATA INTO ACTION



Hang up the phone: According to the AAA Foundation for Traffic Safety, the results of several studies have exposed the dangers that exist when one uses a cell phone while driving. One study used driving simulators to show how the use of a cell phone while driving has a detrimental effect on driving performance, most notably reaction time. Other studies have used the cell phone records of drivers involved in accidents to illustrate that the risk of being in a crash can increase four-fold with the use of a cell phone while driving. Although more than 80% of drivers studied felt that using cell phones while driving was a serious traffic problem, over half of all the drivers studied admitted to using a cell phone while driving at least occasionally. Additionally, one in seven drivers admitted to text messaging while driving.

Source: AAA Foundations for Traffic Safety, Cell Phones and Driving: Research Update (December 2008)

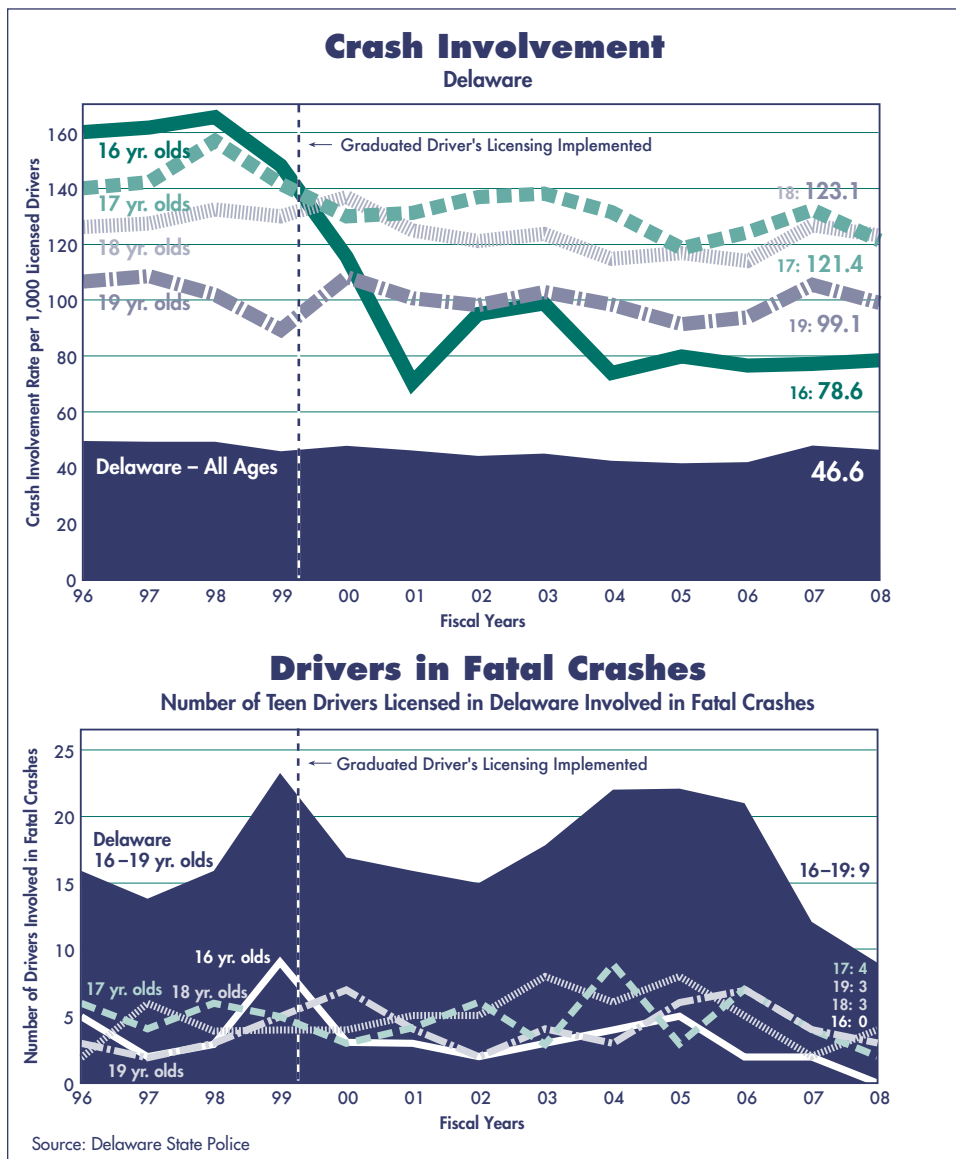
Impact of Graduated Driver's License on 16-Year-Old Driver Crashes in Delaware

Delaware's Graduated Driver's Licensing (GDL) program was enacted on July 1, 1999, and Delaware has since 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

Focus on Poverty

Teens living in poverty are more likely to experience violent crime.



DID YOU KNOW?

The risk of motor vehicle crashes is higher among 16- to 19-year-olds than among any other age group. In fact, per mile driven, teen drivers ages 16 to 19 are four times more likely than older drivers to crash.

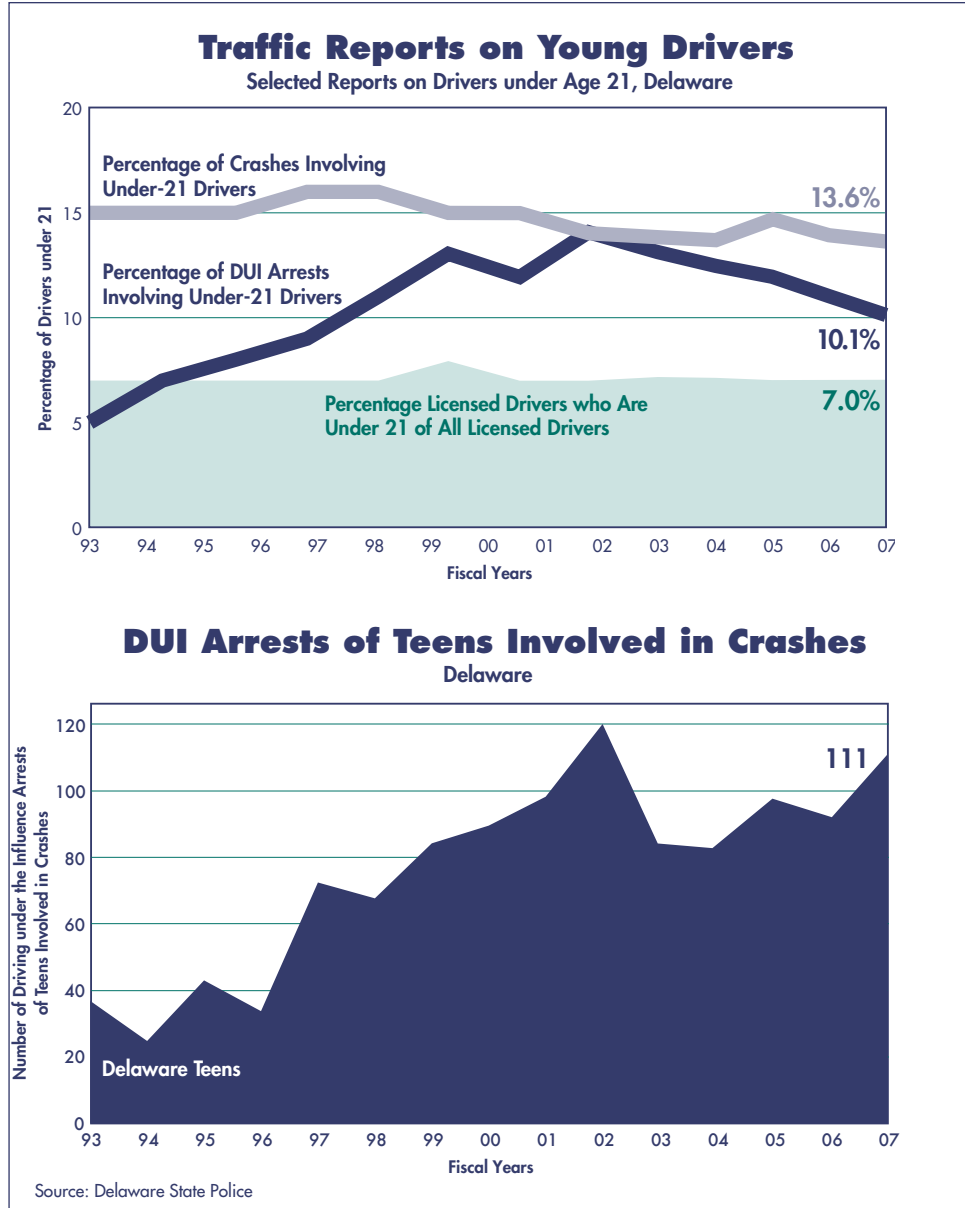
Source: www.cdc.gov/ncipc/factsheets/teenmvh.htm

Cause for Applause



7.5% of Delaware students rarely wore a seatbelt, compared to 11.1% of U.S. students.

Source: CDC Youth Behavior Risk Survey 2007



DID YOU KNOW?

Car accidents are the number one killer of teens. More than 5,000 teen die in automobile accidents each year. Some of the factors that can increase the risk of a teen accident include speeding, which can be linked to 35% of crash deaths involving young people, the use of a cell phone (increases the crash risk by 300%), and having a passenger in the vehicle (one passenger increases the fatal crash risk by 48%, a second passenger by 158%). There is also a greater danger for teen drivers after dark, with over half of accidents taking place at night.

Source: Reader's Digest Special Report August 08



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www.ihs.org

For more information see

www.talkingwithkids.org

www.aap.org/advocacy/childhealthmonth/preteensuicide.htm



PUT DATA INTO ACTION



According to the Teen and Child Motor Vehicle Crash Data Analysis produced by the Montana and South Dakota KIDS COUNT organizations, there are certain predictors of fatal teen car accidents: the portion of a state's highway that is rural, the portion of the high students who drove while drinking alcohol, the portion of high school students who had used tobacco at least once in the past month, and the prevalence of single-parent families.

Source: Teen and Child Motor Vehicle Crash Data Analysis, KC Montana/S.Dakota 12/2008

Diseases that are spread through sexual contact are referred to as sexually transmitted diseases (STDs). Most STDs can be “silent,” displaying no noticeable symptoms. These asymptomatic infections can be diagnosed only through testing. However, routine screening programs are not widespread. The social stigma and lack of public awareness concerning STDs often inhibits frank discussion about risks, symptoms, transmission, and the need for testing. STDs remain a major public health challenge. While STDs are preventable, it is estimated that 19 million new infections occur each year in the United States, and almost half of them are among adolescents and young people. The most commonly reported infectious disease is Chlamydia.



Cause for Concern

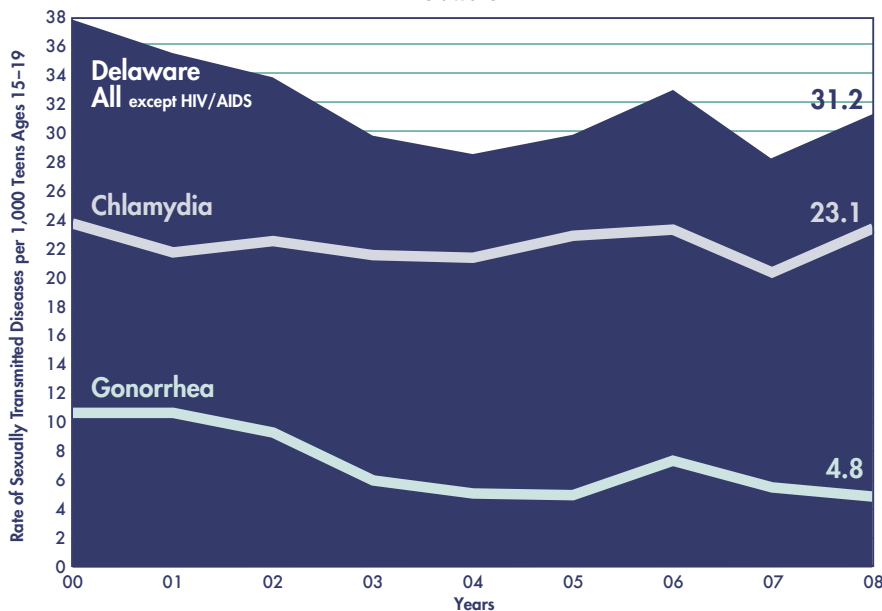


21.8% of Delaware high school students have had sexual intercourse with 4 or more persons in their lives, compared to 14.9% of U.S. h.s. students.

Source: CDC Youth Behavior Risk Survey 2007

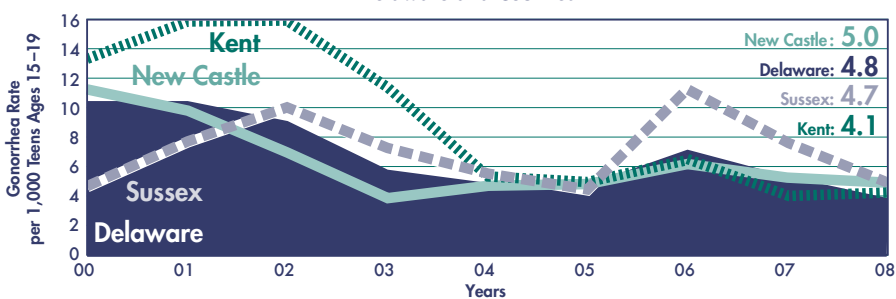
Teens with Sexually Transmitted Diseases

Delaware



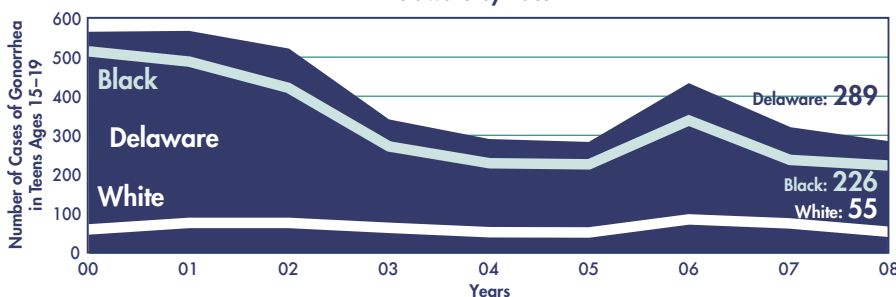
Rate of Teens with Gonorrhea

Delaware and Counties



Number of Teens with Gonorrhea

Delaware by Race



Source: STD Program, Delaware Division of Public Health



For more information see

Delaware Children Speak about Health and Health Behaviors 52
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www.agi-usa.org/sections/sti.php

www.plannedparenthood.org

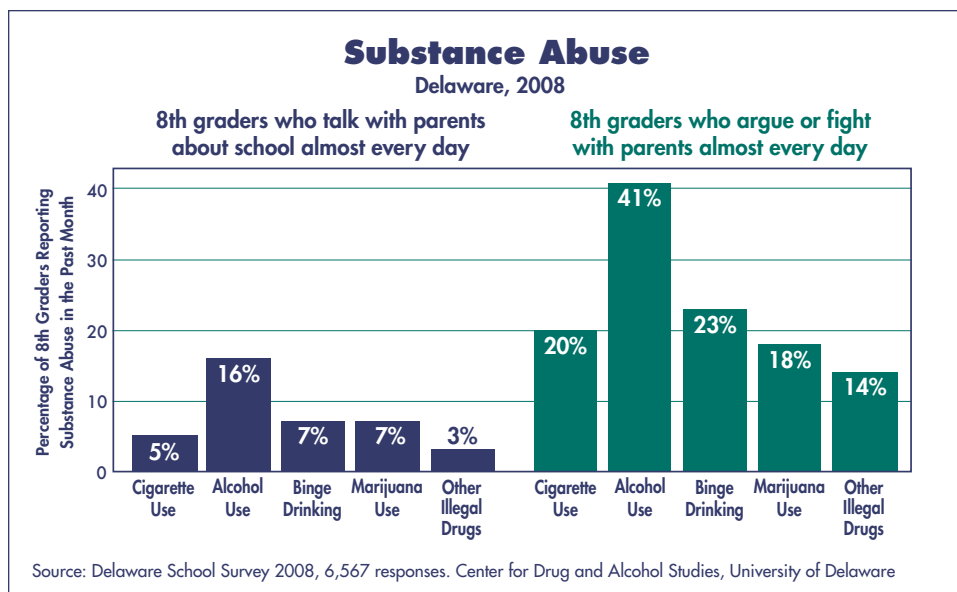
www.cdc.gov/hiv/pubs/facts.htm

Alcohol, Tobacco, & Other Drugs

Alcohol and drug use threaten the health and wellbeing of young people. Research has identified a number of social and environmental risk factors that contribute to drug and alcohol abuse including drug-abusing peers, stress from family situations, poor education, and drug availability.

Periods of transition are considered high-risk periods for drug use. Children are likely to encounter drugs for first time in the early adolescence, when they advance from elementary school to middle school and they experience new academic and social situations. When they transition to high school, adolescents face additional social, emotional, and educational challenges. They often may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances. Early abuse often includes substances such as tobacco, alcohol, inhalants, marijuana, and prescription drugs such as sleeping pills and anti-anxiety medicines. If drug abuse persists into later adolescence, abusers typically begin using other drugs, while continuing their abuse of tobacco and alcohol.

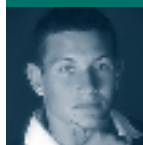
Drug abuse prevention strategies should be tailored to the specific needs of the young people involved. The strategies may focus on drug education, psychological support, or comprehensive intervention.



White students have the highest levels of smoking, with rates among tenth and twelfth graders that are more than twice those of black students. Hispanic students' rates of daily smoking fall in between those of whites and blacks.

Source: Child Trends. www.childtrendsdatabank.org/indicators/3Smoking.cfm.

PUT DATA INTO ACTION



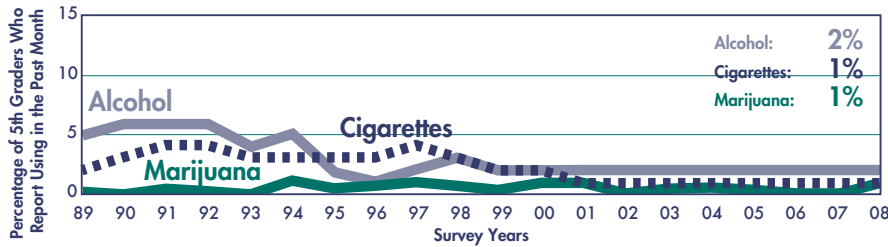
Avoid that first cigarette: Teens can get hooked on just one

As reported in *The Journal of Family Practice*, research leads Dr. Joseph R. DiFranza, a family health and community medicine specialist at the University of Massachusetts Medical School in Worcester, to conclude that "very soon after that first cigarette, adolescents can experience a loss of autonomy over tobacco."

The *New York Times* quotes Dr. DiFranza: "We have long assumed that kids got addicted because they were smoking 5 or 10 cigarettes a day. Now we know that they risk addiction after trying a cigarette just once."

Source: *New York Times*. <http://www.nytimes.com/2008/02/12/health/12brod.html?scp=2&sq=joseph%20difranza&st=cse>

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

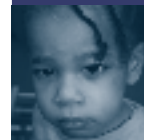


Cause for Applause



The percentage of regular cigarette use among Delaware students continues to decline.

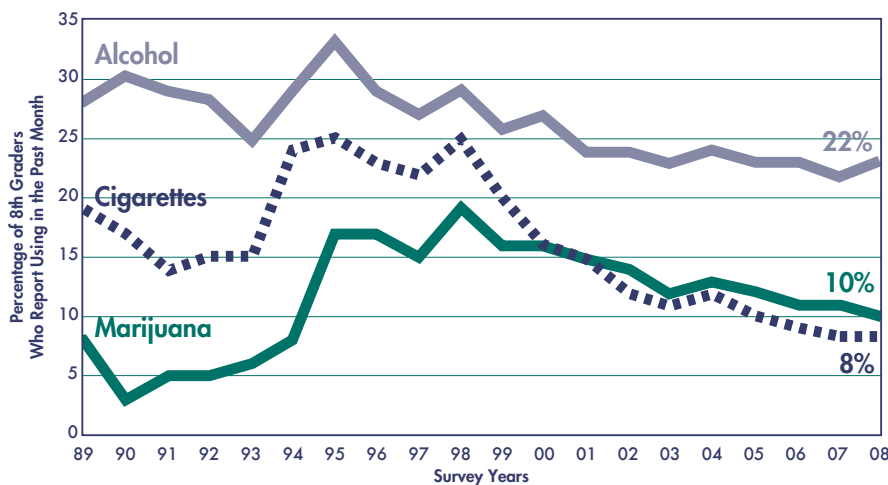
Cause for Concern



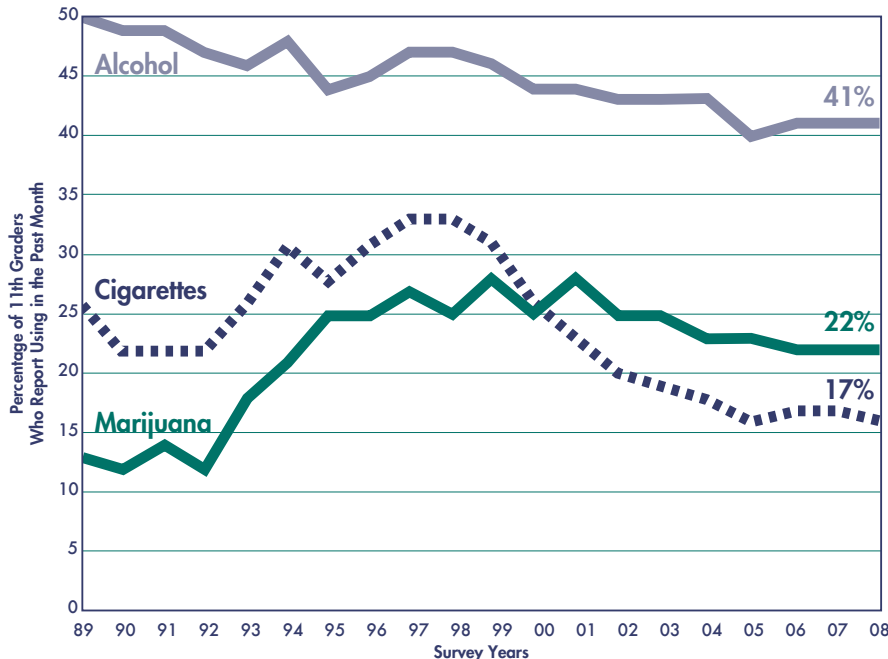
43.9% of Delaware high school students have ever smoked marijuana, compared to 38.1% of U.S. high school students.

Source: CDC Youth Behavior Risk Survey 2007

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



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



Source: Delaware School Survey 2008, 5th graders: 2,634 responses. 8th graders: 2,627 responses. 11th graders: 5,636 responses. Center for Drug and Alcohol Studies, University of Delaware



For more information see

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www.udel.edu
www.al-anon-alateen.org
www.tobaccofreekids.org

www.udel.edu/delawaredata/
www.childtrendsdatabank.org/drugs.cfm

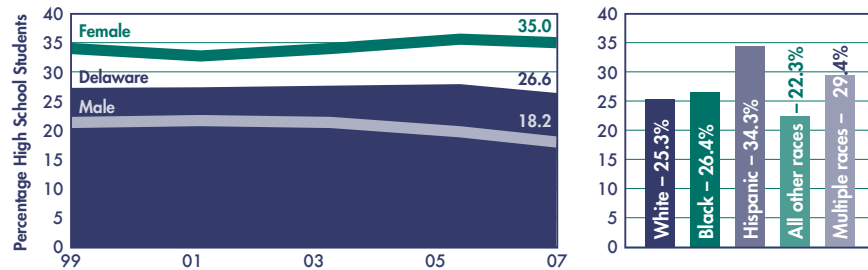


Mental health is important at every stage in life. Like adults, children can have mental health challenges and disorders that can influence their way of thinking, feeling, and acting. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, or even suicide. These disorders can be very costly to children, families, communities, and the healthcare system. The causes of the disorders can be biological such as genetics, chemical imbalances in the body, or damage to the central nervous system. Environmental factors also put children at risk for developing mental health disorders. These include exposure to violence, including witnessing or being a victim of physical or sexual abuse, loss of people through death, separation, divorce or broken relationships, factors related to poverty, exposure to environmental toxins such as high levels of lead, as well as other hardships. Early mental health intervention may significantly reduce the negative effects of mental health problems and promote healthy functioning. The Delaware Division of Child Mental Health Services' intake phone numbers (302-633-2571 or 1-900-722-7710) can answer questions about how to access mental health services.



Feeling Sad or Hopeless

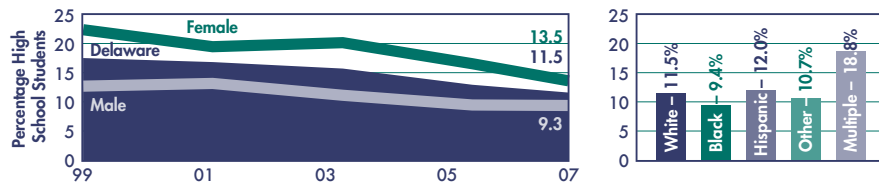
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?



Source: Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Considering Suicide

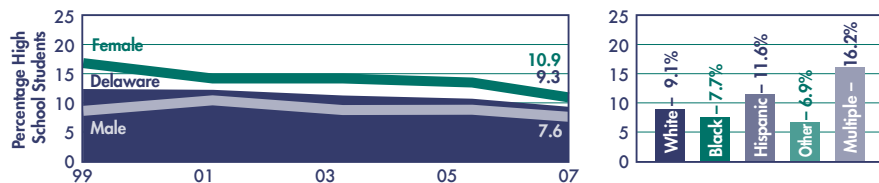
During the past 12 months, did you ever seriously consider attempting suicide?



Source: Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Planning Suicide

During the past 12 months, did you make a plan about how you would attempt suicide?



Source: Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

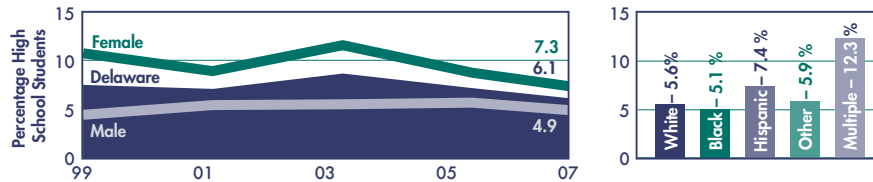


In 1996–2005 suicide was the second leading cause of death for youths and young adults in Delaware; for Delawareans of all ages, suicide was the 11th leading cause of death.

Source: Delaware Health Statistics Center

Attempting Suicide

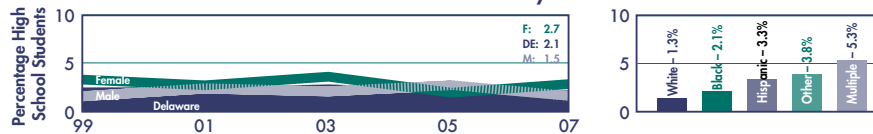
During the past 12 months, how many times did you actually attempt suicide?
One or more times:



Source: Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Injuring Self

Did any suicide attempt the past 12 months result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?



Source: Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware



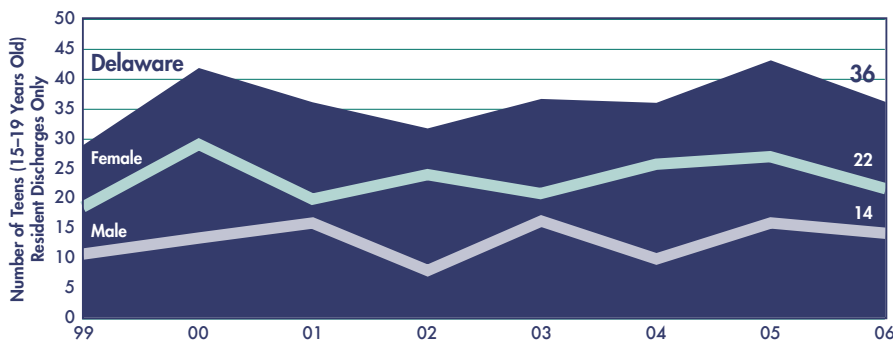
Risk factors for suicide in youth: history of previous suicide attempts, family history of suicide, history of depression or other mental illness, alcohol or drug abuse, stressful life event or loss, easy access to lethal methods, exposure to the suicidal behavior of others, and incarceration.

Source: National Center for Injury Prevention and Control, Division of Violence Prevention. Youth Suicide.
<http://www.cdc.gov/ncipc/dvp/Suicide/youthsuicide.htm>



Self-inflicted Injury Hospitalizations

Number of Teen (15-19 Years Old) Hospitalizations due to Suicide and Self-inflicted Injuries, Delaware



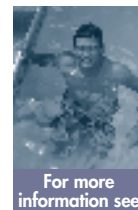
Source: Delaware Health Statistics Center

Teen Suicides

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



Source: Delaware Health Statistics Center



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Delaware Division of Child Mental Health Services (to access mental health services)..... 302-633-2571
1-900-722-7710
For more information see www.mhainde.org/childmh.htm

www.kidshealth.org/teen/your_mind/mental_health/suicide.html

www.aap.org/advocacy/childhealthmonth/prevteensuicide.htm



Delaware Children Speak

HEALTH & HEALTH BEHAVIORS

Cause for Applause



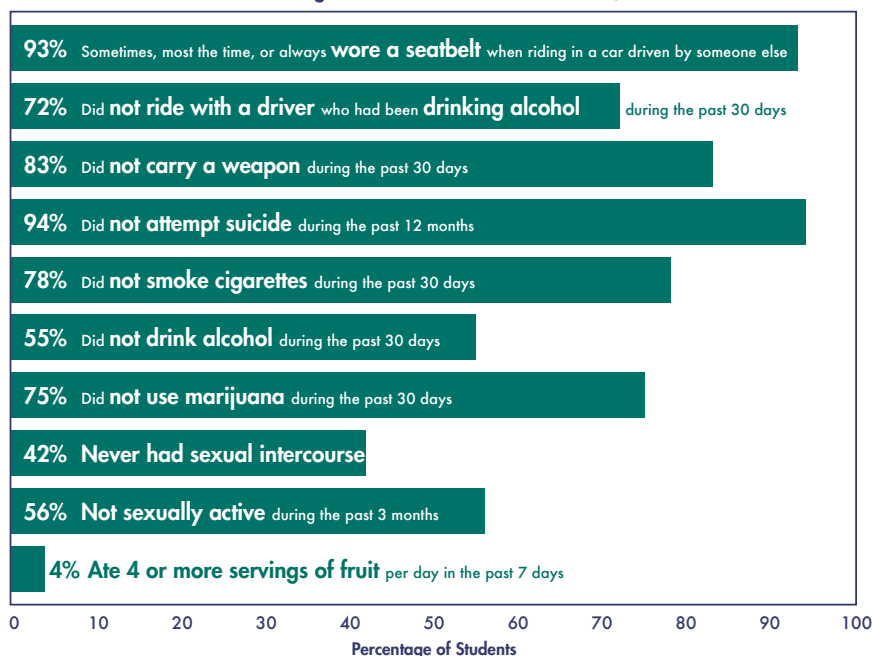
The percentage of 8th and 11th graders who smoke continues to decline.



Since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered an annual survey to public school students about alcohol, tobacco, and drug use. This study is supported by the Office of Prevention with the cooperation of the Department of Education and the Delaware Drug-Free School Coordinators. 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 Alcohol 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.

Teen Lifestyles

Delaware High School Students Grades 9–12, 2007



Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Healthy Youth! School Health Profiles from the CDC

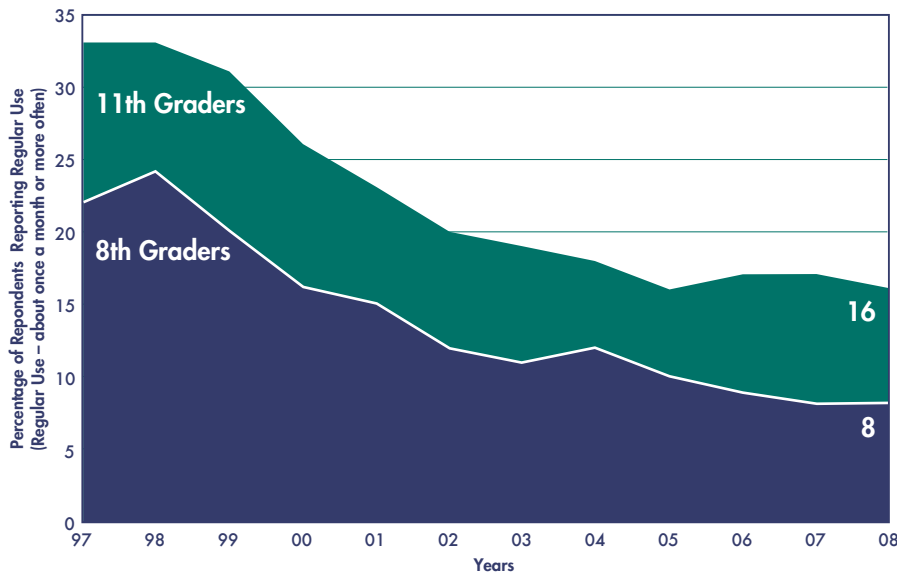
Percentages, Delaware and Median among 36 participating States, 2006

	Delaware	Median
Schools that require students to take 2 or more health education courses	50.8	43.0
Schools in which the lead health education teacher		
– had professional preparation in health education	74.2	45.5
– received staff development in the past two years on HIV prevention	39.5	43.7
– received staff development in the past two years on asthma awareness	12.0	19.2
Schools that, in a required health education course, tried to		
– improve student skills in resisting peer pressure to engage in unhealthy behavior	91.7	86.0
– increase students' knowledge on STD prevention	85.1	79.9
– increase students' knowledge on pregnancy prevention	83.4	80.0
– teach that abstinence is most effective method to avoid pregnancy, HIV, and STDs	87.9	78.0
– teach how to correctly use a condom	43.8	24.3
Schools in which a student would be permitted to carry and self-administer a prescription quick-relief inhaler for asthma	51.4	76.0
Schools that had, or participated in, a program to prevent bullying	56.8	65.1

Source: Centers for Disease Control and Prevention. www.cdc.gov/HealthyYouth/profiles/topic_facts.htm

Declining Cigarette Use

Delaware 8th and 11th Graders



Source: Delaware School Survey 1997–2008, Center for Drug and Alcohol Studies, University of Delaware

Focus on Poverty

Children in low-income families are 3 times as likely to be in fair or poor health.

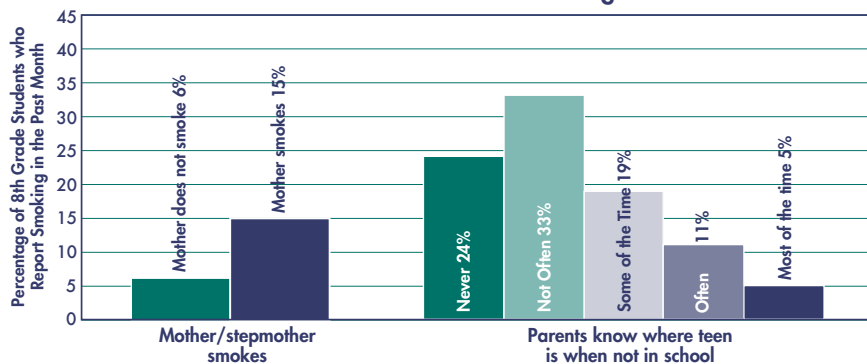
Source: *Child Poverty in America*.
Children's Defense Fund, 2008.



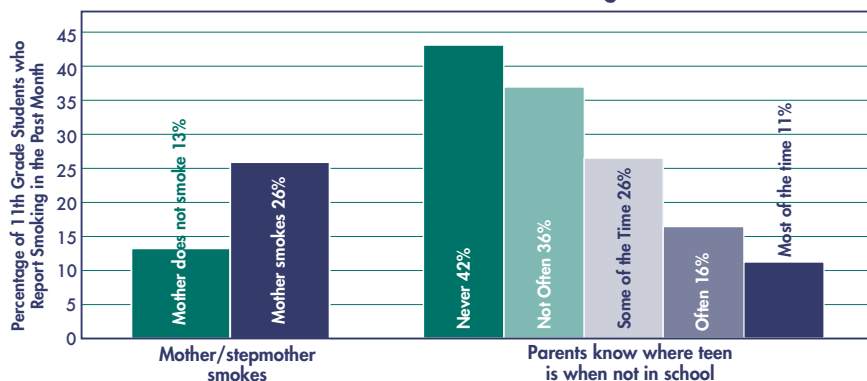
Parents Influence Teen Smoking

Delaware

8th Graders who Smoke Cigarettes



11th Graders who Smoke Cigarettes



Source: Delaware School Survey 2007, 5th graders: 7,727 responses. 8th graders: 6,788 responses. 11th graders: 5,623 responses. Center for Drug and Alcohol Studies, University of Delaware



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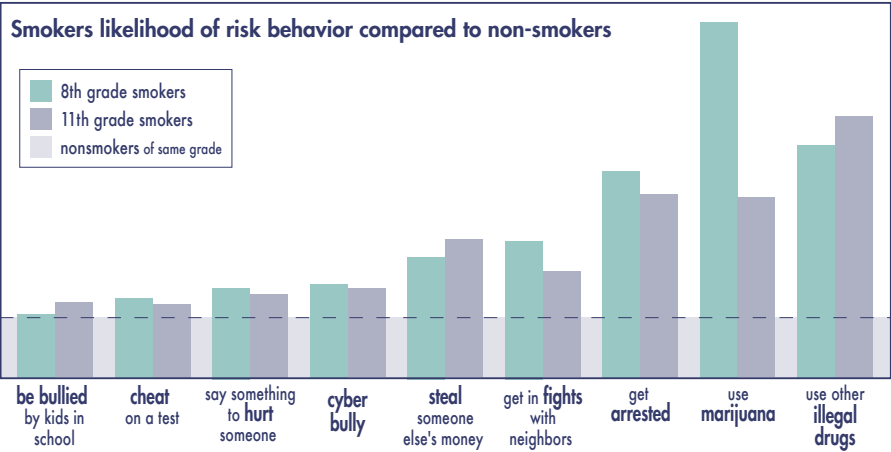
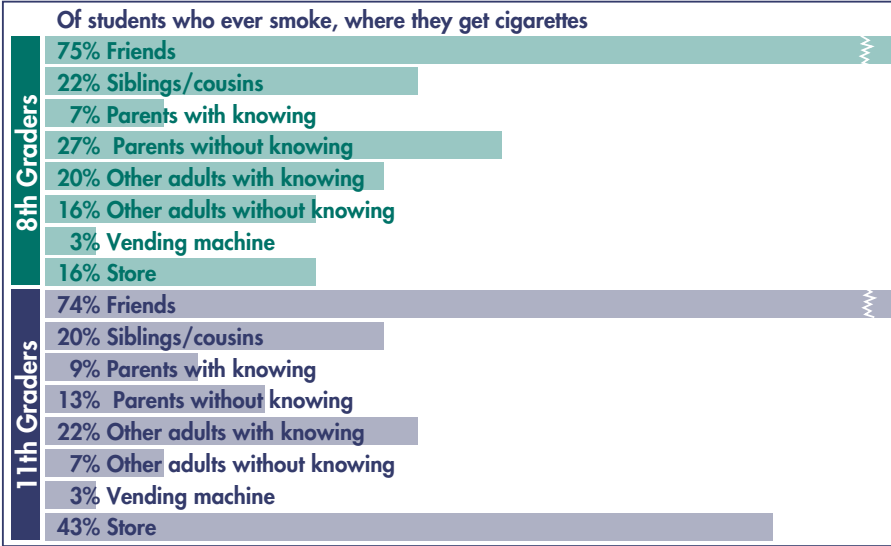
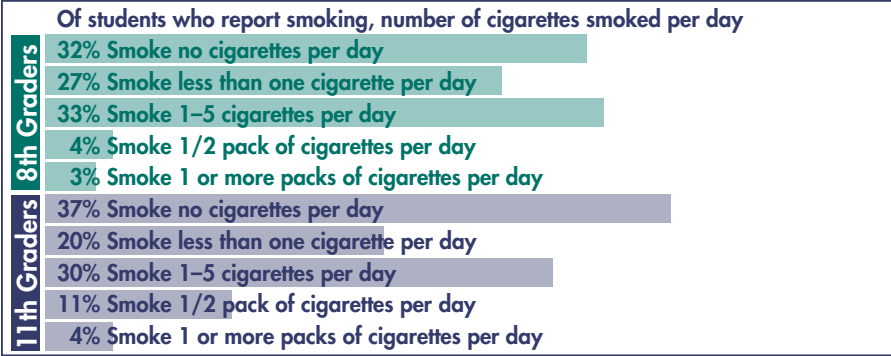
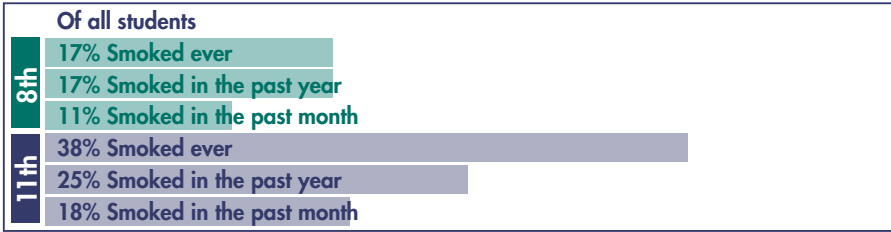
For more
information see

www.state.de.us/drugfree/
www.udel.edu/delawaredata/

www.cdc.gov/HealthyYouth/yrbbs/



Youth Cigarette Use
8th and 11th Graders, Delaware, 2007

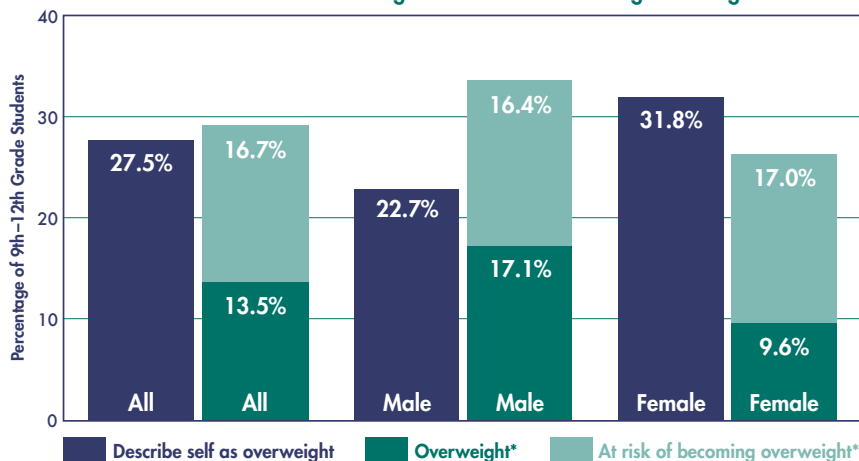


Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Individual Physique: Perception vs. Actuality

Delaware, 2007

Teens who describe themselves as slightly/very overweight compared to teens who are overweight or at risk of becoming overweight*



* Calculated body mass index from reported height and weight

Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Focus on Poverty

Children in lower-income families are more likely to be overweight and less likely to exercise at least once per week.

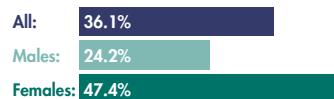
Weight Control

Step taken in the last 30 days to lose weight or keep from gaining weight
Delaware, 2007

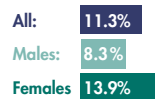
Exercised



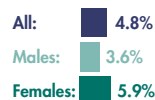
Ate less food, fewer calories or low-fat food



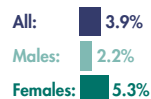
Went without eating for 24 hours or more



Took diet pills, powders, or liquids without doctor's advice



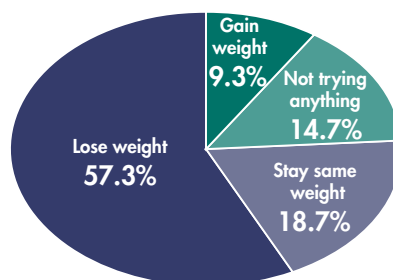
Vomited or took laxatives



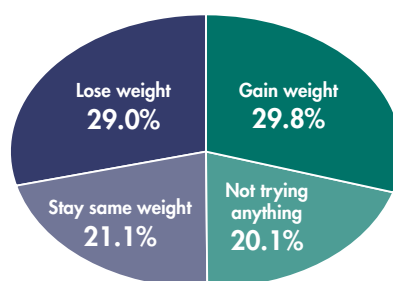
Concern about Weight

Which of the following are you trying to do about your weight?
Delaware, 2007

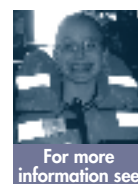
9-12th Grade Females



9-12th Grade Males



Source for all graphs on this page:
Responses from 9th-12th grade students.
CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware



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www.udel.edu/cdas/
www.state.de.us/drugfree/
<http://childnutrition.doe.k12.de.us/>

www.childtrendsdatabank.org/indicators/80SubstanceFreeYouth.cfm

Focus on Poverty

Children in families with income above 200% of the federal poverty line have significantly better health outcomes than children in lower income families.

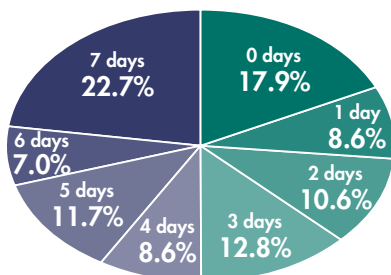


Strenuous Physical Activity

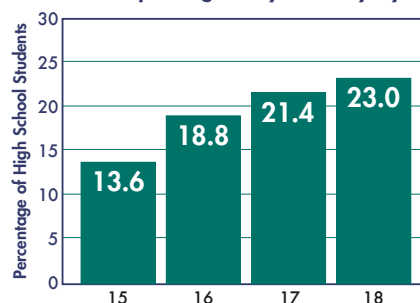
How many days in the past week have you exercised or participated in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?

Delaware, 2007

9–12th Graders



Students reporting 0 days activity by age



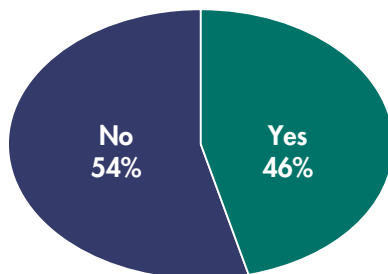
Source: Responses from 9th–12th grade students.
CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Sexual Activity

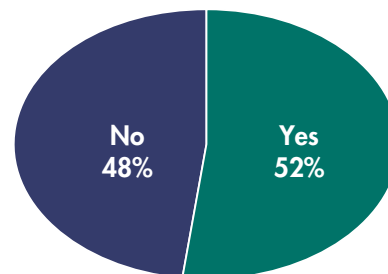
Have you ever had sexual intercourse?

Delaware, 2007

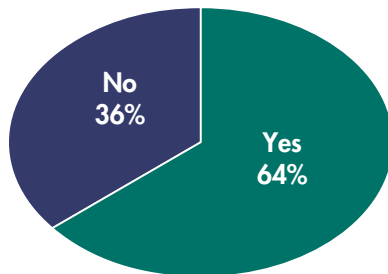
9th Graders



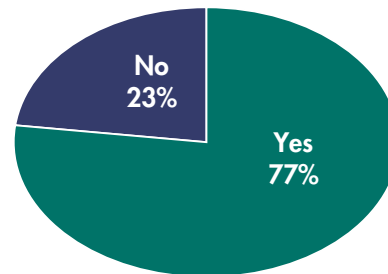
10th Graders



11th Graders



12th Graders



Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

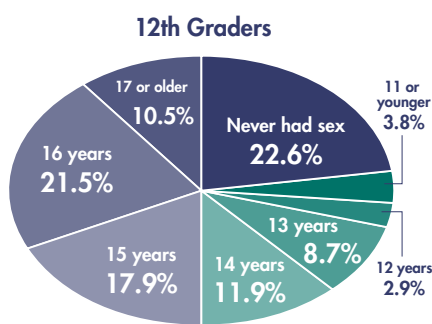
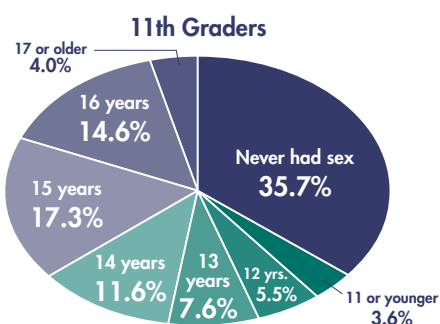
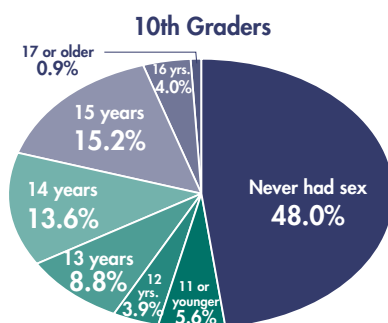
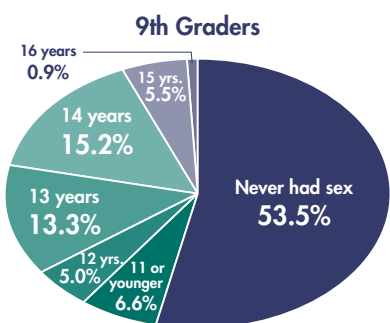


According to the Youth Risk Behavior Survey 2007

- 8% of Delaware 9–12th graders answered yes to “have you ever been physically forced to have sexual intercourse when you did not want to.”
- 80% of Delaware 9–12th graders had a boyfriend or girlfriend during the past 12 months, of those students who had a boyfriend or girlfriend,
 - 9% were hit, slapped, or physically hurt by a boyfriend or girlfriend during the past 12 months.
 - 15% had a boyfriend or girlfriend say things to them or to other people to purposely hurt them.
 - 4% of the students listed above reported both verbal and physical abuse.

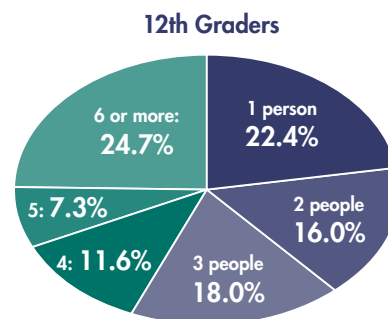
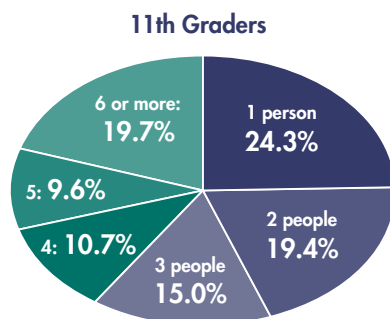
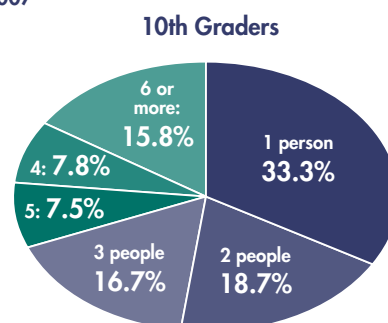
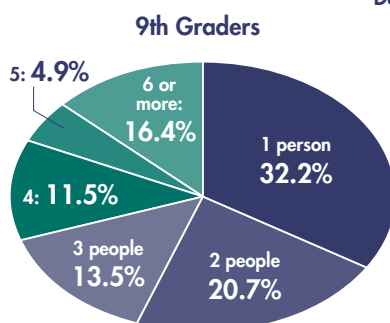
Sexual Activity

How old were you when you had sexual intercourse for the first time?
Delaware, 2007



Sexual Activity

Of those who are sexually active,
with how many people have you had sexual intercourse?
Delaware, 2007



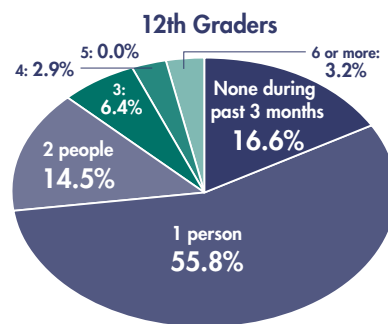
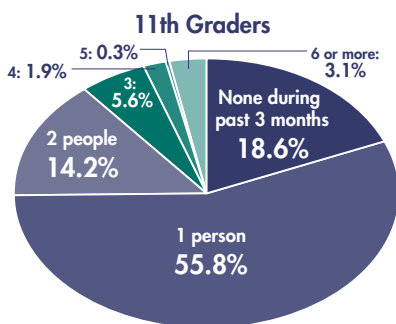
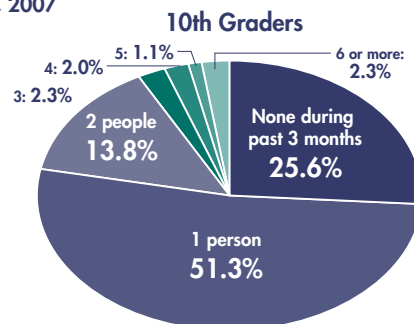
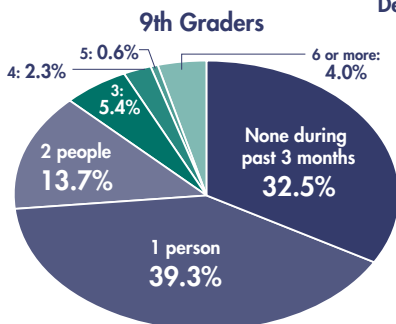
Note: All students did not answer every question, causing percentages to vary.
Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware





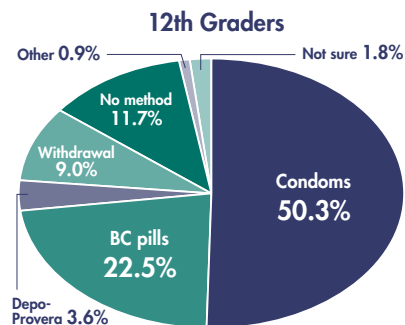
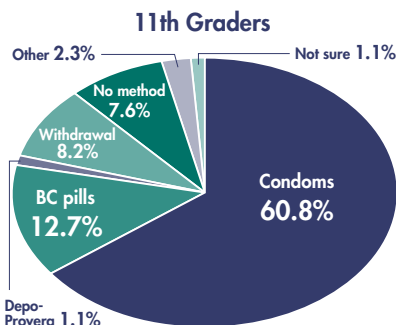
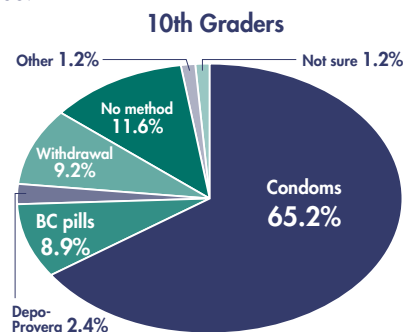
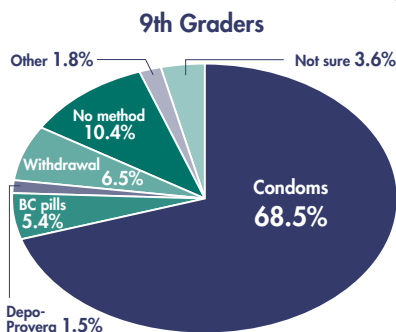
Sexual Activity

Of those who are sexually active,
with how many people have you had sexual intercourse during the past 3 months?
Delaware, 2007



Sexual Activity

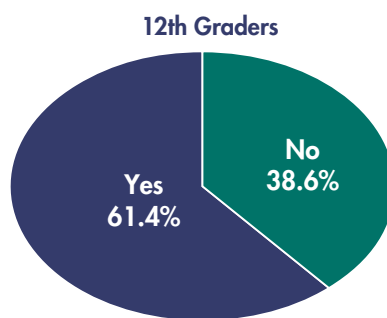
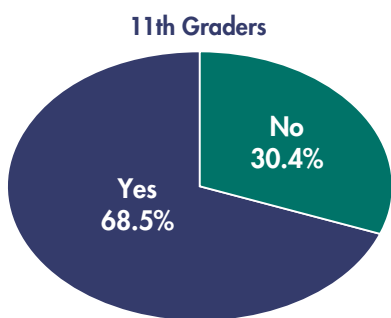
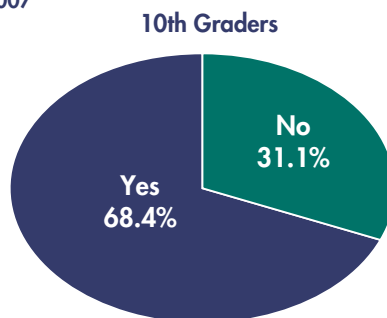
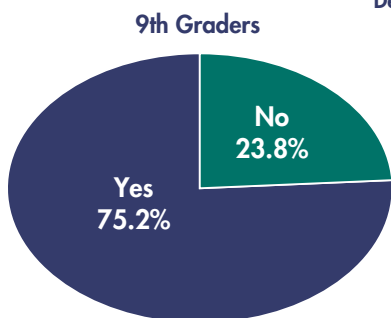
Of those who are sexually active, the last time you had sexual intercourse,
what one method did you or your partner use to prevent pregnancy?
Delaware, 2007



Note: All students did not answer every question, causing percentages to vary.
Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

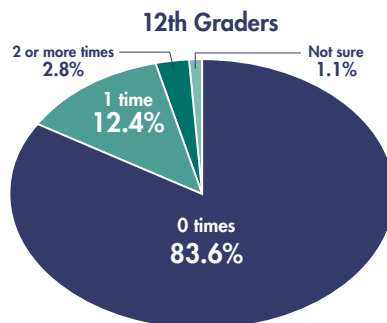
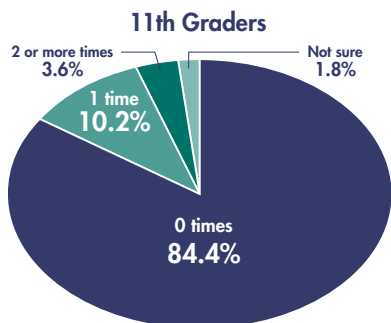
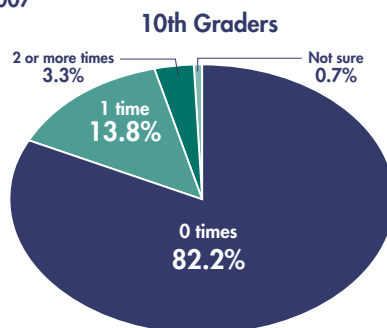
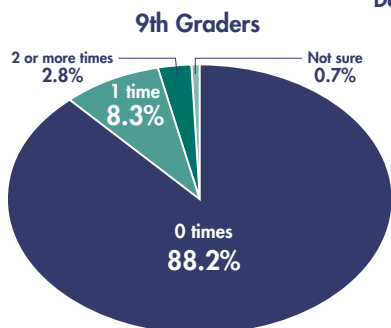
Sexual Activity

Of those who are sexually active,
the last time you had sexual intercourse, did you or your partner use a condom?
Delaware, 2007



Sexual Activity

Of those who are sexually active,
how many times have you been pregnant or gotten someone pregnant?
Delaware, 2007



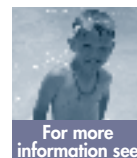
Note: All students did not answer every question, causing percentages to vary.
Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

Cause for Concern



59.3% of Delaware high school students have ever had sexual intercourse, compared to 47.8% of U.S. students.

Source: CDC Youth Behavior Risk Survey 2007



Sexually Transmitted Diseases 47
Births to Teens 80

For more information see



Sexually Transmitted Diseases 47
 Alcohol, Tobacco, and Other Drugs..... 48
 Mental Health 50
 Delaware Division of Child Mental Health Services (to access mental health services) 302-633-2571
 1-900-722-7710

For more information see



Sexual Minority Youth

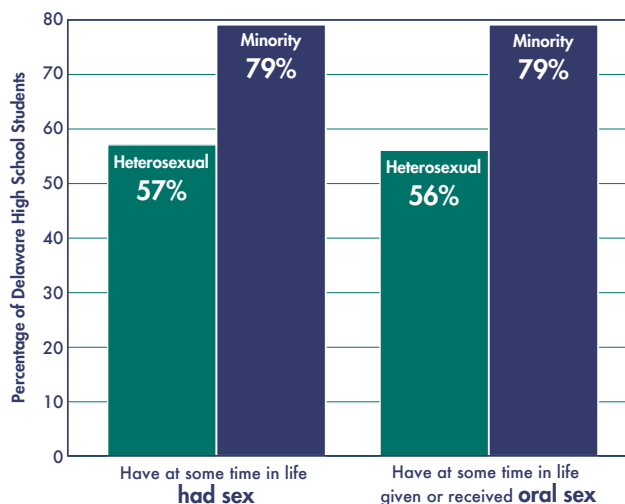
Students who described themselves as homosexual (lesbian or gay) OR bisexual, compared to those who describe themselves as heterosexual (straight)

Delaware, 2007

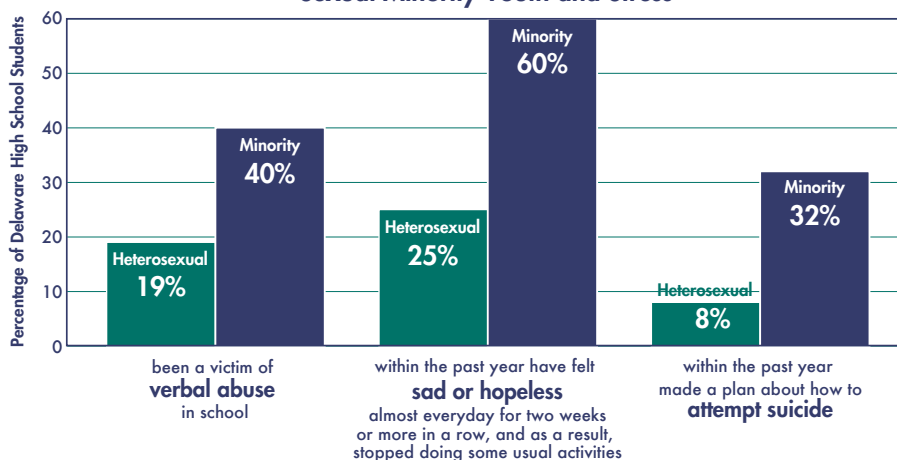
Sexual Minority Youth Sexual Activity

The survey sample consisted of 2,428 (94%) high school students who identified as being heterosexual and 130 (5%) who identified as being a sexual minority. One percent of students were not sure of their sexual identity.

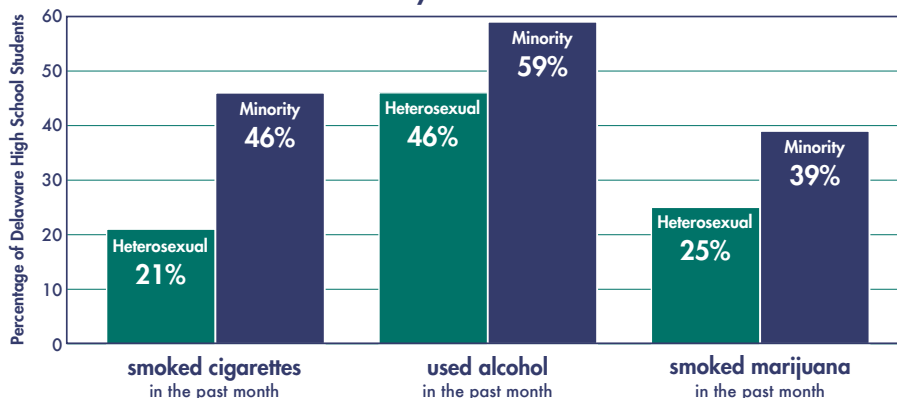
Please note that sexual minority students appear to be exposed to far greater levels of stress than heterosexual students and lower levels of perceived support. Increased rates of risk behaviors may represent responses to increased stress and need for support and support services.



Sexual Minority Youth and Stress



Sexual Minority Youth and Risk Behaviors



Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware

EDUCATIONAL INVOLVEMENT & ACHIEVEMENT





Early Intervention

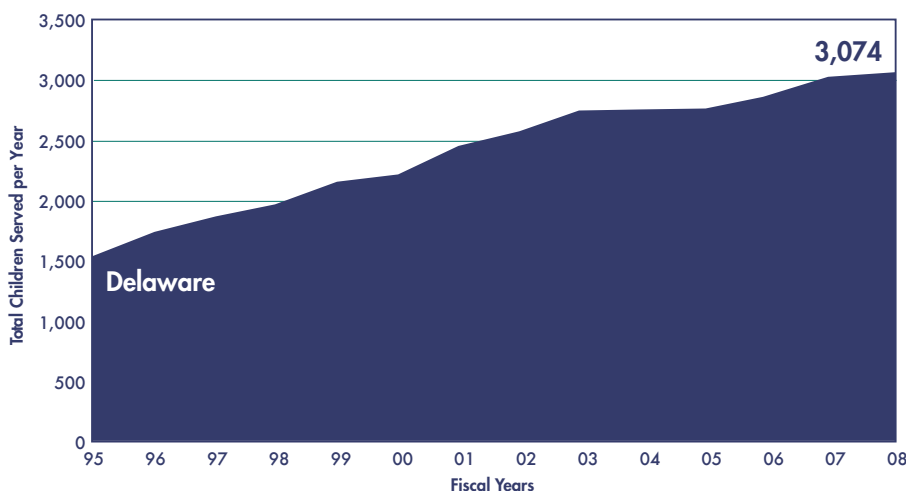
Early intervention programs are designed to improve the mental, verbal, social, and emotional wellbeing of young children who have developmental disabilities or who are vulnerable due to biological or environmental factors. These programs enhance a child's potential and development while providing support and assistance to the family.

Early intervention can mitigate existing developmental problems or prevent their occurrence. A strategy may focus on the child alone or on the child and the family together. Early intervention has been proven cost-effective, increasing the developmental and educational gains for the child and improving the functioning of the family.



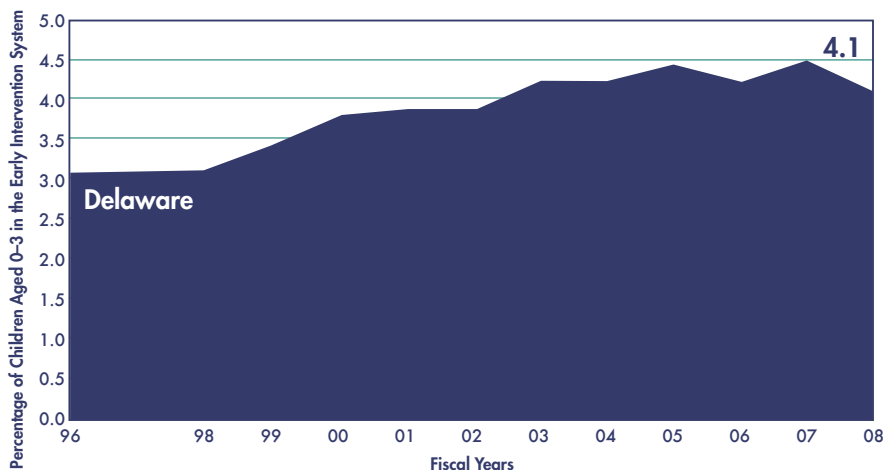
Child Development Watch

Delaware

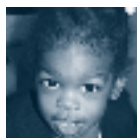


Birth to Three Early Intervention

Delaware



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



For more information see

Tables 47-48..... 152
www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html
www.kidsource.com/kidsource/pages/ed.early.html
www.state.de.us/kids/fs/fs_k3prog.shtml

PUT DATA INTO ACTION



Child Development Watch is an early intervention program offered by Delaware Health and Social Services (DHSS) for children ages birth to three. This program is designed to enhance the development of infants and toddlers with disabilities and/or developmental delays and to enhance the capacity of their families to meet their needs. Most of what a child learns in a lifetime is learned in the first 5 years. It is important in these early years to give children every possible opportunity to develop these important skills. Child Development Watch supports developing these skills in everyday settings, such as home, childcare, or community programs. More than 20,000 children in Delaware have received early intervention services through Child Development Watch.





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 school. The range of services are designed to be responsive to the developmental, ethnic, cultural, and linguistic experience of the 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. A hallmark of the program is its emphasis on engaging parents in the many activities that support their child's development.

Focus on Poverty

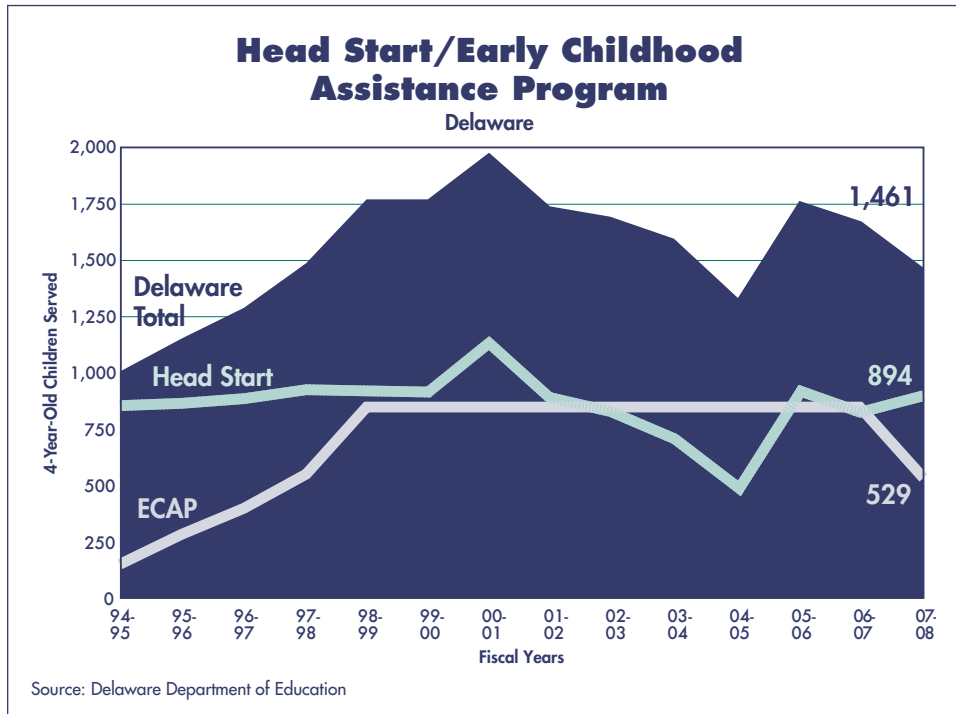
Young children living in poverty are considerably less likely to recognize all letters, count to 20, or be able to write their first names.

Source: Child Poverty in America.
Children's Defense Fund, 2008.

Cause for Concern



While 843 children participated in ECAP for the past 9 years, only 529 children participated in 07/08.



- Children from birth to age five with low income are eligible for Head Start, Early Head Start, and ECAP services.

- Children from families receiving public assistance (TANF or SSI) are eligible for Head Start, Early Head Start, and ECAP services regardless of income.
- Children in foster care are eligible for Head Start, Early Head Start, and ECAP services, regardless of family income.
- Ten percent of enrollments are offered to children with disabilities.
- Children who come from families with slightly higher income may participate in Head Start, Early Head Start, and ECAP when space is available.



The Outcomes Project studied outcome data from 347 four-year-olds in 13 Delaware Head Start/ECAP programs. The children were assessed in the fall of 2006 and again in the spring of 2007 for skill mastery in seven developmental areas: language, mathematics, science, creative arts, emotional and social development, approaches to learning, and physical health and development.

Overall, the children were reported to have mastered 13% of their skills in the fall, and 60% in the spring. The largest increase was in mathematics, with 8% mastery in the fall and 54% in the spring. Language development improved from 10% in the fall to 55% in the spring.

Source: www.doe.state.de.us/PROGRAMS/earlychildhood/files/ECAP06%2007%20State%20Report.pdf

ECAP – The Early Childhood Assistance Program (ECAP) is a comprehensive early childhood development program for four year olds whose families are below 100% of poverty. Linking with the federally funded Head Start programs throughout the state, these Department of Education programs provide a full-range of preschool, health, developmental, and other family support services.



For more information see

Table 48 152
www.doe.k12.de.us/programs/earlychildhood/headstart.shtml
www.nhsa.org

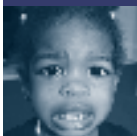


Cause for Applause



8th grade DSTP math scores have shown marked improvement for all groups.

Cause for Concern



DSTP scores of children from low-income families are lower in all subjects and in all grades than of their higher-income peers.



Focus on Poverty

Children growing up poor in Delaware perform much lower in educational tests than do higher-income children. This achievement gap means a downward spiral of low literacy, poor academic achievement, and lack of employment skills.



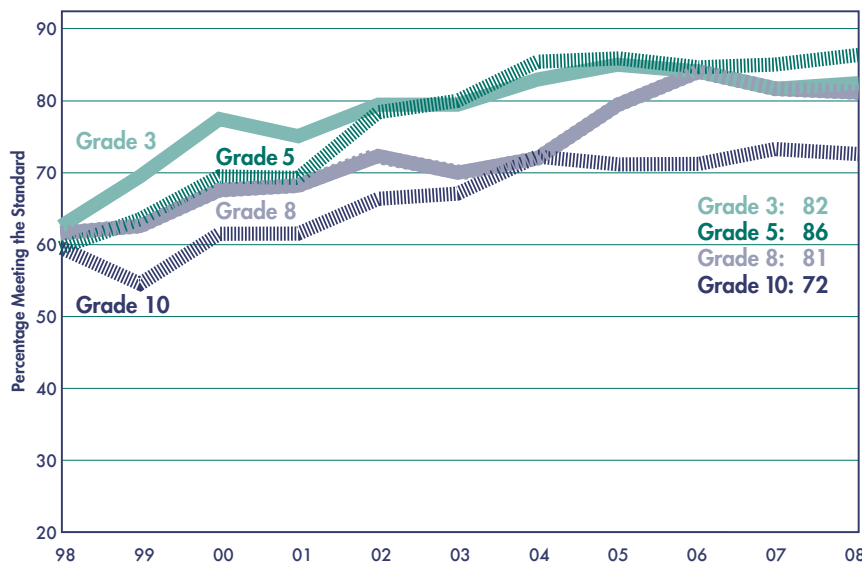
Tables 50–51 153–154

For more information see



Research affirms that a person's breadth of knowledge and ability to think, learn, and communicate are directly related to future success in the labor market. Education plays a primary role in equipping young people with the necessary skills, knowledge, and experiences for achievement. One measure of a student's academic achievement can be found in the school testing program. A child's early academic success may indicate a higher skill level and could influence the later work and salary a child is capable of achieving. Attaining a higher skill set through academic success could assure a child a more successful experience in the labor market. Math and reading assessments are key measures of student achievement. Well developed reading skills can be linked to higher school graduation and college attendance rates. Still, for a number of complex reasons, many children struggle to attain academic success.

Reading Proficiency Delaware Student Testing Program



Source: Delaware Department of Education



DID YOU KNOW?

Children from low-income families tend to score lower on standardized tests, are more likely to be retained in grade and are more likely to drop out. Children in lower-income families are also less likely to participate in after-school activities, sports, and community service activities; such participation would likely be beneficial due to its association with better academic outcomes, higher self-esteem, and improved social skills.

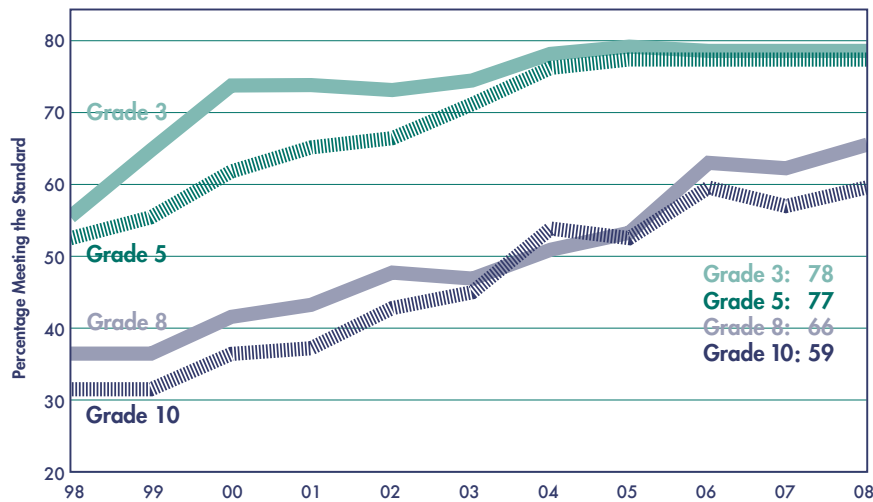
Source: National Center for Children in Poverty. <http://nccp.org/>

DSTP: Percentage meeting or exceeding the standard by family income

		3rd Grade	5th Grade	8th Grade	11th Grade
Reading	Low Income	71.9%	77.6%	69.4%	53.8%
	Not Low	89.2%	92.1%	88.0%	77.5%
Math	Low Income	66.8%	65.1%	49.2%	39.5%
	Not Low	86.4%	85.4%	75.5%	65.6%
Writing	Low Income	33.2%	50.7%	74.0%	68.7%
	Not Low	55.4%	71.1%	86.3%	85.9%

Source: Delaware Department of Education

Math Proficiency Delaware Student Testing Program



Source: Delaware Department of Education

Focus on Poverty

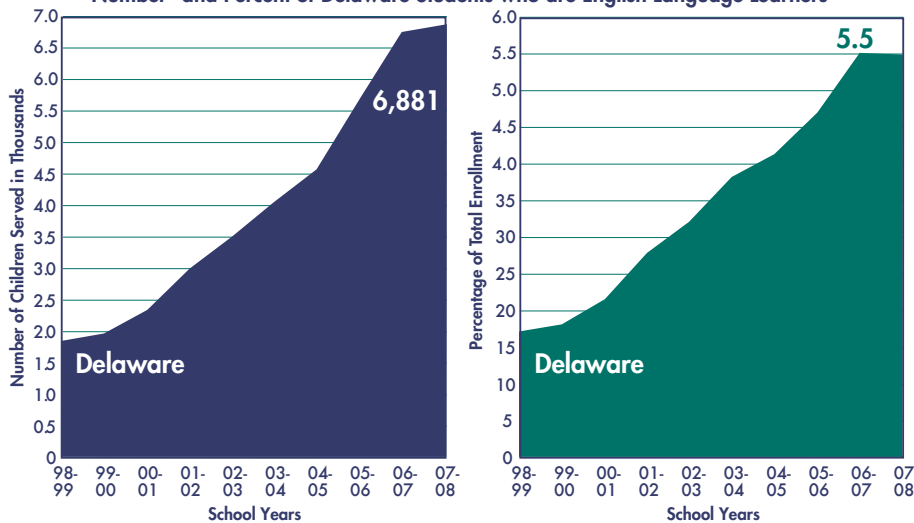
Low-income students are 2 times as likely to repeat a grade.

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).

DSTP – The Delaware Student Testing Program (DSTP), designed by Delaware educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for all students in Delaware. The DSTP assists Delaware educators in determining students' strengths and weaknesses to help identify academic issues.

English Language Learners

Number* and Percent of Delaware Students who are English Language Learners



* 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



DID YOU KNOW?

In the 2006-07 school year, 66 different languages were reported to be spoken by English Language Learners (ELLs) in Delaware's schools. 78% of ELLs reported Spanish as their primary language, followed by Spanish Creole at 4%. No other single language was spoken by more than 2% of the ELL group.

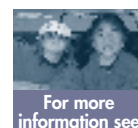
Strong language skills in multiple languages are an educational asset, as well as an economic asset, for individuals and communities. The 2007 American Community Survey reports that among Delaware children ages 5–17 who speak Spanish or Spanish Creole, 73.9% also speak English "very well."

Of children in Delaware immigrant families, 83.4% are fluent in English and 16.6% are English language learners.

Source: Delaware Department of Education, 2007 American Community Survey



English Language 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.



For more information see

Table 49 152

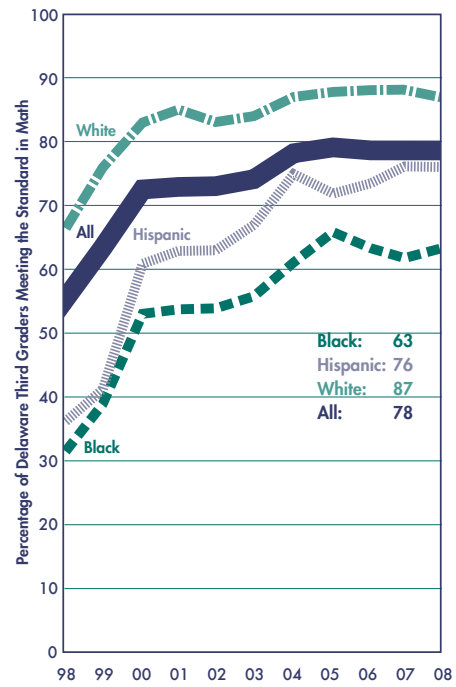
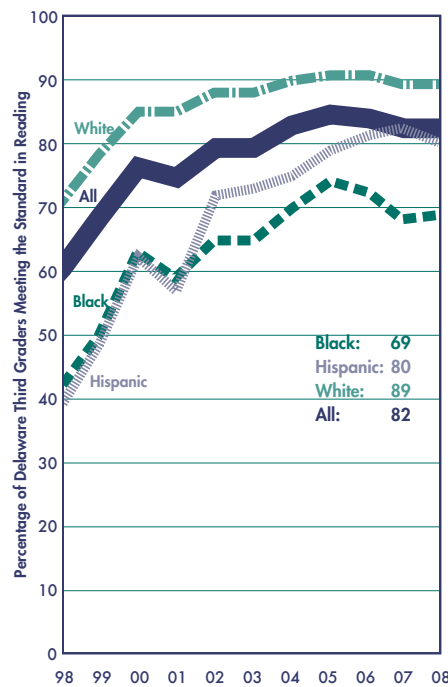
DSTP Proficiency Levels – Delaware Student Testing Program

Students receive scores categorized as follows:

Level	Category/Description
5	Distinguished: Excellent performance
4	Exceeds the standard: Very good performance
3	Meets the standard: Good performance
2	Below the standard: Needs improvement
1	Well below the standard: Needs lots of improvement



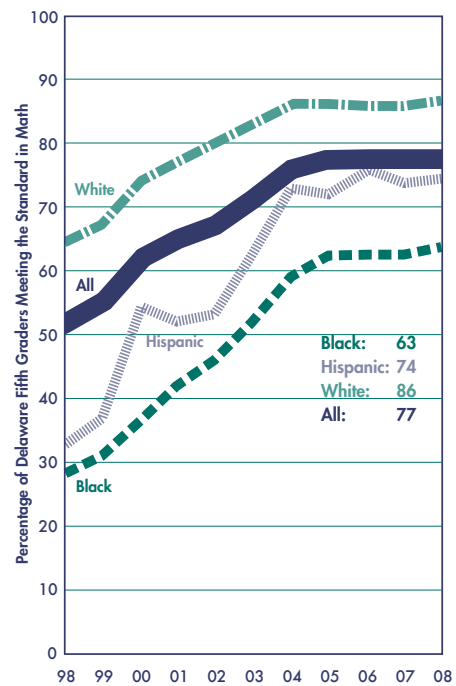
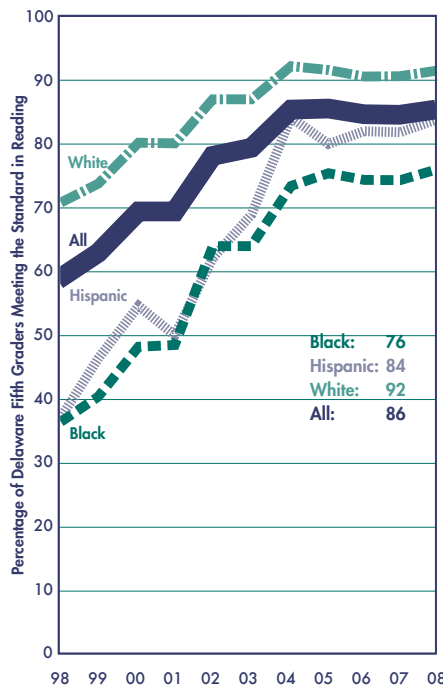
Grade 3 Meeting the DSTP Standard



Source: Delaware Department of Education

Note: All includes Native American and Asian.

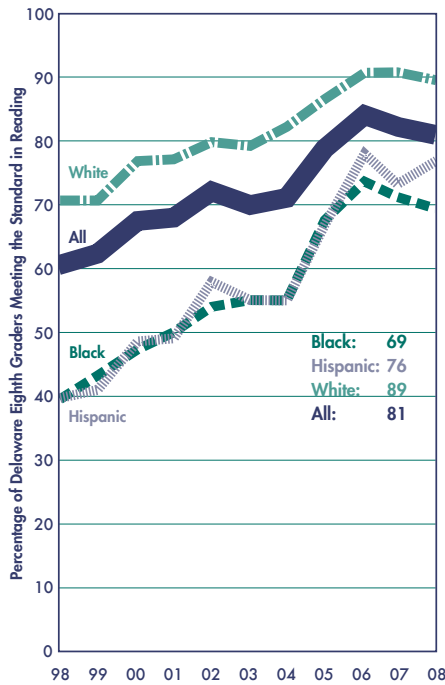
Grade 5 Meeting the DSTP Standard



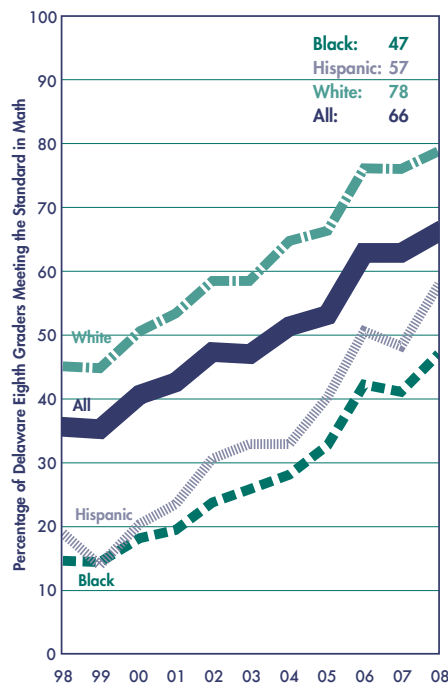
Source: Delaware Department of Education

Note: All includes Native American and Asian.

Grade 8 Meeting the DSTP Standard



Source: Delaware Department of Education



Note: All includes Native American and Asian.

DSTP Accountability

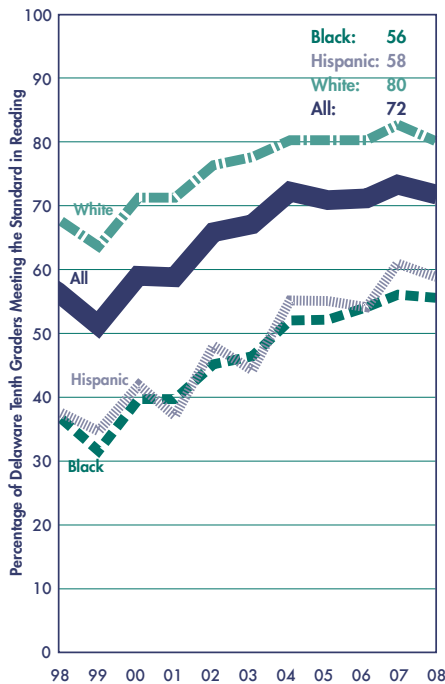
Student accountability began with the 2002 DSTP. Students in grades 3 and 5 are promoted if their DSTP reading is at level 3 or above. Students in grade 8 are promoted if their DSTP reading and math are at level 3 or above.

Level 2 – Students Below the Standard

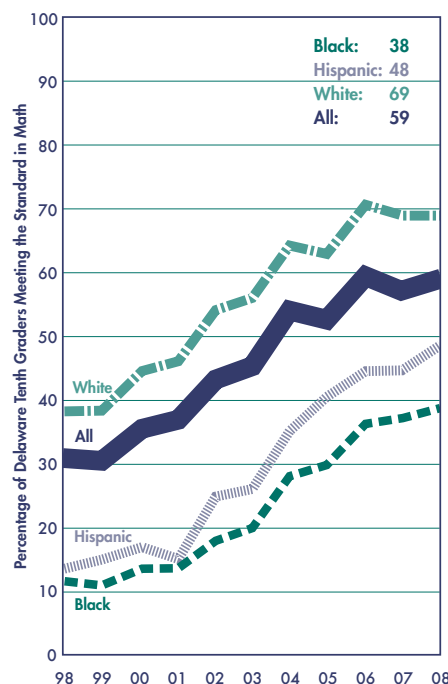
- Promoted with an Individual Improvement Plan (IIP)
- IIP must be agreed to by the parents of the student
- IIP may include summer school and/or extra instruction during the school year



Grade 10 Meeting the DSTP Standard



Source: Delaware Department of Education



Note: All includes Native American and Asian.

Level 1 – Students Well Below the Standard

- Must attend summer school
- Must retake DSTP at the end of summer school
- School must have an IIP in place for a student at the end of summer
- If the student is still below the standard, the student will only be promoted after an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.



For more information see

Table 50–51 153–154
www.doe.k12.de.us



Cause for Applause



27.4% of the Delaware public high school class of 2007 took at least one AP exam, up 79% from 15.3% for the class of 2002.



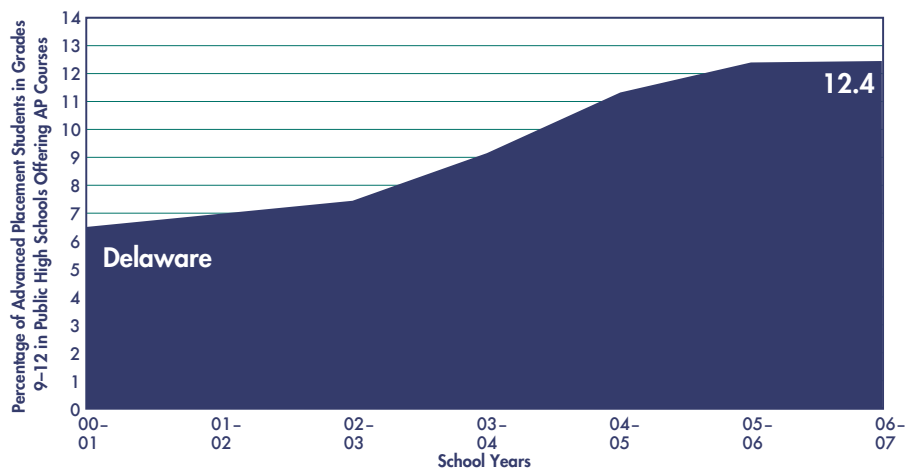
Since 1955, the Advanced Placement (AP) Program has allowed students to discover knowledge that might otherwise remain unexplored in high school.

Through this program, they have the opportunity to earn credit or advanced standing at most of the nation's colleges and universities. The program is based on a cooperative educational effort between secondary schools and colleges and universities across the United States. It provides students with the opportunity to take college-level courses in a high school setting.

A strong curiosity for the subject they plan to study and the willingness to work hard are the only requirements for participation. AP courses allow students to get a head start on college-level work, improve their writing skills, sharpen their problem-solving techniques, and develop the study habits necessary for rigorous course work. Moreover, AP gives students the opportunity to explore subjects in greater depth and broaden their intellectual horizons. As a result, students are able to demonstrate their maturity, readiness for college, and their commitment to academic excellence.

Advanced Placement Participation

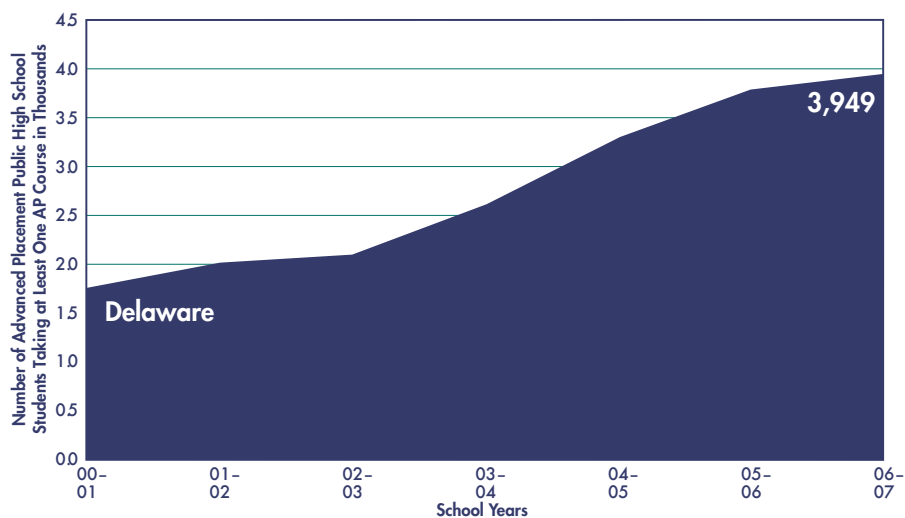
Delaware



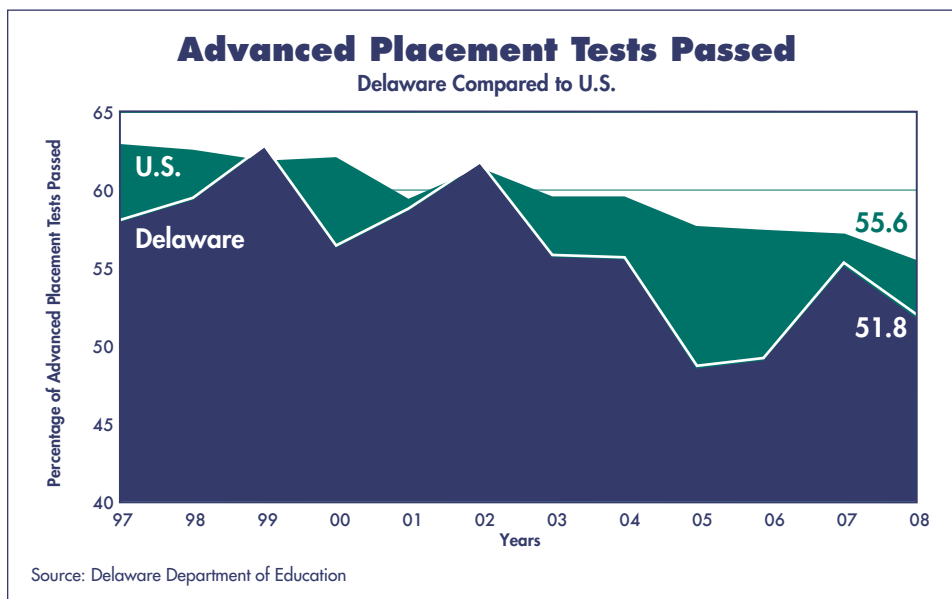
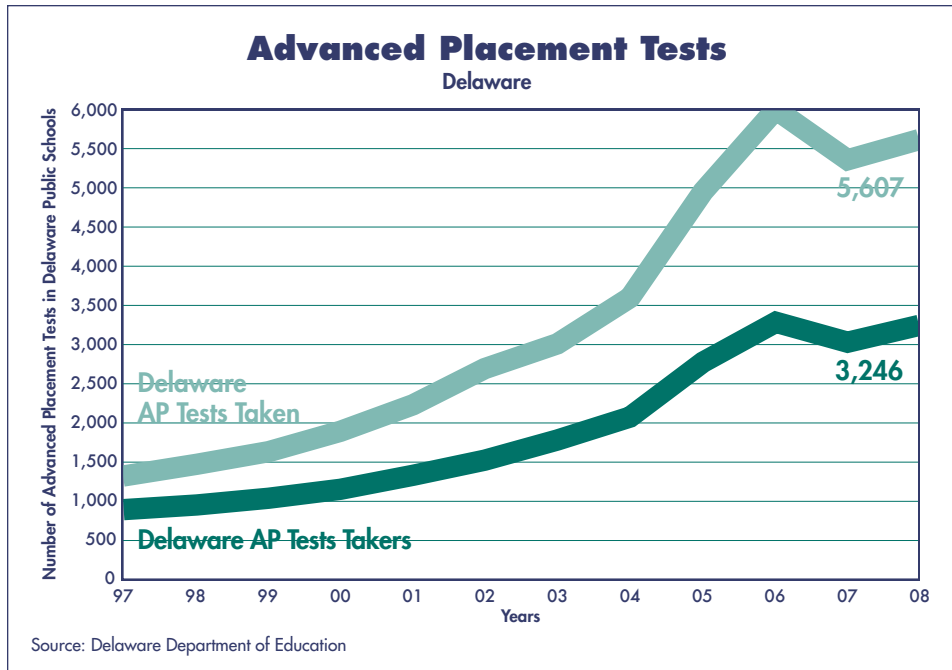
Source: Delaware Department of Education

Advanced Placement Students

Delaware

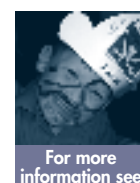


Source: Delaware Department of Education



- 27.4% of the Delaware public high school class of 2007 took at least one AP exam during high school, compared to 24.9% in the U.S. Delaware's 27.4% participation for the class of 2007 is a 79% increase from 15.3% for the class of 2002. (The 12.4% shown on the participation graph is for all students grades 9 through 12, whereas 27.4% is for seniors.)
- 14.5% of the Delaware public high school class of 2007 earned a 3 or higher on one or more AP exam during high school, compared to 15.2% in the U.S. Delaware's 14.5% is an increase from 9.3% in 2002, a gain of 5.2% compared to a U.S. gain of 3.5% for the same period.
- 6.2% of the Delaware public high school class of 2007 earned a 3 or higher on one or more math AP exam during high school, compared to 5.5% in the U.S.

Source: The College Board, The 4th Annual AP Report to the Nation: Delaware Supplement



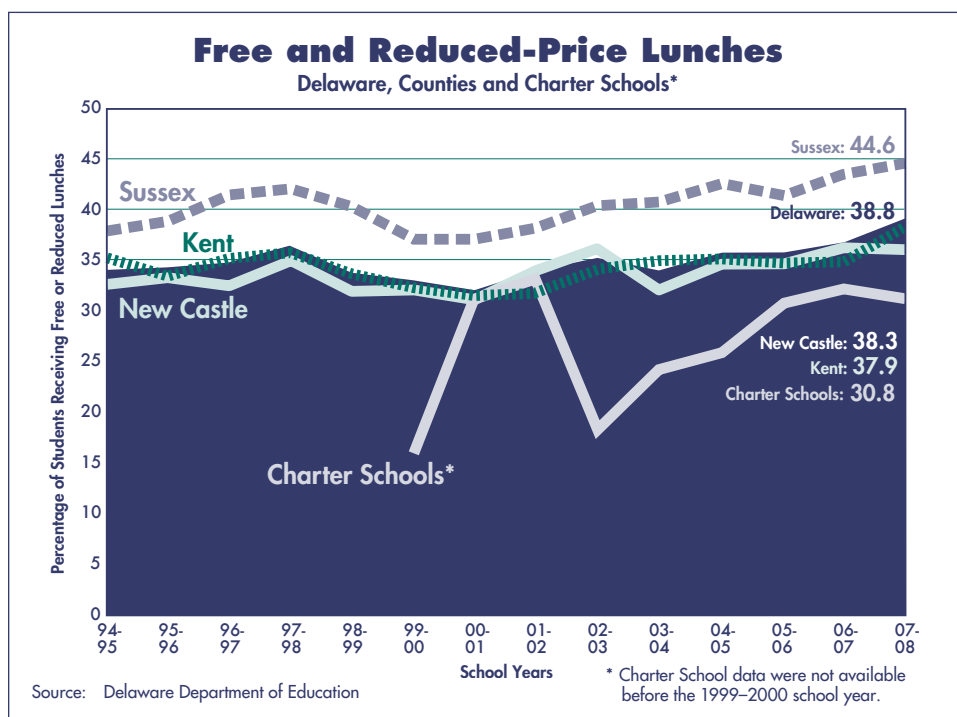
Tables 52-55..... 154-155
www.doe.k12.de.us/programs/ap/goals.shtml
www.collegeboard.com/student/testing/ap/about.html



Poverty level – The poverty threshold for a one-parent, two-child family was \$16,705 for 2007; 130% of poverty was an income of 21,717. For a family of four with two children, the threshold was \$21,027 for 2007; 130% of poverty was an income of 27,335.

A healthy diet has been proven essential to the academic achievement of young people and therefore nutritious meals are now considered an integral part of a good education. When children are hungry, they can not function and learn at their highest potential. Unfortunately, many students do not have access to healthful meals at home.

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. Also, the Summer Food Service Program was created to ensure that these children continue to receive nutritious meals during long school vacations. The School Breakfast Program (SBP) is another program that provides cash assistance to States to operate nonprofit breakfast programs in schools and residential childcare institutions; in addition, the Special Milk Program provides milk to children in schools and childcare institutions who do not participate in other Federal meal service programs.



DID YOU KNOW? **It's not just lunch:** Students qualifying for free and reduced-price lunches in the National School Lunch Program may also receive free and reduced-price breakfasts. Children arriving at class without having breakfast are not ready to learn. Studies show that breakfast increases student attention, improves behavior, reduces trips to the nurse's office, and improves test scores.

Source: Delaware Department of Education

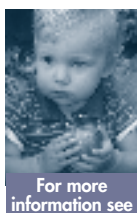


Table 56 156
www.feedingchildrenbetter.org
www.fns.usda.gov/cnd/lunch/

For more information see



PUT DATA INTO ACTION

The Summer Food Service Program (SFSP) is a federally-funded program operated nationally by the U.S. Department of Agriculture (USDA) and locally by the Delaware Department of Education. SFSP provides free, nutritious meals and snacks to help children in low-income areas get the nutrition they need to learn, play, and grow throughout the summer. Sponsoring organizations receive reimbursement for meals served to children 18 years of age and younger from low-income areas. Meals may be served anytime when schools are closed.

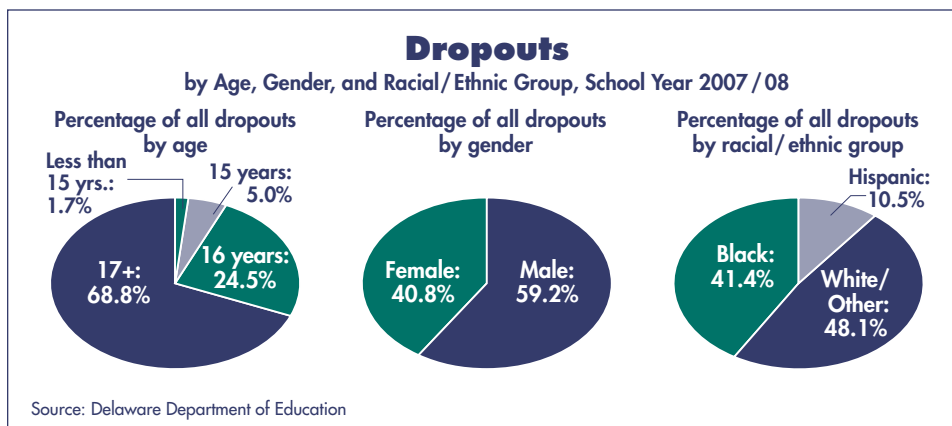
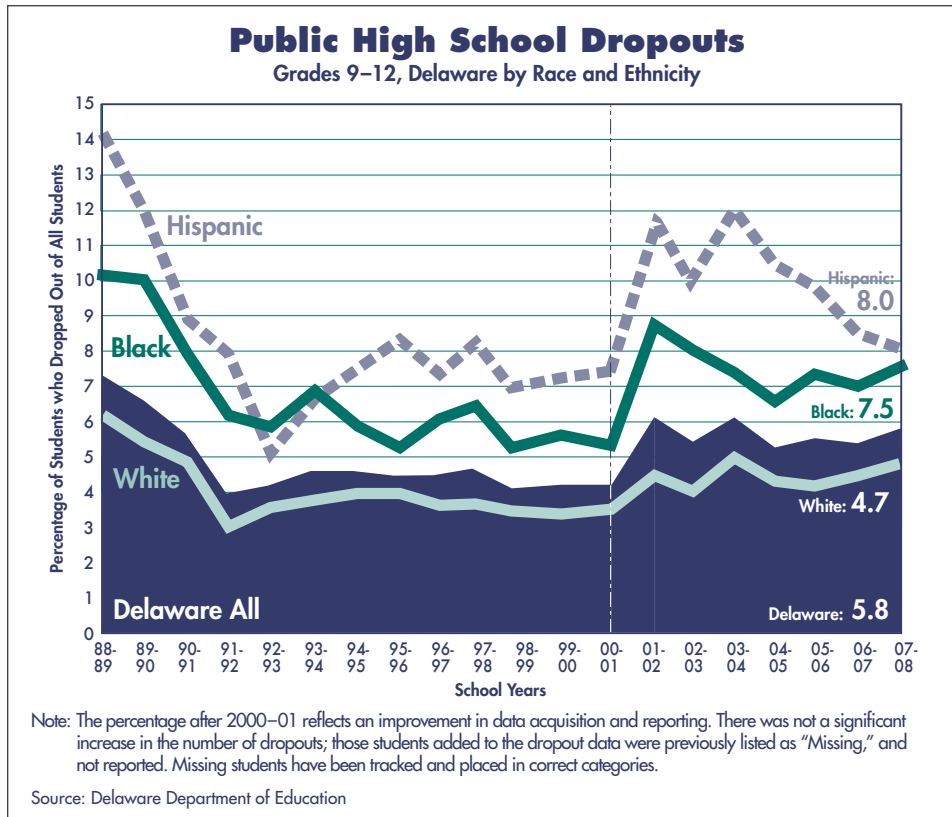
Source: Delaware Department of Education

Graduation from high school is a predictor of future success. Dropping out carries a high cost for the student and for the community at large. Young people who dropout are much more likely than their peers who graduate to be unemployed, living in poverty, receiving public assistance, in prison, unhealthy, and single parents with children who drop out from high school themselves. As today's workplaces becomes increasingly dependent on technology, dropouts will have an ever more difficult time competing in the marketplace.

Focus on Poverty

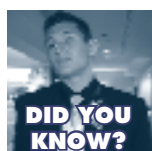
Students from low-income families are more than 4 times more likely to drop out as their high-income peers.

Source: *Child Poverty in America*.
Children's Defense Fund, 2008.



Dropout – A 2007–08 dropout is an individual who was enrolled at the end of the 2006–07 school year; or at any time during the 2007–08 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.



- During the 2007-08 school-year, in Delaware, 2,207 of the 37,944 students enrolled in grades 9–12 dropped out of school.
- The 2007-08 dropout rate was 4.3% for special-education students and 6.0% for regular-education students.

Source: Delaware Department of Education, 2008 Dropout Report

Focus on Poverty

Likelihood of child living in poverty if parents have

- not completed high school 48%
- high school diploma 25%
- college degree 3%

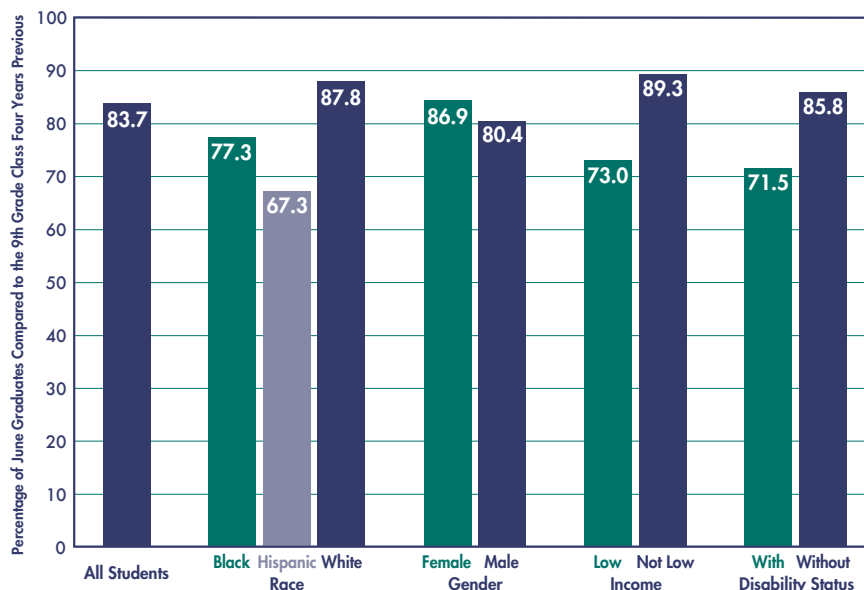
Source: *Child Poverty in America*.
Children's Defense Fund, 2008.

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 2007–2008 reflects the percent of incoming 9th graders in September of 2004 who graduated in June of 2008.



Graduation Rates

Delaware, School Year 2007/08



Source: Delaware Department of Education

DID YOU KNOW?

Delaware students compared to those of other states:

- The likelihood of enrolling in college by age 19 is only fair; 41% of black young adults are enrolled in college, compared with 49% of whites.
- 66% of college students complete a bachelor's degree within six years — a top performance compared with other states.
- 41% of blacks graduate within six years, compared with 73% of whites — one of the largest gaps in the nation.

Source: *Measuring Up 2008, The National Report Card on Higher Education*.
<http://measuringup2008.highereducation.org/states/index.php>

PUT DATA INTO ACTION



The Delaware Student Excellence Equals Degree (SEED) program is an incentive for students to stay in school. The SEED scholarship program provides tuition for full-time students enrolled in

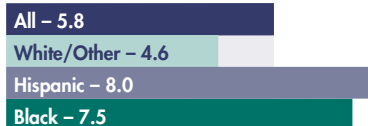
an associate's degree program at Delaware Tech or the University of Delaware's Associate of Arts program. Anyone who graduates from a Delaware public or private high school with at least a 2.5 GPA and no felony convictions is eligible.

Source: Delaware S.E.E.D. Scholarship,
<http://seedscholarship.delaware.gov/>

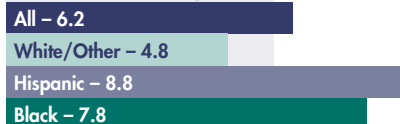
Dropout Rates

by Racial/Ethnic Group
School Year 2007/08

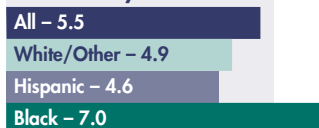
Delaware



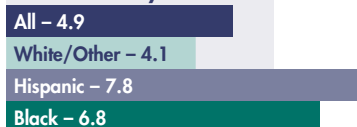
New Castle County



Kent County



Sussex County



Delaware Average: 5.8

Source: Delaware Department of Education



Teens Not in School and Not Working 74
Tables 51–59 149–153

www.dropoutprevention.org

www.jobcorps.doleta.gov

<http://seedscholarship.delaware.gov/>

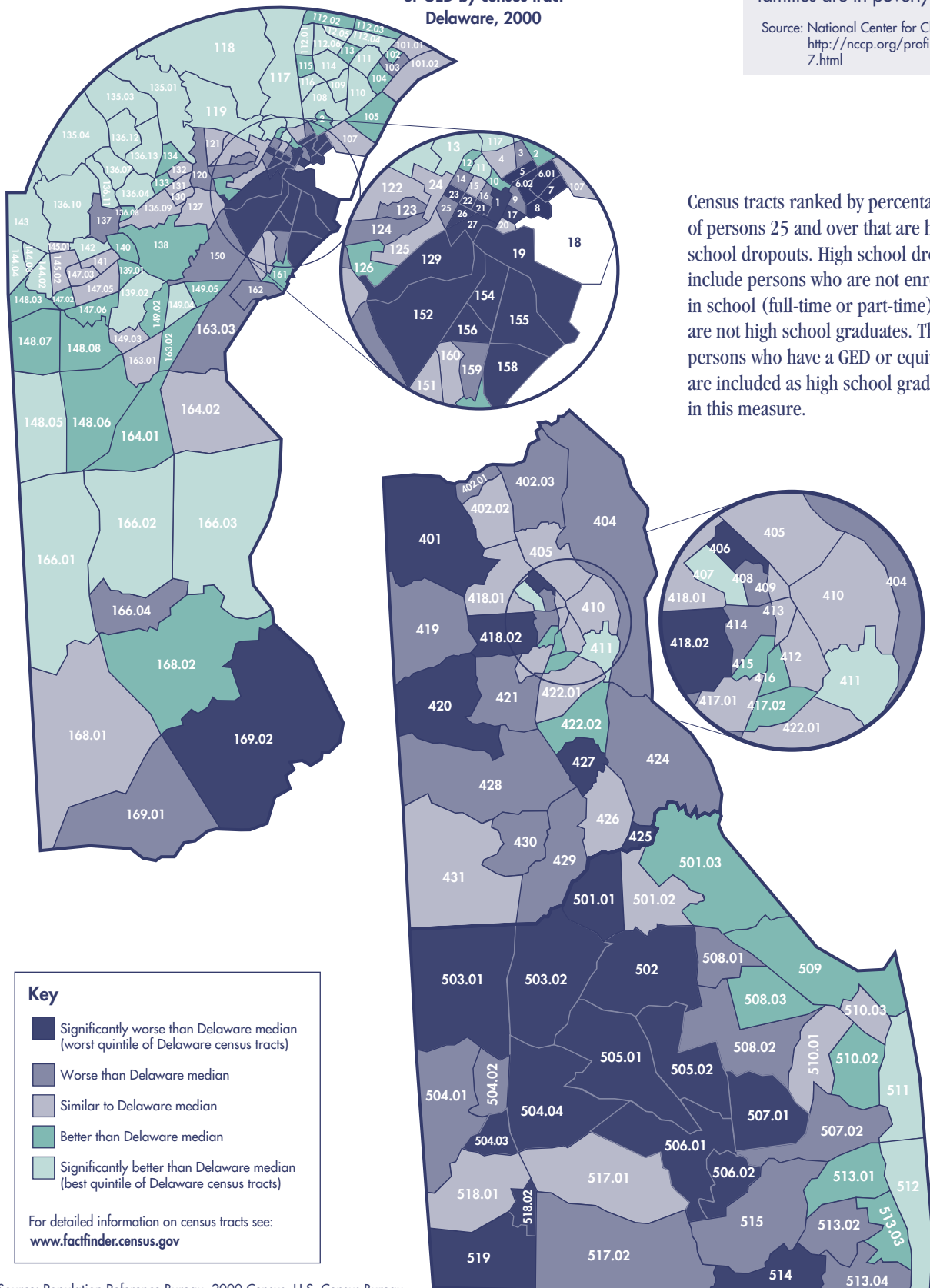
Focus on Poverty

For Delaware parents without a high school diploma, 85% of the families are in poverty.

Source: National Center for Children in Poverty.
http://nccp.org/profiles/DE_profile_7.html

Adults Who Are Dropouts

Persons 25 and older who are without high school diplomas or GED by census tract
 Delaware, 2000



Census tracts ranked by percentage of persons 25 and over that are high school dropouts. High school dropouts include persons who are not enrolled in school (full-time or part-time) and are not high school graduates. Those persons who have a GED or equivalent are included as high school graduates in this measure.

Key

- Significantly worse than Delaware median (worst quintile of Delaware census tracts)
- Worse than Delaware median
- Similar to Delaware median
- Better than Delaware median
- Significantly better than Delaware median (best quintile of Delaware census tracts)

For detailed information on census tracts see:
www.factfinder.census.gov

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Teens Not in School and Not Working

Focus on Poverty

Low-income students are half as likely to finish a 4-year college.

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).

The difficulties of transitioning from youth into independent adult society can be heightened for those teenagers who are neither in school nor working as they are detached from these core activities that usually occupy their time during their transition from adolescence to adulthood. Such detachment, particularly if it lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school, secured jobs, or both.

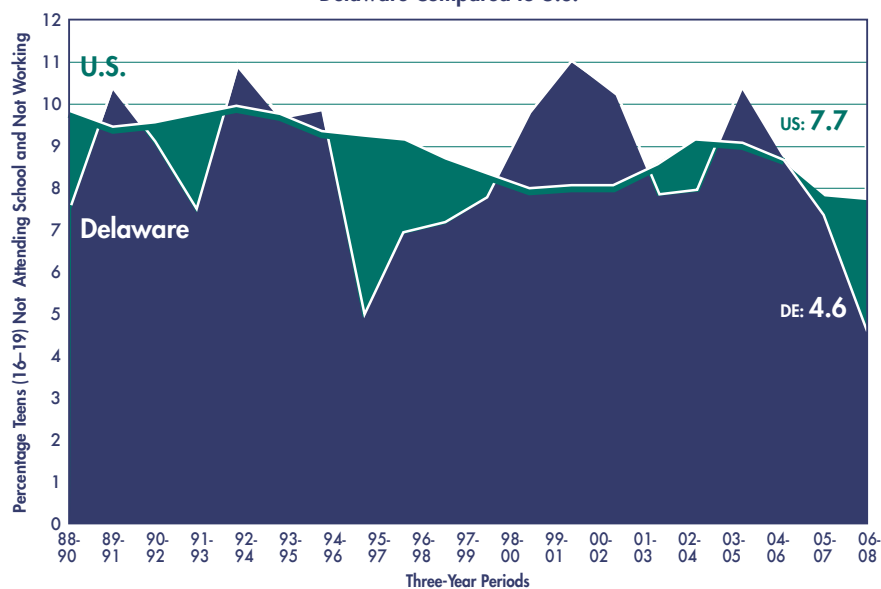
There are various reasons that youth may not be working or enrolled in school, such as an inability to find work or leaving the workforce to start a family. Moreover, the exploration of different career paths and moving back and forth between school and work has become more common during early adulthood. In addition to these individual factors, family situation, school, and community environment can influence the teenagers' decisions to drop out of school and look for jobs that are hard to find when they don't have the education required. Preventing this phenomenon is possible through improving educational opportunities for those who face these challenges, and offering family, teachers and mentors support. Caring parent-child interactions and positive peer influences can also be very helpful for teenagers at risk.



Teens Not in School and Not Working – teenagers 16–19 who are not in school and not employed

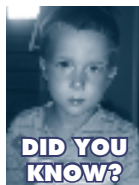
Teens Not in School and Not Working

Delaware Compared to U.S.



Note: 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?

- Males who are neither enrolled in school nor working are more likely to engage in delinquent behavior or illegal activities to earn money.
- Females who are neither enrolled in school nor working are more likely to become dependent on welfare.
- Youth in the juvenile justice, foster care, and special education system tend to drop out of these systems at an early age, leaving them ineligible for system services meant to aid in the transition to adulthood.

Source: www.childtrendsdatabank.org/indicators/87IdleYouth.cfm

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.

Focus on Poverty

Low-income students are 3.4 times as likely to be expelled from school.

Source: Arloc Sherman, "Poverty Matters: The Cost of Child Poverty in America," (Washington, DC: Children's Defense Fund, 1997).

Expulsions and Suspensions

Delaware Public Schools, 2007-08

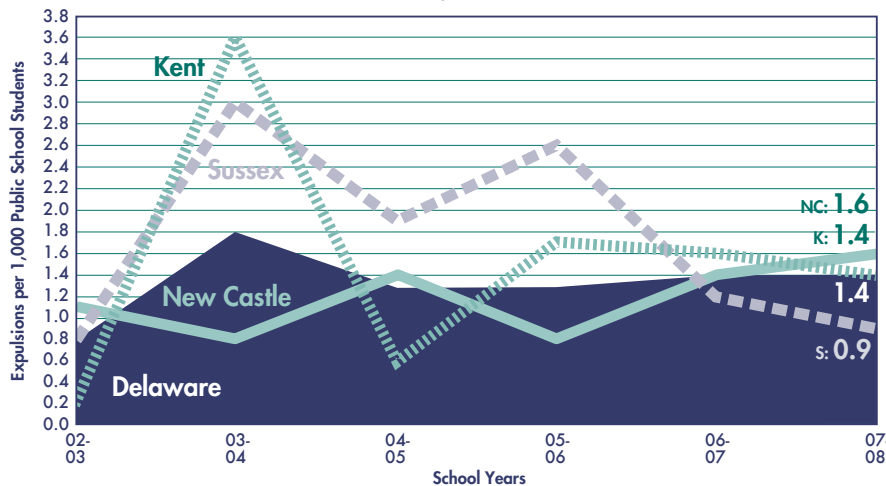
County	Enrollment	Number of Expulsions	Number of Suspensions*
Delaware	124,010	178	37,443
New Castle	72,444	117	27,573
Kent	28,499	40	5,438
Sussex	23,067	21	4,432

*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.

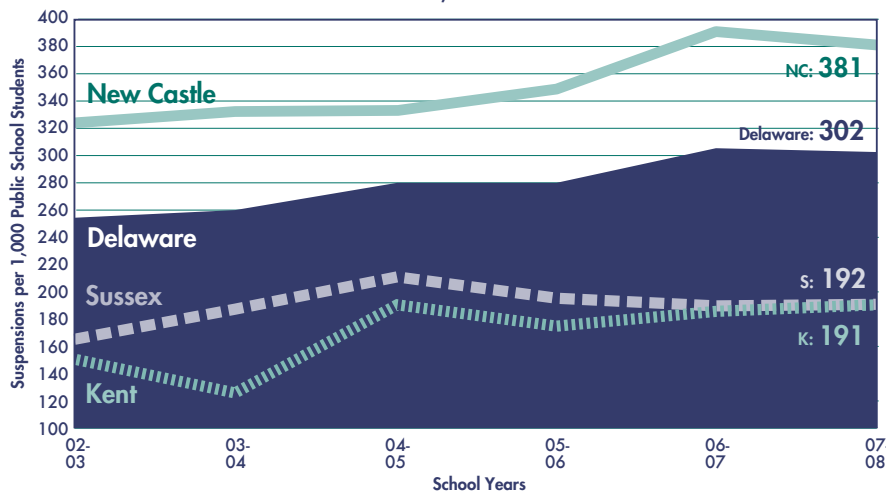
Expulsions

Public School Students, Delaware and Counties

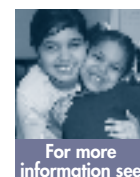


Suspensions

Public School Students, Delaware and Counties



Source: Delaware Department of Education



High School Dropouts 71
Tables 64-66 160-161
www.dropoutprevention.org
www.childrensdefense.org

For more information see

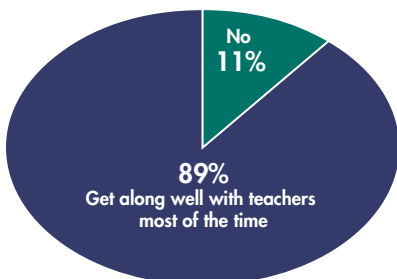
Children need constant support from their parents so that they can learn more and achieve at higher levels. The amount of support offered by parents depends on the parents' belief about the role they should play in the educational process, the parents' belief about how their involvement will benefit their children, and the opportunities and barriers present to involve parents in their child's educational experience. Parents who provide literacy materials, hold high expectations, emphasize effort over ability, and encourage autonomy, will positively impact their children's performance. Some of the things that parents can do to participate in their children's education may include communicating with the child's school, monitoring homework, volunteering at the child's school, and attending school activities and meetings.



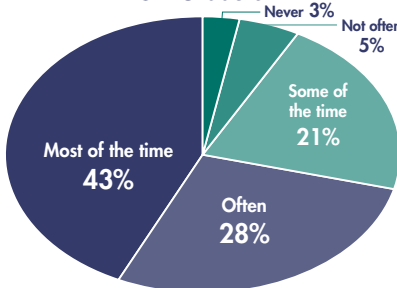
Teachers

I get along well with teachers at school.
Delaware, 2008

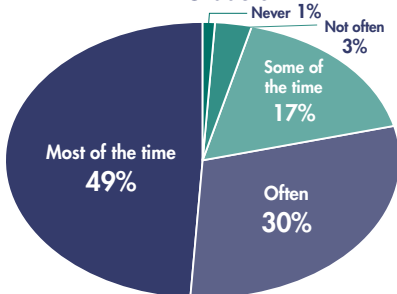
5th Graders



8th Graders



11th Graders

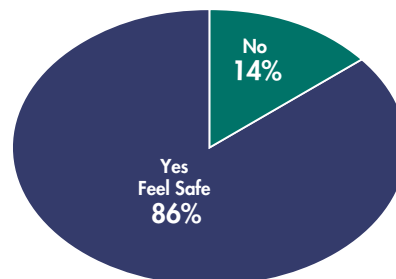


Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

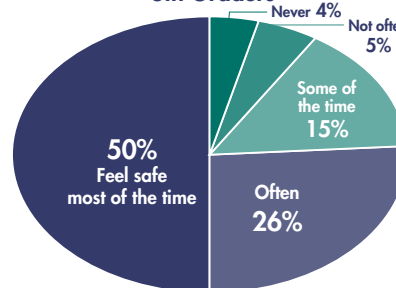
School Safety

I feel safe in my school.
Delaware, 2008

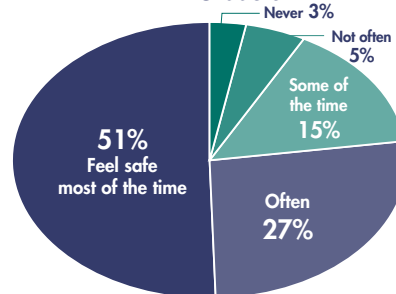
5th Graders



8th Graders



11th Graders



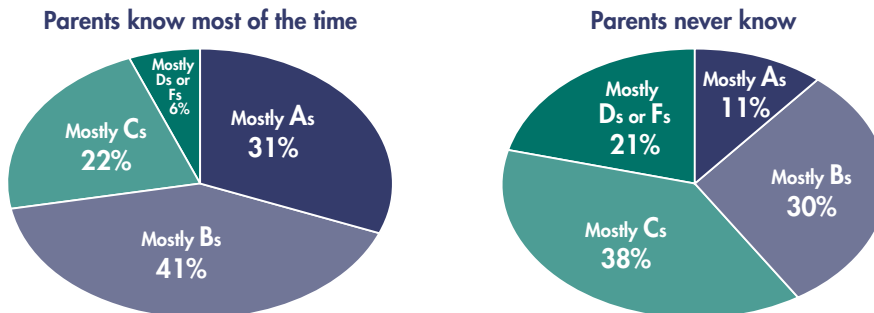
Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware



In 2008, House Bill 393 was passed to codify the recommendation of the Class Size and Unit Allocation Task Force that the Department of Education annually collect and report data regarding compliance with the student-instructor ratio set forth in §1705A(a), Title 14 of the Delaware Code, by local school districts and charter schools.

Parental Concern 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, 2008



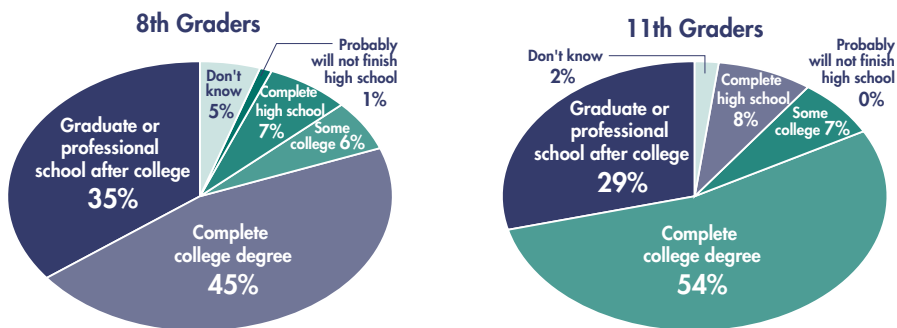
Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

Focus on Poverty

Children in lower-income families are less likely to participate in after-school activities.

School Completion

How much schooling do you think you will complete?
Delaware, 2008



Source: Delaware School Survey 2008 Center for Drug and Alcohol Studies, University of Delaware



According to Vision 2015, education pays:

- Expanding preschool access can produce \$2 to \$4 in net present-value societal benefits for every \$1 invested. *Committee for Economic Development*
- On average, a high school graduate earns \$600,000 more during his/her lifetime than a dropout. On average, a college graduate earns \$1.4 million more during his/her lifetime than a high school dropout. *Current Population Survey, U.S. Census Bureau and Bureau of Labor Statistics*
- On average, a high school graduate saves society \$41,000 in Medicaid costs and \$25,000 in prison costs. On average, a college graduate saves society \$71,000 in Medicaid costs and \$34,000 in prison costs. *Current Population Survey; Alliance for Excellent Education; Petit and Western, "Life Imprisonment and the Life Course," American Academy of Pediatrics.*
- More than two-thirds of new jobs will require some postsecondary education. *U.S. Department of Education, National Center for Public Policy and Higher Education*

Source: Vision 2015, www.vision2015delaware.org/learn/newstatistics/



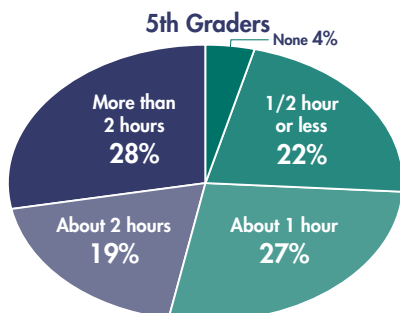
Focus on Poverty

Poverty is cyclical. Students in poverty are more likely to drop out of school than their peers. A young person without a high school diploma will lack the educational skills and credentials necessary to find a living wage job in an increasingly technologically complex marketplace.

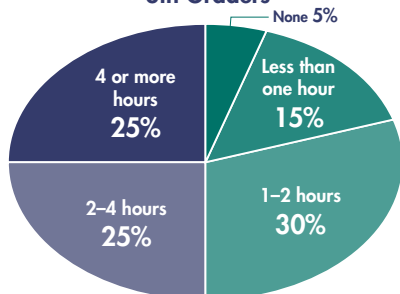


Television

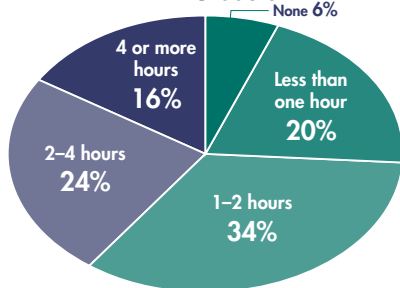
How much time do you spend on a school day watching TV?
Delaware, 2007



8th Graders



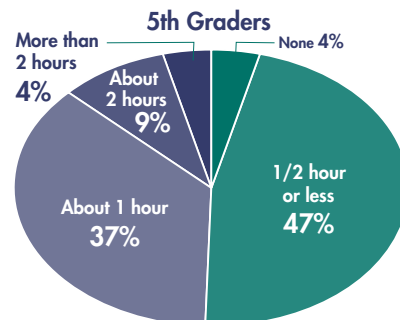
11th Graders



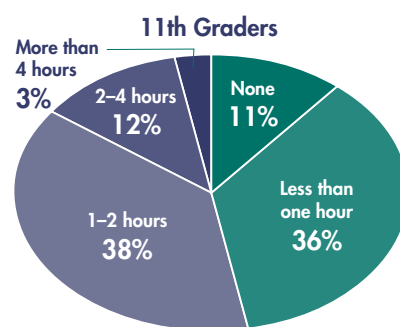
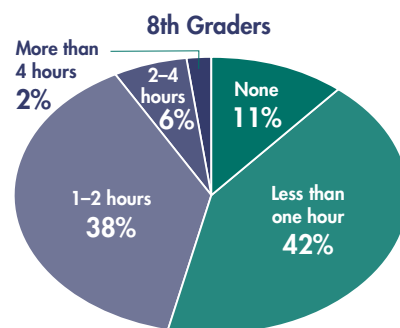
Source for all graphs on this page:
Delaware School Survey 2007, 5th graders: 7,727 responses.
8th graders: 6,788 responses. 11th graders: 5,623 responses.
Center for Drug and Alcohol Studies, University of Delaware

Studying

How much time do you spend on a school day (before and after school) doing schoolwork at home?
Delaware, 2007



How much time do you spend on a school day (before and after school) studying or doing homework outside of school?



DID YOU KNOW?

According to Vision 2015, teachers are our schools' greatest asset:

• Research shows that teacher quality is one of the biggest indicators of student achievement. An average student who has three teachers in a row in the top 25th percentile will improve from the 50th to the 60th percentile. But a student with three teachers in a row who are in the bottom 25th percentile will fall from the 50th to the 40th percentile. *"Children First"*, New York City, 2007.

- 46 percent of teachers leave the profession in the first five years. *No Dream Denied: A Pledge to America's Children*, 2003.
- Delaware will have to hire 2,300 new teachers in the next 10 years to compensate for retirements. *Delaware Educator Data Systems data, DDOE retirement information, BCG analysis.*

Source: Vision 2015, www.vision2015delaware.org/learn/newstatistics/




For more information see
www.udel.edu/delawaredata/
www.vision2015delaware.org



FAMILY ENVIRONMENT & RESOURCES





Births to Teens 15-17

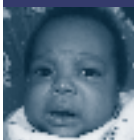
KIDS COUNT INDICATOR

Cause for Applause



The birth rate for teens 15-17 is decreasing, and decreasing at a slightly faster rate than in the U.S.

Cause for Concern



The teen birth rate in the United States rose in 2006 for the first time since 1991.

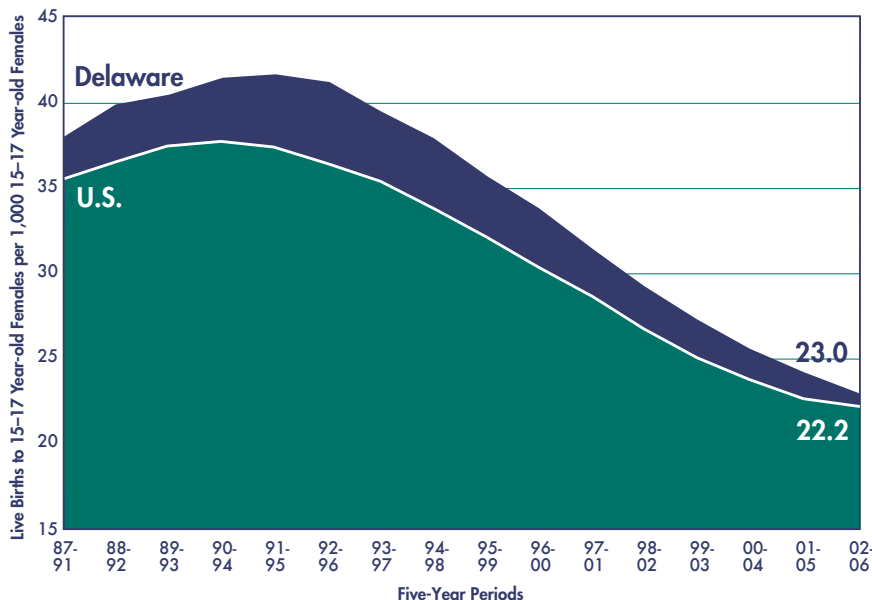


Birth Rate— number of births per 1,000 females in the same group

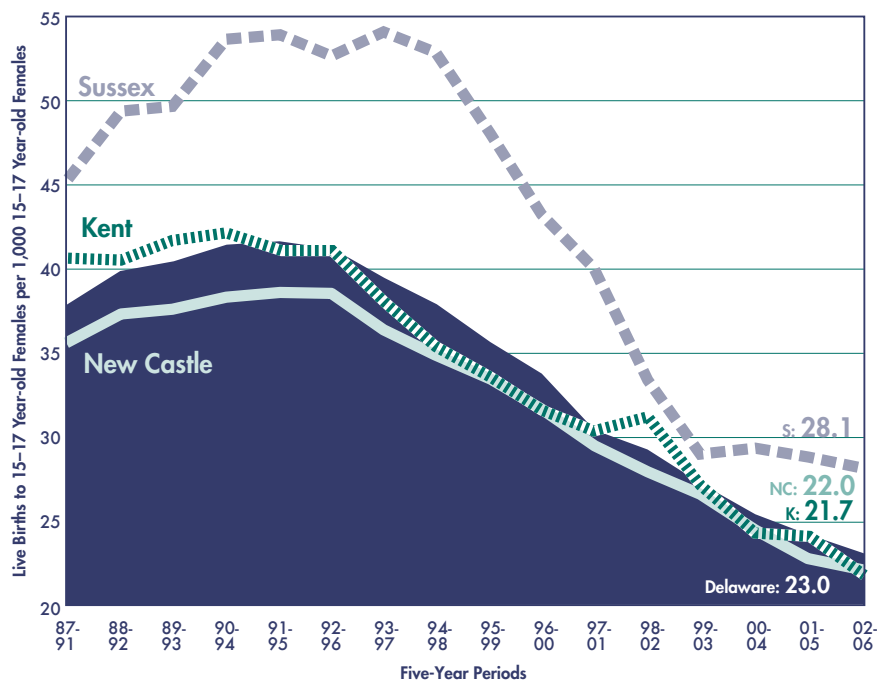
The impact of teen pregnancy is far reaching. The opportunities for teenage mothers are reduced compared to those who delay childbearing, as teen mothers are more likely to drop out of school, live in poverty, and rely on public assistance. Children of teenage mothers are also more likely to face challenges: They are more likely to be born at low birth weight, experience health and developmental problems, have higher rates of infant mortality, and be at increased risk of abuse or neglect. Teenage childbearing also impacts heavily on the community. Research has estimated a heavy financial burden exacted from society due to lost tax revenue, increased cost for public assistance, and child health care costs.

Births to Teens 15-17

Delaware Compared to U.S.



Delaware and Counties



Source: Delaware Health Statistics Center

Teen Births

Delaware Compared to U.S., 2006

		Delaware	U.S.
Teen Birth Rate	Girls 15-17	23	22
	Girls 18-19	68	73
	Whites, Non-Hispanic	24	27
	Blacks, Non-Hispanic	66	64
	Hispanics	140	83
Nonmarital Teen Births	Girls 15-17	96%	92%
	Girls 18-19	90%	81%
	Whites, Non-Hispanic	89%	79%
	Blacks, Non-Hispanic	97%	97%
	Hispanics	87%	81%
Change in Teen Birth Rates 1991-2006	Girls 15-17	-44 %	-43%
	Girls 18-19	-21%	-22%

Source: Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., Kirmeyer, S. & Matthews, T.J. (2009). Births: Final data for 2006. National Vital Statistics Reports, 57 (7). Retrieved from The National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=delaware>

Focus on Poverty

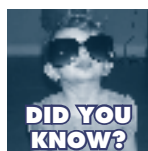
Children of teen mothers are more likely to live in poverty.

Teen Sexual Activity

Delaware Compared to U.S., 2007

		Delaware	U.S.
High School Students Who Have Ever Had Sex		59.3 %	47.8%
	Whites, Non-Hispanic	53.7 %	43.7%
	Blacks, Non-Hispanic	71.3%	66.5%
	Hispanics	62.8%	52.0%
High School Students Who Used a Condom at Last Sex (Sexually Active Students)		69.2 %	61.5%
	Whites, Non-Hispanic	69.0%	59.7%
	Blacks, Non-Hispanic	71.2%	67.3%
	Hispanics	66.6 %	61.4%
High School Students Who Used Birth Control Pills at Last Sex (Sexually Active Students)		15.4 %	16.0%
	Whites, Non-Hispanic	21.7 %	20.8%
	Blacks, Non-Hispanic	9.0%	9.1%
	Hispanics	4.0%	9.1%

Source: Centers for Disease Control and Prevention (2008). Youth Risk Behavior Surveillance, United States, 2007. Surveillance Summaries, June 4, 2008. MMWR; 57(SS-4); Youth Risk Behavior Surveillance System (2007). Youth Online: Comprehensive Results. Retrieved from The National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=delaware>



Young men are waiting longer to have sex: According to a 2008 report from the Guttmacher Institute, young men (15–19-year-olds) are waiting longer to have sex. The average age at first sex increased from 16.9 in 1995 to 17.5 in 2002.

The proportion of young men who have ever had sexual intercourse has declined, from 60% in 1988 to 55% in 1995 to 46% in 2002. The share of young men that are sexually experienced declined significantly among young black men, from 80% in 1995 to 63% in 2002, compared with a decline from 50% to 41% among young white men in the same period.

Since 2001, the downward trend in sexual experience has stalled. Although the rate of sexual experience for high school males declined from 1991–2001 (57% to 49%), the rate of sexual experience for high school males between 2001 and 2007 did not change significantly (49% versus 50%). More than three-quarters of young men will become sexually active by age 20. Almost all (96%) will have sex prior to marriage.

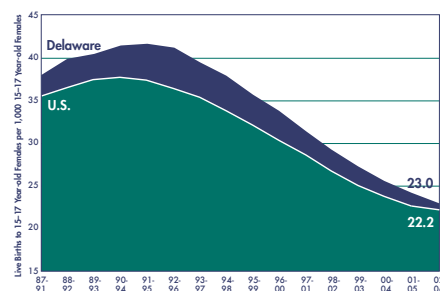
Source: Guttmacher Institute, Facts on Young Men's Sexual and Reproductive Health, June 2008. www.guttmacher.org/pubs/fb_YMSRH.html



Births to Teens 15-19

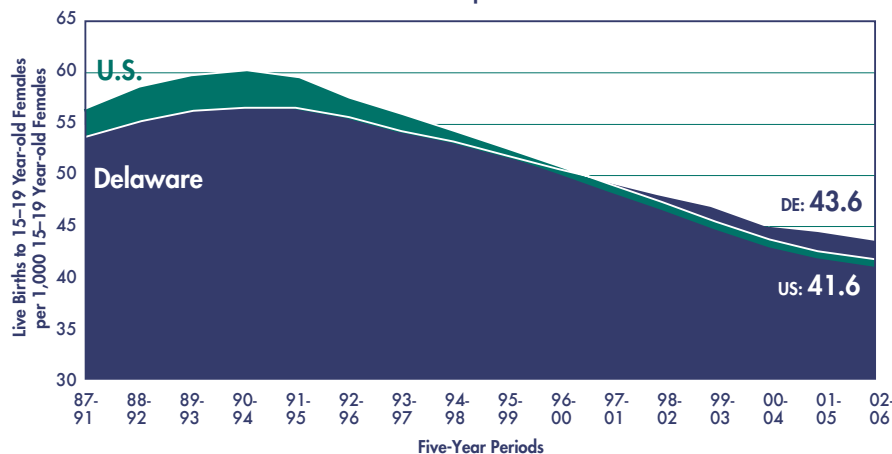
The overall birth rate for Delaware teens ages 15–19 is slightly higher than the United States rate. Birth rates for teens in Sussex County as well as in the City of Wilmington are coming down but continue to be much higher than the Delaware rate.

Births to Teens 15-17



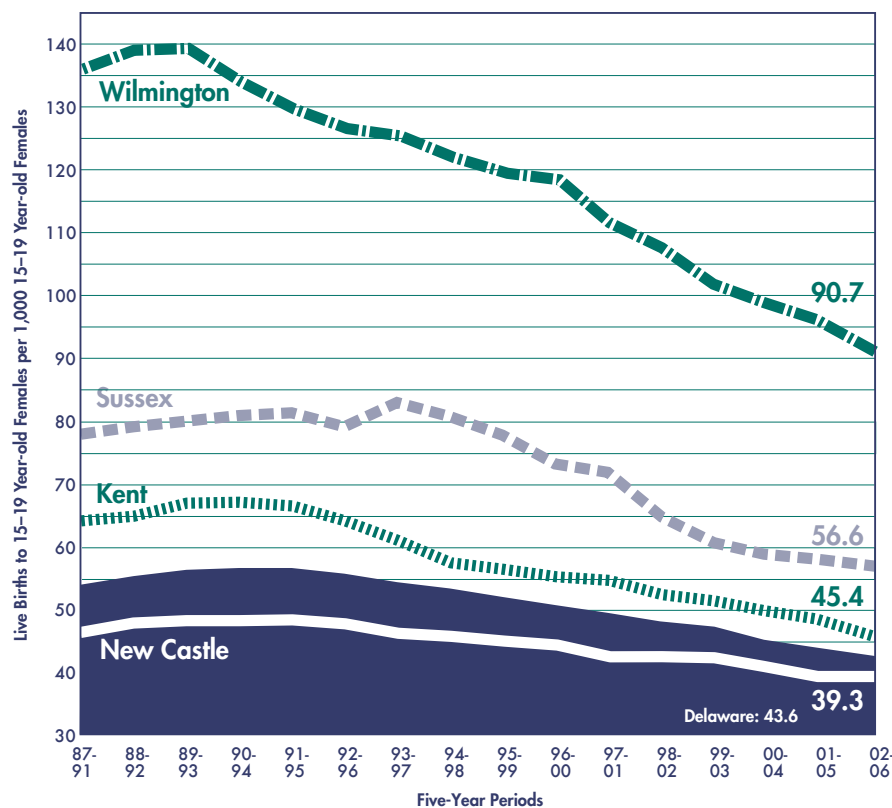
Births to Teens 15-19

Delaware Compared to U.S.



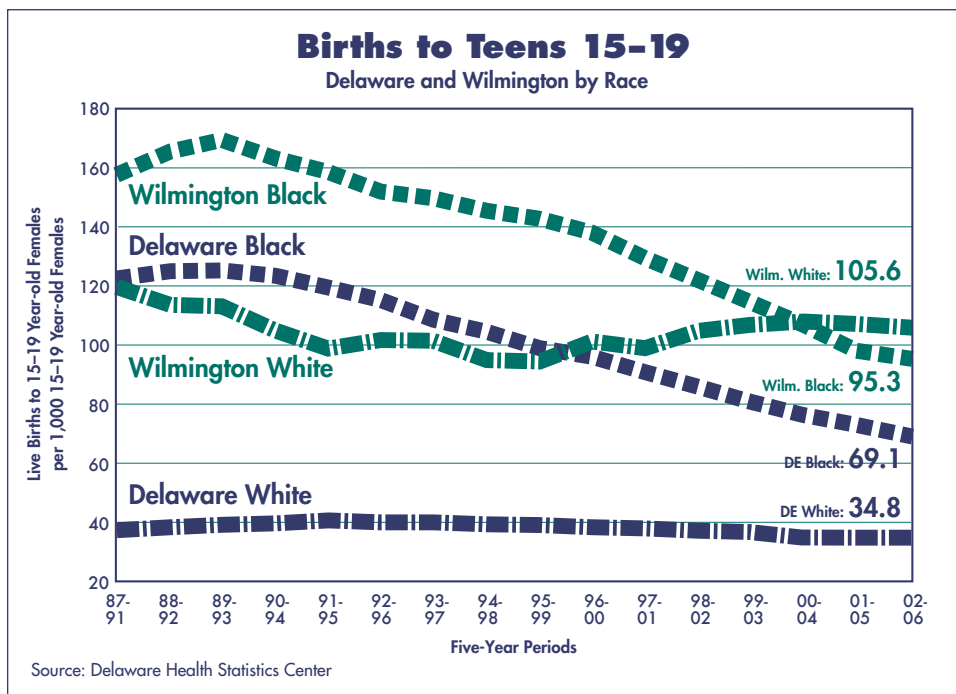
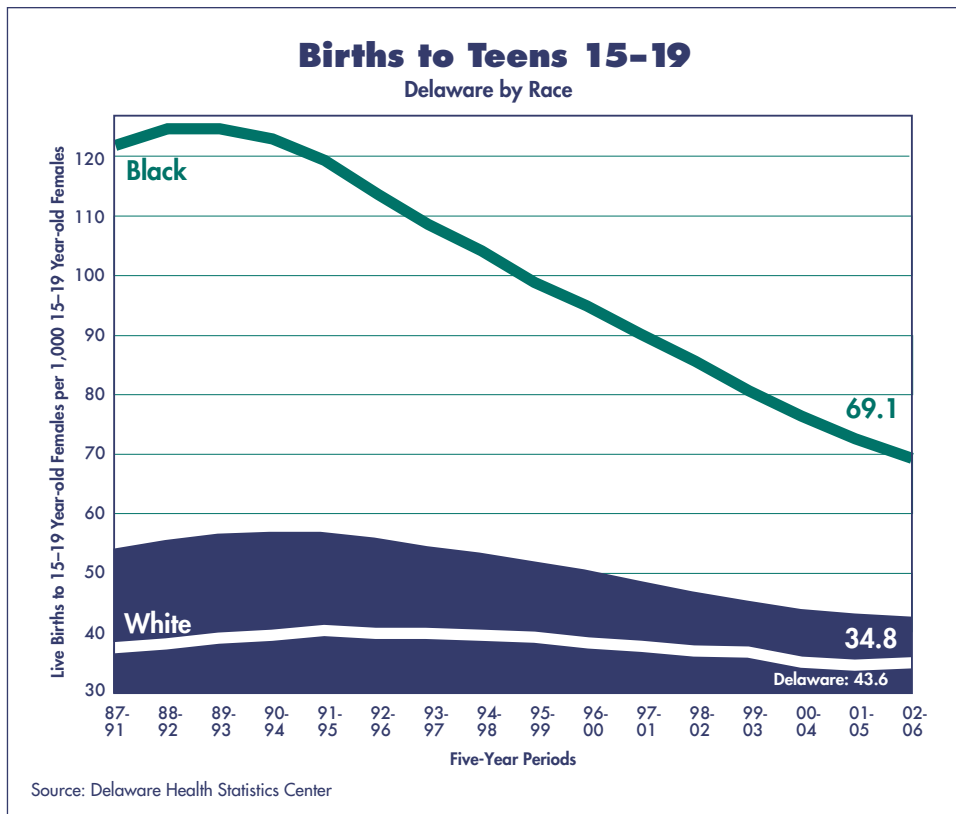
Births to Teens 15-19

Delaware, Counties, and Wilmington



Source: Delaware Health Statistics Center





DID YOU KNOW?

The rate of teen fatherhood declined 21% between 1990 and 2001, from 24 to 19 per 1,000 males aged 15–19. Teen fatherhood rates vary considerably by race. In 2001, the rate among young black men (37 per 1,000) was more than twice that among similar whites. The decline in the teen fatherhood rate was far more substantial among blacks than among whites (34% vs. 14%).

Source: Guttmacher Institute, Facts on Young Men's Sexual and Reproductive Health, June 2008. www.guttmacher.org/pubs/fb_YMSRH.html



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www.teenpregnancy.org
www.plannedparenthood.org
www.guttmacher.org/sections/pregnancy.php



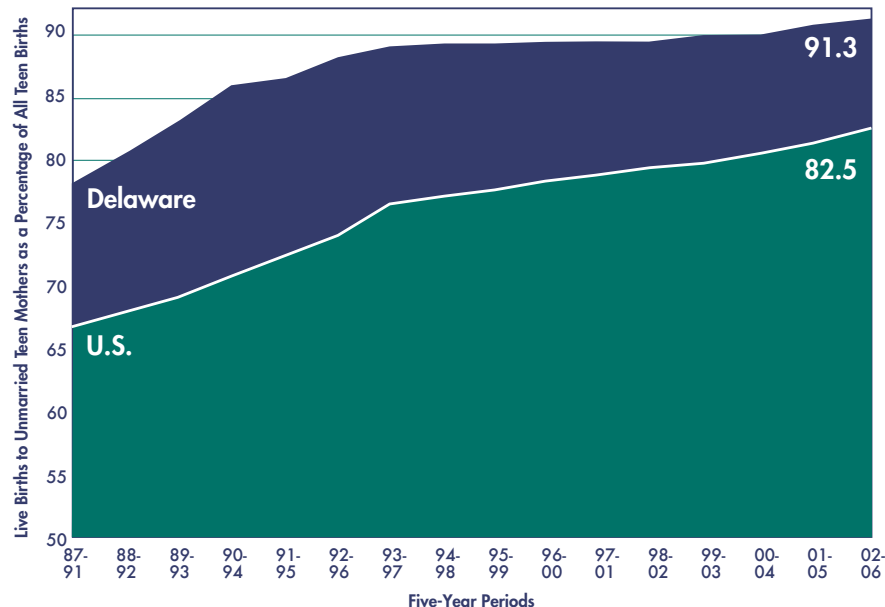
Focus on Poverty

Teens living in poverty are more likely to have out-of-wedlock births.



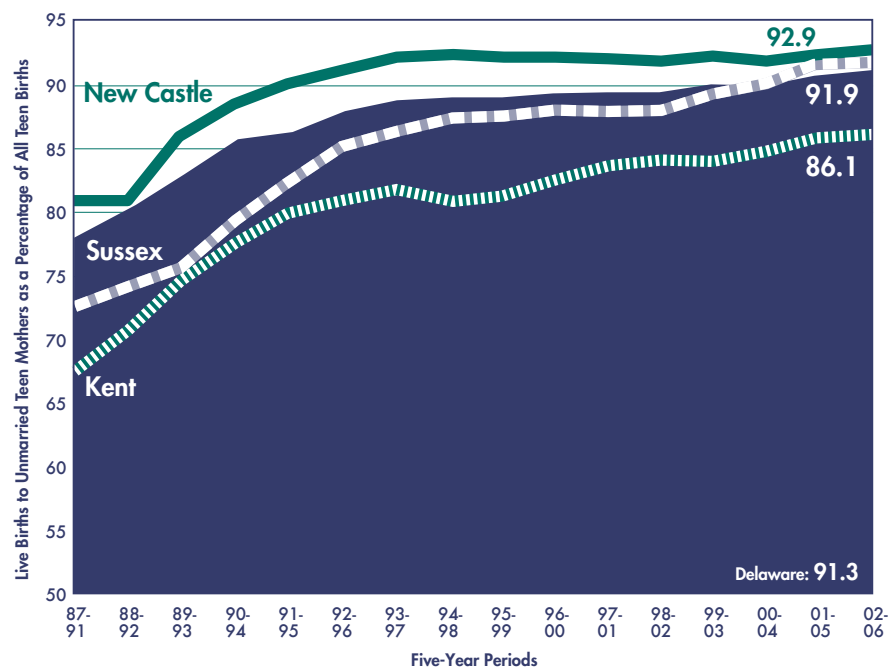
Births to Unmarried Teen Mothers

Delaware Compared to U.S.



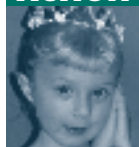
Births to Unmarried Teen Mothers

Delaware and Counties



Source: Delaware Health Statistics Center

PUT DATA INTO ACTION



May 6, 2009, is the National Day to Prevent Teen Pregnancy. On the National Day and throughout May, teens nationwide will be asked to go to The National Campaign to Prevent Teen Pregnancy's teen website—StayTeen.org—and take a short, scenario-based quiz (available in English and Spanish). The quiz challenges young people to consider what they would do in a number of sexual situations.

In 2008, more than 300,000 people took the National Day Quiz. Over half of the 1,000 teens who took part in a post-quiz survey said they learned something new, thought about things they hadn't considered, and would encourage others to take the quiz.



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For more information see



Work and wages have a direct relationship with a family's poverty status: parents' employment is a major factor in family economic stability and well-being. The term "working poor" denotes families with working parents who live in poverty because their earnings are not enough to cover the family's basic needs including food, housing, and stable child care. Additionally, as earnings increase—particularly as they rise above the official federal poverty threshold level—families begin to lose eligibility for work supports. At the same time, work-related expenses, such as child care and transportation, increase. A higher income is associated with many positive child outcomes including better health, academic achievement, and financial well-being as adults. Additionally, secure jobs improve family life by reducing the stress level generated by unemployment and may help children's psychological well-being. In some cases, long hours of employment among mothers of very young children have been associated with modestly negative development outcomes. However, without full-time employment for at least one parent, many of a child's basic needs become hard to meet.

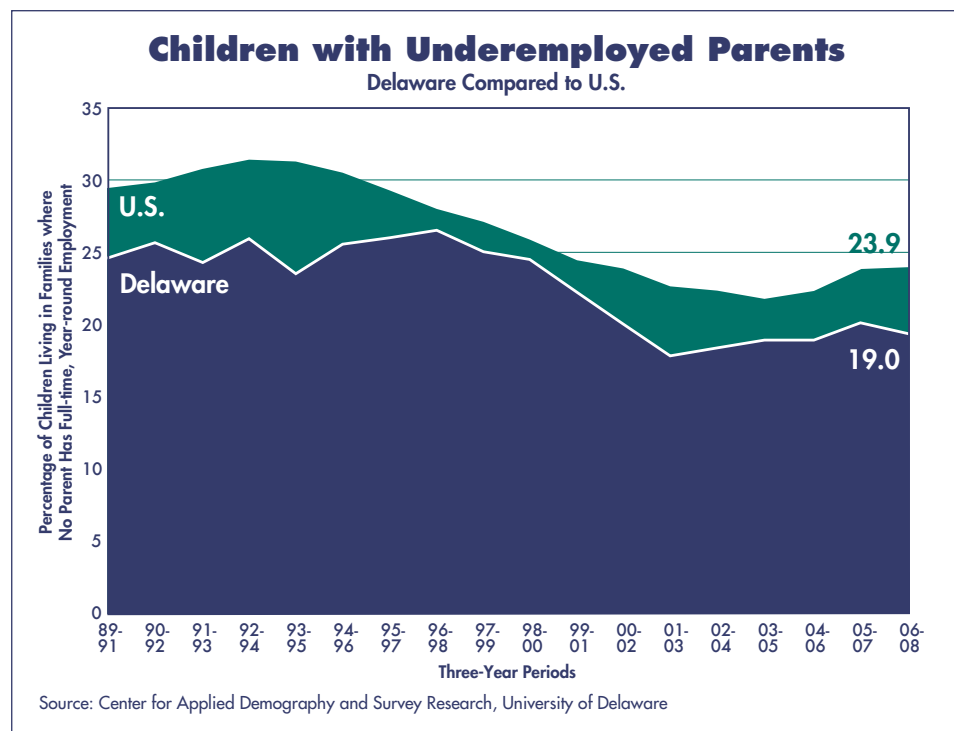
No Parent with Full-time Employment

KIDS COUNT INDICATOR

Focus on Poverty

7 of 10 children in poverty are in working families where someone works full- or part-time for at least part of the year.

Source: Child Poverty in America, Children's Defense Fund, 2008.



PUT DATA INTO ACTION



The Annie E. Casey Foundation, sponsor of KIDS COUNT, believes that the children in greatest trouble in America today are those whose parents lack the earnings, assets, services or social support systems required to consistently meet their families' needs. Most of these children are growing up in impoverished communities that are disconnected from the economic mainstream. The Foundation is working to help these isolated families secure adequate incomes, stabilize their finances, accumulate savings and live in vibrant, economically viable neighborhoods through a combination of an approach known as building family economic success, or FES. The approach involves three key components:

- Asset-building – strategies to help families build wealth and save for the future;
- Family economic supports – public and private supports to help families establish credit, reduce debt, and increase their financial security; and
- Workforce development – the skills and education necessary to get good jobs and build careers.

Source: The Annie E. Casey Foundation, www.aecf.org/MajorInitiatives/FamilyEconomicSuccess.aspx



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www.childtrendsdatabank.org/indicators/68ParentalEmployment.cfm	

Children in Poverty

KIDS COUNT INDICATOR

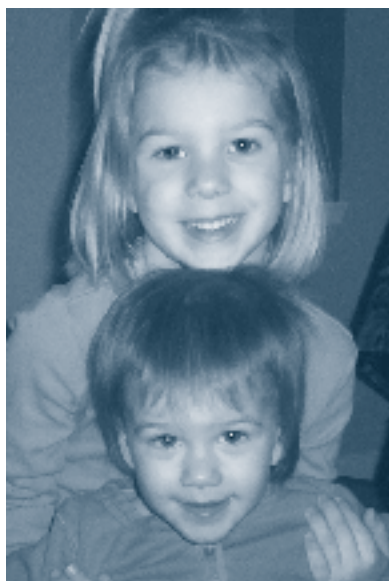
Focus on Poverty

Living in poverty effects all aspects of a child's life. Look for **Focus on Poverty** throughout this book for specific examples.

Please also see page 14 for a KIDS COUNT in Delaware Special Report on Children in Poverty.

Poverty is the single greatest threat to children's well-being. Nearly 13 million children in the United States—almost 18% of all children—live in families with incomes below the federal poverty level.

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

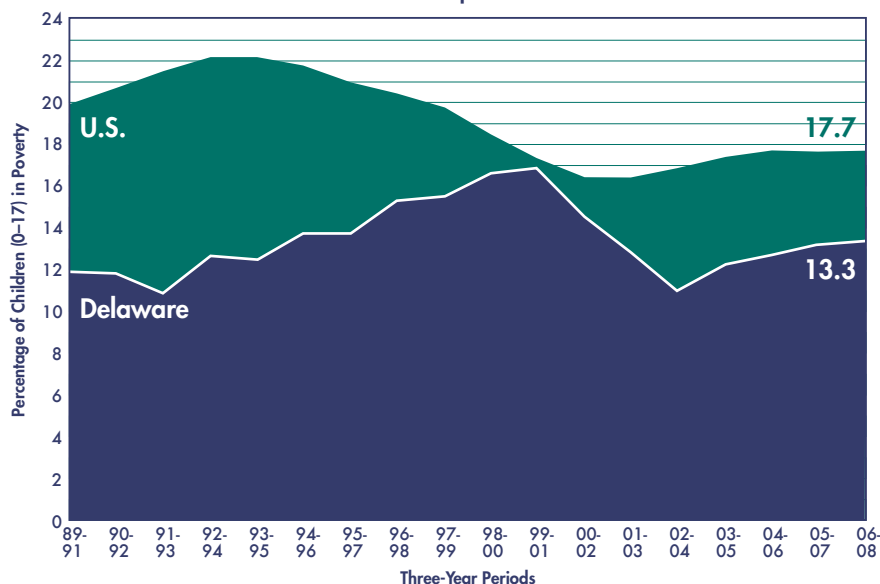


Children in Poverty – The poverty threshold for a one-parent, two-child family was \$15,219 for 2004 and \$16,242 for 2006. For a family of four with two children, the threshold was \$19,157 for 2004 and \$20,444 for 2006.

Homeless Students – 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.

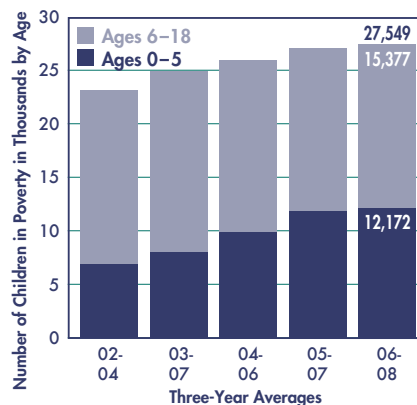
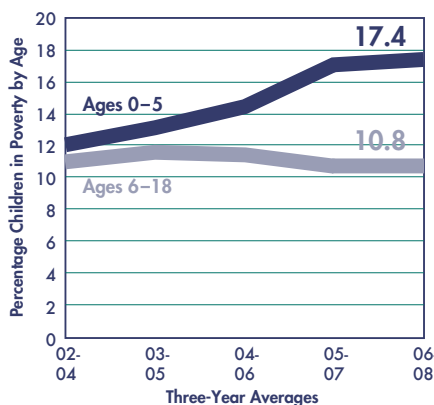
Children in Poverty

Delaware Compared to U.S.



Children in Poverty by Age

Delaware

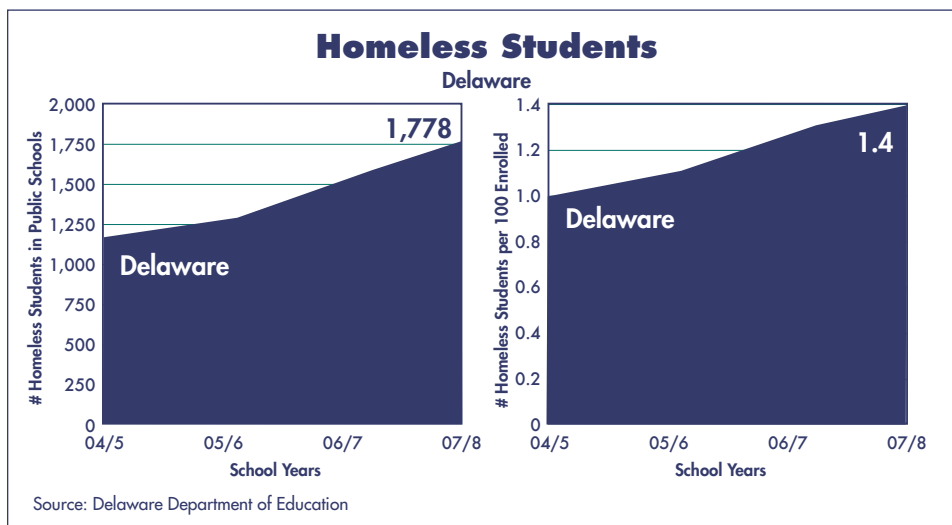
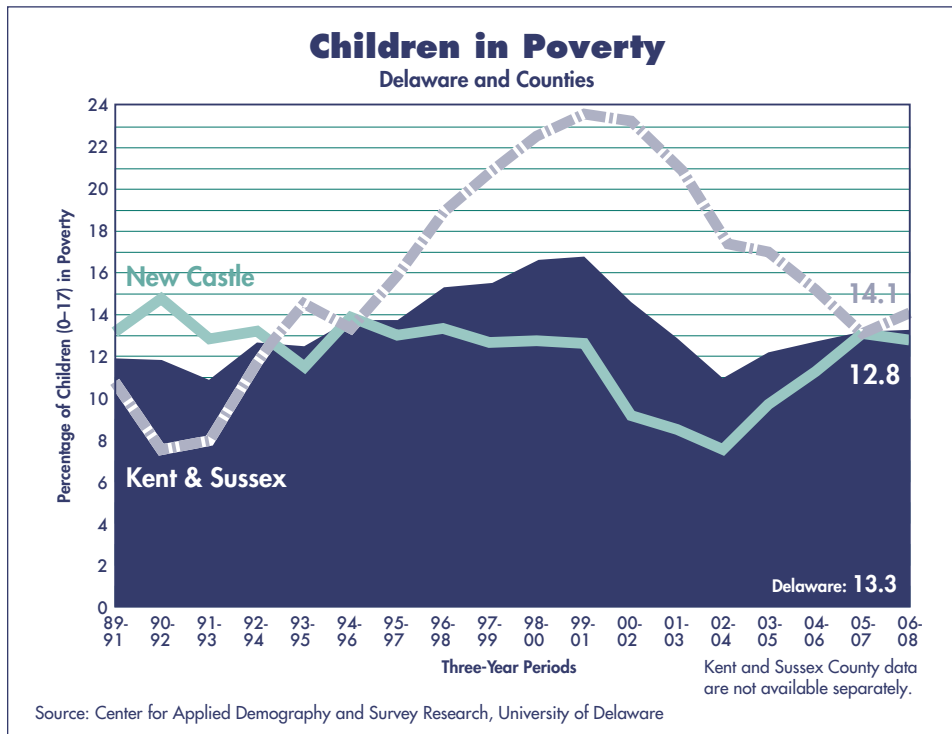


Source: Center for Applied Demography and Survey Research, University of Delaware

Focus on Poverty

13% of Delaware children live in families that are below the poverty threshold; 33% live in low-income families that are defined as having an income $\leq 200\%$ of the federal poverty level.

Source: National Center for Children in Poverty.
http://nccp.org/profiles/DE_profile_7.html



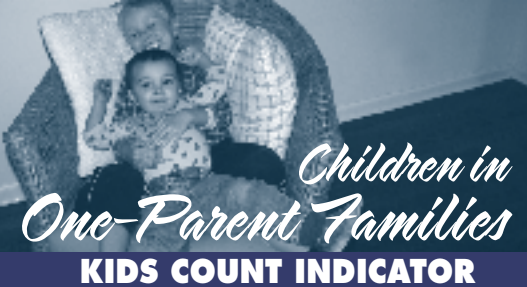
In Delaware, there are 66,450 children that live in low-income (less than 200% of poverty level) families (33%). Among children in low-income families

- 84% have at least one parent who works, and 62% have a parent who is employed full-time year-round.
- 85% of children whose parents do not have a high school degree live in low-income families.
- 46% of children in low-income families have a parent that only has a high school degree and no college education.
- 53% of children who have immigrant parents live in a low-income family.
- 24% of white children (27,714) live in a low-income family; 42% of black children (20,158) and 67% of Hispanic children (13,983) live in a low-income family. There are over 26,000 kids under the age of six living in low-income families.

Source: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.
http://www.nccp.org/publications/pdf/text_851.pdf



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Children in One-Parent Families

KIDS COUNT INDICATOR

As the composition of families living in America continues to change, a child's relationship to his or her primary caregiver may change. For example, families may be headed by biological parents, step-parents, grandparents, foster parents, or other relatives. The number of caregivers present in a given household also varies.

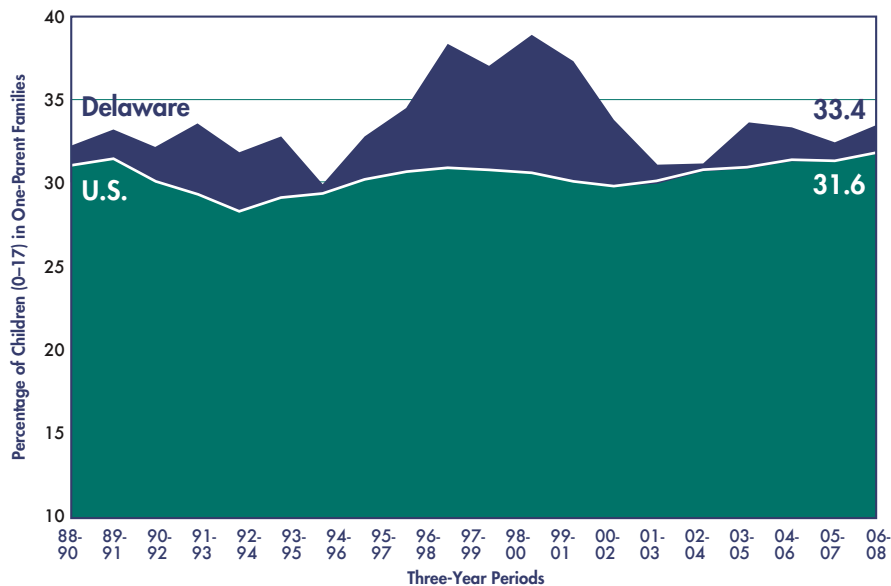
Increasingly, single parents are the primary caregivers in many families. Research indicates that children growing up in families headed by a single parent face greater challenges and an increased risk for cognitive, financial, social, and emotional concerns.



Children in One-Parent Households – percentage of all families with “own children” under age 18 living in the household, who are headed by a person—male or female—without a spouse present in the home. “Own children” are never-married children under 18 who are related to the householder by birth, marriage, or adoption.

Children in One-Parent Families

Delaware Compared to U.S.



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

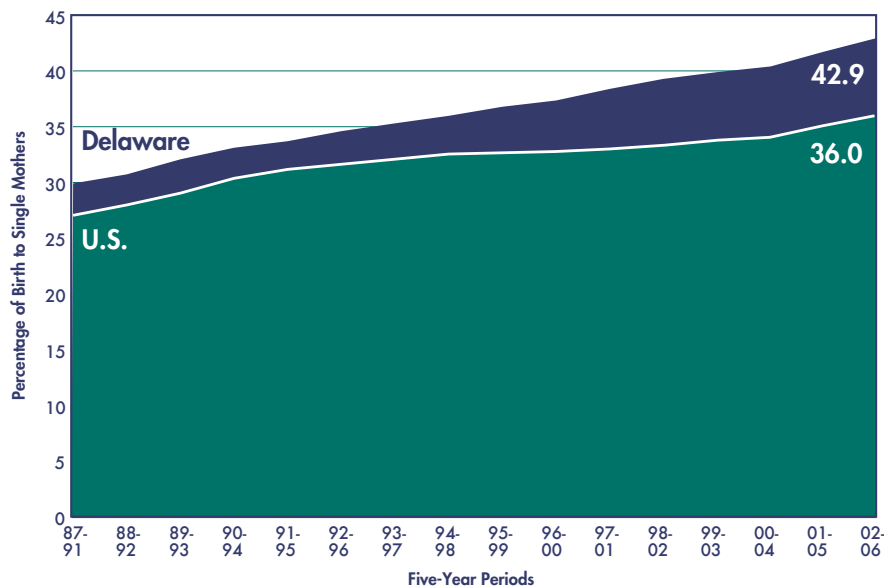
Households by Type

U.S., Delaware, and Counties

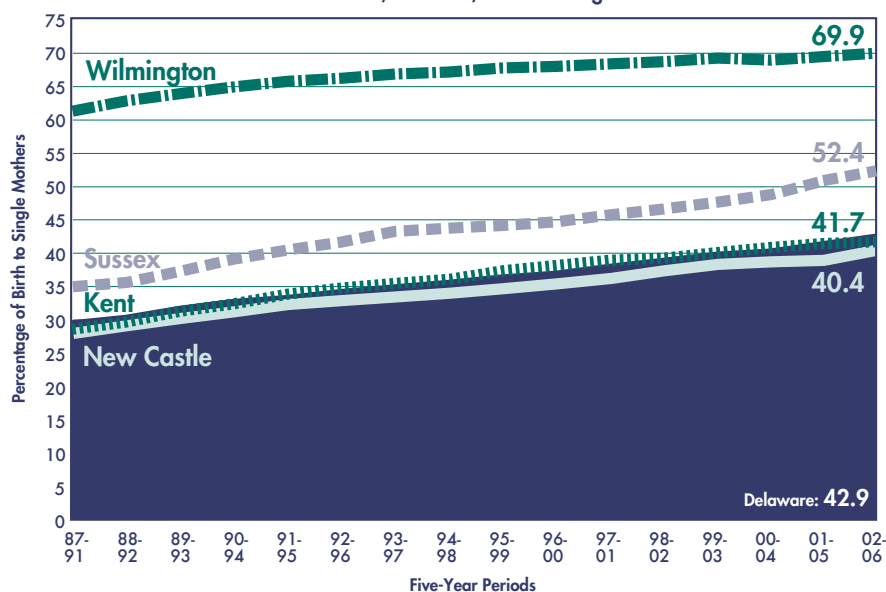
	US	DE	NC	Kent	Sussex
Family households (families)	66.8%	68.3%	67.1%	71.0%	69.6%
With own children under 18 years	31.1%	29.9%	30.6%	33.0%	25.4%
Married-couple family	49.7%	49.6%	48.2%	51.9%	51.7%
With own children under 18 years	21.4%	19.3%	20.2%	20.9%	15.7%
Male householder family, no wife present	4.6%	4.9%	5.0%	3.7%	5.7%
With own children under 18 years	2.3%	2.2%	2.4%	1.9%	1.9%
Female householder family, no husband present	12.5%	13.8%	13.9%	15.5%	12.1%
With own children under 18 years	7.4%	8.4%	8.0%	10.2%	7.9%
Nonfamily households	33.2%	31.7%	32.9%	29.0%	30.4%
Householder living alone	27.3%	25.8%	26.3%	24.8%	25.0%
65 years and over	9.1%	8.8%	7.7%	9.6%	11.1%
Households with one or more people <18 years	34.4%	34.0%	34.4%	37.1%	30.4%
Households with one or more people 65+	23.4%	24.6%	21.4%	24.3%	33.2%
Average household size	2.61	2.56	2.60	2.58	2.43
Average family size	3.20	3.07	3.17	3.02	2.88

Source: American Community Survey, 2007. www.factfinder.census.gov/

Births to Single Mothers Delaware and U.S.



Births to Single Mothers Delaware, Counties, and Wilmington



Sources: Delaware Health Statistics Center, National Health Statistics Center

Focus on Poverty

Likelihood of child living in poverty compared to living with both parents:

- living with only mother 5 times
- living with only father 2.5 times

Source: *Child Poverty in America*.
Children's Defense Fund, 2008.

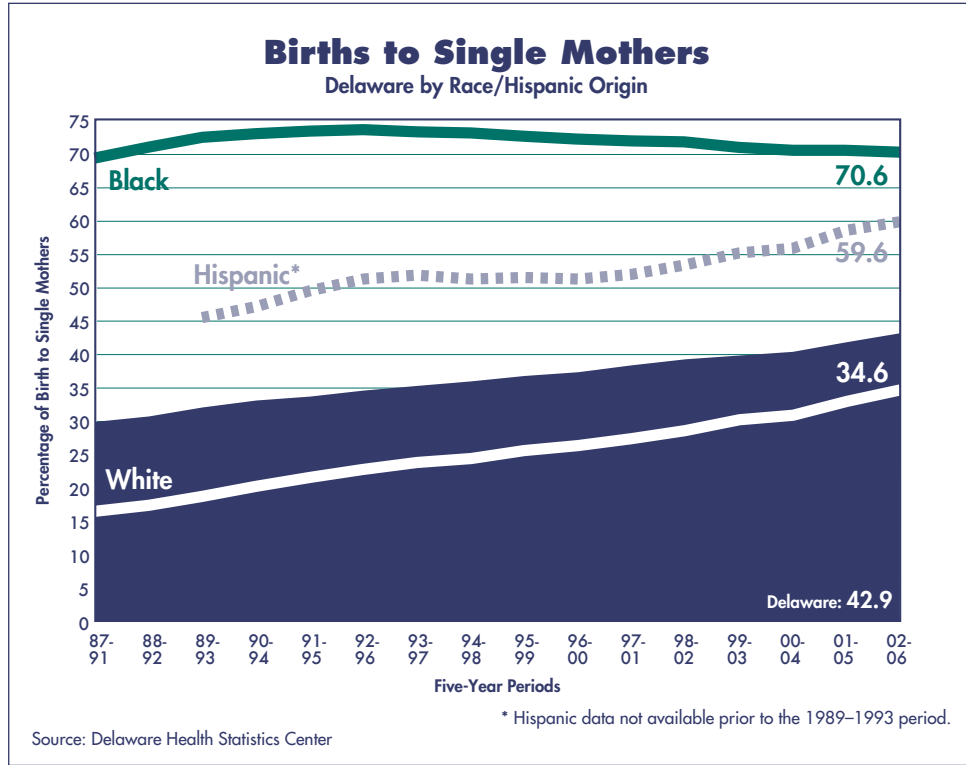
Cause for Concern

Births among single women are at a record high, and are at a significantly higher percentage in Delaware than the U.S.



Births among unmarried women were at a record high in the U.S. in 2006. Births to unmarried mothers increased almost 8% in 2006. This was a 20% increase from 2002, when the trend of increased births among unmarried women started. The largest increase, 10%, was among women 25 to 29. Overall, the birth rate among unmarried women rose from 47.5 births per 1,000 in 2005 to 50.6 per 1,000 in 2006, a 7% increase in one year and a 16% increase since 2002.

Source: U.S. News and World Report, <http://health.usnews.com/>



Living Arrangements for Delaware Children

Own Children in Married-Couple or Single-Parent Families by Race/Hispanic Origin, 2000 Census

White Married Couple Family – 80.1%	White Single-Parent Family – 19.9%
Black Married Couple Family – 42.5%	Black Single-Parent Family – 57.5%
Hispanic Married Couple Family – 65.5%	Hispanic Single-Parent Family – 34.5%
Asian Married Couple Family – 90.2%	Asian Single-Parent Family – 9.8%

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File

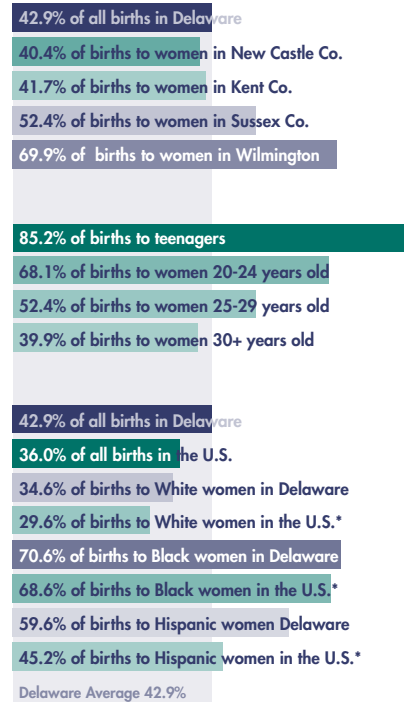


The U.S. has the highest percentage of single-parent families (34% in 1998) among developed countries, followed by Canada (22%), Australia (20%), and Denmark (19%). In 1970, 13% of families were headed by a single parent, over one-fourth of children in the United States lived with a single parent in 1996, double the proportion in 1970.

Source: Marriage and Family Encyclopedia. <http://familyjrank.org/>

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 2002–2006



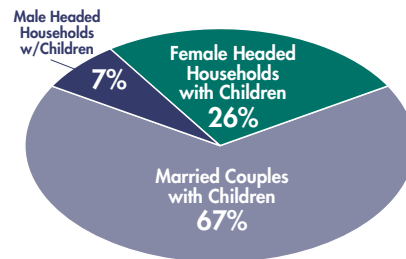
* White, Black, & Hispanic data for U.S. were not available for 2002–2006. Data shown are for 2001–2005.

Source: Delaware Health Statistics Center

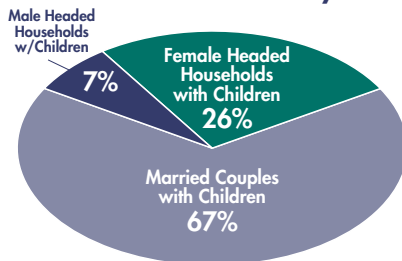
Families with Children by Household Structure

2000

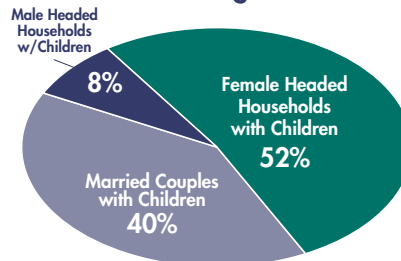
Delaware



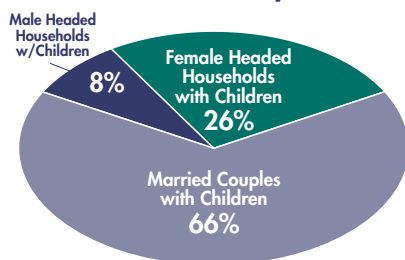
New Castle County



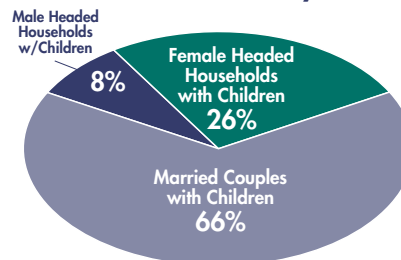
Wilmington



Kent County



Sussex County



Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1



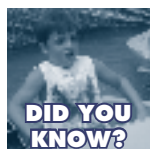
- At the national level, in 2007, 67% of children ages 0–17 lived with two married parents, down from 77% in 1980. At the same time, nearly one quarter (23%) of children lived with only their mothers, 3% lived with only their fathers, and 3.5% lived with neither of their parents.



- In 2007, 76% of White non-Hispanic, 60% of Hispanic, and 37% of Black children lived with two married parents. The proportion of Hispanic children living with two married parents decreased from 75% in 1980 to 60% in 2007.



- The proportion of all children living with a single father in the U.S. increased from 2% in 1980 to 3% in 2007.



- In 2007, the majority of children living with one parent lived with their single mother. Some single parents had cohabiting partners. 7% of children living with single fathers and 10% of children living with single mothers also lived with their parent's cohabiting partner. Out of all children ages 0–17, 4.2 million (6%) lived with a parent or parents who were cohabiting.

Source: America's Children: Key National Indicators of Well-Being, 2008. childstats.gov/americaschildren/tables/fam1a.asp?popup=true



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www.pwp121.com

www.singlerose.com

www.makinglemonade.com

www.singlefather.org

www.urban.org/publications/101308.html

www.parentswithoutpartners.org

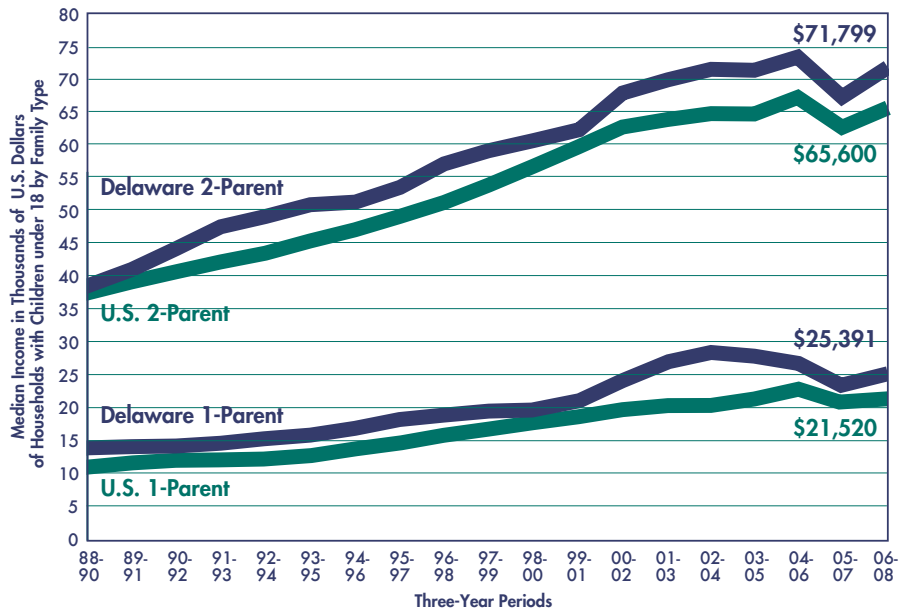
www.promisingpractices.net

www.nationalpartnership.org

www.grandspplace.com

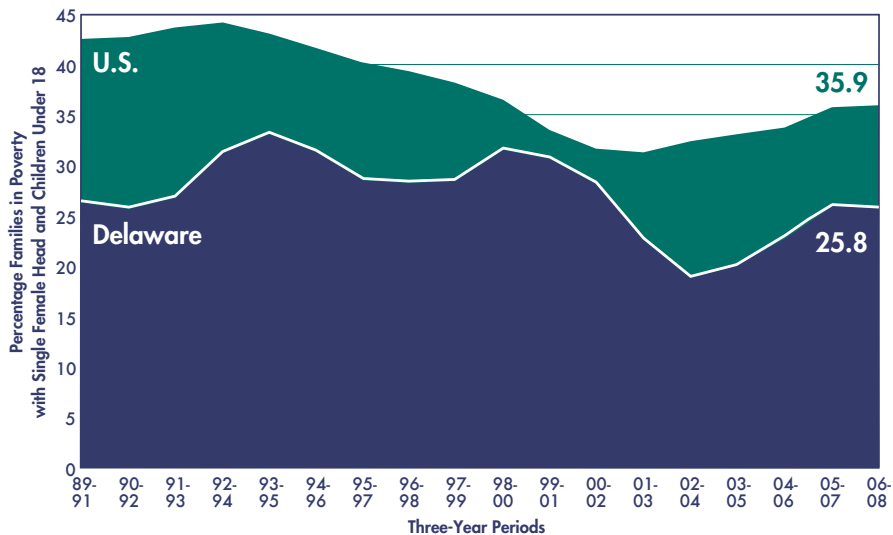


Median Income of Families with Children by Family Type Delaware and U.S.



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

Female-Headed Families in Poverty Delaware Compared to U.S.



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



54% (35,805) of Delaware children in low-income families live with a single parent. 21% of Delaware children in above low-income families live with a single parent.

Source: National Center for Children in Poverty, www.nccp.org/profiles/DE_profile_6.html

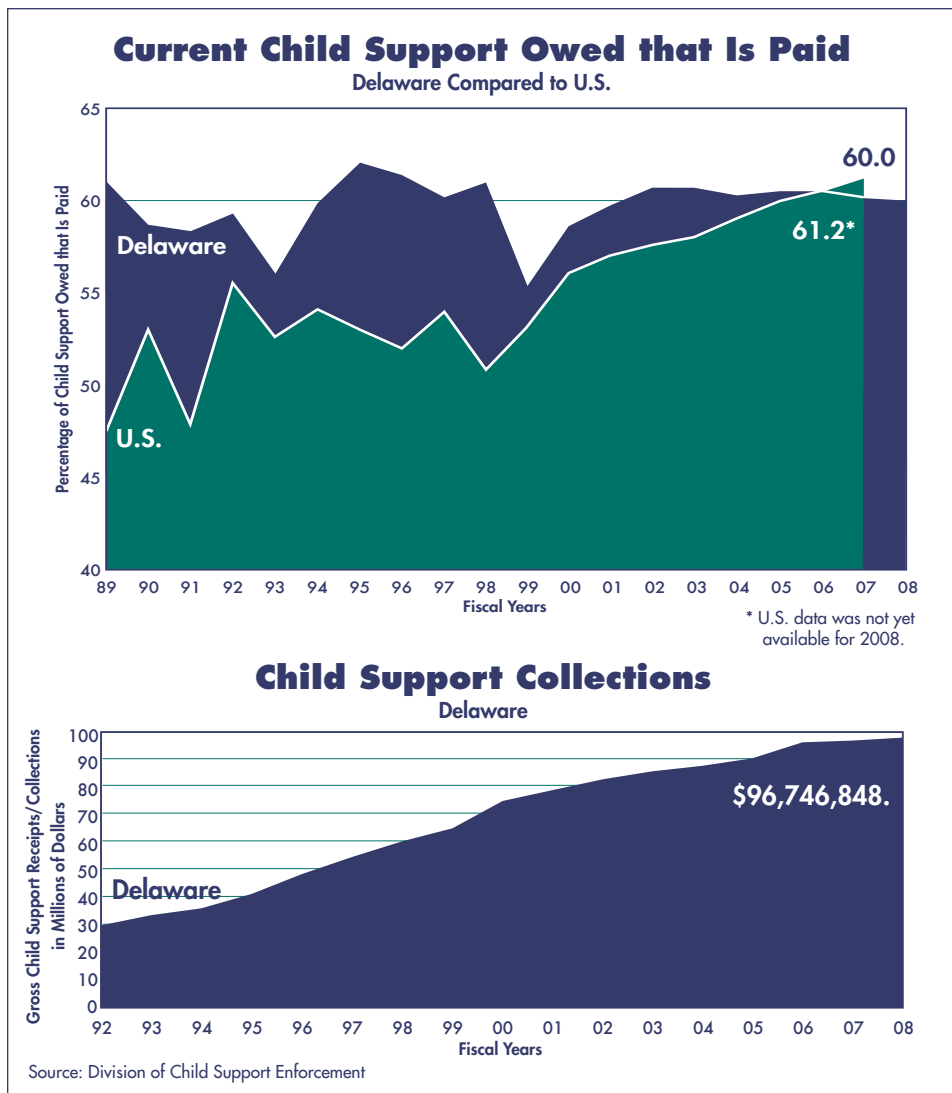
Female-Headed with Children under 5 years old Families in Poverty

U.S.	DE	New Castle	Kent	Sussex
44.8%	37.1%	30.3%	69.2%	14.5%

Source: American Community Survey 2006, U.S. Census Bureau.
<http://factfinder.census.gov/>

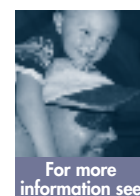


The Child Support Enforcement Program is a federal, state and local partnership aimed at promoting self-sufficiency and child well-being through financial stability. The program was designed to ensure that both parents, not just the primary caregiver, take responsibility in supporting their children. Child support becomes an important resource for many children living in poverty. In some cases, the courts will issue a child support order; research has indicated that children are more likely to receive financial support from their nonresident parent when an order is in place. 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. In Delaware, the Division of Child Support Enforcement works to ensure both parents meet their financial and legal obligations to their children.



WANTED: For failure to pay child support in Delaware Delaware Health and Social Services, Division of Child Support Enforcement, distributes wanted posters featuring non-custodial parents wanted for owing child support (see <http://dhss.delaware.gov/dhss/dcse/photos/>). The 119 parents that have been featured owe over \$3.4 million for 328 children. Of the 75 parents with outstanding family court capias, 61 Crime Stopper tips have been received and 44 cases have been resolved.

Source: Delaware Health and Social Services, Division of Child Support Enforcement



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<http://www.dhss.delaware.gov/dhss/dcse/>
For more information see www.acf.hhs.gov/programs/cse/





Children Living with Grandparents

Focus on Poverty

Poverty rates of children

- living with non-parental caregivers such as grandparents 42%
- living with at least one parent 17%

Source: *Child Poverty in America*.
Children's Defense Fund, 2008.

Grandparents raising grandchildren have received considerable attention in recent years. Many observers perceive grandparent care to be a growing phenomenon. In fact, however, the proportion of children living with grandparents has remained relatively stable. While the percentages are low and steady, in the context of a growing youth population they represent growing total numbers. These are often loving relationships, but it can be a challenging situation for both the child and the grandparent.

Grandparents Living with Grandchildren

Delaware, Counties, and Wilmington, 2007/2005*

	Delaware	New Castle	Kent	Sussex	Wilmington*
Grandparents living with grandchildren under 18 years	18,132	9,936	3,563	4,663	1,537
Grandparents responsible for their grandchildren	8,225	3,917	1,548	2,760	646

* Wilmington data were not available for 2007. Data for 2005 is shown.

Source: American Community Survey 2007 and American Community Survey 2005, U.S. Census



Approximately 5 to 6% of grandchildren and 10% of grandparents live in grandparent-grandchild households at any given time.

More than 10% of children under

the age of two live with their grandparents; while only 3% of children 15 to 17 years-old do so. African American children are more likely to live with their grandparents: 7.8% live in three-generation households, and 5.7% live without their parents in split-generation households.

Source: Grandparents Caring for Grandchildren What Do We Know? Anne R. Pebley and L. L. Rudkin Rand Corporation Labor and Population Program. www.rand.org/pubs/research_briefs/RB5030/index1.html



8,225 Delaware grandparents are responsible for their own grandchildren:

- 6.9% of children in Delaware live in households

where grandparents provide primary care, compared to 6.5% in the U.S.

- Years responsible for grandchildren:
 - Less than 1 year 2,135
 - 1 or 2 years 1,299
 - 3 or 4 years 1,689
 - 5 or more years 3,102

Source: American Community Survey 2007

PUT DATA INTO ACTION



The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), through its intergenerational program, **Joining Generations**, provides a number of respite opportunities for grandparents and other relative caregivers in Delaware. DSAAPD works in coordination with community organizations to provide the following services:

- **Grand Time Off**, a program that provides eligible relative caregivers with a small stipend so they can procure sporadic child care.
- **Camp Respite**, a summer/school break camp program that provides recreation for kids at their local YMCA or Boys and Girls Clubs and also gives a break to grandparents and other relative caregivers.
- **Delaware Kinship Navigator**, one phone number statewide to call for information on services available for relative caregivers.

CARE Delaware supports older relatives raising children ages 18 and younger. Caregiver Resource Centers include helpful materials for these caregivers. In addition, CARE Delaware provides a number of respite opportunities for grandparents and other relative caregivers who are age 55 and over. To learn more about programs that support relative caregivers, please visit the Respite Options for Relative Caregivers at www.dhss.delaware.gov/dhss/dsaapd/respiteoptions.html.

Source: Delaware Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities



For more information see

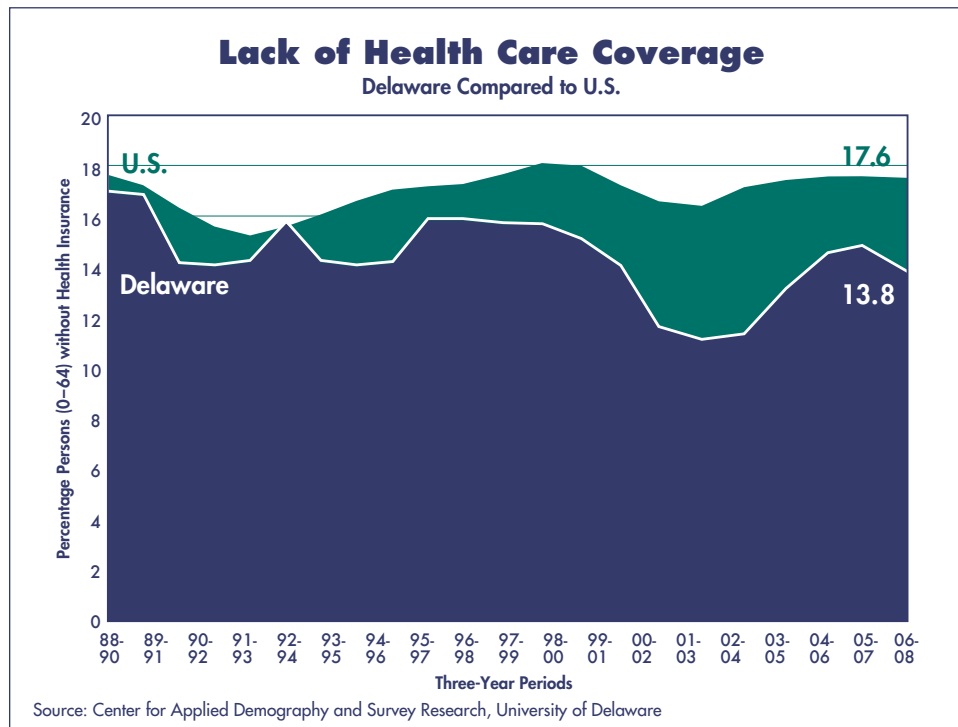
www.grandsplace.com/
www.rand.org/pubs/research_briefs/RB5030/index1.html
www.dhss.delaware.gov/dhss/dsaapd/





Health Care Coverage

The limits of public health care and gaps in employer coverage leave millions of people living in America without adequate health care coverage. Accessible, reliable health care is an important aspect of child and family well-being. Families without health care coverage are impacted in terms of their access to care, quality of care, and financial security. Compared to those with health care coverage, those who are uninsured 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. As a result, they are at higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions than those with health care coverage.



Who Are the Uninsured?

Nonelderly Uninsured Rates Delaware, 2006-2007 and U.S., 2007

	DE	US
Family Work Status		
At Least 1 Full-time Worker	11%	15%
Part Time Workers	29%	29%
Non Workers	22%	28%
Race/Ethnicity		
White	9%	12%
Black	14%	21%
Hispanic	41%	34%
Other	19%	18%
Federal Poverty Level		
Under 100%	30%	35%
100-199%	23%	29%
200% or more	8%	9%

Source for above and data at right: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements). www.statehealthfacts.kff.org/

Health Insurance Coverage

Distribution for Total Population Delaware, 2006-2007 and U.S., 2007

	DE	US
Employer	59%	53%
Individual	3%	5%
Medicaid	11%	13%
Medicare	14%	2%
Other Public	1%	1%



69% of Delaware uninsured families have at least one full-time worker.



The Delaware Insurance Department offers services and information for people interested in obtaining insurance. For more information, call 1-800-282-8611 or visit www.delawareinsurance.gov/.

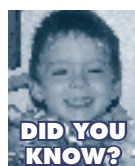
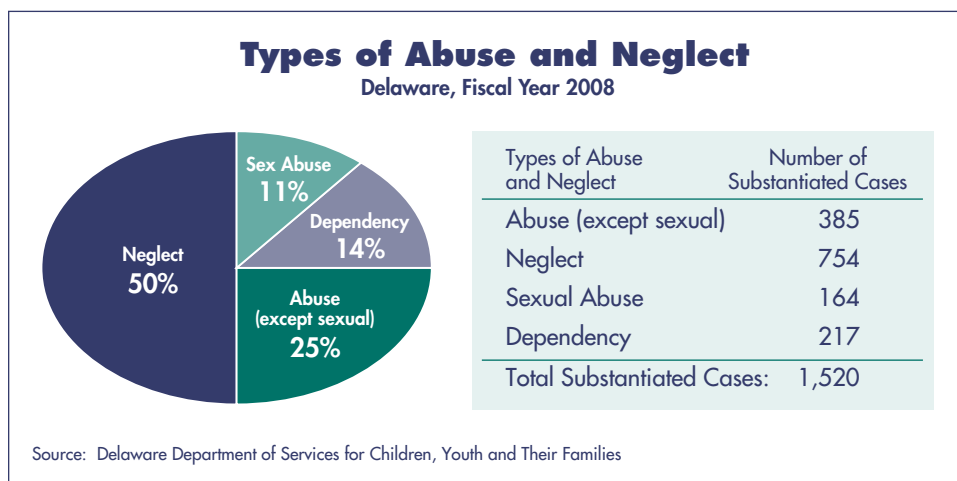
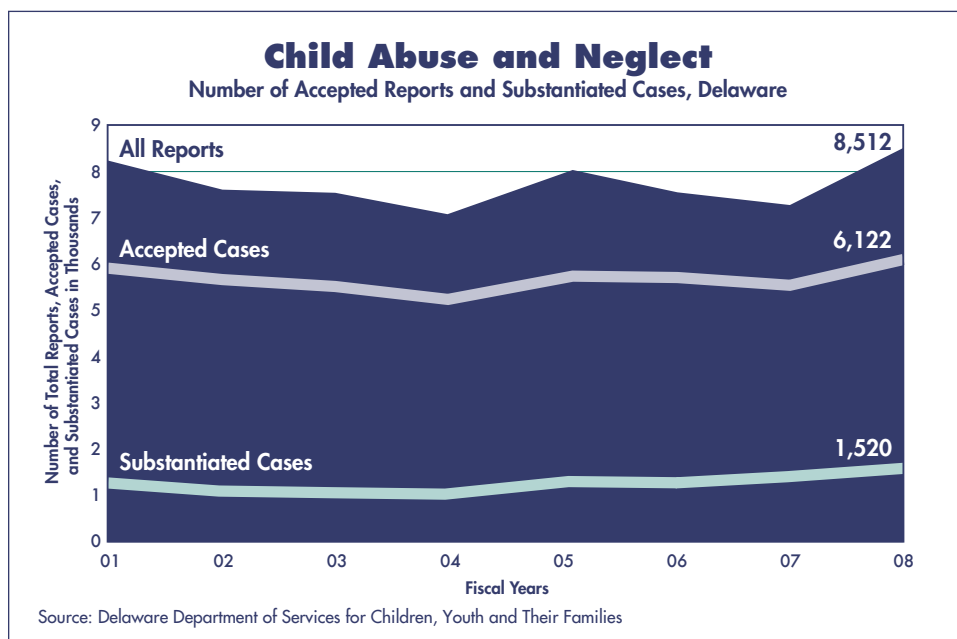


Children without Health Insurance	40
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www.cms.gov
www.familiesusa.org
<http://dhcc.delaware.gov/>
www.delawareuninsured.org/



Child 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 abuse or neglect, verbal abuse, emotional abuse or neglect, and sexual abuse. The devastating impacts of child abuse and neglect can last a life time, particularly if left untreated. Often abuse leads to physical, social, and emotional problems including depression, illness, impaired growth, learning difficulties and low school achievement, juvenile delinquency, substance abuse, and sometimes suicide. States set their own legal definitions of child abuse and neglect within existing federal legal standards.



DID YOU KNOW?

The Adam Walsh Act requires states to check child abuse and neglect registries in all states in which any prospective foster or adoptive parent and any other adult living in the home has resided in the preceding five years, before the prospective foster or adoptive parent may be finally approved for placement of a child.

Source: <http://kids.delaware.gov/information/adamwalsh.shtml>

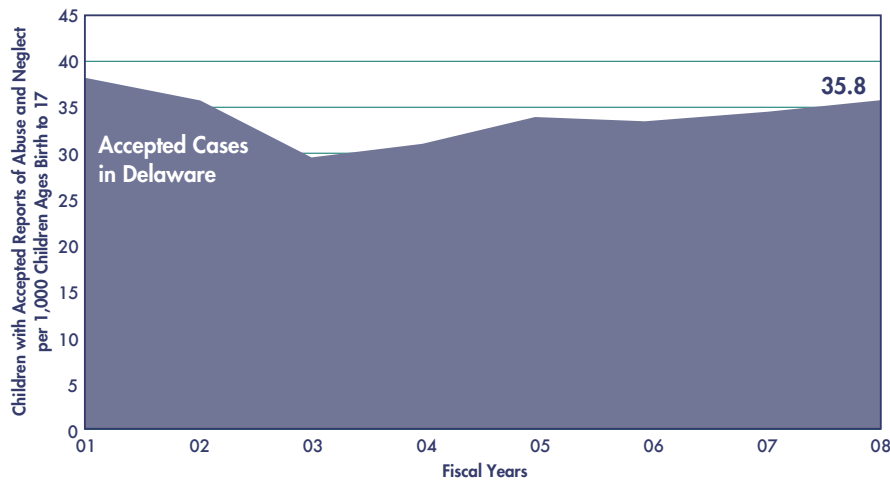
PUT DATA INTO ACTION



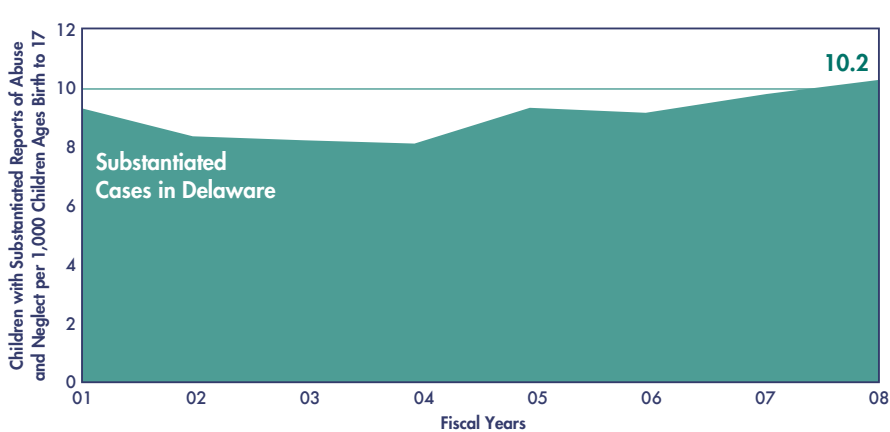
Safe Arms for Babies is a law that allows a parent to go to any Delaware hospital emergency department and leave their newborn (14 days old or younger) with any emergency department staff or volunteer.

Safe Arms for Babies 24-hour hotline:
1-800-262-9800

Rate of Accepted Reports of Child Abuse Delaware



Rate of Substantiated Child Abuse Cases Delaware



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

Focus on Poverty

Abused infants from poor families are 3.5 to almost 7 times more likely to die compared with babies from affluent families.

Source: ProHealth Care. www.prohealthcare.org/wellness/health-news/children/abused-babies-death-risk.aspx (Research from Dr. Richard Falcone, Cincinnati Children's Hospital Medical Center)



PUT DATA INTO ACTION



Prevent Child Abuse Delaware offers these tips for supporting communities:

- Get to know your neighbors—help them if they are in need.
- Get involved in your child's school.
- Volunteer with organizations that provide support to parents and children.
- Make sure your child's daycare provider is trained in areas related to child abuse and neglect.
- Invite speakers to talk about child abuse and ways to prevent it to church, parent, and recreational groups.
- Organize community awareness activities during April, Child Abuse Prevention Month.
- Write editorials or work with the media to create awareness.
- Organize an information night at your church, community center, or your child's school or daycare. Contact Prevent Child Abuse Delaware staff for brochures and topic ideas.
- Work with your local library, church, or school to establish a resource library focusing on parenting and the prevention of child abuse.

Source: Prevent Child Abuse Delaware. Available at www.pcadelaware.org



For more information see

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www.pcadelaware.org

www.preventchildabuse.org

www.childtrendsdatabank.org/indicators/40childmaltreatment.cfm

To report suspected abuse or neglect:
1-800-292-9582



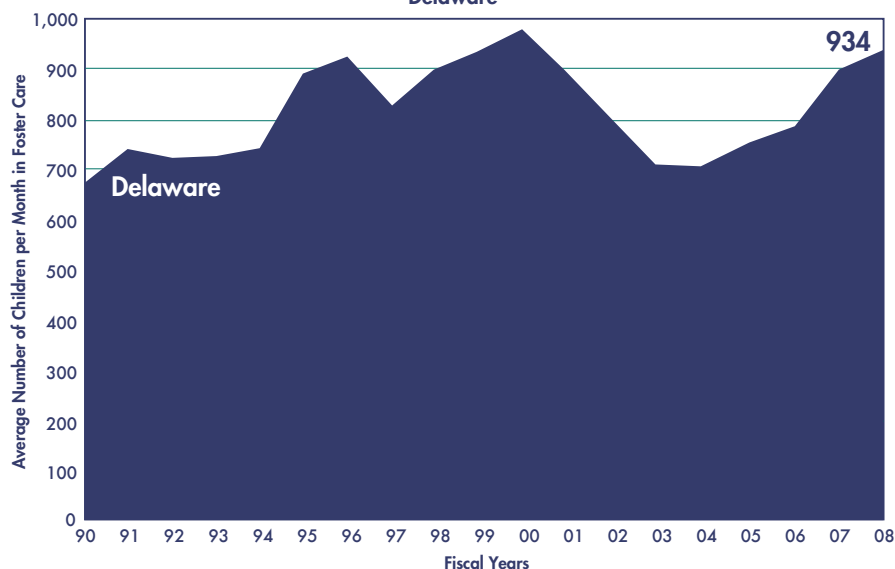
Foster Care

Foster Care is temporary residential care in another home for a child who has been removed from his or her home due to physical, emotional, or sexual abuse, or neglect. Parental neglect or abandonment includes lack of supervision, failure to provide adequate housing, or failure to provide basic needs. The goal for most foster children is to return to their parent(s) when the circumstances that led to foster placement have been resolved. When this is not possible, a permanent home is sought through adoption.



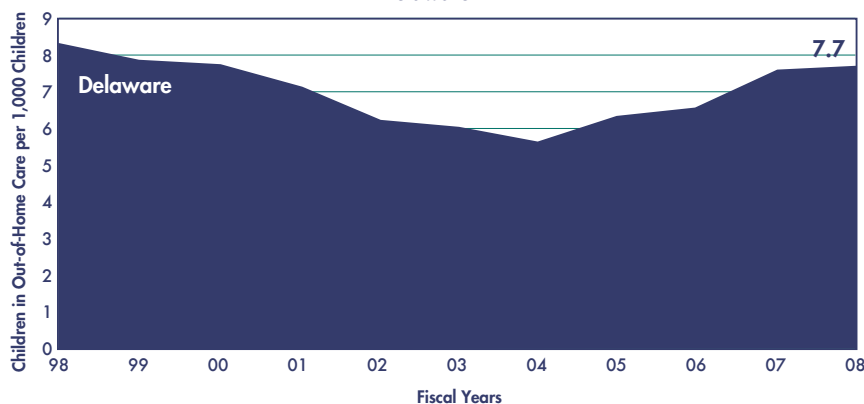
Foster Care

Delaware



Out-of-Home Care

Delaware



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



Child Abuse and Neglect 96
Table 91 173

<http://kids.delaware.gov/>

www.childinc.com/

www.cffde.org

www.ntuplc.org/

For more information see

<http://adoption.about.com/cs/fosteringbystate/p/delaware.htm>



DID YOU KNOW?

The over 900 children in foster care in Delaware in 2008 were housed in 296 foster homes:

New Castle: 173 homes 452 children

Kent County: 38 homes 246 children

Sussex County: 85 homes 166 children

Source: Delaware Department of Services for Children, Youth and Their Families. <http://kids.delaware.gov/fs/fostercare.shtml>

PUT DATA INTO ACTION



Foster care providers are always needed. For information:

<http://kids.delaware.gov/>

www.childinc.com/

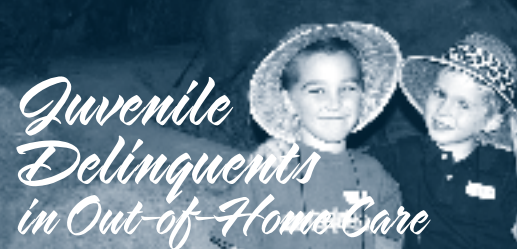
www.cffde.org

www.ntuplc.org/

Email: foster_care.dsacyf@state.de.us

Hotline: 1-800-464-4357





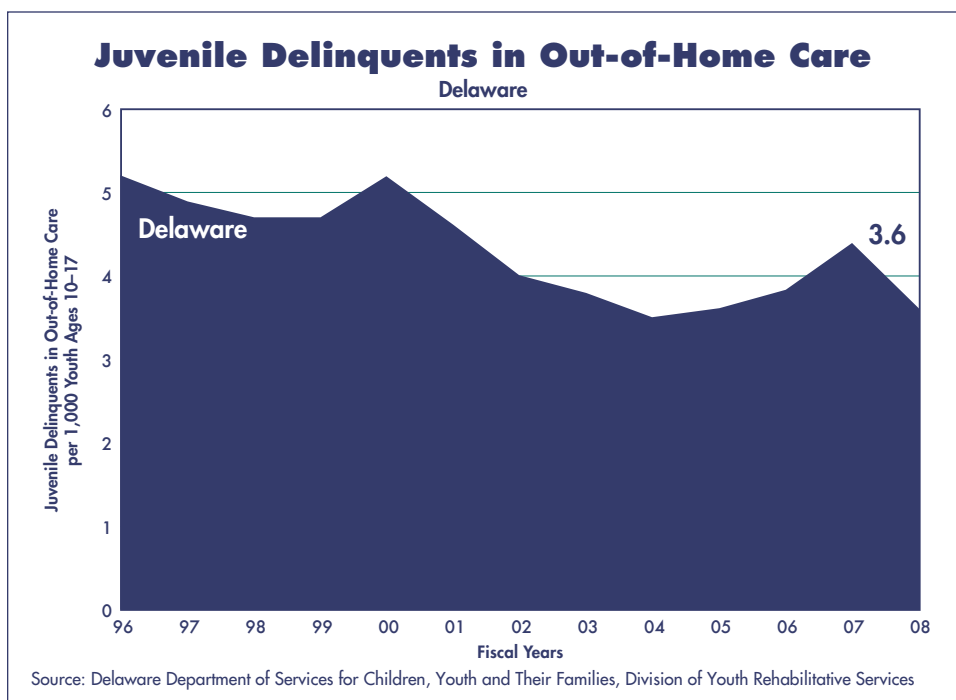
Juvenile delinquency is a legal term that refers to any antisocial offense in violation of the state, federal, or local law by a person under the age of 18. States establish divisions to provide services to youth who have been delinquent and ordered by the court system to receive special attention. There 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.

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 provided in order to minimize the number of youth that continue in crime. Therefore, risks to the public will be decreased and involved families will be strengthened.

Cause for Applause



The rate of children in out-of-home care in Delaware is at an all-time low.



PUT DATA INTO ACTION



In 2002, Delaware became a site for the Juvenile Detention Alternatives Initiative (JDAI), and now has sites in all three counties.

The JDAI was designed to support the Casey Foundation's vision that all youth have opportunities to develop into healthy, productive adults. JDAI focuses on the detention component of the juvenile justice system because youth are often unnecessarily or inappropriately detained at great expense, with long-lasting negative consequences for both public safety and youth development.

The Juvenile Detention Alternatives Initiative's objective is to:

- Eliminate the inappropriate or unnecessary use of secure detention;
- Minimize re-arrest and failure-to-appear rates pending adjudication;
- Ensure appropriate conditions of confinement in secure facilities;
- Increase alternatives to secure detention; and
- Reduce racial and ethnic disparities.

For more information and resource material, see www.aecf.org/Home/MajorInitiatives/JuvenileDetentionAlternativesInitiative/Resources.aspx

Source: The Annie E. Casey Foundation. www.aecf.org/

Juvenile justice out-of-home care is provided in 24-hour secure residential facilities which provide treatment services.



For more information see

Juvenile Violent Crime Arrests 108
 Table 92 173
www.edjj.org
<http://ojdp.ncjrs.org/>
www.justicepolicy.org/
http://kids.delaware.gov/yrs/yrs_MainPage/yrs.shtml

Home Ownership

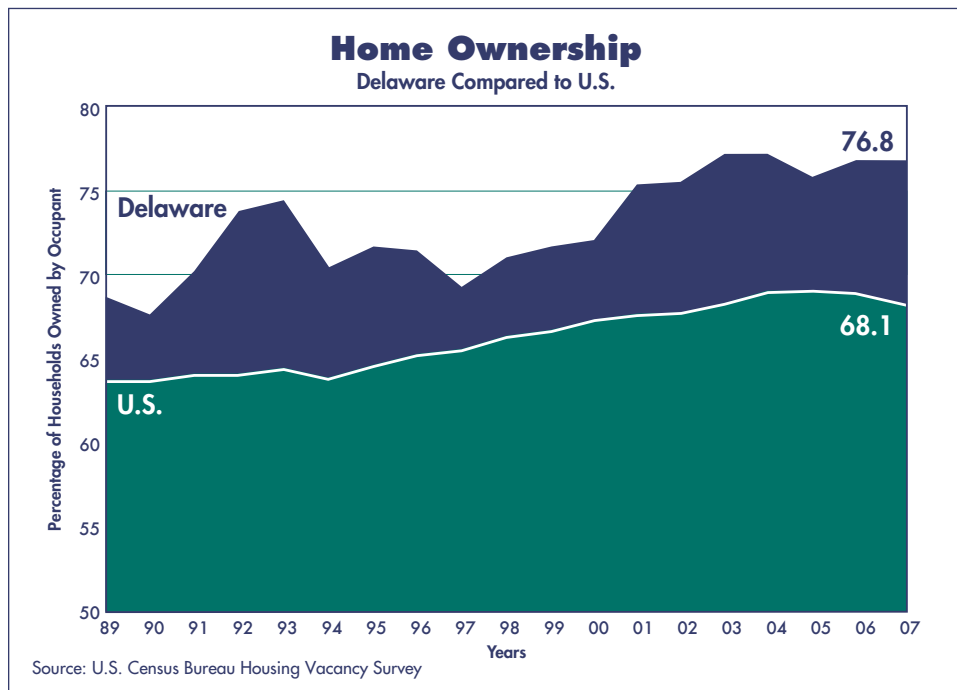
Cause for Applause



Delaware's percentage of home ownership in 2007 was the third highest in the nation.

Home ownership can be key 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 can also be an important step toward building assets and financial stability for a family. Home ownership often indicates that the family is making other important financial investments that can help ensure their financial stability. For example, research indicates that homeowners are more likely to save for retirement or save for their child's education. Home ownership produces greater life satisfaction or self-esteem for adults, which, in turn, provides a more positive home environment for children.



Focus on Poverty

Homeownership is out of reach for many low-income families. One quarter of renters in Delaware spend more than 35% of their income on housing; the majority of homeowners spend less than 15% of their income on housing.

Source: U.S. Census Bureau, American Community Survey 2006

Cost of Housing

Median monthly housing costs	
Mortgaged owners	\$1,478
Renters	\$910
Spending >30% of income on housing	
Homeowners	36%
Renters	47%
Median housing value	
Delaware	\$239,700
U.S.	\$194,300

Source: 2007 American Community Survey

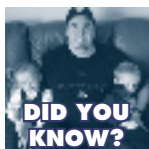
Delinquent Loans

Third quarter, 2008

	DE	US
Foreclosures Inventory:		
All loans	2.1%	3.0%
Subprime Loans:	8.8%	12.6%
Seriously Delinquent* Loans:		
All loans	3.7%	5.2%
Subprime Loans:	14.8%	19.6%

* Number of loans in foreclosure plus the number of loans 90 or more days past due but not yet in foreclosure.

Source: Mortgage Bankers Association, National Delinquency Survey



DID YOU KNOW?

Losing a family home can have a wide array of ill-effects on both the emotional and physical health of a child, including the loss of friends and the disruption of school. A child that is forced out of their home due to a foreclosure can face excessive mobility, which may lead to poorer academic achievement, delinquent behavior, and poor health outcomes. In Delaware, there are an estimated 5,551 projected foreclosures, of these households over 40% include children. About 4,300 children will be impacted by the foreclosure crisis in our state.

Source: First Focus – The Impact of the Mortgage Crisis on Children. April 2008



Tables 88–89 172
www.hud.gov/local/index.cfm?state=de
www.housingforall.org
www.hud.gov/buying/
www.mbaa.org/

For more information see



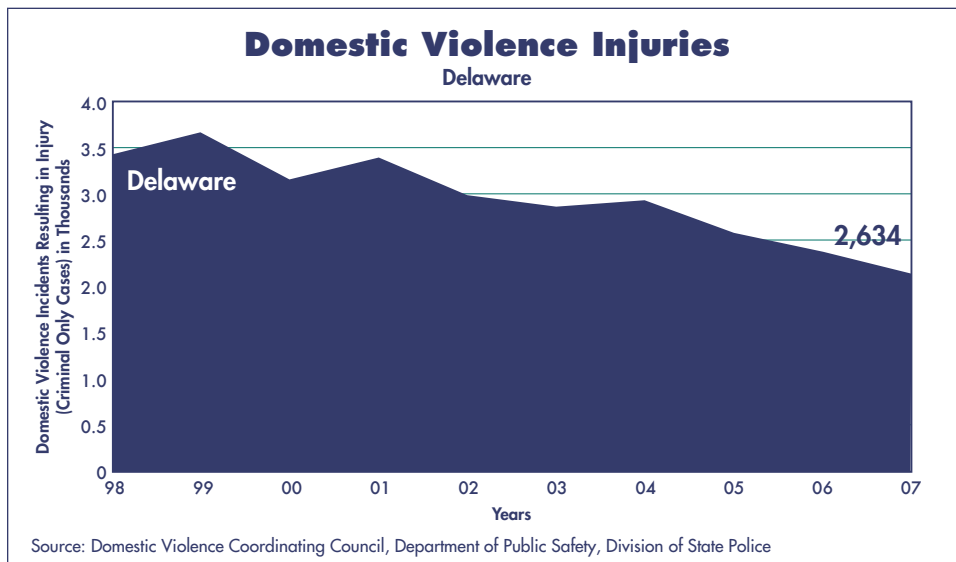


For many, the family is a sanctuary, a place of love, safety, security, and shelter. Unfortunately, for some it can be a place of fear and violence. Witnessing or being the victim of domestic violence can have profound emotional, developmental, and physical consequences for children, the extent of which is often related to the frequency and severity of the violence, the time elapsed since the event, and the child's own personality. According to the American Bar Association, many children — victims and witnesses — exhibit signs of post-traumatic stress disorder. Symptoms may include the inability to sleep through the night, bedwetting, anger acted out through temper tantrums, or directed inward and shown by being shy and withdrawn. School aged children tend to have poor academic performance, are absent frequently, and may have behavior problems.

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.

Child Present – A child is present at the time of the incident, as reported by the police.

Active PFA Order – Incidents in which there are any active court orders such as Custody, Protection from Abuse orders, No Contact orders, or other court orders.



Domestic Incident Reports Delaware, 2008

Criminal Only:	16,265 reports
Combined Criminal and Non-criminal:	28,423 reports
Reports with a Child Present:	6,599 reports 28%
Reports with an Active Protection from Abuse Court Order:	1,695 reports 4%
Deaths as a Result of Domestic Violence in 2007:	10
(7 deaths were DV homicides and 3 deaths were DV related suicides.)	

Source: Domestic Violence Coordinating Council



DID YOU KNOW?

In 2007, as reported by the State Bureau of Identification, the total number of domestic violence incidents in Delaware was 28,423. That is a 0.1% decrease over 2006 reported incidents, but a 5.7% increase over the number reported in 1998.

Source: Domestic Violence Coordinating Council, State of Delaware, 2008 Annual Report, <http://dvcc.delaware.gov/documents/ar2008.pdf>

PUT DATA INTO ACTION



The Domestic Violence Coordinating Council (DVCC) is a state agency legislatively created to improve Delaware's response to domestic violence. DVCC brings together domestic violence service providers and policy level officials to identify and implement improvement in system response through legislation, education and training, and policy development.

Additional information on the Domestic Violence Coordinating Council can be obtained by calling 302-255-0405 or visiting the website at www.dvcc.delaware.gov.

For 24-hour domestic violence hotlines and shelters in New Castle County call 302-762-6110; Kent & Sussex Counties call 302-422-8058; and for Spanish call 302-745-9874.



Child Abuse and Neglect 96
www.dcadv.org/
www.stoptheviolence.org
www.abanet.org/domviol/childimpact.html

For more information see



Delaware Children Speak

FAMILY

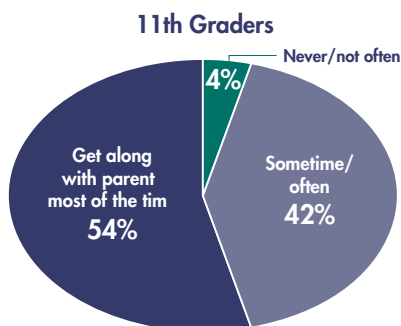
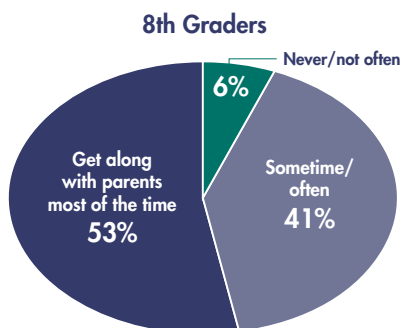
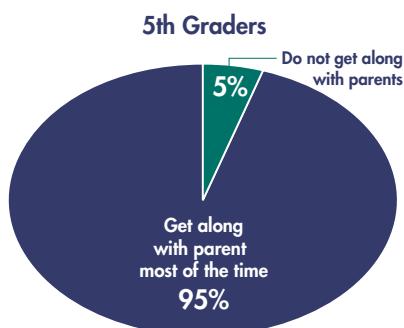
Children's long-term development and success can greatly depend on the support and care they receive at home from their family. The best family environment for a child is a stable and strong family, in which all members have caring attitudes, and appreciation for each other. In addition to meeting the 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.



Parents

I get along well with my parents/guardians.

Delaware, 2008



Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

Parental Involvement and Alcohol Use

Delaware 11th Graders, 2008

- 10%** Report their parents asked parents hosting a party that student would attend if alcohol would be served.
- 20%** Report parents asked parents hosting the party if they would be present at party.
- 20%** Report parents called other parents to check up on them.
- 47%** Report parents offered to pick them up if they needed a safe ride home.
- 73%** Report parents told them to call to let them know where they were.
- 33%** who used alcohol in the past year say their parents know.
- 62%** of kids whose parents told them not to drink alcohol drank in the past year, 23% binged (3 or more drinks at a sitting), and 2% were heavy drinkers (6 or more times per month);
- 73%** of kids whose parents didn't say don't drink drank in past year, 31% binged, and 4% were heavy drinkers.
- 43%** of binge drinkers and 64% of heavy drinkers report they've been to a party where parents bought alcohol for the kids, versus 21% of all students.

Of kids who report drinking alcohol at home with their parents knowing, 56% are binge drinkers and 8% are heavy drinkers (versus 23% and 2% for those who do not drink at home with their parents knowing).

Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

Parental Involvement and Marijuana Use

Delaware 11th Graders, 2008

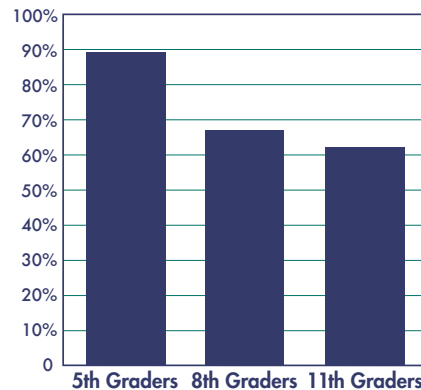
- 25%** who used marijuana in the past year say their parents know;
- 48%** of heavy users (20 or more days in the past 30) say their parents know they use.
- 34%** of kids whose parents told them not to use marijuana used it in the past year;
- 42%** of kids whose parents didn't say don't use marijuana used it in the past year.

Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

Parental Praise

When I do a good job at home or school, my parents tell me about it.

Delaware, 2008



Note: 8th & 11th graders had more choices for responses.

Source: Delaware School Survey 2008 Center for Drug and Alcohol Studies, University of Delaware

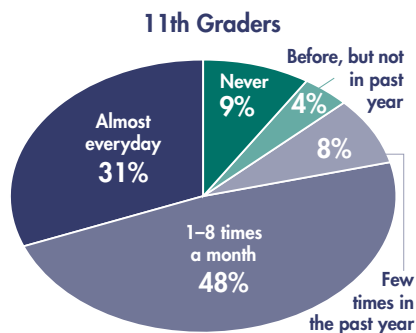
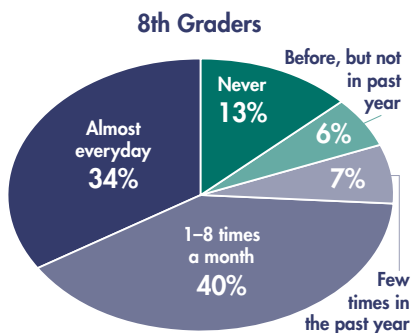
Focus on Poverty

Lower income parents report feeling more economic pressure, argue more about money, and use more harsh and inconsistent discipline with their children.

Source: *Child Poverty in America*. Children's Defense Fund, 2008.

Talking to Parents about School

How often do you talk to either of your parents about how things are going at school?
Delaware, 2008

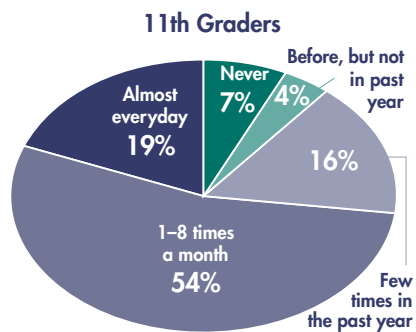
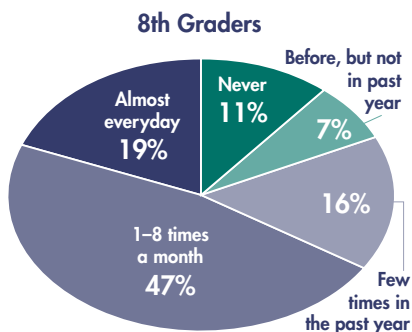


Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware



Talking to Parents about Plans

How often do you talk to either of your parents about your education and career plans?
Delaware, 2008



Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware



Alcohol, Tobacco,
and Other Drugs..... 48

Delaware Children Speak
about Health and
Health Behaviors..... 52

For more
information see www.udel.edu/cdas/

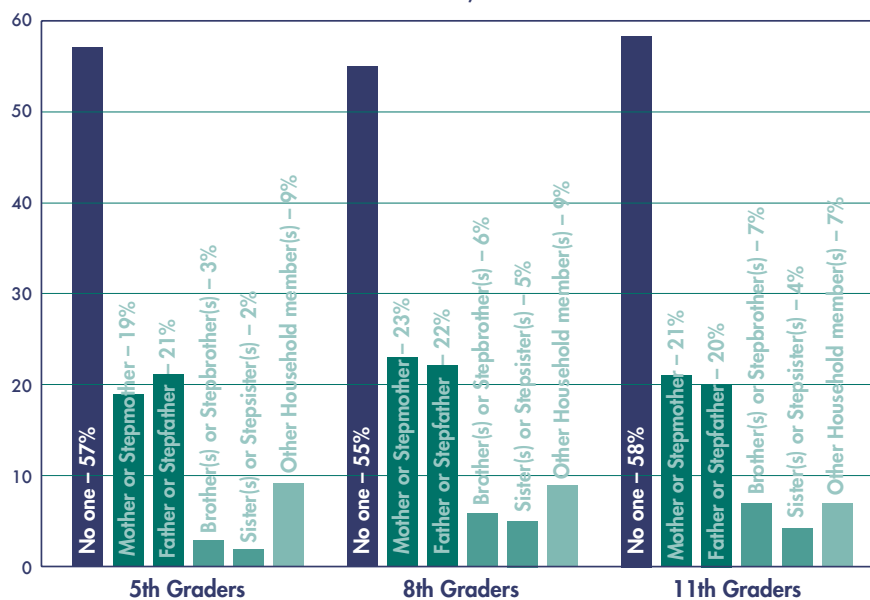
www.state.de.us/drugfree/dfd_data.html

www.udel.edu/delawaredata/



Tobacco Use in the Home

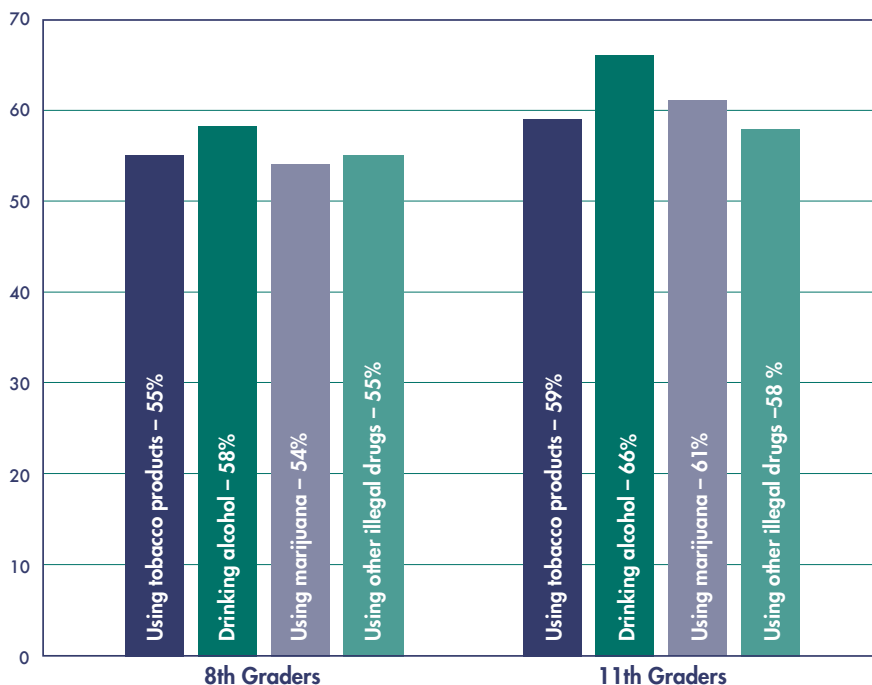
Does anybody living in your home smoke cigarettes or tobacco? (Mark all that apply)
Delaware, 2008



Source: Delaware School Survey 2008, 5th graders: 3,634 responses. 8th graders: 6,567 responses.
11th graders: 5,636 responses. Center for Drug and Alcohol Studies, University of Delaware

Talking with Parents about Drugs

Have either of your parents spoken with you about the risks of: (Mark all that apply)
Delaware, 2008



Source: Delaware School Survey 2008, 8th graders: 6,567 responses. 11th graders: 5,636 responses.
Center for Drug and Alcohol Studies, University of Delaware

COMMUNITY ENVIRONMENT & RESOURCES





Child Care

There has been a rapid growth in a reliance on paid child care by non-relatives, care given in center-based settings, and in public subsidies for child care. Many families rely on childcare services to look after their children particularly during working hours.

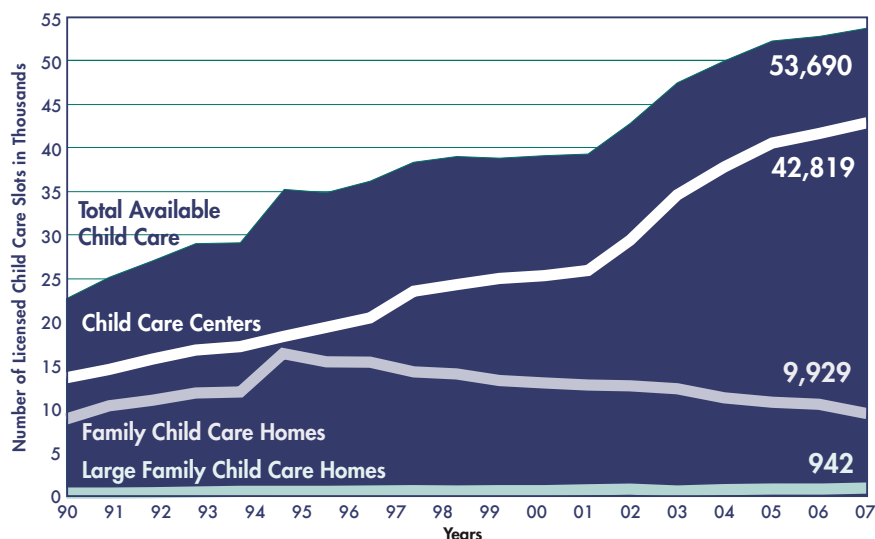
The most common non-parental care arrangements for school-aged children are center- or school-based- programs, relative care, or self-care. Participating in quality programs can enhance a child's academic performance and aids a child's ability to interact with his peers. Older school aged children are more likely to be caring for themselves, especially during the summer months and after school, than younger children.

It can be challenging to find quality and affordable care. Advocates encourage parents to check on the accreditation status, safety standards, the qualifications of staff members (such as CPR certification), discipline procedures, as well as the process for completing background checks on all staff members and volunteers of potential care programs.



Available Child Care

Delaware



Note: Data after 2003 reflects the addition of child care centers providing part time care

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

Child Care and School Age Programs

Delaware and Counties, 2008

	Total Child Care	School Age Programs	Public Elementary Schools with School Age Child Care
Delaware	1,676	1,414	77
New Castle	1,021	836	56
Kent/Sussex	660	562	23

Accredited Programs

Number of Accredited Programs by Accrediting Organization, Delaware and Counties, 2008

	NAFCC National Association for Family Child Care Providers	NAEYC National Association for the Education of Young Children	NAA National After-School Alliance
Delaware	0	20	0
New Castle	0	19	0
Kent/Sussex	0	1	1

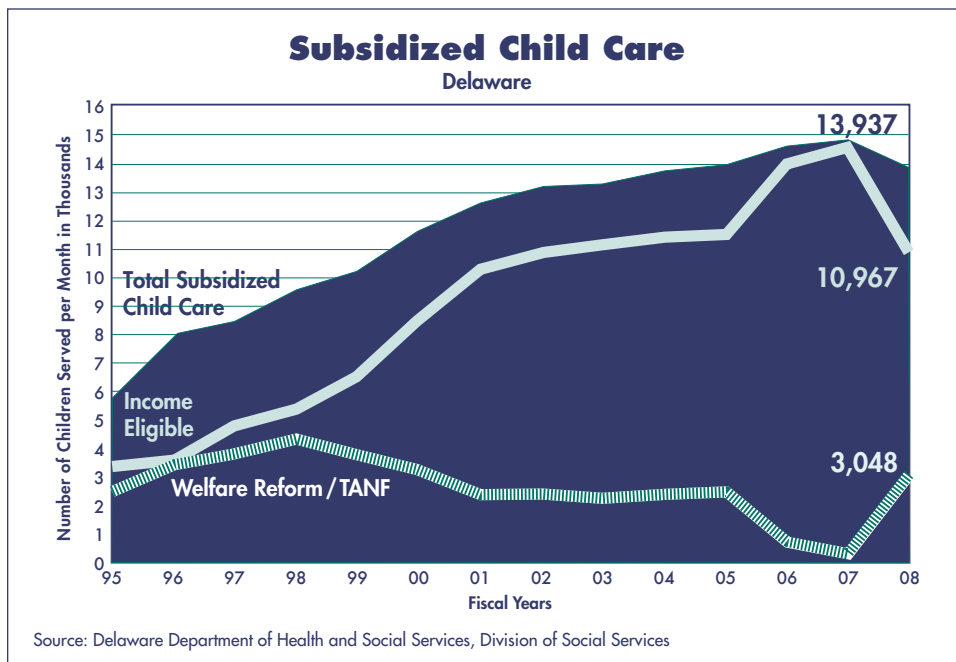
Source: The Family and Workplace Connection, A Division of Children and Families First



DID YOU KNOW?

Effective January 1, 2009, The Office of Child Care Licensing has adopted new *Delaware: Rules for Family Child Care (FCC) Homes* and *Delaware: Rules for Large Family Child Care (LFCC) Homes*. The New FCC and LFCC Rules represent a movement toward improving standards designed to ensure the health and safety of children in care and to enhance the quality of children's experiences in FCC and LFCC Homes so they will be better prepared to succeed in school and in life.

Source: http://kids.delaware.gov/occl/occl_newrules_fcc_lfcc.shtml



DID YOU KNOW?

The Family & Workplace Connection, part of Children & Families First, helps families manage work and personal life responsibilities by providing social, educational, and mental health services and by enhancing the supply and quality of care and education for children and elders. Child care referrals are one of the services they offer. Information is available at <http://www.familyandworkplace.org/>.



PUT DATA INTO ACTION

"Guide to Promoting Inclusion in Early Care and Education" is a publication of the Birth to Three Early Intervention System of Delaware Health and Social Services that assists in including special needs children in child care settings. The document can be downloaded from the Birth to Three website at www.dhss.delaware.gov/dhss/dms/birth3pubs.html.



PUT DATA INTO ACTION

Resources for child care providers are available at no cost from Delaware Health and Social Services, Birth to Three Early Intervention System. For example, "Infant and Toddler Early Learning

Foundations: A Curriculum Framework" is available in both English and Spanish and can be downloaded from www.dhss.delaware.gov/dhss/dms/birth3pubs.html.



PUT DATA INTO ACTION

The Office of Child Care Licensing of Delaware Department of Services for Youth Children and Their Families offers numerous resources to parents seeking child care. Information is available

- by email at occl.dscyf@state.de.us,
- by phone at 1-800-822-2236, or
- online at <http://kids.delaware.gov/occl/occl.shtml>.

Child Care Center – 13 or more children. Increase in 2003 and 2004 reflects the addition of child care centers providing part time care.

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.

Welfare Reform – The welfare reform numbers refer to the number of children in families who received Temporary Aid to Needy Families (TANF) that year or received TANF child care for one year after leaving the TANF program.

Income Eligible – The income eligible numbers reflect the working poor families below 200% of poverty who received subsidized child care..



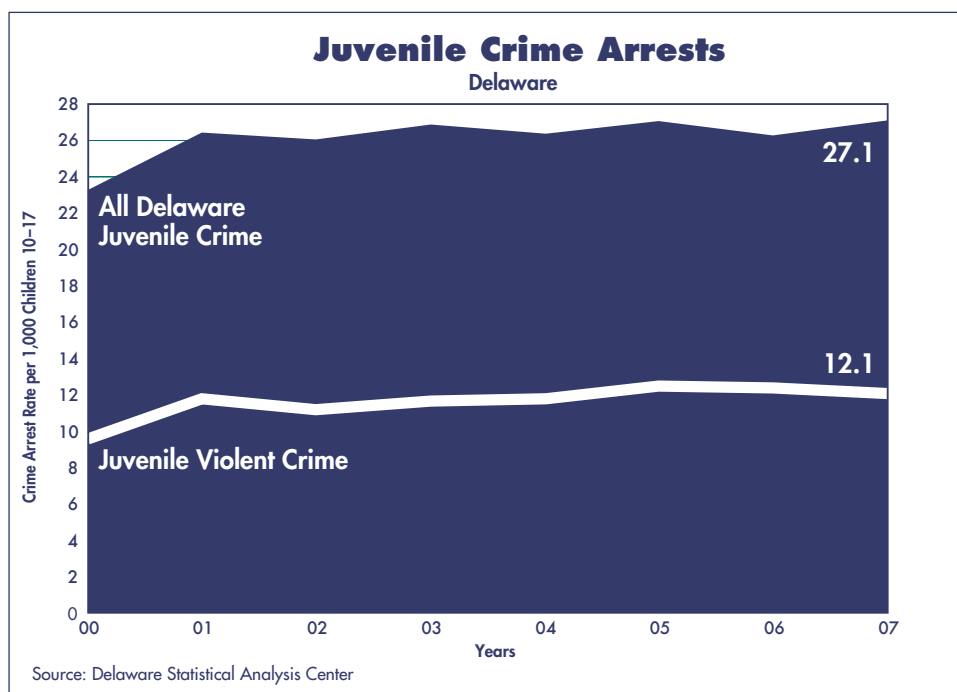
For more information see

Tables 94–100.....174–177
www.afterschoolalliance.org
www.afterschool.gov
www.childcareaware.org
www.familiesandwork.org
www.nncc.org/states/de.html

Juvenile Violent Crime Arrests

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 affect a child's physical, social, emotional, and academic development as well as impact the child's adult life. Violent crime is classified into four offenses: murder, forcible rape, robbery and aggravated assault. Each of these involve force or threat of force.

Poor and minority children face risks and disadvantages that often pull them into what child advocates label a "Cradle to Prison Pipeline." 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.



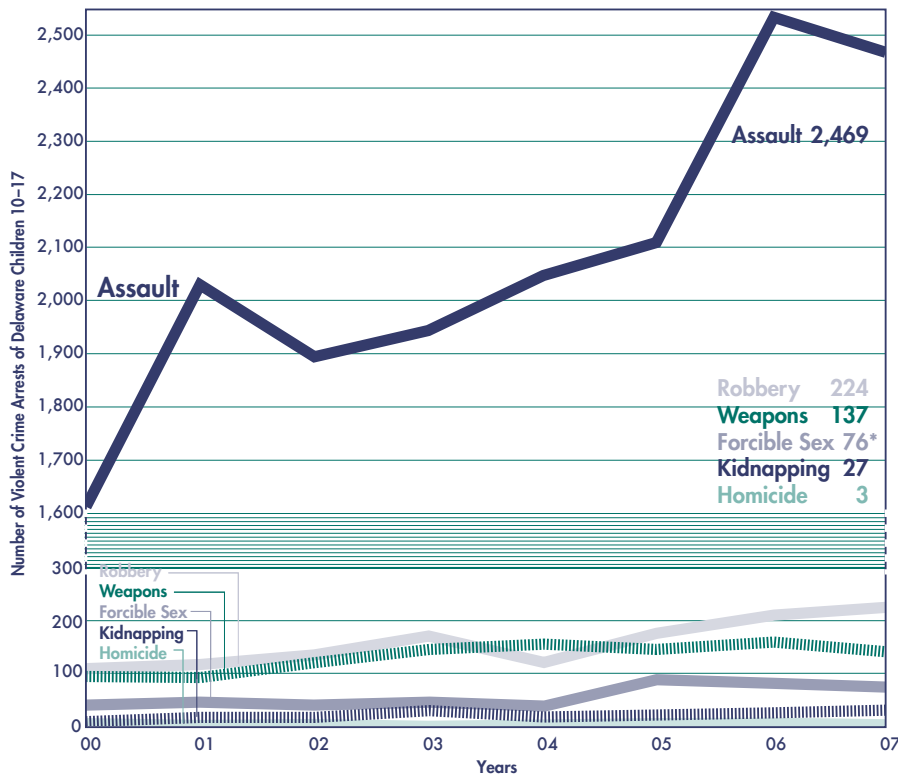
Juvenile Violent Crime Arrest Rate – number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rape, robbery, and aggravated assault



- Unlike violent crime by adult offenders, violent crime by juvenile offenders peaks in the late afternoon. Violent crime with injury peaks for juvenile offenders at 3 p.m. on school days, dropping substantially following the after-school hours. In comparison, on nonschool days violent crime with injury increases throughout the day and peaks between 7 p.m. and 9 p.m.
- Between 1994 and 2003, the estimated number of U.S. murders involving a juvenile offender fell 65%, to its lowest level since at least 1980. However, between 2003 and 2006, the estimated number of juvenile murder offenders increased 30%, returning to the level of the late 1990s. Known juvenile offenders were involved in at least 1,043 murders in the U.S. in 2006 — 10% of all murders.
- The sharp decline in juvenile homicides between 1994 and 2002 was attributable entirely to a decline in homicides by firearm. Between 1984 and 1994, the number of firearm-related homicides committed by known juvenile offenders quadrupled. Between 2002 and 2006, while the number of nonfirearm-related homicides committed by known juvenile offenders increased slightly (5%), murders by juveniles with firearms increased 42%.
- Half of the number of homicides committed by juveniles in 2006 involved multiple offenders.

Source: OJJDP Statistical Briefing Book. Online. <http://ojjdp.ncjrs.gov/ojstatbb/offenders/qa03105.asp?qaDate=2006>. Released 2008.

Juvenile Violent Crime Arrests Delaware



* In 2005, Sexual Contact statutes were added to forcible sex crimes
Source: Delaware Statistical Analysis Center

Focus on Poverty

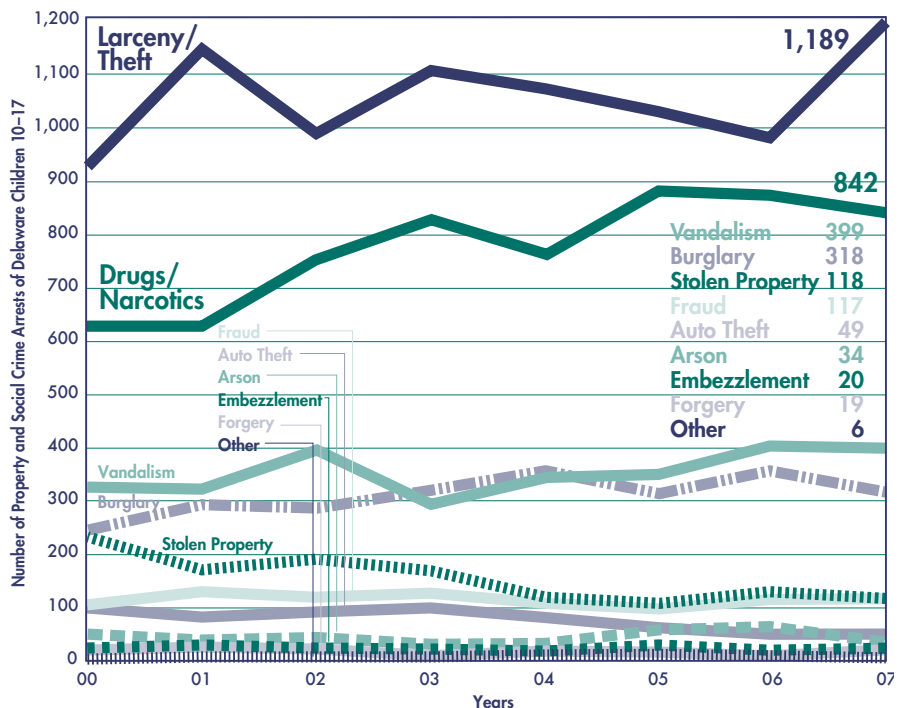
Large differences between children in low-income and higher-income families in physical aggression have been documented at ages as young as 17 months.

Youth from low-income households have an increased likelihood of participating in serious crimes compared to those from higher-income households.

Source: *Child Poverty in America*,
Children's Defense Fund, 2008.



Juvenile Property, Social, & Drug Crime Arrests Delaware



Source: Delaware Statistical Analysis Center

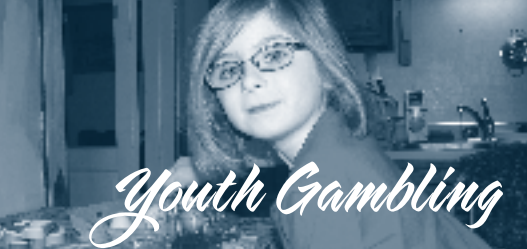


Juvenile Delinquents
in Out-of-Home Care 99
Adult Crime..... 114
Tables 101-102.... pp. 178-179

For more
information see

www.pledge.org
www.ncdijdp.org/cpsv

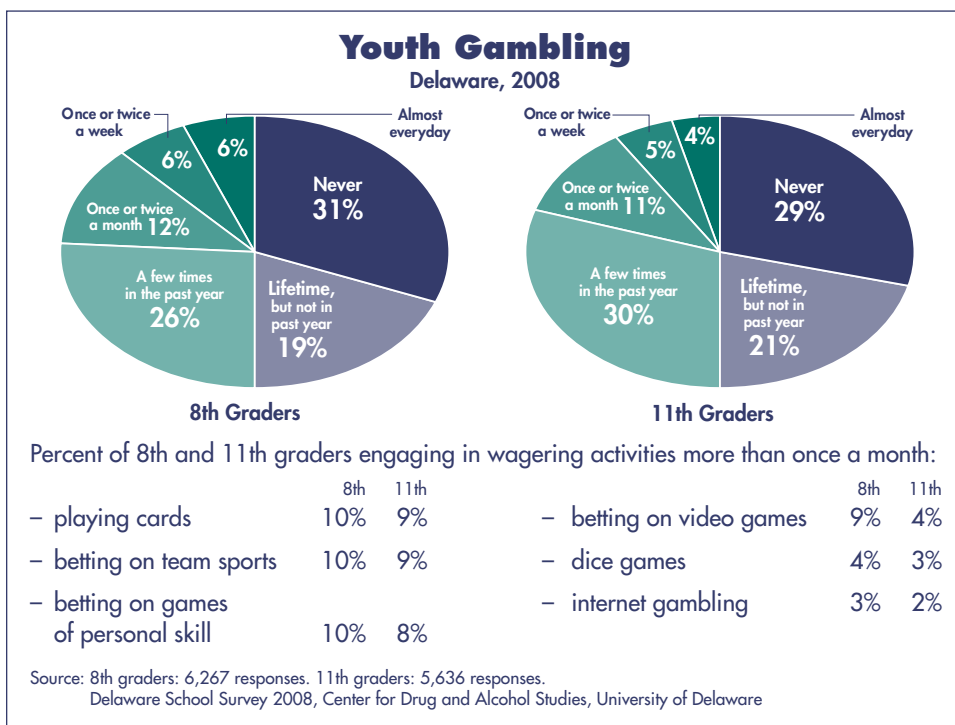
<http://ojjdp.ncjrs.org/>
www.justicepolicy.org/



Youth Gambling

Gambling is a popular form of entertainment for many individuals. However, for some, this fun can become an addiction — an illness known as pathological gambling. For these people, gambling causes disruptions in multiple facets of life. Their behavior may result in negative impacts in their professional work, physical and emotional well being, personal relationships, and very often their financial status.

Gambling is not limited to adults. More and more young people are engaging in gambling activities with their peers and through on-line gaming sites. Young people with gambling problems occasionally steal from family and friends to finance their habit; they are more likely than their non-gambler peers to smoke or to use drugs and alcohol, to perform poorly in school, or to commit crimes. Moreover, the gambling addiction impacts an adolescent's mental and emotional health, increasing levels of unhappiness and lowering self-esteem in an already turbulent time of growth.



PUT DATA INTO ACTION

According to the Delaware Council on Gambling Problems, the following are signs of youth problem gambling:

- Requests for money above and beyond established budget.
- Loss of interest in school.
- Sudden drop in grades.
- Unexplained debt.

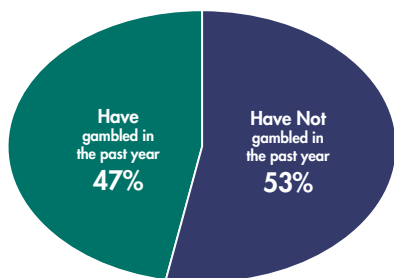
- Carries or possesses gambling materials, such as dice or playing cards.
- Says gambling is one of the best ways to make easy money.
- Borrows money from family/friends to pay gambling debts.
- Displays large amounts of cash and other material possessions.
- Talks about gambling as a way to pay for college.
- Gambles to win back money lost gambling (chasing).
- Uses common gambling terminology: odds, edge, ante, bluff, bankroll, bail out, spread, hit me, long shot, flush, press, cash out, marker, jackpot, line, vig.

For more information call DCGP Helpline: 1-888-850-8888, or see www.dcgp.org/.

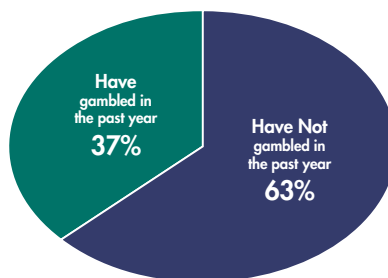
Source: Delaware Council on Gambling Problems, www.dcgp.org/

Youth Gambling by Gender

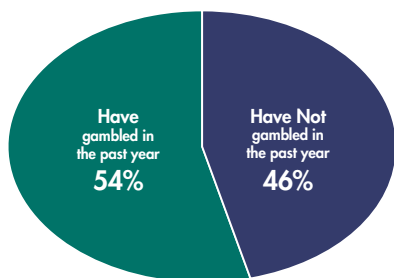
Delaware, 2008



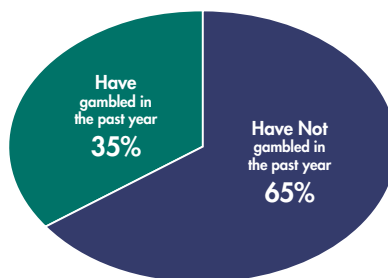
8th Grade Males



8th Grade Females



11th Grade Males



11th Grade Females

Source: 8th graders: 6,267 responses. 11th graders: 5,636 responses.
Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

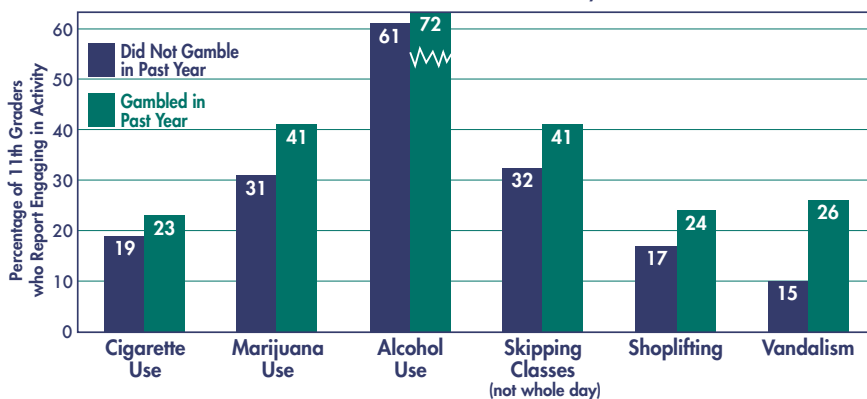
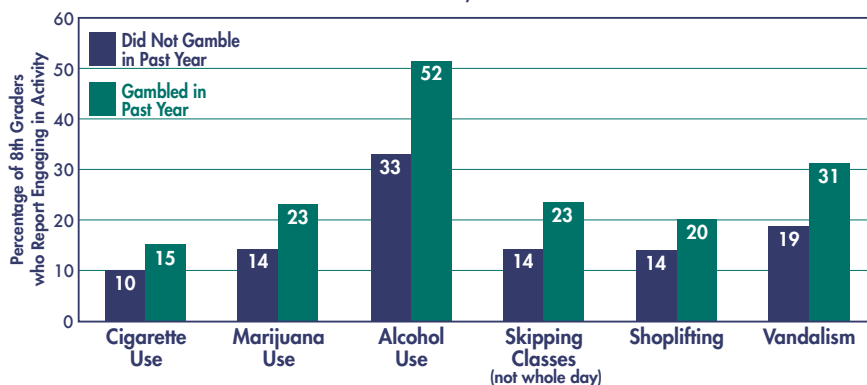
Pathological Gambling – an impulse control disorder associated with gambling. It is characterized by maladaptive gambling behavior leading to negative personal, family, and/or social consequences.

Problem Gambling – also called Compulsive Gambling, an urge or addiction to gamble despite harmful negative consequences or a desire to stop.

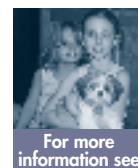


Risk Behaviors Compared by Youth Gambling

Delaware, 2008



Source: 8th graders: 6,267 responses. 11th graders: 5,636 responses.
Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware



For more information see

www.education.mcgill.ca/gambling/
www.udel.edu/ccas/
www.dcap.org/



Unemployment

Employment is a major determinant of family well-being. Secure employment of a caregiver greatly reduces the risks that often threaten a child's well being. For example, employment can offer access to health care and may provide parents with financial stability.

Unemployment rates vary in households across race, ethnicity, gender, and education. Black and Hispanic families have a higher rate of unemployment than white families. In an economic downturn, low-skilled workers who have little formal education are particularly vulnerable to layoffs, reduced work hours, and greater periods of unemployment.

Cause for Concern

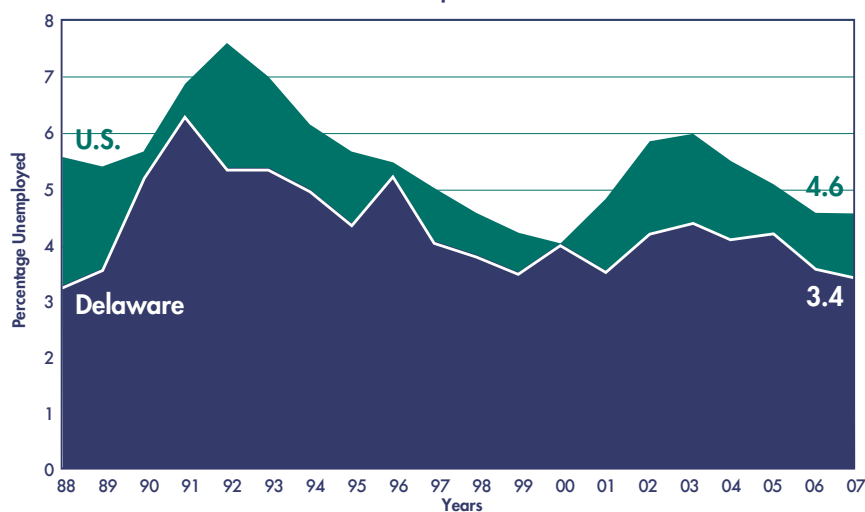


Looking forward: The U.S. unemployment rate in February, 2009, was 7.6%, the highest in 16 years.



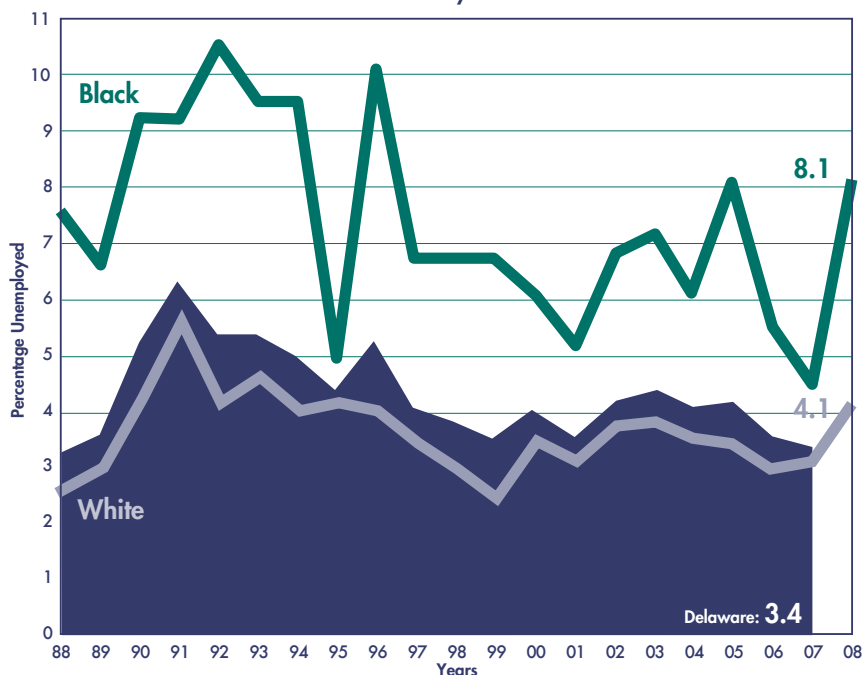
Unemployment

Delaware Compared to U.S.



Unemployment

Delaware by Race

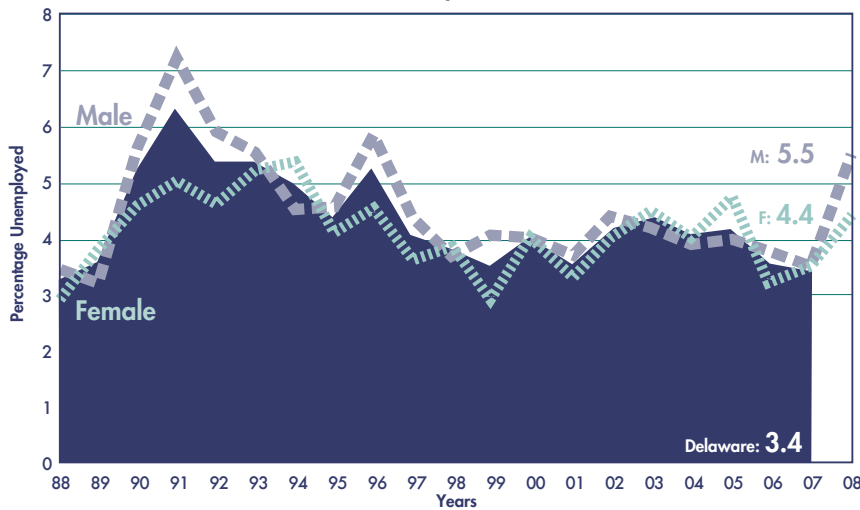


Note: Race and gender rates are survey based, state rate is model based. State data was not yet available for 2008.

Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

Unemployment

Delaware by Gender



Note: Gender and race rates are survey based, state rate is model based. State data was not yet available for 2008.

Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

Focus on Poverty

Young children living in poverty are considerably less likely to recognize all letters, count to 20, or be able to write their first names.

Children with low test scores before entering kindergarten are likely to

- do less well in school,
- engage in crime,
- become adolescent parents, and
- be unemployed as adults.

Source: *Child Poverty in America*. Children's Defense Fund, 2008.



DID YOU KNOW?

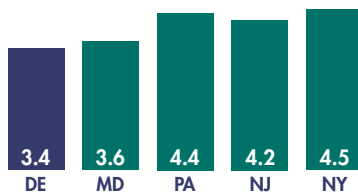
The Bureau of Labor Statistics reported that the unemployment rate rose to 7.2% in January 2009, which represented a sixteen-year high. Additionally, the number of people unemployed was around 11.1 million, a figure that was twice what it was at the beginning of the recession.

Source: *New York Times* 01-10-09 Louis Uchitelle http://www.nytimes.com/2009/01/10/business/economy/10jobs.html?_r=2



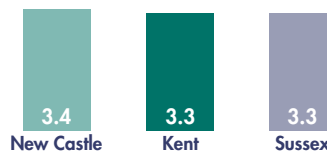
Unemployment

Regional Comparison of Unemployment Percentage, 2007



Unemployment

County Comparison of Unemployment Percentage, Delaware, 2007



Source for above two graphs: Delaware Department of Labor, Office of Occupational and Labor Market Information

PUT DATA INTO ACTION



Finding adequate care can interfere with a parent's ability to accept available work. The Family and Workplace Connection is one resource available to link working parents with child care services. The Family and Workplace Connection operates a searchable database that includes a network of over 300 child care resource and referral agencies serving Delaware, Southeastern Pennsylvania, and Maryland's Eastern Shore. They can be reached online at www.familyandworkplace.org.

Delaware has resources to assist individuals in finding employment throughout the region. Delaware Joblink provides electronic job and resume bank services and it can be accessed <https://joblink.delaware.gov/ada/>. The website is operated by the State of Delaware Department of Labor.



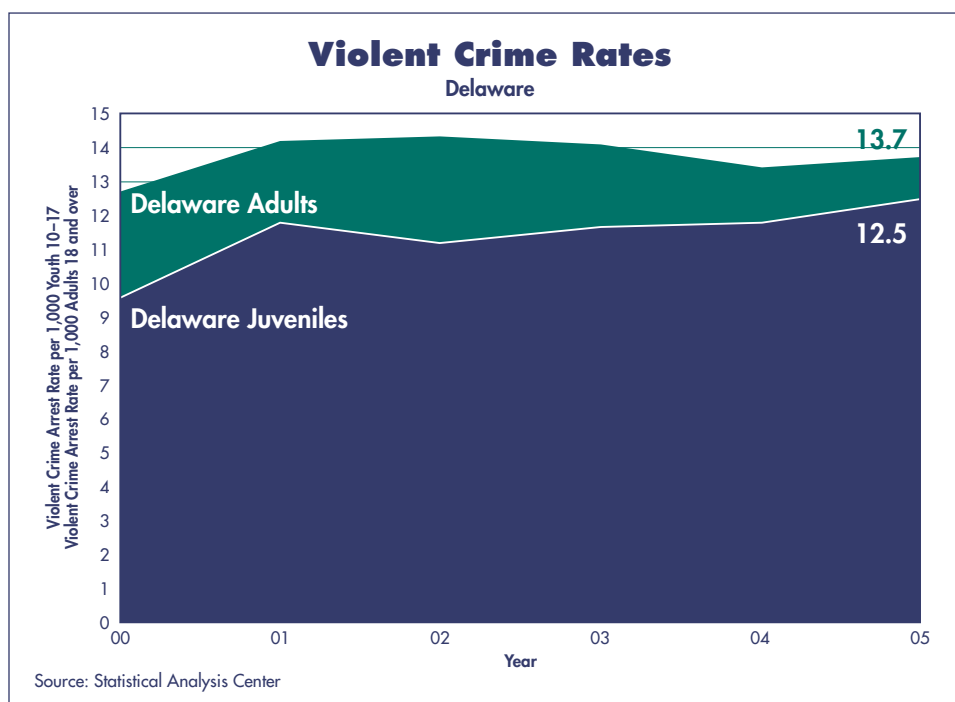
For more information see

No Parent with Full-time Employment.....	85
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www.delawareworks.com	



Adult crime not only affects incarcerated individuals, but it also impacts their children and families. Families of inmates face challenges such as lack of financial support and social alienation related to the stigma associated with having one of their members in prison. It is difficult for an incarcerated parent to maintain contact with a child and both parent and child suffer from the separation.

Research indicates that most children of incarcerated parents live in poverty during and after the parent's arrest. The period of incarceration is often particularly difficult for the children. A child in this situation will face challenges that are likely to affect development. The psychological and emotional implications for these youth include trauma, anxiety, guilt, shame, and fear. Moreover, 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, these changes in behavior may progress to a level of delinquency which can potentially lead to a cycle of inter-generational incarceration.



PUT DATA INTO ACTION



Big Brothers Big Sisters of Delaware: Mentoring Children of Promise

According to Big Brothers Big Sisters (BBBS) of Delaware, research has shown that 70% of children of incarcerated parents will themselves at some point be incarcerated—unless they have positive adult intervention. Mentoring children of prisoners is a key component of Big Brothers Big Sisters' goal to reach children who may face significant risk factors.

Mentoring Children of Promise Program matches adult volunteers with children, ages 5 through 15, who have an incarcerated mother or father. The children have been enrolled in the program by their custodial parent or guardian. For many of these children the guardian is a grandparent. Volunteers are matched to a particular child according to an assessment of the child's needs, interests and abilities. Mentors are asked to visit with the child about once a week, primarily on weekends or after school. The focus of the relationship is to expose the child to new life experiences and provide support and guidance, all while having fun. Once the child's parent is released from prison, the match can still continue, as long as the parent and volunteer both agree.

Source: Big Brothers Big Sisters of Delaware, <http://www.bbbsde.org/mentoring/opportunities.asp>



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www.millionmomsmarch.com
www.socialchangenow.org/
www.bbbsde.org/mentoring/opportunities.asp

For more information see

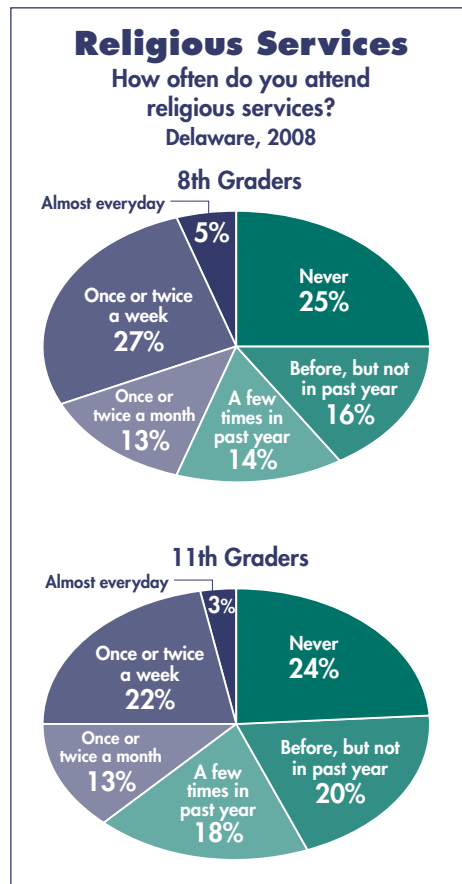




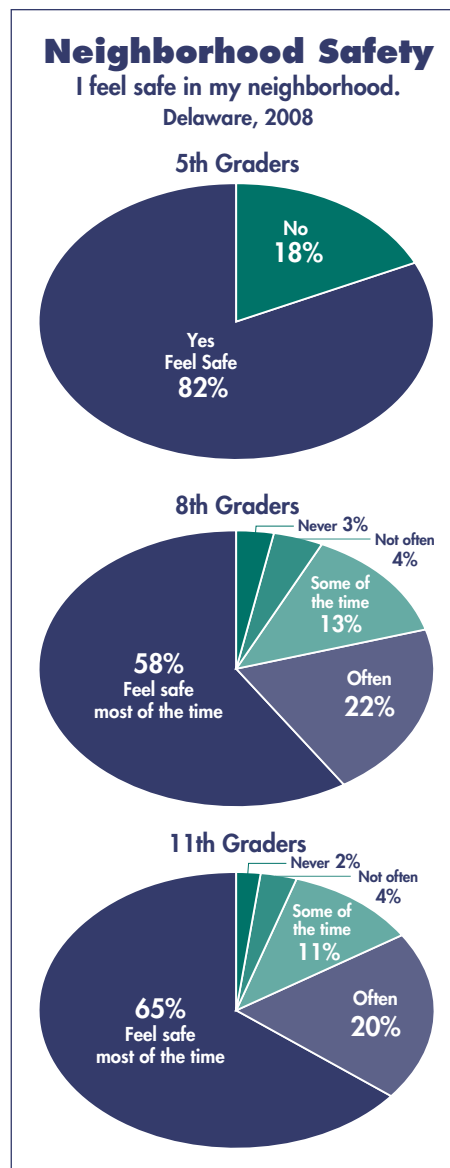
Research conducted by the University of Delaware's Center for Community Research and Service, and sponsored by the Annie E. Casey Foundation, demonstrated that community-based organizations offer a wide range of benefits to the individuals, families, and communities they serve. Family support programs and community development agencies are actively engaged in improving the circumstances and quality of life for their respective constituencies. The study identified specific means for these efforts to become more effective and responsive:

- Empower residents who reflect the cultural and ethnic diversity of the community to be involved in local leadership;
- Organize and convene community advisory teams to discuss the relationship between community strategies and public policies;
- Conduct regular planning and assessment to insure consistency between values, mission, and activities;
- Research and seek funding that is consistent with values and mission;
- Conduct a stakeholder analysis to assess the political environment and develop strategies to garner the support of key decision-makers;
- Develop tools to monitor changes in the needs and assets of individuals, families and communities; and
- Visit other communities to observe family support and community development organizations at work.

Source: Delpeche, Jabbar-Bey, Sherif, Taliaferro and Wilder (2003)
Community Development and Family Support: Forging a Practical
Nexus to Strengthen Families and Communities, Center for
Community Research & Service, University of Delaware.
www.udel.edu/ccrs/pdf/Casey.pdf



Source for all graphs on this page:
Delaware School Survey 2008, Center for Drug and
Alcohol Studies, University of Delaware



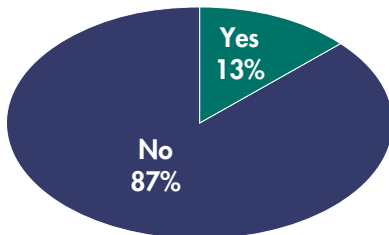


Buying Cigarettes

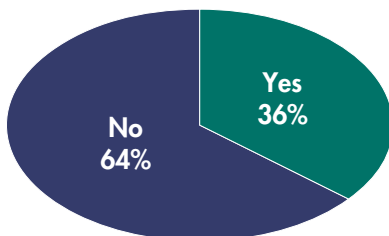
Do you know of places where students your age can buy cigarettes?

Delaware, 2008

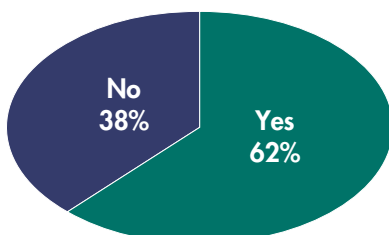
5th Graders



8th Graders



11th Graders

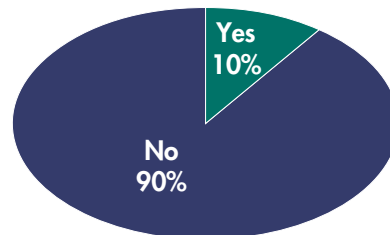


Buying Alcohol

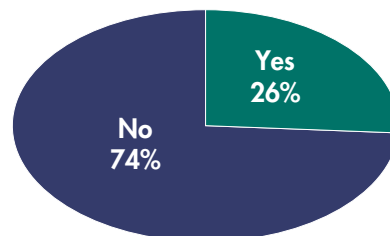
Do you know of places where students your age can buy alcohol?

Delaware, 2008

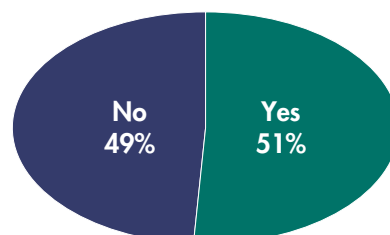
5th Graders



8th Graders



11th Graders

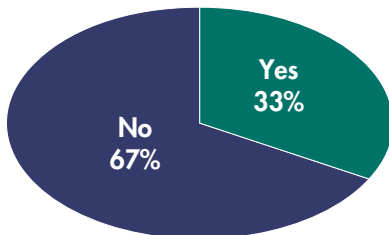


Buying Marijuana

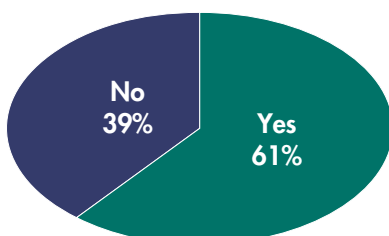
Do you know of places where students your age can buy marijuana?

Delaware, 2008

8th Graders



11th Graders

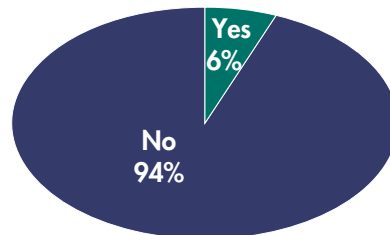


Distributing Marijuana

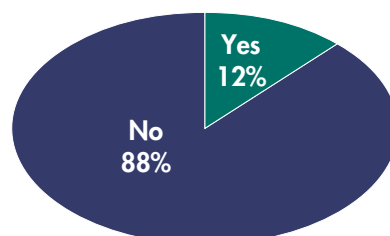
In the past year, have you sold or given marijuana?

Delaware, 2008

8th Graders



11th Graders



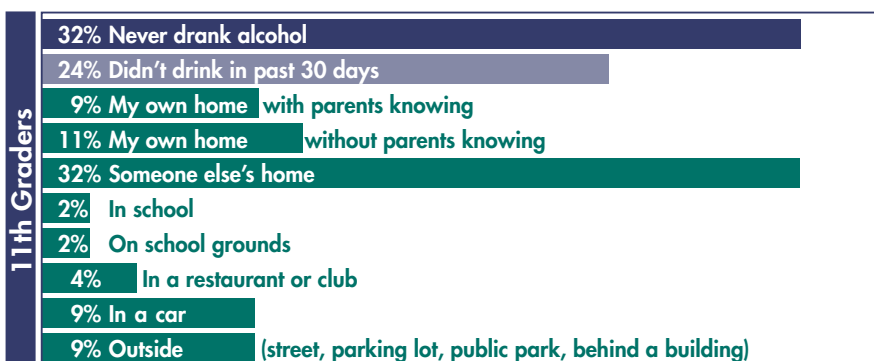
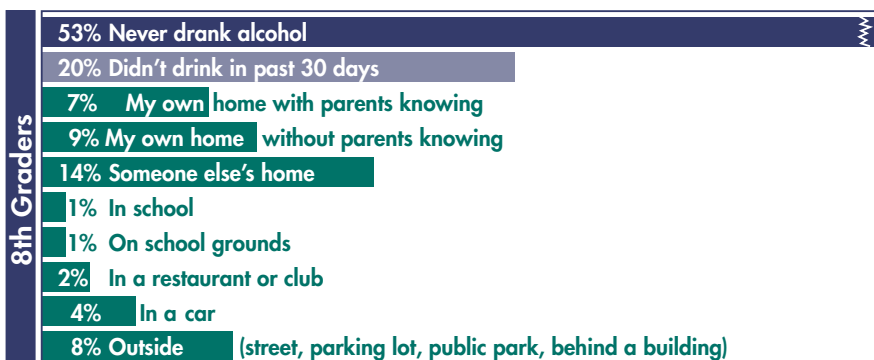
Source for all graphs on this page:
Delaware School Survey 2008,
Center for Drug and Alcohol Studies,
University of Delaware

Drinking Alcohol

In the past 30 days if you drank alcohol, where did you sometimes drink?

Delaware, 2008

(Mark all that apply.)

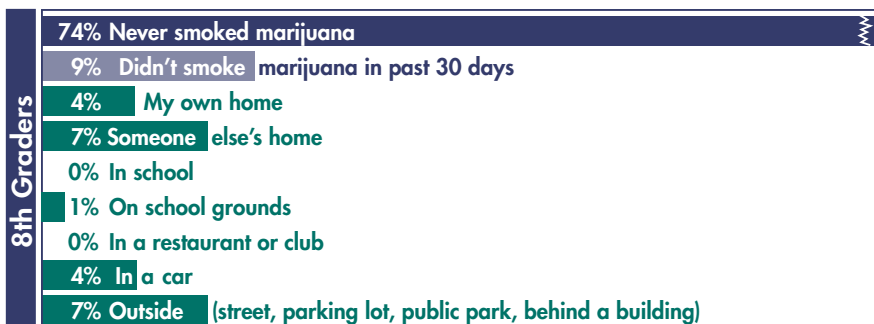


Smoking Marijuana

In the past 30 days if you smoked marijuana, where did you sometimes smoke?

Delaware, 2008

(Mark all that apply.)



Alcohol, Tobacco, and Other Drugs..... 48

Delaware Children Speak about Health and Health Behaviors 52

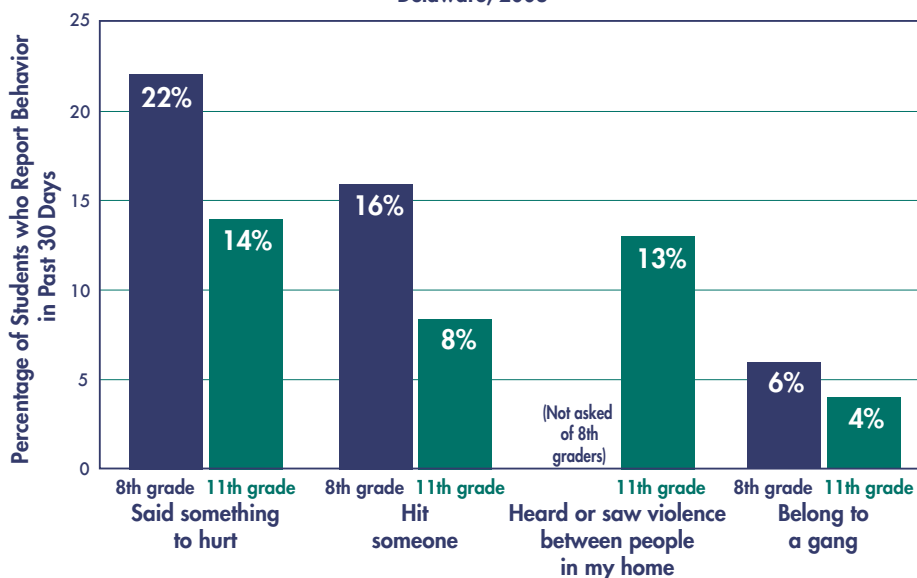
www.udel.edu/cdas/

For more information see www.udel.edu/delawaredata/
www.state.de.us/drugfree/dfd_data.html

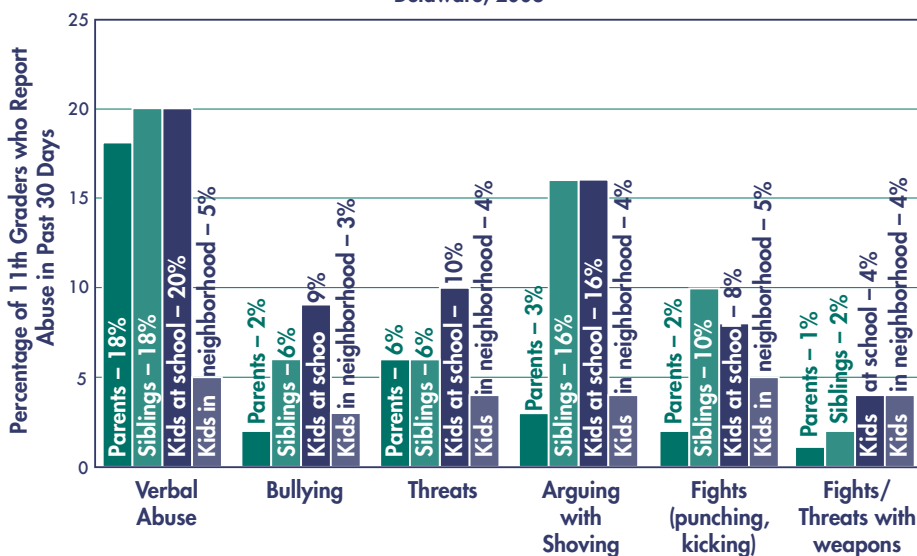


Harmful Relationships

In the past 30 days, which of the following things have you done?
Delaware, 2008



In the past 30 days, which of the following things happened to you, and who was involved?
Delaware, 2008



Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

PUT DATA INTO ACTION



Be the Change: Mentor a Child

President Barack Obama and General Colin L. Powell are asking you to become a mentor. President Obama states, "We need your service, right now," in a public service announcement as part of the observance of National Mentoring Month (NMM), created by the Harvard School of Public Health and MENTOR. NMM, in its eighth year in 2009, seeks to recruit volunteer mentors to help young people achieve their full potential. Contact the Delaware Mentoring Council at www.delawarementoring.org/, email delawarementoring@udel.edu, or call 302-831-0520.

Sources: www.ojjdp.ncjrs.gov/, www.nationalmentoringmonth.org/, www.delawarementoring.org/



Child Abuse and Neglect 96
Domestic Violence 101

For more information see



DATA TABLES





Counting the Kids

Delaware Demographics

Data from the 2000 U.S. Census 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 26% in 2000. Similar trends are evident in Delaware.

Nationwide, the number of children grew 14% between 1990 and 2000. Delaware experienced an increase of 19%, growing from 163,341 children in 1990 to 194,587 in 2000. This increase ranked Delaware as having the 11th highest percentage increase among all fifty states. Sussex County had the largest percentage increase of children (30%), followed by New Castle County (18%) and Kent County (14%).

Population at a Glance					
	2000 Total Population	2000 Total Age 0-17	2000 Total Age 18+	2000 Total % 0-17	1990 Total Age 0-17
Delaware	783,600	194,587	589,013	24.8%	163,341
New Castle County	500,265	124,749	375,516	25.0%	106,079
Wilmington	72,664	18,793	53,871	25.9%	17,822
Kent	126,697	34,533	92,164	27.2%	30,174
Sussex	156,638	35,305	121,333	22.5%	27,088

Source: 2000 Census, U.S. Census Bureau



PUT DATA INTO ACTION

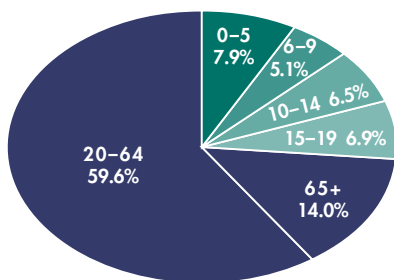


Between 2000 and 2007, the total Hispanic population in Delaware increased by 50.1%, much faster than the national rate of 28.8%. In order to identify and address

the needs of this rapidly growing segment of our state's population, a "Delaware Hispanic Needs Assessment" was completed in 2008 for the Governor's Consortium on Hispanic Affairs.

Population Estimate and Age Distribution, 2007

Delaware

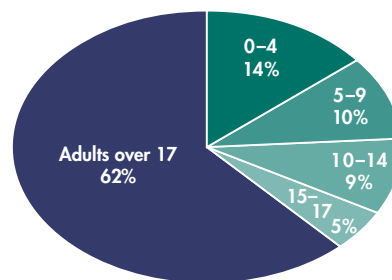


Delaware Total	863,904
Total Children 0-19	228,097
Children 0-5	68,287
Children 6-9	43,698
Children 10-14	55,973
Children 15-19	60,139

Source: Delaware Population Consortium, Population Projection Series, Version 2007.0

Hispanic Population Estimate and Age Distribution, 2007

Delaware



Delaware Hispanic Total	57,276
Total Children 0-17	22,003
Children 0-4	8,205
Children 5-9	5,908
Children 10-14	5,097
Children 15-17	2,793
Adults over 17	35,273

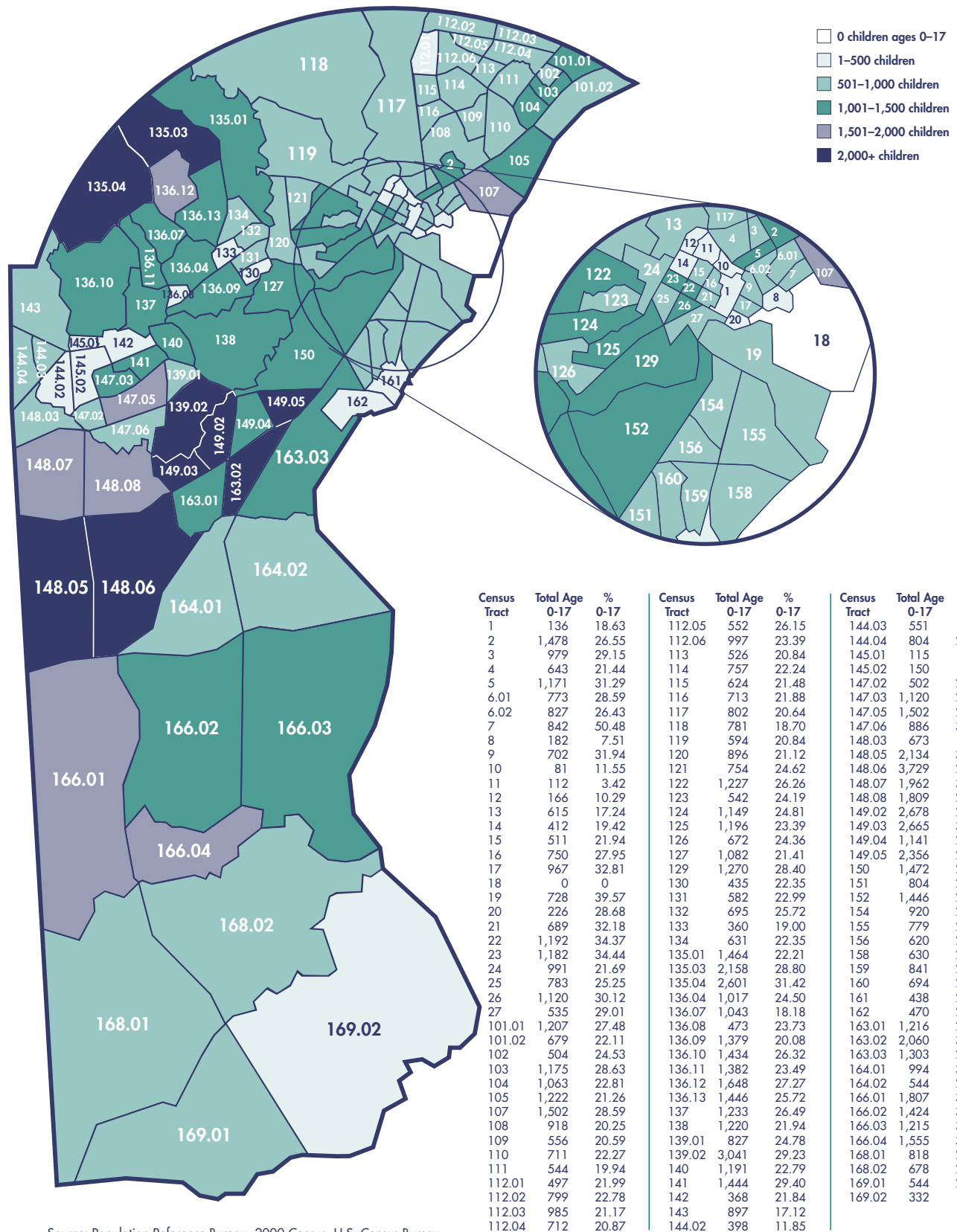
Source: Population Division, US Census Bureau



DID YOU KNOW?

According to census data, the Hispanic population in Delaware grew from 15,820 in 1990 to 37,277 in 2000, an increase of 136%. Among the counties, Sussex showed the largest percent increase at 369%. The census county divisions that showed the greatest increases were Georgetown (1536%), Selbyville-Frankford (816%), and Millsboro (670%). From 2000 to 2007, the Hispanic population in Delaware further increased to 57,276.

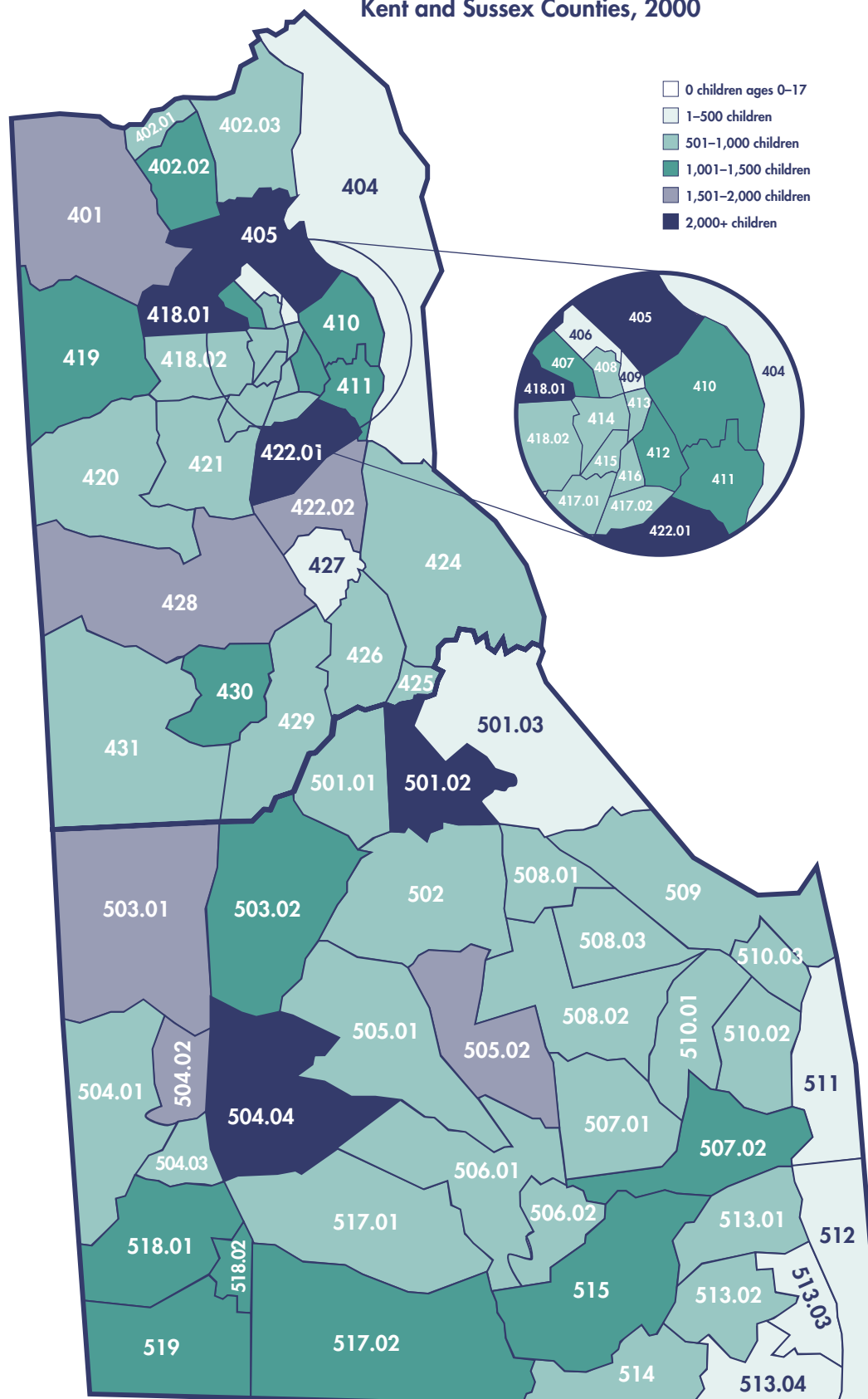
Where Are the Kids? New Castle County, 2000



Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Where Are the Kids?

Kent and Sussex Counties, 2000



Census Tract	Total Age 0-17	% 0-17
401	1,535	28.76
402.01	951	27.35
402.02	1,217	23.45
402.03	949	30.92
404	300	25.95
405	2,074	25.24
406	180	7.56
407	1,323	29.60
408	586	21.16
409	291	12.09
410	1,212	26.34
411	1,389	36.09
412	1,011	29.48
413	580	27.28
414	764	25.31
415	969	25.57
416	536	23.31
417.01	976	25.76
417.02	984	29.43
418.01	2,200	28.82
418.02	828	31.70
419	1,387	28.67
420	891	29.75
421	799	24.84
422.01	2,096	34.48
422.02	1,771	29.63
424	618	23.75
425	842	28.87
426	538	25.52
427	306	26.40
428	1,508	27.45
429	933	27.17
430	1,321	29.42
431	668	27.51

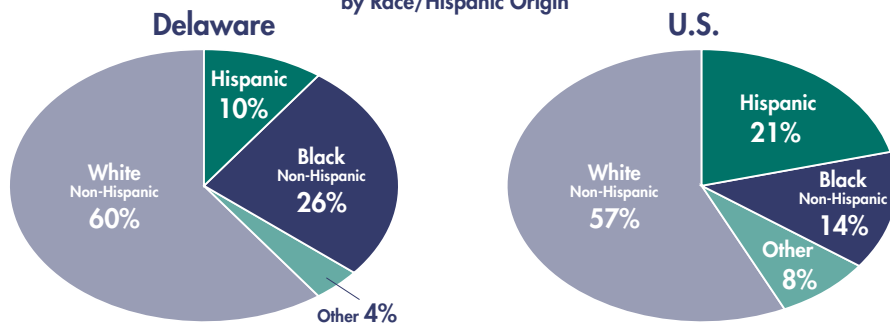
Census Tract	Total Age 0-17	% 0-17
501.01	837	25.46
501.02	2,204	27.37
501.03	471	19.81
502	812	28.91
503.01	1,591	28.10
503.02	1,108	29.15
504.01	939	28.11
504.02	1,972	24.43
504.03	833	28.00
504.04	2,326	28.68
505.01	689	24.05
505.02	1,973	22.05
506.01	862	23.28
506.02	888	23.14
507.01	653	23.68
507.02	1,483	16.02
508.01	676	25.64
508.02	804	24.17
508.03	942	20.27
509	738	14.44
510.01	973	18.58
510.02	754	14.56
510.03	741	23.55
511	235	8.26
512	431	10.34
513.01	635	16.34
513.02	553	22.53
513.03	461	16.54
513.04	460	12.04
514	820	27.78
515	1,029	24.63
517.01	906	26.38
517.02	1,194	24.72
518.01	1,092	26.31
518.02	1,150	28.81
519	1,070	26.73

For detailed information on census tracts and blocks:
www.factfinder.census.gov

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Delaware Child Population Compared to U.S. 2007

by Race/Hispanic Origin



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

Source: Population Division, U.S. Census Bureau. www.census.gov/popest/datasets.html

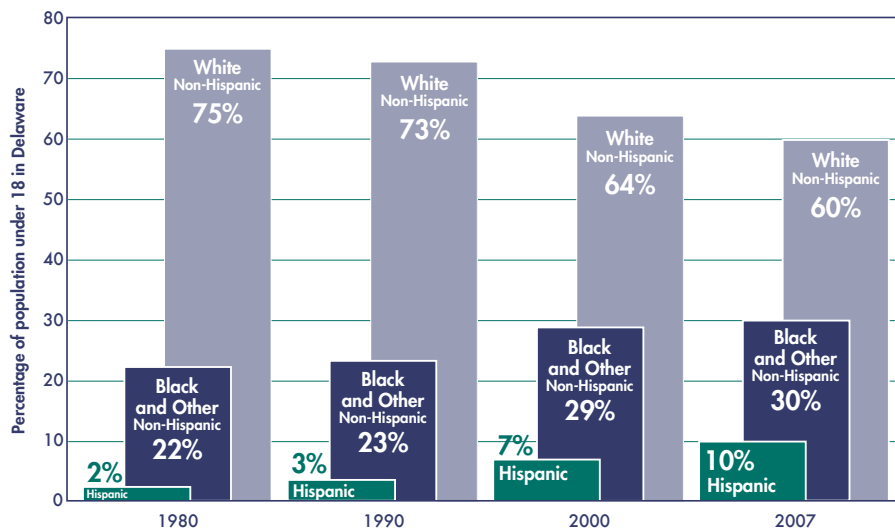
Focus on Poverty

53% of children who have immigrant parents are living in low-income families.

Source: National Center for Children in Poverty. www.nccp.org/publications/pdf/text_851.pdf

The Changing Face of Delaware's Children

Children under 18 by Race/Hispanic Origin, Delaware



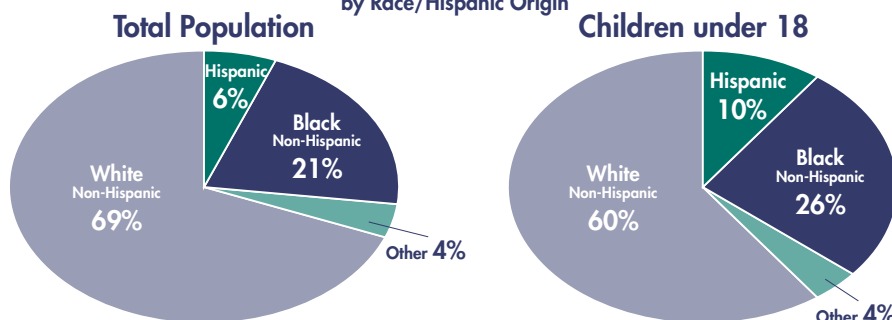
Note: Persons of Hispanic origin may be of any race.

Source: Population Division, U.S. Census Bureau. www.census.gov/popest/datasets.html



Delaware Total Population Compared to Child Population, 2007

by Race/Hispanic Origin



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

Source: Population Division, U.S. Census Bureau. www.census.gov/popest/datasets.html



DID YOU KNOW?

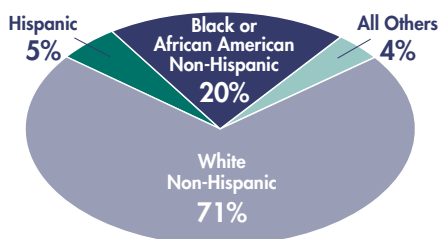
A recent report by the Migration Policy Institute ranked Delaware 1 out of 51 for the percent change in our foreign-born population between 2000 and 2006. Specifically, between 2000 and 2006, the foreign-born population in Delaware changed from 44,898 to 68,722 representing a change of 53.1 percent.



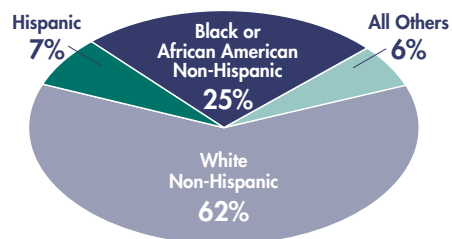
New Castle County Population

by Race/Hispanic Origin, 2000

Total Population



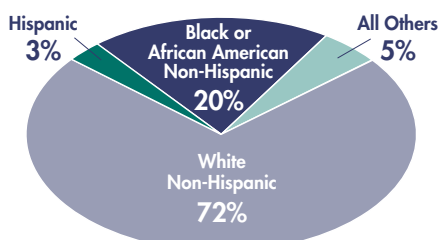
Children under 18



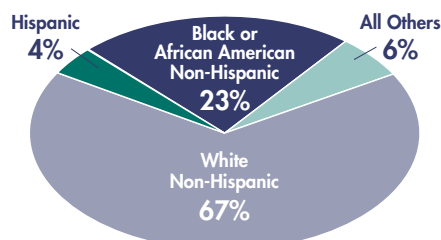
Kent County Population

by Race/Hispanic Origin, 2000

Total Population



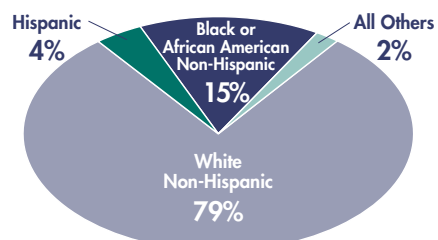
Children under 18



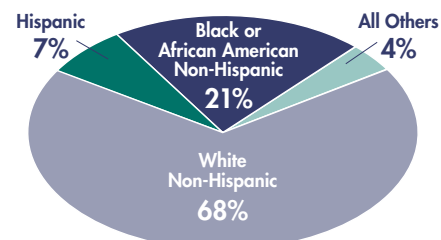
Sussex County Population

by Race/Hispanic Origin, 2000

Total Population



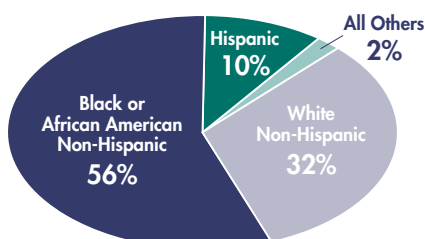
Children under 18



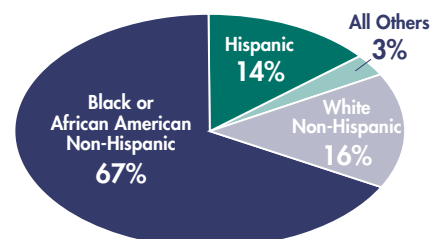
Wilmington Population

by Race/Hispanic Origin, 2000

Total Population



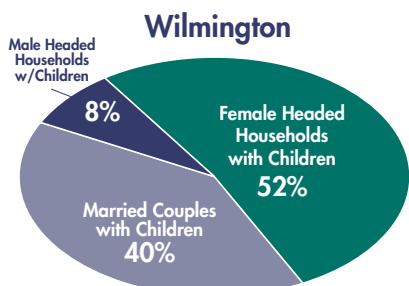
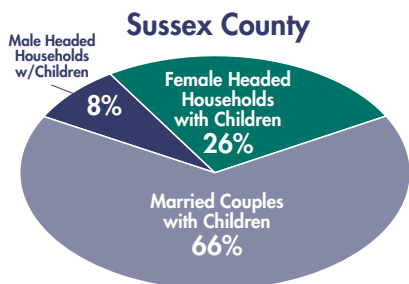
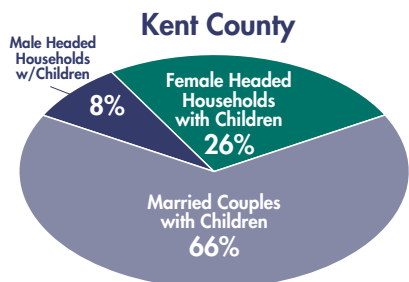
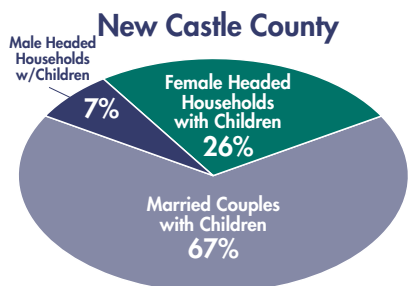
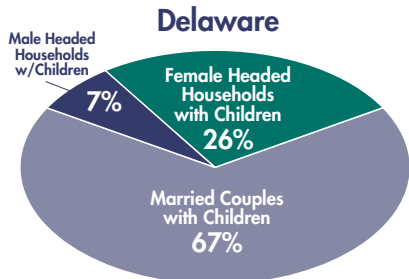
Children under 18



Source: 2000 Census, U.S. Census Bureau

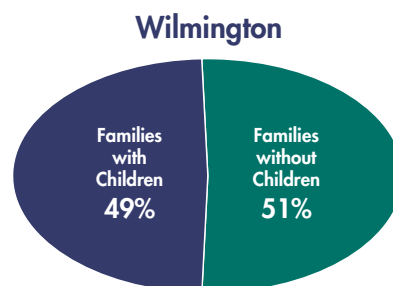
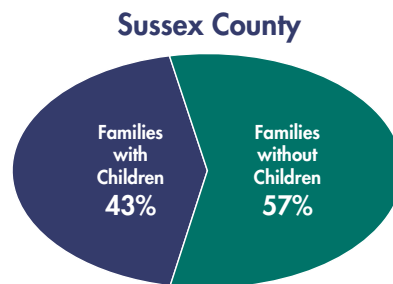
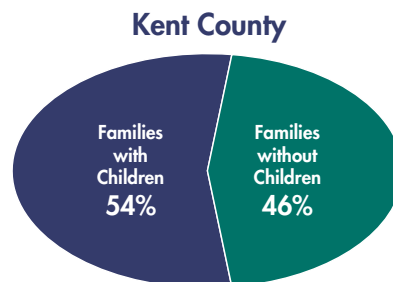
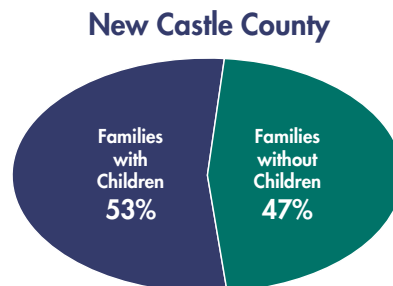
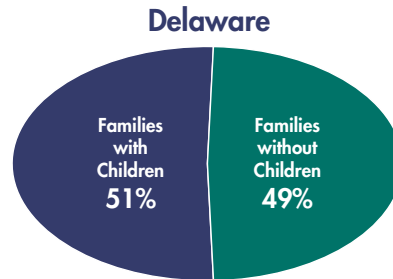
Note: Persons of Hispanic origin may be of any race.

Families with Related Children by Household Structure 2000



Source: 2000 Census, U.S. Census Bureau

Families with & without Children under 18 Living in Household 2000



Source: 2000 Census, U.S. Census Bureau

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.

Own Children – A child under 18 years old who is a son or daughter by birth, marriage (a stepchild), or adoption.

Related Children – All people in a household under the age of 18 who are related to the householder. Does not include householder's spouse or foster children, regardless of age.



Delaware Households – In 2007 there were 839,870 people in 328,477 households in Delaware. The average household size was 2.56; the average family size was 3.07.

Families made up 68% of the households in Delaware. Most of the nonfamily households were people living alone (26% of all Delaware households).

Source: American Community Survey, 2007

Table 1:

Population of Children by Age

Population Estimates for Ages 0 to 21 by Sex and Race, Delaware, 2008

Sex/ Age	All Races	White	Black	Other	Sex/ Age	All Races	White	Black	Other
Male					Female				
0	6,018	4,237	1,577	204	0	6,030	4,243	1,583	204
1	5,925	4,176	1,541	208	1	5,947	4,186	1,553	208
2	5,742	4,038	1,495	209	2	5,763	4,049	1,506	208
3	5,717	4,033	1,476	208	3	5,738	4,044	1,486	208
4	5,770	4,071	1,480	219	4	5,787	4,079	1,490	218
5	5,559	3,943	1,407	209	5	5,577	3,953	1,416	208
6	5,673	4,013	1,438	222	6	5,693	4,024	1,449	220
7	5,733	4,086	1,426	221	7	5,749	4,094	1,436	219
8	5,577	3,702	1,503	372	8	5,238	3,463	1,467	308
9	5,529	3,771	1,435	323	9	5,421	3,611	1,489	321
10	5,545	3,712	1,514	319	10	5,270	3,458	1,476	336
11	5,391	3,620	1,440	331	11	5,238	3,485	1,434	319
12	5,727	3,839	1,564	324	12	5,468	3,718	1,461	289
13	5,793	3,910	1,557	326	13	5,373	3,650	1,445	278
14	5,913	4,006	1,587	320	14	5,637	3,836	1,530	271
15	6,026	4,057	1,652	317	15	5,847	3,998	1,574	275
16	6,117	4,049	1,760	308	16	5,803	3,915	1,631	257
17	6,478	4,436	1,760	282	17	5,991	4,081	1,643	267
18	6,262	4,267	1,690	305	18	5,955	4,066	1,625	264
19	6,048	4,200	1,599	249	19	5,781	4,006	1,515	260
20	5,919	4,142	1,515	262	20	5,873	4,042	1,590	241
21	5,761	3,963	1,532	266	21	5,647	3,938	1,477	232

Note: Estimates for ages 0–21 for the Counties and the City of Wilmington are available at www.cadsr.udel.edu/demography/consortium.htm.

Source: Delaware Population Consortium, Population Projection Series, Version 2008.0

Table 2:

Population

Population Census Counts for Delaware and Counties, 2008

Area/Sex/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	58,437	55,749	55,355	60,308	520,867	125,237	875,953	26.2%	59.5%	14.3%	100.0%
Male	29,172	28,071	28,369	30,931	254,857	53,703	425,103	13.3%	29.1%	6.1%	48.5%
White	20,555	19,515	19,087	21,009	190,789	46,443	317,398	9.2%	21.8%	5.3%	36.2%
Black	7,569	7,209	7,662	8,461	52,550	6,256	89,707	3.5%	6.0%	0.7%	10.2%
Female	29,265	27,678	26,986	29,377	266,010	71,534	450,850	12.9%	30.4%	8.2%	51.5%
White	20,601	19,145	18,147	20,066	195,794	61,115	334,868	8.9%	22.4%	7.0%	38.2%
Black	7,618	7,257	7,346	7,988	59,296	9,172	98,677	3.4%	6.8%	1.0%	11.3%
New Castle	36,015	34,915	34,498	37,994	322,690	65,945	532,057	16.4%	36.8%	7.5%	60.7%
Male	17,956	17,558	17,738	19,426	157,930	27,572	258,180	8.3%	18.0%	3.1%	29.5%
White	12,353	11,888	11,521	12,698	114,281	22,927	185,668	5.5%	13.0%	2.6%	21.2%
Black	4,906	4,752	5,061	5,681	35,196	3,902	59,498	2.3%	4.0%	0.4%	6.8%
Female	18,059	17,357	16,760	18,568	164,760	38,373	273,877	8.1%	18.8%	4.4%	31.3%
White	12,406	11,663	10,863	12,196	116,906	31,664	195,698	5.4%	13.3%	3.6%	22.3%
Black	4,956	4,815	4,862	5,412	39,887	5,904	65,836	2.3%	4.6%	0.7%	7.5%
Kent	11,004	10,733	10,742	11,586	91,993	19,241	155,299	5.0%	10.5%	2.2%	17.7%
Male	5,496	5,373	5,482	5,942	44,373	8,170	74,836	2.5%	5.1%	0.9%	8.5%
White	3,889	3,758	3,774	4,097	32,845	6,640	55,003	1.8%	3.7%	0.8%	6.3%
Black	1,418	1,397	1,455	1,629	9,809	1,364	17,072	0.7%	1.1%	0.2%	1.9%
Female	5,508	5,360	5,260	5,644	47,620	11,071	80,463	2.5%	5.4%	1.3%	9.2%
White	3,890	3,726	3,582	3,943	34,115	9,002	58,258	1.7%	3.9%	1.0%	6.7%
Black	1,429	1,421	1,430	1,483	11,526	1,731	19,020	0.7%	1.3%	0.2%	2.2%
Sussex	11,418	10,101	10,115	10,728	106,184	40,051	188,597	4.8%	12.1%	4.6%	21.5%
Male	5,720	5,140	5,149	5,563	52,554	17,961	92,087	2.5%	6.0%	2.1%	10.5%
White	4,313	3,869	3,792	4,214	43,663	16,876	76,727	1.8%	5.0%	1.9%	8.8%
Black	1,245	1,060	1,146	1,151	7,545	990	13,137	0.5%	0.9%	0.1%	1.5%
Female	5,698	4,961	4,966	5,165	53,630	22,090	96,510	2.4%	6.1%	2.5%	11.0%
White	4,305	3,756	3,702	3,927	44,773	20,449	80,912	1.8%	5.1%	2.3%	9.2%
Black	1,233	1,021	1,054	1,093	7,883	1,537	13,821	0.5%	0.9%	0.2%	1.6%

Totals by area and gender include races other than White and Black

Percentages are calculated based on total state population

Source: Delaware Population Consortium, Population Projection Series, Version 2008.0

Table 3:

Population of Delaware Cities

Population Estimates by Age, Gender, and Race for Newark, Wilmington, and Dover, 2008

Gender/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Newark*	885	957	1,107	5,830	18,782	2,571	30,132	1.0%	2.1%	0.3%	3.4%
Male	458	509	564	2,271	9,243	1,003	14,048	0.4%	1.1%	0.1%	1.6%
Female	427	449	543	3,559	9,538	1,566	16,082	0.6%	1.1%	0.2%	1.8%
Wilmington	5,763	4,867	4,506	5,416	43,991	8,297	72,840	2.3%	5.0%	0.9%	8.3%
Male	2,944	2,509	2,356	2,770	21,839	2,952	35,370	1.2%	2.5%	0.3%	4.0%
White	952	743	484	606	9,116	1,515	13,416	0.3%	1.0%	0.2%	1.5%
Black	1,806	1,602	1,685	1,953	11,460	1,355	19,861	0.8%	1.3%	0.2%	2.3%
Female	2,819	2,358	2,150	2,646	22,152	5,345	37,470	1.1%	2.5%	0.6%	4.3%
White	895	656	426	523	8,179	2,856	13,535	0.3%	0.9%	0.3%	1.5%
Black	1,746	1,559	1,582	1,930	12,823	2,379	22,019	0.8%	1.5%	0.3%	2.5%
Dover*	2,461	2,211	2,199	3,283	21,205	4,999	36,358	1.2%	2.4%	0.6%	4.2%
Male	1,245	1,163	1,068	1,586	9,885	2,013	16,960	0.6%	1.1%	0.2%	1.9%
Female	1,216	1,048	1,131	1,698	11,319	2,985	19,397	0.6%	1.3%	0.3%	2.2%

Totals by area and gender include races other than White and Black.

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

* Race estimates not available for Newark and Dover.

Source: Delaware Population Consortium, Population Projection Series, Version 2008.0

Table 4:

Hispanic Population Estimates

Delaware and Counties, 2002

Gender	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19*	% 20-64*	% 65+*	% Total
Delaware											
Male	2,370	2,025	1,730	1,764	12,802	556	21,247	1.0	1.6	0.1	2.6
Female	2,226	1,903	1,621	1,445	10,278	652	18,125	0.9	1.3	0.1	2.2
New Castle											
Male	1,641	1,447	1,258	1,283	8,802	380	14,811	0.7	1.1	0.0**	1.8
Female	1,507	1,353	1,173	1,089	7,385	446	12,953	0.6	0.9	0.1	1.6
Kent											
Male	242	201	204	184	1,213	80	2,124	0.1	0.2	0.0**	0.3
Female	225	227	208	172	1,136	100	2,068	0.1	0.1	0.0**	0.3
Sussex											
Male	487	377	268	297	2,787	96	4,312	0.2	0.3	0.0**	0.5
Female	494	323	240	184	1,757	106	3,104	0.2	0.2	0.0**	0.4

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

* Percentage of total state population.

**0.0 indicates less than 0.5

Sources: Hispanic Data (US Census Bureau Pop Estimates) and Delaware Population Consortium (Oct. 8, 2002 Series).

Table 5:

Hispanic Population Estimates

Hispanic Population Estimates for Delaware and Counties, 1990–2002

	1990	1992	1994	1996	1998	2000	2002
Delaware	15,530	18,418	24,234	26,972	31,158	37,277	39,372
New Castle	10,830	11,737	14,158	15,842	18,896	26,293	27,763
Kent	2,382	2,964	3,037	3,165	2,590	4,069	4,192
Sussex	2,318	3,717	7,039	7,965	9,672	6,908	7,416

Source: US Census Bureau and Delaware Population Consortium

Table 6:

Families with Children

Number and Percentage of Families with Children by Marital Status of Parents
Delaware and Counties, 2000 Census

Type of Family	Delaware		New Castle		Kent		Sussex	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
One Parent	34,614	33	21,962	33	6,261	34	6,391	34
Male head of household	7,632	7	4,699	7	1,453	8	1,482	8
Female head of household	26,980	26	17,263	26	4,808	26	4,909	26
Married	69,459	67	45,050	67	11,963	66	12,446	66
Total	104,073	100	67,012	100	18,224	100	18,837	100

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1

Table 7:

Children and Their Living Arrangements

Number of Children by Age Groups in Households and Group Quarters, 2000 Census

Living Arrangement	Total Under Age 18	Under 5 Years	5 Years	6 to 11 Years	12 to 17 Years
Children Living in Households	193,909	51,418	10,571	67,732	64,057
Children in Families	172,150	44,276	9,296	60,839	57,739
Children in Married Couple Families	122,291	32,552	6,702	42,802	40,235
Children in Female-Headed Families	39,387	8,947	2,072	14,435	13,933
Children in Male-Headed Families	10,472	2,777	522	3,602	3,571
Children who are relatives or non-relatives of householder	21,759	7,142	1,275	6,893	6,318
Children Living in Group Quarters	678	113	20	149	396

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1

Table 8:

Prenatal Care

Five-Year Average Percentage of Mothers Receiving Prenatal Care
in the First Trimester of Pregnancy by Race/Hispanic Origin
U.S., Delaware, Counties, and City of Wilmington, 1988–2006

Area/Race- Hispanic Origin*	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	74.6	75.2	76.1	77.1	78.1	79.0	79.7	80.2	80.5	80.8	81.1	80.6	77.6	72.7	N/A
White	78.1	78.6	79.3	80.1	81.0	81.7	82.2	82.5	82.7	83.0	83.2	82.5	79.3	74.1	N/A
Black	59.4	60.3	61.8	63.5	65.6	67.2	68.5	69.6	70.4	70.7	71.5	71.7	68.9	64.8	N/A
Hispanic*	59.8	60.9	62.7	64.7	66.8	68.5	69.8	70.8	71.4	72.1	72.9	73.3	72.0	67.4	N/A
Delaware	78.6	79.0	80.0	81.2	82.3	82.6	82.9	83.0	83.1	83.9	84.9	85.1	85.4	84.7	82.0
White	84.8	84.9	85.6	86.2	86.7	86.5	86.5	86.4	86.5	87.1	87.8	87.9	87.9	86.7	83.7
Black	59.1	60.5	62.6	65.4	68.2	70.3	71.5	72.9	73.6	75.5	77.5	78.6	79.9	79.9	77.7
Hispanic*	N/A	64.5	65.2	65.6	66.8	67.3	67.8	68.7	69.4	70.8	72.2	72.6	72.1	69.8	65.6
New Castle	82.1	83.2	85.2	86.7	88.5	89.1	89.1	88.6	88.7	89.5	90.6	90.6	91.1	90.6	88.3
White	88.0	88.7	90.2	91.1	92.3	92.5	92.4	91.8	91.9	92.4	93.1	92.9	93.3	92.5	90.2
Black	62.9	65.5	68.7	72.3	76.1	78.3	78.7	79.3	79.4	81.1	83.5	84.2	85.2	85.3	83.1
Hispanic*	N/A	69.1	72.7	74.2	78.0	79.3	79.8	79.7	81.3	82.2	84.2	84.9	86.2	85.6	81.8
Wilmington	66.0	68.1	71.0	73.6	77.7	79.9	79.9	79.6	79.8	80.8	82.8	83.7	84.8	84.7	82.2
White	79.6	81.1	83.1	84.3	86.9	88.1	87.9	87.0	87.1	87.6	88.4	89.1	89.9	89.4	86.6
Black	58.4	60.8	64.0	67.4	72.3	75.1	75.3	75.6	75.8	77.0	79.7	80.6	81.7	81.8	79.5
Hispanic*	N/A	62.8	66.1	68.0	73.9	78.0	78.2	78.2	79.7	80.4	81.5	83.1	84.3	84.0	79.7
Kent	73.7	72.0	70.7	71.0	69.7	68.0	68.2	69.3	69.4	71.1	72.8	74.8	76.6	77.7	75.2
White	78.6	76.5	74.7	74.6	73.0	71.3	71.5	72.5	72.5	74.0	75.6	77.5	79.1	80.2	77.9
Black	59.0	57.8	57.7	59.3	58.1	56.7	57.8	59.7	60.6	63.3	65.4	67.8	70.3	71.3	68.3
Hispanic*	N/A	66.9	65.8	67.2	65.4	65.3	62.3	61.3	60.1	62.1	63.1	67.2	68.7	69.4	66.1
Sussex	69.4	69.4	69.7	70.4	71.5	73.3	74.5	75.7	76.1	76.7	76.4	75.9	74.4	71.7	68.0
White	78.5	78.4	78.6	79.0	79.4	79.7	80.2	80.8	80.9	81.6	81.6	81.1	78.6	74.8	70.0
Black	45.8	45.7	46.7	47.8	50.5	55.4	58.3	61.7	64.2	65.7	66.0	67.6	68.2	67.0	65.1
Hispanic*	N/A	40.8	37.6	40.1	40.5	42.2	44.2	47.1	45.7	47.2	47.6	46.7	42.7	37.6	32.6

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.

Hispanic data was not available prior to the 1989-93 time period.

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

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, 2002–2006 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
All Races	57,279	100.0	46,988	82.0	7,187	12.5	1,822	3.2	714	1.2	568	1.0
<2500	5,411	100.0	4,377	80.9	594	11.0	164	3.0	193	3.6	83	1.5
<1500	1,125	100.0	938	83.4	73	6.5	15	1.3	71	6.3	28	2.5
1500-2499	4,286	100.0	3,439	80.2	521	12.2	149	3.5	122	2.8	55	1.3
2500+	51,846	100.0	42,611	82.2	6,593	12.7	1,650	3.2	521	1.0	471	0.9
Unknown	22	100.0	0	...	0	...	8	...	0	...	14	...
White	39,922	100.0	33,431	83.7	4,561	11.4	1,201	3.0	401	1.0	328	0.8
<2500	3,048	100.0	2,549	83.6	285	9.4	78	2.6	98	3.2	38	1.2
<1500	570	100.0	493	86.5	27	4.7	6	1.1	33	5.8	11	1.9
1500-2499	2,478	100.0	2,056	83.0	258	10.4	72	2.9	65	2.6	27	1.1
2500+	36,859	100.0	30,882	83.8	4,276	11.6	1,117	3.0	303	0.8	281	0.8
Unknown	15	100.0	0	...	0	...	6	...	0	...	9	...
Black	14,343	100.0	11,142	77.7	2,171	15.1	526	3.7	293	2.0	211	1.5
<2500	2,091	100.0	1,604	76.7	277	13.2	77	3.7	89	4.3	44	2.1
<1500	510	100.0	405	79.4	43	8.4	8	1.6	37	7.3	17	3.3
1500-2499	1,581	100.0	1,199	75.8	234	14.8	69	4.4	52	3.3	27	1.7
2500+	12,245	100.0	9,538	77.9	1,894	15.5	447	3.7	204	1.7	162	1.3
Unknown	7	100.0	0	...	0	...	2	...	0	...	5	...
Other	3,014	100.0	2,415	80.1	455	15.1	95	3.2	20	0.7	29	1.0
<2500	272	100.0	224	82.4	32	11.8	9	3.3	6	2.2	1	0.4
<1500	45	100.0	40	88.9	3	6.7	1	2.2	1	2.2	0	0.0
1500-2499	227	100.0	184	81.1	29	12.8	8	3.5	5	2.2	1	0.4
2500+	2,742	100.0	2,191	79.9	423	19.3	86	3.1	14	0.5	28	1.0
Unknown	0	...	0	...	0	...	0	...	0	...	0	...
Hispanic*	7,781	100.0	5,104	65.6	1,785	22.9	667	8.6	160	2.1	65	0.8
<2500	542	100.0	374	69.0	88	16.2	38	7.0	34	6.3	8	1.5
<1500	96	100.0	71	74.0	8	8.3	4	4.2	11	11.5	2	2.1
1500-2499	446	100.0	303	67.9	80	17.9	34	7.6	23	5.2	6	1.3
2500+	7,239	100.0	4,730	65.3	1,697	23.4	629	8.7	126	1.7	57	0.8
Unknown	0	...	0	...	0	...	1	...	0	...	1	...

* 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, 2002–2006 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
Less than 20 yrs.	6,178	100.0	4,361	70.6	1,325	21.4	317	5.1	120	1.9	55	0.9
<2500	702	100.0	494	70.4	138	19.7	36	5.1	27	3.8	7	1.0
<1500	149	100.0	111	74.5	23	15.4	2	1.3	11	7.4	2	1.3
1500-2499	553	100.0	383	69.3	115	20.8	34	6.1	16	2.9	5	0.9
2500+	5,473	100.0	3,867	70.7	1,187	21.7	280	5.1	93	1.7	46	0.8
Unknown	3	100.0	0	0.0	0	0.0	1	33.3	0	0.0	2	66.7
20-24 Years	14,565	100.0	11,170	76.7	2,389	16.4	641	4.4	224	1.5	141	1.0
<2500	1,433	100.0	1,104	77.0	201	14.0	53	3.7	51	3.6	24	1.7
<1500	273	100.0	219	80.2	25	9.2	2	0.7	15	5.5	12	4.4
1500-2499	1,160	100.0	885	76.3	176	15.2	51	4.4	36	3.1	12	1.0
2500+	13,132	100.0	10,066	76.7	2,188	16.7	588	4.5	173	1.3	117	0.9
Unknown	0	...	0	...	0	...	0	...	0	...	0	...
25-29 Years	15,048	100.0	12,657	84.1	1,661	11.0	438	2.9	156	1.0	136	0.9
<2500	1,276	100.0	1,066	83.5	104	8.2	44	3.4	45	3.5	17	1.3
<1500	267	100.0	226	84.6	6	2.2	10	3.7	22	8.2	3	1.1
1500-2499	1,009	100.0	840	83.3	98	9.7	34	3.4	23	2.3	14	1.4
2500+	13,770	100.0	11,591	84.2	1,557	11.3	394	2.9	111	0.8	117	0.8
Unknown	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2	100.0
30-34 Years	13,623	100.0	11,972	87.9	1,128	8.3	258	1.9	126	0.9	139	1.0
<2500	1,222	100.0	1,053	86.2	96	7.9	19	1.6	36	2.9	18	1.5
<1500	254	100.0	224	88.2	14	5.5	1	0.4	9	3.5	6	2.4
1500-2499	968	100.0	829	85.6	82	8.5	18	1.9	27	2.8	12	1.2
2500+	12,399	100.0	10,919	88.1	1,032	8.3	239	1.9	90	0.7	119	1.0
Unknown	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2	100.0
35+ Years	7,865	100.0	6,828	86.8	684	8.7	168	2.1	88	1.1	97	1.2
<2500	778	100.0	660	84.8	55	7.1	12	1.5	34	4.4	17	2.2
<1500	182	100.0	158	86.8	5	2.7	0	0.0	14	7.7	5	2.7
1500-2499	596	100.0	502	84.2	50	8.4	12	2.0	20	3.4	12	2.0
2500+	7,087	100.0	6,168	87.0	629	8.9	156	2.2	54	0.8	80	1.1
Unknown	0	...	0	...	0	...	0	...	0	...	0	...

Source: Delaware Health Statistics Center

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, 2002–2006 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	32,701	100.0	28,831	88.2	2,794	8.5	590	1.8	177	0.5	309	0.9
<2500	2,540	100.0	2,233	87.9	188	7.4	34	1.3	51	2.0	34	1.3
<1500	529	100.0	472	89.2	20	3.8	2	0.4	24	4.5	11	2.1
1500-2499	2,011	100.0	1,761	87.6	168	8.4	32	1.6	27	1.3	23	1.1
2500+	30,156	100.0	26,598	88.2	2,606	8.6	556	1.8	126	0.4	270	0.9
Unknown	5	100.0	0	–	0	–	0	–	0	–	5	100.0
Single	24,578	100.0	18,157	73.9	4,393	17.9	1,232	5.0	537	2.2	259	1.1
<2500	2,871	100.0	2,144	74.7	406	14.1	130	4.5	142	4.9	49	1.7
<1500	596	100.0	466	78.2	53	8.9	13	2.2	47	7.9	17	2.9
1500-2499	2,275	100.0	1,678	73.8	353	15.5	117	5.1	95	4.2	32	1.4
2500+	21,705	100.0	16,013	73.8	3,987	18.4	1,101	5.1	395	1.8	209	1.0
Unknown	2	100.0	0	–	0	–	1	50.0	0	–	1	50.0

Source: Delaware Health Statistics Center

Table 12:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births (<2500 grams)
U.S., Delaware, Counties, and City of Wilmington, 1988–2006

	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	7.0	7.1	7.1	7.2	7.2	7.3	7.4	7.5	7.5	7.6	7.6	7.7	7.8	7.9	N/A
Delaware	7.6	7.7	7.7	7.8	8.0	8.2	8.3	8.5	8.6	8.8	9.0	9.2	9.3	9.4	9.4
New Castle	7.8	8.0	8.0	8.2	8.3	8.5	8.6	8.8	8.8	9.1	9.3	9.6	9.7	9.9	9.9
Wilmington	12.2	12.4	12.5	12.2	12.1	12.2	12.3	12.6	13.1	13.5	14.2	14.1	14.0	14.4	13.9
Kent	7.3	7.2	7.1	7.3	7.2	7.5	7.7	8.1	8.1	8.6	8.9	9.2	9.3	9.5	9.4
Sussex	7.1	7.2	7.1	7.2	7.7	8.0	8.0	8.0	8.3	7.8	7.9	8.0	8.0	7.8	8.0

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

Table 13:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births (< 1500 grams)
U.S., Delaware, Counties, and City of Wilmington, 1988–2006

	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.5	N/A
Delaware	1.6	1.6	1.6	1.6	1.6	1.7	1.7	1.8	1.9	1.8	1.9	1.9	1.9	1.9	2.0
New Castle	1.7	1.8	1.7	1.7	1.7	1.8	1.8	1.9	1.9	1.9	1.9	2.0	1.9	2.0	2.1
Wilmington	3.1	3.1	2.9	2.8	2.9	2.8	2.8	2.9	3.0	3.0	3.1	3.1	2.9	3.0	3.1
Kent	1.6	1.4	1.4	1.5	1.5	1.6	1.7	1.8	1.8	1.8	1.8	1.9	2.0	1.9	1.8
Sussex	1.5	1.3	1.2	1.4	1.4	1.5	1.6	1.6	1.7	1.6	1.7	1.6	1.6	1.6	1.7

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

Table 14:

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

Five-Year Average Percentage of Low Birth Weight Births by Age, Race/Hispanic Origin of Mother
U.S., Delaware and Counties, 1999–2006

Area/ Mother's Age	1999–2003				2000–2004				2001–2005				2000–2006			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	7.7	6.7	13.1	6.5	7.8	6.8	13.2	6.6	7.9	6.9	13.3	6.7	N/A	N/A	N/A	N/A
Less than 20	9.6	8.2	13.8	7.8	9.7	8.2	13.9	7.8	9.8	8.3	14.0	7.9	N/A	N/A	N/A	N/A
20-24	7.8	6.6	12.5	6.1	7.9	6.7	12.7	6.2	8.0	6.8	12.9	6.3	N/A	N/A	N/A	N/A
25-29	6.8	6.0	12.1	5.7	6.9	6.1	12.2	5.8	7.1	6.2	12.4	5.9	N/A	N/A	N/A	N/A
30+	7.7	6.9	14.3	7.0	7.8	7.0	14.2	7.1	8.0	7.2	14.2	7.2	N/A	N/A	N/A	N/A
Delaware	9.2	7.6	14.1	6.9	9.3	7.6	14.1	7.0	9.4	7.7	14.3	7.0	9.4	7.6	14.6	7.0
Less than 20	11.2	8.8	14.2	8.2	11.2	8.9	14.2	8.3	11.5	8.9	14.9	7.7	11.4	8.6	14.8	7.7
20-24	9.5	7.5	13.5	7.2	9.5	7.6	13.4	6.9	9.6	7.5	13.9	7.2	9.8	7.7	14.1	7.2
25-29	8.3	6.9	13.3	6.4	8.4	7.0	12.8	6.9	8.6	7.2	13.1	6.8	8.5	7.1	13.2	6.8
30+	9.0	7.7	15.6	6.1	9.2	7.8	16.0	6.6	9.3	7.9	15.7	6.3	9.3	7.8	16.3	6.3
New Castle	9.6	7.7	14.7	7.4	9.7	7.8	14.7	7.6	9.9	8.0	14.8	7.4	9.9	7.9	15.1	7.4
Less than 20	11.5	8.7	14.4	9.0	11.9	9.5	14.4	9.1	12.5	9.9	15.4	8.4	12.3	9.5	15.4	8.4
20-24	10.4	8.1	14.3	8.1	10.3	8.1	14.0	7.9	10.5	8.3	14.2	7.7	10.5	8.0	14.4	7.7
25-29	8.7	7.2	13.8	6.3	8.8	7.2	13.5	6.2	9.0	7.4	13.6	6.5	9.1	7.6	13.5	6.5
30+	9.1	7.6	16.3	6.7	9.3	7.7	16.6	7.9	9.6	8.0	16.2	7.3	9.6	7.8	16.8	7.3
Wilmington	14.1	9.2	17.1	8.9	14.0	9.3	17.0	9.4	14.4	9.1	17.7	9.6	13.9	8.8	17.3	9.6
Less than 20	14.2	9.5	15.5	7.1	13.8	9.1	15.3	8.0	14.7	8.9	16.6	9.1	14.6	8.9	16.3	9.1
20-24	15.1	11.9	16.6	11.2	14.7	12.1	16.0	10.9	15.1	11.5	16.7	11.5	14.7	11.2	16.3	11.5
25-29	13.0	9.3	15.7	7.6	12.7	8.6	15.8	8.0	12.8	7.7	16.5	8.0	12.8	8.4	16.4	8.0
30+	13.7	7.4	22.4	8.5	14.3	8.3	22.7	10.3	14.5	8.7	22.4	8.5	13.4	7.5	21.3	8.5
Kent	9.2	7.6	14.0	8.3	9.3	7.8	13.9	9.5	9.5	7.7	14.3	9.3	9.4	7.7	13.8	9.3
Less than 20	12.0	10.1	15.0	7.9	11.3	9.4	14.4	10.8	12.4	9.7	15.6	11.9	11.7	9.2	14.2	11.9
20-24	9.1	7.3	12.9	10.3	9.4	7.7	13.3	9.7	9.3	7.4	13.6	11.0	9.8	8.3	13.1	11.0
25-29	7.6	6.0	13.1	8.0	7.6	6.2	12.2	11.3	7.9	6.4	12.8	9.4	7.4	5.9	12.2	9.4
30+	9.6	8.3	16.1	5.2	9.8	8.6	16.5	6.3	9.8	8.5	16.3	4.4	9.7	8.4	16.6	4.4
Sussex	8.0	7.2	11.5	5.2	8.0	7.0	11.7	5.1	7.8	6.8	12.3	5.4	8.0	6.7	13.3	5.4
Less than 20	9.6	7.8	12.7	6.0	9.4	7.1	13.6	5.2	8.4	6.1	12.6	4.4	8.8	6.5	13.6	4.4
20-24	7.6	6.4	11.5	4.4	7.6	6.3	11.5	4.2	7.9	6.1	13.1	5.1	8.4	6.6	14.0	5.1
25-29	7.6	6.8	10.9	6.2	7.5	6.8	10.0	7.0	7.6	7.0	11.1	6.7	7.7	6.5	13.2	6.7
30+	8.0	7.8	10.4	4.7	8.1	7.7	11.3	3.8	7.7	7.3	11.4	4.7	7.7	7.2	11.8	4.7

* 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

Five-Year Average Percentage of Very Low Birth Weight Births
by Age, Race/Hispanic Origin of Mother
U.S., Delaware, Counties, and Wilmington, 1999–2006

Area/ Mother's Age	1999–2003				2000–2004				2001–2005				2002–2006			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	1.4	1.2	3.1	1.2	1.4	1.2	3.1	1.2	1.5	1.2	3.1	1.2	N/A	N/A	N/A	N/A
Less than 20	1.8	1.5	2.9	1.3	1.8	1.5	2.9	1.3	1.8	1.5	2.9	1.3	N/A	N/A	N/A	N/A
20-24	1.4	1.1	2.7	1.0	1.4	1.1	2.7	1.0	1.4	1.1	2.8	1.0	N/A	N/A	N/A	N/A
25-29	1.3	1.0	3.0	1.0	1.3	1.0	3.0	1.0	1.3	1.0	3.0	1.0	N/A	N/A	N/A	N/A
30+	1.5	1.2	3.7	1.4	1.5	1.2	3.7	1.4	1.5	1.3	3.7	1.4	N/A	N/A	N/A	N/A
Delaware	1.9	1.5	3.5	1.3	1.9	1.4	3.3	1.3	1.9	1.4	3.5	1.2	2.0	1.4	3.6	1.2
Less than 20	2.5	2.0	3.2	2.2	2.2	1.8	2.8	1.9	2.4	1.9	3.1	1.4	2.4	1.8	3.2	1.4
20-24	1.9	1.5	3.0	0.8	1.8	1.3	2.9	0.8	1.9	1.2	3.2	0.9	1.9	1.3	3.2	0.9
25-29	1.7	1.3	3.3	1.4	1.7	1.3	3.4	1.4	1.7	1.3	3.4	1.2	1.8	1.3	3.5	1.2
30+	2.0	1.4	4.5	1.4	1.9	1.4	4.4	1.6	2.0	1.5	4.2	1.7	2.0	1.5	4.4	1.7
New Castle	2.0	1.4	3.7	1.6	1.9	1.4	3.5	1.6	2.0	1.4	3.6	1.4	2.1	1.5	3.7	1.4
Less than 20	2.8	2.3	3.3	3.0	2.6	2.2	3.0	2.3	2.8	2.3	3.3	1.6	2.8	2.0	3.6	1.6
20-24	2.1	1.4	3.2	1.0	1.8	1.1	3.1	1.0	1.9	1.1	3.2	1.0	1.9	1.2	3.2	1.0
25-29	1.6	1.1	3.5	1.2	1.6	1.1	3.5	1.2	1.7	1.2	3.3	1.0	1.8	1.4	3.4	1.0
30+	2.1	1.5	4.7	1.8	2.0	1.5	4.4	2.2	2.1	1.6	4.4	2.3	2.2	1.6	4.7	2.3
Wilmington	3.1	1.7	3.9	1.2	2.9	1.3	4.0	1.1	3.0	1.2	4.2	1.3	3.1	1.4	4.2	1.3
Less than 20	3.2	2.7	3.4	2.2	2.7	2.0	2.9	1.3	2.7	1.4	3.1	0.8	2.8	1.0	3.5	0.8
20-24	3.5	2.3	4.0	1.1	3.3	1.7	3.9	1.1	3.3	1.3	4.1	1.5	3.2	1.8	3.8	1.5
25-29	2.4	2.0	2.7	1.2	2.7	1.4	3.7	1.1	3.1	1.6	4.2	1.4	3.5	2.1	4.7	1.4
30+	3.0	0.9	5.9	0.0	2.9	0.7	5.9	1.0	2.9	0.8	5.8	1.4	2.7	0.8	5.3	1.4
Kent	1.9	1.5	3.4	0.7	2.0	1.6	3.3	1.2	1.9	1.4	3.5	1.4	1.8	1.4	3.3	1.4
Less than 20	1.8	1.3	2.7	0.0	1.7	1.1	2.5	2.7	2.1	1.3	3.1	2.5	2.2	1.5	3.1	2.5
20-24	2.1	1.7	3.2	0.9	2.2	1.8	3.1	0.4	2.2	1.6	3.6	1.2	2.1	1.7	3.2	1.2
25-29	1.8	1.4	3.5	1.3	1.9	1.6	3.2	2.0	1.8	1.4	3.4	1.8	1.5	1.1	3.3	1.8
30+	2.0	1.5	4.7	0.0	1.9	1.5	4.5	0.7	1.7	1.3	3.8	0.6	1.7	1.3	3.7	0.6
Sussex	1.6	1.5	2.5	1.0	1.6	1.3	2.7	0.8	1.6	1.3	3.0	0.8	1.7	1.3	3.1	0.8
Less than 20	2.3	2.1	3.1	1.2	1.9	1.6	2.7	0.7	1.6	1.4	2.3	0.3	1.7	1.7	1.9	0.3
20-24	1.4	1.3	1.8	0.5	1.4	1.2	2.1	0.5	1.5	1.1	2.8	0.5	1.6	1.1	3.2	0.5
25-29	1.8	1.6	2.5	1.6	1.8	1.5	2.9	1.5	1.9	1.4	3.9	1.5	1.9	1.4	4.0	1.5
30+	1.4	1.2	3.0	0.8	1.5	1.2	3.8	0.4	1.5	1.3	3.3	0.8	1.5	1.3	3.2	0.8

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

Table 16:

Infant Mortality Rates by Race/Hispanic Origin

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Race/Hispanic Origin
U.S., Delaware, Counties and City of Wilmington, 1988–2006

Area/Race-Hisp. Origin	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
U.S.	9.3	9.0	8.6	8.3	8.0	7.7	7.5	7.3	7.1	7.0	7.0	6.9	6.9	6.9	6.8
White	7.7	7.3	7.0	6.8	6.5	6.4	6.2	6.0	5.9	5.8	5.8	5.7	5.7	5.7	N/A
Black	17.7	17.5	17.0	16.4	15.8	15.3	14.8	14.6	14.4	14.2	14.3	14.2	14.0	14.0	N/A
Delaware	10.9	10.3	9.3	8.9	7.9	7.8	7.9	8.1	8.4	9.0	9.2	9.1	9.3	9.2	8.8
White	8.2	7.5	6.6	6.4	5.6	5.6	5.9	5.7	6.2	6.6	6.9	6.9	7.3	6.8	6.4
Black	19.8	19.9	18.2	17.0	15.8	14.7	14.4	15.8	15.9	17.1	16.7	16.7	16.1	17.1	16.1
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6.3	6.9	6.3	8.3	7.9	7.2	6.9
New Castle	10.8	10.7	9.5	9.0	7.8	7.3	7.3	7.9	8.5	9.1	9.2	9.5	9.4	9.3	9.1
White	7.9	7.5	6.5	6.3	5.0	4.9	4.8	4.9	5.6	6.2	6.4	6.8	7.3	7.0	6.8
Black	20.8	21.7	19.8	18.3	17.5	15.3	15.1	17.4	17.7	18.2	18.0	18.0	16.5	16.7	16.3
Wilmington	19.6	19.4	18.0	16.6	15.2	13.6	12.8	13.7	14.4	14.0	13.5	13.5	12.4	12.4	12.0
White**	12.3	11.2	9.7	10.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Black	23.7	24.3	22.7	20.4	20.5	17.8	16.8	18.0	18.7	18.0	17.9	17.6	15.9	17.0	16.3
Bal. of NC Co.	8.6	8.5	7.5	7.2	6.1	5.9	6.0	6.7	7.2	8.1	8.3	8.6	8.8	8.7	8.5
White	7.4	7.1	6.2	5.9	4.8	4.8	4.7	4.8	5.4	6.1	6.4	6.8	7.3	7.2	6.9
Black	17.1	18.6	16.3	16.0	14.4	12.9	13.6	16.8	16.8	18.5	18.1	18.2	17.0	16.6	16.3
Kent	11.3	9.7	9.5	8.6	8.6	8.2	9.0	8.4	8.6	8.7	9.9	9.5	10.2	10.0	9.1
White	8.8	7.3	7.3	6.5	6.8	5.8	7.1	6.3	7.0	6.9	9.5	8.6	9.2	7.6	7.0
Black	19.9	17.9	17.6	15.5	15.2	16.6	15.9	15.7	14.3	15.2	12.7	13.4	13.9	17.0	14.8
Sussex	10.7	9.7	8.3	8.7	7.9	9.0	9.5	8.5	8.1	9.0	8.3	7.4	8.1	8.2	7.5
White	8.8	7.8	6.2	6.8	6.8	8.0	8.9	8.0	7.5	7.6	6.5	5.5	5.9	5.5	5.0
Black	16.1	15.3	13.7	13.8	10.4	11.1	10.4	9.9	10.4	14.4	15.9	15.4	16.9	19.0	16.9

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 1996–2000 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 1992 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

Five-Year Average Infant Mortality Rates per 1,000 Live Births,
Neonatal and Postneonatal Mortality Rates, U.S. and Delaware, 1999–2006

Area/ Mother's Race	1999–2003			2000–2004			2001–2005			2002–2006		
	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal
U.S.	6.9	4.6	2.3	6.9	4.6	2.3	6.9	4.6	2.3	6.8	4.6	2.3
White	5.7	3.9	1.9	5.7	3.8	1.9	5.7	3.8	1.9	N/A	N/A	N/A
Black	14.2	9.5	4.7	14.0	9.3	4.8	14.0	9.2	4.8	N/A	N/A	N/A
Delaware	9.1	6.7	2.5	9.3	6.7	2.6	9.2	6.7	2.5	8.8	6.4	2.4
White	6.9	5.0	1.9	7.3	5.3	2.1	6.8	5.0	1.8	6.4	4.7	1.8
Black	16.7	12.2	4.5	16.1	11.4	4.7	17.1	12.2	4.9	16.1	11.6	4.5

Neonatal – the period from birth to 27 days; Post-neonatal – 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, 2001–2005 Averages

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	508	100%	273	100%	219	100%	16	100%
Birth Defects	64	13%	45	16%	13	6%	6	38%
Certain Conditions Originating in the Perinatal Period	316	62%	160	57%	150	68%	6	38%
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	110	22%	55	20%	53	24%	2	13%
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	52	10%	28	10%	22	10%	2	13%
Infectious and Parasitic Diseases	10	2%	6	2%	4	2%	0	—
Unintentional Injuries	9	2%	3	1%	4	2%	2	13%
Homicide	1	<1%	1	<1%	0	—	0	—
Diseases of the Respiratory System	3	<1%	0	—	3	1%	0	—
All Other Causes	53	10%	30	11%	23	11%	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

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 Decedent
Delaware, Total Number 2001–2005

Leading cause of death categories Specific causes within categories	White	Black	Other	Unknown	Total
Infectious and parasitic diseases	6	4	0	0	10
Certain intestinal infectious diseases	2	0	0	0	2
Septicemia	3	2	0	0	5
All other infectious and parasitic diseases	1	2	0	0	3
Diseases of the respiratory system	0	3	0	0	3
Influenza and pneumonia	0	1	0	0	1
All other diseases of the respiratory system	0	2	0	0	2
Congenital malformations, deformations, and chromosomal abnormalities	45	13	6	0	64
Certain conditions originating in the perinatal period	160	150	6	0	316
Newborn affected by maternal complication of pregnancy	25	23	3	0	51
Newborn affected by complications of placenta, cord, and membranes	12	17	1	0	30
Disorders related to short gestation and low birth weight, not elsewhere classified	55	53	2	0	110
Birth trauma	2	0	0	0	2
Intrauterine hypoxia and birth asphyxia	5	4	0	0	9
Respiratory distress of newborn	13	8	0	0	21
Other respiratory conditions originating in perinatal period	7	11	0	0	18
Infections specific to the perinatal period	13	13	0	0	26
All other conditions originating in the perinatal period	24	20	0	0	44
Slow fetal growth and fetal malnutrition	4	1	0	0	5
Symptoms, signs, and ill defined conditions	28	22	2	0	52
Sudden infant death syndrome	23	14	1	0	38
Other symptoms, signs, and abnormal clinical and lab findings not elsewhere classified	5	8	1	0	14
Accidents	3	4	2	0	9
Homicide	1	0	0	0	1
All other causes	30	23	0	0	53
Diseases of the digestive system	3	7	0	0	10
Diseases of the circulatory system	9	4	0	0	13
Endocrine, nutritional and metabolic diseases	4	1	0	0	5
Diseases of the nervous system	4	1	0	0	5
Renal failure and other disorders of kidney	2	4	0	0	6
Other and unspecified diseases of genitourinary system	1	1	0	0	2
All other causes	7	5	0	0	12
Total	273	219	16	0	508

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

Table 20:

Infant Mortality Rates by Risk Factor

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Risk Factor
Live Birth Cohorts, Delaware, 1998–2005

Risk Factor	1998–2002			1999–2003			2000–2004			2001–2005		
	All Races	White	Black	All Races	White	Black	All Races	White	Black	All Races	White	Black
Birth Weight												
<1500 grams	316.2	303.4	335.5	302.4	297.2	317.0	306.2	316.8	301.5	311.1	317.5	313.6
1500–2499	13.5	14.5	11.9	13.0	12.7	13.9	13.9	13.2	14.9	13.3	12.5	14.5
2500+	2.3	2.1	3.0	2.4	2.0	3.6	2.5	2.1	4.0	2.2	1.9	3.5
Age of Mother												
<20	12.1	10.5	14.1	11.7	10.5	13.0	10.9	10.8	11.4	11.2	10.9	11.8
20–24	9.8	7.0	15.7	8.9	6.3	14.0	9.1	6.6	14.2	9.7	7.1	15.0
25–29	7.2	5.5	14.3	7.8	5.3	17.7	8.5	5.9	18.4	8.9	5.8	19.8
30+	8.7	7.2	17.3	9.0	7.5	17.9	8.9	7.7	16.3	8.1	6.8	15.5
Trimester Prenatal Care First Received												
No PNC	56.5	58.4	57.3	63.8	--.*	--.*						
Late/No PNC							25.0	22.1	31.8	25.4	19.7	38.0
First	8.3	6.4	14.8	8.2	6.2	15.0	8.3	6.6	14.2	8.2	6.3	14.5
Marital Status of Mother												
Married	7.0	6.0	14.6	7.2	6.2	15.1	7.3	6.5	13.9	7.0	6.0	14.8
Single	12.1	9.3	15.7	11.7	8.6	15.7	11.7	8.8	15.6	11.9	9.0	15.9
Education of Mother												
<12 years	11.1	9.4	15.4	10.7	9.2	14.8	10.0	9.1	13.5	10.2	9.3	13.7
H.S. diploma	11.7	8.9	17.8	11.9	8.6	18.7	12.3	9.1	18.9	11.5	8.1	19.1
1+ years college	6.0	4.7	12.6	6.0	4.7	12.2	6.0	5.0	11.0	6.3	5.0	12.0
Interval Since Last Live Birth												
<18 months	8.9	7.3	13.0	11.5	--.*	--.*	12.1	10.0	--.*	13.8	10.3	20.5
18+ months	7.0	5.7	11.2	7.0	5.1	13.0	7.2	5.3	13.2	7.1	5.0	13.7

* Rates are based on numerators less than 20.
Source: Delaware Health Statistics Center

Table 21:

Infant Mortality Rates by Birth Interval

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Birth Interval
Live Birth Cohorts, Delaware, 1989–2005

Birth Interval	Year of Birth												
	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005
<18 months	19.9	16.8	15.2	12.2	12.3	10.7	9.7	8.4	9.2	8.9	11.5	12.1	13.8
18+ months	8.0	7.7	6.7	5.6	5.2	5.6	5.8	6.2	6.9	7.0	7.0	7.2	7.1

Source: Delaware Health Statistics Center

Table 22:

Infant Mortality Rates by Gestation

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Gestation Weeks
Live Birth Cohorts, Delaware, 1989–2005

Gestation Weeks	Year of Birth												
	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005
<28 weeks	499.1	493.1	467.6	428.6	419.6	422.4	433.7	452.1	497.2	522.6	506.0	509.7	522.9
28–36 weeks	24.3	22.7	20.0	18.4	16.3	14.5	13.1	13.3	15.1	14.1	13.3	14.3	13.5
37+ weeks	3.0	2.6	2.7	2.3	2.4	2.6	2.6	2.5	2.5	2.3	2.3	2.4	2.2

Source: Delaware Health Statistics Center

Table 23:

Infant Mortality Rates by Birth Weight

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Birth Weight
Live Birth Cohorts, Delaware, 1989–2005

Birth Weight	Year of Birth												
	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005
<1500 grams	364.7	337.3	307.1	272.9	255.2	258.5	262.7	270.9	304.8	316.2	302.4	306.2	311.1
1500-2499 grams	22.1	18.5	17.2	16.1	16.4	14.4	13.5	13.8	14.1	13.5	13.0	13.9	13.3
2500+ grams	2.8	2.6	2.6	2.3	2.3	2.5	2.4	2.4	2.5	2.3	2.4	2.5	2.2

Source: Delaware Health Statistics Center

Table 24:

Infant Mortality Rates by Prenatal Care

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Trimester Prenatal Care Began
Live Birth Cohorts, Delaware, 1989–2005

Trimester Care Began	Year of Birth												
	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005
No Care	53.2	50.1	55.9	57.7	56.2	49.1	40.2	30.2	45.9	56.5	63.8	64.9	62.9
First	9.1	8.0	7.4	6.7	6.5	6.9	7.3	7.7	8.2	8.3	8.2	8.3	8.2
Second	10.1	9.6	9.4	7.6	8.2	8.5	8.4	7.3	8.6	8.3	7.5	7.9	8.8
Third	12.5	9.2	11.6	5.8	8.9	9.5	10.8	9.9	10.5	8.1	11.0	9.5	10.2

Source: Delaware Health Statistics Center

Table 25:

Infant Mortality Rates by Source of Payment

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Source of Payment for Delivery
Live Birth Cohorts, Delaware, 1991–2005

Source of Payment	Year of Birth										
	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005
Medicaid	11.4	9.9	9.8	10.2	10.8	9.8	10.6	10.0	9.5	9.8	10.1
Private	6.1	5.4	5.2	5.5	5.6	6.5	6.9	7.4	7.7	7.9	7.5
Self Pay	23.7	23.4	25.8	25.0	25.5	26.0	30.0	27.4	27.6	23.7	23.9

Source: Delaware Health Statistics Center

Table 26:

Infant Mortality Rates by Single or Multiple Birth

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Single or Multiple Birth
Live Birth Cohorts, Delaware, 1989–2005

Single vs. Multiple	Year of Birth												
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005
Single	9.1	8.2	7.7	7.0	6.7	6.7	6.8	6.9	7.3	7.3	7.3	7.5	7.4
Multiple	52.8	45.6	43.1	30.0	33.5	39.3	41.6	45.4	53.1	52.9	52.3	50.3	50.6

Source: Delaware Health Statistics Center

Table 27:

Infant Mortality Rates by Mothers' Smoking

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Smoking during Pregnancy
Live Birth Cohorts, Delaware, 1989–2005

Smoking during Pregnancy	Year of Birth												
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005
Yes	13.4	13.3	12.1	10.3	9.2	10.6	10.6	11.3	13.4	15.1	14.1	14.8	15.1
No	9.2	8.1	7.8	7.0	7.1	7.1	7.4	7.6	8.1	8.0	8.2	8.2	8.1

Source: Delaware Health Statistics Center

Table 28:

Ranking of Infant Mortality Rates by State

Ranking of Five-Year Average Infant Mortality Rates
U.S., 50 States, and District of Columbia, 2001–2005

State	All Races: Rate	Rank	White: Rate	Rank	Black: Rate	Rank
Alabama	9.1	4*	6.9	4*	14.2	26
Alaska**	6.7	26*	5.2	40*	11.9	40
Arizona	6.7	26*	6.3	13*	14.7	19*
Arkansas	8.3	10	6.9	4*	14.0	27*
California	5.3	46	5.0	45*	12.9	35
Colorado	6.1	37	5.7	28*	17.1	5
Connecticut	5.9	39*	4.9	47	13.7	29
Delaware	9.1	4*	6.9	4*	16.7	7
District of Columbia	11.7	1	6.1	23	14.7	19*
Florida	7.3	20*	5.7	28*	12.8	36
Georgia	8.5	8*	6.2	17*	13.5	31
Hawaii**	6.6	29*	5.7	28*	12.1	38*
Idaho**	6.2	35*	6.2	17*	9.1	49*
Illinois	7.5	18*	5.9	25*	16.0	11
Indiana	7.8	16*	6.8	8	15.8	13*
Iowa	5.4	45	5.1	43*	13.4	32
Kansas	7.1	23	6.5	11*	16.9	6
Kentucky	6.7	26*	6.2	17*	12.3	37
Louisiana	10.0	3	6.9	4*	14.6	22
Maine**	5.6	42*	5.5	36	14.0	27*
Maryland	7.9	12*	5.4	37*	13.1	34
Massachusetts	4.9	50	4.6	49*	9.1	49*
Michigan	8.0	11	6.0	24	17.7	3
Minnesota	5.0	48*	4.6	49*	9.5	47*
Mississippi	10.5	2	6.7	9	15.3	17
Missouri	7.8	16*	6.5	11*	15.6	15
Montana**	6.5	31	6.2	17*	20.4	1
Nebraska	6.3	34	5.7	28*	14.7	19*
Nevada	5.9	39*	5.2	40*	15.8	13*
New Hampshire**	4.7	51	4.7	48	9.5	47*
New Jersey	5.7	41	4.6	49*	12.1	38*
New Mexico**	6.2	35*	5.7	28*	15.4	16
New York	6.0	38	5.1	43*	10.2	46
North Carolina	8.5	8*	6.2	17*	16.1	10
North Dakota**	6.8	24*	6.3	13*	15.2	18
Ohio	7.9	12*	6.3	13*	16.5	8
Oklahoma	7.9	12*	7.0	2*	15.9	12
Oregon	5.6	42*	5.6	34*	10.9	45
Pennsylvania	7.3	20*	6.2	17*	14.4	23*
Rhode Island	6.4	32*	5.9	25*	11.3	42*
South Carolina	9.0	6*	6.3	13*	14.4	23*
South Dakota**	7.2	22	5.8	27	11.3	42*
Tennessee	9.0	6*	7.0	2*	16.4	9
Texas	6.4	32*	5.6	34*	13.2	33
Utah**	5.0	48*	5.0	45*	13.6	30
Vermont**	5.2	47	5.2	40*	11.4	41
Virginia	7.5	18*	5.7	28*	14.4	23*
Washington	5.5	44	5.4	37*	11.2	44
West Virginia	7.9	12*	7.6	1	17.5	4
Wisconsin	6.6	29*	5.4	37*	17.9	2
Wyoming**	6.8	24*	6.6	10	0.0	51
United States	6.9		5.7		14.0	

* Indicates a tied rank.

**Rate and rank for the Black population should be interpreted with caution since the rate is based on less than 50 infant deaths.

Note: Infant mortality rates represent the number of deaths under one year of age per 1,000 live births. It should be noted that rankings do not have particular value for identifying population risk groups or in suggesting appropriate strategies or policy initiatives.

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

Table 29:

Lead Poisoning

Percentage of Children Under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
Delaware, Fiscal Years 1995–2008

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number Tested	8,959	9,848	9,243	9,117	9,958	10,845	14,001	14,164	12,571	14,138	12,715	14,716	14,331	11,736
Number Identified	208	166	121	140	64	51	48	42	27	19	9	22	26	3
Percentage Identified	2.32	1.68	1.31	1.54	0.64	0.47	0.34	0.30	0.21	0.13	0.07	0.15	0.18	0.03

Source: Delaware Department of Health and Social Services, Division of Public Health, Childhood Lead Poisoning Prevention Program

Table 30:

Child Immunizations

Percentage of Children Age 19–35 Months Who Are Fully Immunized
U.S. and Delaware, 1995–2007

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
U.S.	76.0	78.0	78.0	80.6	79.9	77.6	78.6	76.5	80.7	83.5	83.1	83.2	77.4
Delaware	75.0	81.0	81.0	80.6	80.0	76.2	81.0	84.8	82.9	86.4	86.7	88.0	80.3

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.

Source: Centers For Disease Control and Prevention

Table 31:

Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges and Readmissions for Children 0–17 Years of Age,
Discharge Rates per 1,000 Children 0–17 Years of Age,
Readmission Rates per 100 Children 0–17 Years of Age Previously Admitted in the Same Year
Delaware, 1995–2006

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Children Discharged	568	482	508	421	577	455	551	491	630	585	590	715
Readmissions	108	81	83	68	79	64	69	74	77	65	85	129
Total Discharges	676	563	591	489	656	519	620	565	707	650	675	844
Discharge Rate	4.0	3.2	3.3	2.7	3.5	2.8	3.2	2.9	3.6	3.2	3.3	4.1
Readmission Rate	19.0	16.8	16.3	16.2	13.7	14.1	12.5	15.1	12.2	11.1	14.2	18.0

Source: Delaware Health Statistics Center

Table 32:

Children without Health Insurance

Percentage of Children Not Covered by Health Insurance
U.S. and Delaware, Three-Year Average, 1989–2008

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.	13.1	13.0	12.7	12.9	13.4	13.9	14.3	14.5	15.1	14.8	13.6	12.4	11.6	11.6	11.3	11.1	11.2	11.3
Delaware	11.4	13.4	10.7	10.8	10.2	12.1	12.4	13.7	14.9	12.8	10.5	7.5	8.5	9.0	9.8	10.7	11.7	10.5

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

Table 33:

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 Average, 2002–2008

	2002–2004		2003–2005		2004–2006		2005–2007		2006–2008	
	%	#	%	#	%	#	%	#	%	#
Children Ages 0–5	9.9	5,773	10.4	6,442	10.8	7,372	11.6	7,996	10.4	7,242
Children Ages 6–18	8.7	12,959	10.0	14,413	10.5	14,636	11.5	16,163	10.3	14,805

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

Table 34:

Child Death Rates

Five-Year Average Death Rates per 100,000 Children 1–14 Years of Age
U.S. and Delaware, 1987–2006

	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	32.3	31.3	30.5	29.7	29.1	28.3	27.5	26.4	25.4	24.2	23.2	22.5	21.8	21.2	20.8	20.3
Delaware	31.9	29.9	29.3	25.7	23.4	22.1	22.2	21.1	21.6	22.1	22.5	22.9	21.5	23.1	21.0	19.5

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

Table 35:

Causes of Deaths of Children by Age

Leading Causes of Deaths of Children 1–19 Years Old by Age, Delaware, Five-Years Averages, 1998–2006

Age	Cause of Death	1999–2003		2000–2004		2001–2005		2002–2006	
		# of Deaths	Percent	# of Deaths	Percent	# of Deaths	Percent	# of Deaths	Percent
1–4 Years	Nontransport accidents	13	18.3	11	14.7	8	11.0	10	14.5
	Motor vehicle accidents	8	11.3	9	12.0	9	12.3	9	13.0
	Malignant neoplasms	8	11.3	10	13.3	10	13.7	11	15.9
	Diseases of the heart	5	7.0	5	6.7	4	5.5	3	4.3
	Congenital malformations, deformations, and chromosomal abnormalities	5	7.0	10	13.3	10	13.7	7	10.1
	Influenza and pneumonia	3	4.2	4	5.3	4	5.5	2	2.9
	Assault (homicide)	1	1.4	1	1.3	2	2.7	1	1.4
	All other causes	28	39.4	25	33.3	26	35.6	26	37.7
	Total	71	100.0	75	100.0	73	100.0	69	100.0
5–14 Years	Nontransport accidents	20	21.5	20	19.6	18	20.2	12	14.6
	Motor vehicle accidents	14	15.1	15	14.7	9	10.1	9	11.0
	Other transport accidents	3	3.2	1	1.0	1	1.1	1	1.2
	Malignant neoplasms	13	14.0	14	13.7	12	13.5	12	14.6
	Intentional self-harm (suicide)	5	5.4	4	3.9	4	4.5	4	4.9
	Assault (homicide)	4	4.3	6	5.9	7	7.9	7	8.5
	Chronic lower respiratory diseases	3	3.2	3	2.9	1	1.1	1	1.2
	Congenital malformations, deformations, and chromosomal abnormalities	3	3.2	6	5.9	7	7.9	7	8.5
	Septicemia	3	3.2	3	2.9	1	1.1	2	2.4
	Diseases of the heart	2	2.2	4	3.9	4	4.5	4	4.9
	Influenza and pneumonia	1	1.1	2	2.0	2	2.2	2	2.4
	All other causes	22	23.7	23	22.6	23	25.8	21	25.6
	Total	93	100.0	102	100.0	89	100.0	82	100.0
15–19 Years	Motor vehicle accidents	82	44.3	95	47.7	84	44.2	88	45.8
	Nontransport accidents	24	13.0	22	11.1	18	9.5	17	8.9
	Other transport accidents	6	3.2	2	1.0	1	0.5	0	0.0
	Intentional self-harm (suicide)	23	12.4	21	10.6	21	11.1	24	12.5
	Assault (homicide)	18	9.7	23	11.6	28	14.7	28	14.6
	Malignant neoplasms	7	3.8	8	4.0	8	4.2	9	4.7
	Diseases of the heart	3	1.6	2	1.0	3	1.6	1	0.5
	Chronic lower respiratory diseases	3	1.6	3	1.5	2	1.1	2	1.0
	All other causes	19	10.1	23	11.6	25	13.1	23	12.0
	Total	185	100.0	199	100.0	190	100.0	192	100.0

Table 36:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide
per 100,000 Teens 15–19 Years of Age, U.S. and Delaware, 1987–2006

	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	68.7	68.9	69.0	69.1	68.0	66.1	64.3	61.4	56.0	53.2	54.4	53.2	52.2	53.8	53.4	N/A
Delaware	47.7	47.9	43.5	45.1	44.9	46.1	50.6	51.7	50.0	51.6	54.4	53.1	55.5	58.7	54.3	55.2

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

Table 37:

Teen Deaths from Crashes

Deaths of 15–19 Year Olds from Motor Vehicle Accidents by Year and Gender, Delaware, 1998–2006

Sex of decedent	1998	1999	2000	2001	2002	2003	2004	2005	2006
Male	14	5	20	8	10	12	14	10	9
Female	5	4	7	5	3	8	8	6	8
Total	19	9	27	13	13	20	22	16	17

Source: Delaware Health Statistics Center

Table 38:

Traffic Arrests of Teens Involved in Crashes

Number of Arrests for Teens Involved in Crashes by Violation, Delaware, 1994–2007

Title 21 Violation Description	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005*	2006	2007
2118 No insurance	41	47	47	54	66	80	65	51	44	33	30	269	393	498
4107 Disobey traffic control device	93	100	117	134	138	125	72	28	29	16	19	14	20	31
4122 Unsafe lane change	43	53	63	76	87	115	81	85	104	63	78	95	113	109
4123 Following too closely	180	191	217	240	315	310	281	329	302	277	262	276	316	300
4132 Unsafe left turn	118	120	100	128	177	175	147	145	138	124	110	115	128	127
4133 Entering roadway unsafely	40	42	54	64	73	73	54	66	62	58	47	58	43	59
4164a&b Stop sign violations	145	188	181	199	189	187	175	167	193	165	149	155	123	112
4168 Unsafe speed	143	212	172	215	211	190	223	231	197	199	198	181	215	225
4176a Careless driving	341	378	506	459	454	377	379	365	410	410	291	362	315	340
4176b Inattentive driving	484	580	626	716	831	842	758	779	761	684	677	745	761	731
4177 Driving under the influence	25	43	34	73	68	85	90	99	120	84	83	98	92	111
Other traffic arrests	350	386	368	411	429	380	363	438	412	451	335	802	1,088	1,473
Total Traffic Arrests	2,003	2,340	2,485	2,769	3,038	2,939	2,688	2,783	2,772	2,564	2,279	3,170	3,607	4,116

* 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 39:

Crash Involvement Rate

Crash Involvement Rate per 1,000 Licensed Drivers by Age, Delaware, Fiscal Years 1996–2008

Age of Licensed Driver	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
16 years old	160.2	161.4	165.1	148.1	115.6	70.8	94.5	98.8	74.3	79.5	76.6	77.3	78.6
17 years old	139.8	141.8	157.2	141.1	130.2	131.0	136.9	138.0	131.6	118.3	124.4	132.4	121.4
18 years old	125.6	127.1	131.8	129.7	137.0	124.1	120.7	123.4	114.4	116.3	113.8	126.8	123.1
19 years old	107.1	109.0	102.1	89.9	108.6	100.9	98.2	102.8	98.7	91.1	93.7	105.6	99.1
All Ages	49.9	49.7	49.6	46.3	48.3	46.4	44.7	45.5	42.4	41.7	42.2	48.1	46.6

Source: Delaware State Police

Table 40:

Teen Crash Involvement by Hour

16-, 17-, 18-, and 19-year-old Drivers Licensed in Delaware Involved in Crashes by Hour
Delaware, Fiscal Years 1996–2008, Graduated Licensing Enacted 07/01/99

Driver Age	Hour	FY'96	FY'97	FY'98	FY'99	GDL*	FY'00	FY'01	FY'02	FY'03	FY'04	FY'05	FY'06	FY'07	FY'08
16-year-old	2201–2300	43	46	45	48		23	15	15	10	13	16	7	15	17
	2301–2400	22	37	25	39		21	10	7	11	8	9	10	10	7
	0001–0100	22	12	17	15		15	10	6	10	2	4	6	1	4
	0101–0200	2	8	9	11		6	7	3	1	2	3	7	2	3
	0201–0300	1	1	5	2		3	1	3	1	4	2	3	1	2
17-year-old	2201–2300	41	45	48	56		40	44	32	50	32	30	41	49	36
	2301–2400	24	33	30	27		29	25	24	34	29	32	27	24	24
	0001–0100	30	28	28	20		30	16	16	19	16	17	12	15	14
	0101–0200	13	11	14	8		14	9	7	16	11	4	13	10	12
	0201–0300	10	9	9	4		6	8	7	11	6	6	6	8	5
18-year-old	2201–2300	47	50	39	61		56	37	46	46	42	28	46	51	31
	2301–2400	31	30	48	36		33	27	40	35	37	40	29	30	38
	0001–0100	24	26	20	24		34	29	30	19	24	13	14	28	17
	0101–0200	18	14	11	18		24	26	32	13	13	20	14	27	17
	0201–0300	15	11	18	14		13	18	14	18	14	11	11	10	13
19-year-old	2201–2300	27	42	42	33		38	47	30	33	46	23	31	40	37
	2301–2400	31	31	28	21		34	35	31	33	26	28	25	34	27
	0001–0100	19	36	31	25		31	23	22	21	31	23	16	16	15
	0101–0200	17	20	15	15		18	25	28	14	20	13	23	15	20
	0201–0300	10	15	9	10		12	12	17	14	19	17	11	10	10

* GDL – Graduated Driver's License implemented July 1, 1999

Source: Delaware State Police

Table 41:

Drivers in Fatal Crashes

Drivers (Licensed in Delaware) Involved in Fatal Crashes by Age, Delaware, Fiscal Years 1996–2008

Age of Licensed Driver	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
16 years old	5	2	3	9	3	3	2	3	4	5	2	2	0
17 years old	6	4	6	5	3	4	6	3	9	3	7	2	4
18 years old	2	6	4	4	4	5	5	8	6	8	5	4	2
19 years old	3	2	3	5	7	4	2	4	3	6	7	4	3
All Ages	152	129	130	140	108	138	139	156	156	158	142	139	111

Source: Delaware State Police

Table 42:

Sexually Transmitted Diseases

Number of Cases of Chlamydia, Gonorrhea and Syphilis for 15–19 Year Olds
Delaware and Counties, 2000–2008

		2000	2001	2002	2003	2004	2005	2006	2007	2008
Delaware	Chlamydia	1,301	1,213	1,244	1,212	1,214	1,315	1,370	1,235	1,392
	Gonorrhea	592	594	517	335	288	283	431	320	289
	Primary/Secondary Syphilis	4	0	2	3	1	2	1	0	1
New Castle	Chlamydia	851	660	683	623	670	749	731	678	814
	Gonorrhea	415	357	256	144	172	182	237	193	191
	Primary/Secondary Syphilis	2	0	2	2	1	1	0	0	0
Kent	Chlamydia	255	326	330	330	313	311	312	281	331
	Gonorrhea	132	159	160	115	57	53	74	45	48
	Primary/Secondary Syphilis	0	0	0	0	0	1	1	0	0
Sussex	Chlamydia	195	227	231	259	231	255	327	276	247
	Gonorrhea	45	78	101	76	59	48	120	82	50
	Primary/Secondary Syphilis	2	0	0	1	0	0	0	0	1

Source: HIV/STD/HCV Program, Delaware Division of Public Health

Table 43:

Sexually Transmitted Diseases by Age and Gender

Number of Cases of Chlamydia and Gonorrhea by Age, Delaware, 2008

		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	38	1,074	1,000	399	158	63	35	16	3	2
	Male	1	4	318	353	205	90	44	21	18	2	0
Gonorrhea	Female	0	6	207	196	104	42	20	18	9	4	0
	Male	0	2	93	111	103	62	33	23	17	6	0

Source: HIV/STD/HCV Program, Delaware Division of Public Health

Table 44:

Sexually Transmitted Diseases by Race

Number of Cases of Chlamydia and Gonorrhea for 15–19 Year Olds by Race/Hispanic Origin*
Delaware, 1998–2008

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Delaware											
Chlamydia	1,236	1,211	1,301	1,213	1,244	1,212	1,214	1,315	1,370	1,235	1,392
Gonorrhea	528	478	592	594	517	335	288	283	431	320	289
All except HIV/AIDS**	2,170	2,042	2,084	1,973	1,879	1,666	1,618	1,719	1,938	1,683	1,882
White											
Chlamydia	342	362	387	314	343	328	343	369	376	402	408
Gonorrhea	87	52	60	76	76	61	51	52	84	75	55
All except HIV/AIDS**	549	538	487	434	452	442	435	467	516	545	547
Black											
Chlamydia	828	772	840	824	832	827	804	873	927	762	905
Gonorrhea	415	411	511	486	417	268	225	225	336	233	226
All except HIV/AIDS**	1,468	1,377	1,485	1,421	1,322	1,151	1,090	1,160	1,328	1,038	1,227
Hispanic*											
Chlamydia	52	65	80	56	59	78	47	86	90	80	101
Gonorrhea	18	18	14	27	17	9	6	15	16	12	4
All except HIV/AIDS**	80	92	102	87	83	57	99	106	115	101	121
American Indian											
Chlamydia	3	0	4	2	1	1	2	0	0	1	0
Gonorrhea	1	1	0	0	1	0	0	0	0	0	0
All except HIV/AIDS**	4	1	4	2	2	1	2	0	0	1	0
Asian/Pacific Islander											
Chlamydia	4	4	11	7	5	1	2	3	8	4	3
Gonorrhea	2	1	7	5	1	1	1	1	1	1	1
All except HIV/AIDS**	7	5	18	13	8	2	3	4	10	6	5
Other/Unknown											
Chlamydia	59	73	59	66	63	55	63	70	59	66	70
Gonorrhea	23	13	14	26	22	5	11	5	10	11	6
All except HIV/AIDS**	142	121	90	103	95	70	88	86	84	93	103

* 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

Table 45:

8th Graders Using Substances

Percentage of Participants in Delaware Survey of Public School 8th Graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Past 30 Days by Gender, Delaware and Counties, 2008

Area/ Gender	Cigarettes	Alcohol	Marijuana
Delaware	8	23	10
Male	8	21	12
Female	9	25	9
New Castle	7	22	11
Male	7	20	12
Female	8	25	9
Kent	9	26	10
Male	10	26	12
Female	8	26	9
Sussex	11	21	10
Male	9	18	10
Female	13	24	10

Source: Center for Drug and Alcohol Studies, University of Delaware

Table 46:

11th Graders Using Substances

Percentage of Participants in Delaware Survey of Public School 11th Graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Past 30 Days by Gender, Delaware and Counties, 2008

Area/ Gender	Cigarettes	Alcohol	Marijuana
Delaware	15	41	22
Male	16	43	24
Female	15	39	20
New Castle	14	40	22
Male	16	42	24
Female	13	39	21
Kent	16	41	19
Male	15	44	21
Female	16	38	17
Sussex	19	44	23
Male	20	48	27
Female	18	40	19

Source: Center for Drug and Alcohol Studies, University of Delaware

Table 47:

Child Development Watch

Percentage of Children Aged 0–3 and Total Children Served in Early Intervention System
Delaware, Fiscal Years 1998–2008

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Percent of children 0–3 served	3.10	3.40	3.80	3.87	3.86	4.29	4.23	4.27	4.21	4.52	4.10
Number of children served	1,972	2,144	2,205	2,445	2,563	2,730	2,747	2,750	2,855	3,026	3,074

Source: Delaware Department of Education

Table 48:

Head Start/ECAP

Four-year-old Children Served in Head Start/ Early Childhood Assistance
Delaware, School Years 1995/96–2007/08

	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
Est. number of 4-yr.-olds in Head Start	865	886	931	925	922	1,129	891	833	709	489	912	828	894
Number of children in ECAP	289	401	554	843	843	843	843	843	843	843	843	843	529
Estimated number of 4-yr.-olds eligible	N/A	N/A	1,938	1,938	1,935	2,162	1,749	1,687	1,594	1,375	1,755	1,671	1,461
Percentage of eligible 4-yr.-olds served	N/A	N/A	77%	91%	91%	91%	99%	99%	97%	97%	100%	100%	97%

Source: Delaware Department of Education

Table 49:

English Language Learners

Number and Percentage of English Language Learners
Delaware, School Years 1999/00–2007/08

	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
Number Served**	1,981	2,352	3,003	3,516	4,220	4,651	5,710	6,738	6,881
Total Enrollment	113,848	114,770	115,517	116,460	117,723	119,882	121,555	122,563	124,578
Percent of Total Enrollment	1.7%	2.0%	2.6%	3.0%	3.6%	3.9%	4.7%	5.5%	5.5%

* English Language 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 number of children served per year is higher.

Source: Delaware Department of Education

Table 50:

Delaware Student Testing Program (DSTP)

Delaware Student Testing Program, Percentage Meeting the Standard in Reading and Math
Delaware by Race/Hispanic Origin*, School Years 1997/98–2007/08

		97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
3rd Graders Reading	All Students	61.5	68.6	76.8	75.1	79.3	79.3	82.5	84.6	84.1	81.5	81.8
	Black	42.5	49.8	62.4	58.8	64.9	65.3	70.2	74.1	72.3	68.3	69.3
	Hispanic	39.5	48.7	62.7	57.4	72.3	73.2	74.6	78.9	81.4	83.1	80.0
	White	71.6	78.7	84.9	85.3	87.8	87.6	89.9	90.8	90.8	89.0	89.4
3rd Graders Math	All Students	54.8	63.5	72.7	73.4	72.0	73.6	77.9	79.2	78.6	77.9	77.9
	Black	31.9	39.2	53.2	53.6	53.7	55.9	61.2	65.8	63.3	62.0	63.1
	Hispanic	36.8	41.4	60.9	62.7	62.8	67.0	74.5	71.9	73.4	75.7	76.4
	White	66.4	76.1	83.1	84.6	82.9	84.1	87.4	87.6	88.1	88.2	87.2
5th Graders Reading	All Students	59.0	62.8	69.3	68.7	78.0	78.5	84.8	85.4	84.7	84.9	86.2
	Black	37.2	40.1	48.1	48.4	46.4	64.3	72.7	75.3	74.6	73.7	75.7
	Hispanic	36.7	46.2	54.6	49.7	61.5	68.6	84.2	79.8	82.0	81.8	83.5
	White	70.8	73.8	79.9	79.9	86.7	87.0	91.5	91.4	90.6	91.1	92.4
5th Graders Math	All Students	52.3	55.4	62.1	65.0	67.2	71.0	75.8	77.4	77.3	76.8	77.0
	Black	28.6	31.0	36.6	41.9	46.3	51.6	58.5	62.4	62.5	62.2	62.6
	Hispanic	32.6	36.5	54.1	50.7	52.6	61.9	73.1	72.3	75.9	72.6	74.0
	White	64.3	67.1	74.2	77.3	79.5	82.6	85.9	86.2	85.9	85.1	85.5
8th Graders Reading	All Students	60.8	62.2	67.4	68.0	71.5	69.8	71.4	79.1	84.1	82.4	81.3
	Black	39.7	43.2	47.3	49.9	54.4	54.6	54.7	67.8	73.6	70.8	68.7
	Hispanic	39.9	41.0	48.8	49.4	57.6	55.3	55.4	67.2	78.0	73.2	76.2
	White	70.8	70.8	77.0	77.4	79.9	78.7	82.2	86.9	90.6	90.3	89.3
8th Graders Math	All Students	36.1	35.8	41.2	40.2	48.1	47.2	50.8	53.3	62.8	61.7	65.6
	Black	14.7	14.6	18.4	17.8	24.6	25.6	28.1	32.7	42.3	41.4	47.2
	Hispanic	18.9	14.1	20.2	21.7	31.1	33.2	33.2	40.4	50.5	48.4	57.2
	White	45.7	45.3	51.6	51.4	59.3	59.0	64.8	66.6	76.1	75.6	77.5
10th Graders Reading	All Students	58.6	53.7	61.3	61.2	66.4	66.6	71.9	70.8	71.2	73.1	71.6
	Black	36.8	31.8	39.8	39.8	45.4	46.3	51.9	51.9	54.0	56.9	55.7
	Hispanic	37.4	34.8	42.0	37.0	47.6	43.9	55.3	55.0	54.1	60.6	57.2
	White	67.2	63.2	70.8	70.6	76.2	76.5	79.9	80.1	80.1	82.4	80.4
10th Graders Math	All Students	36.1	35.8	41.2	42.9	48.1	47.2	53.7	52.7	59.5	57.4	58.9
	Black	14.7	14.6	18.4	19.6	24.6	25.6	27.9	29.7	36.2	36.6	37.9
	Hispanic	18.9	14.1	20.2	23.7	31.1	33.2	34.5	40.2	44.6	44.0	48.3
	White	45.7	45.3	51.6	54.0	59.3	59.0	63.7	63.0	70.7	68.8	69.3

Note: All includes Native American and Asian
Source: Delaware Department of Education

Table 51:

DSTP by Family Income

Delaware Student Testing Program, Percentage Meeting the Standard in Reading and Math
Delaware by Low Income or Not Low Income, School Years 1997/98–2007/08

		97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
3rd Graders Reading	Low Income	43.5	51.2	62.8	59.2	65.9	68.0	73.5	76.4	73.9	71.7	71.9
	Not Low	74.2	78.6	84.6	82.9	87.5	87.2	88.0	89.7	91.3	88.3	89.2
3rd Graders Math	Low Income	35.8	43.7	56.9	55.7	57.3	61.6	66.9	69.6	66.4	66.0	66.8
	Not Low	68.1	74.9	81.6	80.8	81.3	82.6	84.7	85.6	87.8	86.4	86.4
5th Graders Reading	Low Income	39.7	45.1	52.0	48.8	63.6	65.1	75.2	76.4	75.9	75.0	77.6
	Not Low	72.9	73.5	79.0	76.3	86.0	87.2	90.3	90.6	90.4	91.2	92.1
5th Graders Math	Low Income	32.5	37.6	42.9	42.6	49.2	54.9	61.8	65.2	65.6	65.1	65.1
	Not Low	66.5	66.2	72.9	72.9	77.7	82.2	84.5	84.9	85.3	84.7	85.4
8th Graders Reading	Low Income	41.1	41.6	46.9	47.1	54.2	53.8	54.5	65.3	73.7	70.7	69.4
	Not Low	71.2	71.6	75.6	74.6	79.6	79.0	79.7	85.7	89.6	88.5	88.0
8th Graders Math	Low Income	17.2	15.7	20.3	19.6	27.2	27.4	30.4	33.8	45.4	44.6	49.2
	Not Low	46.0	45.0	49.5	49.4	58.0	59.0	61.4	63.8	73.4	71.9	75.5
10th Graders Reading	Low Income	37.2	31.9	38.9	37.3	44.1	43.0	50.0	51.2	52.4	55.6	53.8
	Not Low	64.7	59.7	67.1	65.5	72.4	74.8	77.9	76.6	77.0	79.0	77.5
10th Graders Math	Low Income	13.2	12.0	15.4	13.9	21.7	22.4	30.8	32.1	38.7	38.4	39.5
	Not Low	36.2	35.7	40.8	40.4	48.8	53.1	60.1	59.2	66.8	64.1	65.6

Source: Delaware Department of Education

Table 52:

AP Students

Advanced Placement (AP) Students and Advanced Placement Rate per 100 Students
Enrolled in Grades 9–12 in Delaware Public High Schools Offering AP Courses,
School Years 2000/01 – 2006/07

	00/01	01/02	02/03	03/04	04/05	05/06	06/07
Number of High Schools Offering AP Courses	24	25	25	26	26	27	28
Number of AP Courses Offered	147	166	187	217	253	288	293
Number of Students Taking at Least One AP Course	1,776	2,008	2,114	2,666	3,340	3,779	3,949
Total Enrollment Grades 9-12*	27,258	28,565	28,640	29,176	29,625	30,623	31,972
AP Participation Rate**	6.5	7.0	7.4	9.1	11.3	12.3	12.4

*Enrollment only in high schools offering AP Courses.

**The AP Participation Rate is the number of AP students per 100 students enrolled in grades 9–12 in high schools offering AP courses.

Source: Delaware Department of Education

Table 53:

AP Participation by Race and Ethnicity

Rate of Advanced Placement (AP) Students per 100 Students in Delaware Public High Schools
Offering AP Courses by Race and Ethnicity, School Years 2000/01 – 2006/07

	00/01	01/02	02/03	03/04	04/05	05/06	06/07
AP Participation Rate – All Races*	6.5	7.0	7.4	9.1	11.3	12.3	12.4
Asian/Pacific Islander	22.1	24.4	23.3	26.4	33.9	33.4	34.8
Black	1.9	1.9	2.0	3.1	4.4	5.1	5.5
Hispanic	2.4	2.5	2.5	2.9	4.5	6.3	7.4
White	8.2	8.9	9.4	11.7	14.2	15.6	15.3

*The AP Participation Rate is the number of AP students per 100 students enrolled in grades 9–12 in high schools offering AP courses.
Source: Delaware Department of Education

Table 54:

AP Students by Content Area

Number of Advanced Placement (AP) Students in Delaware Public High Schools by Content Areas
School Years 2000/01 – 2006/07

	00/01	01/02	02/03	03/04	04/05	05/06	06/07
Art (4)	23	44	63	69	147	137	135
Computer Science (2)	44	64	53	62	89	73	74
English Language Arts (2)	491	570	547	877	1177	1384	1547
Foreign Language (7)	27	42	84	123	137	197	178
Mathematics (3)	747	871	893	910	1011	1076	1113
Music (1)	2	7	1	7	21	32	12
Science (6)	541	543	669	776	869	1021	1031
Social Studies (9)	852	1012	1049	1430	2008	2324	2389

Notes: Counts represent the number of unique students enrolled in at least one course in the content area. An individual student may be enrolled in courses in more than one content area.
Numbers in parenthesis represent the total number of possible course offerings in each content area.
Source: Delaware Department of Education

Table 55:

AP Tests

Advanced Placement (AP) Tests Taken by Delaware Public School (PS) Students
and Percentage AP Tests Passed in U.S. and Delaware, 1998–2008

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of AP Test Takers from DE Public Schools	975	1,056	1,173	1,346	1,533	1,802	2,092	2,769	3,284	3,023	3,246
Number of AP Tests Taken by DE PS Students	1,493	1,660	1,919	2,261	2,719	3,046	3,624	4,916	6,000	5,360	5,607
Percent of AP Tests Passed by DE PS Students	59.4	62.7	56.2	58.8	61.8	55.9	55.6	48.7	49.1	55.1	51.8
Percent of AP Tests Passed by US PS Students	62.6	61.9	62.1	59.6	61.4	59.7	59.7	57.6	57.5	57.2	55.6

Sources: College Board, Delaware Department of Education

Table 56:

Free and Reduced-Price Lunches

Average Number of Free and Reduced-Price Lunches Served Daily and Percentage of Total Enrollment
Delaware and Counties, 1999/00 – 2007/08 School Years

	1999/00 #/%	2000/01 #/%	2001/02 #/%	2002/03 #/%	2003/04 #/%	2004/05 #/%	2005/06 #/%	2006/07 #/%	2007/08 #/%
Delaware									
Enrollment	114,195	114,743	115,550	116,429	117,763	119,044	120,910	122,225	124,010
Free	30,593	29,694	31,731	33,481	32,607	35,110	36,533	37,768	40,501
Reduced	6,927	7,339	7,442	7,745	7,177	7,265	6,525	7,384	7,662
% Free & Reduced	32.9%	32.3%	33.9%	35.4%	33.8%	35.6%	35.6%	36.9%	38.8%
New Castle									
Enrollment	66,307	65,809	65,652	65,468	65,679	66,037	66,771	66,125	65,835
Free	17,553	16,490	17,896	19,193	17,546	19,192	19,953	20,081	21,333
Reduced	3,663	3,647	3,927	4,242	3,503	3,650	3,193	3,791	3,874
% Free & Reduced	32.0%	30.6%	33.2%	35.8%	32.0%	34.6%	34.7%	36.1%	38.3%
Kent									
Enrollment	24,817	24,630	24,598	24,324	24,165	24,730	25,677	26,381	26,924
Free	6,318	6,022	6,223	6,494	6,678	7,036	7,349	7,626	8,496
Reduced	1,667	1,866	1,691	1,674	1,661	1,589	1,508	1,571	1,697
% Free & Reduced	32.2%	32.0%	32.2%	33.6%	34.5%	34.9%	34.5%	34.9%	37.9%
Sussex									
Enrollment	21,812	21,596	21,071	21,580	21,665	21,739	21,897	22,148	22,744
Free	6,567	6,551	6,627	7,043	7,225	7,536	7,546	7,988	8,599
Reduced	1,554	1,636	1,581	1,671	1,697	1,694	1,491	1,648	1,544
% Free & Reduced	37.2%	37.9%	39.0%	40.4%	41.2%	42.5%	41.3%	43.5%	44.6%
Charter									
Enrollment	1,259	2,708	4,229	5,057	6,254	6,538	6,565	7,571	8,507
Free	155	631	985	751	1,158	1,346	1,685	2,073	2,073
Reduced	43	190	243	158	316	332	333	374	547
% Free & Reduced	15.7%	30.3%	29.0%	18.0%	23.6%	25.7%	30.7%	32.3%	30.8%

Source: Delaware Department of Education

Table 57:

Dropouts

Dropouts by Gender, Race/Ethnicity, and Age Summary Statistics for Delaware Public School Students Grades 9–12, 2003/04 – 2007/08

		2003 / 04		2004 / 05		2005 / 06		2006 / 07		2007 / 08	
		Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts
Total		6.1	100.0	5.3	100.0	5.5	100.0	5.4	100.0	5.8	100.0
Gender	Male	6.9	58.0	6.0	57.4	6.3	59.1	6.3	59.7	6.7	59.2
	Female	5.2	42.0	4.6	42.6	4.6	40.9	4.5	40.3	4.9	40.8
Race/Ethnicity	Native American	9.3	0.5	3.1	0.2	6.7	0.5	5.2	0.3	6.5	0.4
	African American	7.3	35.5	6.6	37.4	7.3	40.6	7.1	41.0	7.5	41.4
	Asian/Pacific Islander	5.1	2.2	2.5	1.3	2.9	1.5	2.2	1.2	2.6	1.3
	Hispanic	12.0	10.9	10.5	11.8	9.8	11.8	8.4	11.0	8.0	10.5
	White	4.9	50.8	4.3	49.3	4.2	45.7	4.4	46.5	4.7	46.4
Age	Less than 15	1.2	4.8	2.1	9.3	0.6	2.6	0.6	2.5	0.5	1.7
	Age 15	2.9	12.7	1.9	9.7	1.1	5.3	1.3	5.0	1.1	5.0
	Age 16	7.2	29.4	5.8	28.5	5.8	27.8	5.4	27.1	5.0	24.5
	17+	13.5	52.9	11.8	52.4	14.7	64.3	14.3	65.4	14.0	68.8

Source: Delaware Department of Education

Table 58:

Dropouts and Enrollment by Race/Ethnicity

Number of Dropouts and Student Enrollment by Race, Public School Students Grades 9–12 Delaware and Counties, 2005/06 – 2007/08 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
2005/06	Delaware	11,098	2,390	22,804	36,292	809	235	950	1,994
	New Castle	7,376	1,680	12,503	21,559	543	172	473	1,188
	Kent	2,239	351	5,390	7,980	138	26	225	389
	Sussex	1,483	359	4,911	6,753	128	37	252	417
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

Source: Delaware Department of Education

Table 59:

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, 2003/04 – 2007/08 School Years

School Year	Area	Annual Dropout Rate				Percentage of All Dropouts			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2003/04	Delaware	7.3	12.0	5.0	6.1	35.5	10.9	53.5	100.0
	New Castle	7.4	12.6	4.8	6.1	23.1	8.1	28.4	59.6
	Kent	7.2	10.1	5.0	5.7	7.0	1.3	12.4	20.7
	Sussex	7.3	10.8	5.5	6.1	5.4	1.5	12.8	19.7
2004/05	Delaware	6.6	10.5	4.2	5.3	37.4	11.8	50.8	100.0
	New Castle	6.5	10.8	3.5	5.1	24.3	8.7	23.6	56.6
	Kent	6.3	8.6	4.7	5.3	7.0	1.3	13.2	21.6
	Sussex	7.4	10.4	5.3	6.0	6.0	1.8	14.0	21.9
2005/06	Delaware	7.3	9.8	4.2	5.5	40.6	11.8	47.6	100.0
	New Castle	7.4	10.2	3.8	5.5	27.2	8.6	23.7	59.6
	Kent	6.2	7.4	4.2	4.9	6.9	1.3	11.3	19.5
	Sussex	8.6	10.3	5.1	6.2	6.4	1.9	12.6	20.9
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

Source: Delaware Department of Education

Table 60:

Dropout Rate by Race/Ethnicity

Dropout Rate per 100 Public School Students by Race/Ethnicity, Grades 9–12
Delaware, 1991/92 – 2007/08 School Years

Race/ Ethnicity	91/ 92	92/ 93	93/ 94	94/ 95	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
Black	6.2	5.8	6.8	5.8	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
Hispanic	7.9	5.1	6.7	7.5	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
White	3.0	3.6	3.8	4.0	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
All	4.0	4.2	4.6	4.6	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

Source: Delaware Department of Education

Table 61

Dropouts and Enrollment by Race/Ethnicity and Gender

Student Enrollment and Dropouts by Race and Gender, Public School Students Grades 9–12
Delaware, 2005/06 – 2007/08 School Years

School Year	Gender	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
		Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
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

Source: Delaware Department of Education

Table 62:

Dropout Rate and Percentage by Race/Ethnicity and Gender

Dropout Rate per 100 Students and Percentage of all Dropouts by Race and Gender
Public School Students Grades 9–12, Delaware, 2005/06 – 2007/08 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

Source: Delaware Department of Education

Table 63:

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, 2002/03 – 2007/08 School Years

		2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
All Students		83.1	82.8	82.2	81.4	81.2	83.7
Race	African American	76.4	75.5	75.8	76.8	75.3	77.3
	Hispanic	72.2	66.4	65.6	64.5	65.9	67.3
	White	86.0	86.6	86.3	84.2	84.9	87.8
Gender	Female	86.0	86.8	85.3	83.9	84.2	86.9
	Male	80.0	78.8	79.0	78.9	78.1	80.4
Income	Low-Income	70.5	70.1	71.2	69.5	69.7	73.0
	Not Low-Income	88.5	88.5	88.0	87.2	87.5	89.3
Disability Status	With Disabilities	68.6	70.7	69.2	65.4	65.6	71.5
	Without Disabilities	84.9	84.6	84.4	83.5	83.4	85.8

Source: Delaware Department of Education

Table 64:

Teens Not in School and Not in the Labor Force

Number of Teens (16–19 Yrs.) Not in School and Not in the Labor Force
Delaware, Counties and City of Wilmington, 2000 Census

Area		Total	Non-Hispanic White	Black	Other	Hispanic Origin*
Delaware	High School Graduate	739	507	165	56	64
	Not High School Graduate	1,758	868	553	211	301
New Castle	High School Graduate	502	366	91	36	32
	Not High School Graduate	1,112	466	415	145	212
Wilmington	High School Graduate	108	57	32	19	19
	Not High School Graduate	454	57	271	89	123
Kent	High School Graduate	134	65	24	12	14
	Not High School Graduate	233	176	40	15	8
Sussex	High School Graduate	103	65	24	12	14
	Not High School Graduate	413	226	98	51	81

* Persons of Hispanic Origin can be of any race.

Source: U.S. Bureau of the Census

Table 65:

Teens Not Graduated, Not Enrolled, and Not Working

Three-Year Average Percentage of 16–19 Year Olds Who Are Not Graduated,
Not Enrolled, and Not Employed
U.S. and Delaware, 1988–2008

	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.	9.3	9.4	9.6	9.8	9.6	9.2	9.1	9.0	8.6	8.3	7.9	8.0	8.0	8.5	9.2	9.0	8.6	7.8	7.7
Delaware	10.3	9.0	7.4	10.8	9.6	9.8	4.9	6.9	7.1	7.8	9.8	11.0	10.2	7.8	7.9	10.3	8.8	7.4	4.6

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

Table 66:

Suspensions and Expulsions

Number of Public School Students Enrolled, Expelled, and Number of Suspensions
Delaware and Counties, 2002/03 – 2007/08 School Years

		2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Delaware	Enrollment	116,399	117,700	118,999	120,890	122,240	124,010
	Expulsions	96	211	154	163	172	178
	Suspensions	29,736	30,603	33,307	33,798	37,235	37,443
New Castle	Enrollment	69,091	69,824	70,465	71,305	71,744	72,444
	Expulsions	74	54	98	59	99	117
	Suspensions	22,324	23,295	23,608	24,680	27,900	27,573
Kent	Enrollment	25,422	25,907	26,483	27,367	28,023	28,499
	Expulsions	5	92	15	46	46	40
	Suspensions	3,827	3,206	5,004	4,791	5,117	5,438
Sussex	Enrollment	21,886	21,969	22,051	22,218	22,473	23,067
	Expulsions	17	65	41	58	27	21
	Suspensions	3,585	4,102	4,695	4,327	4,218	4,432

Source: Delaware Department of Education

Table 67:

Teen Birth Rates (15–19 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–19 by Race
U.S., Delaware, Counties, and City of Wilmington, 1988–2006

Area/Race	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
U.S.	58.5	59.8	60.1	59.3	57.7	56.0	54.4	52.6	50.8	49.1	47.3	45.4	43.7	42.3	41.6
White	49.2	50.8	51.4	51.2	50.2	49.0	47.9	46.7	45.4	44.0	42.7	41.3	39.9	38.7	N/A
Black	111.7	112.0	110.5	106.9	101.6	96.8	92.2	87.7	84.0	80.6	76.4	72.0	68.5	65.5	N/A
Delaware	55.3	56.2	56.5	56.5	55.3	54.3	53.2	52.0	50.7	49.5	48.4	47.1	45.4	44.3	43.6
White	37.6	38.5	39.1	39.9	39.5	39.5	38.8	38.4	37.7	37.1	36.4	35.9	34.8	34.4	34.8
Black	124.4	124.6	123.0	119.4	113.7	108.2	104.0	98.8	94.9	90.1	85.8	80.7	76.4	72.3	69.1
New Castle	47.6	48.1	48.2	48.2	47.7	46.1	45.8	44.9	44.1	42.7	42.9	42.1	40.8	39.5	39.3
White	30.2	30.9	31.6	32.5	32.6	31.3	30.9	30.4	29.9	29.5	30.7	30.9	30.4	30.3	30.7
Black	123.7	122.0	117.8	113.1	108.9	105.4	104.2	100.9	98.5	91.3	86.0	79.3	73.4	67.0	64.3
Wilmington	139.0	139.2	134.0	129.9	126.7	125.5	121.8	119.3	118.5	111.5	107.7	103.3	98.6	92.3	90.7
White	113.4	112.3	104.5	98.6	101.4	101.2	94.5	93.9	100.6	98.3	104.0	106.1	107.6	106.6	105.6
Black	165.1	166.8	162.4	158.3	151.7	149.4	145.4	141.4	138.2	128.8	121.4	114.2	106.7	97.9	95.3
Kent	64.9	66.9	67.3	66.8	64.3	61.4	58.0	56.7	55.2	54.6	52.4	51.5	48.6	47.7	45.4
White	53.4	54.7	54.8	53.9	53.3	52.3	50.8	50.5	50.6	49.6	45.9	44.0	39.6	37.5	35.1
Black	98.1	102.7	104.1	102.4	92.5	83.5	74.0	70.2	66.4	67.2	69.1	71.9	73.6	74.9	73.3
Sussex	79.2	80.1	80.7	81.4	79.0	82.7	80.7	77.8	73.8	72.0	64.8	60.7	58.0	57.4	56.6
White	55.0	56.2	56.1	57.6	56.0	63.1	62.3	61.4	58.4	55.6	48.2	45.3	44.4	44.4	46.8
Black	161.4	161.8	165.9	164.0	158.9	153.5	146.7	134.0	124.5	119.4	108.1	97.6	91.9	91.1	84.9

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

Table 68:

Teen Birth Rates (15–17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–17
U.S., Delaware, and Counties, 1988–2006

Area/Race	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
U.S.	36.7	37.6	37.8	37.5	36.5	35.3	33.8	32.1	30.3	28.5	26.7	25.1	23.8	22.7	22.2
Delaware	40.0	40.5	41.6	41.8	41.4	39.5	38.0	35.8	33.8	31.6	29.2	27.3	25.7	24.2	23.0
New Castle	37.3	37.6	38.3	38.8	38.5	36.2	34.9	33.3	31.9	29.6	28.3	26.8	24.7	22.9	22.0
Kent	40.6	42.1	42.3	41.3	41.2	38.1	35.4	33.4	31.8	30.2	28.7	27.4	25.0	24.2	21.7
Sussex	49.4	49.6	53.4	53.7	52.7	53.8	52.9	48.0	43.2	40.1	33.2	29.2	29.6	28.8	28.1

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

Table 69:

Pre- and Young Teen Birth Rates (10–14 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10–14 by Race
U.S., Delaware, and Counties, 1988–2006

Area/Race	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	1.4	1.4	1.4	1.4	1.3	1.3	1.2	1.1	1.0	0.9	0.9	0.8	0.7	0.7	0.7
White	0.7	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7	0.6	0.6	0.5	0.5	0.5	N/A
Black	4.9	4.8	4.7	4.6	4.3	4.0	3.7	3.3	2.9	2.6	2.3	2.1	1.9	1.7	N/A
Delaware	2.1	2.1	2.2	2.2	2.2	2.0	1.9	1.7	1.5	1.3	1.2	1.0	0.9	0.8	0.8
White	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.6	0.6	0.6	0.5	0.4	0.5
Black	6.5	6.3	6.7	6.5	6.3	5.6	5.5	4.5	3.9	3.3	2.8	2.3	2.0	1.7	1.5
New Castle	2.0	2.0	2.1	2.1	2.1	1.8	1.8	1.6	1.4	1.2	1.0	0.9	0.8	0.6	0.6
White	0.7	0.8	0.7	0.7	0.7	0.6	0.6	0.6	0.5	0.5	0.5	0.5	0.4	0.4	0.4
Black	6.4	6.2	6.7	6.6	6.5	5.6	5.5	4.4	3.9	3.1	2.6	2.1	1.8	1.3	1.2
Wilmington	6.5	6.7	7.3	7.5	7.5	6.8	6.9	5.9	5.4	4.3	3.8	3.1	2.6	1.9	2.0
White	4.4	4.7	3.6	2.4	1.4	1.4	1.4	1.8	1.8	1.8	1.9	2.4	2.1	2.6	3.1
Black	7.8	8.0	9.3	10.0	10.3	9.3	9.4	7.8	7.0	5.4	4.7	3.7	3.0	2.0	2.0
Kent	1.8	1.8	1.9	1.7	1.7	1.5	1.5	1.6	1.5	1.2	1.2	1.0	0.9	1.0	0.9
White	0.8	0.9	0.9	0.8	1.1	1.0	0.9	0.9	0.9	0.6	0.5	0.4	0.5	0.4	0.4
Black	5.0	4.7	4.7	4.0	3.4	3.0	3.3	3.5	3.3	2.9	3.0	2.2	2.0	2.4	2.1
Sussex	2.7	2.6	2.8	3.1	3.0	2.9	2.8	2.3	2.0	1.8	1.7	1.4	1.3	1.1	1.1
White	0.9	0.8	0.8	1.0	1.1	1.2	1.2	1.3	1.1	1.1	1.1	0.9	0.6	0.6	0.6
Black	8.1	8.3	9.0	9.5	8.9	8.6	7.9	5.6	4.5	4.4	3.7	3.0	3.1	2.6	2.3

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

Table 70:

Births to Single Teens

Five-Year Average Percentage of Births to Females Under 20 Years of Age Who Are Single
By Race/Hispanic Origin* of Mother
U.S., Delaware, Counties, 1988–2006

Area/Race Hisp. Origin*	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	68.1	69.3	71.0	72.6	74.0	75.6	77.0	77.6	78.3	78.9	79.3	79.8	80.5	81.4	82.5
White	57.3	59.0	61.4	63.7	65.7	67.8	69.7	70.7	71.8	72.6	73.3	74.1	75.1	76.3	N/A
Black	92.3	92.6	93.2	93.8	94.8	95.5	96.0	96.1	96.2	95.7	95.7	95.8	95.9	96.0	N/A
Hispanic*	N/A	61.6	63.6	65.2	66.5	68.3	70.3	71.0	72.0	72.9	73.3	73.9	74.9	76.2	N/A
Delaware	79.4	81.8	84.6	86.7	88.3	89.1	89.3	89.3	89.5	89.6	89.6	90.0	90.1	90.8	91.3
White	65.2	69.3	73.8	77.3	80.2	81.5	81.7	81.9	82.5	83.1	83.3	84.3	84.8	86.1	87.2
Black	94.9	95.7	96.7	97.4	97.7	97.9	97.9	97.9	97.8	97.7	97.6	97.6	97.4	97.3	97.2
Hispanic*	N/A	70.9	73.0	75.9	76.9	79.6	81.0	80.9	80.3	80.2	80.2	80.7	81.1	83.5	85.2
New Castle	84.1	86.4	88.9	90.6	91.7	92.5	92.6	92.5	92.5	92.4	92.0	92.3	92.0	92.4	92.9
White	72.3	76.5	80.6	83.5	85.2	86.5	86.6	86.6	86.6	86.8	86.5	87.1	86.6	87.5	88.4
Black	95.7	96.4	97.3	98.0	98.4	98.6	98.6	98.5	98.4	98.3	98.2	98.4	98.3	98.2	98.4
Hispanic*	N/A	73.0	75.5	78.3	79.1	81.3	81.3	80.5	79.0	78.1	78.6	79.9	79.3	81.3	83.3
Wilmington	92.9	93.6	95.3	96.2	96.7	96.9	97.1	96.8	96.6	96.5	96.2	96.0	95.8	96.0	96.4
White	78.2	80.9	85.8	87.3	87.4	88.5	88.8	87.1	86.4	87.5	86.1	85.4	85.9	87.4	88.0
Black	96.6	97.1	97.8	98.5	99.2	99.0	99.0	99.0	99.0	98.7	98.9	99.0	98.9	98.9	99.2
Hispanic*	N/A	77.7	81.5	83.4	84.0	85.0	86.0	84.6	83.2	82.9	81.9	81.8	82.2	84.5	85.9
Kent	71.0	75.1	78.1	80.0	81.6	82.0	81.1	81.6	82.6	83.8	84.1	84.0	84.8	85.8	86.1
White	56.1	61.6	66.2	68.3	71.8	72.1	70.8	71.4	73.4	75.5	76.0	76.7	78.1	79.8	81.1
Black	94.0	95.7	96.8	97.7	97.1	96.9	95.9	96.0	96.4	96.2	96.0	95.4	94.7	94.0	93.2
Hispanic*	N/A	78.7	76.3	76.6	77.5	78.5	76.8	79.1	76.2	81.3	76.9	71.6	70.8	76.6	77.1
Sussex	74.5	76.0	79.5	82.6	85.5	86.7	87.8	87.9	88.1	87.9	88.1	89.3	90.1	91.6	91.9
White	56.6	59.2	64.4	70.5	75.5	78.4	80.1	80.7	81.7	81.9	82.5	84.9	86.4	88.4	89.3
Black	93.1	93.7	95.1	95.6	96.1	96.8	97.4	97.6	97.2	97.0	97.0	97.1	97.1	97.9	97.7
Hispanic*	N/A	51.0	58.0	64.8	68.2	74.3	82.4	83.1	85.9	85.7	86.0	86.1	89.6	91.3	92.7

* Persons of Hispanic origin may be of any race

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

Table 71:

Births by Race, Hispanic Origin, and Age of Mother

Number and Percentage of Live Births by Race, Hispanic Origin, and Age of Mother
Delaware, Counties, and City of Wilmington, 2006

Area/Race-Hispanic Origin*	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15–17 years old		Births to Teen Mothers 18–19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	11,898	1,281	10.8	25	0.2	386	3.2	870	7.3
White	8,317	742	8.9	13	0.2	206	2.5	523	6.3
Black	3,021	523	17.3	12	0.4	173	5.7	338	11.2
Other	560	16	2.9	0	0.0	7	1.3	9	1.6
Hispanic*	1,895	285	15.0	11	0.6	85	4.5	189	10.0
New Castle	7,299	716	9.8	17	0.2	235	3.2	464	6.4
White	4,840	388	8.0	9	0.2	121	2.5	258	5.3
Black	2,026	320	15.8	8	0.4	108	5.3	204	10.1
Other	433	8	1.8	0	0.0	6	1.4	2	0.5
Hispanic*	1,167	182	15.6	8	0.7	60	5.1	114	9.8
Wilmington	1,339	243	18.1	8	0.6	83	6.2	152	11.4
White	496	53	10.7	3	0.6	17	3.4	33	6.7
Black	820	186	22.7	5	0.6	63	7.7	118	14.4
Other	23	4	17.4	0	0.0	3	13.0	1	4.3
Hispanic*	262	49	18.7	4	1.5	17	6.5	28	10.7
Balance of NC County	5,960	473	7.9	9	0.2	152	2.6	312	5.2
White	4,344	335	7.7	6	0.1	104	2.4	225	5.2
Black	1,206	134	11.1	3	0.2	45	3.7	86	7.1
Other	410	4	1.0	0	0.0	3	0.7	1	0.2
Hispanic*	905	133	14.7	4	0.4	43	4.8	86	9.5
Kent	2,233	246	11.0	2	0.1	69	3.1	175	7.8
White	1,574	132	8.4	1	0.1	31	2.0	100	6.4
Black	579	110	19.0	1	0.2	38	6.6	71	12.3
Other	80	4	5.0	0	0.0	0	0.0	4	5.0
Hispanic*	163	24	14.7	1	0.6	8	4.9	15	9.2
Sussex	2,366	319	13.5	6	0.3	82	3.5	231	9.8
White	1,903	222	11.7	3	0.2	54	2.8	165	8.7
Black	416	93	22.4	3	0.7	27	6.5	63	15.1
Other	47	4	8.5	0	0.0	1	2.1	3	6.4
Hispanic*	565	79	14.0	2	0.4	17	3.0	60	10.6

* Persons of Hispanic origin may be of any race.

Note: Percentages may not add to 100% due to rounding. Percentages are calculated based upon the total number of births in each race group for all ages. Percentages for the race group "Other" may be misleading due to the small number of births in this category.

Source: Delaware Health Statistics Center

Table 72:

Children with No Parent Working Full-time

Three-Year Average Percentage of Children Living in Families Where
No Parent Has Full-Time, Year-Round Employment
U.S. and Delaware, 1989–2008

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.	29.3	29.9	30.7	31.3	31.2	30.5	29.2	28.1	27.1	25.9	24.5	23.9	22.7	22.3	21.9	22.4	23.8	23.9
Delaware	24.6	25.8	24.2	26.0	23.6	25.6	26.0	26.4	25.1	24.4	22.4	20.1	17.9	18.3	18.9	18.9	20.1	19.0

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

Table 73:

Children in Poverty

Three-Year Average Percentage of Children (0–17) in Poverty
U.S., Delaware, and Counties, 1989–2008

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.	19.9	20.7	21.4	22.1	22.1	21.8	21.0	20.4	19.8	18.6	17.3	16.4	16.4	16.9	17.4	17.7	17.6	17.7
Delaware	11.9	11.8	10.9	12.7	12.5	13.8	13.8	15.3	15.5	16.6	16.9	14.6	12.9	11.0	12.2	12.7	13.2	13.3
New Castle	13.2	14.8	12.9	13.2	11.5	13.9	13.0	13.3	12.7	12.8	12.6	9.2	8.5	7.6	9.7	11.3	13.2	12.8
Kent & Sussex	10.8	7.5	7.9	11.7	14.5	13.4	15.9	18.9	20.9	22.5	23.5	23.3	20.8	17.4	17.0	15.2	13.1	14.1

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

Table 74:

Children in Poverty by Age

Number and Percentage of Children in Poverty, Ages 0–5 and 6–18
Delaware, Three-Year Average, 2002–2008

	2002–2004		2003–2005		2004–2006		2005–2007		2006–2008	
	%	#	%	#	%	#	%	#	%	#
Children Ages 0–5	11.9	6,864	13.0	8,055	14.4	9,831	17.1	11,770	17.4	12,172
Children Ages 6–18	10.8	16,112	11.6	16,787	11.4	16,004	10.8	15,142	10.8	15,377

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

Table 75:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years
Annual Income in Dollars, U.S., 2007

Size of Family Unit	Related Children under 18 years old								
	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person under 65 years old	\$10,787								
One person 65 years old or older	\$9,944								
Two persons, householder under 65 years	\$13,884	14,291							
Two persons, householder 65 years and over	\$12,533	14,237							
Three persons	\$16,218	16,689	16,705						
Four persons	\$21,386	21,736	21,027	21,100					
Five persons	\$25,791	26,166	25,364	24,744	24,366				
Six persons	\$29,664	29,782	29,168	28,579	27,705	27,187			
Seven persons	\$34,132	34,345	33,610	33,098	32,144	31,031	29,810		
Eight persons	\$38,174	38,511	37,818	37,210	36,348	35,255	34,116	33,827	
Nine persons or more	\$45,921	46,143	45,529	45,014	44,168	43,004	41,952	41,691	40,085

Source: U.S. Census Bureau

Table 76:

Productivity-Pay Gap

Hourly Productivity and Real Wage Growth, U.S., 1995–2006

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Median Wage	100.0	99.5	101.9	104.8	108.0	107.7	110.0	111.0	112.2	112.2	110.8	111.4
High School Wage	100.0	99.6	101.5	103.5	105.0	105.8	107.2	108.8	109.3	108.7	107.3	107.6
College (BA) Wage	100.0	99.0	102.1	106.3	109.0	111.3	113.7	113.9	113.7	112.6	112.7	113.2
Productivity	100.0	102.1	104.4	107.2	110.8	113.1	114.3	118.8	122.6	126.2	128.6	131.0

Source: Mishel et al, The State of Working America 2006/2007. An Economic Policy Institute Book, Ithaca, NY: Cornell University Press, 2007

Table 77:

Public Assistance

Children under 18 Years Living in Households with SSI, Cash Public Assistance Income,
or Food Stamp Benefits in the past 12 months, Delaware and U.S., Three year estimate 2005–2007

	Delaware	U.S.
Total	15.9%	18.6%
Married couple family household	7.1%	9.8%
Male householder, no wife present family household	16.0%	21.7%
Female householder, no husband present family householder	36.9%	42.0%

Source: American Community Survey, 2005-2007

Table 78:

Children in Poverty by Household Structure

Three-Year Average Percentage of Children (0-17) in Poverty by Household Structure
Delaware, 1989–2008

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
One Parent	30.6	28.5	29.7	33.0	34.5	33.9	32.2	33.2	31.4	31.7	31.9	31.1	28.0	23.2	24.9	25.1	26.1	26.1
Two Parents	5.1	4.3	2.2	3.2	3.4	4.2	4.3	4.3	6.3	7.1	8.2	6.4	6.3	5.8	6.0	4.6	5.0	5.7

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

Table 79:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type
U.S. and Delaware, 1993–2008

	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.														
1-Parent	13,187	14,187	15,233	16,177	17,142	17,895	18,895	19,689	20,602	20,780	21,512	22,365	20,854	21,520
2-Parent	45,300	47,100	49,133	51,467	53,775	56,592	59,484	62,211	63,844	64,747	65,578	67,428	62,700	65,600
Delaware														
1-Parent	16,133	17,167	18,467	19,100	19,733	19,937	21,171	24,004	27,346	28,007	27,715	26,369	23,338	25,391
2-Parent	50,867	51,167	53,403	56,900	58,969	60,436	62,036	66,667	70,000	71,612	70,748	72,904	67,492	71,799

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

Table 80:

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, 2000 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	26,419	6,950	26.3	7,143	914	12.8	2.1
New Castle	16,777	3,991	23.8	4,389	528	12.0	2.0
Kent	4,832	1,461	30.2	1,299	154	11.9	2.5
Sussex	4,810	1,498	31.1	1,455	232	16.0	1.9

* Female-headed one-parent families are 2.1 times more likely to be in poverty than male-headed one-parent families.

Source: Center for Applied Demography and Survey Research, 2000 Census, U.S. Bureau of the Census

Table 81:

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, 1990 and 2000 Census

Area	One-Parent FHH Families	1990		One-Parent FHH Families	2000		Percent Change 1989–1999
		FHH Families below poverty Number	Percent		FHH Families below Poverty Number	Percent	
Delaware	17,625	5,609	31.8	26,419	6,950	26.3	–17.3
New Castle	11,625	3,202	27.5	16,777	3,991	23.8	–13.5
Kent	3,193	1,257	39.4	4,832	1,461	30.2	–23.4
Sussex	2,807	1,150	41.0	4,810	1,498	31.1	–24.1

Source: Center for Applied Demography and Survey Research, 2000 Census, U.S. Bureau of the Census

Table 82:

Female-Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18
U.S. and Delaware, 1989–2008

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.	42.4	42.9	43.7	44.0	43.1	41.7	40.2	39.3	38.3	36.4	33.5	31.8	31.2	32.3	33.1	33.9	35.7	35.9
Delaware	26.0	25.5	26.6	31.2	33.0	31.2	28.2	28.0	28.1	31.3	30.8	28.3	22.8	18.8	20.0	22.7	26.0	25.6

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

Table 83:

Median Income of Female-Headed Families

Three-Year Average Percentage Median Income of Families
with Children Under 18 and Single Female Head
U.S. and Delaware, 1992–2008

	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.	11,495	11,800	12,955	13,835	14,540	15,293	16,480	17,867	19,067	19,712	19,812	20,091	20,445	18,759	19,227
Delaware	13,773	14,493	15,720	17,550	18,429	17,711	17,044	18,675	22,633	26,047	27,022	25,797	25,383	22,242	23,737

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

Table 84:

Births to Single Mothers by Race/Hispanic Origin

Five-Year Average Percentage of Live Births to Single Mothers by Race/Hispanic Origin
U.S. and Delaware, 1988–2006

Area/Race- Hispanic Origin	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
U.S.	28.1	29.1	30.2	31.1	31.6	32.1	32.5	32.6	32.8	33.0	33.3	33.7	34.2	35.0	36.0
White	20.4	21.5	22.7	23.7	24.5	25.2	25.7	26.0	26.4	26.8	27.3	27.9	28.6	29.6	N/A
Black	66.4	67.4	68.3	69.0	69.7	70.0	70.1	69.8	69.5	68.8	68.6	68.5	68.4	68.6	N/A
Hispanic*	N/A	38.1	39.6	40.3	40.8	41.1	41.4	41.3	41.6	42.0	42.5	43.2	44.1	45.2	N/A
Delaware	29.9	31.3	32.3	33.5	34.3	35.0	35.7	36.5	37.1	38.0	38.9	39.8	40.5	41.8	42.9
White	17.3	18.6	20.0	21.5	22.7	23.7	24.4	25.4	26.2	27.2	28.5	30.0	31.1	32.9	34.6
Black	70.6	72.1	72.6	73.0	73.2	72.9	72.7	72.4	72.2	72.0	71.8	71.1	70.7	70.7	70.6
Hispanic*	N/A	45.2	46.8	49.1	50.9	51.4	50.9	51.1	50.8	51.6	52.9	55.0	56.3	58.5	59.6
New Castle	28.7	29.8	30.7	31.8	32.3	32.7	33.4	34.2	34.8	35.6	36.7	37.6	38.1	39.2	40.4
White	16.1	17.2	18.4	19.8	20.7	21.3	21.9	22.7	23.4	24.5	26.0	27.6	28.5	30.0	31.5
Black	71.5	72.5	72.8	72.9	73.0	72.3	71.9	71.8	71.6	71.1	70.8	70.2	69.6	69.4	69.6
Hispanic*	N/A	46.5	46.9	49.4	49.4	49.3	47.8	47.5	47.0	48.0	49.5	52.3	52.7	54.3	55.5
Wilmington	62.6	63.7	64.7	65.5	66.0	66.6	66.9	67.5	67.7	68.1	68.5	69.0	68.9	69.7	69.9
White	32.0	33.1	35.0	35.8	36.8	37.5	37.6	37.6	38.5	39.6	40.9	42.7	43.6	45.5	46.3
Black	79.7	81.1	82.1	83.0	83.7	84.2	84.0	84.5	84.6	84.8	85.0	85.3	84.9	85.4	85.3
Hispanic*	N/A	60.7	61.8	63.4	63.3	63.2	62.4	61.2	60.1	60.1	61.1	63.3	63.5	65.6	67.6
Kent	29.6	31.3	32.2	33.5	34.5	35.3	35.9	37.3	38.0	38.8	39.2	40.0	40.6	41.5	41.7
White	19.5	21.0	22.3	23.5	24.7	25.3	25.6	26.8	27.6	28.6	29.0	30.1	30.9	31.9	32.5
Black	62.4	64.7	65.9	67.1	68.5	69.0	69.7	70.1	70.5	70.1	70.3	69.6	69.2	68.6	68.2
Hispanic*	N/A	35.7	37.3	39.1	45.2	45.5	46.3	46.7	44.9	42.2	41.3	41.1	44.5	47.8	48.0
Sussex	35.5	37.2	39.2	40.5	41.7	43.2	43.8	44.1	44.7	45.7	46.6	47.6	48.8	51.0	52.4
White	20.4	22.2	24.4	26.4	28.7	31.3	32.5	33.6	34.7	35.4	36.7	37.9	39.7	42.7	45.5
Black	75.5	77.8	78.2	78.4	77.9	78.5	78.1	77.3	76.4	77.6	77.5	76.9	77.7	78.6	78.2
Hispanic*	N/A	47.6	52.6	53.4	57.1	58.3	59.3	60.5	61.4	63.1	64.7	65.6	67.7	70.3	71.3

* Persons of Hispanic origin may be of any race. Hispanic data is not available before the 1989-1993 time period.

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

Table 85:

Births to Single Mothers by Age

Five-Year Average Percentage of Live Births to Single Mothers by Age, Race, and Hispanic Origin
U.S., Delaware, Counties, and City of Wilmington, 2000–2006

Area Age	All Races			White			Black			Hispanic*		
	00-04	01-05	02-06	00-04	01-05	02-06	00-04	01-05	02-06	00-04	01-05	02-06
U.S.	34.2	35.0	36.0	28.6	29.6	N/A	68.4	68.6	N/A	44.1	45.2	N/A
<20	80.5	81.4	82.5	75.1	76.3	N/A	95.9	96.0	N/A	74.9	76.2	N/A
20-24	47.7	48.9	49.2	40.6	42.2	N/A	87.2	85.7	N/A	50.5	51.7	N/A
25-29	25.5	26.7	28.0	20.8	22.0	N/A	58.7	59.7	N/A	35.7	37.2	N/A
30+	15.0	15.5	16.1	12.1	12.6	N/A	41.6	41.8	N/A	27.1	28.0	N/A
Delaware	40.5	41.8	42.9	31.1	32.9	34.6	70.7	70.7	70.6	56.3	58.5	59.6
<20	90.1	90.8	91.3	84.8	86.1	87.2	97.4	97.3	97.2	81.1	83.5	85.2
20-24	65.8	67.3	68.3	56.7	59.0	60.7	84.9	85.3	85.3	66.2	67.3	68.1
25-29	30.2	32.5	34.4	22.6	25.1	27.4	60.1	61.4	62.8	46.9	50.6	52.4
30+	15.8	16.9	17.7	11.5	12.5	13.5	39.5	40.1	40.0	36.4	38.2	39.9
New Castle	38.1	39.2	40.4	28.5	30.0	31.5	69.6	69.4	69.6	52.7	54.3	55.5
<20	92.0	92.4	92.9	86.6	87.5	88.4	98.3	98.2	98.4	79.3	81.3	83.3
20-24	70.8	71.8	72.2	62.3	63.9	64.7	87.1	87.5	87.5	64.6	64.8	66.0
25-29	28.8	31.3	33.5	21.2	23.8	26.3	59.8	61.9	63.5	41.7	45.5	47.1
30+	14.3	15.2	16.0	9.9	10.6	11.4	38.6	39.2	39.2	31.3	32.4	33.8
Wilmington	68.9	69.7	69.9	43.6	45.5	46.3	84.9	85.4	85.3	63.5	65.6	67.6
<20	95.8	96.0	96.4	85.9	87.4	88.0	98.9	98.9	99.2	82.2	84.5	85.9
20-24	85.3	86.1	86.6	70.4	72.1	72.7	91.8	92.0	92.4	69.0	69.4	71.7
25-29	58.5	61.9	62.8	37.3	42.3	44.0	75.2	77.2	77.6	52.4	57.2	61.2
30+	36.2	37.9	37.7	17.5	18.8	18.7	61.5	64.0	62.8	45.5	47.7	47.6
Bal. of NC Co.	31.7	32.9	34.2	26.9	28.4	30.0	59.0	59.0	59.5	48.8	50.6	51.7
<20	90.0	90.4	91.1	86.7	87.5	88.5	97.6	97.4	97.4	77.6	79.7	82.1
20-24	65.9	67.2	67.5	61.2	62.9	63.6	83.0	83.5	83.2	62.8	63.1	63.9
25-29	24.0	26.4	28.6	19.6	22.0	24.5	51.7	54.2	56.2	38.5	42.1	43.3
30+	11.7	12.4	13.2	9.3	9.9	10.8	30.1	30.4	30.8	27.8	28.9	30.7
Kent	40.6	41.5	41.7	30.9	31.9	32.5	69.2	68.6	68.2	44.5	47.8	48.0
<20	84.8	85.8	86.1	78.1	79.8	81.1	94.7	94.0	93.2	70.8	76.6	77.1
20-24	53.5	55.1	57.1	42.7	44.9	47.2	78.7	78.9	79.3	50.0	53.8	54.3
25-29	29.2	30.0	30.5	21.4	21.9	22.7	56.9	56.7	57.4	40.0	39.7	39.2
30+	16.2	17.4	17.4	11.8	13.0	13.0	36.4	36.7	36.6	19.8	24.3	25.8
Sussex	48.8	51.0	52.4	39.7	42.7	45.5	77.7	78.6	78.2	67.7	70.3	71.3
<20	90.1	91.6	91.9	86.4	88.4	89.3	97.1	97.9	97.7	89.6	91.3	92.7
20-24	66.4	68.9	70.3	59.3	62.6	65.4	84.2	85.0	85.0	74.8	76.4	76.2
25-29	36.2	38.8	41.3	28.4	31.9	35.0	65.6	65.5	67.1	59.0	63.1	66.0
30+	22.8	24.6	26.1	18.2	20.4	22.3	49.7	51.8	51.1	54.0	56.4	57.5

* Persons of Hispanic origin may be of any race.

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

Table 86:

Children in One-Parent Households

Three-Year Average Percentage of Children (0-17) in One-Parent Households
U.S. and Delaware, 1988–2008

	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
U.S.	26.7	27.5	28.1	28.8	29.3	30.1	30.5	30.8	30.7	30.4	29.9	29.7	29.9	30.6	30.9	31.2	31.2	31.6
Delaware	32.1	33.5	31.8	32.8	29.8	32.7	34.4	38.3	37.0	38.9	37.5	33.7	31.0	31.1	33.6	33.1	32.5	33.4

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

Table 87:

Current Child Support Owed that Is Paid

Percentage of Current Child Support Owed that Is Paid
U.S. and Delaware, Fiscal Years 1989–2008

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
U.S.	47.6	53.0	48.0	55.4	52.7	54.0	53.0	52.0	54.0	50.8	53.1	56.1	57.0	57.6	58.0	59.0	59.9	60.4	61.2	N/A
Delaware	61.0	58.7	58.4	59.3	56.1	59.9	62.0	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

Note: U.S. data is not available for 2008.

Note: This Federal performance measure is based on the ratio of Current Child Support Collected/Current Child Support Due.

Source: Office of Child Support Enforcement – 157 Report: Child Support Enforcement Annual Report to Congress

Table 88:

Home Ownership

Percentage of Home Ownership, U.S. and Delaware, 1989–2007

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
U.S.	63.9	63.9	64.1	64.1	64.5	64.0	64.7	65.4	65.7	66.3	66.8	67.4	67.8	67.9	68.3	69.0	68.9	68.8	68.1
Delaware	68.7	67.7	70.2	73.8	74.4	70.5	71.7	71.5	69.2	71.0	71.6	72.0	75.4	75.6	77.2	77.3	75.8	76.8	76.8

Source: U.S. Census Bureau Housing Vacancy Survey

Table 89:

Housing Foreclosures

Number of Foreclosure Filings by Year, Delaware, 2000–2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Delaware	1,434	1,708	2,121	2,204	2,121	2,174	2,962	3,853	4,478

Source: 2000-2005: The Reinvestment Fund, 2006. Mortgage Foreclosure Filings in Delaware; 2006-2008: Office of the State Bank Commissioner

Table 90:

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 2001–2008

	2001	2002	2003	2004	2005	2006	2007	2008
All Reports	8,240	7,606	7,542	7,069	8,035	7,548	7,273	8,512
Accepted Cases	5,953	5,706	5,601	5,236	5,797	5,819	5,566	6,122
Children in Accepted Cases	7,484	7,045	5,928	6,232	6,850	6,850	7,095	7,378
Rate per 1,000 Children	38.2	35.7	29.5	30.9	33.8	33.6	34.7	35.8
Substantiated Cases	1,247	1,073	1,013	1,004	1,325	1,319	1,390	1,520
Children in Substantiated Cases	1,833	1,637	1,640	1,636	1,876	1,846	2,017	2,109
Rate per 1,000 Children	9.3	8.3	8.2	8.1	9.3	9.1	9.9	10.2

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

Table 91:

Foster Care

Children in Out-of-Home Care, Delaware, Fiscal Years 1995–2008

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Average number of children per month	892	925	828	899	936	980	900	811	714	708	754	789	902	934
Total number in year	N/A	N/A	N/A	1,601	1,514	1,516	1,403	1,252	1,214	1,141	1,293	1,347	1,553	1,576
Rate per 1,000 children	N/A	N/A	N/A	8.4	7.9	7.8	7.2	6.3	6.1	5.7	6.4	6.6	7.6	7.7

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 92:

Juvenile Delinquents in Out-of-Home Care

Rate of Juvenile Delinquents in Out-of-Home Care per 1,000 Youth 10–17
Delaware, 1996–2008

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
December 31 count	5.2	4.9	4.7	4.7	5.2	4.6	4.0	3.8	3.6	3.6	3.8	4.4	3.6

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

Table 93:

Health Insurance

Three-Year Average Percentage Persons (0 – 64) without Health Insurance
U.S. and Delaware, 1989–2008

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008
U.S.	15.3	15.6	16.1	16.6	17.0	17.2	17.3	17.7	18.1	18.0	17.2	16.6	16.5	17.1	17.4	17.7	17.7	17.6
Delaware	14.2	15.7	14.2	14.0	14.2	15.8	15.8	15.7	15.7	15.0	13.9	11.7	11.2	11.4	13.2	14.4	14.8	13.8

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

Table 94:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1997–2008

	1997	1998	1999	2000	2001	2002	2003 [†]	2004 [†]	2005 [†]	2006 [†]	2007 [†]	2008 [†]
Child Care Centers*	20,371	23,404	24,937	25,665	25,986	26,584	29,313	34,945	37,878	40,440	41,101	42,819
Family Child Care Homes**	15,197	14,297	14,067	13,309	13,143	12,757	12,672	12,459	11,406	10,844	10,308	9,929
Large Family Child Care Homes***	535	601	549	571	598	640	672	692	777	819	891	942
Totals	36,103	38,302	39,553	39,545	39,727	39,981	42,657	48,096	50,061	52,103	52,300	53,690

[†] Totals for 2003 and later reflect the addition of child care centers providing part time care

* Child Care Center – 13 or more children. Increases after 2002 reflect the addition of child care centers providing part time care

** 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 95:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age, Delaware, Wilmington, and Counties, 2008

Age	Delaware			Wilmington			New Castle County			Kent County			Sussex County		
	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High
0–12 months	81	143	249	102	142	197	100	159	249	85	122	184	82	114	161
12–24 months	72	122	213	72	124	187	79	144	251	80	114	184	67	103	161
2 years	75	120	206	72	120	183	79	131	205	80	113	184	70	100	161
3 years	63	128	275	82	117	165	85	144	273	80	110	165	63	88	161
4 years	58	127	275	76	121	203	80	148	273	79	101	143	63	88	161
Kindergarten	63	108	275	70	111	190	61	117	245	64	94	128	58	82	116
School-age	34	88	242	55	102	175	50	95	242	51	85	125	39	73	122

Source: The Family and Workplace Connection, A Division of Children and Families First

Table 96:

Subsidized Child Care

Number of Children in State Subsidized Child Care
Projected Monthly Averages, Delaware, Fiscal Years 1995–2008

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Delaware Totals	5,743	6,919	8,482	9,592	10,200	11,640	12,613	13,010	13,334	13,813	14,021	14,696	14,913	13,937
Welfare Reform*	2,427	3,366	3,742	4,262	3,743	3,200	2,351	2,135	2,213	2,361	2,449	703	317	3,048
Income Eligible**	3,316	3,553	4,740	5,330	6,457	8,440	10,262	10,875	11,121	11,452	11,572	14,061	14,635	10,967

* The welfare reform numbers refer to the number of children in families who received Temporary Aid to Needy Families (TANF) that year or received TANF child care for one year after leaving the TANF program.

** The income eligible numbers reflect the working poor families below 200% of poverty. 90% of children with authorization to receive subsidized child care attend in a given month.
Source: Delaware Department of Health and Social Services, Division of Social Services

Table 97:

Purchase of Care

Division of Social Services Purchase of Care (POC) Child Care Program, Payments in Dollars
Delaware, 2007

		Infant	Toddler	Preschool	School Age
Delaware	POC Rate – Family Care	90.17	85.83	74.80	76.10
	POC Rate – Center Care	114.17	99.63	85.63	86.32
New Castle County	POC Rate – Family Care	112.50	107.50	87.00	87.00
	POC Rate – Center Care	147.50	124.50	110.40	110.40
Kent County	POC Rate – Family Care	82.50	75.00	68.70	70.65
	POC Rate – Center Care	97.50	87.20	74.00	74.45
Sussex County	POC Rate – Family Care	75.50	75.00	68.70	70.65
	POC Rate – Center Care	97.50	87.20	72.50	74.10

* POC rate assumes that child is in care 5 days per week

Source: Delaware Department of Health and Social Services, Division of Social Services

Table 98:

School Age Programs

Number of Before- or After-School Programs, Delaware and Counties, 2008

Type of care	Delaware		New Castle County		Kent County		Sussex County	
	Total	School Age	Total	School Age	Total	School Age	Total	School Age
Child Care Centers	273	221	187	153	40	30	45	37
Family Child Care	1,263	1,053	746	595	252	196	286	262
School Age Only	140*		88*		22*		15*	
Totals	1,662	1,316	1,024	770	316	267	322	279

*includes Family Child Care that are School Age only programs.

Source: The Family and Workplace Connection, A Division of Children and Families First

Table 99:

Site-Based Public School Age Programs

Number and Percent of School Age Child Care Located at Schools,
Delaware and Counties, School Years 2003/04 – 2007/08

	School Year	Delaware			New Castle County			Kent/Sussex County		
		Total	School Age	%	Total	School Age	%	Total	School Age	%
Elementary Schools	2003/04	89	73	82%	49	44	90%	40	29	73%
	2003/04	90	76	84%	50	45	90%	40	32	80%
	2005/06	118	103	87%	78	76	97%	40	27	80%
	2006/07	84	68	81%	48	41	85%	36	27	75%
	2007/08	79	68	86%	54	49	91%	25	21	84%
Middle Schools	2003/04	40	10	25%	23	4	17%	17	6	35%
	2004/05	40	10	25%	23	4	17%	17	6	35%
	2005/06	10	4	40%	7	1	14%	3	3	100%
	2006/07	34	15	44%	20	10	50%	14	5	38%
	2007/08	30	9	30%	17	7	46%	13	2	15%

Note: 100% of elementary and middle school charters have site-based programs.

Source: The Family and Workplace Connection, A Division of Children and Families First

Table 100:

Child Care by Zip Code

Number of Licensed Child Care Sites and Slots, Delaware, 2008

County	Zip Code	Centers	Sum of Capacity	County	Zip Code	Centers	Sum of Capacity
New Castle	19701	100	3,136	Kent	19943	22	323
New Castle	19702	94	2,949	Kent	19946	10	97
New Castle	19703	27	666	Kent	19950	1	9
New Castle	19706	3	52	Kent	19952	19	512
New Castle	19707	17	1,510	Kent	19953	12	255
New Castle	19709	67	2,928	Kent	19955	1	9
New Castle	19711	52	3,170	Kent	19962	14	108
New Castle	19713	75	1,777	Kent	19963	15	594
New Castle	19716	1	321	Kent	19977	34	1,096
New Castle	19718	1	80	Kent	19979	2	18
New Castle	19720	171	2,940	Sussex	19930	1	6
New Castle	19730	1	6	Sussex	19933	27	315
New Castle	19734	21	487	Sussex	19939	11	320
New Castle	19801	56	2,081	Sussex	19940	13	505
New Castle	19802	122	3,254	Sussex	19941	9	203
New Castle	19803	30	2,118	Sussex	19943	1	9
New Castle	19804	31	897	Sussex	19945	11	250
New Castle	19805	105	4,013	Sussex	19947	44	763
New Castle	19806	4	174	Sussex	19950	13	200
New Castle	19807	1	118	Sussex	19951	4	33
New Castle	19808	51	2,063	Sussex	19956	41	556
New Castle	19809	16	594	Sussex	19958	17	690
New Castle	19810	31	1,461	Sussex	19960	11	155
New Castle	19884	1	300	Sussex	19961	1	9
New Castle	19938	4	30	Sussex	19963	19	397
New Castle	19977	5	166	Sussex	19966	32	582
Kent	19901	81	2,225	Sussex	19968	15	502
Kent	19904	78	2,237	Sussex	19970	5	87
Kent	19931	1	9	Sussex	19971	8	331
Kent	19934	25	1,507	Sussex	19973	78	1,223
Kent	19938	9	135	Sussex	19975	6	326

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

Table 101:

Juvenile Crime Arrests

Number of Statewide Juvenile Arrests, National Incident Based Crime (NIBRS)
Delaware, 2000–2007

	2000	2001	2002	2003	2004	2005	2006	2007
Juvenile Violent Crimes								
Criminal Homicide	4	1	3	0	3	5	5	3
Kidnapping/Abduction	8	16	16	29	17	21	22	27
Sex Offenses, Forcible*	44	47	42	47	40	89*	84	76
Robbery	108	116	134	169	120	175	211	224
Assault	1,611	2,024	1,892	1,941	2,042	2,105	2,046	2,002
Weapons Law Violations	97	94	120	145	155	145	164	137
Total Violent Crime Arrests	1,872	2,298	2,207	2,331	2,377	2,540	2,532	2,469
Violent Crime Arrest Rate per 1,000 Juveniles	9.6	11.8	11.2	11.7	11.8	12.5	12.4	12.1
Drug and Narcotic Offenses								
	626	626	749	826	760	880	873	842
Serious Property Crimes								
Arson	51	39	44	32	33	59	65	34
Extortion/Blackmail	2	0	1	0	2	2	0	0
Burglary	246	293	288	320	357	314	356	318
Larceny/Theft	926	1,146	988	1,106	1,071	1,028	979	1,189
Motor Vehicle Theft	99	82	92	99	80	60	50	49
Total Serious Property	1,324	1,560	1,413	1,557	1,543	1,463	1,450	1,590
Other Property and Social Crimes								
Counterfeiting/Forgery	20	24	22	10	18	16	9	19
Fraud	104	130	119	127	107	98	114	117
Embezzlement	23	28	23	20	13	28	21	20
Stolen Property	233	170	192	169	120	107	130	118
Property Destruction/Vandalism	325	322	394	296	342	348	403	399
Sex Offenses	0	2	2	5	3	7	2	2
Pornography/ Obscene Material	1	2	1	1	1	0	3	2
Gambling Offenses	0	3	3	1	4	3	2	1
Prostitution	0	0	0	0	1	0	0	0
Bribery	0	0	0	0	0	0	0	1
Total Other Property and Social Crimes	706	681	756	629	609	607	684	679
Totals of all Juvenile Arrests**	4,528	5,165	5,125	5,343	5,289	5,490	5,539	5,580
Juvenile Arrest Rate per 1,000 population	23.3	26.4	26.0	26.8	26.4	27.1	26.3	27.2

* 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.

** Arrest information is only provided for Group A NIBRS crimes which are shown above.

Source: Delaware Statistical Analysis Center OMB/MS December 2008

Table 102:

School Conduct Report

Delaware, School Years 2004/05 – 2007/08

		State Totals		
	04/05	05/06	06/07	07/08
Offenses required to be reported under Title 14, Delaware Code §4112 and/or DOE policy				
School Crimes (Title 14, Delaware Code §4112)	1,945	1,349	1,160	1,194
Violent Felonies (Title 11, Delaware Code §4201(c))	80	40	20	73
Gun-Free School Offenses: Handgun, Rifle, Shotgun, Starter Gun, Explosives/Incendiary Device	3	4	6	9
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	165	242	202	224
Drug Offenses (Title 16, Delaware Code)	363	316	268	288
Assault III (Title 11, Delaware Code §611)	341	221	190	141
Unlawful Sexual Contact (Title 11, Delaware Code §767)	51	21	14	19
Offensive Touching of an Employee/Volunteer (Title 11, Delaware Code §601)	703	373	330	306
Terroristic Threatening of an Employee/Volunteer (Title 11, Delaware Code §621)	239	132	130	134
Department of Education (DOE) Offenses				
Pornography: Possession and Production	7	22	19	18
Bomb Threats	8	16	21	0
Criminal Mischief (Vandalism)	332	214	169	236
Tampering with Public Records	183	20	16	2
Alcohol, Possession and Use	108	92	94	75
Felony Theft Offenses (\$1,000 or More)	10	4	2	11
Bullying	269	474	570	578
Offensive Touching of a Student	1,558	3,478	3,609	3,127
Terroristic Threatening of a Student	259	242	308	294
Sexual Harassment (Title 11, Delaware Code § 763)	113	140	114	131
Fighting/Disorderly Conduct	2,278	4,427	4,406	5,153
Inhalants	4	4	0	1
Drug Paraphernalia	60	82	72	37

Source: Delaware Department of Education

Table 103:

Unemployment

Percentage Unemployment by Race and Gender
U.S. and Delaware, 1989–2007

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
U.S.	5.3	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9	4.5	4.2	4.0	4.8	5.8	6.0	5.5	5.1	4.6	4.6
Male	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.4	4.1	3.9	4.8	5.9	6.3	5.6	5.1	4.6	4.7
Female	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.6	4.3	4.1	4.7	5.6	5.7	5.4	5.1	4.0	4.5
White	4.5	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2	3.9	3.7	3.5	4.2	5.1	5.2	4.8	4.4	4.0	4.1
Black	11.4	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0	8.9	8.0	7.6	8.7	10.2	10.8	10.4	10.0	8.9	8.3
Delaware	3.5	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0	3.8	3.5	4.0	3.5	4.2	4.4	4.1	4.2	3.6	3.4
Male*	3.2	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4	3.7	4.1	4.0	3.7	4.4	4.2	3.9*	4.0	3.8	3.5
Female*	3.8	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6	3.9	2.9	4.0	3.3	4.0	4.5	4.0*	4.7	3.2	3.5
White	2.9	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3	2.9	2.6	3.4	3.1	3.7	3.8	3.5	3.4	3.0	3.2
Black	6.6	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7	6.7	6.7	6.0	5.1	6.8	7.2	6.1	8.1	5.6	4.5

* Data for the Delaware total and data for Delaware by gender 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 104:

Adult Crime Arrest Rates

Adult Arrest Rates per 1,000 Adults 18 and Over,
National Incident Based Crime (NIBRS), Delaware, 2000–2005

	2000	2001	2002	2003	2004	2005
Total Arrest Rates	27.2	31.1	32.9	33.9	32.7	34.2
Violent Crimes	12.7	14.2	14.3	14.1	13.4	13.7
Drug and Narcotic Offenses	4.5	5.2	6.1	7.4	7.2	8.5
Serious Property Crimes	4.8	5.5	5.9	6.1	6.1	5.9
Other Property/Social Crimes	5.1	6.2	6.5	6.3	6.1	6.1

Source: Delaware Statistical Analysis Center OMB/MS December 2006



Families Count in Delaware Resource Guide

Delaware Information Helplines

1-800-464-4357 (in state)
1-800-273-9500 (out of state)

Volunteer Link

New Castle County 577-7378
Kent & Sussex Counties 739-4456
Statewide 1-800-815-5465

State of Delaware Web Site

www.delaware.gov

Delaware Department of Education
302-735-4000
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

Delaware Department of Services for
Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

Delaware Department of Health
and Social Services
www.dhss.delaware.gov

Delaware State Housing Authority
302-739-4263 (Dover)
302-577-5001 (Wilmington)
www.destatehousing.com

Division of Public Health
302-744-4700

Division of Social Services
800-372-2022

Drug Free Delaware
www.state.de.us/drugfree

Division of State Service Centers
302-255-9675

Division of Substance Abuse
and Mental Health
302-255-9399

Office of the Governor,
Dover Office 302-744-4101
Wilmington Office 302-577-3210
Statewide 1-800-292-9570



