

KIDS COUNT FACT BOOK



Delaware
1995

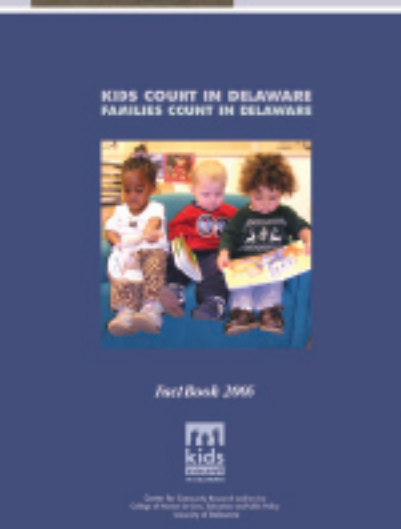
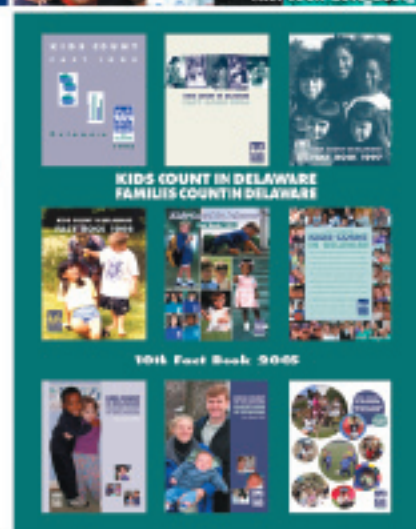
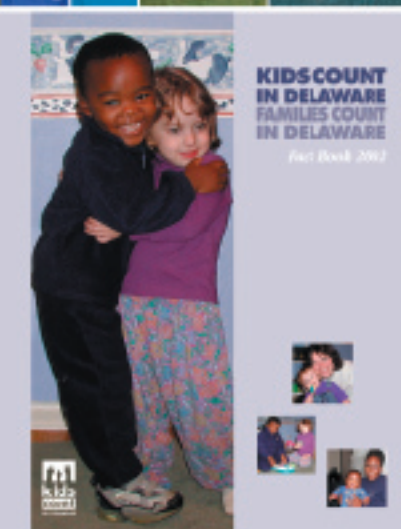
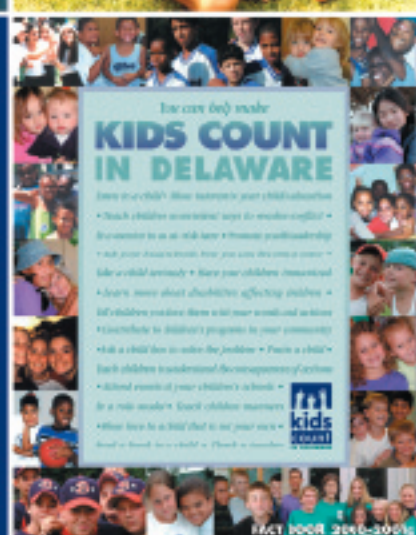
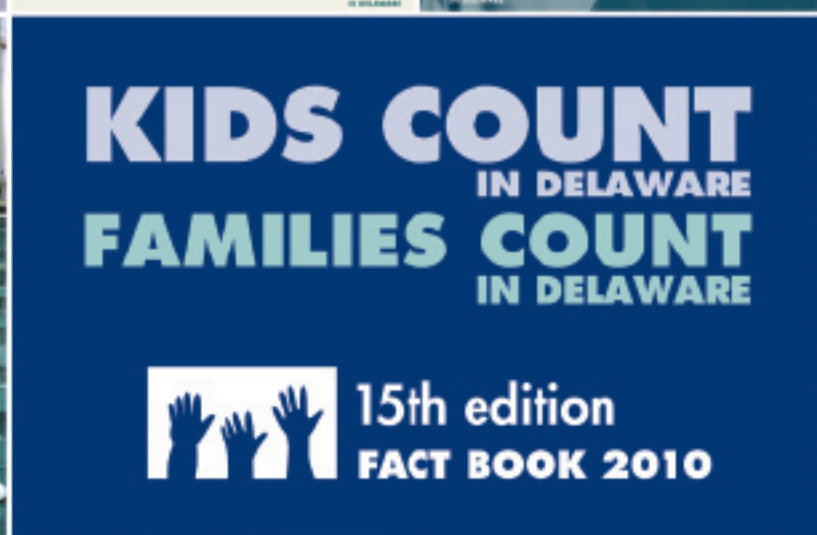
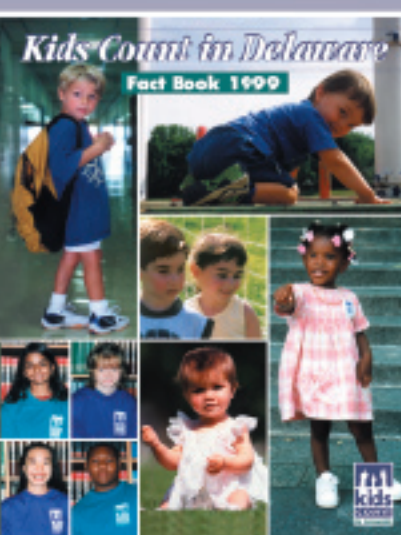


KIDS COUNT IN DELAWARE FACT BOOK 1996



KIDS COUNT IN DELAWARE FACT BOOK 1997

KIDS COUNT IN DELAWARE FACT BOOK 1998





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Congratulations to KIDS COUNT on this, its 15th Annual Fact Book for Delaware. When the Fact Book was first published by the University of Delaware in 1995, it tracked 10 national indicators. It has since expanded to cover more than 40 indicators related to kids and families across a broad spectrum of critical issues and its authors have broadened their mission to include drafting policy briefs to further strengthen the link between data and policy development.

At the heart of any substantive policy decision there should be real and compelling data driving the discussion. A fair assessment of problems and the progress made to solve them is crucial to finding solutions that can actually work. Given some of the critical issues this book examines each year — issues like child poverty, infant mortality and teen pregnancy — an accurate and unbiased analysis is critical. With this new edition, KIDS COUNT in Delaware remains as committed to that mission as it was when it first launched.

Previous editions of this book have proven invaluable. They have helped shape the public debate and, more importantly, I believe, have had a direct impact in creating policies that not only better protect Delaware's children but better prepare them to succeed. Some of the children who were in high school when the Fact Book first published in 1995 are now raising children of their own and need to know that our state's promise and potential will be as strong or stronger for their children as it was for them.

As a father, I've tried to teach my kids to keep their minds open and gather as much information as they can before making a decision. As Governor, I'm proud that Delaware's strong KIDS COUNT Fact Book enables me and other policy makers across the state each day to do just that. I am confident that we can use this data to work together and help our children live healthy, safe and productive lives.

Sincerely,

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

Jack Markell
Governor

KIDS COUNT IN DELAWARE FAMILIES COUNT IN DELAWARE

*Funded by The Annie E. Casey Foundation, the University of Delaware, and the State of Delaware
Special thanks to Astra Zeneca*



**15th edition
FACT BOOK 2010**



KIDS COUNT in Delaware

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

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

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

Dear Friends,

*We are, for the **fifteenth** year, pleased to present to you the annual edition of the **KIDS COUNT in Delaware Fact Book**. We have used this milestone as an opportunity to reflect not only on the facts themselves but the actual children represented by the facts. We always use photos of Delaware children, a fact of which we are very proud. This year, you will notice many “then and now” photos. We have located children and young people whose photos were in previous editions of our books and added their updated photos. We hope you peruse and enjoy the pictures; and reflect as we did on the real meaning of our collective work to provide supports children in our state need to grow up safe and healthy and to be productive members of our community.*

The Fact Book, itself, has evolved over the last 15 years. We’ve gone from ten indicators to over forty measures which give a more complete picture of the well-being of our children and families. Our book now numbers 190 pages filled with data as well as pertinent background about these measures as well as up-to-date information on Delaware resources. We’ve seen strides in our efforts to combat teen pregnancy and infant mortality and will continue to work to decrease child poverty. We all continue to work together to make Delaware a better place for our kids because we know they are our future.

One fact that has not changed is that the book contains the most accurate, unbiased, current, and comprehensive data available to inform and support work on behalf of Delaware’s children. On our web site www.dekidscount.org you will find a PDF of this Fact book as well as our other publications which we encourage you to download. In addition, we invite you to visit www.kidscount.org the national KIDS COUNT website of the Annie E. Casey Foundation. This site allows you to view data in a county or state profile and create a line graph, map or ranking table.

One of fifty-one similar projects throughout the United States funded by the Annie E. Casey foundation, KIDS COUNT in Delaware is housed in the Center for Community Research and Service at the University of Delaware and is led by a Board of committed and concerned child advocates from the public and private sectors. KIDS COUNT is indebted to all of our supporters, especially the support from the University of Delaware, the State of Delaware, and AstraZeneca.

Sincerely,

Donna Curtis, MPA
Chair, Board

Theodore W. Jarrell, PhD
Chair, Data Committee

Terry Schooley
Director



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THEN: 2003



THEN: 2005



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Demographics

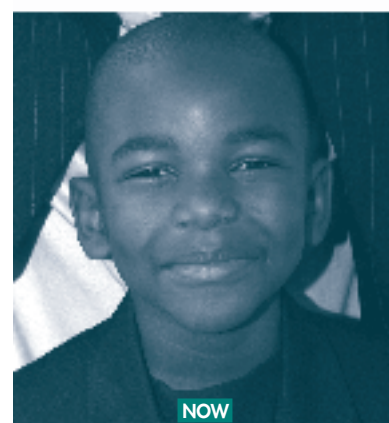
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**Thank YOU
for 15 years
of service
to children**



**Thank you to the
policy makers,
researchers,
practitioners,
volunteers,
families, advocates,
community members,
service providers,**



**and thank
you to the
children who,
for 15 years,
have shared
both their
photos and
their lives.**



KIDS COUNT in Delaware



Welcome to the fifteenth edition of KIDS COUNT in Delaware and the eleventh joint publication of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware, a collaborative project of the State of Delaware and KIDS COUNT, which is housed in the Center for Community 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 and, working with the State of Delaware since 1998, has been monitoring the conditions of families, children and individuals in the community.

In this fifteenth anniversary edition, we reflect on the successes that have been achieved in improving the lives of Delaware's children. The attention given to the data on Infant Mortality and Teen Pregnancy has been vital in reducing these rates considerably in our state. However, we also need to continue our efforts in monitoring areas that remain a cause for concern. Child poverty is at the forefront of issues that need to be addressed because economic hardship can have such a profound effect on a child's development and prospects for the future.

The KIDS COUNT and FAMILIES COUNT indicators have been combined into four categories:

Health and Health Behaviors

Educational Involvement and Achievement

Family Environment and Resources

Community Environment and Resources

The ten KIDS COUNT indicators, featured in the Overview and throughout the book as KIDS COUNT Indicators, have been chosen by the national KIDS COUNT project because they possess three important attributes:

- They reflect a wide range of factors affecting the well-being of children.
- They reflect experiences across developmental stages from birth through early adulthood.
- They permit legitimate comparison because they are consistent across states and over time.

The featured indicators are:

Births to teens

Low birth weight babies

Infant mortality

Child deaths

Teen deaths by accident, homicide, and suicide

High school dropouts

Teens not in school and not working

Children in poverty

Children with no parent with full-time employment

Children in one-parent families

The ten indicators used reflect a developmental perspective on childhood and underscore our goal to achieve a world where pregnant women and newborns thrive, infants and young children receive the support they need to enter school prepared to learn; adolescents choose healthy behaviors; and young people experience a successful transition into adulthood. In all of these stages of development, young people need the economic and social assistance provided by a strong family and a supportive community.

In addition to the featured indicators, we continue to report on a variety of indicators, such as early care and education, prenatal care, substance abuse, and asthma data based on hospitalizations which all impact the lives of children. Indicators related to educational involvement and achievement especially highlighting the results of the Delaware Student Testing Program are included in the second category, while indicators relating to families and community follow. Additional tables with more extensive information are included at the end of the Fact Book. Demographic information with maps from the 2000 Census provide an overview of the changing face of Delaware.



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

KIDS COUNT in Delaware Indicator Trends

Measures Needing Attention:

- Low Birth Weight Babies
- Children in Poverty
- Children in One-Parent Families

Measures Remaining Constant:

- Child Deaths
- Teen Deaths
- High School Dropouts
- No Parent with Full-Time Employment

Measures Showing Improvement:

- Infant Mortality
- Births to Teens
- Teens Not Attending School and Not Working

Making Sense of the Numbers

The information on each indicator is organized as follows:

- **Description** A description of the indicator and what it means 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
- Family and Workplace Connection
- Division of State Police, Department of Public Safety
- Domestic Violence Coordinating Council
- Center for Drug and Alcohol Studies, University of Delaware





Births to Teens

Page 82

Number of births per 1,000 females ages 15–17
Five-year average, 2003–2007: Delaware 22.7, U.S. 22.0



Low Birth Weight Babies

Page 28

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)
Five-year average, 2002–06: Delaware 9.4, U.S. 8.0
Five-year average, 2003–07: Delaware 9.3, U.S. N/A



Infant Mortality

Page 30

Number of deaths occurring in the first year of life per 1,000 live births
Five-year average, 2003–07: Delaware 8.5, U.S. 6.8



Child Deaths

Page 44

Number of deaths per 100,000 children 1–14 years old
Five-year average, 2003–07: Delaware 16.3, U.S. 19.9



Teen Deaths by Accident, Homicide, and Suicide

Page 46

Number of deaths per 100,000 teenagers 15–19 years old
Five-year average, 2002–06: Delaware 55.2, U.S. 50.0
Five-year average, 2003–07: Delaware 53.9, U.S. N/A

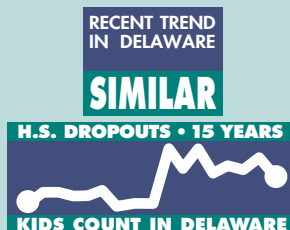


High School Dropouts

Page 71

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

School year, 2007/08: Delaware 5.1

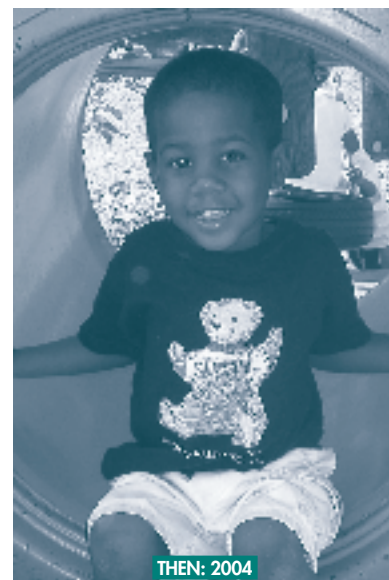


Teens Not Attending School and Not Working

Page 74

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

Three year average, 2007–09: Delaware 7.5, U.S. 8.1

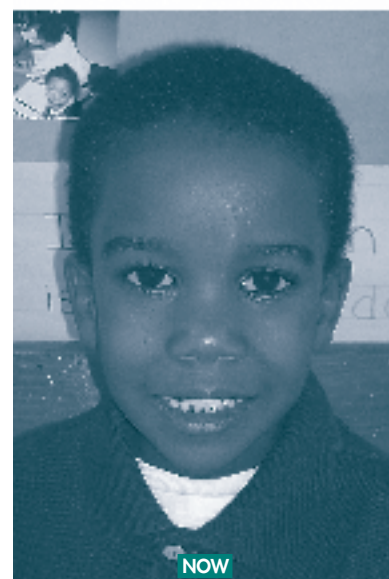


Children in Poverty

Page 88

Percentage of children in poverty. The poverty threshold for a one-parent, two-child family was \$16,705 for 2007. For a family of four with two children, the threshold was \$21,027 for 2007.

Three year average, 2007–09: Delaware 13.1, U.S. 18.1



No Parent with Full-time Employment

Page 87

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

Three year average, 2007–09: Delaware 19.6, U.S. 24.9

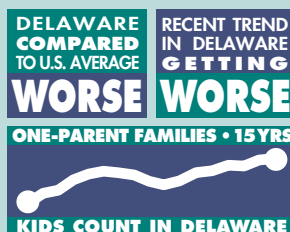


Children in One-Parent Families

Page 94

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

Three year average, 2007–09: Delaware 35.4, U.S. 31.8



Interpreting the Data



The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2010 uses the most current, and reliable data available. Data that is inadequate or unavailable is denoted by N/A. For some data, only the decennial census has information at the county level.

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

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

Fiscal Year Data: Most data presented here 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 June or July 1 to June 30, respectively.

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

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

Numbers, Rates, and Percentages

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

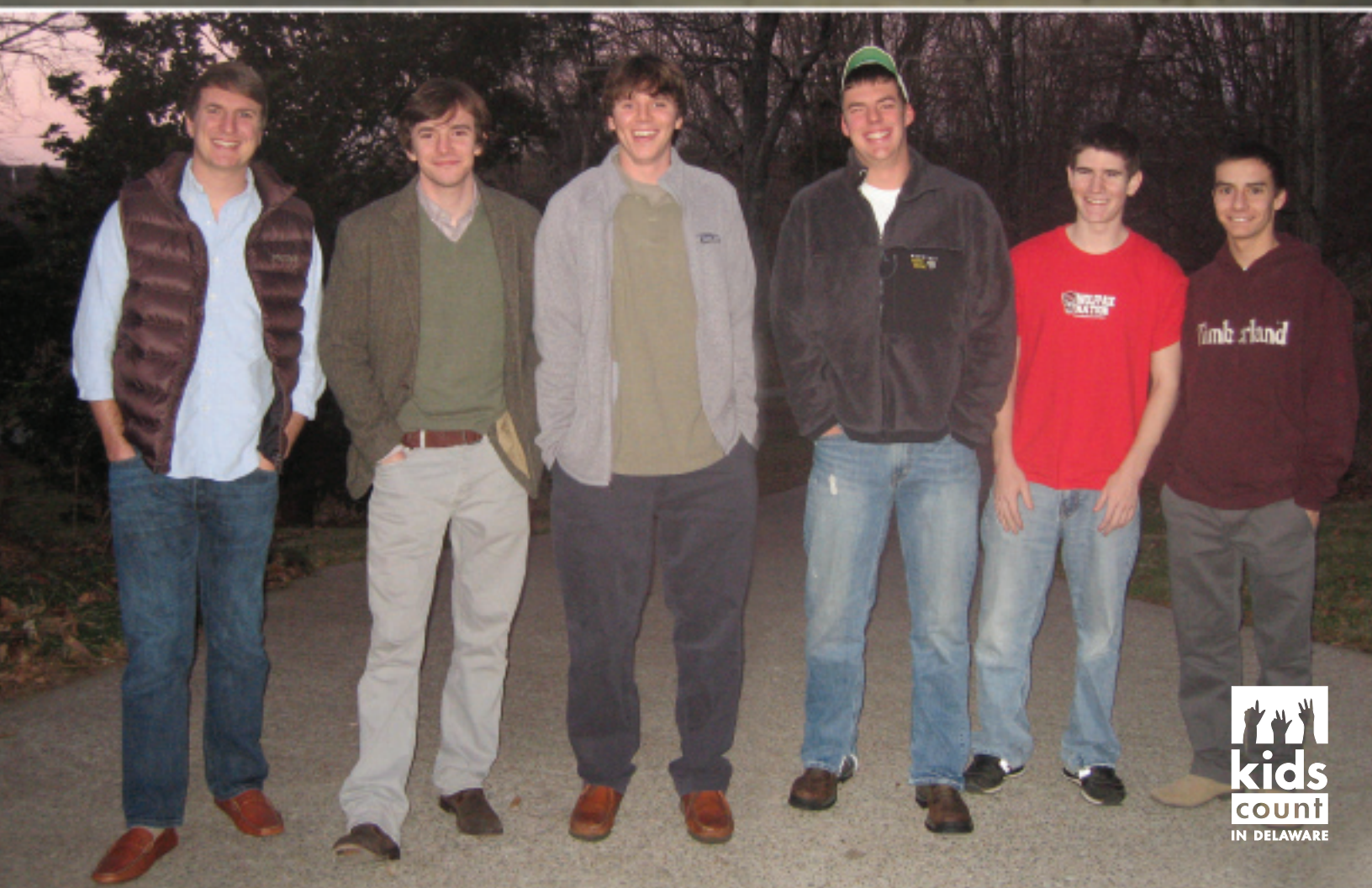
In this publication, indicators are presented as either raw numbers (25), percentages (25%), or rates (25 per 1,000 or 25 per 100,000). The formula for percents or rates is the number of events divided by the population at risk of the event (county, state, U.S.) and multiplied by 100 for percent or 1,000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

A Caution About Drawing Conclusions

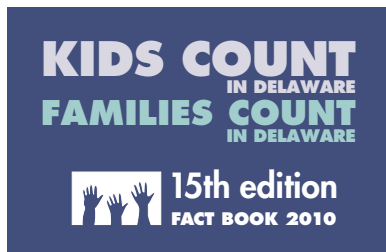
Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. KIDS COUNT encourages you to look at overall trends.

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

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

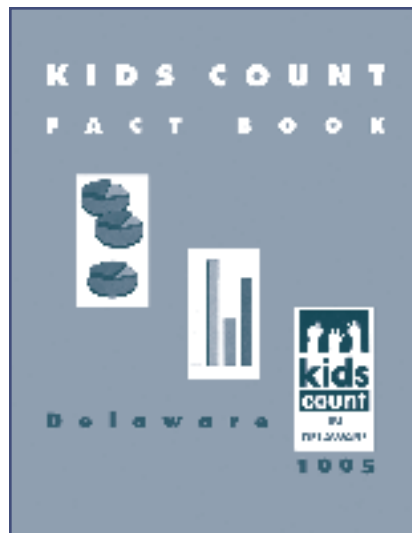


15th edition of KIDS COUNT in Delaware

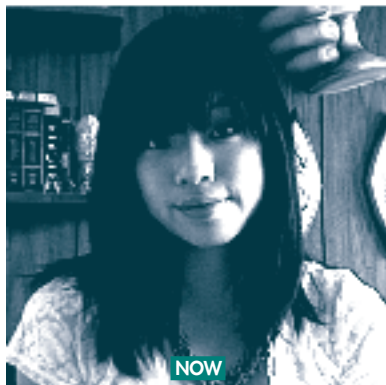


In 1995, KIDS COUNT in Delaware published its first state fact book. The KIDS COUNT in Delaware project was initially conceived so that accountability for the status of our state's children could be achieved. If we do not know how our children are faring, it is impossible to assure their well-being or evaluate any measure of improvement. The data provided in the KIDS COUNT in Delaware fact books also allows public and private agencies to be confident that funds are being used in an appropriate manner. One of fifty-three similar projects in the United States and land territories

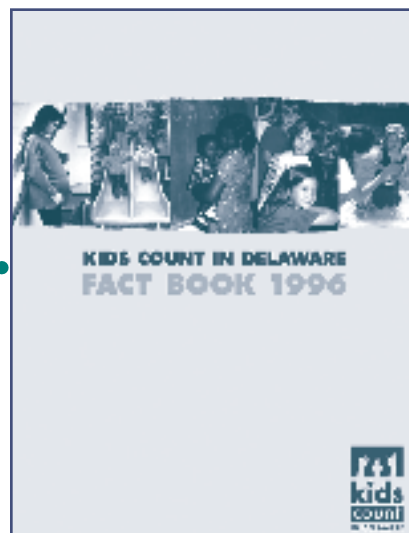
funded by the Annie E. Casey Foundation, the KIDS COUNT in Delaware organization is in its fifteenth year in monitoring the status of Delaware's children and many important actions have come from this longtime effort. At the time this first book was published, the teen birth rate in Delaware was 41.8 and the infant mortality rate was 8.9. Also reported in the 1995 edition was that 12.5 percent of Delaware children lived in poverty and the rate of births to single mothers was 33.5.



THEN: 1997 COVER



NOW



10 National Indicators KIDS COUNT 1995

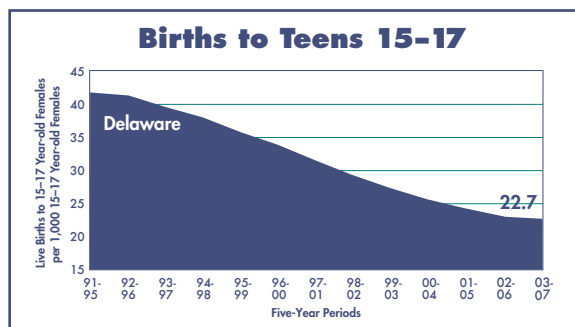
- Births to Teens
- Low Birth Weight Babies
- Infant Mortality
- Child Deaths
- Teen Violent Deaths
- Juvenile Violent Crime Arrests
- High School Dropouts
- Teens Not in the Labor Force and Not in School
- Children in Poverty
- Children in One-parent Families

The Alliance for Adolescent Pregnancy Prevention (AAPP) was established in 1995, at the recommendation of the Governor's task force on teen pregnancy in Delaware. AAPP was created to help reduce the number of adolescents in Delaware who are sexually active, become pregnant or become teen parents. It does so by: organizing statewide teen pregnancy prevention programs, identifying needs of young women, targeting high-risk areas and populations, operating the Delaware Teenage Pregnancy Prevention media campaign, and offering educational workshops and technical support.

Did you know?

For the first time since the early 1990s, U.S. teen pregnancy rate increased in 2006, rising 3%.

Source: Guttmacher Institute, 2010





KIDS COUNT in Delaware publications *Helping Teens Delay Parenting* (1996) and *Kids Voices Count* on teen pregnancy (1997) helped focus attention on the teen pregnancy rate in Delaware.



In 1998, KIDS COUNT in Delaware partnered with Governor Carper's Family Service's Cabinet Council and expanded the fact book to include families. From this point forward the KIDS COUNT in Delaware annual publication would be called the KIDS COUNT/FAMILIES COUNT Fact Book. This initiative expanded the data provided by KIDS COUNT in Delaware to include not only the ten national KIDS COUNT indicators but also indicators related to Delaware children and families.

FAMILIES COUNT

Some of the indicators that were added in 1998:

- Prenatal Care
- Health Care Coverage
- Child Support
- Unemployment.



THEN: 1998 COVER



NOW



In 1999, legislation was passed to implement the Graduated Driver License Program. The Graduated Driver License Program was designed to reduce the high accident and fatality rate of minor drivers. With the passing of this legislation, minors now receive additional supervised driving experience as well as have reduced exposure to high-risk driving situations. Car accidents are the number one killer of teens in Delaware. Since the implementation of this program, the rate of crash involvement for teenagers has dropped considerably.



Did you know?

Current legislation is being considered in Delaware that would prohibit all texting while driving as well as talking on a cell phone without the use of a hands-free headset, both of which would be considered a primary offense. Currently, it is illegal for those drivers with a learner's permit and also school bus drivers to use a cell phone while driving.

15th edition of KIDS COUNT in Delaware

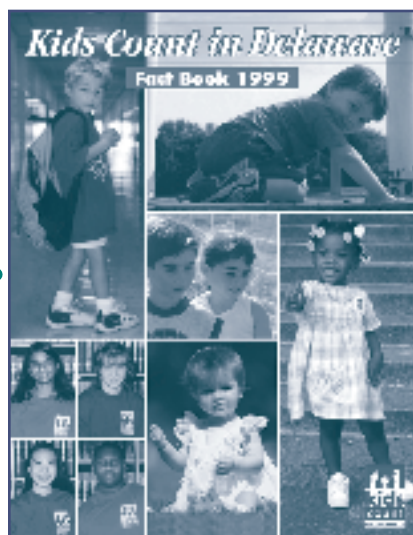


THEN: 1999 COVER



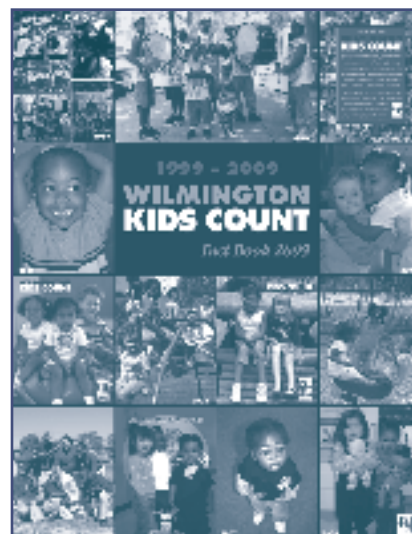
NOW

In 1999, KIDS COUNT in Delaware partnered with the City of Wilmington to produce the Wilmington KIDS COUNT bi-annual publication, which would include data specifically for Wilmington. In 2010, KIDS COUNT in Delaware released its sixth edition of the Wilmington KIDS COUNT fact book. KIDS COUNT in Delaware is the only KIDS COUNT project to partner with a city for this length of time. As with the state publication, it is vital to have the data for the status of Wilmington's children in order to make positive changes and effective decisions. For example, while the teen birth rate has declined in Wilmington overall since 1999, the teen birth rate for Wilmington is more than twice the rate for the state. Having access to such data allows the city to make informed decisions about the children within its boundaries.

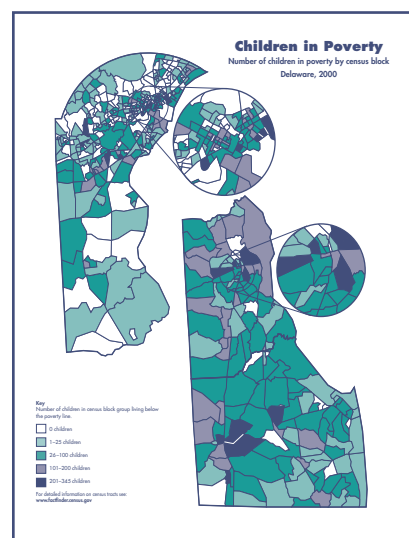


The National Decennial Census was conducted in 2000. The census is a crucial tool for understanding the status of our state's children. The Census Bureau is a leading source of quality data about the nation's people and economy. The Census is also important because the data gathered assists in decisions about what community services to provide because changes in a community are crucial to many planning decisions, such as where to provide services for the elderly, where to build new roads and schools or where to locate job training centers. Additionally, data collected through the Census Bureau also aids in the decisions for how to distribute more than \$400 billion in federal funds to local, state and tribal governments each year. Census data affects how funding is allocated to communities for neighborhood improvements, public health, education, transportation and much more.

Source: U.S. Census Bureau



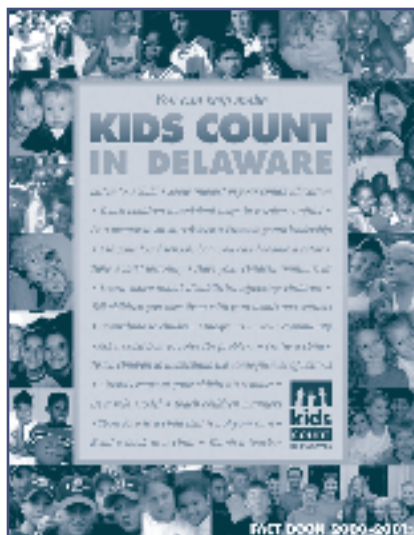
Did you know? In 2007, Blue Cross/Blue Shield of Delaware became an ongoing partner with KIDS COUNT in Delaware in the production of the bi-annual Wilmington KIDS COUNT Fact Book.



Using data from the 2000 U.S. Census, the Center for Applied Demography and Survey Research at the University of Delaware compared data, such as number of children in poverty, by census tract.

Did you know? For every 100 people not counted in the census, a community may lose \$1.2 million over 10 years.

In 2001, KIDS COUNT in Delaware convened “Framing the Facts for the Future,” an advocacy conference held on March 13th at the Delaware Technical Community College in Dover. During this conference a child advocacy resource kit was distributed as an orientation manual for both the novice and the veteran child advocate. The manual covers topics such as framing your message, forming policies, forging legislative change, fortified with facts, finding finances, and gaining media attention. KIDS COUNT in Delaware not only seeks to be the authoritative source of key data concerning the status and well-being of children and their families, but also to use this data to serve as a catalyst for change and a partner to those striving to improve the status of children and their families. It is imperative that data must not only be collected but also disseminated and put into action.



Framing the Facts for the Future Award Recipients, 2001

- New Castle County Leaders: John L. Cunningham, Chief of Police, New Castle County Police Department; Thomas A. Downs, Ed.D., YMCA Resource Center of Delaware; Vivian B. Young, Stand for Children
- Kent County Leader: Linda Chick, Phantastic Youth Center
- Sussex County Leader: J. Jeanne Evans
- Leadership in Government: Gregg C. Sylvester, M.D., Former Secretary, Department of Health and Social Services, State of Delaware; Joyce Hawkins, Program Support Manager, Division of Family Services Early Intervention Unit “Leadership on the Front Line.”
- Leadership in Philanthropy: David L. Sysko, The Junior Board of Christiana Care (Jane Gibson, President).
- Giraffe Award “Sticking Your Neck Out for Children”: The Reverend Patricia A. Hercules, First Love Community Outreach Center



THEN: 2000/01 COVER



NOW

Did you know? There is a difference between advocating and lobbying. Lobbying is defined by federal tax law as any attempt to influence specific legislation. Legislation means a bill that has been introduced, or a draft bill that may be introduced in any legislative body such as a city council, state legislature or Congress.

Advocacy involves identifying, embracing and promoting a cause. There is no limit to the amount of advocacy you can do. Advocacy is not lobbying! What does not count as lobbying? There are five activity categories that are excluded from the term “influencing legislation.” They are:

- 1. Self-defense.** Communication on any legislation that would affect an organization’s existence, powers and duties, tax-exempt status, or deductibility of contributions is not lobbying.
- 2. Technical advice.** Providing technical advice to a governmental body in response to a written communication is not lobbying.
- 3. Non-partisan analysis or research.** Studying community problems and their potential solutions is considered non-partisan if it is “an independent and objective exposition of a particular subject matter...(which) may advocate a particular position or viewpoint so long as there is a sufficiently full and fair exposition of pertinent facts to enable the public or an individual to form an independent opinion or conclusion.”
- 4. Examinations and discussions of broad social, economic and similar problems.** Communication with the organization’s own members with respect to legislation which is of direct interest to them, so long as the discussion does not address the merits of a specific legislative proposal and makes no call for action is not lobbying.
- 5. Regulatory and administrative issues.** Communication with governmental officials or employees on non-legislative (i.e. administrative) matters such as rule-making is not lobbying.

Source: The Minnesota Council of Nonprofits

15th edition of KIDS COUNT in Delaware



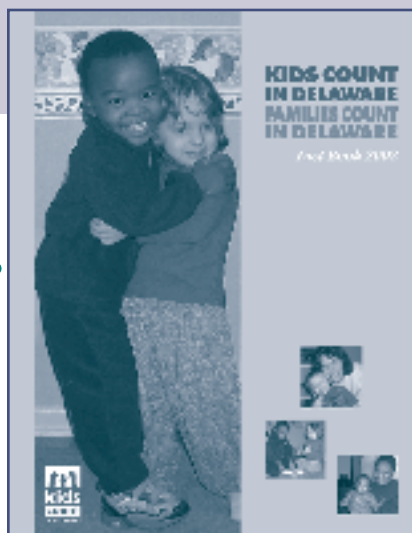
THEN: 2002 COVER



NOW

KIDS COUNT in Delaware Conference **Avenue for Action: Advancing Advocacy** 2002 Leadership Awards

- New Castle County Leader: Shawn Allen, Methodist Action Program; Raye Jones-Avery, Christina Cultural Arts Center
- Kent County Leader: Mariko Tapper-Taylor, Delaware State University Upward Bound
- Sussex County Leader: Colleen Kellner, Girl Scouts
- Leadership in Government: The Honorable Valerie Woodruff, Secretary, Delaware Department of Education; Tricia Roberts, Delaware Office of Highway Safety
- Giraffe Award "Sticking Your Neck Out for Children": Cathy Hamill and Janice Mink, Grassroots Citizens for Children



In 2004, the Annie E. Casey Foundation ranked Delaware as having the worst infant mortality rate in the nation. With an infant mortality rate of 10.7 per 1,000, KIDS COUNT in Delaware had to take swift action to discuss the possible reasons for this issue as well as the necessary steps to reduce such a high figure. KIDS COUNT in Delaware convened a meeting of statewide stakeholders, in addition to engaging and involving local media and residents in the concern over this issue. Governor Minner also took notice and established a new initiative known as the Infant Mortality Task Force. This task force was charged with generating specific recommendations for reducing the state's infant mortality rate. The Infant Mortality Task Force, co-chaired by a member of the KIDS COUNT in Delaware Board, worked diligently to identify solutions to our rising infant mortality rate. The effort culminated in \$1 million of new funding being placed into the state FY06 budget (beginning July 2005) to implement key recommendations. KIDS COUNT in Delaware project director Terry Schooley (also a Delaware House Representative) cosponsored two bills which passed both House and Senate, establishing the Healthy Mothers and Infants Consortium as a successor to the Infant Mortality Task Force and generating funding for a comprehensive fetal infant death review board. Additionally, in her January 2006 State of the State address, Governor Minner announced that \$1 million of new funds would be budgeted around the issue of preconception care — another of the task force recommendations. As of the 2002-06 time period, Delaware was still seeing a dramatic racial disparity in its infant mortality data. Hispanic and white rates are similar to one another, while black rates are about 2 1/2 times higher. Seventy-nine percent of infant deaths occurred in infants born pre-term. Rates are higher among mothers who had received no prenatal care, were under 20, did not complete high school, were unmarried or were smokers. However, since the release of Delaware's 50th worst place ranking in 2004, the overall state infant mortality rate has steadily declined from 10.7 to 8.8.

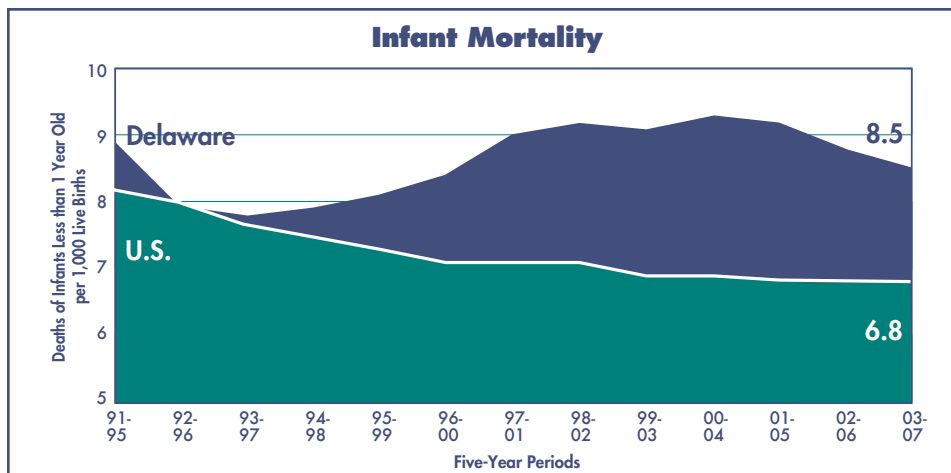
KIDS COUNT in Delaware Conference Out of Poverty: Exploring the Challenge 2004 Leadership Awards

- New Castle County Leader: Nancy Doorey, Brandywine Board of Education; Andre Harris, Cliq Enterprise
- Kent County Leader: Paul Carlson, Delaware Association of School Administrators
- Sussex County Leader: Tony Williams, Family Crisis Specialist
- New Castle County Young Leader: Tiffany Drakeford, Methodist Action Program; Meghan Pasricha, Kick Butts Generation
- Kent County Young Leader: Donovan Higbee, Polytech High School
- Sussex County Young Leader: Alexandria Smith, Blades Elementary School; Amber Desautels and Kelsey Messick, Blades Elementary School; John Hamilton, Miguel Hernandez, Anthony Johnston, Blades Elementary School
- Leadership in Government: The Honorable Deborah Hudson and The Honorable Robert Valihura, Delaware House of Representatives
- Excellence in Media: Chris Carl, WDEL-AM Radio
- Giraffe Award "Sticking Your Neck Out for Children": Matt Denn, Esquire, Young Conaway, Stargatt and Taylor



The Delaware Infant Mortality Task Force issued its full report in May, 2005. The report is available at <http://dhss.delaware.gov/dph/files/infantmortalityreport.pdf>

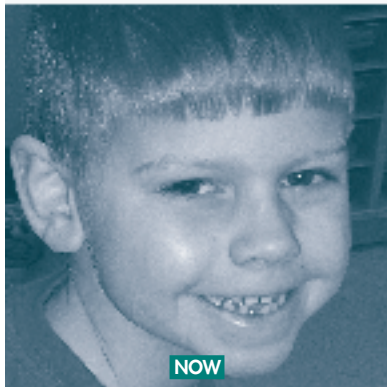
Close to \$6 million was allocated through FY08 based on recommendations from the task force. This level of funding was a tangible display of the state's commitment to making real change because it came at a time when the state's budget was beginning to contract- a time when a hiring freeze went into effect and agencies statewide were being asked to "give back" a percentage of their funding. From 2006 to 2010, nearly \$18 million has been allocated to the infant mortality task force recommendations.



15th edition of KIDS COUNT in Delaware



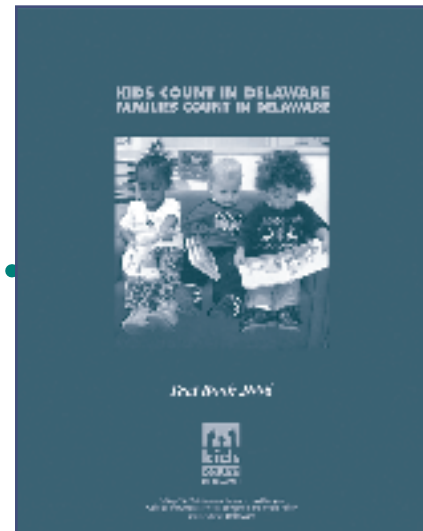
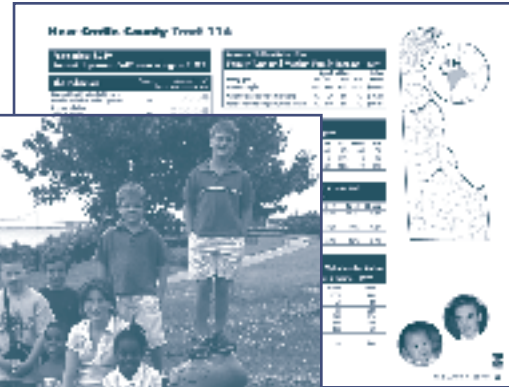
THEN: 2006 COVER



NOW

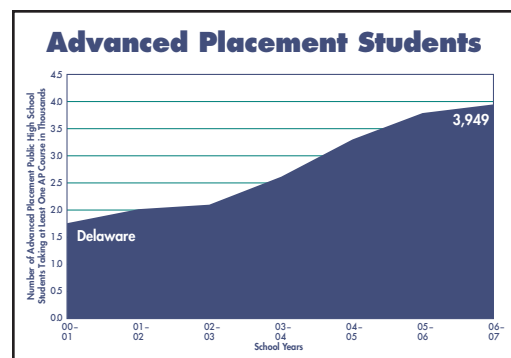
Using a detailed analysis of U.S. Census data, KIDS COUNT in Delaware produced *Communities Count in Delaware* which compares every census track in Delaware by four indicators:

- female-headed households,
- poverty,
- adults who are high school dropouts, and
- unemployed males.



In 2006, the Delaware Department of Education received a three year competitive grant called the Advanced Placement Incentive Program. This \$3 million federally funded grant has provided professional development for middle and high school teachers in English Language Arts, math and science. It has also provided school leadership for middle and high school principals to help increase rigor in all classes so all students are prepared to succeed in AP courses. The duration of this grant has expired as of this edition of the fact book and AP data will no longer be included in the education section of the fact book.

The Delaware SEED (Student Excellence Equals Degree) scholarship program, created in 2006, provides tuition for full-time students enrolled in associate's degree programs at Delaware Technical and Community College (DTCC) or the Associate of Arts program at the University of Delaware (UD). The program is for Delaware students who stay in school, work hard, and stay out of trouble.

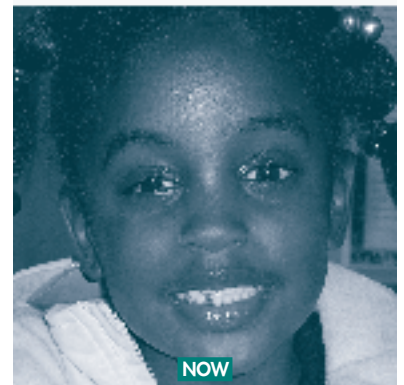
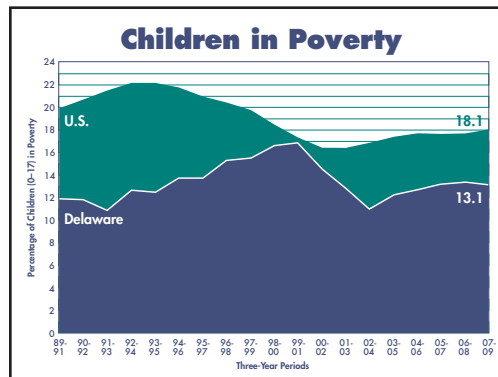


In 2007, the child poverty rate in Delaware was 13.2%. In order to reduce this figure, Governor Minner created the Child Poverty Task Force whose purpose was to make recommendations to reduce child poverty in Delaware in half by 2017 (i.e., by 50% in ten years). Unfavorable economic conditions including the increase in unemployment created an environment where the public was interested in poverty prevention efforts. This allowed the child poverty reduction work in Delaware to become of major focus to the state's leadership.

Delaware's Child Poverty Task Force is chaired by State Representative Terry Schooley, who is also the KIDS COUNT in Delaware Director. The Task Force is composed of 24 individuals from across the state representing both public and private agencies. Support from the Annie E. Casey Foundation in 2007 allowed KIDS COUNT in Delaware to expand technical assistance for the Task Force into the national landscape of child poverty by bringing in national experts to speak to/collaborate with Delaware Task Force members. Additionally, local perspective was examined with a series of seven public forums throughout the state.



THEN: 2006 COVER



NOW

The Child Poverty Task Force compiled a list of recommendations that fell into several categories. The Contextual Recommendations included:

1. Establish the Delaware Child Poverty and Economic Opportunity Consortium as successor to the current Delaware Child Poverty Task Force
2. Develop a new poverty definition for Delaware that considers more than just pre-tax income, including the post-mid 20th century changes that have occurred impacting family resources such as out-of-pocket medical expenses
3. The State of Delaware will conduct an analysis of benefit programs and their interaction with federal benefit programs to identify the cliffs facing working Delaware families. Then the state will work to adjust programs to adjust cliffs and move to a "step-down" benefits program to eliminate economic disincentives for wage advancement

Additionally, there were specific recommendations made in the areas of Basic Needs (such as homelessness, food security, and transportation) Health Care, Early Care and Education, Building Wealth and Assets, Education, and Employability.

In 2001, Governor Minner signed an executive order to establish the Delaware Early Care and Education Council. On June 28, 2007, Governor Minner signed HB 126 to codify the Early Childhood Council. There are seventeen members of the Council that are appointed by the Interagency Resource Management Committee (IRMC). In Delaware, work toward this goal is being led by the Early Childhood Comprehensive Systems Initiative and the Delaware Early Childhood Council who have developed Early Success: Delaware's Early Childhood Plan. Beginning in 2008, KIDS COUNT in Delaware has partnered with this initiative to produce an annual issue brief on "Indicators for Early Success."

15th edition of KIDS COUNT in Delaware

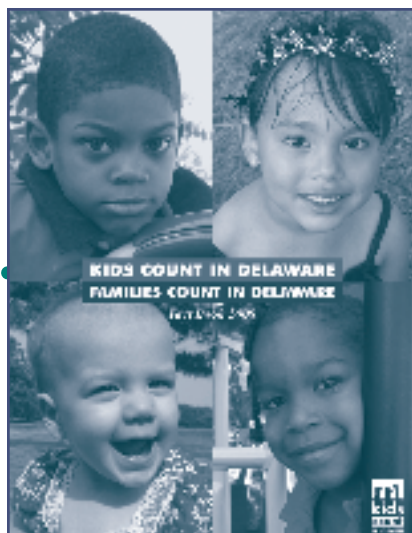


THEN: 2008 COVER



NOW

In 2008, KIDS COUNT in Delaware was the recipient of a grant from the National Governors Association (NGA) to organize a statewide summit on child poverty in partnership with the Governor's Office. We purposefully framed child poverty as an economic issue and this has led to new and important partnerships. The summit itself began with a Breakfast for Business Leaders with Governor Markell and Veronica White from Mayor Bloomberg's Center for Economic Opportunity. The day-long event featured national speakers, local success stories and in-depth workshops to discuss and prioritize initial list of 58 recommendations drafted by the Child Poverty Task Force. In hard economic times such as these when more and more people are experiencing hardship, it becomes vitally important to support and advocate for the people and the agencies that are facing economic distress.



In 2008, KIDS COUNT in Delaware expanded its work in a number of ways. With generous support from Astra Zeneca, a new KIDS COUNT in Delaware partner in the publication of the annual fact book, KIDS COUNT had the opportunity to expand its products. These products included:

- Issue brief publications, including two on indicators of early success which were made possible by the Delaware Division of Public Health's Early Childhood Comprehensive Systems (ECCS) Initiative and the Delaware Department of Education Office of Early Childhood respectively.
- An issue brief on Hispanic families and children in Delaware was also published and was made possible through the Annie E. Casey Foundation. It was a collaborative effort with the Arsht-Cannon Fund at the Delaware Community Foundation. This issue brief also created a partnership with the Governor's Consortium on Hispanic Affairs which allowed for the possibility of a new source of data for this population.
- A fourth issue brief that focused on children in poverty was also released last spring at the Governor's Summit on Child Poverty and Economic Opportunity.
- Additionally, KIDS COUNT published a legislative update that reported on the most recent legislation relating to children's issues.
- Another important tool available is the online KIDS COUNT Data Center. This online resource is a comprehensive and simple-to-use tool that can provide years of data for every KIDS COUNT indicator, as well as indicators specific to Delaware. Data for the state, counties and the City of Wilmington is easily accessible through this database and can also be used to identify trends or make comparisons locally, nationally, and between states.
- KIDS COUNT in Delaware was able to assist the Child Poverty Task Force in several ways including taking the lead to organize the Governor's Summit on Child Poverty and Economic Opportunity, as well as the benefits cliff analysis and recommendations project.

In 2009, The Annie E. Casey Foundation awarded the University of Delaware's KIDS COUNT in Delaware project a grant to analyze both the current benefit cliffs which families struggling to escape poverty face and the proposed recommendations being considered in Delaware by the Governor's Child Poverty Task Force. Based on this analysis, KIDS COUNT in Delaware will make recommendations for specific changes to Delaware's current benefits and family support eligibility rules, focusing these solutions on holding working families harmless for advancement as they make the most of opportunities to leave poverty.



Delaware Stars for Early Success is a voluntary rating and improvement system that was initiated in 2006 by the Delaware Early Childhood Council. Under this initiative, participating programs receive a rating based on a five star scale that ranges from meeting Child Care Licensing Regulations to meeting progressively higher quality standards in the areas of:

- Qualifications and Professional Development,
- Learning Environment and Curriculum,
- Family and Community Partnerships, and
- Management and Administration.

By November 2009, Delaware Stars had successfully enrolled 150 programs, including family and large family child care, early care and education and school-age centers. Thus the program has touched approximately 10,350 children in the state.



Did you know? KIDS COUNT in Delaware is willing to work with an organization to produce an issue brief publication tailored to the data needs of the agency. Please contact KIDS COUNT in Delaware if you are interested in learning more about this new service designed to meet the data needs of your organization.



Young children are the age group most often missed in the decennial census. There are a number of trends suggesting that it will be more difficult to get an accurate count of young children in 2010 U.S. Census than it was in 2000, including:

- Minority children have higher undercount rates, and the share of children age 0 to 4 that are from a racial or Hispanic minority population rose from 41 percent in 2000 to 47 percent in 2008.
- More children live in families with one or more undocumented immigrants. Nearly half (47 percent) of unauthorized-immigrant households are couples with children. The number of children with at least one unauthorized-immigrant parent increased from 3.9 million in 2003 to 5.5 million in 2008.
- The housing crisis will cause more families to double up in one housing unit or live in other temporary and unusual housing situations. An estimated 2 million children will be affected by the housing crisis, which will make it more difficult to get an accurate population count.

15th edition of KIDS COUNT in Delaware



In 2010, KIDS COUNT in Delaware celebrates its fifteen year anniversary and issues a challenge for Delaware to **strengthen the link between data and policy** during the next fifteen years.

Because research and data form a strong foundation for planning, program development and policymaking activities, the KIDS COUNT/FAMILIES COUNT in Delaware 2010 Fact Book is a tool that policymakers, community members, service providers and advocates can use to improve circumstances for children in Delaware. The following recommendations are offered for consideration as ways to strengthen the link between data and policy:



- **Promote responsible and confidential data sharing whenever possible...**

A holistic approach to serving children and families allows agencies with diverse missions and goals to come together to improve outcomes. Data systems that are inter-operable meet the customer needs in a more timely and comprehensive manner.

- **Participate and support complete count in the 2010 Census...** Ensuring a complete and accurate count of every Delawarean is critical for the state and its communities to receive their fair share of state and federal funding and political representation. Children are the age group most often missed in the Decennial Census —the reasons range from their living in hard-to-count neighborhoods

to the fact that the census form has space for complete demographic information on six household members. Individuals, advocates and community members working together can help accomplish a complete and accurate count of all Delawareans.

- **Boost support for surveillance and training...** Counting what counts is essential for improving services for children and their families. Supporting upgrades and improvements for existing data collection and surveillance programs will facilitate Delaware communities in meeting customer needs in a more timely and comprehensive manner.

- **Encourage learning of advanced math and statistics...**

Statistics is a mathematical science of the collection, analysis and interpretation of data. The interpretation and presentation of data regarding child poverty, infant mortality or educational outcomes require a firm foundation in math and statistics for not only the presenter but also for the audience. If we are to form a stronger link between data and policy, we need a general public easily conversant in math and statistics. Children are 25% of our population, but 100% of our future!

- **Encourage the responsible use of data for advocacy and planning...**

In these times of economic hardship and uncertainty, data are critical information for policy development and planning and provide accountability across the public health, social and educational service systems.





**HEALTH
& HEALTH BEHAVIORS**



Prenatal Care

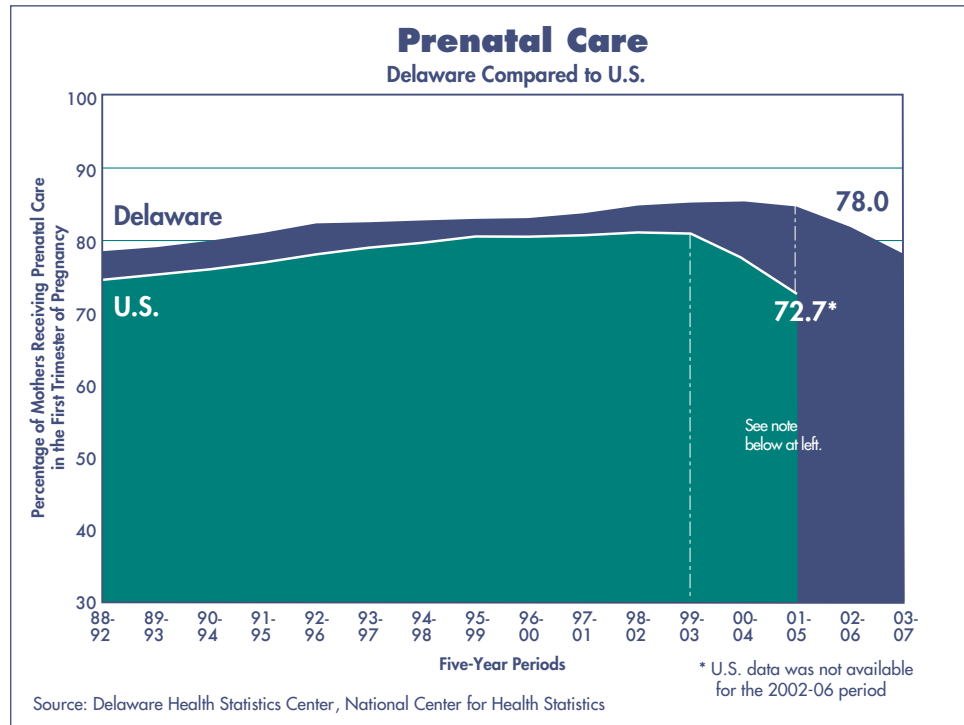


Early prenatal care can help to identify and treat health problems and influence mothers' health behaviors thus maximizing infant and maternal health. The mothers who benefit from regular prenatal health care visits have better nutrition, more regular physical activity, and tend to avoid exposing their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

Those 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.



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.



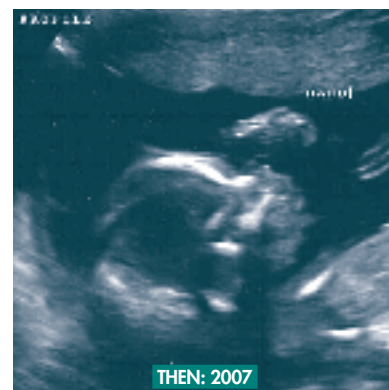
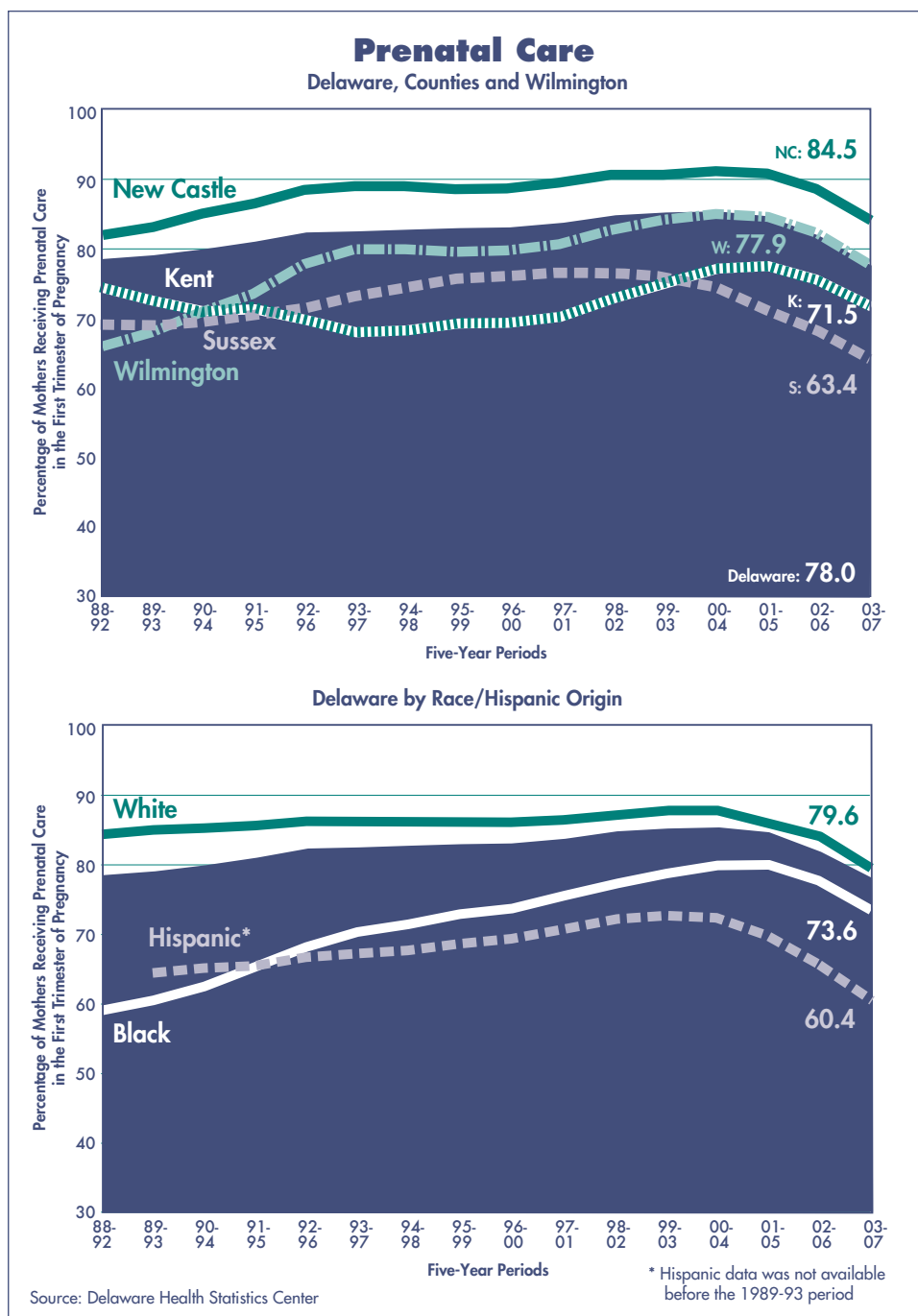
Did you know?

- Studies show that tooth decay and gum disease, which affect more than 80 percent of women aged 20 to 39 years, have a detrimental effect on birth outcomes. These types of infections can be carried in the bloodstream to the placenta and increase a woman's odds of having a preterm or LBW baby. Regular dental care is not only crucial for overall good health but also an important part of prenatal care.¹
- Wilmington, an area where maternal risks factors are the worst in the state, had a 16% increase in the number of women receiving first trimester prenatal care, from 71% in the 1990-94 to 82% in 2002-06.²
- Substance use during pregnancy is a risk factor for adverse birth outcomes, such as birth defects, developmental disabilities, preterm birth, low birth weight, and infant mortality. In 2007, of women of childbearing age (18-44), 17.9% of Delaware women reported binge drinking in the past month, compared to 14.6% in the U.S.; 22.8% of Delaware women reported smoking, compared to 21.2% in the U.S.³

¹ KIDS COUNT Indicator Brief for Preventing Low Birth Weight

² Delaware Health and Social Service www.dhss.delaware.gov/dph/hp/files/lb06.pdf

³ March of Dimes www.marchofdimes.com/peristats/



THEN: 2007



THEN: 2008



NOW

Did you know? According to KIDS COUNT research and data analysis, U.S. states with a higher percentage of uninsured children had proportionally more women who gave birth with limited prenatal care.

PUT DATA INTO ACTION



A typical prenatal care schedule for a low-risk woman with a normally progressing pregnancy is:

- Weeks 4 to 28: 1 visit per month (every 4 weeks)
- Weeks 28 to 36: 2 visits per month (every 2 to 3 weeks)
- Weeks 36 to birth: 1 visit per week

A woman with a chronic medical condition or a "high-risk" pregnancy may have to see her health care provider more often.

For more information see

Low Birth Weight Babies.....	28
Infant Mortality	30
Tables 8-11	138-141
Table 24.....	149
www.modimes.org/	
www.kidshealth.org	
www.aafp.org/	
www.4woman.gov	
www.cdc.gov/ncbddd/	

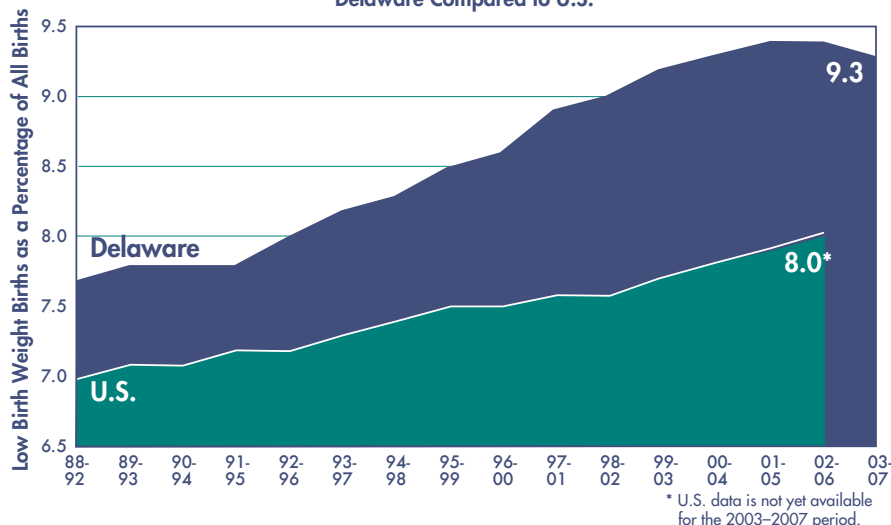
Low Birth Weight Births



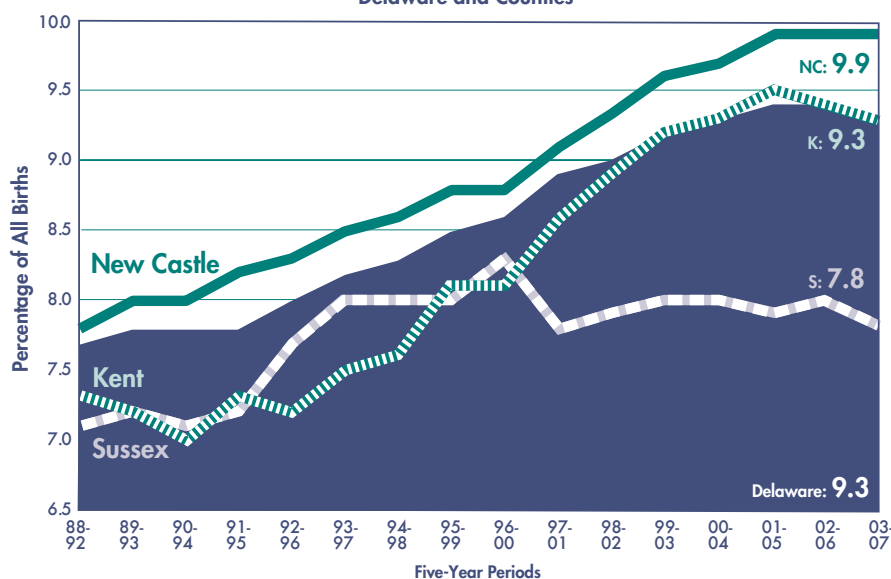
An infant's weight at birth is a good indicator of the mother's health and nutritional status as well as the newborn's chances for survival, growth, long-term health and psychosocial development. Many causes of infant low birth weight can be linked to the mother's behavior or health during the pregnancy. 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 are also at 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 Babies

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.)

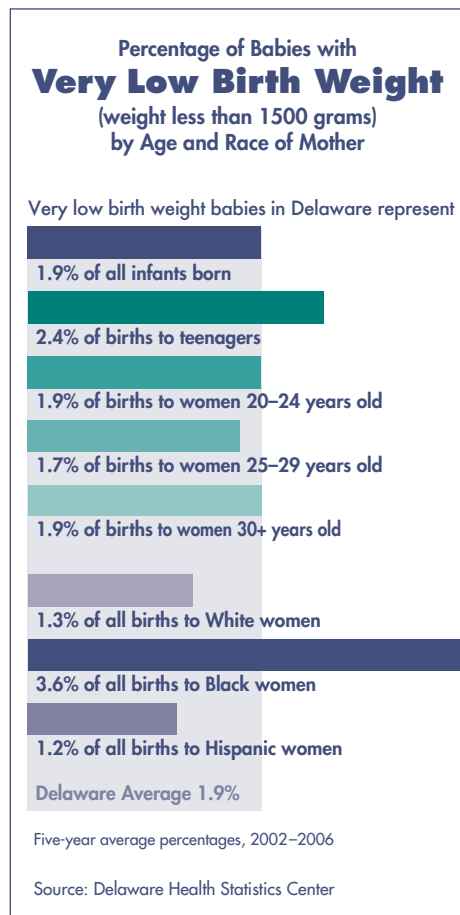
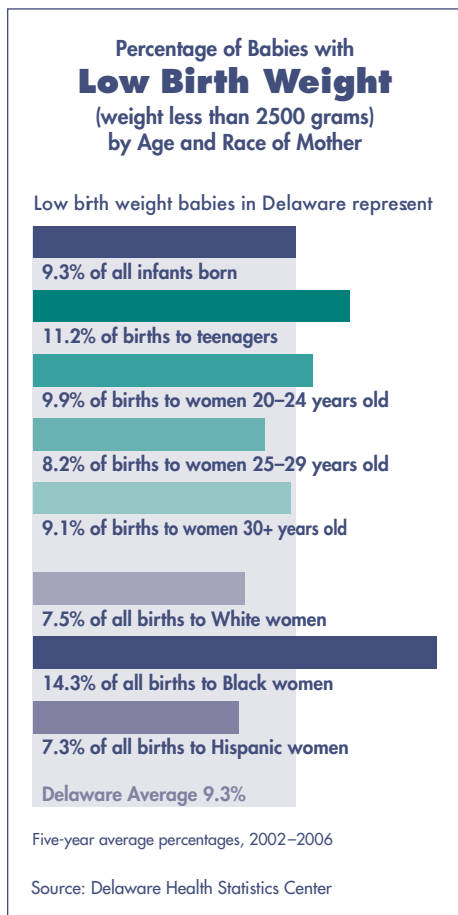
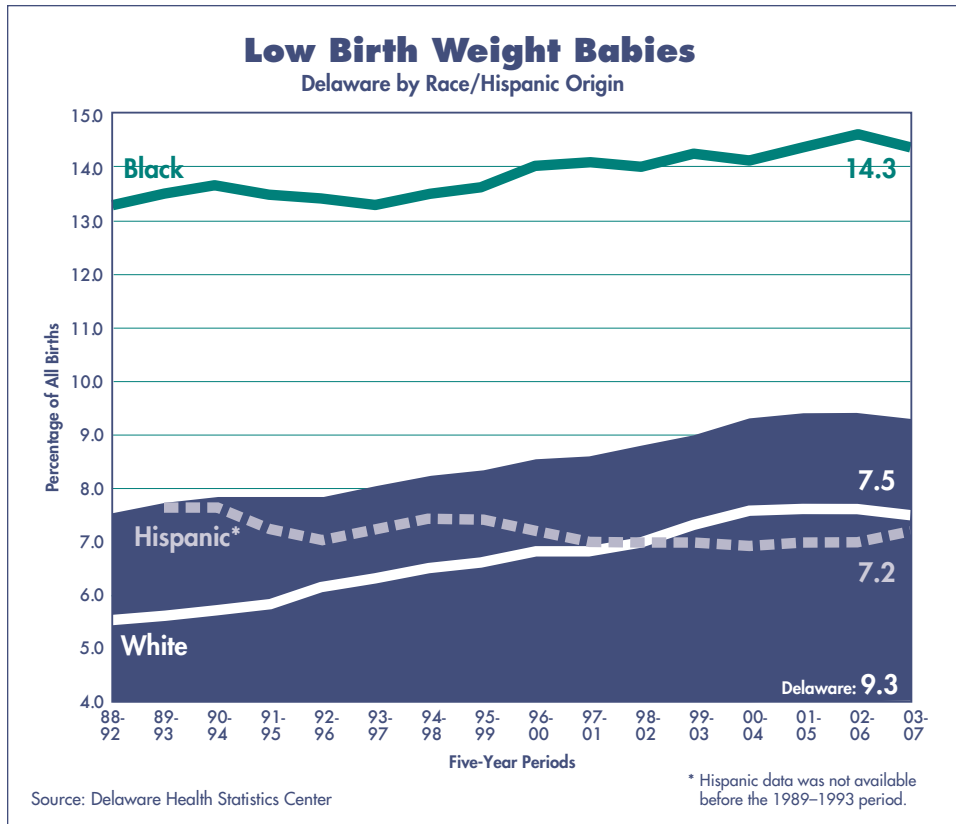
Pre-term – babies born before the 37th week of pregnancy. (60% of low birth weight babies are pre-term.)

Full Term – babies born between the 37th and 42nd week of pregnancy.

Did you know? Recent studies show that women who have chronic health problems such as obesity, type-2 diabetes, and cardiovascular disease are more likely to have low birth weight babies. Efforts to improve birth outcomes need to emphasize women's health over the long term rather than focusing narrowly on prenatal care.

Source: KIDS COUNT Indicator Brief for Preventing Low Birth Weight

Low Birth Weight Births



For more information see

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Infant Mortality	30
Tables 12-15	142-144
Table 23	149

www.modimes.org

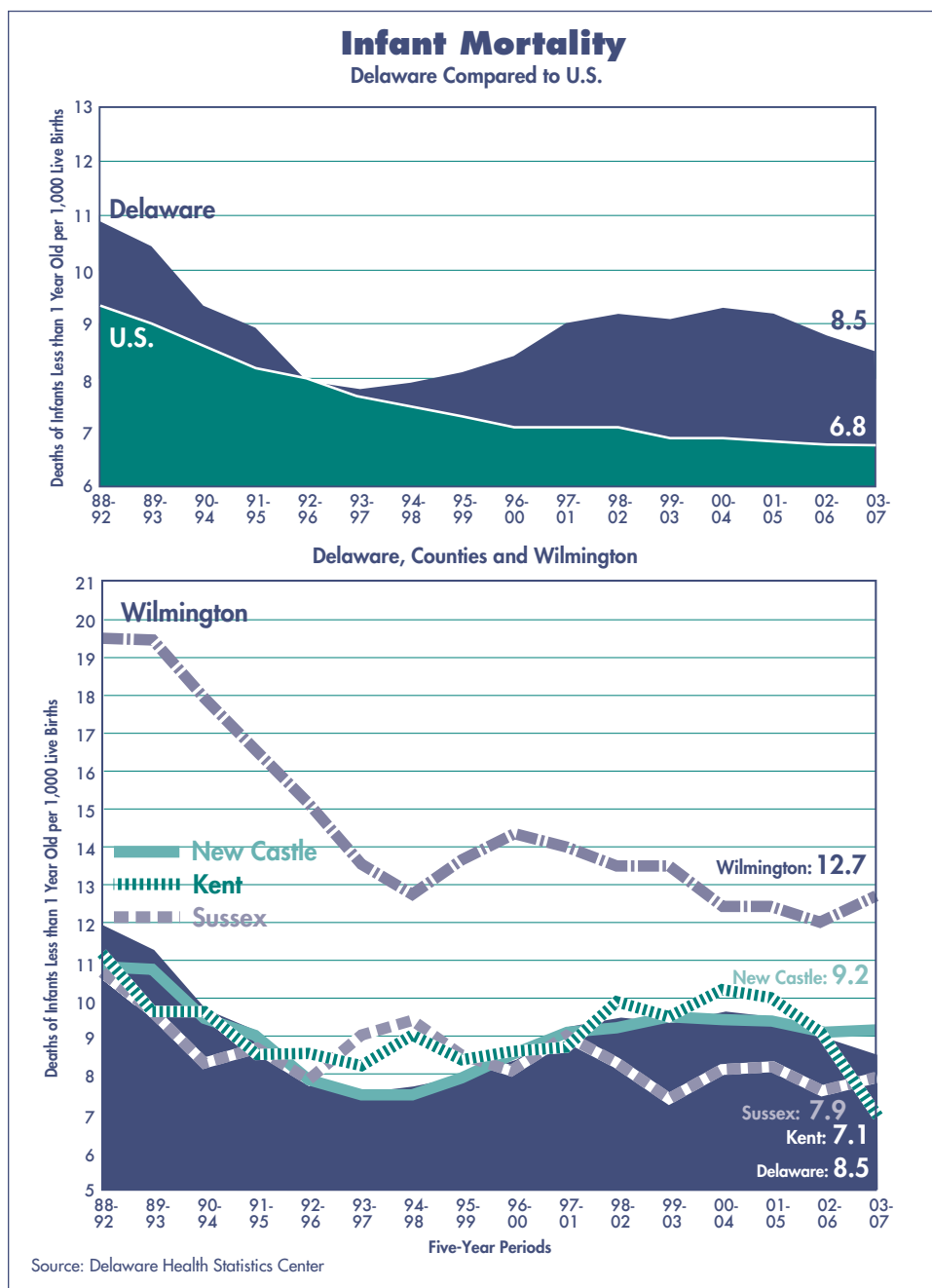
www.kidshealth.org

www.healthystartassoc.org/

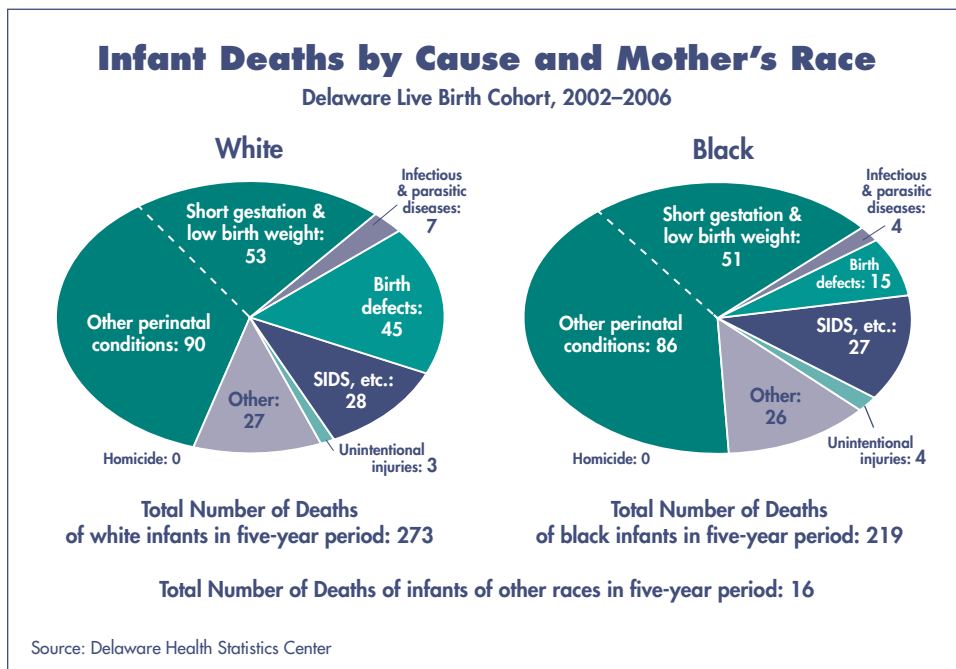
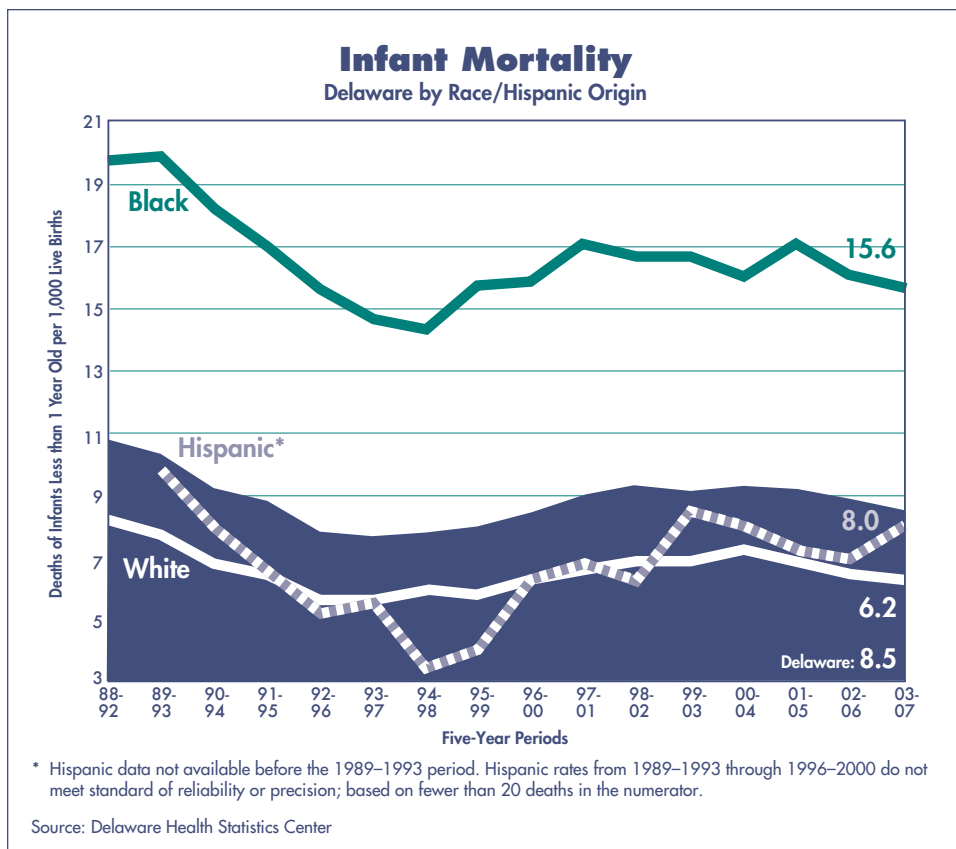
KIDS COUNT INDICATOR Infant Mortality



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, socio-economic 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 in a 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



Did you know? In all three counties in Delaware, there is a significantly higher infant mortality rate among African-American infants — as much as two to nearly three times that of Caucasian infants.

Source: DHMIC Annual Report 2008)

Did you know? Researchers funded by the NIH found that infants who die of sudden infant death syndrome (SIDS) produce low levels of serotonin; they theorize that this may reduce infants' capacity to respond to breathing challenges

Source: ScienceDaily (Feb. 3, 2010)

Infant Mortality



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

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

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.

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

Live Birth Cohort – a matched file of live births and corresponding infants 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.)

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

Postnatal Period – 28 days through one year

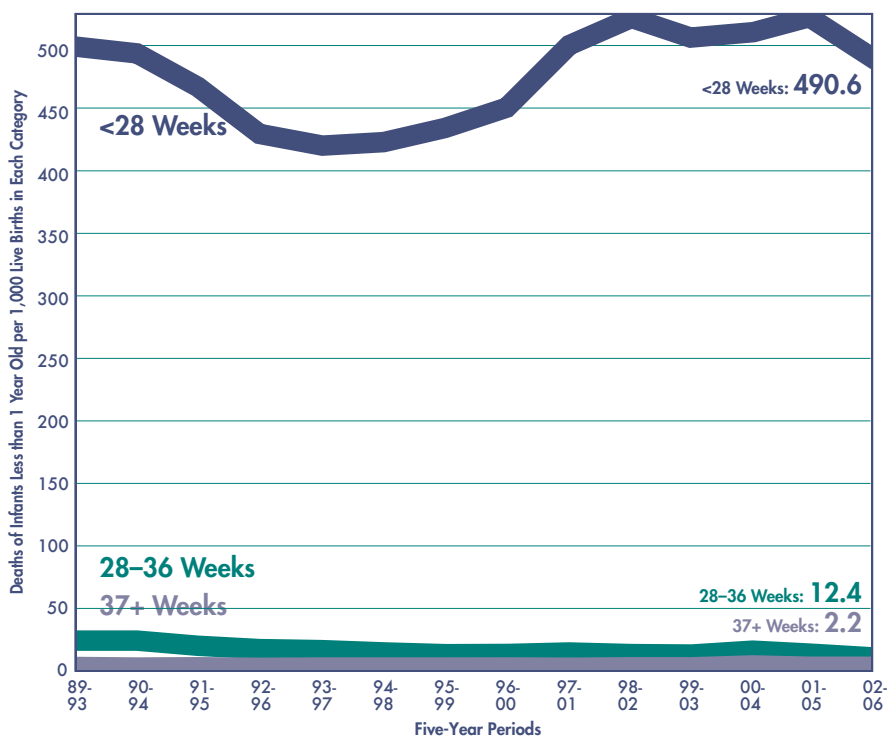
Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)

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



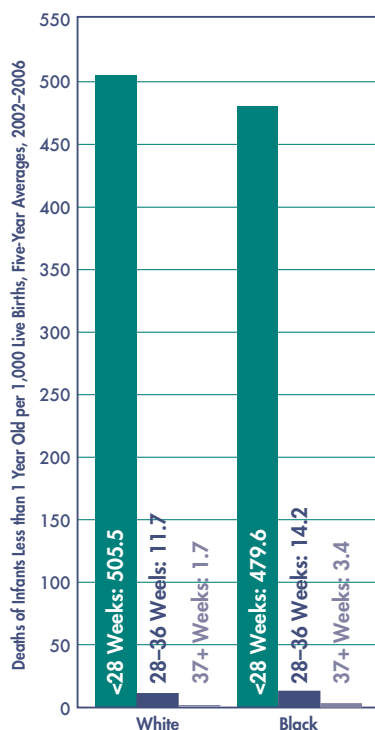
Infant Mortality by Gestation

Delaware Live Birth Cohort by Weeks of Gestation



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Gestation and Race



Source: Delaware Health Statistics Center

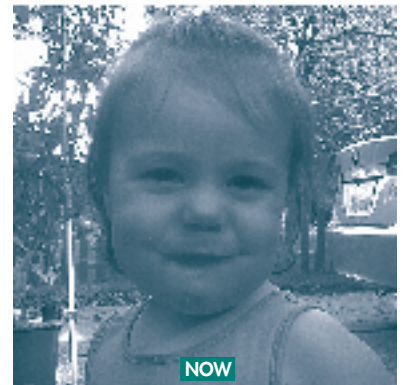
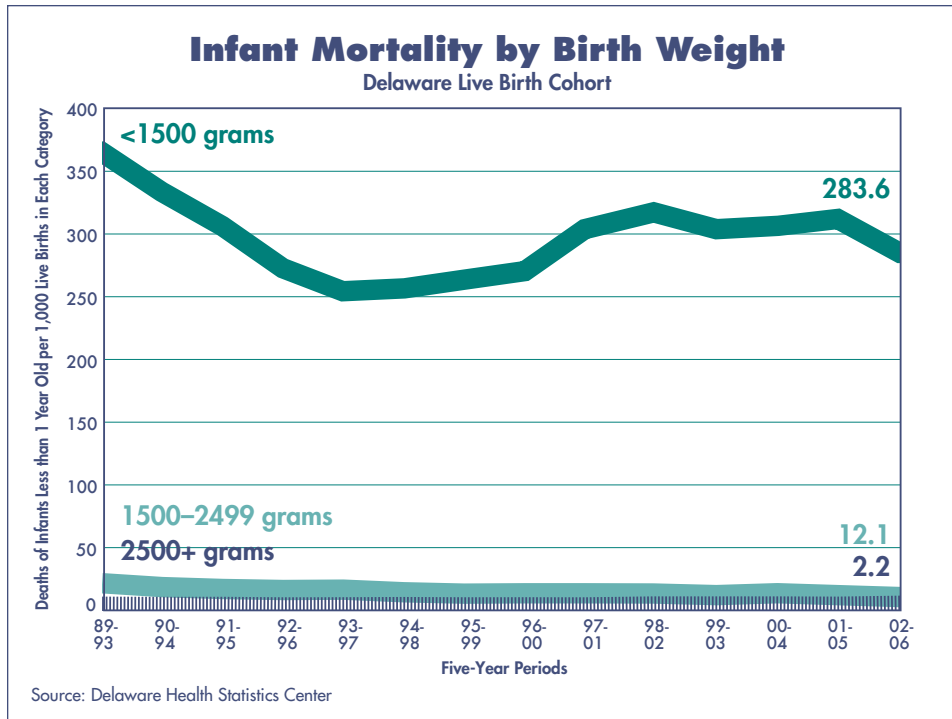
Did you know? In 2005, the Infant Mortality Task Force identified twenty priority recommendations, which led to the formation of the Delaware Healthy Mother and Infant Consortium. The DHMIC promotes the awareness of risk factors and encourages:

- recognizing the signs of premature labor;
- making sure women have access to needed services such as community outreach, transportation and medical and social services; and
- understanding the need for spacing pregnancies, the role of chronic illness during pregnancy, the role nutritional advice plays during pregnancy, how smoking can affect a baby during pregnancy, and how stress affects premature birth.

Did you know?

- U.S. states with a higher percentage of uninsured children had higher infant mortality rates.
- States with a higher percentage of uninsured children had proportionally more women who gave birth with limited prenatal care.

Source: KIDS COUNT 2008 Research Highlights

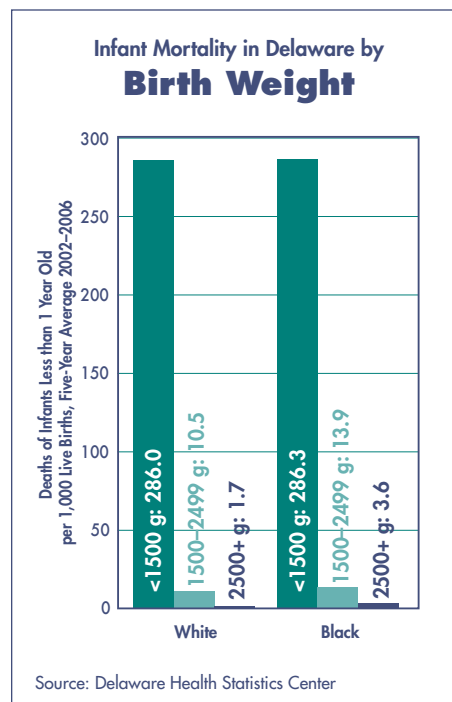


Did you know?

According to the U.S. Health and Human Services Centers for Disease Control and Prevention (CDC), infant mortality is an important indicator of the health of a nation. In a 2008 study, the U.S. ranked 30th in infant mortality. Data from the United States' Linked Birth/Infant Death Data Set and the European Perinatal Health Report has been examined to draw key findings:

- Infant mortality rates for preterm (less than 37 weeks of gestation) infants are lower in the United States than in most European countries; however infant mortality rates for infants born at 37 weeks of gestation or more are higher in the U.S. than in most European countries
- 1 in 8 births in the U.S. were born preterm compared with 1 in 18 births in Ireland and Finland.
- If the U.S. had Sweden's distribution of births by gestational age, nearly 8,000 infant deaths would be averted each year and the U.S. infant mortality rate would be one-third lower.
- The main cause of the U.S.'s high infant mortality rate when compared with Europe is the very high percentage of preterm births in the U.S.

Source: NCHS Data Brief, No.23, November 2009



Did you know? Birth defects were the second leading cause of infant death in 2001–2005. Cardiovascular birth defects, such as patent ductus arteriosus, atrial septal defects, and ventricular septal defects, accounted for almost half of all birth defects. Genitourinary congenital anomalies were the second most common birth defect.

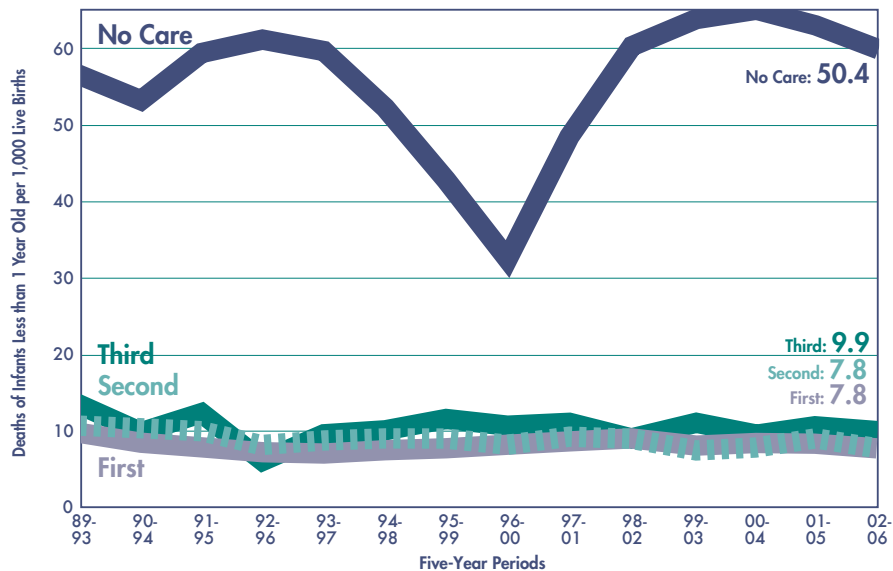
Source: Delaware Health Statistics Center

Infant Mortality



Infant Mortality by Prenatal Care

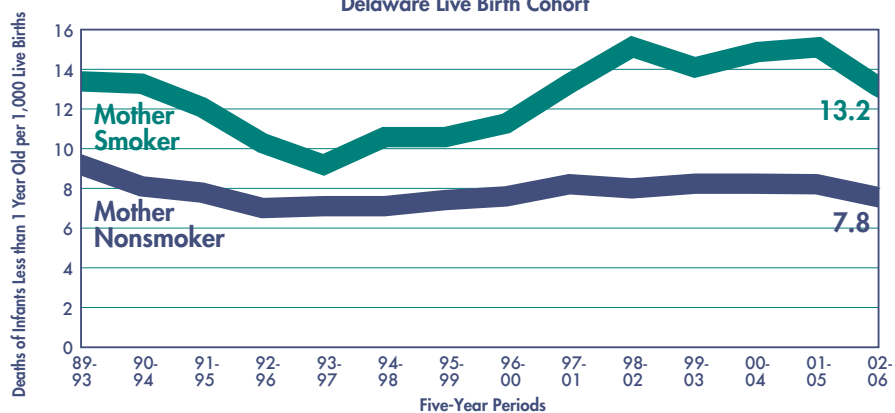
Delaware Live Birth Cohort by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

Infant Mortality by Smoking during Pregnancy

Delaware Live Birth Cohort



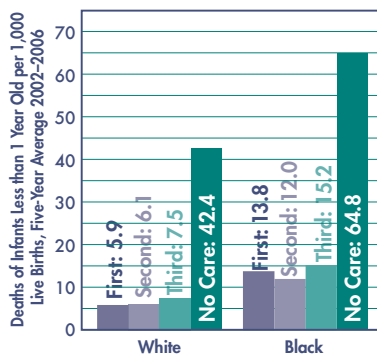
Source: Delaware Health Statistics Center

Mothers Using Tobacco during Pregnancy, 2006

Delaware	9.4%
Delaware under 18	8.3%
Delaware 18-19	12.8%
Delaware White	10.1%
Delaware Black	8.5%
Delaware Hispanic	2.8%
New Castle Co.	6.9%
Wilmington	8.5%
Kent Co.	14.3%
Sussex Co.	12.4%

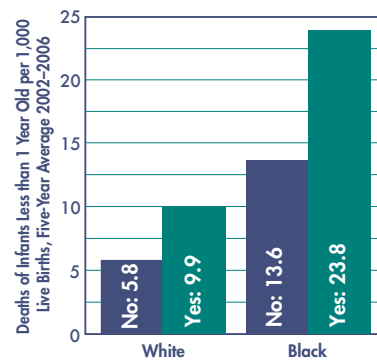
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Smoking in Pregnancy

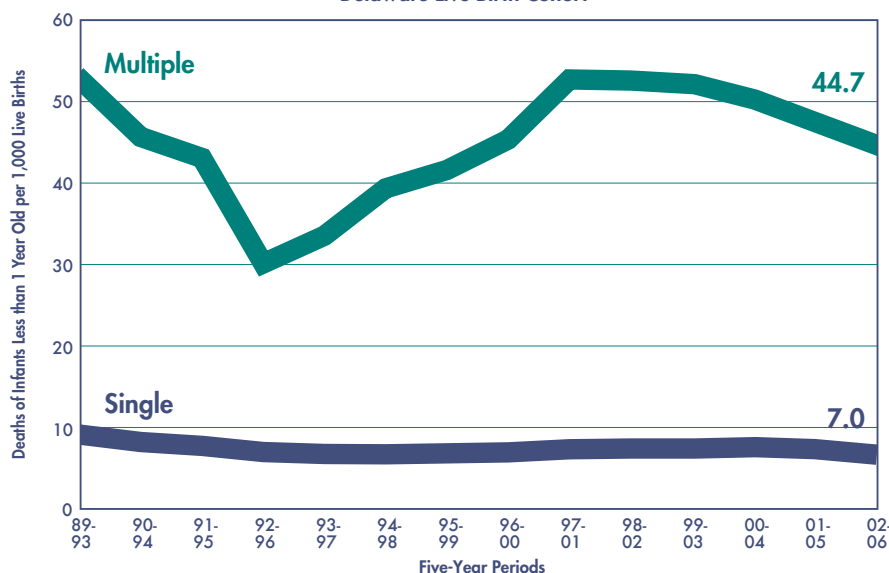


Source: Delaware Health Statistics Center

Infant Mortality

Infant Mortality by Single vs. Multiple Birth

Delaware Live Birth Cohort



Source: Delaware Health Statistics Center



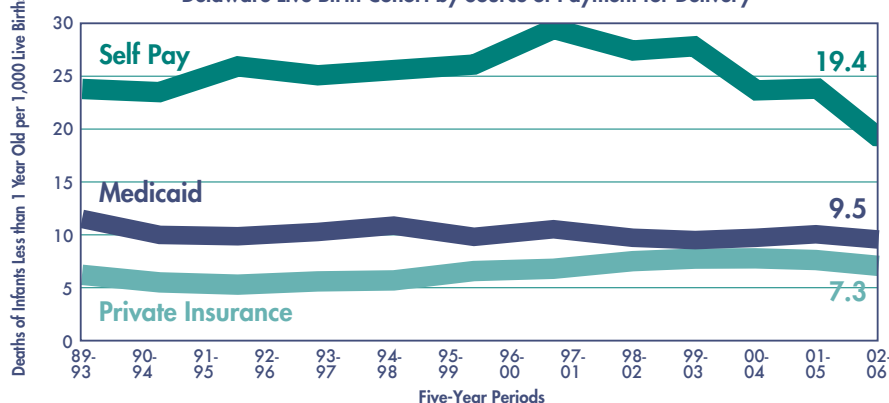
THEN: 2007



THEN: 2009

Infant Mortality by Source of Payment

Delaware Live Birth Cohort by Source of Payment for Delivery

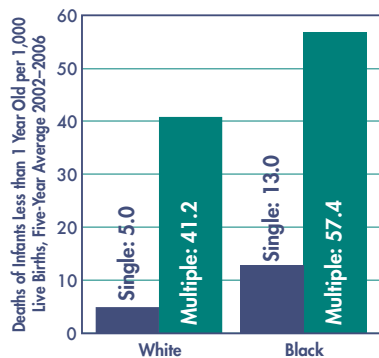


Source: Delaware Health Statistics Center



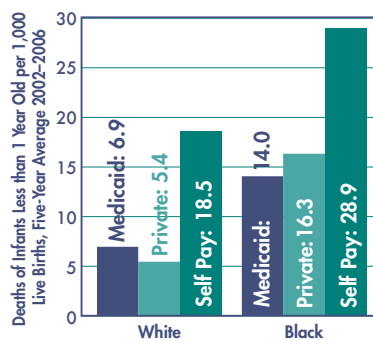
NOW

Infant Mortality in Delaware by Multiple vs. Single Birth



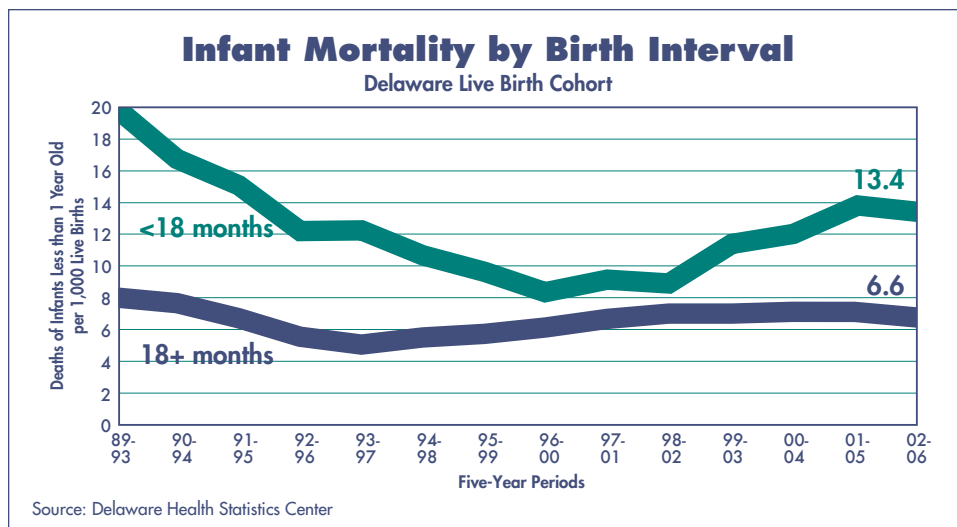
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Source of Payment for Delivery



Source: Delaware Health Statistics Center

Infant Mortality

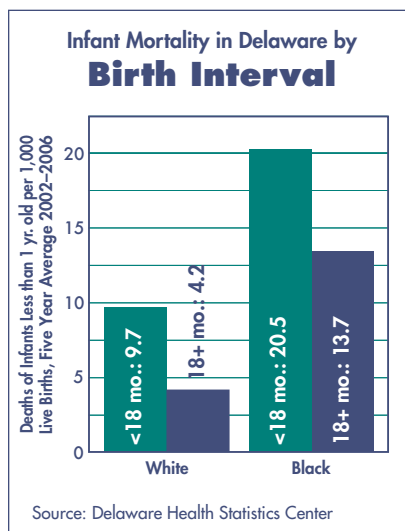


PUT DATA INTO ACTION



PRAMS is part of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birth weight. It was designed to help state health departments establish and maintain a system to

learn about maternal behaviors and experiences. Because PRAMS provides data about pregnancy and the first few months after birth, the information can be used to design health programs and policies, help health care workers improve care, and make better use of health resources. The benefits include improving mothers' experiences during pregnancy, achieving positive birth outcomes and paving the way for healthy child development.



From the 2008 Delaware Healthy Mother and Infant Consortium Report

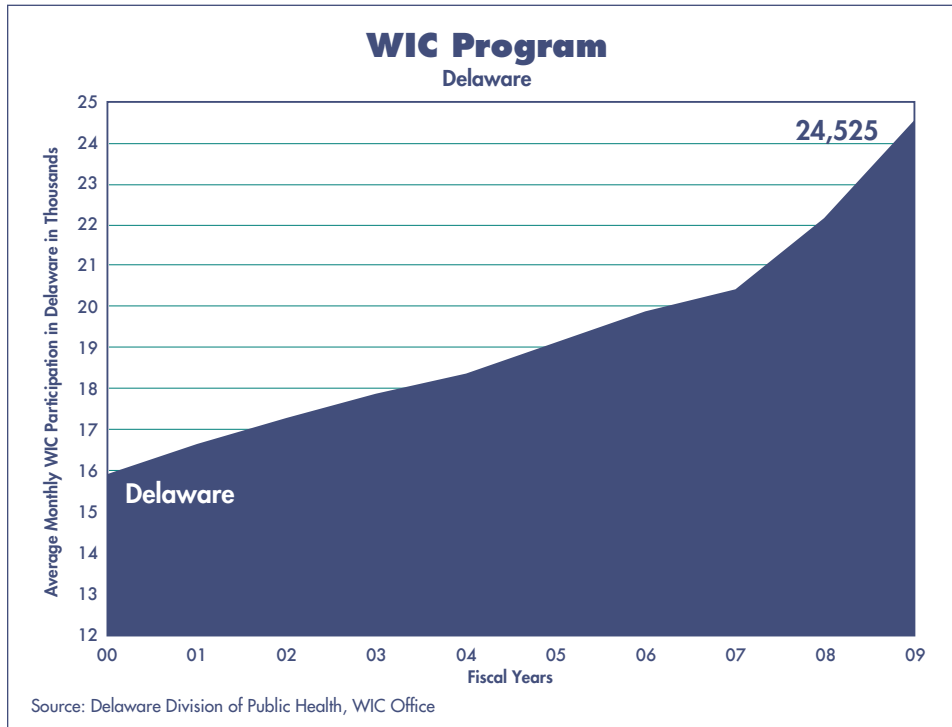
- **Family Practice Team Model Program** – Provided outreach into the home and perinatal social support. Of 1,292 high-risk factor pregnancies: only three infant deaths (67% lower than expected), only 10% premature births, and only 5% low birth weight infants.
- **Preconception Programs** – Almost 4,800 women participated. Registry for Improved Birth Outcomes was formally established with the Delaware Health Statistics Center to consistently monitor the causes and conditions that lead to infant mortality, thereby helping to prevent it.
- **Fetal and Infant Mortality Review Committee (FIMR)** – Fully staffed. Identified 110 infant and fetal deaths. Identified and secured BASINET database program to track FIMR data. Conducted interviews. Recruited volunteers for two case review teams.
- **Pregnancy Risk Assessment Monitoring System** – Established protocols for collecting data including selection, mail packets, and telephone interviews. Proposed a focus on women who delivered low birth weight infants. Established a final sample size of 1,534 women.
- **Center for Excellence in Maternal and Child Health and Epidemiology** – provided monitoring for above four programs and the annual report. Internship program established with UD.
- **Standards of Care Committee** – Conducted full review of the current standards of care.

As of fiscal year 2010, almost \$18 million has been allocated to address infant mortality by the State of Delaware. For more information: <http://www.dhss.delaware.gov/dhss/dph/files/dhmicfy2007annualreport.pdf>

For more information see

Prenatal Care	26
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www.modimes.org	
www.hmh.org	
www.cdc.gov/nccdphp/drh/index.htm	

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 supports low-income pregnant, post-partum, and breastfeeding women, as well as low-income infants and children to the age of five. The program is linked with lower Medicaid costs, longer gestation periods, higher birth weight, and lower infant mortality.



Did you know? The FY10 Agricultural Appropriations Bill passed by Congress in October 2009 provided a \$2 boost in the value of the fruit and vegetable vouchers for 1.6 million WIC moms; this increase will bring the women's fruit and vegetable vouchers up to \$10 per month. This new benefit will be worth an additional \$41 million in fruit and vegetable purchases during the fiscal year.

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

Did you know? Delaware WIC provides:

- Nutritious foods to supplement diets,
- Information on healthy eating,
- Breastfeeding support, and
- Referrals to other healthcare, welfare and social services

to low-income women, infants, and children up to age 5 who are at nutritional risk.

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

Did you know? 72.3% of Delaware children age 0-5 were ever breastfed, compared to 75.5% of U.S. children.

Source: 2007 National Survey of Children's Health, www.nschdata.org

PUT DATA INTO ACTION



WIC encourages clients to breastfeed their infants and offers breastfeeding peer counselors and lactation consultants. WIC supports breastfeeding rooms where any breastfeeding mom can breastfeed or pump in comfort and privacy. Breastfeeding rooms are available to the public in WIC Clinics and community buildings in New Castle and Kent Counties.

Source: Delaware Health and Social Services, Division of Public Health
<http://www.dhss.delaware.gov/dhss/dph/chca/dphwchominf01.html>

For more information see

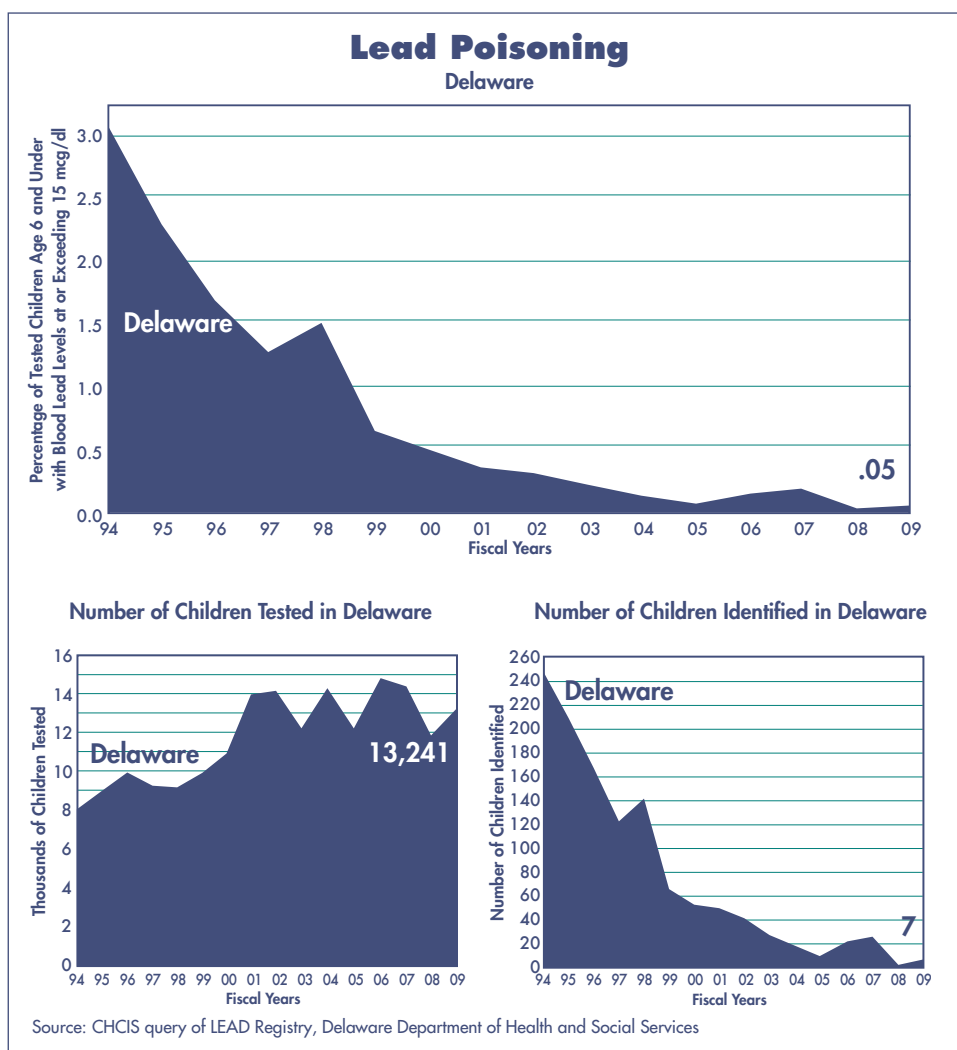
Children Receiving Free and Reduced-Price School Meals..... 70
www.fns.usda.gov/wic

Lead Poisoning



Lead is a very strong toxin which was a common ingredient in gasoline and house paint in the U.S. in the past. Although these items are no longer made with lead, lead poisoning is an ongoing health problem. Lead can be 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 high, 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 kids' brains and central nervous system are 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 reduced IQ, learning disabilities, attention deficit disorders, behavioral problems, stunted growth, impaired hearing, and kidney damage. At high levels of exposure, a child may develop mental delays, fall into a coma, and even die from lead poisoning. Childhood lead poisoning is one of the most common, yet preventable, pediatric health problems.



For more information see

Table 29..... 152

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)

PUT DATA INTO ACTION



In 2008, Delaware's General Assembly enacted House Bill 362, referred to as the "Children's Toy Safety Act", prohibiting the sale or distribution of toys that are harmful to, or threaten the health of, our children in the State of Delaware.

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 or who do not respond to vaccines, 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. In this way, we are able to control infectious diseases including polio, measles, diphtheria, tetanus and many other dangerous diseases.

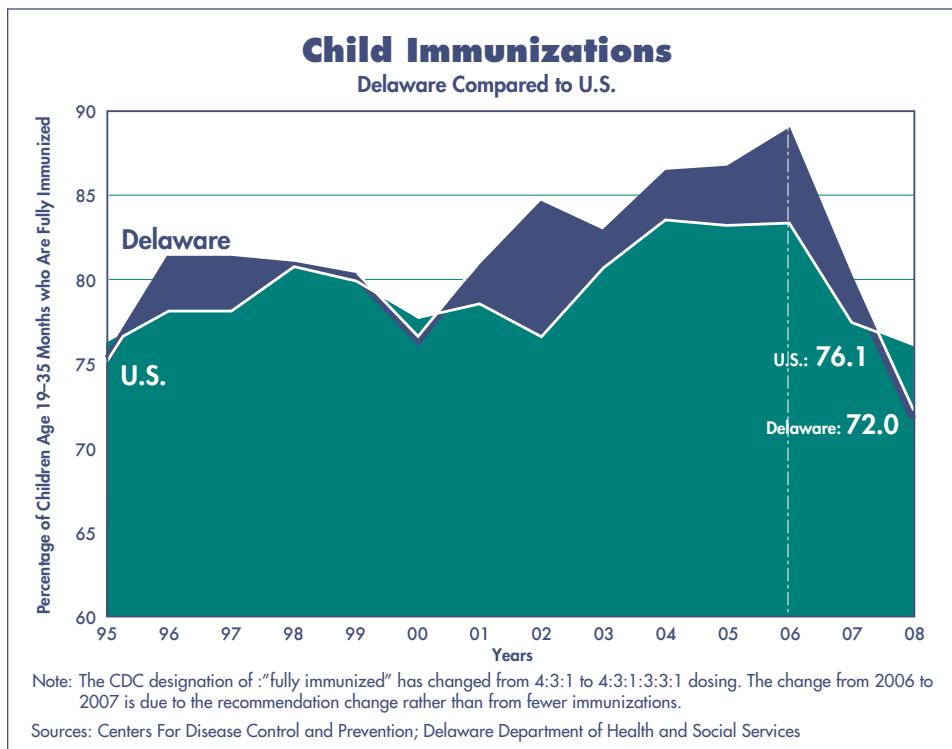
Because children are highly susceptible to disease, the Centers for Disease Control and Prevention (CDC) recommends vaccinating children against most vaccine-preventable diseases by the time they are two years old. Protecting children against severe illnesses also results in positive outcomes other than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



THEN: 2007



NOW



Did you know? According to a report released by the Centers for Disease Control (CDC) in January 2010, about 75% of U.S. children received the recommended vaccinations in 2008. The study also found that disparities among most demographic groups had gone down over the past nine years, showing that vaccination coverage in all racial and socioeconomic groups has increased substantially over the last few years.

Source: American Journal of Preventative Medicine, February 2010

Did you know? During the 2009-10 school year, the Delaware Division of Public Health (DPH) offered H1N1 immunizations through school districts throughout the state. Once children and other high risk populations were served, DPH began subsidizing the cost of the H1N1 vaccine so that participating Delaware pharmacies could offer the shot free of charge to anyone 18 years of age or older. Many pharmacies were involved with this endeavor, making access to the needed shots as easy as possible for anyone wishing to be vaccinated.

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

Child Deaths..... 44

Table 30..... 152

www.cdc.gov/vaccines/

www.kidshealth.org

Delaware Department of Public Health
Immunization Branch: 302-741-1060.

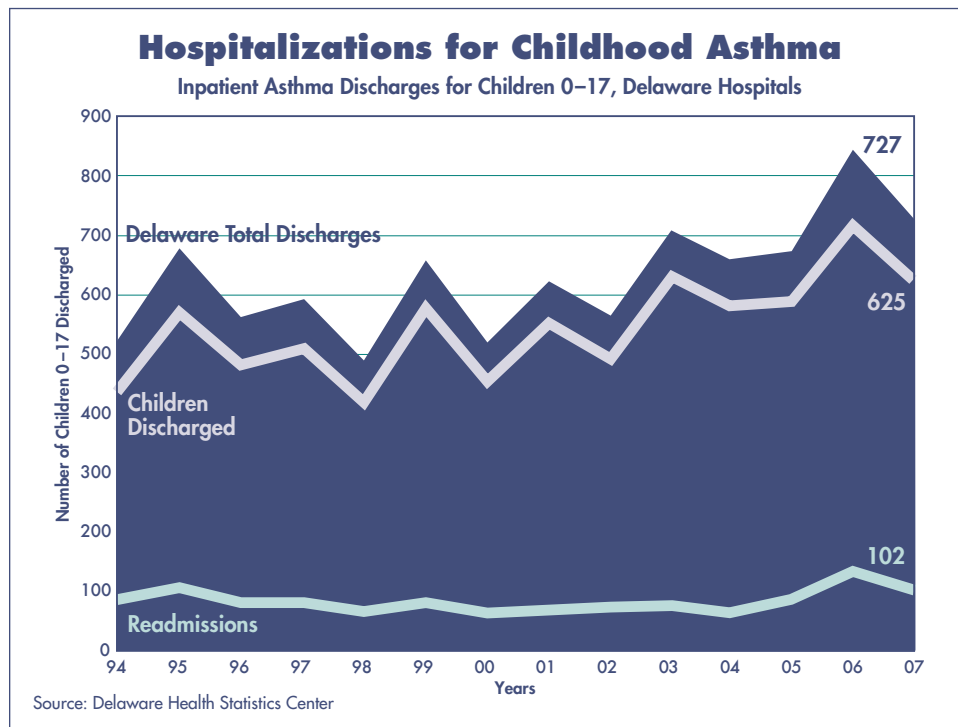
Childhood Asthma



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 breathing problems usually happen in episodes or attacks; the inflammation underlying asthma 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. Some of these environmental factors, such as dampness and mold, cockroaches, and inadequate ventilation, 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.



Did you know?

- Children with a family history of asthma are at greater risk of developing the disease.
- In children 6 years of age and older, doctors diagnose asthma with the same tests used to identify the disease in adults. Lung function tests (spirometry) measure how quickly and how much air a child can exhale. The child may have pulmonary function tests at rest, after exercising and after taking asthma medication. Allergy tests also may be part of the evaluation. In younger children, diagnosis can be difficult because lung function tests aren't accurate before 6 years of age. Some children also simply outgrow asthma-like symptoms over time. A child's doctor will rely on detailed information about symptom type and frequency when considering an asthma diagnosis in a young child. Sometimes a diagnosis is not made until later, after months or years of observing symptoms.
- For children younger than age 3 who have symptoms of asthma, many times doctors will use a "wait-and-see" approach. This is because the long-term effects of asthma medication on infants and young children aren't clear. If an infant or toddler has frequent or severe wheezing episodes, a course of medication may be prescribed to see if the wheezing improves symptoms.

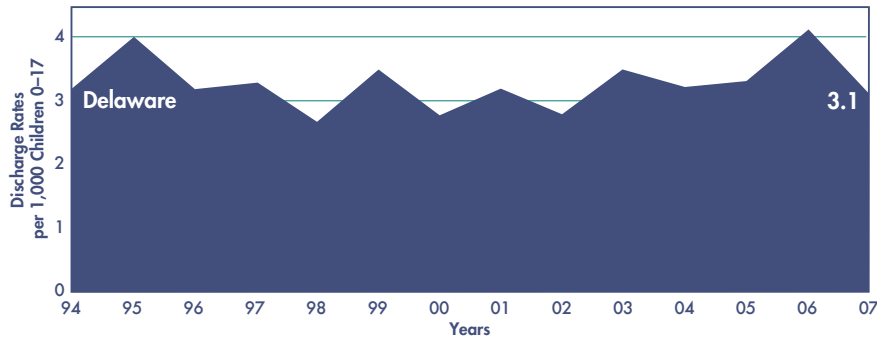
Discharge Rate – Number of inpatient asthma discharges for children 0–17 years of age per 1,000 children in the same aged group

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

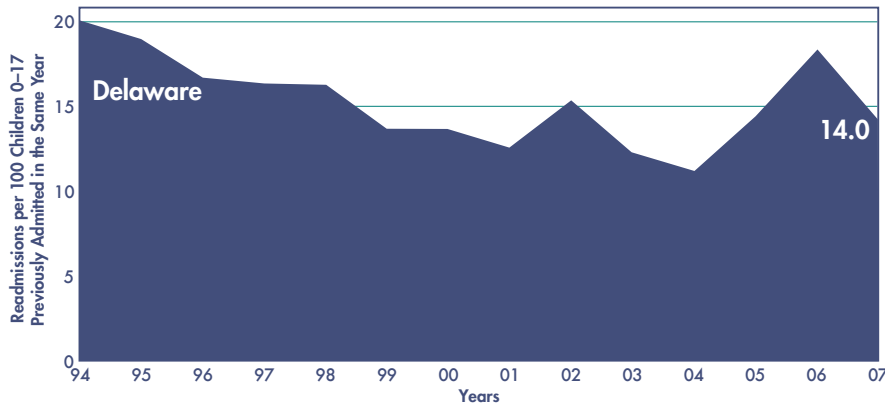
Discharge Rates for Childhood Asthma

Inpatient Asthma Discharges Rates for Children 0–17, Delaware Hospitals



Readmission Rates for Childhood Asthma

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



Source: Delaware Health Statistics Center



PUT DATA INTO ACTION



The Mayo Clinic offers suggestions of steps to take in order to reduce a child's exposure to things that trigger asthma symptoms, helping a child stay healthy and lessen the possibility of asthma attacks:

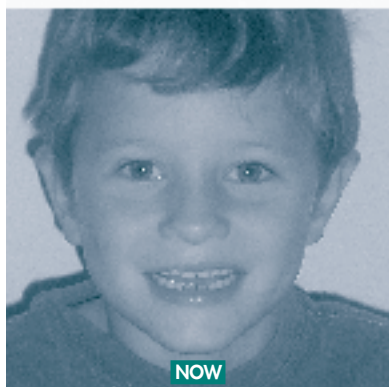
- Use an air conditioner. Air conditioning helps reduce the amount of airborne pollen from trees, grasses and weeds that finds its way indoors. Air conditioning also lowers indoor humidity and can reduce exposure to dust mites. If you don't have air conditioning, try to keep your windows closed during pollen season.
- Make homes more asthma friendly. Minimize dust that may aggravate nighttime symptoms by replacing certain items in a child's bedroom. For example, encase pillows, mattresses and box springs in dust-proof covers. Remove carpeting and install hardwood or linoleum flooring. Use washable curtains and blinds.
- Maintain low humidity. If you live in a damp climate, talk to a doctor about using a dehumidifier.
- Keep indoor air clean. Have a utility company check the home's air conditioner and furnace once a year. Change the filters in the furnace and air conditioner according to the manufacturer's instructions. Also consider installing a small-particle filter in the home ventilation system.
- Reduce pet dander. If a child is allergic to dander, it's best to avoid pets with fur or feathers. Regular bathing or grooming also may reduce the amount of dander in the child's surroundings.
- Clean regularly. Clean the home at least once a week.
- Reduce exposure to cold air. If a child's asthma is worsened by cold, dry air, a face mask can help.

Did you know? Researchers at the University of Cincinnati College of Medicine reported in the American Journal of Respiratory and Critical Care Medicine (December 2009) that infants exposed to outdoor traffic pollution and indoor endotoxin are at an increased risk for asthma than those with limited exposure. 36% of 3 year olds who, in infancy, were exposed to high levels of traffic pollution and endotoxin were found to suffer from persistent wheezing, an early warning sign of asthma and other lung conditions.

Table 31 152

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

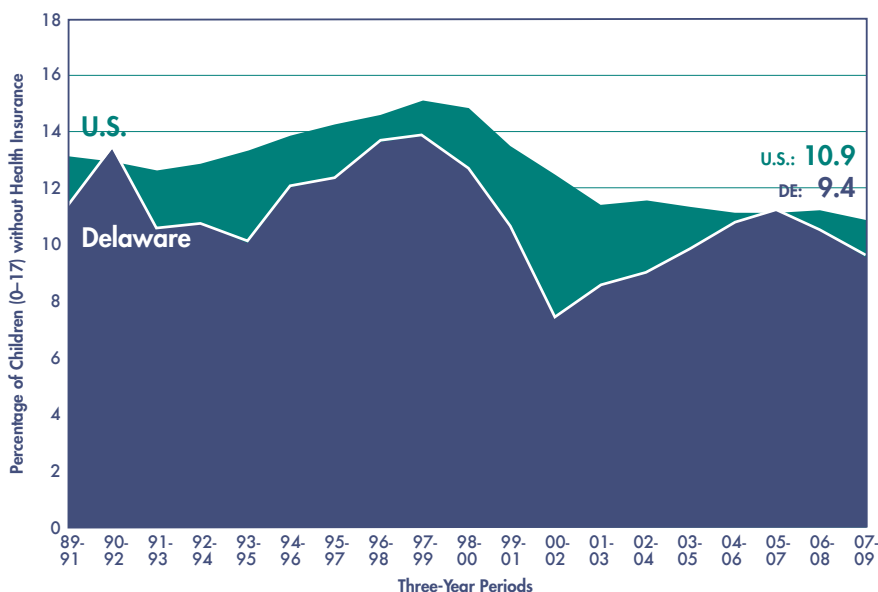
Children without Health Insurance



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.

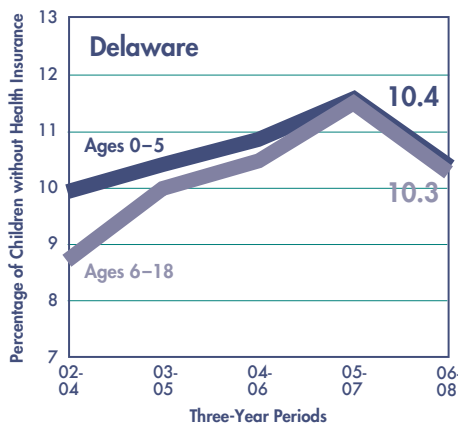
Health insurance can make it possible for children to receive access to preventive care as well as acute and chronic illness care. Improved access to effective health care means improvements in the children's health status over time, which can positively affect children's lives.

Children without Health Insurance Delaware Compared to U.S.



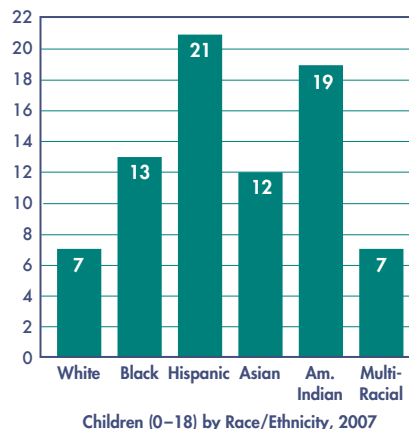
Source: Center for Applied Demography and Survey Research, University of Delaware

Delaware Children without Health Insurance by Age



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

U.S. Children without Health Insurance by Race/Ethnicity



Source: Kaiser Commission on Medicaid and the Uninsured

Delaware Healthy Children Program

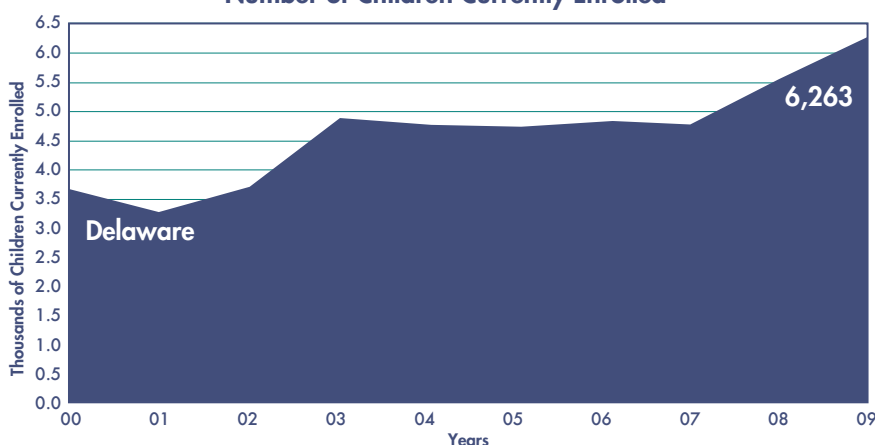
Applications and Enrollment through October, 2009

Applications mailed to families since the start of SCHIP	20,038
Total currently enrolled:	6,263
Total unduplicated DHCP enrollment for SFY 2009*:	12,992
Total ever enrolled**:	50,450

* Accounts for all unique children enrolled in DHCP over the course of the State's fiscal year.

** Total ever enrolled is an unduplicated count of both long-time participants in the Delaware Healthy Children Program and individuals who churn between DHCP and Medicaid but were eligible for DHCP for at least one month.

Number of Children Currently Enrolled



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



THEN: 2003



THEN: 2009



NOW

Did you know? The Delaware Healthy Children Program (DHCP) is a low-cost health insurance program for uninsured children under age 19 with family income below 200% of the Federal Poverty Level. DHCP offers the benefits of most private health insurance plans, including routine check-ups, eye exams, dental care, and doctor and hospital services. A monthly fee ranges from \$10 to \$25 per month depending on income, without co-pays. For more information on eligibility and the Delaware Healthy Children Program, call toll free 1-800-996-9969 or write to DHCP at P.O. Box 950, New Castle, DE 19720-9914.

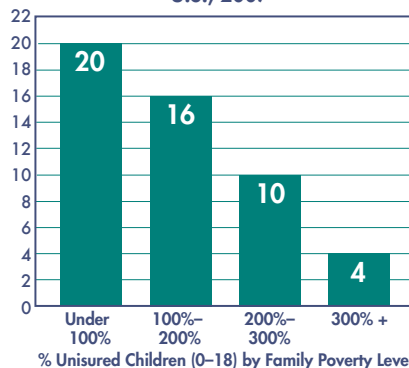
Did you know? In their 2009 session, Delaware legislature extended the Delaware's Children's Health Insurance Program (CHIP) to include low-cost health insurance coverage for children of families with personal incomes above 200% of the federal poverty level.

Did you know? U.S. states with a higher percentage of uninsured children had higher infant mortality rates. States with a higher percentage of uninsured children had proportionally more women who gave birth with limited prenatal care.

Source: KIDS COUNT 2008 Research Highlights

Children without Health Insurance by Poverty Level

U.S., 2007



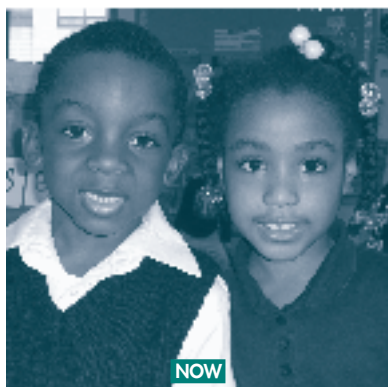
Source: Kaiser Commission on Medicaid and the Uninsured

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www.aecdp.org	
www.state.de.us/dhcc	
www.childrensdefense.org	
www.dhss.delaware.gov/dhss/dss/dhqpfaq.html	
www.delawareuninsured.org/	
www.familiesusa.org	

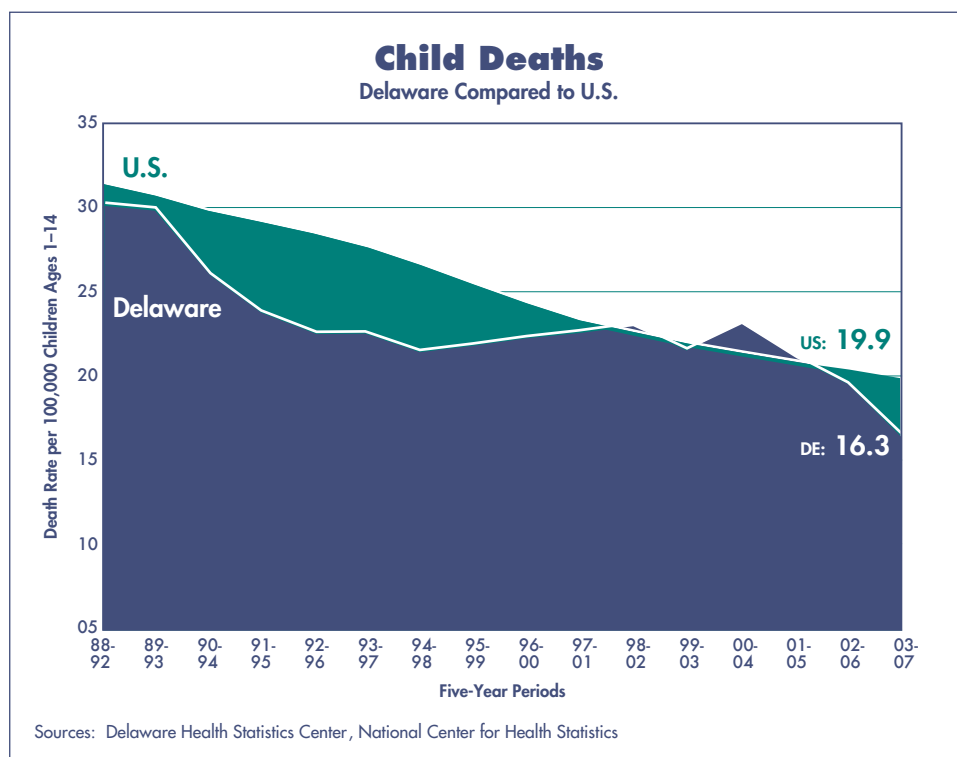
KIDS COUNT INDICATOR

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 injuries are the leading cause of death among children in the U.S. One out of four occupant deaths among children ages 0 to 14 involved a drinking driver.
- Drowning is the second leading cause of injury death among children 14 years and younger. For every child who drowns, three receive emergency department care for non-fatal submersion injuries.
- Among children 0 to 14 years, traumatic brain injuries result in an estimated 400,000 emergency department visits each year.
- Each year in the United States, hospital emergency rooms treat more than 200,000 children ages 14 and younger for playground-related injuries.
- Children younger than 4 years are at greatest risk of severe injury or death. In 2006, children younger than 4 years accounted for 79% of child maltreatment fatalities, with infants under 1 year accounting for 44% of deaths.

Source: Centers for Disease Control and Prevention www.cdc.gov/

Did you know?

In February, 2010, the British medical journal the *Lancet* fully retracted the 1998 paper that suggested a link between measles-mumps-rubella (MMR) vaccines and autism. The retraction came after the General Medical Council (GMC) of Britain ruled that the paper's author, Dr. Andrew Wakefield, acted "dishonestly and irresponsibly" and showed "callous disregard" for the children in the study. As the GMC considered removing Dr. Wakefield's license, the *Lancet* said it "fully retract[s] this paper from the published record."

In February, 2010, the *Lancet* also reported the largest outbreak of measles virus infection since the vaccine became available. A British child died of measles in 2006, the first in more than a decade, and confirmed cases of measles in England and Wales rose 36% from 2007 to 2008.

Sources: The Lancet's Vaccine Retraction, *The Wall Street Journal*, Feb. 3, 2010. Prevention is better than cure, Leszek K Borysiewicz PhD, *The Lancet*, Vol. 375, Feb. 6, 2010

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

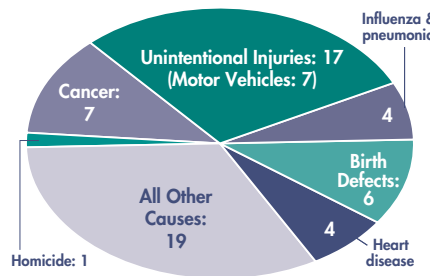
Unintentional Injuries – accidents, including motor vehicle crashes



Child Deaths Children 1-14

Causes of Death of Children 1-4

Delaware, 2003–2007

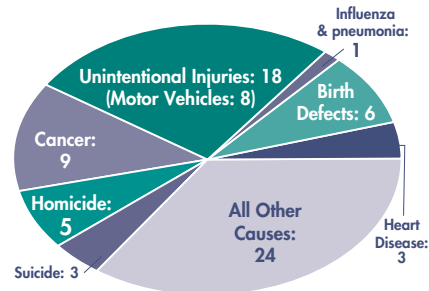


Total Number of Deaths
in five-year period: 69 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5-14

Delaware, 2003–2007



Total Number of Deaths
in five-year period: 82 Children

Source: Delaware Health Statistics Center

PUT DATA INTO ACTION



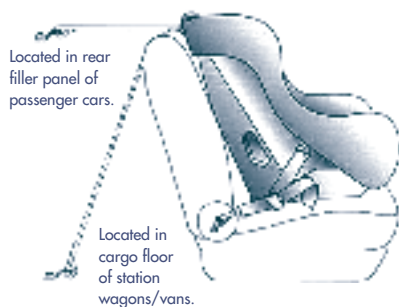
Delaware's Child Restraint Law reads:

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 pounds, whichever comes first.

Additionally, children 8 through 15 years old are required to be properly secured in a seatbelt. The fine for violating the law is \$25.00

And children 12 years or older who are under 65 inches in height are still required to sit in the back seat if there are active airbags in the front passenger seating position.

Universal Anchor Systems: Beginning in 2002, installing a child safety seat became much easier for many parents. That's because all new child safety seats and all new motor vehicles (except SUV's) made after this date must be equipped with a new system called L.A.T.C.H. which stands for Lower Anchors and Tethers for Children. If you have LATCH systems on both your car seat and in your vehicle seat, putting in a child restraint system can literally be a snap! The LATCH system on a child safety seat consists of a tether strap and hook at the top and two more hooks (either on two separate straps or on one continuous strap) on either side of the base of the safety seat. The LATCH system in vehicles consists of three little bars to attach the hooks to. Two of them will be found in the crack of the back and bottom vehicle seats. The third for the top tether to attach to will be found behind the



seat on a rear shelf or panel for 4-door vehicles or behind the seat in the floor or attached to the back of the seat frame in minivans. To use this system, parents place the child seat in the vehicle seat, connect all the hooks, put their weight in the seat and then pull to tighten. For parents who drive a vehicle made prior to the LATCH system, all new seats made with the LATCH system are required to be able to be used in the traditional way with seatbelts.



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www.cdc.gov/ncipc/duip/duip.htm	

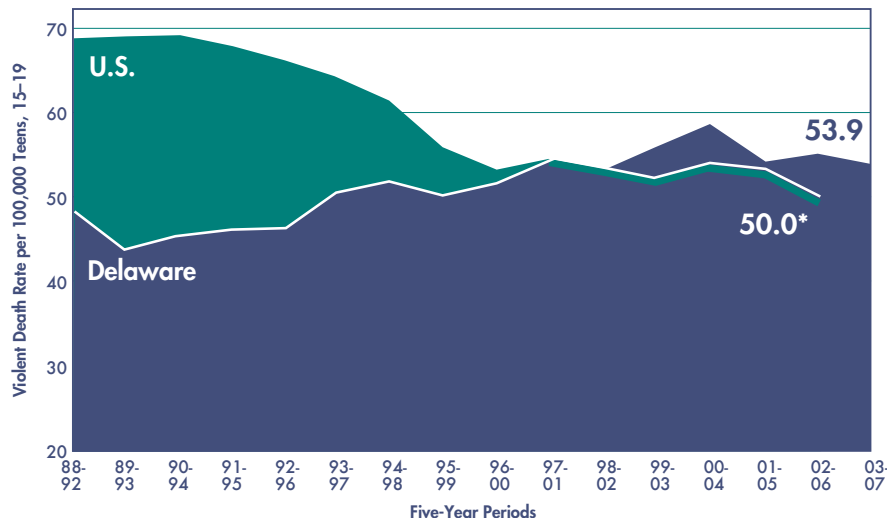
Teen Deaths by Accident, Homicide, & Suicide



As children age into their middle and late teenage years, 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.

Teen Deaths by Accident, Homicide, and Suicide

Delaware Compared to U.S.

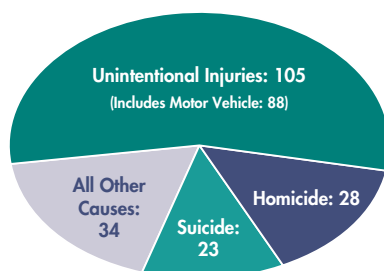


Sources: Delaware Health Statistics Center, National Center for Health Statistics

*U.S. data not available for 2003-07

Deaths of Teens 15-19

Number in Delaware by Cause and Gender, 2003-2007



Total in 5-year Period: 192 Teens
134 Males, 58 Females

Source: Delaware Health Statistics Center

Deaths of Teens 15-19

Number in Delaware by Cause, 2007

Motor Vehicle Crashes	9 males 4 females
Suicide	2 males 3 females
Homicide	5 males 0 females
All Other Causes	9 males 2 females

Total Number of Deaths: 34 teens

Source: Delaware Health Statistics Center

PUT DATA INTO ACTION



According to the Pew Research Center, one in four (26%) of American teens of driving age say they have texted while driving and half (48%) of all teens ages 12 to 17 say they've been a passenger while a driver has texted behind the wheel. Boys and girls are equally likely to report texting behind the wheel as well as riding with texting drivers. As teens get older, they are more likely to report riding with drivers who text.¹

According to the AAA Foundation for Traffic Safety, studies have used the cell phone records of drivers involved in accidents to illustrate that the risk of being in a crash can increase four-fold with the use of a cell phone while driving.²

1 Pew Research Center. <http://pewinternet.org/Reports/2009/Teens-and-Distracted-Driving.aspx>

2 AAA Foundations for Traffic Safety, Cell Phones and Driving: Research Update (December 2008)

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

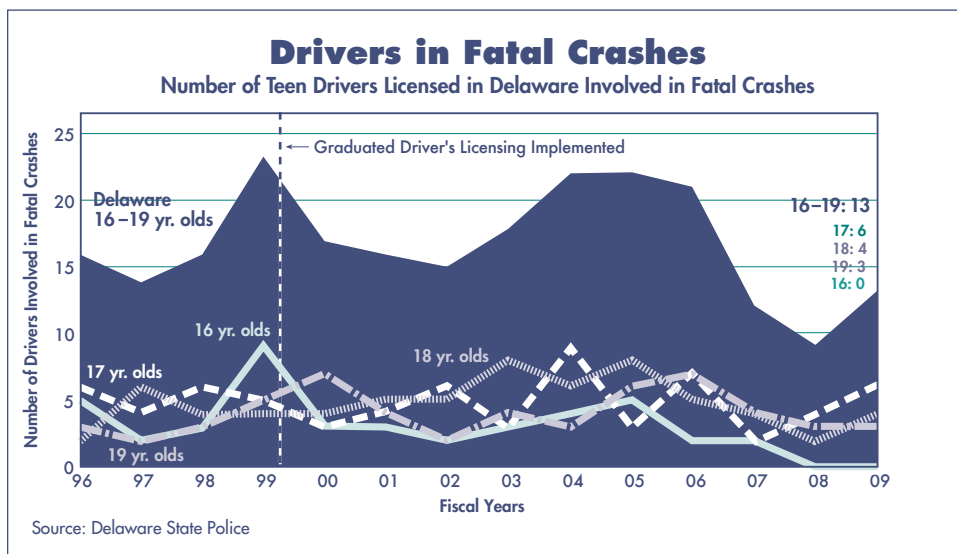
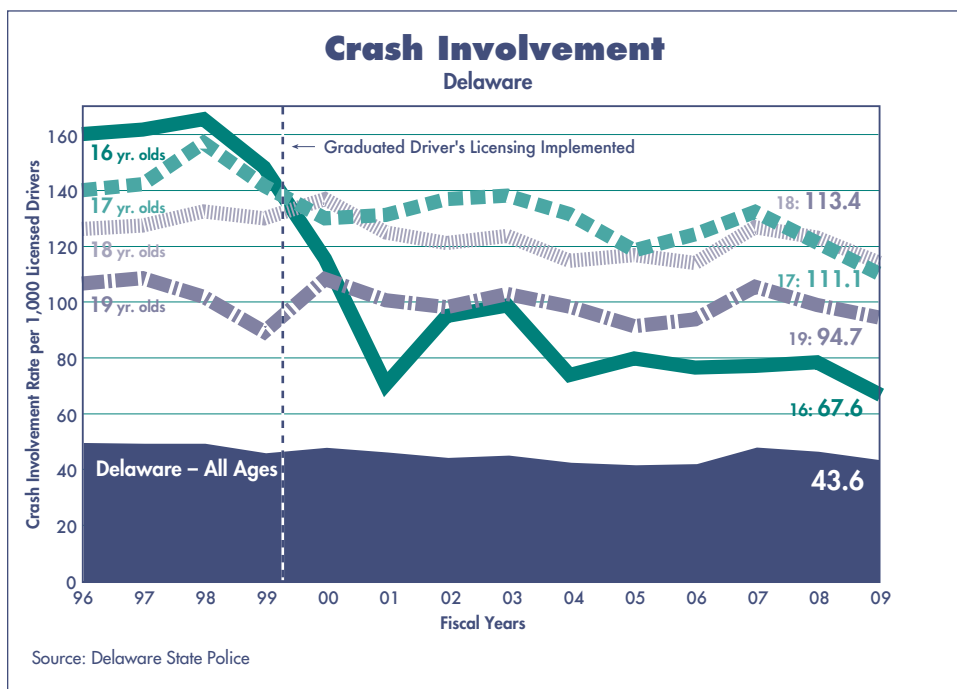
Unintentional Injuries – accidents, including motor vehicle crashes

Teen Deaths by Accident, Homicide, & Suicide

Impact of Graduated Driver's License on 16-Year-Old Driver Crashes in Delaware

Delaware's Graduated Driver's Licensing (GDL) program was enacted on July 1, 1999, and Delaware has since 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.

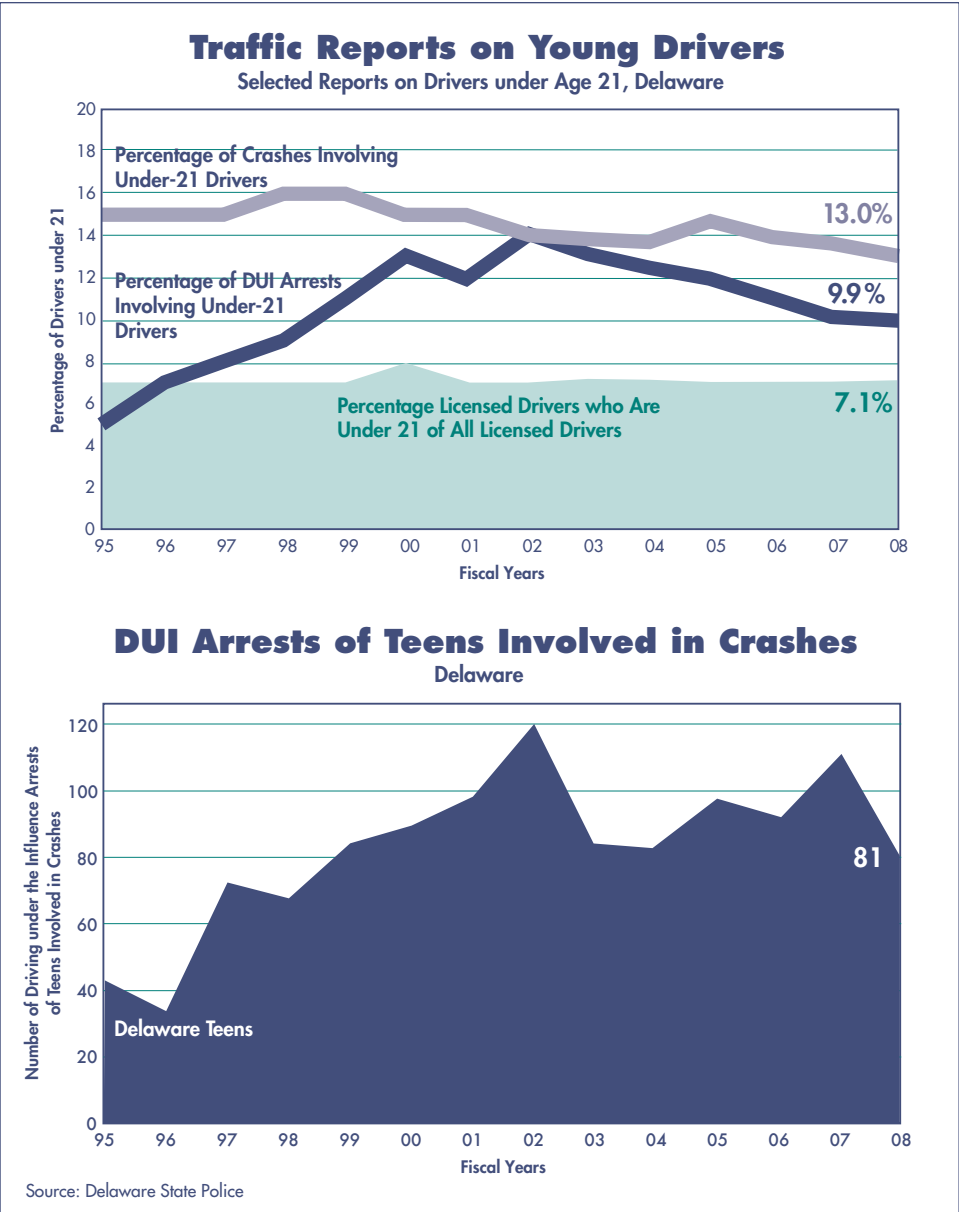
Source: Delaware Division of Motor Vehicles. www.dmv.de.gov/services/driver_services/drivers_license/dr_lic_grad_dl.shtml



Did you know? Teens driving with teen passengers are at especially high risk for motor vehicle crashes. This risk increases as the number of teen passengers increases.

Source: Centers for Disease Control http://www.cdc.gov/MotorVehicleSafety/Teen_Drivers/teendrivers_factsheet.html

Teen Deaths by Accident, Homicide, & Suicide



Did you know? Car accidents are the number one killer of teens. More than 5,000 teen die in automobile accidents each year. Some of the factors that can increase the risk of a teen accident include speeding, which can be linked to 35% of crash deaths involving young people, the use of a cell phone (increases the crash risk by 300%), and having a passenger in the vehicle (one passenger increases the fatal crash risk by 48%, a second passenger by 158%). There is also a greater danger for teen drivers after dark, with over half of accidents taking place at night.

Source: Reader's Digest Special Report August 08

For more information see

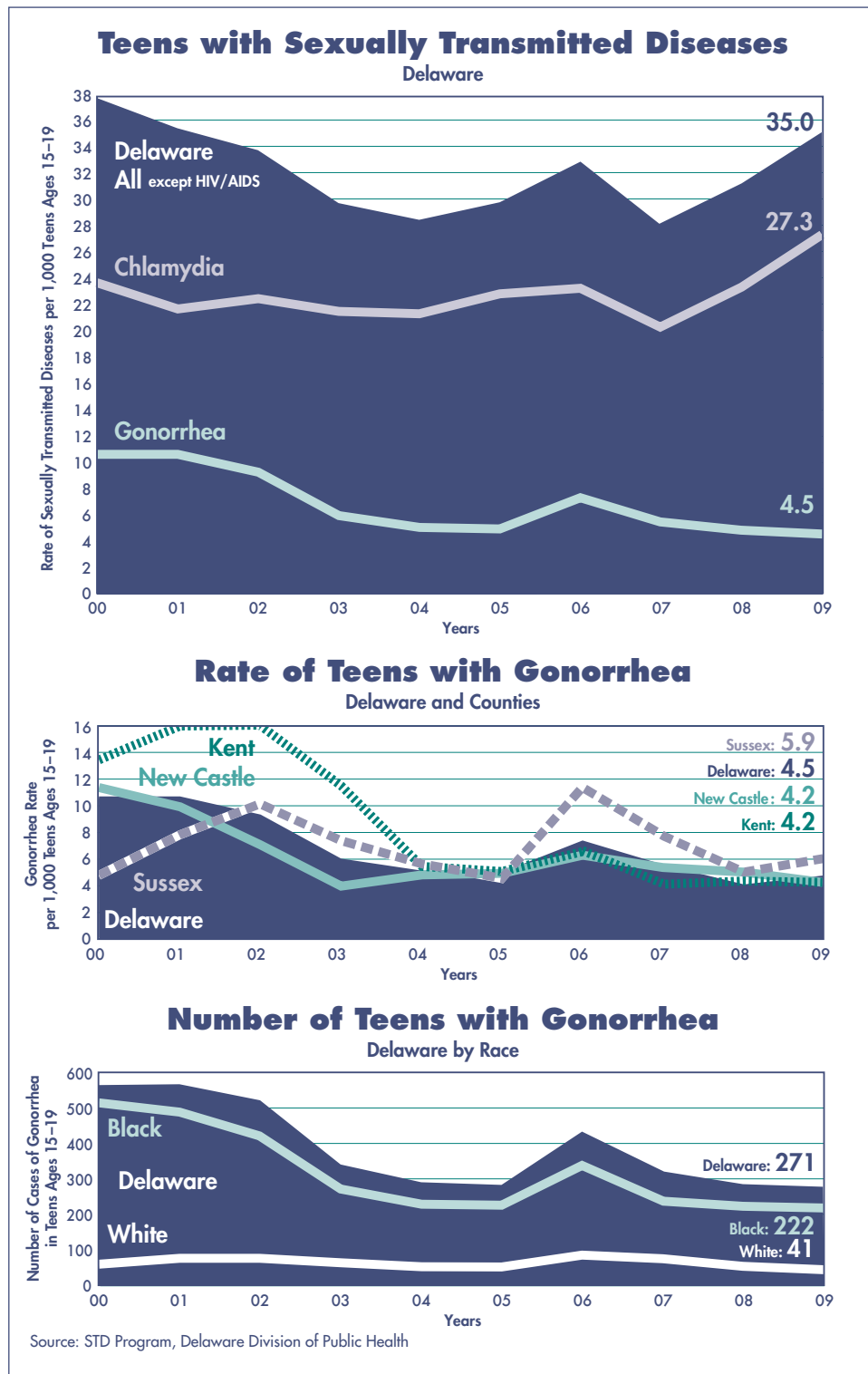
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www.ihs.org	
www.talkingwithkids.org	



According to the Teen and Child Motor Vehicle Crash Data Analysis produced by the Montana and South Dakota KIDS COUNT organizations, there are certain predictors of fatal teen car accidents: the portion of a state's highway that is rural, the portion of the high students who drove while drinking alcohol, the portion of high school students who had used tobacco at least once in the past month, and the prevalence of single-parent families.

Source: Teen and Child Motor Vehicle Crash Data Analysis, KC Montana/S.Dakota 12/2008

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 are not widespread. The social stigma and lack of public awareness concerning STDs often inhibits frank discussion about risks, symptoms, transmission, and the need for testing. 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.



For more information see

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www.thebody.com
www.agi-usa.org/sections/sti.php
www.plannedparenthood.org
www.cdc.gov/hiv/pubs/facts.htm

Alcohol, Tobacco, & 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.

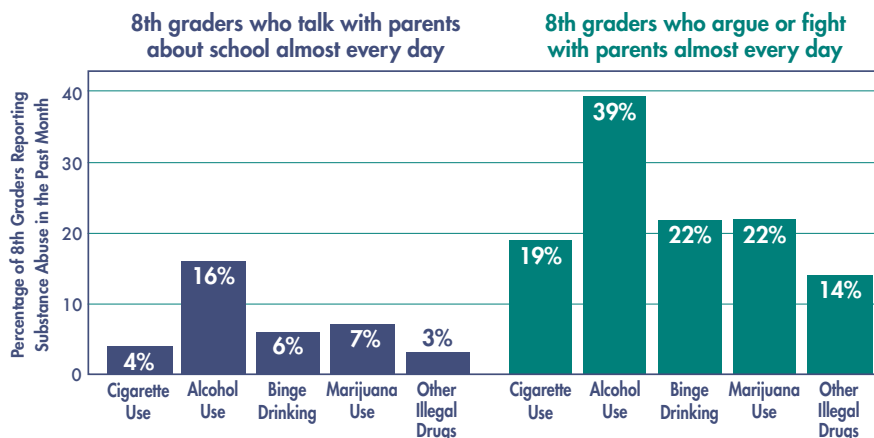
Periods of transition are considered high-risk periods for drug use. Children are likely to encounter drugs for the first time in the early adolescence, when they advance from elementary school to middle school and they experience new academic and social situations. When they transition to high school, 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.



Teen Substance Abuse and Relationship to Parents

Delaware, 2009



Source: Delaware School Survey 2009. Center for Drug and Alcohol Studies, University of Delaware

Did you know? 30.8% of Delaware children live in households where someone smokes, compared to 26.2% of U.S. children.

Source: 2007 National Survey of Children's Health, www.nschedata.org

PUT DATA INTO ACTION



Avoid that first cigarette: Teens can get hooked on just one

As reported in *The Journal of Family Practice*, research leads Dr. Joseph R. DiFranza, a family health and community medicine specialist at the University of Massachusetts Medical School in Worcester, to conclude that "very soon after that first cigarette, adolescents can experience a loss of autonomy over tobacco."

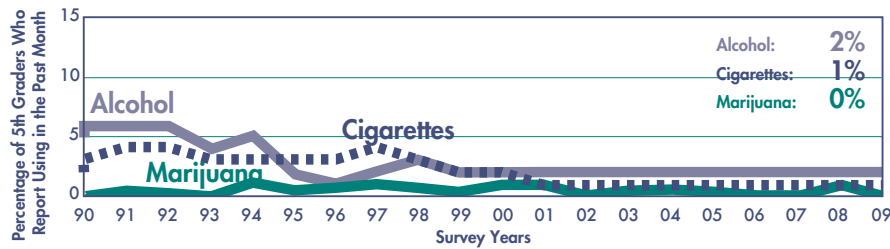
The *New York Times* quotes Dr. DiFranza: "We have long assumed that kids got addicted because they were smoking 5 or 10 cigarettes a day. Now we know that they risk addiction after trying a cigarette just once."

Source: *New York Times*. <http://www.nytimes.com/2008/02/12/health/12brod.html?scp=2&sq=joseph%20difranza&st=cse>

Alcohol, Tobacco, & Other Drugs

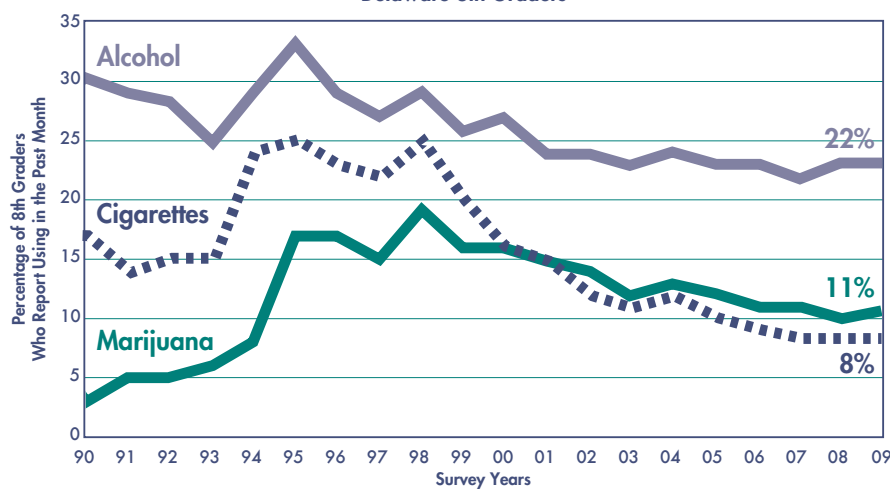
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



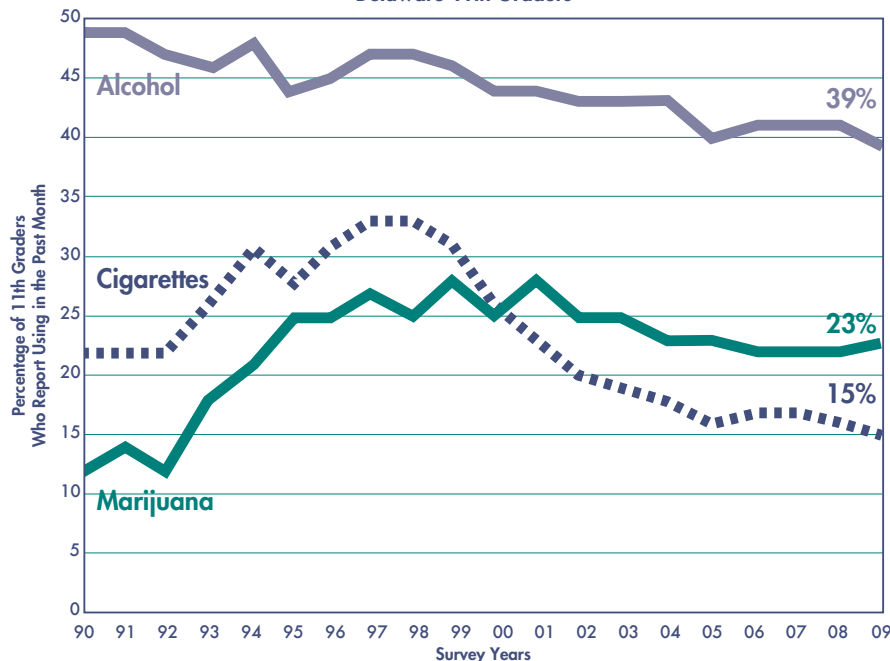
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders



Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders



Source: Delaware School Survey 2009, 5th graders: 8,006 responses. 8th graders: 6,030 responses. 11th graders: 5,414 responses. Center for Drug and Alcohol Studies, University of Delaware



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www.udetc.org

www.al-anon-alateen.org

www.tobaccofreekids.org

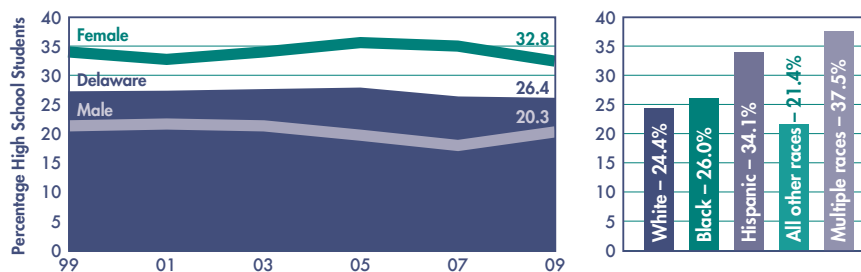
www.udel.edu/delawaredata/



Mental health is important at every stage in life. Like adults, children can have mental health challenges and disorders that can influence their way of thinking, feeling, and acting. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, or even suicide. These disorders can be very costly to children, families, communities, and the healthcare system. The causes of the disorders can be biological such as genetics, chemical imbalances in the body, or damage to the central nervous system. Environmental factors also put children at risk for developing mental health disorders. These include exposure to violence, including witnessing or being a victim of physical or sexual abuse, loss of people through death, separation, divorce or broken relationships, factors related to poverty, exposure to environmental toxins such as high levels of lead, as well as other hardships. Early mental health intervention may significantly reduce the negative effects of mental health problems and promote healthy functioning. The Delaware Division of Child Mental Health Services' intake phone numbers (302-633-2571 or 1-900-722-7710) can answer questions about how to access mental health services.

Feeling Sad or Hopeless

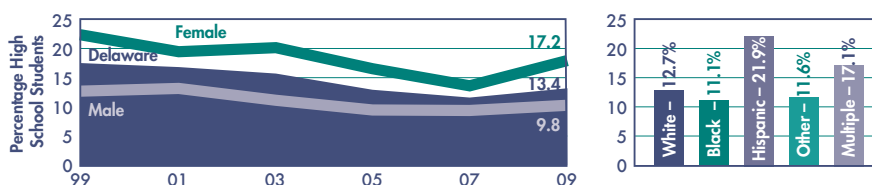
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?



Source: Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Considering Suicide

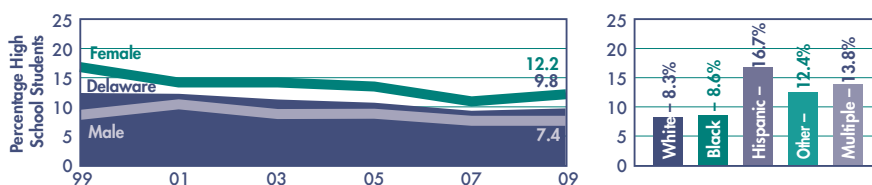
During the past 12 months, did you ever seriously consider attempting suicide?



Source: Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Planning Suicide

During the past 12 months, did you make a plan about how you would attempt suicide?



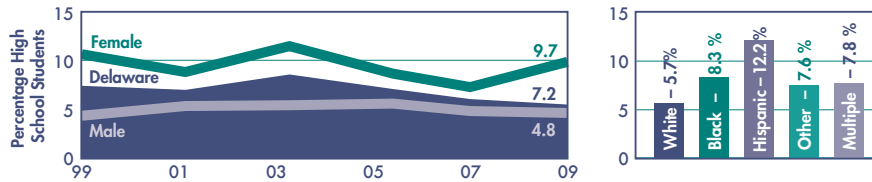
Source: Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Did you know? 76.9% of Delaware children age 2-17 with problems requiring counseling received mental health care, compared to 60.0% of U.S. children.

Source: 2007 National Survey of Children's Health, www.nschoadata.org

Attempting Suicide

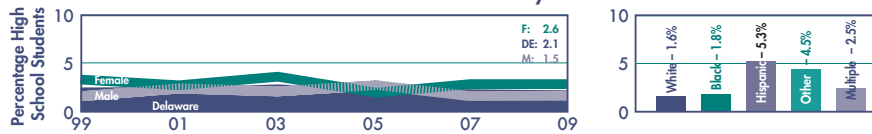
During the past 12 months, how many times did you actually attempt suicide?
One or more times:



Source: Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

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?



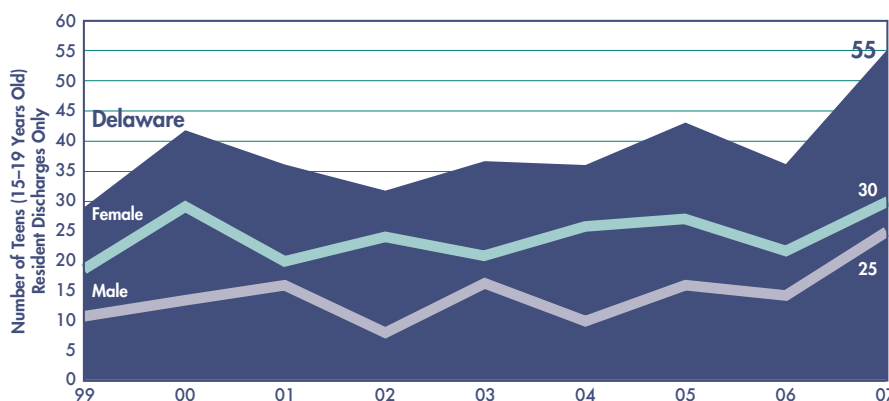
Source: Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Did you know? In 1996–2005 suicide was the second leading cause of death for youths and young adults in Delaware; for Delawareans of all ages, suicide was the 11th leading cause of death.

Source: Delaware Health Statistics Center

Self-inflicted Injury Hospitalizations

Number of Teen (15–19) Hospitalizations due to Suicide and Self-inflicted Injuries, Delaware



Source: Delaware Health Statistics Center

Teen Suicides

Number of Teen (15–19 years) Deaths due to Suicide, Delaware



Source: Delaware Health Statistics Center



For more information see

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Delaware Division of Child Mental Health Services
(to access mental health services)..... 302-633-2571
..... 1-900-722-7710

www.kidshealth.org/teen/your_mind/mental_health/suicide.html

Childhood Obesity

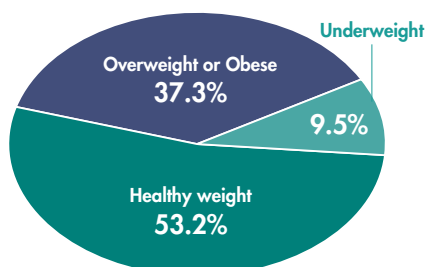


Over the past three decades, childhood obesity has risen dramatically across the nation. This increase in obese children is of concern because of the health consequences that children may face. Obese children have an increased risk for developing high cholesterol, hypertension, type 2 diabetes, metabolic syndrome, and many other conditions and diseases. Parents, as well as 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, 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.



Childhood Obesity

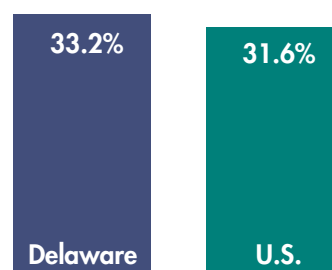
Delaware, 2006*



Weight status of Delaware children 2-17 based on Body Mass Index for age, 2006

Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2006 Delaware Survey of Children's Health.

Delaware compared to U.S., 2007**

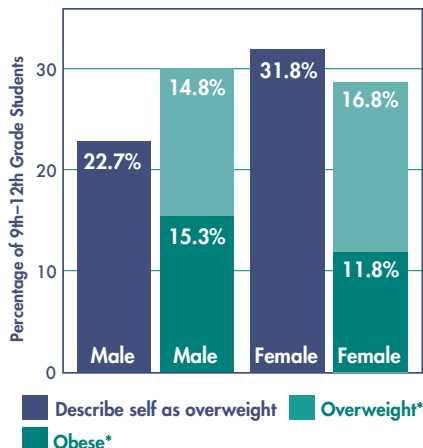


Percentage of children ages 10-17 who are overweight or obese, Delaware and U.S., 2007

Source: Childhood Obesity Action Network. State Obesity Profiles, 2009. National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative

Individual Physique: Perception vs. Actuality

Teens who describe themselves as slightly/very overweight compared to teens who are overweight or obese* Delaware, 2008



* Calculated body mass index from reported height and weight

Source: CDC Youth Risk Behavior Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

Did you know? 42.3% of Delaware children live in neighborhoods with a park, sidewalks, a library, and a community center, compared to 48.2% of U.S. children.

Source: 2007 National Survey of Children's Health, www.nschedata.org

PUT DATA INTO ACTION



The National Initiative for Children's Healthcare Quality recommends a 5-point strategy for preventing childhood obesity:

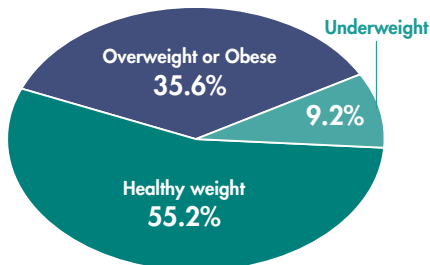
- Breast feeding
- Tracking children's weight using the body mass index (BMI)
- Fewer than 2 hours of screen time per day for children (and no TV in rooms where children sleep)
- Greater than one hour of physical activity per day
- No sugar sweetened beverages

Source: National Initiative for Children's Healthcare Quality, www.nichq.org

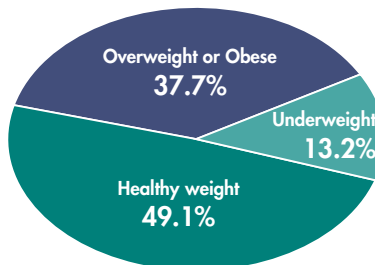
Weight Classification of Children Ages 2-17

Delaware Counties and Wilmington, 2006

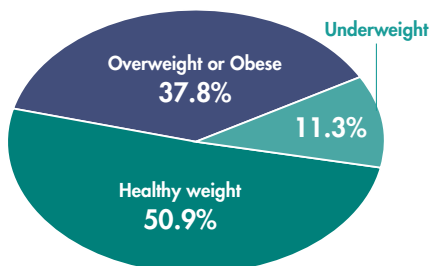
New Castle County
excluding Wilmington



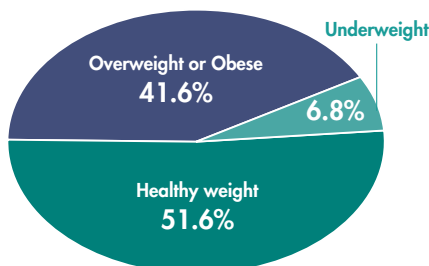
Wilmington



Kent County



Sussex County

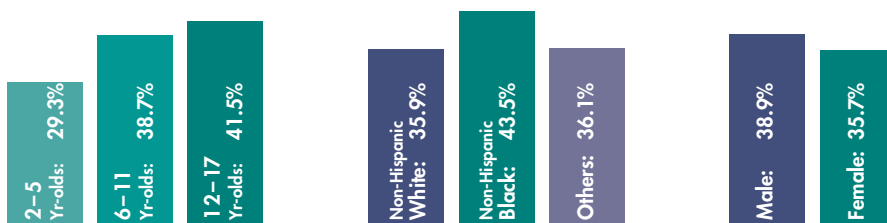


Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2006 Delaware Survey of Children's Health.



Childhood Obesity by Age, Race, and Gender

Delaware, 2006



Percentage of children who are overweight or obese

Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2006 Delaware Survey of Children's Health.

Did you know?

- Data from the National Health and Nutrition Examination Survey (NHANES) shows a dramatic increase in childhood obesity in the U.S. in the last 25 years.

Prevalence of obesity for survey years	76-80	88-94	99-02	03-06
Children aged 2-5 years	5.0%	7.2%	10.3%	12.4%
Children aged 6-11 years	6.5%	11.3%	15.8%	17.0%
Youth aged 12-19 years	5.0%	10.5%	16.1%	17.6%

- Obese children and adolescents are more likely to become obese as adults. According to studies
 - Approximately 80% of children 10-15 who were overweight were obese adults at age 25 years.
 - 25% of obese adults were overweight as children.
 - If overweight begins before 8 years of age, obesity in adulthood is likely to be more severe.

Source: Centers for Disease Control. (2009, October 20). CDC Childhood Overweight and Obesity. <http://www.cdc.gov/obesity/childhood/index.html>

DELAWARE CHILDREN SPEAK

Health & Health Behavior

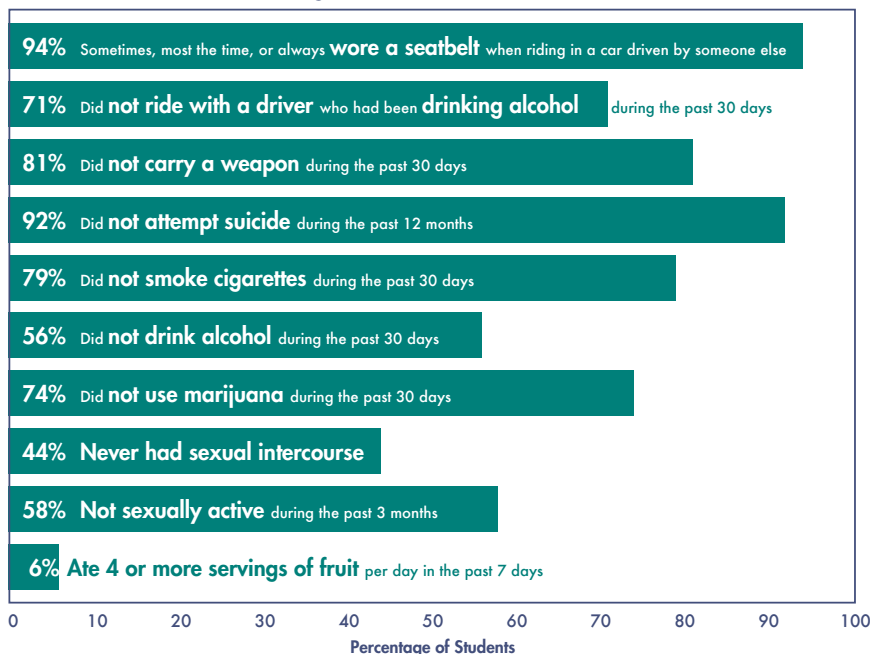


Since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered an annual survey to public school students about alcohol, tobacco, and drug use. This study is supported by the Office of Prevention with the cooperation of the Department of Education and the Delaware 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**.



Teen Lifestyle Choices

Delaware High School Students Grades 9–12, 2009



Source: CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Healthy Youth! School Health Profiles from the CDC

Percentages, Delaware and Median among 36 participating States, 2006

	Delaware	Median
Schools that require students to take 2 or more health education courses	50.8	43.0
Schools in which the lead health education teacher		
– had professional preparation in health education	74.2	45.5
– received staff development in the past two years on HIV prevention	39.5	43.7
– received staff development in the past two years on asthma awareness	12.0	19.2
Schools that, in a required health education course, tried to		
– improve student skills in resisting peer pressure to engage in unhealthy behavior	91.7	86.0
– increase students' knowledge on STD prevention	85.1	79.9
– increase students' knowledge on pregnancy prevention	83.4	80.0
– teach that abstinence is most effective method to avoid pregnancy, HIV, and STDs	87.9	78.0
– teach how to correctly use a condom	43.8	24.3
Schools in which a student would be permitted to carry and self-administer a prescription quick-relief inhaler for asthma	51.4	76.0
Schools that had, or participated in, a program to prevent bullying	56.8	65.1

Source: Centers for Disease Control and Prevention. www.cdc.gov/HealthyYouth/profiles/topic_facts.htm

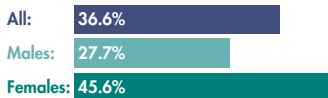
Weight Control

Step taken in the last 30 days to lose weight or keep from gaining weight
Delaware, 2009

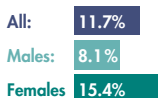
Exercised



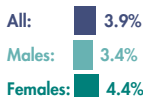
Ate less food, fewer calories or low-fat food



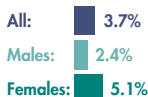
Went without eating for 24 hours or more



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



Vomited or took laxatives

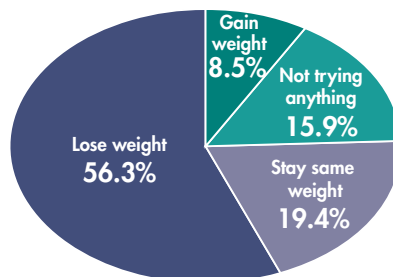


Source: Responses from 9th–12th grade students.
CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

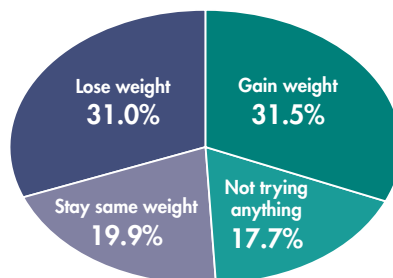
Concern about Weight

Which of the following are you trying to do about your weight?
Delaware, 2009

9–12th Grade Females



9–12th Grade Males



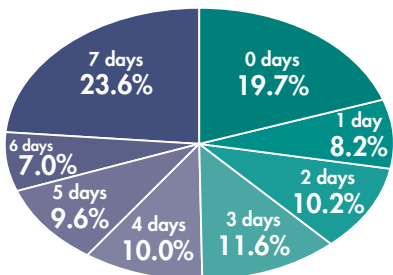
Source: Responses from 9th–12th grade students.
CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware



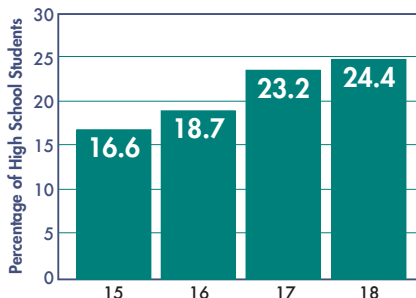
Strenuous Physical Activity

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, 2009

9–12th Graders



Students reporting 0 days activity by age



Source: Responses from 9th–12th grade students.
CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

For more information see

Childhood Obesity 54

www.udel.edu/delawaredata/

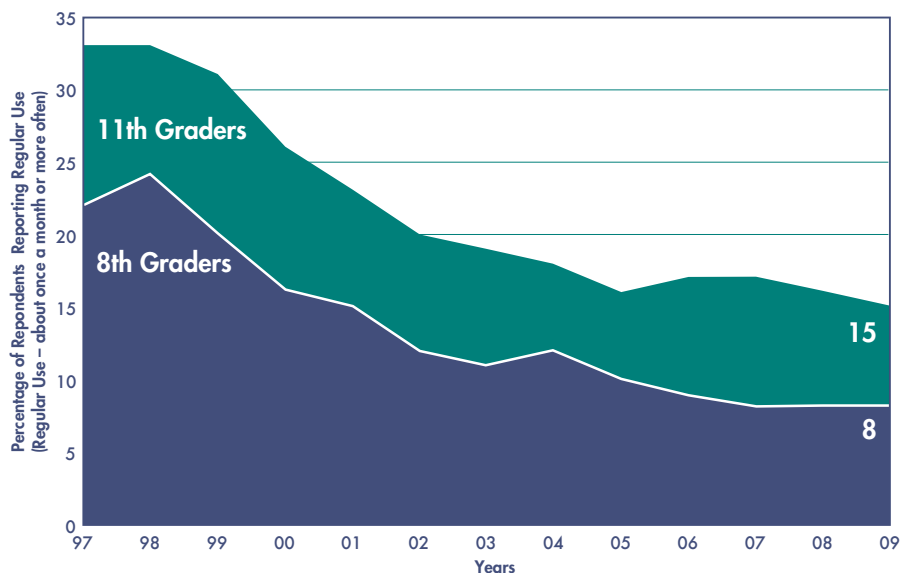
www.cdc.gov/HealthyYouth/yrbs/

DELAWARE CHILDREN SPEAK Health & Health Behavior



Declining Past Month Cigarette Use

Delaware 8th and 11th Graders

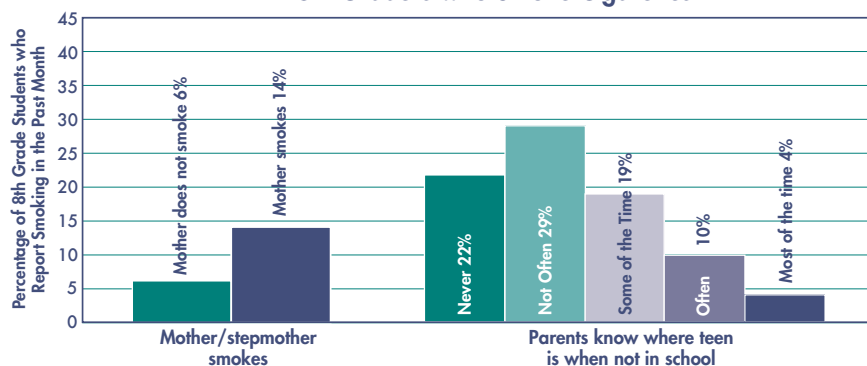


Source: Delaware School Survey 1997–2009, Center for Drug and Alcohol Studies, University of Delaware

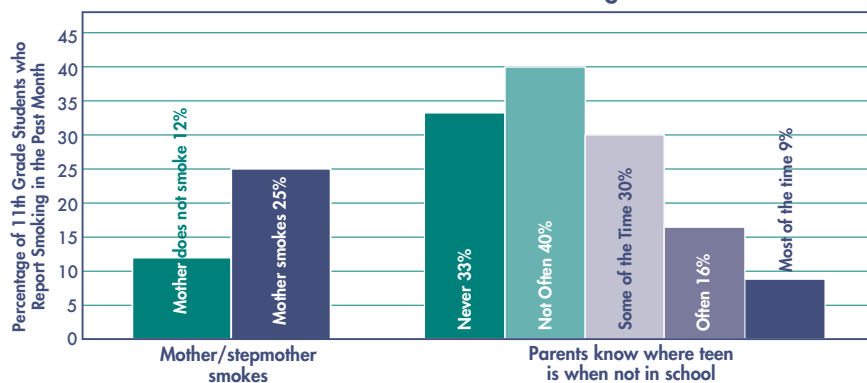
Parents Influence Teen Smoking

Delaware, 2009

8th Graders who Smoke Cigarettes



11th Graders who Smoke Cigarettes



Source: Delaware School Survey 2009, 8th graders: 6,030 responses. 11th graders: 5,414 responses. Center for Drug and Alcohol Studies, University of Delaware

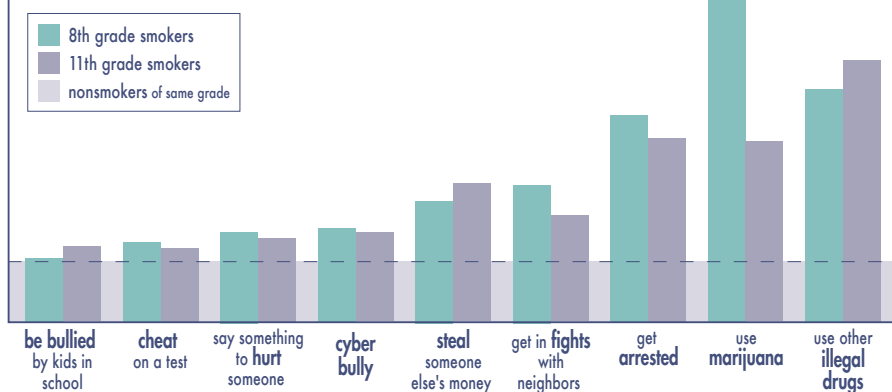
Youth Cigarette Use

8th and 11th Graders, Delaware, 2009



Source: CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Smokers likelihood of risk behavior compared to non-smokers



Source: CDC Youth Risk Behavior Survey 2007, Center for Drug and Alcohol Studies, University of Delaware



THEN: 2003



NOW

For more information see

Alcohol, Tobacco, and Other Drugs 50

www.udel.edu/cdas/

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

DELAWARE CHILDREN SPEAK

Health & Health Behavior



Did you know?

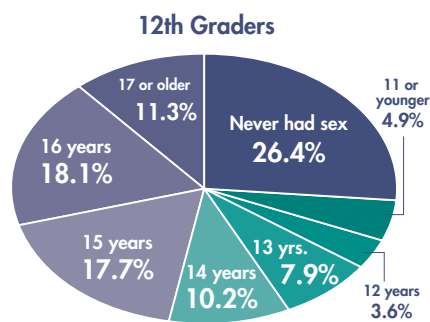
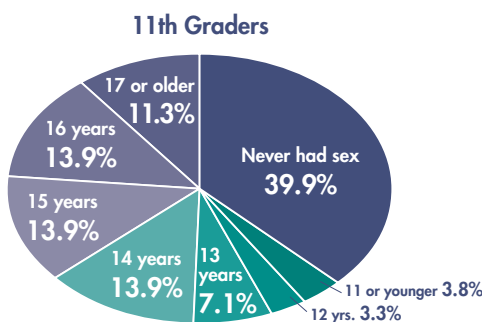
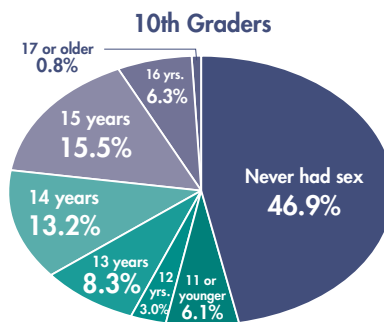
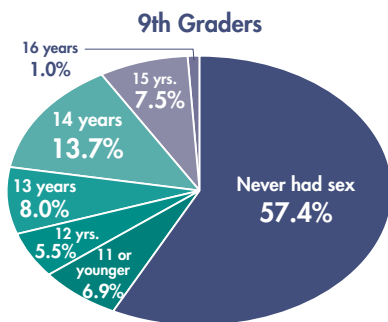
According to the Youth Risk Behavior Survey 2009

- 10% of Delaware 9-12th graders answered yes to “have you ever been physically forced to have sexual intercourse when you did not want to.”
- 80% of Delaware 9-12th graders had a boyfriend or girlfriend during the past 12 months, of those students who had a boyfriend or girlfriend,
 - 11% were hit, slapped, or physically hurt by a boyfriend or girlfriend during the past 12 months.
 - 16% had a boyfriend or girlfriend say things to them or to other people to purposely hurt them.
 - 6% of the students listed above reported both verbal and physical abuse.



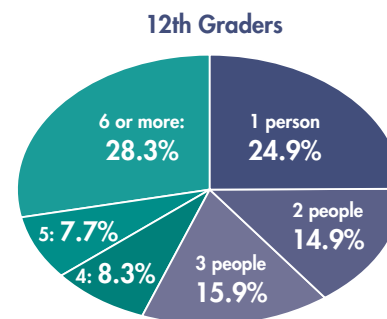
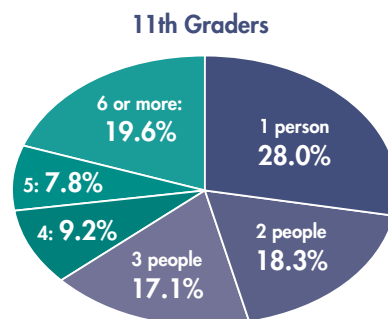
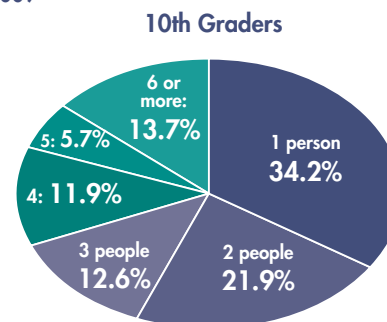
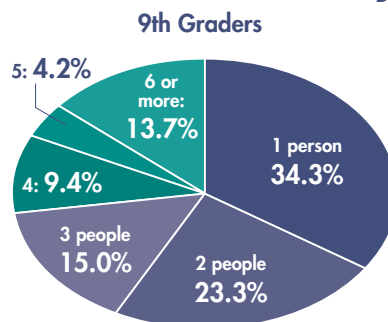
Sexual Activity

How old were you when you had sexual intercourse for the first time?
Delaware, 2009



Sexual Activity

Of those who are sexually active,
with how many people have you had sexual intercourse?
Delaware, 2009

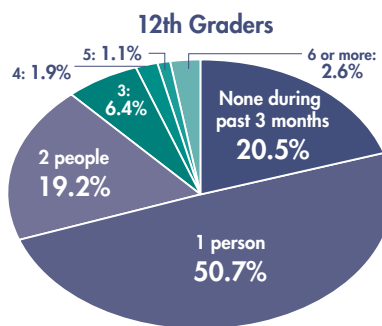
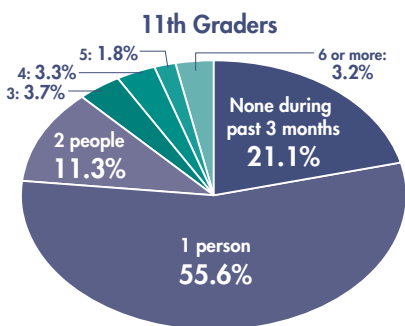
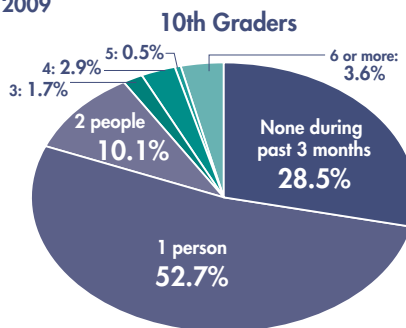
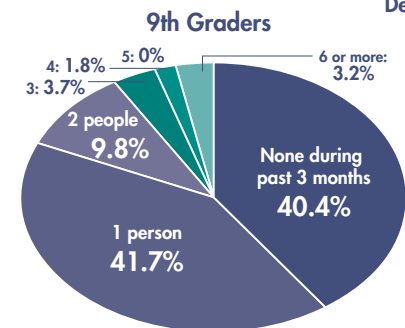


Note: All students did not answer every question, causing percentages to vary.

Source: CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

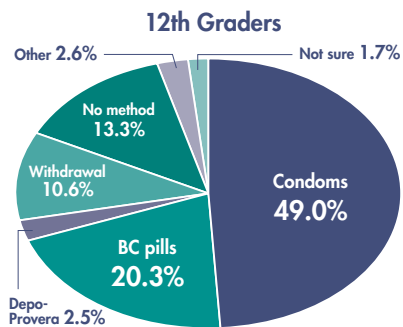
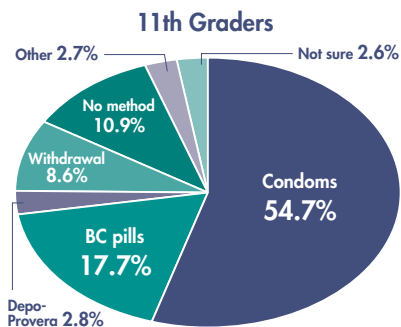
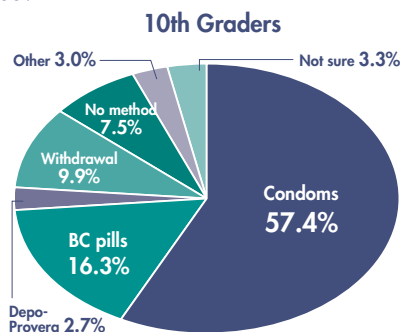
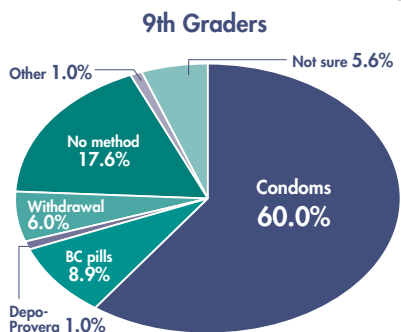
Sexual Activity

Of those who ever had sex,
 with how many people have you had sexual intercourse during the past 3 months?
 Delaware, 2009



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, 2009



Note: All students did not answer every question, causing percentages to vary.
 Source: CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware



For more information see
 Sexually Transmitted Diseases 49
 Births to Teens 82

DELAWARE CHILDREN SPEAK

Health & Health Behavior



For more information see

Sexually Transmitted Diseases	49
Alcohol, Tobacco, and Other Drugs	50
Mental Health	52



Sexual Minority Youth

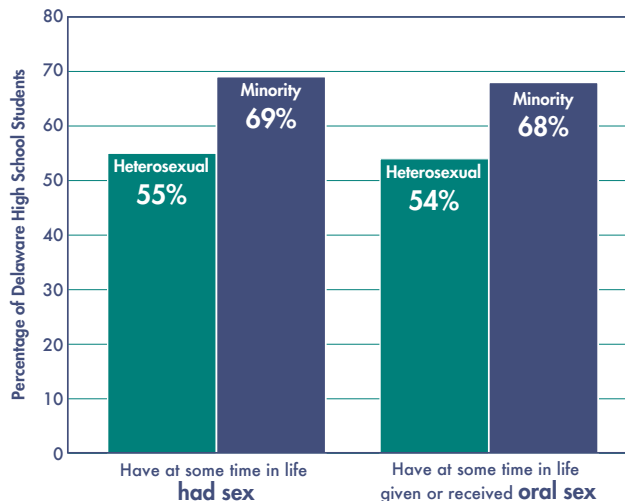
Students who described themselves as homosexual (lesbian or gay) OR bisexual, compared to those who describe themselves as heterosexual (straight)

Delaware, 2009

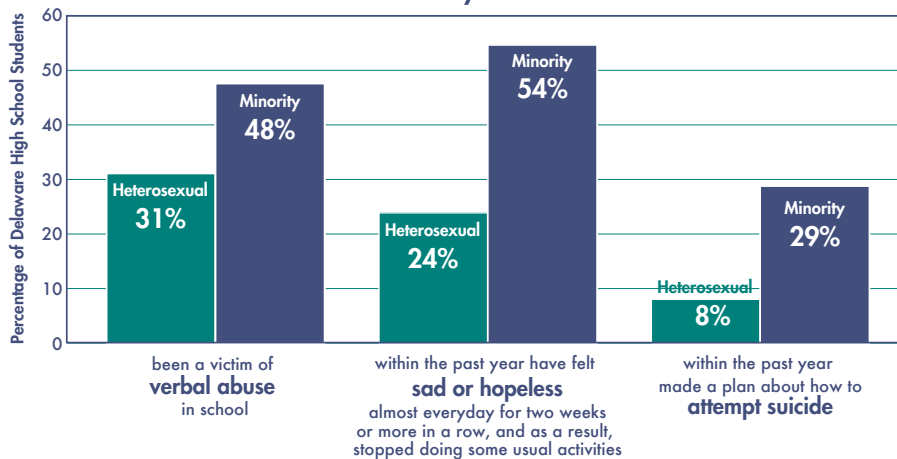
Sexual Minority Youth Sexual Activity

The survey sample consisted of 2,135 (92%) high school students who identified as being heterosexual and 182 (8%) who identified as being a sexual minority or unsure of their sexual identity.

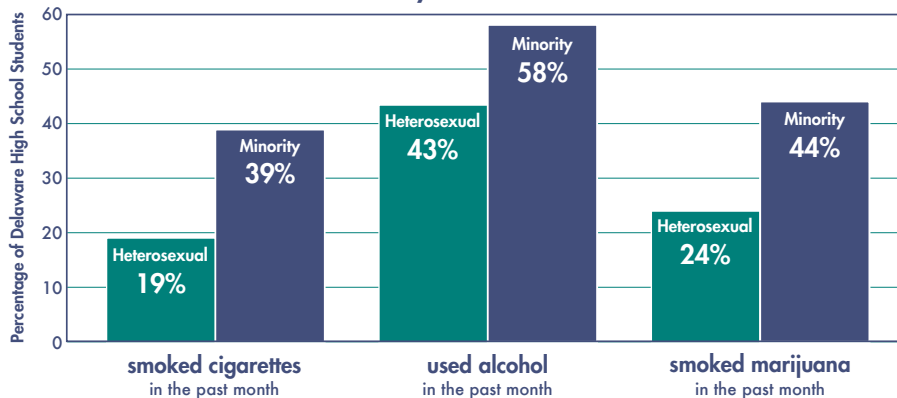
Please note that sexual minority students appear to be exposed to far greater levels of stress than heterosexual students and lower levels of perceived support. Increased rates of risk behaviors may represent responses to increased stress and need for support and support services.



Sexual Minority Youth and Stress



Sexual Minority Youth and Risk Behaviors



Source: CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware



EDUCATIONAL INVOLVEMENT & ACHIEVEMENT



Early Intervention

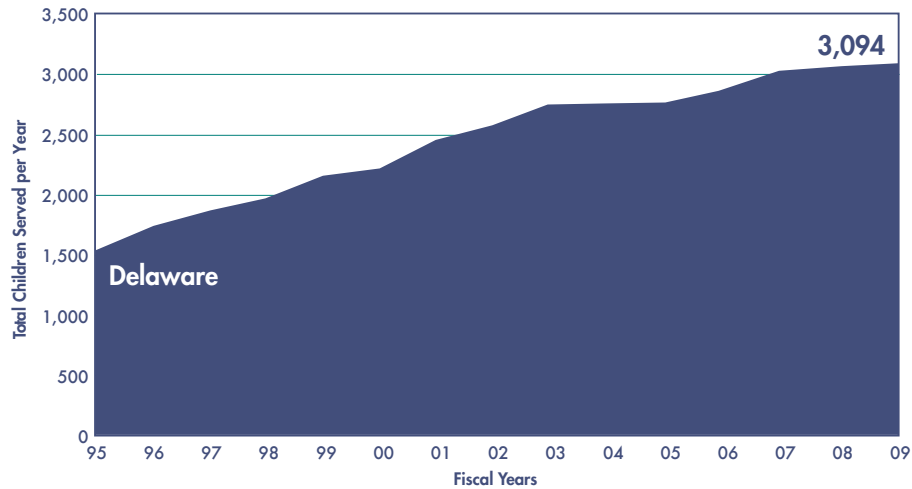


Early intervention programs are designed to improve the mental, verbal, social, and emotional wellbeing of young children who have developmental disabilities or who are vulnerable due to biological or environmental factors. These programs enhance a child's potential and development while providing support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

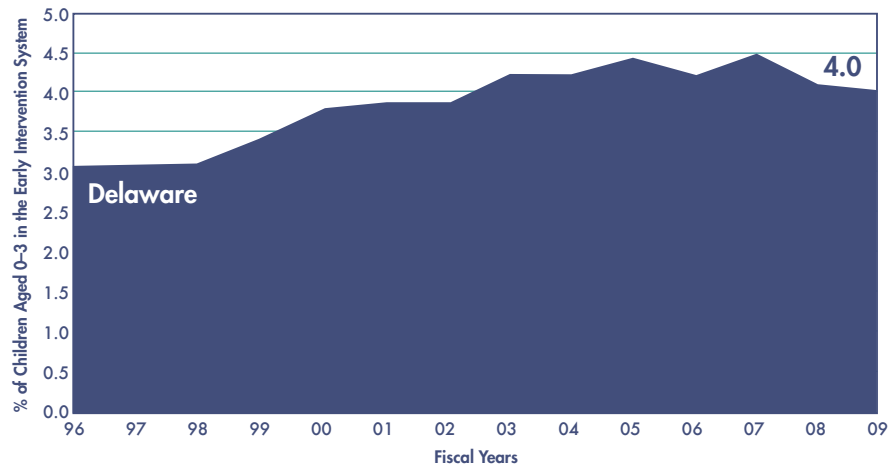
Child Development Watch

Delaware



Birth to Three Early Intervention

Delaware



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

For more information see

Tables 47 160

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

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

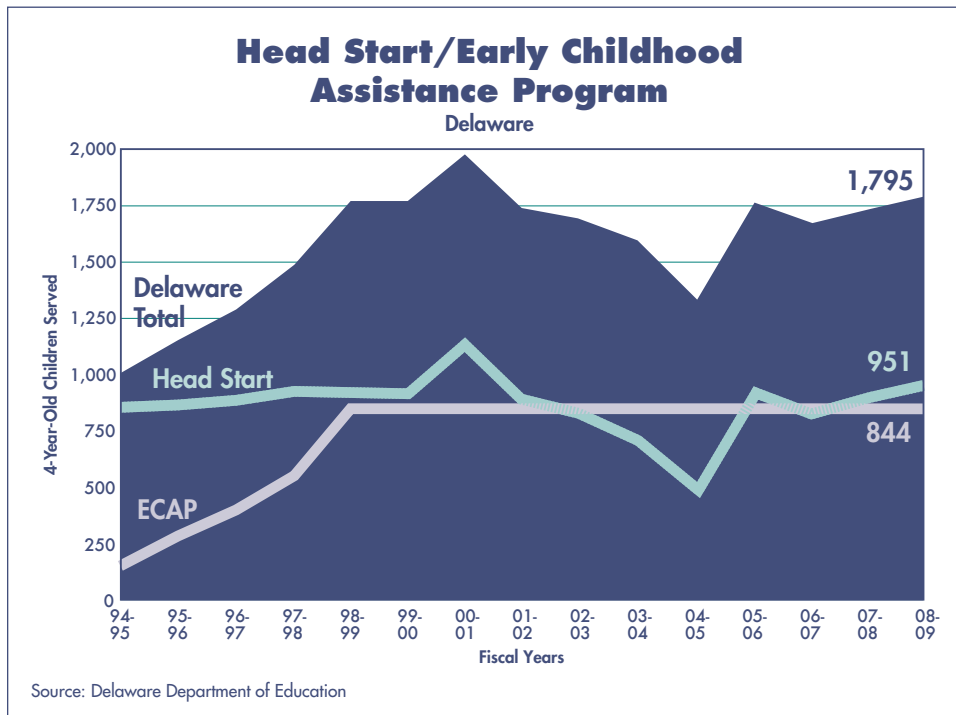
PUT DATA INTO ACTION



Child Development Watch is an early intervention program offered by Delaware Health and Social Services (DHSS) for children ages birth to three. This program is designed to enhance the development of infants and toddlers with disabilities and/or developmental delays and to enhance the capacity of their families to meet their needs. Most of what a child learns in a lifetime is learned in the first 5 years. It is important in these early years to give children every possible opportunity to develop these important skills. Child Development Watch supports developing these skills in everyday settings, such as home, childcare, or community programs. More than 21,500 children in Delaware have received early intervention services through Child Development Watch.

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 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?

- Children from birth to age five with low income are eligible for Head Start, Early Head Start, and ECAP services. Some Delaware 4-year olds are served in both Head Start and ECAP.
- Children from families receiving public assistance (TANF or SSI) and children in foster care are eligible for Head Start, Early Head Start, and ECAP services, regardless of family income.
- To meet mandates to provide services to children with disabilities, up to ten percent of enrollments are offered to children with disabilities, regardless of family income.
- Children who come from families with slightly higher income may participate in Head Start, Early Head Start, and ECAP when space is available.

Did you know? Once children enter school, those from low-income families tend to have worse outcomes than their non-poor peers — they score lower on standardized tests, are more likely to be retained in grade, and are more likely to drop out. Children in lower-income families are also less likely to participate in after-school activities, sports, and community service activities; such participation would likely be beneficial due to its association with better academic outcomes, higher self-esteem, and improved social skills.

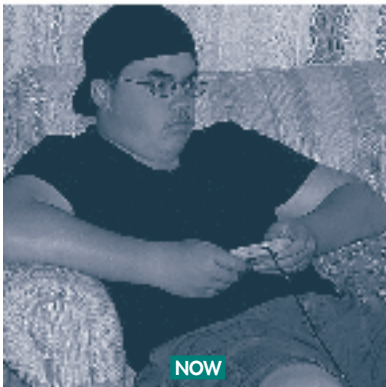
Source: National Center for Children in Poverty, Columbia University Mailman School of Public Health. www.nccp.org

ECAP – The Early Childhood Assistance Program (ECAP) is a comprehensive early childhood development program for four year olds whose families are below 100% of poverty. Linking with the federally funded Head Start programs throughout the state, these Department of Education programs provide a full-range of preschool, health, developmental, and other family support services.

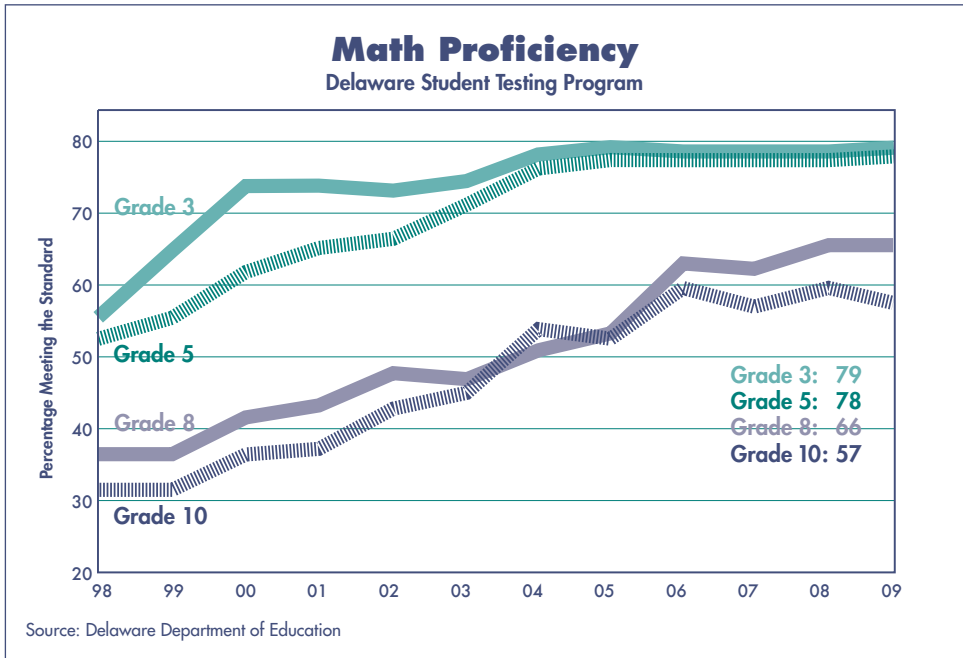
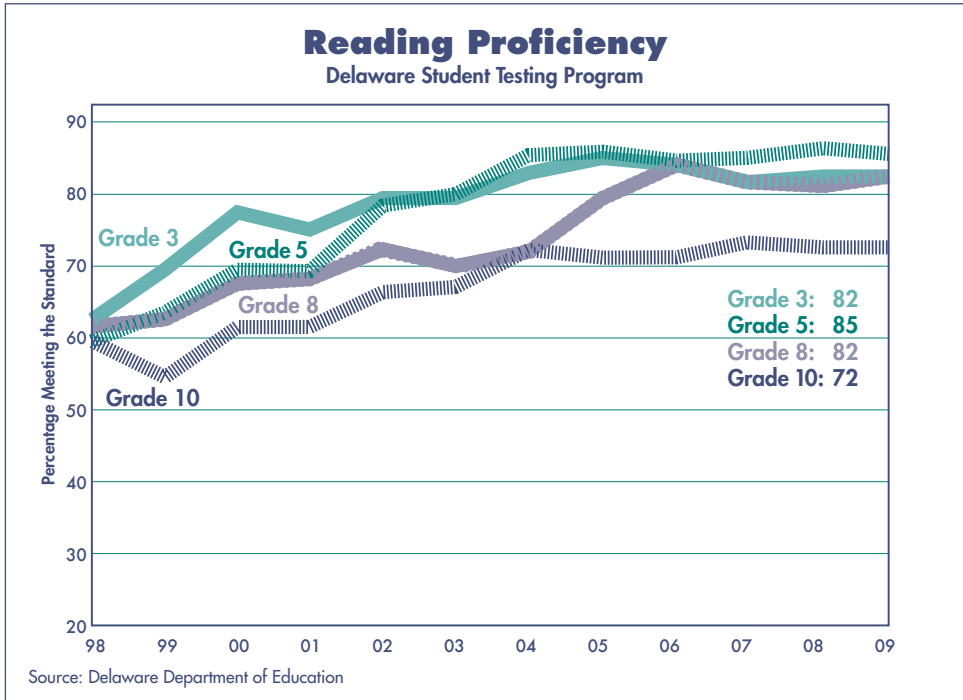
For more information see

Table 48..... 160
www.nhsa.org

Student Achievement



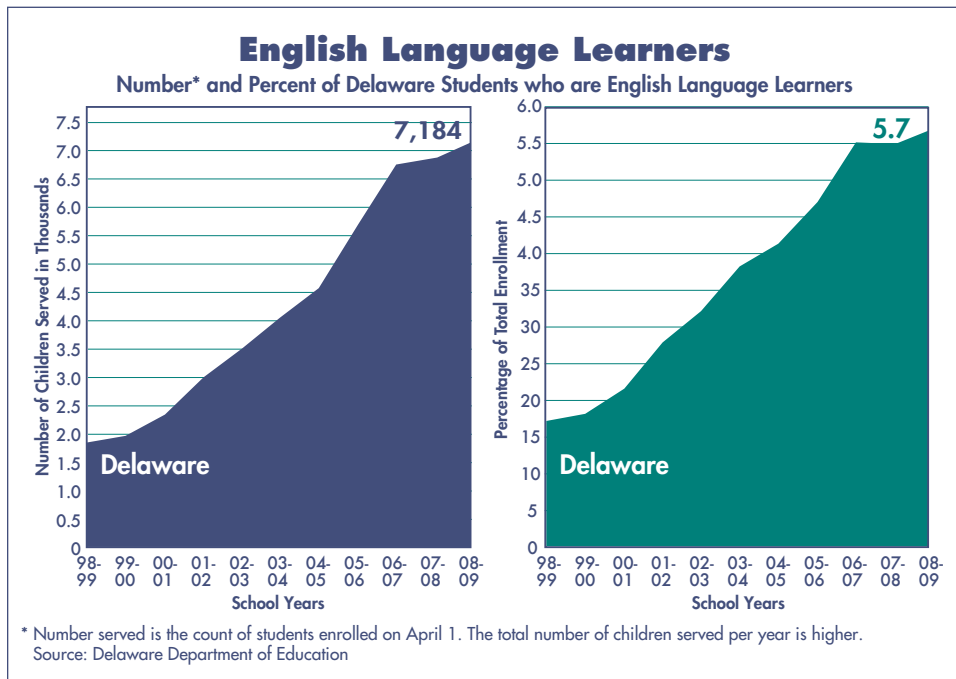
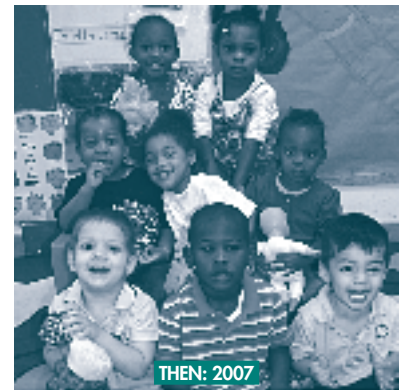
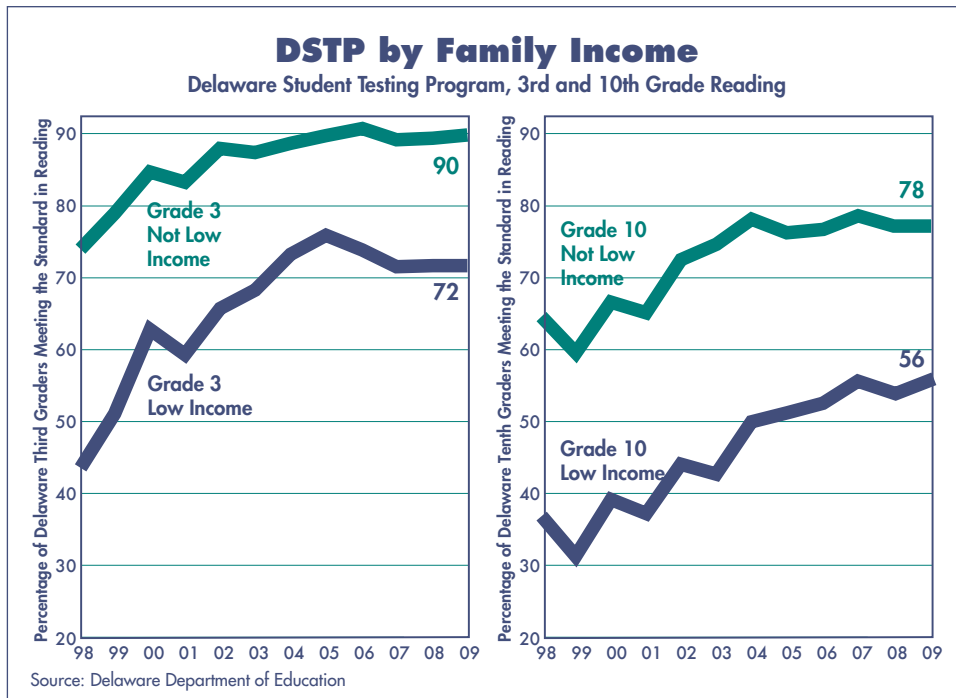
Research affirms that a person's breadth of knowledge and ability to think, learn, and communicate are directly related to future success in the labor market. Education plays a primary role in equipping young people with the necessary skills, knowledge, and experiences for achievement. One measure of a student's academic achievement can be found in the school testing program. 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 can be linked to higher school graduation and college attendance rates. Still, for a number of complex reasons, many children struggle to attain academic success.



DSTP – The Delaware Student Testing Program (DSTP), designed by Delaware educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for all students in Delaware. The DSTP assists Delaware educators in determining students' strengths and weaknesses to help identify academic issues.

For more information see
Tables 50–51161–162

Student Achievement



Did you know? In the 2008-09 school year, 81 different languages were reported to be spoken by English Language Learners (ELLs) in Delaware's schools. 78% of ELLs reported Spanish as their primary language, followed by Spanish Creole at 4%. No other single language was spoken by more than 2% of the ELL group.

Strong language skills in multiple languages are an educational asset, as well as an economic asset, for individuals and communities. The 2008 American Community Survey reports that among Delaware children ages 5–17 who speak Spanish or Spanish Creole, 69.7% also speak English “very well.”

Of children in Delaware immigrant families, 88.5% are fluent in English and 11.5% are English language learners.

Sources: Delaware Department of Education, 2007 American Community Survey

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.

For more information see

Table 49 160

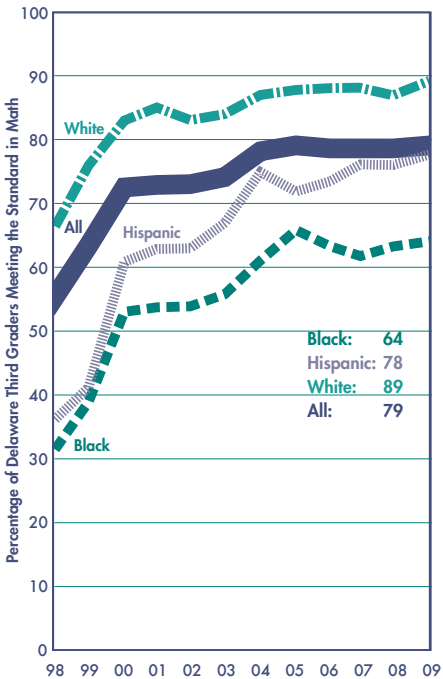
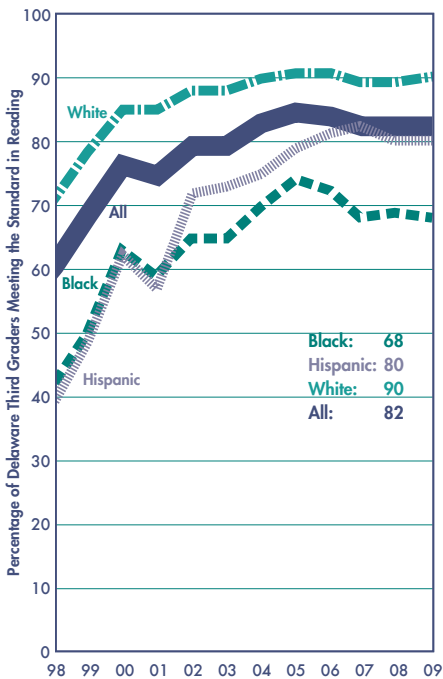
Student Achievement



Grade 3 Meeting the DSTP Standard

Reading

Math



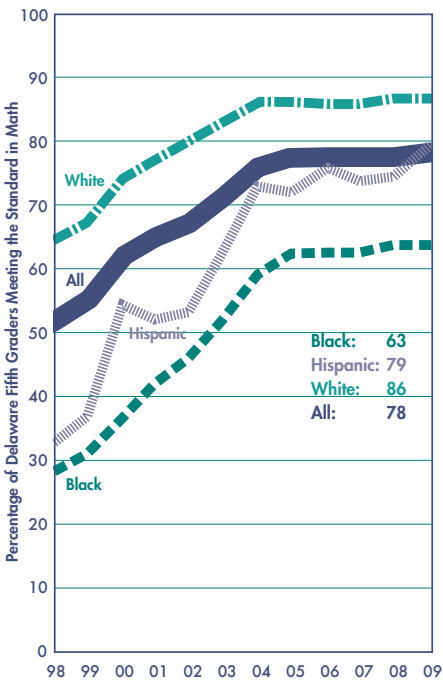
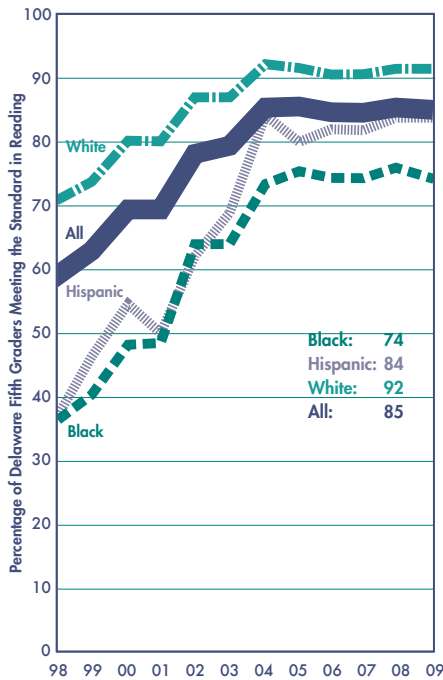
Source: Delaware Department of Education

Note: All includes Native American and Asian.

Grade 5 Meeting the DSTP Standard

Reading

Math



Source: Delaware Department of Education

Note: All includes Native American and Asian.

DSTP Proficiency Levels Delaware Student Testing Program

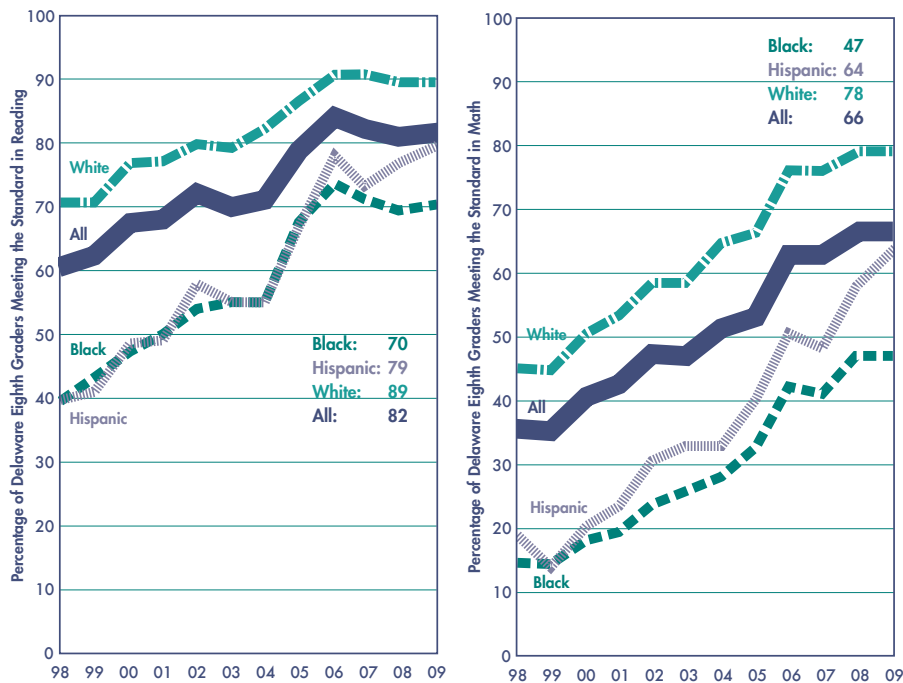
Students receive scores categorized as follows:

Level	Category/Description
5	Distinguished: Excellent performance
4	Exceeds the standard: Very good performance
3	Meets the standard: Good performance
2	Below the standard: Needs improvement
1	Well below the standard: Needs lots of improvement



Student Achievement

Grade 8 Meeting the DSTP Standard

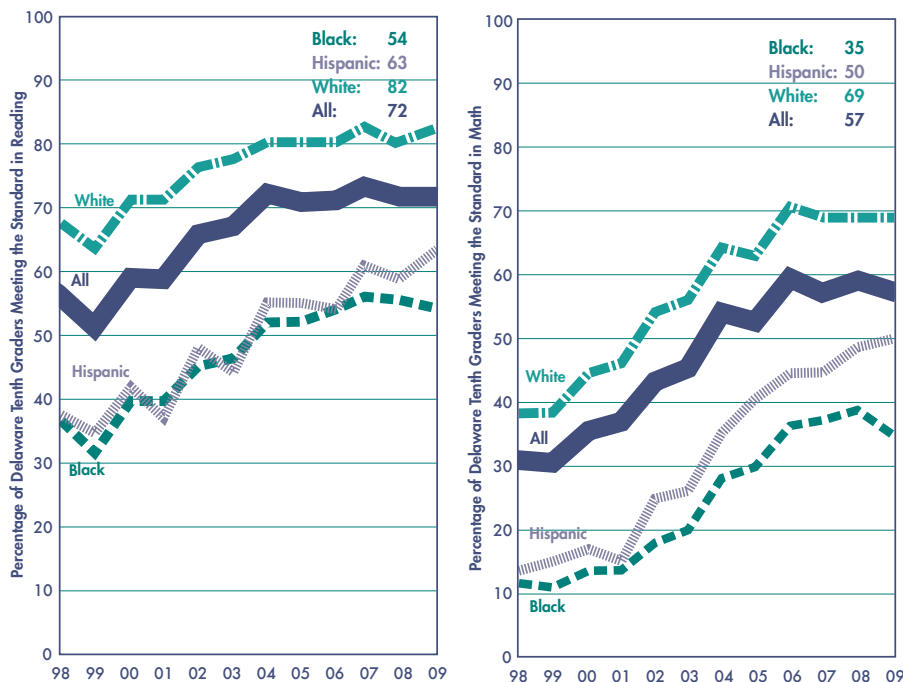


Source: Delaware Department of Education

Note: All includes Native American and Asian.



Grade 10 Meeting the DSTP Standard



Source: Delaware Department of Education

Note: All includes Native American and Asian.

DSTP Accountability

Student accountability began with the 2002 DSTP. Students in grades 3 and 5 are promoted if their DSTP reading is at level 3 or above. Students in grade 8 are promoted if their DSTP reading and math are at level 3 or above.

Level 2 – Students Below the Standard

- Promoted with an Individual Improvement Plan (IIP)
- IIP must be agreed to by the parents of the student
- IIP may include summer school and/or extra instruction during the school year

Level 1 – Students Well Below the Standard

- Must attend summer school
- Must retake DSTP at the end of summer school
- School must have an IIP in place for a student at the end of summer
- If the student is still below the standard, the student will only be promoted after an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.

For more information see

Table 50–51 161–162
www.doe.k12.de.us

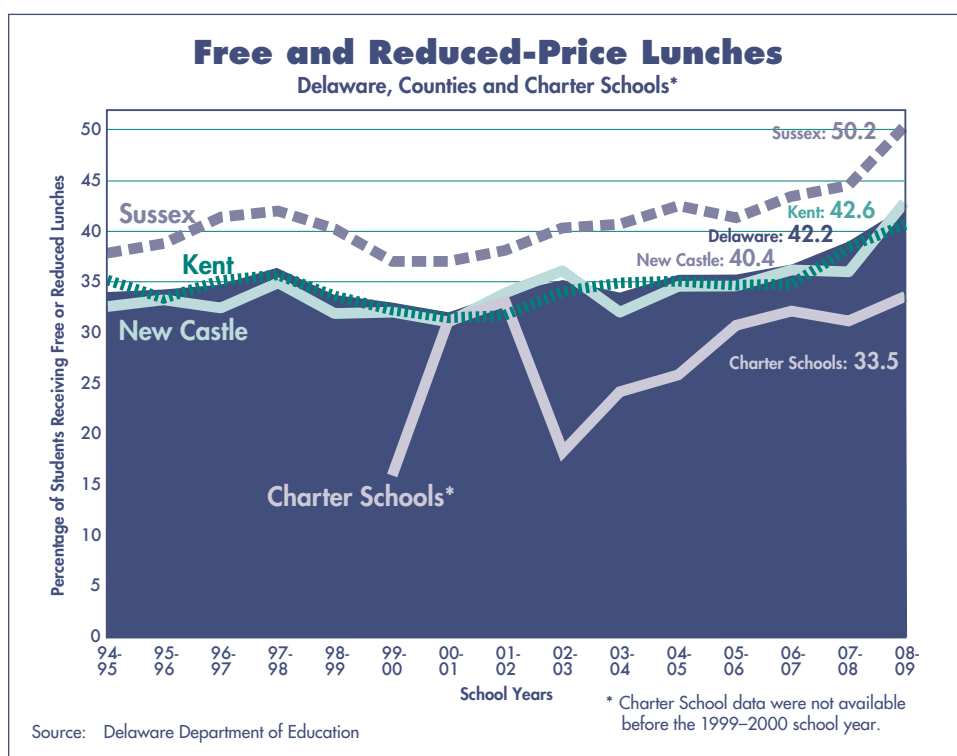
Free Lunch

Children Receiving Free & Reduced-Price School Meals



A healthy diet has been proven essential to the academic achievement of young people and therefore nutritious meals are now considered an integral part of a good education. When children are hungry, they can not function and learn at their highest potential. Unfortunately, many students do not have access to healthful meals at home.

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. Also, the Summer Food Service Program was created to ensure that these children continue to receive nutritious meals during long school vacations. 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.



Poverty level – The poverty threshold for a one-parent, two-child family was \$17,346 for 2008; 130% of poverty was an income of 22,550. For a family of four with two children, the threshold was \$21,843 for 2008; 130% of poverty was an income of 28,384.

For more information see

Table 54..... 164

www.feedingchildrenbetter.org
www.fns.usda.gov/cnd/lunch/

Did you know? It's not just lunch: Students qualifying for free and reduced-price lunches in the National School Lunch Program may also receive free and reduced-price breakfasts. Children arriving at class without having breakfast are not ready to learn. Studies show that breakfast increases student attention, improves behavior, reduces trips to the nurse's office, and improves test scores.

Source: Delaware Department of Education

PUT DATA INTO ACTION



The Summer Food Service Program (SFSP) is a federally-funded program operated nationally by the U.S. Department of Agriculture (USDA) and locally by the Delaware Department of Education. SFSP provides free, nutritious meals and snacks to help children in low-income areas get the nutrition they need to learn, play, and grow throughout the summer. Sponsoring organizations receive reimbursement for meals served to children 18 years of age and younger from low-income areas. Meals may be served anytime when schools are closed.

Source: Delaware Department of Education

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 much more likely than their peers who graduate to be unemployed, living in poverty, receiving public assistance, in prison, unhealthy, and single parents with children who drop out from high school themselves. As today's workplaces becomes increasingly dependent on technology, dropouts will have an ever more difficult time competing in the marketplace.



THEN: 1995



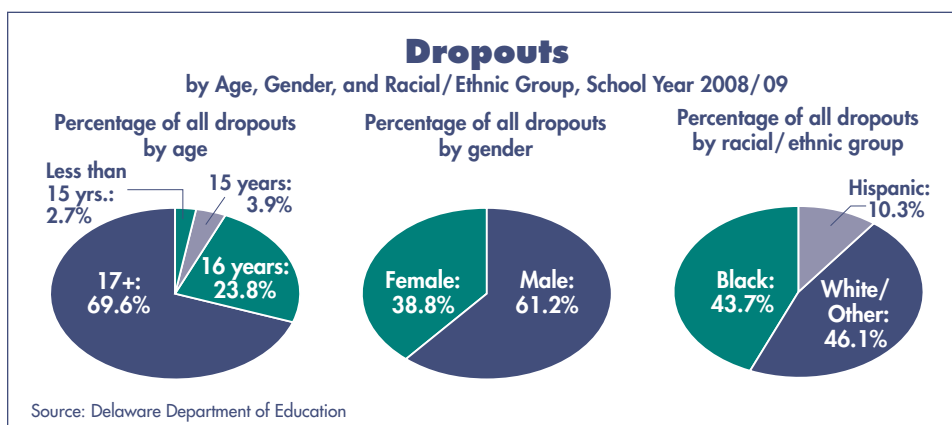
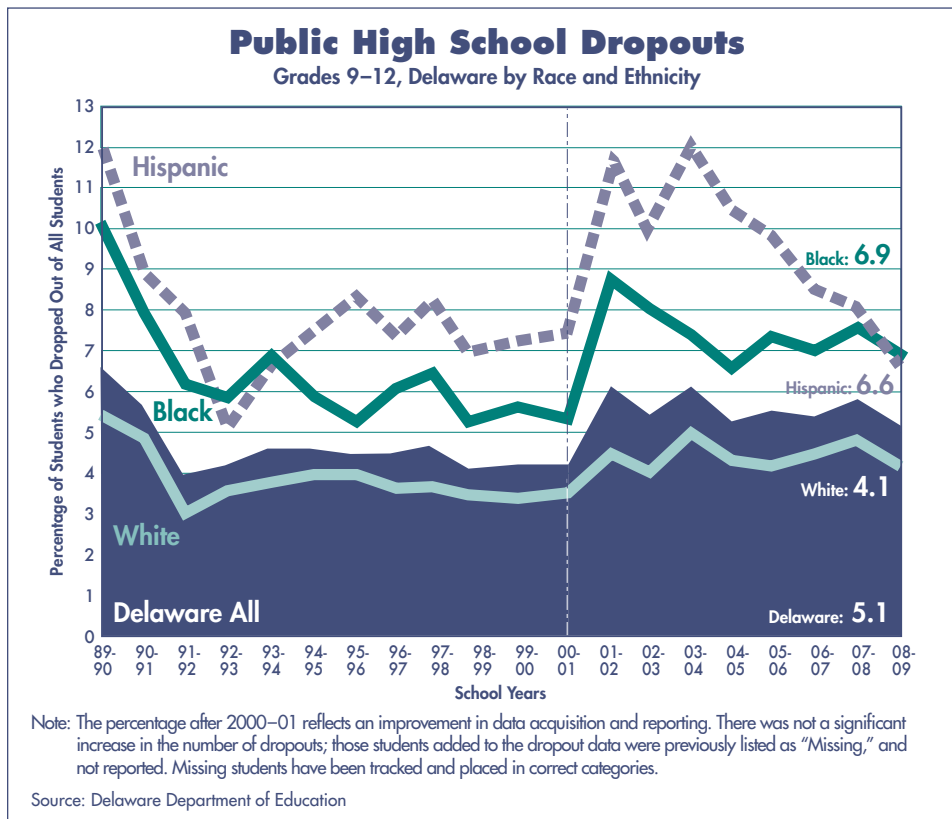
THEN: 2004

THEN: 2006

THEN: 2008



NOW



Did you know? Nationwide, over a million of the students who enter ninth grade in a given year do not receive a high school diploma four years later. In fact, about 7,000 students drop out every school day, significantly decreasing their chances in the workplace and in life.

Source: National Center for Children in Poverty, Columbia University Mailman School of Public Health. www.nccp.org

Dropout – A 2008–09 dropout is an individual who was enrolled at the end of the 2007–08 school year; or at any time during the 2008–09 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.

High School Dropouts



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 2008–2009 reflects the percent of incoming 9th graders in September of 2005 who graduated in June of 2009.

For more information see

Teens Not in School and Not Working..... 74

Tables 55–61 165–168

www.dropoutprevention.org

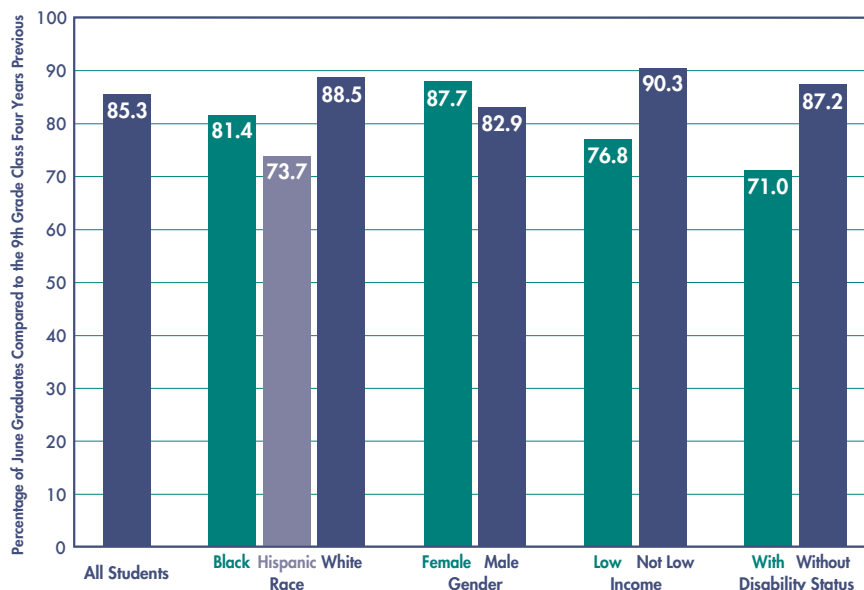
www.jobcorps.doleta.gov

<http://seedscholarship.delaware.gov/>



Graduation Rates

Delaware, School Year 2008/09



Source: Delaware Department of Education

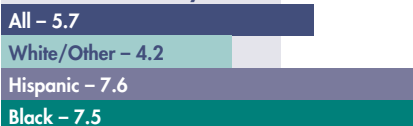
Dropout Rates

by Racial/Ethnic Group
School Year 2008/09

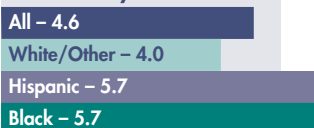
Delaware



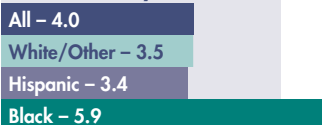
New Castle County



Kent County



Sussex County

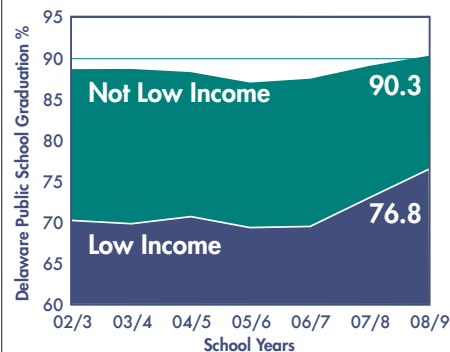


Delaware Average: 5.1

Source: Delaware Department of Education

Graduation Rates by Family Income

Delaware Public Schools



Source: Delaware Department of Education

Did you know?

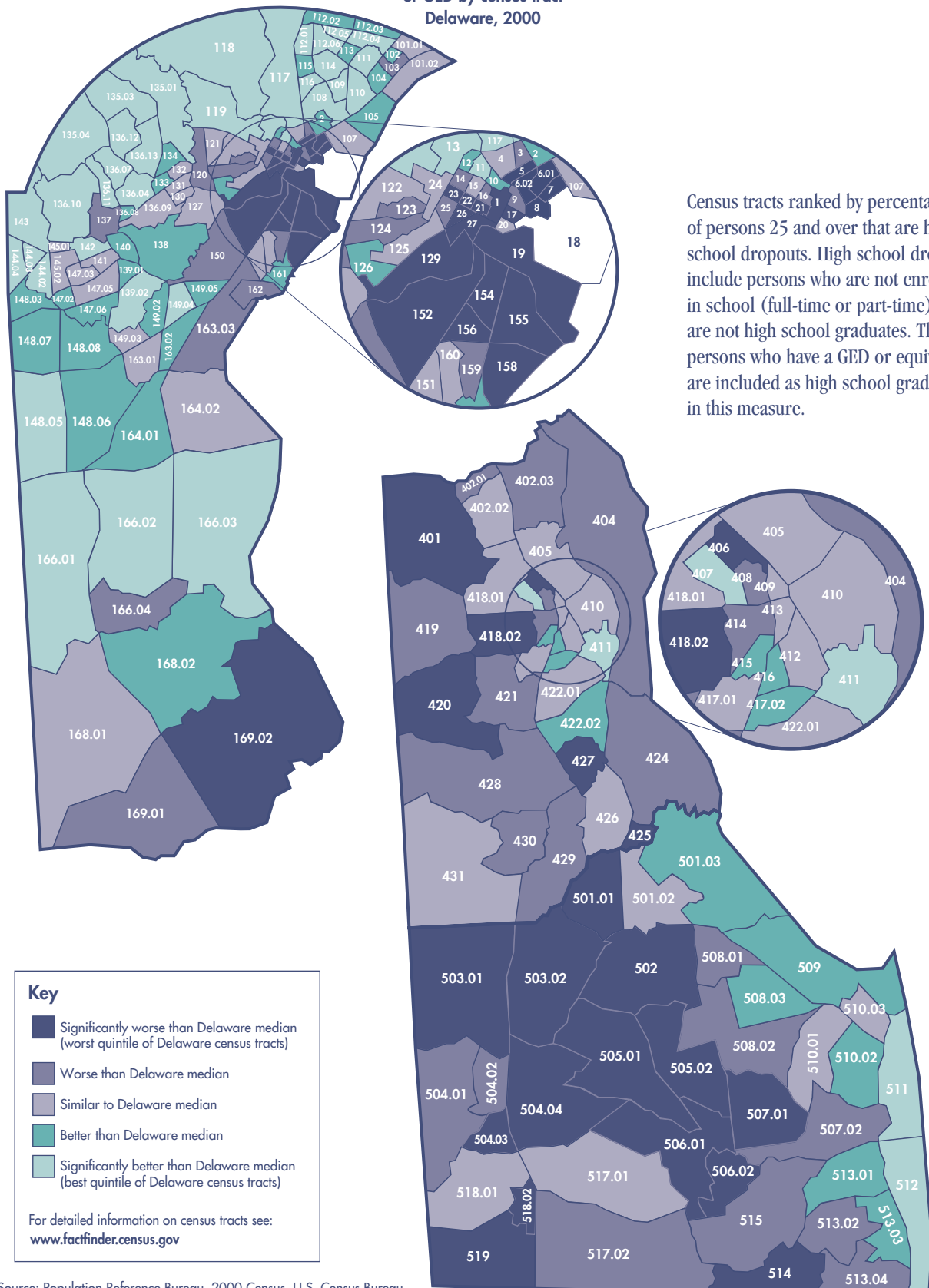
- In lifetime earnings, a high school dropout earns, on average, about \$260,000 less than a graduate and about \$1 million less than a college graduate.
- Delaware households would have over \$202 million more in accumulated wealth if all heads of households had graduated from high school.
- Delaware would save more than \$65.3 million in health care costs over the course of the lifetimes of each class of dropouts had they earned their diplomas.

Source: Alliance for Excellent Education. www.all4ed.org

High School Dropouts

Adults Who Are Dropouts

Persons 25 and older who are without high school diplomas
or GED by census tract
Delaware, 2000



Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Teens Not in School and Not Working



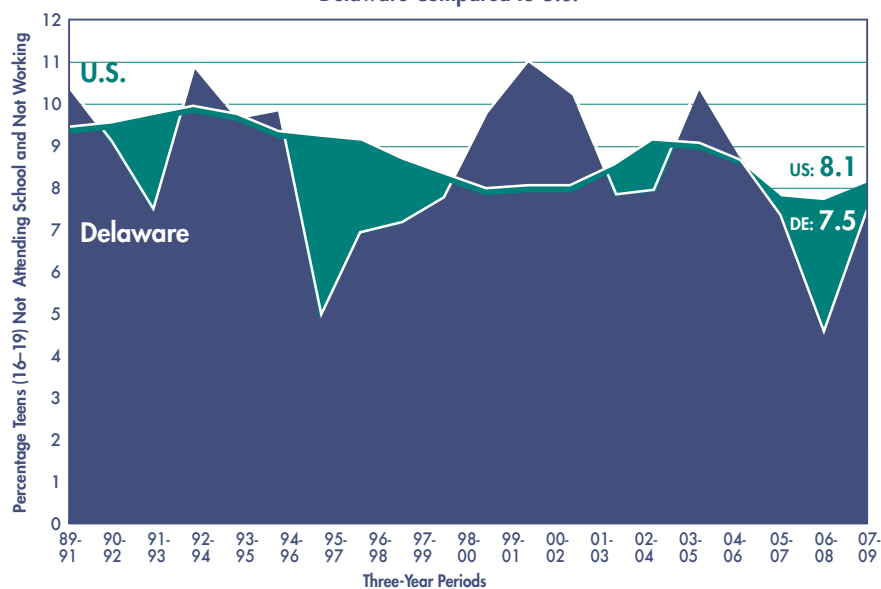
The difficulties of transitioning from youth into independent adult society can be heightened for those teenagers who are neither in school nor working as they are detached from these core activities that usually occupy their time during their transition from adolescence to adulthood. Such detachment, particularly if it lasts for several years, 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.

There are various reasons that youth may not be working or enrolled in school, such as an inability to find work or leaving the workforce to start a family. Moreover, the exploration of different career paths and moving back and forth between school and work has become more common during early adulthood. In addition to these individual factors, family situation, school, and community environment can influence the teenagers' decisions to drop out of school and look for jobs that are hard to find when they don't have the education required. Preventing this phenomenon is possible through improving educational opportunities for those who face these challenges, and offering family, teachers and mentors support. Caring parent-child interactions and positive peer influences can also be very helpful for teenagers at risk.



Teens Not in School and Not Working

Delaware Compared to U.S.



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

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

Did you know?

- Males who are neither enrolled in school nor working are more likely to engage in delinquent behavior or illegal activities to earn money.
- Females who are neither enrolled in school nor working are more likely to become dependent on welfare.
- Youth in the juvenile justice, foster care, and special education system tend to drop out of these systems at an early age, leaving them ineligible for system services meant to aid in the transition to adulthood.

Source: Child Trends Data Bank

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

Teens Not in School and Not Working

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.

Expulsions and Suspensions

Delaware Public Schools, 2008–09

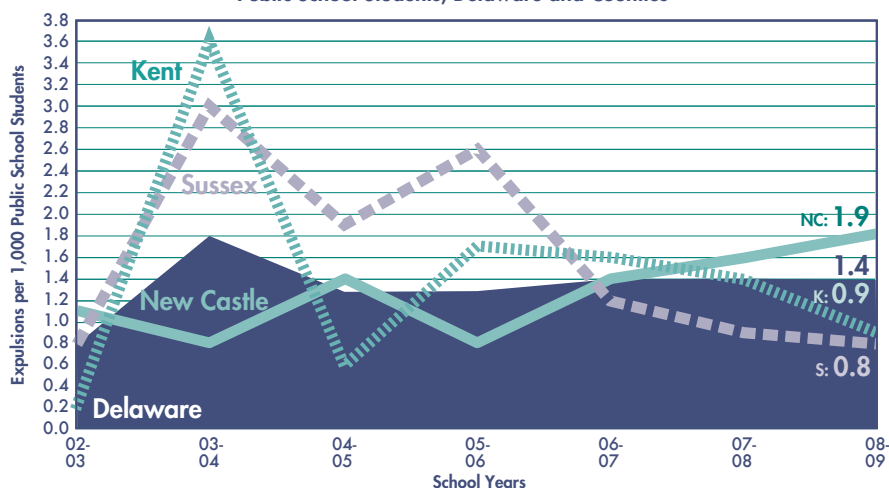
County	Enrollment	Number of Expulsions	Number of Out of School Suspensions*
Delaware	125,430	172	38,953
New Castle	73,305	129	28,383
Kent	28,873	25	6,237
Sussex	23,252	18	4,333

*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.

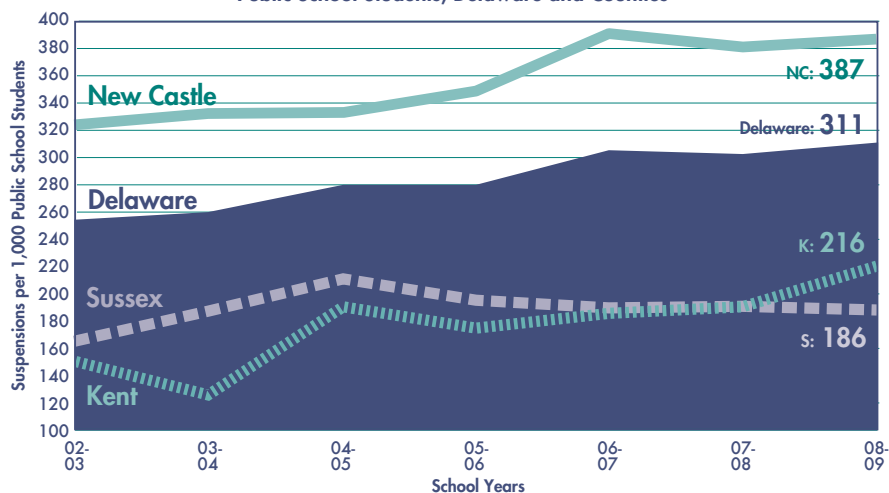
Expulsions

Public School Students, Delaware and Counties



Suspensions

Public School Students, Delaware and Counties



Source: Delaware Department of Education



For more information see

High School Dropouts.....71

Tables 62-64168-169

www.dropoutprevention.org

www.childrensdefense.org

Advanced Placement & Higher Education

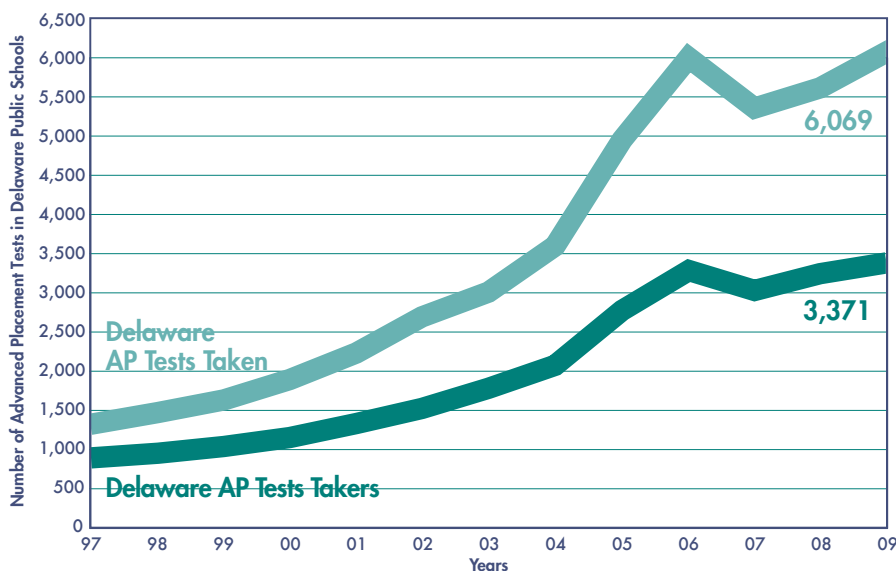


Since 1955, the Advanced Placement (AP) Program has allowed students to discover knowledge that might otherwise remain unexplored in high school. Through this program, they have the opportunity to earn credit or advanced standing at most of the nation's colleges and universities. The program is based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

A strong curiosity for the subject they plan to study and the willingness to work hard are the only requirements for participation. AP courses allow students to get a head start on college-level work, improve their writing skills, sharpen their problem-solving techniques, and develop the study habits necessary for rigorous course work. Moreover, AP 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.

Advanced Placement Tests

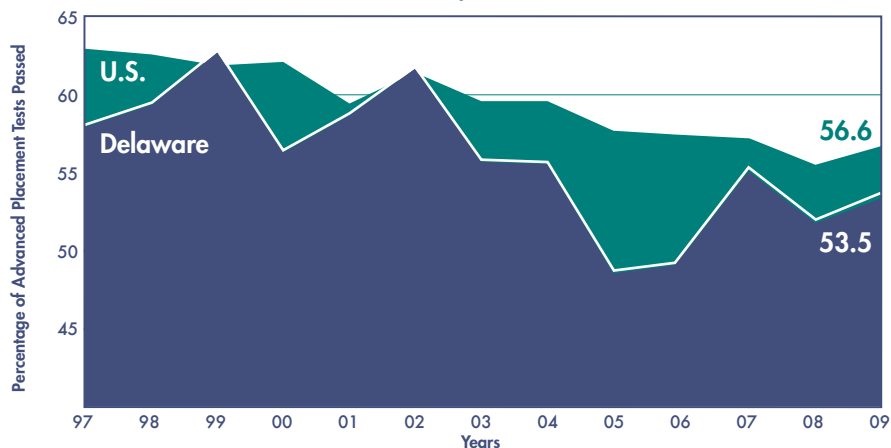
Delaware



Source: Delaware Department of Education

Advanced Placement Tests Passed

Delaware Compared to U.S.



Source: Delaware Department of Education

Did you know?

- 26.8% of the Delaware public high school class of 2008 took at least one AP exam during high school, compared to 25% in the U.S.
- 13.8% of the Delaware public high school class of 2008 earned a 3 or higher on one or more AP exams during high school. Nationwide, 15.2% of the class of 2008 earned a 3 or higher.
- 5.6% of the Delaware public high school class of 2008 earned a 3 or higher on one or more math AP exams during high school, reflecting the national average of 5.6%

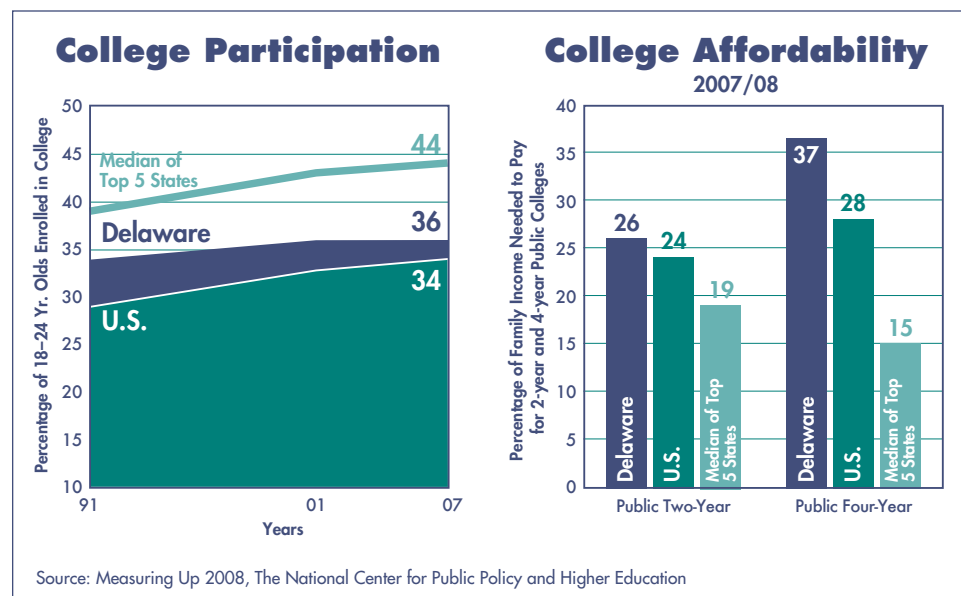
Source: The College Board, The 5th Annual AP Report to the Nation: Delaware Supplement

Did you know?

Delaware students compared to those of other states:

- The likelihood of enrolling in college by age 19 is only fair; 41% of black young adults are enrolled in college, compared with 49% of whites.
- 66% of college students complete a bachelor's degree within six years—a top performance compared with other states.
- 41% of blacks graduate within six years, compared with 73% of whites—one of the largest gaps in the nation.

Source: *Measuring Up 2008, The National Report Card on Higher Education*. <http://measuringup2008.highereducation.org/states/index.php>



Did you know?

According to the U.S. Dept of Labor's Bureau of Labor Statistics:

- At age 22, females are more likely to be enrolled in college than males and are also more likely to have completed a Bachelor's degree
- Among 22-year olds not enrolled in college, males are more likely than females to be employed in a civilian job or serving in the military

Source: <http://stats.bls.gov/news.release/pdf/nlsyth.pdf>



The Delaware Student Excellence Equals Degree (SEED) program is an incentive for students to stay in school. The SEED scholarship program provides tuition for full-time students enrolled in an associate's degree program at Delaware Tech or the University of Delaware's Associate of Arts program. Anyone who graduates from a Delaware public or private high school with at least a 2.5 GPA and no felony convictions is eligible.

Source: Delaware S.E.E.D. Scholarship, <http://seedscholarship.delaware.gov/>

For more information see

Tables 52..... 162

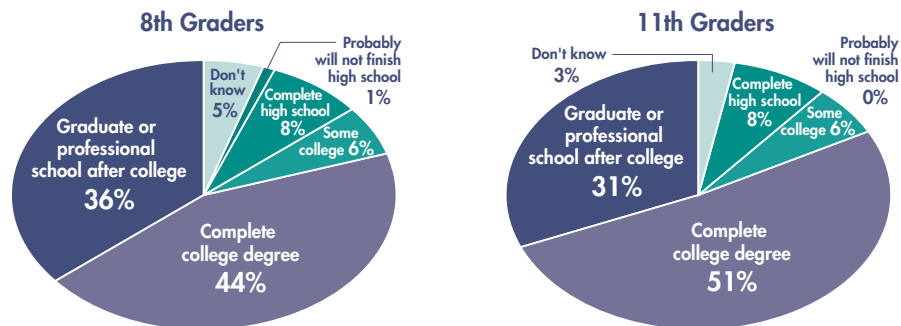


Children need constant support from their parents so that they can learn more and achieve at higher levels. The amount of support offered by parents depends on the parents' belief about the role they should play in the educational process, the parents' belief about how their involvement will benefit their children, 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.



School Completion

How much schooling do you think you will complete?
 Delaware, 2009



Source: Delaware School Survey 2009 Center for Drug and Alcohol Studies, University of Delaware

Did you know? In January 2010, Delaware submitted a federal “Race to the Top” application which had the support of every school district, charter school, teachers’ union and school board in the state. The application emphasized Delaware’s achievements, plans and potential in the following areas:

- **Strong fundamentals:** Delaware has two components that are critical to comprehensive education reform already in place: state-of-the-art data systems and rigorous evaluation. The State’s data system makes it possible to know how every school, every teacher, and every student is performing.
- **Opportunities for highly effective teachers:** The State is providing new opportunities for highly effective teachers to advance and to contribute. It is creating a “teacher leader” role that engages highly effective teachers as instructional leaders, and it will offer bonuses to highly effective teachers in high-need schools.
- **Rapid, comprehensive adoption of reform:** Delaware expects all reforms to be operational by the 2011/12 school year, making our State’s progress far more rapid than that of other states.
- **Collaborative school turnaround:** In the schools that are persistently lowest-achieving, the State now has the authority to ensure that reform is collaborative, yet credible, with a two-year timeframe for results following any necessary renegotiation of collective bargaining agreements.
- **Building core capabilities:** The State will invest in building the skills of teachers and leaders so they can use the strong foundation of data and evaluation to improve student outcomes. With Race to the Top funding, the State would provide data coaches to assist educators in interpreting their students’ data and developing strategies for addressing areas in need of additional focus. In addition, funding would be used to provide development coaches to assist school leaders in performing teacher evaluations and working with teachers to develop improvement plans.

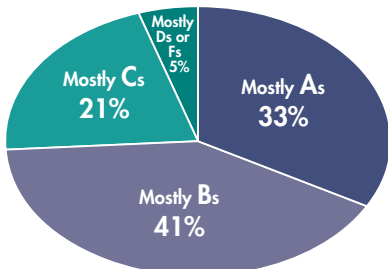
The full application can be found at: <http://governor.delaware.gov/information/racetothetop.shtml>

Parental Monitoring and Grades

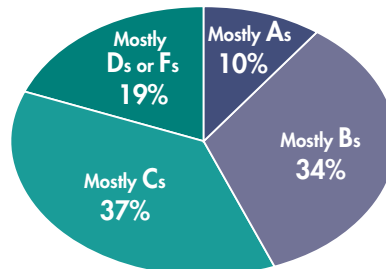
How often do your parents know where you are when you're not in school?
What grades do you usually make?

Delaware 8th Graders, 2009

Parents know most of the time



Parents never know



Source: Delaware School Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

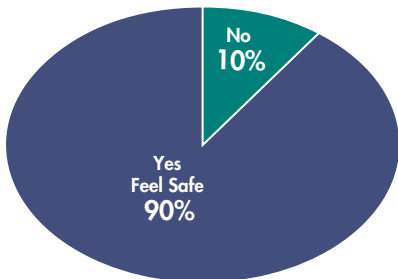


School Safety

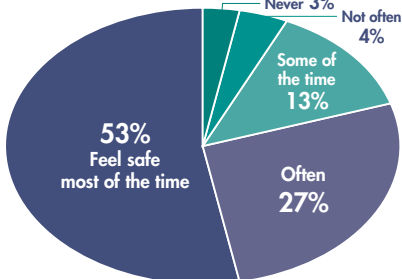
I feel safe in my school.

Delaware, 2008

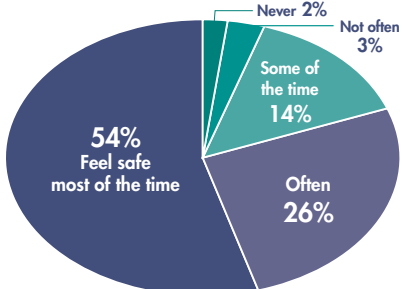
5th Graders



8th Graders



11th Graders



Source: Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

According to Vision 2015:

- Expanding preschool access can produce \$2 to \$4 in net present-value societal benefits for every \$1 invested. *Committee for Economic Development*
- On average, a high school graduate earns \$600,000 more during his/her lifetime than a dropout. On average, a college graduate earns \$1.4 million more during his/her lifetime than a high school dropout. *Current Population Survey; U.S. Census Bureau and Bureau of Labor Statistics*
- On average, a high school graduate saves society \$41,000 in Medicaid costs and \$25,000 in prison costs. On average, a college graduate saves society \$71,000 in Medicaid costs and \$34,000 in prison costs. *Current Population Survey; Alliance for Excellent Education; Petit and Western, "Life Imprisonment and the Life Course," American Academy of Pediatrics.*
- More than two-thirds of new jobs will require some postsecondary education. *U.S. Department of Education, National Center for Public Policy and Higher Education*
- Delaware will have to hire 2,300 new teachers in the next 10 years to compensate for retirements. *Delaware Educator Data Systems data, DDOE retirement information, BCG analysis.*

Source: Vision 2015, www.vision2015delaware.org/



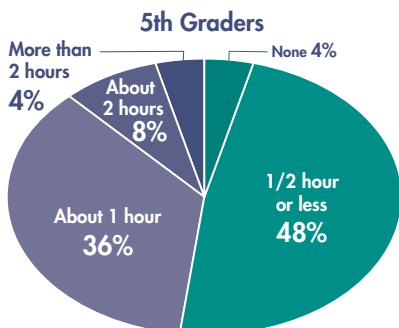
DELAWARE CHILDREN SPEAK

Education



Studying

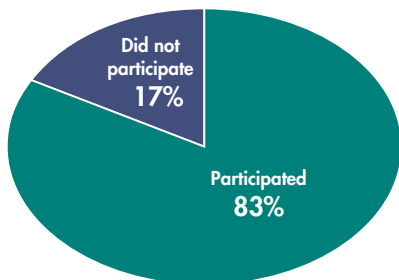
How much time do you spend on a school day (before and after school) doing schoolwork at home?
Delaware, 2009



Source: Delaware School Survey 2009. Center for Drug and Alcohol Studies, University of Delaware

Extracurricular Activities

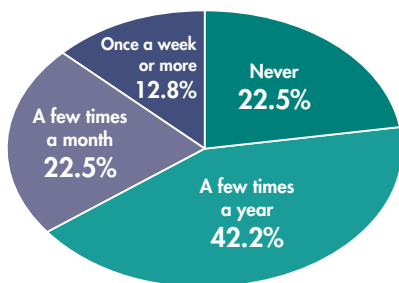
Percentage of children ages 6 to 17 participated in organized activities outside of school, such as sports teams or lessons, clubs or organizations
Delaware, 2007



Source: 2007 National Survey of Children's Health

Volunteer Work

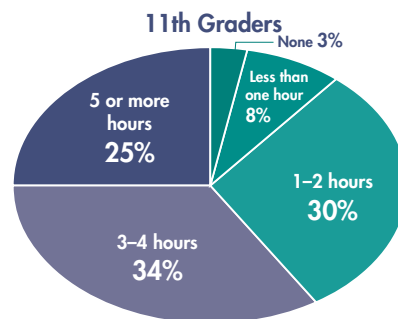
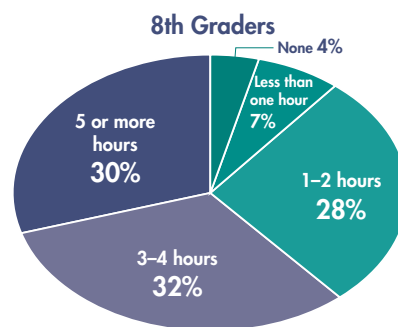
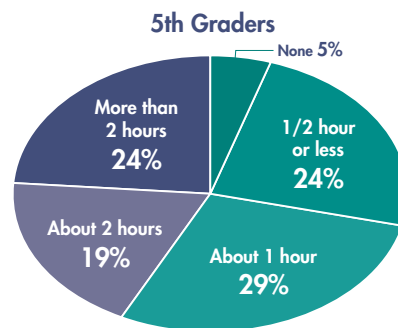
Percentage of children ages 12 to 17 involved in any type of community service or volunteer work at school, church, or in the community in the past 12 months)
Delaware, 2007



Source: 2007 National Survey of Children's Health

Television

How much time do you spend on a school day watching TV, playing games, or on the internet?
Delaware, 2009



Source: Delaware School Survey 2009. Center for Drug and Alcohol Studies, University of Delaware

PUT DATA INTO ACTION



The Delaware Children's Museum will soon be opening (opening doors April 24, 2010) at the former Kahunaville site on the Wilmington Riverfront. For information see www.delawarechildrensmuseum.org/

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





**FAMILY ENVIRONMENT
& RESOURCES**



KIDS COUNT INDICATOR

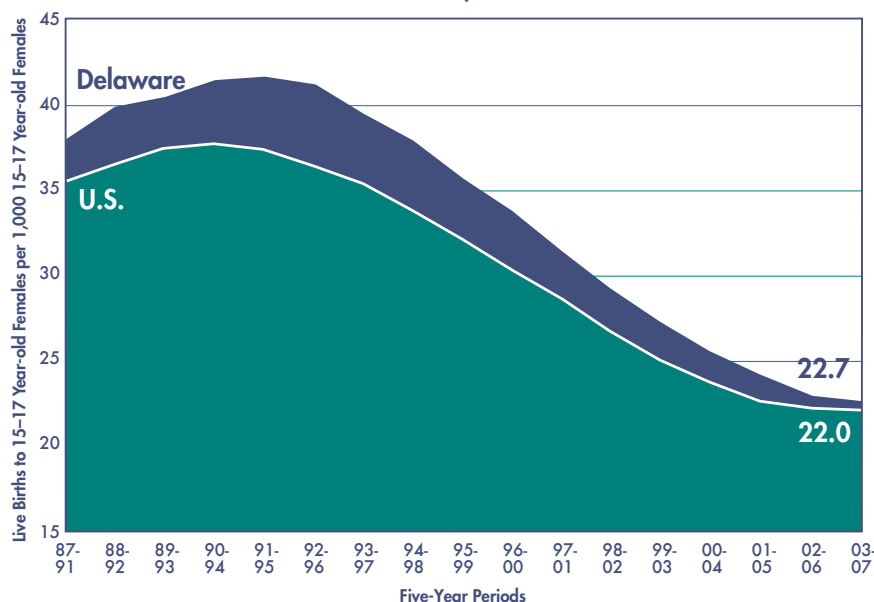
Births to Teens



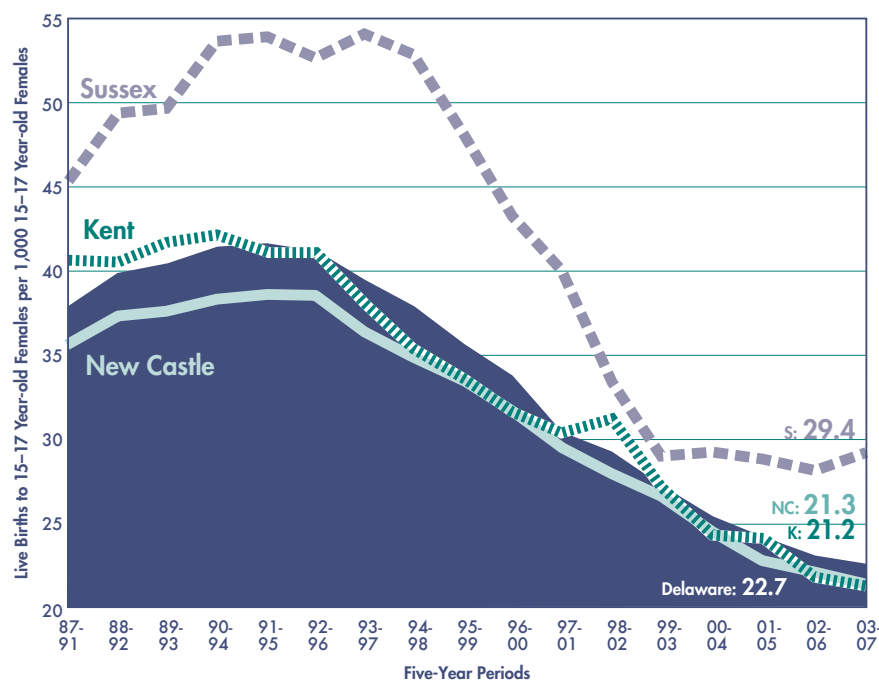
The impact of teen pregnancy is far reaching. The opportunities for teenage mothers are reduced compared to those who delay childbearing, as teen mothers are more likely to drop out of school, live in poverty, and rely on public assistance. Children of teenage mothers are also more likely to face challenges: 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. Research has estimated a heavy financial burden exacted from society due to lost tax revenue, increased 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

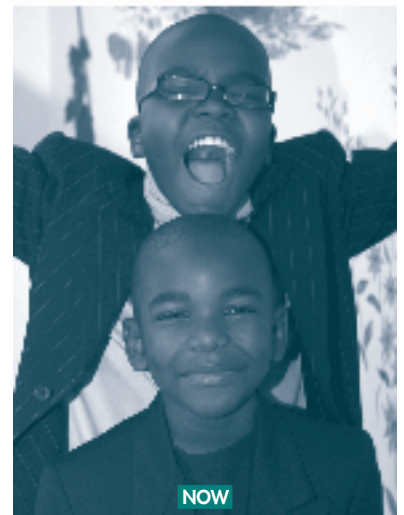


Teen Births

Delaware Compared to U.S., 2006

		Delaware	U.S.
Teen Birth Rate	Girls 15-17	23	22
	Girls 18-19	68	73
	Whites, Non-Hispanic	24	27
	Blacks, Non-Hispanic	66	64
	Hispanics	140	83
Nonmarital Teen Births	Girls 15-17	96%	92%
	Girls 18-19	90%	81%
	Whites, Non-Hispanic	89%	79%
	Blacks, Non-Hispanic	97%	97%
	Hispanics	87%	81%
Change in Teen Birth Rates 1991–2006	Girls 15-17	-44 %	-43%
	Girls 18-19	-21%	-22%

Source: Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., Kirmeyer, S. & Matthews, T.J. (2009). Births: Final data for 2006. National Vital Statistics Reports, 57 (7). Retrieved from The National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=delaware>



Teen Sexual Activity

Delaware Compared to U.S., 2007

		Delaware	U.S.
High School Students Who Have Ever Had Sex		59.3 %	47.8%
	Whites, Non-Hispanic	53.7 %	43.7%
	Blacks, Non-Hispanic	71.3%	66.5%
	Hispanics	62.8%	52.0%
High School Students Who Used a Condom at Last Sex (Sexually Active Students)		69.2 %	61.5%
	Whites, Non-Hispanic	69.0%	59.7%
	Blacks, Non-Hispanic	71.2%	67.3%
	Hispanics	66.6 %	61.4%
High School Students Who Used Birth Control Pills at Last Sex (Sexually Active Students)		15.4 %	16.0%
	Whites, Non-Hispanic	21.7 %	20.8%
	Blacks, Non-Hispanic	9.0%	9.1%
	Hispanics	4.0%	9.1%

Source: Centers for Disease Control and Prevention (2008). Youth Risk Behavior Surveillance, United States, 2007. Surveillance Summaries, June 4, 2008. MMWR; 57(SS-4); Youth Risk Behavior Surveillance System (2007). Youth Online: Comprehensive Results. Retrieved from The National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=delaware>

Did you know?

New data from the Guttmacher Institute indicates that for the first time in more than a decade, the nation's teen pregnancy rate rose 3% in 2006. This research documents what experts have long suspected — that based on trends in teens' contraceptive use, the overall teen pregnancy rate would increase in the mid-2000s following steep declines in the 1990s and a subsequent plateau in the early 2000s. The significant drop in the 1990s was overwhelmingly the result of more and better use of contraceptives among sexually active teens. However, this decline started to stall out in the early 2000s, at the same time that sex education programs aimed exclusively at promoting abstinence — and prohibited by law from discussing the benefits of contraception — became increasingly widespread and teens' use of contraceptives declined.

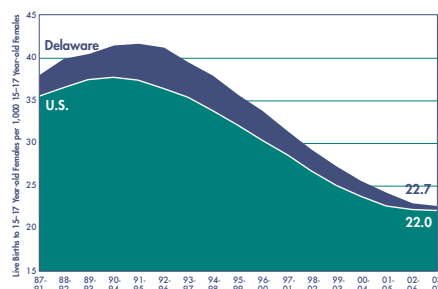
Source: Guttmacher Institute, www.guttmacher.org/pubs/USTPtrends.pdf

Births to Teens



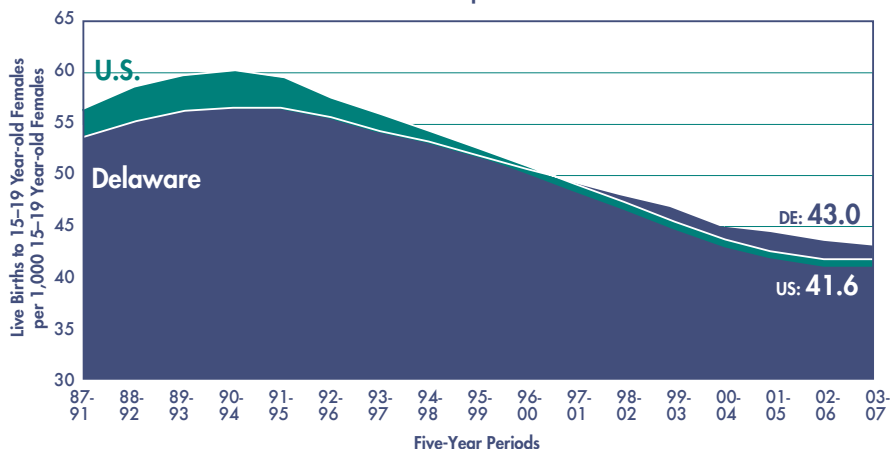
The overall birth rate for Delaware teens ages 15–19 is slightly higher than the United States rate. Birth rates for teens in Sussex County as well as in the City of Wilmington are coming down but continue to be much higher than the Delaware rate.

Births to Teens 15-17



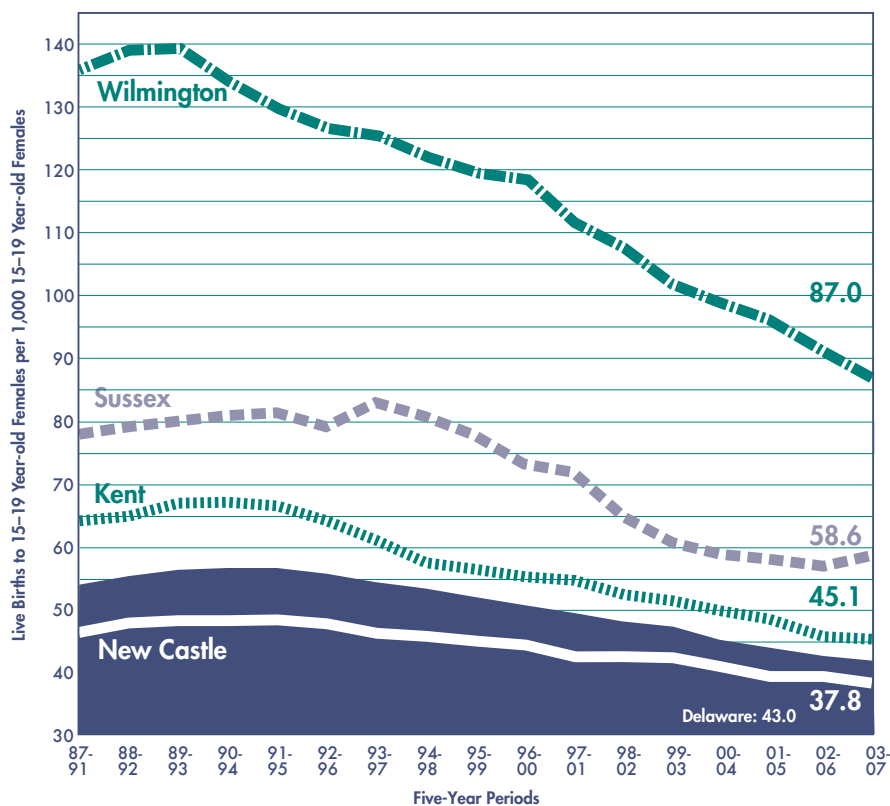
Births to Teens 15-19

Delaware Compared to U.S.



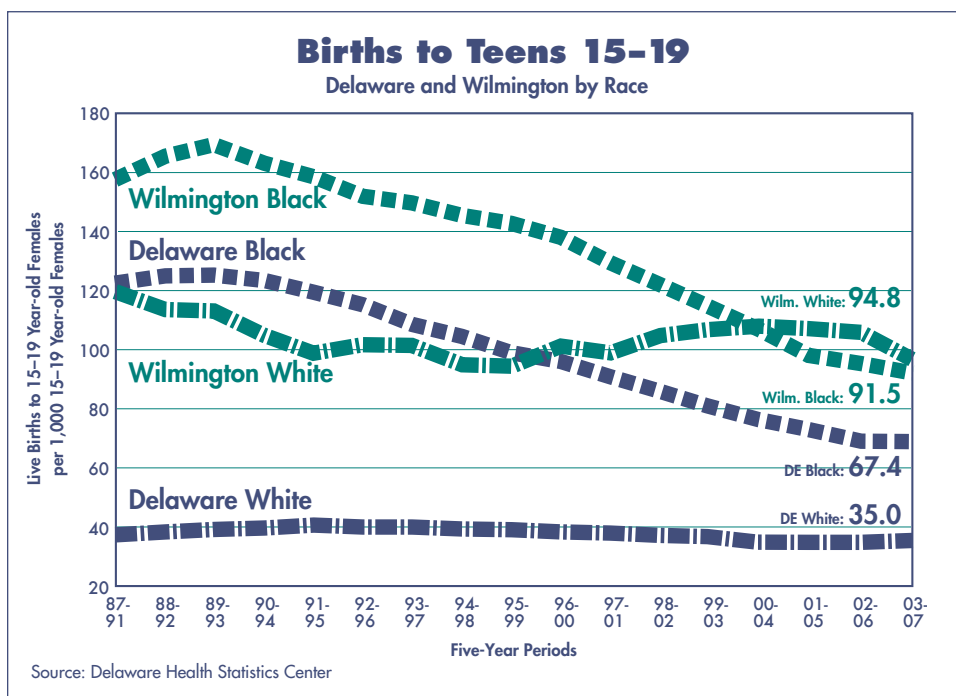
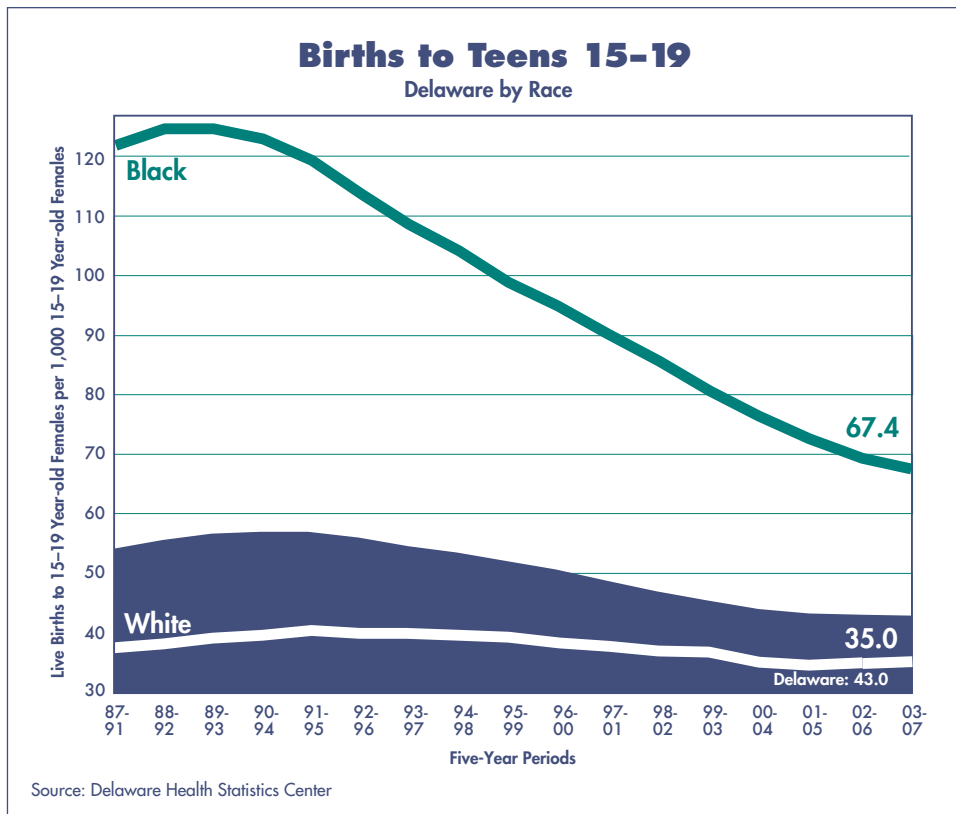
Births to Teens 15-19

Delaware, Counties, and Wilmington



Source: Delaware Health Statistics Center

Births to Teens



Did you know? According to a 2008 report from the Guttmacher Institute, young men (15–19-year-olds) are waiting longer to have sex. The average age at first sex increased from 16.9 in 1995 to 17.5 in 2002. The proportion of young men who have ever had sexual intercourse has declined, from 60% in 1988 to 55% in 1995 to 46% in 2002. However, more than three-quarters of young men will become sexually active by age 20. Almost all (96%) will have sex prior to marriage.

Source: Guttmacher Institute, Facts on Young Men's Sexual and Reproductive Health, June 2008. www.guttmacher.org/pubs/fb_YMSRH.html

For more information see

Children in One-Parent Families 94

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www.teenpregnancy.org

www.plannedparenthood.org

www.guttmacher.org/sections/pregnancy.php

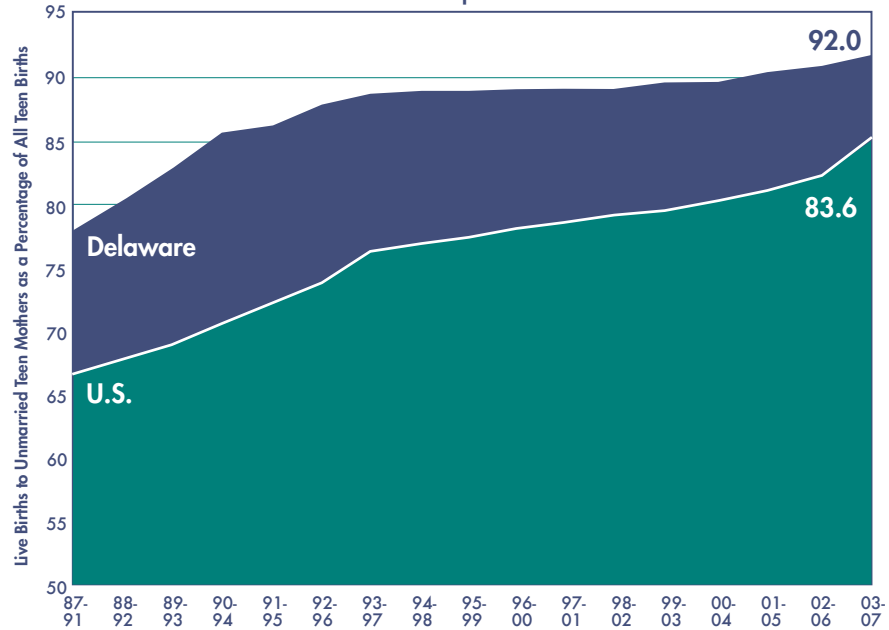


Births to Teens



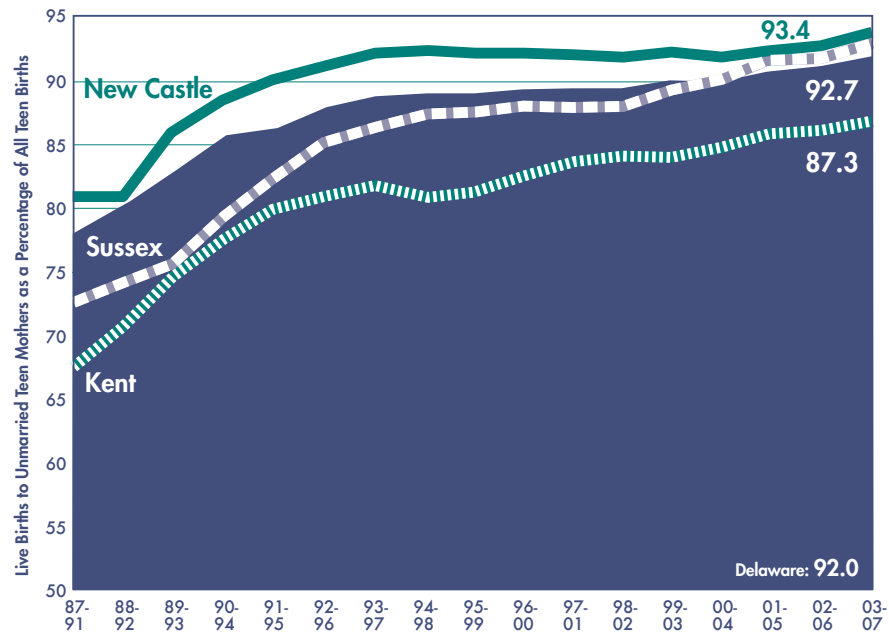
Births to Unmarried Teen Mothers

Delaware Compared to U.S.



Births to Unmarried Teen Mothers

Delaware and Counties



Source: Delaware Health Statistics Center

Five-Year Periods

PUT DATA INTO ACTION



While the teen pregnancy rate and the teen birth rate have each declined over 30% since the early 1990s, the rate remains far too high. The National Campaign to Prevent Teen and Unplanned Pregnancy, launched in 1996, has set a goal to further reduce the teen pregnancy rate by one-third between 2006 and 2015. The National Campaign and more than 200 national organizations have partnered for the 9th annual National Day to Prevent Teen Pregnancy on May 5, 2010. On this day, teens nationwide are asked to take a quiz that asks them to reflect on the best course of action in difficult sexual situations and to stress the importance of avoiding teen pregnancy and other serious consequences of sex.

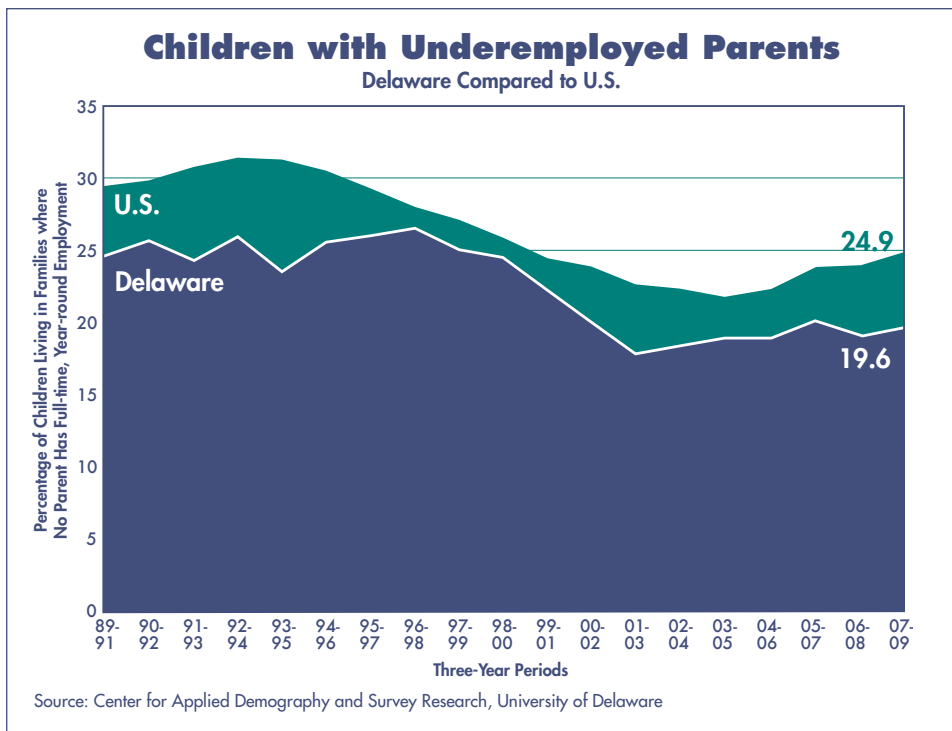
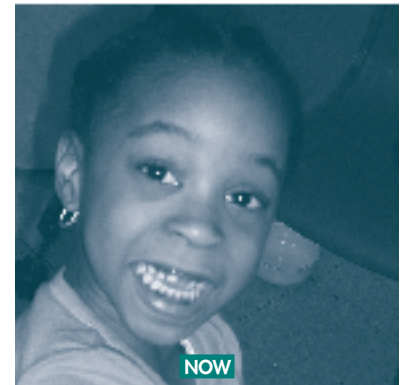
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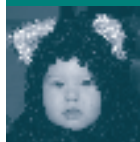


KIDS COUNT INDICATOR No Parent with Full-time Employment

Work and wages have a direct relationship with a family's poverty status: parents' employment 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. Additionally, as earnings increase — particularly as they rise above the official federal poverty threshold level — families begin to lose eligibility for work supports. At the same time, work-related expenses, such as child care and transportation, increase. A higher income is associated with many positive child outcomes including better health, academic achievement, and financial well-being as adults. Additionally, secure jobs improve family life by reducing the stress level generated by unemployment and may help children's psychological well-being. In some cases, long hours of employment among mothers of very young children have been associated with modestly negative development outcomes. However, without full-time employment for at least one parent, many of a child's basic needs become hard to meet.



PUT DATA INTO ACTION



The Annie E. Casey Foundation, sponsor of KIDS COUNT, believes that the children in greatest trouble in America today are those whose parents lack the earnings, assets, services or social support systems required to consistently meet their families' needs. Most of these children are growing up in impoverished communities that are disconnected from the economic mainstream. The Foundation is working to help these isolated families secure adequate incomes, stabilize their finances, accumulate savings and live in vibrant, economically viable neighborhoods through a combination of an approach known as building family economic success, or FES. The approach involves three key components:

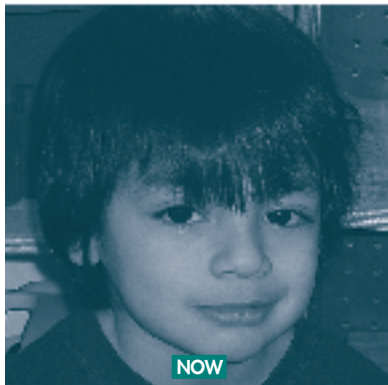
- Asset-building – strategies to help families build wealth and save for the future;
- Family economic supports – public and private supports to help families establish credit, reduce debt, and increase their financial security; and
- Workforce development – the skills and education necessary to get good jobs and build careers.

Source: The Annie E. Casey Foundation, www.aecf.org/MajorInitiatives/FamilyEconomicSuccess.aspx

For more information see

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KIDS COUNT INDICATOR Children in Poverty

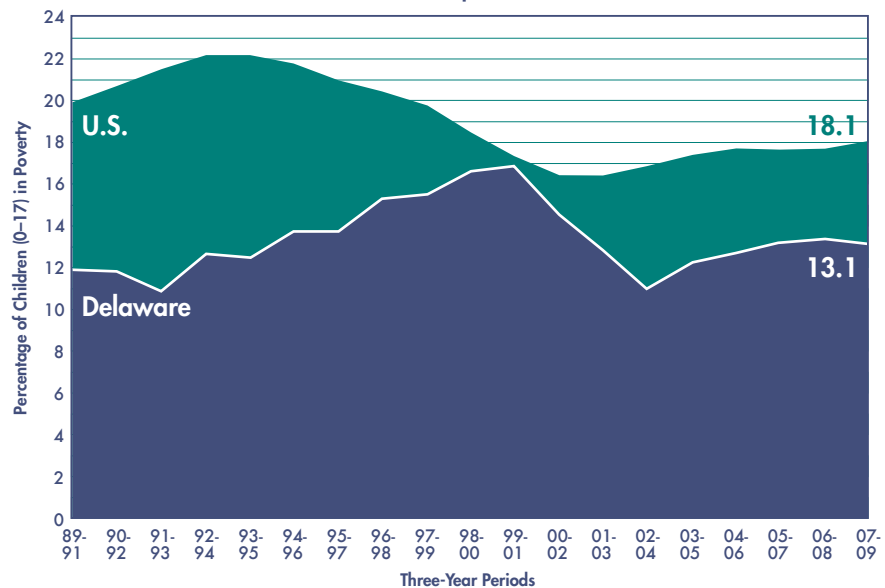


Poverty is the single greatest threat to children's well-being. Nearly 13 million children in the United States — almost 18% of all children — live in families with incomes below the federal poverty level.

Poor children suffer a disproportionate share of deprivation, hardship, and negative outcomes. Not only do poor 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, they score lower on standardized tests and are more likely to be retained in grade and to drop out. Poor teens are more likely to have out-of-wedlock births and to experience violent crime. The risks are greatest for children who experience poverty when they are younger and for those who live in deep and/or persistent poverty. Poor children are 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.

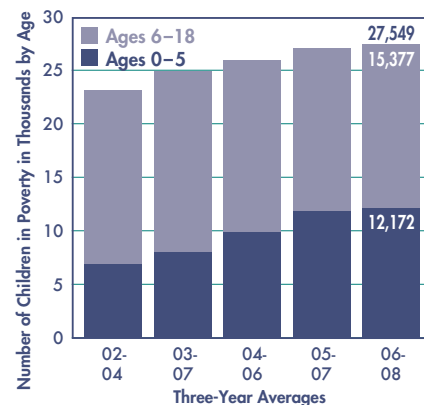
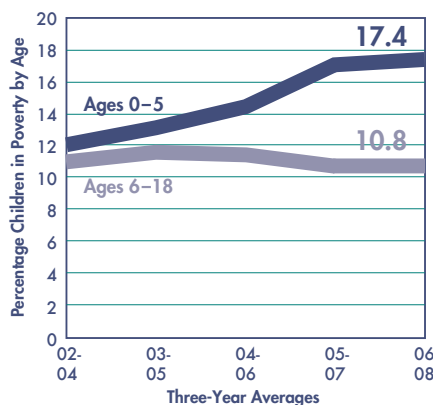
Children in Poverty

Delaware Compared to U.S.



Children in Poverty by Age

Delaware

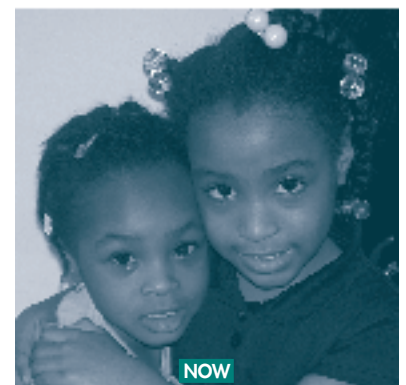
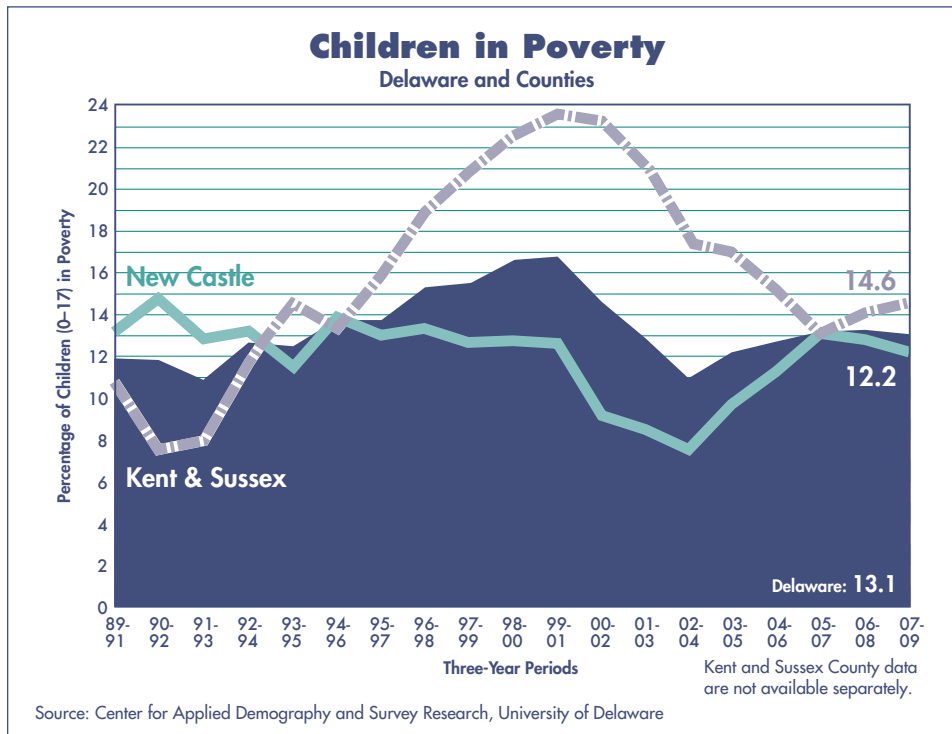


Children in Poverty – The poverty threshold for a one-parent, two-child family was \$16,705 for 2007 and \$17,346 for 2008. For a family of four with two children, the threshold was \$21,027 for 2007 and \$21,834 for 2008.

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.

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

Children in Poverty



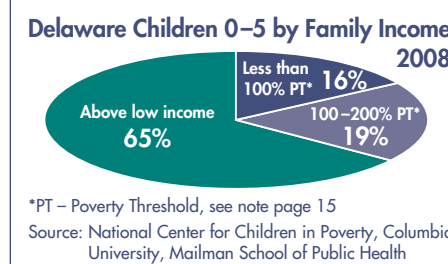
Did you know? Studies conducted by U.S. neuroscientists have found that poverty status has a direct effect on brain development, especially between the ages of 6 months and 3 years. Unhealthy levels of stress hormones coupled with inadequate nutrition and exposure to environmental toxins produce impairments and delays in brain development, particularly in cognition, language development and memory. Young children who live in poverty continue to perform lower than their counterparts of higher socioeconomic status throughout their childhood and into adulthood. With poverty rates in the U.S. continuing to rise, early intervention education programs like Head Start and Stars for Early Success are very important to ensure that there are no educational and developmental barriers for impoverished children.

Did you know? In 2008 in Delaware, there were 68,226 children that lived in low-income (less than 200% of poverty level) families (33%). Among children in low-income families

- 86% have at least one parent who works, and 62% have a parent employed full-time year-round.
- 86% of children whose parents do not have a high school degree live in low-income families.
- 48% of children in low-income families have a parent that only has a high school degree and no college education.
- 54% of children who have immigrant parents live in a low-income family.
- 23% of white children (27,279) live in a low-income family; 43% of black children (20,952) and 74% of Hispanic children (15,248) live in a low-income family. There are over 25,000 kids under the age of six living in low-income families.

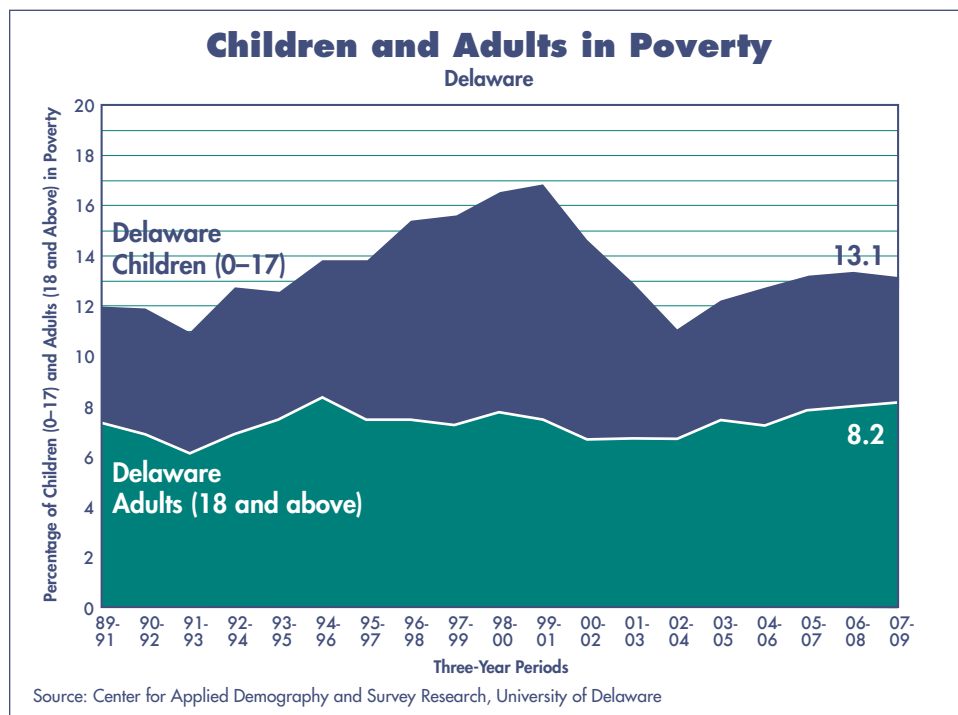
Source: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.
http://www.nccp.org/publications/pdf/text_851.pdf

Did you know? In Delaware, there are 26,000 low-income families and 37% of them have a preschool age child (under age 6). Among low-income families in Delaware, 86% have at least one parent who works and 60% have a parent who works full-time, year-round. Forty-two percent are two-parent families.



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.

Children in Poverty



Did you know?

In Delaware, 25,004 (35%) of young children under age 6 live in low income families. Among low-income families in Delaware, 85% have at least one parent who works and 58% have a parent who works full-time, year round. Fifty-eight percent are one parent families.

Source: National Center for Children in Poverty, Columbia University, Mailman School of Public Health

Did you know?

Long-term economic trends reflect the gradual but steady growth of economic insecurity among middle-income and working families over the last 30 years. Incomes have increased very modestly for all but the highest earners—expanding inequality. Stagnant incomes combined with the high costs have left many families a single crisis (a serious illness, job loss, divorce) away from financial devastation. The Economic Policy Institute suggests that causes of a growing inequality include increased educational returns (technology), globalization/trade, deregulation, race/gender differentials, absence of full employment, immigration, diminished union presence, low minimum wages, winner-take-all mentality, regressive tax changes, the crumbling “social contract,” diminished mobility/privilege, and reduced bargaining power.

Source: Economic Policy Institute. www.epi.org

Did you know?

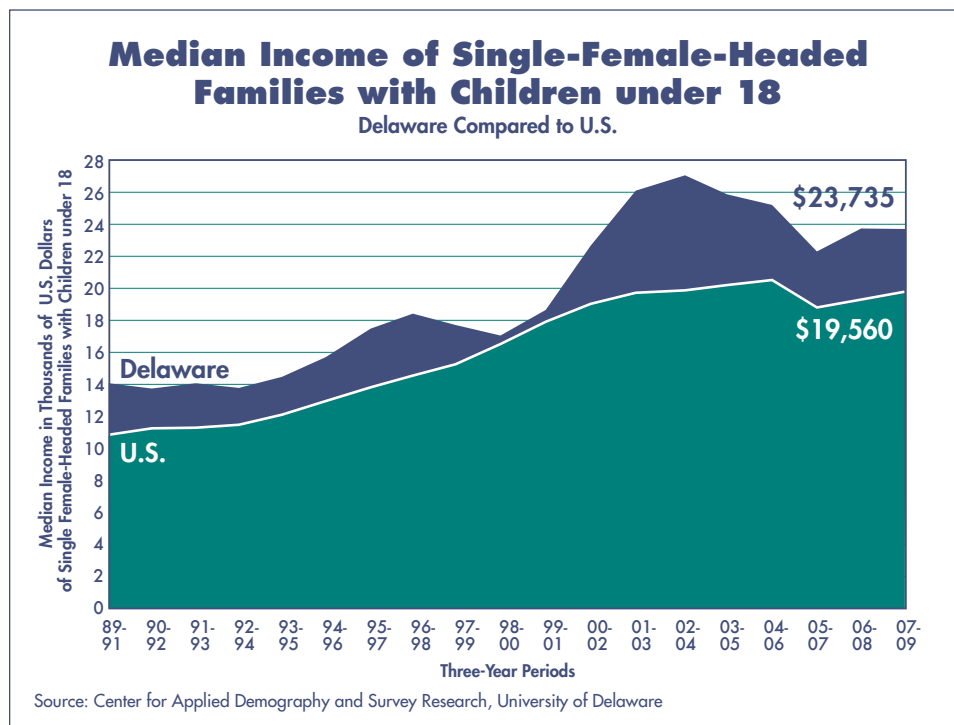
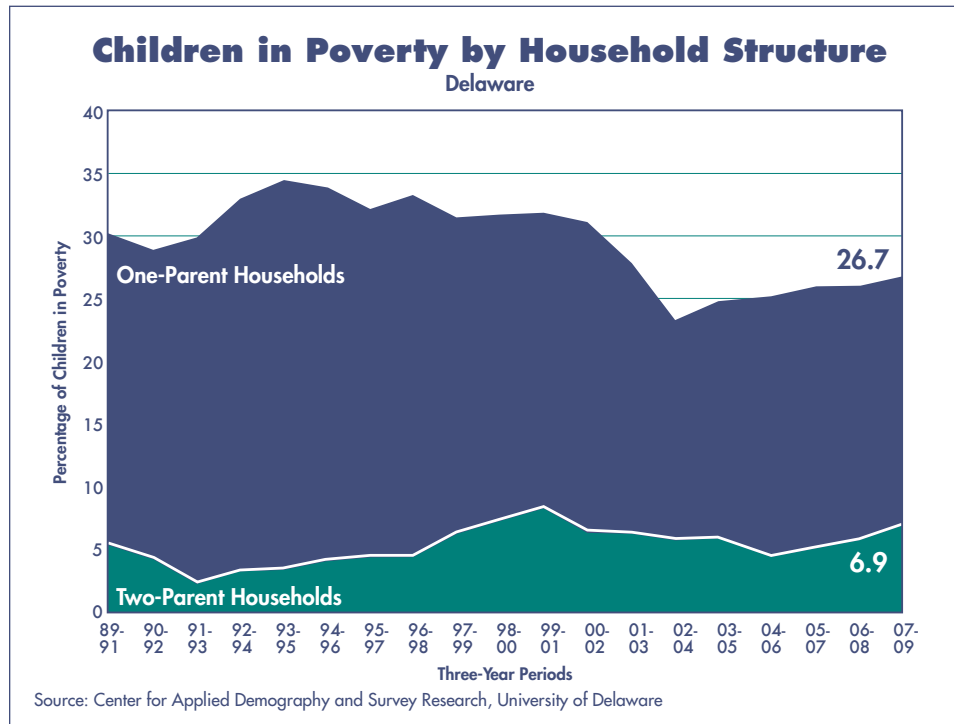
The number of caregivers present in a given household varies; increasingly, single parents (typically single mothers) are the primary caregiver in many families. Single-parent families tend to have much lower incomes than do two-parent families, but research indicates that the income differential accounts for only about one-half of the negative effects of parent absence on many areas of child and youth well-being, including health, educational attainment and assessments, behavior problems, and psychological well-being. Female-headed families have high poverty rates compared with other family types. Additionally, children raised in female-headed families experience significant challenges beyond the effects of having low-income. The economic disadvantage of a female-headed family is often a result of under-employment and limited home and property ownership.

Source: The Urban Institute. (2006). Parents and Children Facing a World of Risk: Next Steps Towards a Working Families Agenda. www.urban.org

PUT DATA INTO ACTION

People with low income (household income under \$50,000 with dependents or \$25,000 without dependents) can have their income taxes prepared for free via the Delaware Earned Income Tax Credit Campaign. For more info: www.eitcdelaware.net.

Children in Poverty



Children in Poverty – According to the 2008 poverty threshold figures, a family of three must make less than \$17,163 annually to be considered in 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 2008 a family of three must make less than \$17,163 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. See Table 73, page 175, for poverty thresholds for 2008.

Did you know?

Because a child's family unit is the primary source of input, a parent's financial, human and social capital resources highly influences that child's development. A parent's basic life skills, education, and social networks can provide experiences, resources, and services for children to thrive and to grow into healthy, productive adults. In contrast, parents who face chronic economic hardship are much more likely than their more affluent peers to experience severe stress and depression—both of which are linked to poor social and emotional outcomes for children.

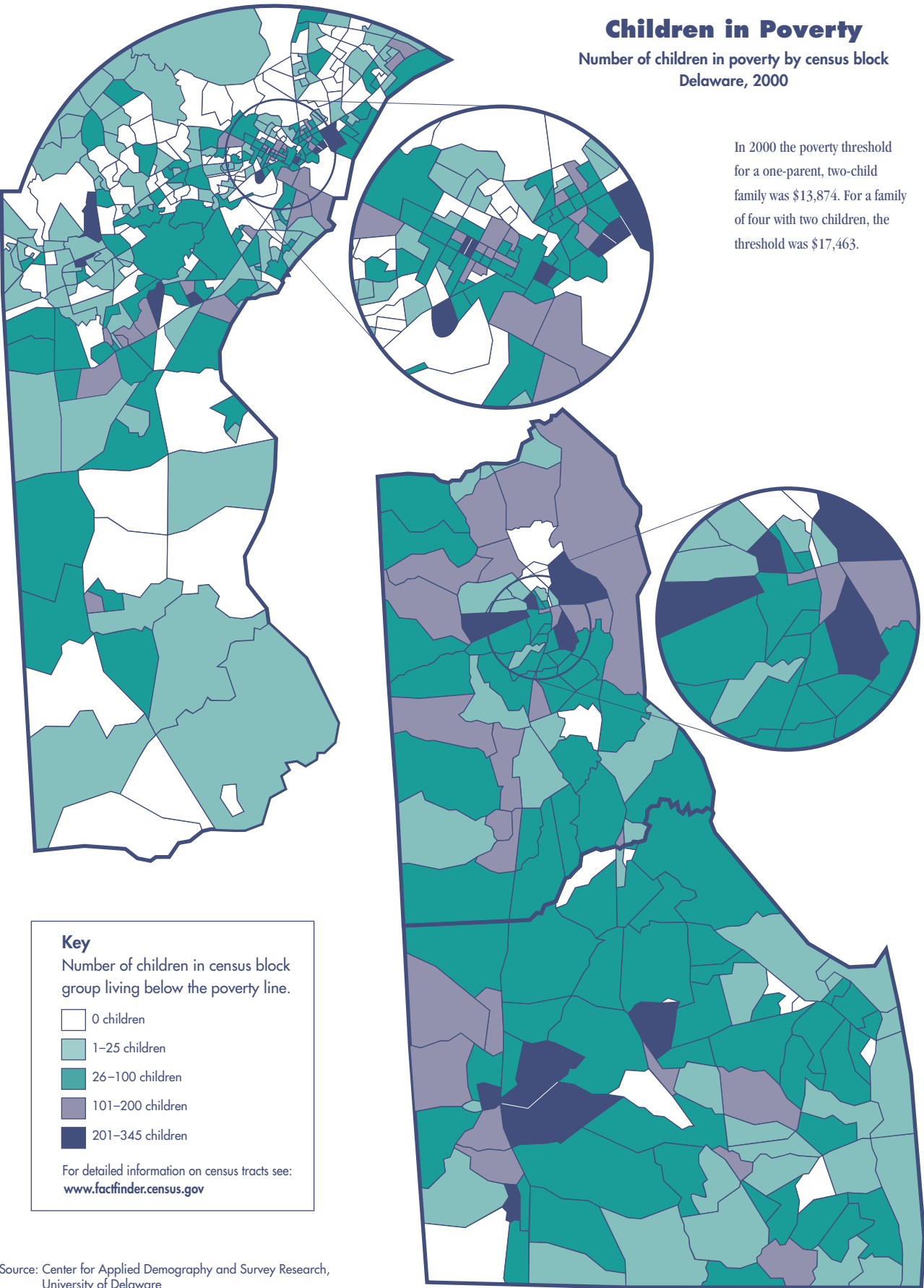
For more information see

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Children in Poverty

Children in Poverty
Number of children in poverty by census block
Delaware, 2000

In 2000 the poverty threshold for a one-parent, two-child family was \$13,874. For a family of four with two children, the threshold was \$17,463.



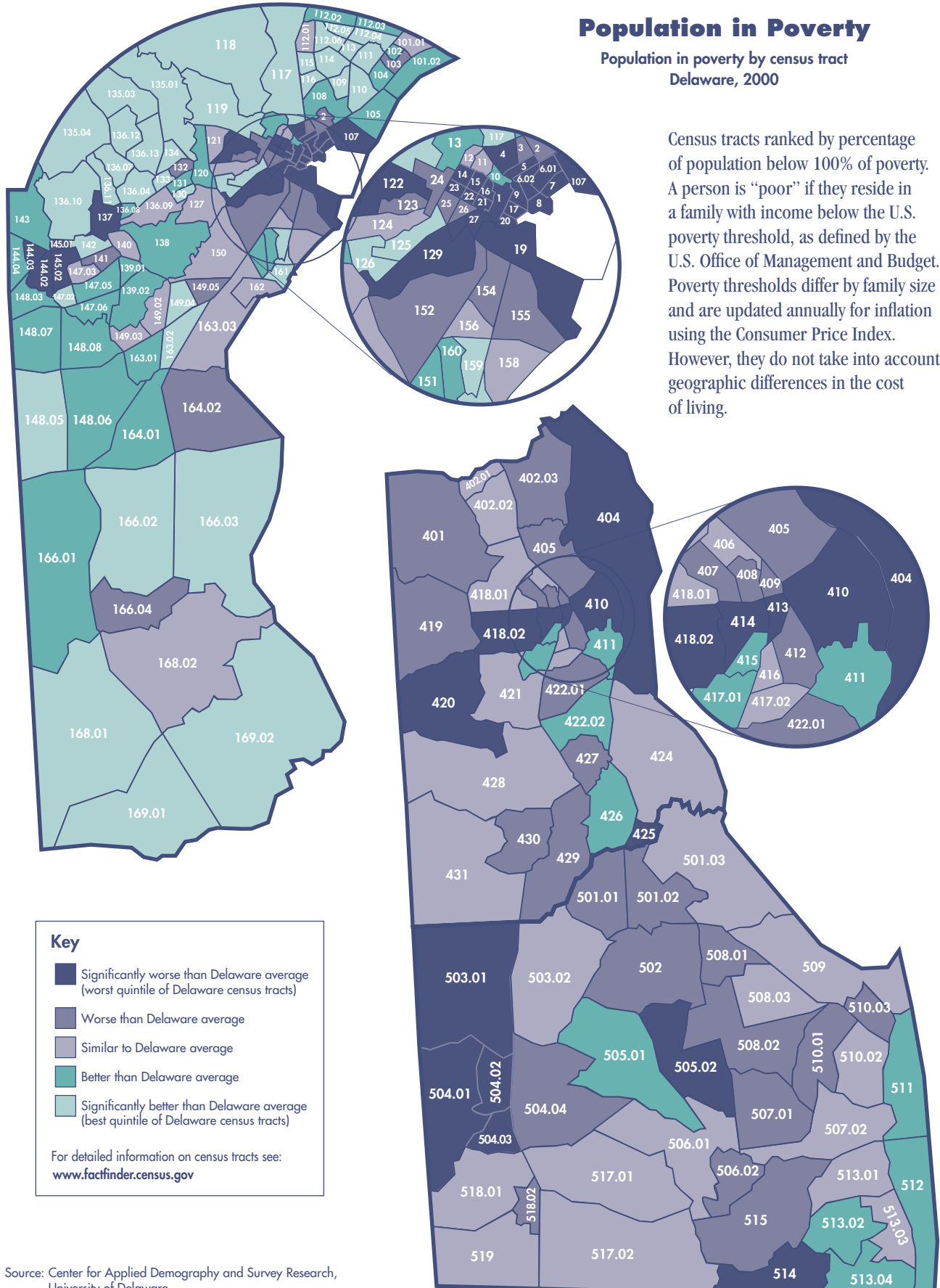
Source: Center for Applied Demography and Survey Research,
University of Delaware

Children in Poverty

Population in Poverty

Population in poverty by census tract
Delaware, 2000

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.



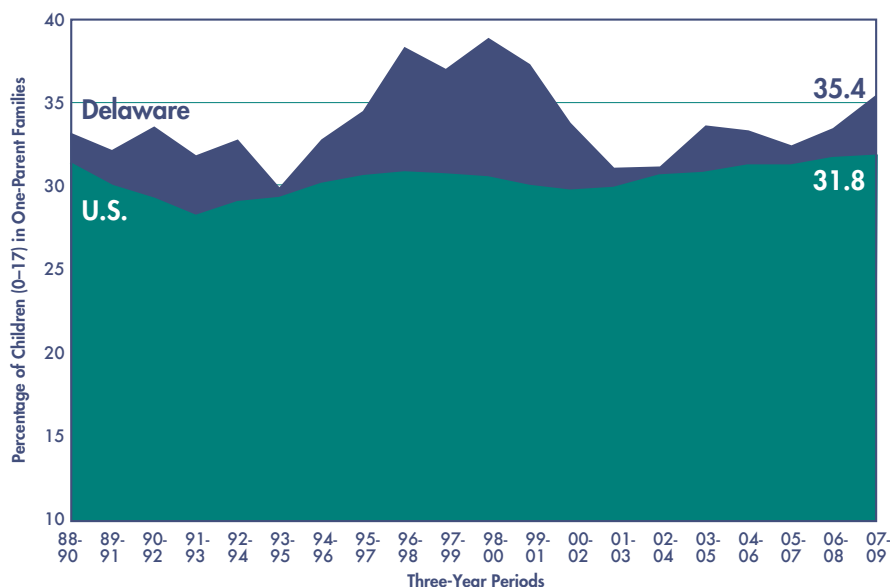
KIDS COUNT INDICATOR Children in One-Parent Families



As the composition of families living in America continues to change, a child's relationship to his or her primary caregiver may change. For example, families may be headed by biological parents, step-parents, grandparents, foster parents, or other relatives. The number of caregivers present in a given household also varies. 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.

Children in One-Parent Families

Delaware Compared to U.S.



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

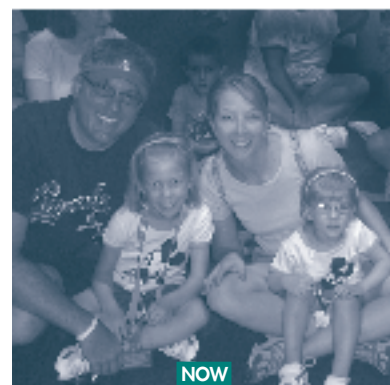
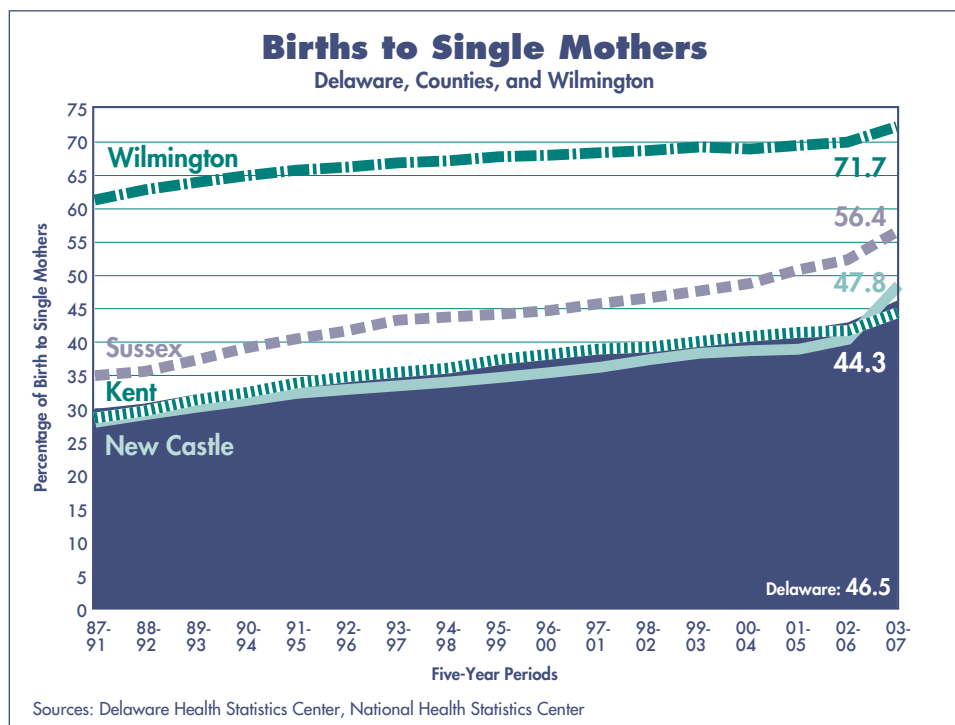
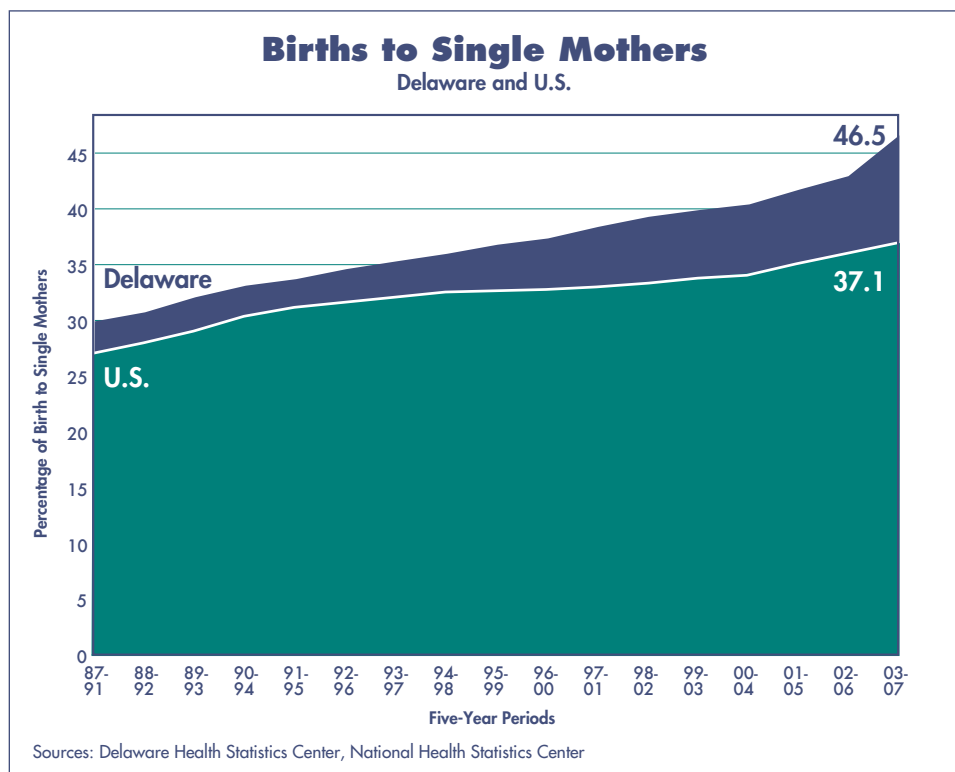
Households by Type

U.S., Delaware, and Counties

	US	DE	NC	Kent	Sussex
Family households (families)	66.6%	67.6%	66.5%	70.6%	67.9%
With own children under 18 years	31.0%	29.5%	30.6%	32.6%	24.3%
Married-couple family	49.6%	49.6%	48.2%	52.4%	51.1%
With own children under 18 years	21.4%	19.9%	20.6%	21.9%	15.5%
Male householder family, no wife present	4.6%	4.8%	5.0%	3.7%	5.0%
With own children under 18 years	2.3%	2.2%	2.4%	2.3%	1.7%
Female householder family, no husband present	12.5%	13.2%	13.4%	14.4%	11.9%
With own children under 18 years	7.4%	7.6%	7.6%	8.4%	7.0%
Nonfamily households	33.4%	32.4%	33.5%	29.4%	32.1%
Householder living alone	27.5%	26.4%	27.4%	24.5%	25.5%
65 years and over	9.3%	9.1%	8.5%	9.1%	10.9%
Households with one or more people <18 years	34.3%	33.3%	34.1%	36.6%	28.9%
Households with one or more people 65+	23.5%	24.8%	21.9%	24.0%	33.2%
Average household size	2.61	2.57	2.62	2.60	2.43
Average family size	3.20	3.11	3.21	3.09	2.90

Source: American Community Survey, 2008. www.factfinder.census.gov/

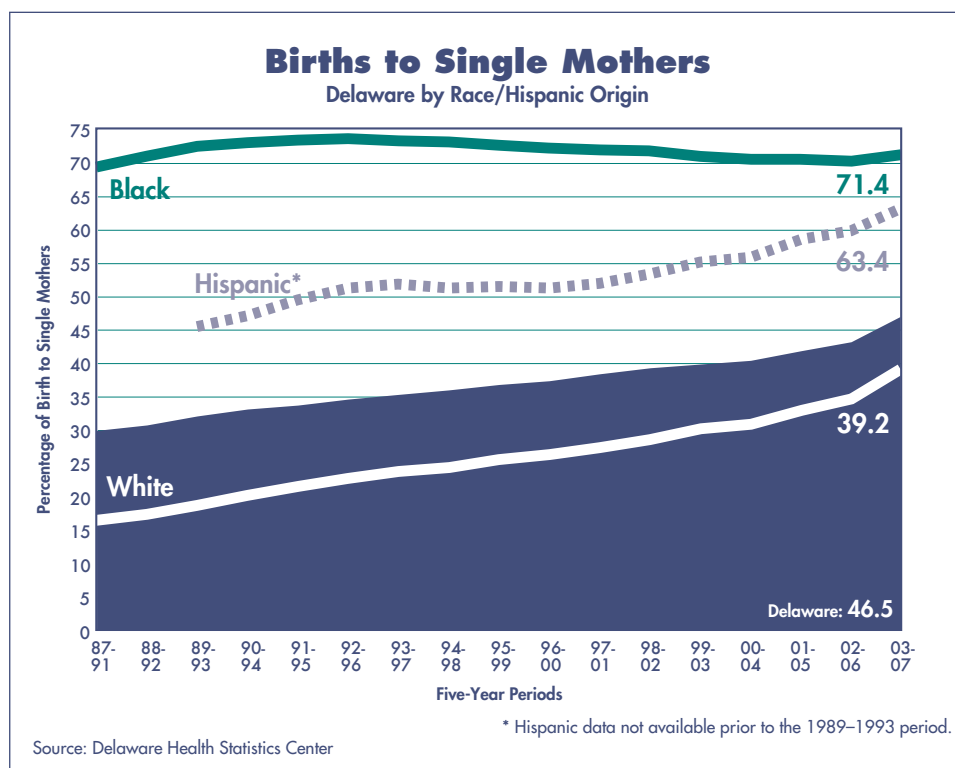
Children in One-Parent Households – percentage of all families with “own children” under age 18 living in the household, who are headed by a person—male or female—without a spouse present in the home. “Own children” are never-married children under 18 who are related to the householder by birth, marriage,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



Did you know? Births among unmarried women were at a record high in the U.S. in 2006. Births to unmarried mothers increased almost 8% in 2006. This was a 20% increase from 2002, when the trend of increased births among unmarried women started. The largest increase, 10%, was among women 25 to 29. Overall, the birth rate among unmarried women rose from 47.5 births per 1,000 in 2005 to 50.6 per 1,000 in 2006, a 7% increase in one year and a 16% increase since 2002.

Source: U.S. News and World Report, <http://health.usnews.com/>

Children in One-Parent Families



Living Arrangements for Delaware Children

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

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

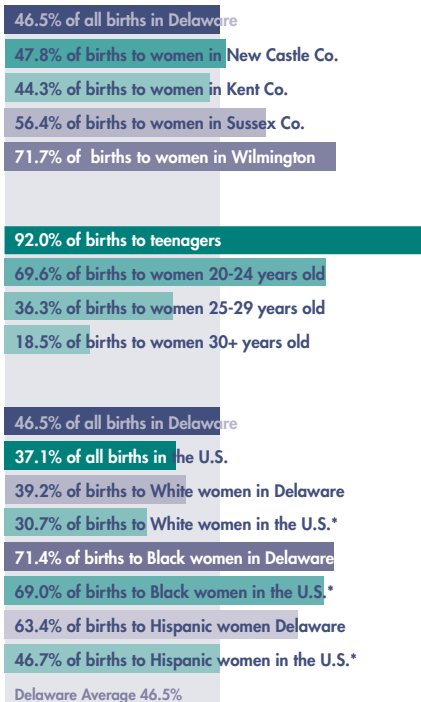
Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File

Did you know? The U.S. has the highest percentage of single-parent families (34% in 1998) among developed countries, followed by Canada (22%), Australia (20%), and Denmark (19%). In 1970, 13% of families were headed by a single parent. Over one-fourth of children in the United States lived with a single parent in 1996, double the proportion in 1970.

Source: Marriage and Family Encyclopedia. <http://family.jrank.org/>

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 2003–2007



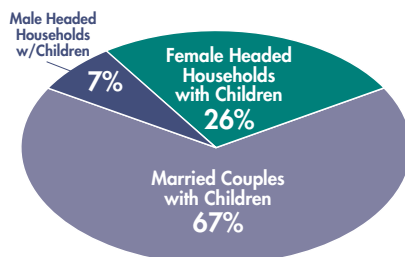
* White, Black, & Hispanic data for U.S. were not available for 2003–2007. Data shown are for 2002–2006.

Source: Delaware Health Statistics Center

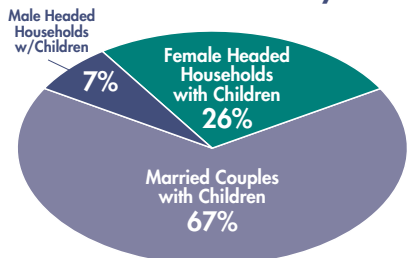
Families with Children by Household Structure

2000

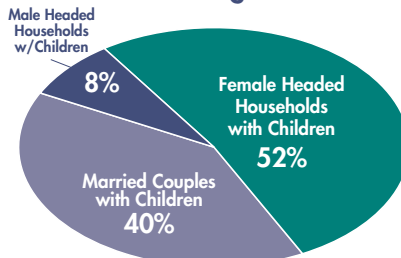
Delaware



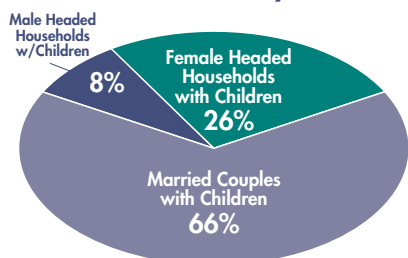
New Castle County



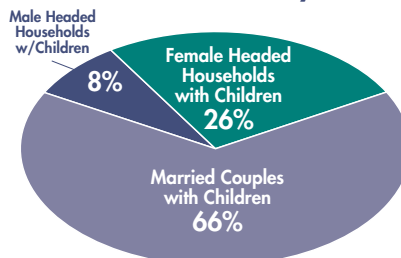
Wilmington



Kent County



Sussex County



Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1



Did you know?

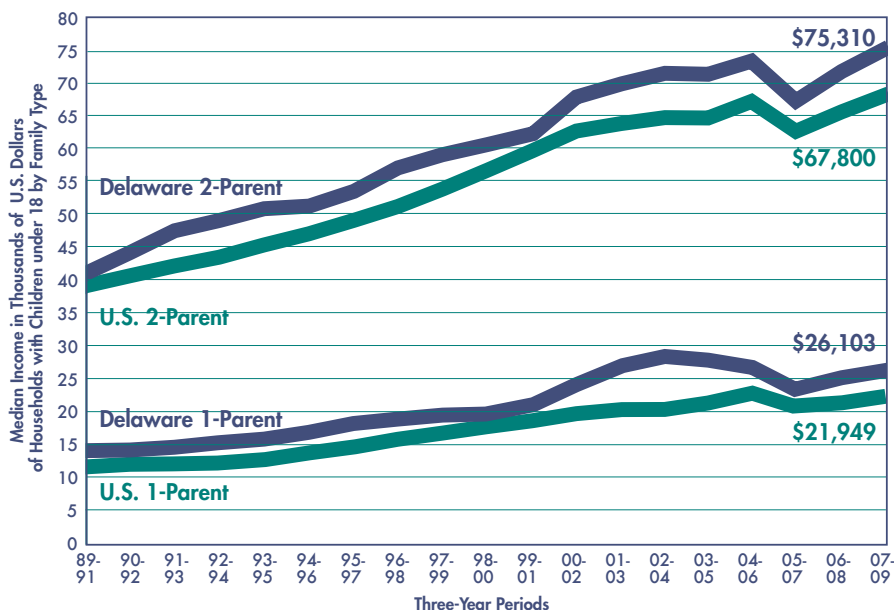
- At the national level, in 2008, 66.7% of children ages 0–17 lived with two married parents, down from 77% in 1980. At the same time, nearly one quarter (22.8%) of children lived with only their mothers, 3.5% lived with only their fathers, and 3.8% lived with neither of their parents.
- In 2008, 75.4% of White non-Hispanic, 64.2% of Hispanic, and 34.5% of Black children lived with two married parents. The proportion of Hispanic children living with two married parents decreased from 75% in 1980 to 64.2% in 2008.
- The proportion of all children living with a single father in the U.S. increased from 2% in 1980 to 3.5% in 2008.
- In 2008, the majority of children living with one parent lived with their single mother. Some single parents had cohabiting partners. 19% of children living with single fathers and 10% of children living with single mothers also lived with their parent's cohabiting partner. Out of all children ages 0–17, 6.6 million (9%) lived with a parent or parents who were cohabiting.

Source: America's Children: Key National Indicators of Well-Being, 2008. <http://childstats.gov/>

Children in One-Parent Families

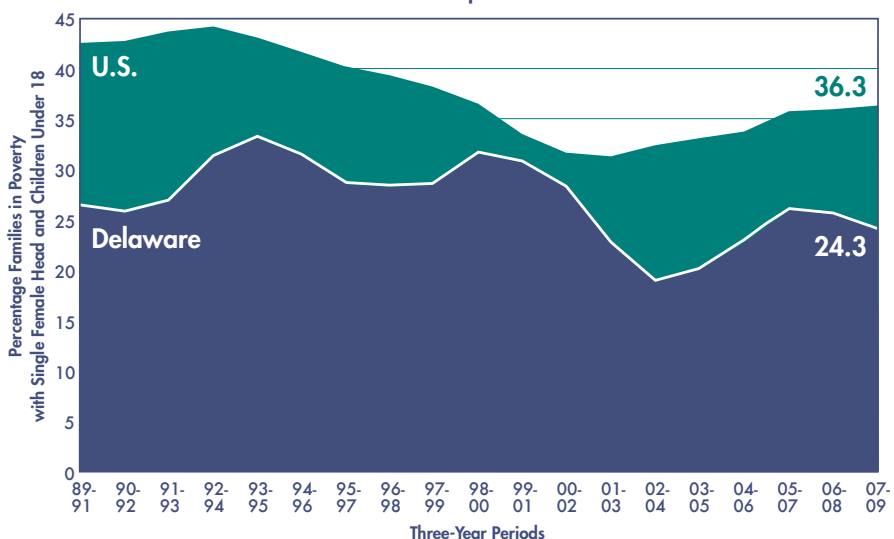


Median Income of Families with Children by Family Type Delaware and U.S.



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

For more information see

Child Support 99

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www.singlerose.com

www.makinglemonade.com

www.singlefather.org

www.urban.org/publications/101308.html

www.parentswithoutpartners.org

www.promisingpractices.net

www.nationalpartnership.org

Did you know? In 2008, 58% (39,817) of Delaware children in low-income families live with a single parent. 22% of Delaware children in above low-income families live with a single parent.

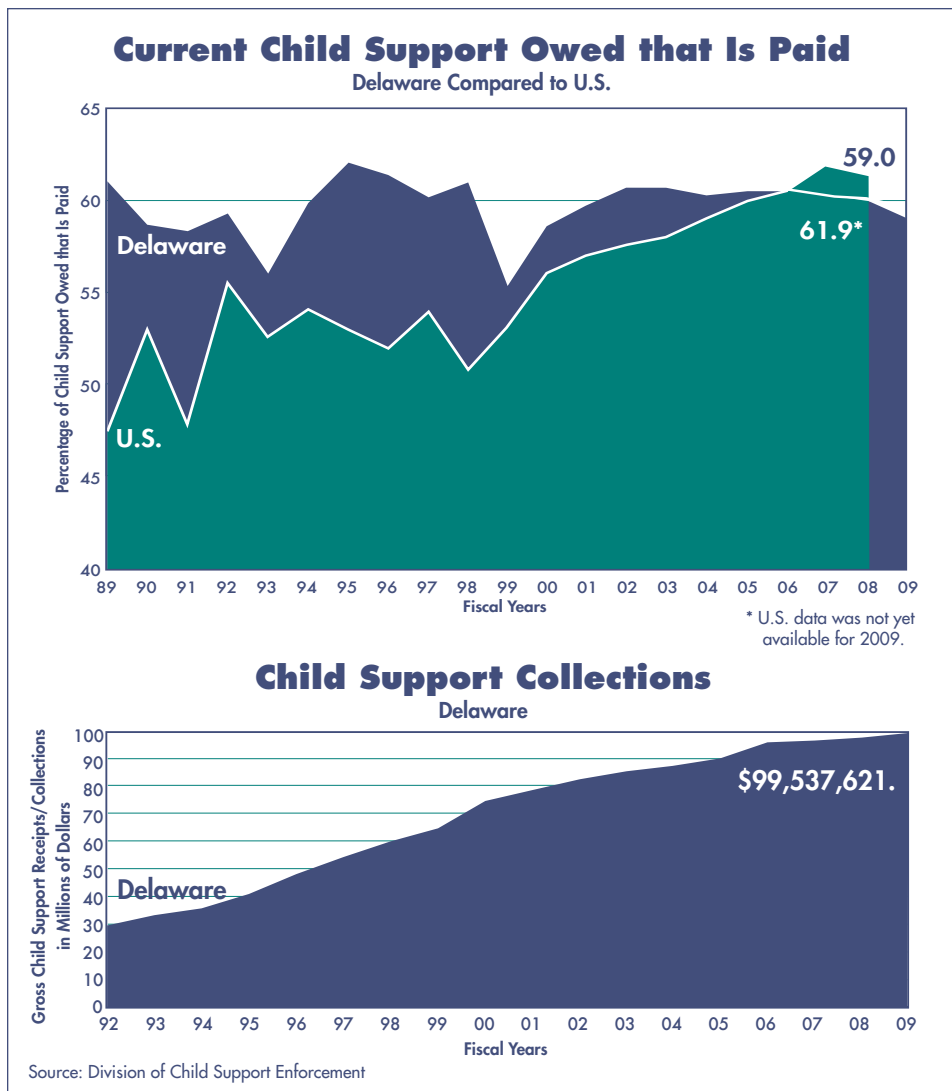
Source: National Center for Children in Poverty, www.nccp.org/profiles/DE_profile_6.html

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

U.S.	DE	New Castle	Kent	Sussex
44.9%	40.7%	30.5%	62.1%	41.9%

Source: American Community Survey 2006, U.S. Census Bureau. <http://factfinder.census.gov/>

The Child Support Enforcement Program is a federal, state and local partnership aimed at promoting self-sufficiency and child well-being through financial stability. The program was designed to ensure that both parents, not just the primary caregiver, take responsibility in supporting their children. Child support becomes an important resource for many children living in poverty. In some cases, the courts will issue a child support order; research has indicated that children are more likely to receive financial support from their nonresident parent when an order is in place. 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. In Delaware, the Division of Child Support Enforcement works to ensure both parents meet their financial and legal obligations to their children.



PUT DATA INTO ACTION



WANTED: For failure to pay child support in Delaware

In February 2009, Delaware Health and Social Services, Division of Child Support Enforcement, began a new online Wanted Poster Presentation featuring non-custodial parents (NCPs) wanted for owing child support (see www.dhss.delaware.gov/dhss/main/mmedia/slides/). The online presentation can show more NCPs than could be featured on a poster. Between 2006 and 2009, 79 Crime Stopper tips were received and 80 cases have been resolved.

Source: Delaware Health and Social Services, Division of Child Support Enforcement

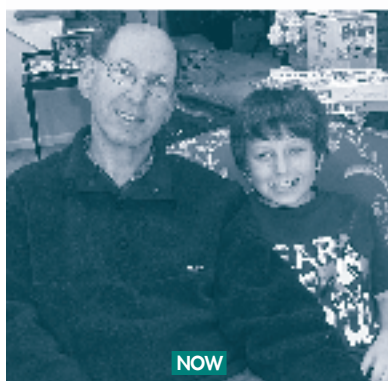
For more information see

Children in One-Parent Families 94

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<http://www.dhss.delaware.gov/dhss/dcse/>
www.acf.hhs.gov/programs/cse/

Children Living with Grandparents



Grandparents raising grandchildren have received considerable attention in recent years. Many observers perceive grandparent care to be a growing phenomenon. In fact, however, 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 it can be a challenging situation for both the child and the grandparent.

Grandparents Living with Grandchildren

Delaware, Counties, and Wilmington, 2006/2008

	Delaware	New Castle	Kent	Sussex	Wilmington*
Grandparents living with grandchildren under 18 years	20,830	13,822	3,870	3,744	2,497
Grandparents responsible for their grandchildren	8,176	5,346	1,724	1,902	1,116

*Wilmington data were not available for 2008. Data for 2006 is shown.
Source: American Community Survey 2008, U.S. Census

Did you know? Approximately 5 to 6% of grandchildren and 10% of grandparents live in grandparent-grandchild households at any given time. More than 10% of children under the age of two live with their grandparents; while only 3% of children 15 to 17 years-old do so. African American children are more likely to live with their grandparents: 7.8% live in three-generation households, and 5.7% live without their parents in split-generation households.

Source: Grandparents Caring for Grandchildren What Do We Know? Anne R. Pebley and L. L. Rudkin Rand Corporation Labor and Population Program. www.rand.org/pubs/research_briefs/RB5030/index1.html

Did you know? In 2008 there were 7,446 Delaware grandparents responsible for their own grandchildren.

- Years responsible for grandchildren:
 - Less than 1 year 1,537
 - 1 or 2 years 1,557
 - 3 or 4 years 1,458
 - 5 or more years 2,894
- Grandparent caregivers who were:
 - Male 4,702
 - Female 4,826

Source: American Community Survey 2008

PUT DATA INTO ACTION



The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), through its intergenerational program, **Joining Generations**, provides a number of respite opportunities for grandparents and other relative caregivers in Delaware. DSAAPD works in coordination with community organizations to provide the following services:

- **Grand Time Off**, a program that provides eligible relative caregivers with a small stipend so they can procure sporadic child care.
- **Camp Respite**, a summer/school break camp program that provides recreation for kids at their local YMCA or Boys and Girls Clubs and also gives a break to grandparents and other relative caregivers.
- **Delaware Kinship Navigator**, one phone number statewide to call for information on services available for relative caregivers.

CARE Delaware supports older relatives raising children ages 18 and younger. Caregiver Resource Centers include helpful materials for these caregivers. In addition, CARE Delaware provides a number of respite opportunities for grandparents and other relative caregivers who are age 55 and over. To learn more about programs that support relative caregivers, please visit the Respite Options for Relative Caregivers at www.dhss.delaware.gov/dhss/dsaapd/respiteoptions.html.

Source: Delaware Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities

For more information see

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

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



Health Care Coverage

The limits of public health care and gaps in employer coverage leave millions of people living in America without adequate health care coverage. Accessible, reliable health care is an important aspect of child and family well-being. Families without health care coverage are impacted in terms of their access to care, quality of care, and financial security. Compared to those with health care coverage, 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.



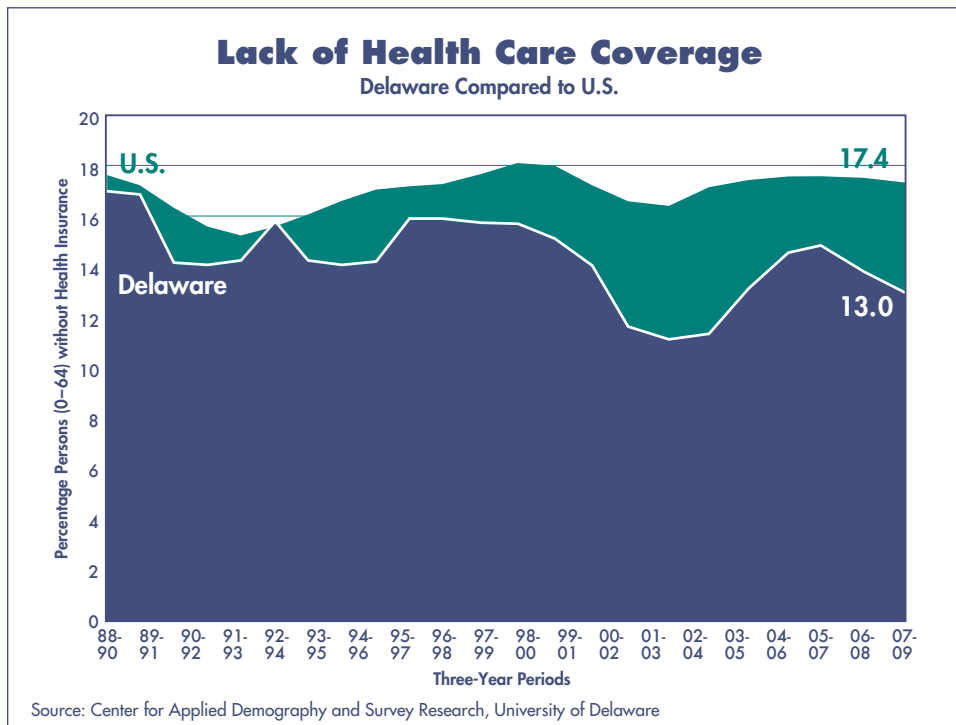
THEN: 2007



THEN: 2009



NOW



Who Are the Uninsured?

Nonelderly Uninsured Rates
Delaware, 2006-2007 and U.S., 2007

	DE	US
Family Work Status		
At Least 1 Full-time Worker	11%	15%
Part Time Workers	29%	29%
Non Workers	22%	28%
Race/Ethnicity		
White	9%	12%
Black	14%	21%
Hispanic	41%	34%
Other	19%	18%
Federal Poverty Level		
Under 100%	30%	35%
100-199%	23%	29%
200% or more	8%	9%

Source for above and data at right: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements). www.statehealthfacts.kff.org/

Health Insurance Coverage

Distribution for Total Population
Delaware, 2006-2007 and U.S., 2007

	DE	US
Employer	59%	53%
Individual	3%	5%
Medicaid	11%	13%
Medicare	14%	2%
Other Public	1%	1%

PUT DATA INTO ACTION



The Delaware Insurance Department offers services and information for people interested in obtaining insurance. For more information, call 1-800-282-8611 or visit www.delawareinsurance.gov/.

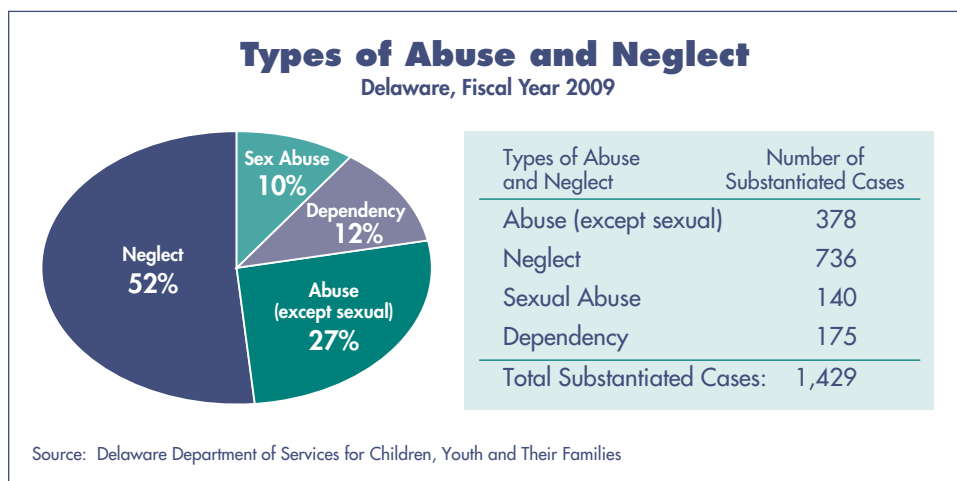
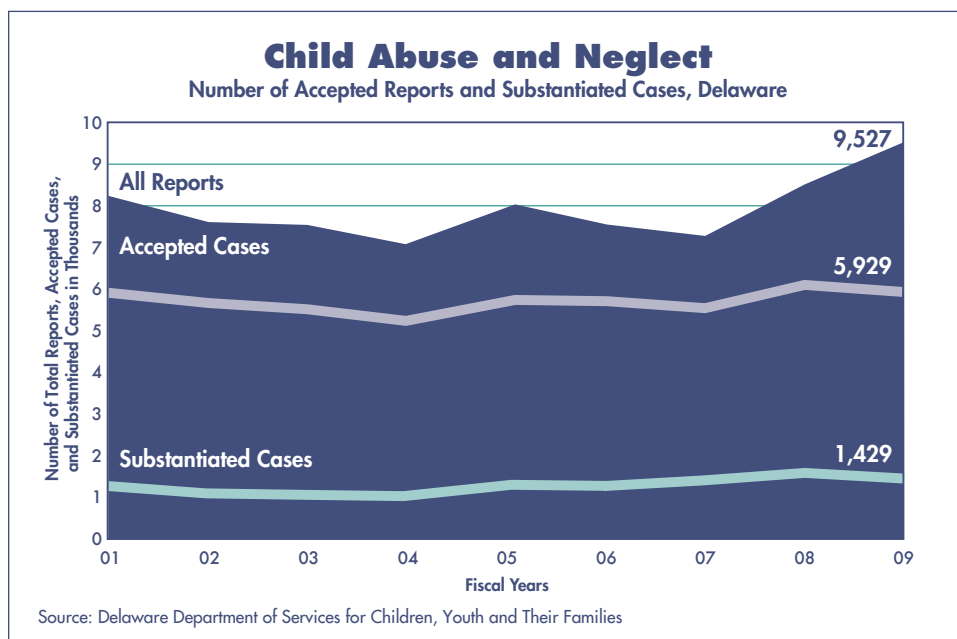
For more information see

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www.cms.gov	
www.familiesusa.org	
http://dhcc.delaware.gov/	
www.delawareuninsured.org/	

Child Abuse & 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.



Did you know?

The Adam Walsh Act requires states to check child abuse and neglect registries in all states in which any prospective foster or adoptive parent and any other adult living in the home has resided in the preceding five years, before the prospective foster or adoptive parent may be finally approved for placement of a child.

Source: <http://kids.delaware.gov/information/adamwalsh.shtml>

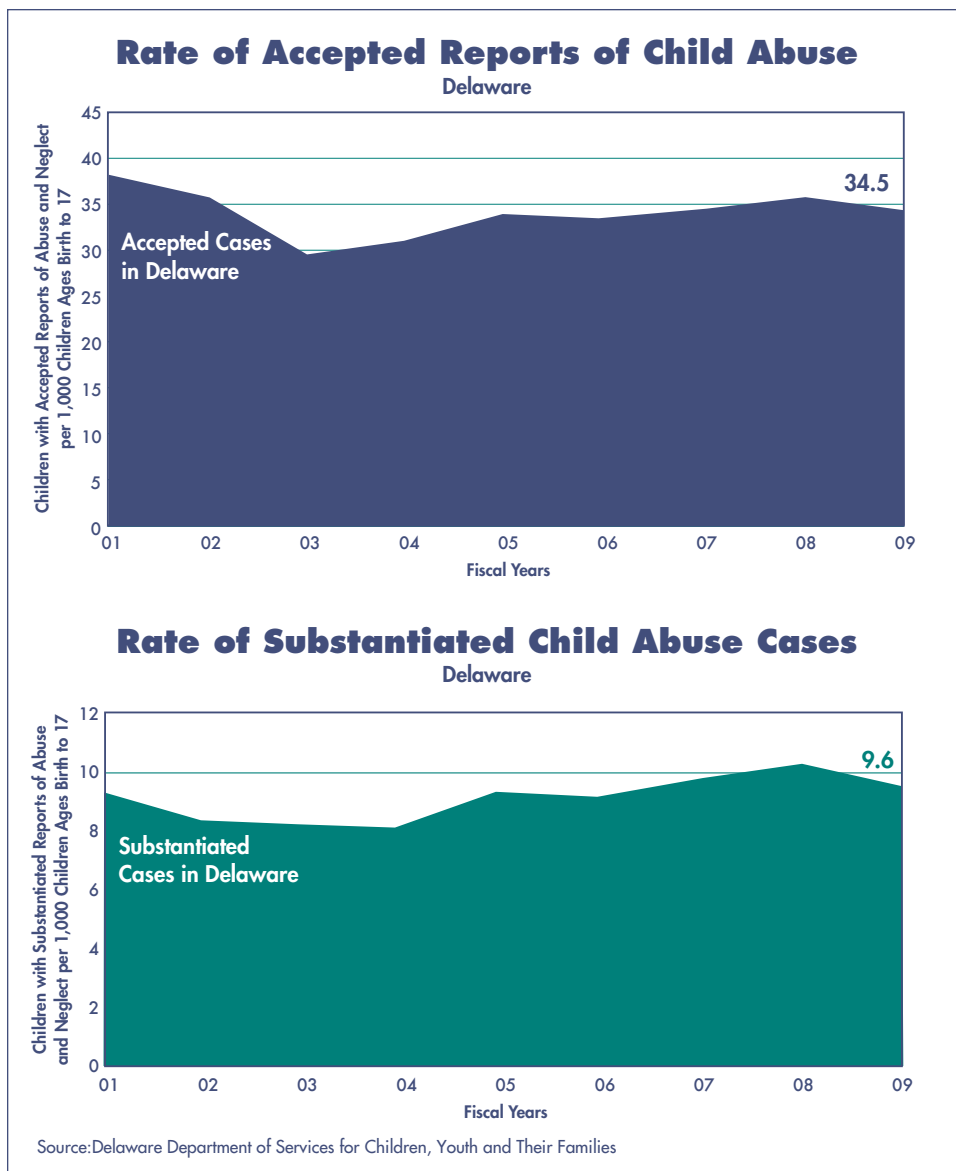
PUT DATA INTO ACTION



Safe Arms for Babies is a law that allows a parent to go to any Delaware hospital emergency department and leave their newborn (14 days old or younger) with any emergency department staff or volunteer.

Safe Arms for Babies 24-hour hotline:
1-800-262-9800

Child Abuse & Neglect



PUT DATA INTO ACTION



Prevent Child Abuse Delaware offers these tips for supporting communities:

- Get to know your neighbors—help them if they are in need.
- Get involved in your child's school.
- Volunteer with organizations that provide support to parents and children.
- Make sure your child's childcare provider is trained in areas related to child abuse and neglect.
- Invite speakers to talk about child abuse and ways to prevent it to church, parent, and recreational groups.
- Organize community awareness activities during April, Child Abuse Prevention Month.
- Write editorials or work with the media to create awareness.
- Organize an information night at your church, community center, or your child's school or childcare. Contact Prevent Child Abuse Delaware staff for brochures and topic ideas.
- Work with your local library, church, or school to establish a resource library focusing on parenting and the prevention of child abuse.

Source: Prevent Child Abuse Delaware. Available at www.pcadelaware.org

For more information see

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www.pcadelaware.org

www.preventchildabuse.org

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

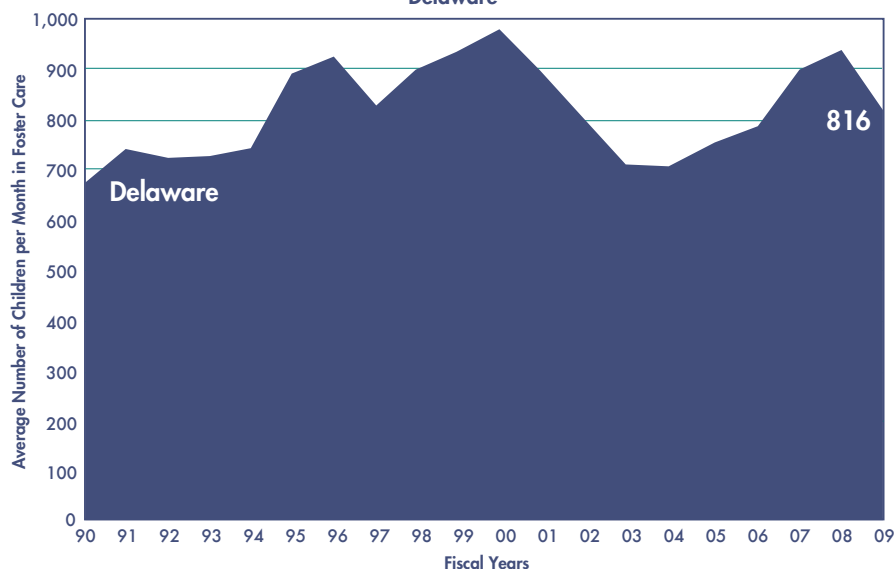
Foster Care



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.

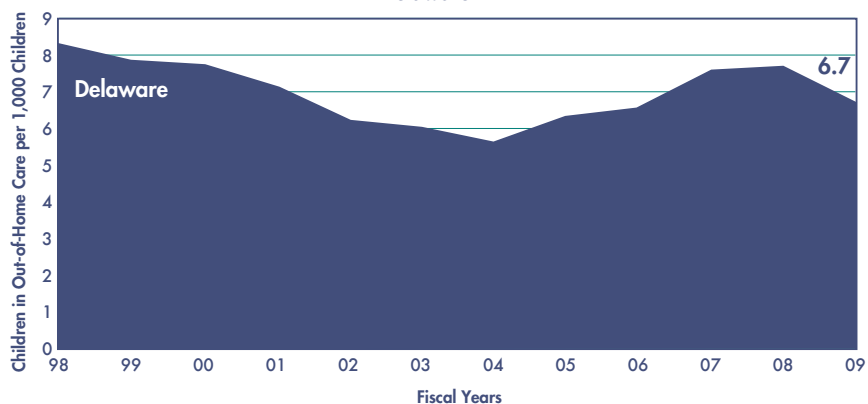
Foster Care

Delaware



Out-of-Home Care

Delaware



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

For more information see

Child Abuse and Neglect 102

Table 88..... 181

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

www.childinc.com/

www.cffde.org

www.ntuplc.org/

<http://adoption.about.com/cs/fosteringbystate/p/delaware.htm>

Did you know?

The over 800 children in foster care in Delaware in 2009 were housed in 280 foster homes:

New Castle: 147 homes 396 children

Kent County: 44 homes 216 children

Sussex County: 89 homes 135 children

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

PUT DATA INTO ACTION



Foster care providers are always needed. For information:

<http://kids.delaware.gov/>
www.childinc.com/
www.cffde.org
www.ntuplc.org/

Email: foster_care.dsacyf@state.de.us

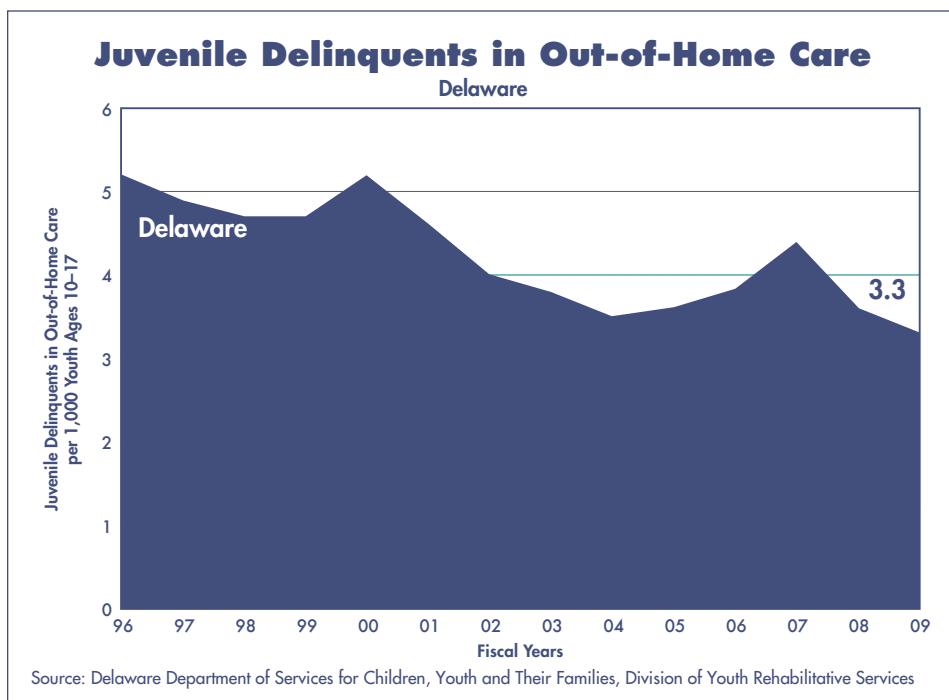
Hotline: 1-800-464-4357



Juvenile Delinquents in Out-of-Home Care

Juvenile delinquency is a legal term that refers to any antisocial 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 provided in order to minimize the number of youth that continue in crime. Therefore, risks to the public will be decreased and involved families will be strengthened.



PUT DATA INTO ACTION



Delaware has been a site for the Juvenile Detention Alternatives Initiative (JDAI) since 2002. The JDAI was designed to support the Annie E. Casey Foundation's vision that all youth have opportunities to develop into healthy, productive adults. JDAI focuses on the detention component of the juvenile justice system because youth are often unnecessarily or inappropriately detained at great expense, with long-lasting negative consequences for both public safety and youth development.

The Juvenile Detention Alternatives Initiative's objective is to:

- Eliminate the inappropriate or unnecessary use of secure detention;
- Minimize re-arrest and failure-to-appear rates pending adjudication;
- Ensure appropriate conditions of confinement in secure facilities;
- Increase alternatives to secure detention; and
- Reduce racial and ethnic disparities.

For more information and resource material, see www.aecf.org/Home/MajorInitiatives/JuvenileDetentionAlternativesInitiative/Resources.aspx

Source: The Annie E. Casey Foundation. www.aecf.org/

Juvenile justice out-of-home care is provided in 24-hour secure residential facilities which provide treatment services.

For more information see

Juvenile Violent Crime Arrests..... 116

Table 89..... 181

www.edjj.org

<http://ojjdp.ncjrs.org/>

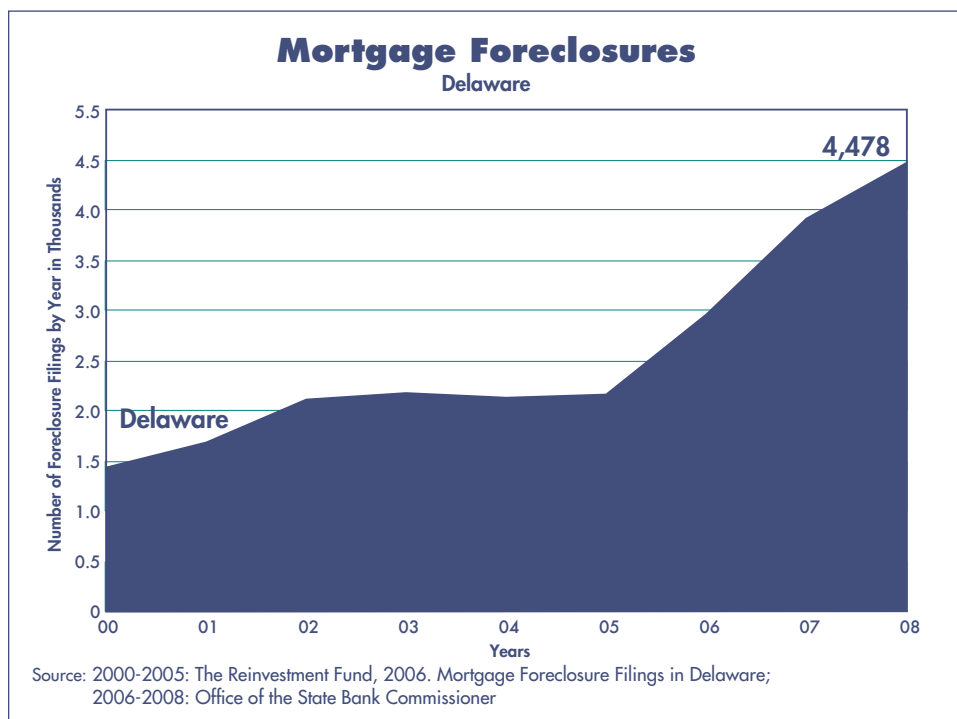
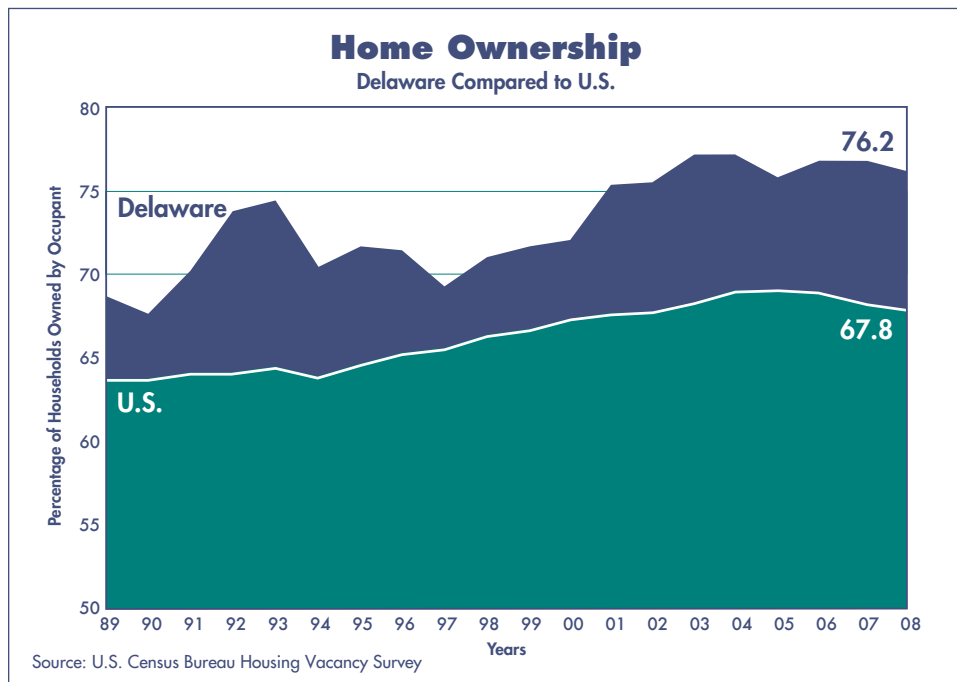
http://kids.delaware.gov/yrs/yrs_MainPage/yrs.shtml

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 produces greater life satisfaction or self-esteem for adults, which, in turn, provides a more positive home environment for children.



Cost of Housing

Delaware median monthly housing costs:	Mortgaged owners \$1,580	Renters \$917
Delawareans spending >30% of income on housing:	Homeowners 37%	Renters 51%
Median housing value:	Delaware \$250,900	U.S. \$197,600

Source: 2008 American Community Survey



Delinquent Loans

Third quarters, 2008 & 2009

	DE	US
Foreclosures Inventory:		
All loans 2008	2.1%	3.0%
All loans 2009	3.2%	4.5%
Subprime Loans 2008	8.8%	12.6%
Subprime Loans 2009	13.4%	15.5%
Seriously Delinquent* Loans:		
All loans 2008	3.7%	5.2%
All loans 2009	6.4%	8.9%
Subprime Loans 2008	14.8%	19.6%
Subprime Loans 2009	25.3%	28.7%

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

Source: Mortgage Bankers Association, National Delinquency Survey

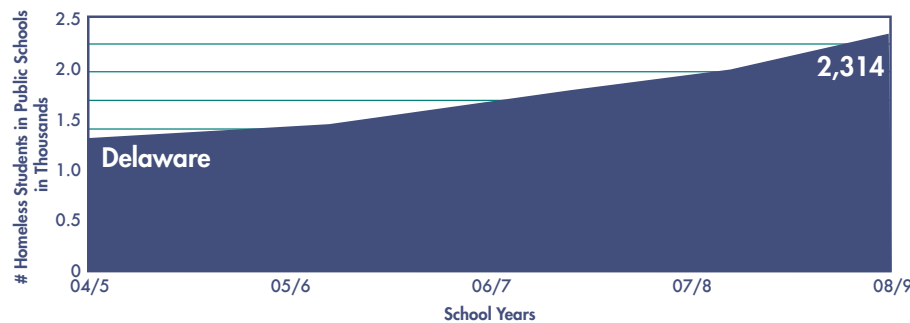
Did you know?

Losing a family home can have a wide array of ill-effects on both the emotional and physical health of a child, including the loss of friends and the disruption of school. A child that is forced out of their home due to a foreclosure can face excessive mobility, which may lead to poorer academic achievement, delinquent behavior, and poor health outcomes. In Delaware, there are an estimated 5,551 projected foreclosures, of these households over 40% include children. About 4,300 children will be impacted by the foreclosure crisis in our state.

Source: First Focus – The Impact of the Mortgage Crisis on Children. 4/08

Homeless Students

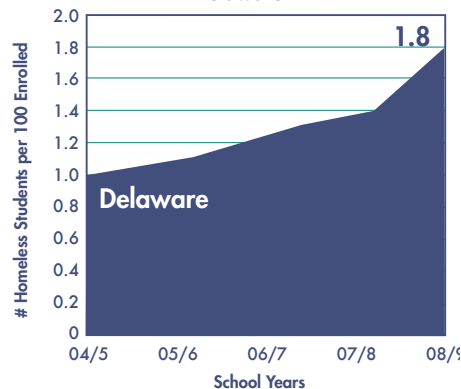
Delaware



Source: Delaware Department of Education

Rate of Homelessness

Delaware



Source: Delaware Department of Education

Did you know?

Being homeless can post detrimental affects to a child's development. Homeless children are much more likely to suffer from poor health, emotional problems and low graduation rates. According to a report by the National Center on Family Homelessness released in March 2009, approximately 1 in 50 children face homelessness in the U.S.; this number will grow as home foreclosures continue to rise.

For more information see

Tables 85–86 180

www.hud.gov/local/index.cfm?state=de

www.housingforall.org

www.hud.gov/buying/

www.mbaa.org/

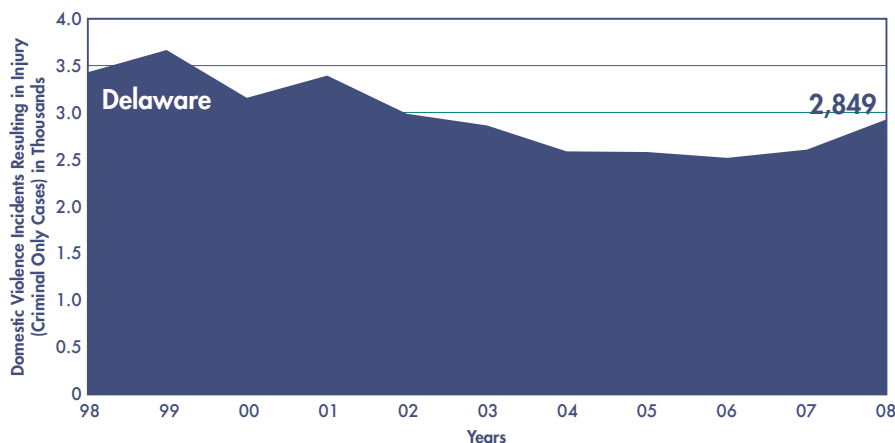
Domestic Violence



For many, the family 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 own personality. According to the American Bar Association, many children — victims and witnesses — exhibit signs of post-traumatic stress disorder. Symptoms may include the inability to sleep through the night, bedwetting, anger acted out through temper tantrums, or directed inward and shown by being shy and withdrawn. School aged children tend to have poor academic performance, are absent frequently, and may have behavior problems.

Domestic Violence Injuries

Delaware



Source: Domestic Violence Coordinating Council, Department of Public Safety, Division of State Police

Domestic Incident Reports

Delaware, 2008

Criminal Only:	16,218 reports	
Combined Criminal and Non-criminal:	18,532 reports	
Reports with a Child Present:		28.9%
Reports with an Active Protection from Abuse Court Order:	1,695 reports	4.3%
Deaths as a Result of Domestic Violence in 2008:	16 deaths	
(12 deaths were DV homicides and 4 deaths were DV related suicides.)		

Source: Domestic Violence Coordinating Council

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 102

www.dcadv.org/

www.stoptheviolence.org

Did you know? In 2009, the Delaware legislature enacted legislation which qualifies that a child can be a witness to an act of domestic violence by sound as well as sight, acknowledging that a child may have only heard the act from another room, but nonetheless be a witness who is emotionally impacted by the violence.

PUT DATA INTO ACTION

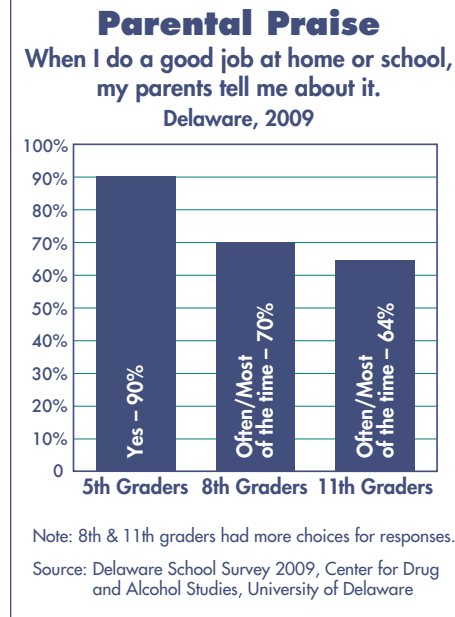
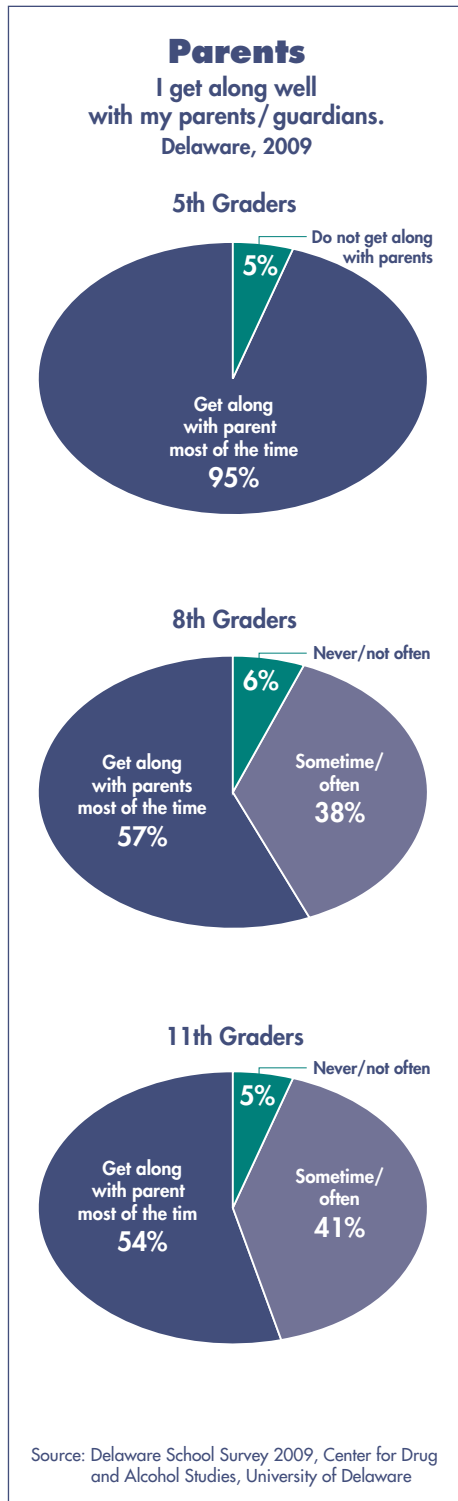


The Domestic Violence Coordinating Council (DVCC) is a state agency legislatively created to improve Delaware's response to domestic violence; information on the DVCC can be obtained at www.dvcc.delaware.gov.

For 24-hour domestic violence hotlines and shelters in New Castle County call 302-762-6110; Kent and Sussex Counties call 302-422-8058; and for Spanish call 302-745-9874.



Children's long-term development and success can greatly depend on the support and care they receive at home from their family. The best family environment for a child is a stable and strong family, in which all members have caring attitudes, and appreciation for each other. 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.



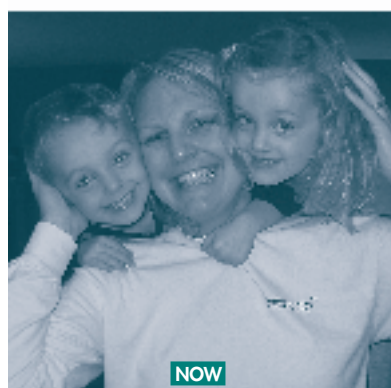
Parental Involvement and Alcohol Use

Delaware 11th Graders, 2009

- 8%** Report their parents asked parents hosting a party that student would attend if alcohol would be served.
- 16%** Report parents asked parents hosting the party if they would be present at party.
- 22%** Report parents called other parents to check up on student.
- 59%** Report parents offered to pick them up if they needed a safe ride home.
- 83%** Report parents told them to call to let them know where they were.
- 45%** of binge drinkers and **52%** of heavy drinkers report they've been to a party where parents bought alcohol for the kids, versus **21%** of all students.

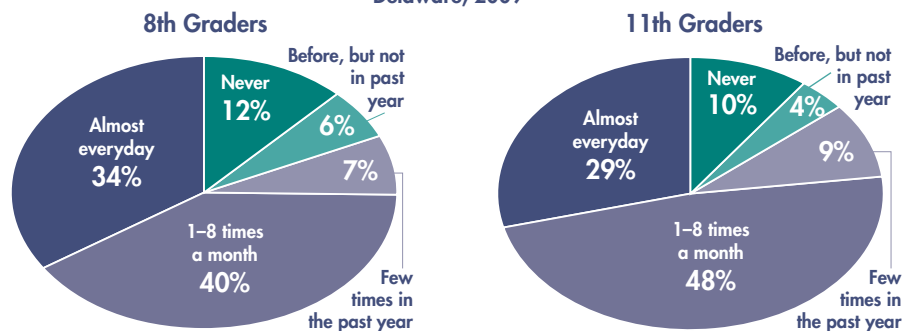
Source: Delaware School Survey 2009, Center for Drug and Alcohol Studies, University of Delaware





Talking to Parents about School

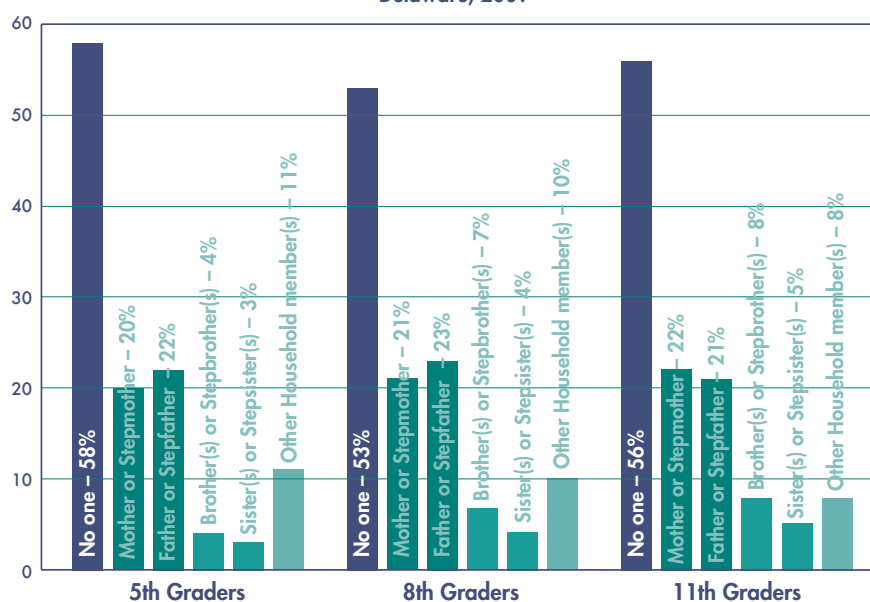
How often do you talk to either of your parents about how things are going at school?
Delaware, 2009



Source: Delaware School Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Tobacco Use in the Home

Does anybody living in your home smoke cigarettes or tobacco? (Mark all that apply)
Delaware, 2009



Source: Delaware School Survey 2009, 5th graders: 8,006 responses. 8th graders: 6,030 responses. 11th graders: 5,914 responses. Center for Drug and Alcohol Studies, University of Delaware

PUT DATA INTO ACTION



With advances in electronic communications, it's particularly important for parents to keep lines of communication open with their children. Parents face new challenges every day related to protecting children while encouraging independence, but should encourage children to take several basic safety precautions:

- Don't give out your personal information.
- Never send a picture of yourself to someone you don't know.
- Always be careful of who you meet online.
- Always be careful of who you meet online.
- Don't agree to a face-to-face meeting with someone without a parent's permission.
- Never download an e-mail attachment from an unknown source.
- Be Internet safe all the time

For information on internet safety, go to www.netsmartz.org/index.aspx

For more information see

Alcohol, Tobacco, and Other Drugs 50

Delaware Children Speak about Health and Health Behaviors 56

www.udel.edu/cdas/

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

www.udel.edu/delawaredata/



**COMMUNITY
ENVIRONMENT & RESOURCES**



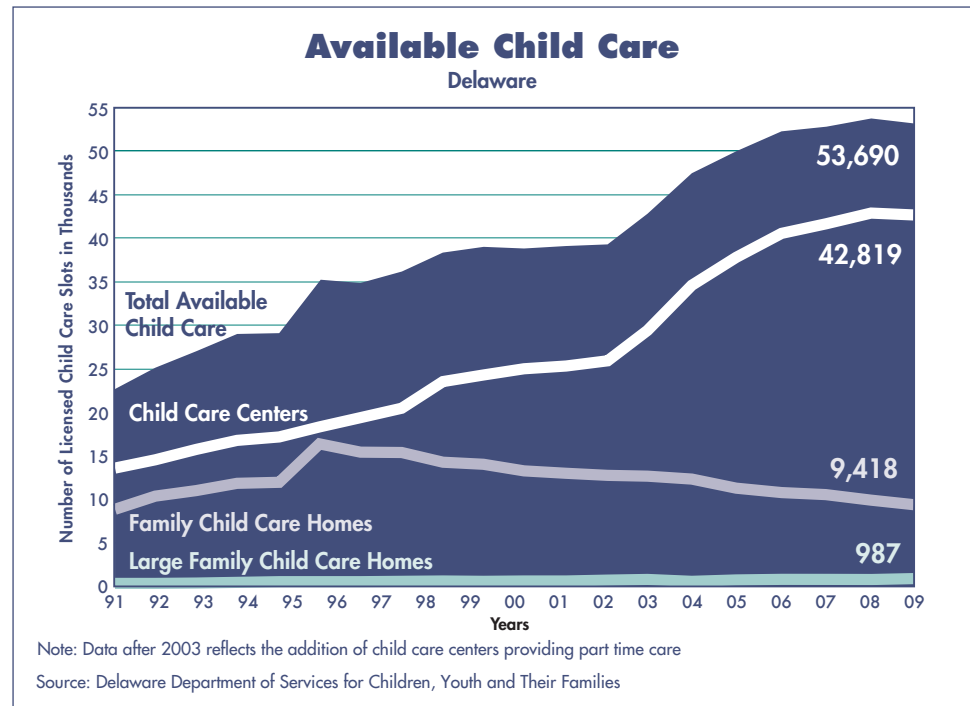
Child Care



There has been a rapid growth in a reliance on paid child care by non-relatives, care given in center-based settings, and in public subsidies for child care. 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 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.



Did you know? Numerous child care resources are available at no cost for early care providers: www.dhss.delaware.gov/dhss/dms/birth3pubs.html and Parents: <http://kids.delaware.gov/occl/occl.shtml>

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.

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..

PUT DATA INTO ACTION

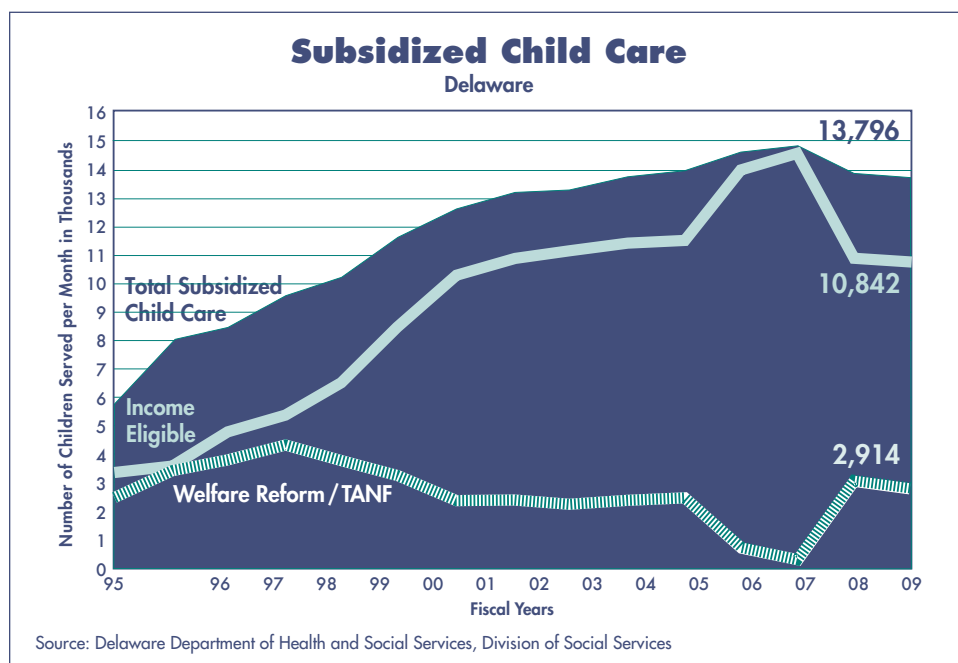


Delaware Stars for Early Success is a voluntary rating and improvement system that was initiated in 2006 by the Delaware Early Care and Education Council. Under this initiative, participating programs receive a rating based on a five star scale that ranges from meeting Child Care Licensing Regulations to meeting progressively higher quality standards in the areas of:

- Qualifications and professional development
- Learning environment and curriculum
- Family and community partnerships and
- Management and administration

By November 2009, Delaware Stars had successfully enrolled 150 programs, including family and large family child care, early care and education and school age centers, meaning that the program touches approximately 10,350 children in the state.

Source: Delaware Department of Education



Did you know? According to Children and Families First, the market rate of child care has increased over time without a corresponding increase in the subsidy rate, so Purchase of Care (POC) now supports a smaller percentage of a recipient's total child care cost than previously. In 2005, the typical POC subsidy supported about 72% of a recipient's child care costs (rates were 67% to 75% of market rate) and in 2007, the typical subsidy supported only about 65% of a recipient's child care costs (rates were 57% to 74% of market rate).

Results from a study conducted by the Carsey Institute reports that working families with young children living in poverty pay 32% of their income on child care, nearly five times more than families living at more than 200 percent of the poverty level. The research uses the latest child care data of the Survey of Income and Participation Program, collected in 2005. One Carsey researcher indicates that because these numbers reflect conditions before the recession, it is reasonable to expect that the situation is more difficult for some families today.



Child Care & School Age Programs

Delaware and Counties, 2009

	Total Child Care	School Age Programs	Public Elementary Schools with School-Age Child Care
Delaware	1,456	1,273	118
New Castle	883	772	85
Kent/Sussex	573	501	33

Accredited Programs

Number of Accredited Programs by Accrediting Organization, Delaware and Counties, 2008

	NAFCC National Association for Family Child Care Providers	NAEYC National Association for the Education of Young Children	NAA National After-School Alliance
Delaware	0	18	0
New Castle	0	17	0
Kent/Sussex	0	1	0

Source: Children and Families First

Did you know?

Children and Families First helps families manage work and personal life responsibilities by providing social, educational, and mental health services and by enhancing the supply and quality of care and education for children and elders. Child care referrals are one of the services they offer. Information is available at <http://www.familyandworkplace.org/>.

For more information see

Tables 91-97182-185

www.afterschoolalliance.org

www.afterschool.gov

www.childcareaware.org

www.familiesandwork.org

www.nncc.org/states/de.html

SNAP

Supplemental Nutrition Assistance Program

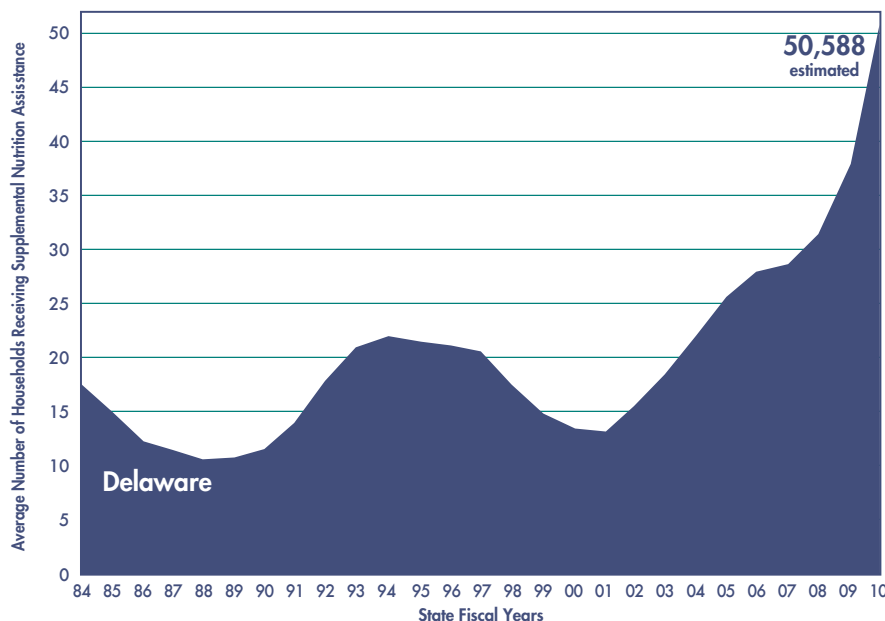


Adequate nutrition is crucial for the appropriate growth and development of young children. Studies demonstrate that undernourished children are at risk for illness, cognitive delay, and poor social skills; effects that will continue to influence their development later in life. Children needing food benefits through the Supplemental Nutrition Assistance Program are at 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. Given the current recession, the number of children living in families needing food benefits will likely rise, putting more young American children at risk.



Supplemental Nutrition Assistance Program

Delaware



Source: Delaware Health and Social Services

Did you know?

- Under the American Recovery and Reinvestment Act, SNAP received nearly \$20 billion in additional funds for FY 2009-2010, increasing average household benefits by 20%.

Source: GAO "Support for Low-Income Individuals and Families" <http://www.gao.gov/new.items/d10342r.pdf>

Did you know?

- When determining eligibility for SNAP, Delaware does not count resources.
- When children receive SNAP benefits, they automatically qualify for free school breakfast and lunch.
- Nutrition education is available through SNAP to help recipients make healthy eating and lifestyle choices.

Source: SNAP Fact Sheet <http://www.fns.usda.gov/snap/roll-out/snap-fact-sheet.pdf>

PUT DATA INTO ACTION



SNAP-Ed offers free classes or food demonstrations at the Food Bank of Delaware sites throughout the state. To stretch food dollars, SNAP participants may

choose low-cost, calorie-dense foods that have low nutritional content and may lead to obesity.

The goal of SNAP-Ed is to "improve the likelihood that persons eligible for the SNAP/Food Supplemental Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid."

Source: Food Bank of Delaware, www.fbd.org

For more information see

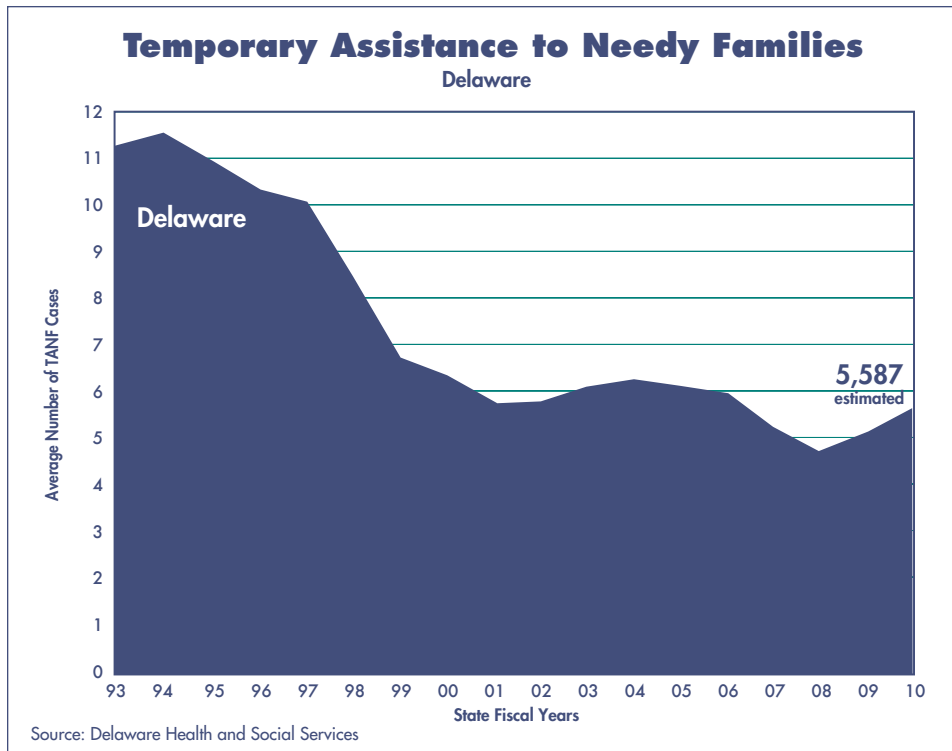
Children Receiving Free and Reduced-Price School Meals.....	70
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TANF

Temporary Assistance for Needy Families

Many American families are struggling during the current recession. However, through the American Recovery and Reinvestment Act, a new TANF Emergency Contingency Fund was created to enable states to provide more help to low-income families. The \$5 billion fund is a temporary provision for federal fiscal years 2009 and 2010. The fund provides for an 80% federal reimbursement for funding increases for basic assistance, short-term benefits and subsidized employment. Through the TANF Emergency Contingency Fund, states can help more needy families meet emergency needs, increase basic assistance to eligible families, help families avoid foreclosure or eviction, or meet expenses like high energy bills and car repairs.



Did you know?

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (welfare reform) transformed the traditional entitlement to cash welfare under Aid to Families with Dependent Children (AFDC) into a transitional program. Temporary Assistance to Needy Families (TANF) requires most recipients to work and places time limits on receiving assistance. After 60 months of receipt during a lifetime, a recipient is ineligible for federally-funded cash benefits. Delaware's time limit is 36 months unless an able-bodied parent works 30 or more hours a week, or a child lives with a relative other than a parent. Because of limitations of eligibility, tracking TANF caseloads is not an accurate method of determining the number of families in need.

Did you know?

In order to be eligible for TANF, a family must:

- Have minor children or be taking care of minor children
- Meet income limits
- Seek and accept employment
- Cooperate with the Division of Child Support Enforcement
- Sign an agreement that children are in school and their shots are up-to-date
- Attend parenting classes

Source: <http://www.dhss.delaware.gov/dss/tanf.html>

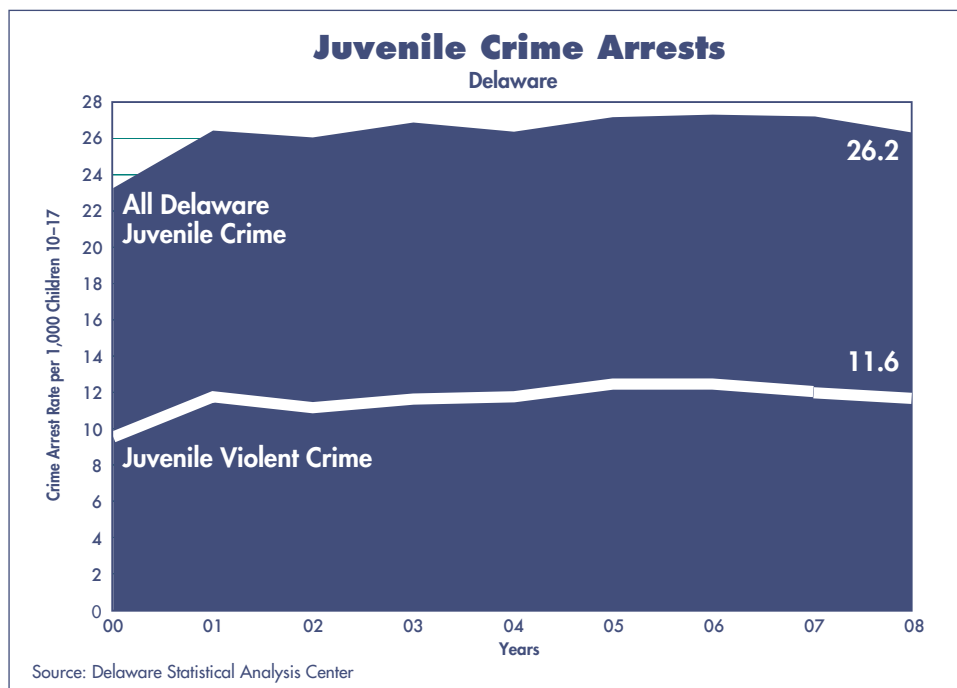
For more information see

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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?

Juvenile Detention Alternatives Initiative: In October 2002, the Department of Services for Children, Youth and Their Families, Division of Youth Rehabilitative Services (DYRS), Family Court, Justice of the Peace Court, the Attorney General's Office, and the Public Defender's Office partnered with the Annie E. Casey Foundation in the Juvenile Detention Alternatives Initiative (JDAI).

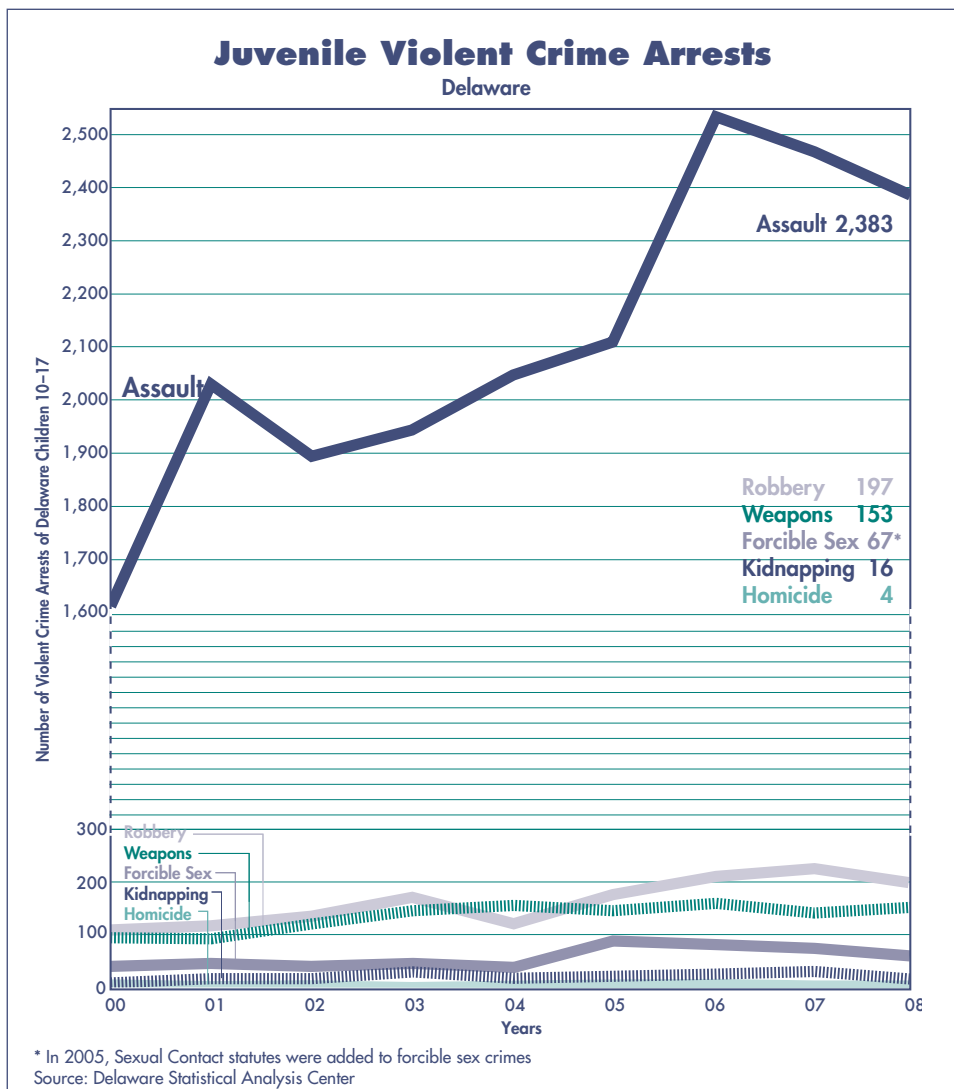
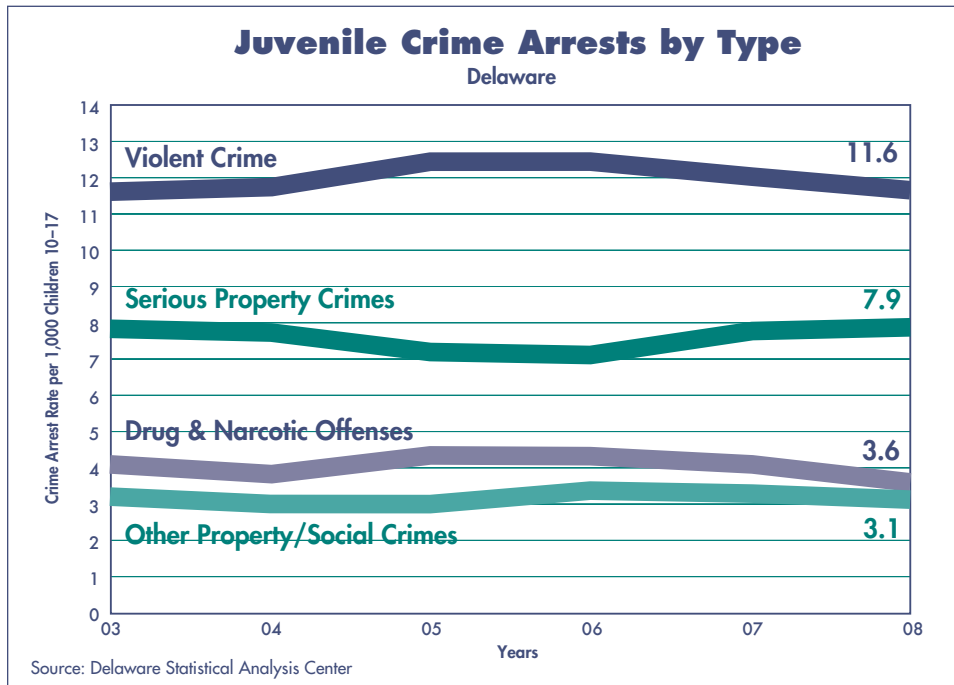
Risk Assessment Instrument: In January 2006, the Risk Assessment Instrument (RAI) was fully implemented in the Family Court and Justice of the Peace Court. The RAI is an objective screening tool used to bring uniformity to detention decisions and reduce inappropriate admissions to secure detention. The goal is to effectively reduce incidences of failure to appear and re-arrest prior to disposition and to generate data from the RAI to drive decision-making regarding system reform.

Mental Health Evaluations: Delaware is striving to develop new strategies for meeting the mental health needs of all youth involved in the juvenile justice system. Through collaboration with the Division of Child Mental Health Services, substance abuse screening and assessment services for detained youth and transition services to mental health treatment in the community has greatly improved. As of 2006, all state operated juvenile facilities have full time psychologists on staff. The psychologists are instrumental in assisting with difficult youth, providing training for staff on mental health issues, interventions and strategies, evaluating youth for suicidal ideation and gestures and conducting individual and group counseling.

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



For more information see

Juvenile Delinquents in Out-of-Home Care... 105

Adult Crime... 122

Tables 100-101 ... 188-189

www.pledge.org

www.ncdjjdp.org/cpsv

http://ojjdp.ncjrs.org/

www.justicepolicy.org/

Youth Gambling



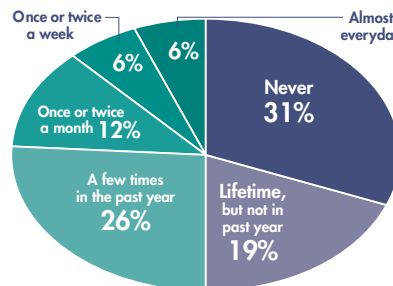
Gambling is a popular form of entertainment for many individuals. However, for some, this fun can become an addiction — an illness known as pathological gambling. For these people, gambling causes disruptions in multiple facets of life. Their behavior may result in negative impacts in their professional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

Gambling is not limited to adults. More and more young people are 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.

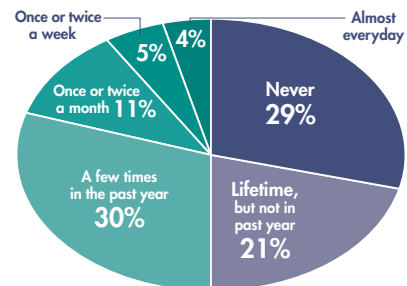


Youth Gambling

Delaware, 2008



8th Graders



11th Graders

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

	8th	11th		8th	11th
– playing cards	10%	9%	– betting on video games	9%	4%
– betting on team sports	10%	9%	– dice games	4%	3%
– betting on games of personal skill	10%	8%	– internet gambling	3%	2%

Source: 8th graders: 6,267 responses. 11th graders: 5,636 responses.
Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

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According to the Delaware Council on Gambling Problems, the following are signs of youth problem gambling:

- Requests for money above and beyond established budget.
- Loss of interest in school.
- Sudden drop in grades.
- Unexplained debt.

- Carries or possesses gambling materials, such as dice or playing cards.
- Says gambling is one of the best ways to make easy money.
- Borrows money from family/friends to pay gambling debts.
- Displays large amounts of cash and other material possessions.
- Talks about gambling as a way to pay for college.
- Gambles to win back money lost gambling (chasing).
- Uses common gambling terminology: odds, edge, ante, bluff, bankroll, bail out, spread, hit me, long shot, flush, press, cash out, marker, jackpot, line, vig.

For more information call DCGP Helpline: 1-888-850-8888, or see www.dcgp.org/.

Source: Delaware Council on Gambling Problems, www.dcgp.org/

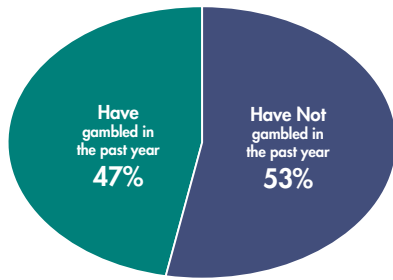
Pathological Gambling – an impulse control disorder associated with gambling. It is characterized by maladaptive gambling behavior leading to negative personal, family, and/or social consequences.

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

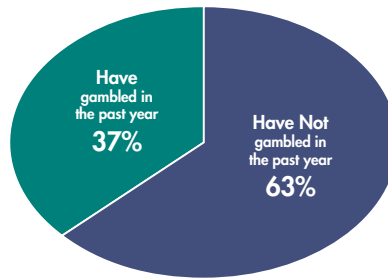


Youth Gambling by Gender

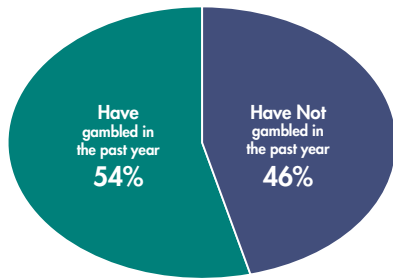
Delaware, 2008



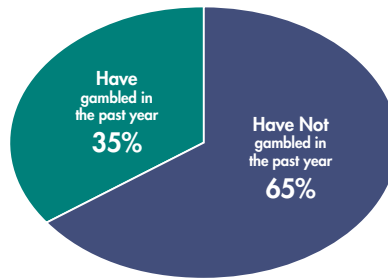
8th Grade Males



8th Grade Females



11th Grade Males



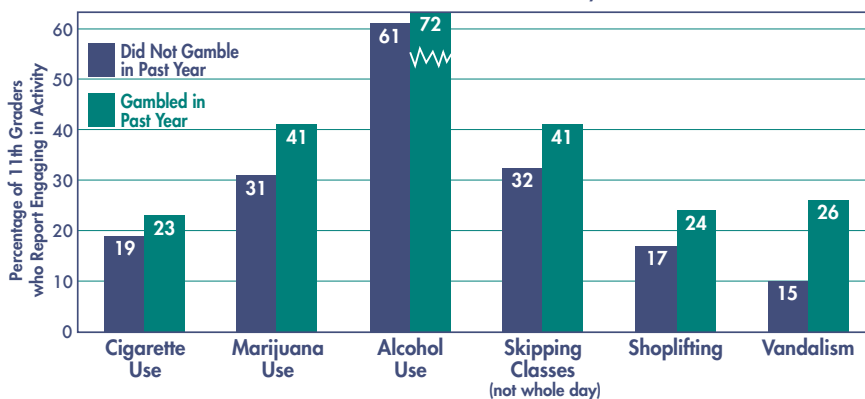
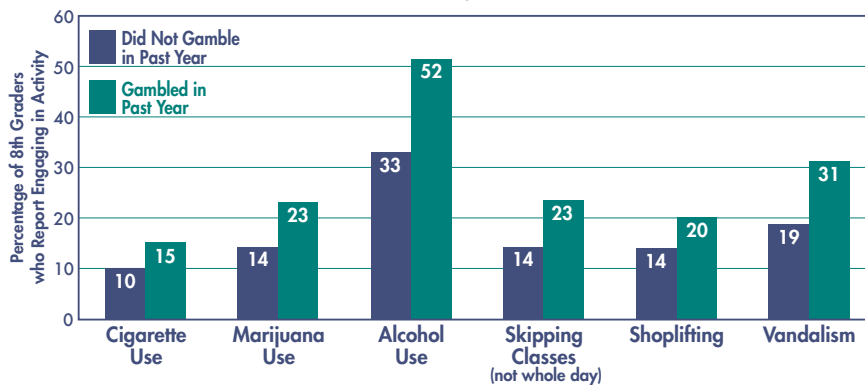
11th Grade Females

Source: 8th graders: 6,267 responses. 11th graders: 5,636 responses.
Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware



Risk Behaviors Compared by Youth Gambling

Delaware, 2008



Source: 8th graders: 6,267 responses. 11th graders: 5,636 responses.
Delaware School Survey 2008, Center for Drug and Alcohol Studies, University of Delaware

For more information see

www.udel.edu/cdas/

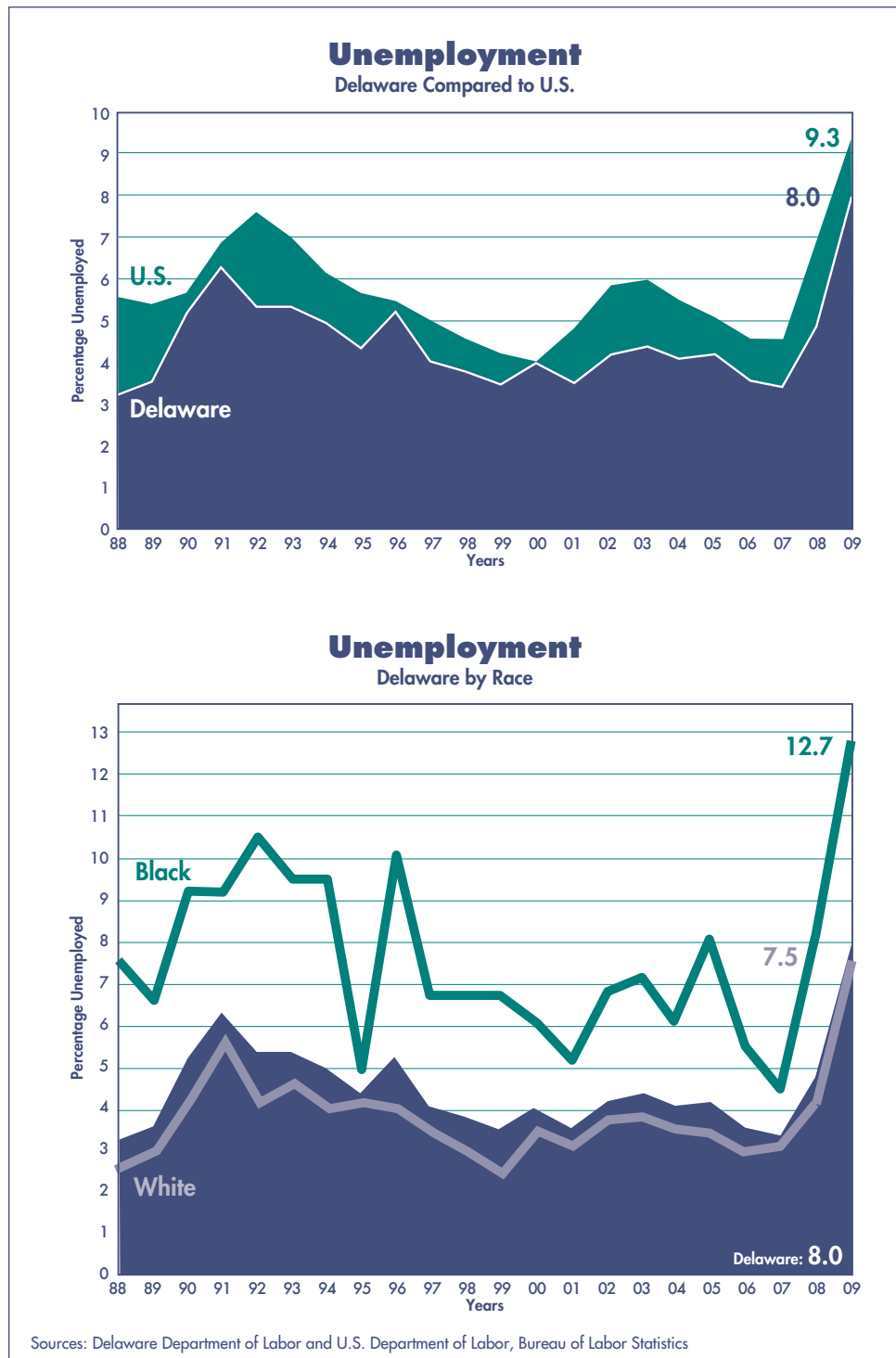
www.dagp.org/

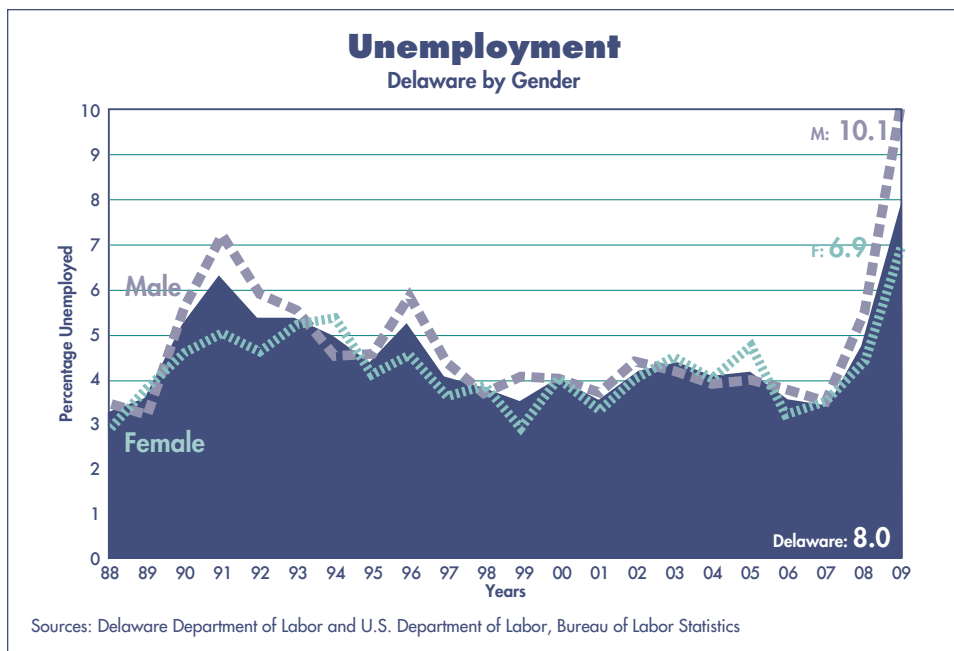
Unemployment



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.

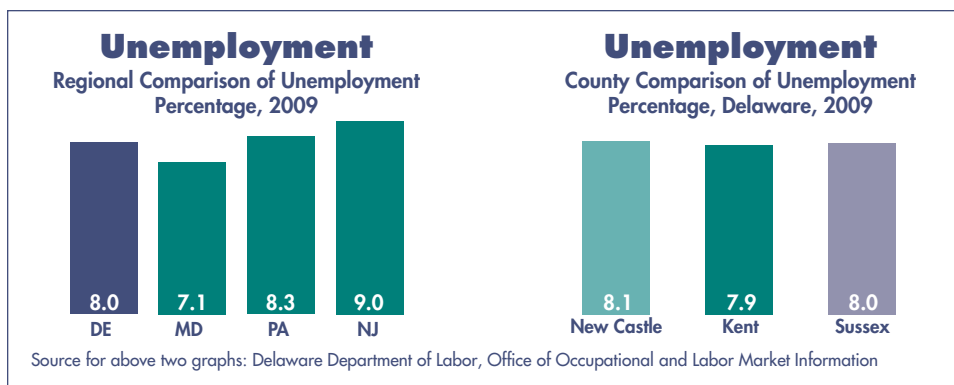
Unemployment rates vary in households across race, ethnicity, gender, and education. Black and Hispanic families have a higher rate of unemployment than white families. In an economic downturn, low-skilled workers who have little formal education are particularly vulnerable to layoffs, reduced work hours,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





Did you know? The Bureau of Labor Statistics reported that the unemployment rate rose to 7.2% in January 2009, which represented a sixteen-year high. Additionally, the number of people unemployed was around 11.1 million, a figure that was twice what it was at the beginning of the recession.

Source: *New York Times* 01-10-09 Louis Uchitelle http://www.nytimes.com/2009/01/10/business/economy/10jobs.html?_r=2



Finding adequate care can interfere with a parent's ability to accept available work. Children and Families First is one resource available to link working parents with child care services. Children and Families First operates a searchable database that includes a network of over 300 child care resource and referral agencies serving Delaware, Southeastern Pennsylvania, and Maryland's Eastern Shore. They can be reached online at www.cffde.org or www.familyandworkplace.org.

Delaware has resources to assist individuals in finding employment throughout the region. Delaware Joblink provides electronic job and resume bank services and it can be accessed at <https://joblink.delaware.gov/ada/>. The website is operated by the State of Delaware Department of Labor.



For more information see

No Parent with Full-time Employment..... 87

Table 102..... 190

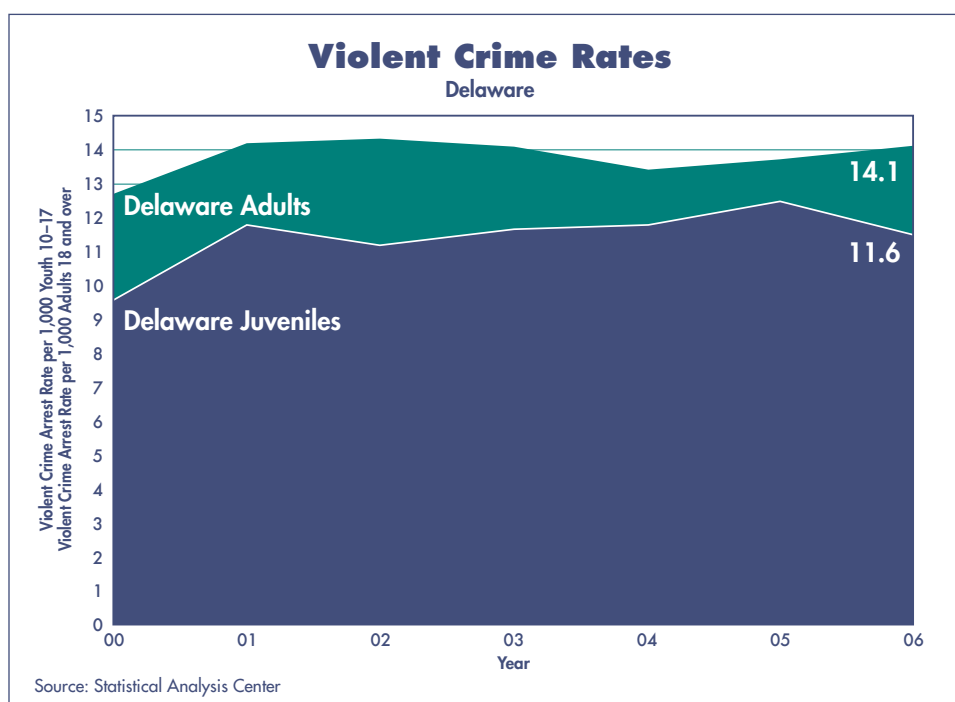
www.delawareworks.com

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 of incarceration is often particularly difficult for the children. 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, these changes in behavior may progress to a level of delinquency which can potentially lead to a cycle of intergenerational incarceration.



Did you know? The number of women in jails and prisons has surged over the past two decades, mainly due to minimum mandatory sentencing laws related to the war on drugs. Nationally, it is estimated that 75–80% of women incarcerated are mothers; most of these inmates are young, unmarried women of color with few job skills and significant substance abuse problems.

The incarceration of a mother is more disruptive to children since mothers are more likely than fathers to have been primarily responsible for their children before being arrested. Children of incarcerated fathers typically remain with their mothers when the father goes to prison. When mothers are imprisoned, it is grandparents, aunts and uncles who most often care for the children, not the fathers, leading to more disruption of the family.

The average age of children with incarcerated parents is 8 years old; 22% of the children are under 5.

Source: Casey Family Programs, www.casey.org/Resources/Publications/ChildrenOfIncarceratedParentsFacts.htm

PUT DATA INTO ACTION

Half of all of homicides committed by juvenile offenders in 2006 involved multiple offenders.

Between 1980 and 2006, the estimated proportion of murders involving a juvenile offender acting alone gradually declined, from 66% in the 1980s, to 59% in the 1990s, to 54% in the years 2000 to 2006. During this same period, the proportion of murders committed by juveniles and adults increased from 25% in the 1980s to 37% in the years 2000 to 2006.

For more information see

Juvenile Violent Crime Arrests..... 116

Table 104 190

www.millionmommarch.com

www.socialchangenow.org/

www.bbbsde.org/mentoring/opportunities.asp



Research conducted by the University of Delaware's Center for Community Research and Service, and sponsored by the Annie E. Casey Foundation, demonstrated that community-based organizations offer a wide range of benefits to the individuals, families, and communities they serve. Family support programs and community development agencies are actively engaged in improving the circumstances and quality of life for their respective constituencies. The study identified specific means for these efforts to become more effective and responsive:

- Empower residents who reflect the cultural and ethnic diversity of the community to be involved in local leadership;
- Organize and convene community advisory teams to discuss the relationship between community strategies and public policies;
- Conduct regular planning and assessment to insure consistency between values, mission, and activities;
- Research and seek funding that is consistent with values and mission;
- Conduct a stakeholder analysis to assess the political environment and develop strategies to garner the support of key decision-makers;
- Develop tools to monitor changes in the needs and assets of individuals, families and communities; and
- Visit other communities to observe family support and community development organizations at work.

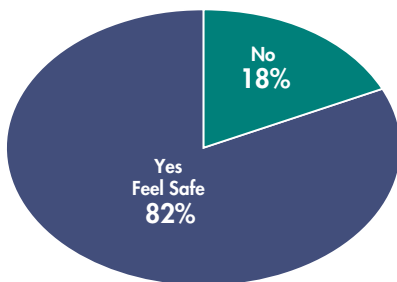
Source: Delpeche, Jabbar-Bey, Sherif, Taliaferro and Wilder (2003) Community Development and Family Support: Forging a Practical Nexus to Strengthen Families and Communities, Center for Community Research & Service, University of Delaware. www.udel.edu/ccrs/pdf/Casey.pdf



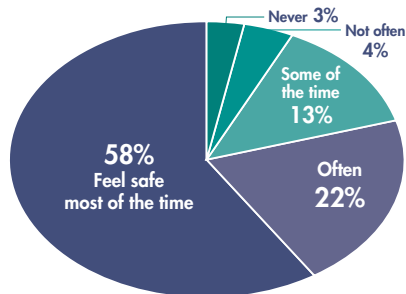
Neighborhood Safety

I feel safe in my neighborhood.
Delaware, 2009

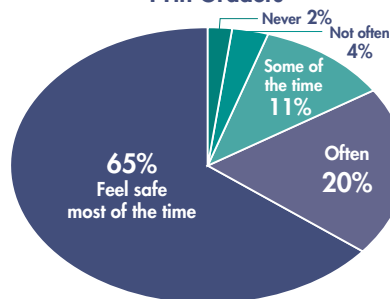
5th Graders



8th Graders



11th Graders



Source: Delaware School Survey 2009. Center for Drug and Alcohol Studies, University of Delaware

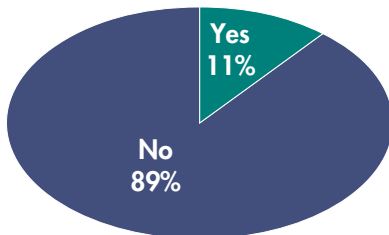


Buying Cigarettes

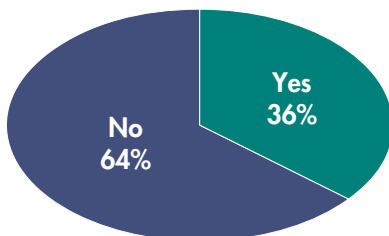
Do you know of places where students
your age can buy cigarettes?

Delaware, 2009

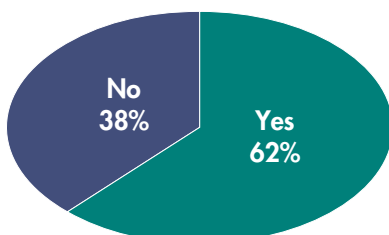
5th Graders



8th Graders



11th Graders

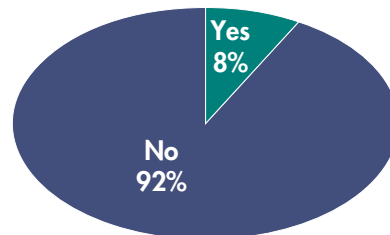


Buying Alcohol

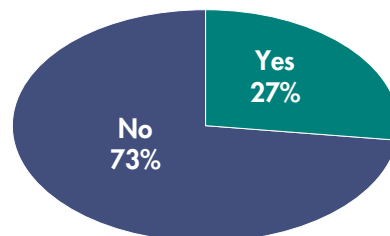
Do you know of places where students
your age can buy alcohol?

Delaware, 2009

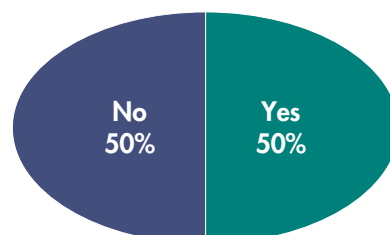
5th Graders



8th Graders



11th Graders

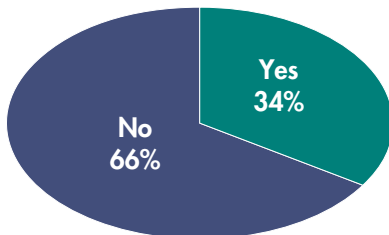


Buying Marijuana

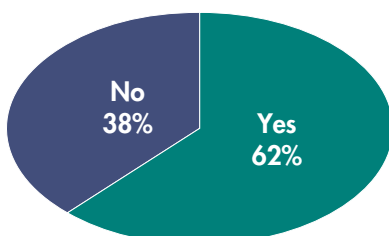
Do you know of places where students
your age can buy marijuana?

Delaware, 2009

8th Graders



11th Graders

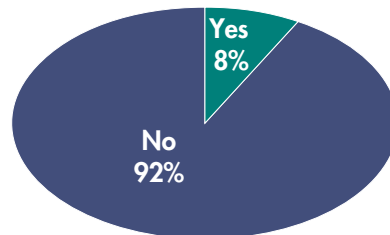


Distributing Marijuana

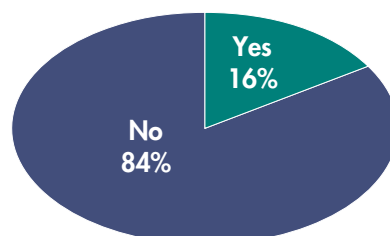
In the past year, have you sold
or given marijuana?

Delaware, 2009

8th Graders



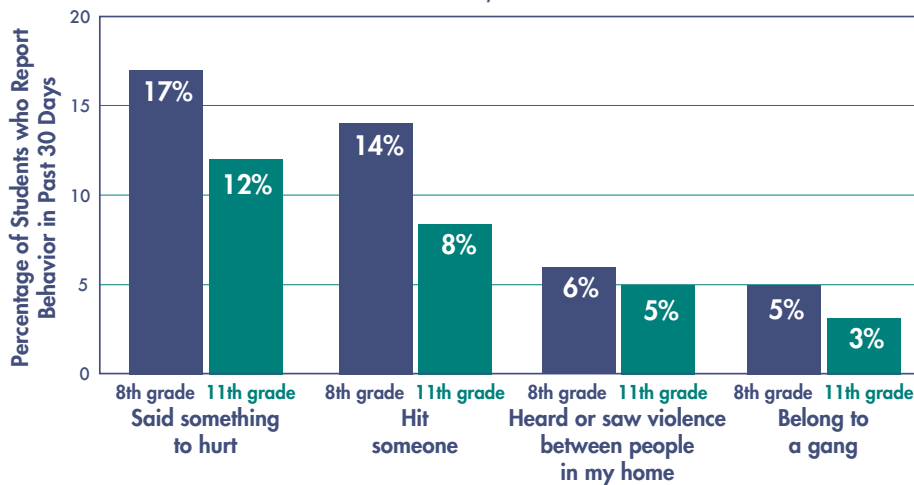
11th Graders



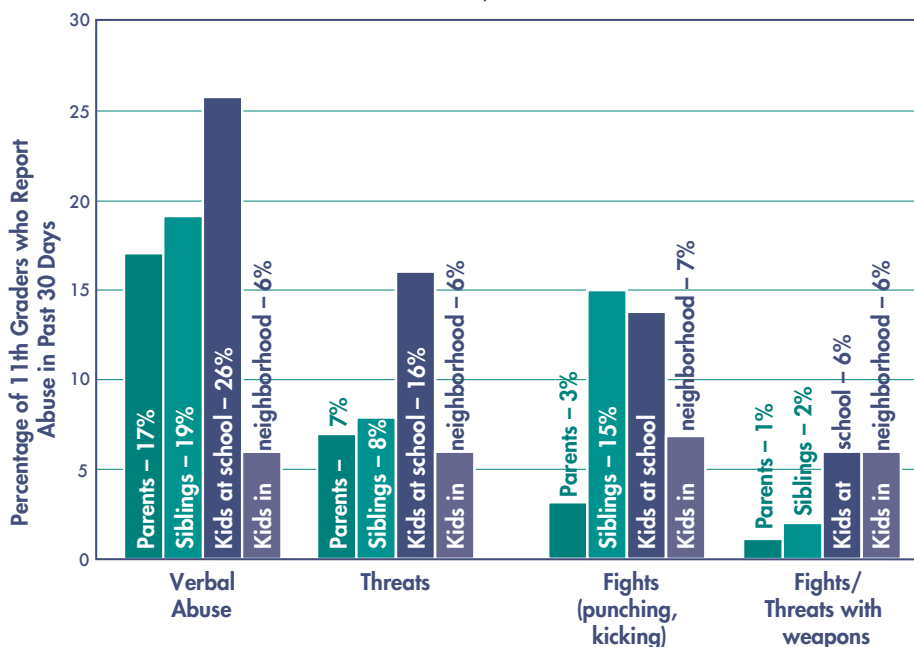
Source for all graphs on this page:
Delaware School Survey 2009, Center for Drug
and Alcohol Studies, University of Delaware

Teen Violence and Victimization

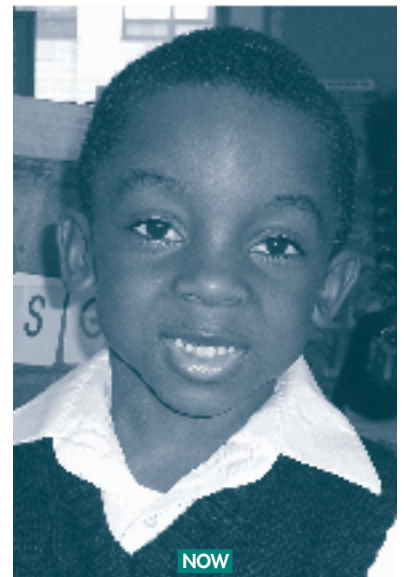
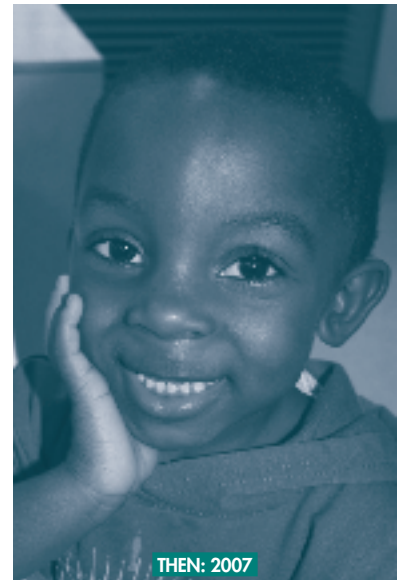
In the past 30 days, which of the following things have you done?
Delaware, 2009



In the past 30 days, which of the following things happened to you, and who was involved?
Delaware, 2009



Source: Delaware School Survey 2009. Center for Drug and Alcohol Studies, University of Delaware

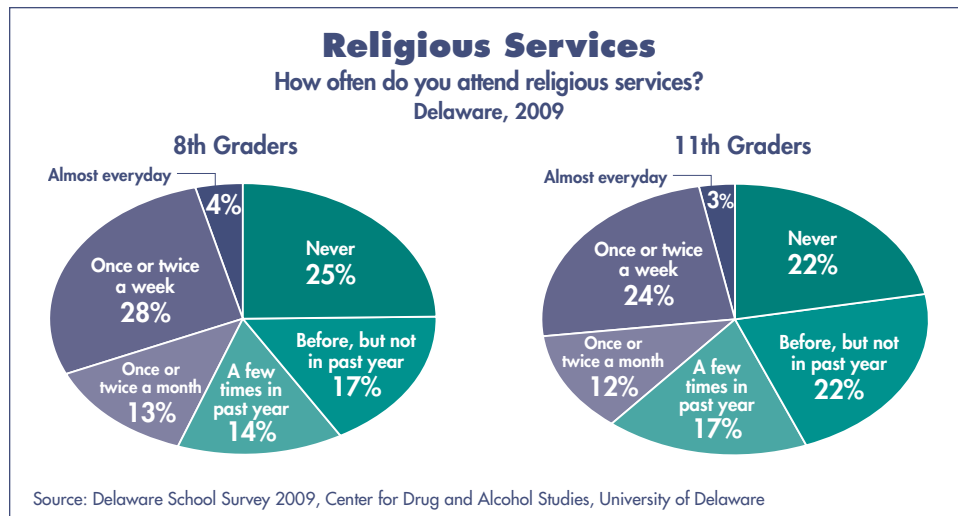


According to the Youth Risk Behavior Survey 2009

- 10% of Delaware 9-12th graders answered yes to “have you ever been physically forced to have sexual intercourse when you did not want to.
- 80% of Delaware 9-12th graders had a boyfriend or girlfriend during the past 12 months, of those students who had a boyfriend or girlfriend,
 - 11% were hit, slapped, or physically hurt by a boyfriend or girlfriend during the past 12 months.
 - 16% had a boyfriend or girlfriend say things to them or to other people to purposely hurt them.
 - 6% of the students listed above reported both verbal and physical abuse.

For more information see

Alcohol, Tobacco, and Other Drugs 50
 Delaware Children Speak about Health and Health Behaviors..... 56
www.udel.edu/cdas/
www.udel.edu/delawaredata/
www.state.de.us/drugfree/cfd_data.html



Did you know? According to the 2007 National Survey of Children's Health, 46.9% of Delaware children attend religious services at least weekly, compared to 53.7% of U.S. children.

- 24.1% of Delaware children 0–17 years of age never attend religious services
- 11.5% attend at least once a year:
- 17.6% attend at least once a month
- 46.9% attend once a week or more

Source: 2007 National Survey of Children's Health

Did you know? According to the U.S. Bureau of Labor Statistics, about 63.4 million people, or 26.8 percent of the population volunteered through or for an organization at least once between September 2008 and September 2009. The report also states that

- Parents with children under 18 years of age were substantially more likely to volunteer than were persons without children under 18 years of age, 34.4 percent compared with 23.9 percent.
- Individuals with higher levels of educational attainment were more likely to volunteer than were those with less education. Among persons age 25 and over, 42.8 percent of college graduates volunteered, compared with 18.8 percent of high school graduates and 8.6 percent of those with less than a high school diploma.
- Volunteer rates were higher among married persons (32.3 percent) than those who had never married (20.6 percent) and those with other marital statuses (21.5 percent).

Source: U.S. Bureau of Labor Statistics

**PUT DATA
 INTO
 ACTION**



Through their "Give a Day, Get a Disney Day" program, Disney is working with the Hands On Network to inspire Americans to volunteer in their communities. Through this program, volunteers receive a free ticket for one day admission to one of the theme parks of Walt Disney World Resort or the Disneyland Resort in exchange for a day of service with a participating organization. Volunteers may sign up through the Disney website and choose from a list of volunteer opportunities made available by the Hands On Network. The program began on January 1, 2010 and continues until all tickets are distributed or on December 15, 2010, whichever occurs first.



See www.handsonnetwork.org/disney for more information.



DATA TABLES



Delaware Demographics Counting the Kids



Data from the 2000 U.S. Census 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 26% in 2000. Similar trends are evident in Delaware.

Nationwide, the number of children grew 14% between 1990 and 2000. Delaware experienced an increase of 19%, growing from 163,341 children in 1990 to 194,587 in 2000. This increase ranked Delaware as having the 11th highest percentage increase among all fifty states. Sussex County had the largest percentage increase of children (30%), followed by New Castle County (18%) and Kent County (14%).

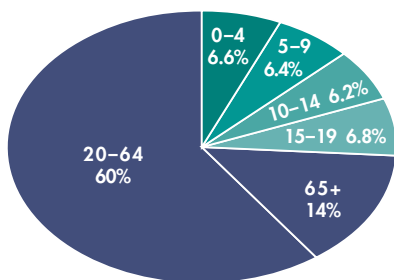
Population at a Glance

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

Source: 2000 Census, U.S. Census Bureau

Population Estimate and Age Distribution, 2008

Delaware

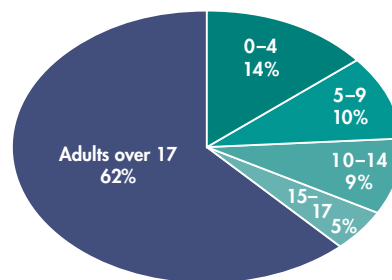


Delaware Total	881,532
Total Children 0-19	228,803
Children 0-4	57,957
Children 5-9	56,469
Children 10-14	54,614
Children 15-19	59,763

Source: Delaware Population Consortium,
Population Projection Series, Version 2008.0

Hispanic Population Estimate and Age Distribution, 2007

Delaware



Delaware Hispanic Total	57,276
Total Children 0-17	22,003
Children 0-4	8,205
Children 5-9	5,908
Children 10-14	5,097
Children 15-17	2,793
Adults over 17	35,273

Source: Population Division, U.S. Census Bureau

PUT DATA INTO ACTION

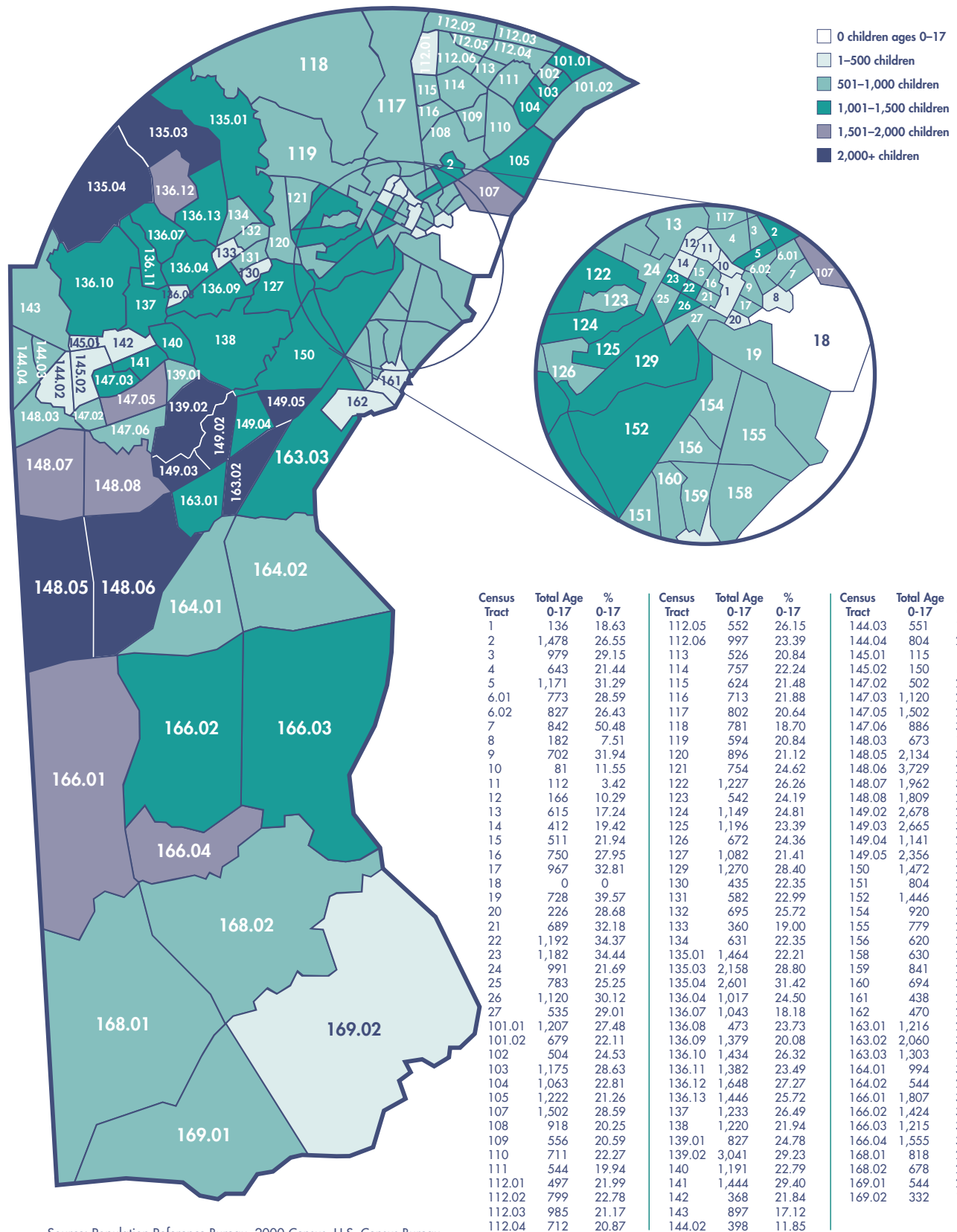


Between 2000 and 2007, the total Hispanic population in Delaware increased by 50.1%, much faster than the national rate of 28.8%. In order to identify and address

the needs of this rapidly growing segment of our state's population, a "Delaware Hispanic Needs Assessment" was completed in 2008 for the Governor's Consortium on Hispanic Affairs.

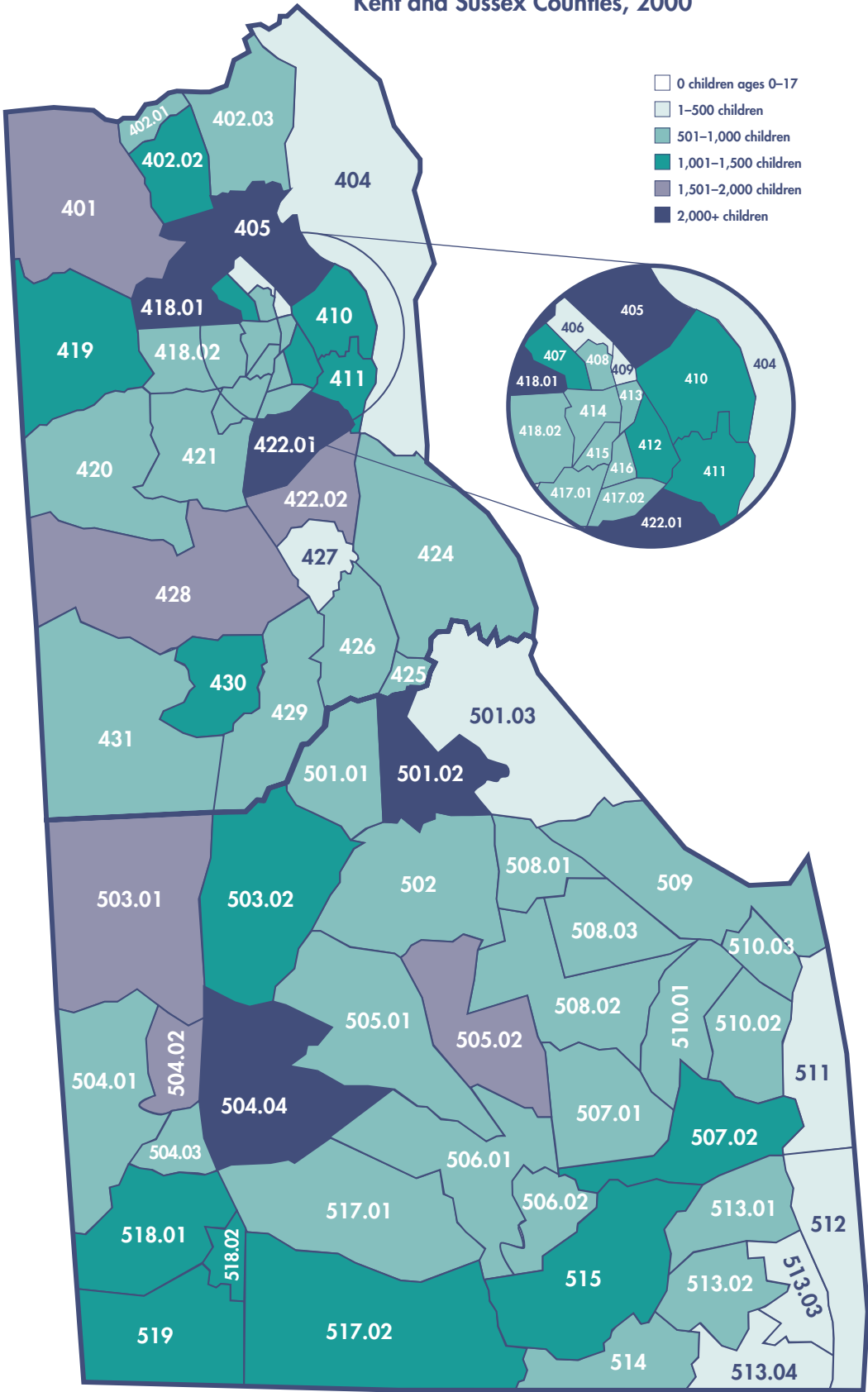
Did you know? According to census data, the Hispanic population in Delaware grew from 15,820 in 1990 to 37,277 in 2000, an increase of 136%. Among the counties, Sussex showed the largest percent increase at 369%. The census county divisions that showed the greatest increases were Georgetown (1536%), Selbyville-Frankford (816%), and Millsboro (670%). From 2000 to 2007, the Hispanic population in Delaware further increased to 57,276.

Where Are the Kids? New Castle County, 2000



Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Where Are the Kids?
Kent and Sussex Counties, 2000



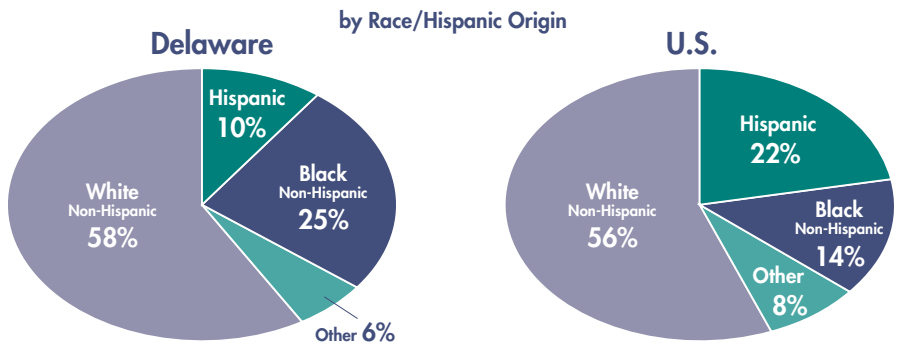
Kent County		
Census Tract	Total Age 0-17	% 0-17
401	1,535	28.76
402.01	951	27.35
402.02	1,217	23.45
402.03	949	30.92
404	300	25.95
405	2,074	25.24
406	180	7.56
407	1,323	29.60
408	586	21.16
409	291	12.09
410	1,212	26.34
411	1,389	36.09
412	1,011	29.48
413	580	27.28
414	764	25.31
415	969	25.57
416	536	23.31
417.01	976	25.76
417.02	984	29.43
418.01	2,200	28.82
418.02	828	31.70
419	1,387	28.67
420	891	29.75
421	799	24.84
422.01	2,096	34.48
422.02	1,771	29.63
424	618	23.75
425	842	28.87
426	538	25.52
427	306	26.40
428	1,508	27.45
429	933	27.17
430	1,321	29.42
431	668	27.51

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

For detailed information on census tracts and blocks:
www.factfinder.census.gov

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Delaware Child Population Compared to U.S. 2008

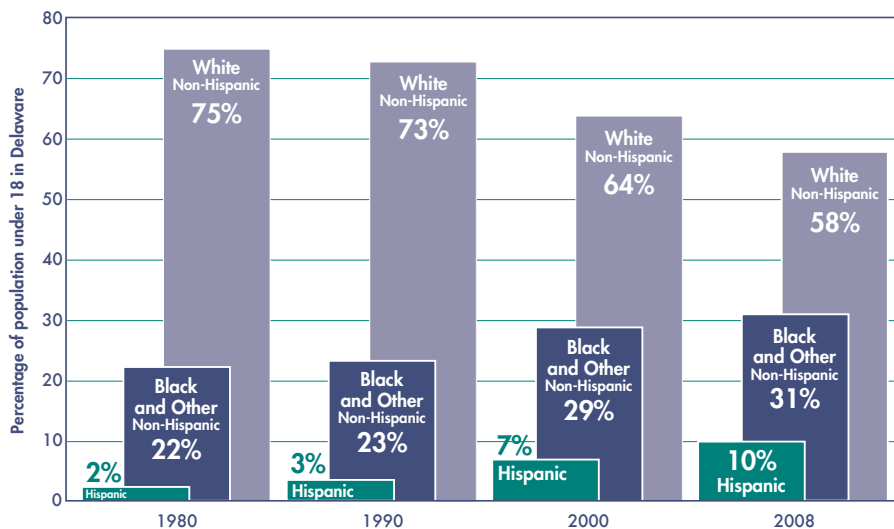


Note: Persons of Hispanic origin may be of any race.
Source: Population Division, U.S. Census Bureau. www.census.gov/popest/datasets.html



The Changing Face of Delaware's Children

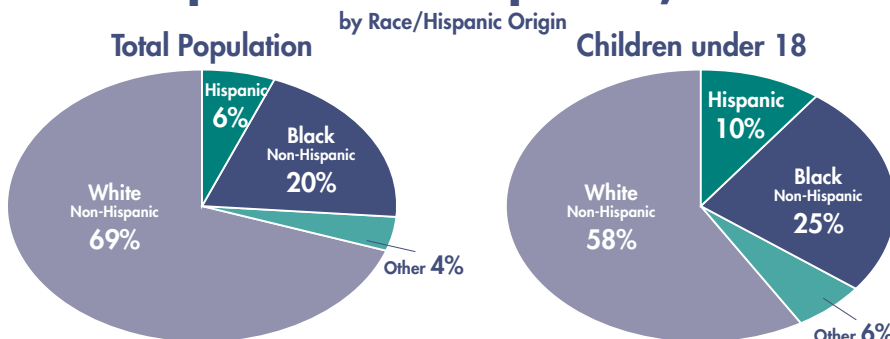
Children under 18 by Race/Hispanic Origin, Delaware



Note: Persons of Hispanic origin may be of any race.
Source: Population Division, U.S. Census Bureau. www.census.gov/popest/datasets.html



Delaware Total Population Compared to Child Population, 2008



Note: Persons of Hispanic origin may be of any race.
Source: Population Division, U.S. Census Bureau. www.census.gov/popest/datasets.html

Did you know? A recent report by the Migration Policy Institute ranked Delaware 1 out of 51 for the percent change in our foreign-born population between 2000 and 2006. Specifically, between 2000 and 2006, the foreign-born population in Delaware changed from 44,898 to 68,722 representing a change of 53.1 percent.

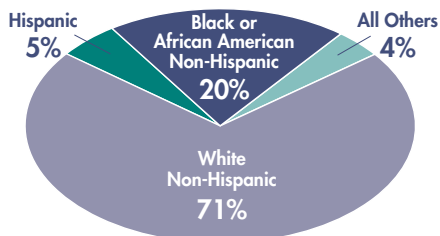
Delaware Demographics Counting the Kids



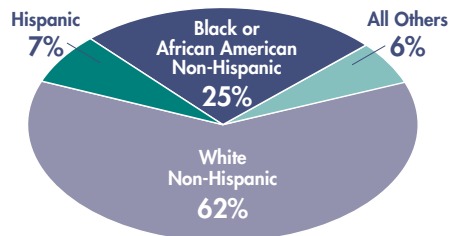
New Castle County Population

by Race/Hispanic Origin, 2000

Total Population



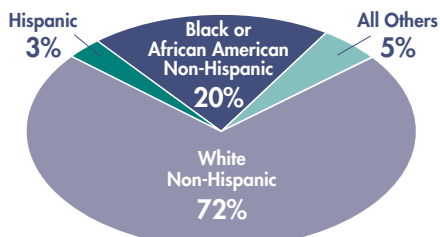
Children under 18



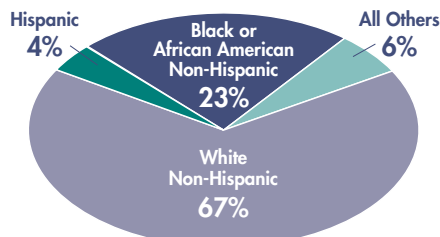
Kent County Population

by Race/Hispanic Origin, 2000

Total Population



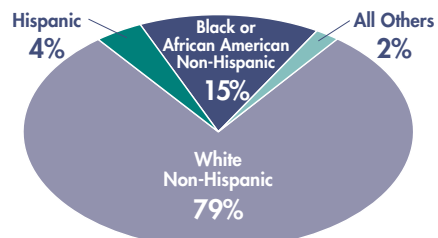
Children under 18



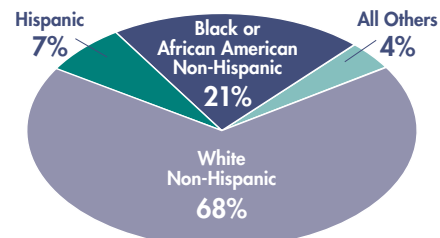
Sussex County Population

by Race/Hispanic Origin, 2000

Total Population



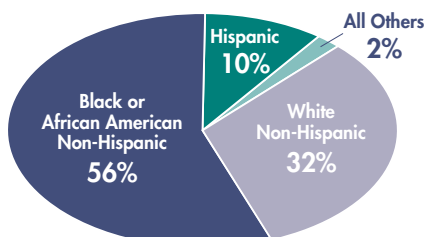
Children under 18



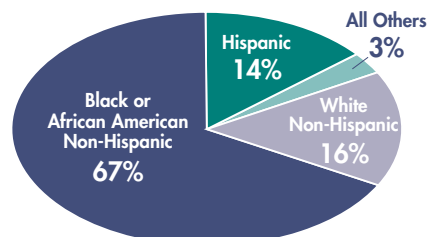
Wilmington Population

by Race/Hispanic Origin, 2000

Total Population



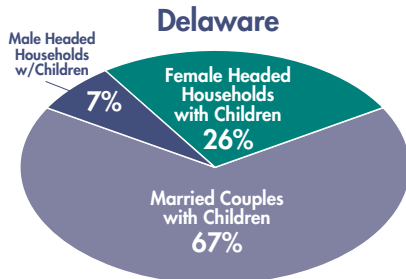
Children under 18



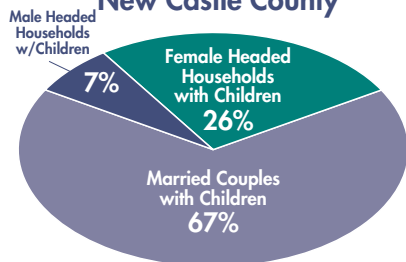
Source: 2000 Census, U.S. Census Bureau

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

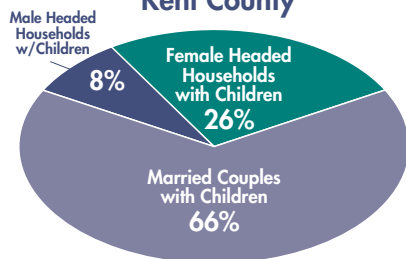
Families with Related Children by Household Structure 2000



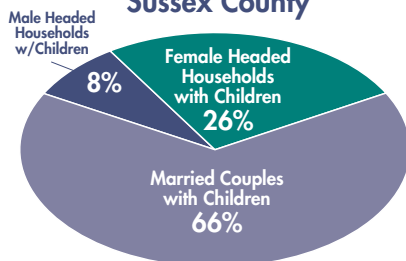
New Castle County



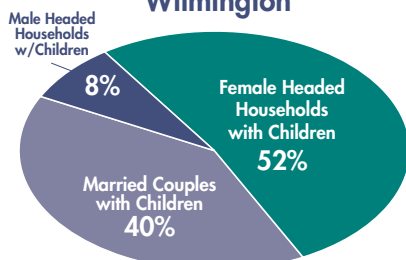
Kent County



Sussex County

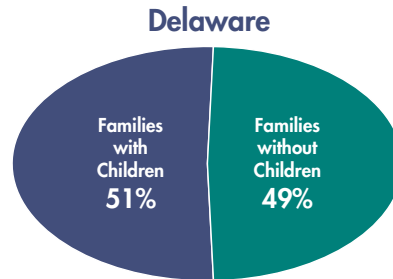


Wilmington

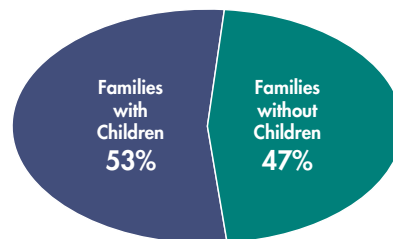


Source: 2000 Census, U.S. Census Bureau

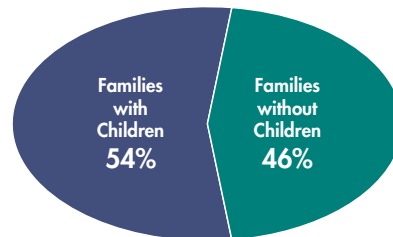
Families with & without Children under 18 Living in Household 2000



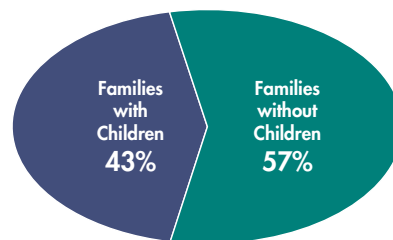
New Castle County



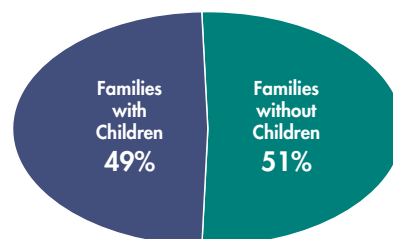
Kent County



Sussex County



Wilmington



Source: 2000 Census, U.S. Census Bureau



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.

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

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

Delaware Households – In 2007 there were 839,870 people in 328,477 households in Delaware. The average household size was 2.56; the average family size was 3.07.

Families made up 68% of the households in Delaware. Most of the nonfamily households were people living alone (26% of all Delaware households).

Source: American Community Survey, 2007

Demographics

Table 1:

Population of Children by Age

Population Estimates for Ages 0 to 21 by Sex and Race, Delaware, 2009

Sex/ Age	All Races	White	Black	Other	Sex/ Age	All Races	White	Black	Other
Male					Female				
0	5,890	4,194	1,535	161	0	5,904	4,201	1,542	161
1	5,800	4,128	1,506	166	1	5,824	4,138	1,520	166
2	5,762	4,103	1,489	170	2	5,784	4,113	1,501	170
3	5,744	4,095	1,476	173	3	5,764	4,105	1,487	172
4	5,733	4,096	1,461	176	4	5,752	4,105	1,472	175
5	5,788	4,142	1,464	182	5	5,807	4,151	1,474	182
6	5,582	4,005	1,401	176	6	5,599	4,015	1,410	174
7	5,687	4,085	1,423	179	7	5,706	4,094	1,434	178
8	5,753	4,162	1,409	182	8	5,767	4,171	1,417	179
9	5,556	3,764	1,483	309	9	5,224	3,522	1,447	255
10	5,517	3,831	1,418	268	10	5,405	3,668	1,472	265
11	5,529	3,769	1,496	264	11	5,247	3,511	1,459	277
12	5,370	3,674	1,422	274	12	5,218	3,537	1,417	264
13	5,705	3,892	1,545	268	13	5,453	3,770	1,443	240
14	5,785	3,974	1,538	273	14	5,385	3,729	1,427	229
15	5,889	4,055	1,567	267	15	5,625	3,888	1,513	224
16	5,998	4,101	1,633	264	16	5,821	4,040	1,554	227
17	6,091	4,095	1,739	257	17	5,788	3,965	1,612	211
18	6,457	4,482	1,740	235	18	5,960	4,117	1,624	219
19	6,217	4,296	1,670	251	19	5,917	4,095	1,605	217
20	6,006	4,220	1,581	205	20	5,708	3,997	1,497	214
21	5,875	4,160	1,500	215	21	5,790	4,019	1,572	199
Total	127,734	89,323	33,496	4,915	Total	124,448	86,951	32,899	4,598

Note: Estimates for ages 0–21 for the Counties and the City of Wilmington are available at www.cadsr.udel.edu/demography/consortium.htm.

Source: Delaware Population Consortium, Population Projection Series, Version 2009.0

Table 2:

Population**Population Census Counts for Delaware and Counties, 2009**

Area/Sex/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	57,957	56,469	54,614	59,763	524,211	128,518	881,532	26.0	59.5	14.6	100.0
Male	28,929	28,366	27,906	30,652	256,656	55,241	427,750	13.1	29.1	6.3	48.5
White	20,616	20,158	19,140	21,029	194,182	47,960	323,085	9.2	22.0	5.4	36.7
Black	7,467	7,180	7,419	8,349	52,828	6,392	89,635	3.5	6.0	0.7	10.2
Female	29,028	28,103	26,708	29,111	267,555	73,277	453,782	12.8	30.4	8.3	51.5
White	20,662	19,953	18,215	20,105	199,109	62,806	340,850	9.0	22.6	7.1	38.7
Black	7,522	7,182	7,218	7,908	59,365	9,398	98,593	3.4	6.7	1.1	11.2
New Castle	35,676	35,315	33,892	37,361	322,666	67,173	532,083	16.1	36.6	7.6	60.4
Male	17,785	17,717	17,317	19,111	158,022	28,152	258,104	8.2	17.9	3.2	29.3
White	12,381	12,315	11,484	12,645	115,704	23,499	188,028	5.5	13.1	2.7	21.3
Black	4,835	4,708	4,871	5,561	35,183	3,980	59,138	2.3	4.0	0.5	6.7
Female	17,891	17,598	16,575	18,250	164,644	39,021	273,979	8.0	18.7	4.4	31.1
White	12,436	12,211	10,884	12,110	118,202	32,259	198,102	5.4	13.4	3.7	22.5
Black	4,887	4,734	4,779	5,354	39,701	6,040	65,495	2.2	4.5	0.7	7.4
Kent	11,355	10,793	10,638	11,489	93,194	19,961	157,430	5.0	10.6	2.3	17.9
Male	5,670	5,414	5,410	5,914	44,989	8,515	75,912	2.5	5.1	1.0	8.6
White	4,104	3,879	3,848	4,156	33,929	6,988	56,904	1.8	3.8	0.8	6.5
Black	1,430	1,388	1,381	1,601	9,832	1,399	17,031	0.7	1.1	0.2	1.9
Female	5,685	5,379	5,228	5,575	48,205	11,446	81,518	2.5	5.5	1.3	9.2
White	4,106	3,839	3,667	3,978	35,285	9,409	60,284	1.8	4.0	1.1	6.8
Black	1,443	1,395	1,392	1,438	11,504	1,788	18,960	0.6	1.3	0.2	2.2
Sussex	10,926	10,361	10,084	10,913	108,351	41,384	192,019	4.8	12.3	4.7	21.8
Male	5,474	5,235	5,179	5,627	53,645	18,574	93,734	2.4	6.1	2.1	10.6
White	4,131	3,964	3,808	4,228	44,549	17,473	78,153	1.8	5.1	2.0	8.9
Black	1,202	1,084	1,167	1,187	7,813	1,013	13,466	0.5	0.9	0.1	1.5
Female	5,452	5,126	4,905	5,286	54,706	22,810	98,285	2.4	6.2	2.6	11.1
White	4,120	3,903	3,664	4,017	45,622	21,138	82,464	1.8	5.2	2.4	9.4
Black	1,192	1,053	1,047	1,116	8,160	1,570	14,138	0.5	0.9	0.2	1.6

Totals by area and gender include races other than White and Black

Percentages are calculated based on total state population

Source: Delaware Population Consortium, Population Projection Series, Version 2009.0

Demographics

Table 3:

Population of Delaware Cities

Population Estimates by Age, Gender, and Race for Newark, Wilmington, and Dover, 2009

Gender/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Newark*	868	955	1,076	5,849	18,694	2,554	29,994	1.0	2.1	0.3	3.4
Male	449	508	546	2,271	9,220	1,001	13,995	0.4	1.0	0.1	1.6
Female	419	447	529	3,578	9,474	1,553	15,999	0.6	1.1	0.2	1.8
Wilmington	5,751	5,020	4,379	5,288	43,856	8,228	72,522	2.3	5.0	0.9	8.2
Male	2,938	2,590	2,270	2,688	21,849	2,951	35,286	1.2	2.5	0.3	4.0
White	940	796	483	590	9,063	1,525	13,397	0.3	1.0	0.2	1.5
Black	1,813	1,631	1,619	1,884	11,516	1,341	19,804	0.8	1.3	0.2	2.2
Female	2,813	2,430	2,109	2,600	22,007	5,277	37,236	1.1	2.5	0.6	4.2
White	882	719	422	513	8,095	2,801	13,432	0.3	0.9	0.3	1.5
Black	1,753	1,572	1,545	1,911	12,749	2,362	21,892	0.8	1.4	0.3	2.5
Dover*	2,471	2,237	2,172	3,279	21,396	5,072	36,627	1.2	2.4	0.6	4.2
Male	1,250	1,179	1,049	1,587	9,958	2,051	17,073	0.6	1.1	0.2	1.9
Female	1,221	1,058	1,123	1,692	11,439	3,021	19,554	0.6	1.3	0.3	2.2

Totals by area and gender include races other than White and Black.

Percentages are calculated based on total state population (see Table 2)

* Race estimates not available for Newark and Dover.

Source: Delaware Population Consortium, Population Projection Series, Version 2009.0

Table 4:

Hispanic Population Estimates

Delaware and Counties, 2002

Gender	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19*	% 20-64*	% 65+*	% Total
Delaware											
Male	2,370	2,025	1,730	1,764	12,802	556	21,247	1.0	1.6	0.1	2.6
Female	2,226	1,903	1,621	1,445	10,278	652	18,125	0.9	1.3	0.1	2.2
New Castle											
Male	1,641	1,447	1,258	1,283	8,802	380	14,811	0.7	1.1	0.0**	1.8
Female	1,507	1,353	1,173	1,089	7,385	446	12,953	0.6	0.9	0.1	1.6
Kent											
Male	242	201	204	184	1,213	80	2,124	0.1	0.2	0.0**	0.3
Female	225	227	208	172	1,136	100	2,068	0.1	0.1	0.0**	0.3
Sussex											
Male	487	377	268	297	2,787	96	4,312	0.2	0.3	0.0**	0.5
Female	494	323	240	184	1,757	106	3,104	0.2	0.2	0.0**	0.4

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

* Percentage of total state population.

**0.0 indicates less than 0.5

Sources: Hispanic Data (US Census Bureau Pop Estimates) and Delaware Population Consortium (Oct. 8, 2002 Series).

Table 5:

Hispanic Population Estimates

Hispanic Population Estimates for Delaware and Counties, 1990–2002

	1990	1992	1994	1996	1998	2000	2002
Delaware	15,530	18,418	24,234	26,972	31,158	37,277	39,372
New Castle	10,830	11,737	14,158	15,842	18,896	26,293	27,763
Kent	2,382	2,964	3,037	3,165	2,590	4,069	4,192
Sussex	2,318	3,717	7,039	7,965	9,672	6,908	7,416

Source: U.S. Census Bureau and Delaware Population Consortium

Table 6:

Families with Children

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

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

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1

Table 7:

Children and Their Living Arrangements

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

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

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1

Prenatal Care

Table 8:

Prenatal Care

Five-Year Average Percentage of Mothers Receiving Prenatal Care
in the First Trimester of Pregnancy by Race/Hispanic Origin
U.S., Delaware, Counties, and City of Wilmington, 1988–2007

Area/Race- Hispanic Origin*	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007
U.S.	74.6	75.2	76.1	77.1	78.1	79.0	79.7	80.2	80.5	80.8	81.1	80.6	77.6	72.7	N/A	N/A
White	78.1	78.6	79.3	80.1	81.0	81.7	82.2	82.5	82.7	83.0	83.2	82.5	79.3	74.1	N/A	N/A
Black	59.4	60.3	61.8	63.5	65.6	67.2	68.5	69.6	70.4	70.7	71.5	71.7	68.9	64.8	N/A	N/A
Hispanic*	59.8	60.9	62.7	64.7	66.8	68.5	69.8	70.8	71.4	72.1	72.9	73.3	72.0	67.4	N/A	N/A
Delaware	78.6	79.0	80.0	81.2	82.3	82.6	82.9	83.0	83.1	83.9	84.9	85.1	85.4	84.7	82.0	78.0
White	84.8	84.9	85.6	86.2	86.7	86.5	86.5	86.4	86.5	87.1	87.8	87.9	87.9	86.7	83.7	79.6
Black	59.1	60.5	62.6	65.4	68.2	70.3	71.5	72.9	73.6	75.5	77.5	78.6	79.9	79.9	77.7	73.6
Hispanic*	N/A	64.5	65.2	65.6	66.8	67.3	67.8	68.7	69.4	70.8	72.2	72.6	72.1	69.8	65.6	60.4
New Castle	82.1	83.2	85.2	86.7	88.5	89.1	89.1	88.6	88.7	89.5	90.6	90.6	91.1	90.6	88.3	84.5
White	88.0	88.7	90.2	91.1	92.3	92.5	92.4	91.8	91.9	92.4	93.1	92.9	93.3	92.5	90.2	86.9
Black	62.9	65.5	68.7	72.3	76.1	78.3	78.7	79.3	79.4	81.1	83.5	84.2	85.2	85.3	83.1	78.7
Hispanic*	N/A	69.1	72.7	74.2	78.0	79.3	79.8	79.7	81.3	82.2	84.2	84.9	86.2	85.6	81.8	77.7
Wilmington	66.0	68.1	71.0	73.6	77.7	79.9	79.9	79.6	79.8	80.8	82.8	83.7	84.8	84.7	82.2	77.9
White	79.6	81.1	83.1	84.3	86.9	88.1	87.9	87.0	87.1	87.6	88.4	89.1	89.9	89.4	86.6	83.0
Black	58.4	60.8	64.0	67.4	72.3	75.1	75.3	75.6	75.8	77.0	79.7	80.6	81.7	81.8	79.5	74.8
Hispanic*	N/A	62.8	66.1	68.0	73.9	78.0	78.2	78.2	79.7	80.4	81.5	83.1	84.3	84.0	79.7	75.9
Kent	73.7	72.0	70.7	71.0	69.7	68.0	68.2	69.3	69.4	71.1	72.8	74.8	76.6	77.7	75.2	71.5
White	78.6	76.5	74.7	74.6	73.0	71.3	71.5	72.5	72.5	74.0	75.6	77.5	79.1	80.2	77.9	74.5
Black	59.0	57.8	57.7	59.3	58.1	56.7	57.8	59.7	60.6	63.3	65.4	67.8	70.3	71.3	68.3	64.2
Hispanic*	N/A	66.9	65.8	67.2	65.4	65.3	62.3	61.3	60.1	62.1	63.1	67.2	68.7	69.4	66.1	60.1
Sussex	69.4	69.4	69.7	70.4	71.5	73.3	74.5	75.7	76.1	76.7	76.4	75.9	74.4	71.7	68.0	63.4
White	78.5	78.4	78.6	79.0	79.4	79.7	80.2	80.8	80.9	81.6	81.6	81.1	78.6	74.8	70.0	64.2
Black	45.8	45.7	46.7	47.8	50.5	55.4	58.3	61.7	64.2	65.7	66.0	67.6	68.2	67.0	65.1	63.1
Hispanic*	N/A	40.8	37.6	40.1	40.5	42.2	44.2	47.1	45.7	47.2	47.6	46.7	42.7	37.6	32.6	27.1

Note: An indication of N/A means data was not available for that group or time period.

* Persons of Hispanic origin may be of any race.

Hispanic data was not available prior to the 1989-93 time period.

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

Table 9:

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

Number and Percentage of Live Births by Race/Hispanic Origin of Mother, Birth Weight in Grams and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category)
Delaware, 2003–2007 Averages

Race/Hisp. Origin* Birth Wt.. (g)	Total Number	Percent	First Trimester Number	Percent	Second Trimester Number	Percent	Third Trimester Number	Percent	No Care Number	Percent	Unknown Number	Percent
All Races	58,293	100.0	45,461	78.0	8,376	14.4	2,137	3.7	895	1.5	1,424	2.4
<2500	5,426	100.0	4,155	76.6	708	13.0	161	3.0	221	4.1	181	3.3
<1500	1,104	100.0	890	80.6	87	7.9	15	1.4	64	5.8	48	4.3
1500-2499	4,322	100.0	3,265	75.5	621	14.4	146	3.4	157	3.6	133	3.1
2500+	52,831	100.0	41,305	78.2	7,667	14.5	1,968	3.7	674	1.3	1,217	2.3
Unknown	36	100.0	1	2.8	1	2.8	8	22.2	0	0.0	26	72.2
White	40,416	100.0	32,189	79.6	5,385	13.3	1,469	3.6	489	1.2	884	2.2
<2500	3,022	100.0	2,418	80.0	336	11.1	82	2.7	103	3.4	83	2.7
<1500	530	100.0	449	84.7	27	5.1	8	1.5	28	5.3	18	3.4
1500-2499	2,492	100.0	1,969	79.0	309	12.4	74	3.0	75	3.0	65	2.6
2500+	37,368	100.0	29,770	79.7	5,048	13.5	1,381	3.7	386	1.0	783	2.1
Unknown	26	100.0	1	3.8	1	3.8	6	23.1	0	0.0	18	69.2
Black	14,894	100.0	10,955	73.6	2,545	17.1	579	3.9	367	2.5	448	3.0
<2500	2,132	100.0	1,525	71.5	338	15.9	68	3.2	110	5.2	91	4.3
<1500	530	100.0	404	76.2	56	10.6	6	1.1	35	6.6	29	5.5
1500-2499	1,602	100.0	1,121	70.0	282	17.6	62	3.9	75	4.7	62	3.9
2500+	12,753	100.0	9,430	73.9	2,207	17.3	509	4.0	257	2.0	350	2.7
Unknown	9	100.0	0	0.0	0	0.0	2	22.2	0	0.0	7	77.8
Other	2,983	100.0	2,317	77.7	446	15.0	89	3.0	39	1.3	92	3.1
<2500	272	100.0	212	77.9	34	12.5	11	4.0	8	2.9	7	2.6
<1500	44	100.0	37	84.1	4	9.1	1	2.3	1	2.3	1	2.3
1500-2499	228	100.0	175	76.8	30	13.2	10	4.4	7	3.1	6	2.6
2500+	2,710	100.0	2,105	77.7	412	15.2	78	2.9	31	1.1	84	3.1
Unknown	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
Hispanic*	8,412	100.0	5,078	60.4	2,138	25.4	853	10.1	175	2.1	168	2.0
<2500	607	100.0	394	64.9	108	17.8	46	7.6	34	5.6	25	4.1
<1500	97	100.0	72	74.2	9	9.3	5	5.2	9	9.3	2	2.1
1500-2499	510	100.0	322	63.1	99	19.4	41	8.0	25	4.9	23	4.5
2500+	7,790	100.0	4,684	60.1	2,030	26.1	806	10.3	141	1.8	129	1.7
Unknown	15	100.0	0	0.0	0	0.0	1	6.7	0	0.0	14	93.3

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

Prenatal Care

Table 10:

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

Number and Percentage of Live Births by Age of Mother, Birth Weight in Grams, and Trimester Prenatal Care Began (Percentages Calculated By Birth Weight Category), Delaware, 2003–2007 Averages

Mother's Age/ Infant's Birth Wt. (g)	Total Number	Total Percent	First Trimester Number	First Trimester Percent	Second Trimester Number	Second Trimester Percent	Third Trimester Number	Third Trimester Percent	No Care Number	No Care Percent	Unknown Number	Unknown Percent
Less than 20 yrs.	6,196	100.0	4,072	65.7	1,495	24.1	356	5.7	156	2.5	117	1.9
<2500	695	100.0	462	66.5	149	21.4	34	4.9	34	4.9	16	2.3
<1500	148	100.0	108	73.0	25	16.9	1	0.7	11	7.4	3	2.0
1500-2499	547	100.0	354	64.7	124	22.7	33	6.0	23	4.2	13	2.4
2500+	5,496	100.0	3,610	65.7	1,346	24.5	321	5.8	122	2.2	97	1.8
Unknown	5	100.0	0	0.0	0	0.0	1	20.0	0	0.0	4	80.0
20-24 Years	14,861	100.0	10,692	71.9	2,767	18.6	770	5.2	293	2.0	339	2.3
<2500	1,473	100.0	1,055	71.6	247	16.8	54	3.7	66	4.5	51	3.5
<1500	278	100.0	211	75.9	32	11.5	3	1.1	14	5.0	18	6.5
1500-2499	1,195	100.0	844	70.6	215	18.0	51	4.3	52	4.4	33	2.8
2500+	13,384	100.0	9,637	72.0	2,520	18.8	716	5.3	227	1.7	284	2.1
Unknown	4	100.0	0	0.0	0	0.0	0	0.0	0	0.0	4	100.0
25-29 Years	15,525	100.0	12,425	80.0	1,982	12.8	517	3.3	199	1.3	402	2.6
<2500	1,275	100.0	1,006	78.9	132	10.4	46	3.6	52	4.1	39	3.1
<1500	263	100.0	216	82.1	10	3.8	9	3.4	22	8.4	6	2.3
1500-2499	1,012	100.0	790	78.1	122	12.1	37	3.7	30	3.0	33	3.3
2500+	14,239	100.0	11,418	80.2	1,850	13.0	469	3.3	147	1.0	355	2.5
Unknown	11	100.0	1	9.1	0	0.0	2	18.2	0	0.0	8	72.7
30-34 Years	13,693	100.0	11,544	84.3	1,336	9.8	308	2.2	159	1.2	346	2.5
<2500	1,203	100.0	993	82.5	107	8.9	18	1.5	38	3.2	47	3.9
<1500	248	100.0	206	83.1	15	6.0	2	0.8	10	4.0	15	6.0
1500-2499	955	100.0	787	82.4	92	9.6	16	1.7	28	2.9	32	3.4
2500+	12,480	100.0	10,551	84.5	1,228	9.8	287	2.3	121	1.0	293	2.3
Unknown	10	100.0	0	0.0	1	10.0	3	30.0	0	0.0	6	60.0
35+ Years	8,018	100.0	6,728	83.9	796	9.9	186	2.3	88	1.1	220	2.7
<2500	780	100.0	639	81.9	73	9.4	9	1.2	31	4.0	28	3.6
<1500	167	100.0	149	89.2	5	3.0	0	0.0	7	4.2	6	3.6
1500-2499	613	100.0	490	79.9	68	11.1	9	1.5	24	3.9	22	3.6
2500+	7,232	100.0	6,089	84.2	723	10.0	175	2.4	57	0.8	188	2.6
Unknown	6	100.0	0	0.0	0	0.0	2	33.3	0	0.0	4	66.7

Source: Delaware Health Statistics Center

Table 11:

Births by Birth Weight, Marital Status, and Prenatal Care

Number and Percentage of Live Births by Marital Status of Mother, Birth Weight in Grams, and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category)
Delaware, 2003–2007 Averages

Mother's Marital Status/ Infant's Birth Wt. (g)	Total		First Trimester		Second Trimester		Third Trimester		No Care		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	32,584	100.0	27,656	84.9	3,212	9.9	665	2.0	239	0.7	812	2.5
<2500	2,474	100.0	2,087	84.4	220	8.9	30	1.2	61	2.5	76	3.1
<1500	492	100.0	426	86.6	19	3.9	4	0.8	25	5.1	18	3.7
1500-2499	1,982	100.0	1,661	83.8	201	10.1	26	1.3	36	1.8	58	2.9
2500+	30,085	100.0	25,568	85.0	2,991	9.9	629	2.1	178	0.6	719	2.4
Unknown	25	100.0	1	4.0	1	4.0	6	24.0	0	0.0	17	68.0
Single	25,702	100.0	17,804	69.3	5,164	20.1	1,471	5.7	656	2.6	607	2.4
<2500	2,951	100.0	2,068	70.1	488	16.5	131	4.4	160	5.4	104	3.5
<1500	611	100.0	464	75.9	68	11.1	11	1.8	39	6.4	29	4.7
1500-2499	2,340	100.0	1,604	68.5	420	17.9	120	5.1	121	5.2	75	3.2
2500+	22,744	100.0	15,736	69.2	4,676	20.6	1,338	5.9	496	2.2	498	2.2
Unknown	7	100.0	0	0.0	0	0.0	2	28.6	0	0.0	5	71.4

Source: Delaware Health Statistics Center

Low Birth Weight

Table 12:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births (<2500 grams)
U.S., Delaware, Counties, and City of Wilmington, 1988–2007

	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007
U.S.	7.0	7.1	7.1	7.2	7.2	7.3	7.4	7.5	7.5	7.6	7.6	7.7	7.8	7.9	8.0	N/A
Delaware	7.6	7.7	7.7	7.8	8.0	8.2	8.3	8.5	8.6	8.8	9.0	9.2	9.3	9.4	9.4	9.3
New Castle	7.8	8.0	8.0	8.2	8.3	8.5	8.6	8.8	8.8	9.1	9.3	9.6	9.7	9.9	9.9	9.8
Wilmington	12.2	12.4	12.5	12.2	12.1	12.2	12.3	12.6	13.1	13.5	14.2	14.1	14.0	14.4	13.9	13.6
Kent	7.3	7.2	7.1	7.3	7.2	7.5	7.7	8.1	8.1	8.6	8.9	9.2	9.3	9.5	9.4	9.3
Sussex	7.1	7.2	7.1	7.2	7.7	8.0	8.0	8.0	8.3	7.8	7.9	8.0	8.0	7.8	8.0	7.8

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

Table 13:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births (< 1500 grams)
U.S., Delaware, Counties, and City of Wilmington, 1988–2007

	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007
U.S.	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.5	1.5	N/A
Delaware	1.6	1.6	1.6	1.6	1.6	1.7	1.7	1.8	1.9	1.8	1.9	1.9	1.9	1.9	2.0	1.9
New Castle	1.7	1.8	1.7	1.7	1.7	1.8	1.8	1.9	1.9	1.9	1.9	2.0	1.9	2.0	2.1	2.0
Wilmington	3.1	3.1	2.9	2.8	2.9	2.8	2.8	2.9	3.0	3.0	3.1	3.1	2.9	3.0	3.1	2.9
Kent	1.6	1.4	1.4	1.5	1.5	1.6	1.7	1.8	1.8	1.8	1.8	1.9	2.0	1.9	1.8	1.8
Sussex	1.5	1.3	1.2	1.4	1.4	1.5	1.6	1.6	1.7	1.6	1.7	1.6	1.6	1.6	1.7	1.5

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).

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

Table 14:

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

Five-Year Average Percentage of Low Birth Weight Births by Age, Race/Hispanic Origin of Mother
U.S., Delaware and Counties, 1999–2006

Area/ Mother's Age	2000–2004				2001–2005				2002–2006				2003–2007			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	7.8	6.8	13.2	6.6	7.9	6.9	13.3	6.7	8.0	N/A	N/A	6.8	N/A	N/A	N/A	N/A
Less than 20	9.7	8.2	13.9	7.8	9.8	8.3	14.0	7.9	9.9	N/A	N/A	8.0	N/A	N/A	N/A	N/A
20–24	7.9	6.7	12.7	6.2	8.0	6.8	12.9	6.3	8.1	N/A	N/A	6.4	N/A	N/A	N/A	N/A
25–29	6.9	6.1	12.2	5.8	7.1	6.2	12.4	5.9	7.2	N/A	N/A	6.0	N/A	N/A	N/A	N/A
30+	7.8	7.0	14.2	7.1	8.0	7.2	14.2	7.2	8.1	N/A	N/A	7.3	N/A	N/A	N/A	N/A
Delaware	9.3	7.6	14.1	6.9	9.4	7.7	14.3	7.0	9.4	7.6	14.6	7.0	9.3	7.5	14.3	7.2
Less than 20	11.2	8.9	14.2	8.2	11.5	8.9	14.9	8.3	11.4	8.6	14.8	7.7	11.2	8.7	14.4	8.3
20–24	9.5	7.6	13.4	7.2	9.6	7.5	13.9	6.9	9.8	7.7	14.1	7.2	9.9	7.6	14.4	7.4
25–29	8.4	7.0	12.8	6.4	8.6	7.2	13.1	6.9	8.5	7.1	13.2	6.9	8.2	6.8	12.6	6.6
30+	9.2	7.8	16.0	6.1	9.3	7.9	15.7	6.6	9.3	7.8	16.3	6.5	9.1	7.6	15.6	7.1
New Castle	9.7	7.8	14.7	7.4	9.9	8.0	14.8	7.6	9.9	7.9	15.1	7.5	9.8	7.8	14.8	7.8
Less than 20	11.9	9.5	14.4	9.0	12.5	9.9	15.4	9.1	12.3	9.5	15.4	8.4	12.5	9.9	15.4	10.0
20–24	10.3	8.1	14.0	8.1	10.5	8.3	14.2	7.9	10.5	8.0	14.4	7.7	10.6	7.9	15.0	7.6
25–29	8.8	7.2	13.5	6.3	9.0	7.4	13.6	6.2	9.1	7.6	13.5	6.7	8.7	7.3	12.8	6.6
30+	9.3	7.7	16.6	6.7	9.6	8.0	16.2	7.9	9.6	7.8	16.8	7.6	9.4	7.7	16.0	8.0
Wilmington	14.0	9.3	17.0	8.9	14.4	9.1	17.7	9.4	13.9	8.8	17.3	9.6	13.6	8.0	17.1	9.1
Less than 20	13.8	9.1	15.3	7.1	14.7	8.9	16.6	8.0	14.6	8.9	16.3	9.1	14.3	9.3	15.7	9.7
20–24	14.7	12.1	16.0	11.2	15.1	11.5	16.7	10.9	14.7	11.2	16.3	11.5	14.2	8.7	16.7	9.2
25–29	12.7	8.6	15.8	7.6	12.8	7.7	16.5	8.0	12.8	8.4	16.4	8.3	12.9	7.9	16.5	8.3
30+	14.3	8.3	22.7	8.5	14.5	8.7	22.4	10.3	13.4	7.5	21.3	8.5	12.9	7.4	19.8	9.3
Kent	9.3	7.8	13.9	8.3	9.5	7.7	14.3	9.5	9.4	7.7	13.8	9.3	9.3	7.6	13.7	8.9
Less than 20	11.3	9.4	14.4	7.9	12.4	9.7	15.6	10.8	11.7	9.2	14.2	12.6	11.4	9.2	13.5	9.2
20–24	9.4	7.7	13.3	10.3	9.3	7.4	13.6	9.7	9.8	8.3	13.1	11.0	9.8	8.0	13.4	10.6
25–29	7.6	6.2	12.2	8.0	7.9	6.4	12.8	11.3	7.4	5.9	12.2	9.3	7.5	5.9	12.2	8.4
30+	9.8	8.6	16.5	5.2	9.8	8.5	16.3	6.3	9.7	8.4	16.6	4.3	9.6	8.1	16.3	6.5
Sussex	8.0	7.0	11.7	5.2	7.8	6.8	12.3	5.1	8.0	6.7	13.3	5.4	7.8	6.5	12.7	5.6
Less than 20	9.4	7.1	13.6	6.0	8.4	6.1	12.6	5.2	8.8	6.5	13.6	4.4	8.2	6.1	12.4	4.5
20–24	7.6	6.3	11.5	4.4	7.9	6.1	13.1	4.2	8.4	6.6	14.0	5.1	8.4	6.7	13.6	5.9
25–29	7.5	6.8	10.0	6.2	7.6	7.0	11.1	7.0	7.7	6.5	13.2	6.7	7.5	6.3	12.6	6.0
30+	8.1	7.7	11.3	4.7	7.7	7.3	11.4	3.8	7.7	7.2	11.8	4.7	7.3	6.7	11.4	5.0

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

Low Birth Weight

Table 15:

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

Five-Year Average Percentage of Very Low Birth Weight Births
by Age, Race/Hispanic Origin of Mother
U.S., Delaware, Counties, and Wilmington, 2000–2007

Area/ Mother's Age	2000–2004				2001–2005				2002–2006				2003–2007			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	1.4	1.2	3.1	1.2	1.5	1.2	3.1	1.2	1.5	N/A	N/A	1.2	N/A	N/A	N/A	N/A
Less than 20	1.8	1.5	2.9	1.3	1.8	1.5	2.9	1.3	1.9	N/A	N/A	1.3	N/A	N/A	N/A	N/A
20–24	1.4	1.1	2.7	1.0	1.4	1.1	2.8	1.0	1.4	N/A	N/A	1.0	N/A	N/A	N/A	N/A
25–29	1.3	1.0	3.0	1.0	1.3	1.0	3.0	1.0	1.3	N/A	N/A	1.0	N/A	N/A	N/A	N/A
30+	1.5	1.2	3.7	1.4	1.5	1.3	3.7	1.4	1.5	N/A	N/A	1.4	N/A	N/A	N/A	N/A
Delaware	1.9	1.4	3.3	1.3	1.9	1.4	3.5	1.2	2.0	1.4	3.6	1.3	1.9	1.3	3.6	1.2
Less than 20	2.2	1.8	2.8	1.9	2.4	1.9	3.1	1.4	2.4	1.8	3.2	1.3	2.4	1.7	3.3	1.3
20–24	1.8	1.3	2.9	0.8	1.9	1.2	3.2	0.9	1.9	1.3	3.2	0.8	1.9	1.2	3.3	0.9
25–29	1.7	1.3	3.4	1.4	1.7	1.3	3.4	1.2	1.8	1.3	3.5	1.3	1.7	1.2	3.4	1.1
30+	1.9	1.4	4.4	1.6	2.0	1.5	4.2	1.7	2.0	1.5	4.4	1.8	1.9	1.3	4.2	1.6
New Castle	1.9	1.4	3.5	1.6	2.0	1.4	3.6	1.4	2.1	1.5	3.7	1.5	2.0	1.4	3.7	1.4
Less than 20	2.6	2.2	3.0	2.3	2.8	2.3	3.3	1.6	2.8	2.0	3.6	1.6	2.6	1.9	3.5	1.5
20–24	1.8	1.1	3.1	1.0	1.9	1.1	3.2	1.0	1.9	1.2	3.2	1.0	2.0	1.3	3.3	1.1
25–29	1.6	1.1	3.5	1.2	1.7	1.2	3.3	1.0	1.8	1.4	3.4	1.1	1.7	1.3	3.3	1.1
30+	2.0	1.5	4.4	2.2	2.1	1.6	4.4	2.3	2.2	1.6	4.7	2.4	2.1	1.5	4.6	1.9
Wilmington	2.9	1.3	4.0	1.1	3.0	1.2	4.2	1.3	3.1	1.4	4.2	1.4	2.9	1.1	4.1	1.3
Less than 20	2.7	2.0	2.9	1.3	2.7	1.4	3.1	0.8	2.8	1.0	3.5	0.8	2.5	0.7	3.1	0.4
20–24	3.3	1.7	3.9	1.1	3.3	1.3	4.1	1.5	3.2	1.8	3.8	1.5	3.1	1.7	3.7	1.7
25–29	2.7	1.4	3.7	1.1	3.1	1.6	4.2	1.4	3.5	2.1	4.7	1.8	3.4	1.7	4.8	1.4
30+	2.9	0.7	5.9	1.0	2.9	0.8	5.8	1.4	2.7	0.8	5.3	1.4	2.7	0.5	5.4	1.3
Kent	2.0	1.6	3.3	1.2	1.9	1.4	3.5	1.4	1.8	1.4	3.3	1.4	1.8	1.2	3.5	1.3
Less than 20	1.7	1.1	2.5	2.7	2.1	1.3	3.1	2.5	2.2	1.5	3.1	2.5	2.7	1.6	4.1	2.3
20–24	2.2	1.8	3.1	0.4	2.2	1.6	3.6	1.2	2.1	1.7	3.2	1.2	2.0	1.4	3.4	1.1
25–29	1.9	1.6	3.2	2.0	1.8	1.4	3.4	1.8	1.5	1.1	3.3	1.7	1.5	1.0	3.2	1.0
30+	1.9	1.5	4.5	0.7	1.7	1.3	3.8	0.6	1.7	1.3	3.7	0.6	1.6	1.1	3.5	1.1
Sussex	1.6	1.3	2.7	0.8	1.6	1.3	3.0	0.8	1.7	1.3	3.1	0.8	1.5	1.1	2.9	0.7
Less than 20	1.9	1.6	2.7	0.7	1.6	1.4	2.3	0.3	1.7	1.7	1.9	0.3	1.6	1.5	1.8	0.6
20–24	1.4	1.2	2.1	0.5	1.5	1.1	2.8	0.5	1.6	1.1	3.2	0.5	1.4	0.9	3.0	0.4
25–29	1.8	1.5	2.9	1.5	1.9	1.4	3.9	1.5	1.9	1.4	4.0	1.5	1.8	1.3	3.9	1.0
30+	1.5	1.2	3.8	0.4	1.5	1.3	3.3	0.8	1.5	1.3	3.2	0.8	1.3	1.0	2.6	0.9

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).

* Persons of Hispanic origin may be of any race.

Source: Delaware Health Statistics Center

Table 16:

Infant Mortality Rates by Race/Hispanic Origin

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Race/Hispanic Origin
U.S., Delaware, Counties and City of Wilmington, 1988–2007

Area/Race-Hisp. Origin	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007
U.S.	9.3	9.0	8.6	8.3	8.0	7.7	7.5	7.3	7.1	7.0	7.0	6.9	6.9	6.9	6.8	6.8
White	7.7	7.3	7.0	6.8	6.5	6.4	6.2	6.0	5.9	5.8	5.8	5.7	5.7	5.7	5.7	N/A
Black	17.7	17.5	17.0	16.4	15.8	15.3	14.8	14.6	14.4	14.2	14.3	14.2	14.0	14.0	13.8	N/A
Delaware	10.9	10.3	9.3	8.9	7.9	7.8	7.9	8.1	8.4	9.0	9.2	9.1	9.3	9.2	8.8	8.5
White	8.2	7.5	6.6	6.4	5.6	5.6	5.9	5.7	6.2	6.6	6.9	6.9	7.3	6.8	6.4	6.2
Black	19.8	19.9	18.2	17.0	15.8	14.7	14.4	15.8	15.9	17.1	16.7	16.7	16.1	17.1	16.1	15.6
Hispanic*	N/A	NA	NA	NA	NA	NA	NA	NA	6.3	6.9	6.3	8.3	7.9	7.2	6.9	8.0
New Castle	10.8	10.7	9.5	9.0	7.8	7.3	7.3	7.9	8.5	9.1	9.2	9.5	9.4	9.3	9.1	9.2
White	7.9	7.5	6.5	6.3	5.0	4.9	4.8	4.9	5.6	6.2	6.4	6.8	7.3	7.0	6.7	6.9
Black	20.8	21.7	19.8	18.3	17.5	15.3	15.1	17.4	17.7	18.2	18.0	18.0	16.5	16.7	16.3	16.2
Wilmington	19.6	19.4	18.0	16.6	15.2	13.6	12.8	13.7	14.4	14.0	13.5	13.5	12.4	12.4	12.0	12.7
White**	12.3	11.2	9.7	10.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Black	23.7	24.3	22.7	20.4	20.5	17.8	16.8	18.0	18.7	18.0	17.9	17.6	15.9	17.0	16.3	17.4
Bal. of NC Co.	8.6	8.5	7.5	7.2	6.1	5.9	6.0	6.7	7.2	8.1	8.3	8.6	8.8	8.7	8.5	8.4
White	7.4	7.1	6.2	5.9	4.8	4.8	4.7	4.8	5.4	6.1	6.4	6.8	7.3	7.2	6.9	7.0
Black	17.1	18.6	16.3	16.0	14.4	12.9	13.6	16.8	16.8	18.5	18.1	18.2	17.0	16.6	16.3	15.6
Kent	11.3	9.7	9.5	8.6	8.6	8.2	9.0	8.4	8.6	8.7	9.9	9.5	10.2	10.0	9.1	7.1
White	8.8	7.3	7.3	6.5	6.8	5.8	7.1	6.3	7.0	6.9	9.5	8.6	9.2	7.6	7.0	4.4
Black	19.9	17.9	17.6	15.5	15.2	16.6	15.9	15.7	14.3	15.2	12.7	13.4	13.9	17.0	14.8	13.6
Sussex	10.7	9.7	8.3	8.7	7.9	9.0	9.5	8.5	8.1	9.0	8.3	7.4	8.1	8.2	7.5	7.9
White	8.8	7.8	6.2	6.8	6.8	8.0	8.9	8.0	7.5	7.6	6.5	5.5	5.9	5.5	5.0	5.9
Black	16.1	15.3	13.7	13.8	10.4	11.1	10.4	9.9	10.4	14.4	15.9	15.4	16.9	19.0	16.9	15.6

The infant mortality rates is calculated as deaths per 1,000 live births.

* Persons of Hispanic origin may be of any race.

Note: Rates for Hispanics prior to 1996–2000 are based on fewer than 20 deaths during the period and does not meet the standard of reliability or precision as defined by the National Center for Health Statistics.

** Rates for Wilmington Whites after 1992 are based on fewer than 20 deaths during the period and does not meet the standard of reliability or precision as defined by the National Center for Health Statistics.

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

Infant Mortality

Table 17:

Infant, Neonatal, and Postneonatal Mortality Rates

Five-Year Average Infant Mortality Rates per 1,000 Live Births,
Neonatal and Postneonatal Mortality Rates, U.S. and Delaware, 2000–2007

Area/ Mother's Race	2000–2004			2001–2005			2002–2006			2003–2007		
	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal
U.S.	6.9	4.6	2.3	6.9	4.6	2.3	6.8	4.6	2.3	6.8	4.5	2.3
White	5.7	3.8	1.9	5.7	3.8	1.9	5.7	3.8	1.9	N/A	N/A	N/A
Black	14.0	9.3	4.8	14.0	9.2	4.8	13.8	9.1	4.7	N/A	N/A	N/A
Delaware	9.3	6.7	2.6	9.2	6.7	2.5	8.8	6.4	2.4	8.5	6.0	2.5
White	7.3	5.3	2.1	6.8	5.0	1.8	6.4	4.7	1.8	6.2	4.4	1.9
Black	16.1	11.4	4.7	17.1	12.2	4.9	16.1	11.6	4.5	15.6	11.1	4.5

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

The infant mortality rates is calculated as deaths per 1,000 live births.

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

Table 18:

Infant Deaths by Causes of Death and Race of Mother

Number and Percentage of Infant Deaths by Selected Leading Causes of Death by Race of Mother
Total Number All Birth Weights, Live Birth Cohorts, Delaware, 2002–2006 Averages

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	485	100%	253	100%	213	100%	19	100%
Birth Defects	64	13%	45	18%	15	7%	4	21%
Certain Conditions Originating in the Perinatal Period	288	59%	143	57%	137	64%	8	42%
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	106	22%	53	21%	51	24%	2	11%
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	59	12%	28	11%	27	13%	4	21%
Infectious and Parasitic Diseases	11	2%	7	3%	4	2%	0	—
Unintentional Injuries	9	2%	3	1%	4	2%	2	11%
Diseases of the Respiratory System	3	1%	0	—	3	1%	0	—
All Other Causes	51	11%	27	11%	23	11%	1	5%

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

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

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

Source: Delaware Health Statistics Center

Table 19:

Infant Deaths by Detailed Cause of Death Category and Race

Number of Infant Deaths by Selected Leading Causes of Death by Race of Decedent
Delaware, Total Number 2002–2006

Leading cause of death categories Specific causes within categories	White	Black	Other	Unknown	Total
Infectious and parasitic diseases	7	4	0	0	11
Certain intestinal infectious diseases	2	0	0	0	2
Septicemia	4	2	0	0	6
All other infectious and parasitic diseases	1	2	0	0	3
Diseases of the respiratory system	0	3	0	0	3
Influenza and pneumonia	0	1	0	0	1
All other diseases of the respiratory system	0	2	0	0	2
Congenital malformations, deformations, and chromosomal abnormalities	45	15	4	0	64
Certain conditions originating in the perinatal period	143	137	8	0	288
Newborn affected by maternal complication of pregnancy	18	23	4	0	45
Newborn affected by complications of placenta, cord, and membranes	14	10	1	0	25
Disorders related to short gestation and low birth weight, not elsewhere classified	53	51	2	0	106
Birth trauma	2	0	0	0	2
Intrauterine hypoxia and birth asphyxia	3	5	0	0	8
Respiratory distress of newborn	12	9	0	0	21
Other respiratory conditions originating in perinatal period	10	11	1	0	22
Infections specific to the perinatal period	10	10	0	0	20
All other conditions originating in the perinatal period	18	17	0	0	35
Slow fetal growth and fetal malnutrition	3	1	0	0	4
Symptoms, signs, and ill defined conditions	28	27	4	0	59
Sudden infant death syndrome	18	16	3	0	37
Other symptoms, signs, and abnormal clinical and lab findings not elsewhere classified	10	11	1	0	22
Accidents	3	4	2	0	9
All other causes	27	23	1	0	51
Diseases of the digestive system	3	8	0	0	11
Diseases of the circulatory system	9	5	1	0	15
Endocrine, nutritional and metabolic diseases	3	1	0	0	4
Diseases of the nervous system	3	2	0	0	5
Renal failure and other disorders of kidney	4	3	0	0	7
Other and unspecified diseases of genitourinary system	1	1	0	0	2
All other causes	4	3	0	0	7
Total	253	213	19	0	485

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

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

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

Source: Delaware Health Statistics Center

Infant Mortality

Table 20:

Infant Mortality Rates by Risk Factor

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Risk Factor
Live Birth Cohorts, Delaware, 1999–2006

Risk Factor	1999–2003			2000–2004			2001–2005			2002–2006		
	All Races	White	Black	All Races	White	Black	All Races	White	Black	All Races	White	Black
Birth Weight												
<1500 grams	302.4	297.2	317.0	306.2	316.8	301.5	311.1	317.5	313.6	283.6	286.0	286.3
1500–2499	13.0	12.7	13.9	13.9	13.2	14.9	13.3	12.5	14.5	12.1	10.5	13.9
2500+	2.4	2.0	3.6	2.5	2.1	4.0	2.2	1.9	3.5	2.2	1.7	3.6
Age of Mother												
<20	11.7	10.5	13.0	10.9	10.8	11.4	11.2	10.9	11.8	11.0	11.0	11.6
20–24	8.9	6.3	14.0	9.1	6.6	14.2	9.7	7.1	15.0	8.9	6.4	14.0
25–29	7.8	5.3	17.7	8.5	5.9	18.4	8.9	5.8	19.8	8.8	5.6	19.2
30+	9.0	7.5	17.9	8.9	7.7	16.3	8.1	6.8	15.5	7.2	5.9	14.3
Trimester Prenatal Care First Received												
No PNC	63.8	--.*	--.*	64.9			62.9			50.4	42.4	64.8
Late/No PNC				25.0	22.1	31.8	25.4	19.7	38.0	21.3	16.2	33.0
First	8.2	6.2	15.0	8.3	6.6	14.2	8.2	6.3	14.5	7.8	5.9	13.8
Marital Status of Mother												
Married	7.2	6.2	15.1	7.3	6.5	13.9	7.0	6.0	14.8	6.2	5.1	13.1
Single	11.7	8.6	15.7	11.7	8.8	15.6	11.9	9.0	15.9	11.5	8.7	15.6
Education of Mother												
<12 years	10.7	9.2	14.8	10.0	9.1	13.5	10.2	9.3	13.7	9.5	8.2	13.3
H.S. diploma	11.9	8.6	18.7	12.3	9.1	18.9	11.5	8.1	19.1	11.3	7.9	18.5
1+ years college	6.0	4.7	12.2	6.0	5.0	11.0	6.3	5.0	12.0	5.7	4.4	11.1
Interval Since Last Live Birth												
<18 months	11.5	--.*	--.*	12.1	10.0	--.*	13.8	10.3	20.5	13.4	9.7	20.5
18+ months	7.0	5.1	13.0	7.2	5.3	13.2	7.1	5.0	13.7	6.6	4.2	13.6

* Rates are based on numerators less than 20.
Source: Delaware Health Statistics Center

Table 21:

Infant Mortality Rates by Birth Interval

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Birth Interval
Live Birth Cohorts, Delaware, 1990–2006

Birth Interval	Year of Birth												
	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
<18 months	16.8	15.2	12.2	12.3	10.7	9.7	8.4	9.2	8.9	11.5	12.1	13.8	13.4
18+ months	7.7	6.7	5.6	5.2	5.6	5.8	6.2	6.9	7.0	7.0	7.2	7.1	6.6

Source: Delaware Health Statistics Center

Table 22:

Infant Mortality Rates by Gestation

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Gestation Weeks
Live Birth Cohorts, Delaware, 1990–2006

Gestation Weeks	Year of Birth												
	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
<28 weeks	493.1	467.6	428.6	419.6	422.4	433.7	452.1	497.2	522.6	506.0	509.7	522.9	490.6
28–36 weeks	22.7	20.0	18.4	16.3	14.5	13.1	13.3	15.1	14.1	13.3	14.3	13.5	12.4
37+ weeks	2.6	2.7	2.3	2.4	2.6	2.6	2.5	2.5	2.3	2.3	2.4	2.2	2.2

Source: Delaware Health Statistics Center2

Table 23:

Infant Mortality Rates by Birth Weight

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Birth Weight
Live Birth Cohorts, Delaware, 1990–2006

Birth Weight	Year of Birth												
	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
<1500 grams	337.3	307.1	272.9	255.2	258.5	262.7	270.9	304.8	316.2	302.4	306.2	311.1	283.6
1500–2499 grams	18.5	17.2	16.1	16.4	14.4	13.5	13.8	14.1	13.5	13.0	13.9	13.3	12.1
2500+ grams	2.6	2.6	2.3	2.3	2.5	2.4	2.4	2.5	2.3	2.4	2.5	2.2	2.2

Source: Delaware Health Statistics Center

Table 24:

Infant Mortality Rates by Prenatal Care

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Trimester Prenatal Care Began
Live Birth Cohorts, Delaware, 1990–2006

Trimester Care Began	Year of Birth												
	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
No Care	50.1	55.9	57.7	56.2	49.1	40.2	30.2	45.9	56.5	63.8	64.9	62.9	50.4
First	8.0	7.4	6.7	6.5	6.9	7.3	7.7	8.2	8.3	8.2	8.3	8.2	7.8
Second	9.6	9.4	7.6	8.2	8.5	8.4	7.3	8.6	8.3	7.5	7.9	8.8	7.8
Third	9.2	11.6	5.8	8.9	9.5	10.8	9.9	10.5	8.1	11.0	9.5	10.2	9.9

Source: Delaware Health Statistics Center

Infant Mortality

Table 25:

Infant Mortality Rates by Source of Payment

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Source of Payment for Delivery
Live Birth Cohorts, Delaware, 1991–2006

Source of Payment	Year of Birth											
	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
Medicaid	11.4	9.9	9.8	10.2	10.8	9.8	10.6	10.0	9.5	9.8	10.1	9.5
Private	6.1	5.4	5.2	5.5	5.6	6.5	6.9	7.4	7.7	7.9	7.5	7.5
Self Pay	23.7	23.4	25.8	25.0	25.5	26.0	30.0	27.4	27.6	23.7	23.9	19.4
Other Government												4.5

Source: Delaware Health Statistics Center

Table 26:

Infant Mortality Rates by Single or Multiple Birth

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Single or Multiple Birth
Live Birth Cohorts, Delaware, 1990–2006

Single vs. Multiple	Year of Birth												
	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006
Single	8.2	7.7	7.0	6.7	6.7	6.8	6.9	7.3	7.3	7.3	7.5	7.4	7.0
Multiple	45.6	43.1	30.0	33.5	39.3	41.6	45.4	53.1	52.9	52.3	50.3	50.6	44.7

Source: Delaware Health Statistics Center

Table 27:

Infant Mortality Rates by Mothers' Smoking

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Smoking during Pregnancy
Live Birth Cohorts, Delaware, 1990–2006

Smoking during Pregnancy	Year of Birth												
	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006
Yes	13.3	12.1	10.3	9.2	10.6	10.6	11.3	13.4	15.1	14.1	14.8	15.1	13.2
No	8.1	7.8	7.0	7.1	7.1	7.4	7.6	8.1	8.0	8.2	8.2	8.1	7.8

Source: Delaware Health Statistics Center

Table 28:

Ranking of Infant Mortality Rates by State

Ranking of Five-Year Average Infant Mortality Rates
U.S., 50 States, and District of Columbia, 2002–2006

State	All Races: Rate	Rank	White: Rate	Rank	Black: Rate	Rank
Alabama	9.0	4*	6.9	5	14.0	27*
Alaska**	6.4	29*	4.9	46*	12.9	37*
Arizona	6.6	26	6.3	15*	14.0	27*
Arkansas	8.3	10	7.0	3*	14.3	25
California	5.2	46*	4.9	46*	12.7	40*
Colorado	6.1	35*	5.7	27*	16.9	5
Connecticut	5.9	39*	4.9	46*	13.3	33
Delaware	8.8	7	6.4	12*	16.1	11
District of Columbia	11.8	1	6.5	10*	14.6	21*
Florida	7.3	21	5.8	26	12.5	42
Georgia	8.4	8*	6.1	20*	13.4	31*
Hawaii**	6.5	27*	5.1	40*	15.0	19
Idaho**	6.3	31*	6.3	15*	13.1	35
Illinois	7.5	18	5.9	23*	15.6	14*
Indiana	7.9	12*	6.8	6*	16.8	6
Iowa	5.3	44*	5.0	44*	12.9	37*
Kansas	7.1	22*	6.4	12*	16.7	7
Kentucky	7.0	24*	6.4	12*	13.4	31*
Louisiana	10.0	3	6.8	6*	14.8	20
Maine**	5.6	41*	5.6	30*	8.7	50
Maryland	7.9	12*	5.5	34*	12.7	40*
Massachusetts	4.9	51	4.6	49*	8.8	49
Michigan	7.9	12*	6.0	22	17.3	4
Minnesota	5.0	50	4.6	49*	9.2	48
Mississippi	10.6	2	6.7	8*	15.3	16*
Missouri	7.8	17	6.5	10*	15.3	16*
Montana**	6.3	31*	5.9	23*	22.6	1
Nebraska	6.0	37*	5.4	36	14.5	23
Nevada	6.1	35*	5.3	37	15.6	14*
New Hampshire**	5.2	46*	5.1	40*	13.9	30
New Jersey	5.5	43	4.4	51	11.6	44
New Mexico**	6.0	37*	5.6	30*	15.3	16*
New York	5.9	39*	5.1	40*	10.1	46*
North Carolina	8.4	8*	6.1	20*	15.9	13
North Dakota**	6.2	34	5.7	27*	14.4	24
Ohio	7.9	12*	6.3	15*	16.6	8
Oklahoma	8.0	11	7.1	2	16.0	12
Oregon	5.6	41*	5.5	34*	11.8	43
Pennsylvania	7.4	19*	6.2	19	14.6	21*
Rhode Island	6.3	31*	5.9	23*	11.5	45
South Carolina	8.9	6	6.3	15*	14.2	26
South Dakota**	7.1	22*	5.6	30*	16.3	10
Tennessee	9.0	4*	7.0	3*	16.4	9
Texas	6.4	29*	5.6	30*	13.2	34
Utah**	5.1	49	5.0	44*	13.0	36
Vermont**	5.2	46*	5.2	38*	12.8	39
Virginia	7.4	19*	5.7	27*	14.0	27*
Washington	5.3	44*	5.1	40*	10.1	46*
West Virginia	7.9	12*	7.5	1	21.0	2
Wisconsin	6.5	27*	5.2	38*	18.0	3
Wyoming**	7.0	24*	6.7	8*	6.9	51
United States	6.8		5.7		13.8	

* Indicates a tied rank.

**Rate and rank for the Black population should be interpreted with caution since the rate is Based on less than 50 infant deaths.

Note: Infant mortality rates represent the number of deaths under one year of age per 1,000 live births. It should be noted that rankings do not have particular value for identifying population risk groups or in suggesting appropriate strategies or policy initiatives.

Infant mortality rates in this table may not match rates in the Infant Mortality Section of this report due to different data sources.

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

Table 29:

Lead Poisoning

Percentage of Children Under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
Delaware, Fiscal Years 1996–2009

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number Tested	9,848	9,243	9,117	9,958	10,845	14,001	14,164	12,571	14,138	12,715	14,716	14,331	11,736	13,241
Number Identified	166	121	140	64	51	48	42	27	19	9	22	26	3	7
Percentage Identified	1.68	1.31	1.54	0.64	0.47	0.34	0.30	0.21	0.13	0.07	0.15	0.18	0.03	0.05

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

Table 30:

Child Immunizations

Percentage of Children Age 19–35 Months Who Are Fully Immunized
U.S. and Delaware, 1995–2007

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
U.S.	76.0	78.0	78.0	80.6	79.9	77.6	78.6	76.5	80.7	83.5	83.1	83.2	77.4	76.1
Delaware	75.0	81.0	81.0	80.6	80.0	76.2	81.0	84.8	82.9	86.4	86.7	88.0	80.3	72.0

Note: The CDC designation of “fully immunized” has changed from (4:3:1) — four doses of diphtheria, tetanus and Pertussis vaccine (DTaP); three doses of polio vaccine; one or more dose of measles, mumps and rubella vaccine (MMR) — to (4:3:1:3:3:1) — 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); 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. The change from 2006 to 2007 is due to the dosing change rather than from fewer vaccinations.

Source: Centers For Disease Control and Prevention

Table 31:

Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges and Readmissions for Children 0–17 Years of Age,
Discharge Rates per 1,000 Children 0–17 Years of Age,
Readmission Rates per 100 Children 0–17 Years of Age Previously Admitted in the Same Year
Delaware, 1995–2007

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Children Discharged	568	482	508	421	577	455	551	491	630	585	590	715	727
Readmissions	108	81	83	68	79	64	69	74	77	65	85	129	102
Total Discharges	676	563	591	489	656	519	620	565	707	650	675	844	625
Discharge Rate	4.0	3.2	3.3	2.7	3.5	2.8	3.2	2.9	3.6	3.2	3.3	4.1	3.1
Readmission Rate	19.0	16.8	16.3	16.2	13.7	14.1	12.5	15.1	12.2	11.1	14.2	18.0	14.0

Source: Delaware Health Statistics Center

Table 32:

Children without Health Insurance

Percentage of Children Not Covered by Health Insurance
U.S. and Delaware, Three-Year Average, 1990–2009

	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
U.S.	13.0	12.7	12.9	13.4	13.9	14.3	14.5	15.1	14.8	13.6	12.4	11.6	11.6	11.3	11.1	11.2	11.3	10.9
Delaware	13.4	10.7	10.8	10.2	12.1	12.4	13.7	14.9	12.8	10.5	7.5	8.5	9.0	9.8	10.7	11.7	10.5	9.4

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

Table 33:

Children without Health Insurance by Age

Number and Percentage of Children Not Covered by Health Insurance, Ages 0–5 and 6–18
Delaware, Three-Year Average, 2002–2008

	2002–2004		2003–2005		2004–2006		2005–2007		2006–2008	
	%	#	%	#	%	#	%	#	%	#
Children Ages 0–5	9.9	5,773	10.4	6,442	10.8	7,372	11.6	7,996	10.4	7,242
Children Ages 6–18	8.7	12,959	10.0	14,413	10.5	14,636	11.5	16,163	10.3	14,805

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

Table 34:

Child Death Rates

Five-Year Average Death Rates per 100,000 Children 1–14 Years of Age
U.S. and Delaware, 1988–2007

	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007
U.S.	31.3	30.5	29.7	29.1	28.3	27.5	26.4	25.4	24.2	23.2	22.5	21.8	21.2	20.8	20.3	19.9
Delaware	29.9	29.3	25.7	23.4	22.1	22.2	21.1	21.6	22.1	22.5	22.9	21.5	23.1	21.0	19.5	16.3

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

Child/Teen Deaths

Table 35:

Causes of Deaths of Children by Age

Leading Causes of Deaths of Children 1–19 Years Old by Age, Delaware, Five-Years Averages, 1998–2007

Age	Cause of Death	1999–2003		2000–2004		2001–2005		2002–2006		2003–2007	
		# of Deaths	Percent	# of Deaths	Percent	# of Deaths	Percent	# of Deaths	Percent	# of Deaths	Percent
1–4 Years	Nontransport accidents	13	18.3	11	14.7	8	11.0	10	14.5	10	17.2
	Motor vehicle accidents	8	11.3	9	12.0	9	12.3	9	13.0	7	12.1
	Malignant neoplasms	8	11.3	10	13.3	10	13.7	11	15.9	7	12.1
	Diseases of the heart	5	7.0	5	6.7	4	5.5	3	4.3	4	6.9
	Congenital malformations, deformations, and chromosomal abnormalities	5	7.0	10	13.3	10	13.7	7	10.1	6	10.3
	Influenza and pneumonia	3	4.2	4	5.3	4	5.5	2	2.9	4	6.9
	Assault (homicide)	1	1.4	1	1.3	2	2.7	1	1.4	1	1.7
	All other causes	28	39.4	25	33.3	26	35.6	26	37.7	19	32.8
	Total	71	100.0	75	100.0	73	100.0	69	100.0	58	100.0
5–14 Years	Nontransport accidents	20	21.5	20	19.6	18	20.2	12	14.6	10	14.5
	Motor vehicle accidents	14	15.1	15	14.7	9	10.1	9	11.0	8	11.6
	Other transport accidents	3	3.2	1	1.0	1	1.1	1	1.2	0	0.0
	Malignant neoplasms	13	14.0	14	13.7	12	13.5	12	14.6	9	13.0
	Intentional self-harm (suicide)	5	5.4	4	3.9	4	4.5	4	4.9	3	4.3
	Assault (homicide)	4	4.3	6	5.9	7	7.9	7	8.5	5	7.2
	Chronic lower respiratory diseases	3	3.2	3	2.9	1	1.1	1	1.2	0	0.0
	Congenital malformations, deformations, and chromosomal abnormalities	3	3.2	6	5.9	7	7.9	7	8.5	6	8.7
	Septicemia	3	3.2	3	2.9	1	1.1	2	2.4	1	1.4
	Diseases of the heart	2	2.2	4	3.9	4	4.5	4	4.9	3	4.3
	Influenza and pneumonia	1	1.1	2	2.0	2	2.2	2	2.4	1	1.4
	All other causes	22	23.7	23	22.6	23	25.8	21	25.6	23	33.3
	Total	93	100.0	102	100.0	89	100.0	82	100.0	69	100.0
15–19 Yrs	Motor vehicle accidents	82	44.3	95	47.7	84	44.2	88	45.8	88	46.3
	Nontransport accidents	24	13.0	22	11.1	18	9.5	17	8.9	17	8.9
	Other transport accidents	6	3.2	2	1.0	1	0.5	0	0.0	0	0.0
	Intentional self-harm (suicide)	23	12.4	21	10.6	21	11.1	24	12.5	23	12.1
	Assault (homicide)	18	9.7	23	11.6	28	14.7	28	14.6	28	14.7
	Malignant neoplasms	7	3.8	8	4.0	8	4.2	9	4.7	9	4.7
	Diseases of the heart	3	1.6	2	1.0	3	1.6	1	0.5	2	1.1
	Chronic lower respiratory diseases	3	1.6	3	1.5	2	1.1	2	1.0	0	0.0
	All other causes	19	10.1	23	11.6	25	13.1	23	12.0	23	12.1
	Total	185	100.0	199	100.0	190	100.0	192	100.0	190	100.0

Table 36:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide
per 100,000 Teens 15–19 Years of Age, U.S. and Delaware, 1987–2007

	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007
U.S.	68.7	68.9	69.0	69.1	68.0	66.1	64.3	61.4	56.0	53.2	54.4	53.2	52.2	53.8	53.4	50.0	N/A
Delaware	47.7	47.9	43.5	45.1	44.9	46.1	50.6	51.7	50.0	51.6	54.4	53.1	55.5	58.7	54.3	55.2	53.9

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

Table 37:

Teen Deaths from Crashes

Deaths of 15–19 Year Olds from Motor Vehicle Accidents by Year and Gender, Delaware, 1998–2006

Sex of decedent	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Male	14	5	20	8	10	12	14	10	9	9
Female	5	4	7	5	3	8	8	6	8	4
Total	19	9	27	13	13	20	22	16	17	13

Source: Delaware Health Statistics Center

Table 38:

Traffic Arrests of Teens Involved in Crashes

Number of Arrests for Teens Involved in Crashes by Violation, Delaware, 1995–2008

Title 21 Violation Description	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005*	2006	2007	2008
2118 No insurance	47	47	54	66	80	65	51	44	33	30	269	393	498	452
4107 Disobey traffic control device	100	117	134	138	125	72	28	29	16	19	14	20	31	20
4122 Unsafe lane change	53	63	76	87	115	81	85	104	63	78	95	113	109	96
4123 Following too closely	191	217	240	315	310	281	329	302	277	262	276	316	300	280
4132 Unsafe left turn	120	100	128	177	175	147	145	138	124	110	115	128	127	126
4133 Entering roadway unsafely	42	54	64	73	73	54	66	62	58	47	58	43	59	52
4164a&b Stop sign violations	188	181	199	189	187	175	167	193	165	149	155	123	112	81
4168 Unsafe speed	212	172	215	211	190	223	231	197	199	198	181	215	225	160
4176a Careless driving	378	506	459	454	377	379	365	410	410	291	362	315	340	254
4176b Inattentive driving	580	626	716	831	842	758	779	761	684	677	745	761	731	566
4177 Driving under the influence	43	34	73	68	85	90	99	120	84	83	98	92	111	81
Other traffic arrests	386	368	411	429	380	363	438	412	451	335	802	1,088	1,473	1,631
Total Traffic Arrests	2,340	2,485	2,769	3,038	2,939	2,688	2,783	2,772	2,564	2,279	3,170	3,607	4,116	3,799

* In 2005, the database changed to allow for more than one traffic arrest to be recorded. In previous years, only one traffic arrest was recorded for each driver—the most serious charge.
Source: Delaware State Police

Table 39:

Crash Involvement Rate

Crash Involvement Rate per 1,000 Licensed Drivers by Age, Delaware, Fiscal Years 1996–2009

Age of Licensed Driver	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
16 years old	160.2	161.4	165.1	148.1	115.6	70.8	94.5	98.8	74.3	79.5	76.6	77.3	78.6	67.6
17 years old	139.8	141.8	157.2	141.1	130.2	131.0	136.9	138.0	131.6	118.3	124.4	132.4	121.4	111.1
18 years old	125.6	127.1	131.8	129.7	137.0	124.1	120.7	123.4	114.4	116.3	113.8	126.8	123.1	113.4
19 years old	107.1	109.0	102.1	89.9	108.6	100.9	98.2	102.8	98.7	91.1	93.7	105.6	99.1	94.7
All Ages	49.9	49.7	49.6	46.3	48.3	46.4	44.7	45.5	42.4	41.7	42.2	48.1	46.6	43.6

Source: Delaware State Police

Table 40:

Teen Crash Involvement by Hour

16-, 17-, 18-, and 19-year-old Drivers Licensed in Delaware Involved in Crashes by Hour
Delaware, Fiscal Years 1996–2008, Graduated Licensing Enacted 07/01/99

Driver Age	Hour	FY'96	FY'97	FY'98	FY'99	GDL*	FY'00	FY'01	FY'02	FY'03	FY'04	FY'05	FY'06	FY'07	FY'08	FY'09
16-year-old	2201–2300	43	46	45	48		23	15	15	10	13	16	7	15	17	10
	2301–2400	22	37	25	39		21	10	7	11	8	9	10	10	7	8
	0001–0100	22	12	17	15		15	10	6	10	2	4	6	1	4	6
	0101–0200	2	8	9	11		6	7	3	1	2	3	7	2	3	2
	0201–0300	1	1	5	2		3	1	3	1	4	2	3	1	2	4
17-year-old	2201–2300	41	45	48	56		40	44	32	50	32	30	41	49	36	31
	2301–2400	24	33	30	27		29	25	24	34	29	32	27	24	24	14
	0001–0100	30	28	28	20		30	16	16	19	16	17	12	15	14	15
	0101–0200	13	11	14	8		14	9	7	16	11	4	13	10	12	10
	0201–0300	10	9	9	4		6	8	7	11	6	6	6	8	5	3
18-year-old	2201–2300	47	50	39	61		56	37	46	46	42	28	46	51	31	28
	2301–2400	31	30	48	36		33	27	40	35	37	40	29	30	38	39
	0001–0100	24	26	20	24		34	29	30	19	24	13	14	28	17	28
	0101–0200	18	14	11	18		24	26	32	13	13	20	14	27	17	23
	0201–0300	15	11	18	14		13	18	14	18	14	11	11	10	13	17
19-year-old	2201–2300	27	42	42	33		38	47	30	33	46	23	31	40	37	43
	2301–2400	31	31	28	21		34	35	31	33	26	28	25	34	27	32
	0001–0100	19	36	31	25		31	23	22	21	31	23	16	16	15	18
	0101–0200	17	20	15	15		18	25	28	14	20	13	23	15	20	21
	0201–0300	10	15	9	10		12	12	17	14	19	17	11	10	10	9

* GDL – Graduated Driver's License implemented July 1, 1999

Source: Delaware State Police

Table 41:

Drivers in Fatal Crashes

Drivers (Licensed in Delaware) Involved in Fatal Crashes by Age, Delaware, Fiscal Years 1996–2009

Age of Licensed Driver	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
16 years old	5	2	3	9	3	3	2	3	4	5	2	2	0	0
17 years old	6	4	6	5	3	4	6	3	9	3	7	2	4	6
18 years old	2	6	4	4	4	5	5	8	6	8	5	4	2	4
19 years old	3	2	3	5	7	4	2	4	3	6	7	4	3	3
All Ages	152	129	130	140	108	138	139	156	156	158	142	139	111	110

Source: Delaware State Police

Table 42:

Sexually Transmitted Diseases

Number of Cases of Chlamydia, Gonorrhea and Syphilis for 15–19 Year Olds
Delaware and Counties, 2000–2009

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Delaware	Chlamydia	1,301	1,213	1,244	1,212	1,214	1,315	1,370	1,235	1,392	1,648
	Gonorrhea	592	594	517	335	288	283	431	320	289	271
	Primary/Secondary Syphilis	4	0	2	3	1	2	1	0	1	2
New Castle	Chlamydia	851	660	683	623	670	749	731	678	814	900
	Gonorrhea	415	357	256	144	172	182	237	193	191	158
	Primary/Secondary Syphilis	2	0	2	2	1	1	0	0	0	1
Kent	Chlamydia	255	326	330	330	313	311	312	281	331	380
	Gonorrhea	132	159	160	115	57	53	74	45	48	48
	Primary/Secondary Syphilis	0	0	0	0	0	1	1	0	0	1
Sussex	Chlamydia	195	227	231	259	231	255	327	276	247	368
	Gonorrhea	45	78	101	76	59	48	120	82	50	65
	Primary/Secondary Syphilis	2	0	0	1	0	0	0	0	1	0

Source: HIV/STD/HCV Program, Delaware Division of Public Health

Table 43:

Sexually Transmitted Diseases by Age and Gender

Number of Cases of Chlamydia and Gonorrhea by Age, Delaware, 2008

		0–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–54	55–64	65 up
Chlamydia	Female	1	38	1,074	1,000	399	158	63	35	16	3	2
	Male	1	4	318	353	205	90	44	21	18	2	0
Gonorrhea	Female	0	6	207	196	104	42	20	18	9	4	0
	Male	0	2	93	111	103	62	33	23	17	6	0

Source: HIV/STD/HCV Program, Delaware Division of Public Health

Table 44:

Sexually Transmitted Diseases by Race

Number of Cases of Chlamydia and Gonorrhea for 15–19 Year Olds by Race/Hispanic Origin*
Delaware, 1998–2009

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Delaware												
Chlamydia	1,236	1,211	1,301	1,213	1,244	1,212	1,214	1,315	1,370	1,235	1,392	1,648
Gonorrhea	528	478	592	594	517	335	288	283	431	320	289	271
All except HIV/AIDS**	2,170	2,042	2,084	1,973	1,879	1,666	1,618	1,719	1,938	1,683	1,882	2,128
White												
Chlamydia	342	362	387	314	343	328	343	369	376	402	408	469
Gonorrhea	87	52	60	76	76	61	51	52	84	75	55	41
All except HIV/AIDS**	549	538	487	434	452	442	435	467	516	545	547	614
Black												
Chlamydia	828	772	840	824	832	827	804	873	927	762	905	1,089
Gonorrhea	415	411	511	486	417	268	225	225	336	233	226	222
All except HIV/AIDS**	1,468	1,377	1,485	1,421	1,322	1,151	1,090	1,160	1,328	1,038	1,227	1,389
Hispanic*												
Chlamydia	52	65	80	56	59	78	47	86	90	80	101	106
Gonorrhea	18	18	14	27	17	9	6	15	16	12	4	7
All except HIV/AIDS**	80	92	102	87	83	57	99	106	115	101	121	129
American Indian												
Chlamydia	3	0	4	2	1	1	2	0	0	1	0	0
Gonorrhea	1	1	0	0	1	0	0	0	0	0	0	0
All except HIV/AIDS**	4	1	4	2	2	1	2	0	0	1	0	0
Asian/Pacific Islander												
Chlamydia	4	4	11	7	5	1	2	3	8	4	3	3
Gonorrhea	2	1	7	5	1	1	1	1	1	1	1	0
All except HIV/AIDS**	7	5	18	13	8	2	3	4	10	6	5	3
Other/Unknown												
Chlamydia	59	73	59	66	63	55	63	70	59	66	70	82
Gonorrhea	23	13	14	26	22	5	11	5	10	11	6	7
All except HIV/AIDS**	142	121	90	103	95	70	88	86	84	93	103	116

* Persons of Hispanic origin may be of any race. Hispanic cases are duplicated in the table as they are also listed by race.

**This data represents all STDs reported (including gonorrhea, chlamydia, herpes, syphilis, herpes, genital warts, bacterial vaginosis, etc.) excluding HIV/AIDS.

Source: HIV/STD/HCV Program, Delaware Division of Public Health

Table 45:

8th Graders Using Substances

Percentage of Participants in Delaware Survey of Public School 8th Graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Past 30 Days by Gender, Delaware and Counties, 2008

Area/ Gender	Cigarettes	Alcohol	Marijuana
Delaware	8	23	10
Male	8	21	12
Female	9	25	9
New Castle	7	22	11
Male	7	20	12
Female	8	25	9
Kent	9	26	10
Male	10	26	12
Female	8	26	9
Sussex	11	21	10
Male	9	18	10
Female	13	24	10

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

Table 46:

11th Graders Using Substances

Percentage of Participants in Delaware Survey of Public School 11th Graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Past 30 Days by Gender, Delaware and Counties, 2008

Area/ Gender	Cigarettes	Alcohol	Marijuana
Delaware	15	41	22
Male	16	43	24
Female	15	39	20
New Castle	14	40	22
Male	16	42	24
Female	13	39	21
Kent	16	41	19
Male	15	44	21
Female	16	38	17
Sussex	19	44	23
Male	20	48	27
Female	18	40	19

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

Table 47:

Child Development Watch

Percentage of Children Aged 0–3 and Total Children Served in Early Invention System
Delaware, Fiscal Years 1998–2009

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Percent of children 0–3 served	3.10	3.40	3.80	3.87	3.86	4.29	4.23	4.27	4.21	4.52	4.10	4.00
Number of children served	1,972	2,144	2,205	2,445	2,563	2,730	2,747	2,750	2,855	3,026	3,074	3,094

Source: Delaware Department of Education

Table 48:

Head Start/ECAP

Four-year-old Children Served in Head Start/ Early Childhood Assistance
Delaware, School Years 1996/97–2008/09

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09
Est. number of 4-yr.-olds in Head Start	886	931	925	922	1,129	891	833	709	489	912	828	894	951
Number of children in ECAP	401	554	843	843	843	843	843	843	843	843	843	843	843
Estimated number of 4-yr.-olds eligible	N/A	1,938	1,938	1,935	2,162	1,749	1,687	1,594	1,375	1,755	1,671	1,500	1,837

Notes: Some 4-yr olds were served in both Head Start and ECAP. Both programs are 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. Estimated number of 4-yr olds eligible is estimated using poverty rates from the National Center for Children in Poverty and population estimates from the Delaware Population Consortium.

Source: Delaware Department of Education

Table 49:

English Language Learners

Number and Percentage of English Language Learners
Delaware, School Years 1999/00–2008/09

	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09
Number Served**	1,981	2,352	3,003	3,516	4,220	4,651	5,710	6,738	6,881	7,184
Total Enrollment	113,848	114,770	115,517	116,460	117,723	119,882	121,555	122,563	124,578	125,430
Percent of Total Enrollment	1.7%	2.0%	2.6%	3.0%	3.6%	3.9%	4.7%	5.5%	5.5%	5.7%

* 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.

** Number Served is the count of students enrolled on April 1. The total number of children served per year is higher.

Source: Delaware Department of Education

Table 50:

Delaware Student Testing Program (DSTP)

Delaware Student Testing Program, Percentage Meeting the Standard in Reading and Math
Delaware by Race/Hispanic Origin*, School Years 1997/98–2008/09

		97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09
3rd Graders Reading	All Students	61.5	68.6	76.8	75.1	79.3	79.3	82.5	84.6	84.1	81.5	81.8	81.5
	Black	42.5	49.8	62.4	58.8	64.9	65.3	70.2	74.1	72.3	68.3	69.3	67.9
	Hispanic	39.5	48.7	62.7	57.4	72.3	73.2	74.6	78.9	81.4	83.1	80.0	79.5
	White	71.6	78.7	84.9	85.3	87.8	87.6	89.9	90.8	90.8	89.0	89.4	89.7
3rd Graders Math	All Students	54.8	63.5	72.7	73.4	72.0	73.6	77.9	79.2	78.6	77.9	77.9	78.9
	Black	31.9	39.2	53.2	53.6	53.7	55.9	61.2	65.8	63.3	62.0	63.1	63.6
	Hispanic	36.8	41.4	60.9	62.7	62.8	67.0	74.5	71.9	73.4	75.7	76.4	77.6
	White	66.4	76.1	83.1	84.6	82.9	84.1	87.4	87.6	88.1	88.2	87.2	88.6
5th Graders Reading	All Students	59.0	62.8	69.3	68.7	78.0	78.5	84.8	85.4	84.7	84.9	86.2	85.3
	Black	37.2	40.1	48.1	48.4	46.4	64.3	72.7	75.3	74.6	73.7	75.7	74.3
	Hispanic	36.7	46.2	54.6	49.7	61.5	68.6	84.2	79.8	82.0	81.8	83.5	84.3
	White	70.8	73.8	79.9	79.9	86.7	87.0	91.5	91.4	90.6	91.1	92.4	92.0
5th Graders Math	All Students	52.3	55.4	62.1	65.0	67.2	71.0	75.8	77.4	77.3	76.8	77.0	77.7
	Black	28.6	31.0	36.6	41.9	46.3	51.6	58.5	62.4	62.5	62.2	62.6	63.4
	Hispanic	32.6	36.5	54.1	50.7	52.6	61.9	73.1	72.3	75.9	72.6	74.0	78.9
	White	64.3	67.1	74.2	77.3	79.5	82.6	85.9	86.2	85.9	85.1	85.5	86.4
8th Graders Reading	All Students	60.8	62.2	67.4	68.0	71.5	69.8	71.4	79.1	84.1	82.4	81.3	81.5
	Black	39.7	43.2	47.3	49.9	54.4	54.6	54.7	67.8	73.6	70.8	68.7	69.7
	Hispanic	39.9	41.0	48.8	49.4	57.6	55.3	55.4	67.2	78.0	73.2	76.2	79.4
	White	70.8	70.8	77.0	77.4	79.9	78.7	82.2	86.9	90.6	90.3	89.3	89.2
8th Graders Math	All Students	36.1	35.8	41.2	40.2	48.1	47.2	50.8	53.3	62.8	61.7	65.6	66.3
	Black	14.7	14.6	18.4	17.8	24.6	25.6	28.1	32.7	42.3	41.4	47.2	47.0
	Hispanic	18.9	14.1	20.2	21.7	31.1	33.2	33.2	40.4	50.5	48.4	57.2	64.1
	White	45.7	45.3	51.6	51.4	59.3	59.0	64.8	66.6	76.1	75.6	77.5	78.2
10th Graders Reading	All Students	58.6	53.7	61.3	61.2	66.4	66.6	71.9	70.8	71.2	73.1	71.6	71.8
	Black	36.8	31.8	39.8	39.8	45.4	46.3	51.9	51.9	54.0	56.9	55.7	54.3
	Hispanic	37.4	34.8	42.0	37.0	47.6	43.9	55.3	55.0	54.1	60.6	57.2	62.9
	White	67.2	63.2	70.8	70.6	76.2	76.5	79.9	80.1	80.1	82.4	80.4	81.7
10th Graders Math	All Students	36.1	35.8	41.2	42.9	48.1	47.2	53.7	52.7	59.5	57.4	58.9	57.3
	Black	14.7	14.6	18.4	19.6	24.6	25.6	27.9	29.7	36.2	36.6	37.9	35.1
	Hispanic	18.9	14.1	20.2	23.7	31.1	33.2	34.5	40.2	44.6	44.0	48.3	49.5
	White	45.7	45.3	51.6	54.0	59.3	59.0	63.7	63.0	70.7	68.8	69.3	69.2

Note: All includes Native American and Asian
Source: Delaware Department of Education

Table 51:

DSTP by Family Income

Delaware Student Testing Program, Percentage Meeting the Standard in Reading and Math
Delaware by Low Income or Not Low Income, School Years 1997/98–2008/09

		97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09
3rd Graders Reading	Low Income	43.5	51.2	62.8	59.2	65.9	68.0	73.5	76.4	73.9	71.7	71.9	71.8
	Not Low	74.2	78.6	84.6	82.9	87.5	87.2	88.0	89.7	91.3	88.3	89.2	89.5
3rd Graders Math	Low Income	35.8	43.7	56.9	55.7	57.3	61.6	66.9	69.6	66.4	66.0	66.8	68.4
	Not Low	68.1	74.9	81.6	80.8	81.3	82.6	84.7	85.6	87.8	86.4	86.4	87.5
5th Graders Reading	Low Income	39.7	45.1	52.0	48.8	63.6	65.1	75.2	76.4	75.9	75.0	77.6	77.3
	Not Low	72.9	73.5	79.0	76.3	86.0	87.2	90.3	90.6	90.4	91.2	92.1	91.0
5th Graders Math	Low Income	32.5	37.6	42.9	42.6	49.2	54.9	61.8	65.2	65.6	65.1	65.1	66.6
	Not Low	66.5	66.2	72.9	72.9	77.7	82.2	84.5	84.9	85.3	84.7	85.4	85.9
8th Graders Reading	Low Income	41.1	41.6	46.9	47.1	54.2	53.8	54.5	65.3	73.7	70.7	69.4	71.6
	Not Low	71.2	71.6	75.6	74.6	79.6	79.0	79.7	85.7	89.6	88.5	88.0	87.9
8th Graders Math	Low Income	17.2	15.7	20.3	19.6	27.2	27.4	30.4	33.8	45.4	44.6	49.2	51.6
	Not Low	46.0	45.0	49.5	49.4	58.0	59.0	61.4	63.8	73.4	71.9	75.5	76.5
10th Graders Reading	Low Income	37.2	31.9	38.9	37.3	44.1	43.0	50.0	51.2	52.4	55.6	53.8	55.6
	Not Low	64.7	59.7	67.1	65.5	72.4	74.8	77.9	76.6	77.0	79.0	77.5	78.0
10th Graders Math	Low Income	13.2	12.0	15.4	13.9	21.7	22.4	30.8	32.1	38.7	38.4	39.5	39.2
	Not Low	36.2	35.7	40.8	40.4	48.8	53.1	60.1	59.2	66.8	64.1	65.6	64.8

Source: Delaware Department of Education

Table 52:

AP Tests

Advanced Placement (AP) Tests Taken by Delaware Public School (PS) Students
and Percentage AP Tests Passed in U.S. and Delaware, 1999–2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number of AP Test Takers from DE Public Schools	1,056	1,173	1,346	1,533	1,802	2,092	2,769	3,284	3,023	3,246	3,371
Number of AP Tests Taken by DE PS Students	1,660	1,919	2,261	2,719	3,046	3,624	4,916	6,000	5,360	5,607	6,069
Percent of AP Tests Passed by DE PS Students	62.7	56.2	58.8	61.8	55.9	55.6	48.7	49.1	55.1	51.8	53.5
Percent of AP Tests Passed by US PS Students	61.9	62.1	59.6	61.4	59.7	59.7	57.6	57.5	57.2	55.6	56.6

Sources: College Board, Delaware Department of Education

Table 53:

Students in Special Programs

Number and Percentage of Students in Regular and Special Education,
Who Are English Language Learners, and Receiving Free and Reduced Lunches, School Year 2008/09

Grade Level	Regular Education		Special Education		English Language Learners		Free & Reduced Lunch		Total Students Number
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Pre-K	216	29%	522	71%	0	0%	306	41%	738
K	8,560	91%	898	9%	1,268	13%	3,948	42%	9,458
1	8,698	89%	1,088	11%	1,281	13%	4,869	50%	9,786
2	8,444	87%	1,293	13%	1,014	10%	4,821	50%	9,737
3	8,315	86%	1,306	14%	726	8%	4,674	49%	9,621
4	8,058	85%	1,463	15%	539	6%	4,478	47%	9,521
5	7,834	85%	1,407	15%	420	5%	4,261	46%	9,241
6	7,862	85%	1,403	15%	349	4%	4,135	45%	9,265
7	8,256	87%	1,280	13%	343	4%	4,149	44%	9,536
8	8,619	87%	1,289	13%	328	3%	4,289	43%	9,908
9	10,093	86%	1,662	14%	320	3%	4,739	40%	11,755
10	8,781	88%	1,172	12%	265	3%	3,450	35%	9,953
11	7,773	88%	1,018	12%	187	2%	2,616	30%	8,791
12	7,143	88%	977	12%	144	2%	2,212	27%	8,120
Total	108,652	87%	16,778	13%	7,184	6%	52,947	42%	125,430

Source: Delaware Department of Education

Table 54:

Free and Reduced-Price Lunches

Average Number of Free and Reduced-Price Lunches Served Daily and Percentage of Total Enrollment
Delaware and Counties, 1999/00 – 2008/09 School Years

	1999/00 #/%	2000/01 #/%	2001/02 #/%	2002/03 #/%	2003/04 #/%	2004/05 #/%	2005/06 #/%	2006/07 #/%	2007/08 #/%	2008/09 #/%
Delaware										
Enrollment	114,195	114,743	115,550	116,429	117,763	119,044	120,910	122,225	124,010	125,430
Free	30,593	29,694	31,731	33,481	32,607	35,110	36,533	37,768	40,501	44,245
Reduced	6,927	7,339	7,442	7,745	7,177	7,265	6,525	7,384	7,662	8,702
% Free & Reduced	32.9%	32.3%	33.9%	35.4%	33.8%	35.6%	35.6%	36.9%	38.8%	42.2%
New Castle										
Enrollment	66,307	65,809	65,652	65,468	65,679	66,037	66,771	66,125	65,835	66,628
Free	17,553	16,490	17,896	19,193	17,546	19,192	19,953	20,081	21,333	22,424
Reduced	3,663	3,647	3,927	4,242	3,503	3,650	3,193	3,791	3,874	4,517
% Free & Reduced	32.0%	30.6%	33.2%	35.8%	32.0%	34.6%	34.7%	36.1%	38.3%	40.4%
Kent										
Enrollment	24,817	24,630	24,598	24,324	24,165	24,730	25,677	26,381	26,924	27,247
Free	6,318	6,022	6,223	6,494	6,678	7,036	7,349	7,626	8,496	9,760
Reduced	1,667	1,866	1,691	1,674	1,661	1,589	1,508	1,571	1,697	1,858
% Free & Reduced	32.2%	32.0%	32.2%	33.6%	34.5%	34.9%	34.5%	34.9%	37.9%	42.6%
Sussex										
Enrollment	21,812	21,596	21,071	21,580	21,665	21,739	21,897	22,148	22,744	22,929
Free	6,567	6,551	6,627	7,043	7,225	7,536	7,546	7,988	8,599	9,809
Reduced	1,554	1,636	1,581	1,671	1,697	1,694	1,491	1,648	1,544	1,691
% Free & Reduced	37.2%	37.9%	39.0%	40.4%	41.2%	42.5%	41.3%	43.5%	44.6%	50.2%
Charter										
Enrollment	1,259	2,708	4,229	5,057	6,254	6,538	6,565	7,571	8,507	8,626
Free	155	631	985	751	1,158	1,346	1,685	2,073	2,073	2,252
Reduced	43	190	243	158	316	332	333	374	547	636
% Free & Reduced	15.7%	30.3%	29.0%	18.0%	23.6%	25.7%	30.7%	32.3%	30.8%	33.5%

Source: Delaware Department of Education

Table 55:

Dropouts

Dropouts by Gender, Race/Ethnicity, and Age Summary Statistics for Delaware Public School Students Grades 9–12, 2003/04 – 2008/09

		2003/04		2004/05		2005/06		2006/07		2007/08		2008/09	
		Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts	Annual Dropout Rate (%)	% of All Dropouts
Total		6.1	100.0	5.3	100.0	5.5	100.0	5.4	100.0	5.8	100.0	5.1	100.0
Gender	Male	6.9	58.0	6.0	57.4	6.3	59.1	6.3	59.7	6.7	59.2	6.2	61.2
	Female	5.2	42.0	4.6	42.6	4.6	40.9	4.5	40.3	4.9	40.8	4.1	38.8
Race/ Ethnicity	Native American	9.3	0.5	3.1	0.2	6.7	0.5	5.2	0.3	6.5	0.4	5.4	0.4
	African American	7.3	35.5	6.6	37.4	7.3	40.6	7.1	41.0	7.5	41.4	6.9	43.7
	Asian/Pacific Islander	5.1	2.2	2.5	1.3	2.9	1.5	2.2	1.2	2.6	1.3	2.3	1.4
	Hispanic	12.0	10.9	10.5	11.8	9.8	11.8	8.4	11.0	8.0	10.5	6.6	10.3
	White	4.9	50.8	4.3	49.3	4.2	45.7	4.4	46.5	4.7	46.4	4.1	44.3
Age	Less than 15	1.2	4.8	2.1	9.3	0.6	2.6	0.6	2.5	0.5	1.7	0.6	2.7
	Age 15	2.9	12.7	1.9	9.7	1.1	5.3	1.3	5.0	1.1	5.0	0.7	3.9
	Age 16	7.2	29.4	5.8	28.5	5.8	27.8	5.4	27.1	5.0	24.5	4.4	23.8
	17+	13.5	52.9	11.8	52.4	14.7	64.3	14.3	65.4	14.0	68.8	11.5	69.6

Source: Delaware Department of Education

Table 56:

Dropouts and Enrollment by Race/Ethnicity

Number of Dropouts and Student Enrollment by Race, Public School Students Grades 9–12 Delaware and Counties, 2006/07 – 2008/09 School Years

School Year	Area	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2006/07	Delaware	11,761	2,638	22,853	37,252	828	224	974	2,026
	New Castle	7,905	1,815	12,450	22,170	578	166	536	1,280
	Kent	2,384	383	5,463	8,230	133	28	238	399
	Sussex	1,472	440	4,940	6,852	117	30	200	347
2007/08	Delaware	12,179	2,885	22,880	37,944	913	232	1,062	2,207
	New Castle	8,004	1,981	12,316	22,301	623	175	586	1,384
	Kent	2,623	432	5,401	8,456	184	20	265	469
	Sussex	1,552	472	5,163	7,187	106	37	211	354
2008/09	Delaware	12,623	3,098	22,898	38,619	868	204	916	1,988
	New Castle	8,288	2,124	12,285	22,697	619	161	519	1,299
	Kent	2,720	437	5,434	8,591	154	25	216	395
	Sussex	1,615	537	5,179	7,331	95	18	181	294

Source: Delaware Department of Education

Education

Table 57:

Dropout Rate and Percentage by Race/Ethnicity

Dropout Rate per 100 Students and Percentage of All Dropouts by Race
Public School Students Grades 9–12, Delaware and Counties, 2001/02 – 2008/09 School Years

School Year	Area	Annual Dropout Rate				Percentage of All Dropouts			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2001/02	Delaware	8.7	11.7	4.5	6.1	42.4	8.9	48.7	100.0
	New Castle	10.2	13.8	5.1	7.2	31.2	7.6	30.6	69.4
	Kent	5.2	7.6	3.4	4.0	5.0	0.8	8.4	14.2
	Sussex	7.3	4.8	4.1	5.0	6.1	0.5	9.7	16.4
2002/03	Delaware	8.0	9.8	4.0	5.4	42.3	9.0	48.7	100.0
	New Castle	8.9	11.5	3.9	5.9	30.0	7.6	26.2	63.7
	Kent	5.9	3.4	3.8	4.4	6.4	0.4	10.7	17.5
	Sussex	6.9	7.3	4.5	5.1	5.9	1.0	11.8	18.7
2003/04	Delaware	7.3	12.0	5.0	6.1	35.5	10.9	53.5	100.0
	New Castle	7.4	12.6	4.8	6.1	23.1	8.1	28.4	59.6
	Kent	7.2	10.1	5.0	5.7	7.0	1.3	12.4	20.7
	Sussex	7.3	10.8	5.5	6.1	5.4	1.5	12.8	19.7
2004/05	Delaware	6.6	10.5	4.2	5.3	37.4	11.8	50.8	100.0
	New Castle	6.5	10.8	3.5	5.1	24.3	8.7	23.6	56.6
	Kent	6.3	8.6	4.7	5.3	7.0	1.3	13.2	21.6
	Sussex	7.4	10.4	5.3	6.0	6.0	1.8	14.0	21.9
2005/06	Delaware	7.3	9.8	4.2	5.5	40.6	11.8	47.6	100.0
	New Castle	7.4	10.2	3.8	5.5	27.2	8.6	23.7	59.6
	Kent	6.2	7.4	4.2	4.9	6.9	1.3	11.3	19.5
	Sussex	8.6	10.3	5.1	6.2	6.4	1.9	12.6	20.9
2006/07	Delaware	7.0	8.5	4.3	5.4	40.9	11.1	48.1	100.0
	New Castle	7.3	9.1	4.3	5.8	28.5	8.2	26.5	63.2
	Kent	5.6	7.3	4.4	4.8	6.6	1.4	11.7	19.7
	Sussex	7.9	6.8	4.0	5.1	5.8	1.5	9.9	17.1
2007/08	Delaware	7.5	8.0	4.6	5.8	41.4	10.5	48.1	100.0
	New Castle	7.8	8.8	4.8	6.2	28.2	7.9	26.6	62.7
	Kent	7.0	4.6	4.9	5.5	8.3	0.9	12.0	21.3
	Sussex	6.8	7.8	4.1	4.9	4.8	1.7	9.6	16.0
2008/09	Delaware	6.9	6.6	4.0	5.1	43.7	10.3	46.1	100.0
	New Castle	7.5	7.6	4.2	5.7	31.1	8.1	26.1	65.3
	Kent	5.7	5.7	4.0	4.6	7.7	1.3	10.9	19.9
	Sussex	5.9	3.4	3.5	4.0	4.8	0.9	9.1	14.8

Source: Delaware Department of Education

Table 58:

Dropout Rate by Race/Ethnicity

Dropout Rate per 100 Public School Students by Race/Ethnicity, Grades 9–12
Delaware, 1991/92 – 2008/09 School Years

Race/ Ethnicity	91/ 92	92/ 93	93/ 94	94/ 95	95/ 96	96/ 97	97/ 98	98/ 99	99/ 00	00/ 01	01/ 02	02/ 03	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09
Black	6.2	5.8	6.8	5.8	5.3	6.1	6.4	5.2	5.6	5.3	8.7	8.0	7.3	6.6	7.3	7.1	7.5	6.9
Hispanic	7.9	5.1	6.7	7.5	8.3	7.3	8.2	6.9	7.2	7.4	11.7	9.8	12.0	10.5	9.8	8.4	8.0	6.6
White	3.0	3.6	3.8	4.0	4.0	3.7	3.8	3.4	3.4	3.6	4.5	4.0	4.9	4.3	4.2	4.4	4.7	4.1
All	4.0	4.2	4.6	4.6	4.5	4.5	4.7	4.1	4.2	4.2	6.1	5.4	6.1	5.3	5.5	5.4	5.8	5.1

Source: Delaware Department of Education

Table 59:

Dropouts and Enrollment by Race/Ethnicity and Gender

Student Enrollment and Dropouts by Race and Gender, Public School Students Grades 9–12
Delaware, 2007/08 – 2008/09 School Years

School Year	Gender	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2007/08	Delaware	12,179	2,885	22,880	37,944	913	232	1,062	2,207
	Male	6,092	1,464	11,895	19,451	551	129	626	1,306
	Female	6,087	1,421	10,985	18,493	362	103	436	901
2008/09	Delaware	12,623	3,098	22,898	38,619	868	204	916	1,988
	Male	6,308	1,582	11,784	19,674	529	126	562	1,217
	Female	6,315	1,516	11,114	18,945	339	78	354	771

Source: Delaware Department of Education

Table 60:

Dropout Rate and Percentage by Race/Ethnicity and Gender

Dropout Rate per 100 Students and Percentage of all Dropouts by Race and Gender
Public School Students Grades 9–12, Delaware, 2007/08 – 2008/09 School Years

School Year	Gender	Annual Dropout Rate				Percentage of All Dropouts			
		Black	Hispanic	White/Other	All	Black	Hispanic	White/Other	All
2007/08	Delaware	7.5	8.0	4.6	5.8	41.4	10.5	48.1	100.0
	Male	9.0	8.8	5.3	6.7	25.0	5.8	28.4	59.2
	Female	5.9	7.2	4.0	4.9	16.4	4.7	19.8	40.8
2008/09	Delaware	6.9	6.6	4.0	5.1	43.7	10.3	46.1	100.0
	Male	8.4	8.0	4.8	6.2	26.6	6.3	28.3	61.2
	Female	5.4	5.1	3.2	4.1	17.1	3.9	17.8	38.8

Source: Delaware Department of Education

Table 61:

Graduation Rates

Percentage of June Graduates Compared to the 9th Grade Class Four Years Previous
According to the No Child Left Behind Definition
Public School Students in Delaware, 2002/03 – 2008/09 School Years

		2002 / 03	2003 / 04	2004 / 05	2005 / 06	2006 / 07	2007 / 08	2008 / 09
All Students		83.1	82.8	82.2	81.4	81.2	83.7	85.3
Race	African American	76.4	75.5	75.8	76.8	75.3	77.3	81.4
	Hispanic	72.2	66.4	65.6	64.5	65.9	67.3	73.7
	White	86.0	86.6	86.3	84.2	84.9	87.8	88.5
Gender	Female	86.0	86.8	85.3	83.9	84.2	86.9	87.7
	Male	80.0	78.8	79.0	78.9	78.1	80.4	82.9
Income	Low-Income	70.5	70.1	71.2	69.5	69.7	73.0	76.8
	Not Low-Income	88.5	88.5	88.0	87.2	87.5	89.3	90.3
Disability Status	With Disabilities	68.6	70.7	69.2	65.4	65.6	71.5	71.0
	Without Disabilities	84.9	84.6	84.4	83.5	83.4	85.8	87.2

Source: Delaware Department of Education

Table 62:

Teens Not in School and Not in the Labor Force

Number of Teens (16–19 Yrs.) Not in School and Not in the Labor Force
Delaware, Counties and City of Wilmington, 2000 Census

Area		Total	Non-Hispanic White	Black	Other	Hispanic Origin*
Delaware	High School Graduate	739	507	165	56	64
	Not High School Graduate	1,758	868	553	211	301
New Castle	High School Graduate	502	366	91	36	32
	Not High School Graduate	1,112	466	415	145	212
Wilmington	High School Graduate	108	57	32	19	19
	Not High School Graduate	454	57	271	89	123
Kent	High School Graduate	134	65	24	12	14
	Not High School Graduate	233	176	40	15	8
Sussex	High School Graduate	103	65	24	12	14
	Not High School Graduate	413	226	98	51	81

* Persons of Hispanic Origin can be of any race.

Source: U.S. Bureau of the Census

Table 63:

Teens Not Graduated, Not Enrolled, and Not Working

Three-Year Average Percentage of 16–19 Year Olds Who Are Not Graduated,
Not Enrolled, and Not Employed
U.S. and Delaware, 1989–2009

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008	2007- 2009
U.S.	9.4	9.6	9.8	9.6	9.2	9.1	9.0	8.6	8.3	7.9	8.0	8.0	8.5	9.2	9.0	8.6	7.8	7.7	8.1
Delaware	9.0	7.4	10.8	9.6	9.8	4.9	6.9	7.1	7.8	9.8	11.0	10.2	7.8	7.9	10.3	8.8	7.4	4.6	7.5

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

Table 64:

Suspensions and Expulsions

Number of Public School Students Enrolled, Expelled, and Number of Out-of-School Suspensions
Delaware and Counties, 2002/03 – 2008/09 School Years

		2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Delaware	Enrollment	116,399	117,700	118,999	120,890	122,240	124,010	125,430
	Expulsions	96	211	154	163	172	178	172
	Suspensions	29,736	30,603	33,307	33,798	37,235	37,443	38,953
New Castle	Enrollment	69,091	69,824	70,465	71,305	71,744	72,444	73,305
	Expulsions	74	54	98	59	99	117	129
	Suspensions	22,324	23,295	23,608	24,680	27,900	27,573	28,383
Kent	Enrollment	25,422	25,907	26,483	27,367	28,023	28,499	28,873
	Expulsions	5	92	15	46	46	40	25
	Suspensions	3,827	3,206	5,004	4,791	5,117	5,438	6,237
Sussex	Enrollment	21,886	21,969	22,051	22,218	22,473	23,067	23,252
	Expulsions	17	65	41	58	27	21	18
	Suspensions	3,585	4,102	4,695	4,327	4,218	4,432	4,333

Source: Delaware Department of Education

Teen Births

Table 65:

Teen Birth Rates (15-19 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15-19 by Race
U.S., Delaware, Counties, and City of Wilmington, 1989-2007

Area/Race	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007
U.S.	59.8	60.1	59.3	57.7	56.0	54.4	52.6	50.8	49.1	47.3	45.4	43.7	42.3	41.7	41.6 *
White	50.8	51.4	51.2	50.2	49.0	47.9	46.7	45.4	44.0	42.7	41.3	39.9	38.7	N/A	N/A
Black	112.0	110.5	106.9	101.6	96.8	92.2	87.7	84.0	80.6	76.4	72.0	68.5	65.5	N/A	N/A
Delaware	56.2	56.5	56.5	55.3	54.3	53.2	52.0	50.7	49.5	48.4	47.1	45.4	44.3	43.6	43.0
White	38.5	39.1	39.9	39.5	39.5	38.8	38.4	37.7	37.1	36.4	35.9	34.8	34.4	34.8	35.0
Black	124.6	123.0	119.4	113.7	108.2	104.0	98.8	94.9	90.1	85.8	80.7	76.4	72.3	69.1	67.4
New Castle	48.1	48.2	48.2	47.7	46.1	45.8	44.9	44.1	42.7	42.9	42.1	40.8	39.5	39.3	37.8
White	30.9	31.6	32.5	32.6	31.3	30.9	30.4	29.9	29.5	30.7	30.9	30.4	30.3	30.7	29.9
Black	122.0	117.8	113.1	108.9	105.4	104.2	100.9	98.5	91.3	86.0	79.3	73.4	67.0	64.3	61.6
Wilmington	139.2	134.0	129.9	126.7	125.5	121.8	119.3	118.5	111.5	107.7	103.3	98.6	92.3	90.7	87.0
White	112.3	104.5	98.6	101.4	101.2	94.5	93.9	100.6	98.3	104.0	106.1	107.6	106.6	105.6	94.8
Black	166.8	162.4	158.3	151.7	149.4	145.4	141.4	138.2	128.8	121.4	114.2	106.7	97.9	95.3	91.5
Kent	66.9	67.3	66.8	64.3	61.4	58.0	56.7	55.2	54.6	52.4	51.5	48.6	47.7	45.4	45.1
White	54.7	54.8	53.9	53.3	52.3	50.8	50.5	50.6	49.6	45.9	44.0	39.6	37.5	35.1	36.2
Black	102.7	104.1	102.4	92.5	83.5	74.0	70.2	66.4	67.2	69.1	71.9	73.6	74.9	73.3	71.1
Sussex	80.1	80.7	81.4	79.0	82.7	80.7	77.8	73.8	72.0	64.8	60.7	58.0	57.4	56.6	58.6
White	56.2	56.1	57.6	56.0	63.1	62.3	61.4	58.4	55.6	48.2	45.3	44.4	44.4	46.8	49.8
Black	161.8	165.9	164.0	158.9	153.5	146.7	134.0	124.5	119.4	108.1	97.6	91.9	91.1	84.9	88.1

* U.S. data for 2007 are preliminary

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

Table 66:

Teen Birth Rates (15-17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15-17
U.S., Delaware, and Counties, 1989-2007

Area/Race	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007
U.S.	37.6	37.8	37.5	36.5	35.3	33.8	32.1	30.3	28.5	26.7	25.1	23.8	22.7	22.2	22.0 *
Delaware	40.5	41.6	41.8	41.4	39.5	38.0	35.8	33.8	31.6	29.2	27.3	25.7	24.2	23.0	22.7
New Castle	37.6	38.3	38.8	38.5	36.2	34.9	33.3	31.9	29.6	28.3	26.8	24.7	22.9	22.1	21.3
Kent	42.1	42.3	41.3	41.2	38.1	35.4	33.4	31.8	30.2	28.7	27.4	25.0	24.2	21.7	21.2
Sussex	49.6	53.4	53.7	52.7	53.8	52.9	48.0	43.2	40.1	33.2	29.2	29.6	28.8	28.1	29.4

* U.S. data for 2007 are preliminary

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

Table 67:

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

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10–14 by Race
U.S., Delaware, and Counties, 1988–2007

Area/Race	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007
U.S.	1.4	1.4	1.4	1.4	1.3	1.3	1.2	1.1	1.0	0.9	0.9	0.8	0.7	0.7	0.7	0.6
White	0.7	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7	0.6	0.6	0.5	0.5	0.5	0.5	N/A
Black	4.9	4.8	4.7	4.6	4.3	4.0	3.7	3.3	2.9	2.6	2.3	2.1	1.9	1.7	1.6	N/A
Delaware	2.1	2.1	2.2	2.2	2.2	2.0	1.9	1.7	1.5	1.3	1.2	1.0	0.9	0.8	0.8	0.7
White	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.6	0.6	0.6	0.5	0.4	0.5	0.5
Black	6.5	6.3	6.7	6.5	6.3	5.6	5.5	4.5	3.9	3.3	2.8	2.3	2.0	1.7	1.6	1.4
New Castle	2.0	2.0	2.1	2.1	2.1	1.8	1.8	1.6	1.4	1.2	1.0	0.9	0.8	0.6	0.6	0.6
White	0.7	0.8	0.7	0.7	0.7	0.6	0.6	0.6	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.4
Black	6.4	6.2	6.7	6.6	6.5	5.6	5.5	4.4	3.9	3.1	2.6	2.1	1.8	1.3	1.2	1.2
Wilmington	6.5	6.7	7.3	7.5	7.5	6.8	6.9	5.9	5.4	4.3	3.8	3.2	2.6	2.0	2.1	2.1
White	4.4	4.7	3.6	2.4	1.4	1.4	1.4	1.8	1.8	1.8	1.9	2.3	2.0	2.4	3.0	3.1
Black	7.8	8.0	9.3	10.0	10.3	9.3	9.4	7.8	7.0	5.4	4.7	3.7	3.0	2.0	2.1	2.0
Kent	1.8	1.8	1.9	1.7	1.7	1.5	1.5	1.6	1.5	1.2	1.2	1.0	0.9	1.0	0.9	0.8
White	0.8	0.9	0.9	0.8	1.1	1.0	0.9	0.9	0.9	0.6	0.5	0.4	0.5	0.4	0.4	0.4
Black	5.0	4.7	4.7	4.0	3.4	3.0	3.3	3.5	3.3	2.9	3.0	2.2	2.0	2.4	2.1	1.9
Sussex	2.7	2.6	2.8	3.1	3.0	2.9	2.8	2.3	2.0	1.8	1.7	1.4	1.3	1.1	1.1	1.0
White	0.9	0.8	0.8	1.0	1.1	1.2	1.2	1.3	1.1	1.1	1.1	0.9	0.6	0.6	0.6	0.6
Black	8.1	8.3	9.0	9.5	8.9	8.6	7.9	5.6	4.5	4.4	3.7	3.0	3.1	2.6	2.3	2.0

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

Teen Births

Table 68:

Births to Single Teens

Five-Year Average Percentage of Births to Females Under 20 Years of Age Who Are Single
By Race/Hispanic Origin* of Mother
U.S., Delaware, Counties, 1988–2007

Area/Race	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007
U.S.	68.1	69.3	71.0	72.6	74.0	75.6	77.0	77.6	78.3	78.9	79.3	79.8	80.5	81.4	82.5	83.6
White	57.3	59.0	61.4	63.7	65.7	67.8	69.7	70.7	71.8	72.6	73.3	74.1	75.1	76.3	N/A	N/A
Black	92.3	92.6	93.2	93.8	94.8	95.5	96.0	96.1	96.2	95.7	95.7	95.8	95.9	96.0	N/A	N/A
Hispanic*	N/A	61.6	63.6	65.2	66.5	68.3	70.3	71.0	72.0	72.9	73.3	73.9	74.9	76.2	N/A	N/A
Delaware	79.4	81.8	84.6	86.7	88.3	89.1	89.3	89.3	89.5	89.6	89.6	90.0	90.1	90.8	91.3	92.0
White	65.2	69.3	73.8	77.3	80.2	81.5	81.7	81.9	82.5	83.1	83.3	84.3	84.8	86.1	87.2	88.2
Black	94.9	95.7	96.7	97.4	97.7	97.9	97.9	97.9	97.8	97.7	97.6	97.6	97.4	97.3	97.2	97.6
Hispanic*	N/A	70.9	73.0	75.9	76.9	79.6	81.0	80.9	80.3	80.2	80.2	80.7	81.1	83.5	85.2	86.2
New Castle	84.1	86.4	88.9	90.6	91.7	92.5	92.6	92.5	92.5	92.4	92.0	92.3	92.0	92.4	92.9	93.4
White	72.3	76.5	80.6	83.5	85.2	86.5	86.6	86.6	86.6	86.8	86.5	87.1	86.6	87.5	88.4	89.2
Black	95.7	96.4	97.3	98.0	98.4	98.6	98.6	98.5	98.4	98.3	98.2	98.4	98.3	98.2	98.4	98.6
Hispanic*	N/A	73.0	75.5	78.3	79.1	81.3	81.3	80.5	79.0	78.1	78.6	79.9	79.3	81.3	83.3	84.1
Wilmington	92.9	93.6	95.3	96.2	96.7	96.9	97.1	96.8	96.6	96.5	96.2	96.0	95.8	96.0	96.4	97.0
White	78.2	80.9	85.8	87.3	87.4	88.5	88.8	87.1	86.4	87.5	86.1	85.4	85.9	87.4	88.0	90.0
Black	96.6	97.1	97.8	98.5	99.2	99.0	99.0	99.0	99.0	98.7	98.9	99.0	98.9	98.9	99.2	99.3
Hispanic*	N/A	77.7	81.5	83.4	84.0	85.0	86.0	84.6	83.2	82.9	81.9	81.8	82.2	84.5	85.9	88.1
Kent	71.0	75.1	78.1	80.0	81.6	82.0	81.1	81.6	82.6	83.8	84.1	84.0	84.8	85.8	86.1	87.3
White	56.1	61.6	66.2	68.3	71.8	72.1	70.8	71.4	73.4	75.5	76.0	76.7	78.1	79.8	81.1	82.9
Black	94.0	95.7	96.8	97.7	97.1	96.9	95.9	96.0	96.4	96.2	96.0	95.4	94.7	94.0	93.2	93.7
Hispanic*	N/A	78.7	76.3	76.6	77.5	78.5	76.8	79.1	76.2	81.3	76.9	71.6	70.8	76.6	77.1	80.8
Sussex	74.5	76.0	79.5	82.6	85.5	86.7	87.8	87.9	88.1	87.9	88.1	89.3	90.1	91.6	91.9	92.7
White	56.6	59.2	64.4	70.5	75.5	78.4	80.1	80.7	81.7	81.9	82.5	84.9	86.4	88.4	89.3	90.2
Black	93.1	93.7	95.1	95.6	96.1	96.8	97.4	97.6	97.2	97.0	97.0	97.1	97.1	97.9	97.7	98.2
Hispanic*	N/A	51.0	58.0	64.8	68.2	74.3	82.4	83.1	85.9	85.7	86.0	86.1	89.6	91.3	92.7	92.5

* Persons of Hispanic origin may be of any race

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

Table 69:

Births by Race, Hispanic Origin, and Age of Mother

Number and Percentage of Live Births by Race, Hispanic Origin, and Age of Mother
Delaware, Counties, and City of Wilmington, 2007

Area/Race-Hispanic Origin*	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15–17 years old		Births to Teen Mothers 18–19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	12,097	1,251	10.3	17	0.1	387	3.2	847	7.0
White	8,264	703	8.5	6	0.1	200	2.4	497	6.0
Black	3,257	531	16.3	11	0.3	182	5.6	338	10.4
Other	576	17	3.0	0	0.0	5	0.9	12	2.1
Hispanic*	1,917	254	13.2	4	0.2	91	4.7	159	8.3
New Castle	7,357	669	9.1	7	0.1	233	3.2	429	5.8
White	4,756	342	7.2	2	0.0	122	2.6	218	4.6
Black	2,134	320	15.0	5	0.2	111	5.2	204	9.6
Other	467	7	1.5	0	0.0	0	0.0	7	1.5
Hispanic*	1,070	135	12.6	1	0.1	59	5.5	75	7.0
Wilmington	1,290	221	17.1	4	0.3	90	7.0	127	9.8
White	476	43	9.0	0	0.0	19	4.0	24	5.0
Black	803	176	21.9	4	0.5	71	8.8	101	12.6
Other	11	2	18.2	0	0.0	0	0.0	2	18.2
Hispanic*	228	37	16.2	0	0.0	16	7.0	21	9.2
Balance of NC County	6,067	448	7.4	3	0.0	143	2.4	302	5.0
White	4,280	299	7.0	2	0.0	103	2.4	194	4.5
Black	1,331	144	10.8	1	0.1	40	3.0	103	7.7
Other	456	5	1.1	0	0.0	0	0.0	5	1.1
Hispanic*	842	98	11.6	1	0.1	43	5.1	54	6.4
Kent	2,243	252	11.2	4	0.2	61	2.7	187	8.3
White	1,541	154	10.0	1	0.1	30	1.9	123	8.0
Black	645	95	14.7	3	0.5	29	4.5	63	9.8
Other	57	3	5.3	0	0.0	2	3.5	1	1.8
Hispanic*	201	31	15.4	0	0.0	10	5.0	21	10.4
Sussex	2,497	330	13.2	6	0.2	93	3.7	231	9.3
White	1,967	207	10.5	3	0.2	48	2.4	156	7.9
Black	478	116	24.3	3	0.6	42	8.8	71	14.9
Other	52	7	13.5	0	0.0	3	5.8	4	7.7
Hispanic*	646	88	13.6	3	0.5	22	3.4	63	9.8

* Persons of Hispanic origin may be of any race.

Note: Percentages may not add to 100% due to rounding. Percentages are calculated based upon the total number of births in each race group for all ages. Percentages for the race group "Other" may be misleading due to the small number of births in this category.

Source: Delaware Health Statistics Center

Children in Poverty

Table 70:

Children with No Parent Working Full-time

Three-Year Average Percentage of Children Living in Families Where
No Parent Has Full-Time, Year-Round Employment
U.S. and Delaware, 1989–2009

	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
U.S.	29.3	29.9	30.7	31.3	31.2	30.5	29.2	28.1	27.1	25.9	24.5	23.9	22.7	22.3	21.9	22.4	23.8	23.9	24.9
Delaware	24.6	25.8	24.2	26.0	23.6	25.6	26.0	26.4	25.1	24.4	22.4	20.1	17.9	18.3	18.9	18.9	20.1	19.0	19.6

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

Table 71:

Children in Poverty

Three-Year Average Percentage of Children (0–17) in Poverty
U.S., Delaware, and Counties, 1989–2009

	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
U.S.	19.9	20.7	21.4	22.1	22.1	21.8	21.0	20.4	19.8	18.6	17.3	16.4	16.4	16.9	17.4	17.7	17.6	17.7	18.1
Delaware	11.9	11.8	10.9	12.7	12.5	13.8	13.8	15.3	15.5	16.6	16.9	14.6	12.9	11.0	12.2	12.7	13.2	13.3	13.1
New Castle	13.2	14.8	12.9	13.2	11.5	13.9	13.0	13.3	12.7	12.8	12.6	9.2	8.5	7.6	9.7	11.3	13.2	12.8	12.2
Kent & Sussex	10.8	7.5	7.9	11.7	14.5	13.4	15.9	18.9	20.9	22.5	23.5	23.3	20.8	17.4	17.0	15.2	13.1	14.1	14.6

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

Table 72:

Children in Poverty by Age

Number and Percentage of Children in Poverty, Ages 0–5 and 6–18
Delaware, Three-Year Average, 2002–2008

	2002–2004		2003–2005		2004–2006		2005–2007		2006–2008	
	%	#	%	#	%	#	%	#	%	#
Children Ages 0–5	11.9	6,864	13.0	8,055	14.4	9,831	17.1	11,770	17.4	12,172
Children Ages 6–18	10.8	16,112	11.6	16,787	11.4	16,004	10.8	15,142	10.8	15,377

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

Table 73:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years
Annual Income in Dollars, U.S., 2008

Size of Family Unit	Weighted average thresholds	Related Children under 18 years old								
		None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person (unrelated individual)	\$ 10,991									
Under 65 years	\$ 11,201	11,201								
65 years and over	\$ 10,326	10,326								
Two people	\$ 14,051									
Householder under 65 years	\$ 14,489	14,417	14,840							
Householder 65 years and over	\$ 13,030	13,014	14,784							
Three people	\$ 17,163	16,841	17,330	17,346						
Four people	\$ 22,025	22,207	22,570	21,834	21,910					
Five people	\$ 26,049	26,781	27,170	26,338	25,694	25,301				
Six people	\$ 29,456	30,803	30,925	30,288	29,677	28,769	28,230			
Seven people	\$ 33,529	35,442	35,664	34,901	34,369	33,379	32,223	30,955		
Eight people	\$ 37,220	39,640	39,990	39,270	38,639	37,744	36,608	35,426	35,125	
Nine persons or more	\$ 44,346	47,684	47,915	47,278	46,743	45,864	44,656	43,563	43,292	41,624

Source: U.S. Census Bureau

Table 74:

Public Assistance by Household Structure

Children under 18 Years Living in Households with SSI, Cash Public Assistance Income,
or Food Stamp Benefits in the past 12 months, Delaware and U.S., Three year estimate 2006–2008

	Delaware	U.S.
Total	17.0%	18.8%
Married couple family household	7.6%	9.9%
Male householder, no wife present family household	14.6%	22.2%
Female householder, no husband present family householder	40.6%	42.1%

Source: American Community Survey, 2006–2008

Children in Poverty

Table 75:

Children in Poverty by Household Structure

Three-Year Average Percentage of Children (0-17) in Poverty by Household Structure
Delaware, 1989–2009

	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
One Parent	30.6	28.5	29.7	33.0	34.5	33.9	32.2	33.2	31.4	31.7	31.9	31.1	28.0	23.2	24.9	25.1	26.1	26.1	26.7
Two Parents	5.1	4.3	2.2	3.2	3.4	4.2	4.3	4.3	6.3	7.1	8.2	6.4	6.3	5.8	6.0	4.6	5.0	5.7	6.9

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

Table 76:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type
U.S. and Delaware, 1994–2009

	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
U.S.														
1-Parent	14,187	15,233	16,177	17,142	17,895	18,895	19,689	20,602	20,780	21,512	22,365	20,854	21,520	21,949
2-Parent	47,100	49,133	51,467	53,775	56,592	59,484	62,211	63,844	64,747	65,578	67,428	62,700	65,600	67,800
Delaware														
1-Parent	17,167	18,467	19,100	19,733	19,937	21,171	24,004	27,346	28,007	27,715	26,369	23,338	25,391	26,103
2-Parent	51,167	53,403	56,900	58,969	60,436	62,036	66,667	70,000	71,612	70,748	72,904	67,492	71,799	75,310

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

Table 77:

Poverty Rates for One-Parent Families

Number and Percentage in Poverty for One-Parent Female (FHH) and Male (MHH)
Householder Families With Related Children Under 18 Years of Age
Delaware and Counties, 2000 Census

Area	One-Parent FHH Families	FHH Families below poverty		One-Parent MHH Families	MHH Families below Poverty		Risk of Poverty Ratio (FHH vs. MHH)*
		Number	Percent		Number	Percent	
Delaware	26,419	6,950	26.3	7,143	914	12.8	2.1
New Castle	16,777	3,991	23.8	4,389	528	12.0	2.0
Kent	4,832	1,461	30.2	1,299	154	11.9	2.5
Sussex	4,810	1,498	31.1	1,455	232	16.0	1.9

* Female-headed one-parent families are 2.1 times more likely to be in poverty than male-headed one-parent families .

Source: Center for Applied Demography and Survey Research, 2000 Census, U.S. Bureau of the Census

Table 78:

Poverty Rates for Female-Householder Families

Number and Percentage in Poverty for One-Parent Female-Householder (FHH) Families
With Related Children Under 18 Years of Age
Delaware and Counties, 1990 and 2000 Census

Area	One-Parent FHH Families	1990		One-Parent FHH Families	2000		Percent Change 1989–1999
		FHH Families below poverty Number	Percent		FHH Families below Poverty Number	Percent	
Delaware	17,625	5,609	31.8	26,419	6,950	26.3	–17.3
New Castle	11,625	3,202	27.5	16,777	3,991	23.8	–13.5
Kent	3,193	1,257	39.4	4,832	1,461	30.2	–23.4
Sussex	2,807	1,150	41.0	4,810	1,498	31.1	–24.1

Source: Center for Applied Demography and Survey Research, 2000 Census, U.S. Bureau of the Census

Table 79:

Female-Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18
U.S. and Delaware, 1989–2009

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008	2007- 2009
U.S.	42.4	42.9	43.7	44.0	43.1	41.7	40.2	39.3	38.3	36.4	33.5	31.8	31.2	32.3	33.1	33.9	35.7	35.9	36.3
Delaware	26.0	25.5	26.6	31.2	33.0	31.2	28.2	28.0	28.1	31.3	30.8	28.3	22.8	18.8	20.0	22.7	26.0	25.6	24.3

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

Table 80:

Median Income of Female-Headed Families

Three-Year Average Percentage Median Income of Families
with Children Under 18 and Single Female Head
U.S. and Delaware, 1993–2009

	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003	2002- 2004	2003- 2005	2004- 2006	2005- 2007	2006- 2008	2007- 2009
U.S.	11,800	12,955	13,835	14,540	15,293	16,480	17,867	19,067	19,712	19,812	20,091	20,445	18,759	19,227	19,560
Delaware	14,493	15,720	17,550	18,429	17,711	17,044	18,675	22,633	26,047	27,022	25,797	25,383	22,242	23,737	23,735

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

One-Parent Families

Table 81:

Births to Single Mothers by Race/Hispanic Origin

Five-Year Average Percentage of Live Births to Single Mothers by Race/Hispanic Origin
U.S. and Delaware, 1988–2007

Area/Race- Hispanic Origin	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001	1998- 2002	1999- 2003	2000- 2004	2001- 2005	2002- 2006	2003- 2007
U.S.	28.1	29.1	30.2	31.1	31.6	32.1	32.5	32.6	32.8	33.0	33.3	33.7	34.2	35.0	36.0	37.1
White	20.4	21.5	22.7	23.7	24.5	25.2	25.7	26.0	26.4	26.8	27.3	27.9	28.6	29.6	30.7	N/A
Black	66.4	67.4	68.3	69.0	69.7	70.0	70.1	69.8	69.5	68.8	68.6	68.5	68.4	68.6	69.0	N/A
Hispanic*	N/A	38.1	39.6	40.3	40.8	41.1	41.4	41.3	41.6	42.0	42.5	43.2	44.1	45.2	46.7	N/A
Delaware	29.9	31.3	32.3	33.5	34.3	35.0	35.7	36.5	37.1	38.0	38.9	39.8	40.5	41.8	42.9	44.1
White	17.3	18.6	20.0	21.5	22.7	23.7	24.4	25.4	26.2	27.2	28.5	30.0	31.1	32.9	34.6	36.1
Black	70.6	72.1	72.6	73.0	73.2	72.9	72.7	72.4	72.2	72.0	71.8	71.1	70.7	70.7	70.6	70.8
Hispanic*	N/A	45.2	46.8	49.1	50.9	51.4	50.9	51.1	50.8	51.6	52.9	55.0	56.3	58.5	59.6	60.9
New Castle	28.7	29.8	30.7	31.8	32.3	32.7	33.4	34.2	34.8	35.6	36.7	37.6	38.1	39.2	40.4	41.4
White	16.1	17.2	18.4	19.8	20.7	21.3	21.9	22.7	23.4	24.5	26.0	27.6	28.5	30.0	31.5	32.7
Black	71.5	72.5	72.8	72.9	73.0	72.3	71.9	71.8	71.6	71.1	70.8	70.2	69.6	69.4	69.6	70.0
Hispanic*	N/A	46.5	46.9	49.4	49.4	49.3	47.8	47.5	47.0	48.0	49.5	52.3	52.7	54.3	55.5	56.2
Wilmington	62.6	63.7	64.7	65.5	66.0	66.6	66.9	67.5	67.7	68.1	68.5	69.0	68.9	69.7	69.9	70.3
White	32.0	33.1	35.0	35.8	36.8	37.5	37.6	37.6	38.5	39.6	40.9	42.7	43.6	45.5	46.3	47.3
Black	79.7	81.1	82.1	83.0	83.7	84.2	84.0	84.5	84.6	84.8	85.0	85.3	84.9	85.4	85.3	85.3
Hispanic*	N/A	60.7	61.8	63.4	63.3	63.2	62.4	61.2	60.1	60.1	61.1	63.3	63.5	65.6	67.8	67.7
Kent	29.6	31.3	32.2	33.5	34.5	35.3	35.9	37.3	38.0	38.8	39.2	40.0	40.6	41.5	41.7	42.8
White	19.5	21.0	22.3	23.5	24.7	25.3	25.6	26.8	27.6	28.6	29.0	30.1	30.9	31.9	32.5	33.8
Black	62.4	64.7	65.9	67.1	68.5	69.0	69.7	70.1	70.5	70.1	70.3	69.6	69.2	68.6	68.2	67.8
Hispanic*	N/A	35.7	37.3	39.1	45.2	45.5	46.3	46.7	44.9	42.2	41.3	41.1	44.5	47.8	47.9	51.2
Sussex	35.5	37.2	39.2	40.5	41.7	43.2	43.8	44.1	44.7	45.7	46.6	47.6	48.8	51.0	52.4	53.9
White	20.4	22.2	24.4	26.4	28.7	31.3	32.5	33.6	34.7	35.4	36.7	37.9	39.7	42.7	45.5	47.7
Black	75.5	77.8	78.2	78.4	77.9	78.5	78.1	77.3	76.4	77.6	77.5	76.9	77.7	78.6	78.2	78.4
Hispanic*	N/A	47.6	52.6	53.4	57.1	58.3	59.3	60.5	61.4	63.1	64.7	65.6	67.7	70.3	71.3	73.0

* Persons of Hispanic origin may be of any race. Hispanic data is not available before the 1989-1993 time period.

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

Table 82:

Births to Single Mothers by Age

Five-Year Average Percentage of Live Births to Single Mothers by Age, Race, and Hispanic Origin
U.S., Delaware, Counties, and City of Wilmington, 2001–2007

Area Age	All Races			White			Black			Hispanic*		
	01-05	02-06	03-07	01-05	02-06	03-07	01-05	02-06	03-07	01-05	02-06	03-07
U.S.	35.0	36.0	37.1	29.6	30.7	N/A	68.6	69.0	N/A	45.2	46.7	N/A
<20	81.4	82.5	83.6	76.3	77.7	N/A	96.0	96.2	N/A	76.2	78.0	N/A
20-24	53.3	54.8	56.4	42.2	48.2	N/A	85.7	82.2	N/A	51.7	55.7	N/A
25-29	26.7	28.1	29.4	22.0	23.3	N/A	59.7	60.8	N/A	37.2	39.1	N/A
30+	15.5	16.1	16.9	12.6	13.3	N/A	41.8	42.1	N/A	28.0	29.1	N/A
Delaware	41.8	42.9	44.1	32.9	34.6	36.1	70.7	70.6	70.8	58.5	59.6	60.9
<20	90.8	91.3	92.0	86.1	87.2	88.2	97.3	97.2	97.6	83.5	85.2	86.2
20-24	67.3	68.3	69.6	59.0	60.7	62.3	85.3	85.3	86.0	67.3	68.1	69.8
25-29	32.5	34.4	36.3	25.1	27.4	29.6	61.4	62.8	63.8	50.6	52.4	55.0
30+	16.9	17.7	18.5	12.5	13.5	14.2	40.1	40.0	40.7	38.2	39.9	40.1
New Castle	39.2	40.4	41.4	30.0	31.5	32.7	69.4	69.6	70.0	54.3	55.5	56.2
<20	92.4	92.9	93.4	87.5	88.4	89.2	98.2	98.4	98.6	81.3	83.3	84.1
20-24	71.8	72.2	73.5	63.9	64.7	66.3	87.5	87.5	88.2	64.8	66.0	67.3
25-29	31.3	33.5	35.6	23.8	26.3	28.3	61.9	63.5	65.4	45.5	47.1	48.7
30+	15.2	16.0	16.8	10.6	11.4	11.9	39.2	39.2	40.3	32.4	33.8	34.3
Wilmington	69.7	69.9	70.3	45.5	46.3	47.3	85.4	85.3	85.3	65.6	67.6	67.7
<20	96.0	96.4	97.0	87.4	88.0	90.0	98.9	99.2	99.3	84.5	85.9	88.1
20-24	86.1	86.6	87.6	72.1	72.7	74.6	92.0	92.4	93.3	69.4	71.7	72.5
25-29	61.9	62.8	63.4	42.3	44.0	44.9	77.2	77.6	77.5	57.2	61.2	61.7
30+	37.9	37.7	38.6	18.8	18.7	19.2	64.0	62.8	63.3	47.7	47.6	45.8
Bal. of NC Co.	32.9	34.2	35.4	28.4	30.0	31.1	59.0	59.5	60.5	50.6	51.7	52.8
<20	90.4	91.1	91.6	87.5	88.5	89.1	97.4	97.4	97.8	79.7	82.1	82.4
20-24	67.2	67.5	68.9	62.9	63.6	65.2	83.5	83.2	84.0	63.1	63.9	65.5
25-29	26.4	28.6	30.8	22.0	24.5	26.6	54.2	56.2	59.0	42.1	43.3	45.4
30+	12.4	13.2	14.0	9.9	10.8	11.2	30.4	30.8	32.4	28.9	30.7	31.9
Kent	41.5	41.7	42.8	31.9	32.5	33.8	68.6	68.2	67.8	47.8	47.9	51.2
<20	85.8	86.1	87.3	79.8	81.1	82.9	94.0	93.2	93.7	76.6	77.3	80.8
20-24	55.1	57.1	58.8	44.9	47.2	48.8	78.9	79.3	80.2	53.8	54.5	58.9
25-29	30.0	30.5	31.1	21.9	22.7	23.6	56.7	57.4	56.1	39.7	39.0	42.9
30+	17.4	17.4	18.3	13.0	13.0	14.1	36.7	36.6	36.5	24.3	25.3	27.7
Sussex	51.0	52.4	53.9	42.7	45.5	47.7	78.6	78.2	78.4	70.3	71.3	73.0
<20	91.6	91.9	92.7	88.4	89.3	90.2	97.9	97.7	98.2	91.3	92.7	92.5
20-24	68.9	70.3	71.3	62.6	65.4	66.7	85.0	85.0	85.6	76.4	76.3	77.6
25-29	38.8	41.3	43.8	31.9	35.0	38.6	65.5	67.1	67.3	63.1	66.0	69.5
30+	24.6	26.1	26.6	20.4	22.3	23.2	51.8	51.1	50.3	56.4	57.5	57.7

* Persons of Hispanic origin may be of any race.

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

One-Parent Families/Home Ownership

Table 83:

Children in One-Parent Households

Three-Year Average Percentage of Children (0-17) in One-Parent Households
U.S. and Delaware, 1989–2009

	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
U.S.	26.7	27.5	28.1	28.8	29.3	30.1	30.5	30.8	30.7	30.4	29.9	29.7	29.9	30.6	30.9	31.2	31.2	31.6	31.8
Delaware	32.1	33.5	31.8	32.8	29.8	32.7	34.4	38.3	37.0	38.9	37.5	33.7	31.0	31.1	33.6	33.1	32.5	33.4	35.4

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

Table 84:

Current Child Support Owed that Is Paid

Percentage of Current Child Support Owed that Is Paid
U.S. and Delaware, Fiscal Years 1989–2009

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
U.S.	47.6	53.0	48.0	55.4	52.7	54.0	53.0	52.0	54.0	50.8	53.1	56.1	57.0	57.6	58.0	59.0	59.9	60.4	61.2	61.9	N/A
Delaware	61.0	58.7	58.4	59.3	56.1	59.9	62.0	61.4	60.2	61.0	55.3	58.7	59.8	60.7	60.7	60.3	60.5	60.5	60.2	60.0	59.0

Note: U.S. data is not available for 2009.

Note: This Federal performance measure is based on the ratio of Current Child Support Collected/Current Child Support Due.

Source: Office of Child Support Enforcement – 157 Report: Child Support Enforcement Annual Report to Congress

Table 85:

Home Ownership

Percentage of Home Ownership, U.S. and Delaware, 1990–2008

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
U.S.	63.9	64.1	64.1	64.5	64.0	64.7	65.4	65.7	66.3	66.8	67.4	67.8	67.9	68.3	69.0	68.9	68.8	68.1	67.8
Delaware	67.7	70.2	73.8	74.4	70.5	71.7	71.5	69.2	71.0	71.6	72.0	75.4	75.6	77.2	77.3	75.8	76.8	76.8	76.2

Source: U.S. Census Bureau Housing Vacancy Survey

Table 86:

Housing Foreclosures

Number of Foreclosure Filings by Year, Delaware, 2000–2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Delaware	1,434	1,708	2,121	2,204	2,121	2,174	2,962	3,853	4,478

Source: 2000-2005: The Reinvestment Fund, 2006. Mortgage Foreclosure Filings in Delaware; 2006-2008: Office of the State Bank Commissioner

Table 87:

Child Abuse and Neglect

Number of Reports, Number and Rate of Children in Accepted Cases, and
Number and Rate of Children in Substantiated Cases of Child Abuse/Neglect,
Delaware, Fiscal Years 2001–2009

	2001	2002	2003	2004	2005	2006	2007	2008	2009
All Reports	8,240	7,606	7,542	7,069	8,035	7,548	7,273	8,512	9,527
Accepted Cases	5,953	5,706	5,601	5,236	5,797	5,819	5,566	6,122	5,929
Children in Accepted Cases	7,484	7,045	5,928	6,232	6,850	6,850	7,095	7,378	7,055
Rate per 1,000 Children	38.2	35.7	29.5	30.9	33.8	33.6	34.7	35.8	34.5
Substantiated Cases	1,247	1,073	1,013	1,004	1,325	1,319	1,390	1,520	1,429
Children in Substantiated Cases	1,833	1,637	1,640	1,636	1,876	1,846	2,017	2,109	1,958
Rate per 1,000 Children	9.3	8.3	8.2	8.1	9.3	9.1	9.9	10.2	9.6

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

Table 88:

Foster Care

Children in Out-of-Home Care, Delaware, Fiscal Years 1996–2009

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Average number of children per month	925	828	899	936	980	900	811	714	708	754	789	902	934	816
Total number in year	N/A	N/A	1,601	1,514	1,516	1,403	1,252	1,214	1,141	1,293	1,347	1,553	1,576	1,372
Rate per 1,000 children	N/A	N/A	8.4	7.9	7.8	7.2	6.3	6.1	5.7	6.4	6.6	7.6	7.7	6.7

Note: An indication of N/A means data was not available for that group or time period.
Source: Delaware Department of Services for Children, Youth and Their Families

Table 89:

Juvenile Delinquents in Out-of-Home Care

Rate of Juvenile Delinquents in Out-of-Home Care per 1,000 Youth 10–17
Delaware, 1996–2009

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
December 31 count	5.2	4.9	4.7	4.7	5.2	4.6	4.0	3.8	3.6	3.6	3.8	4.4	3.6	3.3

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

Insurance/Child Care

Table 90:

Health Insurance

Three-Year Average Percentage Persons (0 – 64) without Health Insurance
U.S. and Delaware, 1989–2009

	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
U.S.	15.3	15.6	16.1	16.6	17.0	17.2	17.3	17.7	18.1	18.0	17.2	16.6	16.5	17.1	17.4	17.7	17.7	17.6	17.4
Delaware	14.2	15.7	14.2	14.0	14.2	15.8	15.8	15.7	15.7	15.0	13.9	11.7	11.2	11.4	13.2	14.4	14.8	13.8	13.0

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

Table 91:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1998–2009

	1998	1999	2000	2001	2002	2003 [†]	2004 [†]	2005 [†]	2006 [†]	2007 [†]	2008 [†]	2009 [†]
Child Care Centers*	23,404	24,937	25,665	25,986	26,584	29,313	34,945	37,878	40,440	41,101	42,819	42,732
Family Child Care Homes**	14,297	14,067	13,309	13,143	12,757	12,672	12,459	11,406	10,844	10,308	9,929	9,418
Large Family Child Care Homes***	601	549	571	598	640	672	692	777	819	891	942	987
Totals	38,302	39,553	39,545	39,727	39,981	42,657	48,096	50,061	52,103	52,300	53,690	53,137

[†] Totals for 2003 and later reflect the addition of child care centers providing part time care

* Child Care Center – 13 or more children. Increases after 2002 reflect 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 a group of 7–12 children

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

Table 92:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age, Delaware, Wilmington, and Counties, 2008

Age	Delaware			Wilmington			New Castle County			Kent County			Sussex County		
	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High
0–12 months	81	143	249	102	142	197	100	159	249	85	122	184	82	114	161
12–24 months	72	122	213	72	124	187	79	144	251	80	114	184	67	103	161
2 years	75	120	206	72	120	183	79	131	205	80	113	184	70	100	161
3 years	63	128	275	82	117	165	85	144	273	80	110	165	63	88	161
4 years	58	127	275	76	121	203	80	148	273	79	101	143	63	88	161
Kindergarten	63	108	275	70	111	190	61	117	245	64	94	128	58	82	116
School-age	34	88	242	55	102	175	50	95	242	51	85	125	39	73	122

Source: The Family and Workplace Connection, A Division of Children and Families First

Table 93:

Subsidized Child Care

Number of Children in State Subsidized Child Care
Projected Monthly Averages, Delaware, Fiscal Years 1996–2009

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Delaware Totals	6,919	8,482	9,592	10,200	11,640	12,613	13,010	13,334	13,813	14,021	14,696	14,913	13,937	13,796
Welfare Reform*	3,366	3,742	4,262	3,743	3,200	2,351	2,135	2,213	2,361	2,449	703	317	3,048	2,914
Income Eligible**	3,553	4,740	5,330	6,457	8,440	10,262	10,875	11,121	11,452	11,572	14,061	14,635	10,967	10,842

* 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.

** The income eligible numbers reflect the working poor families below 200% of poverty. 90% of children with authorization to receive subsidized child care attend in a given month.
Source: Delaware Department of Health and Social Services, Division of Social Services

Table 94:

Purchase of Care

Division of Social Services Purchase of Care (POC) Child Care Program, Weekly Rates
Payments in Dollars, Delaware Counties, 2008*

		Infant	Toddler (age 1)	Preschool (2–5)	School Age (6+)
New Castle County	POC Rate – Licensed Family Care	112.50	107.50	87.00	87.00
		Special Needs	118.13	112.88	91.35
	POC Rate – Center Care	147.50	124.50	110.40	110.40
		Special Needs	154.88	130.73	115.92
	POC Rate – In-home / Relatives	105.00	100.00	58.00	58.00
		Special Needs	110.25	60.90	60.90
Kent County	POC Rate – Licensed Family Care	82.50	75.00	68.70	70.65
		Special Needs	86.63	72.14	74.18
	POC Rate – Center Care	97.50	87.20	74.00	74.45
		Special Needs	102.38	91.56	77.70
	POC Rate – In-home / Relatives	75.00	75.00	45.90	45.90
		Special Needs	78.75	48.20	48.20
Sussex County	POC Rate – Family Care	75.50	75.00	68.70	70.65
		Special Needs	79.28	72.14	74.18
	POC Rate – Center Care	97.50	87.20	72.50	74.10
		Special Needs	102.38	91.58	76.13
	POC Rate – In-home / Relatives	75.00	75.00	45.90	45.90
		Special Needs	78.75	48.20	48.20

* Rates effective October 1, 2006 and ongoing. POC rate assumes that child is in care 5 days per week
Source: Delaware Department of Health and Social Services, Division of Social Services

Child Care

Table 95:

School Age Programs

Number of Before- or After-School Programs, Delaware and Counties, 2009

Type of care	Delaware		New Castle County		Kent County		Sussex County	
	Total	School Age	Total	School Age	Total	School Age	Total	School Age
Child Care Centers	283	254	185	169	47	40	51	45
Family Child Care	1,173	1,019	689	603	219	188	255	228
School Age Only	130*		93*		22*		15*	

*includes Family Child Care that are School Age only programs.

Source: The Family and Workplace Connection, A Division of Children and Families First

Table 96:

Site-Based Public School Age Programs

Number and Percent of School Age Child Care Located at Schools,
Delaware and Counties, School Years 2003/04 – 2008/09

	School Year	Delaware			New Castle County			Kent/Sussex County		
		Total	School Age	%	Total	School Age	%	Total	School Age	%
Elementary Schools	2003/04	89	73	82%	49	44	90%	40	29	73%
	2004/05	90	76	84%	50	45	90%	40	32	80%
	2005/06	118	103	87%	78	76	97%	40	27	80%
	2006/07	84	68	81%	48	41	85%	36	27	75%
	2007/08	79	68	86%	54	49	91%	25	21	84%
	2008/09	111	97	87%	82	80	98%	29	17	57%
Middle Schools	2003/04	40	10	25%	23	4	17%	17	6	35%
	2004/05	40	10	25%	23	4	17%	17	6	35%
	2005/06	10	4	40%	7	1	14%	3	3	100%
	2006/07	34	15	44%	20	10	50%	14	5	38%
	2007/08	30	9	30%	17	7	46%	13	2	15%
	2008/09	7	3	43%	3	2	67%	4	1	25%

Note: 100% of elementary and middle school charters have site-based programs.

Source: The Family and Workplace Connection, A Division of Children and Families First

Table 97:

Child Care by Zip Code

Number of Licensed Child Care Sites and Slots, Delaware, 2009

County	Zip Code	Centers	Sum of Capacity	County	Zip Code	Centers	Sum of Capacity
New Castle	19701	88	3,057	Kent	19950	1	9
New Castle	19702	92	2,850	Kent	19952	17	500
New Castle	19703	25	667	Kent	19953	11	187
New Castle	19706	3	55	Kent	19954	1	9
New Castle	19707	16	1,513	Kent	19955	1	9
New Castle	19709	60	2,324	Kent	19962	14	111
New Castle	19711	53	3,479	Kent	19963	14	441
New Castle	19713	74	1,958	Kent	19977	37	1,209
New Castle	19718	1	80	Kent	19979	3	24
New Castle	19720	156	2,835	Sussex	19930	1	9
New Castle	19730	2	187	Sussex	19933	26	312
New Castle	19734	19	475	Sussex	19939	11	373
New Castle	19801	60	2,568	Sussex	19940	12	496
New Castle	19802	112	3,053	Sussex	19941	8	191
New Castle	19803	28	2,026	Sussex	19943	1	9
New Castle	19804	30	965	Sussex	19945	11	407
New Castle	19805	95	4,205	Sussex	19947	39	753
New Castle	19806	4	177	Sussex	19950	12	201
New Castle	19807	1	118	Sussex	19951	3	27
New Castle	19808	52	2,272	Sussex	19956	35	520
New Castle	19809	15	591	Sussex	19958	15	595
New Castle	19810	28	1,385	Sussex	19960	10	146
New Castle	19884	1	300	Sussex	19961	1	9
New Castle	19938	3	24	Sussex	19963	19	609
New Castle	19977	4	162	Sussex	19966	29	567
Kent	19901	68	2,200	Sussex	19967	1	4
Kent	19904	68	1,937	Sussex	19968	12	478
Kent	19931	1	9	Sussex	19970	5	87
Kent	19934	24	687	Sussex	19971	10	591
Kent	19938	10	144	Sussex	19973	73	1,200
Kent	19943	22	320	Sussex	19975	6	322
Kent	19946	9	91	Sussex	19977	1	6

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

Table 98:

SNAP Recipients by Zip Code

Number of Cases and Clients by Zip Code who Receive Food Assistance through Delaware's Supplemental Nutrition Assistance Program (SNAP), August 2009

County	Zip Code	Eligible adults	Eligible children	Total	Cases	Eligible Persons / case	County	Zip Code	Eligible adults	Eligible children	Total	Cases	Eligible Persons / case
New Castle	19701	970	860	1,830	824	2.22	Kent	19934	586	477	1,063	467	2.28
New Castle	19702	2,077	2,321	4,398	1,799	2.44	Kent	19936	75	82	157	57	2.75
New Castle	19703	1,078	1,089	2,167	942	2.30	Kent	19938	365	342	707	292	2.42
New Castle	19706	264	137	401	231	1.74	Sussex	19939	297	293	590	231	2.55
New Castle	19707	75	48	123	61	2.02	Sussex	19940	451	382	833	338	2.46
New Castle	19708	5	1	6	4	1.50	Sussex	19941	282	292	574	228	2.52
New Castle	19709	963	957	1,920	808	2.38	Kent	19943	885	717	1,602	694	2.31
New Castle	19711	1,054	894	1,948	949	2.05	Sussex	19944	2	1	3	2	1.50
New Castle	19713	1,544	1,446	2,990	1,379	2.17	Sussex	19945	393	463	856	359	2.38
New Castle	19714	2	4	6	2	3.00	Kent	19946	388	331	719	305	2.36
New Castle	19720	4,100	4,020	8,120	3,607	2.25	Sussex	19947	1,213	1,577	2,790	1,271	2.20
New Castle	19730	24	21	45	21	2.14	Sussex	19950	497	457	954	373	2.56
New Castle	19731	22	27	49	17	2.88	Sussex	19951	75	51	126	64	1.97
New Castle	19733	20	15	35	16	2.19	Kent	19952	937	949	1,886	747	2.52
New Castle	19734	310	256	566	247	2.29	Kent	19953	285	241	526	217	2.42
New Castle	19736	3		3	2	1.50	Kent	19954	136	109	245	106	2.31
New Castle	19801	3,206	2,970	6,176	2,961	2.09	Kent	19955	22	6	28	17	1.65
New Castle	19802	3,405	3,365	6,770	3,117	2.17	Sussex	19956	1,614	1,510	3,124	1,321	2.36
New Castle	19803	200	135	335	162	2.07	Sussex	19958	838	567	1,405	709	1.98
New Castle	19804	804	708	1,512	753	2.01	Sussex	19960	551	622	1,173	479	2.45
New Castle	19805	4,523	5,156	9,679	4,262	2.27	Kent	19961	4	3	7	3	2.33
New Castle	19806	243	69	312	225	1.39	Kent	19962	693	620	1,313	547	2.40
New Castle	19807	27	7	34	24	1.42	Sussex	19963	1,530	1,471	3,001	1,370	2.19
New Castle	19808	1,119	921	2,040	1,007	2.03	Kent	19964	82	56	138	63	2.19
New Castle	19809	732	807	1,539	635	2.42	Sussex	19966	1,882	1,663	3,545	1,533	2.31
New Castle	19810	369	228	597	301	1.98	Sussex	19967	16	17	33	12	2.75
New Castle	19850	2		2	2	1.00	Sussex	19968	576	482	1,058	481	2.20
New Castle	19899	190	6	196	189	1.04	Sussex	19969	1	1	2	1	2.00
Kent	19901	3,502	3,391	6,893	3,021	2.28	Sussex	19970	206	146	352	171	2.06
Kent	19902	2	5	7	1	7.00	Sussex	19971	489	367	856	412	2.08
Kent	19903	26	12	38	24	1.58	Sussex	19973	2,205	2,284	4,489	1,930	2.33
Kent	19904	2,167	2,041	4,208	1,847	2.28	Sussex	19975	377	427	804	346	2.32
Sussex	19930	19	13	32	18	1.78	Kent	19977	1,095	1,074	2,169	909	2.39
Sussex	19931	9	6	15	7	2.14	Kent	19979	27	20	47	22	2.14
Sussex	19933	930	955	1,885	795	2.37	Kent	19980	17	7	24	12	2.00
Total									53,078	50,998	104,076	46,349	2.25

Table 99:

TANF Program Recipients by Zip Code

Number of Cases and Clients by Zip Code who Receive Cash Assistance through Delaware's Temporary Assistance to Needy Families (TANF) Program, August 2009

County	Zip Code	Eligible adults	Eligible children	Total	Cases	Eligible Persons / case	County	Zip Code	Eligible adults	Eligible children	Total	Cases	Eligible Persons / case
New Castle	19701	43	157	200	102	1.96	Kent	19934	24	90	114	56	2.04
New Castle	19702	113	384	497	225	2.21	Kent	19936	1	6	7	3	2.33
New Castle	19703	71	183	254	114	2.23	Kent	19938	20	55	75	34	2.21
New Castle	19706	3	19	22	10	2.20	Sussex	19939	13	45	58	20	2.90
New Castle	19707	2	9	11	7	1.57	Sussex	19940	14	47	61	26	2.35
New Castle	19708			0			Sussex	19941	18	49	67	32	2.09
New Castle	19709	55	155	210	96	2.19	Kent	19943	23	89	112	47	2.38
New Castle	19711	50	157	207	97	2.13	Sussex	19944			0		
New Castle	19713	72	230	302	144	2.10	Sussex	19945	8	58	66	32	2.06
New Castle	19714	1	4	5	1	5.00	Kent	19946	13	39	52	27	1.93
New Castle	19720	195	687	882	431	2.05	Sussex	19947	44	218	262	118	2.22
New Castle	19730		1	1	1	1.00	Sussex	19950	10	55	65	34	1.91
New Castle	19731		1	1	1	1.00	Sussex	19951	2	11	13	5	2.60
New Castle	19733	1	1	2	1	2.00	Kent	19952	43	130	173	73	2.37
New Castle	19734	12	49	61	28	2.18	Kent	19953	10	36	46	20	2.30
New Castle	19736			0			Kent	19954	2	14	16	6	2.67
New Castle	19801	280	787	1067	446	2.39	Kent	19955	1	4	5	3	1.67
New Castle	19802	313	924	1237	533	2.32	Sussex	19956	82	218	300	136	2.21
New Castle	19803	8	22	30	17	1.76	Sussex	19958	18	51	69	35	1.97
New Castle	19804	27	93	120	57	2.11	Sussex	19960	18	57	75	36	2.08
New Castle	19805	343	1072	1415	615	2.30	Kent	19961			0		
New Castle	19806	9	22	31	17	1.82	Kent	19962	27	105	132	59	2.24
New Castle	19807		3	3	3	1.00	Sussex	19963	68	231	299	130	2.30
New Castle	19808	39	132	171	76	2.25	Kent	19964	1	2	3	2	1.50
New Castle	19809	59	189	248	102	2.43	Sussex	19966	69	228	297	118	2.52
New Castle	19810	7	35	42	24	1.75	Sussex	19967			0		
New Castle	19850			0			Sussex	19968	16	49	65	27	2.41
New Castle	19899	2	3	5	3	1.67	Sussex	19969			0		
Kent	19901	186	573	759	311	2.44	Sussex	19970	8	23	31	13	2.38
Kent	19902			0			Sussex	19971	14	55	69	28	2.46
Kent	19903	1	1	2	1	2.00	Sussex	19973	101	334	435	197	2.21
Kent	19904	116	350	466	196	2.38	Sussex	19975	17	59	76	30	2.53
Sussex	19930	1	5	6	1	6.00	Kent	19977	58	190	248	112	2.21
Sussex	19931			0			Kent	19979	1	3	4	1	4.00
Sussex	19933	37	126	163	80	2.04	Kent	19980	2	5	7	3	2.33
Total									2,792	8,930	11,722	5,203	2.25

Delaware's Temporary Assistance to Needy Families (TANF) program offers time limited cash assistance to families with work and personal responsibility requirements.
Source: Delaware Health and Social Service

Juvenile Crime

Table 100:

Juvenile Crime Arrests

Number of Statewide Juvenile Arrests, National Incident Based Crime (NIBRS)
Delaware, 2000–2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Juvenile Violent Crimes									
Criminal Homicide	4	1	3	0	3	5	5	3	4
Kidnapping / Abduction	8	16	16	29	17	21	22	27	16
Sex Offenses, Forcible*	44	47	42	47	40	89*	84	76	67
Robbery	108	116	134	169	120	175	211	224	197
Assault	1,611	2,024	1,892	1,941	2,042	2,105	2,046	2,002	1,946
Weapons Law Violations	97	94	120	145	155	145	164	137	153
Total Violent Crime Arrests	1,872	2,298	2,207	2,331	2,377	2,540	2,532	2,469	2,383
Violent Crime Arrest Rate per 1,000 Juveniles	9.6	11.8	11.2	11.7	11.8	12.5	12.4	12.1	11.6
Drug and Narcotic Offenses									
	626	626	749	826	760	880	873	842	748
Serious Property Crimes									
Arson	51	39	44	32	33	59	65	34	37
Extortion / Blackmail	2	0	1	0	2	2	0	0	0
Burglary	246	293	288	320	357	314	356	318	306
Larceny / Theft	926	1,146	988	1,106	1,071	1,028	979	1,189	1,243
Motor Vehicle Theft	99	82	92	99	80	60	50	49	37
Total Serious Property	1,324	1,560	1,413	1,557	1,543	1,463	1,450	1,590	1,623
Other Property and Social Crimes									
Counterfeiting / Forgery	20	24	22	10	18	16	9	19	8
Fraud	104	130	119	127	107	98	114	117	130
Embezzlement	23	28	23	20	13	28	21	20	13
Stolen Property	233	170	192	169	120	107	130	118	149
Property Destruction / Vandalism	325	322	394	296	342	348	403	399	329
Sex Offenses	0	2	2	5	3	7	2	2	3
Pornography/ Obscene Material	1	2	1	1	1	0	3	2	0
Gambling Offenses	0	3	3	1	4	3	2	1	1
Prostitution	0	0	0	0	1	0	0	0	2
Bribery	0	0	0	0	0	0	0	1	0
Total Other Property and Social Crimes	706	681	756	629	609	607	684	679	635
Totals of all Juvenile Arrests**	4,528	5,165	5,125	5,343	5,289	5,490	5,539	5,580	5,389
Juvenile Arrest Rate per 1,000 population	23.3	26.4	26.0	26.8	26.4	27.1	26.3	27.2	26.2

* In 2005, Sexual Contact statutes (fondling and unlawful sexual contact) were added to forcible sex crimes. Prior to that rape type offenses were the only forcible sex crimes.

** Arrest information is only provided for Group A NIBRS crimes which are shown above.

Source: Delaware Statistical Analysis Center OMB/MS December 2008

Table 101:

School Conduct Report

Delaware, School Years 2004/05 – 2008/09

			State Totals		
	04/05	05/06	06/07	07/08	08/09
Offenses required to be reported under Title 14, Delaware Code §4112 and/or DOE policy					
School Crimes (Title 14, Delaware Code §4112)	1,945	1,349	1,160	1,194	1,291
Violent Felonies (Title 11, Delaware Code §4201(c))	80	40	20	73	101
Gun-Free School Offenses: Handgun, Rifle, Shotgun, Starter Gun, Explosives / Incendiary Device	3	4	6	9	10
Weapon Offenses: Destructive Weapon, Dangerous Weapon, Dangerous Instrument, Pellet Gun, BB Gun, Knife, Razor Blade / Box Cutter, Brass Knuckles, Bat, Club, Martial Arts Throwing Star	165	242	202	224	273
Drug Offenses (Title 16, Delaware Code)	363	316	268	288	304
Assault III (Title 11, Delaware Code §611)	341	221	190	141	141
Unlawful Sexual Contact (Title 11, Delaware Code §767)	51	21	14	19	12
Offensive Touching of an Employee / Volunteer (Title 11, Delaware Code §601)	703	373	330	306	327
Terroristic Threatening of an Employee / Volunteer (Title 11, Delaware Code §621)	239	132	130	134	123
Department of Education (DOE) Offenses	5,189	9,216	9,400	9,663	10,790
Pornography: Possession and Production	7	22	19	18	25
Bomb Threats (reported as "Terroristic Threatening of an Employee / Volunteer" starting 2007-08)	8	16	21	–	–
Criminal Mischief (Vandalism)	332	214	169	236	305
Tampering with Public Records	183	20	16	2	2
Alcohol, Possession and Use	108	92	94	75	101
Felony Theft Offenses (\$1,000 or More)	10	4	2	11	2
Bullying	269	474	570	578	577
Offensive Touching of a Student	1,558	3,478	3,609	3,127	3,318
Terroristic Threatening of a Student	259	242	308	294	275
Sexual Harassment (Title 11, Delaware Code § 763)	113	140	114	131	118
Fighting / Disorderly Conduct	2,278	4,427	4,406	5,153	5,424
Inhalants	4	4	0	1	0
Drug Paraphernalia	60	82	72	37	47
Tobacco Possession and/or use	**	**	**	**	561
Steroids Possession and/or use	**	**	**	**	0
Medications: Inappropriate Possession and/or use	**	**	**	**	35

** New reporting category starting 2008-09
Source: Delaware Department of Education

Table 102:

Unemployment

Percentage Unemployment by Race and Gender
U.S. and Delaware, 1990–2009

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
U.S.	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9	4.5	4.2	4.0	4.8	5.8	6.0	5.5	5.1	4.6	4.6	5.8	9.3
Male	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.4	4.1	3.9	4.8	5.9	6.3	5.6	5.1	4.6	4.7	6.1	N/A
Female	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.6	4.3	4.1	4.7	5.6	5.7	5.4	5.1	4.0	4.5	5.4	N/A
White	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2	3.9	3.7	3.5	4.2	5.1	5.2	4.8	4.4	4.0	4.1	5.2	N/A
Black	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0	8.9	8.0	7.6	8.7	10.2	10.8	10.4	10.0	8.9	8.3	10.1	N/A
Delaware	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0	3.8	3.5	4.0	3.5	4.2	4.4	4.1	4.2	3.6	3.4	4.8	8.0
Male*	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4	3.7	4.1	4.0	3.7	4.4	4.2	3.9*	4.0	3.8	3.5	5.5	10.1
Female*	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6	3.9	2.9	4.0	3.3	4.0	4.5	4.0*	4.7	3.2	3.5	4.4	6.9
White	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3	2.9	2.6	3.4	3.1	3.7	3.8	3.5	3.4	3.0	3.2	4.1	7.5
Black	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7	6.7	6.7	6.0	5.1	6.8	7.2	6.1	8.1	5.6	4.5	8.1	12.7

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

Table 103:

Productivity-Pay Gap

Hourly Productivity and Real Wage Growth, U.S., 1995–2006

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Median Wage	100.0	99.5	101.9	104.8	108.0	107.7	110.0	111.0	112.2	112.2	110.8	111.4
High School Wage	100.0	99.6	101.5	103.5	105.0	105.8	107.2	108.8	109.3	108.7	107.3	107.6
College (BA) Wage	100.0	99.0	102.1	106.3	109.0	111.3	113.7	113.9	113.7	112.6	112.7	113.2
Productivity	100.0	102.1	104.4	107.2	110.8	113.1	114.3	118.8	122.6	126.2	128.6	131.0

Source: Mishel et al, The State of Working America 2006/2007. An Economic Policy Institute Book, Ithaca, NY: Cornell University Press, 2007

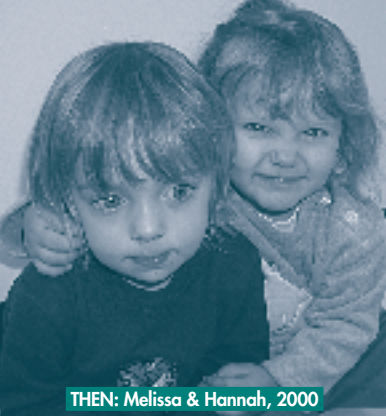
Table 104:

Adult Crime Arrest Rates

Adult Arrest Rates per 1,000 Adults 18 and Over,
National Incident Based Crime (NIBRS), Delaware, 2000–2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total Arrest Rates	27.2	31.1	32.9	33.9	32.7	34.2	35.9	38.2	37.8
Violent Crimes	12.7	14.2	14.3	14.1	13.4	13.7	14.3	15.5	14.1
Drug and Narcotic Offenses	4.5	5.2	6.1	7.4	7.2	8.5	8.9	9.1	9.1
Serious Property Crimes	4.8	5.5	5.9	6.1	6.1	5.9	7.9	7.1	7.6
Other Property / Social Crimes	5.1	6.2	6.5	6.3	6.1	6.1	6.3	6.5	6.2

Source: Delaware Statistical Analysis Center OMB/MS December 2006



THEN: Melissa & Hannah, 2000



NOW: Hannah, Jordan, & Melissa



THEN: Kundai, Mukai, Melissa, & Jenny, 2001



NOW: Ellie & Melissa

Families Count in Delaware Resource Guide

**Delaware
Information Helpline**
4-1-1

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

State of Delaware Web Site
www.delaware.gov



THEN: Hannah & Jordan, 2000

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

Division of Substance Abuse
and Mental Health
302-255-9399

Office of the Governor,
Dover Office 302-744-4101
Wilmington Office 302-577-3210
Statewide 1-800-292-9570



NOW: Jenny & Jordan



THEN: Melissa & Ellie, 2000



NOW: Mukai, Geoff, Melissa,
Jamie, & Kundai



THEN: Geoff & Melissa, 2000



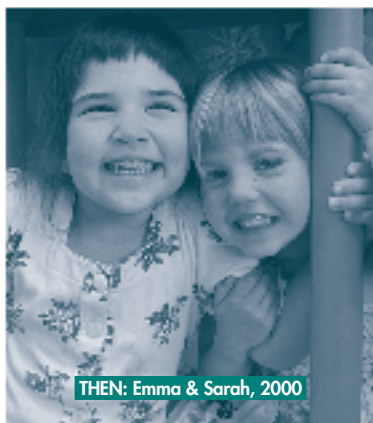
THEN: Jenny, 2001



THEN: Micah, 2000



NOW: Micah & Sarah



THEN: Emma & Sarah, 2000



NOW: Emma



THEN: Kundai, 2001



1995



1996



1997



1998



1999



2000



2001



2002



2003



2004



2005



2006



2007



2008



2009

