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ABSTRACT

This KIDS COUNT report details statewide trends in the well-being of Delaware's children. The statistical profile is based on 10 main indicators of child well-being: (1) births to teens; (2) low birth weight babies; (3) infant mortality; (4) child deaths, age 1-14 years; (5) teen violent deaths by accident, homicide, and suicide; (6) juvenile violent crime arrests; (7) high school dropouts; (8) teens not in the labor force and not in school; (9) children in poverty; and (10) children in one-parent households. In addition, this year's report provides data on six new indicators important to Delaware: (1) early care and education; (2) women and children receiving Women, Infants, and Children (WIC) support; (3) children without health insurance; (4) alcohol, tobacco, and other drugs; (5) child abuse and neglect; and (6) foster care. Indicators for infant mortality rate; child death rate; teen deaths by accident, homicide and suicide; high school dropouts; and teens not in school or in the labor force show improvement or are above the national average. The percentage of children in poverty remains below the national rate, but shows a rising trend in the state. Of concern are increasing rates of births to teens, juvenile violent crime arrests, low birth weight babies, and children in one-parent households. The report's appendix contains 34 tables of data related to the indicators. (EV)

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**kids
count**
IN DELAWARE

KIDS COUNT IN DELAWARE FACT BOOK 1997



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Dear Friends:

As residents of the State of Delaware and stewards of future generations, we have the tremendous responsibility of caring for all our state's children. The numbers, charts, and stories in this KIDS COUNT Fact Book speak to us—as well as speak for us—in our efforts to forge a healthier Delaware for all our youth.

These pages tell the story of a state improving on a number of fronts—including a decline in infant mortality and lower child and teen death rates. Other statistics bear witness to the fact that our work is far from complete as we strive to strengthen families from Talleyville to Selbyville.

A philosopher once said that “mankind owes to the child the best we have to give.” As I go through each day as your governor, I keep in mind my two young sons and my dreams for their futures—a future filled with achievement, happiness, and success. It is these dreams that I want for all of Delaware's children. I hope educators, policy makers, planners and residents will find ways to use this book to forge better lives for all our children—giving a fighting chance to achieve their dreams, no matter what they may be.

Sincerely,



Thomas R. Carper
Governor



Governor Carper with Delaware teens discussing the KIDS COUNT in Delaware project “Kids Voices Count”

KIDS COUNT IN DELAWARE

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



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



A Message from KIDS COUNT in Delaware

For most of Delaware's children, our state is a good place for children to live and grow. Yet, despite this, we know there are many children facing serious problems such as poverty, health problems, abuse, juvenile crime, teenage pregnancy, and failure in school. *KIDS COUNT in Delaware Fact Book 1997* is the third annual profile of the conditions of Delaware's children. A collaborative project led by the University of Delaware's Cooperative Extension Service, the Center for Community Development and Family Policy and Delaware ACTION for Children and Families, KIDS COUNT brings together the best available data to measure the health, economic, educational and social well-being of children.

KIDS COUNT in Delaware is one of fifty-one similar projects throughout the United States funded by the Annie E. Casey Foundation. This initiative is based on the belief that the more the public and policy makers know about the status and needs of children, the greater the likelihood those needs will be addressed.

In this edition, the data for Delaware children on ten tracking indicators are presented and compared with national benchmark data collected and published in the Annie E. Casey Foundation's KIDS COUNT Data Book. It is intended that the reader will obtain an accurate profile of the status of Delaware's children. Additional data and background resources have been included in areas of emerging concern such as early childhood care and education, school suspensions and expulsions, and alcohol, drug and tobacco use. KIDS COUNT in Delaware will continue to collect information on children's health insurance coverage as we track that indicator in the context of the anticipated impact of the recently passed national Children's Health Insurance legislation. The expanded information on teen pregnancy continues as the statewide upward trends have not abated. It should be noted that we have used the most recent Delaware data that is available.

What does KIDS COUNT in Delaware ask that you do with this information?

Use the data in reports, presentations, program development, grant proposals and lobbying.

Advocate for the well-being of Delaware's children with the data as a valuable and necessary resource.

Share the data with everyone who is or should be interested in the future of our children.

It is the hope of KIDS COUNT in Delaware that the Fact Book will empower community leaders, policy makers, advocates, and individuals to work toward changes that will improve the quality of life for all of Delaware's children. We hope this book will give you the facts you need to make the case for our children.

Let's show our kids that they *do* count.

Nancy Wilson, Ph.D.
Chair
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Steven A. Dowsben, M.D.
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KIDS COUNT in Delaware

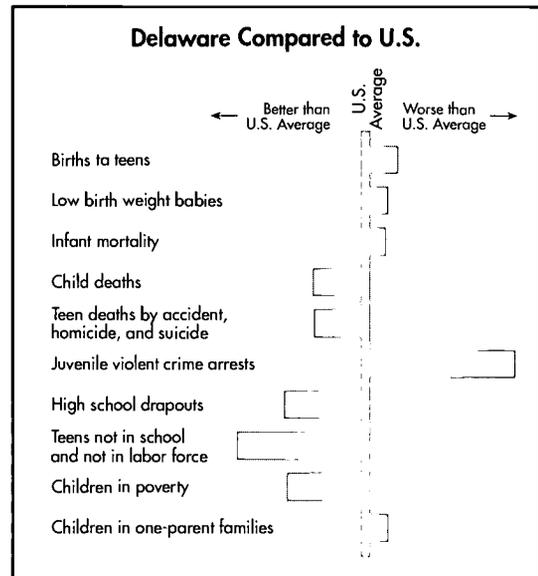
Just as the photographs in this book present a variety of faces of Delaware's children, the *Fact Book 1997* presents a variety of indicators to portray a balanced perspective for considering their well-being. Within the ten indicators used by the Annie E. Casey Foundation National Data Book are several new areas specifically relating to Delaware: alcohol, drug and tobacco use, school suspensions and expulsions, early care and education, children without health insurance, and free and reduced price school meals. Additionally several areas have been expanded with Impact Statements and sources for further information. The appendix contains supporting documentation for many of the graphs in the beginning of the book.

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

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

The featured indicators are:

- Births to teens
- Low birth weight babies
- Infant mortality
- Child deaths
- Teen deaths by accident, homicide and suicide
- Juvenile violent crime arrests
- High school dropouts
- Teens not in the labor force and not in school
- Children in poverty
- Children in one-parent households



Delaware has seen improvements in five of the National KIDS COUNT indicators while there is cause for concern in the remaining five:

- *The infant mortality rate, child death rate, teen deaths by accident, homicide and suicide, high school dropouts, and teens not in school and not in the labor force indicators show improvement or are above the national average.*
- *The percentage of children in poverty remains below the national rate, but shows a rising trend in the state.*
- *Of concern are the increasing rate of births to teens, juvenile violent crime arrests, low birth weight babies, and children in one-parent households.*

Making Sense of the Numbers

The information on each indicator is organized as follows:

- definition: a description of the indicator and what it means
- impact: the relationship of the indicator to child and family well-being
- related tables: information in the appendix relating to the indicators

Sources of Data

The data are reported primarily for three time frames

- 1) Annual data for 1995
- 2) Three-year and five-year averages through 1995 to minimize fluctuations of single-year data and provide more realistic pictures of children's outcome
- 3) 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:

- 1) The Center for Applied Demography and Survey Research, University of Delaware
- 2) Delaware Health Statistics Center, Delaware Health and Social Services
- 3) Department of Education, State of Delaware
- 4) Delaware State Data Center, Delaware Economic Development Office
- 5) Statistical Analysis Center, Executive Department, State of Delaware
- 6) Delaware Health and Social Services, State of Delaware
- 7) U.S. Bureau of the Census
- 8) National Center for Health Statistics, U.S. Department of Health and Human Services
- 9) Population Reference Bureau

Interpreting the Data

The Fact Book 1997 uses the most current, reliable data available. Where data was inadequate or unavailable, NA was used. For some data, only the decennial census has information at the county level.

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

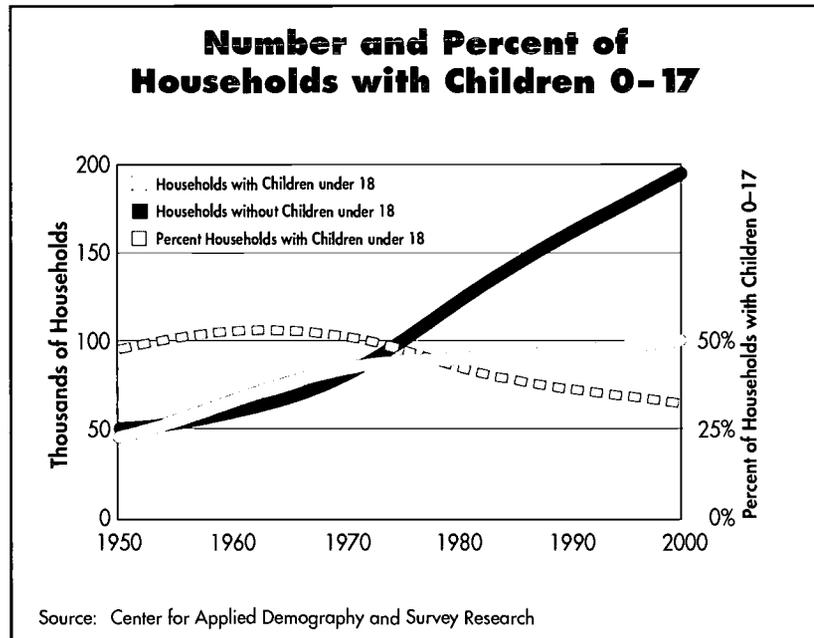
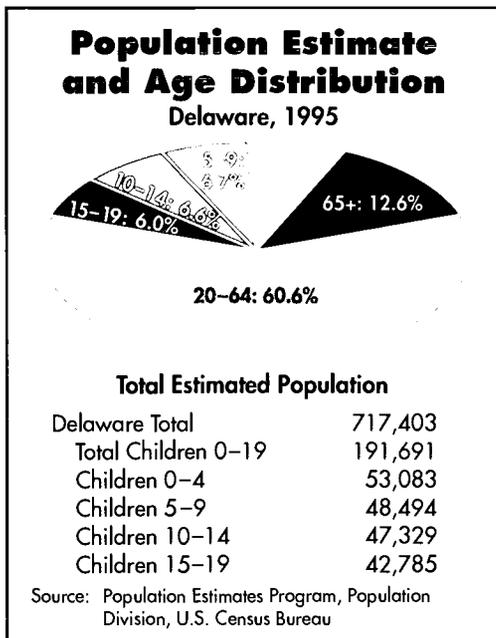
Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. KIDS COUNT has used the terminology reported by the data collection sources.

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

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

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

As the 1990 U.S. Census recedes farther into the past, use of this data become less reliable. However, it is helpful to provide this information to track trends.



One of the problems of providing accurate data is the lack of up-to-date information, for example, child poverty. The source of child poverty facts in the United States is the U.S. Census Bureau. Census data are measured in two-ways: once a decade (decennial) survey, and by the Current Population Survey. In a state such as Delaware with a small population, the standard sampling error would be somewhat larger than in a state with a larger population. For that reason we have portrayed the high school dropout rate in two ways: the sample size which shows trends and the Department of Education dropout numbers. There is a slight variation in those two graph due to the size of the population.

Numbers, Rates and Percentages

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

In this publication, indicators are expressed 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 percents or 1,000 or 100,000 for rates.

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

A Caution about Drawing Conclusions

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

Where county level data are presented, readers can see whether rates are "high" or "low", relative to the state and the United States, or in comparison with other county rates. 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 will contribute to that picture.

In the future, we expect the data used to assess child well-being in Delaware will be more timely and will contain more complete information on the state's racial- and ethnic-minority communities than is currently available.



Overview



Births to Teens

Per 1,000 Girls 15-17

Five Year Averages, 1991-95:

Delaware - 43.0

U.S. - 37.6

Low Birth Weight Babies

Percent of Live Births

Five Year Averages, 1991-95:

Delaware - 7.8

U.S. - 7.2

Definitions

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

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

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

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

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

Infant Mortality

Rate Per 1,000 Live Births

Five Year Averages, 1991-95:

Delaware - 8.9

U.S. - 8.3

Child Deaths

Rate Per 100,000 Children 1-14

Five Year Averages, 1991-95:

Delaware - 22.5

U.S. - 29.4

Teen Deaths by Accident, Homicide, and Suicide

Per 100,000 Teens 15-19

Five Year Averages, 1991-95:

Delaware - 53.6

U.S. - 69.4*

*U.S. data for 1991-1995 was not available. 1990-1994 data was used for comparison.



Juvenile Violent Crime Arrests

Per 1,000 Children, 10-17

1995: Delaware - 8.1
U.S. - 4.8

High School Drop-Outs

Percent of Teens Ages 16-19

Three Year Averages, 1991-95: Delaware - 6.1
U.S. - 9.2

Teens Not Attending School and Not Working

Percent of Teens, Ages 16-19

Five Year Averages, 1991-95: Delaware - 4.1
U.S. - 10.0*

*U.S. data for 1991-1995 was not available. 1990-1994 data was used for comparison.

Children in Poverty

Percent of Children

Five Year Averages, 1991-95: Delaware - 14.5
U.S. - 22.3

Children in One-Parent Households

Percent of Children Ages 0-17

Five Year Averages, 1991-95: Delaware - 32.7
U.S. - 30.1

Definitions

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

High School Drop-Outs - percentage of youths 16-19 who are not in school and not high school grads

Teens Not Attending School and Not Working - percentage of teenagers 16-19 who are not in school and not employed

Children in Poverty - percentage of children in poverty; in 1995 the poverty threshold for a one-parent, two-child family was \$12,278. For a family of four with two children, the threshold was \$15,455.

Children in One-Parent Households - percentage of children living with one parent. Families with Children Headed by a Single Parent is a National KIDS COUNT indicator.

Births to Teens 15-17



Bearing a child during adolescence threatens the long-term development of the teen as well as her baby. These consequences are often attributable to the poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.¹ Compared with babies born to older mothers, babies born to teen mothers, are at higher risk of low birth weight and infant mortality.² They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn a high school diploma.³

Being a teen mother seriously limits subsequent education and employment prospects.⁴ Nationally three out of five teen mothers drop out of school. Lifetime earnings are less than half of those of women who wait until age twenty before bearing their first child. Children born to teen parents are more likely to suffer poor health, have learning and behavior problems, live in poverty, go to prison, and become teen parents themselves.⁵

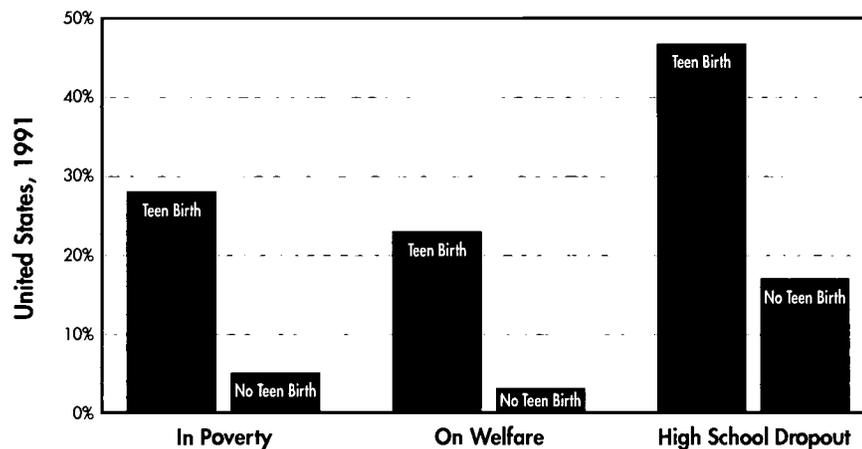
1. Males, M (1997). Women's Health: Adolescents. *Lancet*, 349 (supplement 1, pp. 13-16). Bacharach, C.A. and Carve, K. (1992). *Outcomes of Early Childbearing: An Appraisal of Recent Evidence. Summary of a Conference*. Bethesda, MD: National Institute of Child Health and Human Development.
- 2,3. *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing* (1996). Rebecca A. Maynard (Ed.). New York: The Robin Hood Foundation.
4. Child Trends, Inc. and the U.S. Census Bureau, *Trends in the Well-Being of America's Children and Youth: 1996* (1996). Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
5. *The State of America's Children Yearbook 1995* (1995). Washington D.C.: Children's Defense Fund.

Definition

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

Outcomes of Teen Motherhood

Comparison of women 20-30 years old who had a teen birth with women 20-30 years old who did not have a teen birth



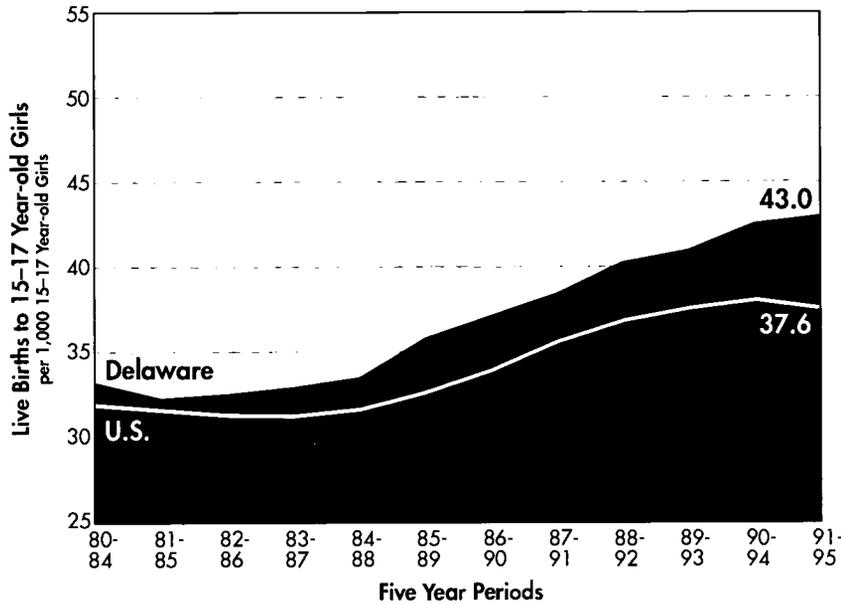
Source: Tabulations from Panel Study of Income Dynamics, by Saul Hoffman, University of Delaware

The birth rate for 15-17 year old females in Delaware has consistently been higher than the U.S. rate, and the gap appears to be widening. In 1994, 38 states had lower birth rates for 15-17 year old females than Delaware.

Sussex County continues to have the highest birth rates for this age group. However, birth rates in some areas of Wilmington exceed rates in Sussex County.

Births to Teens 15-17

Delaware Compared to U.S.

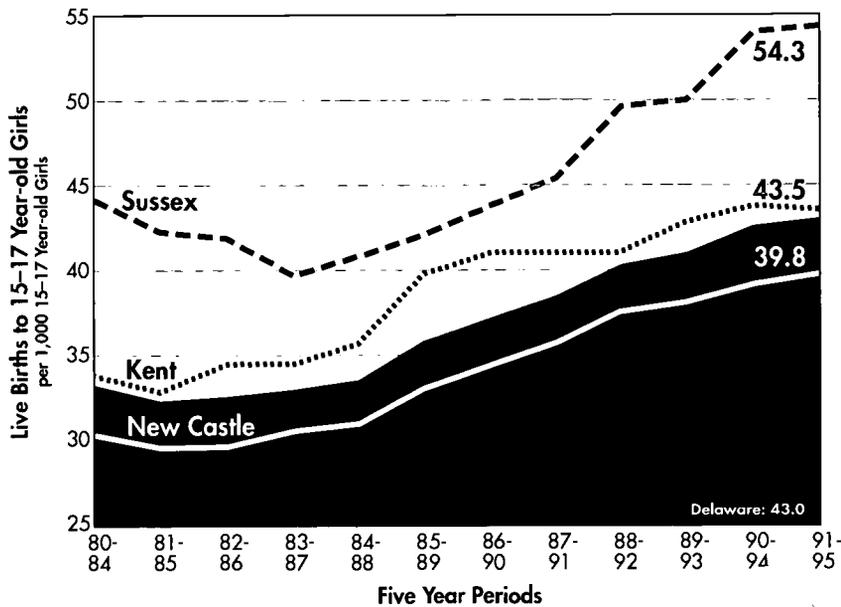


For more information see

Births to Teens 15-19	p. 14
Births to Unmarried Teens	p. 15
Low Birth Weight by Age and Race of Mother	p. 17
Infant Deaths by Age of Mother	p. 19
Children in Poverty by Household Structure	p. 31
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Tables 4-7	p. 48-51
Table 11	p. 53
Table 23	p. 55
Table 17	p. 58

Births to Teens 15-17

Delaware and Counties



Sources: Population Reference Bureau, National KIDS COUNT; Child Trends, Inc.; Center for Applied Demography and Survey Research

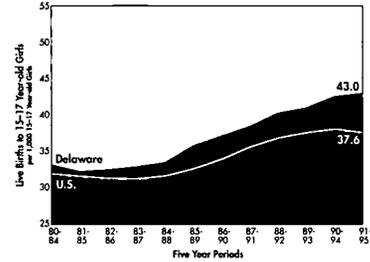


Births to Teens 15-19

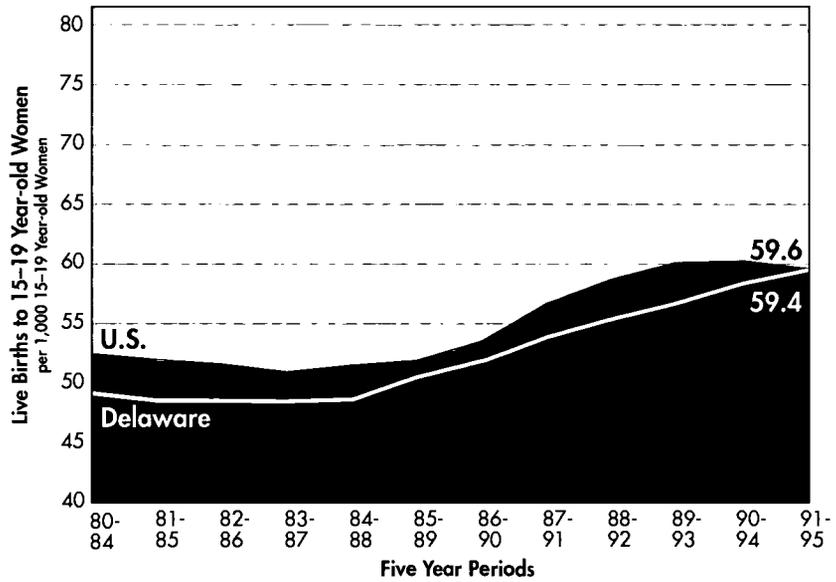


While the birth rate for all Delaware teens 15-19 is lower than the national rate, the birth rate for this age group in Kent and Sussex Counties exceeds both the state and the national rate.

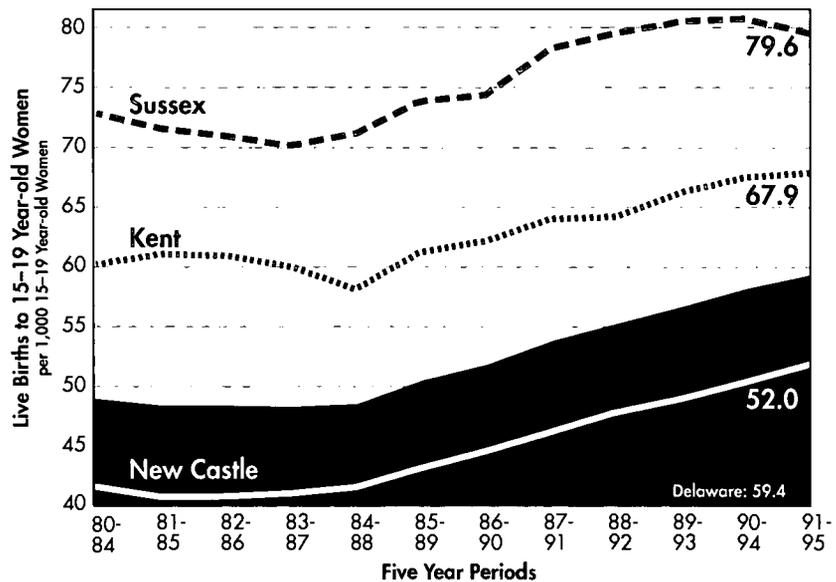
Births to Teens 15-17 as shown on page 13



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



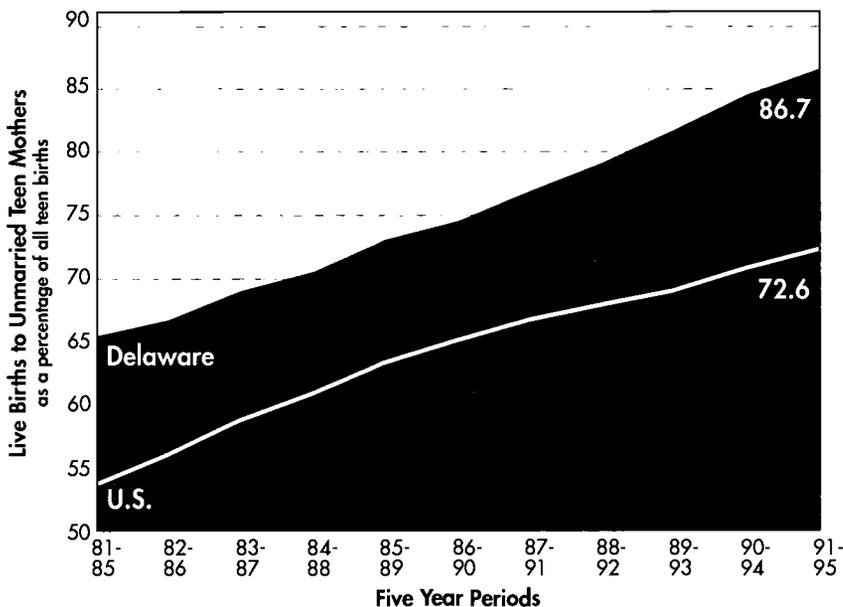
Births to Teens 15-19 Delaware and Counties



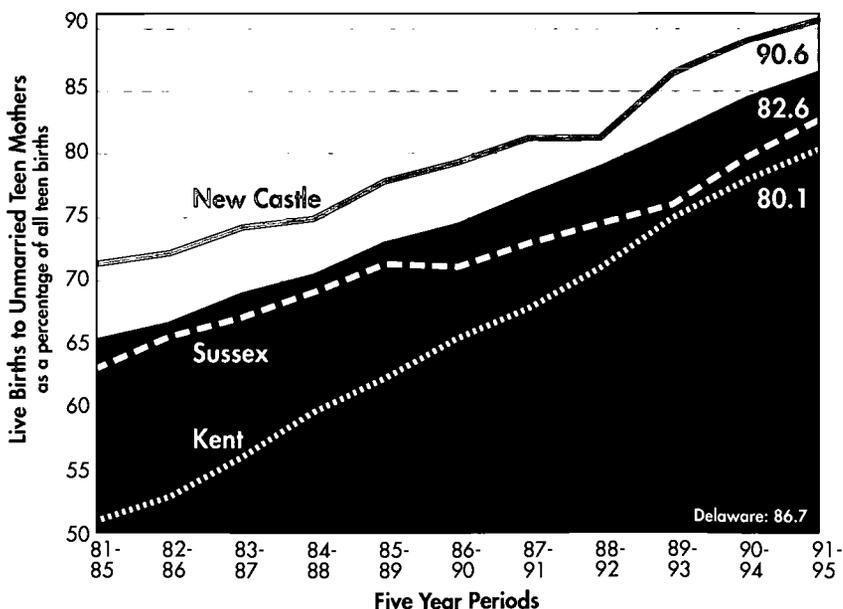
Source: Delaware Health Statistics Center

Teen mothers in Kent and Sussex are more likely to be married at the time of the child's birth than their New Castle counterparts. However, the rate of births to unmarried teens throughout Delaware exceeds the national rate while the overall trend is a continued increase in the rate.

Births to Unmarried Teen Mothers Delaware Compared to U.S.



Births to Unmarried Teen Mothers Delaware and Counties



Source: Delaware Health Statistics Center



Low Birth Weight Babies



Low birth weight, particularly very low birth weight, is the single most reliable predictor of infant mortality. Low birth weight is also associated with prolonged expensive hospitalizations, with persistent health problems throughout childhood and into adulthood, and with an increased risk for developmental delays and disabilities. Many low birth weight babies also have major birth defects.

Definitions

Neonatal – the period from birth to 27 days

Infancy – the period from birth to one year

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

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

Adequate Prenatal Care – frequency and quality as measured by the Kessner Index

For more information see

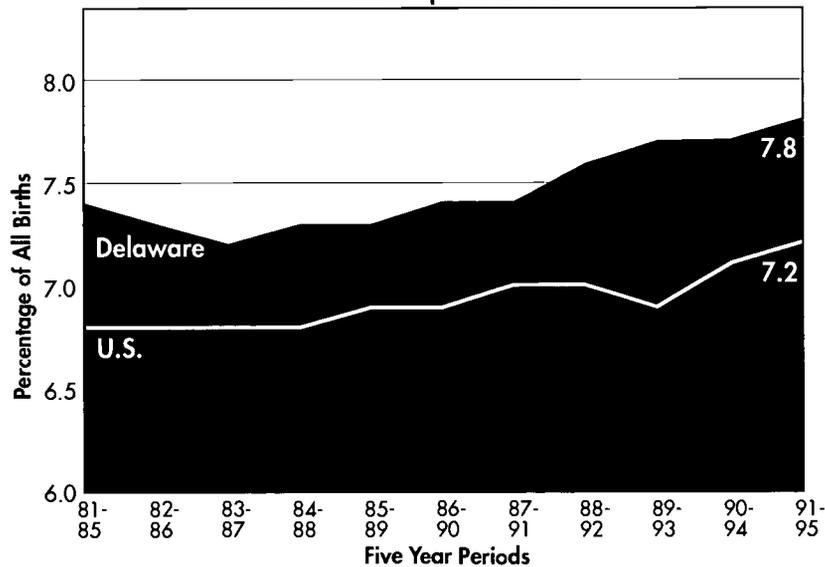
Infant Deaths by Birth Weight of Infant p. 19

Tables 8-14 p. 52-56

Tables 17-18 p. 58-59

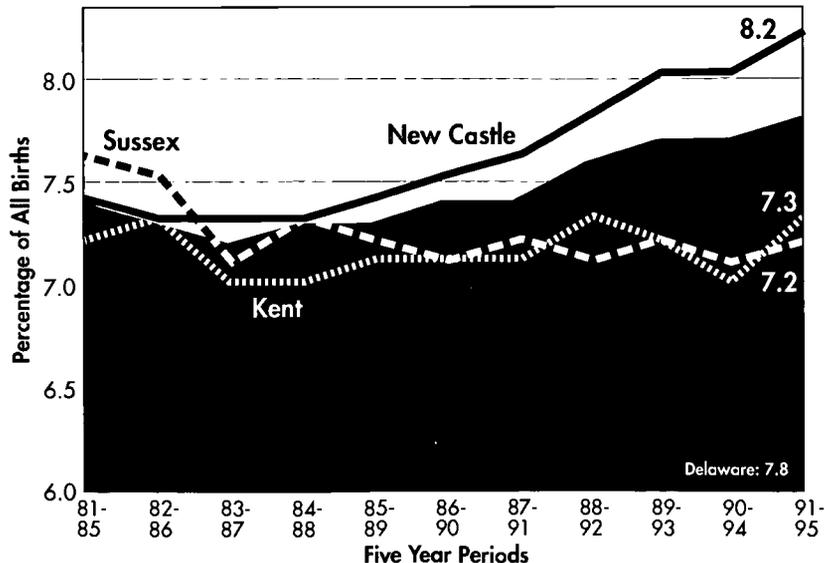
Low Birth Weight Babies

Delaware Compared to U.S.



Low Birth Weight Babies

Delaware and Counties



Source: Delaware Health Statistics Center



Women who do not get adequate prenatal care are more likely to give birth to low birth weight babies. The Kessner Index defines adequate prenatal care as (a) the first prenatal visit occurring during the first trimester of pregnancy and (b) periodic visits throughout pregnancy totaling nine

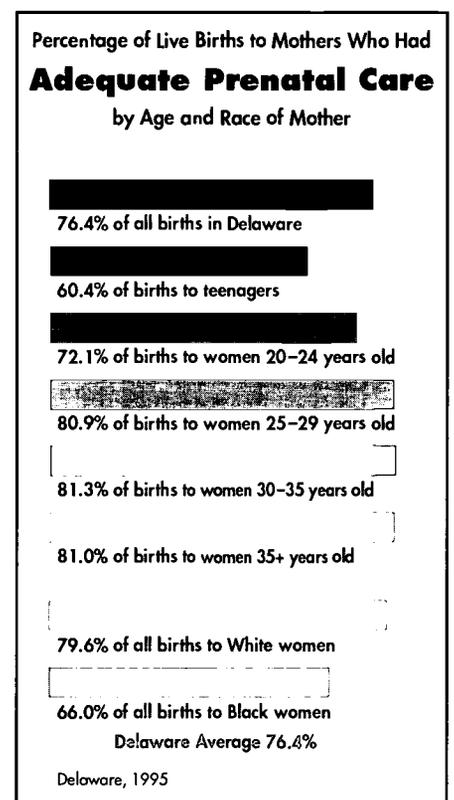
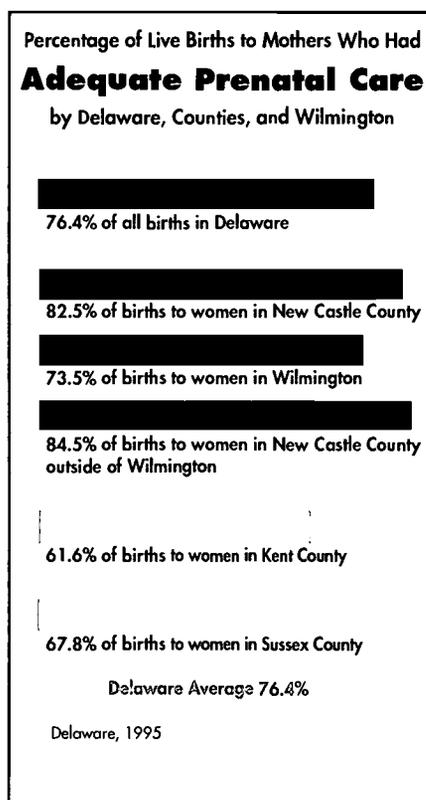
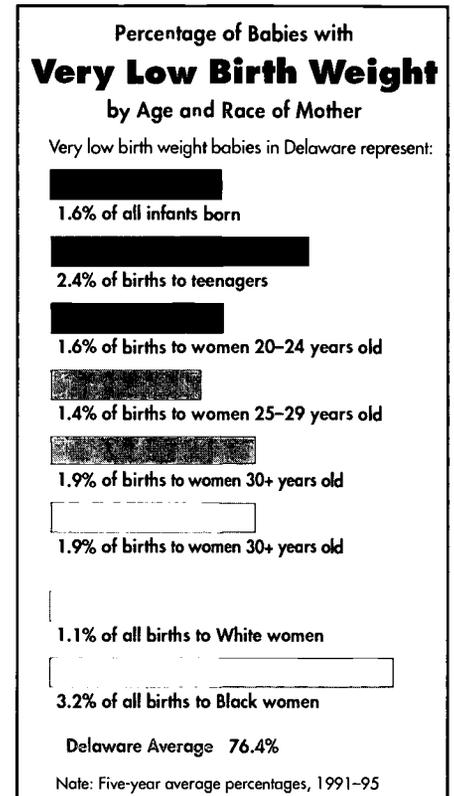
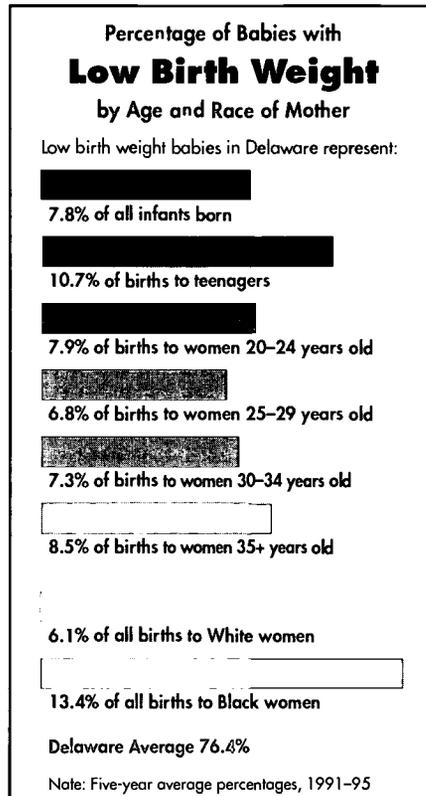
or more prenatal visits by the 36th week of gestation. Inadequate care is defined as (a) the first prenatal visit occurring during the third trimester of pregnancy or (b) four or fewer prenatal visits by the 34th weeks of gestation. When the time of the initial visit and the total number of prenatal visits falls between these parameters, the adequacy of prenatal care is rated intermediate.

Poor health habits during pregnancy, particularly at critical points in fetal development, contribute to low birth weight, physical and mental impairment, and infant mortality. Early prenatal care encourages mothers to reduce or abstain from drug, alcohol, and tobacco use during pregnancy and to eat healthy foods. Smoking during pregnancy has been linked to 20% to 30% of low birth weight babies.¹

Underlying the high rate of low birth weight among African-Americans in the United States (and in Delaware) is the higher rate of preterm delivery (babies born before 37 weeks gestation). The causes of preterm delivery are not well understood; the higher rates are not completely explained by differences in socioeconomic status, health status, and the use of tobacco and other drugs.²

The rate of low birth weight babies in Delaware continues to remain stable showing only a slight increase from 7.7 in 1994 to 7.8 in 1995. The national rate also shows a slight increase but remains relatively stable. However, it continues to be lower than Delaware, reaching 7.2 in 1995.

1. Chomitz, Virginia Rall, Lillian W.Y. Cheung, Ellice Lieberman, "The Role of Lifestyle in Preventing Low Birth Weight" in *The Future of Children: Low Birthweight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: The Center for the Future of Children.
 2. Paneth, Nigel S., "The Problem of Low Birthweight" in *The Future of Children: Low Birthweight*, Vol 5, No. 1 (Spring 1995). Los Altos, CA: The Center for the Future of Children.



Source for four charts above: Delaware Health Statistics Center



Infant Mortality



Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate is an important indicator of the well-being of infants, children and pregnant women because it is associated with a variety of factors, such as maternal health, prenatal care, quality and access to medical care and socioeconomic conditions.¹ In fact, infant mortality rates are closely linked to a community's social and economic conditions. Communities with multiple problems such as poverty, poor housing conditions, and unemployment tend to have higher infant mortality rates than more advantaged communities.²

Risk factors contributing to infant deaths include a lack of preventive health and prenatal care, inadequate nutrition, and poor living conditions.

Some of the health factors associated with infant deaths include congenital birth defects, complications resulting from early delivery, and low birth weight, and respiratory problems.³

1. Kleinman, J.C., Kiely, J.L. (1991). Infant Mortality. *Healthy People 2000 Statistical Notes*, Winter, (vol. 1, no. 2). Hyattsville, MD: National Center for Health Statistics
2. *The State of the World's Children: 1997* (1997). New York: United Nation's Children's Fund (UNICEF).
3. Paneth, Nigel S., "The Problem of Low Birth Weight" in *The Future of Children: Low Birth Weight* (1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

Definitions

Neonatal – the period from birth to 27 days

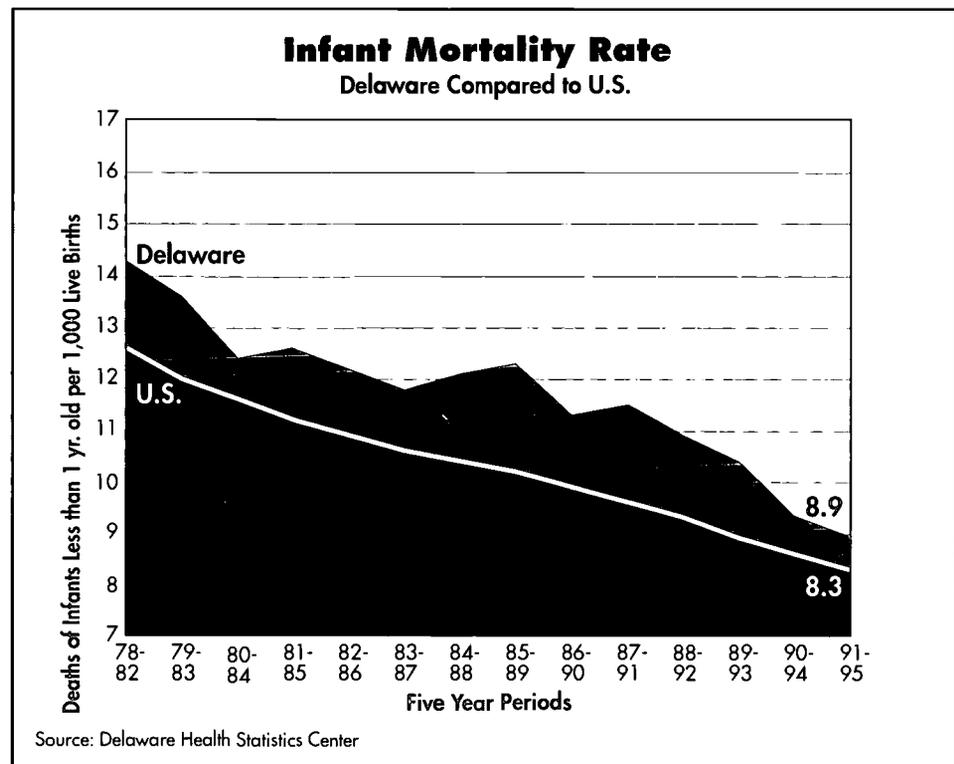
Post-neonatal – the period from 28 days to one year

Infancy – the period from birth to one year

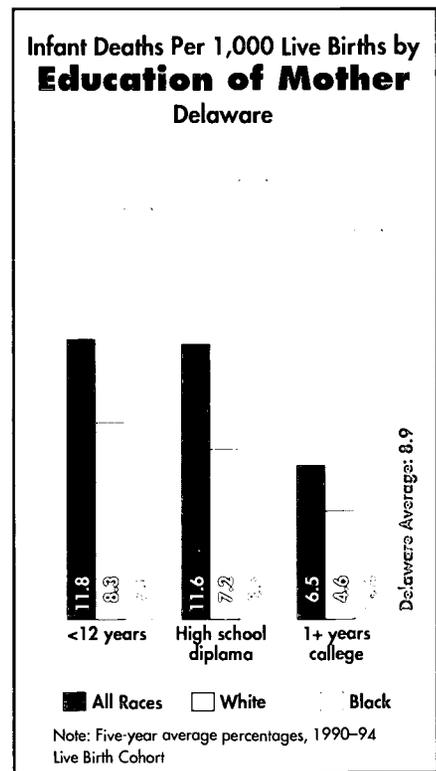
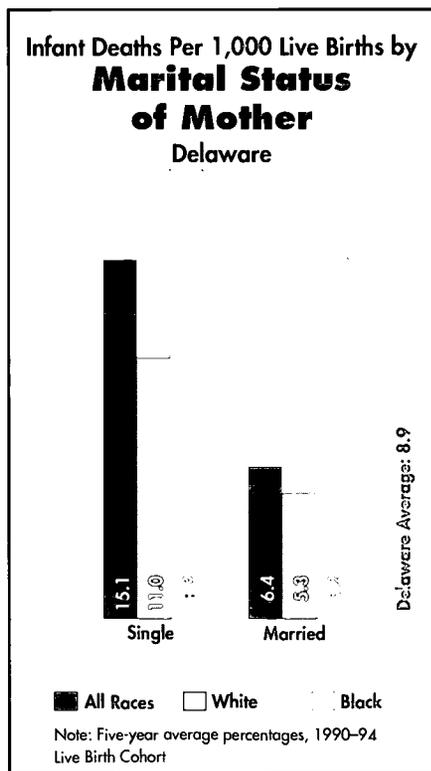
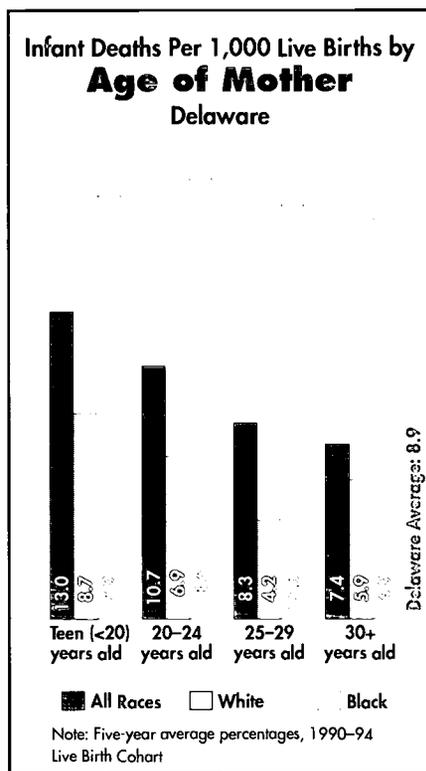
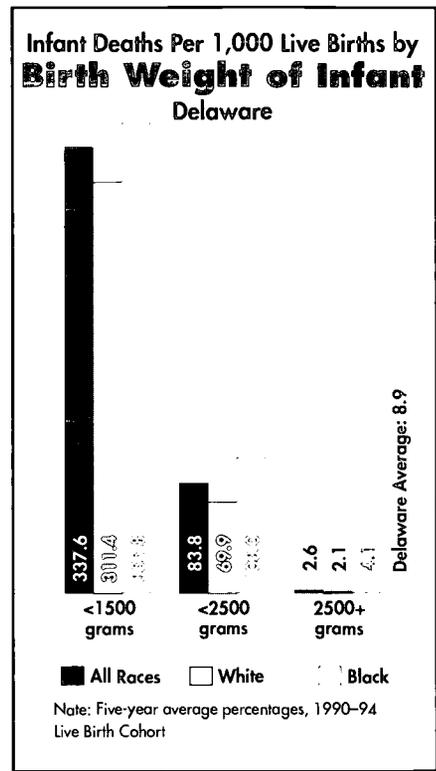
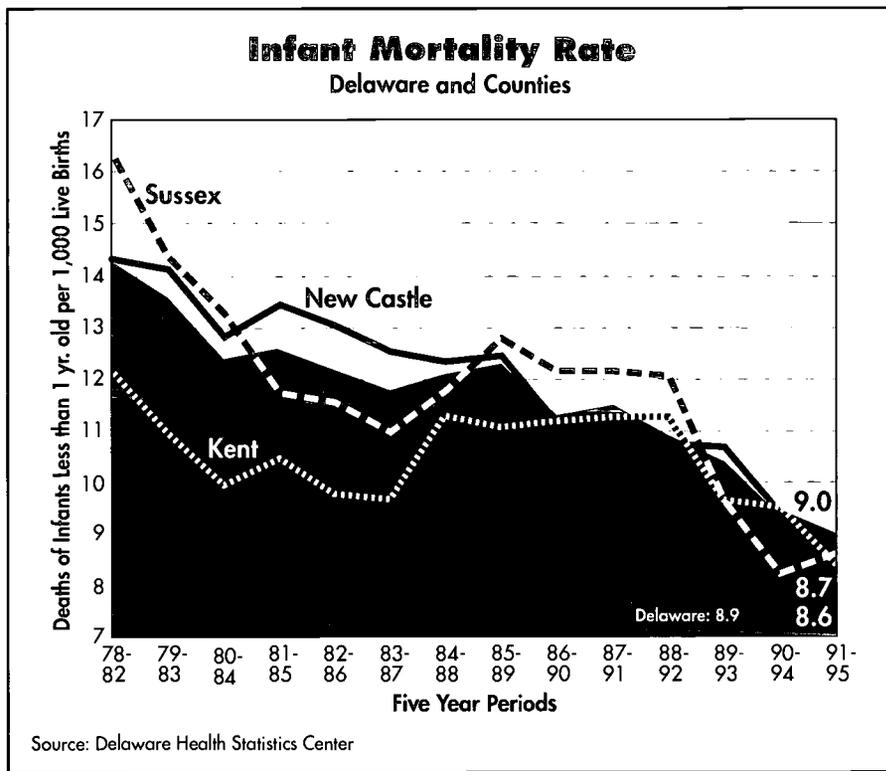
Infant Mortality Rate – deaths in the first year of life per 1,000 live births

For more information see

Tables 15-18 p. 56-59



While the infant mortality rate in Delaware has continued to decline, it remains higher than the national rate. For the period 1991-1995, the infant mortality rates in both New Castle and Kent have experienced a decline while the rate in Sussex has increased.



Source for five charts above: Delaware Health Statistics Center

Child Deaths Children 1-14 Years of Age

1993-1995

The child death rate reflects the physical health of children, dangers in their environment, their access to health care services, as well as the level of adult supervision.¹ Unintentional injuries are the leading preventable cause of child deaths, particularly for preschool children.²

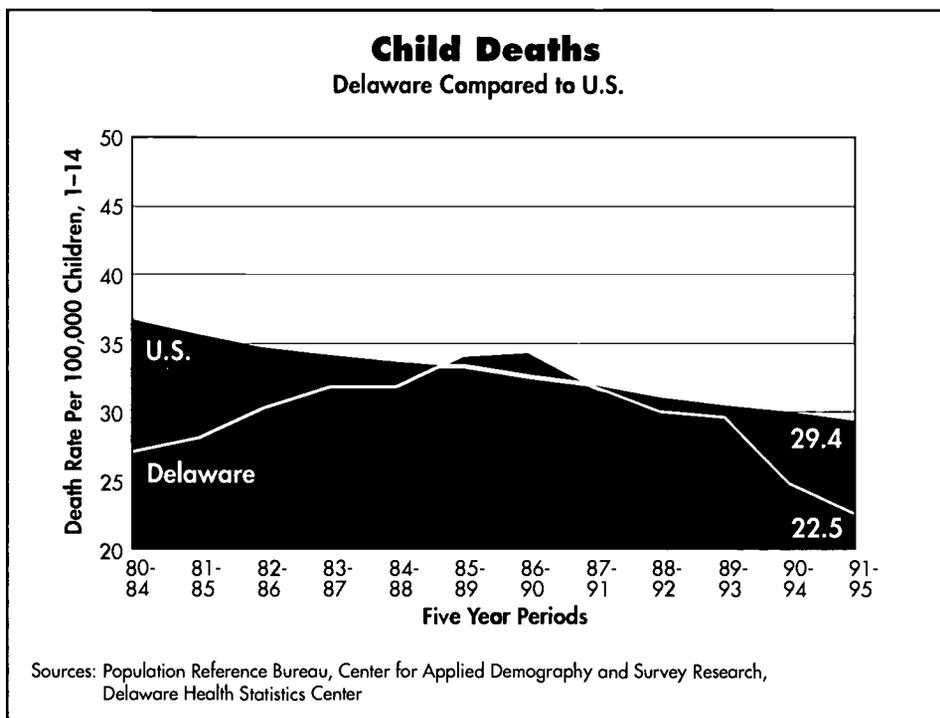
The number of deaths due to injuries presents only part of the picture. For every death due to injuries, there are many more injuries that require emergency room services or hospitalization.³ Many of the injuries that do not result in death leave children temporarily or permanently disabled, result in time lost from school, and decrease the child's ability to participate in activities.⁴

1. *A Data Book of Child and Adolescent Injury* (1991). Washington, D.C.: Children's Safety Network.
2. National Safe Kids Campaign (1996). *Childhood Injury: [Fact Sheet]*. Washington, D.C.: National Safe Kids Campaign.
- 3, 4. Lewit, Eugene M. and Linda Schurman Baker, "Unintentional Injuries" in *The Future of Children*, Vol. 5, Number 1 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

Definitions

Child Death Rate – number of deaths per 100,000 children divided by age groups: 1 to 4 and 5 to 14

Unintentional Injuries – accidents, including motor vehicle crashes

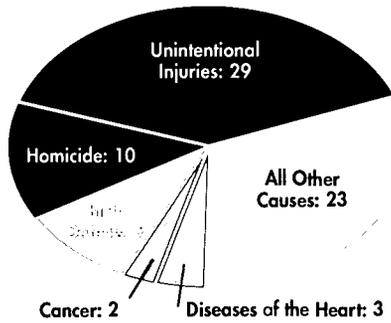


Number of Children 1-14 Who Died in 1995
in Delaware by County and Age

	1-4	5-9	10-14
Delaware	16	10	10
New Castle	7	4	7
Wilmington	2	0	3
Kent	2	0	0
Sussex	7	6	3

Causes of Death of Children 1-4

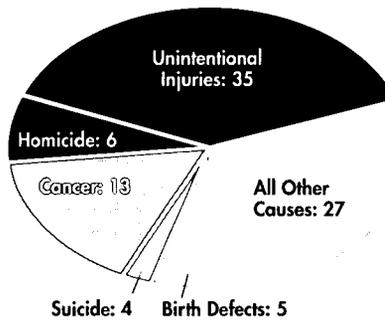
Delaware, 1991-1995



Total Number of Deaths
in five-year period: 74 Children

Causes of Death of Children 5-14

Delaware, 1991-1995



Total Number of Deaths
in five-year period: 91 Children

For more information see
 Infant Mortality p. 18-19
 Teen Deaths p. 22-23
 Child Abuse and Neglect p. 40
 Table 19 p. 60

Sources for three charts above: Delaware Health Statistics Center



Teen Deaths by Accident, Homicide, and Suicide



Teens are more likely than any other age group to take risks that can cause injury to themselves or others. Factors contributing to teen deaths include risk-taking behavior, the use of alcohol and drugs, and violence.¹ Compared with younger children, teens have much higher rates of death from motor vehicle crashes and firearm-related injuries.²

The leading cause of death among Delaware teens is unintentional injuries. Of the 134 deaths between 1991 and 1995, sixty-six were due to unintentional injuries: 50 of these were due to motor vehicle collisions.

Suicide and homicide claimed the lives of twenty-two teens in the same time period. It is estimated that for every successful suicide, there are between 50 and 200 unsuccessful attempts.

1. *Lost Generations: Adolescents in High Risk Settings* (1993). Washington, D.C.: National Academy Press.

2. Fingerhut, L.A., Annest, J.L., Baker, S.P., Kochanek, K.D., and McLaughlin, E. (1996). Injury mortality among children and teenagers in the United States, 1993. *Injury Prevention*.

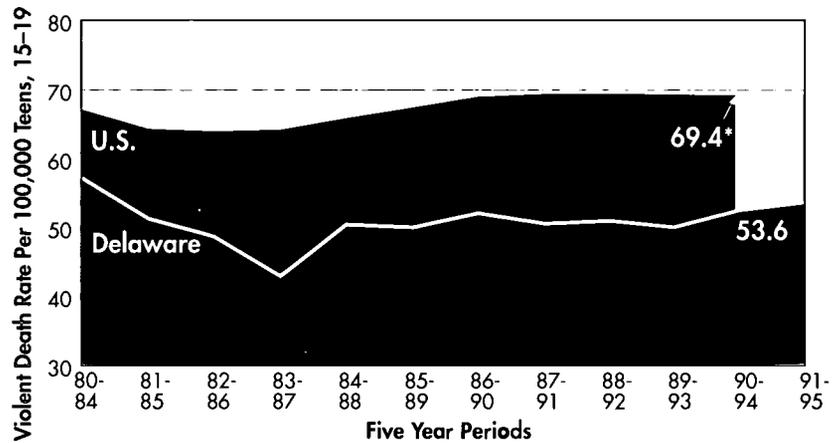
Definitions

Teen Death Rate – deaths per 100,000 youth 15–19 years old

Teen Violent Death Rate – number of violent deaths per 100,000 teenagers 15–19; includes accidents, homicides, and suicides

Unintentional Injuries – accidents, including motor vehicle crashes

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



* U.S. data for 1991–1995 was not available

Sources: Population Reference Bureau, Center for Applied Demography and Survey Research, Delaware Health Statistics Center

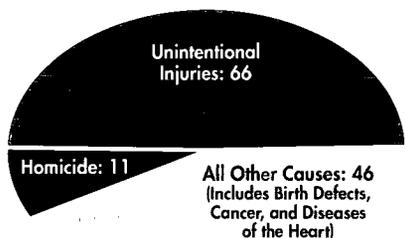
**Deaths by Accident, Homicide, and Suicide
of Youth 15-19 in 1995
in Delaware by Cause**

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

Total Number of Deaths: 27 Teens

For more information see
 Infant Mortality p. 18-19
 Child Deaths, 1-14 p. 20-21
 Alcohol, Tobacco,
 and Other Drugs p. 38-39
 Table 19 p. 60

**Causes of Death
of Teens 15-19
Delaware, 1991-1995**



Total Number of Deaths: 132 Teens

Sources: Delaware Health Statistics Center



Juvenile Violent Crime Arrests



Risk factors for juvenile crime and delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including chronic truancy and falling behind one or more grade levels, increase the likelihood of involvement with the juvenile justice system.¹ Juvenile violent incidents peak between 2 and 4 p.m. on school days, with roughly one in five violent crimes committed before 6 p.m.²

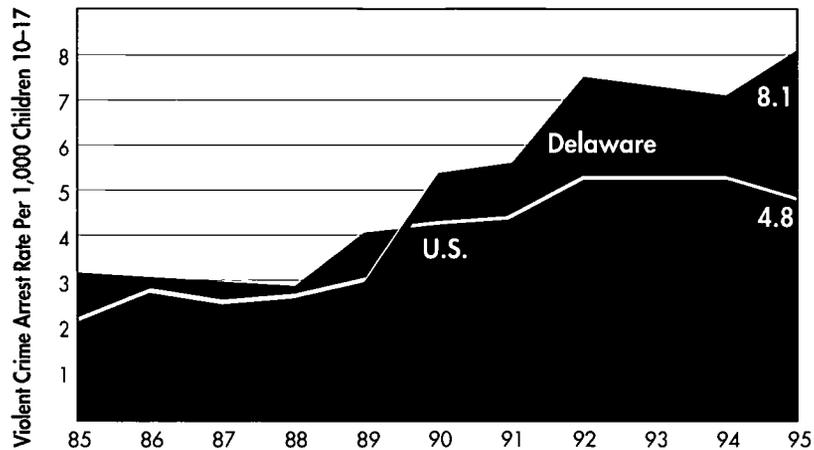
Far more youth are victims rather than perpetrators of crime. Victimization surveys, which are limited to individuals age 12 or older, reveal young people are three to four times more likely to be victims of violent crime compared to older Americans: 122 of every 1,000 youth ages 16–19 compared to about 40 of every 1,000 adults ages 35–49. In fact, a third of all victims of violent crimes were ages 12–19 in 1994.³

1. *Juvenile Offenders and Victims, A National Report* (1995). Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
2. *Juvenile Offenders and Victims: 1996 Update on Violence. Statistics Summary*. Washington, D.C., Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
3. *Bureau of Justice Statistics. National Crime Victimization Survey: Criminal Victimization 1994*. Bureau of Justice Statistics Bulletin, Washington, D.C., U. S. Department of Justice, April 1996.

Definitions

Juvenile Violent Crime Arrest Rate – the number of arrests for violent crimes per 1,000 children 10–17; violent crimes include murder and non-negligent manslaughter, manslaughter by negligence, forcible rape, robbery, and aggravated assault

Juvenile Violent Crime Arrests Delaware Compared to U.S.

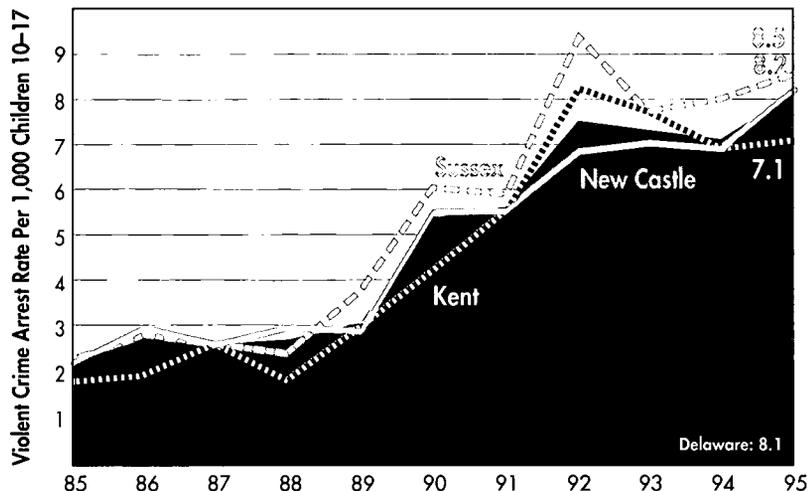


Source: Statistical Analysis Center

The rate of juvenile crime arrests in Delaware remains significantly higher than the rate for the U.S. Over half of the juveniles arrested in Delaware in 1995 were arrested in New Castle County. Sussex County had the highest rate of juvenile arrests and is the only Delaware county to have an increase in the number of juvenile arrests for four consecutive years.⁴

4. *Crimes in Delaware 1995: An analysis of Delaware crime*. (1997) Dover, DE: Statistical Analysis Center, State Bureau of Investigation.

Juvenile Violent Crime Arrests Delaware and Counties



Source: Statistical Analysis Center, State Bureau of Investigation

For more information see
Alcohol, Tobacco, and
Other Drugs p. 38-39
Tables 20-28 p. 61-64

Reporting of Student Conduct Incidents

House Bill 85, signed in July 1993, requires that evidence of certain incidents of student conduct occurring in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. The State Board of Education expanded the reporting requirements of House Bill 85 to include evidence of other incidents involving school children such as reckless endangering, unlawful sexual contact or robbery. (See table 25, page 63.)

Police charges were filed in 471 (31 percent) of the incidents reported to the Department of Education during the 1994-95 academic year. (See table 26, page 63.)

Of the 261 incidents reported involving possession and/or concealment of dangerous instruments, 125 of the weapons were knives. The remaining dangerous instruments included items such as BB guns, brass knuckles, box cutters, baseball bats and screwdrivers. The possession, use or consumption of alcohol accounted for 103 of the 140 reported incidents of possession of unlawful controlled substances. (See table 25, page 63.)

New legislation passed in 1997 further clarifies some of the definitions and reporting requirements of HB 85, now to be called the Student Conduct Reports.



High School Dropouts

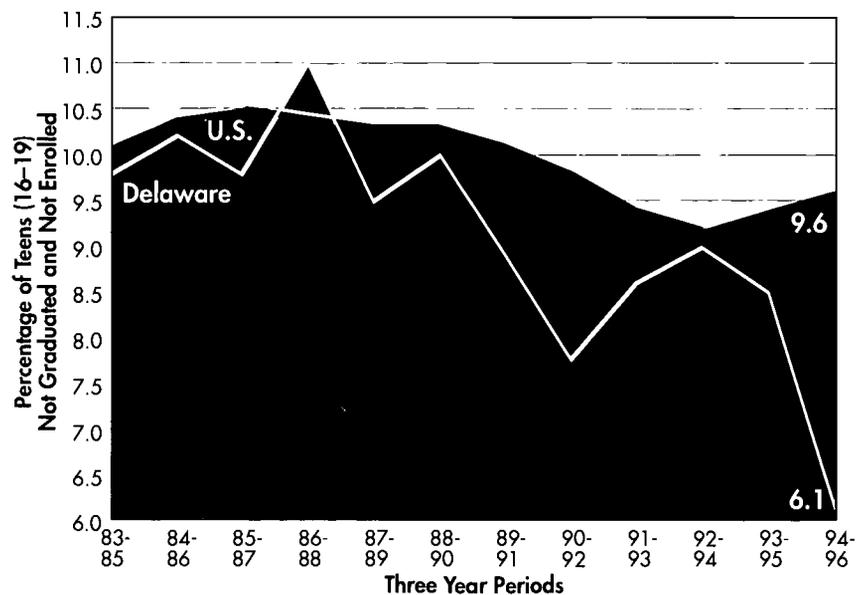


A high school diploma or its equivalent represents mastery of basic reading, writing and math skills a person needs to function in today's world. Youths who do not complete high school are more likely to be unemployed or underemployed throughout their lives. In 1992, students in the United States who dropped out of school earned less than \$13,000—one-third less than high school graduates.¹

Children and teens in economically disadvantaged communities and whose parents have little formal education are more likely to drop out of school. Early warning signs for a student likely to drop out of school include inability to read at grade level, poor grades, frequent truancy, behavior problems, substance abuse, and teen pregnancy.² Students can benefit from access to a broad range of community supports that address academic issues, health problems, inadequate nutrition, neighborhood and family violence, and other factors that can disrupt school performance.

1. *Putting Learning First: Governing and Managing Schools for High Achievement* (1994). New York: Committee for Economic Development.
2. *KIDS COUNT Data Book 1995: State Profiles of Child Well-Being* (1995). Baltimore, MD: Annie E. Casey Foundation; and *The State of America's Children Yearbook 1995* (1995). Washington, D.C.: The Children's Defense Fund.

Teens Not Graduated and Not Enrolled Delaware Compared to U.S.



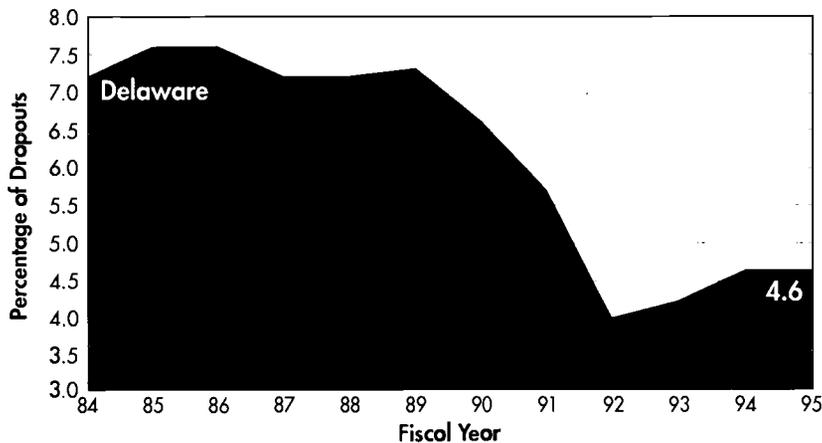
Note: Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout.

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



Public High School Dropouts



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

Source: Department of Education

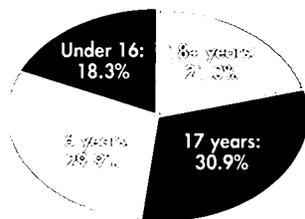
For more information see

Infant Deaths by Education of Mother	p. 19
Juvenile Violent Crime Arrests	p. 24-25
Teens Not in School and Not in the Labor Force	p. 28
Suspensions and Expulsions	p. 29
Alcohol, Tobacco, and Other Drugs	p. 38-39
Tables 29-34	p. 64-66

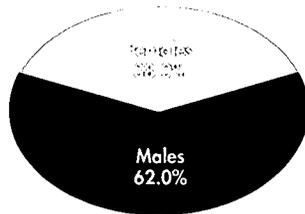
During the 1994-95 school year, 1389 of the 29,994 students enrolled in grades 9 through 12 left school. The state dropout rate of 4.6% is identical to the previous year's rate.

The graph indicates that the rate remained fairly constant at about eight percent annually for the first three years, then dropped somewhat until 1989, to within the 7.4-7.6 percent range. In 1989-90 the dropout rate definition was changed to allow transfers to adult schools or alternative secondary education programs not to be counted as dropouts. As the alternative education programs increased across the state, the dropout rate declined significantly.

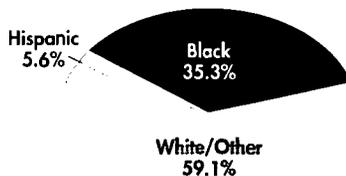
Percentage of Dropouts by Age, Gender, and Racial/Ethnic Group



% of all dropouts by age



% of all dropouts by gender



% of all dropouts by racial/ethnic group

School Year 1995-1996
Source: Department of Education

Dropout Rates by Racial/Ethnic Group

Delaware

All - 4.6

White/Other - 4.0

Hispanic - 7.5

Black - 5.8

New Castle County

All - 4.8

White/Other - 4.1

Hispanic - 7.5

Black - 5.9

Kent County

All - 4.3

White/Other - 3.8

Hispanic - 5.8

Black - 5.5

Sussex County

All - 4.5

White/Other - 3.8

Hispanic - 10.5

Black - 6.0

Delaware Average

School Year 1995-1996
Source: Department of Education

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Teens Not in the Labor Force and Not in School



Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they make this transition from adolescence to adulthood. Research suggests that this detachment, particularly if it last several years, increases the risk that a young person, over time, will have lower earnings and a less stable employment history than his or her peers who stayed in school and/or secured jobs.¹

These teens, not in school and not working, have a difficult time getting connected to the job market as young adults and are at significant risk for criminal activity and non-marital parenting.² Work experiences connected with school can be an important mechanism for building on the interests of at-risk students and engaging them in school-related activities. School-linked part-time jobs can be an important resource to prevent dropping out, reinforce learning in school, and develop positive working attitudes and habits.³

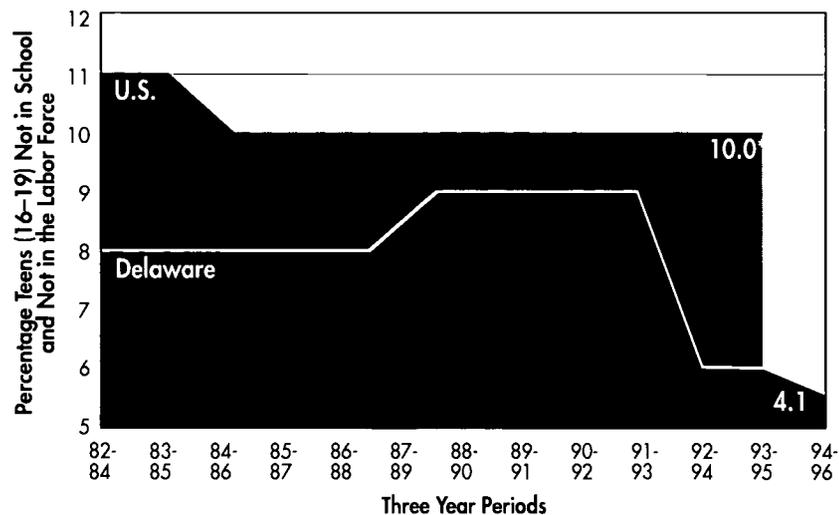
1. Brown, B. (1996). *Who are America's disconnected youth?* Report prepared for the American Enterprise Institute. Washington, D.C.: Child Trends, Inc.
- 2, 3. Lerman, Robert I., "Helping Disconnected Youth by Improving Linkages Between High Schools and Careers" (May 16, 1996). Presentation at the American Enterprise Institute Forum, *America's Disconnected Youth: Toward a Preventative Strategy*.

Definitions

Labor force – group of persons 16 years of age and older who are employed or unemployed and seeking employment

For more information see
 High School Dropouts p. 26–27
 Table 35 p. 67

Teens Not in the Labor Force and Not in School
 Delaware Compared to U.S.



*U.S. data for 1994-96 was not available

Source: National KIDS COUNT; Center for Applied Demography and Survey Research, University of Delaware

All regular, vocational/technical, and special public schools report out-of-school suspension and expulsion information to the Department of Education for each school year. A total of 25,357 out-of-school suspensions were reported by Delaware's nineteen school districts during the 1994-95 academic year. About 3% occurred in the primary (K-3) grades, about 46% in the middle (4-8) grades, and 51% in the high school (9-12) grades. The most commonly reported infractions resulting in out-of-school suspensions were fighting (16%) and defiance of school authority (14%). The total number of school days missed due to out-of-school suspensions was 56,697 resulting in the absence of about 315 pupils per day. The number of pupils involved in the incidents resulting in suspension was 11,817, of which seventy percent were male.

It should be noted that the duration of out-of-school suspensions is influenced by district policy and procedures, as well as the severity of the incident, the frequency of a particular pupil's involvement in disciplinary actions, and the availability of discipline alternatives.

Suspensions in Delaware Schools, 1994/95

County	Number of Suspensions	Number of Students Who Were Suspended	Enrollment	Percentage of Enrollment Who Were Suspended*
Delaware	25,357	11,817	106,813	11%
New Castle	16,756	7,839	62,414	13%
Kent	4,142	2,058	24,257	8%
Sussex	4,459	1,920	20,142	10%

* One or more times
Source: Department of Education

Since the 1992-93 school year, the percentage of enrolled students who were suspended has remained fairly constant: 12% in 1992-93 and 10% in 1993-94.

One-hundred twenty students were expelled from Delaware public schools in 1994-95. Seventy-four percent of the expulsions involved persons in grades 9-12. Twenty-six percent involved middle school students. Since the 1992-93 school year, the number of expulsions resulting from possession or use of alcohol or illegal drugs has risen from 18% to 33% in 1994-95. The number of expulsions resulting from possession and/or concealment of weapons has decreased in the same time period from 42% to 27%.

Expulsions in Delaware Schools, 1994/95

County	Number of Expulsions	Enrollment	Percentage of Enrollment Who Were Expelled
Delaware	120	106,813	0.1%
New Castle	78	62,414	0.1%
Kent	16	24,257	>0.1%
Sussex	26	20,142	0.1%

Source: Department of Education



Children in Poverty



Poverty is related to every KIDS COUNT indicator and has both immediate and lasting negative effects. Children who grow up in poor families are more likely to go without necessary food and clothing, lack basic health care, live in substandard housing, and have unequal access to educational opportunities.¹ In 1995, a family of four with an annual income of \$15,455 was below the Federal poverty line.

Poverty has particularly damaging effects in early childhood. Young children in poverty are more likely to experience delays in their physical, cognitive, language and emotional development, which in turn affects their readiness for school.²

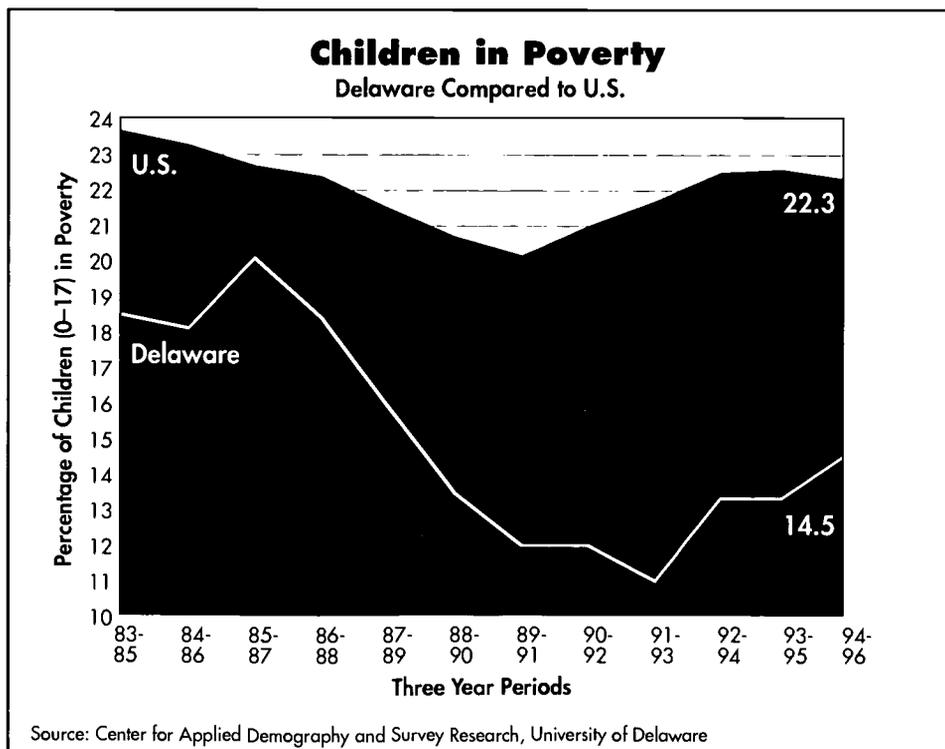
There is considerable movement into and out of poverty each year.³ Those living with incomes close to the poverty line are vulnerable to falling below the poverty line due to changes in employment, housing and utility costs, and life changes such as the birth of a child, changes in marital status, and illness or disability.⁴

Nationwide, slow growth in wages and growth in the proportion of children living in mother-only families account for much of the increase in child poverty in recent years.⁴

1. *Children's Defense Fund, Wasting America's Future: The Children's Defense Fund Report on the Costs of Child Poverty* (1994). Boston: Beacon Press.
2. National Center for Children in Poverty, *One in Four* (1996). New York: Columbia University, School of Public Health, National Center for Children in Poverty.
3. O'Hare, William P., "A New Look at Poverty in America," *Population Bulletin*, (Vol 51, No. 2, September 1996). Washington, D.C.: Population Reference Bureau.
4. *Executive Summary: The Future of Children: Children and Poverty*, Vol 7, No. 2 (Summer/Fall 1997). Los Altos, CA: The Center of the Future of Children. The David and Lucile Packard Foundation.

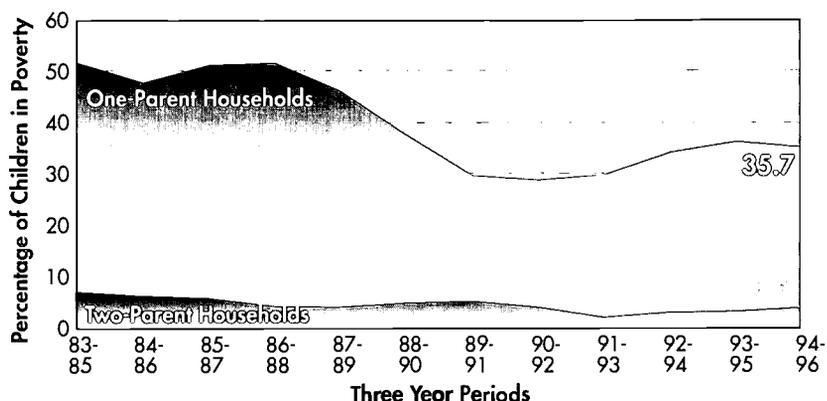
Definitions

Children in Poverty – percentage of children in poverty; in 1995, the poverty threshold for a one-parent, two-child family was \$12,278. For a family of four with two children, the threshold was \$15,455.



Percentage of Children (0-17) in Poverty by Household Structure

Delaware



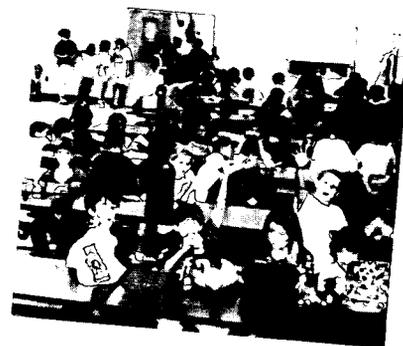
Source: Center for Applied Demography and Survey Research, University of Delaware

For more information see

Children in One-Parent Households	p. 32-33
Child Care Costs	p. 34
Head Start	p. 35
Women and Children Receiving WIC	p. 36
Children Without Health Insurance	p. 37
Tables 36-43	p. 68-71
Tables 45-47	p. 72-73

The interaction between poverty, poor nutrition and educational development is well-documented. Nutrition affects not only the actual physical growth of children, but their learning and social development. Recent studies demonstrate that even mild malnutrition limits a child's ability to learn.¹

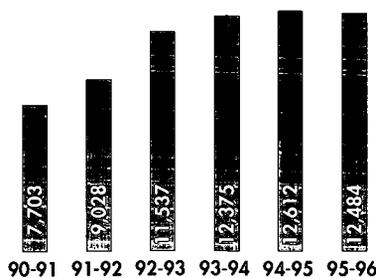
Children who have adequate nourishment are more active and social on the playground, more focused in class, and better able to think and remember what they have learned. When children do not master academic skills and fall behind in school, their chances to develop their potential as students, lifelong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



The National School Lunch and School Breakfast Programs provide nutritious meals to children at participating schools. To receive a reduced-price meal, household income must be below 185% of the federal poverty level. For free meals, household income must fall below 130% of poverty. Children in Food Stamp, Medicaid, and AFDC households are automatically eligible for free meals. Participation levels in this program, however, are affected by a variety of factors such as the level of outreach in the school community and the extent to which children are stigmatized as participants. Although not every eligible student participates, the number of children receiving free or reduced-price meals can indicate the number of low-income children in a school district.

Free and Reduced Price Breakfasts

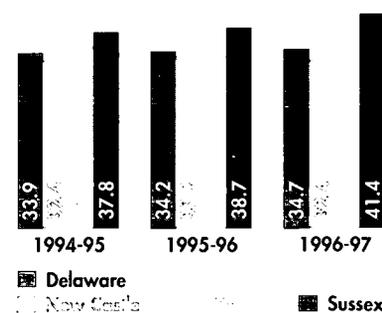
Average Number Served Daily



Source: Department of Education

Free and Reduced Price Lunches

as a Percentage of Total Enrollment



Source: Department of Education

1. *Child Nutrition. Research Briefs.* Society for Research in Child Development, Society for Research on Adolescence, International Society for Infant Studies, and Division 7, American Psychological Association.

Children in One-Parent Households



Children who live with one parent are substantially more likely to have family incomes below the poverty line than are children who grow up in a household with two adults.¹ When the single parent is a woman, the risk of falling into poverty is greater due to such factors as the wage gap between men and women, limited training and education for higher-wage jobs, and inadequate child support.²

According to the Center for Demographic Policy in Washington, D.C., sixty percent of all children in the United States will spend some time in a single parent family before reaching age 18.³ Although most Delaware children live with two parents, twenty-eight percent lived in a single parent family in 1995. Over one-third of all births in Delaware were to unmarried women in 1995. With the increasing number of births to unmarried women and a continuing high divorce rate, the proportion of children living with one parent has nearly doubled since 1970. The increase in single parent families over the past three decades has occurred across all races and income levels.³

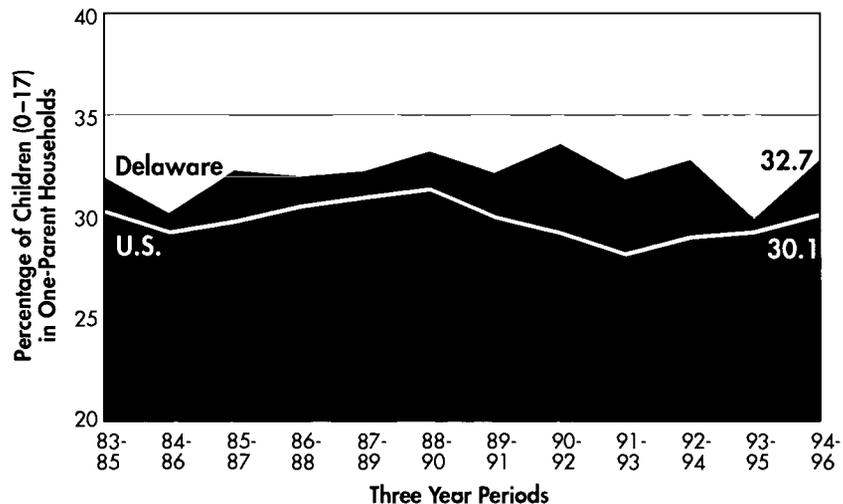
1. U.S Bureau of the Census, 1990 Census of Population, Current Population Surveys, 1992 to 1996.

2. Ellwood, D.T., *Poor Support: Poverty in the American Family* (1988). New York: Basic Books.

3. Hodgkinson, Harold L., *A Demographic Look at Tomorrow* (1992). Washington, D.C.: Institute for Educational Leadership, Center for Demographic Policy.

4. U.S Bureau of the Census, Census of Population, 1970, 1980, 1990.

Children in One-Parent Households
Delaware Compared to U.S.

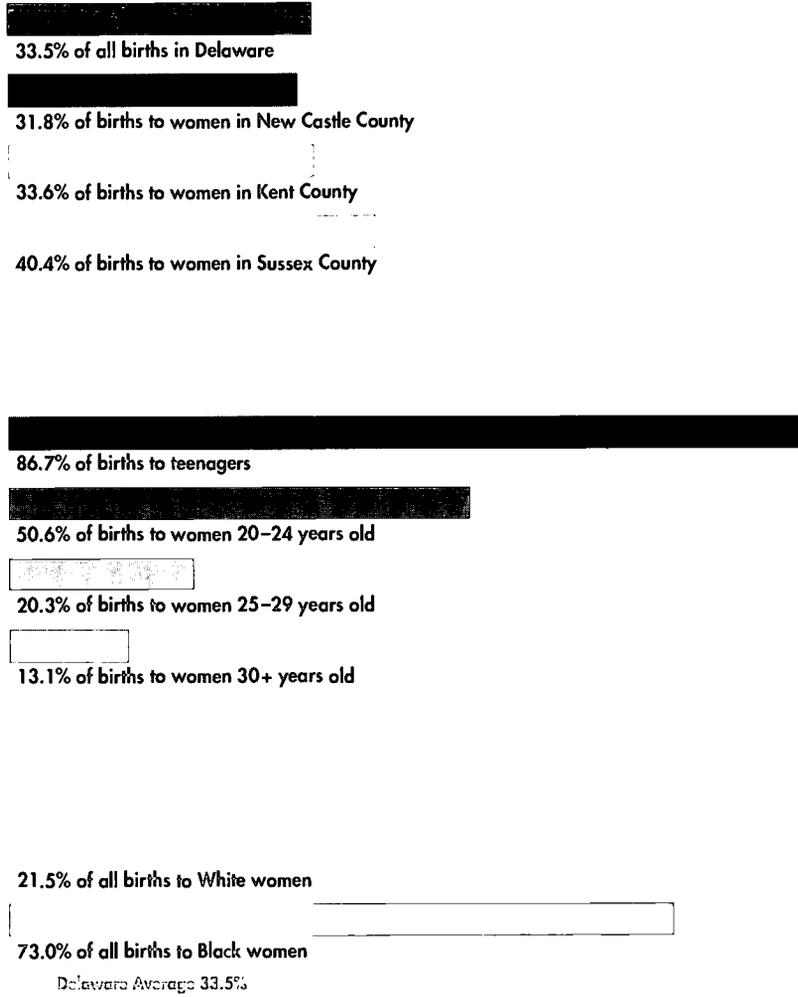


Source: Center for Applied Demography and Survey Research, University of Delaware

The rate of children in one parent households in Delaware has remained relatively stable. However, the national trend which had been declining substantially is now on the increase.



**Percentage of Births to Single Mothers
in Delaware by County, Age, and Race
Five-year Average 1991-95**



Source: Delaware Health Statistics Center

For more information see

Births to Teens	p. 12-15
Births to Unmarried Teen Mothers	p. 15
Infant Deaths by Marital Status of Mother	p. 19
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Alcohol, Tobacco, and Other Drugs	p. 38-39
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Early Care and Education

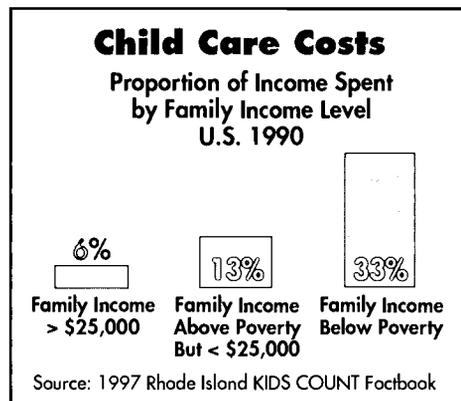


Early childhood programs can be classified on a continuum between services that are educational which attend to child development and services that provide primary custodial care while parents are at work. A recent report by the Carnegie Corporation of New York concluded that the way children function, from the preschool years, through adolescence and into adulthood, hinges in large part on their experiences before the age of three.¹ Therefore, all programs for young children should include both quality education and care.² Combining all child care and early education issues provides a clearer picture of the quality and quantity of services that children receive.

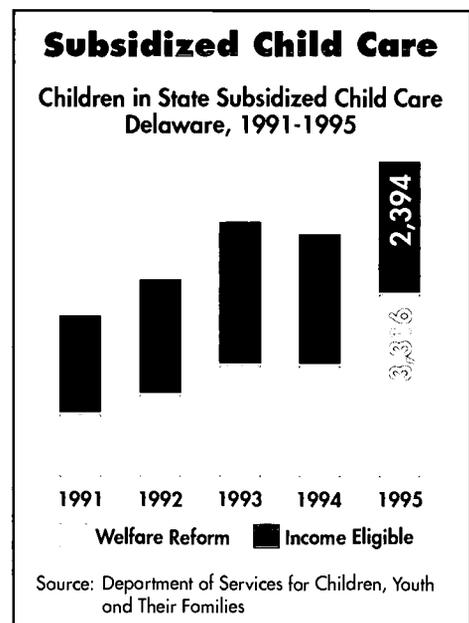
The increasing proportion of women in the labor force has resulted in significant numbers of children who need child care in their earliest years. Recent changes in welfare law requiring women to work or participate in work programs means additional children in need of quality child care. Research points to a relatively low supply of quality child care for infants, school-age children, children with disabilities and special health care needs, and families with unconventional or shifting work hours.³ Employed, single mothers who are in or near poverty face particular hardships in combining work and child-rearing. They have reported the most difficulty coordinating work and child care schedules, the most concern about current child care arrangements, and the most hardship in affording child care.⁴

The cost of full-time child care often represents the largest expense, after housing, for working parents who need full-time care for their children. The less families earn, the higher the proportion of income spent on child care.⁵

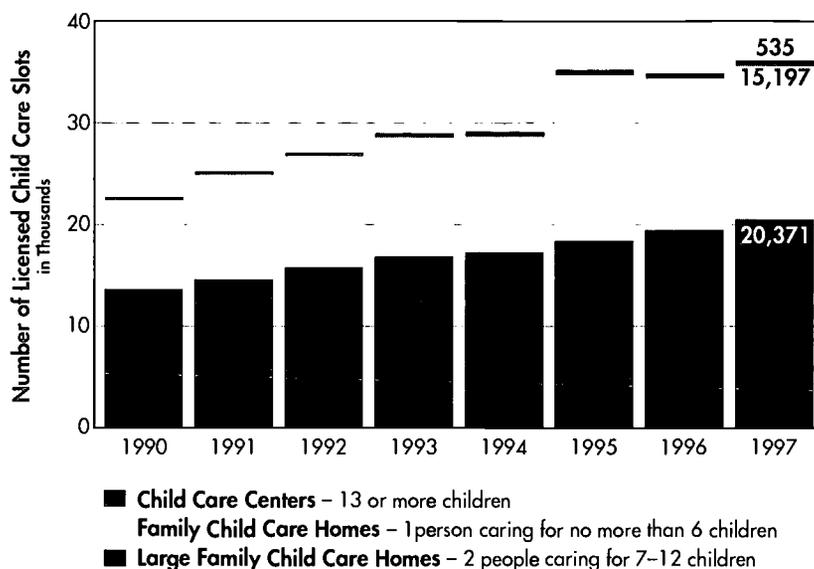
1. "I Am Your Child" (1997). Early Childhood Engagement Campaign
2. *Years of Promise: A Comprehensive Learning Strategy for America's Children*. (1996). New York: Carnegie Corporation of New York.
3. *Early Childhood Care and Education: An Investment That Works* (1995). Washington, DC: National Conference of State Legislatures
4. *Child Care for Low Income Families, Child Care and Economic Self-Sufficiency*. Workshop Summaries from Board on Children and Families of the U.S. Department of Health and Human Services.
5. Deborah Phillips and Anne Bridgman (eds.). *New Findings on Children, Families, and Economic Self-Sufficiency* (1995). Washington, D.C., Board on Children and Families, National Research Council, Institute of Medicine.



Delaware provides a child care subsidy for welfare mothers who work and for low-income working parents. The number of children in Delaware receiving such subsidies for child care, called Purchase of Care, has nearly doubled since 1991.



Available Child Care Delaware



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

For more information see
Tables 49-50 p. 74

Licensed child care in Delaware is available in three settings: child care centers, family child care homes, and large family child care homes. The availability of child care through informal arrangements such as relative or neighbor care, part time care, or unlicensed care is unknown at this time. Anecdotal information points to a need for more care in Delaware, however, actual statistics are unavailable.

Head Start

Head Start is a comprehensive early childhood development program for low-income preschool children, primarily ages three to five, and their families. Components of the program include education, parent involvement, social services, health and nutrition, and mental health. The program is designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with more economically advantaged children.¹

Early Childhood Assistance Program

Fiscal Year	Number of Children Funded
1996	289
1997	401
1998	554

Source: State of Delaware, Department of Education

The Early Childhood Assistance Program in Delaware provides funding for four-year-olds who meet the eligibility criteria for Head Start programs. The program follows Head Start performance standards. The Committee on Economic Development reported in 1991 that for every dollar spent on a comprehensive and intensive preschool program for the disadvantaged, society saves up to \$6 in the long-term costs of welfare, remedial education, teen pregnancy and crime.²



1. The State of America's Children Yearbook: 1995 (1995). Washington, D.C. Children's Defense Fund.
2. Starting Points: Meeting the Needs of Our Youngest Children. (1994). New York, NY: Carnegie Corporation.

Women and Children Receiving WIC



Adequate nutrition is vital not only for physical growth but also for normal brain development.

The Special Supplemental Food Program for Women, Infants and Children is a preventive program providing nutritious food, nutrition education, and improved access to health care. WIC refers to appropriate health services, including prenatal, pediatric and immunizations.

This federally funded program serves pregnant, postpartum and breastfeeding women; infants; and children less than five years of age. Household income must be below 185% of the poverty level. Participants must have a specified nutritional risk, such as abnormal weight gain during pregnancy or iron-deficiency anemia, or other health risks.

The General Accounting Office has estimated that for every dollar spent on the WIC program, \$3.50 is saved in federal, state, and local government program benefits for the new child's first eighteen years. This is money saved from hospital care, special services, and special education. The greatest cost-savings associated with the WIC program occur during the first year of life due to reduced medical costs.¹

1. *Statement of the Link Between Nutrition and Cognitive Development in Children* (1995). Medford, MA: Tufts University, Center on Hunger, Poverty, and Nutrition Policy.

WIC Program

Average Number Served per Month
Delaware, 1995

4,272	infants
8,319	children 1-4 (until their fifth birthdays)
3,180	mothers

Source: Division of Public Health, WIC Office

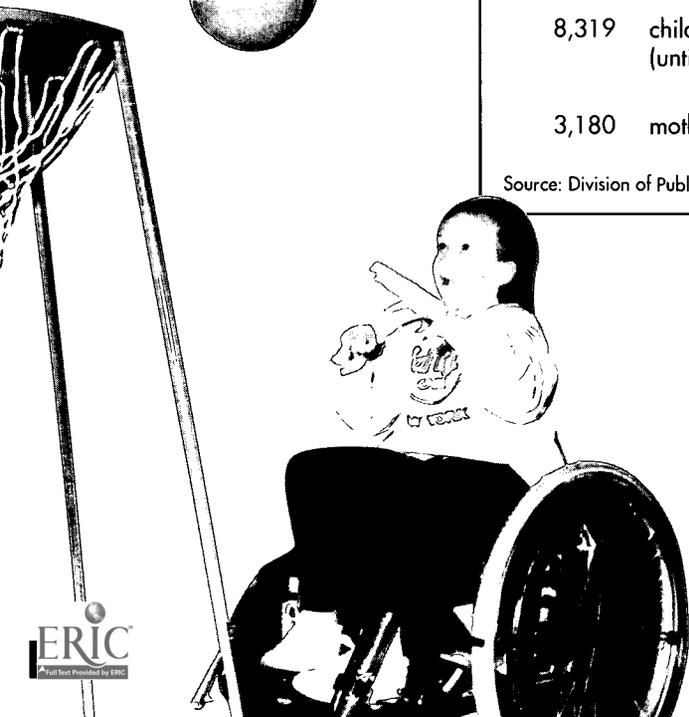
WIC Program

Total Number Served
Delaware, 1995

In 1995, 19,797 infants and children were served by WIC in the State of Delaware.

Over 40% of all children born in Delaware use the services of WIC.

Source: Division of Public Health, WIC Office



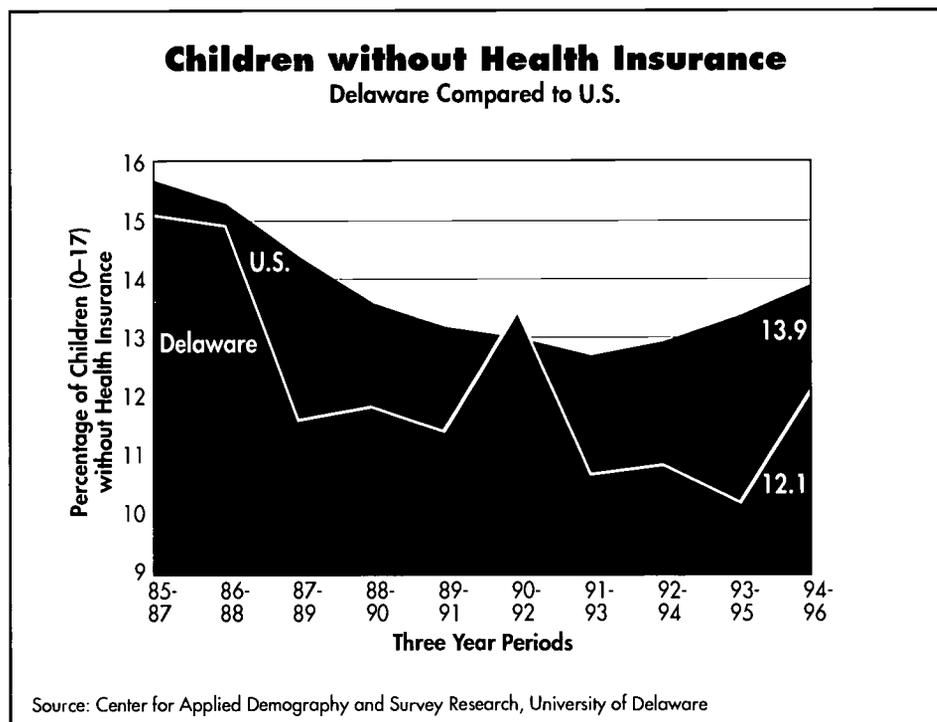
Children without Health Insurance

Children with health insurance (private or public) are much more likely to have a regular and accessible source of health care than children without insurance.¹ Lack of insurance coverage makes it difficult to obtain primary and specialty care — including comprehensive treatment for acute and chronic illness, mental health services, dental care, and prescriptions. Undiagnosed and untreated medical conditions can result in long-term health problems and interfere with learning and development.²

The proportion of children covered by private health insurance has decreased in recent years in the United States, from 74 percent in 1987 to 66 percent in 1995. During the same period, the proportion of children covered by public health insurance³ has grown, from 19 percent to 26 percent.⁴



1. National Center for Health Statistics. (1988). Health of Our Nation' Children. *Vital Statistics Health Series*, vol. 10, no. 191. Hyattsville, MD: National Center for Health Statistics.
2. "Health Insurance Coverage" in *The Future of Children*, Vol. 5, No. 3 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucile Packard Foundation.
3. Public Health includes Medicaid, Medicare and CHAMPUS.
4. The percentage of children covered by public and private insurance in 1995 do not add up to 86 percent because (the percentage of all children covered by health insurance) because some children have both public and private insurance.



For more information see
Table 41 p. 70

Delaware's rate for children without health insurance has generally remained below the rate for the U.S. However, the trend in Delaware has recently started to rise at a faster pace than that of the U.S.



Alcohol, Tobacco, and Other Drugs



Our society gives children and adolescents mixed messages about drugs through high rates of adult use and glamorization of drug usage, at the same time the drumbeat about its dangers is fading. Both the 1994 National Household Survey and the Monitoring the Future Study show that the perceived risk of harm in using drugs had declined among youths in recent years.¹ Regardless of age, gender, family income, and race or ethnicity, adolescents who do not live with two biological parents are 50–150% more likely than other adolescents to use illicit drugs, alcohol, or cigarettes, to be dependent on substances, or to report problems associated with use.²*

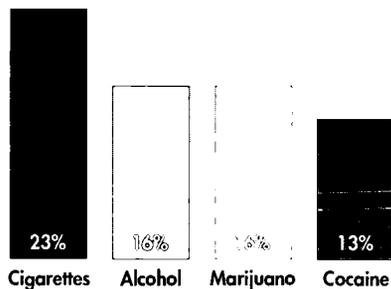
Substance abuse threatens the health and safety of children and families. Young people who abuse drugs are more likely to drop out of school, become teen parents, engage in high risk sexual behavior, experience injuries, and become involved in the criminal justice system. Suicides, homicides, and unintentional injuries often involving drugs and alcohol account for 80 percent of U.S. adolescent deaths.³

* Drug use includes the use of tobacco alcohol, marijuana, and other "hard" drugs.

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

3. Child Trends, Inc. and the U.S. Census Bureau, *Trends in the Well-Being of America's Youth: 1996* (1996). Washington, D.C.: U.S. Department of Health and Human Services, office of the Assistant Secretary for Planning and Evaluation.

Easy to Get Drugs Among Delaware Fifth Graders, 1996



Percent of Delaware public school fifth graders who report ease of obtaining drugs

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

In Delaware, cigarettes, alcohol, marijuana, and even cocaine are available to fifth graders. Almost one out of four fifth graders say that it's easy to get cigarettes and one out of eight say it's easy to get cocaine.⁴ One national survey found that 45 percent of minors who ever tried cigarettes and 57 percent of minors who tried to purchase smokeless tobacco reported that they were never asked to show proof of age.⁵

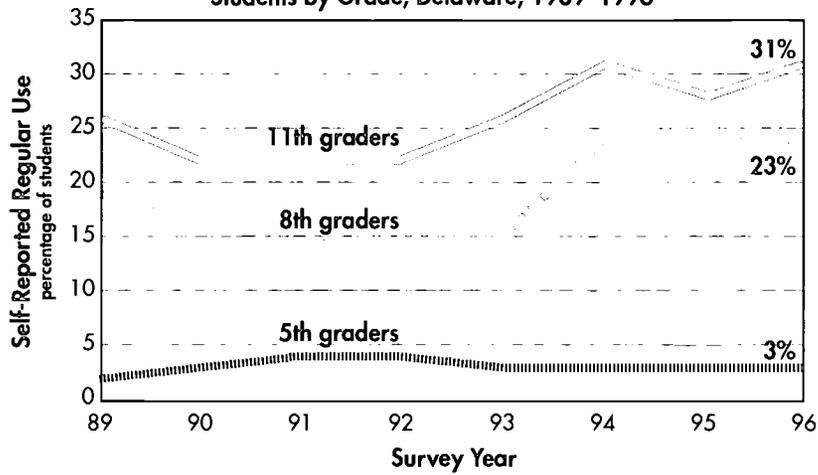
4. Alcohol, Tobacco, and Other Drug Use Among Delaware Students 1996 (1996). Newark, DE: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families.

5. 1997 Rhode Island KIDS COUNT Factbook. Rhode Island KIDS COUNT: Providence, RI



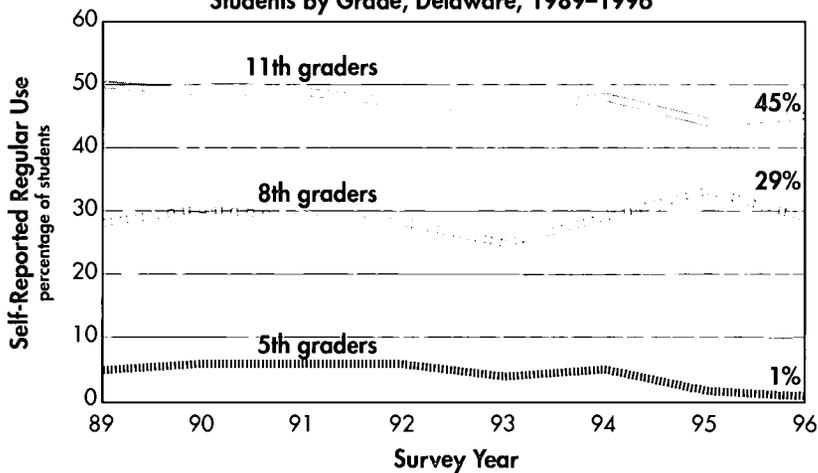
Trends in Cigarette Use

Students by Grade, Delaware, 1989-1996



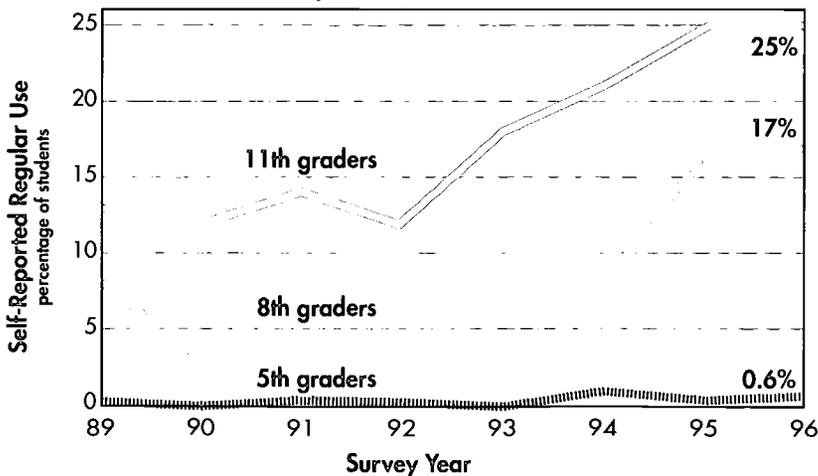
Trends in Alcohol Use

Students by Grade, Delaware, 1989-1996

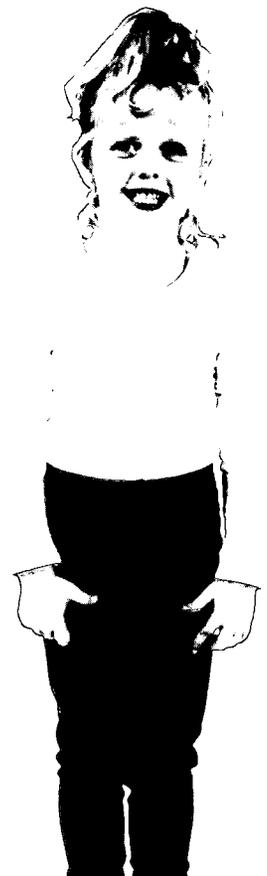


Trends in Marijuana Use

Students by Grade, Delaware, 1989-1996



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



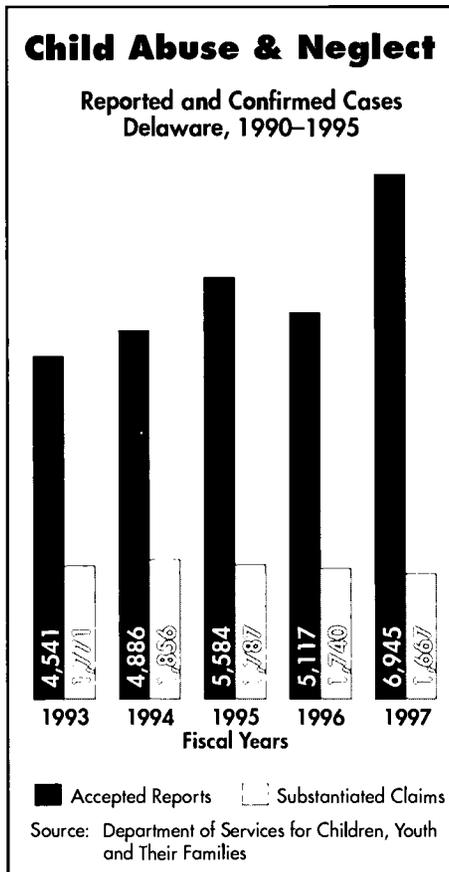
Child Abuse and Neglect

Research on the effects of child abuse and neglect document both immediate and long-term harm to children. In extreme cases, the physical consequence of abuse and neglect is death; in many other cases, the outcome is serious injury, permanent disability, and/or a range of social, psychological, and cognitive problems¹ such as lack of success in school, teen pregnancy and juvenile delinquency. While it is very difficult to measure the incidence of child abuse and neglect, presented are the current estimates as reported in *Child Maltreatment 1995: Reports From the States to the National Child Abuse and Neglect Data System and the number of reported incidents from the Department of Services for Children, Youth and Their Families*.

1. National Research Council (1993). *Understanding Child Abuse and Neglect*. Panel on Research on Child Abuse and Neglect. Washington, D.C.: National Academy Press.

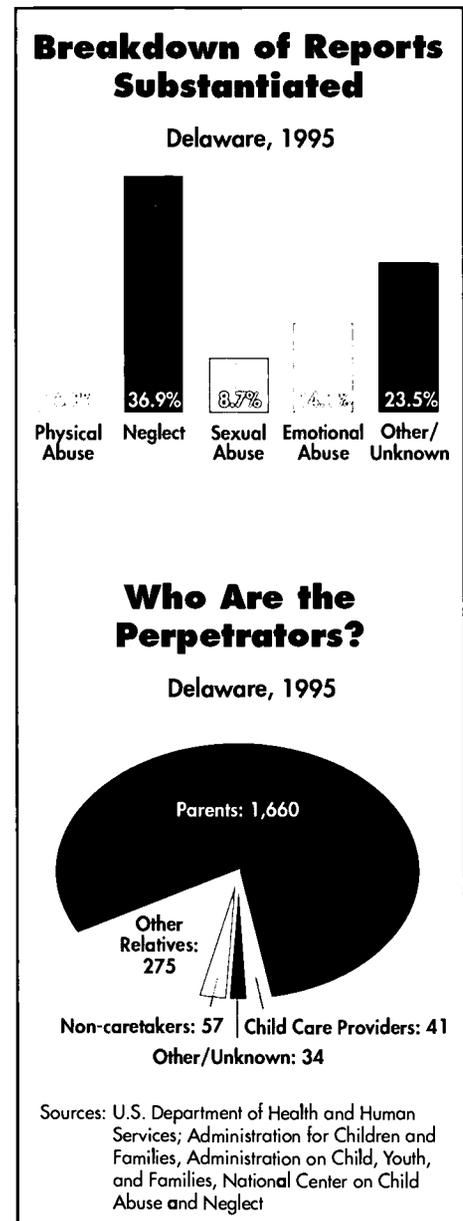


For more information see
 Child Deaths p. 20-21
 Table 51 p. 75



While there is still a belief in the myth of "the stranger" as the person who targets and abuses children, statistics have shown that a child is much more likely to be the victim of a person who the child knows. Many times this person is a parent or other family member.

Public education and training have caused increased awareness in recent years.

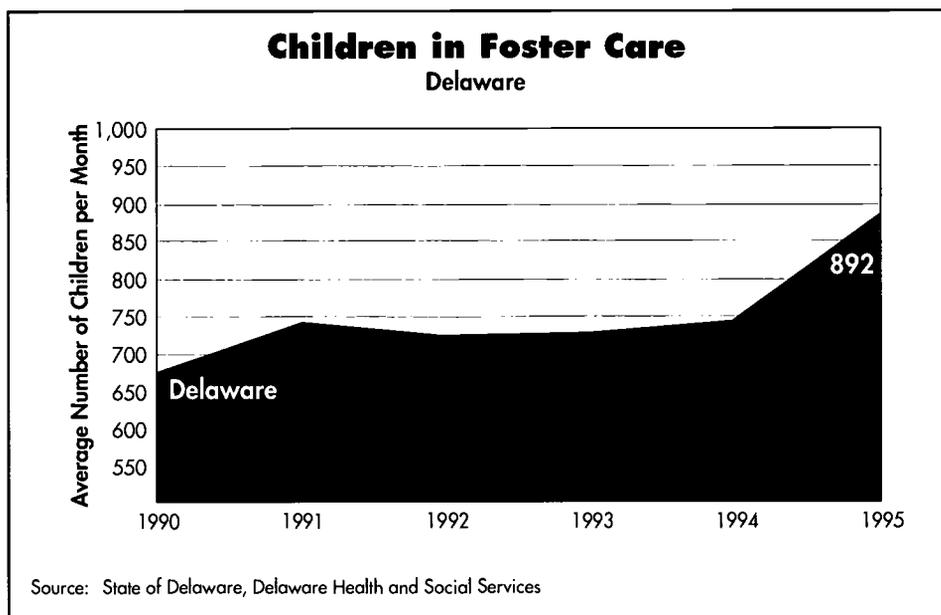


While some children are placed in foster care because they represent a danger to themselves, their families, or their communities, most children are placed in a foster home because they are at imminent risk for abuse and neglect from their natural parents. Nearly one-half million children and adolescents nationwide live with foster parents while their own parents struggle with drug and alcohol addiction, illness, financial hardship, or other problems.

These children come from a variety of ethnic backgrounds and have a wide age range. Many have been the victims of physical abuse, sexual abuse, or neglect. The children may also suffer from emotional, behavioral, or developmental problems.¹ An increasing number of young children entering the foster care system have significant developmental delays and other medical needs such as low birth weight, heart problems, AIDS, and health problems due to prenatal drug exposure.²



1. *What Is Foster Care?* (1997). Take This Heart. David and Lucile Packard Foundation and Annie E. Casey Foundation.
2. *1997 Rhode Island KIDS COUNT Factbook*, Rhode Island KIDS COUNT: Providence, RI.



For more information see
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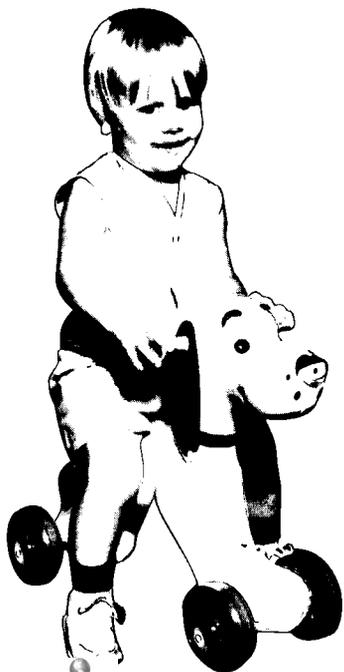
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Table 1:

Population Estimates

Population Estimates for Delaware, Counties, Wilmington, Newark, and Dover, 1995

	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	53,083	48,494	47,329	42,785	434,879	90,833	717,403	26.7	60.6	12.6	100.0
Male	27,164	24,729	24,395	21,879	213,199	37,848	349,214	28.1	61.0	10.8	48.6
White	20,713	19,484	18,635	16,551	176,032	33,906	285,321	26.4	61.6	11.8	39.7
Black	5,843	4,714	5,382	5,003	33,191	3,688	57,921	36.2	57.4	6.3	8.0
Female	25,919	23,765	22,934	20,906	221,680	52,985	368,189	25.4	60.2	14.3	51.3
White	19,571	18,377	17,485	15,552	179,482	47,051	297,498	23.8	60.3	15.8	41.4
Black	5,745	4,834	5,019	5,006	37,903	5,603	64,110	32.1	59.1	8.7	8.9
New Castle	34,318	31,137	30,168	27,382	291,227	53,704	467,936	26.2	62.2	11.4	65.2
Male	17,636	16,014	15,559	13,950	142,615	21,785	227,561	27.7	62.6	9.5	31.7
White	13,449	12,614	11,928	10,497	117,531	19,443	185,462	26.1	63.3	10.4	25.8
Black	3,702	2,948	3,368	3,218	22,107	2,215	37,558	35.2	58.8	5.8	5.2
Female	16,682	15,123	14,609	13,432	148,612	31,917	240,375	24.8	61.8	13.2	33.5
White	12,668	11,813	11,109	9,953	120,552	28,316	19,441	23.4	62.0	14.5	27.0
Black	3,534	2,840	3,217	3,248	25,132	3,433	41,404	31.0	60.6	8.2	5.7
Newark**	1,104	1,029	1,134	4,791	17,408	2,413	27,879	28.9	62.4	8.6	3.8
Male	569	524	581	2,102	8,443	925	13,162	28.6	64.1	7.0	1.8
Female	535	505	553	2,671	8,965	1,488	14,717	28.9	60.9	10.1	2.0
Wilmington*	5,253	5,076	5,004	3,811	42,547	10,924	72,615	26.3	58.5	15.0	10.1
Male	2,641	2,631	2,587	2,022	20,168	3,800	33,849	29.1	59.5	11.2	4.7
White	709	660	606	499	9,491	2,395	14,360	17.2	66.0	16.6	2.0
Black	1,722	1,730	1,741	1,344	9,528	1,342	17,407	37.5	54.7	7.7	2.4
Female	2,612	2,445	2,417	1,789	22,379	7,124	38,766	23.1	57.2	18.3	5.4
White	735	623	537	425	9,336	4,859	16,535	14.0	56.4	29.3	2.3
Black	1,643	1,596	1,684	1,216	12,027	2,194	20,360	30.1	59.0	10.7	2.8
Kent	9,842	9,488	8,504	7,596	72,751	13,122	121,303	29.2	59.9	10.8	16.9
Male	5,004	4,774	4,354	3,958	35,746	5,462	59,298	30.5	60.2	9.2	8.2
White	3,801	3,714	3,272	3,021	29,048	4,778	47,634	28.9	60.9	10.0	6.6
Black	1,130	1,019	1,010	883	6,133	614	10,789	37.4	56.8	5.6	1.5
Female	4,838	4,714	4,150	3,638	37,005	7,660	62,005	27.9	59.6	12.3	8.6
White	3,619	3,561	3,147	2,782	28,865	6,654	48,628	26.9	59.3	13.6	6.7
Black	1,142	1,105	927	795	7,169	923	12,061	32.9	59.4	7.6	1.6
Dover**	1,966	1,944	1,775	2,304	17,706	3,170	28,870	27.6	61.3	10.9	4.0
Male	1,001	965	915	1,186	8,699	1,164	13,930	29.1	62.4	8.3	1.9
Female	965	979	860	1,118	9,012	2,006	14,940	26.2	60.3	13.4	2.0
Sussex	8,923	7,869	8,657	7,807	70,901	24,007	128,164	25.9	55.3	18.7	17.8
Male	4,524	3,941	4,482	3,971	34,838	10,599	62,355	27.1	55.8	16.9	8.6
White	3,463	3,158	3,435	3,033	29,453	9,685	52,225	25.0	56.3	18.5	7.2
Black	1,011	747	1,004	902	4,951	859	9,474	38.6	52.2	9.0	1.3
Female	4,399	3,928	4,175	3,836	36,063	13,408	65,809	24.8	54.7	20.3	9.1
White	3,284	3,003	3,229	2,817	30,025	12,101	54,459	22.6	55.1	22.2	7.5
Black	1,069	889	875	963	5,602	1,247	10,645	35.6	52.6	11.7	1.4

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

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

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

Source: Delaware Health Statistics

Table 2:

Delaware Children and their Families

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

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

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

Table 3:

Number and Percent of Families with Children

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

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

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

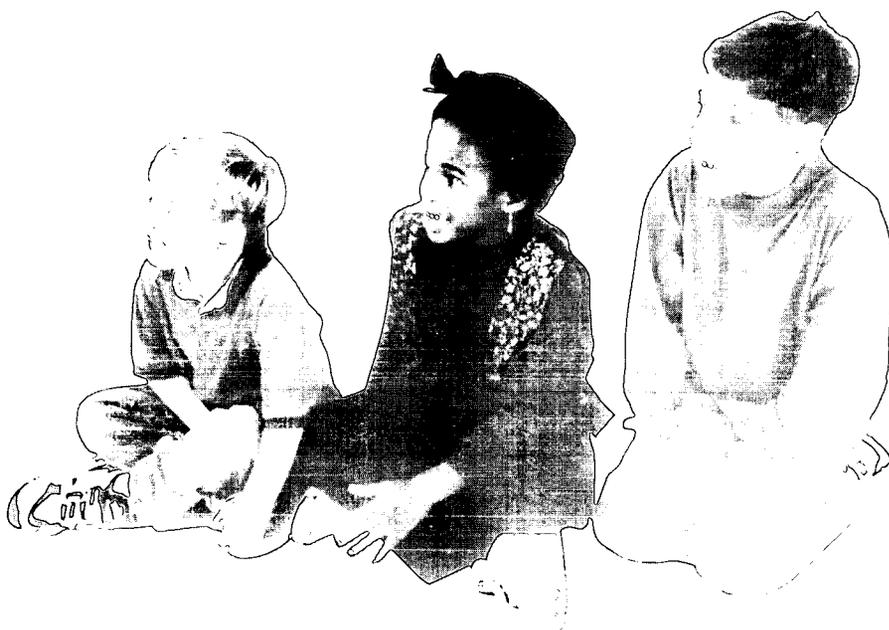


Table 4:

Teen Birth Rates

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–19 by Race
U.S., Delaware, and Counties, 1981–1995

Area/Race	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995
U.S.	51.5	51.1	50.7	51.0	52.4	54.1	56.4	58.5	59.9	60.2	59.6
White	43.3	42.8	42.2	42.2	43.3	44.9	47.1	49.2	50.8	51.5	51.4
Black	96.5	97.0	97.9	100.1	103.2	106.2	109.5	111.8	112.1	110.7	107.2
Delaware	48.6	48.6	48.5	48.7	50.7	52.0	54.0	55.4	56.7	57.9	59.4
White	34.0	33.8	33.5	33.8	34.9	35.7	36.7	37.6	38.8	39.9	41.6
Black	110.3	110.0	110.3	109.0	114.3	116.8	121.3	122.5	122.2	121.6	120.1
New Castle	40.7	40.7	41.0	41.5	43.1	44.6	46.2	47.8	48.9	50.1	52.0
White	27.0	27.0	27.0	27.6	28.0	28.6	29.3	30.3	31.3	32.8	35.0
Black	106.7	106.0	106.8	105.9	112.3	116.5	120.7	122.5	120.4	116.9	113.9
Wilmington	N/A	144.0	149.6	151.9	155.9						
White	N/A	125.5	135.3	137.9	140.7						
Black	N/A	167.3	172.2	174.4	179.0						
Kent	61.1	61.0	60.0	58.1	61.3	62.2	64.0	64.0	66.0	67.0	67.9
White	55.7	55.4	53.6	50.9	52.6	52.2	52.7	52.9	54.0	53.9	53.1
Black	80.5	80.7	82.0	81.5	88.6	92.3	96.8	95.0	99.7	103.9	109.6
Sussex	71.7	71.1	70.3	71.4	73.9	74.6	78.5	79.6	80.1	80.3	79.6
White	44.6	43.3	43.1	45.5	49.1	51.6	55.0	55.3	56.1	55.6	55.9
Black	157.0	159.0	157.5	155.0	155.8	151.4	156.8	159.0	157.3	158.9	153.2

Source: Delaware Health Statistics Center

Table 5:

Pre-Teen and Young Teen Birth Rates

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10-14 by Race
U.S., Delaware, and Counties, 1980-1995

Area/Race	1980-1984	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995
U.S.	1.1	1.1	1.2	1.2	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4
White	0.6	0.6	0.6	0.6	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8
Black	4.2	4.2	4.4	4.5	4.7	4.8	4.9	4.9	4.9	4.8	4.7	4.6
Delaware	1.7	1.8	1.8	1.8	1.8	1.8	1.9	2.0	2.1	2.1	2.3	2.3
White	0.5	0.6	0.5	0.6	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.8
Black	5.8	6.0	6.0	5.9	5.8	5.6	5.9	6.2	6.7	6.7	7.4	7.4
New Castle	1.6	1.7	1.7	1.7	1.7	1.6	1.7	1.9	2.1	2.1	2.2	2.2
White	0.5	0.6	0.5	0.5	0.6	0.6	0.6	0.7	0.7	0.8	0.7	0.7
Black	5.9	5.9	6.1	6.1	5.7	5.2	5.6	6.0	6.6	6.5	7.2	7.3
Kent	1.5	1.3	1.3	1.5	1.4	1.4	1.7	1.9	1.8	1.9	2.0	1.9
White	0.3	0.3	0.4	0.5	0.4	0.5	0.8	0.8	0.8	1.0	0.9	0.9
Black	5.7	5.1	4.7	5.0	5.1	4.7	4.9	5.9	5.4	5.4	5.7	5.2
Sussex	2.1	2.5	2.5	2.3	2.3	2.7	2.7	2.6	2.7	2.6	2.8	3.0
White	0.8	0.9	1.0	1.0	0.8	1.0	1.0	1.0	0.9	0.8	0.8	1.0
Black	5.6	6.8	6.6	6.0	6.5	7.7	7.9	7.4	8.2	8.5	9.5	10.2

Source: Delaware Health Statistics Center



Table 6:

Teen Mothers Who Are Single

Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single
U.S., Delaware, Counties, 1983-1995

Area/Race	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995
U.S.	58.9	61.3	63.5	65.3	66.9	68.1	69.3	71.0	72.6
White	45.2	48.2	51.0	53.4	55.5	57.3	59.0	61.4	63.7
Black	90.0	90.5	91.1	91.5	91.9	92.3	92.6	93.2	93.8
Delaware	69.0	70.5	73.1	74.7	76.7	79.4	81.8	84.6	86.7
White	49.7	53.0	56.2	58.6	61.2	56.2	59.3	73.8	77.3
Black	90.9	90.9	92.3	92.9	94.0	94.9	95.7	96.7	97.4
New Castle	74.3	74.9	77.8	79.4	81.4	84.1	86.4	88.8	90.6
White	57.4	59.1	62.6	65.3	68.2	72.3	76.5	80.6	83.4
Black	82.7	92.6	93.9	94.1	94.8	95.7	96.4	97.2	98.0
Kent	56.1	59.7	62.3	65.3	67.7	71.0	75.1	78.1	80.1
White	39.8	44.1	46.4	49.2	50.9	56.1	61.6	66.3	68.4
Black	85.9	86.6	88.1	90.4	92.6	94.0	95.7	96.8	97.7
Sussex	67.1	69.0	71.1	70.9	72.8	74.5	76.0	79.6	82.6
White	39.5	46.0	50.5	51.2	54.5	56.7	59.3	64.5	70.5
Black	90.0	89.4	90.8	91.3	92.6	93.1	93.7	95.1	95.6

Source: Delaware Health Statistics Center



Table 7:

Births by Race and Age of Mother

Number and Percent of Live Births by Race and Age of Mother
Delaware, Counties and City of Wilmington, 1995

Area/Race	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15-17 years old		Births to Teen Mothers 18-19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	10,260	1,351	13.1	51	0.5	538	5.2	762	7.4
White	7,626	727	9.5	16	.2	261	3.4	450	5.9
Black	2,357	602	25.5	33	1.4	267	11.3	302	12.8
Other	277	22	7.9	2	0.7	10	3.6	10	3.6
New Castle	6,701	781	11.7	31	.5	323	4.8	427	6.4
White	4,981	409	8.3	8	.2	159	3.2	242	4.9
Black	1,536	366	32.7	22	1.4	162	10.5	182	11.8
Other	184	6	3.2	1	0.5	2	1.1	3	1.6
Wilmington	1,194	305	25.6	19	1.6	137	11.5	149	12.5
White	421	57	13.6	0	0	26	6.2	31	7.4
Black	751	245	32.6	18	2.4	111	14.8	116	15.4
Other	22	3	13.6	1	4.5	0	0	2	9.1
Balance of NC County	5,507	476	8.6	12	0.2	186	3.4	278	5
White	4,560	352	7.7	8	0.2	133	2.9	211	4.6
Black	785	121	15.4	4	0.5	51	6.5	66	8.4
Other	162	3	1.8	0	0	2	1.2	1	0.6
Kent	1,746	254	14.5	6	.3	93	5.3	155	8.9
White	1,295	139	10.7	3	0.2	40	3.1	96	7.4
Black	390	102	26.1	2	0.5	46	11.8	54	13.8
Other	61	13	21.3	1	1.6	7	11.5	5	8.2
Sussex	1,813	316	17.4	14	.8	122	6.7	180	9.9
White	1,350	179	13.3	5	.4	62	4.6	112	8.3
Black	431	134	31.1	9	2.1	59	13.7	66	15.3
Other	32	3	9.4	0	0	1	3.1	2	6.3

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

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

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

Source: Delaware Health Statistics Center

Table 8:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births
U.S. and Delaware, 1983-1995

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

Source: Delaware Health Statistics Center

Table 9:

Low Birth Weight Births by Age and Race of Mother

Five-Year Average Percentage of Low Birth Weight Births by Age and Race of Mother
Delaware and Counties, 1989-1995

Area/Age	1989-1993			1990-1994			1991-1995		
	All Races	White	Black	All Races	White	Black	All Races	White	Black
Delaware	7.7	5.8	13.7	7.7	5.9	13.5	7.8	6.1	13.4
Less than 20	10.5	8.2	13.1	10.5	8.0	13.4	10.7	8.3	13.4
20-24	7.9	5.5	13.1	7.7	5.4	12.5	7.9	5.5	12.8
25-29	6.5	5.0	13.0	6.6	5.1	12.8	6.8	5.5	12.5
30+	7.7	6.2	16.8	7.7	6.3	16.3	7.6	6.4	15.2
New Castle	8.0	5.9	14.8	8.0	6.0	14.6	8.2	6.2	14.3
Less than 20	11.3	8.8	13.9	11.4	8.8	14.1	11.5	9.0	14.0
20-24	8.6	5.8	14.0	8.5	5.8	13.5	8.5	5.7	13.6
25-29	6.7	5.0	14.2	7.0	5.3	14.3	7.2	5.6	13.8
30+	7.7	6.1	18.2	7.7	6.2	17.3	7.8	6.5	16.1
Kent	7.2	5.8	11.5	7.0	5.7	11.3	7.3	5.8	12.2
Less than 20	9.4	7.5	12.0	9.4	7.5	12.1	9.6	7.1	13.3
20-24	6.9	5.3	11.1	6.8	5.2	11.2	7.0	5.2	11.9
25-29	5.6	4.9	8.7	5.3	4.7	8.1	6.0	5.4	8.8
30+	8.4	6.9	15.5	8.1	6.7	15.0	7.7	6.1	15.9
Sussex	7.2	5.4	12.2	7.1	5.4	11.7	7.2	5.7	11.5
Less than 20	9.3	7.2	11.8	9.3	6.5	12.3	9.7	7.6	12.0
20-24	7.1	4.6	12.1	6.8	4.7	10.9	7.1	5.1	11.1
25-29	6.4	4.9	13.2	6.1	5.8	11.6	6.3	5.2	11.1
30+	6.7	6.0	11.5	7.1	6.2	12.5	6.8	6.0	12.1

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

Table 10:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births
U.S. and Delaware, 1984-1995

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

Source: Delaware Health Statistics Center

Low Birth
Weight Babies

Table 11:

Very Low Birth Weight Births by Age and Race of Mother

Five-Year Average Percentage of Very Low Birth Weight Births by Age and Race of Mother
Delaware and Counties, 1989-1995

Area/Age	1989-1993			1990-1994			1991-1995		
	All Races	White	Black	All Races	White	Black	All Races	White	Black
Delaware	1.6	1.0	3.5	1.6	1.0	3.4	1.6	1.1	3.2
Less than 20	2.4	1.7	3.2	2.4	1.6	3.3	2.4	2.4	3.2
20-24	1.7	0.9	3.5	1.6	0.9	3.1	1.6	1.1	2.9
25-29	1.3	0.9	3.2	1.3	0.9	3.2	1.4	1.0	3.0
30+	1.6	1.2	4.4	1.5	1.1	4.2	1.5	0.9	4.1
New Castle	1.8	1.1	4.0	1.7	1.1	3.8	1.7	1.1	3.6
Less than 20	2.8	2.0	3.6	2.8	1.9	3.6	2.5	2.6	3.2
20-24	1.9	0.9	3.9	1.9	1.0	3.4	1.8	1.2	3.2
25-29	1.4	0.9	3.6	1.4	0.8	3.8	1.5	1.0	3.5
30+	1.7	1.2	5.0	1.6	1.1	4.9	1.5	0.9	4.6
Kent	1.4	1.0	2.9	1.4	1.1	2.7	1.5	1.2	2.7
Less than 20	2.1	1.7	2.8	2.3	2.0	3.0	2.7	3.0	3.2
20-24	1.4	0.7	3.3	1.3	0.8	2.9	1.3	1.0	2.5
25-29	0.9	0.8	1.4	1.0	0.9	1.3	1.1	0.9	1.4
30+	1.8	1.4	4.2	1.6	1.3	3.5	1.6	1.1	3.8
Sussex	1.3	0.9	2.4	1.2	0.8	2.4	1.4	1.0	2.5
Less than 20	2.0	0.8	2.3	2.0	0.4	2.8	2.3	1.4	3.0
20-24	1.5	1.0	2.5	1.4	0.9	2.3	1.5	1.0	2.3
25-29	1.0	0.9	3.0	0.9	0.8	2.6	1.1	1.0	2.6
30+	0.9	0.9	1.6	0.9	0.8	1.5	1.0	0.7	1.8

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

Source: Delaware Health Statistics Center

Table 12:

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

Number and Percent of Live Births by Race of Mother, Birth Weight in Grams
and Adequacy of Prenatal Care, Delaware, 1991-1995

Birth Weight (g)	Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	39,138	73.8	10,499	19.8	2,889	5.4	529	1.0
<2500	2,579	61.9	1,056	25.4	445	10.7	84	2.0
<1500	529	62.2	191	22.5	99	11.6	31	3.6
1500-2499	2,050	61.9	865	26.1	346	10.4	53	1.6
2500+	36,551	74.8	9,441	19.3	2,443	5.0	423	0.9
Unknown	8	24.2	2	6.1	1	3.0	22	66.7
White	31,080	79.1	6,559	16.7	1,296	3.3	352	0.9
<2500	1,664	69.8	544	22.8	128	5.4	47	2.0
<1500	299	68.6	92	21.1	27	6.2	18	4.1
1500-2499	1,365	70.1	452	23.2	101	5.2	29	1.5
2500+	29,410	79.8	6,013	16.3	1167	3.2	287	0.8
Unknown	6	22.2	2	7.4	1	3.7	18	66.7
Black	7,156	57.1	3,706	29.5	1,524	12.2	157	1.3
<2500	844	50.2	490	29.2	311	18.5	35	2.1
<1500	221	55.0	97	24.1	71	17.7	13	3.2
1500-2499	623	48.7	393	30.8	420	18.8	22	1.7
2500	6,310	58.1	3216	29.6	1,213	11.2	118	1.1
Unknown	2	33.3	0	0.0	0	0.0	4	66.7
Other	902	73.6	234	19.1	69	5.6	20	1.6
<2500	71	70.3	22	21.8	6	5.9	2	2.0
<1500	9	75.0	2	16.7	1	8.3	0	0.0
1500-2499	62	69.7	20	22.5	5	5.6	2	2.2
2500+	831	73.9	212	18.9	63	5.6	18	1.6
Unknown	0	N/A	0	N/A	0	N/A	0	N/A

Source: Delaware Health Statistics Center

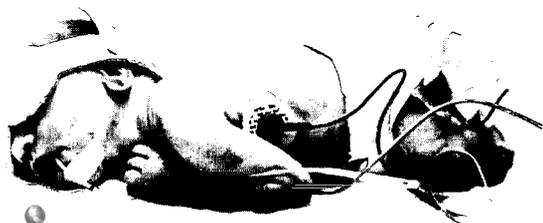


Table 13:

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

Number and Percent of Live Births by Age of Mother, Birth Weight in Grams
and Adequacy of Prenatal Care, Delaware, 1991-1995

Age Birth Weight (g)	Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	3,525	52.3	2,329	34.6	803	11.9	79	1.2
<2500	326	45.2	236	32.7	138	19.1	21	2.9
<1500	89	54.9	39	24.1	26	16.0	8	4.9
1500-2499	450	56.7	229	28.9	101	12.7	13	1.6
2500+	3199	53.2	2,093	34.8	664	11.0	57	0.9
Unknown	0	0.0	0	0.0	1	50.0	1	50.0
20-24 Years	8,418	66.3	3,132	24.7	1,007	7.9	133	1.0
<2500	564	56.5	281	28.1	136	13.6	18	1.8
<1500	114	55.3	52	25.2	35	17.0	5	2.4
1500-2499	450	56.7	229	28.9	101	12.7	13	1.6
2500+	7,851	67.2	2,850	24.4	871	7.5	111	1.0
Unknown	3	37.5	1	12.5	0	0.0	4	50.0
25-29 Years	12,682	79.5	2,551	16.0	559	3.5	165	1.0
<2500	728	66.6	255	23.3	86	7.9	24	2.2
<1500	147	65.9	49	22.0	17	7.6	10	4.5
1500-2499	591	66.8	206	23.7	69	7.9	14	1.6
2500+	11,953	80.5	2,296	15.5	473	3.2	132	0.9
Unknown	1	10.0	0	0.0	0	0.0	9	90.0
30-34 Years	10,422	82.1	1,796	14.2	363	2.9	106	0.8
<2500	661	71.2	196	21.1	54	5.8	18	1.9
<1500	116	70.3	34	20.6	9	5.5	6	3.6
1500-2499	545	71.3	162	21.2	45	5.9	12	1.6
2500+	9,759	83.0	1,600	13.6	309	2.6	83	0.7
Unknown	2	28.6	0	0.0	0	0.0	5	71.4
35+ Years	4,091	82.1	691	13.9	157	3.1	46	0.9
<2500	300	71.1	88	20.9	31	7.3	3	0.7
<1500	63	67.0	17	18.1	12	12.8	2	2.1
1500-2499	237	72.3	71	21.6	19	5.8	1	0.3
2500+	3,789	83.1	602	13.2	126	2.8	40	0.9
Unknown	2	33.3	1	16.7	0	0.0	3	50.0

Source: Delaware Health Statistics Center

 Low Birth
Weight Babies

Table 14:

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

Number and Percent of Live Births by Marital Status, Birth Weight in Grams,
and Adequacy of Prenatal Care, Delaware, 1991-1995

Marital Status Birth Weight (g)	Adequate		Intermediate		Inadequate		Number	Percent
	Number	Percent	Number	Percent	Number	Percent		
Married	29,088	82.5	5,075	14.4	782	2.02	313	0.9
<2500 (low birth weight)	1,580	74.6	431	420.3	67	3.2	40	1.9
<1500 (low birth weight)	290	73.4	72	18.2	15	3.8	18	4.6
1500-2499	1,290	74.9	359	20.8	52	3.0	22	1.3
2500+	27,501	83.0	4,642	14.0	7,015	2.2	258	0.8
Unknown	7	29.2	2	8.3	0	0.0	15	62.5
Single	10,050	56.5	5,424	30.5	2,107	11.8	216	1.2
<2500 (low birth weight)	999	48.8	625	30.5	378	18.5	44	2.2
<1500 (very low birth weight)	239	52.5	119	26.2	84	18.5	13	2.9
1500-2499	760	47.8	506	31.8	294	18.5	31	1.9
2500+	9,050	57.5	4,799	30.5	1,729	11.0	165	1.0
Unknown	1	11.1	0	0.0	1	11.1	7	77.8

Source: Delaware Health Statistics Center

Table 15:

Infant, Neonatal and Postneonatal Mortality Rates

Five-Year Average Infant Mortality Rates, Neonatal and Postneonatal Mortality Rates
U.S. and Delaware, 1988-1995

Area/Race	1988-1992			1989-1993			1990-1994			1991-1995		
	Infant	Neo-natal	Post-neonatal									
U.S.	9.3	5.9	3.4	9.0	5.4	3.3	8.6	5.4	3.2	8.3	5.3	3.0
White	7.7	4.8	2.8	7.3	4.6	2.7	7.0	4.4	2.6	6.8	4.3	2.5
Black	17.7	11.4	6.3	17.5	11.3	6.3	17.0	10.9	6.0	16.4	10.6	5.8
Delaware	10.9	7.6	3.2	10.4	7.2	3.1	9.3	6.4	2.9	8.9	6.0	2.9
White	8.2	5.9	2.3	7.5	5.5	2.0	6.6	4.7	1.9	6.4	4.5	2.0
Black	19.8	13.5	6.3	19.9	13.2	6.7	18.2	12.1	6.1	17.0	11.1	5.9

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

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

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

Table 16:

Infant Mortality Rates by Race

Five-Year Average Infant Mortality Rates by Race
U.S., Delaware, Counties and City of Wilmington, 1980-1995

Area/Race	1980-1984	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995
U.S.	11.6	11.2	10.9	10.6	10.4	10.2	9.9	9.6	9.3	9.0	8.6	8.3
White	10.1	9.8	9.5	9.2	9.0	8.7	8.3	8.0	7.7	7.3	7.0	6.8
Black	19.7	19.1	18.7	18.3	18.0	18.1	18.0	17.9	17.7	17.5	17.0	16.4
Delaware	12.4	12.6	12.2	11.8	12.1	12.3	11.3	11.5	10.9	10.4	9.3	8.9
White	9.4	9.7	9.7	9.3	9.6	9.9	8.9	8.9	8.2	7.5	6.6	6.4
Black	22.5	22.1	20.7	19.9	20.6	20.7	19.6	20.0	19.8	19.9	18.2	17.0
New Castle	12.9	13.5	13.1	12.6	12.3	12.5	11.2	11.3	10.8	10.7	9.5	9.0
White	9.5	10.2	10.1	9.6	9.5	9.6	8.4	8.6	7.9	7.5	6.5	6.3
Black	25.1	25.2	23.9	23.4	23.2	23.1	21.1	20.8	20.8	21.7	19.8	18.3
Wilmington	N/A	N/A	N/A	N/A	N/A	N/A	20.9	20.4	19.6	19.5	18.0	16.6
White	N/A	N/A	N/A	N/A	N/A	N/A	16.2	14.1	12.3	11.2	9.7	10.1
Black	N/A	N/A	N/A	N/A	N/A	N/A	23.8	24.2	23.8	24.3	22.8	20.4
Balance of NC Co.	N/A	N/A	N/A	N/A	N/A	N/A	8.6	9.0	8.6	8.5	7.5	7.2
White	N/A	N/A	N/A	N/A	N/A	N/A	7.6	8.1	7.4	7.1	6.2	5.9
Black	N/A	N/A	N/A	N/A	N/A	N/A	17.3	16.4	17.1	18.5	16.3	16.0
Kent	10.0	10.5	9.8	9.7	11.3	11.1	11.2	11.3	11.3	9.7	9.6	8.6
White	8.9	9.1	8.7	9.3	10.5	9.9	9.4	9.0	8.8	7.3	7.3	6.5
Black	14.1	14.9	13.5	11.3	14.4	15.6	17.7	19.0	19.9	17.9	17.6	15.5
Sussex	13.3	11.8	11.6	11.0	11.8	12.8	12.2	12.2	10.7	9.7	8.3	8.7
White	9.3	8.4	9.0	8.2	9.1	10.8	10.5	10.1	8.8	7.8	6.2	6.8
Black	22.7	20.0	17.9	17.8	18.5	18.0	16.8	18.0	16.1	15.3	13.7	13.9

Mortality Rates are deaths per 1,000 live births
Source: Delaware Health Statistics Center

Infant
Mortality



Table 17:

Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor
Delaware, 1990-1994

Risk Factor	All Races	White	Black
Birth weight			
< 1500 grams	337.6	311.4	355.8
< 2500 grams	83.8	69.9	103.0
2500+ grams	2.6	2.1	4.1
Age			
< 20	13.0	8.7	17.9
20-24	10.7	6.9	18.6
25-29	8.3	4.2	17.5
30+	7.4	5.9	16.9
Adequacy of Prenatal Care			
Adequate	7.3	5.1	17.2
Intermediate	10.9	8.3	15.0
Inadequate	20.5	17.9	23.4
Marital Status			
Married	6.4	5.3	15.2
Single	15.1	11.0	18.9
Education			
< 12 years	11.8	8.3	17.3
High School diploma	11.6	7.2	18.5
1+ years of college	6.5	4.6	16.4

Source: Delaware Health Statistics Center

Infant Mortality



Table 18:

Infant Deaths by Causes of Death and Race of Mother

Number and Percent of Infant Deaths by Selected Leading Causes of Death by Race of Mother
(all birth weights) Delaware, 1990-1994

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	496	100.0	257	100.0	228	100.0	11	100.0
Birth Defects	95	19.2	68	26.5	24	10.5	3	27.3
Certain Conditions Originating in the Perinatal Period	254	51.2	115	44.7	132	57.9	7	63.6
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	112	22.6	44	17.1	64	28.1	4	36.4
Symptoms, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	72	14.5	40	15.6	31	13.6	1	9.1
Infectious and Parasitic Diseases	20	4.0	7	2.7	13	5.7	0	0.0
Unintentional Injuries	10	2.0	4	1.6	6	2.6	0	0.0
Homicide	4	0.8	2	0.8	2	0.9	0	0.0
Diseases of the Respiratory System	9	1.8	2	0.8	7	3.1	0	0.0
All Other Causes	32	6.5	19	7.4	13	5.7	0	0.0

Source: Delaware Health Statistics Center
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.

Infant
Mortality



Table 19:

Causes of Deaths of Children by Age

Five Leading Causes of Deaths of Children 1-19 Years Old, by Age
Delaware, 1991-1995

Age	Cause of Death	Deaths	
		Number	Percent
1-4 Years	Unintentional Injuries*	29	39.2
	Homicide	10	13.5
	Birth Defects	7	9.5
	Cancer	2	2.7
	Heart Diseases	3	4.1
	All Other Causes	23	31.1
	Total	74	100.0
5-14 Years	Unintentional Injuries*	35	38.5
	Cancer	13	14.3
	Homicide	7	7.7
	Birth Defects	5	5.5
	Suicide	4	4.4
	All Other Causes	27	29.7
	Total	91	100.0
15-19 Years	Unintentional Injuries*	66	49.2
	Suicide	11	8.2
	Homicide	11	8.2
	Cancer	17	12.7
	Heart Diseases	9	6.7
	All Other Causes	20	15.0
	Total	134	100.0

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

Child Deaths
& Teen Deaths



Table 20:

Violent Juvenile Arrests

Juvenile Violent Crime Arrests, Delaware and Counties, 1988–1995

Area	1988	1989	1990	1991	1992	1993	1994	1995	% change
Delaware	191	214	374	594	537	525	514	588	148.1
New Castle	139	133	251	254	317	328	321	382	157.2
Kent	24	38	54	70	107	100	90	93	134.7
Sussex	29	43	69	70	113	97	103	113	132.9

Source: Statistical Analysis Center

Table 21:

Juvenile Part I Violent Crime Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–1995

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

Source: Statistical Analysis Center

Juvenile
Violent Crime
Arrests

Table 22:

Juvenile Part I Property Crime Arrests

Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–1995

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

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

Table 23:

Juvenile Part II Crime Arrests

Juvenile Arrests for Part II Crimes*, Delaware and County, 1990–1995

	1990	1991	1992	1993	1994	1995
Delaware	3,955	4,018	3,795	4,005	3,911	4,492
New Castle	2,556	2,649	2,260	2,363	2,173	2,456
Kent	658	631	695	740	756	852
Sussex	741	738	840	902	982	1,184

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

Table 24:

Juvenile Drug Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–1995

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

Source: Statistical Analysis Center

Table 25:

Student Violence and Possession

Reports of Student Violence and Possession (HB 85* and SBE**) Delaware and Counties, 1994/95 School Year

Type of Incident	New Castle County	Kent County	Sussex County	Delaware Totals***
Assault against pupil	314	88	73	478
Extortion against pupil	15	1	6	22
Total reports against pupils	329	89	79	500
Assault against employee	57	15	13	86
Extortion against employee	0	0	0	0
Offensive touch against employee	181	35	43	260
Terroristic threatening against employee	64	23	18	110
Total reports against employees	302	73	74	456
Possession of instrument/weapon	181	34	44	261
Possession of controlled substance	69	37	33	140
Total reports of possession	250	71	77	401
Total HB 85 reports filed	881	233	230	1,357
SBE reports filed	71	34	30	150
Total reports filed	952	267	260	1,507

* House Bill 85: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police.

** SBE (State Board of Education) Reports: Expands the reporting requirements of HB 85 to include evidence of other incidents involving school children such as arson and forgery.

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

Source: State of Delaware, Department of Education

Juvenile
Violent Crime
Arrests

Table 26:

Student Violence and Possession Charges Filed

Incidents in which Police Charges Were Filed
Delaware, 1994/95 School Year

Incident	Reports	Charges Filed	Percent
HB 85 incidents against pupils	500	126	25
HB 85 incidents against employees	456	166	36
Possession of dangerous instrument/weapon	261	59	23
Possession of unlawful controlled substance	140	64	46
SBE reports	150	56	37
Total Reports	1,507	471	31

Source: State of Delaware, Department of Education

Table 27:

Student Violence and Possession by Age

Student Violence Data (HB 85* and SBE**) by Number and Age of Perpetrators, School Year 1994/95

	Ages 4-6	Ages 7-9	Ages 10-12	Ages 13-15	Ages 16-20	Total
Number of Students	32	153	382	626	371	1,564
Percent	2.0	10.0	24.0	40.0	24.0	100.0

* House Bill 85: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police.

** SBE (State Board of Education) Reports: Expands the reporting requirements of HB 85 to include evidence of other incidents involving school children such as arson and forgery.
Source: State of Delaware, Department of Education

Table 28:

Student Violence and Possession by Gender and Ethnicity

Student Violence Data (HB 85* and SBE**) by Gender and Ethnicity of Perpetrators, School Year 1994/95

Ethnicity of Perpetrators	Female	% of Total Perpetrators	Male	% of Total Perpetrators	Total	% of Total Perpetrators
American Indian	1	0.1	1	0.1	2	0.1
Asian	3	0.2	6	0.4	9	0.6
African American	195	12.5	667	42.6	862	55.1
Caucasian	133	8.5	496	31.7	629	40.2
Hispanic	9	0.6	53	3.4	62	4.0
Total	341	21.8	1223	78.2	1,564	100.0

* House Bill 85: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police.

** SBE (State Board of Education) Reports: Expands the reporting requirements of HB 85 to include evidence of other incidents involving school children such as arson and forgery.
Source: State of Delaware, Department of Education

Table 29:

School Enrollment

School Enrollment, All Persons Ages 3 and Over by Level and Public/Non-Public Status
U.S. and Delaware, 1990 Census

	Total Enrollment All Persons Ages 3+ 1990	Percentage Change 1980-1990	Early Childhood Program 1990	Percentage in Public School	Elementary/High School	Percent in Public School
U.S.	64,987,101	4.7	4,503,285	59.5	42,566,788	90.2
Delaware	171,219	1.8	12,068	49.2	108,041	83.5

Source: Population Reference Bureau

Table 30:

Dropouts

Delaware Dropouts 1994/95, Summary Statistics Grades 9-12

	Annual Dropout Rate (%)	Percentage of All Dropouts (%)
Total	4.6	100.0
Gender		
Male	5.6	62.0
Female	3.6	38.0
Race/Ethnicity		
American Indian	1.2	0.0
African American	5.8	35.3
Asian	3.1	1.2
Hispanic	7.5	5.6
White	4.0	57.8
Age		
Less than 16	1.6	18.3
16	5.8	29.9
17	7.8	30.9
Greater than 17	19.0	21.0

Source: State of Delaware, Department of Education

Table 31:

Dropouts and Enrollment by Race

Delaware Dropouts and Student Enrollment by Race, Public School Students Delaware and Counties, 1994/95 School Year

Area	Number of Enrolled Students, Grades 9-12				Number of Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	8,399	1,035	20,560	29,994	490	78	821	1,389
New Castle	5,343	731	11,699	17,773	315	55	484	854
Kent	1,582	190	4,647	6,419	87	11	176	274
Sussex	1,474	114	4,214	5,802	88	12	161	261

Source: State of Delaware, Department of Education

Table 32:

Dropout Rate and Percentage by Race

Dropout Rate and Percentage of all Dropouts by Race, Public School Students
Delaware and Counties, 1994/95 School Year

County	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.8	7.5	4.0	4.6	35.3	5.6	59.1	100.0
New Castle	5.9	7.5	4.1	4.8	36.9	6.4	56.7	100.0
Kent	5.5	5.8	3.8	4.3	31.8	4.0	64.2	100.0
Sussex	6.0	10.5	3.8	4.5	33.7	4.6	61.7	100.0

Source: State of Delaware, Department of Education

Table 33:

Enrollment and Dropouts by Race and Gender

Student Enrollment and Delaware Dropouts by Race and Gender
Public School Students in Delaware, 1994/95 School Year

Gender	Number of Enrolled Students, Grades 9-12				Number of Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	8,399	1,035	20,560	29,994	490	78	821	1,389
Male	4,166	539	10,673	15,378	291	53	517	861
Female	4,233	496	9,887	14,616	199	25	304	528

Source: State of Delaware, Department of Education

Table 34:

Dropout Rate and Percentage by Race and Gender

Dropout Rate and Percentage of all Dropouts by Race and Gender
Public School Students in Delaware, 1994/95 School Year

Gender	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.8	7.5	4.0	4.6	35.3	5.6	59.1	100.0
Male	7.0	9.8	4.8	5.6	21.0	3.8	37.2	62.0
Female	4.7	5.0	3.1	3.6	14.3	1.8	21.9	38.0

Source: State of Delaware, Department of Education

Table 35:

Teens Not in School and Not Working

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

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

Source: U.S. Bureau of the Census

Teens Not in School and Not Working



Table 36:

Income of Families with Children by Family Type

Mean Income of Families With Own Children by Family Type, 1990 Census
Percent Change, 1980 and 1990 Census
U.S. and Delaware

Area	Married-Couple	Percent Change from 1980-1990	Female Householder	Percent Change from 1980-1990	Male Householder	Percent Change
U.S.	\$48,880	11.2	\$16,568	-1.4	\$27,592	-10.7
Delaware	\$53,832	19.7	\$19,306	19.6	\$28,736	-2.4

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

Table 37:

Subsidized Child Care

Average Number of Children Per Year in State Subsidized Child Care
Delaware, Fiscal Years 1991-1995

	1991	1992	1993	1994	1995
Delaware Totals	2,942	3,591	4,629	5,056	5,710
Welfare Reform*	1,165	1,509	2,038	2,686	3,316
Income Eligible**	1,777	2,082	2,591	2,370	2,394

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

** The income eligible numbers reflect the working poor families below 155% of poverty. 90% of children with authorization to receive subsidized child care attend in a given month.

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

Table 38:

Free and Reduced Breakfasts

Average Number of Free and Reduced Breakfasts Served Daily and Percent of Total Served
Delaware and Counties, 1990/91–1995/96 School Years

	1990-1991		1991-1992		1992-1993		1993-1994		1994-1995		1995-1996	
	Number	%										
Delaware	7,703	83.1	9,028	84.1	11,537	84.6	12,375	83.4	12,612	82.8	12,484	82.2
New Castle	3,942	88.0	4,707	89.2	5,096	89.0	5,748	86.9	6,272	85.3	5,806	84.6
Kent	2,523	78.5	2,749	78.6	3,281	79.8	3,112	78.2	2,604	77.7	3,133	77.3
Sussex	1,238	75.9	1,572	78.6	3,160	80.8	3,515	82.1	3,736	83.2	3,545	82.3

Source: State of Delaware, Department of Education

Table 39:

Free and Reduced Lunches

Average Number of Free and Reduced Lunches Served Daily and Percent to Total Enrollment
Delaware and Counties, 1994/95–1996/97 School Years

		1994-1995		1995-1996		1996-1997	
		Number	%	Number	%	Number	%
Delaware	Enrollment	107,013		108,461		110,245	
	Free	30,981		31,247		32,208	
	Reduced	5,389		5,892		6,088	
	Percent Free and Reduced		33.9		34.2		34.7
New Castle	Enrollment	62,414		63,440		64,609	
	Free	17,435		17,912		17,720	
	Reduced	2,782		3,120		3,223	
	Percent Free and Reduced		32.4		33.2		32.4
Kent	Enrollment	24,257		24,472		27,749	
	Free	6,903		6,533		7,056	
	Reduced	1,607		1,612		1,640	
	Percent Free and Reduced		35.1		33.3		35.1
Sussex	Enrollment	20,342		20,549		20,887	
	Free	6,643		6,802		7,432	
	Reduced	1,000		1,160		1,225	
	Percent Free and Reduced		37.8		38.7		41.4

Source: State of Delaware, Department of Education

Table 40:

Children Without Health Insurance

Percentage of Children Not Covered by Health Insurance
U.S. and Delaware, Three-Year Moving Average, 1986-1995

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

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

Table 41:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years
Annual Income in Dollars, U.S., 1995

Size of Family Unit	Related Children under 18 years old								
	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person under 65 years old	\$ 7,929								
One Person 65 years old or older	7,309								
Two Persons, householder under 65	10,205	10,504							
Two Persons, householder 65 or older	9,212	10,465							
Three Persons	11,921	12,267	12,278						
Four Persons	15,719	15,976	15,455	15,509					
Five Persons	18,956	19,232	18,643	18,187	17,909				
Six Persons	21,803	21,890	21,439	21,006	20,364	19,983			
Seven Persons	25,088	25,244	24,704	24,328	23,627	22,809	21,911		
Eight Persons	28,058	28,306	27,797	27,350	26,717	25,913	25,076	24,863	
Nine Persons or More	33,752	33,916	33,465	33,086	32,464	31,609	30,835	30,644	29,463

Source: U.S. Census Bureau



Table 42:

Low Income Persons and Related Children 5-17

Estimated Number and Percent Poor for Total Persons and Related Children Age 5-17 and
Estimated Median Household Income, Delaware and Counties, 1993 (Population as of March 1994)

State/County	Total Poor		Poor Related Children 5-17		Median Household Income (in Dollars)
	Number	Percent	Number	Percent	
Delaware	78,200	11.1	18,234	14.6	36,003
New Castle	45,192	9.8	10,173	12.7	41,274
Kent	15,478	13.0	3,765	16.4	32,811
Sussex	17,530	14.1	4,296	19.9	28,648

Source: Delaware Economic Development Office

Table 43:

Families with Children by Family Type

Number and Percent of Families with Related Children Under 18 Years of Age by Family Type
Delaware, 1980 and 1990 Census

Type of Family	1980		1990		Percentage Change 1980-1990
	Number	Percent	Number	Percent	
One-Parent	18,025	21.2	21,708	24.3	14.6
Male Head of Household	2,815	3.3	4,083	4.6	39.4
Female Head of Household	15,210	17.9	17,625	19.7	10.1
Married Couple	67,002	78.8	67,642	75.7	-3.9
Total	85,027	100.0	89,350	100.0	

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

Children
in Poverty



Table 44:

Poverty Rates for One-Parent Families

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

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

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

Table 45:

Poverty Rates for Female Householder Families

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

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

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

Children in
One-Parent
Families

Children in
One-Parent
Families

Table 46:

Children in Poverty by Family Type

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

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

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

Table 47:

Percentage of Births to Single Mothers

Five Year Average Percentage of Live Births to Single Mothers
U.S., Delaware, Counties, 1983-1995

Area/Race	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995
U.S.	22.3	23.4	24.6	25.8	27.0	28.1	29.1	30.2	31.1
White	14.6	15.6	16.8	18.0	19.2	20.4	21.5	22.7	23.7
Black	60.2	61.3	62.6	63.9	65.2	66.4	67.4	68.3	69.0
Delaware	26.3	26.4	27.3	27.9	28.9	29.9	31.3	32.3	33.5
White	13.7	14.2	14.9	15.4	16.3	17.3	18.6	20.0	21.5
Black	67.4	66.9	68.2	68.7	69.7	70.6	72.1	72.6	73.0
New Castle	25.8	25.5	26.3	26.7	27.6	28.7	29.8	30.7	31.8
White	13.3	13.7	14.2	14.5	15.1	16.1	17.2	18.3	19.8
Black	68.9	68.7	69.5	69.8	70.6	71.5	72.5	72.8	72.9
Kent	23.8	24.4	25.9	27.0	28.4	29.6	31.3	32.4	33.6
White	13.5	14.6	15.6	16.5	17.7	19.5	21.0	22.4	23.5
Black	57.5	56.9	59.2	60.6	62.0	62.4	64.8	65.9	67.0
Sussex	31.5	32.2	33.0	33.5	34.9	35.5	37.2	39.1	40.4
White	14.4	16.3	17.3	18.2	19.7	20.4	22.2	24.3	26.3
Black	71.7	71.1	72.9	73.2	74.9	75.5	77.8	78.2	78.5

Source: Delaware Health Statistics Center

Children in Poverty
One-Parent Families

Table 48:

Available Child Care

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

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

* Child Care Center- 13 or more children

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

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

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

Table 49:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age
Delaware by Counties, 1997

Age	Day Care Centers			Family Child Care Homes		
	Minimum	Average	High	Minimum	Average	High
New Castle						
0–12 months	67	125	190	55	97	175
1 and 2 years old	67	108	185	53	82	175
3 years and older	46	98	180	42	56	162
Kent						
0–12 months	63	84	144	50	72	125
1 and 2 years old	59	76	115	50	69	90
3 years and older	54	74	112	42	66	90
Sussex						
0–12 months	53	82	105	35	68	100
1 and 2 year old	53	72	97	35	65	93
3 years and older	46	67	93	32	61	92

Source: The Family and Workplace Connection

Table 50:

Child Abuse and Neglect

Reported and Confirmed Cases of Child Abuse/Neglect, Delaware 1990–1995

Fiscal Year	1993	1994	1995	1996	1997
Accepted reports	4,541	4,886	5,584	5,117	6,945
Substantiated Claims	1,771	1,856	1,787	1,740	1,667

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

Table 51:

Foster Care

Children in Foster Care, Delaware, 1990-1995

	1990	1991	1992	1993	1994	1995
Average number of children per month	678	743	725	729	793	892

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

Table 52:

Leaving Foster Care

Children Exiting Foster Care, 1995

	Number of Children
Total children exiting foster care	712
Returned to parent	332
Returned to parent with DFS custody	175
Custody to relative	72
Adoption	32
Reached maturity (e.g. married, emancipated)	45
Custody to some other agency	10
Custody to non-relative	7
Runaways	14
Other (not specified)	25

Source: State of Delaware, Delaware Health and Social Services



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