You can help make

KIDS COUNT IN DELAWARE

Listen to a child • Show interest in your child's education • Teach children nonviolent ways to resolve conflict • Be a mentor to an at-risk teen • Promote youth leadership • Ask your local schools how you can become a tutor • Take a child seriously • Have your children immunized • Learn more about disabilities affecting children • Tell children you love them with your words and actions • Contribute to children's programs in your community • Ask a child how to solve the problem • Praise a child • Teach children to understand the consequences of actions • Attend events at your children's schools • Be a role model • Teach children manners • Show love to a child that is not your own • Read a book to a child • Thank a teacher

kids count IN DELAWARE

FACT BOOK 2000–2001

STATE OF DELAWARE
OFFICE OF THE GOVERNOR

THOMAS R. CARPER
GOVERNOR

Dear Friends:

Children are our most precious resource. They need strong, loving adults who are willing to take care of their needs and guide them through their formative years. They also need to believe that they matter—that their thoughts, opinions, feelings and life experiences count. This is why I believe in the KIDS COUNT Fact Book.

These pages are more than just facts and figures; they tell us a meaningful story of what it can be like to be a child in Delaware. They inform community members, decisions makers and the general public about the circumstances and needs of our children. For the more informed we are, the better decisions we make in building a brighter future for our children.

I hope you find this report helpful and informative in your continued efforts to spread the message "Families and Kids Count in Delaware!"

Sincerely,

Tom Carper

Thomas R. Carper
Governor

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DOVER, DELAWARE 19901
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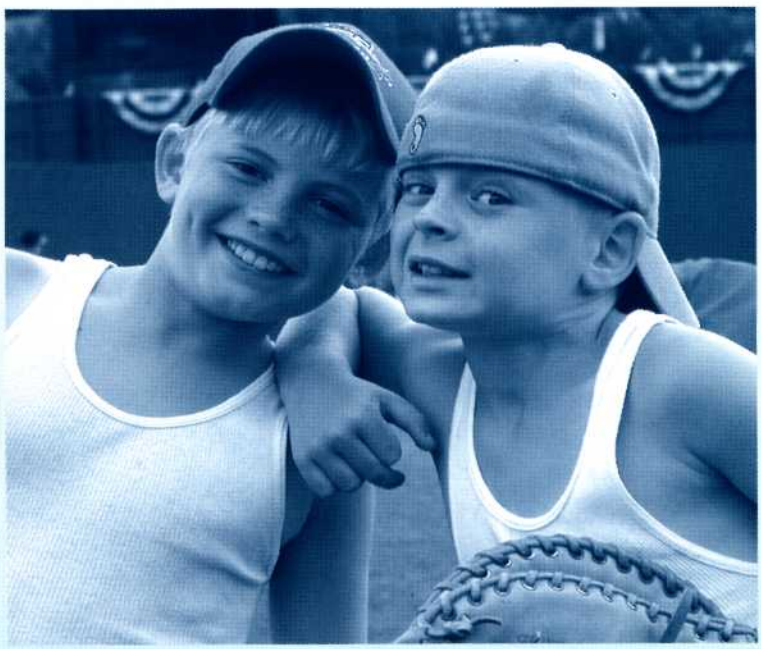

KIDS COUNT in Delaware Fact Book 2000-2001

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

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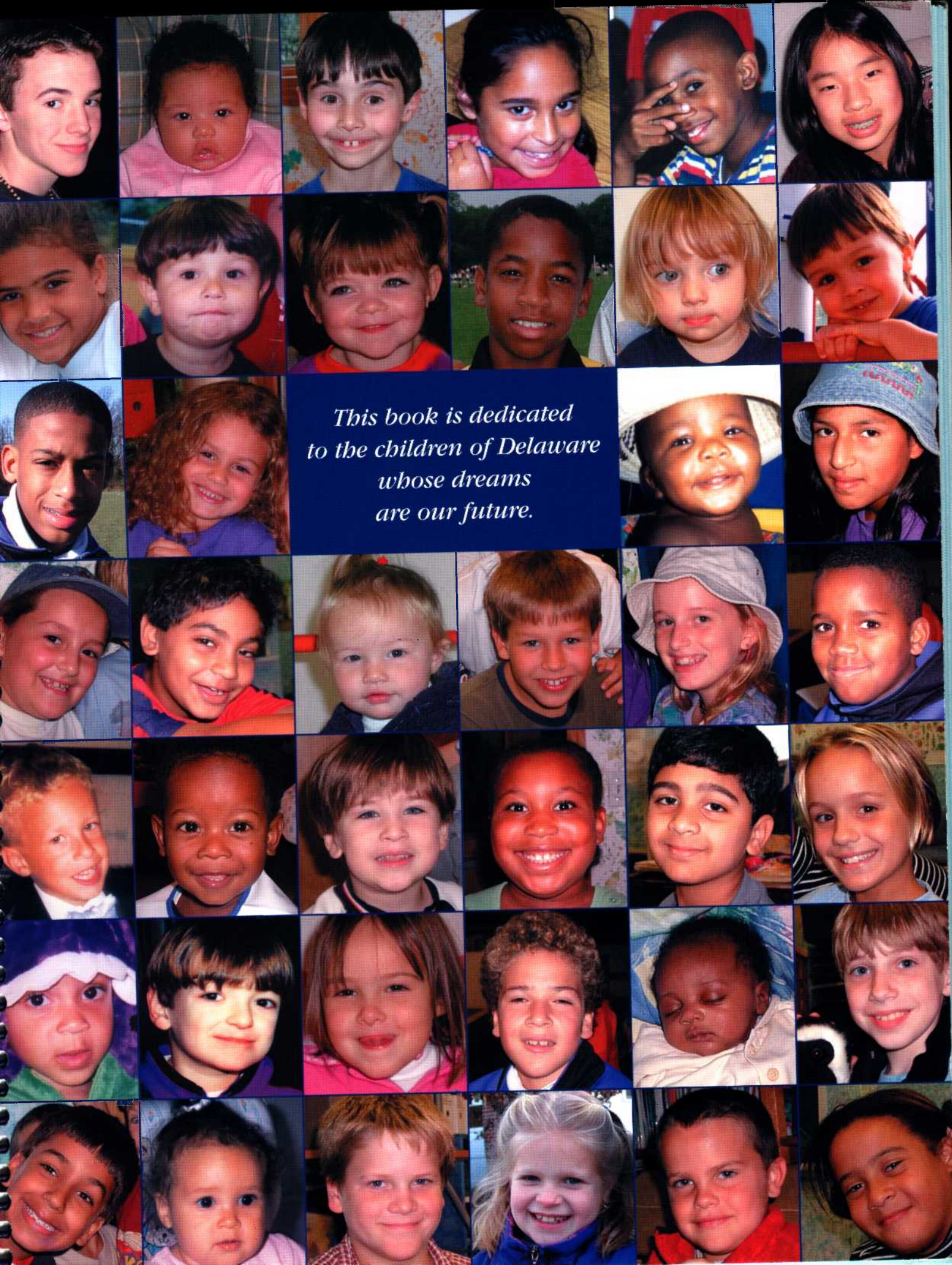
- Delaware Dept. of Health and Social Services
- Delaware Department of Labor
- Delaware Department of Public Safety
- Delaware Department of Services for Children, Youth and Their Families
- Center for Applied Demography and Survey Research
- Center for Drug and Alcohol Studies
- Delaware Health Statistics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

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


This book is dedicated
to the children of Delaware
whose dreams
are our future.

A Message from KIDS COUNT in Delaware

The Message Behind the Numbers

"We can't always build the future for our youth, but we can build our youth for the future."

– Franklin D. Roosevelt

The children of today will be leading the country of tomorrow. It is in the best interest of our society to make sure they have good health, a solid education, and a willingness to be good citizens. If we fully expect the next generation of Delawareans to be successful, we must make the effort to fully equip them for success. In this our sixth annual profile of Delaware's children, *KIDS COUNT in Delaware Fact Book 2000-2001*, we look at some of the greatest challenges in the lives of our children and youth, aiming to create a holistic view of how children are faring in Delaware.

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 Steering Committee of committed and concerned children's advocates from both the public and private sector, we bring together the best available data to measure the health, economic, educational and social well-being of children. This publication represents our ongoing effort to paint a picture, which will inform public policy and spur community action.

There are several new aspects to this year's publication:

- More information on poverty including county data
- A new section on healthy lifestyles of Delaware youth
- Increased data on our growing Hispanic population
- Expanded statistics on asthma
- Put Data into Action! – ideas for everyone to make kids count.

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

What is the message behind the numbers? What will it take to make Delaware a state in which all children can thrive and be successful? How can I make it happen? At KIDS COUNT, we do not want you to think of this publication as just a report, but rather as a tool to guide, direct and motivate policy makers, advocates and the public to do what they can to improve the quality of life for Delaware's children. If we all work together, we can make a difference!

Steven A. Dowshen, M.D.
Chair
Steering Committee

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

Look at the photographs throughout this book. They show sequences of action in the lives of Delaware children and families similar to the sequences of data which portray perspectives of the well-being of children. Data illustrate trends—changes over time—as well as multiple details to give the reader a full picture of the issue. Our snapshots also show multiple images of the same child or family, illustrating that life is not static.

In addition to the ten indicators used by the Annie E. Casey Foundation's *KIDS COUNT National Data Book*, we continue to report on early care and education, alcohol, drug and tobacco use, women and children receiving WIC, free and reduced-priced school meals and asthma data based on hospitalizations. Several areas have been expanded with Impact Statements and sources for further information. Both the appendix of tables and the FAMILIES COUNT section contain supporting documentation for many of the graphs in the KIDS COUNT section.

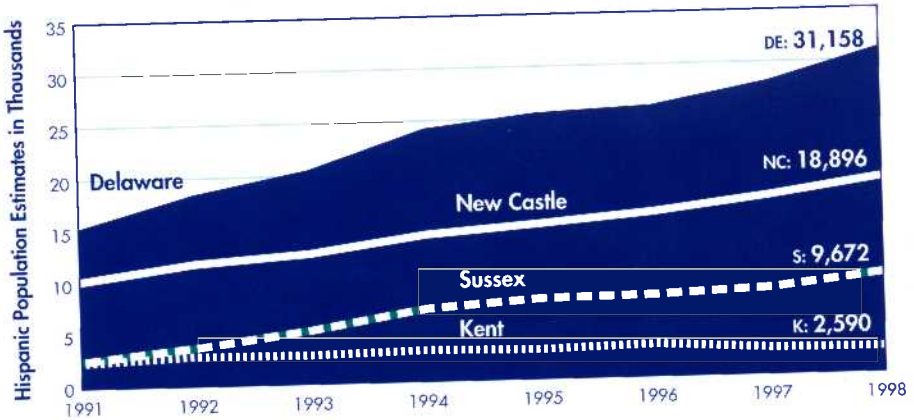
The ten featured indicators in this book have been chosen by the national KIDS COUNT project because they provide a picture of the actual condition of children rather than a summary of programs delivered or funds expended on behalf of children. These indicators have three attributes:

- 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

Hispanic Population Estimates



Source: Delaware Population Consortium

Delaware's population is becoming more racially and ethnically diverse. The Population Consortium has released estimates of the Hispanic population showing that numbers have grown from 15,348 in 1991 to 31,158 in 1998, an increase of 103 percent. New Castle County has the largest estimated Hispanic population followed by Sussex County and Kent County. Sussex County shows the greatest percent increase in Hispanic population at over 262 percent. As with small numbers, caution should be exercised when interpreting the data related to the Hispanic population throughout this book.

Trends in Delaware

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

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

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 for 1999
- Three-year and five-year averages through 1999 or 2000 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 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 Fact Book 2000–2001 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 state which has a relatively modest population 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.

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

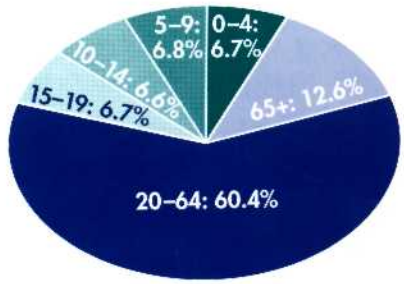
Counties and Cities: Where possible, data were delineated by counties and the city of Wilmington.

Pages are identified as KIDS COUNT (K) or FAMILIES COUNT (F).

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.

Population Estimate and Age Distribution

Delaware, 1999

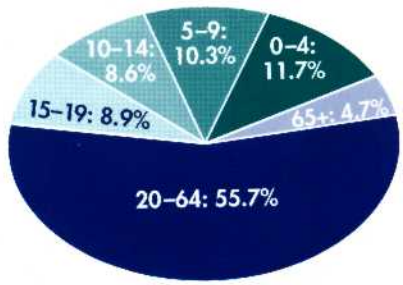


Delaware Total	752,158
Total Children 0–19	201,347
Children 0–4	50,194
Children 5–9	50,995
Children 10–14	49,739
Children 15–19	50,419

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

Hispanic Population Estimate and Age Distribution

Delaware, 1999



Delaware Hispanic Total	31,158
Total Children 0–19	12,330
Children 0–4	3,650
Children 5–9	3,217
Children 10–14	2,677
Children 15–19	2,786

Source: Delaware Health Statistic Center

While Hispanic children constitute almost 40% of the Hispanic population as a whole, children make up only 26% of the general 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.

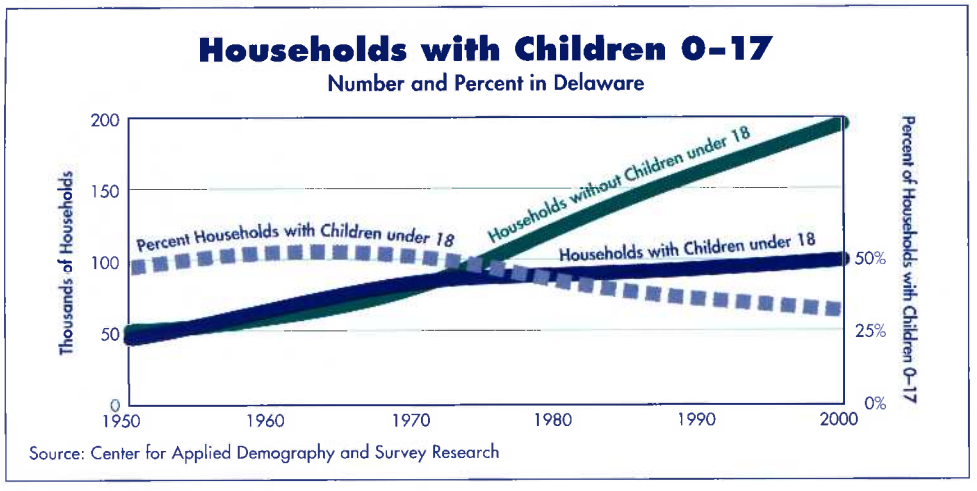
In this publication, indicators are presented as either raw numbers (25), percentages (25%), or rates (25 per 1,000 or 25 per 100,000). The formula for percents or rates is the number of events divided by the population at risk of the event (county, state, U.S.) and multiplied by 100 for percent or 1,000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

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.

A Caution About Drawing Conclusions

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 counties 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.



Since 1950 the percent of households with children under the age of 18 has dropped dramatically. In 2000 almost 200,000 households in Delaware have no children under 18, while children reside in about 100,000 households.

Using the Fact Book

Data are a powerful springboard for asking the right questions.
This book is meant to be more than a mere collection of numbers. The data provided here can be used positively—as an advocacy tool to inform action. While numbers rarely can describe the entire story, they can be used to discern distinctive patterns in a county or state. Data do not necessarily provide answers. Mostly, they are a powerful guide for asking the right questions. If your county varies greatly from the state norm, it should stimulate you to investigate the situation. Talk with experts in the field to find out what could explain the differences. Perhaps the success from one area could be duplicated in another.

The Fact Book should help you gain a holistic perspective.
Even if you are not a child-related professional or a decision-maker, the data in this book should help you gain a holistic perspective. Take, for example, the divorce rate. It has increased over the past 25 years. As a result we see more children growing up in single-parent households than ever before. Most of these single parents are single mothers. In spite of the fact that many of these mothers are employed, many are still living in poverty. This has very serious policy implications as well as significant impacts on child well-being.

Negative statistics are red flags about children experiencing pain and diminished futures. As a reader and user of this book, we hope you will remember the limitations of the data contained here. Data do not have personality or emotions, but the people they represent do. These numbers encompass infants, toddlers, young adolescents, youth and families. Negative statistics are red flags indicating that children are experiencing pain and diminished futures. Positive data tell us that many Delaware youth have enjoyed a childhood that should lead to a better future.

There are limitations to the data.
Some indicators are composite measures that lump diverse realities together. Infants can die from various causes such as birth defects, illnesses, accidents, and severe abuse—all of which have different policy implications and require different actions. So, while an indicator such as infant mortality does give us the facts, it does not tell the complete story. We must look at all aspects of the problem to arrive at solutions.

It is essential to understand what data are missing and what truths are lost.
We have taken great effort to acquire information to paint an accurate portrait of our children. However, many of these data are not available. We know our readers are interested in things such as how many children are waiting to be adopted, the number of youth who volunteered for community service, who regularly wore seat belts. Future publications may report such data.

We also know that one must ask the right question in order to get the right information. When we ask how many youth were arrested for violent crimes, the answer will be a number. However, if we also choose to ask why and how these children become offenders, we could also get answers to more relevant issues. What could we have done—as parents, educators, clergy or lawmakers—to prevent such crimes? This is the kind of information needed to make truly informed policy decisions about children and youth.

Data should also highlight the good work being done across Delaware to help the next generation to succeed. Although there has been a proliferation of information about negative indicators and outcomes, much good is also happening for and accomplished by the youth in our state. We need to begin collecting more positive data about our children because many young Delawareans are being raised well and are making the right decisions.

The effective use of these data becomes your responsibility.
As this document passes from our hands to yours, the use of these data becomes your responsibility. Like any other powerful tool, the data presented here have the potential to do harm as well as good. The inescapable moral obligation all of us share as adults is to use these data to the ultimate benefit of young Delawareans.

Note: Thanks to the *North Carolina Data Guide to Child Well-Being*, North Carolina Child Advocacy Institute for their insights into using the data.

Put Data into Action

Behind Every Number is a Child's Life...

The theme of this edition is "Put Data into Action." When you see this symbol, read our suggestions and become personally involved in improving the lives of children throughout Delaware.

With a new century there are unprecedented opportunities to improve the quality of life for children. We understand that although today's parents and citizens are very interested in helping children, people may find they have less and less time to participate in volunteer activities. There are many actions one can take even if only for a few minutes each week. These small steps – with everyone joining in – can make a difference in the life of a child.

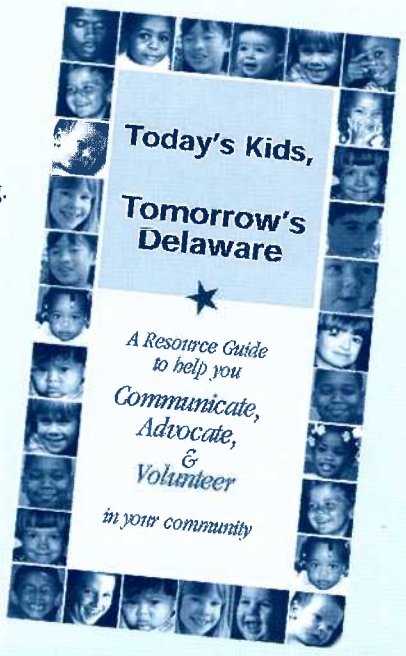
We encourage public officials, community leaders, and parents to use new research, communications, and data to act on behalf of children. Remember, behind every number there is a child with a story. Help make it a happy one ... Put Data Into Action!

"Change only takes place through action.
New ideas and vision will be useless in this millennium
if they do not lead to change."

– Dalai Lama

Today's Kids, Tomorrow's Delaware

The Results for Children Initiative is a collaborative project of the Delaware Departments of Education, Health and Social Services, and Services for Children, Youth and Their Families, along with the University of Delaware and KIDS COUNT in Delaware to strengthen the use of social indicators. Funding provided by the U.S. Department of Health and Human Services for this two-year grant has enabled the partners to focus on emphasizing the linkages between the public policy process, the public, and the information that is available on children's well-being.



To increase awareness and encourage public involvement, the Results for Children Project has developed a video package, Today's Kids, Tomorrow's Delaware, for use by groups such as civic clubs, volunteer organizations, community groups and faith communities. The package includes a short video, a discussion guide, and a booklet describing how to volunteer with children, or advocate for child-friendly policies.

To get a free copy of Today's Kids, Tomorrow's Delaware contact:

Results for Children
Center for Community Development and Family Policy
University of Delaware
Newark, DE 19716
Phone: 302-831-6780
or: KIDS COUNT in Delaware

Overview

	Delaware Compared to U.S. Average	Recent Trend in Delaware
Births to Teens Page 16 Number of births per 1,000 females ages 15–17 Five year average, 1995–99: Delaware 37.3, U.S. 32.1	WORSE	GETTING BETTER
Low Birth Weight Babies Page 20 Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight) Five year average, 1995–99: Delaware 8.5, U.S. 7.5	WORSE	GETTING WORSE
Infant Mortality Page 22 Number of deaths occurring in the first year of life per 1,000 live births Five year average, 1995–99: Delaware 8.1 Five year average, 1994–98: U.S. 7.5* * U.S data for 1995–99 was not available. 1994–98 data was used for comparison.	SIMILAR	ABOUT THE SAME
Child Deaths Page 24 Number of deaths per 100,000 children 1–14 years old Five year average, 1994–98: Delaware 22.4, U.S. 26.4	BETTER	GETTING BETTER
Teen Deaths by Accident, Homicide, and Suicide Page 26 Number of deaths per 100,000 teenagers 15–19 years old Five year average, 1994–98: Delaware 55.0, U.S. 61.4	BETTER	GETTING WORSE

Delaware Compared to U.S. Average

Recent Trend in Delaware

Juvenile Violent Crime Arrest Rate Page 28

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

1999: Delaware 8.2, 1996*: U.S. 4.7

* U.S. data for 1999 was not available 1996 data was used for comparison.

Teens Not Graduated and Not Enrolled Page 30

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

Three year average, 1998–2000: Delaware 11.6, U.S. 9.2

Teens Not Attending Schooi and Not Working Page 32

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

Three year average, 1998–2000: Delaware 9.8, U.S. 7.9

Children in Poverty Page 34

Percentage of children in poverty. In 1999 the poverty threshold for a one-parent, two-child family was $13,423. For a family of four with two children, the threshold was $16,895.

Three year average, 1998–2000: Delaware 16.6, U.S. 18.6

Children in One-Parent Households Page 38

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

Three year average, 1998–2000: Delaware 38.9, U.S. 30.4

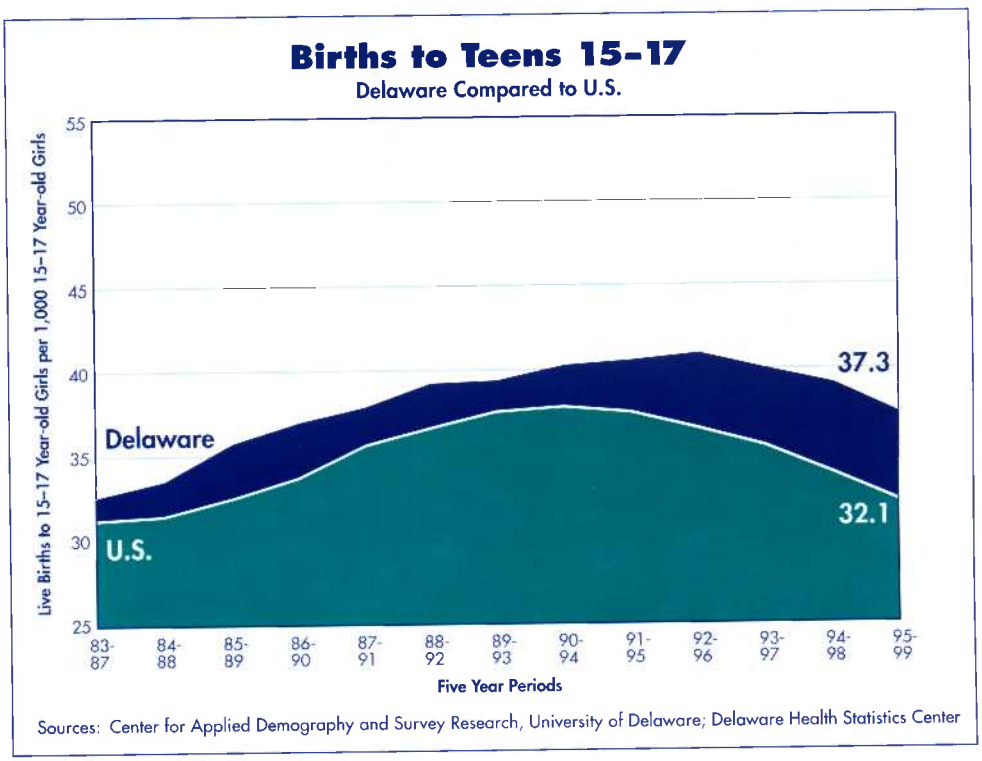
Births to Teens 15-17

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

Pregnancy during adolescence affects individuals, families and communities. Infants born to teen mothers are at a higher risk to have a low birth weight, die within their first year, suffer from developmental problems, become victims of abuse or neglect, or suffer from learning difficulties that result in failing a grade.[1]

Four out of ten women under the age of twenty will become pregnant at least once in the United States.[2] *Unfortunately, two-thirds of teen parents will not finish their high school education, leaving them with few lucrative employment prospects. The pressure of caring for and raising a child may be daunting to an adolescent especially when it limits social contact and the usual activities in which teens participate. The long-term effects of these circumstances mean that these families have a disadvantage at maintaining successful independent lifestyles. Also, the children have a much lower chance of growing up in an environment that fosters success.*[3]

1 The National Campaign To Prevent Teen Pregnancy. Accessed 7/13/00 www.teenpregnancy.org.
2 The National Campaign To Prevent Teen Pregnancy Accessed 7/13/00 www.teenpregnancy.org
3 The National Campaign To Prevent Teen Pregnancy. Accessed 7/13/00 www.teenpregnancy.org.



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

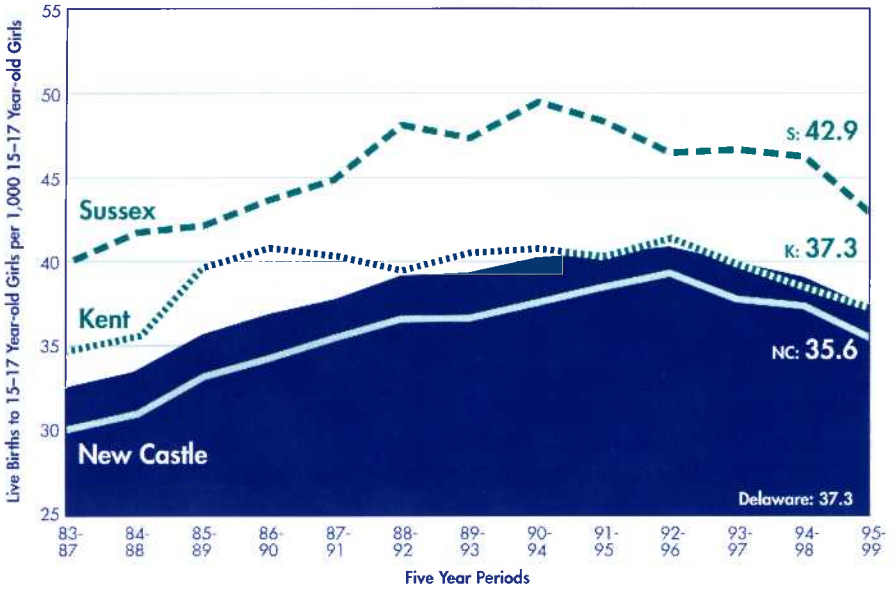
The teen birth rate has declined slowly but steadily from a high of 41.0 in the 1992–96 time period, to 37.3 in 1995–99. Rates have also declined steadily in all three Delaware counties. However Delaware still remains above the national rate.

Seven billion dollars are spent annually on child health care, foster care, the criminal justice system and public assistance **because of babies born to teens** in our country.

Source: When Teens Have Sex: Issues and Trends. The Annie E. Casey Foundation: A Kids Count Special Report. http://www.aecf.org/kidscount/teen/forewrad.htm

Births to Teens 15–17

Delaware and Counties



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

40% of the fathers of children born to teen mothers are **age 20 or older.**

20% of fathers **marry** the teen mothers of their first children.

80% of fathers **pay less** than $800 annually in child support.

Source: Who are the Fathers, and Where are They Now? Available from: www.teenpregnancy.org/teen/facts/facts19.html

Put DATA into ACTION! Copy these tips and give to other parents:

Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy

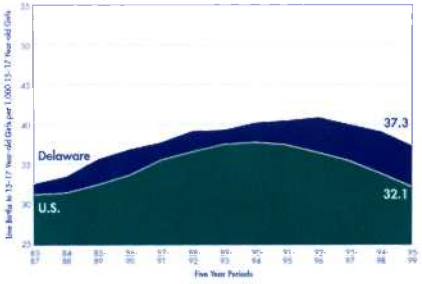
1. Be clear about your own sexual values and attitudes.
2. Talk with your children early and often about sex, and be specific.
3. Supervise and monitor your children and adolescents.
4. Know your children's friends and their families.
5. Discourage early, frequent, and steady dating.
6. Take a strong stand against your daughter dating a boy significantly older than she is. And don't allow your son to develop an intense relationship with a girl much younger than he is.
7. Help your teenagers to have options for the future that are more attractive than early pregnancy and parenthood.
8. Let your kids know that you value education highly.
9. Know what your kids are watching, reading, and listening to.
10. These first nine tips work best when they occur as part of strong, close relationships with your children that are built from an early age.

Source: The National Campaign to Prevent Teen Pregnancy

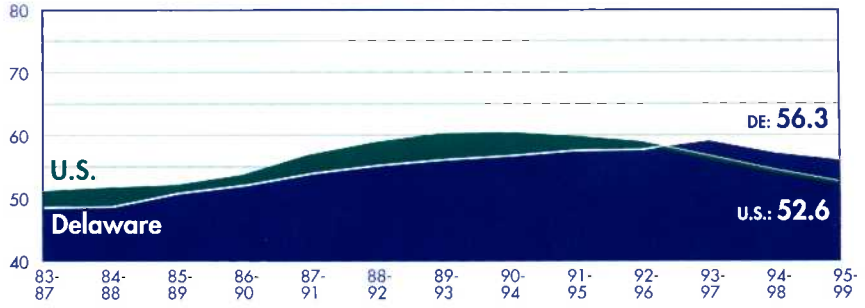
Births to Teens 15–19

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.

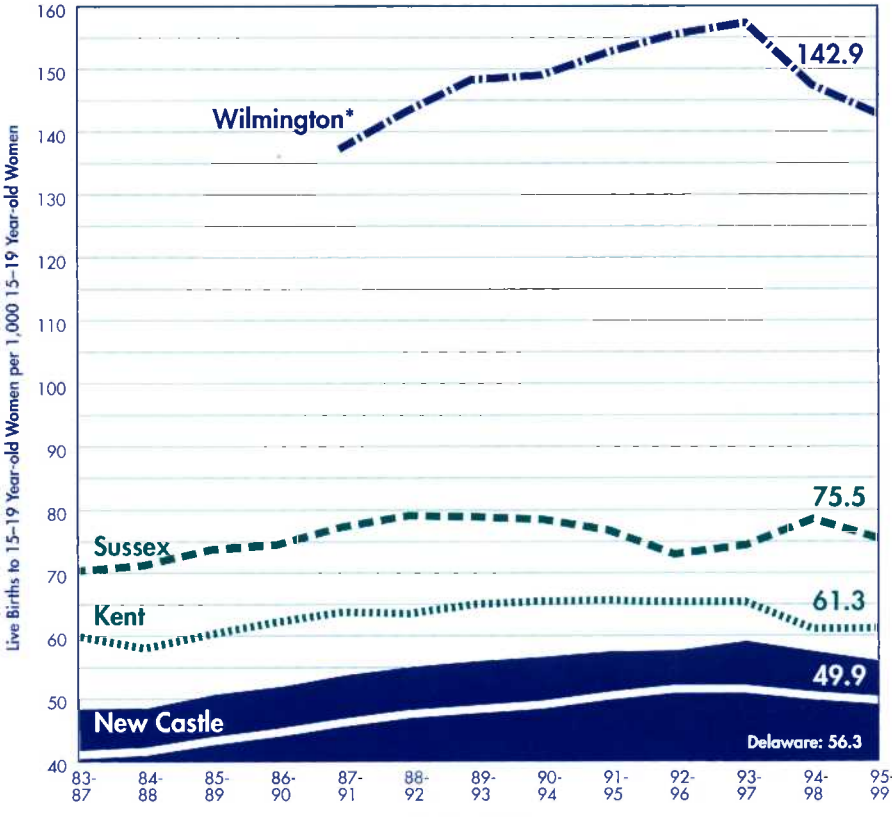
Births to Teens 15–17
as shown on poge K-12



Births to Teens 15–19
Delaware Compared to U.S.



Births to Teens 15–19
Delaware, Counties, and Wilmington



Sources: Delaware Health Statistics Center

* Wilmington data not available before the 1987–1991 period

Nearly **1/3** of teens say their friends get drunk at least once a week.

In one study of unplanned pregnancies of 14–21 year olds, **1/3** of the girls who had gotten pregnant, had **been drinking** when they had sex.

Sexually experienced teens who average five or more drinks daily are **3** times **less likely** to use condoms.

13% of teens say they've done something sexual while using alcohol or drugs that they might not have done **if they were sober.**

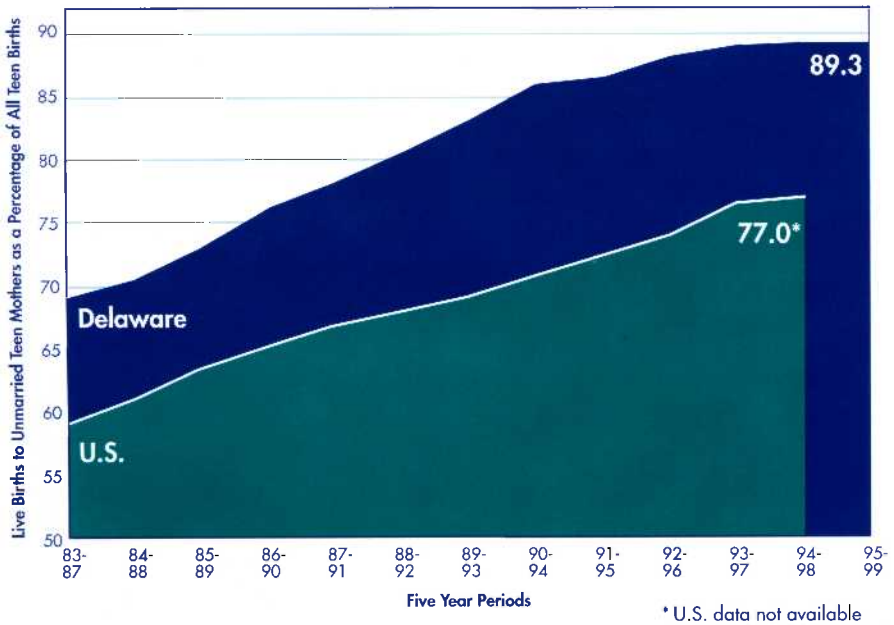
Source: The National Campaign to Prevent Teen Pregnancy. Fact Sheet: Sobering Facts on Alcohol and Teen Pregnancy. Available from: www.teenpregnancy.org/alcohol.htm.

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.

Births to Unmarried Teen Mothers

Delaware Compared to U.S.

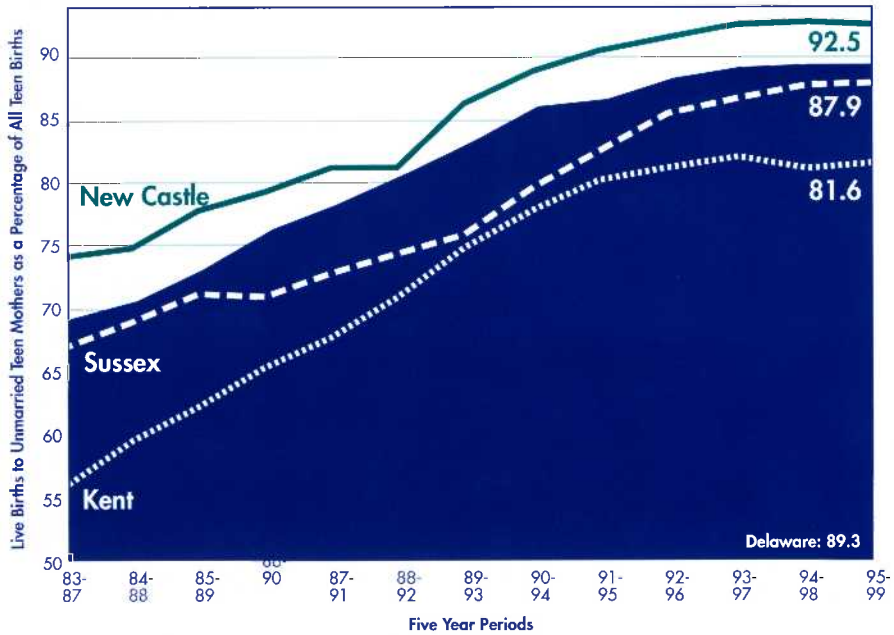


*U.S. data not available for the 1995–1999 period

Sources: Delaware Health Statistics Center

Births to Unmarried Teen Mothers

Delaware and Counties



Sources: Delaware Health Statistics Center

For more information see

Birth to Teens 15-19	p. K-18
Birth to Unmarried Teens	p. K-19
Low Birth Weight by Age and Race of Mother	p. K-21
Infant Mortality by Age of Mother	p. K-23
Children in Poverty by Household Structure	p. K-36
Children in One-Parent Households	p. K-38
Tables 6-10	p. K-60-63
Tables 13-14	p. K-65-66
Tables 21	p. K-72

In the FAMILIES COUNT Section:

Teen Births	p. F-36
Sexually Transmitted Diseases	p. F-22

Low Birth Weight Babies

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.)

Children who are born with a low birth weight have a higher risk of dying before their first birthday and they often suffer from recurrent infections or neurological and developmental problems. As time progresses, they often encounter difficulties in school, and chronic health problems.[1] Studies show that African-American infants are two times more likely than white infants to be born at a low birth weight.[2] The three primary risk factors for low birth weight are mothers who smoke, have low weight before pregnancy, and/or poor weight gain during pregnancy. Up to twenty percent of cases could be avoided if mothers had not smoked. Poverty, inadequate prenatal care, pregnancy before age 16, or after 45, and being single are also associated with low birth weight and can lead to poor birth outcomes.[3]

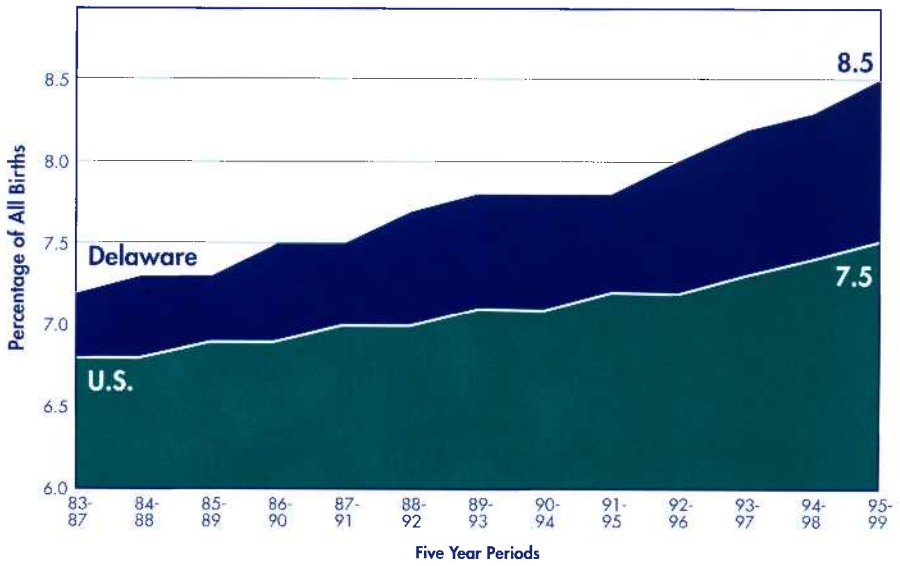
1 Saigal, S., Hoult, L., Streiner, D., Stoskopf, B., Rosenbaum, P. (2000). School difficulties at adolescence in a regional cohort of children who were extremely low birth weight Pediatrics, 105 (2).

2 Shiono, P., Behrman, R. (1995). Low birth weight: analysis and recommendations. The Future of Children, 5 1.

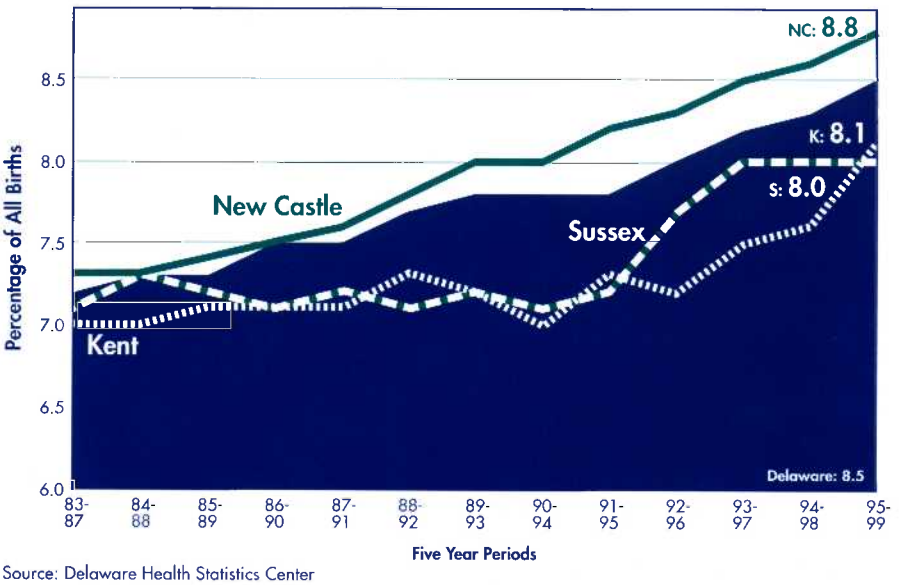
3 Rimawi, L. (2000). Low birth weight babies. Available from: http//:www.healthanswers.com

Low Birth Weight Babies

Delaware Compared to U.S.



Delaware and Counties



Source: Delaware Health Statistics Center

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

Did you know?

Low birth weight babies make up about **7%** of all infants born, but **35%** of all dollars spent on infant health care.

Source: Shiono, P., Behrman, R. (1995). Low birth weight: analysis and recommendations. Future of Children 5 (1).

For more information see

Infant Deaths by Birth Weight of Infant p. K-23

Tables 11-18 p. K-64-70

Tables 21-22 p. K-72-73

In the FAMILIES COUNT Section:

Prenatal Care p. F-10

Low Birth Weight Babies p. F-12

Infant Mortality

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 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.

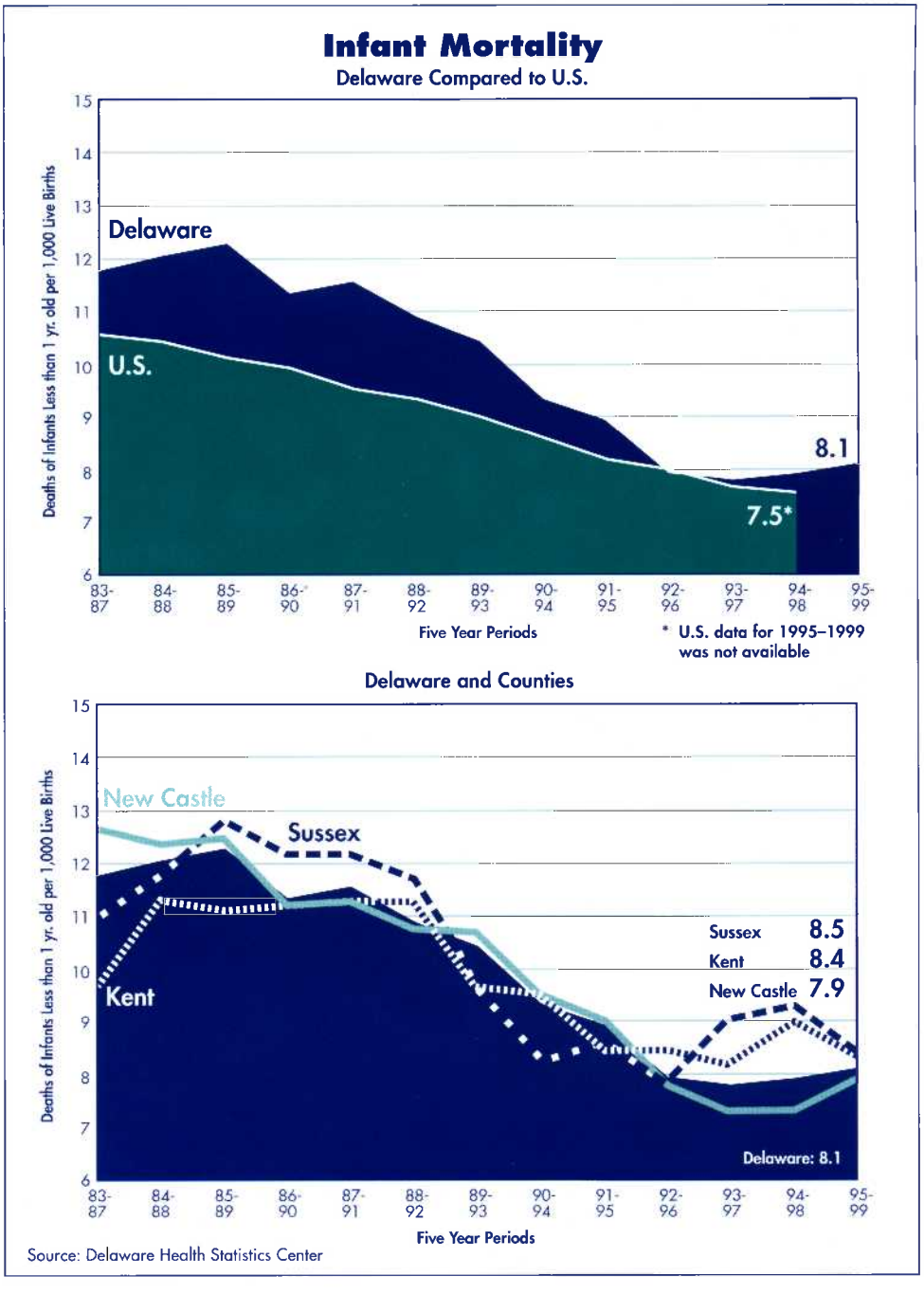
Birth Interval – the time period between the current live birth and the previous live birth to the same mother.

Leading causes of infant mortality include low birth weight, congenital anomalies, and Sudden Infant Death Syndrome.[1] Risk factors associated with high rates of infant mortality include multiple births, poverty, mothers who are in their teens, or over forty and also mothers who have little education.[2] Infant mortality is also associated with race and ethnicity. From 1960 to 1997, the infant mortality rate dropped by 74% for white infants, compared to 32% for African American infants.[3] Asian and Pacific American babies are least likely to die before their first birthday, followed by Caucasian, Hispanic and finally African American infants, who are at greatest risk.

1 Infant mortality fact sheet. U.S Department of Health and Human Services: Available from http://www.healthystart.net/factsheet/html.

2 New study identifies infants at great health risk (1998). Public Health Reports, 113 (4), 371. Retrieved July 21, 2000 from Infotrac database (Expanded Academic ASAP) on the World Wide Web: http://web2.infotrac galegroup.com/itw/session/

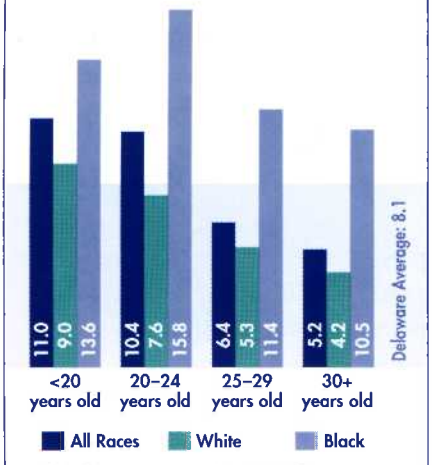
3 U.S. Department of Health and Human Services. Office of the Assistant Secretary for the Planning and Evaluation. Trends in the Well-Being of America's Children & Youth Washington: Government Printing Office, 1999



For more information see

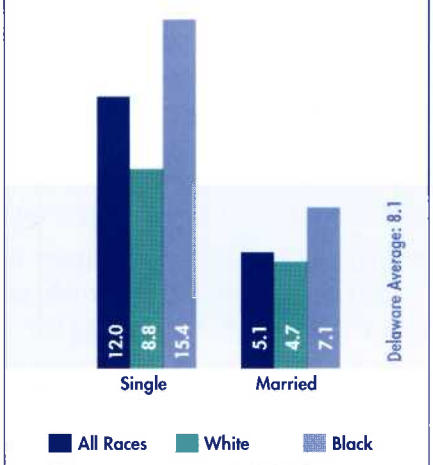
Low Birth Weight Babies	p. K-20
Child Deaths	p. K-24
Teen Deaths	p. K-26
Child Abuse and Neglect	p. K-54
Tables 19-22	p. K-70-73
Table 24	p. K-74
Table 74	p. K-96
In the FAMILIES COUNT Section:	
Prenatal Care	p. F-10
Low Birth Weight Babies	p. F-12
Infant Mortality	p. F-14

Infant Deaths Per 1,000 Live Births by
Age of Mother
Delaware



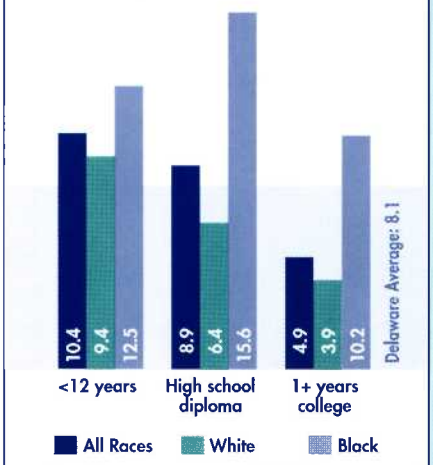
Note. Five-year average rates, 1993–97 Live Birth Cohort

Infant Deaths Per 1,000 Live Births by
Marital Status of Mother
Delaware



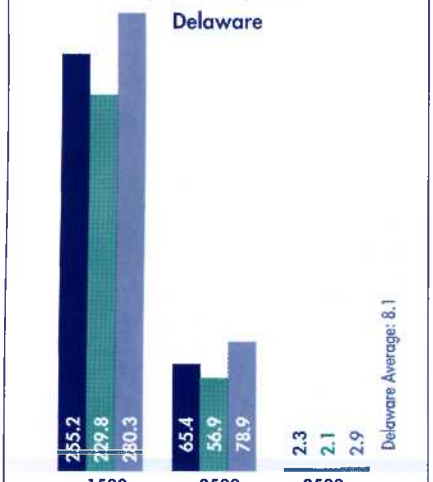
Note: Five-year average rates, 1993–97 Live Birth Cohort

Infant Deaths Per 1,000 Live Births by
Education of Mother
Delaware



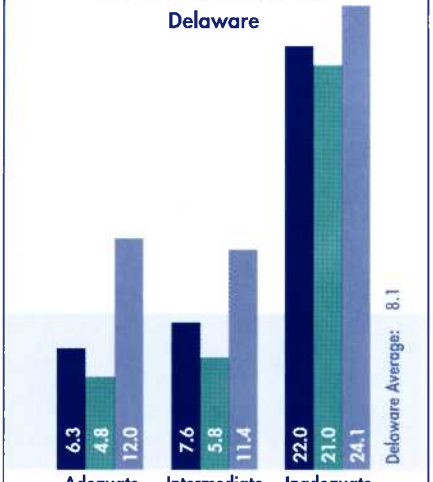
Note: Five-year average rates, 1993–97 Live Birth Cohort

Infant Deaths Per 1,000 Live Births by
Birth Weight of Infant
Delaware



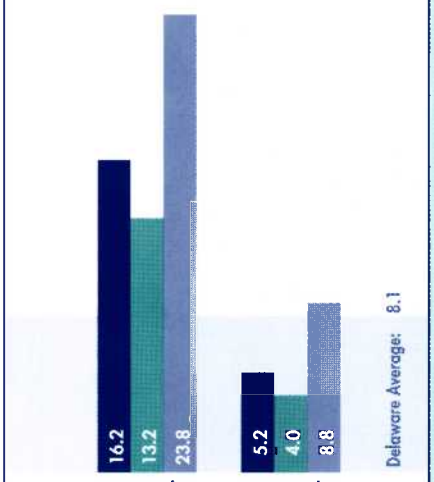
Note: Five-year average rates, 1993–97 Live Birth Cohort

Infant Deaths Per 1,000 Live Births by
Adequacy of Prenatal Care
Delaware



Note: Five-year average rates, 1993–97 Live Birth Cohort

Infant Deaths Per 1,000 Live Births by
Birth Interval
Delaware



* Excludes second+ born twins, triplets, etc.

Note: Five-year average rates, 1993–97 Live Birth Cohort

Source for six charts above: Delaware Health Statistics Center

Did you know?

- Infant mortality rates for unmarried women are twice that for married women.[1]
- Mothers without a high school diploma have had infant mortality rates twice that for women with a college education.[2]
- Infant mortality rates for children in poor families, are more than 50% higher than for families with incomes above the poverty line.[3]
- Between 1980 and 1998, the national infant mortality rate decreased from 12.6 to 7.5 per 1000, but the U.S. is still ranked 30th worldwide. The national rate for African American infants is 14.2 per 1000, which ranks 47th worldwide.[4]

Sources: 1 New study identifies infants in greatest health risk (1998). Public Health Reports (113)4.
2 New study identifies infants in greatest health risk (1998). Public Health Reports (113)4.
3 Children at risk (2000). Kids Count in Colorado! Colorado Children's Campaign.
4 Infant mortality (2000). Rhode Island Kids Count Fact Book.

Child Deaths Children 1–14 Years of Age

Definition:

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

Unintentional Injuries – accidents, including motor vehicle crashes

Most children are killed as a result of unintentional injuries.[1] For every death there are about 34 hospital stays, 1000 emergency room visits as well as countless doctor, school nurse, and home treatments.[2] The death rate only sheds light on the most serious part of this child health concern. Those most likely to encounter life-threatening injuries are children with low socioeconomic status and male children. When a child does not have access to bike helmets, child safety seats, or proper supervision for his or her developmental stage, serious injuries are much more common. The major causes of fatal injuries are motor vehicle accidents, fires or burns, poisoning, drowning and falls. Most often, accidents such as these take place in school, at home, or while using transportation.[3]

Injury related deaths are not the only danger facing America's children. The United States has the highest rates of childhood homicide, suicide and firearm-related deaths among industrialized countries. Although in the last forty years national childhood death rates have decreased substantially, homicide rates have tripled.[4]

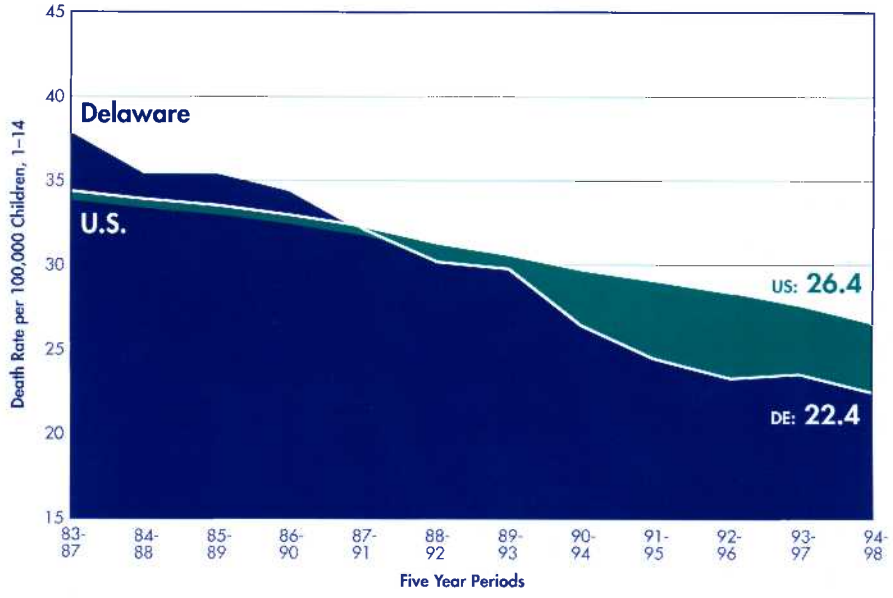
1 U.S. Department of Health and Human Services: Office of the Assistant Secretary for Planning and Evaluation. Trends in the Well-being of America's Children and Youth. U.S. Government Printing Office, 1999.

2,3 Childhood injury fact sheet. Centers for Disease Control and Prevention: National Center for Injury Prevention and Control. Available from http://www.cdc.gov/ncipc/factsheets/childh.htm

4 Rates of homicide, suicide, and firearm-related death among children - 26 industrialized countries (1999). Journal of American Medical Association, 227 (9), 704-706.

Child Deaths

Delaware Compared to U.S.



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

Put DATA into ACTION!

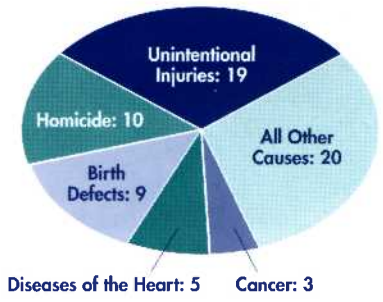
Keep children safe

The popularity of scooters has lead to a dramatic rise in injuries...

- Make sure children always wear appropriate safety gear, including helmets, wrist guards, and elbow and knee pads when riding scooters.
- Encourage toy stores to include safety tips when consumers purchase scooters and with their advertising materials.

Causes of Death of Children 1–4

Delaware, 1994–1998

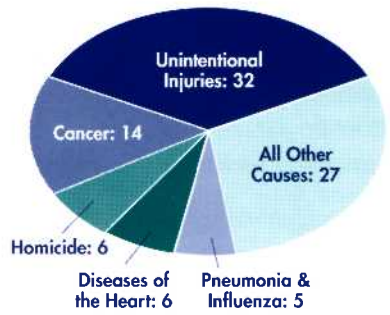


Total Number of Deaths in five-year period: 66 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5–14

Delaware, 1994–1998



Total Number of Deaths in five-year period: 90 Children

Source: Delaware Health Statistics Center

Number of Children 0–14 Who Died in 1998

in Delaware by County and Age

	Under 1	1–4	5–9	10–14
Delaware	103	13	9	10
New Castle Co.	65	10	6	4
Wilmington*	18	2	1	0
Kent Co.	18	2	0	4
Sussex Co.	20	1	3	2

* Wilmington data included in New Castle County total

Source: Delaware Health Statistics Center

Did you know?

According to the centers for Disease Control and prevention, **U.S. children** under age 15 are:

12 times more likely to **die from gunfire**

16 times more likely to be **murdered by a gun**

11 times more likely to **commit suicide with a gun**

9 times more likely to **die in a firearm accident**

than children in **25 other industrialized countries combined.**

Source: Where America stands. Children's Defense Fund. Available from http://childrensdefensefund.org/facts_america98.html

For more information see

Infant Mortality	p. K-22
Teen Deaths	p. K-26
Asthma	p. K-48
Child Abuse and Neglect	p. K-54
Tables 19-25	p. K-70-75
Table 70	p. K-94
Table 74	p. K-96

In the FAMILIES COUNT Section:

Infant Mortality	p. F-14
Child Deaths	p. F-18
Teen Deaths	p. F-23
Child Abuse	p. F-44

Teen Deaths by Accident, Homicide, & Suicide

Definition:

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

Death rates for teenagers aged 15 to 19 tend to be higher than younger children due to the risk taking characteristics of late adolescence. Motor vehicle accidents are the number one cause of death for this age group. Driver inexperience, the use of alcohol and a tendency not to use seatbelts contribute to these high numbers. In one survey 37% of high school students said that they had ridden with someone who had been drinking alcohol in the last month.[1] It is thought that alcohol is involved in 35% of adolescent driver fatalities.[2] Homicide rates are also highest among this age group. Firearms are involved in approximately 80% of homicide cases.[3] Rates of suicide have tripled since the 1960's making it the third largest killer of teens today. Nearly 5,000 adolescents end their own lives every year in the United States.[4]

Males are much more likely to die than female adolescents. Males are 2.5 times more likely to die from unintentional injury, 5 times more likely to die from homicide or suicide and 10.6 times more likely to die from drowning than females. African American males are more likely to be victims of homicide, and white teens are much more likely to commit suicide.[5]

1 Motor vehicle crashes among teenagers Center for Disease Control and Prevention National Center for Injury Prevention & Control. Available from http://www.cdc.gov/ncipc/factsheets/teenmvh.htm

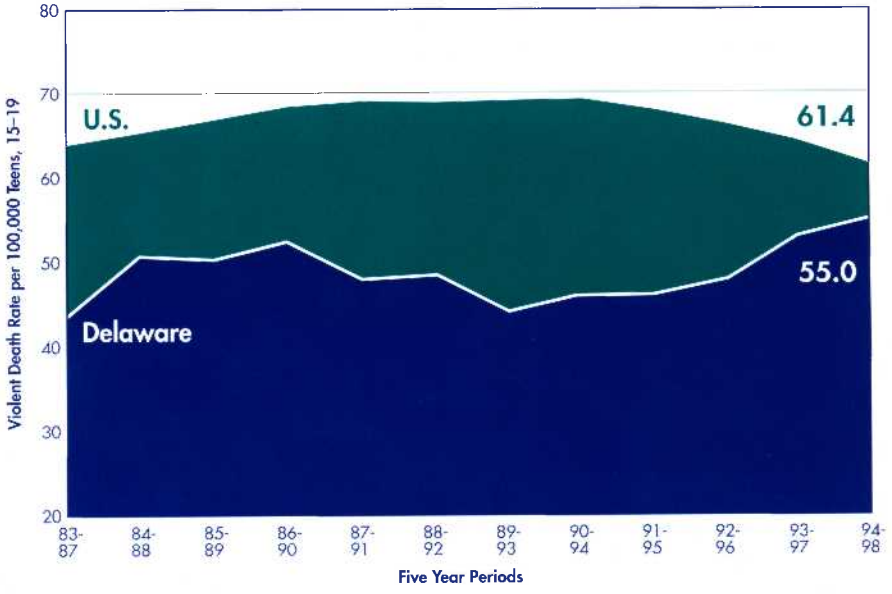
2 Facts on adolescent injury Center for Disease Control and Prevention National Center for Injury Prevention & Control. Available from http://www.cdc.gov/ncipc/factsheets/adoles.htm

3,4 Firearm injuries and fatalities. Center for Disease Control and Prevention: National Center for Injury Prevention & Control. Available from http://www.cdc.gov/ncipc/factsheets/fafacts.htm

5 Suicide fact sheet. National Mental Health Association. Available from http://www.nmha.org/infoctr/factsheets/82.cfm

Teen Deaths by Accident, Homicide, and Suicide

Delaware Compared to U.S.



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

Delaware has seen a 25% increase in the teen violent death rate since the late 1980s. The majority of these deaths are due to unintentional injuries, such as automobile accidents.

Causes of Death of Teens 15–19

Delaware, 1994–1998

Total Number of Deaths in five-year period: 169 Teens

Source: Delaware Health Statistics Center

Deaths by Accident, Homicide, and Suicide of Youth 15–19

Number in Delaware by Cause, 1998

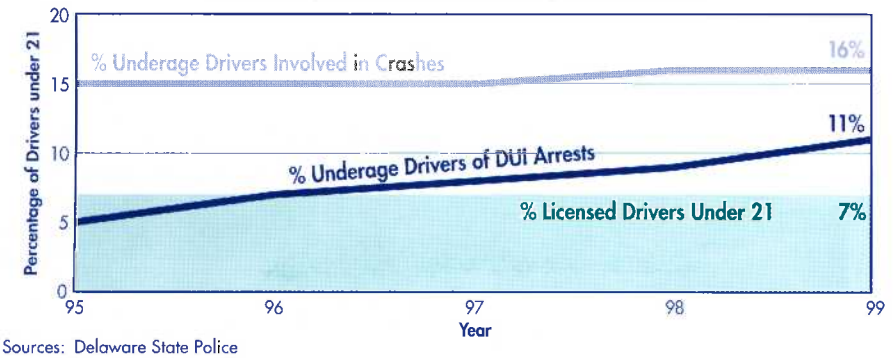
Homicide	2 males 0 females
Suicide	2 males 0 females
Motor Vehicle Crashes	14 males 5 females
Other Unintentional Injuries	4 males 0 females

Total Number of Deaths: 27 Teens

Source: Delaware Health Statistics Center

Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



Sources: Delaware State Police

While drivers under age 21 are only seven percent of all drivers in Delaware, they are involved in 16% of all crashes and 11% of all DUI arrests.

- The number of teenage **homicide victims** ages 15–19 more than **doubled** between 1970 and 1994.
- In 1996, more teenagers and young adults **died of suicide** than cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease **combined**.

Source: English, A., Morreale, M., Stinnett, A. (1999). Adolescents in public health insurance programs: medicaid and CHIP. Center for Adolescent Health & the Law: A Project of Advocates for Youth.

Put DATA into ACTION! Show youth in your community you care...

- Be available to kids in your neighborhood. Talk to them, learn about their interests, share your wisdom with them.
- Encourage your school to provide after-school programs for all youth, especially at the middle school level. Teen pregnancy, drug abuse and juvenile crime are more likely to occur between the hours of 3 to 6 p.m. daily than at any other time.
- Then, volunteer at a local after-school program.

For more information see

Infant Mortality	p. K-22
Child Deaths	p. K-24
Juvenile Violent Crime Arrests	p. K-28
Alcohol, Tobacco, and Other Drugs	p. K-50
Healthy Lifestyles	K-52
Tables 25-31	p. K-75-77

In the FAMILIES COUNT Section:

Infant Mortality	p. F-14
Child Deaths	p. F-18
Substance Abuse	p. F-20
Teen Deaths	p. F-23

Juvenile Violent Crime Arrests

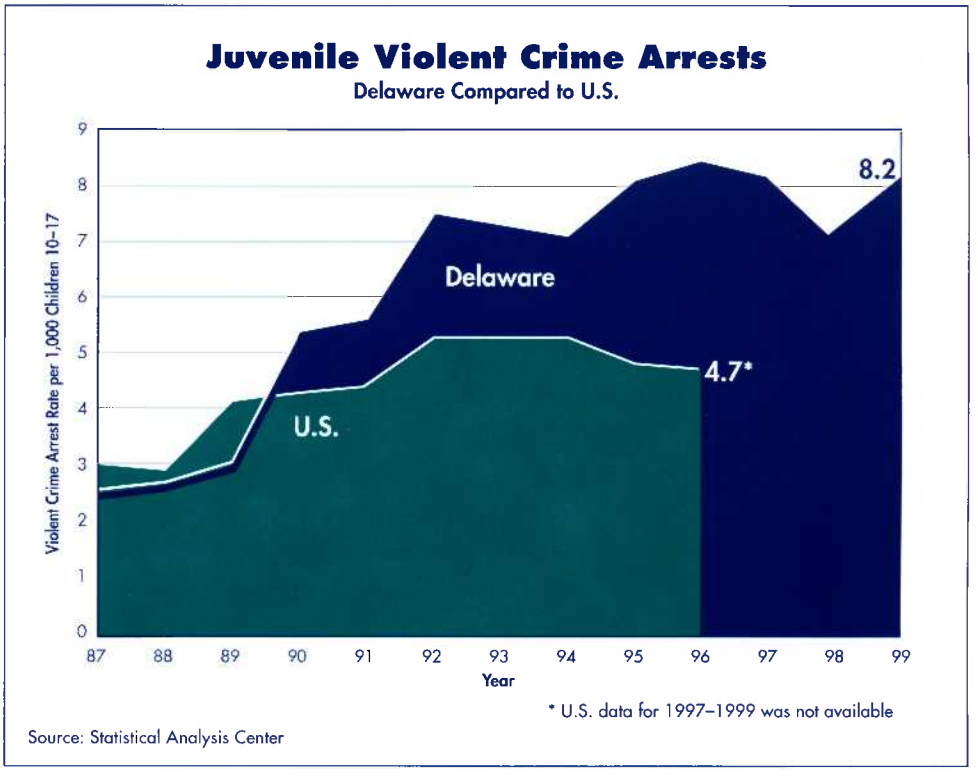
Definition:

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 crime indices include homicide, forcible rape, robbery, and aggravated assault. Risk for committing violent crime is associated with gender, race, problems with peers, family and/or school. Drug use, depression and victimization are also predictors for violent behavior. When adolescents participate in gangs, deal drugs, or drop out of school, the likelihood that they will participate in violent activities increases dramatically.[1] Violent crime participation is affected by both individual and community characteristics, which makes it difficult to predict violence in an individual. Supporting youth at an early age and ensuring that they have guidance when needed, may help in achieving healthy and safe futures for this population.[2]

1 National Governor's Association & NGA Center for Best Practices. Available from: http://www.nga.org/Pubs/IssueBriefs/2000/000214Juvcrime.asp#3

2 National Governor's Association & NGA Center for Best Practices Available from: http://www.nga.org/Pubs/IssueBriefs/2000/000214Juvcrime.asp#3



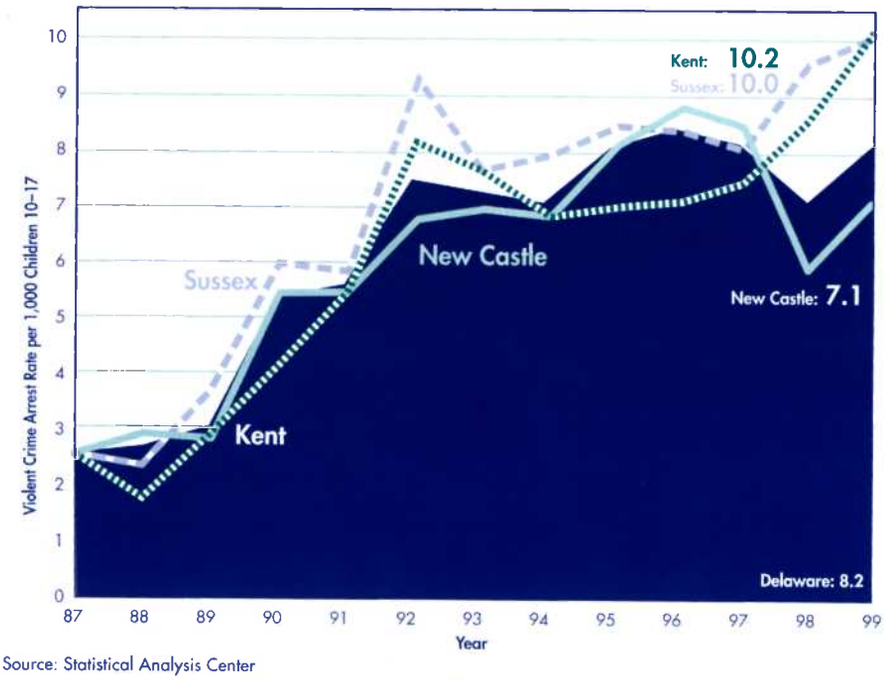
Student Violence and Possession

Delaware Code, Title 14 §4112, signed in July 1993, required that certain types of student conduct occurring in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. The State Board of Education expanded the reporting requirements of Title 14 to include evidence of other incidents involving school children such as reckless endangering, unlawful sexual conduct, or robbery.

In 39% (666) of the incidents, police charges were filed. In 172 of the incidents, possession and/or concealment of dangerous instruments were involved. Possession of unlawful controlled substances accounted for an additional 228 incidents.

Juvenile Violent Crime Arrests

Delaware and Counties



Source: Statistical Analysis Center

Did you know?

One out of every six arrests in the U.S. involves a juvenile offender. Juveniles account for:

- **8%** of all murders
- **11%** of all rapes
- **17%** of all robberies
- **12%** of all aggravated assaults

Source: H. Snyder (1999). Violent juvenile crime: the number of violent juvenile offenders declines. Corrections Today, 61 (2) 96-101

Violent Juvenile Arrests

Numbers of Juveniles Arrested

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

Source: Statistical Analysis Center

Put DATA into ACTION!

Know the issues:

School is one of the safest places for our nation's children. However, several high profile shootings in schools have resulted in increased fear. An analysis of the behavior and thinking of school shooters finds:

- Incidents of targeted violence are rarely impulsive. The attacks are typically the end result of an understandable and often discernible process of thinking and behavior.
- Prior to most incidents, the attacker told someone about his idea and/or plan.
- There is no accurate or useful profile of "the school shooter."
- Most attackers had previously used guns or had access to them.
- In a number of cases, having been bullied played a key role in the attack.

Source: U.S.S.S. Safe School Initiative: An Interim Report on the Prevention of Targeted Violence in Schools. Washington, DC.

For more information see

Teen Deaths	p. K-26
School-Aged Child Care, Did You Know	p. K-40
Healthy Lifestyles	p. K-52
Tables 27-39	p. K-76-81

In the FAMILIES COUNT Section:

Teen Deaths	p. F-23
Juvenile Delinquents in Out-of-Home Care	p. F-46
Juvenile Violent Crime	p. F-53
Adult Violent Crime	p. F-54
Adults on Probation or Parole	p. F-55

High School Dropouts

Definition:

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

Students who drop out of school often experience a fragile economic status. The increasing need for high levels of educational attainment to thrive in our society means that these adolescents face a significant disadvantage. There are many reasons that students give for prematurely terminating their education. Getting poor grades, having difficulties with teachers, pregnancy, marriage, having friends who drop out and being expelled or suspended from school all lead students to leave high school.[1] Of all drop outs, statistics show that 20 percent of students drop out before the eighth grade, and two thirds leave before the tenth.

Adolescents of Hispanic origin are the most likely to drop out followed by African American and then Asian American and Caucasian students.[2] However, it seems that socioeconomic indicators such as poverty and coming from a single-parent or non-English speaking family are much more accurate predictions of dropping out than race alone.[3]

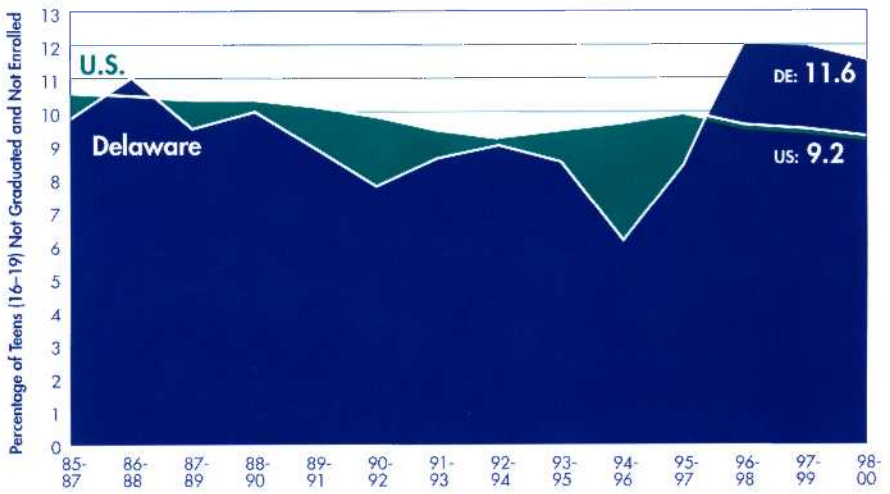
1 Schwartz, W. (1995). School dropouts: new information about an old problem. ERIC Clearinghouse on Urban Education 109. Available from: http://www.ed.gov/databases/ERIC_Digests/ed386515.html.

2 Schwartz, W. (1995). School dropouts: new information about an old problem. ERIC Clearinghouse on Urban Education. 109. Available from: http://www.ed.gov/databases/ERIC_Digests/ed386515.html.

3 Gaustad, J (1991). Identifying potential dropouts. ERIC Clearinghouse on Educational Management. Available from: http://www.ed.gov/database/ERIC_Digests/ed339092.html.

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?

It has been found from dropout self reports, that during the last two years of attending school:

1/3 cut class at least 10 times, were late at least 10 times, missed at least 10 days of school, had failed a class

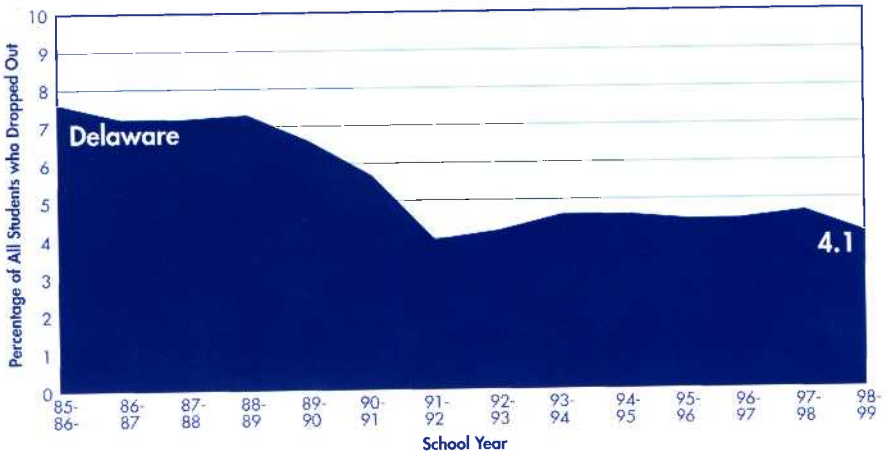
1/5 had been held back a grade

1/3 thought they were "no good at all", felt "useless at times", **said they hove nothing to be proud of**

Source: School dropouts: new information about an old problem. ERIC Clearinghouse on Urban Education. 109. Available from: http://www.ed.gov/databases/ERIC-Digests/ed386515.html

Public High School Dropouts

Grades 9–12, Delaware

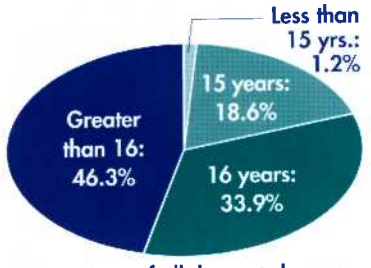


This data, provided by the Delaware Department of Education, reports information from the state's secondary schools. Delaware is one of the states that currently has the capability to maintain a complete dropout database at the state level which contains individual student records, rather than aggregate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

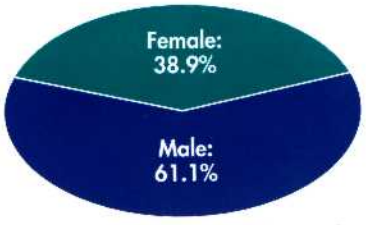
Source: Delaware Department of Education

Dropouts

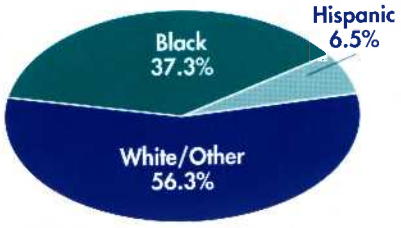
by Age, Gender, and Racial/Ethnic Group



Percentage of all dropouts by age



Percentage of all dropouts by gender

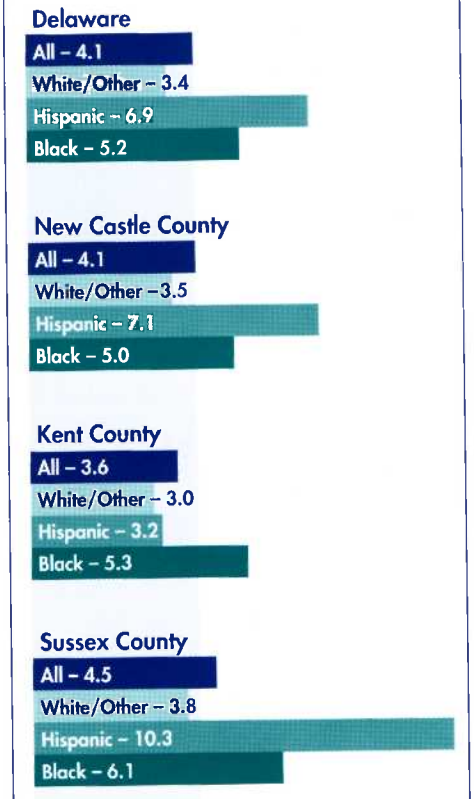


% of all dropouts by racial/ethnic group

School Year 1998–1999
Source: Delaware Department of Education

Dropout Rates

by Racial/Ethnic Group



Delaware Average: 4.1

School Year 1998–1999
Source: Delaware Department of Education

For more information see

Infant Deaths by Education of the Mother	p. K-23
Teens Not in School and Not Working	p. K-32
Suspensions and Expulsions	p. K-33
Healthy Lifestyles	p. K-52
Table 21	p. K-72
Tables 40-47	p. K-81-84
Table 65	p. K-92

In the FAMILIES COUNT Section:

Student Achievement	p. F-28
Teens Not in School and Not Working	p. F-30
High School Dropouts	p. F-31

Teens Not in School and Not Working

Definition:

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

Teens who are not in school and have not found steady employment are at risk. Their present prospects and future outcomes are often not compatible with a successful lifestyle. They are separated from their peers, which makes them lose not only academic knowledge, but social experiences as well. When adolescents are not living structured lives, they often participate in unhealthy and dangerous activities.[1] These teens limit their future prospects by staying out of the workforce because skills are not learned such as problem solving, creativity, responsibility and time management.[2] Statistically, they are much more likely to become teen parents, participate in crime, and have limited economic prospects in the future.[3]

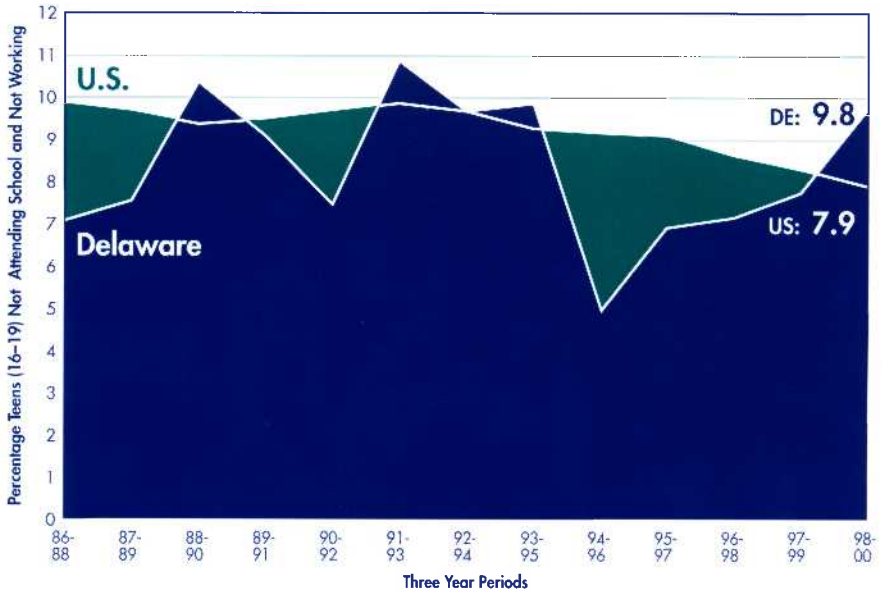
1 Indicators of child well-being. Forum on Child and Family Statistics. Available from http://www.childstats.gov/ac2000.

2 Teens not in school and not working (2000). Rhode Island KIDS COUNT Fact Book.

3 Teens not in school and not working (2000). Rhode Island KIDS COUNT Fact Book.

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

Suspensions and Expulsions

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 1998-99 school year, a total of 28,348 out-of-school suspensions were reported in Delaware's public schools. Three percent of these suspensions occurred in grades K-3. Approximately 47% of the suspensions involved students from grades 4-8 and the remaining 50% of suspensions happened at the high school level, grade 9-12. Suspensions were the result of various infractions, including fighting (13%) and defiance of authority (20%). The number of different students involved in incidents that resulted in suspension was 13,038.

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 in Delaware Schools, 1998-99

County	Number of Expulsions	Enrollment	Percentage of Enrollment Who Were Suspended
Delaware	200	113,082	0.2%
New Castle	87	66,831	0.1%
Kent	27	25,005	0.1%
Sussex	86	21,246	0.4%

Source: Delaware Department of Education

Put DATA into ACTION! Offer your support:

- Support safe places in the community that offer productive activities for teens can connect youth to caring adults, strengthen teens' commitments to school, and provide opportunities for young people to contribute to their community and society.
- Support programs such as Junior Achievement which helps youth understand business, value education and be workforce ready.
- 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 to employers and places of employment. Hire a teen who may not have these connections or encourage local businesses to reach out such youth.

For more information see

High School Dropouts	p. K-30
Healthy Lifestyles	p. K-52
Tables 40-47	p. K-81-84
Table 65	p. K-92

In the FAMILIES COUNT Section:

Student Achievement	p. F-28
Teens Not in School and Not Working	p. F-30
High School Dropouts	p. F-31
Unemployment	p. F-50

Children in Poverty

Definition:

Children in Poverty – percentage of children in poverty; in 1999 the poverty threshold for a one-parent, two child family was $13,423. For a family of four with two children, the threshold was $16,895.

Poverty can be defined as not having enough economic resources to meet the basic needs of life such as food, shelter and clothing. Poverty can have devastating consequences for children and their families. Children who live in poverty are more likely to have trouble in school, more likely to become a teenage parent, and have trouble attaining adequate employment as adults.[1] Three factors that often lead to poverty are single parenthood, low educational attainment and part-time or no employment. Children who are living with single mothers are five times more likely to live in poverty than their counterparts.[2]

In order for children to grow up to be healthy and vibrant contributors to society, they need adequate nutrition, education and nurturing. When living in poverty, children are susceptible to food insecurity, inconsistent access to quality medical care, and limited school choices.[3] Poverty is one of the main predictors of whether a child is going to grow up into a successful adult.

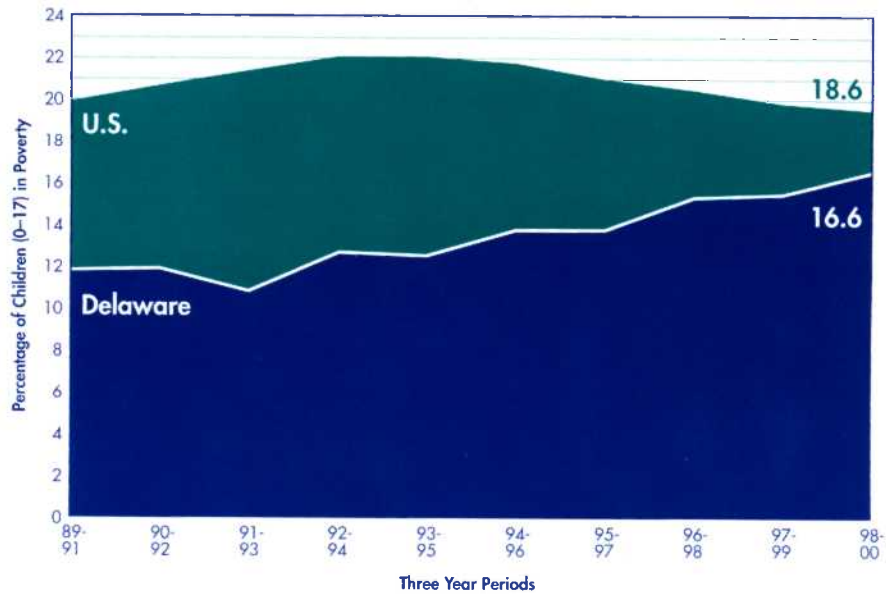
1 Indicators of child well-being. Forum on Child and Family Statistics.. Available from http://www.childstats.gov/ac2000.

2 Young children in poverty: a statistical update, June 1999 edition. National Center for Children in Poverty. Available from http://cpmcnet.cpmc.columbia.edu/dept/nccp/99uptext.html

3 Indicators of child well-being. Forum on Child and Family Statistics. Available from http://www.childstats.gov/ac2000.

Children in Poverty

Delaware Compared to U.S.

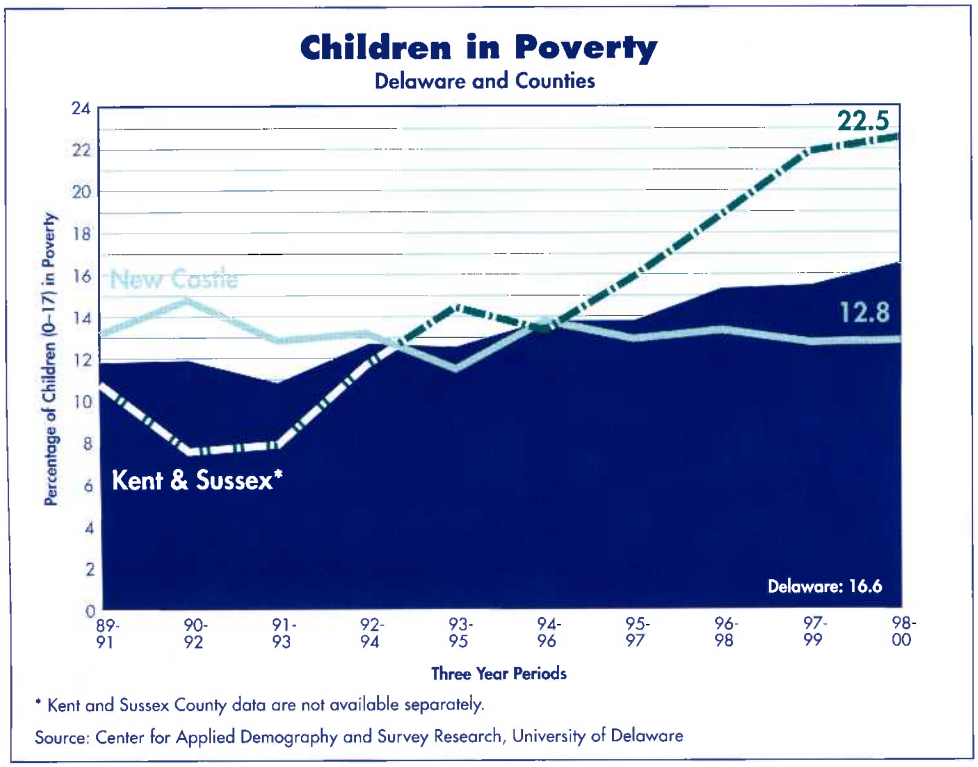


Source: Center for Applied Demography and Survey Research, University of Delaware

- Child **poverty rates are highest** among African American and Hispanic children, but there are more white children living in poverty.
- **Children under 6** are more likely to live in poverty than children age 9–17.
- **21%** of children under 6 live in poverty in the United States.

Source: Indicators of child well-being. Forum on Child and Family Statistics. Available from http://www.childstats.gov/ac2000.

Although the percentage of children in poverty is lower than the United States, Delaware is experiencing the opposite trend of the nation. While the U.S. rate is improving, Delaware is getting worse, going from a low of 10.9% in 1993 to a high of 16.6% in the current three-year period. Over 34,000 children live in poverty in Delaware— one in six children.



* Kent and Sussex County data are not available separately.

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

Kent and Sussex Counties have experienced significant increases in child poverty—tripling in the past nine years. The overall poverty rate in these two counties has doubled in the same time period. New Castle County rates, on the other hand, have remained fairly steady over the past ten years. This dramatic rise in child poverty in the two southern counties is cause for great concern—this rate is even higher than the national average.

Put DATA into ACTION!

Know the issues:

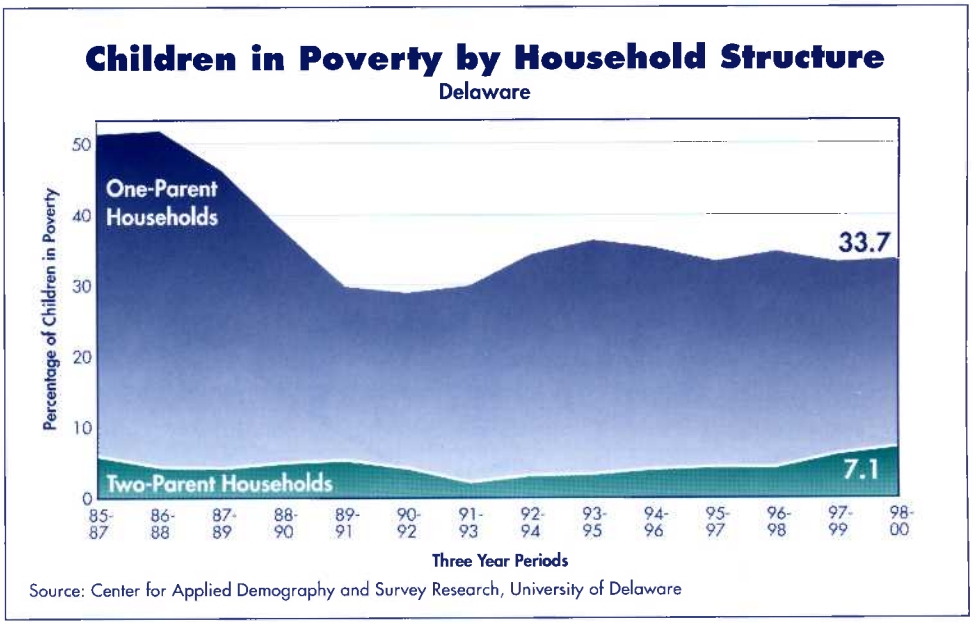
How Poverty is Measured

The federal government's official poverty index is used to classify income as above or below the poverty line. The poverty level, created in 1964, was computed by using as a yardstick the minimum amount of money believed necessary to purchase a nutritionally adequate diet. This amount was then multiplied by three to obtain a poverty threshold. A family is officially classified as poor if its cash income (wages, pensions, social security benefits and all other forms of cash income) falls below the poverty threshold. The poverty income thresholds are updated each year for inflation (as reflected in the Consumer Price Index).

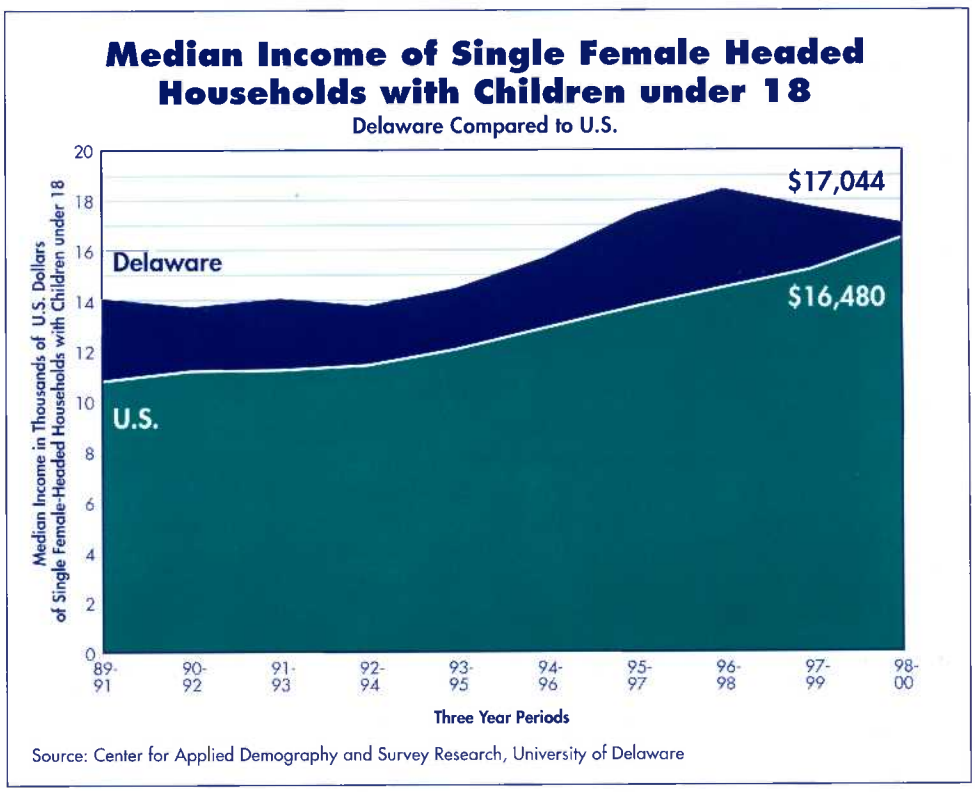
There is much debate on whether this methodology can accurately determine which families are in fact "poor." Many suggest that it produces an unrealistically low threshold ($16,895 for a family of four in 1999, the year of the data presented in this book). There are families with wage earners whose incomes may in fact exceed the official poverty level but who still have difficulty meeting the basic needs of food, clothing, shelter, and health care for their families.

Children in Poverty

continued from previous page



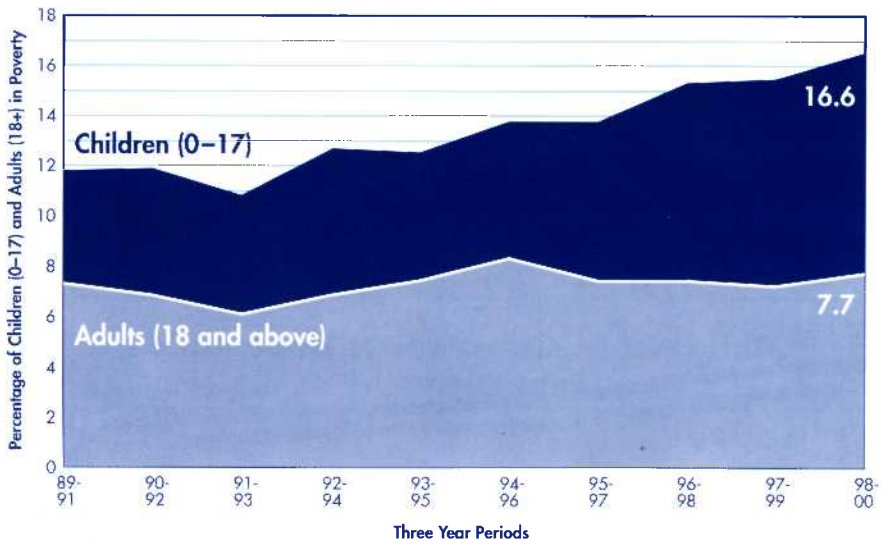
Children who live with only one parent are much more likely to be poor than children who live with two parents. This is true for white, black, and Hispanic children, although percentages vary across racial/ethnic groups. The percentage of children in one-parent families in Delaware has increased dramatically over the past decade, now indicating that more 37% of all families are single-parent households in the state. This rate is significantly higher than the national proportion. Thus the likelihood of a rising proportion of children living in poverty.



Although female-headed households in Delaware earn slightly more than the United States average, more than half of all these households earn less than $17,000. Considering the poverty level for a single-parent, two-child family was $13,423 in 1999, the likelihood that these children are living in or near poverty remains high.

Children in Poverty Compared to Adults in Poverty

Delaware



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

While the poverty rate among adults in Delaware remains fairly constant, the rate among children is increasing – over double the rate of adults. About 34,362 children are living in poverty in this state; a significant number considering the long-term effects of poverty. For some families in Delaware, the increase in maternal employment from TANF requirements may move the family above the poverty line. For others, mothers' earnings may simply replace welfare payments but not be sufficient to raise families out of poverty. Policy makers must examine other subsidies such as additional child care supports, earned income tax credits, and education and training opportunities to help lift these families above the poverty line.

Did you know?

The number of children who actually experience hunger themselves, even though they may live in a food-insecure household where one of more family members experience hunger, is believed to be significantly smaller than the total number of children living in such households. This is because in most such households the adults go without food, if necessary, so that the children will have food.

Source: On the Table. U.S. Department of Agriculture. Washington, DC.

For more information see

Subsidized Child Care	p. K-41
Children Receiving Free- and Reduced-Price School Meals	p. K-45
Women and Children Receiving WIC	p. K-44
Children without Health Insurance	p. K-46
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Child Support	p. F-39
Risk of Homelessness	p. F-40
Health Care Coverage	p. F-41
Unemployment	p. F-50
Substandard Housing	p. F-56
Home Ownership	p. F-57

Put DATA into ACTION!

Help kids escape poverty...

Donate food, clothes, and supplies to food pantries, missions and shelters.

Donate your time to an agency that provides food or shelter such as

- The Food Bank of Delaware (302) 292-1309
- Ministry of Caring (302) 575-8040
- People's Place II (302) 422-8033

Children in One-Parent Households

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.

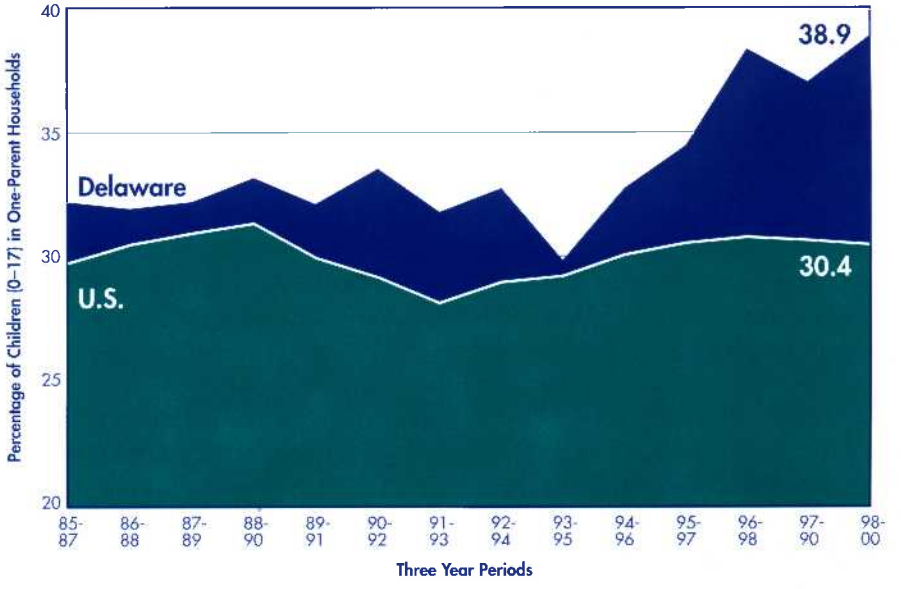
Family structure is very important for the current and future well-being of children and adolescents. Living in a disrupted or single-parent family is associated with increased risk of drug use, teenage pregnancy, and lower earnings.[1] Today, 32% of children live in a single-parent household, compared to 15% in 1970. Demographically, most single-parent families are headed by women who are in poverty, or living near the poverty line. About 50% of all children living only with their mother in 1997 were living in poverty, compared with only 10% of children living with two parents.[2]

1 U.S. Department of Health and Human Services: Office of the Assistant Secretary for Planning and Evaluation Trends in Well-Being of America's Children and Youth. U.S. Government Printing Office, 1999

2 Single parents: career-related issues and needs. Eric Clearinghouse on Adult Career and Vocational Education Eric Digest No. 75. Available from: http://www.ed.gov/databases/ERIC_Digests/ed296123.html

Children in One-Parent Households

Delaware Compared to U.S.



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

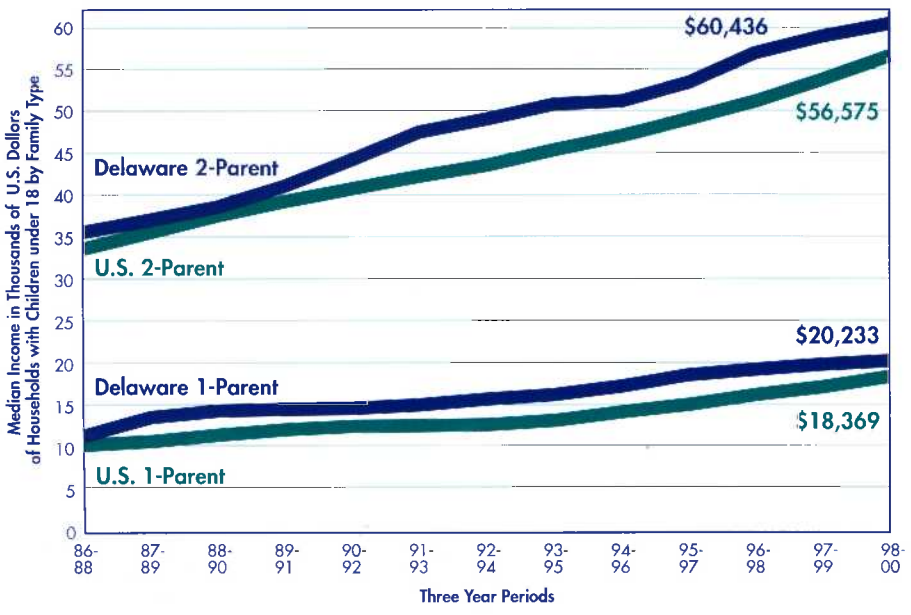
Put DATA into ACTION!

Children need and enjoy contact with adults other than their parents; when surrounded by caring adults kids have both security and liberation, a broader base of operation and the freedom to explore a variety of lifestyles and beliefs. Grownups who are involved with children gain a sense of generational completion, an opportunity to influence, protect and defend the young.

- Join an organized single-parent support group such as Parents without Partners.
- Seek out or become a mentoring parent.
- Support intergenerational programs. Encourage seniors to become surrogate grandparents by volunteering in classrooms, reading to children, or "adopting" children in the neighborhood from single-parent families.

Median Income of Families with Children by Family Type

Delaware and U.S.



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

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.

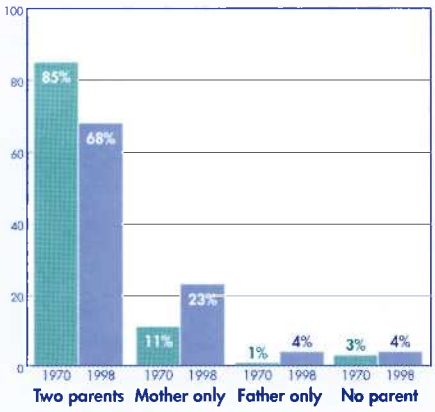
89.3% of births to teenagers
58.2% of births to women 20–24 years old
23.3% of births to women 25–29 years old
13.9% of births to women 30+ years old

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

Percentage Distribution of Living Arrangements for Children under 18 in the U.S.



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

For more information see

Birth to Unmarried Teens	p. K-19
Infant Mortality by Martial Status of Mother	p. K-23
Children in Poverty by Household Structure	p. K-36
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Child Support	p. F-39

Early Care and Education and School-Age Child Care

From 1970 to 1990 the proportion of children under 18 with mothers in the workforce grew from 32 to 62 percent. In 1997, 78 percent of mothers with 6-13 year olds were working.[1]

Children go through a tremendous amount of cognitive and physical development in the first few years of life. In order to reach their potential, children need to have quality care. It has been found that a good child-care environment consists of nurturing, educationing and empathetic teachers, and developmentally relevant programs.[2] *According to research, children who participate in high standard early childhood education programs have fewer behavioral problems and they score higher on school readiness and language tests than those who are not in these types of programs.*[3]

After school care for children whose parents work is another important aspect of child-care. Approximately 8 million children between the ages of 5 and 14 spend time without adult supervision on a regular basis. When children do not have adult supervision, they are at a greater risk for truancy, poor grades, participating in risk-taking behavior, and using drugs. [4]

1 Lowe, D., Shumow, L. (1999). After school child care programs. Future of Children 9 (2).

2 Newberger, J. Standards mean results for kids in child-care. The Wellesley Centers for Women. Available from: http://www.wellesley.edu/wcw/crn/sac/factsht.html

3 Newberger, J. Standards mean results for kids in child-care. The Wellesley Centers for Women. Available from: http://www.wellesley.edu/wcw/crn/sac/factsht html

4 Fact sheet on school-aged children's out-of-school time (2000). The Wellesley Centers for Women: The National Institute on Out-of-School Time. Available from: http //www.wellesley.edu/WCW/CRW/SAC/Factsht.html

Accredited Programs

Number of Accredited Programs by Accrediting Organization*, Delaware and Counties, 1999

	NAFCC	NAEYC	NSACA
Delaware	40	26	0
New Castle County	35	22	0
Kent/Sussex Counties	5	4	0

Source: The Family and Workplace Connection
* 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

Quality: Well-designed early childhood programs can promote healthy cognitive, emotional and social development. High quality child care provides a safe and nurturing learning environment for infants and young children. Recent brain research indicates that early care and education has long-lasting effects on how children learn and develop, cope with stress and handle their emotions.

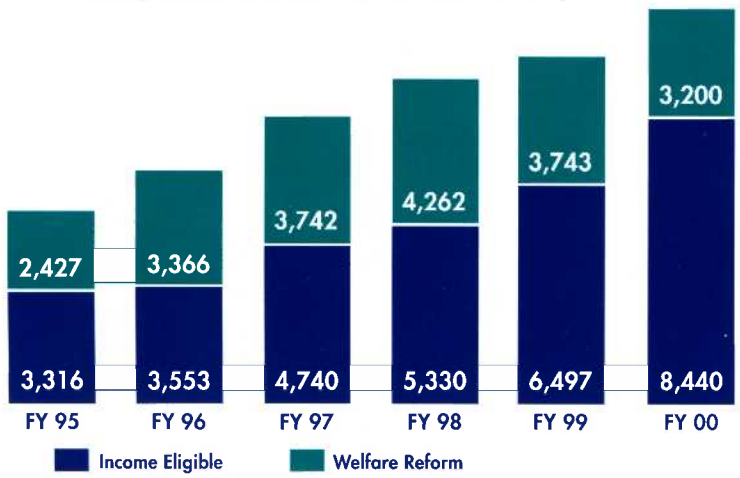
- **39%** of K-3 children have some form of non-parental before and/or after school care.
- **Juvenile crime rates triple** between the hours of 3 p.m. and 6 p.m.
- Children spend only **20%** of their waking time in school, leaving **185 days** and many hours each day free, and often unsupervised.
- The average child spends **4.8 hours** per day watching television, using computers and playing video games.

Source: Fact sheet on school-aged children's out-of-school time (2000). The Wellesley Centers for Women: The National Institute on Out-of-School Time. Available from: http://www.wellesley.edu/WCW/CRW/SAC/Factsht.html

Cost: The cost of full-time child care often represents the largest expense, after housing, for working parents who need full-time care for their children.

Subsidized Child Care

Average Number of Children Served in Delaware per Month

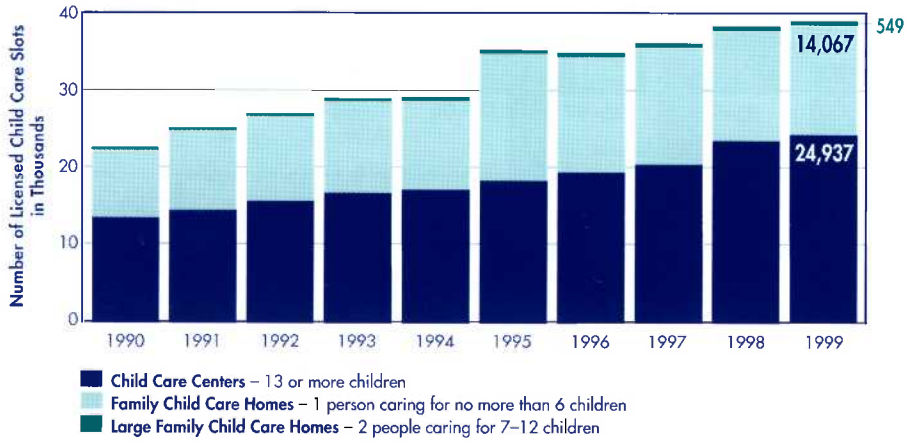


Source: Delaware Department of Health and Social Services, Division of Social Services

Child care costs vary widely among Delaware's counties, ranging from an average weekly cost of $74 for toddlers in Kent and Sussex County to $103 in New Castle County. Costs also vary greatly depending on the age of the child with rates for newborns up to 12 months the highest, averaging $96 weekly in Delaware. Subsidized child care is provided through the Division of Social Services for the state of Delaware. Working families with incomes up to 200 percent of the federal poverty line are entitled to child care subsidies. Families leaving welfare are also eligible for transitional co-payments depending on income.

Available Child Care

Delaware



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

Staff/Child Ratios

Licensing Requirements vs. Accreditation Recommendations Staff to Child Ratios

Age of Child	# Children Allowed per Caregiver in Delaware	NAEYC Recommended Level
9 month	4	3–4
18 month	7	3–5
27 month	10	4–6
3 years	12	7–10
4 years	15	8–10

Source: Children's Defense Fund. (1996, May). Delaware: child care challenges.

Availability: The increasing proportion of women in the labor force has resulted in significant numbers of children who need child care in their earliest years.

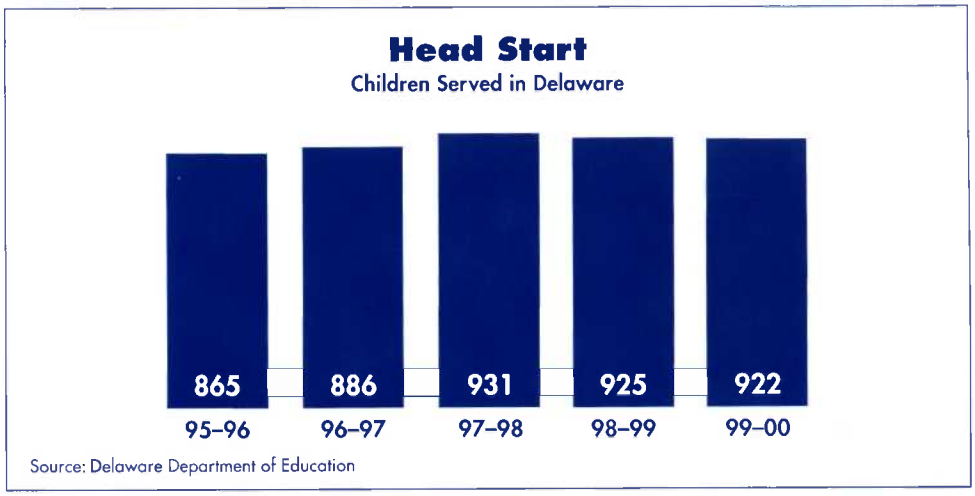
Continued on next page

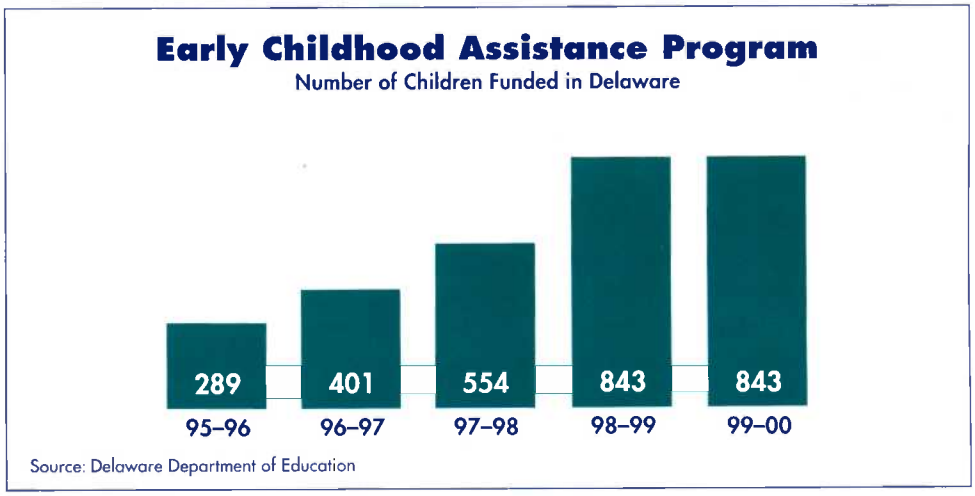
Early Care and Education and School-Age Child Care

continued from previous page

Head Start/ECAP: Head Start is a comprehensive early childhood development program for low-income preschool children and their families. The Early Childhood Assistance Program in Delaware provides funding for four-year olds who meet the eligibility criteria for Head Start programs. Both programs are designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with more economically advantaged children [1].

1 Children's Defense Fund. (1995). The State of America's Children Yearbook: 1995. Washington, D.C





Put DATA into ACTION!

Care for Caregivers –
Overworked and underpaid child care providers greatly benefit from paid leave to attend workshops and short, daily breaks by volunteers.

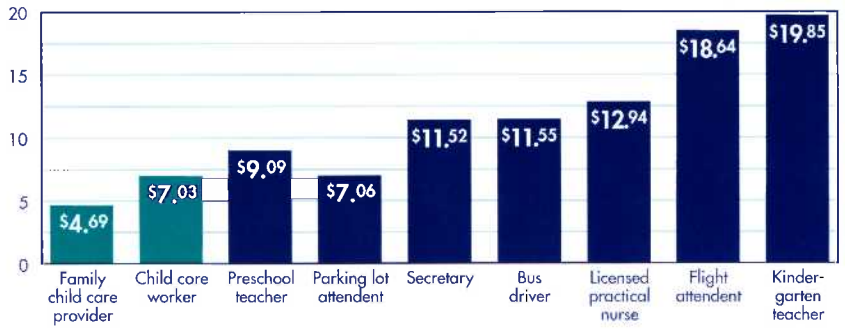
1% for Kids –
Lobby local officials to dedicate 1% of their funds for after-school activities.

Encourage your employer to provide space for a child care facility or subsidies for employees.

Wages and Benefits: Experienced child care providers frequently leave their jobs because of low salaries and inadequate benefits. Child care providers are among the lowest paid workers in the labor market.

Child Care Salaries in the United States

Average center-based salaries in all 50 states compiled by the U.S. Bureau of Labor Statistics, 1999



Source: Center for Child Care Workforce

School Age Care: The problems and temptations that school age children face when they are left unsupervised are alarming. Studies indicate that children who are left unsupervised have higher absentee rates at school, have lower academic test scores, exhibit higher levels of fear, stress, nightmares, loneliness, and boredom, are 1.7 times more likely to use alcohol, and are 1.6 times more likely to smoke cigarettes[1]. High quality after school programs, staffed by trained, caring adults, can have a measurably positive effect on children. These types of programs can help meet the critical child care needs of working families and their children. Programs based in schools are highly desirable for a number of reasons. Schools exist in every community and offer valuable resources that could be utilized to provide after school programs. And because children are already at school, there is no transportation needed in the middle of the day[2].

1 Growing up with someplace to go: providing care for school age children. Available: http://www.ci.seattle.wa.us/most/growup.htm/

2 National PTA. (1998, April). Before- and after- school care.

Child Care and School Age Programs

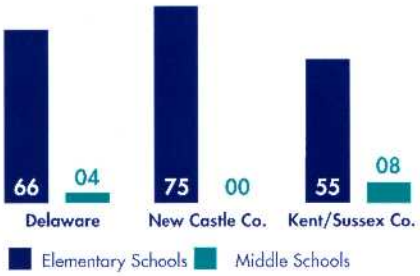
Delaware and Counties, 1999

	Total	School Age
Delaware	2,021	1,616
New Castle Co.	1,223	945
Kent/Sussex Co.	798	671

Source: The Family and Workplace Connection

Site-Based School Age Programs

Percent of Public Schools with School Age Child Care Delaware and Counties, 2000



Source: The Family and Workplace Connection

Put DATA into ACTION!

Support child care initiatives in the state legislature by calling or writing to legislators representing your district.

Tutor a child weekly at no charge.

For more information see

Table 51	p. K-78
Tables 66-69	p. K-92-93
In the FAMILIES COUNT Section:	
Early Intervention	p. F-26
Head Start	p. F-27

Women and Children Receiving WIC

WIC is intended to improve the nutritional intake of women who are pregnant, postpartum or breastfeeding, as well as their infants and children. It provides supplemental food, nutrition education and referrals for medical services. WIC helps women make adequate nutrition decisions for their children, and also gives them the resources to do it. The foods provided include those that are rich in protein, calcium, iron and vitamins A and C. Participants are screened individually and must be determined to be at a nutritional risk in order to receive the services and vouchers for food.[1]

1 Oliveira, V., Gunderson, C. (1999). WIC and the nutrient intake of children Economic Research Service, USDA.

WIC Program

Average Number Served per Month Delaware, 1996 and 1999*

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

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

WIC Program

Total Number Served Delaware, 1999

In federal fiscal year 1999, 19,047 infants and children were served by WIC in the State of Delaware.

Over 51% of all infants born in 1999 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

- The average WIC package costs between **$32.45** and **$46.20.**
- 7.4 million participated per month in 1998, including **3.7** million children.
- WIC has **reduced low birth weights by 25%**, and **very low birth weights by 44%**.
- For every dollar spent on WIC, there is a **$3.50 savings** in medical costs.

Source: Oliveira, V., Gunderson, C. (1999). WIC and the nutrient intake of children. Economic Research Service, USDA.

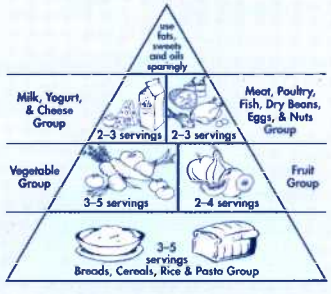
WIC families get monthly supplies of foods high in **protein, iron, vitamin C, and calcium.**

Participants receive vouchers for milk, cereals, eggs, cheese, peanut butter, beans, juices, and infant formula. Breast feeding moms also receive tuna and carrots.

Women who are pregnant or breastfeeding need to increase their intake to four to five servings from the Milk, Yogurt, and Cheese Group.

Source: WIC Growing Healthy Families, www.boco.co.gov

The Food Guide Pyramid



For more information see

Children in Poverty p. K-34

Children Receiving Free and Reduced Price School Meals p. K-45

Tables 52-53 p. K-86-87

In the FAMILIES COUNT Section:

Children in Poverty p. F-34

Children Receiving Free and Reduced-Price School Meals

Nationally, approximately 26.1 million children have benefited from the school lunch programs in 1998 in about 93,000 schools. Also, seven million children received food from the breakfast program in about 68, 426 schools in 1998.[1] Adequate nutrition is needed for children to develop and grow properly and poor eating habits are also linked to behavioral problems. In order for children to be successful in the school setting, it is helpful for them to receive nutritious meals, thus providing a way to counteract some of the major effects of poverty while at school.[2]

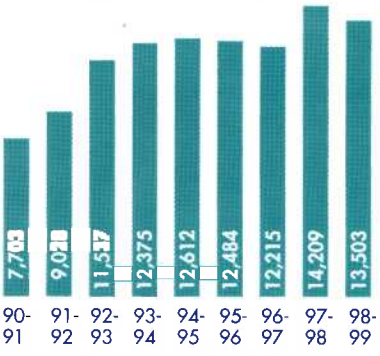
1 Federal food programs: school breakfast program. Federal Food Program. Available from http://www.frac.org.

2 Children receiving school breakfast (2000). Rhode Island KIDS COUNT Fact Book.

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 are 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.

Free and Reduced-Price Breakfasts

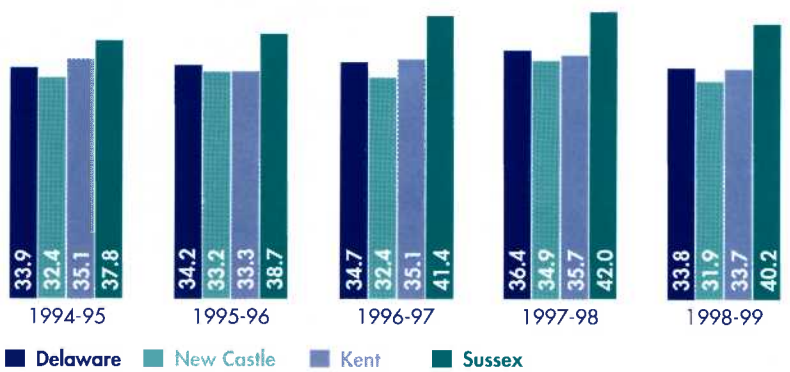
Average Number Served Daily



Source: Delaware Department of Education

Free and Reduced-Price Lunches

as a Percentage of Total Enrollment



Source: Delaware Department of Education

Did you know?

High expenses, illness, disability, or unemployment can diminish a family's food supply. The cause is not always poverty. **12%** of the people in the United States do not have access to sufficient food on a regular basis.

Source: Hunger in New York State, Human Ecology Forum, Winter 1999 v27 pg8

For more information see

Children in Poverty p. K-34

Women and Children Receiving WIC p. K-44

Tables 52-53 p. K-86-87

In the FAMILIES COUNT Section:

Children in Poverty p. F-34

Children without Health Insurance

When children do not have health insurance, it poses a problem for their families, their futures, and their community. Sixteen percent, or about 12 million, children have no health insurance in our country. One in four low-income children are uninsured, and they make up two-thirds of the total number of children who are uninsured.[1] It has been found that children are less likely to receive treatment when ill if they do not have access to health insurance, which can lead to more serious conditions, more bills, and more stress for families. Many treatable illnesses could be avoided if insurance was available for all children.[2] Also, uninsured children often don't receive basic preventive health care such as regular check-ups, immunizations and developmental screenings.[3]

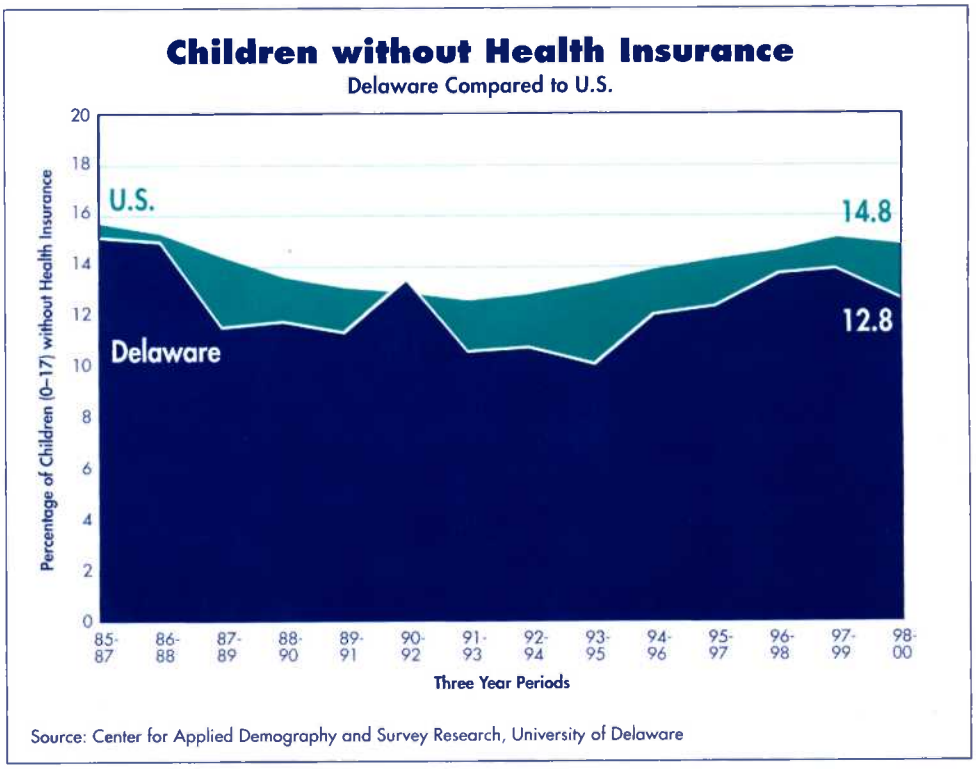
The state of Delaware received eight million dollars for CHIP (Children's Health Insurance Program), which provides health insurance for those children living in families with incomes up to 200% of the poverty line. It is a federal-state program that is authorized for ten years to provide assistance for children not eligible for Medicaid, and who do not have health insurance.[4] This program, called Delaware Healthy Children Program, has helped more children have access to the health care that they need.

1 Uninsured in America: a chart book. The Kaiser Commission on Medicaid and the Uninsured. Second Edition, May 2000.

2 Child health (2000). KID'S COUNT in Colorado.

3 Child health (2000). KID'S COUNT in Colorado.

4 State children's health insurance program (1997). Department of Health & Social Services: Division of Social Services.



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

Delaware is experiencing a drop in children without health insurance due to the advent of the Delaware Healthy Children Program. In fact, preliminary data from 2000 indicates that the one-year percentage of children without health insurance is now 6.7.

Delaware Healthy Children Program

Applications and Enrollment through October 31, 2000

Applications mailed to families	8,066
Total enrolled ever	**7,455**
Total currently enrolled	3,672

There is a close link between the Delaware Healthy Children Program (DHCP) and Medicaid. Many children transition between these two programs as their family's income fluctuates. Thirty eight percent of disenrollments are due to DHCP children becoming eligible for Medicaid.

Thirty-nine percent of the disenrollments are children who are no longer eligible for DHCP or Medicaid. Reasons include: increases in income, moving out-of-state, or the insured child reaches the age of 19.

Since September 1999, Delaware Health and Social Services (DHSS) has aggressively marketed the program using radio and television spots, billboards, ads on buses, and brochures distributed through schools, Head Start programs, medical providers and pharmacies. The Division of Social Services estimates that approximately 6,480 children were added to the Medicaid roles as a result of its Delaware Healthy Children Program outreach.

Did you know?

That a child's health varies by family income? As family income increases, the percentage of children in very good or excellent health increases. In 1996, about **65**% of children in families **below the poverty** were in very good or excellent health, compared with **84**% of children living **at or above** the poverty line.

The proportion of children covered by **private health insurance** decreased from **74**% in 1987 to **67**% in 1997. During the same period, the proportion of children covered by **public health insurance** grew from **19**% to **23**%.

Put DATA into ACTION!

Help Kids in Your Community Get Good Health Care...

Whether you want to do a little or a lot, the Delaware Healthy Children Program has great ways for you to get involved and see that more children have health insurance.

- If you are interested in enrolling children in the Delaware Healthy Children Program call 1-800-996-9969. Staff at this number can enroll children very quickly.
- Call 1-800-996-9969 to receive outreach materials for distribution in the community. The Delaware Healthy Children Program can also arrange for outreach events and training sessions in community locations.
- Write a letter to the editor.

For more information see

Child Deaths	p. K-24
Children in Poverty	p. K-34
Asthma	p. K-48
Tables 54-55	p. K-87-88
In the FAMILIES COUNT Section:	
Child Immunizations	p. F-17
Child Deaths	p. F-18
Health Care Coverage (Children)	p. F-19
Health Care Coverage (Families)	p. F-41

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

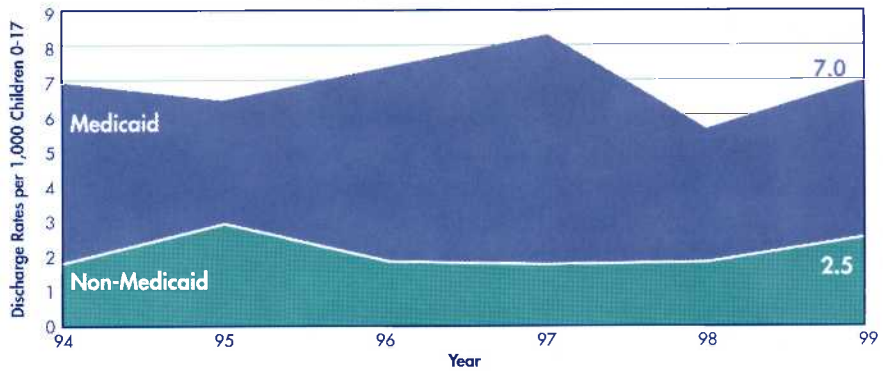
Readmission Rate – Number of inpatient asthma readmissions for children 0-17 per 100 children previously admitted in the same year

Asthma is one of the most common chronic conditions affecting children. Despite major advances in treatment, morbidity and mortality rates in pediatric asthma have risen over the past two decades. These increases have disproportionately affected children living in poverty. Inadequately controlled asthma often has negative effects on the quality of life of children and their families and may result in the failure of children to reach their full potential as adults. School and job attendance, school performance, participation in physical activities, peer group and family relationships, and behavioral and emotional development may all suffer due to this condition. Asthma is also a major contributor to health care costs for children and adults.

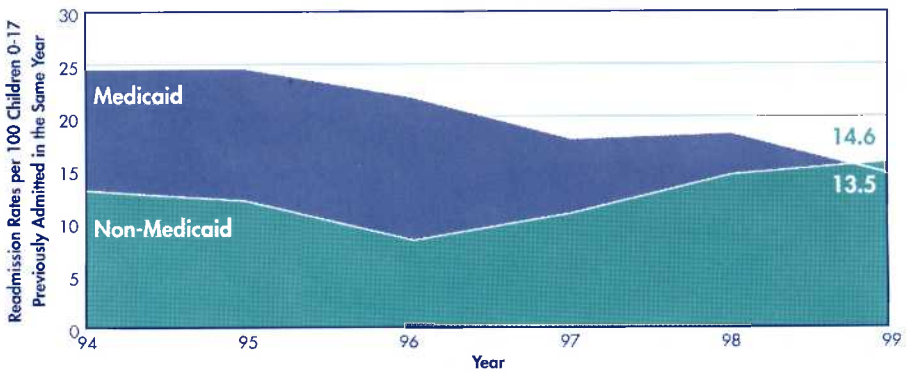
Hospitalizations for Childhood Asthma

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

Haspital Discharge Rates



Hospital Readmission Rates



Source: Delaware Health Statistics Center

Hospitalization rates are one measure of morbidity associated with childhood asthma. Asthma experts believe that the majority of childhood asthma hospitalizations, as well as other morbidities associated with the condition, could be prevented with appropriated management of the disease, including patient/family education, medication and environmental control.

The graphs show the Delaware hospitalization data for childhood asthma from 1994 to 1999. Total asthma hospitalizations and the rate for children have remained fairly stable during this period. However, these data indicate that Delaware Medicaid children continue to suffer excess asthma morbidity as indicated by a rate approximately three times greater than that of non-Medicaid children. Several factors have been implicated in contributing to this problem, including health care access barriers associated with poverty, lack of patient/family knowledge about the condition and its

management, and environmental asthma "triggers" such as the recently recognized role of cockroach antigen exposure in creasing the severity of asthma among low-income inner city children.

The data on readmission rates show a more encouraging trend. In the mid-1990s, Delaware Medicaid children were rehospitalized at about twice the rate of non-Medicaid children. While the readmission rate among non-Medicaid children has remained fairly constant, the rate for Medicaid children has dropped by nearly half and is now equal to the rehospitalization rate for non-Medicaid children. Although more detailed analysis of this trend is needed to draw any conclusions from the data, it is of interest that this improvement parallels the timing of the shift that has occurred in the state from traditional Medicaid coverage to enrollment of all Medicaid-eligible children in managed care health plans. It may be that Medicaid children who require hospitalization for asthma are now more likely to receive effective management of their condition after discharge to prevent relapse of their symptoms and rehospitalization. For example, improved access to a "medical home" may have helped close the gap between Medicaid and commercially-insured children with regard to prescriptions and the use of asthma "controller" medications that can prevent asthma symptom flare-ups and attacks in susceptible children.

KIDS COUNT in Delaware will continue to follow this indicator of childhood asthma morbidity, with particular interest in the possible impact of Medicaid managed care, child health insurance coverage expansion programs and other health care reform initiatives in Delaware.

Did you know?

- In California it is thought that secondhand smoke accounts for **3,000 new asthma cases** in children every year.
- Respiratory infections due to secondhand smoke cause **1,100 child deaths** a year.
- **14** children under 18 die every year from asthma caused by secondhand smoke.
- Asthma and ear infections caused by secondhand smoke cost **$4.6 billion** a year to treat.

Source: Tobacco and Children. Youth Media Network. Available from: http://www.ymn.org/newstats/children.shtml.

Put DATA into ACTION!

Help Asthmatic Kids in Your Community...

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

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

For more information see

Child Deaths	p. K-24
Health Problems in Low-income Children	p. K-35
Children without Health Insurance	p. K-44
Tables 54-55	p. K-87-88
Table 70	K-94
In the FAMILIES COUNT Section:	
Child Deaths	p. F-18
Health Care Coverage (Children)	p. F-19
Health Care Coverage (Families)	p. F-41

Alcohol, Tobacco, & Other Drugs

Use of alcohol among adolescents is extremely prevalent. It is estimated that 80% of high school students have consumed alcohol in their life, half use it currently, and a quarter report that they drink heavily.1 One of the dangers of adolescents drinking is that they often participate in risk taking behaviors, such as driving or riding with someone who is drunk.

Drug use among teenagers in the United States is also very common. According to one survey more than 4 million students between the ages of 11 and 18 use drugs regularly and one million adolescents use an illegal drug every day.[2]

Abuse of alcohol and drugs is implicated in higher rates of high school dropout, teen pregnancy, high-risk sexual behavior, and criminal activities. Also, these behaviors are associated with encourage unemployment, absenteeism from work, accidents, vandalism, violent crimes, homelessness and poverty.[3]

Smoking among adolescents is also a serious problem because of its many health risks. Lung cancer, emphysema and infections are all common with long term use of tobacco. It is estimated that health care expenditures for health problems related to tobacco use total about $220 million a year. Many adults who currently smoke started when they were under 18, making cigarette smoking an important issue for teenagers.[4] Today, it is estimated that 3,000 children under 18 start smoking for the first time every day.[5]

1 English, A., Morreale, M., Stinnett, A. (1999). Adolescents in public health insurance programs: Medicaid and CHIP. Center for Adolescent Health & the Law: A project of Advocates for Youth.

2 12th Annual PRIDE national survey of student drug use (1999). Available from: www.pridesurveys.com

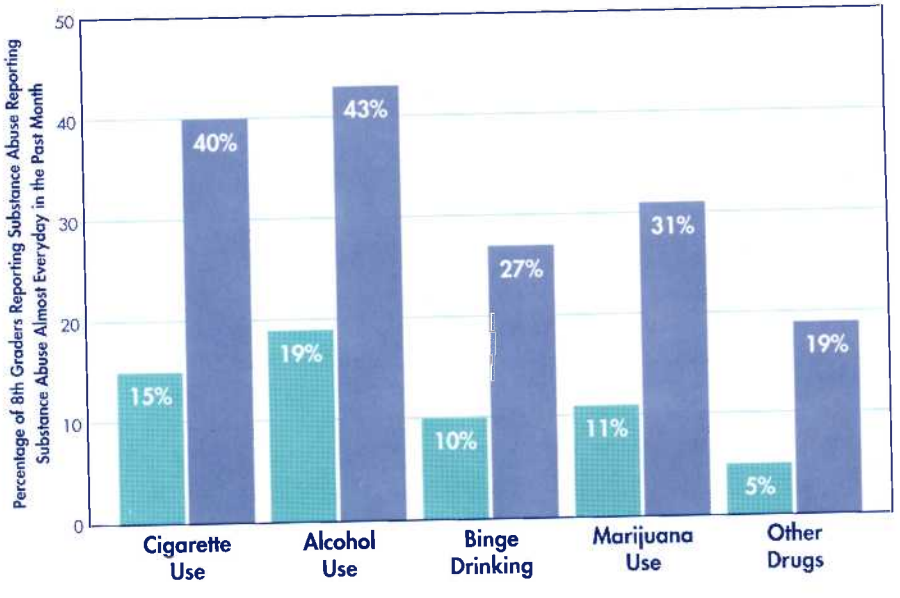
3 Alcohol, drug, cigarette use by teens (2000). Rhode Island KIDS COUNT Fact Book.

4 The toll of tobacco in Delaware. Special Reports: State Tobacco Settlement. Available from: http://www.tobaccofreekids.org/reports...ements/TobaccoToll.php3?StateID=DE

5 Alcohol, drug, cigarette use by teens (2000). Rhode Island KIDS COUNT Fact Book

Substance Abuse

8th Graders Who Talk to Parents about School Compared to 8th Graders Who Argue or Fight with Their Parents Delaware, 1999



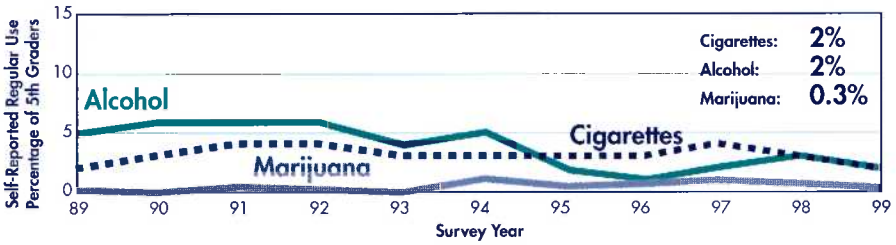
Source: Alcohol, Tobacco and Other Drug Abuse Among Students 1999

- **80%** of current smokers began before their 18th birthday.
- **90%** of new cigarette smokers **are children and teens.**

Source: Brodish, P. (1999). The irreversible health effects of cigarette smoking. The American Council on Health and Science.

Trends in Cigarette, Aicohol, and Marijuana Use

Delaware 5th Graders

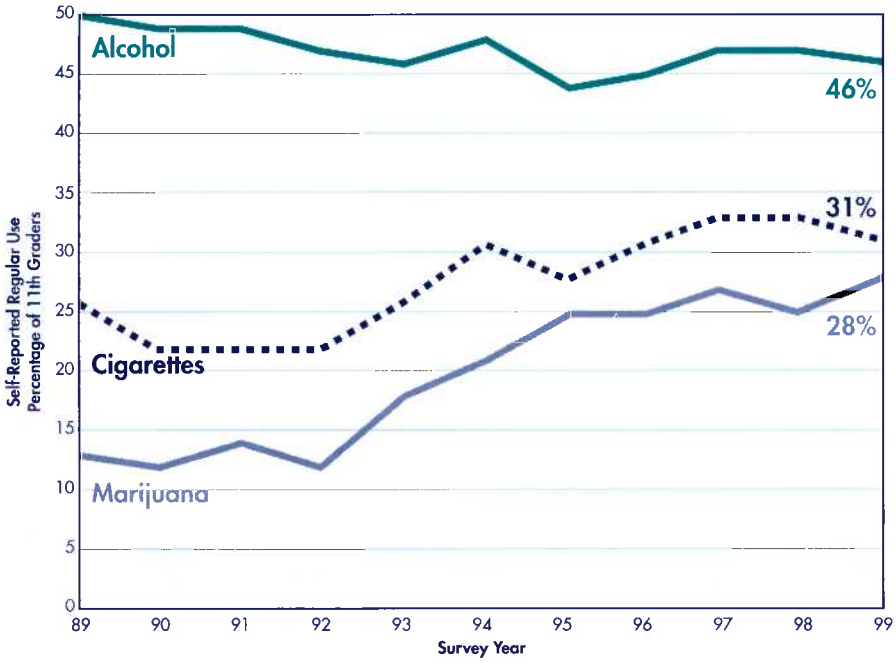


Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders

Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders



For more information see

Student Violence and Possession	p. K-28
Healthy Lifestyles	p. K-52
Tables 31-37	p. K-77-80

In the FAMILIES COUNT Section:

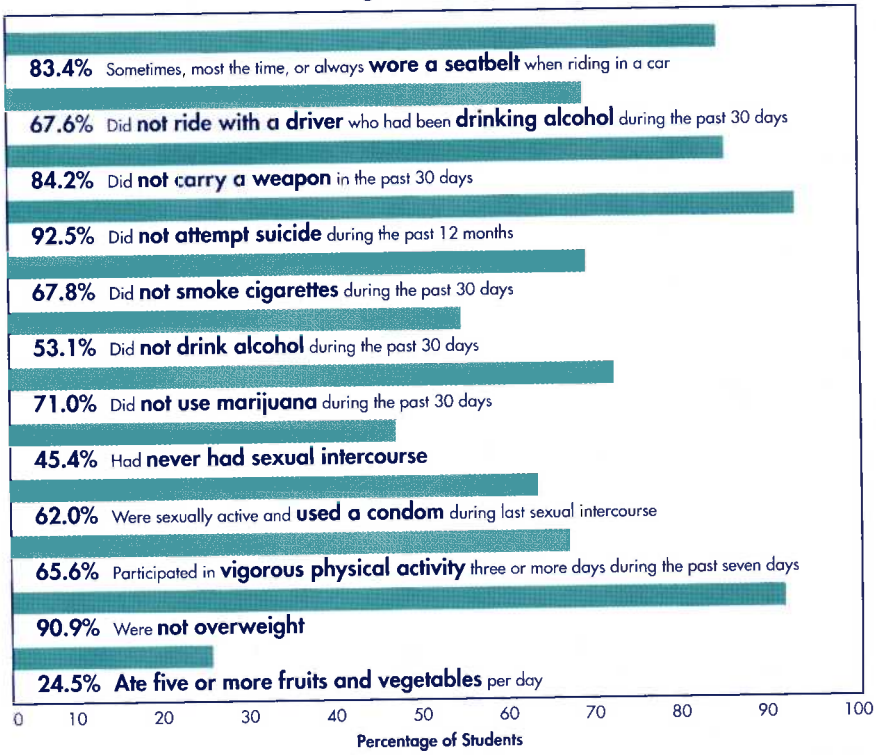
Substance Abuse	p. F-20-21

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, 1999



Source: Youth Risk Behavior Surveillance–United States, 1999. CDC Surveillance Summaries, Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Note: The Youth Risk Behavior Survey (YRBS) was administered to 2,180 students in 25 public high schools in Delaware during the spring of 1999. The results are representative of all students in grades 9–12. The sample was comprised of the following students: Female: 48.5%, Male: 51.5%; 9th grade: 31.4%, 10th grade: 26.4%, 11th grade: 21.7%, 12th grade: 20.3%; African American: 25.4%, Hispanic/Latino: 5.8%, White: 62.4%, All other races: 4.3%, Multiple races: 2.2%. Students completed a self-administered, anonymous questionnaire.

Seatbelt Use Among Teens

Delaware Compared to U.S.

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

Condom Use Among Sexually Active Teens

Delaware Compared to U.S.

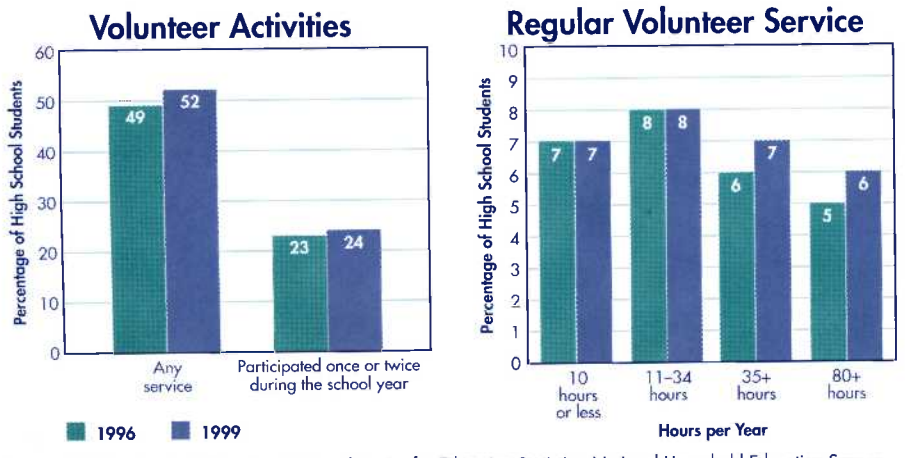
Source: Youth Risk Behavior Surveillance-United States, 1995, 1997 and 1999. CDC Surveillance Summaries. Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

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

High School Students

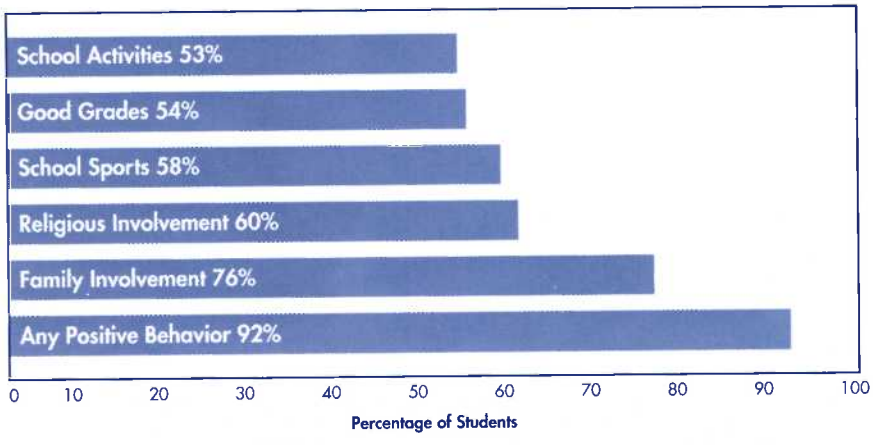


Source: US Department of Education, National Center for Education Statistics, National Household Education Survey

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.

Participation in Positive Behaviors

Among 7th – 12th Graders, U.S., 2000



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

For more information see

Teen Deaths p. K-26

Juvenile Violent Crime Arrests p. K-28

Alcohol, Tobacco and Other Drugs p. K-50

Tables 25-37 p. K-75-80

Table 73 p. K-95

In the FAMILIES COUNT Section:

Substance Abuse p. F-20-21

Sexually Transmitted Diseases F-22

Student Achievement F-28

Child Abuse and Neglect

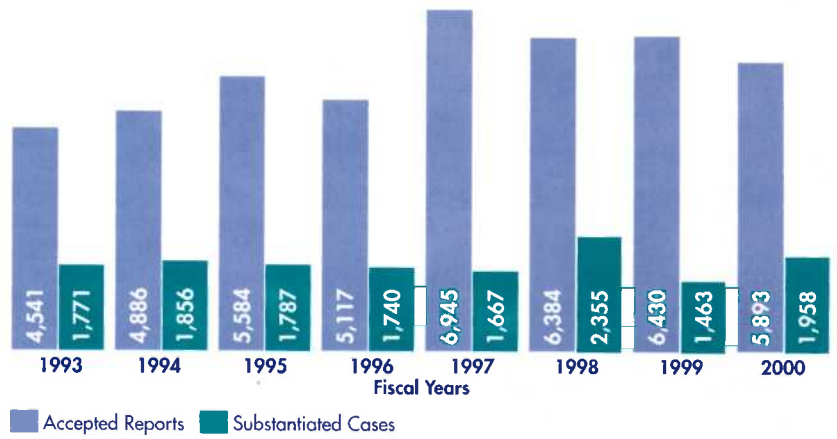
Abuse and neglect can have long lasting consequences for children and adolescents. There are several types of abuse including physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect and educational abuse. The number of children abused, neglected, or endangered doubled in the 1986 to 1993 time period.1 There were one million confirmed cases of abuse and neglect in 1997, with three million reports to state agencies in the same year.2 Sexual abuse or assault of adolescents can have devastating effects including poor health status, use of drugs and alcohol, as well as suicide.3 Children whose parents abuse drugs or alcohol are at much greater risk for abuse or neglect. Between 40 and 80 percent of cases brought to child protective services involve parents with substance related problems. Poverty and economic status are also risk factors for abuse or neglect of children. 4

1 Juvenile offenders and victims: 1999 national report. Office of Juvenile Justice and Delinquency. Available from http://www.ncjrs.org

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

Child Abuse and Neglect

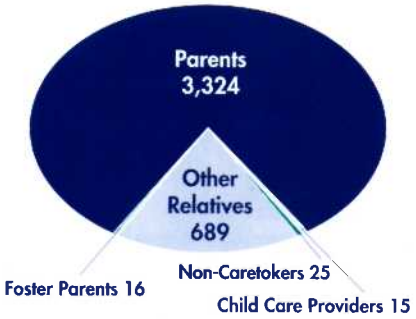
Accepted Reports & Substantiated Cases
Delaware, 1993–1999



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

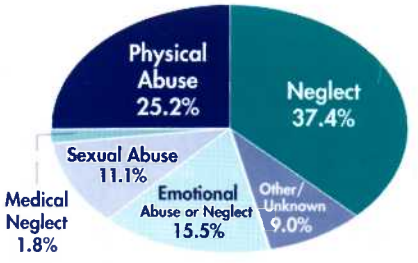
Who Are the Perpetrators

Delaware, 1999



Victims by Maltreatment*

Delaware, 1999



* Accepted reports and substantiated cases

Sources: U.S. Department of Health and Human Services; Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, National Center on Child Abuse and Neglect

For more information see

Child Deaths	p. K-24
Table 22	p. K-73
Table 24	p. K-74
Table 74	p. K-96
In the FAMILIES COUNT Section:	
Child Deaths	p. F-18
Child Abuse	p. F-44
Domestic Violence	p. F-47

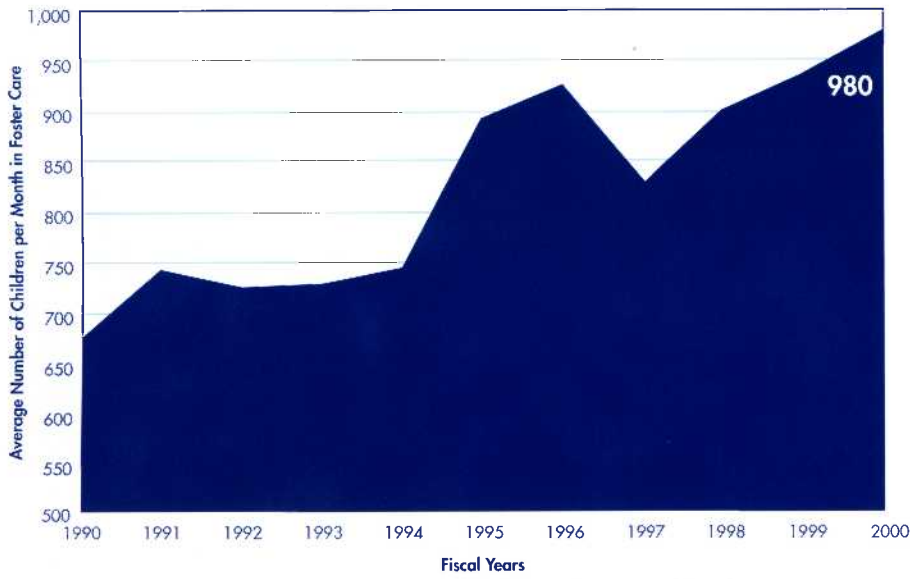
Foster Care

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 physical or sexual abuse, neglect or abandonment. 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 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

Foster Care
Delaware



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

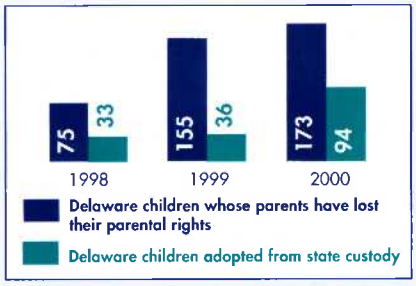
12–18 months after leaving the foster care system:

- **27%** of males had been incarcerated
- **10%** of females had been incarcerated
- **33%** were on public assistance
- **50%** were unemployed
- **37%** had not yet finished high school

Source: The facts about foster care (1997). The National Foster Care Awareness Project.

Did you know?

The number of Delaware children adopted from state custody has tripled in the past three years, but it is still far below the number of children who need adoptive families.



Source: Delaware Division of Family Services

Put DATA into ACTION!

There are plenty of actions we can take to ensure the safety of children in Delaware:

Be a voice for a child in an abuse or neglect court proceeding by becoming a Court Appointed Special Advocate (CASA). To learn more about becoming a CASA volunteer, call 302-577-2695.

Become a full-time foster parent or adopt a child.

When filling out your Delaware State Income Tax Form, make a donation to the Children's Trust Fund which provides funds for projects that focus on the prevention of child abuse.

For more information see

Child Abuse and Neglect	p. K-54
Table 75	p. K-96
In the FAMILIES COUNT Section:	
Out-of-Home Care	p. F-45
Juvenile Delinquents in Out-of-Home Care	p. F-46