KIDS COUNT IN DELAWARE
FAMILIES COUNT IN DELAWARE
Fact Book 2005

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

Imena and Almonta 2003

Imena and Almonta 2005

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The photographs in this book do not necessarily represent the situations described.
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• Delaware Health Statistics Center
• Delaware Population Consortium
• Delaware State Housing Authority
• Domestic Violence Coordinating Council
• Family and Workplace Connection
• Statistical Analysis Center

Thanks to Don Berry, Ph.D.,
Delaware Department of Education for Communities Count data and maps.

A special thank you to the Delaware children and families featured on the cover and throughout this book.
Welcome to our tenth edition of KIDS COUNT in Delaware. As we reflect on the past ten years of compiling data for our annual KIDS COUNT Fact Book, we are grateful for the continued support of The Annie E. Casey Foundation, the State of Delaware, and the University of Delaware. Our annual publication has become the benchmark in the state for policy makers and citizens to learn about the status of children and families in Delaware.

Our initial KIDS COUNT Fact Book in 1995 has grown from tracking the ten national KIDS COUNT indicators in 65 pages to a broad compendium of data profiling not only kids, but families as well—and is now nearly 170 pages long. The scope of the data has expanded to include a broad range of indicators assessing the health, economic, educational and social well-being of our children and families. While we initially included some generic photographs to illustrate negative statistics, we soon realized that using more photos of Delaware children and families showing positive outcomes helped bring the message home even more effectively. Through the years we have watched these children grow and prosper, so in this anniversary edition, we urge you to enjoy the photos—then and now. You’ll see babies who have become toddlers, young soccer players now competing in high school soccer matches, and families of three becoming families of four.

This 2005 Fact Book illustrates many favorable trends in Delaware over the past 10 years. We are pleased to see the decreasing rates of teen births, child poverty and high school dropouts. It speaks to the work of many in this state who have addressed tough issues and worked to solve them. However, the data also show trends in some areas that call for more attention from us, especially infant mortality and low birth weight babies. Investing in our children as a matter of public policy must remain a priority!

KIDS COUNT in Delaware is one of fifty-one similar projects throughout the United States funded by The Annie E. Casey Foundation. It is joined with Governor Minner’s commitment to children and families through the FAMILIES COUNT initiative, which expands upon the ten core tracking indicators of National KIDS COUNT to look at a broad range of indicators relevant to the health and well-being of children and families. We also wish to express our appreciation for the support of the University of Delaware’s Center for Community Research and Service, which houses KIDS COUNT in Delaware.

“The truest measure of our future potential is in the current condition of our youth.” This statement by The Annie E. Casey Foundation reflects the sentiment that guides KIDS COUNT projects throughout the nation. Certainly, most citizen and policy groups embrace this statement from a value perspective. The real challenge continues to be the translation of this guiding principle into the budgetary, policy, and community and organizational actions necessary to effect positive change for children and families. As we look forward to our next ten years, KIDS COUNT remains optimistic that, by working together, we can assure the brightest possible future for Delaware’s children.

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Chair, Board

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

Terry Schooley  
Director

KIDS COUNT celebrates ten years:  
A look at Delaware’s children – then and now
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Dedicated to the children of Delaware who have shared their lives through their photos over the past 10 years

- Tate
- Melissa
- Mukai
- Caitlin
- Justyn
- Imena
- Jillian
- Krista
- Alex
- Charlie
- Sam
- Emma
- Noelle
- Ian
- Emma
-Brittany
-Ian
-Caryn
Welcome to the tenth edition of KIDS COUNT in Delaware and the seventh joint publication of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware, a collaborative project of the State of Delaware and KIDS COUNT, which is housed in the Center for Community Research and Service at the University of Delaware. Since 1995 KIDS COUNT in Delaware has been reporting on the status of children in the state and, working with the State of Delaware since 1998, has been monitoring the conditions of families, children and individuals in the community.

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

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

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

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

The featured indicators are:

- **Births to teens**
- **Low birth weight babies**
- **Infant mortality**
- **Child deaths**
- **Teen deaths by accident, homicide, and suicide**
- **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**

**Measures Needing Attention:**
- Infant Mortality
- Low Birth Weight

**Measures Showing Improvement:**
- Births to Teens
- High School Dropouts
- Children in Poverty

**Measures Remaining Constant:**
- Child Deaths
- Teens Deaths
- Teens Not Attending School and Not Working
- No Parent with Full-Time Employment
- Children in One-Parent Families

**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 Drug and Alcohol Studies, University of Delaware
Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2005 uses the most current, reliable data available. Data that was inadequate or unavailable was denoted by N/A. For some data, only the decennial census has information at the county level.

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

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

Fiscal Year Data: Most data presented here 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 seventh edition of the combined KIDS COUNT/FAMILIES COUNT Fact Book and the tenth edition of the KIDS COUNT in Delaware Fact Book focusing on measuring child and family well-being. Over the past ten 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.

Photographs

KIDS COUNT in Delaware has made a special attempt through the years to use photographs of our own Delaware children. It seemed appropriate that, in this anniversary edition, we highlight our children – then and now. Look at all the pictures and smile as we have, to see the happy faces of growing children and families.

Look for these changes:

• Ten Year Trends
  For each of the ten National KIDS COUNT indicators we have reported yearly
  – Delaware compared to the United States — better, worse, or similar
  – Recent trend in Delaware — getting better, getting worse, or staying the same

In this tenth anniversary edition, we have included a line which displays the ten year trend so readers can see how each indicator has progressed over the past ten years. One can follow the trend line to see if that indicator has improved, declined or stayed the same over this period. We’ve also marked the ten year interval on the U.S./Delaware comparison graphs.

• Expanded Infant Mortality Data
  Due to the concern over Delaware’s rising infant mortality rate, KIDS COUNT has included additional data on this critical indicator. Looking at the rate compared to weeks of gestation, prenatal care, source of payment, smoking during pregnancy, birth weight, birth spacing, and single/multiple births may provide some new insights into this issue.

• Advanced Placement:
  The Advanced Placement (AP) program gives students an opportunity to take college-level courses and exams while still in high school. Based on their performance on rigorous AP examinations, students can earn credit, advanced college class placement or both, for college. Research indicates a direct positive correlation between AP classes taken in high school and the likelihood of earning a college degree.

• Communities Count Maps:
  Our newest publication, Communities Count in Delaware, provides a snapshot of data for each census tract in the state. As part of this, census tract maps were developed using data from the 2000 Census to visually give a picture of the well-being of children and families. Each map is color-coded to show the relationship of census tracts to the state as a whole, moving from “worse than the State as a whole to better than the State.”

The following maps are included within this 2005 Fact Book:
  – Percent of Female Headed Households
  – Percent of Population below 100% of Poverty
  – Percent of Persons 25 and Over that are High School Dropouts
  – Percent of Men 16 to 64 that are Unemployed or Not in the Labor Force
Overview

Births to Teens
Page 74
Number of births per 1,000 females ages 15–17
Five year average, 1998–02: Delaware 27.0, U.S. 29.7

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, 1998–02: Delaware 9.0, U.S. 7.6

Infant Mortality
Page 26
Number of deaths occurring in the first year of life per 1,000 live births
Five year average, 1998–02: Delaware 9.2, U.S. 7.0

Child Deaths
Page 40
Number of deaths per 100,000 children 1–14 years old
Five year average, 1998–02: Delaware 22.8, U.S. 22.5

Teen Deaths by Accident, Homicide, and Suicide
Page 42
Number of deaths per 100,000 teenagers 15–19 years old
Five year average, 1998–02: Delaware 53.0, U.S. 53.3
High School Dropouts
Page 65
Percentage of youths 16–19 who are not in school and not high school graduates
School year, 2002–03: Delaware 5.4

Teens Not Attending School and Not Working
Page 68
Percentage of teenagers 16–19 who are not in school and not employed
Three year average, 2002–04: Delaware 7.9, U.S. 9.2

Children in Poverty
Page 80
Percentage of children in poverty. In 2004 the poverty threshold for a one-parent, two-child family was $15,219. For a family of four with two children, the threshold was $19,157.
Three year average, 2001–03: Delaware 11.0, U.S. 16.9

No Parent with Full-time Employment
Page 79
Percentage of families in which no parent has full-time employment.
Three year average, 2002–04: Delaware 18.3, U.S. 22.3

Children in One-Parent Families
Page 87
Percentage of children ages 0–17 living with one parent.
Three year average, 2001–04: Delaware 31.1, U.S. 30.6
Data 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.

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%).

<table>
<thead>
<tr>
<th>Population at a Glance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2000 Total Age 0-17</strong></td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>New Castle County</td>
</tr>
<tr>
<td>Wilmington</td>
</tr>
<tr>
<td>Kent</td>
</tr>
<tr>
<td>Sussex</td>
</tr>
</tbody>
</table>

Source: 2000 Census, U.S. Census Bureau

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

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

County details follow on pages 16 and 17.

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**

<table>
<thead>
<tr>
<th>Census Tract</th>
<th>Total Age</th>
<th>% 0-17</th>
<th>% 0-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 children ages 0–17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-500 children</td>
<td></td>
<td></td>
<td></td>
</tr>
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Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau
Where the Kids Are
Kent and Sussex Counties, 2000

Kent County

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Sussex County

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

For detailed information on census tracts and blocks: http://factfinder.census.gov
**The Changing Face of Delaware’s Children**

By Race and Hispanic Origin, Delaware, 1980–2000

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<tr>
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Note: Persons of Hispanic origin may be of any race.

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

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</table>

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

Source: 2000 Census, U.S. Census Bureau
New Castle County Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 5%
- Black or African American Non-Hispanic: 20%
- White Non-Hispanic: 71%

Children under 18
- Hispanic: 7%
- Black or African American Non-Hispanic: 25%
- White Non-Hispanic: 62%

Kent Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 3%
- Black or African American Non-Hispanic: 20%
- White Non-Hispanic: 72%

Children under 18
- Hispanic: 4%
- Black or African American Non-Hispanic: 23%
- White Non-Hispanic: 67%

Sussex Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 4%
- Black or African American Non-Hispanic: 15%
- White Non-Hispanic: 79%

Children under 18
- Hispanic: 7%
- Black or African American Non-Hispanic: 21%
- White Non-Hispanic: 68%

Wilmington Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 10%
- Black or African American Non-Hispanic: 56%
- White Non-Hispanic: 32%

Children under 18
- Hispanic: 14%
- Black or African American Non-Hispanic: 67%
- White Non-Hispanic: 16%

Source: 2000 Census, U.S. Census Bureau
Note: Persons of Hispanic origin may be of any race.
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 household 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.

Families with Related Children by Household Structure

Delaware, 2000

- Married Couples with Children: 26%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 7%
- Married Couples without Children: 67%

New Castle County, 2000

- Married Couples with Children: 67%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 7%
- Married Couples without Children: 66%

Kent County, 2000

- Married Couples with Children: 66%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 8%
- Married Couples without Children: 66%

Sussex County, 2000

- Married Couples with Children: 66%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 8%
- Married Couples without Children: 66%

Wilmington, 2000

- Married Couples with Children: 52%
- Female Headed Households with Children: 43%
- Male Headed Households with Children: 8%
- Married Couples without Children: 40%

Families with & without Children under 18 Living in Household

Delaware, 2000

- Families with Children: 51%
- Families without Children: 49%

New Castle County, 2000

- Families with Children: 53%
- Families without Children: 47%

Kent County, 2000

- Families with Children: 54%
- Families without Children: 46%

Sussex County, 2000

- Families with Children: 43%
- Families without Children: 57%

Wilmington, 2000

- Families with Children: 49%
- Families without Children: 51%

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

Definitions

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.
### Health and Health Behaviors

<table>
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<th>Topic</th>
<th>Page</th>
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<tbody>
<tr>
<td>Prenatal Care</td>
<td>22</td>
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<tr>
<td>Low Birth Weight Babies</td>
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<tr>
<td>Infant Mortality</td>
<td>26</td>
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<td>Women and Children Receiving WIC</td>
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<td>Alcohol, Tobacco, and Other Drugs</td>
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<td>Delaware Children Speak about Health and Health Behaviors</td>
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</table>

*Source: Mukai & Melissa (2002, 2005)*

*Image of two children hugging each other.*
The purpose of prenatal care is to help ensure that both the mother and her baby have a healthy pregnancy. Prenatal care appointments allow for the doctor to identify potential problems before they become serious for the mother or baby. Unfortunately, each year almost one million American women deliver babies without receiving adequate medical attention. Research has shown that babies who are born to mothers who do not receive prenatal care are three times more likely to be born at low birth weight and five times more likely to die than those who are born to mothers who receive prenatal care. Prenatal and post-birth appointments should always be attended even if the mother is feeling well.

Did you know?

- In 2001, 88.5 percent of non-Hispanic White women and 84.0 percent of Asian/Pacific Islander women received early prenatal care compared to 74.5 percent of non-Hispanic Black, 75.7 percent of Hispanic, and 69.3 percent of American Indian/Alaska Native women.  

- One-third of pregnant teens do not receive adequate prenatal care, which means their babies are more likely to have a low birth weight and childhood health problems.  

- The U.S. Public Health Service recommends that women who are pregnant or planning to become pregnant should receive at least 400 micrograms of folic acid each day. Folic acid has been shown to help prevent birth defects.  

- New research suggests that eating more vegetables, fruits, and foods in the protein group before pregnancy may lower the risk of mother having a child who develops childhood leukemia.  

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2 Teenwire, Planned Parenthood. Available at: http://www.teenwire.com  
3 National Institutes of Child Health and Human Development. Available at: http://www.nichd.nih.gov/about/womenhealth/prenatal_care.cfm  

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To assist women in having healthier babies, Delaware provides a Start Smart Program for Medicaid eligible pregnant women. These extended services include:

- Providing visits by a nurse or social worker before and after birth
- Providing diets outlined by a nutritionist
- Finding community resources for family needs
- Providing education about childbirth and parenting skills

Source: Delaware Health and Social Services. Available at: http://www.state.de.us/dhss

---

For more information see

- Tables 8-11 p. 123-126  
- Table 23 p. 134

- www.kidshealth.org  
- www.cdc.gov/ncbddd/  
- www.med.umich.edu/obgyn/smartmoms/  
- www.aafp.org/  
- www.modimes.org/  
- www.4woman.gov
Low Birth Weight Babies

One out of every 13 babies born each year in the U.S. is a low birth weight baby and 65% of infant deaths are attributed to low birth weight.¹ Research has shown that certain environmental factors, lifestyles choices, and medical conditions greatly increase the risk of a mother delivering a low-birth weight baby.² These risks include receiving little or no prenatal care, smoking, drinking alcohol, using illegal drugs, experiencing violence, obesity, diabetes, high blood pressure, and being underweight before pregnancy. Respiratory distress syndrome and bleeding in the brain are the two most serious complications low birth weight babies’ experience; more common occurring problems include mental retardation, cerebral palsy, and hearing or sight dysfunctions. Usually, the more severe complications occur if the baby is born before the 34th week of pregnancy. In the U.S., 12% of all infants are born before the 37th week.¹ Fortunately, medical advances have lead to a reduction in the number of deaths and disabilities related to low birth weight. Nonetheless, reports from 2001 indicate that the number of premature births has risen 29% since 1981.²


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

Source: Delaware Health Statistics Center

Low Birth Weight Babies
Delaware Compared to U.S.

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Delaware and Counties

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<tbody>
<tr>
<td>New Castle</td>
<td>≤8.9</td>
</tr>
<tr>
<td>Kent</td>
<td>≥8.9</td>
</tr>
<tr>
<td>Sussex</td>
<td>≤7.9</td>
</tr>
</tbody>
</table>

Source: Delaware Health Statistics Center
**Percentage of Babies with Low Birth Weight**

(weight less than 2500 grams)

*by Age and Race of Mother*

Low birth weight babies in Delaware represent:

- **9.0%** of all infants born
- **11.3%** of births to teenagers
- **9.1%** of births to women 20–24 years old
- **7.9%** of births to women 25–29 years old
- **8.9%** of births to women 30+ years old
- **7.3%** of all births to White women
- **14.2%** of all births to Black women
- **7.0%** of all births to Hispanic women

Delaware Average 9.0%

*Five-year average percentages, 1998–2002*

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
- **2.5%** of births to teenagers
- **1.9%** of births to women 20–24 years old
- **1.6%** of births to women 25–29 years old
- **1.8%** of births to women 30+ years old
- **1.4%** of all births to White women
- **3.4%** of all births to Black women
- **1.5%** of all births to Hispanic women

Delaware Average 1.9%

*Five-year average percentages, 1998–2002*

Source: Delaware Health Statistics Center

For more information see

- Tables 9-15, p. 124-129
- Table 22, p. 134
- www.modimes.org
- www.kidshealth.org
- www.promisingpractices.org/
- http://www.modimes.org/professionals/681_1153.asp
**Infant Mortality**

In the United States, the infant mortality rate (the rate at which babies less than one year of age die), has continued to decline over the past several decades. In Delaware, however, after steady improvement since the 1970s, the infant mortality rate began climbing in the mid-1990s. In June 2004, Governor Minner established the Delaware Infant Mortality Task Force to study the infant mortality rate in Delaware.

** Definitions**

**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.

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**Did you know?**

The Infant Mortality Task Force has garnered knowledge from several sources. First, it convened experts from throughout the state and set up committees to address specific aspects of the problem. Second, it sought input from over 3,000 Delawareans, utilizing a web-based process called concept mapping. Third, it reached well beyond our borders to think about this problem by tapping into some of the nation’s foremost experts on this issue.
Did you know?

Through the efforts of the Division of Public Health (DPH), Delaware was accepted into a five state collaborative convened by the Centers for Disease Control and Prevention, the March of Dimes, and the Association of Maternal and Child Health Programs to create a state research agenda on infant mortality and develop a tool kit for other states to use in their efforts to solve this complex problem. DPH also secured the services of academicians from Johns Hopkins Bloomberg School of Public Health to consult on the Task Force’s efforts.

**Definition**

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

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

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**Did you know?**

- Infants born to mothers less than 20 years old or over 35 years are more likely than infants born to mothers 20–35 to be preterm.
- A 1996 study indicates that pregnant women who receive the recommended amount of folic acid throughout pregnancy are less likely to have a baby preterm or a low birth weight baby.  


2 Increased Infant Death Rate Due to Rise in Premature Births (2005). March of Dimes.
Early Warning Signs of a Premature Birth:

- Abdomen contractions every 10 minutes or more often.
- Change in vaginal discharge (leaking fluid or bleeding from the vagina)
- Pelvic pressure
- Low, dull backache
- Cramps that feel like menstrual cramps
- Abdominal cramps with or without diarrhea

Did you know?

- Infants born to Asian mothers have the lowest infant mortality rate of any ethnic or racial group in the United States.
- Prematurity and low birth weight are the leading causes of death among African American infants, occurring at five times the rate of Whites.
- Hispanics, who have a slightly higher rate of poverty than African Americans, have an overall low birth weight rate that is comparable to Whites.
- Studies show that inequalities in social and economic circumstances cannot explain the differences in infant mortality and morbidity rates, even though the poverty rate of African Americans is twice the rate of Whites.


Definitions

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

Very Low Birth Weight = less than 1,500 grams (3.3 lbs.)
Infant Mortality

Infant Mortality by Prenatal Care
Delaware by Trimester Prenatal Care Began

No Care

Third: 8.1
Second: 8.0
First: 8.2

No Care: 56.5

Deaths of Infants Less than 1 yr. old per 1,000 Live Births

Source: Delaware Health Statistics Center

Infant Mortality by Source of Payment
Delaware by Source of Payment for Delivery

Self Pay: 26.7
Medicaid: 9.8
Private Insurance: 7.4

Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Trimester Prenatal Care Began

No Care

White: 8.3
No Care: 57.3
Black: 6.5

Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Source of Payment for Delivery

Medicaid: 8.0
Private: 7.6
Self Pay: 5.7
Private: 5.8

Source: Delaware Health Statistics Center
Deaths of Infants Less than 1 yr. old per 1,000 Live Births

Five Year Periods

- 89-93
- 90-94
- 91-95
- 92-96
- 93-97
- 94-98
- 95-99
- 96-00
- 97-01
- 98-02

Source: Delaware Health Statistics Center

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

Infant Mortality by Birth Interval
Delaware

Deaths of Infants Less than 1 yr. old per 1,000 Live Births

Five Year Periods

- 89-93
- 90-94
- 91-95
- 92-96
- 93-97
- 94-98
- 95-99
- 96-00
- 97-01
- 98-02

Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Multiple vs. Single Birth

Deaths of Infants Less than 1 yr. old per 1,000 Live Births, Five Year Periods 1998-2002

Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Birth Interval

Source: Delaware Health Statistics Center
The Infant Mortality Task Force

The Infant Mortality Task Force will be presenting a final report with recommendations for a sustained reduction in our infant mortality rate to the Governor in March, 2005. Although at this writing the committees remain engaged in the rigorous process of assembling final recommendations, several task force-wide initiatives are likely to prevail. The first of these is funding for a Fetal and Infant Mortality Review (FIMR) process that explores the individual medical and social determinants of fetal and infant death. This takes us further than death and birth certificate data in our understanding of factors associated with infant deaths in our state. A pilot FIMR is already under way through the cooperation of the Division of Public Health, Nemours Health and Preventive Services, and the Child Death, Near Death and Stillbirth Commission. The second likely recommendation is to create a structure, similar to the very successful Cancer Consortium and as a follow-up to the very effective Perinatal Board, to execute the recommendations of the IMTF and take accountability for their effectiveness.

Recommendations in the final report will be presented in the context of the periods of risk leading to infant mortality—preconception or healthy “girlhood”; the prenatal period; the neonatal period; and the internatal period. Each recommendation will have actionable implementation steps, a budget, timeline, and a responsible agency. Look for this report online in the spring of 2005.

For more information see
Tables 16-27 p. 130-136
www.modimes.org
www.cdc.gov/nccdphp/drh/index.htm
www.hmhb.org
Women, Infants, and Children Receiving WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally-funded program that safeguards the health of low-income women, infants, and children up to age five. WIC provides qualifying individuals with nutritious foods, nutrition education, and referrals to appropriate healthcare and social services. WIC supports breastfeeding and promotes it as the preferred form of infant nutrition.

![WIC Program Graph]

**Did you know?**

- WIC is available in all 50 states, 33 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Puerto Rico and the Virgin Islands.
- In fiscal year 2004 almost 8 million people received WIC benefits monthly.
- Children make up about half of all WIC participants.
- Congress appropriated nearly $5 billion for WIC in fiscal year 2004.
- By negotiating rebates with formula manufacturers, States are able to serve more people. For FY 2003, rebate savings were over $1.5 billion. That was enough to support an average of about 2 million participants each month or 25% of the estimated average monthly caseload.


Division of Public Health, WIC Office

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For more information see

Table 46  p. 146

www.fns.usda.gov/wic
Lead Poisoning

In the late 1970’s, lead-based paint stopped being used on most houses; however, many older homes still have surfaces painted with lead paint. 1 Today, childhood lead poisoning is considered to be the most preventable environmental disease of young children, yet an estimated 434,000 U.S. children have elevated blood-lead levels. 2 Lead poisoning is dangerous because the high blood-lead levels alter the way nerve cells signal one another and disturb the connections the brain uses for thinking. 3 Some of the conditions caused by lead poisoning include mental retardation, convulsions, kidney damage, and in severe cases, death. 3 Pregnant women, infants, and young children are especially susceptible to lead poisoning and should avoid engaging in any activity that stirs-up lead based paint. The only way to detect lead poisoning is a simple blood test. 1 Children should have a blood-lead level test every year until the age of six. The average blood-lead level in children has decreased approximately 80% since the late 1970’s; however low-income children, urban children, and those living in older homes could be at risk for elevated blood-lead levels. 2


If a child living in housing authority housing has a blood-lead level of 25 µg/dL or more, the housing authority must test the child’s apartment within 5 days after being notified by a doctor. In addition, they must treat all lead-based surfaces within 14 days, and, if unable to treat the surface, must move the family into a unit previously tested or built after 1978.

Child Immunizations

According to the Centers for Disease Control and Prevention (CDC), every day 11,000 babies are born in the United States, each of which will need up to 20 vaccinations before they are 2 years old. Child immunizations are vaccinations that create immunity to certain contagious diseases that young children are prone to. Vaccines protect against twelve serious diseases, including hepatitis B, pneumonia, bacterial meningitis, whooping cough, meningitis, measles, mumps, and chicken pox. Child immunizations have reduced or eliminated many of the infectious diseases that once consistently killed or harmed many infants, children, and adults.

Sources: Centers For Disease Control and Prevention; Delaware Department of Health and Social Services

Did you know?

• Delaware is able to provide free immunizations for children who are uninsured, underinsured, Native American, Alaskan Native, or eligible for Medicaid, through the Vaccine for Children Program (VFC), which is sponsored by the CDC and funded by the federal government.

• In 2003, Immunization rates for measles-mumps -rubella (MMR), hepatitis B, and Haemophilus influenzae type b (Hib) vaccines each met or exceeded 90 percent of the Healthy People 2010 target levels.¹

• Parents can order free immunization guides from the CDC website that explain the 12 diseases and how these vaccinations can protect their children.

• If vaccinations were discontinued, each year about 2.7 million measles deaths worldwide could be expected.²

• Immunization completion rates vary by racial and ethnic groups. In 2003 the completion rates were Caucasian: 85%, African American: 76.7%, Hispanic: 79.3%, American Indian: 78.5, and Asian: 83.8%.³

² National Immunization Program. CDC. Available at: www.cdc.gov/nip/publications/fs/gen
³ Delaware Health and Social Services

For more information see Table 29 p. 136 www.kidshealth.org/parent/general/body/vaccine_p9.html
**Childhood Asthma**

Asthma is a common chronic inflammatory lung condition of the bronchial airways. The inflammation causes a narrowing of the small airways in the lungs, which in turn produces airway obstruction, wheezing and/or coughing, and difficulty breathing. In 2002, over 13.9 million Americans over the age of 18 and 6.1 million Americans under the age of 18 had asthma. Asthmatic episodes or “attacks” can be the result of several factors such as allergies, viral respiratory infections, and airborne irritants. Cigarette smoke, air pollution, strong odors, aerosol sprays, and paint fumes are just some of the airborne irritants that could trigger an asthmatic episode. Between 1997 and 2002, the asthma prevalence rates were higher for 5–17-year olds, than for those over 65. Asthma is a major public health concern. In adults, it is the leading work-related lung disease. Each year, children lose an estimated 10 million days of school to asthma. While asthma attacks can be very dangerous and possibly result in death, most attacks are mild and can be prevented with medication and by developing self-management skills. Parents and children can become experts at spotting early signs of an asthma episode and with careful management these children can lead productive, active lives.


**Hospitalizations for Childhood Asthma**

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

**Readmissions for Childhood Asthma**

Delaware

Source: Delaware Health Statistics Center
**Did you know?**

- Swimming seems to be the least asthma-provoking form of exercise. ¹
- The use of bronchodilator medications before exercise can prevent most episodes brought on by physical activities.
- Asthma is the third leading cause of hospitalization among children under the age of 15 and the leading cause of chronic illness among children.²,³
- Attack prevalence rates are higher for women than men, African Americans than whites, and African Americans and whites than Hispanics.³


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**Students with Asthma**

Delaware, 2003

High school students who report having being diagnosed with asthma

- Report an Asthma Diagnosis: 22%

Students with asthma who report an asthma attack in the past 12 months

- Report an Asthma Attack: 34%

High school students who report having asthma by gender

- Female: 52%
- Male: 48%

Source: 2,975 responses. CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

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**Asthma and Smoking**

Delaware, 2003

- Asthma: 25%
- No Asthma: 22%
- Asthma: 29%
- No Asthma: 25%

Percentage of high school students who report smoking in the past month

Cigarettes

Marijuana

Source: 2,975 responses. CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

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**Did you know?**

**Common Warning Signs of an Asthmatic Episode:**

- Anxious or a scared look
- Coughing
- Wheezing
- Unusual paleness or sweating
- Fast breathing
- Hunched-over body posture

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**put data into action**

In 2001 the American Lung Association started the Asthma-Friendly Schools Initiative (AFSI) in a co-operative agreement with the Centers for Disease Control and Prevention’s Division of Adolescent and School Health. The goal of this initiative is to help communities plan and implement comprehensive school asthma management programs. The tool-kit can be downloaded for free from the American Lung Associations web page: http://www.lungusa.org/site/pp.asp?c=dvlUK900&Eid=22590.

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**For more information see**

Tables 30  p. 137

www.kidshealth.org

www.childasthma.com

www.lungusa.org/asthma/ascchildhood.html
Children without Health Insurance

Children who have health insurance are more likely to receive vaccinations, treatments for chronic illnesses such as asthma, and preventative care, than children without health insurance.\(^1\) Children without health insurance are more likely to miss school due to sickness, which can substantially hinder their academic performance now and in the future.\(^1\)

In 2003, the percentage of all children under the age of 18 with private health insurance coverage decreased to 66 percent from 71 percent in 2000.\(^2\) In response to the loss of private health insurance and the increase in the number of low-income people, enrollment in Medicaid and the State Children’s Health Insurance Program (SCHIP) increased to cover 2.4 million more low-income children and adults in 2003.\(^3\) However, 11.4 percent of the children at that time remained uninsured. SCHIP and Medicaid are health insurance programs that operate at the state level and provide children and families with free or low-cost health care based on income guidelines.

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Did you know?:

- Uninsured children are over five times more likely to have an unmet need for medical care and over three times more likely not to get a needed prescription drug.\(^1\)
- Only 79% of Hispanic children in 2003 had health insurance as compared with 93 percent of non-Hispanic white children, 88% of Asian children, and 86% of black children.\(^2\)
- 2003 data showed that 80% of children in single-father families and 86% of single-mother families had health insurance coverage, compared to 91% of children in married couple families.\(^2\)
- As a family’s level of income increases so does the likelihood that they will have health insurance coverage. In 2003, 95% of children living in families with incomes of $75,000 or more were covered by health insurance, versus only 82% of children in families with incomes under $25,000.\(^2\)

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1. Insure Kids Now. Available at: www.insurekidsnow.gov
Begun in 1999, the Delaware Healthy Children Program (DHCP) provides low-cost health insurance for uninsured children under the age of 19 who live in families with incomes below 200% of the Federal Poverty Level. Many children in the state of Delaware transition between DHCP and Medicaid as their families’ incomes fluctuate.

**Did you know?**

- 66 percent of poor children are covered by Medicaid, which covers about 26% of the entire population. Among poor children in 2003, Medicaid covered the following percentages of children: 73% of Black children, 67% of Hispanic children, 60% of White children, and 47% of Pacific Islander children.
- Children living in the Midwest and Northwest are more likely than children living in the South and West to have health insurance coverage (92% and 91% versus 86% and 88%, respectively).

Child Deaths Children 1–14

The death of a child may be one of the greatest tragedies a family, friend, or a community will ever face. Injury is the leading cause of death among children and youth. Injury accounts for more than a third of all deaths among children ages one to four and half of all deaths among teens ages 15 to 19. Educating children on proper safety procedures, using appropriate car seat restraints, installing working smoke alarms, providing children with appropriate safety gear, and teaching young children to swim are just a few ways parents and caregivers can reduce the chance of a child dying from an unnecessary injury.

Fortunately, since 1980 the death rate for children has fallen dramatically in the U.S. The death rate for children ages one to four has dropped from 64 to 31 per 100,000 and rates for children 5 to 14 have fallen from 31 to 17 per 100,000. Data from 2002 indicated that among every age group African American and Indian children had the highest death rates, Asian/Pacific Islander children had the lowest death rates, and Hispanic and Caucasian children fell in the middle.


Did you know?

- One in four crash-related deaths among child passengers age 14 or younger involved alcohol use.
- 2,335 children have died in alcohol-related crashes between 1997 and 2002. Of the 2,335 children, 1,588 (68%) were riding with a driver that was drinking and the majority of these children were not in seatbelts or car seats. The average blood alcohol concentration (BAC) of the drivers for these alcohol-related crashes was above 0.08g/dL. Accordingly, thirty one states have raised their legal BAC to above 0.08 g/dL for drivers over 21 years of age, as of December 31, 2002.


Definitions

Child Death Rate – number of deaths per 100,000 children 1–14 years old
Unintentional Injuries – accidents, including motor vehicle crashes
Swimming on a hot summer’s day may seem harmless, but each year 300 children under the age of 5 drown in swimming pools owned by their families. Also, more than 2,000 children each year are treated in hospital emergency rooms for submersion injuries. Pool submersion can happen very quickly and 75 percent of the time the victim has only been missing from sight for 5 minutes or less.

If you own a pool or your family lives near one, below is a list of guidelines that might prevent an accidental submersion injury or death:

- Pool areas should have fences and gates that are self-closing and self-latching.
- Do not allow young children in the pool without an adult.
- Keep rescue equipment by the pool and be sure there is a telephone with emergency numbers posted nearby.
- If a child is missing check the pool first. Seconds count in preventing death or disability.
- Do not use flotation devices as a substitute for supervision.

Source: U.S. Consumer Product Safety Commission, How to plan for the unexpected. Available at: www.cpsc.gov

For more information see
Tables 16-27 p. 130-136
Tables 32-35 p. 138-140
Table 74 p. 161
www.kidshealth.org
www.cdc.gov/ncipc/duip/duip.htm
www.coderedrover.org/home.asp
Deaths by accident, homicide, and suicide account for 75% of all deaths of teens between the ages of 15 and 19, which account for 28 preventable deaths a day in the U.S. 1 Accidents account for the majority of teen deaths, with the most lethal being vehicle accidents. 1 The second and third leading causes of death among teens aged 15 to 19 are homicide and suicide. 2 Suicide was also the third leading cause of death among children ages 10 to 14. 3 Reports have found firearms to be the instrument of death in 80% of homicides and 60% of teen suicides. 4 Often teens experience stress, confusion, and depression from situations that occur within their families, schools, and communities that lead them to consider suicide or violence as a “solution.” 2 Graduated licensing programs for teen drivers, access to mental health facilities, crisis intervention programs in schools, as well as family and community support groups are suggested as protective factors to help reduce teen death.

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

Delaware is one of thirty-seven states that have implemented a Graduated Driver’s Licensing (GDL) program. The program was enacted on July 1, 1999 and the state has since experienced a substantial decline in crashes involving teens ages 16 to 19.

The program involves all three levels recommended by the National Conference of State Legislatures, Energy and Transportation Program. Level 1 involves obtaining a learner’s permit and requires supervised driving at all times for a six month time period. Level two is reached six months after the issuance of a Level 1 learner’s permit. Level 2 involves limited unsupervised driving and passenger restrictions. After twelve months of driving experience with a learner’s permit a Level 3 license, which is full licensure with unrestricted privileges, can be obtained.

Did you know?

- The risk for motor vehicle crashes is higher among 16- to 19-year-olds than among any other age group. In fact, per mile driven, teen drivers ages 16 to 19 are four times more likely than older drivers to crash.
- The motor vehicle death rate for male occupants 16–19 was nearly twice that of females.


continued on next page
**Teen Deaths by Accident, Homicide, & Suicide**

Listed below are some of the strategies outlined in the KIDS COUNT Indicator Brief for reducing the teen mortality rate:

- Structure family and parent education programs to include parents with children of all ages.
- Develop programs that help parents gain the skills needed to act as effective advocates for their children.
- Expand access to family mental health services geared to adolescents.
- Support youth development programs that equip youth with academic, vocational, and work readiness skills, as well as “life skills” and developmental opportunities.
- Support broad, multi-faceted substance abuse prevention programs.
- Teach violence prevention and conflict resolution.


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**Traffic Reports on Young Drivers**

Selected Reports on Drivers under Age 21, Delaware

- Percentage Underage Drivers Involved in Crashes: 13.8%
- Percentage Underage Drivers of DUI Arrests: 13.1%
- Percentage Licensed Drivers who Are Under 21 of All Licensed Drivers: 7.1%

Source: Delaware State Police

**DUI Arrests of Teens Involved in Crashes**

Delaware

- Number of Driving under the Influence Arrests of Teens Involved in Crashes:
  - 93: 20
  - 94: 30
  - 95: 40
  - 96: 50
  - 97: 60
  - 98: 70
  - 99: 80
  - 00: 90
  - 01: 100
  - 02: 110
  - 03: 120

Source: Delaware State Police

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For more information see
Tables 32-36 p. 138-140
www.highwaysafety.org
www.talkingwithkids.org
Sexually transmitted diseases (STDs) are among the most common infectious diseases in the United States today. Over twenty STDs have been identified and they affect more than 13 million Americans each year. In the U.S. over 65 million people live with an incurable STD and there are approximately 15 million new cases of curable STDs diagnosed each year. One in four new STD infections occur among teenagers and one in three sexually active people will have contacted an STD by the age of 24. Teens are more at risk of acquiring an STD because they are more likely to engage in unprotected sex, have multiple sex partners, and are less likely to openly discuss sex or seek advice. The risk of contracting an STD can be greatly reduced by education, abstinence, condom use, and delaying the age at which teens first have intercourse.

1 National Institute of Allergy and Infectious Diseases. Available at: http://www.niaid.nih.gov/factsheets/stdinfo.htm

Pelvic inflammatory disease (PID) is the consequence of an untreated Chlamydia infection and research has shown that an estimated 42% of PIDs could be prevented if screening, as outlined by the Centers for Disease Control and Prevention, were conducted.

Source: Planned Parenthood. Available at: http://plannedparenthood.org/master.com/txexit/master/search/mysite.html

For more information see
Table 37
p. 141
www.thebody.com
www.agi-usa.org/sections/std.html
www.plannedparenthood.org
www.cdc.gov/hiv/pubs/facts.htm
Alcohol, Tobacco, & Other Drugs

Illicit drug use among youth in the U.S. has declined by 11 percent between 2001 and 2003, reaching levels not seen in nearly a decade. There were an estimated 400,000 fewer drug users in 2003 than in 2001. While this is promising, the number of children and adolescents who try or use alcohol, tobacco, or other drugs is still substantial. Among children and adolescents, alcohol is the number one used drug. In 2002, 1.5 million youth ages 12–17 met the criteria for needing alcohol treatment and studies have shown that 40 percent of those who start drinking before the age of 15 will meet the criteria for alcohol dependence at some point in their lives. Each day, 2,000 adolescents ages 12–17 become daily cigarette smokers in the U.S. Currently, 10.1 percent of U.S. middle school students and 22.9 percent of high school students are cigarette smokers. The use of LSD, amphetamines, and tranquilizers has decreased among high school students and the use of ecstasy has decreased among all students. Parents have an incredible influence on their child’s decision to use or not use drugs and research has shown that teens who learn about the risk of drugs from their parents are 54 percent less likely to try drugs.

2 National Institute on Alcohol Abuse and Alcoholism. Available at: www.niaaa.nih.gov/about/underage.htm#statistics
3 Youth and Tobacco Use: Current Estimates, Center for Disease Control and Prevention. Available at: www.cdc.gov/tobacco/research_data/youth/Tobacco_Factsheet.htm

Did you know?

- Research has shown that adolescent children whose parents strongly disapprove of drug use are less likely to report using marijuana. 30.2% of adolescents report using marijuana in the past month when their parents do not strongly disapprove of drug use. In contrast, only 5.5% of teens report using marijuana in the past month when their parents strongly oppose drug use.
- 31% of parents believe their teen has been offered drugs versus 52% of teens who say they have been offered drugs.
- In Delaware in 2003, the number of 8th graders who reported identifying a “great risk” from drinking everyday increased to 29%, but the 11th graders dropped one point from the previous year to 29%. In Delaware there was an increase in the number of 5th, 8th, and 11th graders who thought there was a “great risk” from smoking a pack of cigarettes a day, with the change being the most significant for 5th graders.

1 U.S. Department of Health and Human Services and SAMHSA’s National Clearinghouse for Alcohol and Drug Information. Available at: www.health.org/govpubs/PHD711/lowchild.aspx
2 Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students (2003). The Center for Drug and Alcohol Studies, University of Delaware. www.state.de.us.data.htm#tobab
### Trends in Cigarette, Alcohol, and Marijuana Use

#### Delaware 5th Graders

- **Cigarettes:** 1%
- **Alcohol:** 2%
- **Marijuana:** .6%

#### Delaware 8th Graders

- **Alcohol:** 24%
- **Cigarettes:** 13%
- **Marijuana:** 12%

#### Delaware 11th Graders

- **Alcohol:** 43%
- **Cigarettes:** 23%
- **Marijuana:** 18%


Delaware School Survey 2004, Center for Drug and Alcohol Studies, University of Delaware

For more information see:
- Table 39-40, p. 142
- www.tobaccofreekids.org
- www.state.de.us/drugfree
- www.childtrendsdatabank.org/drugs.cfm
- www.al-anon-alateen.org
- www.udetc.org

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**Definition**

**Self-Reported Regular Use** – reports of about once a month or more often
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 with the cooperation of the Department of Education and the Delaware Drug Free School Coordinators. It has become a valuable tool in assessing trends of drug use among Delaware students. 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.


### Strenuous 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, 2003**

| Days of Activity | Percentage
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>19.4%</td>
</tr>
<tr>
<td>6 days</td>
<td>7.6%</td>
</tr>
<tr>
<td>5 days</td>
<td>10.2%</td>
</tr>
<tr>
<td>4 days</td>
<td>8.1%</td>
</tr>
<tr>
<td>3 days</td>
<td>11.9%</td>
</tr>
<tr>
<td>2 days</td>
<td>11.6%</td>
</tr>
<tr>
<td>1 day</td>
<td>9.3%</td>
</tr>
<tr>
<td>0 days</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

#### Students reporting 0 days activity by age

| Age Group   | Percentage of High School Students
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 or younger</td>
<td>18.2%</td>
</tr>
<tr>
<td>15 or 16</td>
<td>23.4%</td>
</tr>
<tr>
<td>18 or older</td>
<td>28.5%</td>
</tr>
</tbody>
</table>

Source: 2,975 responses. CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware.

### Non-Strenuous 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, 2003**

| Days of Activity | Percentage
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>36.0%</td>
</tr>
<tr>
<td>6 days</td>
<td>13.4%</td>
</tr>
<tr>
<td>5 days</td>
<td>6.2%</td>
</tr>
<tr>
<td>4 days</td>
<td>5.6%</td>
</tr>
<tr>
<td>3 days</td>
<td>10.0%</td>
</tr>
<tr>
<td>2 days</td>
<td>13.3%</td>
</tr>
<tr>
<td>1 day</td>
<td>2.5%</td>
</tr>
<tr>
<td>0 days</td>
<td>36.0%</td>
</tr>
</tbody>
</table>

#### Students reporting 0 days activity by age

| Age Group   | Percentage of High School Students
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 or younger</td>
<td>34.1%</td>
</tr>
<tr>
<td>15 or 16</td>
<td>36.5%</td>
</tr>
<tr>
<td>18 or older</td>
<td>40.1%</td>
</tr>
</tbody>
</table>

Source: 2,975 responses. CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware.
Concern about Weight
Which of the following are you trying to do about your weight?
Delaware, 2003

<table>
<thead>
<tr>
<th></th>
<th>9–12th Grade Males</th>
<th>9–12th Grade Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lose weight</td>
<td>29.2%</td>
<td>56.1%</td>
</tr>
<tr>
<td>Gain weight</td>
<td>27.8%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Stay same weight</td>
<td>22.0%</td>
<td>Not trying anything 21.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Weight Control
Step taken in the last 30 days to lose weight or keep from gaining weight
Delaware, 2003

<table>
<thead>
<tr>
<th></th>
<th>Exercised</th>
<th>Ate less food, fewer calories or low-fat food</th>
<th>Went without eating for 24 hours or more</th>
<th>Took diet pills, powders, or liquids without doctor’s advice</th>
<th>Vomited or took laxatives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All:</td>
<td>All:</td>
<td>All:</td>
<td>All:</td>
<td>All:</td>
</tr>
<tr>
<td>Exercised</td>
<td>57.6%</td>
<td>6.2%</td>
<td>3.6%</td>
<td>9.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Males</td>
<td>53.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>61.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ate less food, fewer calories or low-fat food</td>
<td>39.1%</td>
<td>26.4%</td>
<td>13.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>28.4%</td>
<td></td>
<td>9.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>49.7%</td>
<td></td>
<td>16.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Went without eating for 24 hours or more</td>
<td>13.1%</td>
<td>16.6%</td>
<td>6.2%</td>
<td></td>
<td>6.2%</td>
</tr>
<tr>
<td>Males</td>
<td>9.4%</td>
<td></td>
<td>6.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>16.6%</td>
<td></td>
<td>7.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Took diet pills, powders, or liquids without doctor’s advice</td>
<td>6.2%</td>
<td>4.6%</td>
<td>3.6%</td>
<td></td>
<td>4.7%</td>
</tr>
<tr>
<td>Males</td>
<td>4.6%</td>
<td></td>
<td>3.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>7.7%</td>
<td></td>
<td>4.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomited or took laxatives</td>
<td>3.6%</td>
<td>2.6%</td>
<td>4.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>2.6%</td>
<td></td>
<td>4.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>4.7%</td>
<td></td>
<td>4.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2,975 responses. CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Individual Physique: Perception vs. Actuality
Delaware, 2003

Teens who describe themselves as slightly/very overweight compared to teens who are overweight or at risk of becoming overweight*

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe self as overweight</td>
<td>31.4%</td>
<td>16.7%</td>
<td>36.1%</td>
</tr>
<tr>
<td>Overweight*</td>
<td>13.5%</td>
<td>26.7%</td>
<td>17.0%</td>
</tr>
<tr>
<td>At risk of becoming overweight*</td>
<td>16.4%</td>
<td>17.1%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

* Calculated body mass index from reported height and weight

Source: 2,975 responses. CDC Youth Risk Behavior Survey 2003, 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

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.

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, 2003**

<table>
<thead>
<tr>
<th>Percentage of Students</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.9%</td>
<td>Sometimes, most the time, or always wore a seatbelt when riding in a car driven by someone else</td>
</tr>
<tr>
<td>70.9%</td>
<td>Did not ride with a driver who had been drinking alcohol during the past 30 days</td>
</tr>
<tr>
<td>94.2%</td>
<td>Did not carry a weapon in the past 30 days</td>
</tr>
<tr>
<td>91.4%</td>
<td>Did not attempt suicide during the past 12 months</td>
</tr>
<tr>
<td>76.5%</td>
<td>Did not smoke cigarettes during the past 30 days</td>
</tr>
<tr>
<td>54.6%</td>
<td>Did not drink alcohol during the past 30 days</td>
</tr>
<tr>
<td>72.7%</td>
<td>Did not use marijuana during the past 30 days</td>
</tr>
<tr>
<td>42.7%</td>
<td>Never had sexual intercourse</td>
</tr>
<tr>
<td>57.3%</td>
<td>Not sexually active during the last 3 months</td>
</tr>
<tr>
<td>57.2%</td>
<td>Participated in vigorous physical activity for at least 20 min., 3 or more days in the past 7 days</td>
</tr>
<tr>
<td>85.6%</td>
<td>Were not overweight</td>
</tr>
<tr>
<td>19.5%</td>
<td>Ate five or more fruits and vegetables per day during the past 7 days</td>
</tr>
</tbody>
</table>

Source: CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Note: The Youth Risk Behavior Survey (YRBS) was administered to 3,048 students in 32 public high schools in Delaware during the spring of 2003. The results are representative of all students in grades 9–12. The sample was comprised of the following students: Female: 49.5%, Male: 50.5%; 9th grade: 29.9%, 10th grade: 25.5%, 11th grade: 23.3%, 12th grade: 21.4%; African American: 28.9%, Hispanic/Latino: 5.7%, White: 63.1%; All other races: 1.3%, Multiple races: 1.0%. Students completed a self-administered, anonymous questionnaire.

---

**Did you know?**

- Youth participation in physical activity decreases the risk of developing heart disease, type two diabetes, high blood pressure, and colon cancer.
- In 2003, the proportion of adolescents in the U.S. who engaged in vigorous exercise dropped from 69 percent in ninth grade to 55 percent by twelfth grade. Females showed the greatest difference, dropping from 64 percent in ninth grade to 46 percent by twelfth grade.
- For adolescents, participation in sports, physical education classes, or any other type of regular exercise helps to build and maintain healthy bones and muscles, controls weight, and has positive psychological benefits.

Declining Cigarette Use
Delaware 8th and 11th Graders

Percentage of respondents reporting regular use

97 98 99 00 01 02 03 04

11th Graders

8th Graders

18

12

Delaware School Survey 2004, Center for Drug and Alcohol Studies, University of Delaware

Parents Influence Teen Smoking
Delaware, 2004

8th Graders who Smoke Cigarettes

Percentage of 8th Grade Students who Report Smoking in the Past Month

45 40 35 30 25 20 15 10 5 0

8th Graders who Smoke Cigarettes

Mother/stepmother

smokes

Parents spend time

with teen

Parents know

where teen is

Mother/stepmother

smokes

Parents spend time

with teen

Parents know

where teen is

Delaware School Survey 2004, Center for Drug and Alcohol Studies, University of Delaware
**Sexual Activity**

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

**Delaware, 2003**

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Graders</td>
<td>16 yrs.</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>15 yrs.</td>
<td>5.4%</td>
</tr>
<tr>
<td></td>
<td>14 yrs.</td>
<td>13.2%</td>
</tr>
<tr>
<td></td>
<td>13 yrs.</td>
<td>12.0%</td>
</tr>
<tr>
<td></td>
<td>12 yrs.</td>
<td>8.5%</td>
</tr>
<tr>
<td></td>
<td>11 or younger</td>
<td>6.1%</td>
</tr>
<tr>
<td></td>
<td>17 or older</td>
<td>0.2%</td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td>53.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10th Graders</td>
<td>16 yrs.</td>
<td>2.8%</td>
</tr>
<tr>
<td></td>
<td>15 yrs.</td>
<td>13.2%</td>
</tr>
<tr>
<td></td>
<td>14 yrs.</td>
<td>15.8%</td>
</tr>
<tr>
<td></td>
<td>13 yrs.</td>
<td>9.6%</td>
</tr>
<tr>
<td></td>
<td>12 yrs.</td>
<td>8.1%</td>
</tr>
<tr>
<td></td>
<td>11 or younger</td>
<td>4.2%</td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td>45.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Graders</td>
<td>17 or older</td>
<td>3.3%</td>
</tr>
<tr>
<td></td>
<td>16 yrs.</td>
<td>11.6%</td>
</tr>
<tr>
<td></td>
<td>15 yrs.</td>
<td>12.7%</td>
</tr>
<tr>
<td></td>
<td>14 yrs.</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>13 yrs.</td>
<td>8.7%</td>
</tr>
<tr>
<td></td>
<td>12 yrs.</td>
<td>3.9%</td>
</tr>
<tr>
<td></td>
<td>11 or younger</td>
<td>4.2%</td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td>43.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th Graders</td>
<td>17 or older</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>16 yrs.</td>
<td>11.4%</td>
</tr>
<tr>
<td></td>
<td>15 yrs.</td>
<td>17.8%</td>
</tr>
<tr>
<td></td>
<td>14 yrs.</td>
<td>14.6%</td>
</tr>
<tr>
<td></td>
<td>13 yrs.</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td>12 yrs.</td>
<td>3.7%</td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td>23.9%</td>
</tr>
</tbody>
</table>

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

**Delaware, 2003**

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Graders</td>
<td>1 person</td>
<td>16.1%</td>
</tr>
<tr>
<td></td>
<td>2 people</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>3 or more</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>5 or more</td>
<td>7.7%</td>
</tr>
<tr>
<td></td>
<td>6 or more</td>
<td>12.3%</td>
</tr>
<tr>
<td>Never had sex</td>
<td></td>
<td>53.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10th Graders</td>
<td>1 person</td>
<td>16.2%</td>
</tr>
<tr>
<td></td>
<td>2 people</td>
<td>11.0%</td>
</tr>
<tr>
<td></td>
<td>3 people</td>
<td>10.8%</td>
</tr>
<tr>
<td></td>
<td>4 people</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td>5 people</td>
<td>6.1%</td>
</tr>
<tr>
<td></td>
<td>6 or more</td>
<td>18.3%</td>
</tr>
<tr>
<td>Never had sex</td>
<td></td>
<td>45.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Graders</td>
<td>1 person</td>
<td>18.7%</td>
</tr>
<tr>
<td></td>
<td>2 people</td>
<td>9.1%</td>
</tr>
<tr>
<td></td>
<td>3 people</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td>4 people</td>
<td>5.7%</td>
</tr>
<tr>
<td></td>
<td>5 people</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>6 or more</td>
<td>12.3%</td>
</tr>
<tr>
<td>Never had sex</td>
<td></td>
<td>43.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th Graders</td>
<td>1 person</td>
<td>18.6%</td>
</tr>
<tr>
<td></td>
<td>2 people</td>
<td>14.7%</td>
</tr>
<tr>
<td></td>
<td>3 people</td>
<td>10.8%</td>
</tr>
<tr>
<td></td>
<td>4 people</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td>5 people</td>
<td>6.1%</td>
</tr>
<tr>
<td></td>
<td>6 or more</td>
<td>18.3%</td>
</tr>
<tr>
<td>Never had sex</td>
<td></td>
<td>23.8%</td>
</tr>
</tbody>
</table>

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

Source: 3,048 responses. CDC Youth Risk Behavior Survey 2003, 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, 2003

9th Graders
- 1 person: 21.8%
- Never had sex: 53.7%
- None during past 3 months: 14.8%
- 4 people: 0.7%
- 3 people: 2.0%
- 6+ people: 1.8%

10th Graders
- 1 person: 27.0%
- Never had sex: 45.7%
- None during past 3 months: 15.9%
- 4 people: 2.0%
- 3 people: 2.3%
- 6+ people: 2.3%

11th Graders
- 1 person: 31.3%
- Never had sex: 43.2%
- None during past 3 months: 13.8%
- 4 people: 0.6%
- 3 people: 3.5%
- 6+ people: 2.5%

12th Graders
- 1 person: 46.5%
- Never had sex: 23.9%
- None during past 3 months: 13.5%
- 4 people: 2.0%
- 3 people: 4.5%
- 6+ people: 2.3%

The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? Delaware, 2003

9th Graders
- Never had sex: 54.9%
- Condoms: 30.5%
- Not sure: 1.3%
- Other: 0.9%
- Withdrawal: 3.4%

10th Graders
- Never had sex: 46.6%
- Condoms: 34.2%
- Not sure: 1.3%
- Other: 0.7%
-Withdrawal: 5.6%

11th Graders
- Never had sex: 45.3%
- Condoms: 32.4%
- Not sure: 0.8%
- Other: 0.9%
-Withdrawal: 5.7%

12th Graders
- Never had sex: 25.1%
- Condoms: 36.1%
- Birth control pills: 18.6%
- Not sure: 0.8%
- Other: 0.9%
-Withdrawal: 6.0%

Note: All students did not answer every question, causing percentages to vary.
Source: CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

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

How many times have you been pregnant or gotten someone pregnant?

Delaware, 2003

<table>
<thead>
<tr>
<th>Grade</th>
<th>0 times</th>
<th>1 time</th>
<th>2 or more times</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Graders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>94.7%</td>
<td>2.9%</td>
<td>1.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>10th Graders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>91.6%</td>
<td>6.6%</td>
<td>1.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>11th Graders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>92.5%</td>
<td>5.5%</td>
<td>1.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>12th Graders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>85.2%</td>
<td>11.4%</td>
<td>1.7%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

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

Delaware, 2003

<table>
<thead>
<tr>
<th>Grade</th>
<th>Never had sex</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Graders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>53.8%</td>
<td>33.6%</td>
<td>12.5%</td>
</tr>
<tr>
<td>10th Graders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>45.8%</td>
<td>38.3%</td>
<td>15.8%</td>
</tr>
<tr>
<td>11th Graders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>43.6%</td>
<td>18.2%</td>
<td>38.1%</td>
</tr>
<tr>
<td>12th Graders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>24.5%</td>
<td>43.9%</td>
<td>31.6%</td>
</tr>
</tbody>
</table>

Note: All students did not answer every question, causing percentages to vary.
Source: 3,048 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
Educational Involvement & Achievement

- Early Intervention ........................................ 56
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- Student Achievement .................................... 58
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- High School Dropouts ........................................ 65
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Kids Count in Delaware

KIDS COUNT in DELAWARE
Research has shown that early experiences, caregiving relationships, and environment have a significant impact on early childhood development. From birth through age five, children are developing the cognitive, physical, emotional, and social skills that they will need for the rest of their lives. It is therefore critical that children with delays and disabilities be diagnosed and provided with quality intervention as early as possible.

In Delaware, Child Development Watch is a statewide early intervention program for children ages birth to 3. The program’s mission is to enhance both the development of infants and toddlers with disabilities or developmental delays and the capacity of their families to meet the needs of their young children.

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 does not include children with developmental delays and children with very low birth weight who are also eligible in Delaware.

Source: Delaware Department of Health and Social Services

Did you know?

- 94% of the families whose children are receiving services through Child Development Watch reported that their family’s quality of life had improved since beginning participation in the program.
- 93% of the families felt overall satisfaction with the services they and their children received.
- 93.5% of the families reported that Child Development Watch gave information helpful to use with their children on a daily basis.

Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.

The Head Start program has a long tradition of delivering comprehensive and high quality services designed to foster healthy development in low-income children. Head Start grantees and delegate agencies provide a range of individualized services in the areas of education, early childhood development, health (medical, dental, and mental), nutrition, and parent involvement. In addition, the entire range of Head Start services is responsive to each child’s as well as his or her family’s developmental, ethnic, cultural, and linguistic heritage and experience.  

1 About Head Start. US Department of Health and Human Services. Available at: www.acf.dhhs.gov

According with the Delaware Early Childhood Longitudinal Study, children living in poverty who participated in Early Childhood Assistance Programs (ECAP) or Head Start programs when they were four years old:

– were significantly more likely to earn passing performance scores on the reading and math sections of the Delaware Student Testing Program (DSTP) than those students who did not receive ECAP or Head Start services.

– earned passing performance scores on the math and reading DSTPs at about the same rate as those students not living in poverty and who did not have a disability.

– had significantly higher grades than did their peers who live in poverty and did not participate in ECAP or Head Start programs.

Source: IRMC 2003 Annual Report. Interagency Resource Management Committee. Available at: www.doe.state.de.us

Reading aloud to young children is important because it helps them acquire the information and skills they need to succeed in school and life. Reading also helps them know printed letters and words, the relationship between sound and print, the meaning of many words, a variety of writing styles, the difference between written language and everyday conversation, and the pleasure of reading.


For more information see Tables 79-83 p. 162-163
Student Achievement

Student achievement, which can be measured in part by reading and math proficiency, is associated with future success in the labor market. On average, students with higher test scores will earn more and be unemployed less often than students with lower scores.¹

The ability to read proficiently is a fundamental skill that affects the learning experiences and school performance of children and adolescents. Students who are competent readers, as measured by their performance on reading tests, are more likely to perform well in other subjects, such as math and science. Reading achievement also predicts student’s likelihood of graduating from high school and attending college.²

Competence in mathematics is essential for functioning in everyday life, as well as for success in our increasingly technological workplace. Students who take higher level mathematics and science courses which require strong fundamental skills in mathematics are more likely to attend and to complete college.³

2. Reading Proficiency. Children Trends DataBank. Available at: www.childtrendsdatabank.org

![Reading Proficiency Chart](chart.png)

Source: Delaware Department of Education

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Building a strong math and science foundation can start at home. Here are some tips to help children of any age become good problem solvers:

1. Encourage questions, particularly those that have more than one possible answer, and preferably ones to which you don’t know the answer yourself.
2. Ask open-ended questions and welcome innovative responses.
3. Help your child to tolerate some uncertainty—effective thinkers can delay the best solution to a problem until they have thought about possible options.
4. Provide toys and games that encourage a variety of types of play that the youngster must create himself; praise and admire innovative uses of play construction or game materials.
5. Show your child how to estimate.
6. Practice “guess and test”.
7. Work hard on helping your child feel secure enough to take sensible risks.

Did you know?

The No Child Left Behind Act may provide free tutoring for children if the state says his or her school needs to improve and the child is eligible. These services offer students extra help in academic subjects such as reading, language arts, and mathematics. Supplemental Education Services (SES) services are provided outside the regular school day—before or after school, on weekends, or in the summer.

Source: SES: The Basics. SESQ Center. Available at: www.tutorsforkids.org/basics.asp
**Student Achievement**

**Grade 3 Meeting the DSTP Standard**

**Reading**

- White: 90, 93
- All: 90
- Hispanic: 83
- African American: 75

**Math**

- White: 87
- All: 85
- Hispanic: 75
- African American: 70

**Grade 5 Meeting the DSTP Standard**

**Reading**

- White: 92
- All: 90
- Hispanic: 85
- African American: 73

**Math**

- White: 84
- All: 76
- Hispanic: 73
- African American: 59

Source: Delaware Department of Education

Note: All includes Native American and Asian.
Students receive scores categorized as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Category/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Distinguished: Excellent performance</td>
</tr>
<tr>
<td>4</td>
<td>Exceeds the standard: Very good performance</td>
</tr>
<tr>
<td>3</td>
<td>Meets the standard: Good performance</td>
</tr>
<tr>
<td>2</td>
<td>Below the standard: Needs improvement</td>
</tr>
<tr>
<td>1</td>
<td>Well below the standard: Needs lots of improvement</td>
</tr>
</tbody>
</table>

**DSTP Accountability**

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

**Level 2 – Students Below the Standard**
- Promoted with an Individual Improvement Plan (IIP)
- IIP must be agreed to by the parents of the student
- IIP may include summer school and/or extra instruction during the school year

**Level 1 – Students Well Below the Standard**
- Must attend summer school
- Must retake DSTP at the end of summer school
- School must have an IIP in place for a student at the end of summer
- If the student is still below the standard, the student will only be promoted after an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.

For more information see
Tables 46-53 p. 146-149
www.doe.state.de.us
www.doe.state.de.us
The Advanced Placement (AP) program gives students an opportunity to take college-level courses and exams while still in high school. Based on their performance on rigorous AP Examinations, students can earn credit, advanced college class placement, or both, for college. Research conducted by the U.S. Department of Education indicates a direct positive correlation between AP classes taken in high school and the likelihood of earning a college degree.

In 2001, there was great disparity in the availability of advanced placement courses in the state’s 31 public high schools and some districts offered no AP courses. In 2001, Delaware received an Advanced Placement Incentive (API) grant from the U.S. Department of Education. The professional development and increased AP course offerings made possible by the API grant has enabled students (many of them disadvantaged) to attend a more rigorous academic curriculum, perform better in the tenth grade assessment, and pursue a college preparatory career. In the 2003-2004, Delaware high schools offered 255 AP courses with an enrollment of 2,779 students.

**Did you know?**

Advanced Placement (AP) exams, developed by Educational Testing Systems (ETS), are administered every spring. The purpose is to assess a student’s achievement in a particular course and, with a high enough score, allow the student to earn college credit, advanced placement, or both, for college.

The highest score possible is a “5.” A score of “3” is considered average and most colleges and universities will grant credit or advanced placement, or both, with this score.

The Delaware Department of Education (DDEO) as part of the Advanced Placement Incentive program (APIP) reimburses a major portion of the cost for low-income students. In Delaware public schools, students took 3,237 tests in the spring of 2004. During the three years of the APIP from 2002 through 2004, the number of public school test fee refunds increased from 43 to 133.

Of 31 Delaware public high schools, 25 offer AP courses. Nationally, over 34 courses and exams are available across 19 subject areas for AP Programs. For more information about AP testing please contact an AP teacher at a local school or visit the Delaware Department of Education website: www.doe.state.de.us/AdvPlacementProgram/APGoals.htm or www.collegeboard.com. Both websites contain valuable information for parents and educators.
Below are several reasons listed as to why high school students should enroll in AP programs.

• Gain an edge in college preparation.
• Get a head start on college-level work.
• Improve writing skills and sharpen problem-solving techniques.
• Develop the study habits necessary for tackling rigorous course work.
• Stand out in the college admissions process.
• Demonstrate maturity and readiness for college.
• Show willingness to push oneself to the limit.
• Emphasize commitment to academic excellence.
• Broaden intellectual horizons.
• Explore the world from a variety of perspectives, most importantly the student’s own.
• Study subjects in greater depth and detail.
• Assume the responsibility of reasoning, analyzing, and understanding.
Children Receiving
Free & Reduced-Price School Meals

More than 25 million children participate in the National School Lunch Program (NSLP) daily, helping them to reach proper nutrition, which is imperative for the growth and educational achievement of children. The NSLP was created in 1946 and since then has served more than 187 billion lunches.¹

Children participating in NSLP are more likely than nonparticipants to consume more vegetables, milk products, and meat or meat substitutes, and fewer soft drinks and fruit drinks. Also, school lunches provide 35% of the daily total energy intake.²

¹ Program Fact Sheet. Food and Nutrition Services. USDA Available at: www.fns.usda.gov/cnd/Lunch/AboutLunch/NSLPFactSheet.htm
² Position of the American Dietetic Association: Dietary Guidance for Healthy Children Ages 2 to 11 Years. American Dietetic Association. Available at: www.eatright.org/Member/Files/dietary(1).pdf

<table>
<thead>
<tr>
<th>School Year</th>
<th>Percentage of Students Receiving Free or Reduced Lunches</th>
</tr>
</thead>
<tbody>
<tr>
<td>94-95</td>
<td></td>
</tr>
<tr>
<td>95-96</td>
<td></td>
</tr>
<tr>
<td>96-97</td>
<td></td>
</tr>
<tr>
<td>97-98</td>
<td></td>
</tr>
<tr>
<td>98-99</td>
<td></td>
</tr>
<tr>
<td>00-01</td>
<td></td>
</tr>
<tr>
<td>01-02</td>
<td></td>
</tr>
<tr>
<td>02-03</td>
<td></td>
</tr>
<tr>
<td>03-04</td>
<td></td>
</tr>
</tbody>
</table>

Delaware, Counties, Charter Schools*, and Wilmington**

* Charter School data were not available before the 1999–2000 school year.
** Wilmington data are available only for the 2000–01 and 2001–02 school years

Source: Delaware Department of Education

Did you know?

• Hungry children, even those who experience only mild malnutrition during the critical stages of their development, may suffer irreparable harm.
• Hungry children have a harder time learning in school, shorter attention spans, and suffer more absences due to illness.
• A child who is unequipped to learn because of hunger and poverty is more likely to be poor as an adult.


The Delaware Action for Healthy Kids Coalition, a group of public health care workers, educators, and nutrition experts, is trying to change eating behaviors among children that lead to obesity and chronic diseases. The coalition is helping schools to adopt policies that ensure that all foods and beverages available on Delaware public school campuses and at school events are consistent with USDA lunch guidelines. Specific focus is being given to adopting a proposed voluntary nutritional standard for snacks which would have no more than 8 grams of fat per serving and get less than 35 percent of their calories from sugar or other sweeteners.
High School Dropouts

Education has always played a role in determining children’s future economic and occupational success, but its influence has never been greater than it is today. Young people who drop out of high school are unlikely to have the minimum skills and credentials necessary to function in today’s increasingly complex society and technological workplaces. Over the last two decades, people without high school diplomas have suffered an absolute decline in real income and have dropped further behind individuals with more education. 1

Interestingly, however, many youth who drop out of high school eventually earn a diploma or General Education Diploma (GED). One study found that 63 percent of students who dropped out had earned a diploma or GED within eight years of the year they would have originally graduated. 2


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Definitions

Dropout – A 2002-2003 dropout is an individual who was enrolled at the end of the 2001-2002 school year; or at any time during the 2002-2003 school year; and has not graduated from high school or completed a state- or district-approved educational program; and does not meet any of the following exclusionary conditions:

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

---

Dropouts by Age, Gender, and Racial/Ethnic Group, School Year 2001–2002

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15 yrs.</td>
<td>3.8%</td>
<td>Female: 40%</td>
<td>Hispanic: 9.0%</td>
</tr>
<tr>
<td>15 yrs.</td>
<td>8.0%</td>
<td>Male: 60%</td>
<td>White/Other: 48.7%</td>
</tr>
<tr>
<td>Greater than 16 yrs.</td>
<td>57.2%</td>
<td>Black: 42.3%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Delaware Department of Education
High School Dropouts

Definition
Graduation Rate – The graduation rate is a cohort rate that reflects the percent of 9th grade students who graduated within four years from a Delaware public school. The rate takes into account dropouts. For example, the rate for 2000–2001 reflects the percent of incoming 9th graders in September of 1997 who graduated in June of 2001.

Did you know?
• High school dropouts are four times as likely to be unemployed as those who completed four or more years of college.
• High school graduates earn $143 more per week than high school dropouts. College graduates earn $336 more per week than high school graduates.
• Dropouts are more likely to apply and receive public assistance than graduates.
• Dropouts comprise a disproportionate percentage of the nation’s prison and death row inmates. 82% of prisoners in America are high school dropouts.


For more information see
Table 17 p. 131
Tables 47-55 p. 147-150
www.dropoutprevention.org
http://jbcorps.doleta.gov

The National Dropout Prevention Center/Network (NDPC/N) has identified 15 effective strategies that have the most positive impact on the dropout rate. These strategies have been implemented successfully at all education levels and environments throughout the nation. For programs descriptions, resources and contacts, please visit: www.dropoutprevention.org/effstrat/effstrat.htm

Dropout Rates
by Racial/Ethnic Group
School Year 2002–03

Delaware
All – 5.4
White/Other – 4.0
Hispanic – 9.8
Black – 8.0

New Castle County
All – 5.9
White/Other – 3.9
Hispanic – 11.5
Black – 8.9

Kent County
All – 4.4
White/Other – 3.8
Hispanic – 3.4
Black – 5.9

Sussex County
All – 5.1
White/Other – 4.5
Hispanic – 7.3
Black – 6.9

Delaware Average: 5.4

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

For detailed information on census tracts see: http://factfinder.census.gov
**Teens Not in School and Not Working**

As they move toward adulthood, most young Americans are either in school, the workforce, or the military. In whichever setting they are involved, their lives are shaped by the challenges and routines of an important societal institution and by the social networks they encounter there. However, a persistent minority, nearly one in ten teens between the ages of 16 and 19, are neither studying nor working. They are disconnected from the roles and relationships that set most young people on pathways toward productive adult lives. Their detachment, especially if it lasts for several years, increases the risk that a young person will have lower earnings and a less stable employment history than peers who stayed in school or found jobs. Disconnected young women are more likely than other young adult women to rely on welfare, while disconnected young men are more likely than other young men to spend time in jail.  


**Did you know?**

- American Indian and non-Hispanic black youth are more likely than other youth to be neither enrolled in school nor working. In 2003, 28 percent of American Indian youth and 20 percent of non-Hispanic black youth were neither enrolled in school nor working, compared with 9 percent of Asian youth, 10 percent of non-Hispanic white youth, and 18 percent of Hispanic youth.

- Older youth are more likely than younger youth to be neither working nor enrolled in school. For example, in 2003, 18 percent of youth ages 23 to 24 were neither working nor enrolled in school compared with 4 percent of youth ages 16 to 17.

- Young adults ages 23 to 24 are more likely to be neither working nor enrolled in school than youth ages 16 to 17. For example, in 2003, 18 percent of persons ages 23 to 24 were neither working nor in school compared with 4 percent of 16 to 17 year olds.

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

### Expulsions and Suspensions

#### Delaware Public Schools, 2002–03

<table>
<thead>
<tr>
<th>County</th>
<th>Enrollment</th>
<th>Number of Expulsions</th>
<th>Number of Suspensions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>116,429</td>
<td>96</td>
<td>29,736</td>
</tr>
<tr>
<td>New Castle</td>
<td>68,636</td>
<td>74</td>
<td>22,324</td>
</tr>
<tr>
<td>Kent</td>
<td>24,975</td>
<td>5</td>
<td>3,827</td>
</tr>
<tr>
<td>Sussex</td>
<td>21,939</td>
<td>17</td>
<td>3,585</td>
</tr>
</tbody>
</table>

*Suspensions are total number of suspensions, not students suspended. A student may have multiple suspensions.

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

Source: Delaware Department of Education

### Did you know?

According to the National League of Cities, engaging disconnected youth is important for the following reasons:

- **Education and training for young people builds strong communities.** Cities that want to cultivate a skilled workforce can achieve this goal by expanding opportunities for disconnected youth to return to school, enroll in training programs, and find paid employment.

- **Investments now can save money down the road.** Reconnecting young people to school, work, and their communities allows them to develop their talents, serve as leaders, and stay out of trouble, reducing the need for future public expenses. Many of these reconnected teens and young adults will also make positive contributions to the cities in which they live, such as: paying taxes, purchasing goods and services, serving as role models in their neighborhoods, and engaging in civic activities.

- **A “second chance” for disconnected youth promotes equity.** The chance to bounce back and overcome youthful mistakes is a routine part of growing up for most Americans. Disconnected youth who lack the social and financial supports of their more advantaged peers often are not as fortunate, but they deserve the same opportunity to get back on their feet.


The KIDS COUNT Indicator Brief: Reducing the Number of Disconnected Youth identifies five broad strategies for policy makers and the public at large to use to reduce the number of teens neither enrolled in school nor working:

- Aim for comprehensive system reform, not just the provision or expansion of direct services.
- Start with schools.
- Create well-structured school-to-career (STC) programs.
- Address impediments to employment.
- Meet adolescents’ intense need for nurturing, guidance, and protection.


For more information see

- Tables 47-54  p. 147-150
- Table 93      p. 168
- www.dropoutprevention.org
- www.childrensdefense.org
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. National surveys consistently show that drugs, crime, safety and discipline are considered important problems facing education.

Students learn best and achieve their full potential in safe and orderly classrooms. This positive academic environment begins with safe and involved families and communities. Studies show that all children in a school—not just the children of parents who are involved—develop better attitudes about school and schoolwork when parent volunteers are in the classroom. The general presence of parents in the classroom communicates that schools and schoolwork are valued and important in the community.


Did you know

The percentage of youth who feared attack at school or on the way to and from school decreased significantly from 12% in 1995 to 6% in 2003.

Source: Child Trends DataBank. Available at http://www.childtrendsdatabank.org
**Grades and Parental Concern**
How often do your parents know where you are?
What grades do you usually make?
8th Graders, Delaware, 2004

Parents know most of the time

- Mostly A: 27%
- Mostly B: 37%
- Mostly C: 27%
- Mostly D or F: 10%

Parents never know

- Mostly A: 13%
- Mostly B: 18%
- Mostly C: 33%
- Mostly D or F: 38%

Source: 8th graders: 6,931 responses.
Delaware School Survey 2004, Center for Drug and Alcohol Studies, University of Delaware

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**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, 2004

8th Graders

- 74% of parents did NOT volunteered

11th Graders

- 75% of parents did NOT volunteered

Delaware School Survey 2004, Center for Drug and Alcohol Studies, University of Delaware

---

**Finishing School**
How much schooling do you think you will complete?
Delaware, 2004

8th Graders

- Graduate or professional school after college: 35%
- Complete high school: 8%
- Complete college degree: 40%
- Some college: 8%
- Don’t know: 8%
- Probably will not finish high school: 2%

11th Graders

- Graduate or professional school after college: 30%
- Complete high school: 9%
- Complete college degree: 49%
- Some college: 7%
- Don’t know: 4%
- Probably will not finish high school: 1%

Delaware School Survey 2004, Center for Drug and Alcohol Studies, University of Delaware
Delaware Children Speak about Education

Studying
How much time do you spend on a school day (before or after school) doing schoolwork at home?
Delaware, 2004

<table>
<thead>
<tr>
<th>5th Graders</th>
<th>8th Graders</th>
<th>11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 2 hours</td>
<td>More than 4 hours</td>
<td>More than 4 hours</td>
</tr>
<tr>
<td>About 2 hours</td>
<td>2–4 hours</td>
<td>2–4 hours</td>
</tr>
<tr>
<td>About 1 hour</td>
<td>About 1 hour</td>
<td>About 1 hour</td>
</tr>
<tr>
<td>No time</td>
<td>None</td>
<td>1/2 hour or less</td>
</tr>
</tbody>
</table>

Television
How much time do you spend on a school day watching TV?
Delaware, 2004

<table>
<thead>
<tr>
<th>5th Graders</th>
<th>8th Graders</th>
<th>11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 2 hours</td>
<td>More than 4 hours</td>
<td>More than 4 hours</td>
</tr>
<tr>
<td>About 2 hours</td>
<td>About 2 hours</td>
<td>About 2 hours</td>
</tr>
<tr>
<td>About 1 hour</td>
<td>1–2 hours</td>
<td>1–2 hours</td>
</tr>
<tr>
<td>No time</td>
<td>1/2 hour or less</td>
<td>1/2 hour or less</td>
</tr>
</tbody>
</table>

Did you know

Black students are much more likely than white students to watch four or more hours of television per day on the average weekday. Among eighth graders in 2003, for example, 61% of black students watched four or more hours of television, compared with 24% of white students.

Source: Child Trends DataBank. Available at http://www.childtrendsdatabank.org

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

Put data into action

Practical ways in which parents can support their child’s school:

- Asking the teachers how they can help.
- Sharing their knowledge, skills, or interests with their child’s class.
- Calling the local newspaper to get news coverage for school events or unusual class projects.
- Volunteering to help office staff conduct school mailings.
- Organizing community “appreciation events” for teachers, such as cooking and serving a meal on a day when teachers need to stay late, or organizing a “thank you brunch.”