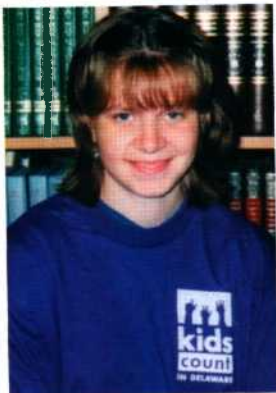
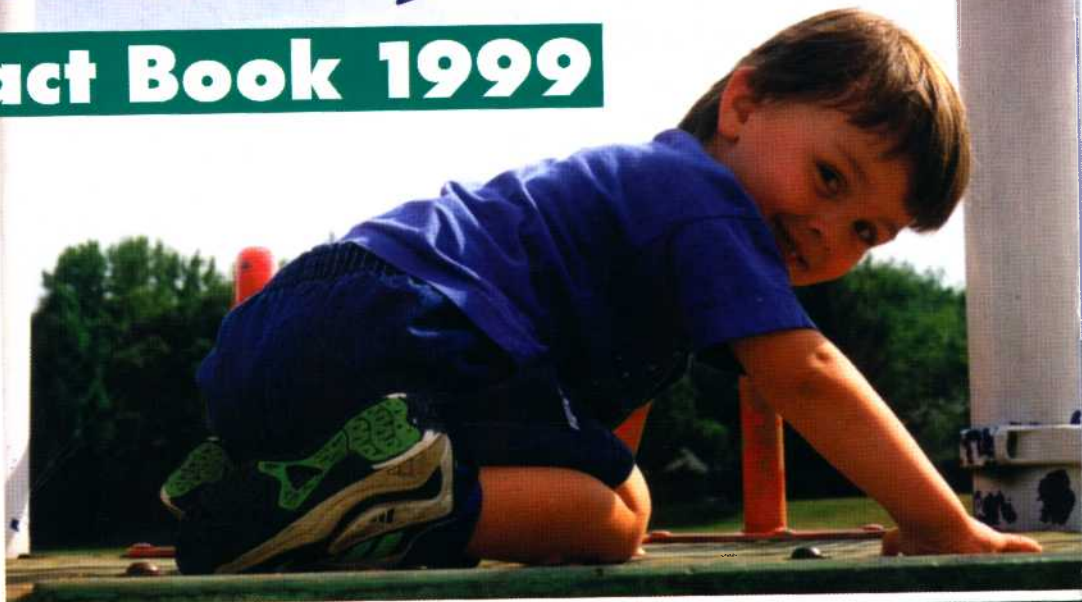


Kids Count in Delaware

Fact Book 1999





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,

A handwritten signature in blue ink that reads "Tom Carper".

Thomas R. Carper
Governor

TATNALL BUILDING
DOVER, DELAWARE 19901
(302) 739 - 4101
FAX (302) 739 - 2775



Governor Carper with Milford High School teens who participated in the KIDS COUNT project "Kids Voices Count"

Kids Count in Delaware

Fact Book 1999

*Funded by the Annie E. Casey Foundation
with additional support from the State of Delaware*



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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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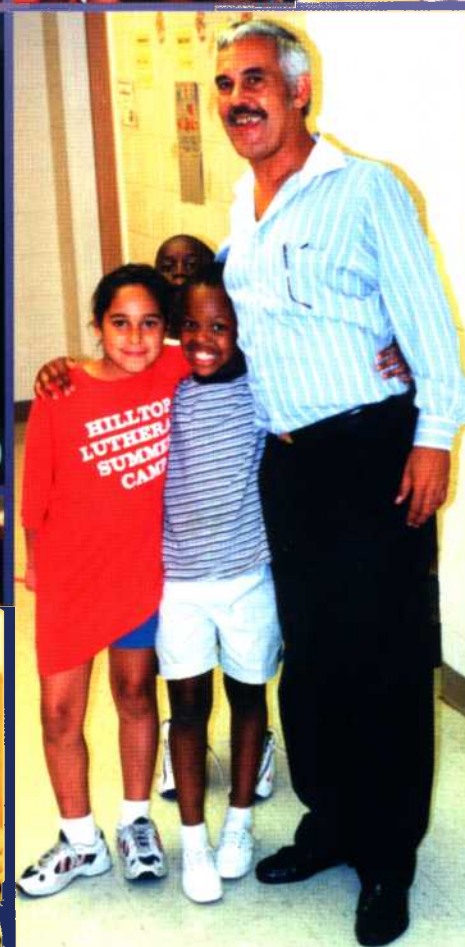
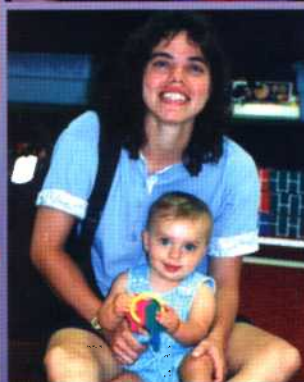
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Policy University of Delaware

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



*Dedicated to all the people in Delaware
who put kids first in everything they do.*

A Message from Kids Count in Delaware

"The solutions for adult problems tomorrow depend in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing when we save our children, we save ourselves."

— Margaret Mead

In this our fifth annual profile of Delaware's children, *KIDS COUNT in Delaware Fact Book 1999*, 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. Of course many of Delaware's children are born healthy, succeed in school, and become happy and productive adults. Most of Delaware's children are surviving but one in seven lives in poverty. We want more for our kids than just survival; we want them all to thrive, with a lifetime of happiness and prosperity. This fact book draws attention to the inequality that exists for our state's children, some of whom face seemingly insurmountable barriers to success.

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

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 second 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.

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 leaders, advocates and the public to do what they can to improve the quality of life for Delaware's children. This could mean volunteering as a mentor for a disadvantaged youth, creating a child care center in the workplace, or passing legislation to enable all children living in poverty to attend Head Start programs. It means working with our friends, relatives and co-workers to ensure that elected officials make tax and spending choices that will help children succeed. It means becoming actively involved in building a stronger Delaware, one step at a time.

Do your part to make KIDS COUNT and FAMILIES COUNT in Delaware!

Nancy Wilson, Ph.D.
Chair
Steering Committee

Steven A. Dowsen, M.D.
Chair
Data Committee



K-4 KIDS COUNT in Delaware

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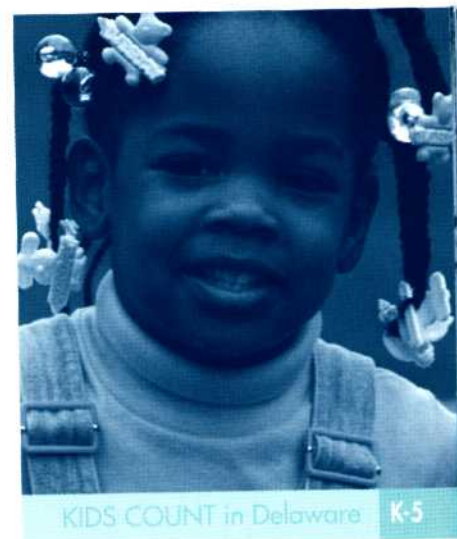
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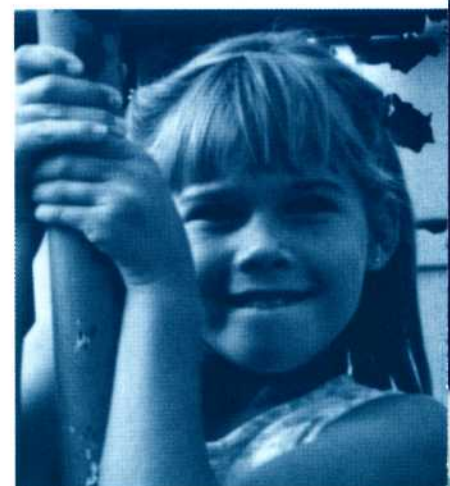
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Kids Count in Delaware

Take a look at the faces in the photographs throughout this book. They're as varied as the influences on each of their lives, and that's why the *KIDS COUNT in Delaware Fact Book 1999* gives you a broad spectrum of indicators that lend a balanced perspective for considering a child's well-being. 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



K-8 KIDS COUNT in Delaware



Trends in Delaware

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

- *The teen birth rate has improved for the first time since 1982.*
- *The juvenile violent crime arrest rate has begun to decrease.*
- *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 graduated and not enrolled.*
- *The rates of infant mortality, child deaths, and teens not attending school or working have shown little change over the past year.*

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

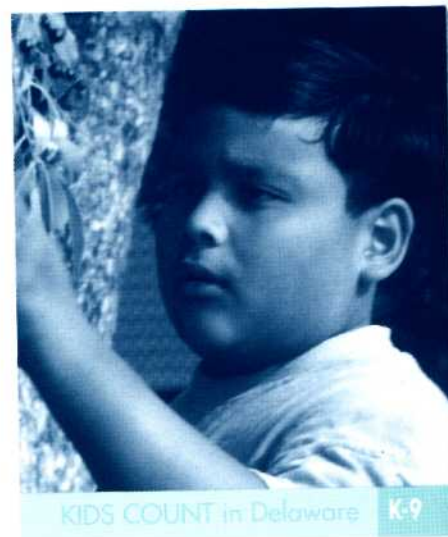
Sources of Data

The data are presented primarily in three ways:

- Annual data for 1997
- Three-year and five-year averages through 1997 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 1999 uses the most current, reliable data available. Where data was inadequate or unavailable, NA 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 was delineated by counties and the city of Wilmington.

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

As we quickly approach the year 2000, information from the 1990 U.S. Census becomes less reliable. However, it is helpful to provide this information to track trends.

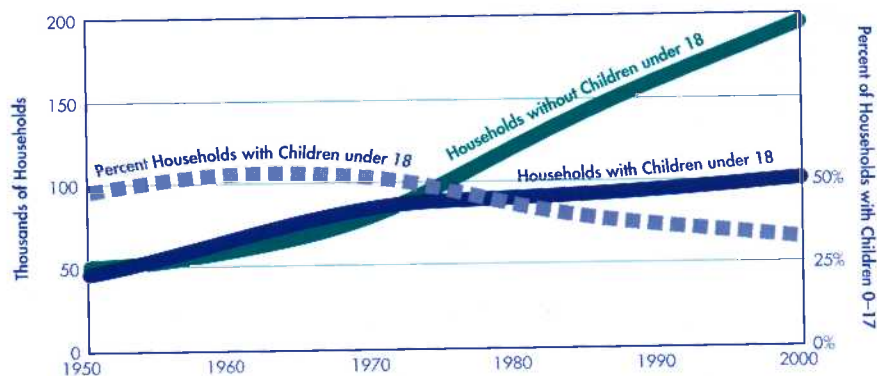
One of the problems of providing accurate data is the lack of up-to-date information. For example, the source of child poverty facts in the United States is the U.S. Census Bureau. Census data are measured in two ways: once a decade (decennial) and by the Current Population Survey. Therefore, detailed information on child poverty can sometimes be unreliable due to age.

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.



K-10 KIDS COUNT in Delaware

Number and Percent of Delaware Households with Children 0-17



Source: Center for Applied Demography and Survey Research

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

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.

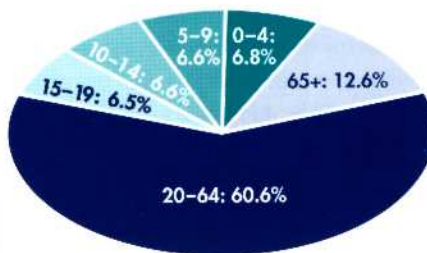
A Caution About Drawing Conclusions

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.

Population Estimate and Age Distribution

Delaware, 1997



Delaware Total	731,210
Total Children 0-19	201,102
Children 0-4	51,453
Children 5-9	50,203
Children 10-14	50,040
Children 15-19	49,406

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



KIDS COUNT in Delaware K-11



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 springboard 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. Maybe 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 about children experiencing pain and diminished futures. Positive data reflect 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 indicators 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 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 control over the 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 have as adults is to use these data to the ultimate benefit of young Delawareans.



K-12 KIDS COUNT in Delaware

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

20 Ways to Make Kids Count

There are many ways to make KIDS COUNT. The following are 20 ways to get you started:

- 1. Listen to a child**
- 2. Show interest in your child's education**
- 3. Register and vote**
- 4. Contribute financially to children's programs in your community**
- 5. Volunteer at schools or children's programs in your community**
- 6. Eat meals as a family**
- 7. Be a mentor to an at-risk teen**
- 8. Praise a child**
- 9. Write a letter to a legislator on a children's issue**
- 10. Educate yourself about the needs of children of all races and backgrounds**
- 11. Teach children nonviolent ways to resolve conflict**
- 12. Donate baby-care items and children's clothing to a foster care agency**
- 13. Become a foster parent**
- 14. Read a book to a child**
- 15. Thank a teacher**
- 16. Educate your children about their sexuality**
- 17. Thank the media when they focus on children's issues in your community**
- 18. Encourage your employer to sponsor a youth sports team or donate to a children's organization**
- 19. Promote youth leadership**
- 20. Use this book to identify problems and mobilize citizens**

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, 1993-97: Delaware 43.8, U.S. 35.5



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, 1993-97: Delaware 8.2, U.S. 7.3



Infant Mortality Page 22

Number of deaths occurring in the first year of life per 1,000 live births
Five year average, 1993-97: Delaware 7.8, U.S. 7.7



Child Deaths Page 24

Number of deaths per 100,000 children 1-14 years old
Five year average, 1993-97: Delaware 23.5
Five year average, 1992-96: U.S. 28.3*

* U.S. data for 1993-97 was not available. 1992-96 data was used for comparison.



Teen Deaths by Accident, Homicide, and Suicide Page 26

Number of deaths per 100,000 teenagers 15-19 years old
Five year average, 1993-97: Delaware 51.1
Five year average, 1992-96: U.S. 66.1*

* U.S. data for 1993-97 was not available. 1992-96 data was used for comparison.



K-14 KIDS COUNT in Delaware

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 rape, robbery, and aggravated assault

1997: Delaware 8.2, 1996*: U.S. 4.7

* U.S. data for 1997 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, 1996–98: Delaware 12.0, U.S. 9.5



Teens Not Attending School and Not Working Page 32

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

Three year average, 1996–98: Delaware 7.1, U.S. 8.6



KIDS COUNT in Delaware K-15

Children in Poverty Page 34

Percentage of children in poverty. In 1997 the poverty threshold for a one-parent, two-child family was \$13,133. For a family of four with two children, the threshold was \$16,530.

Three year average, 1996–98: Delaware 21.0, U.S. 16.0



Children in One-Parent Households Page 36

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

Three year average, 1996–98: Delaware 38.3, U.S. 30.8



Births to Teens 15-17

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

When teens have children, both mothers and babies suffer negative consequences. Teen mothers often lack the appropriate parenting skills and find it difficult to cope with the stresses of parenthood, particularly if they lack support of either the fathers of their children or of their families¹.

Often, the demands of fulfilling a parental role interferes with the teen mother's opportunity for peer relationships as well as the opportunity to develop her own sense of self-identity, a crucial development process for many individuals during their adolescent years².

Infants born to teenage mothers tend to have lower birth weights and experience higher rates of premature delivery and infant mortality. As they grow older, these children are more likely to be injured or become ill, have academic and behavioral problems in school and become teenage parents themselves³.

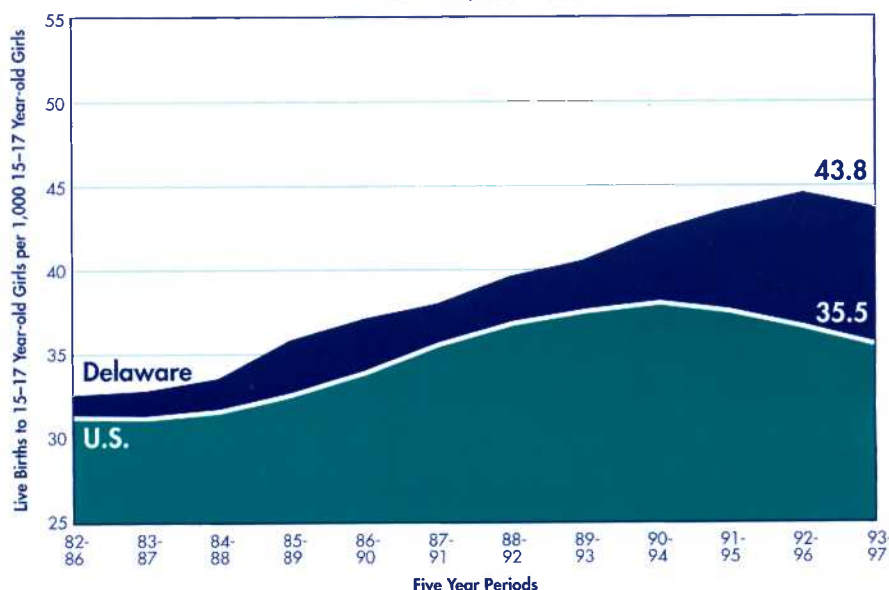
1 Births to Teens. (1998). Kentucky Kids Count, 1998 Data Book

2 Births to Teens. (1999). Kansas Kids Count, 1999 Data Book

3 Births to Teens. (1998). Alabama Kids Count Report, 1999



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



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

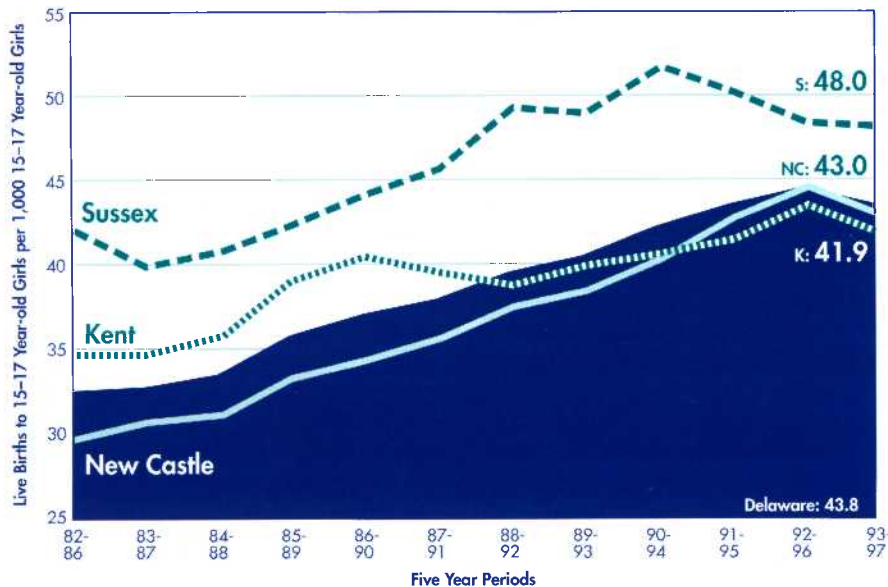
For the first time since the 1982-86 time period, the rate of births to teens ages 15-17 has dropped in Delaware.

Possible Solutions

Successful school-based teen pregnancy reduction programs target specific risk behaviors, personalize risk information, address social and media influences and provide practice in communication skills that help with refusal and negotiation. The goal is to delay onset of sexual activity and increase the use of contraceptives if sexual activity occurs.

Births to Teens 15-17

Delaware and Counties



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

Did you know?

The United States has the highest teenage birth rate among developed countries.

Public costs from teenage childbearing totaled \$120 billion from 1985-1990. **\$48 billion** could have been saved if each birth had been postponed until the mother was at least 20 years old.

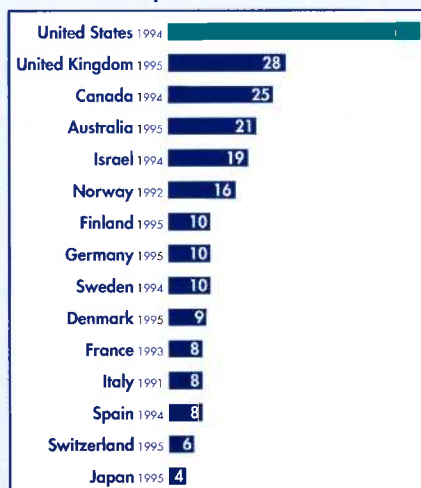
Source: Center for Disease Control and Prevention, www.cdc.gov

The sons of teen mothers are **13% more likely to end up in prison** while teen daughters are **22% more likely to become teen mothers** themselves.

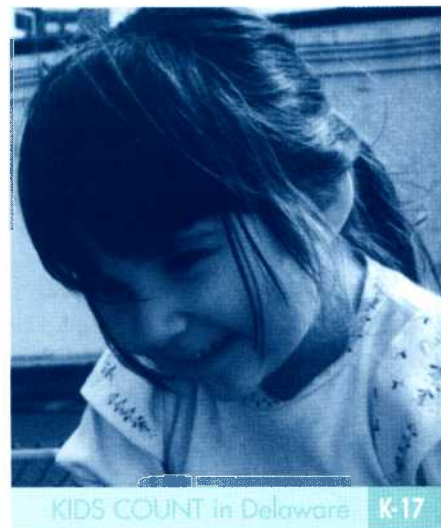
Teenagers who have strong **emotional attachments to their parents** are much less likely to become sexually active at an early age.

Source: Teen Pregnancy Facts and Stats, www.teenpregnancy.org

Teen Birth Rates for Selected Developed Countries Rate per 1,000 females



Source: United Nations, Demographic Yearbook: 1996 (New York, United Nations, 1998), pp. 353-364, Table 11.



KIDS COUNT in Delaware K-17

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-20
- Infant Mortality by Age of Mother p. K-23
- Children in Poverty by Household Structure p. K-34
- Children in One-Parent Households p. K-36
- Tables 4-8 p. K-54-57
- Tables 10-12 p. K-58-59
- Tables 15-17 p. K-61-63

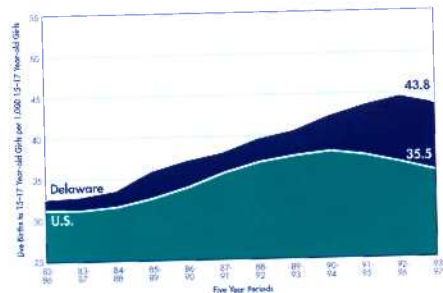
In the FAMILIES COUNT Section:

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

Births to Teens 15-19

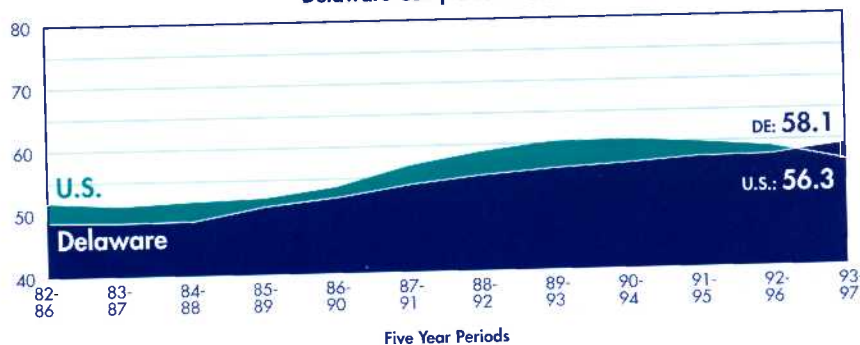
While the birth rate for Delaware girls 15-17 has dropped slightly in Delaware, the rates for both age groups, girls 15-17 and girls 15-19, are above the national average.

Births to Teens 15-17 as shown on page K-12



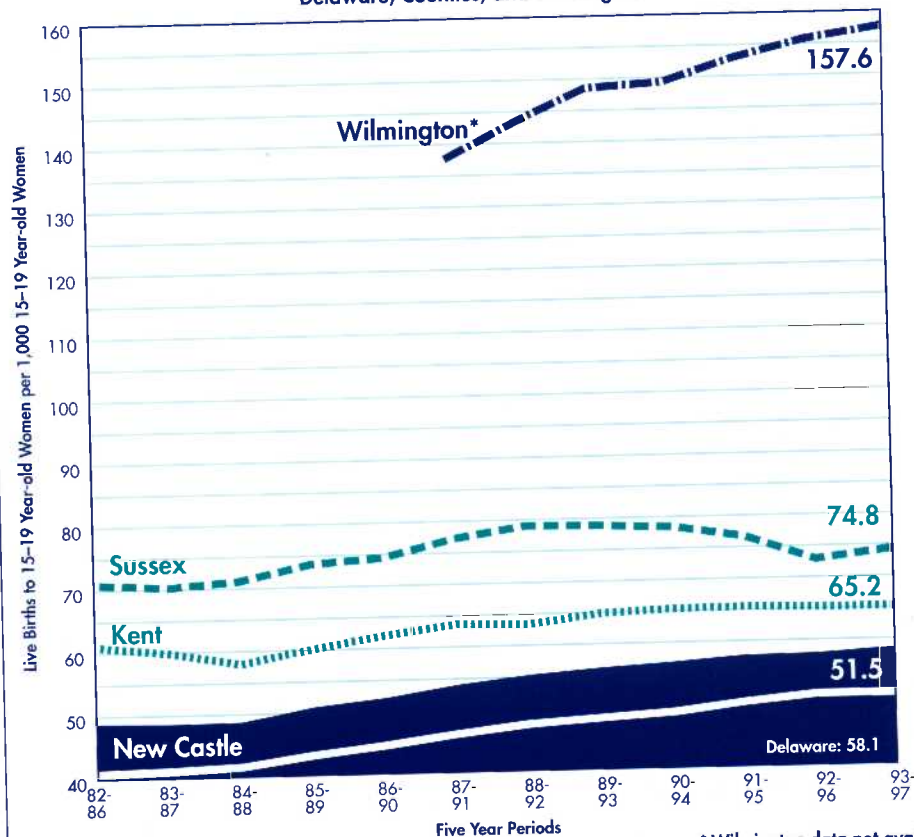
Births to Teens 15-19

Delaware Compared to U.S.



Births to Teens 15-19

Delaware, Counties, and Wilmington



* Wilmington data not available before the 1987-1991 period

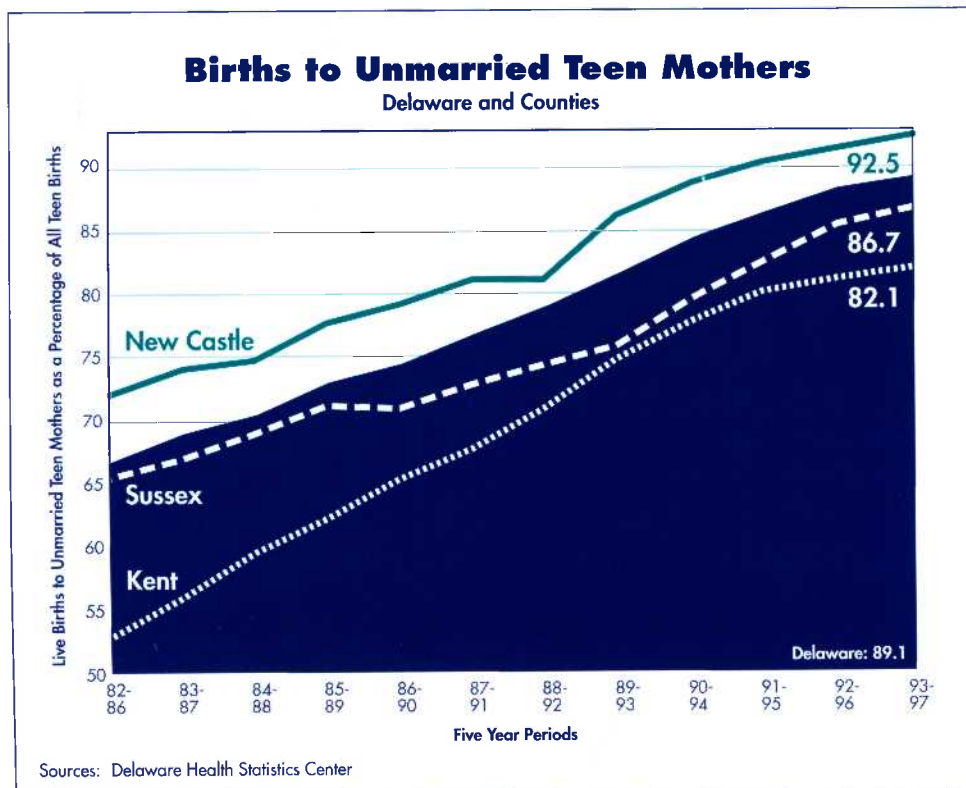
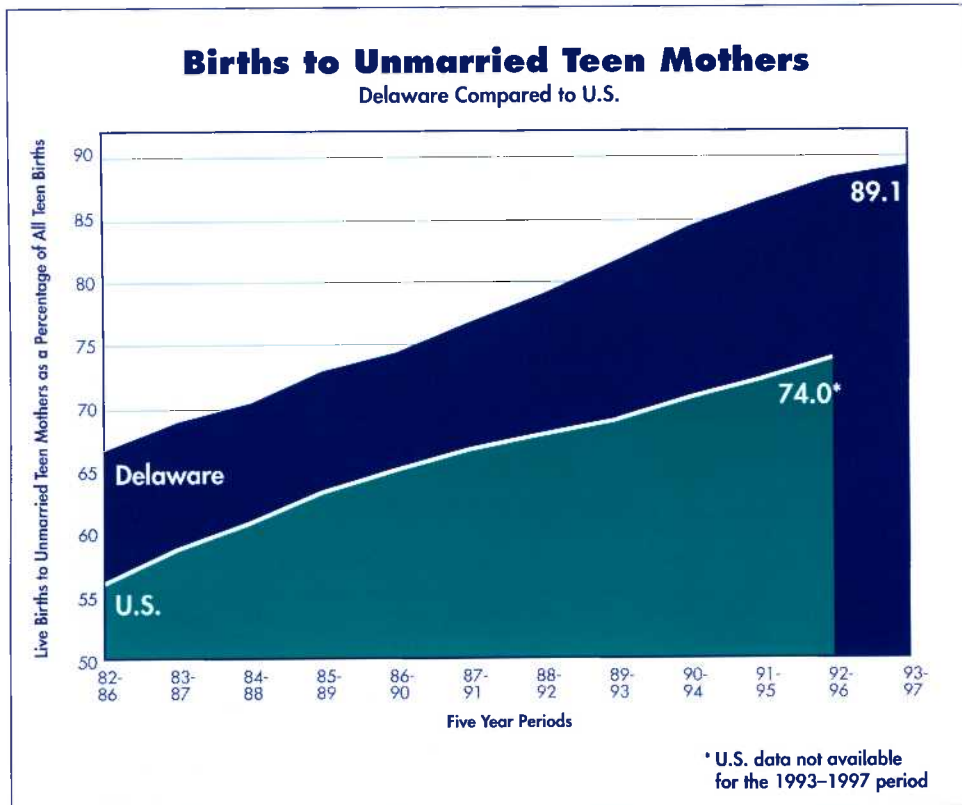
Sources: Delaware Health Statistics Center



K-18 KIDS COUNT in Delaware

Births to Unmarried Teens

The number of unmarried teen mothers giving birth in Delaware continues to grow, accounting for nearly 90% of all teen births.



For more information see

Birth to Teens 15-17	p. K-16
Low Birth Weight by Age and Race of Mother	p. K-20
Infant Mortality by Age of Mother	p. K-23
Children in Poverty by Household Structure	p. K-34
Children in One-Parent Households	p. K-36
Tables 4-8	p. K-54-57
Tables 10-12	p. K-58-59
Tables 15-17	p. K-61-63

In the FAMILIES COUNT Section:

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

Low Birth Weight Babies

Infancy – the period from birth to one year

Neonatal – the period from birth to 27 days

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

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

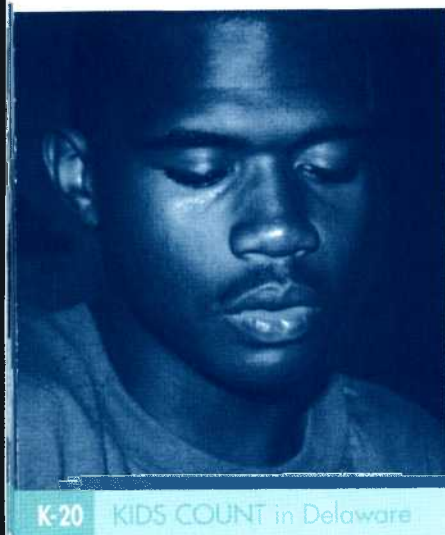
Low birth weight is defined as an infant being born at or below 2,500 grams (about 5.5 pounds). Babies weighing less than 5.5 pounds at birth are more likely to experience both physical and developmental problems than babies weighing more than 5.5 pounds at birth. Low birth weight babies may experience long-term physical problems such as an increased risk of adult-onset diabetes and coronary heart disease.¹ Developmental delays and problems causing the child to be placed in special education in school may also occur. At highest risk are babies weighing less than 3.3 pounds.² Risk factors associated with low birth weight include poor prenatal habits, in particular tobacco or alcohol use during pregnancy, low maternal weight gain, low maternal weight before pregnancy, and multiple births.³ African-American women, teenage mothers, and mothers living in poverty are at a greater risk of experiencing low weight births. Despite being a small fraction of all births, low weight infants account for more than one-third of all dollars spent on health care for infants.⁴

1. Maianu, L. et al., 1999, May. Low Birth Weight is Associated with Reduced Expression of GLUT4 and Carnitine Palmitoyltransferase-1 in Adult skeletal Muscle. *Diabetes*. V48, pSA274.

2. Low Birth Weight Babies. (1998). *Nevada Kids Count Data Book, 1998*

3. Dahlveit, A. K. et al., 1999, June 15. Impact of multiple births and elective deliveries on the trends in low birth weight in Norway. *American Journal of Epidemiology*. V149, p1128.

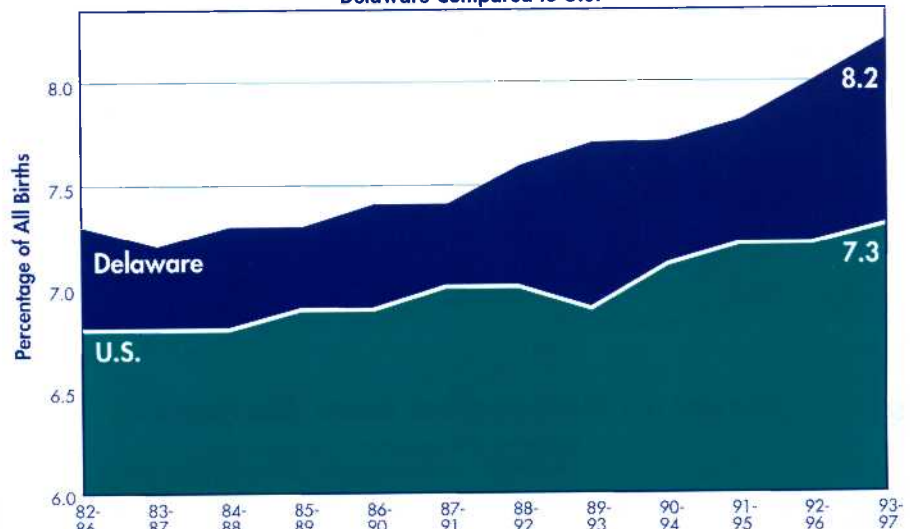
4. Low Birth Weight Babies. (1999). *Alabama Kids Count 1999 Report*



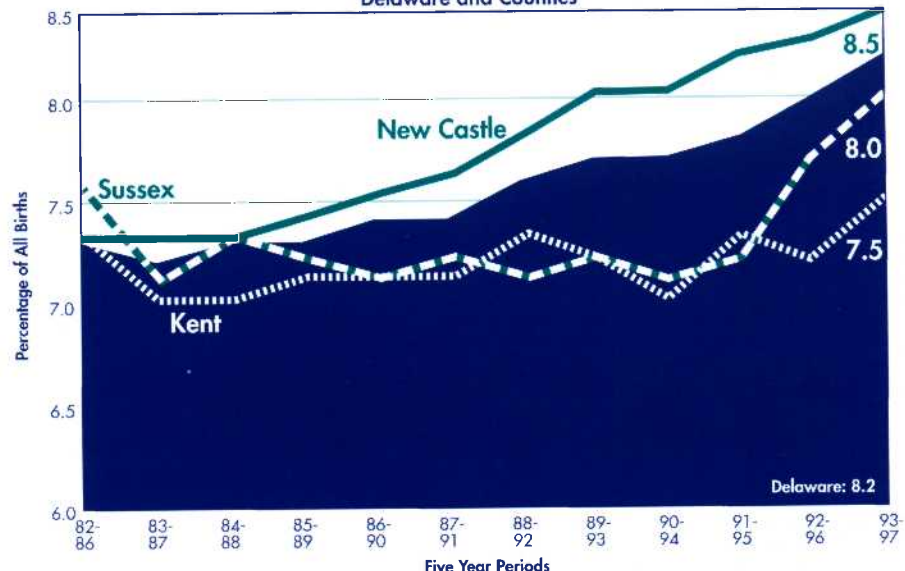
Adequate Prenatal Care – frequency and quality as measured by the Kessner Index: The Kessner Index defines adequate prenatal care as (a) the first prenatal visit occurring during the first trimester of pregnancy and (b) periodic visits throughout pregnancy totaling nine or more prenatal visits by the 36th week of gestation. Inadequate care is defined as (a) the first prenatal visit occurring during the third trimester of pregnancy or (b) four or fewer prenatal visits by the 34th weeks of gestation. When the time of the initial visit and the total number of prenatal visits falls between these parameters, the adequacy of prenatal care is rated intermediate.

Birth Cohort – all children born within specified period of time

Low Birth Weight Babies Delaware Compared to U.S.



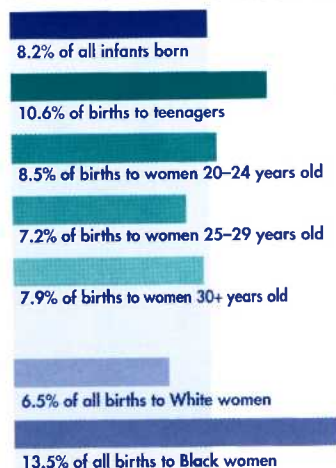
Delaware and Counties



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:

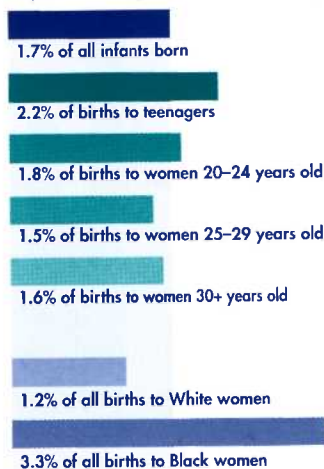


Delaware Average 8.2%

Note: Five-year average percentages, 1993-97

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:

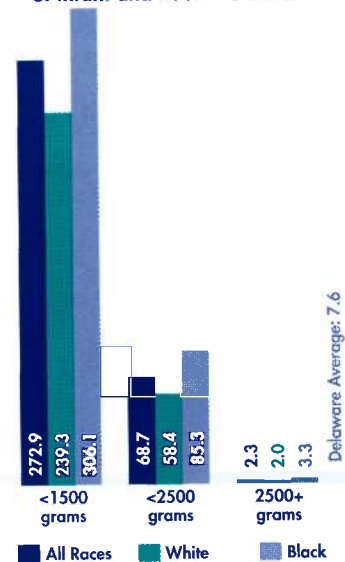


Delaware Average 1.7%

Note: Five-year average percentages, 1993-97

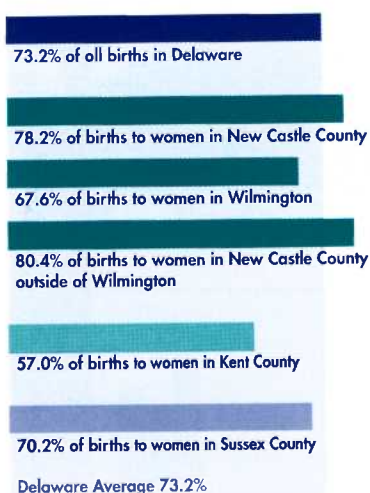
Infant Mortality

per 1,000 Live Births by Birth Weight
of Infant and Race of Mother



Note: Five-year average rates, 1992-96
Live Birth Cohort

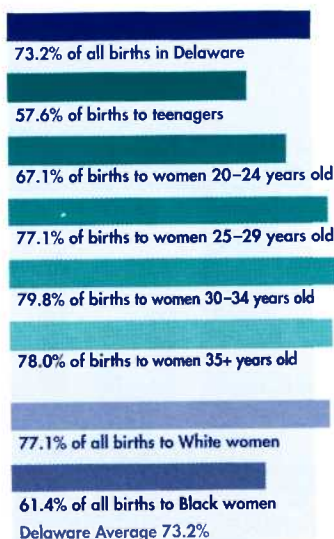
Percentage of Live Births to Mothers Who Had **Adequate Prenatal Care** by Delaware, Counties, and Wilmington



Delaware Average 73.2%

Delaware, 1997

Percentage of Live Births to Mothers Who Had **Adequate Prenatal Care** by Age and Race of Mother

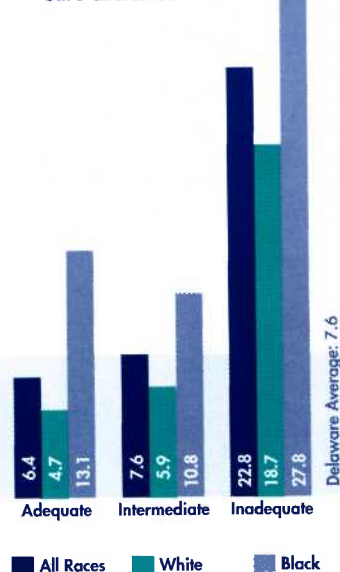


Delaware Average 73.2%

Delaware, 1997

Infant Mortality

by Adequacy of Prenatal
Care and Race of Mother



Note: Five-year average rates, 1992-96
Live Birth Cohort

Source for six charts above: Delaware Health Statistics Center

Possible Solutions

Increasing the number of healthy pregnancies will have the greatest impact on low birth weight births. Strategies should include promoting positive prenatal lifestyles, specifically smoking cessation during pregnancy, and increasing access to quality prenatal care that includes early risk assessment and health promotion.

For more information see

Infant Deaths
by Birth Weight of Infant p. K-23
Health Problems
in Low-income Children p. K-35
Tables 9-17 p. K-58-63
Tables 20-21 p. K-65-66

In the FAMILIES COUNT Section:

Prenatal Care p. F-10
Low Birth Weight Babies p. F-12

Infant Mortality

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.

The infant mortality rate represents the number of deaths of children under one year old per 1,000 live births. This rate is important because it is associated with a variety of factors, such as maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices.¹ Certain conditions increase the risk of infant mortality. These risks include maternal age (less than 19 or over 40), timing of pregnancy (leaving less than 18 months between births), poor maternal health or nutrition, and inadequate prenatal care.²

According to a national study, poverty is a key factor that affects the life expectancy of a child. The mortality rate for children born into a families in poverty is 50 percent higher than that of children born into families with incomes above the poverty line.³

1 America's Children: Key National Indicators of Well-being, 1999

2 Infant Mortality (1996). *Kids Count Data Book on Louisiana's Children*.

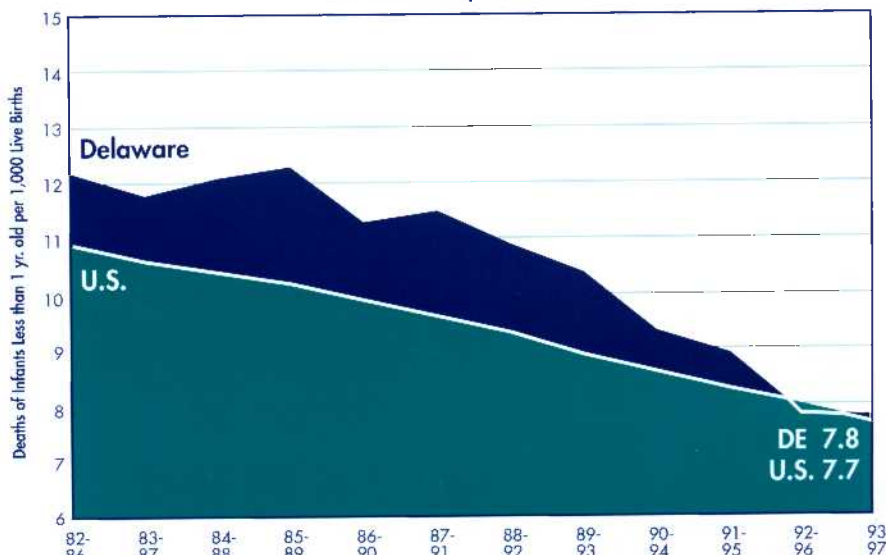
3 1998 Kids Count Databook: *State Profiles of Child Well-Being* Annie E. Casey Foundation.



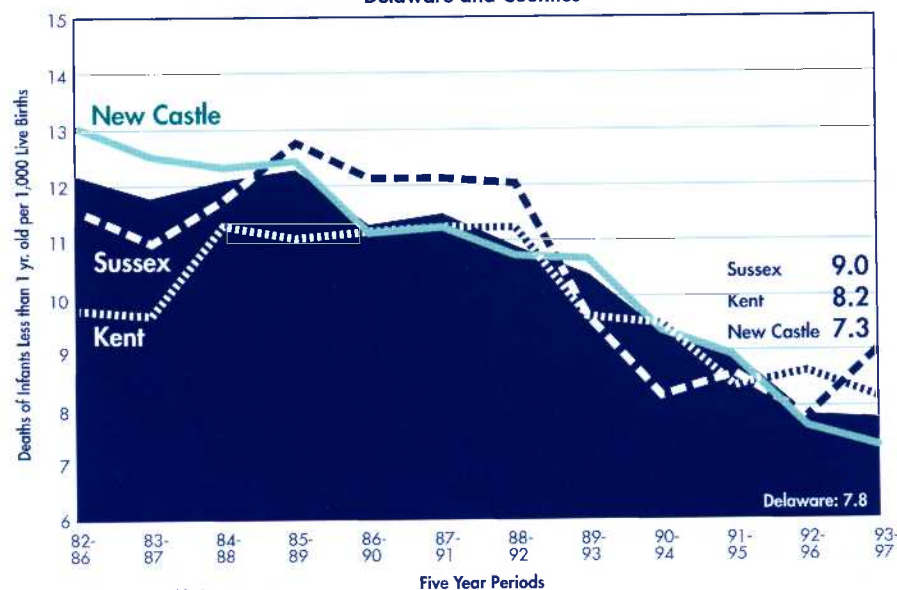
K-22 KIDS COUNT in Delaware

Infant Mortality

Delaware Compared to U.S.



Delaware and Counties



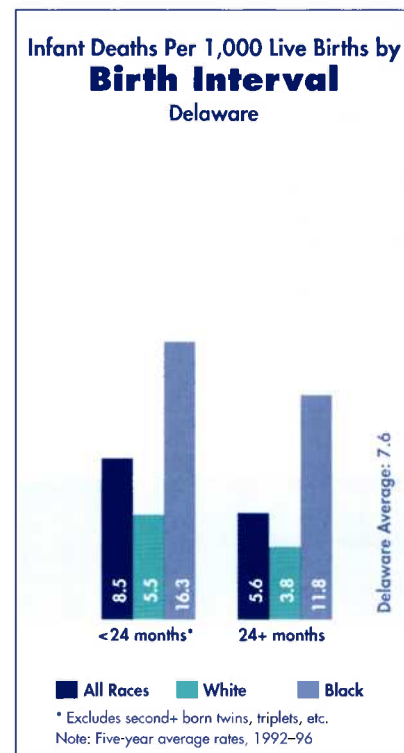
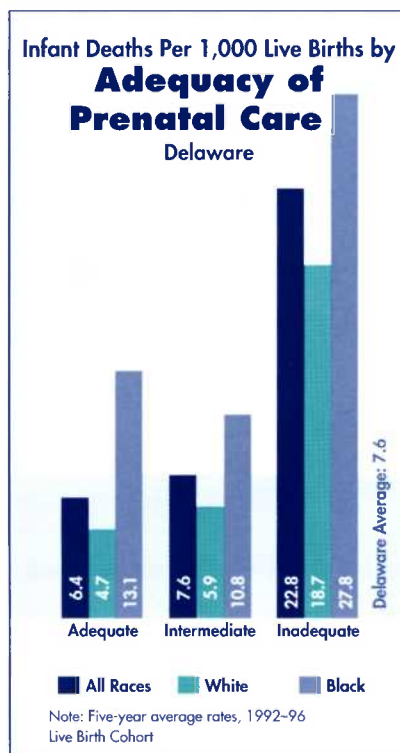
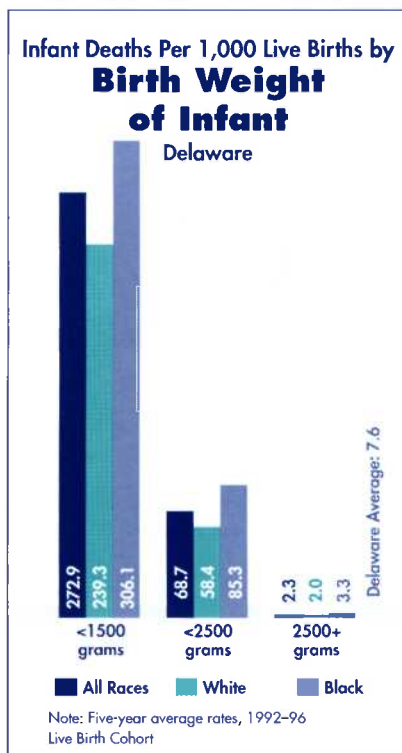
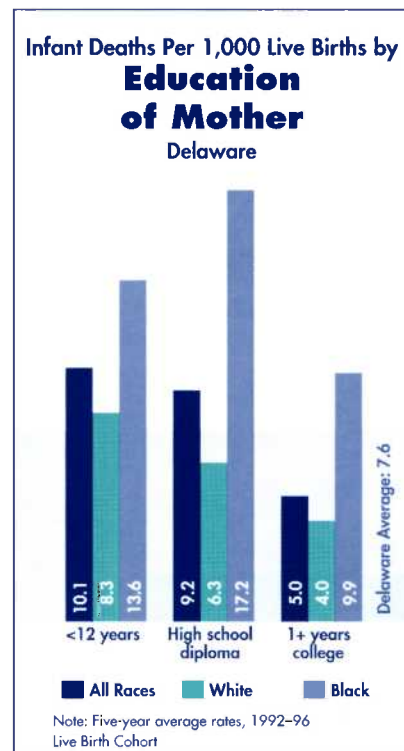
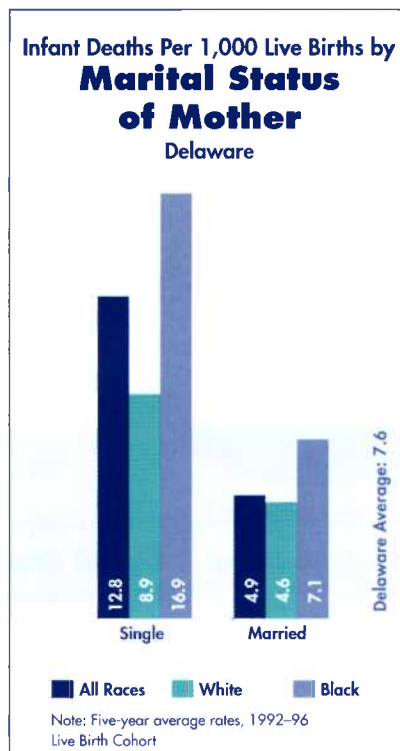
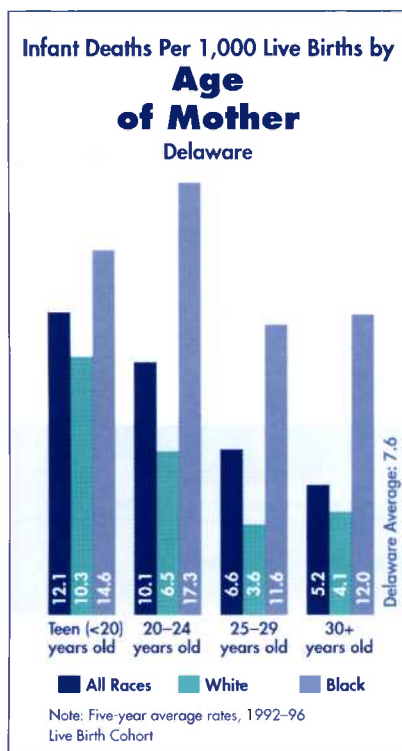
Source: Delaware Health Statistics Center

For more information see

Low Birth Weight Babies	p. K-20
Child Deaths	p. K-24
Teen Deaths	p. K-26
Health problems in low-income children	p. K-35
Child Abuse and Neglect	p. K-48
Tables 9-17	p. K-58-63
Tables 18-21	p. K-63-66
Tables 23	p. K-67
Tables 66	p. K-86

In the FAMILIES COUNT Section:

Prenatal Care	p. F-10
Low Birth Weight Babies	p. F-12
Infant Mortality	p. F-14



Source for six charts above:
Delaware Health Statistics Center

Death Sentence

Policies that emphasize healthier pregnancies and reduce low weight infants and premature deliveries, such as universal access to quality prenatal care and substance abuse counseling, will lower the infant mortality rate. Continued advances in medical care will also improve the survival rates of at-risk infants.

Child Deaths Children 1-14 Years of Age

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

Unintentional Injuries – accidents, including motor vehicle crashes

The child death rate is based on the numbers of deaths per 100,000 children divided into two age groups: 1 to 4 and 5 to 14. Poverty is the foremost predictor of injury to children. Overall, lack of parental education, inadequate or lack of health insurance, low birth weight, premature birth, substandard living conditions, substance abuse, child maltreatment, single parent households, and lack of adult supervision are additional risk factors that influence and are associated with child deaths.¹ As a result of technological advances in medical treatment and procedures, the child death rate in the United States has decreased during the past several years. Unintentional injuries remain the leading causes of death for children ages 1 to 4, and most of the injuries are preventable.²

¹ Child Death Rate. (1998). *Nevada Kids Count Data Book*

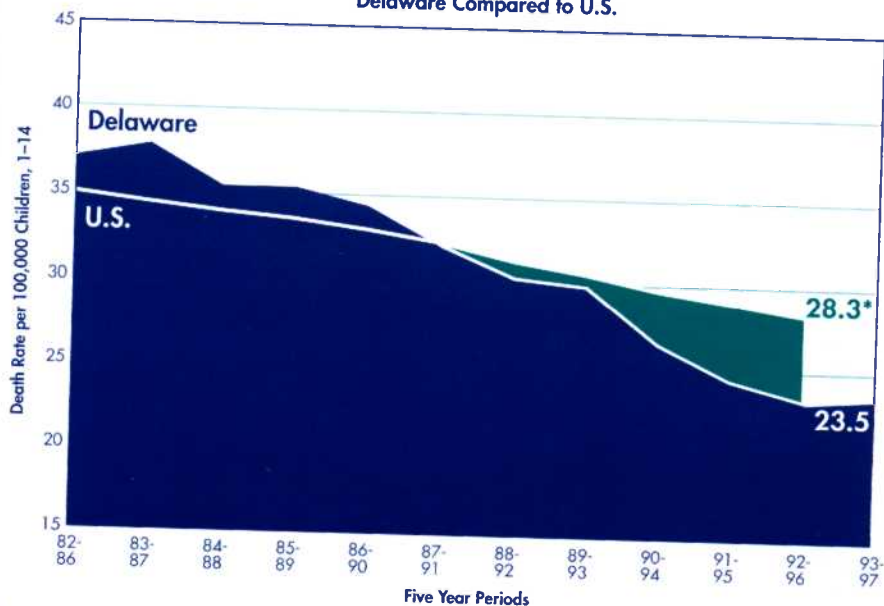
² Lewit, E.M. and Baker, L. S. (1995, Spring). Unintentional Injuries. *The Future of Children*, 5(1).



K-24 KIDS COUNT in Delaware

Child Deaths

Delaware Compared to U.S.



* U.S. data for 1992-1997 was not available

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

Number of Children 0-14 Who Died in 1997

in Delaware by County and Age

	Under 1	1-4	5-9	10-14
Delaware	81	15	9	11
New Castle Co.	48	7	5	6
Wilmington*	14	2	1	1
Kent Co.	14	4	2	2
Sussex Co.	19	4	2	3

* Wilmington data included in New Castle County total

Source: Delaware Health Statistics Center

Causes of Death of Children 1-4

Delaware, 1993-1997



Total Number of Deaths
in five-year period: 70 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5-14

Delaware, 1993-1997



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

Source: Delaware Health Statistics Center

Did you know?

Regarding motor vehicle passenger injuries, in Delaware during the 1992 through 1998 time period:

35% of all injured children ages 0 to 4 were in the front seat.

43% of severely injured children were in the front seat.

60% of children killed were in the front seat.

According to the National Highway Traffic Safety Administration,
the safest place for any child 12 years old and under is in the back seat.

Each year between **20-25%** of all children sustain an injury sufficiently severe to require medical attention, missed school, and/or bed rest.

For every childhood death caused by injury, there are approximately 34 hospitalizations, 1,000 emergency department visits, many more visits to private physicians and school nurses, and an even larger number of injuries treated at home.

Several demographic features are common to most types of injuries. The injury **rates are greatest** in those with:

- **Low socioeconomic status**, especially urban African-American children and American Indians/Alaskan Natives
- **Males**

The principal exception to this is young motor vehicle occupants before adolescence, in whom the male:female ratio is nearly unity.

Source: National Center for Injury Prevention and Control



For more information see

Infant Mortality	p. K-22
Teen Deaths	p. K-26
Health Problems in Low-income Children	p. K-35
Asthma	p. K-43
Child Abuse and Neglect	p. K-48
Tables 18-21	p. K-63-66
Tables 22-24	p. K-66-68
Table 66	p. K-86

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

Possible Solutions

Increased parental education on the importance of using bicycle helmets, car seats and similar safety devices could prevent most injuries.

Teen Deaths by Accident, Homicide, and Suicide

With teen violence on the rise, this indicator is frequently highlighted in the media. However, it is important to note that accidents continue to account for far more teen deaths than either homicide or suicide.¹

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

Late adolescence poses serious peril to young people. Youth in this age group are almost three times as likely to die as their younger counterparts. With increasing freedom from adult supervision, some youths make choices that put themselves and others in mortal danger.² Teenagers as a group are more willing to take risks, less likely to use safety belts and are more susceptible to the effects of alcohol. Teens with a history of psychiatric disorders, exposure to suicide, disruption of the family, and exposure to violence are at greatest risk for suicide.³

1 Teen Deaths. (1998). *Indiana Kids Count 1998 Databook*.

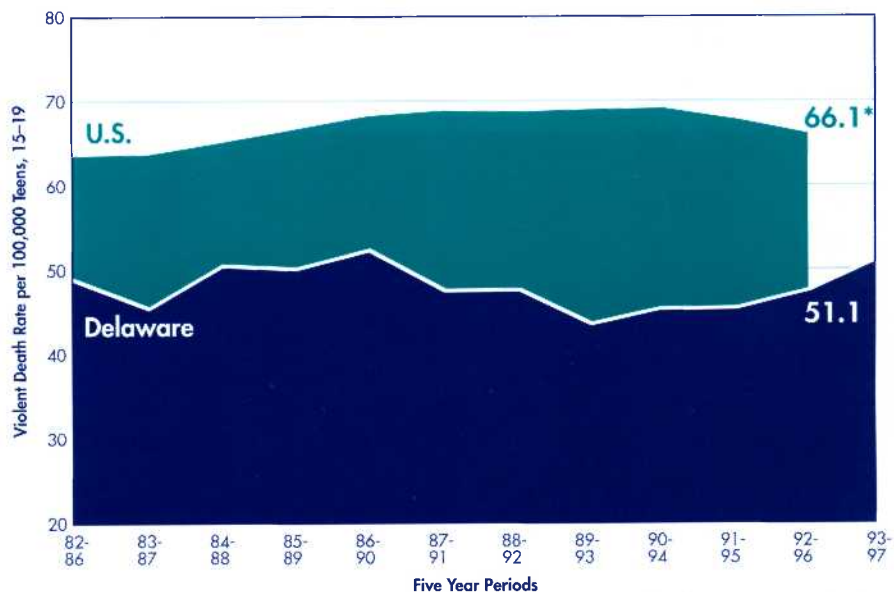
2 Teen Deaths. (1999). *Kids Count in Michigan, 1999 Databook*.

3 Teen Deaths. (1998). *Alabama Kids Count 1998 Report*.



K-26 KIDS COUNT in Delaware

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



* U.S. data for 1993-1997 was not available

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

Deaths by Accident, Homicide, and Suicide of Youth 15-19 in 1997

in Delaware by Cause

Homicide	3 males and 1 female
Suicide	6 males and 0 females
Motor Vehicle Crashes	12 males and 5 females
Other Unintentional Injuries	3 male and 2 female

Total Number of Deaths: 32 Teens

Source: Delaware Health Statistics Center

Causes of Death of Teens 15-19

Delaware, 1993-1997



Total Number of Deaths: 154 Teens

Source: Delaware Health Statistics Center

Special DUI Laws in Delaware

Zero Tolerance: If you are under 21 and you are arrested for DUI with a blood alcohol level of .02* or higher, you will lose your license automatically: for the first offense it's for 2 months, second offense is 6 months, third offense is 1 year. If you don't have a license you can be fined \$200 for the first offense and between \$400 and \$1,000 for any subsequent offenses.

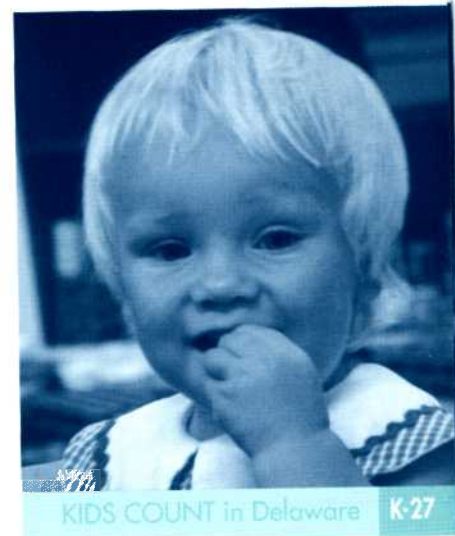
Underage Consumption: If you are caught with alcohol (anywhere, not just in a car) and you are under 21, you will automatically lose your license for 1 to 6 months. If you do not have a license, you will be fined between \$100 and \$500.

DUI - Driving Under the Influence: If you drive with a blood alcohol level of more than .1%, you could face up to 1 year in prison and a fine of \$230 for the first offense. For the third and all subsequent offenses, DUI is a felony. That means anywhere from 2 to 5 years in prison and a fine of not less than \$2,000.

In addition to the above penalties and costs, DUIs cost you \$143.75 to get your license back and \$490 to take an alcohol program.

Source: Drug-Free Delaware DUI Stats, www.state.de.us/drugfree/duistats

* Zero Tolerance means zero: A blood alcohol level of .02 is the amount of alcohol in a dose of cough syrup.



KIDS COUNT in Delaware K-27

Drinking Solutions

Policies that increase seat belt usage and limit teen access to alcohol should decrease the number of teen deaths from accidents. Successful teen violence prevention efforts include teaching alternatives to aggression, mentoring programs, targeted media messages, and individual and group counseling. Suicide prevention begins with closer parent-child relationships and alertness to changes in behavior.

For more information see

Infant Mortality	p. K-22
Child Deaths	p. K-24
Alcohol, Tobacco, and Other Drugs	p. K-46
Juvenile Violent Crime Arrests	p. K-28
Tables 24-30	p. K-68-71

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

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

This rate tracks arrests of juveniles, ages 10 through 17, for the crimes of homicide, forcible rape, robbery, and aggravated assault per 100,000 youths. The continuing problem of drug abuse, the increasing availability of weapons, and the growth of gangs have contributed to rising juvenile violence.¹ However, it should be noted that children in this age group are more likely to be victims of violent crime rather than perpetrators of such crime.² Risk factors for violent crime arrests include poverty, family violence, inadequate supervision, limited education or job skills, and poor performance in school.³

1 Juvenile Violent Crime Arrests (1998). *Alabama Kids Count 1998 Report*.

2 Juvenile Violent Crime Arrests. (1998). *Nevada Kids Count Databook*.

3 Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice (1995). *Juvenile Offenders and Victims, A National Report*.



K-28 KIDS COUNT in Delaware

Juvenile Violent Crime Arrests

Delaware Compared to U.S.

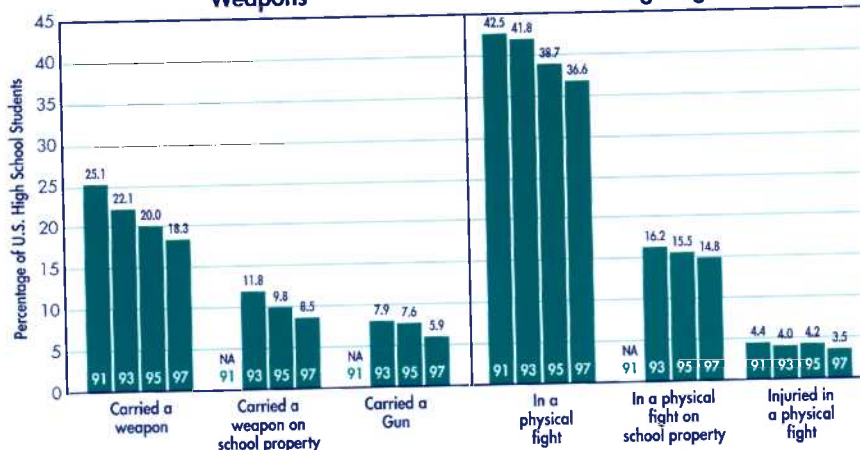


Source: Statistical Analysis Center

Violence-Related Behavior

Weapons

Fighting

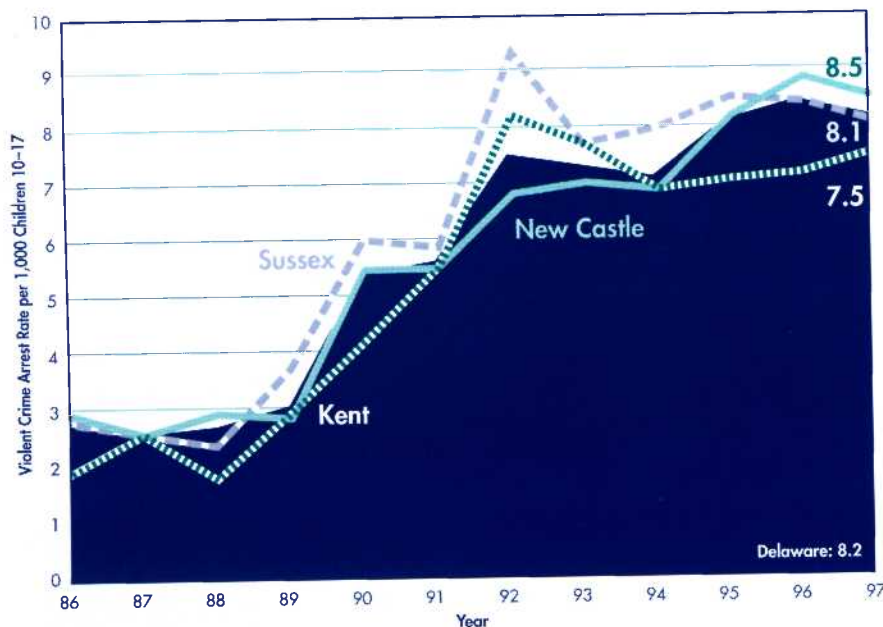


Despite widely publicized incidents recently, violent behavior among teens has decreased significantly over the past decade. The number of teens carrying weapons showed the most dramatic decline.

Source: Recent Trends in Violence-Related Behavior Among High School Students in the United States, *Journal of the American Medical Society*, August 4, 1999

Juvenile Violent Crime Arrests

Delaware and Counties



Source: Statistical Analysis Center

Student Violence and Possession

Delaware Code, Title 14 §4112, signed in July 1993, required that evidence of certain incidents 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 30% (569) of the incidents, police charges were filed. In 191 of the incidents, possession and/or concealment of dangerous instruments were involved. Possession of unlawful controlled substances accounted for an additional 237 incidents.

Did you know?

The vast majority of students feel safe in school. However, only **64%** of 5th graders think that kids at school **obey their teachers**, and only **19%** of 8th graders and **22%** of 11th graders think students **treat their teachers with respect** most of the time. The number of students interviewed who report **taking a weapon to school** slightly declined in 1998 to **4%** of 8th graders and **5%** of 11th graders.

Source: Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students, 1998, The Center for Drug and Alcohol Studies and The Center for Community Development and Family Policy, University of Delaware

Possible Solutions

More resources for alternative schools, juvenile probation officers, after-school programs, juvenile justice intervention programs and safe school measures could prevent much of the tragedy that results from juvenile crime.



KIDS COUNT in Delaware K-29

For more information see

Teen Births, Did You Know	p. K-17
Teen Deaths	p. K-26
Tables 26-38	p. K-69-74

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

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

Students who drop out of high school face staggering odds in achieving economic success in the modern world. High school graduation is a minimum prerequisite to compete effectively in today's labor market.¹ Education is one of the most important factors that determines annual earnings that, in turn, are a direct link to one's socioeconomic status.² Students are more likely to drop out of school when they are poor, when they live in poor communities, or when they come from single-parent homes.³ Potential warning signs that a child may drop out of high school include the inability to read at grade level, poor grades, truancy, substance abuse, and teen pregnancy.⁴

1 High School Dropouts. (1998) *Nevada Kids Count Data Book*.

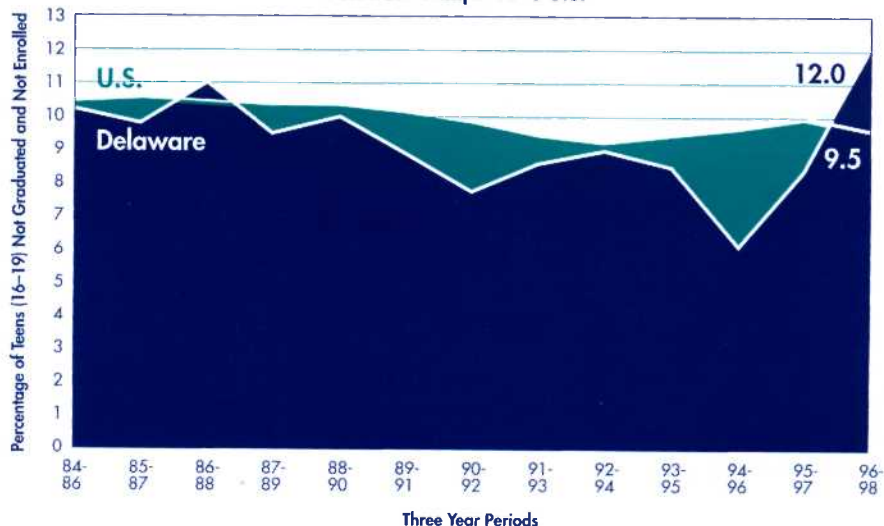
2 U.S. Department of Education, National Center for Education Stats. (1998, November 3). Education indicators: an international perspective.

3 Annie E. Casey Foundation. (1998). *Kids Count Data Book*.

4 Children's Defense Fund. (1995). *The State of America's Children Yearbook*

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

Common Goals

Parenthood is cited as the reason for dropping out of school by more than **25%** of girls. Nearly **8%** of the boys said they left school because they became a parent.

The most common reason cited for dropping out: I dislike school!!!!

Source: Dropouts: Why they leave school, www.cyfc.umn.edu

Drill-Down Solutions

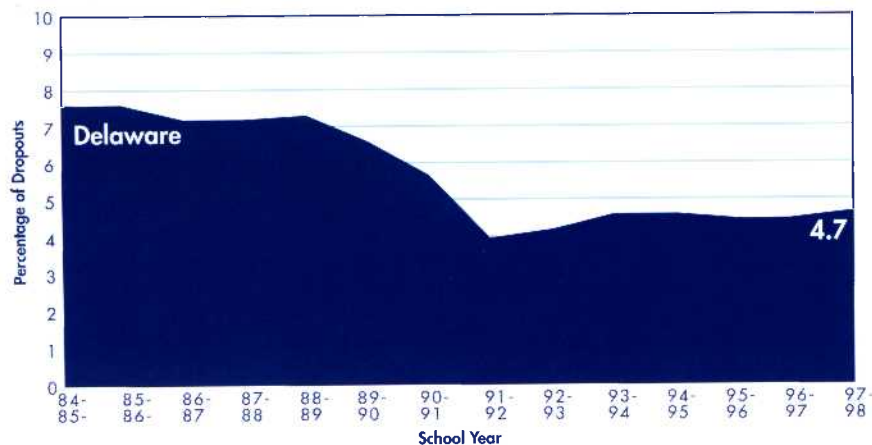
Programs designed to keep our children connected to school by teaching them the value of learning and keeping them engaged through challenging courses that expand their minds may reduce high school dropouts.



K-30 KIDS COUNT in Delaware

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.

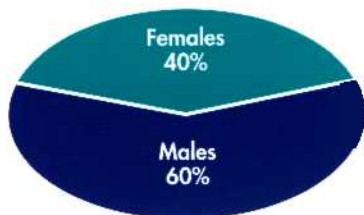
Source: Delaware Department of Education

Percentage of Dropouts

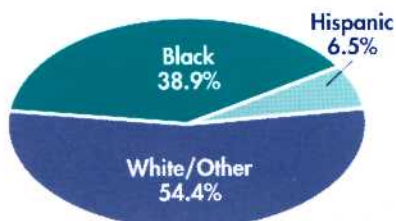
by Age, Gender, and Racial/Ethnic Group



% of all dropouts by age*



% of all dropouts by gender



% of all dropouts by racial/ethnic group

School Year 1997-1998

Source: Delaware Department of Education

Dropout Rates

by Racial/Ethnic Group

Delaware

All - 4.7

White/Other - 3.8

Hispanic - 8.2

Black - 6.4

New Castle County

All - 4.9

White/Other - 3.9

Hispanic - 9.4

Black - 6.4

Kent County

All - 3.8

White/Other - 3.1

Hispanic - 4.5

Black - 5.6

Sussex County

All - 5.0

White/Other - 4.3

Hispanic - 5.8

Black - 7.0

Delaware Average: 4.7

School Year 1997-1998

Source: Delaware Department of Education



KIDS COUNT in Delaware K-31

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

Table 20 p. K-65

Tables 39-46 p. K-75-78

Table 61 p. K-84

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

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

The indicator “teens not in school and not working” is defined as youths ages 16–19 who are not enrolled in school and are unemployed. This indicator includes recent high school graduates who are unemployed and teens who have dropped out of high school who are jobless. Work experience at this point in life is critical. People who spend a large share of their young adult years unemployed have a hard time finding and keeping a job later in life.¹

Teens who are not in school and are not working are at increased risk of juvenile delinquency, substance abuse, juvenile crime, teen pregnancy, and lifelong poverty. Teens who have dropped out of high school are most vulnerable and at greatest risk. Gaps in schooling and lack of general preparation for the workforce also place teens at considerable risk as they make the difficult transition from adolescent to adulthood.²

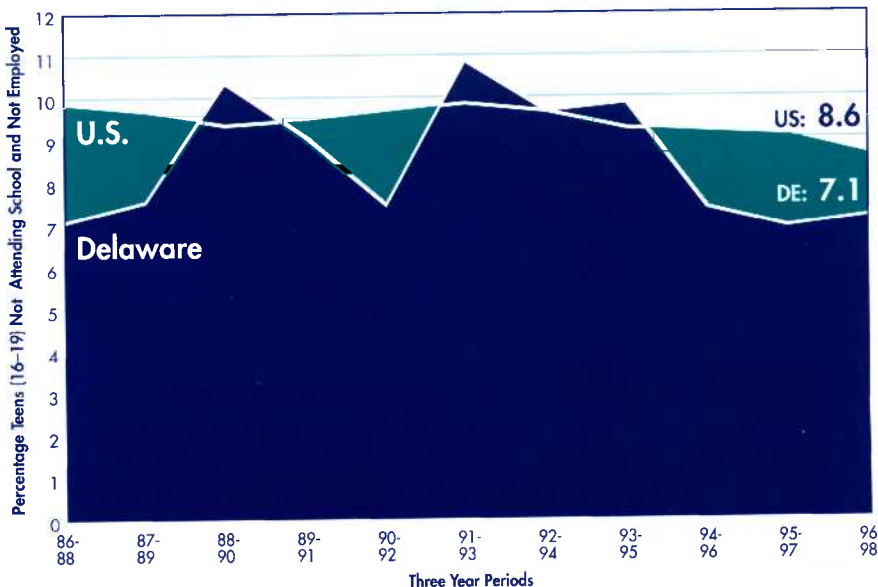
1 Teens not in school and not working. (1999). *National Kids Count Data Book*.

2 Teens not in school and not working. (1998). *Nevada Kids Count Databook*.



K-32 KIDS COUNT in Delaware

Teen 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 1996-97 school year, a total of 27,174 out-of-school suspensions were reported by Delaware's 19 school districts. Three percent of these suspensions occurred in grades K-3. About 44% of the suspensions were students from grades 4-8 and the remaining 53% of suspensions happened in the high school level, grades 9-12. Suspensions were the result of various infractions, including fighting (15%) and defiance of authority (17%). Approximately 340 students were absent each day due to suspensions, totaling about 61,000 days missed. The number of students involved in the incidents which resulted in suspension was 12,664, of which 68% were male.

It is important to understand 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.

Suspensions in Delaware Schools, 1996-97

County	Number of Suspensions	Number of Students Who Were Suspended	Enrollment	Percentage of Enrollment Who Were Suspended
Delaware	27,174	12,664	110,279	11%
New Castle	18,852	8,608	64,921	13%
Kent	4,127	2,073	24,564	8%
Sussex	4,195	1,983	20,794	10%

Source: Delaware Department of Education

Expulsions in Delaware Schools, 1996-97

County	Number of Expulsions	Enrollment	Percentage of Enrollment Who Were Expelled
Delaware	171	110,279	0.2%
New Castle	82	64,921	0.1%
Kent	38	24,564	0.2%
Sussex	51	20,794	0.2%

Source: Delaware Department of Education



KIDS COUNT in Delaware K-33

Possible Solutions

Initiatives that reinforce the importance of staying in school, pursuing secondary education and preparing for the workforce so that teens can lead more productive lives could lower this rate.

For more information see

High School Dropouts	p. K-30
Tables 39-46	p. K-75-78
Table 61	p. K-84

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

Children in Poverty – percentage of children in poverty; in 1997 the poverty threshold for a one-parent, two child family was \$13,133. For a family of four with two children, the threshold was \$16,530.

Poverty is related to all of the KIDS COUNT indicators. It is defined as the condition of not having enough income to meet basic needs for food, clothing, and shelter.¹ The 1997 poverty threshold for a family of four was \$16,530 per year. Poverty has been found to be linked to a number of undesirable outcomes for children, including health, education, child abuse and neglect, delinquency, and emotional well-being.² Children who live in single-parent families with poorly educated, relatively young, minority race, or disabled adults are more likely to be poor and to experience longer poverty spells than children who do not live in such families.³

1 Future of children: the effects of poverty on children. (1997, Summer-Fall) *The Center of the Future on Children*, 7(2).

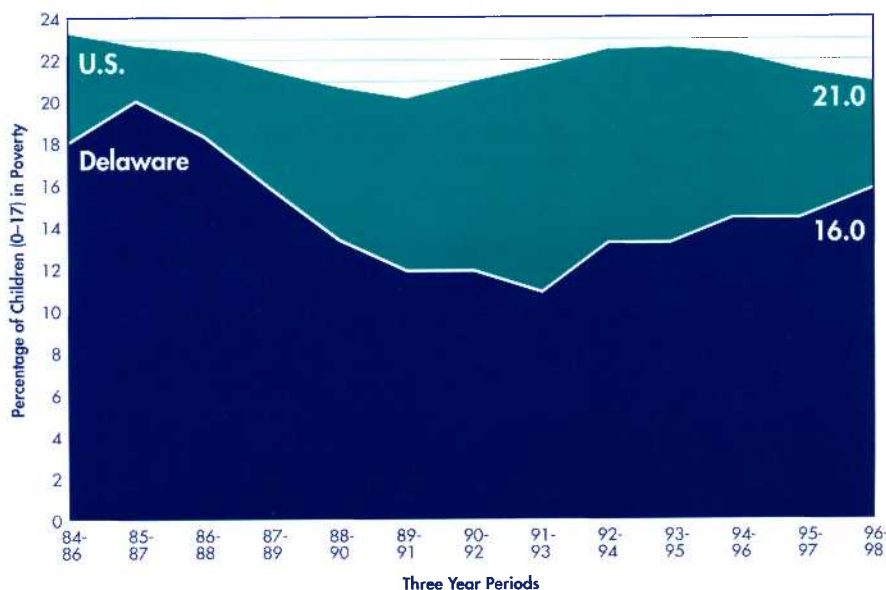
2 Children in Poverty. (1999). *Kansas Kids Count Databook*.

3 Center for the Future of Children. The David and Lucille Packard Foundation. (1997). *The Future of Children: Children and Poverty*. V. 7 n2.



K-34 KIDS COUNT in Delaware

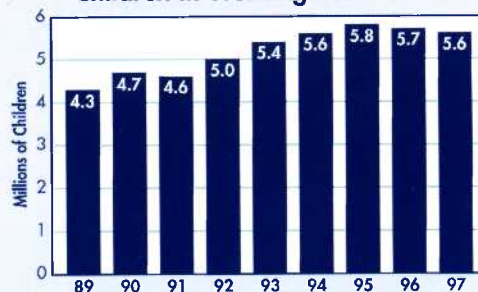
Children in Poverty Delaware Compared to U.S.



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

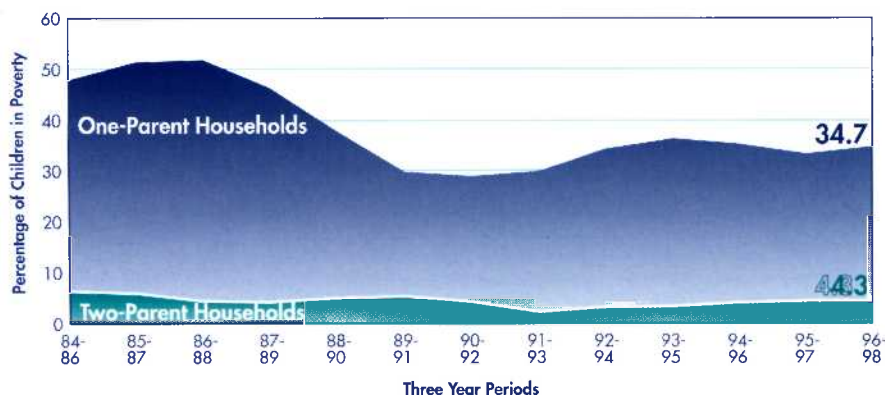
While recent public policy discussions have focused on children in welfare-dependent families, during the 1990s there has been a significant increase in children in working-poor families (where at least one parent worked 26 or more weeks, and family income was below poverty level). In the U.S., the number of children living in working-poor families increased from 4.3 million in 1989 to 5.6 million in 1997.

Children in Working-Poor Families



Source: National KIDS COUNT Data Book 1999

Children in Poverty by Household Structure Delaware



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

For more information see

Median Income of Families by Family Type	p. K-37
Child Care Costs	p. K-39
Subsidized Child Care	p. K-39
Children Receiving Free and Reduced Price School Meals	p. K-41
Women and Children Receiving WIC	p. K-42
Children without Health Insurance	p. K-44
Tables 46-58	p. K-78-82
Table 65	p. K-85

continued below

Did you know?

The frequency of health problems is higher in low-income children compared to other children—often two, three, or four times as high. Relative frequencies of health problems of low-income children compared with other children in the U.S. are listed below.

Relative Frequency in Low-income Children	Health Problem
2 x	Low birth weight
2-3 x	Postneonatal mortality
2-3 x	Child deaths due to accidents
3-4 x	Child deaths due to disease
3 x	Delayed immunization
2 x	Diabetic ketoacidosis
2 x	Severe iron-deficiency anemia
2-3 x	Rheumatic fever
2-3 x	Complications of bacterial meningitis
2-3 x	Conditions limiting school activity
2-3 x	Severely impaired vision
3 x	Lead poisoning

Source: Colorado KIDS COUNT Data Book; B. Starfield, "Child and Adolescent Health Status Measures," The Future of Children, Vol. 3 No. 2, Winter 1992



KIDS COUNT in Delaware K-35

continued from above

For more information see

In the FAMILIES COUNT Section:

Health Care Coverage	p. F-19
Children in Poverty	p. F-34
Female Headed Households in Poverty	p. F-38
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

Possible Solutions

Programs that encourage teens to complete high school and to marry before having children will decrease the number of children born into poverty. Improved job training and apprenticeship programs combined with affordable, high-quality childcare will also help move families out of poverty.

Children in One-Parent Households

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

Children living in single-parent families do not have the same resources and opportunities as those living in two-parent families.¹ When the single parent is a woman, the risk of sinking into poverty is significantly greater due to the wide earnings gap between men and women in the United States. Many single mothers also receive insufficient child support, which puts their children at greater risk for all the adverse outcomes linked to poverty.²

High divorce rates and high non-marital birth rates indicate that a record number of children are growing up without fathers in their lives. For the first time in history, the average child can expect to live a significant portion of his or her life in a home without a father.³

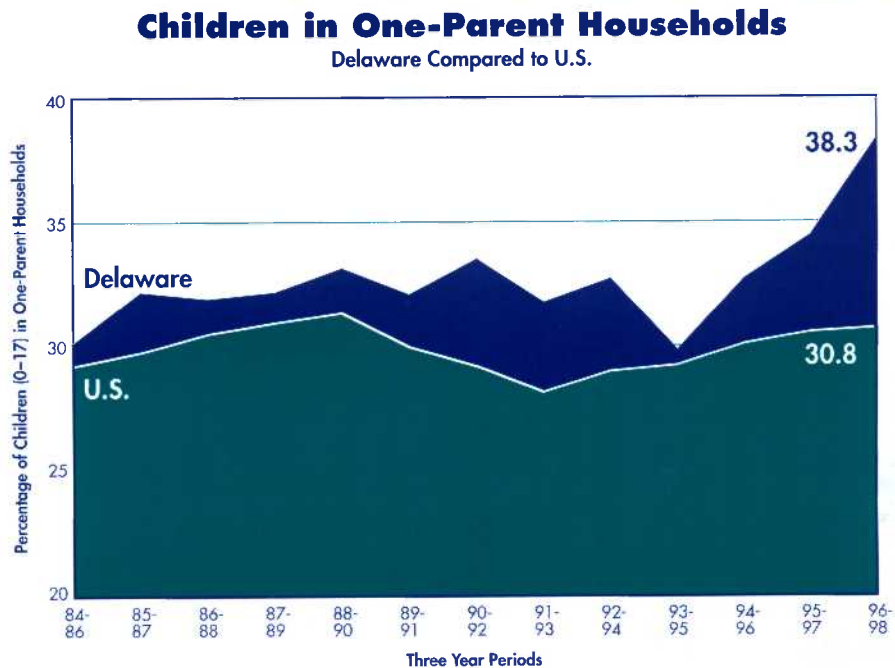
1 U.S. Bureau of Census, 1997, *Census Brief: Children with Single Parents - How they fare*, U.S. Department of Commerce, Bureau of the Census, Washington, D.C.

2 Corocan, Mary E. and Ajay Chaudry, 1997, “The Dynamics of Childhood Poverty,” *The Future of Children: Children and Poverty*, The David and Lucile Packard Foundation, Los Altos, CA, Vol. 7, No. 2, Summer/Fall

3 Tennessee Kids Count. 1999. *The State of the Child in Tennessee*.



K-36 KIDS COUNT in Delaware



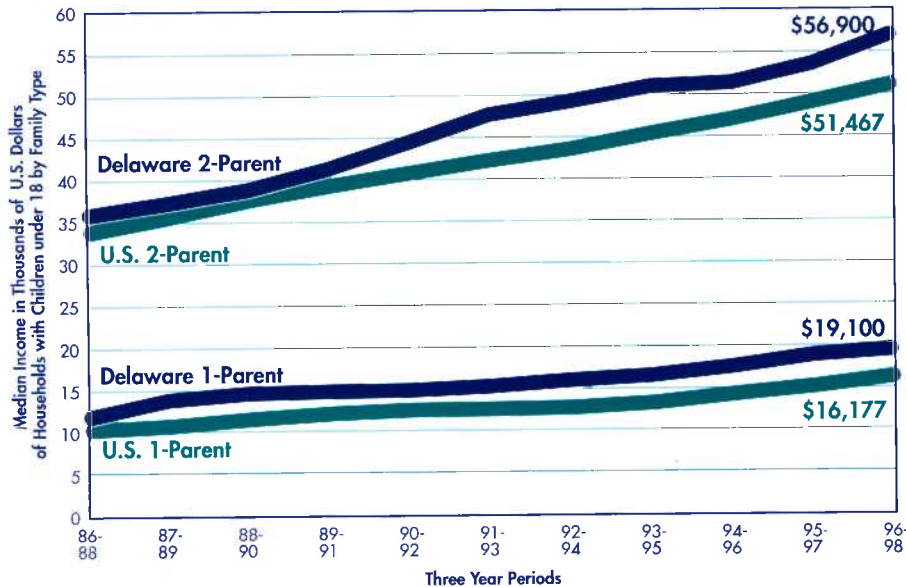
Source: Center for Applied Demography and Survey Research, University of Delaware

Possible Solutions

Policies that enforce child support, including awards that reflect the cost of raising children, could improve the economic well-being of single-parent households.

Median Income of Families with Children by Family Type

Delaware and U.S.



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

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1993-97

35.0% of all births in Delaware

32.7% of births to women in New Castle County

35.3% of births to women in Kent County

43.2% of births to women in Sussex County

89.1% of births to teenagers in Delaware

54.2% of births to women 20-24 years old in Delaware

21.7% of births to women 25-29 years old in Delaware

13.5% of births to women 30+ years old in Delaware

35.0% of all births in Delaware

31.6%* of all births in the U.S.

23.7% of all births to White women in Delaware

24.5%* of all births to White women in the U.S.

72.9% of all births to Black women in Delaware

69.7%* of all births to Black women in the U.S.

Delaware Average 35.0%

* U.S. data are for 1992-96. 1993-97 data were not available.

Source: Delaware Health Statistics Center



KIDS COUNT in Delaware K-37

For more information see

Birth to Unmarried Teens p. K-19

Infant Mortality
by Marital Status of Mother p. K-23

Children in Poverty
by Household Structure p. K-35

Table 7 p. K-56

Table 20 p. K-65

Tables 47-62 p. K-78-84

In the FAMILIES COUNT Section:

One-Parent Households p. F-35

Female Headed
Households in Poverty p. F-38

Child Support p. F-39

Early Care and Education and School-Aged Child Care

Common sense has always told us that babies benefit from an environment of love, nurturing, and stimulation. Now, new medical research confirms the notion that the experiences of children in the first three years of life determines, to a large degree, the brightness of their future.¹ Children's brains show almost twice the activity of an adult brain until the age of ten. Therefore, high quality early education opportunities for young children are essential and need to be available to children in all of their environments, including child care outside of the home. Further studies indicate that the quality of child care is important because it is closely linked with children's social, cognitive, and language development. Children in high quality early childhood programs are more likely to be emotionally secure and self-confident, proficient in language use, able to regulate impulsive and aggressive inclinations, and advanced in cognitive development.²

An ever increasing number of parents juggle work schedules and child care needs with availability of family financial and human resources to meet the demands of parental and employment responsibilities.³ One obstacle that many working parents encounter is the limited availability of affordable child care. Even when cost is not an insurmountable barrier, many families find that child care is simply not available at the times and places it is needed.

1. Colorado's Children's Campaign, (1998). *Kids Count in Colorado*.

2. Tennessee Kids Count, (1999). *The State of the Child in Tennessee*.

3. Michigan Kids Count, (1999). *Michigan Kids Count Databook 1999*.



Accredited Programs

Number of Accredited Programs by Accrediting Organization*
Delaware and Counties, 1998

	NAFCC	NAEYC	NSACA
Delaware	37	23	0
New Castle County	28	18	0
Kent/Sussex Counties	9	5	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: Early childhood programs can be classified on a continuum between services that are educational which attend to child development and services that provide primary custodial care while parents are at work. Research has shown that the way children function, from the preschool years, through adolescence, and into adulthood, hinges in large part on their experiences before the age of three¹. Therefore, all programs for young children should include both quality education and care². Combining all child care and early education issues provides a clearer picture of the quality and quantity of services that children receive.

1. "I Am Your Child" (1997). Early Childhood Engagement Campaign.

2. *Years of promise. A comprehensive learning strategy for America's children.* (1996)
New York: Carnegie Corporation of New York.

Staff/Child Ratios

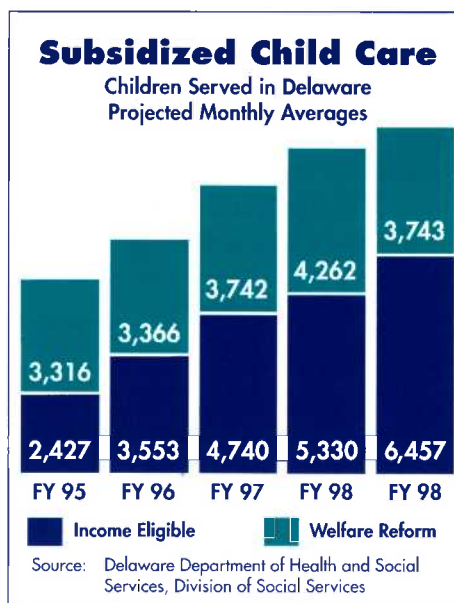
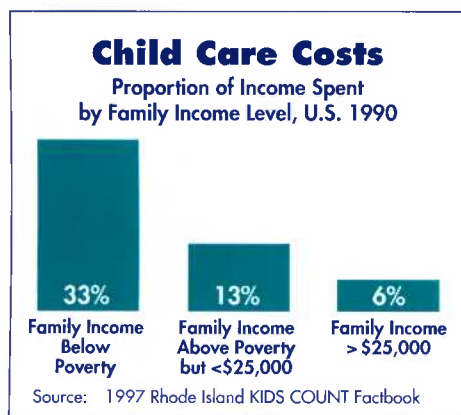
Licensing Requirements vs.
Accreditation Recommendations
Staff to Child Ratios

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.

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. The less families earn, the higher the proportion of income spent on child care ¹.

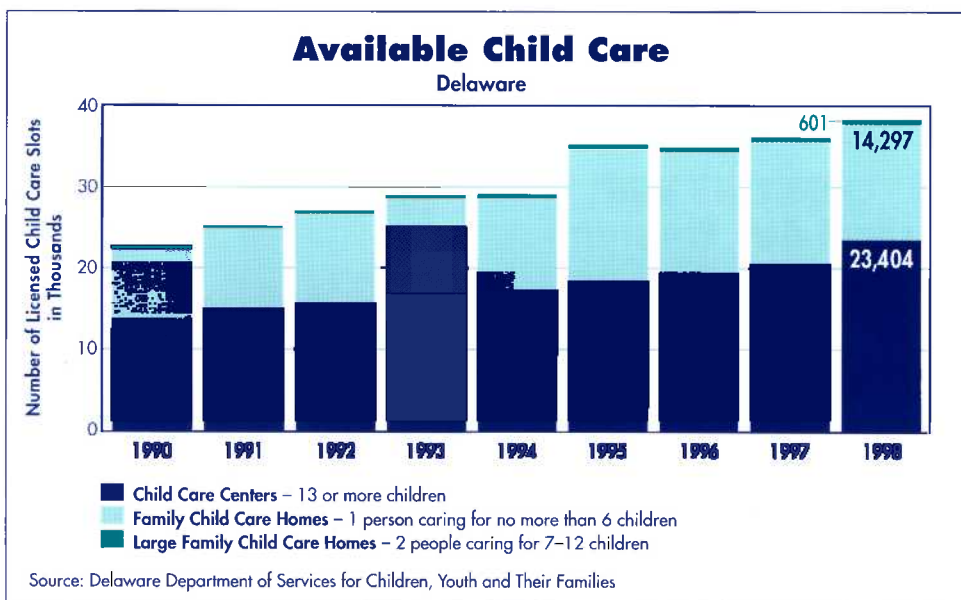
1 Phillips and Anne Bridgman (eds.), *New findings on children, families, and economic self-sufficiency*. (1995). Washington, DC: Board on Children and Families, National Research Council, Institute of Medicine.



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. Recent changes in welfare law requiring women to work or participate in work programs means additional children in need of quality child care. Research points to a relatively low supply of quality child care for infants, school-age children, children with disabilities and special health care needs, and families with unconventional or shifting work hours ¹. 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 ².

1 *Early childhood care and education: An investment that works*. (1995) Washington, DC: National Conference of State Legislatures.

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



KIDS COUNT in Delaware K-39

Continued on next page

Early Care and Education and School-Aged Child Care

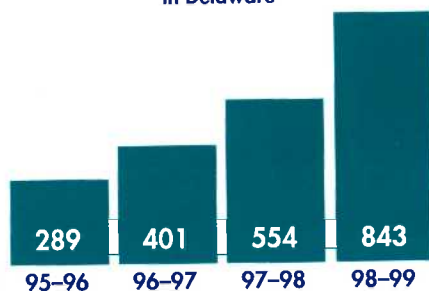
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Head Start/ECAP: Head Start is a comprehensive early childhood development program for low-income preschool children and their families. The Early Childhood Assistance Program in Delaware provides funding for four-year olds who meet the eligibility 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 children¹.

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

Early Childhood Assistance Program

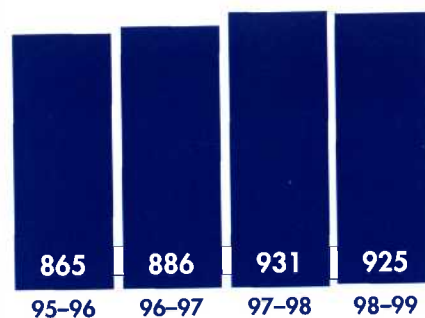
Number of Children Funded in Delaware



Source: Delaware Department of Education

Head Start

Children Served in Delaware



Source: Delaware Department of Education

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 cigarettes¹. 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 day².

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

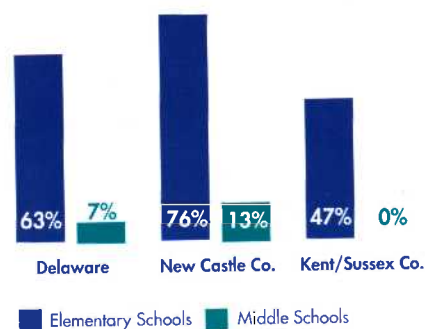
Delaware and Counties, 1998

	Total	School Age
Delaware	2,023	1,721
New Castle Co.	1,241	1,001
Kent/Sussex Co.	782	720

Source: The Family and Workplace Connection

Site-Based School Age Programs

Percent of Schools with School Age Child Care Delaware and Counties, 1998



Source: The Family and Workplace Connection

For more information see

Table 48 p. K-78

Tables 62-65 p. K-84-85

In the **FAMILIES COUNT** Section:

Early Intervention p. F-26

Head Start p. F-27

Children Receiving Free and Reduced Price School Meals

Research has consistently shown a relationship between poverty, poor nutrition, and educational development in children. The Food Research and Action Center reports that hungry children are inattentive in class, likely to have discipline problems, and perform poorly in problem-solving activities¹.

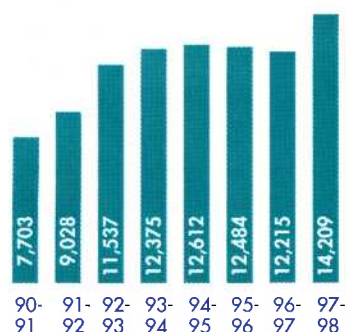
Children who have adequate nourishment are more active and social on the playground, more focused in class, and better able to think and remember what they have learned. When children do not master academic skills and fall behind in school, their chances to develop their potential as students, lifelong learners, and productive members of society decrease.

¹ Action Alliance for Children. (1997, November-December). Healthy meals = healthy kids. Available <<http://www.4children.org>>.

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 can indicate the number of low-income children in a school district.

Free and Reduced Price Breakfasts

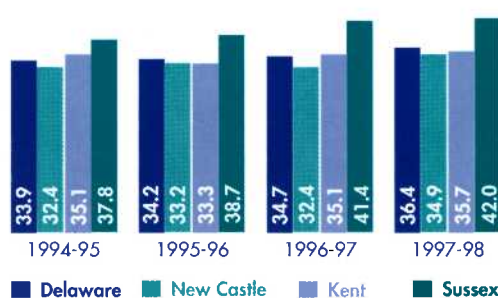
Average Number Served Daily



Source: Delaware Department of Education

Free and Reduced Price Lunches

as a Percentage of Total Enrollment



Source: Delaware Department of Education



KIDS COUNT in Delaware K-41

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

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

Children in Poverty	p. K-34
Women and Children Receiving WIC	p. K-42
Health Problems of Low-income Children	p. K-35
Tables 49-50	p. K-79

In the FAMILIES COUNT Section:

Children in Poverty	p. F-34
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Women and Children Receiving WIC

While welfare reform initiatives nationwide have emphasized eliminating many former entitlement programs, federal food assistance programs, including WIC, were retained as a nutritional safety net. Assisting in "achieved nutritional security," WIC contributes to improved diet quality and quantity for members of low-income households¹. In addition to increasing the average birth weight by 91 grams, WIC also improves children's health by increasing immunization rates².

1 Basiotis, P. P., Kramer-LeBlanc, C. S., Kennedy, E. T. (1998, Winter). Maintaining nutrition security and diet quality: The role of the food stamp program and WIC. *Family Economics and Nutrition Review*. 4

2 Ku, L. (1999, Spring). Debating WIC. *The Public Interest*. 35, 108

WIC Program

Average Number Served per Month
Delaware, 1996 and 1998*

	1996	1998
Infants	4,414	4,430
Children 1-4	8,353	7,756
Mothers	3,230	3,449

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

WIC Program

Total Number Served
Delaware, 1998

In federal fiscal year 1998, approximately 19,052 infants and children were served by WIC in the State of Delaware.

Over 40% of all infants born in 1998 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office



K-42 KIDS COUNT in Delaware

Of infants who received WIC preceding their first birthday, **82.4%** continued to receive WIC after their first birthday.

Long-term WIC participation is uncommon. Only one-quarter of infants and children who ever receive WIC stay on until their fifth birthday.

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

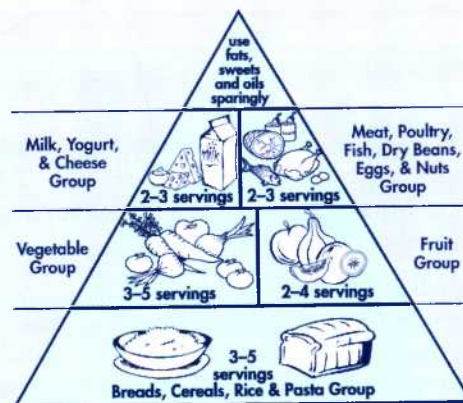
WIC families get monthly supplies of foods high in **protein, iron, vitamin C, and calcium.**

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 servings 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-41

Health Problems in Low-income Children p. K-35

Table 49-50 p. K-79

Table 58 p. K-82

In the FAMILIES COUNT Section:

Children in Poverty p. F-34

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 for Children 0-17 Years of Age
by Health Insurance Status, Delaware Hospitals, 1995 and 1996

	Children Discharged		Readmissions		Total Discharges		Discharge Rate		Readmission Rate	
	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996
Delaware	570	485	104	77	674	562	3.9	3.2	18.2	15.9
Medicaid	278	268	69	59	347	327	6.4 ⁺	7.4 ⁺	24.8 ⁺	22.0 ⁺
Non-Medicaid	292	217	35	18	327	235	2.9	1.8	12.0	8.3

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

Source: Delaware Health Statistics Center

Hospitalization rates are one measure of morbidity associated childhood asthma. The table above compares 1995 and 1996 Delaware hospitalization data for childhood asthma. Although total asthma hospitalizations, hospitalization rate and readmission rate for children at Delaware hospitals declined in 1996, these improvements were almost entirely attributable to changes in the non-Medicaid population. In 1996, children hospitalized for asthma were more than four times as likely to be Medicaid eligible. Also in 1996, children rehospitalized for asthma within the same year were over twice as likely to be Medicaid eligible.

These data indicate that in 1996 Delaware Medicaid children continued to suffer excess asthma morbidity as measured by the need for hospitalization, and that the gap between Medicaid versus non-Medicaid children appeared to be widening over this two-year period. 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 increasing the severity of asthma among low-income inner-city children.

Asthma experts believe that the majority of childhood asthma hospitalizations, as well as other morbidity associated with the condition could be prevented with appropriate management of the disease, including patient/family education, medications, and environmental control. 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.

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



KIDS COUNT in Delaware K-43

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 51-52	p. K-80

In the FAMILIES COUNT Section:

Child Deaths	p. F-18
Health Care Coverage (Children)	p. F-19
Health Care Coverage (Families)	p. F-41

Children without Health Insurance

Children who do not have health insurance are much less likely to be taken to a doctor when they appear sick than children who do have health insurance.¹ Lack of health insurance decreases the likelihood that a child will have a single primary care physician and when children are under three, increases the risk that they are not being vaccinated or screened for developmental disorders.² Additionally, uninsured children are likely to use hospital emergency rooms for care with conditions that could have been easily treated or prevented at a fraction of the cost.³

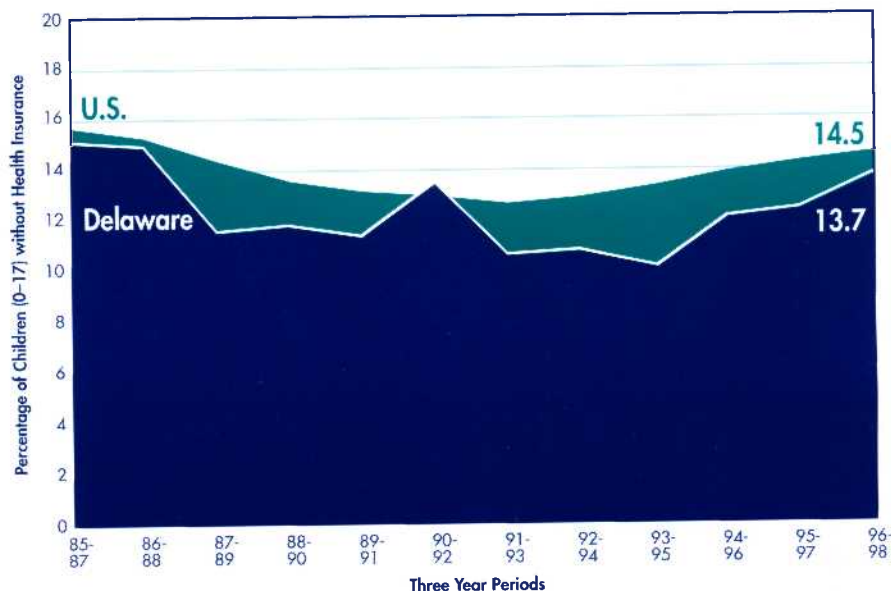
In Delaware, the Delaware Healthy Children Program was created with funds from the Balanced Budget Act of 1997. Beginning in January 1999, the plan allows every uninsured child with a family income below 200% poverty to obtain a high quality, low cost health care policy. Approximately 10,500 Delaware children are eligible to benefit from this new program.

- 1 Federal Interagency Forum on Child and Family Statistics. (1999). *America's Children: Key National Indicators of Well-Being*
- 2 Kogan, M. D., Alexander, G. R., Treitelbaum, M. A., Jack, B. W., Kotelchuck, M., Pappas, G. (1995, November 8) The effects of gaps in health insurance on continuity of a regular source of care among preschool-aged children in the United States. *The Journal of the American Medical Association*, 274 (18), 1429-1435.
- 3 Leif, L. (1997, April 28). Kids at risk: uninsured children increasingly come from middle-class families. *U.S. News and World Report* 122 (16), 66-69.



K-44 KIDS COUNT in Delaware

Children without Health Insurance Delaware Compared to U.S.



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

Delaware Healthy Children Program

Applications and Enrollment through July 31, 1999

Applications mailed to families	3,622
Total enrolled ever	3,125
Total currently enrolled	1,939

* Please note that a number of children were discovered to be eligible for Medicaid through the application process (approximately 650 children as of June 30, 1999).

Disenrollments due to non-payment of premiums have been a problem, especially for children transitioning straight from Medicaid.

Some of the steps the Department of Health and Social Services is taking to reduce disenrollments include:

- reviewing procedures for explaining the transition to families and working to ensure that notices are sent automatically.
- attempting to contact all disenrolled families. As of the end of July, 172 children had been re-enrolled.
- implementing the next phase of a publicity and outreach campaign consisting of television, radio, billboard and transit sign outreach.

Plans are in place for the Health Benefits Manager to send brochures home with every school child. The Division of Social Services sent the DHCP information card to all Delaware households during August–September. Plans for the Covering Kids (Robert Wood Johnson) grassroots outreach programs are well underway, with implementation scheduled for September.



KIDS COUNT in Delaware K-45

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%**.

For more information see

Child Deaths	p. K-24
Children in Poverty	p. K-34
Health Problems in Low-income Children	p. K-35
Asthma	p. K-43
Tables 20-23	p. K-66-67
Tables 51-52	p. K-66-67

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

Alcohol, Tobacco, and Other Drugs

Research shows that alcohol is the drug most frequently used by 12–17 year olds and that alcohol-related car crashes are the number one killer of teens. Its use is associated not only with motor vehicle crashes but also with other injuries, deaths, problems in school, fighting, crime, and other serious consequences.¹

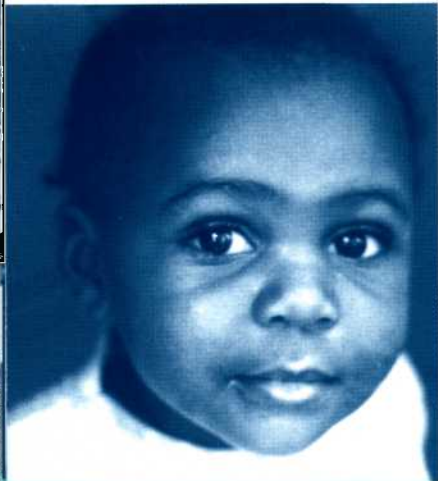
Smoking has serious long-term consequences, including the risk of smoking related diseases, increased health care costs associated with treating these illnesses and the risk of premature death.² Many adults who are addicted to tobacco today began smoking as adolescents, and it's estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.³

Drug use by adolescents can have immediate as well as long-term health and social consequences. Marijuana use poses both health and cognitive risks while cocaine is linked with health problems such as eating disorders and death from heart attacks and strokes. Possession and/or use of drugs is illegal and can lead to a variety of penalties and a permanent criminal record.¹

¹ America's Children: Key National Indicators of Well-Being, 1999.

² Kessler, D.A. et al. (1996) The Food and Drug Administration's regulation of tobacco products *New England Journal of Medicine*, 335 (13), 988-994.

³ Centers for Disease Control and Prevention. (1996). Projected smoking-related deaths among youth-United States. *Morbidity and Mortality Weekly Report*, 45 (44), 971-974.



K-46 KIDS COUNT in Delaware

86% of kids who smoke prefer Marlboro, Camel and Newport—the three **most heavily advertised** brands. Marlboro, the most heavily advertised brand, constitutes almost **60%** of the youth market but only **25%** of the adult market.

Almost **90%** of adult smokers began at or **before age 18**.

The **younger** the individual uses tobacco, the **more likely** that individual is to experiment with **cocaine, heroin or other illicit drugs**.

Source: Campaign for Tobacco-Free Kids, www.tobaccofreekids.org

97% of 5th graders ,
91% of 8th graders, and
85% of 11th graders report having some drug education in school.
(DARE is part of the 5th grade curriculum statewide.)

Binge drinking is quite high among 8th and 11th graders. Most students who report having at least one drink in the past month also report binge drinking in the past 2 weeks.

28% of all 11th graders report binge drinking as well. Binge drinking is defined as three or more drinks at a time in the past two weeks.

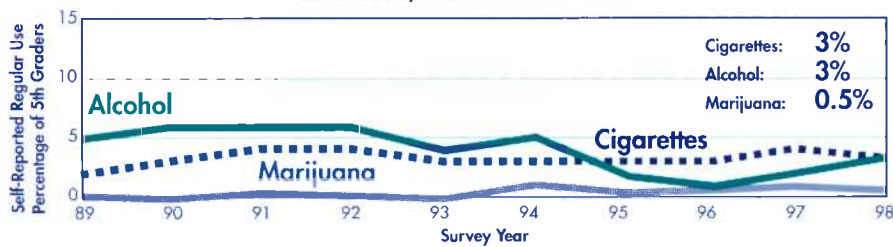
Source: Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students, 1998, The Center for Drug and Alcohol Studies and The Center for Community Development and Family Policy, University of Delaware

Inhalant abuse, also referred to as huffing, sniffing, or solvent abuse, involves the use of common products that are most often found in the home, office, and classroom. **Inhalant abuse is on the rise** and has nearly doubled in the last decade. **Reasons** why children use inhalants: Low cost; way to rebel against parents; easy to get and hide; peer pressure or influence; not illegal to possess so kids can make excuses if they are caught with inhalants.

Source: American Academy of Pediatrics, www.aap.org, Inhalant Abuse: Your Child and Drugs.

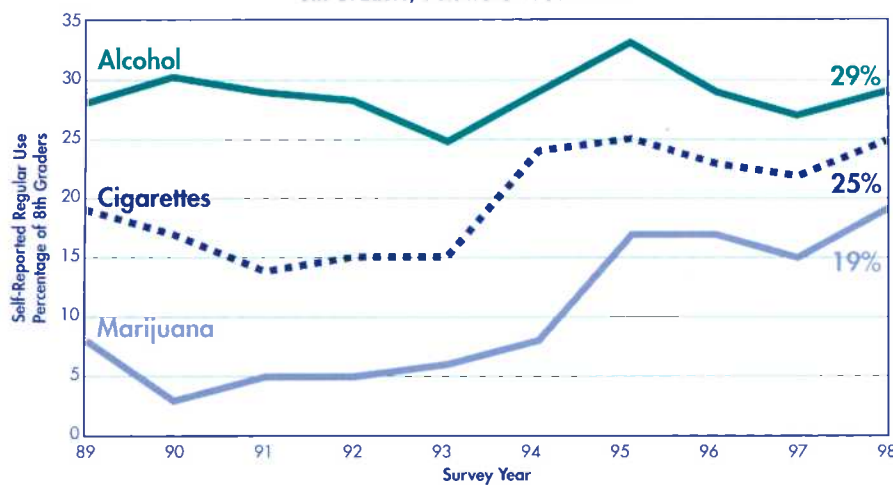
Trends in Cigarette, Alcohol, and Marijuana Use

5th Graders, Delaware 1989-1998



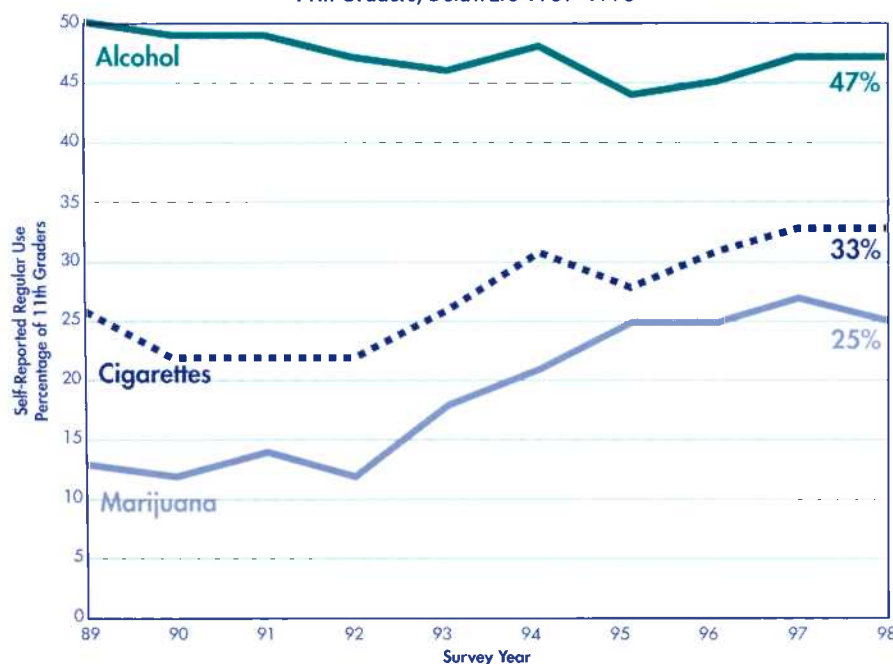
Trends in Cigarette, Alcohol, and Marijuana Use

8th Graders, Delaware 1989-1998



Trends in Cigarette, Alcohol, and Marijuana Use

11th Graders, Delaware 1989-1998



KIDS COUNT in Delaware K-47

For more information see

Student Violence and Possession p. K-33

Tables 30-36 p. K-70-73

In the FAMILIES COUNT Section:

Substance Abuse p. F-20-21



Child Abuse and Neglect

Child abuse and neglect can have devastating and long-lasting effects. It takes an enormous emotional toll on its victims and, if untreated, may lead to continuing the cycle as the victim becomes an adult abuser.¹ Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Nationally in 1997, more than half of all victims suffered neglect; almost a quarter suffered physical abuse. Twelve percent were sexually abused, while victims of psychological abuse, medical neglect, and "other" types of maltreatment accounted for less than 11 percent each.² Recent studies confirm that child abuse is linked to increases in dropout rates, juvenile delinquency, running away, substance abuse, suicide, criminal behavior, emotional disturbances, promiscuity and teenage pregnancy.³

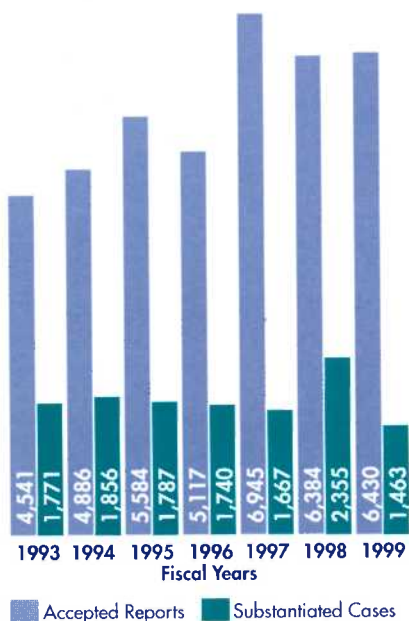
1 Child Abuse and Neglect. (1999). Tennessee Kids Count, *The State of the Child in Tennessee, 1999*

2 U.S. Department of Health and Human Services, Administration for Children & Families, Administration on Children, Youth and Families, 1999, *Child Maltreatment 1997: Reports from the States to the National Child Abuse and Neglect Data System*.

3 Child Abuse. (1999). Rhode Island Kids Count, *1999 Databook*

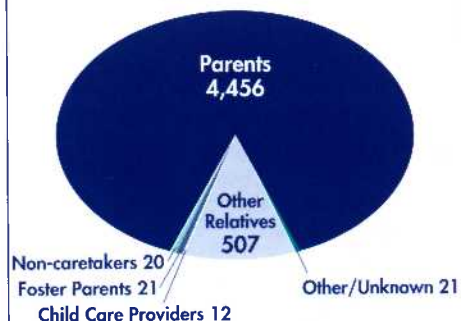


Child Abuse and Neglect Accepted Reports & Substantiated Cases Delaware, 1993-1999

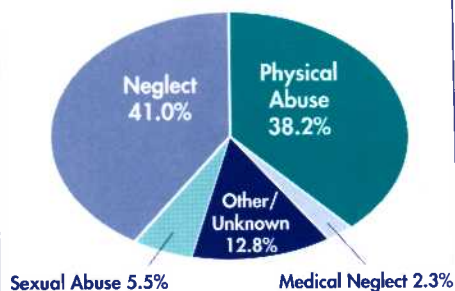


Source: Department of Services for Children, Youth and Their Families

Who Are the Perpetrators Delaware, 1997



Victims by Maltreatment* Delaware, 1997



* 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 21	p. K-66
Table 23	p. K-67
Table 66	p. K-86

In the FAMILIES COUNT Section:

Child Deaths	p. F-18
Child Abuse	p. F-44
Domestic Violence	p. F-47

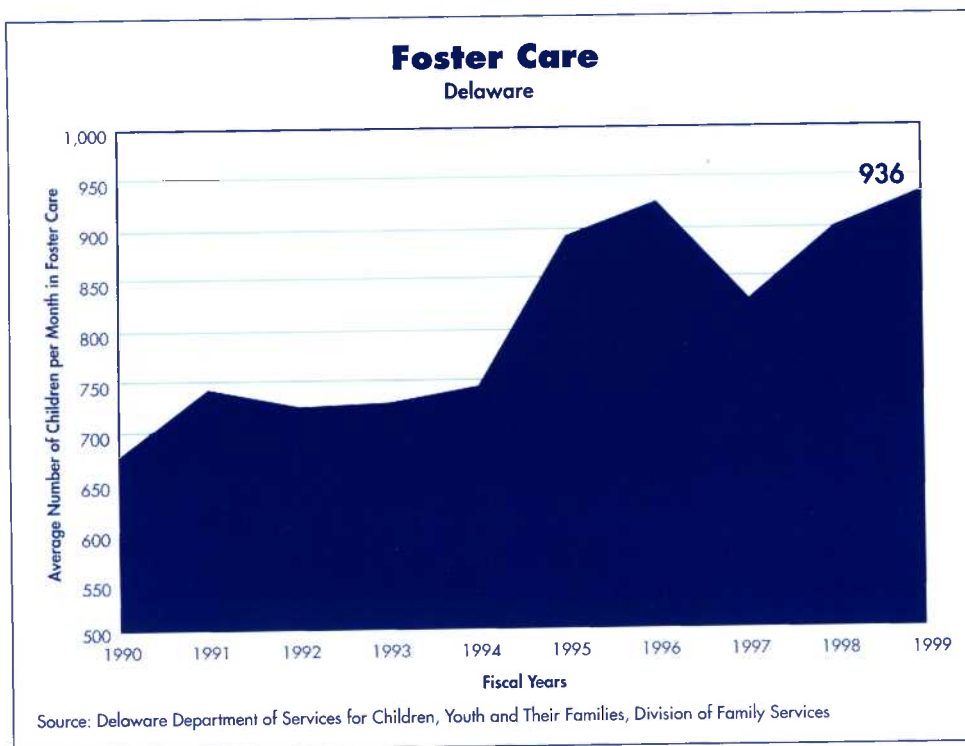
Foster Care

Children who enter the foster care system bring with them many special needs. Often they are victims of physical abuse, sexual abuse, or neglect. They may also suffer from emotional, behavioral, or developmental problems.¹ Foster care is intended to improve the well being of the child on a short-term basis until family difficulties are resolved or until long-term alternatives can be found. Unfortunately, many children in foster care experience multiple placements or move from one home to another. Such moves often mean a change in caretaker, environment, and schools.²

Infants and young children with medical complications, physical handicaps or mental limitations represent the fastest growing population in need of foster care.¹

1 David and Lucille Packard Foundation and Annie E. Casey Foundation. (1997). Current Issues in foster care. *Take this Heart*

2 Out of Home Care. (1998). Kids Count in Nebraska. Suspensions and Expulsions.



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

To be a Delaware foster parent, you must

- Be a Delaware resident and at least 21 years old.
- Complete 27 hours of training over a nine-week period.
- Supply references, undergo a criminal background check, and provide fingerprints.
- Be in good physical health and have sufficient income.
- Have a home health and safety check.

Delaware foster parents receive

- Monthly payments ranging from \$415 to \$576.
- Monthly clothing allowance for foster children ranging from \$45 to \$97.
- Medical/dental and mental health services provided for the child.

Source: Wilmington News Journal, June 28, 1999

For more information see

Child Abuse and Neglect p. K-48

In the FAMILIES COUNT Section:

Out-of-Home Care p. F-45

Juvenile Delinquents
in Out-of-Home Care p. F-46

Data Tables

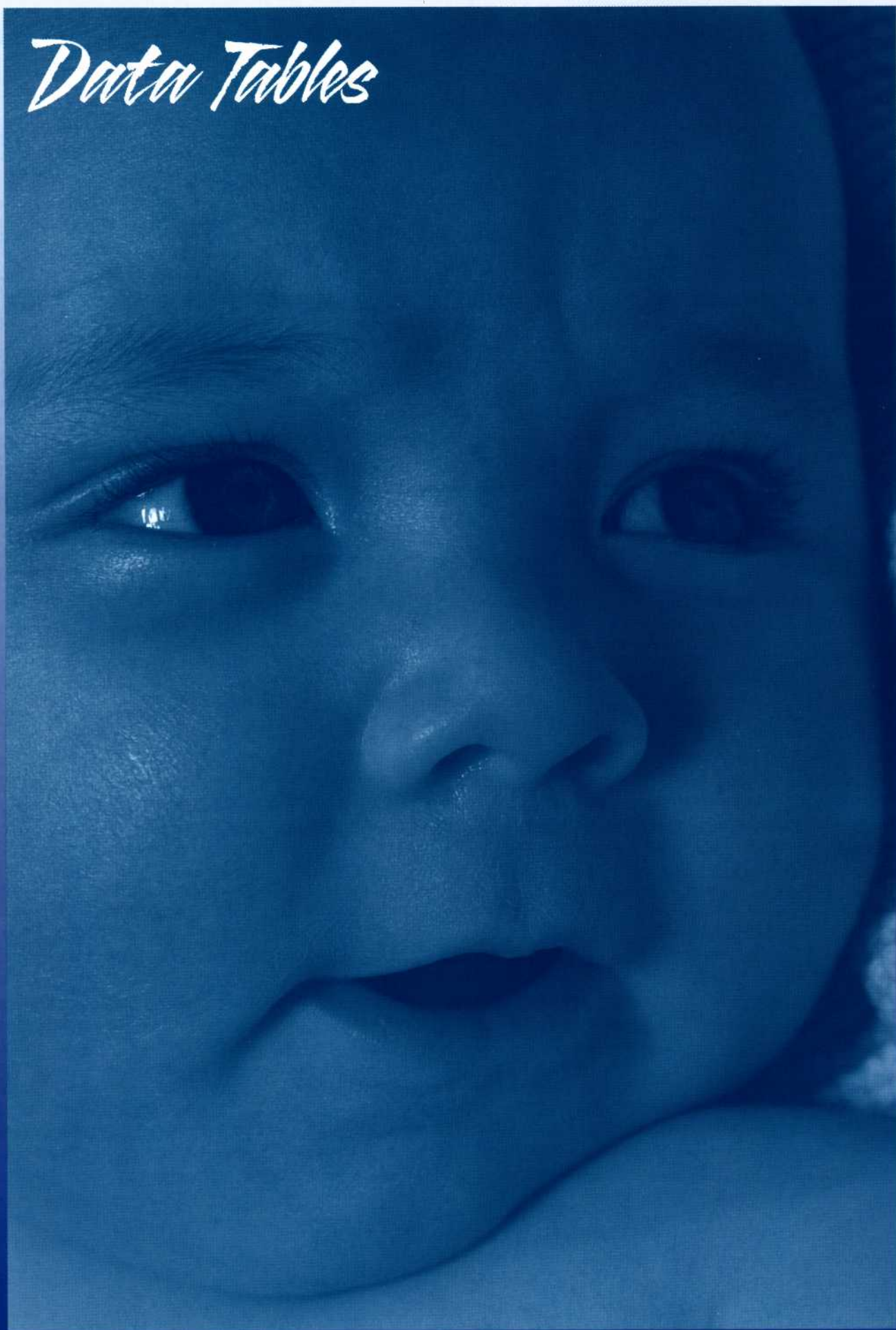


Table 1:

Population Estimates

Population Estimates for Delaware, Counties, Wilmington, Newark, and Dover, 1997

	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	51,453	50,203	50,040	49,406	455,344	94,740	751,186	26.8	60.6	12.6	100.0
Male	26,577	25,977	25,637	24,993	225,923	39,981	369,088	13.7	30.1	5.3	49.1
White	20,120	20,196	19,981	18,866	184,780	35,805	299,748	10.5	24.6	4.8	39.9
Black	5,775	5,087	5,193	5,799	36,800	3,868	62,522	2.9	4.9	0.5	8.3
Female	24,876	24,226	24,403	24,413	229,421	54,759	382,098	13.0	30.5	7.3	50.9
White	18,644	18,468	18,794	18,269	183,862	48,401	306,438	9.9	24.5	6.4	40.8
Black	5,568	5,056	5,090	5,741	40,853	5,939	68,247	2.9	5.4	0.8	9.1
New Castle	32,984	32,217	31,916	31,362	304,132	53,981	486,592	17.1	40.5	7.2	64.8
Male	17,110	16,812	16,452	15,832	150,924	22,059	239,189	8.8	20.1	2.9	31.8
White	13,010	12,983	12,815	11,908	122,640	19,650	193,006	6.8	16.3	2.6	25.7
Black	3,562	3,222	3,264	3,692	24,965	2,242	40,947	1.8	3.3	0.3	5.5
Female	15,874	15,405	15,464	15,530	153,208	31,922	247,403	8.3	20.4	4.2	32.9
White	12,022	11,782	11,938	11,529	122,472	28,086	197,829	6.3	16.3	3.7	26.3
Black	3,330	3,011	3,115	3,747	27,463	3,632	44,298	1.8	3.7	0.5	5.9
Newark**	1,049	1,053	1,187	5,432	17,338	2,399	28,458	1.2	2.3	0.3	3.8
Male	546	544	608	2,378	8,634	921	13,631	0.5	1.1	0.1	1.8
Female	503	509	579	3,054	8,704	1,478	14,827	0.6	1.2	0.2	2.0
Wilmington*	4,869	5,066	5,106	4,209	42,618	10,714	72,582	2.6	5.7	1.4	9.7
Male	2,471	2,664	2,639	2,214	20,441	3,764	34,193	1.3	2.7	0.5	4.6
White	663	669	618	546	9,613	2,396	14,505	0.3	1.3	0.3	1.9
Black	1,612	1,752	1,775	1,471	9,682	1,304	17,596	0.9	1.3	0.2	2.3
Female	2,398	2,402	2,467	1,995	22,177	6,950	38,389	1.2	3.0	0.9	5.1
White	692	612	548	474	9,242	4,771	16,339	0.3	1.2	0.6	2.2
Black	1,508	1,568	1,720	1,356	11,950	2,109	20,211	0.8	1.6	0.3	2.7
Kent	9,184	9,407	9,229	8,541	74,479	14,239	125,079	4.8	9.9	1.9	16.7
Male	4,714	4,804	4,656	4,349	36,808	6,161	61,492	2.5	4.9	0.8	8.2
White	3,490	3,708	3,557	3,266	29,817	5,325	49,163	1.9	4.0	0.7	6.5
Black	1,142	1,054	1,053	1,027	6,433	749	11,458	0.6	0.9	0.1	1.5
Female	4,470	4,603	4,573	4,192	37,671	8,078	63,587	2.4	5.0	1.1	8.5
White	3,255	3,447	3,445	3,182	29,285	6,949	49,563	1.8	3.9	0.9	6.6
Black	1,130	1,108	1,073	941	7,397	996	12,645	0.6	1.0	0.1	1.7
Dover**	1,872	1,966	1,966	2,645	18,399	3,506	30,354	1.1	2.4	0.5	4.0
Male	962	991	999	1,330	9,093	1,342	14,717	0.6	1.2	0.2	2.0
Female	910	975	967	1,315	9,306	2,164	15,637	0.6	1.2	0.3	2.1
Sussex	9,285	8,579	8,895	9,503	76,733	26,520	139,515	4.8	10.2	3.5	18.6
Male	4,753	4,361	4,529	4,812	38,191	11,761	68,407	2.5	5.1	1.6	9.1
White	3,620	3,505	3,609	3,692	32,323	10,830	57,579	1.9	4.3	1.4	7.7
Black	1,071	811	876	1,080	5,402	877	10,117	0.5	0.7	0.1	1.3
Female	4,532	4,218	4,366	4,691	38,542	14,759	71,108	2.4	5.1	2.0	9.5
White	3,367	3,239	3,411	3,558	32,105	13,366	59,046	1.8	4.3	1.8	7.9
Black	1,108	937	902	1,053	5,993	1,311	11,304	0.5	0.8	0.2	1.5

Racial breakdown may not total gender breakdown due to omission of "Other" races.

* Race estimates for the city of Wilmington are illustrative and should be interpreted with care.

** Race estimates not available for the cities of Newark and Dover.

Source: Delaware Population Consortium

Table 2:

Delaware Children and Their Families

Number and Percent of Children in Families, Delaware and Counties, 1990 Census

	Delaware		New Castle		Kent		Sussex	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total children under 18	146,816	100.0	95,532	65.1	27,268	18.6	24,016	16.3
In married-couple family:								
Under 3 years	21,188	14.4	14,099	14.8	3,929	14.4	3,160	13.2
3 and 4 years	13,924	9.5	9,081	9.5	2,717	10.0	2,126	8.9
5 years	6,931	4.7	4,388	4.6	1,275	4.7	1,268	5.3
6 to 11 years	39,580	27.0	25,831	27.0	7,117	26.1	6,632	27.6
12 and 13 years	11,944	8.1	7,713	8.1	2,307	8.5	1,924	8.0
14 years	5,764	3.9	3,645	3.8	1,136	4.2	983	4.1
15 to 17 years	16,687	11.4	10,826	11.3	3,165	11.6	2,696	11.2
Total	116,018	79.0	75,583	79.1	21,646	79.4	18,789	78.2
In other family:								
Male head of household, no spouse: (18.1% of children in single-parent families)								
Under 3 years	931	0.6	621	0.7	134	0.5	176	0.7
3 and 4	632	0.4	418	0.4	106	0.4	108	0.4
5 years	307	0.2	151	0.2	71	0.3	85	0.4
6 to 11 years	1,978	1.3	1,304	1.4	226	0.8	448	1.9
12 and 13 years	507	0.3	349	0.4	59	0.2	99	0.4
14 years	276	0.2	137	0.1	31	0.1	108	0.4
15 to 17 years	937	0.6	612	0.6	116	0.4	209	0.9
Total	5,568	3.8	3,592	3.8	743	2.7	1,233	5.1
Female head of household, no spouse: (81.9% of children in single-parent families)								
Under 3 years	3,052	2.1	1,893	2.0	652	2.4	507	2.1
3 and 4 years	2,744	1.9	1,612	1.7	625	2.3	507	2.1
5 years	1,444	1.0	899	0.9	320	1.2	225	0.9
6 to 11 years	9,266	6.3	6,025	6.3	1,879	6.9	1,362	5.7
12 and 13 years	3,004	2.0	2,066	2.2	456	1.7	482	2.0
14 years	1,486	1.0	932	1.0	256	0.9	298	1.2
15 to 17 years	4,234	2.9	2,930	3.1	691	2.5	613	2.6
Total	25,230	17.2	16,357	17.1	4,879	17.9	3,994	16.6

Source: Delaware Economic Development Office; U.S. Bureau of the Census

Table 3:

Number and Percent of Families with Children

Number and Percent of Families With Related Children Under 18 Years of Age
Delaware and Counties, 1990 Census

Type of Family	Delaware		New Castle		Kent		Sussex	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
One-Parent	21,708	24.3	14,252	24.3	3,807	23.6	3,649	25.0
Male Head of Household	4,083	4.6	2,627	4.5	614	3.8	842	5.8
Female Head of Household	17,625	19.7	11,625	19.8	3,193	19.8	2,807	19.2
Married Couple	67,642	75.7	44,375	75.7	12,317	76.4	10,950	75.0
Total	89,350	100.0	58,627	100.0	16,124	100.0	14,599	100.0

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

Table 4:

Teen Birth Rates

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–19 by Race
U.S., Delaware, and Counties, 1982–1997

Area/Race	1982- 1986	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997
U.S.	51.1	50.7	51.0	52.4	54.1	56.4	58.5	59.9	60.2	59.6	58.0	56.3
White	42.8	42.2	42.2	43.3	44.9	47.1	49.2	50.8	51.5	51.4	50.4	49.3
Black	97.0	97.9	100.1	103.2	106.2	109.5	111.8	112.1	110.7	107.2	101.9	97.0
Delaware	48.6	48.5	48.7	50.7	52.0	53.9	55.0	55.9	56.6	57.4	57.7	58.1
White	33.8	33.5	33.8	34.9	35.7	36.7	37.4	38.3	39.1	40.2	40.6	41.3
Black	110.0	110.3	109.0	114.3	116.8	121.0	121.6	120.5	118.7	115.9	113.9	113.1
New Castle	40.7	41.0	41.5	43.1	44.6	46.1	47.5	48.2	49.0	50.3	51.5	51.5
White	27.0	27.0	27.6	28.0	28.6	29.2	30.1	30.9	32.1	33.8	35.2	34.9
Black	106.0	106.8	105.9	112.3	116.5	120.4	121.6	118.6	114.2	109.8	107.9	107.0
Wilmington	N/A	N/A	N/A	N/A	N/A	137.4	143.4	148.3	149.7	152.6	155.3	157.6
White	N/A	N/A	N/A	N/A	N/A	123.5	125.0	134.2	136.0	137.7	146.8	143.7
Black	N/A	N/A	N/A	N/A	N/A	158.1	166.6	170.7	171.8	175.1	175.9	180.8
Kent	61.0	60.0	58.1	61.3	62.2	63.8	63.6	65.1	65.5	65.6	65.3	65.2
White	55.4	53.6	50.9	52.6	52.2	52.5	52.5	53.2	52.6	51.3	50.8	50.2
Black	80.7	82.0	81.5	88.6	92.3	96.6	94.4	98.5	101.7	106.1	107.6	112.0
Sussex	71.1	70.3	71.4	73.9	74.6	78.3	79.1	79.0	78.5	76.9	73.0	74.8
White	43.3	43.1	45.5	49.1	51.6	54.9	54.9	55.4	54.4	54.1	51.0	55.7
Black	159.0	157.5	155.0	155.8	151.4	156.4	157.9	155.2	155.2	148.0	140.7	135.2

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

Table 5:

Teen Birth Rates (15-17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15-17
U.S., Delaware, and Counties, 1982-1997

Area/Race	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997
U.S.	31.3	31.2	31.6	32.6	33.8	35.5	36.8	37.7	37.9	37.6	36.6	35.5
Delaware	32.6	32.9	33.5	35.8	37.0	37.9	39.6	40.4	42.2	43.7	44.8	43.8
New Castle	29.7	30.7	31.0	33.1	34.2	35.5	37.4	38.3	40.1	42.6	44.3	43.0
Kent	34.5	34.5	35.7	39.8	40.2	39.3	38.6	39.8	40.4	41.2	43.1	41.9
Sussex	41.9	39.7	40.7	42.1	43.9	45.3	49.0	48.7	51.3	49.9	47.9	48.0

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

Table 6:

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

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10-14 by Race
U.S., Delaware, and Counties, 1982-1997

Area/Race	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997
U.S.	1.2	1.2	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.3	1.3
White	0.6	0.6	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.8
Black	4.4	4.5	4.7	4.8	4.9	4.9	4.9	4.8	4.7	4.6	4.3	4.1
Delaware	1.8	1.8	1.8	1.8	1.8	1.9	2.0	2.1	2.1	2.2	2.2	2.0
White	0.5	0.6	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Black	6.0	5.9	5.8	5.6	5.9	6.2	6.7	6.6	7.3	7.3	7.1	6.5
New Castle	1.7	1.7	1.7	1.6	1.7	1.9	2.1	2.1	2.2	2.2	2.2	1.9
White	0.5	0.5	0.6	0.6	0.6	0.7	0.7	0.8	0.7	0.7	0.7	0.6
Black	6.1	6.1	5.7	5.2	5.6	6.0	6.6	6.5	7.2	7.2	7.2	6.4
Kent	1.3	1.5	1.4	1.4	1.7	1.9	1.8	1.9	2.0	1.8	1.8	1.6
White	0.4	0.5	0.4	0.5	0.8	0.8	0.8	1.0	0.9	0.8	1.1	1.0
Black	4.7	5.0	5.1	4.7	4.9	5.9	5.4	5.3	5.7	5.1	4.3	3.8
Sussex	2.5	2.3	2.3	2.7	2.7	2.6	2.7	2.6	2.7	3.0	3.0	2.9
White	1.0	1.0	0.8	1.0	1.0	1.0	0.9	0.8	0.8	1.0	1.1	1.1
Black	6.6	6.0	6.5	7.7	7.9	7.4	8.1	8.4	9.4	10.0	9.5	9.5

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

Table 7:

Teen Mothers Who Are Single

Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single
U.S., Delaware, Counties, 1983-1997

Area/Race	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997
U.S.	58.9	61.3	63.5	65.3	66.9	68.1	69.3	71.0	72.6	74.0	N/A
White	45.2	48.2	51.0	53.4	55.5	57.3	59.0	61.4	63.7	65.7	N/A
Black	90.0	90.5	91.1	91.5	91.9	92.3	92.6	93.2	93.8	94.8	N/A
Delaware	69.0	70.5	73.1	74.7	76.7	79.4	81.8	84.6	86.7	88.3	89.1
White	49.7	53.0	56.2	58.6	61.2	65.2	69.3	73.8	77.3	80.2	81.5
Black	90.9	90.9	92.3	92.9	94.0	94.9	95.7	96.7	97.4	97.7	97.9
New Castle	74.3	74.9	77.8	79.4	81.4	84.1	86.4	88.8	90.6	91.6	92.5
White	57.4	59.1	62.6	65.3	68.2	72.3	76.5	80.6	83.4	85.2	86.5
Black	82.7	92.6	93.9	94.1	94.8	95.7	96.4	97.2	98.0	98.4	98.6
Kent	56.1	59.7	62.3	65.3	67.7	71.0	75.1	78.1	80.1	81.7	82.1
White	39.8	44.1	46.4	49.2	50.9	56.1	61.6	66.3	68.4	71.9	72.3
Black	85.9	86.6	88.1	90.4	92.6	94.0	95.7	96.8	97.7	97.1	96.9
Sussex	67.1	69.0	71.1	70.9	72.8	74.5	76.0	79.6	82.6	85.5	86.7
White	39.5	46.0	50.3	51.2	54.5	56.7	59.3	64.5	70.5	75.4	78.4
Black	90.0	89.4	90.8	91.3	92.6	93.1	93.7	95.1	95.6	96.1	96.8

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

Table 8:

Births by Race and Age of Mother

Number and Percent of Live Births by Race and Age of Mother
Delaware, Counties and City of Wilmington, 1997

Area/Race	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15-17 years old		Births to Teen Mothers 18-19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	10,247	1,374	13.4	35	0.3	522	5.1	817	8.0
White	7,502	715	9.5	7	.09	260	3.5	448	6.0
Black	2,495	648	25.9	27	1.1	260	10.4	361	14.5
Other	250	11	4.4	1	0.4	2	0.8	8	3.2
New Castle	6,693	754	11.3	19	0.3	297	4.4	438	6.5
White	4,859	342	7.0	3	0.06	127	2.6	212	5.0
Black	1,644	408	24.8	15	0.9	170	10.3	223	13.6
Other	190	4	2.1	1	0.5	0	0.0	3	1.6
Wilmington	1,191	309	26.0	11	0.9	136	11.4	162	13.6
White	412	48	11.6	0	0.0	22	5.3	26	6.3
Black	767	260	33.9	10	1.3	114	14.8	136	17.7
Other	12	1	8.3	1	8.3	0	0.0	0	0.0
Balance of NC County	5,502	445	8.1	8	0.1	161	2.9	276	5.0
White	4,447	294	6.6	3	0.06	105	2.3	186	4.1
Black	877	148	16.8	5	0.05	56	6.3	87	9.9
Other	178	3	1.6	0	0.0	0	0.0	3	1.6
Kent	1,718	267	15.5	5	0.3	83	4.8	179	10.4
White	1,264	161	12.7	2	0.2	51	4.0	108	6.3
Black	411	101	24.6	3	0.7	31	7.5	67	16.3
Other	43	5	11.6	0	0.0	1	2.3	4	9.3
Sussex	1,836	353	19.2	11	0.6	142	7.7	200	10.8
White	1,379	212	15.3	2	0.1	82	5.9	128	9.3
Black	440	139	31.6	9	2.0	59	13.4	71	16.1
Other	17	2	11.7	0	0.0	1	5.8	1	5.8

1. Percentages may not add to 100% due to rounding.

2. Percentages are calculated based upon the total number of births in each race group for all ages.

3. Percentages for the race group "Other" may be misleading due to the small number of births in this category.

Source: Delaware Health Statistics Center

Table 9:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births
U.S. and Delaware, 1983-1997

	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997
U.S.	6.8	6.8	6.9	6.9	7.0	7.0	7.1	7.1	7.2	7.2	7.3
Delaware	7.2	7.3	7.3	7.4	7.4	7.6	7.7	7.7	7.8	8.0	8.2
New Castle	N/A	7.3	7.4	7.5	7.6	7.8	8.0	8.0	8.2	8.3	8.5
Kent	N/A	7.0	7.1	7.1	7.1	7.3	7.2	7.0	7.3	7.2	7.5
Sussex	N/A	7.3	7.2	7.1	7.2	7.1	7.2	7.1	7.2	7.7	8.0

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

Table 10:

Low Birth Weight Births by Age and Race of Mother

Five-Year Average Percentage of Low Birth Weight Births by Age and Race of Mother
Delaware and Counties, 1990-1997

Area/Age	1990-1994			1991-1995			1992-1996			1993-1997		
	All Races	White	Black	All Races	White	Black	All Races	White	Black	All Races	White	Black
Delaware	7.7	5.9	13.5	7.8	6.1	13.4	8.0	6.3	13.3	8.2	6.5	13.5
Less than 20	10.5	8.0	13.4	10.7	8.3	13.4	10.7	8.1	13.7	10.6	7.9	13.7
20-24	7.7	5.4	12.5	7.9	5.5	12.8	8.3	6.0	13.1	8.5	6.3	13.0
25-29	6.6	5.1	12.8	6.8	5.5	12.5	7.0	5.8	12.0	7.2	5.9	13.1
30+	7.7	6.3	16.3	7.6	6.4	15.5	7.6	6.5	14.8	7.9	6.8	14.5
New Castle	8.0	6.0	14.6	8.2	6.2	14.3	8.3	6.4	14.3	8.5	6.6	14.3
Less than 20	11.4	8.8	14.1	11.5	9.0	14.0	11.4	8.8	14.1	11.2	8.4	13.9
20-24	8.5	5.8	13.5	8.5	5.7	13.6	9.2	6.4	14.3	9.4	6.8	14.4
25-29	7.0	5.3	14.3	7.2	5.6	13.8	7.1	5.6	13.1	7.4	5.7	14.3
30+	7.7	6.2	17.3	7.8	6.5	16.1	7.7	6.5	15.7	8.0	6.8	15.2
Kent	7.0	5.7	11.3	7.3	5.8	12.2	7.2	5.9	11.8	7.5	5.9	12.4
Less than 20	9.4	7.5	12.1	9.6	7.1	13.3	9.3	6.8	13.4	9.0	6.3	13.2
20-24	6.8	5.2	11.2	7.0	5.2	11.9	6.9	5.2	11.5	7.3	5.6	12.0
25-29	5.3	4.7	8.1	6.0	5.4	8.8	6.3	5.8	8.7	6.8	6.1	10.6
30+	8.1	6.7	15.0	7.7	6.1	15.9	7.5	6.2	14.0	7.5	5.9	14.1
Sussex	7.1	5.4	11.7	7.2	5.7	11.5	7.7	6.4	11.5	8.0	6.8	11.6
Less than 20	9.3	6.5	12.3	9.7	7.6	12.0	10.0	7.4	12.8	10.8	8.4	13.6
20-24	6.8	4.7	10.9	7.1	5.1	11.1	7.4	5.8	10.9	7.5	6.0	10.7
25-29	6.1	5.0	11.6	6.3	5.2	11.1	7.1	6.4	10.7	7.0	6.4	10.4
30+	7.1	6.2	12.5	6.8	6.0	12.1	7.1	6.4	11.4	7.8	7.2	11.3

Source: Delaware Health Statistics Center

Table 11:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births
U.S. and Delaware, 1984-1997

	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997
U.S.	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3
Delaware	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.7

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

Table 12:

Very Low Birth Weight Births by Age and Race of Mother

Five-Year Average Percentage of Very Low Birth Weight Births by Age and Race of Mother
Delaware and Counties, 1990-1997

Area/Age	1990-1994			1991-1995			1992-1996			1993-1997		
	All Races	White	Black	All Races	White	Black	All Races	White	Black	All Races	White	Black
Delaware	1.6	1.0	3.4	1.6	1.1	3.2	1.6	1.1	3.2	1.7	1.2	3.3
Less than 20	2.4	1.6	3.3	2.4	1.7	3.2	2.3	1.6	3.1	2.2	1.4	3.1
20-24	1.6	0.9	3.1	1.6	1.0	2.9	1.7	1.1	3.1	1.8	1.2	3.2
25-29	1.3	0.9	3.2	1.4	1.0	3.0	1.4	1.1	3.0	1.5	1.1	3.3
30+	1.5	1.1	4.2	1.5	1.1	4.1	1.5	1.1	4.0	1.6	1.2	3.8
New Castle	1.7	1.1	3.8	1.7	1.1	3.6	1.7	1.1	3.8	1.8	1.2	3.6
Less than 20	2.8	1.9	3.6	2.5	1.8	3.2	2.5	1.6	3.3	2.2	1.3	3.0
20-24	1.9	1.0	3.4	1.8	1.1	3.2	2.1	1.2	3.7	2.0	1.2	3.6
25-29	1.4	0.8	3.8	1.5	1.0	3.5	1.5	1.1	3.5	1.6	1.1	3.8
30+	1.6	1.1	4.9	1.5	1.1	4.6	1.5	1.1	4.5	1.6	1.3	4.2
Kent	1.4	1.1	2.7	1.5	1.2	2.7	1.5	1.3	2.3	1.6	1.2	2.9
Less than 20	2.3	2.0	3.0	2.7	2.3	3.2	2.5	2.5	2.6	2.0	2.0	2.1
20-24	1.3	0.8	2.9	1.3	0.9	2.5	1.2	0.9	2.2	1.6	1.1	3.1
25-29	1.0	0.9	1.3	1.1	1.0	1.4	1.2	1.2	1.1	1.5	1.3	2.0
30+	1.6	1.3	3.5	1.6	1.2	3.8	1.6	1.1	3.8	1.7	1.1	4.4
Sussex	1.2	0.8	2.4	1.4	1.0	2.5	1.4	1.0	2.4	1.5	1.1	2.5
Less than 20	2.0	0.4	2.8	2.3	0.8	3.0	2.3	0.8	3.1	2.7	1.1	3.8
20-24	1.4	0.9	2.3	1.5	1.0	2.3	1.4	1.1	2.0	1.5	1.2	2.0
25-29	0.9	0.8	2.6	1.1	1.0	2.6	1.1	1.1	2.5	1.0	1.0	2.8
30+	0.9	0.8	1.5	1.0	1.0	1.8	1.0	1.0	1.5	1.2	1.2	0.9

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

Table 13:

Prenatal Care

Percent of Mothers Receiving Prenatal Care in The First Trimester of Pregnancy
Delaware, Counties, and City of Wilmington, 1987-1997

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
U.S.	74.4	74.2	73.9	74.2	74.6	76.1	77.1	78.4	79.4	79.7	80.4
Delaware	77.0	79.5	77.0	78.9	77.4	80.1	81.6	82.3	84.7	82.6	82.0
White	82.5	85.0	83.4	84.9	83.8	86.4	86.0	86.8	88.1	86.0	85.7
Black	58.9	60.7	56.7	59.3	59.1	60.9	67.3	67.6	73.7	71.7	71.0
Other	79.5	86.4	77.6	82.6	80.5	77.9	79.2	84.4	84.1	81.7	82.0
New Castle	81.0	83.1	80.2	83.0	80.1	84.3	88.9	90.2	90.6	88.6	87.2
Wilmington	71.3	67.1	65.0	68.1	62.1	68.2	78.8	80.7	81.8	80.3	77.8
Kent	74.7	75.3	70.7	71.5	75.4	76.0	66.9	64.1	73.1	68.9	67.8
Sussex	63.2	69.2	70.8	70.6	68.7	67.6	69.3	71.9	74.1	74.4	76.4

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

Table 14:

Prenatal Care by Race

Percent of Mothers Receiving Prenatal Care in The First Trimester of Pregnancy by Race
Delaware, Counties, and City of Wilmington, 1997

Area	All Races	White	Black	Other
Delaware	82.0	85.7	71.0	82.0
New Castle	87.2	91.0	76.0	86.8
Wilmington	77.8	87.9	72.6	66.7
Balance of NCC	89.3	91.3	78.9	88.2
Kent	67.8	71.1	57.7	65.1
Sussex	76.4	80.1	65.0	70.6

Source: Delaware Health Statistics Center

Table 15:

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

Number and Percent of Live Births by Race of Mother, Birth Weight in Grams and Adequacy
of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1993-1997

Birth Weight (g)	Total		Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	51,599	100.0	38,209	74.0	10,350	20.1	2,414	4.7	626	1.2
<2500	4,233	100.0	2,745	64.8	1,018	24.0	361	8.5	109	2.6
<1500	870	100.0	572	65.7	186	21.4	76	8.7	36	4.1
1500-2499	3,363	100.0	2,173	64.6	832	24.7	285	8.5	73	2.2
2500+	47,347	100.0	35,463	74.9	9,327	19.7	2,050	4.3	507	1.1
Unknown	19	100.0	1	5.3	5	26.3	3	15.8	10	52.6
White	38,328	100.0	29,945	78.1	6,761	17.6	1,193	3.1	429	1.1
<2500	2,494	100.0	1,789	71.7	526	21.1	119	4.8	60	2.4
<1500	457	100.0	326	71.3	88	19.3	25	5.5	18	3.9
1500-2499	2,037	100.0	1,463	71.8	438	21.5	94	4.6	42	2.1
2500+	35,815	100.0	28,155	78.6	6,230	17.4	1,071	3.0	359	1.0
Unknown	19	100.0	1	5.3	5	26.3	3	15.8	10	52.6
Black	12,017	100.0	7,345	61.1	3,336	27.8	1,163	9.7	173	1.4
<2500	1,623	100.0	879	54.2	465	28.7	237	14.6	42	2.6
<1500	396	100.0	234	59.1	96	24.2	50	12.6	16	4.0
1500-2499	1,227	100.0	645	52.6	369	30.1	187	15.2	26	2.1
2500+	10,394	100.0	6,466	62.2	2,871	27.6	926	8.9	131	1.3
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	1,254	100.0	919	73.3	253	20.2	58	4.6	24	1.9
<2500	116	100.0	77	66.4	27	23.3	5	4.3	7	6.0
<1500	17	100.0	12	70.6	2	11.8	1	5.9	2	11.8
1500-2499	99	100.0	65	65.7	25	25.3	4	4.0	5	5.1
2500+	1138	100.0	842	74.0	226	19.9	53	4.7	17	1.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Source: Delaware Health Statistics Center

Table 16:

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

Number and Percent of Live Births by Age of Mother, Birth Weight in Grams and Adequacy
of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1993-1997

Age Birth Weight (g)	Total		Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 yrs.	6,802	100.0	3,877	57.0	2,171	31.9	650	9.6	104	1.5
<2500	724	100.0	356	49.2	233	32.2	109	15.1	26	3.6
<1500	148	100.0	85	57.4	36	24.3	19	12.8	8	5.4
1500-2499	576	100.0	271	47.0	197	34.2	90	15.6	18	3.1
2500+	6,076	100.0	3,521	57.9	1,937	31.9	540	8.9	78	1.3
Unknown	2	100.0	0	0.0	1	50.0	1	50.0	0	0.0
20-24 Years	11,602	100.0	7,892	68.0	2,760	23.8	789	6.8	161	1.4
<2500	987	100.0	619	62.7	241	24.4	102	10.3	25	2.5
<1500	208	100.0	130	62.5	44	21.2	29	13.9	5	2.4
1500-2499	779	100.0	489	62.8	197	25.3	73	9.4	20	2.6
2500+	10,612	100.0	7,273	68.5	2,518	23.7	685	6.5	136	1.3
Unknown	3	100.0	0	0.0	1	33.3	2	66.7	0	0.0
25-29 Years	14,810	100.0	11,635	78.6	2,532	17.1	474	3.2	169	1.1
<2500	1,069	100.0	725	67.8	250	23.4	68	6.4	26	2.4
<1500	224	100.0	149	66.5	51	22.8	13	5.8	11	4.9
1500-2499	845	100.0	576	68.2	199	23.6	55	6.5	15	1.8
2500+	13,735	100.0	10,910	79.4	2,281	16.6	406	3.0	138	1.0
Unknown	6	100.0	0	0.0	1	16.7	0	0.0	5	83.3
30-34 Years	12,815	100.0	10,318	80.5	2,028	15.8	334	2.6	135	1.1
<2500	962	100.0	693	72.0	200	20.8	47	4.9	22	2.3
<1500	186	100.0	137	73.7	35	18.8	7	3.8	7	3.8
1500-2499	776	100.0	556	71.6	165	21.3	40	5.2	15	1.9
2500+	11,846	100.0	9,624	81.2	1,827	15.4	287	2.4	108	0.9
Unknown	7	100.0	1	14.3	1	14.3	0	0.0	5	71.4
35+ Years	5,570	100.0	4,487	80.6	859	15.4	167	3.0	57	1.0
<2500	491	100.0	352	71.7	94	19.1	35	7.1	10	2.0
<1500	104	100.0	71	68.3	20	19.2	8	7.7	5	4.8
1500-2499	387	100.0	281	72.6	74	19.1	27	7.0	5	1.3
2500+	5,078	100.0	4,135	81.4	764	15.0	132	2.6	47	0.9
Unknown	1	100.0	0	0.0	1	100.0	0	0.0	0	0.0

Source: Delaware Health Statistics Center

Table 17:

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

Number and Percent of Live Births by Marital Status, Birth Weight in Grams, and Adequacy
of Prenatal Care (Percentages Calculated by Birth Weight Group), Delaware, 1993-1997

Marital Status Birth Weight (g)	Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	27,256	81.2	5,238	15.6	695	2.1	359	1.1
<2500 (low birth weight)	1,641	75.8	416	19.2	58	2.7	51	2.4
<1500 (very low birth weight)	316	75.6	69	16.5	12	2.9	21	5.0
1500-2499	1,325	75.8	347	19.9	46	2.6	30	1.7
2500+	25,614	81.7	4,817	15.4	635	2.0	299	1.0
Unknown	1	5.9	5	29.4	2	11.8	9	52.9
Single	10,953	60.7	5,112	28.3	1,719	9.5	267	1.5
<2500 (low birth weight)	1,104	53.4	602	29.1	303	14.7	58	2.8
<1500 (very low birth weight)	256	56.6	117	25.9	64	14.2	15	3.3
1500-2499	848	52.5	485	30.0	239	14.8	43	2.7
2500+	9,849	61.6	4,510	28.2	1,415	8.9	208	1.3
Unknown	0	0.0	0	0.0	1	50.0	1	50.0

Source: Delaware Health Statistics Center

Table 18:

Infant, Neonatal and Postneonatal Mortality Rates

Five-Year Average Infant Mortality Rates, Neonatal and Postneonatal Mortality Rates
U.S. and Delaware, 1990-1997

Area/Race	1990-1994			1991-1995			1992-1996			1993-1997		
	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal
U.S.	8.6	5.4	3.2	8.3	5.3	3.0	8.0	5.1	2.9	7.7*	4.9*	2.7*
White	7.0	4.4	2.6	6.8	4.3	2.5	6.5	4.2	2.4	6.3*	4.1*	2.3*
Black	17.0	10.9	6.0	16.4	10.6	5.8	15.8	10.2	5.6	15.2*	9.8*	5.3*
Delaware	9.3	6.4	2.9	8.9	6.0	2.9	7.9	5.4	2.5	7.8	5.3	2.5
White	6.6	4.7	1.9	6.4	4.5	2.0	5.6	3.8	1.8	5.6	3.7	1.9
Black	18.2	12.1	6.1	17.0	11.1	5.9	15.7	10.7	5.1	14.7	10.4	4.3

* Based on National Center for Health Statistics estimate

Neonatal - the period from birth to 27 days; Post-neonatal - the period from 28 days to one year; Infant - the period from birth to one year;

Infant Mortality Rate - calculated in deaths per 1,000 deliveries

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

Table 19:

Infant Mortality Rates by Race

Five-Year Average Infant Mortality Rates by Race
U.S., Delaware, Counties and City of Wilmington, 1982-1997

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

Mortality Rates are deaths per 1,000 live births

* Based on National Center for Health Statistics estimate

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

Table 20:

Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor (Live Birth Cohort)
Delaware, 1992-1996

Risk Factor	All Races	White	Black
Birth Weight			
<1500 grams	272.9	239.3	306.1
<2500 grams	68.7	58.4	85.3
2500+ grams	2.3	2.0	3.3
Age of Mother			
<20	12.1	10.3	14.6
20-24	10.0	6.5	17.3
25-29	6.6	3.6	11.6
30+	5.2	4.1	12.0
Adequacy of Prenatal Care			
Adequate	6.4	4.7	13.1
Intermediate	7.6	5.9	10.8
Inadequate	22.8	18.7	27.8
Marital Status of Mother			
Married	4.9	4.6	7.1
Single	12.8	8.9	16.9
Education of Mother			
<12 years	10.1	8.3	13.6
High School diploma	9.2	6.3	17.2
1+ years of college	5.0	4.0	9.9

Source: Delaware Health Statistics Center

Table 21:

Infant Deaths by Causes of Death and Race of Mother

Number and Percent of Infant Deaths by Selected Leading Causes of Death by Race of Mother
(all birth weights) Delaware, 1992-1996

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	396	100.0	215	100.0	172	100.0	9	100.0
Birth Defects	73	18.4	56	26.0	15	8.7	2	22.2
Certain Conditions Originating in the Perinatal Period	203	51.3	92	42.8	105	61.0	6	66.7
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	89	22.5	36	16.7	49	28.5	4	44.4
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	50	12.6	27	12.6	22	12.8	1	11.1
Infectious and Parasitic Diseases	14	3.5	6	2.8	8	4.7	0	0.0
Unintentional Injuries	9	2.3	5	2.3	4	2.3	0	0.0
Homicide	3	0.8	2	0.9	1	0.6	0	0.0
Diseases of the Respiratory System	8	2.0	5	2.3	3	1.7	0	0.0
All Other Causes	36	9.1	22	10.2	14	8.1	0	0.0

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

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

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

Source: Delaware Health Statistics Center

Table 22:

Child Death Rates

Five-Year Average Death Rates, Children 1-14 Years of Age
U.S. and Delaware, 1982-1997

	1982- 1986	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997
U.S.	34.9	34.3	33.9	33.6	33.0	32.3	31.3	30.5	29.7	29.1	28.3	N/A
Delaware	37.0	37.8	35.3	35.3	34.3	32.1	30.3	29.9	26.6	24.5	23.3	23.5

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

Table 23:

Causes of Deaths of Children by Age

Five Leading Causes of Deaths of Children 1-19 Years Old, by Age
Delaware, 1993-1997

Age	Cause of Death	Deaths	
		Number	Percent
1-4 Years	Unintentional Injuries*	23	32.9
	Birth Defects	10	14.3
	Homicide	9	12.9
	Heart Diseases	4	5.7
	Cancer	2	2.9
	All Other Causes	22	31.4
	Total	70	100.0
5-14 Years	Unintentional Injuries*	34	37.0
	Cancer	17	18.5
	Homicide	6	6.5
	Birth Defects	5	5.4
	Suicide	5	5.4
	All Other Causes	25	27.2
	Total	92	100.0
15-19 Years	Unintentional Injuries*	86	55.8
	Suicide	18	11.7
	Homicide	18	11.7
	Cancer	8	5.2
	Heart Diseases	3	1.9
	All Other Causes	21	13.6
	Total	154	100.0

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

Table 24:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide, Teens 15–19 Years of Age
U.S. and Delaware, 1982–1997

	1982- 1986	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997
U.S.	63.7	63.8	65.2	66.4	68.1	68.7	68.9	69.0	69.1	68.0	66.1	N/A
Delaware	49.1	43.5	50.4	50.1	52.2	47.5	47.6	43.1	44.9	45.2	47.4	51.1

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

Table 25:

Traffic Arrests of Teens

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

	1992-96	1993-97	1994-98
No insurance	41.0	44.0	51.0
Disobey traffic devise	83.6	98.4	116.4
Unsafe lane change	50.6	56.8	64.4
Following too closely	191.6	205.2	228.6
Unsafe left turn	108.0	112.6	128.6
Entering roadway unsafely	51.6	50.0	54.6
Stop sign violations	156.0	168.6	180.4
Unsafe speed	165.2	176.8	190.6
Careless driving	373.0	398.2	427.6
Inattentive driving	515.4	567.4	647.4
Driving under the influence	34.8	42.4	721.8
Other traffic arrests	334.8	359.6	388.8
Average Total Traffic Arrests	2,105.6	2,280.0	2,527.0

Source: Delaware State Police

Table 26:

Violent Juvenile Arrests

Juvenile Violent Crime Arrests, Delaware and Counties, 1988–1997

Area	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Delaware	191	214	374	594	537	525	514	588	629	549
New Castle	139	133	251	254	317	328	321	382	414	334
Kent	24	38	54	70	107	100	90	93	102	96
Sussex	29	43	69	70	113	97	103	113	113	119

Source: Statistical Analysis Center

Table 27:

Juvenile Part I Violent Crime Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–1997

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

Source: Statistical Analysis Center

Table 28:

Juvenile Part I Property Crime Arrests

Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–1997

	1990	1991	1992	1993	1994	1995	1996	1997
Delaware	1,961	1,964	2,307	2,159	2,211	2,156	2,225	1,957
New Castle	1,231	1,233	1,443	1,372	1,363	1,305	1,248	1,060
Kent	440	452	528	374	470	415	527	482
Sussex	290	279	336	413	378	436	450	415

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

Table 29:

Juvenile Part II Crime Arrests

Juvenile Arrests for Part II Crimes*, Delaware and County, 1990-1997

	1990	1991	1992	1993	1994	1995	1996	1997
Delaware	3,955	4,018	3,795	4,005	3,911	4,492	4,869	4,500
New Castle	2,556	2,649	2,260	2,363	2,173	2,456	2,637	2,441
Kent	658	631	695	740	756	852	927	914
Sussex	741	738	840	702	982	1,184	1,305	1,145

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

Table 30:

Juvenile Drug Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988-1996

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

Source: Statistical Analysis Center

Table 31:

8th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 8th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 1998

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	24	29	19
Male	21	25	19
Female	27	33	19
New Castle	24	31	20
Male	21	26	18
Female	28	35	21
Kent	27	30	21
Male	27	28	23
Female	27	30	19
Sussex	22	25	15
Male	19	28	17
Female	25	30	12

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

Table 32:

11th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 11th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 1998

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	33	47	25
Male	33	49	28
Female	33	45	23
New Castle	30	42	24
Male	28	43	27
Female	31	41	22
Kent	34	49	28
Male	40	58	30
Female	29	41	27
Sussex	39	53	25
Male	39	55	31
Female	39	52	21

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

Table 33:

Student Violence and Possession

Reports of Student Violence and Possession (Delaware Code, Title 14, §4112* and SBE**)
Delaware and Counties, 1996–1997 School Year

Type of Incident	New Castle County	Kent County	Sussex County	Delaware Totals***
Assault against pupil	420	91	81	598
Extortion against pupil	7	0	1	8
Total reports against pupils	427	91	82	606
Assault against employee	62	14	16	93
Extortion against employee	0	0	0	0
Offensive touching against employee	284	36	51	371
Terroristic threatening against employee	83	26	28	142
Total reports against employees	429	76	95	606
Possess dangerous instrument/weapon	125	27	37	191
Possess controlled substance	115	62	54	237
Total reports of possession	240	89	91	428
Total of §4112 reports filed	1,096	256	268	1,640
Total SBE filed	120	42	59	227
Total reports filed	1,216	298	327	1,867

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

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

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

Source: Delaware Department of Education

Table 34:

Student Violence and Possession Charges Filed

Incidents in which Police Charges Were Filed
Delaware, 1996–1997 School Year

Incident	Reports	Charges Filed	Percent of Reports Leading to Charges Filed
Title 14, §4112 incidents against pupils	606	132	22%
Title 14, §4112 incidents against employees	606	217	36%
Possession of dangerous instrument/weapon	191	47	25%
Possession of unlawful controlled substance	237	109	46%
SBE incidents	227	64	28%
Total incidents	1,867	569	30%

Source: Delaware Department of Education

Table 35:

Student Violence and Possession by Age

Student Violence Data (Delaware Code, Title 14, §4112* and SBE**) by Number and Age of Perpetrators
Delaware 1996-1997 School Year

	Ages 4-6	Ages 7-9	Ages 10-12	Ages 13-15	Ages 16-21	Total
Number of Students	47	177	469	849	430	1,972
Percent of students involved in violent incidents that are in this age group	2%	9%	24%	43%	22%	100.0%

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

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

Source: Delaware Department of Education

Table 36:

Student Violence and Possession by Gender and Ethnicity

Student Violence Data (Delaware Code, Title 14, §4112* and SBE**) by Gender and Ethnicity of Perpetrators
Delaware, 1996-1997 School Year

Ethnicity of Perpetrators	Female	% of Total Perpetrators	Male	% of Total Perpetrators	Total	% of Total Perpetrators
American Indian	0	0.0	3	0.2	3	0.2
Asian	1	0.1	7	0.4	8	0.4
African American	271	13.7	795	40.3	1,066	54.1
Hispanic	19	1.0	64	3.2	83	4.2
White	166	8.4	646	32.8	812	41.2
Total	457	23.2	1,515	76.8	1,972	100.0

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

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

Source: Delaware Department of Education

Table 37:

Violent Adult Arrests

Violent Arrest Rate Per 1,000 Population Adults 18 and Over, Delaware, 1985–1997

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Adult Violent Arrests	1,142	1,153	967	1,177	1,488	1,878	1,923	2,065	1,978	1,997	2,155	2,200	2,286
Rate	2.48	2.48	2.03	2.43	3.01	3.75	3.78	4.00	3.77	3.74	4.19	4.22	4.11

Source: Statistical Analysis Center

Table 38:

Violent Adult Arrests, Adults 18–39

Violent Arrest Rates Per 1,000 Population Adults 18–39 Only, Delaware, 1985–1997

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Rate	4.92	4.92	4.08	4.90	6.13	7.65	7.79	8.32	7.92	7.94	8.54	8.72	9.09

Source: Statistical Analysis Center

Table 39:

Dropouts

Delaware Dropouts 1997–1998, Summary Statistics Grades 9–12

	Annual Dropout Rate (%)	Percentage of All Dropouts (%)
Total	4.5	100.0
Gender		
Male	5.5	60
Female	3.9	40
Race/Ethnicity		
American Indian	2.9	0.1
African American	6.4	38.9
Hispanic	8.2	6.5
White	3.8	54.4

Source: Delaware Department of Education

Table 40:

Dropouts and Enrollment by Race

Delaware Dropouts and Student Enrollment by Race, Public School Students Grades 9–12 Delaware and Counties, 1997–1998 School Year

Area	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,535	1,254	22,399	33,188	608	103	851	1,562
New Castle	6,050	905	12,557	19,512	389	85	490	964
Kent	1,817	177	5,051	7,045	102	8	155	265
Sussex	1,668	172	4,791	6,631	117	10	206	333

Source: Delaware Department of Education

Table 41:

Dropout Rate and Percentage by Race

Dropout Rate and Percentage of all Dropouts by Race, Public School Students
Delaware and Counties, 1997-1998 School Year

County	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	6.4	8.2	3.8	4.7	38.9	6.5	54.4	100.0
New Castle	6.4	9.4	3.9	4.9	24.9	5.4	31.3	61.7
Kent	5.6	4.5	3.1	3.8	6.5	0.5	9.9	16.9
Sussex	7.0	5.8	4.3	5.0	7.4	0.6	13.1	21.3

Source: Delaware Department of Education

Table 42:

Dropouts and Enrollment by Race and Gender

Student Enrollment and Delaware Dropouts by Race and Gender, Grades 9-12
Public School Students in Delaware, 1997-1998 School Year

Gender	Number of Enrolled Students, Grades 9-12				Number of Dropouts, Grades 9-12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,535	1,254	22,399	33,188	608	103	851	1,562
Male	4,807	654	11,576	17,037	358	65	513	936
Female	728	600	10,823	16,151	250	38	338	626

Source: Delaware Department of Education

Table 43:

Dropout Rate and Percentage by Race and Gender

Dropout Rate and Percentage of all Dropouts by Race and Gender, Grades 9-12
Public School Students in Delaware, 1997-1998 School Year

Gender	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	6.4	8.2	3.8	4.7	38.9	6.5	54.4	100.0
Male	7.4	9.9	4.4	5.5	22.9	4.1	32.8	60.0
Female	5.3	6.3	3.1	3.9	16.0	2.4	21.6	40.0

Source: Delaware Department of Education

Table 44:

Dropouts by Race and Ethnicity

Dropouts by Race/Ethnicity, Grades 9-12, Delaware, 1986-1998

Race/Ethnicity	1986-1987	1987-1988	1988-1989	1989-1990	1990-1991	1991-1992	1992-1993	1993-1994	1994-1995	1995-1996	1996-1997	1997-1998
Black	9.5	10.0	10.2	10.0	7.9	6.2	5.8	6.8	5.8	5.3	6.1	6.4
Hispanic	14.1	13.6	14.2	11.9	8.8	7.9	5.1	6.7	7.5	8.3	7.3	8.2
White	6.2	6.1	6.2	5.4	4.9	3.0	3.6	3.8	4.0	4.0	3.7	3.8
All	7.2	7.2	7.3	6.6	5.7	4.0	4.2	4.6	4.6	4.5	4.5	4.7

Source: Delaware Source: Delaware Department of Education

Table 45:

Teens Not in School and Not in the Labor Force

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

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

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

Table 46:

Teens Not in School and Not Employed

Three Year Average Percentage of Persons (16-19 Yrs.) Not in School and Not Employed
U.S. and Delaware, 1986-1998

	1986- 1988	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998
U.S.	9.8	9.6	9.3	9.4	9.6	9.8	9.6	9.2	9.1	9.0	8.6
Delaware	7.0	7.5	10.3	9.0	7.4	10.8	9.6	9.8	7.3	6.9	7.1

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

Table 47:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type
U.S. and Delaware, 1986-1998

	1986- 1988	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998
U.S.											
1-Parent	10,190	10,580	11,417	12,067	12,610	12,617	12,730	13,187	14,187	15,233	16,177
2-Parent	33,933	35,767	37,700	39,233	40,747	42,213	43,680	45,300	47,100	49,133	51,467
Delaware											
1-Parent	11,650	13,617	14,443	14,567	14,667	15,000	15,667	16,133	17,167	18,467	19,100
2-Parent	35,767	37,100	38,633	41,200	44,237	47,570	49,033	50,867	51,167	53,403	56,900

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

Table 48:

Subsidized Child Care

Number of Children in State Subsidized Child Care
Projected Monthly Averages, Delaware, Fiscal Years 1995-1998

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

* The welfare reform numbers refer to the number of children in families who received AFDC that year or received AFDC child care for one year after leaving the AFDC program.

** The income eligible numbers reflect the working poor families below 155% of poverty.

90% of children with authorization to receive subsidized child care attend in a given month.

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

Table 49:

Free and Reduced Breakfasts

Average Number of Free and Reduced Breakfasts Served Daily and Percent of Total Served
Delaware and Counties, 1992/93–1997/98 School Years

	1992-1993		1993-1994		1994-1995		1995-1996		1996-1997		1997-1998	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Delaware	11,537	84.6	12,375	83.4	12,612	82.8	12,484	82.2	12,215	82.2	14,209	81.4
New Castle	5,096	89.0	5,748	86.9	6,272	85.3	5,806	84.6	5,579	83.8	6,353	81.8
Kent	3,281	79.8	3,112	78.2	2,604	77.7	3,133	77.3	3,073	79.3	4,157	79.7
Sussex	3,160	80.8	3,515	82.1	3,736	83.2	3,545	82.3	3,563	82.3	3,699	82.2

Source: Delaware Department of Education

Table 50:

Free and Reduced Lunches

Average Number of Free and Reduced Lunches Served Daily and Percent to Total Enrollment
Delaware and Counties, 1994/95–1997/98 School Years

		1994-1995		1995-1996		1996-1997		1997-1998	
		Number	%	Number	%	Number	%	Number	%
Delaware	Enrollment	107,013		108,461		110,245		112,026	
	Free	30,981		31,247		32,208		33,834	
	Reduced	5,389		5,892		6,088		6,955	
	Percent Free and Reduced		33.9		34.2		34.7		36.4
New Castle	Enrollment	62,414		63,440		64,609		66,154	
	Free	17,435		17,912		17,720		19,416	
	Reduced	2,782		3,120		3,223		3,657	
	Percent Free and Reduced		32.4		33.2		32.4		34.9
Kent	Enrollment	24,257		24,472		27,749		24,835	
	Free	6,903		6,533		7,056		7,024	
	Reduced	1,607		1,612		1,640		1,853	
	Percent Free and Reduced		35.1		33.3		35.1		35.7
Sussex	Enrollment	20,342		20,549		20,887		21,037	
	Free	6,643		6,802		7,432		7,394	
	Reduced	1,000		1,160		1,225		1,445	
	Percent Free and Reduced		37.8		38.7		41.4		42.0

Source: Delaware Department of Education

Table 51:

Children Without Health Insurance

Percentage of Children Not Covered by Health Insurance
U.S. and Delaware, Three-Year Moving Average, 1986-1997

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
U.S.	15.7	15.3	14.4	13.6	13.1	13.0	12.7	12.9	13.4	13.9	14.3	14.5
Delaware	15.1	14.9	11.6	11.8	11.4	13.4	10.7	10.8	10.2	12.1	12.4	13.7

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

Table 52:

Health Insurance

Three-Year Average Percentage Persons (0-64) without Health Insurance
U.S. and Delaware, 1983-1998

	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98
U.S.	18.0	17.4	17.6	17.2	16.3	15.6	15.3	15.6	16.1	16.6	17.0	17.2	17.3	17.7
Delaware	16.0	16.9	16.9	16.7	14.1	14.0	14.2	15.7	14.2	14.0	14.2	15.8	15.8	15.7

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

Table 53:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years
Annual Income in Dollars, U.S., 1997

Size of Family Unit	Related Children under 18 years old								
	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person under 65 years old	\$8,480								
One Person 65 years old or older	7,818								
Two Persons, householder under 65	10,915	11,235							
Two Persons, householder 65 or older	9,853	11,193							
Three Persons	12,750	13,120	13,133						
Four Persons	16,813	17,088	16,530	16,588					
Five Persons	20,275	20,570	19,940	19,453	19,155				
Six Persons	23,320	23,413	22,930	22,468	21,780	21,373			
Seven Persons	26,833	27,000	26,423	26,020	25,270	24,395	23,435		
Eight Persons	30,010	30,275	29,730	29,253	28,575	27,715	26,820	26,593	
Nine Persons or more	36,100	36,275	35,793	35,388	34,723	33,808	32,980	32,775	31,513

Source: U.S. Census Bureau

Table 54:

Home Ownership

Percent of Home Ownership, U.S. and Delaware, 1989–1998

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

Source: Delaware State Housing Authority

Table 55:

Poverty Rates for One-Parent Families

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

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

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

Table 56:

Poverty Rates for Female Householder Families

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

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

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

Table 57:

Percentage Female Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18
U.S. and Delaware, 1986-1998

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

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

Table 58:

Children in Poverty by Family Type

Related Children Under 18 in Poverty, Number and Percent by Family Type
U.S. and Delaware, 1990 Census

	Children under 18 in Married Couple Families		Children under 18 in Female Headed Families		Children under 18 in Male Headed Families	
	Number in Poverty	Percentage in Poverty	Number in Poverty	Percentage in Poverty	Number in Poverty	Percentage in Poverty
U.S.	4,419,632	9.3	6,179,808	49.9	562,396	23.5
Delaware	5,282	4.3	12,471	39.9	944	14.0

Source: Population Reference Bureau; U.S. Bureau of the Census

Table 59:

Child Support Paid

Percent of Child Support That Is Paid
U.S. and Delaware, Fiscal Years 1989-1998

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

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

Table 60:

Percentage of Births to Single Mothers

Five Year Average Percentage of Live Births to Single Mothers
U.S., Delaware, Counties, 1984-1997

Area/Race	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997
U.S.	23.4	24.6	25.8	27.0	28.1	29.1	30.2	31.1	31.6	32.1
White	15.6	16.8	18.0	19.2	20.4	21.5	22.7	23.7	24.5	25.2
Black	61.3	62.6	63.9	65.2	66.4	67.4	68.3	69.0	69.7	70.0
Delaware	26.4	27.3	27.9	28.9	29.9	31.3	32.3	33.5	34.3	35.0
White	14.2	14.9	15.4	16.3	17.3	18.6	20.0	21.5	22.7	23.7
Black	66.9	68.2	68.7	69.7	70.6	72.1	72.6	73.0	73.2	72.9
New Castle	25.5	26.3	26.7	27.6	28.7	29.8	30.7	31.8	32.3	32.7
White	13.7	14.2	14.5	15.1	16.1	17.2	18.3	19.8	20.7	21.3
Black	68.7	69.5	69.8	70.6	71.5	72.5	72.8	72.9	73.0	72.3
Kent	24.4	25.9	27.1	28.4	29.6	31.3	32.4	33.6	34.6	35.3
White	14.6	15.6	16.5	17.7	19.5	21.0	22.4	23.5	24.7	25.3
Black	56.9	59.2	60.6	62.0	62.4	64.8	65.9	67.0	68.4	69.0
Sussex	32.2	33.0	33.5	34.9	35.5	37.2	39.1	40.4	41.6	43.2
White	16.3	17.3	18.2	19.7	20.4	22.2	24.3	26.3	28.7	31.2
Black	71.1	72.9	73.2	74.9	75.5	77.8	78.2	78.5	78.0	78.6

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

Table 61:

Unemployment

Unemployment Rates by Race and Gender U.S. and Delaware, 1985-1998

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
U.S., Total	7.2	7.0	6.2	5.5	5.3	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9	4.5
Male	7.0	6.9	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.4
Female	7.4	7.1	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.6
White	6.2	6.0	5.3	4.7	4.5	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2	3.9
Black	15.1	14.5	13.0	11.7	11.4	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0	8.9
Delaware, Total	5.3	4.3	3.2	3.2	3.5	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0	3.8
Male	5.0	4.4	3.0	3.4	3.2	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4	4.0
Female	5.6	4.3	3.4	2.9	3.8	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6	3.3
White	4.1	3.6	2.3	2.5	2.9	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3	2.8
Black	12.2	8.6	6.6	7.5	6.6	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7	6.7

*Preliminary data, subject to revision

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

Table 62:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1990-1997

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Child Care Centers*	13,530	14,481	15,642	16,727	17,117	18,269	19,328	20,371	23,404
Family Child Care Homes**	8,889	10,400	11,070	11,891	11,459	16,412	14,935	15,197	14,297
Large Family Child Care Homes***	286	308	336	424	488	514	519	535	601
Totals	22,750	25,189	27,048	29,042	29,064	35,195	34,782	36,103	38,302

* Child Care Center- 13 or more children

** Family Child Care Homes- 1 person caring for more than 6 children

*** Large Family Child care Homes- 2 people caring for a group of 7-12 children

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

Table 63:

School Age Programs

Number of School Age Programs, Delaware and Counties, 1998

Type of care	Delaware		New Castle County		Kent/Sussex County	
	Total	School Age	Total	School Age	Total	School Age
Child Care Centers	248	182	160	114	88	68
Family Child Care	1665	1429	1007	813	658	616
School Age Only	110	NA	74	NA	36	NA

Source: The Family and Workplace Connection

Table 64:

Site-Based School Age Programs

Number and Percent of School Age Child Care Located At Schools, Delaware and Counties, 1998

	Delaware			New Castle County			Kent/Sussex County		
	Total	School Age	%	Total	School Age	%	Total	School Age	%
Elementary Schools	103	65	63%	58	44	76%	45	21	47%
Middle Schools	29	2	7%	16	2	13%	13	0	0%

Source: The Family and Workplace Connection

Table 65:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age
Delaware, Wilmington, and Counties Counties, 1998

Age	Delaware			Wilmington			New Castle County			Kent/Sussex Counties		
	Min.	Average	High	Min.	Average	High	Min.	Average	High	Min.	Average	High
0-12 months	47	90	160	60	97	190	45	105	190	50	76	130
12-24 months	33	86	160	55	92	190	50	100	190	17	73	130
24-36 months	—	84	140	50	89	180	—	97	180	40	71	100
3 years old	39	82	146	50	87	180	38	95	180	40	70	112
4 years old	—	82	146	50	86	180	—	95	180	30	70	112
Kindergarten	—	80	—	35	77	180	—	95	—	20	65	112
School Age	15	47	107	25	52	100	20	52	115	10	42	100

Source: The Family and Workplace Connection

Table 66:

Child Abuse and Neglect

Reported and Confirmed Reports of Child Abuse/Neglect, Delaware 1990-1999

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

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

Table 67:

Foster Care

Children in Foster Care, Delaware, Fiscal Years 1990-1999

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

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

Child Abuse and Neglect: A look at the States (The CWLA Stat Book), Child Welfare League of America, Inc., Washington, D.C., 1995 and 1997.

Table 68:

Child Immunizations

Percent of Children Fully Immunized by Age 2+
U.S. and Delaware, 1994-1997

	Apr. 1994 - Mar. 1995	Jan. 1995-Dec. 1995	Jan. 1996-Dec. 1996	Jan. 1997-Dec. 1997
Delaware	81	75	81	81
U.S.	75	76	78	78

Source: Centers For Disease Control and Prevention

Table 69:

Lead Poisoning

Percent of Children under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
Delaware and U.S., Fiscal Years 1994-1999

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

U.S. data only available for 1995

Source: Delaware Department of Health and Social Services, Division of Public Health, Childhood Lead Poisoning Prevention Program

Table 70:

Sexually Transmitted Diseases

Number and Percent of Teens Ages 15-19 with Gonorrhea and Primary or Secondary Syphilis
Delaware, 1990-1998

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Gonorrhea Cases	1,000	850	549	460	769	771	523	452	528
Primary or Secondary Syphilis Cases	16	20	7	6	2	1	2	0	2
Total	1,016	870	556	466	771	772	525	452	530
Est. Population 15-19 yrs.	46,454	46,100	45,768	45,453	45,159	44,886	45,943	47,029	45,308
Delaware (%)	2.2	1.9	1.22	1.0	1.7	1.7	1.1	1.0	1.0

Note: no reliable U.S. data are available

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