ACKNOWLEDGMENTS

KIDS COUNT Staff

**Joyce D. Hawkins, Med, MS**
Family Service Program Support Manager,
The K-5 Early Intervention Program, Division of Prevention and Behavioral Health Services, Delaware Department of Services for Children, Youth and Their Families

**Tyrone Jones**
Bloom Energy

**Traci Manza Murphy**
Executive Director, Delaware Coalition Against Gun Violence

**Stephen Metraux**
Director, Center for Community Research and Service, University of Delaware

**Jennifer Koester, MS**
Director, Enterprise Data Management
Delaware Division of Technology and Information

**Annie Norman, Ed.D.**
Delaware Division of Libraries / State Library

**Adrian Peoples, Ed.D.**
Lead Education Associate, Data Management & Analytics
Delaware Department of Education

**Edward C. Ratledge, MA**
Director, Center for Applied Demography and Survey Research, University of Delaware

**Thanks for the data:**
- Center for Applied Demography and Survey Research
- Center for Drug and Health Studies
- Center for Community Research and Service
- Children and Families First
- Delaware Department of Education
- Delaware Dept. of Health and Social Services
- 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

KIDS COUNT Board

**Rebecca King, MSN, RN,**
Board President, Retired Nursing Director, Delaware Division of Public Health

**Erik Raser-Schramm,**
Board Vice-President, Deputy Chief Administrative Officer, New Castle County

**Karen DeRasmo**
Executive Director, Prevent Child Abuse Delaware

**Mary Louise Embrey**
President, MLE Consulting, LLC

**Kayla Glass**
Student Representative, Middletown High School

**Kim Gomes**
Partner, ByrdGomes

**Judith Gorra, MD**
Pediatrician, Delaware Division of Public Health

**Sandi M. Hagans-Morris, EdD, MS**
Director of Education, Training & Special Services, First State Community Action Agency

**KIDS COUNT Data Committee**

**Mary Joan McDuffie, MA, Chair**
Center Community Research & Service
University of Delaware

**Maridelle A. Dizon**
Delaware Health Statistics Center
Delaware Health and Social Services

**Steven A. Dowshen, MD FAAP**
Pediatrician

**Katie Gifford, Ph.D.**
Center for Community Research and Service, University of Delaware

**James Highberger**
Center for Drug and Health Studies
University of Delaware

**Timmy J. Hyland**
Delaware State Police

**Ted Jarrell, Ph.D.**
Owner, FIBP Analytics

**Natalie Paramo**
Intern, University of Delaware

**Miranda Perez-Rivera**
Intern, University of Delaware

**Design**

**Lane McLaughlin**

KIDS COUNT Staff

**Janice L. Barlow, MPA**
Director, KIDS COUNT in Delaware
Policy Scientist, Center for Community Research and Service, University of Delaware

**Erin Lynch, MS**
Assistant Policy Scientist, KIDS COUNT in Delaware, Center for Community Research and Service, University of Delaware

**Natalie Paramo**
Intern, University of Delaware

**Miranda Perez-Rivera**
Intern, University of Delaware

**KIDS COUNT Board**

**Erin Lynch, MS**
Assistant Policy Scientist, KIDS COUNT in Delaware, Center for Community Research and Service, University of Delaware

**Natalie Paramo**
Intern, University of Delaware

**Miranda Perez-Rivera**
Intern, University of Delaware

**Design**

**Lane McLaughlin**

**KIDS COUNT Staff**

**Janice L. Barlow, MPA**
Director, KIDS COUNT in Delaware
Policy Scientist, Center for Community Research and Service, University of Delaware

**Erin Lynch, MS**
Assistant Policy Scientist, KIDS COUNT in Delaware, Center for Community Research and Service, University of Delaware

**Natalie Paramo**
Intern, University of Delaware

**Miranda Perez-Rivera**
Intern, University of Delaware

**Design**

**Lane McLaughlin**

**KIDS COUNT Staff**

**Joyce D. Hawkins, Med, MS**
Family Service Program Support Manager,
The K-5 Early Intervention Program, Division of Prevention and Behavioral Health Services, Delaware Department of Services for Children, Youth and Their Families

**Tyrone Jones**
Bloom Energy

**Traci Manza Murphy**
Executive Director, Delaware Coalition Against Gun Violence

**Stephen Metraux**
Director, Center for Community Research and Service, University of Delaware

**Jennifer Koester, MS**
Director, Enterprise Data Management
Delaware Division of Technology and Information

**Annie Norman, Ed.D.**
Delaware Division of Libraries / State Library

**Adrian Peoples, Ed.D.**
Lead Education Associate, Data Management & Analytics
Delaware Department of Education

**Edward C. Ratledge, MA**
Director, Center for Applied Demography and Survey Research, University of Delaware

**Thanks for the data:**
- Center for Applied Demography and Survey Research
- Center for Drug and Health Studies
- Center for Community Research and Service
- Children and Families First
- Delaware Department of Education
- Delaware Dept. of Health and Social Services
- 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

**KIDS COUNT Staff**

**Joyce D. Hawkins, Med, MS**
Family Service Program Support Manager,
The K-5 Early Intervention Program, Division of Prevention and Behavioral Health Services, Delaware Department of Services for Children, Youth and Their Families

**Tyrone Jones**
Bloom Energy

**Traci Manza Murphy**
Executive Director, Delaware Coalition Against Gun Violence

**Stephen Metraux**
Director, Center for Community Research and Service, University of Delaware

**Jennifer Koester, MS**
Director, Enterprise Data Management
Delaware Division of Technology and Information

**Annie Norman, Ed.D.**
Delaware Division of Libraries / State Library

**Adrian Peoples, Ed.D.**
Lead Education Associate, Data Management & Analytics
Delaware Department of Education

**Edward C. Ratledge, MA**
Director, Center for Applied Demography and Survey Research, University of Delaware

**Thanks for the data:**
- Center for Applied Demography and Survey Research
- Center for Drug and Health Studies
- Center for Community Research and Service
- Children and Families First
- Delaware Department of Education
- Delaware Dept. of Health and Social Services
- 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

**Natalie Paramo**
Intern, University of Delaware

**Miranda Perez-Rivera**
Intern, University of Delaware

**Design**

**Lane McLaughlin**

**KIDS COUNT Staff**

**Joyce D. Hawkins, Med, MS**
Family Service Program Support Manager,
The K-5 Early Intervention Program, Division of Prevention and Behavioral Health Services, Delaware Department of Services for Children, Youth and Their Families

**Tyrone Jones**
Bloom Energy

**Traci Manza Murphy**
Executive Director, Delaware Coalition Against Gun Violence

**Stephen Metraux**
Director, Center for Community Research and Service, University of Delaware

**Jennifer Koester, MS**
Director, Enterprise Data Management
Delaware Division of Technology and Information

**Annie Norman, Ed.D.**
Delaware Division of Libraries / State Library

**Adrian Peoples, Ed.D.**
Lead Education Associate, Data Management & Analytics
Delaware Department of Education

**Edward C. Ratledge, MA**
Director, Center for Applied Demography and Survey Research, University of Delaware

**Thanks for the data:**
- Center for Applied Demography and Survey Research
- Center for Drug and Health Studies
- Center for Community Research and Service
- Children and Families First
- Delaware Department of Education
- Delaware Dept. of Health and Social Services
- 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
2021 KIDS COUNT FACT BOOK

We sincerely thank the children and families who have shared their photos, and their lives.

This research was funded by the Annie E. Casey Foundation, the State of Delaware, and the University of Delaware. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of these organizations.

The photographs in this book do not necessarily represent the situations described.
April 15, 2021

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 impact the decisions made by leaders throughout our state. Policymakers, program providers, and advocates make use of the facts provided by KIDS COUNT to find ways to better serve Delaware’s children.

Though we have been on a difficult journey as a state and country as we continue to fight COVID-19, making sure all Delaware children have an opportunity to succeed has been, and will continue to be, one of my top priorities as Governor. Even in these difficult times, it’s our responsibility to make sure every child is prepared to learn. And we need to ensure our most vulnerable students get the education they need and deserve. We will continue our work so that every child can read on grade level by third grade, be proficient at math by eighth grade, and graduate high school ready for college or a career. The best thing we can do to invest in our state’s future is to invest in a quality education for every Delaware child.

Thank you to KIDS COUNT in Delaware and the University of Delaware 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
A MESSAGE FROM KIDS COUNT

May, 2021

Dear Friends,

Starting in March 2020, the COVID-19 pandemic has been making an impact on our lives. Since its arrival in Delaware, we have each learned a lot about prevention, made personal sacrifices, and adopted new behaviors in order to limit exposure and reduce community spread. Many of our societal structures are operating in a modified way: virtual and hybrid schooling, telemedicine, limited number of patrons in businesses, and non-essential personnel working from home are some of the changes to which we are now accustomed. We are also grappling with many questions. When will society function in a “normal” way again? How is this history making pandemic affecting our children’s well-being? What will the lasting impacts be – physical, mental, social, and economic – of this virus?

When questions arise, we at KIDS COUNT turn to data for answers. However, in times of crisis, many data collection processes and timelines are disrupted. During this pandemic, the data that is most readily available tends to be the administrative type of data that describe “reach” (how many children are served by SNAP, how many child care centers are still open, or child Medicaid enrollment) and less those that describe “risk” (absenteeism, child poverty rates, child abuse and neglect, or declining immunization rates). Both types of data are required to paint a full picture of child well-being. In the coming years, a number of traditional KIDS COUNT measures will be missing or interpreted in a new context, especially measures related to risk.

What we DO already know is that the pandemic has illuminated flaws in the patchwork of infrastructure supports for Delaware’s kids and their families. COVID-19 did not create these systemic issues. But the pandemic has further stressed our child-serving system and highlighted the disparate outcomes dependent on social determinants of health.

Fortunately, a time of transition offers a unique opportunity to explore innovative, creative options for how to strengthen – or completely revamp – the systems that serve children and families and address unmet needs. A re-imagined system must be developed in conjunction with the people it serves and embraced at federal, state, and local levels of government. KIDS COUNT recommends that leaders start with a common set of priorities which include: set and enforce data-driven policies to save lives and protect well-being; utilize creative approaches to strengthen communities; employ compassion to support those hurting the most; and model courage to drive a recovery plan that puts people first.

Stay safe and be healthy,

Becky King, Board President
Mary Joan McDuffie, Data Committee Chair
Janice Barlow, Director
TABLE OF CONTENTS

6 Demographics

8 COVID-19

14 Health

22 Educational Involvement
Demographic data supply valuable information about the population and provide a snapshot of society at a given time. Data from the Census Bureau’s American Community Survey and the Delaware Population Consortium offer a picture of the population of the state of Delaware, its counties, and the nation.

Demographically speaking, we are much less of a child centered society now than we were 100 years ago. In the United States, children accounted for 40% of the population in 1900, but only 22% in 2019. Similar trends are evident in Delaware. Additionally, our child and adult population look different from one another in terms of racial and ethnic breakouts at the state level. Delaware’s future depends on the well-being of our children, a population which is becoming increasingly diverse each year even as it continues to make up a smaller percentage of the state’s overall population. This growing diversity is seen in the racial and ethnic distribution of Delaware’s children, a mosaic that looks different than the total population: 41% of Delaware’s children identify as either black or Hispanic, while only 32% of Delaware’s total population reflect this same racial and ethnic proportionality. As the racial and ethnic composition of our state’s child population changes, the need to design effective policies that promote paths to opportunity is amplified. We know that race and ethnicity are connected to measurable differences in how children are understood and treated, their life experiences and consequently their well-being and outcomes.

To this end, as a state, we must be intentional in acting to close the continuing economic disparities that exist between race and ethnic groups, focusing specifically within the child population.

continued on p. 8
The Diversity of Delaware’s Youth by Race/Hispanic Origin, Total Population and Children 19 and Under, 2020

Delaware

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Child Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic 61.3%</td>
<td>White Non-Hispanic 50.1%</td>
</tr>
<tr>
<td>Hispanic 9.7%</td>
<td>Hispanic 14.7%</td>
</tr>
<tr>
<td>Black Non-Hispanic 22.2%</td>
<td>Black Non-Hispanic 25.8%</td>
</tr>
<tr>
<td>Other 6.8%</td>
<td>Other 9.4%</td>
</tr>
</tbody>
</table>

New Castle County

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Child Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic 55.6%</td>
<td>White Non-Hispanic 45.8%</td>
</tr>
<tr>
<td>Hispanic 10.6%</td>
<td>Hispanic 14.8%</td>
</tr>
<tr>
<td>Black Non-Hispanic 25.5%</td>
<td>Black Non-Hispanic 28.5%</td>
</tr>
<tr>
<td>Other 8.3%</td>
<td>Other 10.9%</td>
</tr>
</tbody>
</table>

Kent County

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Child Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic 60.2%</td>
<td>White Non-Hispanic 54.6%</td>
</tr>
<tr>
<td>Hispanic 10.6%</td>
<td>Hispanic 14.8%</td>
</tr>
<tr>
<td>Black Non-Hispanic 26.0%</td>
<td>Black Non-Hispanic 27.2%</td>
</tr>
<tr>
<td>Other 4.3%</td>
<td>Other 7.6%</td>
</tr>
</tbody>
</table>

Sussex County

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Child Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic 75.4%</td>
<td>White Non-Hispanic 57.8%</td>
</tr>
<tr>
<td>Hispanic 9.3%</td>
<td>Hispanic 18.5%</td>
</tr>
<tr>
<td>Black Non-Hispanic 11.5%</td>
<td>Black Non-Hispanic 16.9%</td>
</tr>
<tr>
<td>Other 3.8%</td>
<td>Other 6.9%</td>
</tr>
</tbody>
</table>

Wilmington

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Child Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic 28.5%</td>
<td>White Non-Hispanic</td>
</tr>
<tr>
<td>Hispanic 12.9%</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Black Non-Hispanic 55.4%</td>
<td>Black</td>
</tr>
<tr>
<td>Other 3.3%</td>
<td>Other 4.4%</td>
</tr>
</tbody>
</table>

Note: Other Non-Hispanic includes individuals of a single race who do not identify as “Black” or “White” as well as individuals who identify as multiple races

Source: Delaware Population Consortium, Population Projection Series 2020.0
Density of Child Population Varies Geographically in Delaware
Children Under Age 18 as a Percentage of Total Population, Census County Divisions 2015-2019

Key
- No Data
- 10% to 20%
- 20.0% to 22.9%
- 23.0% to 24.9%
- 25.0% to 30%

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

Delaware Kids and COVID-19

In November 2019, a novel coronavirus was first identified in China’s Hubei province. The disease it causes can have symptoms ranging from mild (or none) to severe illness. On January 20, 2020 the first American case was diagnosed in Washington state. The illness rapidly spread across the nation and around the globe. On February 11, 2020 the World Health Organization named the virus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the disease it causes Coronavirus Disease 2019 (COVID-19). The first U.S. COVID-19 death occurred on February 29, 2020. Delaware issued a state of emergency effective March 12, 2020.

By the end of 2020, the pandemic had claimed more than 346,000 lives in the United States and millions worldwide. It has isolated us from loved ones and caused widespread economic damage. Millions of Americans have lost their jobs and, with them, a reliable source of income, health care, and sense of stability. Many have weighed whether to risk their health by going to work just to keep food on the table and head off foreclosure or eviction. And with...
Because data related to COVID-19 is ever-changing, please look to the Coronavirus (COVID-19) Data Dashboard found on the My Healthy Community website for the most up-to-date pandemic information for the State of Delaware. Data are updated on a daily basis.

Infographics in this section are meant to give you a sampling of the data available.

Because data related to COVID-19 is ever-changing, please look to the Coronavirus (COVID-19) Data Dashboard found on the My Healthy Community website for the most up-to-date pandemic information for the State of Delaware. Data are updated on a daily basis.

Infographics in this section are meant to give you a sampling of the data available.
COVID-19

Governments at all levels have raced to pass public policies to ease some of the COVID-19 health and economic harm that has already come and to mitigate additional hardships still being projected.

At the federal level... Relief packages – including the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, both passed in March 2020 – have brought pandemic related resources to our communities. In December 2020, an additional COVID-relief package was part of The Consolidated Appropriations Act, 2021 passed by Congress. But it is important to consider who is left out and what else needs to be done to ensure that children and their families can survive and thrive beyond these dual health and economic crises.

At the state level... Government response in Delaware has led with data. Investments were made in testing and contact tracing and in vaccine distribution. The state’s My Healthy Community website offered transparency with daily data updates. Focus on getting and keeping Delawareans healthy was foundational to guidance offered and restrictions implemented as cases in the state ebbed and surged.

Why Does it Matter?

Child well-being had shown slow but steady improvement from the period just after the Great Recession, but data over the past 25 years have shown that there were already troubling signs that progress had halted or reversed. Even before the pandemic, and despite economic growth, millions of children across the U.S. were growing up in families that were not able to meet their most basic needs and we as a state had failed to eliminate the persistent racial and ethnic inequities that are shown in the measures of child well-being. In short, more recent gains for kids since the recession appeared to be tenuous even before the coronavirus crisis took hold in the United States.

This COVID-19 crisis truly reveals the cracks and flaws in many of our...
After an Initial Surge, Delaware’s Case Load Lowered Until a “Second Wave” Began Late in 2020

701 per 10,000 people had tested positive
56,844.2 per 100,000 had been tested

Children Are the Least Likely to Test Positive for COVID-19

Positive Cases per 10,000 Population by Age Group in Delaware and Counties as of 1/11/2021

Rate of Cases by Age

Source: Division of Public Health Coronavirus Response via My Healthy Community, State of Delaware
**Cases Who Visited Venues** (Reported 01/17/2021 - 01/23/2021)

- **Restaurant**: 126 cases
- **Religious Service**: 47 cases
- **Other Tourist Attraction**: 43 cases
- **Gym**: 31 cases
- **Beach**: 31 cases
- **Other large gathering**: 24 cases
- **Recreational center**: 23 cases
- **Bar**: 19 cases
- **Nail or hair salon/spa**: 19 cases
- **House party**: 16 cases
- **Dinner party**: 11 cases
- **Indoor play center**: 11 cases
- **Wedding**: 6 cases
- **Resort**: 4 cases
- **Amusement park**: 4 cases
- **Outdoor event**: 3 cases
- **Bonfires**: 2 cases
- **Pool**: 1 case
- **Pro or youth sporting event**: 1 case

Source: Division of Public Health Coronavirus Response via My Healthy Community, State of Delaware

Note: Individuals who test positive are interviewed to determine the venues visited in the two weeks prior to the onset of their symptoms (or if no symptoms, date of their test). This information was used to calculate the data above. Counts do not necessarily suggest a degree of risk associated with these venues but may suggest the need for further investigation.
Delaware’s Vaccine Roll-Out Plan Prioritizes Those Most at Risk
Anticipated vaccine eligibility schedule as of January, 2021

<table>
<thead>
<tr>
<th>Week 1-4</th>
<th>Week 5-8</th>
<th>Week 9-12</th>
<th>Week 13-16</th>
<th>Week 17-20</th>
<th>Week 21-24</th>
<th>Week 25-28</th>
<th>Week 29-32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid December - Mid January</td>
<td>Mid/late January - Mid/late February</td>
<td>Mid/late February - Mid/late March</td>
<td>March - April</td>
<td>Mid/late April - Mid/late May</td>
<td>Mid/late May - Mid/late June</td>
<td>June</td>
<td>July</td>
</tr>
</tbody>
</table>

**Phase 4**
- Anyone who did not have access to vaccines in prior phases

**Phase 3**
- 16-49 years
- Essential workers not receiving vaccine in Phase 2

**Phase 2**
- 50-64 years
- 16-49 years with moderate-risk medical conditions
- Other congregate settings
- Essential workers not receiving vaccine in Phase 1

**Remaining Phase 1**
- 16-64 years with high-risk medical conditions
- High-risk congregate settings
- Essential workers not receiving vaccine in Phase 1

**Phase 1b**
- 65 years and older
- Frontline essential workers

**Phase 1a**
- Residents of Long Term Care Facilities
- Health Care Professionals
- HCP

Vaccination roll-out was accelerated from Delaware’s original plan. As of April 6, 2021, all Delawareans ages 16 and above were eligible for the COVID-19 vaccine.

Source: Division of Public Health Coronavirus Response, State of Delaware
The health of a community begins with its children. COVID-19 is an extreme reminder that we are interconnected— that the health of our children, families, and communities depends on the health of the person next to us, and the person next to them. Prior to the pandemic, data consistently showed disparity; we understood from data on our children and their families that there are systemic issues disproportionately impacting children in families with low income and children of color. Now, in the midst of a public health crisis, we see how devastating these long-standing disparities can be on a whole new scale. Solutions to this crisis must be built on systems that work for every Delaware child and their family.

**HEALTH & HEALTH BEHAVIORS**

**HEALTH & HEALTH BEHAVIORS TIMELINE**

<table>
<thead>
<tr>
<th>Testing</th>
<th>Contact Tracing</th>
<th>Facemasks</th>
<th>Mobile App</th>
<th>Deaths</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2020</td>
<td>Plans unveiled to start contact tracing, Delaware National Guard joins effort</td>
<td>Recommendation made for children in kindergarten and above to wear facemasks</td>
<td>Launch of COVID Alert Delaware App</td>
<td>Delaware exceeds 1,000 deaths from COVID-19; changes in federal leadership re-introduce a nationally coordinated approach to managing the pandemic</td>
<td>Set and enforce data-driven policies to save lives and protect well-being</td>
</tr>
</tbody>
</table>
# Overview

<table>
<thead>
<tr>
<th>Health and Health Behaviors</th>
<th>Baseline Data</th>
<th>Latest Data</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Birth Weight Births</strong> (≤2500 grams)</td>
<td>2010-2014 8.5%</td>
<td>2015-2019 9.1%</td>
<td>=</td>
</tr>
<tr>
<td><strong>Very Low Birth Weight Births</strong> (≤1500 grams)</td>
<td>2010-2014 1.8%</td>
<td>2015-2019 1.8%</td>
<td>=</td>
</tr>
<tr>
<td><strong>Infant Mortality</strong></td>
<td>2009-2013 7.7</td>
<td>2014-2018 7.3</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Children Without Health Insurance</strong></td>
<td>2013-2015 6.7%</td>
<td>2018-2020 5.8%</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Child Death</strong></td>
<td>2009-2013 16.1</td>
<td>2014-2018 15.6</td>
<td>=</td>
</tr>
<tr>
<td><strong>Teen Deaths by Accident, Homicide and Suicide</strong></td>
<td>2009-2013 40.0</td>
<td>2014-2018 38.9</td>
<td>=</td>
</tr>
</tbody>
</table>

*BETTER*, *WORSE*, *SIMILAR*, *DATA NOT AVAILABLE*
Delaware Kids and COVID-19: Health Coverage

The COVID-19 pandemic is at its core a public health crisis that requires healthcare- and health coverage-focused solutions.

At the federal level... The Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act were passed in March 2020. These federal responses made temporary changes to Medicaid that prevent states from terminating coverage during the public health emergency and expanded eligibility to the program.

At the state level... An increase in Medicaid enrollment will test our system financially, especially as Delaware ascertains the size and scope of budget deficits that may occur due to COVID-19. The health care provision system capacity may also be tested as this crisis continues.

Why Does it Matter?

Health care – including coverage, access, and utilization – is critically important for children, especially in the first years of life. After hitting a record low of 5.0% in 2017-2019, Delaware’s uninsured rate for children 0-17 has begun to increase in 2018-2020, the most recent timeframe available. Note that this data was collected prior to the COVID-19 pandemic, so it is not yet possible to know the precise impact that family job loss and related loss of access to employer-sponsored insurance for children due to the pandemic.

Medicaid and the Children’s Health Insurance Program (CHIP) play a crucial role in providing coverage for uninsured youth. Additionally, the Affordable Care Act (ACA) increased the number of children covered by Medicaid and CHIP by increasing eligibility for those living in families with incomes at a higher percentage of poverty. Programs like Medicaid and CHIP are especially critical during a public health crisis such as the coronavirus pandemic, which has had a disproportionate impact on communities of color. In Delaware, children 18 and under have traditionally made up approximately 40% of Medicaid enrollment. While COVID-19 has increased Medicaid/CHIP enrollment, health insurance alone does not solve all health-related issues for children. Whether due to a lack of insurance, low accessibility to care, or an interest to limit contact with the outside world, families are making...
decisions not to get the care they need. While it’s still early to have thorough utilization data, preliminary indications within Medicaid utilization show vaccinations, screenings, and lead testing down from previous years.4

The advancement of telehealth is a positive to come from the pandemic, allowing providers and patients to interact virtually in order to keep safe. However, telehealth does have constraints, including: reliability of internet connections, privacy concerns, and limits to services available electronically.

Next Steps
State and federal partnerships are more important than ever as we work to collectively address the COVID-19 crisis. Our state’s response to COVID-19 must continue to prioritize affordable health coverage, testing, and treatment options for all Delawareans as well as offer support and protection for our state’s healthcare workers.
A commonplace risk for child health due to coronavirus relates to preventive care. Specifically, childhood vaccinations may have been delayed or missed since the state of emergency was initially declared in March 2020. We know that worldwide, previous outbreaks have shown that when health systems are overwhelmed, deaths from vaccine-preventable and treatable conditions can also increase dramatically.

At the federal level… The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommend every child continues to receive routine vaccinations during the COVID-19 outbreak. However, in May 2020, the CDC released a report showing a drop in routine childhood vaccinations as a result of families staying home. While families followed public health warnings about going out, an unfortunate result seems to be missed vaccinations.

At the state level… While many health professionals worry about a lower child vaccination rate that puts kids at risk for other infectious diseases (as a result of families following social distancing measures), some community-based programs in Delaware are taking the opportunity to be proactive. For example, Westside Family Healthcare conducted targeted outreach resulting in a vaccination rate among their pediatric clients that was higher than pre-pandemic.

Why Does it Matter?

The health of the whole community is protected when we ensure that our children are immunized. Diseases that once spread quickly and affected thousands of children and adults are now largely contained by vaccines.

Child vaccination is one of the most cost-effective preventative health measures. Vaccines are important because they not only protect individual children against dangerous diseases, they protect communities by slowing down or preventing disease outbreaks and by helping to protect children who are not able to be vaccinated. In other words, vaccination protects not only the recipient of the vaccine, but everyone in the community. This helps to contain infectious diseases,
including polio, measles, diphtheria, and many other dangerous diseases. While infectious diseases can affect everyone, children are often especially susceptible.

**Next Steps**

Children need to be protected against vaccine-preventable diseases. Well-child visits and vaccinations are essential services and help make sure children are protected. As communities are opening up, it’s important for parents to work with their children’s health care provider to make sure their children get and stay up to date on routine vaccines.
Prior to COVID-19, One in Five Delaware Teens Were Sedentary

Number of days per week that Delaware students in grades 9-12 participate in strenuous physical activity, 2017

9–12TH GRADERS

<table>
<thead>
<tr>
<th>Days per Week</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 days</td>
<td>17%</td>
</tr>
<tr>
<td>1-2 days</td>
<td>16%</td>
</tr>
<tr>
<td>3-4 days</td>
<td>24%</td>
</tr>
<tr>
<td>5 days</td>
<td>43%</td>
</tr>
</tbody>
</table>

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

Majority of Teens Actively Trying to Change Their Weight

Delaware students in grades 9-12 were asked: which of the following are you trying to do about your weight? 2017

**FEMALES**

- Lose weight: 60%
- Gain weight: 11%
- Not trying anything: 15%
- Stay same weight: 14%

**MALES**

- Lose weight: 35%
- Gain weight: 28%
- Not trying anything: 19%
- Stay same weight: 18%

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

Delaware Kids and COVID-19: Obesity

Prior to the coronavirus pandemic, national data showed a decades-long rise in the childhood obesity rate. Now, experts are worried that COVID-19 school closures may lead to further increase in childhood obesity. This is especially concerning due to obesity’s impact on a COVID-19 patient’s symptom severity.

At the federal level… The Centers for Disease Control and Prevention (CDC) includes obesity as one of several underlying conditions that increases risk of severe illness from COVID-19 among people of any age.

At the state level… In Delaware, 1 out of every 3 students ages 10-17 are considered obese according to data from the National Survey of Children’s Health.

Why Does it Matter?

Research shows that childhood obesity is a powerful predictor of obesity in adulthood. When schools serve nutritious foods and invest time in physical education and extracurricular activities, they become learning environments that shape strong minds and bodies for a lifetime. However, with pandemic related school closures commonplace, virtual schooling has begun to feel like the new normal for many families. This has implications
KIDS COUNT in Delaware

Individual Physique: Perception vs. Reality
Teens who describe themselves as slightly/very overweight compared to teens who are overweight or obese* Delaware, 2017

Almost One Third of Delaware Adolescents were Overweight or Obese Prior to Pandemic Delaware, 2018-19

Weight status of Delaware children 10–17 based on Body Mass Index


for nutrition and physical activity levels of children throughout our state.

Many of the students who are served by meal programs within schools are at higher risk than their peers for obesity, food insecurity, and poor health. Nutritious school meals – whether served in a cafeteria or distributed to families during school closures due to COVID-19 – are more critical than ever for preventing hunger while simultaneously promoting health in children.

Physical activity (throughout the school day and in afterschool sports) also contributes to healthy weight. Neighborhood amenities such as parks, recreation centers, sidewalks, and libraries make it safer for children to engage in physical activity and serve as a vehicle for socializing, increased time outdoors and enhanced quality of life. In the past year, many parks were closed and facility use was limited in an effort to prevent the spread of COVID-19. Added to this, months of school closures have prevented many students from engaging in the regular activity they would get during recess and physical education class.

Next Steps
Policies that can mitigate the impact of COVID-19 on child obesity levels include accessible nutrition programs and strategies to promote safe physical activity – like movement breaks during virtual schooling or encouraging safe outdoor park use – can have benefits for child health. —

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

Quality education is essential to a child’s success and to our nation’s competitiveness. Children need a strong and healthy beginning to more easily stay on track to remain in school and graduate on time, pursue training or postsecondary education and successfully transition to adulthood. The COVID-19 pandemic has introduced many challenges to all levels of education including: a strain on the state’s early care and education system; school closures, hybrid schedules, and remote learning within the K-12 system; as well as interruptions to higher education and job-training opportunities.

**EDUCATIONAL INVOLVEMENT & ACHIEVEMENT TIMELINE**

- **March 2020**
  - SUPPORT: Federal funding is awarded to enhance Early Care and K12 systems for strength and quality; student assessment waiver approved for 2020

- **April 2020**
  - EARLY CARE FUNDING: Implementation of childcare enhanced reimbursement with call to consider funding method as a permanent infrastructure support

- **August 2020**
  - K12 PLAN: School reopening guidance shared; K-12 schools open in various formats: virtual, hybrid, and in-person

- **September 2020**
  - REMOTE ACCESS: Efforts to expand internet access and distribute hardware combat technology barriers faced by households statewide

- **October 2020**
  - PHYSICAL ACTIVITY: Approval for high school sports to commence and recommendations made for citizens to stay active

- **next**
  - GOALS: Utilize creative, nonpunitive approaches to strengthen communities of students, including disconnected youth
## Overview

<table>
<thead>
<tr>
<th>Educational Involvement and Achievement</th>
<th>Baseline Data</th>
<th>Latest Data</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Available Child Care</strong></td>
<td>2016</td>
<td>2020</td>
<td>=</td>
</tr>
<tr>
<td>Number of Licensed Child Care Slots</td>
<td>50,028</td>
<td>50,117</td>
<td></td>
</tr>
<tr>
<td><strong>School Enrollment</strong></td>
<td>2015/2016</td>
<td>2019/2020</td>
<td>=</td>
</tr>
<tr>
<td>Number of Students Enrolled in Public and Non-Public School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Public School</td>
<td>136,602</td>
<td>140,849</td>
<td></td>
</tr>
<tr>
<td>- Home School</td>
<td>2,456</td>
<td>4,950</td>
<td></td>
</tr>
<tr>
<td>- Private School</td>
<td>17,751</td>
<td>15,829</td>
<td></td>
</tr>
<tr>
<td>- Total</td>
<td>155,599</td>
<td>161,628</td>
<td></td>
</tr>
<tr>
<td><strong>High School Dropouts</strong></td>
<td>2015/2016</td>
<td>2019/2020</td>
<td>=</td>
</tr>
<tr>
<td>As a Percentage of Enrolled Public High School Students in a Given Year</td>
<td>1.4%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Disconnected Youth</strong></td>
<td>2014/2015</td>
<td>2015/2019</td>
<td>✓</td>
</tr>
<tr>
<td>Percentage of Teens (16-19) Not Attending School and Not Working</td>
<td>3.7%</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td><strong>3rd Grade Reading Proficiency</strong></td>
<td>2015/2016</td>
<td>2015/2020</td>
<td>–</td>
</tr>
<tr>
<td>Percentage of Delaware Third Graders Meeting the Standard in Reading</td>
<td>53.8%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>8th Grade Math Proficiency</strong></td>
<td>2015/2016</td>
<td>2019/2020</td>
<td>–</td>
</tr>
<tr>
<td>Percentage of Delaware Eighth Graders Meeting the Standard in Math</td>
<td>37.7%</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

* Capacity does not necessarily reflect actual enrollment.

** Due to social distancing and remote learning instituted during the COVID-19 pandemic, Delaware schools were granted a waiver by the U.S. Department of Education that excused all students from statewide standardized testing requirements for the 2019-2020 school year.
Delaware Kids and COVID-19: Early Care and Education

Long before the arrival of the coronavirus pandemic, science-based communications about the critical importance of early childhood and brain development were part of a larger national and global trend towards investment, innovation, and progress in the early care and education system.

At the federal level... An additional $3.5 billion in federal Child Care Development Block Grant (CCDBG) funding was approved as part of a COVID-19 stimulus package to support continuation of high-quality care for children. Early care and education providers were also eligible to receive expanded unemployment benefits and could apply for the federal Payroll Protection Program.

At the state level... Early in the pandemic the Governor modified Delaware’s state of emergency to allow early care programs to become designated as Emergency Child Care Sites to assist essential personnel not able to work from home. Starting in April, Delaware enhanced provider payments to help shore up the state's early care system's ability to survive closings due to the pandemic. These supports to Delaware’s early care system helped ensure continuity of care for Delaware's youngest children. Additionally, early care and education remote learning grants were offered to reimburse for additional resources specifically used to support school-age children with remote learning in fall 2020.

Impacts to our state’s early care and education system are wide-ranging. For instance, the early care and education workforce has faced uncertainty in terms of income, health, and safety; unemployed family members are...
providing care for young children; and employed parents are juggling their children's care and education while simultaneously working from home.

**Why Does it Matter?**

Changing demographics, social trends and economic necessities of the last several decades have made early care and education a commonplace need for young families in Delaware. The COVID-19 pandemic further underscored that the early care and education system helps keep Delaware's economic engine running. When properly working, the system ensures that employers have a robust, stable workforce from which to draw talent; allows parents the opportunity to earn an income to support their families while knowing their children are safe and cared for; and provides children an opportunity to reap benefits from positive nurturing relationships with stable early care and education providers.

**Next Steps**

In an ongoing survey being conducted by Washington University in St. Louis, a third of those with children told researchers that they are less likely to return to work because they lack childcare. Whether these parents are finding such care is no longer available, they can no longer afford it, or they themselves have been thrust into additional caregiving roles, an enormous portion of the nation's workers could be sidelined from being able to support themselves and their families, revealing a current and systemic challenge that will hold the country and these families back from returning to full economic strength. This means that as we grapple with the consequences of coronavirus, questions of availability, quality and affordability of care will be more important than ever.
Delaware Kids and COVID-19: K-12 Public Schools

Nationwide, virtually all K-12 schools closed for at least part of Spring 2020. By the fall, conditions varied widely, with some students attending school in person, some following hybrid calendars, and some learning virtually.

At the federal level… The Coronavirus, Aid, Relief, and Economic Security (CARES) Act created the Education Stabilization Fund (ESF), which allocated $30.75 billion nationwide to support K-12 and institutions of higher education. To receive this funding, states were required to maintain K-12 and higher education funding at a level equal to the average spending over the last three years.

At the state level… Public and charter schools in Delaware were closed in mid-March 2020. Temporary closures were extended and then ultimately made permanent through the end of the school year. While school buildings were empty, learning did not stop. Districts and charters each looked different in how remote learning was implemented, with some making a shift to online learning seamlessly due to heavy use of at home and in school technology already part of the culture. Others had more challenges to institute a remote learning plan, highlighting long standing statewide systemic disparities. Additionally, schools grappled with how to recognize graduating seniors in a meaningful way. Multi-sector efforts throughout summer 2020 resulted in a reopening plan based on multiple scenarios of viral spread. In fall 2020, school districts across the state utilized a combination of remote, hybrid, and in person modes in an attempt at safe and effective reopening. Throughout the pandemic, food service workers in schools across the state responded in innovative ways to ensure no student went hungry while buildings were shuttered. Additionally, public libraries filled the gap to keep resources accessible to students.

Delaware’s Public School System Educates the Majority of Delaware’s Children

Number of students enrolled by school type in Delaware, 2020/21

Distance Learning Was the Most Common Method to Engage Students During COVID-19

Change in how households with children received education due to the coronavirus pandemic in Delaware, Nov 25-Dec 21

- No change because schools did not close: 4%
- Classes were changed in some other way: 12%
- Classes were cancelled: 27%
- Classes moved to distance learning using paper materials sent home: 17%
- Classes moved to distance learning using online resources: 77%

Source: Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020
Why Does it Matter?

The U.S. educational system was not built to deal with extended shutdowns like those imposed by the COVID-19 pandemic. The coronavirus threatens to widen the disparities in educational outcomes by income and race/ethnicity which have long plagued our system. Of particular concern is learning loss due to instruction disruption and a potential increase in dropouts without access to supports that keep students with the most barriers to success engaged. Increased social isolation as well as anxiety over family health and job security compounded with reduced opportunity for connections with caring adults in academic, sport, and other extracurricular settings can reduce academic motivation and hurt academic performance and general levels of engagement. Furthermore, the learning loss is likely to be long-term. Given the economic damage that the pandemic has wrought, state budgets are stressed. Cuts that the K-12 system may face are most likely to impact low-income and students of color disproportionately, given how education is currently funded based on property values.¹⁰

Next Steps

Support at the federal level is required for general state budgets to prevent harm to education spending which would impact K-12 systemic quality and equity. A lack of general state support would impact education spending, likely resulting in freezes to pay increases and hiring as well as losses in recruitment and retention in a field that already faced pre-pandemic shortages. As COVID-19 disrupts the certainty of other factors in children's lives, it is imperative that education remains adequately funded, with a prioritization on serving the students and communities who are all too often left out. The state budget should reflect our values as a community, and we must protect our investments in early childhood, K-12, and higher education for the future of our children, families, and workforce.
Delaware Kids and COVID-19: Disconnected Youth

By mid-March 2020, most American schools had shut their doors, and about half remained fully or partially closed to in-person learning into the fall. With many students across the nation unaccounted for, the coronavirus has increased the number of disconnected youth in the U.S.\(^1\)

At the federal level… For approximately 3 million of the most educationally marginalized students in the country, March 2020 might have been the last time they experienced any formal education – virtual or in person.\(^2\) The reasons students are not attending school are complex including lack of technology or internet access, lack of home supervision, barriers to educational accommodations and services to which students are legally entitled, instability, confusion, poor communication, work obligations, or the need to care for other family members.
At the state level... Before the arrival of COVID-19, Delaware was working to close the harmful digital divide for students in the state, a reality made increasingly apparent as the pandemic took a toll on our educational system. Several internet providers began offering low-cost options to customers in need due to the pandemic. Additionally, schools and districts statewide have been proactive about getting needed technology into the hands of their students. However, access to technology and connectivity is just a part of what is needed to keep students engaged in learning. Remote instruction is not working for all students for a variety of other reasons, which also must be addressed.

**Why Does it Matter?**

Even prior to the COVID-19 pandemic, America’s youth stood last in line for jobs. Teenagers, especially those who are neither in school nor working, may face difficulties transitioning from youth to adult society. Such detachment puts youth at increased risk for having lower earnings and a less stable employment history than their peers who stayed in school or secured jobs. Students disconnected from school and work are also missing usual connections to caring adults like teachers, counselors, and coaches.

**Next Steps**

Public leaders can support students who face the greatest barriers to education by starting with improved data systems. Understanding the scope and scale of youth disconnect related to COVID-19 includes systemic collection and analysis of attendance data. Thorough follow-up with students missing from the educational realm since spring 2020 should be matched with non-punitive re-engagement strategies that address unmet student need. The work needs to be supported by cross-sector collaboration, guidance, and funding.  

---

**Racial/Ethnic Disparities Persist for Delaware High School Dropouts**

Public high school dropouts by race/ethnicity for Delaware and counties, 2019/20 school year

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>New Castle County</th>
<th>Kent County</th>
<th>Sussex County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All</strong></td>
<td>0.5</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>White/Other</td>
<td>0.2</td>
<td>0.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.2</td>
<td>0.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Black</td>
<td>0.3</td>
<td>0.4</td>
<td>1.5</td>
</tr>
<tr>
<td>New Castle County</td>
<td>0.2</td>
<td>0.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Kent County</td>
<td>0.4</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Sussex County</td>
<td>0.5</td>
<td>0.6</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: Delaware Department of Education

---

**Public Libraries Fill Gap During COVID-19 Related School Library Closures**

Public library cards, circulation, and programs for Delaware, 2020

- **Juvenile Library Cards**: 62,672
- **Youth Items in Circulation**: 1,308,304
- **Youth Programs**: 7,124
- **Attendees at Youth Programs**: 130,065

Source: Delaware Division of Libraries
Delaware should be a state where every child lives in a financially secure home. However, throughout our country’s history, policies and practices have helped move some families along the path to economic security while putting up roadblocks for others. The COVID-19 pandemic has exacerbated this divide, with more families struggling to maintain housing or put food on the table as caregivers lost jobs and income. Many families are facing increased costs associated with child care due to school and camp closures. Parents who have been able to continue working during the pandemic have faced the challenge of finding quality, reliable care for children as schools transition between virtual and hybrid formats and as early care and education providers struggle to keep doors open in a safe manner.

ECONOMIC SECURITY TIMELINE

**BASIC NEEDS**
Federal relief allocates funds to support basic needs; increase in state efforts to combat food insecurity, homelessness, and overall financial uncertainty

**HOUSING**
Announcement of Housing Assistance Program

**STIMULUS**
Launch of Payroll Protection Program; distribution begins of first set of stimulus checks

**UNEMPLOYMENT**
Expansion of unemployment eligibility and compensation

**RELEIF**
Additional federal relief includes renewed unemployment assistance, nutrition emphasis, and a second set of stimulus checks

**GOALS**
Employ compassion to support those hurting the most

- March 2020
- March 2020
- April 2020
- May 2020
- December 2020
- next
<table>
<thead>
<tr>
<th>Economic Security</th>
<th>BASELINE DATA</th>
<th>LATEST DATA</th>
<th>CHANGE SINCE BASELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children in Poverty</strong></td>
<td>2010-2014</td>
<td>2015-2019</td>
<td>=</td>
</tr>
<tr>
<td>Percentage of children (under 18 years) in poverty</td>
<td>17.4%</td>
<td>17.5%</td>
<td>=</td>
</tr>
<tr>
<td><strong>Female Headed Families in Poverty</strong></td>
<td>2010-2014</td>
<td>2015-2019</td>
<td>≠</td>
</tr>
<tr>
<td>Percentage of families in poverty with female head and children under 18</td>
<td>37.1%</td>
<td>39.4%</td>
<td>≠</td>
</tr>
<tr>
<td><strong>Median Family Income</strong></td>
<td>2010-2014</td>
<td>2015-2019</td>
<td>✔</td>
</tr>
<tr>
<td>Median income in U.S. dollars of households with children under 18 by family type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 Parent, female headed</td>
<td>$30,169</td>
<td>$31,235</td>
<td>✔</td>
</tr>
<tr>
<td>• 1 Parent, male headed</td>
<td>$43,796</td>
<td>$48,642</td>
<td>✔</td>
</tr>
<tr>
<td>• 2 Parent</td>
<td>$95,974</td>
<td>$106,395</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Poverty Thresholds</strong></td>
<td>2015</td>
<td>2020</td>
<td>✔</td>
</tr>
<tr>
<td>Poverty threshold in U.S. dollars by size of family and number of related children under 18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 Parent, 2 Child</td>
<td>$19,096</td>
<td>$20,852</td>
<td>✔</td>
</tr>
<tr>
<td>• 2 Parent, 2 Child</td>
<td>$24,036</td>
<td>$26,246</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Home Ownership</strong></td>
<td>2014</td>
<td>2019</td>
<td>≠</td>
</tr>
<tr>
<td>Percentage of houses owned by occupant</td>
<td>74.3%</td>
<td>71.4%</td>
<td>≠</td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>2015</td>
<td>2020</td>
<td>≠</td>
</tr>
<tr>
<td>Percentage Unemployed</td>
<td>4.6%</td>
<td>5.3%</td>
<td>≠</td>
</tr>
</tbody>
</table>
Delaware Kids and COVID-19: Unemployment

Parental unemployment has a direct effect on a child’s economic stability and overall well-being. COVID-19 related shutdowns of non-essential businesses have increased unemployment nationally and in Delaware.

At the federal level… As the pandemic caused the unemployment rate to spike across our nation, federally funded, expanded unemployment insurance (UI) stabilized many families initially impacted by business closures and economic slowdown. The Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act included provisions to strengthen and expand state UI programs such as: expanding UI to people who were not previously eligible for state benefits, extending state UI benefits by 13 weeks, and providing an additional $600 per week to recipients through the end of July 2020. In August 2020, a Presidential Executive Order allowed states to apply for additional funds – paid out of Federal Emergency Management Agency (FEMA) coffers – to supplement state UI payments by $300 per week for an additional 5-6 weeks depending on how long funds held out. In December 2020, another COVID-19 relief package was implemented at the federal level which provides an additional $300 per week benefit through March 14, 2021. This bill also extends Pandemic Unemployment Assistance (PUA) to support families, communities, and states struggling to manage the dual ongoing health and economic crises.

At the state level… At the start of the pandemic, Delaware closed businesses deemed non-essential – many in the service and hospitality industries – to curb the spread of the coronavirus. Many Delawareans experienced loss of employment income since March, but households with kids fared the worst. As of December 2020, 57% of Delaware adults with children in the household lost employment income, while only 45% of households without kids lost employment income.14
Why Does it Matter?

Secure employment of a caregiver can have positive impacts such as access to healthcare and financial stability, both of which improve a child’s overall well-being. When a job is lost, unemployment insurance provides income to eligible workers, helping them maintain health insurance, pay their bills, and continue purchasing goods and services, which helps them avoid experiencing homelessness and hunger, and helps keep many businesses afloat.

Next Steps

The expansions of UI eligibility and aid that were introduced during early months of COVID-19 are important, but they were temporary relief measures for a system that has not kept pace with changes in the economy or labor markets and is long overdue for reform. Long-term problems compounded by the pandemic mean that state systems are overwhelmed, workers have to wait a long time before receiving benefits, some workers are still left out, and even when relief comes, it may not be adequate. Federal and state relief should be continued until the labor market recovers instead of being set on arbitrary timelines, shared-work programs should be established, and governments at all levels should consider creating relief funds to give a hand up to displaced workers ineligible for UI. By strengthening unemployment insurance provisions with state, local, and federal policies, we can help Delaware’s displaced workers by providing necessary income for families that is then spent locally in communities across the state.
Delaware Kids and COVID-19: Female Headed Households in Poverty

Increasingly single parents (typically single mothers) are the primary caregiver in Delaware families. For many women, the COVID-19 crisis is magnifying challenges, barriers, and inequities they already grapple with on a daily basis such as access to livable wage jobs with benefits and navigating mismatched school and work schedules.

At the federal level… The Families First Coronavirus Response Act (FFCRA), created provisions related to paid sick leave, paid family and medical leave, and expanded access to food for specified reasons related to COVID-19. The FFCRA expired at the end of 2020. Most recently, the December COVID-19 relief bill has not extended the paid leave benefits but did extend the refundable tax credit relevant to some private-sector employees.15

**About 35,000 Delaware Children Were Living in Poverty Pre-Pandemic**

<table>
<thead>
<tr>
<th>Counties</th>
<th>Percentage of Children Under 18 Years in Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>17.5%</td>
</tr>
<tr>
<td>New Castle</td>
<td>15.5%</td>
</tr>
<tr>
<td>Kent</td>
<td>20.4%</td>
</tr>
<tr>
<td>Sussex</td>
<td>20.6%</td>
</tr>
</tbody>
</table>

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

**Half of Delaware Families Struggled With Expenses During COVID-19**

Percent of Adults Living in Households with Children who had Difficulty Paying for Usual Household Expenses in the Past Week by Race/Ethnicity in Delaware, Nov 25-Dec 21

- Total: 48%
- African American: 43%
- White (non-Hispanic): 59%

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

**1 in 5 Young Children (Under Age 5) Live in Poverty in Delaware**

Percent of Children in Poverty by Age in Delaware

- Under 5: 19.2%
- Ages 5-17: 16.9%

Source: U.S. Census Bureau, American Community Survey
At the state level… According to pre-pandemic data, more than a quarter of Delaware families with children are headed by a single mother. More likely to live in poverty than children in a married couple family, these households face a myriad of challenges. Like other low-wage workers, many have not traditionally had access to paid sick leave or paid family and medical leave. That means that they would not have been able to afford to stay home if they became sick or if they needed to care for a sick loved one without FFCRA protections, which were only a short-term measure.

**Why Does it Matter?**

Too many children and families were struggling to survive economically before this pandemic and now many more face devastating hardship and instability, unsure of how they will afford food, housing, and health care. According to pre-pandemic research by the National Women’s Law Center, 74% of parents in the country’s 40 lowest-paying jobs were mothers.16

In the months before the coronavirus pandemic, there were more women than men on employer payrolls. However, this is no longer the case as the bulk of job losses fell on women.17 This is in contrast to past recessions, which have hit male-dominated industries like manufacturing and construction relatively hard. The service and hospitality sectors being affected have high female employment. Compounding this was closure of schools, child care centers, and after-school programs.

Women are more likely than men to be single parents, but even in families with both parents working full-time, women are far more likely than men to manage schedules and activities and to take care of children who become sick.18

**Next Steps**

Congress has taken initial steps to address the sick, family, and medical leave policies that families with children urgently need, but FFCRA is a short-term solution. We need to recognize the need for and push for long-term solutions so that working people never have to choose between a paycheck and taking care of themselves or a sick loved one.
In a country as prosperous as the United States, food insecurity is a deeply unsettling reality.

At the federal level... The Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act increased funding and flexibility for the Supplemental Nutrition Assistance Program (SNAP) to: cover new enrollment, ensure existing recipients would be able to keep and maximize their benefits, temporarily suspend benefit time limits, extend recertification periods, and reduce reporting requirements. FFCRA also allows families who aren’t enrolled in SNAP – but have children who receive free or reduced-price school meals – to be eligible for the nutrition assistance program. Federal coronavirus relief legislation also allocated additional funding to cover new enrollments in other programs including the National School Lunch Program (NSLP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

At the state level... Pre-pandemic data indicated one in six Delaware children lived in food insecure households, defined as not always having access to enough food for an active, healthy life. In December 2020, 20% of adults in Delaware households with children reported they lacked food “sometimes or often” compared to 10% of adults in Delaware households without kids; data show racial disparity in food insecurity persists.

To bolster food security during school closures, in March 2020 the Delaware Department of Education received a waiver from the federal government allowing school nutrition programs to continue providing meals during school closures. School districts and other organizations across the state organized meal pick-up sites, meal distribution along bus routes, and implemented other innovative approaches to ensure children were fed. Delaware expanded SNAP benefits by operating Pandemic electronic benefit transfer (EBT), a supplemental food purchasing benefit to offset the cost of meals that would have otherwise been consumed at school. According to the USDA, Delaware had approximately 86,000 children (58% of children in participating schools) eligible for free and reduced-priced lunch during the 2019-2020 school year. Additionally, the WIC program allowed specific substitutions due to vendors’ inability to maintain inventory of certain WIC-eligible products.

**Why Does it Matter?**

The link between food security and health is well established. Not surprisingly, lack of incomes has been identified as one of the biggest contributors to whether a household can meet these basic nutritional needs. Food-insecure families cannot afford to stock up to weather a crisis or minimize shopping trips to comply with social distancing guidance. COVID-related job losses, increased food prices, and supply interruptions have all acted to increase food insecurity for Delaware’s children and families.
The safety net is designed for times like this and although many nutrition programs, schools and charitable food providers have admirably adapted to continue serving the public, there may still be clients whom they cannot reach under current conditions. Because food security is inextricably linked with financial security, we need to ensure that families can meet all of their basic household needs. A robust paid family medical leave policy would also be beneficial to help workers maintain employment if they or their family members become sick. In addition to ensuring food affordability and access on the demand side, state policy should address the supply side by strengthening food systems.

Next Steps

The safety net is designed for times like this and although many nutrition programs, schools and charitable food providers have admirably adapted to continue serving the public, there may still be clients whom they cannot reach under current conditions. Because food security is inextricably linked with financial security, we need to ensure that families can meet all of their basic household needs. A robust paid family medical leave policy would also be beneficial to help workers maintain employment if they or their family members become sick. In addition to ensuring food affordability and access on the demand side, state policy should address the supply side by strengthening food systems.

Food Bank of Delaware Fills Need During COVID-19 Pandemic

Food Bank and pantry data March thru December 2020

2,737,517 Pounds of Food to:

35,799 households at 27 mass drive-thru distributions

15,021,552 Pounds of Food Distributed via

Mobile Pantries

Community Food Pantries

On-Site Pantries

28,185 visits to on-site pantries

Many Students Rely on Schools for Nutritious Meals

Public School Feeding Program Food Distribution Sites by Zip Code January 2021

Source: Delaware Department of Education

Note: Data reflects feeding program as of January 2021. This map is updated regularly online. Families can visit any of the meal sites. Children do not need to be present. The site does not need to be in your home district or at the school your student attends. https://www.doe.k12.de.us/page/4237

SNAP Enables Children to Receive Nutrition They Need to Flourish

Average Monthly Number of Households Receiving Supplemental Nutrition Assistance Program Delaware

Source: Delaware Health and Social Services

Note: The 2019 monthly average is depressed due to a federal government shutdown in February 2019, which severely impacted the number of households served by SNAP during that time period.

Note: October 2020 and November 2020 are preliminary data. December 2020 data is not yet available; therefore, 2020 data are averaged over 11 months.

The WIC Program is Correlated With Positive Outcomes for Mothers, Infants, and Children

Average Monthly WIC Program Participation, Delaware

Source: Delaware Division of Public Health, WIC Office

The WIC Program is Correlated With Positive Outcomes for Mothers, Infants, and Children

Average Monthly WIC Program Participation, Delaware

Source: Delaware Division of Public Health, WIC Office

Food Bank of Delaware Fills Need During COVID-19 Pandemic

Food Bank and pantry data March thru December 2020

2,737,517 Pounds of Food to:

35,799 households at 27 mass drive-thru distributions

15,021,552 Pounds of Food Distributed via

Mobile Pantries

Community Food Pantries

On-Site Pantries

28,185 visits to on-site pantries

Many Students Rely on Schools for Nutritious Meals

Public School Feeding Program Food Distribution Sites by Zip Code January 2021

Source: Delaware Department of Education

Note: Data reflects feeding program as of January 2021. This map is updated regularly online. Families can visit any of the meal sites. Children do not need to be present. The site does not need to be in your home district or at the school your student attends. https://www.doe.k12.de.us/page/4237

SNAP Enables Children to Receive Nutrition They Need to Flourish

Average Monthly Number of Households Receiving Supplemental Nutrition Assistance Program Delaware

Source: Delaware Health and Social Services

Note: The 2019 monthly average is depressed due to a federal government shutdown in February 2019, which severely impacted the number of households served by SNAP during that time period.

Note: October 2020 and November 2020 are preliminary data. December 2020 data is not yet available; therefore, 2020 data are averaged over 11 months.

The WIC Program is Correlated With Positive Outcomes for Mothers, Infants, and Children

Average Monthly WIC Program Participation, Delaware

Source: Delaware Division of Public Health, WIC Office

The WIC Program is Correlated With Positive Outcomes for Mothers, Infants, and Children

Average Monthly WIC Program Participation, Delaware

Source: Delaware Division of Public Health, WIC Office
Children need strong families and communities around them to thrive. Even with social distancing, the coronavirus pandemic has made it clear that each and every person’s health and well-being is intertwined. We can’t restart our economy if there are empty businesses where our jobs used to be. We can’t revive our communities if people have been forced to leave their homes. For the community to be healthy, everyone must have access to basic needs like health care, shelter, and nutritious food. We help families when we make choices to meet basic needs and protect our communities.

**FAMILY & COMMUNITY TIMELINE**

- **March 2020**
  - **TELEHEALTH**
    - Heightened use of telehealth combined with waivers for substance use management medicine pre-dispensing allows patients to maintain continuity of treatment
  - **EVICTION MORATORIUM**
    - Federal action establishes a 120-day moratorium for evictions based on non-payment of rent for certain covered properties

- **April 2020**
  - **CHILD ABUSE PREVENTION**
    - Innovative methods implemented by many groups to detect unrecognized child abuse/neglect while mandated reporters interactions are decreased
  - **SUBSTANCE USE**
    - Dialogues focus on emotional and physical well-being as well as link to substance use during pandemic

- **July 2020**
  - **YOUNG ADULTS**
    - Recognition of basic need assistance and other supports vital to young adult independence emerge

- **December 2020**
  - **GOALS**
    - Racial equity impact analysis is fundamental to policy and program formation so that all children have opportunity for success

- **next**
# KIDS COUNT in Delaware

## Family & Community

### Teen Births

**Live births to 15-17 year old females per 1,000 15-17 year old females**

<table>
<thead>
<tr>
<th></th>
<th>2010-2014</th>
<th>2015-2019</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>12.4</td>
<td>7.9</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Children in One-Parent Families

**Percentage of children (under 18 years) in one-parent families**

<table>
<thead>
<tr>
<th></th>
<th>2010-2014</th>
<th>2015-2019</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>36.2%</td>
<td>37.4%</td>
<td>=</td>
</tr>
</tbody>
</table>

### Child Abuse/Neglect

**Number of accepted reports & substantiated claims**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2020</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>8,909</td>
<td>7,501</td>
<td>?</td>
</tr>
</tbody>
</table>

- **Accepted**
  - 2015: 8,909
  - 2020: 7,501

- **Substantiated**
  - 2015: 1,178
  - 2020: 863

### Births to Single Mothers

**Percentage of live births to single mothers**

<table>
<thead>
<tr>
<th></th>
<th>2010-2014</th>
<th>2015-2019</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>47.4%</td>
<td>46.7%</td>
<td>=</td>
</tr>
</tbody>
</table>

### Juvenile Violent Crime Arrests

**Per 1,000 children ages 10-17**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2019</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>7.4</td>
<td>5.9</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Substance Use*

**Percentage of 11th grade students reporting substance use in the past month**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2020</th>
<th>Change Since Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cigarettes</strong></td>
<td>7%</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td>30%</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Marijuana</strong></td>
<td>22%</td>
<td>N/A</td>
<td>✓</td>
</tr>
</tbody>
</table>

---

* Due to the COVID-19 pandemic, the data collection for the Delaware School Survey was temporarily suspended. This suspension has resulted in a gap in Delaware School Survey data for the 2020 survey year.
Delaware Kids and COVID-19: Young Adults “Ready to Launch”

Youth and young adults in transition from high school and college, those already working, and those attempting to enter the labor force during the pandemic are most at risk for decreased earnings up to ten years following the pandemic. That being said, though short-term labor market predictions are challenging, economic improvement is expected when the virus is more controlled and youth and young adults can catch up with the right supports.

At the federal level… Resources for individuals’ aid and recovery set forth within the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and the December 2020 COVID-19 Relief Bill were primarily to preserve and protect the present and future of already established workers and their families. Youth and young adults on their way to independence received considerably less attention and support within COVID-19 relief measures.

At the state level… According to the Delaware Department of Labor, the unemployment rate in Delaware for young adults age 20-24 has fallen over the last couple years after a spike in between 2018 and 2019. Though we are yet to quantify the pandemic’s impact on employment for Delaware’s citizens ages 20-24, monthly Bureau of Labor Statistics reports showed a large jump in unemployment for the overall working population March-May 2020 with a gradual decline since.

Why Does it Matter?

Youth and young adults are the drivers of tomorrow’s economy. In a very short time, they will be the parents, workers, volunteers, leaders, and change-makers.

Adults Without a High School Diploma Earn Less on Average Than Peers With More Education

Percent of People Over Age 25 Who are Without a High School Diploma or GED by Census County Divisions, 2015-2019

Key

- No Data
- 0% to 7.9%
- 8.0% to 12.9%
- 13.0% to 15.9%
- 16.0% to 25%

A Bachelor’s Degree in Delaware Costs an Average of $54,400 in Tuition Alone

Annual of College Tuition, Delaware and Region 2019/20

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

Source: http://trends.collegeboard.org/
determining the social and economic vitality of Delaware. As such, they need educational and training opportunities that prepare them for today’s workforce, permanent connections with caring adults and mentors who promote their growth and well-being, and knowledge and tools to keep more of what they earn and save for the future. If we want a better future for all of us, we must ensure that youth and young adults have their needs met today.

COVID-19 has created new barriers to obtaining a college degree for current and prospective students, hitting those from low-income families the hardest. High schoolers have missed out on in-person preparation for their next steps in life. Some students are opting for less-expensive schools, colleges closer to home, or have elected to sit out the first year of college altogether. Nationally, traditional college freshman enrollment was down 16% in fall 2020 at colleges and universities and down 25% at community colleges. For youth and young adults who chose another path, there are also concerns. It is well documented that recessions cause significant losses in employment and earnings to those young people who enter the labor market during the economic downturn. Because early job opportunities as teenagers and young adults are a critical launch pad to further education and higher lifetime income, disadvantages accrue to those starting their work careers in a time when adult works remain the priority for relief and recovery. Additionally, young people are most likely to get jobs in the hospitality and leisure sectors and retail trade occupations – all areas impacted negatively by the pandemic shutdowns. Teens and young adults have both borne the brunt of the COVID-19 related downturn.

**Next Steps**

While federal COVID-19 relief bills have helped the unemployed, they have done nothing for high school and college graduates who are attempting to enter the labor force and who are having greater difficulty than adults with finding employment. Often, youth and young adults do not qualify for assistance because their job and wage histories are nonexistent, too short, or too low. Young adults need financial assistance whether or not their joblessness is directly due to the pandemic. Additional help with financing education (both academic and training programs) for youth and young adults may also dampen the decline in lifetime income anticipated from COVID-19.
Delaware Kids and COVID-19: Child Abuse & Neglect

Similar to poverty and unemployment, rates of abuse and neglect, parental mental health problems, and substance abuse tend to rise during disasters. The coronavirus pandemic has disrupted routines, reduced physical connections, and fundamentally changed family support systems. A third of households had a child, parent, or caregiver report that there had been physical or emotional violence in their home since COVID-19 began.\textsuperscript{28}

At the federal level... The pandemic has isolated children and youth experiencing abuse, neglect, or acute mental health needs, cutting them off from teachers and other school staff trained to spot warning signs. Early evidence suggests widespread decreases in child abuse reporting, calling for special attention to be paid towards this trend in the next few months and years.

At the state level... In response to COVID-19, the Department of Services for Children, Youth and their Families is supporting family resiliency and raising awareness of how to prevent, recognize, and report child abuse and neglect. Connections are made via home visits with added precautions and technology is being utilized for virtual check-ins with system involved families.

Why Does it Matter?
Decades of scientific research show that experiences in the early years of a child’s life play a crucial role in building the architecture of the developing brain, and also in programming an individual’s biology to be prepared for the world that awaits. Stressful early life experiences can permanently impact a number of our children’s brain and biological systems, increasing the risk for both learning difficulties and lifelong health problems such as obesity and

Abuse and Neglect Can Have Far Reaching Effects for Youth and Their Communities
Child abuse and neglect by type, Delaware, 2020

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

Source: Domestic Violence Coordinating Council, Department of Public Safety, Division of State Police
heart disease. Equally important, nurturing relationships with adults, including parents, grandparents and other relatives, childcare providers, and other community members can serve as powerful buffers to counterbalance the effects of adversity during these critical early years.

Now, with the arrival of COVID-19, households with young children have been hit especially hard. Reports on the well-being of such households since the onset of the pandemic document troubling increases in difficulties across a range of areas, including child social-emotional well-being, household economic security, physical health of the household, access to early learning and childcare, caregiver/parent mental health, and basic household needs. Informal check-ins that schools typically rely on—a teacher, coach, bus driver or cafeteria worker who would normally be alert to a child in distress—have been disrupted. There are just fewer eyes on children right now.29

**Next Steps**

Severe and persistent stress wear down our ability to manage emotions. This helps to explain why financial burdens across society have contributed to a rise in child abuse in the past. But we know that removing stressors from families and adding supports makes a huge difference quickly. Providing financial assistance and stepping up social services will mean fewer people are affected by stress and violence. Additionally, protective factors like staying connected, staying active and engaged as a family, as well as managing stress and anxiety can buffer children from harm and increase the chance children adapt positively despite adversity like the COVID-19 pandemic.

---

**Delaware Had 23,410 Domestic Violence Incidents in the Year Pre-COVID**

Criminal and Non-Criminal Domestic Incidents in Delaware, FY2019

<table>
<thead>
<tr>
<th></th>
<th>Non-Criminal</th>
<th>Criminal only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>45.4%</strong></td>
<td></td>
<td><strong>45.8%</strong></td>
</tr>
</tbody>
</table>

Source: Delaware State Bureau of Identification
Delaware Kids and COVID-19: Substance Use

COVID-19 created a crisis that has resulted in massive job loss, housing insecurity, and psychological stress. Many people have turned to substances to cope.

At the federal level… There is concern across the nation that stay-at-home orders will have led to increased alcohol use, which has life-altering consequences physically and mentally. A recent survey from the RAND American Life Panel found that alcohol sales early in the pandemic increased 54% over the prior year, as well as noting that the overall frequency of alcohol intake was up 14% among adults over age 30 from last year.

At the state level… Some children and parents are experiencing increased depression and anxiety due to pandemic-related school closures, isolation, and other concerns. Two in five (36%) adults in households with children experienced anxiety during the pandemic. Findings from one study have shown an increase in depression in teenagers, noting that students are living through a "collective trauma." On the other hand, some studies have shown improved mental health outcomes for youth throughout the pandemic, hypothesized to be a result of more sleep and family time. The results are inconclusive, but the mission is to be paying attention: we must find a way to be intentional about understanding the impact of this time on youth and young adults.

Why Does it Matter?

The health and well-being of adolescents is endangered by alcohol and drug use. Common social and environmental risk factors such as poor education, family-related stress, and exposure to substances and substance-abusing peers have been shown to contribute significantly to
use of drugs and alcohol. Periods of transition, and the new challenges and environments that often come with these transitional times in young people's lives, are considered especially high-risk periods for substance use.

Social distancing and self-quarantines are necessary to reduce the spread of COVID-19. However, loss of one’s support network can lead to a rise in depression, anxiety, fear, and sadness, all of which are known to trigger relapses for individuals who struggle with substance use disorders. Most of our understanding of substance use relates to adults so we still assessing the impact on adolescents and navigating that system of care.

**Next Steps**

The pandemic has caused additional strain on health care systems and providers. Access to in-person medical assistance is limited, which has created an increased risk for substance users, as they can no longer access traditional means of recovery support. Thankfully, telehealth opportunities have grown in response to the need for continued care. Among substance abuse treatment, Medicaid has expanded the use of telemedicine and revised drug treatment rules, greatly improving access to care to allow clients to be served more effectively. As strategies for providing adequate health care have shifted, technology has evolved to offer comprehensive care via digital care platforms such as digital learning management systems, care management platforms, and peer coaching and support.

Every young person in danger of drug abuse has different needs, and drug abuse prevention strategies should be targeted to accommodate the specific needs of the individuals involved. Strategies may focus on psychological and emotional support, drug and alcohol education initiatives, or comprehensive intervention.
Every child in Delaware should have access to the basics in normal times, and especially in times of crisis. Families with children have their best chance of thriving when they have access to physical and mental health care, education, adequate nourishment, safe housing, and high-quality early care. Families are struggling to meet the needs of children during the COVID-19 pandemic while simultaneously managing finances, school, work, and health. Returning to pre-pandemic normalcy and full economic strength will require addressing massive systemic problems in our health care, education, and social safety net programs. To ensure an inclusive, far-reaching response that reaches all families, policies and practices must be grounded in equity. It is our hope that Delaware continues to adapt programs in light of all that the pandemic has revealed. KIDS COUNT in Delaware remains committed to raising awareness and driving action in support of policy and program choices which will enhance the well-being of all children and families to emerge healthy and strong from this crisis.
KIDS COUNT Data Center

We believe that educating our audiences about timely issues faced by Delaware’s children and their families is a powerful way to engage our partners to create collective impact.

Highlights historical trends, current actions and goal setting...

While this edition of the KIDS COUNT in Delaware Fact Book highlights historical trends, current actions and goal setting for targeted topics during the COVID-19 era, KIDS COUNT in Delaware continues to provide access to thousands of data points in our online Data Center.

The KIDS COUNT Data Center offers data on education, employment and income, poverty, health and youth at-risk factors. We invite you to discover ways to customize the data and join us in using this data to make informed decisions by investing in Delaware’s biggest asset, our kids.

Making Sense of the Numbers

◆ KIDS COUNT in Delaware uploads the most current and reliable data available to the online Data Center.

◆ Data that are inadequate or unavailable are denoted by “NA”.

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

◆ Most data presented are for calendar years. Where data collected by state or federal authorities is available by school year or fiscal year, the periods are from September to August or July 1 to June 30 respectively.

◆ The data are presented primarily in three ways:
  1. Annual data
  2. Three-year and five-year averages to minimize fluctuations of single-year data and provide a more realistic picture of children’s outcomes and
  3. Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons.

◆ Where possible, data are delineated by counties and the City of Wilmington.

◆ Whether a number, rate or percentage, each statistic tells us something different about children.

◆ 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. Therefore, KIDS COUNT in Delaware encourages you to look at overall trends. The key in the evaluation of statistics is to examine everything in context.


14. U.S. Census Bureau, Household Pulse Survey, Week 21


20. U.S. Census Bureau, Household Pulse Survey, Week 21


32. Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020


RESOURCE GUIDE

Delaware Information Helpline
2-1-1
1-800-560-3372
or text zip code to 898-211

State of Delaware Web Site
www.delaware.gov

Volunteer Delaware
302-857-5006

Delaware Department of Education
302-735-4000
www.doe.k12.de.us

Delaware Department of Labor
302-761-8001
www.delawareworks.com

Delaware Department of Health and Social Services
www.dhss.delaware.gov

Division of Public Health
302-744-4700

Division of Social Services
1-800-372-2022

Division of State Service Centers
302-255-9675

Division of Substance Abuse and Mental Health
302-255-9399

Delaware Department of Safety and Homeland Security
302-744-2680

Delaware Department of Services for Children, Youth and Their Families
302-633-2500
www.kids.delaware.gov

Child Abuse and Neglect Report Line
1-800-292-9582

Delaware State Housing Authority
302-739-4263 (Dover)
302-577-5001 (Wilmington)
www.destatehousing.com

Drug Free Delaware
www.drugfree.org/delaware

Office of the Governor
Dover Office 302-744-4101
Wilmington Office 302-577-3210
Statewide 1-800-292-9570