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ABSTRACT

This Kids Count Fact Book is combined with the Families Count Fact Book to provide information on statewide trends affecting children and families in Delaware. The Kids Count and Families Count indicators have been combined into four new categories: health and health behaviors, educational involvement and achievement, family environment and resources, and community environment and resources. The Kids Count statistical profile is based on 10 main indicators of child well-being: (1) births to teens 15-17 years; (2) low birth weight babies; (3) infant mortality; (4) child deaths; (5) teen deaths by accident, homicide, and suicide; (6) high school dropouts; (7) teens not in school and not working; (8) children in poverty; (9) children in families with no parent employed full-time; and (10) children in one-parent households. Additional issues affecting children profiled in the report include: prenatal care; educational involvement and achievement; substance abuse; and asthma data. Indicators showing improvement are the teen birth rate, percent of children in poverty, and percent of children in one-parent families. Of concern are the rising numbers of low birth weight babies and the infant mortality rate. Other indicators, such as child death rate and teen deaths by accident, homicide and suicide have remained stable. The Families Count statistical profile details the conditions of families, children, and individuals in Delaware communities. Indicators include child support collections, home ownership, health care coverage, unemployment, domestic violence, and adult crime. The first part of the Fact Book details data for individual indicators; for each indicator a flag shows how the state compares to the U.S. average, and the recent state trend. The second part

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presents tables of data indicating long-term trends per indicator. (HTH)

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KIDS COUNT IN DELAWARE FAMILIES COUNT IN DELAWARE *Fact Book 2003*



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State of Delaware Office of the Governor

Ruth Ann Minner
Governor

Dear Friends:

As Governor, I have made improving the care, education and safety of Delaware's children my top priority and I will continue to do so. And that is why I support and believe in the KIDS COUNT/FAMILIES COUNT Fact Book.

As a mother, grandmother and most recently great grandmother, there is no question that I hold children in a special place in my heart. They are indeed our future.

Understanding the facts is the first step to being able to devise the solutions. The statistics provided in the 2003 KIDS COUNT/FAMILIES COUNT Fact Book paints a poignant picture for child advocates, lawmakers, educators, business leaders and so many others about the health and well being of Delaware's children. After all, when our children are involved there can never be too much information.

I hope you find this report helpful and informative in your continued efforts to help ensure a bright future for the children of Delaware.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Ann Minner".

Ruth Ann Minner
Governor



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KIDS COUNT IN DELAWARE FAMILIES COUNT IN DELAWARE

Fact Book 2003

*Funded by The Annie E. Casey Foundation,
the University of Delaware,
and the State of Delaware*



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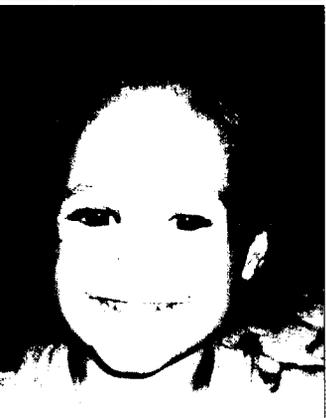
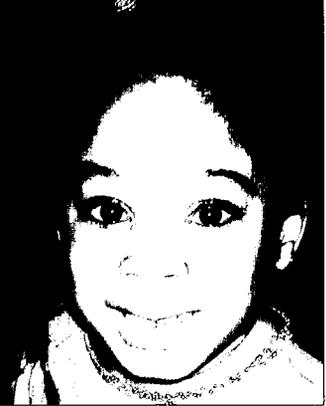
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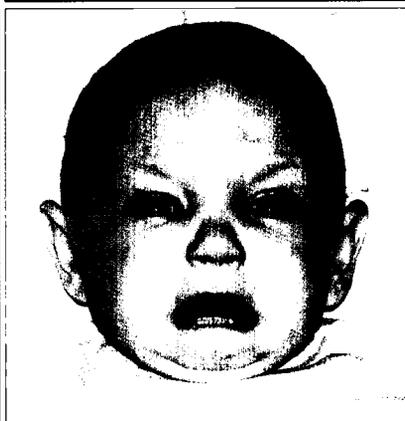
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A special thank you to the Delaware children and families featured on the cover and throughout this book.



*Dedicated to the KIDS COUNT/
FAMILIES COUNT Data Committee
who gather the data, knowing
there are faces behind each number.*



A Message from KIDS COUNT in Delaware



Children get our attention. Dressed in Halloween costumes, singing a song, sharing their art, or winning the league championship, they catch our eyes and make us smile.

But there are children we don't see, those not gathered on the playground or classroom, who also deserve our attention. These are the children with life circumstances that hinder their development. The indicators in KIDS COUNT/FAMILIES COUNT help us shape policies that make children's lives better. They are tools for accountability, a means for finding the areas most in need of intervention and for measuring the effectiveness of the solutions we implement.

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

This effort joins with Governor Minner's commitment to children and families through the FAMILIES COUNT in Delaware initiative, which expands upon the ten tracking indicators of the National KIDS COUNT Data Book to look at a broad range of indicators related to children and families. This year, the newly appointed FAMILIES COUNT Committee along with the KIDS COUNT Board and Data Committee have organized the indicators into four categories: Health and Health Behaviors, Educational Involvement and Achievement, Family Environment and Resources, and Community Environment and Resources.

In the book you will also find responses from the University of Delaware's Center for Alcohol and Drug Studies yearly school surveys that include a wide range of questions about youth behaviors and habits, parental involvement, and connections to communities. We hope that incorporating these asset-based indicators into each category under the heading "Delaware Children Speak" will support Delaware's effort to create a more unified vision for youth development that helps our youth to learn, thrive, be connected, work and lead.

We at KIDS COUNT also encourage you to use the latest tool from the Casey Foundation—KIDS COUNT Online at www.kidscount.org. Over the past several years The Annie E. Casey Foundation and KIDS COUNT have developed a number of new and exciting features for the website.

The site aims to be the most comprehensive and user-friendly resource on the Web for data on and analyses of critical issues affecting children and families. With that goal in mind, the Casey Foundation has built a dynamic system that allows users to search and manipulate data from KIDS COUNT Data Books as well as from the 2000 Census and other sources. Not only does this system provide easy access to simple, printer-ready tables, but it also supplies users of all skill levels with tools to make graphs and maps and to download raw data files.

Data do not have feelings or personalities, but the families and children behind these number do. Behind each number is a child's life. It is our job as advocates and policy makers to connect the data with the reality of the lives of children. Together, we can have a positive and long-lasting impact on the lives of our children and, through them, the future of the state.

Steven A. Dowsen, M.D.
Chair, Board

Theodore W. Jarrell, Ph.D.
Chair, Data Committee

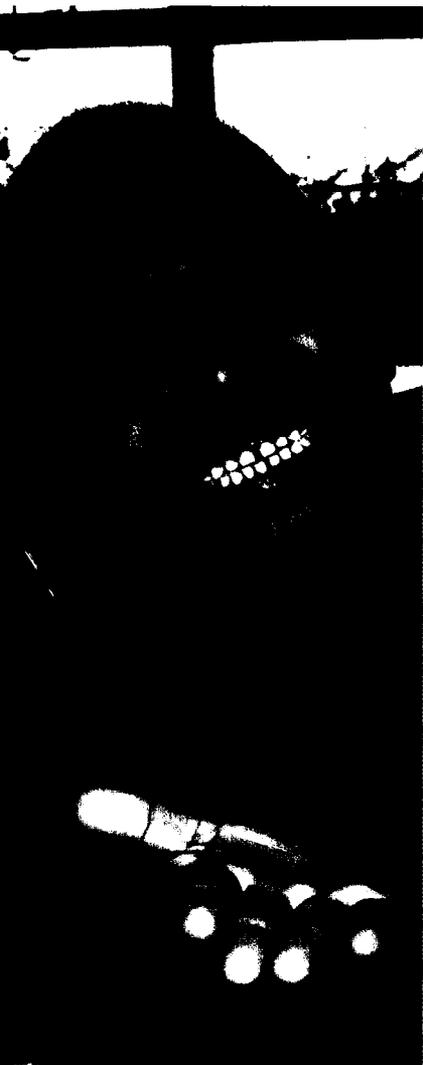


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KIDS COUNT ***in Delaware***

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

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

Health and Health Behaviors

Educational Involvement and Achievement

Family Environment and Resources

Community Environment and Resources

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

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

The featured indicators are:

Births to teens

Low birth weight babies

Infant mortality

Child deaths

Teen deaths by accident, homicide, and suicide

Teens not graduated and not enrolled

Teens not in school and not working

Children in poverty

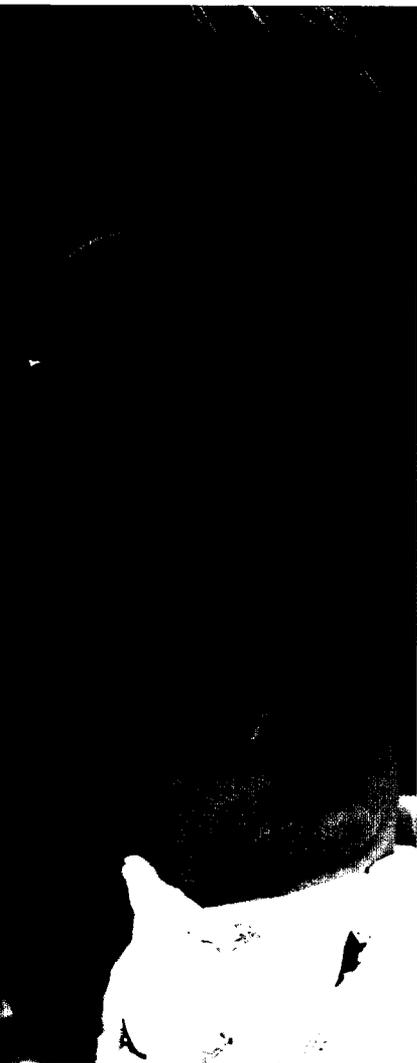
Children with no parent with full-time employment

Children in one-parent families

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

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

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





Trends in Delaware

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

- The teen birth rate, percent of children in poverty and percent of children in one-parent families have all improved.
- Of concern are the rising number of low birth weight babies and the infant mortality rate.
- The child death rate, teen deaths by accident, homicide and suicide, the percent of high school dropouts and teens not attending school and not working have remained fairly stable.
- The new indicator of the percent families where no parent has full-time employment is better than the U.S. rate and remaining fairly constant.

Making Sense of the Numbers

The information on each indicator is organized as follows:

- Definition a description of the indicator and what it means
- Impact the relationship of the indicator to child and family well-being
- Related information material in the appendix or in FAMILIES COUNT relating to the indicators

Sources of Data

The data are presented primarily in three ways:

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

The data has been gathered primarily from:

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



Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2003 uses the most current, reliable data available. Where data was inadequate or unavailable, N/A was used. For some data, only the decennial census has information at the county level.

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

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

Fiscal Year Data: Most data presented here 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, respectively.

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

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

In a state with a small population such as Delaware, the standard sampling error is somewhat larger than in most states. For this reason, KIDS COUNT has portrayed the high school dropout rate in two ways: the sampling size, which shows trends, and the Department of Education's dropout numbers. There is a slight variation in those two graphs due to the size of the population.

Numbers, Rates, and Percentages

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

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

A Caution About Drawing Conclusions

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

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

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



What's New This Year

This report represents the fifth edition of the combined KIDS COUNT/FAMILIES COUNT Fact Book and the eighth edition of the KIDS COUNT in Delaware Fact Book focusing on measuring child and family well-being. Over the years most key trend measures have remained consistent, but changes are made as new data become available and measures are modified to focus on particular issues. Look for these changes:

- **Percent of children in households living in families where no parent has full-time, year-round employment**

This indicator has replaced the juvenile violent crime arrest rate as one of the ten key KIDS COUNT indicators. It is very similar to the measure called “secure parental employment” used by the Federal Interagency Forum on Child and Family Statistics. For children living in single-parent families, this means the resident parent did not work at least 35 hours per week, at least 50 weeks in the previous calendar year. For children living in married-couple families, this means neither parent worked at least 35 hours per week, at least 50 weeks in the previous calendar year.

- **New KIDS COUNT/FAMILIES COUNT Categories**

- Health and Health Behaviors
- Educational Involvement and Achievement
- Family Environment and Resources
- Community Environment and Resources

- **Delaware Children Speak**

Responses from the University of Delaware’s Center for Alcohol and Drug Studies school surveys on issues about youth behaviors and habits, parental involvement and connections to communities present a picture using a strength-based approach to healthy development. These developmental assets clearly show important roles that families, schools, congregations, neighborhoods, youth organizations, and other in communities play in shaping young people’s lives.

- **Poverty Maps**

Census tract maps created by the Center for Applied Demography and Survey Research show the number of children living in poverty based on the latest data from the 2000 census (pages 81–83). To find a more detailed description of the census tracts and blocks used in the poverty maps as well as the in the maps entitled “Where the Kids Are” (pages 15–17), use the internet site for the U.S Census Bureau’s American Fact Finder.

The American Fact Finder Reference Maps are located in the lower-right corner of the American Fact Finder Page. Select “Reference Maps.” Select “Change Selections/Geography.” Then select the geographic type (i.e., census tract), then state, county, and tract number. The site will create a map with street locations and landmarks.

- **Indicators on post-secondary plans and youth and gambling**

For the first time, the Delaware Department of Education has released information on the status of the 2001 high school graduates. In contrast to questionnaires given to high school seniors immediately upon graduation, this information reports on the status of these graduates nine months later.

We are grateful to the Center for Drug and Alcohol Studies at the University of Delaware and the Delaware Council on Gambling Problems, Incorporated for providing new data on youth and gambling. This data is new not only for Delaware but nationally, as little information has been gathered in the past on this subject at any level. We are pleased to be able to present this information in this edition of the Fact Book and look forward to further study of this issue.



Births to Teens Page 72

Number of births per 1,000 females ages 15-17
Five year average, 1997-01: Delaware 31.4
1996-00: U.S. 30.4*

*U.S. data not available for 1997-01. 1996-00 data used for comparison.

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

RECENT
TREND
IN DELAWARE **GETTING
BETTER**

Low Birth Weight Babies Page 24

Percentage of infants weighing less than 2,500 grams
(5.5 lbs.) at live birth (includes very low birth weight)
Five year average, 1996-00: Delaware 8.6, U.S. 7.5

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

RECENT
TREND
IN DELAWARE **GETTING
WORSE**

Infant Mortality Page 26

Number of deaths occurring in the first year
of life per 1,000 live births
Five year average, 1996-00: Delaware 8.4, U.S. 7.1

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

RECENT
TREND
IN DELAWARE **GETTING
WORSE**

Child Deaths Page 37

Number of deaths per 100,000 children 1-14 years old
Five year average, 1996-00: Delaware 22.1, U.S. 24.2

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

RECENT
TREND
IN DELAWARE **ABOUT THE
SAME**

Teen Deaths by Accident, Homicide, and Suicide Page 40

Number of deaths per 100,000 teenagers
15-19 years old
Five year average, 1996-00: Delaware 51.8, U.S. 53.2

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

RECENT
TREND
IN DELAWARE **ABOUT THE
SAME**



High School Dropouts Page 62

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

School year, 2000–01: Delaware 4.2

RECENT TREND IN DELAWARE ABOUT THE SAME

Teens Not Attending School and Not Working Page 64

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

Three year average, 2000–02: Delaware 10.2, U.S. 8.0

DELAWARE COMPARED TO U.S. AVERAGE WORSE

RECENT TREND IN DELAWARE ABOUT THE SAME

Children in Poverty Page 78

Percentage of children in poverty. In 2002 the poverty threshold for a one-parent, two-child family was \$14,480. For a family of four with two children, the threshold was \$18,244.

Three year average, 2000–02: Delaware 14.6, U.S. 16.4

DELAWARE COMPARED TO U.S. AVERAGE BETTER

RECENT TREND IN DELAWARE GETTING BETTER

No Parent with Full-time Employment Page 77

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

Three year average, 2000–02: Delaware 20.1, U.S. 23.9

DELAWARE COMPARED TO U.S. AVERAGE BETTER

RECENT TREND IN DELAWARE GETTING BETTER

Children in One-Parent Families Page 84

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

Three year average, 2000–02: Delaware 33.7, U.S. 29.7

DELAWARE COMPARED TO U.S. AVERAGE WORSE

RECENT TREND IN DELAWARE GETTING BETTER

Counting the Kids: Delaware Demographics



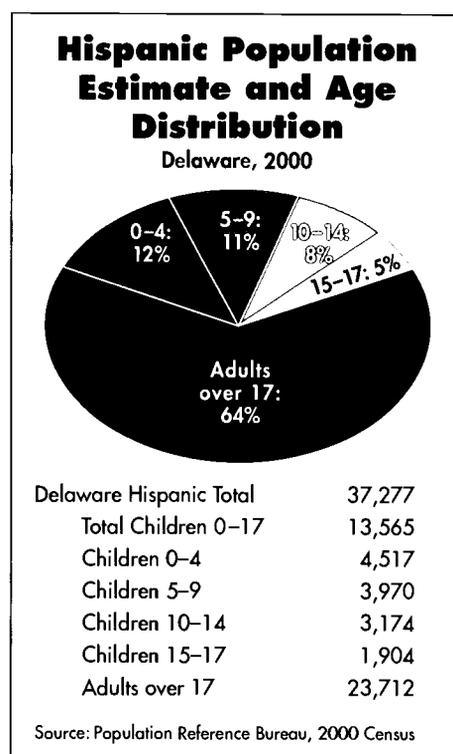
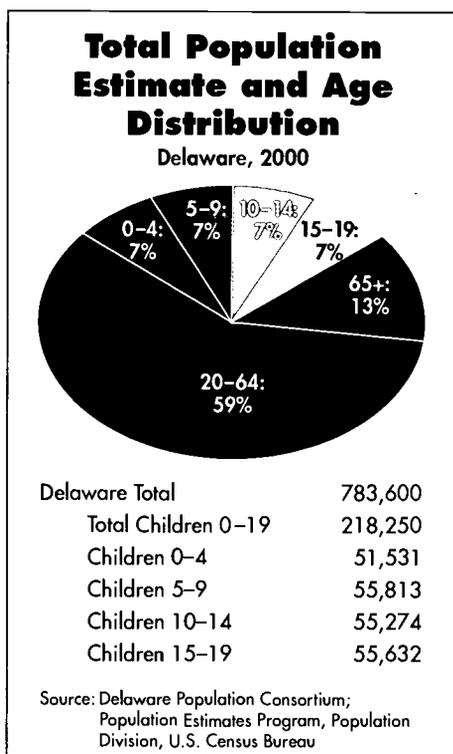
The first data released from the 2000 Census provides a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child-centered society now than we were 100 years ago. In the United States, children accounted for 40 percent of the population in 1900, but only 26 percent in 2000. Similar trends are evident in Delaware.

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

Source: 2000 Census, U.S. Census Bureau

Nationwide the number of children grew 14 percent between 1990 and 2000. Delaware experienced an increase of 19 percent, growing from 163,341 children in 1990 to 194,587 in 2000. This increase ranked Delaware as having the 11th highest percentage increase among all fifty states.

Sussex County had the largest percentage increase of children (30%), followed by New Castle County (18%) and Kent County (14%).

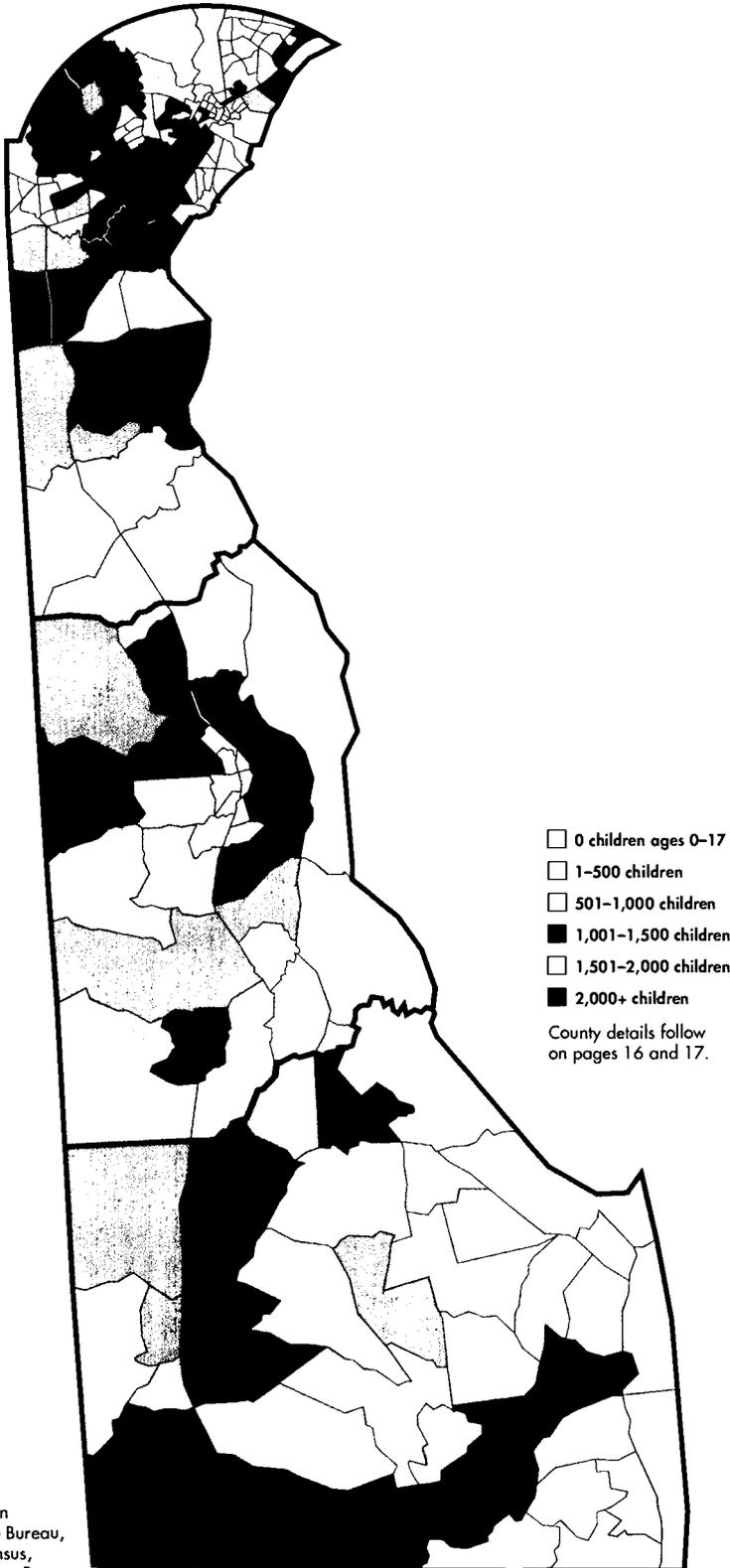


The Hispanic population in Delaware grew from 15,820 in 1990 to 37,277 in 2000, an increase of 136%. Among the counties, Sussex showed the largest percent increase at 369%. The census county divisions that showed that greatest increase were Georgetown (1536%), Selbyville-Frankford (816%), and Millsboro (670%).



Where the Kids Are

Delaware Census Tracts, 2000

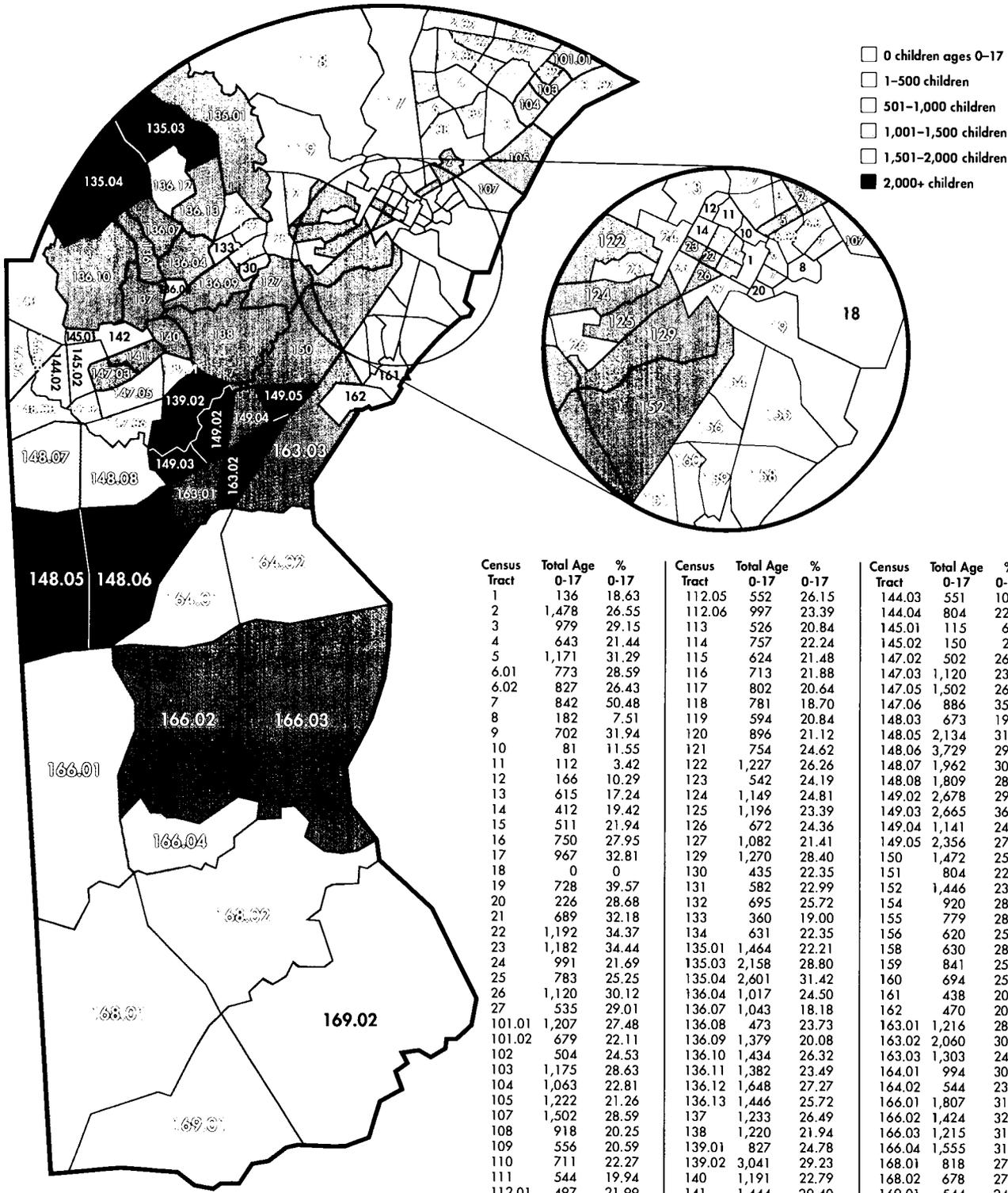


Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

For detailed information on census tracts and blocks: <http://factfinder.census.gov>



Where the Kids Are New Castle County, 2000



- 0 children ages 0-17
- 1-500 children
- 501-1,000 children
- 1,001-1,500 children
- 1,501-2,000 children
- 2,000+ children

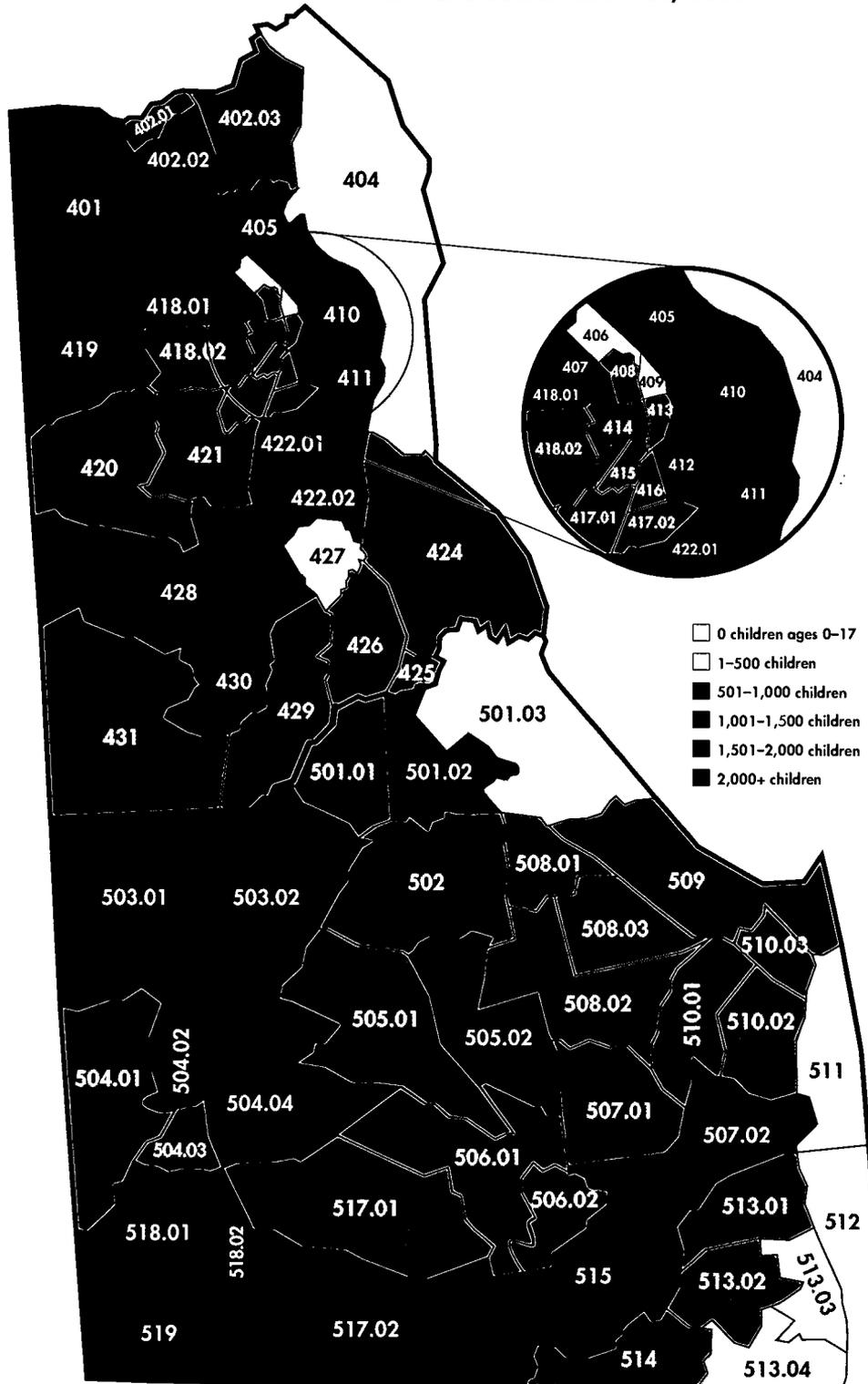
Census Tract	Total Age 0-17	% 0-17	Census Tract	Total Age 0-17	% 0-17	Census Tract	Total Age 0-17	% 0-17
1	136	18.63	112.05	552	26.15	144.03	551	10.35
2	1,478	26.55	112.06	997	23.39	144.04	804	22.65
3	979	29.15	113	526	20.84	145.01	115	6.05
4	643	21.44	114	757	22.24	145.02	150	2.18
5	1,171	31.29	115	624	21.48	147.02	502	26.38
6.01	773	28.59	116	713	21.88	147.03	1,120	23.97
6.02	827	26.43	117	802	20.64	147.05	1,502	26.15
7	842	50.48	118	781	18.70	147.06	886	35.27
8	182	7.51	119	594	20.84	148.03	673	19.45
9	702	31.94	120	896	21.12	148.05	2,134	31.54
10	81	11.55	121	754	24.62	148.06	3,729	29.94
11	112	3.42	122	1,227	26.26	148.07	1,962	30.06
12	166	10.29	123	542	24.19	148.08	1,809	28.50
13	615	17.24	124	1,149	24.81	149.02	2,678	29.29
14	412	19.42	125	1,196	23.39	149.03	2,665	36.99
15	511	21.94	126	672	24.36	149.04	1,141	24.23
16	750	27.95	127	1,082	21.41	149.05	2,356	27.84
17	967	32.81	129	1,270	28.40	150	1,472	25.96
18	0	0	130	435	22.35	151	804	22.95
19	728	39.57	131	582	22.99	152	1,446	23.68
20	226	28.68	132	695	25.72	154	920	28.48
21	689	32.18	133	360	19.00	155	779	28.57
22	1,192	34.37	134	631	22.35	156	620	25.72
23	1,182	34.44	135.01	1,464	22.21	158	630	28.15
24	991	21.69	135.03	2,158	28.80	159	841	25.77
25	783	25.25	135.04	2,601	31.42	160	694	25.01
26	1,120	30.12	136.04	1,017	24.50	161	438	20.50
27	535	29.01	136.07	1,043	18.18	162	470	20.97
101.01	1,207	27.48	136.08	473	23.73	163.01	1,216	28.74
101.02	679	22.11	136.09	1,379	20.08	163.02	2,060	30.99
102	504	24.53	136.10	1,434	26.32	163.03	1,303	24.51
103	1,175	28.63	136.11	1,382	23.49	164.01	994	30.07
104	1,063	22.81	136.12	1,648	27.27	164.02	544	23.83
105	1,222	21.26	136.13	1,446	25.72	166.01	1,807	31.64
107	1,502	28.59	137	1,233	26.49	166.02	1,424	32.06
108	918	20.25	138	1,220	21.94	166.03	1,215	31.53
109	556	20.59	139.01	827	24.78	166.04	1,555	31.13
110	711	22.27	139.02	3,041	29.23	168.01	818	27.42
111	544	19.94	140	1,191	22.79	168.02	678	27.32
112.01	497	21.99	141	1,444	29.40	169.01	544	24.64
112.02	799	22.78	142	368	21.84	169.02	332	11.04
112.03	985	21.17	143	897	17.12			
112.04	712	20.87	144.02	398	11.85			

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



Where the Kids Are

Kent and Sussex Counties, 2000



Kent County

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

Sussex County

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

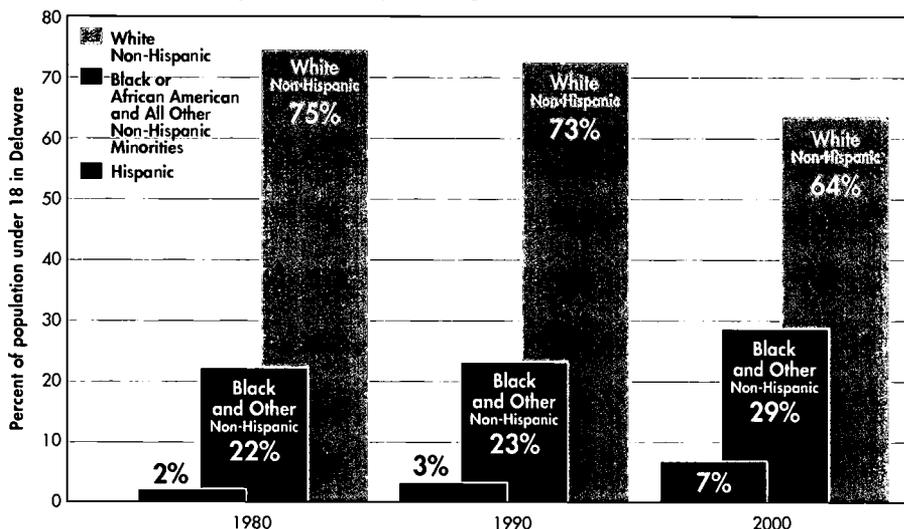
Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

For detailed information on census tracts and blocks: <http://factfinder.census.gov>

Counting the Kids: Delaware Demographics



The Changing Face of Delaware's Children by Race and Hispanic Origin, Delaware, 1980-2000



Source: 2000 Census, U.S. Census Bureau

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

Children under 18 by Race and Hispanic Origin, U.S. and Delaware

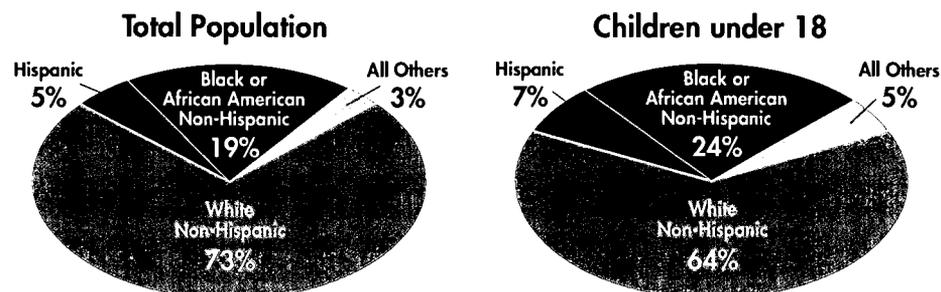
Race		1980		1990		2000	
		Number	Percent of population under 18	Number	Percent of population under 18	Number	Percent of population under 18
Total Population under 18	US	63,754,960	100.0	63,604,432	100.0	72,293,812	100.0
	DE	166,595	100.0	163,341	100.0	194,587	100.0
Non-Hispanic White	US	47,035,526	73.8	43,807,311	68.9	44,027,087	60.9
	DE	125,376	75.3	119,582	73.2	124,918	64.2
Minorities	US	16,719,434	26.2	19,797,121	31.1	28,266,725	39.1
	DE	41,219	24.7	43,597	26.8	69,669	35.8
Black and Other Non-Hispanic	US	11,091,478	17.4	12,039,621	18.9	15,924,466	22.0
	DE	37,141	22.3	38,170	23.4	56,104	28.8
Hispanic	US	5,627,956	8.8	7,757,500	12.2	12,342,259	17.1
	DE	4,078	2.4	5,589	3.4	13,565	7.0

Note: Children who marked white and another racial category in the 2000 Census are classified as minorities. Persons of Hispanic origin may be of any race.

Source: www.aecf.org/kidscount/census, 2000 Census, U.S. Census Bureau

Delaware Population

by Race and Hispanic Origin, 2000



Source: 2000 Census, U.S. Census Bureau

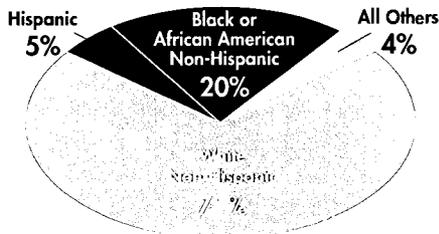
Note: Persons of Hispanic origin may be of any race.



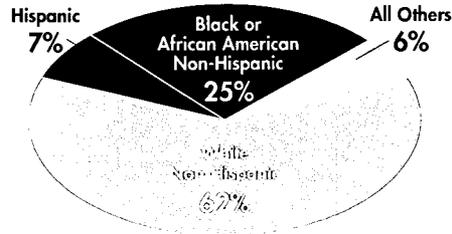
New Castle County Population

by Race and Hispanic Origin, 2000

Total Population



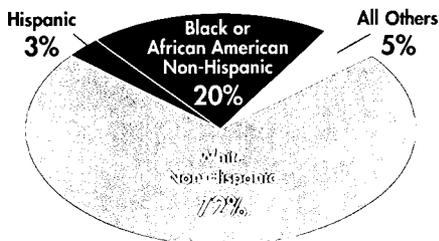
Children under 18



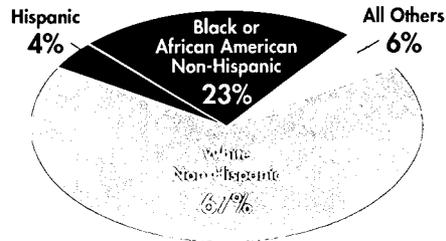
Kent Population

by Race and Hispanic Origin, 2000

Total Population



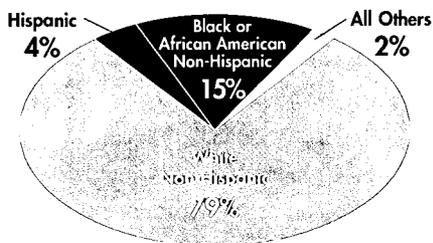
Children under 18



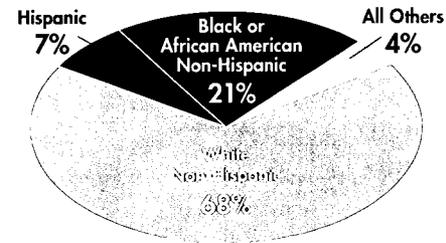
Sussex Population

by Race and Hispanic Origin, 2000

Total Population



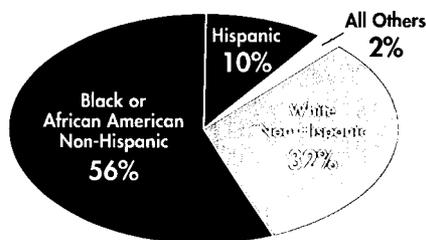
Children under 18



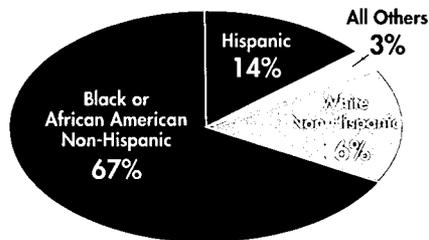
Wilmington Population

by Race and Hispanic Origin, 2000

Total Population



Children under 18



Source: 2000 Census, U.S. Census Bureau

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

For more information see
www.rdms.udel.edu/census
www.aecf.org/kidscount/census
www.cadsr.udel.edu/census2k
www.census.gov
www.prb.org

Counting the Kids: Delaware Demographics

Definitions:

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



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

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

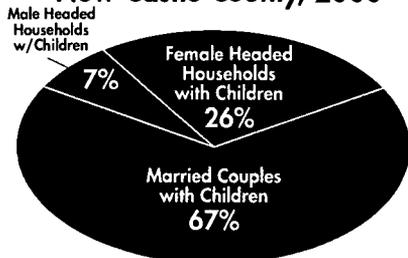
Related Children – All people in a household under the age of 18 who are related to the householder. Does not include householder's spouse or foster children, regardless of age.

Families with Related Children by Household Structure

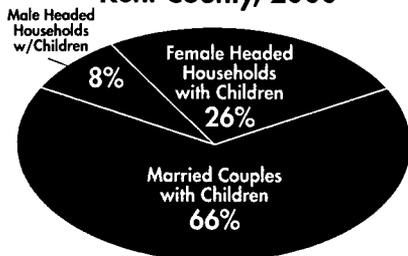
Delaware, 2000



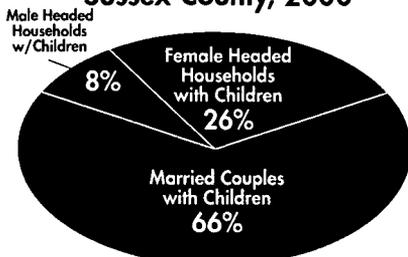
New Castle County, 2000



Kent County, 2000



Sussex County, 2000



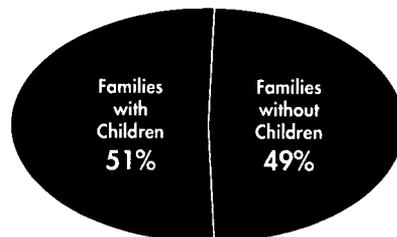
Wilmington, 2000



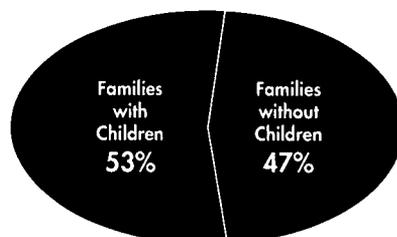
Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Families with & without Children under 18 Living in Household

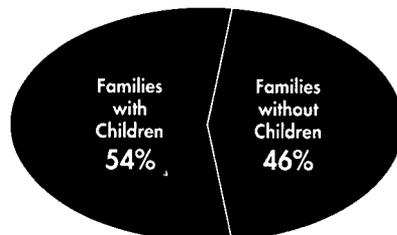
Delaware, 2000



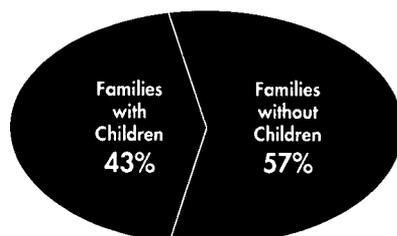
New Castle County, 2000



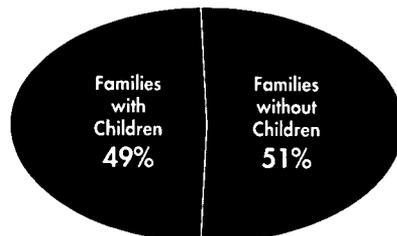
Kent County, 2000



Sussex County, 2000



Wilmington, 2000



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



410 S. COXNET IN DELAWARE

Health & Health Behaviors

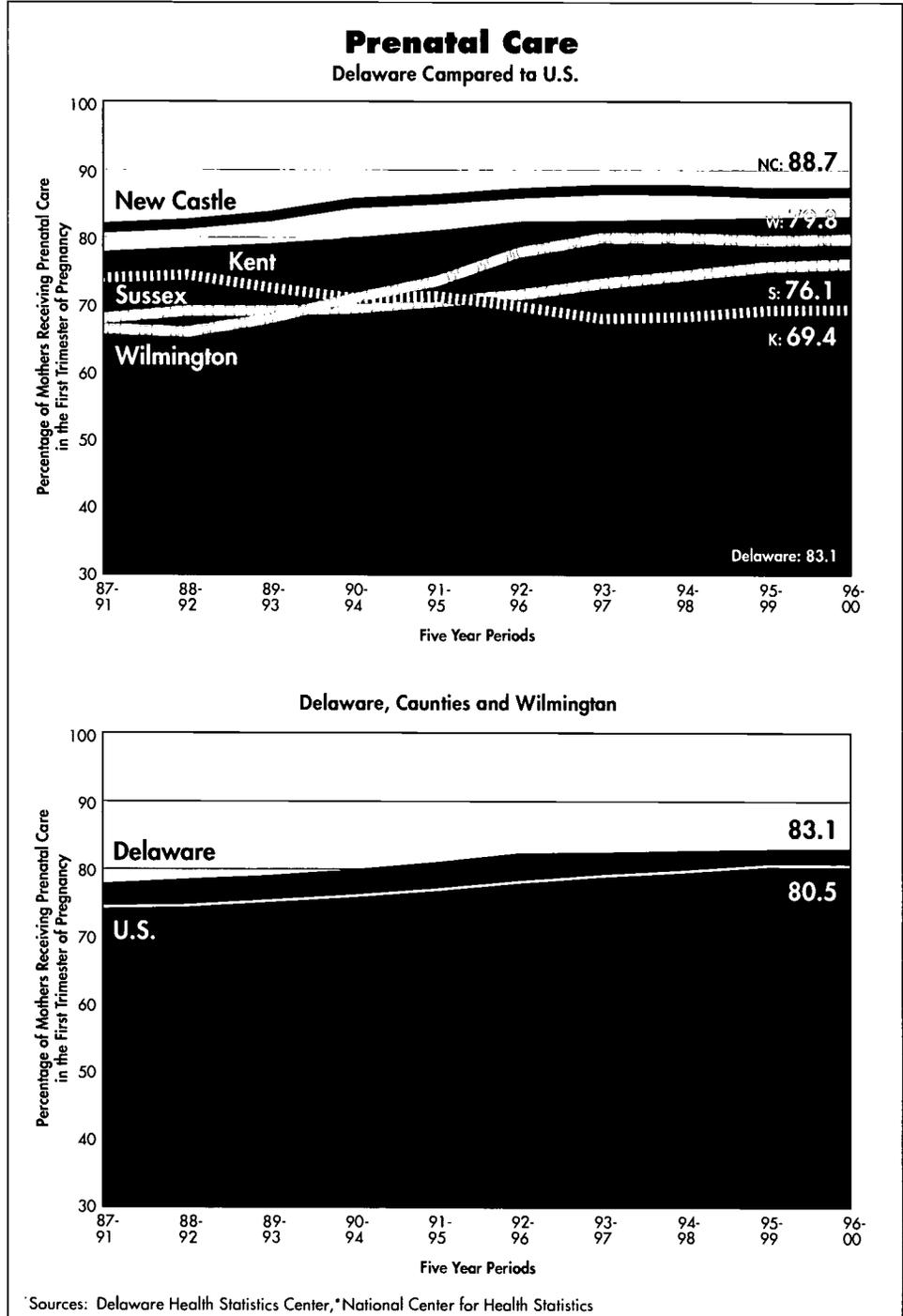


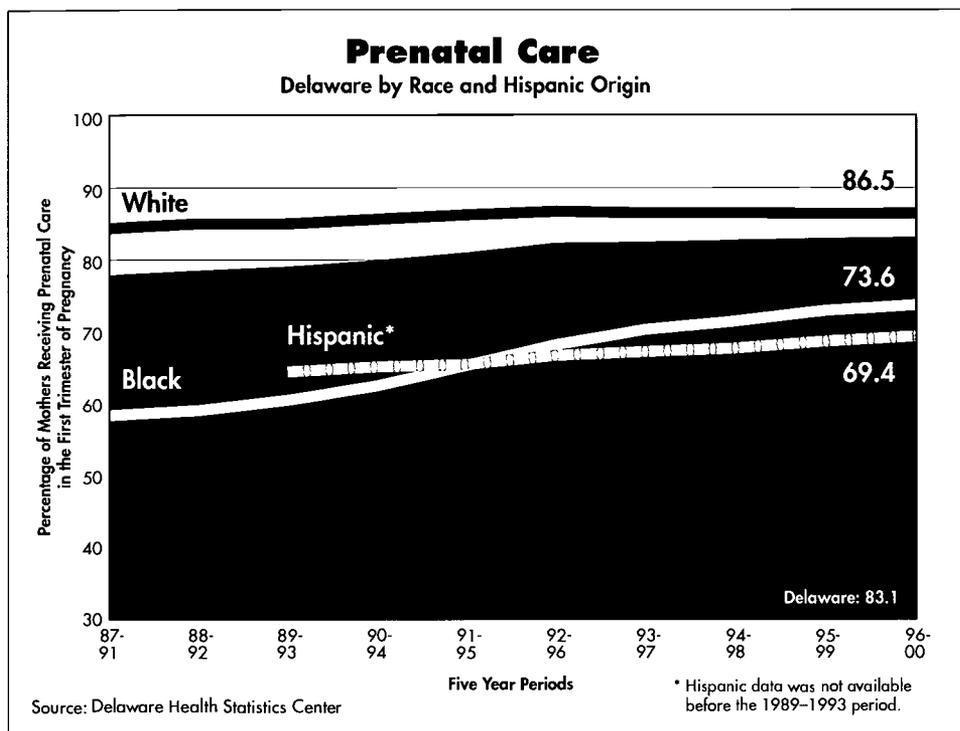
DELAWARE COMPARED TO U.S. AVERAGE **BETTER**

RECENT TREND IN DELAWARE **ABOUT THE SAME**

Better birth outcomes are obviously important for children to have the best start in life. Women who pursue prenatal care early in pregnancy are more likely to have better birth outcomes due to the preventative, educational, and medical interventions that occur. Women who do not receive adequate prenatal care are more likely to have low birth weight babies or infants that die within the first year of life.¹ However, it is important to realize that prenatal care is only one of a complement of factors that can contribute to healthy birth outcomes.

¹ Late or No Prenatal Care. *Child Trends Data Bank*. www.childtrendsdatabank.org





Did you know?

Reasonable weight gain is considered 25 to 35 pounds during pregnancy. The pounds may add up like this:

- 7.5 pounds – average baby’s weight
- 2 pounds – breast enlargement
- 7 pounds – extra stored protein, fat, and other nutrients
- 1.5 pounds – the placenta
- 2 pounds – enlargement of the uterus
- 2 pounds – amniotic fluid surrounding baby
- 4 pounds – extra blood
- 4 pounds – other extra body fluids

Source: Keckskemethy, H. Eating During pregnancy. Kids Health. Available from: http://kidshealth.org/parent/nutrition_fit/nutrition/eating_pregnancy.html



Folic acid taken by women before conception and during the early weeks of pregnancy can reduce the likelihood

of neural tube defects by 70%. One study revealed that only 7% of women of childbearing age knew that they needed to take folic acid during pregnancy.

Source: Rutherford, K. Folic Acid and Pregnancy. Kids Health. Available from: http://kidshealth.org/parent/pregnancy_newborn/pregnancy/folic_acid_p2.html



Prenatal Care

- Eat a healthy diet that includes fruits, vegetables, grains and calcium-rich foods.
- Try to be physically active for 30 minutes, most days of the week.
- If you smoke, drink alcohol, or use drugs, STOP.
- Ask your health care provider before taking any medicine.
- Avoid hot tubs or saunas and x-rays during pregnancy.
- Do not empty the cat litter when you are pregnant. It may contain a parasite that causes an infection called toxoplasmosis, which can cause birth defects.
- Don’t eat uncooked or undercooked meats or fish.
- Stay away from toxic chemicals like insecticides, solvents (like some cleaners or paint thinners), lead, and mercury.
- Limit or eliminate your caffeine intake from coffee, tea, sodas, medications, and chocolate.
- Get informed. Read books, watch videos, go to a childbirth class, and talk with experienced moms.

Source: Prenatal care. The National Women’s Health Information Center. Available from: <http://www.4women.gov/faq/prenatal.htm>.

For more information see

- Tables 7-10 p. 119-122
- Table 21 p. 130
- www.kidshealth.org
- www.marchodimes.org
- www.smartmoms.org
- www.4women.gov



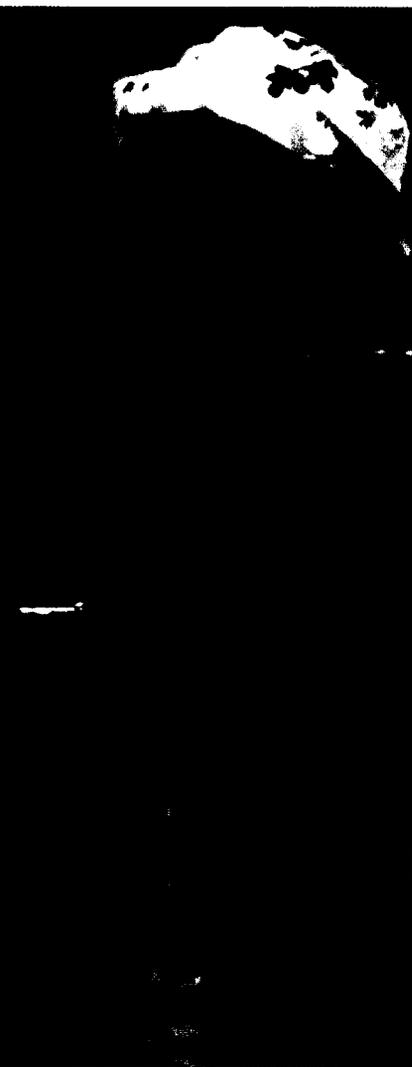
Low Birth Weight Babies

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

RECENT TREND IN DELAWARE **GETTING WORSE**

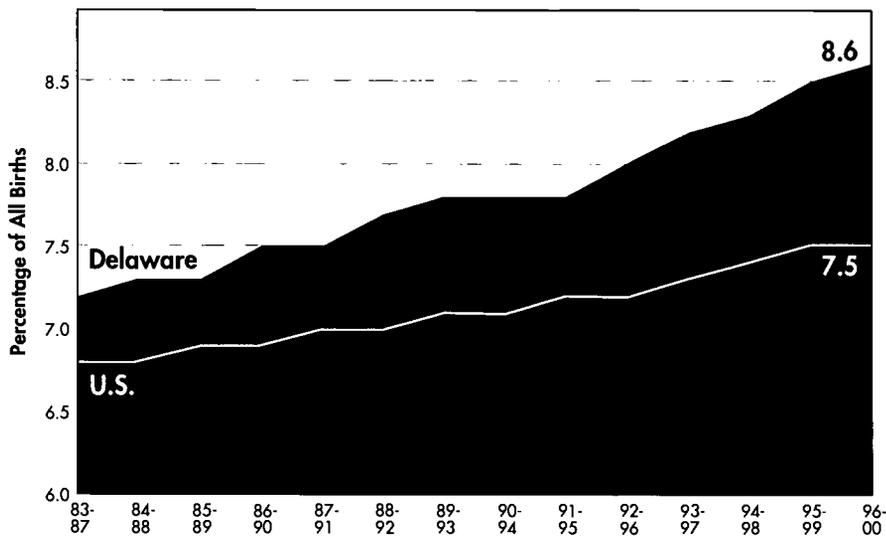
Children who are born with a low birth weight have a higher risk of dying before their first birthday and often suffer from recurrent infections or neurological and developmental problems. As time progresses, they often encounter difficulties in school, and chronic health problems.¹ Studies show that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

- 1 Saigal, S., Hoult, L., Steiner, D., Stoskopf, B. Rosenbaum, P. (2000). School difficulties at adolescence in a regional cohort of children who were extremely low birth weight. *Pediatrics*, 105 (2).
- 2 Shiono, P., Behrman, R. (1995). Low birth weight: Analysis and recommendations. *The Future of Children*, 5, (1).
- 3 Rimawi, L. (2000). *Low birth weight babies*. Available from: www.healthanswers.com

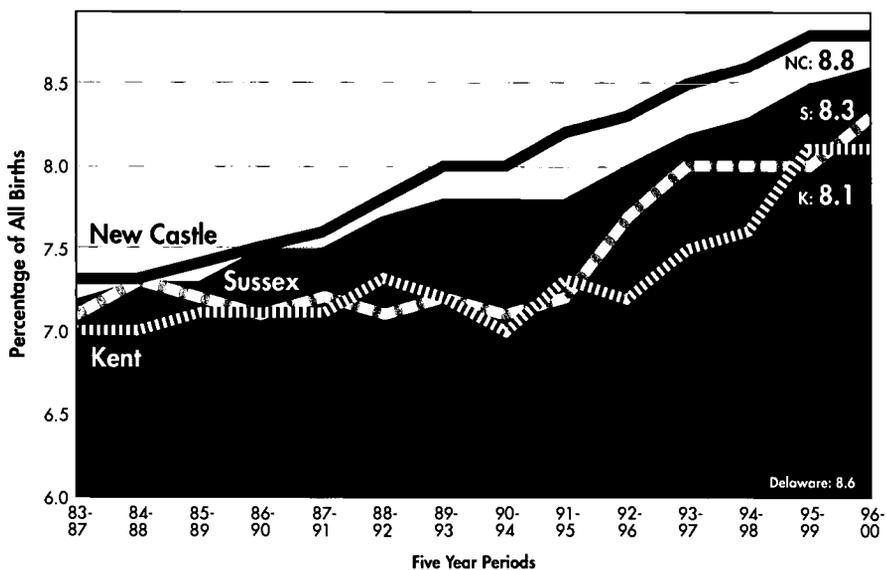


Low Birth Weight Babies

Delaware Compared to U.S.



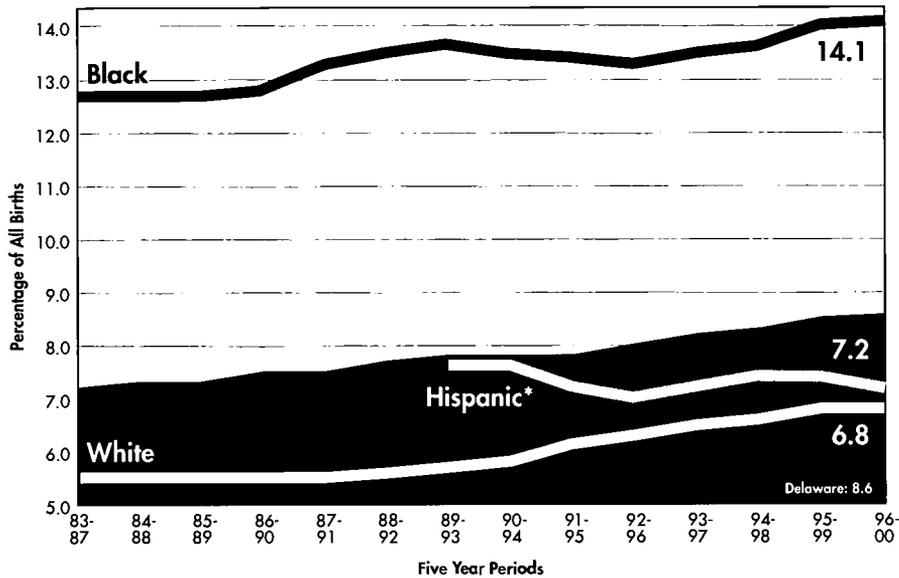
Delaware and Counties



Source: Delaware Health Statistics Center



Low Birth Weight Babies Delaware by Race and Hispanic Origin



Source: Delaware Health Statistics Center

Definitions

Infancy – the period from birth to one year

Neonatal – the period from birth to 27 days

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

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

Percentage of Babies with Low Birth Weight (weight less than 2500 grams) by Age and Race of Mother

Low birth weight babies in Delaware represent:

8.6% of all infants born

11.0% of births to teenagers

9.1% of births to women 20–24 years old

7.6% of births to women 25–29 years old

8.2% of births to women 30+ years old

6.8% of all births to White women

14.1% of all births to Black women

7.2% of all births to Hispanic women

Delaware Average 8.6%

Five-year average percentages, 1996–2000

Source: Delaware Health Statistics Center

Percentage of Babies with Very Low Birth Weight (weight less than 1500 grams) by Age and Race of Mother

Very low birth weight babies in Delaware represent:

1.9% of all infants born

2.4% of births to teenagers

2.1% of births to women 20–24 years old

1.6% of births to women 25–29 years old

1.7% of births to women 30+ years old

1.3% of all births to White women

3.6% of all births to Black women

1.5% of all births to Hispanic women

Delaware Average 1.9%

Five-year average percentages, 1996–2000

Source: Delaware Health Statistics Center

For more information see

Tables 8-14

p. 120-125

www.marchodimes.org

Infant Mortality

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

RECENT
TREND
IN DELAWARE **GETTING
WORSE**

Leading causes of infant mortality include low birth weight, congenital anomalies, and Sudden Infant Death Syndrome.¹ Risk factors associated with high rates of infant mortality include multiple births, poverty, and mothers who are in their teens, over forty, or who have little education.² Infant mortality is also associated with race and ethnicity. From 1960 and 1997, the U.S. infant mortality rate dropped by 74% for white infants, compared to 32% for African American infants.³

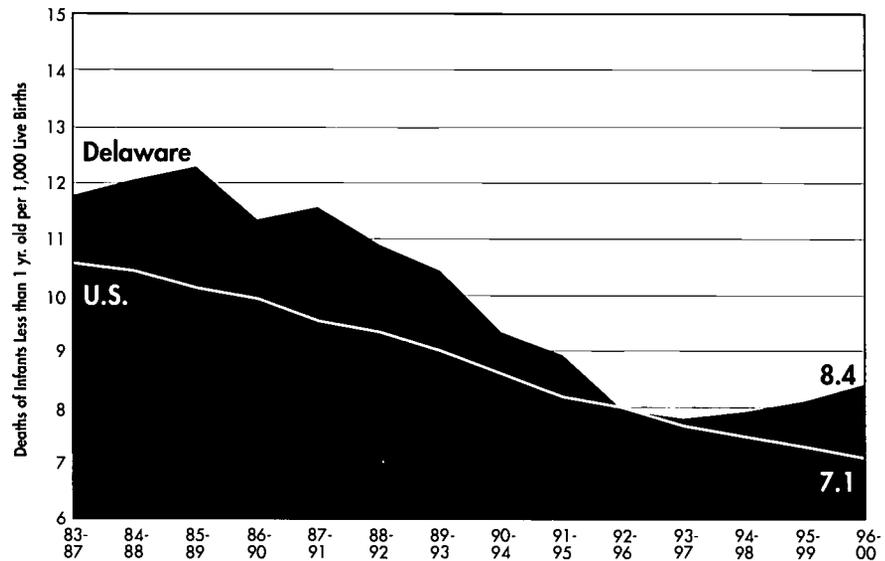
1 *Infant mortality fact sheet*. U.S. Department of Health and Human Services. Available from: www.healthstart.net/factsheet/html.

2 New study identifies infants at great health risk (1998). *Public Health Reports*, 113 (4).

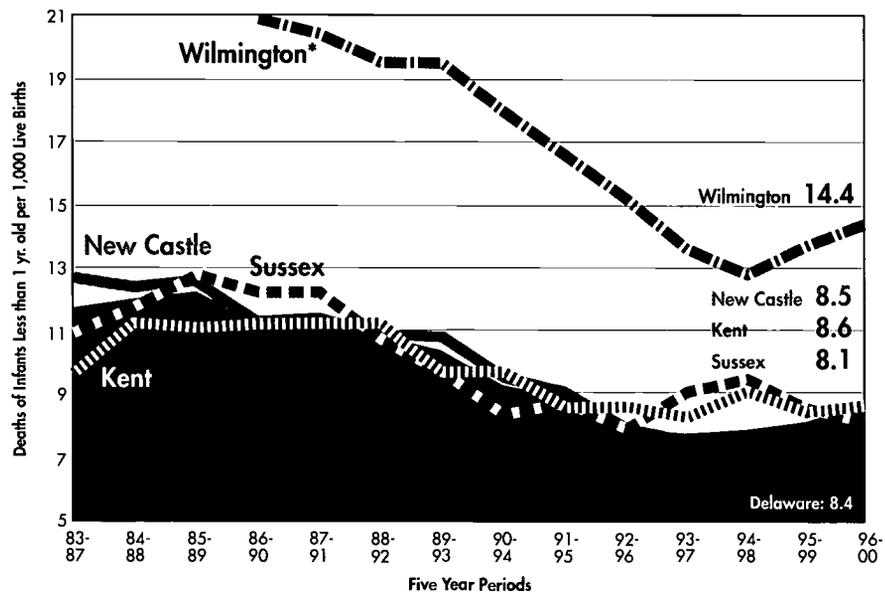
3 U.S. Department of Health and Human Services. Office of the Assistant Secretary for the Planning and Evaluation. Trends in the Well-Being of America's Children & Youth Washington: Government Printing Office, 1999.



Infant Mortality
Delaware Compared to U.S.



Delaware, Counties and Wilmington



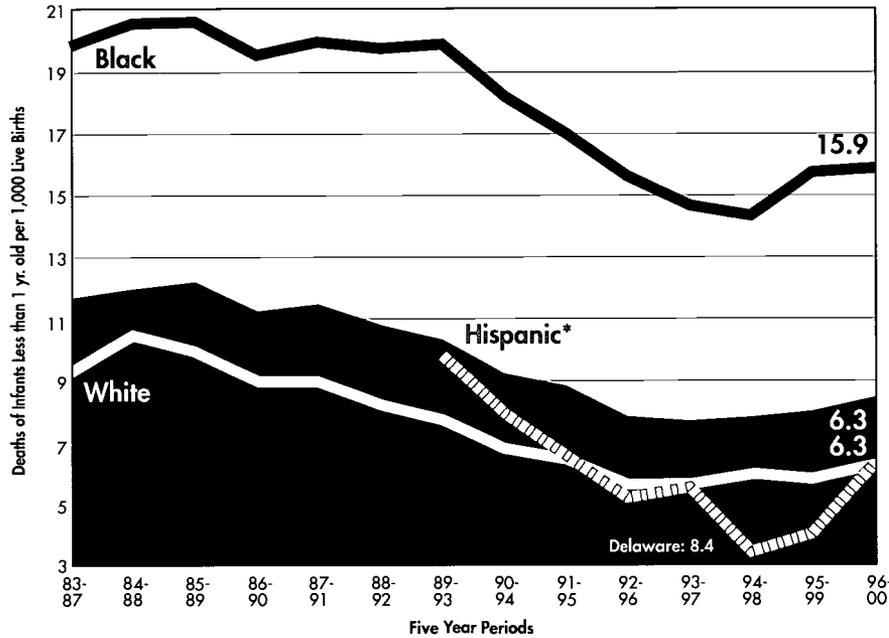
* Wilmington data not available before the 1986-1990 period.

Source: Delaware Health Statistics Center



Infant Mortality

Delaware by Race and Hispanic Origin



* Hispanic data not available before the 1990-1994 period.

Note: All rates for Hispanics are based on fewer than 20 deaths during the period and should be interpreted with caution.

Source: Delaware Health Statistics Center

Definition:

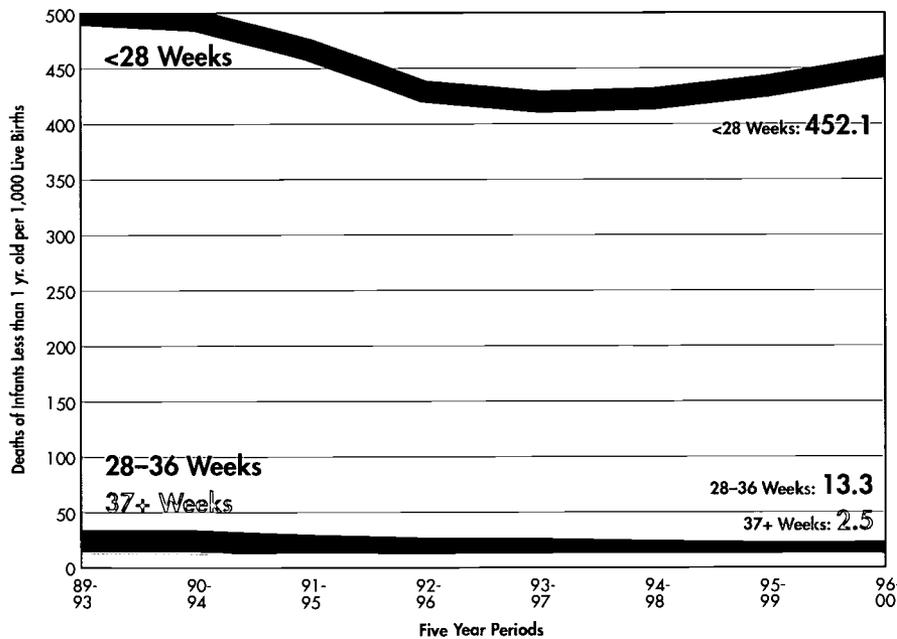
Infant Mortality Rate – number of deaths occurring in the first year of life per 1,000 live births.

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

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

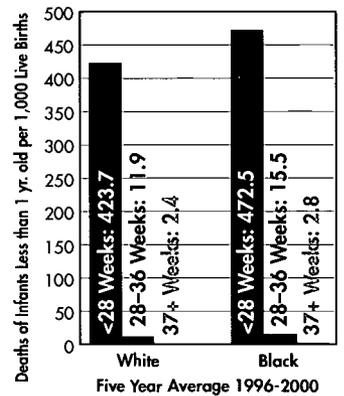
Infant Mortality by Gestation

Delaware by Weeks of Gestation



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Gestation and Race



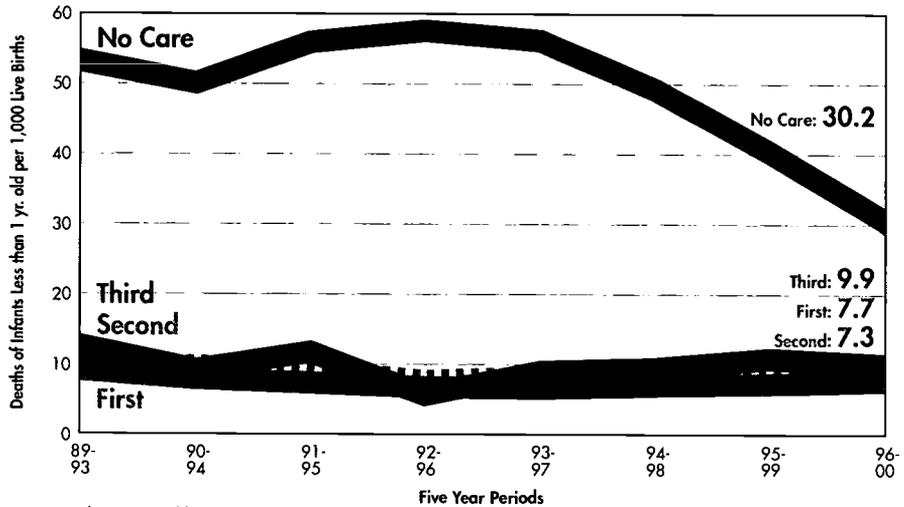
Source: Delaware Health Statistics Center

Infant Mortality



Infant Mortality by Prenatal Care

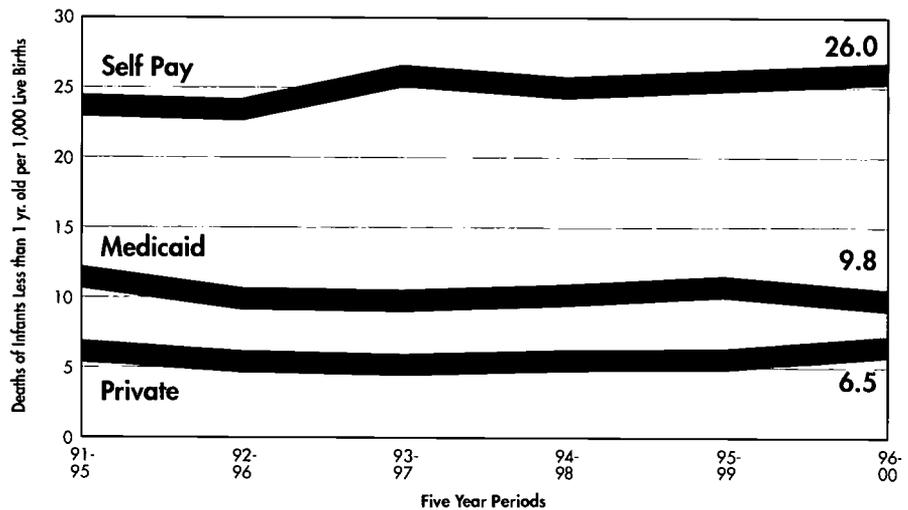
Delaware by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

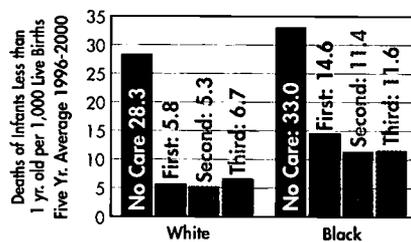
Infant Mortality by Source of Payment

Delaware by Source of Payment for Delivery



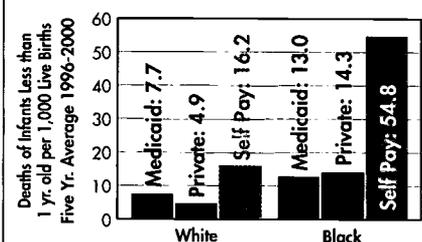
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Source of Payment for Delivery

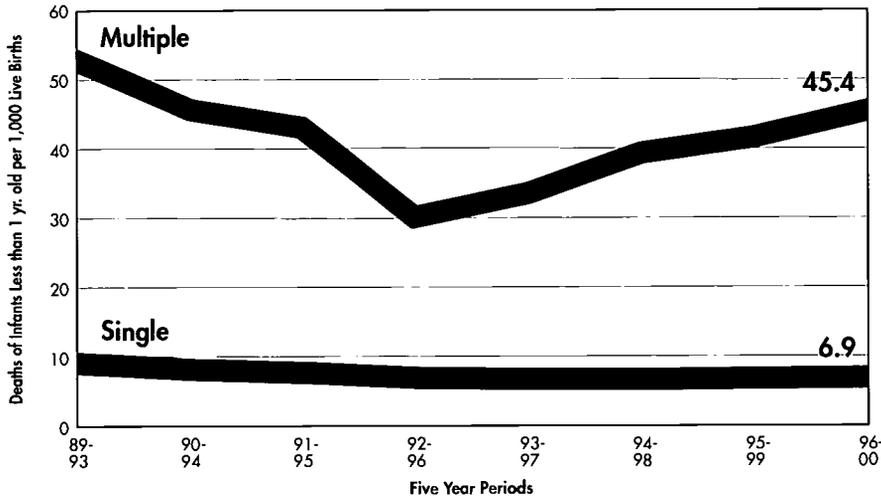


Source: Delaware Health Statistics Center



Infant Mortality by Single vs. Multiple Birth

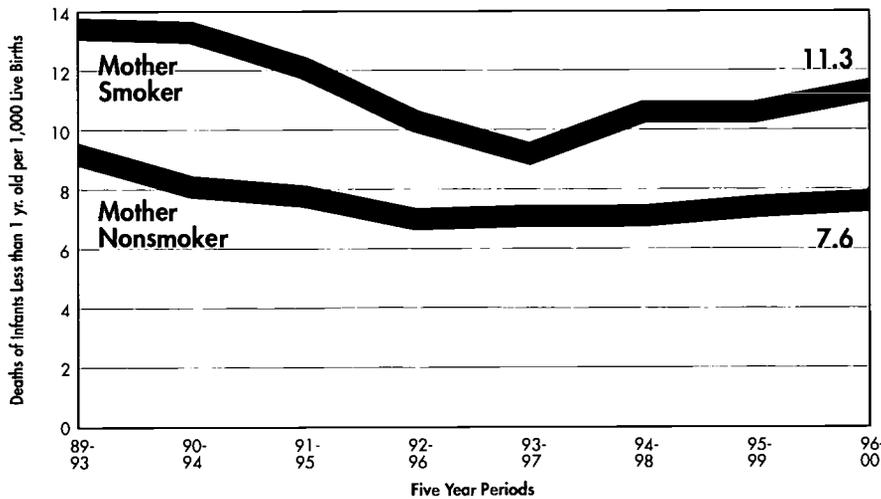
Delaware



Source: Delaware Health Statistics Center

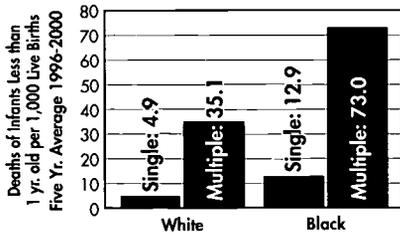
Infant Mortality by Smoking During Pregnancy

Delaware



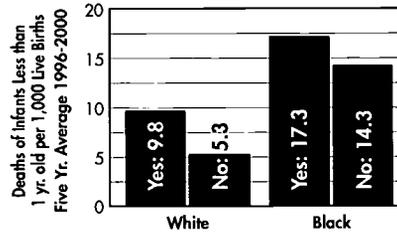
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Multiple vs. Single Birth



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Smoking in Pregnancy



Source: Delaware Health Statistics Center

For more information see
 Tables 15-23 p. 126-131
www.marchodimes.org

Children without Health Insurance

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

RECENT
TREND
IN DELAWARE **GETTING
BETTER**

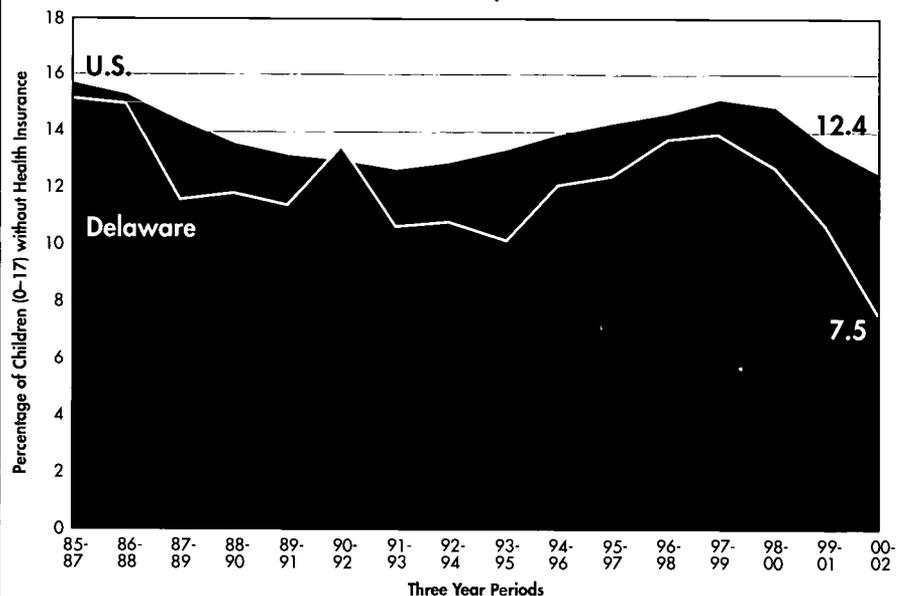
Children not covered by health insurance are less likely than those with insurance to have a regular source of health care, and are less likely than the privately insured to have been treated with prescription medicines. Furthermore, children without health insurance are more likely than others to receive late or no care for health problems, putting them at greater risk for hospitalization. Research relating lack of health insurance to health outcomes for children is mixed, though many studies find positive effects of insurance coverage on child health.¹

There are nearly 11 million uninsured children in this country; more than six million of them are eligible for either the Children's Health Insurance Program (CHIP) or Medicaid. Both CHIP and Medicaid are health insurance programs that help provide access to health services for children. Both programs operate at the state level and have specific income guidelines and insurance benefits. CHIP represents a multimillion dollar federal investment in children's health coverage to assist families whose incomes are too high to qualify for Medicaid, but too low to afford private insurance.

¹ Children without health insurance at www.childtrendsdatabank.org/health/coverage.htm



Children without Health Insurance Delaware Compared to U.S.



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

Did you know?

- Children's health insurance coverage comes from two major sources—private insurance companies and the government. Medicaid coverage for children increased in 2001 for the first time in four years, from 20 percent to 23 percent which is the highest level since 1995. The percentage of children with private insurance decreased in 2001 to 68 percent from 71 percent in 2000.
- Although Medicaid covers only about 23 percent of the entire population of children, it covers 62 percent of poor children.

Source: Children without health insurance at www.childtrendsdatabank.org/health/coverage.htm



Delaware Healthy Children Program

Applications and Enrollment through June 30, 2002

Applications mailed to families	12,912
Total enrolled ever	13,241
Total currently enrolled	3,704

There remains a close link between the Delaware Healthy Children Program (DHCP) and Medicaid. Many children transition between these two programs as their families' incomes fluctuate. Thirty-eight percent of the disenrollments are children who are no longer eligible for DHCP or Medicaid. Reasons include increases in income, moving out-of-state, children covered by private insurance (for DHCP only), or the insured child reaches the age of 19.

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Children of color, particularly children of immigrants, are most likely not to have health insurance. Many immigrants fear that applying for health insurance in the United States for their children could affect their immigration status.

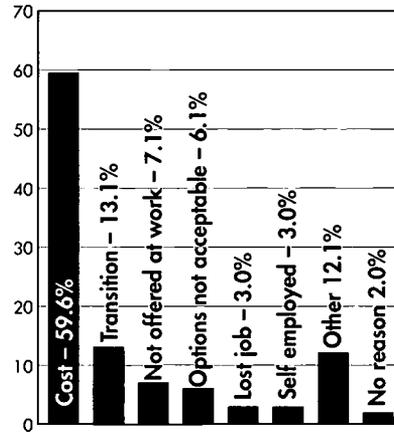
However, some states, including Delaware, have taken very progressive actions toward working with immigrant populations around the issue of child health coverage. For example, New Mexico (through the Covering Kids contractors) entered into an agreement with Immigration and Naturalization Services (INS), that allows Medicaid staff to provide Medicaid training for INS staff. Additionally, INS does public service announcements in Spanish on public policy to help alleviate immigrant mistrust of government agencies.

In Delaware, application forms for both Medicaid and the Delaware Healthy Children Program have been revised to contain a statement that alien verification information will not affect immigration status or lead to deportation.

Source: Report for HHS "Enrolling and Retaining Low-Income Families and Children in Health Care Coverage. August 2001.

Did you know?

Reasons for Lack of Insurance



Cost is the overwhelming reported cause of lack of insurance for children. But two-in-five respondents without insurance for their children said the cause was related to a personal transition (just moved, in-between jobs, in process of signing up), lack of access to insurance from employer (including self-employed), unacceptability of available plans, and other miscellaneous reasons.

Source: www.careforall.net

For more information see

Table 24 p. 131
 Table 64 p. 152
www.childrensdefense.org
www.state.de.us/dhss/dss/healthychildren.html

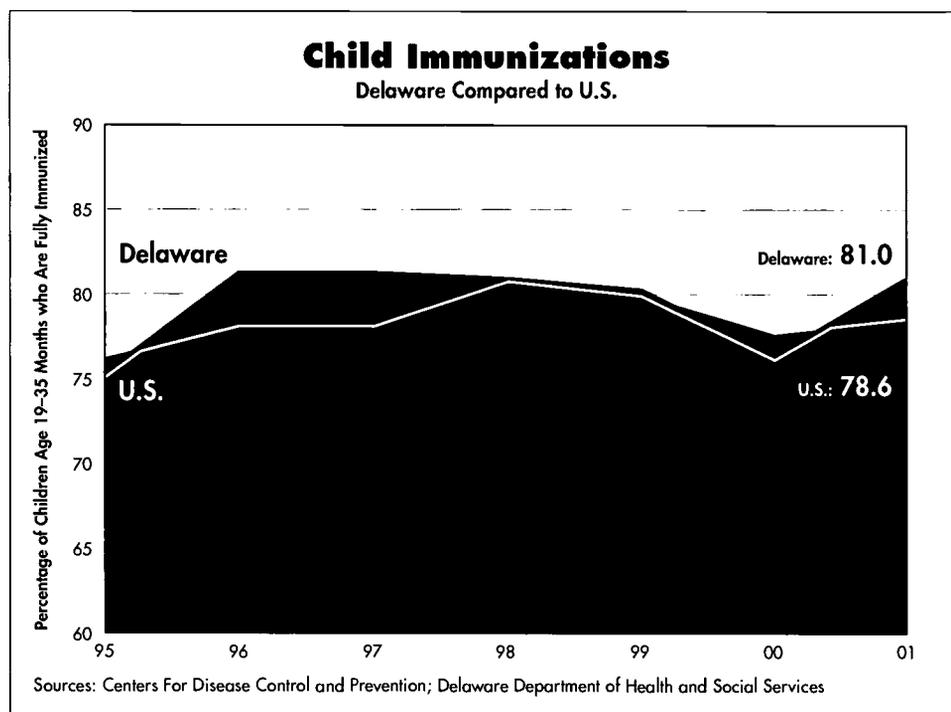
DELAWARE
COMPARED
TO U.S. AVERAGE **BETTER**

RECENT
TREND
IN DELAWARE **GETTING
BETTER**

Immunizations are critical for protecting children from deadly, but preventable diseases. By age 2 years, it is recommended that children be vaccinated against a number of infectious diseases including: measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, Hemophilus influenza B, varicella, hepatitis, B, and Pneumococcus.¹ Without immunization, children are at risk of contracting disease and spreading it through the population. Approximately ten dollars are saved on medical costs for every dollar spent on immunizations.²

1 Center for Disease Control. Available from: www.cdc.gov/nip/publications/fs/gen/shouldknow.htm

2 2000 Rhode Island KIDS COUNT Factbook.



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Follow the Guidelines for Immunization

Birth	Hep B
1-4 months	Hep B
2 months	DTP, HiB, IPV, PCV
4 months	DTP, HiB, IPV, PCV
6 months	DTP, HiB, PCV
6-23 months	Influenza
6-18 months	Hep B, IPV
12-15 months	HiB, MMR, PCV
12-18 months	Var
15-18 months	DTP
4-6 years	DTP, MMR, IPV
11-12 years	Td

Source: Immunization schedule. KidsHealth
www.kidshealth.org/parent/general/body/vaccine_p9.html

Did you know?

Through the Vaccines For Children program, Delaware distributes 120,000 vaccine doses each year to health care providers who administer the free immunizations to approximately 25,000 children. Nearly 300 health care providers—most pediatricians in the state—participate in the program.

New combination vaccines that can reduce the number of shots necessary to immunize a child are being tested and released as they obtain FDA approval.

Source: Public Health covers cost of vaccines for under-insured children.
Press Release September 17, 2001 Delaware Health and Social Services.

35

For more information see

Table 25 p. 132

www.kidshealth.org

Women and Children Receiving WIC

WIC provides low-income pregnant women and their children with supplemental nutritious foods, nutrition education and counseling, screening and referrals to other health, welfare and social services at WIC clinics.¹ Evaluation shows that WIC reduces infant mortality, low birth weight babies, and improves nutrition in pregnant women. It also has been shown to help in the educational and physical development of children, giving them an advantage when they begin school.²

¹ WIC at a Glance. FNS Online. Available from: www.fns.usda.gov/wic/ProgramInfo/WICataglance.htm

² How WIC Helps. FNS Online. Available from: www.fns.usda.gov/wic/ProgramInfo/howwichelps.htm

WIC Program Average Number Served per Month Delaware, 1996, 1999, 2000, and 2001*

	1996	1999	2000	2001
Infants	4,414	4,529	4,693	4,857
Children 1-4	8,353	7,409	7,690	8,156
Mothers	3,230	3,336	3,461	3,535

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

WIC Program Total Number Served Delaware, 2001

In federal fiscal year 2001, 20,832 infants and children were served by WIC in Delaware.

Approximately 54% of all infants born in 2001 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

Did you know?

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

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



Toll free Delaware specific WIC information:
1-800-222-2189

Delaware Health & Social Services
Division of Public Health
WIC Program
Blue Hen Corporate Center
655 Bay Road, Suite 4-B
Dover, DE 19901

Federal Food and Nutrition Service
<http://www.fns.usda.gov/wic>



For more information see

Table 36 p. 138

www.fns.usda.gov/wic



Childhood Asthma



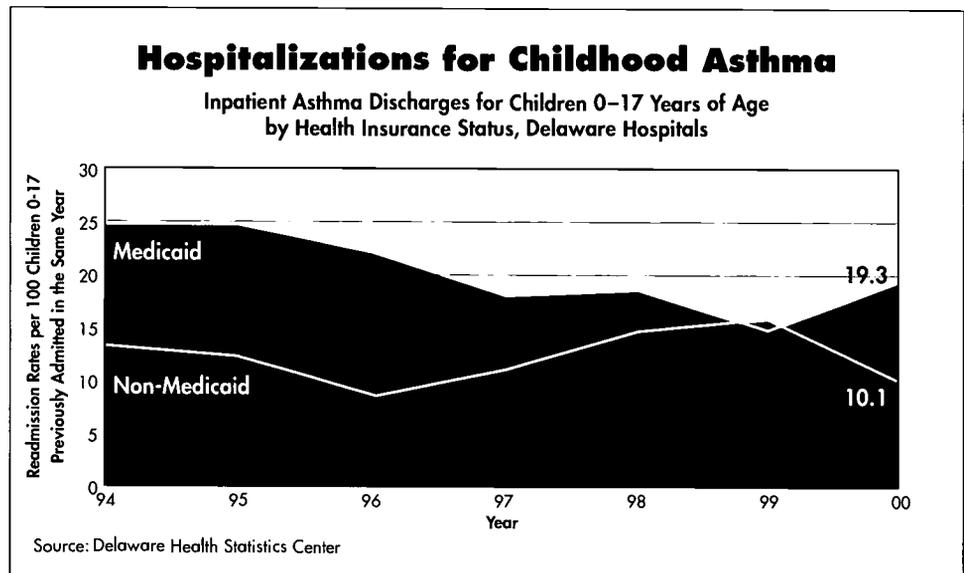
Asthma is one of the most common chronic childhood medical conditions, affecting more than 4.4 million children. It is a respiratory disorder that causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough. Asthma can be triggered by exposure to cigarette smoke, stress, allergy to dust, molds, pollen, animal dander, and cockroaches, indoor and outdoor pollutants, and weather conditions. Asthma causes limitations in childhood activities, missed school days, missed workdays for caretakers, and, in some cases, premature death. Children with asthma use a disproportionate amount of health care services, including more than twice as many emergency room visits and three and a half times as many hospitalizations as children without asthma.¹ Racial and economic disparities are apparent in both the number of hospital and emergency room visits attributable to asthma, as well as deaths from asthma. Emergency room and hospitalization rates for asthma are higher for black children than for white children, particularly those under age 5. Among non-Hispanic children aged 5 to 14, black children are five times more likely to die from asthma than white children.²

Asthma has reached epidemic proportions in preschool children (160% increase) and has increased by 175% in school-aged children. The number of child deaths related to asthma has nearly tripled over the last 15 years.³ Medical evidence shows that with consistent treatment at home and in school, asthma attacks can be prevented and hospitalizations can be avoided. Managing asthma requires a long-term multifaceted approach, including patient education, behavior modification, avoidance of asthma triggers, medication to prevent and control symptoms, prompt treatment of flare-ups, and frequent medical follow-up.

1 America's Children: Key National Indicators of Well-Being: 2001

2 "Asthma is a Growing Problem, Particularly Among Low-Income and Minority Children." Available from: www.childrensdefense.org

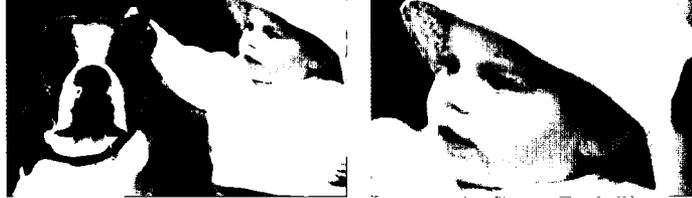
3 Asthma and Allergy Foundation of America. Childhood Asthma Available from: www.aafa.org



Did you know?

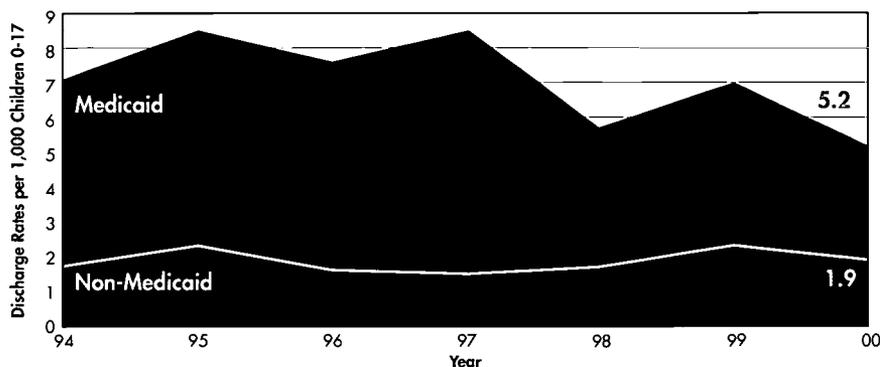
- In Delaware, asthma affects almost 14,000 children.
- According to a survey conducted by the University of Delaware and the American Lung Association of Delaware, most respondents (77%) indicated they did not have asthma education programs in their schools.

Source: *Journal of School Health* Sept. 1998 v68 n7 p276(6)



Readmissions for Childhood Asthma

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



Source: Delaware Health Statistics Center

Definition:

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

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

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

The graphs show the Delaware hospitalization data for childhood asthma from 1994 to 2000. Total asthma hospitalizations and the rate for children have remained fairly stable during this period. However, these data indicate that Delaware Medicaid children continue to suffer excess asthma morbidity as indicated by a rate approximately 2-3 times greater than that of non-Medicaid children.

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Help Asthmatic Kids in Your Community...

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

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

Did you know?

A recent article in *Pediatrics* indicates that bottle-feeding babies of allergic parents in the bed or crib before laying a baby down to sleep in his/her first year has been linked to asthma and wheezing in the first five years of life.

According to the study, feeding in the crib increases the risk of asthma by fifty percent for children with a family history of asthma or allergies. The reason why bottle-feeding in the crib may lead to childhood asthma may be because babies who lie down during, or right after, a big meal can experience reflux (liquid coming back up the esophagus). That can irritate the airway and might lead to wheezing or asthma later. There was no increased risk for breast-fed children, possibly because they drink a smaller amount of milk and don't eat lying down.

For more information see

Tables 26-27 p. 132-133

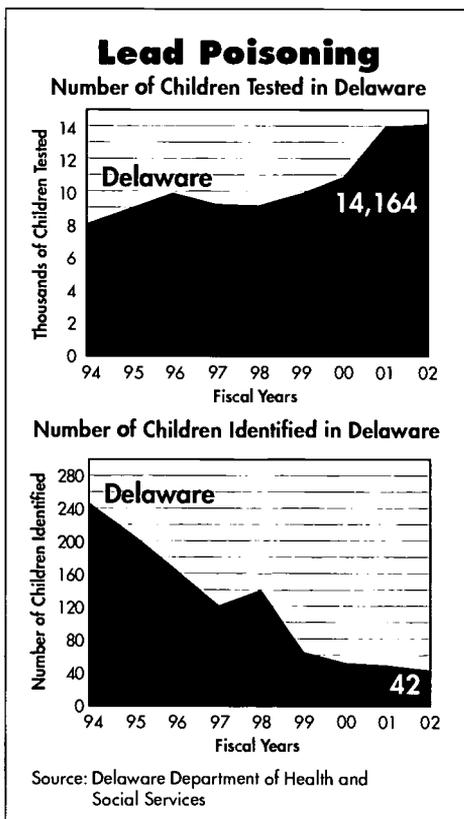
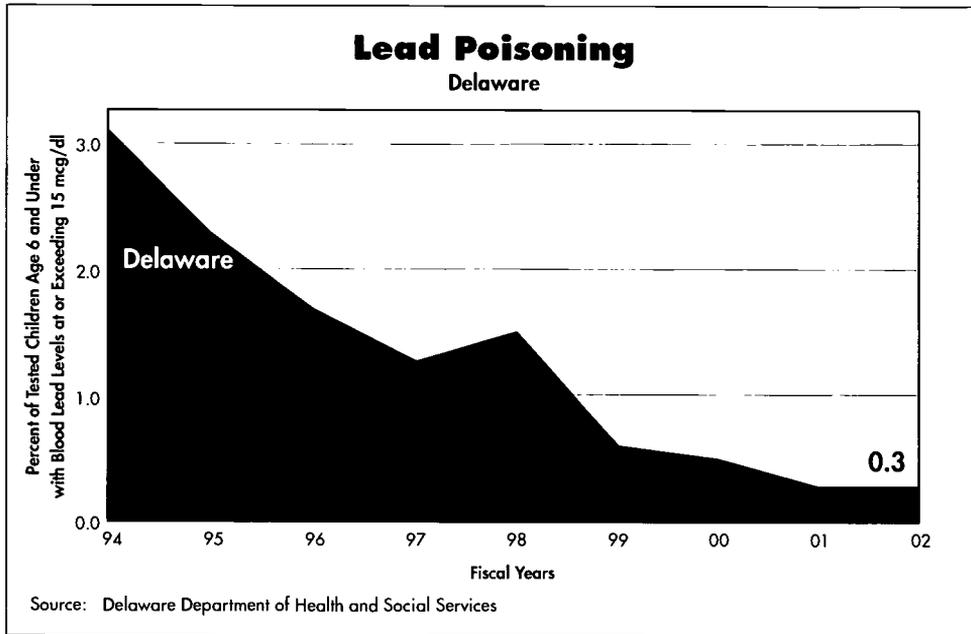
www.kidshealth.org

www.childasthma.com

www.lungusa.org/asthma/ascchildhoo.html

Lead poisoning refers to finding high levels of lead in the blood. People can get lead in their body from breathing or swallowing lead dust or by accidentally eating soil or paint chips that contain lead.¹ Lead is more dangerous for children because their bodies absorb more lead and are more susceptible to harm. Children with lead poisoning may have damage to their central nervous systems, reproductive systems, kidneys, and/or blood cells.

1 Hwang, M. Y. (1999) Protect your child against lead poisoning. *The Journal of the American Medical Association*, v281 i24 p2406



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To Protect Your Family From Lead Poisoning

- Have your home tested for lead paint if it was built before 1978. [1978 is the year in which the US government banned lead-based paint from housing.]
- Ask your child's doctor or health department if your child should be tested for lead.
- Your drinking water could be contaminated by some pipes that have lead lining. Call your local health department to find out about testing your water for lead.
- All family members should wash hands often, especially before eating.
- Feed your child nutritious meals high in calcium and iron because children who eat a good diet absorb less lead.

Source: The Journal of the American Medical Association, June 23, 1999 v281 i24, p2406

For more information see

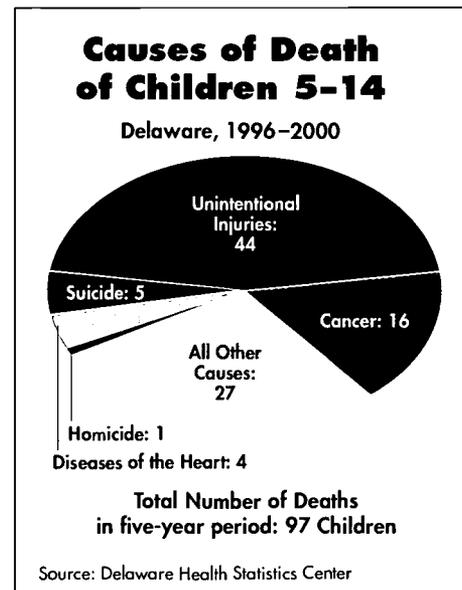
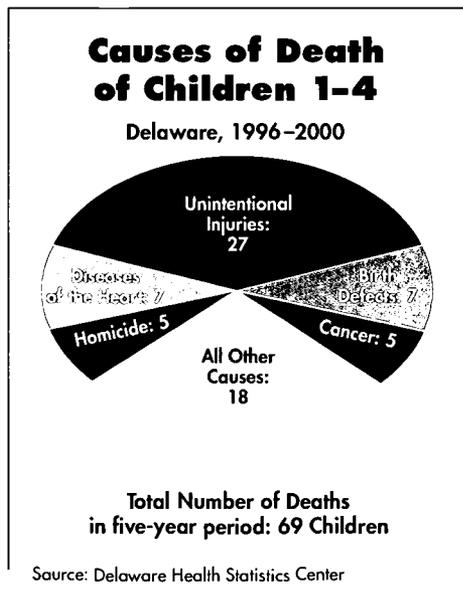
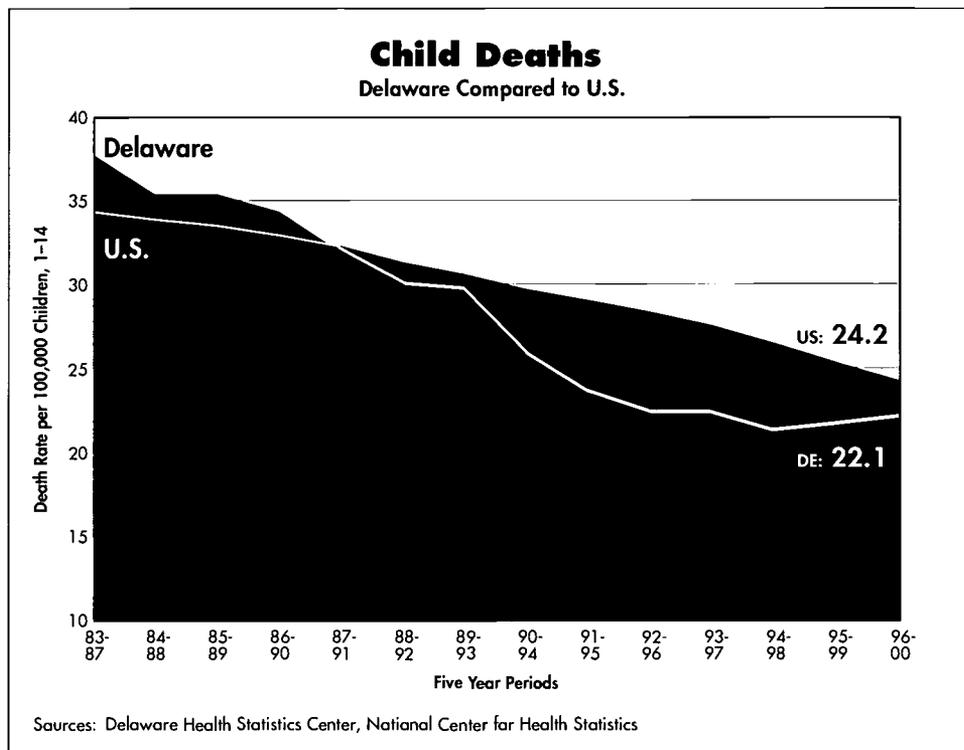
Table 28 p. 133

www.aeclp.org

The child death rate measure provides information pertaining to the health status of children and the risk factors to which they are exposed such as poverty, lack of education, inadequate prenatal care, lack of health insurance, low birth weight, substandard living conditions, substance abuse, child maltreatment, and lack of adult supervision. Child deaths are the results of either health condition(s) or injuries. Injuries that do not result in death may leave children disabled, result in time lost from school, or decrease the child's ability to participate in activities. Children who live in poverty are two times more likely to die from an injury and three times more likely to die from illness than children who do not live in poverty.

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

RECENT TREND IN DELAWARE **ABOUT THE SAME**



Definitions:
 Child Death Rate – number of deaths per 100,000 children 1-14 years old
 Unintentional Injuries – accidents, including motor vehicle crashes

Child Deaths

Children 1–14 Years of Age

Injuries are the leading cause of death for Delaware children ages 1–19. From 1979 to 1998, more children died from injuries in Delaware than all other causes of death for their age. Injuries accounted for over 58 percent of all deaths in children 1–19 years of age; 45 percent of all deaths were from unintentional injuries.

Motor vehicle-related injuries were the leading cause of injury deaths for children ages 5–19. Fires and burns were the leading cause of unintentional injury death of children ages 0–4.

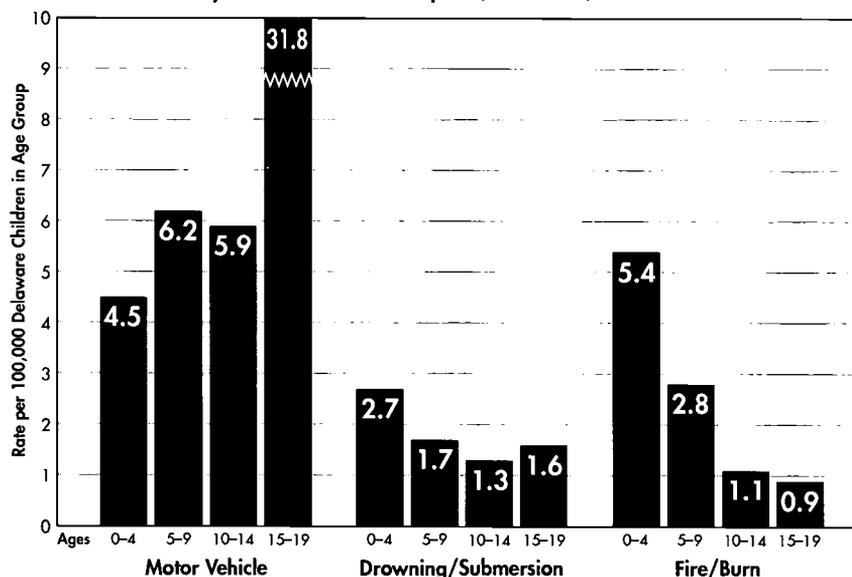
Falls were the leading cause of injury hospitalizations for Delaware children ages 0–14 in the years 1996–1999. Injuries from rollerskates, skateboards, kneeboards, and snowboards were the largest percentage of these fall (20.9%), followed by falls from one level to another (19.2%), from playground equipment (14.2%), and from stairs or steps (8.7%).

Source: Emergency Medical Services for Children, Delaware Health Statistics Center, Available at www.dehealthdata.org/publications



Injury Death Rates of Children

by Selected Causes of Injuries, Delaware, 1979–1998



Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Did you know?

Studies from Children's Hospital of Philadelphia have shown that children placed in seat belts instead of booster seats were 3.5 times more likely to be seriously hurt in a crash.

In Delaware, 972 children, ages 4 to 6 were injured in car crashes between 1997 and 2001. Only 11 percent of those hurt were in booster seats, 71 percent were restrained by seat belts, and 14 percent were unrestrained.

Source: Besso, M. (2003, January 1). New law tightens regulations on use of child safety seats. *Wilmington News Journal*.

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Delaware Child Restraint Law

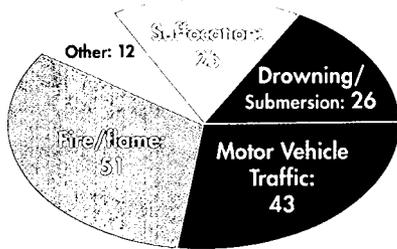
On January 1, 2003, The Child Restraint Law went into effect in Delaware. The new law requires children ages six and under or children sixty pounds and under to be placed in safety seats. Previously the law only required restraints for children up to the age of four. Additionally the law requires seat belts for children ages seven to fifteen.

Source: *Wilmington News Journal*, January 1, 2003



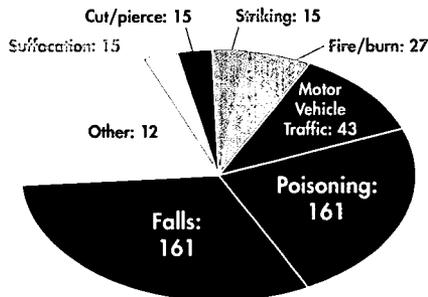
Unintentional Injuries for Children Ages 0-4

Unintentional Injury Deaths
Delaware, 1979-1998



157 Deaths in Twenty-year Period

Unintentional Injury Hospitalizations
Delaware, 1996-1999



518 Hospitalizations in Four-year Period

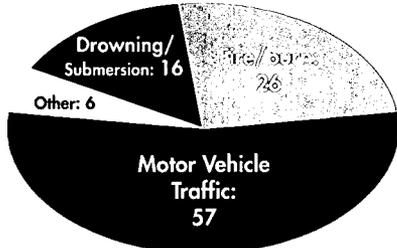
Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Definition:

Hospitalizations – data includes only inpatient hospital discharges. Emergency department visits that do not result in inpatient hospitalization are not included. It is estimated that for every injury death there are 18 hospitalizations and 250 emergency department visits.

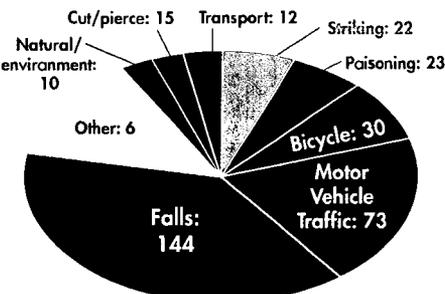
Unintentional Injuries for Children Ages 5-9

Unintentional Injury Deaths
Delaware, 1979-1998



105 Deaths in Twenty-year Period

Unintentional Injury Hospitalizations
Delaware, 1996-1999

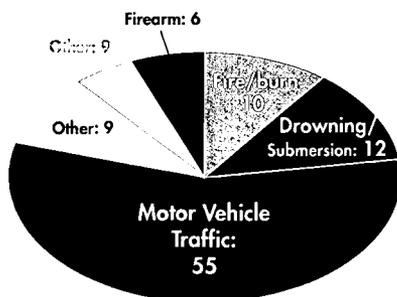


375 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

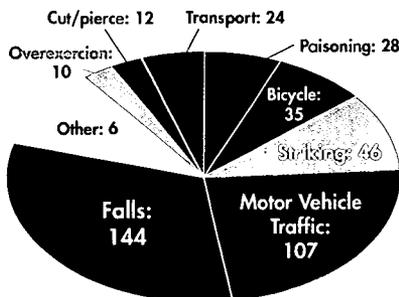
Unintentional Injuries for Children Ages 10-14

Unintentional Injury Deaths
Delaware, 1979-1998



97 Deaths in Twenty-year Period

Unintentional Injury Hospitalizations
Delaware, 1996-1999



454 Hospitalizations in Four-year Period

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

For more information see

- Tables 15-23 p. 126-131
- Tables 26-27 p. 133
- Tables 29-30 p. 134
- Table 62 p. 152
- www.kidshealth.org
- www.dehealthdata.org/publications/Childhood_Injury.pdf
- www.cdc.gov/ncipc/duip/duip.htm
- www.cadedrover.org/home.asp

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

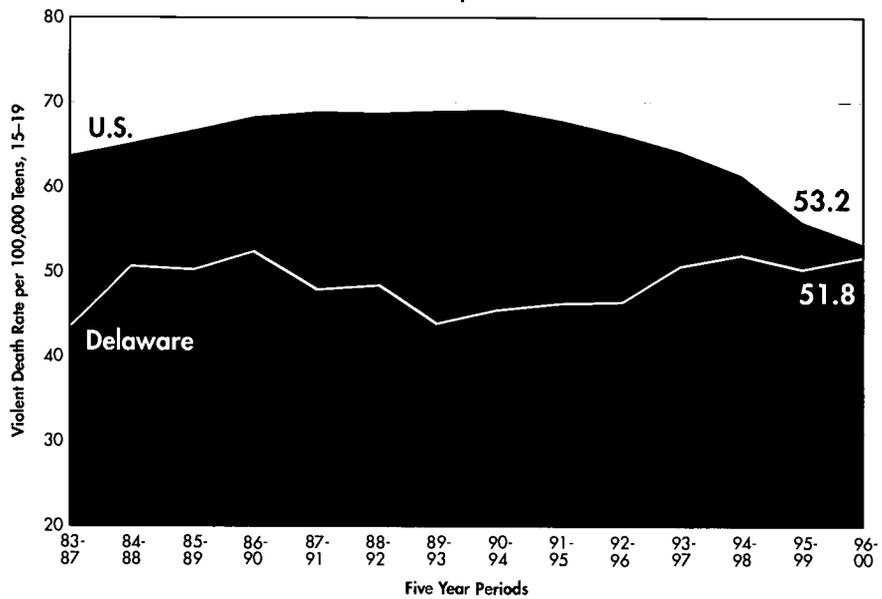
RECENT TREND IN DELAWARE **ABOUT THE SAME**

Today's teens are faced with gun shootings, date rape, and even drug-related violence in schools as well as their neighborhoods. These issues negatively impact teens' transition from teenagers into healthy adults. Furthermore, factors contributing to teen deaths include risk-taking behaviors, violence, and the use of alcohol and drugs.¹ Teen violent death is also an indicator of the stress, hostility, and anger teens may feel and the degree to which they have adequate social and family supports and access to mental health and other services.²

1 2001 Rhode Island Kids Count Fact book
2 2000 Maryland Kids Count Fact book



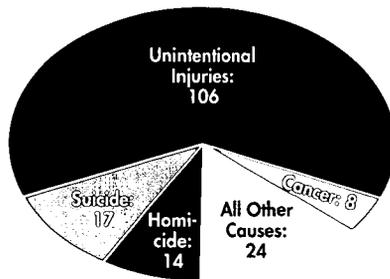
Teen Deaths by Accident, Homicide, and Suicide Delaware Compared to U.S.



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

Causes of Death of Teens 15-19

Delaware, 1996-2000



Total Number of Deaths in Five-year Period: 169 Teens

Source: Delaware Health Statistics Center

Deaths of Teens 15-19

Number in Delaware by Cause, 2000

Motor Vehicle Crashes	21 males 7 females
Suicide	2 males 0 female
Homicide	1 males 0 females
Other Unintentional Injuries	2 males 2 female
All Other Causes	6 males 6 female

Total Number of Deaths: 41 Teens

Source: Delaware Health Statistics Center



Deaths of Teens from Motor Vehicle Crashes

Number of Delaware Teens 15-19 who Died in Motor Vehicle Crashes

	1993	1995	1997	1999	2000
Males	6	6	12	7	21
Females	5	6	5	6	7

Source: Delaware Health Statistics Center

Definitions:

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

Unintentional Injuries - accidents, including motor vehicle crashes

Impact of Graduated Driver License on 16 Year Old Driver Crashes in Delaware*

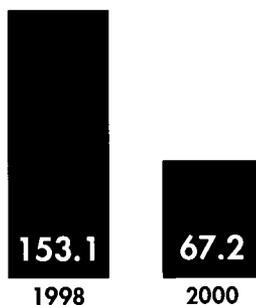
Delaware implemented a Graduated Drive Licensing (GDL) Program on July 1, 1999. It is comprised of three levels. Level 1 is the first stage of the learner's permit, which involves supervised driving at all times and lasts for a period of six months. The second stage, Level 2, is reached six months after the issue of the Level 1 learner's permit. It involves limited unsupervised driving and restrictions on passengers. Level 3 is full licensure with unrestricted driving privileges after twelve months of driving experience with a learner's permit.

Crash rates declined sharply for all levels of severity among 16 year old licensed drivers after the GDL program was implemented. Following GDL, 16 year old licensed driver crashes were substantially less likely to occur. The greatest reductions in risks occurred in night crashes and fatal injuries.

* A Preliminary Review of Data
Source: Delaware State Police

Teen Crashes

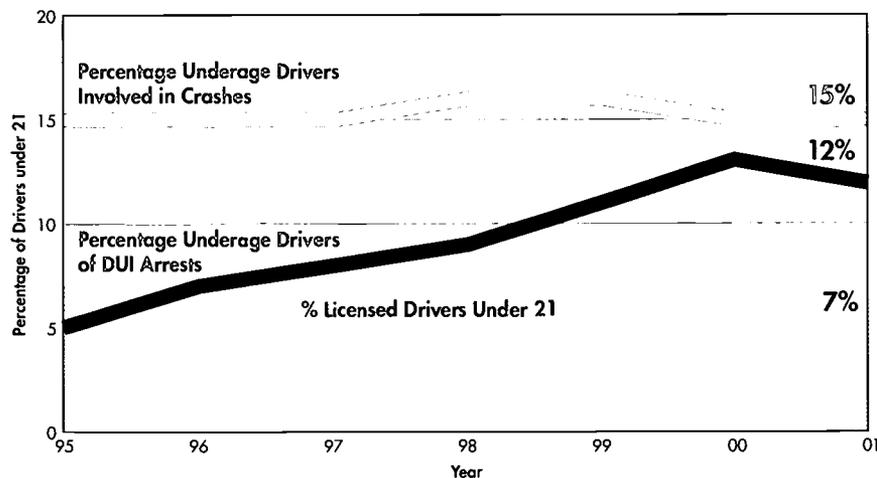
Rate of Crashes per 1,000 Delaware 16-year-old Licensed Drivers



Source: Delaware State Police

Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



Source: Delaware State Police

While drivers under age 21 are only eight percent of all drivers in Delaware, they are involved in 15% of all crashes and 13% of all DUI arrests.

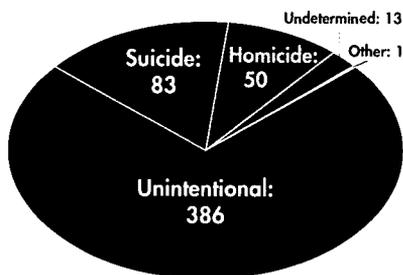
Teen Deaths

by Accident, Homicide, & Suicide



Causes of Death of Teens 15-19 from Injuries

Delaware, 1979-1998

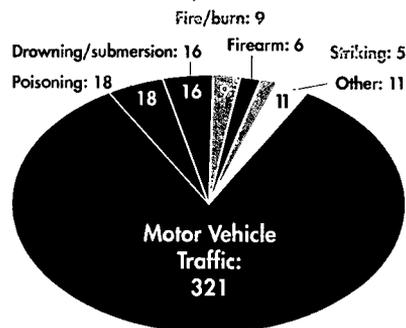


Total Number of Deaths in Twenty-year Period: 533 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15-19 from Accidents

Delaware, 1979-1998

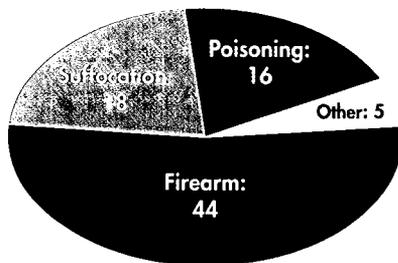


Total Number of Deaths in Twenty-year Period: 386 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15-19 from Suicides

Delaware, 1979-1998

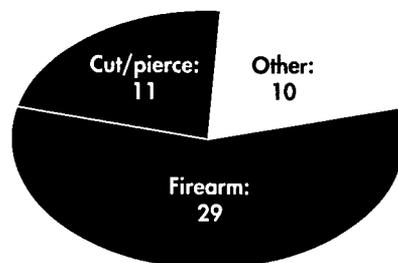


Total Number of Deaths in Twenty-year Period: 83 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Causes of Death of Teens 15-19 from Homicides

Delaware, 1979-1998



Total Number of Deaths in Twenty-year Period: 50 Teens

Source: Emergency Medical Services for Children, Delaware Health Statistics Center

Did you know?

- Over the last four years, teenagers between the ages 13 and 17 have accounted for 18 percent of the shooting deaths in Wilmington.
- Fourteen percent of the shooting suspects in Wilmington were juveniles ages 17 and under.

Source: Yanich, D., Williams, K., & Brown, W. Handgun Violence in Delaware: A Picture of the State. Center for Community Research & Service and The Graduate School of Urban Affairs & Public Policy, University of Delaware, Summer 2002.

For more information see

Tables 30-32 p. 134-135

www.highwaysafety.org

www.talkingwithkids.org

www.noviolence.net



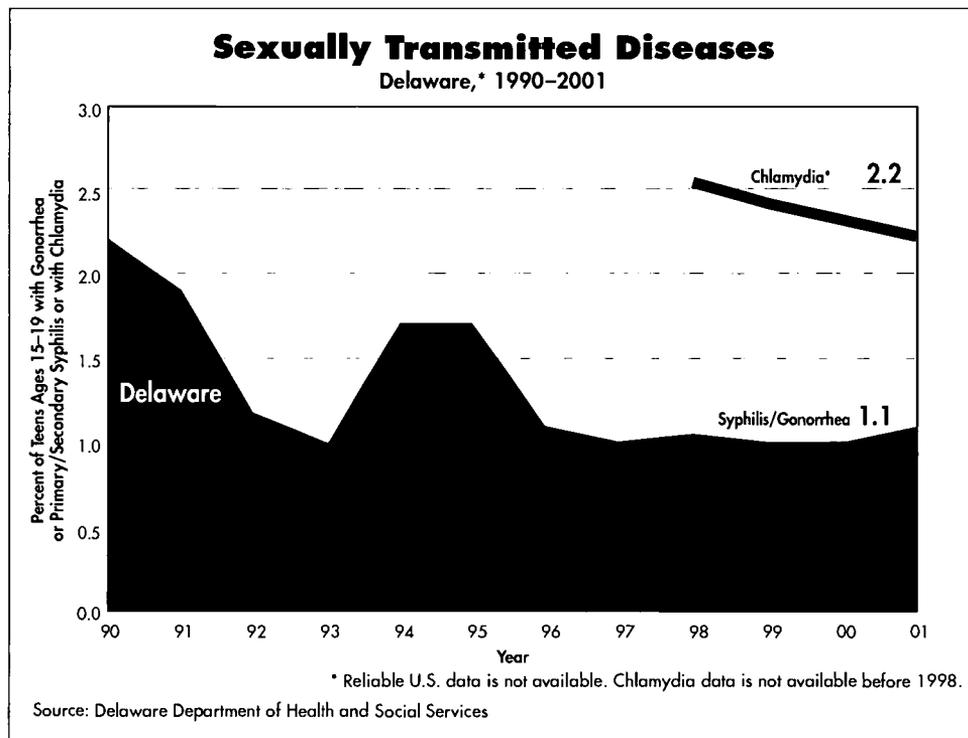
Sexually Transmitted Diseases

RECENT TREND IN DELAWARE ABOUT THE SAME

According to the Centers for Disease Control and Prevention, the U.S. has one of the highest rates (of industrialized nations) for sexually transmitted diseases among teens and young adults.¹ According to a study by the Centers for Disease Control and Prevention, every year three million teens (one out of every eight) are infected with an STD.² Teens are at higher risk for acquiring most STDs because they are more likely than other age groups to have unprotected sex, and/or multiple sex partners. This alarming statistic carries significant social costs for both the teenager and society.

A Youth Risk Behavior Survey found that fewer high school students were engaging in high-risk behaviors for STDs and pregnancy, compared to the trends in sexual intercourse rates among teenagers seen in the 1970s and 80s. These decreases in sexual risk behaviors and the resulting improvements in reproductive health are the results of efforts by parents and families, schools, community-based and religious organizations, the media, government agencies, and adolescents.

- 1 Child Trends Research Brief: Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: what the research shows
- 2 Buzi, R.; Weinman, M.; and Smith, P. *Adolescence*, Summer 1998 v33 n130 p313(6) Ethnic differences in STD rates among female adolescents. (sexually transmitted diseases)



Sexually Transmitted Diseases
Number of Diagnosed Cases by County, 15-19 Year Olds, Delaware, 2000 and 2001

	2000			2001		
	New Castle	Kent	Sussex	New Castle	Kent	Sussex
Chlamydia	851	255	195	660	326	227
Gonorrhea	415	132	45	357	159	78
Syphilis	2	0	2	0	0	0

Source: Delaware Department of Health and Social Services

For more information see
Table 33 p. 136
www.thebody.com
www.plannedparenthood.org
www.agi-usa.org/sections/youth.html



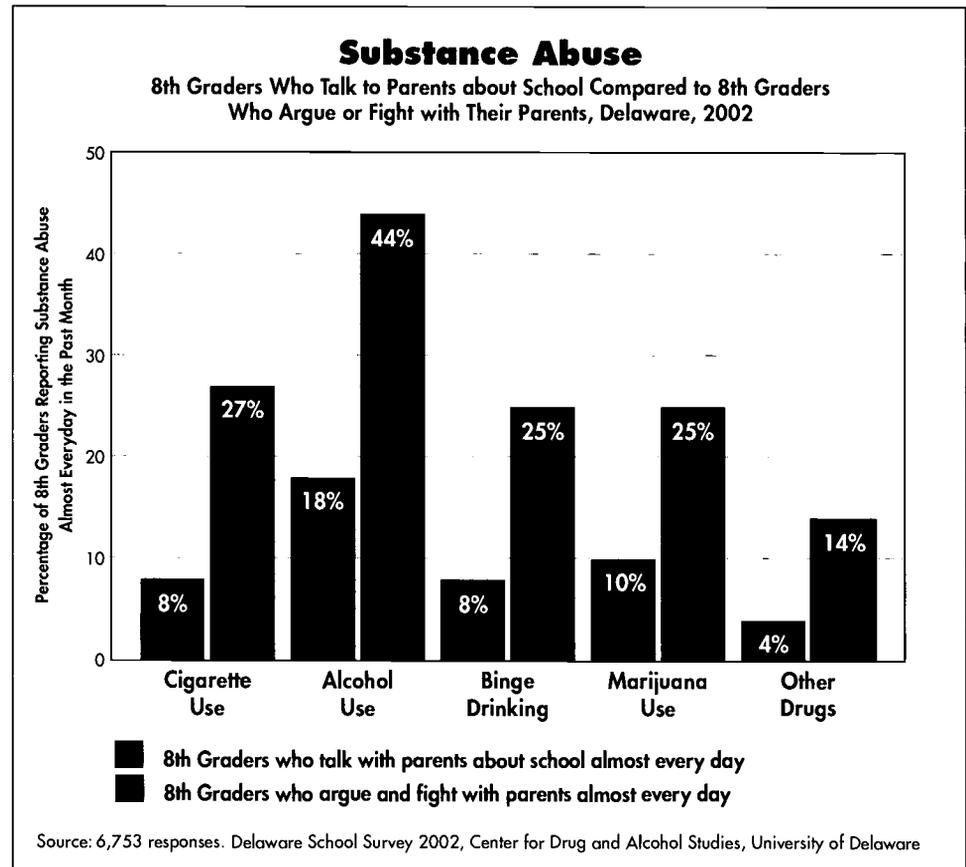
Alcohol, Tobacco, and Other Drugs

RECENT TREND IN DELAWARE ABOUT THE SAME

According to the National Center on Addiction and Substance Abuse, almost 80 percent of teens indicated that drugs are used, sold, and kept on school grounds.¹ Because of this, it is likely that most teenagers will have some experience with or exposure to drugs. Still more students will experiment with alcohol and/or tobacco. Some will discontinue use; others will become regular users. For the young adults who continue use, the risk of becoming adults who are addicted to these drugs increases. Furthermore, teenagers who use alcohol and tobacco are at a higher risk for using and becoming addicted to other drugs later.

Prolonged and abusive use of these substances may lead to serious health problems such as lung cancer, liver poisoning, or kidney failure. More serious long-term consequences includes a high risk of premature death as well as causing increased health care cost.

¹ The Center for Drug and Alcohol Studies; <http://www.state.de.us/drugfree/pdfs/mjgetinfo.pdf>



Did you know?

- In Delaware, approximately 25 percent of 11th graders reported having used marijuana in the previous month. Thirty-nine percent of 5th graders, 64 percent of 8th graders, and 52 percent of 11th graders perceived no or slight risk from trying marijuana once or twice.¹
- Seventy-one percent of eighth graders and 88 percent of tenth graders believe that alcohol is readily available to them for consumption.²
- More than 40 percent of individuals who start drinking before the age of 13 will develop alcohol abuse or alcohol dependence at some point in their lives.³

Source 1: The Center for Drug and Alcohol Studies; <http://www.state.de.us/drugfree/pdfs/mjgetinfo.pdf>

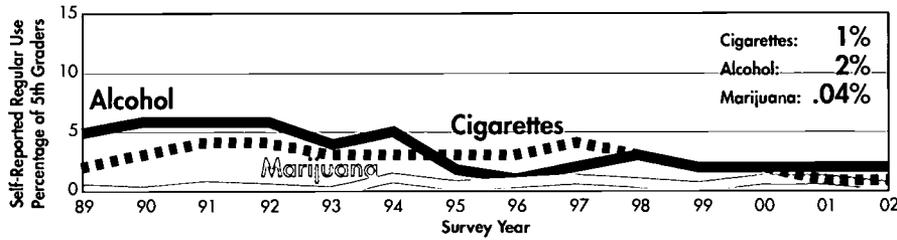
Sources 2&3: E:\Kidscount\Leadership To Keep Children Alcohol Free – The Child.htm





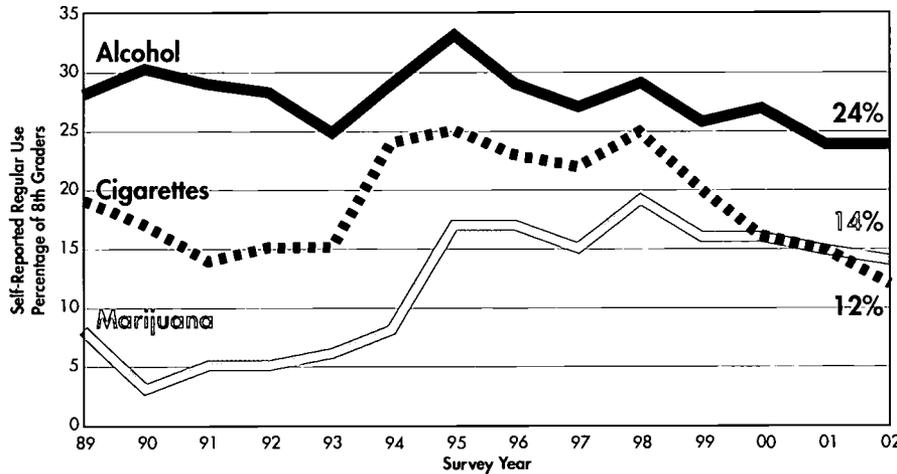
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



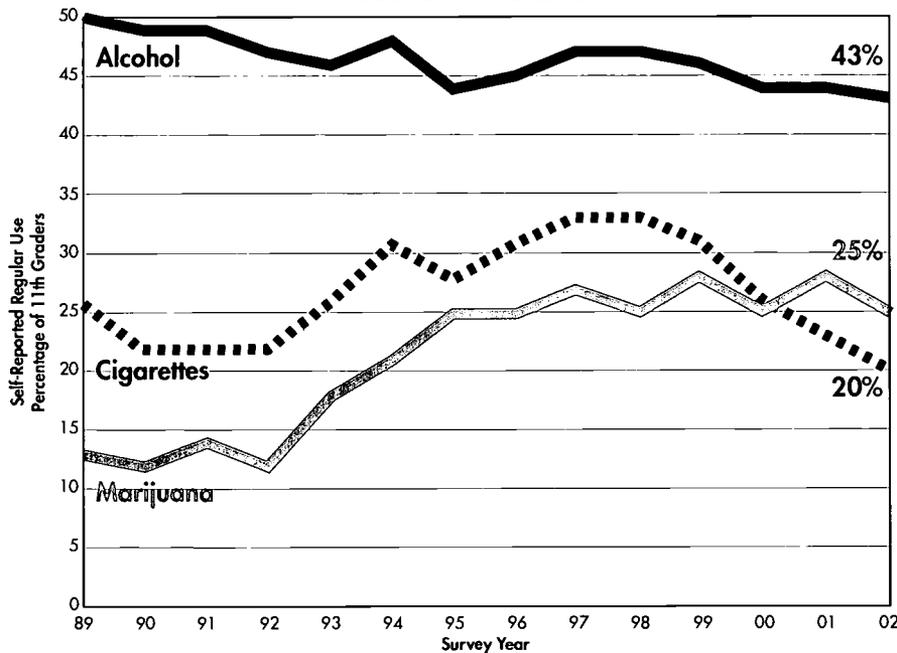
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders



Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders



Source: 5th graders: 7,248 responses. 8th graders: 6,753 responses. 11th graders: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

For more information see

Table 34-35 p. 137

www.tobaccofreekids.org

www.state.de.us/drugfree/data.htm

www.al-anon-alateen.org

www.udetc.org



Delaware Children Speak about Health and Health Behaviors

Each year since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered a survey for public school students about alcohol, tobacco, and drug use. This study is supported by the Office of Prevention and the Division of Substance Abuse and Mental Health and administered through the cooperation of the Department of Education and the Delaware Drug Free School Coordinators. It has become a valuable tool in assessing trends of drug use among Delaware students. Since 1998 the survey has included new information on school behavior, health habits, and parental interaction. The Center for Drug and Alcohol Studies has provided KIDS COUNT with a wealth of information detailing these issues which are included in each section as Delaware Children Speak. Although these are survey questions of a limited number of Delaware youth, it is useful to examine their comments in light of the increased interest in safety, parental involvement, educational needs and healthy lifestyles.

Source: Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Final Report to the State Incentive Cooperative Agreement Advisory Committee and the First State Prevention Coalition. September 2002. The Center for Drug and Alcohol Studies, University of Delaware.

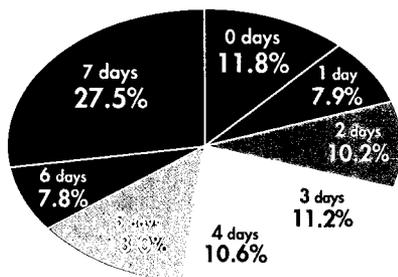


Physical Activity

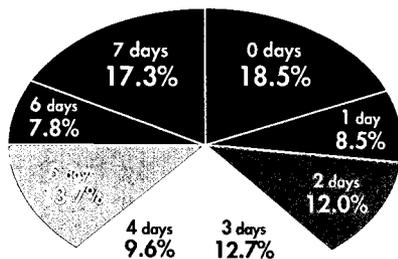
How many days in the past week have you exercised or participated in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?

Delaware, 2002

6-8th Graders



9-12th Graders



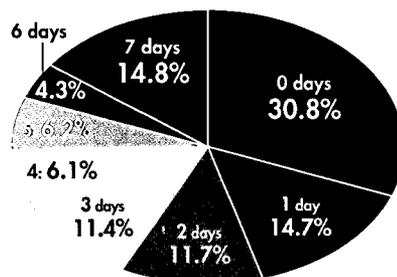
Source: Grades 6-8: 2,651 responses. Grades 9-12: 2,472 responses. CDC Youth Tobacco Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Physical Activity

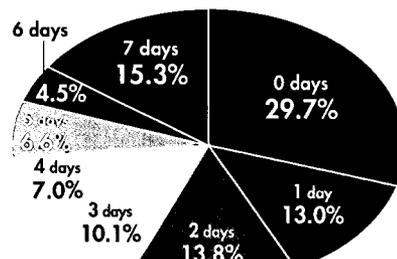
How many days in the past week have you participated in physical activity for at least 30 minutes that did NOT make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

Delaware, 2002

6-8th Graders



9-12th Graders



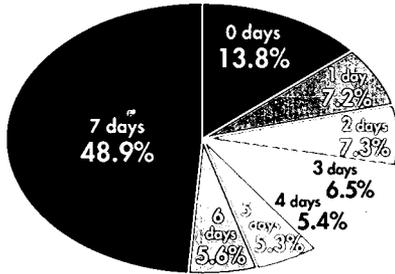
Source: Grades 6-8: 2,651 responses. Grades 9-12: 2,472 responses. CDC Youth Tobacco Survey 2002, Center for Drug and Alcohol Studies, University of Delaware



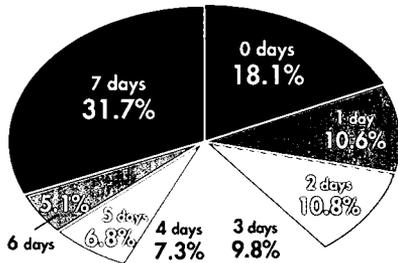
Eating Breakfast

How many days in the past week have you eaten breakfast?
Delaware, 2002

6-8th Graders



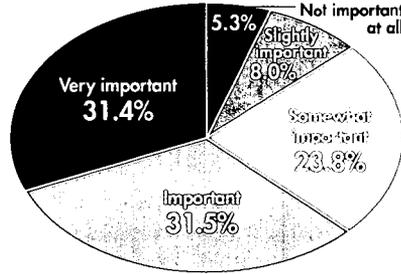
9-12th Graders



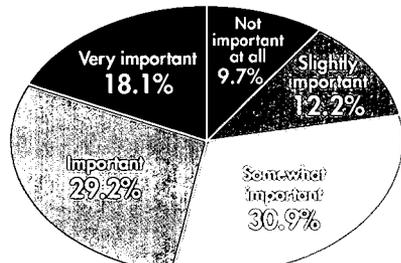
Nutrition

How important to you is it to you to eat healthy foods?
Delaware, 2002

6-8th Graders



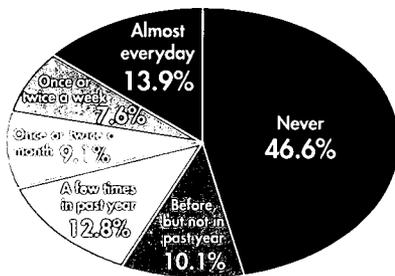
9-12th Graders



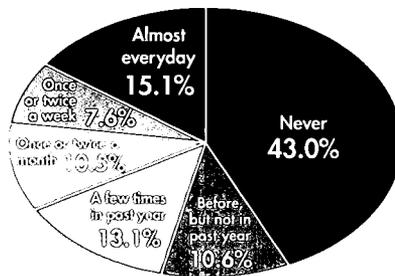
Concern about Weight

How often have you worried about or had fear about gaining weight or becoming fat?
Delaware, 2002

6-8th Graders



9-12th Graders



Source for all graphs on this page:
Grades 6-8: 2,651 responses.
Grades 9-12: 2,472 responses.
CDC Youth Tobacco Survey 2002,
Center for Drug and Alcohol Studies,
University of Delaware

Did you know?

- 54% of Delaware high school students are enrolled in at least one or more sports.¹
- A recent national study shows a positive association between participating in school sports and lower rates of alcohol, tobacco, drug use. Youth who participate in sports are also more likely to disapprove of their peers' deviant behaviors.²
- Nationally, 1/3 of high school students fail to meet current recommendations of three or more exercise sessions of week.³

Source 1: Youth Risk Behavior Surveillance—United States, 2001

Source 2: <http://www.childtrendsdata.bank.org>

Source 3: Hatcher, J. and Scarpa, J. (2002). Encouraging Teens to adopt a safe, healthy lifestyle: A foundation for improving future adult behaviors. Child Trends Research Briefs.

For more information see

www.state.de.us/drugfree/data.htm





Delaware Children Speak about Health and Health Behaviors

Youth today are developing healthier lifestyles. Too often data presented reflect negative aspects of youth behavior, but it is important to consider the more positive attributes of our youth. This helps to identify the areas in which our children are succeeding and provides insight into programs and characteristics that are associated with success.

Studies show that regular participation in volunteer activities helps to develop higher levels of civic development and personal efficacy among youth. Youth volunteers tend to have greater self-confidence in their ability to make public statements, and pay more attention to politics. They also learn to respect themselves as well as others, and develop leadership skills and a better understanding of citizenship.

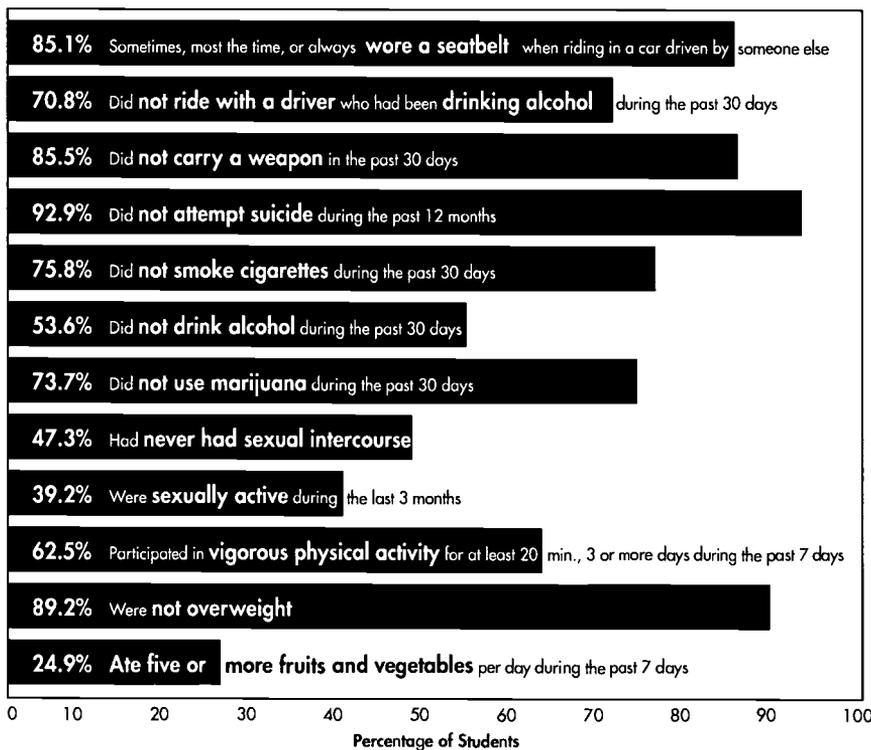
Today's teens are actively participating in positive behaviors that may promote their well-being. Through Delaware Team Nutrition projects, the University of Delaware was able to document that fifty percent of the student participants increased their level of physical activity and seventy percent of the participants showed improvements with weight training and reduction of body fat. Moreover, eighty-eight percent said that they wanted to continue exercising after the program ended.¹

¹ On the Table; Delaware small in size, big in nutrition. USDA, Food and Nutrition Service. Fall 2002.



Lifestyle Choices

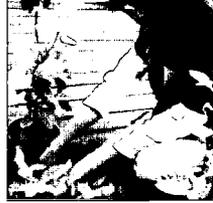
Delaware High School Students, 2001



Source: CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

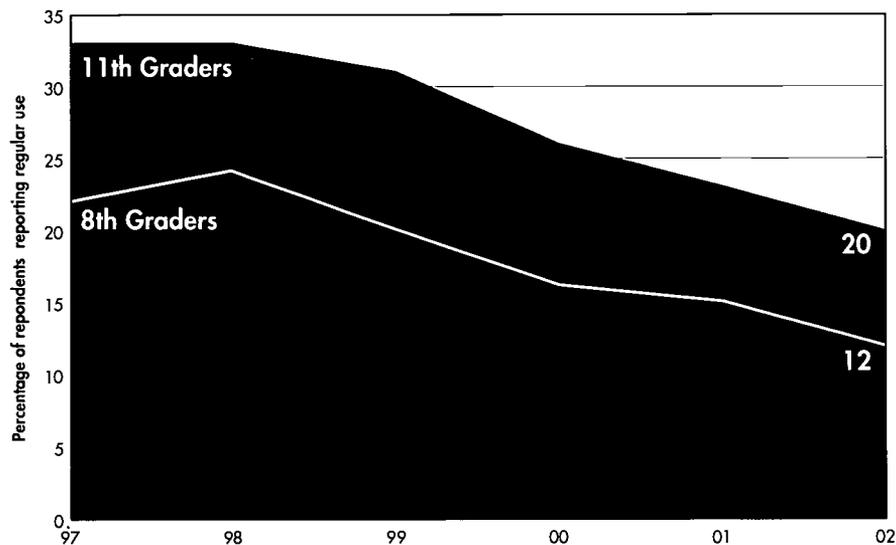
Note: The Youth Risk Behavior Survey (YRBS) was administered to 2,915 students in 30 public high schools in Delaware during the spring of 2001. The results are representative of all students in grades 9-12. The sample was comprised of the following students: Female: 50.8%, Male: 49.2%; 9th grade: 30.4%, 10th grade: 26.2%, 11th grade: 21.9%, 12th grade: 21.5%; African American: 24.0%, Hispanic/Latino: 6.2%, White: 61.5%, All other races: 5.4%, Multiple races: 2.8%. Students completed a self-administered, anonymous questionnaire.





Declining Cigarette Use

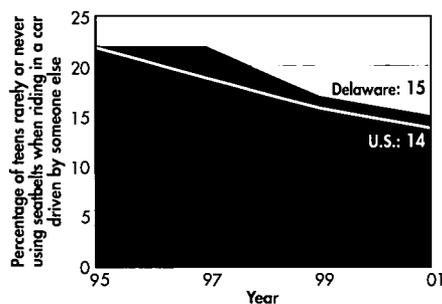
Delaware 8th and 11th Graders



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Teens Who Rarely or Never Use Seatbelts

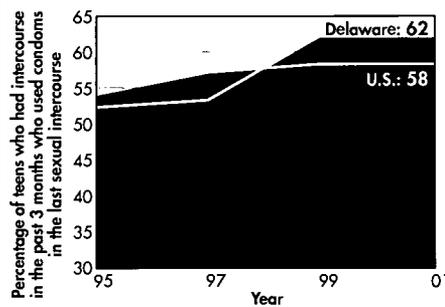
Delaware Compared to U.S.



Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

Condom Use among Sexually Active Teens during Last Sexual Intercourse

Delaware Compared to U.S.



Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware



Best Practices for Preventing Youth Access to Alcohol

- Initiate community-wide responsible beverage service programs.
- Create buffer zones that separate alcohol outlets from schools, youth facilities, and residential neighborhoods.
- Impose strict penalties on retail licensees for violations of sales-to-minors laws.
- Ban the production, distribution, possession, and use of false identification and increase and encourage the use of identifications that can be scanned using magnetic readers.

Source: Regulatory Strategies for Preventing Youth Access to Alcohol: Best Practices. Pacific Institute for Research and Evaluation. July 1999

For more information see
www.state.de.us/drugfree/data.htm
<http://childnutrition.doe.state.de.us/>

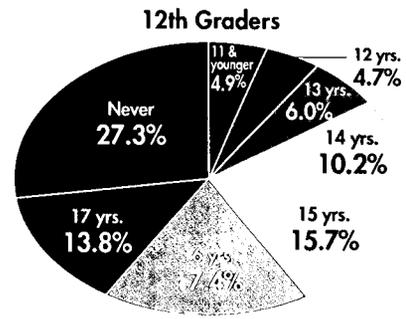
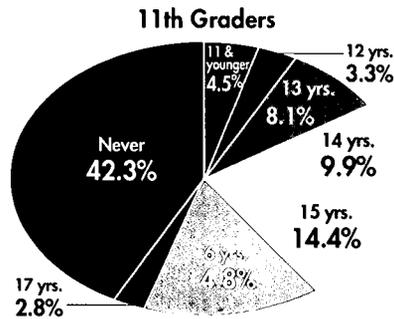
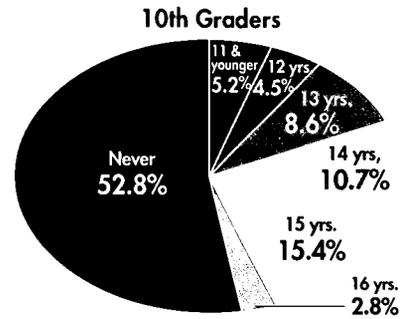
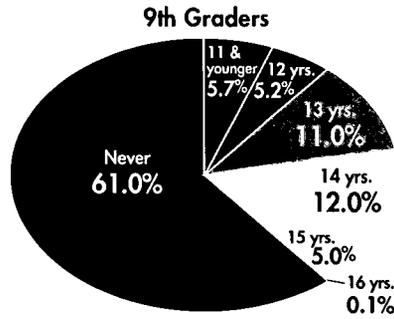


Delaware Children Speak about Health and Health Behaviors

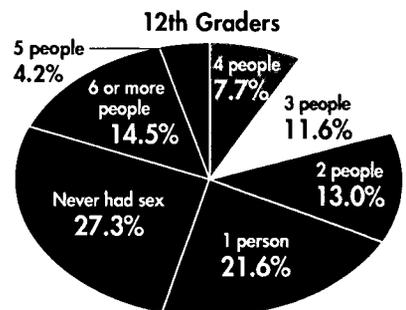
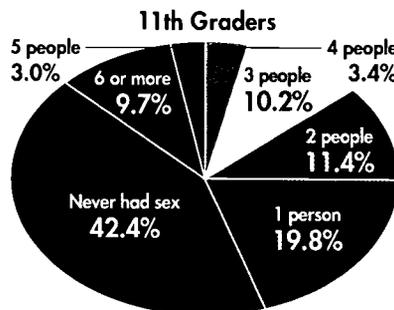
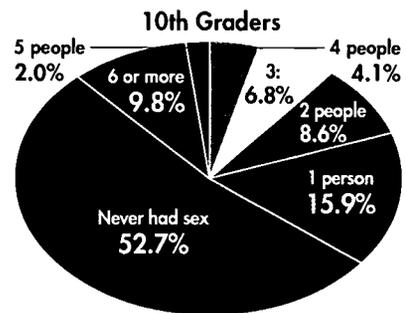
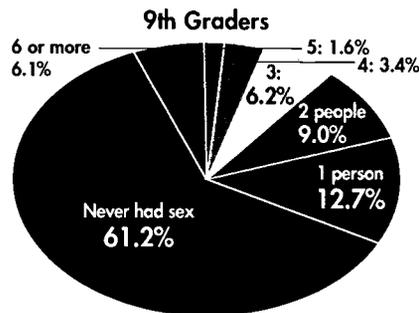


Sexual Activity

How old were you when you had sexual intercourse
for the first time?
Delaware, 2001



During your life, with how many people
have you had sexual intercourse?
Delaware, 2001

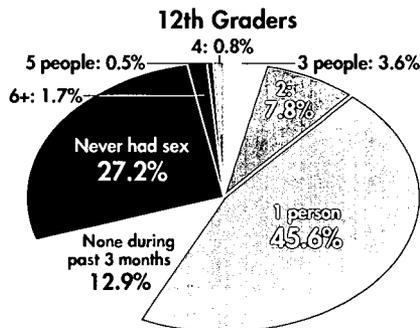
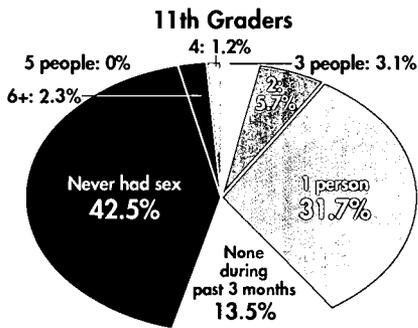
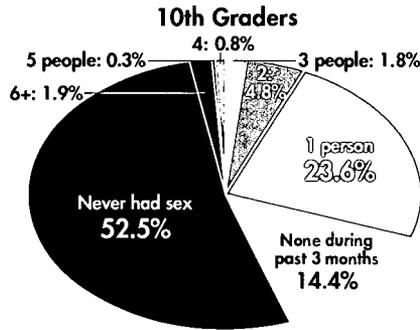
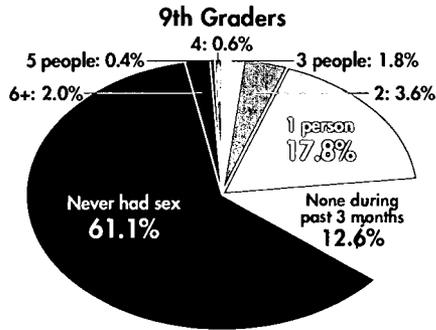


Note: Due to rounding, percentages may vary.
Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies,
University of Delaware

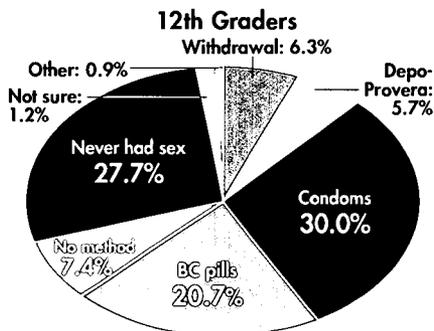
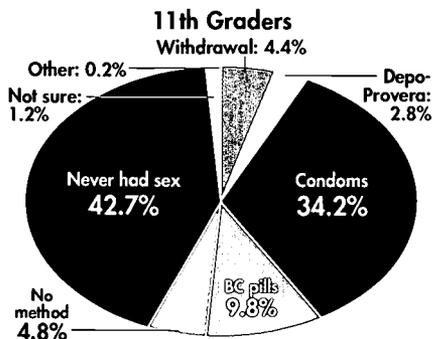
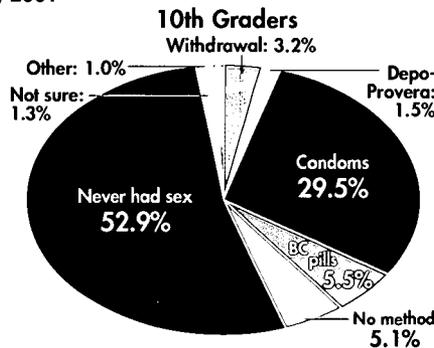
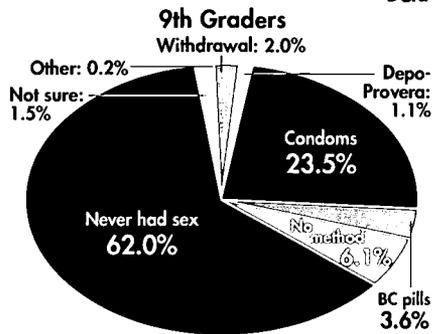


Sexual Activity

During the past 3 months, with how many people did you have sexual intercourse?
Delaware, 2001



The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
Delaware, 2001



Note: Due to rounding, percentages may vary.
Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

For more information see
www.state.de.us/drugfree/data.htm

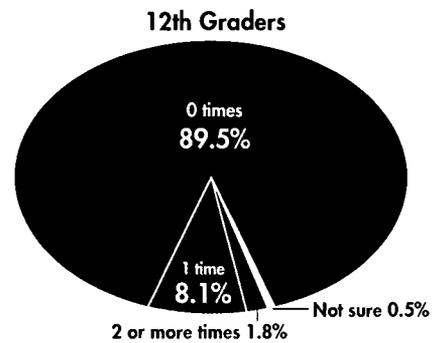
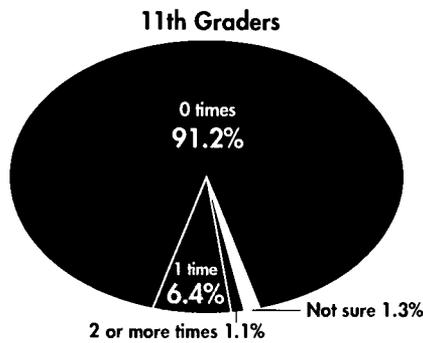
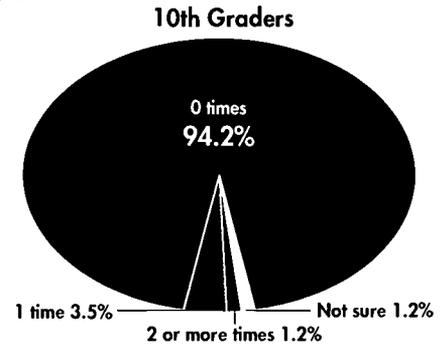
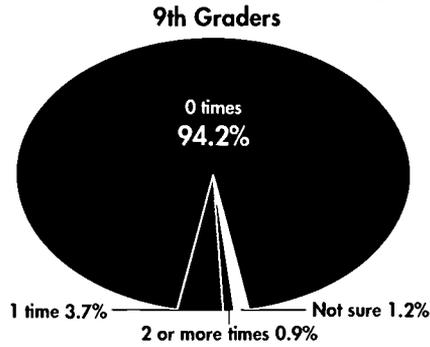


Delaware Children Speak about Health and Health Behaviors

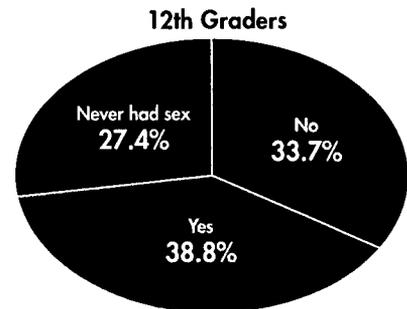
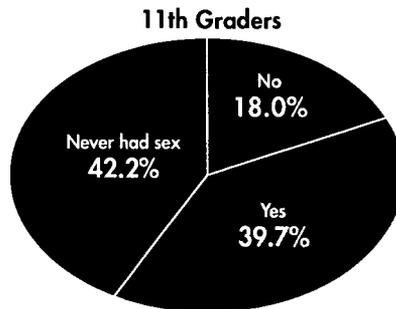
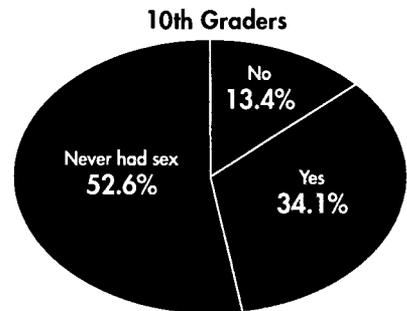
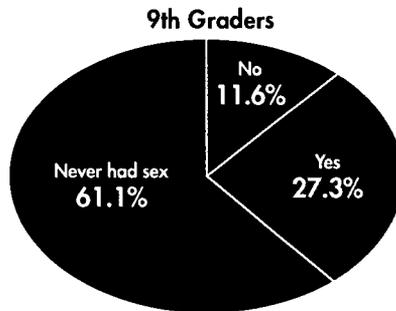


Sexual Activity

How many times have you been pregnant
or gotten someone pregnant?
Delaware, 2001



The last time you had sexual intercourse,
did you or your partner use a condom?
Delaware, 2001



Note: Due to rounding, percentages may vary.
Source: 2,915 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies,
University of Delaware

For more information see

www.state.de.us/drugfree/data.htm



WEST COAST TO DELAWARE

Educational Involvement & Achievement

Early Intervention

RECENT TREND IN DELAWARE **GETTING BETTER**

Early intervention is extremely important for children experiencing developmental delays and disabilities. Children are assessed for delays in areas including cognition, physical ability, communication, social and emotional functioning and in adaptive behaviors.¹ It has been shown that early intervention programs reduce the need for special education, reduce the impact on the family, lessen the need for residential care and schooling, as well as reducing overall costs for special education and institutionalization.²

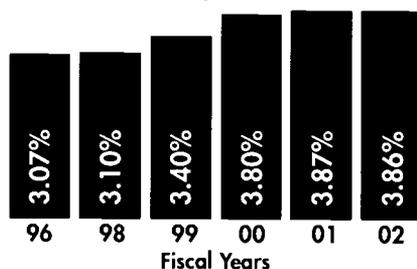
1 Birth to three early intervention system in Delaware: Child Development Watch (March, 1998). DELAWARE. Available from: www.udel.edu/cds/products/delAware/spring98/watch.html.

2 Pennsylvania Partnerships for Children (2002). From building blocks to books: learning from birth through 8 in Pennsylvania.



Early Intervention

Percent of Children Aged 0-3 in the Early Intervention System, Delaware



Note concerning comparison data: There are no comparable U.S. statistics since the eligibility criteria for early intervention varies from state to state, and the U.S. Office of Special Education has recently begun to report on Infants and Toddlers served under the Individuals with Disabilities Education Act. Please note that an April 1994 U.S. Department of Education report estimated that 2.2% of all infants and toddlers had limitations due to a physical, learning or mental health condition, but this may not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

Source: Delaware Department of Health and Social Services

Did you know?

- Of children who received early intervention, only half were still considered special education students at age 8.
- Every dollar spent on early intervention can save \$4 to \$7 later on special education and residential care.

Source: Pennsylvania Partnerships for Children (2002). From building blocks to books: Learning from birth through 8 in Pennsylvania.

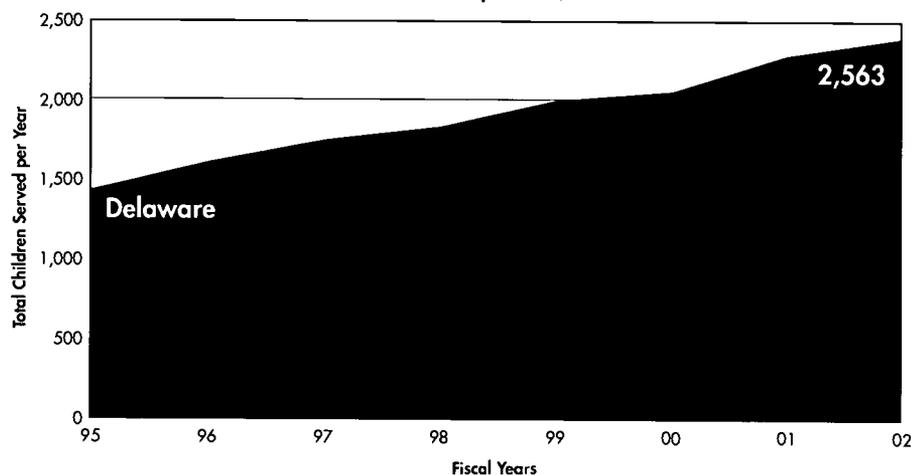
put data into action

The state of Delaware's Birth to 3 Early Intervention System, publishes a guide with extensive resources in many fundamental areas for children with disabilities.

To learn more, go the Internet Guide for Parents and Professionals at www.state.de.us/dhss/dms/birth3/director/directry.htm.

Child Development Watch

Total Children Served per Year, Delaware



Source: Delaware Birth to Three Early Intervention System, DHSS

For more information see

www.state.de.us/dhss/dms/birth3/director/directry.htm

www.kidsource.com/kidsource/content/early.intervention.html

Head Start/ECAP

During the ages of 3 to 5, children form basic cognitive abilities. Those who aren't exposed to letters, numbers, and social skills at home quickly lag behind those who are.¹ In order to avoid later educational problems, especially for children in high-risk groups, early care programs can fill gaps in children's developmental needs.

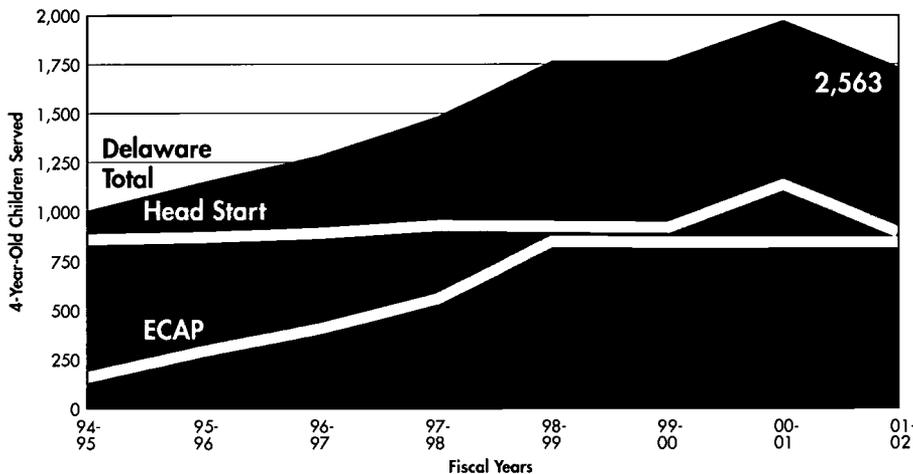
Head Start is a comprehensive early childhood development program started 37 years ago as a federal program to prepare children from low-income backgrounds for academic success through skills development and human services.² The Early Childhood Assistance Program in Delaware provides funding for four-year-olds who meet the eligibility criteria for Head Start programs. Both programs are designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with more economically advantaged children.

¹ Starr, A. (August 26, 2002). The importance of teaching tots: 25 ideas for changing the world. *Business Week*.

² Seligson, M. & Cotlin, L. Approaches to school-aged child care. ERIC-EECE: Clearinghouse of Elementary and Early Childhood Education. Publication #: EDO-PS-91-7. Available from: ericps.crc.uiuc.edu/eece/pubs/digests/1991/seligs91.html



Head Start/Early Childhood Assistance Program
4-Year-Old Children Served in Delaware



	94-95	95-96	96-97	97-98	98-99	99-00	00-01	01-02
Est. number of 4-yr.-olds in Head Start	855	865	886	931	925	922	1,129	891
Number of children in ECAP	153	289	401	554	843	843	843	843
Estimated number of 4-yr.-olds eligible	N/A	N/A	N/A	1,938	1,938	1,935	2,162	1,749
Percentage of eligible 4-yr.-olds served	N/A	N/A	N/A	77%	91%	91%	91%	99%

Source: Delaware Department of Education

Did you know?

- Students who received ECAP or Head Start services at the age of 4 were more likely to achieve at or above the standard on the 3rd grade reading and math Delaware Student Testing Program than their peers living in poverty who did not receive those services.
- Over 69% of the students who received ECAP or Head Start services at age 4 met or exceeded the standard for reading on the March 2001 Delaware Student Testing Program.
- Only 48.7% of students studied who lived in poverty but did not receive ECAP or Head Start services met or exceeded the standards for reading.

³Source: Gamel-McCormick, M., Arnsden, D. (April 2002). Investing in better outcomes: The Delaware early childhood longitudinal study. University of Delaware: Center for Disabilities Studies.

For more information see

Tables 66-70

p. 153-154

Student Achievement

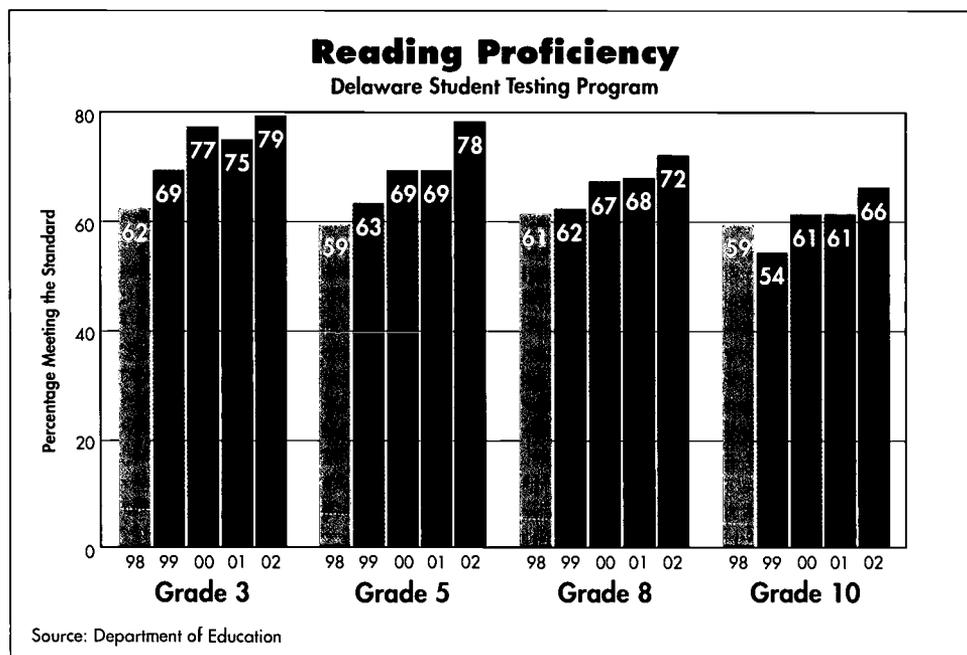
RECENT TREND IN DELAWARE **GETTING BETTER**

Student achievement is a determinant of future success in the labor market. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.

According to statistics from the College Board, the average math SAT scores have hit a thirty-two year high. However, the verbal scores remain forty points lower than the scores thirty years earlier.¹ Furthermore, a longitudinal study of a large group of students found a sharp decline between sixth and seventh grades (the transition from elementary school to junior high school) in adolescents' interest in learning mathematics and their confidence in their mathematics abilities.²

Despite the decline in achievement and confidence, teens in general place a high value on receiving a good education. Most teenagers believe that getting a good education will help them acquire the type of job they would like in the future.

- 1 Carnahan, K. and Coletti, C. (August 2002). 10-year trend in SAT scores indicates increase emphasis on math is yielding results; Reading and writing are causes for concern. The College Board.
- 2 Eccles, J.S. and Midgley, C. "Changes in academic motivation and self-perception during early adolescence." In R. Montemayor, G. R. Adams and T. P. Gullota (Eds.). *From childhood to adolescence: A transitional period?* (134-155) Newbury Park, CA: Sage, 1990.



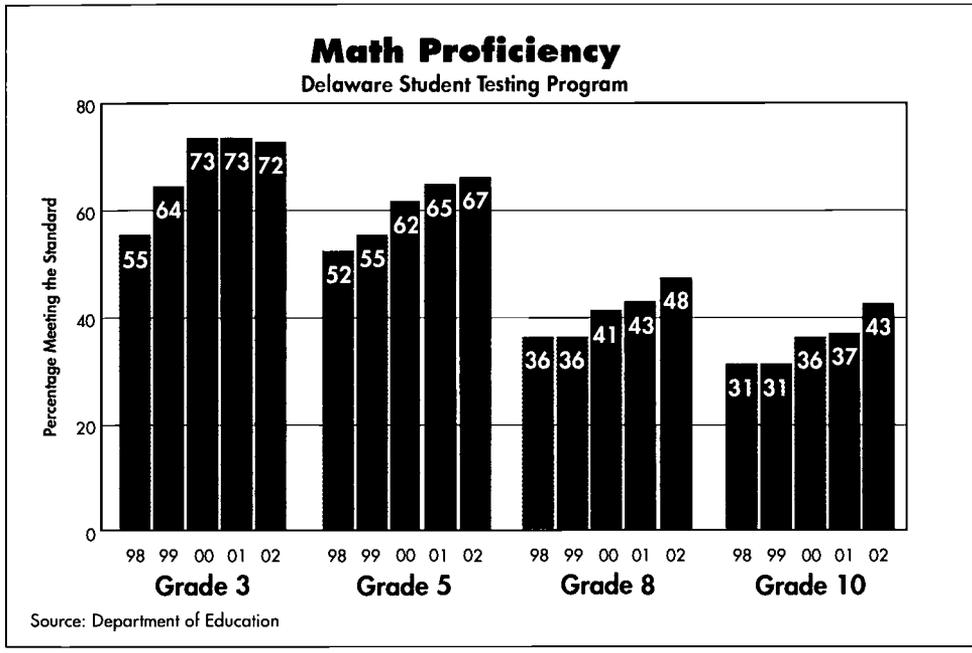
put data into action

Develop a child's love for reading

Learning to read and write is critical to a child's success in school and in life. The following tips will help to develop a child's love for reading as well as enhancing his/her abilities:

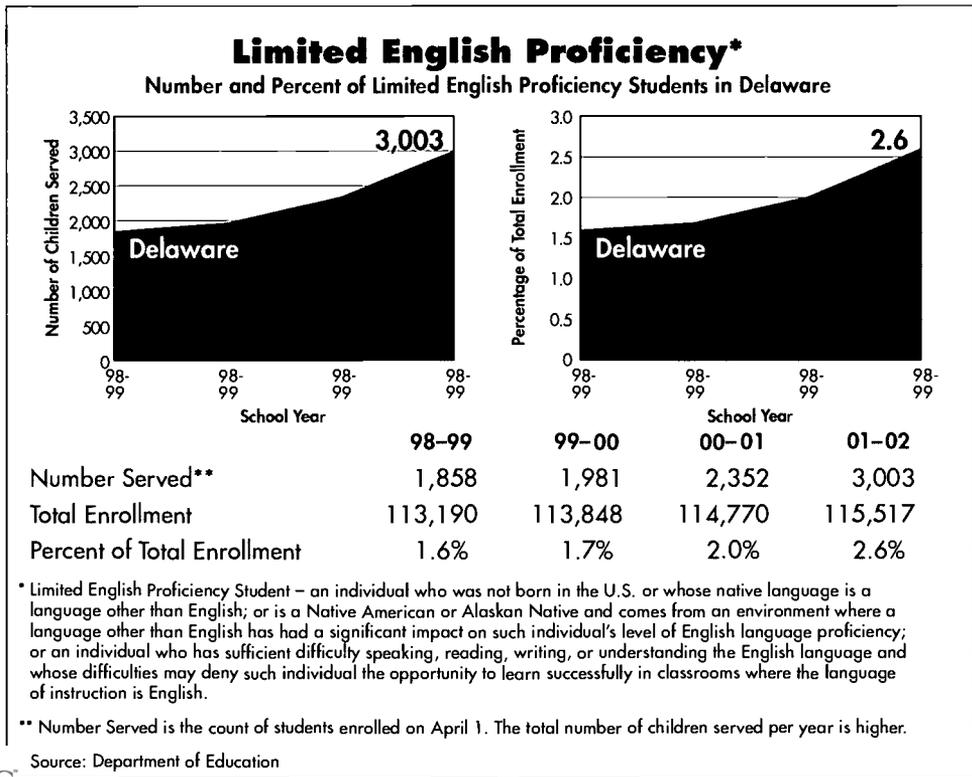
- Read aloud to your child daily. Ask questions to get him/her thinking about what is taking place in the story.
- Create a "reading ritual" at home by setting a certain time each day for reading.
- Arrange a "reading room" for your child that is comfortable, free of distractions, and is a special place for her.

Source: School of Dreams Newsletter, Winter 2002, vol. 1, issue 1.



Delaware Student Testing Program

The Delaware Student Testing Program (DSTP), designed by Delaware Educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for all students in Delaware. The DSTP assists Delaware educators in determining students' strengths and weaknesses to help identify academic issues. For the fourth consecutive year, students in grades 3, 5, 8, and 10 were tested in areas of reading, mathematics and writing.

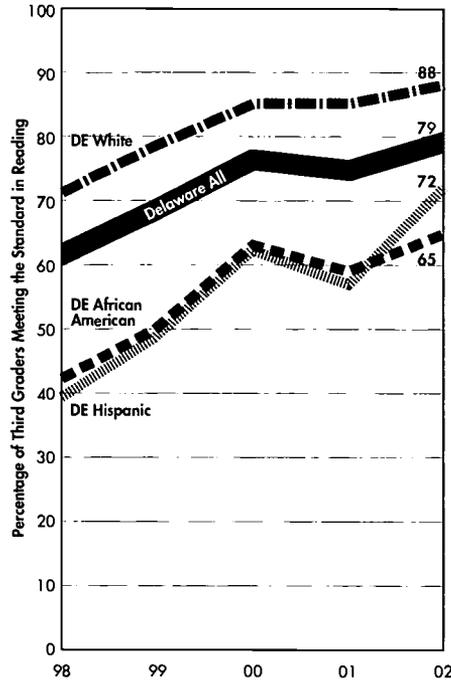


Student Achievement



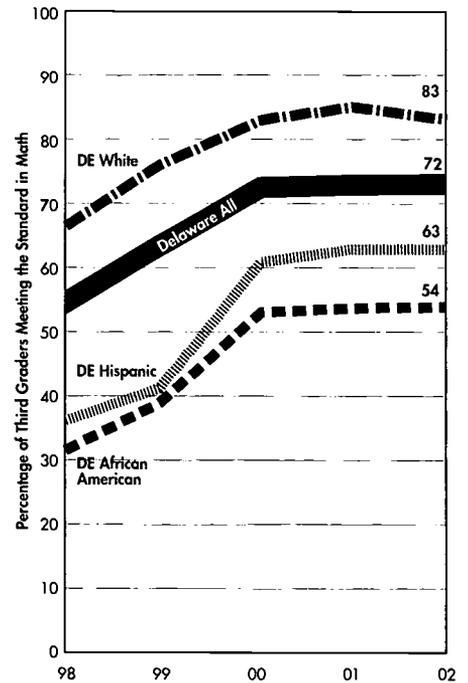
Grade 3 Meeting the DSTP Standard

Reading



Source: Delaware Department of Education

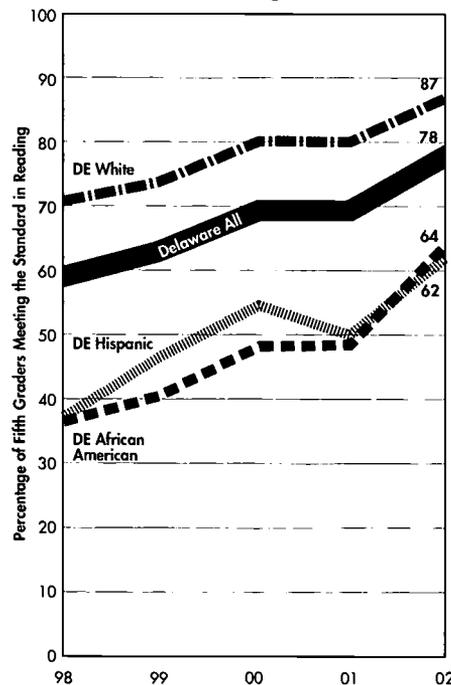
Math



Note: White includes Native American and Asian.

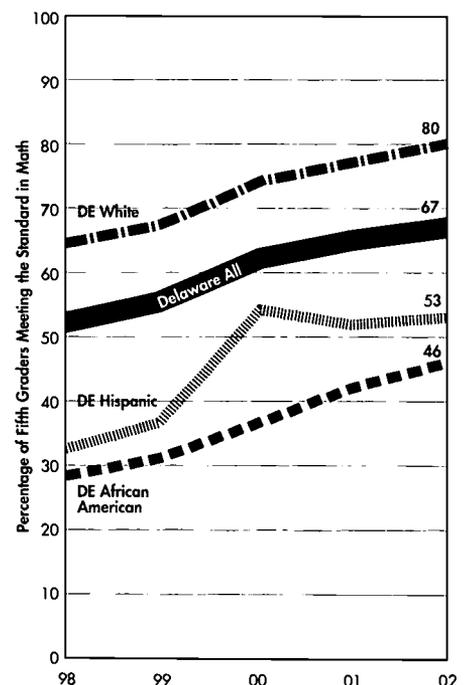
Grade 5 Meeting the DSTP Standard

Reading



Source: Delaware Department of Education

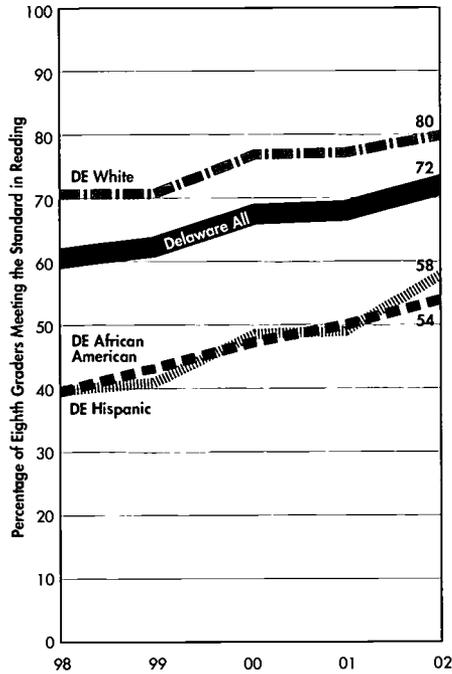
Math



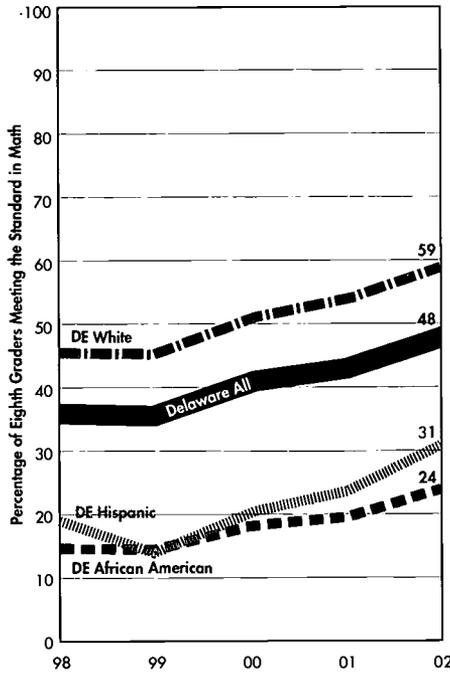
Note: White includes Native American and Asian.



Grade 8 Meeting the DSTP Standard



Source: Delaware Department of Education



Note: White includes Native American and Asian.

DSTP Proficiency Levels – Delaware State Testing Program

Students receive scores indicated by the following levels:

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

DSTP Accountability

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

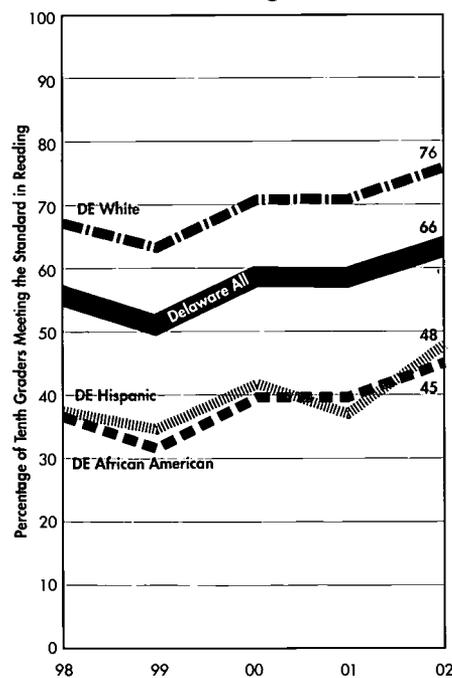
Level 2 – Students Below the Standard

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

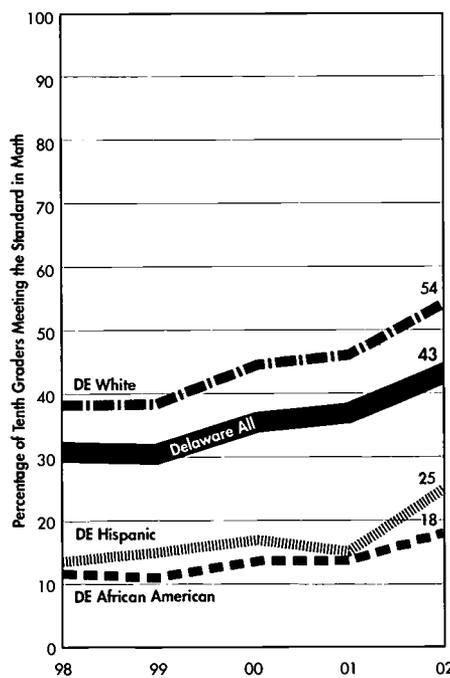
Level 1 – Students Well Below the Standard

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

Grade 10 Meeting the DSTP Standard



Source: Delaware Department of Education



Note: White includes Native American and Asian.

For more information see

Tables 37-44 p. 139-142

www.doe.state.de.us

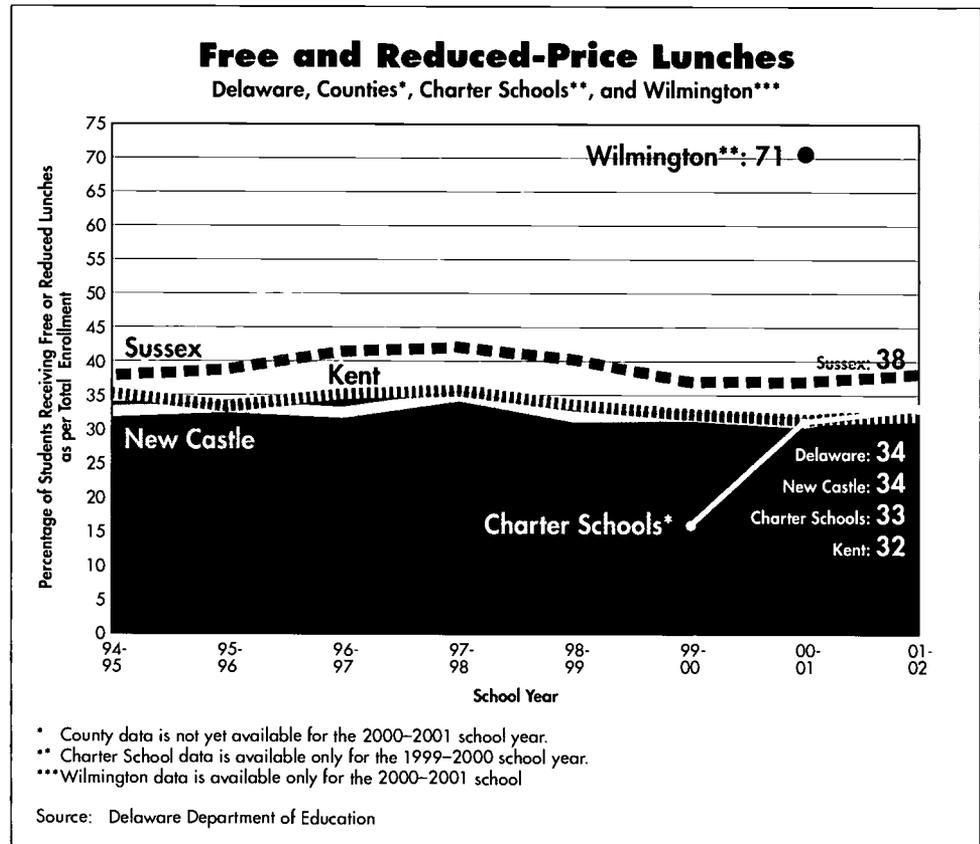
www.doe.state.de.us/AAB/index.bak

Children Receiving Free and Reduced-Price School Meals

RECENT TREND IN DELAWARE ABOUT THE SAME

Intake of proper nutrition is imperative for the growth and educational achievement of children. Studies show that there is a significant relationship between eating breakfast and school performance, making the provision of meals at school integral to education. More than 26 million children, 66% of children aged 6 to 10 years, participate in the National School Lunch Program daily. For some 10-year-olds, approximately 50% to 60% of their total daily intake of energy, protein, cholesterol, carbohydrate, and sodium comes from school meals.¹

¹ Johnson, R. K, Nicklas T. A. (1999). Dietary guidance for healthy children aged 2 to 11 years — Position of ADA. *Journal of the American Dietetic Association*, (99):93-101.



Did you know?

- Fifty years after the establishment of the School Lunch Program, the largest problem children are facing is obesity.¹
- Obesity among children ages 12 to 19 increased to 14 percent in 1999, according to the Centers for Disease Control and Prevention. It is believed that the two main reasons for the increase are that children are doing less physical activity and they're consuming more high-calorie, refined foods.²
- Among schools that participated in the 2000 School Health Policies and Program Study, 68.1 percent offered a choice between two or more fruits or fruit juices daily at lunch.³
- In Delaware, schools are not required to offer breakfast or lunch, nor are schools required to offer two or more fruits or two or more vegetables.⁴

^{1,2,3} *The USDA School Lunch program: new approach to meeting the demands of child health and nutrition in the 21st Century.* The Clearing House, July-August 2002 v75 i6 p310(2).

⁴ School Health Program Report Card: Delaware, http://www.cdc.gov/nccdphp/dash/shpps/report_cards/pdf/delaware.pdf



**put
data
into
action**

According to a report from the Department of Health and Human Services, coordinating Medicaid outreach with the school lunch program can be very effective in reaching uninsured children. Under the Agricultural Risk Protection Act of 2000, school food authorities are permitted to share information from school lunch applications with State child health agencies to help identify uninsured children.

To adopt this option, a state must have a written agreement stating that shared information will facilitate enrollment, and families must be able to elect the option not to have the information on the school lunch application disclosed.

Source: Report from HHS "Enrolling and Retaining Low-Income Families and Children in Health Care Coverage. August 2002.

Did you know?

The National School Lunch Program (NSLP), begun in 1946, provides states federal reimbursement and other assistance in establishing, maintaining, and operating a school lunch program.

To participate in the NSLP, schools and institutions must agree to:

- Operate food service for all students without regard to race, color, national origin, sex, age, or disability.
- Provide free and reduced price lunches to students unable to pay the full price based on income eligibility criteria. Such students must not be identified nor discriminated against in any manner.
- Serve lunches that meet the nutritional standards established by the Secretary of Agriculture.
- Operate the food service on a nonprofit basis.

A basic amount of Federal financial assistance is provided for all lunches served, whether paid, reduced-price, or free. The Department of Agriculture also provides donated commodities for lunches served under the program.

The lunch pattern is designed to provide, over a period of time, approximately one-third of a student's Recommended Dietary Allowance for key nutrients and calories. Meals are planned to include foods from the Food Guide Pyramid.

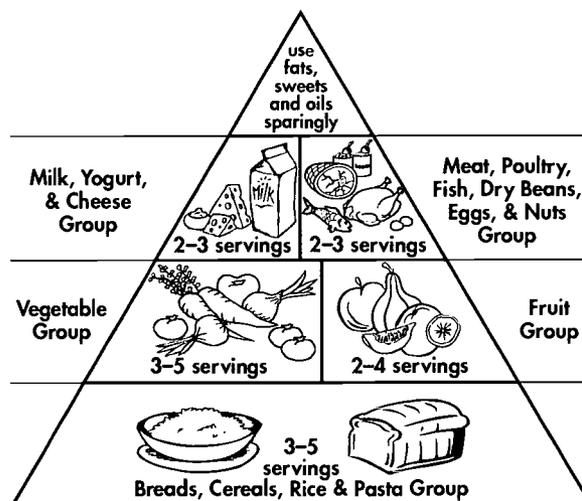
Source: Delaware Department of Education, Available from www.childnutrition.doe.state.de.us/childnutrition/lunchprog.htm

School meals provide:

- 45% of total daily intake of iron
- 22% total energy
- 39% of total energy from fat
- 77% of total daily intake of calcium

Source: Johnson, R. K, Nicklas T. A. (1999). Dietary guidance for healthy children aged 2 to 11 years — Position of ADA. *Journal of the American Dietetic Association*, (99):93-101.

The Food Guide Pyramid



For more information see

Table 36 p. 138
<http://childnutrition.doe.state.de.us/>
www.feedingchildrenbetter.org

High School Dropouts

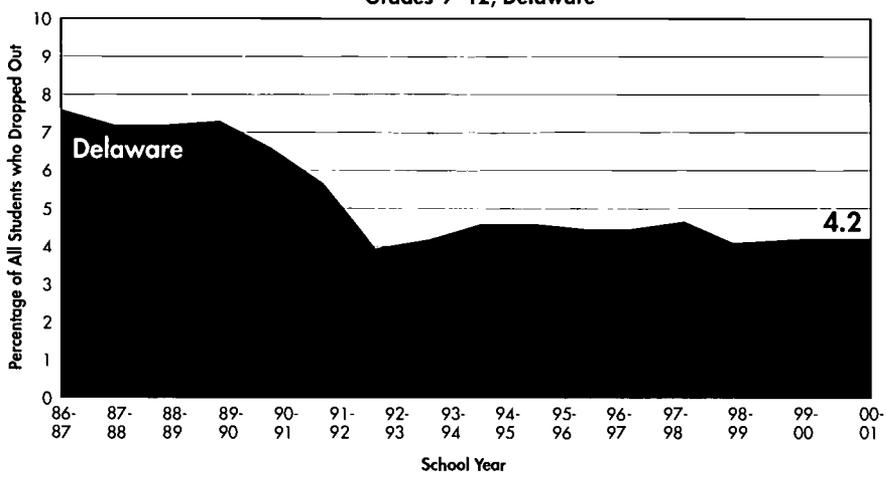
RECENT TREND IN DELAWARE **ABOUT THE SAME**

Receiving a high school diploma displays that an individual has attained the standards in writing, reading and mathematics required to be a productive member of society. Without graduating, a young person is left without the credentials to get many jobs, and thus receive a higher wage, or the skills necessary to go on to higher education.¹ There are many reasons that students give for dropping out of high school. Getting poor grades, having difficulties with teachers, pregnancy, marriage, having friends who drop out and being expelled or suspended from school all lead students to leave school.²

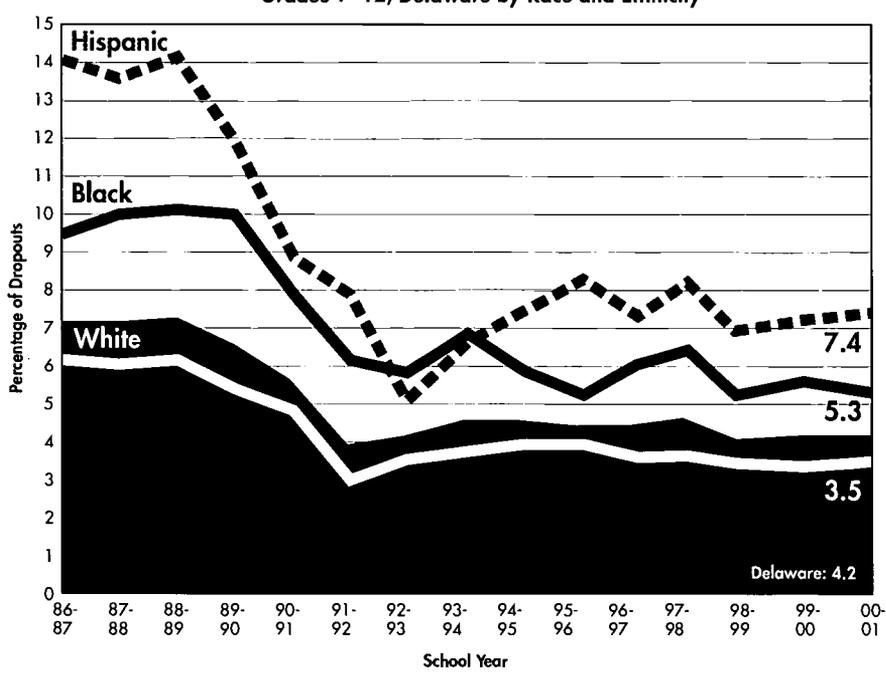
1 Federal Interagency on Statistics. *America's Children: Key National Indicators of Well-Being, 2002*. Federal Interagency Forum on Children and Family Statistics, Washington, DC: U.S. Government Printing Office.
2 Schwartz, W. (1995). *School dropouts: New information about an old problem*. ERIC Clearinghouse on Urban Education. 109. Available from: www.ed.gov/databases/ERIC_Digests/ed386515.html



Public High School Dropouts
Grades 9-12, Delaware



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

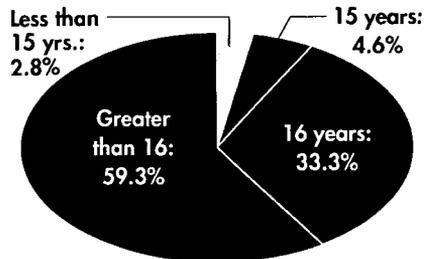


Source: Delaware Department of Education

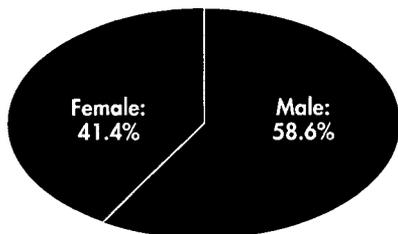


Dropouts

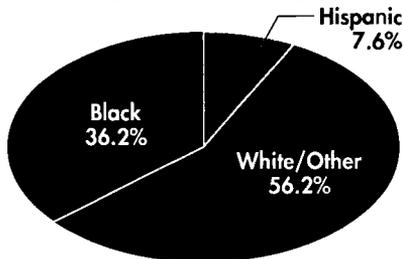
by Age, Gender, and Racial/Ethnic Group
School Year 2000–2001



Percentage of all dropouts by age



Percentage of all dropouts by gender



% of all dropouts by racial/ethnic group

Source: Delaware Department of Education

Dropout Rates

by Racial/Ethnic Group
School Year 2000–2001

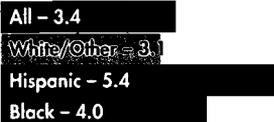
Delaware



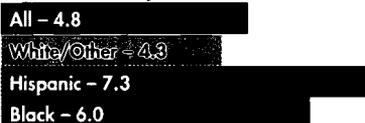
New Castle County



Kent County



Sussex County



Delaware Average: 4.2

Source: Delaware Department of Education

Definition:

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

put data into action

In 1997, Delaware created a statewide Stay in School/Return to School program. The purpose of this program is to help at-risk youth stay in school, encourage those who have dropped out to return, and provide participants with the opportunity to develop the academic, life management and employability skills necessary to get promoted, graduate, and become employed and self-sufficient.

Both the Delaware Technical Community College and the Salvation Army provide mentoring and work with participants to design personal development plans.

Source: Delaware Stay in School Program at www.financeprojectinfo.org/WIN/promising/delawarestayinschool.htm

Did you know?

According to a report from U.S. Department of Education titled, “The Condition of Education 2001”, parental involvement in education decreases as the student progresses in grades. Parent/guardian attendance to school meetings drops by 27 percent by the time a student reaches high school and attendance to school events/activities drops by 26 percent once a child begins high school.

Source: Child Trends Databank Organization; http://www.childtrendsdatabank.org/tables/39_Table_1.htm

For more information see

Table 17 p. 128
Tables 33-44 p. 139-142
www.jabcarps.org

Teens Not in School and Not Working

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

RECENT
TREND
IN DELAWARE **ABOUT THE
SAME**

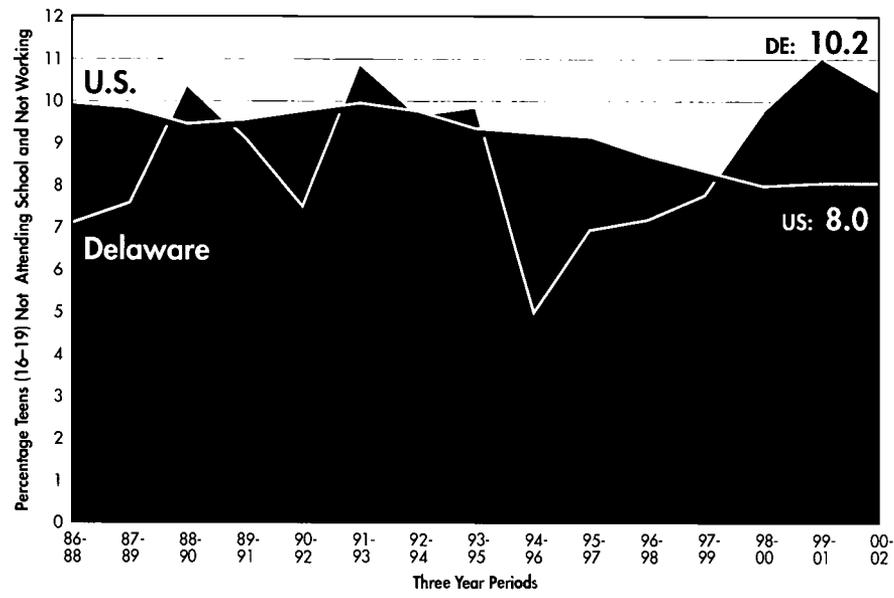
Those who have dropped out of school are clearly vulnerable, but many young persons who have finished school but are not working also belong to a marginalized group. Work experience at this point in life is critical, and people who spend a large share of their young adult years unemployed have a hard time finding and keeping a job later in life. When young people are not involved in education or work, they are more likely to become disengaged from mainstream society, participate in criminal activity, or other risk-taking behaviors.¹

¹ Kids Count Data Book Online (2002). Teens not in school and not working. Available from: <http://www.aecf.org/kidscount/kc2002/summary/summary9.htm>



Teens Not in School and Not Working

Delaware Compared to U.S.



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

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

**put
data
into
action**

Offer your support:

- Support safe places in the community that offer productive activities for teens, connect youth to caring adults, strengthen teens' commitments to schools, and provide opportunities for young people to contribute to their community and society.
- Support programs, such as Junior Achievement, which help youth understand business, value education, and be workforce ready.
- Many middle-class teens get their jobs through a network of informal contacts. Low-income teens are less likely to have these kinds of connections to employers and places of employment. Hire a teen who may not have these connections or encourage local businesses to reach out to such youth.



Suspensions and Expulsions

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. During the 2000–2001 school year, a total of 31,589 suspensions were reported in Delaware's public schools. Five percent of these suspensions occurred in grades K-3. Approximately 50% of the suspensions involved students from grades 4-8 and the remaining 45% of suspensions happened at the high school level, grade 9-12. Suspensions were the result of various infractions, including defiance of authority and fighting.

It is important to know that the duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.

Definition:

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

Expulsions and Suspensions

Delaware Schools, 2000–2001

County	Enrollment	Number of Expulsions	Number of Suspensions*
Delaware	115,517	100	31,589
New Castle	68,648	72	24,355
Kent	24,979	18	3,833
Sussex	21,890	10	3,401

*Suspensions may include duplicate students

Note: Most frequent infractions resulting in Suspensions were Defiance of School Authority, Fighting, General Disruption. Most frequent infractions resulting in Expulsion were Drug Use or Possession, Assault/Battery.

Source: Delaware Department of Education



Warning signs of trouble at school

- Declining grades
- Emotionally disruptive situations such as divorce, moving schools or other losses
- Sudden boredom, anger or dislike of school
- Complaining about teachers attitudes
- Problems with bullies
- Suddenly shifting or loss of all friends
- Continual little problems at school, such as running in halls, talking or gum violations that could escalate
- Change in how the school seems to view the child

Source: Quick Guide to preventing suspensions and expulsions. Student Advocacy Center of Michigan. Available from: <http://comnet.org/sac/qgpreven.htm>.

Did you know?

In 1999:

- 1.3 million U.S. teens between the ages of 16 and 19 were neither enrolled in school nor working.
- African-American and Hispanic youth were twice as likely as white youth to be idle.

Source: Kids Count Data Book Online (2002). Teens not in school and not working. Available from: <http://www.aecf.org/kidscount/kc2002/summary/summary9.htm>

For more information see

Tables 37-44 p. 139-142

Table 82 p. 159

www.dropoutprevention.org

www.childrensdefense.org



Post-Secondary Education

Succeeding in the workforce, and therefore having a strong economic base, requires that personal skills match those required by the job. Also individuals must be able to go where jobs are available and support services like child care and transportation are accessible. Many young people prepare for a career with the help of post-secondary education and job training programs, however there are many young people who struggle to find a place in the workplace with limited training.¹

In many of the nation's cities, more than 50 percent of entering ninth graders leave high school without their diploma. About 2.4 million young people do not have either a high school diploma or General Equivalency Diploma (GED). Those who leave school without a diploma or GED face a lifetime of low-wage jobs, where hard work and long hours cannot provide enough income to support a family or raise them out of poverty.² It is important to support young people as they go through high school to ensure graduation, but it is just as important to develop young people so that they can also enter post-secondary education or training so that they can secure a more solid economic future.

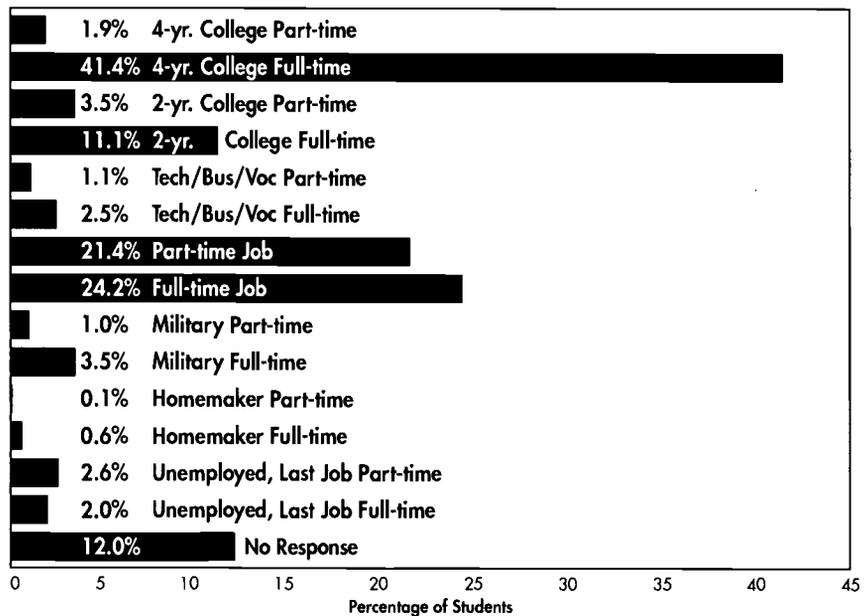
1 Connect For Kids website. www.connectforkids.org

2 Pines, M. (2002). Falling short on youth development. Connect for Kids website. Available from: http://www.connectforkids.org/resources3139/resources_show.htm?attrib_id=5019&doc_id=71386&parent=82335



9 Months after Graduation

Delaware High School Students, 9 months after 2001 Graduation



Source: Delaware Department of Education

**put
data
into
action**

Visit these websites:

Jobs for the Future: www.jff.org/jff/

This website provides information to help at-risk young people have access to the skills and training that they need to get better jobs.

Department of Education: www.ed.gov

The federal Department of Education has useful information on all levels of education, as well as information on financing post-secondary endeavors.

State of Delaware's Department of Education: www.doe.state.de.us

The state level website has information about scholarships and educational opportunities in the state.



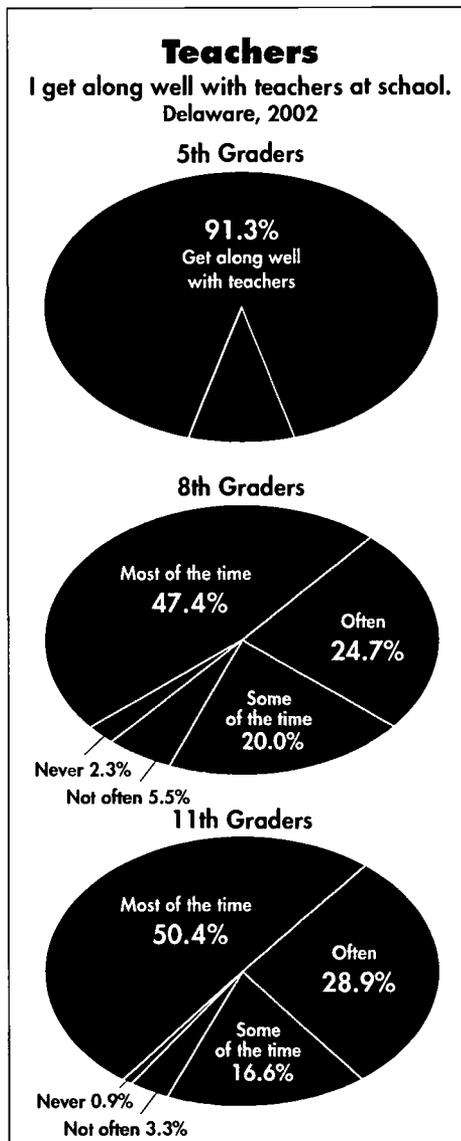
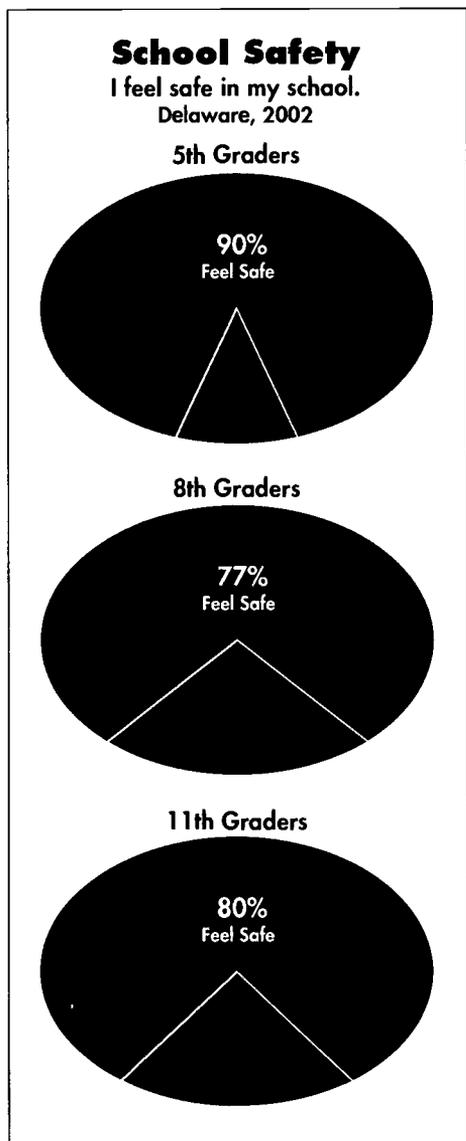
Delaware Children Speak about Education

The drive to raise academic standards in education has been in the forefront of the American public for the past decade. However, there is more to educational achievement than testing and standards. People are deeply concerned about issues beyond the academic arena and national surveys consistently show that drugs, crime, safety, and discipline are considered major problems facing education.

The Public Agenda Public Opinion and Policy Analysis Organization has examined what teens want from their schools and their parents and found that teens value adults, be they parents or teachers, who pay close attention to their progress, provide structure and insist on responsibility. Families play strong roles in how children succeed in school with parental involvement a highly consistent indicator of teens' success in school. School itself seems to be a factor in teens' educational achievement. Adolescents who feel their teachers are supportive, interested, and have high hopes for their educational future are more likely to be motivated to succeed in school.

Here, Delaware children report on their views of education.

Survey results are from the 2002 Delaware Youth Tobacco Survey prepared by the Center for Drug and Alcohol Studies, University of Delaware. See page 46 for more information.



Source for all graphs on this page: 5th graders: 7,248 responses. 8th graders: 6,753 responses. 11th graders: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

For more information see

www.state.de.us/drugfree/data.htm



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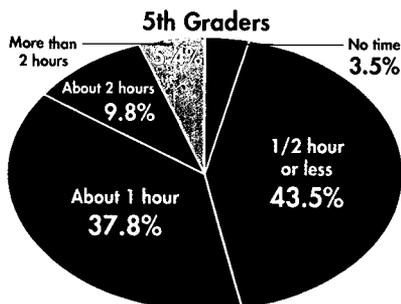
Delaware Children Speak about Education



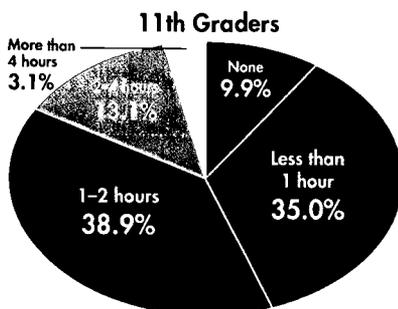
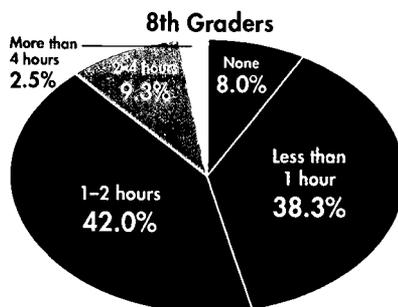
Studying

Delaware, 2002

How much time do you spend on a school day (before or after school) doing schoolwork at home?



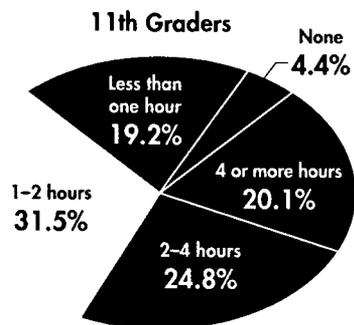
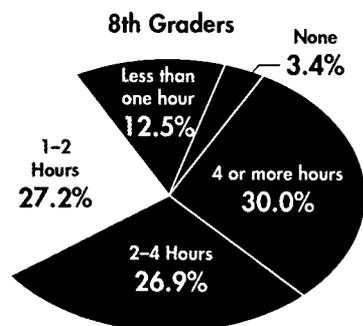
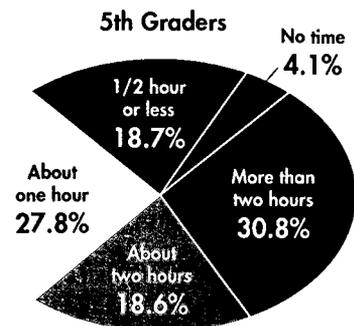
How much time do you spend on a school day (before or after school) studying or doing homework outside of school?



Source: 5th graders: 7,248 responses. 8th: 6,753 responses. 11th: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Television

How much time do you spend on a school day watching TV?
Delaware, 2002



Source: 5th graders: 7,248 responses. 8th: 6,753 responses. 11th: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

More than one out of every six kids (17%) watches more than five hours of TV a day. Children do not watch TV with their parents 95% of the time. In 1970, 6% of 6th graders had a TV in their bedroom, compared to 77% of sixth graders in 1999.

In a typical week, kids spend: 19 hours watching TV, 10 hours listening to music, 5 hours reading for pleasure, 2.5 hours using computers for fun, and 2 hours playing video games.

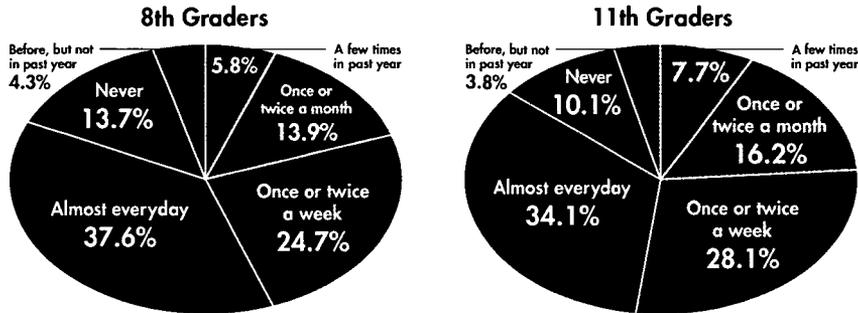
Source: Rideout, V., Foehr, U., Roberts, D. and Brodie, M. (1999). Kids & media @ the new millennium. A Kaiser Family Foundation Report.



Parental Involvement

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

Delaware, 2002

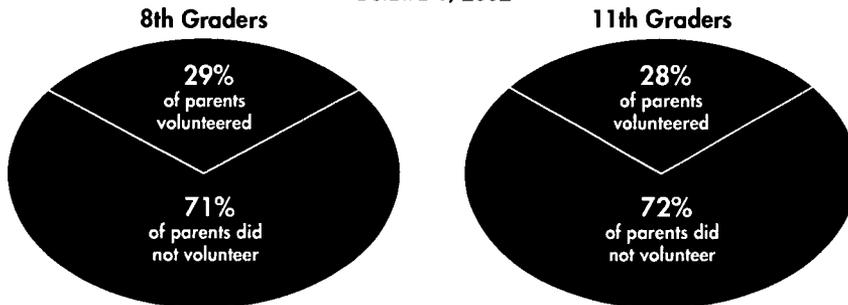


Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Parents Volunteer

This school year, did one or both of your parents volunteer to come to the school to help the school in any way?

Delaware, 2002

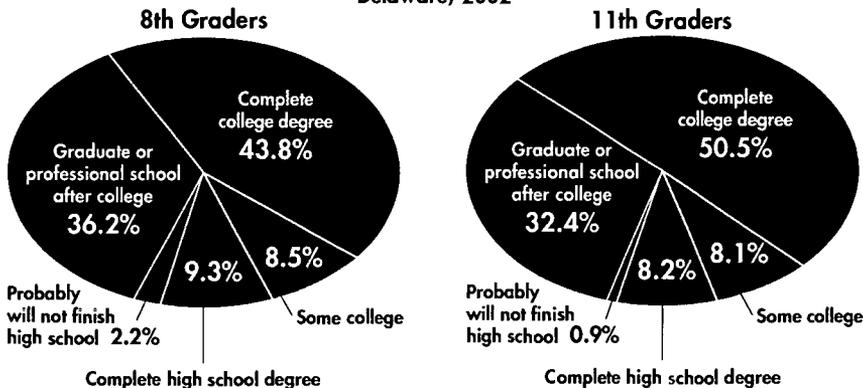


Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Finishing School

How much schooling do you think you will complete?

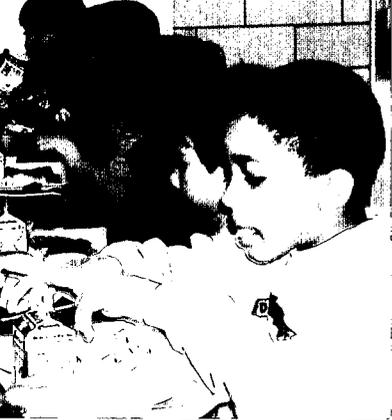
Delaware, 2002



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

For more information see

www.state.de.us/drugfree/data.htm





*Family Environment
& Resources*

Births to Teens 15-17

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

RECENT TREND IN DELAWARE **GETTING BETTER**

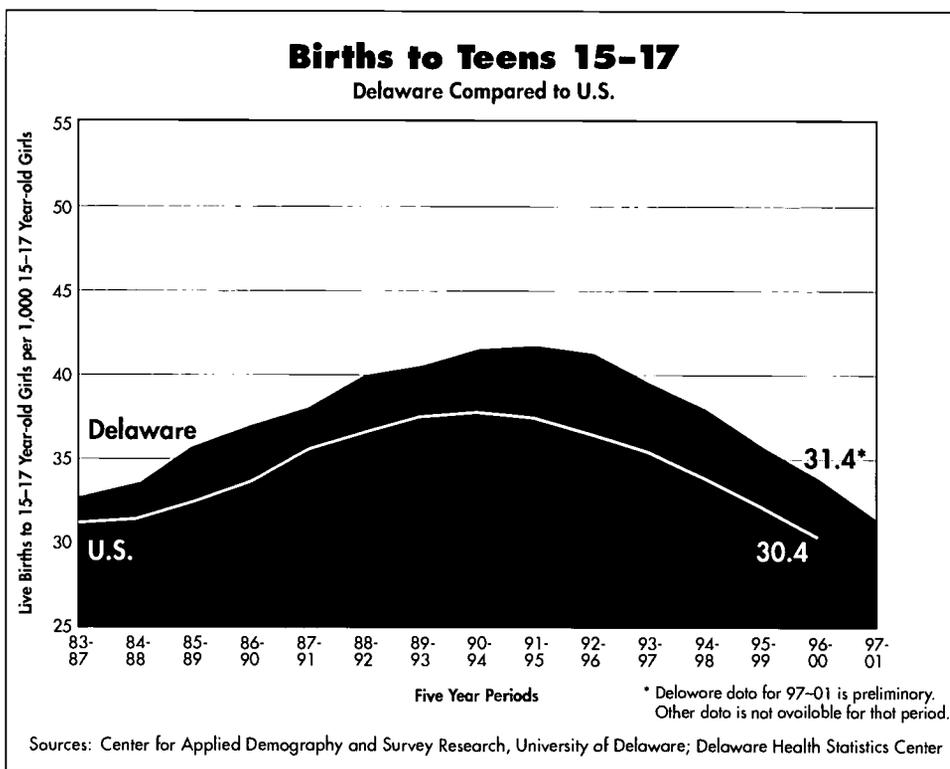


Pregnancy that occurs in the teenage years can have long-term implications for the young woman and her offspring. For many teen mothers, a shaky future awaits them because of health, educational, and financial instability.¹ Approximately 52% of mothers who are on welfare had their first child as a teenager, and 2/3 of families that started with a young unmarried mother are poor.² Research shows that when parents and children have a higher level of connectedness, the young person is much more likely to delay first intercourse. Furthermore, parent attitudes towards sexuality, whether positive or negative, are also associated with the age of first sexual intercourse.³

1 2002 Rhode Island Kids Count Fact Book

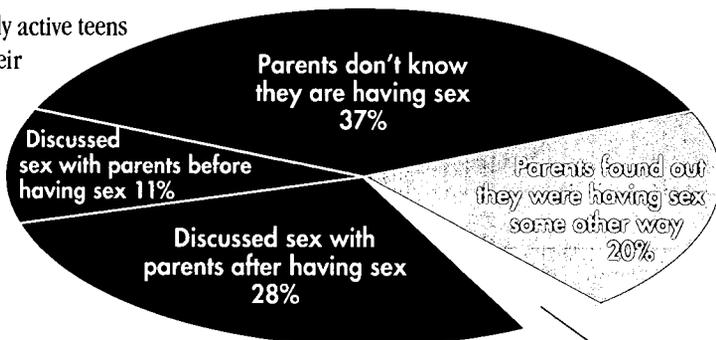
2 Not just another single issue: Teen pregnancy prevention's link to other critical social issues (February 2002). Washington D.C.: The National Campaign to Prevent Teen Pregnancy.

3 Blum, R.W. (2002). Mother's influence on teen sex: Connections that promote postponing sexual intercourse. Center for Adolescent Health and Development, University of Minnesota.



Did you know?

Answers from sexually active teens who were asked if their parents knew they were having sex:



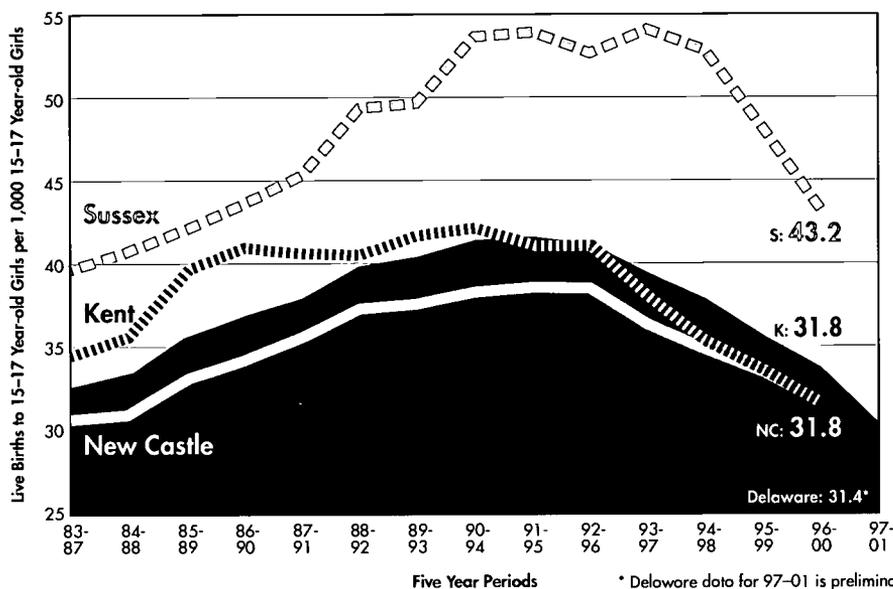
Source: The Henry J. Kaiser Family Foundation (July 2000). Sexsmorts. Communication.

Don't know or refused 4%



Births to Teens 15-17

Delaware and Counties



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

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

Did you know?

The National Campaign to Prevent Teen Pregnancy and several other organizations, including Boys and Girls Clubs of America and National Association of Child Advocates, sponsored the first ever, National Prevent Teen Pregnancy Day in May 2002. These same organizations, along with a host of others, will sponsor the second annual National Prevent Teen Pregnancy Day this coming May.

Although teen birth rates are declining, **4 out of 10 girls in the U.S. get pregnant at least once by age 20.** Many teens say they are concerned about pregnancy, but still think “it can’t happen to me.” And the number one reason teen guys and girls give for not using protection is that they weren’t planning to have sex and that it “just happened.”

Source: The National Campaign To Prevent Teen Pregnancy: <http://www.teenpregnancy.org/national/default.asp>

put data into action

Research shows that themes of effective programs related to teen sexual behavior include:

- Voluntary community service
- Group discussion, papers or journaling
- Participation in sports
- Delayed involvement in romantic relationships
- Focus on abstinence values among teens
- Strong mother-child relationship in which the mother promotes delaying sexual activity

Source: Manlove, J., Terry-Human, E., Romano Papilla, A., Franzetta, K., Williams, S., Ryan, S. (2002). Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows. Child Trends Research Brief.

Did you know?

- 13% of all U.S. births are to teens.
- 1 in 5 infants born to unmarried minors are fathered by men 5 or more years older than the mother.
- 78% of births to teens occur outside of marriage. Teens now account for 31% of all non-marital births, down from 50% in 1970.
- 1/4 of teenage mothers have a second child within 2 years of their first.
- 56% of teen pregnancies end in birth.

Source: Facts in brief: Teen sex and pregnancy. The Allen Guttmacher Institute. Available from: www.agi-usa.org/pubs/fb_teen_sex.html.

Births to Teens 15-19

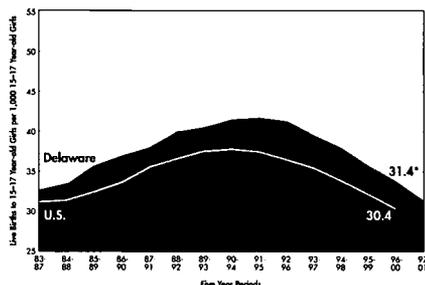
DELAWARE
COMPARED
TO U.S. AVERAGE **WORSE**

RECENT
TREND
IN DELAWARE **GETTING
BETTER**



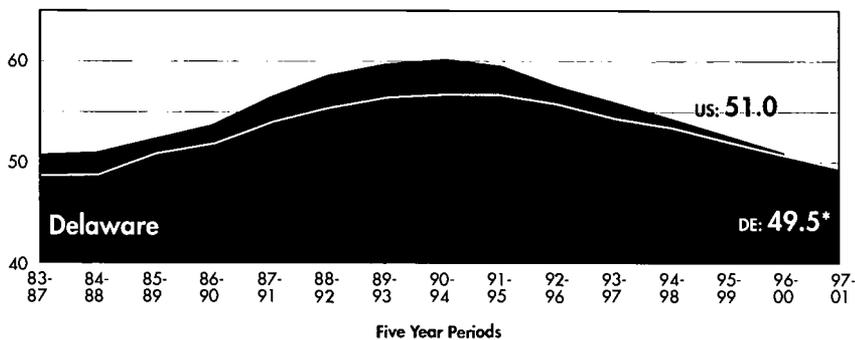
Births to Teens 15-17

Birth rates in Delaware for girls 15-17 and girls 15-19 are now reaching U.S. rates.



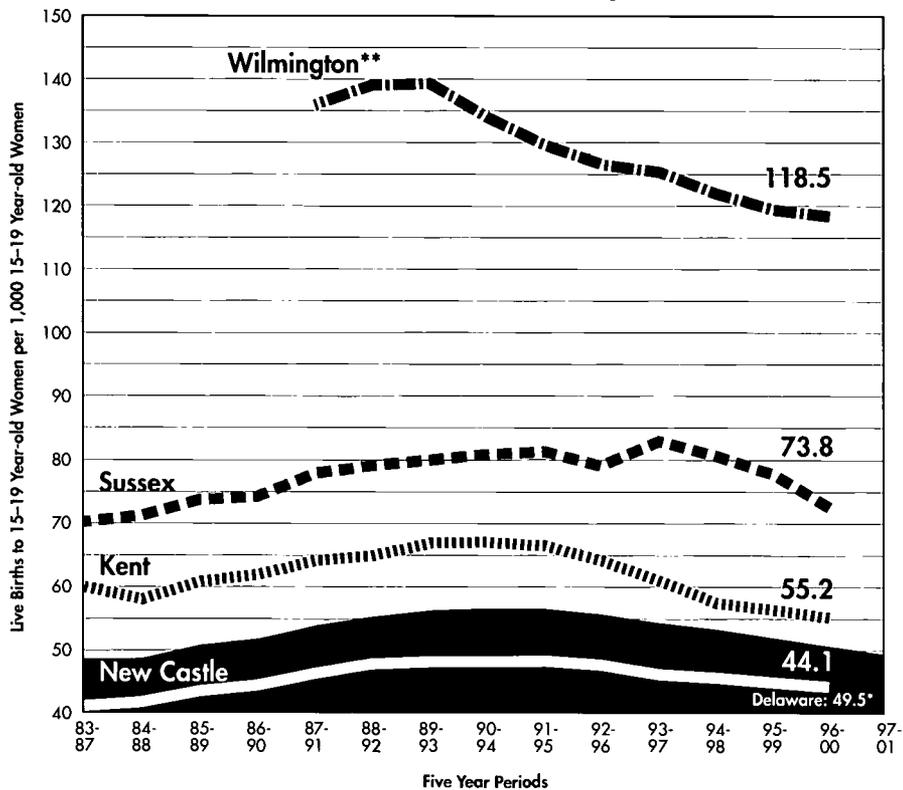
Births to Teens 15-19

Delaware Compared to U.S.



Births to Teens 15-19

Delaware, Counties, and Wilmington



* Delaware data for 97-01 is preliminary.
Other data is not available for that period.

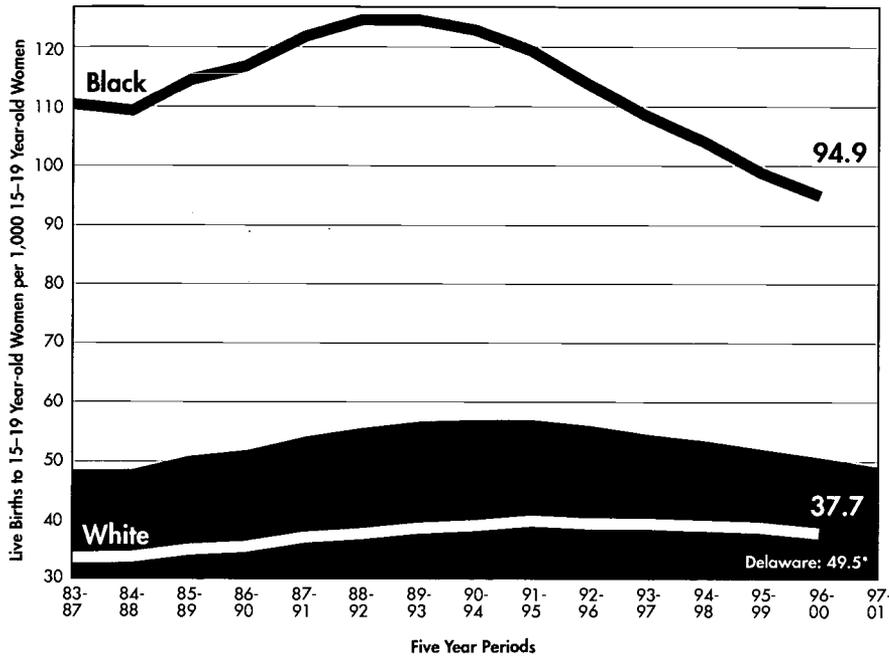
** Wilmington data is not available before the 1987-1991 period.

Sources: Delaware Health Statistics Center



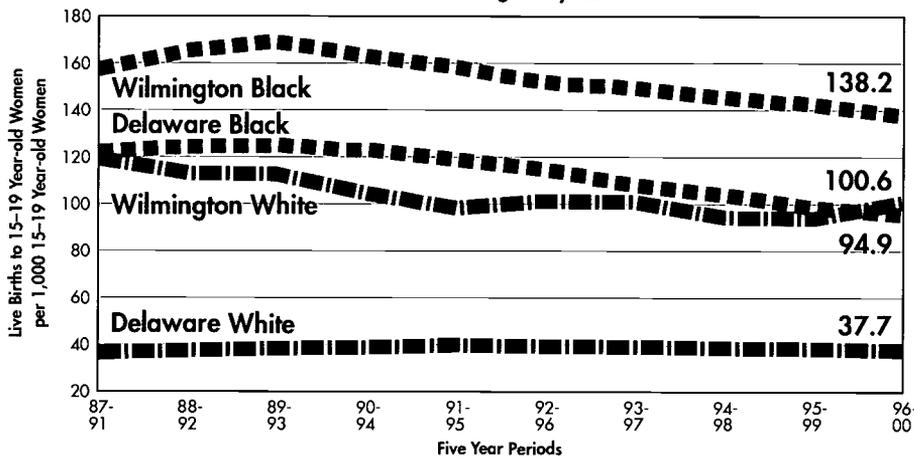
Births to Teens 15-19

Delaware by Race



Births to Teens 15-19

Delaware and Wilmington by Race



Sources: Delaware Health Statistics Center

Did you know?

Parents who have a high quality relationship with their child, and who communicate regularly with them are much less likely to initiate sex at an early age. Parents who also talk about sex and birth control with their teens are more likely to exhibit healthy sexual behavior. Also, parents who monitor their teens activities also tend to be less sexually active.

Source: Manlove, J., Terry-Human, E., Romano Papillo, A. Franzetta, K., Williams, S., Ryan, S. (2002). Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows. *Child Trends Research Brief*.

For more information see

- Table 9 p. 121
- Tables 13-14 p. 124-125
- Tables 45-49 p. 143-146
- Table 55 p. 149

www.teenpregnancy.org

www.agi-usa.org/sections/youth.html

www.agi-usa.org/pubs/fb_teen_sex.html

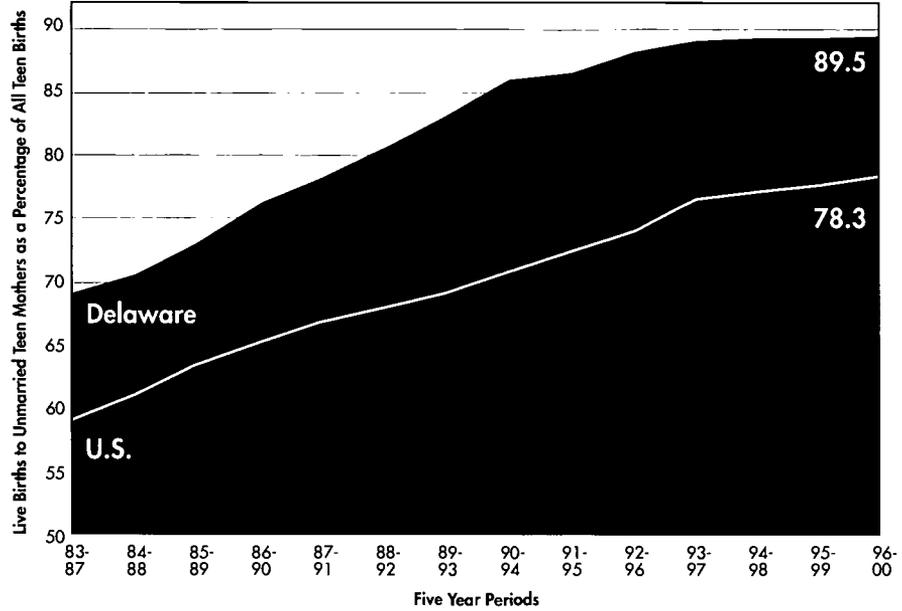
Births to Unmarried Teens

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

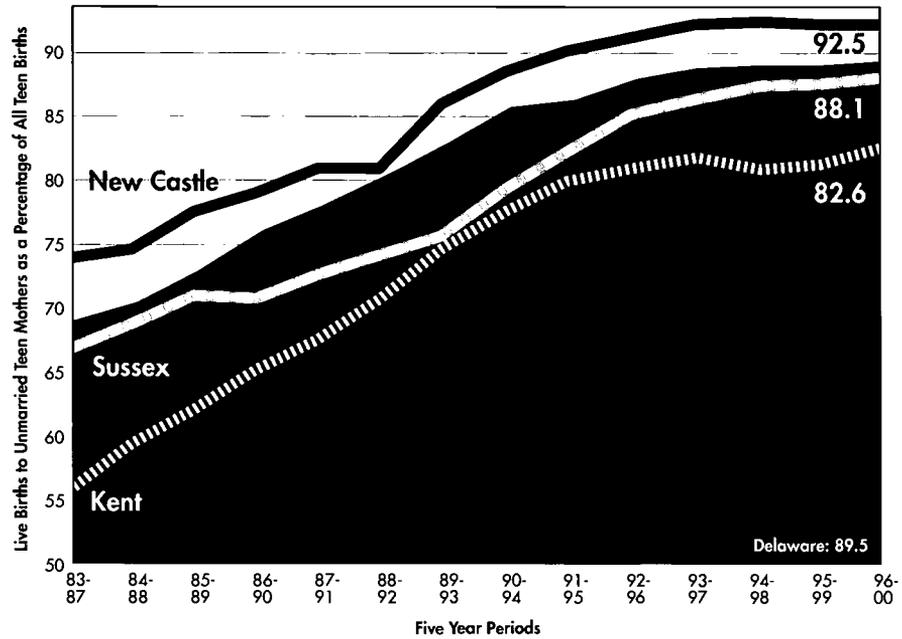
RECENT TREND IN DELAWARE ABOUT THE **SAME**



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



Births to Unmarried Teen Mothers
Delaware and Counties



Sources: Delaware Health Statistics Center

For more information see

Table 55

p. 149



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

RECENT
TREND
IN DELAWARE **GETTING BETTER**

Nationally, the median level of the Economic Policy Institutes basic family budget, one that covers the minimum necessary costs for safe and decent housing, food, health care, child care, transportation and other household necessities, and accounts for all taxes, is \$33,511 for a two-parent, two-child family. This is nearly twice that of the official federal poverty line of \$18,244 for a family that size, and substantially more than the earnings of the typical low-wage worker.¹ For families with no parent working full-time, the chances of meeting these minimum standards is greatly lowered. Without full-time employment, many of the basic needs of parents and children are unattainable.

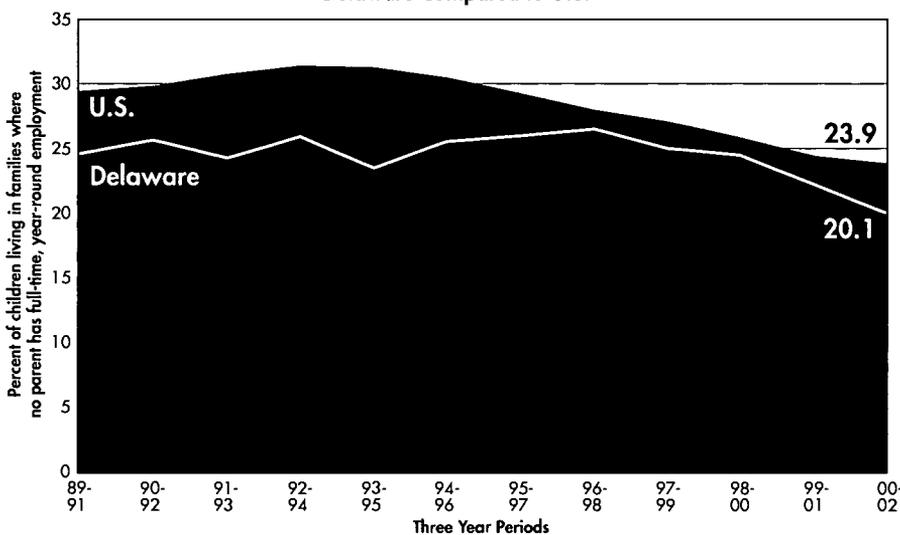
The Center on Budget and Policy Priorities reports that, in fact, a majority of poor families have one or more adults who are employed. These poor families are thus experiencing "poverty despite work."² With or without full-time work, many families have to depend on food pantries and homeless shelters. If families struggle even with full-time employment, those that only have part-time work are much more vulnerable.

1 Schaffner Goldberg, G., and Collins, S. (February 2002). Special Report 2: The right to work and welfare. National Jobs for All Coalition.
2 Schaffner Goldberg, G., and Collins, S. (February 2002). Special Report 2: The right to work and welfare. National Jobs for All Coalition.



Children with Underemployed Parents

Delaware Compared to U.S.



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

Did you know?

Even in the boom year of 1999, 30 million people were jobless, forced to work part-time, or worked year-round for less than the four-person Federal poverty level.

Source: Schaffner Goldberg, G., and Collins, S. (February 2002). Special Report 2: The right to work and welfare. National Jobs for All Coalition.

A study of low-income families conducted at Ohio State found that:

- Half of the mothers in the study worked from one to three jobs, averaging 32 hours per week.
- About 60% of the participants were either married or living with a partner. Of those families, 82% of the husbands or partners were employed.
- Only about 20% of the families receive cash assistance (Temporary Assistance for Needy Families).
- More highly educated mothers were more likely to work less than 40 hours per week; those with less education were more likely to be working more than 40 hours.

source: College of Human Ecology at Ohio State (2002) Human Ecology News: Study examines rural low-income families in light of welfare reform. Available from: http://www.hec.ohio-state.edu/news/research/rural_low_income.htm

For more information see

Tables 50-60

p. 147-151

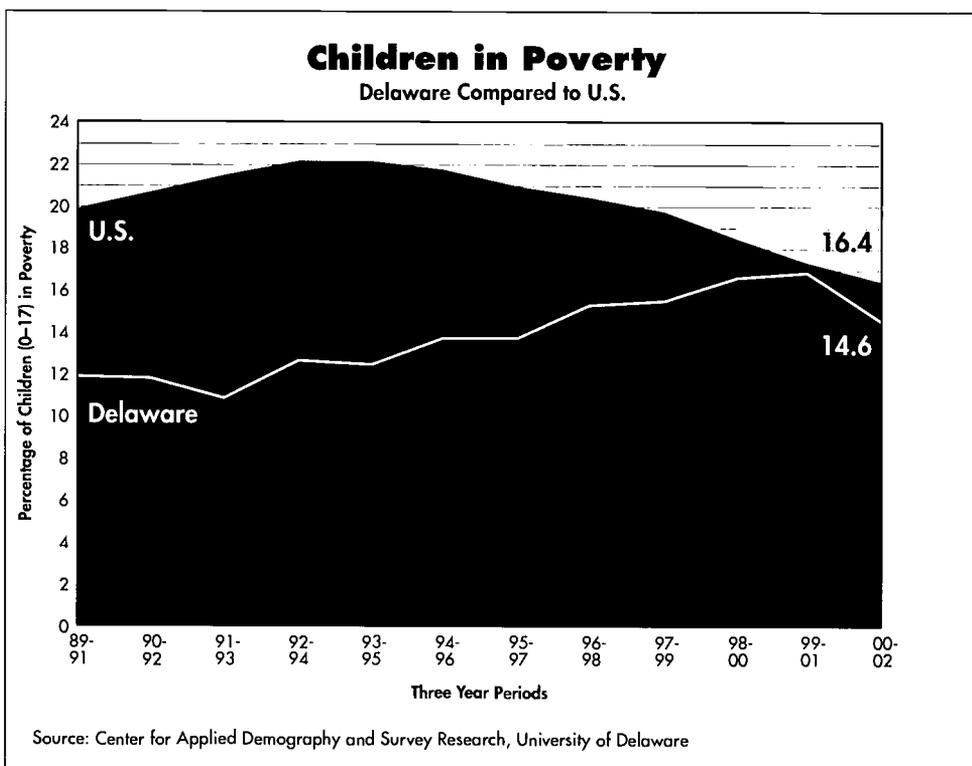
Children in Poverty

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

RECENT TREND IN DELAWARE **GETTING BETTER**

Being raised in poverty (\$18,244 or less in 2002 for a family of four with two children) puts children at increased risk for a wide range of problems. For young children, growing up in poverty is associated with lower cognitive abilities and school achievement and with impaired health and development. For adolescents, growing up in poverty is associated with a lower probability of graduating from high school. Also, growing up in poverty is associated with lower occupational status and a lower pay rate as an adult. The problems associated with being raised in severe poverty (less than 50 percent of the poverty threshold) are correspondingly worse.¹

1 Children in Poverty at www.childtrendsdatabank.org/income/poverty/4poverty.htm



put data into action

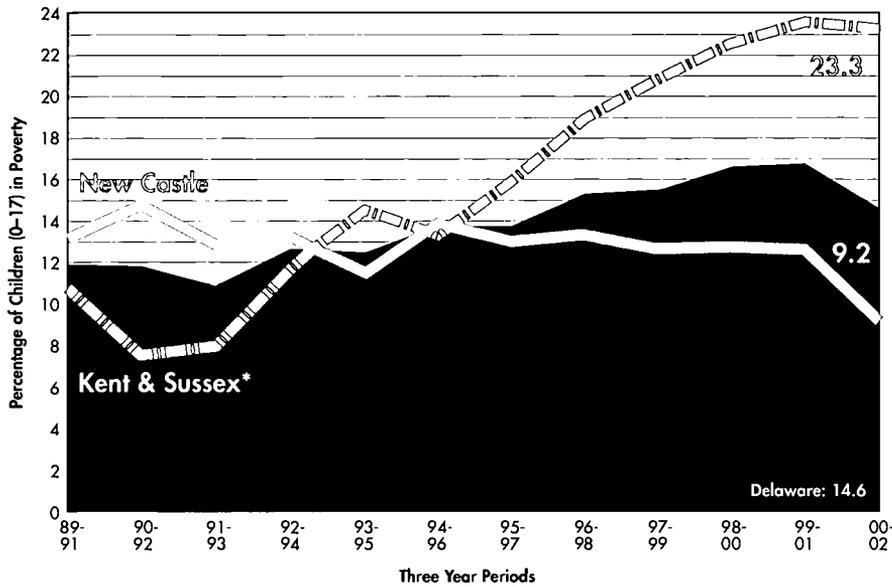
The Annie E. Casey Foundation has developed a national initiative, "Making Connections," to address the needs of low-income neighborhoods. The basis of Making Connections is that children do well when families do well. Children succeed and families are strong when they live in neighborhoods that connect them to:

- Economic opportunities including jobs with adequate wages, affordable child care and health care, and opportunities to build savings and assets.
- Social networks including supportive relationships with kin, neighbors, faith communities, and civic groups. These networks provide resources and reduce stress and isolation.
- Supportive services such as high-quality child care, high-performing schools and adult education, safe and affordable housing, recreation programs and libraries, and access to prevention and crisis-response services.

Source: Rhode Island Kidscount Issue Brief, September 2002



Children in Poverty Delaware and Counties



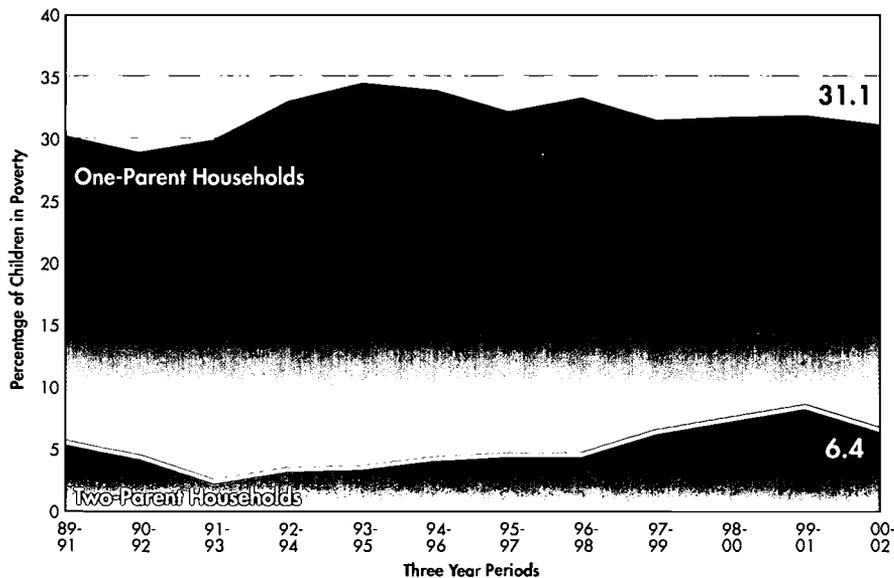
* Kent and Sussex County data are not available separately.

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

Definition:

Children in Poverty – in 2002 the poverty threshold for a one-parent, two child family was \$14,494. For a family of four with two children, the threshold was \$18,244.

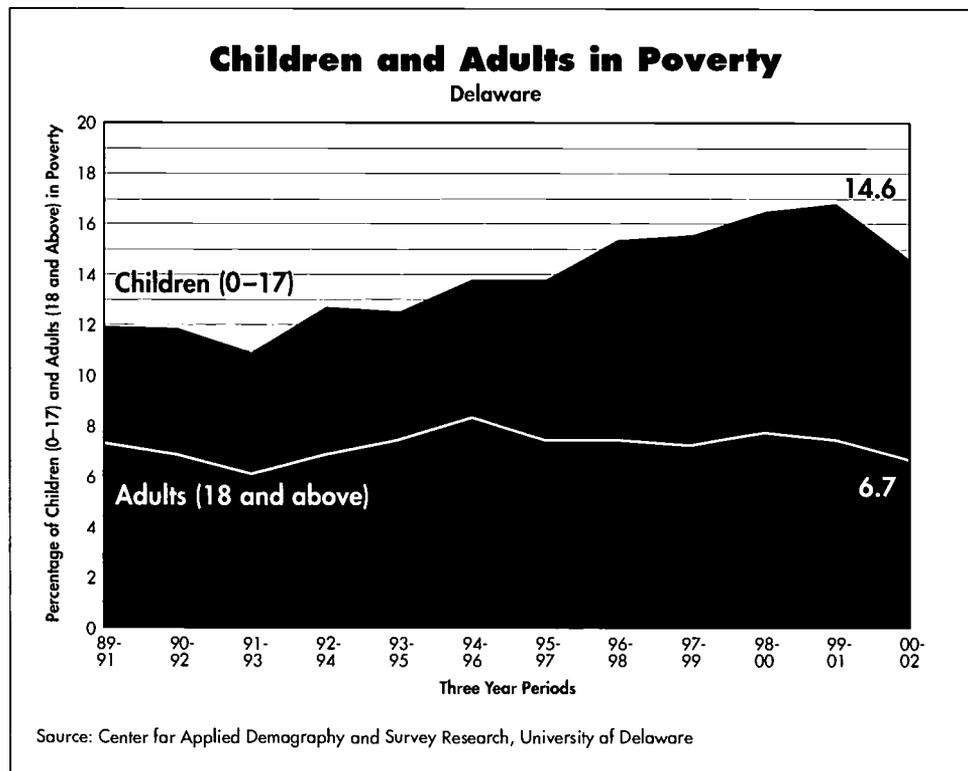
Children in Poverty by Household Structure Delaware



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

Both child care and housing costs account for the majority of the budget for Delaware families with children. Among families with one adult and one child, child care costs average about 19-23% of family budgets, while housing costs range from 30-34%.

Children in Poverty



Did you know?

How much money does it take for families to live and work without public or private assistance or subsidies?

The Metropolitan Wilmington Urban League and Wider Opportunities for Women released *The Self-Sufficiency Standard for Delaware* detailing specific data for each of the Delaware's counties and urban areas on the actual costs of meeting a family's basic needs. According to the federal poverty measure, a family of three in the U.S. earning above \$15,020 is deemed to be "not poor." By contrast, the Self-Sufficiency Standard for Delaware reveals that a single-parent family living in New Castle County with one preschooler and one school-age child requires \$35,387 to meet its basic needs.

- City of Dover – an adult with a preschool child needs \$12.18 an hour.
- City of Newark – in a two-parent family with two children, each adult would need to earn \$10.36 an hour or \$43,773.
- In Sussex County – an adult with one preschool child and one school-age child would need \$13.09 an hour or \$2,303 per month
- City of Wilmington – a single mother with one preschooler and one school-age child needs an annual income of at least \$36,859 to meet her most basic expenses

The full report may be downloaded at: <http://www.sixstrategies.org/includes/productviewdetailsinclude.cfm?productID=454&strProductType=resource>.

Source: *Child Poverty Fact Sheet* (2001). The Self-Sufficiency Standard for Delaware at www.mwul.org

For more information see

Tables 50-60 p. 147-151

Table 82 p. 159

www.childrensdefense.org

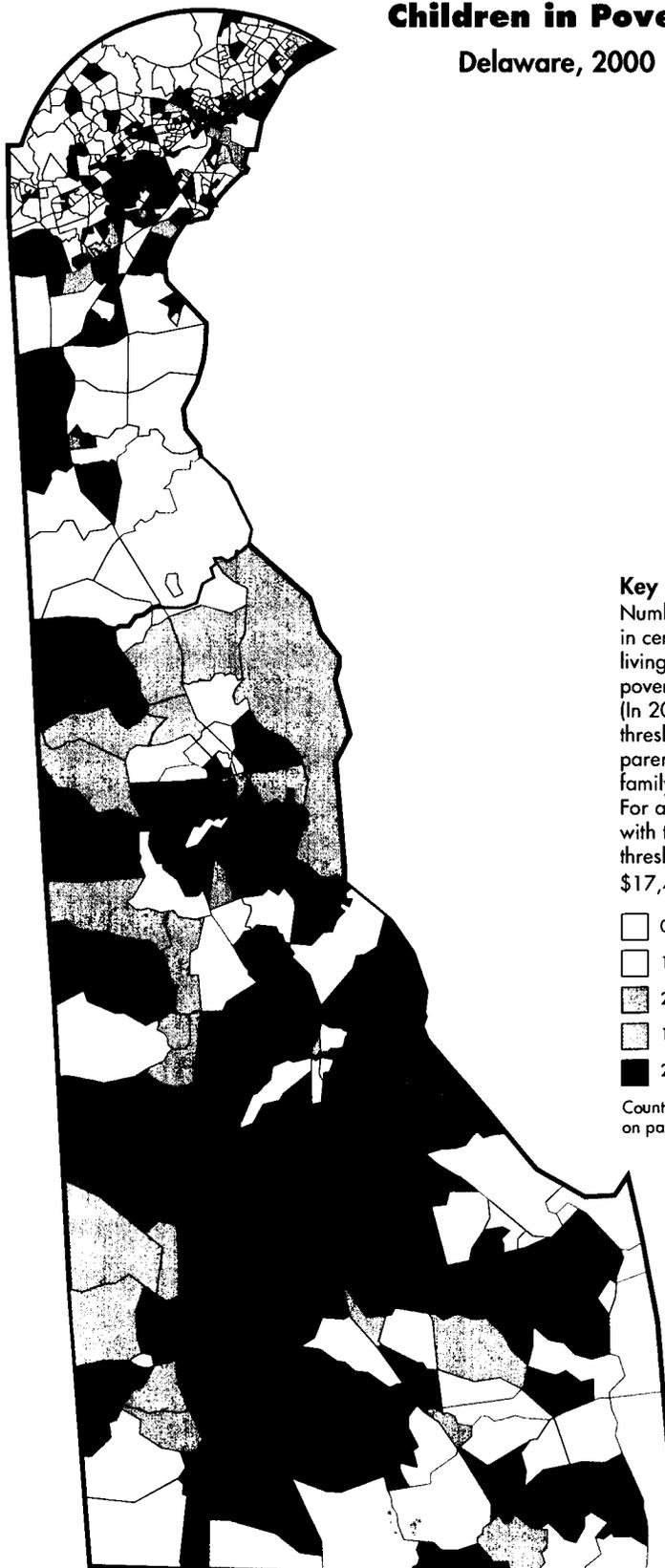
www.nccp.org

www.mwul.org





Children in Poverty Delaware, 2000



Key
Number of children
in census block group
living below the
poverty line.
(In 2000 the poverty
threshold for a one-
parent, two-child
family was \$13,874.
For a family of four
with two children, the
threshold was
\$17,463.)

- 0 children in poverty
- 1-25 children
- 25-100 children
- 101-200 children
- 201-345 children,

County details follow
on pages 82 and 83.

For detailed information on census tracts
and blocks: <http://factfinder.census.gov>

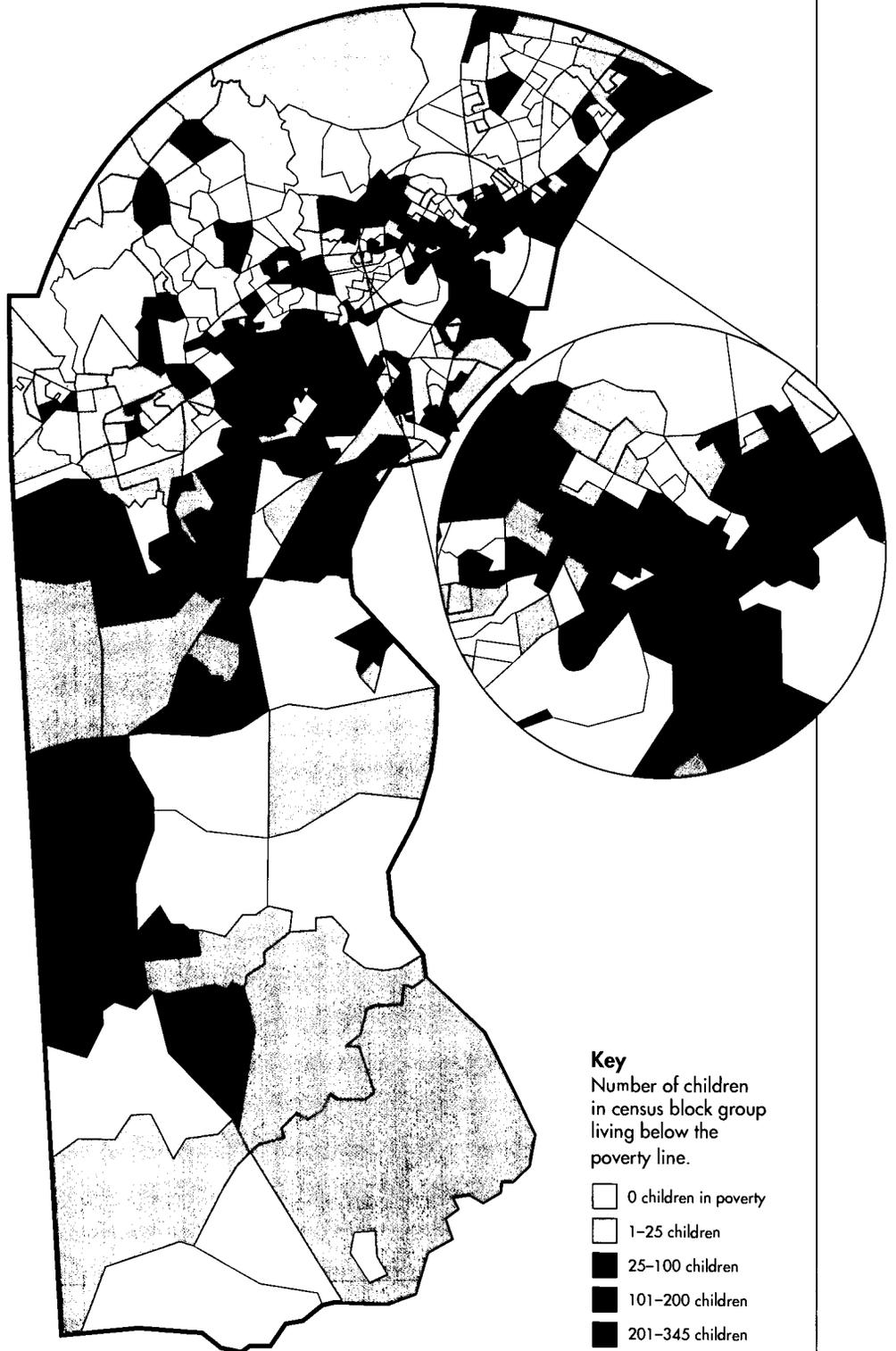
Source: Center for Applied Demography and Survey Research, University of Delaware

Children in Poverty



Children in Poverty

New Castle County, 2000



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

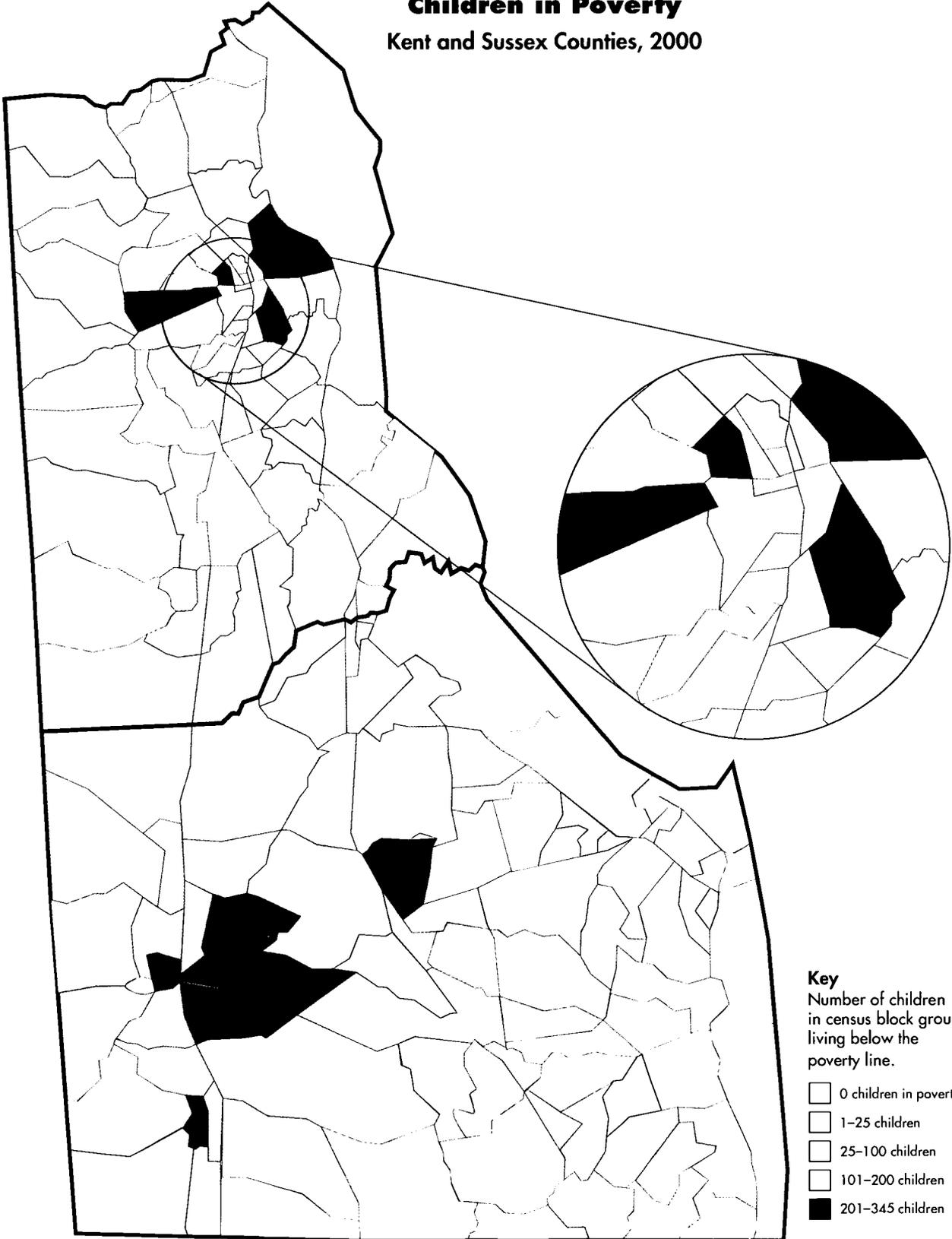
For detailed information on census tracts and blocks: <http://factfinder.census.gov>





Children in Poverty

Kent and Sussex Counties, 2000



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

Children in One-Parent Families

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

RECENT
TREND
IN DELAWARE **GETTING
BETTER**

Children who live with one parent are much more likely to be living in poverty than children who live with two parents. 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.

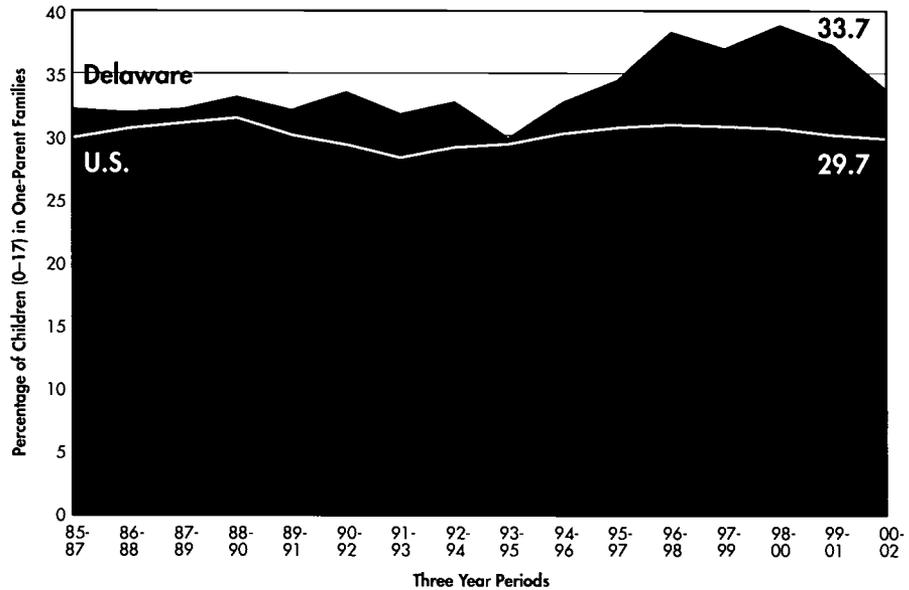
Single parent families may exist for many reasons — divorce or separation, death of a parent, or birth or adoption by a single parent. Regardless of the reason, the children of these families share certain characteristics. Most children of single parents do well in the long run. However, recent research suggests that children from one-parent families may suffer some negative effects in the areas of health, educational attainment and assessment, behavior problems and psychological well-being.¹

¹ Family Structure at <http://childtrendsdatbank.org/demo/family/59FamilyStructure.htm>



Children in One-Parent Families

Delaware Compared to U.S.



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

**put
data
into
action**

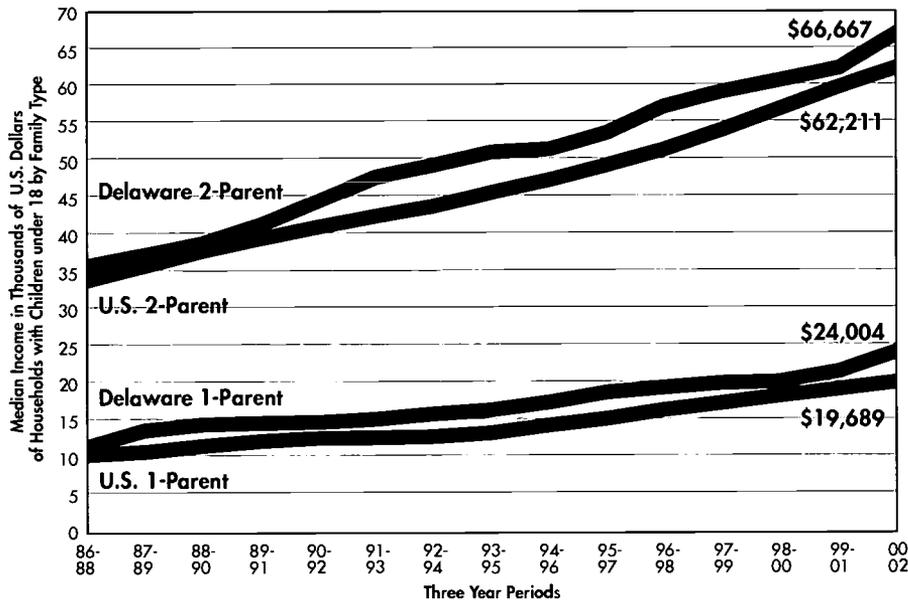
Children need and enjoy contact with adults other than their parents; when surrounded by caring adults, children have both security and liberation, a broader base of operation and the freedom to explore a variety of lifestyles and beliefs. Grownups who are involved with children gain a sense of generational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

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





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



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

Definition:

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

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1996–2000

37.1% of all births in Delaware

77.7% of births to women in New Castle Co.

38.0% of births to women in Kent Co.

44.7% of births to women in Sussex Co.

67.7% of births to women in Wilmington

89.5% of births to teenagers

59.2% of births to women 20-24 years old

24.4% of births to women 25-29 years old

14.0% of births to women 30+ years old

37.1% of births in Delaware

32.8% of births in the U.S.

26.2% of births to White women in Delaware

26.4% of births to White women in the U.S.

72.2% of births to Black women in Delaware

69.5% of births to Black women in the U.S.

50.8% of births to Hispanic women Delaware

41.6% of births to Hispanic women in the U.S.

Delaware Average 37.1%

Source: Delaware Health Statistics Center

Living Arrangements for Delaware Children

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

White Married Couple Family – 80.1%

White Single-Parent Family – 19.9%

Black Married Couple Family – 42.5%

Black Single-Parent Family – 57.5%

Hispanic Married Couple Family – 65.5%

Hispanic Single-Parent Family – 34.5%

Asian Married Couple Family – 90.2%

Asian Single-Parent Family – 9.8%

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

Did you know?

In 2000 about 5% of all children lived in the home of their grandparents. In the majority of these families, however, one or both parents are also present.

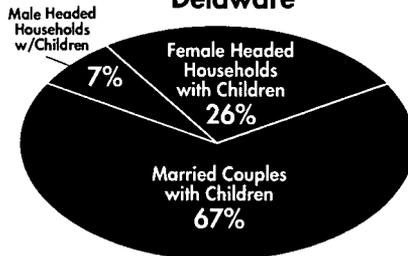
Children in One-Parent Families



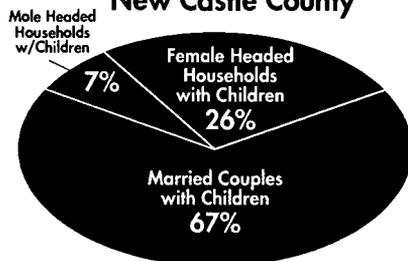
Families with Children by Household Structure

2000

Delaware



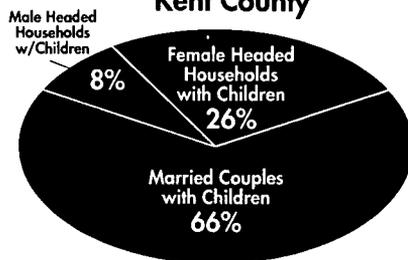
New Castle County



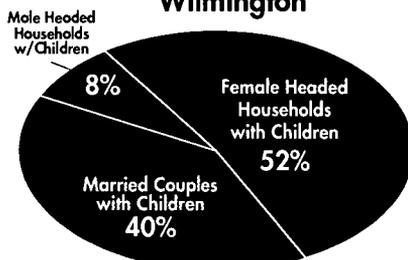
Sussex County



Kent County



Wilmington



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

Did you know?

In the 2001 tax-filing year, nearly 12,000 families failed to claim the earned income tax credit losing approximately \$20 million in tax credits.

In Delaware 49,000 families claimed \$80 million in Earned Income Tax Credits last year. Nationally, 19.3 million families made claims, receiving \$32.3 billion in credits. Approximately 80% of eligible families are claiming the tax credit.

A family with two children, earning \$12,000 a year in full-time employment, is eligible for a \$4,140 tax credit. A family with one child and part-time employment can receive \$1,751.

A study by the Brookings Institution found that most families eligible in Delaware are in Wilmington and rural Sussex County. Further, 75% of eligible families knew about the credit, but only 50% studied actually claimed it on their tax returns.

Source: Chalmers, M. (2003, Tuesday, January 7). Low-income families urged to use tax credit: Coalition launches information drive. *News Journal*, pp B1, B2.

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Earned Income Credit: Extra Money for People Who Work

The Earned Income Credit (EIC) is a special tax benefit for working people who earn low or moderate incomes. Workers who qualify for the EIC and file a federal tax return can get back some or all of the federal income tax that was taken out of their pay during the year. They may also get extra cash back from the IRS. Even workers whose earnings are too small to have paid taxes can get the EIC.

How To Get the EIC

- Workers raising children must file either Form 1040 or 1040A and fill out and attach Schedule EIC. A correct name and Social Security number must be provided for every person listed on the tax return and Schedule EIC.
- For free help contact VITA (Volunteer Income Tax Assistance) through the IRS at 1-800-TAX-1040.

Source: The Earned Income Credit Campaign. Available from: www.cbpp.org/eic2001

For more information see

- Tables 5-6 p. 118
- Table 48 p. 145
- Tables 52-60 p. 147-151
- www.singlerose.com
- www.makinglemonade.com
- www.parentswithoutpartners.org
- www.singlefather.org
- www.urban.org
- www.promisingpractices.net
- www.nationalpartnership.org

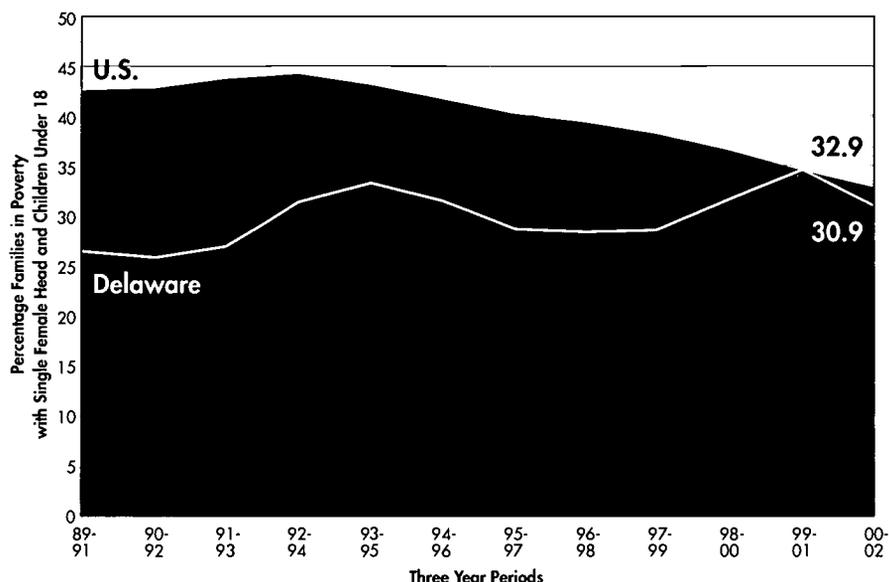
Female Headed Families in Poverty

Children who live in a household with one parent, particularly if it is the mother, are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents. In the U.S. in 1999, 8 percent of children in married-couple families were living in poverty, while 42 percent of children in female-headed household were living below the poverty line.

Source: America's Children 2001 Report. Available at: www.childstats.gov

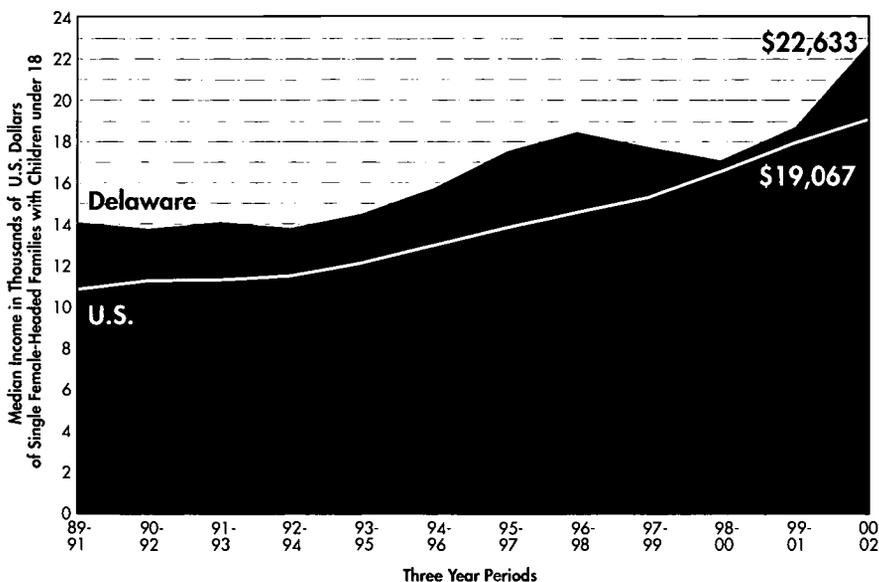
Female Headed Families in Poverty

Delaware Compared to U.S.



Median Income of Single Female Headed Families with Children under 18

Delaware Compared to U.S.



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



For more information see

Table 48 p. 145

Tables 51-60 p. 147-151

www.nccp.org

www.childstats.gov

www.nncc.org

www.childadvocacy.org

Child Support

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

RECENT
TREND
IN DELAWARE **ABOUT THE SAME**

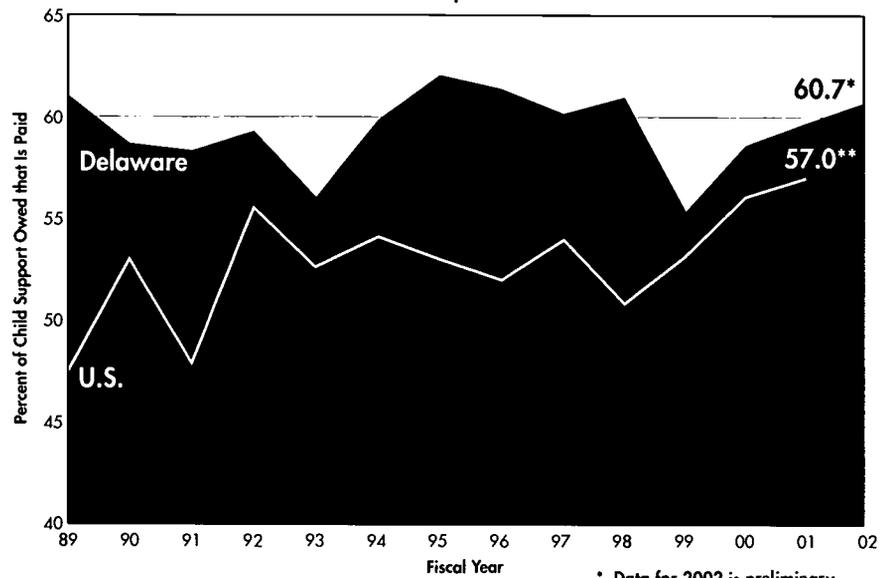
Child support is important for the well-being of children because it ensures economic stability for the primary caregiver, which in turn, has a positive effect on the everyday lives of children. Payment of child support is also linked with higher educational attainment, behavior in school, and access to health care. When nonresident parents do pay support, the implications are far-reaching because they are more likely to have a feeling of inclusion in the child's life, be involved in the child's development, and have a positive relationship with the other parent.

Source: Halle, T. (2002). Charting parenthood: A statistical portrait of fathers and mothers in America. *Child Trends*.



Child Support That Is Paid

Delaware Compared to U.S.

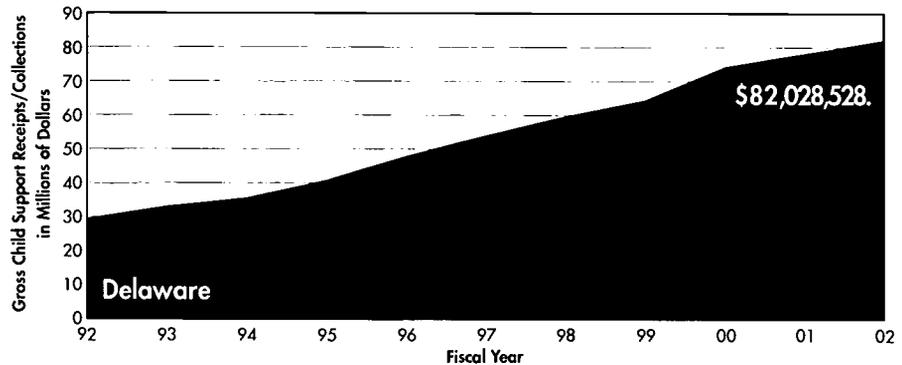


Source: Division of Child Support Enforcement

* Data for 2002 is preliminary
** U.S. Data for 2002 is not available

Child Support Collections

Delaware



Source: Division of Child Support Enforcement

For more information see

Table 61 p. 151
www.acf.dhhs.gov/programs/cse/
www.state.de.us/dhss/dcse/index.html
www.connectforkids.org

Did you know?

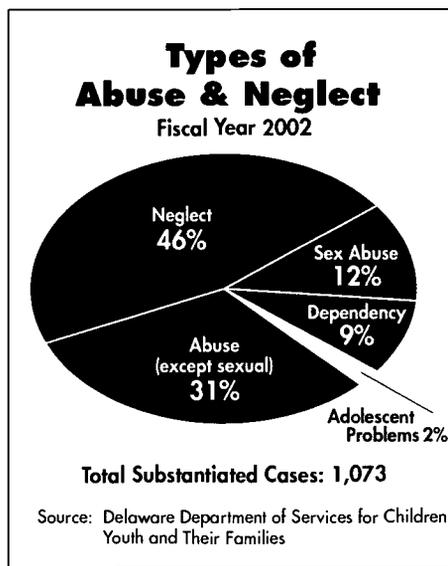
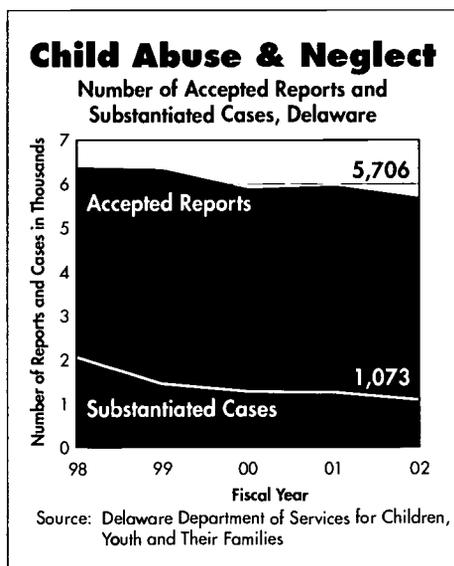
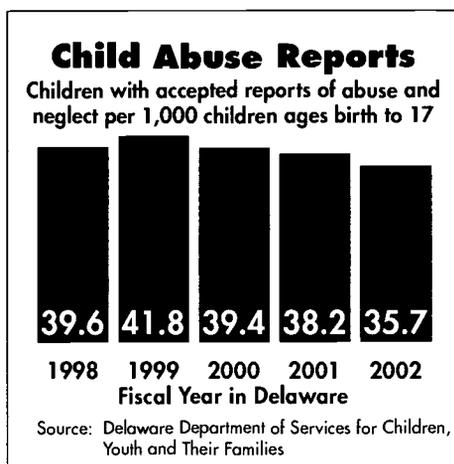
- 1/2 of non-poor fathers who owe child support do not pay.
- For each poor father who does not pay child support, there are two non-poor father who do not pay.

Source: Sorenson, E. and Zibman, C. (April 2001). *Poor dads who don't pay child support: Deadbeats or disadvantaged?* Washington D.C.: Urban Institute.

Child Abuse and Neglect

RECENT TREND IN DELAWARE **GETTING BETTER**

Child abuse includes physical, sexual, and emotional abuse, and neglect. Physical abuse is the infliction of physical injury, either with or without the intent to harm. Sexual abuse is said to be one of the most underreported forms of child abuse because of the levels of secrecy generally associated with these cases. Emotional abuse includes psychological or verbal abuse. Child neglect is characterized by failure to provide for a child's basic physical, educational, or emotional needs. It's important to consider differences in cultural values and standards of care when evaluating child neglect. While any of these forms of abuse may be found separately, often they occur together and emotional abuse often accompanies other forms of abuse.



Did you know?

- Although children age one and under account for 11 percent of all children under age 18, they account for 14 percent of child maltreatment victims in the United States.
- Many studies have shown that warmth in the parent-child relationship is related to positive outcomes for children. Higher self-esteem, better parent-child communication, and fewer psychological and behavior problems have been linked to warmth and affection between parent and child.

For more information see

- Table 18 p. 129
- Table 30 p. 134
- Table 62 p. 152

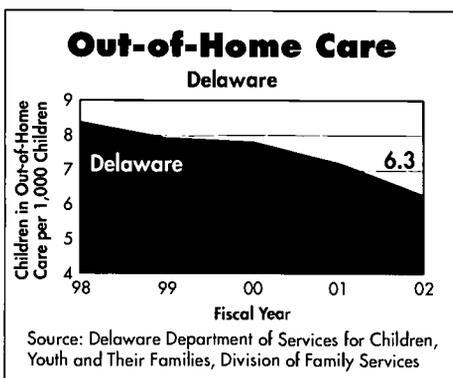
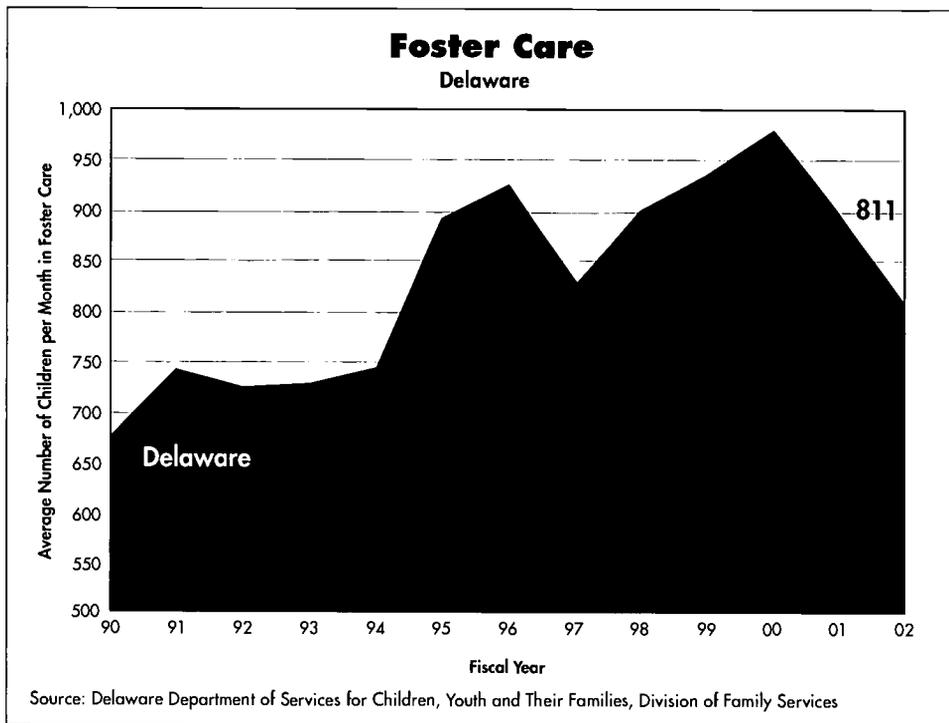
www.preventchildabuse.org

www.childtrendsdatabank.org/health/violence/40childmaltreatment.htm

Foster Care

Children in foster care face difficult obstacles as they grow and head toward “aging-out” of the system. For this reason, it is important to address the needs of this population in order to give them the skills needed for a successful life. Children in foster care are more likely to drop out of high school, have mental health problems, use illegal drugs, and become involved in the mental health system.¹ As a result, many aged-out foster children have not been given the opportunities to develop adequate life skills.

¹ Foster care (2002). Child Trends Data Bank. Accessed: www.childtrendsdatabank.org



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Foster families are needed for children of all ages and races. Foster parents may be single or married and live in an apartment, mobile home, or house.

To become a foster parent, you must:

- be a Delaware resident who is at least 21 years and under 65 years of age
- participate in 27 hours of Foster PRIDE pre-service training (required of every adult caregiver in your home)
- provide personal references
- complete criminal record check, including fingerprints
- document that your family has sufficient income to meet your needs, independent of foster care payments
- be in good physical health
- complete a home health and safety check

Source: General Foster Care Information. Department of Services for Children, Youth and their Families website. www.state.de.us/kids/foster_home.htm

Did you know?

- Approximately 75% of Delaware's foster children are considered difficult to place.
- 17% of Delaware's prison population consists of former foster children.
- 45% of Delaware's foster children have had previous out-of-the-home placement before their current foster home.

Source: Foster Care Reform Planning Team. *Foster Care at a Glance*.

For more information see

Table 63 p. 152

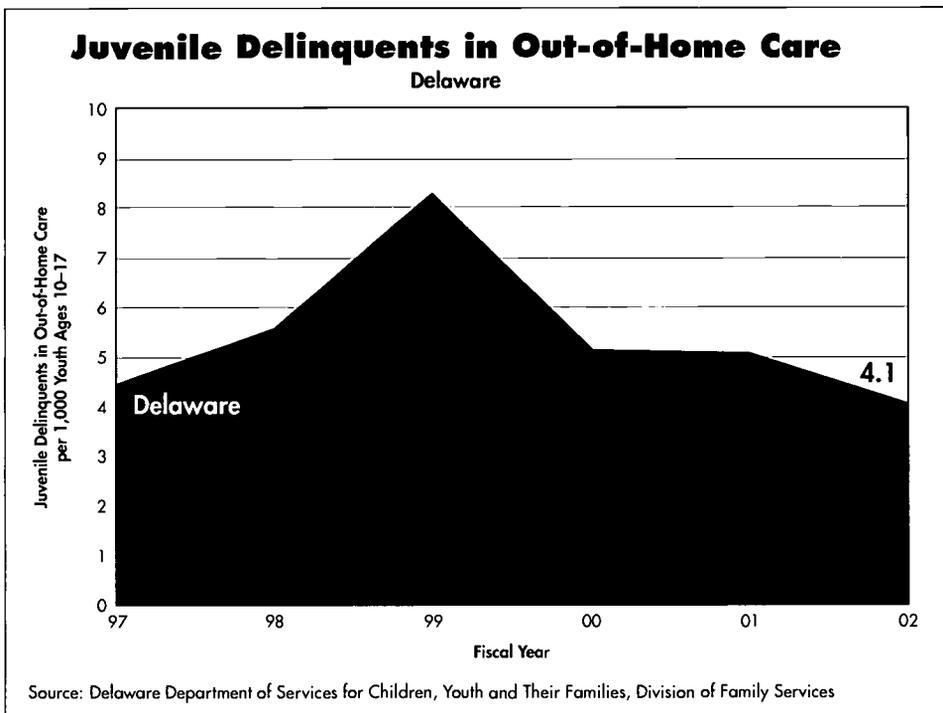
www.fostercare.org

www.state.de.us/kids/foster_home.htm

Juvenile Delinquents in Out-of-Home Care

Delinquency refers to any illegal act (breaking any federal, state, or local criminal laws) committed by a juvenile. Juveniles can also be considered delinquent for committing status offenses, which are behaviors that are not considered crimes for adults (truancy, running away, drinking alcohol, and others).

Factors contributing to juvenile delinquency include low levels of family warmth and supportiveness, high rates of marital and family discord, ineffective and lax parental discipline, parents' involvement in criminal activities, early childhood aggressive and non-aggressive conduct problems, peer involvement in criminal activities, and poverty.



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action**

In Delaware there are several programs utilized by the state to prevent continuing delinquency by youth on probation or community supervision in lieu of or on return to the community from an out-of-home placement. A few examples are:

- **Project Stay Free:** The Kingswood Community Center Project Stay Free is an intensive supervision program for youth on probation at high risk of re-offending.
- **Back on Track:** This program is contracted through the YMCA Resource Center and is for probation youths at low risk of re-offending and consists of five educational program components and supervised community service projects.
- **Multi-Systematic Therapy Program (MST):** This intensive home-based intervention program focuses on a youth's family, peer, and school relationships to reduce the environmental risks for juveniles at high risk of re-offending.



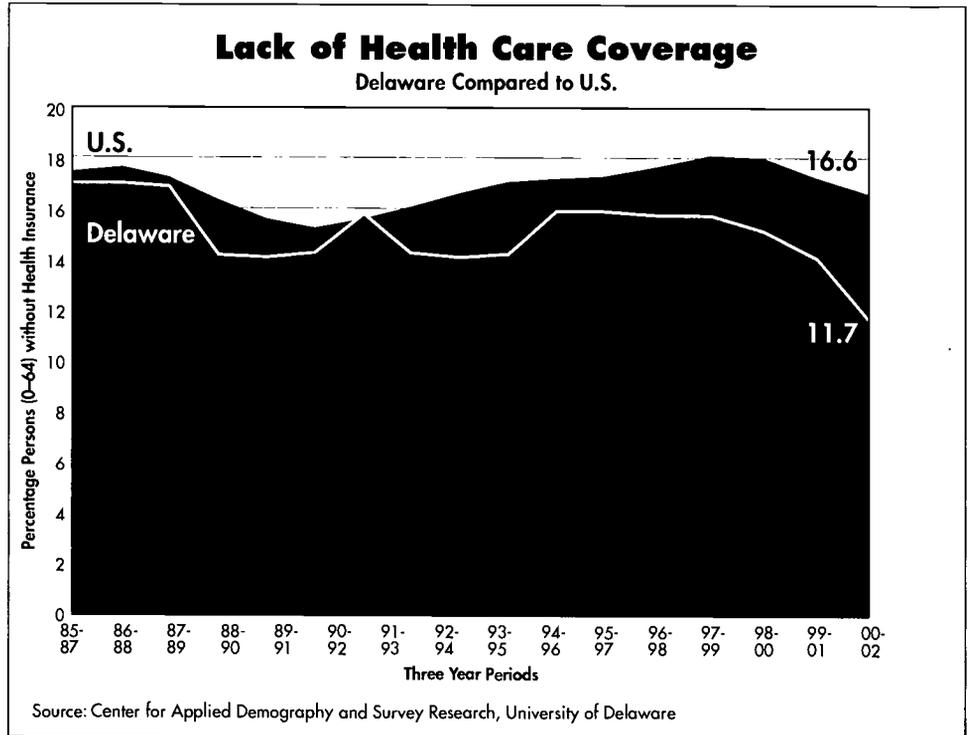
Health Care Coverage

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

RECENT TREND IN DELAWARE **GETTING BETTER**

Health care coverage is essential for the well-being of families. Even though Medicaid reaches many people who need basic health care, millions of low-income people, including parents and children, are not covered. In 2001, the number of uninsured Americans, which had fallen in 1999 and 2000, rose by approximately 1.4 million people bringing the number of uninsured Americans to 41.2 million. According to a report distributed by the Center on Budget and Policy Priorities, these increases are due largely to the faltering economy, mounting health care costs, and the erosion of private health insurance coverage.¹

¹ "Template for Health Care Coverage", *The Washington Post*, November 25, 2002



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In June of 2001, the Delaware Health Care Commission introduced the Uninsured Action Plan. The goal of the Uninsured Action Plan is a "Healthier Delaware Population" (i.e. lower cancer, heart disease, diabetes, AIDS rates).

This plan has two major components
 1) Community Health Access Program and
 2) State Planning Program.
 The CHAP components were created to strengthen and coordinate health services, as well as to promote use of health homes. The State Planning Program's purpose is to increase the proportion of Delawareans with coverage.

Source: Delaware Health Care Commission Report: Uninsured Action Plan

Did you know?

In the United States health insurance premiums are steeply rising and the share of the cost that employees must pay for health care coverage is increasing while benefits are decreasing. Consequently, more employees are choosing not to insure themselves or their families.

Source: "Template for Health Care Coverage", *The Washington Post*, November 25, 2002

For more information see

Table 24 p. 131
 Table 64 p. 152

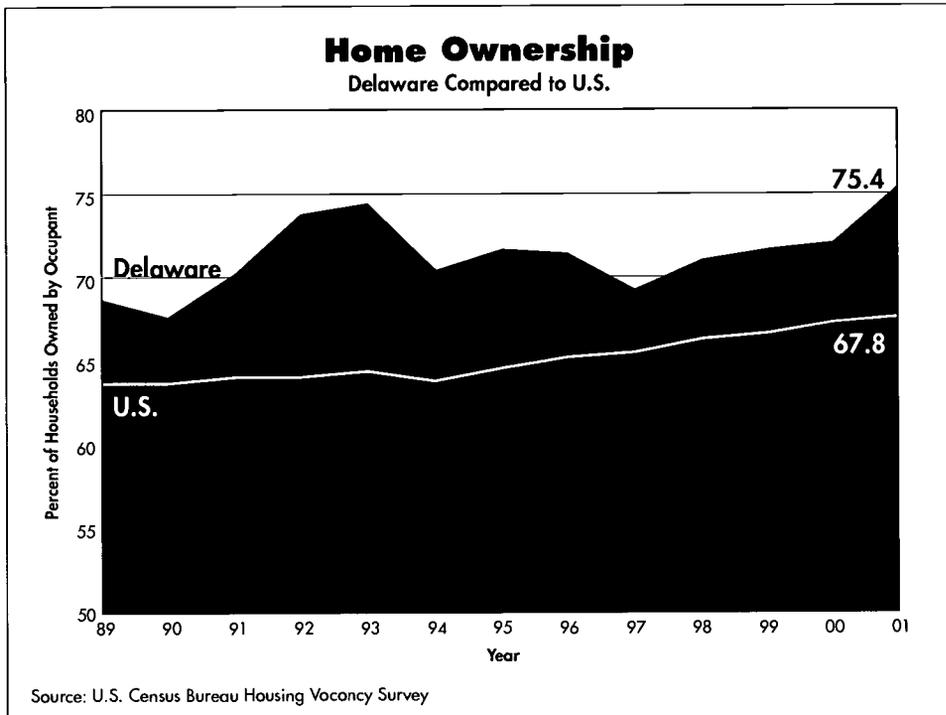
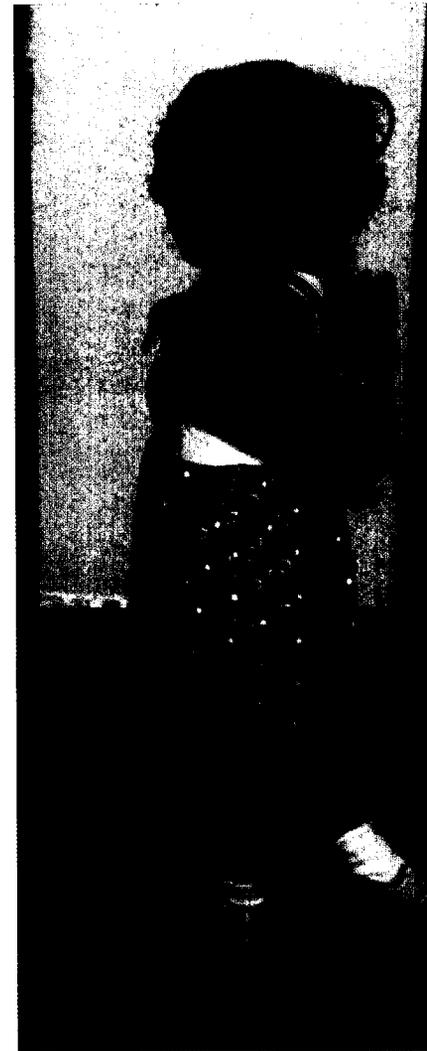
www.familiesusa.org



Home Ownership

Home ownership has long been recognized as a key component of the "American Dream." Home ownership provides tremendous benefits to our society. Owning a home gives families a stake in where they live. It strengthens our economy, builds communities and, to the individual family, represents a powerful tool for building stability and self-esteem. However, those who aspire to home ownership are finding it harder and harder to attain. In the past, many young parents earned enough income to save for a down payment or were helped by programs such as the GI Bill. Today, with wages falling for young workers, too many families struggle simply to pay the rent.¹

1 Children's Defense Fund (1998). Spotlight on housing and homelessness. *The State of America's Children* yearbook: 1998.



The Federal Department of Housing and Urban Development

<http://www.hud.gov/buying/index.cfm>

An excellent resource for homeowners and families who want to buy a home for the first time. Federally sponsored mortgages, special mortgage calculators, and descriptions of all federally sponsored housing programs are available from this site.

Did you know?

- Total housing units in 2001: 119,120,000
- Total year-round housing units: 117,900,000
- Occupied by owner: 61.8%
- Occupied by renter: 29.1%
- Vacant: 10%

Source: Doyle, R. (2002). Affording a home: what does it take to buy a reasonably priced house? *Scientific American*, 287 (3): 32-33.

For more information see

Table 65 p. 152
www.hud.gov
www.housingforall.org
www.hud.gov/buying/index.cfm



Domestic Violence

Definitions:

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

Current research estimates that 3.3 to 10 million children are exposed to domestic violence in the United States each year.¹ Children and families affected by violence come into contact with many parts of the social service system due to the multifaceted nature of the problem. When poverty, low educational achievement, and substance abuse are also involved, the situation becomes much more complicated. In this environment, children often lack problem-solving skills, have low levels of empathy, and achieve poorly in school.² Without adequate intervention, children are at a great risk for injury, low educational attainment, or long-term psychological damage.

1 Get the facts. Family Violence Prevention Fund. Available from: <http://endabuse.org/newsdesk/facts/>

2 Salcido Carter, L., Weithorn, L., and Behrman, R. (1999). Domestic violence and children: Analysis and recommendations. *Future of Children*. (9), 3.



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

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

Domestic Incident Reports

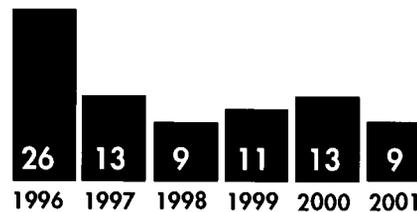
Delaware, 2001

Criminal Only	17,599 reports
Combined Criminal and Non-criminal	27,212 reports
Percent of Reports with a Child Present	20.5%
Percent of Reports with an Active Protection from Abuse Court Order	3.5%

Source: Dept. of Public Safety, Division of State Police

Deaths as a Result of Domestic Violence

Delaware, 1996–2001



Source: Dept. of Public Safety, Division of State Police



Donate unused cell phones to domestic violence programs in Delaware.

To donate your used wireless phone to help fight domestic violence, mail the phone, battery and charger to:

- Call to Protect c/o Motorola • 1580 E. Ellsworth Road • Ann Arbor, MI 48108
- Delaware Coalition Against Domestic Violence • P.O. Box 847 • Wilmington, DE 19899 • 302.658.2958

Or... take them in person to:

Rehoboth Beach: CAMP Rehoboth • 39 Baltimore Ave. • Rehoboth Beach, DE

Wilmington: Sprint PCS • Wilmington Store • 4511 Kirkwood Hwy. • Wilmington, DE

Newark: Wireless Zone • 4136 Stanton-Ogletown Rd, Harmony Plaza • Newark, DE

For more information on cell phone donations look at:

www.free-cell-phones.org/delaware.html and www.donateaphane.com

Did you know?

- In a national survey it was found that 50 percent of the men who frequently assaulted their wives also frequently abused their children.
- Approximately 50% of female victims of domestic violence live in households with children under age 12.

Source: Get the facts. Family Violence Prevention Fund. Available from: <http://endabuse.org/newsdesk/facts/>

For more information see

www.dcadv.org/

www.stoptheviolence.org





Delaware Children Speak about Family

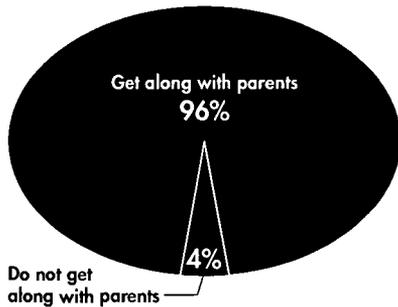
While attention is frequently focused on statistics of deprivation within families—poverty, single-parent families, unemployment—the inner strengths of families are often overlooked. However, despite problems, national surveys suggest that many families are doing rather well. Four out of five adolescents on a national survey reported that they enjoyed spending time with their parents. More than half of today's youth first turn to a parent in solving problems. Through routine family processes—communication, household work, volunteering, time use, supervision, and religiosity, for example—most families build strong relationships that unite and connect them to each other and their larger social communities.

Survey results are from the 2002 Delaware Youth Tobacco Survey prepared by the Center for Drug and Alcohol Studies, University of Delaware. See page 46 for more information.

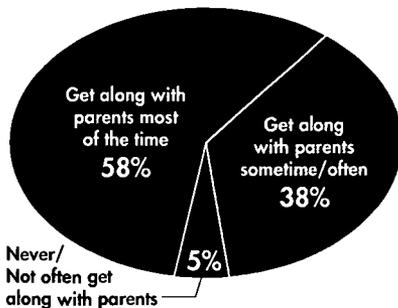


Parents I get along well with my parents/guardians? Delaware, 2002

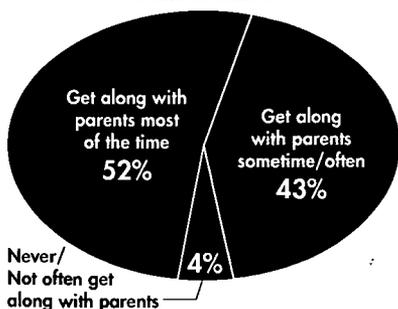
5th Graders



8th Graders



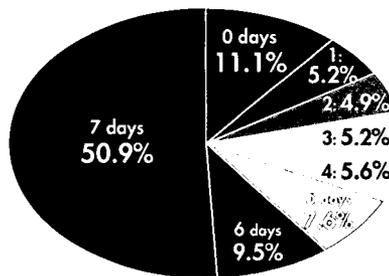
11th Graders



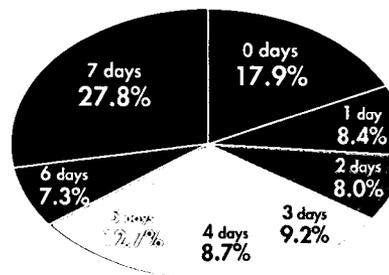
Source: 5th graders: 7,248 responses. 8th graders: 6,753 responses. 11th graders: 4,880 responses. Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Family Time How many days in the past week have you sat down with your family to eat dinner? Delaware, 2002

6-8th Graders



9-12th Graders



Source: Grades 6-8: 2,651 responses. Grades 9-12: 2,472 responses. CDC Youth Tobacco Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

Parents who are supportive of their children, while also providing rules and boundaries, tend to have teens who are more engaged at school and have higher educational expectations than those who have parents who are permissive or neglectful.

Source: Redd, Z. Brooks, J. and McGarvey, A. (2002).

For more information see
www.state.de.us/drugfree/data.htm



Delaware Children Speak about Family

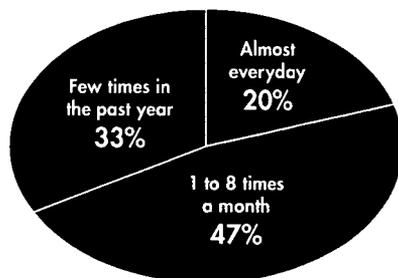


Talking to Parents about Plans

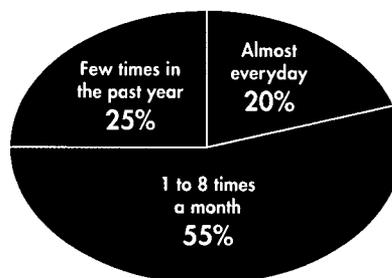
How often do you talk to either of your parents about your education and career plans?

Delaware, 2002

8th Graders



11th Graders



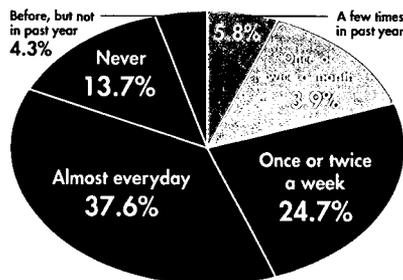
Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Talking to Parents about School

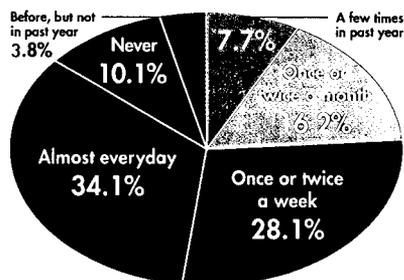
How often do you talk to either of your parents about how things are going at school?

Delaware, 2002

8th Graders



11th Graders



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

Around 48% of 12 to 14 year-olds report that they “do something fun” with their families (such as playing a game or going to a sporting event) three or more days a week.

57% of mothers and 34% of fathers know everything or almost everything about their child’s close friends, as reported by children.

85% of teens think highly of their mothers, and 81% think highly of their fathers.

81% of teens enjoy spending time with their mothers, and 77% enjoy being with their fathers.

Source: Anderson Moore, K., Chalk R., Scarpa, J., Vandivere, S. (2002). Family strengths: Often overlooked, but real. *Child Trends Research Brief*.

Did you know?

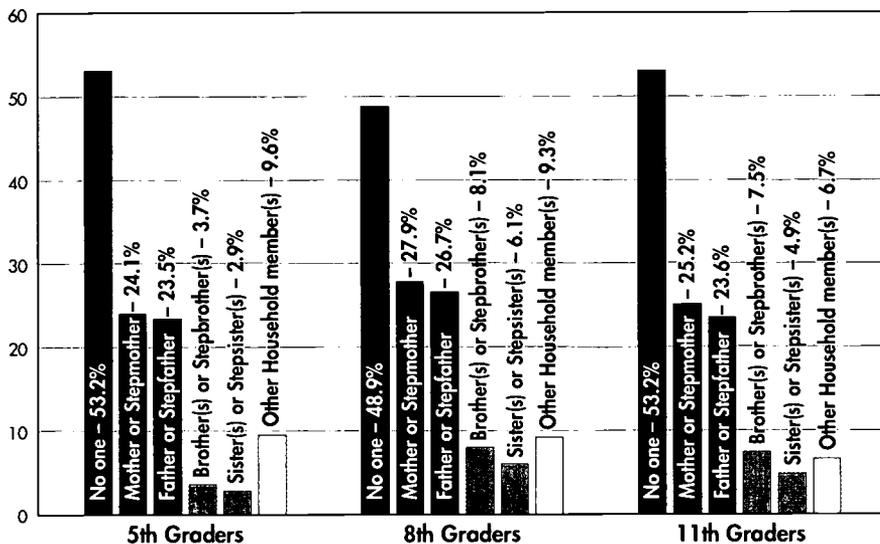
70% of mothers and 49% fathers know their adolescent’s teachers and school activities.

Source: Anderson Moore, K., Chalk R., Scarpa, J., Vandivere, S. (2002). Family strengths: Often overlooked, but real. *Child Trends Research Brief*.



Tobacco Use in the Home

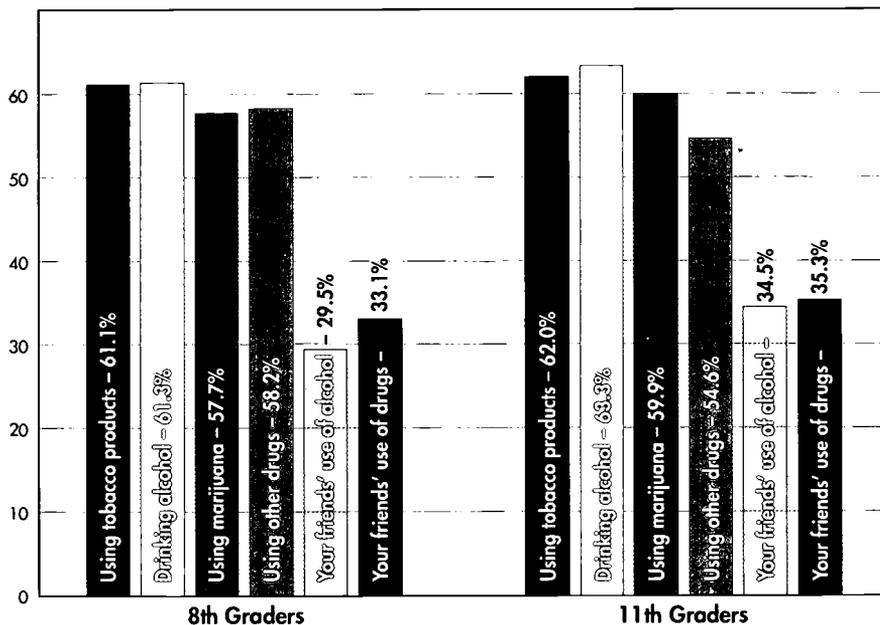
Does anybody living in your home smoke cigarettes or tobacco? (Mark all that apply)
Delaware, 2002



Source: 5th graders: 7,248 responses. 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Talking with Parents about Drugs

Have either of your parents spoken with you about the risks of: (Mark all that apply)
Delaware, 2002



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

BEST COPY AVAILABLE

For more information see
www.state.de.us/drugfree/data.htm





*Community
Environment
& Resources*



From 1970 to 1990 the proportion of children under 18 with mothers in the workforce grew from 32 to 62 percent. In 1997, 78 percent of mothers with 6-13 year olds were working.¹ Children go through a tremendous amount of cognitive and physical development in the first few years of life and, in order to reach their potential, children need to have quality care. It has been found that a good child-care environment consists of nurturing, educational and empathic teachers, and developmentally relevant programs.² According to research, children who participate in high-standard early childhood education programs have fewer behavioral problems as well as score higher on school readiness and language tests than those who are not in these types of programs.³

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

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

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

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

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

Accredited Programs

Number of Accredited Programs by Accrediting Organization*, Delaware and Counties, 2001

	NAFCC	NAEYC	NSACA
Delaware	24	23	0
New Castle	19	18	0
Kent/Sussex	5	5	0

* NAFCC is the National Association for Family Child Care Providers

* NAEYC is the National Association for the Education of Young Children

* NSACA is the National School Age Care Alliance

Source: The Family and Workplace Connection

Child Care and School Age Programs

Delaware and Counties, 2001

	Total	School Age	Site-Based*
Delaware	2,059	1,792	54%
New Castle	1,277	1,110	62%
Kent/Sussex	782	680	46%

* Percent of public elementary schools with school age child care

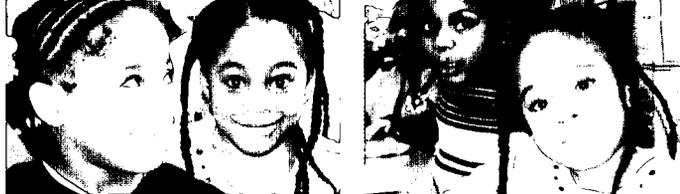
Source: The Family and Workplace Connection



Quality Measures for Child Care Programs

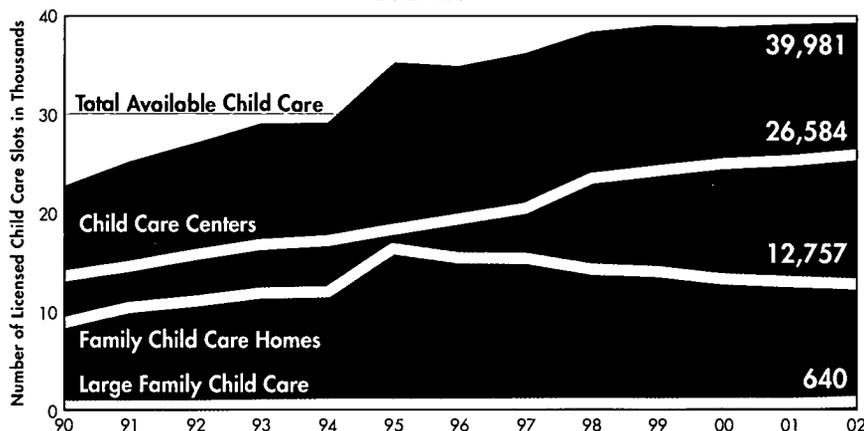
- 1. Positive human relationships:** consistent and caring
- 2. Effective programming:** constructive and appropriate to child needs
- 3. Appropriate environments:** ample space and supplies to support activities
- 4. Strong partnerships with young people, families, schools, and communities:** input and participation from all parties
- 5. Effective staff and administration:** well-trained, involved, and efficient staff and operations

Source: National Institute on Out-of-School Time for the Corporation for National Service (June 2000). Making an impact on out-of-school time. Washington, D.C.



Available Child Care

Delaware



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

Definitions:

Child Care Center – 13 or more children

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

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

put data into action

School-aged childcare varies greatly from in-home child care to large programs specifically tailored to the needs of this age-group. After-school care is important because unsupervised free-time can lead to drug experimentation, inappropriate self-care, and risk behaviors. It is important that any school-aged program fit the developmental needs of children and adolescents, whether it is focused on physical play, homework, or educational development.

Source: Seligson, M. & Cotlin, L. Approaches to school-aged child care. ERIC-EECE: Clearinghouse of Elementary and Early Childhood Education. Publication #: EDO-PS-91-7. Available from: ericps.crc.uiuc.edu/eece/pubs/digests/1991/seligs91.html

Did you know?

One study that followed 111 pre-K attendees through high school found they were less likely to:

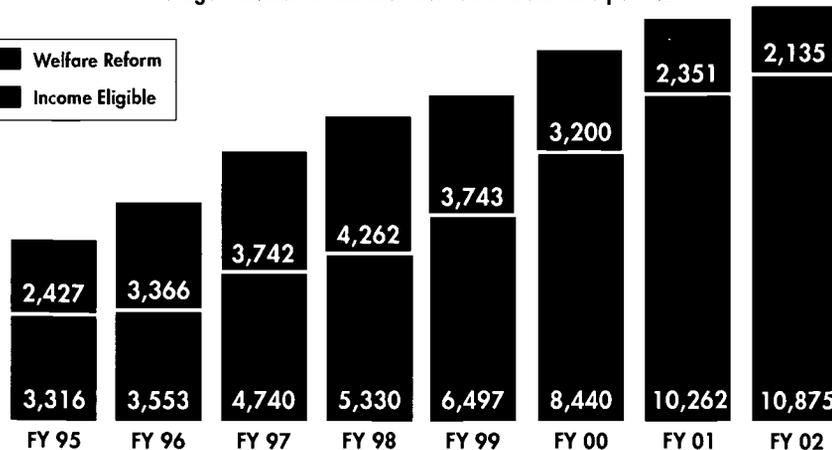
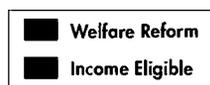
- drop out of school
- repeat grades
- bear children out of wedlock

By the age of 15, fewer than 1/3 had failed a grade. By the age of 21, they were two times more likely to attend a 4-year college as their peers who did not attend pre-K.

Source: Starr, A. (August 26, 2002). The importance of teaching tots: 25 ideas for a changing world. *Business Week*.

Subsidized Child Care

Average Number of Children Served in Delaware per Month



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

For more information see

Tables 66-70 p. 153-154
www.afterschoolalliance.org
www.afterschool.gov
www.childcareaware.org
www.familiesandwork.org

Juvenile Violent Crime Arrests

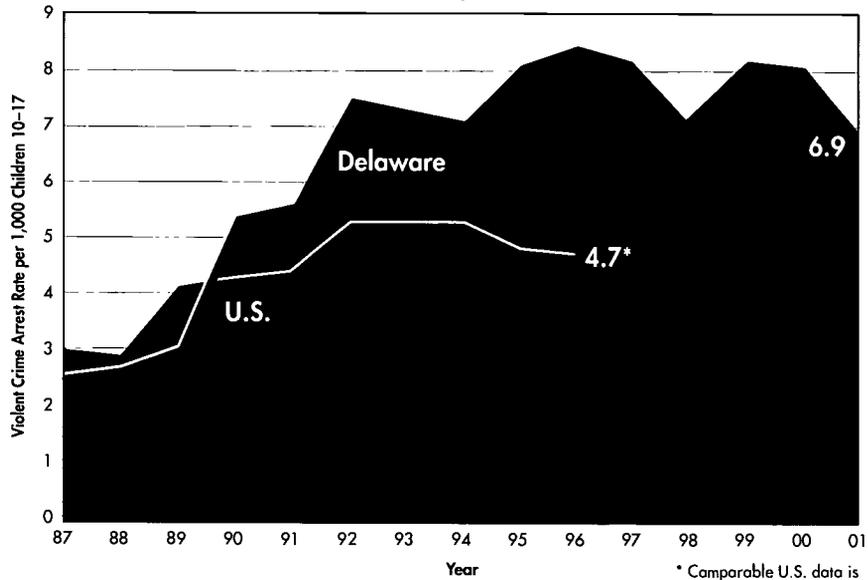
RECENT TREND IN DELAWARE ABOUT THE SAME

This indicator is a measure of juveniles at high risk for continued serious delinquency. Being arrested for a violent crime as a juvenile has immediate and future negative impact and can significantly affect the lives of adolescents. Risk factors for juvenile crime and delinquency include a lack of education and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance increases the likelihood of involvement with the juvenile justice system.

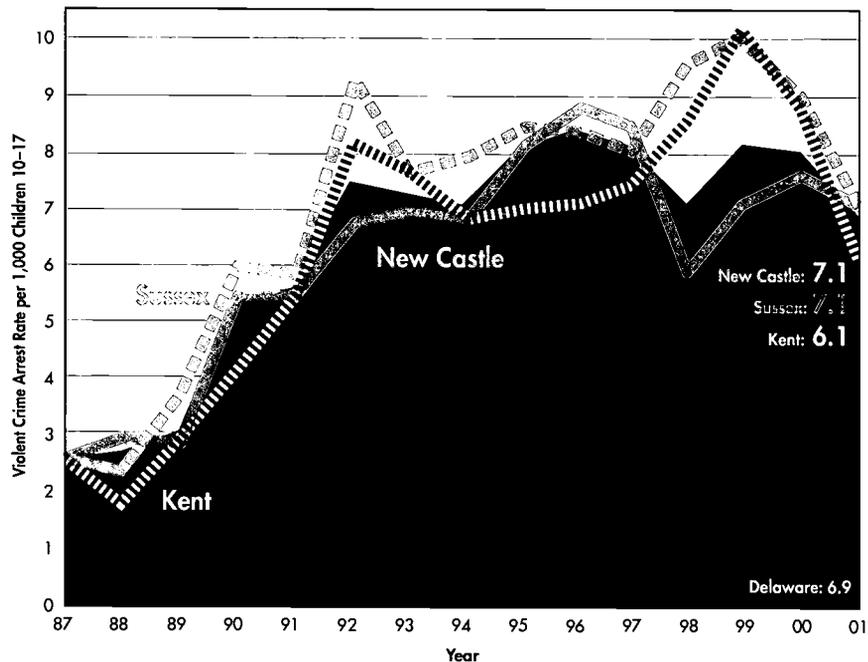


Juvenile Violent Crime Arrests

Delaware Compared to U.S.



Delaware and Counties



Source: Delaware Statistical Analysis Center's Preliminary Crime in Delaware 2000



School Violence and Possession

Delaware, School Year 2000–2001

Locations

Location of Student Conduct Offenses

Location	Number	Percent
Inside school building	1,358	68%
Administrative office	93	
Cafeteria	131	
Classroom	671	
Gymnasium	60	
Hall/stairway	357	
Restroom	46	
On school grounds	302	15%
On the bus	182	9%
At bus stop	37	2%
Off school grounds	31	2%
Other	70	4%
Unknown	7	<1%
Total	1,987	

Weapons

Student Possession and/or Concealment of Weapons/Dangerous Instruments

Weapon/ Dangerous Instrument	Student Conduct Offenses	
	Number	Percent
Knife	97	58%
Razor blade/box cutter	19	11%
Explosive, incendiary, or poison gas	9	5%
Firearm	12	7%
Other	31	18%
Total	168	

Source: "Annual Report of School Climate and Student Conduct in Delaware Schools, 2000-2001", Delaware Department of Education, 2002.

Definition:

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

Juvenile Violence Arrests

Number of Juveniles Arrested

	1995	1996	1997	1998	1999	2000	2001
Delaware	588	629	549	557	654	627	621
New Castle	382	414	334	298	361	378	409
Kent	93	102	96	121	147	123	98
Sussex	113	113	119	138	146	126	114

Source: Delaware Statistical Analysis Center

put data into action

Many communities are successfully combating gun violence by developing comprehensive strategies to address specific problems in their neighborhoods. Developing a useful strategy requires:

- 1) **Establishing stakeholder partnerships.** Gun violence affects everyone at all levels; therefore communities need support from federal, state, and local law enforcement, juvenile justice authorities, businesses, citizens, and community organizations.
- 2) **Identifying and measuring the problem.** Knowing and fully understanding the scope of the problem is the only way to know how to combat it.
- 3) **Setting measurable goals and objectives.** Realistic and attainable goals lead to greater commitment and ultimately long-term success.
- 4) **Identifying appropriate programs and strategies.** Often there are community organizations already operating programs that could help resolve the problems of gun violence, but they may lack resources and/or much needed connections in the community. Coordinating the efforts of programs maximizes use of resources and improves results.

Source: Office of Juvenile Justice and Delinquency Prevention http://ojjdp.ncjrs.org/pubs/gun_violence/sect02.html

For more information see

Tables 71-79 p. 155-158

www.pledge.org

www.ncsu.edu/cpsv

www.connectforkids.org

Gambling

Youth gambling is a formidable social problem that affects those who can least afford it. It is partly rooted in a sense of social disempowerment, and as a consequence, is connected with risk-taking behaviors such as drug and alcohol abuse. Unfortunately, youth have decided to use gambling as an acceptable form of recreation, boys more so than girls. Because of the negative social behaviors such as increased crime or substance abuse associated with gambling, particularly "face to face" types of gambling (gambling where students are personally betting against another individual, e.g. betting on a card game), youth gambling exacts a high price from society as well.

Gambling is now legal in all but two states (Utah and Hawaii). Most states have a variety of legalized gambling venues, including state-run lotteries and instant scratch-off games, casinos, horse or dog tracks, bingo, video terminals, and riverboat gambling, in addition to informal and illegal betting.¹

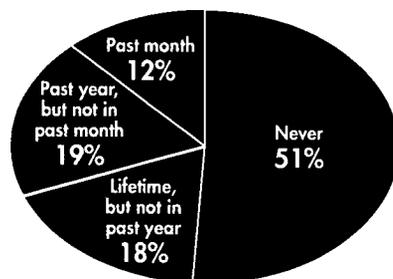
¹ "Gambling and problem gambling among youths". *The Annals of the American Academy of Political and Social Science*, March 1998 v556 p172(14)

Gambling questions were added to the statewide survey "Alcohol, Tobacco and Other Drug Abuse Among Delaware Students" which is administered annually to all Delaware public school students in the 5th, 8th and 11th grades. The information on gambling was sponsored by the Delaware Council on Gambling Problems, Inc. and administered by the Center for Drug and Alcohol Studies, University of Delaware.



Youth Gambling

Delaware 8th Graders, 2002



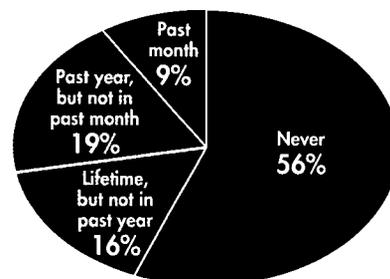
Delaware 8th graders that gambled in 2002 were:

- Over 50% more likely to drink alcohol
- More than twice as likely to binge drink
- More than 3 times as likely to use marijuana
- 3 times as likely to use other illegal drugs
- Almost 3 times as likely to get into trouble with the police
- 3 times as likely to be involved in a gang fight
- Almost 3 times as likely to steal or shoplift

Source: Center for Drug and Alcohol Studies for the Delaware Council on Gambling Problems, Inc.

Youth Gambling

Delaware 11th Graders, 2002



Delaware 11th graders that gambled in 2002 were:

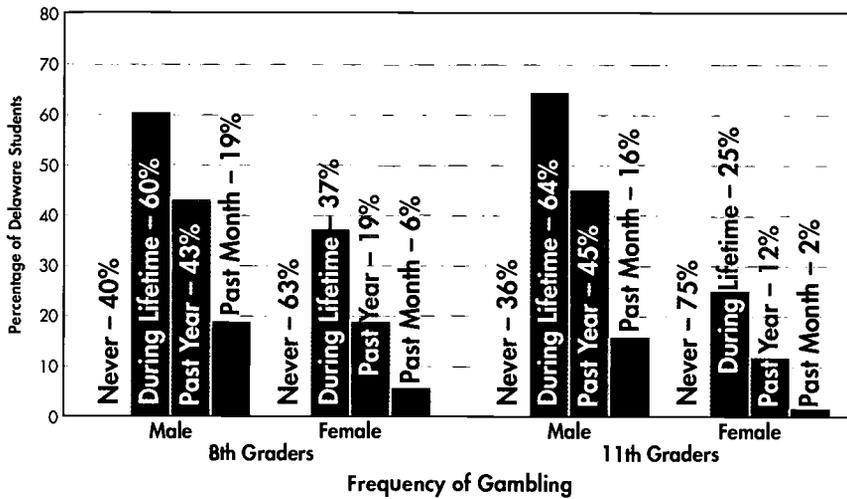
- 25% more likely to drink alcohol
- Twice as likely to binge drink
- 33% more likely to use marijuana
- Almost twice as likely to use other illegal drugs
- More than 3 times as likely to be involved in a gang fight
- Almost 4 times as likely to get into trouble with the police
- Almost 3 times as likely to steal or shoplift

Source: Center for Drug and Alcohol Studies for the Delaware Council on Gambling Problems, Inc.



Youth Gambling by Gender

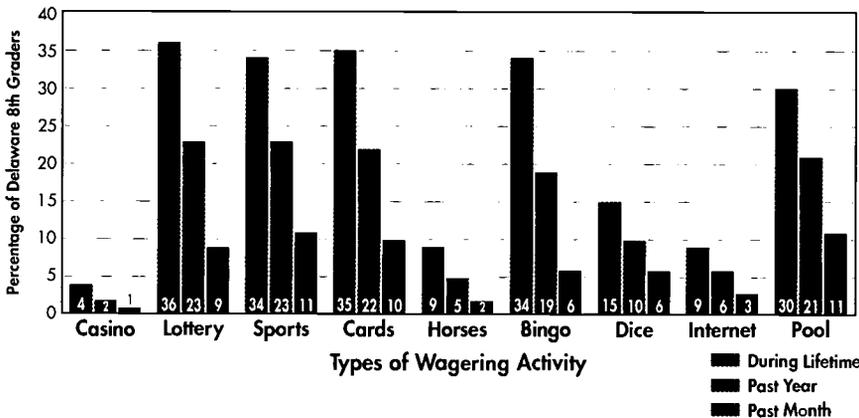
Delaware 11th Graders, 2002



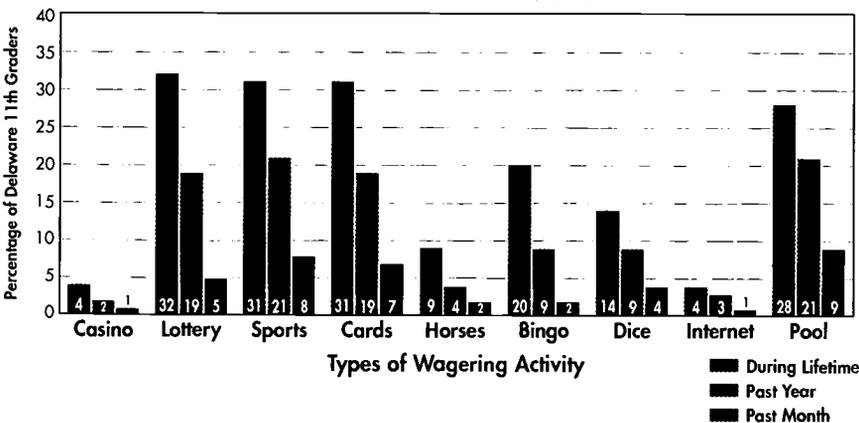
Source: Center for Drug and Alcohol Studies for the Delaware Council on Gambling Problems, Inc.

Types of Wagering Activity

Delaware 8th Graders, 2002



Delaware 11th Graders, 2002



Source: Center for Drug and Alcohol Studies for the Delaware Council on Gambling Problems, Inc.

For more information see

Table 82 p. 159
www.ftc.gov/gamble
www.education.mcgill.ca/gambling/
www.delawareworks.com

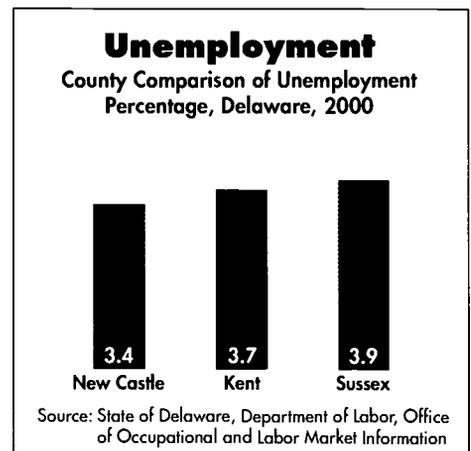
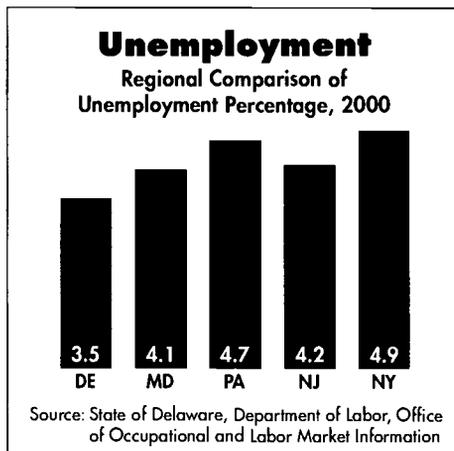
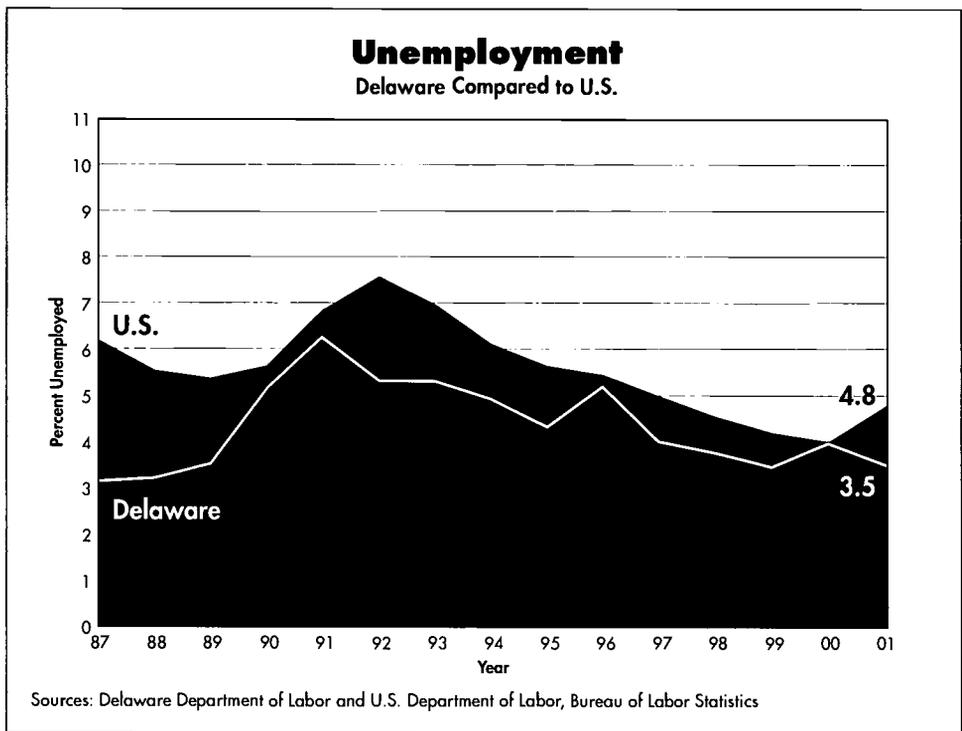
Unemployment

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

RECENT TREND IN DELAWARE **ABOUT THE SAME**

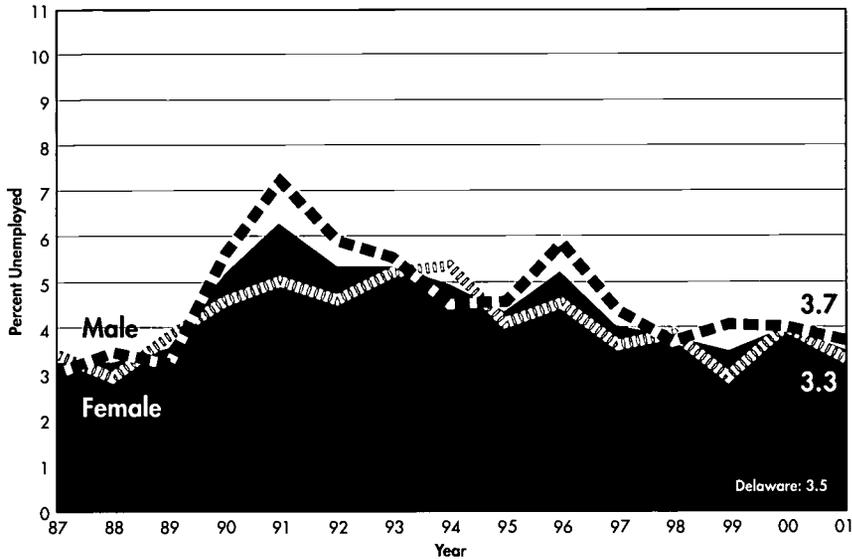
Employment is important to children and families because it is a key determinant of financial stability, access to health care, academic achievement, family stability, and lower stress. For low-income families, full-time, full-year employment is not a guarantee of freedom from poverty, but it is associated with higher family income and greater access to private health insurance. The percentage of children with at least one fully employed parent (full-time, full-year) has increased over the last decade, from 72 percent in 1990 to 80 percent in 2000. Children who live with two parents are much more likely to have at least one fully-employed parent than children who live only with their mother or father.¹

¹ Employment. Child Trends Databank. Available from: www.childtrendsdatabank.org/income/employment/68ParentalEmployment.htm

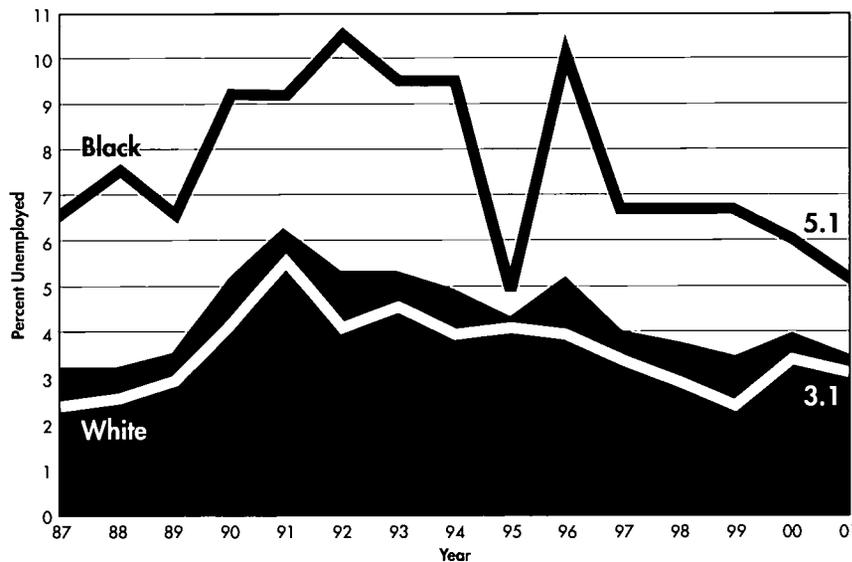




Unemployment Delaware by Gender



Delaware by Race



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

Did you know?

In 1993, 21% of children living below the poverty line had at least one parent working, by 2000, this rate has risen to 35%.

The percentage of two-parent families where both parents work full-time has risen from 16% in 1980 to 33% in 2000.

Source: Federal Interagency on Statistics. *America's Children: Key National Indicators of Well-Being, 2002*. Federal Interagency Forum on Children and Family Statistics, Washington, DC: U.S. Government Printing Office.

For more information see

Table 82
www.delawareworks.com

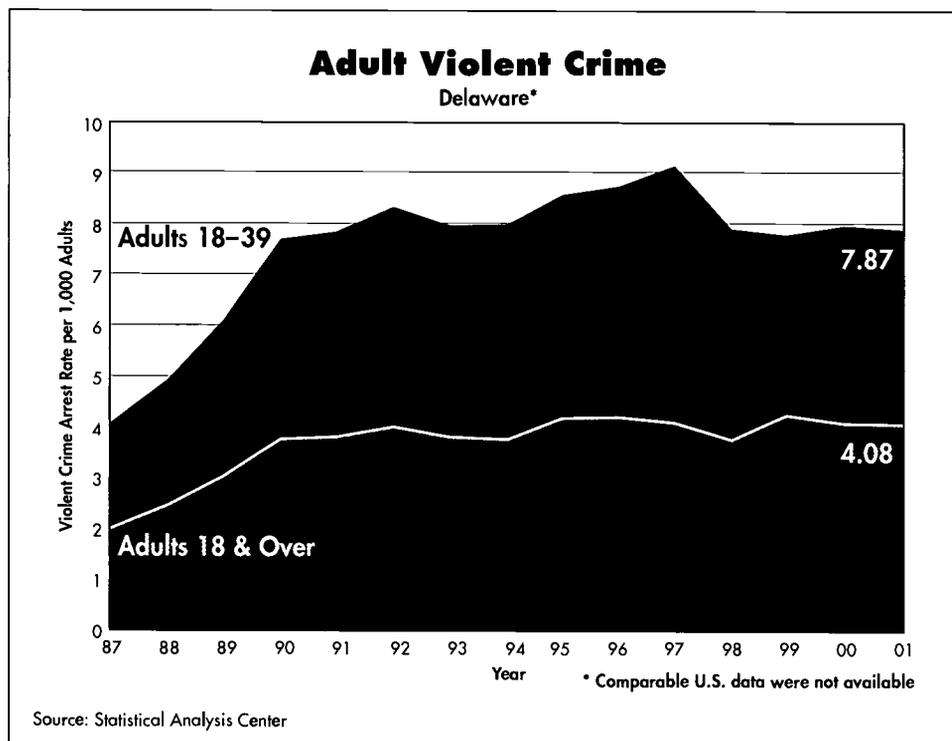
p. 159

Adult Crime

The number of children in the U.S. with parents in prison has grown from 936,500 in 1991 to 1.5 million in 1999. The number of imprisoned fathers increased 58 percent during that time, while the number of imprisoned mothers increased 98 percent.

As a result of parental incarceration and the crimes and arrests that often precede it, most children experience disruption in their homes, a series of temporary caregivers, financial hardships, and lack of contact with their parents. Children of incarcerated parents are at a higher risk for many negative behaviors including poor academic achievement, substance abuse, and delinquency. The majority of children with an incarcerated parent live in poverty before, during, and after their parent's incarceration.¹

¹ Safety, 2002 Rhode Island KIDS COUNT Factbook



put data into action

In order to meet the demands of an increasingly complex society, the Delaware State Police have aggressively pursued innovative programs to address violent crime. The use of the DICAT (Division Wide Crime Analysis Tracking) system provides "real time" data to allow deployment of officers to address increases in criminal activity in specific geographic locations. The Community Services section addresses crime prevention issues that have an impact on the quality of life in Delaware's communities. Officers provide seminars on topics such as robbery, burglary prevention, neighborhood watch programs, safe traveling tips, self-protection, and domestic violence.



For more information see

Table 82 p. 159

www.millionmomsmarch.com



Delaware Children Speak about Community

Communities matter. The local library, schools, playgrounds, churches, recreation centers, stores and workplaces all help build a functional community that supports families and kids. In 1999 the Casey Foundation launched Making Connections, a new initiative based on a family-strengthening agenda. The initiative is driven by a simple premise: Children succeed when their families are strong, and families get stronger when they live in neighborhoods that connect them to the economic opportunities, social networks, supports, and services they need. As part of the initiative the Casey Foundation is supporting new data collection efforts to describe and track specific neighborhood conditions that promote or hinder family conditions.

Here in Delaware, our children speak about their connections to community—feeling safe, attending religious services, and volunteering.

Survey results are from the 2002 Delaware Youth Tobacco Survey prepared by the Center for Drug and Alcohol Studies, University of Delaware. See page 46 for more information.



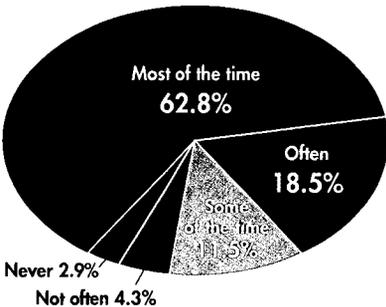
Neighborhood Safety

I feel safe in my neighborhood.
Delaware, 2002

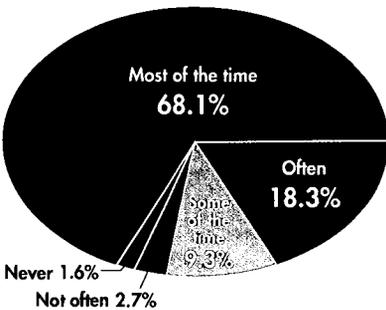
5th Graders



8th Graders



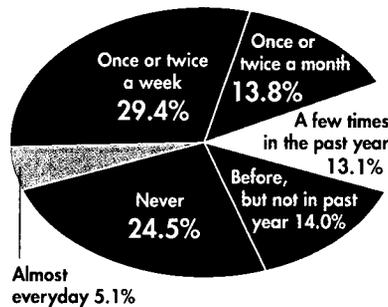
11th Graders



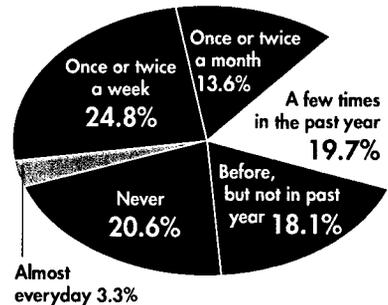
Religious Services

How often do you attend religious services?
Delaware, 2002

8th Graders



11th Graders



Did you know?

High levels of religiosity are linked with low levels of delinquency, less early sexual activity, lower levels of sexual experience, and more conservative sexual values. A study of high-risk white males showed that their rate of multi-drug use was 3 times higher among teens who never attended religious services than those who attend at least once a week.

Source: Bridges, L. and Anderson Moore, K. (2002). Religious involvement and children's well-being: What research tells us (and what it doesn't). *Child Trends Research Brief*.

Source for all graphs on this page:
5th graders: 7,248 responses.
8th graders: 6,753 responses.
11th graders: 4,880 responses.
Delaware School Survey 2002,
Center for Drug and Alcohol Studies,
University of Delaware

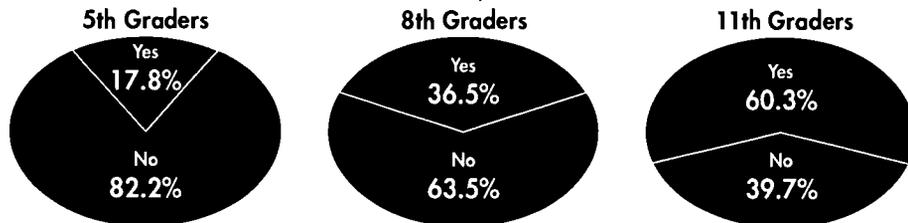


Delaware Children Speak about Community



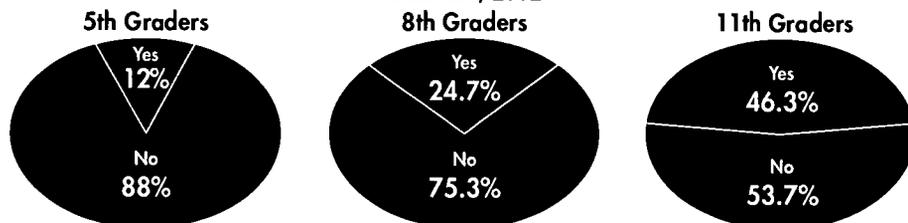
Buying Cigarettes

Do you know of places where students your age can buy cigarettes?
Delaware, 2002



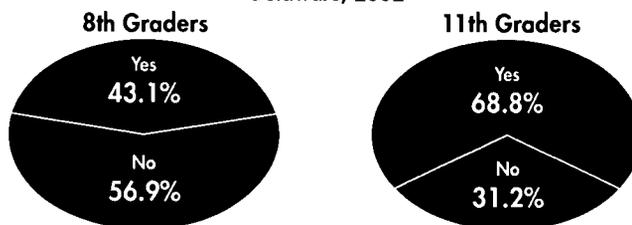
Buying Alcohol

Do you know of places where students your age can buy alcohol?
Delaware, 2002



Buying Marijuana

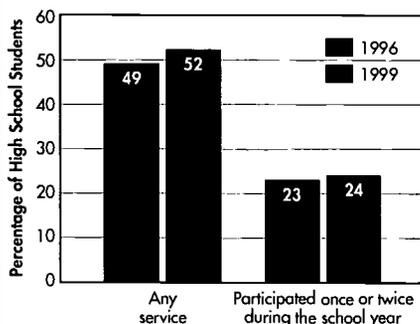
Do you know of places where students your age can buy marijuana?
Delaware, 2002



Source: 5th graders: 7,248 responses. 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

Volunteer Activities

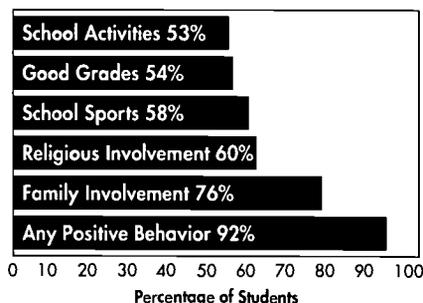
U.S. High School Students



Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey

Participation in Positive Behaviors

Among 7th - 12th Graders, U.S., 2000

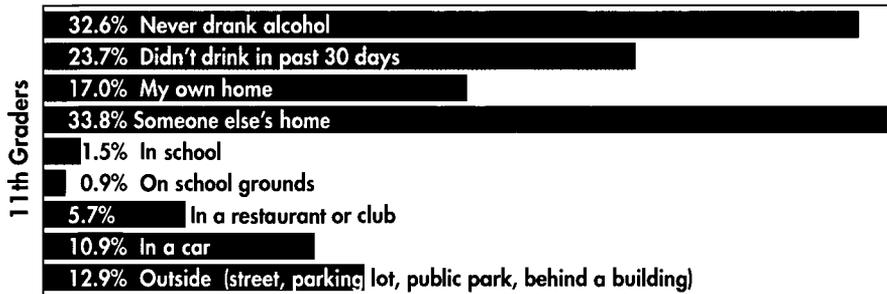
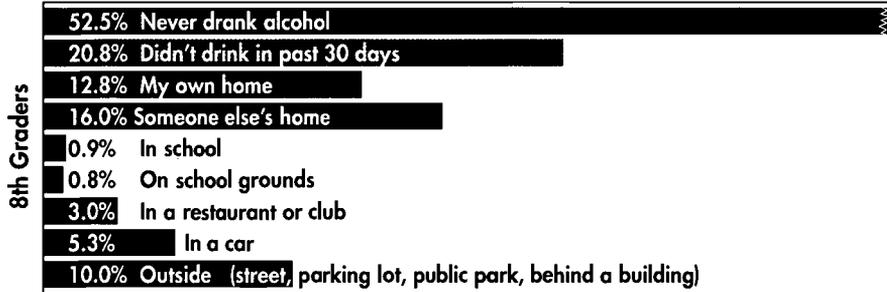


Source: Teen Risk-Taking: A Statistical Portrait (2000).
Urban Institute, Washington, D.C.



Drinking Alcohol

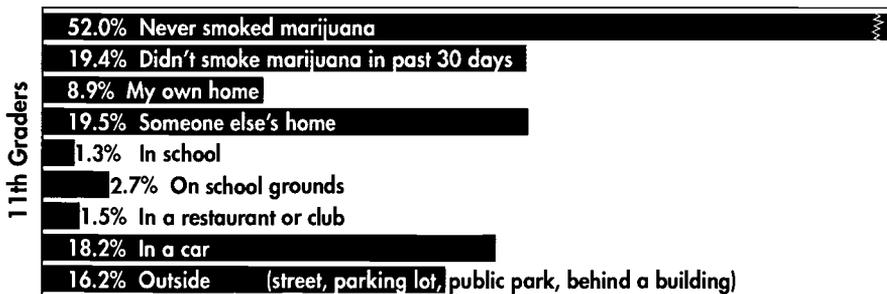
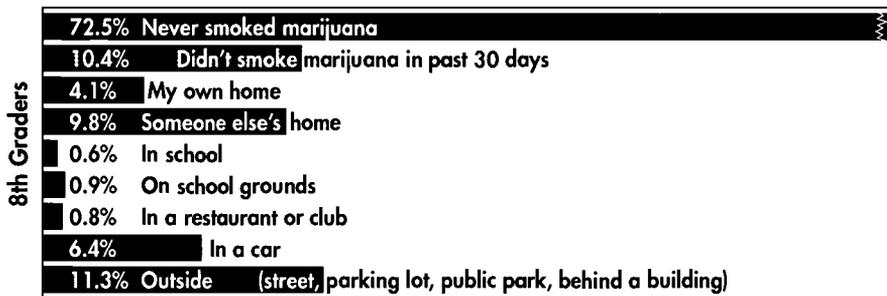
In the past 30 days if you drank alcohol, where did you most often drink? (All that apply.)
Delaware, 2002



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

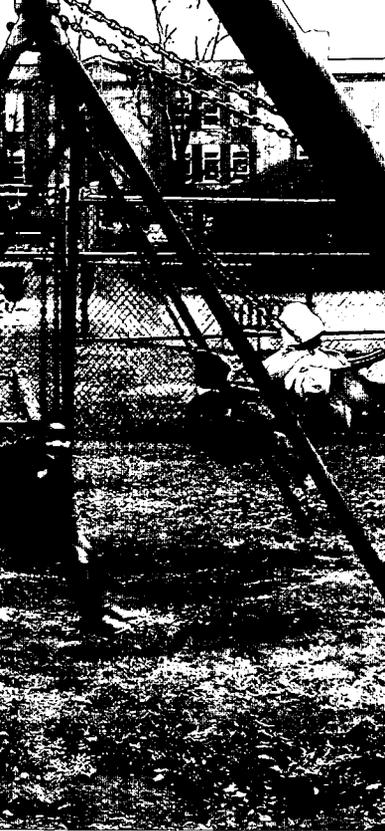
Smoking Marijuana

In the past 30 days if you smoked marijuana, where did you most often smoke? (All that apply.)
Delaware, 2002



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2002, Center for Drug and Alcohol Studies, University of Delaware

For more information see
www.state.de.us/drugfree/data.htm





HOME COUNT IN DELAWARE

Data Tables



Table 1:

Population of Children by Age

Population Estimates for Ages 0 to 21 by Sex and Race, Delaware, July 1, 2000

Sex/Age	All Races	White	Black	Other	Sex/Age	All Races	White	Black	Other
Male					Female				
0	5,325	3,573	1,373	379	0	4,996	3,340	1,338	318
1	5,238	3,601	1,297	340	1	5,145	3,452	1,350	343
2	5,262	3,555	1,366	341	2	5,007	3,307	1,334	366
3	5,118	3,463	1,301	354	3	4,992	3,340	1,298	354
4	5,425	3,665	1,413	347	4	5,200	3,558	1,321	321
5	5,504	3,740	1,409	355	5	5,124	3,505	1,313	306
6	5,612	3,828	1,439	345	6	5,346	3,652	1,393	301
7	5,725	3,884	1,501	340	7	5,542	3,808	1,431	303
8	5,807	3,874	1,603	330	8	5,513	3,743	1,490	280
9	6,158	4,249	1,610	299	9	5,667	3,872	1,505	290
10	5,953	4,085	1,549	319	10	5,626	3,851	1,490	285
11	5,743	4,012	1,470	261	11	5,414	3,742	1,393	279
12	5,614	3,944	1,397	273	12	5,458	3,741	1,458	259
13	5,450	3,757	1,418	275	13	5,210	3,603	1,363	244
14	5,638	3,969	1,428	241	14	5,356	3,741	1,342	273
15	5,601	3,949	1,395	257	15	5,147	3,583	1,331	233
16	5,529	3,873	1,387	269	16	5,107	3,557	1,290	260
17	5,530	3,854	1,376	300	17	5,163	3,573	1,317	273
18	5,549	3,875	1,376	298	18	5,860	4,177	1,388	295
19	5,826	4,074	1,416	336	19	6,504	4,689	1,520	295
20	5,786	4,113	1,301	372	20	5,932	4,278	1,390	264
21	5,286	3,761	1,189	336	21	5,666	4,103	1,288	275
Total	122,679	84,698	31,014	6,967	Total	118,975	82,215	30,343	6,417

Source: Delaware Population Consortium, Population Projection Series, Version 2002.0

Notes: 1. Estimates are as of July 1 and will not match April 1 census counts in Table 2.

2. Estimates for ages 0-21 for the Counties and the City of Wilmington are available at <http://www.cadsr.udel.edu/demography/consortium.htm>.

Table 2:

Population

Population Census Counts for Delaware and Counties, 2000

Area/Sex/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	51,531	55,813	55,274	55,632	463,624	101,726	783,600	27.9	59.2	13.0	100.0
Male	26,278	28,712	28,302	27,944	226,439	42,866	380,541	14.2	28.9	5.5	48.6
White	17,797	19,511	19,701	19,564	173,222	37,710	287,505	9.8	22.1	4.8	36.7
Black	6,725	7,537	7,237	6,925	41,743	4,536	74,703	3.6	5.3	0.6	9.5
Hispanic*	2,272	2,016	1,637	1,942	11,622	500	19,989	1.0	1.5	0.1	2.6
Female	25,253	27,101	26,972	27,688	237,185	58,860	403,059	13.7	30.3	7.5	51.4
White	16,940	18,519	18,615	19,515	178,360	51,167	303,116	9.4	22.8	6.5	38.7
Black	6,616	7,107	7,022	6,821	47,981	6,902	82,449	3.5	6.1	0.9	10.5
Hispanic*	2,245	1,954	1,537	1,538	9,402	612	17,288	0.9	1.2	0.1	2.2
New Castle	33,384	36,150	34,961	36,309	301,558	57,903	500,265	18.0	38.5	7.4	63.8
Male	17,089	18,569	18,046	18,128	147,476	23,635	242,943	9.2	18.8	3.0	31.0
White	11,396	12,351	12,270	12,696	110,648	20,523	179,884	6.2	14.1	2.6	23.0
Black	4,431	5,023	4,797	4,386	28,501	2,704	49,842	2.4	3.6	0.3	6.4
Hispanic*	1,575	1,460	1,177	1,386	8,000	334	13,932	0.7	1.0	0.0	1.8
Female	16,295	17,581	16,915	18,181	154,082	34,268	257,322	8.8	19.7	4.4	32.8
White	10,746	11,751	11,368	12,947	113,359	29,465	189,636	6.0	14.5	3.8	24.2
Black	4,362	4,793	4,589	4,247	32,898	4,321	55,210	2.3	4.2	0.6	7.0
Hispanic*	1,537	1,401	1,103	1,142	6,757	421	12,361	0.7	0.9	0.1	1.6
Kent	9,138	9,703	10,063	9,843	73,149	14,801	126,697	4.9	9.3	1.9	16.2
Male	4,611	5,005	5,071	4,859	35,226	6,298	61,070	2.5	4.5	0.8	7.8
White	3,196	3,488	3,582	3,270	27,010	5,280	45,826	1.7	3.4	0.7	5.8
Black	1,190	1,338	1,291	1,423	6,914	921	13,077	0.7	0.9	0.1	1.7
Hispanic*	251	194	199	205	1,124	78	2,051	0.1	0.1	0.0	0.3
Female	4,527	4,698	4,992	4,984	37,923	8,503	65,627	2.5	4.8	1.1	8.4
White	3,078	3,320	3,535	3,310	28,094	7,160	48,497	1.7	3.6	0.9	6.2
Black	1,242	1,184	1,269	1,508	8,231	1,167	14,601	0.7	1.1	0.1	1.9
Hispanic*	242	245	196	183	1,058	94	2,018	0.1	0.1	0.0	0.3
Sussex	9,009	9,960	10,250	9,480	88,917	29,022	156,638	4.9	11.3	3.7	20.0
Male	4,578	5,138	5,185	4,957	43,737	12,933	76,528	2.5	5.6	1.7	9.8
White	3,205	3,672	3,849	3,598	35,564	11,907	61,795	1.8	4.5	1.5	7.9
Black	1,104	1,176	1,149	1,116	6,328	911	11,784	0.6	0.8	0.1	1.5
Hispanic*	446	362	261	351	2,498	88	4,006	0.2	0.3	0.0	0.5
Female	4,431	4,822	5,065	4,523	45,180	16,089	80,110	2.4	5.8	2.1	10.2
White	3,116	3,448	3,712	3,258	36,907	14,542	64,983	1.7	4.7	1.9	8.3
Black	1,012	1,130	1,164	1,066	6,852	1,414	12,638	0.6	0.9	0.2	1.6
Hispanic*	466	308	238	213	1,587	97	2,909	0.2	0.2	0.0	0.4

Percentage refers to percent of total population.

*Persons of Hispanic Origin may be of any race.

Racial breakdown may not total gender breakdown due to omission of Other races. Figures for White and Black include persons listing only one race and persons listing multiple races. See Delaware Population Consortium, Annual Population Projections, Version 2001.0 for details.

Sources: US Census Bureau and Delaware Population Consortium

Table 3:

Population of Delaware Cities

Population Census Counts for Delaware and Counties, 2000

Gender	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Newark	854	1,004	1,074	5,386	17,683	2,609	28,610	1.1	2.3	0.3	3.7
Male	439	534	555	2,061	8,590	975	13,154	0.5	1.1	0.1	1.7
Female	415	470	519	3,325	9,093	1,634	15,456	0.6	1.2	0.2	2.0
Wilmington	5,219	5,175	4,816	4,461	41,386	10,561	71,618	2.5	5.3	1.3	9.1
Male	2,623	2,680	2,466	2,305	19,641	3,607	33,322	1.3	2.5	0.5	4.3
Female	2,596	2,495	2,350	2,156	21,745	6,954	38,296	1.2	2.8	0.9	4.9
Dover	2,151	2,126	2,146	2,967	18,554	4,327	32,271	1.2	2.4	0.6	4.1
Male	1,075	1,143	1,051	1,429	8,781	1,699	15,178	0.6	1.1	0.2	1.9
Female	1,076	983	1,095	1,538	9,773	2,628	17,093	0.6	1.2	0.3	2.2

*Persons of Hispanic Origin may be of any race.

Racial breakdown may not total gender breakdown due to omission of Other races. Figures for White and Black include persons listing only one race and persons listing multiple races. See Delaware Population Consortium, Annual Population Projections, Version 2001.0 for details.

Sources: US Census Bureau and Delaware Population Consortium

Table 4:

Hispanic Population Estimates

Hispanic Population Estimates for Delaware and Counties, 1990–1998

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Delaware	15,530	15,348	18,418	20,692	24,234	25,609	26,972	28,332	31,158
New Castle	10,830	10,261	11,737	12,589	14,158	14,949	15,842	17,299	18,896
Kent	2,382	2,419	2,964	2,924	3,037	2,852	3,165	2,660	2,590
Sussex	2,318	2,668	3,717	5,179	7,039	7,808	7,965	8,373	9,672

Source: Delaware Population Consortium

Table 5:

Families with Children

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

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

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

Table 6:

Children and Their Living Arrangements

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

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

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

Table 7:

Prenatal Care

**Five-Year Average Percentage of Mothers Receiving Prenatal Care
in the First Trimester of Pregnancy by Race and Hispanic Origin
U.S., Delaware, Counties, and City of Wilmington, 1987–2000**

Area/Race- Hispanic Origin*	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	74.2	74.6	75.2	76.1	77.1	78.1	79.0	79.7	80.2	80.5
White	77.8	78.1	78.6	79.3	80.1	81.0	81.7	82.2	82.5	82.7
Black	58.9	59.4	60.3	61.8	63.5	65.6	67.2	68.5	69.6	70.4
Hispanic*	N/A	N/A	60.9	62.7	64.7	66.8	68.5	69.8	70.8	71.4
Delaware	78.0	78.6	79.0	80.0	81.2	82.3	82.6	82.9	83.0	83.1
White	84.3	84.9	84.9	85.6	86.2	86.7	86.5	86.5	86.4	86.5
Black	58.4	59.1	60.6	62.6	65.4	68.2	70.3	71.5	72.9	73.6
Hispanic*	N/A	N/A	64.5	65.2	65.6	66.8	67.3	67.8	68.7	69.4
New Castle	81.5	82.0	83.2	85.1	86.6	88.5	89.1	89.1	88.6	88.7
White	87.3	88.0	88.7	90.2	91.0	92.3	92.5	92.4	91.8	91.9
Black	62.4	62.8	65.3	68.6	72.2	76.1	78.3	78.7	79.3	79.4
Hispanic*	N/A	N/A	69.1	72.7	74.2	78.0	79.3	79.8	79.7	81.3
Wilmington	66.5	66.0	68.1	71.0	73.6	77.7	79.9	79.9	79.6	79.8
White	79.5	79.6	81.1	83.1	84.3	86.9	88.1	87.9	87.0	87.1
Black	59.1	58.4	60.8	64.0	67.4	72.3	75.1	75.3	75.6	75.8
Hispanic*	N/A	N/A	62.8	66.1	68.0	73.9	78.0	78.2	78.2	79.7
Kent	74.0	74.3	72.6	71.0	71.3	69.8	68.1	68.3	69.3	69.4
White	79.4	79.1	77.1	74.9	74.8	73.0	71.3	71.6	72.5	72.5
Black	57.7	59.5	58.3	58.3	59.7	58.4	57.0	58.0	59.7	60.6
Hispanic*	N/A	N/A	67.3	65.8	66.9	65.1	65.0	62.0	61.3	60.1
Sussex	68.1	69.2	69.2	69.5	70.4	71.5	73.2	74.5	75.7	76.1
White	76.8	78.1	78.0	78.4	79.0	79.3	79.6	80.2	80.8	80.9
Black	45.8	45.9	45.9	46.7	47.8	50.2	55.1	58.1	61.7	64.2
Hispanic*	N/A	N/A	40.7	37.8	40.2	40.6	42.4	44.3	47.1	45.7

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

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

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

Table 8:

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

Number and Percent of Live Births by Race and Hispanic Origin of Mother, Birth Weight in Grams
and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category)
Delaware, 1996–2000

Race/Hisp. Origin* Birth Wt.(g)	Total		First Trimester		Second Trimester		Third Trimester		No Care		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Races	52,685	100.0	43,760	83.1	6,716	12.7	1,314	2.5	496	0.9	399	0.8
<2500	4,534	100.0	3,584	79.0	643	14.2	98	2.2	136	3.0	73	1.6
<1500	982	100.0	789	80.3	113	11.5	4	0.4	45	4.6	31	3.2
1500-2499	3,552	100.0	2,795	78.7	530	14.9	94	2.6	91	2.6	42	1.2
2500+	48,135	100.0	40,175	83.5	6,070	12.6	1,215	2.5	359	0.7	316	0.7
Unknown	16	100.0	1	6.3	3	18.8	1	6.3	1	6.3	10	62.5
White	38,135	100.0	32,970	86.5	3,955	10.4	741	1.9	212	0.6	257	0.7
<2500	2,593	100.0	2,201	84.9	276	10.6	33	1.3	50	1.9	33	1.3
<1500	501	100.0	427	85.2	47	9.4	2	0.4	14	2.8	11	2.2
1500-2499	2,092	100.0	1,774	84.8	229	10.9	31	1.5	36	1.7	22	1.1
2500+	35,529	100.0	30,768	86.6	3,676	10.3	707	2.0	161	0.5	217	0.6
Unknown	13	100.0	1	7.7	3	23.1	1	7.7	1	7.7	7	53.8
Black	12,776	100.0	9,399	73.6	2,463	19.3	516	4.0	273	2.1	125	1.0
<2500	1,802	100.0	1,272	70.6	349	19.4	61	3.4	85	4.7	35	1.9
<1500	455	100.0	339	74.5	65	14.3	2	0.4	31	6.8	18	4.0
1500-2499	1,347	100.0	933	69.3	284	21.1	59	4.4	54	4.0	17	1.3
2500+	10,971	100.0	8,127	74.1	2,114	19.3	455	4.1	188	1.7	87	0.8
Unknown	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0
Other	1,774	100.0	1,391	78.4	298	16.8	57	3.2	11	0.6	17	1.0
<2500	139	100.0	111	79.9	18	12.9	4	2.9	1	0.7	5	3.6
<1500	26	100.0	23	88.5	1	3.8	0	0.0	0	0.0	2	7.7
1500-2499	113	100.0	88	77.9	17	15.0	4	3.5	1	0.9	3	2.7
2500+	1,635	100.0	1,280	78.3	280	17.1	53	3.2	10	0.6	12	0.7
Unknown	0	...	0	...	0	...	0	...	0	...	0	...
Hispanic*	3,962	100.0	2,750	69.4	929	23.4	187	4.7	46	1.2	50	1.3
<2500	287	100.0	218	76.0	48	16.7	6	2.1	7	2.4	8	2.8
<1500	60	100.0	46	76.7	7	11.7	0	0.0	3	5.0	4	6.7
1500-2499	227	100.0	172	75.8	41	18.1	6	2.6	4	1.8	4	1.8
2500+	3,674	100.0	2,532	68.9	881	24.0	181	4.9	38	1.0	42	1.1
Unknown	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

Source: Delaware Health Statistics Center

Table 9:

Births by Birth Weight, Age of Mother and Prenatal Care

Number and Percent of Live Births by Age of Mother, Birth Weight in Grams, and Trimester
Prenatal Care Began (Percentages Calculated By Birth Weight Category), Delaware, 1996–2000

Mother's Age/Infant's Birth Wt.(g)	Total		First Trimester		Second Trimester		Third Trimester		No Care		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 yrs.	6,925	100.0	4,787	69.1	1,592	23.0	342	4.9	129	1.9	75	1.1
<2500	760	100.0	511	67.2	167	22.0	32	4.2	34	4.5	16	2.1
<1500	165	100.0	120	72.7	22	13.3	1	0.6	16	9.7	6	3.6
1500-2499	595	100.0	391	65.7	145	24.4	31	5.2	18	3.0	10	1.7
2500+	6,164	100.0	4,276	69.4	1,424	23.1	310	5.0	95	1.5	59	1.0
Unknown	1	100.0	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0
20-24 Years	12,049	100.0	9,244	76.7	2,094	17.4	434	3.6	171	1.4	106	0.9
<2500	1,093	100.0	836	76.5	174	15.9	25	2.3	41	3.8	17	1.6
<1500	254	100.0	198	78.0	28	11.0	1	0.4	18	7.1	9	3.5
1500-2499	839	100.0	638	76.0	146	17.4	24	2.9	23	2.7	8	1.0
2500+	10,954	100.0	8,408	76.8	1,920	17.5	408	3.7	129	1.2	89	0.8
Unknown	2	100.0	0	0.0	0	0.0	1	50.0	1	50.0	0	0.0
25-29 Years	14,389	100.0	12,463	86.6	1,470	10.2	269	1.9	90	0.6	97	0.7
<2500	1,096	100.0	903	82.4	136	12.4	16	1.5	24	2.2	17	1.6
<1500	229	100.0	193	84.3	24	10.5	0	0.0	5	2.2	7	3.1
1500-2499	867	100.0	710	81.9	112	12.9	16	1.8	19	2.2	10	1.2
2500+	13,285	100.0	11,560	87.0	1,333	10.0	253	1.9	66	0.5	73	0.5
Unknown	8	100.0	0	0.0	1	12.5	0	0.0	0	0.0	7	87.5
30-34 Years	12,846	100.0	11,485	89.4	1,036	8.1	173	1.3	66	0.5	86	0.7
<2500	999	100.0	841	84.2	105	10.5	18	1.8	22	2.2	13	1.3
<1500	221	100.0	184	83.3	26	11.8	1	0.5	5	2.3	5	2.3
1500-2499	778	100.0	657	84.4	79	10.2	17	2.2	17	2.2	8	1.0
2500+	11,845	100.0	10,643	89.9	931	7.9	155	1.3	44	0.4	72	0.6
Unknown	2	100.0	1	50.0	0	0.0	0	0.0	0	0.0	1	50.0
35+ Years	6,476	100.0	5,781	89.3	524	8.1	96	1.5	40	0.6	35	0.5
<2500	586	100.0	493	84.1	61	10.4	7	1.2	15	2.6	10	1.7
<1500	113	100.0	94	83.2	13	11.5	1	0.9	1	0.9	4	3.5
1500-2499	473	100.0	399	84.4	48	10.1	6	1.3	14	3.0	6	1.3
2500+	5,887	100.0	5,288	89.8	462	7.8	89	1.5	25	0.4	23	0.4
Unknown	3	100.0	0	0.0	1	33.3	0	0.0	0	0.0	2	66.7

Source: Delaware Health Statistics Center

Table 10:

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

Number and Percent of Live Births by Marital Status of Mother, Birth Weight in Grams, and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category), Delaware, 1996–2000

Mother's Marital Status/Infant's Birth Wt.(g)	Total		First Trimester		Second Trimester		Third Trimester		No Care		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	33,133	100.0	29,647	89.5	2,726	8.2	463	1.4	87	0.3	210	0.6
<2500	2,272	100.0	2,009	88.4	190	8.4	20	0.9	22	1.0	31	1.4
<1500	463	100.0	414	89.4	32	6.9	0	0.0	7	1.5	10	2.2
1500-2499	1,809	100.0	1,595	88.2	158	8.7	20	1.1	15	0.8	21	1.2
2500+	30,848	100.0	27,637	89.6	2,533	8.2	442	1.4	64	0.2	172	0.6
Unknown	13	100.0	1	7.7	3	23.1	1	7.7	1	7.7	7	53.8
Single	19,552	100.0	14,113	72.2	3,990	20.4	851	4.4	409	2.1	189	1.0
<2500	2,262	100.0	1,575	69.6	453	20.0	78	3.4	114	5.0	42	1.9
<1500	519	100.0	375	72.3	81	15.6	4	0.8	38	7.3	21	4.0
1500-2499	1,743	100.0	1,200	68.8	372	21.3	74	4.2	76	4.4	21	1.2
2500+	17,287	100.0	12,538	72.5	3,537	20.5	773	4.5	295	1.7	144	0.8
Unknown	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0

Source: Delaware Health Statistics Center

Table 11:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births (<2500 grams)
U.S. and Delaware, 1983–2000

	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	6.8	6.8	6.9	6.9	7.0	7.0	7.1	7.1	7.2	7.2	7.3	7.4	7.5	7.5
Delaware	7.2	7.3	7.3	7.5	7.5	7.7	7.8	7.8	7.8	8.0	8.2	8.3	8.5	8.6
New Castle	7.3	7.3	7.4	7.5	7.6	7.8	8.0	8.0	8.2	8.3	8.5	8.6	8.8	8.8
Wilmington	N/A	N/A	N/A	N/A	12.1	12.2	12.4	12.5	12.2	12.1	12.2	12.3	12.6	13.1
Kent	7.0	7.0	7.1	7.1	7.1	7.3	7.2	7.0	7.3	7.2	7.5	7.6	8.1	8.1
Sussex	7.1	7.3	7.2	7.1	7.2	7.1	7.2	7.1	7.2	7.7	8.0	8.0	8.0	8.3

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

Table 12:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births (< 1500 grams)
U.S. and Delaware, 1983–2000

	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	1.2	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4
Delaware	1.5	1.6	1.6	1.6	1.7	1.7	1.7	1.6	1.6	1.6	1.7	1.7	1.8	1.9
New Castle	1.6	1.5	1.6	1.7	1.7	1.7	1.8	1.7	1.7	1.7	1.8	1.8	1.9	1.9
Wilmington	N/A	N/A	N/A	N/A	3.2	3.1	3.1	2.9	2.8	2.9	2.8	2.8	2.9	3.0
Kent	1.3	1.5	1.5	1.4	1.6	1.6	1.4	1.4	1.5	1.5	1.6	1.7	1.8	1.8
Sussex	1.6	1.7	1.5	1.4	1.5	1.5	1.3	1.2	1.4	1.4	1.5	1.6	1.6	1.7

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

Table 13:

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

Five-Year Average Percentage of Low Birth Weight Births by Age, Race and Hispanic Origin of Mother
U.S., Delaware and Counties, 1993–2000

Area/ Mother's Age	1993–1997				1994–1998				1995–1999				1996–2000			
	All	White	Black	Hisp.*												
U.S.	7.3	6.2	13.1	6.3	7.4	6.3	13.1	6.3	7.5	6.4	13.1	6.4	7.5	6.5	13.0	6.4
less than 20	9.4	7.9	13.3	7.7	9.5	8.0	13.3	7.7	9.5	8.1	13.4	7.7	9.6	8.1	13.6	7.7
20-24	7.3	6.2	12.0	5.8	7.4	6.2	12.0	5.9	7.4	6.3	12.0	5.9	7.5	6.4	12.0	6.0
25-29	6.5	5.5	12.6	5.5	6.5	5.6	12.4	5.5	6.6	5.7	12.3	5.5	6.6	5.8	12.2	5.5
30+	7.3	6.3	15.0	6.7	7.4	6.4	14.9	6.8	7.5	6.5	14.8	6.8	7.5	6.6	14.6	6.8
Delaware	8.2	6.5	13.5	7.2	8.3	6.6	13.6	7.4	8.5	6.8	14.0	7.4	8.6	6.8	14.1	7.2
less than 20	10.6	7.9	13.7	8.3	10.6	8.0	13.6	9.2	10.9	8.1	14.1	9.4	11.0	8.3	14.1	9.5
20-24	8.5	6.3	13.0	6.0	8.6	6.4	13.3	5.6	9.0	6.6	13.8	6.0	9.1	6.8	13.6	5.8
25-29	7.2	5.9	13.1	8.1	7.3	5.9	13.3	8.0	7.5	6.0	14.1	7.5	7.6	6.0	14.2	7.4
30+	7.9	6.8	14.5	7.1	8.0	6.9	14.5	8.2	8.2	7.0	14.4	8.2	8.2	7.0	14.7	7.6
New Castle	8.5	6.6	14.3	8.6	8.6	6.7	14.1	8.8	8.8	6.9	14.5	8.6	8.8	6.9	14.6	8.1
less than 20	11.2	8.4	13.9	9.9	11.2	8.6	13.7	10.5	11.4	8.3	14.3	10.0	11.3	8.3	14.2	9.7
20-24	9.4	6.8	14.1	7.4	9.6	6.8	14.4	7.4	10.0	7.1	14.7	7.2	10.0	7.3	14.7	7.0
25-29	7.4	5.7	14.3	9.8	7.5	5.8	13.9	9.3	7.7	6.0	14.3	8.7	7.8	6.1	14.5	8.8
30+	8.0	6.8	15.2	7.5	8.1	7.0	14.5	8.6	8.3	7.2	14.7	9.3	8.2	7.0	15.1	7.5
Wilmington	12.2	6.7	15.3	8.1	12.3	7.8	14.9	9.4	12.6	7.9	15.2	9.7	13.1	8.3	15.8	9.2
less than 20	13.2	9.1	15.2	10.5	13.5	10.2	17.3	11.4	14.3	11.2	19.1	11.3	14.4	10.1	23.8	9.9
20-24	12.6	6.7	14.7	7.0	12.7	7.8	14.5	7.5	13.5	8.3	15.4	7.6	13.4	9.5	14.8	8.2
25-29	11.7	6.0	16.0	8.6	12.2	7.0	15.9	9.3	12.2	7.3	15.9	9.7	13.5	8.7	17.2	9.2
30+	11.1	6.3	16.8	5.2	11.0	7.4	15.0	9.9	10.5	7.1	13.2	11.5	11.1	6.9	15.6	10.0
Kent	7.5	5.9	12.4	5.4	7.6	5.9	13.5	5.8	8.1	6.1	14.1	6.9	8.1	6.3	13.7	7.3
less than 20	9.0	6.3	13.2	6.3	8.8	5.8	13.6	5.9	9.7	6.6	14.4	9.0	9.8	7.6	13.4	9.5
20-24	7.3	5.6	12.0	4.8	7.7	5.8	12.8	4.6	8.0	6.0	12.9	5.4	8.1	6.3	12.6	6.4
25-29	6.8	6.1	10.6	5.6	7.0	5.9	13.0	6.8	7.4	5.9	14.4	5.4	7.1	5.6	13.9	5.3
30+	7.5	5.9	14.1	5.7	7.6	5.9	15.3	7.4	8.0	6.3	15.4	9.8	8.2	6.4	15.8	10.6
Sussex	8.0	6.8	11.6	4.9	8.0	6.8	11.8	5.1	8.0	6.9	12.2	5.1	8.3	7.0	12.4	5.2
less than 20	10.8	8.4	13.6	4.4	10.6	8.5	13.2	7.1	10.7	9.1	13.1	7.7	11.1	8.9	14.2	8.7
20-24	7.5	6.0	10.7	4.3	7.3	6.0	10.4	3.4	7.6	6.1	11.7	4.2	7.7	6.3	11.3	3.4
25-29	7.0	6.4	10.4	5.2	6.9	6.1	11.0	5.6	7.1	6.3	12.3	5.7	7.3	6.2	12.8	5.1
30+	7.8	7.2	11.3	6.7	8.1	7.4	13.3	7.5	7.6	7.1	11.3	4.3	8.0	7.7	11.0	6.9

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Source: Delaware Health Statistics Center

Table 14:

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

Five-Year Average Percentage of Very Low Birth Weight Births
by Age, Race and Hispanic Origin of Mother
U.S., Delaware and Counties, 1993–2000

Area/ Mother's Age	1993–1997				1994–1998				1995–1999				1996–2000			
	All	White	Black	Hisp.*												
U.S.	1.4	1.1	3.0	1.1	1.4	1.1	3.0	1.1	1.4	1.1	3.1	1.1	1.4	1.1	3.1	1.1
Less than 20	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3	1.8	1.4	2.9	1.3
20-24	1.3	1.0	2.7	0.9	1.3	1.0	2.7	0.9	1.4	1.0	2.7	1.0	1.4	1.1	2.7	1.0
25-29	1.2	0.9	3.0	1.0	1.2	0.9	3.0	1.0	1.2	1.0	3.1	1.0	1.3	1.0	3.1	1.0
30+	1.3	1.1	3.6	1.3	1.4	1.1	3.7	1.4	1.4	1.2	3.7	1.4	1.5	1.2	3.7	1.4
Delaware	1.7	1.2	3.3	1.3	1.7	1.2	3.3	1.3	1.8	1.3	3.5	1.5	1.9	1.3	3.6	1.5
Less than 20	2.2	1.4	3.1	0.9	2.2	1.3	3.1	0.8	2.3	1.5	3.3	1.3	2.4	1.7	3.2	2.0
20-24	1.8	1.2	3.2	1.2	1.9	1.3	3.2	1.1	2.0	1.4	3.5	1.4	2.1	1.4	3.6	1.4
25-29	1.5	1.1	3.3	1.7	1.6	1.2	3.3	1.6	1.6	1.2	3.6	1.7	1.6	1.1	3.6	1.3
30+	1.6	1.2	3.8	1.6	1.6	1.2	3.6	1.6	1.6	1.3	3.7	1.7	1.7	1.3	3.9	1.6
New Castle	1.8	1.2	3.6	1.7	1.8	1.2	3.5	1.6	1.9	1.3	3.7	1.9	1.9	1.3	3.8	1.9
Less than 20	2.2	1.3	3.0	1.0	2.1	1.2	3.0	1.0	2.4	1.4	3.3	1.7	2.5	1.7	3.2	2.7
20-24	2.0	1.2	3.6	1.6	2.2	1.3	3.8	1.5	2.4	1.5	4.0	1.6	2.5	1.5	4.1	1.5
25-29	1.6	1.1	3.8	2.1	1.7	1.2	3.6	1.8	1.7	1.2	3.8	2.1	1.6	1.1	3.8	1.7
30+	1.6	1.3	4.2	2.1	1.5	1.2	3.7	2.1	1.6	1.3	3.7	2.3	1.7	1.3	3.9	1.8
Wilmington	2.8	1.5	3.6	1.9	2.8	1.8	3.4	1.8	2.9	1.9	3.5	2.3	3.0	2.1	3.6	2.3
Less than 20	2.7	1.2	3.8	1.5	2.8	1.4	1.2	1.6	3.2	1.8	2.9	2.1	3.2	2.4	4.8	3.0
20-24	2.9	1.7	3.5	1.8	2.9	2.2	3.2	2.1	3.3	2.4	3.7	2.3	3.5	2.9	3.8	2.2
25-29	2.6	1.4	3.7	3.3	2.7	1.5	3.7	2.3	2.7	1.5	3.6	3.2	2.6	1.5	3.5	2.6
30+	2.9	1.6	3.9	1.0	2.8	1.9	4.1	0.9	2.4	1.8	3.8	1.5	2.6	1.9	4.4	1.3
Kent	1.6	1.2	2.9	1.0	1.7	1.3	3.0	1.2	1.8	1.2	3.5	1.1	1.8	1.3	3.6	1.0
Less than 20	2.0	2.0	2.1	1.6	2.1	2.0	2.2	1.5	1.9	1.8	2.1	1.5	1.9	1.6	2.3	0.0
20-24	1.6	1.1	3.1	1.6	1.6	1.1	2.9	1.5	1.6	0.9	3.5	1.6	1.7	1.0	3.6	2.1
25-29	1.5	1.3	2.0	0.0	1.5	1.3	2.5	1.4	1.7	1.2	3.4	1.1	1.6	1.3	3.2	0.9
30+	1.7	1.1	4.4	0.0	1.8	1.1	4.8	0.0	2.0	1.2	5.1	0.0	2.1	1.3	5.4	0.0
Sussex	1.5	1.1	2.5	0.7	1.6	1.3	2.7	0.7	1.6	1.4	2.6	0.8	1.7	1.4	2.6	0.9
Less than 20	2.7	1.1	3.8	0.0	2.5	1.2	4.1	0.0	2.6	1.6	4.1	0.0	2.6	1.7	3.9	0.7
20-24	1.5	1.2	2.0	0.5	1.5	1.5	1.7	0.5	1.6	1.6	1.8	0.9	1.6	1.6	1.6	0.9
25-29	1.0	1.0	2.8	1.4	1.3	1.0	2.9	1.2	1.3	1.0	2.8	1.0	1.4	1.0	3.4	0.6
30+	1.2	1.2	0.9	0.8	1.5	1.5	1.4	0.8	1.4	1.4	1.5	0.7	1.5	1.4	1.4	1.7

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

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

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, 1993–2000

Area/ Mother's Race	1993–1997			1994–1998			1995–1999			1996–2000		
	Infant	Neo- natal	Post- neonatal									
U.S.	7.7	5.0	2.7	7.5	4.9	2.6	7.3	4.8	2.5	7.1	4.7	2.4
White	6.4	4.1	2.3	6.2	4.0	2.1	6.0	4.0	2.0	5.9	3.9	2.0
Black	15.3	9.9	5.4	14.8	9.7	5.1	14.6	9.6	5.0	14.3	9.5	4.8
Delaware	7.8	5.3	2.5	7.9	5.4	2.6	8.1	5.5	2.6	8.4	5.9	2.5
White	5.6	3.7	1.9	5.9	3.7	2.2	5.7	3.5	2.2	6.2	4.0	2.2
Black	14.7	10.4	4.3	14.4	10.6	3.8	15.8	11.9	3.9	15.9	12.1	3.8

* Based on National Center for Health Statistics estimate

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

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

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

Table 16:

Infant Mortality Rates by Race and Hispanic Origin

Five-Year Average Infant Mortality Rates by Race and Hispanic Origin
U.S., Delaware, Counties and City of Wilmington, 1983–2000

Area/Race- Hispanic Origin	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	10.6	10.4	10.2	9.9	9.6	9.3	9.0	8.6	8.3	8.0	7.7	7.5	7.3	7.1
White	9.2	9.0	8.7	8.3	8.0	7.7	7.3	7.0	6.8	6.5	6.4	6.2	6.0	5.9
Black	18.3	18.0	18.1	18.0	17.9	17.7	17.5	17.0	16.4	15.8	15.3	14.8	14.6	14.3
Delaware	11.8	12.1	12.3	11.3	11.5	10.9	10.4	9.3	8.9	7.9	7.8	7.9	8.1	8.4
White	9.3	9.6	9.9	8.9	8.9	8.2	7.5	6.6	6.4	5.6	5.6	5.9	5.7	6.2
Black	19.9	20.6	20.7	19.6	20.0	19.8	19.9	18.2	17.0	15.7	14.7	14.4	15.8	15.9
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	9.8	7.4	7.4	6.0	5.9	4.4	4.8	5.8
New Castle	12.6	12.4	12.5	11.2	11.3	10.8	10.7	9.5	9.0	7.8	7.3	7.3	7.9	8.5
White	9.6	9.5	9.6	8.4	8.6	7.9	7.5	6.5	6.3	5.0	4.9	4.8	4.9	5.6
Black	23.4	23.2	23.1	21.1	20.8	20.8	21.7	19.8	18.3	17.5	15.3	15.1	17.4	17.7
Wilmington	N/A	N/A	N/A	20.9	20.4	19.6	19.5	18.0	16.6	15.2	13.6	12.8	13.7	14.4
White	N/A	N/A	N/A	16.2	14.1	12.3	11.2	9.7	10.1	6.2	6.4	5.6	6.2	7.0
Black	N/A	N/A	N/A	23.8	24.2	23.8	24.3	22.8	20.4	20.5	17.8	16.8	18.0	18.7
Balance of NC Co.	N/A	N/A	N/A	8.6	9.0	8.6	8.5	7.5	7.2	6.1	5.9	6.0	6.7	7.2
White	N/A	N/A	N/A	7.6	8.1	7.4	7.1	6.2	5.9	4.8	4.8	4.7	4.8	5.4
Black	N/A	N/A	N/A	17.3	16.4	17.1	18.5	16.3	16.0	14.4	12.9	13.6	16.8	16.8
Kent	9.7	11.3	11.1	11.2	11.3	11.3	9.7	9.6	8.6	8.6	8.2	9.0	8.4	8.6
White	9.3	10.5	9.9	9.4	9.0	8.8	7.3	7.3	6.5	6.8	5.9	7.1	6.3	7.0
Black	11.3	14.4	15.6	17.7	19.0	19.9	17.9	17.6	15.5	15.1	16.5	15.9	15.7	14.3
Sussex	11.0	11.8	12.8	12.2	12.2	10.7	9.7	8.3	8.7	7.9	9.0	9.4	8.5	8.1
White	8.2	9.1	10.8	10.5	10.1	8.8	7.8	6.2	6.8	6.8	8.0	8.9	8.0	7.5
Black	17.8	18.5	18.0	16.8	18.0	16.1	15.3	13.7	13.9	10.4	11.1	10.4	9.9	10.4

Mortality Rates are deaths per 1,000 live births

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

Hispanic data is not available before the 1989-1993 time period.

Note: All rates for Hispanic are based on fewer than 20 deaths during the period and should be interpreted with caution.

** Wilmington data is not available before the 1986-1990 time period.

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

Table 17:

Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor (Live Birth Cohort)
Delaware, 1996–2000

Risk Factor	All Races	White	Black
Birth Weight			
<1500 grams	270.9	231.5	312.1
<2500 grams	69.5	55.9	88.2
2500+ grams	2.4	2.3	2.8
Age of Mother			
<20	11.0	8.6	13.8
20-24	10.6	7.0	18.1
25-29	6.0	4.8	11.6
30+	7.2	5.7	14.9
Trimester Care First Received			
No prenatal care	30.2	28.3	33.0
First	7.7	5.8	14.6
Second	7.3	5.3	11.4
Third	9.9	6.7	11.6
Marital Status of Mother			
Married	6.0	5.2	11.5
Single	11.9	8.1	16.2
Education of Mother			
<12 years	10.9	8.9	14.9
High School diploma	10.0	7.3	16.1
1+ years of college	5.5	4.1	13.5
Interval Since Last Live Birth			
<18 months	8.4	6.9	12.1
18+ months	6.2	5.1	9.7

Source: Delaware Health Statistics Center

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, Total Number 1996–2000

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	431	100%	228	100%	190	100%	13	100%
Birth Defects	63	15%	45	20%	16	8%	2	15%
Certain Conditions Originating in the Perinatal Period	246	57%	112	49%	127	67%	7	54%
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	95	22%	42	18%	50	26%	3	23%
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	45	10%	27	12%	17	9%	1	8%
Infectious and Parasitic Diseases	19	4%	9	4%	8	4%	2	15%
Unintentional Injuries	8	2%	7	3%	1	1%	0	0%
Homicide	2	0%	1	0%	1	1%	0	0%
Diseases of the Respiratory System	8	2%	2	1%	6	3%	0	0%
All Other Causes	40	9%	25	11%	14	7%	1	8%

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

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

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

Source: Delaware Health Statistics Center

Table 19:

Infant Mortality Rates by Gestation

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Gestation Weeks
Delaware, 1989–2000

Gestation Weeks	Year of Birth							
	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
Delaware All <28 weeks	499.1	493.1	467.6	428.6	419.6	422.4	433.7	452.1
28–36 weeks	24.3	22.7	20.0	18.4	16.3	14.5	13.1	13.3
37+ weeks	3.0	2.6	2.7	2.3	2.4	2.6	2.6	2.5

Source: Delaware Health Statistics Center

Table 20:

Infant Mortality Rates by Source of Payment

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Source of Payment for Delivery
Delaware, 1991–2000

Source of Payment	Year of Birth						
	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	
Delaware All Medicaid	11.4	9.9	9.8	10.2	10.8	9.8	
Private	6.1	5.4	5.2	5.5	5.6	6.5	
Self Pay	23.7	23.4	25.8	25.0	25.5	26.0	

Source: Delaware Health Statistics Center

Table 21:

Infant Mortality Rates by Prenatal Care

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Trimester Prenatal Care Began
Delaware, 1989–2000

Trimester Care Began	Year of Birth							
	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
Delaware All No Care	53.2	50.1	55.9	57.7	56.2	49.1	40.2	30.2
First	9.1	8.0	7.4	6.7	6.5	6.9	7.3	7.7
Second	10.1	9.6	9.4	7.6	8.2	8.5	8.4	7.3
Third	12.5	9.2	11.6	5.8	8.9	9.5	10.8	9.9

Source: Delaware Health Statistics Center

Table 22:

Infant Mortality Rates by Single or Multiple Birth

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Single or Multiple Birth
Delaware, 1989–2000

Single vs. Multiple		Year of Birth							
		1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
Delaware All	Single	9.1	8.2	7.7	7.0	6.7	6.7	6.8	6.9
	Multiple	52.8	45.6	43.1	30.0	33.5	39.3	41.6	45.4

Source: Delaware Health Statistics Center

Table 23:

Infant Mortality Rates by Mothers' Smoking

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Smoking during Pregnancy
Delaware, 1989–2000

Smoking during Pregnancy		Year of Birth							
		1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
Delaware All	Yes	13.4	13.3	12.1	10.3	9.2	10.6	10.6	11.3
	No	9.2	8.1	7.8	7.0	7.1	7.1	7.4	7.6

Source: Delaware Health Statistics Center

Table 24:

Children without Health Insurance

Three-Year Average Percentage of Children Not Covered by Health Insurance
U.S. and Delaware, Three-Year Moving Average, 1985–2002

	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00-02
U.S.	15.7	15.3	14.4	13.6	13.1	13.0	12.7	12.9	13.4	13.9	14.3	14.5	15.1	14.8	13.6	12.4
Delaware	15.1	14.9	11.6	11.8	11.4	13.4	10.7	10.8	10.2	12.1	12.4	13.7	14.9	12.8	10.5	7.5

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

Table 25:

Child Immunizations

Percent of Children Age 19–35 Months Who Are Fully Immunized
U.S. and Delaware, 1995–2001

	1995	1996	1997	1998	1999	2000	2001
U.S.	76.0	78.0	78.0	80.6	79.9	77.6	78.6
Delaware	75.0	81.0	81.0	80.6	80.0	76.2	81.0

Source: Centers For Disease Control and Prevention

Table 26:

Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges for Children 0–17 Years of Age by Health Insurance Status
Discharge Rates per 1,000 Children 0–17
Re-Admission Rates per 100 Children 0–17 Previously Admitted in the Same Year
Delaware, 1994–2000

		1994	1995	1996	1997	1998	1999	2000
Children Discharged	Delaware	435	569	485	513	420	575	454
	Medicaid	224	276	268	311	204	281	207
	Non-Medicaid	211	293	217	202	216	294	247
Readmissions	Delaware	87	107	77	79	69	81	65
	Medicaid	60	73	59	57	38	38	40
	Non-Medicaid	27	34	18	22	31	43	25
Total Discharges	Delaware	522	676	562	592	489	656	519
	Medicaid	284	349	327	368	242	319	247
	Non-Medicaid	238	327	235	224	247	337	272
Discharge Rate	Delaware	2.9	3.7	3.0	3.1	2.6	3.4	2.7
	Medicaid	7.1+	8.5+	7.6+	8.5+	5.7+	7.0+	5.2+
	Non-Medicaid	1.7	2.3	1.6	1.5	1.7	2.3	1.9
Readmission Rate	Delaware	20.0	18.8	15.9	15.4	16.4	14.1	14.3
	Medicaid	26.8+	26.4+	22.0+	18.3	18.6	13.5	19.3
	Non-Medicaid	12.8	11.6	8.3	10.9	14.4	14.6	10.1

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

Source: Delaware Health Statistics Center

Table 27:

Hospitalizations for Childhood Asthma by Race

Inpatient Asthma Discharge Rates for Children 0-17 Years of Age by Race and Health Insurance Status
 Discharge Rates per 1,000 Children 0-17
 Readmission Rates per 100 Children 0-17 Previously Admitted in the Same Year
 Delaware, 1994-2000

		1994	1995	1996	1997	1998	1999	2000
Discharge Rate	Delaware	2.9	3.7	3.0	3.1	2.6	3.4	2.7
	White	1.8	2.1	1.8	1.8	1.4	2.1	1.5
	Black	4.9	6.9	5.5	5.8	4.6	5.9	5.0
	Medicaid	7.1 ⁺	8.5 ⁺	7.6 ⁺	8.5 ⁺	5.7 ⁺	7.0 ⁺	5.2 ⁺
	White	7.0 ⁺	6.5 ⁺	6.8 ⁺	8.2 ⁺	4.1 ⁺	6.4 ⁺	4.1 ⁺
	Black	6.9 ⁺	9.4 ⁺	8.2 ⁺	8.9 ⁺	6.8 ⁺	7.9 ⁺	6.4 ⁺
	Non-Medicaid	1.7	2.3	1.6	1.5	1.7	2.3	1.9
	White	1.2	1.6	1.2	1.0	1.1	1.5	1.1
	Black	2.9	4.6	2.9	3.0	2.8	4.1	3.7
Readmission Rate	Delaware	20.0	18.8	15.9	15.4	16.4	14.1	14.3
	White	21.3	16.0	16.1	12.8	14.8	11.0	11.5
	Black	19.4	22.3	14.6	18.7	17.0	16.5	19.0
	Medicaid	26.8 ⁺	26.4 ⁺	22.0 ⁺	18.3	18.6	13.5	19.3
	White	33.8 ⁺	27.2 ⁺	22.2	18.0	16.4	12.9	22.8
	Black	22.9	27.8	19.5 ⁺	19.0	20.3	13.8	19.8
	Non-Medicaid	12.8	11.6	8.3	10.9	14.4	14.6	10.1
	White	13.7	11.0	12.0	8.1	14.2	10.0	6.7
	Black	12.3	12.9	3.1	17.7	10.8	21.6	17.9

Note: + Indicates that the Medicaid rate is statistically higher than the Non-Medicaid rate
 Source: Delaware Health Statistics Center

Table 28:

Lead Poisoning

Percent of Children under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
 Delaware and U.S., Fiscal Years 1994-2002

	1994	1995	1996	1997	1998	1999	2000	2001	2002
# Tested	7,998	8,959	9,848	9,243	9,117	9,958	10,845	14,001	14,164
# Identified	247	208	166	121	140	64	51	48	42
Delaware (%)	3.1	2.3	1.7	1.3	1.5	0.6	0.5	0.3	0.3
U.S. (%)	N/A	1.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A

U.S. data only available for 1995

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

Table 29:

Child Death Rates

Five-Year Average Death Rates per 100,000 Children 1–14 Years of Age
U.S. and Delaware, 1983–2000

	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	34.3	33.9	33.6	33.0	32.3	31.3	30.5	29.7	29.1	28.3	27.5	26.4	25.4	24.2
Delaware	37.8	35.3	35.3	34.3	32.0	30.0	29.5	25.9	23.6	22.3	22.3	21.2	21.7	22.1

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

Table 30:

Causes of Deaths of Children by Age

Leading Causes of Deaths of Children 1–19 Years Old, by Age, Delaware, 1996–2000

Age	Cause of Death	Number of Deaths	Percent
1–4 Years	Unintentional injuries*	27	39.1
	Diseases of the heart	7	10.1
	Congenital anomalies	7	10.1
	Malignant neoplasms	5	7.2
	Homicide	5	7.2
	Cerebrovascular Diseases	2	2.9
	All other causes	16	23.2
	Total	69	100.0
5–14 Years	Unintentional injuries*	44	45.4
	Malignant neoplasms	16	16.5
	Suicide	5	5.2
	Diseases of the heart	4	4.1
	Influenza and pneumonia	3	3.1
	Chronic lower respiratory disease	3	3.1
	Homicide	1	1.0
	All other causes	21	21.8
Total	97	100.0	
15–19 Years	Unintentional injuries*	106	62.7
	Suicide	17	10.1
	Homicide	14	8.3
	Malignant neoplasms	8	4.7
	Diseases of the heart	2	1.2
	Congenital anomalies	2	1.2
	All other causes	20	11.9
	Total	169	100.0

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

Table 31:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide
per 100,000 Teens 15–19 Years of Age
U.S. and Delaware, 1983–2000

	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	63.8	65.2	66.4	68.1	68.7	68.9	69.0	69.1	68.0	66.1	64.3	61.4	56.0	53.2
Delaware	43.5	50.4	50.1	52.2	47.8	48.1	43.8	45.4	45.2	46.3	50.8	52.0	50.2	51.8

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

Table 32:

Traffic Arrests of Teens Involved in Crashes

Number of Arrests for Teens Involved in Crashes by Violation, 1992–2001

Title 21	Violation Description	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
2118	No insurance	39	31	41	47	47	54	66	80	65	51
4107	Disobey traffic control device	60	48	93	100	117	134	138	125	72	28
4122	Unsafe lane change	45	49	43	53	63	76	87	115	81	85
4123	Following too closely	172	198	180	191	217	240	315	310	281	329
4132	Unsafe left turn	105	97	118	120	100	128	177	175	147	145
4133	Entering roadway unsafely	72	50	40	42	54	64	73	73	54	66
4164a&b	Stop sign violations	136	130	145	188	181	199	189	187	175	167
4168	Unsafe speed	157	142	143	212	172	215	211	190	223	231
4176a	Careless driving	333	307	341	378	506	459	454	377	379	365
4176b	Inattentive driving	456	431	484	580	626	716	831	842	758	779
4177	Driving under the influence	35	37	25	43	34	73	68	85	90	99
	Other traffic arrests	287	283	350	386	368	411	429	380	363	438
	Total Traffic Arrests	1,897	1,803	2,003	2,340	2,485	2,769	3,038	2,939	2,688	2,783

Source: Delaware State Police

Table 33:

Sexually Transmitted Diseases

Number and Percent of Teens Ages 15–19 with Gonorrhea and Primary or Secondary Syphilis and Chlamydia*, Delaware, 1991–2001

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Gonorrhea Cases	850	549	460	769	771	523	452	528	478	592	594
Primary or Secondary Syphilis Cases	20	7	6	2	1	2	0	2	1	4	0
Chlamydia*	N/A	1,237	1,211	1,301	1,213						
Total†	870	556	466	771	772	525	452	1,689	1,690	1,897	1,807
Est. Population 15-19 yrs.	46,100	45,768	45,453	45,159	44,886	45,943	47,029	48,145	49,291	55,816	55,094
Delaware (%)	1.9	1.2	1.0	1.7	1.7	1.1	1.0	3.5	3.4	3.4	3.3

Note: No reliable U.S. data are available.

* The figures for chlamydia are only available for 1998 and 1999.

† The increased totals after 1997 reflect the inclusion of the chlamydia figures.

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

Table 34:

8th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 8th Graders Using Substances (Cigarettes, Alcohol, Marijuana) over a 30 Day Period by Gender, Delaware and Counties, 2002

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	12	24	14
Male	11	22	15
Female	14	26	12
New Castle	12	23	15
Male	12	22	16
Female	13	25	14
Kent	12	25	10
Male	12	25	13
Female	12	26	7
Sussex	13	25	13
Male	10	22	13
Female	17	28	12

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

Table 35:

11th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 11th Graders Using Substances (Cigarettes, Alcohol, Marijuana) over a 30 Day Period by Gender, Delaware and Counties, 2002

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	20	43	25
Male	20	45	27
Female	21	41	22
New Castle	19	41	25
Male	20	44	28
Female	19	39	21
Kent	20	43	21
Male	19	43	23
Female	21	42	19
Sussex	24	49	28
Male	22	52	29
Female	25	47	26

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

Table 36:

Free and Reduced-Price Lunches

Average Number of Free and Reduced-Price Lunches Served Daily and Percent to Total Enrollment
Delaware and Counties, 1996/97 – 1999/00 School Years

		1996-1997 Number/%	1997-1998 Number/%	1998-1999 Number/%	1999-2000 Number/%
Delaware	Enrollment	110,245	112,026	113,082	114,195
	Free	32,208	33,834	38,096	30,593
	Reduced	6,088	6,955	6,936	6,927
	Percent Free and Reduced	34.7%	36.4%	33.8%	32.9%
New Castle	Enrollment	64,609	66,154	66,831	66,307
	Free	17,720	19,416	21,190	17,553
	Reduced	3,223	3,657	3,593	3,663
	Percent Free and Reduced	32.4%	34.9%	31.9%	32.0%
Kent	Enrollment	27,749	24,835	25,005	24,817
	Free	7,056	7,024	8,328	6,318
	Reduced	1,640	1,853	1,712	1,667
	Percent Free and Reduced	35.1%	35.7%	33.7%	32.2%
Sussex	Enrollment	20,887	21,037	21,246	27,812
	Free	7,432	7,394	8,578	6,567
	Reduced	1,225	1,445	1,568	1,554
	Percent Free and Reduced	41.4%	42.0%	40.2%	37.2%
Charter	Enrollment				1,259
	Free				155
	Reduced				43
	Percent Free and Reduced				15.7%

Source: Delaware Department of Education

Table 37:

Dropouts

Delaware Dropouts by Gender, Race/Ethnicity, and Age Summary Statistics for Public School Students Grades 9–12, 2000–2001

		Annual Dropout Rate (%)	Percentage of All Dropouts (%)
Total		4.2	100.0
Gender	Male	4.8	58.6
	Female	3.5	41.4
Race/Ethnicity	American Indian/Alaska Native	2.4	0.1
	African American	5.3	36.2
	Asian/Pacific Islander	2.2	1.3
	Hispanic	7.4	7.6
	White	3.6	54.8
Age	Less than 15	0.4	2.8
	Age 15	0.7	4.6
	Age 16	5.8	33.3
	17+	10.8	59.3

Source: Delaware Department of Education

Table 38:

Dropouts and Enrollment by Race/Ethnicity

Delaware Dropouts and Student Enrollment by Race, Public School Students Grades 9–12 Delaware and Counties, 2000–2001 School Year

Area	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,792	1,452	22,700	33,944	516	108	796	1,420
New Castle	6,190	1,045	12,623	19,858	337	82	426	845
Kent	1,879	206	5,156	7,241	76	11	158	245
Sussex	1,723	201	4,921	6,845	103	15	212	330

Source: Delaware Department of Education

Table 39:

Dropout Rate and Percentage by Race/Ethnicity

Dropout Rate and Percentage of all Dropouts by Race, Public School Students
Delaware and Counties, 2000–2001 School Year

County	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.3	7.4	3.5	4.2	36.3	7.6	56.1	100.0
New Castle	5.4	7.8	3.4	4.3	23.7	5.8	30.0	59.5
Kent	4.0	5.3	3.1	3.4	5.4	0.8	11.1	17.3
Sussex	6.0	7.5	4.3	4.8	7.3	1.1	14.9	23.2

Source: Delaware Department of Education

Table 40:

Dropouts and Enrollment by Race/Ethnicity and Gender

Student Enrollment and Delaware Dropouts by Race and Gender, Grades 9–12
Public School Students in Delaware, 2000–2001 School Year

Gender	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,792	1,452	22,700	33,944	516	108	796	1,420
Male	4,861	727	11,706	17,294	288	62	481	831
Female	4,931	725	10,994	16,650	228	46	315	589

Source: Delaware Department of Education

Table 41:

Dropout Rate and Percentage by Race/Ethnicity and Gender

Dropout Rate and Percentage of all Dropouts by Race and Gender, Grades 9–12
Public School Students in Delaware, 2000–2001 School Year

Gender	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.3	7.4	3.5	4.2	36.3	7.6	56.1	100.0
Male	5.9	8.5	4.1	4.8	20.3	4.4	33.9	58.5
Female	4.6	6.3	2.9	3.5	16.1	3.2	22.2	41.5

Source: Delaware Department of Education

Table 42:

Dropout Rate by Race/Ethnicity

Dropout Rate by Race/Ethnicity, Grades 9–12, Delaware, 1988–2001

Race/Ethnicity	1988- 1989	1989- 1990	1990- 1991	1991- 1992	1992- 1993	1993- 1994	1994- 1995	1995- 1996	1996- 1997	1997- 1998	1998- 1999	1999- 2000	2000- 2001
Black	10.2	10.0	7.9	6.2	5.8	6.8	5.8	5.3	6.1	6.4	5.2	5.6	5.3
Hispanic	14.2	11.9	8.8	7.9	5.1	6.7	7.5	8.3	7.3	8.2	6.9	7.2	7.4
White	6.2	5.4	4.9	3.0	3.6	3.8	4.0	4.0	3.7	3.8	3.4	3.4	3.6
All	7.3	6.6	5.7	4.0	4.2	4.6	4.6	4.5	4.5	4.7	4.1	4.2	4.2

Source: Delaware Source: Delaware Department of Education

Table 43:

Teens Not in School and Not in the Labor Force

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

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

* Persons of Hispanic Origin can be of any race.
Source: U.S. Bureau of the Census

Table 44:

Teens Not Graduated and Not Working

Three-Year Average Percentage of Persons (16–19 Yrs.) Not Graduated and Not Employed
U.S. and Delaware, 1988–2002

	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002
U.S.	9.3	9.4	9.6	9.8	9.6	9.2	9.1	9.0	8.6	8.3	7.9	8.0	8.0
Delaware	10.3	9.0	7.4	10.8	9.6	9.8	4.9	6.9	7.1	7.8	9.8	11.0	10.2

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

Table 45:

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, 1983–2000

Area/Race	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
U.S.	50.7	51.0	52.4	54.2	56.5	58.5	59.8	60.1	59.3	57.7	56.0	54.4	52.6	51.0
White	42.2	42.2	43.3	45.0	47.2	49.2	50.8	51.4	51.2	50.2	49.0	47.9	46.7	45.5
Black	97.9	100.2	103.2	106.2	109.5	111.7	112.0	110.5	106.9	101.6	96.8	92.2	87.7	84.5
Delaware	48.5	48.7	50.7	51.9	54.0	55.3	56.2	56.5	56.5	55.3	54.3	53.2	52.0	50.7
White	33.5	33.8	34.9	35.6	36.7	37.6	38.5	39.1	39.9	39.5	39.5	38.8	38.4	37.7
Black	110.3	109.0	114.3	116.5	121.9	124.4	124.6	123.0	119.4	113.7	108.2	104.0	98.8	94.9
New Castle	41.0	41.5	43.1	44.5	46.2	47.6	48.1	48.1	48.2	47.7	46.1	45.8	44.9	44.1
White	27.0	27.6	28.0	28.5	29.3	30.2	30.9	31.6	32.5	32.6	31.3	30.9	30.4	29.9
Black	106.8	105.9	112.3	116.2	121.1	123.7	122.0	117.6	113.1	108.9	105.3	104.2	100.9	98.5
Wilmington	N/A	N/A	N/A	N/A	135.9	139.0	139.2	134.0	129.9	126.7	125.5	121.8	119.3	118.5
White	N/A	N/A	N/A	N/A	119.5	113.4	112.3	104.5	98.6	101.4	101.2	94.5	93.9	100.6
Black	N/A	N/A	N/A	N/A	157.4	165.1	166.8	162.4	158.3	151.7	149.4	145.4	141.4	138.2
Kent	60.0	58.1	61.3	62.1	64.3	64.9	66.9	67.1	66.6	64.1	61.2	57.8	56.7	55.2
White	53.6	50.9	52.6	52.1	52.8	53.4	54.7	54.6	53.7	53.1	52.1	50.6	50.5	50.6
Black	82.0	81.5	88.6	92.2	98.1	98.1	102.7	103.9	102.2	92.3	83.3	73.9	70.2	66.4
Sussex	70.3	71.4	73.9	74.4	78.1	79.3	80.1	81.1	81.6	79.2	83.0	80.9	77.8	73.8
White	43.1	45.5	49.1	51.5	54.7	55.1	56.2	56.4	57.8	56.2	63.3	62.5	61.4	58.4
Black	157.5	155.0	155.8	150.9	157.2	161.4	161.8	166.4	164.5	159.3	153.9	147.1	134.0	124.5

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

Table 46:

Teen Birth Rates (15-17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15-17
U.S., Delaware, and Counties, 1983-2000

Area/Race	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
U.S.	31.2	31.6	32.6	33.8	35.5	36.7	37.6	37.8	37.5	36.5	35.3	33.8	32.1	30.4
Delaware	32.9	33.5	35.8	37.1	38.2	40.0	40.5	41.6	41.8	41.4	39.5	38.0	35.8	33.8
New Castle	30.7	31.0	33.1	34.3	35.7	37.3	37.6	38.3	38.8	38.5	36.2	34.9	33.3	31.8
Kent	34.5	35.7	39.8	41.0	40.7	40.5	41.8	42.1	41.1	41.1	38.0	35.4	33.4	31.8
Sussex	39.7	40.7	42.1	43.7	45.3	49.3	49.7	53.6	53.9	52.8	54.0	52.9	48.0	43.2

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

Table 47:

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

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10-14 by Race
U.S., Delaware, and Counties, 1983-2000

Area/Race	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
U.S.	1.2	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.2	1.1	1.0
White	0.6	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7
Black	4.5	4.7	4.8	4.9	4.9	4.9	4.8	4.7	4.6	4.3	4.0	3.7	3.3	2.9
Delaware	1.8	1.8	1.8	1.9	2.0	2.1	2.1	2.2	2.2	2.2	2.0	1.9	1.7	1.5
White	0.6	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.7
Black	5.9	5.8	5.6	5.9	6.1	6.5	6.3	6.7	6.5	6.3	5.6	5.5	4.5	3.9
New Castle	11.7	1.7	1.6	1.7	1.9	2.0	2.0	2.1	2.1	2.1	1.8	1.8	1.6	1.4
White	0.5	0.6	0.6	0.6	0.7	0.7	0.8	0.7	0.7	0.7	0.6	0.6	0.6	0.5
Black	6.1	5.7	5.2	5.6	5.9	6.4	6.2	6.7	6.6	6.5	5.6	5.5	4.4	3.9
Wilmington	N/A	N/A	N/A	N/A	6.0	6.5	6.7	7.3	7.5	7.5	6.8	6.9	5.9	5.4
White	N/A	N/A	N/A	N/A	5.1	4.4	4.7	3.6	2.4	1.4	1.4	1.4	1.8	1.8
Black	N/A	N/A	N/A	N/A	7.0	7.8	8.0	9.3	10.0	10.3	9.3	9.4	7.8	7.0
Kent	1.5	1.4	1.4	1.7	1.9	1.8	1.8	1.9	1.7	1.7	1.5	1.5	1.6	1.5
White	0.5	0.4	0.5	0.8	0.8	0.8	0.9	0.9	0.8	1.1	1.0	0.9	0.9	0.9
Black	5.0	5.1	4.7	4.9	5.7	5.0	4.7	4.7	4.0	3.4	3.0	3.3	3.5	3.3
Sussex	2.3	2.3	2.7	2.7	2.6	2.7	2.6	2.8	3.1	3.0	2.9	2.8	2.3	2.0
White	1.0	0.8	1.0	1.0	1.0	0.9	0.8	0.8	1.0	1.1	1.2	1.2	1.3	1.1
Black	6.0	6.5	7.7	7.9	7.3	8.1	8.3	9.0	9.5	8.9	8.6	7.9	5.6	4.5

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

Table 48:

Births to Single Teen Mothers

Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single
By Race and Hispanic Origin* of Mother
U.S., Delaware, Counties, 1983–2000

Area/Race Hisp. Origin*	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	58.9	61.3	63.5	65.3	66.9	68.1	69.3	71.0	72.6	74.0	75.6	77.0	77.6	78.3
White	45.2	48.2	51.0	53.4	55.5	57.3	59.0	61.4	63.7	65.7	67.8	69.7	70.7	71.8
Black	90.0	90.5	91.1	91.5	91.9	92.3	92.6	93.2	93.8	94.8	95.5	96.0	96.1	96.2
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	61.6	63.6	65.2	66.5	68.3	70.3	71.0	72.0
Delaware	69.0	70.5	73.1	76.2	78.2	80.8	83.3	86.1	86.7	88.3	89.1	89.3	89.3	89.5
White	49.7	53.0	56.2	58.6	61.2	65.2	69.3	73.8	77.3	80.2	81.5	81.7	81.9	82.5
Black	90.9	90.9	92.3	92.9	94.0	94.9	95.7	96.7	97.4	97.7	97.9	97.9	97.9	97.8
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	70.9	73.0	75.9	76.9	79.6	81.0	80.9	80.3
New Castle	74.3	74.9	77.8	79.4	81.4	84.1	86.4	88.8	90.6	91.6	92.5	92.6	92.5	92.5
White	57.4	59.1	62.6	65.3	68.2	72.3	76.5	80.6	83.4	85.2	86.5	86.6	86.6	86.6
Black	92.7	92.6	93.9	94.1	94.8	95.7	96.4	97.2	98.0	98.4	98.6	98.6	98.5	98.4
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	73.0	75.5	78.3	79.1	81.3	81.3	80.5	79.0
Wilmington	N/A	N/A	N/A	N/A	91.4	92.9	93.6	95.3	96.2	96.7	96.9	97.1	96.8	96.6
White	N/A	N/A	N/A	N/A	75.0	78.2	80.9	85.8	87.3	87.4	88.5	88.8	87.1	86.4
Black	N/A	N/A	N/A	N/A	96.0	96.6	97.1	97.8	98.5	99.2	99.0	99.0	99.0	99.0
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	77.7	81.5	83.4	84.0	85.0	86.0	84.6	83.2
Kent	56.1	59.7	62.3	65.3	67.7	71.0	75.1	78.1	80.1	81.7	82.1	81.1	81.6	82.6
White	39.8	44.1	46.4	49.2	50.9	56.1	61.6	66.3	68.4	71.9	72.3	71.0	71.4	73.4
Black	85.9	86.6	88.1	90.4	92.6	94.0	95.7	96.8	97.7	97.1	96.9	95.9	96.0	96.4
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	80.0	75.4	76.2	77.1	78.1	76.5	79.1	76.2
Sussex	67.1	69.0	71.1	70.9	72.8	74.5	76.0	79.6	82.6	85.5	86.7	87.8	87.9	88.1
White	39.5	46.0	50.3	51.2	54.5	56.7	59.3	64.5	70.5	75.4	78.4	80.0	80.7	81.7
Black	90.0	89.4	90.8	91.3	92.6	93.1	93.7	95.1	95.6	96.1	96.8	97.5	97.6	97.2
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	50.9	59.2	65.2	68.5	74.6	82.5	83.1	85.9

* Persons of Hispanic origin may be of any race

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

Table 49:

Births by Race, Hispanic Origin, and Age of Mother

Number and Percent of Live Births by Race, Hispanic Origin, and Age of Mother
Delaware, Counties and City of Wilmington, 2000

Area/Race- Hispanic Origin*	Total Births to All Ages Total Number	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	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	11,046	1,361	12.3	31	0.3	452	4.1	878	7.9
White	7,889	740	9.4	10	0.1	211	2.7	519	6.6
Black	2,634	597	22.7	20	0.8	235	8.9	342	13.0
Other	523	24	4.6	1	0.2	6	1.1	17	3.3
Hispanic*	1,023	163	15.9	5	0.5	53	5.2	105	10.3
New Castle	7,110	795	11.2	20	0.3	281	4.0	494	6.9
White	5,032	402	8.0	5	0.1	123	2.4	274	5.4
Black	1,744	389	22.3	15	0.9	157	9.0	217	12.4
Other	334	4	1.2	0	0.0	1	0.3	3	0.9
Hispanic*	657	108	16.4	3	0.5	38	5.8	67	10.2
Wilmington	1,253	297	23.7	13	1.0	132	10.5	152	12.1
White	465	66	14.2	0	0.0	29	6.2	37	8.0
Black	775	231	29.8	13	1.7	103	13.3	115	14.8
Other	13	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic*	194	47	24.2	0	0.0	20	10.3	27	13.9
Balance of NC County	5,857	498	8.5	7	0.1	149	2.5	342	5.8
White	4,567	336	7.4	5	0.1	94	2.1	237	5.2
Black	969	158	16.3	2	0.2	54	5.6	102	10.5
Other	321	4	1.2	0	0.0	1	0.3	3	0.9
Hispanic*	463	61	13.2	3	0.6	18	3.9	40	8.6
Kent	1,957	266	13.6	3	0.2	78	4.0	185	9.5
White	1,412	164	11.6	2	0.1	38	2.7	124	8.8
Black	464	98	21.1	1	0.2	39	8.4	58	12.5
Other	81	4	4.9	0	0.0	1	1.2	3	3.7
Hispanic*	90	10	11.1	0	0.0	3	3.3	7	7.8
Sussex	1,979	300	15.2	8	0.4	93	4.7	199	10.1
White	1,445	174	12.0	3	0.2	50	3.5	121	8.4
Black	426	110	25.8	4	0.9	39	9.2	67	15.7
Other	108	16	14.8	1	0.9	4	3.7	11	10.2
Hispanic*	276	45	16.3	2	0.7	12	4.3	31	11.2

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

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.

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 50:

Children with No Parent Working Full-time

Three-Year Average Percentage of Children Living in Families Where
No Parent Has Full-time, Year-round Employment
U.S. and Delaware, and Counties, 1989–2002

	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00-02
U.S.	29.3	29.9	30.7	31.3	31.2	30.5	29.2	28.1	27.1	25.9	24.5	23.9
Delaware	24.6	25.8	24.2	26.0	23.6	25.6	26.0	26.4	25.1	24.4	22.4	20.1

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

Table 51:

Children in Poverty

Three-Year Average Percentage of Children (0-17) in Poverty
U.S., Delaware, and Counties, 1989–2002

	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00-02
U.S.	19.9	20.7	21.4	22.1	22.1	21.8	21.0	20.4	19.8	18.6	17.3	16.4
Delaware	11.9	11.8	10.9	12.7	12.5	13.8	13.8	15.3	15.5	16.6	16.9	14.6
New Castle	13.2	14.8	12.9	13.2	11.5	13.9	13.0	13.3	12.7	12.8	12.6	9.2
Kent and Sussex	10.8	7.5	7.9	11.7	14.5	13.4	15.9	18.9	20.9	22.5	23.5	23.3

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

Table 52:

Children in Poverty by Household Structure

Three-Year Average Percentage of Children (0-17) in Poverty by Household Structure
Delaware, 1985–2002

	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00-02
One Parent	51.5	51.9	47.3	38.6	30.6	28.5	29.7	33.0	34.5	33.9	32.2	33.2	31.4	31.7	31.9	31.1
Two Parents	6.1	4.5	4.1	4.9	5.1	4.3	2.2	3.2	3.4	4.2	4.3	4.3	6.3	7.1	8.2	6.4

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

Table 53:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type
U.S. and Delaware, 1990–2002

	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002
U.S.											
1-Parent	12,610	12,617	12,730	13,187	14,187	15,233	16,177	17,142	17,895	18,895	19,689
2-Parent	40,747	42,213	43,680	45,300	47,100	49,133	51,467	53,775	56,592	59,484	62,211
Delaware											
1-Parent	14,667	15,000	15,667	16,133	17,167	18,467	19,100	19,733	19,937	21,171	24,004
2-Parent	44,237	47,570	49,033	50,867	51,167	53,403	56,900	58,969	60,436	62,036	66,667

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

Table 54:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years
Annual Income in Dollars, U.S., 2002

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	\$9,359									
One person 65 years old or older	\$8,628									
Two persons, householder under 65 years	\$12,047	12,400								
Two persons, householder 65 years or older	\$10,874	12,353								
Three persons	\$14,072	14,480	14,494							
Four persons	\$18,556	18,859	18,244	18,307						
Five persons	\$22,377	22,703	22,007	21,469	21,141					
Six persons	\$25,738	25,840	25,307	24,797	24,038	23,588				
Seven persons	\$29,615	29,799	29,162	28,718	27,890	26,924	25,865			
Eight persons	\$33,121	33,414	32,812	32,285	31,538	30,589	29,601	29,350		
Nine persons or more	\$39,843	40,036	39,504	38,057	38,323	37,313	36,399	36,173	34,780	

Source: U.S. Census Bureau

Table 55:

Births to Single Mothers

Five Year Average Percentage of Live Births to Single Mothers by Race and Hispanic Origin
U.S. and Delaware, 1983–2000

Area/Race- Hispanic Origin	1983- 1987	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000
U.S.	22.3	23.4	24.6	25.8	27.0	28.1	29.1	30.2	31.1	31.6	32.1	32.5	32.6	32.8
White	14.6	15.6	16.8	18.0	19.2	20.4	21.5	22.7	23.7	24.5	25.2	25.7	26.0	26.4
Black	60.2	61.3	62.6	63.9	65.2	66.4	67.4	68.3	69.0	69.7	70.0	70.1	69.8	69.5
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	38.1	39.6	40.3	40.8	41.1	41.4	41.3	41.6
Delaware	26.3	26.4	27.3	28.4	29.5	30.5	31.8	32.9	33.5	34.3	35.0	35.7	36.5	37.1
White	13.7	14.2	14.9	15.4	16.3	17.3	18.6	20.0	21.5	22.7	23.7	24.4	25.4	26.2
Black	67.4	66.9	68.2	68.7	69.7	70.6	72.1	72.6	73.0	73.2	72.9	72.7	72.4	72.2
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	45.2	46.8	49.1	50.9	51.4	50.9	51.1	50.8
New Castle	25.8	25.5	26.3	26.7	27.6	28.7	29.8	30.7	31.8	32.3	32.7	33.4	34.2	34.8
White	13.6	13.7	14.2	14.5	15.1	16.1	17.2	18.3	19.8	20.7	21.3	21.9	22.7	23.4
Black	68.9	68.7	69.5	69.8	70.6	71.5	72.5	72.8	72.9	73.0	72.3	71.9	71.8	71.6
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	46.5	46.9	49.4	49.4	49.3	47.8	47.5	47.0
Wilmington	N/A	N/A	N/A	N/A	61.0	62.6	63.7	64.7	65.5	66.0	66.6	66.9	67.5	67.7
White	N/A	N/A	N/A	N/A	30.1	32.0	33.1	35.0	35.8	36.8	37.5	37.6	37.6	38.5
Black	N/A	N/A	N/A	N/A	78.9	79.7	81.1	82.1	83.0	83.7	84.2	84.0	84.5	84.6
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	60.7	61.8	63.4	63.3	63.2	62.4	61.2	60.1
Kent	23.8	24.4	25.9	27.1	28.4	29.6	31.3	32.4	33.6	34.6	35.3	36.0	37.3	38.0
White	13.5	14.6	15.6	16.5	17.7	19.5	21.0	22.4	23.5	24.7	25.3	25.7	26.8	27.6
Black	57.5	56.9	59.2	60.6	62.0	62.4	64.8	65.9	67.0	68.4	69.0	69.6	70.1	70.5
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	35.7	38.1	39.6	45.8	46.2	46.9	46.7	44.9
Sussex	31.5	32.2	33.0	33.5	34.9	35.5	37.2	39.1	40.4	41.6	43.2	43.7	44.1	44.7
White	14.4	16.3	17.3	18.2	19.7	20.4	22.2	24.3	26.3	28.7	31.2	32.4	33.7	34.7
Black	71.7	71.1	72.9	73.2	74.9	75.5	77.8	78.2	78.5	78.0	78.6	78.2	77.3	76.4
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	47.5	52.0	53.2	56.8	58.0	59.0	60.5	61.4

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

Hispanic data is not available before the 1989-1993 time period.

** Wilmington data is not available before the 1987-1991 time period.

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

Table 56:

Children in One-Parent Households

Three-Year Average Percentage of Children (0-17) in One-Parent Households
U.S. and Delaware, 1985-2002

	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00-02
U.S.	29.7	30.4	29.2	28.1	26.7	27.5	28.1	28.8	29.3	30.1	30.5	30.8	30.7	30.4	29.9	29.7
Delaware	32.2	31.9	32.2	33.2	32.1	33.5	31.8	32.8	29.8	32.7	34.4	38.3	37.0	38.9	37.5	33.7

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

Table 57:

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, 2000 Census

Area	One-Parent FHH Families	FHH Families below poverty		One-Parent MHH Families	MHH Families below Poverty		Risk of Poverty Ratio (FHH vs. MHH)*
		Number	Percent		Number	Percent	
Delaware	26,419	6,950	26.3	7,143	914	12.8	2.1
New Castle	16,777	3,991	23.8	4,389	528	12.0	2.0
Kent	4,832	1,461	30.2	1,299	154	11.9	2.5
Sussex	4,810	1,498	31.1	1,455	232	16.0	1.9

* Female-headed one-parent families are 2.1 times more likely to be in poverty than male-headed one-parent families.
Source: Center for Applied Demography and Survey Research, 2000 Census, U.S. Bureau of the Census

Table 58:

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, 1990 and 2000 Census

Area	One-Parent FHH Families	1990		2000		Percent Change 1979-1999	
		One-Parent FHH Families	FHH Families below poverty	One-Parent FHH Families	FHH Families below Poverty		
		Number	Percent	Number	Percent		
Delaware	17,625	5,609	31.8	26,419	6,950	26.3	-17.3
New Castle	11,625	3,202	27.5	16,777	3,991	23.8	-13.5
Kent	3,193	1,257	39.4	4,832	1,461	30.2	-23.4
Sussex	2,807	1,150	41.0	4,810	1,498	31.1	-24.1

Source: Center for Applied Demography and Survey Research, 2000 Census, U.S. Bureau of the Census

Table 59:

Female Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18
U.S. and Delaware, 1986–2002

	1986- 1988	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002
U.S.	50.9	48.5	45.2	42.4	42.9	43.7	44.0	43.1	41.7	40.2	39.3	38.3	36.4	34.6	32.9
Delaware	42.2	37.7	32.4	26.0	25.5	26.6	31.2	33.0	31.2	28.2	28.0	28.1	31.3	34.6	30.9

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

Table 60:

Median Income of Female Headed Families

Three-Year Average Percentage Median Income of Families with Children Under 18 and
Single Female Head
U.S. and Delaware, 1989–2002

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002
U.S.	10,830	11,246	11,258	11,495	11,800	12,955	13,835	14,540	15,293	16,480	17,867	19,067
Delaware	14,055	13,773	14,056	13,773	14,493	15,720	17,550	18,429	17,711	17,044	18,675	22,633

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

Table 61:

Child Support Owed That Is Paid

Percent of Child Support That Is Paid
U.S. and Delaware, Fiscal Years 1989–2002

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
U.S.	47.6	53.0	48.0	55.4	52.7	54.0	53.0	52.0	54.0	50.8	53.1	56.1	57.0	N/A
Delaware	61.0	58.7	58.4	59.3	56.1	59.9	62.0	61.4	60.2	61.0	55.3	58.7	59.8	60.7 *

* Preliminary data (source Policy Studies, Inc. survey), Based on the nine (9) month period ended June 30, 2002.

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

Table 62:

Child Abuse and Neglect

Reported and Confirmed Reports of Child Abuse/Neglect, Delaware, Fiscal Years 1993–2002

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Accepted reports	4,541	4,886	5,584	5,117	6,382	6,384	6,340	5,891	5,953	5,706
Substantiated reports	1,771	1,856	1,787	1,740	2,031	2,019	1,463	1,260	1,247	1,073

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

Table 63:

Foster Care

Children in Foster Care, Delaware, Fiscal Years 1990–2002

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Average number of children per month	678	743	725	729	793	892	925	828	899	936	980	900	811

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

Table 64:

Health Insurance

Three-Year Average Percentage Persons (0–64) without Health Insurance
U.S. and Delaware, 1985–2002

	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00-02
U.S.	17.6	17.2	16.3	15.6	15.3	15.6	16.1	16.6	17.0	17.2	17.3	17.7	18.1	18.0	17.2	16.6
Delaware	16.9	16.7	14.1	14.0	14.2	15.7	14.2	14.0	14.2	15.8	15.8	15.7	15.7	15.0	13.9	11.7

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

Table 65:

Home Ownership

Percent of Home Ownership, U.S. and Delaware, 1989–2001

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
U.S.	63.9	63.9	64.1	64.1	64.5	64.0	64.7	65.4	65.7	66.3	66.8	67.4	67.8
Delaware	68.7	67.7	70.2	73.8	74.4	70.5	71.7	71.5	69.2	71.0	71.6	72.0	75.4

Source: U.S. Census Bureau Housing Vacancy Survey

Table 66:

Subsidized Child Care

Number of Children in State Subsidized Child Care
Projected Monthly Averages, Delaware, Fiscal Years 1995–2002

	1995	1996	1997	1998	1999	2000	2001	2002
Delaware Totals	5,743	6,919	8,482	9,592	10,200	11,640	12,613	13,010
Welfare Reform*	2,427	3,366	3,742	4,262	3,743	3,200	2,351	2,135
Income Eligible**	3,316	3,553	4,740	5,330	6,457	8,440	10,262	10,875

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

** The income eligible numbers reflect the working poor families below 200% of poverty. 90% of children with authorization to receive subsidized child care attend in a given month.

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

Table 67:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1993–2002

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Child Care Centers*	16,727	17,117	18,269	19,328	20,371	23,404	24,937	25,665	25,986	26,584
Family Child Care Homes**	11,891	11,459	16,412	14,935	15,197	14,297	14,067	13,309	13,143	12,757
Large Family Child Care Homes***	424	488	514	519	535	601	549	571	598	640
Totals	29,042	29,064	35,195	34,782	36,103	38,302	39,553	39,545	39,727	39,981

* Child Care Center– 13 or more children

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

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

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

Table 68:

School Age Programs

Number of Before- or After-School Programs, Delaware and Counties, 2002

Type of care	Delaware		New Castle County		Kent County		Sussex County	
	Total	School Age	Total	School Age	Total	School Age	Total	School Age
Child Care Centers	393	193	261	116	68	37	64	40
Family Child Care	1,541	1,260	930	730	273	221	337	309
School Age Only	142	112	87	79	24	23	12	10

Source: The Family and Workplace Connection

Table 69:

Site-Based Public School Age Programs

Number and Percent of School Age Child Care Located at Schools, Delaware and Counties, 2000–2002

	Delaware			New Castle County			Kent/Sussex County		
	Total	School Age	%	Total	School Age	%	Total	School Age	%
Elementary Schools, 2000–01	106	70	66%	60	45	75%	45	25	55%
Elementary Schools, 2001–02*			69%			76%			57%
Middle Schools, 2000–01	28	1	4%	15	0	0%	13	1	8%
Middle Schools, 2001–02*			3%			6%			8%

* Numbers of programs were unavailable for the 2001-02 period.
Source: The Family and Workplace Connection

Table 70:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age
Delaware, Wilmington, and Counties Counties, 2002

Age	Delaware			Wilmington			New Castle County			Kent County			Sussex County		
	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High
0–12 months	50	120	226	60	116	185	60	135	226	50	97	135	50	92	150
12–24 months	50	111	205	60	109	185	55	124	205	50	91	120	50	85	140
24–36 months	50	105	195	60	104	185	50	119	195	50	90	115	50	81	125
3 years old	50	103	180	50	92	157	50	81	195	50	90	115	50	78	125
4 years old	50	102	180	50	96	157	50	110	180	50	90	115	50	77	125
Kindergarten	35	96	180	40	89	157	35	101	181	40	86	115	40	71	125
School Age	20	70	151	25	76	115	20	69	155	35	68	115	35	69	125

Source: The Family and Workplace Connection

Table 71:

Juvenile Violent Crime Arrests

Juvenile Violent Crime Arrests, Delaware and Counties, 1988–2001

Area	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Delaware	191	214	374	594	537	525	514	588	629	549	557	654	627	621
New Castle	139	133	251	254	317	328	321	382	414	334	298	361	378	409
Kent	24	38	54	70	107	100	90	93	102	96	121	147	123	98
Sussex	29	43	69	70	113	97	103	113	113	119	138	146	126	114

Source: Statistical Analysis Center

Table 72:

Juvenile Part I Violent Crime Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–2001

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Part I Violent	191	214	374	394	537	525	514	588	629	549	557	654	627	621
Murder, Nonneg. Manslaughter	2	4	5	5	3	2	2	4	8	0	4	0	3	2
Manslaughter by Negligence	3	1	0	1	2	3	1	1	0	2	3	2	1	1
Forcible Rape	39	33	47	50	57	70	47	52	49	62	69	76	60	61
Robbery	51	28	105	88	133	121	144	171	168	141	137	154	139	155
Aggravated Assault	96	148	215	250	342	329	320	360	404	344	334	422	424	402

Source: Statistical Analysis Center

Table 73:

Juvenile Part I Property Crime Arrests

Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–2001

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Delaware	1,961	1,964	2,307	2,159	2,211	2,156	2,225	1,957	1,711	1,851	1,954	2,226
New Castle	1,231	1,233	1,443	1,372	1,363	1,305	1,248	1,060	824	1,010	1,020	1,210
Kent	440	452	528	374	470	415	527	482	470	427	490	558
Sussex	290	279	336	413	378	436	450	415	417	414	444	458

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

Table 74:

Juvenile Part II Crime Arrests

Juvenile Arrests for Part II Crimes*, Delaware and County, 1990–2001

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Delaware	3,955	4,018	3,795	4,005	3,911	4,492	4,869	4,500	4,348	5,535	6,110	6,260
New Castle	2,556	2,649	2,260	2,363	2,173	2,456	2,637	2,441	2,135	3,214	3,677	3,718
Kent	658	631	695	740	756	852	927	914	956	957	1,090	1,226
Sussex	741	738	840	702	982	1,184	1,305	1,145	1,257	1,384	1,343	1,316

* 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 75:

Juvenile Drug Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1989–2001

Crime Type	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Drug Offenses	296	277	374	295	316	398	567	590	576	503	651	723	699
Drug Sales, Manufacturing	55	72	101	65	63	63	84	67	53	51	65	58	49
Opium, Cocaine & Derivatives	46	66	90	60	53	57	72	52	40	43	45	32	32
Marijuana	6	6	9	5	10	6	11	12	12	5	16	24	11
Synthetic/ Manufactured narcotics	1	0	0	0	0	0	0	3	0	0	0	0	1
Other Dangerous Non-Narcotics	2	0	2	0	0	0	1	0	1	3	4	2	5
Drug Possession	241	205	273	230	253	335	483	523	523	452	586	665	650
Opium, Cocaine & Derivatives	121	132	205	145	104	118	122	99	128	128	108	108	124
Marijuana	116	73	63	74	148	212	350	408	362	315	464	544	498
Synthetic/ Manufactured Narcotics	0	0	0	0	0	0	2	0	0	0	0	1	0
Other Dangerous Non-Narcotics	4	0	5	11	1	5	9	16	13	9	14	12	28

Source: Statistical Analysis Center

Table 76:

Student Violence and Possession

Number of Student Conduct Offenses and Number and Percent of Offenders
Delaware, 1998/99–2000/01 School Years

Student Conduct and State Board of Education Incidents	98/99	99/00	00/01	99/00–00/01 Change
Number of Student Conduct Reports	1,535	1,363	1,426	+63
Number of State Board of Education Reports	347	409	554	+145
Unknown/Incomplete	0	2	7	+5
Total Reports Filed	1,882	1,774	1,987	+213
Number of Offenders*	1,872	2,099	2,332	+233
Number of Unduplicated**	1,678	1,821	1,985	+164
Percent of Student Population	1.5%	1.6%	1.7%	+0.1%

* includes non-student offenders, unknown offenders, and a duplicated count for students reported for multiple offenses

** includes non-student offenders, unknown offenders, and an unduplicated count for students reported for multiple offenses

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

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

Source: Delaware Department of Education

Table 77:

Student Violence and Possession by County

Reports of Student Violence and Possession
Delaware and Counties, 1998/99–2000/01 School Years

Number of Offenses	98/99	99/00	00/01	99/00–00/01 Change
New Castle County	1,171	1,086	1,117	+31
Kent County	359	350	499	+149
Sussex County	280	311	361	+50
Charter Schools	72	27	10	-17
Total State	1,882	1,774	1,987	+213

Source: Delaware Department of Education

Table 78:

Student Violence and Possession by Age

Student Violence Data (Delaware Code, Title 14, §4112 and SBE) by Age
Delaware, 2000–2001 School Year

Age Range*	Frequency of Offenses	Percent
4-6	20	0.9%
7-9	170	7.3%
10-12	478	20.5%
13-15	1,007	43.2%
16-21	616	26.4%
Unknown Age (Student)	2	0.1%
Non-Student	18	0.8%
Unknown Offender Type	21	0.9%
Total	2,332	

* counts for specific age groups are limited to student offenders

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 79:

Student Violence and Possession by Race/Ethnicity

Reports of Student Violence (Delaware Code, Title 14, §4112 and SBE) by Race/Ethnicity of Perpetrators
Delaware, 2000–2001 School Year

Race/Ethnicity*	Frequency of Offenses	Percent
Asian/Pacific Islander	9	0.4%
American Indian/Alaska Native	8	0.3%
Hispanic	107	4.6%
White	979	42.0%
African American	1,188	50.9%
Unknown Race (Student)	2	0.1%
Non-Student	18	0.8%
Unknown Offender Type	21	0.9%
Total	2,099	

* counts for specific race groups are limited to student offenders

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 80:

Adult Violent Crime Arrests

Violent Arrest Rate Per 1,000 Population Adults 18 and Over, Delaware, 1988–2001

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Adult Violent Arrests	1,177	1,488	1,878	1,923	2,065	1,978	1,997	2,155	2,200	2,286	2,406	2,428	2,449	2,424
Rate	2.43	3.01	3.75	3.78	4.00	3.77	3.74	4.19	4.22	4.11	3.78	4.26	4.09	4.08

Source: Statistical Analysis Center

Table 81:

Adult Violent Crime Arrests, Adults 18–39

Violent Arrest Rates Per 1,000 Population Adults 18–39 Only, Delaware, 1988–2001

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Rate	4.90	6.13	7.65	7.79	8.32	7.92	7.94	8.54	8.72	9.09	7.89	7.80	7.96	7.87

Source: Statistical Analysis Center

Table 82:

Unemployment

Percentage Unemployment by Race and Gender
U.S. and Delaware, 1985–2001

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
U.S., Total	7.2	7.0	6.2	5.5	5.3	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9	4.5	4.2	4.0	4.8
Male	7.0	6.9	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.4	4.1	3.9	4.8
Female	7.4	7.1	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.6	4.3	4.1	4.7
White	6.2	6.0	5.3	4.7	4.5	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2	3.9	3.7	3.5	4.2
Black	15.1	14.5	13.0	11.7	11.4	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0	8.9	8.0	7.6	8.7
Delaware, Total	5.3	4.3	3.2	3.2	3.5	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0	3.8	3.5	4.0	3.5
Male	5.0	4.4	3.0	3.4	3.2	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4	3.7	4.1	4.0	3.7
Female	5.6	4.3	3.4	2.9	3.8	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6	3.9	2.9	4.0	3.3
White	4.1	3.6	2.3	2.5	2.9	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3	2.9	2.6	3.4	3.1
Black	12.2	8.6	6.6	7.5	6.6	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7	6.7	6.7	6.0	5.1

*Preliminary data, subject to revision

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

FAMILIES COUNT IN DELAWARE

Resource Guide

Delaware Information Helplines

1-800-464-4357 (in state)
1-800-273-9500 (out of state)

Volunteer Link

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

State of Delaware Web Site

www.state.de.us

Delaware Department of Education
302-739-4601
www.doe.state.de.us

Delaware Department of Labor
302-761-8000

Delaware Department of Health
and Social Services
www.state.de.us/dhss

Division of Public Health
302-739-4700

Division of Social Services
302-577-4400

Division of State Service Centers
302-577-4961

Division of Substance Abuse
and Mental Health
302-577-4460

Delaware Department of Public Safety
302-739-4311

Delaware Department of Services for
Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

Delaware State Housing Authority
302-739-4263 (Dover)
302-577-5001 (Wilmington)
www2.state.de.us/dsha

Drug Free Delaware
www.state.de.us/drugfree

Office of the Governor,
Dover Office 744-4101
Wilmington Office 577-3210
Statewide 1-800-292-9570



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