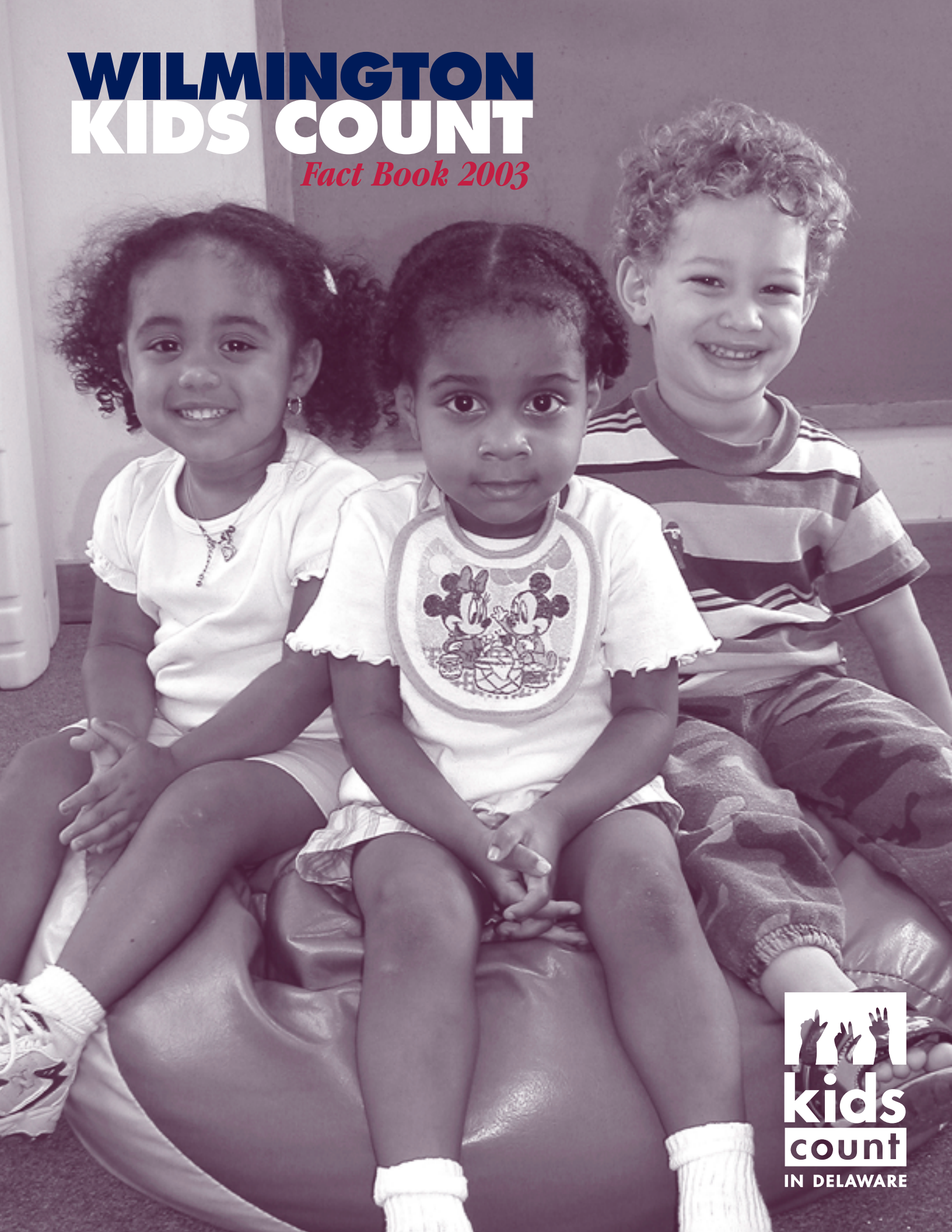
# WILMINGTON KIDS COUNT

## *Fact Book 2003*



kids count IN DELAWARE

JAMES M. BAKER
MAYOR

City of Wilmington
Delaware

LOUIS L. REDDING - CITY/COUNTY BUILDING
800 FRENCH STREET
WILMINGTON, DELAWARE
19801 - 3537

Dear Friends:

Our kids count! In fact, our children count in ways too numerous to mention in this letter of greeting for the latest edition of the Wilmington KIDS COUNT Report. While we can all agree on the importance of our children, their health, their education, and their future, much work remains to ensure that our children have every opportunity to prosper and grow.

The following report presents numerous indicators that show us how much work has been done or remains to be done for our children. As we continue to address the issues that influence the life potential of our young people, we can confidently say as parents, as community and agency representatives, and as government officials that we are effectively pooling our talents and resources,and that, indeed, our kids count!

On behalf of the citizens of Wilmington, I am pleased and honored to present the third edition of the ***Wilmington KIDS COUNT Fact Book 2003***. I express my thanks to the Annie E. Casey Foundation and to a host of Wilmingtonians and Delawareans who care very much about our children and have produced the ***Wilmington KIDS COUNT Fact Book 2003*** as a comprehensive look at the status of children living in Wilmington.

The fate of our children, I believe, is one of the most important indicators of the general health oftheW ilmington community and our society, in general. On the pages that follow you will find information about Wilmington childrenÕs health, their strengths and weaknesses in the classroom, and how domestic violence, juvenile crime and HIV/AIDS affect their young lives.

LetÕs put this information to work in developing new ideas and fresh thinking at home, in our public and private offices, in our classrooms, and throughout Wilmington to produce stronger, healthier and happier children. On behalf of our children, thank you!

Sincerely

James M. Baker
Mayor

# WILMINGTON KIDS COUNT
# *Fact Book 2003*

***Funded by the City of Wilmington and The Annie E. Casey Foundation***

kids count IN DELAWARE

The photographs in this book do not necessarily represent the situations described.

# Acknowledgments


***The Hon. James M. Baker***
Mayor, City of Wilmington

***The Hon. Theodore Blunt***
President, Wilmington City Council

***Maribel Ruiz***
Wilmington City Clerk

***Henry W. Supinski***
Treasurer, Wilmington City Council

***John Rago***
Communication Director

## Wilmington City Council

***Charles Potter, Jr.***
First District

***Norman D. Griffith***
Second District

***Stephanie T. Bolden***
Third District

***Norman M. Oliver***
Fourth District

***Demetrio Ortega, Jr.***
Fifth District

***Kevin F. Kelley, Sr.***
Sixth District

***Gerald W. Kelly***
Seventh District

***Gerald L. Brady***
Eighth District

***Paul T. Barkowski***
At-large

***Charles M. "Bud" Freel***
At-large

***Theopalis K. Gregory***
At-large

***Michael J. Hare***
At-large

## Department of Parks and Recreations Division of Youth and Families

***Romain L. Alexander***
Director

***Jana Lane Brown***
Deputy Director

***Jaime Figeuras***
Superintendent

***John Shehee***
Program Coordinator

***Nichole Torrence***
Special Events

***Artise Williams***
Accounts Administrator

## KIDS COUNT Staff

***Teresa L. Schooley***
Project Director
KIDS COUNT in Delaware
Center for Community Research and Service
University of Delaware

***Rachel A. Rivas***
Graduate Research Assistant
Center for Community Research and Service
University of Delaware

***Yuan You***
Graduate Research Assistant
Center for Community Research and Service
University of Delaware

***Janice Barlow***
Assistant to the Director
Center for Community Research and Service
University of Delaware

## Design & Photography

***Karen Kaler***
RSVP Design

***A special thank you to the Wilmington children featured in photographs on the cover and throughout this book.***

## KIDS COUNT Board

***Steven A. Dowshen, M.D., Chair***
Alfred I. duPont Hospital for Children

***Benjamin Fay, Vice Chair***
Committee on Early Education and Social Services

***Prue Albright, R.N., M.S.N.***
Public Health Nursing Director
Division of Public Health

***Gwendoline B. Angalet, Ph.D.***
Department of Services for Children, Youth and Their Families

***Jana Lane-Brown***
Department of Parks and Recreation
City of Wilmington

***Donna Curtis, M.P.A.***
Consultant

***Thomas P. Eichler***
Stand Up for What's Right and Just (SURJ)

***Doris Gonzalez***
Director
Early Childhood Programs
Telamon Organization

***Ann R. Gorrin***
READ-ALOUD Delaware

***Theodore W. Jarrell, Ph.D.***
Department of Education

***Tyrone Jones***
Office of Senator Tom Carper

***Sam Lathem***
United Auto Workers

***Patricia Tanner Nelson, Ed.D.***
Cooperative Extension
University of Delaware

***Anthony M. Policastro, M.D.***
Medical Director
Nanticoke Hospital

***Helen C. Riley***
Executive Director
St. Michael's Day Nursery

***Sandra M. Shelnutt, M.S.W.***
Alliance for Adolescent Pregnancy Prevention

***Alvin Snyder***
Executive Director
Children and Families First

***Nancy Wilson, Ph.D.***
Department of Education

## Data Committee

***Theodore W. Jarrell, Ph.D., Chair***
Department of Education

***Celeste R. Anderson***
Division of Management Services
Delaware Department of Health and Social Services

***Laurie Cowan***
Division of Management Support Services
Department of Services for Children, Youth and Their Families

***Steven A. Dowshen, M.D.***
Alfred I. duPont Hospital for Children

***Barbara Gladders***
Delaware Health Statistics Center
Delaware Health and Social Services

***Roberta E. Gealt***
Research Associate
Center for Drug and Alcohol Studies
University of Delaware

***Tammy J. Hyland***
Delaware State Police

***Steven S. Martin***
Scientist
Center for Drug and Alcohol Studies
University of Delaware

***Carl W. Nelson, Ph.D.***
Division of Management Support Services
Department of Services for Children, Youth and Their Families

***Edward C. Ratledge***
Director
Center for Applied Demography and Survey Research
University of Delaware

***Robert A. Ruggiero***
Christiana Care Health Systems

***Richard S. Sacher, Ph.D.***
Information Technologies – User Services
University of Delaware

***Judy Walrath, Ph.D.***
Christiana Care Health Systems

# Table of Contents

## *Wilmington Kids Count*



## *The Indicators*



## *Other Issues Affecting Wilmington's Children*



## *Wilmington Children Speak*



# Wilmington Kids Count

*The* Wilmington KIDS COUNT Fact Book 2003 *is a snapshot of the well-being of children in Wilmington, Delaware. This third report is designed as a resource for policy makers and citizens to utilize in shaping local action to improve the status of children and families in Wilmington. The Fact Book is intended to present a variety of indicators providing a balanced perspective of how children and families are faring.*

Utilizing the KIDS COUNT in Delaware Fact Book and The Annie E. Casey Foundation's National Data Book, we have collected data using national indicators. In addition, data is presented on substance abuse, child care, HIV/AIDS, Food Stamps, welfare reform, domestic violence, and environmental hazards.

The featured indicators have been chosen because they provide a picture of the actual condition of children rather than a summary of programs delivered or funds expended on behalf of children. These indicators have three attributes:

- They describe a broad range of influences affecting the well-being of children.
- They reflect experiences across the developmental stages from birth through early adulthood.
- They are consistent across states and over time, permitting meaningful comparisons.

The featured indicators are:

- **Births to teens**
- **Prenatal care**
- **Low birth weight babies**
- **Infant mortality**
- **Child deaths**
- **Teen deaths by accident, homicide, and suicide**
- **Juvenile crime**
- **Education**
- **Children in poverty**
- **Children in one-parent households**

The purpose of this reference tool is to

- educate and raise awareness
- inform policy and planning decisions
- focus investment
- urge and monitor progress toward improved outcomes for Wilmington's children, youth, and families.

## *Making Sense of the Numbers*

The information on each indicator is organized as follows:

| | |
|---|---|
| Definition | a description of the indicator and what it means |
| Impact | the relationship of the indicator to child and family well-being |
| Graphs and charts | data displayed in a user-friendly manner |
| Related information | information in the appendix relating to the indicators |

## *Sources of Data*

The data are presented in several ways:

- Annual data for the most current available year
- Three-year and five-year averages through 2002 to minimize fluctuations of single year data and provide more realistic pictures of children's status
- Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons
- Comparisons between Wilmington, the balance of New Castle County (data for New Castle County minus Wilmington), Delaware and the United States.

The data have been gathered primarily from:

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

## *Interpreting the Data*

The Wilmington KIDS COUNT Fact Book 2003 uses the most current, reliable data. It is important to note that there are limitations in the data that was available, and KIDS COUNT hopes that in future publications, more information will be forthcoming. As policy makers and citizens seek information based on up-to-date data, we expect more city-level data will be gathered and reported.

Beware of small numbers! Since the population of Wilmington is relatively modest, data based on a small number of events (infant deaths, child deaths) may vary considerably from year to year, not necessarily reflecting significant changes in the indicators. The most important task is to assess the progress and to determine if the city is moving in the right direction. We hope in subsequent years to present more trend data for the city of Wilmington.

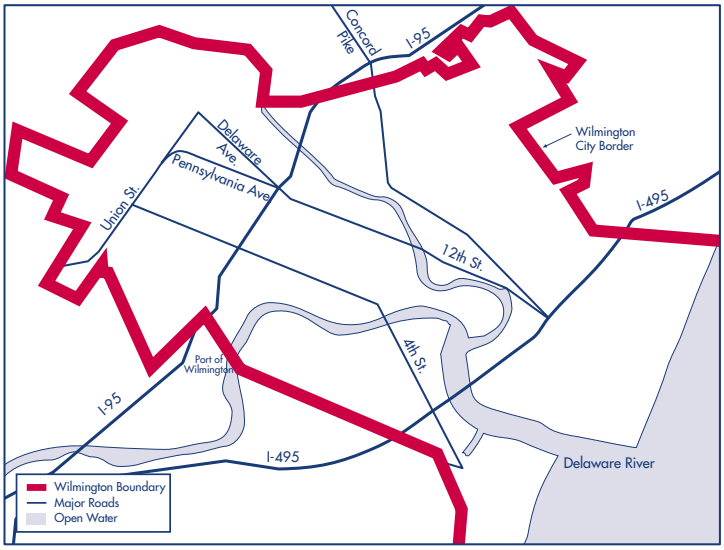
All 2000 Census data, which includes extensive information from the long form such as education, family structure, income, and household characteristics, has been included.

Accepted names for various ethnic and racial groups are constantly in flux and indicators differ in their terminology. KIDS COUNT has used the terminology reported by the data collection sources. Data for the Hispanic population has been included where available. As with all small numbers, caution should be exercised when interpreting this data.

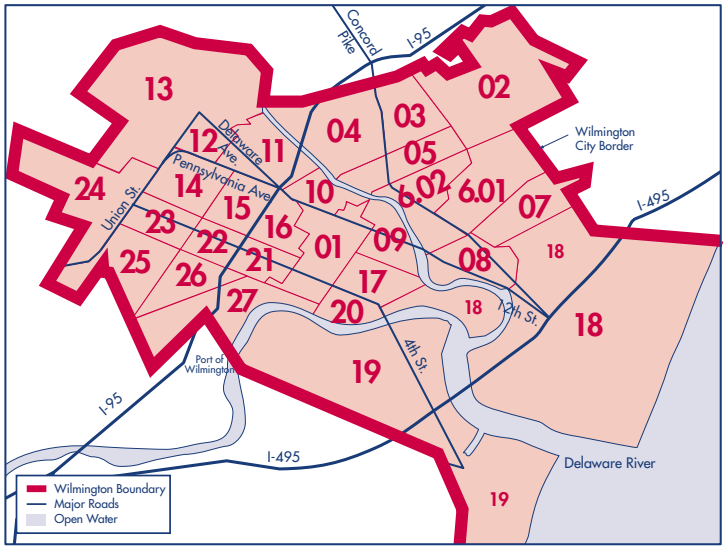
## *Using the Maps*

Where possible in this report, data for Wilmington are reported using the exact city boundaries as defined by the census tract. This is the preferable method since tracts are assigned based on the exact street address, and there is a group of tracts that conforms exactly to the city. However, some data sources do not include census tracts. In those cases, the ZIP codes 19801, 19802, 19805, and 19806 were used to define Wilmington. When it is defined in this way, it includes the entire city and some outlying areas.

### Wilmington City Boundaries




### Wilmington Census Tracts




The Delaware Health Statistics Center conducted a comparative analysis of the effect of using ZIP codes as a substitute for census tracts when tracts were not available. This analysis used birth data from 1991-1997 for which both ZIP code and census tracts were available. The analysis indicated that ZIP codes are a reasonable proxy measure for the city of Wilmington. However, the following caveats should be kept in mind when using ZIP codes:

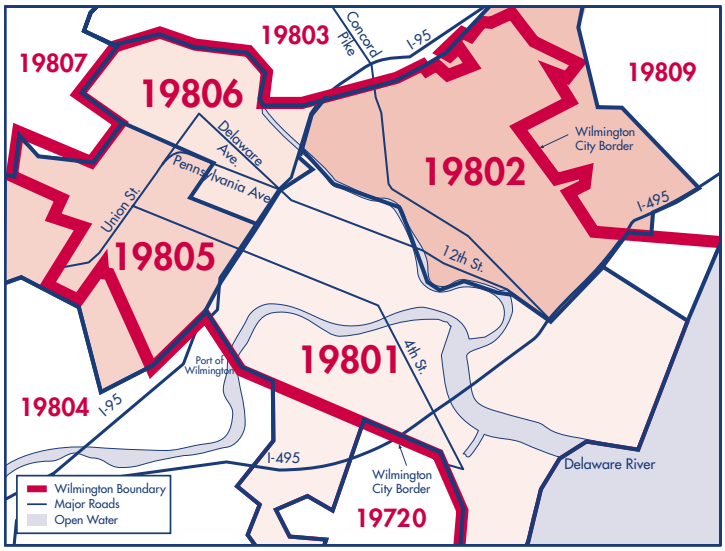
1. The absolute number of events is higher when using ZIP codes due to the inclusion of areas outside of the city boundaries. For example, there were 9,048 births to residents living within the city boundaries from 1991-1997. However, there were 11,359 births to residents of the aforementioned ZIP codes. This represents about 25% more than occurred to residents of the city. Therefore, any statistic reported as the number of events should be interpreted with this caution in mind.
2. Of the various indicators that were examined, (low birth weight, adequacy of prenatal care, insurance status, mother's education, etc.), all looked slightly better when using zipcodes than when using Wilmington census tracts. For example, the percent of mothers receiving adequate prenatal care during pregnancy was 77.3% using tracts and 77.8% using zipcodes. This should be kept in mind when looking at the data.

For detailed information on census tracts and blocks go to: **http://factfinder.census.gov**

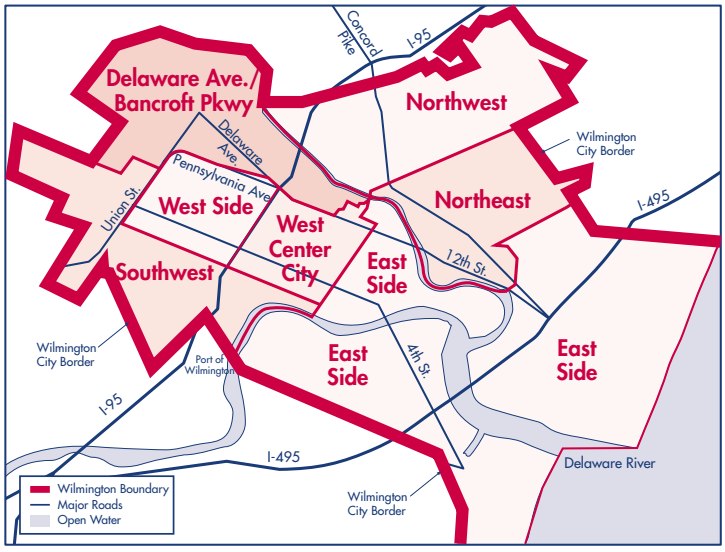
Anyone interested in more details on the comparative analysis can contact the Delaware Health Statistic Center at (302) 744-4704.

A map of the Neighborhood Planning Councils has been included for comparison purposes.

## Wilmington Zip Codes




## Neighborhood Planning Councils




# *Put Data into Action*

Wilmington's future rests in the hands of its children. But that future is only as bright as the opportunities children are given to get the health care, education, housing, and child care they need to grow up safely and become responsible adults.

put data into action

When you see this symbol, read our suggestions and become personally involved in improving the lives of our children. Learn about the facts. Share these facts and suggestions with others and enlist them in the effort to make Wilmington a good place to grow up.

# Overview

## Births to Teens Page 14

Number of births per 1,000 females ages 15–19

Five year average, 1996–2000:
Wilmington 118.5 • Delaware 50.7, U.S. 51.0

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **ABOUT THE SAME**

## Prenatal Care Page 18

Percentage of mothers receiving prenatal care in the first trimester of pregnancy

Five year average, 1996–2000:
Wilmington 79.8 • Delaware 83.1 • U.S. 80.5

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **ABOUT THE SAME**

## Low Birth Weight Babies Pg. 20

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

Five year average, 1996–2000:
Wilmington 13.1 • Delaware 8.6 • U.S. 7.5

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING WORSE**

## Infant Mortality Page 22

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

Five year average, 1996–2000:
Wilmington 14.4 • Delaware 8.4 • U.S. 7.1

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING WORSE**

## Juvenile Crime Arrests Page 26

Number of arrests per 1,000 juveniles 10–17

Three year average, 1999–2001:
Wilmington 102.7 • Delaware 98.5

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING WORSE**

## School Children in Poverty Page 38

Percentage of students receiving free and reduced lunch
2002–03 school year: Wilmington 70 • Delaware 30

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

## Education Page 30

Percentage of students meeting the standards

### Third Graders Page 32

Percentage of students meeting the standards
Reading, 2003: Wilmington 61 • Delaware 79
Math, 2003: Wilmington 55 • Delaware 74

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

### Fifth Graders Page 33

Percentage of students meeting the standards
Reading, Fifth Graders, 2003: Wilmington 57 • Delaware 76
Math, Fifth Graders, 2003: Wilmington 45 • Delaware 71

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

### Eighth Graders Page 34

Percentage of students meeting the standards
Reading, 2003: Wilmington 43 • Delaware 70
Math, 2003: Wilmington 20 • Delaware 47

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **ABOUT THE SAME**

### Tenth Graders Page 35

Percentage of students meeting the standards
Reading, 2003: Wilmington 45 • Delaware 67
Math, 2003: Wilmington 20 • Delaware 45

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

## Children in Poverty Page 38

Percent of children living below the poverty level
2000: Wilmington 30.4 • Delaware 11.9

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

## Children in One-Parent Families Page 42

Percentage of Families Headed by Single Parents
2000: Wilmington 60 • Delaware 31

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

# Demographics

Data from the 2000 Census provides a picture of the population of Wilmington, the state of Delaware, and the nation at large. 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 percent of the population in 1900, but only 26 percent in 2000. Similar trends emerge in Delaware and Wilmington.

## 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 |
|---|---|---|---|---|---|
| Wilmington | 72,664 | 18,793 | 53,871 | 25.9% | 17,822 |
| New Castle County | 500,265 | 124,749 | 375,516 | 25.0% | 106,079 |
| Delaware | 783,600 | 194,587 | 589,013 | 24.8% | 163,341 |

Source: 2000 Census, U.S. Census Bureau

## Wilmington Facts at a Glance

In 1990 Wilmington represented **10.7% of Delaware's total population**.

In 2000 Wilmington represented **9.2% of Delaware's total population**.

In 1990 Wilmington represented **16.1% of New Castle County's population**.

In 2000 Wilmington represented **14.5% of New Castle County's population**.

**15%** of children ages 0–17 in New Castle County live in Wilmington.

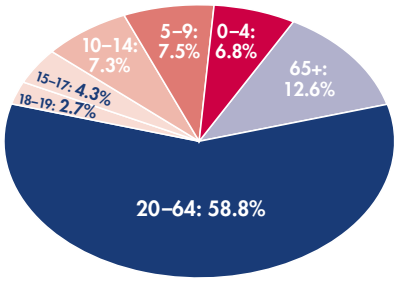
**64%** of children ages 0–17 in Delaware live in New Castle County.

**10%** of children ages 0–17 in Delaware live in Wilmington.

Source: 2000 Census, U.S. Census Bureau

## Population Estimate and Age Distribution

**Wilmington, 2000**




| | |
|---|---|
| Wilmington Total | 72,664 |
| Total Children 0–19 | 20,790 |
| Children 0–4 | 4,953 |
| Children 5–9 | 5,424 |
| Children 10–14 | 5,308 |
| Children 15–17 | 3,108 |
| Children 18–19 | 1,997 |

Source: 2000 Census, U.S. Census Bureau

## Income and Poverty Levels

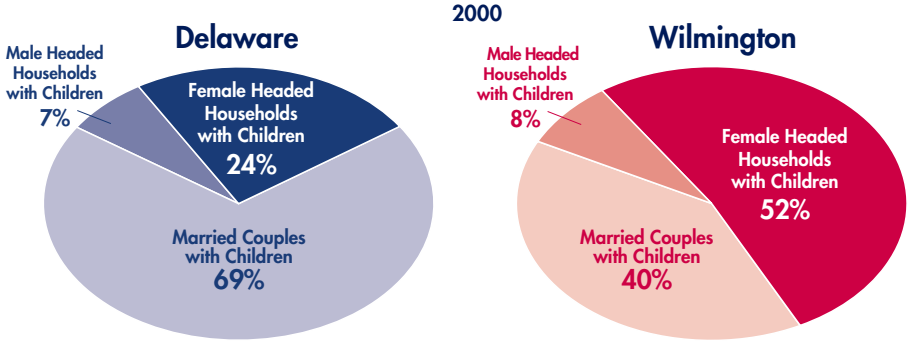
**Wilmington, New Castle County, and Delaware 2000**

| | Delaware | Wilmington | NC County |
|---|---|---|---|
| Median Income – Families with Children | $53,652 | $31,019 | $61,448 |
| Per Capita Income | $23,305 | $20.236 | $25,413 |
| Percent of persons below poverty level | 9.2% | 21.3% | 8.4% |
| Percent of families with children below poverty level | 9.9% | 24.0% | 8.4% |
| Percent of families with children below poverty level that are headed by a female | 66.8% | 76.3% | 69.5% |
| Percent of children living below the poverty level | 11.9% | 30.4% | 10.2% |

Source: U.S. Census Bureau, 2000 Census

## Families with Children

2000




Source: 2000 Census, U.S. Census Bureau

### Definitions:

**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 and residing together.

**Own Children** – Own children in a family are sons and daughters, including stepchildren and adopted children of the householder.

**Grandparent caregivers** – people who have primary responsibility for their co-resident grandchildren younger than 18.

## Wilmington Families

| | |
|---|---|
| Married Couples with Children | 3,110 |
| with children under 6 | 771 |
| with children 6-17 | 1,719 |
| with children both under 6 and 6-17 | 620 |
| Female Headed Households | 4,007 |
| with children under 6 | 751 |
| with children 6-17 | 2,463 |
| with children both under 6 and 6-17 | 793 |
| Male Headed Households | 641 |
| with children under 6 | 158 |
| with children 6-17 | 565 |
| with children both under 6 and 6-17 | 82 |

Source: 2000 Census, U.S. Census Bureau

## Wilmington Households

| | |
|---|---|
| Total Households | 28,617 |
| Total Family Households (Families) | 15,881 |
| Total Family Households (Families) with own children under 18 years | 7,758 |
| Married Couple Families with own children under 18 years | 3,110 |
| Female Householder, no husband present, with own children under 18 years | 4,007 |
| Male Householder, no wife present, with own children under 18 years | 641 |

Source: 2000 Census, U.S. Census Bureau

## Grandparents Living with Grandchildren

**Delaware, Wilmington, and New Castle County, 2000**

| | Delaware | Wilmington | NC County |
|---|---|---|---|
| Grandparents living with grandchildren under 18 years | 16,689 | 2,584 | 10,752 |
| Grandparents responsible for their grandchildren | 7,204 | 1,118 | 4,298 |

Source: 2000 Census

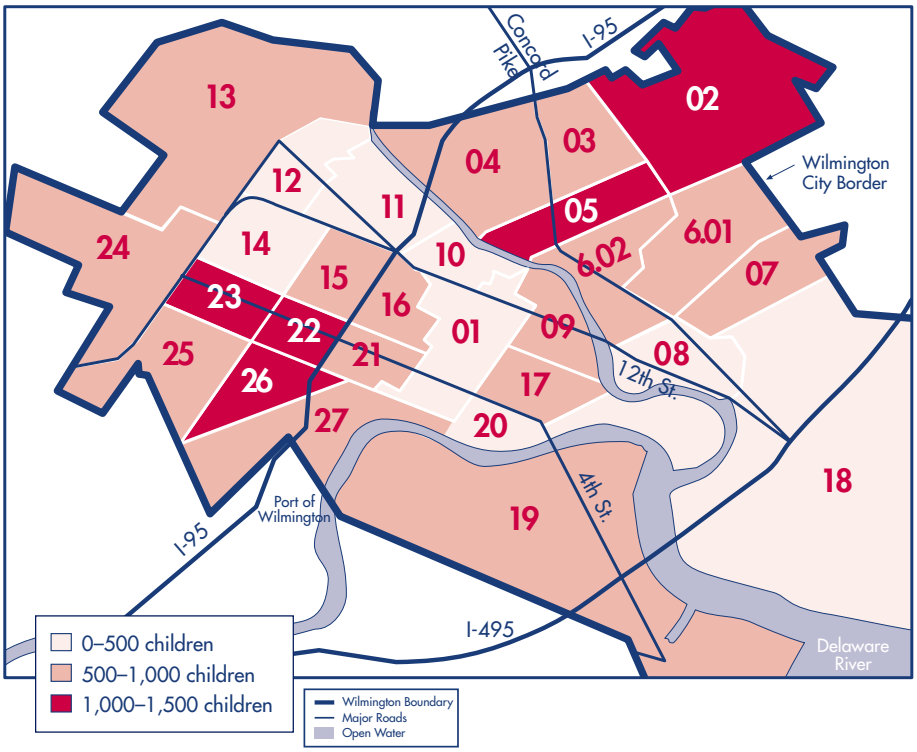
Census 2000 was the first time that questions on grandparent caregiving were included. Nationally 3.6 percent of all people aged 30 and over lived with their grandchildren, but less than half of those were responsible for their grandchildren. Considerably higher proportions were found among racial and ethnic groups other than White. While 8 percent each of the Black and Hispanic populations lived with their grandchildren, Hispanics were less likely than Blacks to be the caregivers of their grandchildren (35% compared to 52%).

# Demographics

*Continued from previous page*

## Population of Children

by Census Tract, Wilmington, 2000




| Census Tract | Children 0-17 | % of Total Pop. | Hispanic 0-17 | % of Hisp. Pop. |
|---|---|---|---|---|
| 1 | 136 | 19% | 13 | 22% |
| 2 | 1,478 | 27% | 46 | 36% |
| 3 | 979 | 29% | 35 | 38% |
| 4 | 643 | 21% | 36 | 32% |
| 5 | 1,171 | 31% | 57 | 42% |
| 6.01 | 773 | 29% | 37 | 40% |
| 6.02 | 827 | 26% | 34 | 33% |
| 7 | 842 | 50% | 49 | 59% |
| 8 | 182 | 8% | 5 | 7% |
| 9 | 702 | 32% | 26 | 41% |
| 10 | 81 | 12% | 1 | 7% |
| 11 | 112 | 3% | 2 | 3% |
| 12 | 166 | 10% | 5 | 29% |
| 13 | 615 | 17% | 15 | 33% |
| 14 | 412 | 19% | 76 | 36% |
| 15 | 511 | 22% | 90 | 39% |
| 16 | 750 | 28% | 99 | 37% |
| 17 | 967 | 33% | 49 | 35% |
| 18 | 0 | 0 | 0 | 0 |
| 19 | 728 | 40% | 74 | 52% |
| 20 | 226 | 29% | 11 | 26% |
| 21 | 689 | 32% | 87 | 37% |
| 22 | 1,192 | 34% | 588 | 38% |
| 23 | 1,182 | 34% | 509 | 40% |
| 24 | 991 | 22% | 128 | 36% |
| 25 | 783 | 25% | 230 | 42% |
| 26 | 1,120 | 30% | 327 | 40% |
| 27 | 535 | 29% | 85 | 35% |

Source: 2000 Census, U.S. Census Bureau

## Wilmington Facts at a Glance

| | |
|---|---|
| Total Population | 72,664 |
| Total Households | 28,617 |
| Population in Households | 68,436 |
| Average Household Size | 2.39 |
| Total Families | 15,881 |
| Population in Families | 50,640 |
| Average Family Size | 3.19 |

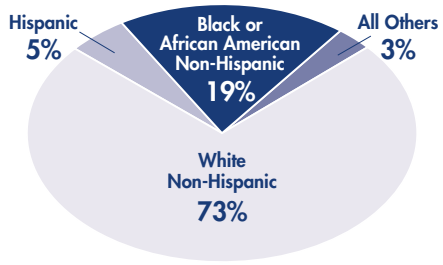
Source: 2000 Census, U.S. Census Bureau

For detailed information on census tracts and blocks go to: **http://factfinder.census.gov**

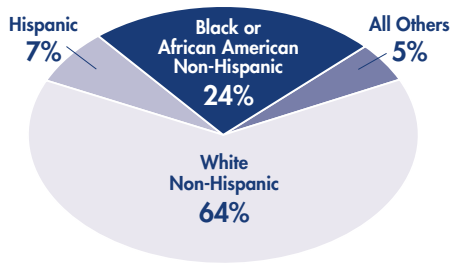
## Delaware Population by Race

and Hispanic Origin, 2000

### Total Population



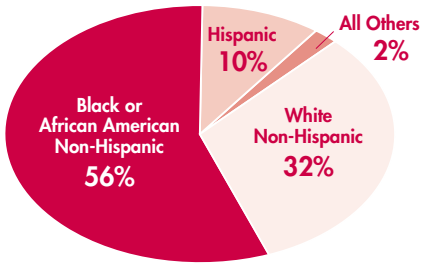

### Children under 18



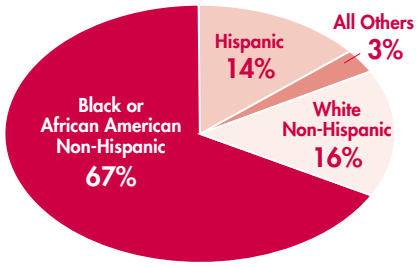

## Wilmington Population by Race

and 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.

## Wilmington 2000 Population Totals

by Race and Hispanic Origin, Wilmington 2000

| | Total Population | Children under 18 |
|---|---|---|
| Wilmington | 72,664 | 18,793 |
| White Non-Hispanic | 23,352 | 2,939 |
| Black Non-Hispanic or African American | 40,545 | 12,586 |
| Hispanic* | 7,148 | 2,714 |
| American Indian, Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Two or More Races | 1,619 | 554 |

## Families and Population in Families

by Race and Hispanic Origin, Wilmington 2000

| | Families | Population in Families |
|---|---|---|
| White Non-Hispanic | 4,826 | 13,112 |
| Black Non-Hispanic or African American | 9,371 | 31,012 |
| Hispanic* | 1,448 | 5,738 |
| American Indian, Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Two or More Races | 1,199 | 4,640 |

*Persons of Hispanic origin may be of any race. Hispanic families may be counted in more than one group.

Source: 2000 Census, U.S. Census Bureau

**For more information see**

Tables 1–4 p. 61–63

www.rdms.udel.edu/census
www.aecf.org/kidscount/census
www.cadsr.udel.edu/census2k
www.census.gov
www.prb.org

kids count INDICATOR

# Births to Teens

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **ABOUT THE SAME**

*Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.[1] The children of teen mothers are at significantly increased risk of prematurity, low birth weight, infant mortality, mental retardation, poor academic performance, insufficient healthcare, inadequate emotional support, and abuse and neglect.[2] Compared to women who delay childbearing, teen mothers are likely to have limited educational attainment, which in turn can reduce future employment prospects and earnings potential. U.S. taxpayers shoulder at least $7 billion annually in direct costs and lost tax revenues associated with teen pregnancy and childbearing.[3] In all of these ways, teenage childbearing exacts a high cost to both individuals and society as a whole.*

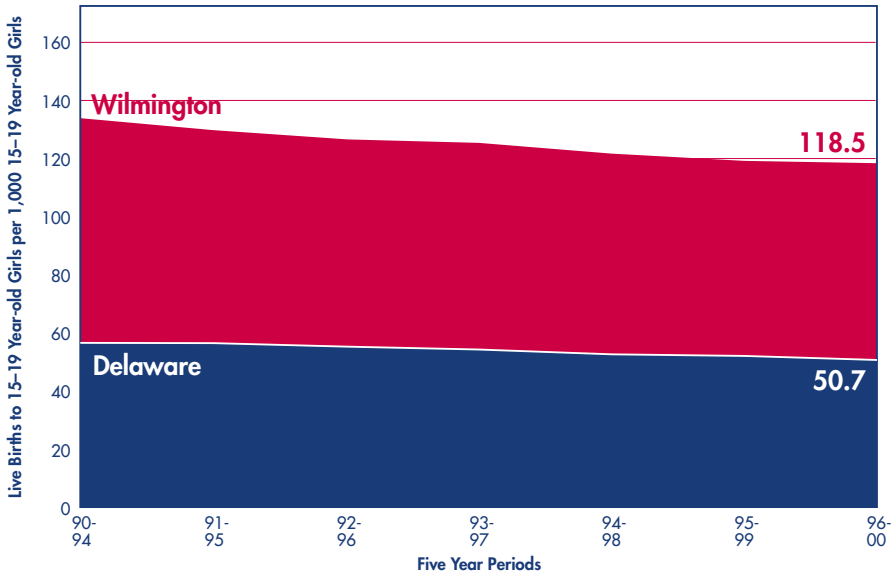
1 Klerman, L.V. (1993). Adolescent pregnancy and parenting: Controversies of the past and lessons for the future. Journal of Adolescent Health.

2 Recent Trends in Teen Pregnancy, Sexual Activity, and Contraceptive Use. (Feb. 2003). The National Campaign to Prevent Teen Pregnancy.

3 Ibid.

## Births to Teens 15–19

Delaware and Wilmington




Note: The recalculation of teen birth rates using revised population data resulted in birth rates lower than those previously reported, though the decreasing trend remains the same.

Source: Delaware Health Statistics Center

**put data into action**

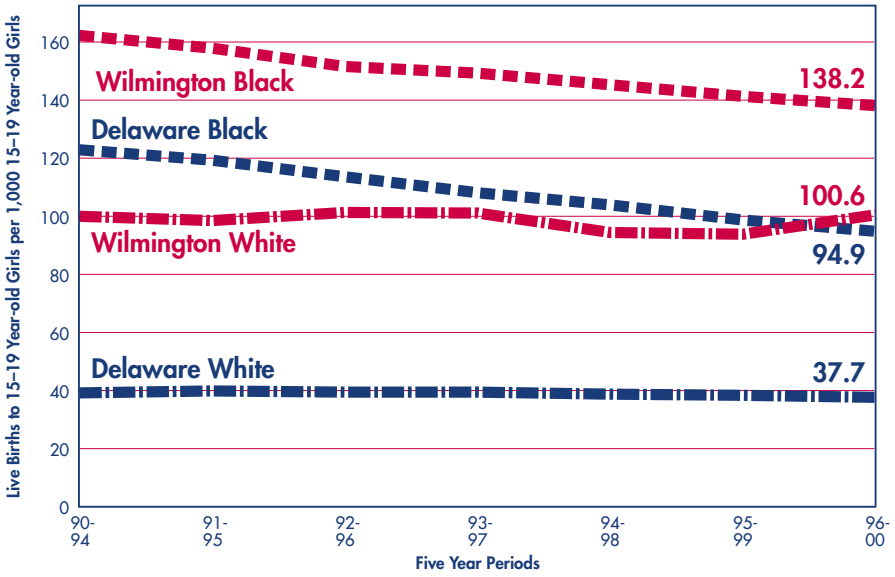
KIDS COUNT research shows effective strategies that can contribute to preventing teen pregnancy include:

- Address the underlying causes of teen pregnancy.
- Help parents succeed in their role as sex educators.
- Broaden the scope of pregnancy prevention efforts.
- Provide accurate and consistent information about how to reduce risk-taking behaviors.
- Create community-wide plans of action for teen pregnancy prevention.
- Give young people a real vision of a positive future by investing time and resources to help them acquire good decision-making, communication, and work skills that prepare them for the adult world.

Source: Annie E. Casey Foundation

## Births to Teens 15–19

Delaware and Wilmington by Race




Note: The recalculation of teen birth rates using revised population data resulted in birth rates lower than those previously reported, though the decreasing trend remains the same.

Source: Delaware Health Statistics Center

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

## Wilmington Facts at a Glance

**In Wilmington**

In 2000, there were **297** births to teens ages 19 and under.

- **22**% were to white teens.
- **78**% were to Black teens.
- **16**% were to Hispanic teens.
- **51** % of these births were to teens ages 18–19.
- **49**% of these births were to teens under age 18.

**In the Balance of New Castle County**

In 2000, there were **498** births to teens ages 19 and under.

- **68**% were to white teens.
- **32**% were to Black teens.
- **12**% were to Hispanic teens.
- **69**% of these births were to teens ages 18–19.
- **31** % of these births were to teens under age 18.

Source: Delaware Health Statistics Center

## *Did you know?*

- The U.S. has the highest rates of teen pregnancy and birth by far of any comparable country.
- Despite the recently declining teen pregnancy rates, four out of every ten American girls become pregnant at least once before their twentieth birthday, resulting in nearly half a million children born to teen mothers each year. Stated another way, each hour nearly 100 teen girls get pregnant and 55 give birth.
- Nearly eight in ten pregnancies among teens are not planned or intended.
- 13% of all U.S. births are to teens and 78% of teen births occur outside of marriage.
- Hispanic and black teens currently have the highest teen birth rates.
- 1/4 of teenage mothers have a second child within 24 months of the first birth.
- The sons of teen mothers are 13 percent more likely to end up in prison; the daughters of teen parents are 22 percent more likely to become teen mothers themselves.
- Each year the federal government alone spends about $40 billion to help families that began with a teenage birth.

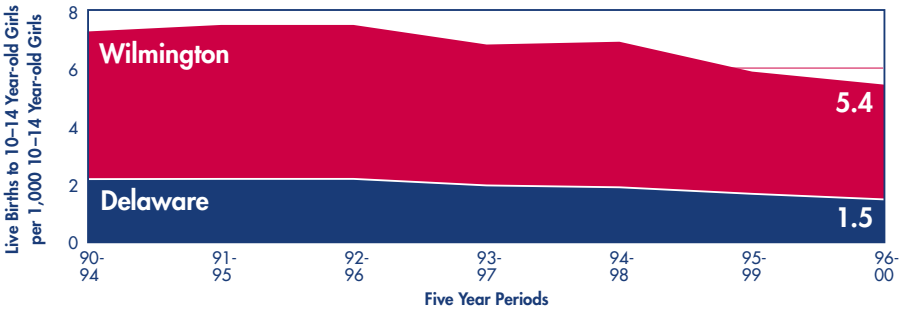
Sources: Teen Birth. Child Trends Data Bank www.childtrendsdatabank.org

# Births to Teens

*Continued from previous page*

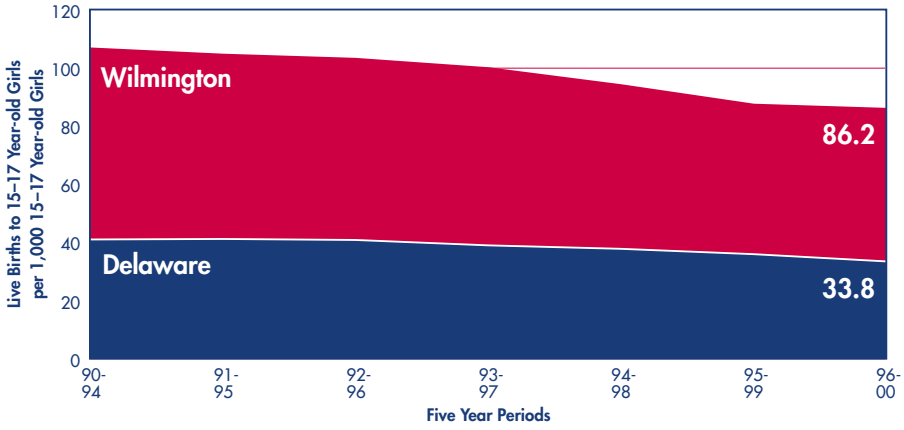
## Births to Teens 10–14

Delaware and Wilmington



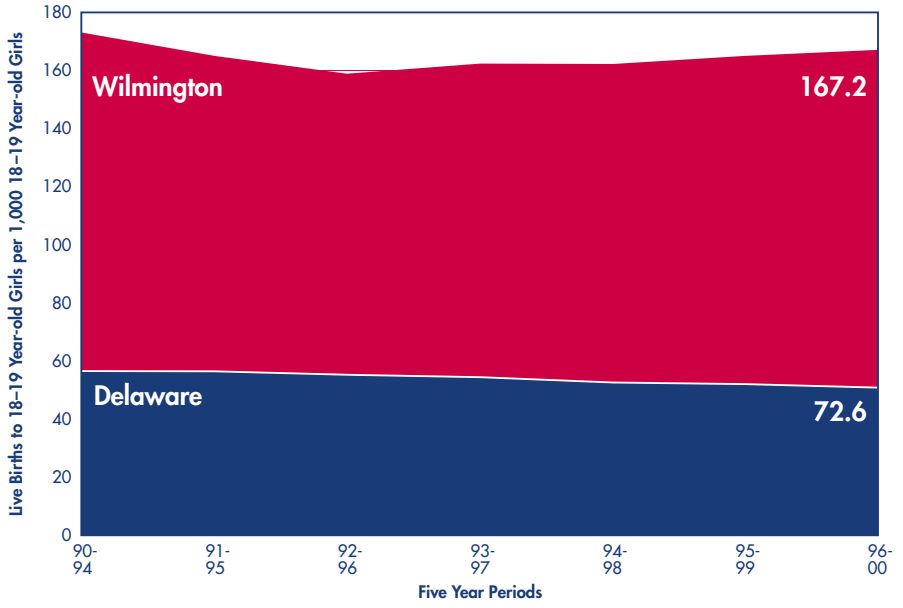

## Births to Teens 15–17

Delaware and Wilmington




## Births to Teens 18–19

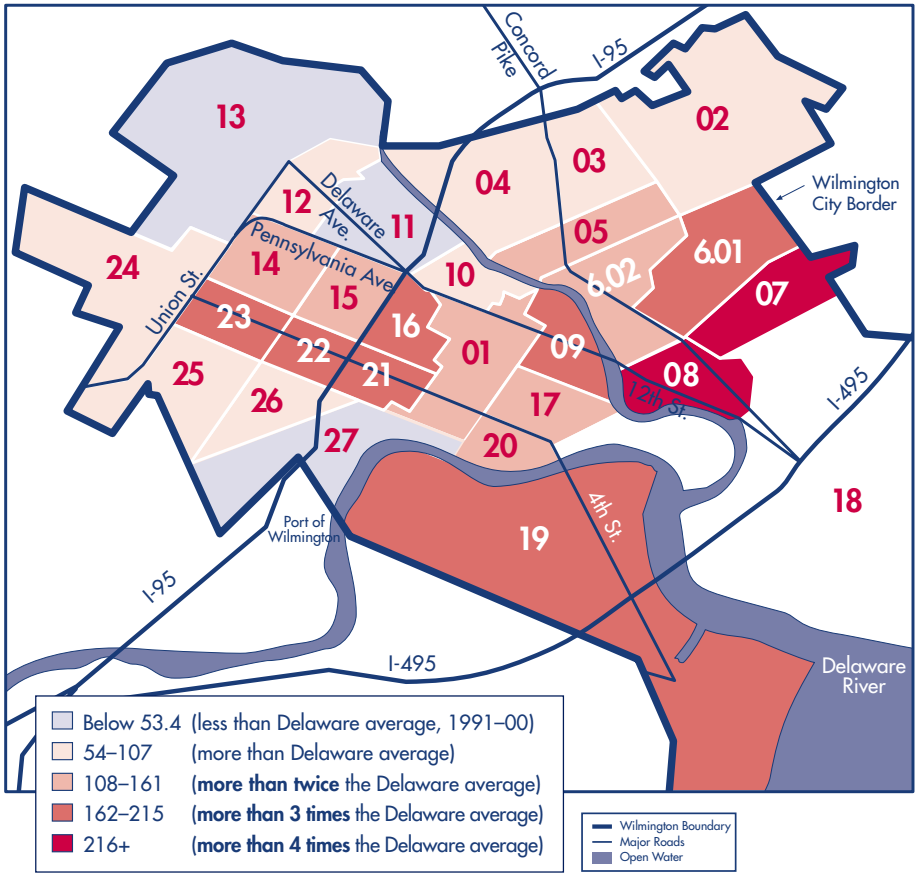
Delaware and Wilmington




Source: Delaware Health Statistics Center

## Birth Rates for Girls 15–19

by Census Tract, Wilmington, 1991–2000




| Census Tract | 15–19 Year Old Girls Births 91–00 | Est. Pop.* | Birth Rate** |
|---|---|---|---|
| 1 | 33 | 25 | 131.5 |
| 2 | 144 | 214 | 74.7 |
| 3 | 114 | 124 | 102.4 |
| 4 | 66 | 82 | 89.5 |
| 5 | 217 | 160 | 151.2 |
| 6.01 | 171 | 96 | 199.0 |
| 6.02 | 204 | 142 | 160.0 |
| 7 | 199 | 76 | 289.4 |
| 8 | 28 | 12 | 257.1 |
| 9 | 159 | 89 | 198.9 |
| 10 | 9 | 11 | 94.3 |
| 11 | 4 | 17 | 25.8 |
| 12 | 14 | 29 | 54.0 |
| 13 | 5 | 82 | 6.8 |

| Census Tract | 15–19 Year Old Girls Births 91–00 | Est. Pop.* | Birth Rate** |
|---|---|---|---|
| 14 | 57 | 57 | 110.7 |
| 15 | 102 | 74 | 153.8 |
| 16 | 152 | 87 | 193.2 |
| 17 | 162 | 118 | 152.5 |
| 19 | 149 | 89 | 185.6 |
| 20 | 37 | 28 | 146.3 |
| 21 | 119 | 80 | 165.5 |
| 22 | 262 | 162 | 179.6 |
| 23 | 246 | 147 | 186.4 |
| 24 | 122 | 126 | 108.0 |
| 25 | 55 | 97 | 63.1 |
| 26 | 94 | 100 | 104.2 |
| 27 | 25 | 55 | 50.3 |
| **Wilmington average** | | | **124.1** |

* Estimated Population 1995–96

** Any tract with 20 or less births should be interpreted with caution

Note: The recalculation of teen birth rates using revised population data resulted in birth rates lower than those previously reported, though the decreasing trend remains the same.

Source: Delaware Health Statistics Center

For detailed information on census tracts and blocks go to: **http://factfinder.census.gov**

**For more information see**


| | |
|---|---|
| Prenatal Care | p. 18 |
| Low Birth Weight Babies | p. 20 |
| Infant Mortality | p. 22 |
| High School Dropouts | p. 37 |
| Children in One-Parent Households | p. 42 |
| Tables 5–11 | p. 64–67 |
| Tables 57–58 | p. 96–97 |
| www.teenpregnancy.org | |
| www.agi-usa.org | |

# Prenatal Care

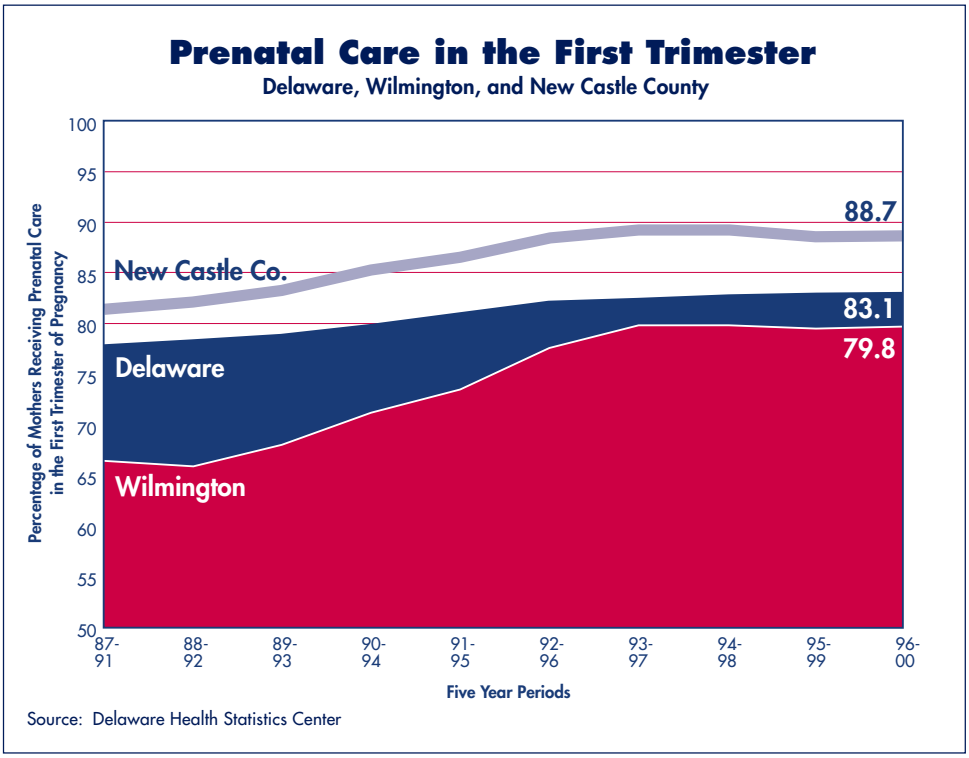
WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **ABOUT THE SAME**


*Timely and comprehensive prenatal care increases the likelihood of delivering a healthy infant of normal birth weight, results in fewer complications at birth, and reduces health care costs.[1] Inadequate nutrition, smoking, anemia, and diabetes, all of which can affect pregnancy outcomes, can be addressed by appropriate prenatal care. Getting late or no prenatal care is associated with a greater likelihood of having babies who are low-birth weight or stillborn or die in the first year of life. Many women who lack adequate care have social risk factors related to low socioeconomic status and young age that cannot be fully addressed through more adequate prenatal care.[2]*

1 2003 New Hampshire KIDS COUNT Data Book

2 Late or No Prenatal Care. Child Trends Data Bank. www.childtrendsdatabank.org




## *Did you know?*

- Visiting a physician during pregnancy can help to reduce the risk of a low birth weight baby by 300 percent.[1]
- The percentage of births to women receiving late or no prenatal care declined substantially during the 1990s, from 6.1% in 1990 to 3.7% by 2001. This improvement in prenatal care occurred for all racial groups and among Hispanic women.[2]
- American Indian and Alaska native women are the most likely to receive late or no prenatal care (8.2% in 2001), followed by non-Hispanic black women (6.5%) and Hispanic women (5.9%).
- Young women in their teens are by far the most likely to receive late or no prenatal care. 16.8% of girls under age 15 and 8.4% of girls ages 15–17 receive late or no prenatal care.[3]

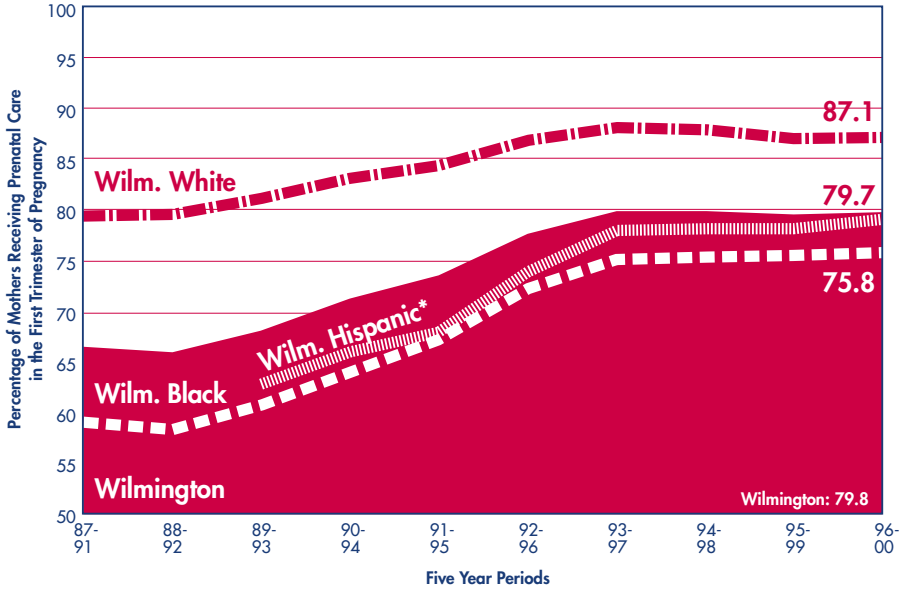
1 www.plannedparenthood.org

2 Late or No Prenatal Care. Child Trends Data Bank. www.childtrendsdatabank.org

3 Ibid.

## Prenatal Care in the First Trimester

**By Race and Hispanic Origin, Wilmington**

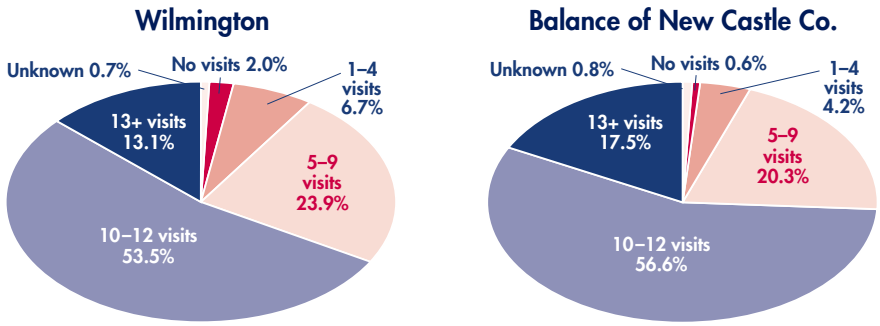



* Persons of Hispanic origin may be of any race. Hispanic data was not available prior to the 1989-93 time period.

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

## Prenatal Care

**Percentage of Live Births by Number of Prenatal Visits by Teen Mothers under age 20, 2000**




Source: Delaware Health Statistics Center

**put data into action**

Support local projects that help women obtain prenatal care, such as the Planned Parenthood of Delaware. Together with Christiana Care Health Systems, their "Better Beginnings" program provides:

- Parenting and childbirth education
- Nutrition and healthy lifestyles education
- Clinical services, including physical exams, lab tests, and risk assessment
- Labor and delivery at Christiana Hospital
- Postpartum care

Source: Prenatal care. Planned Parenthood of Delaware. Available from http://www.ppdel.org/prenatal.html

**For more information see**


| | |
|---|---|
| Births to Teens | p. 14 |
| Low Birth Weight Babies | p. 20 |
| Infant Mortality | p. 22 |
| Table 12 | p. 68 |
| www.kidshealth.org | |
| www.med.umich.edu/obgyn/smartmoms | |

kids count INDICATOR

# Low Birth Weight Babies

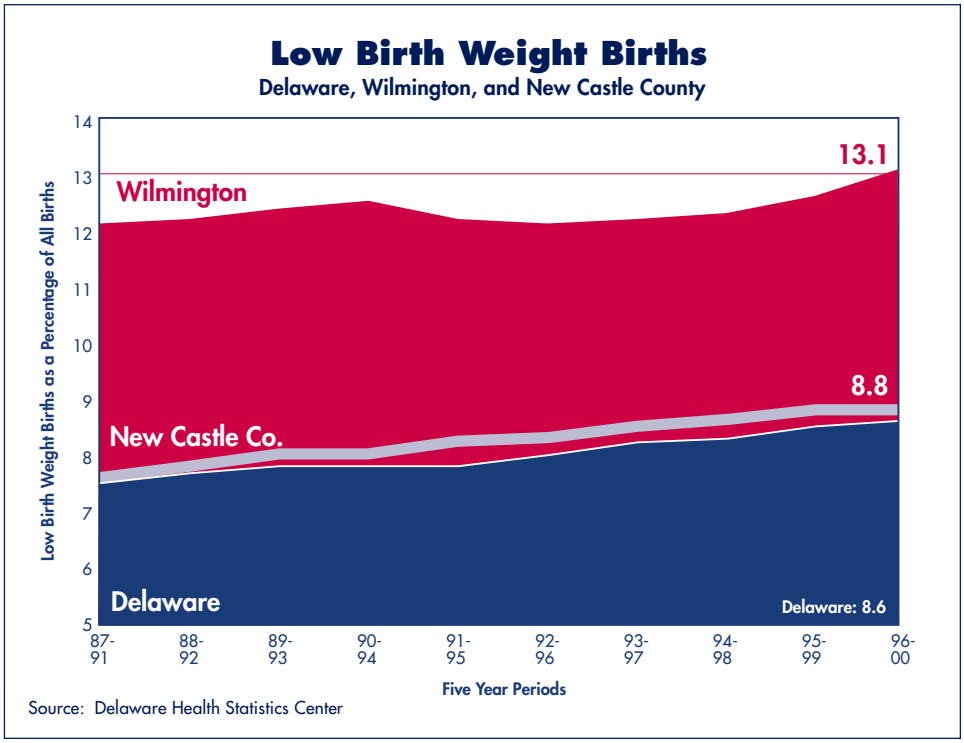
WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING WORSE**

*A baby's birth weight is an important indicator of newborn health and is directly related to infant survival and healthy development. Children born weighing less than 5.5 pounds are at greater risk for physical and developmental problems than children of normal weight. Increased risk of low birth weight is strongly associated with poverty, maternal smoking and low levels of educational attainment. Low birth weight babies are at higher risk of death or long-term illness and disability than babies of normal weight. As time progresses, they are more likely than healthier infants to experience delayed motor and social development. At almost all educational levels, socioeconomic levels and age categories, Black mothers are at greater risk for having a preterm delivery and a low birth weight baby.[1] These disparities are not entirely explained by differences in income or health behaviors.[2]*

1 American's Children: Key National Indicators of Well-Being 2002 (2002). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

2 Shore, R. (2002). KIDS COUNT Indicator Brief: Preventing Low Birthweight (Draft). Baltimore, MD: The Annie E. Casey Foundation.




Source: Delaware Health Statistics Center

## *Did you know?*

- Low birth weight babies are 24 times more likely than babies of normal weight to die within the first year of life. Children aged 4-17 who were born at low weight are 50% more likely than children of normal birth weight to be enrolled in a special educational program, to repeat a grade, or to fail school.
- In 2001, 11.9 percent of infants born to cigarette smokers were low-birth weight, compared with 7.3 percent of infants born to nonsmokers.

Source: Low and Very Low Birth weight Infants. Washington, DC: Child Trends Data Bank.

**put data into action**

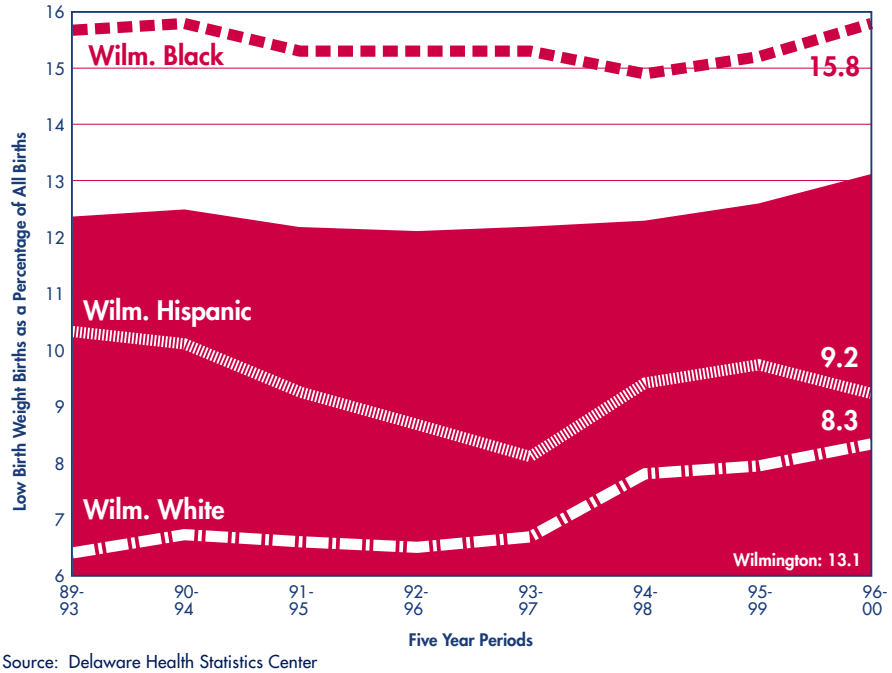
A KIDS COUNT research brief recommends five strategies that are essential to any plan aimed at reducing the rate of low birth weight births:

- Promote and support research on the cause of low birth weight births.
- Expand access to health care.
- Focus intensively on smoking prevention and cessation.
- Ensure that pregnant women get adequate nutrition.
- Address social and demographic risk factors.

Source: Annie E. Casey Foundation

## Low Birth Weight Births

By Race and Hispanic Origin, Wilmington




Source: Delaware Health Statistics Center

### Definitions:

**Infancy** – the period from birth to one year

**Neonatal** – the period from birth to 27 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.)

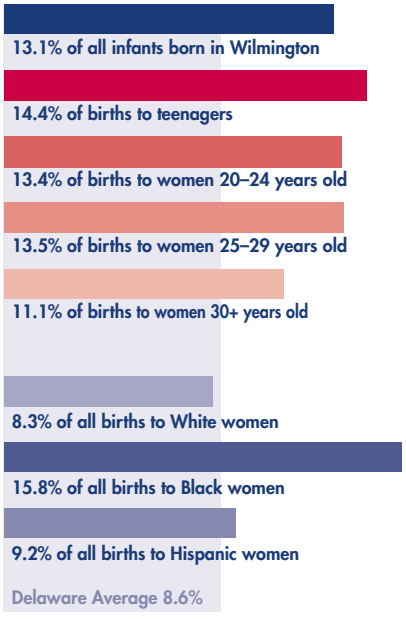
**Birth Cohort** – all children born within a specified period of time

Percentage of Babies with

## Low Birth Weight

(weight less than 2,500 grams or 5.5 lbs.) by Age and Race of Mother Wilmington, 1996–2000

Low birth weight babies in Wilmington represent:




Wilmington, Five year average percentages 1996–00

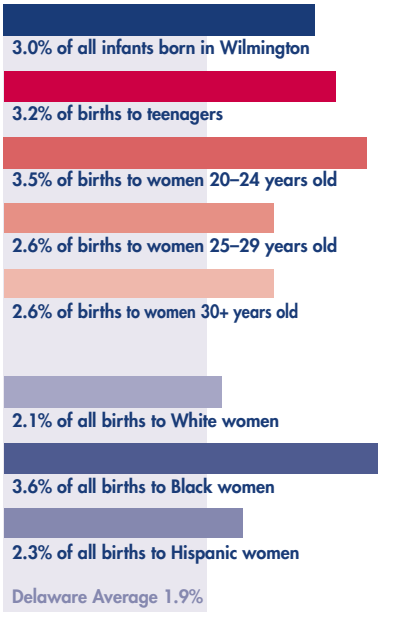
Source: Delaware Health Statistics Center

Percentage of Babies with

## Very Low Birth Weight

(weight less than 1,500 grams or 3.3 lbs.) by Age and Race of Mother Wilmington, 1996–2000

Very low birth weight babies in Wilmington represent:




Wilmington, Five year average percentages 1996–00

Source: Delaware Health Statistics Center

### For more information see

# Infant Mortality

kids count INDICATOR

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

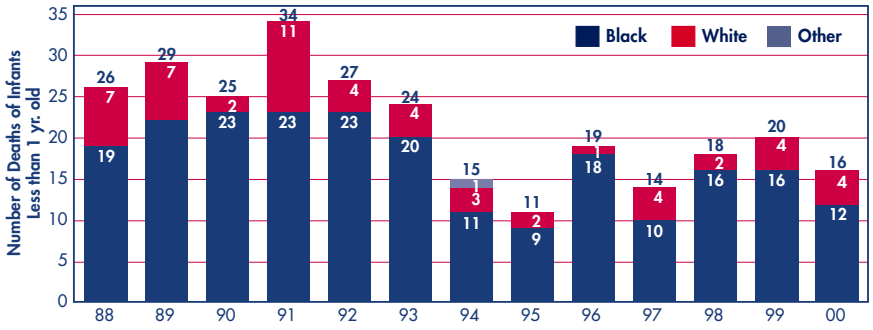
RECENT TREND IN WILMINGTON **GETTING WORSE**

The infant mortality rate is an important measure of the well-being of infants, children and pregnant women. Infant mortality is associated with a variety of factors, including women's health status, quality and access to medical care, socioeconomic conditions, and public health practices.[1] Communities with multiple problems, such as poverty, unemployment, and illiteracy, tend to have higher infant mortality rates than more advantaged communities.[2] Nationally, about two-thirds of infant death occur in the first month after birth and are due mostly to health problems of the infants or the pregnancy, such as preterm delivery, low birth weight, birth defects, sudden infant death syndrome and respiratory distress syndrome. About one third of infant deaths occur after the first month and may be influenced by social or environmental factors, such as exposure to cigarette smoke or access to health care.[3]

1 American's Children: Key National Indicators of Well-Being 2002 (2002). Federal Interagency Forum on Child and Family Statistics.
2 KIDS COUNT DATA BOOK: State Profile of Child Well-Being 2003 (2003). The Annie E. Casey Foundation.
3 American's Children: Key National Indicators of Well-Being 2001 (2001). Federal Interagency Forum on Child and Family Statistics.

## Infant Mortality

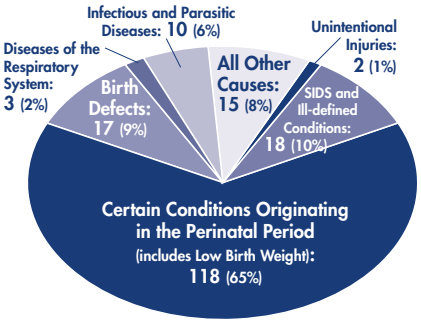
Number of Infant Deaths by Race for Wilmington




## Causes of Death of Infants Less than One Year Old

1999–2000

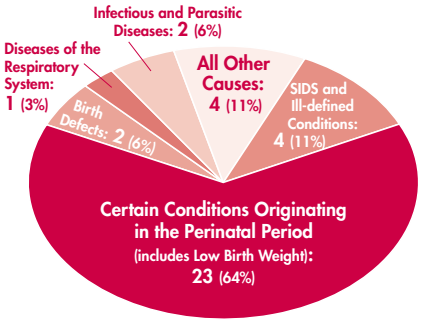
### Delaware




**Total number of deaths in 2-yr. period: 183**

Source: Delaware Health Statistics Center

### Wilmington




**Total number of deaths in 2-yr. period: 36**

Note: Percentages may not add up to 100% due to rounding.

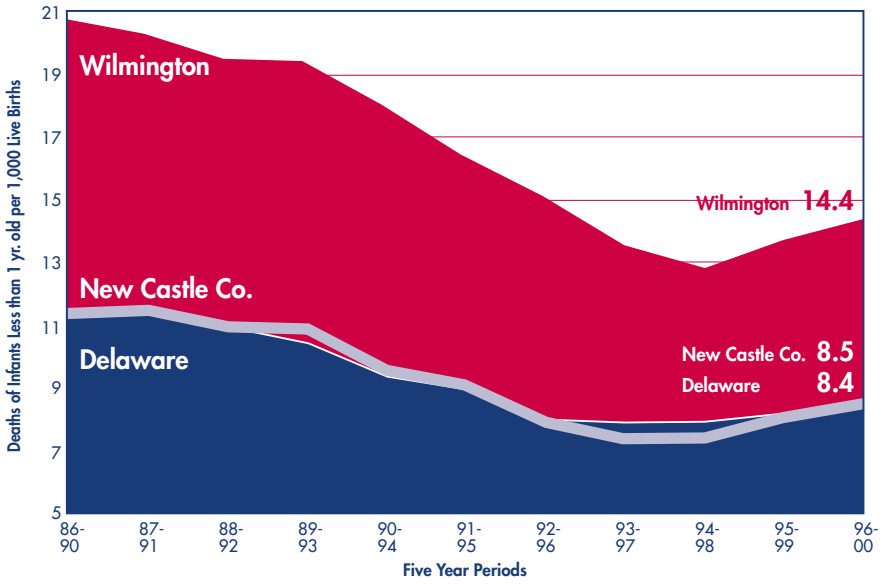
## *Did you know?*

- As of 1999, the infant mortality rate in the U.S. reached an all-time low of 7.1 deaths per 1,000 live births. Although infant mortality has dropped for all racial and ethnic groups over time, substantial disparities remain. At the rate of 5.5, Asian and Pacific Islander babies are least likely to die before their first birthday, followed by Hispanic (5.8), White, non-Hispanic (6.0), then the American Indian/Alaska Native (9.3), and finally African American infants who are at the highest rate of 13.9.
- Infant mortality rates for unmarried women are twice that for married women. Mothers without a high school degree have infant mortality rates twice that for women with a college education.

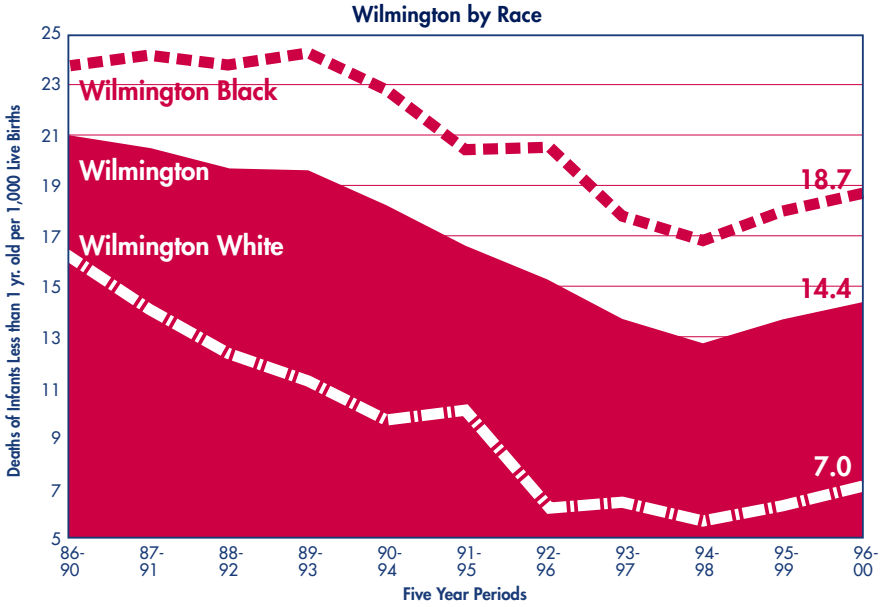
Source: New study identifies infants in greatest health risk (1998). Public Health Reports (113)4.

## Infant Mortality

### Wilmington Compared to New Castle County and Delaware




### Wilmington by Race




Source: Delaware Health Statistics Center

**Definitions:**

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

**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 time period between the current live birth and the previous live birth to the same mother.

**put data into action**

A KIDS COUNT research brief describes six strategies that are essential to reducing the infant mortality rate:

– Address disparities in infant mortality.

– Provide pre-pregnancy education and counseling to all women and men.

– Ensure timely prenatal care for all women.

– Expand access to medical care for infants in the first month of life.

– Expand access to well-baby care and parenting education.

– Expand programs for the prevention of child abuse and neglect.

Source: Annie E. Casey Foundation

**For more information see**


Births to Teens p. 14

Prenatal Care p. 18

Low Birth Weight Babies p. 20

Tables 17–19 p. 72–73


www.cdc.gov/nccdphp/drh/index.htm

www.hmhb.org

kids count INDICATOR

# Child Deaths

## Children 1–14 years of age

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

*The national child death rate has fallen steadily for the past several years, due in large part to advances in medical care and the general decrease in deaths from motor vehicle accidents.[1] Despite the decline in the child death rate, today's children still face numerous challenging health issues. Unintentional injuries remain the leading cause of death for all children. The leading causes of unintentional fatal injuries are motor vehicles, fires/burns, drowning, falls, and poisonings.[2] Often, the only difference between a nonfatal and fatal event is only a few feet, a few inches, or a few seconds. Therefore, parents and caregivers should take all necessary precautions for injury prevention, including educating children on proper safety procedures, installing working smoke alarms, providing children with appropriate safety equipment, as well as teaching young children to swim. Although injuries are the leading cause of child death, birth defects, homicide, violence, cancer, obesity, and infectious diseases also threaten the health of young children.[3]*

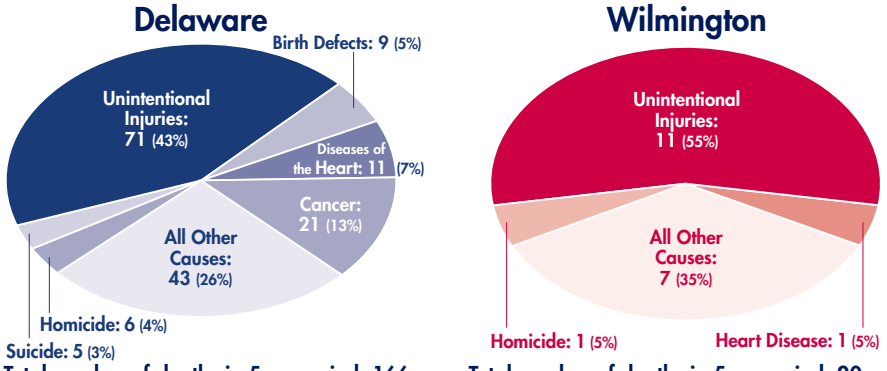
1 *KIDS COUNT: State Profiles of Child Well-Being 2003.* The Annie E. Casey Foundation.

2 *Childhood Injury Fact Sheet*: National Center for Injury Prevention and Control. Available from: www.cdc.gov/ncipc/factsheet/childh.htm.

3 *Profile of the Nation's Health*: CDC Fact Book 2000/2001. Available from: www.prevlink.org/clearinghouse/catelog/research_statistics/other_research_statistics/cdcfactbook02.pdf.

### Causes of Death of Children 1–14

1996–2000




Source: Delaware Health Statistics Center  Note: Percentages may not add up to 100% due to rounding.

### Deaths of Children 0–14

Number of Children 0–14 Who Died in 2000

| | Under 1 | 1–4 | 5–9 | 10–14 |
|---|---|---|---|---|
| Delaware | 102 | 16 | 9 | 16 |
| Wilmington | 16 | 2 | 0 | 1 |
| Balance of New Castle Co. | 51 | 6 | 4 | 8 |

Source: Delaware Health Statistics Center

**Definitions:**

**Child Death Rate** – number of deaths per 100,000 children 1–14 years old

**Unintentional Injuries** – accidents, including motor vehicle crashes

**For more information see**


| | |
|---|---|
| Infant Mortality | p. 22 |
| Teen Deaths | p. 25 |
| Tables 20–22 | p. 74–75 |
| www.cdc.gov/ncipc | |
| www.kidshealth.org | |


## *Did you know?*

Playgrounds and recreation areas can keep children off the streets and away from traffic. But these area are not always as safe as parents would hope. Some 170,100 children require hospital emergency room treatment each year because of playground accidents, mostly from falls. Safe equipment and construction are crucial, but so is close supervision.

Source: KIDS COUNT Indicator Brief: Reducing the Child Death Rate. The Annie E. Casey Foundation, July 2003.

kids count INDICATOR

# Teen Deaths
## by Accident, Homicide, & Suicide

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

*The rate of teen death in the U.S. is substantially higher than in many of our peer nations, due largely to motor vehicle accidents, homicide, and suicide.[1] Just as with child death, unintentional injury is the leading cause of teen death, accounting for approximately 60 percent of adolescent injury death.[2] Homicide and suicide are the second and third leading causes of death among teens. Firearms were the instrument of death in over 80 percent of teen homicides and 60 percent of teen suicides in 1999.[3] Overall, among adolescents age 15 to 19, accident, homicide, and suicide account for 75 percent of all deaths.[4]*

*Injuries due to motor vehicle crashes account for a large portion of the teen mortality rate, specifically, one-third of all deaths for this age group.[5] A number of factors contribute to a high crash rate of teens, including lack of driving experience and maturity, driving too fast, and the presence of alcohol. Participating in gang activities, driving recklessly, drinking alcohol, taking drugs, and other high-risk activities also elevate the number of adolescent deaths.*

1 *KIDS COUNT Indicator Brief: Reducing the Teen Death Rate.* The Annie E. Casey Foundation, July 2003.

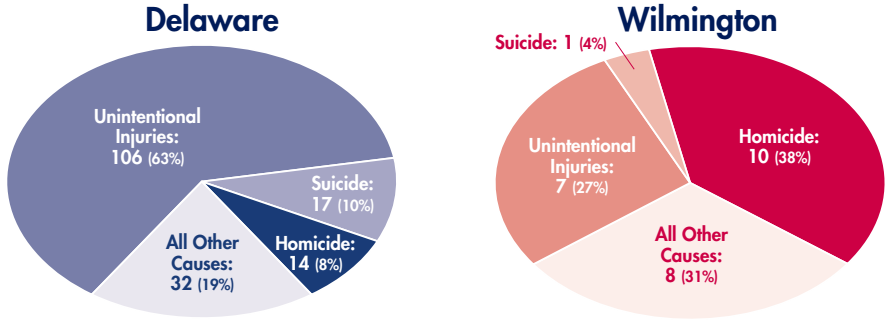
2 *Adolescent Injury Fact Sheet*: National Center for Injury Prevention and Control. Available from: www.cdc.gov/ncipc/factsheet/childh.htm.

3 Teen Homicide, Suicide, and Firearm Death: Child Trends Data Bank. Available from: www.childtrendsdatabank.org.

4 *KIDS COUNT: State Profiles of Child Well-Being 2003*. The Annie E. Casey Foundation.

5 *Profile of the Nation's Health*: CDC Fact Book 2000/2001. Available from: www.prevlink.org/clearinghouse/catelog/research_statistics/other_research_statistics/cdcfactbook02.pdf.

### Causes of Death of Teens 15–19
1996–2000




**Total number of deaths in 5-yr. period: 169** **Total number of deaths in 5-yr. period: 26**

Source: Delaware Health Statistics Center Note: Percentages may not add up to 100% due to rounding.

## *Did you know?*

Results of a national teen survey concerning drinking and driving:

- 13.1% reported driving at least once after drinking alcohol in the 30 days preceding the survey.
- 33.1% reported riding at least once with a driver who had been drinking in the 30 days preceding the survey.
- 16.4% reported never or rarely ever wearing a seatbelt when in a car or truck driven by someone else.

Source: *Profile of the Nation's Health*: CDC Fact Book 2000/2001. Available from: www.prevlink.org/clearinghouse/catelog/research_statistics/other_research_statistics/cdcfactbook02.pdf

**put data into action**

A future challenge for this age group is the increasing prevalence of overweight adolescents. Teens who are overweight are likely to be so in adulthood, putting them at risk for hypertension, heart disease, diabetes, and other serious conditions later in life. To help alleviate and deter children from being overweight encourage regular physical activity and healthy, balanced diets.

Source: *Profile of the Nation's Health*: CDC Fact Book 2000/2001.

**Definitions:**

**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

**For more information see**


Child Deaths p. 24
Juvenile Crime p. 26
Wilmington Children Speak p. 52
Tables 23–25 p. 76–77

www.childtrendsdatabank.org

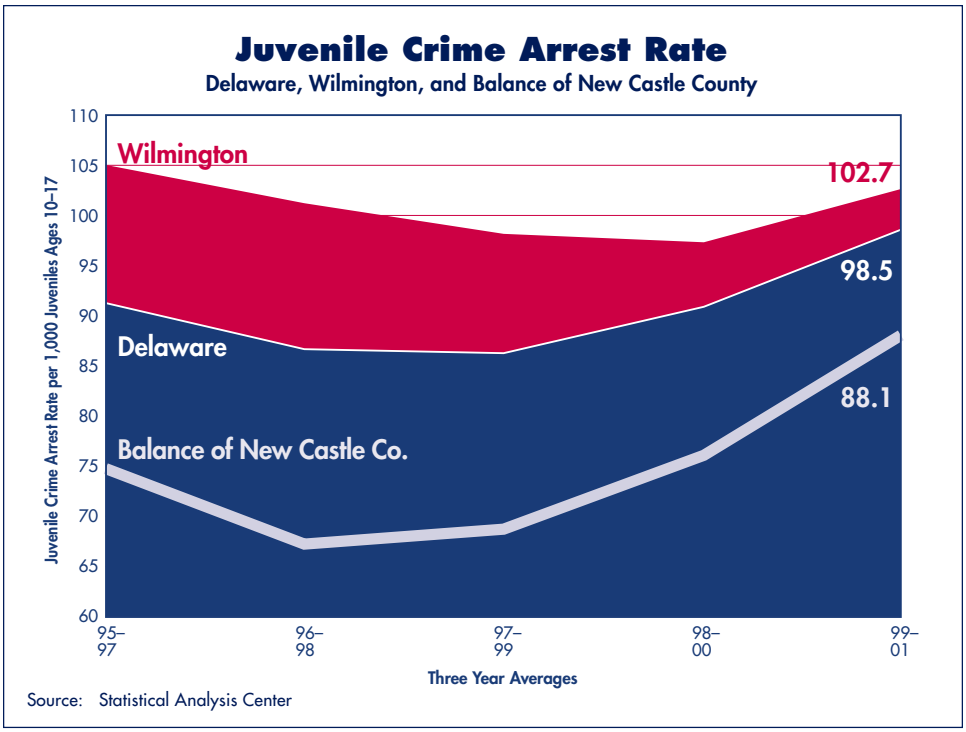
# Juvenile Crime

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING WORSE**

*Although juvenile crimes rates appear to have fallen in the past few years, this decrease has not alleviated concern. Despite the decline, in 2000, law enforcement agencies made and estimated 2.4 million arrests of persons under the age of 18. Between 1980 and 2000, the total juvenile arrest rate increased 10 percent for black juveniles, 6 percent for whites, and 2 percent for American Indians.[1] During this same period, the overall arrest rate for Asian juveniles declined 10 percent. In 2000, females accounted for 23 percent of juvenile arrests for aggravated assault and 59 percent of all arrests for running away from home.[1] Serious violent crimes committed by juveniles occur most frequently in the hours following the close of school on school days.[1] Subsequently, it is important to engage juveniles in extracurricular activities, after-school programs, and community events to help deter participation in delinquent activates, as well as build positive relationships with peers and adults.*

1 *OJJDP Statistical Briefing Book*. Available from: http://ojjdp.ncjrs.org/ojstatbb/asp/JAR_Display.asp?ID=qa2400031502.




Source: Statistical Analysis Center

## *Did you know?*

- About half the days in a year are school days. The other days fall in summer months, on weekends, and on holidays. Despite this, 57 percent of all violent crimes by juveniles occur on school days.
- Juvenile violence peaks in the after-school hours on school days and in the evenings on non-school days.
- On non-school days, the incidence of juvenile violence increases through the afternoon and early evening hours, peaking between 8 p.m. and 10 p.m.

Source: OJJDP Statistical Briefing Book.

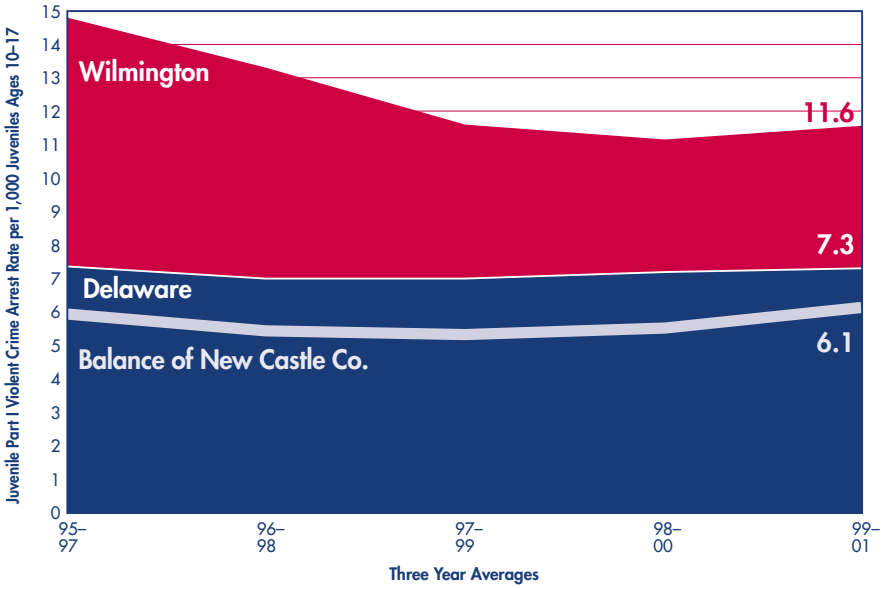
**put data into action**

Research from many sources shows a promising link between after-school programs and improvement in grades, test scores, and graduation rates. Other desirable outcomes for youth who participate in after-school programs are improved social skills resulting in better peer relations, healthier interaction with teachers and other adults and greater self-esteem.

Source: The After-School Corporation. Available online: www.tascorp.org

## Juvenile Part I Violent Crime Arrest Rate

**Delaware, Wilmington, and Balance of New Castle County**

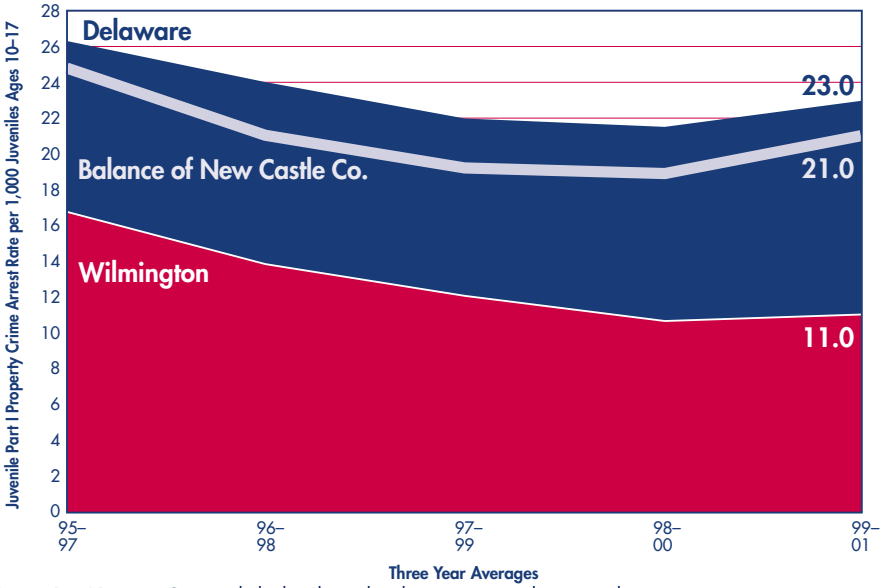



Note: Part I Violent Crime includes murder, non-negligent manslaughter, manslaughter by negligence, forcible rape, robbery and aggravated assault.

Source: Statistical Analysis Center

## Juvenile Part I Property Crime Arrest Rate

**Delaware, Wilmington, and Balance of New Castle County**




Note: Part I Property Crime includes burglary – breaking or entering, larceny and arson.

Source: Statistical Analysis Center

### Definitions:

**Part I Violent Crime:** murder, non-negligent manslaughter, manslaughter by negligence, forcible rape, robbery and aggravated assault.

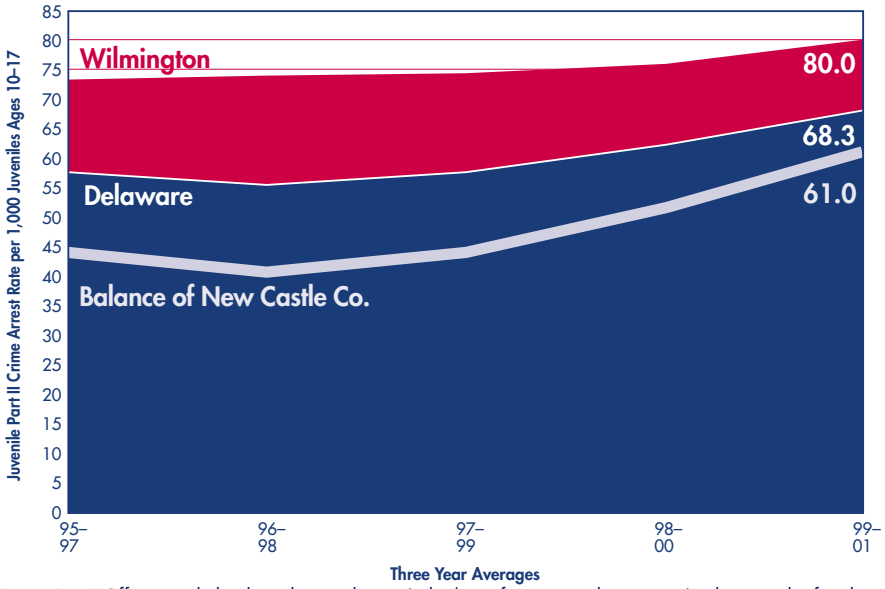
**Part I Property Crime:** burglary – breaking or entering, larceny and arson.

**Part II Offenses:** drug abuse violations (sales/manufacturing and possession), other assaults, fraud, stolen property (buying, receiving, possessing, etc.), sex offenses (except rape and prostitution), liquor laws, disorderly conduct, all other offenses (except traffic), curfew and loitering law violation.

*Continued from previous page*

## Juvenile Part II Crime Arrest Rate

**Delaware, Wilmington, and Balance of New Castle County**

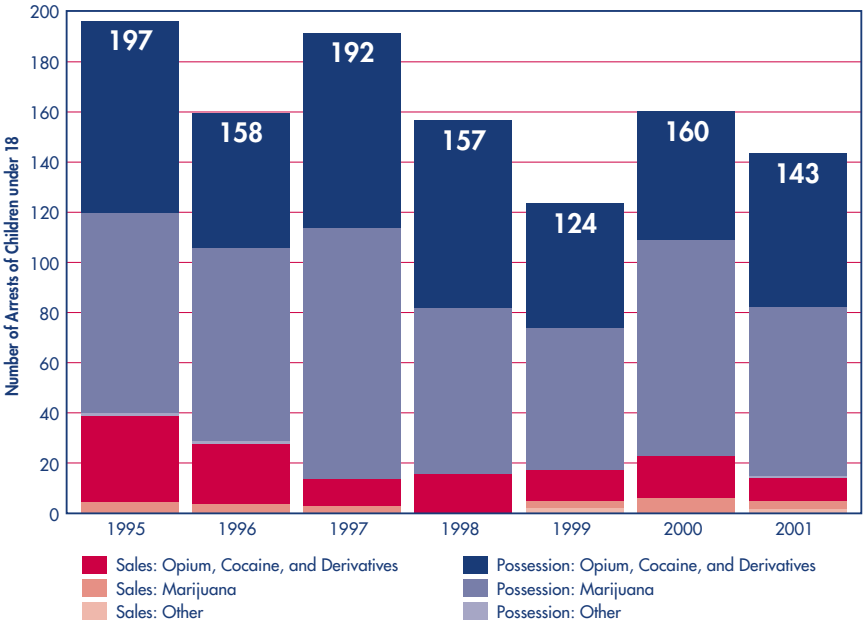



Note: Part II Offenses includes drug abuse violations (sales/manufacturing and possession), other assaults, fraud, stolen property (buying, receiving, possessing, etc.), sex offenses (except rape and prostitution), liquor laws, disorderly conduct, all other offenses (except traffic), curfew and loitering law violation.

Source: Statistical Analysis Center

## Juvenile Drug Arrests

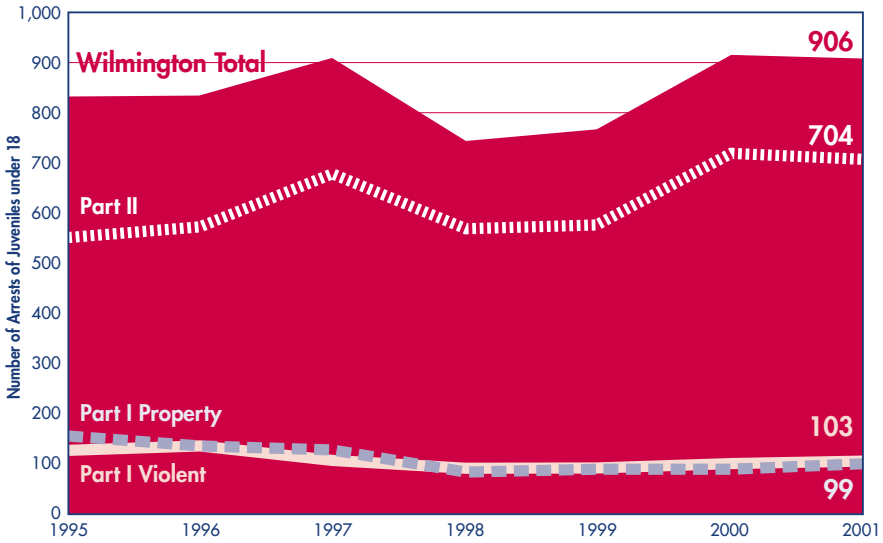
**Arrests of Children under 18, Wilmington, 1995–2001**




Source: Statistical Analysis Center

## Juvenile Crime Arrests

Wilmington




Source: Statistical Analysis Center

**Definitions:**

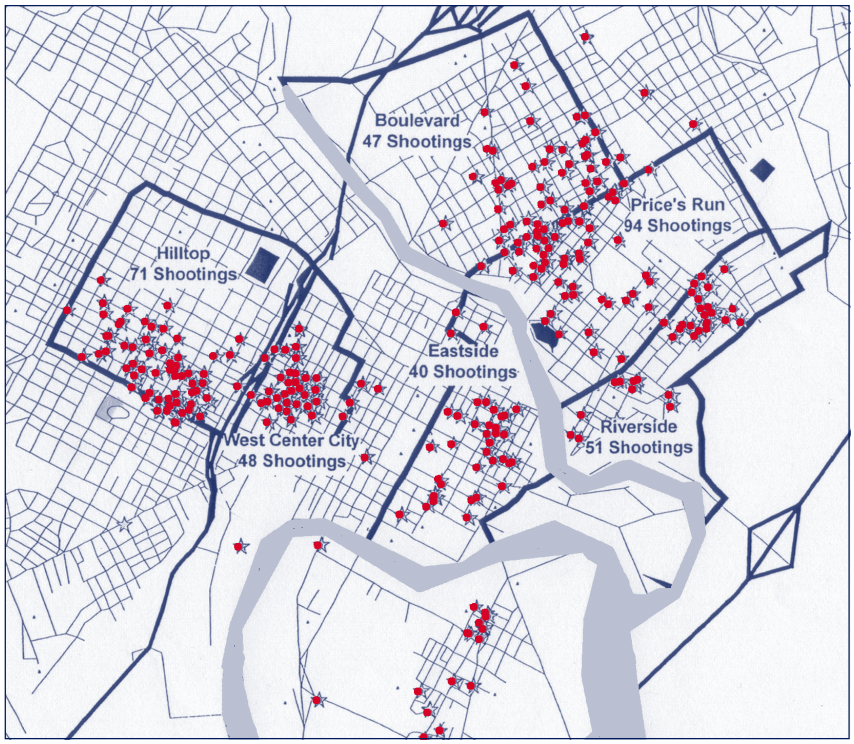
**Part I Violent Crime:** murder, non-negligent manslaughter, manslaughter by negligence, forcible rape, robbery and aggravated assault.

**Part I Property Crime:** burglary – breaking or entering, larceny and arson.

**Part II Offenses:** drug abuse violations (sales/manufacturing and possession), other assaults, fraud, stolen property (buying, receiving, possessing, etc.), sex offenses (except rape and prostitution), liquor laws, disorderly conduct, all other offenses (except traffic), curfew and loitering law violation.

## Wilmington Shooting Incidents

January 1996 – December 2000




Source: *Evaluation of Operation Weed & Seed in Wilmington*, Delaware, June 2001, Delaware Statistical Analysis Center

**For more information see**


Teen Deaths p. 25
High School Dropouts p. 37
Wilmington Children Speak p. 52
Tables 26–35 p. 78–81


www.connectforkids.org

www.ojjdp.ncjrs.org

www.state.de.us/cjc/weedseed.htm

# Education

## Early Care and Education

*From birth through age five children are developing the cognitive, physical, social, and emotional skills they will utilize for the rest of their lives. How well children learn and develop during this critical stage, and consequently perform in school, depends on a number of issues, including child health, physical well-being, social skills and emotional preparation; as well as language proficiency and general knowledge of the world.[1]*

*In 2000, 55 percent of mothers with infant children participated in the labor force, while in 1976 only 31 percent of new mothers worked.[2] Of children ages five or younger, 62 percent receive care on a regular basis from agencies and individuals other than their parents or guardians.[3] Children who participate in early childhood education programs increase their chances of success later on in education. Exposure to quality preschool experiences has been correlated with school completion for low-income minority children.[4]*

1 *Helping Your Preschool Child*. U.S. Department of Education. Available from www.ed.gov/pubs/parents/preschool/index.html.

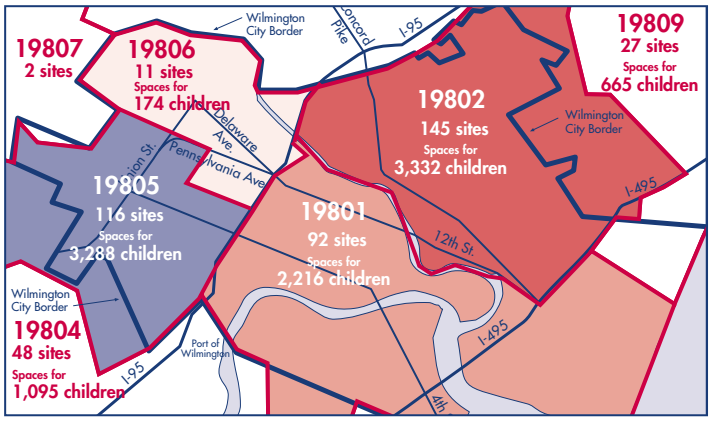
2 *Record Share of New Mothers in Labor Force*, Census Bureau Reports: United States Department of Commerce News. Available from: www.census.gov/Press-Release/www/2001/cb01-170.html.

3 *Elementary and Secondary Education, Digest of Education Statistics, 2001*. National Center for Education Statistics. Available from: http://nces.ed.gov/pubs2002/digest2001/tables/dt045.asp.

4 *Profile of the Nation's Health*: CDC Fact Book 2000/2001. Available from: www.prevlink.org/clearinghouse/catelog/research_statistics/other_research_statistics/cdcfactbook02.pdf.

### Early Care and Education Sites

**Early Care and Education Sites and Slots Available, Wilmington, July 2001**




Note: Number of spaces are estimated due to missing data from some part-time programs. Number of spaces does not correspond to the availability of full day child care.

Source: Center for Disabilities Studies, University of Delaware

### Weekly Cost in Dollars to Families for Child Care

**by Child's Age, Delaware, Wilmington, and New Castle County, 2002**

| | Delaware | | | Wilmington | | | New Castle Co. | | |
|---|---|---|---|---|---|---|---|---|---|
| | Min. | Avg. | High | Min. | Avg. | High | Min. | Avg. | High |
| 0–12 months | $50 | $120 | $226 | $60 | $116 | $185 | $60 | $135 | $226 |
| 12–24 months | $50 | $111 | $205 | $60 | $109 | $185 | $55 | $124 | $205 |
| 24–36 months | $50 | $105 | $195 | $60 | $104 | $185 | $50 | $119 | $195 |
| 3 years old | $50 | $103 | $180 | $50 | $92 | $157 | $50 | $81 | $195 |
| 4 years old | $50 | $102 | $180 | $50 | $96 | $157 | $50 | $110 | $180 |
| Kindergarten | $35 | $96 | $180 | $40 | $89 | $157 | $35 | $101 | $181 |
| School Age | $20 | $70 | $151 | $25 | $76 | $115 | $20 | $69 | $155 |

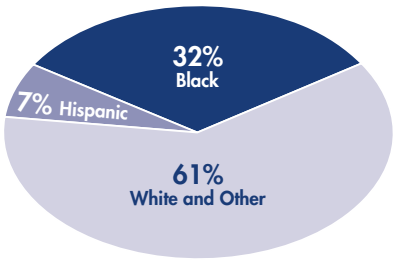
Source: The Family and Workplace Connection

*The education of children shapes their personal development and life opportunities, as well as the economic and social progress of our city and state. This section presents several indicators of how well children are progressing from early childhood through secondary school.*

## Public School Enrollment

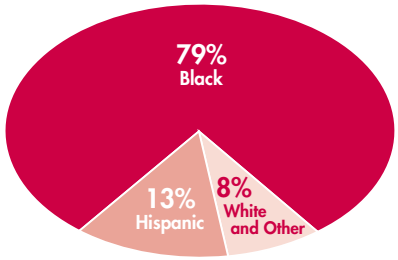
**2002–2003 School Year**

### Delaware




| Total Public School Enrollment of Students who Reside in Delaware: | 116,429 |
|---|---|
| Black | 36,618 |
| Hispanic | 8,436 |
| White and Other | 71,375 |

### Wilmington




| Total Public School Enrollment of Students who Reside in the City of Wilmington: | 10,862 |
|---|---|
| Black | 8,565 |
| Hispanic | 1,437 |
| White and Other | 860 |

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

Source: Delaware Department of Education

## Children Receiving Free & Reduced-Price Lunches

**2002–2003 School Year as a Percentage of Total Students**

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

### Delaware


| Students in Delaware who: | |
|---|---|
| Did receive FR lunch | 41,226 |
| Did not receive FR lunch | 75,203 |

### Wilmington


| Students in Wilmington who: | |
|---|---|
| Did receive FR lunch | 7,603 |
| Did not receive FR lunch | 3,259 |

The National School Lunch and Breakfast Programs provide nutritious meals to children at participating schools. To receive a reduced-price meal, household income must be below 185% of the federal poverty level. For free meals, household income must fall below 130% of poverty. Children in Food Stamp and Medicaid households are automatically eligible for free meals. Although not every eligible student participates, the number of children receiving free or reduced-price meals is an approximation of the number of low-income children in a school district. Wilmington has twice as many children from low-income families compared to the state, according to participation in the free and reduced-price meal program.

Source: Delaware Department of Education

*Continued from previous page*

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

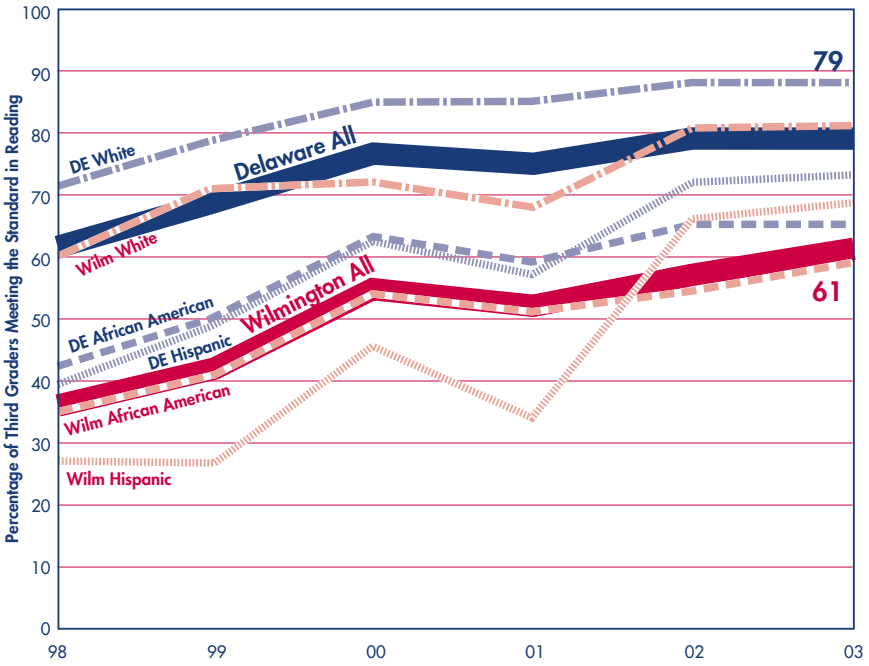
RECENT TREND IN WILMINGTON **GETTING BETTER**

# Delaware Student Testing Program

The Delaware Student Testing Program (DSTP) measures progress towards the Delaware content standards.

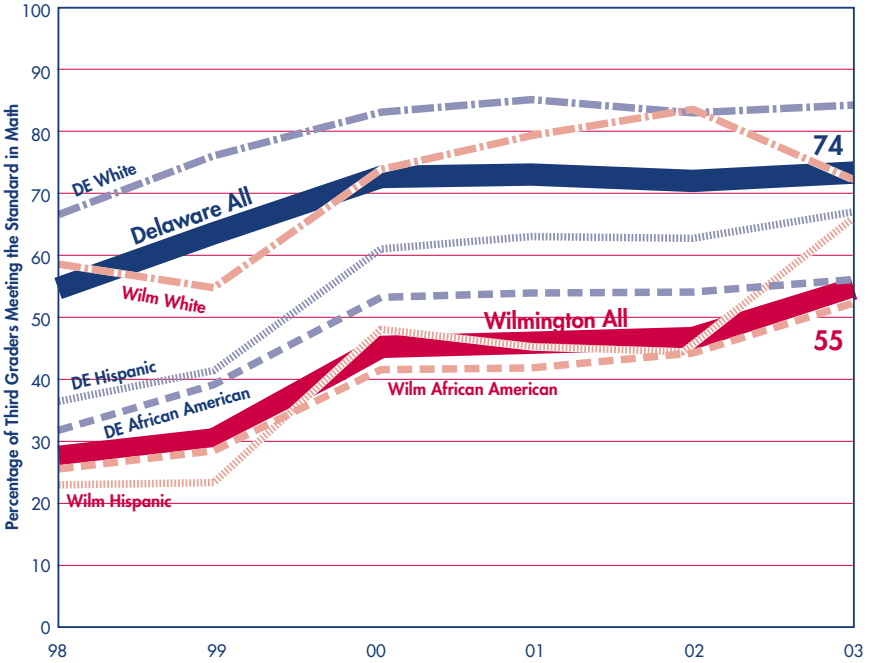
## Grade 3 Meeting the Standard in Reading

1998–2002




## Grade 3 Meeting the Standard in Math

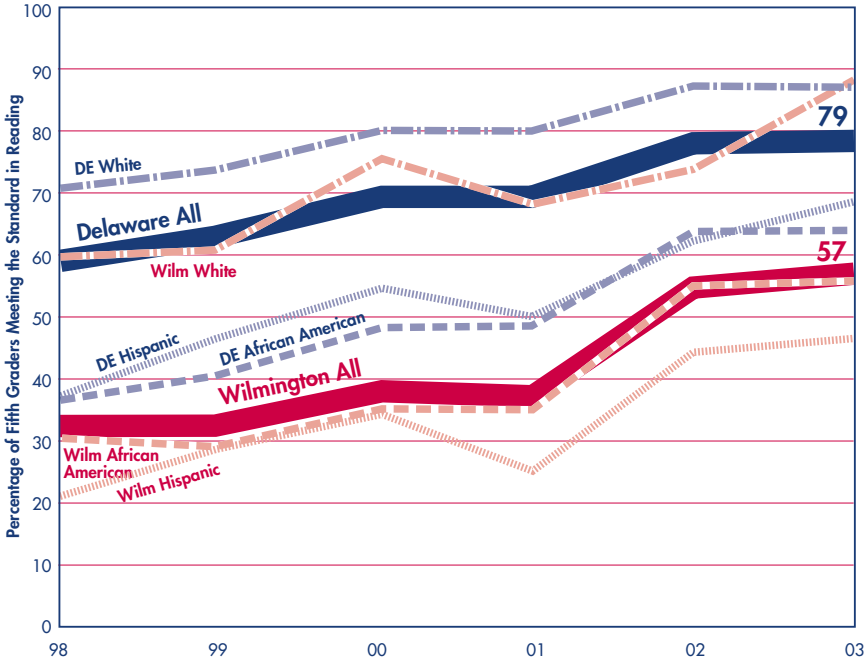
1998–2002




Source: Delaware Department of Education

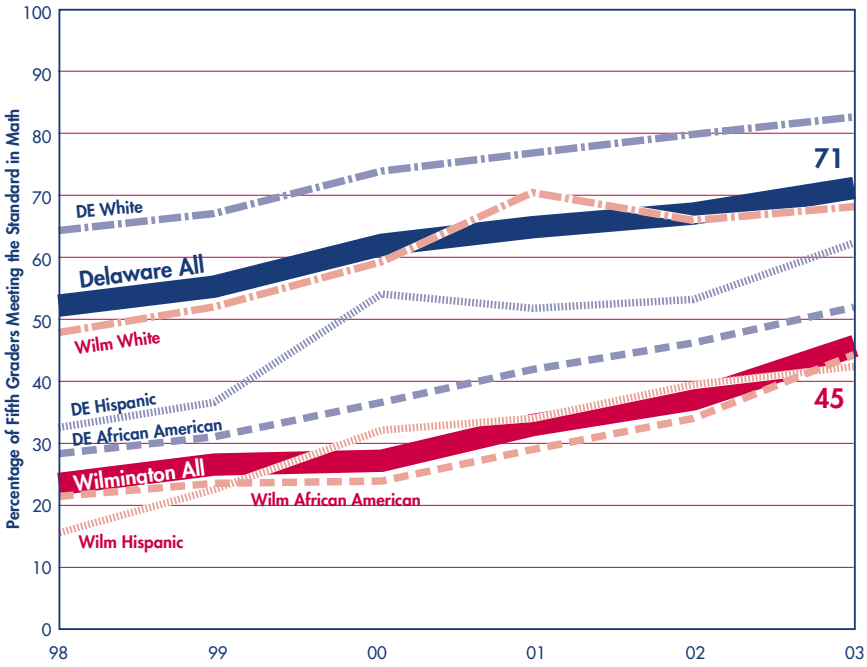
## Grade 5 Meeting the Standard in Reading

1998–2002




## Grade 5 Meeting the Standard in Math

1998–2002




Source: Delaware Department of Education

### Delaware Student Testing Program

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 each and every student in Delaware. The DSTP assists Delaware educators in determining students' strengths and weaknesses to help identify academic issues. For the sixth consecutive year, students in grades 3, 5, 8, and 10 were tested in areas of reading, mathematics and writing. Students in grades 4, 6, 8, and 11 are also tested in science and social studies.

*Continued from previous page*

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

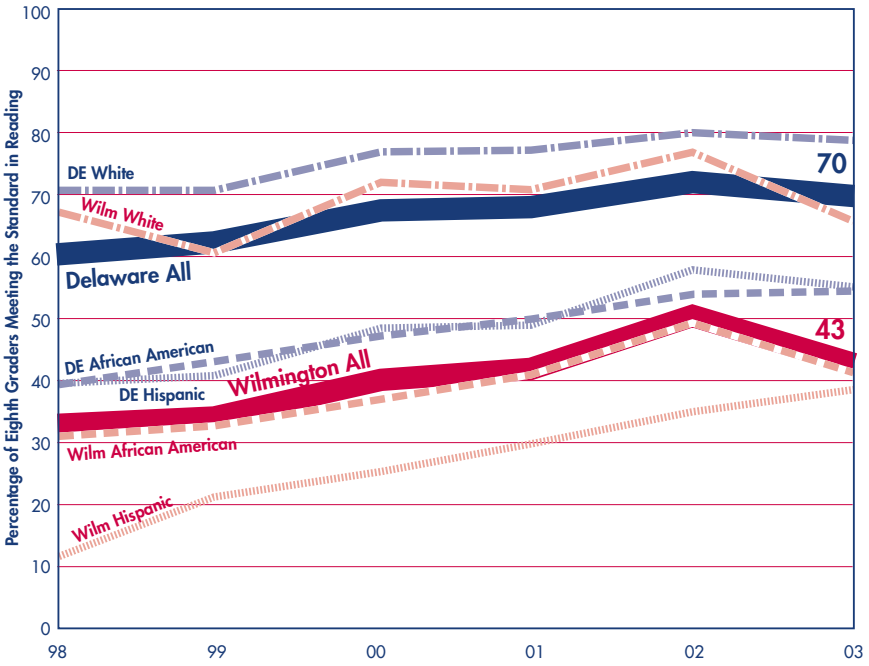
RECENT TREND IN WILMINGTON **ABOUT THE SAME**


# Delaware Student Testing Program

The Delaware Student Testing Program (DSTP) measures progress towards the Delaware content standards.

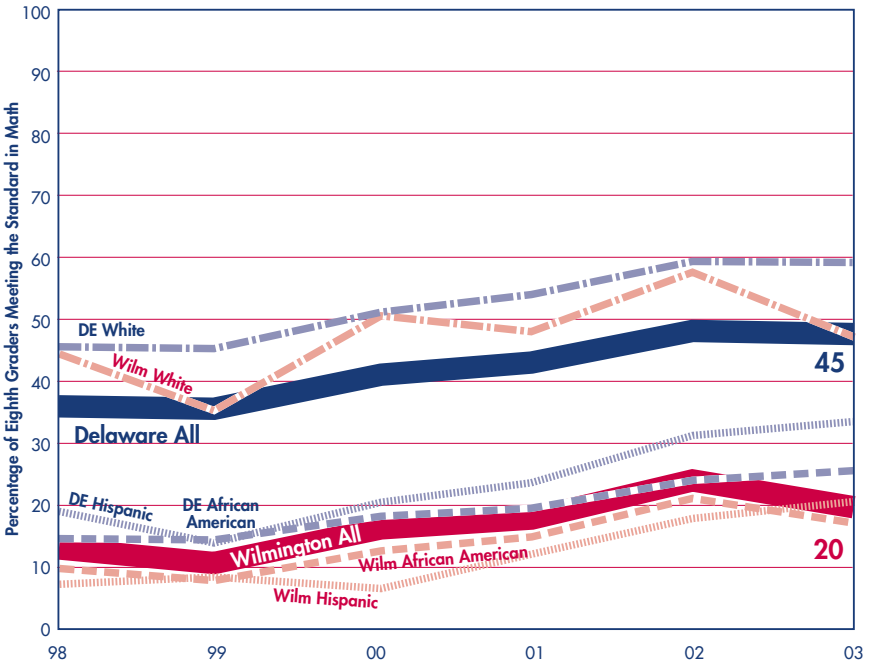
## Grade 8 Meeting the Standard in Reading

1998–2003




## Grade 8 Meeting the Standard in Math

1998–2003



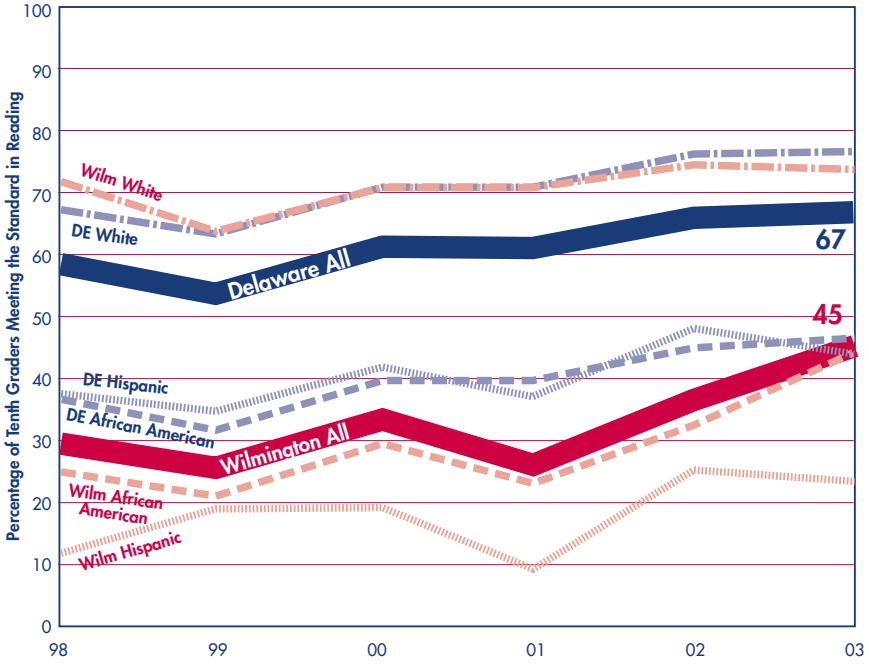

Source: Delaware Department of Education

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

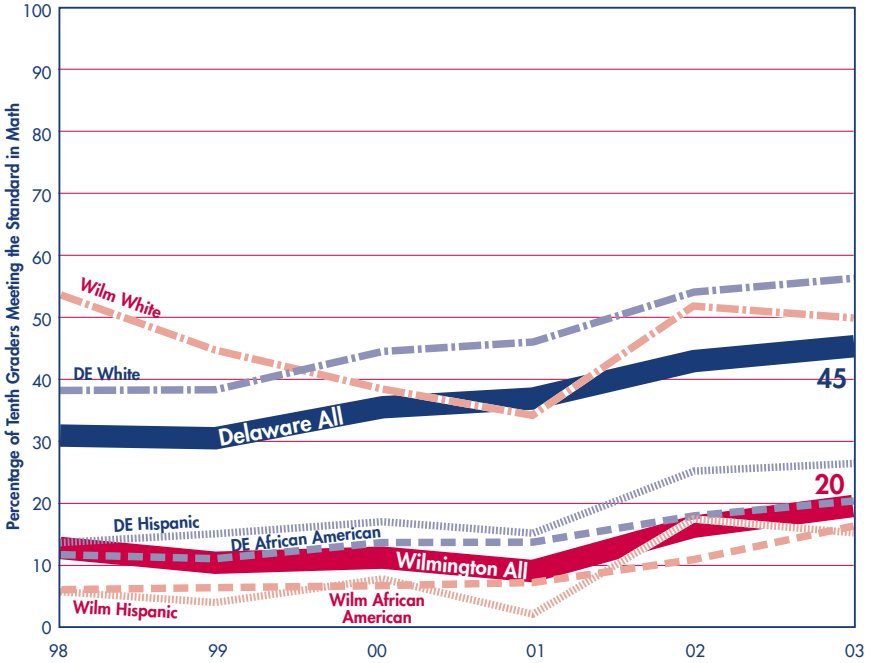
## Grade 10 Meeting the Standard in Reading

1998–2003




## Grade 10 Meeting the Standard in Math

1998–2003




Source: Delaware Department of Education

### DSTP Proficiency Levels – Delaware Student Testing Program

Students receive scores indicated by the following levels:

| 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 |

### 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

**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 if an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.

*Continued from previous page*

## School-Age Children with Special Needs

**2002–2003 School Year as a Percentage of Total Students**


Special Ed: 17,817, Not Special Ed: 99,205

Special Ed: 2,167, Not Special Ed: 8,833

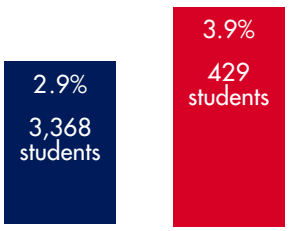
Source: Delaware Department of Education

Special education services are an important resource for improving the long-term outcomes for children with special needs, such as improving student achievement and graduation rates, increasing participation in postsecondary education and increasing wages. The federal Individuals with Disabilities Act (IDEA) mandates that local districts identify and provide multidisciplinary evaluations for students ages 3 to 21 whom they believe to have disabilities. Once found eligible for special education due to a disability, a student must be provided with an Individualized Education Plan (IEP) which defines goals, outlining specific steps for achieving the goals, and providing services for the student based on their individual needs.

Revisions to federal educational statutes, signed into law early in 2002, now require states, districts, and schools to demonstrate adequate yearly progress towards proficiency in reading and math by all students, including children with disabilities. This provision is intended to increase expectations and accountability so that more students with disabilities achieve grade level standards.

## School-Age Children with Limited English Proficiency

**2002–2003 School Year as a Percentage of Total Students**




Almost four percent of Wilmington children have limited English proficiency.

Source: Delaware Department of Education

## English Proficiency

English proficiency is vital to ensuring educational progress, and for many immigrant children and U.S.-born children of immigrants, lack of English comprehension can limit their success within the system. In 1995, there were 6.7 million children ages 5 through 17 who did not speak English at home in the United States. Approximately 36.5 percent of these children, or 2.4 million, had trouble speaking English. These children face significant barriers to academic success, which in turn will greatly limit their future options and prosperity.

Source: Difficulty speaking English. *Trends in the Well-Being of America's Children & Youth: 2000.* U.S. Department of Health and Human Services: Office of the Assistant Secretary For Planning and Evaluation

**For more information see**

| | |
|---|---|
| High School Dropouts | p. 37 |
| Wilmington Children Speak | p. 52 |
| Tables 36–50 | p. 82–91 |

www.childtrendsdatabank.org
www.childcareaware.org
www.nhsa.org

kids count INDICATOR

# High School Dropouts

*In today's increasingly complex society and technological workplace teens that do not complete high school are not likely to possess the minimum skills and credentials necessary to be economically successful. Because high school completion has become a requirement for accessing additional education, training, or the labor force, the economic consequences of leaving high school with out a diploma are severe.[1] On average, high school dropouts are more likely to be unemployed, and to earn less money when they do secure work, than high school graduates.[1] Additionally, studies have found that young adults with low education and skills levels are also more likely to live in poverty and receive government assistance.[2] The rates of young people aged 16 to 24 not enrolled in or completed high school have gradually declined between 1972 and 2001, from 15% to 11% respectively.[2] Despite the decrease, the high school drop out rate continues to be issue of great concern.*

1 *Dropout Rates in the United States*; National Center for Educational Statistics. Available from: http://nces.ed.gov/pubs2002/drppub_2001/intro.asp.

2 *Dropout Rates*: Child Trends Data Bank. Available online: www.childtrendsdatabank.org.

**Dropout rate for individual districts includes all students in the district. Wilmington students as a subset were unavailable at press time. KIDS COUNT in Delaware will release a supplement detailing Wilmington dropout data. For more information, go to www.dekidscount.org.**

Wilmington children are served by five public school districts within New Castle County: Brandywine School District, Christina School District, Colonial School District, Red Clay School District, and the New Castle County Vo-Tech School District. The Choice Program allows children to choose to attend other schools within the county and state. In addition, numerous private schools and public charter schools are available.

## Christina School District

2002 Enrollment 18,827

June 2002 Graduates
Compared to the 98-99 Freshman Grade

| # of Graduates | % of 9th Grade Class Graduating |
|---|---|
| 657 | 75.0 |

Annual Dropout Rate
Grades 9-12

| Year | # of dropouts | Percent |
|---|---|---|
| 1995-96 | 303 | 6.1% |
| 1996-97 | 364 | 7.1% |
| 1997-98 | 396 | 7.8% |
| 1998-99 | 306 | 6.2% |
| 1999-00 | 216 | 4.6% |
| 2000-01 | 243 | 5.3% |
| 2001-02 | 492 | 10.4% |

## Red Clay School District

2002 Enrollment 15,317

June 2002 Graduates
Compared to the 98-99 Freshman Grade

| # of Graduates | % of 9th Grade Class Graduating |
|---|---|
| 578 | 80.3 |

Annual Dropout Rate
Grades 9-12

| Year | # of dropouts | Percent |
|---|---|---|
| 1995-96 | 228 | 6.0% |
| 1996-97 | 205 | 5.2% |
| 1997-98 | 193 | 4.8% |
| 1998-99 | 185 | 4.7% |
| 1999-00 | 132 | 3.5% |
| 2000-01 | 162 | 4.5% |
| 2001-02 | 315 | 7.8% |

## Brandywine School District

2002 Enrollment 10,699

June 2002 Graduates
Compared to the 98-99 Freshman Grade

| # of Graduates | % of 9th Grade Class Graduating |
|---|---|
| 593 | 86.3 |

Annual Dropout Rate
Grades 9-12

| Year | # of dropouts | Percent |
|---|---|---|
| 1995-96 | 132 | 4.0% |
| 1996-97 | 157 | 4.8% |
| 1997-98 | 142 | 4.3% |
| 1998-99 | 124 | 3.7% |
| 1999-00 | 129 | 3.9% |
| 2000-01 | 135 | 4.0% |
| 2001-02 | 194 | 5.8% |

## Colonial School District

2002 Enrollment 10,203

June 2002 Graduates
Compared to the 98-99 Freshman Grade

| # of Graduates | % of 9th Grade Class Graduating |
|---|---|
| 281 | 65.2 |

Annual Dropout Rate
Grades 9-12

| Year | # of dropouts | Percent |
|---|---|---|
| 1995-96 | 161 | 7.1% |
| 1996-97 | 133 | 5.8% |
| 1997-98 | 166 | 7.3% |
| 1998-99 | 126 | 5.5% |
| 1999-00 | 145 | 6.5% |
| 2000-01 | 167 | 7.4% |
| 2001-02 | 319 | 13.7% |

## New Castle County Vo-Tech

2002 Enrollment 3,288

June 2002 Graduates
Compared to the 98-99 Freshman Grade

| # of Graduates | % of 9th Grade Class Graduating |
|---|---|
| 706 | 95.4% |

Annual Dropout Rate
Grades 9-12

| Year | # of dropouts | Percent |
|---|---|---|
| 1995-96 | 24 | 0.7% |
| 1996-97 | 30 | 0.9% |
| 1997-98 | 14 | 0.4% |
| 1998-99 | 24 | 0.7% |
| 1999-00 | 11 | 0.3% |
| 2000-01 | 25 | 0.8% |
| 2001-02 | 75 | 2.2% |

## Delaware Rates

2002 Enrollment 116,429

June 2002 Graduates
Compared to the 98-99 Freshman Grade

| # of Graduates | % of 9th Grade Class Graduating |
|---|---|
| 5,522 | 83.0 |

Annual Dropout Rate
Grades 9-12

| Year | # of dropouts | Percent |
|---|---|---|
| 1995-96 | 1,435 | 4.7% |
| 1996-97 | 1,451 | 4.6% |
| 1997-98 | 1,562 | 4.7% |
| 1998-99 | 1,361 | 4.1% |
| 1999-00 | 1,252 | 3.8% |
| 2000-01 | 1,321 | 4.0% |
| 2001-02 | 2,119 | 6.2% |

**For more information see**

kids count INDICATOR

# Children in Poverty

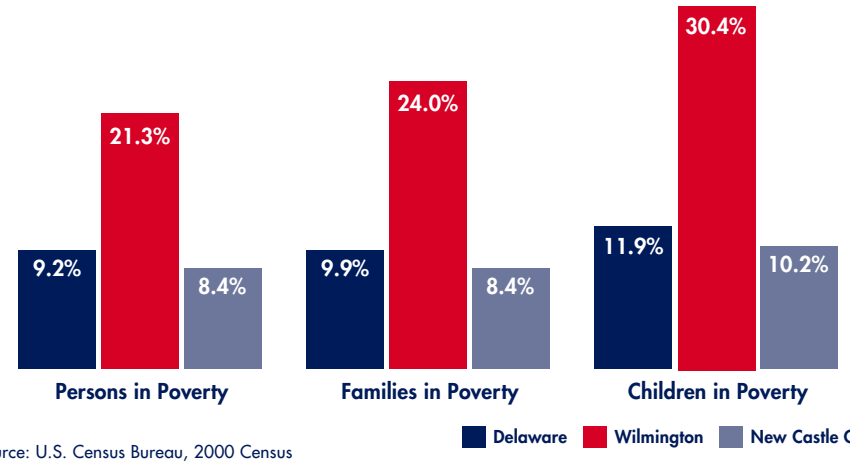
WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

*Being raised in poverty ($18,244 in 2002 for a family of four with two children) puts children at increased risk for both immediate and lasting negative effects. Children in low-income families fare worse than children in more affluent families for many of the KIDS COUNT indicators, including indicators in the areas of economic security, health, and education. Compared with children living in families above the poverty line, children living below the poverty line are more likely to have difficulties in school, to become teen parents, and, as adults, to earn less and be unemployed more frequently. The child poverty rate provides important information about the percentage of children whose current circumstances make life difficult and jeopardize their future economic well-being.*[1]

1 American's Children: Key National Indicators of Well-Being 2001 (2001). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

**Persons, Families, and Children in Poverty**
by Percentage, Delaware, Wilmington, and New Castle County, 2000




Source: U.S. Census Bureau, 2000 Census

## *Did you know?*

- In the United States where the child poverty rate is often two-to-three times higher than other industrialized nations, 16% of all children were living in poverty in years 2000–2002. The child poverty rate for Delaware is 14.6% for the same time period, which is better than the U.S. average.
- Child poverty rates vary substantially by race and ethnicity. in 2001, 13 percent of white children and 11 percent of Asian or Pacific Islander children lived in poor families, compared with 30 percent of black children and 27 percent of Hispanic children.[1]
- Children are much more likely to be poor if they live in one-parent families than if they live in two-parent families. In 2002, 31.1% of Delaware children living in one-parent households were poor, compared with 6.4% of children living in two-parent households. The same pattern holds for all races and ethnicities.
- The Self-Sufficiency Standard for Delaware reveals that for the City of Wilmington, a single mother with one preschooler and one school-age child needs an annual income of at least $36,859 to meet her most basic expenses without public or private subsidies.[2]
- The median household income for families with children is $31,019 in Wilmington, $61,448 in New Castle County, and 53,652 in Delaware.[3]

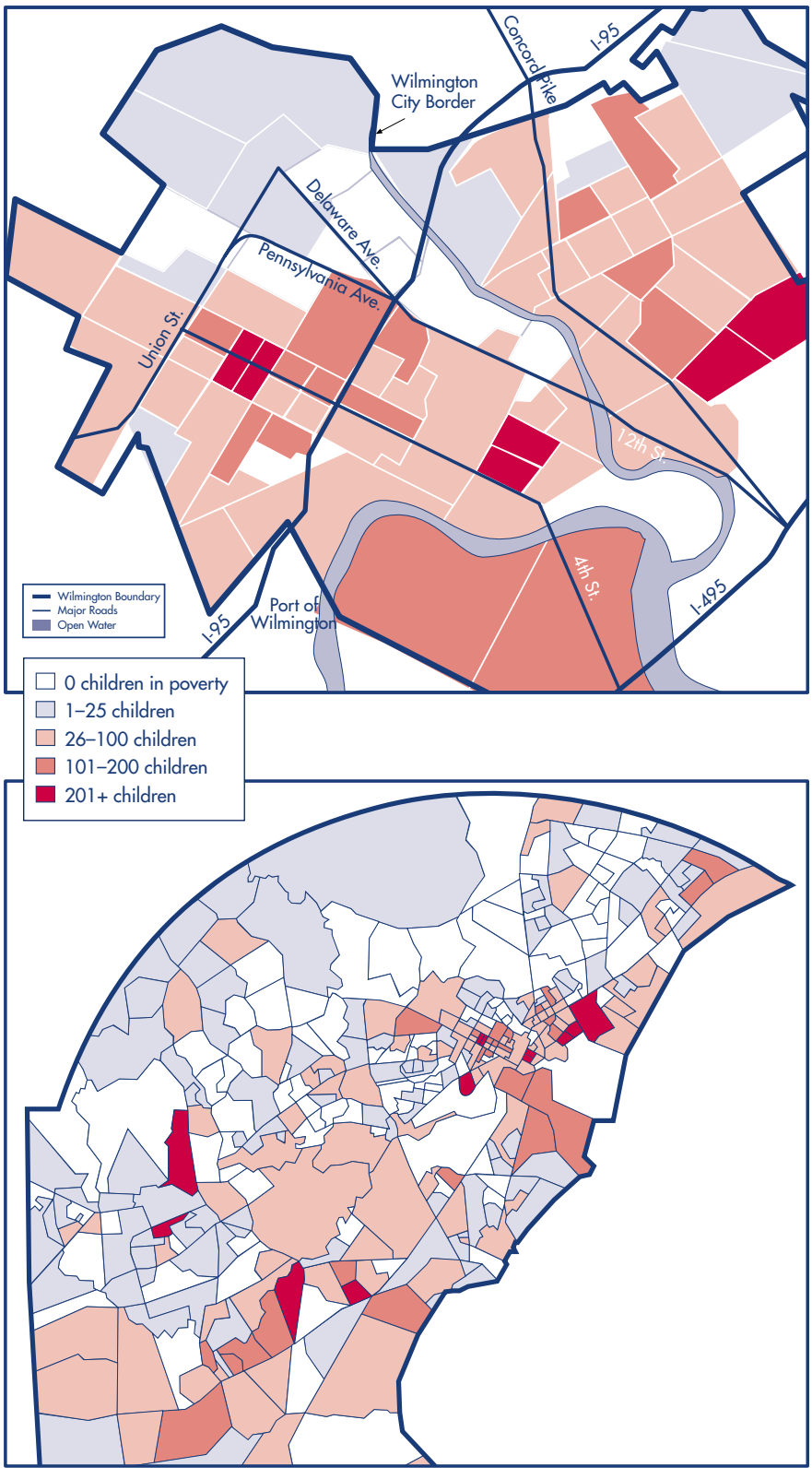
1 Children in Poverty. Washington, DC: Child Trends Data Bank.

2 Child Poverty Fact Sheet (2001). The Self-Sufficiency Standard for Delaware at www.mwul.org

3 U.S. Census Bureau, 2000 Census

## Number of Children in Poverty

**By Census Block, Wilmington and Northern New Castle County, 2000**




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

**Definition:**

**Children in Poverty** – 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.

For detailed information on census tracts and blocks go to: **http://factfinder.census.gov**

*Continued from previous page*

## Household Income and Poverty Percentages

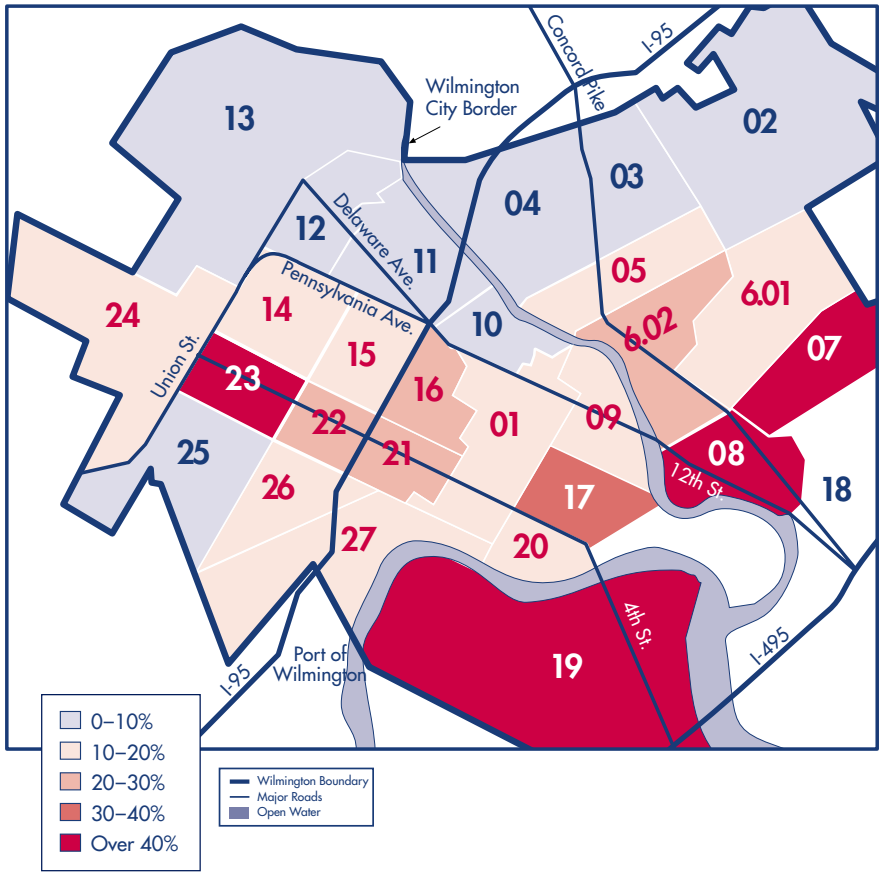
**Delaware, Wilmington, and New Castle County, and Delaware, 2000**

| | Delaware | Wilmington | New Castle Co. |
|---|---|---|---|
| Median Household Income | $43,636 | $33,723 | $49,350 |
| Per Capita Income | $20,879 | $18,745 | $22,935 |
| Percent of all persons below the poverty level | 9.7% | 20.0% | 8.3% |
| Percent of all families below the poverty level | 10.3% | 21.8% | 9.6% |
| Percent of families below the poverty level headed by a female | 66.7% | 79.0% | 67.6% |
| Percent of children living below the poverty level | 15.9% | 35.9% | 12.9% |

Source: Center for Applied Demography and Survey Research, University of Delaware
U.S. Bureau of the Census, Current Population Survey, March 1998-2000

## Percentage Residents in Poverty

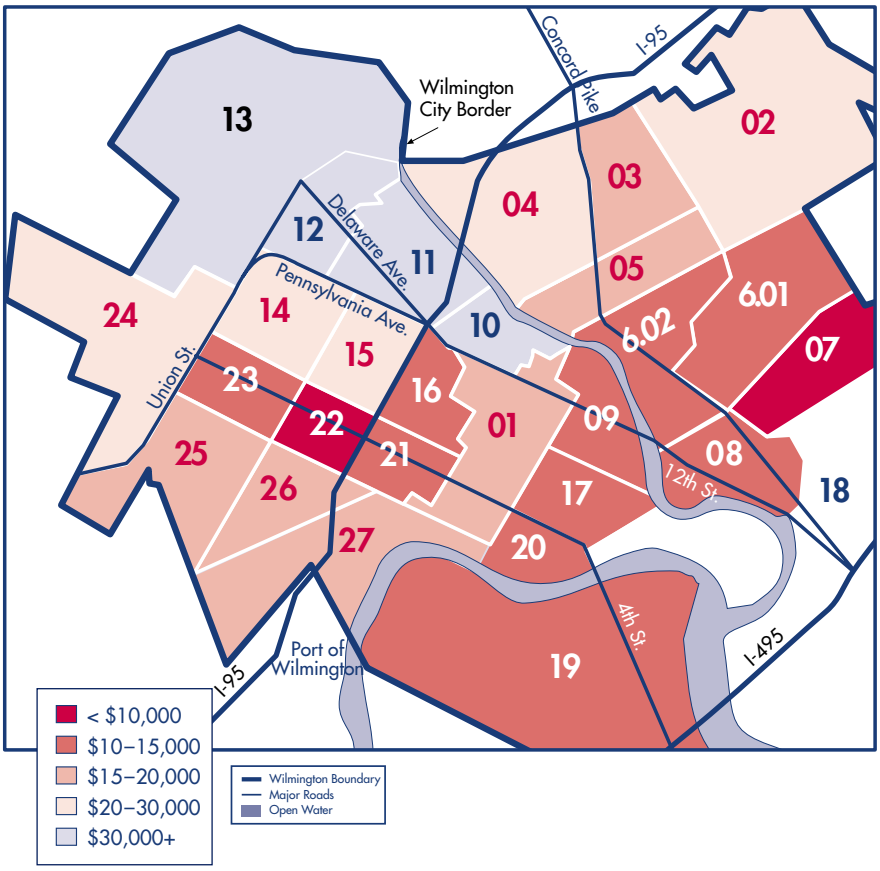
**By Census Track, Wilmington, 2000**




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

## Average Per Capita Income

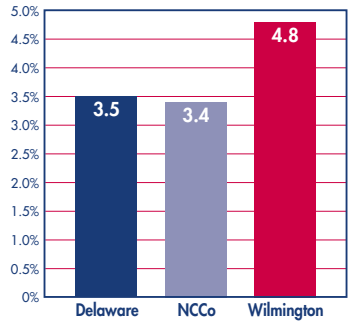
By Census Track, Wilmington, 2000




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

## Unemployment

Annual Unemployment, 2001




Source: U.S. Department of Labor

**put data into action**

KIDS COUNT research brief indicates five strategies that we believe have the best chance of lifting many families and children out of poverty, and helping them move toward greater economic security:

- Build political will to reduce child poverty.
- Support efforts to raise the minimum wage and expand job benefits for low-wage workers.
- Strengthen the safety net—ensure that all eligible children receive food stamps and health insurance coverage.
- Help low-income families keep more of what they earn by strengthen and expand the federal Earned Income Tax Credit.
- Helping low-income families amass savings and assets.

Source: Annie E. Casey Foundation

For detailed information on census tracts and blocks go to: **http://factfinder.census.gov**

**For more information see**


| | |
|---|---|
| Births to Teens | p. 14 |
| Children in One-Parent Households | p. 42 |
| Food Stamps | p. 43 |
| Delaware's TANF | p. 44 |
| Environmental Hazards | p. 50 |
| Tables 51–56 | p. 91–95 |
| www.nccp.org | |
| www.jcpr.org | |
| www.childrensdefense.org | |

kids count INDICATOR

# Children in One-Parent Families

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

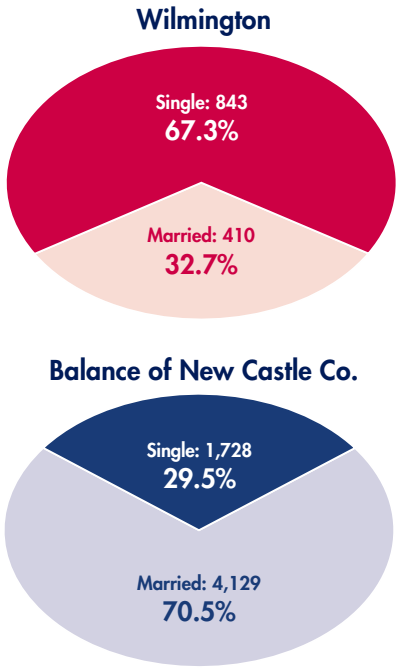
*Single parenthood significantly increases the likelihood a child will live in poverty. Specifically, children from one-parent households are six times more likely to live in poverty than those who grow up with both parents.[1] Among employed adults, unmarried women who support their families have the greatest risk of living in poverty. They often have time constraints that can affect their ability to supervise their children, offer emotional support, take an active part in education, and arrange other activities for their children.[2] In order to increase the likelihood of the positive well-being of children, efforts must be made to increase the percentage of children who live with two parents.*

1 *Increasing Percentage of Children in Two-Parent Families*: KIDS COUNT Indicator Brief. The Annie E. Casey Foundation. July 2003.

2 Pat Fagan, "How Broken families Rob Children of their Chance for Future Prosperity," *Heritage Background* No. 1283, June 11, 1999.

## Births to Single Mothers

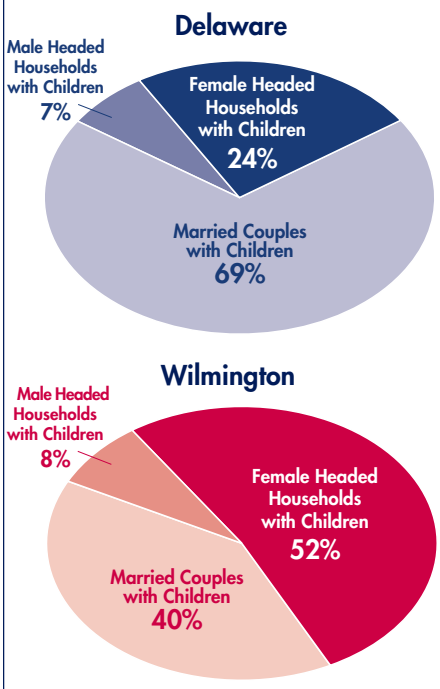
**Number and Percentage of Live Births to Mothers Who Are Single, 2000**




Source: Delaware Health Statistics Center

## Families with Children

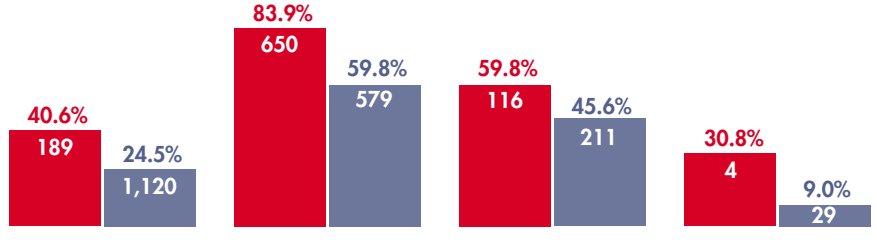
**2000**




Source: 2000 Census, U.S. Census Bureau

## Births to Single Mothers by Race

**Percentage and Number of Live Births to Mothers Who Are Single by Race**
**Wilmington and Balance of New Castle County, 2000**




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

**Definition:**

**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.

**For more information see**


Births to Teens p. 14
Children in Poverty p. 38
Tables 57–58 p. 96–97


www.parentswithoutpartners.com
www.singlefather.com

# Food Stamps

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

*In the United States, the Food Stamp Program serves as a defense against hunger. State and local welfare offices operate the program, and the federal government oversees the State operation. It enables eligible low-income families to buy nutritious food, in authorized retail food stores, with coupons and Electronic Benefits Transfer (EBT) cards. The Food Stamp Program provides crucial support to needy households as well as those making the transition from welfare to work. In January 2003, national participation in the Food Stamp Program increased by 143,119 persons from the previous month, to a total of 20,693,332. This increase represents a rise of almost 1.8 million persons compared to 2002, and almost 3.5 million compared to 2001. Increases in participation in 2001, 2002, and 2003 are likely to have been driven by improved access to the program in states, and by the weakened economy. Since national participation has risen in 26 of the last 30 months, it is likely that the rate of participation will continue to increase.*[1]

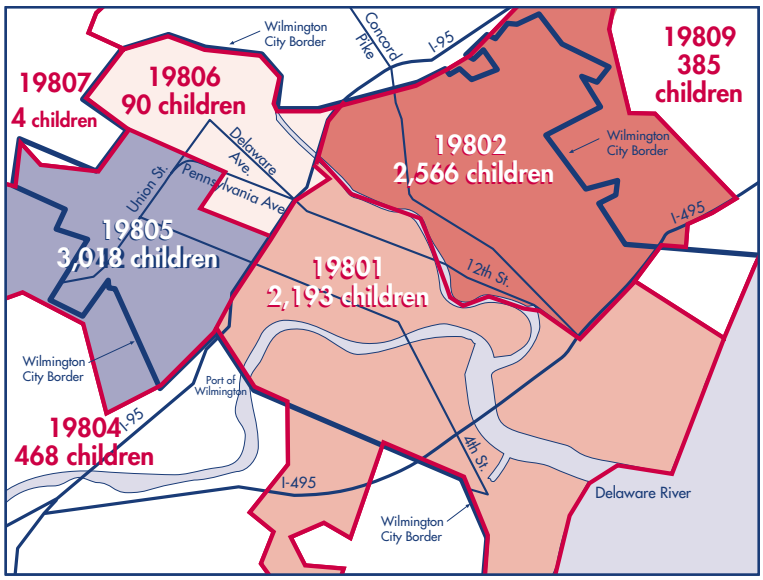
*In July 2002, there were 17,000 Delaware households receiving food stamps. By March 2003, this number had increased to 19,000.*[2]

1 The Food Research and Action Center: Food Stamp Participation Data. April 2, 2003. Available from: http://www.frac.org/html/all_about_frac/about_index.html.

2 Delaware Health and Social Services

## Food Stamps Recipients in Wilmington

**Number of children who receive food stamps, Wilmington, July 2002**




Delaware Health and Social Services identifies zip codes 19801,19802, and 19805 as the city of Wilmington.
Source: Delaware Health and Social Services

## Wilmington Facts at a Glance

In Wilmington zip codes 19801, 19802, and 19805, **7,777** children received food stamps in 2002, an increase from 4,997 in 2001, and 5,212 in 1999.

**51**% of the children and 48% of the adults receiving food stamps in New Castle County in 2002 live in Wilmington zip codes 19801, 19802, and 19805. This is a decrease from 55% of children and 51% of adults in 1999.

Source: Delaware Health and Social Services

**For more information see**


| | |
|---|---|
| Children in Poverty | p. 38 |
| Delaware's TANF | p. 44 |
| Tables 54 | p. 93 |
| www.frac.org | |
| www.cbpp.org/7-10-01fs.htm | |

# TANF
## Delaware's Temporary Assistance to Needy Families

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING WORSE**

*In 1996 the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) significantly changed the structure of welfare. Developed with a two-fold goal of increasing employment of welfare recipients and reducing child poverty, PWORA gave states the responsibility of regulating TANF's (Temporary Assistance to Needy Families) time limit and employment requirements.[1] Delaware's TANF program focuses on providing supports that assist in balancing employment, parent and personal responsibilities.[2]*

*Welfare reform has had a large impact on previous and current welfare recipients in the U.S. After rising from 6.1 million children in 1970 to 9.4 million children in 1994, the number of children living in families receiving AFDC/TANF payments fell to 3.9 million children in 2001. Although the number of children in families receiving TANF fell, between 1995 and 2000 the percentage of poor children living in working poor families rose steadily from 32 percent to 43 percent; before falling to 40 percent in 2001. Ultimately, the overall impact of the 1996 welfare reform on child well-being is unclear. One recent study comparing children and youth in families receiving welfare with those who had left welfare found similar levels of well-being across the two groups.[3]*

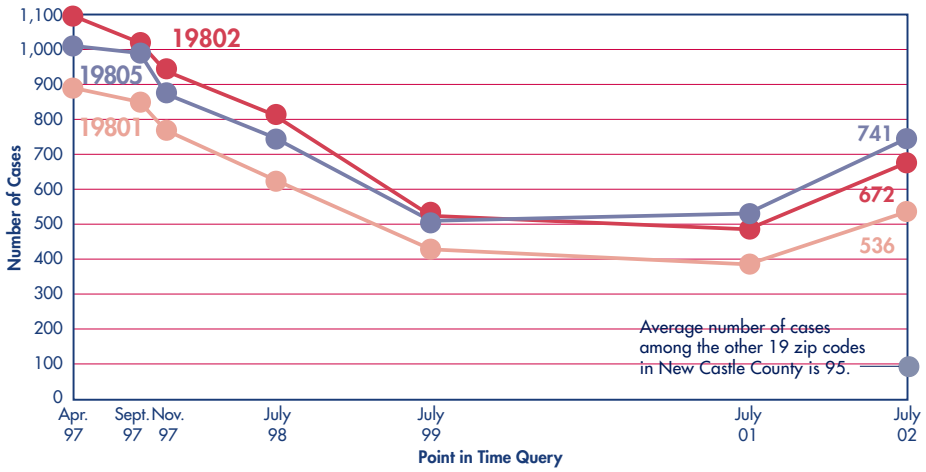
1 Cauthen, N. & Knitzer, J. Beyond Work: Strategies to Promote the Well-being of Young Children and Families in the Context of Welfare Reform. Children and Welfare Reform, National Center for Children in Poverty, 1999.

2 State of Delaware, Delaware Economic Development Office, http://www.delawareworkforce.com/welfare.htm.

3 *Welfare Recipients (AFDC/TANF)*, Child Trends, http://www.childtrendsdatabank.org/pdf/50_PDF.pdf.

### Delaware's Temporary Assistance to Needy Families (TANF) Program Recipients in Wilmington

Number of cases by zip code who received cash assistance, Wilmington, 4/97 – 7/02

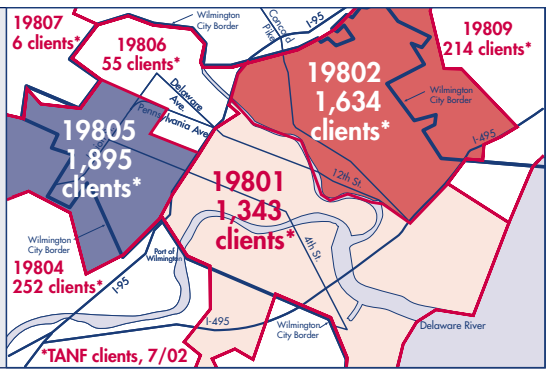



Delaware Health and Social Services identifies zip codes 19801,19802, and 19805 as the city of Wilmington.
Source: Delaware Health and Social Services

### Wilmington Facts at a Glance

While Wilmington represents only **15%** of New Castle County's population, **54%** of the clients receiving cash assistance lived in Wilmington in July 2002.

Sources: Delaware Health and Social Services





**For more information see**

| | |
|---|---|
| Children in Poverty | p. 38 |
| Food Stamps | p. 43 |
| Tables 55–56 | p. 94–95 |

# Domestic Violence

*Domestic violence transcends race, nationality, culture, economic status, sexual orientation, religion, sex, and age to greatly affect people from all walks of life. In the United States every 9 seconds a woman is battered, resulting in between 3 and 4 million battered women annually.[1] Additionally, at least half of all men who physically abuse their wives also abuse their children, producing millions of children who witness and experience physical abuse each year.[2] There is strong evidence that children who witness domestic violence at home may also exhibit a variety of cognitive, emotional, behavioral, and longer-term developmental problems, including insomnia, phobia, ulcers, headaches, and low self-esteem. These children are less likely to succeed in school, more likely to suffer and commit violence, and more likely to face a host of health problems that can last throughout their lives.[3] Ultimately, domestic abuse is a serious issue for all individuals who experience, and are affected by, the trauma of living with violence.*

1 *Statistics*: American Institute on Domestic Violence. Available from: www.aidv-usa.com.

2 Barbara J. Hart, Esq. Children of Domestic Violence: Risks and Remedies. Minnesota Center Against Violence and Abuse. Available from: http://www.mincava.umn.edu/documents/hart/risks.shtml.

3 Children and Domestic Violence: Family Violence Prevention Fund. Available from: http://endabuse.org/programs/children.

## Domestic Incident Reports

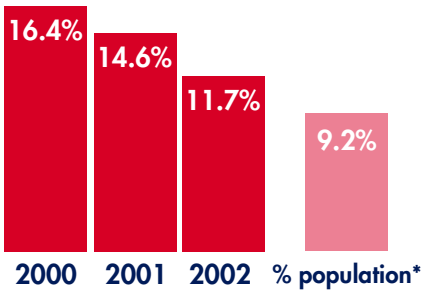
**Criminal Only Reports, 2002**

| Delaware | Wilmington |
|---|---|
| 17,470 reports | 2,049 reports |
| Reports with a child present **18.2%** | Reports with a child present **13.1%** |
| Reports with an active Protection from Abuse Court Order **4.4%** | Reports with an active Protection from Abuse Court Order **3.0%** |

Source: Department of Public Safety, Division of State Police

## Wilmington Reports

**Percentage of domestic incident cases reported in Delaware that occurred in Wilmington**




* In 2000, Wilmington represented 9.2% of Delaware's total population.

Source: Department of Public Safety, Division of State Police

**put data into action**

### Helping Children Exposed to Domestic Violence

If the child expresses a desire to talk, provide an opportunity to express thoughts and feelings. They may also be encouraged to write in a journal, draw, or paint; these are all viable means for facilitating expression in younger children. Adults working with adolescents should listen in a warm, non-judgmental, and genuine manner in order to comfort victims. Individual and group counseling should be considered at school if the individual is amenable.

Source: Joseph S. Volpe, Ph.D., B.C.E.T.S. *Effects of Domestic Violence on Children and Adolescents: An Overview*. Available from: http://www.aaets.org/arts/art8.htm.

## *Did you know?*

- Girls from homes of domestic violence are 6.5 times more likely to be sexually assaulted and more likely to become pregnant as teenagers.
- Boys from homes where their mothers are battered are 74% more likely to commit violence, including rape.

Source: A Safe Place: Lake County Crisis Center. Available from: www.asafeplaceforhelp.org/childrenviolence.html

**Definitions:**

**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; forced sexual contact, penetration or intercourse; property damage; intimidation; endangerment, and unlawful restraint.

**Definitions:**

**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

**For more information see**

Table 63–64 p. 100

www.aidv-usa.com
www.dvc.org
www.stoptheviolence.org

# HIV/AIDS

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

*The Human Immunodeficiency Virus (HIV) that causes Acquired Immunodeficiency Syndrome (AIDS) is transmitted through sexual contact with an infected person, sharing needled or syringes with an infected person, as well as from mother to child during pregnancy and birth, or after birth through breast feeding. According to the Center for Disease Control and Prevention, the United States has one of the highest rates (of industrialized nations) for sexually transmitted diseases among teens and young adults. Despite the federal government's investment in treatment and research on HIV/AIDS, HIV continues to spread at a staggering national rate of over 40,000 new infections per year. At the end of 2001, an estimated total of 362,827 persons in the United States were living with AIDS, and 3,881 of these individuals were children under 13 years old.[1]*

*AIDS continues to be a serious problem in Delaware. Data reveals increasing numbers of Delaware AIDS cases. New Castle County remains the epicenter of Delaware's AIDS epidemic with 76% of Delaware's AIDS cases reported from New Castle County.[2]*

1 HIV/AIDS Surveillance Report, 2002. Center for Disease Control and Prevention.

2 HIV/AIDS Epidemiology, Delaware Health and Social Services.

## HIV/AIDS Deaths

**Wilmington Compared to New Castle County and Delaware**

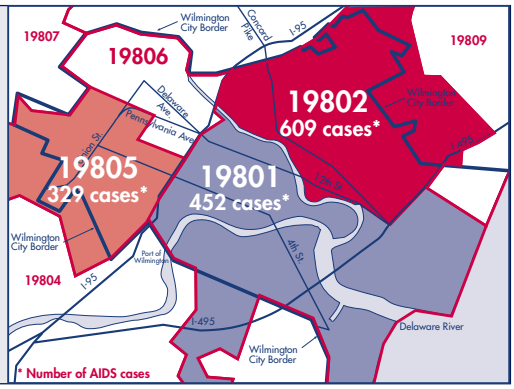

* There were no reported Wilmington deaths due to AIDS from 1981–1988, rates were not calculated for the first 3 periods.
Source: Delaware Health Statistics Center

Comparability modified rates represent the 1996-1998 crude death rate adjusted by NCHS preliminary comparability ratios. Please see NCHS website at http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm for more information regarding the conversion from ICD-9 to ICD-10.

## Wilmington Facts at a Glance

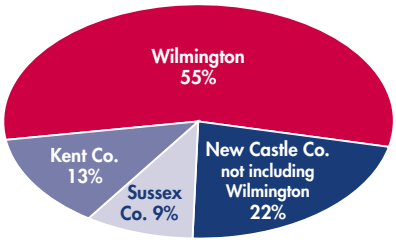
In 2002 Delaware had the **5th highest per capita AIDS rate in the U.S.** The three highest areas of AIDS prevalence in Delaware are all Wilmington zip codes: 19802, 19801, and 19805.

Source: HIV/AIDS Epidemiology, Delaware Health and Social Services



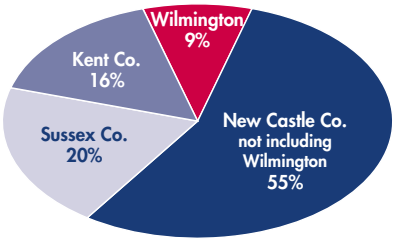
## AIDS Cases by County and Wilmington

### Percentage of Delaware AIDS Deaths by Wilmington and Counties, 2001




Source: Delaware Health Statistics Center

### Percentage of Total Delaware Population by Wilmington and Counties




Source: 2000 Census, US Census Bureau

## HIV Infections/AIDS Deaths by Race, Hispanic Origin and Gender, 2001

| | Total | White | | Black | | Hispanic* | |
|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F |
| Delaware | 67 | 10 | 1 | 37 | 19 | 2 | 1 |
| Wilmington | 37 | 3 | 1 | 25 | 8 | 2 | 1 |
| Balance of New Castle Co. | 15 | 3 | 0 | 7 | 5 | 0 | 0 |

*Persons of Hispanic origin may be of any race and therefore may be counted twice.
Source: Delaware Health Statistics Center

## *Did you know?*

- By the year 2002, there were 1,468 persons reported living with AIDS in Delaware, with a cumulative total of 3,023 cases. The total number of children under 13 years old living with HIV infection through December 2002 was 18.
- The City of Wilmington accounted for 42% of all Delaware's AIDS cases.
- In year 2002, Delaware ranked fifth in reporting new AIDS cases, with an annual rate of 31.5 per 100,000 population. [1]
- The Center for Disease Control and Prevention calculates the annual AIDS case rate for the City of Wilmington through December 2002 as 33.1 per 100,000 population. This is an increase from the rate of 29.4 during the previous year. [2]
- Wilmington ranked 12th highest annual AIDS rate among all metropolitan areas in the U.S.
- The three highest areas of AIDS prevalence in Delaware are all Wilmington zip codes: 19802, 19801 and 19805.

1 HIV/AIDS Surveillance Report, 2002. Center for Disease Control and Prevention.

2 Ibid.

**put data into action**

The Center for Disease Control and Prevention provided Delaware with $1,983,775 for HIV prevention programs. These funds were allocated to state and local health departments and community-based organizations to finance counseling and testing programs, public information and health education/risk reduction activities, and monitoring/surveillance programs.

**For more information see**

Tables 59–62 p. 98–99

www.agi-usa.org/sections/std.html

www.plannedparenthood.org

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

www.cdc.gov/nchs/about/major/dvs/icd10des.htm

# Childhood Asthma

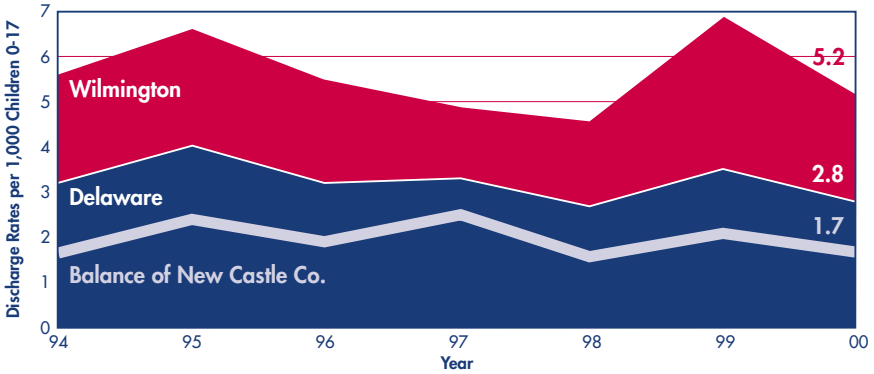
*Asthma is one of the most common chronic childhood medical conditions, affecting more than 4.4 million children. It is a respiratory disorder that causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough. Asthma can be triggered by exposure to cigarette smoke, stress, allergy to dust, molds, pollen, animal dander, and cockroaches, indoor and outdoor pollutants, and weather conditions. Asthma causes limitations in childhood activities, missed school days, missed workdays for caretakers, and, in some cases, premature death. Children with asthma us a disproportionate amount of health care services, including more than twice as many emergency room visits and three and a half times as many hospitalizations as children without asthma.[1] Racial and economic disparities are apparent in both the number of hospital and emergency room visits attributable to asthma, as well as deaths from asthma. Emergency room and hospitalization rates for asthma are higher for black children than for white children, particularly those under age 5. Among non-Hispanic children aged 5 to 14, black children are five times more likely to die from asthma than white children.[2]*

*Asthma has reached epidemic proportions in preschool children (160% increase) and has increased by 175% in school-aged children. The number of child deaths related to asthma has nearly tripled over the last 15 years.[3] Medical evidence shows that with consistent treatment at home and in school, asthma attacks can be prevented and hospitalizations can be avoided. Managing asthma requires a long-term multifaceted approach, including patient education, behavior modification, avoidance of asthma triggers, medication to prevent and control symptoms, prompt treatment of flare-ups, and frequent medical follow-up.*

1 America's Children: Key National Indicators of Well-Being: 2001
2 "Asthma is a Growing Problem, Particularly Among Low-Income and Minority Children." Available from: www.childrensdefense.org
3 Asthma and Allergy Foundation of America. Childhood Asthma Available from: www.aafa.org

## Hospitalizations for Childhood Asthma

**Inpatient Asthma Discharges for Children 0–17 Years of Age**
**Wilmington Compared to Balance of New Castle County and Delaware**




Source: Delaware Health Statistics Center

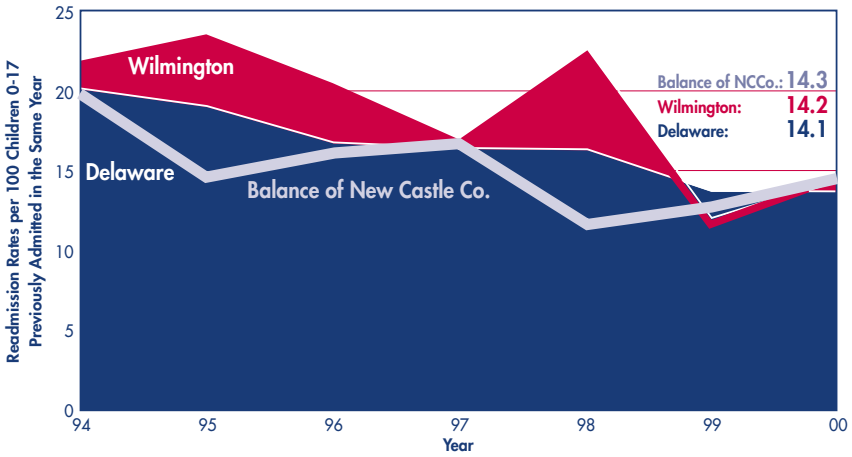
## *Did you know?*

- In Delaware, asthma affects almost 14,000 children.
- According to a survey conducted by the University of Delaware and the American Lung Association of Delaware, most respondents (77%) indicated they did not have asthma education programs in their schools.

Source: *Journal of School Health* Sept. 1998 v68 n7 p276(6)

## Readmissions for Childhood Asthma

**Inpatient Asthma Readmissions for Children 0–17 Years of Age**
**Wilmington Compared to Balance of New Castle County and Delaware**




Source: Delaware Health Statistics Center

**Definition:**

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

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

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

## *Did you know?*

A recent article in *Pediatrics* indicates that bottle-feeding babies of allergic parents in the bed or crib before laying a baby down to sleep in his/her first year has been linked to asthma and wheezing in the first five years of life.

According to the study, feeding in the crib increases the risk of asthma by fifty percent for children with a family history of asthma or allergies. The reason why bottle-feeding in the crib may lead to childhood asthma may be because babies who lie down during, or right after, a big meal can experience reflux (liquid coming back up the esophagus). That can irritate the airway and might lead to wheezing or asthma later. There was no increased risk for breast-fed children, possibly because they drink a smaller amount of milk and don't eat lying down.

Source: *PEDIATRICS* Vol. 110 No. 6 December 2002, pp. e77.

**put data into action**

### Help Asthmatic Kids in Your Community...

Building public awareness and understanding about asthma increases the likelihood that more children will receive the proper care needed. Because many asthmatic children lack the support system necessary to manage their own conditions, it is important that parents, teachers, and neighbors understand the challenges these children face such as taking daily medications and reducing exposure to elements that aggravate their conditions. Here's what you can do today to help children in your community and prevent more children from developing asthma:

- Support educational programs focused on asthma for health care providers and other community members, child care providers and school nurses.
- Are there asthma education programs in your community? Find out by calling the American Lung Association of Delaware or the duPont Hospital for Children. Even if your knowledge about asthma is limited, call and volunteer.
- Promote public awareness about the symptoms, causes and management of asthma.

**For more information see**

Table 65 p. 101

www.kidshealth.org

www.childasthma.com

www.lungusa.org/asthma/asschildhoo.html

# Environmental Hazards

WILMINGTON COMPARED TO DE AVERAGE **WORSE**

RECENT TREND IN WILMINGTON **GETTING BETTER**

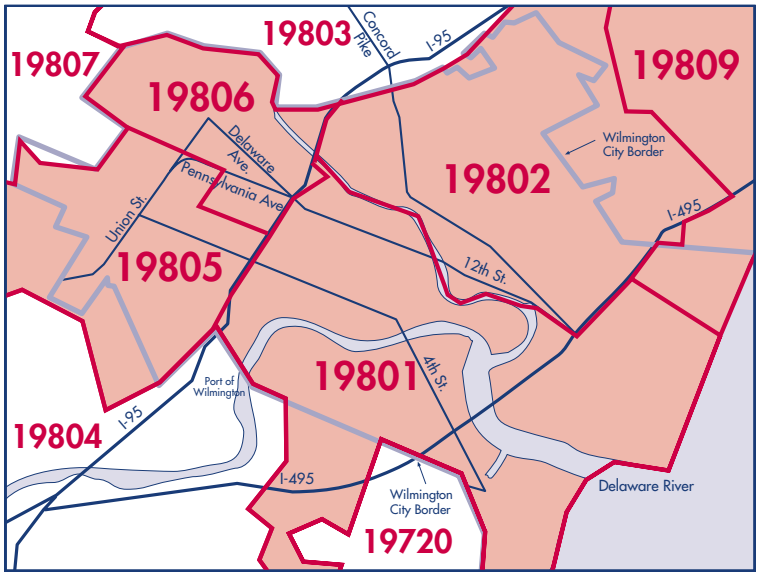
*Since children's central nervous, immune, reproductive, and digestive systems are still developing, they are more vulnerable to environmental risks than adults. A few of the potential environmental hazards that children can be exposed to include chemicals, pesticides, lead, mercury, radiation, solid waste, and air pollution. Although each hazard is of great concern, lead exposure is better understood than many other children's environmental health problems.*

*The most severe health effects from lead are seen in children, who are exposed to lead through air, drinking water, food, and ingesting dust or dirt that contains lead. Even with low to moderate levels of lead, young children can suffer significant and potential damage to their developing nervous system. Children ingesting large amounts of lead may develop anemia, kidney damage, colic, muscle weakness, and developmental delay. Severe lead poisoning may result in death.*

Source: Enviro Health Action. Available from: http://www.envirohealthaction.org.

## Lead Priority Areas by Zip Code

Wilmington, 1999




Priority target Zip codes

Areas are designated as priority where greater than 20% of the children under 6 years old live below the poverty level and/or greater than 27% of the housing units were built before 1950.

Source: Delaware Division of Public Health

**put data into action**

The Environmental Protection Agency estimates that drinking water contributes 10 to 20 percent of children's lead exposure. Individuals should contact their public water suppliers to find out if the water supply contains lead piping, and if so, what steps the supplier is taking to deal with lead contamination. Additionally, areas with high lead levels in the water are urged to install a home water filter capable of removing lead.

Source: Enviro Health Action. Available from: http://www.envirohealthaction.org.

*Brownfield areas are abandoned, idled, or under-used industrial and commercial facilities where expansion or redevelopment is complicated because of actual or potential environmental contamination. These areas are primarily found in older, urban areas; and consist of old gas stations, oil facilities, dumps, and small businesses.*

*Brownfield pose a risk to the general public, but are particularly dangerous to children. Often children use brownfields as playgrounds or sites for exploration, and are therefore are particularly vulnerable to injury or toxic poisoning.[1] In addition many of the toxic substances have stronger effects on children. It is estimated that 425,000 brownfield areas currently exist in the United States, covering approximately 5 million acres of land.[2]*

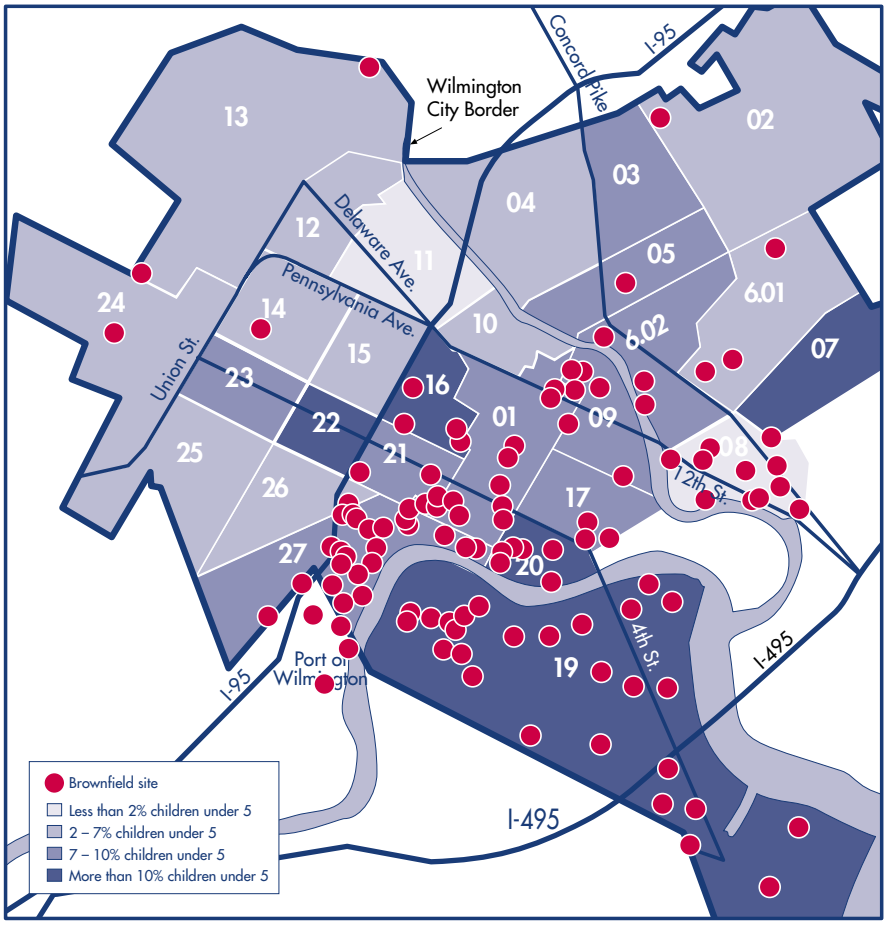
1 Brownfield Sites: Enviro Health Action. Available from: http://www.envirohealthaction.org/toxics/hazardous_waste/brownfields/index.cfm.

2 Brownfields Frequently Asked Questions: U.S. Department of Housing and Urban Development. Available from: http://www.hud.gov/offices/cpd/economicdevelopment/programs/bedi/bfieldsfaq.cfm.

**Definition:**
**Brownfields** – Abandoned, idled, or under-used industrial and commercial facilitates where expansion or redevelopment is complicated by real or perceived environmental contamination.

## Brownfield Sites and Children

### Wilmington by Census Block




Source: Center for Energy and Environmental Policy, University of Delaware.

Approximately 64% of all children under 5 years of age in Wilmington live in census tracts with one or more Brownfields.

Source: Center for Energy and Environmental Policy, University of Delaware.


**For more information see**
Children in Poverty p. 38
www.envirohealthaction.org
www.aeclp.org

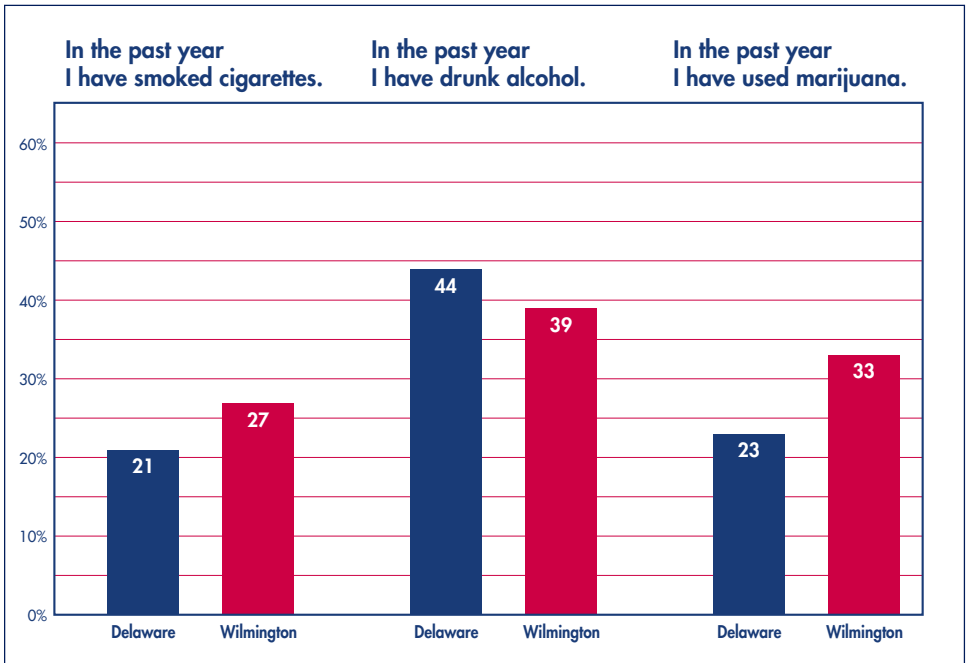
# Wilmington Children Speak

*Each year since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered a survey to public school students in the fifth, eighth, and eleventh grades about alcohol, tobacco, and drug use. The study is supported by the Office of Prevention, Department of Children, Youth and Their Families and administered through 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. Since 1998 the survey has included new information on school behavior and school violence. The Center for Drug and Alcohol Studies provided KIDS COUNT with data from 2002 from students who lived in Wilmington zip codes 19801, 19802, 19805, and 19806. Caution should be exercised in interpreting the data due to the small sample size of Wilmington students. However, it is useful to examine the issues in light of the increased interest in safety, parental involvement, substance abuse, educational needs, and future plans of Wilmington youth.*

Source: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Report to the Delaware Prevention Coalition and the Coalition of Community Prevention Partnerships. Report* for 2003. Prepared by The Center for Drug and Alcohol Studies.

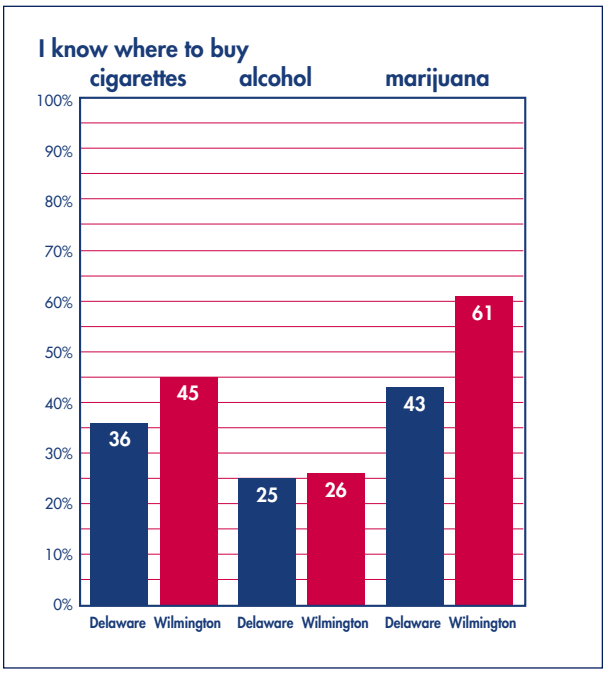
## 8th Graders

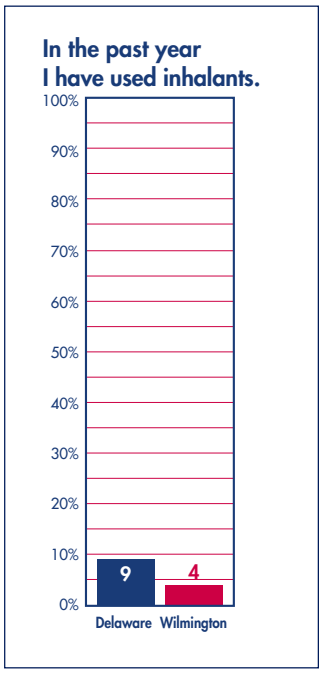
The survey included 548 eighth graders who live in Wilmington (zip codes 19801, 19802, 19805, 19806).

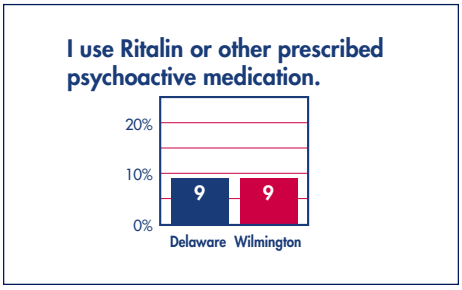



Source: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Report to the Delaware Prevention Coalition and the Coalition of Community Prevention Partnerships. Report* for 2002. Prepared by The Center for Drug and Alcohol Studies.

## 8th Graders

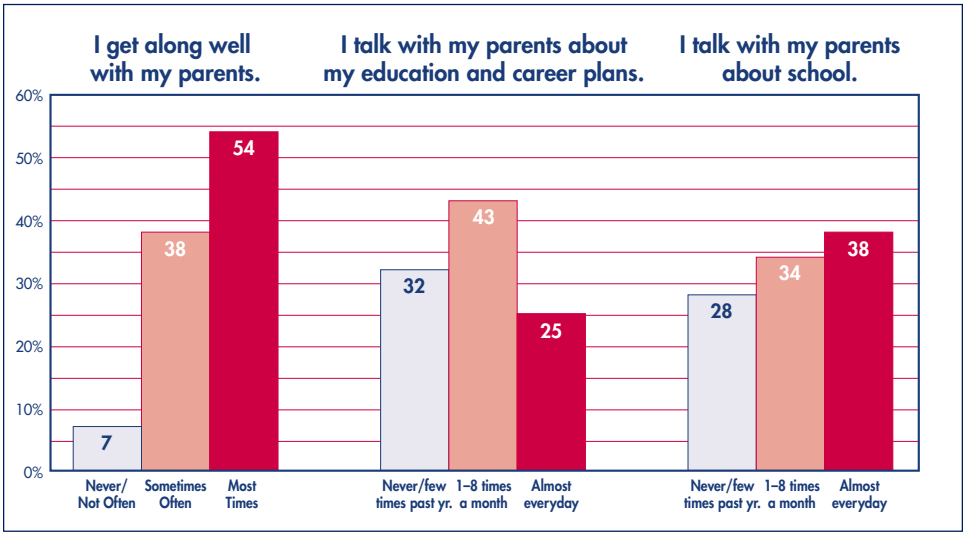


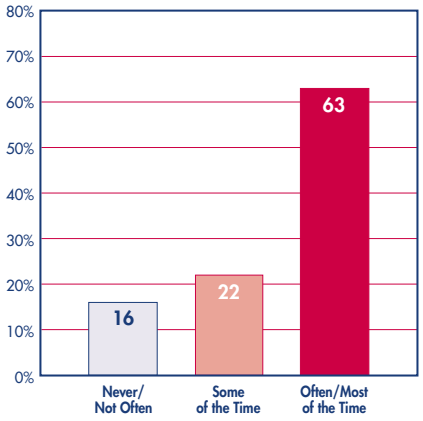

Source for all graphs: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Report to the Delaware Prevention Coalition and the Coalition of Community Prevention Partnerships. Report* for 2002. Prepared by The Center for Drug and Alcohol Studies.

## Wilmington 8th Graders

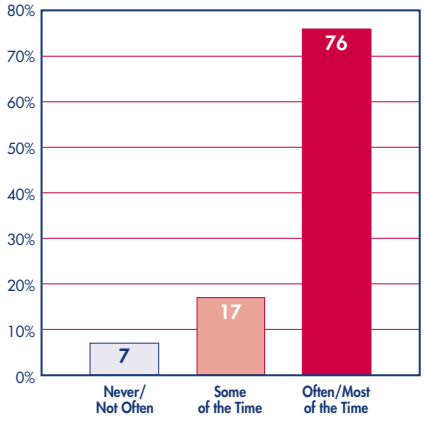


# *Wilmington 8th Graders*

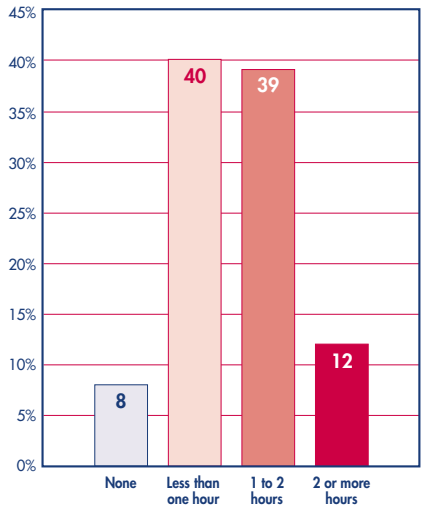
### I feel safe in my neighborhood.



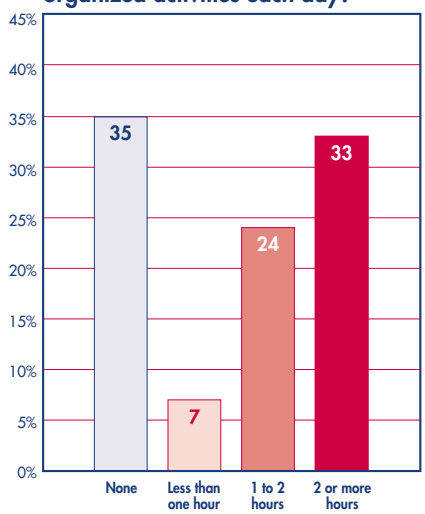

### I feel safe in my school.



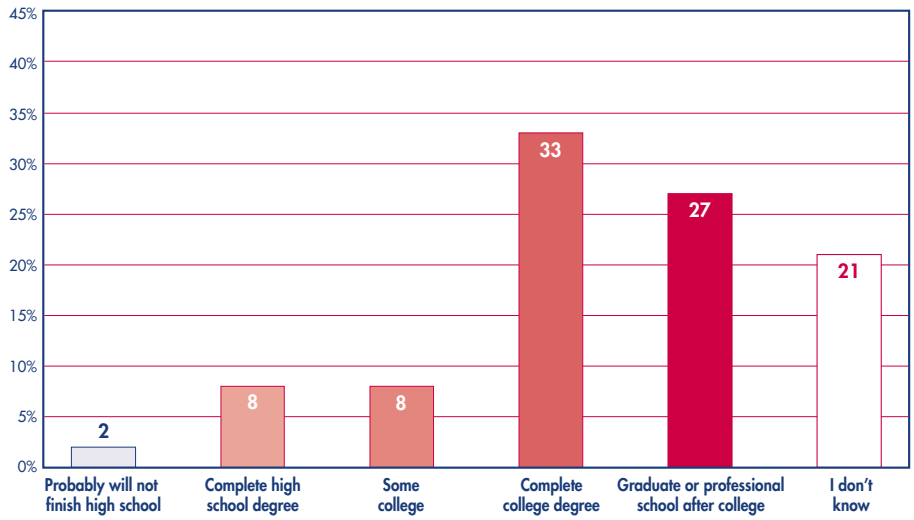

### How often do you study each day outside of school?




### How often do you participate in organized activities each day?



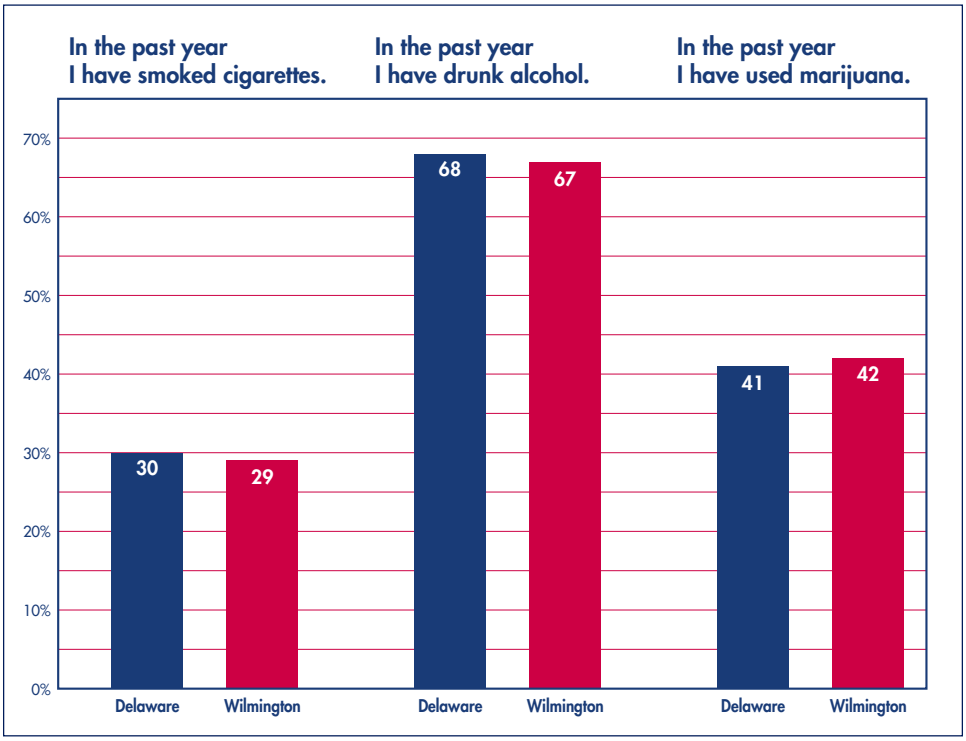

### How much schooling do you think you will complete?

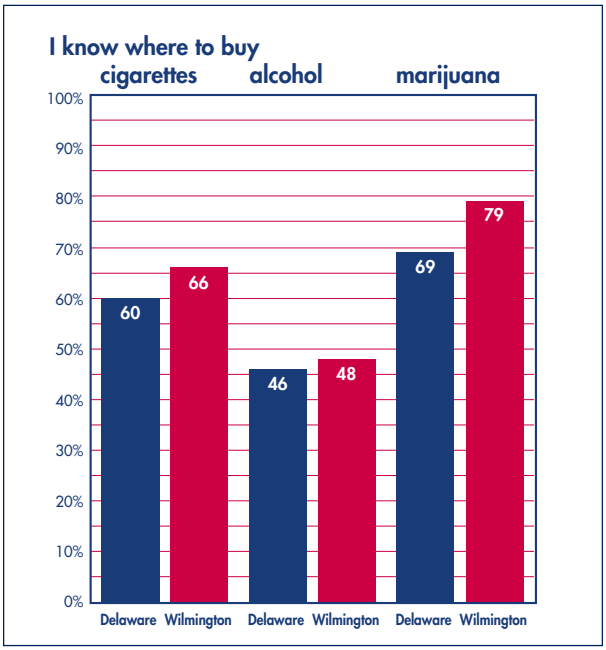


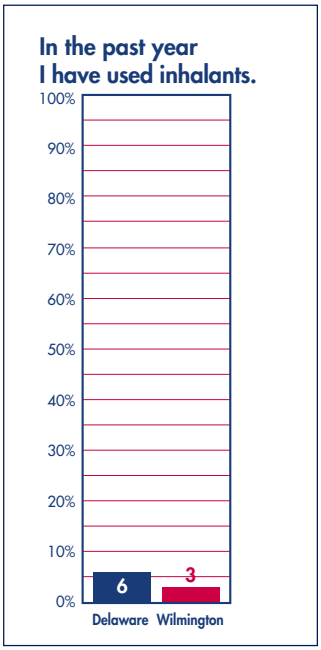

Source for all graphs: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Report to the Delaware Prevention Coalition and the Coalition of Community Prevention Partnerships. Report* for 2002. Prepared by The Center for Drug and Alcohol Studies.

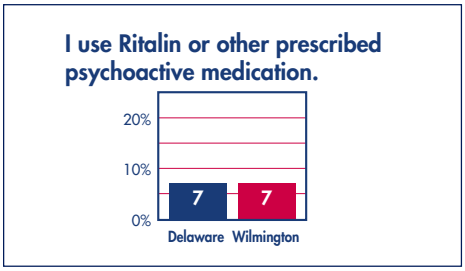
# 11th Graders

The survey included 390 eleventh graders who live in Wilmington.



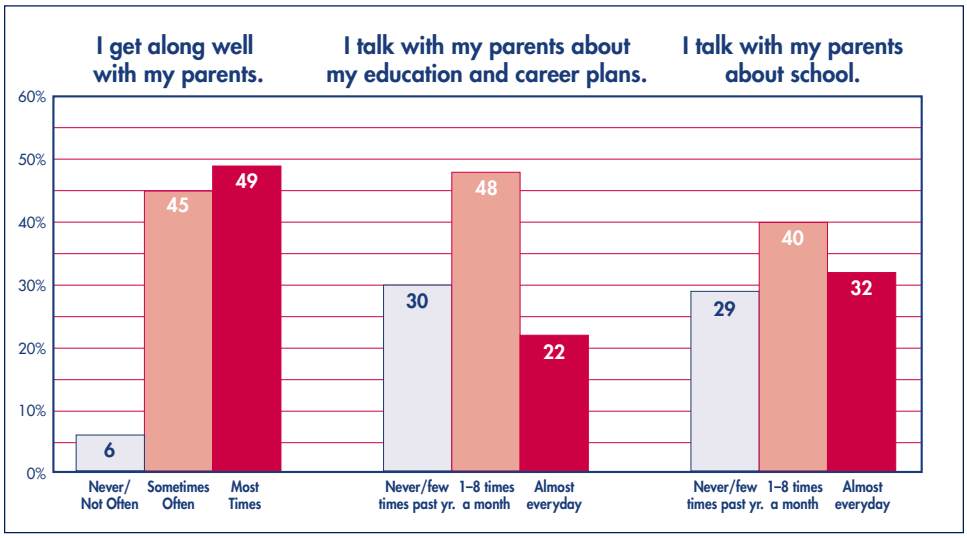



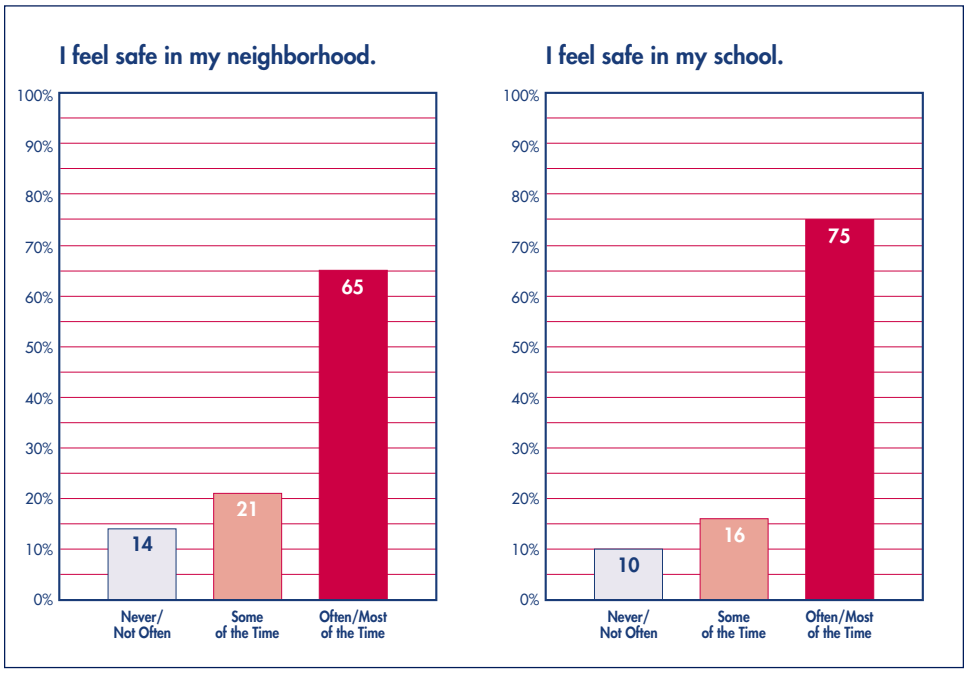




Source for all graphs: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Report to the Delaware Prevention Coalition and the Coalition of Community Prevention Partnerships. Report* for 2002. Prepared by The Center for Drug and Alcohol Studies.

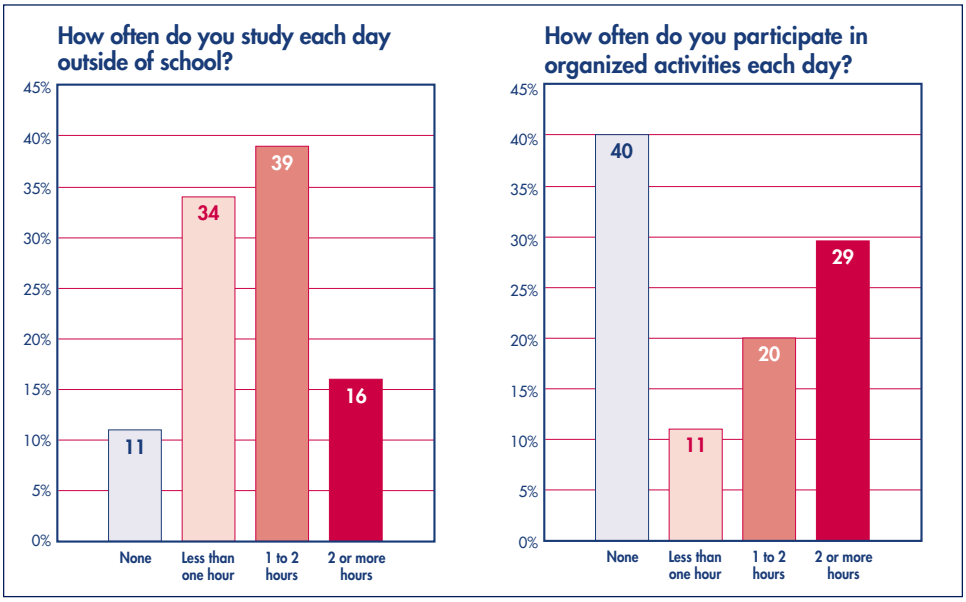
# *Wilmington 11th Graders*

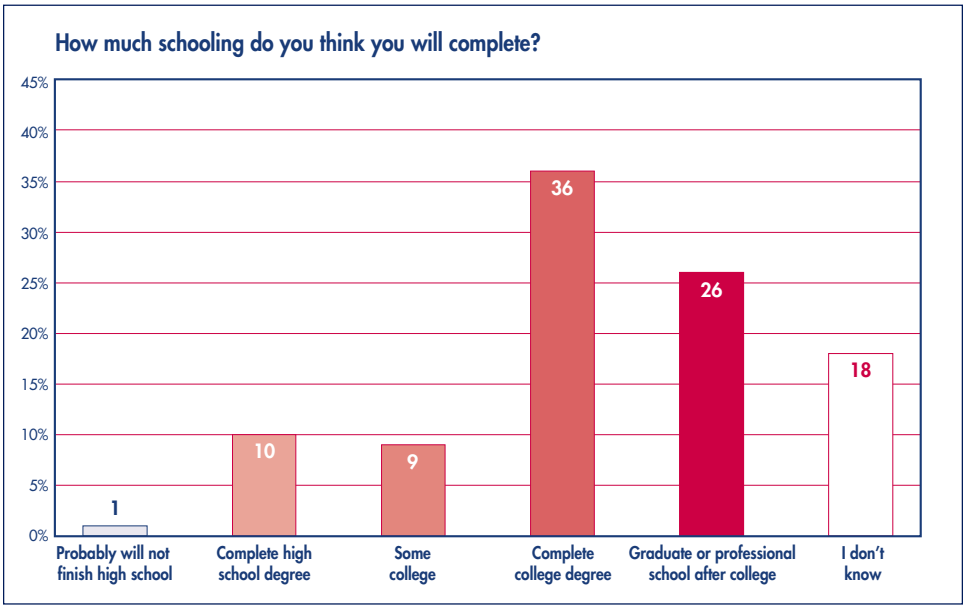



Source for all graphs: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Report to the Delaware Prevention Coalition and the Coalition of Community Prevention Partnerships. Report* for 2002. Prepared by The Center for Drug and Alcohol Studies

# *Wilmington 11th Graders*




Source for all graphs: *Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Report to the Delaware Prevention Coalition and the Coalition of Community Prevention Partnerships. Report* for 2002. Prepared by The Center for Drug and Alcohol Studies


**For more information see**

| | |
|---|---|
| Education | p. 30–37 |
| Juvenile Crime | p. 26–29 |
| www.talkingwithkids.org | |