Executive Summary 2018
Dear Friends,

It’s my pleasure to address you in this year’s KIDS COUNT in Delaware Fact Book. The statistics and information provided by KIDS COUNT make a serious impact on leaders throughout our state. Policymakers, program providers, and advocates make great use of the facts provided by KIDS COUNT to find ways to better serve Delaware’s children.

Supporting children in our state has been, and will continue to be, one of my largest priorities as Governor. Our economy is always changing, and it’s our responsibility to make sure every child has opportunity to succeed in kindergarten and beyond. We also know that education will help prepare our kids for success in our new economy. Many of the jobs in our new economy will rely on skills in science, technology and math, which is why we are proposing funding for additional math coaches at the middle school level.

All children in Delaware deserve a quality education, no matter their zip code. My administration is working to support the many needs of our students, from funding Opportunity Grants to stocking Basic Needs Closets with hygiene products, school supplies and clothing. The best way we can do to invest in our state’s future is to invest in quality education for every Delaware child. But we must support our children outside of the classroom as well. Healthy lifestyles and relationships between parents and children are important factors for a successful future. Thank you to KIDS COUNT in family relationships prepare our kids for successful futures. Thank you to KIDS COUNT in hands and for your great work on this year’s Fact Book. I look forward to continuing to work with our communities to support our children in all areas of their development.

Sincerely,

John C. Carney
Governor, State of Delaware
Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences, or "ACEs" are stressful or traumatic experiences that disrupt the safe, nurturing environments that children need to thrive. Exposure to ACEs can lead individuals toward the adoption of unhealthy habits and the onset of negative long-term health and economic issues. These childhood adversities aren't one-time events, but are chronic sources of stress including things like physical or sexual abuse, neglect, addiction or mental illness in the home, and domestic violence.

A growing body of research has sought to quantify the pervasiveness of ACEs and explain their connection with negative behavioral outcomes, physical health outcomes, and mental health outcomes later in life. For example, analysis by researchers at the Johns Hopkins Bloomberg School of Public Health on data from the 2016 National Survey of Children’s Health show that:

- Economic hardship is the most common ACE reported nationally and in almost all states, followed by divorce or separation of a parent or guardian.
- Abuse of alcohol or drugs, exposure to neighborhood violence, and the occurrence of mental illness are among the most commonly-reported ACEs in every state.
- The prevalence of ACEs increases with a child’s age.
- Just under ½ of children in the U.S. have experienced at least one ACE.

There is hope!

Despite the significant prevalence of ACEs, policymakers, families, community leaders, and health care service providers can create environments where children can flourish and thrive. Decreasing the occurrence of ACEs can also have a financial benefit to society, reducing health care costs by addressing the root causes of many health problems.

We know that the more exposure to ACEs a person has, the more his or her risk increased for poor negative health outcomes.

However, not every person with a high ACE score will face chronic health issues or a poor quality of life.

Why? What makes these individuals unique?

Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential.

ACEs

Resiliency

As the image suggests, we build protective factors in order to “tip the scale” toward resilience and away from the negative outcomes associated with ACEs.

Protective factors can be grouped into individual attributes, family attributes, and community attributes.

Examples in each category include:

- **Individual**
  - Temperament
  - Mastery
  - Understanding
  - Expression
  - Conflict resolution
  - Relationships
  - Culture

- **Family**
  - Role Models
  - Supportive Relationships
  - Health Networks
  - Stability

- **Community**
  - Access to services
  - School Mentors
  - Neighborhood cohesion
  - Neighborhood safety
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<th><strong>Kids Count Overview: Delaware</strong></th>
<th><strong>Low Birth Weight Births</strong></th>
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<th><strong>Graduation Rates</strong></th>
<th><strong>3rd Grade Reading Proficiency</strong></th>
<th><strong>8th Grade Math Proficiency</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As a Percentage of All Births</strong></td>
<td><strong>8.8%</strong> 2007-2011</td>
<td><strong>8.1%</strong> 2007-2011</td>
<td><strong>7.1%</strong> 2010-2012</td>
<td><strong>80.0%</strong> 2011-2012</td>
<td><strong>—</strong> Baseline data not available</td>
<td><strong>—</strong> Baseline data not available</td>
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<tr>
<td><strong>Deaths of Infants Less than 1 Year Old per 1,000 live births</strong></td>
<td></td>
<td><strong>7.5%</strong> 2012-16</td>
<td></td>
<td><strong>84.7%</strong> 2015-2016</td>
<td></td>
<td><strong>38.9%</strong> 2016-2017</td>
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<tr>
<td><strong>Percentage of Children (0-17) without Health Insurance</strong></td>
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<td></td>
<td><strong>5.2%</strong> 2015-2017</td>
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<tr>
<td><strong>Percentage of June Graduates Compared to the 9th Grade Class Four Years Previous</strong></td>
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</tbody>
</table>

**Change Since Baseline**

- **Better**
- **Worse**
- **No Change**
- **Data Not Available**
# Kids Count Overview: Delaware

<table>
<thead>
<tr>
<th></th>
<th>BASELINE DATA</th>
<th>LATEST DATA</th>
<th>CHANGE SINCE BASELINE</th>
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</thead>
<tbody>
<tr>
<td><strong>Economic Security</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children in Poverty</td>
<td>19.9%</td>
<td>16.6%</td>
<td>✓</td>
</tr>
<tr>
<td>Percentage of Children (0-17) in Poverty</td>
<td>2010-2012</td>
<td>2015-2017</td>
<td></td>
</tr>
<tr>
<td>Median Family Income</td>
<td>1-PARENT</td>
<td>1-PARENT</td>
<td>✓</td>
</tr>
<tr>
<td>Median Income in Thousands of US Dollars of Households with Children under 18 by Family Type</td>
<td>$26,334</td>
<td>$34,708</td>
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<tr>
<td></td>
<td>2-PARENT</td>
<td>2-PARENT</td>
<td>✓</td>
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<tr>
<td></td>
<td>$83,950</td>
<td>$95,890</td>
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<tr>
<td></td>
<td>2010-2012</td>
<td>2015-2017</td>
<td></td>
</tr>
<tr>
<td>Economic Inclusion of Young People</td>
<td>7.6%</td>
<td>9.0%</td>
<td>❌</td>
</tr>
<tr>
<td>Percentage of Teens (16-19) Not Attending School and Not Working</td>
<td>2010-2012</td>
<td>2015-2017</td>
<td></td>
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<tr>
<td><strong>Family &amp; Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Births</td>
<td>36.6%</td>
<td>22.6%</td>
<td>✓</td>
</tr>
<tr>
<td>Live Births to 15-19 Year-old Females per 1,000 15-19 Year-old Females</td>
<td>2007-2011</td>
<td>2012-2016</td>
<td></td>
</tr>
<tr>
<td>Children in One-Parent Families</td>
<td>37.9%</td>
<td>36.1%</td>
<td>✓</td>
</tr>
<tr>
<td>Percentage of Children (0-17) in One-Parent Families</td>
<td>2010-2012</td>
<td>2015-2017</td>
<td></td>
</tr>
<tr>
<td>Child Abuse/Neglect</td>
<td>11.7</td>
<td>7.2</td>
<td>✓</td>
</tr>
<tr>
<td>Rate of Substantiated Reports of Abuse and Neglect per 1,000 Children</td>
<td>2012</td>
<td>2017</td>
<td></td>
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</tbody>
</table>
An infant’s weight at birth can be a decisive indicator of the newborn’s chances for survival, growth, long term health and psychosocial development. Many causes of infant low birth weight can be linked to the mother’s behavior or health during pregnancy. Factors linked with low birth weight include: tobacco, alcohol or drug use, poor nutrition, excessive stress and anxiety, inadequate prenatal care, chronic maternal illness, premature labor, low weight of mother, genetic disorders, or short interval between pregnancies. Babies who are born very low in birth weight can face a variety of negative outcomes including an increased risk of infant mortality, heightened risk for long term disability, and impaired development such as delayed motor and social development. Low birth weight among newborns is a serious issue and it can have an immense impact on the rest of their lives.

It is important to note that access to healthcare and health education varies for women depending on financial and cultural environments. Women of color, women at lower education levels and unmarried women tend to have adverse social and economic support structures and therefore less access to prenatal services.

**Did You Know?**

*In the United States, low birth weight is most often caused by being born before 37 weeks of pregnancy. The second most common cause of low birth weight is slowed growth due to poor mother’s health.*

Source: [https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=90&ContentID=P02382](https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=90&ContentID=P02382)
**Health and Health Behaviors**

**Infant Mortality**

Delaware Compared to U.S.

- **Deaths of Infants Less than 1 Year Old per 1,000 Live Births**
  - Delaware: 7.5
  - U.S.: 5.9

Delaware by Race/Ethnicity

- **Deaths of Infants Less than 1 Year Old per 1,000 Live Births**
  - **White**
    - Delaware: 5.1
    - U.S.: 6.5
  - **Black**
    - Delaware: 12.5
  - **Hispanic**
    - Delaware: 6.5

*Persons of Hispanic origin may be of any race. Hispanic rates prior to 1996–2000 do not meet standard of reliability or precision; based on fewer than 20 deaths in the numerator.

Source: Delaware Health Statistics Center

**Children Without Health Insurance**

Delaware Compared to U.S.

- **Percentage of Children (0–17) without Health Insurance**
  - **U.S.**
    - 3.9
  - **Delaware**
    - 5.2

Delaware by Age

- **Percentage of Children without Health Insurance**
  - **Ages 0–5**
    - 6.1
  - **Ages 6–18**
    - 4.8

Source: Center for Applied Demography and Survey Research, University of Delaware
The first five years of a child’s life are an important time for growth and development, and lay out the foundations for language, academic ability, habits and socio-emotional development. Research shows that access to high quality early care and education programs help young children grow up ready to succeed in school and life. However, there are large gaps in the quality of early care and childhood programs, and not all children receive the maximum benefits from their program.

When we invent and replicate high quality programs for children and youth, we can solve these gaps in early childhood development and show significant long-term improvements for children. Investing in a system of high quality early care and education programs will benefit both young children and society. Early investments reap dividends as child development translates into economic development later on.

In K-12, there is a race gap between white and nonwhite test scores, literacy rates, and graduation rates. These measures are good determinants of future success, and with an increasingly diverse population, addressing this gap will be key to ensuring the stability of our future workforce.

Education is the foundation for children to build a better future and achieve in all areas of life. In order to achieve at higher levels educationally, children need consistent support from their parents. Positive support such as providing literacy materials, holding high expectations, emphasizing effort over ability and encouraging autonomy can help parents positively impact their children’s performance.

Parents can actively participate in their children’s education in several ways such as communicating with the child’s school, monitoring homework, and attending school activities and meetings. Active and effective support from both parents and the community as a whole can create positive and productive educational outcomes for children.
In the 2014-15 school year, Delaware’s assessment program was renamed the Delaware System of Student Assessments (DeSSA). DeSSA assessments include Smarter English language Arts/literacy (ELA) and Mathematics assessments. The Smarter assessments are designed to measure the progress of Delaware students in ELA/literacy and Mathematics standards in grades 3-8, and 11.
A person is “in poverty” if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.

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

Children in Poverty—Delaware and Counties

Kent and Sussex County data are not available separately.
Source: Center for Applied Demography and Survey Research, University of Delaware

Median Family Income

Children in Poverty by Household Structure—Delaware

Economic Inclusion of Young People

Teens Not in School and Not Working
Delaware Compared to U.S.

Reducing poverty, and the racial and ethnic disparities in poverty rates, must begin with a shared understanding of how opportunities and well-being are shaped by policy. For example, we have significantly reduced poverty for seniors with income support through Social Security. Conversely, the discriminatory private practices and public policies discussed earlier have created persistently higher poverty rates for Black and Latino families. Our policy choices matter.
Family and Community

The well-being of our children is a barometer for the future. In one short generation, they will be the parents, workers, volunteers, leaders, and change-makers determining the social and economic vitality of Delaware. If we want a better future for all of us, we need better results for kids now. Getting results means giving all kids what they need to reach their full potential. And it especially means investing in kids of color and those from families with low incomes, so they can overcome the barriers created by racism and poverty and can have equal opportunity to succeed. We must remove the exclusionary practices that undergird much of our country’s public institutions—and replace them with measures designed to let kids of all backgrounds succeed. Second, we must focus our public investments on the success of the whole family, with the understanding that the well-being of children is inextricably tied to the well-being of their parents.

The opportunity gap starts young, with children of color as much as 2.6 times more likely as their white peers to experience poverty. By fourth grade, Black and Latino children are more likely to be reading below grade level, a crucial milestone that predicts future success in school. As they progress through adolescence into young adulthood, children of color are more likely than their white peers to be diagnosed with asthma, be suspended from school, drop out of high school, and become involved with the criminal justice system. Young adults of color are less likely to graduate from college than their white peers, which has long-term implications for their job prospects, economic stability, and the future well-being of the children they will one day raise.

But we cannot raise the bar for all kids if we don’t look specifically at how Delaware’s children of color are faring. We can often trace racial and ethnic gaps in children’s health, education and financial security to historical policies that created barriers for families and current policies that can perpetuate them. We must “close the gaps” by intentionally breaking down any obstacles to certain groups of children reaching their full potential.

We believe that raising the bar and closing the gaps in child well-being is the way forward for sustainable economic growth and prosperity. By creating abundant opportunities for Delaware kids, the state will build on its strengths: its diversity, capacity for growth and enterprising spirit.

Source: Delaware Health Statistics Center
**Children in One-Parent Families**

- **Children in One-Parent Families—Delaware Compared to U.S.**
  - **Delaware**: 36.1
  - **U.S.**: 33.9

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

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

**Births to Single Mothers—Delaware by Race/Hispanic Origin**

- **White**: 46.6
- **Black**: 70.6
- **Hispanic**: 61.7

Source: Delaware Health Statistics Center

**Child Abuse/Neglect**

- **Number of Substantiated Cases**: 1,110

**Types of Abuse and Neglect—Delaware Fiscal Year 2017**

- **Neglect**: 43.8%
- **Dependency**: 13.2%
- **Abuse (except sexual)**: 24.5%
- **Sexual Abuse**: 8.1%

**Types of Abuse and Neglect**

<table>
<thead>
<tr>
<th>Types of Abuse and Neglect</th>
<th>Number of Substantiated Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>303</td>
</tr>
<tr>
<td>Neglect</td>
<td>543</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>100</td>
</tr>
<tr>
<td>Dependency</td>
<td>164</td>
</tr>
</tbody>
</table>

**Total Substantiated Cases**: 1,110

Source: Delaware Department of Services for Children, Youth and Their Families
Every ten years, the United States undertakes the enormous task of counting every person in the United States during the Decennial Census. Written into the Constitution, it is one of the things that defines America. The numbers that come from the census determine how many seats in Congress each district and state is awarded, as well as how billions of dollars of federal funding will be allocated to individual communities around the country. Our next Census, Census 2020, is due in two years. Ensuring that the entire population of the United States is counted accurately is a huge job. In every Census, miscounts happen. Families and individuals who experience homelessness or move from location to location are most often those who are missed by the Census count. In addition, those who are partial residents of several locations can be counted twice or more, resulting in an overcount. In recent years, Black and Hispanic populations have been more likely to be undercounted as compared to white populations. In a survey conducted following Census 2010, the Bureau found that they undercounted 2.06 percent of the Non-Hispanic Black population, but overcounted 0.83 percent of the Non-Hispanic White population. From a Delaware perspective, Hispanic/Latinos are one of our fastest growing populations. Given that Hispanics are often undercounted, this ends up disadvantaging their families, communities and neighborhoods. To make things worse, the expiration of DACA in 2017 has caused concern in undocumented immigrants and those who have undocumented family members that they may be deported using information they provide in Census 2020. This fear is expected to greatly deter them from responding to the census, further negatively impacting already Hard to Count (HTC) populations. It is imperative that the future of the Census be protected. Cutting and limiting funding for this essential program is likely to further hurt these communities who will be lost in the counting. To ensure our new, modernized, Census reporting system works correctly in 2020, the Bureau needs continued support and funding to research the effectiveness of the changes being made.
A special thank you to the Delaware children and families whose photos are featured throughout this book.

Acknowledgments

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Former Cabinet Secretary for DHSS and DSCYF

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• Delaware Department of Labor
• Delaware Department of Public Safety
• Delaware Department of Services for Children, Youth and Their Families
• Delaware Division of Libraries
• Delaware Division of Medicaid and Medical Assistance
• Delaware Health Statistics Center
• Delaware Population Consortium
• Delaware State Housing Authority
• Domestic Violence Coordinating Council
• Nemours Health and Prevention Services
• Statistical Analysis Center
The Kids Count Data Center allows the ability to create and download different visualizations or spreadsheets of all of our data. Whether you share this report with others, go online for the full digital version, or utilize the Data Center to discover even more ways to customize the data, please join us in using this data to make informed program and policy decisions by investing in Delaware’s biggest asset, our kids.

Several national reports are available by going to: http://datacenter.kidscount.org

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**KIDS COUNT in Delaware:***

[www.dekidscount.org](http://www.dekidscount.org)

Delaware Information Helpline 2-1-1

State of Delaware Web Site [www.delaware.gov](http://www.delaware.gov)

Volunteer Link

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

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