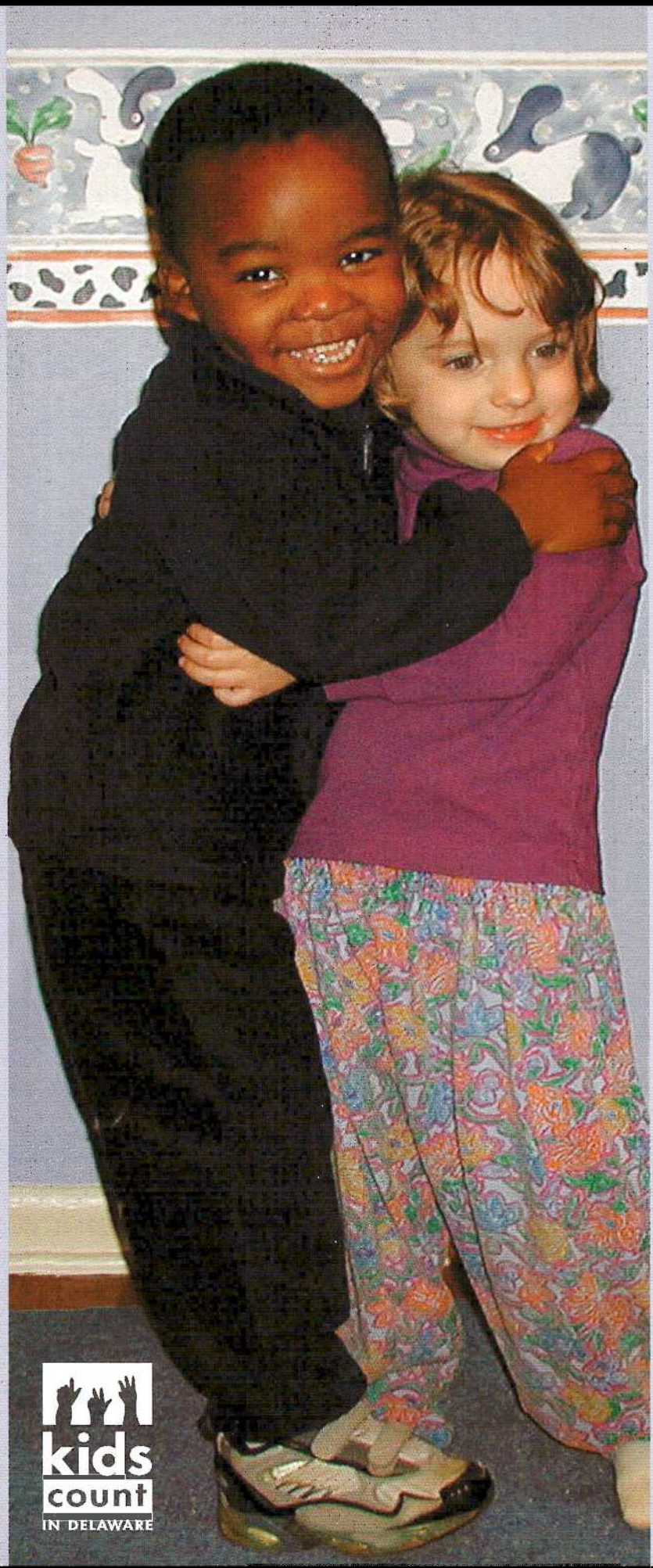

KIDS COUNT IN DELAWARE

FAMILIES COUNT IN DELAWARE

Fact Book 2002

kids count IN DELAWARE

State of Delaware
Office of the Governor

Ruth Ann Minner
Governor

Dear Friends:

As a mother and grandmother, there is no question that I hold children in a special place in my heart. They are indeed our future. During the past year as governor I have made improving the care, education and safety of Delaware's children my top priority. That is why I believe in the KIDS COUNT/FAMILIES COUNT Fact Book.

Understanding the facts is the first step to being able to devise the solutions. The statistics provided by KIDS COUNT and FAMILIES COUNT paints a poignant picture for child advocates, lawmakers, educators, business leaders and so many others about the health and well being of Delaware's children. After all, when our children are involved there can never be too much information.

I hope you find this report helpful and informative in your continued efforts to help ensure a bright future for the children of Delaware.

Sincerely,

Ruth Ann Minner

Ruth Ann Minner
Governor

Tatnall Building, Dover, Delaware, 19901 (302) 744-4101 (302) 739-2775 fax

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KIDS COUNT in Delaware
FAMILIES COUNT in Delaware
Fact Book 2002

Funded by The Annie E. Casey Foundation, the University of Delaware, and the State of Delaware

KIDS COUNT in Delaware
Center for Community Development and Family Policy
College of Human Services, Education and Public Policy • University of Delaware
Newark, DE 19716-7350
www.dekidscount.org

To order additional copies for $15 each, contact: Teresa L. Schooley, Project Director, KIDS COUNT in Delaware
Center for Community Development and Family Policy • College of Human Services, Education and Public Policy • University of Delaware • Newark, DE 19716-7350

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

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

On the cover: Melissa, from North Wilmington, and Mukai, from Bear, were born 9 days apart at Christiana Hospital. Their families attend church together in Newark. Now age 3, they are "lifelong friends." Also pictured are their mothers and siblings, Jenny and Kundai.

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Special thanks to ***John Laznik***, Center for Applied Demography and Survey Research, for poverty maps.

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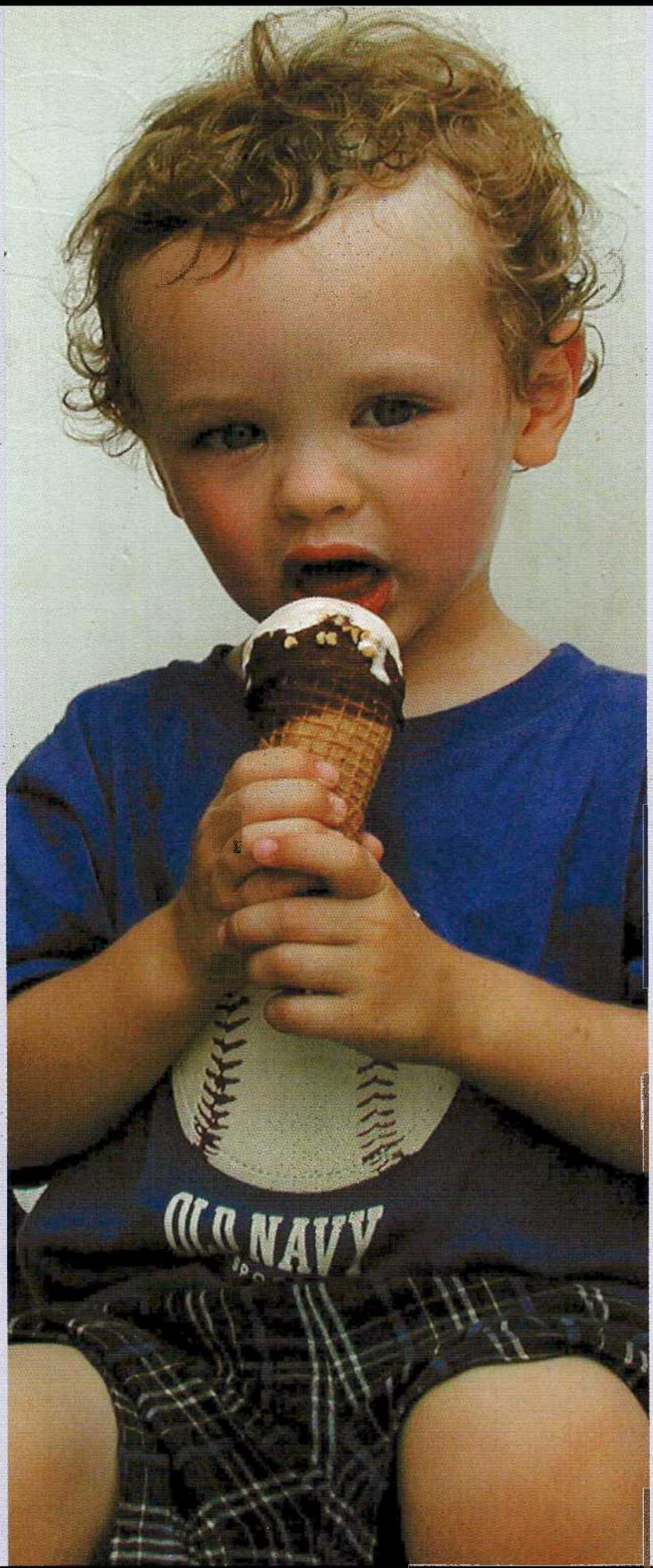
Thanks for the data:

- Delaware Department of Corrections
- Delaware Department of Education
- Delaware Dept. of Health and Social Services
- Delaware Department of Labor
- Delaware Department of Public Safety
- Delaware Department of Services for Children, Youth and Their Families
- Center for Applied Demography and Survey Research
- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Family and Workplace Connection
- Statistical Analysis Center



Dedicated to all the people in Delaware who work to build a future for our children

A Message from KIDS COUNT in Delaware

Bridgeville, Newark, Smyrna, Dover, Wilmington, Harrington..... places in our state where children live and grow. You'll see their faces throughout this publication—playing, reading, working, having fun, smiling with families and friends. However not all children in our state grow and thrive as they should, and this Fact Book draws attention to the inequality that exists for our state's children, some of whom face seemingly insurmountable barriers to success.

KIDS COUNT in Delaware is one of fifty-one similar projects throughout the United States funded by The Annie E. Casey Foundation. Through this project, housed at the Center for Community Development and Family Policy at the University of Delaware, led by a Board of committed and concerned children's advocates from the public and private sector, we bring together the best available data to measure the health, economic, educational and social well-being of children and families. This publication represents our ongoing effort to paint a picture which will inform public policy and spur community action.

This effort is combined with Governor Minner's commitment to children and families through the FAMILIES COUNT in Delaware initiative, which expands upon the ten tracking indicators of the National KIDS COUNT Data Book to look at a broad range of indicators related to children and families. For the fourth year, we are pleased to present to you both KIDS COUNT and FAMILIES COUNT as a combined publication and believe it represents a statewide commitment to monitor outcomes and show that both children and families do matter, do count, in this state.

The rising number of children in poverty has emerged as a concern both of KIDS COUNT and Governor Minner's administration. We have included additional data on this indicator to shed some light on the underlying issues. Although the census tract maps, created by the Center for Applied Demography and Survey Research, showing the number of children in poverty in our three counties depict data from the 1990 census, we felt the information was important to include. When the 2000 Census data on poverty is released during mid-2002, we will update our maps and present additional material.

We at KIDS COUNT do not want you to think of this publication as just a report, but rather as a tool to guide, direct and motivate policy leaders, advocates, and the public to do what they can to improve the quality of life for Delaware's children and families. This might mean volunteering as a mentor for a disadvantaged youth, creating a child care center in the workplace, or passing legislation to enable all children in poverty to attend a pre-school program. It means working with our friends, relatives, and co-workers to ensure that elected officials make tax and spending choices that will help children succeed. It means becoming actively involved in building a stronger Delaware, one step at a time.

Do your part to make kids and families count in Delaware!

Steven A. Dowshen. M.D.
Chair
Board

Theodore W. Jarrell, Ph.D.
Chair
Data Committee

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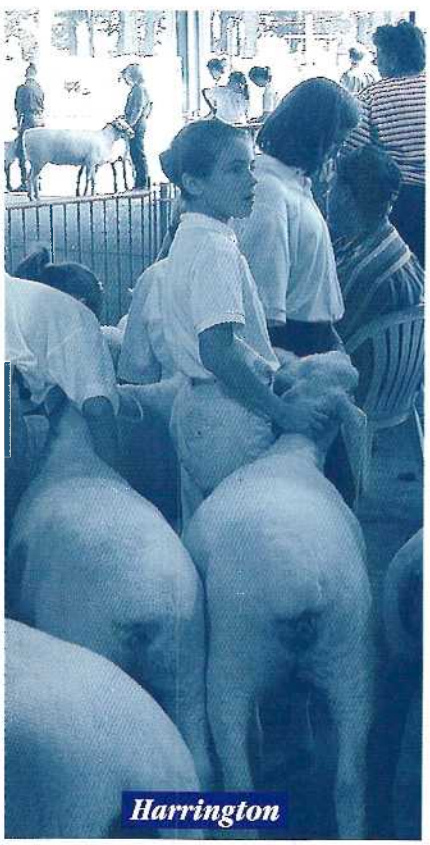
Data Tables



School Dropouts

Teens Not in School and Not in the Labor Force

Children in Poverty

Children in One-Parent Families

Miscellaneous Tables

KIDS COUNT in Delaware

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

For the first time KIDS COUNT and FAMILIES COUNT have been combined into a unified publication. Indicators are organized by:

The ten featured KIDS COUNT National Indicators

Issues affecting children

Issues affecting families

Issues affecting communities

The ten featured indicators in this book have been chosen by the national KIDS COUNT project because they provide a picture of the actual condition of children rather than a summary of the programs delivered or funds expended on behalf of children. These indicators have three attributes:

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

The featured indicators are:

Births to teens

Low birth weight babies

Infant mortality

Child deaths

Teen deaths by accident, homicide, and suicide

Juvenile violent crime arrests

Teens not graduated and not enrolled

Teens not in school and not working

Children in poverty

Children in one-parent households

In addition to the featured indicators, we continue to report on a variety of indicators such as early care and education, prenatal care, alcohol, drug and tobacco use and asthma data based on hospitalizations which all impact the lives of children. Issues affecting families such as unemployment, homelessness, health care coverage, and child support are described in the next section. Finally, the results of the Get Together Delaware Social Capital Study are detailed in the section on issues affecting communities. Additional tables with more extensive information are included at the end of the Fact Book.

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

Trends in Delaware

Delaware has seen improvement in three of the national KIDS COUNT indicators while four areas have declined and three have shown little change:

- ***The teen birth rate, child death rate, and teens not graduated and not enrolled continue to improve.***
- ***Of concern are the increasing rates of low birth weight babies, infant mortality, teen deaths by accident, homicide, and suicide, teens not attending school and not working, and children in poverty.***
- ***The rates of children in one-parent households and juvenile violent crime arrests have remained fairly stable.***

Wilmington

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
- Related information — material in the appendix or in FAMILIES COUNT relating to the indicators

Sources of Data

The data are presented primarily in three ways:

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

The data has been gathered primarily from:

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

Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2002 uses the most current, reliable data available. Where data was inadequate or unavailable, N/A was used. For some data, only the decennial census has information at the county level.

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

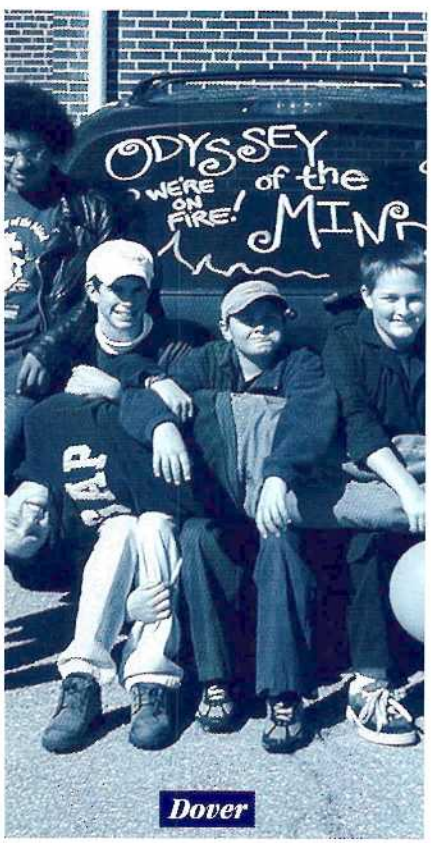
Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. KIDS COUNT has used the terminology reported by the data collection sources.

Fiscal Year Data: Most data presented here is for calendar years. Where data collected by state or federal authorities is available by school calendar year or fiscal year, the periods are from September to June or July 1 to June 30, respectively.

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

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

In a state with a small population such as Delaware, the standard sampling error is somewhat larger than in most states. For this reason, KIDS COUNT has portrayed the high school dropout rate in two ways: the sampling size, which shows trends, and the Department of Education's dropout numbers. There is a slight variation in those two graphs due to the size of the population.



Numbers, Rates, and Percentages

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

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

A Caution About Drawing Conclusions

Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. KIDS COUNT encourages you to look at overall trends.

The key in the evaluation of statistics is to examine everything in context. The data challenges stereotypes—pushing us to look beyond the surface for the less obvious reasons for the numbers. Individual indicators, like the rest of life's concerns, do not exist in a vacuum and cannot be reduced to a set of the best and worst in our state.

Where county level data are presented, readers can gain a better understanding of the needs in particular segments of the state. Delaware rankings within the National KIDS COUNT Data Book can fluctuate from year to year. Therefore, it is important to look at the trends within the state and over a significant period of time. Hopefully, the graphs help to clarify that picture.

Counting the Kids: Delaware Demographics

The first data released from the 2000 Census provides a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child-centered society now than we were 100 years ago. In the United States, children accounted for 40 percent of the population in 1900, but only 26 percent in 2000. Similar trends are evident in Delaware.

Population at a Glance

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

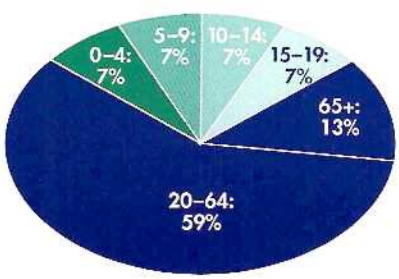
Source: 2000 Census, U.S. Census Bureau

Nationwide the number of children grew 14 percent between 1990 and 2000. Delaware experienced an increase of 19 percent, growing from 163,341 children in 1990 to 194,587 in 2000. This increase ranked Delaware as having the 11th highest percentage increase among all fifty states.

Sussex County had the largest percentage increase of children (30%), followed by New Castle County (18%) and Kent County (14%).

Total Population Estimate and Age Distribution

Delaware, 2000

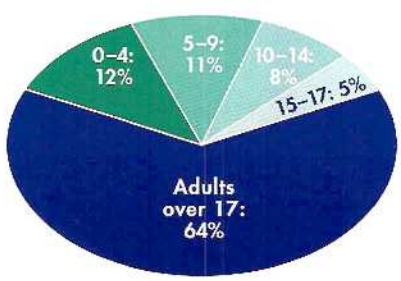


Delaware Total	783,600
Total Children 0–19	218,250
Children 0–4	51,531
Children 5–9	55,813
Children 10–14	55,274
Children 15–19	55,632

Source: Delaware Population Consortium; Population Estimates Program, Population Division, U.S. Census Bureau

Hispanic Population Estimate and Age Distribution

Delaware, 2000



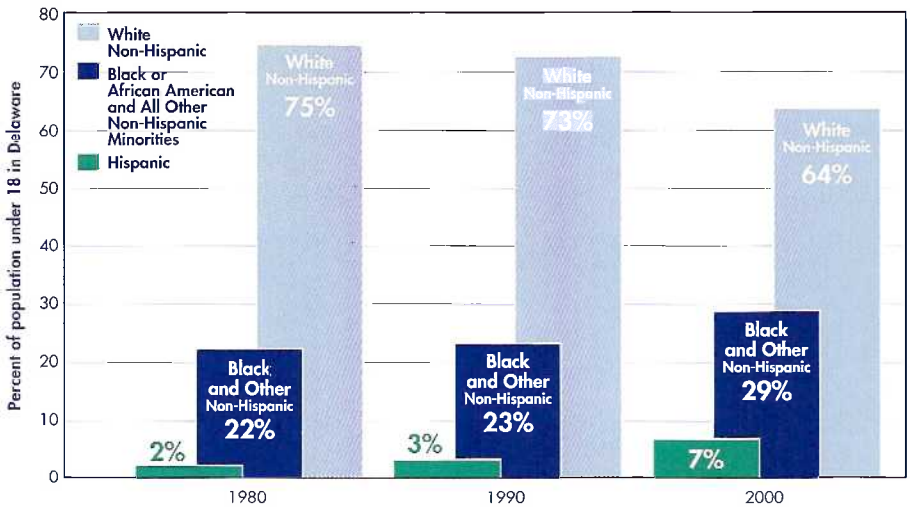
Delaware Hispanic Total	37,277
Total Children 0–17	13,565
Children 0–4	4,517
Children 5–9	3,970
Children 10–14	3,174
Children 15–17	1,904
Adults over 17	23,712

Source: Population Reference Bureau, 2000 Census

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

The Changing Face of Delaware's Children

by Race and Hispanic Origin, Delaware, 1980–2000



Source: 2000 Census, U.S. Census Bureau

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

Children under 18 by Race and Hispanic Origin, U.S. and Delaware

Race		1980 Number	1980 Percent of population under 18	1990 Number	1990 Percent of population under 18	2000 Number	2000 Percent of population under 18
Total Population under 18	US	63,754,960	100.0	63,604,432	100.0	72,293,812	100.0
	DE	166,595	100.0	163,341	100.0	194,587	100.0
Non-Hispanic White	US	47,035,526	73.8	43,807,311	68.9	44,027,087	60.9
	DE	125,376	75.3	119,582	73.2	124,918	64.2
Minorities	US	16,719,434	26.2	19,797,121	31.1	28,266,725	39.1
	DE	41,219	24.7	43,597	26.8	69,669	35.8
Black and Other Non-Hispanic	US	11,091,478	17.4	12,039,621	18.9	15,924,466	22.0
	DE	37,141	22.3	38,170	23.4	56,104	28.8
Hispanic	US	5,627,956	8.8	7,757,500	12.2	12,342,259	17.1
	DE	4,078	2.4	5,589	3.4	13,565	7.0

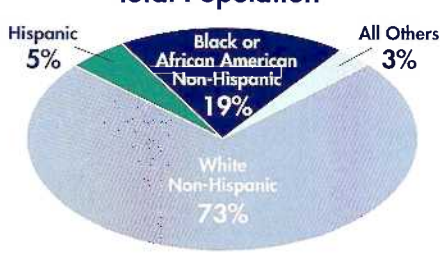
Note: Children who marked white and another racial category in the 2000 Census are classified as minorities. Persons of Hispanic origin may be of any race.

Source: www.aecf.org/kidscount/census, 2000 Census, U.S. Census Bureau

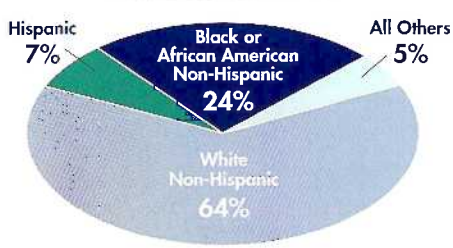
Delaware Population

by Race and Hispanic Origin, 2000

Total Population



Children under 18



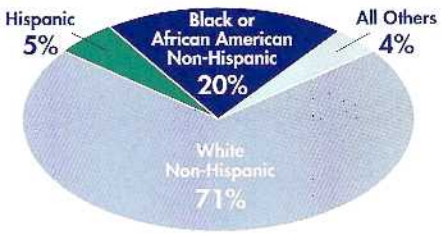
Source: 2000 Census, U.S. Census Bureau

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

New Castle County Population

by Race and Hispanic Origin, 2000

Total Population

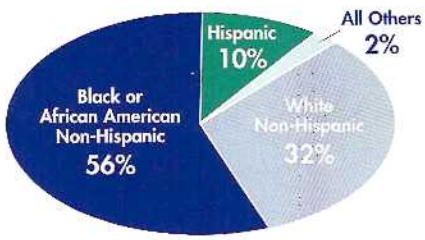


Children under 18

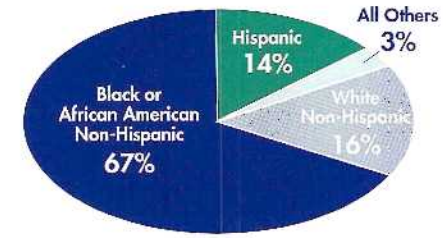
Wilmington Population

by Race and Hispanic Origin, 2000

Total Population



Children under 18



Kent Population

by Race and Hispanic Origin, 2000

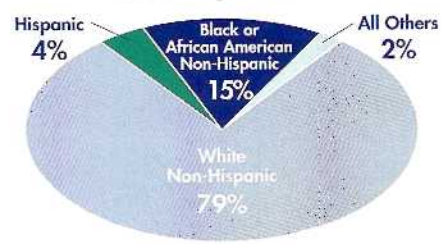
Total Population

Children under 18

Sussex 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.

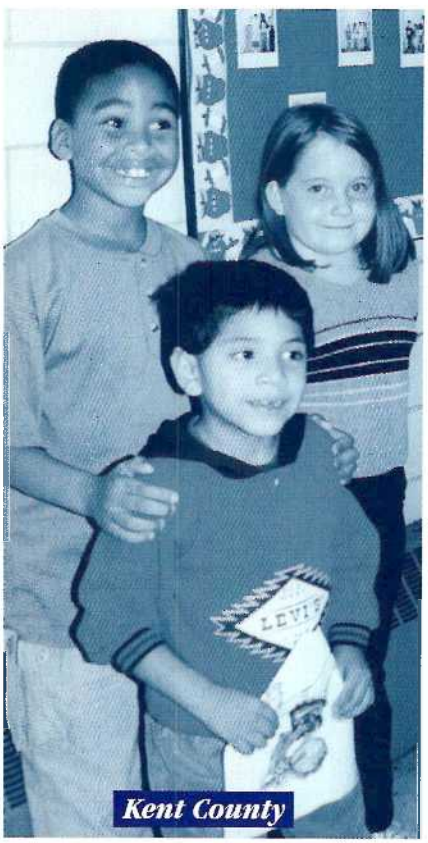
For more information see

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

Counting the Kids: Delaware Demographics

Definitions:

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



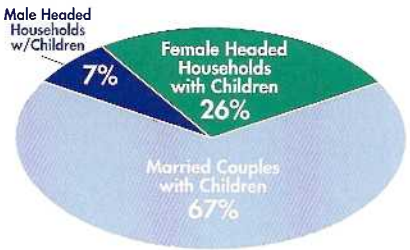
Family – A family is a group of two people or more related by birth, marriage, or adoption who are residing together.

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

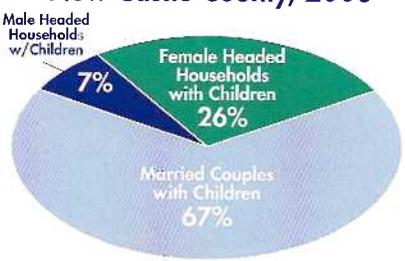
Related Children – All people in a household under the age of 18 who are related to the householder. Does not include householder's spouse or foster children, regardless of age.

Families with Related Children by Household Structure

Delaware, 2000

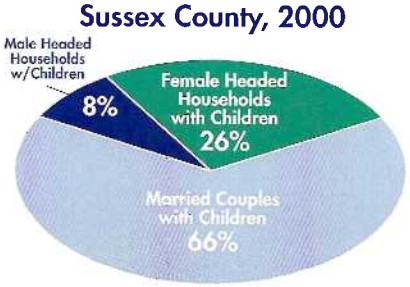


New Castle County, 2000



Kent County, 2000

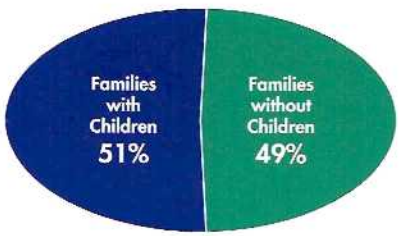
Sussex County, 2000



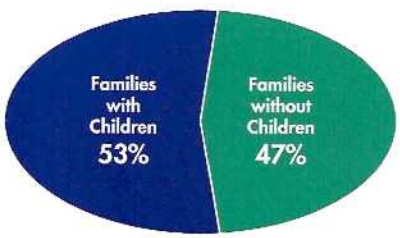
Source: 2000 Census, U.S. Census Bureau

Families with & without Children under 18 Living in Household

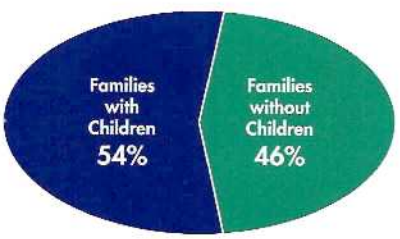
Delaware, 2000



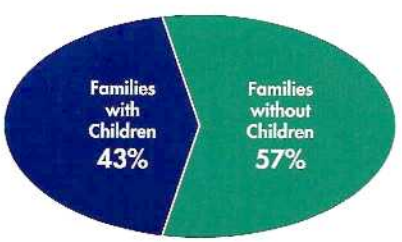
New Castle County, 2000



Kent County, 2000



Sussex County, 2000



Source: 2000 Census, U.S. Census Bureau

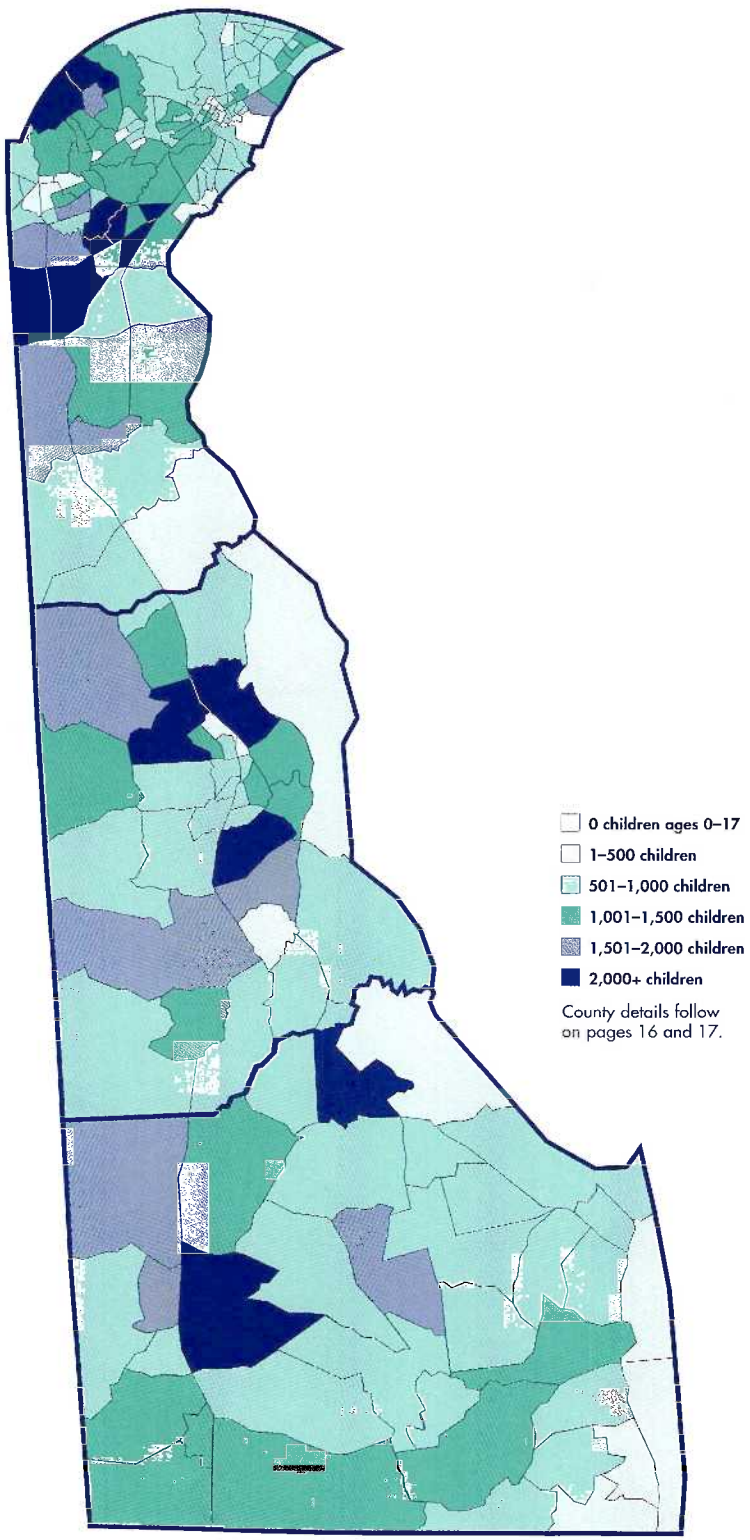
counting the kids CENSUS 2000

3.2% of children in Delaware are multi-racial. Multi-racial refers to people who chose more than one race on the 2000 Census.

1.1% of adults in Delaware are multi-racial.

Where the Kids Are

Delaware Census Tracts, 2000

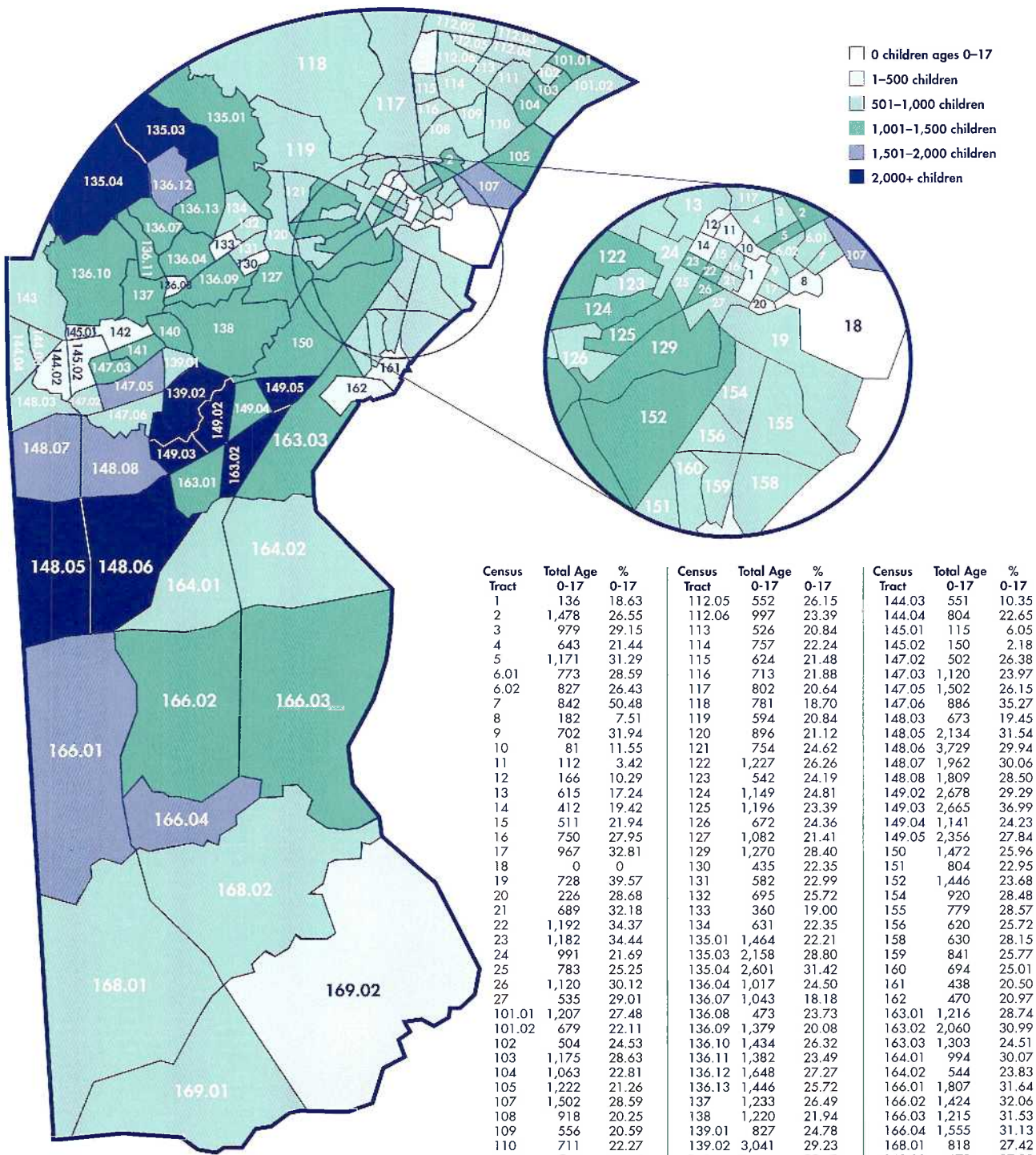


County details follow on pages 16 and 17.

Source: 2000 Census, U.S. Census Bureau

Where the Kids Are

New Castle County, 2000

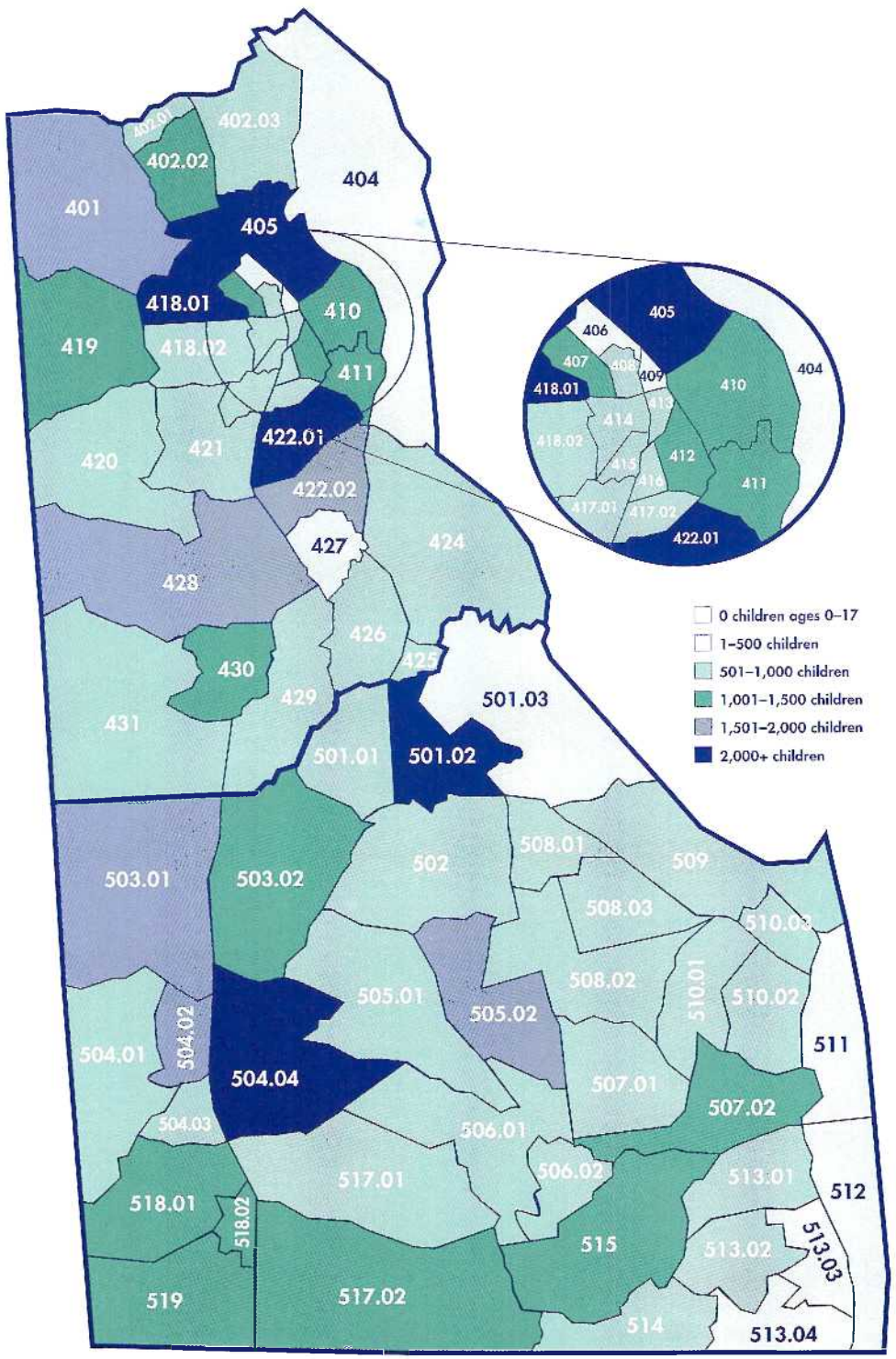


Census Tract	Total Age 0-17	% 0-17
1	136	18.63
2	1,478	26.55
3	979	29.15
4	643	21.44
5	1,171	31.29
6.01	773	28.59
6.02	827	26.43
7	842	50.48
8	182	7.51
9	702	31.94
10	81	11.55
11	112	3.42
12	166	10.29
13	615	17.24
14	412	19.42
15	511	21.94
16	750	27.95
17	967	32.81
18	0	0
19	728	39.57
20	226	28.68
21	689	32.18
22	1,192	34.37
23	1,182	34.44
24	991	21.69
25	783	25.25
26	1,120	30.12
27	535	29.01
101.01	1,207	27.48
101.02	679	22.11
102	504	24.53
103	1,175	28.63
104	1,063	22.81
105	1,222	21.26
107	1,502	28.59
108	918	20.25
109	556	20.59
110	711	22.27
111	544	19.94
112.01	497	21.99
112.02	799	22.78
112.03	985	21.17
112.04	712	20.87
112.05	552	26.15
112.06	997	23.39
113	526	20.84
114	757	22.24
115	624	21.48
116	713	21.88
117	802	20.64
118	781	18.70
119	594	20.84
120	896	21.12
121	754	24.62
122	1,227	26.26
123	542	24.19
124	1,149	24.81
125	1,196	23.39
126	672	24.36
127	1,082	21.41
129	1,270	28.40
130	435	22.35
131	582	22.99
132	695	25.72
133	360	19.00
134	631	22.35
135.01	1,464	22.21
135.03	2,158	28.80
135.04	2,601	31.42
136.04	1,017	24.50
136.07	1,043	18.18
136.08	473	23.73
136.09	1,379	20.08
136.10	1,434	26.32
136.11	1,382	23.49
136.12	1,648	27.27
136.13	1,446	25.72
137	1,233	26.49
138	1,220	21.94
139.01	827	24.78
139.02	3,041	29.23
140	1,191	22.79
141	1,444	29.40
142	368	21.84
143	897	17.12
144.02	398	11.85
144.03	551	10.35
144.04	804	22.65
145.01	115	6.05
145.02	150	2.18
147.02	502	26.38
147.03	1,120	23.97
147.05	1,502	26.15
147.06	886	35.27
148.03	673	19.45
148.05	2,134	31.54
148.06	3,729	29.94
148.07	1,962	30.06
148.08	1,809	28.50
149.02	2,678	29.29
149.03	2,665	36.99
149.04	1,141	24.23
149.05	2,356	27.84
150	1,472	25.96
151	804	22.95
152	1,446	23.68
154	920	28.48
155	779	28.57
156	620	25.72
158	630	28.15
159	841	25.77
160	694	25.01
161	438	20.50
162	470	20.97
163.01	1,216	28.74
163.02	2,060	30.99
163.03	1,303	24.51
164.01	994	30.07
164.02	544	23.83
166.01	1,807	31.64
166.02	1,424	32.06
166.03	1,215	31.53
166.04	1,555	31.13
168.01	818	27.42
168.02	678	27.32
169.01	544	24.64
169.02	332	11.04

Source: 2000 Census, U.S. Census Bureau

Where the Kids Are

Kent and Sussex Counties, 2000



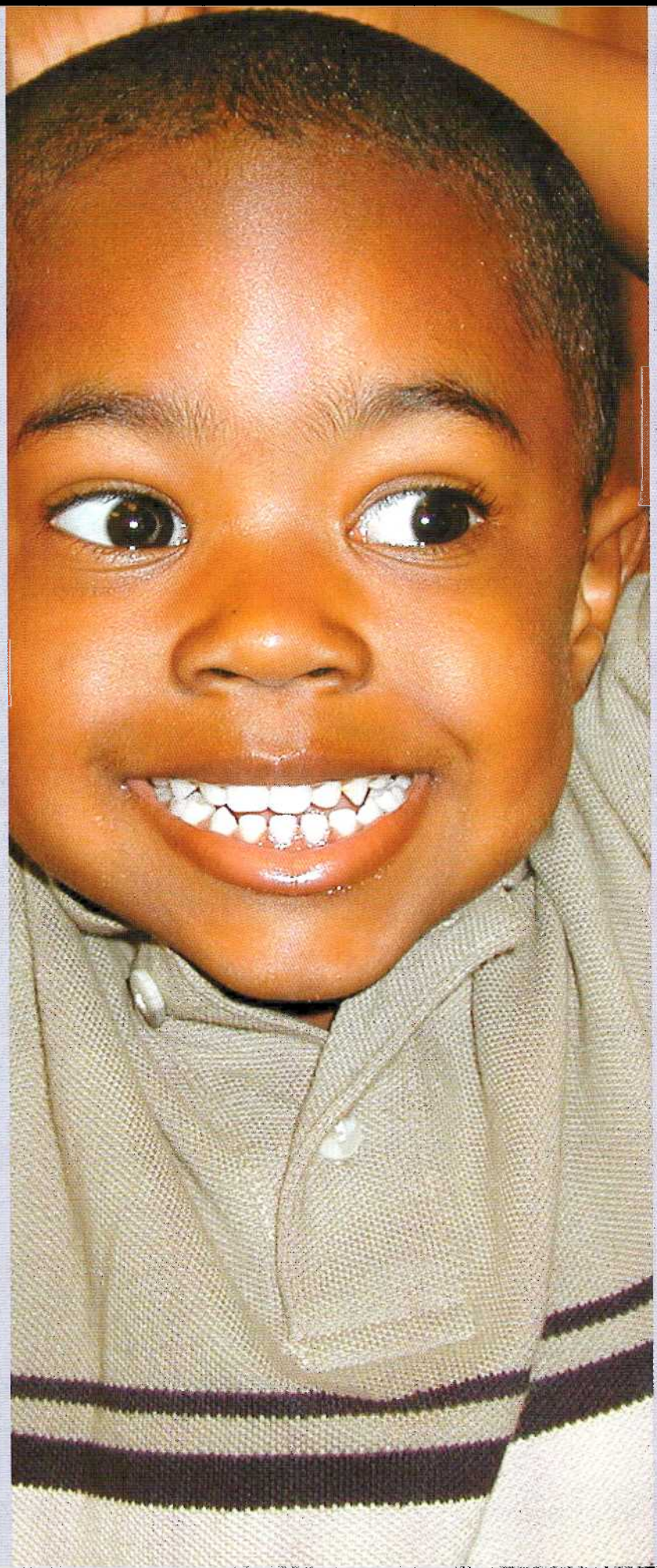
Kent County

Census Tract	Total Age 0-17	% 0-17
401	1,535	28.76
402.01	951	27.35
402.02	1,217	23.45
402.03	949	30.92
404	300	25.95
405	2,074	25.24
406	180	7.56
407	1,323	29.60
408	586	21 16
409	291	12.09
410	1,212	26.34
411	1,389	36.09
412	1,011	29.48
413	580	27.28
414	764	25.31
415	969	25.57
416	536	23.31
417.01	976	25.76
417.02	984	29.43
418.01	2,200	28.82
418.02	828	31.70
419	1,387	28.67
420	891	29.75
421	799	24.84
422.01	2,096	34.48
422.02	1,771	29.63
424	618	23.75
425	842	28.87
426	538	25.52
427	306	26.40
428	1,508	27.45
429	933	27.17
430	1,321	29.42
431	668	27.51

Sussex County

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

Source: 2000 Census, U.S. Census Bureau



KIDS COUNT IN DELAWARE

Indicators

Overview

	Delaware Compared to U.S. Average	Recent Trend in Delaware

Births to Teens Page 22

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

Five year average, 1996–00: Delaware 35.5, U.S. 30.3

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING BETTER

Low Birth Weight Babies Page 27

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

Five year average, 1996–00: Delaware 8.6, U.S. 7.5

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING WORSE

Infant Mortality Page 30

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

Five year average, 1995–99: Delaware 8.1, U.S. 7.3

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING WORSE

Child Deaths Page 34

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

Five year average, 1995–99: Delaware 23.1, U.S. 25.3

DELAWARE COMPARED TO U.S. AVERAGE: BETTER

RECENT TREND IN DELAWARE: ABOUT THE SAME

Teen Deaths by Accident, Homicide, and Suicide Page 38

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

Five year average, 1995–99: Delaware 55.0, U.S. 58.3

DELAWARE COMPARED TO U.S. AVERAGE: BETTER

RECENT TREND IN DELAWARE: ABOUT THE SAME

Delaware Compared to U.S. Average | Recent Trend in Delaware

Juvenile Violent Crime Arrest Rate Page 42

Number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rape, robbery, and aggravated assault

2000: Delaware 8.1, 1996*: U.S. 4.7

* U.S. data for 2000 was not available. 1996 data was used for comparison.

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: ABOUT THE SAME

Teens Not Graduated and Not Enrolled Page 45

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

Three year average, 1998–2000: Delaware 11.1, U.S. 9.4

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING BETTER

Teens Not Attending School and Not Working Page 48

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

Three year average, 1998–2000: Delaware 11.0, U.S. 8.0

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING WORSE

Dewey Beach

Children in Poverty Page 50

Percentage of 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.

Three year average, 1999–2001: Delaware 16.7, U.S. 17.3

DELAWARE COMPARED TO U.S. AVERAGE: BETTER

RECENT TREND IN DELAWARE: GETTING WORSE

Children in One-Parent Households Page 56

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

Three year average, 1999–2001: Delaware 37.3, U.S. 29.9

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: ABOUT THE SAME

Births to Teens 15–17

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING BETTER

The United States has the highest rates of teenage pregnancy and births in the western industrialized world. Nearly 4 in 10 young women become pregnant at least once before they reach the age of 20 – nearly one million pregnancies a year. Also, 8 in 10 of these pregnancies are unintended with 79% to unmarried teens.[1] Teen births affect newborn infants, their adolescent mothers, their fathers, their families, and the community and society as a whole. Teen pregnancy costs the United States at least $7 billion annually.

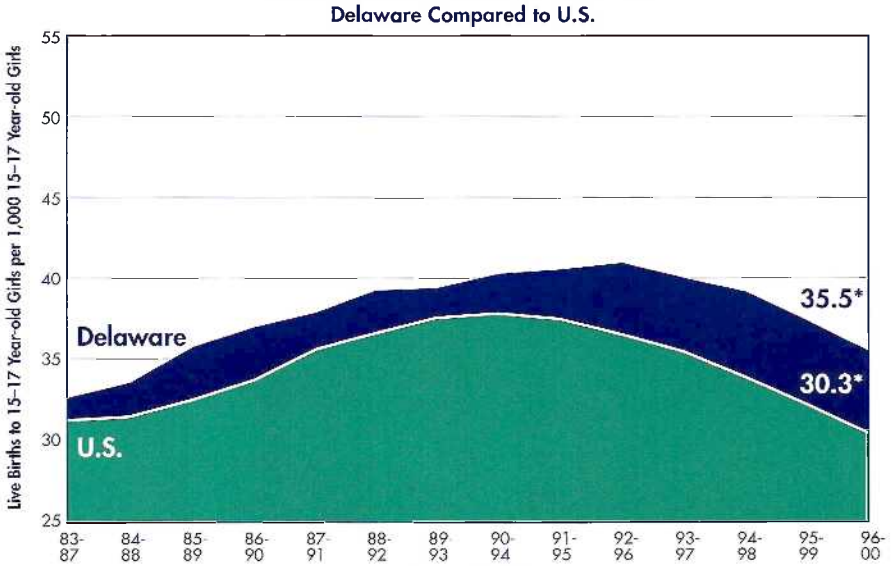
Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential. Compared with babies born to older mothers, babies born to adolescent mothers, are at a higher risk of low birth weight and infant mortality.[2] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. The sons of teen mothers are 13% more likely to end up in prison while teen daughters are 27% more likely to become teen mothers themselves.[3]

1 Facts and Stats. The National Campaign to Prevent Teen Pregnancy. Available from: www.teenpregnancy.org

2 America's Children 2001: Health Indicators. Available from: www.childstats.gov

3 Facts and Stats. The National Campaign to Prevent Teen Pregnancy. Available from. www.teenpregnancy.org

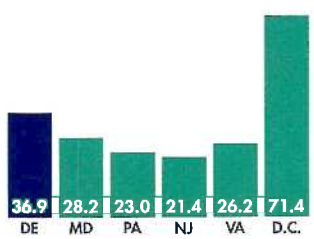
Births to Teens 15–17
Delaware Compared to U.S.



* Data for 1996–2000 is preliminary.

Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

Regional Comparison of Teen Birth Rates (15–17) per 1,000 15–17 Females, Five Year Averages, 1995–1999



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

* Percentages vary due to different estimating procedures being used by different sources.

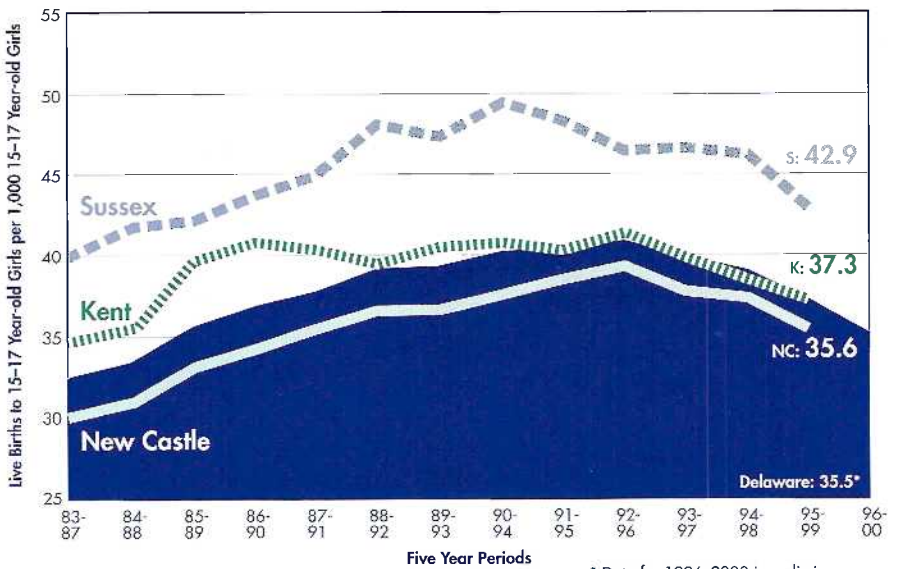
counting the kids

There were 32 births to teens 14 and younger in Delaware in 2000.

Source: Delaware Health Statistics Center

Births to Teens 15–17

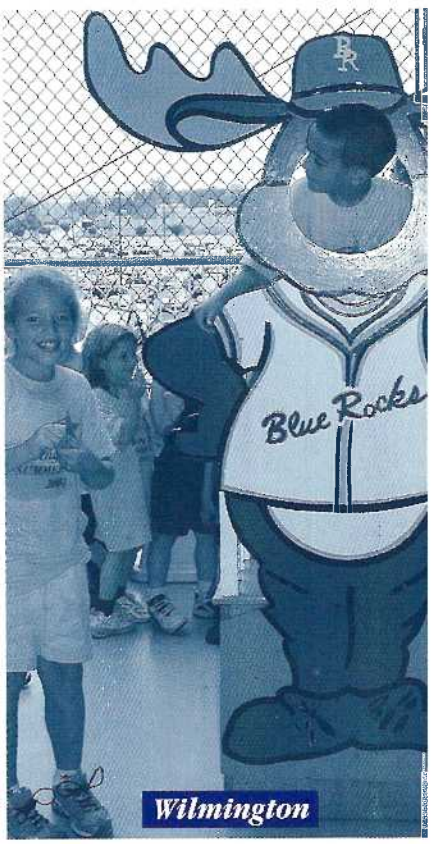
Delaware and Counties



* Data for 1996–2000 is preliminary. County data are not available for 1996–2000.

Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

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



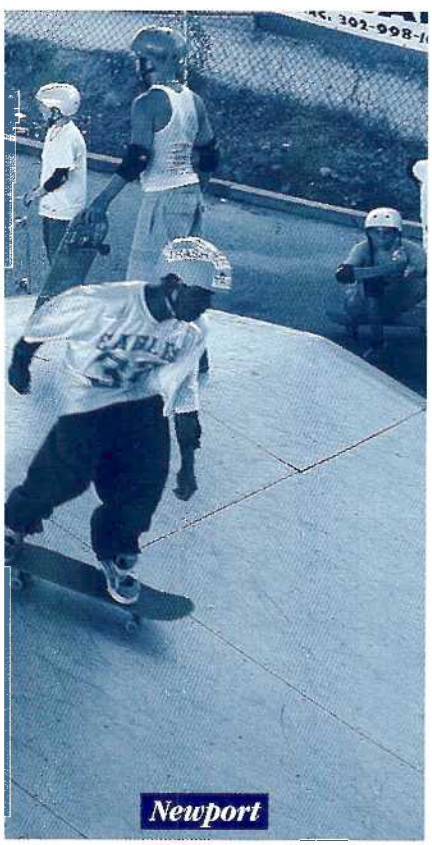
put data into action

In addition to talking to your kids about sex, love, and relationships, here are other things parents can do to help to make a difference in the lives of their teens:

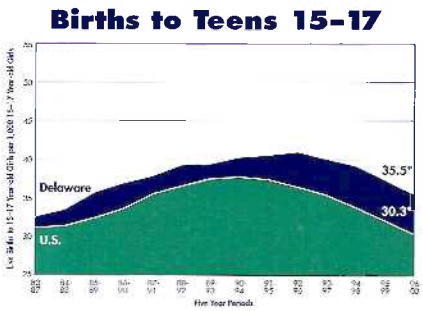
- **Spend time with your children and teens.** Shared experiences build a bank account of affection and trust that forms the basis for future communication.
- **Help teens gain a sense of self-confidence.** Self-confidence is earned, not given. Give kids opportunities to learn skills and gain confidence. Offer praise for jobs well done, accentuate the positive, and emphasize the things your children do right.
- **Encourage your teens to get involved in fun, safe, and fulfilling activities.** Help your children to identify their strengths, talents, and interests and to find opportunities in which these assets can be developed.
- **Help your teenagers set goals and understand that they have options for the future.** Teens with long-term goals for education or work will be less likely to compromise their futures by engaging in risky behavior.
- **Let your kids know that you value education highly.** School failure is often a warning sign of other problems. Stay involved in your children's educations and let them know their educations are important to you.
- **Know where your kids are and what they're doing.** Get to know your children's friends and their families. Set clear rules for your kids about what they may do and with whom they may spend time, and talk to them about why these rules are important.
- **Pay attention to kids before they get into trouble.** Let your kids know you are proud of them for doing the right thing – even when it seems like no big deal. Watch for warning signs that your teenagers need help.

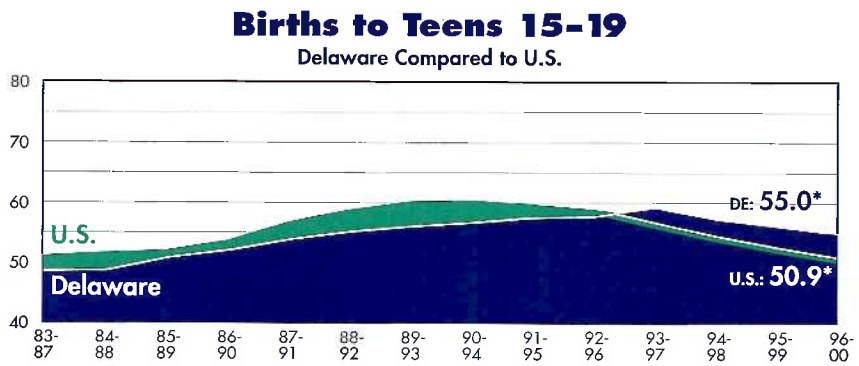
Source: Fact Sheet: Teen Pregnancy Prevention: Dads Make a Difference "The National Campaign to Prevent Teen Pregnancy." Available from: www.teenpregnancy.org

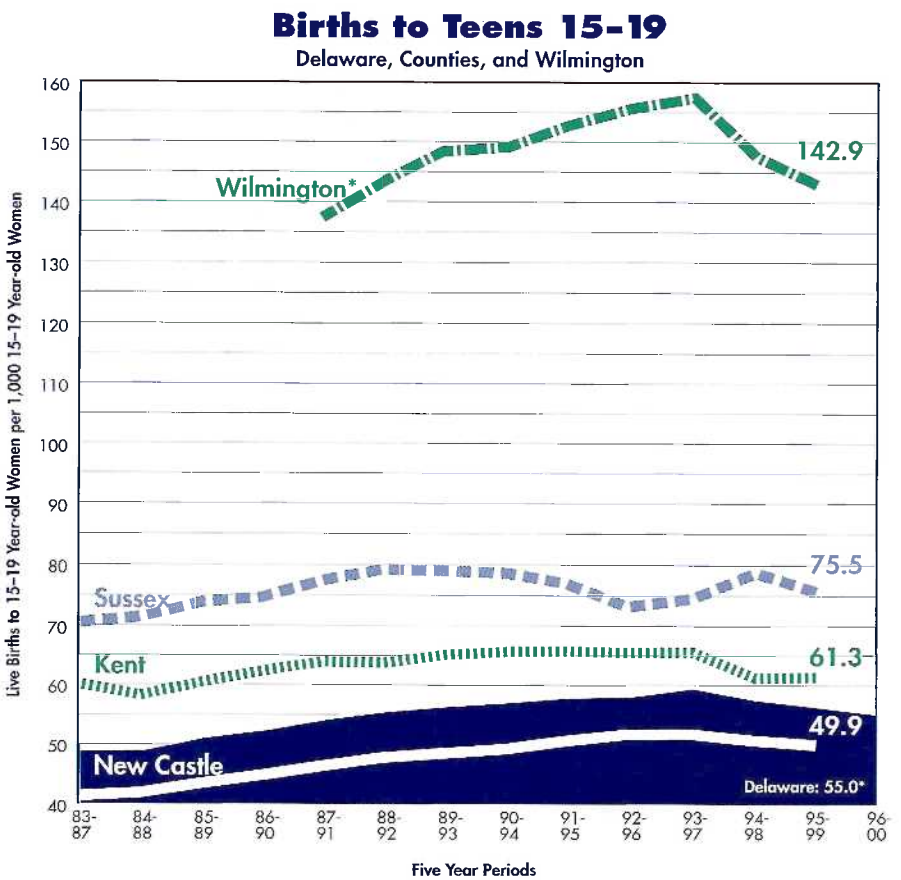
Births to Teens 15 – 19



While the birth rate for Delaware girls 15-17 has dropped in Delaware, the rates for both age groups, girls 15-17 and girls 15-19, are above the national average.

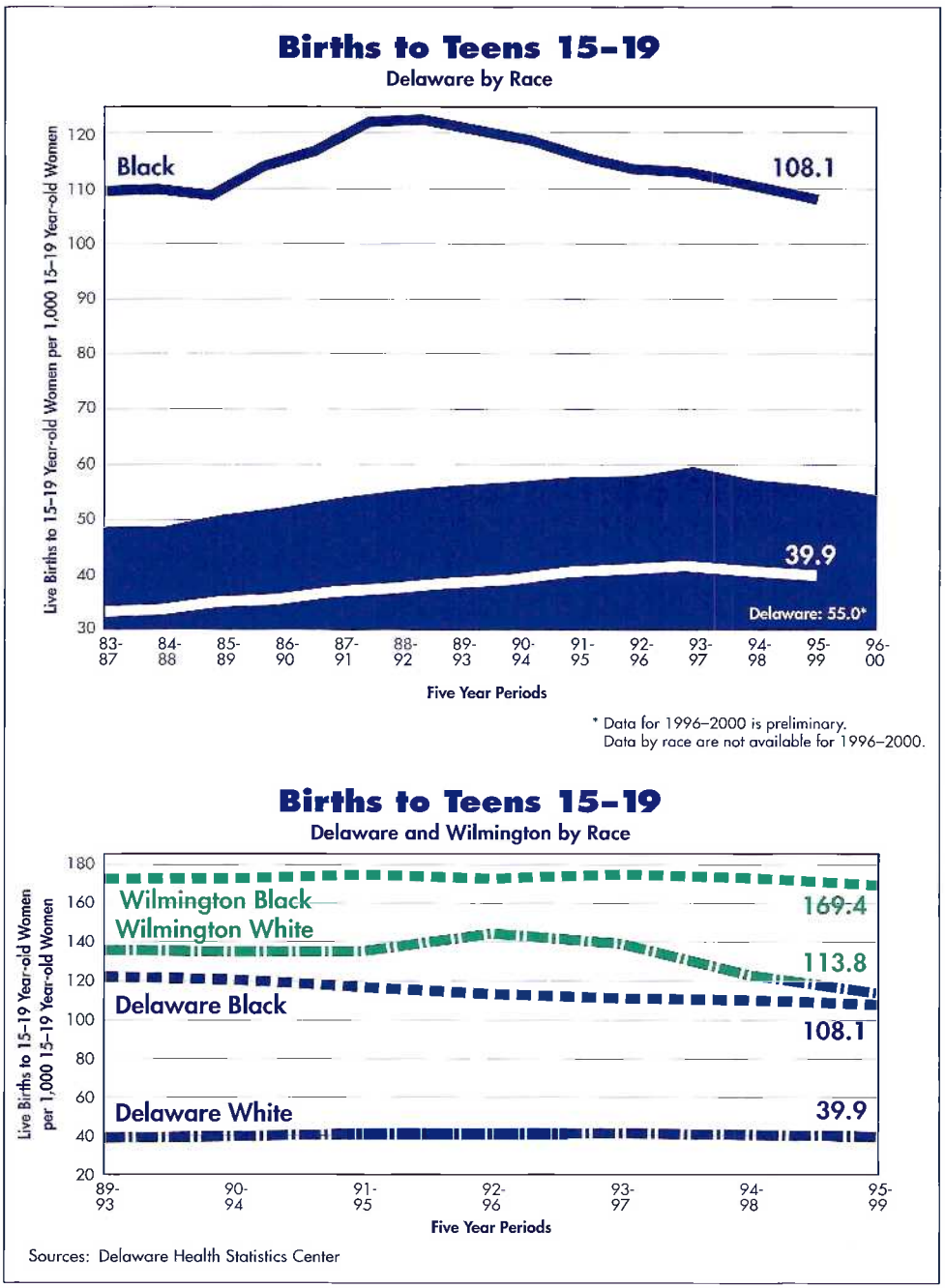




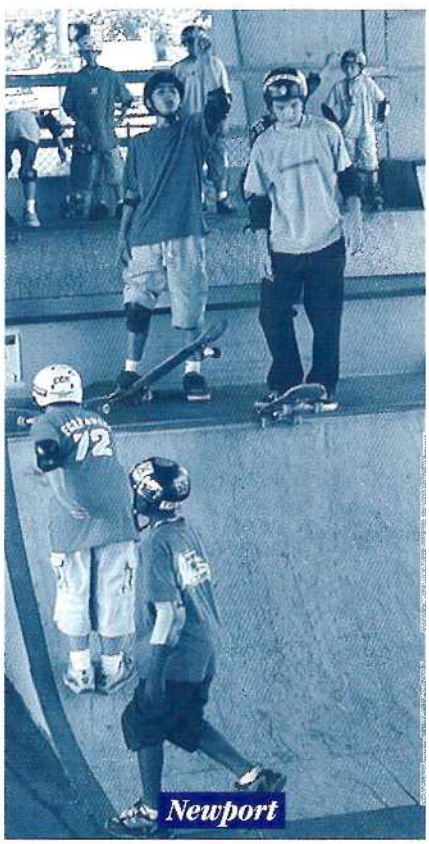


Sources: Delaware Health Statistics Center

* Data for 1996–2000 is preliminary.
County and Wilmington data are not available for 1996–2000.
Wilmington data is not available before the 1987–1991 period.



Sources: Delaware Health Statistics Center



Did you know?

The welfare reform law of 1996 required all states to develop strategies and goals for reducing out-of-wedlock births. Under the law, annual bonuses are awarded to as many as five states with the largest reduction in the proportion of out-of-wedlock births to total births. The U.S. Department of Health and Human Services Secretary, Tommy G. Thompson, announced the award of bonuses of $25 million dollars to Alabama, Michigan, and the District of Columbia for achieving the nation's largest decreases in out-of-wedlock births between 1996 and 1999. Delaware was ranked 47 out of 51 states (including District of Columbia). The full list of states and the percentage change in nonmarital birth rates is available at: www.cdc.gov/nchs/about/otheract/welfare/welfaredata.htm.

Source: Initiatives and Other Activities "National Center for Health Statistics"

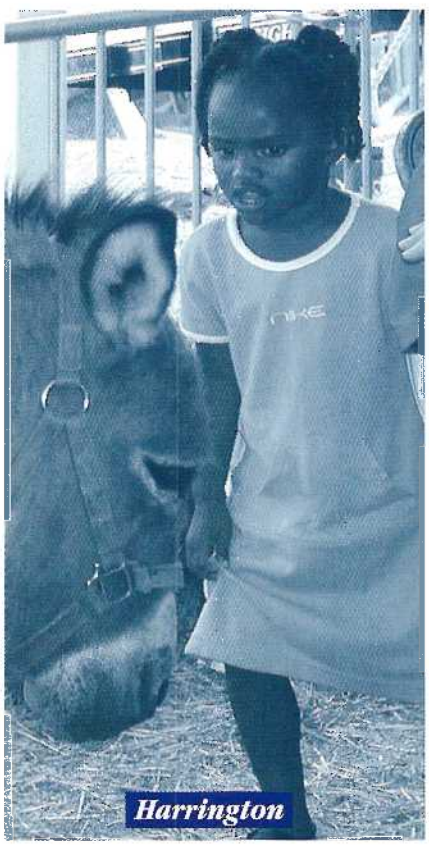
For more information see

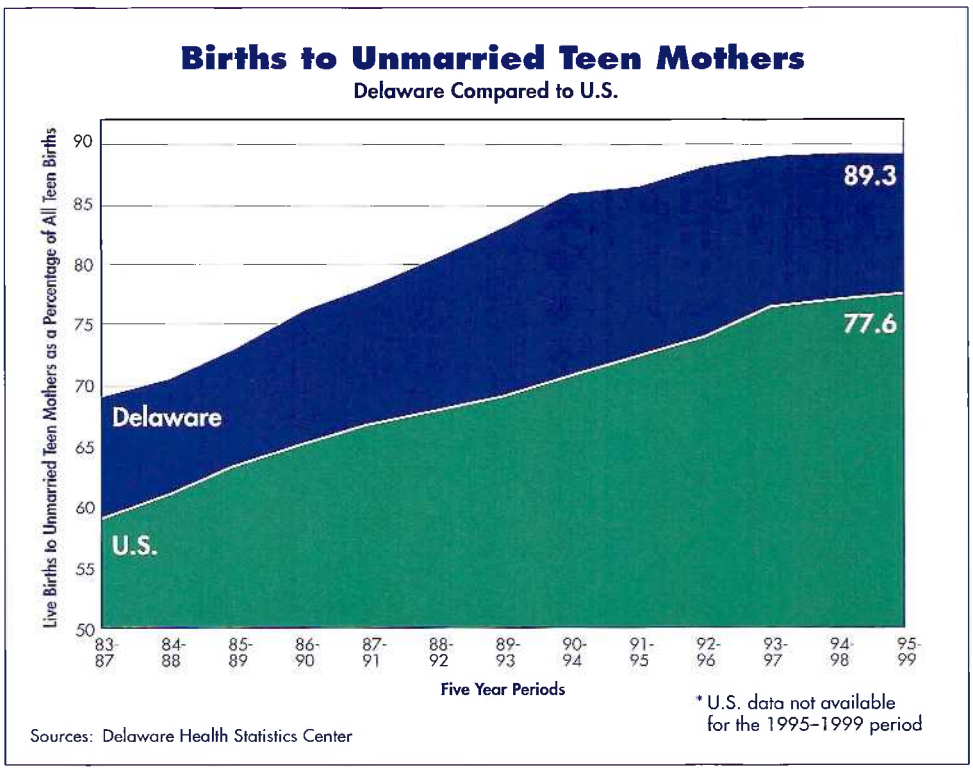
Tables 6–10	p. 108–111
Tables 13–14	p. 113–114
Table 21	p. 120

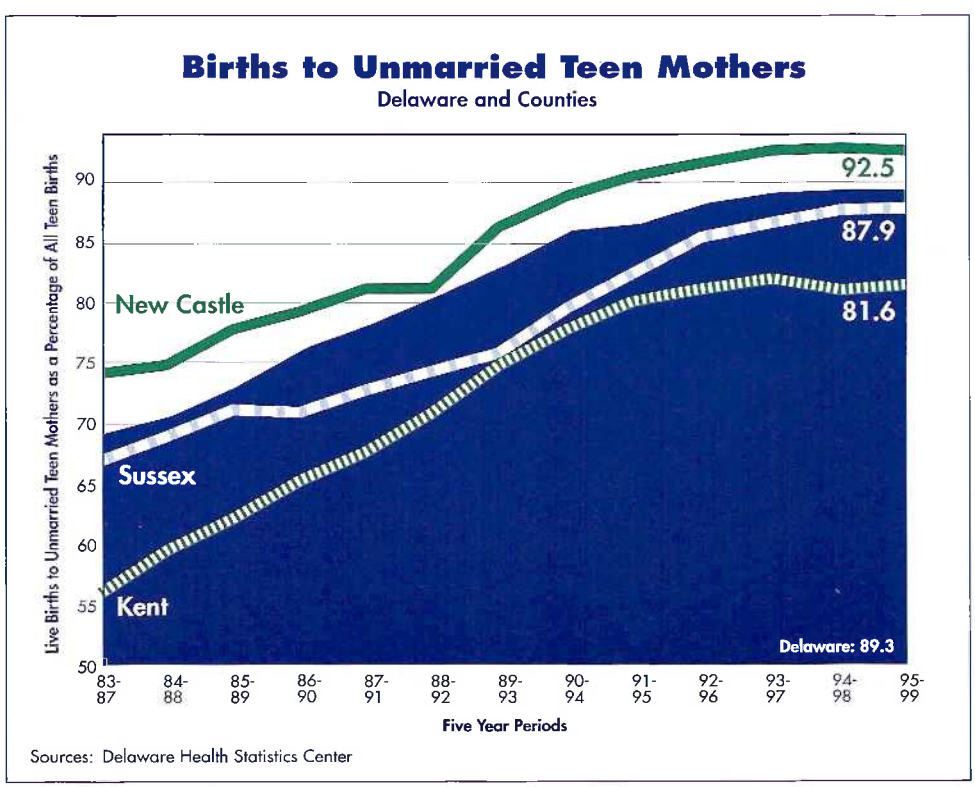
www.teenpregnancy.org

Births to Unmarried Teens

The percentage of teens giving birth who are unmarried continues to grow, accounting for nearly 90% of all teen births in Delaware.







Low Birth Weight Babies

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **GETTING WORSE**

Low birth weight affects one in every 14 babies born each year in the United States. Low birth weight babies may face serious health problems as newborns, and are at increased risk of long-term disabilities.[1] The strength of this indicator is that it is an estimation of both the child's immediate and future health and well-being. By school age, children born at a low birth weight are more likely to have mild learning disabilities, attention disorders, developmental impairments, and breathing problems.[2] Almost half of these infants will enter special education at some point in their lives.[3]

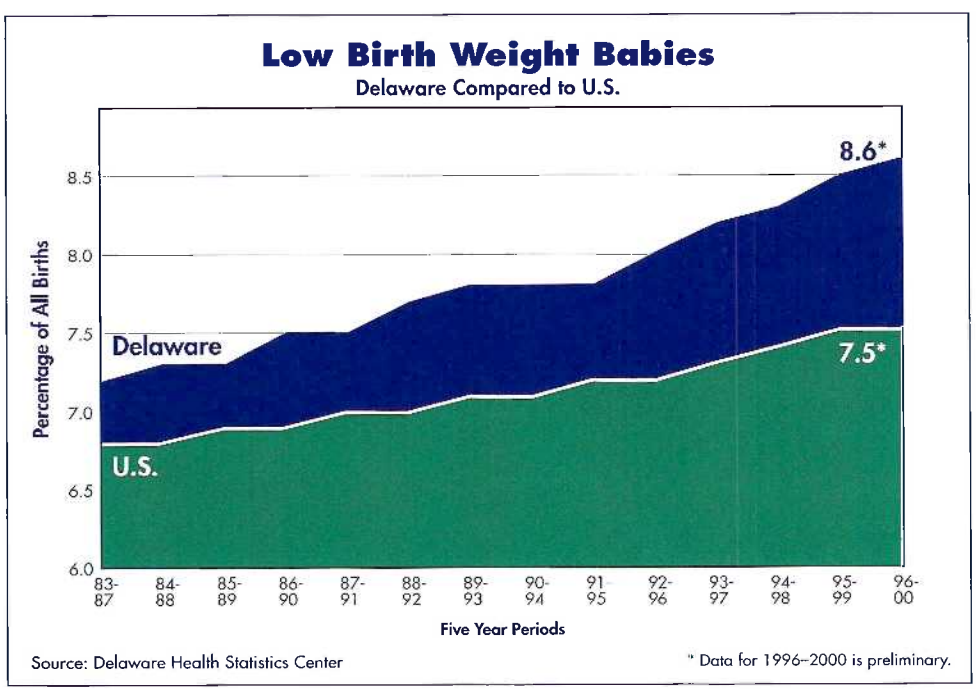
Measuring the number of children born at low birth weight is also a good indicator of the overall level of prenatal care and maternal health. Mothers who give birth to babies with low birth weight are often economically disadvantaged, poorly educated, under nourished, and have limited access to health care. They are also more likely to have used drugs, alcohol, and tobacco during pregnancy. Compared with parents of children with normal birth weight who were born at full term, parents of children with birth weights less than 750 grams reported lower perceptions of parenting competence, more difficulties related to child attachment, a more negative impact of the child's health on the family, and higher rates of both child-related family stress, and adverse family outcomes.[4]

1 Low Birthweight. Available from: www.modimes.org

2 Minnesota Kids: A Closer Look 2001 Data Book

3 Kids Count Missouri: 2000 Data Book

4 "Families With Very Low Birth Weight Children Experience More Long-Term Adversity" *Pediatrics* 3/5/01



Did You Know?

United States Department of Agriculture's Women, Infants, and Children (WIC) program saves lives and improves the health of nutritionally at-risk women, infants, and children. Since its beginning in 1974, the WIC program has earned the reputation of being one of the most successful Federally-funded nutrition programs in the United States. Collective findings of studies, reviews and reports demonstrate that the WIC program is cost effective in protecting or improving the health/nutritional status of low-income women, infants, and children. For more information contact: www.fns.usda.gov/wic.

Definitions

Infancy – the period from birth to one year

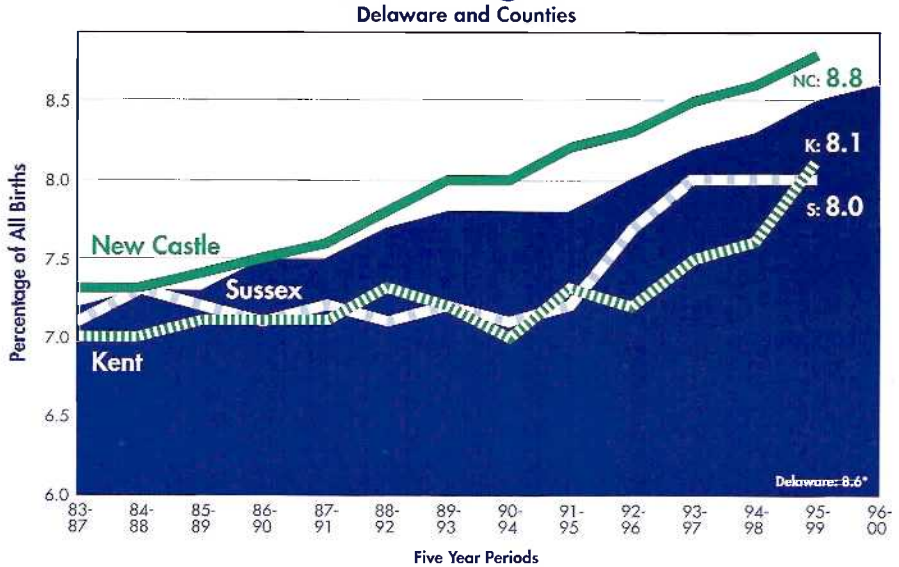
Neonatal – the period from birth to 27 days

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

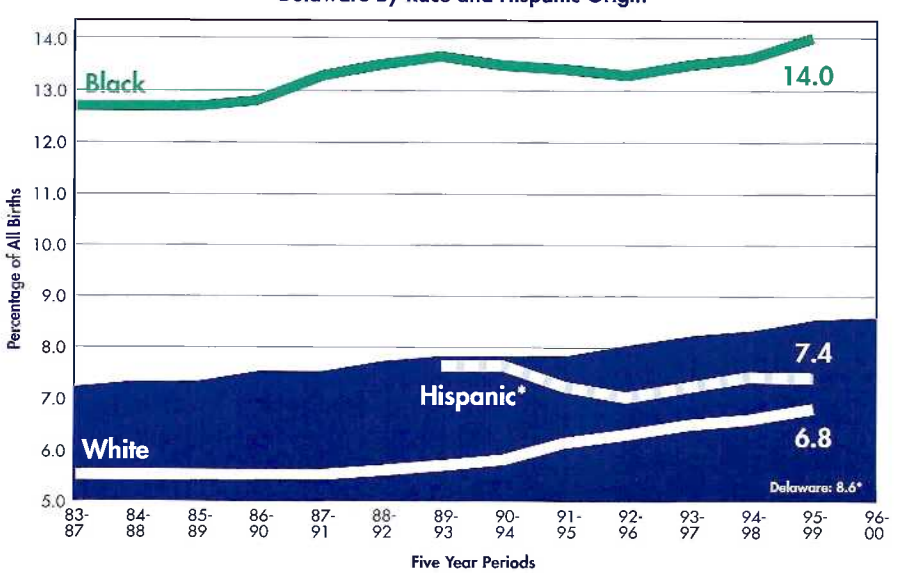
Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)

Low Birth Weight Babies

Low Birth Weight Babies
Delaware and Counties



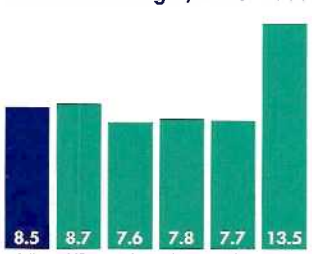
Low Birth Weight Babies
Delaware by Race and Hispanic Origin



* Data for 1996–2000 is preliminary. Data for counties, race and Hispanic origin are not available for 1996–2000.

Source: Delaware Health Statistics Center

Regional Comparison of Low Birth Weight Births Five Year Averages, 1995–1999



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

* Percentages vary due to different estimating procedures being used by different sources.

put data into action

The most effective way to prevent low birth weight is to see a doctor before pregnancy and, once pregnant, get early and regular prenatal care. Women who do this can learn about healthy lifestyles, disease prevention, and ways to reduce the risk of having a low birth weight baby. They can learn good nutrition, as well as the importance of avoiding risky behaviors, especially smoking, drinking alcohol, and taking unprescribed drugs. The mother's behavior before and during pregnancy may affect birth weight. All pregnant women should:

- Get early, regular prenatal care – an important factor that helps prevent low birth weight.
- Consume 400 micrograms of folic acid (the amount found in most multivitamins) daily before and in early months of pregnancy.

continued on next page

Low Birth Weight Babies

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

Low birth weight babies in Delaware represent:

- 8.5% of all infants born
- 10.9% of births to teenagers
- 9.0% of births to women 20–24 years old
- 7.5% of births to women 25–29 years old
- 8.2% of births to women 30+ years old
- 6.8% of all births to White women
- 14.0% of all births to Black women
- 7.4% of all births to Hispanic women

Delaware Average 8.5%

Five-year average percentages, 1995–99

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

Very low birth weight babies in Delaware represent:

- 1.8% of all infants born
- 2.3% of births to teenagers
- 2.0% of births to women 20–24 years old
- 1.6% of births to women 25–29 years old
- 1.6% of births to women 30+ years old
- 1.3% of all births to White women
- 3.5% of all births to Black women
- 1.5% of all births to Hispanic women

Delaware Average 1.8%

Five-year average percentages, 1995–99

Percentage of Mothers Who Received
Prenatal Care
in the First Trimester of Pregnancy
by Delaware, Counties, and Wilmington

- 83.0% of all births in Delaware
- 88.6% of births to women in New Castle County
- 79.6% of births to women in Wilmington
- % of births to women in Kent County
- % of births to women in Sussex County

Delaware Average 83.0%

Five-year average percentages, 1995–99

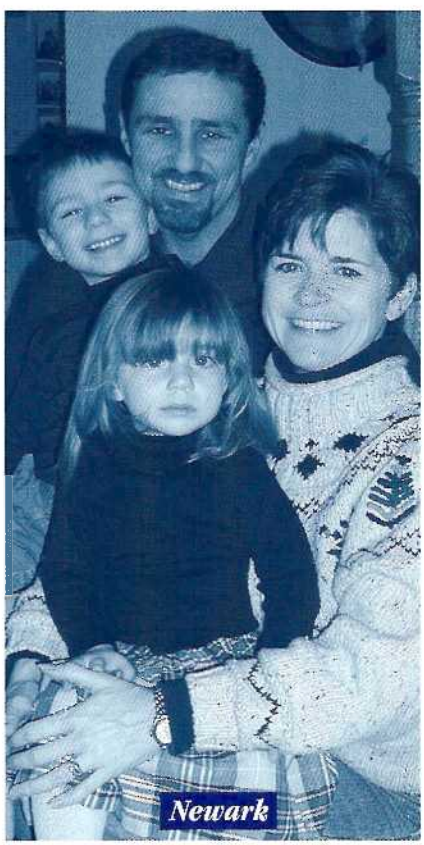
Percentage of Mothers Who Received
Prenatal Care
in the First Trimester of Pregnancy
by Age and Race of Mother

- 83.0% of all births in Delaware
- 68.7% of births to teenagers
- 76.7% of births to women 20–24 years old
- 87.0% of births to women 25–29 years old
- 88.9% of births to women 30+ years old
- 86.4% of all births to White women
- 72.9% of all births to Black women
- 68.7% of all births to Hispanic women

Delaware Average 83.0%

Five-year average percentages, 1995–99

Source for above charts: Delaware Health Statistics Center



- Eat a balanced diet. Since a fetus is nourished by what a mother eats, it can suffer if the mother eats poorly.
- Gain enough weight. Health care providers recommend that a woman of normal weight gain 25 to 35 pounds.
- Avoid smoking. Smokers have smaller babies than nonsmokers, and exposure to another person's smoking also may decrease the baby's birth weight.
- Avoid drinking alcohol and using illicit drugs, or prescription or over-the-counter drugs not prescribed by a doctor aware of the pregnancy. Drug and alcohol use limits fetal growth and can cause birth defects.

Source: Low Birthweight. Available from: www.modimes.org

For more information see

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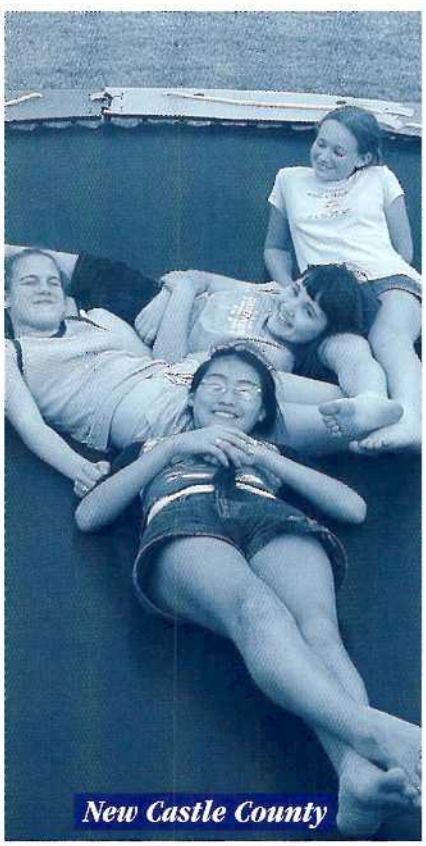
www.modimes.org	

Infant Mortality

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **GETTING WORSE**

Although the United States spends more on health care than any other country, it still has a higher infant mortality rate than 21 other industrial countries. Currently, there are more than 300 communities in the United States with an infant mortality rate of one and a half times the national average. The national infant mortality rate is 7.3 infant deaths per 1,000 births, but many of these communities have infant mortality rates as high as three times this level.[1] Children are most likely to die during their first year of life. In the United States, about two-thirds of infant deaths are closely linked to low birth weight, preterm delivery, and events surrounding the prenatal period and delivery. About one-third are associated with conditions or events that arise after delivery, which often reflect social or environmental factors.[2]

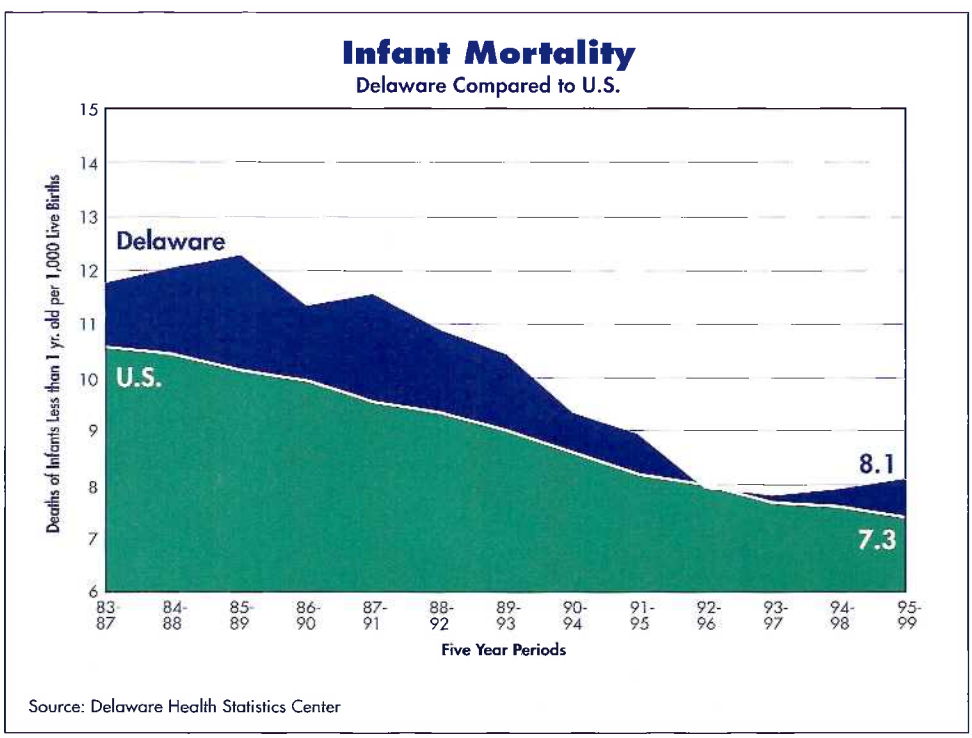


The infant mortality rate is an outcome measure which reflects the overall health and well-being of a community. It is associated with a variety of factors, including women's health status, quality of access to medical care, socioeconomic conditions, and public health practices. Risk factors contributing to infant deaths include a lack of prenatal care and preventive care, short interpregnancy intervals, inadequate maternal nutrition, poor living conditions, and a mother who has received less than 12 years of education.[3] Infants are more likely to die before their first birthday if they live in unsafe homes and neighborhoods or have inadequate nutrition, health care, or supervision.

1 "Knowledge Path: Infant Mortality" NCEMCH June 2000

2 *2001 Rhode Island Kids Count Fact Book*

3 Ibid



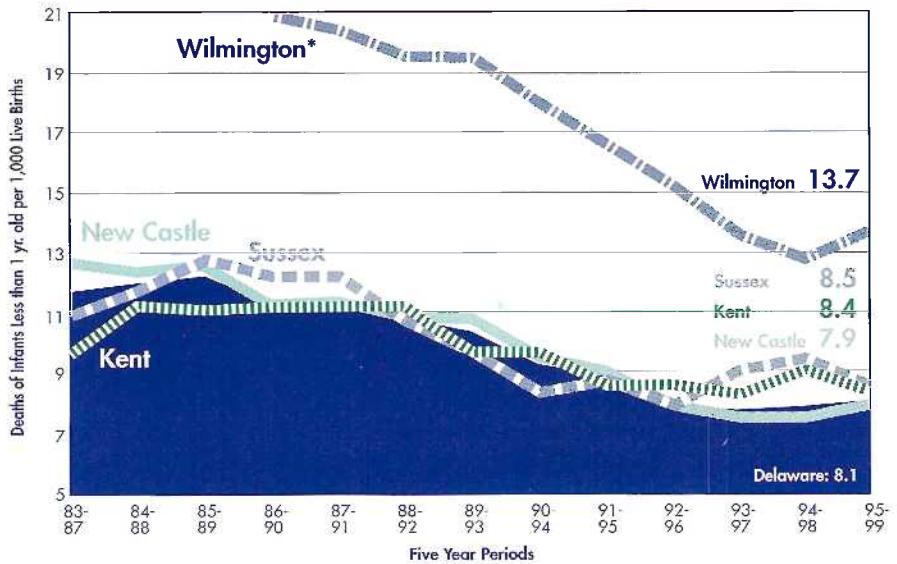
Source: Delaware Health Statistics Center

counting the kids

In 1999 there were 56 neonatal deaths (children under 28 days of age) in Delaware: 42 in New Castle County, 8 in Kent County, and 6 in Sussex County.

Source: Delaware Health Statistics Center

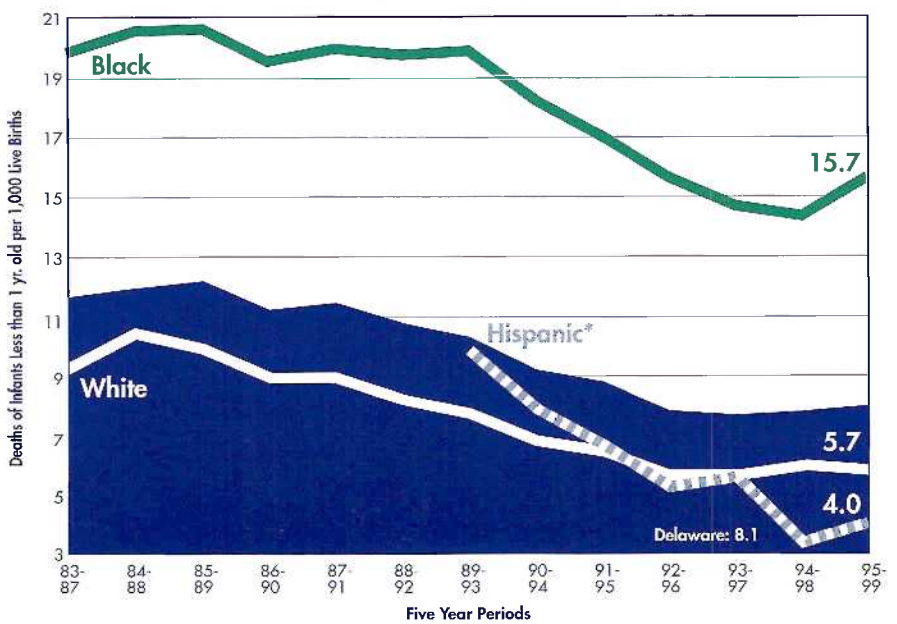
Infant Mortality
Delaware, Counties and Wilmington



* Wilmington data not available before the 1986–1990 period.

Source: Delaware Health Statistics Center

Infant Mortality
Delaware by Race and Hispanic Origin



* Hispanic data not available before the 1990–1994 period.
Note: All rates for Hispanics are based on fewer than 20 deaths during the period and should be interpreted with caution.

Source: Delaware Health Statistics Center

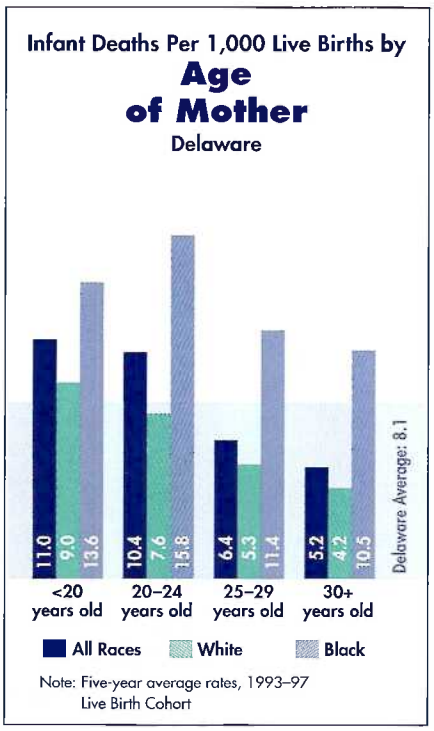
Definition:

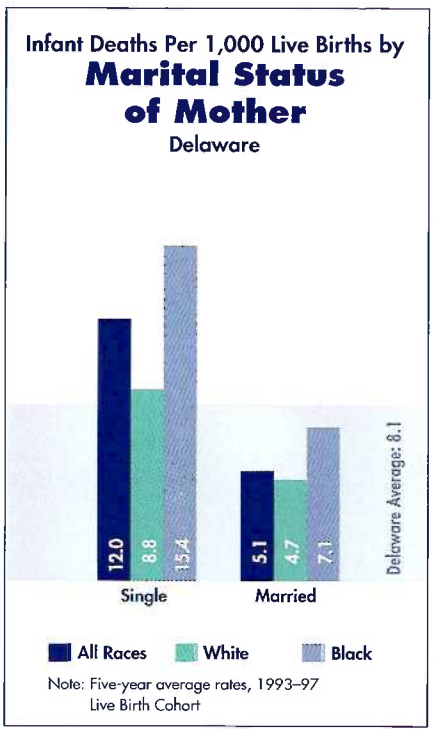
Infant Mortality Rate – number of deaths occurring in the first year of life per 1,000 live births

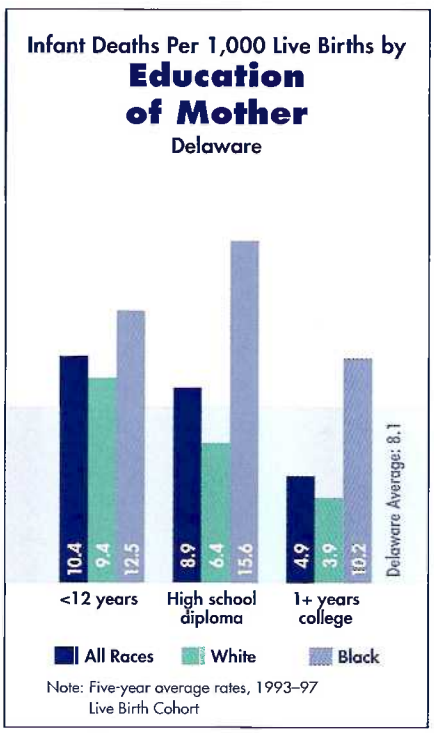
Birth Cohort – all children born within a specified period of time. An infant death in the cohort means that a child born during that period died within the first year after birth.

Birth Interval – the time period between the current live birth and the previous live birth to the same mother.

Infant Mortality







put data into action

Six steps to reduce the risk of sudden infant death syndrome (SIDS):

1. **Put your healthy baby on his or her back to sleep.**
   Put your baby to sleep lying on his or her back rather than stomach or side. If your baby has problems breathing or spits up a lot after feeding, ask your doctor about how your baby should sleep.

2. **No smoking near the baby.**
   Do not smoke during pregnancy and do not let others smoke near your baby.

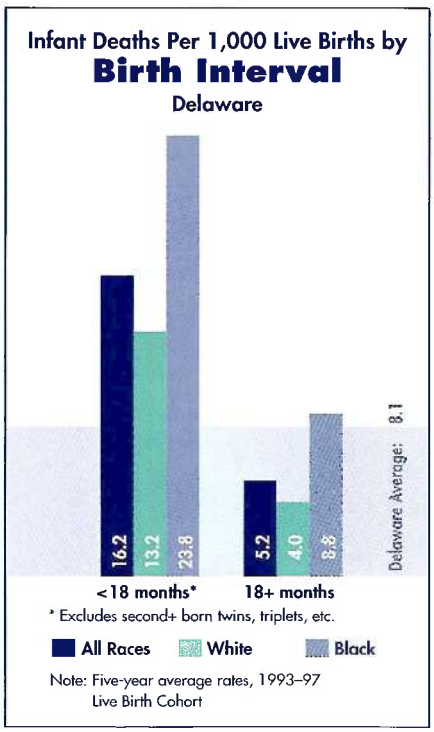
3. **Do not let your baby get too hot.**
   Don't allow your infant to get overheated with excessive bedding, clothing, or a room heater. If your baby is sweating, has damp hair, or a heat rash, he or she may be too hot.

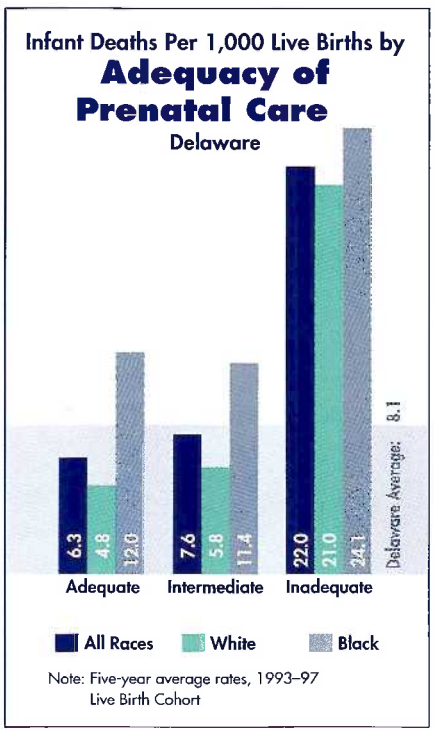
4. **Put your baby to sleep on a firm mattress.**
   Do not let your baby sleep on soft bedding, such as cushions, pillows, blankets, the couch, sheepskins, foam pads, or waterbeds.

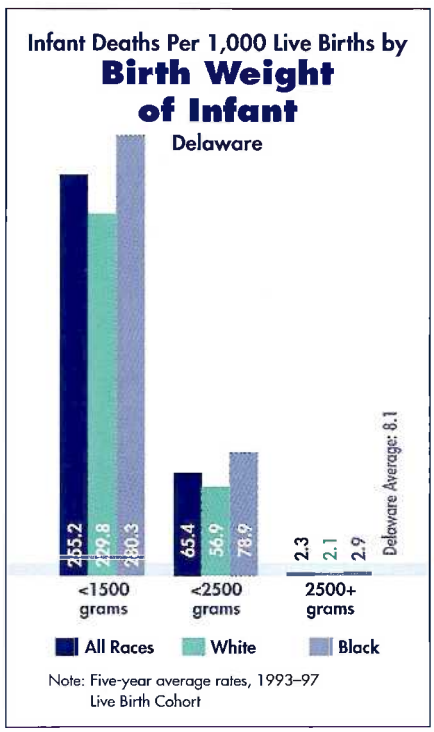
5. **Take good care of yourself and the baby.**
   When pregnant, see your doctor often and do not use drugs or alcohol. Talk with your baby's doctor about changes in your baby.

6. **If possible, breastfeed your baby.**
   Breastfeeding has been shown to be good for the overall health of your baby.

Source: "SIDS Information" CJ Foundation for SIDS. Available from: www.cjsids.com





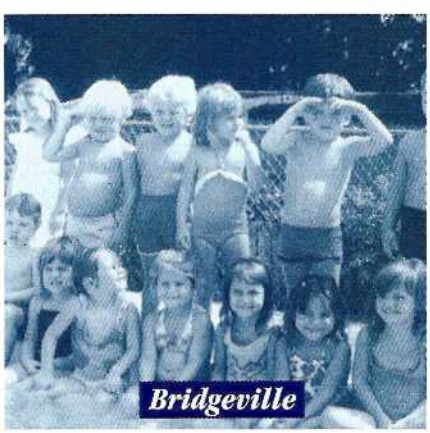


Source for six charts above: Delaware Health Statistics Center

Did you know?

- In the United States, birth defects have been the leading cause of infant mortality for the past 20 years, accounting for more than 1 in 5 infant deaths.
- About 150,000 babies are born with a birth defect each year in the United States (about 4% of live births).
- Estimated lifetime costs for babies born with birth defects total $8 billion.
- Up to 70% of neural tube defects – birth defects of the brain and spinal cord – may be prevented if women consume 400 micrograms of folic acid daily, prior to and during the early weeks of pregnancy.
- In 2000, only 32% of non-pregnant women surveyed reported taking a multivitamin containing folic acid on a daily basis. This rate increased only slightly from 25% in 1995.
- Of all women surveyed in 2000, those least likely to consume a vitamin containing folic acid daily include women 18-24 years, women with less than a high school education, and women with annual household incomes under $25,000.

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, 2001 Edition. Available from: www.modimes.org



put data into action

To prevent deaths from soft bedding, seven major retailers have joined the U.S. Consumer Product Safety Commission (CPSC) in a safety campaign promoting safe bedding practices for babies. As many as 900 baby deaths each year attributed to Sudden Infant Death Syndrome (SIDS) may actually be caused by suffocation in soft bedding, such as quilts, comforters, pillows, and sheepskins. Shoppers will no longer see cribs made up with pillows, quilts, and comforters. Many retailers will be including cautionary statements about the use of soft bedding for younger babies in their catalogs, on signs attached to cribs, and on inserts that accompany baby comforters and quilts.

Source: Association of SIDS and Infant Mortality Programs. Available from: www.asip1.org

For more information see

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www.modimes.org	

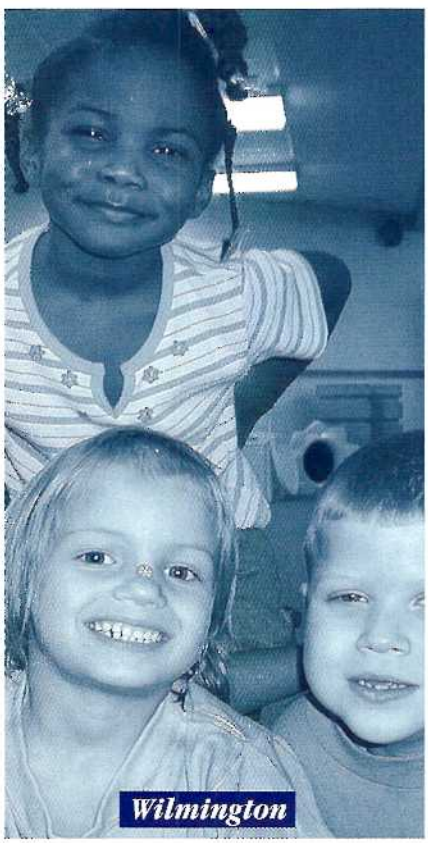
Child Deaths *Children 1–14 Years of Age*

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE **ABOUT THE SAME**

The child death rate is an outcome measure which provides information about the health status of children and the risk factors to which they are exposed. Child deaths are results of either health problems (birth-related problems, childhood illness, or untreated chronic conditions) or injury (unsafe living environments, intentional/unintentional accidents). Injuries, both intentional and unintentional, are the leading cause of death for children between ages 1 and 19. Nationally, unintentional injury deaths represent two-thirds of the deaths to children and youth.[1] Children who live in poverty are two to three times more likely to die as a result of injury, and three to four times more likely to die from illness than children who are not poor.[2]

It is hypothesized this disparity is due to limited access to quality emergency and non-emergency healthcare, and because poor children often live in unsafe environments where they are exposed to violence, environmental hazards, and inadequate supervision. It is also important to recognize that deaths by injury are just the tip of the iceberg. For every childhood death caused by injury, there are approximately 34 hospitalizations, 1000 emergency department visits, many more visits to private physicians and school nurses, and an even larger number of injuries treated at home.[3] The most effective prevention approaches are comprehensive and use multiple strategies. Effective strategies include public policy changes reinforced through safety or environmental legislation and regulation; community-based efforts to change social norms and behaviors related to safety; and individualized education, such as one-on-one counseling by a pediatrician or health professional in a clinical setting.[4]

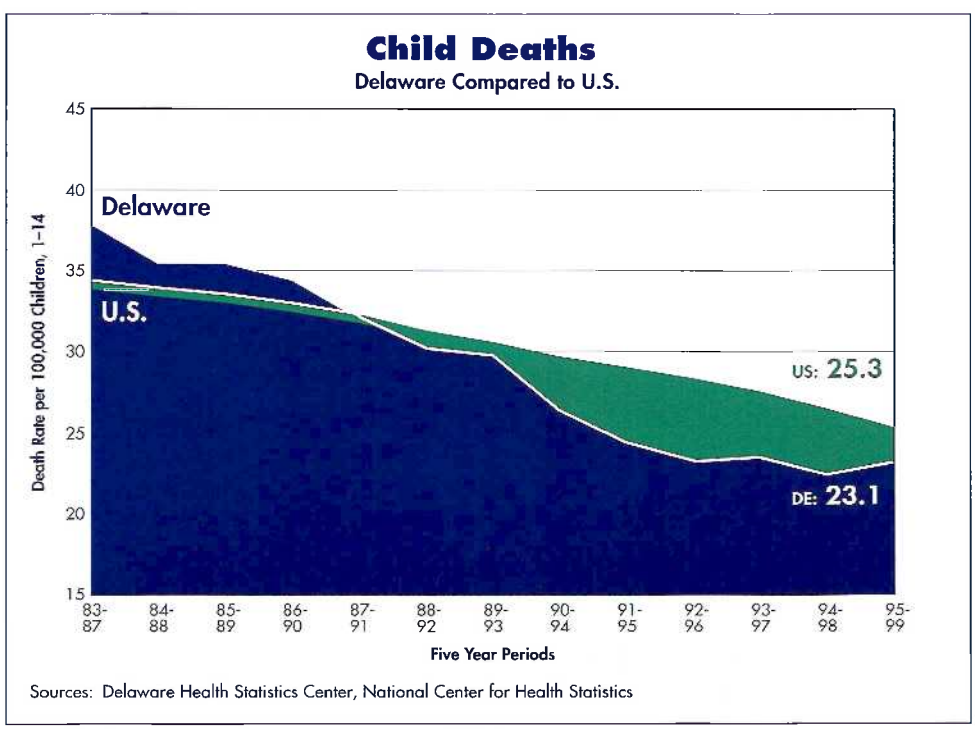


1 Kids Count Missouri: 2000 Data Book

2 2000 Maryland Kids Count Factbook

3 www.cdc.gov/neipe/factsheets/childh.htm

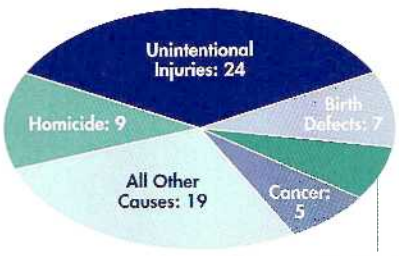
4 www.futureofchildren.org



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

Causes of Death of Children 1–4

Delaware, 1995–1999



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

Source: Delaware Health Statistics Center

Causes of Death of Children 5–14

Delaware, 1995–1999

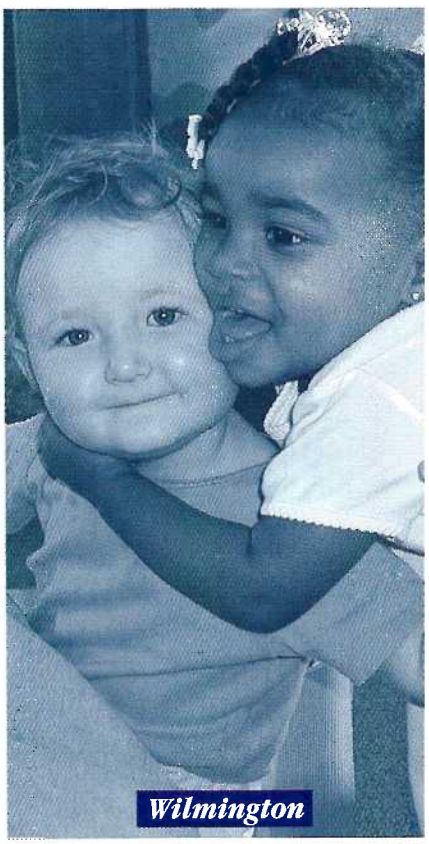
Total Number of Deaths in five-year period: 92 Children

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



Did you know?

The Office of Highway Safety and other organizations offer free child safety seat checks. For questions about this program or a schedule of upcoming car seat checks, call (302) 744-2740. For tips about installing car seats and deciding which seat is best, or information about the Delaware Child Restraint Law, go to www.state.de.us/highway/CPS.htm

put data into action

Effective steps that emphasize prevention of disease and unintentional injuries:

- Health care initiatives that emphasize prevention of disease and unintentional injuries;
- Education and outreach efforts to ensure that all children under age 2 have all their required immunizations;
- Child abuse prevention efforts that focus on support services for parents;
- Consistent and proper use of safety belts and bicycle helmets;
- Education regarding home safety, including the importance of smoke detectors and the proper storage and handling of firearms in the home; and
- Creation of safe places for children, including increasing after-school programs and police protection in neighborhoods with high crime rates.

Source: Kentucky Kids Count: 2000 County Data Book

counting the kids

Of the 31 Delaware children ages 1–14 who died in 1999, 18 were from New Castle County, 7 from Kent County, and 6 from Sussex County.

Source: Delaware Health Statistics Center

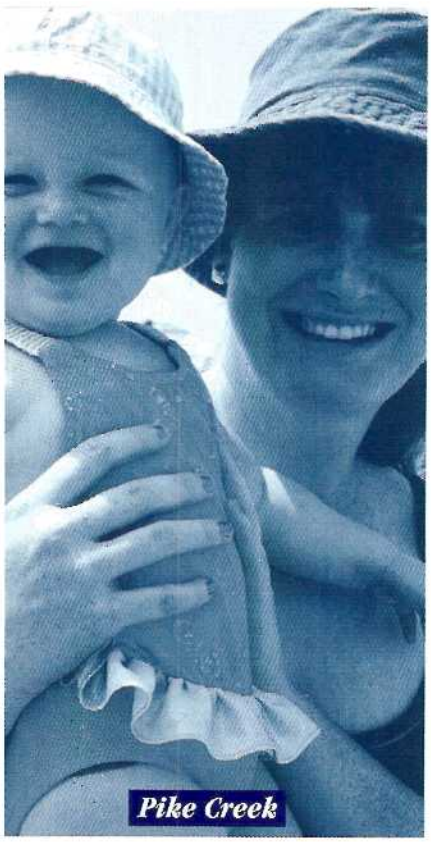
Child Deaths

Injuries are the leading cause of death for Delaware children ages 1–19. From 1979 to 1998, more children died from injuries in Delaware than all other causes of death for their age. Injuries accounted for over 58 percent of all deaths in children 1–19 years of age; 45 percent of all deaths were from unintentional injuries.

Motor vehicle-related injuries were the leading cause of injury deaths for children ages 5–19. Fires and burns were the leading cause of unintentional injury death of children ages 0–4.

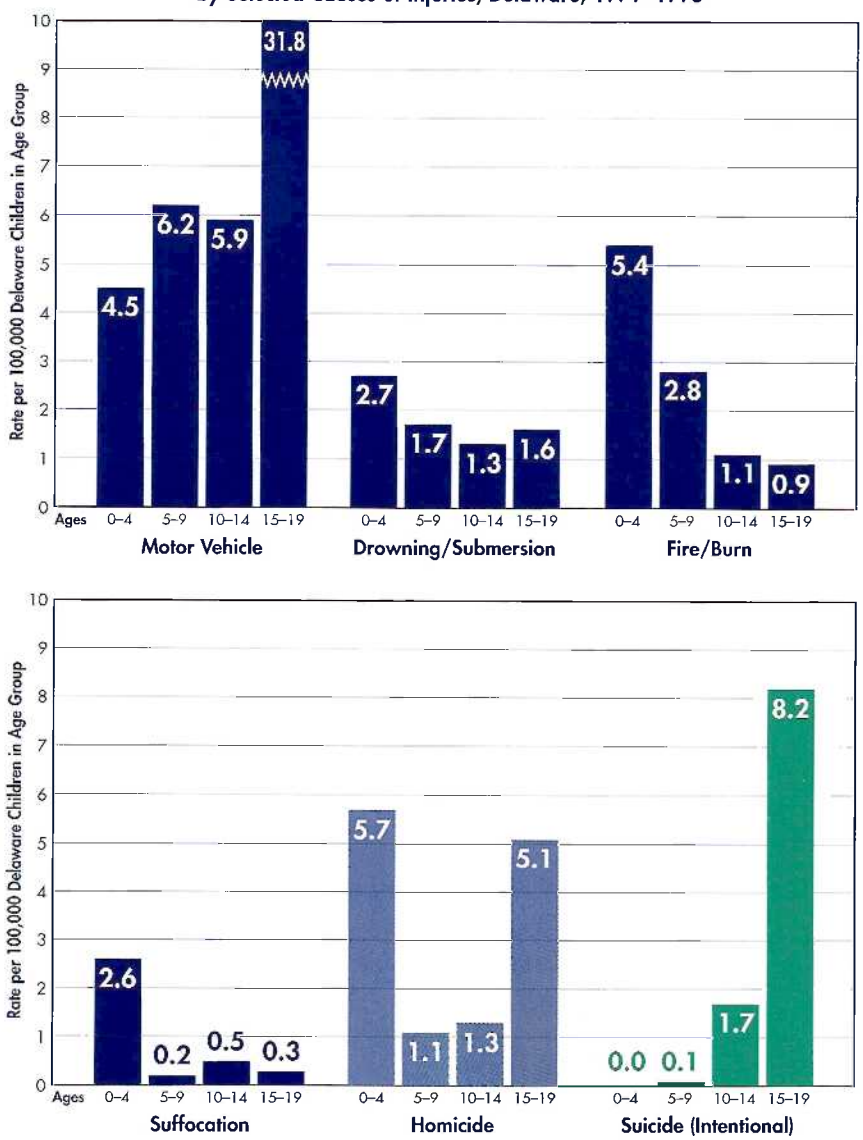
Falls were the leading cause of injury hospitalizations for Delaware children ages 0–14 in the years 1996–1999. Injuries from rollerskates, skateboards, kneeboards, and snowboards were the largest percentage of these fall (20.9%), followed by falls from one level to another (19.2%), from playground equipment (14.2%), and from stairs or steps (8.7%).

Source: Emergency Medical Services for Children, Delaware Health Statistics Center, Available at www.dehealthdata.org/publications



Injury Death Rates of Children

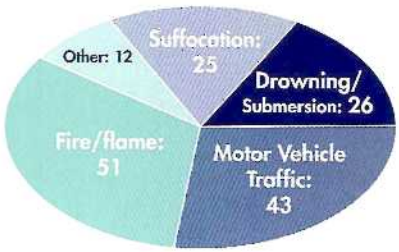
by Selected Causes of Injuries, Delaware, 1979–1998



Source: Emergency Medical Services for Children, Delaware Health Statistics Center

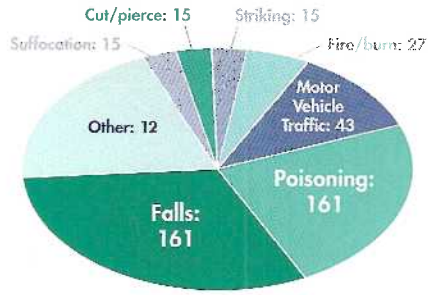
Unintentional Injuries for Children Ages 0–4

Unintentional Injury Deaths
Delaware, 1979–1998



157 Deaths in Twenty-year Period

Unintentional Injury Hospitalizations
Delaware, 1996–1999

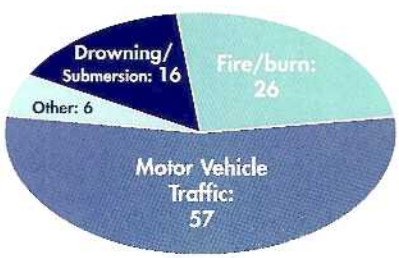


518 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

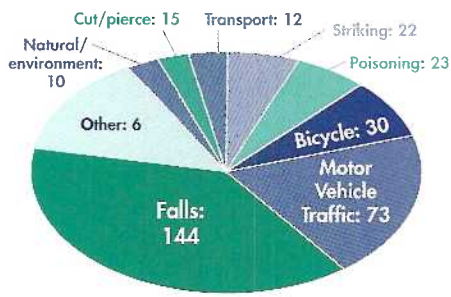
Unintentional Injuries for Children Ages 5–9

Unintentional Injury Deaths
Delaware, 1979–1998



105 Deaths in Twenty-year Period

Unintentional Injury Hospitalizations
Delaware, 1996–1999



375 Hospitalizations in Four-year Period

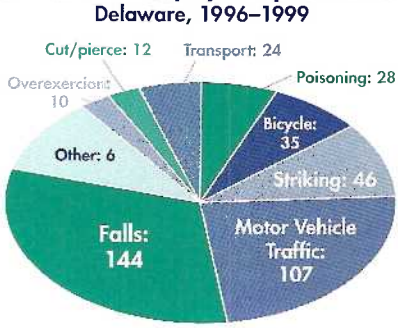
Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Unintentional Injuries for Children Ages 10–14

Unintentional Injury Deaths
Delaware, 1979–1998

97 Deaths in Twenty-year Period

Unintentional Injury Hospitalizations
Delaware, 1996–1999

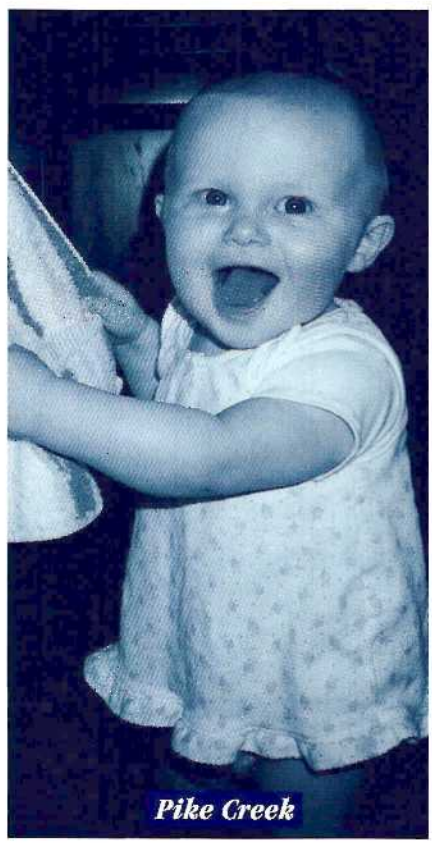


454 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Definition:

Hospitalizations – data includes only inpatient hospital discharges. Emergency department visits that do not result in inpatient hospitalization are **not** included. It is estimated that for every injury death there are 18 hospitalizations and 250 emergency department visits.


Pike Creek

For more information see

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Table 69	p. 142
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www.kidshealth.org	

Teen Deaths *by Accident, Homicide, & Suicide*

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE **ABOUT THE SAME**

The transition to adulthood confronts teenagers with numerous health and safety risks. Factors contributing to teen deaths include risk-taking behavior, violence, and the use of alcohol and drugs.[1] The developmental stage which peaks during adolescence has a well-documented risk-taking component which may lead teenagers into dangerous and even life-threatening situations. Teen violent death is also an indicator of the stress, hostility, and anger teens may feel and the degree to which they have adequate social and family supports and access to mental health and other services.[2]

From 1980 to 1996, the rate of suicide among persons aged 15-19 years increased 14% and among persons 10-14 years by 100%. Drug and alcohol abuse was the most common characteristic of young people who attempted suicide, and 90% of adolescent suicide victims had at least one diagnosable, active psychiatric illness at the time of death. Firearms are now the most frequent method of suicide for men and women of all ages, including boys and girls aged 10 to 14 years. The availability of guns in the home markedly increases the likelihood of suicide by a young person in such a home.[3] In 1999, 5,749 teenagers died in the United States from motor vehicle crash injuries. Such injuries are by far the leading public health problem for young people 13–19 years old. Compared with adults, teenagers' crashes and violations are more likely to involve speeding, and teenagers do more driving at night in small, older cars.[4]

1 2001 Rhode Island Kids Count Factbook

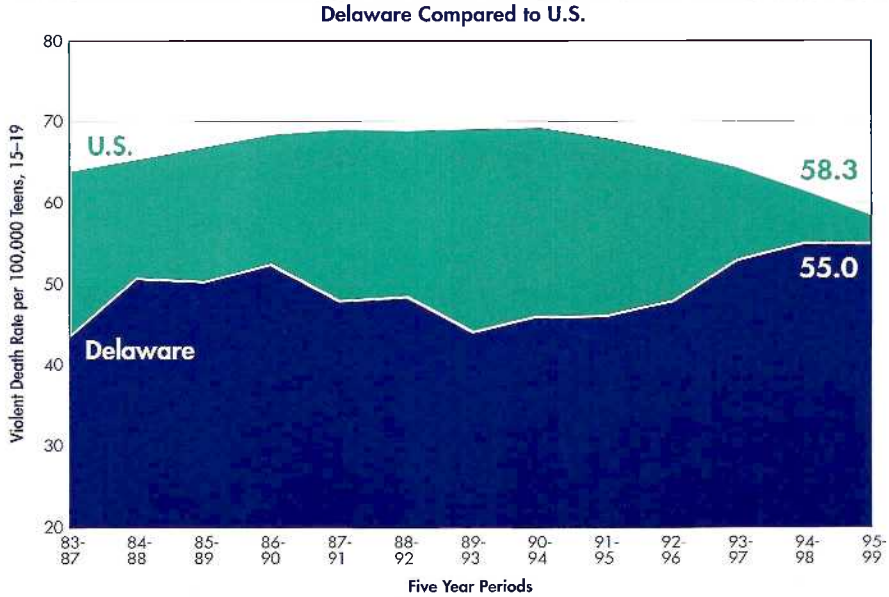
2 2000 Maryland Kids Count Factbook

3 About Suicide Facts: Firearms and Suicide. Available from: www.afsp.org

4 "Q & A: Teenagers": Insurance Institute for Highway Safety and Highway Loss Data Institute

Teen Deaths by Accident, Homicide, and Suicide

Delaware Compared to U.S.



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

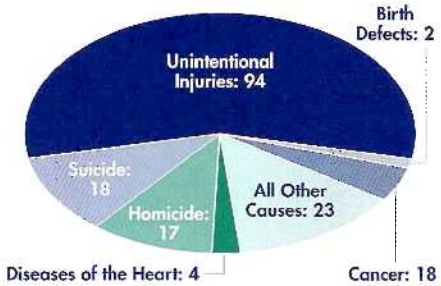
counting the kids

In 1999 there were 26 teen (ages 15-19) deaths in Delaware: 13 in New Castle County, 8 in Kent County, and 5 in Sussex County.

Source: Delaware Health Statistics Center

Causes of Death of Teens 15–19

Delaware, 1995–1999



Total Number of Deaths in Five-year Period: 169 Teens

Source: Delaware Health Statistics Center

Deaths of Teens 15–19

Number in Delaware by Cause, 1999

Motor Vehicle Crashes	7 males 6 females
Suicide	3 males 1 female
Homicide	2 males 0 females
Other Unintentional Injuries	3 males 1 female
All Other Causes	3 males 1 female

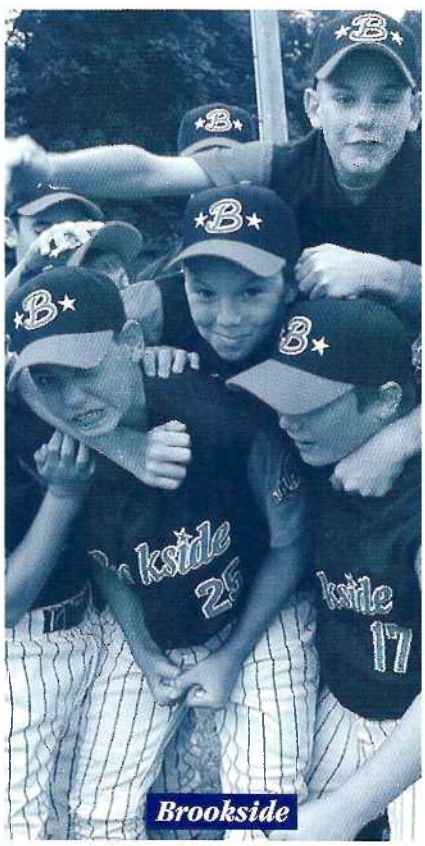
Total Number of Deaths: 27 Teens

Source: Delaware Health Statistics Center

Definitions:

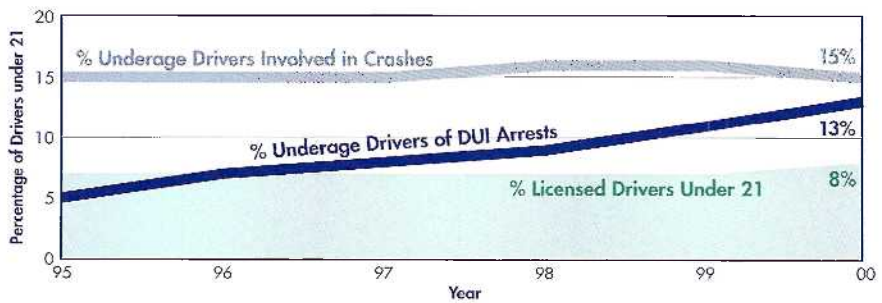
Teen Deaths by Accident, Homicide, and Suicide – number of deaths per 100,000 teenagers 15-19 years old

Unintentional Injuries – accidents, including motor vehicle crashes



Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



Source: Delaware State Police

While drivers under age 21 are only eight percent of all drivers in Delaware, they are involved in 15% of all crashes and 13% of all DUI arrests.

Did you know?

- 4% of all deaths due to motor vehicle accidents are teen drivers.
- 53% of teen driver deaths due to motor vehicle accidents occur on weekends.
- Teen drivers killed in motor vehicle accidents had a youth passenger in the automobile 45% of the time.
- Of teen drivers fatally injured in automobiles, more than 1/3 were speed related accidents.
- The teen lifestyle of staying up late increases the risk having an automobile accident due to drowsiness.
- Teens are more likely to be involved in a single vehicle crash than any other age group.
- On the basis of current population trends, there will be 23% more 16–20 year old drivers on the road in 2010 than there are today. The 16 year old population alone will increase from 3.5 million to over 4 million in 2010.
- Teens make up 7% of licensed drivers in the U.S., but suffer 14% of fatalities and 20% of all reported accidents.

Source: Just 4 U Teens: Teen Driving Information and Stuff For New Teen Drivers. Available from: www.drivehomesafe.com

Teen Deaths

Causes of Death of Teens 15–19 from Injuries

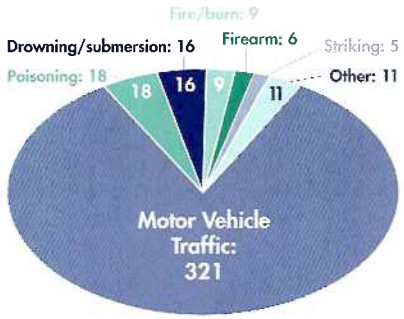
Delaware, 1979–1998

Total Number of Deaths in Twenty-year Period: 533 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15–19 from Accidents

Delaware, 1979–1998



Total Number of Deaths in Twenty-year Period: 386 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

put data into action

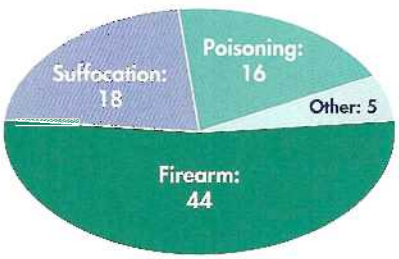
When parents understand the risk factors involved in letting teens get behind the wheel, they can act to improve the situation for their own children.

- **Don't rely solely on driver education.** High school driver education may be the most convenient way to learn driving skills, but it may not produce safer drivers.
- **Restrict night driving.** Most nighttime fatal crashes among young drivers occur between 9 p.m. and midnight, so teenagers should not be driving much later than 9 p.m.
- **Restrict passengers.** Teen passengers in a vehicle can distract a beginning driver and/or lead to greater risk-taking. Almost two of every three teen passengers deaths (62%) occur in crashes with a teen driver.
- **Supervise practice driving.** Take an active role in helping your teenager learn how to drive. Plan a series of practice sessions in a wide variety of situations, including night driving. Give beginners time to work up to challenges like driving in heavy traffic or on the freeway.
- **Remember you are a role model.** New drivers learn a lot by example, so consistently model safe driving behaviors.
- **Require safety belt use.** Belt use is lower among teenagers than older people.
- **Prohibit driving after drinking.** Make it clear that its illegal and highly dangerous for a teenager to drive after drinking alcohol or using any other drug.
- **Encourage open communication** concerning calling home when a ride is needed due to alcohol impairment.
- **Choose vehicles for safety, not image.** Teenagers should drive vehicles that reduce their chances of a crash and offer protection in case they do crash. For example, small cars don't offer the best protection in a crash. Avoid cars with performance images that might encourage speeding.

Source: "Beginning Teenage Drivers" Insurance Institute for Highway Safety. Available from: www.highwaysafety.org

Causes of Death of Teens 15–19 from Suicides

Delaware, 1979–1998

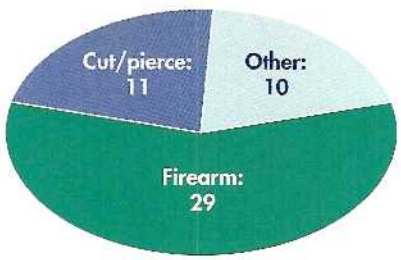


Total Number of Deaths in Twenty-year Period: 83 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15–19 from Homicides

Delaware, 1979–1998



Total Number of Deaths in Twenty-year Period: 50 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

put data into action

Suicide can be prevented. While some suicides occur without any outward warning, most do not. The most effective way to prevent suicide is to learn how to recognize the signs of someone at risk, take those signs seriously, and know how to respond to them.

Know the Danger Signals:

- **Previous suicide attempts**: Between 20–50% of people who kill themselves had previously attempted suicide. Those who have made serious suicide attempts are at a much higher risk for actually taking their lives.
- **Talking about death or suicide**: People who commit suicide often talk about it directly or indirectly. Sometimes those contemplating suicide talk as if they are saying goodbye or going away.
- **Planning for suicide**: Individuals contemplating suicide often arrange to put their affairs in order. They may give away articles they value or pay off debts.
- **Depression**: Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is rather expressed as a loss of pleasure or withdrawal from activities that had once been enjoyable.

Source: About Suicide Facts: What To Do If a Loved One May Be Contemplating Suicide. Available from: www.afsp.org

Did you know?

Firearms and Suicide:

- Death by firearms is the fastest growing method of suicide. Firearms are used in more suicides than homicides.
- More than 90% of people who commit suicide with a firearm use a gun already in the house.
- Although most gun owners reportedly keep a firearm in their home for "protection" or "self-defense," only 2% of gun-related deaths in the home are the result of a homeowner shooting an intruder; while 3% are accidental child shootings, 12% are the result of adult partners shooting one another, and 83% are the result of suicide, often by someone other than the gun owner.
- Research shows that residents of homes where guns are present are five times more likely to experience a suicide than residents of homes where there are no guns present.

Source: About Suicide Facts: Firearms and Suicide. Available from: www.afsp.org

For more information see
Tables 25–31 p. 123–125
www.highwaysafety.org
www.talkingwithkids.org
www.noviolence.net

Juvenile Violent Crime Arrests

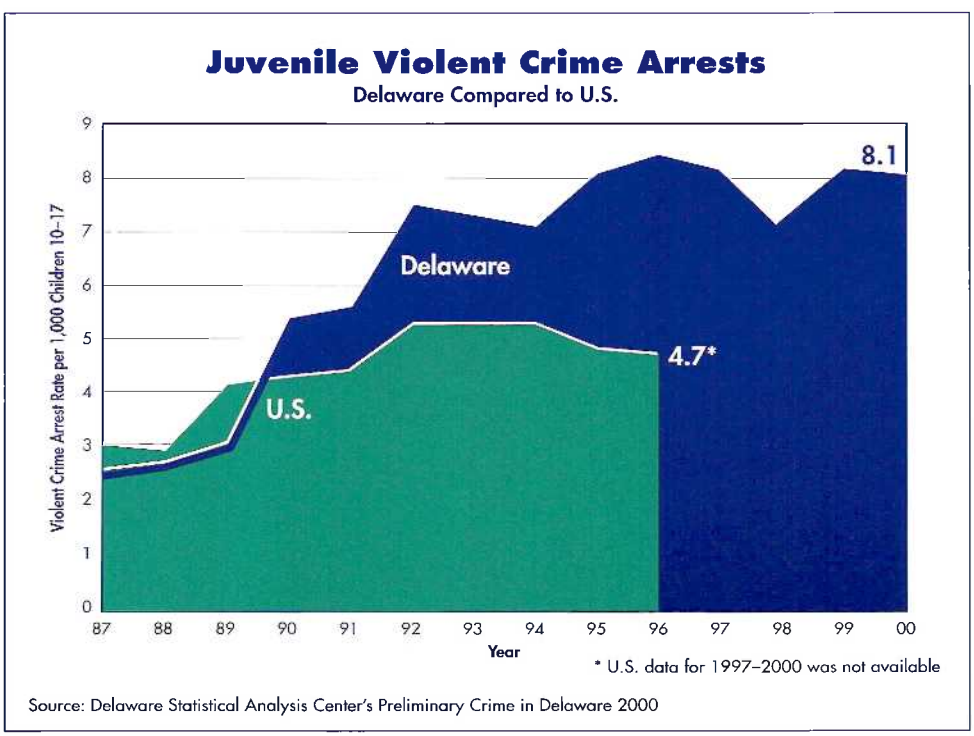
DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: ABOUT THE SAME

This indicator is a good measure of juveniles at high risk for continued serious delinquency. Being arrested for a violent crime clearly has serious short- and long-term ramifications and can significantly affect the life course of adolescents.[1] Risk factors for juvenile crime and delinquency include a lack of education and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including falling behind one or more grade levels, increases the likelihood of involvement with the juvenile justice system.[2] Effective prevention strategies combine programs such as truancy reduction, substance abuse services, youth mental health services, mentoring, conflict resolution, after-school tutoring, vocational training, recreation, community service, and leadership development. Programs are most effective when they are comprehensive, community-based, and culturally-appropriate.[3]

It is adults who create the models that children emulate. Adults produce the TV shows, movies, and music that glorify violence. Adults in neighborhoods and at home can promote an attitude that says violence is okay, sometimes respectable. By glorifying or even condoning violence, we create a world that is frightening, hurtful, and deadly for children.[4]

1 2000 Maryland Kids Count Factbook
2 Kids Count in Virginia: 2001
3 2001 Rhode Island Kids Count Factbook
4 The State of Washington's Children: Winter 1999 Report



Source: Delaware Statistical Analysis Center's Preliminary Crime in Delaware 2000

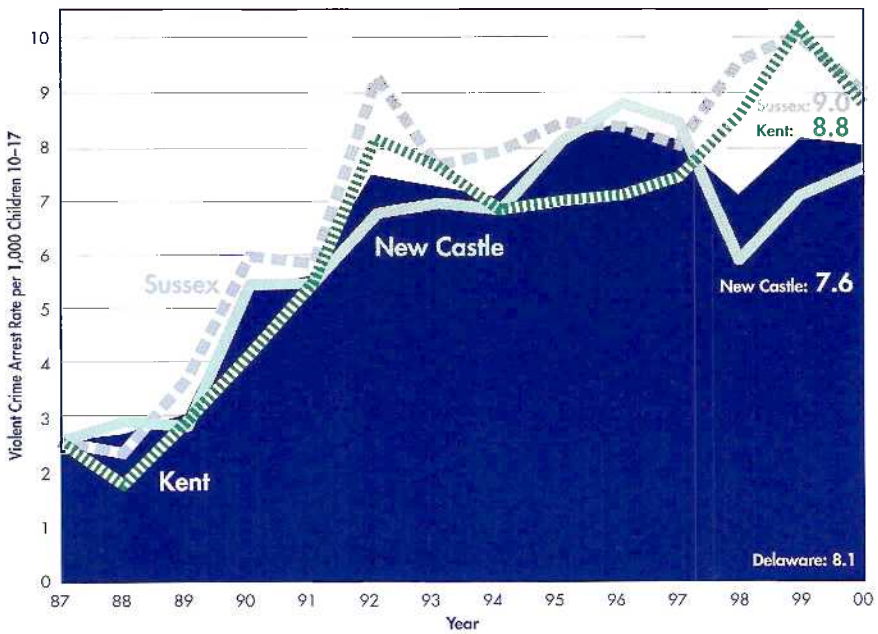
Did You Know?

Zero-tolerance policies are administrative rules intended to address specific problems associated with school safety and discipline. Zero-tolerance policies were enacted to combat the seemingly overwhelming increase in school violence during the 1990s. In a 1995 School Crime Victimization Survey, 12 percent of responding students knew someone who had brought a gun to school. As the media focused on violence in schools, pressure increased on legislators to take action against weapons in schools. Some states decided to apply zero tolerance to the entire breadth of possible disciplinary infractions in an effort to weed out violators and standardize discipline.

Source. www.ed.gov/databases/ERIC_Digests/ed451579.html

Juvenile Violent Crime Arrests

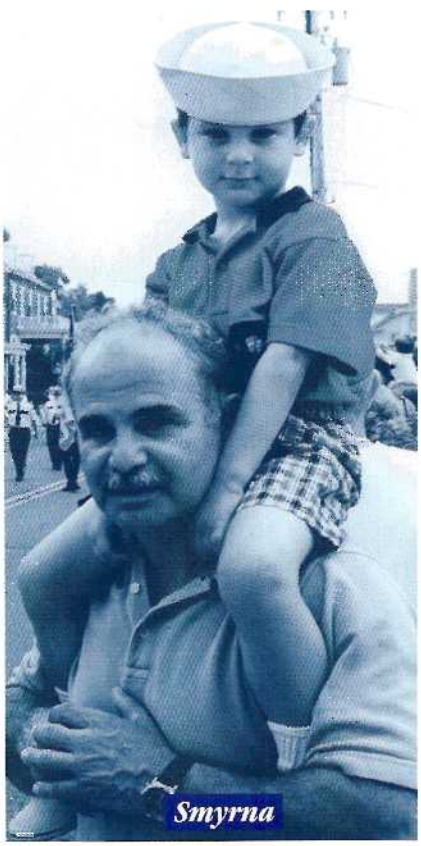
Delaware and Counties



Source: Delaware Statistical Analysis Center's Preliminary Crime in Delaware 2000

Definition:

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



Violent Juvenile Arrests

Number of Juveniles Arrested

	1995	1996	1997	1998	1999	2000
Delaware	588	629	549	557	654	627
New Castle	382	414	334	298	361	378
Kent	93	102	96	121	147	123
Sussex	113	113	119	138	146	126

Source: Delaware Statistical Analysis Center's Preliminary Crime in Delaware 2000

put data into action

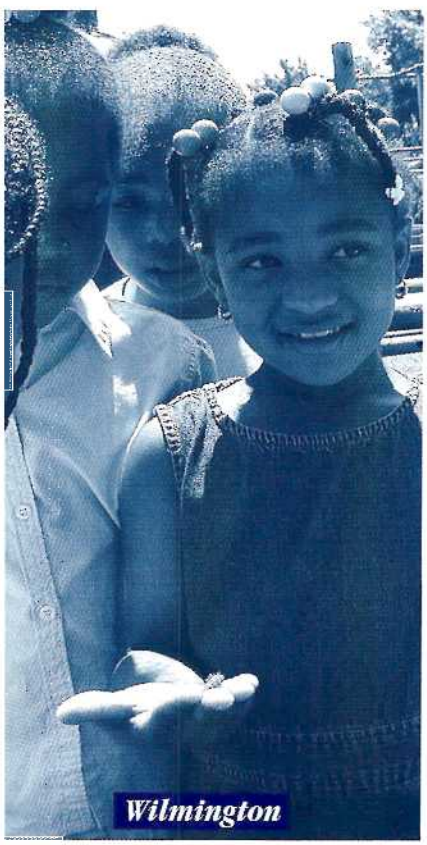
Children living in poverty, especially within an affluent society, are at high risk for growing up discouraged, disadvantaged, and angry.

- **Caring adults are clearly important.** Children are far less likely to engage in negative behaviors if they have good adult role models and caring adults.
- **Neighborhoods make a difference.** Children are more likely to become involved with crime, drugs, and violence if they grow up with it. With opportunities for recreation, guidance, and support, adolescents are likely to flourish.
- **Schools can be very influential in how children develop**, as well as in how they learn. Several recent studies have demonstrated that attachment to school and positive engagement in school-related activities are strong protective factors for preventing crime and other negative behaviors.
- **Depression** is a widespread affliction of today's youth, leading to negative outcomes.

Source: The State of Washington's Children: Winter 1999 Report

Juvenile Violent Crime Arrests

House Bill 85 which amended Title 14 of the Delaware Code requires that certain types of student conduct occurring in Delaware schools be reported to the Department of Education and the Delaware State Police. Such behaviors include violent felonies, assaults against students or employees, unlawful sexual contact, and possession and/or concealment of a weapon/dangerous instrument. The State Board of Education expanded the reporting requirements to include additional incidents such as disorderly conduct, fighting, and computer offenses.



School Violence and Possession

Delaware, School Year 1999–2000

Locations

Location of Student Conduct Offenses

Location	Number	Percent
Inside school building	1,190	67%
Administrative Office	97	
Cafeteria	82	
Classroom	583	
Gymnasium	92	
Hall/Stairway	288	
Restroom	48	
On school grounds	293	17%
On the bus	174	10%
At bus stop	29	2%
Off school grounds	24	1%
Other	62	3%
Unknown	2	<1%
Total	**1,774**	

Weapons

Student Possession and/or Concealment of Weapons/Dangerous Instruments

Weapon/ Dangerous Instrument	Student Conduct Offenses Number	Percent
Knife	62	47%
Razor blade/box cutter	17	13%
Explosive, incendiary, or poison gas	8	6%
Firearm (handgun/rifle/shotgun)	6	5%
Other	39	30%
Total	**132**	

Source: "Annual Report of School Climate and Student Conduct in Delaware Schools, 1999-2000", Delaware Department of Education, March 2001.

Did You Know?

Violent incidents and threats of violence at school negatively affect students, school staff, and the educational process. Fear and feelings of being unsafe cause students to miss school and participate less in class. Widespread concern about violence within a school may reduce the quality of teaching, disrupt classroom discipline, limit teachers' availability to students before or after the school day, and reduce students' motivation to attend school and/or willingness to participate in extracurricular activities.

- Student assaults on other students are the most frequent type of violence reported in schools.
- Every day approximately 100,000 children are assaulted at school. Additionally, 5,000 teachers are threatened with physical assault and 200 are actually attacked each day.
- Many school-aged children in the United States can easily obtain a firearm if they wish, even though laws forbid the sale of firearms to minors.
- In recent years, weapon carrying by students in schools has become a growing source of violence and threat of violence. A study by the Centers for Disease Control and Prevention (1995) found that nearly 1/4 of students nationwide had carried a weapon to school during the month preceding the survey.

Source: Center for the Study and Prevention of Violence. Available from: www.colorado.edu/cspv

For more information see
Tables 27–39 p. 124–129
www.pledge.org
www.ncsu.edu/cpsv
www.connectforkids.org

High School Dropouts

Failing to complete high school puts many teenagers at a much higher risk of falling into poverty, as well as limits future job opportunities due to lack of education and skills. National dropout rates for 16-19 year olds vary greatly by geographic location; dropout rates for 16-19 year-olds living in central cities were twice the rate for their suburban counterparts in the United States in 1999 (14% and 7%, respectively). Rates for high school dropouts also vary due to race and ethnicity. In 1999, the national dropout rate of Hispanic teenagers was equal to the combined rate of African American (13%) and white (7%) dropout rates.[1]

Lacking work experience also puts many young adults at risk for poverty, and limits future employment opportunities. Unfortunately, many high school dropouts will find inadequate employment opportunities upon leaving school compounded by their lack of education and employable skills. High school dropouts have a higher unemployment rate than those who completed high school. In October 1998, the rate of unemployment for female high school dropouts was 38.7% and 19% for male high school dropouts.[2]

1 KIDS Count Online. (2000). Annie E. Casey Foundation.

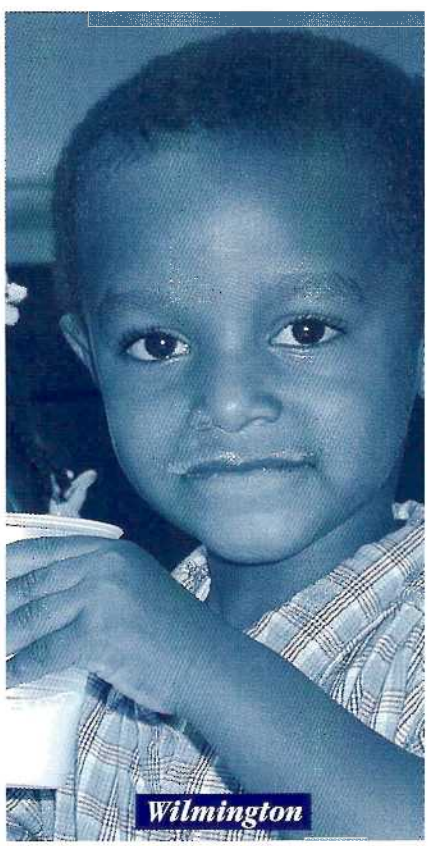
2 Unemployment and the newest high school dropouts. (1999). U.S. Department of Labor, Bureau of Labor Statistics.

DELAWARE COMPARED TO U.S. AVERAGE: WORSE

RECENT TREND IN DELAWARE: GETTING BETTER

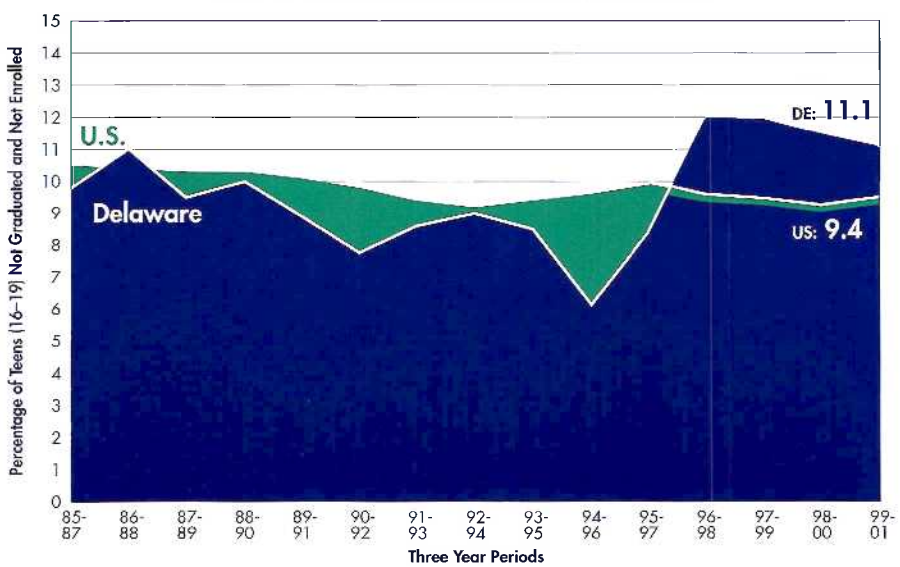
Definition:

Teens Not Graduated and Not Enrolled -- youths 16–19 who are not in school and not high school graduates



Teens Not Graduated and Not Enrolled

Teens 16–19 Years Old, Delaware Compared to U.S.



Note: Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout.

This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

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

Did you know?

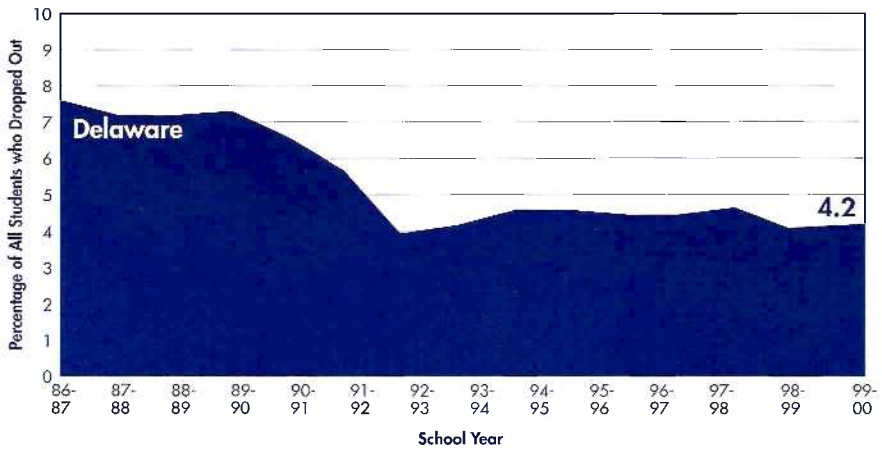
Between 1973 and 1997, the average hourly wage for high school dropouts fell 31% (adjusted for inflation).

Source: Mishel, L., Bernstein, J., & Schmitt, J. (1999). *The State of Working America 1998-99*. M. E. Sharpe, Armonk, NY.

High School Dropouts

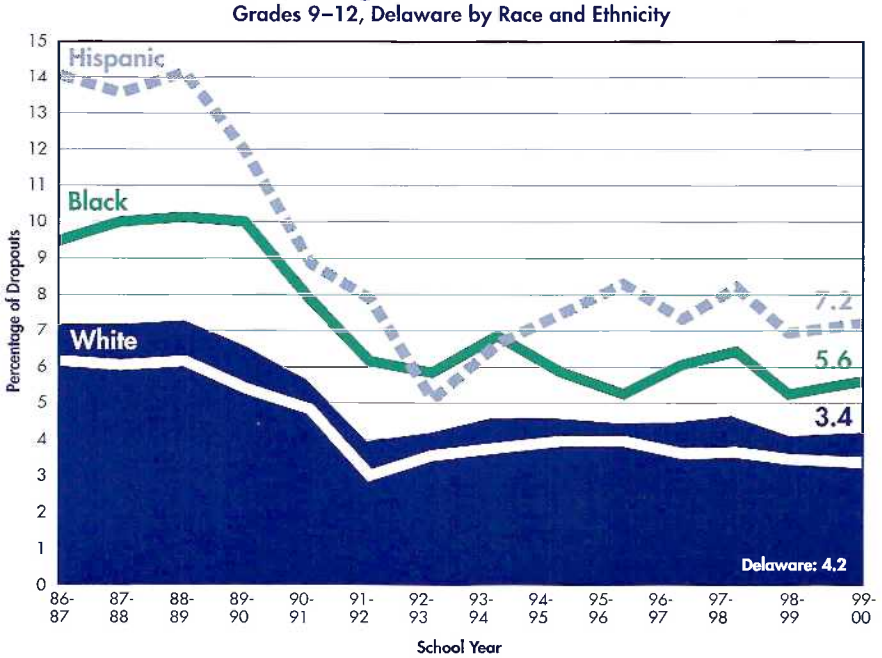
Public High School Dropouts

Grades 9–12, Delaware



Public High School Dropouts

Grades 9–12, Delaware by Race and Ethnicity



This data, provided by the Delaware Department of Education, reports information from the state's secondary schools. Delaware currently has the capability to maintain a complete dropout database at the state level which contains individual student records, rather than aggregate counts.

Source: Delaware Department of Education

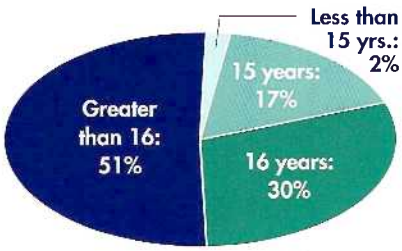
Did you know?

The lack of necessary support services, such as child care, transportation, and substance abuse counseling, is often one reason that youth drop out of school. Programs that ensure that the appropriate services are provided are successful at bringing out-of-school youth back into the education system and keep them there.

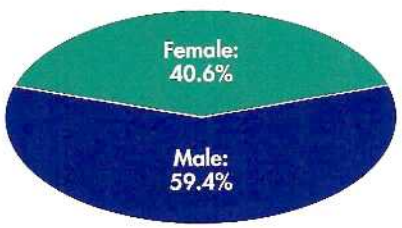
Source: Resource Bulletin: School-to-Work Opportunities For Out-of-School Youth. Available from. www.ed.gov

Dropouts

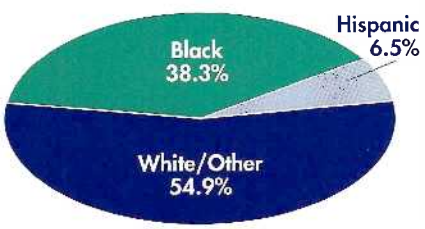
by Age, Gender, and Racial/Ethnic Group
School Year 1999–2000



Percentage of all dropouts by age



Percentage of all dropouts by gender

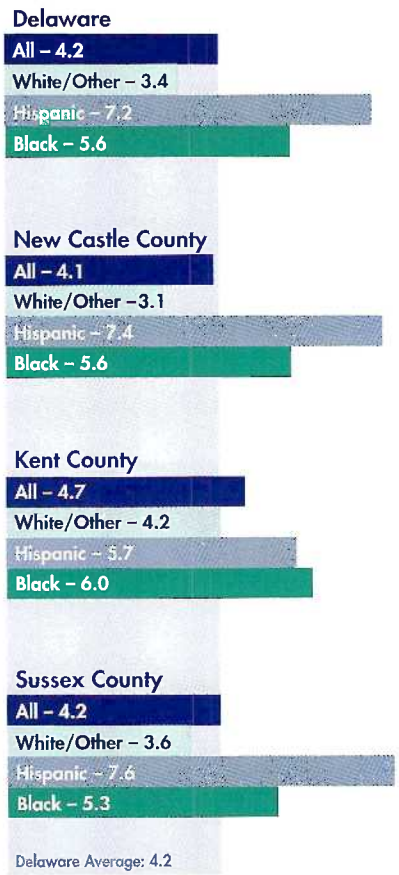


% of all dropouts by racial/ethnic group

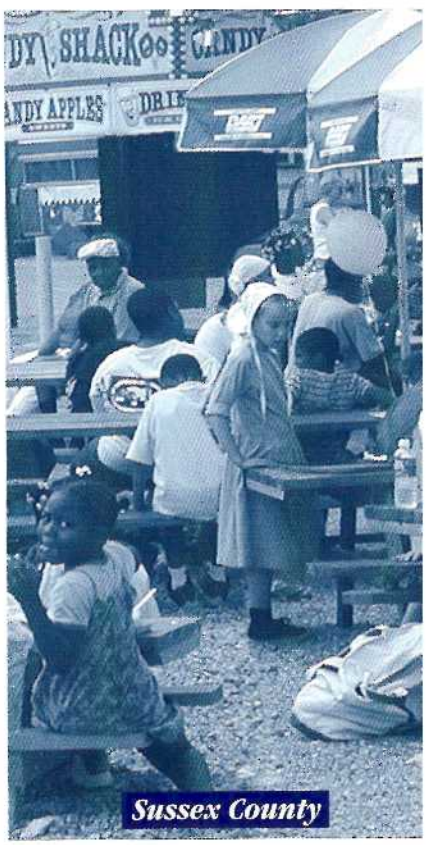
Source: Delaware Department of Education

Dropout Rates

by Racial/Ethnic Group
School Year 1999–2000



Source: Delaware Department of Education



put data into action

Hispanic girls have a higher high school dropout rate and are the least likely to earn a college degree, compared to girls in other racial or ethnic groups, according to a study by the American Association of University Women. In the United States, the dropout rate for Latinas ages 16 to 24 is 30%, compared with 12.9% for blacks and 8.2% for whites.[1]

Schools can do more to recognize family responsibilities and cultural values and pressures that Hispanic girls face. These can include the need to care for siblings after school, expectations from boyfriends and fiancés about not being "too educated" and from peers who accuse them of "acting white" when they spend time on academics. Suggestions from researchers are for educators to "pay closer attention to the cultural issues faced by Hispanic girls, recruit Hispanic teachers who can serve as role models, and involve entire families in decisions about college."[2]

1 Gamboa, Suzanne. "More Latinas Leaving School: A New Study Finds Hispanic Girls Have Higher Dropout Rates Than Other Groups." The Associated Press. Washington, January 25, 2001. Available at http://abcnews.go.com/sections/us/DailyNews/latinasdropout010125.html

2 Ginorio, Angela and Michelle Huston. "¡Se, Se Puede! Yes, We Can: Latinas in School." American Association of University Women, 2000. Available at www.aauw.org/2000/latina.html

For more information see

Table 21	p. 120
Tables 40–47	p. 129–132
Table 64	p. 140
www.jobcorps.org	

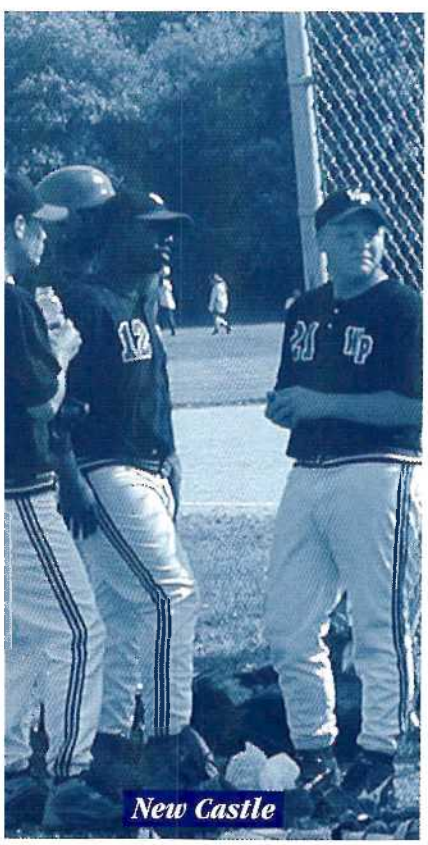
Teens Not in School and Not Working

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

RECENT TREND IN DELAWARE **GETTING WORSE**

Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they transition from adolescence to adulthood. This group of teens is likely to lack credible references, have little confidence in their abilities, and lack knowledge about job opportunities. They are also at especially high risk for teen parenting, crime, negative behaviors, and limited economic prospects as adults.[1]

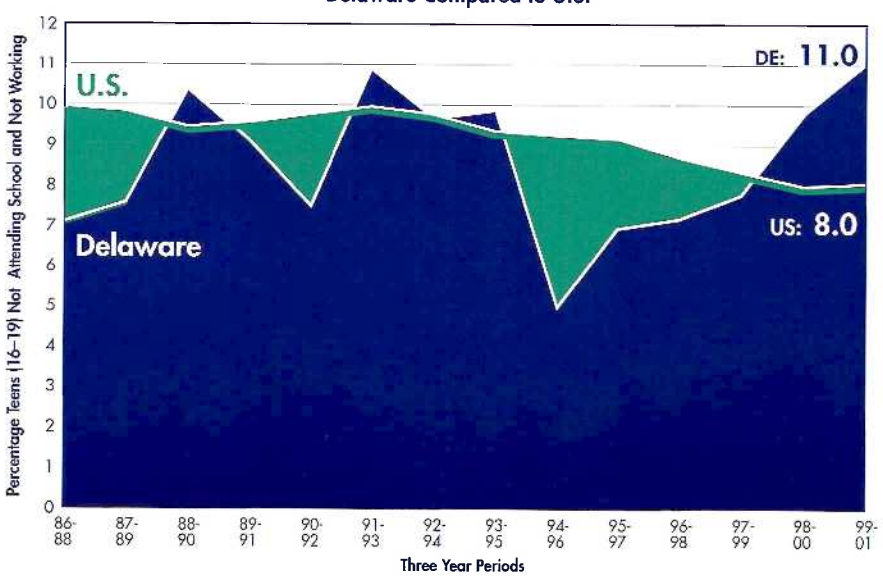
The School-to-Work Opportunities Act of 1994 is designed to provide all young people, including out-of-school and at-risk youth, with access to programs that integrate academic and occupational education, set high standards, and prepare them for the workforce.[2] Another effective strategy includes providing disconnected youth with adult mentors. Frequently, out-of-school youth do not have role models who inspire them either to stay in school or to succeed in the workplace. Mentoring programs across the country are developed with many different goals and objectives. However, most programs have been designed to expect changes and benefits in the areas of: academic achievement, employment or career preparation, social or behavior modification, family and parenting skills, and social responsibilities. Mentors have the power and influence to change the negative cycle of their mentees.[3]


New Castle

1 20001 Rhode Island Kids Count Factbook
2 Resource Bulletin: School-to-Work Opportunities For Out-of-School Youth. Available from: www.ed.gov
3 Effective Strategies for Mentoring. Available from: www.dropoutprevention.org

Teens Not in School and Not Working

Delaware Compared to U.S.



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

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

Did you know?

Many middle-class teens get their jobs through a network of informal contacts. Low-income teens are less likely to have these kinds of connections with employers and places of employment.

Source: 2001 Rhode Island Kids Count Factbook

Suspensions and Expulsions

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

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. During the 1999-2000 school year, a total of 28,087 suspensions were reported in Delaware's public schools. Four percent of these suspensions occurred in grades K-3. Approximately 49% of the suspensions involved students from grades 4-8 and the remaining 47% of suspensions happened at the high school level, grade 9-12. Suspensions were the result of various infractions, including defiance of authority and fighting. The number of different students involved in incidents that resulted in suspension was 12,702.

It is important to know that the duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.

Expulsions and Suspensions in Delaware Schools, 1999–2000

County	Enrollment*	Number of Expulsions	Number of Suspensions**
Delaware	113,598	119	28,087
New Castle	66,235	69	21,432
Kent	24,731	14	3,506
Sussex	21,432	36	3,149

*Enrollment for state total includes charter schools, but counties do not (see School Climate Report, pg. 3)
**Suspensions may include duplicate students
Note: Most frequent infractions resulting in Suspensions were Defiance of School Authority, Fighting, General Disruption. Most frequent infractions resulting in Expulsion were Drug Use or Possession, Assault/Battery.
Source: Delaware Department of Education


New Castle

Did You Know?

- African-American and Hispanic students continue to be suspended and expelled from public schools at higher rates than their white counterparts. While the annual suspension rate for all students nearly doubled between 1974 and 1998, from 3.7 percent to 6.9 percent, blacks and Hispanics continued to be suspended at higher rates than whites.
- The largest disparity existed in the suspension rates for black students, who made up about 17 percent of all students in 1998-99, but accounted for 33 percent of all students suspended. White students made up 63 percent of enrollment and 50 percent of suspensions. The 15 percent Hispanic enrollment made up 14 percent of the suspensions.
- A recent study found that in 1998 there were 4.9 million vulnerable youth between the ages of 14–24 in the United States. This research identified vulnerable youth as young people who had aged out of or dropped out of public school; youth who had at one time been homeless; youth who were not attending school and had not graduated; and youth with a parent in jail or prison.
- Black students make up 17% of those enrolled in our nation's schools, yet account for 32% of out-of-school suspensions. White youth make up 63% of the enrollment in public schools nationally, but represent only 50% of students suspended or expelled.
- A Department of Education report found that approximately 25% of all Black male students had been suspended at least once over a four-year period.

Sources: "Federal Data Highlight Disparities in Discipline." Available from: www.edweek.org
The Black Community Crusade for Children. Available from: www.childrensdefense.org

For more information see
Tables 40–47 p. 129–132
Table 64 p. 140
www.dropoutprevention.org
www.childrensdefense.org

Children in Poverty

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

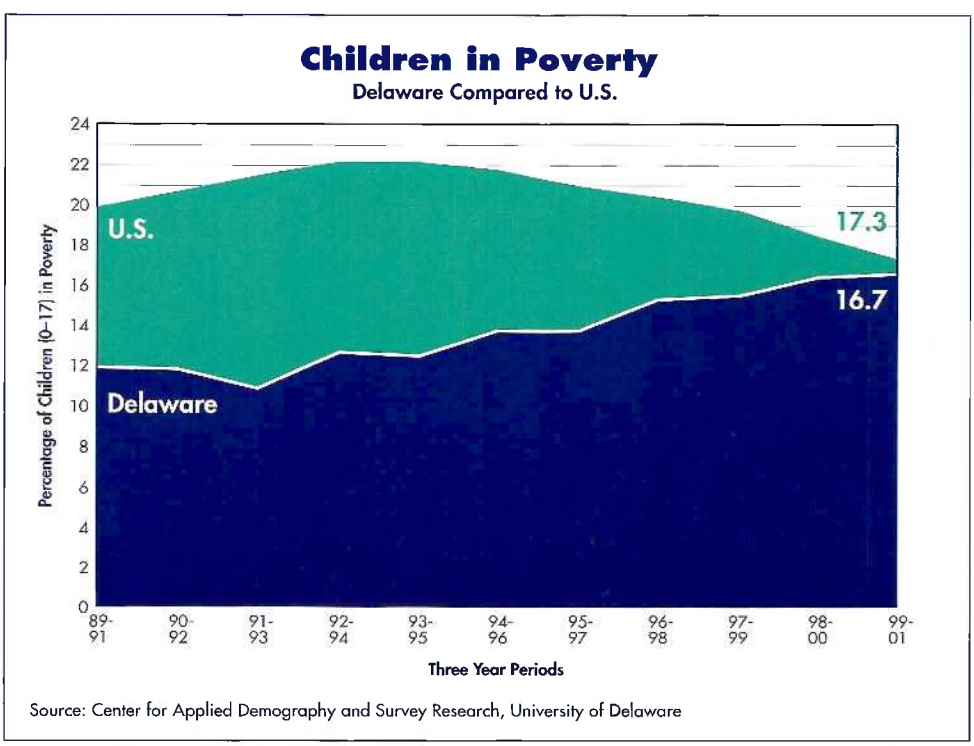
RECENT TREND IN DELAWARE **GETTING WORSE**

Children in poverty are those most at risk of not achieving their full potential. Young children who are born into poor families are more likely to experience poor health and to die during childhood. In school, they are more likely to score lower on standardized tests, to repeat a grade, and to drop out. As teenagers, they are less likely to avoid out-of-wedlock births and violent crime.[1] In addition, children living in poverty have lower expectations of job opportunities and success when they grow up. These views narrow their outlook on life and may perpetuate the cycle of poverty.[2] Children are not wealthy or poor by themselves, rather they live in families that vary in their access to economic and social resources. Because children are dependent on others, they enter or avoid poverty by virtue of their families' economic circumstances.[3]

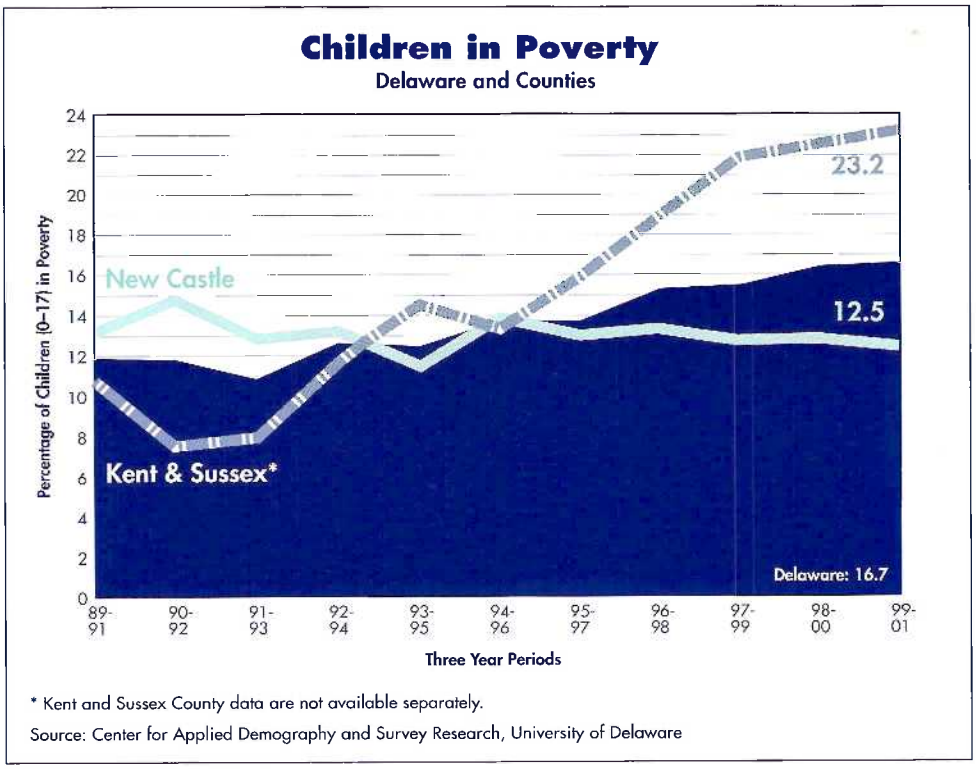

Rehoboth Beach

Over time, many more people are poor than the official poverty line suggests. There is considerable movement into and out of poverty each year. Those living with incomes close to the poverty line are vulnerable to falling into poverty due to changes in employment, housing, and utility costs; life changes such as the birth of a child; changes in martial status; and illness or disability. In 2000, the official poverty level for a family of four was $17,463. Preventing child poverty will mean more children entering school ready to learn and more successful schools, better child health and less strain on hospitals and public health systems, less stress on the juvenile justice system, less child hunger and malnutrition, and other important advances.

1 2001 Rhode Island Kids Count Factbook
2 2000 Maryland Kids Count Factbook
3 Kids Count in Virginia 2001
4 2001 Rhode Island Kids Count Factbook



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



* Kent and Sussex County data are not available separately.

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.

Did you know?

- More poor children have parents who are working a substantial amount of time.
- Parental employment greatly reduces, but does not eliminate, poverty among children.
- Poor families not meeting the work standard are more likely to be headed by single parents or by parents who have not graduated from high school.
- Children in working poor families are less likely to have health insurance and receive public assistance.
- Homeownership and access to health care remain elusive goals for many working poor families.
- Risk factors associated with poverty can influence a child's brain development through multiple pathways including:
  - inadequate nutrition
  - substance abuse
  - maternal depression
  - exposure to environmental toxins
  - trauma/abuse
  - quality of daily care

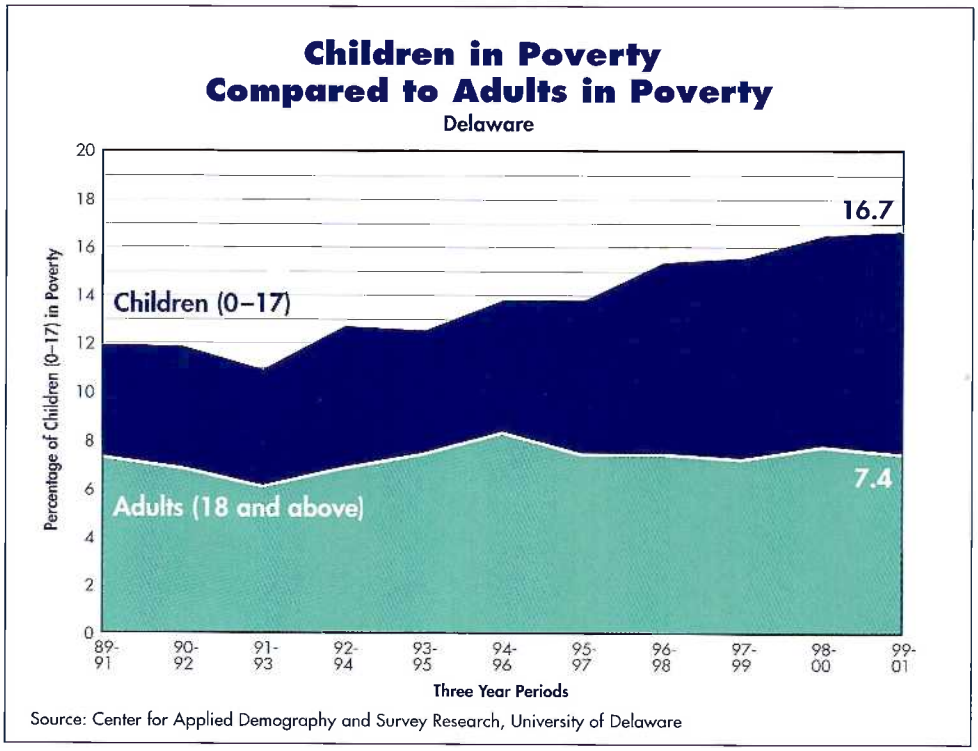
Sources: "Working Poor Families with Children: Leaving Welfare Doesn't Necessarily Mean Leaving Poverty" Child Trends Research Brief: May 2001.
Poverty and Brain Development in Early Childhood (April 1997). Available from: www.nccp.org

put data into action

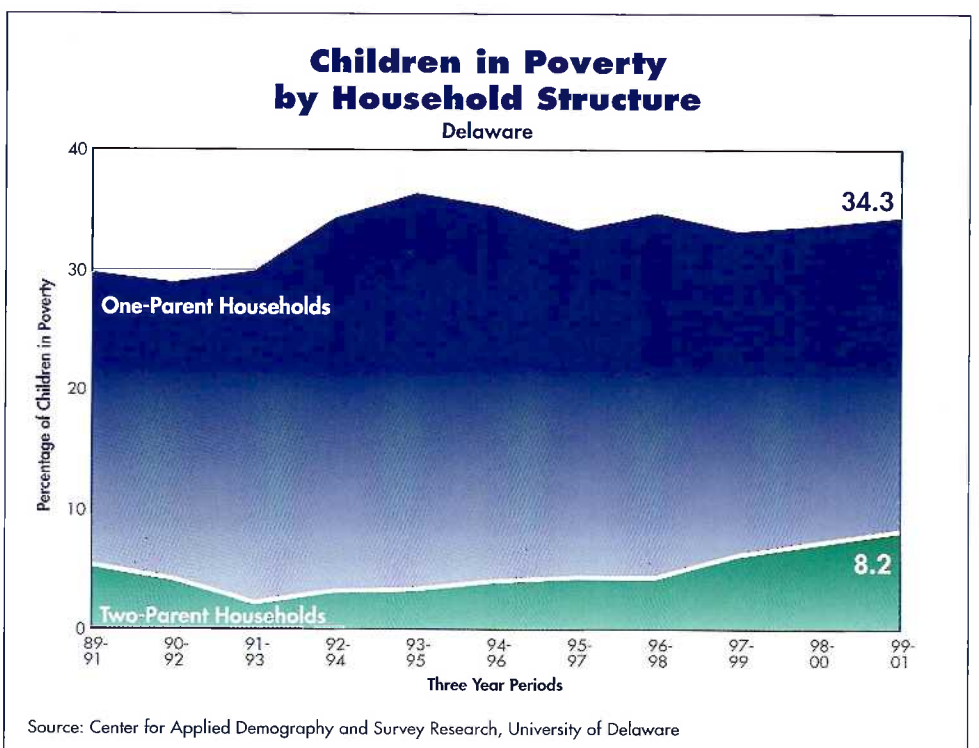
Working families can receive cash through the Earned Income Tax Credit. Families can receive one lump sum or more in their paychecks each month plus a smaller lump sum at the end of the tax year.

For help with tax forms or for more information, call 1-800-829-1040.

Children in Poverty



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



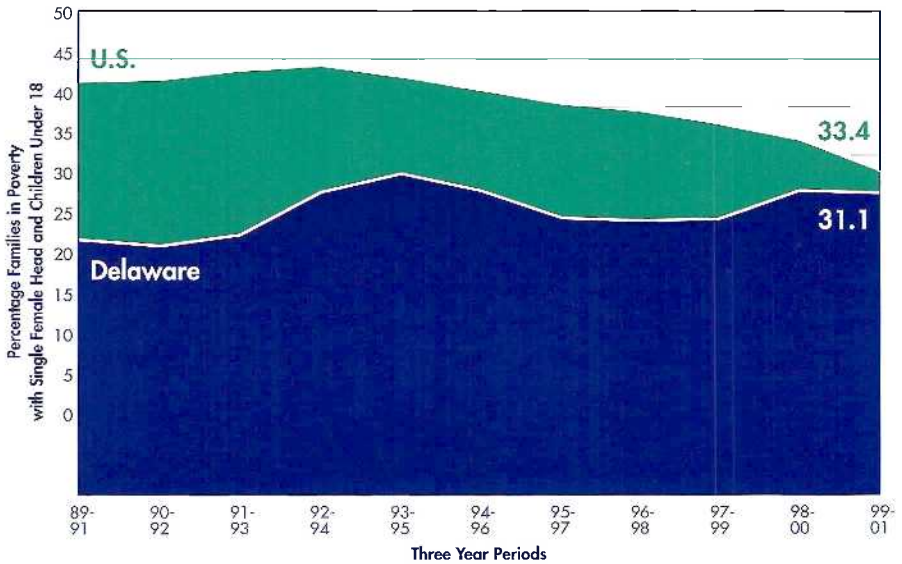
Source: Center for Applied Demography and Survey Research, University of Delaware

Children who live in a household with one parent, especially the mother, are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents. In the U.S. in 1999, 8 percent of children in married-couple families were living in poverty, while 42 percent of children in female-headed household were living below the poverty line.

Source: America's Children 2001 Report. Available at: www.childstats.gov

Female Headed Households in Poverty

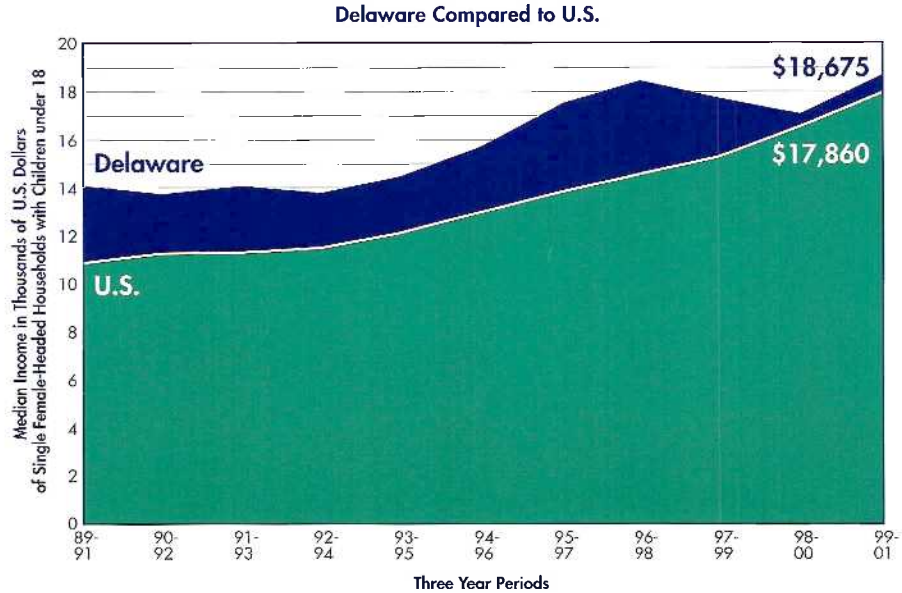
Delaware Compared to U.S.



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

Median Income of Single Female Headed Households with Children under 18

Delaware Compared to U.S.



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

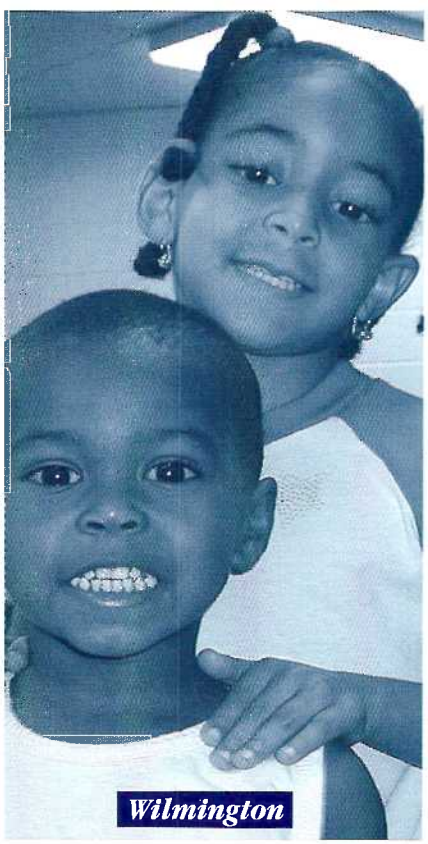
Living in poverty has both short-term and long-term negative effects on children. Compared with children living in families with incomes above the poverty line, those living in poverty are more likely to have difficulty in school, to become teen parents, and to earn less and be unemployed more frequently as adults.

Source: America's Children 2001 Report. Available at: www.childstats.gov

For more information see

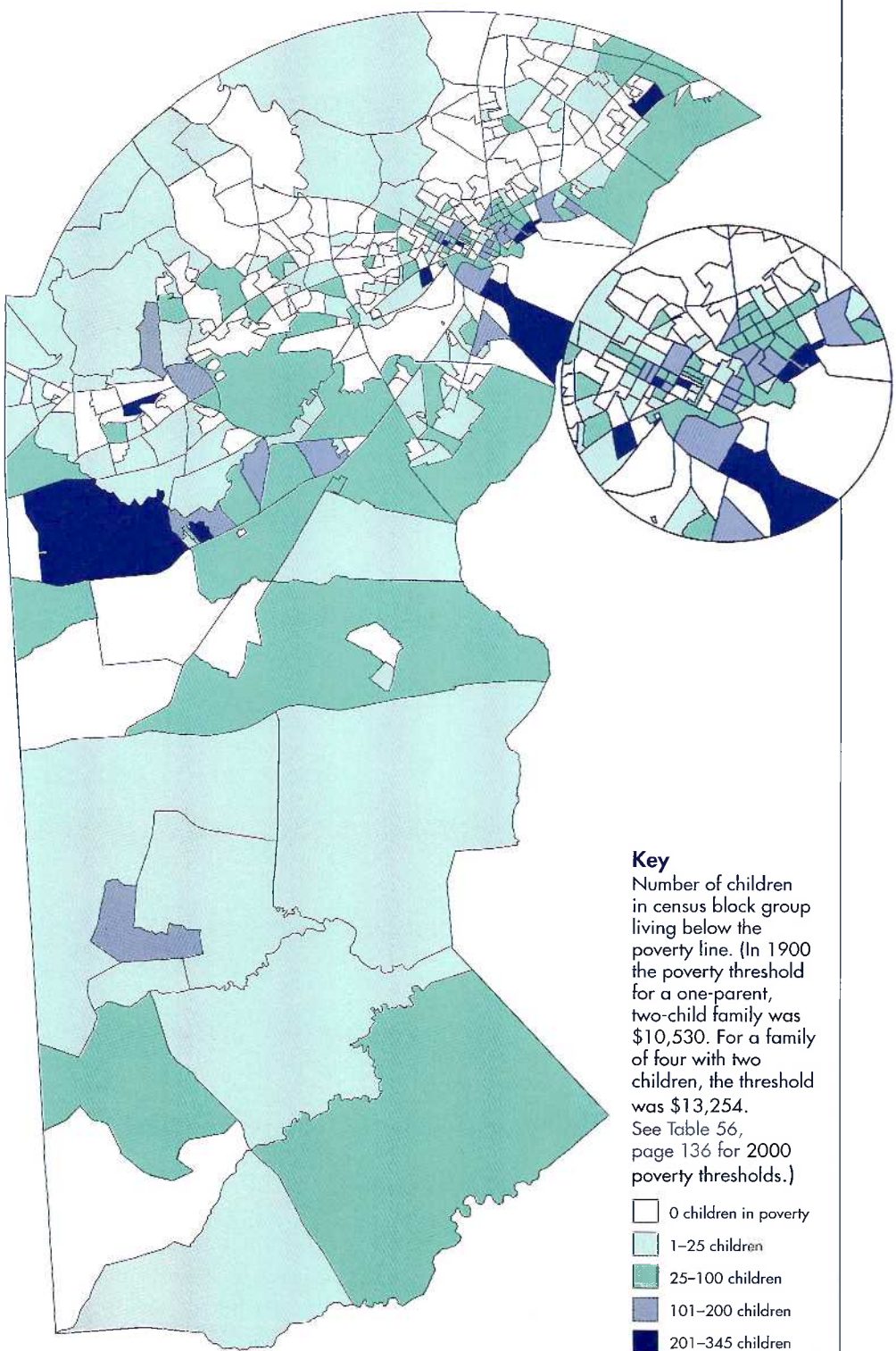
Tables 48–57	p. 133–136
Tables 59–62	p. 137–138
Table 64	p. 140

www.nccp.org
www.childstats.gov
www.nncc.org
www.childadvocacy.org



Children in Poverty

New Castle County, 1990



Key

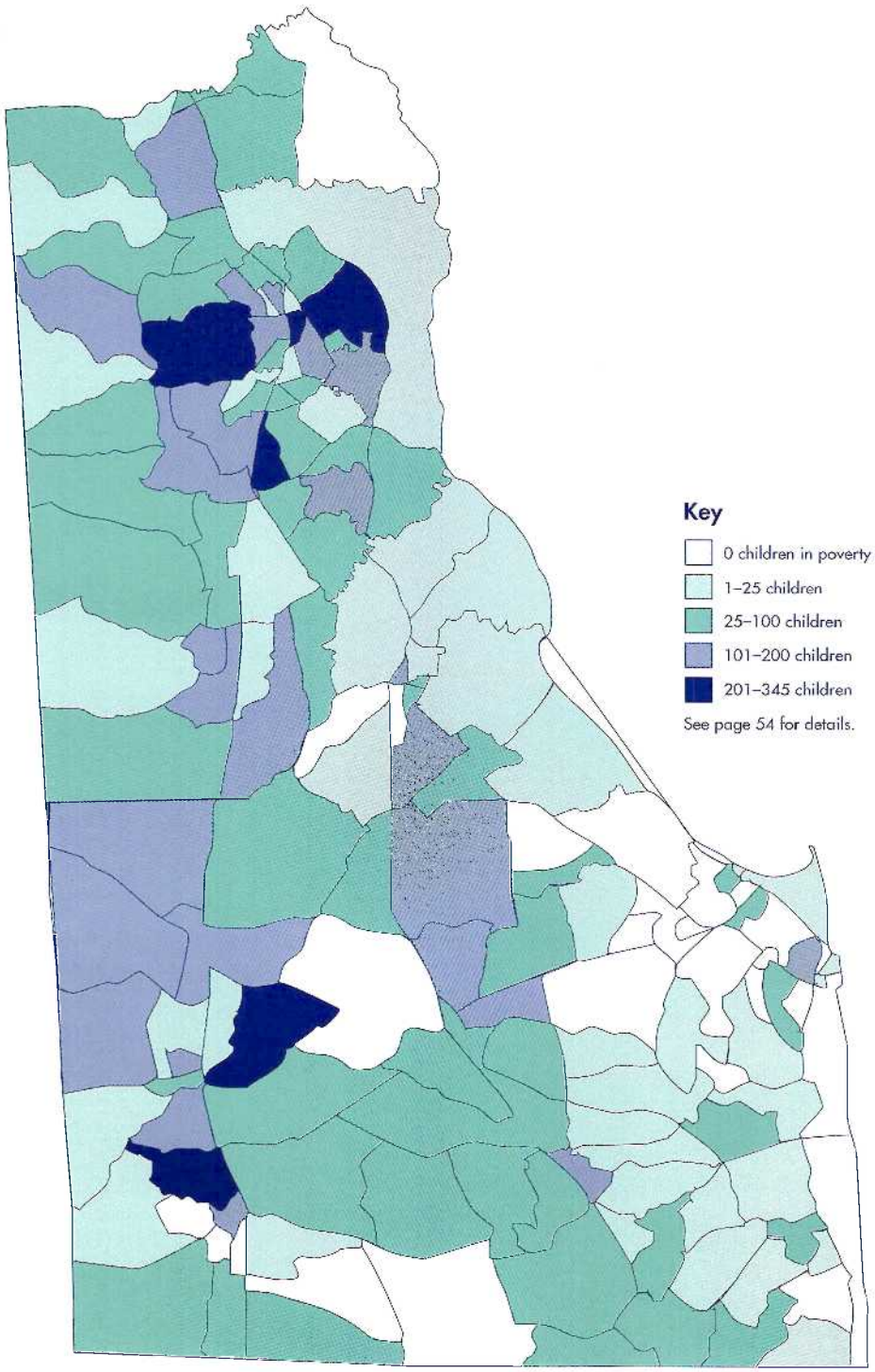
Number of children in census block group living below the poverty line. (In 1900 the poverty threshold for a one-parent, two-child family was $10,530. For a family of four with two children, the threshold was $13,254. See Table 56, page 136 for 2000 poverty thresholds.)

- 0 children in poverty
- 1–25 children
- 25–100 children
- 101–200 children
- 201–345 children

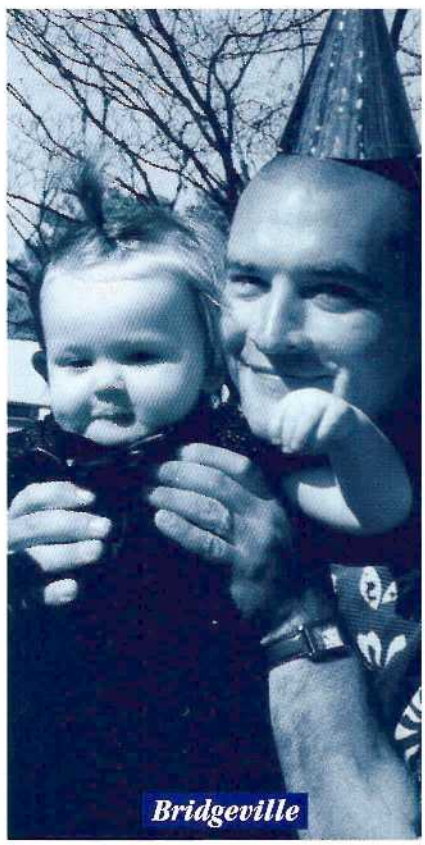
Source: Center for Applied Demography and Survey Research, University of Delaware

Children in Poverty

Kent and Sussex Counties, 1990



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



Children in One-Parent Households

DELAWARE COMPARED TO U.S. AVERAGE **WORSE**

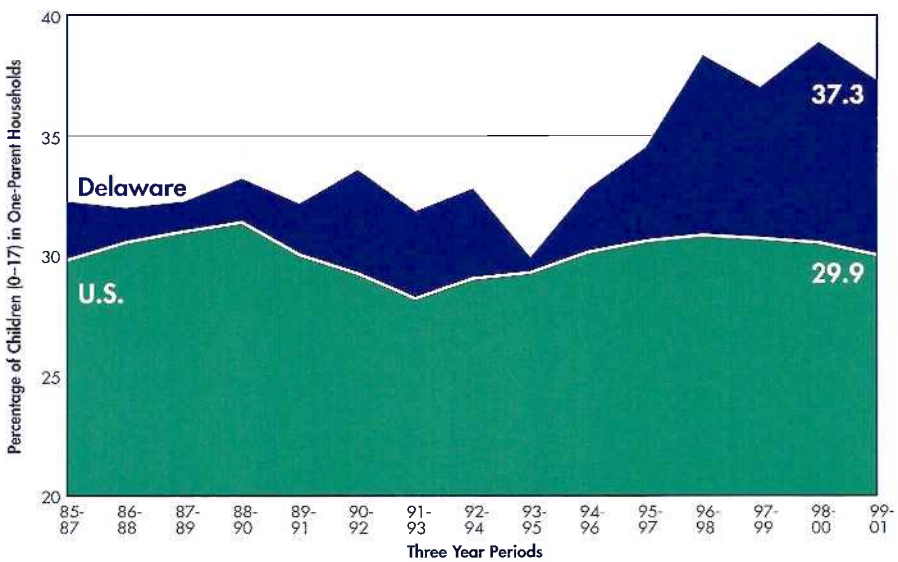
RECENT TREND IN DELAWARE **ABOUT THE SAME**

Families and communities form the most important elements of the environment in which children grow and develop. The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents.[1] For children living in families headed by women, the risk of poverty is even greater because women typically earn less than men, the existing family income is spread over two households, and only one-third of child support orders are fulfilled.

Single-parent families may exist for many different reasons – divorce or separation, death of a parent, or birth or adoption by a single parent. Regardless of the reason, the children of these families share certain characteristics. Most children of single parents do well in the long run. However, there is evidence to suggest that children from single-parent families are somewhat more likely to use alcohol and drugs, obtain less education, and experience marital disruption themselves.[2]

1 America's Children: Key National Indicators of Well-Being 2000

2 Hawaii Family Touchstones



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

put data into action

The PACT Family Support Network: A network for the education, empowerment, and support of families. Its mission is to strengthen families and children by bringing together groups of people with similar interests and needs, by providing them with key child and family development information and by helping them establish empowering peer support groups, networking opportunities, and listening partnerships. Programs are provided for families and for those who want to become effective support persons and leaders concerning living and parenting well. For more information, call 302-678-9288.

Children in One-Parent Households

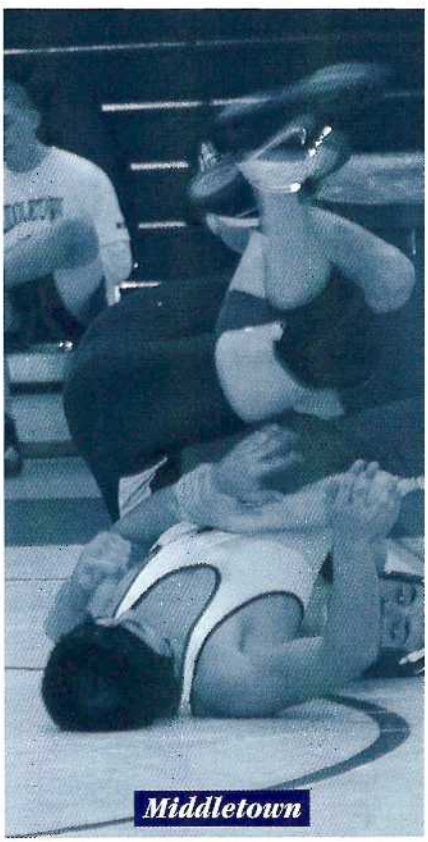
Median Income of Families with Children by Family Type

Delaware and U.S.

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

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.



Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1995–99

- 36.5% of all births in Delaware
- 34.2% of births to women in New Castle Co.
- 37.3% of births to women in Kent Co.
- 44.1% of births to women in Sussex Co.

- 89.3% of births to teenagers
- 58.2% of births to women 20–24 years old
- 23.3% of births to women 25–29 years old
- 13.9% of births to women 30+ years old

- 36.5% of births in Delaware
- 32.5% of births in the U.S.
- 25.4% of births to White women in Delaware
- 26.0% of births to White women in the U.S.
- 72.4% of births to Black women in Delaware
- 69.7% of births to Black women in the U.S.
- 51.1% of births to Hispanic women in the Delaware
- 41.2% of births to Hispanic women in the U.S.

Delaware Average 36.5%

Source: Delaware Health Statistics Center

Living Arrangements for Delaware Children

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

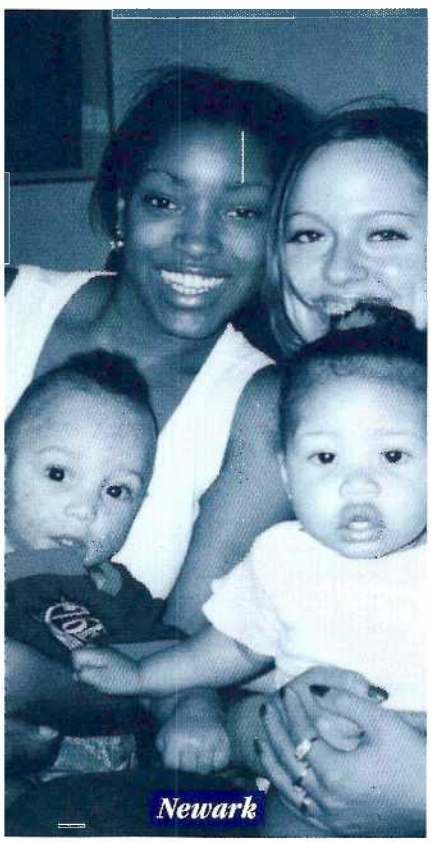
- White Married Couple Family – 80.1%
- White Single-Parent Family – 19.9%
- Black Married Couple Family – 42.5%
- Black Single-Parent Family – 57.5%
- Hispanic Married Couple Family – 65.5%
- Hispanic Single-Parent Family – 34.5%
- Asian Married Couple Family – 90.2%
- Asian Single-Parent Family – 9.8%

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

Research has shown that 60 percent of children in the U.S. will spend some time in a single parent family before age 18 and that children who are born to single mothers are more likely to become single parents themselves.

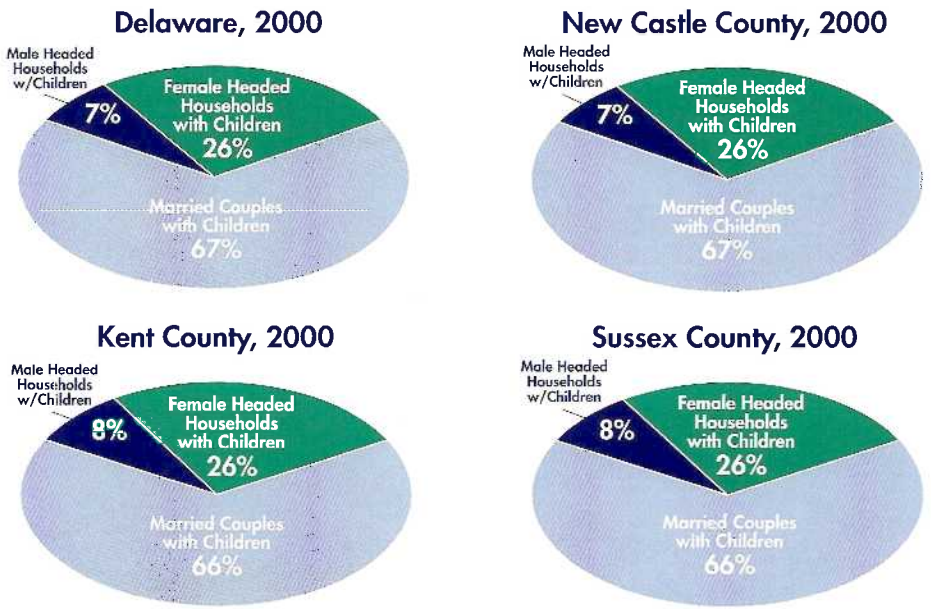
Source: "Families and the Workplace." Prevent Child Abuse America. Available at: www.preventchildabuse.org/research_ctr/fact_sheets/families_workplace.html

Children in One-Parent Households



Families with Children by Household Structure

Delaware and Counties, 2000



Source: 2000 Census, U.S. Census Bureau

put data into action

Earned Income Credit: Extra Money for People Who Work

The Earned Income Credit (EIC) is a special tax benefit for working people who earn low or moderate incomes. Workers who qualify for the EIC and file a federal tax return can get back some or all of the federal income tax that was taken out of their pay during the year. They may also get extra cash back from the IRS. Even workers whose earnings are too small to have paid taxes can get the EIC.

How To Get the EIC

- Workers raising children must file either Form 1040 or 1040A and fill out and attach Schedule EIC. A correct name and Social Security number must be provided for every person listed on the tax return and Schedule EIC.
- For free help contact VITA (Volunteer Income Tax Assistance) through the IRS at 1-800-TAX-1040.

Source: The Earned Income Credit Campaign. Available from: www.cbpp.org/eic2001

Did you know?

- Of the 1.8 million children who live with relatives instead of their parents, an arrangement known as "kinship care," nearly a quarter face multiple socio-economic risks.
- 31% of kinship care children live in poor families; 55% live in families where the caregiver does not a have a spouse; 36% live with caregivers without a high school degree; and 19% live in households with four or more children present.
- Of the 568,000 children in the formal foster care system, 200,000 are in relative or kin placements. If even half of the children being cared for by kin were to enter the child welfare system it would cost taxpayers an additional $4.5 billion a year.
- Many children in kinship care live in poverty and are not receiving the services they need to overcome this hardship.
- Voluntary providers may receive a lower level of service from child welfare because the child is not in state custody.

Source: Kinship Care: When Parents Can't Parent. Available from: www.urban.org

For more information see

Table 9	p. 110
Table 21	p. 120
Tables 50–51	p. 133–134
Table 58–63	p. 137–139
www.urban.org	
www.promisingpractices.net	
www.nationalpartnership.org	

KIDS COUNT IN DELAWARE

Other Issues Affecting Delaware Children

Prenatal Care

DELAWARE COMPARED TO U.S. AVERAGE: BETTER

RECENT TREND IN DELAWARE: ABOUT THE SAME

According to the Centers for Disease Control and Prevention, almost four million American women give birth every year. Nearly one third of them will have some kind of pregnancy-related complication. Those who do not get adequate prenatal care run the risk that such complications will go undetected or will not be dealt with soon enough. Unfortunately, twenty-five percent of women in the U.S. do not receive prenatal care within the first trimester of pregnancy.[1]

Early prenatal care is defined as seeing a health care provider during the first trimester of pregnancy. The sooner a woman begins prenatal care, the better her chance of ensuring her health and that of her baby. Prenatal care can help prevent low-birth weight, infant death, premature delivery or other pregnancy complications. Adequate prenatal care can result in earlier education for proper nutrition, exercise, and avoidance of alcohol and drugs by pregnant women. Women who seek and receive adequate prenatal care are also more likely to obtain well-child care and complete immunizations for their children after they are born.[2]

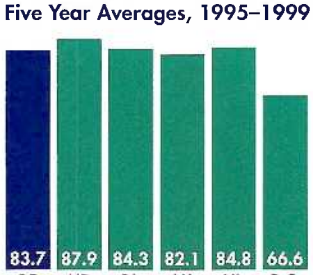
Prenatal tests can identify and result in treatment for health problems that can endanger both mother and child. They are performed to identify treatable health problems in the mother that can affect her baby's health; characteristics of the fetus, including size, sex, age, and placement in the uterus; screening for the possibility that a baby has certain congenital, genetic, or chromosomal problems; and diagnosis of certain types of fetal abnormalities, including heart problems.[3]

1 "Oh Baby! Women Receive More Prenatal Care Today Than a Decade Ago." Available at. www.ama-assn.org

2 2001 KIDS Count in Virginia

3 www.kidshealth.org

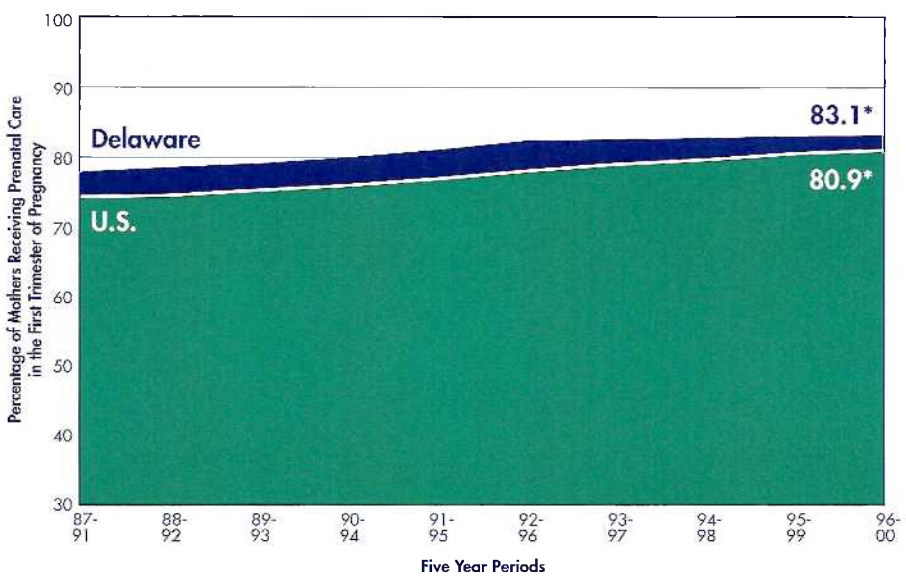
Regional Comparison of Prenatal Care
Five Year Averages, 1995–1999



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

* Percentages vary due to different estimating procedures being used by different sources.

Prenatal Care
Delaware Compared to U.S.

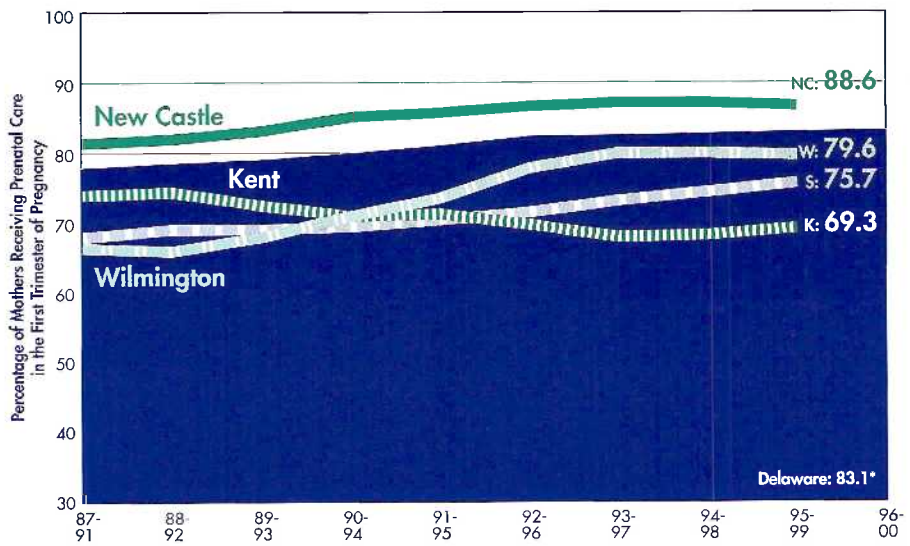


* Data for 1996–2000 is preliminary.

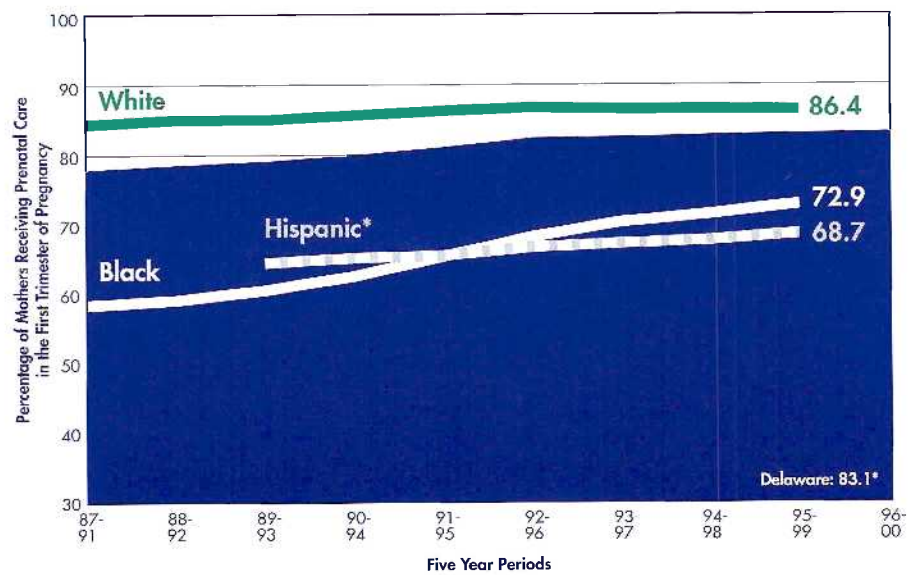
Sources: Delaware Health Statistics Center*, National Center for Health Statistics

Prenatal Care

Delaware, Counties and Wilmington



Delaware by Race and Hispanic Origin



* Data for 1996–2000 is preliminary.
County and Wilmington data are not available for 1996–2000.
Hispanic data was not available before the 1989–1993 period.

Source: Delaware Health Statistics Center

put data into action

Before and during the first month of pregnancy, women need at least .4 mgs (400 mcg) of folic acid in their diets every day to help prevent brain and spinal cord birth defects. This can be done easily by eating the following: lots of fruits and green, leafy vegetables; fortified breakfast cereals; beans and peas; orange juice; and/or a daily multivitamin with folic acid. For a free pamphlet on preventing brain and spinal cord birth defects, call the Division of Public Health at (302) 739-4787 or the Delaware Helpline at **1-800-464-4357**.

Source: Delaware Health and Social Services Division of Public Health

For more information see

Tables 15–18 p. 115–118

www.kidshealth.org

www.modimes.org

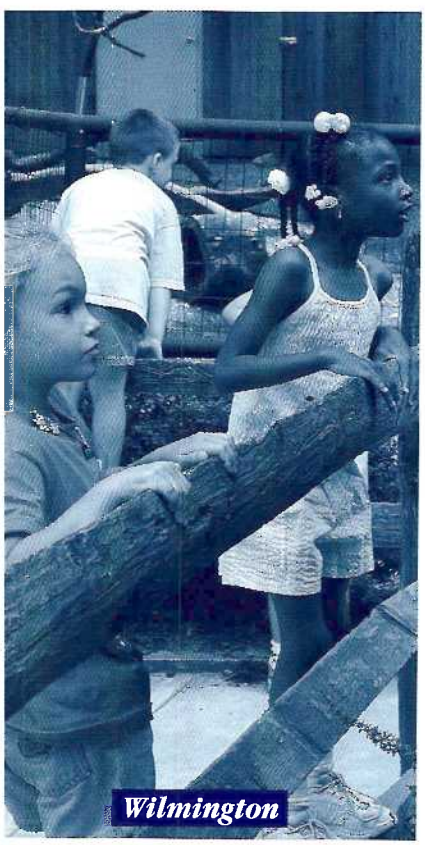
Children without Health Insurance

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE **GETTING BETTER**

Health care is vital to every child's healthy physical, emotional, and cognitive growth and development. Lack of insurance coverage makes it difficult to obtain primary and specialty care — including preventive health care, comprehensive treatment for acute and chronic illness, mental health services, dental care, and prescriptions.[1] Children who are covered by health insurance are considerably more likely to have a regular source of health care. Regular care increases the continuity of care, which is important to the maintenance of good health. Regular well-child visits to a pediatrician or other qualified health practitioner for immunizations, physical examinations, and screenings for common childhood maladies such as vision and hearing impairments, iron deficiencies, obesity, and lead exposure are essential to a child's health. So, too, are regular dental examinations; poor oral health is an epidemic among U.S. children that has been linked to numerous long-term deficits in health, learning, and social behaviors.[2]

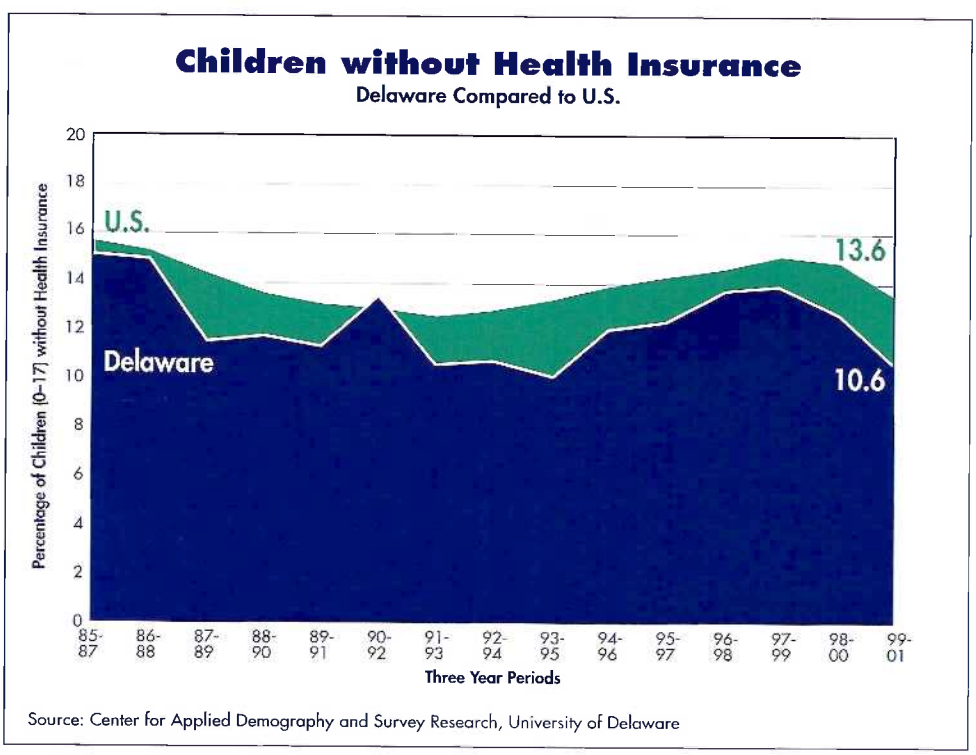
There are nearly 11 million uninsured children in this country; more than six million of them are eligible for either the Children's Health Insurance Program (CHIP) or Medicaid. Both CHIP and Medicaid are health insurance programs that provide access to health services for children. Both are operated at the state level and have specific income guidelines and insurance benefits. CHIP is a $48 million federal investment in children's health coverage that reaches out to millions of uninsured children whose family incomes are too high to qualify for Medicaid but too low to afford private insurance. It provides children with health insurance coverage that includes: regular medical check-ups, immunizations, doctors' visits, prescription drug coverage, emergency care, and more. But children will not receive health care coverage through CHIP automatically. Their parents must apply for it. The problem is that many parents do not know the programs exist or that their children might be eligible.[3]



1 2001 Rhode Island Kids Count Factbook

2 New Mexico Advocates for Children and Families: Policy Brief #5

3 SHOUT. Available from: www.childrensdefense.org



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

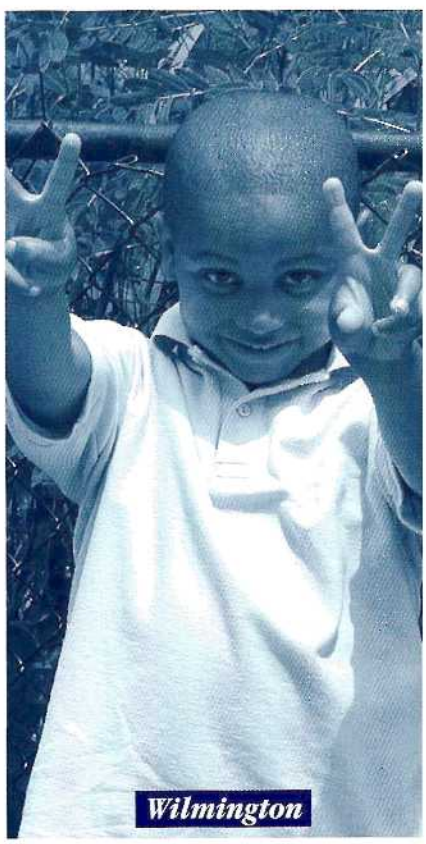
Delaware Healthy Children Program

Applications and Enrollment through November 30, 2001

Applications mailed to families	11,602
Total enrolled ever	**11,294**
Total currently enrolled	3,269

There remains a close link between the Delaware Healthy Children Program (DHCP) and Medicaid. Many children transition between these two programs as their families' incomes fluctuate. Thirty-seven percent of the disenrollments are children who are no longer eligible for DHCP or Medicaid. Reasons include increases in income, moving out-of-state, children covered by private insurance (for DHCP only), or the insured child reaches the age of 19.

Delaware Health and Social Services (DHSS) implemented a pilot in 2000 which eliminated the DHCP premium payment for the first six months on all newly eligible children from July to December 2000. The pilot significantly reduced the number of children disenrolling from the program each month. Once the premium was reinstated, the DHCP disenrollments returned to a similar rate experienced prior to the pilot.



put data into action

Know the barriers to enrollment in CHIP and Medicaid:

- Not aware CHIP or Medicaid exist
- Families with eligible children do not think they are eligible
- Missing documents and incomplete applications
- Lack of outreach to children in immigrant families
- Language obstacles

Source: Advocate Resources.
Available from: www.childrensdefense.org

For more about the Delaware Healthy Children Program, visit the Division of Social Services at: www.state.de.us/dhss/dss/healthychildren.html or call 1-800-996-9969.

counting the kids CENSUS 2000

There were 218,250 children ages 0–19 living in Delaware in 2000.

Did You Know?

- Nearly 11 million children in the U.S., or 1 out of 6, are uninsured.
- Nine out of 10 uninsured children have at least one parent who works.
- More than half of all uninsured children live in two-parent families.
- One in four uninsured children uses the hospital emergency room for health care or has no regular source of health care.
- Minority children are disproportionately represented among uninsured children:
  - One in three is Hispanic.
  - One in five is African-American.
  - One in nine is White.
- Compared with insured children, uninsured children are:
  - Up to ten times less likely to have a regular health care provider
  - Four times more likely to delay seeking care when it is needed
  - Five times more likely to use the emergency room as a regular source of care
  - Six times less likely to fill a prescription because of cost

Source: SHOUT Toolkit. Available from: www.childrensdefense.org

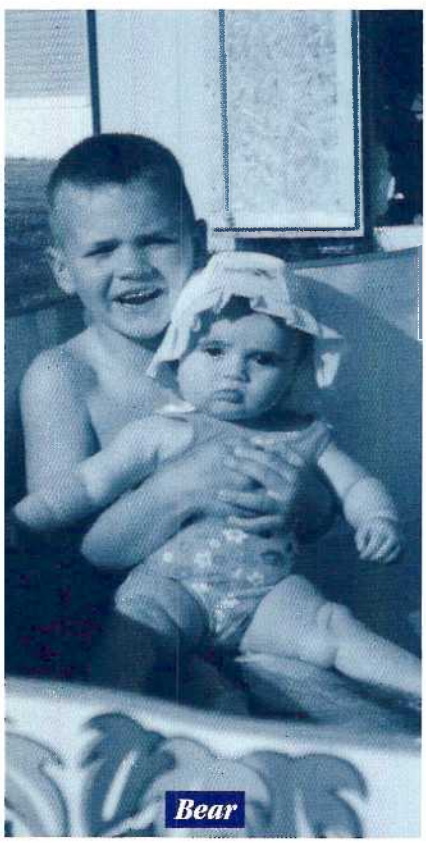
For more information see
Tables 54–55 p. 135–136
www.childrensdefense.org
www.state.de.us/dhss/dss/healthychildren.html

Women and Children Receiving WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a short-term, low-cost preventative health program for young families who are at nutritional risk due to low income and nutrition-related health conditions. Pregnant or postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, a state residency requirement, and be individually determined to be at "nutritional risk" by a health professional.[1] Persons who participate in the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families Program (TANF) automatically meet the income eligibility.

All WIC participants receive vouchers for foods such as eggs, cereal, milk, cheese, infant formula, juice, carrots, and high protein foods (beans, peanut butter, tuna fish) that can be redeemed at retail stores.[2] WIC enables parents to properly feed their children during critical periods of growth and development. The combination of nutrition, nutritious foods, and health care oversight strengthens families long after their WIC eligibility has ended. Studies have shown that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births, have fewer low and very low birth weight babies, experience fewer fetal and infant deaths, seek prenatal care earlier in pregnancy, and consume more of such key nutrients as iron, protein, calcium, and Vitamin C.[3]

1 Frequently Asked Questions. Available from: www.fns.usda.gov/wic
2 2001 Rhode Island Kids Count Factbook
3 Benefits of WIC Participation for Children Available from: www.nwica.org


Bear

WIC Program
Total Number Served
Delaware, 2000

In federal fiscal year 2000, **21,022** infants and children were served by WIC in Delaware.

Over **52%** of all infants born in 2000 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

WIC Program
Average Number Served per Month
Delaware, 1996, 1999 and 2000*

	1996	1999	2000
Infants	4,414	4,529	4,693
Children 1–4	8,353	7,409	7,690
Mothers	3,230	3,336	3,461

*Federal Fiscal Years
Source: Division of Public Health, WIC Office

Did you know?

- It costs approximately $585 per year for a pregnant woman in WIC.
- Every dollar spent on pregnant women in WIC produces $1.92 to $4.21 in Medicaid savings for newborns and their mothers.
- WIC prenatal care benefits reduce the rate of very low birth weight babies by 44%.
- Medicaid costs were reduced on average between $12,000 and $15,000 per infant for every low birth weight prevented.
- WIC serves over 7.4 million participants through 9,000 clinics nationwide each month.
- Approximately 20% of all pregnant women in the United States are in WIC.
- The WIC program is not an entitlement program. Federal funding is determined by Congress.

Source: WIC Saves Healthcare Dollars. Available from. www.nwica.org

put data into action

To be eligible for the WIC Program, applicants must meet all of the following eligibility requirements:

- Residence
- Income
- Nutrition risk

Contact the WIC state or local agency serving your area to schedule an appointment. Applicants will be advised about what to bring to the WIC appointment to help determine eligibility. In Delaware, call 1-800-222-2189.

Source: Who Gets WIC and How to Apply. Available from: www.fns.usda.gov/wic

For more information see
Table 52–53 p. 134–135
www.fns.usda.gov/wic

Child Immunizations

DELAWARE COMPARED TO U.S. AVERAGE: SIMILAR

RECENT TREND IN DELAWARE: GETTING WORSE

Despite near record low levels of vaccine-preventable childhood diseases in the U.S., it is still important that children receive recommended immunizations. Many viruses and bacteria are circulating in this country, and travel to and from countries where many vaccine-preventable diseases are common increases this risk. Without vaccines, epidemics of many once common and preventable diseases could return and result in unnecessary illness, disability, and death among children.[1] Since the start of widespread immunizations in the country, the number of cases of some formerly common childhood illnesses have dropped by 90% or more.[2] Parents should not wait until children are school age to have them vaccinated because children under age five are especially susceptible to disease since their immune systems have not built up the necessary defenses to fight infection.

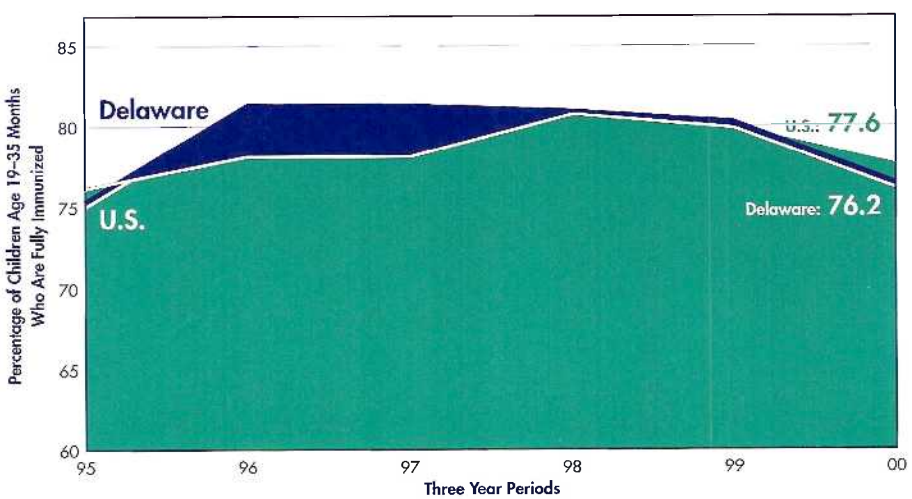
A vaccination health record is necessary to keep children's vaccinations on schedule. If parents move or change providers, having an accurate record can prevent a child from repeating vaccinations he or she has already had. A shot record should be started when children receive their first vaccinations and updated with each vaccination visit.

1 Center for Disease Control and Prevention. Available at www.cdc.gov/nip

2 KidsHealth. Available at www.kidshealth.org/parent/general/body/fact_myth_immunizations.html

Child Immunizations

Delaware Compared to U.S.



Sources: Centers For Disease Control and Prevention; Delaware Department of Health and Social Services

put data into action

A federal program called Vaccines for Children provides free vaccines to eligible children, including those without health insurance coverage, all those enrolled in Medicaid, American Indians, and Alaskan natives. The National Immunization Information Hotline number is 1-800-232-2522 (English) and 1-800-232-0233 (Spanish).

put data into action

Follow the Guidelines for Immunization

Birth	Hep B
1-4 months	Hep B
2 months & 4 months	DTP, HiB, IPV, PCV
6 months	DTP, HiB, PCV
6-18 months	Hep B, IPV
12-15 months	HiB, MMR
12-18 months	Var
15-18 months	DTP
4-6 years	DTP, MMR, IPV
11-12 years	Td

Source: Immunization schedule. KidsHealth. Available from: www.kidshealth.org/parent/ general/body/vaccine_p10.html

For more information see

Table 70 p. 142

www.kidshealth.org

Lead Poisoning

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

Nearly one million children in the United States have lead levels in their blood that are high enough to cause irreversible damage to their health.[1] Because children between 12 and 36 months have a lot of hand to mouth activity, they have a higher risk than older children of lead poisoning.

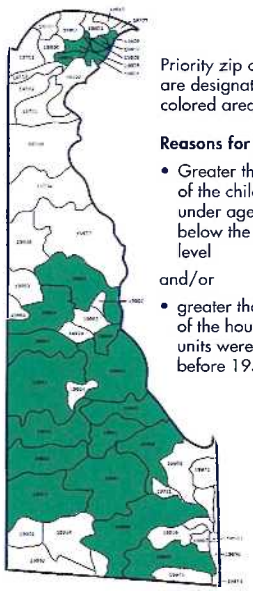
Lead is also more dangerous to children than adults because their bodies absorb more lead and their developing brains and nervous systems are more sensitive to the damaging effects of lead. Lead poisoning affects a child's central nervous system, reproductive system, and kidneys. Low levels are harmful and are associated with impaired hearing acuity, decreased intelligence, decreased stature and growth, and impaired neurobehavioral development, and at higher levels can cause seizures, coma, and death. Lead poisoning often shows no distinctive symptoms but can be detected by a simple blood test.

The major sources of lead exposure include deteriorated paint in older housing, and dust and soil that are contaminated with lead from old paint and from past emissions of leaded gasoline.[1] Eighty-three percent of private housing and eighty-six percent of public housing built before 1980 contains some lead-based paint.[2]

1 Centers for Disease Control and Prevention. Available at http://www.cdc.gov/nceh/lead/lead.htm

2 "Lead in Your Home: A Parent's Reference Guide." United States Environmental Protection Agency. Prevention, Pesticides, and Toxic Substances (7404). EPA 747-B-98-002, June 1998.

Priority Zip Codes for Testing Young Children for Lead



Priority zip codes are designated by colored areas.

Reasons for priority:

- Greater than 20% of the children under age 6 live below the poverty level

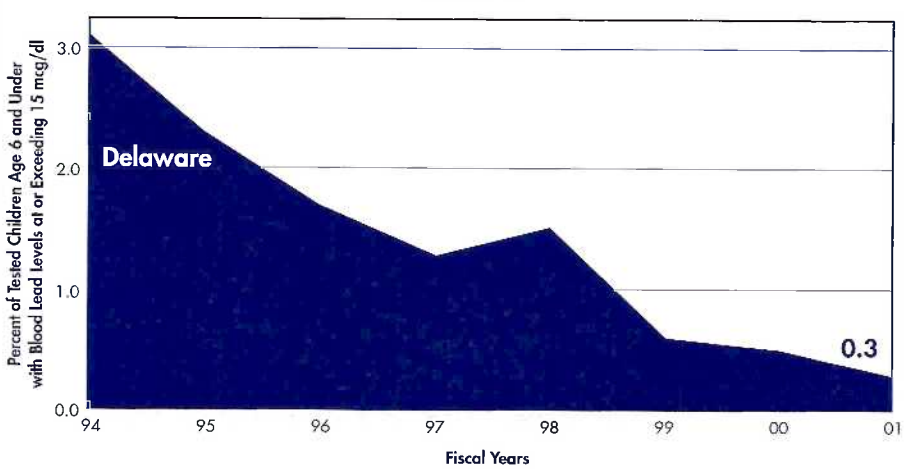
and/or

- greater than 27% of the housing units were built before 1950.

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

Lead Poisoning

Delaware



Source: Delaware Department of Health and Social Services

For more information see
Table 71 p. 143
www.aeclp.org

put data into action

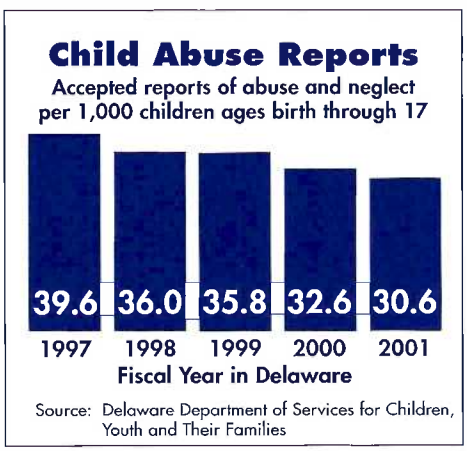
The Delaware Department of Health and Social Services reports that lead poisoning is a major environmental health threat to young children. Because of this, children in Delaware are required to be tested for lead poisoning by their first birthdays.

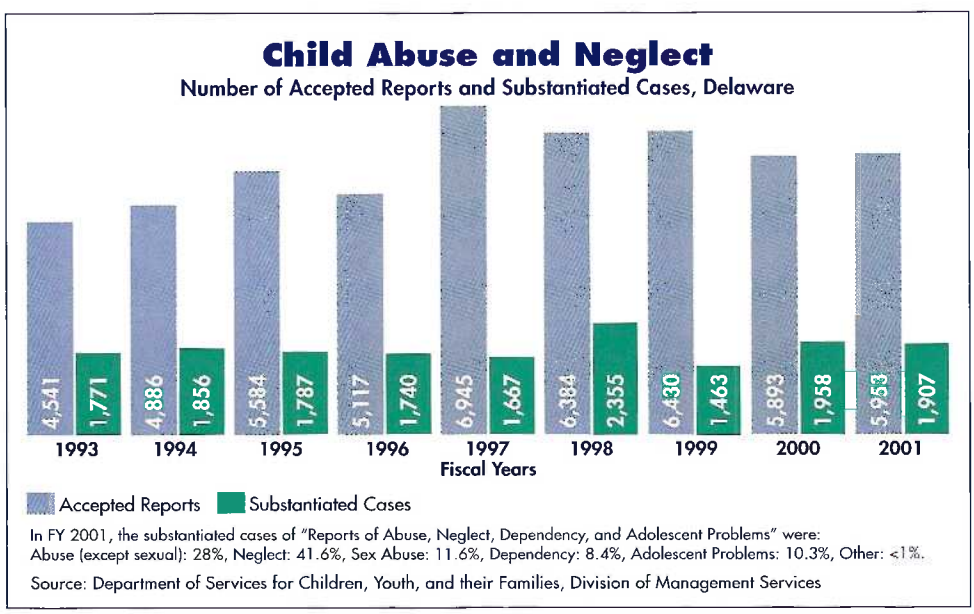
Child Abuse and Neglect

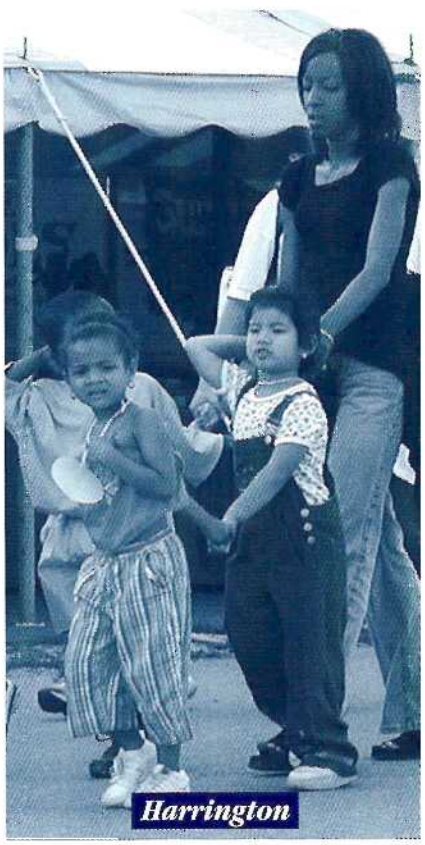
Child abuse includes physical, sexual, and emotional abuse, and neglect. Physical abuse is characterized by the infliction of physical injury, either with or without the intent to harm. Sexual abuse is another form of child abuse, and it is believed to be the most under-reported form because of the secrecy that so often characterizes these cases. Emotional abuse includes psychological or verbal abuse or mental injury. Child neglect is characterized by failure to provide for the child's basic needs, including those that are physical, educational, or emotional. Cultural values and standards of care must be considered when assessing child neglect. The failure to provide the necessities of life for children may be due to parental poverty, and not due to a lack of concern for the child's best interests. While any of these forms of abuse may be found separately, they often occur in combination, and emotional abuse is almost always present along with other forms of abuse.[1]

RECENT TREND IN DELAWARE GETTING BETTER

1 National Clearinghouse on Child Abuse and Neglect Information. Available at: www.calib.com/nccanch/pubs/factsheets/childmal.cfm







Did You Know?

Between 30% and 60% of men who batter their female partners also abuse their children. A study of low-income black urban preteens and teens found that those who witnessed or were victims of violence showed symptoms of posttraumatic stress disorder similar to those of soldiers coming back from war.

Source: The Future of Children- Fast Facts. Available at: www.futureofchildren.org/info-url2832/info-url_list.htm

For more information see

Table 22	p. 121
Table 24	p. 122
Table 73	p. 144

www.preventchildabuse.org

Childhood Asthma

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

Asthma is one of the most common chronic childhood conditions affecting more than 4.4 million children. Asthma is a breathing disorder that causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough. It can be triggered by exposure to cigarette smoke, mold and dust in the home, stress, strenuous exercise, allergies, roach infestation, animal dander, 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 use a disproportionate amount of health care services, including over two times 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 Black and White 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 75% 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 minimize and prevent symptoms, prompt treatment, 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 Childhood Asthma. Available from: www.aafa.org

Did you know?

U.S.	Estimated Prevalence (%) (millions)	Persons with asthma (millions of $)	Direct Medical Expenditures (millions of $)	Indirect Costs (millions of $)	Total Costs
U.S. All	5.44	14.16	6,107.6	4,640.6	10,748.3
17 or Under	7.34	4.98	1,958.2	1,215.5	3,173.7
18 or Over	4.77	9.18	4,149.4	3,574.1	7,574.5
Delaware	**Estimated Prevalence (%) (thousands)**	**Persons with asthma (thousands of $)**	**Direct Medical Expenditures (thousands of $)**	**Indirect Costs (thousands of $)**	**Total Costs**
Delaware	5.45	38.7	16,660	12,707	29,367

Source: "Costs of Asthma." Available from: www.aafa.org

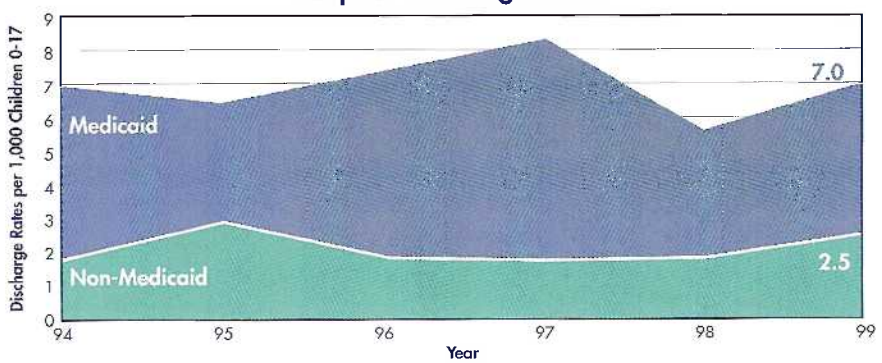
put data into action

The American Lung Association believes that "Open Airways for Schools" can be a vital step in helping to mobilize community response to the needs of children with asthma — in particular, disadvantaged, minority children whose asthma often goes undetected or under-treated. The program teaches children, aged 8 to 11, how to detect the warning signs of asthma, including the environmental factors that can trigger an attack. Children who participate in "Open Airways for Schools" have fewer and less severe asthma attacks, improve their academic performance, have more confidence in their ability to take more steps to manage their asthma, and exert greater influence on their parents' asthma management decisions. For more information, look on the American Lung Association website at www.lungusa.org

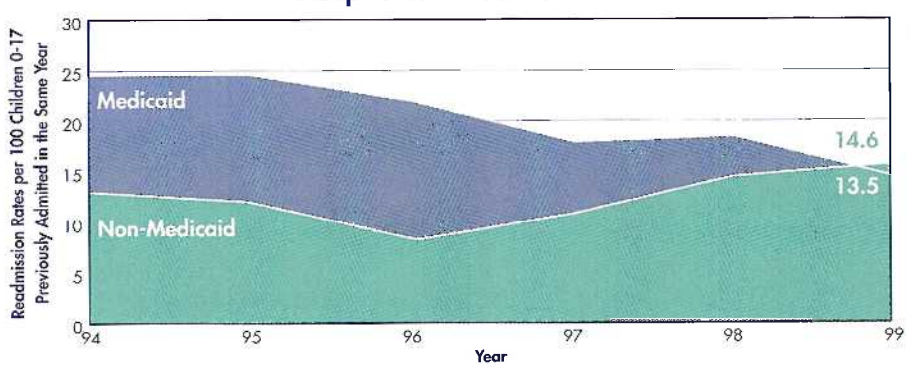
Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges and Readmissions for Children 0–17 Years of Age by Health Insurance Status, Delaware Hospitals

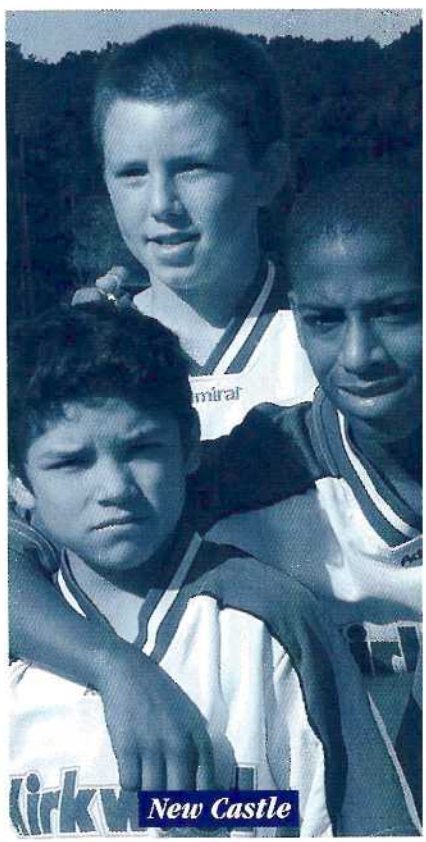
Hospital Discharge Rates



Hospital Readmission Rates



Source: Delaware Health Statistics Center



Did you know?

Children are especially vulnerable to respiratory hazards. Compared to adults, children's airways are smaller, they breathe more rapidly and inhale more pollutants per pound of body weight, and they often spend more time engaged in vigorous outdoor activities.

Health effects are associated with both indoor and outdoor air pollutants:

Indoor Pollution: Changes in home building and furnishing, such as energy saving measures, better insulation, decreased ventilation rates in houses, increased use of synthetic building materials and unvented combustion appliances, and increased indoor humidity can mean increased concentration of indoor environmental pollutants and exposure to them for children.

Outdoor Pollution: Ozone is the most pervasive air pollutant in the United States. Exposure to ozone has been associated with increased asthma rates in children as well as reduction in lung function, exercise-related wheezing, coughing, and chest tightness. Approximately 25% of U.S. children live in areas that exceed the federal standards for ozone. Studies have shown that as particular levels increase, bronchitis and chronic cough increase in school children, acute respiratory symptoms and illness increase among adults, and emergency room visits and hospital admissions increase.

Source: Asthma and Respiratory Diseases. Available from: www.cehn.org

For more information see

Table 54–55	p. 135–136
Table 69	p. 142
www.kidshealth.org	

Early Intervention

RECENT TREND IN DELAWARE GETTING BETTER

Early intervention includes preventive or remedial services for children of school age or younger who are discovered to have or be at risk of developing a handicapping condition or other special need that may affect their development. These developmental delays or disabilities can include: autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, emotional disturbance, learning disabilities, speech or language impairment, traumatic brain injury, and visual impairment.[1]

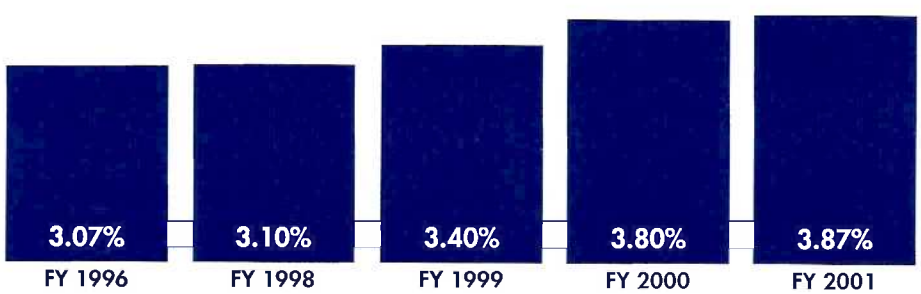
According to the National Information Center for Children and Youth with Disabilities, the Individuals with Disabilities Education Act Amendments of 1997 (IDEA '97) mandates that "...all children with disabilities have available to them a free appropriate public education [FAPE] that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living."[2] *This act and other federal laws have resulted in special education and related services for millions of children with disabilities.*

1 National Information Center for Children and Youth with Disabilities. Available at www.nichcy.org

2 Ibid. Available at www.nichcy.org/pubs/newsdig/nd16txt.htm#intro

Early Intervention

Percent of Children Aged 0–3 in the Early Intervention System, Delaware

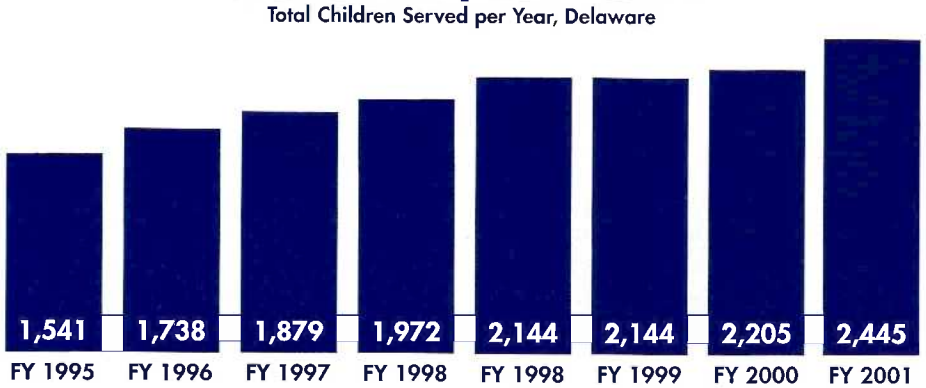


Source: Delaware Department of Health and Social Services

Note concerning comparison data: There are no comparable U.S. statistics since the eligibility criteria for early intervention varies from state to state, and the U.S. Office of Special Education has recently begun to report on Infants and Toddlers served under the Individuals with Disabilities Education Act. Please note that an April 1994 U.S. Department of Education report estimated that 2.2% of all infants and toddlers had limitations due to a physical, learning or mental health condition, but this may not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

Child Development Watch

Total Children Served per Year, Delaware



Source: Delaware Birth to Three Early Intervention System, DHSS

For more information see

www.ucp.org

Early Care and Education:
Head Start and Early Childhood Assistance Program

RECENT TREND IN DELAWARE GETTING BETTER

The period between the ages of three and five is a crucial time in children's intellectual development and preparation for school, especially for those living in poverty. Studies have shown strong links between family income levels and children's I.Q.s, finding that children who live in "persistent poverty" during their first five years have lower I.Q. averages than those of children whose families are not impoverished.[1] Similar studies have also shown that participation in high-quality early childhood education programs has short-term positive effects on IQ and achievement and long-term positive effects on low-income minority children's school completion.

Many early childhood education programs have been designed and implemented in this effort to offset the profound difficulties children from economically and socially disadvantaged backgrounds encounter when they enter school. The most important preparation is in the area of social skills, self-confidence, ability to deal with others, discipline, and values.

Head Start is an example of this type of early childhood assistance program. It was started 35 years ago as a federal program to prepare children from low-income backgrounds for academic success through skills development and human services.[2] The Head Start programs include health, education, parent involvement, and social services, in order to meet the needs of children in the context of the family. With these services, Head Start works to maximize the strengths of each child, influences development, and provides children with a learning environment made up of varied experiences that help children develop socially, intellectually, physically, and emotionally.[3]

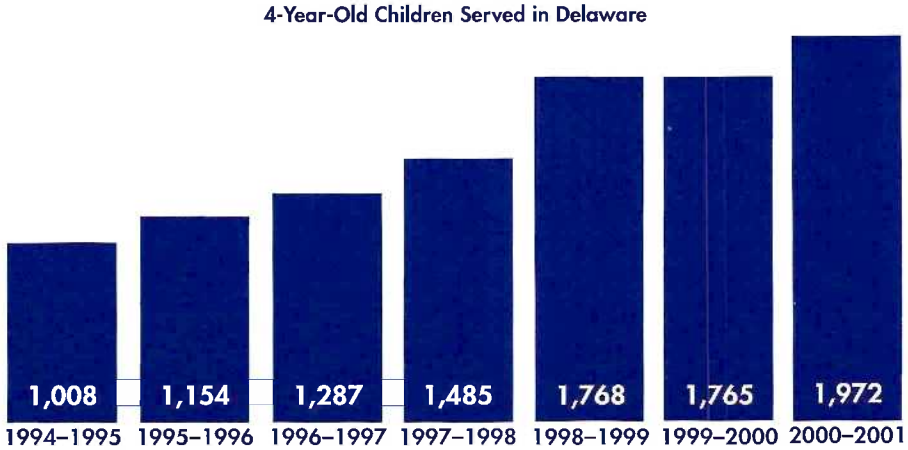
1 Renchler, Ron. "Poverty and Learning." ERIC Digest, Number 83. 1993-05-00. Available at: http://www.ed.gov/databases/ERIC_Digests/ed357433.html

2 "ED and HHS Join in Task Force to Improve Preschool Programs Including Head Start." United States Department of Education. July 27, 2001. Available at: http://www.ed.gov/PressReleases/07-2001/07272001.html

3 Mallory, Nancy J. and Nancy A. Goldsmith. "The Head Start Experience." ERIC Digest. 1991-00-00 Available at: http://www.ed.gov/databases/ERIC_Digests/ed327313.html

Head Start/ECAP

4-Year-Old Children Served in Delaware



	94–95	95–96	96–97	97–98	98–99	99-00	00-01
Estimated number of 4-yr.-olds in Head Start	855	865	886	931	925	922	1,129
Number of children in ECAP	153	289	401	554	843	843	843
Estimated number of 4-yr.-olds eligible	N/A	N/A	N/A	1,938	1,938	1,935	2,162
Percentage of 4-yr.-olds served	N/A	N/A	N/A	77%	91%	91%	91%

Source: Delaware Department of Education

Early Care and Education and School-Age Child Care

Investments made in the first five years of a child's life significantly impact later development—such as lowering the risk of academic problems, school dropouts, delinquency, and teenage pregnancies. Because the majority of parents today are in the work force, critical questions arise about the care these young children receive—in terms of quality, affordability, and accessibility.[1] The system of early child care and education faces a dilemma—care costs too little to achieve high quality, but it costs too much to be affordable for many parents. The average cost of full-time care for one child is almost 20 percent of the average take home pay. Yet the pay of early childhood teachers is too low to attract or retain college graduates or individuals with special training.[2] Recent changes in welfare laws linking cash assistance to work or participation in work-readiness programs will mean additional children in need of quality child care in the coming years. One obstacle that many working parents encounter is the limited availability of affordable child care. Even when the cost is not an insurmountable barrier, many families find that child care is simply not available at the times and places it is needed. The consequences of poor quality child care are of enormous concern, especially for at-risk children. Increasingly, studies show the importance of stimulating cognitive skills in young children as soon as possible.[3]

1 Kids Count In Virginia: 2001

2 "Design Choices. Universal Financing for Early Care and Education" by Richard N. Brandon, Sharon Lynn Kagan, and Jutta M Joesch for Human Services Policy Center Policy Brief

3 Kids Count In Delaware: Fact Book 1998


Newport

Accredited Programs

Number of Accredited Programs by Accrediting Organization*, Delaware and Counties, 2000

	NAFCC	NAEYC	NSACA
Delaware	31	28	0
New Castle County	28	24	0
Kent/Sussex Counties	3	4	0

* NAFCC is the National Association for Family Child Care Providers
* NAEYC is the National Association for the Education of Young Children
* NSACA is the National School Age Care Alliance

Child Care and School Age Programs

Delaware and Counties, 2000

	Total	School Age	Site-Based*
Delaware	2,119	1,596	72%
New Castle County	1,302	930	78%
Kent/Sussex Counties	817	666	58%

* Percent of public elementary schools with school age child care

Source for both tables: The Family and Workplace Connection

counting the kids CENSUS 2000

There are 51,531 children under the age of 5 in Delaware.

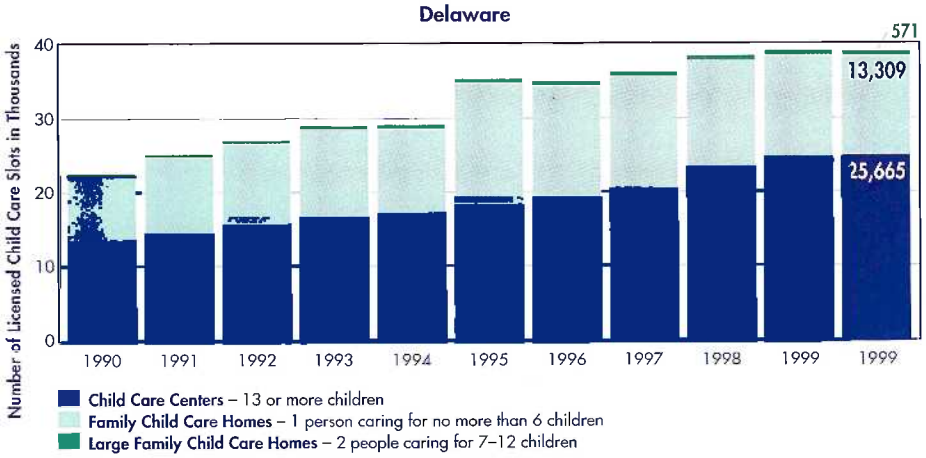
Did you know?

- More than 5 million American children have nowhere to go after school. These children are at significant risk of getting poor grades, abusing drugs or alcohol, engaging in sexual activity, and becoming the victims of crime. They are also missing out on opportunities to learn and grow. Before- and after-school programs can provide extended learning opportunities and positive interactions with caring adults in safe environments.
- By 2002, the current number of out-of-school programs for school-age child care will meet as little as 25 percent of the demand in some urban areas.
- Only one-third of schools in low-income areas offer extended-day and enrichment programs, as opposed to more than half of schools in more affluent areas.
- Eighty-four percent of programs surveyed depend entirely on parent fees, which average $45 per week.

Source: Before and After School Care from: www.pta.org

Available Child Care

Delaware



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

Did you know?

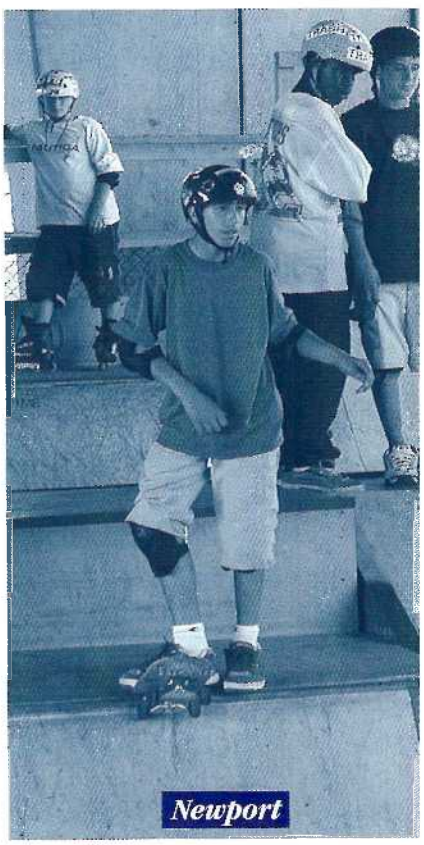
While parents believe college costs will be the biggest expense they face for their children, in fact, they will spend more in a year on quality child care than on public college tuition, according to a new Children's Defense Fund report. The report, *Child Care Challenges*, surveyed costs for four-year-olds in urban child care centers nationally and found that the average exceeds $3,000 a child, rising to more than $5,000 a child in 17 states. In 15 states, (in-state) tuition for a single year of public college is less than half that of urban child care center costs.

Source: Parents Face Higher Tuition Costs For Quality Child Care Than For Public College. Available from: www.childrensdefense.org

put data into action

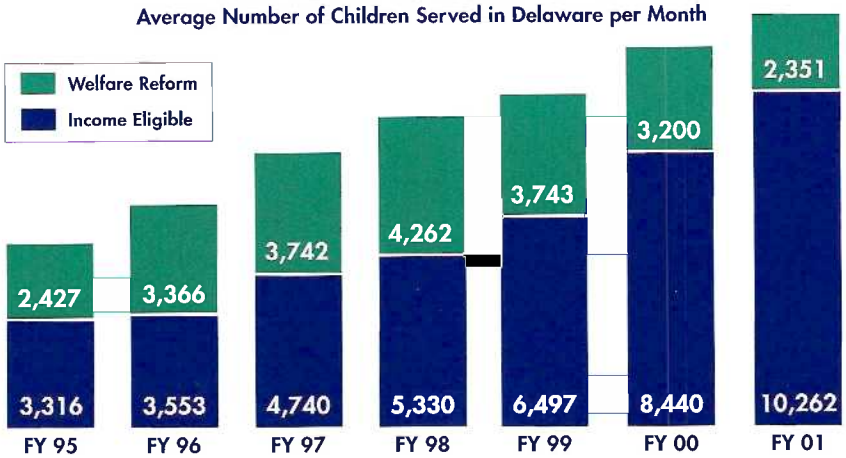
Working families may qualify for child care subsidies. Working parents, working students or teenage parents in high school/GED programs can choose their own child care and the Department of Economic Security helps cover part of the cost.

For more information on subsidies, call Child Care Resource and Referral at 1-800-308-9000.



Subsidized Child Care

Average Number of Children Served in Delaware per Month



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

For more information see
Tables 65–68 p. 140–141
www.afterschoolalliance.org
www.afterschool.gov
www.childcareaware.org
www.familiesandwork.org

Student Achievement

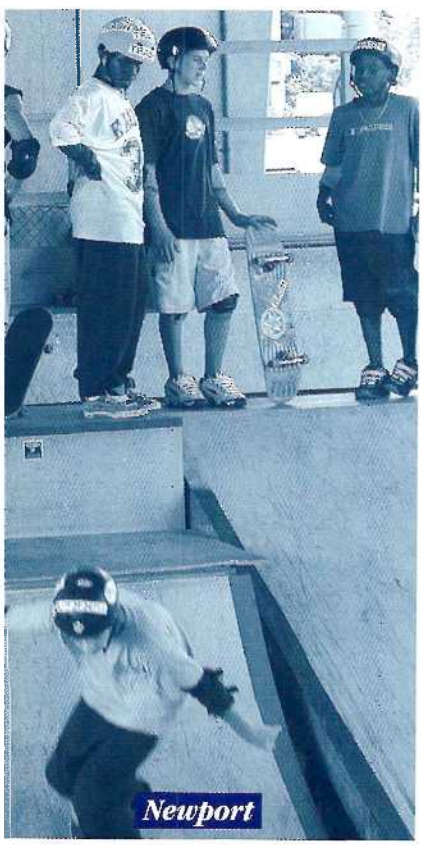
Student achievement is a good determinant of future success in the labor market. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.[1] However, as students make the transition into adolescence and secondary schools, their academic interest and motivation tends to decline, along with an apparent decline in achievement. One longitudinal study of a large group of students found a sharp decline between sixth and seventh grades (leaving elementary school and entering junior high school) in adolescents' interest in learning mathematics and their confidence in their mathematics abilities.[2]

Even with this decline in achievement and confidence, most teenagers still hold a general belief about the value of receiving a good education. A large national study of high school students indicated that they believed getting a good education would help them acquire the kind of job they would like in the future.[3] According to this same study, the more students believe that poor performance in school will compromise their future, the better their performance.

1 Decker, P.T., Rice, J.K., Moore, M.T., and Rollefson, M. *Education and the Economy: An Indicators Report.* Washington, DC: National Center for Education Statistics, 1997.

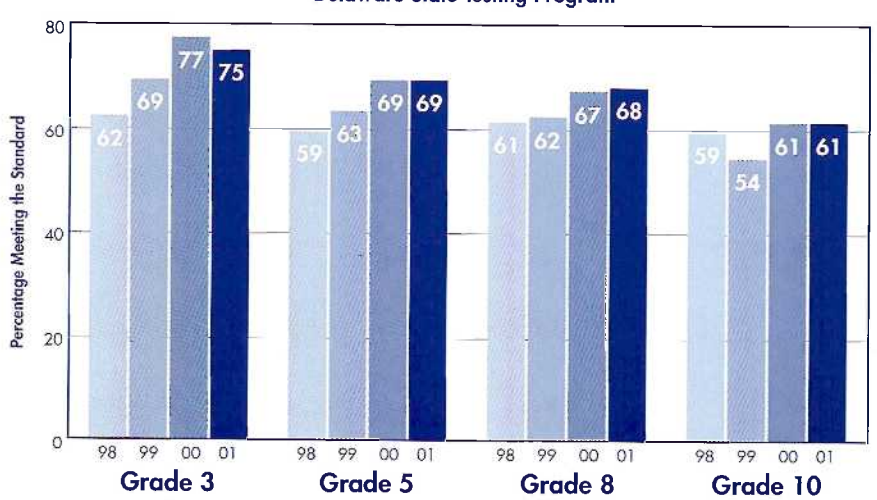
2 Eccles, J.S., and Midgley, C. "Changes in academic motivation and self-perception during early adolescence." In R. Montemayor, G.R. Adams, and T.P. Gullota (Eds.), *From childhood to adolescence: A transitional period?* (134-155). Newbury Park, CA: Sage, 1990.

3 Steinberg, L., Dornbusch, S.M., and Brown, B.B. 1992. "Ethnic differences in adolescent achievement: and ecological perspective." *American Psychologist, 47*(6), 723-729.



Reading Proficiency

Delaware State Testing Program



Source: Department of Education

Delaware State Testing Program

The Delaware State 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 fourth consecutive year, students in grades 3, 5, 8, and 10 were tested in areas of reading, mathematics and writing.

Limited English Proficiency*

Number and Percent of Limited English Proficiency Students in Delaware

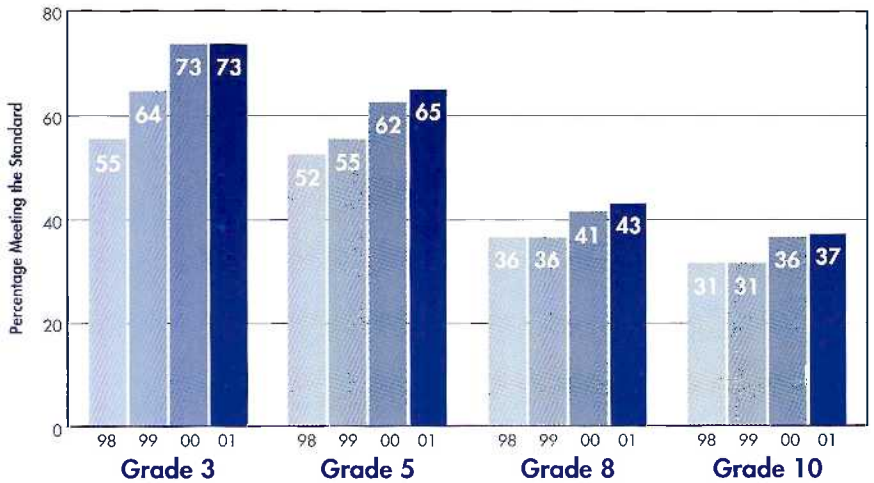
	98–99	99–00	00–01
Number Served	1,862	2,284	2,594
Percent of Total Enrollment	1.7%	2.0%	1.8%

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

Source: Department of Education

Math Proficiency

Delaware State Testing Program



Source: Department of Education

In 2000, in the United States there were

counting the kids CENSUS 2000

53.1 million	Children (ages 5 to 17) counted in 2000 census
48.5 million	Children enrolled in the nation's elementary and high schools in October 2000, essentially equal to the all-time high of 48.7 million students first reached in 1970 when baby-boomers went to school
6.3 million	U.S. teachers (from pre-kindergarten to college) as of 1999
$40,600	Average salary for public school teachers for the 1998-99 school year. Connecticut had the highest average, $51,600, while South Dakota had the lowest, $28,600.
$8,629	Average amount charged for in-state tuition, room, and board at four-year public colleges and universities during the 1998-99 school year, up more than 60 percent from 1989-90.
$25,343	Average amount charged for tuition, room, and board at four-year private colleges and universities during the 1998-99 school year, up almost 70 percent from 1989-90.
95%	Public schools with Internet access in the fall of 1999. In 1995, the figure was 50 percent.

and in Delaware there were

114,424	Children were in enrolled in Delaware's elementary and secondary public schools
7,311	Elementary and secondary classroom teachers and **494** instructional specialists in 2000
$10,304	University of Delaware tuition, room, and board, 2000-01
$44,435	Average salary for public school teachers, 1999-00

Sources: U.S. Census Bureau, "Back to School." Available at: www.census.gov, www.doe.state.de/reports

DSTP Proficiency Levels – Delaware State 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 begins with the 2002 DSTP. Students in grades 3 and 5 will be promoted if their DSTP reading is at level 3 or above. Students in grade 8 will be promoted if their DSTP reading and math is 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

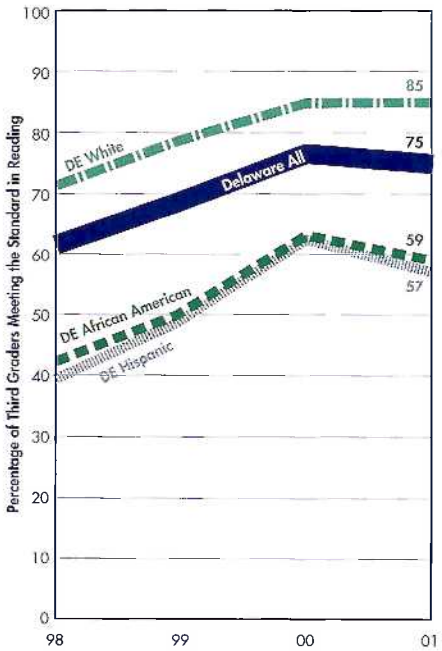
- Must attend summer school
- Must retake DSTP at the end of summer school
- School must have an IIP in place for a student at the end of summer

* If the student is still below the standard, the student will only be promoted in an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.

Grade 3 Meeting the DSTP Standard

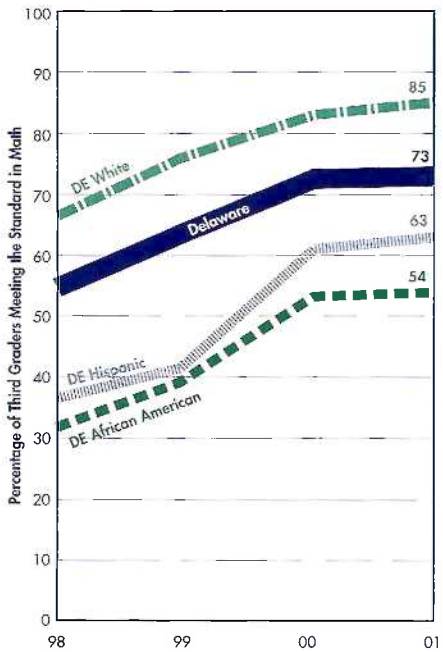
1998–2001

Reading



Source: Delaware Department of Education

Math

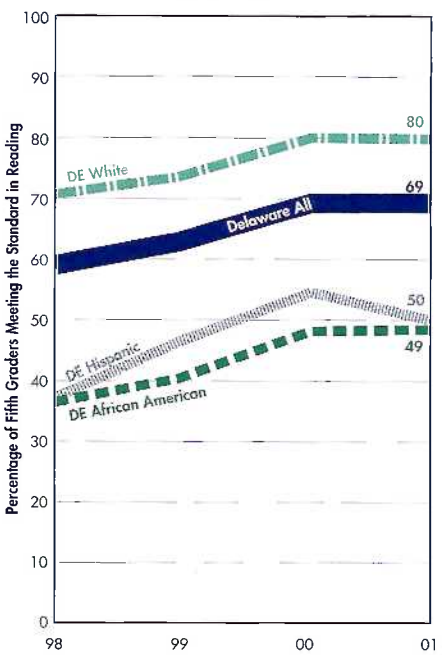


Note: White includes Native American and Asian.

Grade 5 Meeting the DSTP Standard

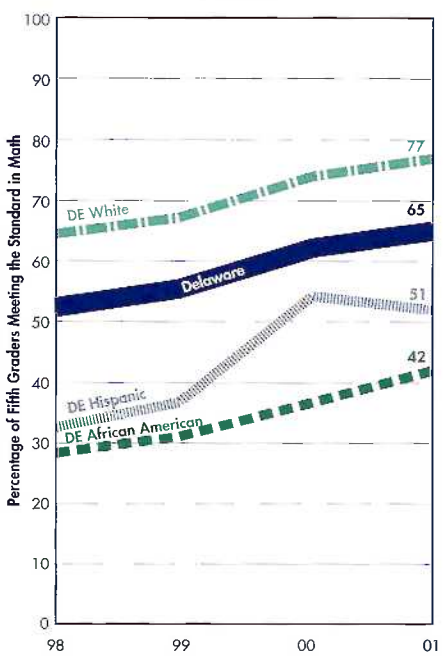
1998–2001

Reading



Source: Delaware Department of Education

Math

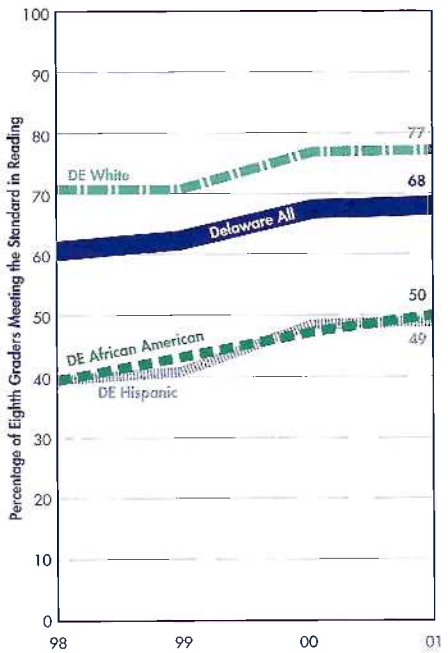


Note: White includes Native American and Asian.

Grade 8 Meeting the DSTP Standard

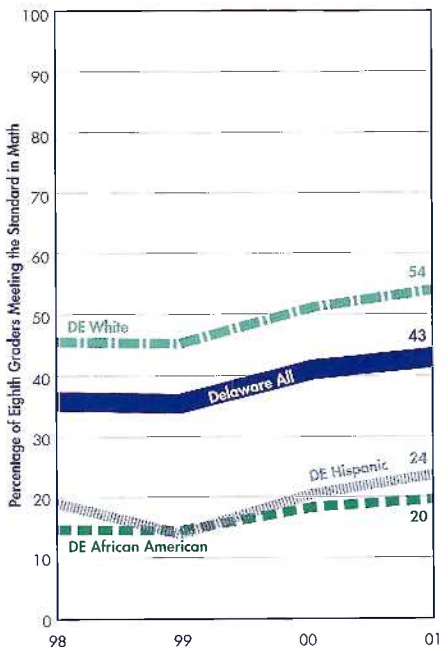
1998–2001

Reading



Source: Delaware Department of Education

Math

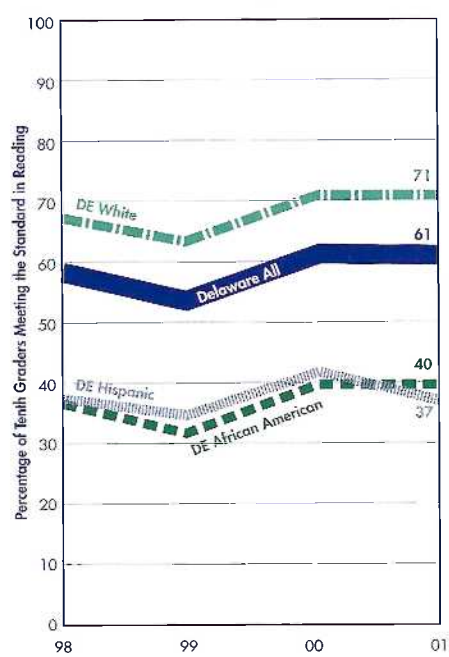


Note: White includes Native American and Asian.

Grade 10 Meeting the DSTP Standard

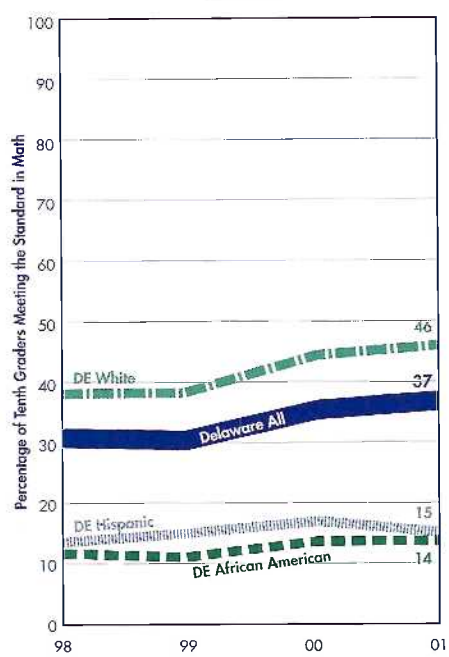
1998–2001

Reading



Source: Delaware Department of Education

Math



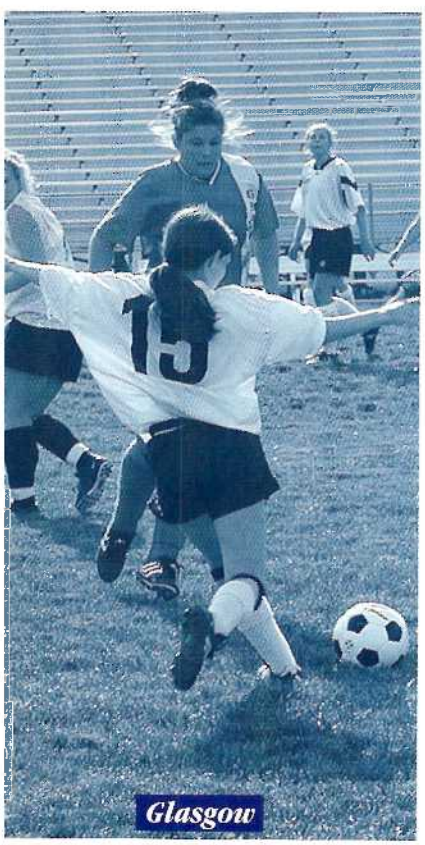
Note: White includes Native American and Asian.

For more information see
Tables 40–45 p. 129–131
www.doe.state.de.us

Children Receiving Free and Reduced-Price School Meals

Research has consistently shown a relationship between poverty, poor nutrition, and educational development in children. Children who are constantly hungry have a diminished capacity to learn. Participation in the school lunch program enables children to get the nutrition they need to succeed in school. Children from low-income families receive one-third to one-half of their daily nutritional intake from the school lunch program.[1] The Food Research and Action Center reports that hungry children are inattentive in class, likely to have discipline problems, and perform poorly in problem-solving activities. Children who have adequate nourishment are more active and social on the playground, more focused in class, and better able to think and remember what they learned.[2]

For children, the National School Lunch Programs provides a nutritious meal that contains one-third of the Recommended Dietary Allowance of necessary nutrients. For parents, the program offers a convenient method of providing a nutritionally balanced lunch at the lowest reasonable price. For schools, the program enhances children's learning abilities by contributing to their physical and mental well-being. The lunch program must be open to all enrolled children. Free or reduced-price meals must be provided to those children who qualify for such benefits according to specified family size and income levels. Other similar programs offered by the U.S. Department of Agriculture include the School Breakfast Program, Special Milk Program, the Summer Food Service Program, and the Child and Adult Care Food Program.

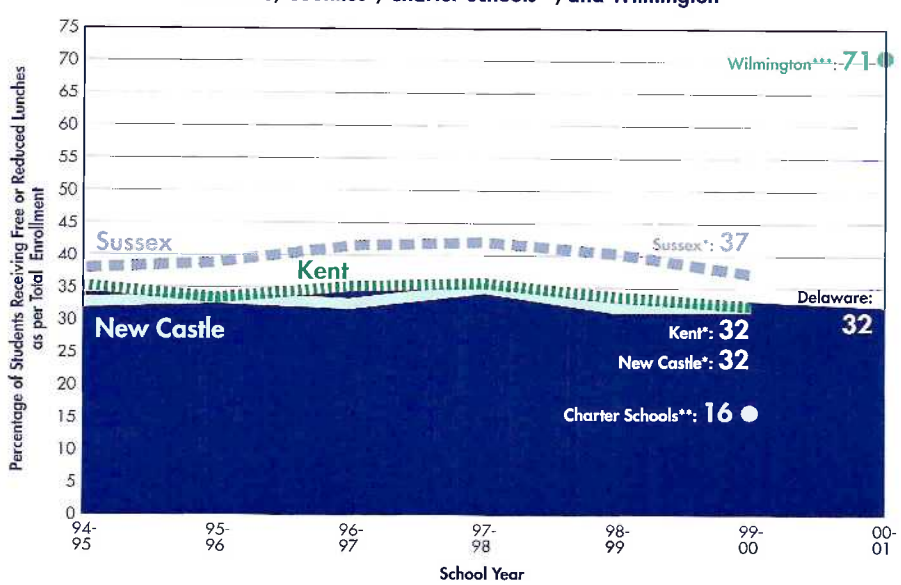


1 Kids Count Missouri: 2000 Data Book

2 Kids Count in Delaware: Fact Book 1998

Free and Reduced-Price Lunches

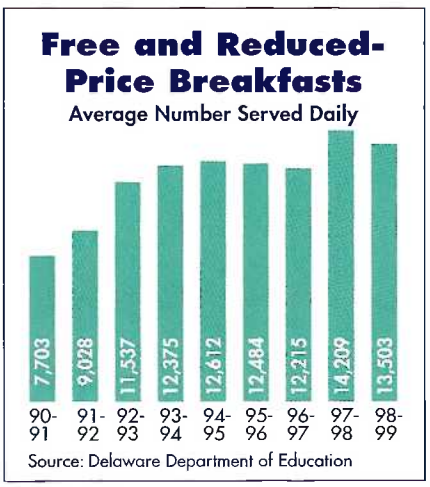
Delaware, Counties*, Charter Schools, and Wilmington*****



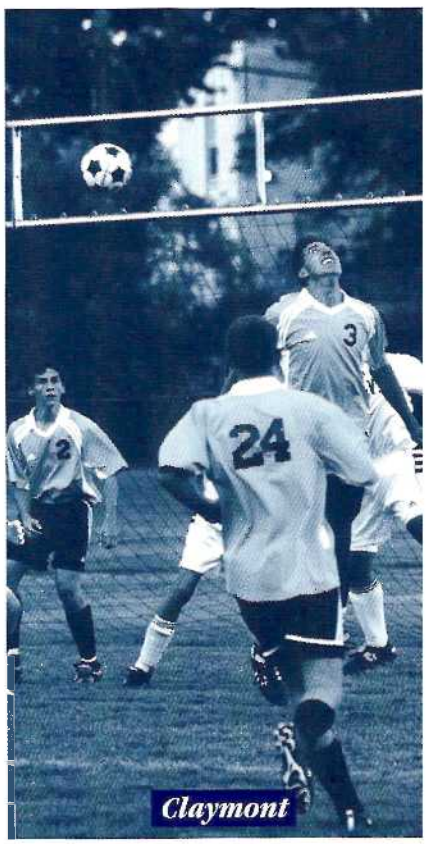
* County data is not yet available for the 2000–2001 school year.
** Charter School data is available only for the 1999–2000 school year.
***Wilmington data is available only for the 2000–2001 school

Source: Delaware Department of Education

Children Receiving Free and Reduced-Price School Meals



The National School Lunch and School 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. Participation levels in this program, however, are affected by a variety of factors such as the level of outreach in the school community and the extent to which children may be stigmatized as participants. Although not every eligible student participates, the number of children receiving free or reduced-price meals reflects the number of low-income children in a school district.



counting the kids

In the 1999-2000 school year, 18% of all Delaware students participated in the school breakfast program on a daily basis. 2,468,397 school breakfasts were served during the school year.

Source: Delaware Department of Education

Did you know?

- Nationally, 12 million kids are affected by hunger each year.
- 40% of all emergency shelter food recipients are children, although they represent only 25% of the U.S. population.
- In 2000, requests for emergency food in American cities from families with children increased by an average of 16% over the previous year – the highest increase since 1991.
- Over one-third (38%) of families leaving welfare reported that they ran out of food and did not have money for more.
- Hungry children, even those who experience only mild malnutrition during the critical stages of their development, may suffer negative life-altering consequences.
- Hungry children have a more difficult time learning in school, shorter attention spans, and suffer more absences due to illness.
- Children who do not receive adequate nourishment may suffer abnormal brain, cognitive, and psychological development which, if not corrected, can be irreparable.
- A child who is unequipped to learn because of hunger and poverty is more likely to be poor as an adult.

Source: The Facts. Available from: www.feedingchildrenbetter.org

put data into action

For more information about the National School Lunch Program, School Breakfast Program, and Summer Food Service Program contact the Delaware Department of Education Child Nutrition Program at 302-739-4717. For further information about the Child and Adult Care Food Program, contact the Delaware Department of Education at 302-739-4718. All of this information may be accessed on the U.S. Department of Agriculture website at www.fns.usda.gov/cnd or the Delaware Department of Education website at www.doe.state.de.us.

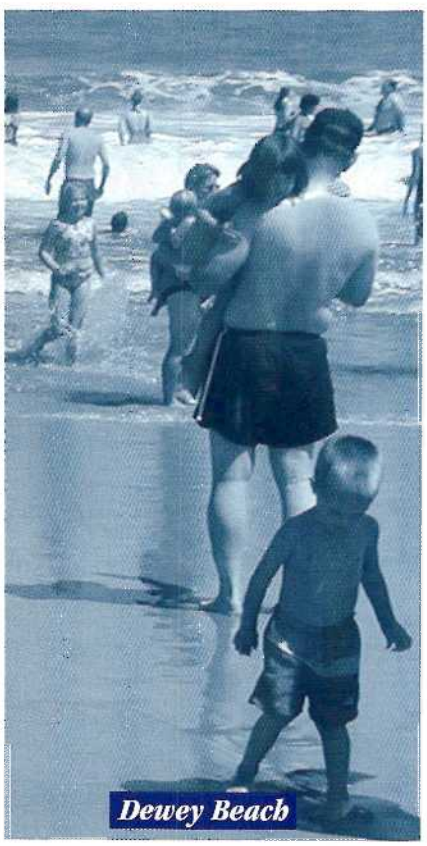
For more information see
Tables 52–53 p. 134–135
www.feedingchildrenbetter.org

Alcohol, Tobacco, and Other Drugs

RECENT TREND IN DELAWARE GETTING BETTER

Young people who abuse alcohol and other drugs are more likely to drop out of school, become teen parents, engage in high-risk sexual behavior, experience injuries, and become involved with the criminal justice system.[1] Alcohol remains the largest problem among adolescents even though such students cannot legally buy alcohol. In the United States 31 percent of high school seniors, 25 percent of sophomores, and 15 percent of eighth graders said they consumed at least five consecutive drinks (binge drinking) in the past two weeks.[2] Teenagers are starting to drink earlier than ever, typically at age thirteen or fourteen, and more of them are drinking to intoxication on a regular basis.

Many adults who are addicted to tobacco today began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses. Smoking has serious long-term consequences, including the risk of smoking-related diseases and the risk of premature death, as well as causing increased health care costs.[3]

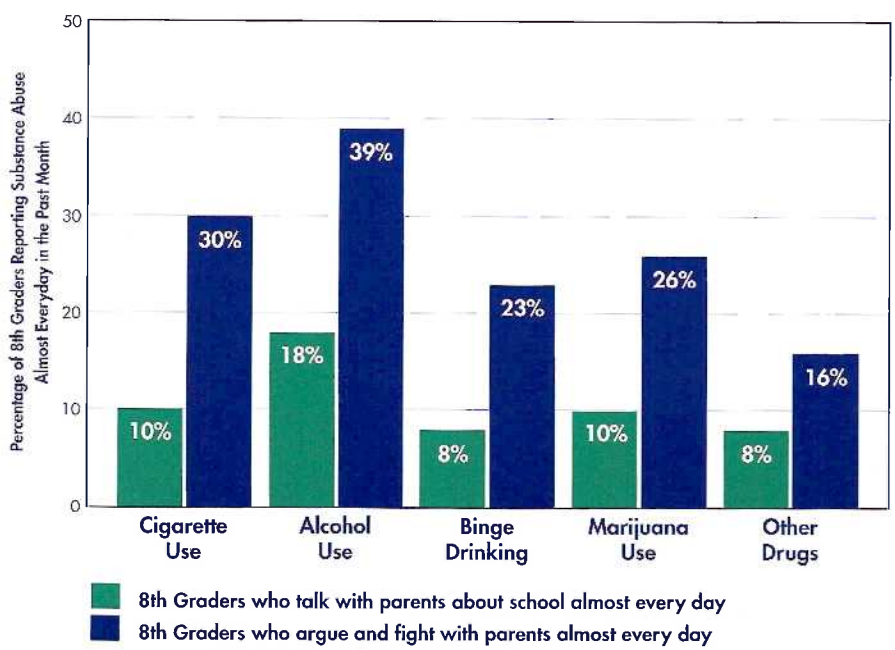

Dewey Beach

Using alcohol and tobacco at a young age increases the risk of using other drugs later. Drug use by youth has serious and often long-term individual, social, and economic consequences. Some teens will experiment and stop, or continue to use occasionally, without significant problems. Others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others. Adolescence is a time for trying new things. Teens use drugs for many reasons, including curiosity, because it feels good, to reduce stress, to feel grown up or to fit in. It is difficult to know which teens will experiment and stop and which will develop serious problems.

1 2001 Rhode Island Kids Count Factbook
2 "Trends in Teen Drug Use." By Janet Firshein.
3 America's Children: Key National Indicators of Well-Being: 2001

Substance Abuse

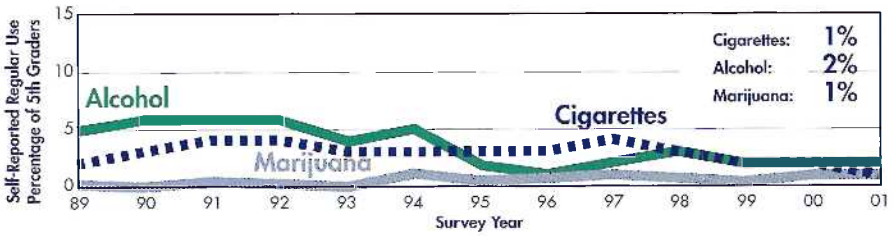
8th Graders Who Talk to Parents about School Compared to 8th Graders Who Argue or Fight with Their Parents, Delaware, 2001



Source: *Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students, 2001.* Prepared by The Center for Drug and Alcohol Studies, University of Delaware[2]

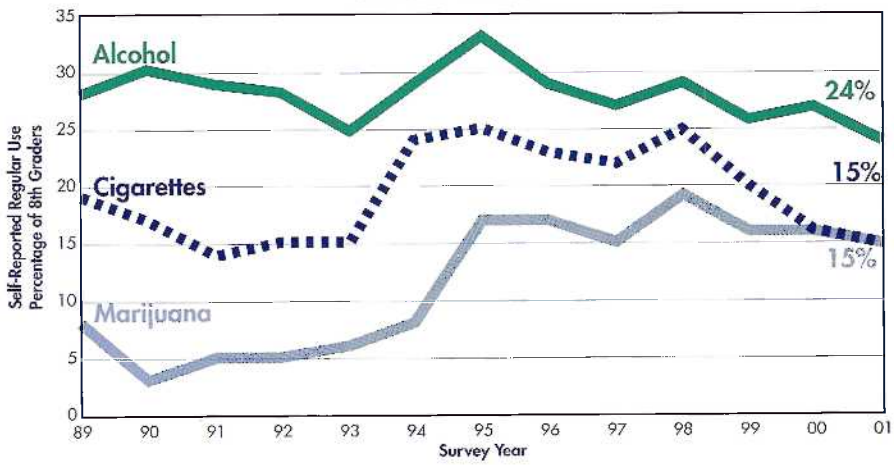
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



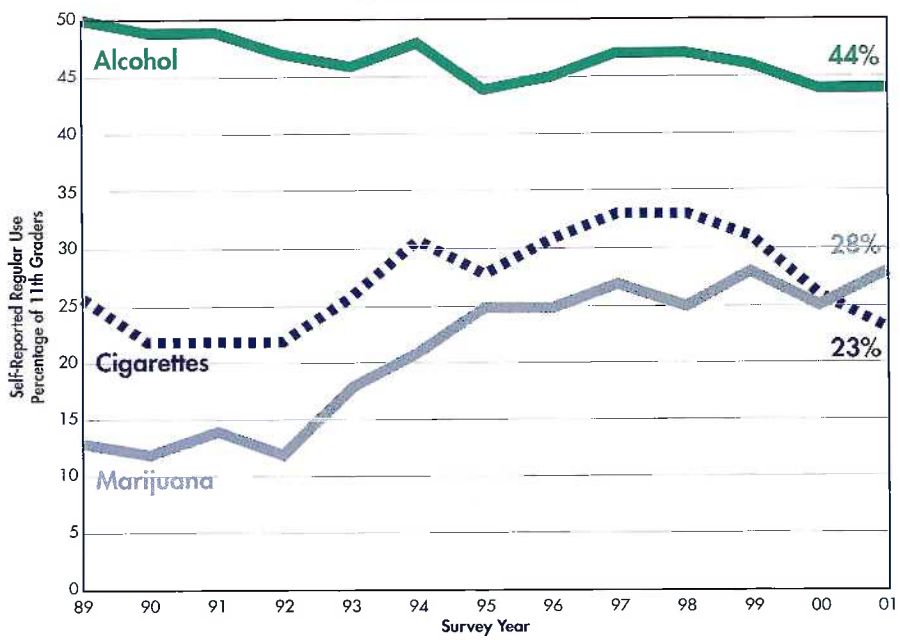
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders



Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders



Source: *Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students, 2001.* Prepared by The Center for Drug and Alcohol Studies, University of Delaware[2]

For more information see

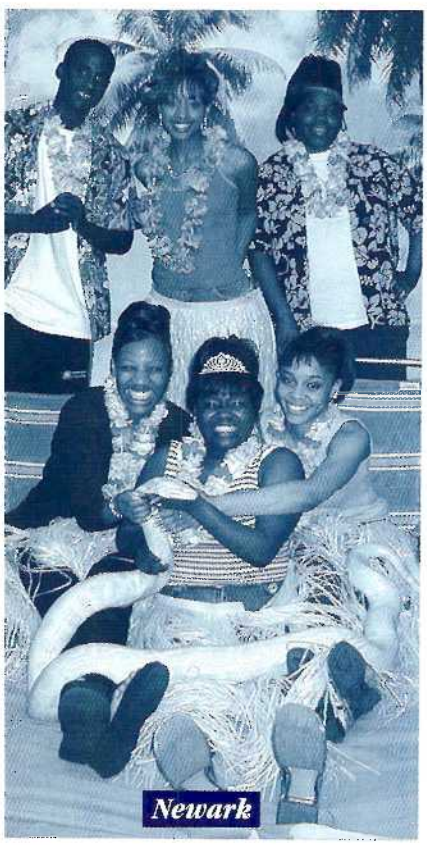
Tables 31–37 p. 125–128

www.tobaccofreekids.org

www.state.de.us/drugfree

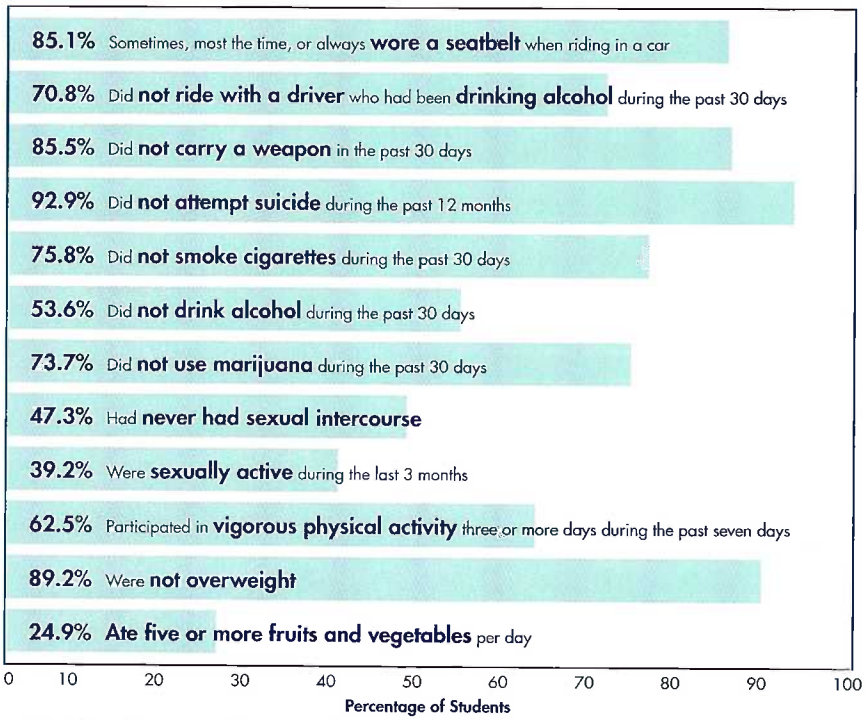
Healthy Lifestyles

Youth today are developing healthier lifestyles. Too often data presented reflect negative aspects of youth behavior, but it is important to consider the more positive attributes of our youth. This helps to identify the areas in which our children are succeeding and provides insight into programs and characteristics that are associated with success.



Lifestyle Choices

Delaware High School Students, 2001

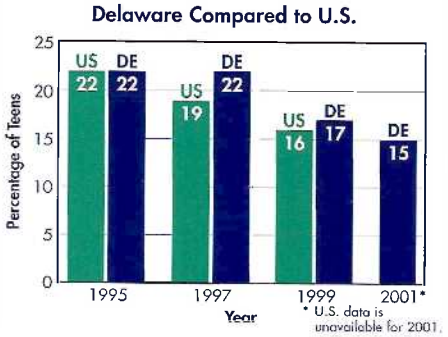


Source: Youth Risk Behavior Surveillance–United States. 2001 CDC State Surveillance Summaries, Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Note: The Youth Risk Behavior Survey (YRBS) was administered to 2,915 students in 30 public high schools in Delaware during the spring of 2001. The results are representative of all students in grades 9–12. The sample was comprised of the following students: Female: 50.8%, Male: 49.2%; 9th grade: 30.4%, 10th grade: 26.2%, 11th grade: 21.9%, 12th grade: 21.5%; African American: 24.0%, Hispanic/Latino: 6.2%, White: 61.5%, All other races: 5.4%, Multiple races: 2.8%. Students completed a self-administered, anonymous questionnaire.

Teens Who Rarely or Never Use Seatbelts

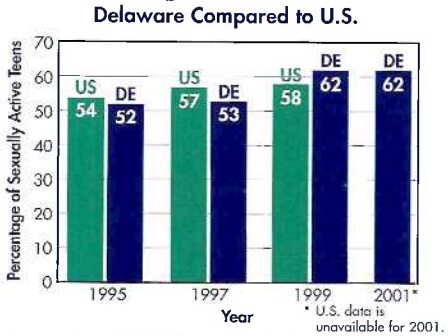
Delaware Compared to U.S.



Source: Youth Risk Behavior Surveillance-United States, 1995, 1997 and 1999. 2001 CDC State Surveillance Summary, Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Condom Use Among Sexually Active Teens

Delaware Compared to U.S.



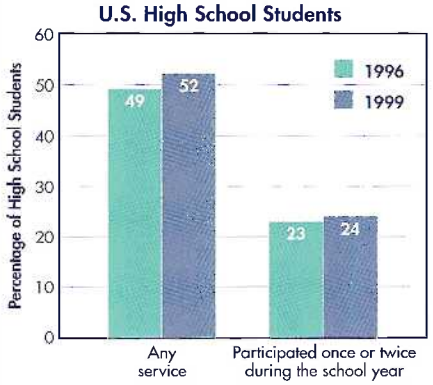
Source: Youth Risk Behavior Surveillance-United States, 1995, 1997 and 1999. 2001 CDC State Surveillance Summary, Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Studies show that regular participation in volunteer activities helps to develop higher levels of civic development and personal efficacy among youth. Youth volunteers tend to have greater self-confidence in their ability to make public statements, have stronger political knowledge and pay more attention to politics. They also learn to respect themselves as well as others, and develop leadership skills and a better understanding of citizenship.[1]

1 Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2000*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: US Government Printing Office.

Volunteer Activities

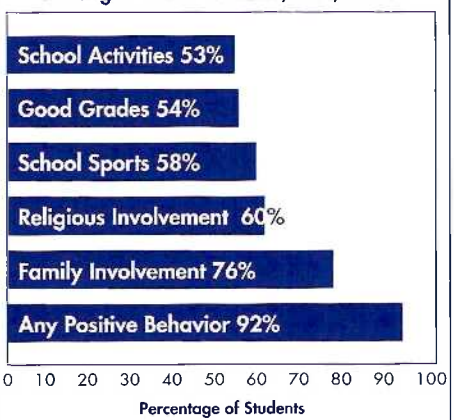
U.S. High School Students



Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey

Participation in Positive Behaviors

Among 7th – 12th Graders, U.S., 2000

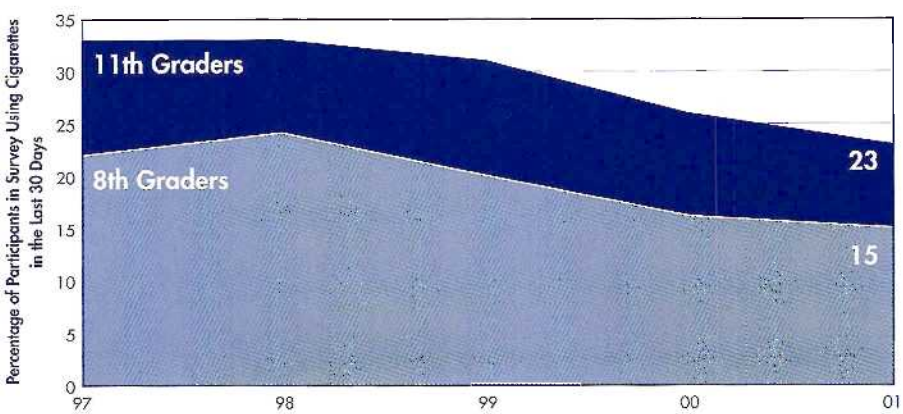


Source: Teen Risk-Taking: A Statistical Portrait (2000). Urban Institute, Washington, D.C.

Today's teens are actively participating in positive behaviors that may promote their well-being. According to the report *Teen Risk-taking: A Statistical Portrait* by the Urban Institute, while few students engage in all of the positive behaviors examined, 92 percent of students engaged in at least one. Participation in positive behaviors differs by age, grade and race. It declines with grade level and among boys. Hispanic students engaged in fewer positive behaviors than white or black students. These general patterns extend to each type of positive behavior; the only exception is the greater participation in school sports among male than female students.

Declining Cigarette Use

Delaware 8th and 11th Graders



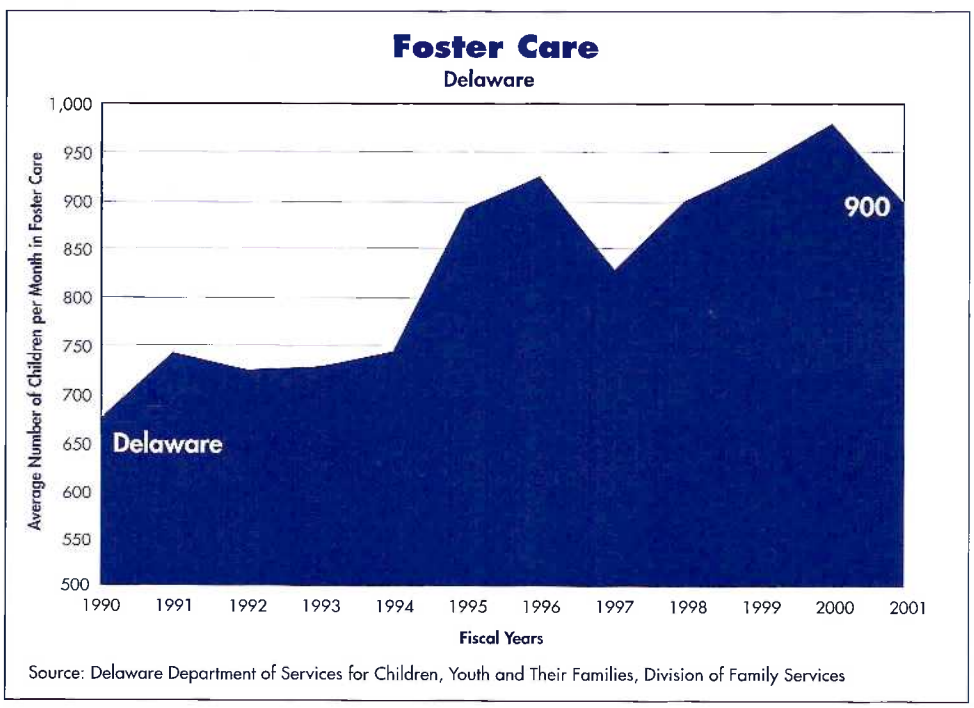
Source: The Center for Drug and Alcohol Studies, University of Delaware and Office of Prevention, Department of Services for Children, Youth and Their Families

Foster Care

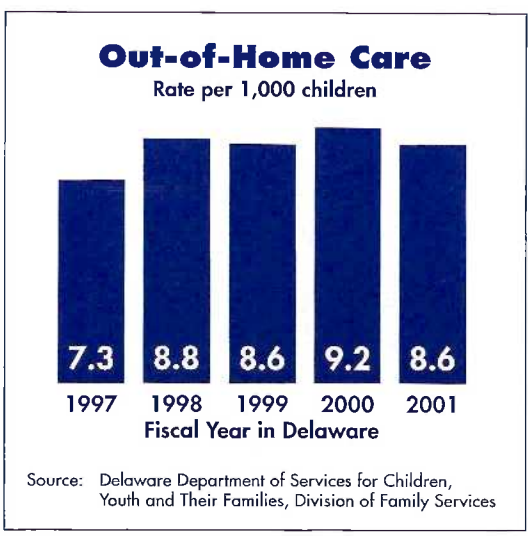
Foster care provides a placement for a child whose family is found to be unable to provide a safe and nurturing environment. Some of the most common reasons for entering foster care are neglect, abandonment, and physical or sexual abuse. Foster care is viewed as a last resort, and every effort is made to ensure that families are kept intact. The more times a child is taken away from the family, the greater negative impact it has on the child's development and general well-being.[1] Many children are shuffled around from home to home due to shortages of foster parents, or because they go back and forth between their biological family and temporary care. It is estimated that in 1999 there were 547,000 children in foster care and 117,000 were waiting for permanent adoptive families.[2]

1 *Trends in the well-being of America's children & youth, 1999.* U.S. Department of Health and Human Services: Office of Assistant Secretary for Planning and Evaluation.

2 *Key facts about children & families in crisis.* Children's Defense Fund. Available from: http://www.childrensdefensefund.org/keyfacts_family_crisis.html



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



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

put data into action

Delaware needs more foster parents. The number of foster homes is not increasing at the same rate as the number of children who need them.

Delaware foster parents receive:

- 27 hours of training over a nine-week period
- Monthly payments ranging from $390–$624.
- Medical, dental, and mental health services provided for the child.

For more information see
Table 74 p. 144
www.fostercare.org

Juvenile Delinquents in Out-of-Home Care

Delinquency refers to any illegal act (breaking any federal, state, or local criminal laws) committed by a juvenile. Juveniles can also be considered delinquent for committing status offenses, which are behaviors that are not considered crimes for adults (truancy, running away, drinking alcohol, and others).

Factors contributing to juvenile delinquency include low levels of family warmth and supportiveness, high rates of marital and family discord, ineffective and lax parental discipline, parents' involvement in criminal activities, early childhood aggressive and non-aggressive conduct problems, peer involvement in criminal activities, and poverty.[1]

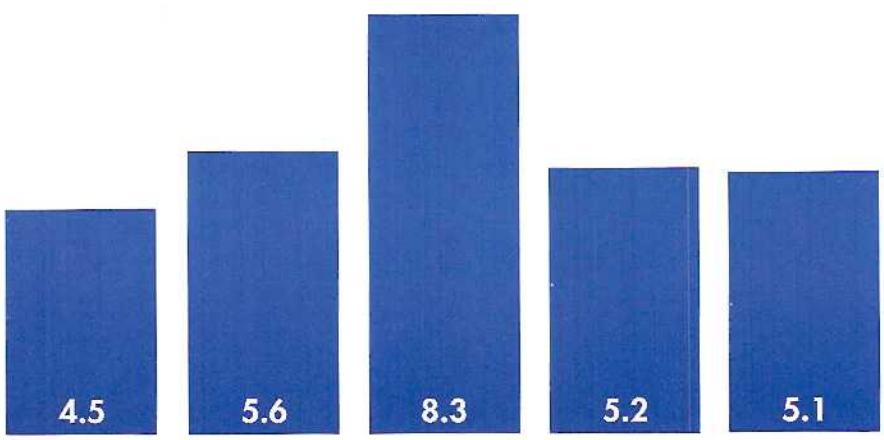
More than 125,000 youth are in custody in nearly 3,500 public and private juvenile correctional facilities in the United States with a broad range of intense educational, mental health, medical, and social needs.[2]

1 National Mental Health and Education Center. Available at: www.naspcenter.org/adol_delin.html

2 National Center on Education, Disability and Juvenile Justice. Available at: www.edjj org/education.html

Juvenile Delinquents in Out-of-Home Care

per 1,000 youth ages 10–17



Source: Delaware Department of Services for Children, Youth and Their Families; Statistical Analysis Center

Did you know?

Higher prevalence of chronic medical problems have been found in incarcerated youth, runaways and homeless youth, and children in foster care. Despite the assumption that youth in foster care and those who are incarcerated should have greater access to care because they are within the government's care, their overall health status may be worse than homeless and ruanaway youth.

Source: National Adolescent Health Information Center. Fact Sheet on Out of Home Youth: Foster Care, Incarcerated, and Homeless/Runaway Adolescents

For more information see
Table 74 p. 144
www.edjj.org

Sexually Transmitted Diseases

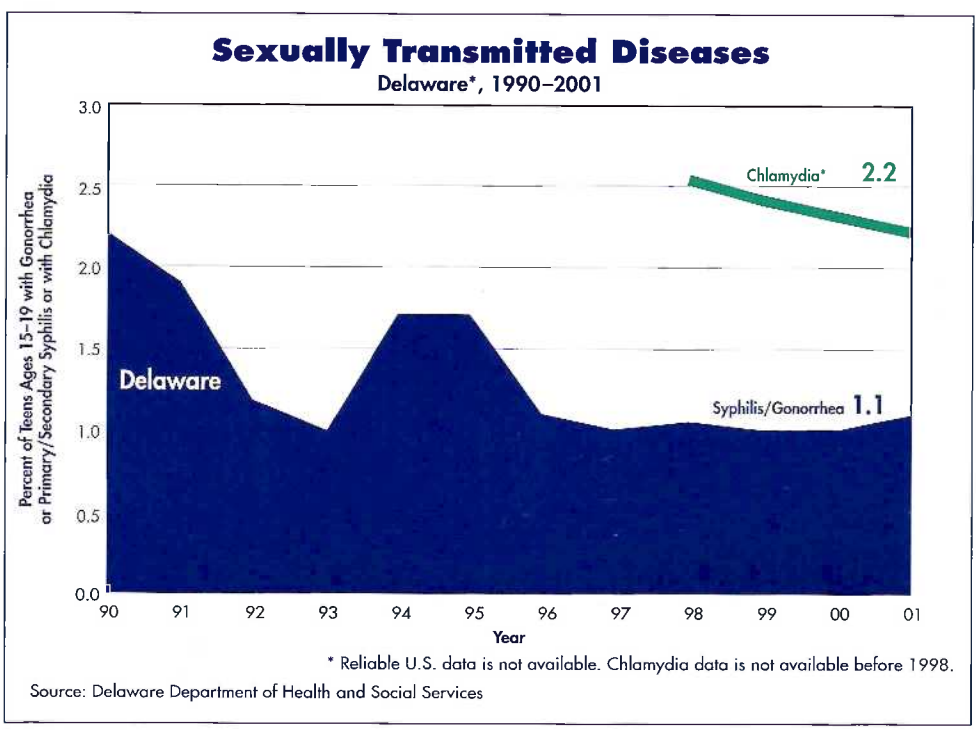
RECENT TREND IN DELAWARE: ABOUT THE SAME

Approximately three million cases of sexually transmitted diseases (STDs) occur among teenagers each year, in about one in four sexually-experienced teens.[1] Teens are at high behavioral risk for acquiring most STDs because they are more likely than other age groups to have unprotected sex, multiple sex partners, and for girls, to choose sexual partners older and more experienced than themselves. Chlamydia is more common among teens than among older men and women, and is found in 10 to 29 percent of sexually active teenage girls and 10 percent of teenage boys tested for STDs.[1] In a single act of unprotected sex with an infected partner, a teenage girl has a one percent risk of acquiring HIV, a 30 percent risk of getting genital herpes, and a 50 percent chance of contracting gonorrhea.[1]

Delaying first intercourse among all adolescents and increasing condom use among those who are sexually active has reduced the overall risk and occurrence of STDs. A Youth Risk Behavior Survey analyzed by the Center for Disease Control found that fewer high school students were engaging in high-risk behaviors for STDs and pregnancy, compared to the trends in sexual intercourse rates among teenagers seen in the 1970s and 80s. These decreases in sexual risk behaviors and the resulting improvements in reproductive health are the result of efforts by parents and families, schools, community-based and religious organizations, the media, government agencies, and adolescents.[2]

1 The Alan Guttmacher Institute. "Facts in Brief: Teen Sex and Pregnancy". Available at: www.agi-usa.org.

2 Centers for Disease Control and Prevention. Available at: www.cdc.gov/nchstp/dstd/

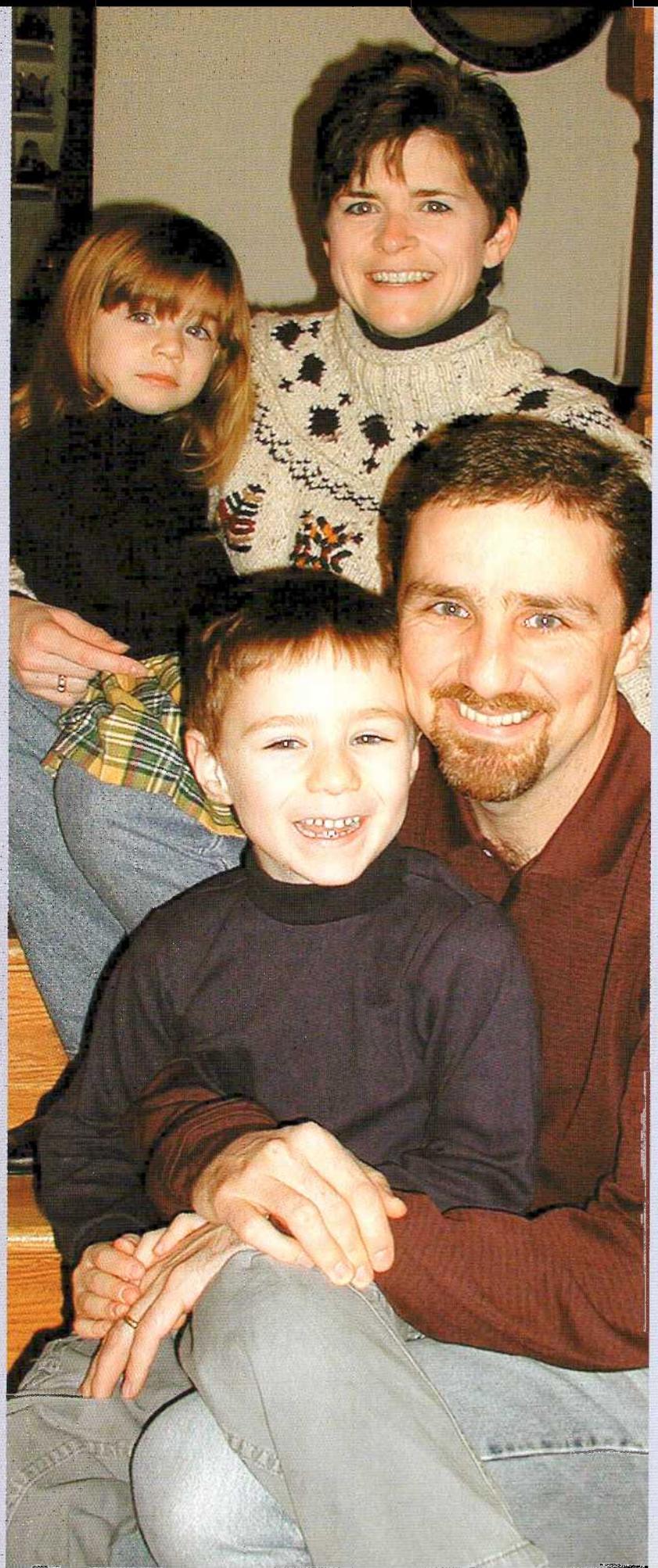


Did You Know?

Many adolescents discover their HIV status *accidentally*. A study of HIV-infected youth conducted by the Minnesota Department of Health found that one-third of young people diagnosed had discovered their HIV status due to mandatory job testing, the military, or plasma centers. The other two-thirds were diagnosed while at emergency rooms and acute-care settings due to infection-related symptoms.

Source: Wilder, Terri L., L.M.S.W. "The Facts About Young People and HIV." The Body: An AIDS and HIV Information Resource. AIDS Survival Project, June 2001. Available at www.thebody.com/asp/june01/youth.html

For more information see
Table 72 p. 143
www.thebody.com
www.plannedparenthood.org



FAMILIES COUNT IN DELAWARE

Other Issues Affecting Delaware Families

Unemployment

DELAWARE COMPARED TO U.S. AVERAGE: SIMILAR

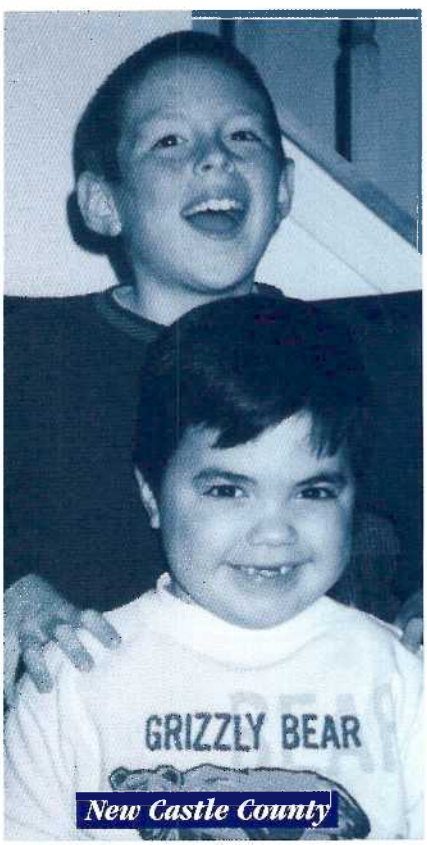
RECENT TREND IN DELAWARE: GETTING WORSE

Secure parental employment is important for families in several ways: it reduces the incidence of poverty to children, it can be an important determinant as to whether children have access to health care, and it affects children's psychological well-being and family functioning by reducing parental stress.[1]

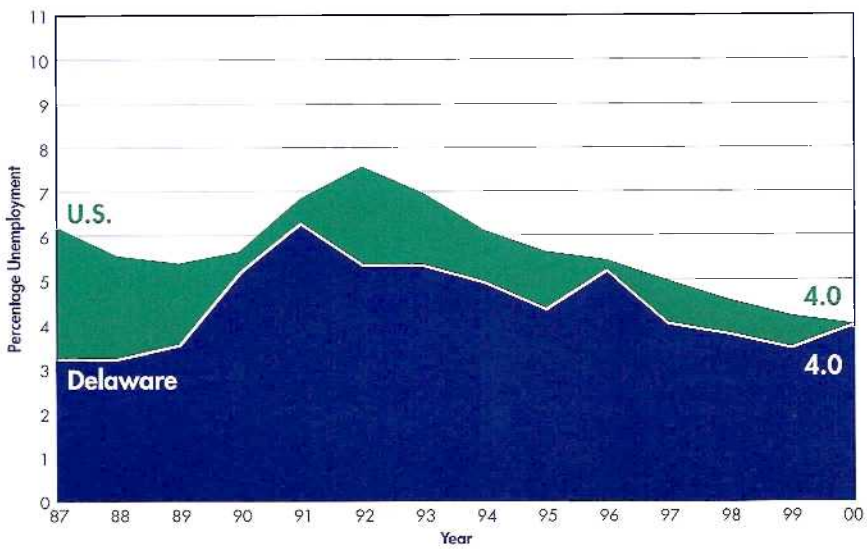
According to the Bureau of Labor Statistics, individuals are classified as unemployed if "they do not have a job, have actively looked for work in the prior four weeks, and are currently available for work." The Current Population Survey found that in an average week in 2000, 4.1 million families in the U.S. had at least one member who was unemployed.[2]

1 America's Children: Key National Indicators of Well-Being, 2001. Available at www.childstats.gov

2 U.S. Department of Labor, Bureau of Labor Statistics. Available at: www.bls.gov

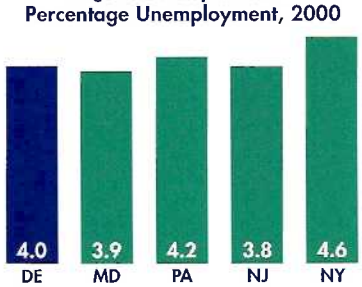


Unemployment
Delaware Compared to U.S.



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

Unemployment
Regional Comparison of Percentage Unemployment, 2000



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

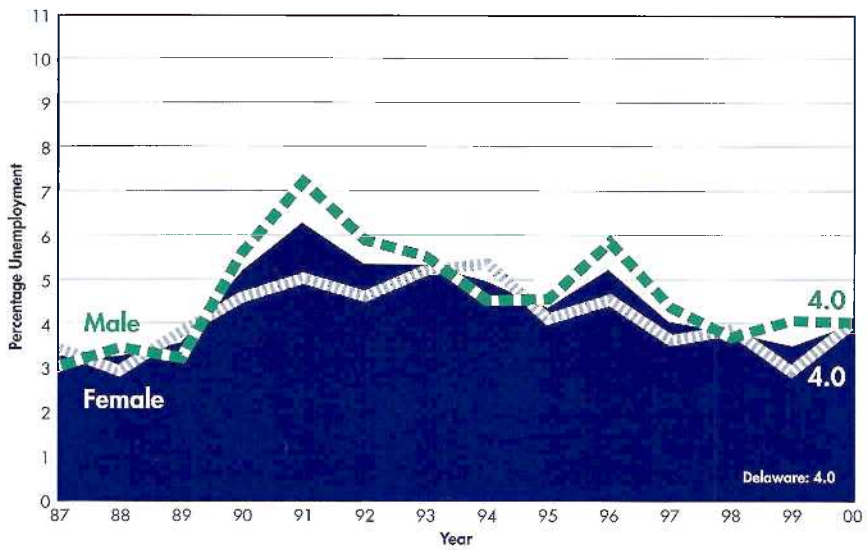
Unemployment
County Comparison of Percentage Unemployment, Delaware, 2000

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

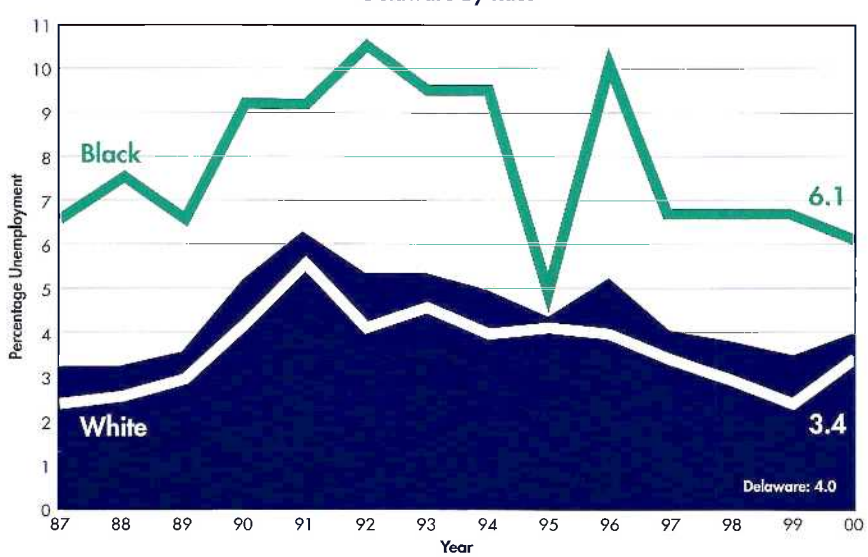
Delaware is one of ten states with a minimum wage rate higher than the federal rate of $5.15. The minimum wage is $6.15 per hour, as of October 1, 2000.

Source: "Minimum Wage Laws in the States." U.S. Department of Labor. Available from www.dol.gov/dol/esa

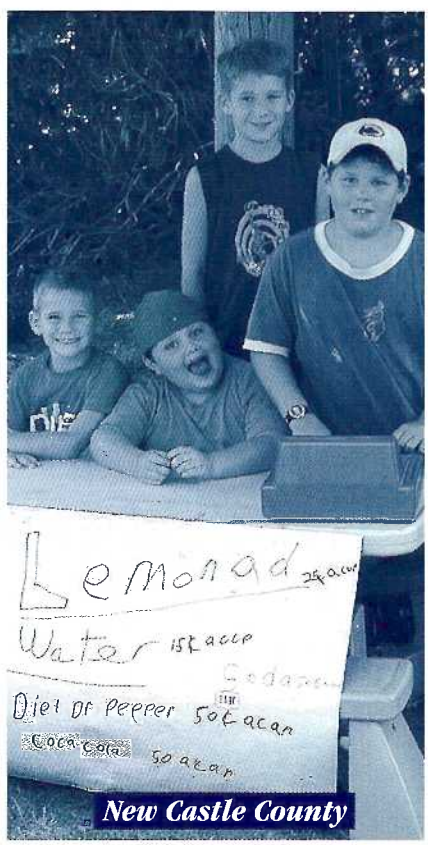
Unemployment
Delaware by Gender



Unemployment
Delaware by Race



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



Did you know?

Delaware's financial services industry makes up a bigger share of our state's economy than does any industry in any other state. Financial services are more important to Delaware's economy (accounting for almost 40% of Delaware's Gross State Product) than they are to New York (32.75% of its GSP) or than government is to Washington D.C. (37.67% of its GSP).

Source: "How Diverse is Delaware's Economy?" Delaware Department of Labor's Office of Occupational and Labor Market Information. Available at: http://www.oolmi.net/Diverse.htm

For more information see
Table 64 p. 140
www.delawareworks.com

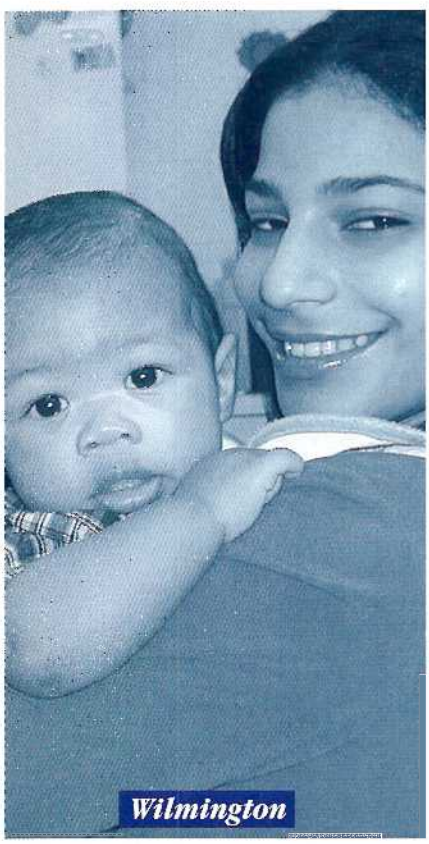
Risk of Homelessness and Substandard Housing

The fastest growing population among the homeless is families with young children. Several factors increase a person's risk of homelessness: lack of affordable housing, extremely low income, lack of social services, psychiatric disability, substance abuse, domestic violence, chronic illness, history of confinement in prisons and/or psychiatric hospitals, and weak and overdrawn support networks of family and friends. [1]

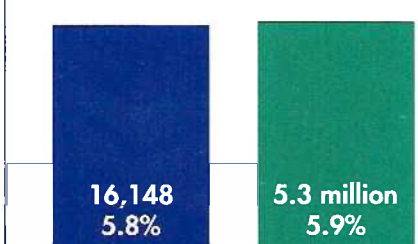
Being homeless makes it very difficult to register for school, pay school fees, buy clothing for school, participate in afterschool activities, and access before- and after-school care programs. Once enrolled in school, children face the insurmountable task of trying to catch up to their fellow students. They lack a safe, quiet environment to study and complete their homework. Often homeless children change schools frequently, making it difficult for schools to obtain transcripts and immunization records. [2]

Substandard housing can pose serious threats to children and families' physical, psychological, and material well-being. In spite of countless government regulations, inspections, housing programs and strict building codes, substandard housing still exists. In Delaware, more than 12,000 substandard homes are in need of substantial rehabilitation. Approximately 24,000 additional homes in the state are in need of moderate rehabilitation. Substantial rehabilitation requires at least $30,000 per unit or $20,000 for a mobile home. [3]

1 *Priority home!: the federal plan to break the cycle of homelessness.* March 1994
2 *Education of homeless children and youth.* National Coalition for the Homeless June 1999
3 "Delaware Statewide Housing Needs Assessment." Delaware State Housing Authority. June 1996. Available at: http://www2.state.de.us/dsha/research_frame.htm

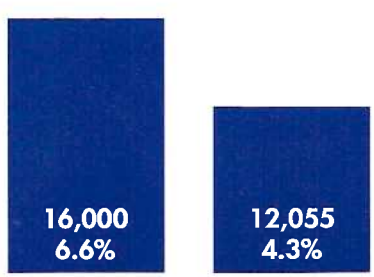


Risk of Homelessness
Number and percent of families living in substandard housing units or at risk of becoming homeless



Source: Delaware State Housing Authority

Substandard Housing
Number and percent of substandard units



Source: Delaware State Housing Authority

put data into action

Delaware State Housing Authority offers numerous **home rehabilitation programs** to low- and moderate-income Delawareans. These include a Housing Rehabilitation Loan Program, a Neighborhood Revitalization Fund, Community Development Block Grants, an Acquisition Rehabilitation Loan Program, and a Home Fix-Up Program.

For more information on any of these programs, call (302) 739-4263 or (302) 577-5001, or go to their website at www.state.de.us/dsha/repair_frame.htm.

For more information see
Table 57 p. 136
www.jchs.harvard.edu

Home Ownership

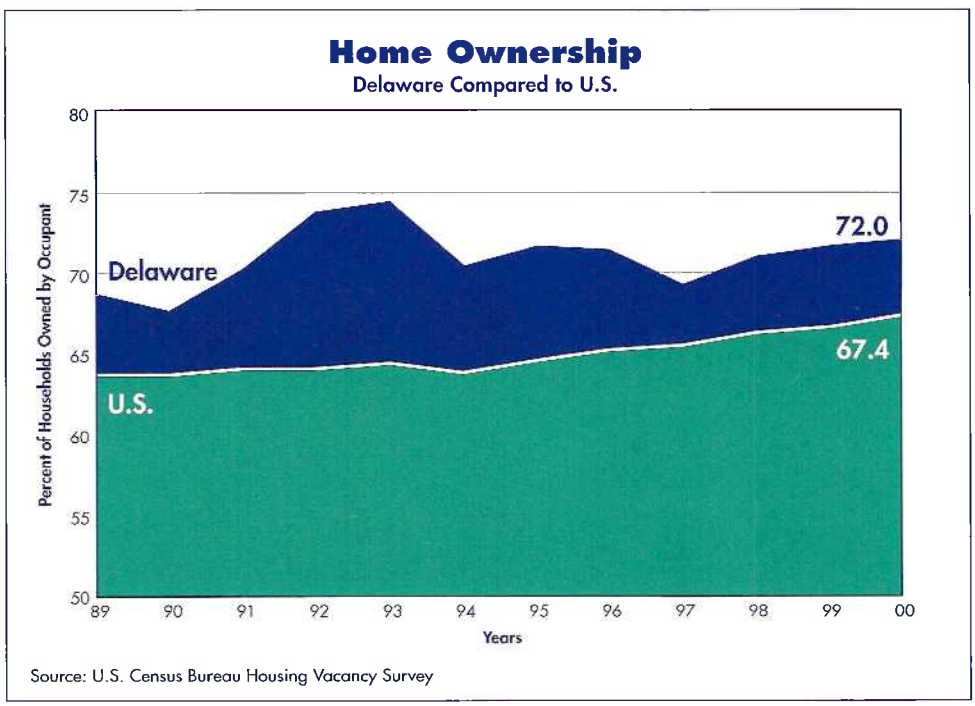
RECENT TREND IN DELAWARE GETTING BETTER

RECENT TREND IN DELAWARE GETTING BETTER

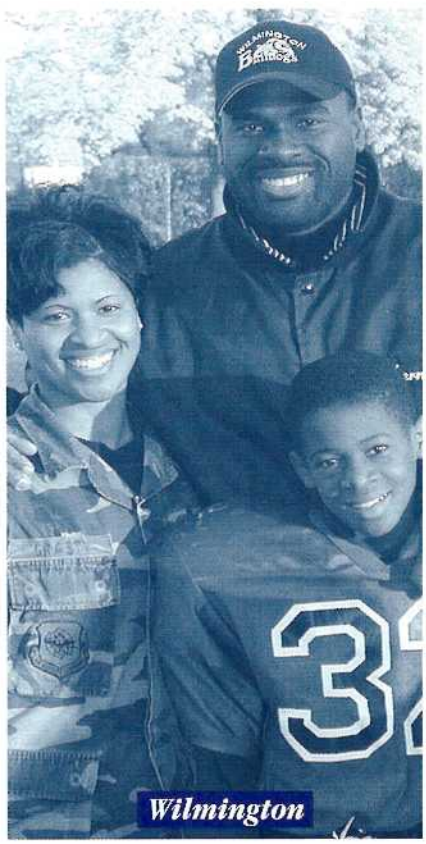
The American Dream of homeownership has many benefits. Aside from the personal satisfaction of owning a home, there are several financial benefits such as tax deductions, and the potential of increased home value.

According to the U.S. Department of Housing and Urban Development, the homeownership rate in 2000 was the highest in history. With lowered interest rates and policy initiatives focused on broadening homeownership, the climate for financing a home was the most favorable since the 1960s. Despite this progress in overall homeownership, serious gaps remained for certain segments of the population. Minority, inner-city, and lower income homeownership rates continued to be lower than those of non-minority suburban families in 1999.[1]

1 Issue Brief: "Homeownership: Progress And Work Remaining " U.S. Department of Housing and Urban Development. Updated June 15, 2001. Available at: www.huduser.org/publications/polleg/homeownership.html



Source: U.S. Census Bureau Housing Vacancy Survey



put data into action

Delaware State Housing Authority offers numerous **home ownership programs** to low- and moderate- income Delawareans. These include

- Single Family Mortgage Revenue Bond Program,
- Family Assisted Interest Rate Loan Program,
- Second Mortgage Assistance Loan Program,
- Delaware Housing Partnership Acquisition/Rehabilitation Loan Program,
- Public Housing Home Ownership Program, and
- Multi-Family Mortgage Revenue Bond Program.

For more detailed information on any of these programs, call (302) 739-4263 or (302) 577-5001, or go to their website at www.state.de.us/dsha/home_buy_frame.htm.

For more information see
Table 57 p. 136
www.housingforall.org

Health Care Coverage

DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE **GETTING BETTER**

Health care coverage is essential for the well-being of families. Even though Medicaid reaches many people who need basic health care, millions of low-income people – including parents and children – are not covered. More than 80 percent of low-income, uninsured adults (people with incomes below 200 percent of the federal poverty line, or $29,260 in annual income for a family of three) are ineligible for Medicaid or other public health coverage.[1] Census Bureau data show that more than 13 million people have incomes that are considered "too high" to qualify for coverage in their state. In more than half of the states, a parent in a three-person family working full time and earning $5.15 per hour is considered to have "too much income" to qualify for Medicaid.[1]

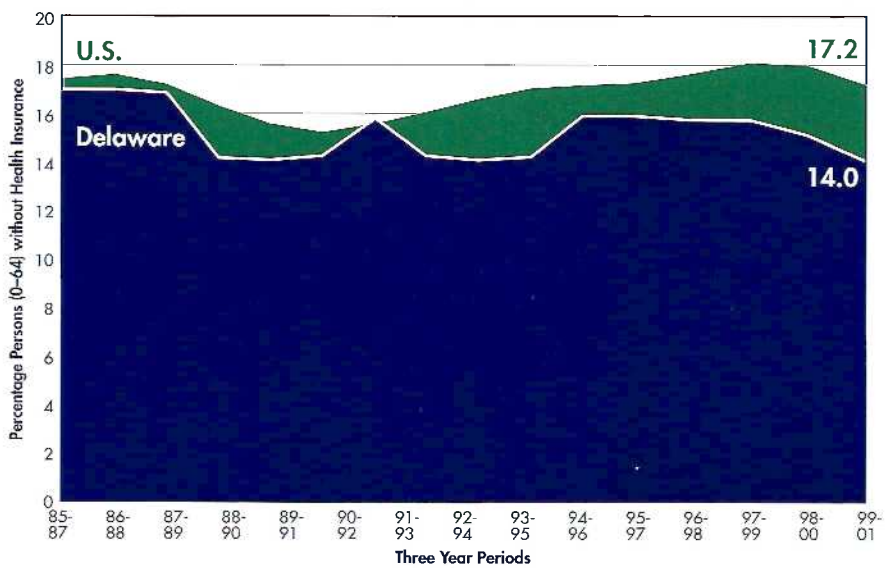
The State Children's Health Insurance Program (SCHIP) was enacted to improve the status of the seven million low-income, uninsured children in the U.S. Most states, including Delaware, now offer public health coverage to children in families with incomes below 200 percent of the federal poverty level. The Delaware Healthy Children Program covers regular checkups, doctor and hospital services, prescriptions, and eye care.

1 Stoll, Kathleen. "The Health Care Safety Net: Millions of Low-Income People Left Uninsured." Families USA Special Report No. SR-104: July 2001.

Sussex County

Lack of Health Care Coverage

Delaware Compared to U.S.



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

put data into action

Strategies for community-based organizations working to ensure that all families who use their facilities are provided with information about health care coverage:

1. Educate staff about the benefits of children's health insurance programs so they can inform families about the importance of insuring their children.
2. Establish a system to identify all families with uninsured children who use your program.
3. Develop a system to enroll all the children who are identified as uninsured (this may mean linking them to enrollment sites outside your agency).
4. Follow-up with families to make sure their applications are complete, they are not experiencing problems with the application process, and they have received an insurance card.
5. Follow-up with families to make sure they fully understand their benefits, are accessing health services, and have chosen a primary care physician.

For more information see

Tables 54–55 p. 135–136

www.familiesusa.org

Child Support

Child support enforcement programs have been developed to ensure that both parents take responsibility for the support of their children. Children living in a household with one parent, especially the mother, are more likely to have family incomes below the poverty line than children living in two-parent households. The number of children living in two-parent households has decreased in the last couple of decades, with the majority of single-parent households being headed by the mother.[1] In Delaware in 2000, 26 percent of children lived with only their mothers, while 7 percent lived with only their fathers.[2] The amount of money to be paid by the non-custodial parent is based on standardized guidelines that consider the incomes of both parents, the needs of the child, and whether or not there are other additional dependents.[3]

DELAWARE COMPARED TO U.S. AVERAGE: SIMILAR

RECENT TREND IN DELAWARE: GETTING WORSE

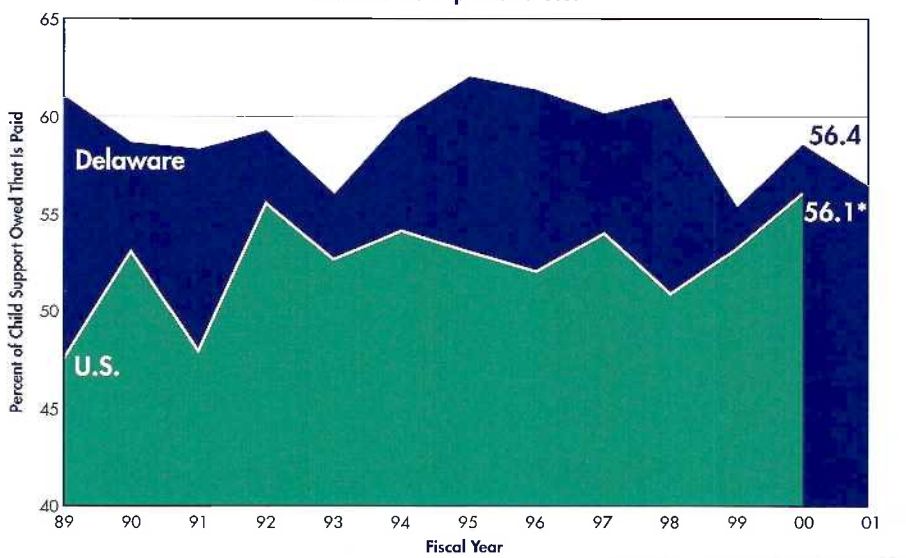
1 America's Children 2001 Report. Available at www.childstats.gov

2 U.S. Census Bureau

3 "Fact Sheet." Office of Child Support Enforcement. U.S. Department of Health and Human Services. Available at: www.acf.dhhs.gov/programs/cse/

Child Support That Is Paid

Delaware Compared to U.S.

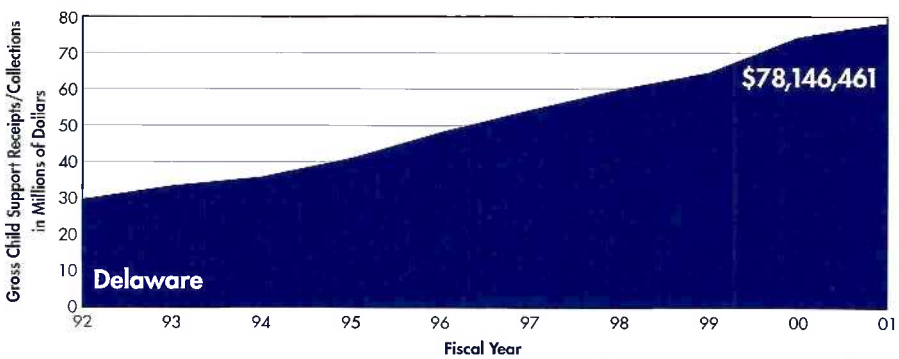


* U.S. Data for 2001 is not available

Source: Division of Child Support Enforcement

Child Support Collections

Delaware



Source: Division of Child Support Enforcement

For more information see
Table 62 p. 138
www.connectforkids.org

Adult Crime

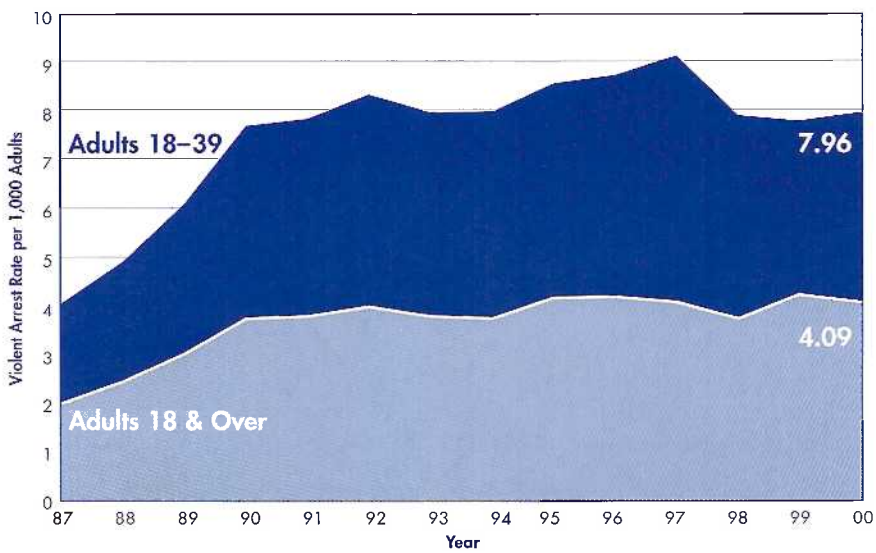
Violent crime rates have declined since 1994, reaching the lowest level ever recorded by the National Crime Victimization Survey in 2000.[1] Even so, violence affects the quality of life of young people who experience, witness, or feel threatened by it. All types of adult crime also affect the nearly 1.5 million children in the U.S. who have a parent in prison. Over the past eight years, there has been a 98 percent increase in the number of minors with a mother in prison and a 58 percent increase for those with a father in prison.[2] While 40 percent of the incarcerated fathers and 60 percent of the mothers said they have weekly contact with their children, it is usually by phone or mail and not in person.[2]

1 Bureau of Justice Statistics. Available at: www.ojp.usdoj.gov/bjs/cvict_c.htm#vtrends

2 Frieden, Terry. "Almost 1.5 Million U.S. Children Have a Parent in Prison, Study Shows." CNN, Washington. August 30, 2000. Available at: www.cnn.com

Adult Violent Crime

Delaware*



* Comparable U.S. data were not available

Source: Statistical Analysis Center

Did you know?

Forty percent of the incarcerated fathers and 60 percent of the mothers said they have weekly contact with their children, often by phone or mail. However, a majority of all imprisoned parents reported never having a personal visit with their children since they were imprisoned.

Source: www.cnn.com

put data into action

Monitor your child's TV habits

The typical American child watches 28 hours of television each week, and by the age of 18 will have seen 16,000 simulated murders and 200,000 acts of violence. Some cartoons average more than 80 violent acts per hour.

Source: The Future of Children- Fast Facts. Available at: www.futureofchildren.org/info-url2832/info-url_list.htm

For more information see

Tables 38–39 p. 129

www.millionmommarch.com

Domestic Violence

Domestic violence is defined as a pattern of controlling and assaultive behaviors that occur within the context of adult, intimate relationships. Department of Justice statistics confirm that women are battered much more than men, and according to data from the National Violence Against Women Survey, violence against women is predominantly intimate partner violence. Of the women who reported being raped and/or physically assaulted since the age of eighteen, 75% were victimized by a current or former husband, cohabiting partner, date, or boyfriend.[1] In Delaware, domestic violence accounts for one-third of violent crime.

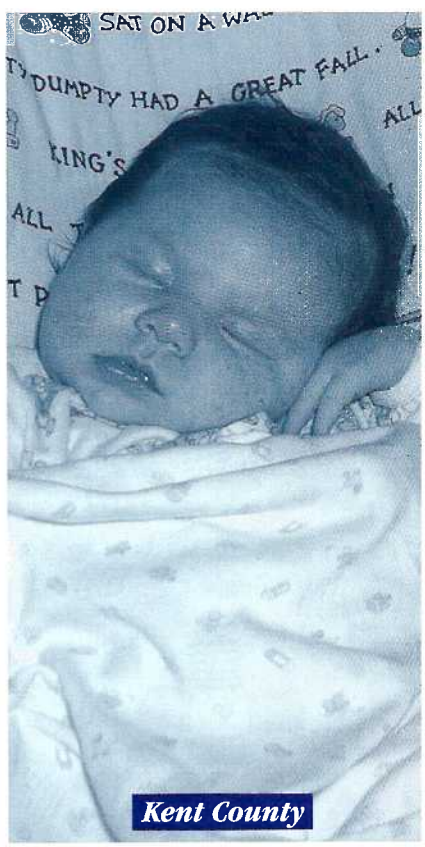
Obstacles preventing victims from leaving abusive relationships include economic dependence, children, isolation, emotional and/or psychological attachment to the abuser, shame, past failures of the system to respond, religious and societal pressures, the cycle of violence, hope for change, fear, and danger.

The emotional toll on children who witness threats or violence against others can be substantial, especially when those involved are familiar to the child and the violence takes place in the home—a place where children should feel safe. Children can be harmed when they witness domestic violence, regardless of whether or not they are directly abused themselves.

1 National Institute of Justice and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 1998. *Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, 12.

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



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

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

Domestic Incident Reports

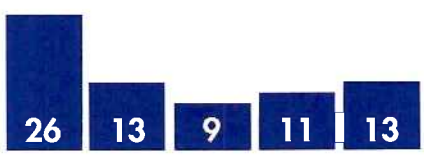
Delaware, 2000

Criminal Only	15,835 reports
Combined Criminal and Non-criminal	26,250 reports
Percent of Reports with a Child Present	12.9%
Percent of Reports with an Active Protection from Abuse Court Order	4%

Source: Dept. of Public Safety, Division of State Police

Deaths as a Result of Domestic Violence

Delaware, 1996–2000



Source: Dept. of Public Safety, Division of State Police

Did You Know?

A new study published in the Journal of the American Medical Association indicates that many girls in high school (one in five) have been physically or sexually abused on a date. Girls who reported either physical or sexual abuse or both also tended to report other problems including: cigarette, alcohol, and/or drug use; binge eating/purging or use of diet pills; early and/or high sexual activity; or having considered or attempted suicide.

Source: Journal of the American Medical Association, Vol. 286, No. 5. Aug. 1, 2001. Pgs. 572-579.

put data into action

You can donate old cell phones to aid in the fight against domestic violence. Wireless phones are reprogrammed with emergency phone numbers and redistributed free of charge to victims in need. If you have a cell phone that you would like to donate, please visit: www.donateaphone.com.

Resources and referrals for victims of domestic violence are listed on the Delaware Coalition Against Domestic Violence website at www.dcadv.org or they can be contacted by phone at 302-658-2958.

For more information see
Table 73 p. 144
www.stoptheviolence.org

KIDS COUNT IN DELAWARE

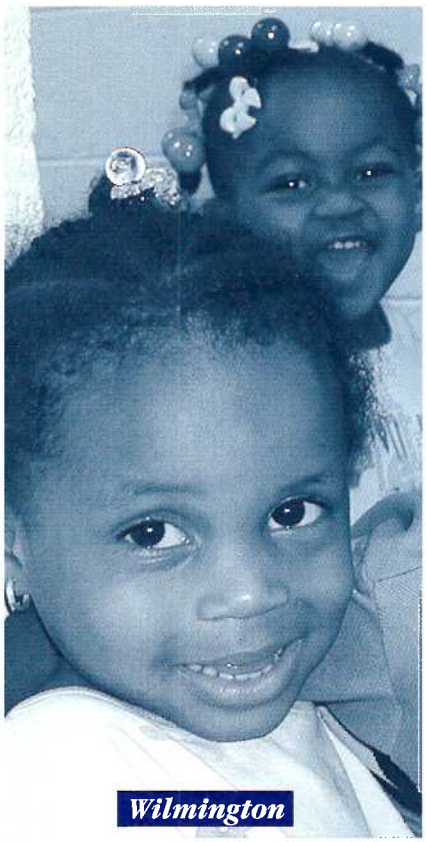
FAMILIES COUNT IN DELAWARE

Other Issues Affecting Delaware Communities: Social Capital

Social Capital

Get Together Delaware: Delaware's Social Capital Initiative

In the Fall of 2000, the Division of State Service Centers of the Delaware Department of Health & Social Services partnered with the Delaware Community Foundation and the Family Services Cabinet Council to sponsor a statewide survey to assess Delaware's social capital. This survey was also conducted on the national level by the Saguaro Seminar: Civic Engagement in America of the John F. Kennedy School of Government at Harvard University.


Wilmington

What is social capital? *Social capital is the term used to describe the social networks, norms, and trust that exist between people and enable them to accomplish common goals.*

Why is social capital important? *Research has shown that communities with a high degree of social capital also tend to have better schools, higher educational achievement, faster economic growth, more responsive government, and less crime and violence. People living in these communities are happier, healthier and live longer.*

How does social capital make communities more effective? *Increased social ties within a community strengthen shared values. Shared values lead to increased civic engagement. Increased civic engagement leads to more effective communities.*

The Social Capital Benchmark Survey

In Delaware, 1383 telephone surveys were completed – a sufficiently large sample to yield statistically valid results for comparisons between counties, as well as along age and race dimensions. Respondents were asked 66 questions targeted to address various aspects of social capital, such as:

- Trust in other people and trust in institutions
- Sense of community
- Group/organizational membership
- Volunteerism and giving
- Barriers to community involvement

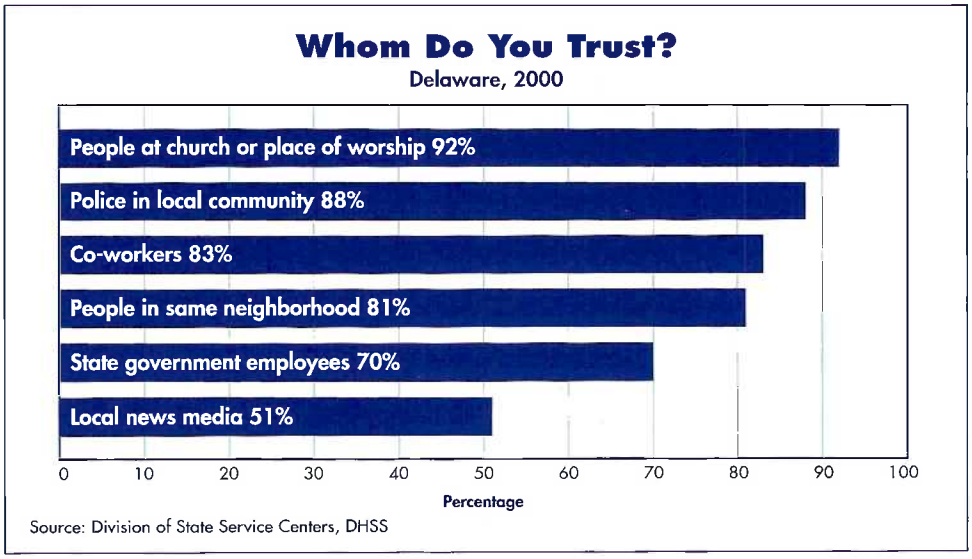
The benchmark survey provides a basis from which to begin a community dialogue regarding social capital, its significance in building and maintaining strong and healthy communities, and the dynamics of social capital in Delaware, as well as a comparison with the United States overall.

Source. Get Together Delaware: Delaware's Social Capital Initiative. An Overview of Survey Findings May 2001. Celeste Anderson and Rebecca Wykoff, Ph.D.

put data into action

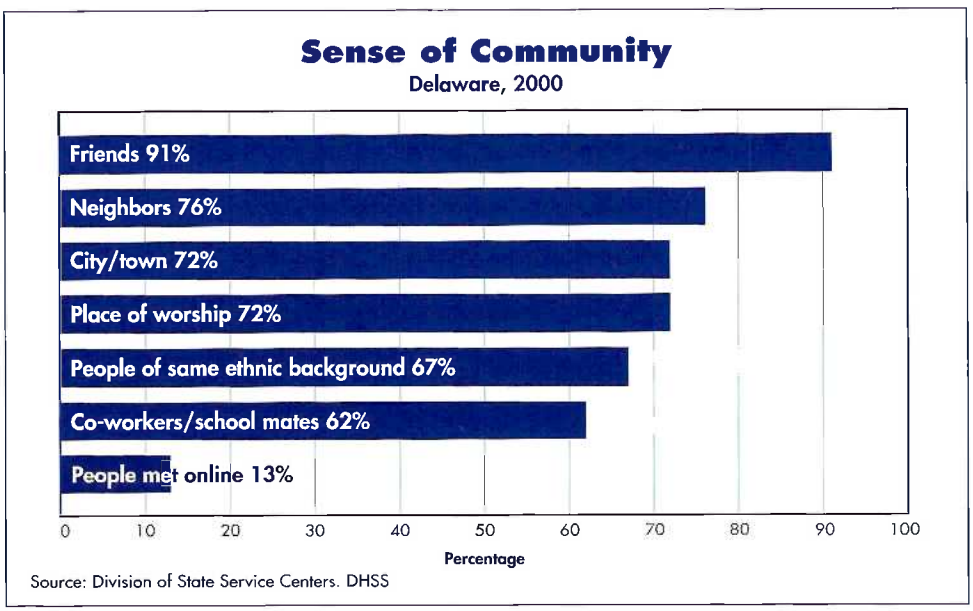
For more information on survey findings or to request a copy of the report, *Get Together Delaware: Delaware's Social Capital Initiative,* call Dr. Rebecca J. Wykoff at (302) 577-4965 x 272.
Get Together Delaware: www.gettogetherdelaware.com

Significant Findings



Social Trust

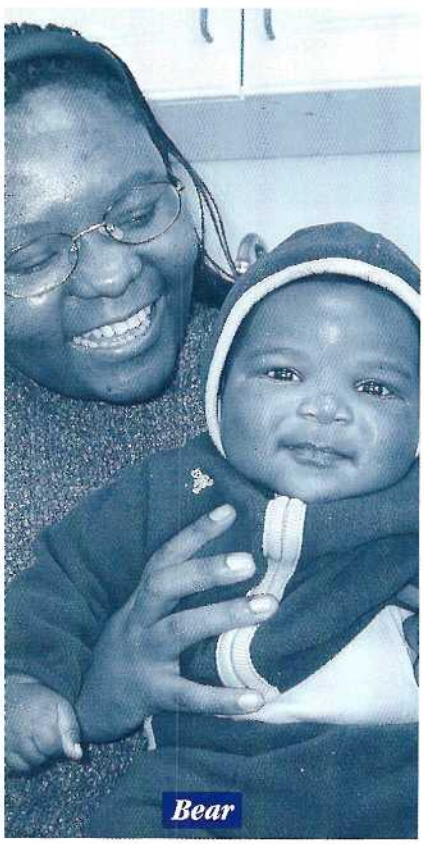
People tend to be quite trusting of others with whom they are familiar: people at their church or place of worship, co-workers, and neighbors. Delawareans trust the police in their local neighborhood at very high levels, even more than their neighbors or co-workers. Lower levels of trust were expressed regarding institutions such as government and the media; however, local government was trusted at much higher levels to "do what's right" than the federal government.



Sense of Community

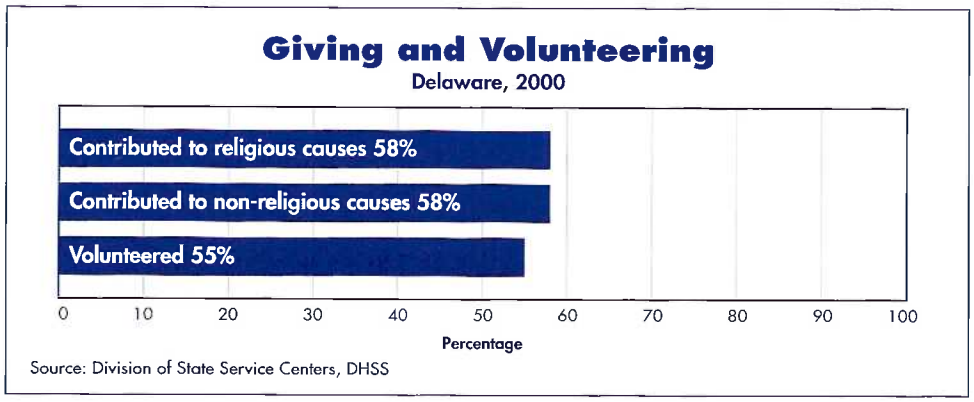
Delawareans get a sense of community from variety of sources, including their friends, their neighborhood, their workplace, community organizations - even from the Internet.

Social Capital



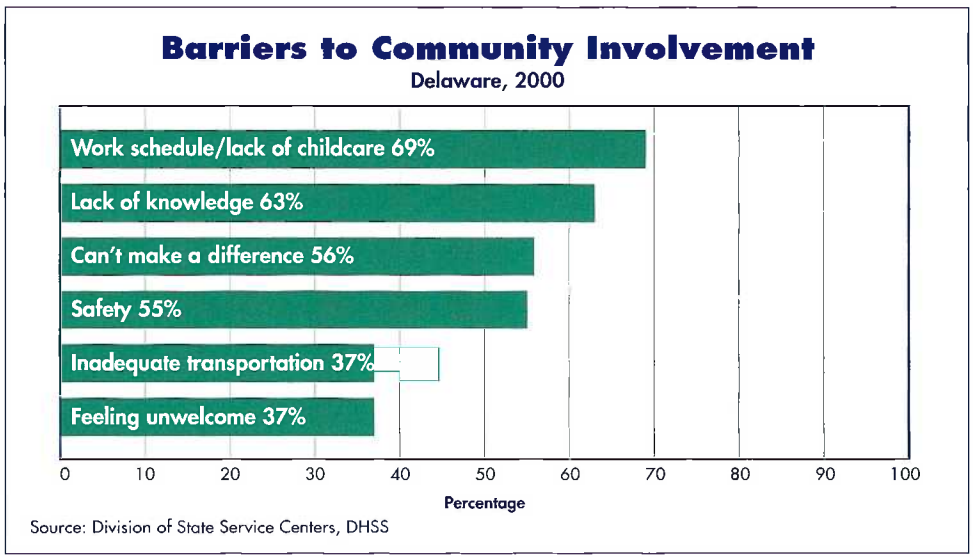
Group/Organizational Memberships

The number and types of associations and groups that people join are indicative of social ties to their communities. Delawareans are active in a variety of social, civic, charitable, and religious groups, as illustrated by the above chart.



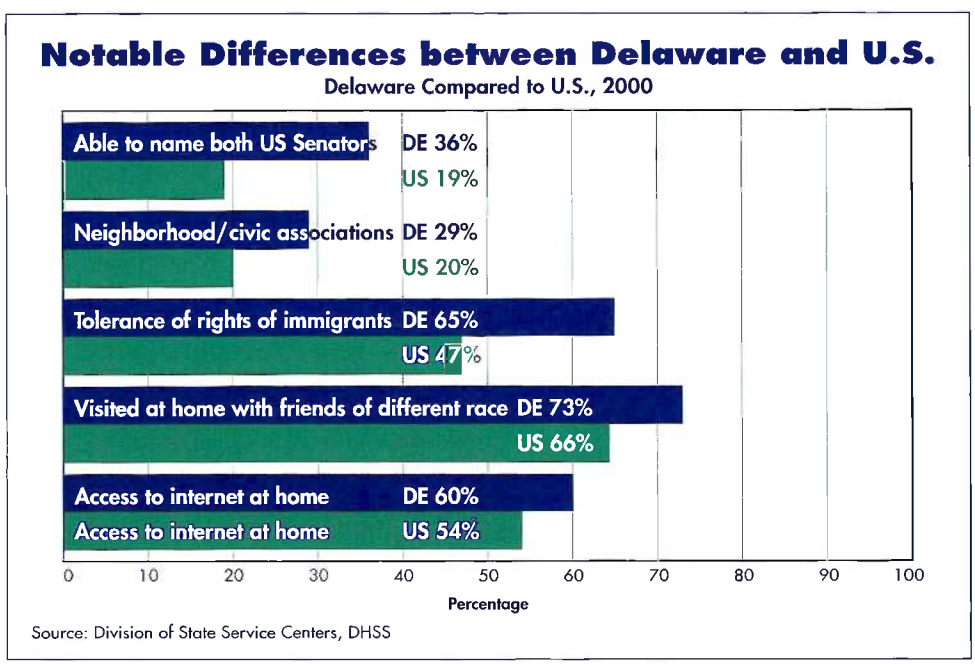
Volunteer Activities

Delawareans are generous with their time and money. More than one-half had volunteered during the past year and nearly three-fifths had made charitable contributions to either religious or non-religious causes. Significant numbers of Delawareans had volunteered for their place of worship, school or youth programs, organizations to help the poor or needy, neighborhood or civic groups, organizations for health care or fighting particular diseases, and arts and cultural organizations.



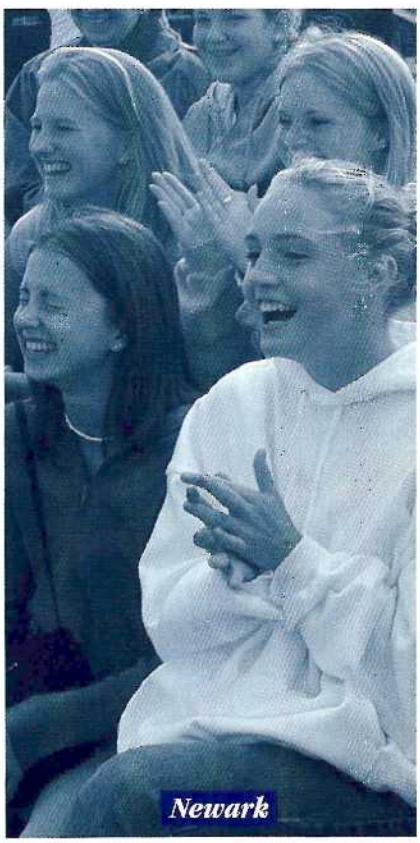
Barriers to Community Involvement

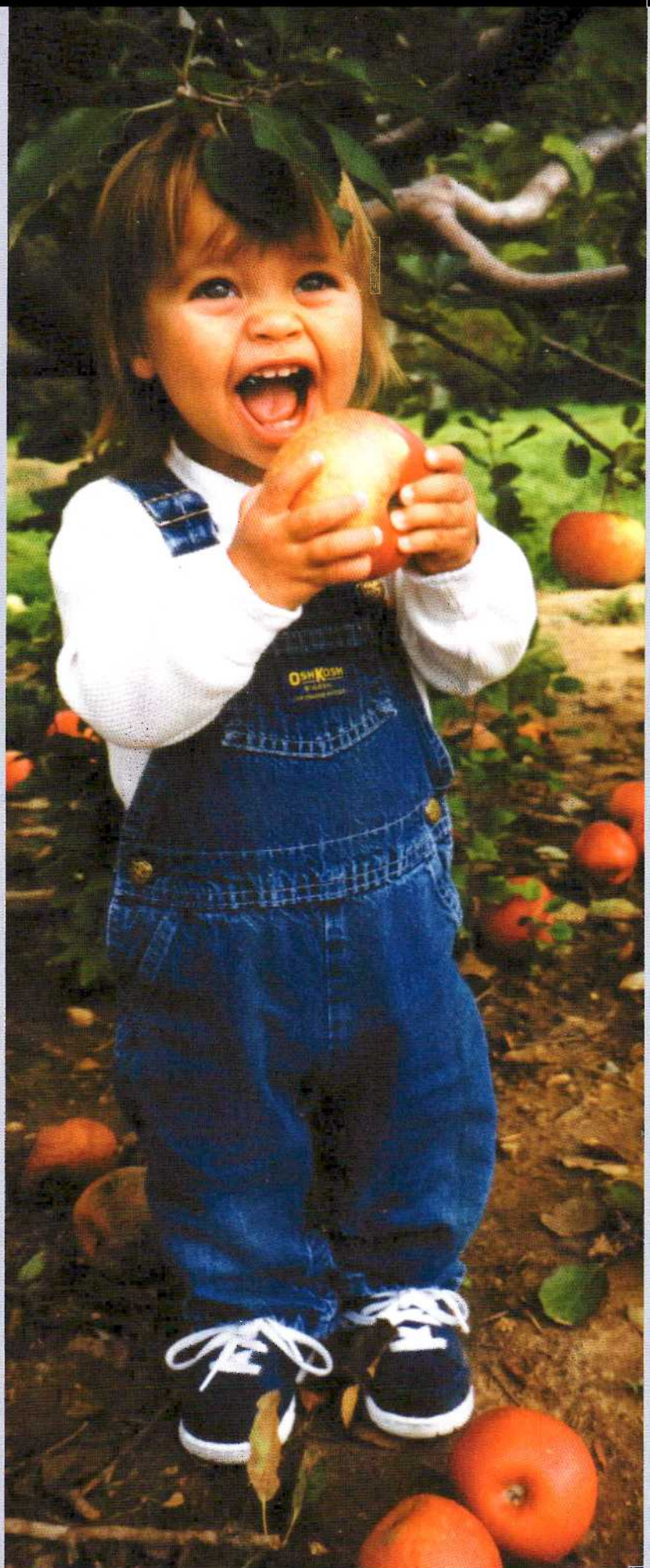
Social capital relies greatly upon the active engagement or involvement of people in social life. However, barriers to community involvement prevent a significant number of people from engaging with others. Of the survey respondents who perceived barriers to community involvement, inflexible or demanding work schedules, inadequate childcare, and inadequate transportation were cited as constraints. On a more perceptual level, significant numbers felt they could not make a difference, were concerned for their safety, and/or felt unwelcome.



How Did Delaware Compare to the Nation?

Delaware was very similar to the nation in most aspects of social capital, with some notable exceptions. Specifically, Delaware residents are more likely to have entertained or visited in the home of friends of a different race and were more tolerant of immigrants. More Delaware respondents belong to neighborhood or civic associations; they are also more aware of political figures. A higher percentage of Delawareans have access to the Internet in their homes.





KIDS COUNT IN DELAWARE

FAMILIES COUNT IN DELAWARE

Data Tables


DELAWARE

Table 1:

Population

Population Census Counts for Delaware and Counties, 2000

Gender/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	51,531	55,813	55,274	55,632	463,624	101,726	783,600	27.9	59.2	13.0	100.0
Male	26,278	28,712	28,302	27,944	226,439	42,866	380,541	14.2	28.9	5.5	48.6
White	17,797	19,511	19,701	19,564	173,222	37,710	287,505	9.8	22.1	4.8	36.7
Black	6,725	7,537	7,237	6,925	41,743	4,536	74,703	3.6	5.3	0.6	9.5
Hispanic*	2,272	2,016	1,637	1,942	11,622	500	19,989	1.0	1.5	0.1	2.6
Female	25,253	27,101	26,972	27,688	237,185	58,860	403,059	13.7	30.3	7.5	51.4
White	16,940	18,519	18,615	19,515	178,360	51,167	303,116	9.4	22.8	6.5	38.7
Black	6,616	7,107	7,022	6,821	47,981	6,902	82,449	3.5	6.1	0.9	10.5
Hispanic*	2,245	1,954	1,537	1,538	9,402	612	17,288	0.9	1.2	0.1	2.2
New Castle	33,384	36,150	34,961	36,309	301,558	57,903	500,265	18.0	38.5	7.4	63.8
Male	17,089	18,569	18,046	18,128	147,476	23,635	242,943	9.2	18.8	3.0	31.0
White	11,396	12,351	12,270	12,696	110,648	20,523	179,884	6.2	14.1	2.6	23.0
Black	4,431	5,023	4,797	4,386	28,501	2,704	49,842	2.4	3.6	0.3	6.4
Hispanic*	1,575	1,460	1,177	1,386	8,000	334	13,932	0.7	1.0	0.0	1.8
Female	16,295	17,581	16,915	18,181	154,082	34,268	257,322	8.8	19.7	4.4	32.8
White	10,746	11,751	11,368	12,947	113,359	29,465	189,636	6.0	14.5	3.8	24.2
Black	4,362	4,793	4,589	4,247	32,898	4,321	55,210	2.3	4.2	0.6	7.0
Hispanic*	1,537	1,401	1,103	1,142	6,757	421	12,361	0.7	0.9	0.1	1.6
Kent	9,138	9,703	10,063	9,843	73,149	14,801	126,697	4.9	9.3	1.9	16.2
Male	4,611	5,005	5,071	4,859	35,226	6,298	61,070	2.5	4.5	0.8	7.8
White	3,196	3,488	3,582	3,270	27,010	5,280	45,826	1.7	3.4	0.7	5.8
Black	1,190	1,338	1,291	1,423	6,914	921	13,077	0.7	0.9	0.1	1.7
Hispanic*	251	194	199	205	1,124	78	2,051	0.1	0.1	0.0	0.3
Female	4,527	4,698	4,992	4,984	37,923	8,503	65,627	2.5	4.8	1.1	8.4
White	3,078	3,320	3,535	3,310	28,094	7,160	48,497	1.7	3.6	0.9	6.2
Black	1,242	1,184	1,269	1,508	8,231	1,167	14,601	0.7	1.1	0.1	1.9
Hispanic*	242	245	196	183	1,058	94	2,018	0.1	0.1	0.0	0.3
Sussex	9,009	9,960	10,250	9,480	88,917	29,022	156,638	4.9	11.3	3.7	20.0
Male	4,578	5,138	5,185	4,957	43,737	12,933	76,528	2.5	5.6	1.7	9.8
White	3,205	3,672	3,849	3,598	35,564	11,907	61,795	1.8	4.5	1.5	7.9
Black	1,104	1,176	1,149	1,116	6,328	911	11,784	0.6	0.8	0.1	1.5
Hispanic*	446	362	261	351	2,498	88	4,006	0.2	0.3	0.0	0.5
Female	4,431	4,822	5,065	4,523	45,180	16,089	80,110	2.4	5.8	2.1	10.2
White	3,116	3,448	3,712	3,258	36,907	14,542	64,983	1.7	4.7	1.9	8.3
Black	1,012	1,130	1,164	1,066	6,852	1,414	12,638	0.6	0.9	0.2	1.6
Hispanic*	466	308	238	213	1,587	97	2,909	0.2	0.2	0.0	0.4

*Persons of Hispanic Origin may be of any race.
Racial breakdown may not total gender breakdown due to omission of Other races.
Figures for White and Black include persons listing only one race and persons listing multiple races.See Delaware Population Consortium, Annual Population Projections, Version 2001.0 for details.
Sources: US Census Bureau and Delaware Population Consortium

Table 2:

Population of Delaware Cities

Population Census Counts for Delaware and Counties, 2000

Gender	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Newark	854	1,004	1,074	5,386	17,683	2,609	28,610	1.1	2.3	0.3	3.7
Male	439	534	555	2,061	8,590	975	13,154	0.5	1.1	0.1	1.7
Female	415	470	519	3,325	9,093	1,634	15,456	0.6	1.2	0.2	2.0
Wilmington	5,219	5,175	4,816	4,461	41,386	10,561	71,618	2.5	5.3	1.3	9.1
Male	2,623	2,680	2,466	2,305	19,641	3,607	33,322	1.3	2.5	0.5	4.3
Female	2,596	2,495	2,350	2,156	21,745	6,954	38,296	1.2	2.8	0.9	4.9
Dover	2,151	2,126	2,146	2,967	18,554	4,327	32,271	1.2	2.4	0.6	4.1
Male	1,075	1,143	1,051	1,429	8,781	1,699	15,178	0.6	1.1	0.2	1.9
Female	1,076	983	1,095	1,538	9,773	2,628	17,093	0.6	1.2	0.3	2.2

*Persons of Hispanic Origin may be of any race.
Racial breakdown may not total gender breakdown due to omission of Other races.
Figures for White and Black include persons listing only one race and persons listing multiple races.See Delaware Population Consortium, Annual Population Projections, Version 2001.0 for details.
Sources: US Census Bureau and Delaware Population Consortium

Table 3:

Hispanic Population Estimates

Hispanic Population Estimates for Delaware and Counties, 1990–1998

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Delaware	15,530	15,348	18,418	20,692	24,234	25,609	26,972	28,332	31,158
New Castle	10,830	10,261	11,737	12,589	14,158	14,949	15,842	17,299	18,896
Kent	2,382	2,419	2,964	2,924	3,037	2,852	3,165	2,660	2,590
Sussex	2,318	2,668	3,717	5,179	7,039	7,808	7,965	8,373	9,672

Source: Delaware Population Consortium

Table 4:

Families with Children

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

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

Sources: U.S. Census Bureau

Table 5:

Children and Their Living Arrangements

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

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

Sources: U.S. Census Bureau

Table 6:

Teen Birth Rates

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–19 by Race U.S., Delaware, and Counties, 1985–2000

Area/Race	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
U.S.	52.4	54.2	56.5	58.5	59.8	60.1	59.3	57.7	56.0	54.4	52.6	50.9
White	43.3	45.0	47.2	49.2	50.8	51.4	51.2	50.2	49.0	47.9	46.7	N/A
Black	103.2	106.2	109.5	111.7	112.0	110.5	106.9	101.6	96.8	92.2	87.7	N/A
Delaware	50.7	52.1	54.3	55.8	57.0	57.7	58.3	57.9	57.6	57.1	56.3	55.0
White	34.9	35.7	36.9	37.9	39.0	39.8	40.8	40.8	41.0	40.4	39.9	N/A
Black	114.3	116.9	121.8	123.3	122.6	120.7	117.2	113.7	111.6	110.6	108.1	N/A
New Castle	43.1	44.6	46.4	48.1	48.9	49.6	50.4	51.0	50.2	50.5	49.9	N/A
White	28.0	28.6	29.4	30.4	31.4	32.5	34.0	34.9	34.0	33.8	33.4	N/A
Black	112.3	116.6	121.1	123.0	120.2	115.2	109.6	106.1	103.7	104.1	102.2	N/A
Wilmington	N/A	N/A	138.2	144.9	150.1	150.9	152.2	152.6	152.3	147.6	142.9	N/A
White	N/A	N/A	124.1	126.2	135.7	137.1	137.4	144.3	139.1	122.6	113.8	N/A
Black	N/A	N/A	158.9	168.3	172.7	173.2	174.7	172.8	174.7	173.3	169.4	N/A
Kent	61.3	62.3	64.2	64.3	65.9	66.1	65.5	64.2	63.1	61.1	61.3	N/A
White	52.6	52.3	52.9	53.1	53.9	53.1	51.3	49.9	48.6	46.9	46.9	N/A
Black	88.6	92.4	97.2	95.3	99.6	102.5	105.7	105.4	107.8	105.4	107.3	N/A
Sussex	73.9	74.7	79.2	81.2	82.7	83.6	83.2	79.4	81.5	78.6	75.5	N/A
White	49.1	51.7	55.5	56.5	58.0	58.0	58.6	55.6	60.8	58.8	57.2	N/A
Black	155.8	151.6	158.2	162.2	162.2	165.0	159.5	152.3	146.6	141.3	131.9	N/A

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

Table 7:

Teen Birth Rates (15–17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–17
U.S., Delaware, and Counties, 1985–2000

Area	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
U.S.	32.6	33.8	35.5	36.7	37.6	37.8	37.5	36.5	35.3	33.8	32.1	30.3
Delaware	35.8	37.1	37.9	39.2	39.3	40.3	40.6	41.0	40.0	39.2	37.3	35.5
New Castle	33.1	34.3	35.4	36.7	36.8	37.6	38.5	39.3	37.9	37.3	35.6	N/A
Kent	39.8	40.9	40.3	39.6	40.6	40.8	40.2	41.4	39.9	38.5	37.3	N/A
Sussex	42.1	43.7	44.9	48.1	47.4	49.6	48.3	46.4	46.8	46.2	42.9	N/A

Sources: Delaware Health Statistics Center; National Center for Health Statistics; Center for Applied Demography and Survey Research, University of Delaware

Table 8:

Pre- and Young Teen Birth Rates (10–14 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10–14 by Race
U.S., Delaware, and Counties, 1984–1999

Area/Race	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.2	1.1
White	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.7	0.7
Black	4.7	4.8	4.9	4.9	4.9	4.8	4.7	4.6	4.3	4.0	3.7	3.3
Delaware	1.8	1.8	1.9	2.0	2.1	2.1	2.2	2.2	2.2	2.0	2.0	1.8
White	0.6	0.7	0.7	0.8	0.8	0.8	0.7	0.8	0.8	0.8	0.7	0.8
Black	5.8	5.6	5.9	6.2	6.6	6.5	7.2	7.2	7.0	6.4	6.5	5.5
New Castle	1.7	1.6	1.7	1.9	2.1	2.0	2.1	2.1	2.1	1.9	1.9	1.6
White	0.6	0.6	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.6	0.6	0.6
Black	5.7	5.2	5.6	6.0	6.6	6.4	7.0	7.1	7.1	6.4	6.5	5.5
Wilmington	N/A	N/A	N/A	6.0	6.6	6.7	7.4	7.6	7.6	6.9	7.0	6.1
White	N/A	N/A	N/A	5.1	4.5	4.9	3.7	2.6	1.5	1.5	1.5	1.8
Black	N/A	N/A	N/A	7.0	7.9	8.0	9.2	9.9	10.1	9.2	9.4	7.9
Kent	1.4	1.4	1.7	1.9	1.8	1.9	1.9	1.8	1.8	1.7	1.7	1.8
White	0.4	0.5	0.8	0.8	0.8	0.9	0.9	0.8	1.1	1.0	0.9	1.0
Black	5.1	4.7	4.9	5.9	5.3	5.3	5.6	5.0	4.3	3.8	4.1	4.2
Sussex	2.3	2.7	2.7	2.6	2.6	2.6	2.7	3.0	3.0	3.0	2.9	2.5
White	0.8	1.0	1.0	1.0	0.9	0.8	0.8	1.0	1.1	1.1	1.2	1.3
Black	6.5	7.7	7.9	7.4	8.1	8.4	9.3	10.0	9.6	9.6	9.1	6.7

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

Table 9:

Teen Mothers Who Are Single

Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single By Race and Hispanic Origin* of Mother U.S., Delaware, Counties, 1984–1999

Area/Race-Hisp. Origin*	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	61.3	63.5	65.3	66.9	68.1	69.3	71.0	72.6	74.0	75.6	77.0	77.6
White	48.2	51.0	53.4	55.5	57.3	59.0	61.4	63.7	65.7	67.8	69.7	70.7
Black	90.5	91.1	91.5	91.9	92.3	92.6	93.2	93.8	94.8	95.5	96.0	96.1
Hispanic*	N/A	N/A	N/A	N/A	N/A	61.6	63.6	65.2	66.5	68.3	70.3	71.0
Delaware	70.5	73.1	76.2	78.2	80.8	83.3	86.1	86.7	88.3	89.1	89.3	89.3
White	53.0	56.2	58.6	61.2	65.2	69.3	73.8	77.3	80.2	81.5	81.7	81.9
Black	90.9	92.3	92.9	94.0	94.9	95.7	96.7	97.4	97.7	97.9	97.9	97.9
Hispanic*	N/A	N/A	N/A	N/A	N/A	70.9	73.0	75.9	76.9	79.6	81.0	80.9
New Castle	74.9	77.8	79.4	81.4	84.1	86.4	88.8	90.6	91.6	92.5	92.6	92.5
White	59.1	62.6	65.3	68.2	72.3	76.5	80.6	83.4	85.2	86.5	86.6	86.6
Black	92.6	93.9	94.1	94.8	95.7	96.4	97.2	98.0	98.4	98.6	98.6	98.5
Hispanic*	N/A	N/A	N/A	N/A	N/A	73.0	75.5	78.3	79.1	81.3	81.3	80.5
Wilmington	N/A	N/A	N/A	91.4	92.9	93.6	95.3	96.2	96.7	96.9	97.1	96.8
White	N/A	N/A	N/A	75.0	78.2	80.9	85.8	87.3	87.4	88.5	88.8	87.1
Black	N/A	N/A	N/A	98.3	98.5	98.5	98.7	98.8	100.0	100.0	100.0	100.0
Hispanic*	N/A	N/A	N/A	N/A	N/A	77.7	81.5	83.4	84.0	85.0	86.0	84.6
Kent	59.7	62.3	65.3	67.7	71.0	75.1	78.1	80.1	81.7	82.1	81.1	81.6
White	44.1	46.4	49.2	50.9	56.1	61.6	66.3	68.4	71.9	72.3	71.0	71.4
Black	86.6	88.1	90.4	92.6	94.0	95.7	96.8	97.7	97.1	96.9	95.9	96.0
Hispanic*	N/A	N/A	N/A	N/A	N/A	80.0	75.4	76.2	77.1	78.1	76.5	79.1
Sussex	69.0	71.1	70.9	72.8	74.5	76.0	79.6	82.6	85.5	86.7	87.8	87.9
White	46.0	50.3	51.2	54.5	56.7	59.3	64.5	70.5	75.4	78.4	80.0	80.7
Black	89.4	90.8	91.3	92.6	93.1	93.7	95.1	95.6	96.1	96.8	97.5	97.6
Hispanic*	N/A	N/A	N/A	N/A	N/A	50.9	59.2	65.2	68.5	74.6	82.5	83.1

* Persons of Hispanic origin may be of any race
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 10:

Births by Race, Hispanic Origin, and Age of Mother

Number and Percent of Live Births by Race, Hispanic Origin, and Age of Mother Delaware, Counties and City of Wilmington, 1999

Area/Race-Hispanic Origin*	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15–17 years old		Births to Teen Mothers 18–19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	10,666	1,415	13.3	33	0.3	496	4.7	886	8.3
White	7,595	750	9.9	15	0.2	243	3.2	492	6.5
Black	2,664	630	23.6	17	0.6	242	9.1	371	13.9
Other	407	35	8.6	1	0.2	11	2.7	23	5.7
Hispanic*	858	143	16.7	6	0.7	48	5.6	89	10.4
New Castle	6,917	808	11.7	16	0.2	302	4.4	490	7.1
White	4,884	406	8.3	6	0.1	147	3.0	253	5.2
Black	1,758	391	22.2	10	0.6	152	8.6	229	13.0
Other	275	11	4.0	0	0.0	3	1.1	8	2.9
Hispanic*	545	96	17.6	5	0.9	35	6.4	56	10.3
Wilmington	1,228	276	22.5	9	0.7	107	8.7	160	13.0
White	419	47	11.2	1	0.2	22	5.3	24	5.7
Black	791	226	28.6	8	1.0	84	10.6	134	16.9
Other	18	3	16.7	0	0.0	1	5.6	2	11.1
Hispanic*	177	33	18.6	1	0.6	15	8.5	17	9.6
Balance of NC County	5,689	532	9.4	7	0.1	195	3.4	330	5.8
White	4,465	359	8.0	5	0.1	125	2.8	229	5.1
Black	967	165	17.1	2	0.2	68	7.0	95	9.8
Other	257	8	3.1	0	0.0	2	0.8	6	2.3
Hispanic*	368	63	17.1	4	1.1	20	5.4	39	10.6
Kent	1,922	296	15.4	9	0.5	96	5.0	191	9.9
White	1,388	174	12.5	3	0.2	50	3.6	121	8.7
Black	489	116	23.7	5	1.0	44	9.0	67	13.7
Other	45	6	13.3	1	2.2	2	4.4	3	6.7
Hispanic*	83	17	20.5	1	1.2	5	6.0	11	13.3
Sussex	1,827	311	17.0	8	0.4	98	5.4	205	11.2
White	1,323	170	12.8	6	0.5	46	3.5	118	8.9
Black	417	123	29.5	2	0.5	46	11.0	75	18.0
Other	87	18	20.7	0	0.0	6	6.9	12	13.8
Hispanic*	230	30	13.0	0	0.0	8	3.5	22	9.6

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
1. Percentages may not add to 100% due to rounding.
2. Percentages are calculated based upon the total number of births in each race group for all ages.
3. Percentages for the race group "Other" may be misleading due to the small number of births in this category.
Source: Delaware Health Statistics Center

Table 11:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births U.S. and Delaware, 1985–2000

Area	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
U.S.	6.9	6.9	7.0	7.0	7.1	7.1	7.2	7.2	7.3	7.4	7.5	7.5
Delaware	7.3	7.5	7.5	7.7	7.8	7.8	7.8	8.0	8.2	8.3	8.5	8.6
New Castle	7.4	7.5	7.6	7.8	8.0	8.0	8.2	8.3	8.5	8.6	8.8	N/A
Wilmington	N/A	N/A	12.1	12.2	12.4	12.5	12.2	12.1	12.2	12.3	12.6	N/A
Kent	7.1	7.1	7.1	7.3	7.2	7.0	7.3	7.2	7.5	7.6	8.1	N/A
Sussex	7.2	7.1	7.2	7.1	7.2	7.1	7.2	7.7	8.0	8.0	8.0	N/A

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

Table 12:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births U.S. and Delaware, 1984–1999

	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989–1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4
Delaware	1.6	1.6	1.6	1.7	1.7	1.7	1.6	1.6	1.6	1.7	1.7	1.8
New Castle	1.5	1.6	1.7	1.7	1.7	1.8	1.7	1.7	1.7	1.8	1.8	1.9
Wilmington	N/A	N/A	N/A	3.2	3.1	3.1	2.9	2.8	2.9	2.8	2.8	2.9
Kent	1.5	1.5	1.4	1.6	1.6	1.4	1.4	1.5	1.5	1.6	1.7	1.8
Sussex	1.7	1.5	1.4	1.5	1.5	1.3	1.2	1.4	1.4	1.5	1.6	1.6

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 13:

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

Five-Year Average Percentage of Low Birth Weight Births by Age, Race and Hispanic Origin of Mother U.S., Delaware and Counties, 1992–1999

Area/Age	1992–1996 All	White	Black	Hisp.*	1993–1997 All	White	Black	Hisp.*	1994–1998 All	White	Black	Hisp.*	1995–1999 All	White	Black	Hisp.*
U.S.	7.2	6.1	13.2	6.2	7.3	6.2	13.1	6.3	7.4	6.3	13.1	6.3	7.5	6.4	13.1	6.4
Less than 20	9.4	7.8	13.3	7.6	9.4	7.9	13.3	7.7	9.5	8.0	13.3	7.7	9.5	8.1	13.4	7.7
20-24	7.3	6.0	12.0	5.8	7.3	6.2	12.0	5.8	7.4	6.2	12.0	5.9	7.4	6.3	12.0	5.9
25-29	6.4	5.4	12.8	5.5	6.5	5.5	12.6	5.5	6.5	5.6	12.4	5.5	6.6	5.7	12.3	5.5
30+	7.2	6.1	15.1	6.6	7.3	6.3	15.0	6.7	7.4	6.4	14.9	6.8	7.5	6.5	14.8	6.8
Delaware	8.0	6.3	13.3	7.0	8.2	6.5	13.5	7.2	8.3	6.6	13.6	7.4	8.5	6.8	14.0	7.4
Less than 20	10.7	8.1	13.7	8.0	10.6	7.9	13.7	8.3	10.6	8.0	13.6	9.2	10.9	8.1	14.1	9.4
20-24	8.3	6.0	13.1	5.7	8.5	6.3	13.0	6.0	8.6	6.4	13.3	5.6	9.0	6.6	13.8	6.0
25-29	7.0	5.8	12.0	7.5	7.2	5.9	13.1	8.1	7.3	5.9	13.3	8.0	7.5	6.0	14.1	7.5
30+	7.6	6.5	14.8	7.7	7.9	6.8	14.5	7.1	8.0	6.9	14.5	8.2	8.2	7.0	14.4	8.2
New Castle	8.3	6.4	14.3	8.0	8.5	6.6	14.3	8.6	8.6	6.7	14.1	8.8	8.8	6.9	14.5	8.6
Less than 20	11.4	8.8	14.1	9.5	11.2	8.4	13.9	9.9	11.2	8.6	13.7	10.5	11.4	8.3	14.3	10.0
20-24	9.2	6.4	14.3	6.5	9.4	6.8	14.1	7.4	9.6	6.8	14.4	7.4	10.0	7.1	14.7	7.2
25-29	7.1	5.6	13.1	8.6	7.4	5.7	14.3	9.8	7.5	5.8	13.9	9.3	7.7	6.0	14.3	8.7
30+	7.7	6.5	15.7	8.0	8.0	6.8	15.2	7.5	8.1	7.0	14.5	8.6	8.3	7.2	14.7	9.3
Wilmingtan	12.1	6.5	15.3	8.7	12.2	6.7	15.3	8.1	12.3	7.8	14.9	9.4	12.6	7.9	15.2	9.7
Less than 20	13.3	10.0	14.9	11.2	13.2	9.1	15.2	10.5	13.5	10.2	17.3	11.4	14.3	11.2	19.1	11.3
20-24	12.1	5.4	14.5	7.3	12.6	6.7	14.7	7.0	12.7	7.8	14.5	7.5	13.5	8.3	15.4	7.6
25-29	11.1	6.0	15.1	9.4	11.7	6.0	16.0	8.6	12.2	7.0	15.9	9.3	12.2	7.3	15.9	9.7
30+	11.8	6.1	18.2	5.5	11.1	6.3	16.8	5.2	11.0	7.4	15.0	9.9	10.5	7.1	13.2	11.5
Kent	7.2	5.9	11.8	5.4	7.5	5.9	12.4	5.4	7.6	5.9	13.5	5.8	8.1	6.1	14.1	6.9
Less than 20	9.3	6.8	13.4	4.3	9.0	6.3	13.2	6.3	8.8	5.8	13.6	5.9	9.7	6.6	14.4	9.0
20-24	6.9	5.2	11.5	5.0	7.3	5.6	12.0	4.8	7.7	5.8	12.8	4.6	8.0	6.0	12.9	5.4
25-29	6.3	5.8	8.7	7.1	6.8	6.1	10.6	5.6	7.0	5.9	13.0	6.8	7.4	5.9	14.4	5.4
30+	7.5	6.2	14.0	5.7	7.5	5.9	14.1	5.7	7.6	5.9	15.3	7.4	8.0	6.3	15.4	9.8
Sussex	7.7	6.4	11.5	5.0	8.0	6.8	11.6	4.9	8.0	6.8	11.8	5.1	8.0	6.9	12.2	5.1
Less than 20	10.0	7.4	12.8	4.6	10.8	8.4	13.6	4.4	10.6	8.5	13.2	7.1	10.7	9.1	13.1	7.7
20-24	7.4	5.8	10.9	4.3	7.5	6.0	10.7	4.3	7.3	6.0	10.4	3.4	7.6	6.1	11.7	4.2
25-29	7.1	6.4	10.7	4.9	7.0	6.4	10.4	5.2	6.9	6.1	11.0	5.6	7.1	6.3	12.3	5.7
30+	7.1	6.4	11.4	8.0	7.8	7.2	11.3	6.7	8.1	7.4	13.3	7.5	7.6	7.1	11.3	4.3

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Source: Delaware Health Statistics Center

Table 14:

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

Five-Year Average Percentage of Very Low Birth Weight Births by Age, Race and Hispanic Origin of Mother U.S., Delaware and Counties, 1992–1999

Area/Age	1992–1996				1993–1997				1994–1998				1995–1999			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	1.3	1.0	3.0	1.1	1.4	1.1	3.0	1.1	1.4	1.1	3.0	1.1	1.4	1.1	3.1	1.1
Less than 20	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3
20-24	1.3	1.0	2.6	0.9	1.3	1.0	2.7	0.9	1.3	1.0	2.7	0.9	1.4	1.0	2.7	1.0
25-29	1.2	0.9	3.0	0.9	1.2	0.9	3.0	1.0	1.2	0.9	3.0	1.0	1.2	1.0	3.1	1.0
30+	1.3	1.1	3.6	1.3	1.4	1.1	3.6	1.3	1.4	1.1	3.7	1.4	1.4	1.2	3.7	1.4
Delaware	1.6	1.1	3.2	1.3	1.7	1.2	3.3	1.3	1.7	1.2	3.3	1.3	1.8	1.3	3.5	1.5
Less than 20	2.3	1.6	3.1	1.2	2.2	1.4	3.1	0.9	2.2	1.3	3.1	0.8	2.3	1.5	3.3	1.3
20-24	1.7	1.1	3.1	1.2	1.8	1.2	3.2	1.2	1.9	1.3	3.2	1.1	2.0	1.4	3.5	1.4
25-29	1.4	1.1	3.0	1.3	1.5	1.1	3.3	1.7	1.6	1.2	3.3	1.6	1.6	1.2	3.6	1.7
30+	1.5	1.1	4.0	1.5	1.6	1.2	3.8	1.6	1.6	1.2	3.6	1.6	1.6	1.3	3.7	1.7
New Castle	1.7	1.1	3.8	1.5	1.8	1.2	3.6	1.7	1.8	1.2	3.5	1.6	1.9	1.3	3.7	1.9
Less than 20	2.5	1.6	3.3	1.3	2.2	1.3	3.0	1.0	2.1	1.2	3.0	1.0	2.4	1.4	3.3	1.7
20-24	2.1	1.2	3.7	1.5	2.0	1.2	3.6	1.6	2.2	1.3	3.8	1.5	2.4	1.5	4.0	1.6
25-29	1.5	1.1	3.5	1.4	1.6	1.1	3.8	2.1	1.7	1.2	3.6	1.8	1.7	1.2	3.8	2.1
30+	1.5	1.1	4.5	2.0	1.6	1.3	4.2	2.1	1.5	1.2	3.7	2.1	1.6	1.3	3.7	2.3
Wilmington	2.9	1.3	3.8	1.8	2.8	1.5	3.6	1.9	2.8	1.8	3.4	1.8	2.9	1.9	3.5	2.3
Less than 20	2.9	2.1	3.4	2.4	2.7	1.2	3.8	1.5	2.8	1.4	1.2	1.6	3.2	1.8	2.9	2.1
20-24	2.9	1.5	3.5	1.7	2.9	1.7	3.5	1.8	2.9	2.2	3.2	2.1	3.3	2.4	3.7	2.3
25-29	2.4	1.0	3.6	2.0	2.6	1.4	3.7	3.3	2.7	1.5	3.7	2.3	2.7	1.5	3.6	3.2
30+	3.1	1.0	4.3	0.0	2.9	1.6	3.9	1.0	2.8	1.9	4.1	0.9	2.4	1.8	3.8	1.5
Kent	1.5	1.3	2.3	1.0	1.6	1.2	2.9	1.0	1.7	1.3	3.0	1.2	1.8	1.2	3.5	1.1
Less than 20	2.5	2.5	2.6	1.4	2.0	2.0	2.1	1.6	2.1	2.0	2.2	1.5	1.9	1.8	2.1	1.5
20-24	1.2	0.9	2.2	1.7	1.6	1.1	3.1	1.6	1.6	1.1	2.9	1.5	1.6	0.9	3.5	1.6
25-29	1.2	1.2	1.1	0.0	1.5	1.3	2.0	0.0	1.5	1.3	2.5	1.4	1.7	1.2	3.4	1.1
30+	1.6	1.1	3.8	0.0	1.7	1.1	4.4	0.0	1.8	1.1	4.8	0.0	2.0	1.2	5.1	0.0
Sussex	1.4	1.0	2.4	1.0	1.5	1.1	2.5	0.7	1.6	1.3	2.7	0.7	1.6	1.4	2.6	0.8
Less than 20	2.3	0.8	3.1	0.9	2.7	1.1	3.8	0.0	2.5	1.2	4.1	0.0	2.6	1.6	4.1	0.0
20-24	1.4	1.1	2.0	0.6	1.5	1.2	2.0	0.5	1.5	1.5	1.7	0.5	1.6	1.6	1.8	0.9
25-29	1.1	1.1	2.5	1.8	1.0	1.0	2.8	1.4	1.3	1.0	2.9	1.2	1.3	1.0	2.8	1.0
30+	1.0	1.0	1.5	1.0	1.2	1.2	0.9	0.8	1.5	1.5	1.4	0.8	1.4	1.4	1.5	0.7

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).
* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Source: Delaware Health Statistics Center

Table 15:

Prenatal Care

Five-Year Average Percentage of Mothers Receiving Prenatal Care in the First Trimester of Pregnancy by Race and Hispanic Origin U.S., Delaware, Counties, and City of Wilmington, 1987–1999

Area/Race-Hispanic Origin*	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	74.2	74.6	75.2	76.1	77.1	78.1	79.0	79.7	80.6
White	77.8	78.1	78.6	79.3	80.1	81.0	81.7	82.2	83.0
Black	58.9	59.4	60.3	61.8	63.5	65.6	67.2	68.5	70.2
Hispanic*	N/A	N/A	60.9	62.7	64.7	66.8	68.5	69.8	71.3
Delaware	78.0	78.6	79.0	80.0	81.2	82.3	82.6	82.9	83.0
White	84.3	84.9	84.9	85.6	86.2	86.7	86.5	86.5	86.4
Black	58.4	59.1	60.6	62.6	65.4	68.2	70.3	71.5	72.9
Hispanic*	N/A	N/A	64.5	65.2	65.6	66.8	67.3	67.8	68.7
New Castle	81.5	82.0	83.2	85.1	86.6	88.5	89.1	89.1	88.6
White	87.3	88.0	88.7	90.2	91.0	92.3	92.5	92.4	91.8
Black	62.4	62.8	65.3	68.6	72.2	76.1	78.3	78.7	79.3
Hispanic*	N/A	N/A	69.1	72.7	74.2	78.0	79.3	79.8	79.7
Wilmington	66.5	66.0	68.1	71.0	73.6	77.7	79.9	79.9	79.6
White	79.5	79.6	81.1	83.1	84.3	86.9	88.1	87.9	87.0
Black	59.1	58.4	60.8	64.0	67.4	72.3	75.1	75.3	75.6
Hispanic*	N/A	N/A	62.8	66.1	68.0	73.9	78.0	78.2	78.2
Kent	74.0	74.3	72.6	71.0	71.3	69.8	68.1	68.3	69.3
White	79.4	79.1	77.1	74.9	74.8	73.0	71.3	71.6	72.5
Black	57.7	59.5	58.3	58.3	59.7	58.4	57.0	58.0	59.7
Hispanic*	N/A	N/A	67.3	65.8	66.9	65.1	65.0	62.0	61.3
Sussex	68.1	69.2	69.2	69.5	70.4	71.5	73.2	74.5	75.7
White	76.8	78.1	78.0	78.4	79.0	79.3	79.6	80.2	80.8
Black	45.8	45.9	45.9	46.7	47.8	50.2	55.1	58.1	61.7
Hispanic*	N/A	N/A	40.7	37.8	40.2	40.6	42.4	44.3	47.1

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Hispanic data was not available prior to the 1989-93 time period.
Source: Delaware Health Statistics Center, National Center for Health Statistics

Table 16:

Births by Birth Weight, Race and Hispanic Origin of Mother and Adequacy of Prenatal Care

Number and Percent of Live Births by Race and Hispanic Origin of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1995–1999

Race/Hisp. Origin / Birth Weight (g)	Total		Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Races	51,899	100.0	37,958	73.1	10,642	20.5	2,604	5.0	695	1.3
<2500	4,436	100.0	2,915	65.7	1,037	23.4	370	8.3	114	2.6
<1500	944	100.0	645	68.3	188	19.9	73	7.7	38	4.0
1500-2499	3,492	100.0	2,270	65.0	849	24.3	297	8.5	76	2.2
2500+	47,449	100.0	35,043	73.9	9,601	20.2	2,232	4.7	573	1.2
Unknown	14	100.0	0	0.0	4	28.6	2	14.3	8	57.1
White	37,872	100.0	29,061	76.7	6,949	18.3	1,396	3.7	466	1.2
<2500	2,558	100.0	1,843	72.0	521	20.4	135	5.3	59	2.3
<1500	488	100.0	362	74.2	85	17.4	23	4.7	18	3.7
1500-2499	2,070	100.0	1,481	71.5	436	21.1	112	5.4	41	2.0
2500+	35,301	100.0	27,218	77.1	6,424	18.2	1,259	3.6	400	1.1
Unknown	13	100.0	0	0.0	4	30.8	2	15.4	7	53.8
Black	12,499	100.0	7,849	62.8	3,317	26.5	1,135	9.1	198	1.6
<2500	1,756	100.0	993	56.5	482	27.4	233	13.3	48	2.7
<1500	437	100.0	269	61.6	100	22.9	50	11.4	18	4.1
1500-2499	1,319	100.0	724	54.9	382	29.0	183	13.9	30	2.3
2500+	10,742	100.0	6,856	63.8	2,835	26.4	902	8.4	149	1.4
Unknown	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0
Other	1,528	100.0	1,048	68.6	376	24.6	73	4.8	31	2.0
<2500	122	100.0	79	64.8	34	27.9	2	1.6	7	5.7
<1500	19	100.0	14	73.7	3	15.8	0	0.0	2	10.5
1500-2499	103	100.0	65	63.1	31	30.1	2	1.9	5	4.9
2500+	1,406	100.0	969	68.9	342	24.3	71	5.0	24	1.7
Unknown	0	...	0	...	0	...	0	...	0	...
Hispanic*	3,530	100.0	2,115	59.9	1,048	29.7	287	8.1	80	2.3
<2500	262	100.0	159	60.7	71	27.1	22	8.4	10	3.8
<1500	53	100.0	32	60.4	11	20.8	5	9.4	5	9.4
1500-2499	209	100.0	127	60.8	60	28.7	17	8.1	5	2.4
2500+	3,267	100.0	1,956	59.9	977	29.9	264	8.1	70	2.1
Unknown	1	100.0	0	0.0	0	0.0	1	100.0	0	0.0

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Source: Delaware Health Statistics Center

Table 17:

Births by Birth Weight, Age of Mother and Adequacy of Prenatal Care

Number and Percent of Live Births by Age of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1995–1999

Age/ Birth Weight (g)	Total		Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 yrs.	6,915	100.0	4,040	58.4	2,102	30.4	655	9.5	118	1.7
<2500	755	100.0	392	51.9	234	31.0	110	14.6	19	2.5
<1500	162	100.0	95	58.6	37	22.8	25	15.4	5	3.1
1500-2499	593	100.0	297	50.1	197	33.2	85	14.3	14	2.4
2500+	6,159	100.0	3,648	59.2	1,867	30.3	545	8.8	99	1.6
Unknown	1	100.0	0	0.0	1	100.0	0	0.0	0	0.0
20-24 Years	11,634	100.0	7,794	67.0	2,823	24.3	833	7.2	184	1.6
<2500	1,046	100.0	674	64.4	243	23.2	104	9.9	25	2.4
<1500	237	100.0	156	65.8	52	21.9	23	9.7	6	2.5
1500-2499	809	100.0	518	64.0	191	23.6	81	10.0	19	2.3
2500+	10,586	100.0	7,120	67.3	2,580	24.4	727	6.9	159	1.5
Unknown	2	100.0	0	0.0	0	0.0	2	100.0	0	0.0
25-29 Years	14,401	100.0	11,085	77.0	2,575	17.9	553	3.8	188	1.3
<2500	1,086	100.0	748	68.9	244	22.5	63	5.8	31	2.9
<1500	233	100.0	170	73.0	41	17.6	9	3.9	13	5.6
1500-2499	853	100.0	578	67.8	203	23.8	54	6.3	18	2.1
2500+	13,308	100.0	10,337	77.7	2,330	17.5	490	3.7	151	1.1
Unknown	7	100.0	0	0.0	1	14.3	0	0.0	6	85.7
30-34 Years	12,812	100.0	10,190	79.5	2,123	16.6	362	2.8	137	1.1
<2500	992	100.0	718	72.4	201	20.3	51	5.1	22	2.2
<1500	199	100.0	146	73.4	39	19.6	7	3.5	7	3.5
1500-2499	793	100.0	572	72.1	162	20.4	44	5.5	15	1.9
2500+	11,818	100.0	9,472	80.1	1,921	16.3	311	2.6	114	1.0
Unknown	2	100.0	0	0.0	1	50.0	0	0.0	1	50.0
35+ Years	6,137	100.0	4,849	79.0	1,019	16.6	201	3.3	68	1.1
<2500	557	100.0	383	68.8	115	20.6	42	7.5	17	3.1
<1500	113	100.0	78	69.0	19	16.8	9	8.0	7	6.2
1500-2499	444	100.0	305	68.7	96	21.6	33	7.4	10	2.3
2500+	5,578	100.0	4,466	80.1	903	16.2	159	2.9	50	0.9
Unknown	2	100.0	0	0.0	1	50.0	0	0.0	1	50.0

Source: Delaware Health Statistics Center

Table 18:

Births by Birth Weight, Marital Status, and Adequacy of Prenatal Care

Number and Percent of Live Births by Marital Status, Birth Weight in Grams, and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group), Delaware, 1995–1999

Marital Status / Birth Weight (g)	Total		Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	32,957	100.0	26,215	79.5	5,513	16.7	843	2.6	386	1.2
<2500	2,238	100.0	1,709	76.4	409	18.3	63	2.8	57	2.5
<1500	459	100.0	367	80.0	63	13.7	9	2.0	20	4.4
1500-2499	1,779	100.0	1,342	75.4	346	19.4	54	3.0	37	2.1
2500+	30,708	100.0	24,506	79.8	5,100	16.6	778	2.5	324	1.1
Unknown	11	100.0	0	0.0	4	36.4	2	18.2	5	45.5
Single	18,942	100.0	11,743	62.0	5,129	27.1	1,761	9.3	309	1.6
<2500	2,198	100.0	1,206	54.9	628	28.6	307	14.0	57	2.6
<1500	485	100.0	278	57.3	125	25.8	64	13.2	18	3.7
1500-2499	1,713	100.0	928	54.2	503	29.4	243	14.2	39	2.3
2500+	16,741	100.0	10,537	62.9	4,501	26.9	1,454	8.7	249	1.5
Unknown	3	100.0	0	0.0	0	0.0	0	0.0	3	100.0

Source: Delaware Health Statistics Center

Table 19:

Infant, Neonatal and Postneonatal Mortality Rates

Five-Year Average Infant Mortality Rates, Neonatal and Postneonatal Mortality Rates U.S. and Delaware, 1992–1999

Area/Race	1992–1996			1993–1997			1994–1998			1995–1999		
	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal
U.S.	8.0	5.1	2.9	7.7	5.0	2.7	7.5	4.9	2.6	7.3	4.8	2.5
White	6.5	4.2	2.4	6.4	4.1	2.3	6.2	4.0	2.1	6.0	4.0	2.0
Black	15.8	10.2	5.6	15.3	9.9	5.4	14.8	9.7	5.1	14.6	9.6	5.0
Delaware	7.9	5.4	2.5	7.8	5.3	2.5	7.9	5.4	2.6	8.1	5.5	2.6
White	5.6	3.8	1.8	5.6	3.7	1.9	5.9	3.7	2.2	5.7	3.5	2.2
Black	15.7	10.7	5.1	14.7	10.4	4.3	14.4	10.6	3.8	15.7	11.8	3.9

* Based on National Center for Health Statistics estimate
Neonatal – the period from birth to 27 days; **Post-neonatal** – the period from 28 days to one year; **Infant** – the period from birth to one year;
Infant Mortality Rate – calculated in deaths per 1,000 deliveries
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 20:

Infant Mortality Rates by Race and Hispanic Origin

Five-Year Average Infant Mortality Rates by Race and Hispanic Origin U.S., Delaware, Counties and City of Wilmington, 1982–1999

Area/Race-Hispanic Origin	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	10.9	10.6	10.4	10.2	9.9	9.6	9.3	9.0	8.6	8.3	8.0	7.7	7.5	7.3
White	9.5	9.2	9.0	8.7	8.3	8.0	7.7	7.3	7.0	6.8	6.5	6.4	6.2	6.0
Black	18.7	18.3	18.0	18.1	18.0	17.9	17.7	17.5	17.0	16.4	15.8	15.3	14.8	14.6
Delaware	12.2	11.8	12.1	12.3	11.3	11.5	10.9	10.4	9.3	8.9	7.9	7.8	7.9	8.1
White	9.7	9.3	9.6	9.9	8.9	8.9	8.2	7.5	6.6	6.4	5.6	5.6	5.9	5.7
Black	20.7	19.9	20.6	20.7	19.6	20.0	19.8	19.9	18.2	17.0	15.7	14.7	14.4	15.7
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9.8	7.9	6.6	5.2	5.5	3.4	4.0
New Castle	13.1	12.6	12.4	12.5	11.2	11.3	10.8	10.7	9.5	9.0	7.8	7.3	7.3	7.9
White	10.1	9.6	9.5	9.6	8.4	8.6	7.9	7.5	6.5	6.3	5.0	4.9	4.8	4.9
Black	23.9	23.4	23.2	23.1	21.1	20.8	20.8	21.7	19.8	18.3	17.5	15.3	15.1	17.2
Wilmington**	N/A	N/A	N/A	N/A	20.9	20.4	19.6	19.5	18.0	16.6	15.2	13.6	12.8	13.7
White	N/A	N/A	N/A	N/A	16.2	14.1	12.3	11.2	9.7	10.1	6.2	6.4	5.6	6.2
Black	N/A	N/A	N/A	N/A	23.8	24.2	23.8	24.3	22.8	20.4	20.5	17.8	16.8	18.0
Balance of NC Co.**	N/A	N/A	N/A	N/A	8.6	9.0	8.6	8.5	7.5	7.2	6.1	5.9	6.0	6.6
White	N/A	N/A	N/A	N/A	7.6	8.1	7.4	7.1	6.2	5.9	4.8	4.8	4.7	4.8
Black	N/A	N/A	N/A	N/A	17.3	16.4	17.1	18.5	16.3	16.0	14.4	12.9	13.6	16.4
Kent	9.8	9.7	11.3	11.1	11.2	11.3	11.3	9.7	9.6	8.6	8.6	8.2	9.0	8.4
White	8.7	9.3	10.5	9.9	9.4	9.0	8.8	7.3	7.3	6.5	6.8	5.9	7.1	6.3
Black	13.5	11.3	14.4	15.6	17.7	19.0	19.9	17.9	17.6	15.5	15.1	16.5	15.9	15.7
Sussex	11.6	11.0	11.8	12.8	12.2	12.2	10.7	9.7	8.3	8.7	7.9	9.0	9.4	8.5
White	9.0	8.2	9.1	10.8	10.5	10.1	8.8	7.8	6.2	6.8	6.8	8.0	8.9	8.0
Black	17.9	17.8	18.5	18.0	16.8	18.0	16.1	15.3	13.7	13.9	10.4	11.1	10.4	9.9

Mortality Rates are deaths per 1,000 live births

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Hispanic data is not available before the 1989-1993 time period.
Note: All rates for Hispanic are based on fewer than 20 deaths during the period and should be interpreted with caution.

** Wilmington data is not available before the 1986-1990 time period.

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

Table 21:

Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor (Live Birth Cohort) Delaware, 1993–1997

Risk Factor	All Races	White	Black
Birth Weight			
<1500 grams	255.2	229.8	280.3
<2500 grams	65.4	56.9	78.9
2500+ grams	2.3	2.1	2.9
Age of Mother			
<20	11.0	9.0	13.6
20-24	10.4	7.6	15.8
25-29	6.4	5.3	11.4
30+	5.2	4.2	10.5
Adequacy of Prenatal Care			
Adequate	6.3	4.8	12.0
Intermediate	7.6	5.8	11.4
Inadequate	22.0	21.0	24.1
Marital Status of Mother			
Married	5.1	4.7	7.1
Single	12.0	8.8	15.4
Education of Mother			
<12 years	10.4	9.4	12.5
High School diploma	8.9	6.4	15.6
1+ years of college	4.9	3.9	10.2
Interval Since Last Live Birth			
<18 months	16.2	13.2	23.8
18+ months	5.2	4.0	8.8

Source: Delaware Health Statistics Center

Table 22:

Infant Deaths by Causes of Death and Race of Mother

Number and Percent of Infant Deaths by Selected Leading Causes of Death by Race of Mother (all birth weights) Delaware, 1994–1998

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	386	100.0	218	100.0	158	100.0	10	100.0
Birth Defects	71	18.4	56	25.7	13	8.2	2	20.0
Certain Conditions Originating in the Perinatal Period	197	51.0	91	41.7	100	63.3	6	60.0
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	91	23.6	34	15.6	52	32.9	5	50.0
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	47	12.2	26	11.9	19	12.0	2	20.0
Infectious and Parasitic Diseases	15	3.9	8	3.7	7	4.4	0	0.0
Unintentional Injuries	7	1.8	6	2.8	1	0.6	0	0.0
Homicide	3	0.8	2	0.9	1	0.6	0	0.0
Diseases of the Respiratory System	9	2.3	6	2.8	3	1.9	0	0.0
All Other Causes	37	9.6	23	10.6	14	8.9	0	0.0

Infant deaths are deaths that occur between live birth and one year of age
Percentages are based upon the total number of infant deaths in each race group. Percentages may not add up to 100% due to rounding.
Live Birth Cohort – All persons born during a given period of time.
Source: Delaware Health Statistics Center

Table 23:

Child Death Rates

Five-Year Average Death Rates, Children 1-14 Years of Age U.S. and Delaware, 1983–1999

	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	34.3	33.9	33.6	33.0	32.3	31.3	30.5	29.7	29.1	28.3	27.5	26.4	25.3
Delaware	37.8	35.3	35.3	34.3	32.0	30.1	29.7	26.3	24.3	23.2	23.4	22.4	23.1

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

Table 24:

Causes of Deaths of Children by Age

Five Leading Causes of Deaths of Children 1–19 Years Old, by Age, Delaware, 1995–1999

Age	Cause of Death	Number of Deaths	Percent
1–4 Years	Unintentional injuries*	24	34.8
	Homicide	9	13.0
	Congenital anomalies	7	10.1
	Malignant neoplasms	5	7.3
	Diseases of the heart	5	7.3
	All other causes	19	27.5
	Total	69	100.0
5–14 Years	Unintentional injuries*	38	41.3
	Malignant neoplasms	15	16.3
	Diseases of the heart	6	6.5
	Suicide	6	6.5
	Homicide	4	4.4
	Congenital anomalies	3	3.3
	All other causes	20	21.7
	Total	92	100.0
15–19 Years	Unintentional injuries*	94	56.6
	Suicide	18	10.8
	Homicide	17	10.3
	Malignant neoplasms	8	4.8
	Diseases of the heart	4	2.4
	Congenital anomalies	2	1.2
	All other causes	23	13.9
	Total	166	100.0

* Motor vehicle accidents are included as part of unintentional injuries
Source: Delaware Health Statistics Center

Table 25:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide, Teens 15–19 Years of Age U.S. and Delaware, 1983–1999

	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	63.8	65.2	66.4	68.1	68.7	68.9	69.0	69.1	68.0	66.1	64.3	61.4	58.3
Delaware	43.5	50.4	50.1	52.3	47.9	48.3	44.0	45.9	46.0	47.8	53.1	55.0	55.0

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

Table 26:

Traffic Arrests of Teens

Number of Arrests for Teens Involved in Crashes, Five Year Averages, Delaware, 1992–2000

	1992-96	1993-97	1994-98	1995-99	1996-00
No insurance	41.0	44.0	51.0	58.5	62.4
Disobey traffic devise	83.6	98.4	116.4	122.8	117.2
Unsafe lane change	50.6	56.8	64.4	78.8	84.4
Following too closely	191.6	205.2	228.6	254.6	272.6
Unsafe left turn	108.0	112.6	128.6	140.0	145.4
Entering roadway unsafely	51.6	50.0	54.6	61.2	63.6
Stop sign violations	156.0	168.6	180.4	188.8	186.2
Unsafe speed	165.2	176.8	190.6	200.0	202.2
Careless driving	373.0	398.2	427.6	434.8	435.0
Inattentive driving	515.4	567.4	647.4	719.0	754.6
Driving under the influence	34.8	42.4	48.6	60.6	70.0
Other traffic arrests	334.8	359.6	388.8	394.8	390.2
Average Total Traffic Arrests	2,105.6	2,280.0	2,527.0	2,714.2	2,783.8

Source: Delaware State Police

Table 27:

Violent Juvenile Arrests

Juvenile Violent Crime Arrests, Delaware and Counties, 1988–2000

Area	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Delaware	191	214	374	594	537	525	514	588	629	549	557	654	627
New Castle	139	133	251	254	317	328	321	382	414	334	298	361	378
Kent	24	38	54	70	107	100	90	93	102	96	121	147	123
Sussex	29	43	69	70	113	97	103	113	113	119	138	146	126

Source: Statistical Analysis Center

Table 28:

Juvenile Part I Violent Crime Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–2000

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Part 1 Violent	191	214	374	394	537	525	514	588	629	549	557	654	627
Murder, Nonneg. Manslaughter	2	4	5	5	3	2	2	4	8	0	4	0	3
Manslaughter by Negligence	3	1	0	1	2	3	1	1	0	2	3	2	1
Forcible Rape	39	33	47	50	57	70	47	52	49	62	69	76	60
Robbery	51	28	105	88	133	121	144	171	168	141	137	154	139
Aggravated Assault	96	148	215	250	342	329	320	360	404	344	334	422	424

Source: Statistical Analysis Center

Table 29:

Juvenile Part I Property Crime Arrests

Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Delaware	1,961	1,964	2,307	2,159	2,211	2,156	2,225	1,957	1,711	1,851	1,954
New Castle	1,231	1,233	1,443	1,372	1,363	1,305	1,248	1,060	824	1,010	1,020
Kent	440	452	528	374	470	415	527	482	470	427	490
Sussex	290	279	336	413	378	436	450	415	417	414	444

* Part 1 Property Crimes: Burglary– Breaking or Entering, Larceny– Theft (Except MV Theft), Arson
Source: Statistical Analysis Center

Table 30:

Juvenile Part II Crime Arrests

Juvenile Arrests for Part II Crimes*, Delaware and County, 1990–2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Delaware	3,955	4,018	3,795	4,005	3,911	4,492	4,869	4,500	4,348	5,535	6,110
New Castle	2,556	2,649	2,260	2,363	2,173	2,456	2,637	2,441	2,135	3,214	3,677
Kent	658	631	695	740	756	852	927	914	956	957	1,090
Sussex	741	738	840	702	982	1,184	1,305	1,145	1,257	1,384	1,343

* Part II Offenses: Drug Abuse Violations (Sales/Manufacturing and Possession), Other Assaults, Fraud, Stolen Property (Buying, receiving, Possessing, etc.), Sex Offences (except Rape and Prostitution), Liquor Laws, Disorderly Conduct, All Other Offenses (Except Traffic), Curfew and Loitering Law Violation

Source: Statistical Analysis Center

Table 31:

Juvenile Drug Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–2000

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Drug Offenses	163	296	277	374	295	316	398	567	590	576	503	651	723
Drug Sales, Manufacturing	25	55	72	101	65	63	63	84	67	53	51	65	58
Opium, Cocaine & Derivatives	21	46	66	90	60	53	57	72	52	40	43	45	32
Marijuana	4	6	6	9	5	10	6	11	12	12	5	16	24
Synthetic/ Manufactured narcotics	0	1	0	0	0	0	0	0	3	0	0	0	0
Other Dangerous Non-Narcotics	0	2	0	2	0	0	0	1	0	1	3	4	2
Drug Possession	140	241	205	273	230	253	335	483	523	523	452	586	665
Opium, Cocaine & Derivatives	53	121	132	205	145	104	118	122	99	128	128	108	108
Marijuana	83	116	73	63	74	148	212	350	408	362	315	464	544
Synthetic/ Manufactured Narcotics	0	0	0	0	0	0	0	2	0	0	0	0	1
Other Dangerous Non-Narcotics	4	4	0	5	11	1	5	9	16	13	9	14	12

Source: Statistical Analysis Center

Table 32:

8th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 8th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 2001

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	15	24	15
Male	13	23	17
Female	16	25	13
New Castle	15	24	16
Male	14	23	19
Female	16	26	14
Kent	13	23	12
Male	11	23	14
Female	14	22	10
Sussex	16	25	13
Male	13	23	14
Female	18	27	12

Source: The Center for Drug and Alcohol Studies, University of Delaware

Table 33:

11th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 11th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 2001

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	23	44	28
Male	23	47	32
Female	23	42	23
New Castle	20	42	28
Male	20	44	33
Female	20	39	23
Kent	25	48	27
Male	24	52	31
Female	26	45	23
Sussex	30	48	29
Male	31	52	33
Female	30	46	24

Source: The Center for Drug and Alcohol Studies, University of Delaware

Table 34:

Student Violence and Possession

Number of Student Conduct Offenses and Number and Percent of Offenders Delaware, 1998–99 and 1999–00 School Years

Student Conduct and State Board of Education Incidents	1998–99	1999–2000	98/99–99/00 Change
Number of Student Conduct Reports	1,535	1,363	–172
Number of State Board of Education Reports	347	409	+62
Unknown/Incomplete	0	2	+2
Total Reports Filed	1,882	1,774	–108
Number of Offenders*	1,872	2,099	+227
Number of Offenders (Unduplicated)	1,678	1,821	+143
Percent of Student Population	1.5%	1.6%	+0.1

* includes a duplicated count for students reported for multiple offenses

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

SBE (State Board of Education) Reports: Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Alternative Schools are not included in county breakdowns but are included in Delaware total.

Source: Delaware Department of Education

Table 35:

Student Violence and Possession by County

Reports of Student Violence and Possession Delaware and Counties, 1998–99 and 1999–00 School Years

	Number of Offenses		
Number of Offenses	1998–99	1999–2000	Change
New Castle County	1,171	1,086	–85
Kent County	359	350	–9
Sussex County	280	27	–45
Charter Schools	72	27	–45
Total State	1,882	1,774	–108

Source: Delaware Department of Education

Table 36:

Student Violence and Possession by Age

Student Violence Data (Delaware Code, Title 14, §4112* and SBE**) by Age Delaware, 1999–2000 School Year

Age Range	Frequency of Offenses	Percent
4-6	8	>1%
7-9	138	7%
10-12	372	18%
13-15	881	42%
16-21	667	32%
Unknown	33	2%
Total	**2,099**	

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police
SBE (State Board of Education) Reports: Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.
Source: Delaware Department of Education

Table 37:

Student Violence and Possession by Race/Ethnicity

Reports of Student Violence (Delaware Code, Title 14, §4112* and SBE**) by Race/Ethnicity of Perpetrators Delaware, 1999–2000 School Year

Race/Ethnicity	Frequency of Offenses	Percent
4-6	8	>1%
Asian/Pacific Islander	13	1%
American Indian/Alaskan Native	4	<1%
Hispanic	83	4%
Caucasian	873	42%
African American	1,109	53%
Unknown	17	1%
Total	**2,099**	

* **Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police
** **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.
Source: Delaware Department of Education

Table 38:

Violent Adult Arrests

Violent Arrest Rate Per 1,000 Population Adults 18 and Over, Delaware, 1987–2000

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Adult Violent Arrests	967	1,177	1,488	1,878	1,923	2,065	1,978	1,997	2,155	2,200	2,286	2,406	2,428	2,449
Rate	2.03	2.43	3.01	3.75	3.78	4.00	3.77	3.74	4.19	4.22	4.11	3.78	4.26	4.09

Source: Statistical Analysis Center

Table 39:

Violent Adult Arrests, Adults 18–39

Violent Arrest Rates Per 1,000 Population Adults 18–39 Only, Delaware, 1987–2000

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Rate	4.08	4.90	6.13	7.65	7.79	8.32	7.92	7.94	8.54	8.72	9.09	7.89	7.80	7.96

Source: Statistical Analysis Center

Table 40:

Dropouts

Delaware Dropouts by Gender, Race/Ethnicity, and Age, Summary Statistics Grades 9–12, 1999–2000

		Annual Dropout Rate (%)	Percentage of All Dropouts (%)
Total		4.2	100.0
Gender	Male	4.9	59.4
	Female	3.5	40.6
Race/Ethnicity	American Indian	6.7	0.4
	African American	5.6	38.8
	Asian	1.5	0.8
	Hispanic	7.2	6.8
	White	3.5	53.7
Age	Less than 15	0.2	1.5
	Age 15	2.9	17.4
	Age 16	5.2	30.4
	Greater than 16	9.3	50.7

Source: Delaware Department of Education

Table 41:

Dropouts and Enrollment by Race/Ethnicity

Delaware Dropouts and Student Enrollment by Race, Public School Students Grades 9–12 Delaware and Counties, 1999–2000 School Year

Area	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,665	1,341	22,535	33,541	541	96	776	1,413
New Castle	6,131	963	12,582	19,676	341	71	386	798
Kent	1,842	193	5,110	7,145	111	11	214	336
Sussex	1,692	185	4,843	6,720	89	14	176	279

Source: Delaware Department of Education

Table 42:

Dropout Rate and Percentage by Race/Ethnicity

Dropout Rate and Percentage of all Dropouts by Race, Public School Students Delaware and Counties, 1999–2000 School Year

County	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.6	7.2	3.4	4.2	38.3	6.8	54.9	100.0
New Castle	5.6	7.4	3.1	4.1	24.1	5.0	27.3	56.5
Kent	6.0	5.7	4.2	4.7	7.9	0.8	15.1	23.8
Sussex	5.3	7.6	3.6	4.2	6.3	1.0	12.5	19.7

Source: Delaware Department of Education

Table 43:

Dropouts and Enrollment by Race/Ethnicity and Gender

Student Enrollment and Delaware Dropouts by Race and Gender, Grades 9–12 Public School Students in Delaware, 1999–2000 School Year

Gender	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,665	1,341	22,535	33,541	541	96	776	1,413
Male	4,831	676	11,642	17,149	318	62	459	839
Female	4,834	665	10,893	16,392	223	34	317	574

Source: Delaware Department of Education

Table 44:

Dropout Rate and Percentage by Race/Ethnicity and Gender

Dropout Rate and Percentage of all Dropouts by Race and Gender, Grades 9–12 Public School Students in Delaware, 1999–2000 School Year

Gender	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.6	7.2	3.4	4.2	38.3	6.8	54.9	100.0
Male	6.6	9.2	3.9	4.9	22.5	4.4	32.5	59.4
Female	4.6	5.1	2.9	3.5	15.8	2.4	22.4	40.6

Source: Delaware Department of Education

Table 45:

Dropouts by Race/Ethnicity

Dropouts by Race/Ethnicity, Grades 9–12, Delaware, 1988–2000

Race/Ethnicity	1988-1989	1989-1990	1990-1991	1991-1992	1992-1993	1993-1994	1994-1995	1995-1996	1996-1997	1997-1998	1998-1999	1999-2000
Black	10.2	10.0	7.9	6.2	5.8	6.8	5.8	5.3	6.1	6.4	5.2	5.6
Hispanic	14.2	11.9	8.8	7.9	5.1	6.7	7.5	8.3	7.3	8.2	6.9	7.2
White	6.2	5.4	4.9	3.0	3.6	3.8	4.0	4.0	3.7	3.8	3.4	3.4
All	7.3	6.6	5.7	4.0	4.2	4.6	4.6	4.5	4.5	4.7	4.1	4.2

Source: Delaware Source: Delaware Department of Education

Table 46:

Teens Not in School and Not in the Labor Force

Number and Percentage of Teens (16–19 Yrs.) Not in School and Not in the Labor Force Delaware, Counties and City of Wilmington, 1990 Census

Area		Total	%*	White	%*	Black	%*	Other	%*	Hispanic Origin	%*
Delaware											
	High School Graduate	472	1.3	310	1.1	152	2.0	10	0.9	5	0.5
	Not High School Graduate	1,433	3.8	811	2.8	564	7.6	58	5.0	57	5.5
New Castle											
	High School Graduate	313	1.2	212	1.0	91	2.0	10	1.2	5	0.7
	Not High School Graduate	864	3.4	467	2.4	357	7.8	40	4.9	36	5.0
Wilmington											
	High School Graduate	63	1.8	15	2.0	48	2.0	0	0.0	0	0.0
	Not High School Graduate	349	10.1	60	7.9	270	11.1	19	7.2	25	7.1
Kent											
	High School Graduate	73	1.1	58	1.2	15	0.9	0	0.0	0	0.0
	Not High School Graduate	268	4.0	172	3.6	89	5.1	7	2.7	2	0.8
Sussex											
	High School Graduate	86	1.6	40	1.0	46	4.0	0	0.0	0	0.0
	Not high school graduate	301	5.6	172	4.2	118	10.2	11	11.6	19	23.5

* Percentage of all teens 16–19 years old
Source: U.S. Bureau of the Census

Table 47:

Teens Not in School and Not Working

Three Year Average Percentage of Persons (16-19 Yrs.) Not in School and Not Working U.S. and Delaware, 1987–2001

	1987-1989	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001
U.S.	9.6	9.3	9.4	9.6	9.8	9.6	9.2	9.1	9.0	8.6	8.3	7.9	8.0
Delaware	7.5	10.3	9.0	7.4	10.8	9.6	9.8	4.9	6.9	7.1	7.8	9.8	11.0

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

Table 48:

Children in Poverty

Three-Year Average Percentage of Children (0-17) in Poverty U.S., Delaware, and Counties, 1989–2001

	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01
U.S.	19.9	20.7	21.4	22.1	22.1	21.8	21.0	20.4	19.8	18.6	17.3
Delaware	11.9	11.8	10.9	12.7	12.5	13.8	13.8	15.3	15.5	16.6	16.7
New Castle	13.2	14.8	12.9	13.2	11.5	13.9	13.0	13.3	12.7	12.8	12.5
Kent and Sussex	10.8	7.5	7.9	11.7	14.5	13.4	15.9	18.9	20.9	22.5	23.2

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

Table 49:

Children in Poverty by Household Structure

Three-Year Average Percentage of Children (0-17) in Poverty by Household Structure Delaware, 1984–2001

	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01
One Parent	48.0	51.5	51.9	46.3	38.0	30.0	28.9	30.0	34.4	36.3	35.7	33.7	34.7	33.1	33.7	34.3
Two Parents	6.5	6.1	4.5	4.3	5.1	5.4	4.3	2.2	3.2	3.4	4.2	4.3	4.3	6.3	7.1	8.2

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

Table 50:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type U.S. and Delaware, 1989–2001

	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001
U.S.											
1-Parent	12,067	12,610	12,617	12,730	13,187	14,187	15,233	16,177	17,142	18,369	19,702
2-Parent	39,233	40,747	42,213	43,680	45,300	47,100	49,133	51,467	53,775	56,575	59,408
Delaware											
1-Parent	14,567	14,667	15,000	15,667	16,133	17,167	18,467	19,100	19,733	20,233	22,133
2-Parent	41,200	44,237	47,570	49,033	50,867	51,167	53,403	56,900	58,969	60,436	61,855

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

Table 51:

Subsidized Child Care

Number of Children in State Subsidized Child Care Projected Monthly Averages, Delaware, Fiscal Years 1995–2001

	1995	1996	1997	1998	1999	2000	2001
Delaware Totals	5,743	6,919	8,482	9,592	10,200	11,640	12,613
Welfare Reform*	2,427	3,366	3,742	4,262	3,743	3,200	2,351
Income Eligible**	3,316	3,553	4,740	5,330	6,457	8,440	10,262

* The welfare reform numbers refer to the number of children in families who received TANF that year or received TANF child care for one year after leaving the TANF program.
** The income eligible numbers reflect the working poor families below 200% of poverty.
90% of children with authorization to receive subsidized child care attend in a given month.
Source: Delaware Department of Health and Social Services, Division of Social Services

Table 52:

Free and Reduced-Price Breakfasts

Average Number of Free and Reduced-Price Breakfasts Served Daily 1993/94–1998/99 School Years and Percent of Total Breakfasts Served 1993/94–1999/00 School Years Delaware and Counties

	1993-1994		1994-1995		1995-1996		1996-1997		1998-1999		1999-2000*
	Number	%	Number	%	Number	%	Number	%	Number	%	%
Delaware	12,612	82.8	12,484	82.2	12,215	82.2	14,209	81.4	13,503	79.7	77.7
New Castle	6,272	85.3	5,806	84.6	5,579	83.8	6,353	81.8	6,482	79.9	77.4
Kent	2,604	77.7	3,133	77.3	3,073	79.3	4,157	79.7	3,280	78.3	75.7
Sussex	3,736	83.2	3,545	82.3	3,563	82.3	3,699	82.2	3,741	80.9	79.9

* Average number of breakfasts served is not available for the 1999-2000 school year
Source: Delaware Department of Education

Table 53:

Free and Reduced-Price Lunches

Average Number of Free and Reduced-Price Lunches Served Daily and Percent to Total Enrollment Delaware and Counties, 1995/96 – 1999/00 School Years

		1996-1997 Number	%	1997-1998 Number	%	1998-1999 Number	%	1999-2000 Number	%
Delaware	Enrollment	110,245		112,026		113,082		114,195	
	Free	32,208		33,834		38,096		30,593	
	Reduced	6,088		6,955		6,936		6,927	
	Percent Free and Reduced	148,541	34.7	152,815	36.4		33.8		32.9
New Castle	Enrollment	64,609		66,154		66,831		66,307	
	Free	17,720		19,416		21,190		17,553	
	Reduced	3,223		3,657		3,593		3,663	
	Percent Free and Reduced		32.4		34.9		31.9		32.0
Kent	Enrollment	27,749		24,835		25,005		24,817	
	Free	7,056		7,024		8,328		6,318	
	Reduced	1,640		1,853		1,712		1,667	
	Percent Free and Reduced		35.1		35.7		33.7		32.2
Sussex	Enrollment	20,887		21,037		21,246		27,812	
	Free	7,432		7,394		8,578		6,567	
	Reduced	1,225		1,445		1,568		1,554	
	Percent Free and Reduced		41.4		42.0		40.2		37.2
Charter	Enrollment							1,259	
	Free							155	
	Reduced							43	
	Percent Free and Reduced								15.7

Source: Delaware Department of Education

Table 54:

Children Without Health Insurance

Three-Year Average Percentage of Children Not Covered by Health Insurance U.S. and Delaware, Three-Year Moving Average, 1984–2001

	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01
U.S.	15.6	15.7	15.3	14.4	13.6	13.1	13.0	12.7	12.9	13.4	13.9	14.3	14.5	15.1	14.8	13.6
Delaware	15.1	15.1	14.9	11.6	11.8	11.4	13.4	10.7	10.8	10.2	12.1	12.4	13.7	14.9	12.8	10.6

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

Table 55:

Health Insurance

Three-Year Average Percentage Persons (0–64) without Health Insurance U.S. and Delaware, 1984–2001

	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01
U.S.	17.4	17.6	17.2	16.3	15.6	15.3	15.6	16.1	16.6	17.0	17.2	17.3	17.7	18.1	18.0	17.2
Delaware	16.9	16.9	16.7	14.1	14.0	14.2	15.7	14.2	14.0	14.2	15.8	15.8	15.7	15.7	15.0	14.0

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

Table 56:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years Annual Income in Dollars, U.S., 2000

	Related Children under 18 years old								
Size of Family Unit	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person under 65 years old	$8,959								
One person 65 years old or older	$8,259								
Two people, householder under 65 years	$11,531	11,869							
Two people, householder 65 years or older	$10,400	11,824							
Three people	$13,470	13,861	13,874						
Four people	$17,761	18,052	17,463	17,524					
Five people	$21,419	21,731	21,065	20,550	20,236				
Six people	$24,636	24,734	24,229	23,736	23,009	22,579			
Seven people	$28,374	28,524	27,914	27,489	26,696	25,772	24,758		
Eight people	$31,704	31,984	31,408	30,188	29,279	28,334	28,093		
Nine people or more	$38,138	38,322	37,812	37,385	36,682	35,716	34,841	34,625	33,291

Source: U.S. Census Bureau

Table 57:

Home Ownership

Percent of Home Ownership, U.S. and Delaware, 1989–2000

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
U.S.	63.9	63.9	64.1	64.1	64.5	64.0	64.7	65.4	65.7	66.3	66.8	67.4
Delaware	68.7	67.7	70.2	73.8	74.4	70.5	71.7	71.5	69.2	71.0	71.6	72.0

Source: U.S. Census Bureau Housing Vacancy Survey

Table 58:

Children in One-Parent Households

Three-Year Average Percentage of Children (0-17) in One-Parent Households U.S. and Delaware, 1984–2001

	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01
U.S.	29.2	29.7	30.4	29.2	28.1	26.7	27.5	28.1	28.8	29.3	30.1	30.5	30.8	30.7	30.4	29.9
Delaware	30.1	32.2	31.9	32.2	33.2	32.1	33.5	31.8	32.8	29.8	32.7	34.4	38.3	37.0	38.9	37.3

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

Table 59:

Poverty Rates for One-Parent Families

Poverty Rates for One-Parent Female (FHH) and Male (MHH) Householder Families With Related Children Under 18 Years of Age Delaware and Counties, 1990 Census

Area	One-Porent FHH Families	FHH Families below poverty Number	FHH Families below poverty Percent	One-Parent MHH Families	MHH Families below Poverty Number	MHH Families below Poverty Percent	Risk of Poverty Ratio (FHH vs. MHH)*
Delaware	17,625	5,609	31.8	4,083	555	13.6	2.3
New Castle	11,625	3,202	27.5	2,627	264	10.0	2.8
Kent	3,193	1,257	39.4	614	127	20.7	1.9
Sussex	2,807	1,150	41.0	842	164	19.5	2.1

* Female-headed one-parent families are 2.3 times more likely to be in poverty than male-headed one-parent families .
Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 60:

Poverty Rates for Female Householder Families

Poverty Rates for One-Parent Female Householder (FHH) Families With Related Children Under 18 Years of Age Delaware and Counties, 1980 and 1990 Census

Area	1980 One-Parent FHH Families	1980 FHH Families below poverty Number	1980 FHH Families below poverty Percent	1990 One-Parent FHH Families	1990 FHH Families below Poverty Number	1990 FHH Families below Poverty Percent	Percent Change 1979–1989
Delaware	15,210	6,122	40.2	17,625	5,609	31.8	-20.9
New Castle	10,318	4,006	38.8	11,625	3,202	27.5	-29.1
Kent	2,737	1,180	43.1	3,193	1,257	39.4	-8.6
Sussex	2,155	936	43.4	2,807	1,150	41.0	-5.5

Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 61:

Female Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18 U.S. and Delaware, 1986–2001

	1986-1988	1987-1989	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001
U.S.	50.9	48.5	45.2	42.4	42.9	43.7	44.0	43.1	41.7	40.2	39.3	38.3	36.9	33.4
Delaware	42.2	37.7	32.4	26.0	25.5	26.6	31.2	33.0	31.2	28.2	28.0	28.1	30.9	31.1

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

Table 62:

Child Support Paid

Percent of Child Support That Is Paid U.S. and Delaware, Fiscal Years 1989–2001

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
U.S.	47.6	53.0	48.0	55.4	52.7	54.0	53.0	52.0	54.0	50.8	53.1	56.1	N/A
Delaware	61.0	58.7	58.4	59.3	56.1	59.9	62.0	61.4	60.2	61.0	55.3	58.7	56.4

Source: Office of Child Support Enforcement - 158 Report and Child Support Enforcement Annual Report to Congress

Table 63:

Births to Single Mothers

Five Year Average Percentage of Live Births to Single Mothers by Race and Hispanic Origin U.S., Delaware, Counties, 1984–1999

Area/Race-Hispanic Origin	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	23.4	24.6	25.8	27.0	28.1	29.1	30.2	31.1	31.6	32.1	32.5	32.5
White	15.6	16.8	18.0	19.2	20.4	21.5	22.7	23.7	24.5	25.2	25.7	26.0
Black	61.3	62.6	63.9	65.2	66.4	67.4	68.3	69.0	69.7	70.0	70.1	69.7
Hispanic*	N/A	N/A	N/A	N/A	N/A	38.1	39.6	40.3	40.8	41.1	41.4	41.2
Delaware	26.4	27.3	28.4	29.5	30.5	31.8	32.9	33.5	34.3	35.0	35.7	36.5
White	14.2	14.9	15.4	16.3	17.3	18.6	20.0	21.5	22.7	23.7	24.4	25.4
Black	66.9	68.2	68.7	69.7	70.6	72.1	72.6	73.0	73.2	72.9	72.7	72.4
Hispanic*	N/A	N/A	N/A	N/A	N/A	45.2	46.8	49.1	50.9	51.4	50.9	51.1
New Castle	25.5	26.3	26.7	27.6	28.7	29.8	30.7	31.8	32.3	32.7	33.4	34.2
White	13.7	14.2	14.5	15.1	16.1	17.2	18.3	19.8	20.7	21.3	21.9	22.7
Black	68.7	69.5	69.8	70.6	71.5	72.5	72.8	72.9	73.0	72.3	71.9	71.8
Hispanic*	N/A	N/A	N/A	N/A	N/A	46.5	46.9	49.4	49.4	49.3	47.8	47.5
Wilmington**	N/A	N/A	N/A	61.0	62.6	63.7	64.7	65.5	66.0	66.6	66.9	67.5
White	N/A	N/A	N/A	30.1	32.0	33.1	35.0	35.8	36.8	37.5	37.6	37.6
Black	N/A	N/A	N/A	78.9	79.7	81.1	82.1	83.0	83.7	84.2	84.0	84.5
Hispanic*	N/A	N/A	N/A	N/A	N/A	60.7	61.8	63.4	63.3	63.2	62.4	61.2
Kent	24.4	25.9	27.1	28.4	29.6	31.3	32.4	33.6	34.6	35.3	36.0	37.3
White	14.6	15.6	16.5	17.7	19.5	21.0	22.4	23.5	24.7	25.3	25.7	26.8
Black	56.9	59.2	60.6	62.0	62.4	64.8	65.9	67.0	68.4	69.0	69.6	70.1
Hispanic*	N/A	N/A	N/A	N/A	N/A	35.7	38.1	39.6	45.8	46.2	46.9	46.7
Sussex	32.2	33.0	33.5	34.9	35.5	37.2	39.1	40.4	41.6	43.2	43.7	44.1
White	16.3	17.3	18.2	19.7	20.4	22.2	24.3	26.3	28.7	31.2	32.4	33.7
Black	71.1	72.9	73.2	74.9	75.5	77.8	78.2	78.5	78.0	78.6	78.2	77.3
Hispanic*	N/A	N/A	N/A	N/A	N/A	47.5	52.0	53.2	56.8	58.0	59.0	60.5

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Hispanic data is not available before the 1989-1993 time period.
** Wilmington data is not available before the 1987-1991 time period.
Source: Delaware Health Statistics Center; National Center for Health Statistics

Table 64:

Unemployment

Unemployment Rates by Race and Gender U.S. and Delaware, 1985–2000

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
U.S., Total	7.2	7.0	6.2	5.5	5.3	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9	4.5	4.2	4.0
Male	7.0	6.9	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.4	4.1	N/A
Female	7.4	7.1	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.6	4.3	N/A
White	6.2	6.0	5.3	4.7	4.5	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2	3.9	3.7	N/A
Black	15.1	14.5	13.0	11.7	11.4	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0	8.9	8.0	N/A
Delaware, Total	5.3	4.3	3.2	3.2	3.5	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0	3.8	3.5	4.0
Male	5.0	4.4	3.0	3.4	3.2	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4	3.7	4.1	4.0
Female	5.6	4.3	3.4	2.9	3.8	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6	3.9	2.9	4.0
White	4.1	3.6	2.3	2.5	2.9	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3	2.9	2.6	3.4
Black	12.2	8.6	6.6	7.5	6.6	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7	6.7	6.7	6.1

*Preliminary data, subject to revision
Source: Delaware Department of Labor and U.S. Dept. of Labor, Bureau of Labor Statistics

Table 65:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1990–2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Child Care Centers*	14,481	15,642	16,727	17,117	18,269	19,328	20,371	23,404	24,937	25,665
Family Child Care Homes**	10,400	11,070	11,891	11,459	16,412	14,935	15,197	14,297	14,067	13,309
Large Family Child Care Homes***	308	336	424	488	514	519	535	601	549	571
Totals	25,189	27,048	29,042	29,064	35,195	34,782	36,103	38,302	39,553	39,545

* Child Care Center– 13 or more children
** Family Child Care Homes– 1 person caring for no more than 6 children
***Large Family Child care Homes– 2 people caring for a group of 7–12 children
Source: Delaware Department of Services for Children, Youth and Their Families

Table 66:

School Age Programs

Number of School Age Programs, Delaware and Counties, 2000

Type of care	Delaware		New Castle County		Kent/Sussex County	
	Total	School Age	Total	School Age	Total	School Age
Child Care Centers	255	239	164	156	91	83
Family Child Care	1,589	1,515	972	922	617	593
School Age Only	77	N/A	28	N/A	49	N/A

Source: The Family and Workplace Connection

Table 67:

Site-Based Public School Age Programs

Number and Percent of School Age Child Care Located At Schools, Delaware and Counties, 2000–2001

	Delaware			New Castle County			Kent/Sussex County		
	Total	School Age	%	Total	School Age	%	Total	School Age	%
Elementary Schools	106	70	66%	60	45	75%	45	25	55%
Middle Schools	28	1	4%	15	0	0%	13	1	8%

Source: The Family and Workplace Connection

Table 68:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age Delaware, Wilmington, and Counties Counties, 2000

Age	Delaware			Wilmington			New Castle County			Kent/Sussex Counties		
	Min.	Average	High	Min.	Average	High	Min.	Average	High	Min.	Average	High
0–12 months	48	96	169	60	103	200	45	112	207	50	80	130
12–24 months	49	91	158	60	97	175	49	106	186	50	77	130
24–36 months	44	88	154	55	92	175	49	103	183	40	74	125
3 years old	44	87	150	55	90	173	49	101	175	40	74	125
4 years old	44	87	150	50	88	156	49	100	175	40	74	125
Kindergarten	18	79	149	30	79	156	10	88	174	25	71	125
School Age	13	61	132	25	59	115	10	59	138	15	64	125

Source: The Family and Workplace Connection

Table 69:

Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges for Children 0-17 Years of Age by Health Insurance Status Delaware, 1994–1999

		1994	1995	1996	1997	1998	1999
Children Discharged	Delaware	435	569	485	513	420	575
	Medicaid	224	276	268	311	204	281
	Non-Medicaid	211	293	217	202	216	294
Readmissions	Delaware	87	107	77	79	69	81
	Medicaid	60	73	59	57	38	38
	Non-Medicaid	27	34	18	22	31	43
Total Discharges	Delaware	522	676	562	592	489	656
	Medicaid	284	349	327	368	242	319
	Non-Medicaid	238	327	235	224	247	337
Discharge Rate	Delaware	3.0	3.8	3.2	3.3	2.7	3.6
	Medicaid	6.9+	6.5+	7.4+	8.4+	5.6+	7.0+
	Non-Medicaid	1.8	2.7	1.8	1.7	1.8	2.5
Readmission Rate	Delaware	20.0	18.8	15.9	15.4	16.4	14.1
	Medicaid	26.8+	26.4+	22.0+	18.3+	18.6	13.5
	Non-Medicaid	12.8	11.6	8.3	10.9	14.4	14.6

Note: + Indicates that the Medicaid rate is statistically higher than the Non-Medicaid rate

Source: Delaware Health Statistics Center

Table 70:

Child Immunizations

Percent of Children Age 19–35 Months Who Are Fully Immunized U.S. and Delaware, 1994–2000

	Apr. 1994 – Mar. 1995	Jan. 1995– Dec. 1995	Jan. 1996– Dec. 1996	Jan. 1997– Dec. 1997	Jan. 1998– Dec. 1998	Jan. 1999– Dec. 1999	Jan. 2000– Dec. 2000
Delaware	81.0	75.0	81.0	81.0	80.6	80.0	76.2
U.S.	75.0	76.0	78.0	78.0	80.6	79.9	77.6

Source: Centers For Disease Control and Prevention

Table 71:

Lead Poisoning

Percent of Children under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL Delaware and U.S., Fiscal Years 1994–2001

	1994	1995	1996	1997	1998	1999	2000	2001
# Tested	7,998	8,959	9,848	9,243	9,117	9,958	10,845	14,001
# Identified	247	208	166	121	140	64	51	48
Delaware (%)	3.1	2.3	1.7	1.3	1.5	0.6	0.5	0.3
U.S. (%)	N/A	1.3	N/A	N/A	N/A	N/A	N/A	N/A

U.S. data only available for 1995
Source: Delaware Department of Health and Social Services, Division of Public Health, Childhood Lead Poisoning Prevention Program

Table 72:

Sexually Transmitted Diseases

Number and Percent of Teens Ages 15–19 with Gonorrhea and Primary or Secondary Syphilis and Chlamydia*, Delaware, 1990–1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Gonorrhea Cases	1,000	850	549	460	769	771	523	452	528	478
Primary or Secondary Syphilis Cases	16	20	7	6	2	1	2	0	2	1
Chlamydia*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,237	1,211
Total	1,016	870	556	466	771	772	525	452	1,689 **	1,690 **
Est. Population 15-19 yrs.	46,454	46,100	45,768	45,453	45,159	44,886	45,943	47,029	48,145 ‡	49,291
Delaware (%)	2.2	1.9	1.22	1.0	1.7	1.7	1.1	1.0	3.5	3.4

Note: No reliable U.S. data are available.
* The figures for chlamydia are only available for 1998 and 1999.
** The increased totals reflect the inclusion of the chlamydia figures.
‡ This figure is different the number in the KIDS COUNT 1999 Data Book.
Source: Delaware Department of Health and Social Services, Division of Public Health

Table 73:

Child Abuse and Neglect

Reported and Confirmed Reports of Child Abuse/Neglect, Delaware 1993–2001

Fiscal Year	1993	1994	1995	1996	1997	1998	1999	2000	2001
Accepted reports	4,541	4,886	5,584	5,117	6,382	6,384	6,430	5,893	5,953
Substantiated reports	1,771	1,856	1,787	1,740	2,031	2,355	1,463	1,958	1,907

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

Table 74:

Foster Care

Children in Foster Care, Delaware, Fiscal Years 1990–2001

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Average number of children per month	678	743	725	729	793	892	925	828	899	936	980	900

Sources:Delaware Department of Services for Children, Youth and Their Families
Child Abuse and Neglect: A Look at the States (The CWLA Stat Book), Child Welfare League of America, Inc., Washington, D.C., 1995 and 1997.

FAMILIES COUNT IN DELAWARE *Resource Guide*

Delaware Information Helplines

1-800-464-4357 (in state)
1-800-273-9500 (out of state)

Volunteer Link

New Castle County 577-7378
Kent and Sussex Counties 739-4456
Statewide 1-800-815-5465

State of Delaware Web Site

www.state.de.us

Delaware Department of Education
302-739-4601
www.doe.state.de.us

Delaware Department of Labor
302-761-8000

Delaware Department of Health and Social Services
www.state.de.us/dhss

- Division of Public Health
  302-739-4700
- Division of Social Services
  302-577-4400
- Division of State Service Centers
  302-577-4961
- Division of Substance Abuse and Mental Health
  302-577-4460

Delaware Department of Public Safety
302-739-4311

Delaware Department of Services for Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

Delaware State Housing Authority
302-739-4263 (Dover)
302-577-5001 (Wilmington)
www.state.de.us/dsha

Drug Free Delaware
www.state.de.us/drugfree

Office of the Governor,
Dover Office 744-4101
Wilmington Office 577-3210
Statewide 1-800-292-9570

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