

KIDS COUNT IN DELAWARE
FAMILIES COUNT IN DELAWARE

Fact Book 2013





STATE OF DELAWARE
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Dear friends,

Our obligation to our children is to prepare the way for their world – a Delaware better than anything that came before it. We must provide them with the necessary tools to be ready for the endless opportunities that will await them after graduation. We must keep them safe and healthy, and teach them love, acceptance and hope. We have built a strong foundation for our youth, but there is still more to be done to ensure we pass on to future generations a Delaware whose brightest days are still to come.

The top priorities for my administration are to continue to expand our economy, increase employment opportunities and improve on the great work going on in Delaware public schools. We have success stories in each of these areas, but one of most importance is the investment we have made in early childhood education. Two years ago, the General Assembly made the single largest investment in early childhood education in our state's history. As a result, we are on track to increase from 20 to 80 the percentage of high need children in child care enrolled in quality-rated early learning programs. These are children who otherwise would have arrived at kindergarten well behind their peers. Now, they will arrive ready to learn. For them and for Delaware, that is a game-changer.

For nearly two decades, the KIDS COUNT in Delaware Fact Book has assisted in providing a path forward and brought to light areas for improving outcomes for our children. Nurturing our state's youngest populations is a high priority and I am grateful for the detailed information KIDS COUNT releases each year on areas of importance to their well-being.

We should use the information in this book to ensure we are taking the right steps to help the youth of Delaware live safe, healthy and productive lives. Doing so will not only fulfill our obligation to our children, but will ensure we keep Delaware moving forward.

Sincerely,

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

Governor Jack Markell

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We thank The Annie E. Casey Foundation, the University of Delaware, and the State of Delaware, and give special thanks to Speer Trust and Highmark Blue Cross Blue Shield Delaware for funding the KIDS COUNT in Delaware Project.

The findings and conclusions presented in this report, however, are solely those of KIDS COUNT in Delaware, as are any errors or omissions.

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A pdf download of this publication and other KIDS COUNT publications are available at no charge at www.dekidscount.org. To order additional printed copies for \$15 each, contact: Janice Barlow, Director, KIDS COUNT in Delaware, Center for Community Research and Service, School of Public Policy and Administration, University of Delaware, Newark, DE 19716-7350

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



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Thanks for the data:

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

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



Dear Friends,

For the eighteenth year, we are pleased to present the annual edition of the KIDS COUNT in Delaware Fact Book. As you begin to peruse the book this year, we invite you to remember your own childhood. What was it like? Did you live with two parents? Did your parents have decent jobs with incomes sufficient to provide for your family? If both your parents worked, were you well cared for by others? Did you go to a good school? Was it within walking distance of your home? Was there a good grocery store in your community, a pharmacy, a bank...? How far away was your doctor or did you just go to the emergency room when you were sick? Did you feel safe at home, at school, or outside in your neighborhood playing with friends? Were there reliable jobs to be had in your community? The answers to these questions and others like them helped shape each of us into the adults we have become.

The data collected in this book reflect the answers that today's children in Delaware would give to the questions posed above. Some of the children have positive answers to the questions. They have strong families supported by healthy communities; and, according to research have a terrific chance of growing into healthy, productive adults. But unfortunately, many of the children represented in these numbers do not live in such circumstances. Their prospects as adults are much grimmer, according to research. These children are counting on us as informed and caring advocates to cultivate environments in which they can thrive and prepare for adulthood.

Understanding the accurate, unbiased, current, and comprehensive data provided in this fact book is the first step. Followed by thoughtful effective collective action, we can develop assets, improve the prospects for our children and build a better tomorrow for them and for our State.

On behalf of the Board and staff, we thank the Annie E. Casey Foundation, the University of Delaware and the State of Delaware for their continued support of KIDS COUNT in Delaware.

Sincerely,

Donna Curtis, MPA

Chair, Board

Theodore W. Jarrell, PhD

Chair, Data Committee

Janice Barlow, MPA

Director



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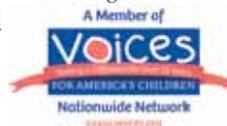


In May of 2012, KIDS COUNT in Delaware held the “KIDS COUNT Leadership Recognition” event honoring former KIDS COUNT Director Terry Schooley. This event established the “Schooley Leadership Fund” which will be used to support KIDS COUNT’s efforts to foster leadership to increase the health and well-being of Delaware’s children. We would like to thank our generous sponsors including; Speer Trust, University of Delaware’s Center for Community Research and Service, Karl & Kris Bennett, Dave & Donna Curtis, Nemours, Delaware State Education Association, Steve Dowshen, Carl and Pat Nelson, United Way of Delaware, DuPont Company, PNC Bank, Rodel Foundation of Delaware, Delaware State Chamber of Commerce, Delaware Public Policy Institute, MacIntyre Associates, William Carl, Delaware Contractors Association, Vicky Kleinman, Leslie Newman, Randy Williams, Prue Albright, Steve Eidelman, and Ann Gorrin.



As a part of our efforts to foster leadership, KIDS COUNT has begun to develop our capacity as not only providers of data and knowledge, but advocates for positive change for Delaware’s kids. KIDS COUNT in Delaware’s advocacy efforts will use objective data about the well-being of children, youth, and families in order to advocate for positive change in policies, priorities, and programs. KIDS COUNT in Delaware is committed to improving the lives of Delaware’s children and will continue to provide high-quality data, in addition to nonpartisan leadership to advocate for sound public policies.

Additionally, KIDS COUNT in Delaware is now a member of the Voices for America’s Children Network. Voices for America’s Children is the nation’s largest network of multi-issue child advocacy organizations. The network spans almost every state, the District of Columbia and the U.S. Virgin Islands and leads advocacy efforts at the community, state and federal levels to improve the lives of all children, especially those most vulnerable, and their families.



KIDS COUNT in Delaware



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

National KIDS COUNT project changes: Nationally, the Annie E. Casey Foundation has developed a more comprehensive index to measure child well-being in order to take advantage of the tremendous growth in research and data about child development. The Foundation's report increased their index to include 16 indicators. While the former 10-measure index had been very useful, it focused primarily on health and economic security while excluding several other factors known to influence children's wellbeing. The National KIDS COUNT project now bases state rankings on the new 16-measure index which are highly correlated with those based on the previous 10-measure index. The new measure incorporates a wider range of indicators in four separate domains, which are similar to the categories used by KIDS COUNT in Delaware. This new index paints a more complete picture of child well-being for all states, and will make it easier for child advocates to target areas of concern and promote appropriate policy solutions.

National KIDS COUNT domains and indicators

Economic Well Being

- Children in poverty
- Children whose parents lack secure employment
- Children living in households with a high housing cost burden
- Teens not in school and not working

Education

- Children not attending preschool
- Fourth graders not proficient in reading
- Eighth graders not proficient in math
- High school students not graduating on time

Health

- Low-birthweight babies
- Children without health insurance
- Child and teen deaths per 100,000
- Teens who abuse alcohol or drugs

Family and Community

- Children in single-parent families
- Children in families where the household head lacks a high school diploma
- Children living in high-poverty areas
- Teen births per 1,000

While the Annie E. Casey Foundation has increased the National KIDS COUNT report index to 16 indicators, KIDS COUNT in Delaware has historically reported on a larger number of indicators. Therefore, the National change to 16-indicators from 10-indicators is not new for KIDS COUNT in Delaware. We will continue to report on our 10-featured indicators in addition to the variety of other indicators including, for example, early care and education, prenatal care, substance abuse, and health care coverage.

KIDS COUNT in Delaware featured indicators

- Births to teens
- Low birth weight babies
- Infant mortality
- Child deaths
- Teen deaths by accident, homicide, and suicide
- High school dropouts
- Economic inclusion of young people
- Children in poverty
- Children with no parent with full-time employment
- Children in one-parent families

Additional tables with more extensive information that supplement what is published in the book can be found online at www.dekidscount.org and <http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=DE>

Ultimately, the purpose of this book is to add to the knowledge base of our social well-being, guide and advance informed discussion, and help us focus on issues that will allow us to ensure a better future for our children and families.

KIDS COUNT in Delaware Indicator Trends

- Measures Needing Attention:**
- Children in Poverty
 - Children in One-Parent Families
 - No Parent with Full-Time Employment

- Measures Remaining Constant:**
- Low Birth Weight Births
 - Infant Mortality
 - Teen Deaths
 - High School Dropouts

- Measures Showing Improvement:**
- Births to Teens
 - Child Deaths
 - Economic Inclusion of Young People

Making Sense of the Numbers

The information on each indicator is organized as follows:

- **Description** A description of the indicator and how it relates to child and family well-being
- **Data** Charts and graphs giving a visual representation of the data and, when available, showing trends over time and comparing Delaware data to U.S. data
- **Related information** *Did you know?*, *Put Data into Action*, and *For more information* sections with more information

Sources of Data

The data are presented primarily in three ways:

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

The data has been gathered primarily from:

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



KIDS COUNT Overview



Births to Teens

Page 92

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

Five-year average, 2006–10: Delaware 19.6, U.S. 20.8

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

RECENT
TREND
IN DELAWARE **GETTING
BETTER**

Low Birth Weight Births

Page 30

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

Five-year average, 2006–10: Delaware 8.0, U.S. 6.5

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

RECENT
TREND
IN DELAWARE **ABOUT THE
SAME**

Infant Mortality

Page 32

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

Five-year average, 2006–10: Delaware 8.0, U.S. 6.5

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

RECENT
TREND
IN DELAWARE **ABOUT THE
SAME**

Child Deaths

Page 56

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

Five-year average, 2006–10: Delaware 12.8, U.S. 18.2

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

RECENT
TREND
IN DELAWARE **GETTING
BETTER**

Teen Deaths by Accident, Homicide, and Suicide

Page 58

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

Five-year average, 2006–10: Delaware 46.8, U.S. 42.9

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

RECENT
TREND
IN DELAWARE **ABOUT THE
SAME**

High School Dropouts

Page 84

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

School year, 2011/12: Delaware 3.9

RECENT TREND IN DELAWARE **ABOUT THE SAME**

Economic Inclusion of Young People

Page 87

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

Three year average, 2010–12: Delaware 7.6, U.S. 8.2

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

RECENT TREND IN DELAWARE **GETTING BETTER**

Children in Poverty

Page 98

Percentage of children in poverty. The poverty threshold for a one-parent, two-child family was \$17,568 for 2010. For a family of four with two children, the threshold was \$22,113 for 2010.

Three-year average, 2010–12: Delaware 19.9, U.S. 21.5

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

RECENT TREND IN DELAWARE **GETTING WORSE**

No Parent with Full-time Employment

Page 97

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

Three-year average, 2010–12: Delaware 26.3, U.S. 28.9

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

RECENT TREND IN DELAWARE **GETTING WORSE**

Children in One-Parent Families

Page 104

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

Three year average, 2010–12: Delaware 37.9, U.S. 33.8

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

RECENT TREND IN DELAWARE **GETTING WORSE**



Delaware Demographics: Counting the Kids



Data from the Census Bureau's American Community Survey and the Delaware Population Consortium provide a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child centered society now than we were 100 years ago. In the United States, children accounted for 40% of the population in 1900, but only 24% in 2010. Similar trends are evident in Delaware.

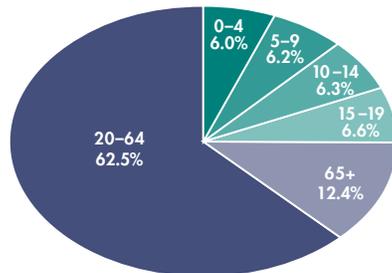
2010 Census data shows New Castle as the largest county with a population of 538,479 persons, though it grew by the smallest percent (7.6%) between 2000 and 2010. Sussex County had a 2010 population of 197,145 (25.9% increase). Kent County, though smallest in population (162,310 persons), had the largest percent increase (28.1%).

Population at a Glance				
	2012 Total Population	2012 Age 0-19	2012 Age 20+	2012 % 0-19
Delaware	919,962	230,953	689,009	25.1
New Castle	547,059	140,086	406,973	25.6
Wilmington	71,616	19,481	52,135	27.2
Kent	167,103	45,411	121,692	27.1
Sussex	205,800	45,456	160,344	22.0

Source: Delaware Population Consortium, Population Projection Series, Version 2012.0

Population Estimate and Age Distribution

Delaware, 2012

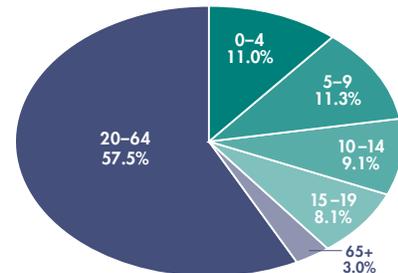


Delaware Total	919,962
Total Children 0-19	230,953
Children 0-4	56,111
Children 5-9	56,900
Children 10-14	57,631
Children 15-19	60,311
Adults 20-64	574,950
Adults 65+	114,059

Source: Delaware Population Consortium, Population Projection Series, Version 2012.0

Hispanic Population Estimate and Age Distribution

Delaware, 2012



Delaware Hispanic Total	81,031
Total Children 0-19	32,036
Children 0-4	8,939
Children 5-9	9,151
Children 10-14	7,371
Children 15-19	6,575
Adults 20-64	46,592
Adults 65+	2,403

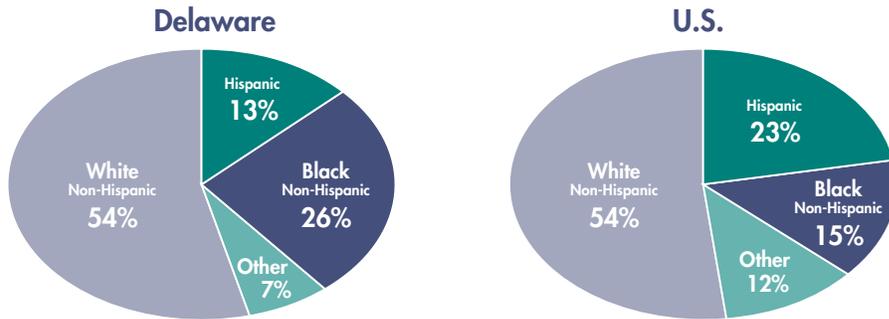
Source: Delaware Population Consortium, Population Projection Series, Version 2012.0

Did you know? Racial and ethnic diversity has increased in the U.S. and the population is expected to increase in diversity in the upcoming decades. According to Childstats.gov, by 2050, 39 percent of U.S. children are projected to be Hispanic, up from 22 percent in 2009.

Source: Child Stats, <http://childstats.gov/americaschildren/demo.asp#figure1>

Delaware Demographics: Counting the Kids

Delaware Child Population Compared to U.S. by Race/Hispanic Origin, 2007-2011



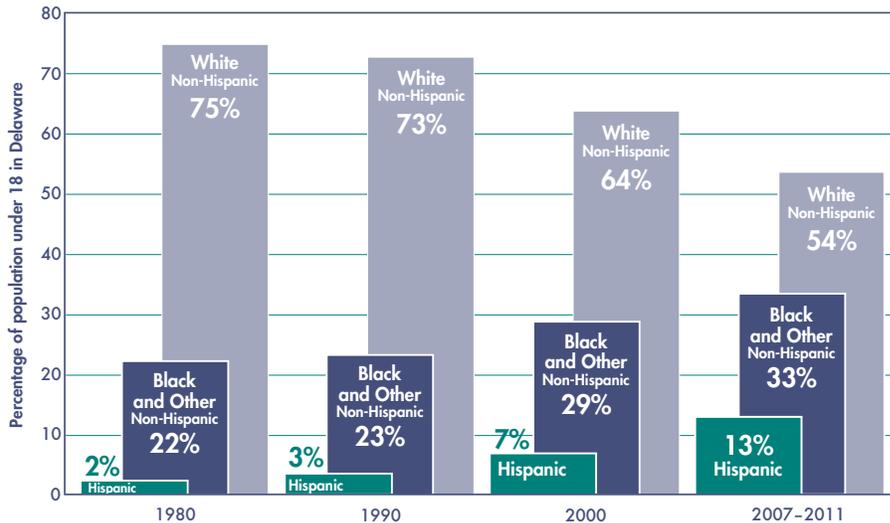
Source: U.S. Census Bureau, American Community Survey

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



The Changing Face of Delaware's Children

Children under 18 by Race/Hispanic Origin, Delaware

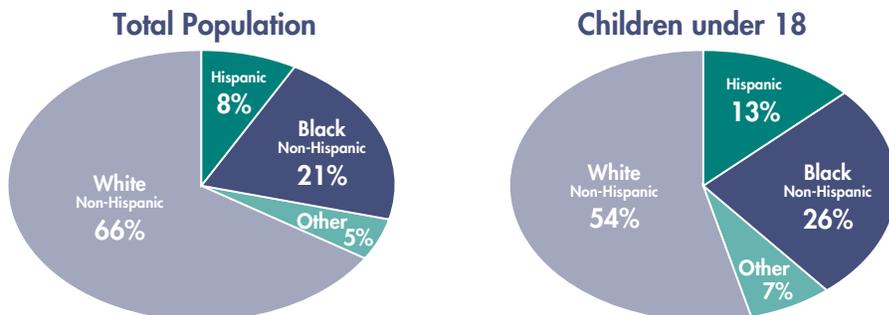


Source: U.S. Census Bureau, American Community Survey

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

Delaware Total Population Compared to Child Population

by Race/Hispanic Origin, 2007-2011



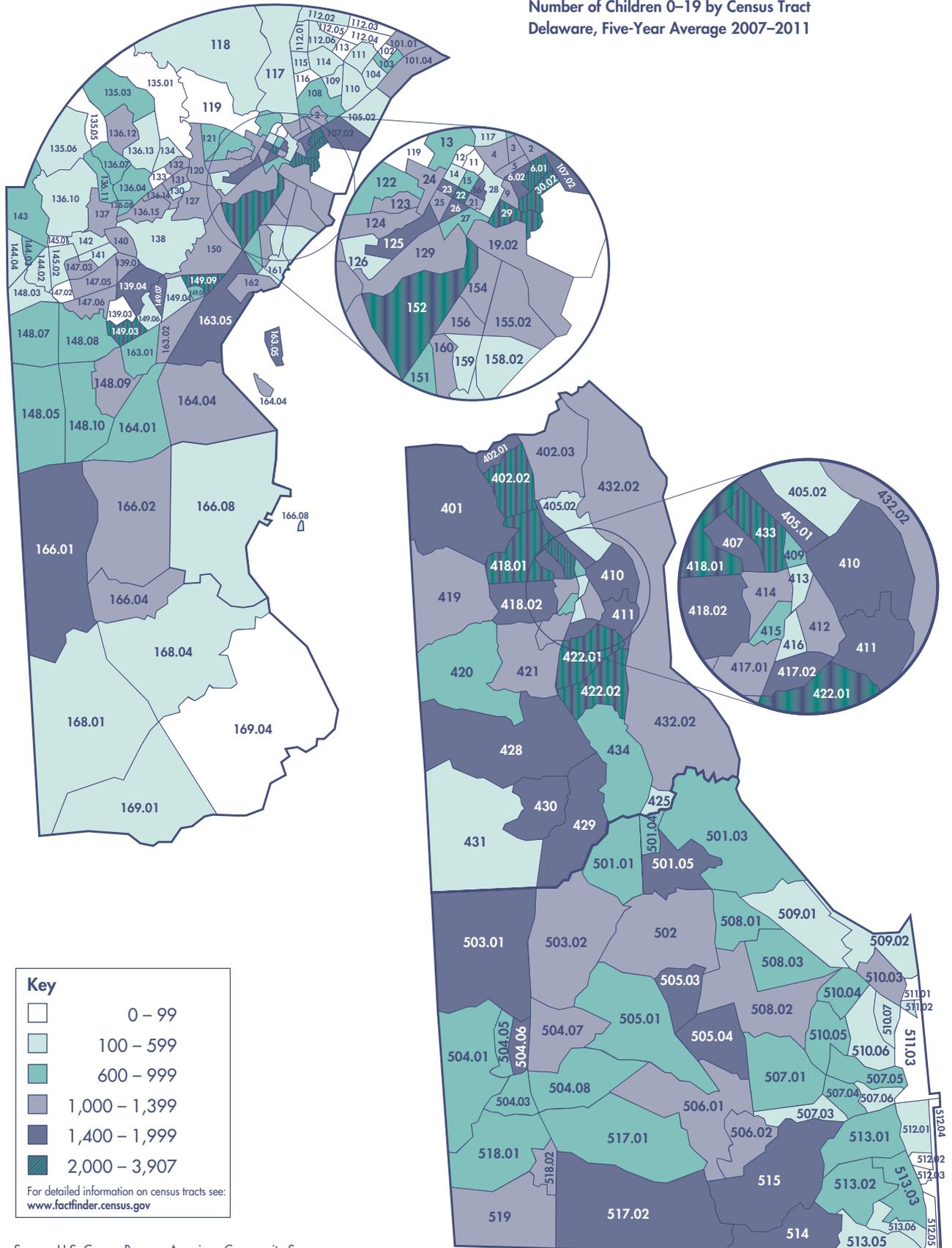
Source: U.S. Census Bureau, American Community Survey

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

Delaware Demographics: Counting the Kids

Where Are the Kids?

Number of Children 0–19 by Census Tract
Delaware, Five-Year Average 2007–2011



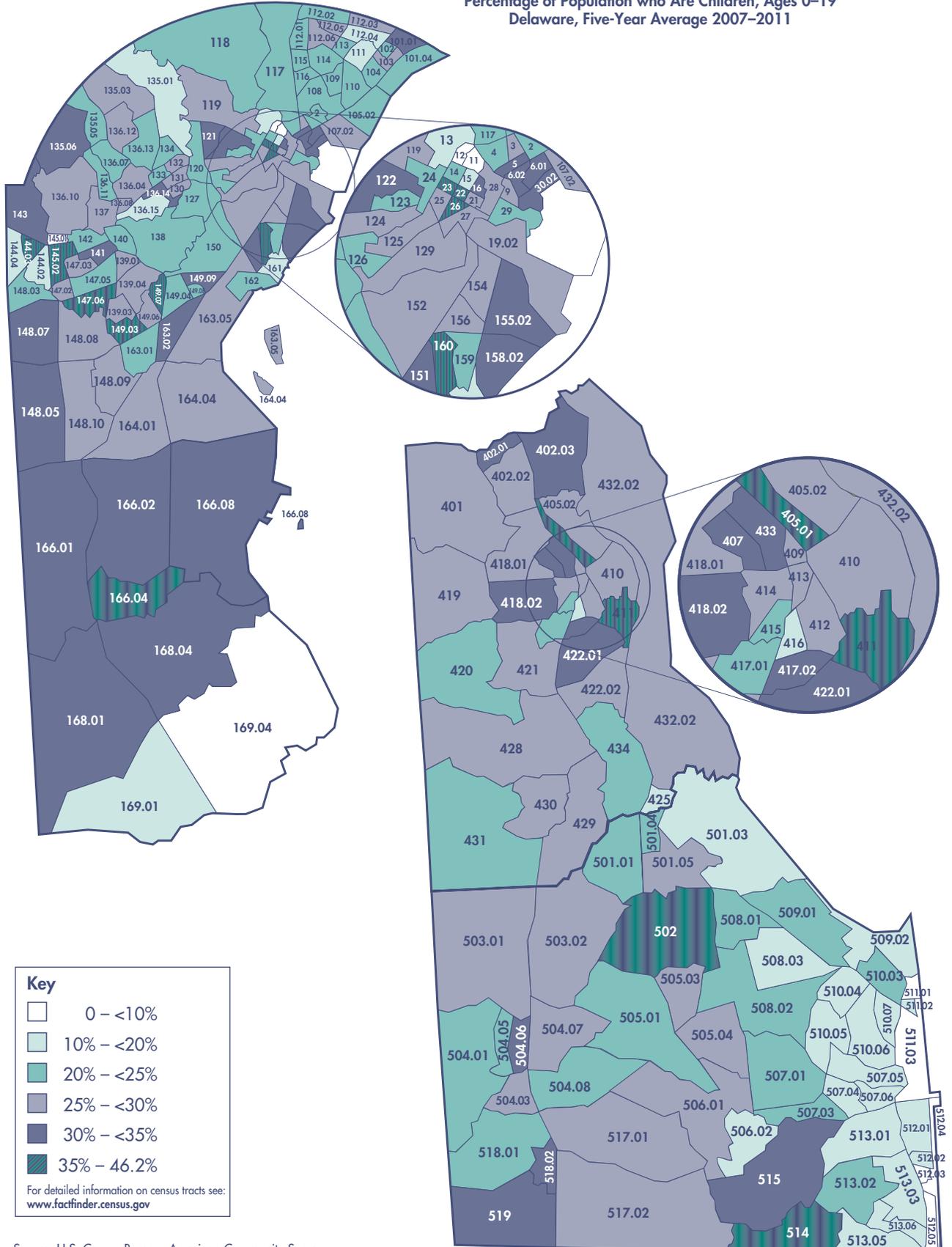
Source: U.S. Census Bureau, American Community Survey



Delaware Demographics: Counting the Kids

Where Are the Kids?

Percentage of Population who Are Children, Ages 0-19
Delaware, Five-Year Average 2007-2011



Key

- 0 - <10%
- 10% - <20%
- 20% - <25%
- 25% - <30%
- 30% - <35%
- 35% - 46.2%

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

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



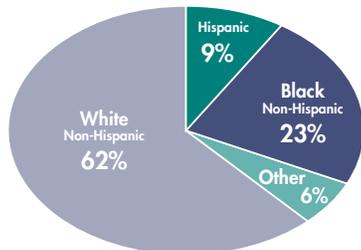
Delaware Demographics: Counting the Kids



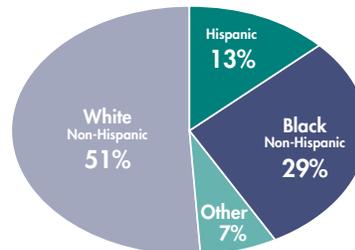
New Castle County Population

by Race/Hispanic Origin, Five-year Estimate 2007–2011

Total Population



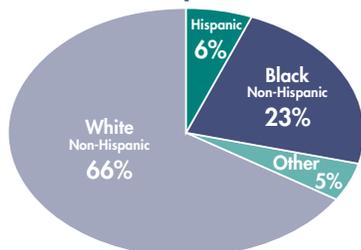
Children under 18



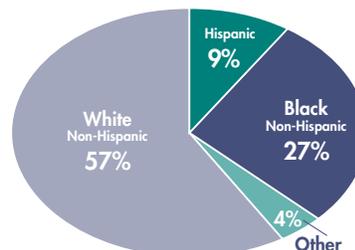
Kent County Population

by Race/Hispanic Origin, Five-year Estimate 2007–2011

Total Population



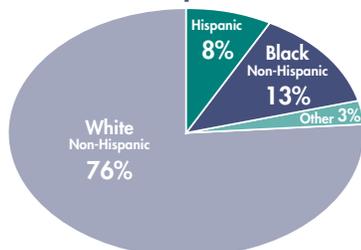
Children under 18



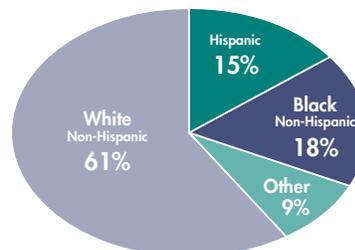
Sussex County Population

by Race/Hispanic Origin, Five-year Estimate 2007–2011

Total Population



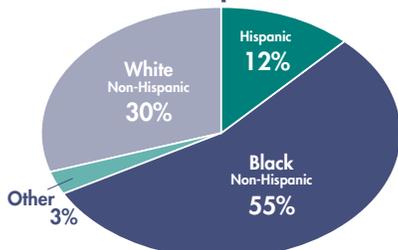
Children under 18



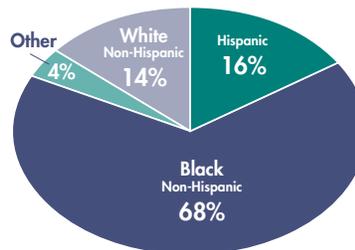
Wilmington Population

by Race/Hispanic Origin, Five-year Estimate 2007–2011

Total Population



Children under 18



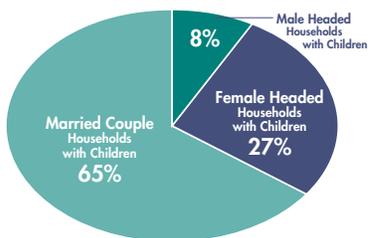
Note: Persons of Hispanic origin may be of any race.

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

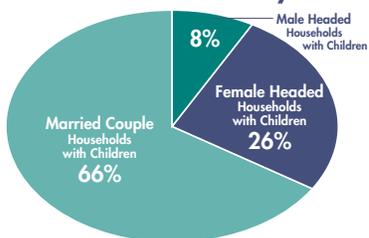
Delaware Demographics: Counting the Kids

Families with Related Children by Household Structure 2007-2011

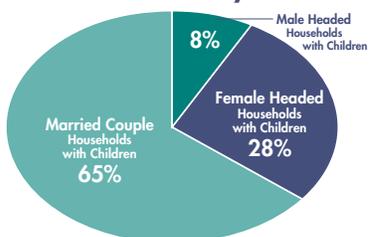
Delaware



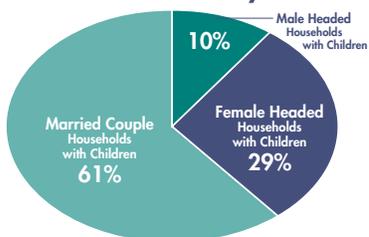
New Castle County



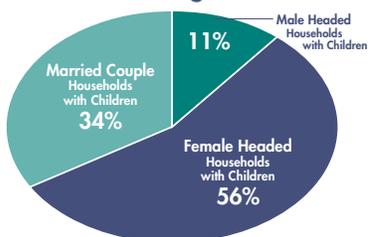
Kent County



Sussex County



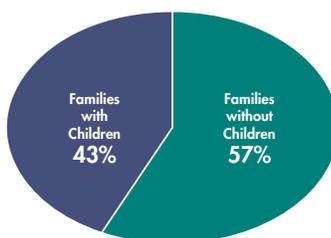
Wilmington



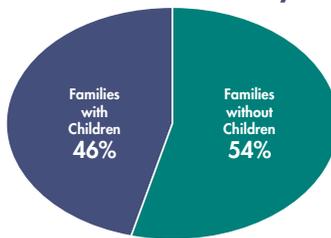
Source: U.S. Census Bureau, American Community Survey

Families with & without Children under 18 Living in Household 2007-2011

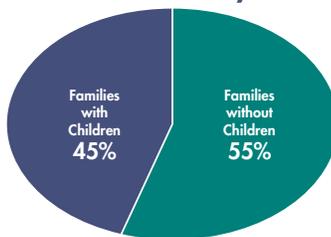
Delaware



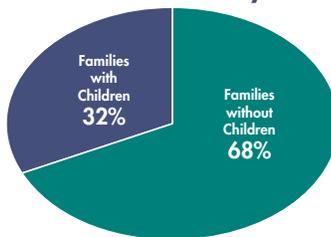
New Castle County



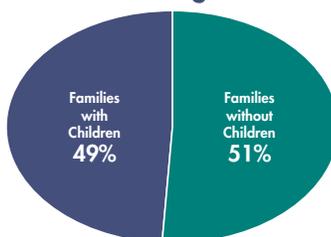
Kent County



Sussex County



Wilmington



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



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

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

In 2011 there were 919,962 people in 333,192 households in Delaware. The average household size was 2.65; the average family size was 3.17. Families made up 68% of the households in Delaware. Most of the nonfamily households were people living alone (32% of all Delaware households).



Interpreting the Data



The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2012 uses the most current, and reliable data available. Data that is inadequate or unavailable is denoted by N/A.

Most indicators are presented as three or five year averages. The data is represented this way because it allows for a thorough look at trends, occurring over time, rather than dramatic point estimates or percentages that can vary drastically from year to year.

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

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

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

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

Numbers, Rates, and Percentages

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

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

A Caution About Drawing Conclusions

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

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

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



**PLACE
MATTERS**





Strong, capable, resourceful families are at the foundation of improving outcomes for children. There is no substitute for families- no institution, program or policy that can successfully rear kids in the absence of strong families. The importance of parents who have the resources, knowledge, time and maturity to dedicate to their children is connected to outcomes of well-being for that child. What is perhaps less well understood is that the capacity of families and the well-being of children are also directly linked to the well-being of the communities in which they reside. It is with this in mind that KIDS COUNT in Delaware will reflect on the importance of place and its role in determining outcomes of child well-being.

Young people who grow up in environments where risk factors are concentrated or where there are inequalities in the opportunities available are far more likely to experience negative outcomes that are both tragic for themselves and potentially devastating to society as a whole. When whole communities of children are at risk of poor economic, educational, social and health outcomes, individual and family centered approaches often prove insufficient. In circumstances like these, specialized service approaches must be augmented by social and economic initiatives that target the whole community. This agenda is neither new nor radical. It's about a renewed commitment to allow today's increasingly challenged families the opportunities to succeed.

Health

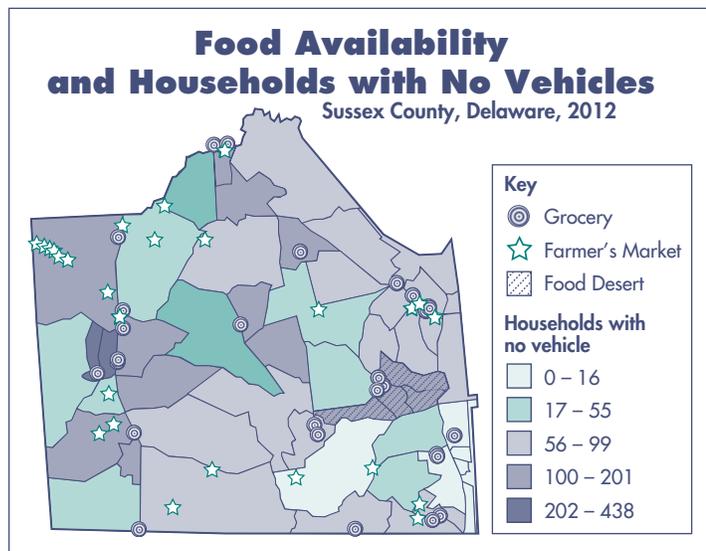
The health of a child in Delaware is influenced by more than how often that child visits the doctor, biology or healthy habits like diet and physical activity. Social determinants of health, such as neighborhood settings, or the earnings of a parent, also play a large role in a child's health. The physical and social environments in which a child lives play an important role in that child's well-being. Neighborhoods, schools, wages and benefits available locally to caregivers and access to resources are all significant.

There is a significant amount of research which has focused on the link between health outcomes and social risk factors. Results indicate that the more risk factors present in a community, the more likely the health of a child living in that community will be affected. In other words, one's zip code has a tremendous influence on one's health status.

It is theorized that the stress of living in a community which suffers from a multitude of risk factors such as unemployment, air pollution, violence or under-resourced schools affects brain chemistry, which results in negative health outcomes over the short and long term.

The choices we make depend on the choices we have. Opportunity to attend quality schools, access to healthy food options and a safe place to play in one's own neighborhood will impact the health habits a child develops. A community that has more fast-food restaurants than grocery stores will result in more people "choosing" food that is unhealthy which can lead to poor health outcomes.

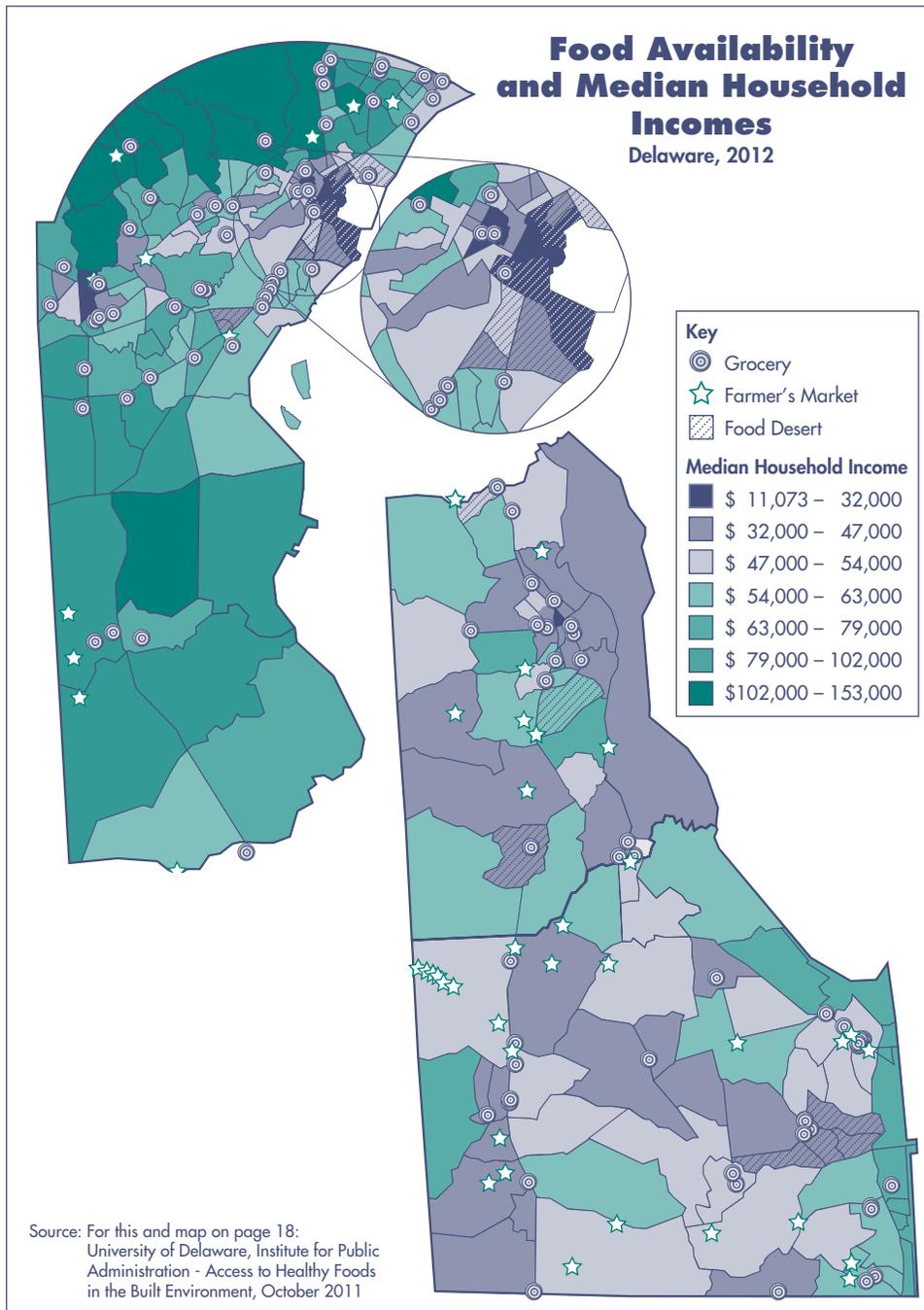
Because a child's developing brain and body is more susceptible to toxins in the environment than an adult's, the physical or "built" environment of a community is of critical importance. Economic, social and political forces often determine the conditions of the physical environments where we



live, work and play. The economic and social conditions of a given community can play a large role in the creation of racial and ethnic health disparities.

There are a number of health disparities among racial and ethnic groups which may be intensified by physical environment. Neighborhoods with high concentrations of poverty are those in which the built environment is substandard. These neighborhoods are composed disproportionately of minority residents. Research has shown that African-American families at middle- and upper-income levels are more likely to live in a neighborhood with high concentration of poverty than white families who earn below the federal poverty level.

Our health as adults is in part determined by where we lived as children, therefore the impacts of social determinants of health remain even if one leaves the community where raised. Place also has an important impact on education, another influencer of health. Those with more education tend to have better health outcomes.

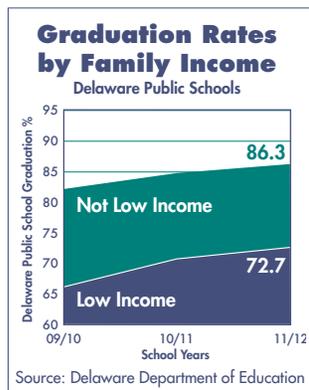
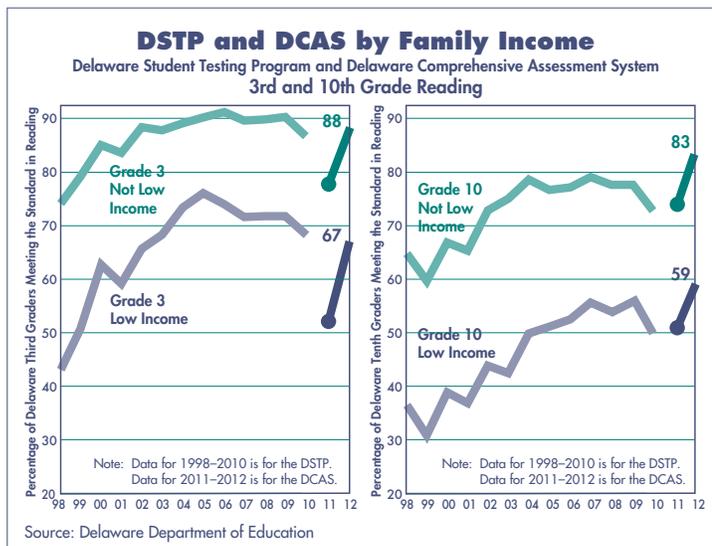




Education

For generations, education has been the vehicle for advancing the social and economic status of children and families, compensating for poverty and distressed environments. For millions of kids education paves the way to opportunities unavailable to their parents. Traditionally, good schools in America's neighborhoods fueled family dreams and fortified children's futures.

Today, the importance of education is greater than ever. Because of changes in our economy and the demands of the workplace, literacy, computational, computer-literacy and problem-solving skills are even more powerful predictors of a child's future success. Sadly, the potential of education to offset the disadvantages of growing up in a poor neighborhood is often not realized. Instead, the likelihood of getting a decent education is decreasing in the very communities where it is needed most.



In 2011/12, the graduation rate for kids in low-income families was 72.7%, compared to 86.3% for kids in more affluent families. Moreover, schools with high proportions of poor kids score lower on standardized achievement tests. Few would dispute that such dismal results are connected, at least in part, to the challenges poor children bring to school each day. Children in low-income families, for example, are raised in homes with fewer books and are read to less than their more affluent counterparts. The poor nutrition associated with poverty also affects school performance and leads to more frequent illness and school absence. In addition, many children living in neighborhoods of concentrated-poverty deal daily with the distractions of drugs and violence that often afflict our most distressed communities.

Communities with more resources typically have schools that also have more resources. One report by the U.S. General Accounting Office indicated that more affluent districts spend about 24 percent more per student than poor districts. One consequence of this funding disparity is that schools in poor neighborhoods are more likely to have inadequate heating, plumbing, lighting, safety and space. In other words, the child's built environment at school is diminished. Students attending such schools are also apt to have fewer and older textbooks, insufficient instructional supplies and less access to advanced technology. Additionally, students in high-poverty neighborhoods tend to have the least experienced and least prepared teachers.

Education is a key factor for putting a child on the path to success. However, educational outcomes affect not just the individual, but the community and the nation. Even prior to the start of the Great Recession, research concluded that child poverty cost the U.S. about \$500 billion per year, or approximately 4% of GDP. This research, conducted by the Center for American Progress, calculated poverty's annual aggregate cost based on calculations of forgone earning as well as crime and health expenditures that would be negated if not for poverty. It is in all of our best interests to ensure children the opportunity to have quality, fully-resourced schools in their communities, regardless of the socio-economic status of the particular neighborhood.

Family

All families need an opportunity to build a solid financial foundation that enables them to meet their everyday needs and plan for the future. At a minimum, this means providing parents with opportunities to secure jobs that offer an adequate, predictable income and appropriate benefits- jobs that help families build assets that can cushion them in tough times and encourage aspirations for the future. Indeed, it is recognized that when parents work and save, their personal development is affected, as well as the development of their kids and the quality of neighborhood life.

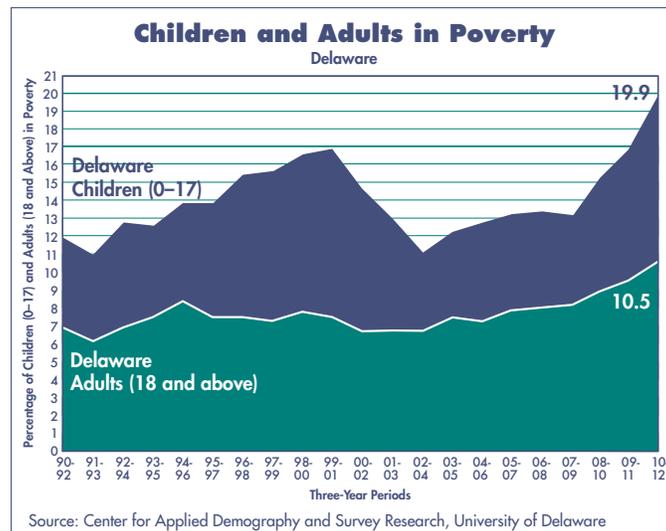
Similar to both health and education, our economic status is often influenced by the neighborhood we live in. A thriving community can offer job opportunities that pay livable wages; these businesses also provide local goods and services to residents. A community that is doing well economically positively contributes to the health and wellness of its residents. Conversely, chronic unemployment has long been recognized as an all-too-common reality for families in our high poverty neighborhoods. When residents in poor communities do find jobs, those jobs are less likely to provide family-supporting wages. Yet many residents in neighborhoods with the worst child outcomes aren't simply poor and unemployed. They are removed and disconnected from the core opportunities, resources and institutions that would enable them to combat poverty more successfully.

Some families in poor neighborhoods are disconnected by sheer distance from where the jobs are. Studies of job growth trends show that employment opportunities in inner cities are diminishing while suburban job growth has increased substantially. Exacerbating this geographic mismatch is the relative lack of access that poor families have to reliable transportation. Transportation obstacles, such as lack of car ownership and inadequate public transportation can also affect the ability of poor families to save money by shopping at retail outlets that offer lower priced goods.

As our communities have evolved culturally, socially, and economically, there have been other changes that have resulted in a direct impact on families' earning potential. Working class jobs that were once sufficient to secure the American Dream are no longer what they used to be. The costs of health care, child care, housing, and education continue to rise while wages have been stagnant. The inequality of wealth and income growth

for Americans is larger than any other advanced nation and is in fact the greatest in our nation's history. American families struggle to provide more with less and there is typically always one need that has to be sacrificed to meet another. The American Dream of owning a home and comfortably raising a family is more and more often only available to those who have been born into a neighborhood where there are the opportunities and resources to put a child on the path to success.

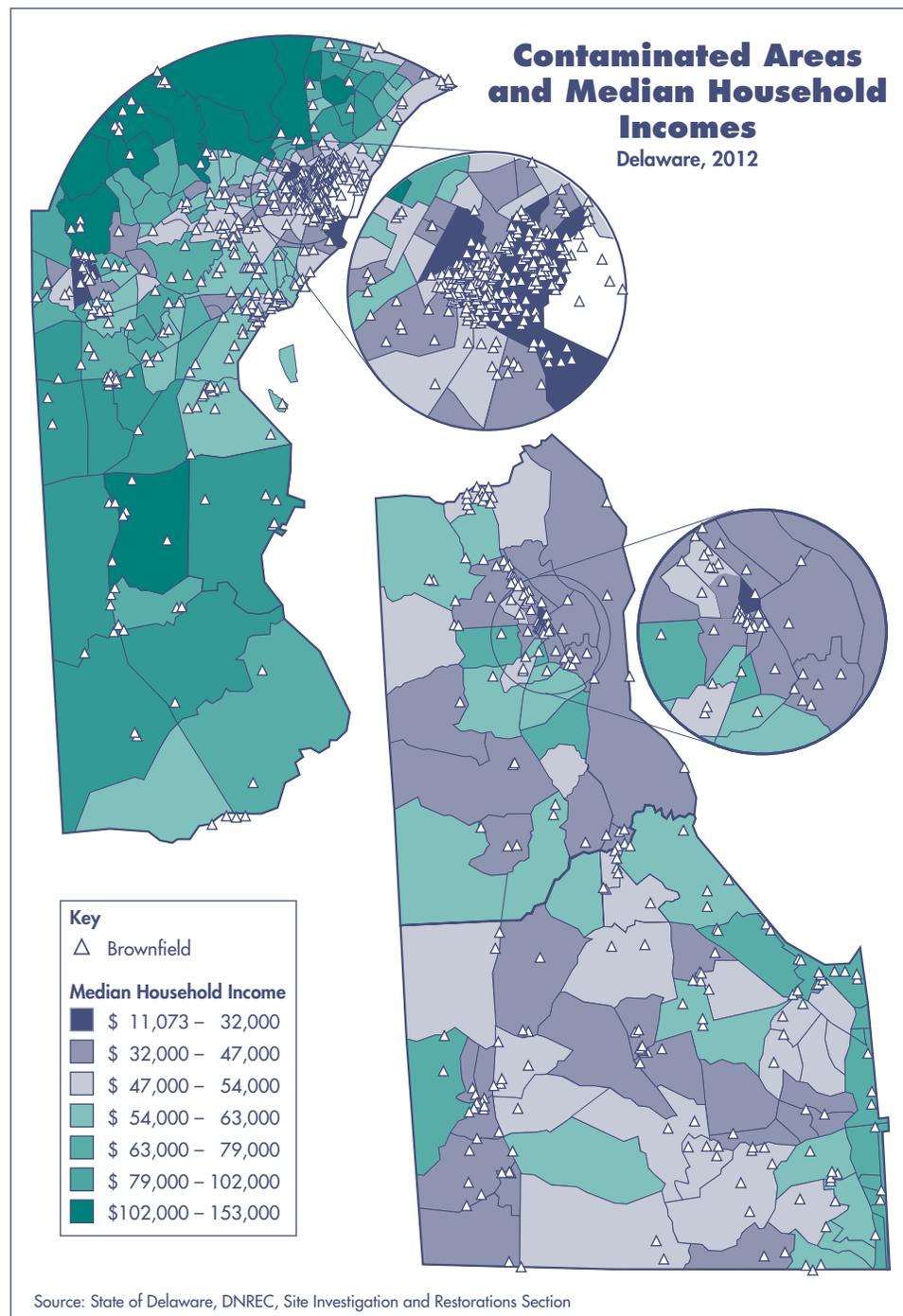
While economic opportunity is unmistakably essential to family success, the ability of a family to succeed also depends heavily on the positive supportive relationships parents form. Through these relationships, families feel connected to networks of people they trust and with whom they feel comfortable; people who share their values, concerns and priorities; people they can turn to for support, particularly regarding issues and activities related to their kids. Sometimes these networks are built through extended family and informal contacts- the neighbor down the hall or the barbershop up the street. Other times, they are built through associations with more formal and organized groups and activities such as union, PTAs, cultural organizations, block associations and





churches. Through these networks, families feel connected to a larger community that cares about what happens to them and their kids, a community that simultaneously makes families stronger and is made stronger because of their participation.

Historically, these formal and informal support systems have been one of the strengths of poor communities. But in some places, these networks of core relationships are fraying as a result of social and demographic trends that intensify isolation. Among the most important trends are those that affect family formation, such as the absence of fathers. Other trends that are unraveling these networks of relationships include an increased struggle for churches and faith-based groups to maintain the central role that, historically, they have played in low-income neighborhoods, concerns about crime and safety, lack of access to organized recreational and cultural activities and high rates of mobility.



The map illustrates known and suspected contaminated sites in Delaware. It includes a list of sites that have had some level of investigation by the State's environmental agency. As such, it includes sites that have a potential to be contaminated, sites that have been sampled and confirmed to be contaminated, and sites that have been remediated. Contaminated sites are often used synonymously with "brownfields". While these sites often represent underutilized properties suspected to have contamination, this can differ from a formal "Brownfield Site", which is a legal status applied to certain sites to provide liability protections and potential funding for contaminant remediation efforts/site redevelopment.

Community

“It takes a village to raise a child.” A child is not only the product of the family in which they are raised, but also the community in which they reside. Although the strengths and resources that reside in even the most disadvantaged communities are often underestimated, the combined effects of disinvestment and decline have unmistakable consequences for children who grow up amidst these conditions. Deprived of their share of opportunities and discouraged by the absence of positive success models among their elders, the children of distressed communities too often grow up without the experiences to imagine, conceive or aspire to a constructive and secure future. Instead, many of these kids are drawn into counterproductive, short-term choices about staying in school, becoming a parent, abusing drugs and engaging in illegal activities.

A community with high rates of crime is impacted by not only the crimes taking place but also larger impacts such as the types of businesses available to residents. Mainstream businesses, as well as their customers, are less likely to locate in a high crime area. However exploiters are often quick to fill the void. For example, low-income neighborhoods are flooded with “rent-to-own” outlets and “payday lenders” that have prospered in the marketplace by targeting families at the bottom third of the economic ladder.

Housing can also carry very high comparative costs for poor families, particularly for those who must rent. A national study found that there is no housing market [in the country] where a family earning today’s full-time minimum wage can afford a modest two-bedroom rental without far exceeding the accepted standard of paying 30% of one’s income toward housing. Adding to this burden is a high (and growing) cost of utilities that makes it difficult for low-wage workers to stretch their incomes to meet family needs.



Did you know? Delaware’s General Assembly passed a bill (HB 289 w/HA 1, HA 2) which limits the number of short term consumer loans (sometimes called payday loans) that any one borrower may obtain in a twelve month period.

Did you know? Delaware defines brownfields as “any vacant, abandoned or underutilized real property the development or redevelopment of which is hindered by the reasonably held belief that the real property may be environmentally contaminated.” 7 Del. C. §9102(3).

PUT DATA INTO ACTION In 2004, the Brownfields Development Program was signed into law. Delaware’s Brownfield Development Program encourages the cleanup and redevelopment of vacant, abandoned or underutilized properties which may be contaminated.

Conclusion

We hope that this information is helpful for promoting greater understanding of these issues. Yet we need to recognize that achieving positive results for our children and youth requires that we take specific actions.

To begin to close the opportunity gap we need to rebuild our communities. Both risk factors and protective factors are complex in the way they affect outcomes. There are a number of protective factors that can help communities offer residents a higher quality of life. For example, open green space such as community parks that are safe and well-maintained offer residents a place to engage in physical activity or to hold community events. Education can also serve as a protective factor for children, youth, and adults. Education can be an empowering tool to assist families in securing a better quality of life. Other protective factors include access to healthy foods, clean air quality, and reliable public transportation that can get residents to work and school. A community that has a stable economic environment can offer employment, goods and services, and safety to community residents.

continued next page



While communities are unique, the one constant is that we all want our children to become healthy and successful adults. The outcomes for our children should not be based on where they live. All of our communities need the support and infrastructure to ensure that residents can live healthy and successful lives.

While building our communities, KIDS COUNT in Delaware recommends:

- Promote community change efforts that integrate physical revitalization with human capital development — a comprehensive approach which involves residents and leaders in policy change efforts.
- Leverage “anchor institutions” to build strong, supportive communities for children and families and foster collaborations.
- Promote proven and promising practices in the areas of work supports, asset building and employment.
- Invest for the long-term.

For More Information

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 202-456-1111

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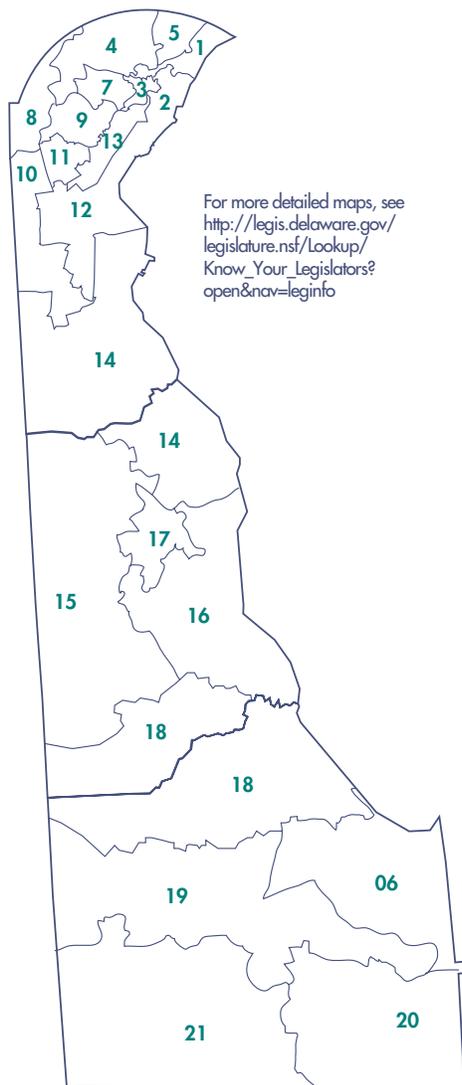
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Contacting Your Delaware State Senator



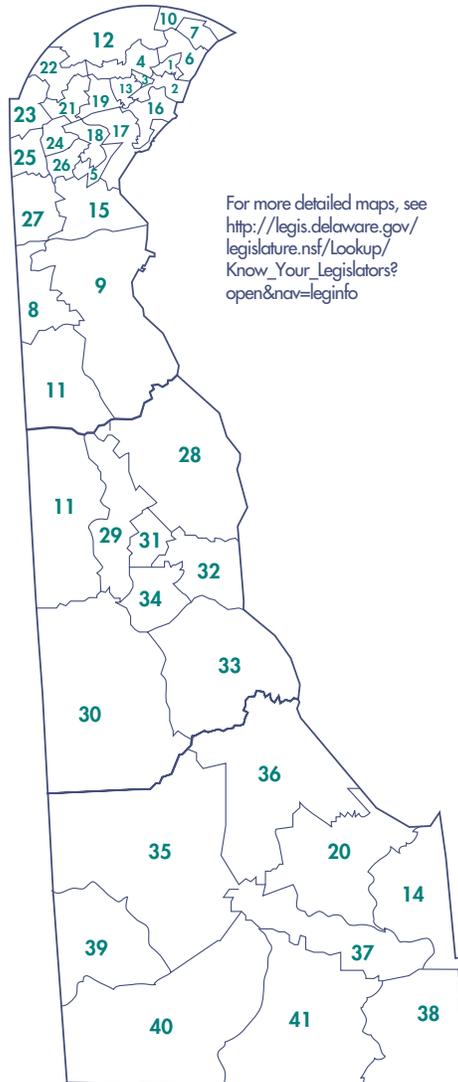
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| 20 | Gerald Hocker | Gerald.Hocker@state.de.us
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(302) 744-4298 |

Contacting Elected Officials



Contacting Your Delaware State Representative

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3	Helene Keeley	Helene.Keeley@state.de.us	(302) 577-8476	744-4351	15	Valerie Longhurst	Valerie.Longhurst@state.de.us	(302) 577-8475	744-4351
4	Gerald Brady	Gerald.Brady@state.de.us	(302) 577-8476	744-4351	16	James Johnson	JJ.Johnson@state.de.us	(302) 577-8476	744-4351
5	Melanie George Smith	Melanie.G.Smith@state.de.us	(302) 577-8476	744-4126	17	Michael Mulrooney	Michael.Mulrooney@state.de.us	(302) 577-8476	744-4351
6	Debra Heffernan	Debra.Heffernan@state.de.us	(302) 577-8476	744-4351	18	Michael Barbieri	Michael.Barbieri@state.de.us	(302) 577-8187	744-4192
7	Bryon Short	Bryon.Short@state.de.us	(302) 577-8480	744-4297	19	Kimberly Williams	Kimberly.Williams@state.de.us	(302) 577-8476	744-4351
8	S. Quinton Johnson	Quinton.Johnson@state.de.us	(302) 577-8476	744-4351	20	Stephen Smyk	Steve.Smyk@state.de.us	(302) 577-8723	744-4321
9	Rebecca Walker	Rebecca.Walker@state.de.us	(302) 577-8476	744-4351	21	Michael Ramone	Michael.Ramone@state.de.us	(302) 577-8723	
10	Dennis Williams	Dennis.E.Williams@state.de.us	(302) 577-8476	744-4351	22	Joseph Miro	Joseph.Miro@state.de.us	(302) 577-8723	744-4171
11	Jeffrey Spiegelman	(302) 577-8723	744-4171	23	Paul Baumbach	Paul.Baumbach@state.de.us	(302) 577-8342	744-4351	
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				25	John Kowalko Jr.	John.Kowalko@state.de.us	(302) 577-8342	744-4351	
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				28	William Carson Jr.	William.Carson@state.de.us	(302) 744-4113		
				29	W. Charles Paradee	Trey.Paradee@state.de.us	(302) 744-4033		
				30	Wm "Bobby" Outten	Bobby.Outten@state.de.us	(302) 744-4083		
				31	Darryl Scott	Darryl.Scott@state.de.us	(302) 744-4351		
				32	Andria Bennett	Andria.Bennett@state.de.us	(302) 744-4351		
				33	H. Jack Peterman	Jack.Peterman@state.de.us	(302) 744-4171		
				34	Donald Blakey	Donald.Blakey@state.de.us	(302) 744-4171		
				35	David Wilson	David.L.Wilson@state.de.us	(302) 422-9270	744-4150	
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				37	Ruth Briggs King	Ruth.BriggsKing@state.de.us	(302) 744-4251		
				38	Ronald Gray	Ronald.Gray@state.de.us	(302) 744-4171		
				39	Daniel Short	Daniel.Short@state.de.us	(302) 744-4171		
				40	Timothy Dukes	Timothy.Dukes@state.de.us	(302) 744-4171		
				41	John Atkins	John.Atkins@state.de.us	(302) 934-1587	744-4351	



**HEALTH
& HEALTH BEHAVIORS**

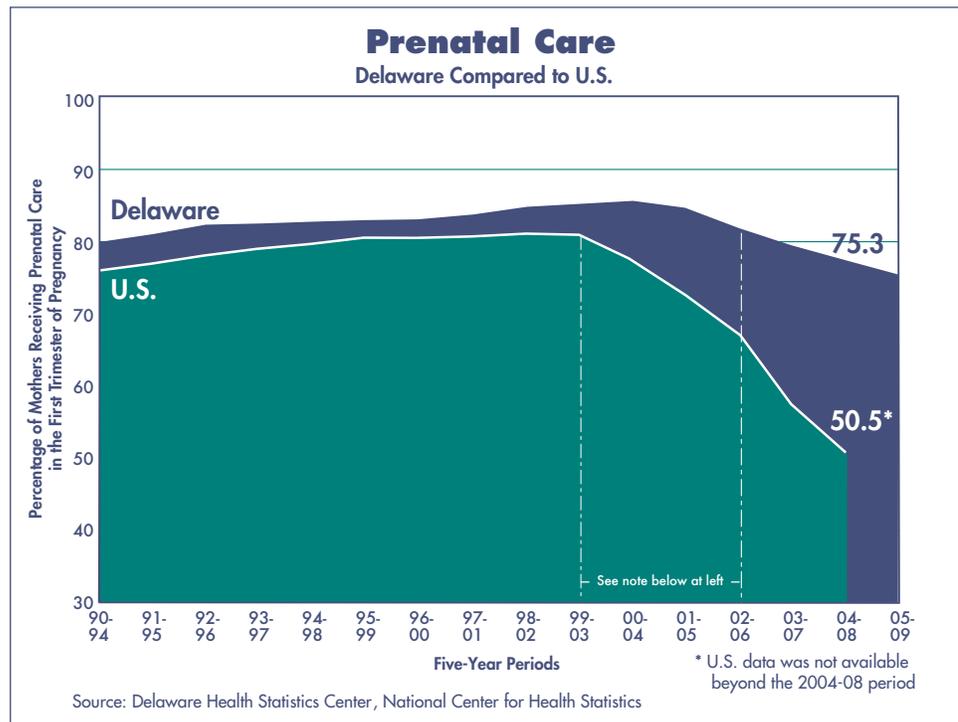


Prenatal Care



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

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



Note on graph: A 2003 revision of the U.S. birth certificate introduced substantive changes to information on the timing of prenatal care. Each state has been revising their certificate according to their own schedule; Delaware began collecting data using the revised birth certificate with the 2006 data year. According to the National Center for Health Statistics, prenatal care data based on the revised certificate show a markedly less favorable picture of prenatal care utilization in the U.S. than data from the unrevised certificate. Most of the difference can be attributed to changes in reporting and not to changes in prenatal care utilization.

Did you know? Mothers who seek prenatal care regularly allow doctors to spot health problems early on. Babies of mothers that receive prenatal care are three times less likely to have a low birth weight and five times less likely to die.

Source: U.S. Department of Health and Human Services Office of Women's Health (March 6, 2009) <http://womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.cfm>

Did you know? In 2009, 74.7% of live births in Delaware were born to women who received adequate prenatal care.

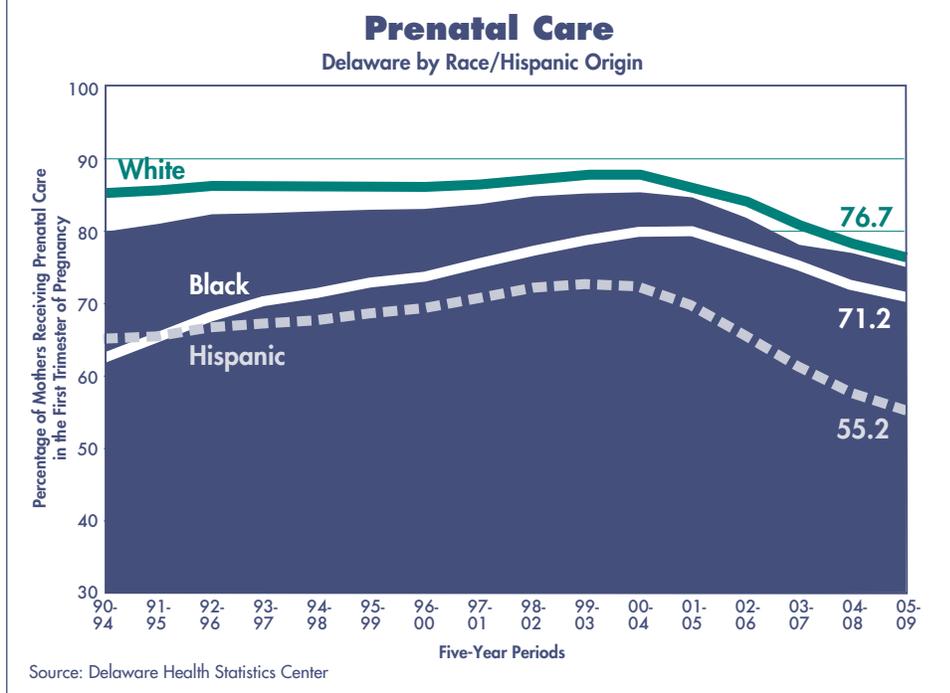
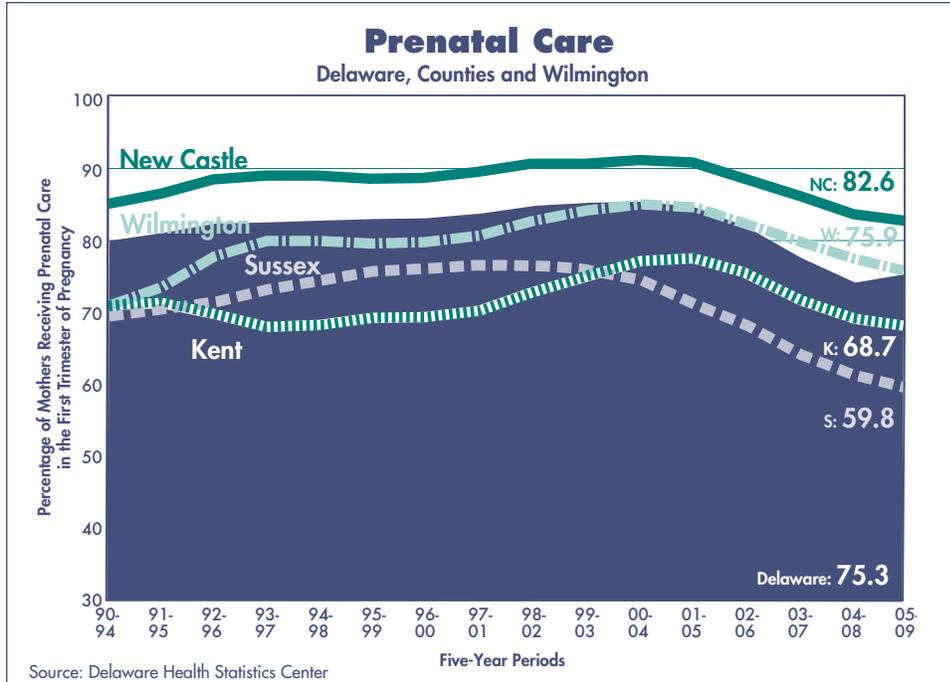
Source: National Center for Health Statistics. March of Dimes Peristats "Quick Facts: Prenatal Care", <http://www.marchofdimes.com/peristats/View-Topic.aspx?reg=10&top=5&lev=0&slev=4&dv=mt>

PUT DATA INTO ACTION

Women can protect themselves and their babies from iron deficiency anemia by taking supplements prior to pregnancy as well as during pregnancy. This is particularly important because, according to a study from the University of Rochester funded by the National Institute of Health, one in five women of childbearing age has iron deficiency anemia. By taking iron supplements, women can lower the risk of babies developing slowly and reduce brain abnormalities such as slow language learning.

Source: Margot Mayer-Proschel (March 22, 2011). "Pre-Conception and Early Pregnancy Iron Deficiency Harms Brain" - <http://www.urmc.rochester.edu/news/story/index.cfm?id=3150>





Did you know? The CDC 2010 Sexually Transmitted Diseases Treatment Guidelines recommend that all pregnant women be screened on their first prenatal visit for STDs. Pregnant women with an STD can pass it on to the baby before, during or after the birth. Appropriate precautions such as antibiotic, antiviral or a C-section delivery can protect against low birth weight, conjunctivitis, pneumonia, neonatal sepsis, neurological damage, blindness, deafness, acute hepatitis, meningitis, chronic liver disease, and cirrhosis.

Source: Centers of Disease Control and Prevention, STDs and Pregnancy- CDC Fact Sheet. <http://www.cdc.gov/std/pregnancy/STDFact-Pregnancy.htm>

PUT DATA INTO ACTION Having a healthy baby starts well before pregnancy. Recommendations:

- Get the flu shot
- Keep regular dental check-ups
- Maintain a healthy weight by regular exercise and helpful eating
- Attend a preconception check-up

Source: March of Dimes- "Get Ready for Pregnancy" (September 2012) http://www.marchofdimes.com/pregnancy/getready_indepth.html

PUT DATA INTO ACTION Pregnant women and mothers with children aged up to 1 year can sign up for free text messages on over 250 topics for mothers through text4baby by texting BABY/BEBE to 511411. An example of the 3-per-week text messages: "Have you visited a Dr. or midwife (CNM/CM)? If not, make an appointment now. Call your health plan. Or 800-311-2229 to connect to low-cost care."

Source: Johnson and Johnson text4baby, <http://text4baby.org/index.php/about/faq/8-about-us/87>

For more information see

Low Birth Weight Babies.....	28
Infant Mortality	30
www.modimes.org/	
www.kidshealth.org	
www.aafp.org/	
www.cdc.gov/ncbddd/	

Low Birth Weight Births



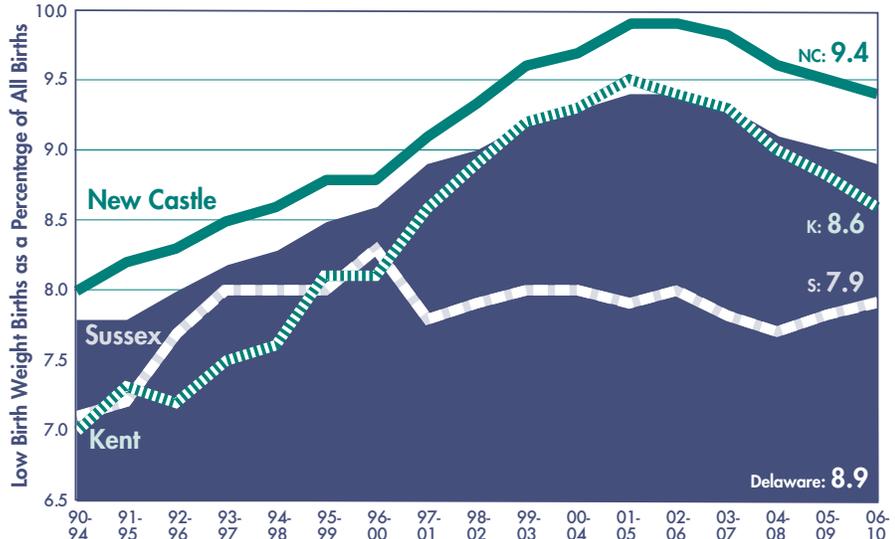
An infant's weight at birth is a good indicator of the mother's health and nutritional status as well as the newborn's chances for survival, growth, long-term health and psychosocial development. Many causes of infant low birth weight can be linked to the mother's behavior or health during the pregnancy. Factors linked with low birth weight include: tobacco, alcohol or drug use, poor nutrition, excessive stress and anxiety, inadequate prenatal care, chronic maternal illness, premature labor, low weight of mother, genetic disorders, or short interval between pregnancies. Low birth weight carries a range of health risks for children. Babies who are very low in birth weight have a 25% chance of dying before age one. These babies also have an increased risk of long-term disability and impaired development and are more likely than heavier infants to experience delayed motor and social development.

Low Birth Weight Births

Delaware Compared to U.S.



Delaware and Counties

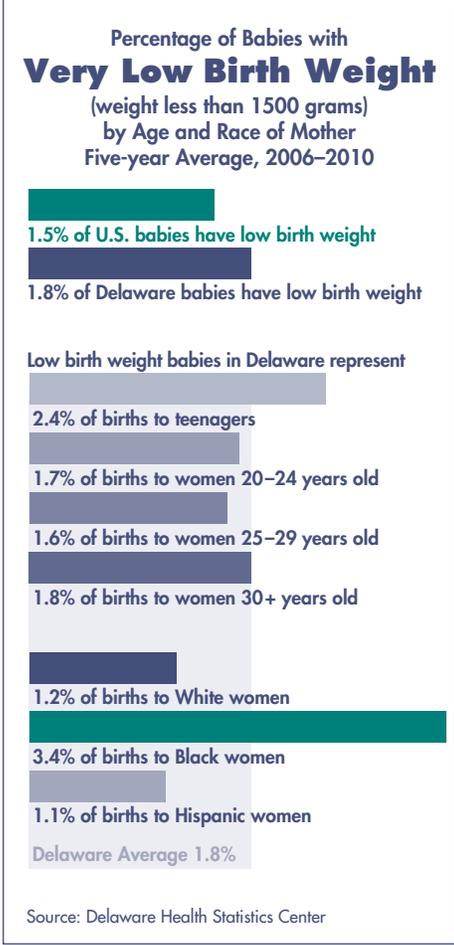
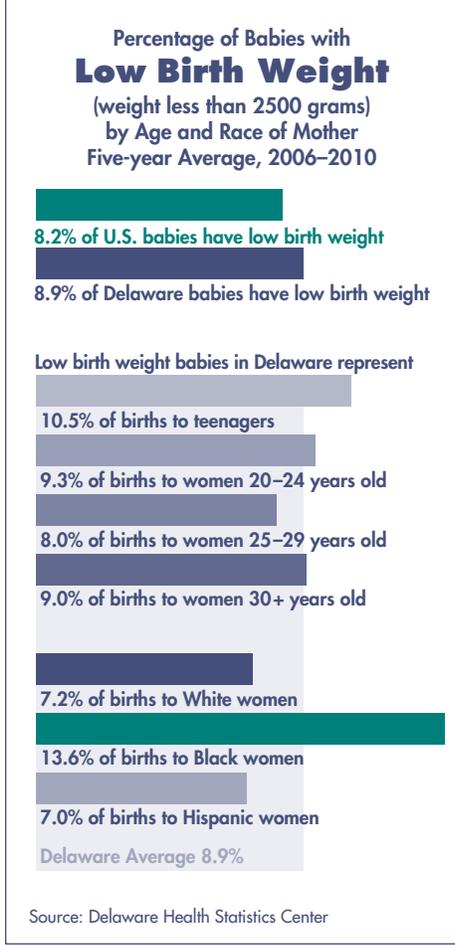
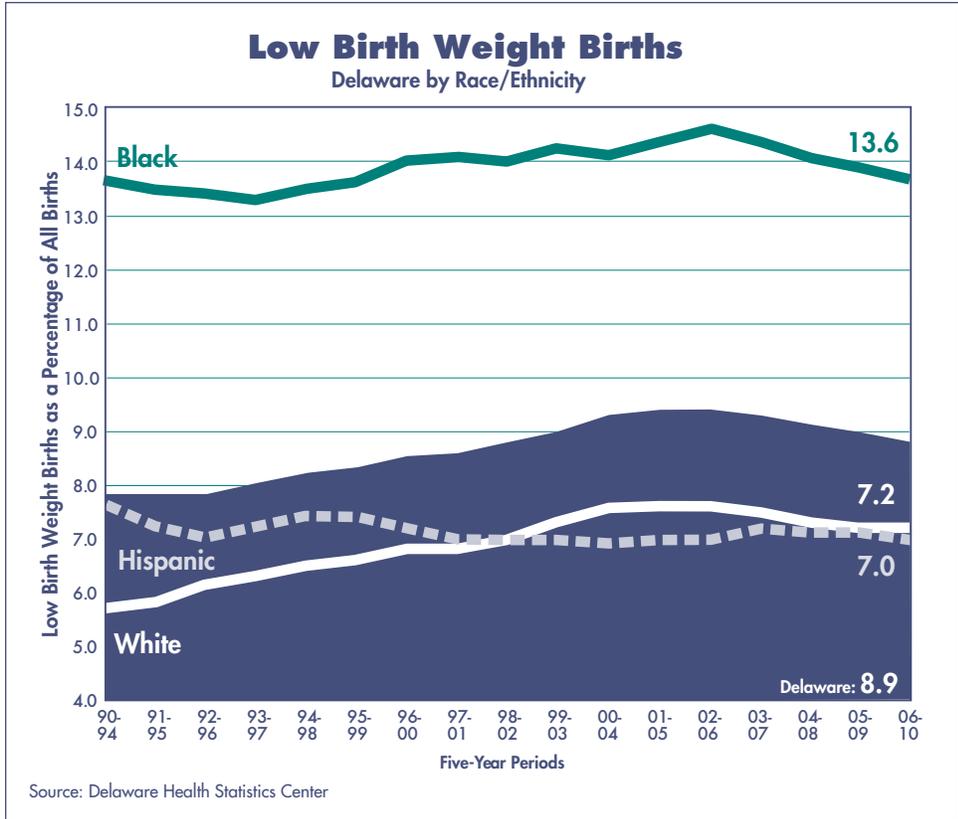


Source: Delaware Health Statistics Center

Infancy – the period from birth to one year
Neonatal – the period from birth to 28 days
Low Birth Weight Babies – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)
Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)
Pre-term – babies born before the 37th week of pregnancy. (60% of low birth weight babies are pre-term.)
Full Term – babies born between the 37th and 42nd week of pregnancy.

Did you know? Currently about 13% of pregnant women in the U.S. smoke, if all pregnant women quit smoking infant deaths would be reduced by 10% nationwide. By quitting smoking at any point in the pregnancy, mothers can greatly reduce the risk of a low birth weight baby. If she quits during the first trimester, the risk of having a low birth weight baby is reduced almost to that of a non-smoker.

Source: Discovery Fit and Health: <http://health.discovery.com/tv/duggars/preemie/top-10-causes-of-low-birth-weight-babies-04.html>

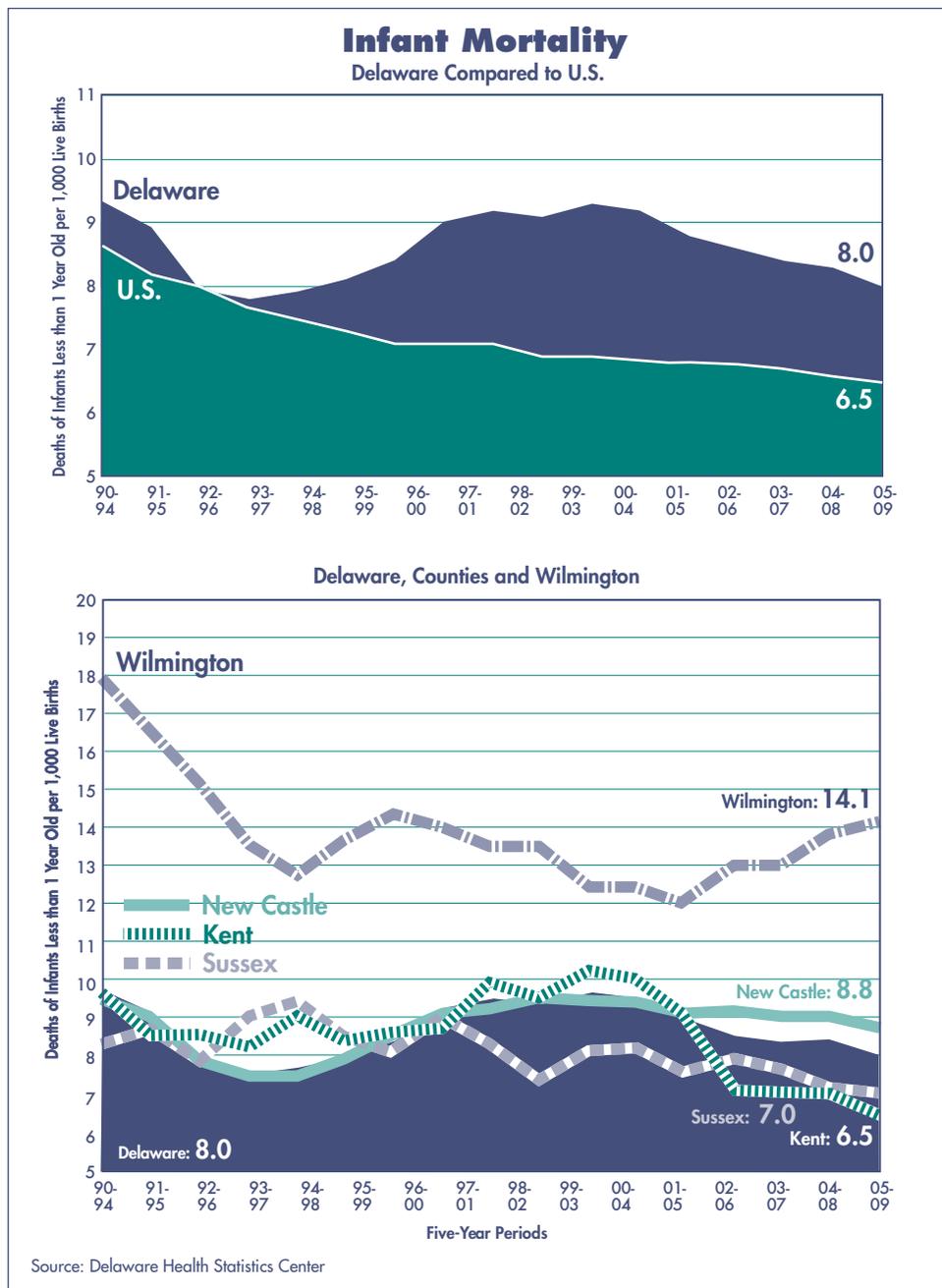


For more information see
 Prenatal Care 26
 Infant Mortality 30
www.modimes.org
www.kidshealth.org

Infant Mortality

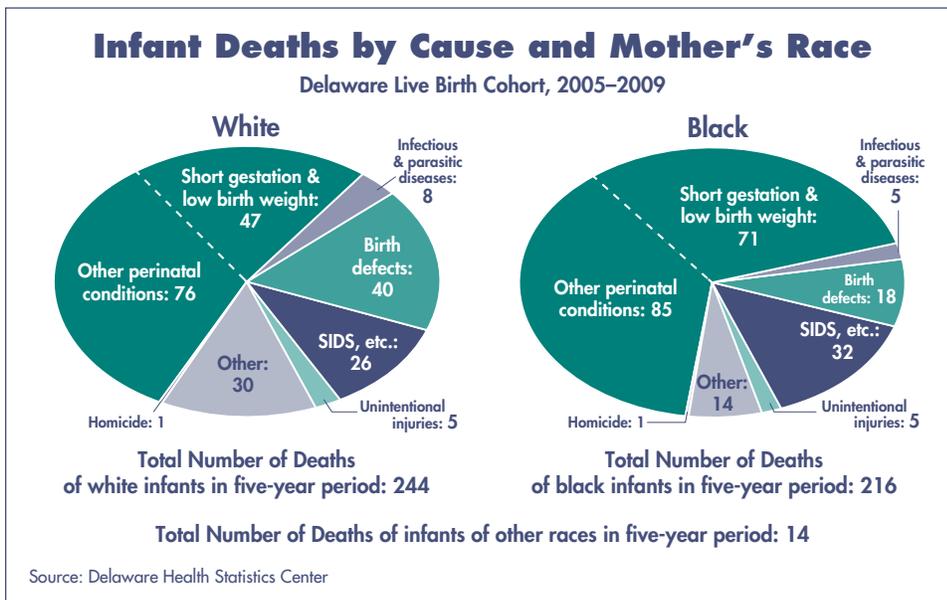
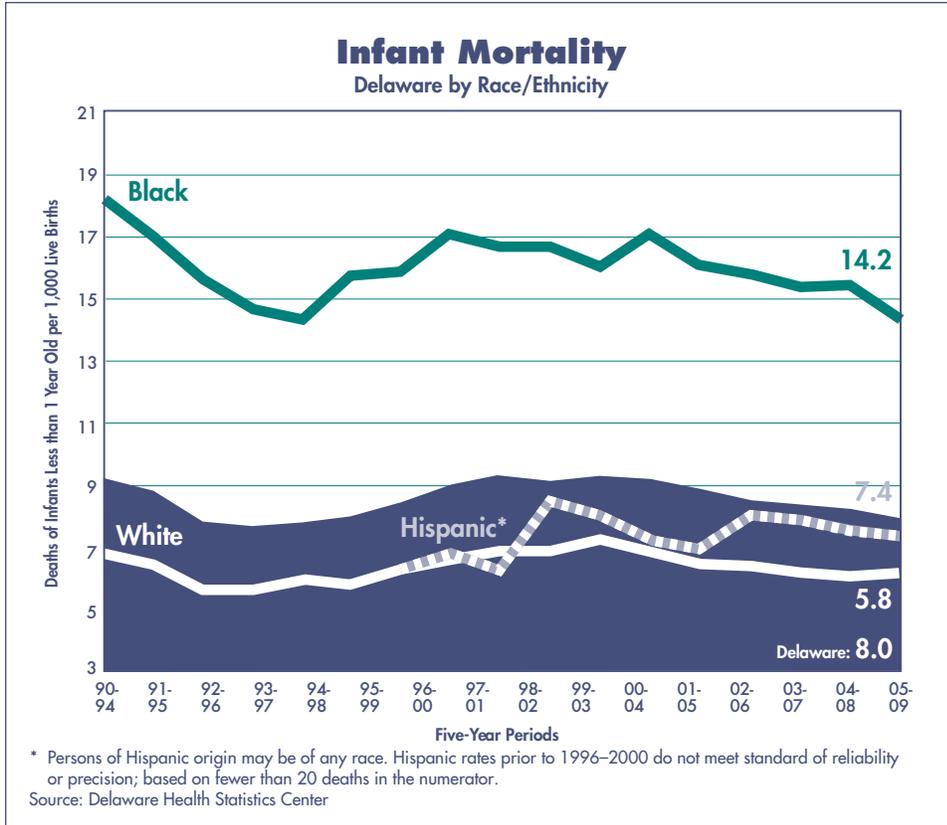


The infant mortality rate is an important indicator of the well-being of infants, children and pregnant women. Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women. The primary causes of infant mortality are birth defects, disorders related to short gestation / low birth weight, Sudden Infant Death Syndrome (SIDS), and issues related to pregnancy and birth, including substance abuse. Since mothers and infants are among the most vulnerable members of society, infant mortality is a measure of a society's concern and investment in supporting community health. In addition, disparities in infant mortality by race/ethnicity and socioeconomic status are an important measure of the inequalities that exists within society. In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. Proper prenatal and well-baby preventive care offer opportunities to identify and lower some risk factors for infant mortality.



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





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

Live Birth Cohort – a matched file of live births and corresponding infant deaths based on the year of birth (For example, an infant who was born in November 2007 and died in September 2008 would be counted in the 2006 rate.)

Gestation – the period of time a baby is carried in the uterus, usually referred to in weeks. A full-term gestation is between 37 and 42 weeks.

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

Neonatal Period – under 28 days

Other perinatal conditions – other perinatal conditions include maternal complications and risk factors that affect the infant, as well as complications of birth/delivery, and fetal infections

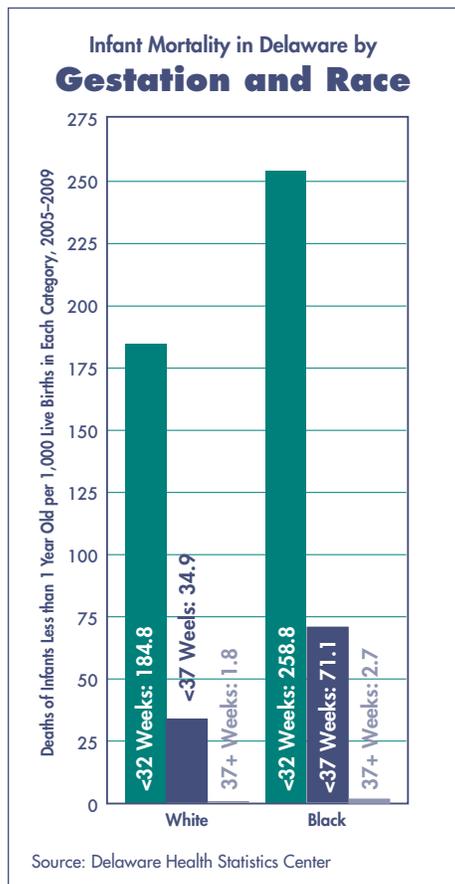
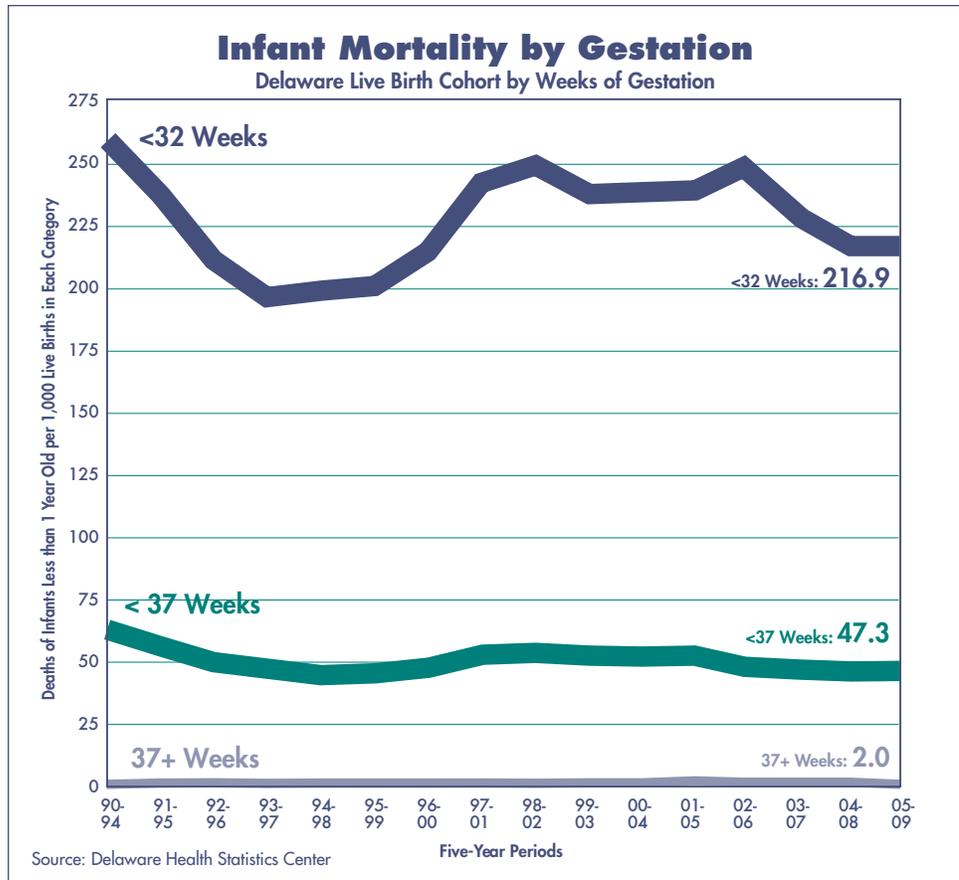
Did you know? The infant mortality rate has continually decreased in the United States over the past few years. Currently the United States reached its lowest infant mortality rate at 6.05 deaths per 1,000 live births.

Source: Centers for Disease Control and Prevention, (October 10, 2012) National Vital Statistics Report Volume 61, Number 6, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf

Did you know? The leading causes of infant mortality include: birth defects, premature birth, low birth weight, Sudden Infant Death syndrome, Respiratory Distress syndrome, and maternal complications of pregnancy.

Source: Source: March of Dimes. Peristats. <http://www.marchofdimes.com/peristats/calculations.aspx?reg=&top=&id=15>

Infant Mortality



Did you know? Babies born at or close to term are more likely to be healthy than their pre-term counterparts. The babies born too soon are more likely to die in their first year.

Source: Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, "Quickstats: Infant Mortality Rate Per 1,000 Live Births, * Gestational Age- United States"

PUT DATA INTO ACTION Lower Birth Weight leads to a higher rate in infant mortality:

- Very low birth weight- infants born at 3.3 pounds or less.
- Low birth weight- infants born between 3.3 pounds and 5.5 pounds.
- Regular birth weight- infants born over 5.5 pounds.

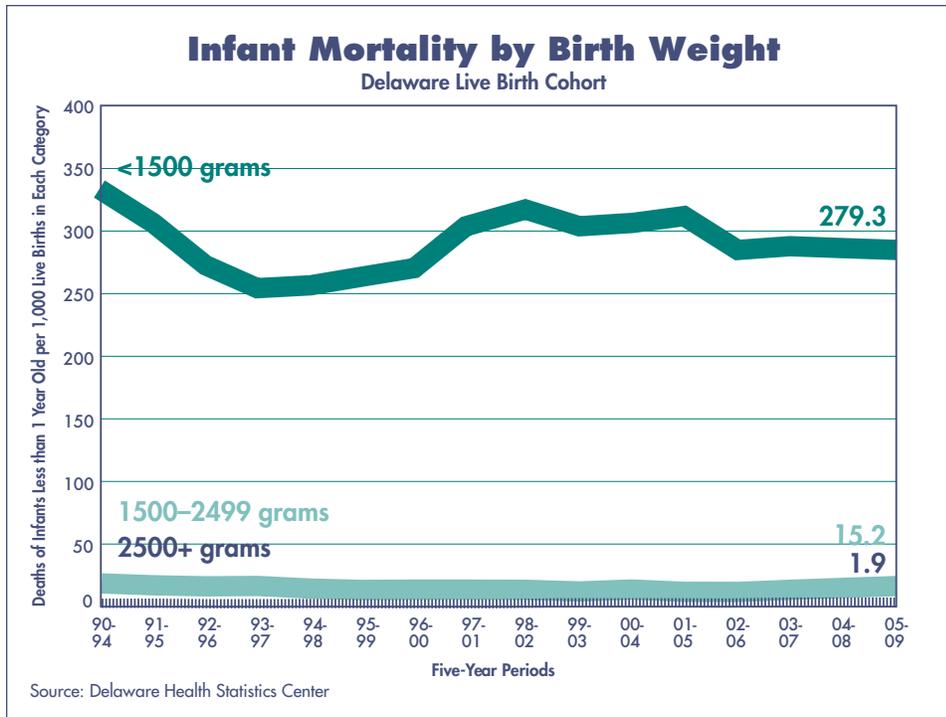
Delaware's Infant Mortality Rates out of 1,000 live births

- Very Low Birth Weight 282.2 deaths
- Low Birth Weight 13.8 deaths
- Regular Birth Weight 1.9 deaths

Source: Delaware Health and Social Services (October 2012) Maternal and Child Health Brief #3: Infant Mortality, Low Birth Weight and Preterm Birth. <http://dhss.delaware.gov/dhss/dph/chca/files/brief3.pdf>

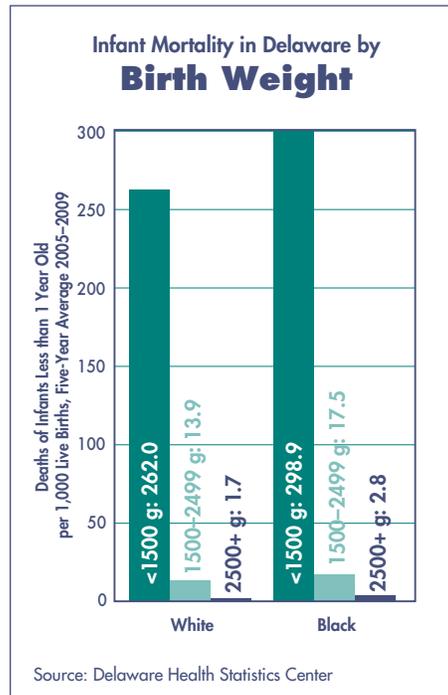
Weeks of Gestation – the number of weeks elapsed between the first day of the last normal menstrual period and the date of birth





Did you know? Recent studies have shown that poverty, education, access to prenatal care, smoking, and low birth weight do not alone explain the gap in infant mortality. Nationally, African American babies are more than twice as likely as white babies to die before the age of 1. African American infant mortality is 13.3 deaths per 1,000 live births. This is more than double the national average of 6.05 deaths per 1,000 live births, ranking the United States 49th in the world. At 13.3 deaths per 1,000 live births, African American infant mortality would hypothetically rank 96th in the world. Delaware's disparities mirror the national disparities.

- 1 Timothy Williams (October 14, 2011) The New York Times: "Tacking Infant Mortality Rates Among Blacks" http://www.nytimes.com/2011/10/15/us/efforts-to-combat-high-infant-mortality-rate-among-blacks.html?pagewanted=1&_r=0&ref=infantmortality
- 2 Central Intelligence Agency (2012) "The World Fact Book, Country Comparison: Infant Mortality" <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>
- 3 Centers for Disease Control and Prevention. Marian E. MacDorman, T.J. Mathews (September 2011) NCHS Data Brief Number 74. <http://www.cdc.gov/nchs/data/databriefs/db74.htm#summary>



Did you know? In Delaware, the Fetal and Infant Mortality Review (FIMR) is conducted annually by the Child Death, Near Death, and Stillbirth Commission.

Did you know? The American Academy of Pediatrics expanded recommendations to reduce Sudden Infant Death Syndrome to include: back sleeping, room-sharing without bed-sharing, firm sleep surface, breastfeeding, routine immunizations, consideration of using a pacifier, and avoidance of overheating, soft bedding, exposure to tobacco smoke, alcohol and illicit drugs.

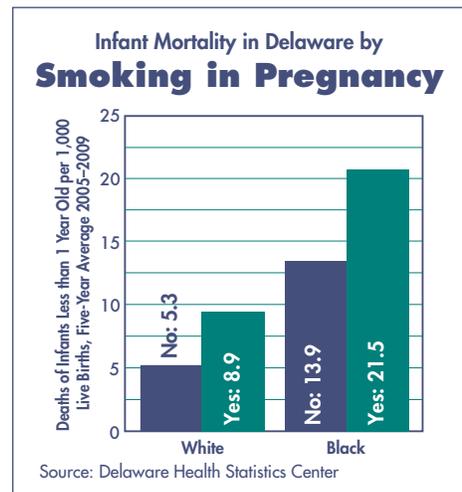
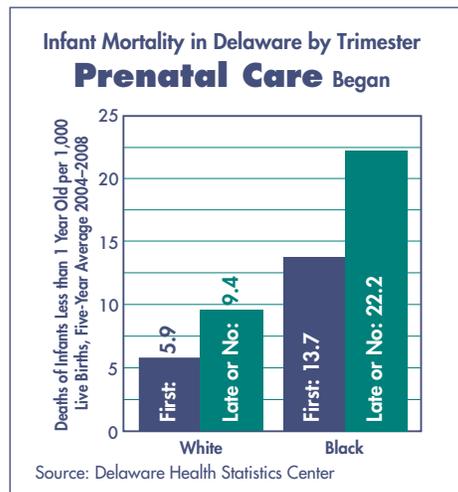
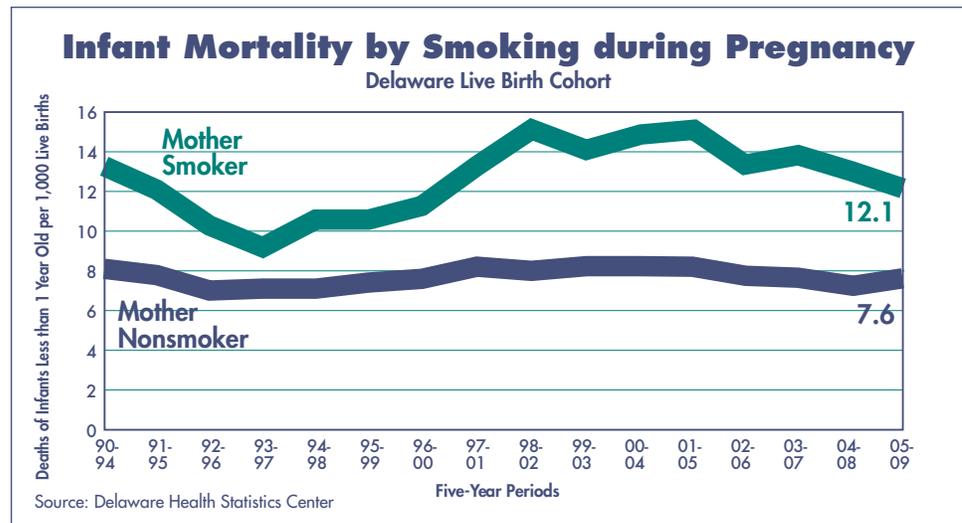
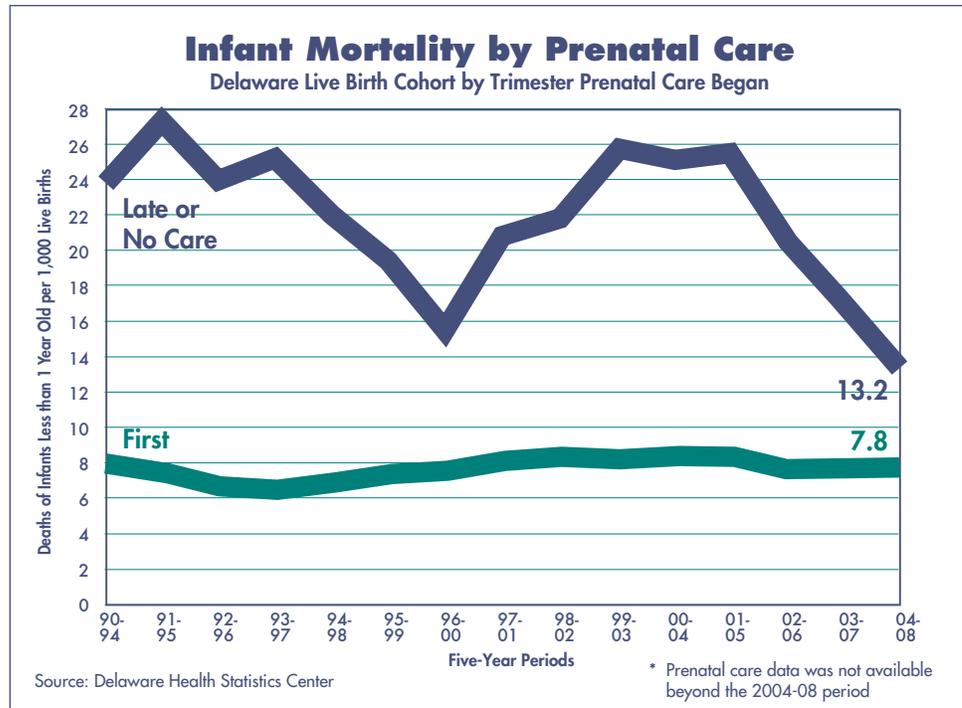
Source: Pediatrics Official Journal of the American Academy of Pediatrics (October 17, 2011) "SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment" <http://pediatrics.aappublications.org/content/128/5/e1341.full.pdf+html>

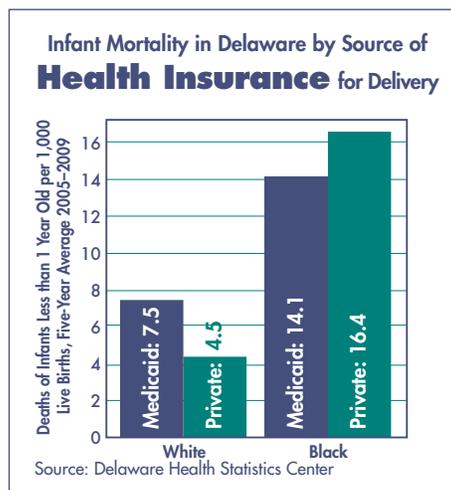
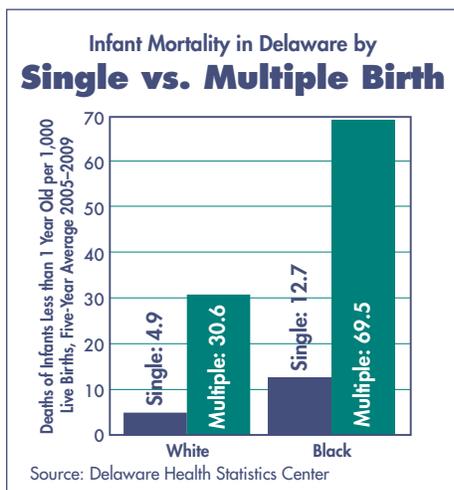
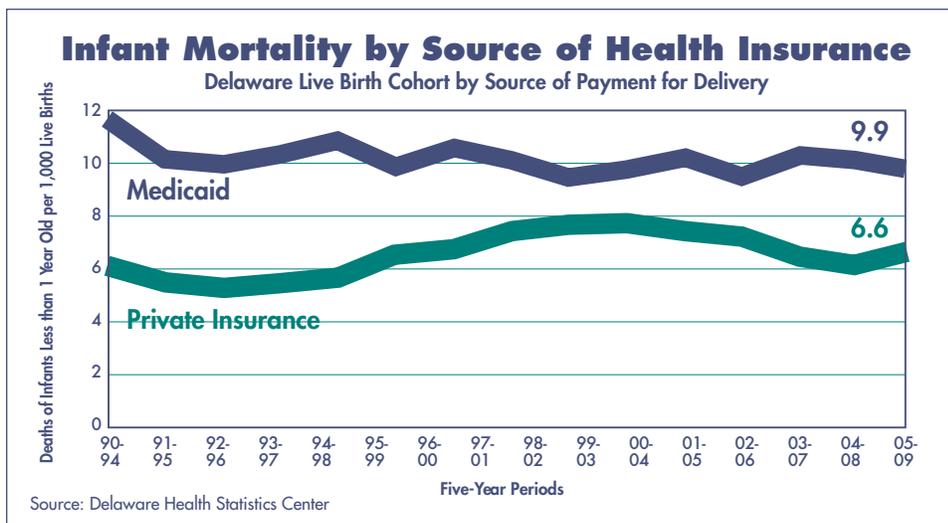
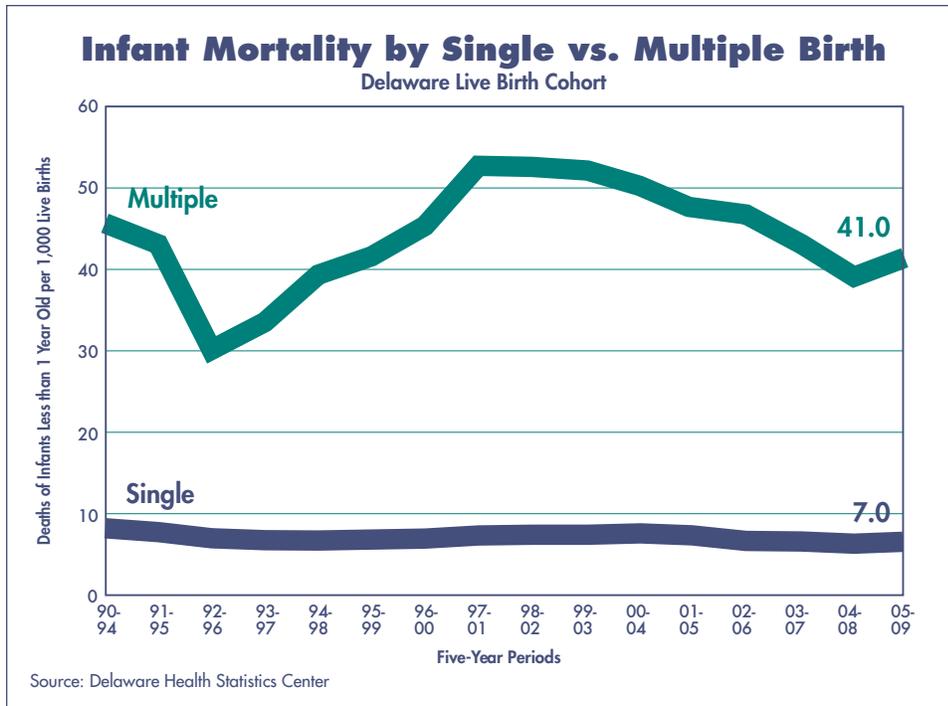
Low Birth Weight Babies – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)

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

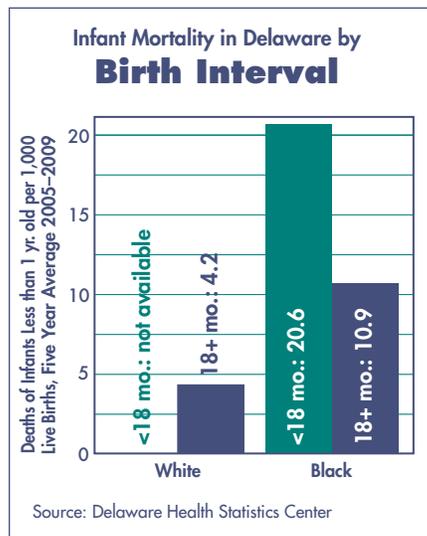
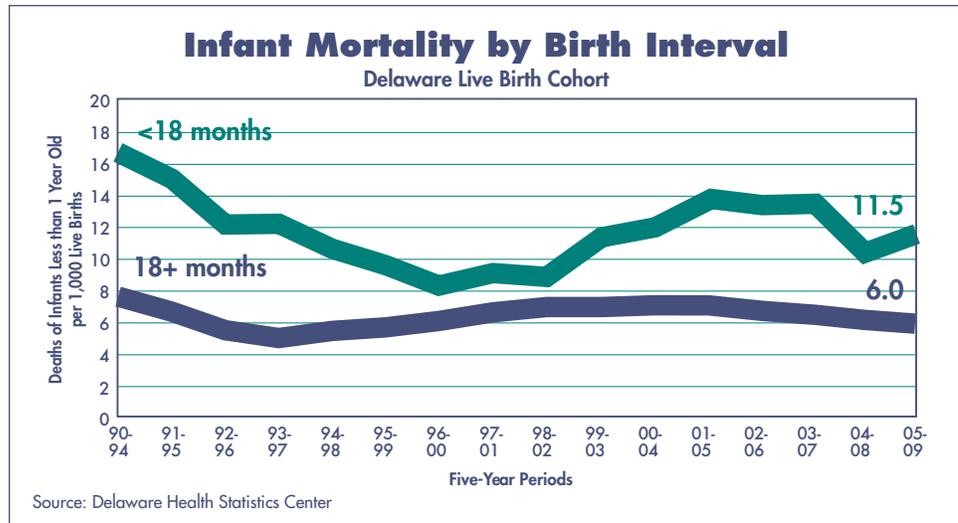


Infant Mortality





Infant Mortality



PUT DATA INTO ACTION Preventing teen pregnancies is a key strategy in Delaware's Infant Mortality Elimination plan through the Delaware Division of Public Health and the Delaware Healthy Mother and Infant Consortium. Delaware teens are more likely to have sex at an early age and have more frequent sexual activity. Because adolescent females are less likely to be consciously participating in family planning decisions, it is extremely important to increase educational opportunities about infant mortality factors.

Source: Susan Noyes and Michele Savin (June 14 2012) Journal of Obstetric, Gynecological & Neonatal Nursing. Set Your Mind. Set Your Goals: Delaware's Reproductive Life Plan for Young Women. http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2012.01358_6.x/pdf

Did you know? The Association of State and Territorial Health Officials (ASTHO), of which Delaware is a part, partnered with March of Dimes in the President's Challenge of 2011: the Healthy Babies Initiative. Based on 2009 infant mortality data, the Healthy Babies Initiative hopes to help states reduce infant mortality and premature births in the United States by reducing premature births by 8% in the United States by 2014.

Source: Association of State and Territorial Health Officials, Healthy Babies, (2012) <http://www.astho.org/healthybabies/> and http://www.astho.org/pres_chal.aspx?id=6484

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

For more information see
 Prenatal Care 26
 Low Birth Weight Babies 28
www.modimes.org
www.hmhb.org
www.cdc.gov/nccdp/h/dth/index.htm

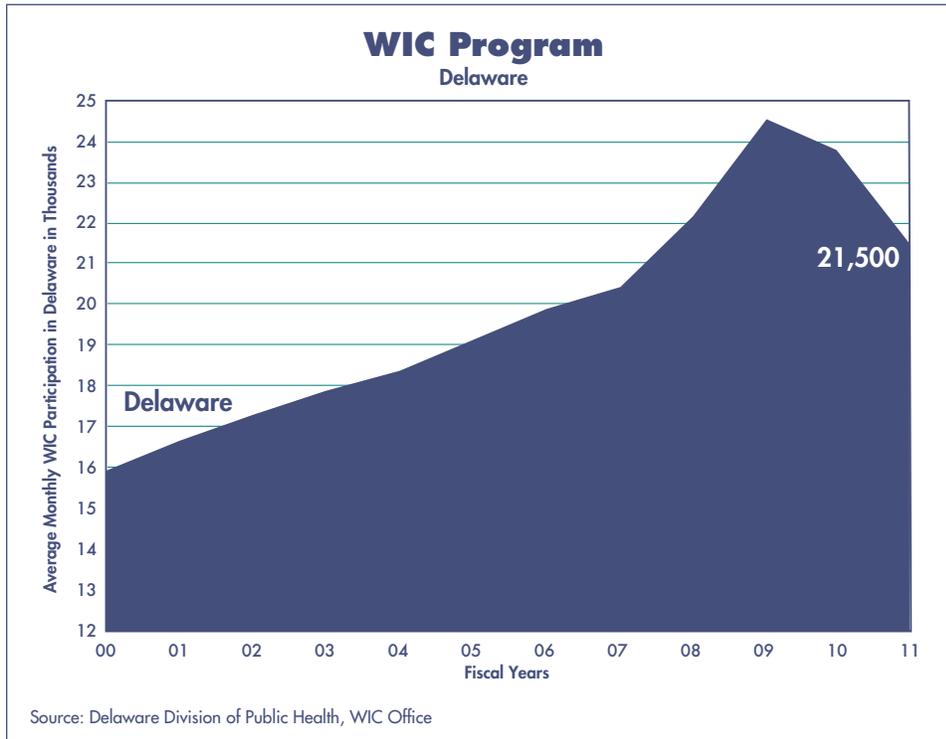
PUT DATA INTO ACTION

- In 2010, the Delaware Fetal and Infant Mortality Review (FIMR) found that maternal obesity was a contributing factor in 40% of cases reviewed for infant death. In 2008 according to the Delaware Pregnancy Risk Assessment and Monitor Survey (PRAMS) over one quarter of pregnant women were classified as obese, of those pregnant women classified as obese, African American women had the highest percentage at 34.7%. This reflects the current trend of rising obesity rates.
- Obesity during pregnancy is related to poor outcomes including: infant death, low birth weight, gestational diabetes, birth defects, still births, complications during labor, high blood pressure, and childhood obesity.

Source: Delaware Health and Social Services (September 2012) Maternal and Child Briefing #1: Obesity among Women and Obesity during Pregnancy <http://dhss.delaware.gov/dhss/dph/chca/files/brief1.pdf>



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



Did you know? One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed. However, the decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot or chooses not to breastfeed.

Source: Department of Health and Human Services, Executive Summary the Surgeon General Call to Action to Support Breastfeeding (January 20, 2011) <http://www.surgeongeneral.gov/library/calls/breastfeeding/executivesummary.pdf>

Did you know?

- While roughly half of infants born in the U.S. receive WIC benefits, USDA statistics indicate that eligible pregnant women and children 1 to 5 yrs of age are far less likely to participate in WIC than eligible infants and postpartum women.
- To be eligible for participation in the WIC program, an applicant's income must fall at or below 185% of U.S. Poverty Income guidelines or the applicant must currently participate in SNAP, Medicaid, or TANE.

Source: USDA Food and Nutrition Services, www.fns.usda.gov, www.fns.usda.gov/wic/resources

PUT DATA INTO ACTION

The Delaware WIC program offers free cooking demonstrations that use a variety of WIC foods while providing free recipes. Individuals interested in these demonstrations can get more information by calling (302) 741-2900 or by going to the website: <http://www.dhss.delaware.gov/dhss/dph/chca/dphwichominf01.html>

Source: State of Delaware, What is the Delaware WIC Program? <http://www.dhss.delaware.gov/dhss/dph/chca/dphwichominf01.html>

For more information see

Children Receiving Free and Reduced-Price School Meals..... 72
www.fns.usda.gov/wic



Lead Poisoning



Prior to 2010, the state of Delaware tested children for lead paint exposure at 1 year of age. As of July 2010, Delaware screens children at ages 1 and 2 in certain zip codes with older homes.

The Centers for Disease Control and Prevention has lowered the threshold for diagnosing lead poisoning in children under 6 years old for the first time in 20 years. The CDC recently found that adverse health effects occur in children who have blood lead levels (BLL) below 10 ug/dL, which was the previous lead threshold. The threshold has now been reduced to 5 micrograms of lead per deciliter of blood.¹ Actual lead poisoning in adults is defined at 45 micrograms per deciliter, however young children are very susceptible to risks due to lead, and as a result any lead level is considered unsafe in young children.²

1. Anemona Hartocollis (May 16, 2012) The New York Times, "C.D.C. Lowers Recommended Lead-Level Limits in Children" http://www.nytimes.com/2012/05/17/nyregion/cdc-lowers-recommended-lead-level-limits-in-children.html?_r=0
2. Centers for Disease Control and Prevention (January 2012) Advisory Committee on Childhood Lead Poisoning Prevention. "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention". http://www.cdc.gov/nceh/lead/acdpp/final_document_010412.pdf

For more information see

www.nlm.nih.gov/medlineplus/leadpoisoning.html

www.cdc.gov/nceh/lead/

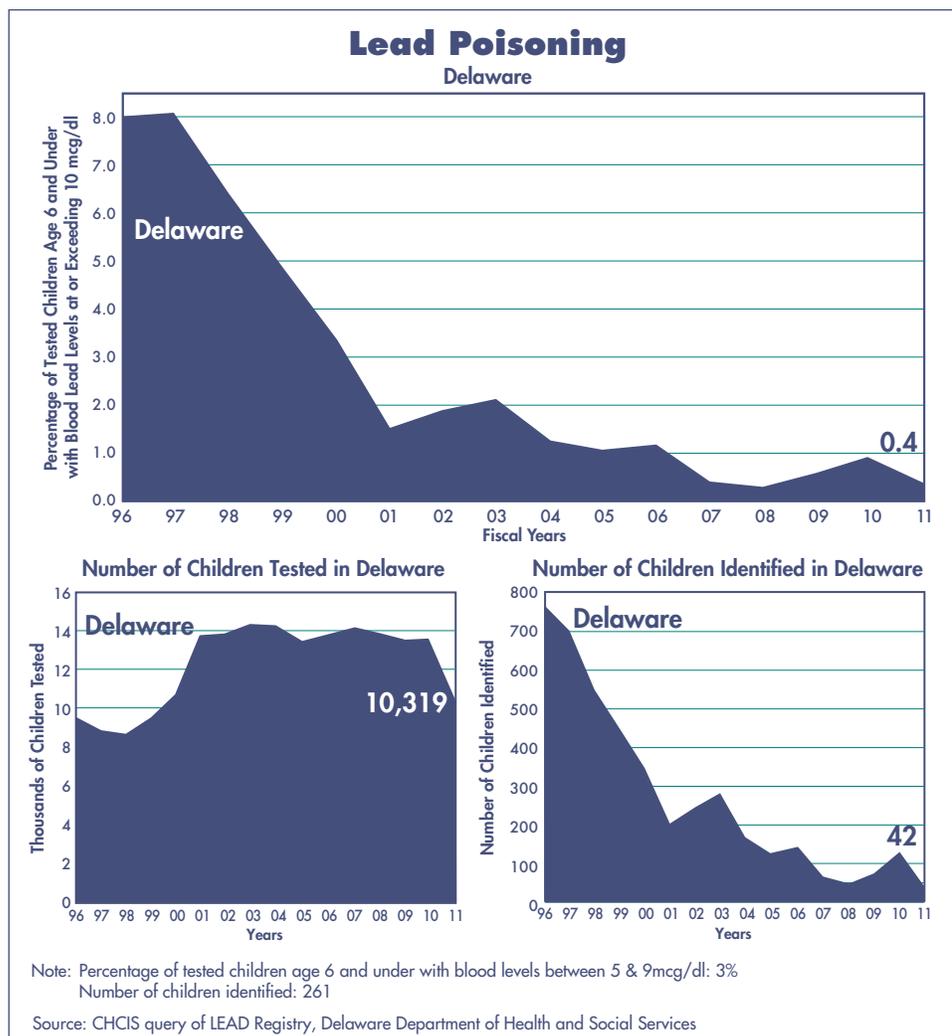
www.epa.gov/opptintr/lead/

www.hud.gov/offices/lead/

1-212-BAN-LEAD (1-212-226-5323)

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

Lead, a toxin, was a common ingredient in gasoline and house paint in the past. Although these items are no longer made with lead, lead poisoning is still a major health concern. Lead can be found everywhere, including dirt, dust, new toys, and old house paint. Unfortunately, it cannot be seen, tasted, or smelled. When a person swallows a lead object or inhales lead dust, some of the poison can stay in the body and cause serious health problems. A single toxic dose of lead can cause severe emergency symptoms, but it is more common for lead poisoning to build up slowly over time. Lead is much more harmful to children than adults because a child's brain and central nervous system is still being formed. The younger the child, the more harmful lead can be. For small children, even very low levels of exposure can result in a reduced IQ, learning disabilities, attention deficit disorders, behavioral problems, stunted growth, impaired hearing, and kidney damage. High levels of exposure can cause a child to develop mental delays, fall into a coma, or die. Childhood lead poisoning is one of the most common, yet preventable, pediatric health problems.



Did you know? Delaware requires all children to be tested for lead poisoning at 12 months of age to prevent health effects from exposure to lead during early development. According to DPH's Healthy Homes and Lead Poisoning Prevention Program, 440 Delaware children have blood levels higher than the CDC's reference value at 5 ug/dL.

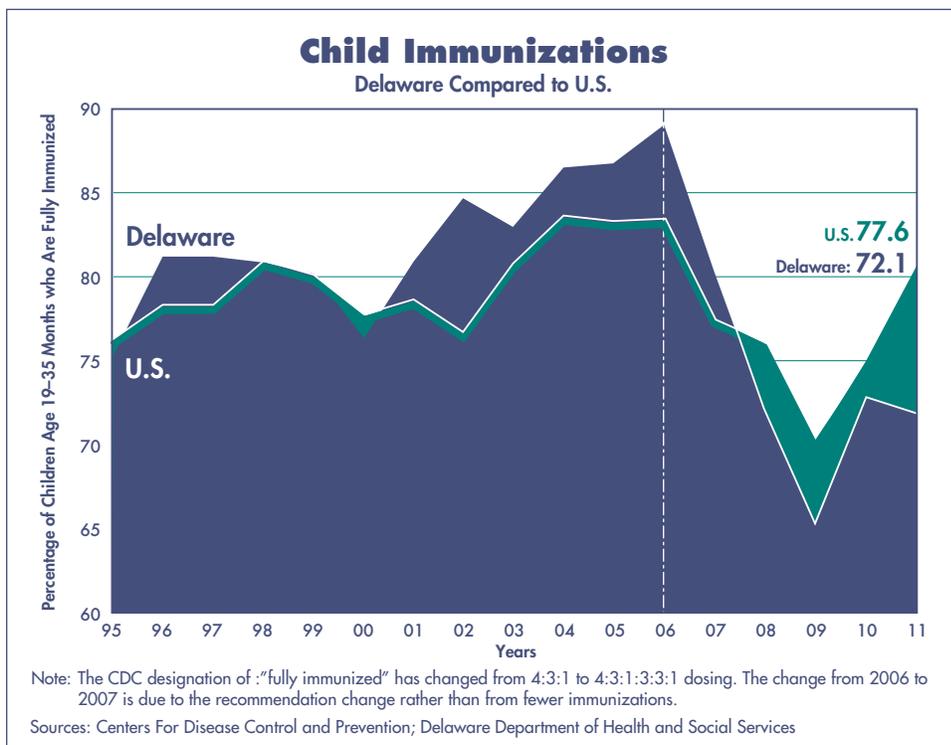
Lead paint has not been used in homes since 1978, however nearly 50% of Delaware homes were built prior to 1979 and may contain contaminants; since lead poisoning is easily preventable it is recommended to ask about lead when buying a home or renting.

Source: Delaware Health and Social Services, Rita Landgraf, DHSS Press Release (October 18, 2012) "Protecting Delaware Children; Lead Poisoning Prevention Week October 21-27 2012". http://www.dhss.delaware.gov/dhss/pressreleases/2012/leadpoisoning-101812_.html



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

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



Did you know? Immunizations are strongly encouraged as they protect children against serious diseases. The United States' vaccination program has significantly reduced or eliminated the following diseases: measles, polio, Haemophilus type b (Hib) meningitis, hepatitis B, whooping cough (pertussis), pneumococcal meningitis, rubella, chickenpox, diphtheria, tetanus, mumps.

Even though these diseases have been reduced in the United States, they could become common if vaccination coverage does not continue at a high level. Some parents have unfounded concerns that vaccinations cause autism and as a result fear vaccinating their children. However, recent studies by the Institute of Medicine have found no link between the ingredient thimerosal (which is used as a preservative in some vaccinations) and autism.

Sources:

- Centers for Disease Control and Prevention, Vaccines & Immunizations (June 24, 2011). "What would happen if we stopped vaccinations?" <http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>
- Institute of Medicine of the National Academies (May 14, 2004) "Immunization Safety Review: Vaccines and Autism". <http://www.iom.edu/Reports/2004/Immunization-Safety-Review-Vaccines-and-Autism.aspx>

4:3:1 – four doses of diphtheria, tetanus and Pertussis vaccine (DTaP); three doses of polio vaccine, one or more doses of measles, mumps and rubella vaccine (MMR)

4:3:1:3:3:1 – all of the 4:3:1 vaccines PLUS three doses of Haemophilus influenzae type b vaccine (Hib); three doses of hepatitis B vaccine; and one or more doses of Varicella or chickenpox vaccine.

For more information see

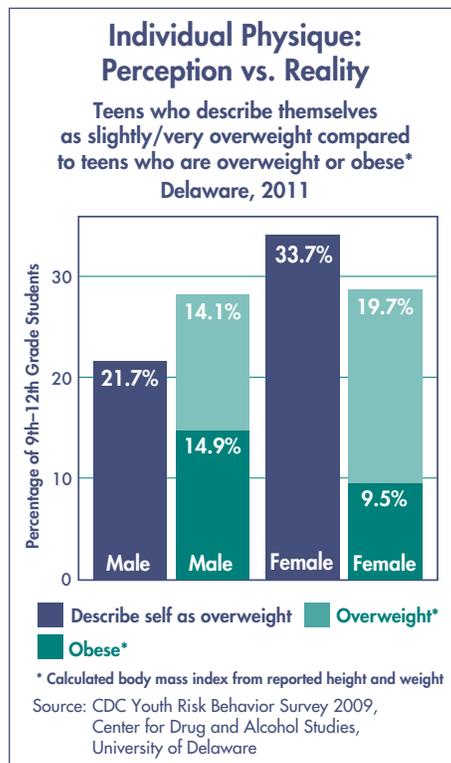
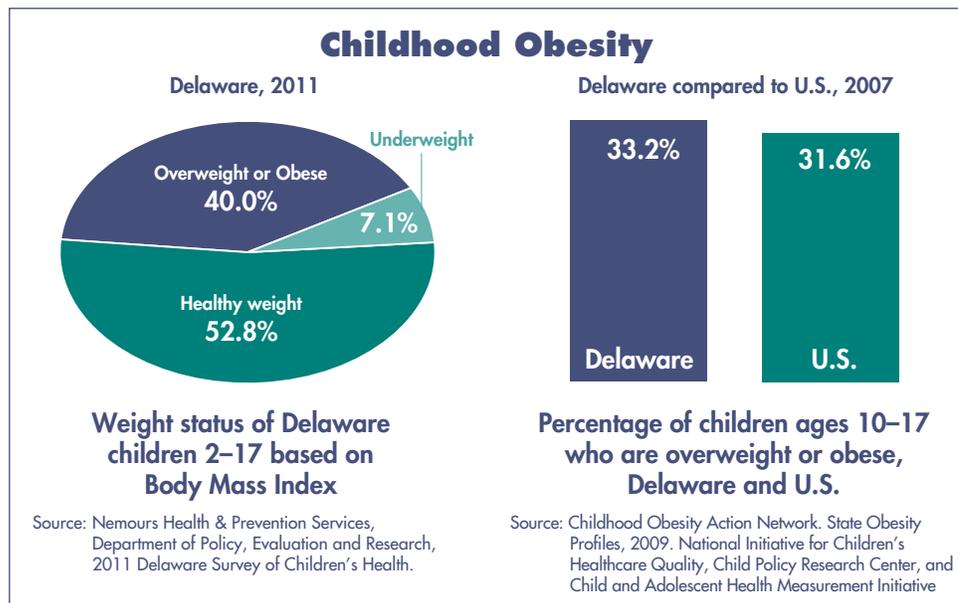
Adolescent Immunization Schedule..... 20
www.cdc.gov/vaccines/
www.kidshealth.org



Childhood Obesity



Over the past three decades, childhood obesity has risen dramatically across the nation. The increase in obese children is a big problem because of the health consequences that children may face. Obese children have an increased risk for developing high cholesterol, hypertension, type 2 diabetes, metabolic syndrome, and many other conditions and diseases. Parents, schools, communities, and neighborhoods have the responsibility of promoting healthy lifestyles in order to combat childhood obesity. Neighborhood amenities such as parks, recreation centers, sidewalks and libraries make it safer for children to engage in physical activity and spend time outdoors. The amenities also serve as a vehicle for socializing, and enhance overall quality of life. With recent trends of increased obesity rates in children nationwide, encouraging construction and use of neighborhood amenities is one way of encouraging healthy lifestyles by eliminating barriers to increased physical activity.



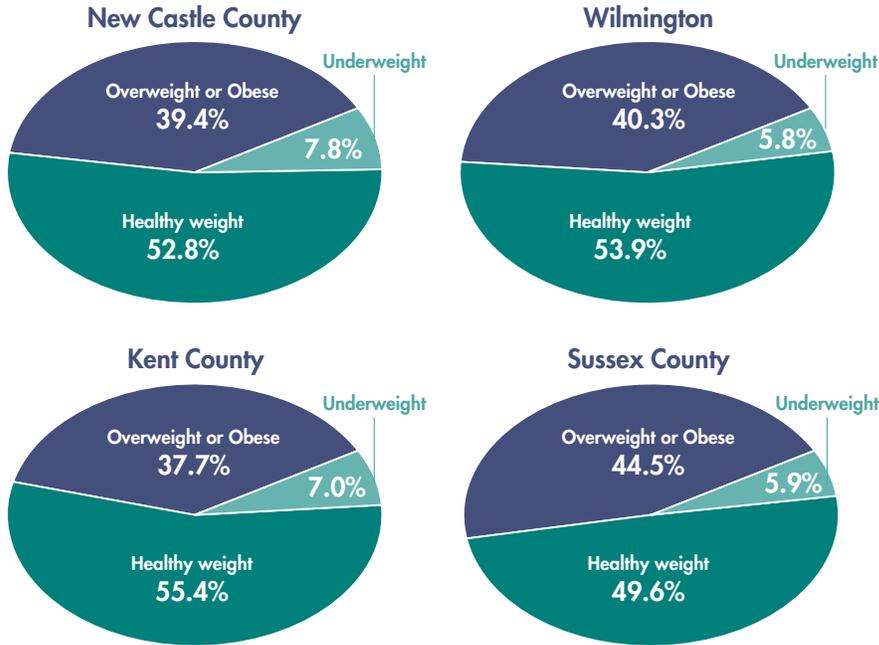
Did you know? Regular physical activity in childhood and adolescence helps to:

- Build and maintain healthy bones and muscles
- Reduce the risk of developing diabetes
- Reduce feelings of depression and anxiety
- Improve academic performance by influencing concentration and attentiveness

According to the 2011 Delaware Youth Risk Behavior Survey, 42.7% of high school students attended physical education classes on one or more days in an average week when they were in school.

1. Delaware High School Survey, 2011 Youth Risk Behavior Survey Results, Trend Analysis Report, <http://www.udel.edu/delawaredata/Files/2011yrbs/DE%20HS%202011/All/2011DEH%20Trend%20Report.pdf>
2. Centers for Disease Control and Prevention (June 7 2012) Adolescent and School Health, Physical Activity Facts. Journal of the American Dietetic Association, <http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm>

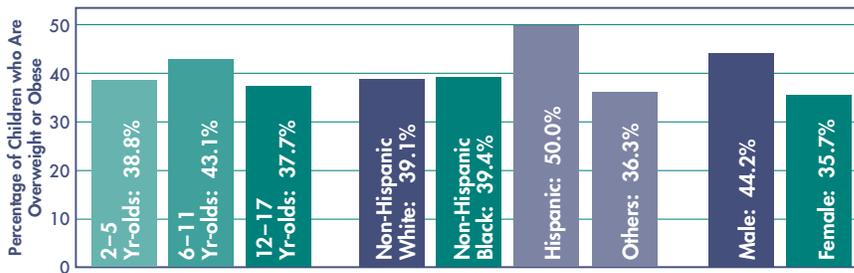
Weight Classification of Children Ages 2-17 Delaware Counties and Wilmington, 2011



Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2011 Delaware Survey of Children's Health.



Childhood Obesity by Age, Race, and Gender Delaware, 2011



Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2011 Delaware Survey of Children's Health.

PUT DATA INTO ACTION

In 2012, the U.S. Department of Agriculture awarded the Food Bank of Delaware \$300,000 to develop the skills of rural low-income residents to establish sustainable community food projects, improve access to fresh, healthy and affordable local food, and to increase access to training resources.

Source: Jennifer Martin (October 15, 2012) United States Department of Agriculture National Institute of Food and Agriculture. "USDA Grants Help Fight Food Insecurity and Hunger in Low-Income Communities" http://www.csrees.usda.gov/newsroom/news/2012news/10152_cfp.html

Did you know? 58.4% of Delaware Schools prohibit all forms of advertising and promoting candy, fast food restaurants or soft drinks in all school buildings, on school grounds including outside the school building, on the playing fields, other areas on the school campus, on buses and student transportation, and school publications.

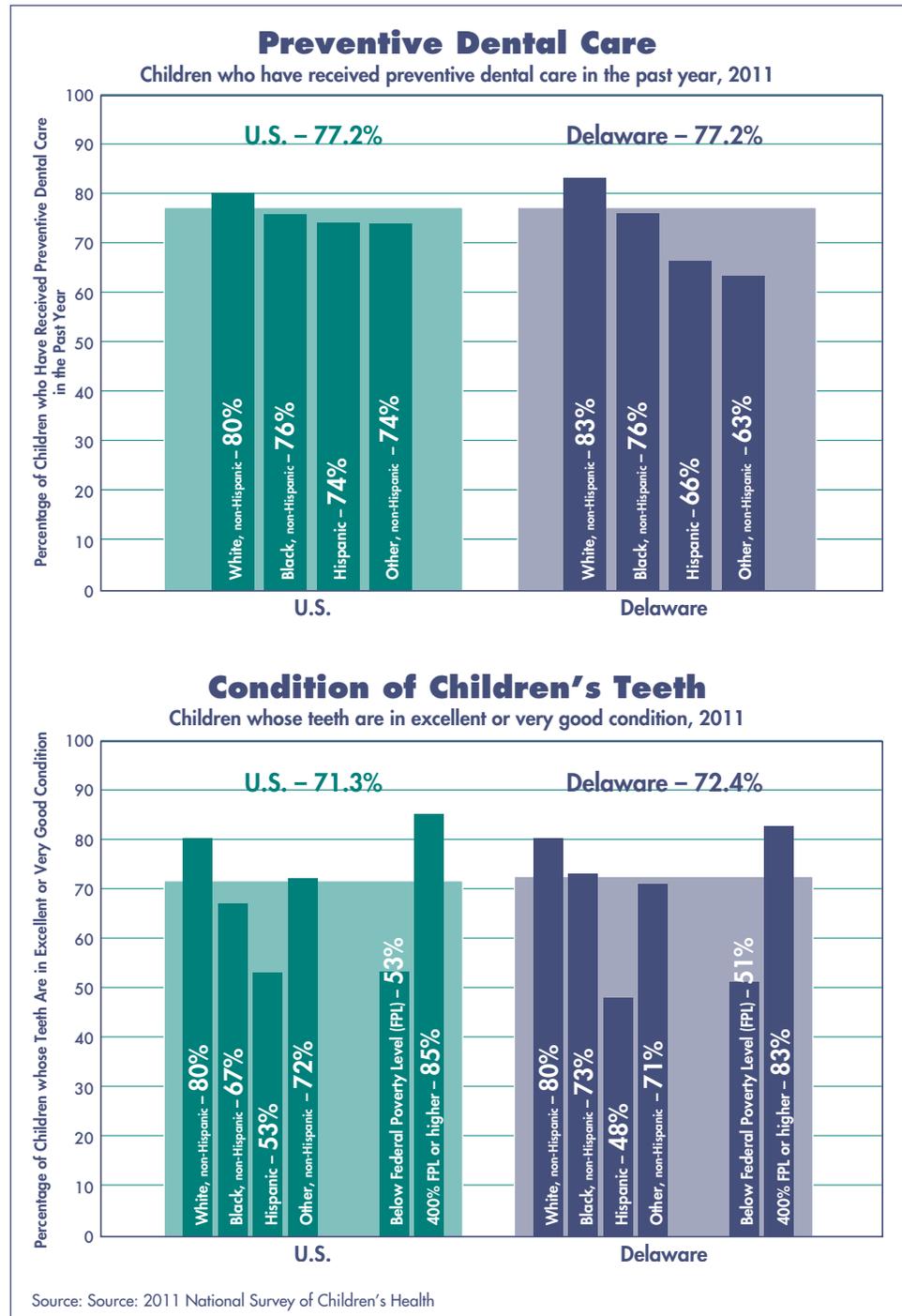
Source: Centers for Disease Control and Prevention, Delaware State Nutrition, Physical Activity, and Obesity Profile (September 2012), <http://www.cdc.gov/obesity/stateprograms/funded-states/pdf/Delaware-State-Profile.pdf>

For more information see
Delaware Children Speak about Health and Health Behaviors 58
www.letsmove.gov/
www.kidfitnessv.com





Oral health is an important component of a child's overall health and well-being, but many children do not receive comprehensive oral health care. Dental caries (also known as tooth decay or the process that causes cavities) is the most common preventable chronic childhood disease. Pain from untreated dental disease can lead to eating, sleeping, speaking and learning problems in children and adolescents. Long-term pain or infection caused by dental disease may restrict activities in school, work and home such as reducing a child's ability to concentrate in the classroom or to read outside of school. Dental disease is more likely to affect children from low-income families, minority groups or children with special health care needs. Childhood oral health problems can largely be prevented through a combination of access to dental care services, access to fluoridated water systems and topical fluoride treatments, healthy dietary choices and daily oral hygiene practices.





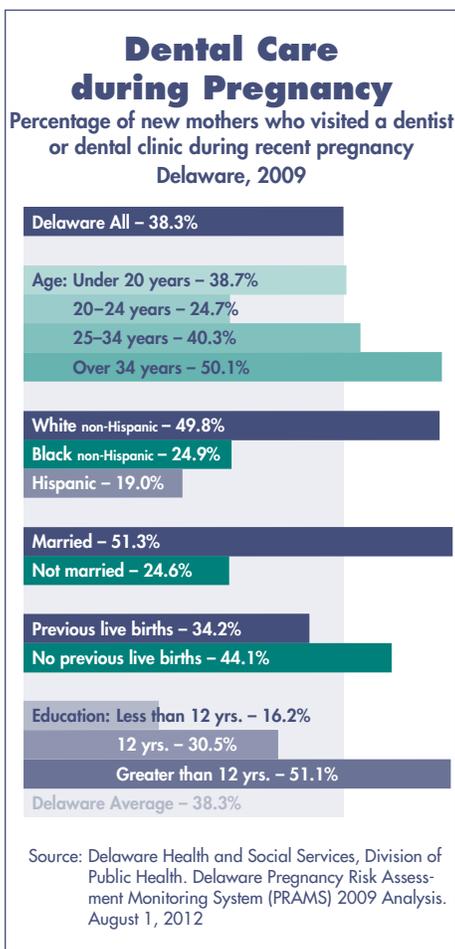
Did you know? According to the Centers for Disease Control and Prevention, water fluoridation to prevent tooth decay is one of the 10 greatest public health achievements of the 20th century. The CDC suggests that for every \$1 invested in fluoridation, it saves \$38 in dental treatment costs. Delaware mandates water fluoridation.

Source: National Conference of State Legislatures March 2012, Children's Oral Health, <http://www.ncsl.org/issues-research/health/childrens-oral-health-policy-issues-overview.aspx>

Did you know?

- Cavities are the most common childhood disease; affecting about 20% of children. This is five times more common than asthma, and also 100% preventable
- It is recommended that children visit the dentist twice a year. In Delaware, low income children are less likely to visit the dentist and about 41.1% of children on Medicaid received dental service in 2009.
- There are 331 practicing general dentists in Delaware: 258 in New Castle County, 37 in Kent County, and 36 in Sussex County.

Source: Delaware Health and Social Services, Division of Public Health First Smile Delaware: Oral Health Campaign Kickoff Meeting August 17, 2012 <http://dhss.delaware.gov/dph/hsm/files/fsdppt.pdf>



Did you know? Good oral health practices from the very beginning can prevent significant problems in the baby's future:

- Never leave a child unattended with a baby bottle, especially at bedtime
- Only put formula, milk, or water in a bottle- not juice or sweet drinks
- The first trip to the dentist should take place by the child's first birthday
- Do not put things in your mouth before putting them in your baby's mouth
- Babies with no teeth should have their gums cleaned with a wash cloth morning and night
- Babies with teeth should have their teeth brushed with a soft toothbrush and fluoride toothpaste twice a day

Source: Delaware Health and Social Services division of Public Health, First Smile Delaware- Infant Oral Health, August 16, 2012. <http://dhss.delaware.gov/dph/hsm/ohpinfant.html>

PUT DATA INTO ACTION

First Smile Delaware is a campaign launched by the Delaware Division of Public Health with the following goals:

1. Raise the profile of oral health issues throughout the state of Delaware
2. Decrease the prevalence of dental disease within the state, particularly among children
3. Motivate health care providers and key influencers to place a greater value upon oral health issues and initiatives.

Additional information about the First Smile Delaware Campaign can be found at: <http://dhss.delaware.gov/dph/hsm/ohpaboutfsd.html> or by contacting the Division of Public Health Bureau of Oral Health and Dental Services at (302) 744-4554 or by emailing: dhss_dph_dental@state.de.us

Did you know? Delaware Division of Medicaid and Medical Assistance (DMMA) compiled a list of Medicaid participating dentists. This comprehensive list helps locate participating dentists broken down by specialization, ages accepting, towns the practices are located in, and languages spoken. This list can be found at: http://www.dmap.state.de.us/information/DE_participating_oral_health_providers.pdf

Source: Delaware Division of Medicaid and Medical Assistance (DMMA) September 9, 2012, <http://dhss.delaware.gov/dhss/dmma/>

Children without Health Insurance

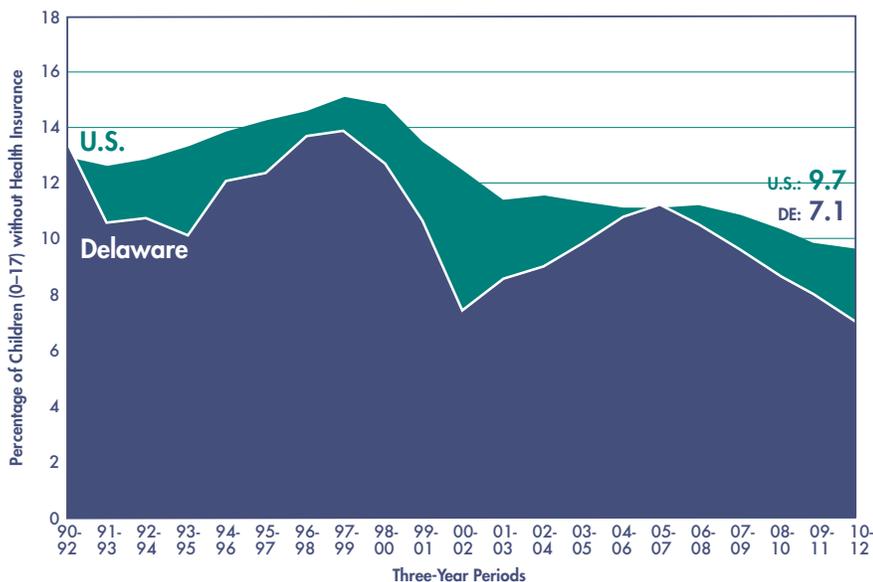


The status of a child's health insurance coverage is the single most important influence in determining whether or not that child has access to adequate health care when sick or injured. Failure to receive necessary health care can have a long term impact on the lives of children. Children with health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of health care. Yet a large number of children are without such insurance coverage. These children are more likely to be from low-income families for whom private plans are often unavailable or unaffordable. Medicaid and the State Children's Health Insurance Program (SCHIP) play a crucial role in providing coverage for uninsured youth. These programs provide coverage for more than one in four children.

Health insurance can make it possible for children to receive access to preventive care as well as acute and chronic illness care. Improved access to effective health care means improvements in a child's health status over time.

Children without Health Insurance

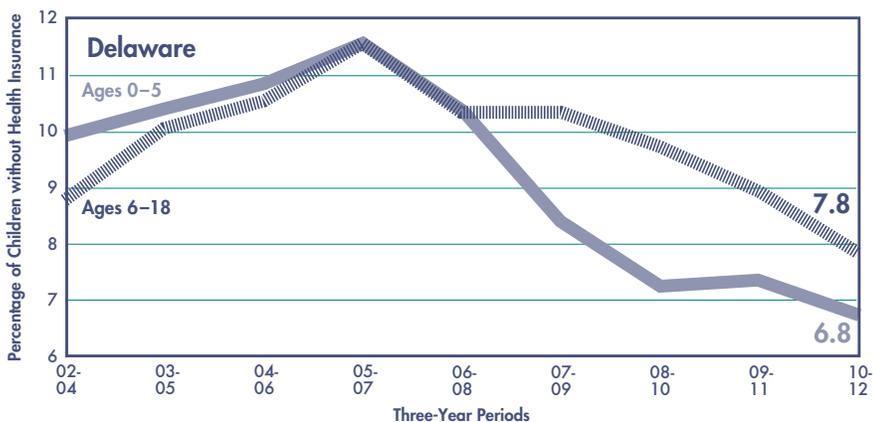
Delaware Compared to U.S.



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

Children without Health Insurance by Age

Delaware

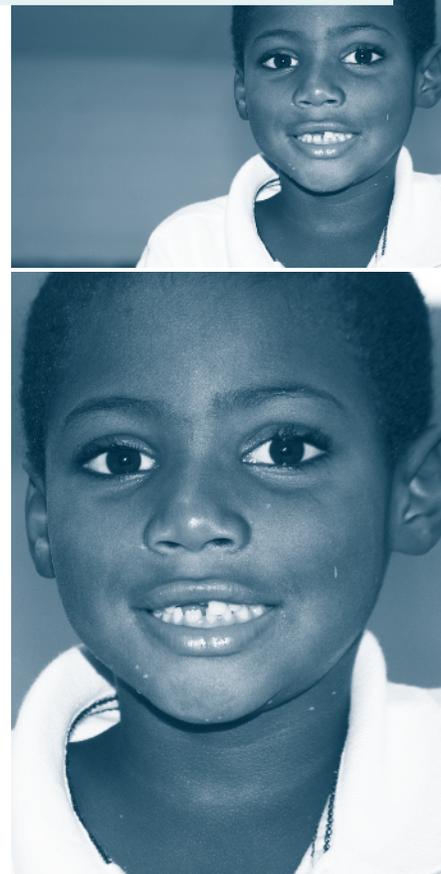
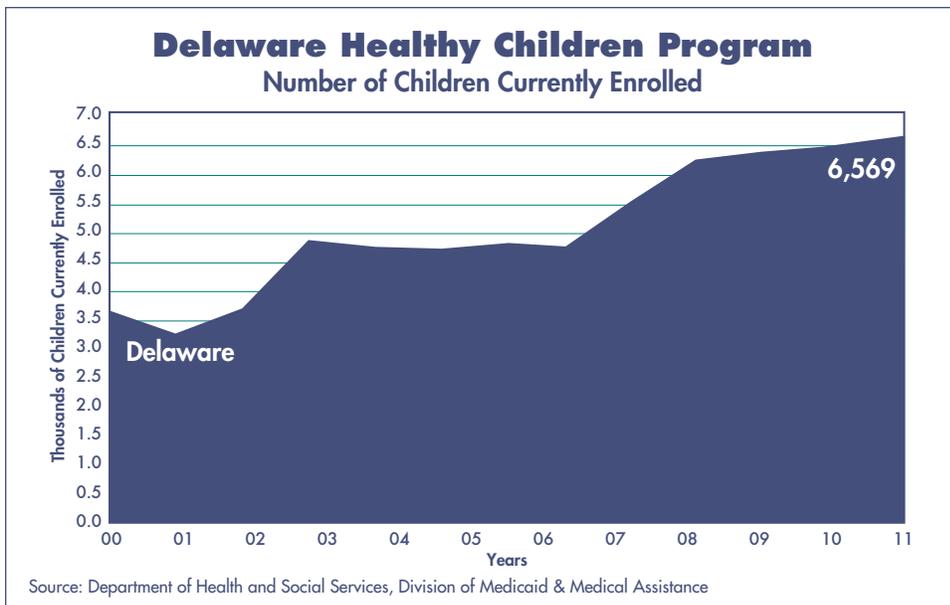


Source: Center for Applied Demography and Survey Research, University of Delaware

Did you know? The Delaware General Assembly passed a law on August 13, 2012 to mandate health insurance coverage for the diagnosis and treatment of autism spectrum disorders for children under age 21.

Source: State of Delaware, Delaware General Assembly
<http://www.legis.delaware.gov/LIS/lis146.nsf/2bede841c6272c888025698400433a04/66ad77e225aaad78525781500658726?openDocument>





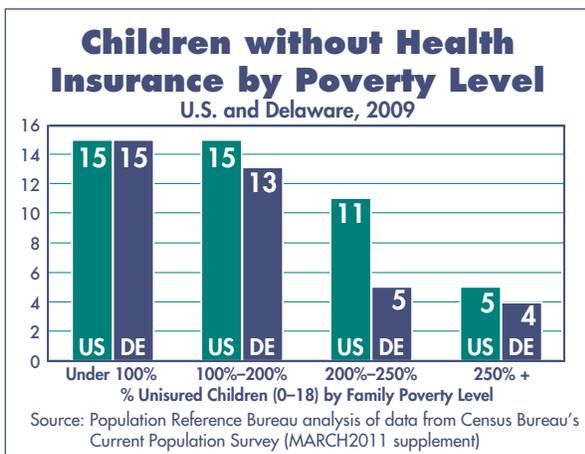
Did you know?

- Children’s Health Insurance Program (CHIP) provides low-cost health insurance coverage for children in families who earn too much income to qualify for Medicaid coverage but can’t afford to purchase private health insurance. In Delaware the percentage of children under age 18 enrolled in Medicaid and CHIP has increased.¹
- While monthly CHIP enrollment totals about 6,500 children, on an annual basis as many as 13,000 children may be covered by the DHCP. Many churn between CHIP and Medicaid. Starting 1/1/2014, CHIP children under 133% FPL will become Medicaid eligible under the provisions of the Affordable Care Act.²
- In the United States, the percentage of children without health insurance has decreased over the past several years. Nationally, in 2010, 7.8% (5.8 Million) children under age 18 were uninsured, a significant decrease from 13.9% in 1997. Delaware’s rate is lower than the national average and continues to mirror national trends in the decrease of children without health insurance. Between 2010 and 2011, Delaware’s rate decreased .7% lowering the percent of children without health insurance to 4.6%.

1 U.S. Department of Health and Human Services, “Children’s Health Insurance Program (CHIP). <http://www.healthcare.gov/using-insurance/low-cost-care/childrens-insurance-program/index.html>

2 Delaware Division of Medicaid & Medical Assistance

3 Matt Broaddus and Edwin Park, Center of Budget and Policy Priorities, “Uninsured Rate Fell or Held Steady in Almost Every State Last Year, New Census Data Show” (September 21, 2012). <http://www.cbpp.org/cms/index.cfm?fa=view&id=3838>



PUT DATA INTO ACTION

Parents can visit InsureKidsNow.gov or call 1-877-KIDS NOW (1-877-543-7669) to speak to someone in Delaware to receive information on, and how to apply for Medicaid, CHIP, and Dental service providers.

Source: U.S. Department of Health and Human Services, “Insure Kids Now Children’s Health Coverage Programs in Delaware” <http://www.insurekidsnow.gov/state/delaware/>

For more information see

- Health Care Coverage..... 103
- www.kff.org
- www.cms.gov
- www.insurekidsnow.gov
- www.state.de.us/dhcc
- www.childrensdefense.org
- www.dhss.delaware.gov/dhss/dss/dhccfaq.html
- www.delawareuninsured.org/
- www.familiesusa.org



Childhood Asthma

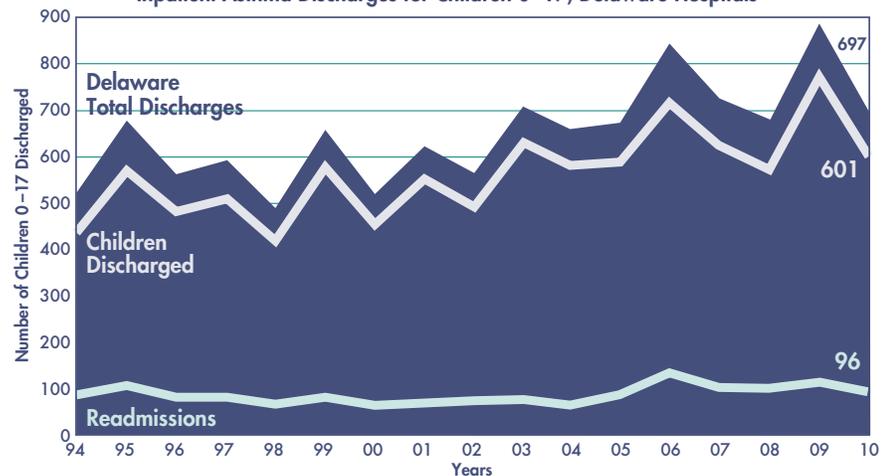


Asthma is a chronic inflammation of the airways with reversible episodes of obstruction, caused by an increased reaction of the airways to various stimuli. Asthma related breathing problems occur in episodes or attacks, but the underlying inflammation is continuous. Asthma is the most common chronic illness affecting children and is more common among boys than it is among girls. The factors that may trigger asthma include: respiratory infections; colds; allergic reactions to allergens such as pollen, mold, animal dander, feathers, dust, food and cockroaches; exposure to cold air or sudden temperature change; cigarette smoke (secondhand smoke); excitement or stress; and exercise. Environmental factors that might trigger an asthma attack include dampness and mold, cockroaches, and inadequate ventilation. These are more common in poor urban settings. Children who live in these areas have a higher risk of asthma.

Many children with asthma miss out on school, sports, and other childhood activities. Asthma can be a life-threatening disease if not properly managed. It is important for family members to learn how to identify and avoid asthma triggers, recognize and prevent asthma attacks, understand medications, and help manage symptoms. With the proper treatment and care, most children with asthma can have active and healthy childhoods.

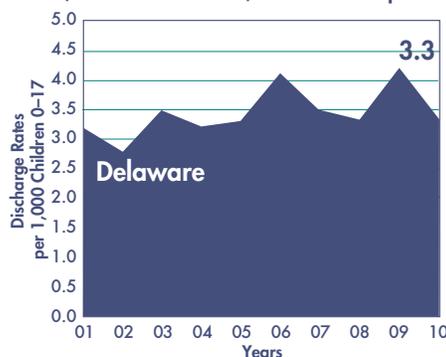
Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges for Children 0-17, Delaware Hospitals



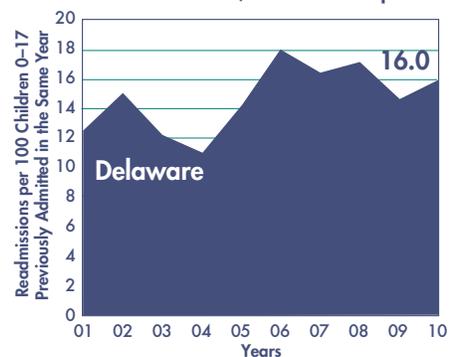
Discharge Rates

Inpatient Asthma Discharges Rates for 1,000 Children 0-17, Delaware Hospitals



Readmission Rates

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



Source: Delaware Health Statistics Center

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

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

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

www.kidshealth.org
www.childasthma.com
www.lungusa.org
www.aaaai.org/

Did you know? Between 2001 and 2010, asthma prevalence has continually increased and is now at its highest level at about 25.7 million people. Certain demographic groups, including children, females, and those below the poverty level, have a higher asthma prevalence.

Source: Lara J. Akinbami and Xiang Liu, Centers for Disease Control and Prevention: NCHS Data Brief (Number 94, May 2012), "Trends in Asthma Prevalence, Health Care Use, and Mortality in the United States, 2001-2010". <http://www.cdc.gov/nchs/data/databriefs/db94.htm>

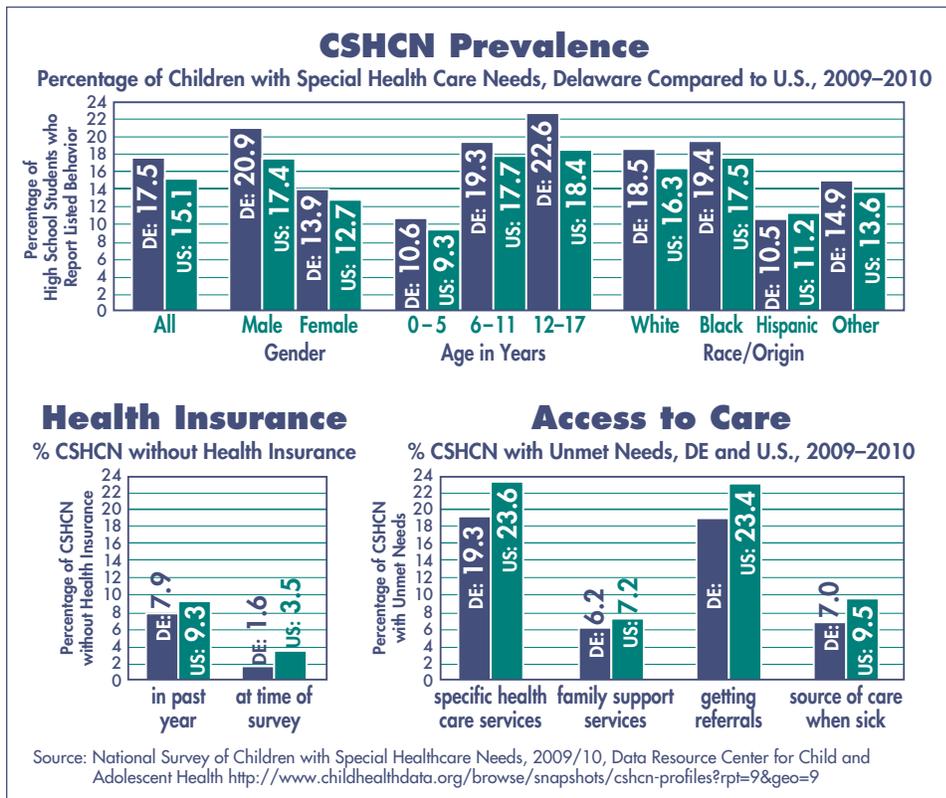


Children with Special Health Care Needs

The federal Maternal and Child Health Bureau defines Children with Special Health Care Needs (CSHCN) as: “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

This definition is used to guide the development of family-centered, coordinated systems of care for children and families for children with special needs served by the state Title V block grants administered by the Maternal and Child Health Bureau.

All Children with Special Health Care Needs (CSHCN) experience at least one type of on-going health condition that results in an above routine need for health and related services. Across the list of 20 specific health issues asked about in the 2009/10 National Survey of Children with Special Health Care Needs (NS-CSHCN), 87.7% of CSHCN were reported to experience at least one, 57.1% experienced two or more and 29.1% of CSHCN were reported to experience three or more from the limited list. Of the 20 health issues asked about, CSHCN most commonly were reported to experience asthma and/or allergies (59.4%). Nearly 50% of these children (46.6%) also experienced at least one other health issue from the list of 20 asked about.



Did you know? Delaware Family Voices is an organization that provides help and support to families with children that have special health care needs. Delaware’s Family Voices’ mission is to improve access to quality care and support for children, youth and young adults with special health care needs and disabilities, and promoting family centered care.

<http://www.delawarefamilytofamily.org/Index.html>

Did you know? The National Survey of Children with Special Health Care Needs is a national telephone survey conducted for a third time during 2009-2010. The survey uses independent random samples taken in all 50 states and the District of Columbia. In 2009-2010, a total of 372,698 children under 18 years old from 196,159 households were screened to identify those with special health care needs. The 2009-2010 NS-CSHCN was administered in English, Spanish, Mandarin, Cantonese, Vietnamese and Korean.

Source: Data Resource Center for Child and Adolescent Health <http://www.childhealthdata.org/docs/default-document-library/ns-cshcn-fast-facts-2009.pdf>

National Survey of CSHCN – Topics Covered by the National Survey of Children with Special Health Care Needs: 1) Child’s health and functional status; including current conditions and functioning difficulties experienced due to health conditions. 2) Child’s health insurance status and adequacy of coverage. 3) Access to health care — including types of health care services needed and any unmet needs for care. 4) Preventive medical and dental care, and specialty services received. 5) Family-centeredness of child’s health care and care coordination. 6) Access to community-based services. 7) Transition to adulthood. 8) Impact of child’s health on family. 9) Demographics of child and family, including age, sex, race/ethnicity, household income, parental education, family structure, primary language spoken in the home

Source: Data Resource Center for Child and Adolescent Health <http://www.childhealthdata.org/docs/default-document-library/ns-cshcn-fast-facts-2009.pdf>

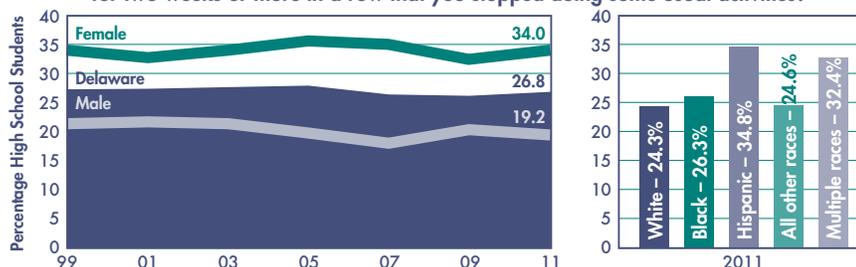




Parents can easily identify a fever or a stomach bug in their child, but when it comes to mental health problems, symptoms can be hard to identify. Sudden changes in a child's behavior such as anxiety, anger, fear, or sadness could be considered symptoms of a disorder. About 1 in 5 children suffer from a diagnosable mental illness each year. Nearly 5 million youth suffer from a serious mental illness that significantly interferes with their day to day life. The most common mental illnesses that affect children are: anxiety disorder, feppression, attention-deficit disorder (ADD), bipolar disorder, and schizophrenia. These disorders can be caused by biological factors such as genetic or chemical imbalances; environmental factors such as exposure to physical or sexual abuse or violence; loss of people through death, divorce or broken relationships; factors related to poverty; stress; and high levels of lead exposure. Mental health problems can disrupt family life, school environments and communities. Without help, mental problems can lead to school failure, alcohol or other drug abuse, family conflict, violence or even suicide. Mental illnesses are treatable, and early intervention may significantly reduce the negative effects of mental health problems and promote healthy functioning. Medical treatment for diagnosis should be sought when concerns arise. For children to grow and develop to their full potential, children need to have good mental health statuses.

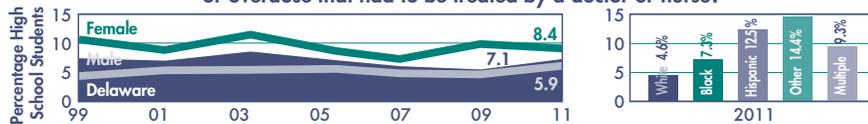
Feeling Sad or Hopeless

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



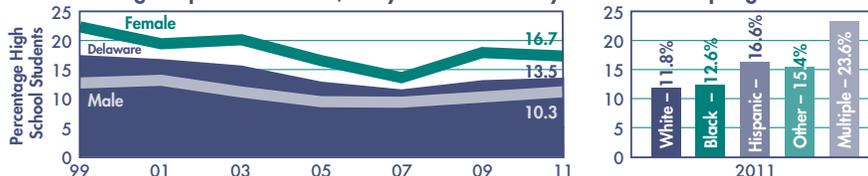
Injuring Self

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



Considering Suicide

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



Source: Youth Risk Behavior Survey 2011, Center for Drug and Alcohol Studies, University of Delaware

Did you know? 95% of college students who committed suicide were suffering from mental illness, usually depression. If depressed, substance abuse, anxiety, impulsivity, rage, hopelessness and desperation increased the risk.

Source: American Foundation for Suicide Prevention, http://www.afsp.org/index.cfm?page_id=052618D2-02D2-04B4-00EDA31CFC336B63

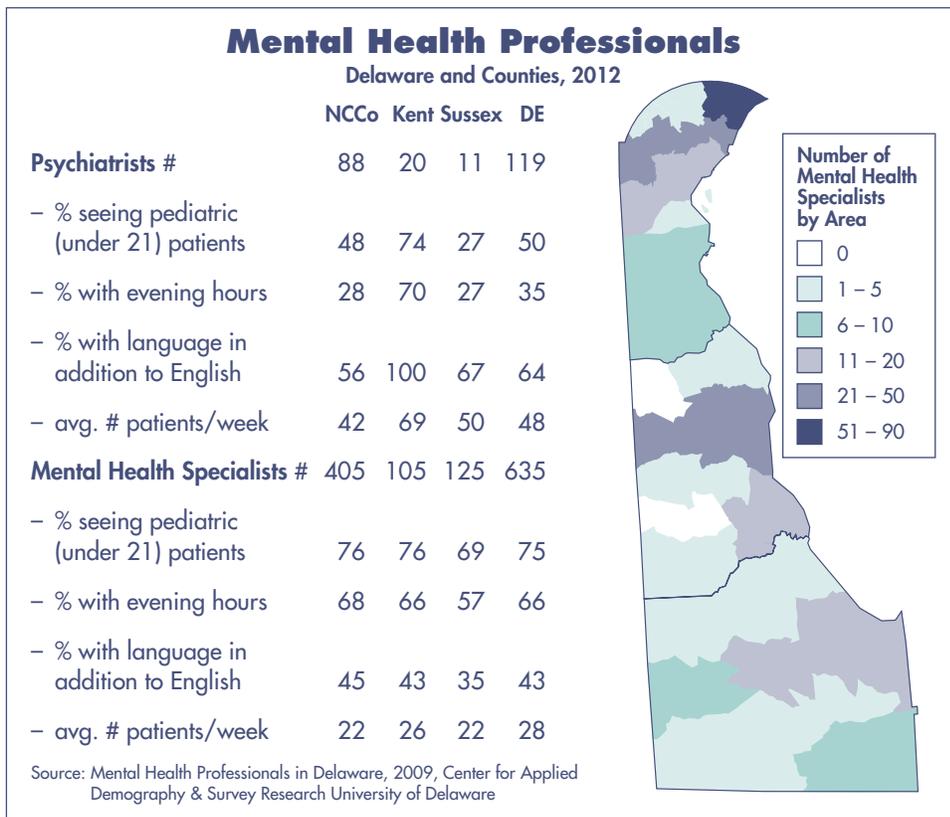
Did you know? The Symptoms of depression in children are a combination of:

- Negative moods that last longer than a week
- Negative thinking, feeling worthless
- Negative attitude thinking nothing is worth trying
- Low energy
- Not enjoying things
- Trouble concentrating
- Sleeping or eating problems
- Feeling overwhelmed by problems.

Source: Nemours Kids Health, <http://kidshealth.org/kid/feeling/emotion/depression.html#>

Did you know? Twenty percent of teens will suffer from depression by the end of their teenage years. Depression can impede a teen's ability to enjoy ordinary activities or socialize with family and friends. And if left untreated, depression can lead to more serious, life threatening consequences. However, with effective training, people can learn the signs of depression and how to help those who suffer from it.

Source: The Jed Foundation, <http://www.jedfoundation.org/learn-more/mental-health-news/teen-depression-webinar>



Did you know? Mental health treatment for adolescents can be effective and the sooner the disorders are recognized, the greater the likelihood that treatment will be effective.

Untreated mental health disorders tend to become worse over time, negatively affecting a teen's social, emotional, and school life.

Source: American Psychiatric Association, "Teens and Mental Health" <http://healthyminds.org/More-Info-For/Teens.aspx>

Did you know? Delaware Department of Education and the Division of Prevention and Behavioral Health Services received a federal grant to set up a website for teachers, parents, and professionals. The website provides information on mental health and substance abuse issues in children and how to obtain help for children when necessary. See <http://www.doe.k12.de.us/infosuites/staff/cmh/default.shtml>

PUT DATA INTO ACTION Delaware Guidance Services provides quality mental health services for children, youth, and families. They believe all children should have the right to quality mental health services regardless of their ability to pay. For a complete listing of services by county visit: <http://www.delawareguidance.org/programs.htm>

Mental health specialists – Psychologists, social workers, professional counselors of mental health, chemical dependency of professionals, and psychiatric advanced practice nurses.

For more information see

Teen Deaths by Accident, Homicide, & Suicide..... 50

<http://www.doe.k12.de.us/infosuites/staff/cmh/default.shtml>

<http://www.kidsmentalhealth.org/>

<http://www.halfofus.com/>

<http://www.ffcmh.org/>

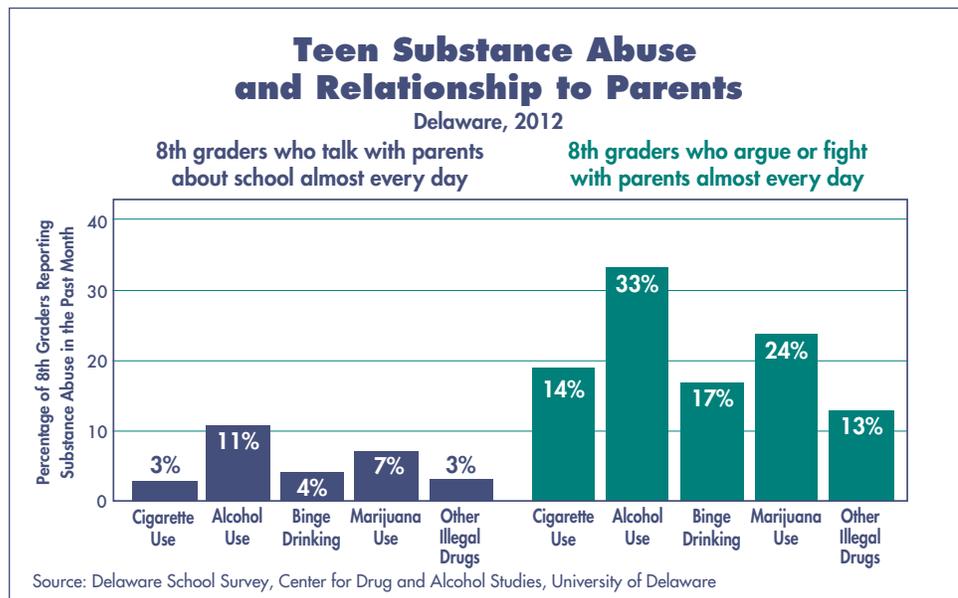
Delaware Division of Prevention and Behavioral Health Services 302-633-2571 or 1-800-722-7710

Alcohol, Tobacco, and Other Drugs



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

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



Did you know?

- Family dinners, parental guidance and incentive based contracts can be a first and foremost defense against substance abuse and other risky behaviors. Kids who drink by the time they hit their mid-teens are 400% more likely to become an alcoholic than those who wait until 21.¹
- The most common source for teens to obtain cigarettes is their friends. The second most common is from home.²
- Delaware's rates of adolescent substance abuse have continually decreased over the past few years and recently dropped below the national average of adolescent substance abuse.³
- The 2011 National Survey on Drug Use and Health found that students who participate in school-based activities are up to 79.8 percent more likely to report that they've *never* used any illicit drug, including marijuana, in the past 12 months. As participation in school-based activities increases, so too does the student's likelihood of not using illicit drugs.⁴

1 MyPoweredParent, "Drug Prevention Made Simple", <http://mpoweredparent.com/prevention-made-simple/>

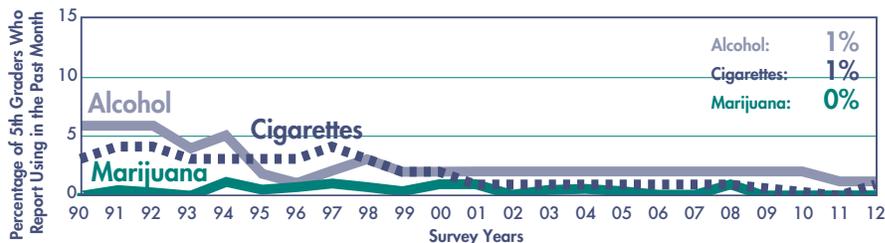
2 MyPoweredParent "Tobacco Drug Fact Sheet" <http://mpoweredparent.com/get-the-facts/tobacco-2/availability-of-tobacco/>

3 The University of Delaware Center for Drug and Alcohol Studies, (March 1, 2012) "2012 State Epidemiological Profile for Delaware Reporting on Consumption and Consequences of Alcohol, Tobacco, and Other Drugs of Abuse in Delaware" <http://www.udel.edu/delawaredata/Files/State%20Epi%202012%20Final.pdf>

4 Substance Abuse and Mental Health Services Administration, <http://www.icpsr.umich.edu>

Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



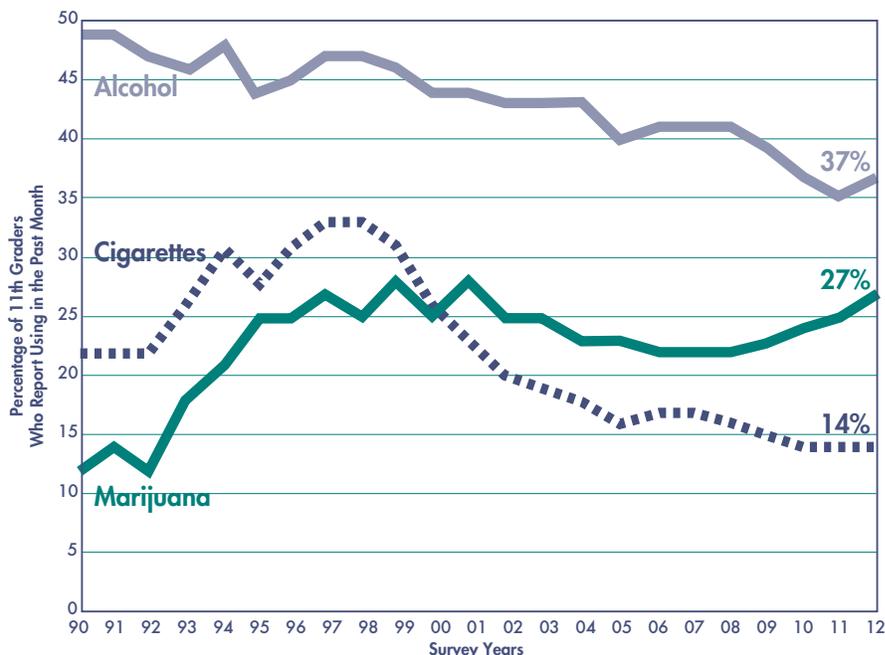
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders



Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders



Source: Delaware School Survey, 5th graders: 7,745 responses. 8th graders: 6,572 responses. 11th graders: 5,478 responses. Center for Drug and Alcohol Studies, University of Delaware



For more information see
 Delaware Children Speak about Health and Health Behaviors 58
www.udetc.org
www.al-anon-alateen.org
www.tobaccofreekids.org
www.udel.edu/delawaredata/



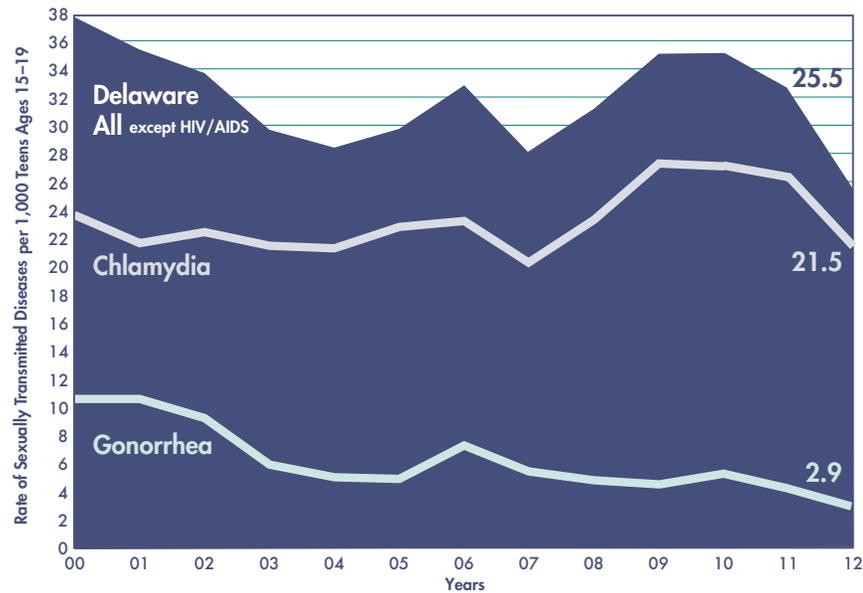
Sexually Transmitted Diseases (STDs)



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

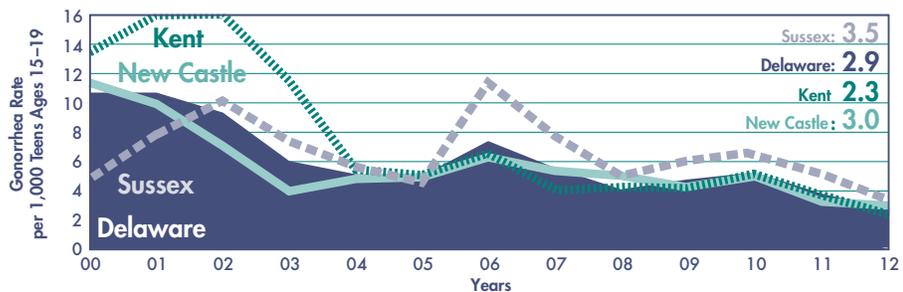
Teens with Sexually Transmitted Diseases

Delaware



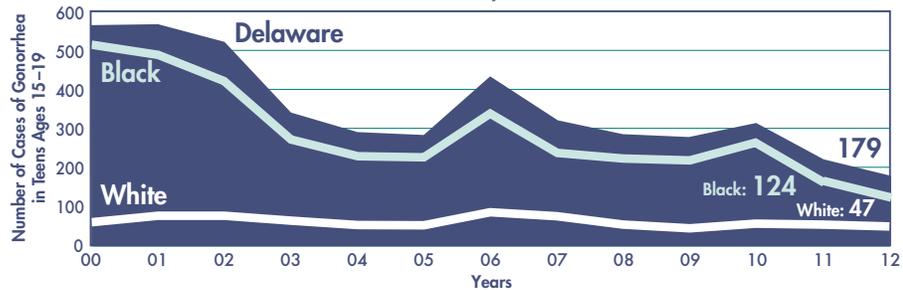
Rate of Teens with Gonorrhea

Delaware and Counties



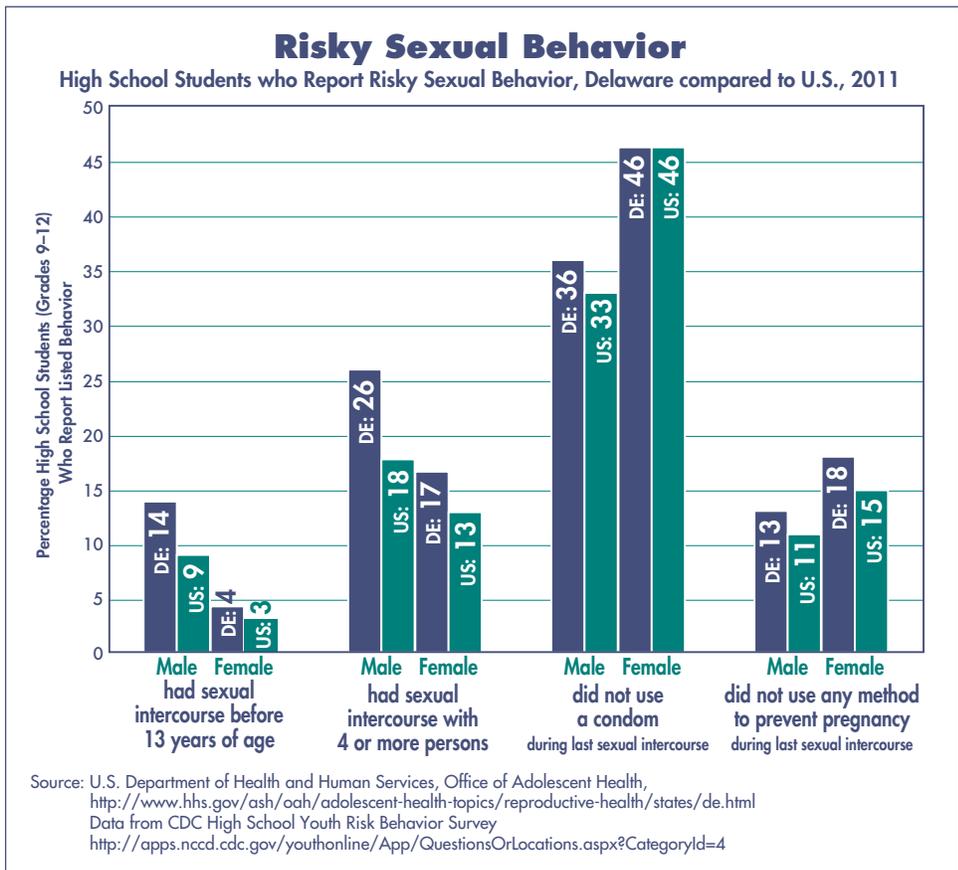
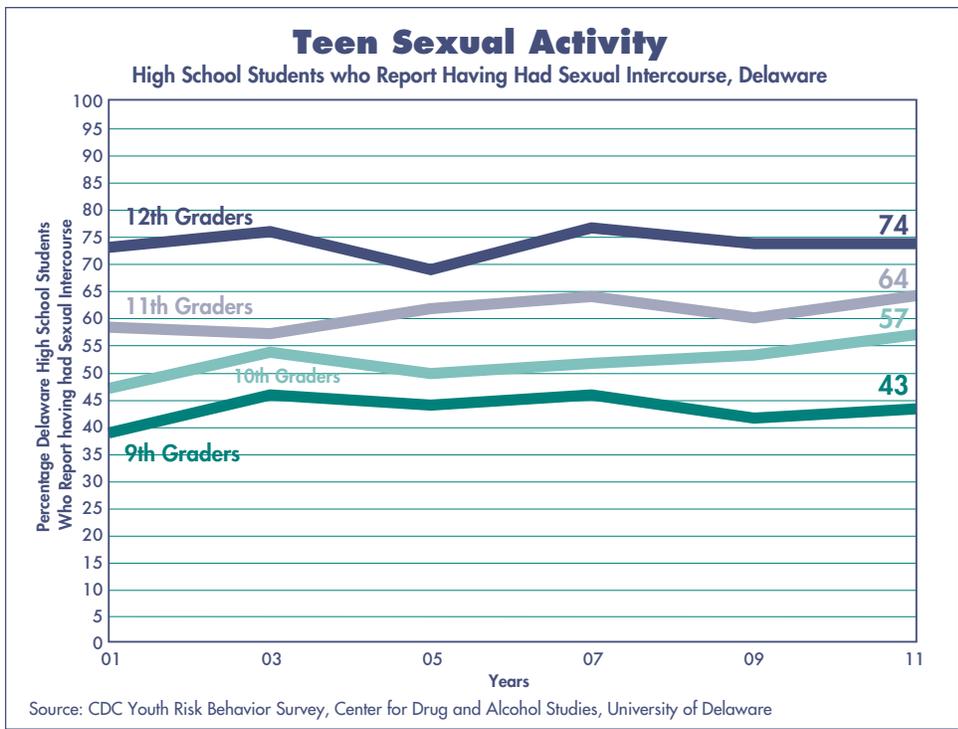
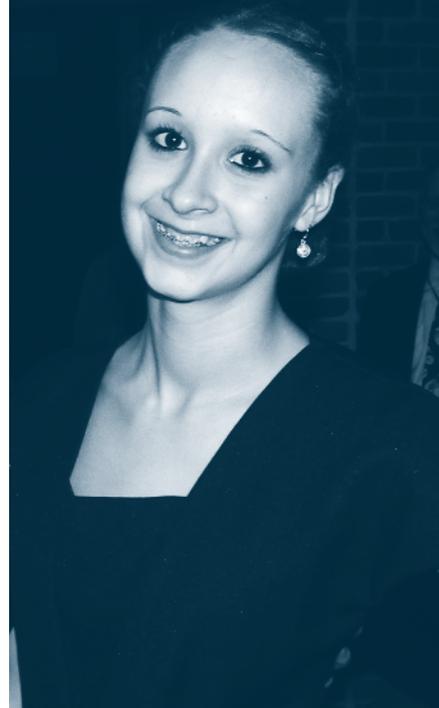
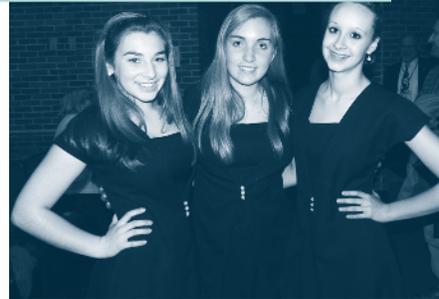
Number of Teens with Gonorrhea

Delaware by Race



Source: STD Program, Delaware Division of Public Health

Sexually Transmitted Diseases (STDs)



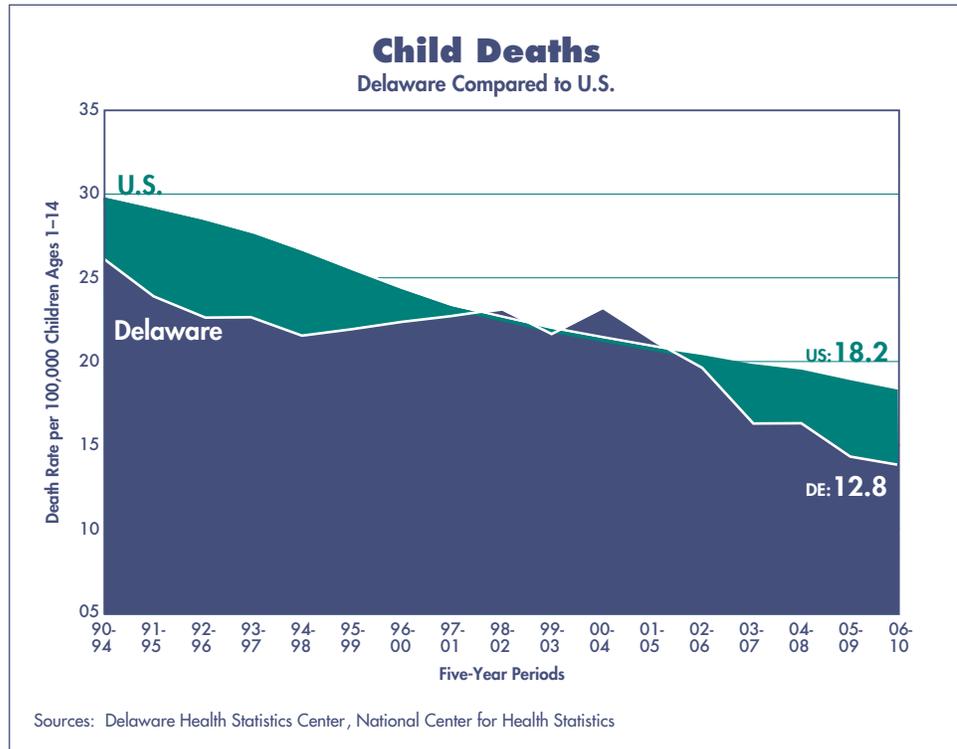
For more information see
 Delaware Children Speak about Health and Health Behaviors.....58
 Births to Teens..... 84
www.thebody.com
www.plannedparenthood.org
www.cdc.gov/hiv/pubs/facts.htm

PUT DATA INTO ACTION Visit "Get Yourself Tested" (GYT) to locate information designed for youth on STD facts, prevention, and testing. www.itsyoursexlife.com/gyt

Child Deaths Children 1-14



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



Did you know? Motor vehicle related deaths have decreased 41% between 2000 and 2009. Delaware’s child restraint law reads, “All children must be properly restrained in a federally approved child safety seat appropriate for the child’s age, weight and height up to 8 years of age or 65 lbs whichever comes first.” But for the best possible protection it is recommended that children

- Birth through age 2: Children should be placed in the back seat and in a rear facing child safety seat buckled with the seat’s harness.
- Between ages 2 and 4 **or** until 40 pounds: Children should be placed in the back seat in forward facing child safety seats buckled with the seat’s harness.
- Between ages 4 and 8 **or** until 4’9”: Children should sit in the back seat on a booster seat buckled with the seat’s harness.
- After age 9 or 4’9”: Children should wear seat belts once they fit properly: bottom belt fits across thighs and the top belt fits across the chest.

Did you know? According to the CDC there were 9,143 child deaths in the United States in 2009, 824 were from poisoning, which is an 80% increase from the year 2000. Accidental poisoning can be easily avoided by:

- Keeping medicines away from children and teens
- Keeping cleaning solutions and other toxic products in original packaging and where children can’t get them
- If parents suspects a child has been poisoned accidentally, they should call the Poison Control Center immediately at:
1-800-222-1222

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. Child Injury. (April 2012). http://www.cdc.gov/vitalsigns/childinjury/infographic.html?s_cid=bb-vitalsigns-124

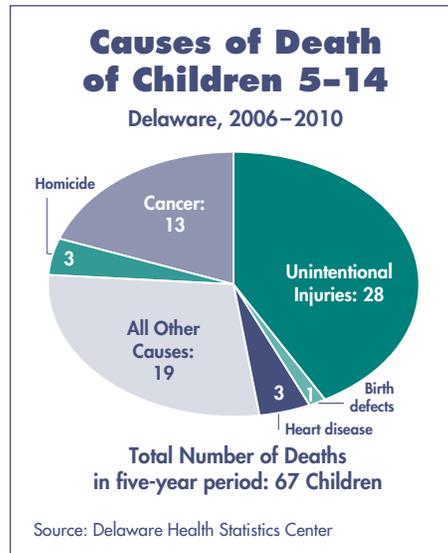
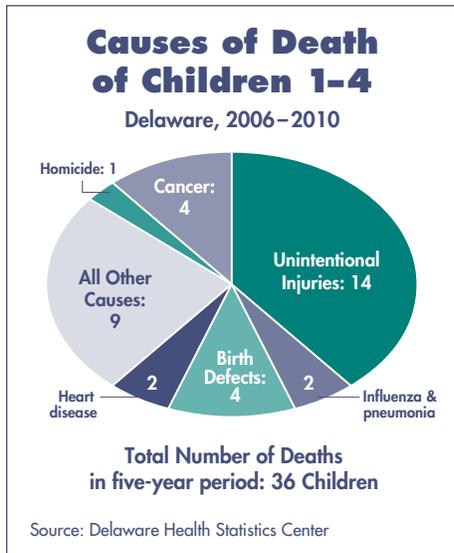
Child Death Rate – number of deaths per 100,000 children 1–14 years old

Unintentional Injuries – accidents, including motor vehicle crashes



1. Centers for Disease Control and Prevention. (May 22, 2012) “Child Passenger Safety: Fact Sheet” http://www.cdc.gov/MotorVehicleSafety/Child_Passenger_Safety/CPS-Factsheet.html

2. Centers for Disease Control and Prevention, CDC Vital Signs Child Injury. (April 2012). http://www.cdc.gov/vitalsigns/childinjury/?s_cid=bb-vitalsigns-120



Did you know? Injuries are the leading cause of death among children including car crashes, suffocation, drowning, poisoning, fires, and falls; about one in five child deaths is caused by injury. Every hour one child dies from injury. Every 4 seconds, a child is treated for injury in an emergency department.

Source: Centers for Disease Control and Prevention, CDC Vital Signs Child Injury. (April 2012). http://www.cdc.gov/vitalsigns/childinjury/?s_cid=bb-vitalsigns-120

Did you know? Every year many products fail to reach national safety standards and are recalled by the Consumer Product Safety Commission and the National Highway Traffic Safety Administration. A list broken down into categories can be found at: <http://www.babycenter.com/product-recall-finder>.

Source: Baby Center, "Product Recall Finder" <http://www.babycenter.com/product-recall-finder>

Did you know? Parents can sign up for free weekly KidsHealth e-newsletters containing information on health news and safety tips by visiting: https://websrv01.kidshealth.org/khcontent/jsp/npn_cpn.jsp?lic=1&cpn_prog_id=1

Source: Nemours Kids Health. "First Aid and Safety" http://kidshealth.org/parent/firstaid_safe/#cat150

PUT DATA INTO ACTION

A CPR course teaches techniques on how to handle situations such as a child choking or not breathing. Knowing CPR can be a real life saver in many emergency situations. The American Red Cross offers classes to learn Infant and Child CPR as well as online courses. To find classes in a particular area call (800) 733-2767 or visit <http://www.redcross.org/take-a-class>

Source: Nemours Kids Health. "CPR a Real Lifesaver" <http://kidshealth.org/kid/watch/er/cpr.html#cat117>

PUT DATA INTO ACTION

Riding bikes can be a lot of fun, but accidents do happen. Several things can be done to keep a child safe while riding a bike:

- Wearing a bike helmet that meets the standards of the Consumer Product Safety Commission (CPSC) every time the child rides.
- The bike helmet should fit properly and the straps should always be fastened- personalizing the helmet with stickers or colors could make it more fun to wear
- Add reflectors to the bike
- Avoid riding a bike at dusk or at night
- Avoid listening to headphones because it makes hearing street noises difficult
- Know the rules of the road
- Learn hand signals to alert cars on any turns

Source: Nemours Kids Health, Kate Cronan M.D. (July 2010) "Bike Safety" http://kidshealth.org/kid/watch/out/bike_safety.html#

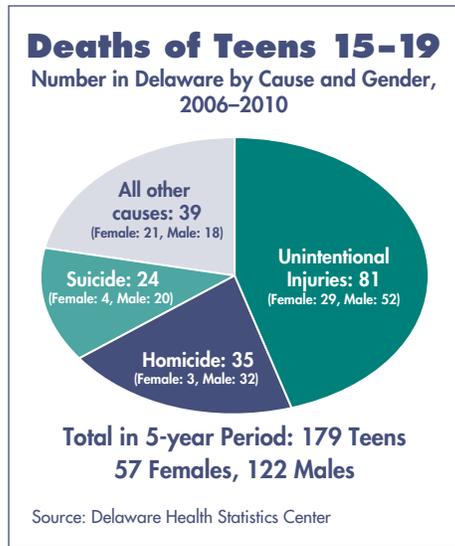
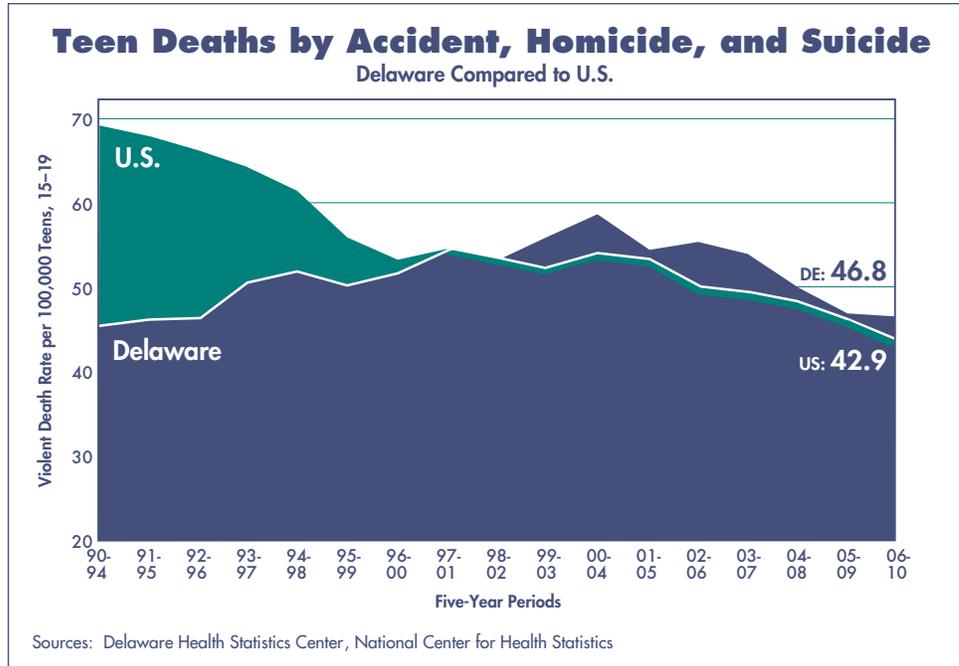
Infant Mortality	30
Child Immunizations	39
Teen Deaths by Accident, Homicide, & Suicide	50
Child Abuse and Neglect	104
www.kidshealth.org	
www.cdc.gov/ncipc/duip/duip.htm	



Teen Deaths by Accident, Homicide, and Suicide



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



Deaths of Teens 15-19 Number in Delaware by Cause, 2010

Motor Vehicle Crashes	6 males 7 females
Suicide	6 males 0 females
Homicide	4 males 1 females
All Other Causes	5 males 4 females
Total Number of Deaths:	33 teens

Source: Delaware Health Statistics Center

Did you know? Car crashes are the #1 killer of teens each year; the main reason is inexperience. The CDC's "Parents are the Key" campaign addresses this issue by encouraging parents to involved with their teens and driving to promote safe driving techniques:

- Parents driving with their teen to give the teen more experience
- Sign a Parent-Teen driving agreement to set the rules of the road
- Lead by example- no talking on the phone or texting while driving

Source: Centers for Disease Control and Prevention, (October 9, 2012) "Parents are the Key" <http://www.cdc.gov/parentsarethekey/>

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

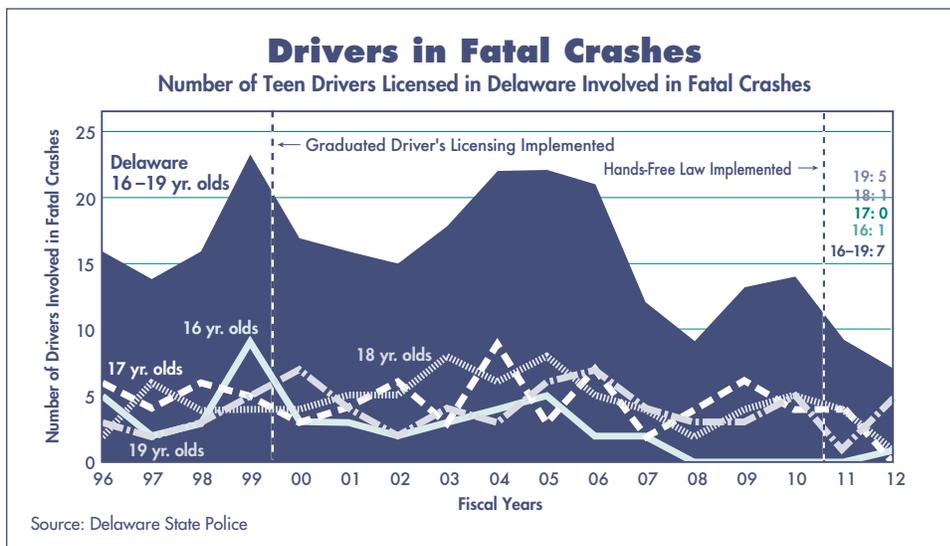
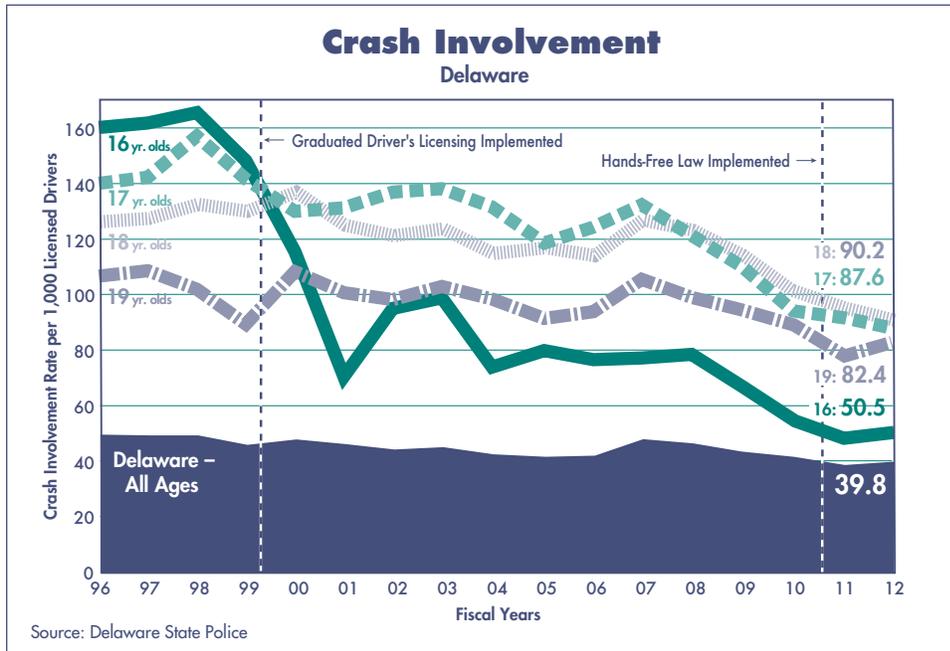
Unintentional Injuries – accidents, including motor vehicle crashes

Teen Deaths by Accident, Homicide, and Suicide

Impact of the Graduated Driver's License Program on 16-Year-Old Driver Crashes

Since enacting the Graduated Driver's Licensing Program on July 1, 1999, Delaware has experienced a significant decrease in the number of motor vehicle crashes involving teens ages 16 to 19. Delaware's GDL program includes all three levels recommended by the National Conference of State Legislatures, Energy and Transportation Program. Level 1 involves obtaining a learner's permit and requires supervised driving at all times for six months. Level 2, reached six months after the issuance of a Level 1 learner's permit, involves limited unsupervised driving and passenger restrictions. After twelve months of driving experience with a learner's permit, a Level 3 license, full licensure with unrestricted privileges, can be obtained.

Source: Delaware Division of Motor Vehicles. www.dmv.de.gov/services/driver_services/drivers_license/dr_lic_grad_dl.shtml

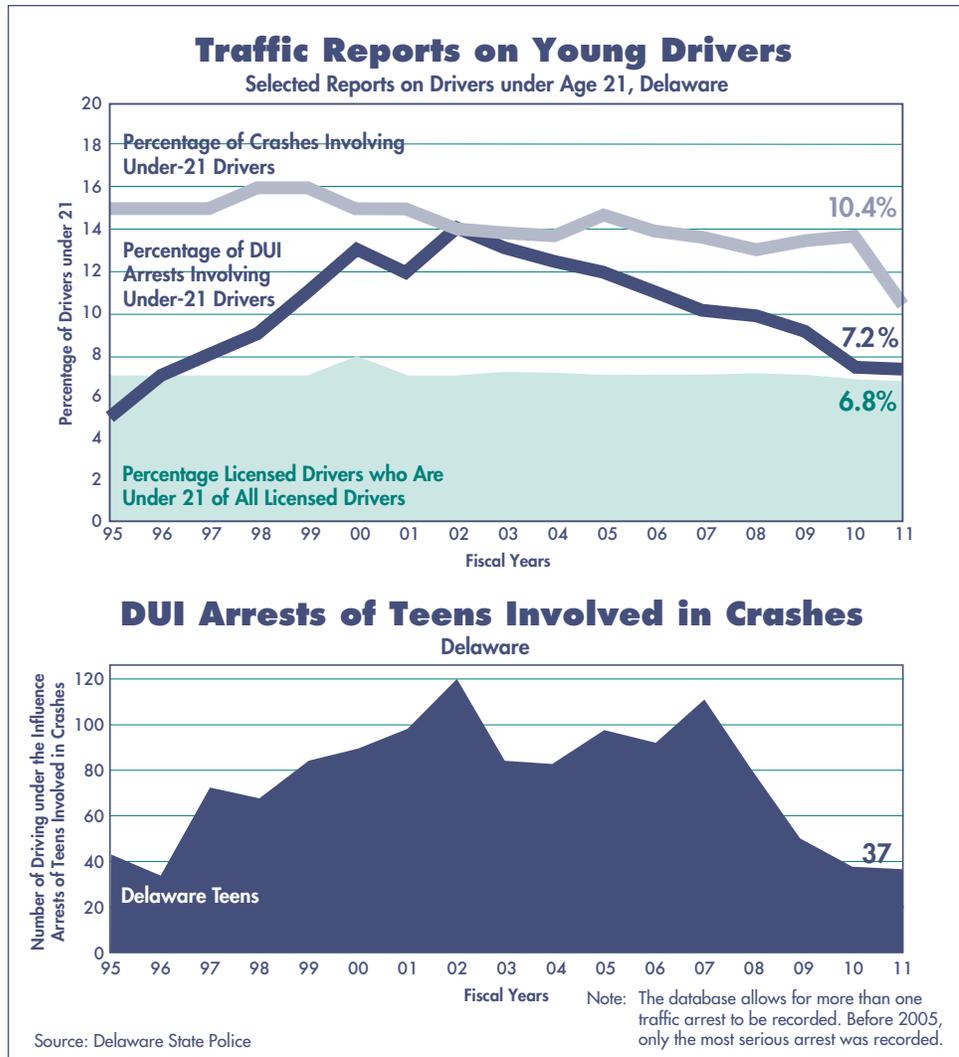


Did you know? According to a study done by AAA, July 4th is the deadliest day to drive in the year. Between 2000 and 2009 more people lost their lives on July 4th in motor vehicle crashes than any other day of the year, and more than 40% of the fatalities were due to drunk driving.

Source: AAA Foundation, "Safety Culture: July 4 Ranks Number One as America's Deadliest Day on Nation's Roadways" <http://www.aaafoundation.org/pdf/2011July4PR.pdf>



Teen Deaths by Accident, Homicide, and Suicide



PUT DATA INTO ACTION

Text messaging requires visual, manual and cognitive ability. That is why, texting while driving is the most dangerous distraction. Drivers are 23 times more likely to be involved in an accident if texting while driving than non-distracted drivers. In the United States, 40% of teens say they have been in a car when the driver used a cell phone in a way that put themselves or others in danger.

In Delaware, it is against the law for all drivers to use handheld cell phones or to text while driving. For new drivers, defined as learners permit holders and intermediate license holders, it is against the law to use a cell phone even if it is hands free.

Sources: Pew Research Center, Pew Internet and American Life Project, (November 6, 2009). Mary Madden, Amanda Lenhart. "Teens and Distracted Driving" http://www.distraction.gov/research/PDF-Files/PIP_Teens_and_Distracted_Driving.pdf and U.S. Department of Transportation, Official US Government Website for Distracted Driving: Distraction.Gov "What is Distracted Driving" <http://www.distraction.gov/content/get-the-facts/facts-and-statistics.html> and "State Laws" <http://www.distraction.gov/content/get-the-facts/state-laws.html>

Did you know? Homicide is the second leading cause of death for youth in the United States. Nearly 180,000 people die from violence and injuries each year which is the equivalent of nearly one person every three minutes. School based programs to prevent violence have been shown to cut violent behavior by 29% among high school students and 15% across all grade levels. Early childhood programs are the best defense to prevent crime and violence.

Sources: Centers for Disease Control and Prevention, "Saving Lives and Protecting People from Violence and Injuries". <http://www.cdc.gov/injury/overview/index.html>
 Fight Crime. "Early Care and Education" <http://www.fightcrime.org/page/early-care-and-education>

For more information see

Child Deaths..... 48

Mental Health..... 56

www.iihs.org

www.talkingwithkids.org

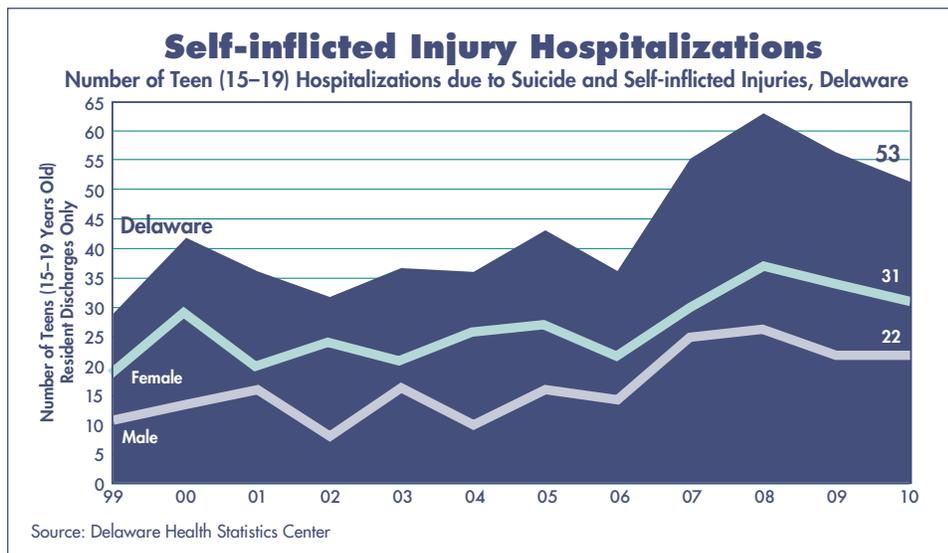


Teen Deaths by Accident, Homicide, and Suicide

Did you know? Between January and May of 2012, 11 adolescents committed suicide and 116 attempted suicide in Kent and Sussex Counties. Four of those suicides occurred at the same high school in a period of two months. The number of suicides reported in the first quarter of 2012 is more than typically reported in an entire year. The Delaware Department of Health and Social Services asked the Centers for Disease Control and Prevention to conduct an investigation on the suicide deaths of the teenagers. The CDC found no direct contagion, meaning there is nothing that suggests that the suicide of one person directly led to an increase in suicidal behavior among others. However, many of those who committed suicide had at least two of the following risk factors, but about half who died had 5 or more risk factors:

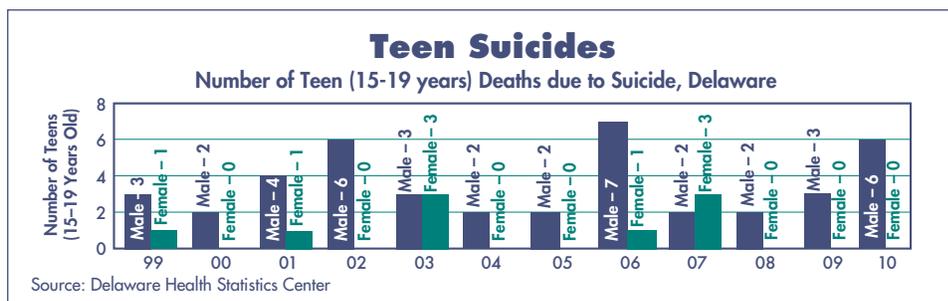
- Mental Health Problems – depression and anxiety
- Conflict with parent(s)
- Recent legal problems
- Conflict with a boyfriend or girlfriend
- Substance abuse
- Academic problems
- Leaving a note, calling, or texting someone about his or her impending suicidal behavior
- Recent problems with peers
- Issues regarding sexual orientation

Source: Delaware Health and Social Services. (August 9, 2012). Press Release: Preliminary CDC Report Released on Youth Suicides in Delaware. <http://www.dhss.delaware.gov/dhss/pressreleases/2012/cdcreport-080912.html>
http://dhss.delaware.gov/dhss/admin/files/cdc_tripreport_de.pdf



Did you know? According to the CDC, among youth 15–24 years there are 100–200 suicide attempts for every completed suicide. In Delaware, the average cost per case for a suicide attempt is \$8,693.

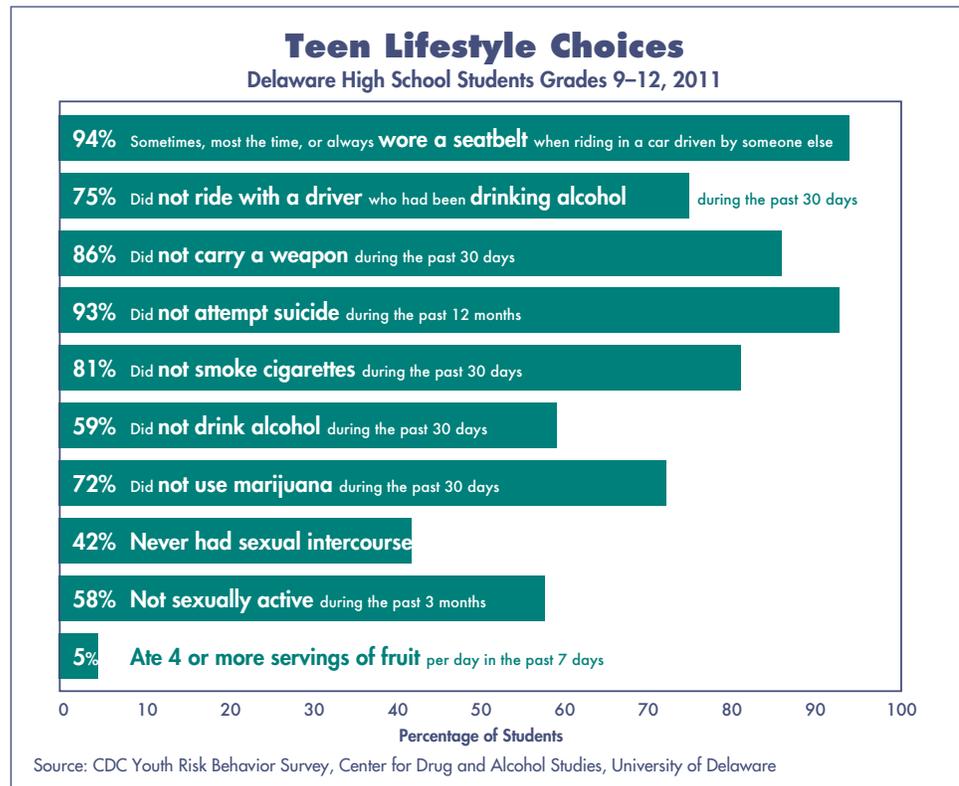
Source: KIDS COUNT in Delaware 2011 Prevention Issue Brief



Delaware Children Speak: Health and Health Behavior



Since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered an annual survey to public school students about alcohol, tobacco, and drug use. This study is supported by the Office of Prevention with the cooperation of the Department of Education and the Delaware Drug-Free School Coordinators. It has become a valuable tool in assessing trends of drug use among Delaware students. Over time, the survey has been adapted to include questions on school behavior, health habits, and parental interaction. In recent years, the study has shown an increased interest in safety, parental involvement, educational needs, and healthy lifestyles. The Center for Drug and Alcohol Studies has provided KIDS COUNT in Delaware with a wealth of information detailing the issues which are included in each section as *Delaware Children Speak*.



Did you know? Biking is a great form of physical activity. Governor Jack Markell supports Walkable Bikeable Delaware, and continues to support Delaware becoming one of the most walkable and bikeable states in America. On March 20, 2012 Delaware won the Advocacy Award from the Alliance of Biking and Walking for Bike Delaware. On May 22, 2012 the League of American Bicyclists ranked Delaware #10 in Bicycle Friendly States.

Source: Bike Delaware, "Walkable Bikeable Delaware Wins National Recognition" <http://www.bikede.org/2012/03/30/walkable-bikeable-delaware-wins-national-recognition/>

Did you know? The Can-Do Playground in Wilmington is the first public playground in Delaware designed for children of all abilities, with at least 70% of the play environment equipment accessible to children with physical disabilities. The playground is designed to be barrier free allowing children who are 100% enabled, and those with disabilities to play together.

Source: <http://www.candoplayground.org/>

PUT DATA INTO ACTION

Nemours Kids Health provides a list of fun and healthy recipes for children to make with an adult supervisor with detailed instructions. Nemours includes recipes for children with dietary restrictions including children with diabetes, cystic fibrosis, lactose intolerance, celiac disease, and vegetarians. To view and print any of these recipes visit: <http://kidshealth.org/kid/recipes/#cat20229>

Source: Nemours Kids Health, "Recipes and Cooking" <http://kidshealth.org/kid/recipes/#cat20229>

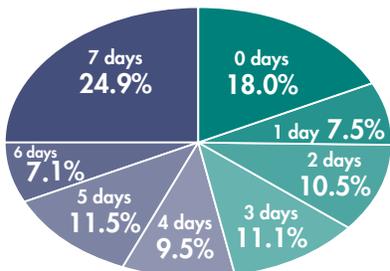


Strenuous Physical Activity

How many days in the past week have you exercised or participated in physical activity for at least 60 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?

Delaware, 2011

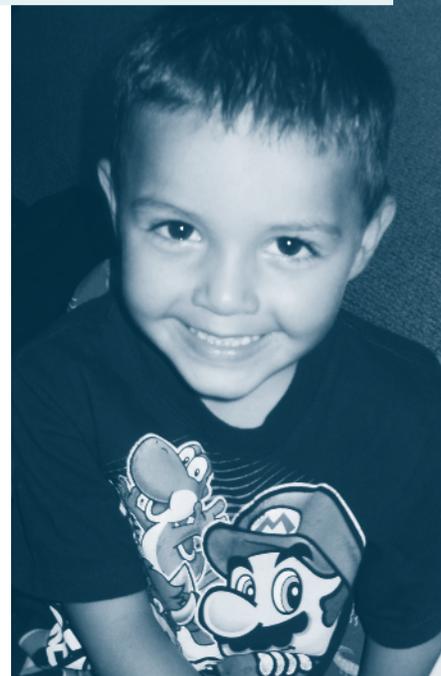
9–12th Graders



Students reporting 0 days activity by age



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



Weight Control

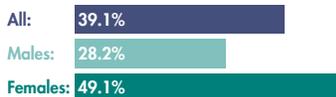
Step taken in the last 30 days to lose weight or keep from gaining weight

Delaware, 2011

Exercised



Ate less food, fewer calories or low-fat food



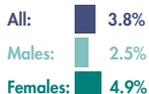
Went without eating for 24 hours or more



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



Vomited or took laxatives



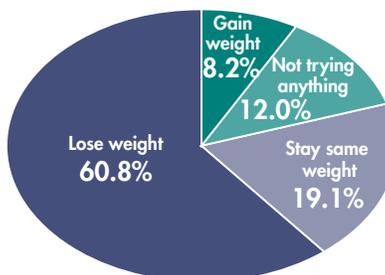
Source: Responses from 9th–12th grade students. CDC Youth Risk Behavior Survey, Center for Drug and Alcohol Studies, University of Delaware

Concern about Weight

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

Delaware, 2011

9–12th Grade Females



9–12th Grade Males



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

Did you know? 62.7% of Delaware children participate in 4 or more days of vigorous activities a week.

Source: www.nschdata.org

For more information see

Childhood Obesity 42

www.udel.edu/delawaredata/

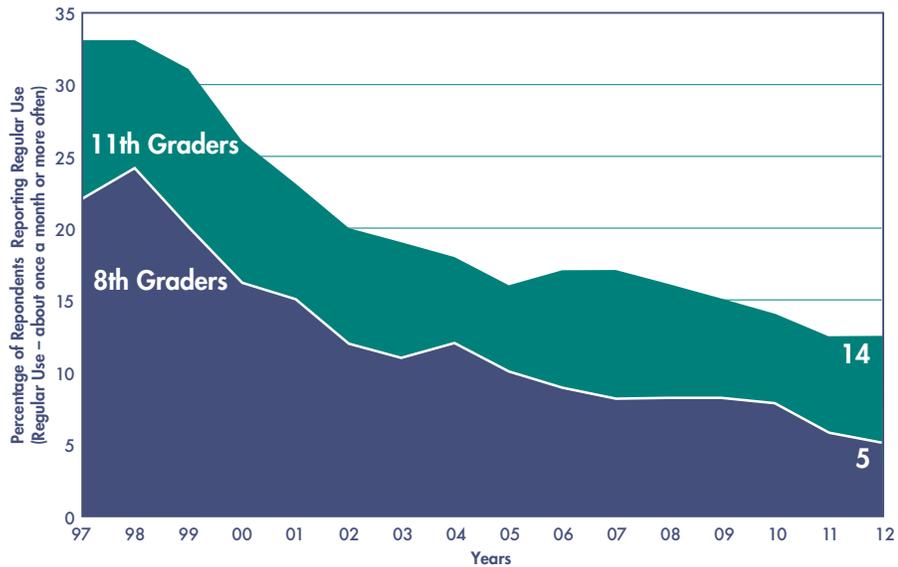
www.cdc.gov/HealthyYouth/yrbs/



Delaware Children Speak: Health and Health Behavior



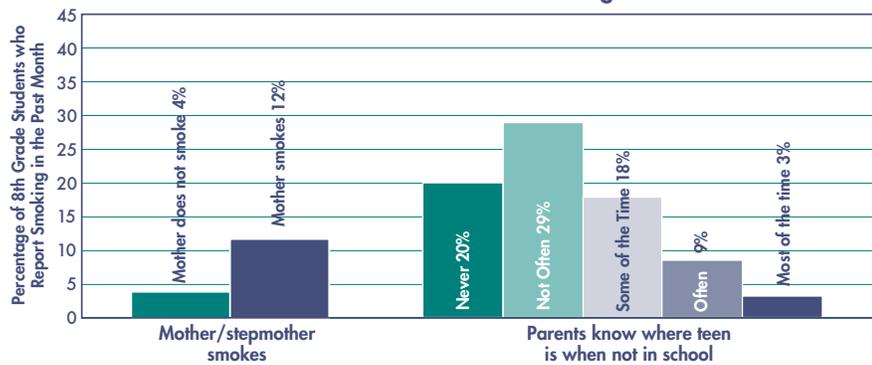
Past Month Cigarette Use Delaware 8th and 11th Graders



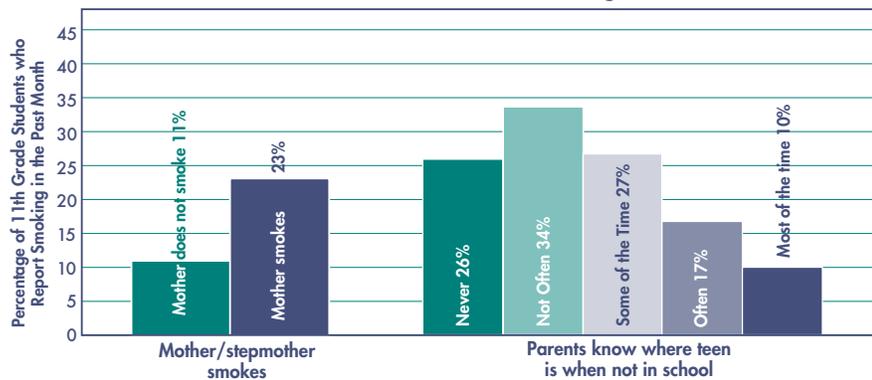
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Parents Influence Teen Smoking Delaware, 2012

8th Graders who Smoke Cigarettes



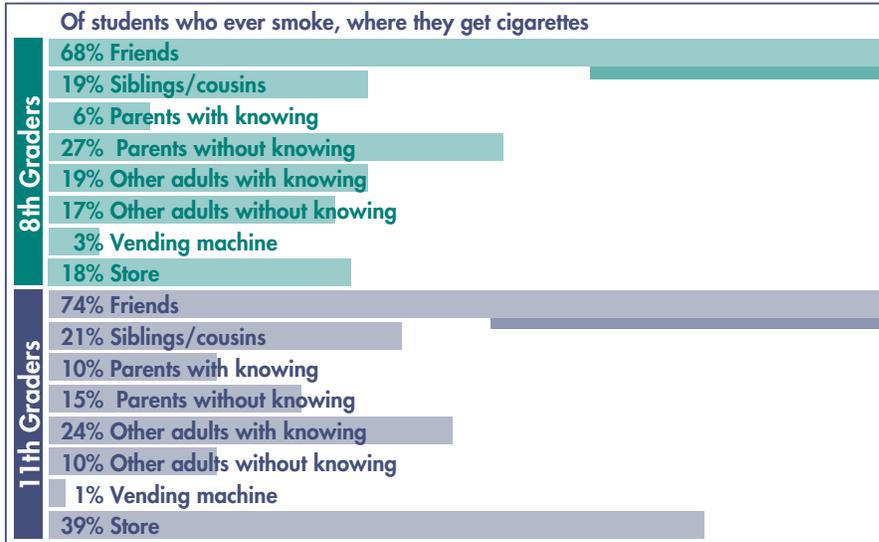
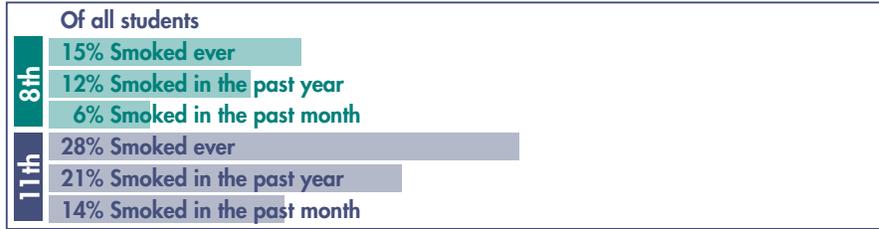
11th Graders who Smoke Cigarettes



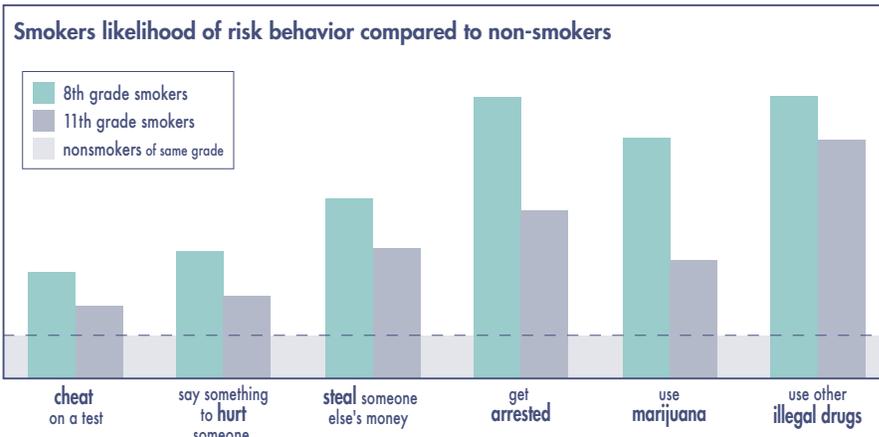
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Youth Cigarette Use

8th and 11th Graders, Delaware, 2011



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



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



For more information see

Alcohol, Tobacco, and Other Drugs 54

www.udel.edu/cdas/

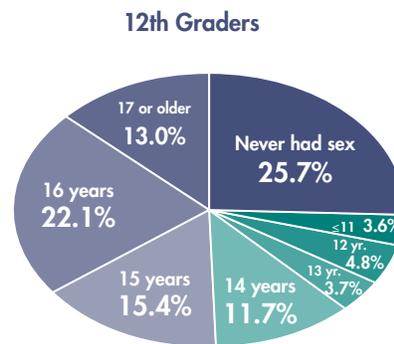
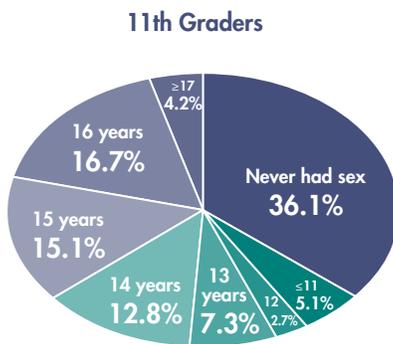
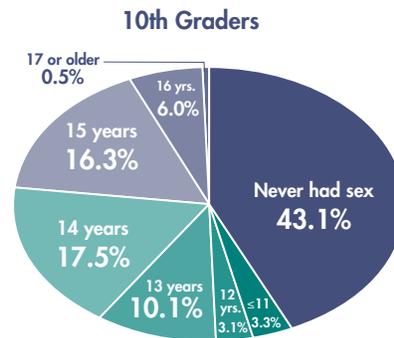
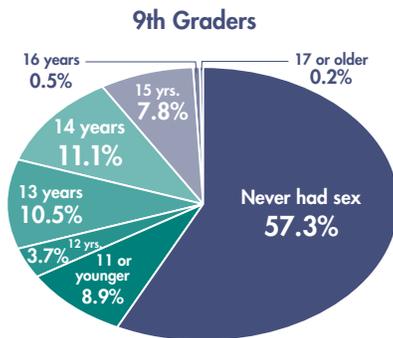
<http://childnutrition.doe.k12.de.us/>

Delaware Children Speak: Health and Health Behavior



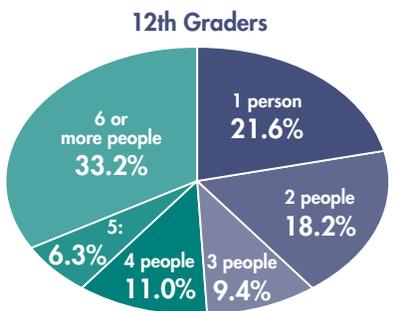
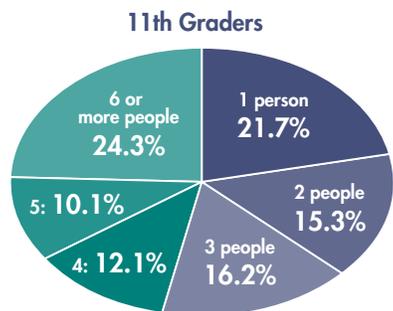
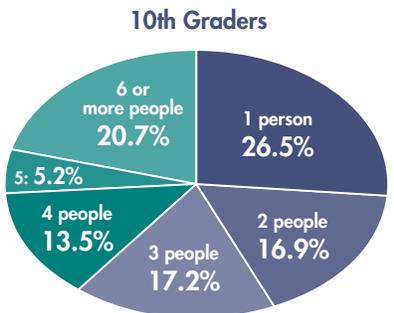
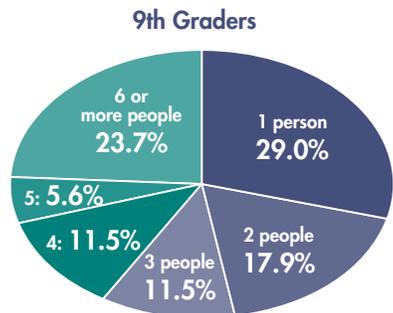
Sexual Activity

How old were you when you had sexual intercourse for the first time?
Delaware, 2011



Sexual Activity

Of those who are sexually active,
with how many people have you had sexual intercourse?
Delaware, 2011



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

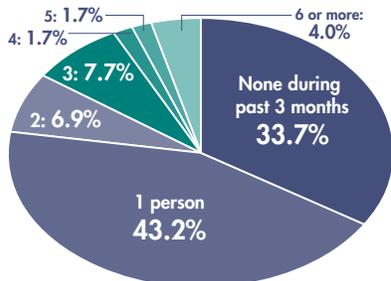
Delaware Children Speak: Health and Health Behavior

Sexual Activity

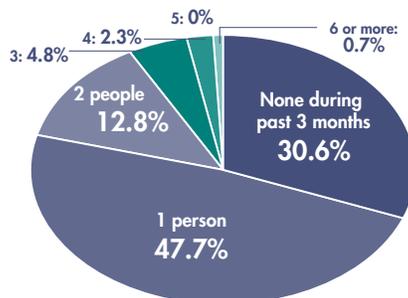
Of those who ever had sex,
with how many people have you had sexual intercourse during the past 3 months?

Delaware, 2011

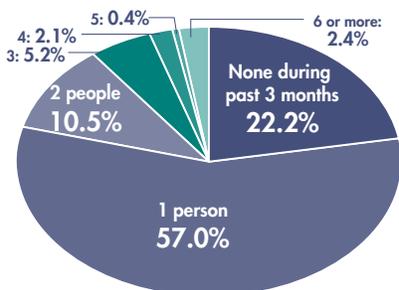
9th Graders



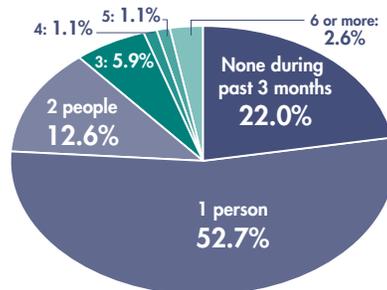
10th Graders



11th Graders



12th Graders

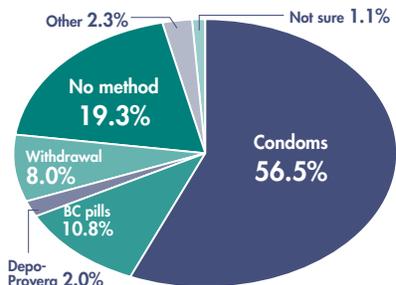


Sexual Activity

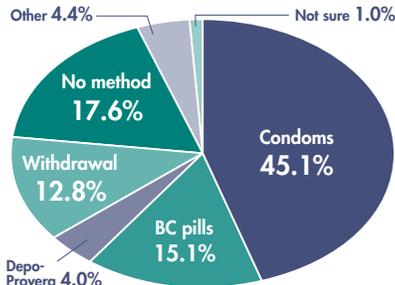
Of those who are sexually active, the last time you had sexual intercourse,
what one method did you or your partner use to prevent pregnancy?

Delaware, 2011

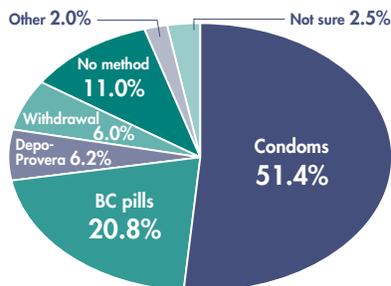
9th Graders



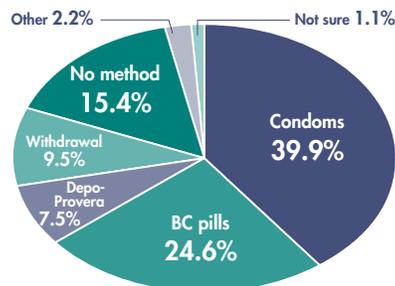
10th Graders



11th Graders



12th Graders



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



For more information see
Sexually Transmitted Diseases..... 53
Births to Teens 84



Delaware Children Speak: Health and Health Behavior



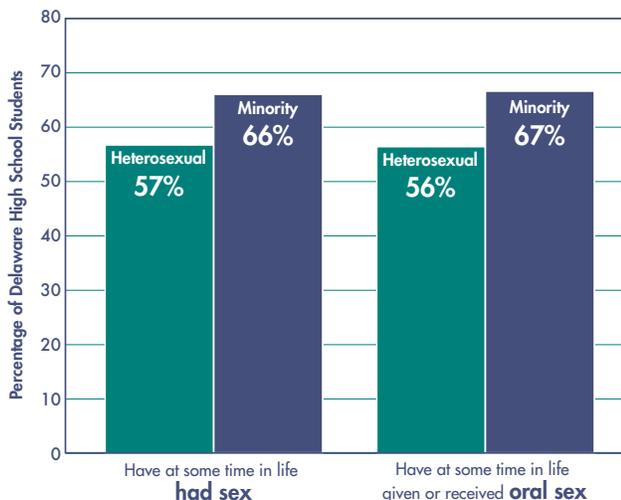
Sexual Minority Youth

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

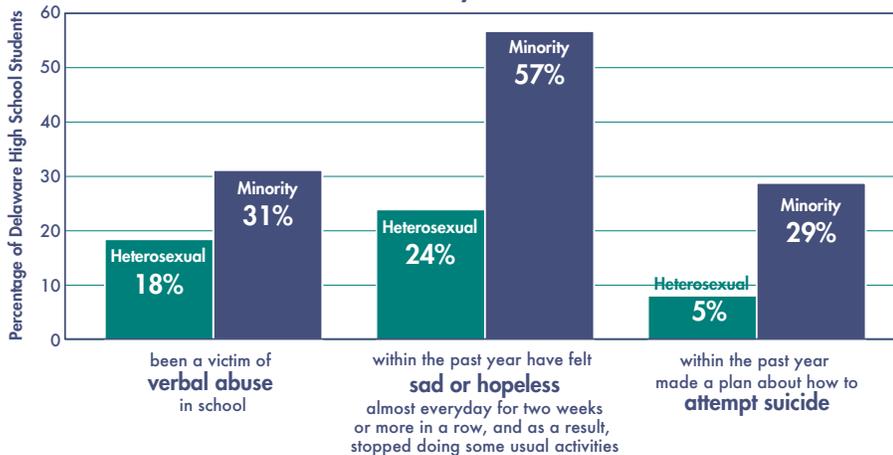
Delaware, 2011

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

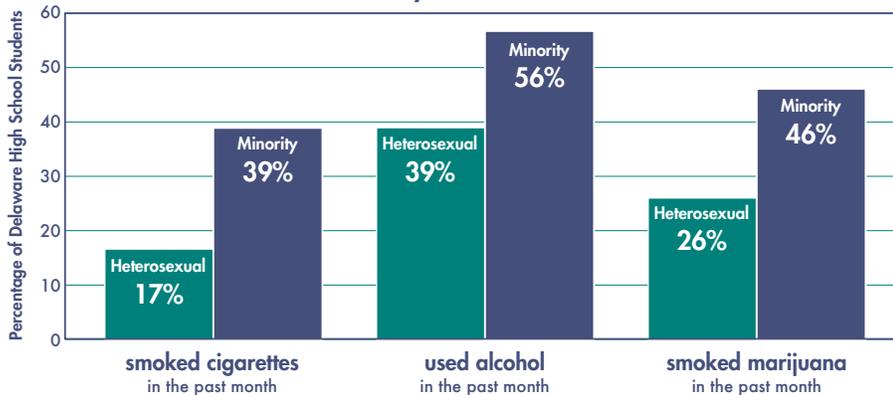
Sexual Minority Youth Sexual Activity



Sexual Minority Youth and Stress



Sexual Minority Youth and Risk Behaviors



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

For more information see

- Sexually Transmitted Diseases..... 53
- Alcohol, Tobacco, and Other Drugs 54
- Mental Health 56



EDUCATIONAL INVOLVEMENT & ACHIEVEMENT



Early Intervention

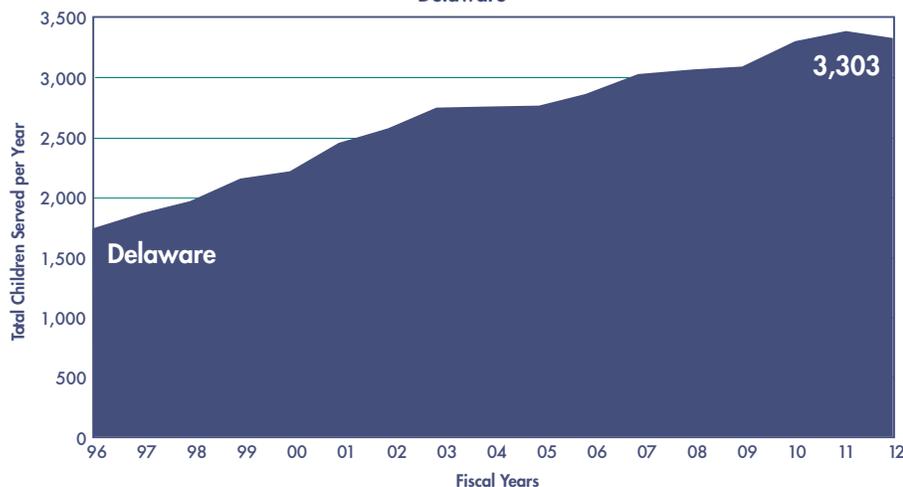


Early intervention programs are designed to improve the mental, verbal, social, and emotional wellbeing of young children who have developmental disabilities or who are vulnerable due to biological or environmental factors. These programs enhance a child's potential and development while providing support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

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

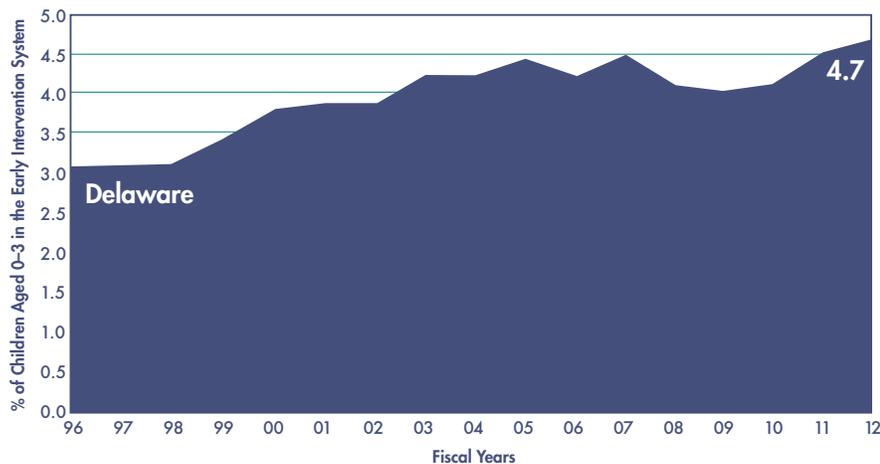
Child Development Watch

Delaware



Birth to Three Early Intervention

Delaware



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

PUT DATA INTO ACTION

Child Development Watch is an early intervention program funded through the Birth to 3 Early Intervention System as a part of Delaware Health and Social Services. The program enhances the development of infants and toddlers with disabilities or developmental delays by providing screening, evaluation, assessments, service coordination and development training. Child Development Watch provides these services at no cost to families. There are some additional services which may require a co-payment. If the child is Medicaid-eligible, Medicaid may pay for some services; but no family is denied service based on inability to pay. Since 1996, more than 40,000 children in Delaware have received early intervention services through Child Development Watch.

For more information see

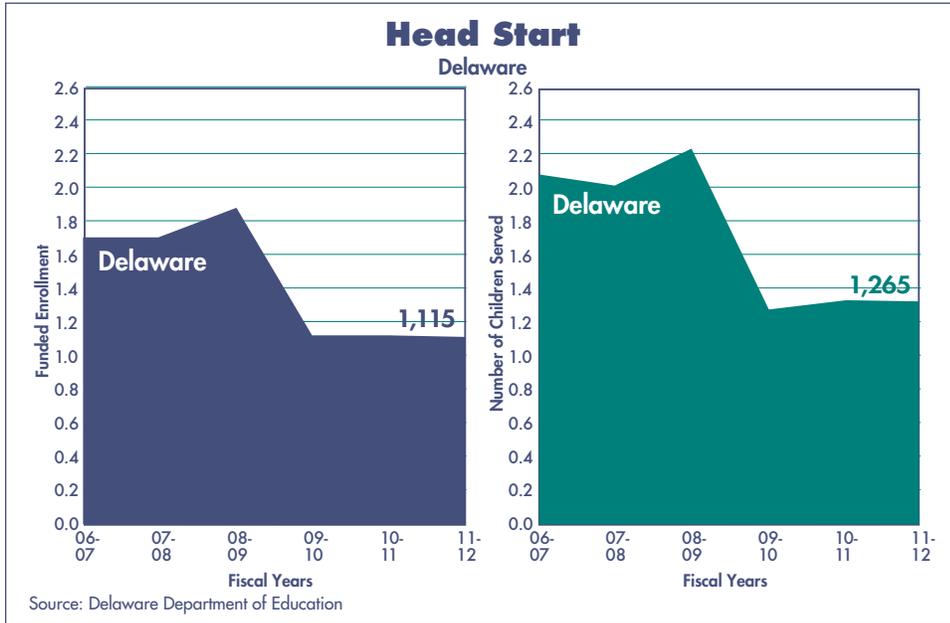
www.kidsource.com/kidsource/pages/ed.early.html

www.state.de.us/kids/fs/fs_k3prog.shtml



The Head Start program provides comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. The range of services offered are designed to be responsive to the developmental, ethnic, cultural, and linguistic experience of the children and their families.

Head Start and partnering organizations promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services. A hallmark of the program is its emphasis on engaging parents in the many activities that support their child's development.



Did you know? Parents Evaluation of Development Skills (PEDS) is a developmental screening tool that is used to identify children with possible developmental delays. PEDS is designed for children between the ages of 6 months and 8 years old. Parents use a bi-lingual questionnaire that can be filled out at the doctor's office, which is used to screen for developmental and behavioral concerns that could need additional evaluation. The benefit of using PEDS across the state at pediatric care offices is that it more than quadruples the number of children identified with developmental delays.

Source: Ellis, Amirah (2012) "Developmental Screening Tool for Pediatric Care" SPPA Connect. Vol. 4, No. 1

Did you know? As part of Delaware's efforts to improve access to and improve the quality of early childhood education, the Delaware General Assembly enacted a law in June 2012 to establish a statewide readiness tool to review a child's readiness for learning when they enter kindergarten.

Source: KIDS COUNT in Delaware Legislative Wrap Up 2012

PUT DATA INTO ACTION

Head Start and Early Head Start

services are available to pregnant women, children ages birth to five years, and their families. For parents, Head Start offers training and classes on child-rearing, job training, nutrition and health, and using free resources in the community. Parents can learn English, or learn to read or assistance in gaining a GED. Head start offers help for family members with special problems such as job loss or drug and alcohol abuse.

For children, Head Start provides quality services for young children to grow up ready to succeed in school and life. Children develop social skills and also receive nutritious meals and necessary health care.

To find a local Head Start Program in Delaware visit: http://www.doe.k12.de.us/infosuites/students_family/early-childhood/programdir.shtml

Source: U.S. Department of Health and Human Services, Head Start

Head Start – federally funded program operated by local public and private non-profit and for-profit agencies to provide comprehensive child development services to children who are at or below the poverty level. Special focus is on helping preschoolers from 3 to school entry develop early reading and math skills. The number of programs has decreased from 4 in 2007 to 2 in 2011.

The Head Start program is permitted to serve up to 10% of their children who are above the poverty threshold to meet mandates to provide services to children with disabilities.

Funded Enrollment is the number of funded slots.

Number of Children Served is the cumulative number of children that filled funded slots throughout the year. Number of children served exceeds the funded enrollment because some children leave the program during the year and other children re-fill their slots.

For more information see www.nhsa.org



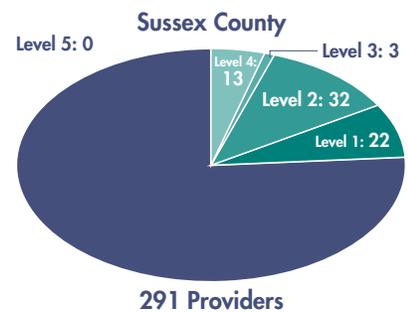
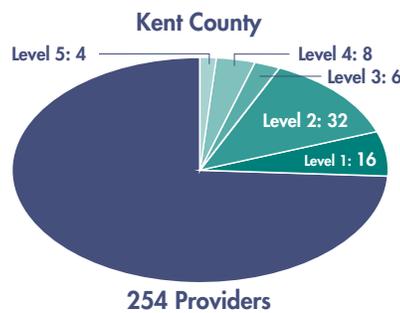
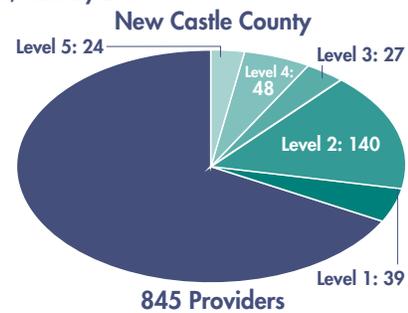
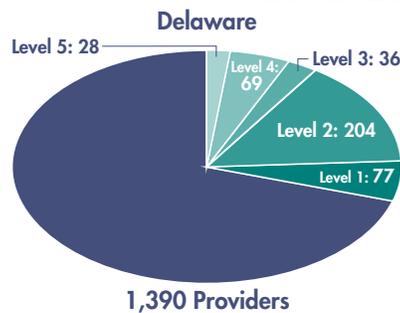
Early Care and Education



The first five years of a child's life lay out the foundations for language, academic ability, habits and socio-emotional development. Research shows that access to high quality early care and childhood programs help young children grow up ready to succeed in school and life. Participating in quality programs decreases the likelihood of behavioral problems, delinquency, crime, smoking, and drug use later in life. Furthermore, quality early care and childhood programs are shown to increase employment, earning potential and self-sufficiency. However, there are large gaps in the quality of early care and childhood programs.

Delaware's Stars for Early Success

Delaware and Counties, January 2013



“Starting with Stars” Level 1 – Programs at this first level of participation in Delaware Stars are in good standing with the Office of Child Care Licensing and are working on required steps for orientation.

Star Level 2 – Programs at Star Level 2 have begun their active pursuit of continuous quality improvement for their early care and education or school age program. Programs have completed all components required in “Starting with Stars” and are implementing a Quality Improvement Plan linked to the Delaware Stars for Early Success Standards.

Star Level 3 – To reach a Star Level 3, a program must achieve a minimum of a 3.0 on each of

the ERS assessments for their program and earn 40–59 quality points through the verification of quality standards.

Star Level 4 – To reach a Star Level 4, a program must achieve a minimum of a 4.0 on each of the ERS assessments for their program and earn 60–79 quality points through the verification of quality standards.

Star Level 5 – The highest level of achievement for programs in Delaware Stars. To reach a Star Level 5, a program must achieve a minimum of a 5.0 on each of the ERS assessments for their program and earn 80–100 quality points through the verification of quality standards.

Source: The Delaware Institute for Excellence in Early Childhood

Delaware Stars for Early Success – Delaware Stars for Early Success is a product of the University of Delaware’s Delaware Institute for Excellence in Early Education.

Did you know? The Delaware Early Childhood Council (ECC) is the State Advisory Council on Early Childhood for children from birth to eight years of age. The ECC is charged with carrying out all of the functions designated in the federal Improving Head Start for School Readiness Act of 2007 and other functions as assigned by the Governor, General Assembly, and the Interagency Resource Management Committee. For more information about the Council please visit their website at <http://decc.delaware.gov/>.

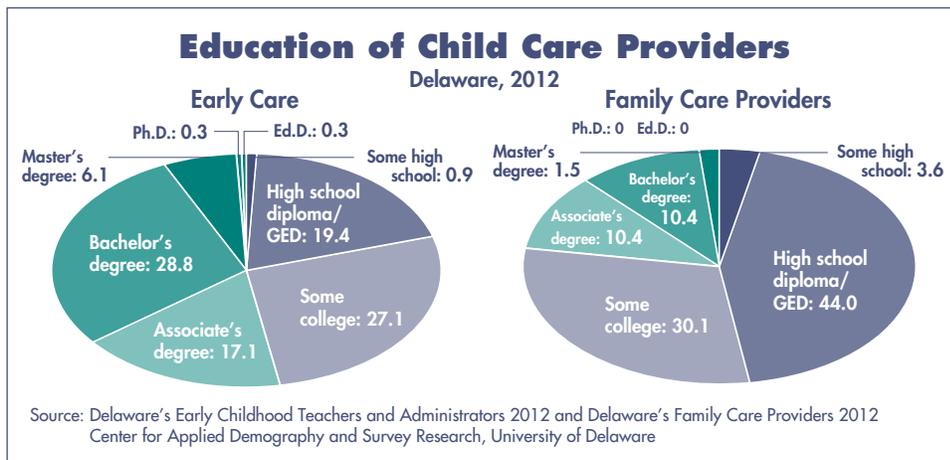
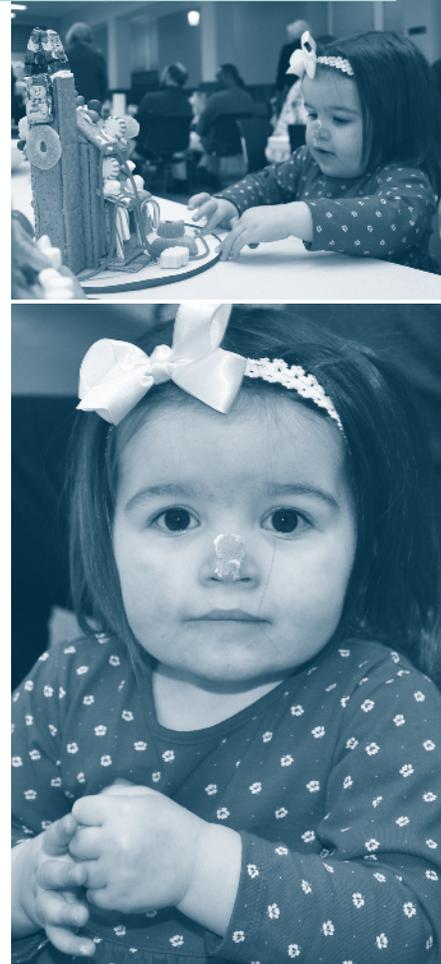
Source: Delaware Department of Education



Did you know? Finding childcare can be particularly difficult for military families. Military spouses often work outside the home, continue their education, and play the role of single parent. The demands of military service come with frequent deployments, standing duty, training, and unpredictable work schedules with long hours. There has also been an increase in the number of single parent and dual military families serving in the armed forces. All of these factors taken together mean that quality, affordable child care is a necessity for many active-duty families.

The Department of Defense currently oversees 800 Child Development Centers (CDCs) located on military installations worldwide. These centers offer a safe child care environment and meet professional standards for early childhood education. Dover Air Force Base has a Child Development Center, Youth Center and Family Child Care Program..

Source: <http://www.military.com/spouse/military-life/military-resources/military-child-care.html>



Did you know? As recipients of the federal Race to the Top- Early Learning Challenge Grant, Delaware will receive nearly \$50million in funding to focus on supporting the needs of young children and their families. Through the newly established Delaware Office of Early Learning, stakeholders will work together to build a professional and effective workforce and strengthen Delaware Stars in order to drive high-quality programming.

Source: Vision 2015

Did you know? Child Care Aware of America promotes national policies and partnerships to advance the development and learning of all children and to provide vision, leadership, and support to community. Child Care Aware annually reviews the regulations and oversight of child care and family home centers. In the 2011 report produced by Child Care Aware, Delaware child care centers ranked 11th in the nation.

<http://www.naccrra.org/node/2477>

PUT DATA INTO ACTION

Help Me Grow is a collaborative system that identifies children who are at risk for developmental or behavioral challenges and helps their families find the right program for their child. Identifying and linking at-risk children to community-based supports as early as possible is essential for child development. Help Me Grow implemented a centralized telephone line for families that assists with the following:

- Helping families understand what is typical for a child at a given age
- Exploring what has been tried before and what has and has not worked
- Mailing information to families on specific topics
- Having families enroll their children in a developmental monitoring program, such as the Ages and Stages Child Monitoring Program
- Providing referrals to parenting and support programs
- Providing follow-up and advocating for families as needed

Source: Help Me Grow National Center, "Core Components", <http://www.helpmegrownational.org/pages/what-is-hmg/core-components.php>

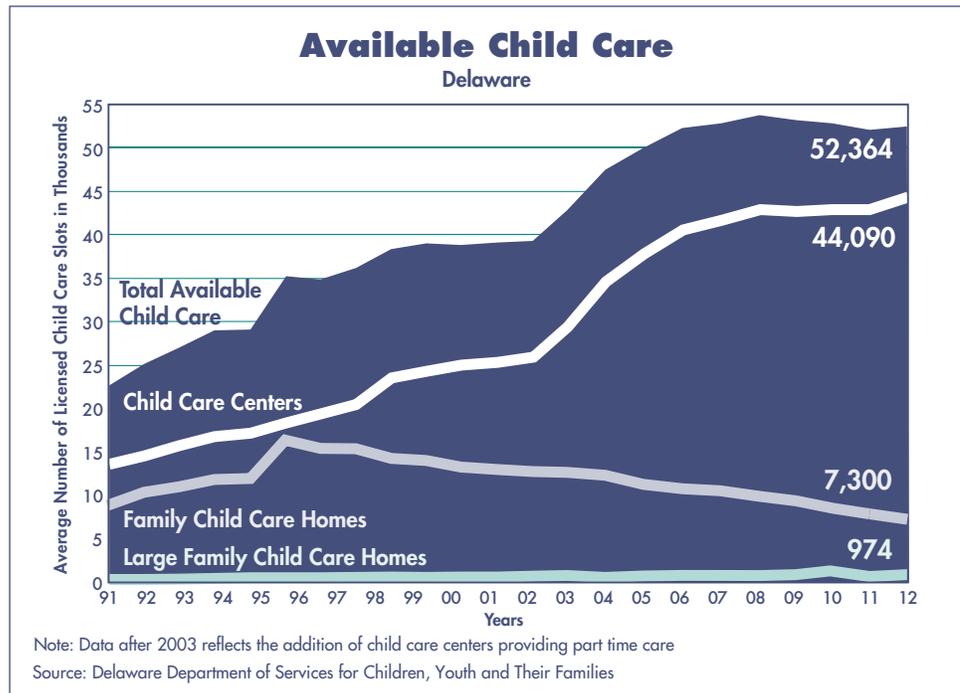
Early Care and Education



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

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

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



PUT DATA INTO ACTION

Nearly 60% of Delaware children from birth through age 5 are cared for by someone other than a parent for more than 10 hours per week. This provides opportunities for child care providers to encourage and reinforce healthy behaviors.

Delaware made comprehensive changes to standards for nutrition and physical activity in child care settings. These changes encourage Delaware child care providers to promote healthy eating and physical activity participating in the following:

- Only one serving of 100% fruit juice may be served. Infants under one year of age are not allowed juice.
- Only low-fat milk may be served to children over two years of age
- Whole grains are required one time each day
- For every three hours a child in in the program, 20 minutes of vigorous physical exercise will be implemented
- While awake, infants are limited to 30 minutes of time spent in swings, strollers and other confining equipment
- Use of television and video games are prohibited for children under the age of two, and limited to no more than one hour for older children.

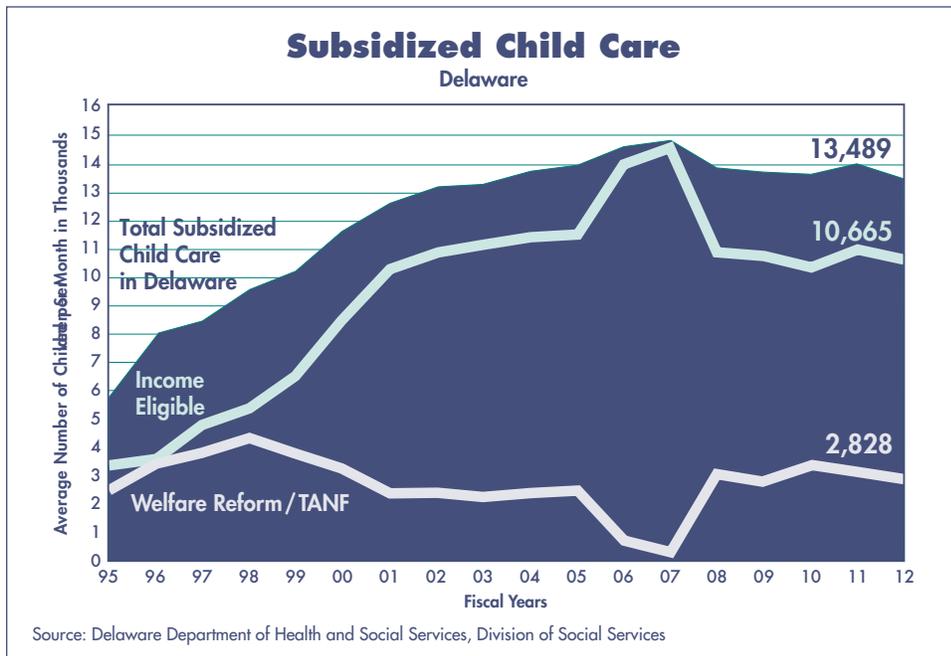
Source: Nemours Health and Prevention Services. (2011).
"Delaware's Child Care Regulations Promote Healthy Child Development. <http://www.nemours.org>

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

Family Child Care Homes – 1 person caring for no more than 6 children.

Large Family Child Care Homes – 2 people caring for 7–12 children.





Child Care and School Age Programs Delaware and Counties, 2012

	Total Child Care	School Age Programs	Public Elementary Schools with School Age Child Care
Delaware	1,494	1,092	81
New Castle	928	666	53
Kent/Sussex	566	426	29

Accredited Programs Number of Accredited Programs by Accrediting Organization, Delaware and Counties, 2012

	NAFCC National Association for Family Child Care Providers	NAEYC National Association for the Education of Young Children	NAA National After-School Alliance
Delaware	1	21	0
New Castle	0	19	0
Kent/Sussex	1	2	0

Source: Children and Families First

Did you know? Delaware's Child Care Services program, also known as purchase of care, provides support to eligible caregivers who need child care for children up to age 12. This program, through Delaware Health and Social Services, Division of Social Services, provides financial support for child care for caretakers with an income at 200% of the federal poverty level. Caretakers can choose a child care provider from a state licensed child care center, a state licensed child care family home, or a license-exempt provider such as a preschool.

To find a local child care provider visit: www.doe.k12.de.us/infosuites/schools/mapping/interactive.shtml

1 Delaware Health and Social Services "Child Care Services" <http://www.dhss.delaware.gov/dss/childcr.html>
 2 National Women's Law Center (October 2012). "State Child Care Assistance Policies: Delaware" <http://www.nwlc.org/sites/default/files/pdfs/ccsubsidy2012/delaware-childcare-subsidy2012.pdf>

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

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

For more information see
www.afterschoolalliance.org
www.afterschool.gov
www.childcareaware.org
www.familiesandwork.org
www.nccc.org/states/de.html



Student Achievement



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

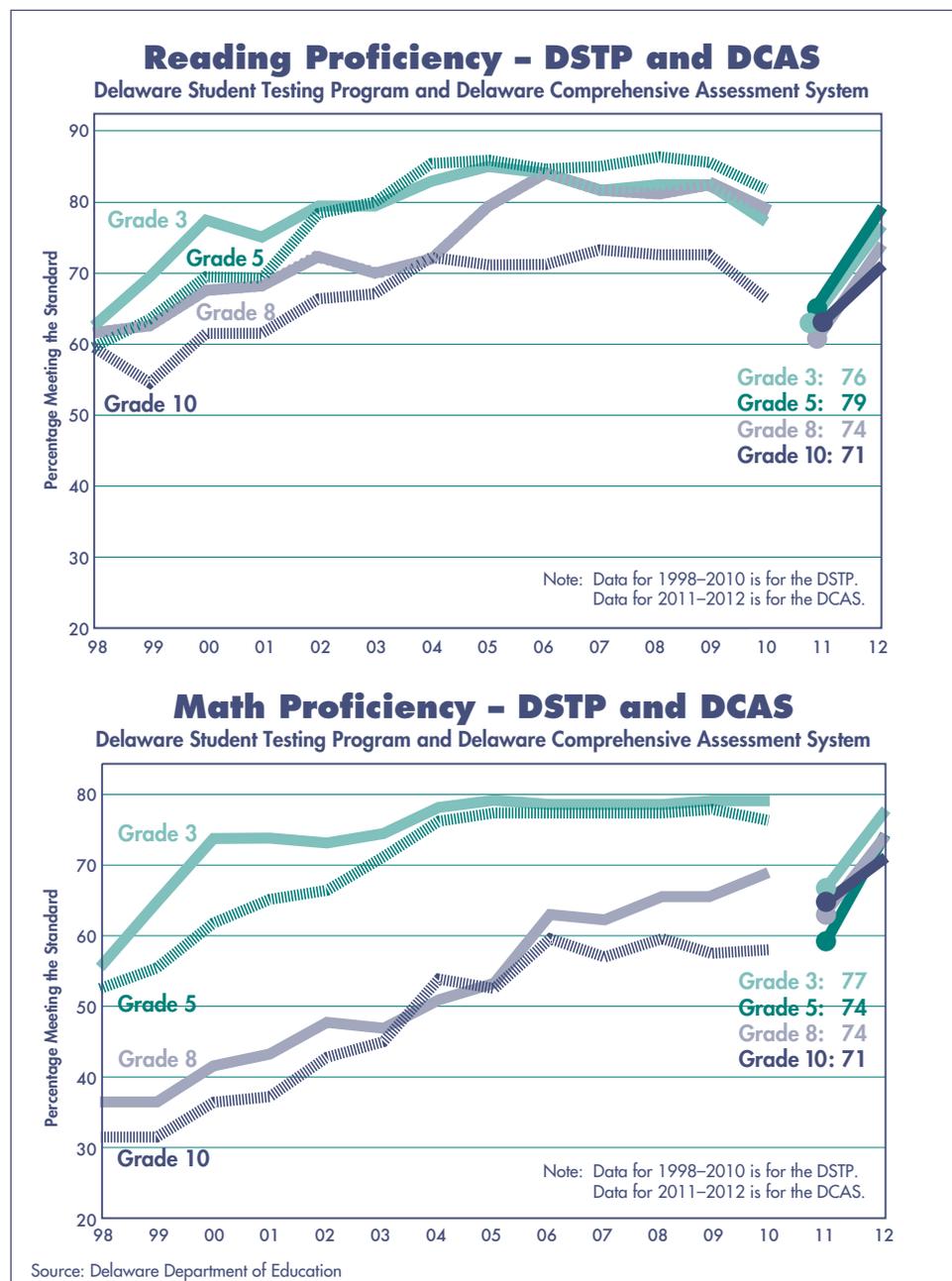
The Common Core State Standards provide a consistent, clear understanding of what students are expected to learn at each grade level. This allows teachers to be better equipped to know exactly what they need to help students learn and to establish individualized benchmarks for them.

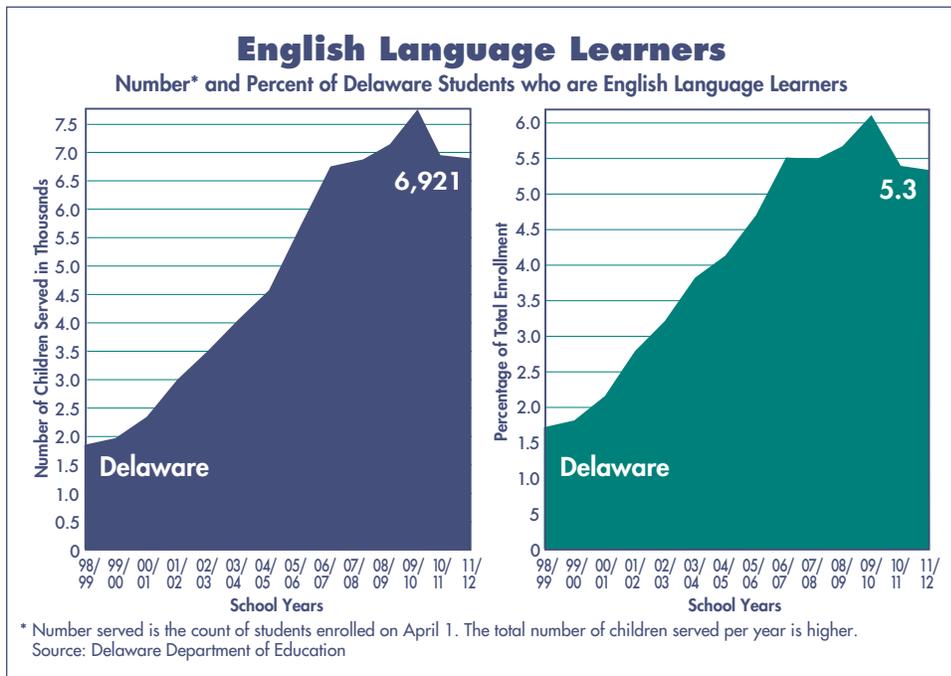
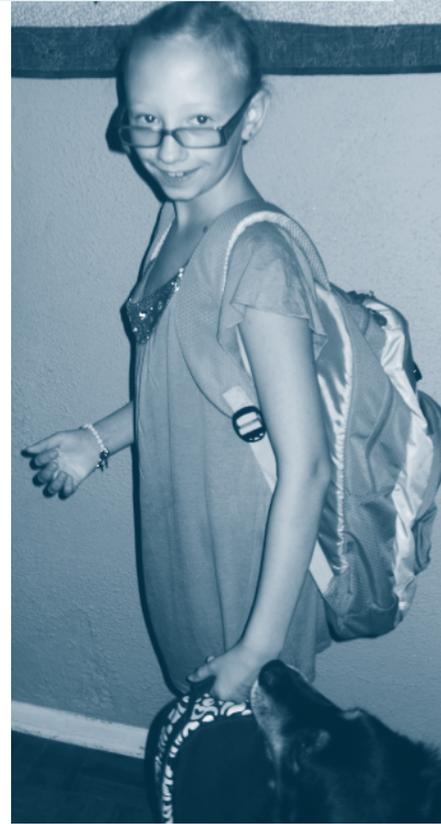
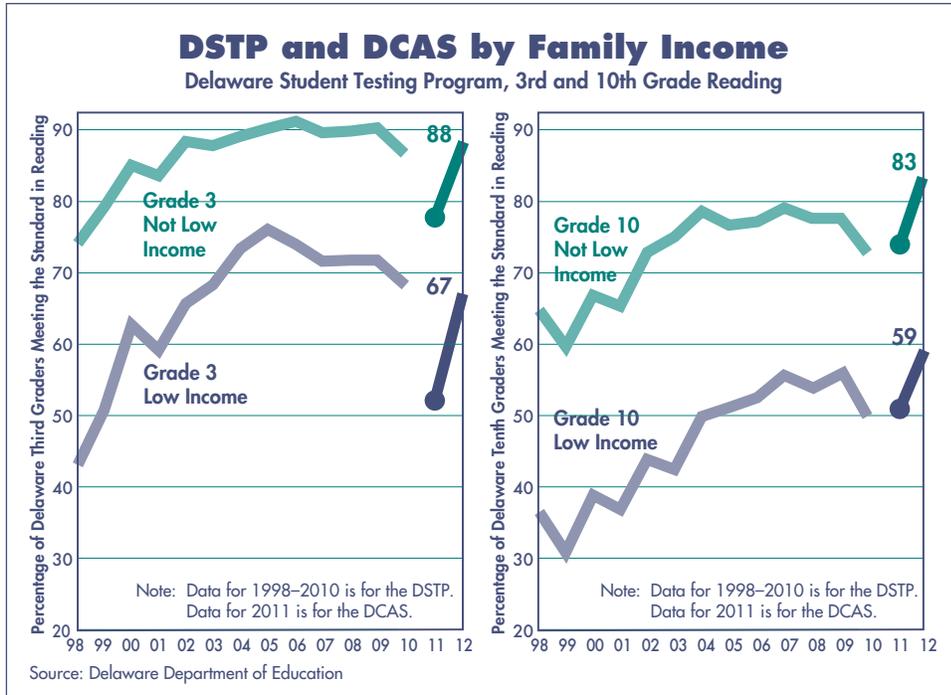
The Common Core State Standards – The Common Core State Standards focus on core conceptual understandings and procedures starting in the early grades. It should be clear to every student, parent, and teacher what the standards of success are in every school. Forty-five states and the District of Columbia have adopted the Common Core State Standards. Delaware adopted the standards August 19, 2010 and fully implemented them for the 2012-2013 school year.

DSTP/DCAS – Beginning in the 2010-11 school year Delaware began using a new assessment called Delaware Comprehensive Assessment System (DCAS) that replaced the previous paper-and-pencil exam, the Delaware Student Testing Program (DSTP). DCAS is a computer adaptive test (CAT) that allows for greater flexibility in testing and provides teachers immediate feedback so they can focus the instruction in the child's classes to meet his or her needs.

In September 2010, the State Board of Education adopted a new scoring system that "raises the bar" for what is considered proficient on the exam.

Therefore, the percent proficient on DCAS is not directly comparable to percent proficient on DSTP.





DCAS – The Delaware Comprehensive Assessment System (DCAS) is an online, web-based scoring system for reading/English language arts, mathematics, science and social studies that replaced the Delaware Student Testing Program (DSTP), in 2011. The DCAS should provide a more accurate measure for student growth and more timely and detailed information to educators for planning and improving educational programs at the school, district and state level. Additionally, DCAS will provide multiple opportunities for students to demonstrate proficiency and will provide academic achievement information to students and parents, including a measure of fall-to-spring and year-to-year individual student growth.

DCAS data is not comparable with data from the previous testing system (DSTP).

Did you know? In 2006, Delaware developed the Vision 2015 Plan to provide a world-class education to all public school students in Delaware. This was federally funded through Race to the Top. As part of this plan, Delaware implemented the new state testing system called Delaware Comprehensive Assessment System (DCAS). The latest results from DCAS testing were released in July 2012. In comparison to one year ago: 10,000 additional children are now proficient in reading and more than 9,000 additional are now proficient in math statewide. These gains have surpassed the goals under Vision 2015 for this year. Collectively, the newly proficient students would fill every seat at the University of Delaware’s Bob Carpenter Sports/ Convocation Center twice!

Source: Vision 2015, “Exceeding Our Goals” <http://www.vision2015delaware.org/exceeding-our-goals/>

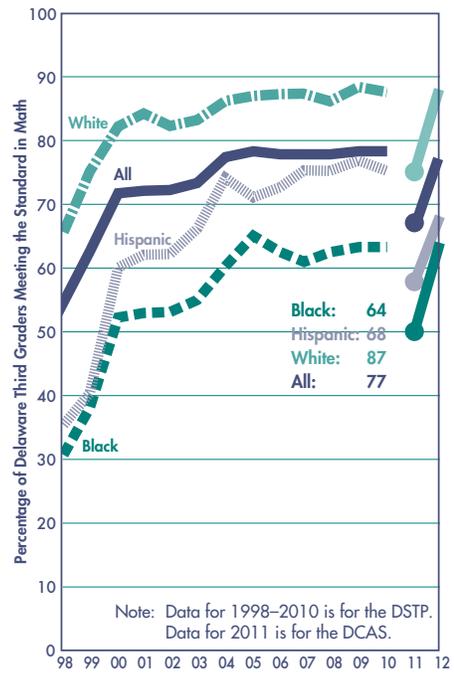
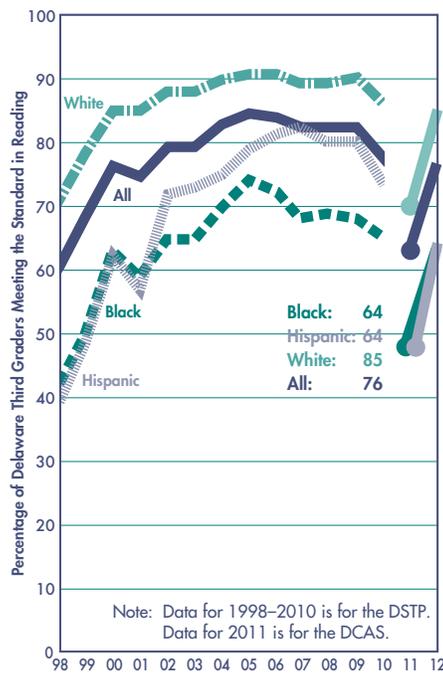
English Language Learner – an individual who was not born in the U.S. or whose native language is a language other than English; or is a Native American or Alaskan Native and comes from an environment where a language other than English has had a significant impact on such individual’s level of English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



Student Achievement



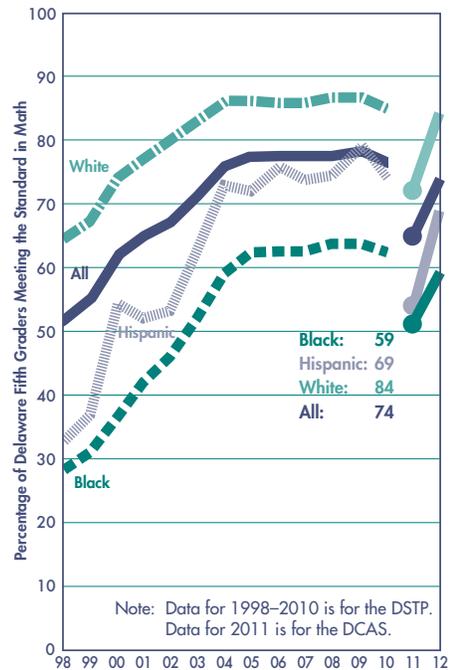
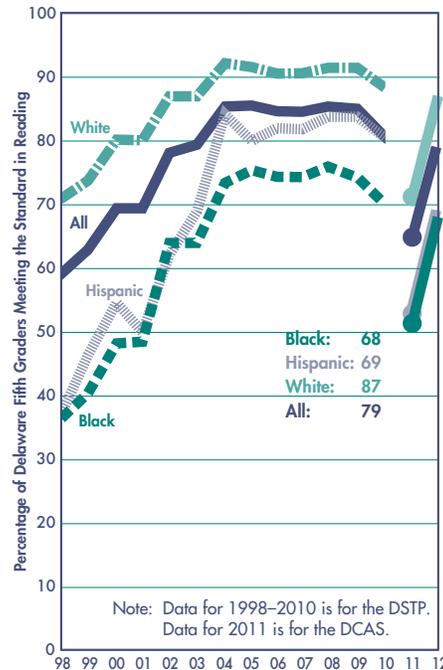
Grade 3 Meeting the DSTP/DCAS Standard



Source: Delaware Department of Education

Note: All includes Native American and Asian.

Grade 5 Meeting the DSTP/DCAS Standard



Source: Delaware Department of Education

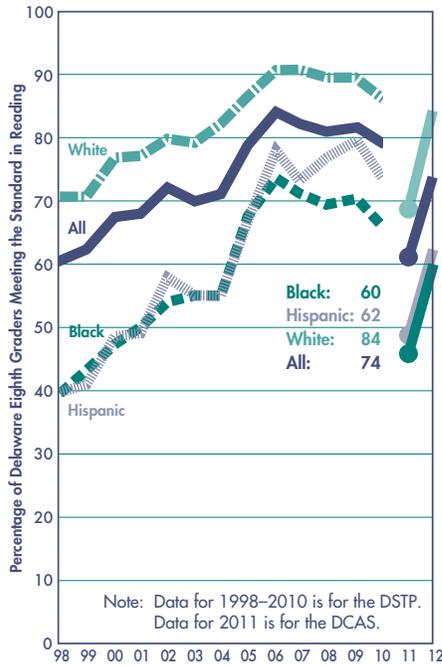
Note: All includes Native American and Asian.

DCAS data is not comparable with data from the previous testing system (DSTP).

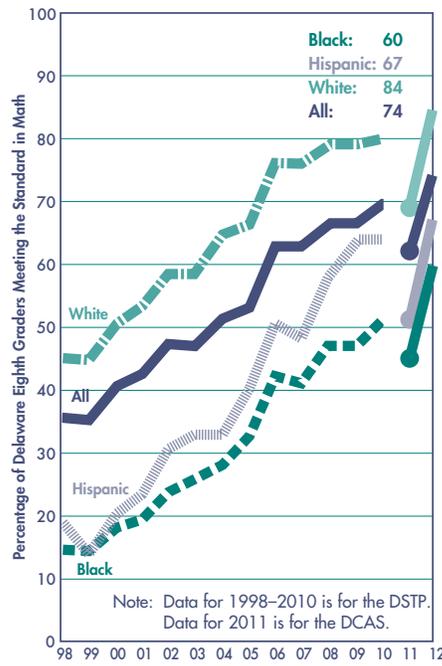




Grade 8 Meeting the DSTP/DCAS Standard

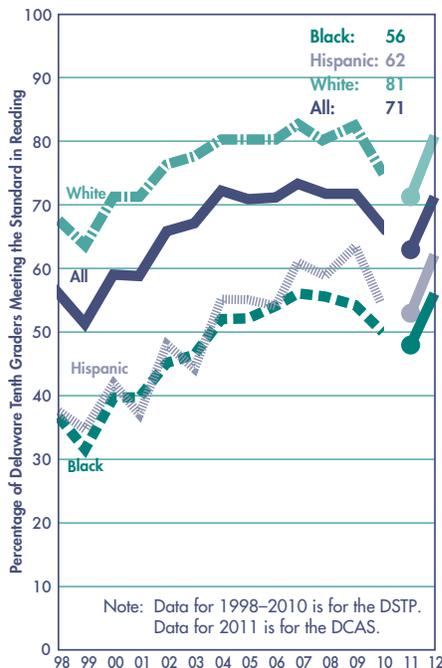


Source: Delaware Department of Education

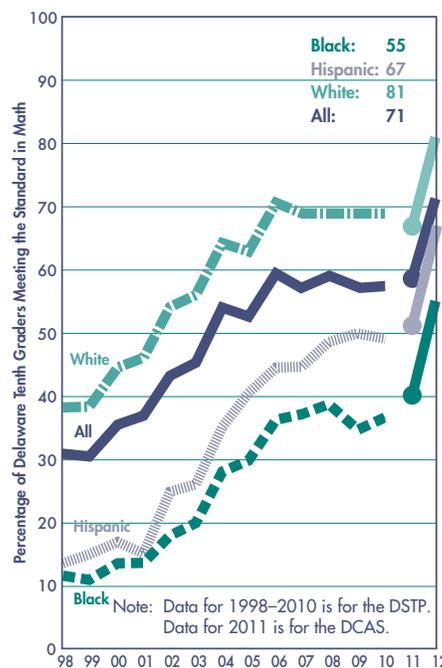


Note: All includes Native American and Asian.

Grade 10 Meeting the DSTP/DCAS Standard



Source: Delaware Department of Education

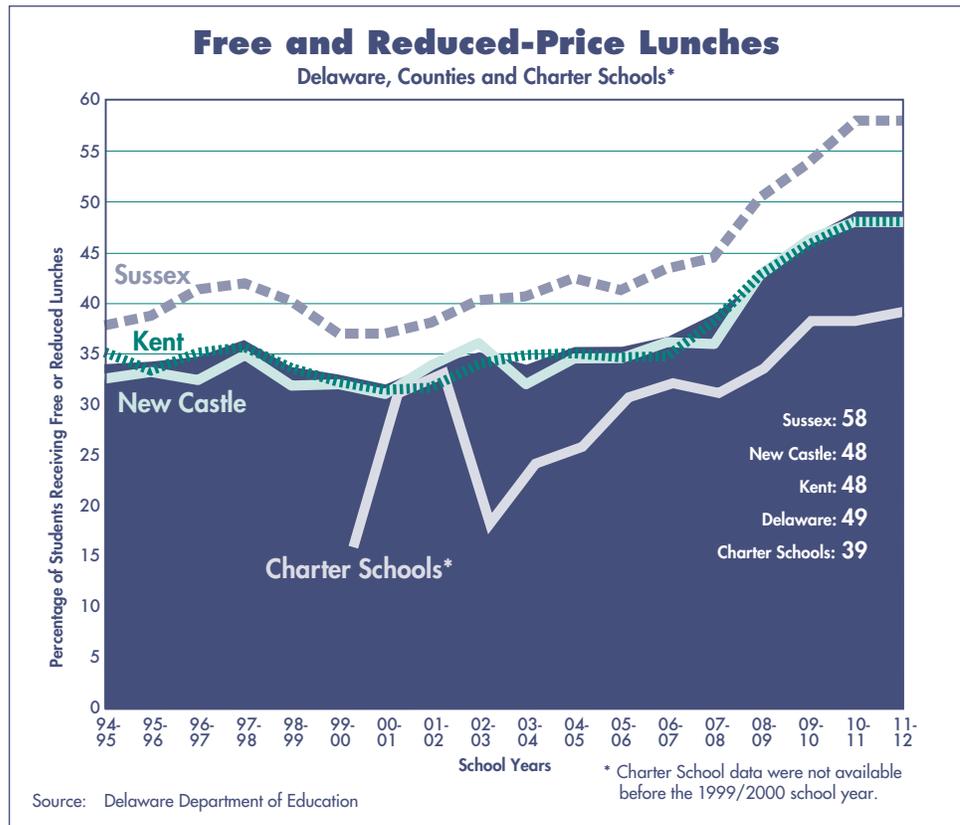


Note: All includes Native American and Asian.

Children Receiving Free and Reduced-Price School Meals



A healthy diet is essential to the academic achievement of young people. For this reason, nutritious meals are now considered an integral part of a good education. When children are hungry, they can not function or learn at their highest potential. The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. To ensure that these children continue to receive nutritious meals during long school vacations, the Summer Food Service Program was created. The School Breakfast Program (SBP) is another program that provides cash assistance to states to operate nonprofit breakfast programs in schools and residential childcare institutions. In addition, the Special Milk Program provides milk to children in schools and childcare institutions who do not participate in other Federal meal service programs.



Source: Delaware Department of Education

* Charter School data were not available before the 1999/2000 school year.

Poverty level – The poverty threshold for a one-parent, two-child family was \$18,498 for 2012. For a family of four with two children, the threshold was \$23,283.

For more information see
www.feedingchildrenbetter.org
www.fns.usda.gov/cnd/lunch/

Did you know? To qualify for free or reduced meals, families must earn at or below the current Income Eligibility Guidelines. To qualify for reduced price meals families may earn 185% or less of the federal poverty level (FPL). To qualify for free meals, families must earn 130% or less of the FPL. See <http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-7036.pdf>. If the child qualifies for SNAP, he or she is automatically qualified for free meals. If the parent is eligible for unemployment compensation the child might qualify for free or reduced price school meals. The applications are available in 33 languages.

Source: United States Department of Agriculture Food and Nutrition Service. "School Meals". <http://www.fns.usda.gov/cnd/frp/frp.process.htm>

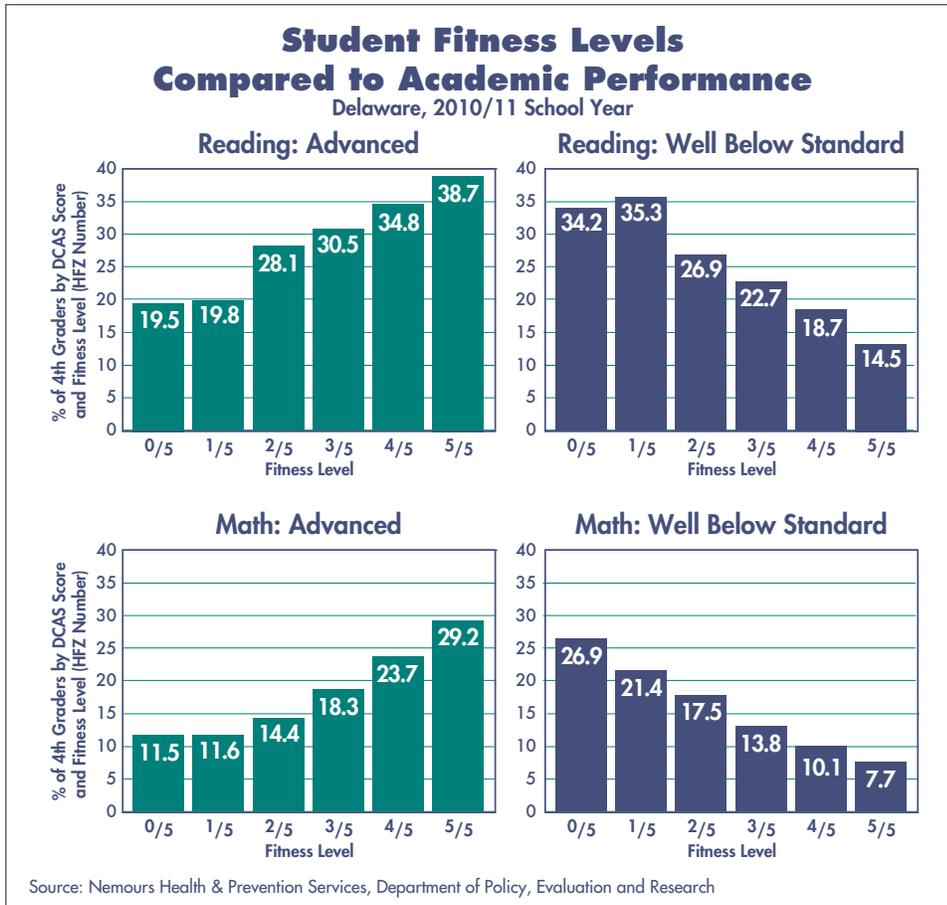
PUT DATA INTO ACTION

The Summer Food Program is designed to provide nutritious meals throughout the summer for children. Lack of nutrition for children over the summer months may set up a cycle for poor performance once school starts again in the fall. Hunger blocks the learning process, and also makes children prone to illness and health issues. For local summer sites and other food assistance, call the National Hunger Hotline at 1-866-3-HUNGRY or 1-877-8-HAMBRE.

Source: United States Department of Agriculture Food and Nutrition Service: Summer Food Service Program. <http://www.fns.usda.gov/cnd/Summer/Default.htm>



Regular physical activity helps improve overall health and fitness as well as reduces risk for chronic disease. Newly implemented research has determined that there is a high correlation between physical fitness and academic success. The Delaware Department of Education and Nemours Health & Prevention Services collaborated to analyze the relationships among Delaware student physical fitness levels, academic outcomes and student behaviors. Delaware schools utilize a fitness assessment tool called “FitnessGram,” developed by the Cooper Institute, to measure aerobic capacity, strength, endurance and flexibility of students; testing occurs in grades 4, 7, 9/10. The ideal outcome is for students to be at or above standards in all five fitness tests.



Did you know? It is recommended that children get 60 minutes or more of moderate to vigorous physical activity per day. Many people choose not to exercise because it is boring. It is best to find something that is interesting or fun, or join a team to keep motivated. Some benefits to exercising daily are:

- Exercising causing the body to produce endorphins, which are chemicals that cause a person to feel happy and help people sleep better
- Exercising can help people lose weight and lower the risk of developing diabetes and high blood pressure
- Exercising can help people age well, and keep bones strong later in life.
- Aerobic exercise makes the heart stronger

Source: Nemours Kid’s Health, “Why Exercise is Wise” http://kidshealth.org/PageManager.jsp?dn=nemours&lic=437&cat_id=20842&article_set=20488&tracking=T_RelatedArticle#

For more information see

Childhood Obesity	42
Delaware Children Speak about Health and Health Behaviors	58

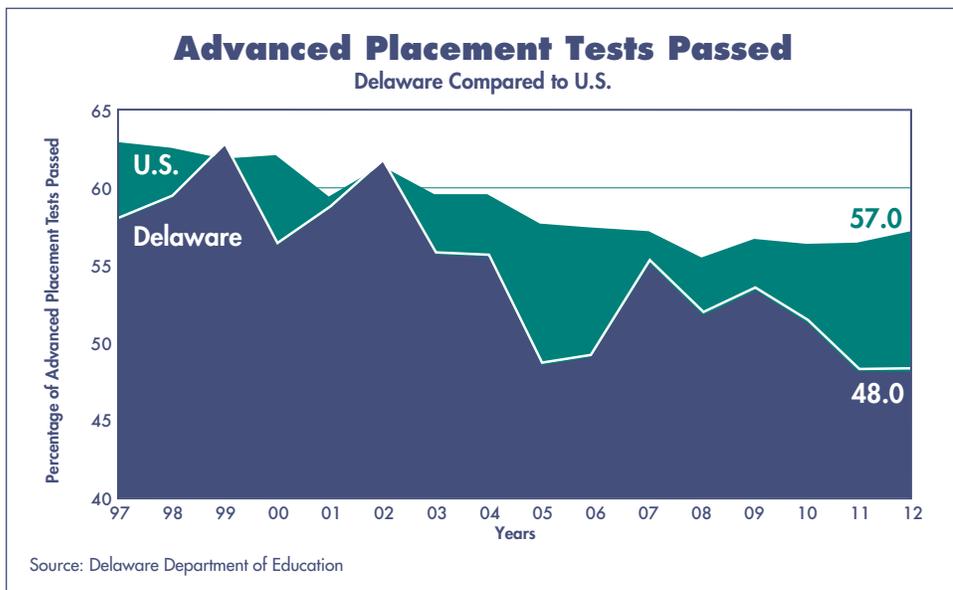
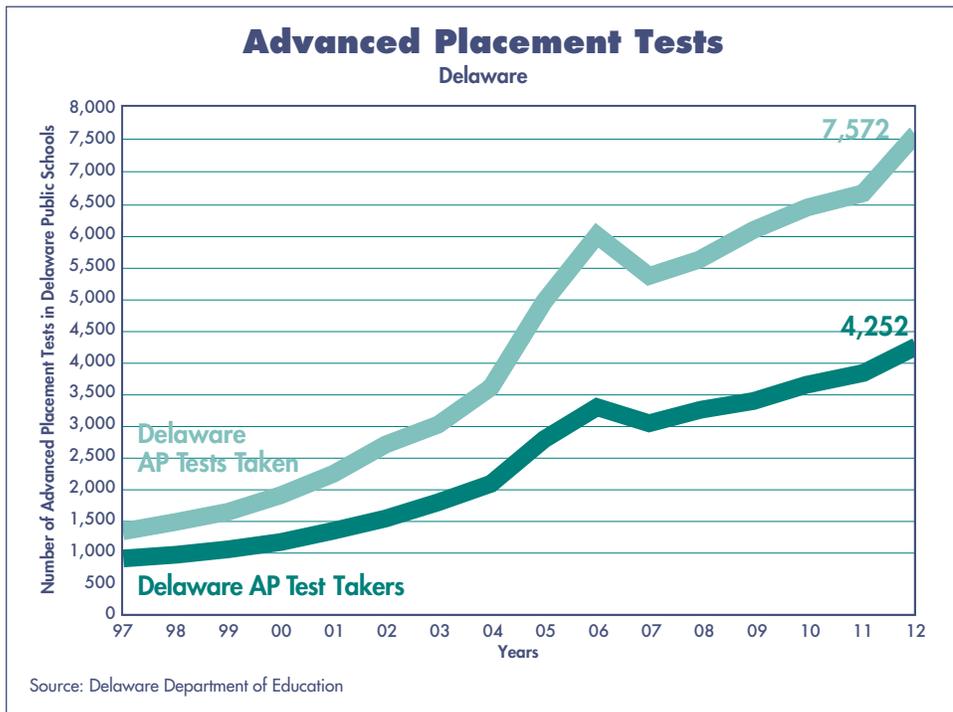


Advanced Placement and Higher Education



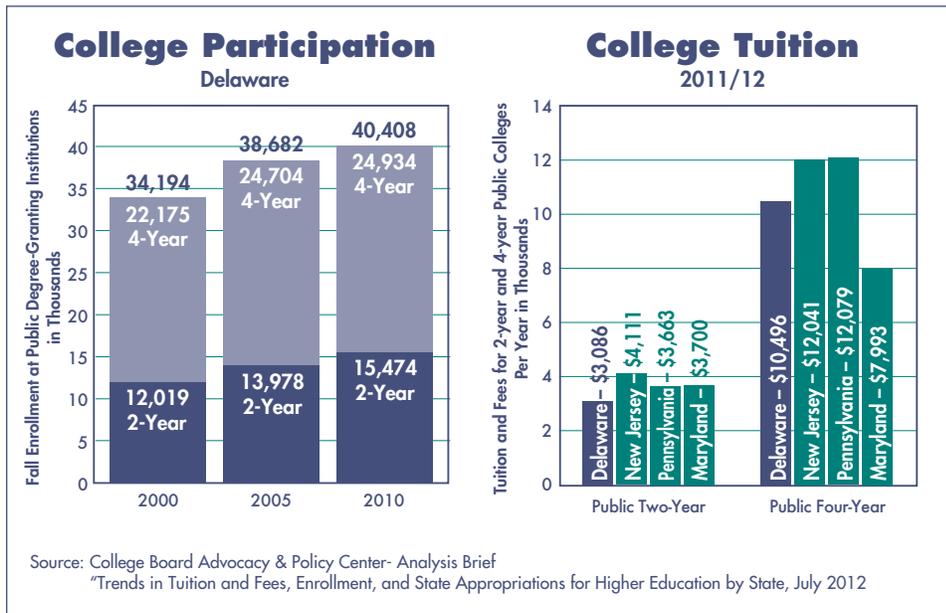
Since 1955, the Advanced Placement (AP) Program has allowed students to discover knowledge that might otherwise remain unexplored in high school. Through this program, students have the opportunity to earn credit or advanced standing at most of the nation's colleges and universities by taking college-level courses in a high school setting. The program is based on a cooperative educational effort between secondary schools and colleges and universities across the United States.

A strong curiosity for the subject they plan to study and the willingness to work hard are the only requirements for participation. The AP program also gives students the opportunity to explore subjects in greater depth and broaden their intellectual horizons. As a result, students are able to demonstrate their maturity, readiness for college, and their commitment to academic excellence.



Did you know? Students who take Advanced Placement courses in high school are 62% more likely to graduate college in four years. Students who take longer than four years spend, on average, between \$8,000 and \$19,000 each additional year. AP courses can help students add a double major or minor without adding additional years. Also, AP courses help students qualify for scholarships, and about 31% of colleges and universities look for AP experience when determining scholarships.

Source: CollegeBoard AP, "AP and the Cost of College" <http://professionals.collegeboard.com/profdownload/ap-exam-promo-flyer-2009.pdf>



Did you know?

- By 2018, 62% of all American job openings will require some sort of postsecondary education. In today's world, a college diploma has become as important as a high school diploma used to be for securing a decent job. In 2011, 36% of young adults aged 25 through 34 years have a college degree in Delaware.^{1,2}
- A bachelor's degree holder can expect to earn about \$2.4 million over his or her work life. On average, a college graduate earns about \$1.3 million more during his/her lifetime than a high school dropout.³
- For many low and middle income students, high tuition costs are a barrier to college entrance and completion. Students and families generally take out student loans to afford post-secondary education, and these loans can be difficult to pay back. Average student debt rose by 6% between 2008 and 2009. In Delaware, the average debt of graduates from a four year public college is \$21,500.⁴
- In Delaware, 8,067 students of the class of 2012 took the SAT. This is a 54% increase from the class of 2011. Delaware is one of three states that gives the SAT free for students on a school day, regularly it costs \$47 and is given on a Saturday. Additionally, the Red Clay Consolidated School District offers a free SAT-prep class.^{5,6}

1 Bill and Melinda Gates Foundation, "The College-Ready Education Plan: Basing Action on Evidence". <http://www.gatesfoundation.org/learning/Pages/college-ready-education-plan.aspx>

2 Complete College America, <http://www.completecollege.org/>, <http://www.completecollege.org/docs/Delaware.pdf>

3 U.S. Census Bureau, American Community Survey Briefs (October 2012) <http://www.census.gov/prod/2012pubs/acsbr11-04.pdf>

4 Corporation for Enterprise and Development, Assets and Opportunity Scorecard, "Average College Graduation Debt" <http://scorecard.assetsandopportunity.org/2012/measure/average-college-graduate-debt>

5 Vision 2015, Snapshot of Delaware Public Education (October 17, 2012) "Positioned to Lead" 5th annual Conference on Education.

6 Adams, Caralee (January 25, 2011) "Delaware Gives All Juniors SAT During School Day" Education Week. http://blogs.edweek.org/edweek/college_bound/2011/01/all_high_school_juniors_in_delaware_take_sat_starting_in_april.html



For more information see www.collegeboard.org

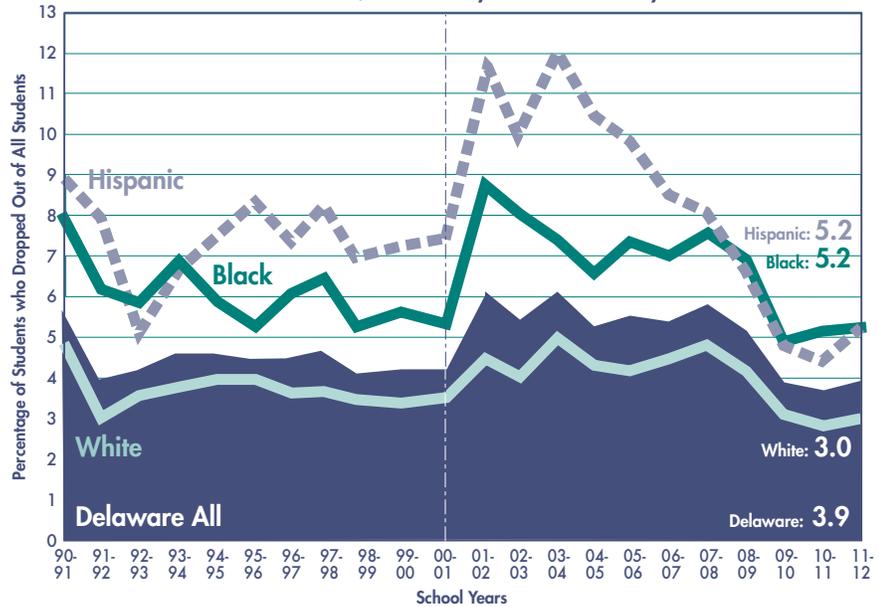


High School Dropouts



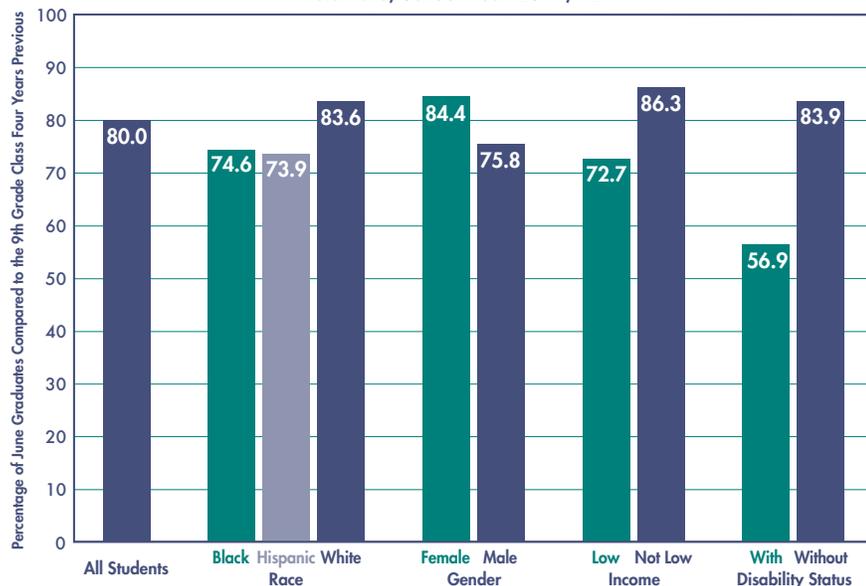
Graduation from high school is a predictor of future success. Dropping out carries a high cost for the student and for the community at large. Young people who drop out are more likely than their peers who graduate to be unemployed, living in poverty, receiving public assistance, in prison, unhealthy,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

Public High School Dropouts Grades 9–12, Delaware by Race and Ethnicity



Note: The percentage after 2000–01 reflects an improvement in data acquisition and reporting. There was not a significant increase in the number of dropouts; those students added to the dropout data were previously listed as “Missing,” and not reported. Missing students have been tracked and placed in correct categories.

Graduation Rates Delaware, School Year 2011 / 12



Source: Delaware Department of Education

Dropout – A 2011–12 dropout is an individual who was enrolled at the end of the 2010–11 school year; or at any time during the 2011–12 school year; and is no longer in school, has not graduated from high school or completed a state- or district-approved educational program; and does not meet any of the following exclusionary conditions:

- Documentation proving transfer to another public school district, private school, or state- or district-approved education program;
- Temporary absence due to suspension or school-approved illness; or
- Death.

Graduation Rate – The graduation rate is a cohort rate that reflects the percent of 9th grade students who graduated within four years from a Delaware public school. The rate takes into account dropouts. For example, the rate for 2011–2012 reflects the percent of incoming 9th graders in September of 2008 who graduated in June of 2012.

Did you know? The 2011/12 graduation rate for low-income, black males was just 69.7.

Did you know?

- An average of 7,200 students dropped out of school every day in the United States in 2010. Generally the students who drop out have run out of motivation and have no source of support or encouragement in school or at home. Nationally, Latinos and African Americans are less likely to earn a high school diploma than their white and Asian peers.¹
- A recent study by the National Center for Research on Evaluation, Standards, and Student Testing found that the longer students are classified as English-language learners, the greater the likelihood that they will drop out of school.²
- On average, a high school graduate in Delaware earns \$8,719 more each year than a high school dropout does. In 2011, about 3,500 students in Delaware did not graduate from high school; the lost lifetime earnings for that class of dropouts alone totals \$483 million.³

1 Education Week (June 2, 2010) "Diplomas Count Graduation by the Numbers" <http://www.edweek.org/ew/articles/2010/06/10/34execsum.h29.html>

2 Education Week (December 15, 2011) "Long-Term ELLS More Likely to Drop Out, Find Finds" http://blogs.edweek.org/edweek/learning-the-language/2011/12/long-term_ells_more_likely_to.html?qs=drop_out

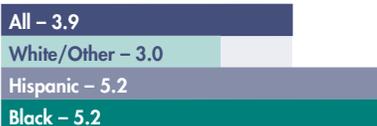
3 Alliance for Excellent Education, "Delaware's High Schools" (2012) http://www.all4ed.org/files/Delaware_hs.pdf



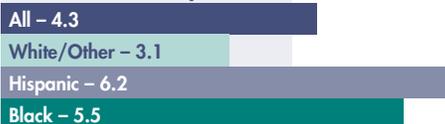
Dropout Rates

by Racial/Ethnic Group
School Year 2011/12

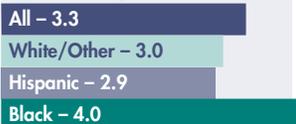
Delaware



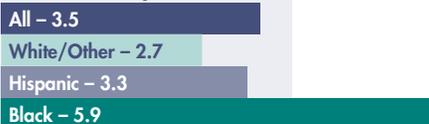
New Castle County



Kent County



Sussex County

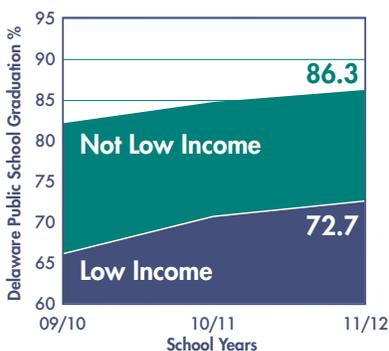


Delaware Average: 3.9

Source: Delaware Department of Education

Graduation Rates by Family Income

Delaware Public Schools

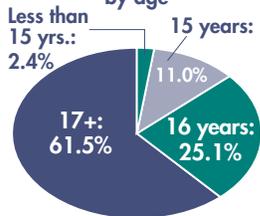


Source: Delaware Department of Education

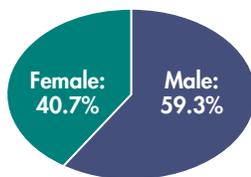
Dropouts

by Age, Gender, and Racial/Ethnic Group, School Year 2010/11

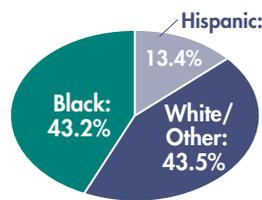
Percentage of all dropouts by age



Percentage of all dropouts by gender



Percentage of all dropouts by racial/ethnic group



Source: Delaware Department of Education

For more information see

Teens Not in School and Not Working..... 79

www.dropoutprevention.org

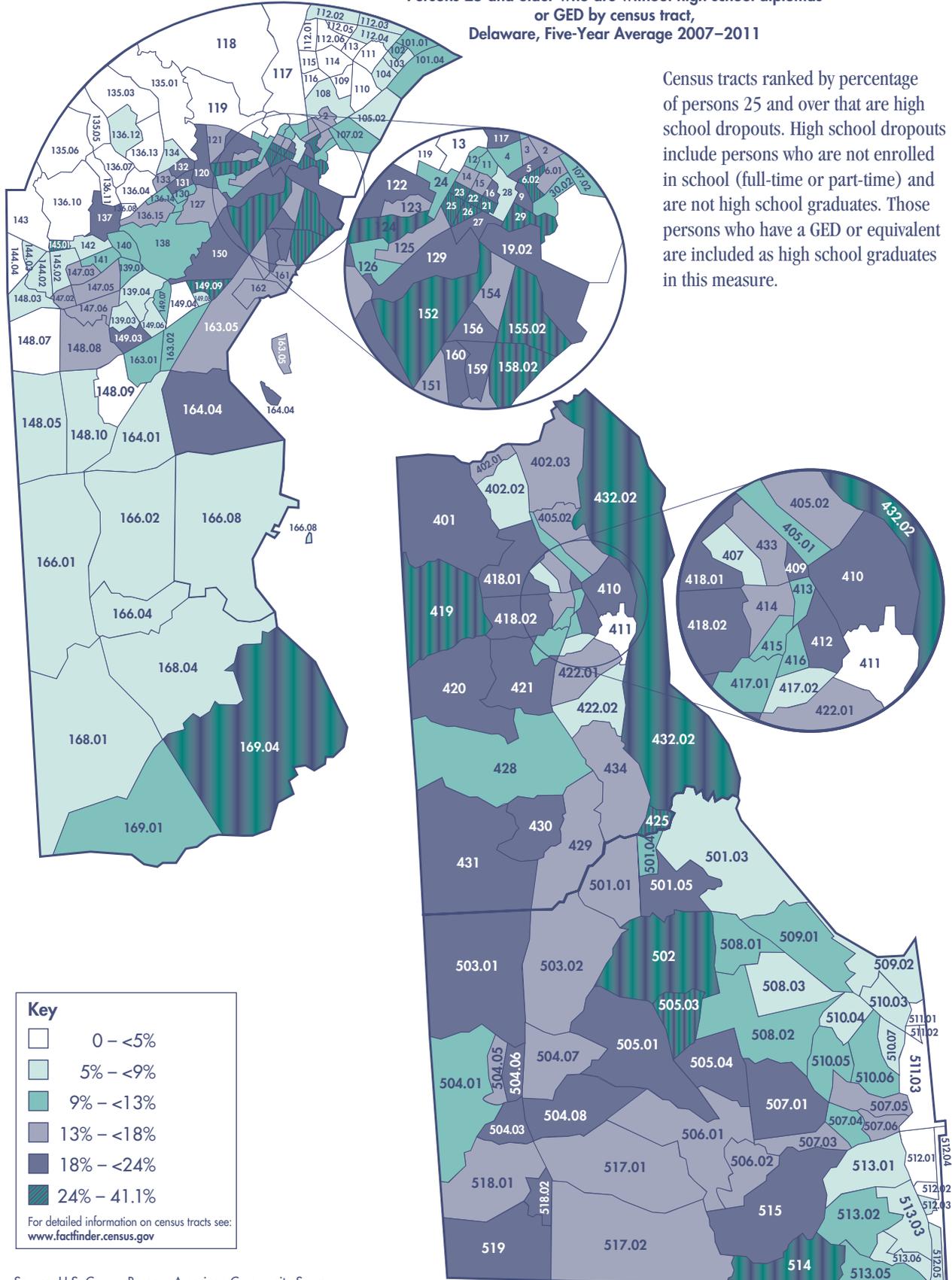
www.jobcorps.doleta.gov



Adults Who Are Dropouts

Persons 25 and older who are without high school diplomas or GED by census tract, Delaware, Five-Year Average 2007–2011

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



Key

- 0 – <5%
- 5% – <9%
- 9% – <13%
- 13% – <18%
- 18% – <24%
- 24% – 41.1%

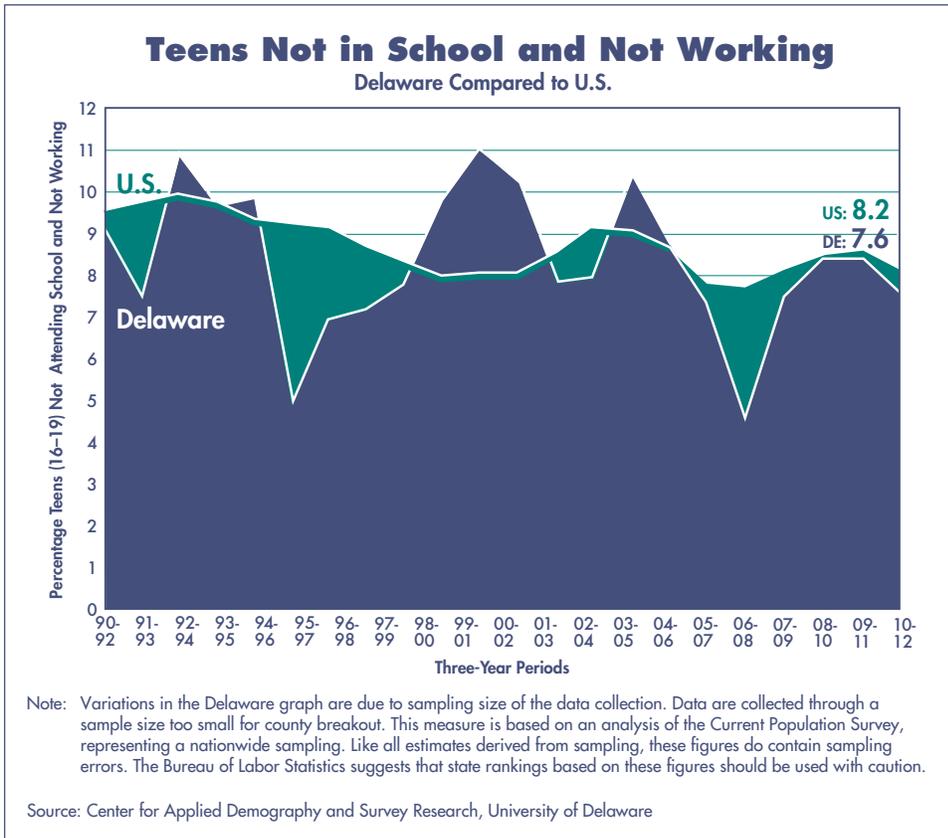
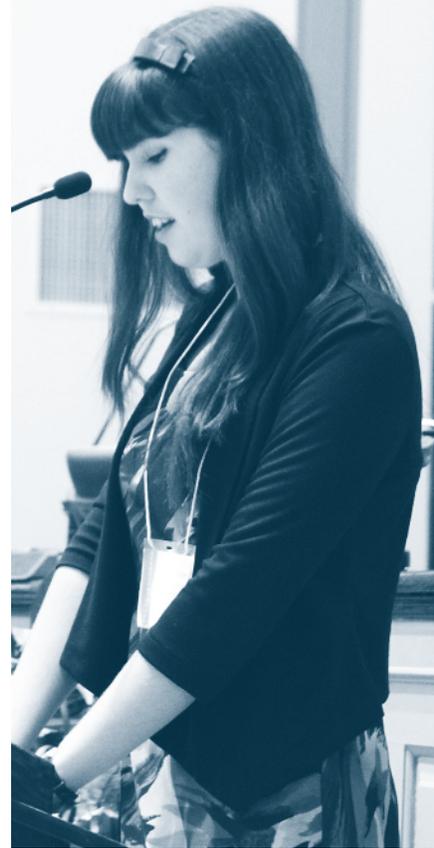
For detailed information on census tracts see: www.factfinder.census.gov

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

Economic Inclusion of Young People

Today, with millions of jobs lost and experienced workers scrambling for every available position, America's youth stand last in line for jobs. Teenagers who are neither in school nor working may face difficulties transitioning from youth to an independent adult society. Such detachment puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school, secured jobs, or both. Reconnecting youth to education and employment requires a multifaceted approach.

The solution: Young people need multiple and flexible pathways to success that meet their varied needs – combining education, training and supportive services, plus strong relationships with adults. Disconnected youth often lack support for making the transition from high school to college and many youth will forego college and seek to enter the workforce directly. In their transition to adulthood, young people need positive work experiences early on to develop self-management skills. For young people to thrive, especially those most vulnerable, they need a network of resources to tap into. By coordinating the policy initiatives of national policymakers with resources of local communities and funders, and by supporting public and private investment that produces new jobs, while encouraging employers to create career pathways for youth, the needs of disconnected youth and their hopes of economic stability can be met.



Did you know? At least one-fifth of America's disconnected youth, or about 1.4 million young people, have at least one child living at home. The parenthood rate for disconnected youth (21 percent) is twice the rate for all young people ages 16-24. A two-generation model for helping disconnected youth get back on track is needed to foster economic stability and positive early childhood development for their children. A parent and young child can benefit from policies such as those that help parents navigate the complexities of family, work and community and provide children with access to high-quality early care and education assistance.

Source: The Annie E. Casey Foundation, "Youth and Work" (2012)

Teens Not in School and Not Working – teenagers ages 16–19 who are not in school and not employed, also referred to as “disconnected youth”



Economic Inclusion of Young People

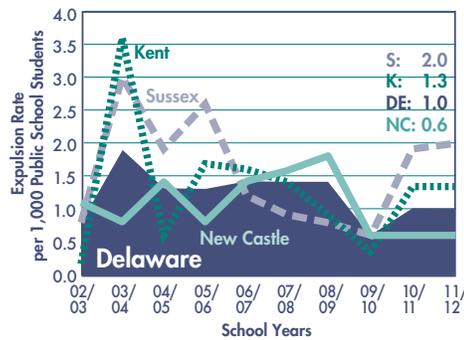


Expulsions and Suspensions

County	Delaware Public Schools, 2011/12 School Year Enrollment	Number of Expulsions	Number of Suspensions*		
			Out-of-School	In-School	Total
Delaware	130,610	130	30,182	28,880	59,062
New Castle	76,135	43	21,658	14,487	36,145
Kent	29,915	39	5,324	9,468	14,792
Sussex	24,560	48	3,200	4,925	8,125

*Suspensions are total number of suspensions, not students suspended. A student may have multiple suspensions.
 Note: Most frequent infractions resulting in Suspensions were Defiance of School Authority, Fighting, General Disruption. Most frequent infractions resulting in Expulsion were Drug Use or Possession, Assault/Battery.

Expulsion Rates Public School Students, Delaware and Counties

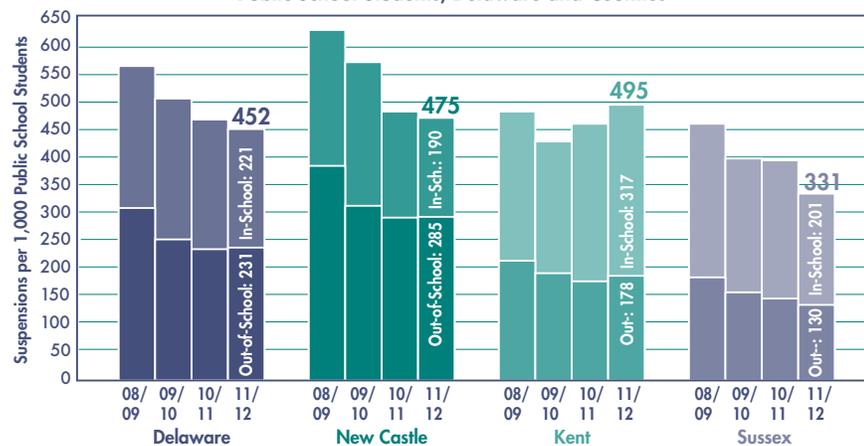


Source: Delaware Department of Education

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. The duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.

Suspension Rates

Public School Students, Delaware and Counties



Source: Delaware Department of Education

PUT DATA INTO ACTION

In the 2010 and 2011 school year, Delaware had 58,846 suspensions, 132 expulsions, and 739 school based arrests. American Civil Liberties Union in Delaware's 'Stay In School Program' hosts workshops for middle school and high school students to increase awareness of school discipline issues and to provide at-risk students tips on how to address issues that will lower suspension, expulsion, and school based arrests in order to stay in school until graduation.

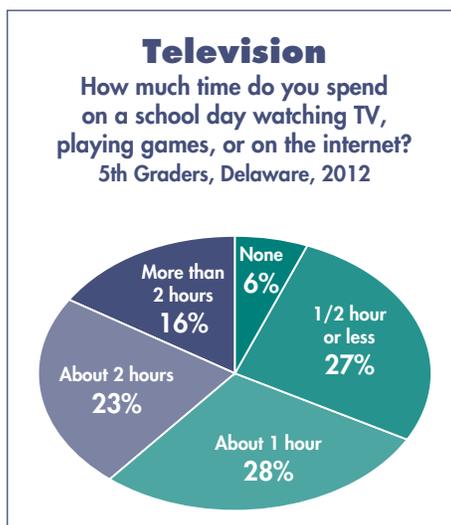
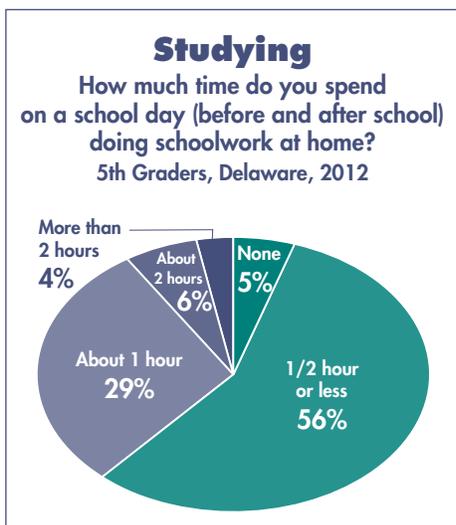
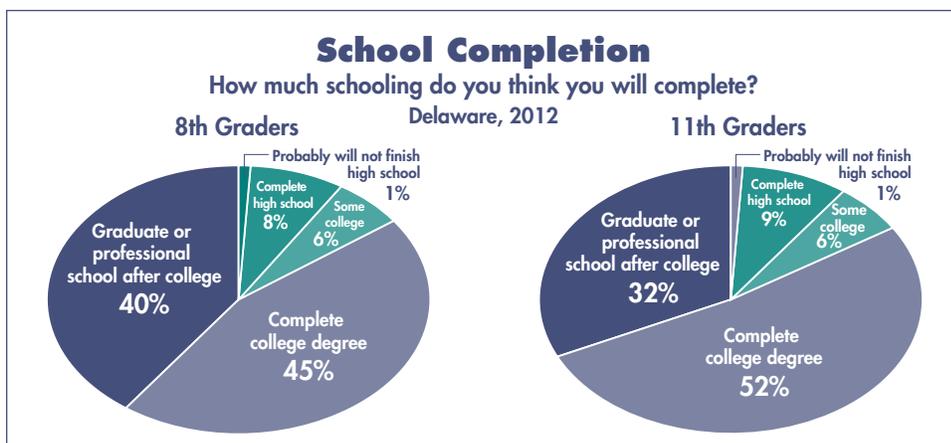
Source: American Civil Liberties Union (March 2012). "Learning How To Stay In School Until Graduation" <http://www.aclu-de.org/news/learning-how-to-stay-in-school-until-graduation/2012/03/07/>

For more information see
 High School Dropouts..... 76
www.dropoutprevention.org
www.jobcorps.doleta.gov



Delaware Children Speak: Education

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



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

Did you know? Students who enter the job market able to speak a second language have a significant advantage in today's global marketplace. Delaware students will have the opportunity to learn another language before they reach high school. More than 340 Delaware kindergarteners in fall 2012 began to study Mandarin Chinese or Spanish in elementary immersion programs that will continue through middle school as part of the Governor's World Language Expansion Initiative. This program will include 50% instruction in the world language and 50% in English. By high school, students will be encouraged to study an additional world language, such as Arabic. Participating schools: Chinese implementation – McIlvaine Early Childhood Center in Kent Co. Spanish implementation – John M. Clayton Elementary School in Sussex Co., and Lewis Elementary School in New Castle Co.

Governor Markell has ensured an annual investment of \$1.9 million to this program, and plans to target 8,000 students enrolled in 20 programs by 2020.

Source: Delaware News, "World Language Immersion Program Prepares to Launch" (August 1, 2012) <http://news.delaware.gov/2012/08/01/world-language-immersion-program/>



Delaware Children Speak: Education

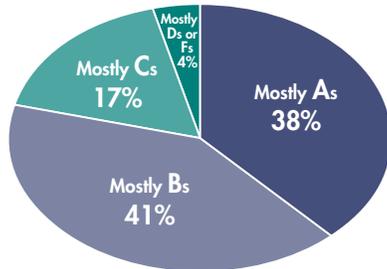


Parental Monitoring and Grades

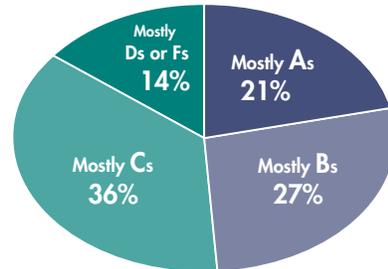
How often do your parents know where you are when you're not in school?
What grades do you usually make?

Delaware 8th Graders, 2012

Parents know most of the time



Parents never know



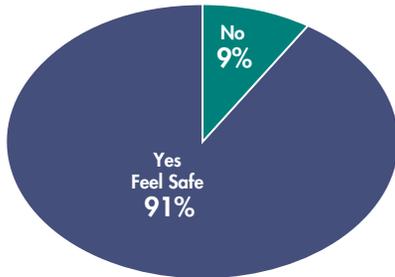
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

School Safety

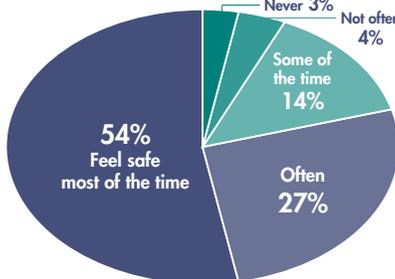
I feel safe in my school.

Delaware, 2012

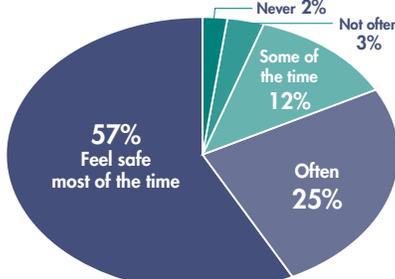
5th Graders



8th Graders



11th Graders



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

Extracurricular Activities

Percentage of children ages 6 to 17 who participated in organized activities outside of school, such as sports teams or lessons, clubs or organizations

Delaware, 2011

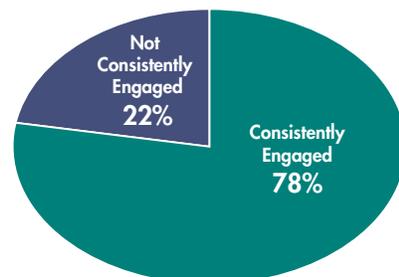


Source: National Survey of Children's Health

School Engagement

Percentage of children ages 6 to 17 who are consistently engaged in school

Delaware, 2011



Source: National Survey of Children's Health

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



FAMILY ENVIRONMENT & RESOURCES

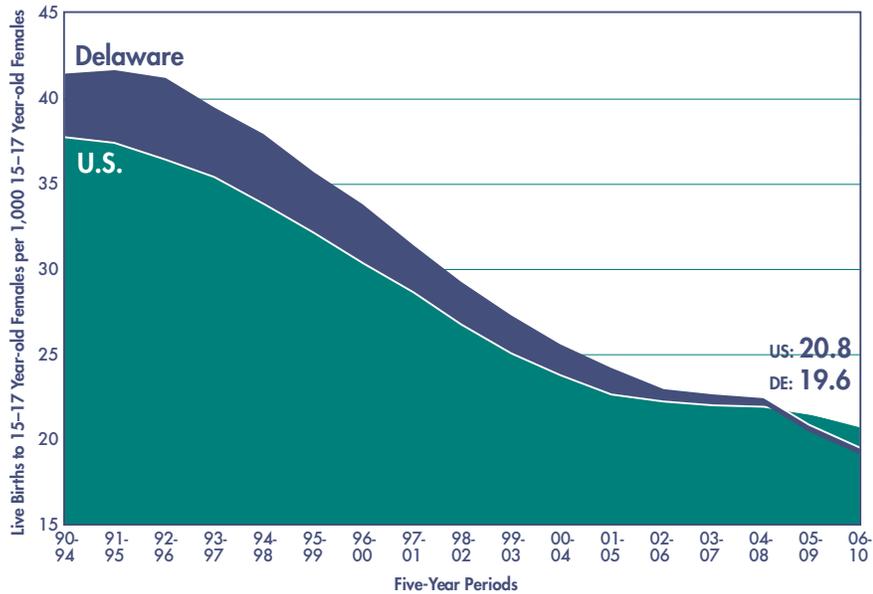


Births to Teens

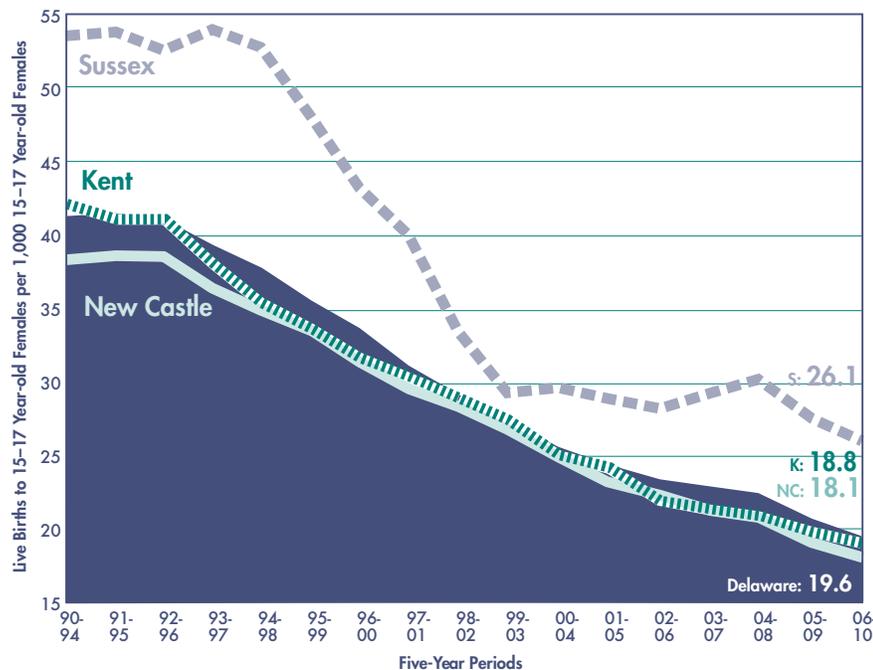


The impact of teen pregnancy is far reaching. There are limited opportunities for teenage mothers compared to those who delay childbearing. As a result, teen mothers are more likely to drop out of school, live in poverty, and rely on public assistance. Children of teenage mothers are also more likely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

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



Delaware and Counties



Source: Delaware Health Statistics Center

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





Teen Births			
Delaware Compared to U.S., 2009			
	Gender/Age/Race/Ethnicity	Delaware	U.S.
Teen Birth Rate	Girls 15-17	21.1	20.1
	Girls 18-19	66.4	66.2
Nonmarital Teen Births	Girls 15-17	99%	94%
	Girls 18-19	92%	84%
	Whites, Non-Hispanic	91%	83%
	Blacks, Non-Hispanic	98%	97%
	Hispanic	92%	85%
Change in Teen Birth Rates 1991-2009	Girls 15-17	-71%	-48%
	Girls 18-19	-55%	-30%

Source: Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats: Births Data Files. [Http://www.cdc.gov/nchs/vitalstats.htm](http://www.cdc.gov/nchs/vitalstats.htm) [November 2011]. Retrieved from The National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=delaware>

Did you know? Although the national teen pregnancy rate is declining, the United States continues to have the highest pregnancy rate in the industrialized world. More specifically, Delaware teens are more likely to have sex at an early age, had more frequent sexual activity, have more sexual partners, and may be less likely to use protection than adolescents in other states. Delaware has developed a comprehensive strategy to help teens and their families. Delaware's Adolescent Reproductive Health State Plan includes:

- State and local infrastructure development
- Creation of supporting policies
- Access to health care services
- Community engagement and education
- A means of utilizing data to target vulnerable populations
- Methods to ascertain progress

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

Did you know? Delaware Adolescent Program, Inc. is the only statewide comprehensive school based program in the nation that serves pregnant and parenting teens and their families. DAPI provides: Academic Instruction, Social Services, Child Care, Mentoring, and Medical Services.

Source: Delaware Adolescent Program, Inc., <http://www.dapi.org/programs.htm>

Did you know? In the U.S., eight in ten pregnancies to older teens are unplanned, and the vast majority of births to older teens are to unmarried women.

It is interesting to note that unmarried older teen men are much more likely to say that they would be pleased if they found out their partner were pregnant and that they would like to have a baby if things were different compared to unmarried older teen women.

Source: The National Campaign to Prevent Teen and Unplanned Pregnancy – The Odyssey Years Preventing Teen Pregnancy among Older Teens, http://www.thenationalcampaign.org/resources/pdf/pubs/odyssey_years.pdf

PUT DATA INTO ACTION

Parent Power: What Parents Need to Know and Do to Help Prevent Teen Pregnancy

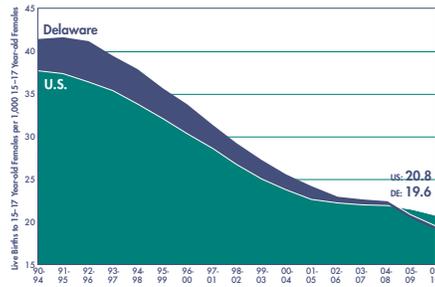
Parents who (1) clearly communicate their values and expectations to their children, (2) express their concern and love for them early and often, and (3) exercise supervision raise children who are more likely to avoid a host of risky behaviors than parents who do not. Strength and closeness of parent/child relationships is the best method to prevent teen pregnancy.

Source: The National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/resources/pdf/pubs/ParentPwr.pdf>

Births to Teens



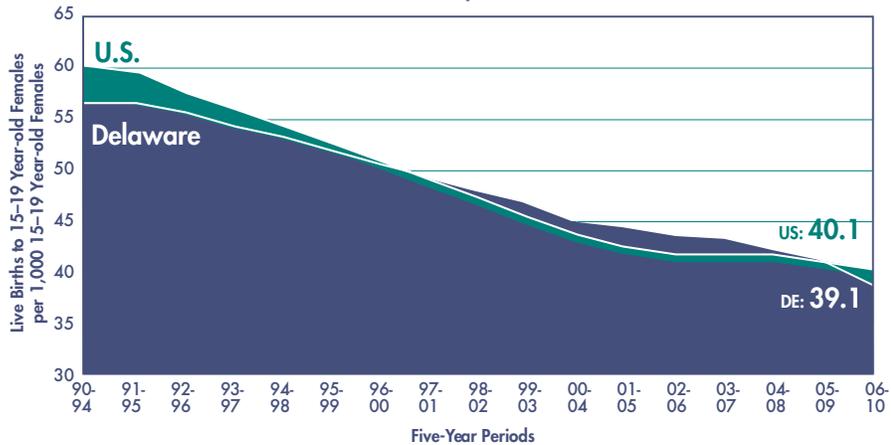
Births to Teens 15-17



The overall birth rate for Delaware teens, both ages 15–17 and ages 15–19, is lower than the United States rate for the first time in twenty years. Birth rates for teens in Sussex County, as well as in the City of Wilmington, are coming down but continue to be much higher than the Delaware rate.

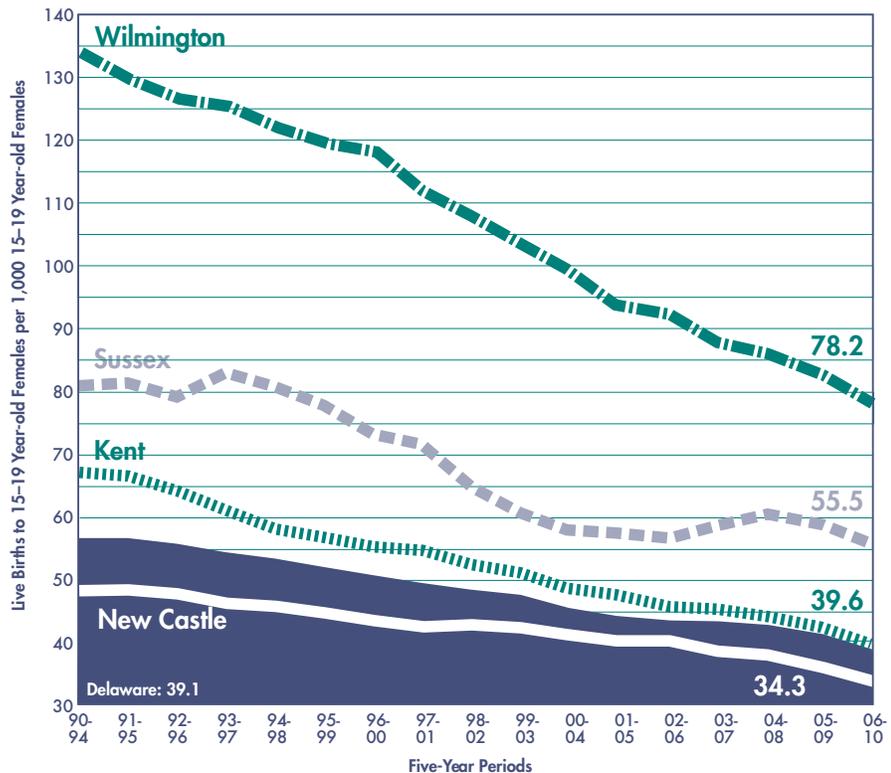
Births to Teens 15-19

Delaware Compared to U.S.



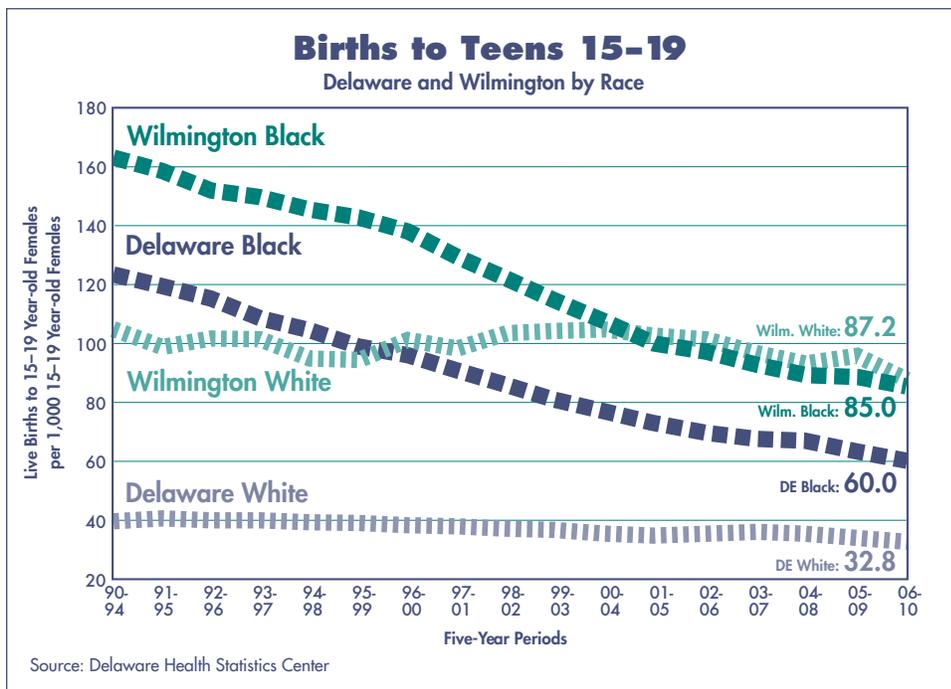
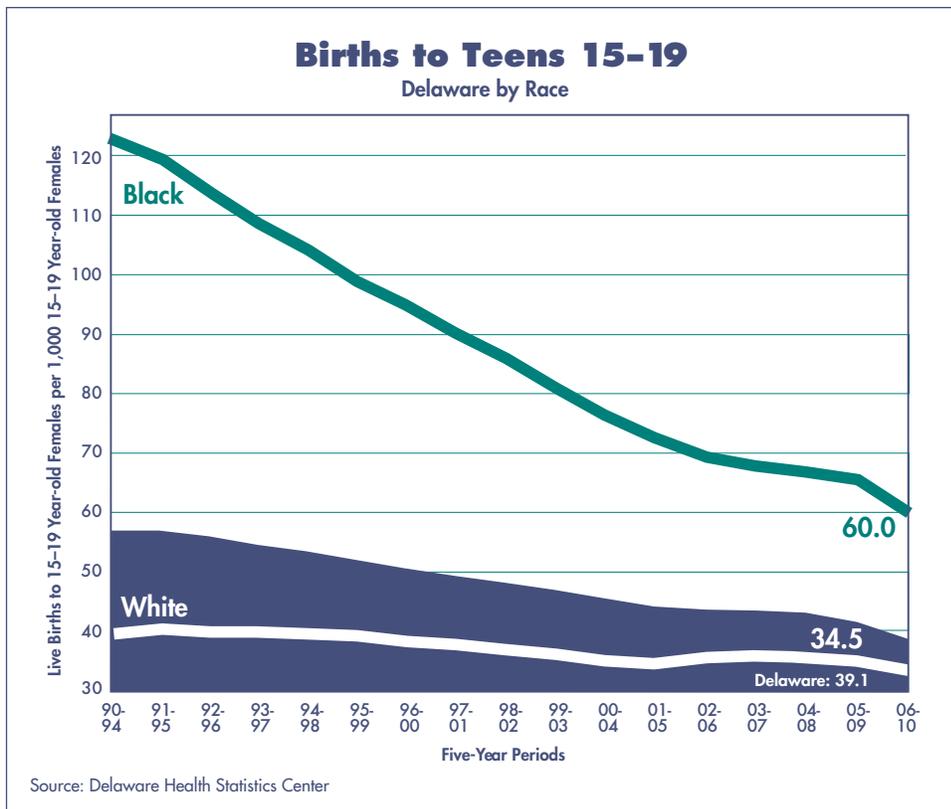
Births to Teens 15-19

Delaware, Counties, and Wilmington



Source: Delaware Health Statistics Center





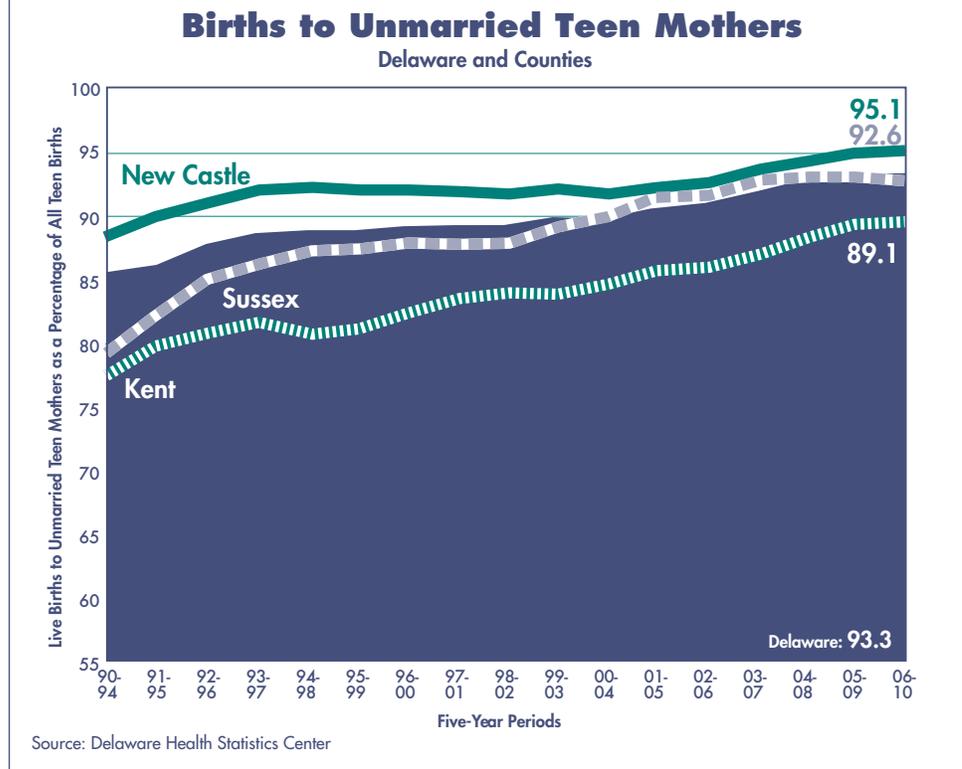
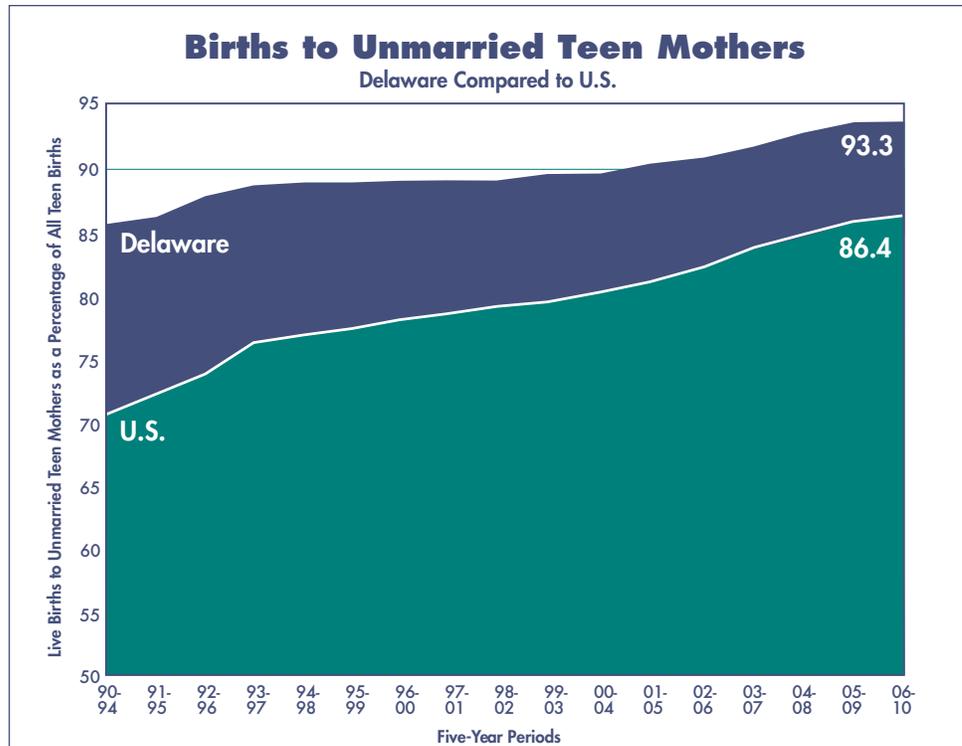
Did you know? As part of prenatal care in Delaware, pregnant women have the option to be tested for HIV. If a woman receives a positive HIV result, counseling is given; including information about HIV-related risks to the fetus.

Source: National HIV/AIDS Clinicians Consultation Center (April 8, 2011) State HIV Testing Laws, <http://www.nccc.ucsf.edu/docs/Delaware.pdf>

For more information see
 Children in One-Parent Families 96
www.teenpregnancy.org
www.plannedparenthood.org
www.gutmacher.org/sections/pregnancy.php



Births to Teens



Source: Delaware Health Statistics Center

For more information see
Children in One-Parent Families 96

PUT DATA INTO ACTION

Top four free apps to keep up with questions about pregnancy, infants, and children:

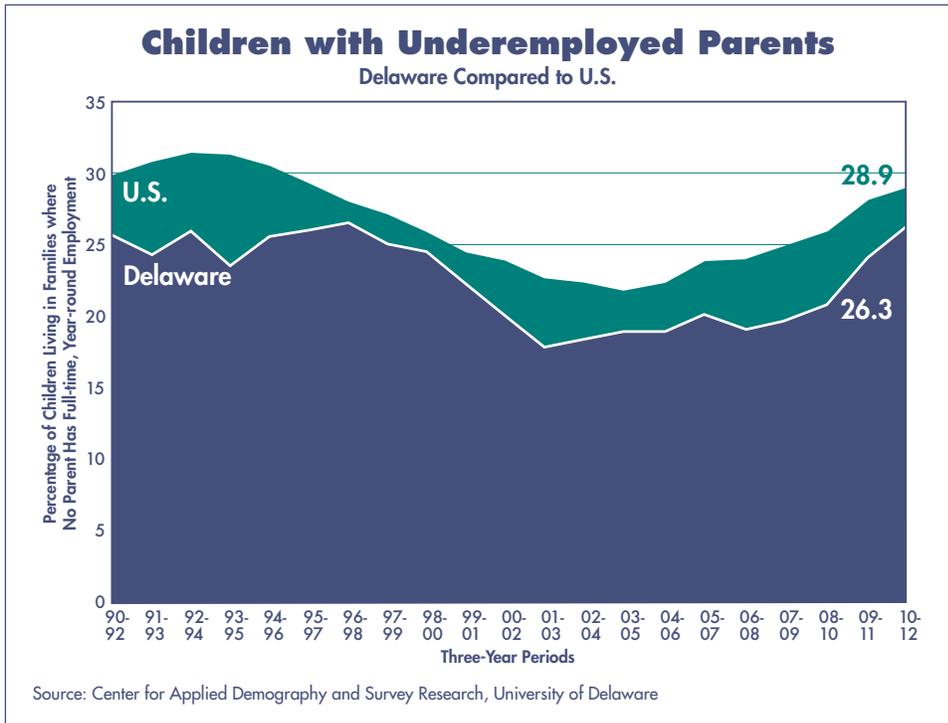
1. My Pregnancy Today, 2. BabyCenter Birth Class, 3. My Baby Today, 4. PhonyPhone

<http://www.babycenter.com/mobile-apps>



No Parent with Full-time Employment

Work and wages have a direct relationship with a family's poverty status. As a result, the ability for a parent to be employed is a major factor in family economic stability and well-being. The term "working poor" denotes families with working parents who live in poverty because their earnings are not enough to cover the family's basic needs including food, housing, and stable child care. In some cases, long hours of employment among mothers of very young children have been associated with modestly negative developmental outcomes. However, without full-time employment for at least one parent, many of a child's basic needs become hard to meet. Secure jobs improve family life by reducing the stress level generated by unemployment and may help children's psychological well-being. A higher income is associated with many positive child outcomes including better health, academic achievement, and financial well-being as adults.



Did you know? Between January 2012 and October 2012, the unemployment rate in Delaware continued to drop from 7.0 to 6.8 respectively. However, since October 2011, Delaware's total nonfarm jobs have decreased by a net loss of -1,600. The largest over-the-year job losses were in Professional and Business Services at -2,700, Construction at -2,300, and State Government at -1,200. Over the past twelve months, the job gains in Delaware were in Leisure and Hospitality at +2,000, Education and Health at +1,700, and Financial Activities at +1,200.

Because of the decrease in available jobs and greater competition for those jobs, a number of qualified workers were forced to take low paying jobs, part-time jobs or jobs beneath their skill level.

Source: Delaware Department of Labor, Office of Labor Market Information, <http://www.delawareworks.com>

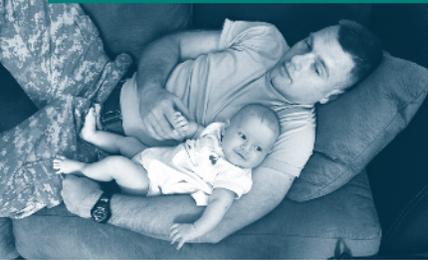
Did you know? Low wages and a lack of higher education contribute to families having insufficient incomes. Parents without a college education often struggle to earn enough to support a family and only 27% of adults in Delaware have a bachelor's degree. Fifty-four percent of children in Delaware whose parents only have a high school diploma are low income.

Source: National Center for Children in Poverty, http://www.nccp.org/profiles/DE_profile_35.html

For more information see
Unemployment..... 122

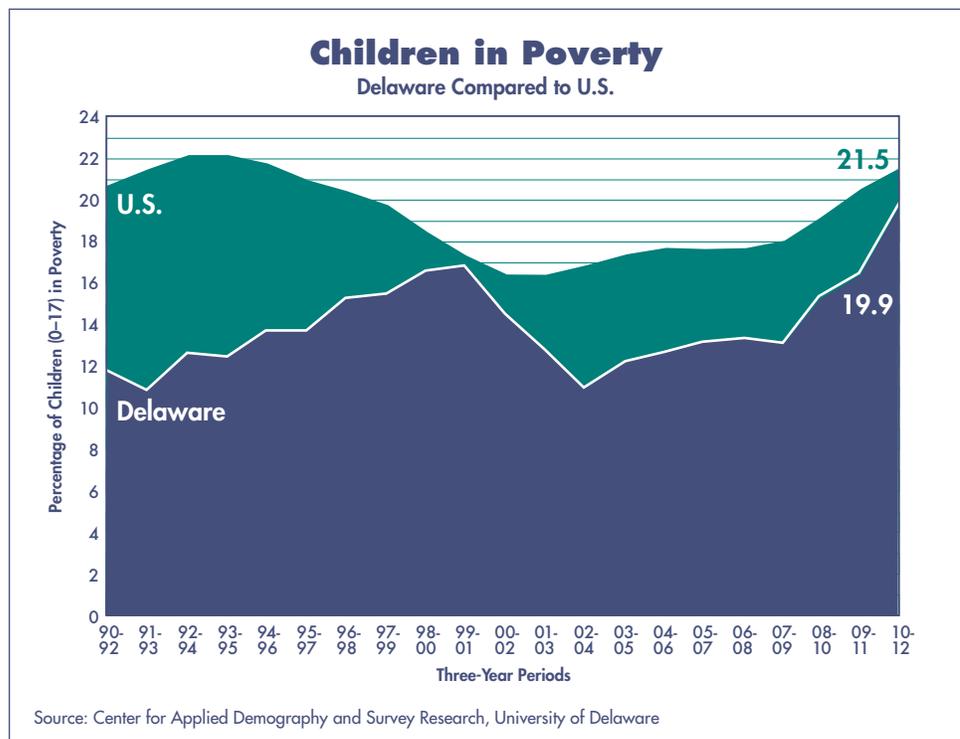


Children in Poverty



Poverty is the single greatest threat to children's well-being. Nearly 15 million children in the United States — over 20% of all children — live in families with incomes below the federal poverty level.

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



Poverty Threshold – The poverty measure was established in 1964 based on research indicating that families spent about one-third of their incomes on food. A family is officially classified as poor if its cash income (wages, pensions, social security benefits, and all other forms of cash income) falls below the poverty threshold. For example, according to the federal poverty guidelines, in 2012 a family of three must make less than \$18,498 annually to be considered in poverty. While the thresholds are updated each year for inflation, the measure is widely acknowledged to be outdated because in today's society, food comprises a much lower percentage of an average family's expenses than it did in the sixties, while the costs of housing, child care, health care, and transportation have increased substantially. Many research organizations, including the U.S. Census Bureau, have concluded that the official poverty measure is an antiquated standard that is no longer capable of capturing true economic need or determining whether working families earn enough to get by.

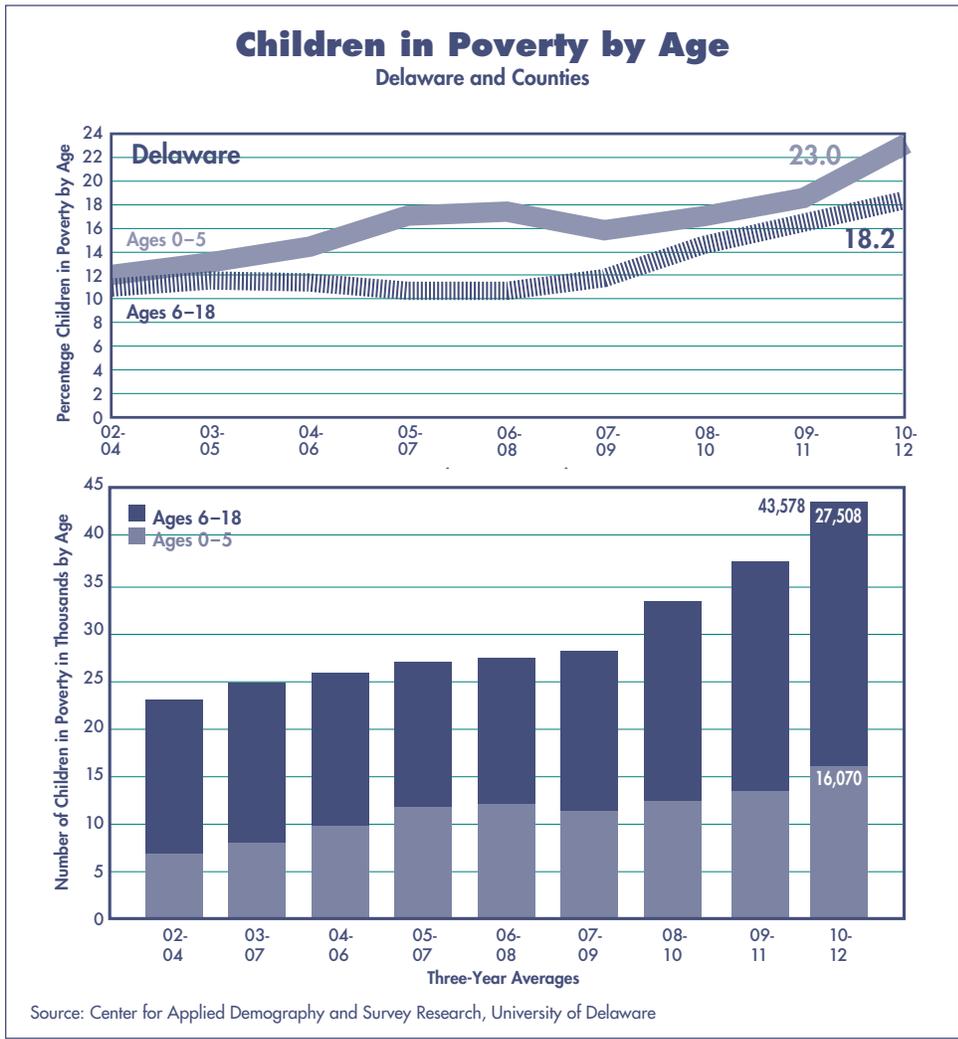
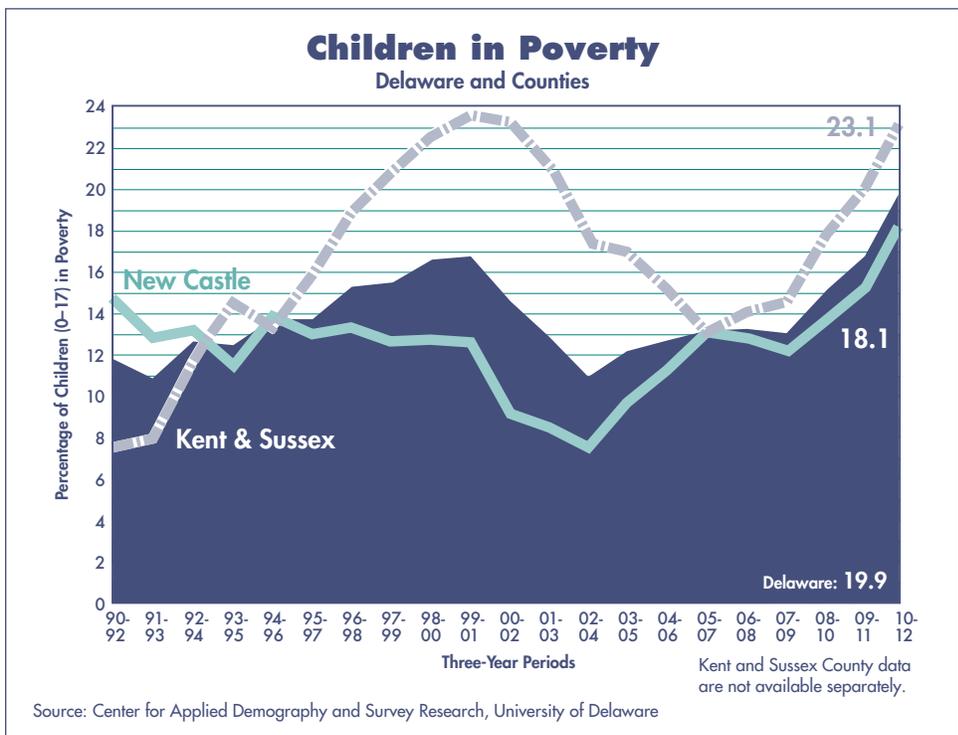
Did you know? Children who experience deep, persistent, or early poverty encounter considerable negative and long-lasting effects. Children who grow up in poor households are more likely to experience poverty as adults in comparison to children who do not. The younger the child, the more likely he or she is to be poor.

Source: Child Trends, Two Generations in Poverty, <http://www.childtrends.org>

Did you know? According to the 2011 American Community Survey, there are an estimated 72,802,773 children under the age of 18. Among all children under 18 years, 22.5 percent live at less than 100 percent of the poverty level and 28.6 percent live at less than 125 percent of the poverty level. Factors such as race/ethnicity and parents' educational attainment and employment are directly associated with children's experiences of economic insecurity. It is important to note that these percentages are the highest when compared to older age brackets.

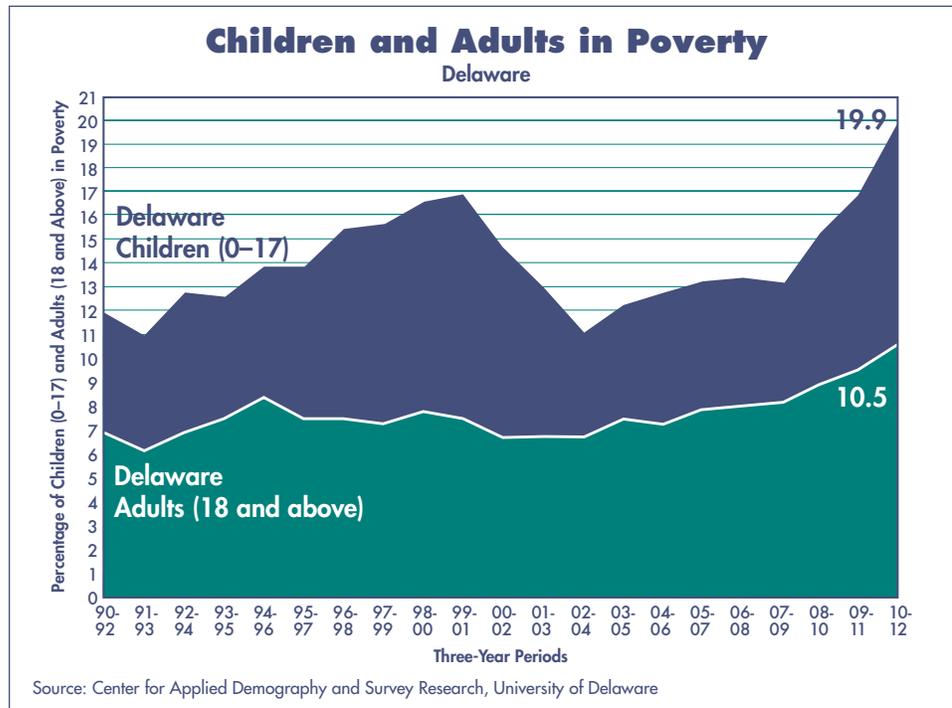
Source: American Community Survey, <http://www.census.gov/acs/www/>





Children in Poverty – The poverty threshold for a one-parent, two-child family was \$18,498 for 2012. For a family of four with two children, the threshold was \$23,283 for 2012.

Children in Poverty



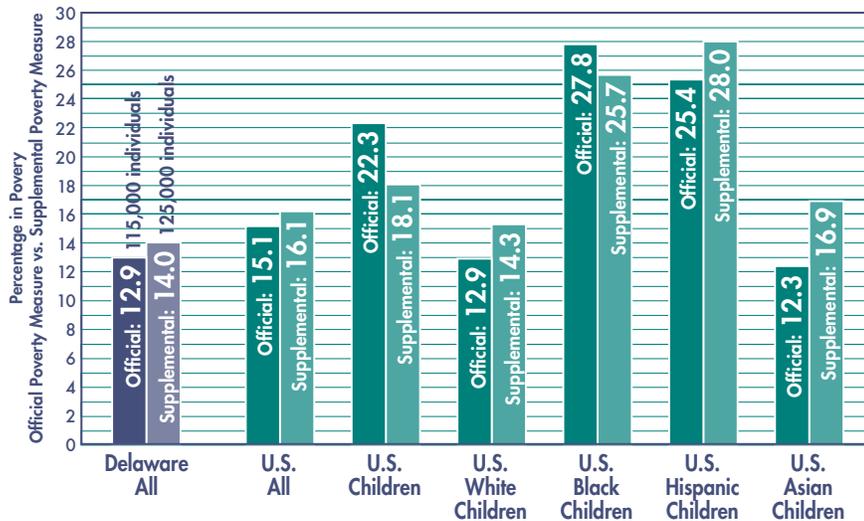
Did you know? One in 45 children or over 1.6 million children experience homelessness in America each year. Children experiencing homelessness:

- Are sick four times more often than other children.
- Have high rates of obesity due to nutritional deficiencies.
- By age 12, 83% have been exposed to at least one serious violent event.
- Almost 25% have witnessed acts of violence within their families.
- Four times more likely to show delayed development.
- Twice as likely to have learning disabilities as non-homeless children.

Source: National Center on Family Homelessness, <http://www.familyhomelessness.org/>

Official vs. Supplemental Poverty Measure

U.S., 2011, and Delaware, 2009-2011

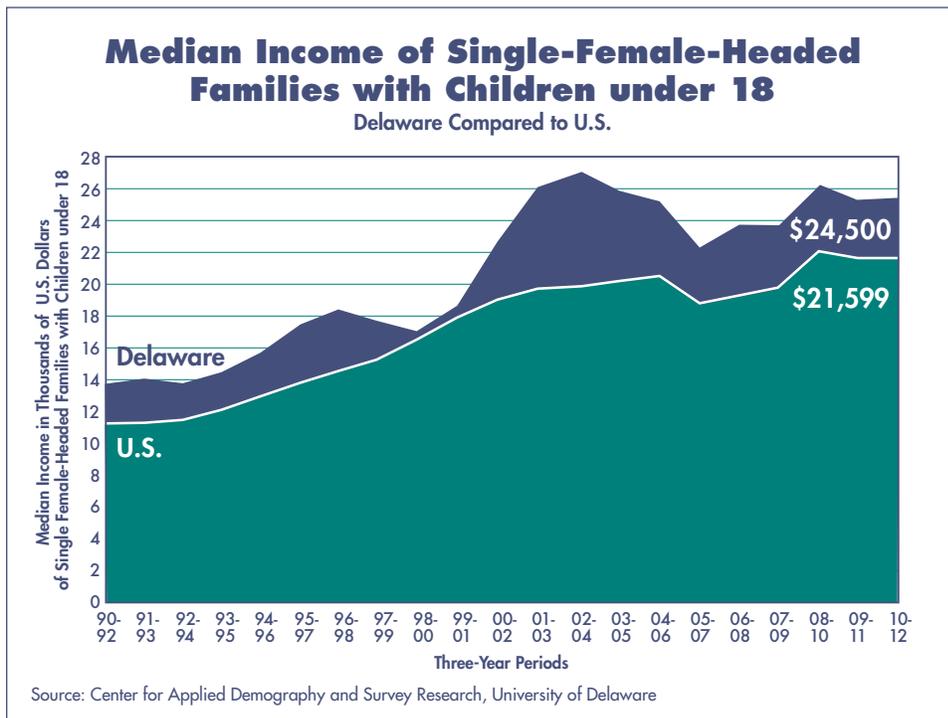
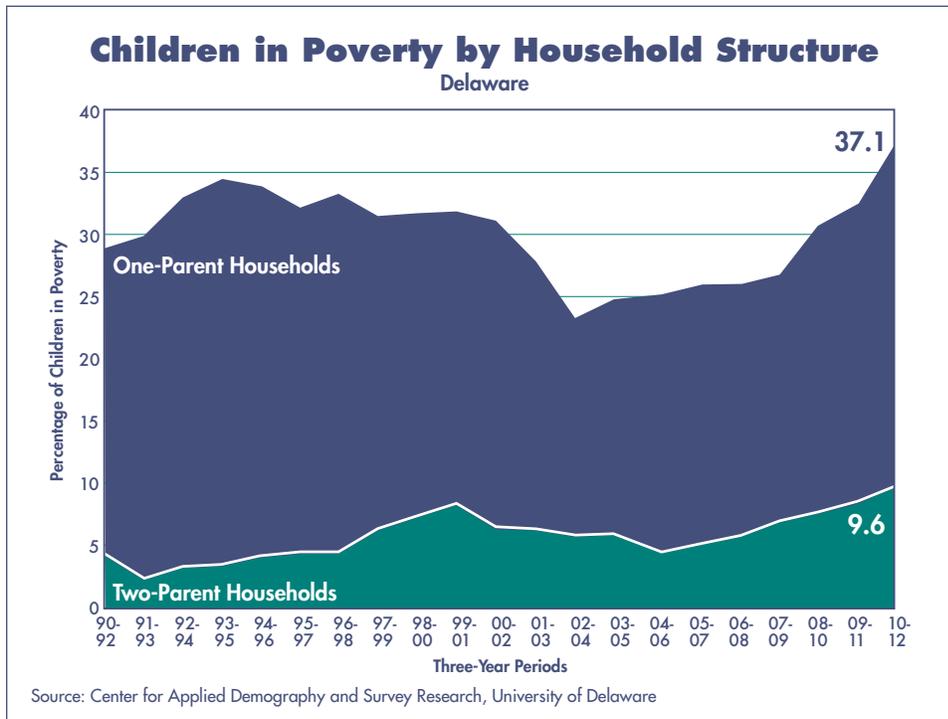


Source: U.S. Census Current Population Survey

Supplemental Poverty Measure – The Supplemental Poverty Measure adjusts the poverty thresholds based on geographic areas and differences in the cost of living across the country. Additionally, while taking into account for differences in family size, the new poverty measure takes into consideration expenses necessary for transportation and child care costs as well as differences in health care costs. The Supplemental Poverty Measure measures how well government programs are doing in decreasing poverty rates, by including many of the government programs designed to assist low-income families and individuals not included by the current poverty measure.

Nationally, according to the Supplemental Poverty Measure, government assistance programs kept millions out of poverty in 2011. However, 14 states, including Delaware have a higher Supplemental Poverty rate than the official poverty rate.





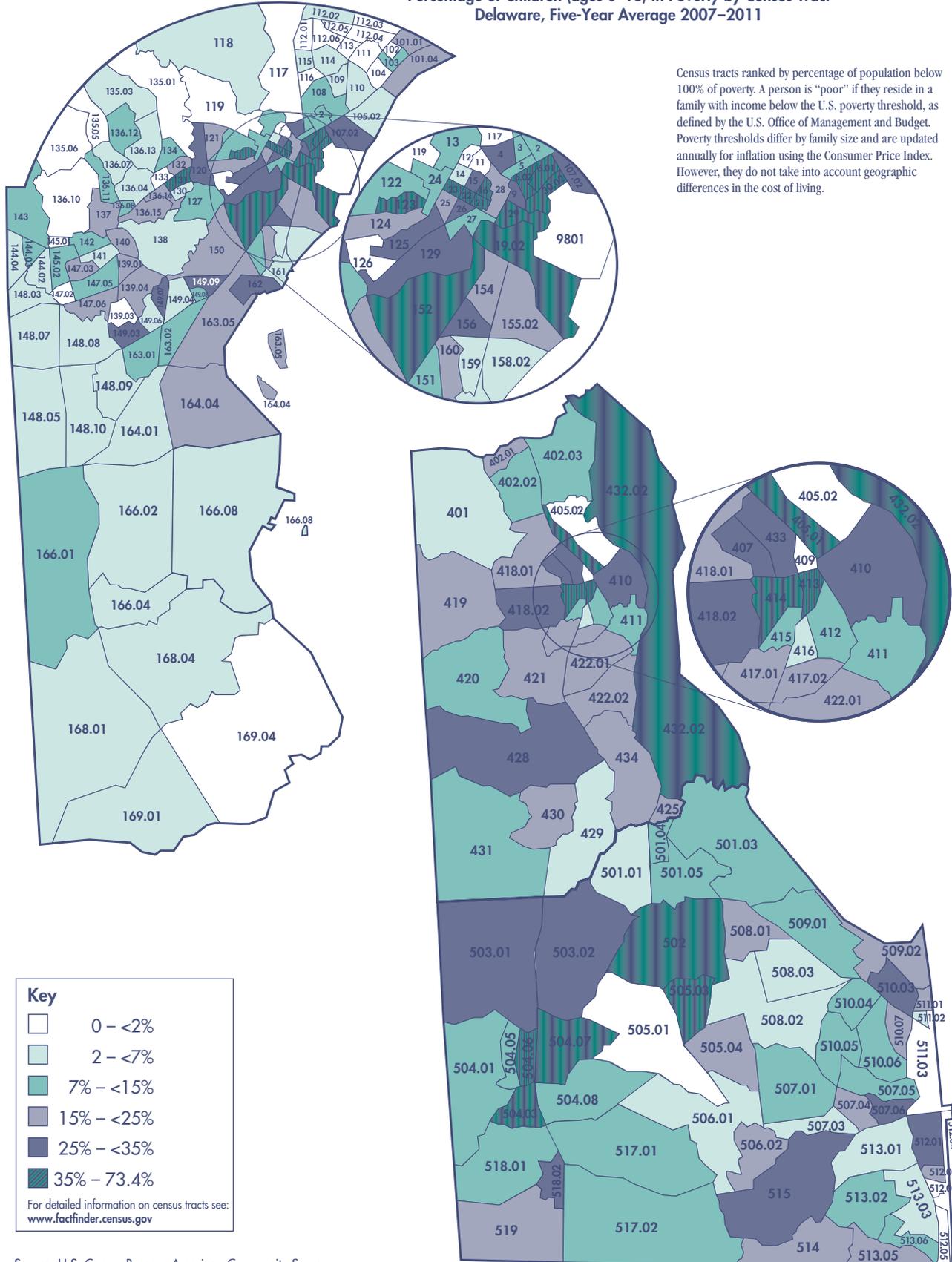
Did you know? Across all major racial and ethnic groups, poverty is higher among single-mother families. Children being raised by single mothers are four times as likely to be poor as children raised by married parents. Children in single-mother families have higher rates of poverty and low-income status. Families headed by a single mother are three times as likely to be poor as those headed by a married couple, even when at least one family member is working. Even in households with a family member working full time, single-mother families have higher poverty rates.

Source: Child Trends, Two Generations in Poverty, <http://www.childtrends.org>

Percentage of Children in Poverty

Percentage of Children (ages 0–18) in Poverty by Census Tract
Delaware, Five-Year Average 2007–2011

Census tracts ranked by percentage of population below 100% of poverty. A person is “poor” if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.

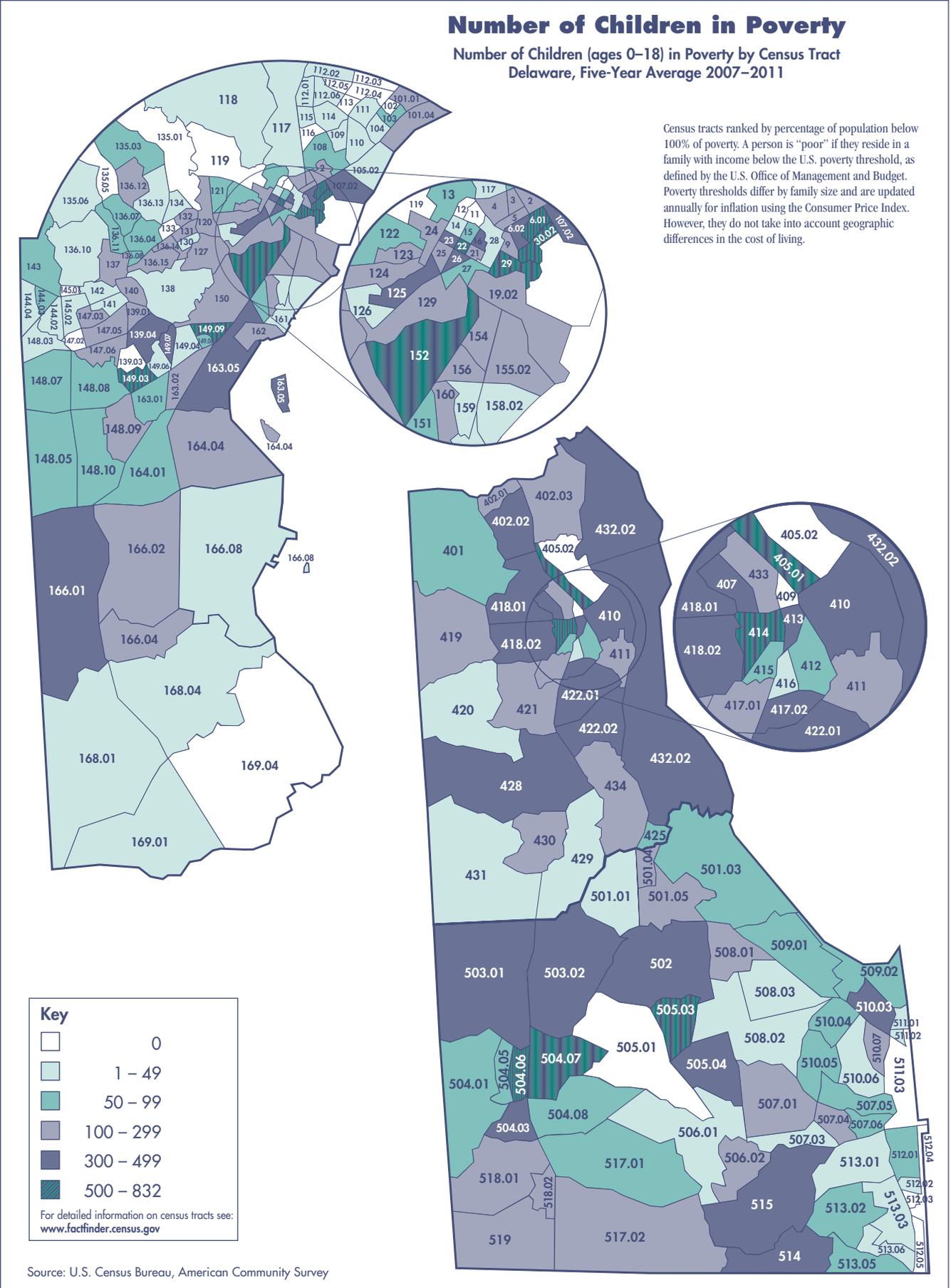


Source: U.S. Census Bureau, American Community Survey

Number of Children in Poverty

Number of Children (ages 0–18) in Poverty by Census Tract
Delaware, Five-Year Average 2007–2011

Census tracts ranked by percentage of population below 100% of poverty. A person is "poor" if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.

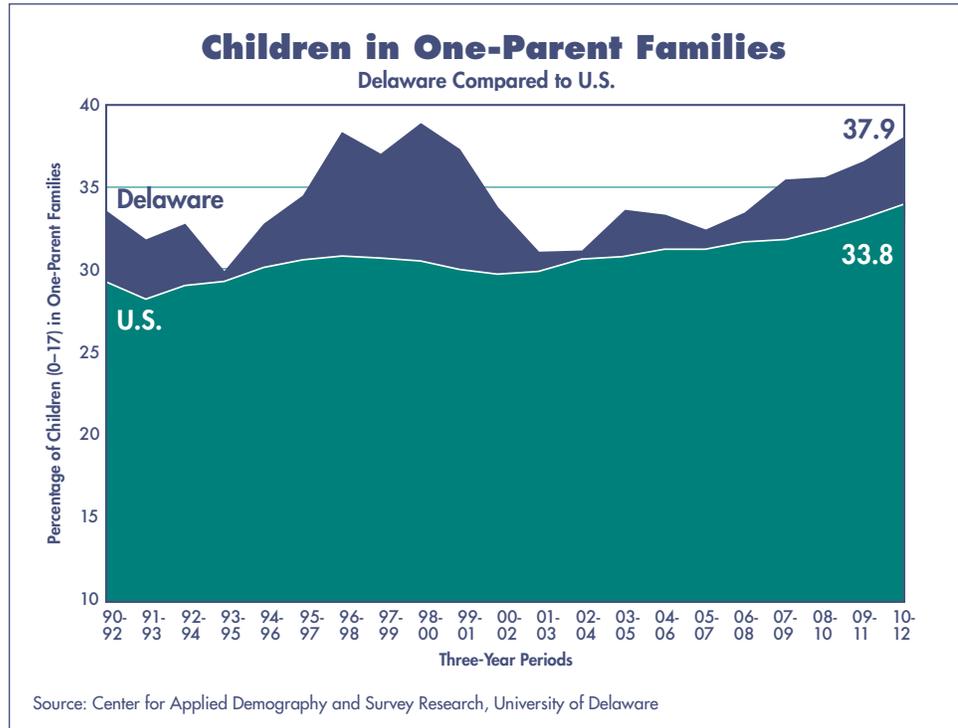


Source: U.S. Census Bureau, American Community Survey

Children in One-Parent Families



As the composition of families living in America continues to change, a child's relationship to his or her primary caregiver may change. As a result, families may be headed by biological parents, step-parents, grandparents, foster parents, or other relatives. The number of caregivers present in a given household may also vary. Increasingly, single parents are the primary caregivers in many families. Research indicates that children growing up in families headed by a single parent face greater challenges and an increased risk for cognitive, financial, social, and emotional concerns.



Households by Type

Percentages, U.S., Delaware, and Counties, 2007-2011

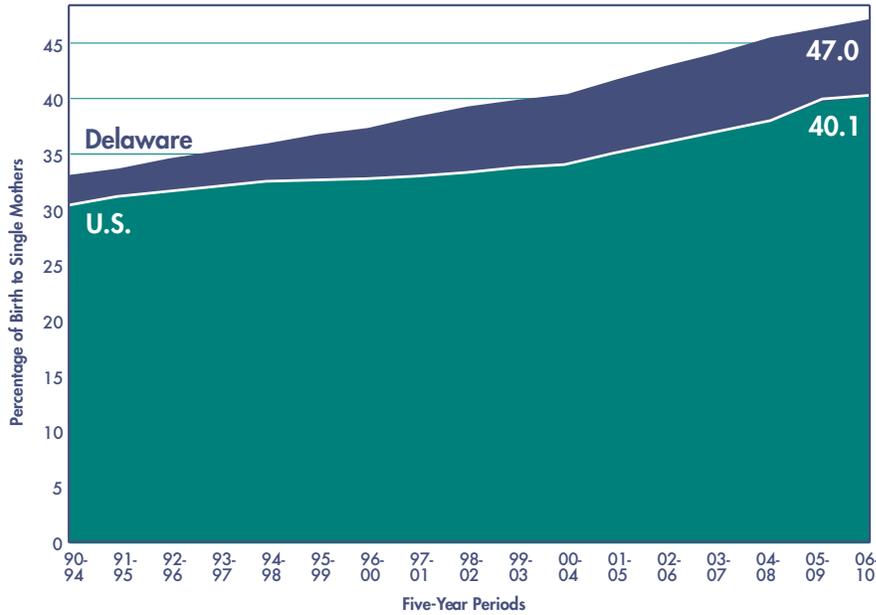
	US	DE	NC	Kent	Sussex
Family households (Families)	66.7%	68.1%	27.4%	70.9%	68.0%
With own children under 18 years	30.3%	29.2%	31.2%	31.65%	21.85%
Married-Couple Family	49.3%	49.6%	48.3%	51.5%	51.6%
With own children under 18 years	20.7%	19.0%	20.6%	20.5%	13.4%
Male householder family, no wife present	4.6%	4.8%	4.9%	4.4%	4.9%
With own children under 18 years	2.2%	2.4%	2.5%	2.4%	2.2%
Female householder family, no husband present	12.7%	13.7%	14.2%	14.9%	11.5%
With own children under 18 years	7.3%	7.8%	8.1%	8.8%	6.2%
Nonfamily households	33.3%	31.9%	32.6%	29.0%	32.0%
Householder living alone	81.9%	80.8%	80.4%	83.1%	80.1%
65 years and over	28.4%	30.2%	27.7%	31.6%	36.2%
Households with one or more people <18 years	33.6%	33.0%	35.0%	35.9%	25.7%
Households with one or more people 60+	33.3%	35.8%	31.6%	35.3%	41.7%
Average household size	2.6%	2.6%	2.65%	2.7%	2.5%
Average family size	3.2%	3.1%	3.2%	3.2%	3.0%

Source: U.S. Census Bureau, American Community Survey five year estimate 2007-2011. www.factfinder.census.gov/

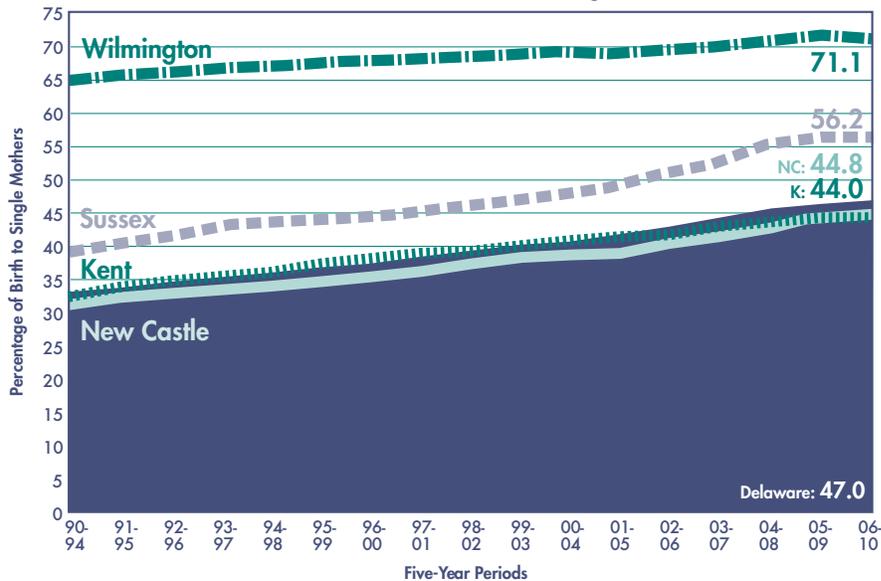
Children in One-Parent Households – percentage of all families with “own children” under age 18 living in the household, who are headed by a person—male or female—without a spouse present in the home. “Own children” are never-married children under 18 who are related to the householder by birth, marriage,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

Children in One-Parent Families

Births to Single Mothers Delaware and U.S.



Births to Single Mothers Delaware, Counties, and Wilmington



Sources: Delaware Health Statistics Center, National Health Statistics Center



Did you know? According to Child Care Aware of America, in the state of Delaware in 2012 there were an estimated 33,521 single parent families. Of these single parent families, there were 22,950 single working mothers with children under 18 years old. The national number of single parent families for 2012 was 11,019,804 and of those, 6,954,018 were single working mothers with children under 18 years old.

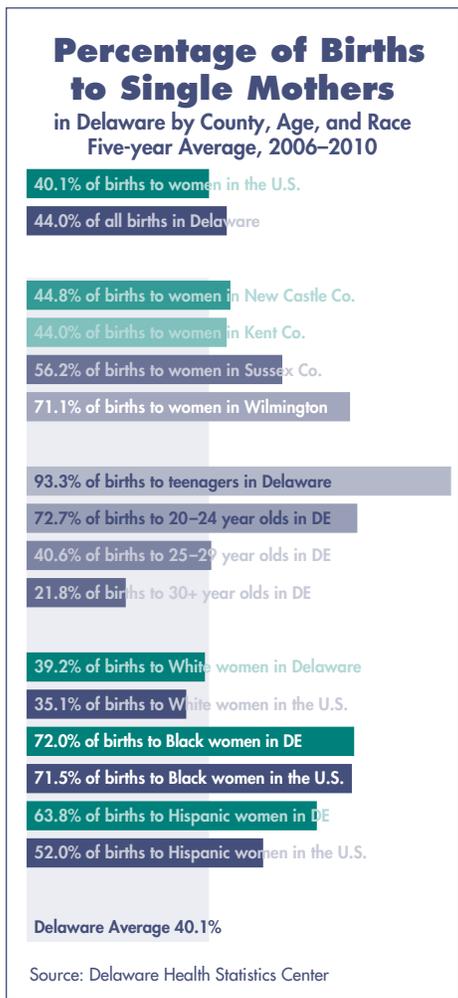
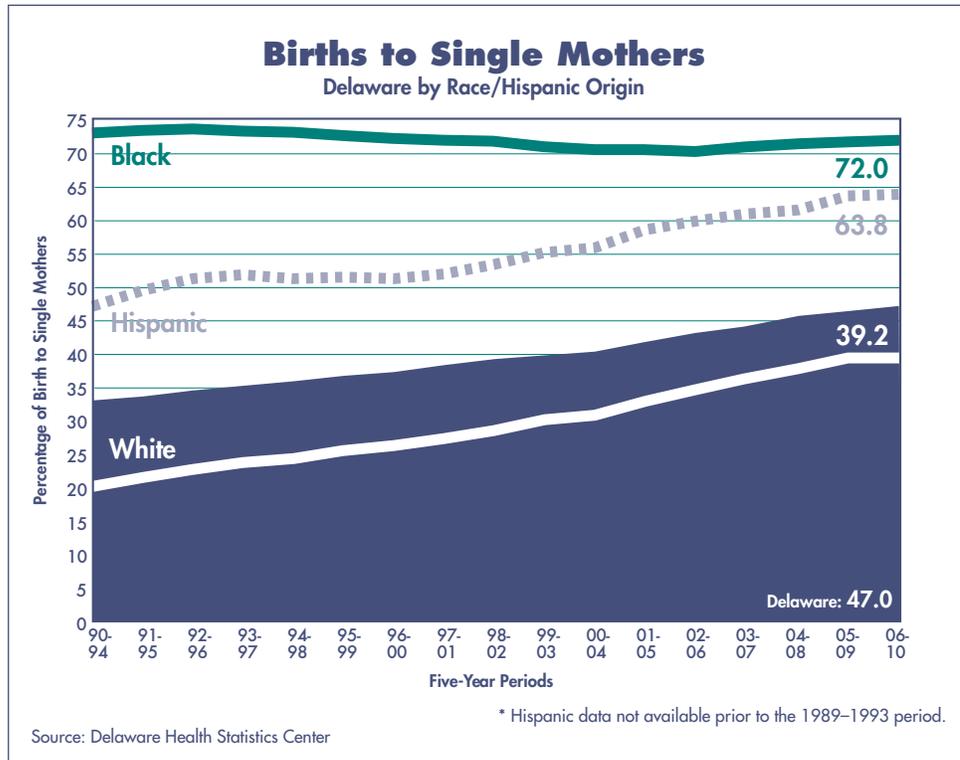
Source: NACCRRRA, 2012 Child Care in the State of Delaware, <http://www.naccrrra.org/>

Did you know? Single-parent families are three times as likely to be poor as married-couple families.

Source: Child Trends, Two Generations in Poverty, <http://www.childtrends.org>



Children in One-Parent Families



Did you know? While many single mothers have been resilient during the severe economic recession, single mothers are still disproportionately unemployed, or working in low-wage jobs with few benefits. Their children are among the most vulnerable. While neighborhood characteristics, schools, and peer networks play important roles in children’s development, parents provide the major source of social and economic support in children’s lives. Ensuring that single mothers have access to education, job training, quality child care, and equal wages are ways to ensure children’s successful transitions to adulthood.”

Source: Population Reference Bureau, US Children in Single Mother Families, 2010. <http://www.prb.org/pdf10/single-motherfamilies.pdf>

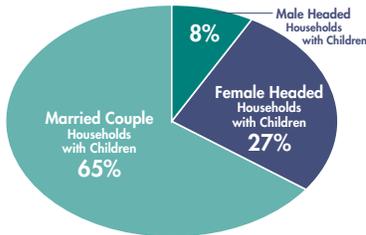
Did you know? Research found family structure-based differences in levels of park use. Transformation in the American family structure may have an impact on public demand for parks and recreation services. New facilities and programs in parks should reflect the needs of families with nontraditional structures. For example, dual-worker families may appreciate more evening-hour programs in parks. Single-parent families may prefer activities that allow group participation and offer socializing opportunities.”

Source: Family Structure and Park Use Among Parents, American Journal of Preventive Medicine, 2012

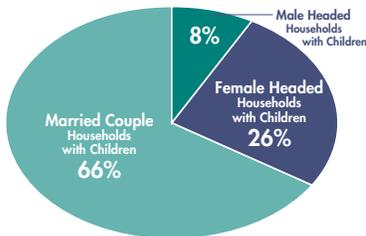


Families with Related Children by Household Structure 2007–2011

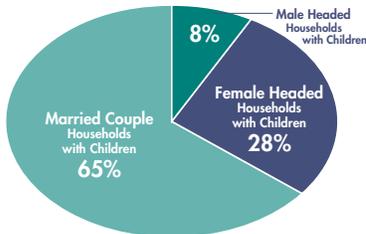
Delaware



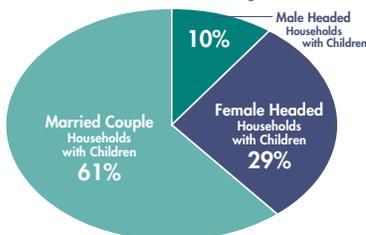
New Castle County



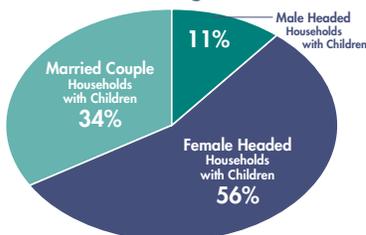
Kent County



Sussex County



Wilmington



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

Did you know? Divorce is an event most likely to undercut the quality and stability of children's family lives in the second half of the twentieth century. The nation's retreat from marriage has hit poor and working-class communities particularly hard.

As divorce rates have decreased since peaking in the early 1980's, children who are now born to married couples are actually more likely to grow up with both of their parents than were children born at the height of the divorce revolution. The divorce rate for married couples with children has fallen almost to pre-divorce revolution levels, with 23 percent of couples who married in the early 1960s divorcing before their first child turned ten, compared to slightly more than 23 percent for couples who married in the mid 1990's.

Source: The National Marriage Project, University of Virginia and the Center for Marriage and Families at the Institute for American Values, <http://nationalmarriageproject.org/reports/>

Did you know? Most single mothers work. As children see their mothers succeeding in the workplace, they often develop more respect for them. The children of working mothers also usually have a broadened view of what women can accomplish in life. Girls raised in single-parent households tend to see and expanded range of occupational opportunities for themselves later in life.

Source: Caring for your School-Aged Child: Ages 5-12. Available on HealthyChildren.org from the American Academy of Pediatrics, <http://www.healthychildren.org>

Did you know? Across all major racial and ethnic groups, poverty is higher among single-mother families. Children being raised by single mothers are four times as likely to be poor as children raised by married parents. Children in single-mother families have higher rates of poverty and low-income status. Families headed by a single mother are three times as likely to be poor as those headed by a married couple, even when at least one family member is working. Even in households with a family member working full time, single-mother families have higher poverty rates.

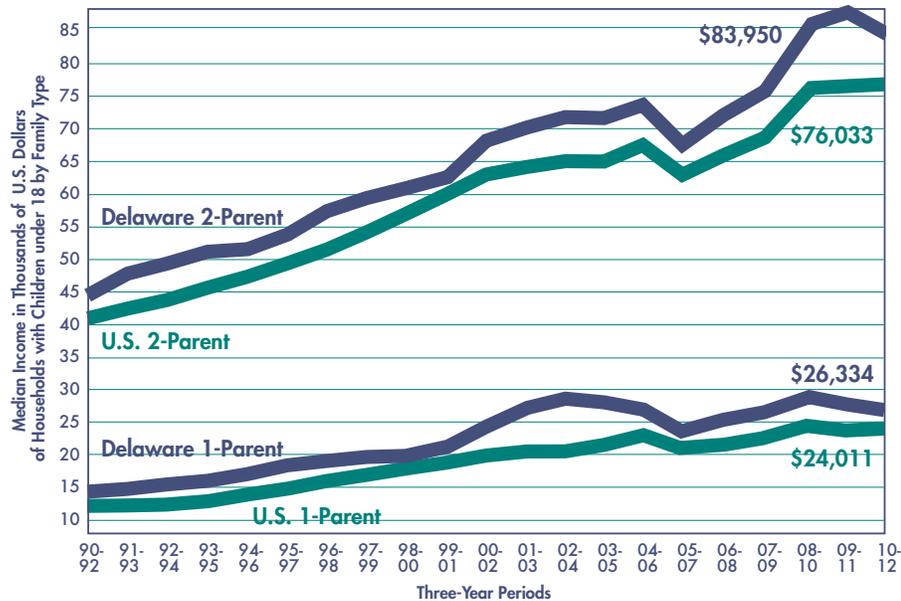
Source: Child Trends, Two Generations in Poverty, <http://www.childtrends.org>



Children in One-Parent Families

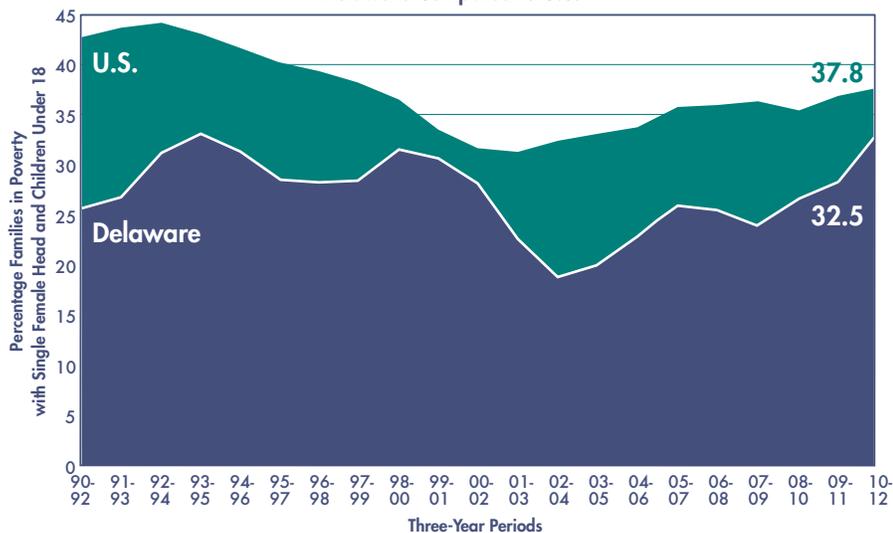


Median Income of Families with Children by Family Type Delaware and U.S.



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

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



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

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

U.S.	Delaware	New Castle	Kent	Sussex
46.3%	38.0%	34.6%	57.1%	46.2%

Source: U.S. Census Bureau, American Community Survey. 2007-2011 Averages. <http://factfinder.census.gov/>

For more information see

Child Support 101

www.singlerose.com

www.makinglemonade.com

www.singlefather.org

www.urban.org/publications/101308.html

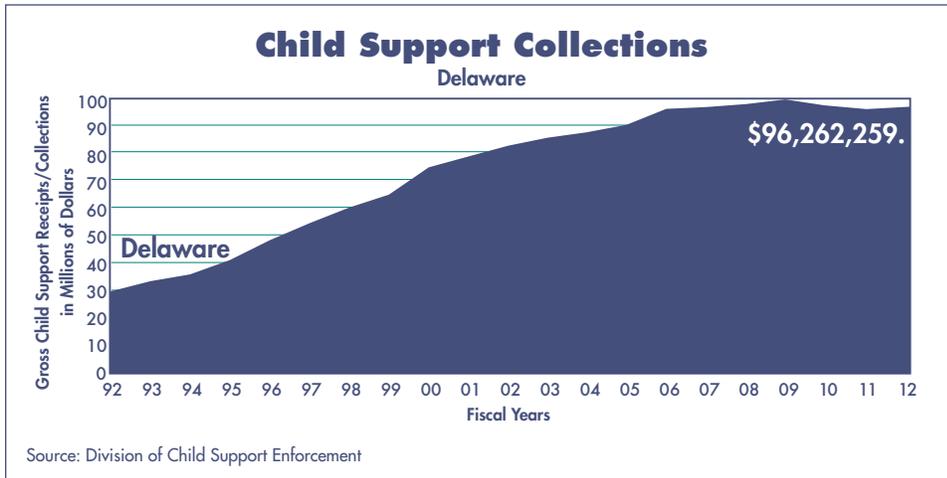
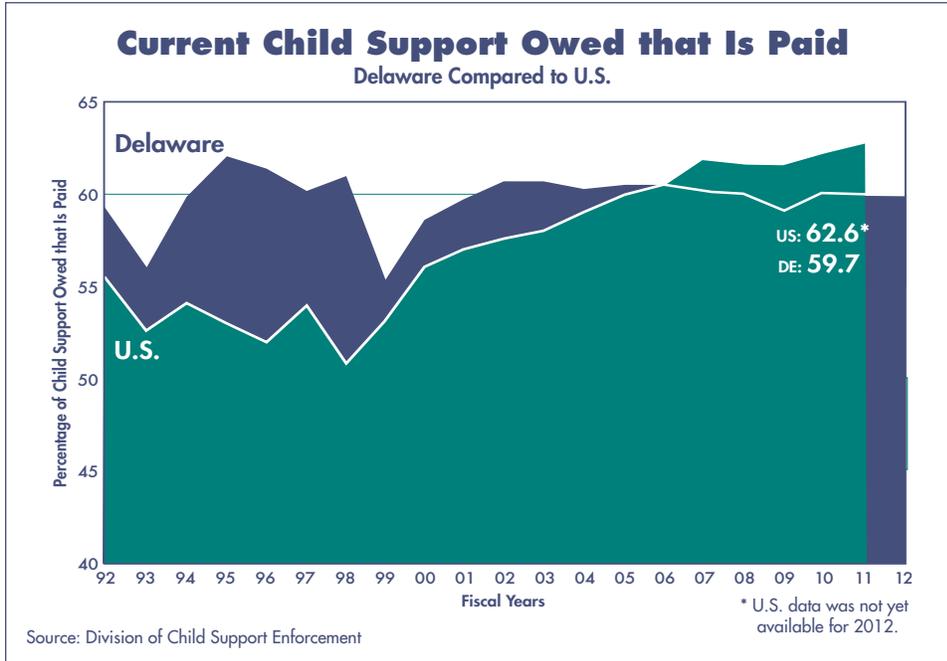
www.parentswithoutpartners.org

www.promisingpractices.net

www.nationalpartnership.org



The Child Support Enforcement Program is a federal, state and local partnership aimed at promoting self-sufficiency and child well-being through financial stability. In Delaware, the Division of Child Support Enforcement works to ensure both parents meet their financial and legal obligations to their children. Research has indicated that children are more likely to receive financial support from their nonresident parent when an order is in place. Child support becomes an important resource for many children living in poverty. The child support program assures that assistance in obtaining financial and medical support is available to children through locating nonresident parents, establishing paternity and support obligations, and enforcing those obligations.



Did you know? The Delaware Division of Child Support and Enforcement has the broad authority to collect and enforce the payment of child support. The DCSE uses a Wanted Poster to hold non-custodial parents (NCPs) accountable by publicizing their failure to pay child support. Traditionally, the Wanted Poster was in hard-copy form featuring only 10-15 NCPs. The Wanted Poster Presentation is now located on the Delaware Health and Social Service website, which enables greater control in regard to providing up to date information on an ongoing basis.

Source: Delaware Health and Social Service, Division of Child Support Enforcement, <http://www.dhss.delaware.gov/dhss/dcse/photos/>

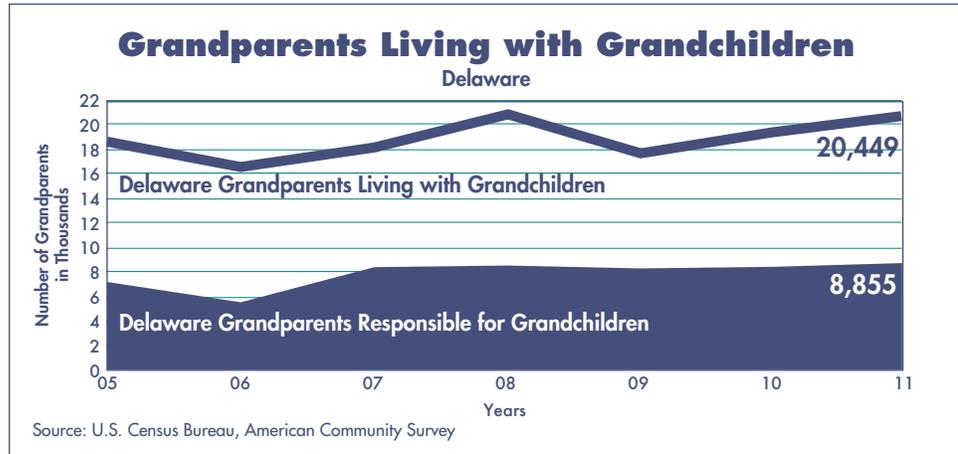
For more information see
 Children in One-Parent Families 96
<http://www.dhss.delaware.gov/dhss/dcse/>
www.acl.hhs.gov/programs/cse/



Children Living with Grandparents



Grandparents raising grandchildren has received considerable attention in recent years, despite the fact that the proportion of children living with grandparents has remained relatively stable. While the percentages are low and steady, in the context of a growing youth population, they represent growing total numbers. These are often loving relationships, but can be challenging situations due to the emotional needs of the child and potential health and stability concerns related to age of the grandparent.



Grandparents Living with Grandchildren
Delaware, Counties, and Wilmington, Five-year Estimate, 2007–2011

	Delaware	New Castle	Kent	Sussex	Wilmington
Grandparents living with grandchildren under 18 years	20,449	12,194	4,035	4,220	2,122
Grandparents responsible for their grandchildren	8,855	4,864	1,716	2,275	950

Source: U.S. Census Bureau, American Community Survey 2011 Five-year Estimates

PUT DATA INTO ACTION

The practice of grandparents and relatives caring for children is not new; however, their numbers are dramatically increasing because of substance abuse, incarceration, HIV/AIDS, mental illness, child abuse or neglect, or joblessness. Grandparents and relatives continue to take in these children, despite the considerable hardship it creates for some. Through the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), Care Delaware supports older relatives raising children ages 18 and younger. Grandparents Raising and Nurturing Dependent Children (GRAND) is Delaware’s online resource guide for grandparents and relative caregivers raising children. Resources include information about:

- Child Care programs
- Counseling signs, services, and support groups
- Education for Caregivers and Children
- Job Training and Placement Assistance
- Financial Assistance available at the State and Federal Level
- Health Services and Insurance including Medicaid
- Legal Issues – Custody, Kinship, Visitation, and Adoption

Source: Division of Services for Aging and Adults with Physical Disabilities, <http://dhss.delaware.gov/>

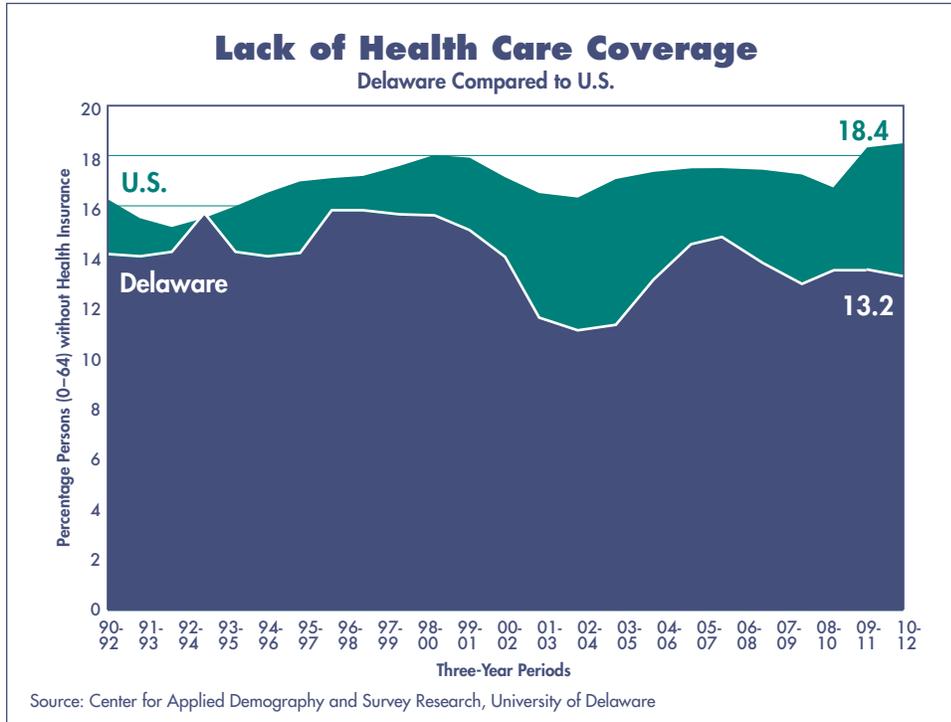
For more information see

www.rand.org/pubs/research_briefs/RB5030/index1.html

www.dhss.delaware.gov/dhss/dsaapd/



Accessible, reliable health care is an important aspect of child and family well-being, but due to the limits of public health care and gaps in employer coverage, there are millions of people living in America without adequate health care coverage. Families without health care coverage suffer from limited access to care, quality of care, and decreased financial security. Those who are uninsured receive less preventative care, typically lack a consistent source of care, delay care, and/or have other unmet medical needs. Uninsured children with common childhood illnesses and injuries do not receive the same level of care as their insured peers. As a result, they are at higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions than those with health care coverage.



Health Care Costs

	US	DE
Health Care Expenditures per capita, 2009	\$6,815	\$8,480
Medicare Spending per Enrollee, 2009	\$10,365	\$10,421
Average Family Premium for Employer Sponsored Insurance (ESI), 2011	\$15,022	\$16,015
Average Family Employee Contribution, 2011	\$3,962	\$4,378

Source: The Henry Kaiser Family Foundation, www.statehealthfacts.org

Health Insurance Coverage

Distribution for Non-elderly Population
U.S., 2011, Delaware, 2010-2011

	US	DE
Employer	56%	62%
Individual	6%	5%
Medicaid	18%	18%
Other Public	3%	3%
Uninsured	18%	12%

Source: The Henry Kaiser Family Foundation, www.statehealthfacts.org

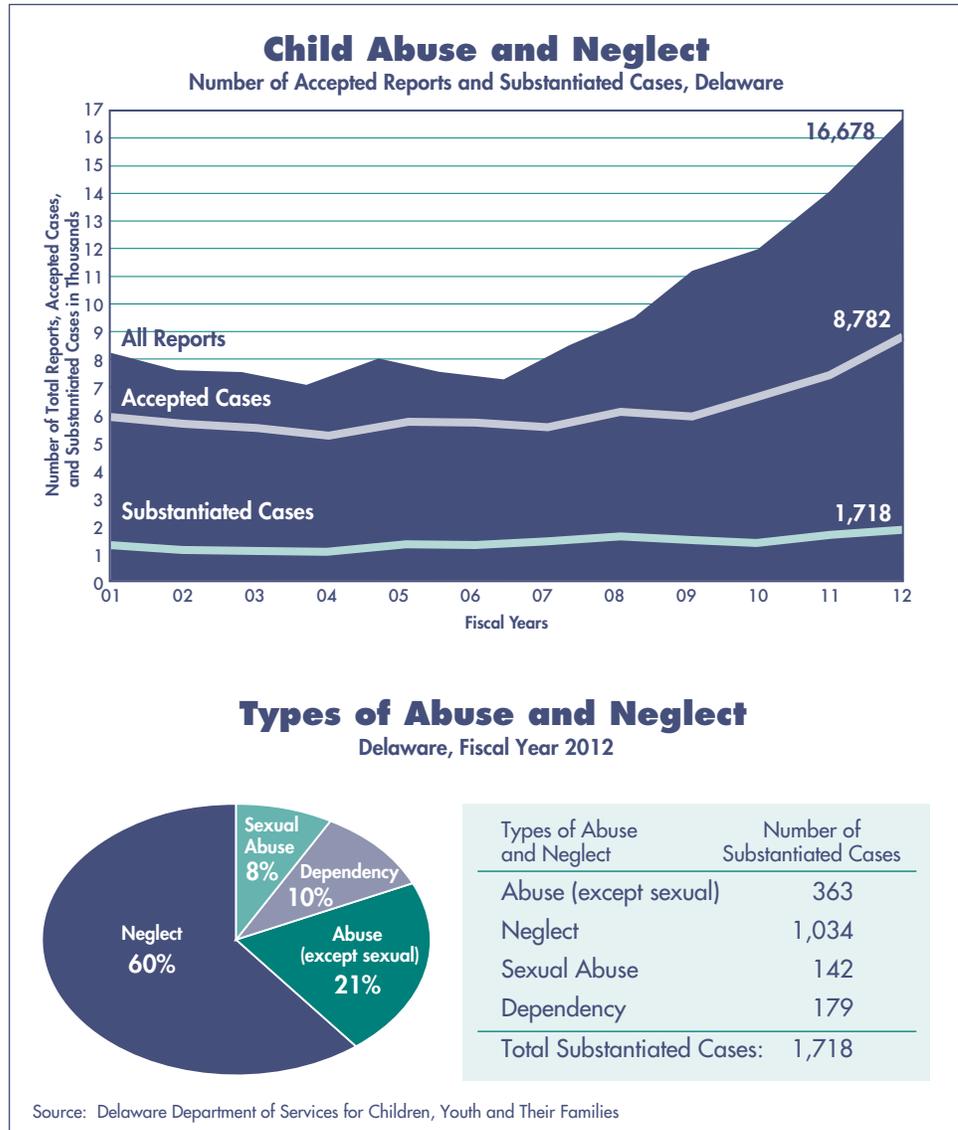
PUT DATA INTO ACTION Delaware will be the first of six states to pursue a federal partnership for a Health Insurance Exchange. Introduced in the Affordable Care Act of 2010, a Health Insurance Exchange is an online marketplace for health insurance that will be in place by January 2014. The state-federal partnership allows for the combined management of exchange functions and for an easier transition to a fully state-based exchange in the future. See: www.dhss.delaware.gov/dhcc. Source: Kaiser Family Foundation, "Focus on Health Reform"

For more information see
 Children without Health Insurance..... 46
www.cms.gov
www.familiesusa.org
<http://dhcc.delaware.gov/>
www.delawareuninsured.org/

Child Abuse and Neglect



Child abuse is the maltreatment or neglect of a child that results in any non-accidental harm or injury. Abuse comes in a number of forms of maltreatment including physical abuse or neglect, verbal abuse, emotional abuse or neglect, and sexual abuse. The devastating impacts of child abuse and neglect can last a lifetime, particularly if left untreated. Often abuse leads to physical, social, and emotional problems including depression, illness, impaired growth, learning difficulties and low school achievement, juvenile delinquency, substance abuse, and sometimes suicide. States set their own legal definitions of child abuse and neglect within existing federal legal standards.



PUT DATA INTO ACTION

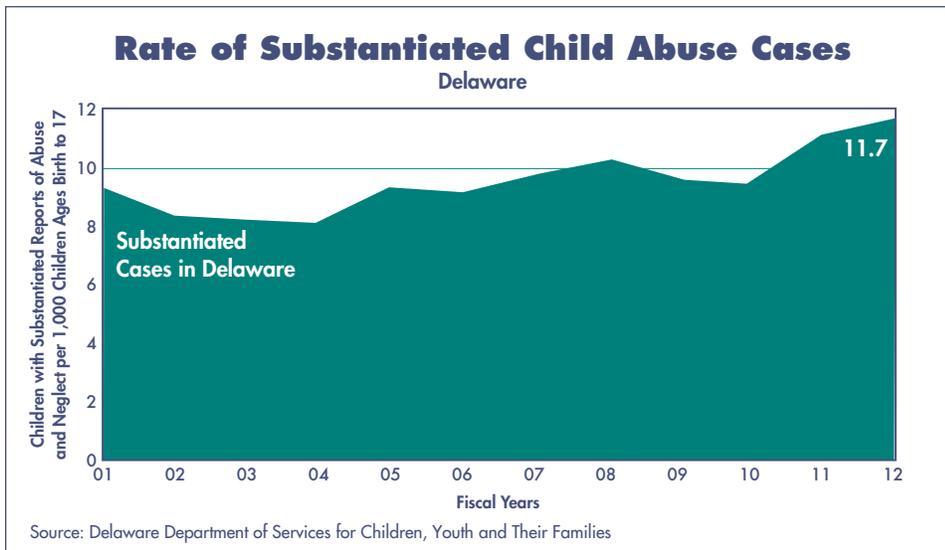
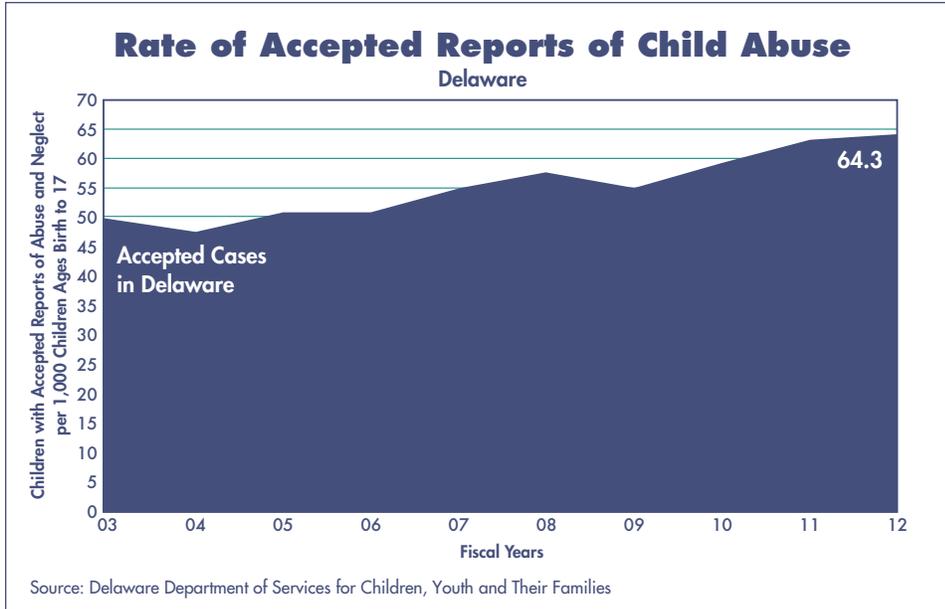
In the 2012 Legislative session, the state of Delaware passed Senate Bill 234 as an act to amend existing legislation on Child Abuse.

Specifically, the Offenses Against Children bill:

- Redefines physical injury and serious physical injury to reflect medical realities of pain/impairment suffered by children;
- Provides special protection to infants, toddlers and children who have disabilities;
- Expands the state of mind necessary for certain offenses against children allowing for more effective prosecution of parents who fail to protect their children.

Source: Kids Count in Delaware 2012 Legislative Wrap-up, <http://www.ccrs.udel.edu/>





Did you know? Whenever child abuse is suspected, reporting is critical and, in most cases, the law.

- If you suspect child abuse, call Delaware’s child abuse reporting hotline at 1-800-292-9582.
- If you believe the child is in immediate danger, call 911.
- When filing a report, information is needed including:
 - Child’s name, age, and address and the parent’s name, phone number, and address
 - Reason for suspicion (include specific information) and type of abuse
 - Name of suspected perpetrator
 - Your name, address, telephone number, and relationship with the victim

Reporting abuse could save a life. Abusive families need help and reporting can give families opportunities for counseling and support. The cycle of abuse can be stopped — victims of abuse who receive counseling are less likely to become abusers.

Source: Prevent Child Abuse Delaware, <http://www.pcadelaware.org>

For more information see

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Domestic Violence	110
Delaware Children Speak about Family.....	111
www.pcadelaware.org	
www.preventchildabuse.org	

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

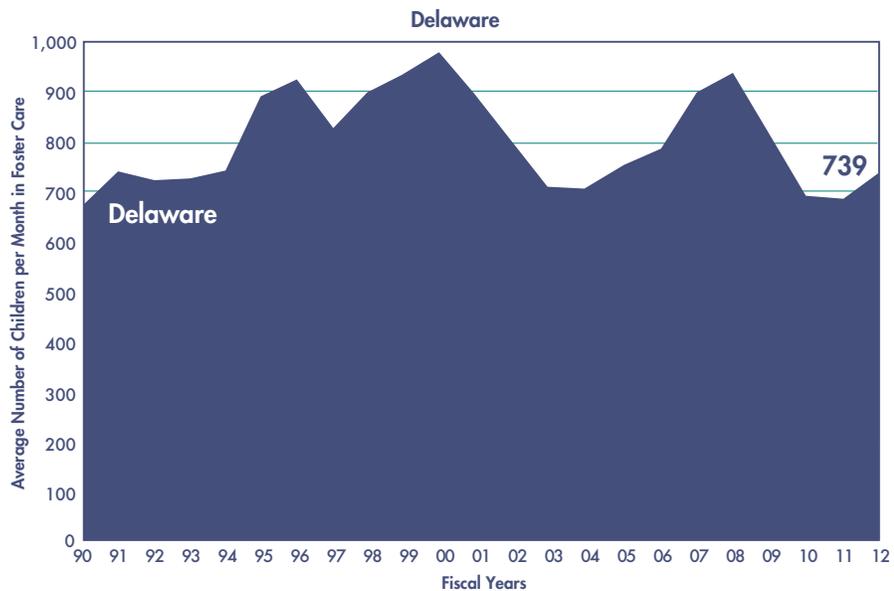


Foster Care

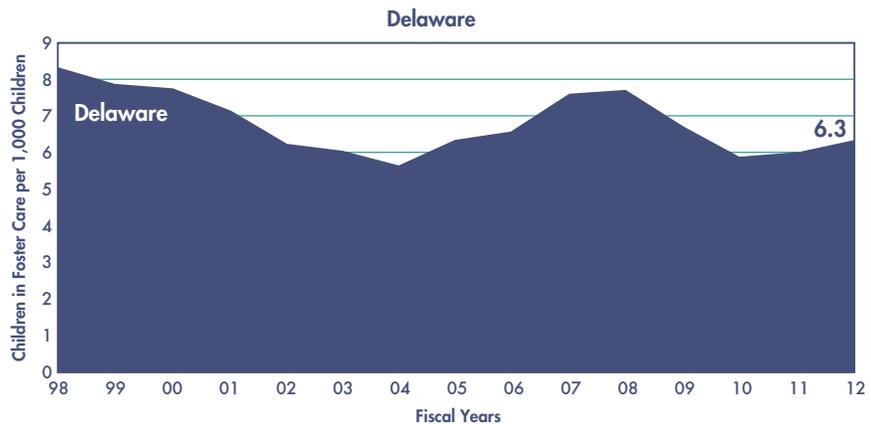


Foster Care is temporary residential care in another home for a child who has been removed from his or her home due to physical, emotional, or sexual abuse, or neglect. Parental neglect or abandonment includes lack of supervision, failure to provide adequate housing, or failure to provide basic needs.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

Number of Children in Foster Care



Rate of Children in Foster Care



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

PUT DATA INTO ACTION

Foster care providers are always needed. For information:

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

Helpline: 1-800-464-4357

New Castle County: 302-451-2800

Kent County: 302-739-4800

Sussex County: 302-422-1400

Email: DSCYF_FosterCare@state.de.us

Did you know?

The 698 children in foster care in Delaware in 2011 were housed in 236 foster homes:

New Castle: 107 homes 388 children

Kent County: 46 homes 195 children

Sussex County: 83 homes 125 children

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

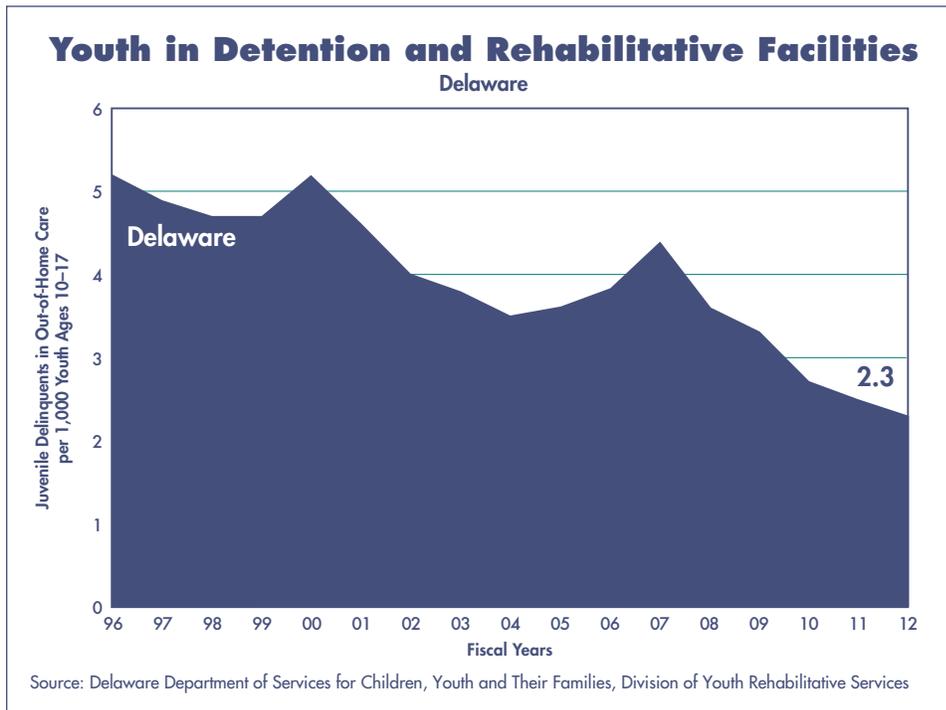
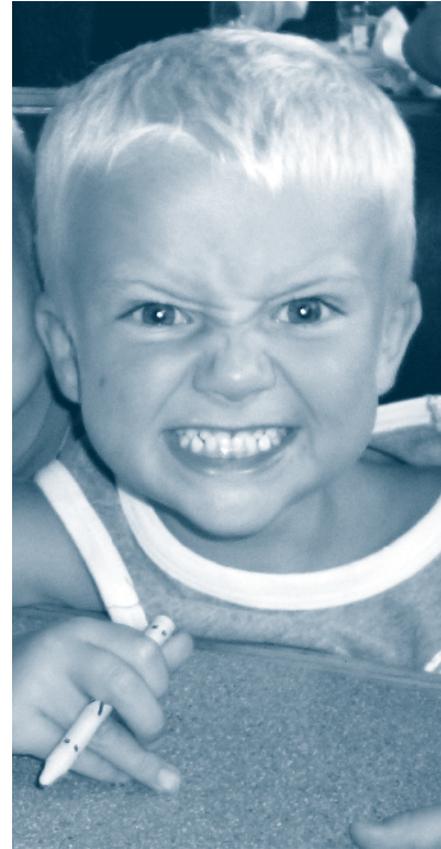
For more information see

Child Abuse and Neglect 104



Juvenile delinquency is a legal term that refers to any offense in violation of the state, federal, or local law by a person under the age of 18. States establish divisions to provide services to youth who have been delinquent and ordered by the court system to receive special attention. There are a number of juvenile justice intervention programs designed to reduce delinquency, ease overcrowding in juvenile detention centers, and to reduce dependence on residential treatment programs by young people considered delinquent.

In Delaware, the Division of Youth Rehabilitative Services provides secure detention in special care facilities, 24-hour custodial care, and treatment for incarcerated and adjudicated youth. The Division also provides, through secure care, appropriate education, treatment, counseling, recreation, vocational training, medical care, and family-focused case management for youth in secure residential facilities. All services are aimed at increasing public safety by decreasing recidivism.



Did you know? Although the U.S. leads the industrialized world in the rate at which we lock up young people, the youth confinement rate in the United States is rapidly declining. In 2010 this rate reached a new 35-year low, with almost every state confining a smaller share of its youth population than a decade earlier, including Delaware. This decline has not led to a surge in juvenile crime. On the contrary, crime has fallen sharply even as juvenile justice systems have locked up fewer delinquent youth.

Source: KIDS COUNT Data Snapshot: Youth Incarceration in the United States, The Annie E. Casey Foundation, 2013

Did you know? Through the Delaware Youth Opportunities Initiative, the Delaware Center for Justice is working to ensure successful transitions for youth aging out of Delaware’s foster care system. DYIO builds community partnerships around the state to help facilitate systemic changes in the child welfare system. The initiative utilizes a Community Partnership Board chaired by the Lt. Governor with strong support from the Delaware Department of Services for Children, Youth, and Their Families. DYIO’s Youth Advisory Council is made up of current and former foster youth and directly helps to set the agenda for DYIO.

Source: Delaware Center for Justice, Annual Report 2011-2012, <http://www.djustice.org/>

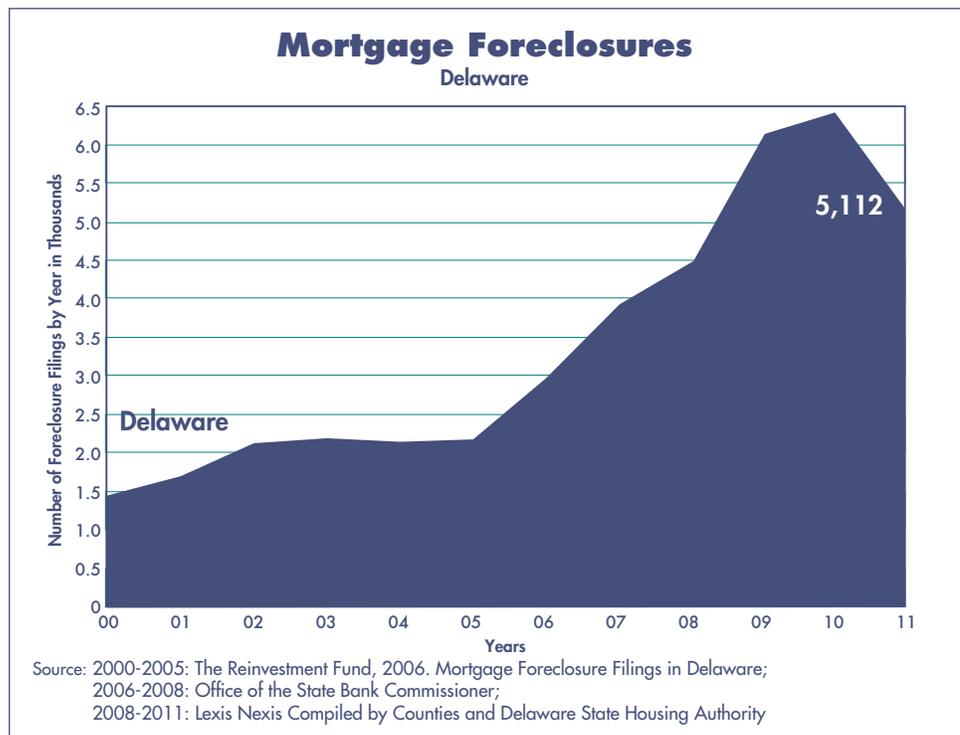
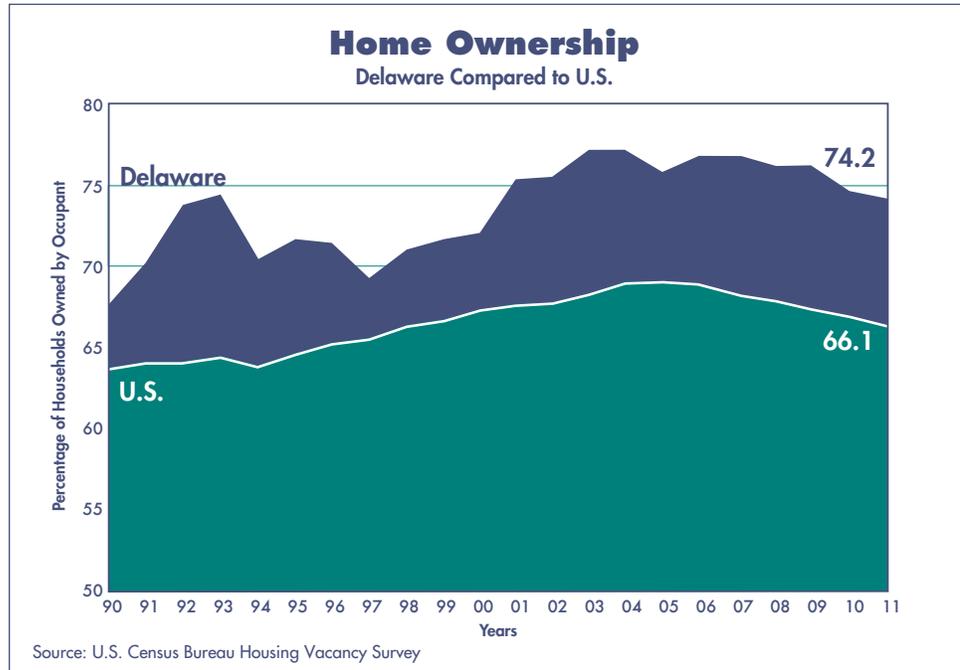
For more information see
 Juvenile Violent Crime Arrests..... 118
www.edjj.org
http://kids.delaware.gov/yrs/yrs_MainPage/yrs.shtml



Home Ownership



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



Did you know? In 2011, Delaware's home ownership rate of 74.2 percent was the fourth highest in the U.S.

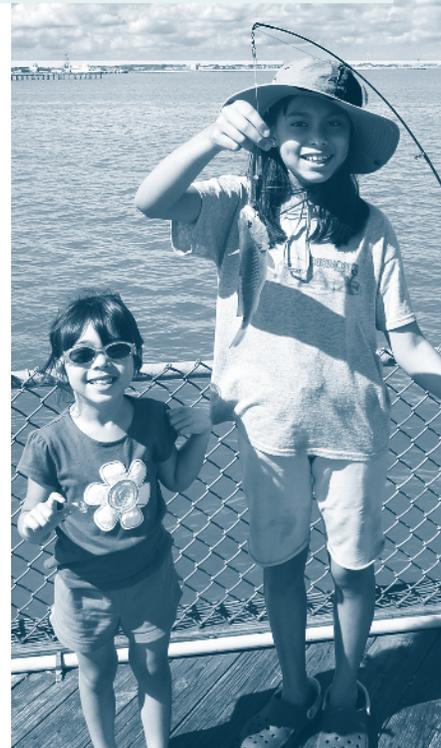
Source: U.S. Census Bureau, Housing Vacancy Survey



Cost of Housing, 2011

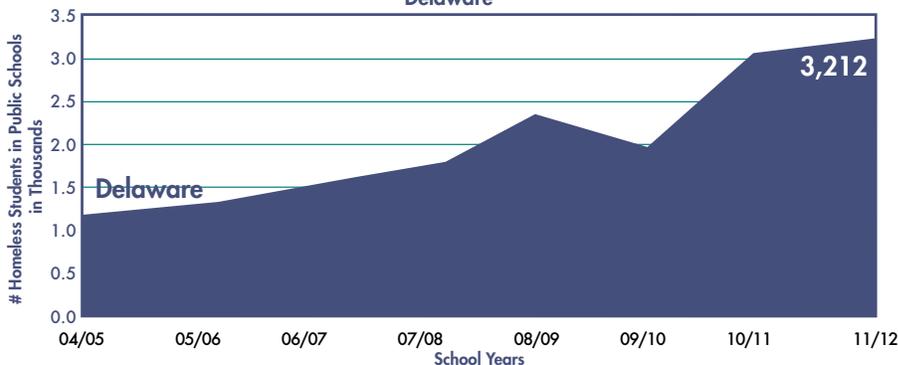
Delaware median monthly housing costs:	Mortgaged owners	\$1,567	Renters	\$960
Delawareans spending >30% of income on housing:	Homeowners	35%	Renters	53%
Median housing value:	Delaware	\$236,900	U.S.	\$173,600

Source: U.S. Census Bureau, American Community Survey – One year estimates: 2011



Homeless Students

Delaware



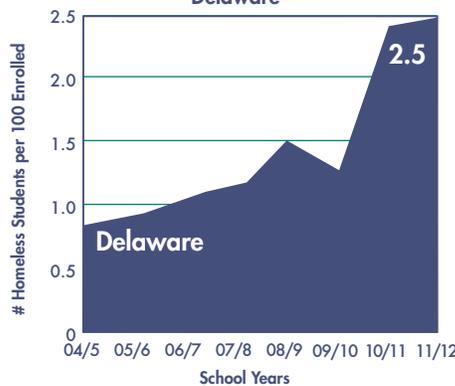
Source: Delaware Department of Education

Did you know? In 2012, Delaware passed House Bill 389 - an act to amend Title 31 of the Delaware Code relating to runaway and homeless youth. Existing programs and services underserve runaway and homeless youth. This bill creates a specific assessment and reporting requirement for the Delaware Interagency Council on Homelessness, working with the Department of Services for Children, Youth & Families to identify and define youth who are runaway or homeless, and to provide a comprehensive analysis of the resources needed to serve the runaway and homeless youth population.

Source: Delaware General Assembly, <http://legis.delaware.gov>

Rate of Homelessness

Delaware



Source: Delaware Department of Education

Did you know?

To encourage community development, New Castle Co. created the Neighborhood Stabilization Program (NSP) with funding from the Delaware State Housing Authority. NSP has acquired, rehabilitated, and updated over 60 vacant and foreclosed homes throughout the county. These homes are available for buyers making less than 120% of area median income who complete 8 hours of HUD approved housing counseling.

Source: New Castle County, Delaware Housing, <http://www2.nccde.org/housing>

Delinquent Loans

Percentages, Third quarters, 2008–2012

2008 2009 2010 2011 2012

Foreclosures Inventory:

All Loans, U.S.	3.0	4.5	4.3	4.0	4.1
All Loans, Delaware	2.1	3.2	3.9	4.4	3.4
Subprime Loans, U.S.	12.6	15.5	13.7	14.8	12.4
Subprime Loans, DE	8.8	13.4	14.2	14.6	11.7

Seriously Delinquent* Loans:

All Loans, U.S.	5.2	8.9	8.7	7.9	7.2
All Loans, Delaware	3.7	6.4	7.2	7.1	7.0
Subprime Loans, U.S.	19.6	28.7	27.7	25.7	21.7
Subprime Loans, DE	14.8	25.3	26.8	24.7	23.1

* Loans in foreclosure plus loans 90 or more days past due.

Source: Mortgage Bankers Association, National Delinquency Survey

Homeless Students – According to the federal McKinney-Vento Act students are considered to be homeless if they are living with or without their parents in a shelter (e.g. temporary family shelter, domestic violence shelter, runaway shelter), transitional housing, hotel or motel, campground, cars, or on the street. Also included are those children and youth temporarily living with relatives or friends (with or without their parents) because they do not have fixed, regular, safe and adequate residence, and children in foster care.

For more information see

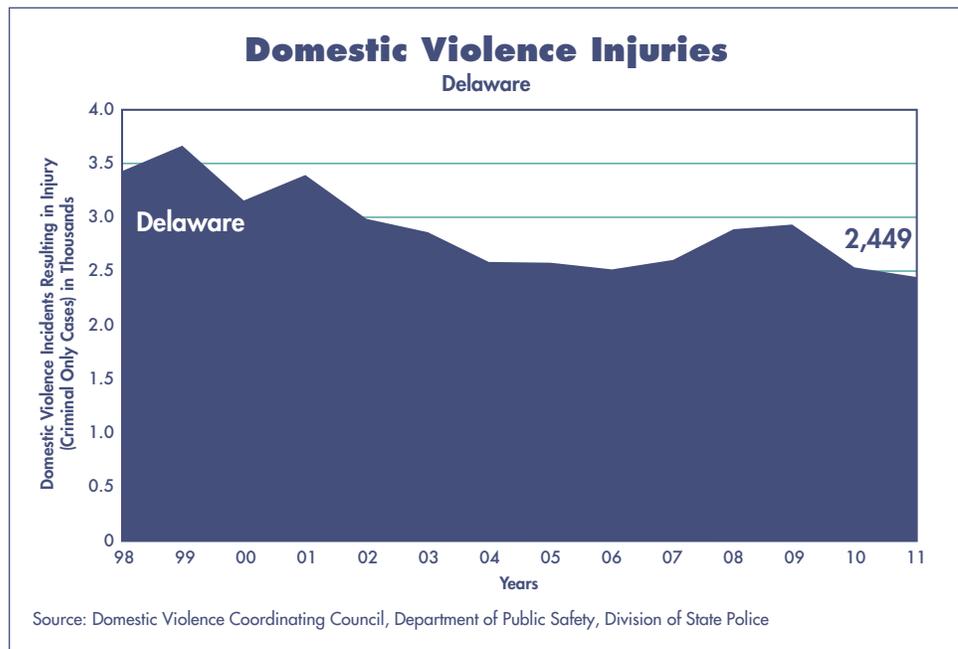
www.hud.gov/local/index.cfm?state=de
www.housingforall.org
www.hud.gov/buying/
www.mbaa.org/



Domestic Violence



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



Domestic Violence – The defendant or victim in a family violence case may be male or female, child or adult, or may be of the same sex. Family violence is any criminal offense or violation involving the threat of physical injury or harm; act of physical injury; homicide; sexual contact, penetration or intercourse; property damage; intimidation; endangerment, and unlawful restraint.

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

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

For more information see
 Child Abuse and Neglect 104
www.dvcc.delaware.gov
www.stoptheviolence.org

Did you know? Leaving abusive relationships does not guarantee an end to the abuse; rather, the abuse often escalates at the time of separation. That many victims do leave or seek help is remarkable in light of the many barriers they face, including:

- Lack of awareness of services
- Fear of retaliation by the batterer or hope that the batterer will change
- Lack of financial resources and support
- Fear of losing custody of the children
- Fear of not being believed; shame
- Religious, family and societal pressures; cultural and ethnic/racial barriers

Instead of placing the burden on the victim, it is best to ask, “Why do people abuse and why is it allowed to continue?”

Source: Domestic Violence Coordinating Council, Dynamics of Domestic Violence, <http://www.dvcc.delaware.gov/>

Domestic Incident Reports Delaware, 2010

Criminal only:	16,329
Combined criminal/non-criminal:	29,632
Deaths as a result of domestic violence in 2010:	13 deaths

Source: Delaware State Bureau of Identification

PUT DATA INTO ACTION

For 24-hour domestic violence hotlines and shelters in:

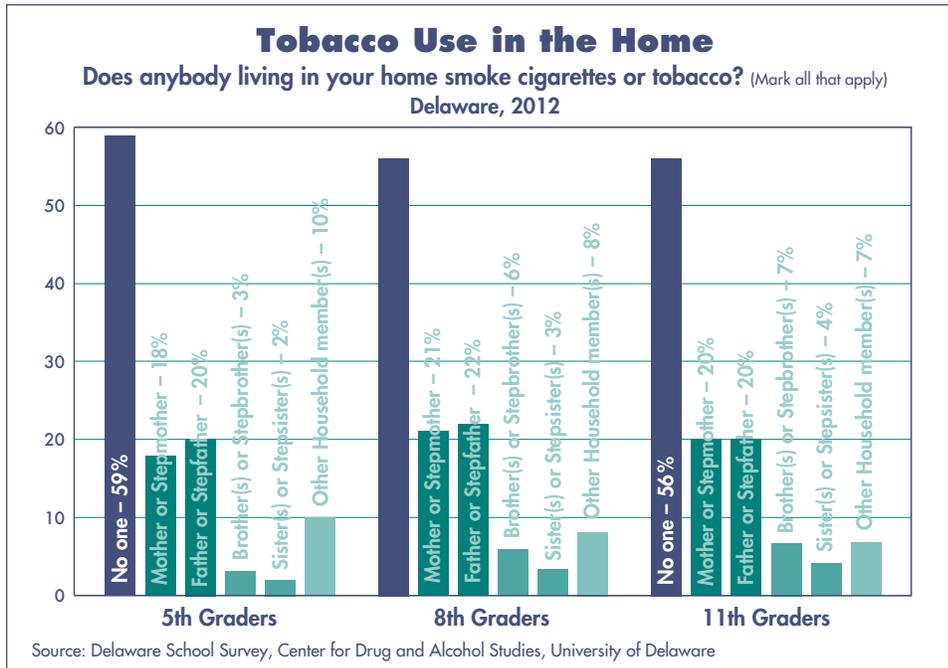
New Castle Co. call 302-762-6110;
 Kent & Sussex Co. call 302-422-8058;
 and for Spanish call 302-745-9874.

For information on the Domestic Violence Coordinating Council (DVCC) see www.dvcc.delaware.org.



Delaware Children Speak: Family

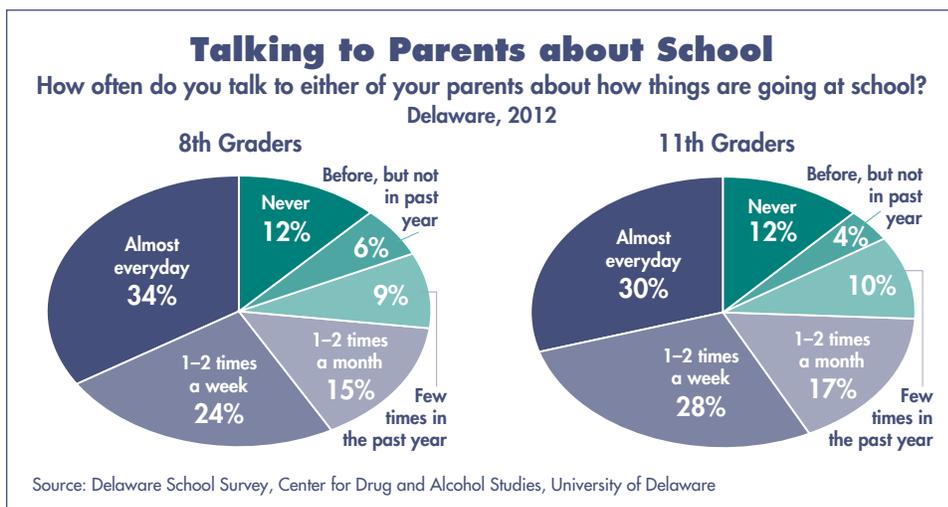
Children's long-term development and success can greatly depend on the support and care they receive at home from their family. A stable and strong family, in which all members have caring attitudes, and appreciation for each other is the best family environment for a child. In addition to meeting the basic needs of food, shelter, and clothing, an optimal family environment might include the following qualities: members with unconditional love for each other; parents spending time with their children; parents listening to their children; parents serving as good role models, understanding that children learn from what they see happening; and parents who value education.



PUT DATA INTO ACTION

Children are particularly vulnerable to the effects of secondhand smoke because they are still developing physically, have higher breathing rates than adults, and have little control over their indoor environments. Children exposed to high doses of secondhand smoke, such as those whose mothers smoke, have increased risk of sudden infant death syndrome, asthma, middle ear infections, and pneumonia and bronchitis in children 6 and younger

Source: United States Environmental Protection Agency, <http://www.epa.gov/smokefre/healtheffects.html>



Delaware Children Speak: Family



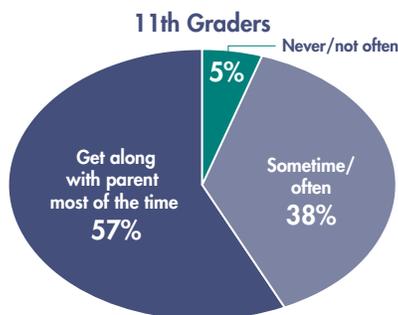
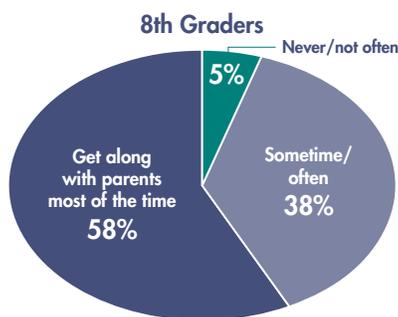
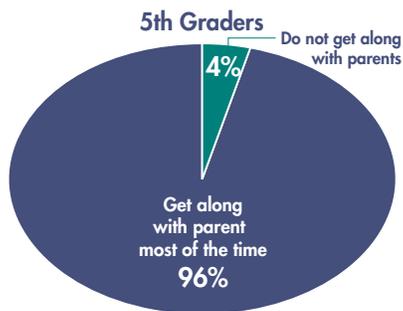
Parental Involvement and Alcohol Use

Past Year, Delaware 11th Graders, 2012

- 10%** Reported their parents asked parents hosting a party if alcohol would be served.
- 19%** Reported parents asked parents hosting the party if they would be present at party.
- 24%** Reported parents called other parents to check up on student.
- 62%** Reported parents offered to pick them up if they needed a safe ride home.
- 82%** Reported parents told them to call to let them know where they were.
- 44%** of binge drinkers and **51%** of heavy binge drinkers reported they had been to a party where parents bought alcohol for the kids, versus **20%** of all students.

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

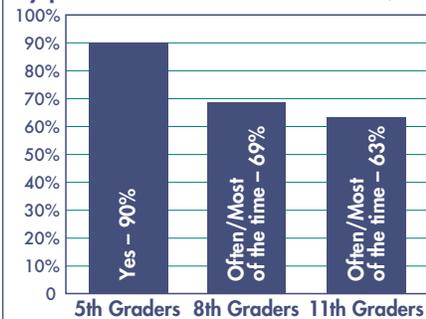
Parents I get along well with my parents/guardians. Delaware, 2012



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

Parental Praise

When I do a good job at home or school, my parents tell me about it. Delaware, 2012



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

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

PUT DATA INTO ACTION

The Parent Information

Center of Delaware strives to improve educational outcomes for all children, especially for children with special needs, by providing information, education, and support to their families. The Parent Information Center works with individual schools to establish Parent Resource Centers. From 2009-2010, PIC dedicated \$55,000 of its federal grant money to encourage the creation of 14 Parent Resource Centers where parents can

- Access information and resources
- Use computer stations
- Attend parenting classes
- Use the lending library and book swap
- View bus schedules
- Read educational brochures
- Participate in the coupon bank

The full list of Parent Information Centers is available at www.picofdel.org.

Source: Parent Information Center of Delaware

For more information see

Alcohol, Tobacco, and Other Drugs 54

Delaware Children Speak about Health and Health Behaviors 58

www.udel.edu/cdas/

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

www.udel.edu/delawaredata/



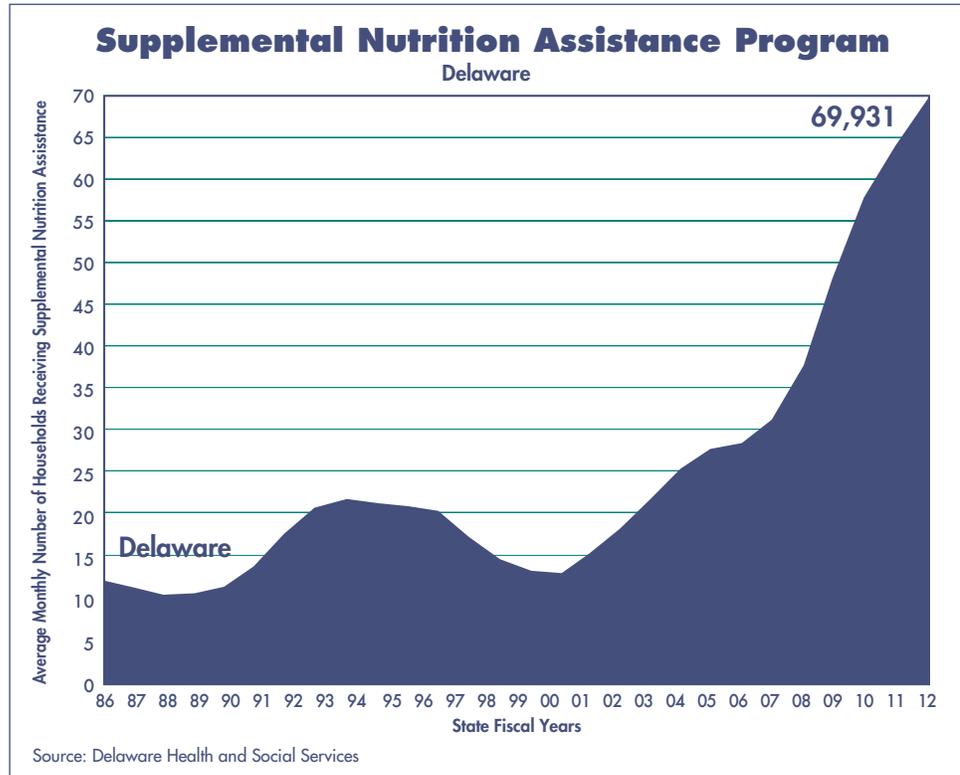
COMMUNITY
ENVIRONMENT & RESOURCES



Supplemental Nutrition Assistance Program (SNAP)



Adequate nutrition is crucial for the appropriate growth and development of young children. Studies reveal that undernourished children are at risk for illness, cognitive delay, and poor social skills. These effects will continue to influence their development later in life. Children who need food benefits, provided through the Supplemental Nutrition Assistance Program, are at a much higher risk of suffering from malnutrition and other illnesses associated with poverty. According to an analysis released by the Archives of Pediatrics and Adolescent Medicine, nearly 50% of all U.S. children and 90% of black children will be on food benefits at some point during childhood.



Food Bank of Delaware's Backpack Program

	2005/06	2006/07	2008/09	2009/10	2010/11	2011/12
Number of Delaware Sites	10	9	16	49	48	60
Meals Distributed	3,528	6,398	11,573	28,051	55,846	64,634

In the beginning of the 2012/13 year (through Dec. 2012)

37 sites in New Castle County distributed	16,423 meals
32 sites in Kent County distributed	24,412 meals
22 sites in Sussex County distributed	2,537 meals

Source: Food Bank of Delaware

Did you know? Delaware's SNAP program provides low-income families with funds on an Electronic Debit Transfer (EBT) card to purchase healthy foods. These EBT cards can be used at farmer's markets including Cool Springs in Wilmington, Newark Co-op in Newark, Village Fresh in Wilmington, and Western Sussex Farmer's Market in Seaford. To learn more about SNAP qualifications call 1-800-464-4357 or dial 2-1-1 or visit <https://assist.dhss.delaware.gov/Screening/ASSISTScreening.aspx?lang=EN#sec=0&crd=0&tab=0>

Source: Food Bank of Delaware, <http://www.fbd.org/snap-outreach/>

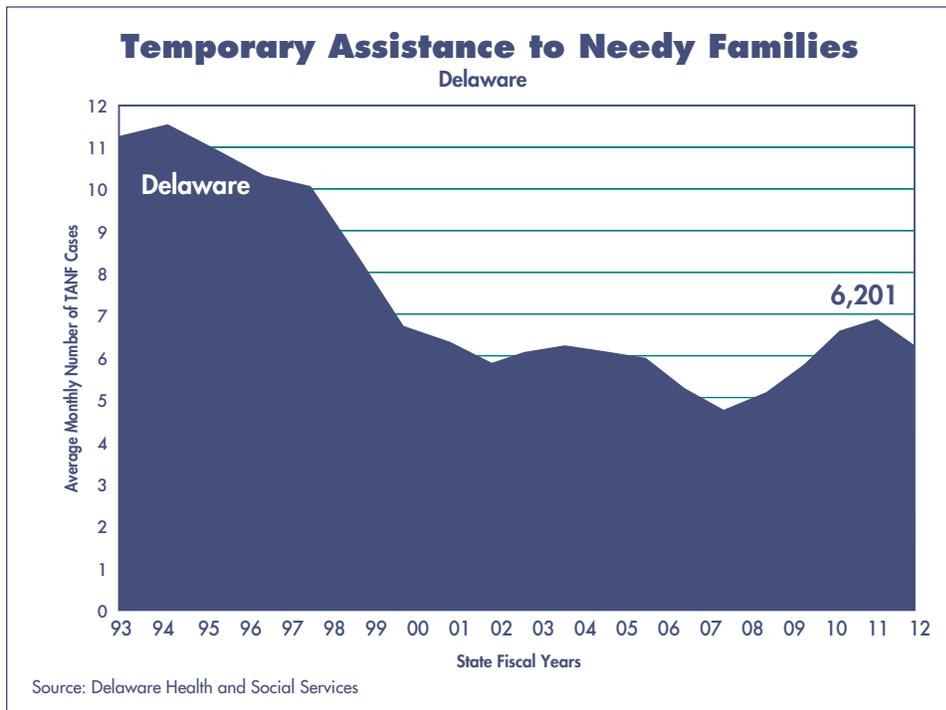
For more information see

Children Receiving Free and Reduced-Price School Meals.....72



Temporary Assistance for Needy Families (TANF)

The Temporary Assistance for Needy Families (TANF) is Delaware's main cash assistance program, which is administered through a joint effort of the Division of Social Services (DSS), Delaware Department of Labor, Delaware Department of Transportation and the Delaware Economic Development Office. The program provides needy families and parents with the cash that they need to meet expenses, like high energy bills and car repairs, stay employed, and receive basic assistance. TANF also helps to ensure that children, in low-income/needy families, can continue to receive the basic needs, support, and services they need to continue to develop.



Did you know? Temporary Assistance for Needy Families (TANF) is Delaware's main cash assistance program. The goal of TANF is to give people with minor children temporary help until they get a job. The State provides positive incentives for the family to become self-sufficient, and the family must accept the responsibility to become self-sufficient and self-supporting. TANF assistance is limited for most people. Families can receive benefits for 36 months, but beneficiaries must work or participate in work related activities for 30 hours a week to receive a TANF check.

Source: Delaware Health and Social Services, Division of Social Services. <http://www.dhss.delaware.gov/dss/tanf.html>

Did you know? According to research by Center on Budget and Policy and Priorities, TANF's role as a safety net has sharply declined over time. In 1996, for every 100 families living in poverty, TANF provided cash assistance to 68 families. By 2010, TANF provided cash assistance to only 28 families living in poverty out of 100. With this trend, TANF does little to protect children from deep poverty.

Source: Center on Budget and Policy Priorities, (March 13, 2012) "TANF Weakening as a Safety Net For Poor Families" <http://www.cbpp.org/cms/index.cfm?fa=view&id=3700>

PUT DATA INTO ACTION

To determine eligibility for TANF assistance, visit: <http://www.dhss.delaware.gov/dss/tanfprecalc.html> or visit the following website for a listing of local offices: <http://www.dhss.delaware.gov/dhss/dss/ofclocations.html>

Tax Credits Benefiting Families



The tax system has a significant impact on poverty, both directly through its role in the distribution of society's resources and indirectly through its effects on the incentives for economic decisions such as working, spending, and saving. Often times, a full-time job at minimum wage is insufficient to lift a family out of poverty. Economic hardship in families can have profound effects on children's development and their prospects for the future. There are several tax credits that have positive impacts on families.

Earned Income Tax Credit: The Earned Income Tax Credit (EITC) is the nation's most effective anti-poverty program for working families. The federal Earned Income Tax Credit was introduced in 1975 and was designed to offset federal income taxes, social security payroll taxes, and supplemental earnings while rewarding work. The EITC serves many public policy goals including: reduce child poverty, cut taxes for low-income families, increase incentive to work, stabilize income, and spur consumption. The federal EITC reduces the amount of taxes owed and refunds the difference if the credit is larger than the amount owed. EITC is the nation's most effective anti-poverty program for working families. Only 25 states, Delaware included, have state Earned Income Tax Credits. In Delaware the state EITC is non-refundable meaning it reduces the tax liability but does not provide a refund. Non-refundable EITC may offer substantial tax relief to families with state income tax liability, but it offers no benefit to working families that have income too low to owe any income taxes. Credits from the EITC program, are only available for those who apply for them. The IRS estimates that 20 to 25% of qualifying workers miss out on thousands of dollars every year.

Earned Income Tax Credits Income Limits and Maximum Credit Amounts, 2012

# Qualifying Children	Single, Income must be less than	Married Filing Jointly, Income must be less than	Maximum Credit
0	\$14,340	\$19,680	\$ 487
1	\$37,870	\$43,210	\$3,250
2	\$43,038	\$48,378	\$5,372
3	\$46,227	\$51,667	\$6,044

Federal EITC Claims Benefits in Delaware, 2012

Number of federal EITC claims in Delaware:	70,000
Total federal EITC claimed by DE residents:	\$154 Million
Average federal EITC amount:	\$2,195

Source: Internal Revenue Service

Did you know? The EITC garners non-partisan support because it rewards work. It enjoys broad backing, with support from business groups, labor, faith-based organizations and social service advocates. Funds received from the EITC often filter directly back into the economy, such including meeting housing and transportation needs.

Source: Kids Count in Delaware EITC Issue Brief (2011)

EITC Levels by Income



Source: 2012 EITC parameters taken from www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=36

Tax Credits Benefiting Families

Child Tax Credit: The Child Tax Credit is a powerful weapon against poverty. In 2010 it protected approximately 2.6 million people from poverty, including about 1.4 million children. In combination with the EITC, it lifts even larger numbers of families with children above poverty. Taxpayers with children under age 17 can get a tax credit of up to \$1,000 per child on their tax return. This tax credit reduces the amount owed in taxes, for example a family with three qualifying children can have their tax bill reduced by up to \$3,000. Biological children, stepchildren, adopted children, grandchildren, great-grandchildren, siblings, step-siblings, half-siblings, and foster children placed in the home by a court that have lived with the tax payer for more than half of the year and are U.S. citizens or residents qualify. The child tax credit generally is non-refundable, meaning that it can reduce the tax bill zero, but any extra is not refunded to the tax payer. However under certain qualifications the tax payer may receive any extra back in a credit. The child tax credit is reduced or eliminated if the adjusted gross income is above certain thresholds. For each \$1,000 over the threshold the child tax credit is reduced by \$50, not by \$50 for each child claimed.

Did you know? In January 2013, Congress extended both the Earned Income Tax Credit and the Child Tax Credit for another 5 years.

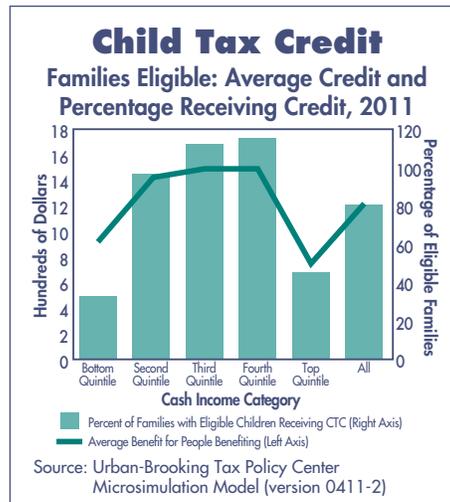
Did you know? The Blue Collar Job act provides eligible businesses that (1) are engaged in a qualified activity such as manufacturing or wholesaling (additional listed online); (2) hire 5 or more qualified employees for their “blue collar” jobs; and (3) make an investment of at least \$200,000 (\$40,000 per qualified employee) in a qualified facility, with tax credits against corporate or personal income taxes, gross receipt tax, and public utility tax. Additional incentives are offered under the BCJ for investment in Brownfield areas and in “targeted areas” or underdeveloped areas of the state, as well as, for clean energy device manufacturers.

Source: Delaware Department of Finance: Division of Revenue

Did you know?

- The Delaware State Housing Authority provides a direct federal income tax credit to qualified owners and investors to build, acquire or rehabilitate rental housing units to rent to working low-income Delawareans. Though the tax credit is for qualified owners and investors, the Low Income Housing Tax Credit incentivizes the development of rental housing for low-income families. Eligible tenants are working low-income families whose incomes do not exceed 60% of the median income based on family size and county location. Rents are capped to remain affordable to families earning less than 60% of median income.
- Similar to the Low Income Housing Tax Credit, Delaware State Housing Authority also provides a Neighborhood Assistance Act Tax Credit through the Neighborhood Assistance Act Program. The NAA encourages businesses and individuals who pay Delaware state income taxes to invest in programs serving impoverished neighborhoods or serving low- and moderate-income families. In exchange for a qualified contribution, the NAA provides state tax credits equal to 50% of the investment. Each year a minimum of \$500,000 in tax credits is available statewide. The maximum tax credit to any taxpayer is \$100,000.

Source: Delaware State Housing Authority, <http://www.destatehousing.com>

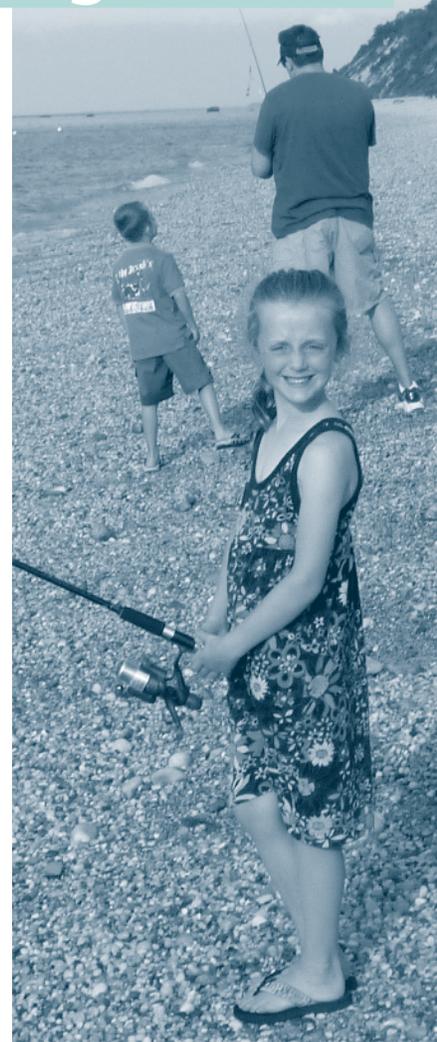


Income Thresholds

Child Tax Credit Income Thresholds, 2012

Joint Return:	\$110,000
Unmarried Individual:	\$75,000
Married Individual filing a separate return:	\$55,000

Source: The Tax Policy Center, Urban Institute and Brookings Institute, “The Tax Policy Briefing Book”



For more information see

www.taxpolicycenter.org/briefing-book/key-elements/poor/credits.cfm

www.ncsl.org/issues-research/labor/earned-income-tax-credits-for-working-families.aspx

www.taxpolicycenter.org/briefing-book/key-elements/family/ctc.cfm

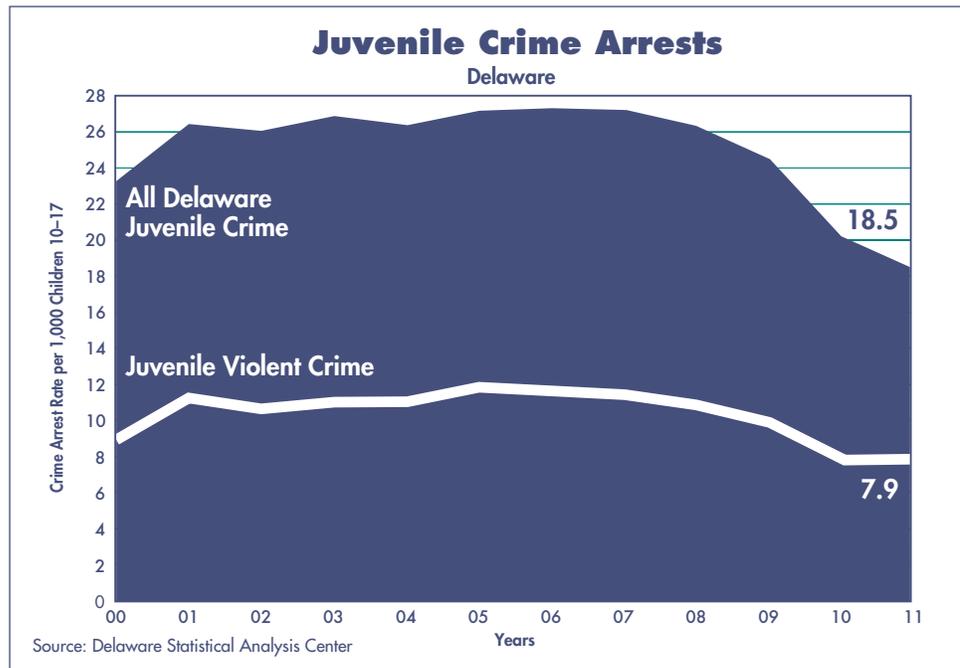
www.cbpp.org/files/policybasics-ctc.pdf



Juvenile Violent Crime Arrests



The level of youth violence in a society can be a good indicator of the ability of young people to control their behavior, and also of the ability of the socializing agents such as families, peers, schools, and religious institutions to supervise and influence behavior. Participation in criminal behavior may affect a child's physical, social, emotional, and academic development as well as impact the child's adult life. Violent crime is classified into four offenses: murder, forcible rape, robbery and aggravated assault. Each of these involve force or threat of force. Poor and minority children face risks and disadvantages that often pull them into what child advocates label a "Cradle to Prison Pipeline." Advocates argue that in order to address youth violence, society should focus on pulling families out of poverty, providing children with adequate health care, improving access to quality education for all children, preventing child abuse and neglect, protecting children from domestic and community violence, and giving children support and guidance as needed.



Did you know? In an effort to reduce violent crime in Wilmington, the city imposed curfew laws during the summer months for juveniles ages 13 through 17. The curfew is in effect from 10pm–6am Sunday through Thursday night, and midnight through 6am on Friday and Saturday nights. For youth 12 years old and under, curfew times are 9pm–6am Sunday through Thursday nights, and 10pm–6am on Friday and Saturday nights. As a result 200 youth were brought in for a first-time warning. Of those 200, only 10 youth received a second time warning. This shows a 95% success rate in keeping children off the streets at night.

Source: news.delaware.gov (July 10, 2012) "Multiple Agency Effort to Fight Violence in Wilmington Gun Violence Reduction Initiative Launches". <http://news.delaware.gov/2012/07/10/fight-violence-in-wilmington/>

Did you know? Children are far more likely to be abused or neglected by a parent than any other person. Long term emotional and psychological trauma of abuse or extreme neglect has lifelong consequences for the victims. Survivors of abuse or neglect are almost 30% more likely to be arrested for violent crime and about half of youth arrested have been abused or neglected earlier in their lives.

Nurse-Family Partnership voluntary home visiting program service assists first time, poor young mothers starting before their child is born until age two. The nurse visits the home regularly and counsels the young family on a range or crucial parenting skills.

Source: Fight Crime: Invest in Kids, http://fightcrime.s3.amazonaws.com/wp-content/uploads/Shock_to_the_Conscience1.pdf

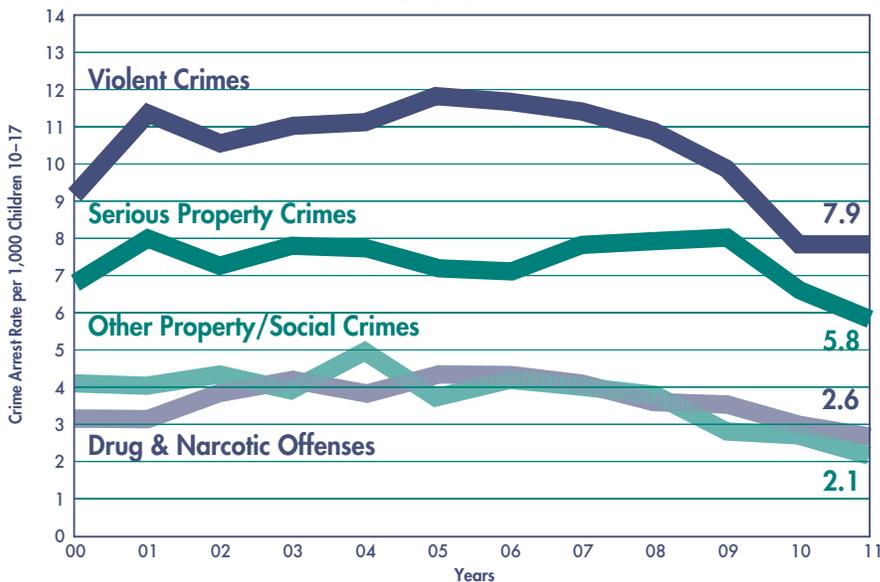
Juvenile Violent Crime Arrest Rate – number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rape, robbery, and aggravated assault



Juvenile Violent Crime Arrests

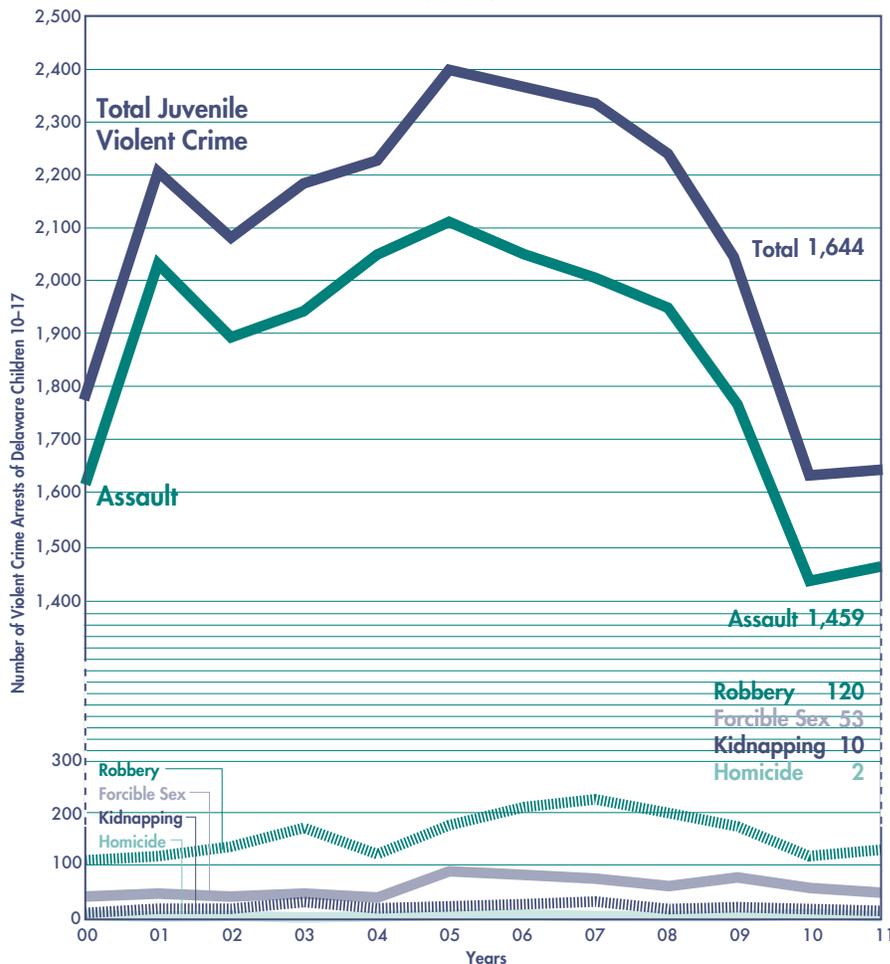
Juvenile Crime Arrests by Type

Delaware



Juvenile Violent Crime Arrests

Delaware



Source: Delaware Statistical Analysis Center



Beginning in 2010, weapons violations are listed as other crimes; in the past they were listed as violent crimes. Rates have been recalculated for past years based on this category change. Due to this change, violent crime rates are slightly lower and other crime rates are slightly higher than shown in previous editions of the KIDS COUNT in Delaware Fact Book.

For more information see

- Juvenile Delinquents in Out-of-Home Care... 107
- Adult Crime..... 124
- www.pledge.org
- www.ncdjjdp.org/qpsv
- <http://findyouthinfo.gov/>
- www.justicepolicy.org/



Youth Gambling



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

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



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

Youth Gambling Activities

Delaware, 2012

Percent of 8th and 11th graders engaging in wagering activities more than once a month:

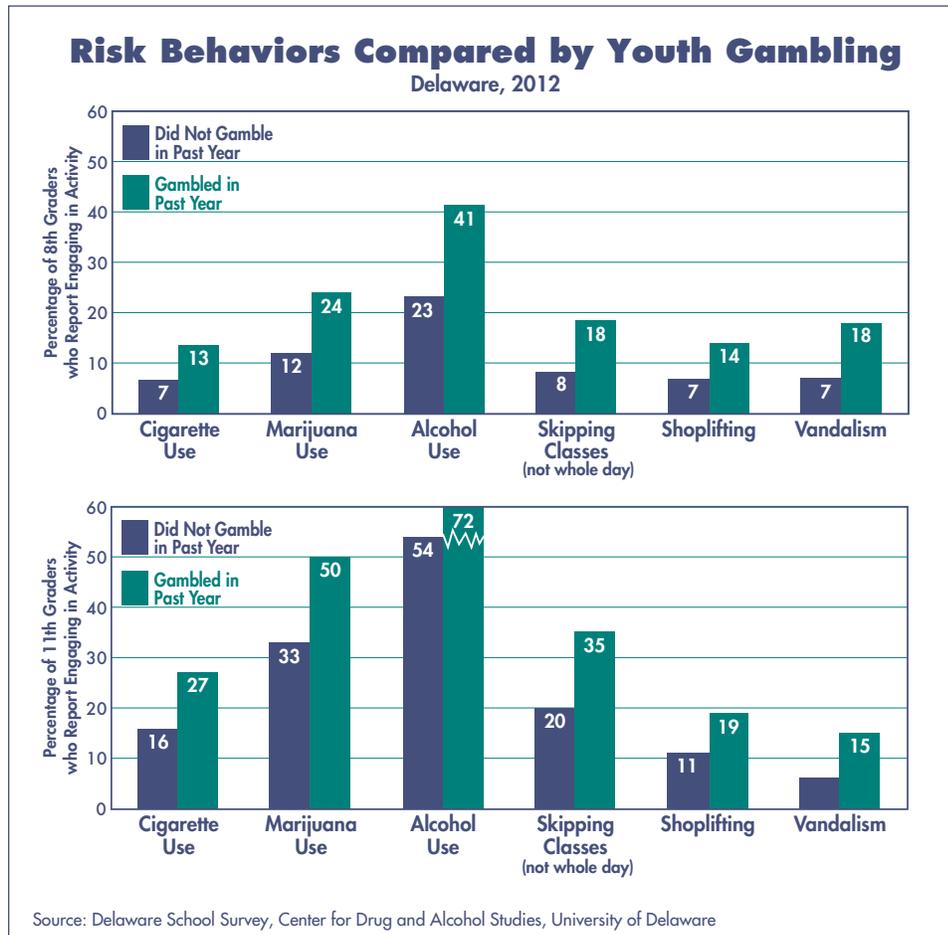
	8th	11th		8th	11th
- casino	0%	1%	- bingo	1%	1%
- lottery	5%	4%	- dice	2%	2%
- team sports	7%	6%	- internet	1%	1%
- cards	4%	4%	- personal skill	6%	5%
- horses	1%	1%	- video	6%	4%

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

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

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





Did you know?

- Risk-taking behavior is tied to adolescents because their prefrontal cortex in the brain is not fully developed. The prefrontal cortex controls a person's ability to predict future consequences of current events and the ability to exert control on urges that if not suppressed could lead to unacceptable outcomes, meaning youth can see all the benefits but not the negative risk.
- Gambling is appealing to youth because it can be seen as an acceptable activity that involves both risk and reward. Gambling is often perceived as a harmless social activity. However, by ignoring or encouraging youth gambling activity, it could open the door to high-risk behavior such as a gambling addiction.
- Between 10 and 14 percent of youth can develop a serious gambling problem as compared to between 1 and 3 percent of adults.
- Call the confidential 24-hour helpline for gambling addiction services: 1-888-850-8888

1 Bissett, Jamie-Leigh (March 21, 2012). "Polytech Students get tough talk on gambling addiction" The State Capitol Daily- Delaware State News. <http://www.dcp.org/pdfs/delaware%20state%20news%20article.pdf>

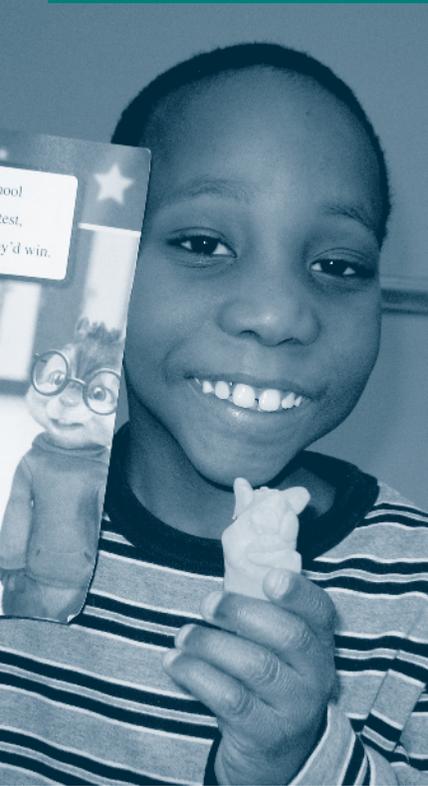
2 Delaware Council on Gambling Problems, "Educating Youth". <http://www.dcp.org/education.html>

Did you know? Delaware will be the first state to launch online gambling in 2013, which can be accessed a variety of digital devices including smart phones and tablets. The online gambling will allow full-service betting websites offering slots, roulette, poker and blackjack.

Source: USA Today News (June 28 2012). "Delaware to allow online Gambling" <http://usatoday30.usatoday.com/news/nation/story/2012-06-28/delaware-online-gambling/55897914/1>

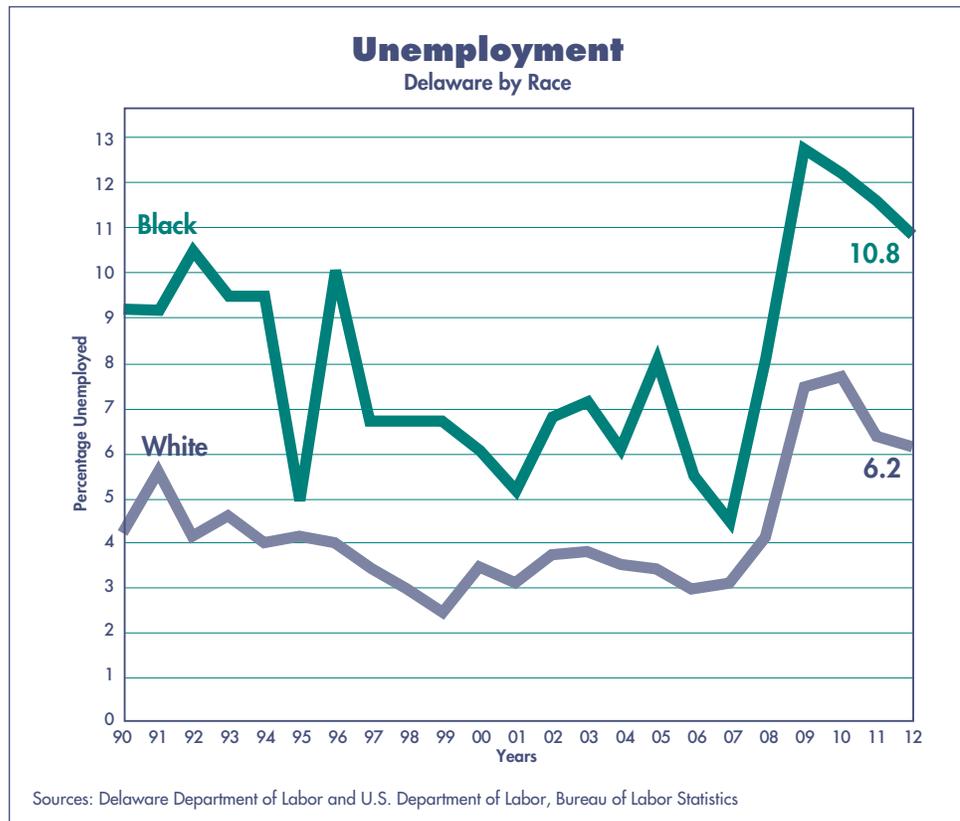
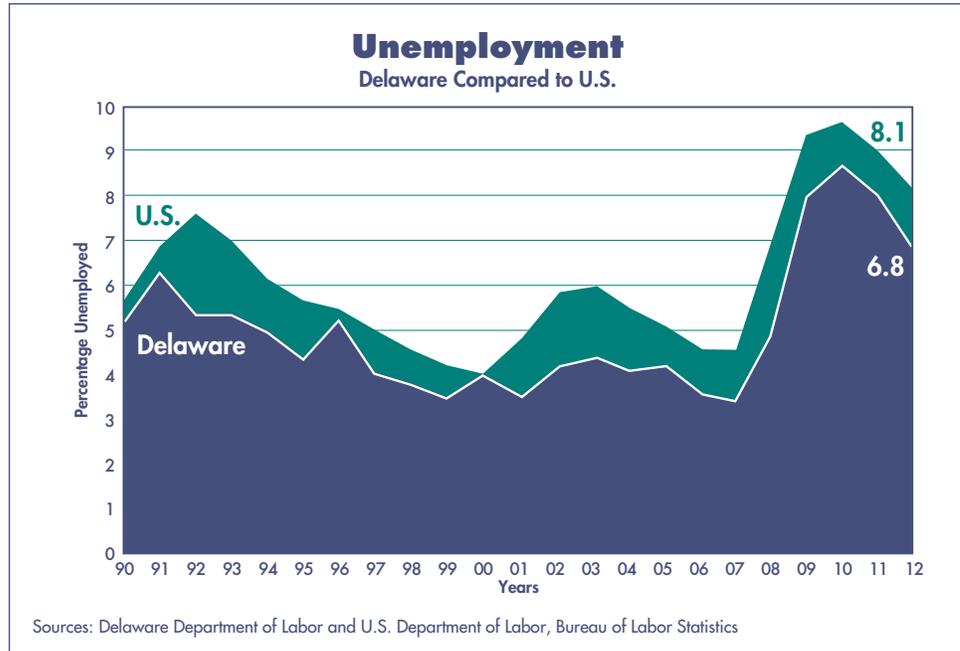
For more information see
www.udel.edu/cdas/
www.dcp.org/

Unemployment



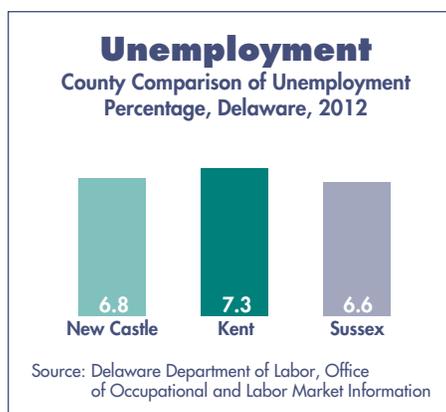
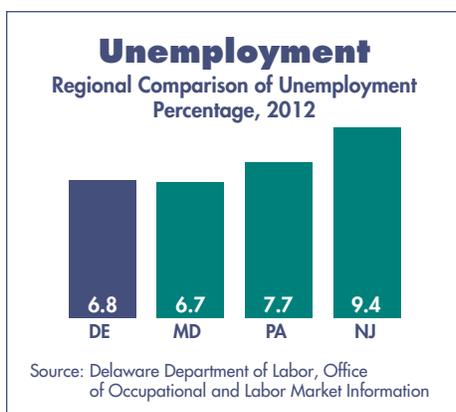
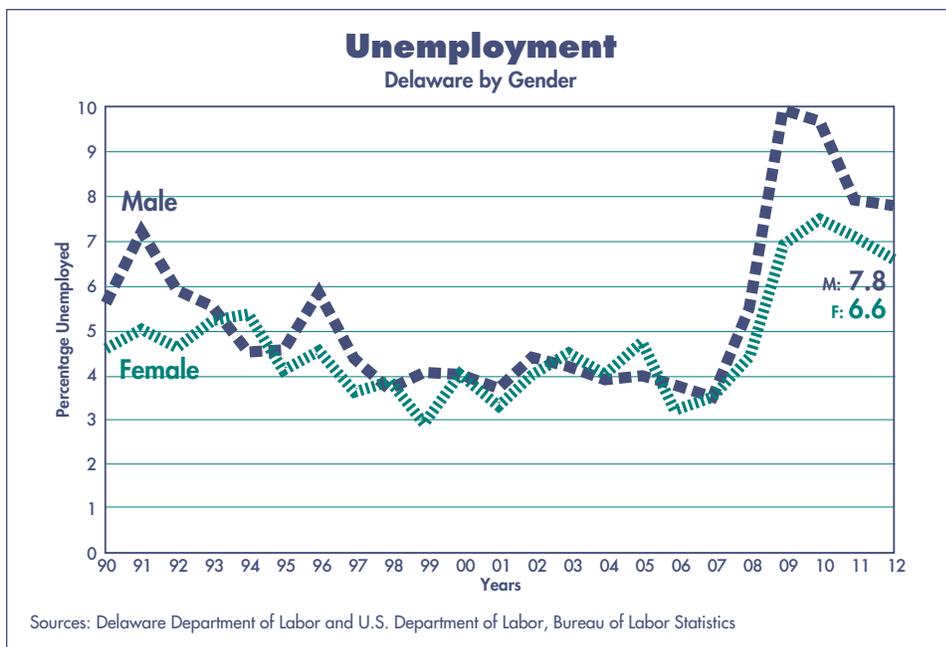
Employment is a major determinant of family well-being. Secure employment of a caregiver greatly reduces the risks that often threaten a child's well-being. For example, employment can offer access to health care and may provide parents with financial stability.

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



Data for the Delaware total and data for Delaware by gender were taken from different data sources. The apparent discrepancy is due to differences in methodology. The gender and race breakdowns come from the raw survey data, where the overall unemployment rate for 2011 was 7.5 percent.





Data for the Delaware total and data for Delaware by gender were taken from different data sources. The apparent discrepancy is due to differences in methodology. The gender and race breakdowns come from the raw survey data, where the overall unemployment rate for 2012 was 7.2 percent.

Did you know? According to the Delaware Department of Labor, the top three industries and occupations with projected growth in Delaware are healthcare practitioners and technical operations, health care support occupations, and social services occupations.

Source: Delaware Department of Labor: Office of Labor Market Information, <http://www.delawareworks.com/oolmi/Information/LMIData/Projections.aspx>

PUT DATA INTO ACTION

Delaware JobLink is a free job matching and workforce information service for job seekers. By registering for this free service, jobseekers can receive assistance from a professional staff in managing a job search, creating a resume, registering for work, interviewing for a job, career exploration, job training, or labor market information by contacting a One-Stop Center in Delaware:

- Dover: 302-739-5473
- Georgetown: 302-856-5230
- Newark: 302-368-6622
- Wilmington: 302-761-8085
- Or by visiting: https://joblink.delaware.gov/ada/mn_offices_dsp.cfm?choice=0&comingfromthemenu=1

Source: Delaware Department of Labor, "Job Seeker Services", https://joblink.delaware.gov/ada/customization/Delaware/documents/job_seeker_service_page.cfm

For more information see

No Parent with Full-time Employment..... 89
www.delawareworks.com

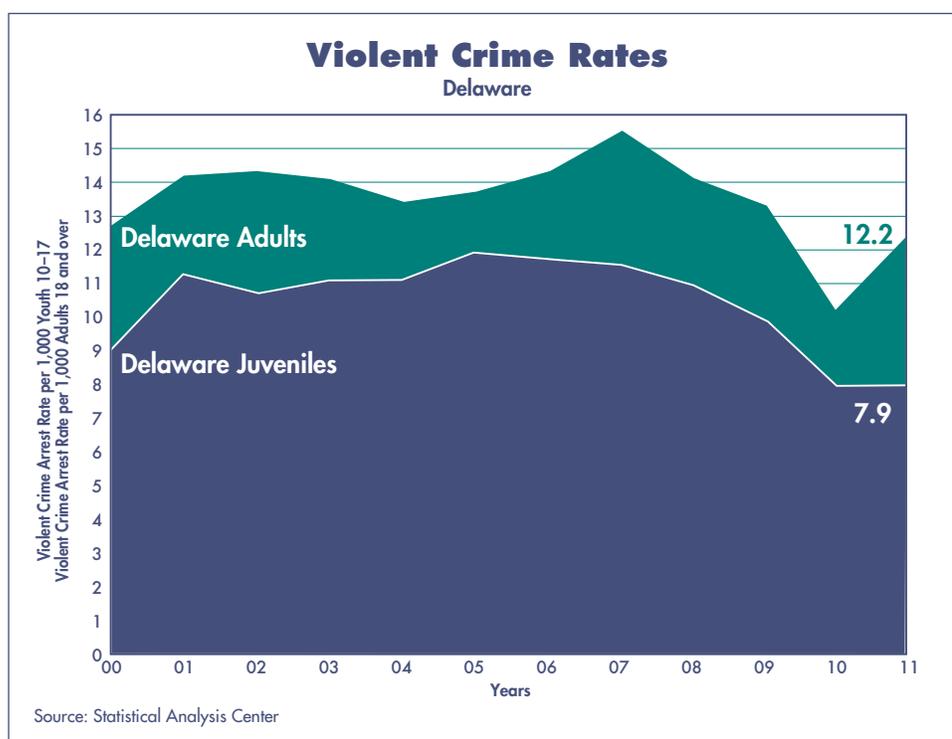


Adult Crime



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

Research indicates that most children of incarcerated parents live in poverty during and after the parent's arrest. The period in which a parent is incarcerated is often particularly difficult for the child. A child in this situation will face challenges that are likely to affect development. The psychological and emotional implications for these youth include trauma, anxiety, guilt, shame, and fear. Moreover, their behavior may change to include sadness, withdrawal, low self-esteem, decline in school performance, truancy, use of drugs or alcohol, and aggression. In some instances, changes in behavior may progress to a level of delinquency which can potentially lead to a cycle of intergenerational incarceration.



Did you know? The United States leads the world in rates of incarceration with more than one in every 100 adults in America in jail and prison. The number of children with an incarcerated parent has increased by almost 80% since 1991, and the number of children with a mother in prison has more than doubled. The increase in maternal incarceration has important implications for child welfare. Research shows that children are more likely to be placed in foster care if their parents are incarcerated.

Source: Annie E. Casey Foundation, "When a parent is incarcerated" <http://www.aecf.org/~media/Pubs/Topics/Special%20Interest%20Areas/Children%20with%20Incarcerated%20Parents/WhenAParentIsIncarceratedPrimer/WhenAParentIsIncarceratedPrimer.pdf>

Did you know? The Wilmington Hope Commission received a grant of \$7,500 in October 2012 to establish an achievement center that will offer services to former inmates. Wilmington Hope Commission strives to create safe neighborhoods that strengthen family bonds, promote civic pride, and encourage residents to engage in community transformation. Hope works in collaboration with citizens, businesses, government agencies, social organizations and faith-based institutions throughout the City of Wilmington.

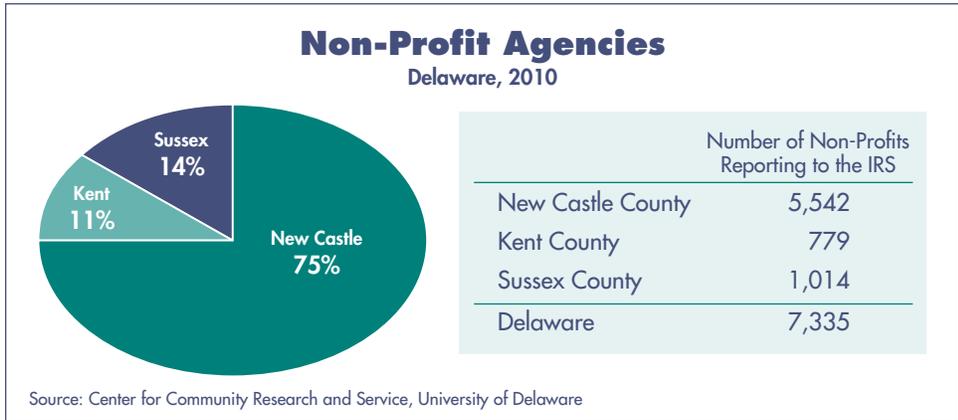
Source: Hope Commission (October 18, 2012) "Hope Commission amongst others recipients of New Castle County Awards" <http://wilmhope.org/?p=1156#>

For more information see
 Juvenile Violent Crime Arrests..... 118
www.millionmommarch.com
www.socialchangenow.org
www.bbbsde.org



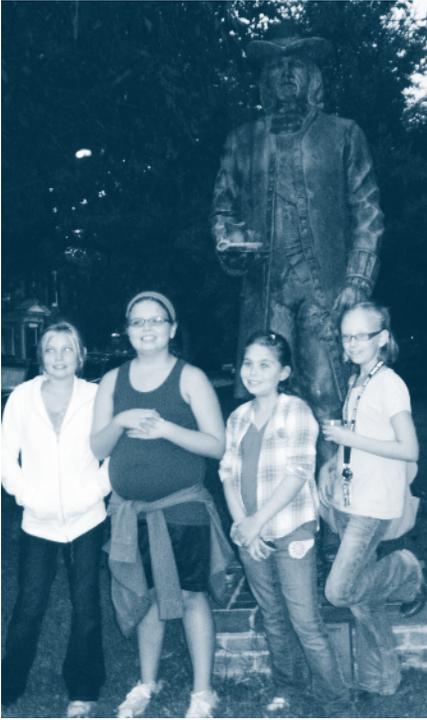
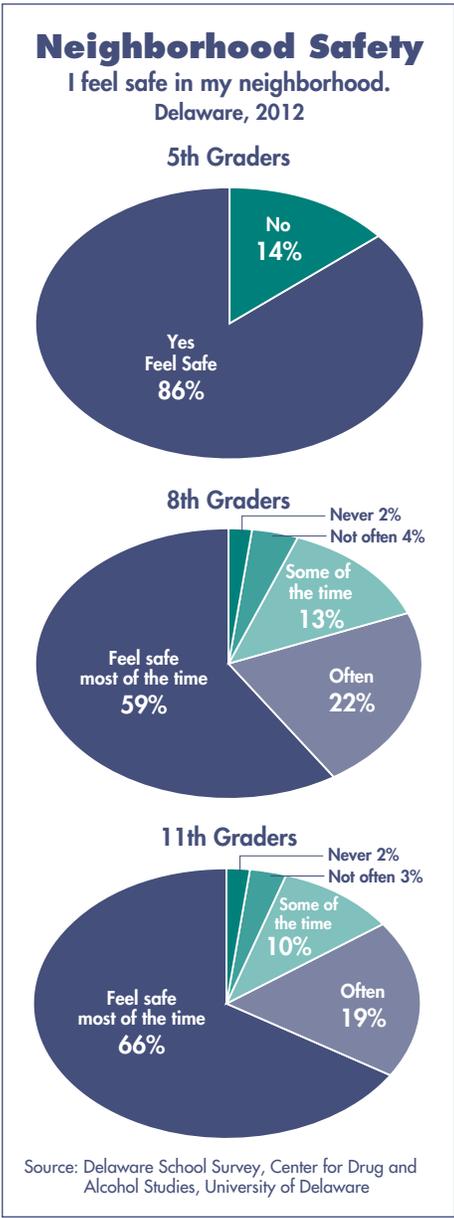
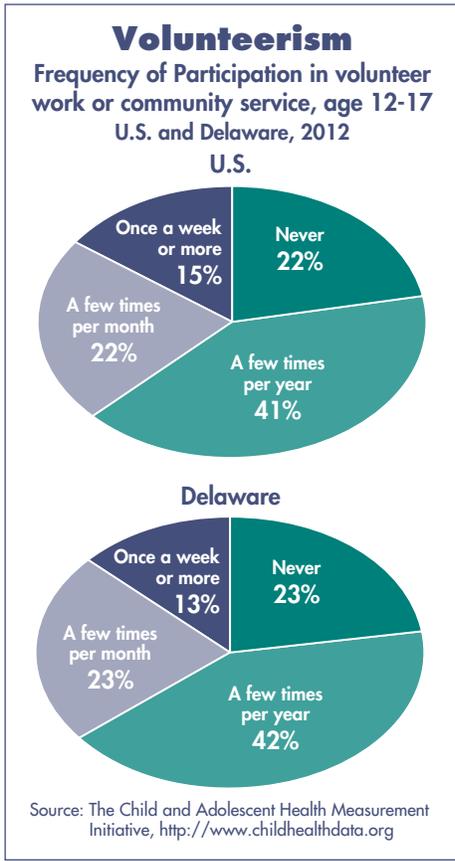
Delaware Children Speak: Community

Delaware's nonprofit sector is a vibrant social and economic force within in the state. The sector employs thousands and allows for many families, adults, and children to receive important services.



Did you know? The Community Service Building Corporation in Wilmington provides an innovative, professional, and collaborative work environment at below market rent for the administrative offices of charitable, non-profit organizations. In January, 2013, the Community Service Building had 73 nonprofit tenants occupy the 177,000 rentable square feet.

Source: Community Service Building Corporation, <http://www.csbcorp.org/index.html>



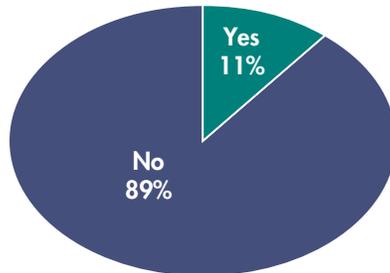
Delaware Children Speak: Community



Buying Cigarettes

Do you know of places where students your age can buy cigarettes?
Delaware, 2012

5th Graders

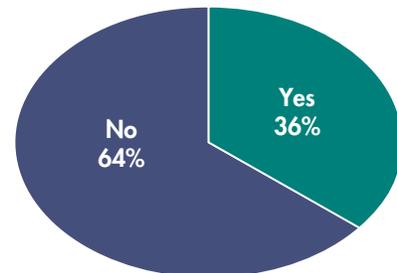


Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

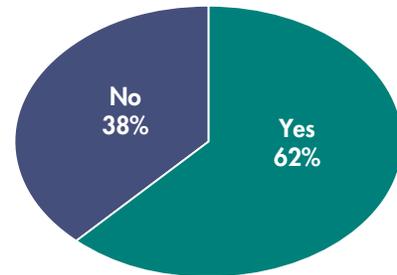
Buying Marijuana

Do you know of places where students your age can buy marijuana?
Delaware, 2012

8th Graders



11th Graders

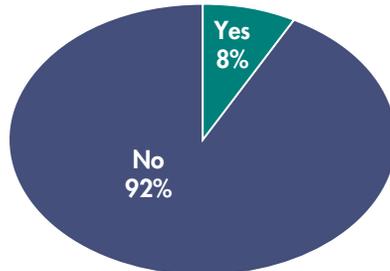


Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

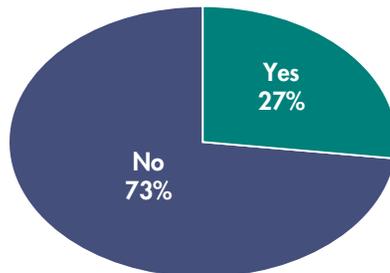
Buying Alcohol

Do you know of places where students your age can buy alcohol?
Delaware, 2012

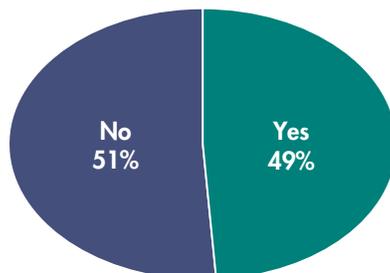
5th Graders



8th Graders



11th Graders

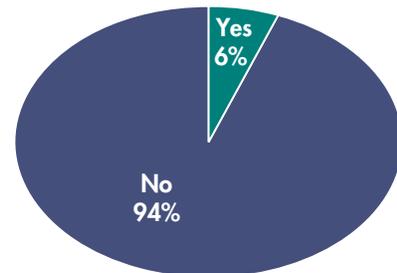


Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

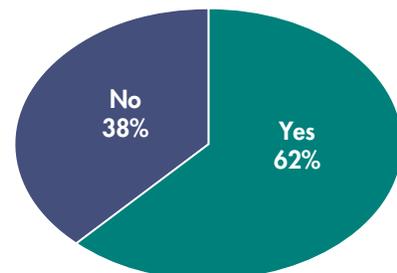
Distributing Marijuana

In the past year, have you sold or given marijuana?
Delaware, 2012

8th Graders



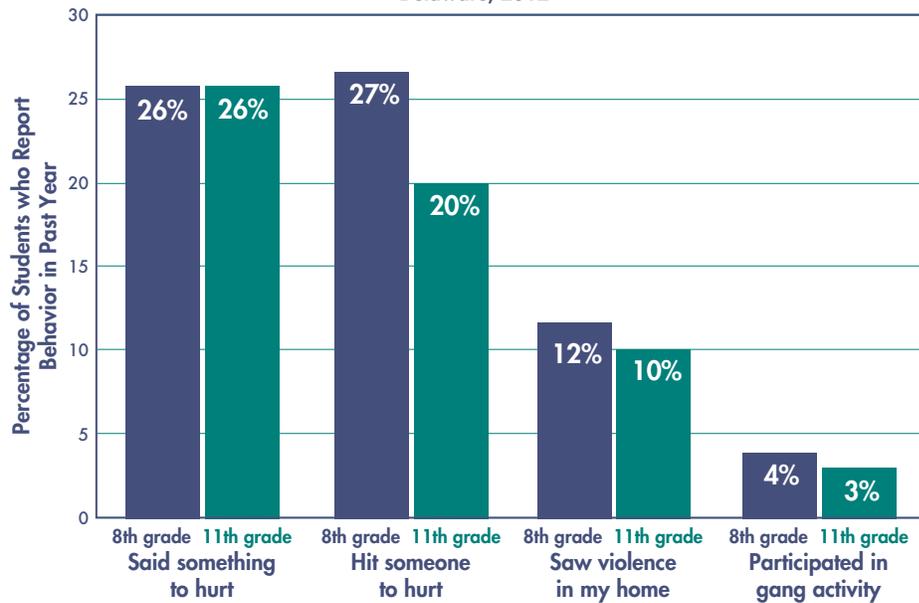
11th Graders



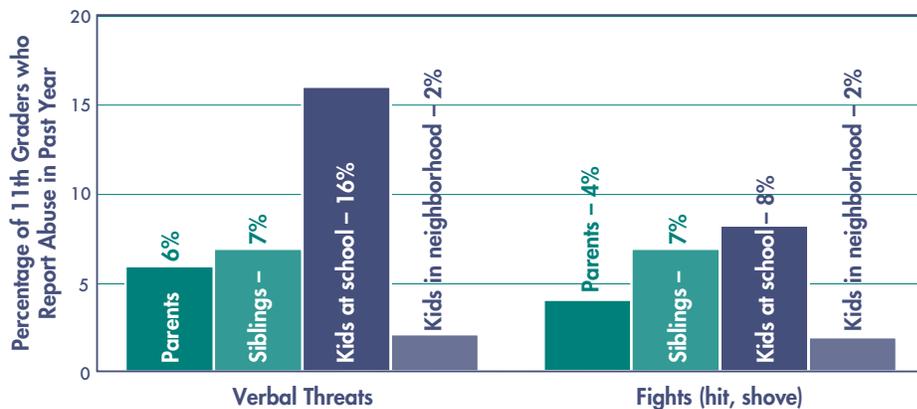
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Teen Violence and Victimization

In the past year, which of the following things have you done?
Delaware, 2012



In the past year, which of the following things happened to you, and who was involved?
Delaware, 2012



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

Did you know? Exposure to abuse or dysfunction during childhood produces serious health problems in adulthood. ACE scores give one point for each category of trauma a person experienced as a child. A higher ACE score correlates with a higher likelihood to smoke, be an alcoholic, have sex before the age of 15, have heart disease, suffer from chronic bronchitis, attempt suicide, or inject drugs. People with ACE scores of 7 or higher who did not smoke, drink excessively, and were not overweight still had a 360% higher risk of heart disease than people with an ACE score of zero.

Source: Tough, Paul (March 21, 2011). "The Poverty Clinic: Can a stressful childhood make you a sick adult?". The New Yorker.



For more information see

- Alcohol, Tobacco, and Other Drugs 54
- Delaware Children Speak about Health and Health Behaviors.....58
- www.udel.edu/cdas/
- www.udel.edu/delawaredata/
- www.state.de.us/drugfree/dfd_data.html

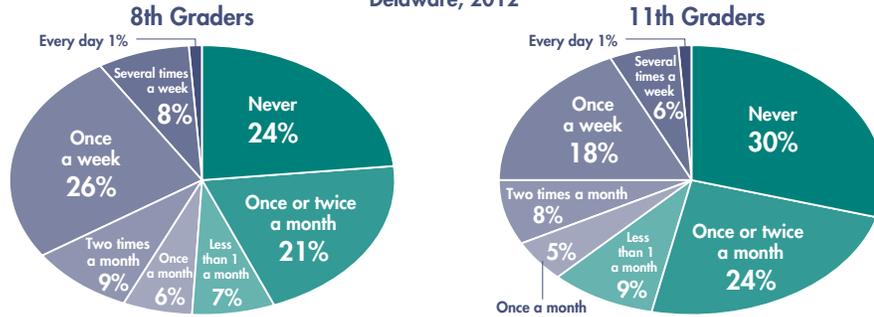




Religious Services

In the past year, how often did you attend worship services?

Delaware, 2012



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

Did you know?

- Since the 1990's the percentage of Americans who say they have no religion has risen dramatically. About one in six Americans say they have no religious preference. Protestant and Catholic affiliations are the leading religious affiliations in the United States.
- Compared to individuals who infrequently attend religious services, those who attend weekly are more likely to give more to religious charitable causes. They are also more likely to give more to non-religious causes than those who rarely attend religious services.²
- On average, individuals who have a higher frequency of church attendance are more likely to engage in volunteer activities than those who have a low frequency of church attendance.²

Source: The Heritage Foundation, FamilyFacts.org
<http://www.familyfacts.org/charts/611/about-one-in-six-americans-say-they-have-no-religious-preference> and www.familyfacts.org/charts/715/religious-individuals-tend-to-give-more-to-charitable-causes

Did you know? The RGK Center for Philanthropy and Community Service at The University of Texas at Austin performed a survey in 2001 and 2002 about college students' volunteer experiences. Out of the 1,514 university students:

- 76 percent who volunteered during high school continued to volunteer during college in the year of the survey
- 80 percent of the total number of students that volunteered in the previous year did so because they felt it was their "civic duty."

Volunteering as a child and a teenager directly impacts the formation of moral judgment and ideological motivators.

Source: ServiceLeader.org, <http://www.serviceleader.org/volunteers/familyvolunteering#3c>

PUT DATA INTO ACTION

In order to reduce risky-behaviors among students, Delaware is currently increasing the percentage of schools that address the following in the required health courses:

- Differences between HIV and AIDS
- How HIV and other STDs are transmitted
- How HIV and other STDs are diagnosed and treated
- Benefits of being sexually abstinent and how to prevent HIV, other STDs and pregnancy
- Influences of media, family and social norms on sexual behavior
- Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy
- Compassion for persons living with HIV and AIDS

Additionally Delaware is currently increasing the percentage of schools that provide parents and families with health information to increase parent and family knowledge of HIV, other STDs and teen pregnancy prevention.

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey, "Delaware" <http://www.cdc.gov/healthyyouth/states/de.htm>

Data Tables for this book are available at www.dekidscount.org

To subscribe to KIDS COUNT in Delaware's e-newsletter visit:
<http://udel.edu/mailman/listinfo/kcde-all>



KIDS COUNT in Delaware



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and on Pinterest: dekidscount

Did you know? The KIDS COUNT in Delaware website at www.dekidscount.org has many useful resources:

News & Events – The *News & Events* tab leads to news about children, Fact Book releases, and links to *Voices for America's Children* newsletters.

Publications – In addition to previous Fact Books, many KIDS COUNT in Delaware publications are available, including

- *Wilmington KIDS COUNT Fact Books*
- *Communities Count in Delaware*
- *KIDS COUNT in Delaware Issue Briefs*
- *KIDS COUNT in Delaware Legislative Wrap-Ups*
- *KIDS COUNT in Delaware Research Highlights: Health Insurance & Health Indicators*
- *Kids Voices Count*

Several national reports are available under “Data Resources” on the left at www.dekidscount.org or by going to

<http://datacenter.kidscount.org>

Data Resources – Provided by the Annie E. Casey Foundation, the KIDS COUNT Data Center provides access to hundreds of indicators of child well-being, including all those regularly used in our fact book. Users can access raw data or create profiles, maps, rankings and line graphs of data by state or spanning the U.S.. The Data Center is comprehensive and user friendly. Prominent on the Data Center's home page the user will find featured data items comparing rates for some indicators for all the states.



PUT DATA INTO ACTION

Investing in Children is good business. Research shows, and common sense tells us, that children do well when their families do well and that families do well when their communities are strong. It's no secret that healthy, safe and economically secure children set the state for a vibrant community and a state that is successful in recruiting and retaining businesses and corporations all depend on the future of our children, KIDS COUNT in Delaware works to highlight needed public policy tools to strengthen families and communities.





Families Count in Delaware Resource Guide

Delaware Information Helpline
2-1-1

State of Delaware Web Site
www.delaware.gov

Volunteer Link

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

KIDS COUNT in Delaware: www.dekidscount.org



Delaware Department of Education
302-735-4000
www.doe.k12.de.us

Delaware Department of Safety
and Homeland Security
302-744-2680

Delaware Department of Labor
302-761-8000
www.delawareworks.com

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

Delaware Department of Health
and Social Services
www.dhss.delaware.gov

Delaware State Housing Authority
302-739-4263 (Dover)
302-577-5001 (Wilmington)
www.destatehousing.com

Division of Public Health
302-744-4700

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

Division of Social Services
800-372-2022

Division of State Service Centers
302-255-9675

Office of the Governor,
Dover Office 302-744-4101
Wilmington Office 302-577-3210
Statewide 1-800-292-9570

Division of Substance Abuse
and Mental Health
302-255-9399

