



KIDS COUNT IN DELAWARE FAMILIES COUNT IN DELAWARE

Fact Book
2004



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Thanks for the data:

- 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
- Center for Applied Demography and Survey Research
- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Family and Workplace Connection
- Statistical Analysis Center

Thanks to **Amy Cass**, Center for Drug and Alcohol Studies, University of Delaware, for survey data, and **John Laznik**, Center for Applied Demography and Survey Research, University of Delaware, for the poverty maps.

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





***A Message
from KIDS COUNT
in Delaware***



Numbers can tell stories and, for children, certain numbers can tell us who is thriving, who is hurting, and who has needs that aren't being met. Each of the numbers in the KIDS COUNT/FAMILIES COUNT Fact Book represents real kids and families in Delaware. KIDS COUNT in Delaware endeavors to keep track of all of our children and examine the myriad of situations in which they live and grow.

Although KIDS COUNT reports on a multitude of measures, it must be emphasized that all children's issues are interrelated. A child's sense of physical safety in his family and community affect his school performance. The economic security of a child's family affects her health and education. Many factors must be examined together in order to produce an accurate portrayal of the conditions of families and children in our state. We hope that the data in this book will heighten our sense of urgency about children's issues and help win support for policy changes and programs that address the problems facing Delaware children and their families.

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

This effort is joined with Governor Minner's commitment to children and families through the FAMILIES COUNT in Delaware initiative, which expands upon the ten core tracking indicators of National KIDS COUNT to look at a broad range of indicators relevant to the health and well-being of children and families. In this book, the data reported on these indicators are organized into four categories: Health and Health Behaviors, Educational Involvement and Achievement, Family Environment and Resources, and Community Environment and Resources.

You will also find data on students' responses to the University of Delaware's Center for Drug and Alcohol Studies annual school surveys that include a wide range of questions about youth behaviors and habits, parental involvement, and connections to communities. We hope that incorporating these asset-based indicators into each category under the heading "Delaware Children Speak" will help support Delaware's efforts to create a more unified vision for youth development.

Each year when we release the KIDS COUNT/FAMILIES COUNT Fact Book we are asked, "How are the children and families of Delaware doing?" For some — very well! For others — not so. While we celebrate the areas of improvement indicated by the data, we should also remember that for every trend heading in the wrong direction, there are actions we can take to help turn those numbers around. Throughout this publication we have listed under "Put Data in Action" some of the strategies which have been proposed or proven to help address these problems.

As the late Supreme Court Justice Oliver Wendell Holmes said, "It is not the place we occupy which is important, but the direction in which we move." Together, let's use the data presented in this year's KIDS COUNT/FAMILIES COUNT Fact Book to chart a course for a better future for Delaware's children and families.

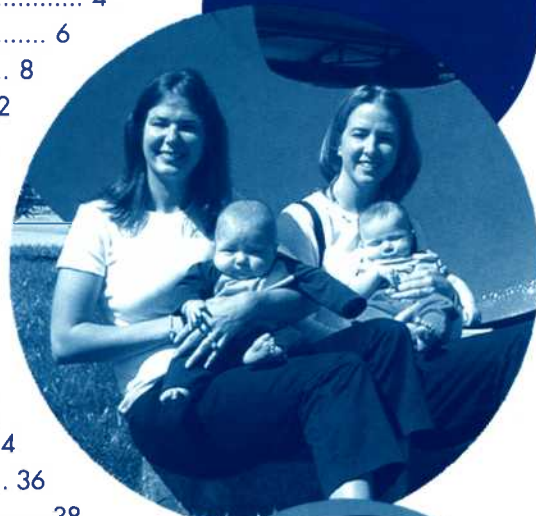
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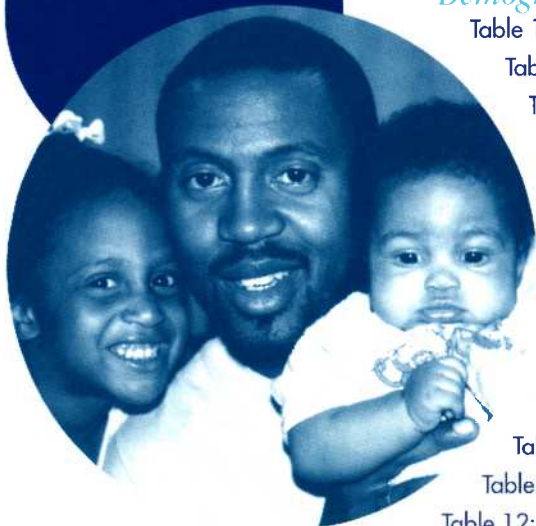
Terry Schooley
Director

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KIDS COUNT In Delaware

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

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

Health and Health Behaviors

Educational Involvement and Achievement

Family Environment and Resources

Community Environment and Resources

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

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

The featured indicators are:

Births to teens

Low birth weight babies

Infant mortality

Child deaths

Teen deaths by accident, homicide, and suicide

Teens not graduated and not enrolled

Teens not in school and not working

Children in poverty

Children with no parent with full-time employment

Children in one-parent families

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

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

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

Trends in Delaware

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

- The teen birth rate, percent of children in poverty, percent of children in one-parent families, percent of families where no parent has full-time employment, and the percent of teens not in school and not working have all improved.
- Of concern are the rising infant mortality rate, the increasing number of low birth weight babies, and the slightly increasing child death rate and teen deaths by accident, homicide and suicide.
- The high school dropout rate has remained fairly constant.

Making Sense of the Numbers

The information on each indicator is organized as follows:

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

Sources of Data

The data are presented primarily in three ways:

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

The data has been gathered primarily from:

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



KIDS COUNT In Delaware



Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2004 uses the most current, reliable data available. Where data was inadequate or unavailable, N/A was used. For some data, only the decennial census has information at the county level.

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

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

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

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

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

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

Numbers, Rates, and Percentages

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

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

A Caution About Drawing Conclusions

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

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

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

What's New This Year

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

Look for the changes:

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

This is the second year for this key indicator as reported in the National KIDS COUNT Data Book and thus, reported in our Delaware book. It is very similar to the measure called "secure parental employment" used by the Federal Interagency Forum on Child and Family Statistics. For children living in single-parent families, this means the resident parent did not work at least 35 hours per week, at least 50 weeks in the previous calendar year. For children living in married-couple families, this means neither parent worked at least 35 hours per week, at least 50 weeks in the previous calendar year.

- **Expanded Infant Mortality Data**

KIDS COUNT in Delaware has been tracking the rising rate of infant mortality here in the state and is grateful to the Delaware Health Statistics Center for providing increased data on this critical indicator. Looking at the rate compared to weeks of gestation, prenatal care, source of payment, smoking during pregnancy, birth spacing, birth weight and single/multiple births may provide some new insights into this issue.

- **Graduated License Info**

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

Data showing crash involvement by age indicates a decline in incidents for 16 year olds. Crash involvement for older teens has remained fairly steady since implementation. The number of arrests of teens driving under the influence is also pictured in the data under Teen Deaths by Accident, Homicide and Suicide.

- **High School Dropouts and Graduation Rates**

The high school dropout rate for the 2001-02 school year reflects an improvement in data acquisition and reporting. There has not been a significant increase in the number of dropouts; those students added to the dropout data were previously listed as "missing," and not reported. Missing students have now been tracked and placed in correct categories. The Department of Education has also tracked students who have transferred among public school districts, private schools, and state- or district-approved education programs.

New this year are data on graduation rates which is the percent of 9th grade students who graduated within four years from a Delaware public school. For example, the rate for 2001-2002 of 83 percent means that 83 percent of incoming 9th graders in September 1998 graduated in June of 2002.

We are grateful to the Center for Drug and Alcohol Studies at the University of Delaware and the Delaware Council on Gambling Problems for providing data on youth and gambling. The sections called Delaware Children Speak are also a result of extensive data provided by the Center for Drug and Alcohol Studies.



Overview



Births to Teens Page 70

Number of births per 1,000 females ages 15–17
Five year average, 1997–01: Delaware 31.5, U.S. 28.6



Low Birth Weight Babies Page 24

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)
Five year average, 1997–01: Delaware 8.8, U.S. 7.6



Infant Mortality Page 26

Number of deaths occurring in the first year of life per 1,000 live births
Five year average, 1997–01: Delaware 9.0, U.S. 7.1



Child Deaths Page 38

Number of deaths per 100,000 children 1–14 years old
Five year average, 1997–01: Delaware 22.4, U.S. 23.2



Teen Deaths by Accident, Homicide, and Suicide Page 40

Number of deaths per 100,000 teenagers 15–19 years old
Five year average, 1997–01: Delaware 54.3, U.S. 54.4



High School Dropouts Page 62

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

School year, 2001–02: Delaware 6.1



Teens Not Attending School and Not Working Page 64

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

Three year average, 2001–03: Delaware 7.8, U.S. 8.5



Children in Poverty Page 76

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

Three year average, 2001–03: Delaware 12.9, U.S. 16.4



No Parent with Full-time Employment Page 75

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

Three year average, 2001–03: Delaware 17.9, U.S. 22.7



Children in One-Parent Families Page 82

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

Three year average, 2001–03: Delaware 31.0, U.S. 29.9



Counting the Kids: Delaware Demographics



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

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

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

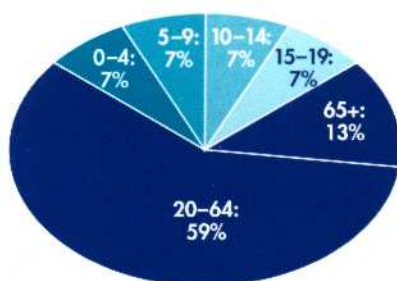
Population at a Glance

	2000 Total Population	2000 Total Age 0-17	2000 Total Age 18+	2000 Total % 0-17	1990 Total Age 0-17
Delaware	783,600	194,587	589,013	24.8%	163,341
New Castle County	500,265	124,749	375,516	25.0%	106,079
Wilmington	72,004	18,793	53,871	25.9%	17,822
Kent	126,697	34,533	92,164	27.2%	30,174
Sussex	156,638	35,305	121,333	22.5%	27,088

Source: 2000 Census, U.S. Census Bureau

Total Population Estimate and Age Distribution

Delaware, 2000

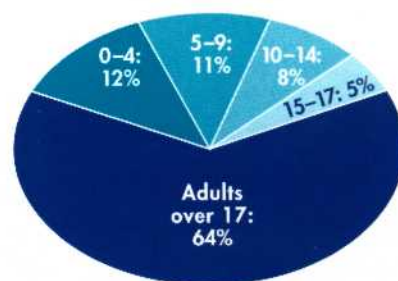


Delaware Total	783,600
Total Children 0-19	218,250
Children 0-4	51,531
Children 5-9	55,813
Children 10-14	55,274
Children 15-19	55,632

Source: Delaware Population Consortium;
Population Estimates Program, Population
Division, U.S. Census Bureau

Hispanic Population Estimate and Age Distribution

Delaware, 2000

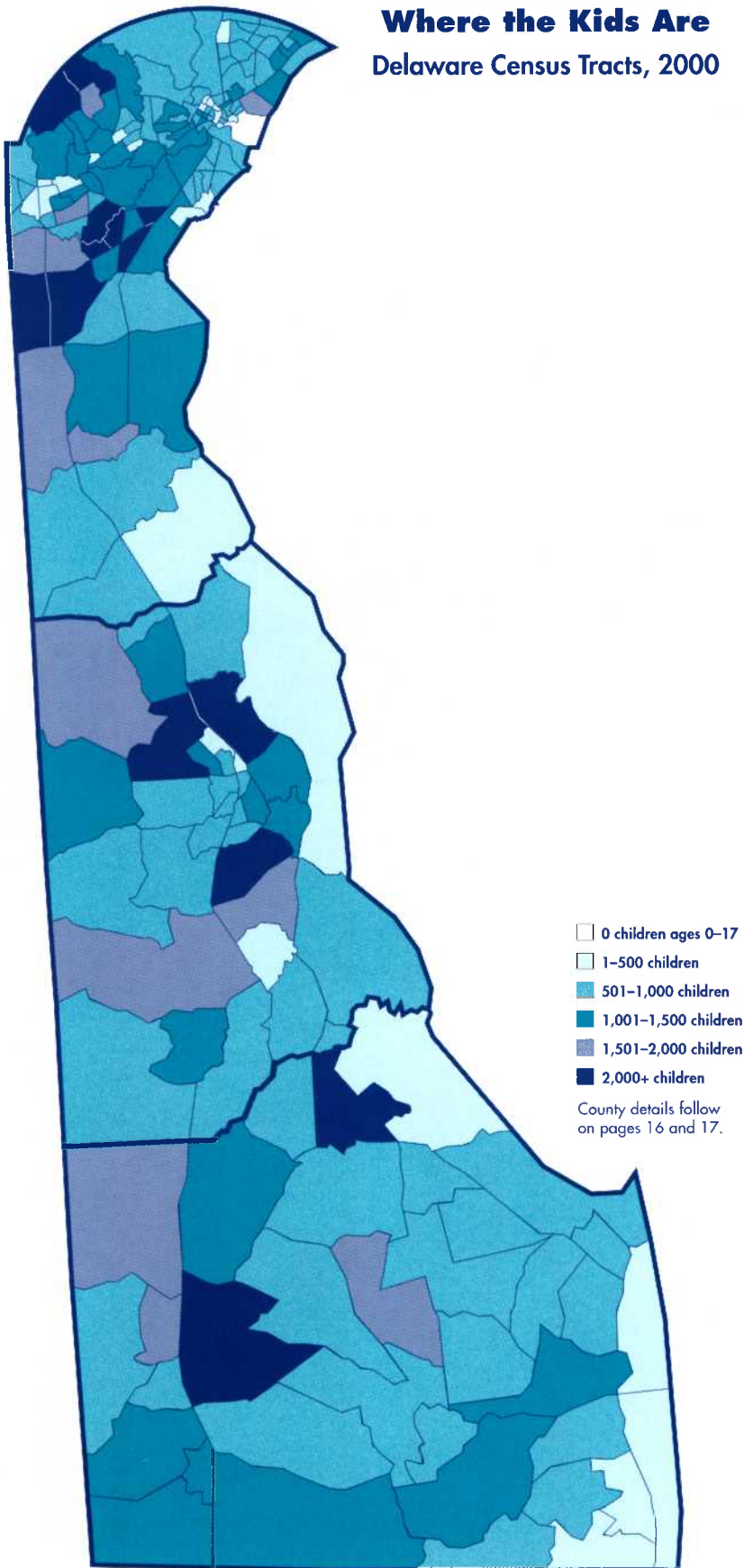


Delaware Hispanic Total	37,277
Total Children 0-17	13,565
Children 0-4	4,517
Children 5-9	3,970
Children 10-14	3,174
Children 15-17	1,904
Adults over 17	23,712

Source: Population Reference Bureau, 2000 Census

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

Where the Kids Are Delaware Census Tracts, 2000



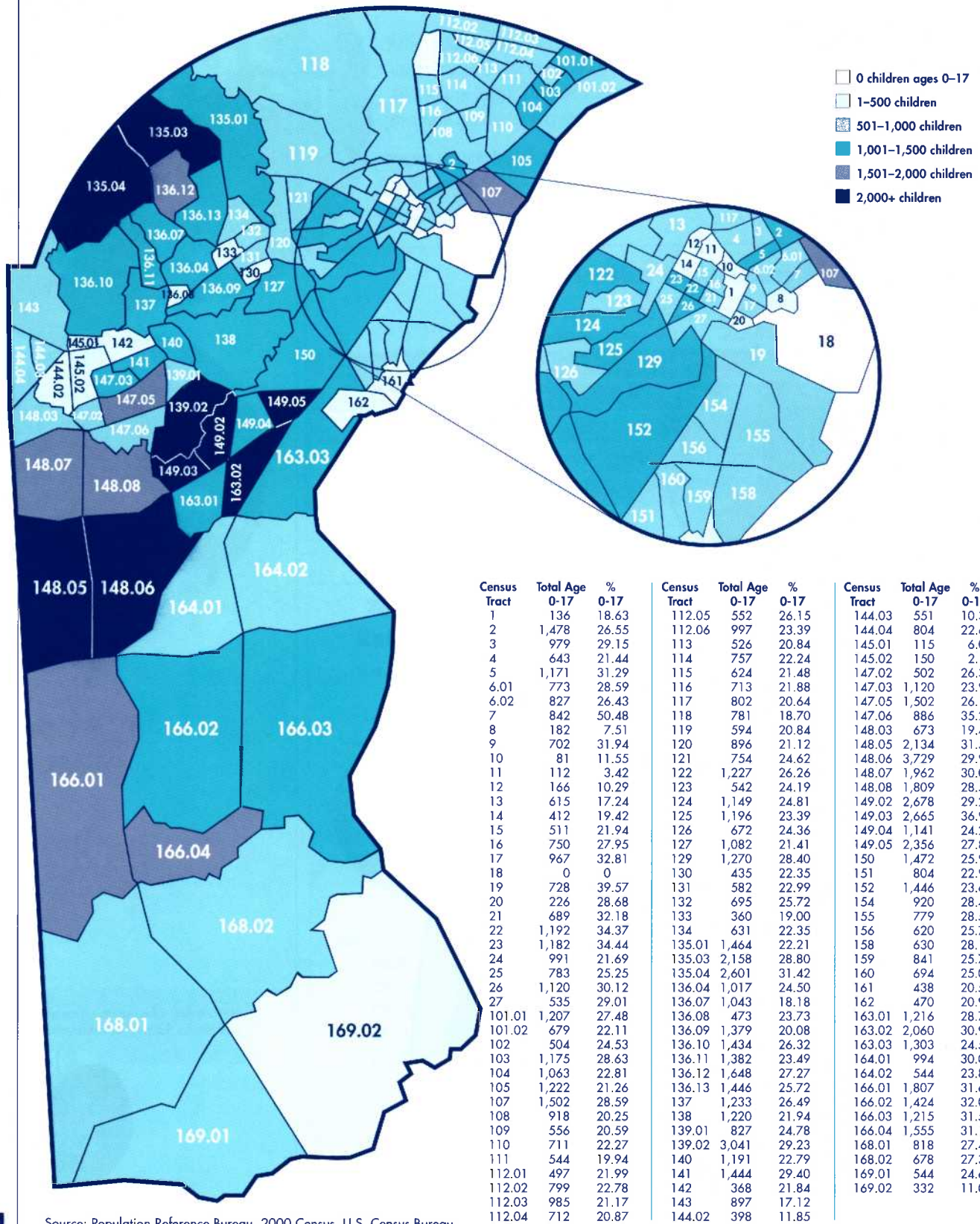
Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau



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



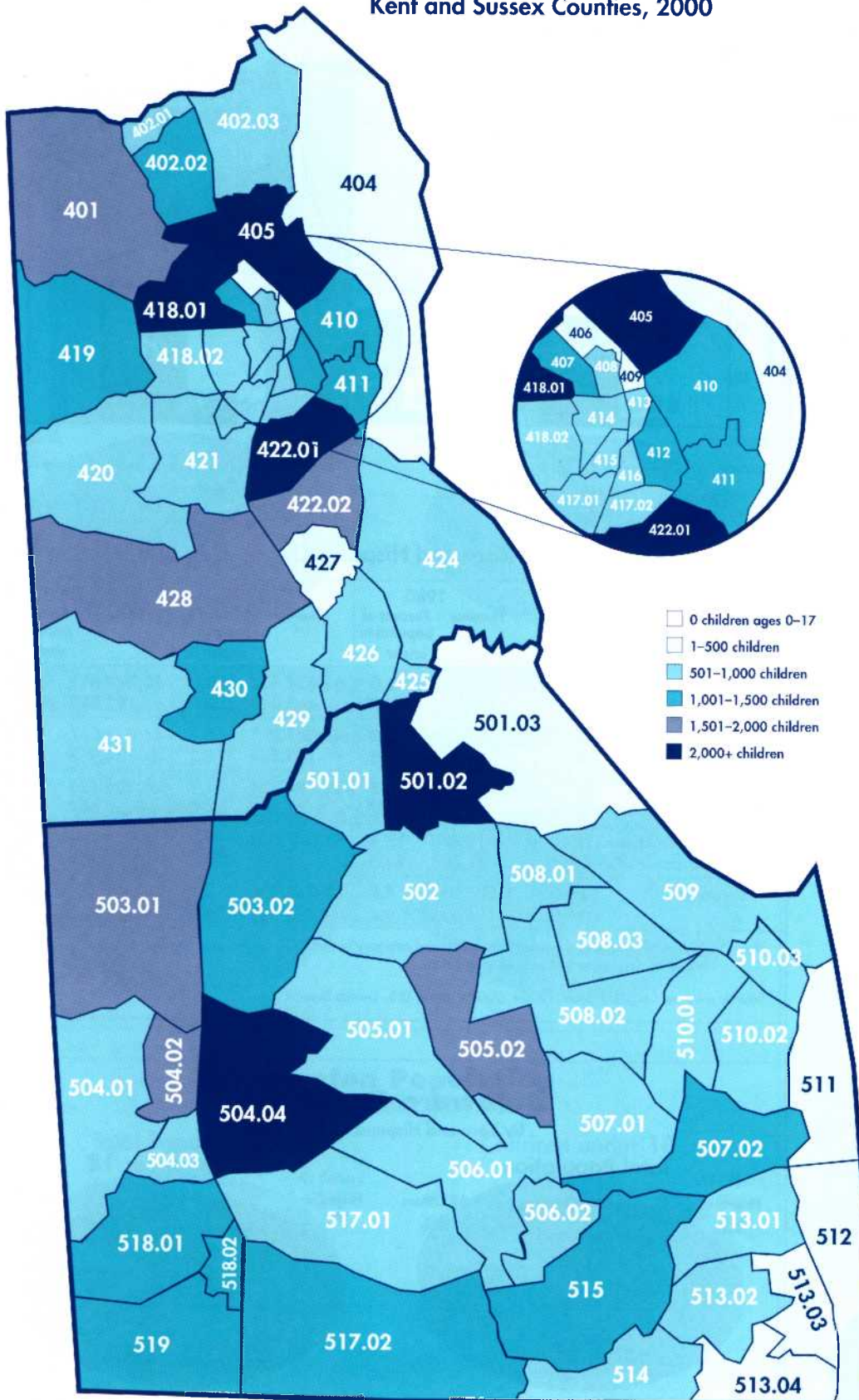
Where the Kids Are New Castle County, 2000



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

Where the Kids Are

Kent and Sussex Counties, 2000



Kent County

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

Sussex County

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

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

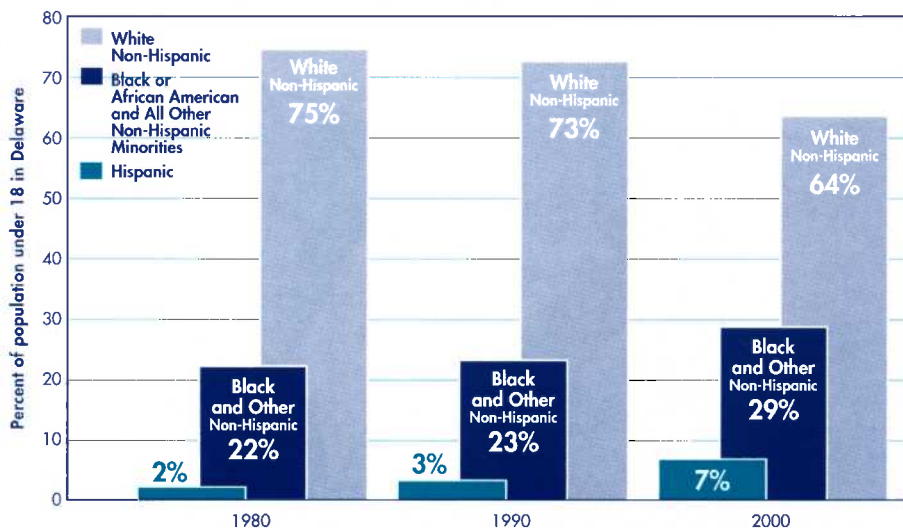
Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau

Counting the Kids: Delaware Demographics



The Changing Face of Delaware's Children

by Race and Hispanic Origin, Delaware, 1980-2000



Source: 2000 Census, U.S. Census Bureau

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

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

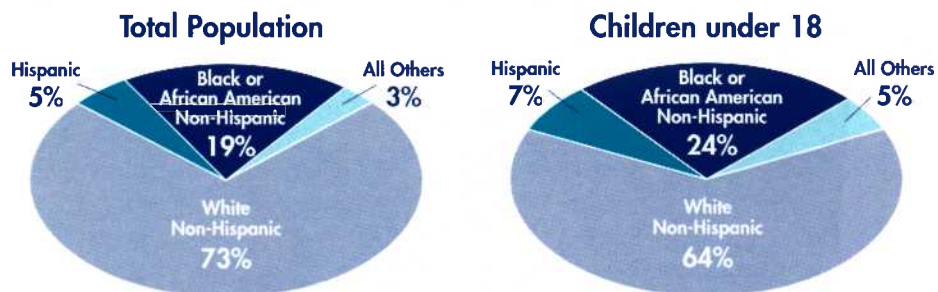
Race		1980		1990		2000	
		Number	Percent of population under 18	Number	Percent of population under 18	Number	Percent of population under 18
Total Population under 18	US	63,754,960	100.0	63,604,432	100.0	72,293,812	100.0
	DE	166,595	100.0	163,341	100.0	194,587	100.0
Non-Hispanic White	US	47,035,526	73.8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

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

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

Delaware Population

by Race and Hispanic Origin, 2000



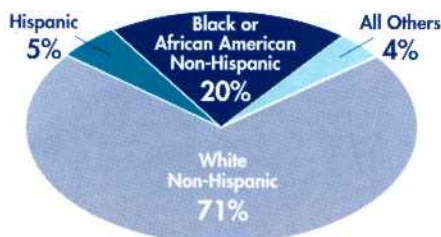
Source: 2000 Census, U.S. Census Bureau

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

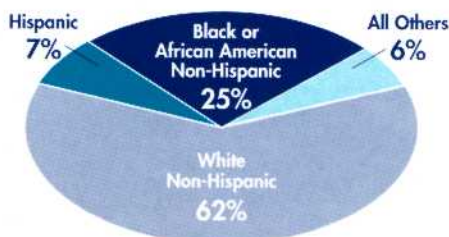
New Castle County Population

by Race and Hispanic Origin, 2000

Total Population



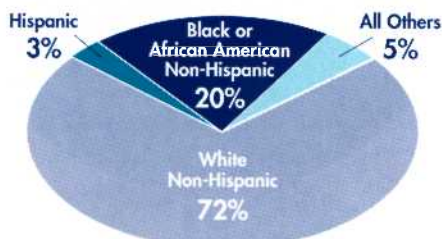
Children under 18



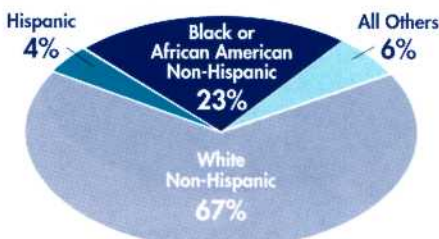
Kent Population

by Race and Hispanic Origin, 2000

Total Population



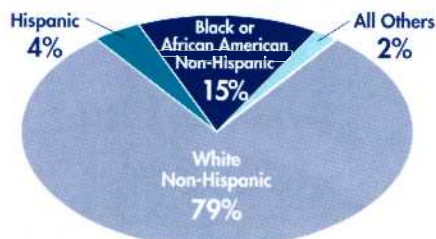
Children under 18



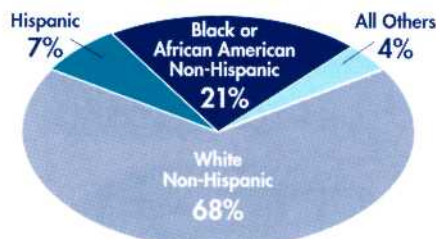
Sussex Population

by Race and Hispanic Origin, 2000

Total Population



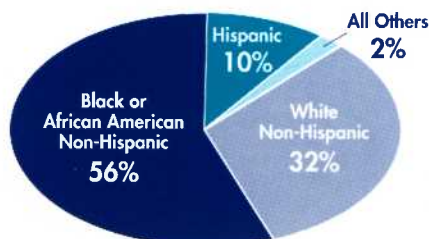
Children under 18



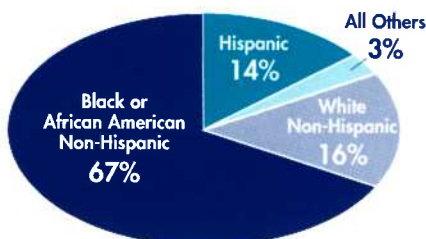
Wilmington Population

by Race and Hispanic Origin, 2000

Total Population



Children under 18



Source: 2000 Census, U.S. Census Bureau

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



For more information see

www.rdms.udel.edu/census
www.aecf.org/kidscount/census
www.cadsr.udel.edu/census2k
www.census.gov
www.prb.org

Counting the Kids: Delaware Demographics



Definitions

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

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

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

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

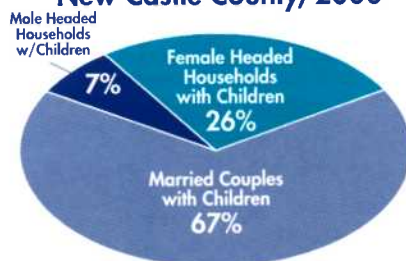


Families with Related Children by Household Structure

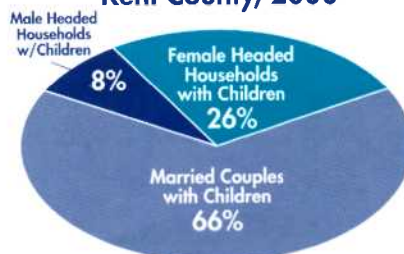
Delaware, 2000



New Castle County, 2000



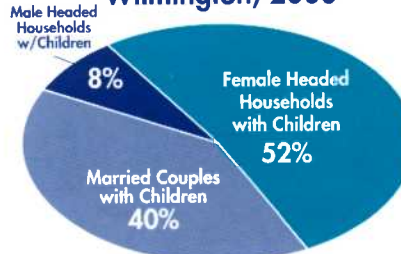
Kent County, 2000



Sussex County, 2000



Wilmington, 2000



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

Families with & without Children under 18 Living in Household

Delaware, 2000



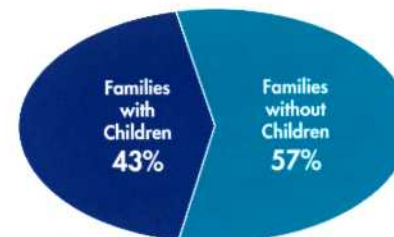
New Castle County, 2000



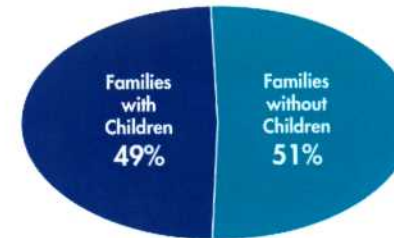
Kent County, 2000



Sussex County, 2000

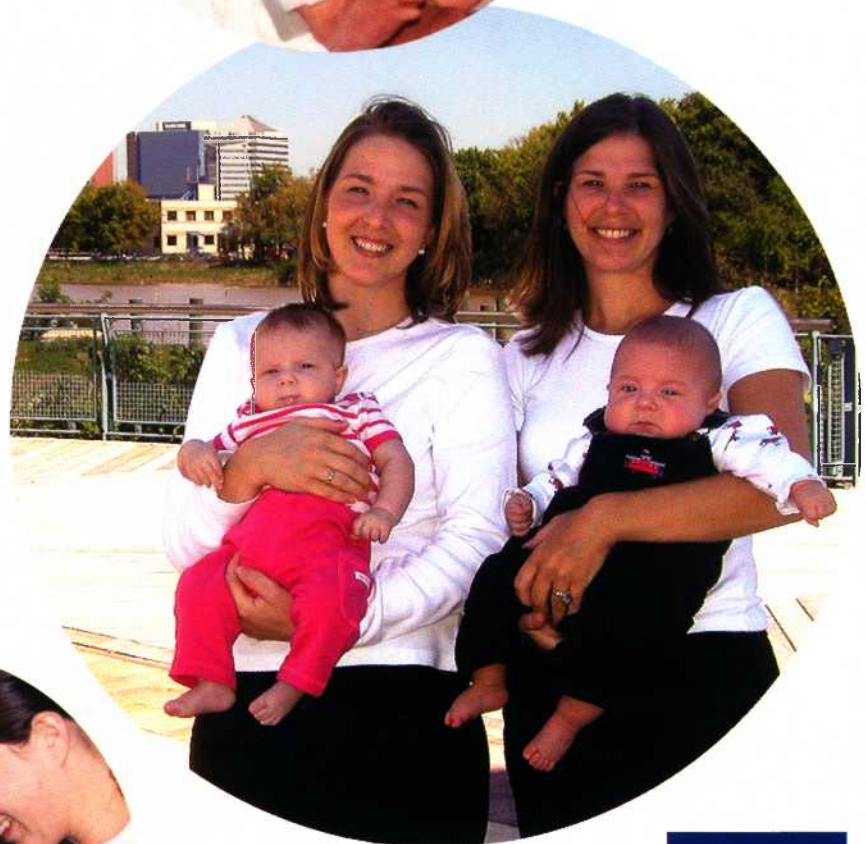


Wilmington, 2000



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

HEALTH & HEALTH BEHAVIORS



Prenatal Care

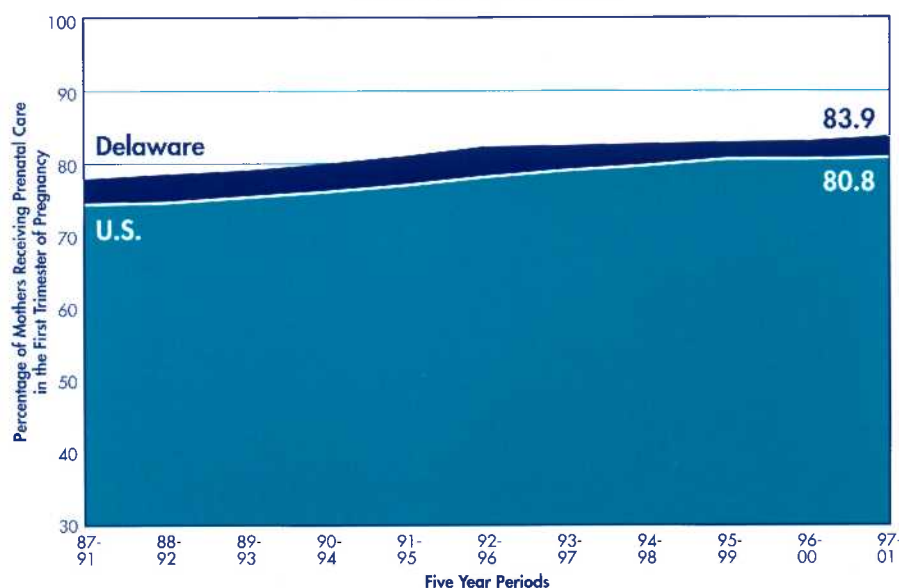


Early prenatal care is important to identify and treat health problems and influence health behaviors that can compromise fetal development, infant health and maternal health. Getting late or no prenatal care is associated with a greater likelihood of having babies that are low-birth weight, stillborn, or die in the first year of life.¹ Prenatal care offers the opportunity to screen for and treat conditions that increase the risk for poor birth outcomes. Effective prenatal care also offers screening and intervention for a range of conditions including maternal depression, smoking, substance use, domestic violence, nutritional deficiencies, and unmet needs for food and shelter.²

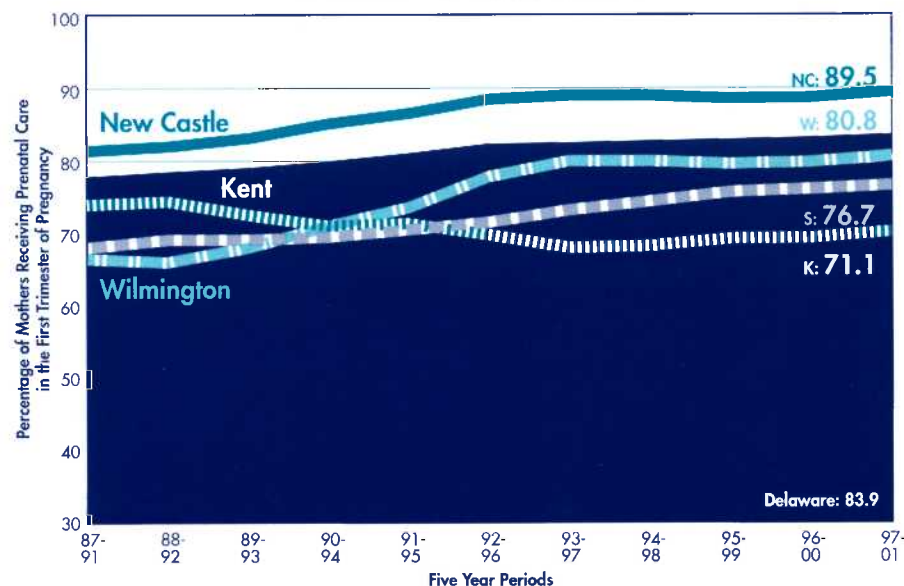
1 2003 Rhode Island KIDS COUNT Factbook

2 American Academy of Pediatrics, "The Prenatal Visit" in *Pediatrics* Vol. 107, No. 6.

Prenatal Care Delaware Compared to U.S.



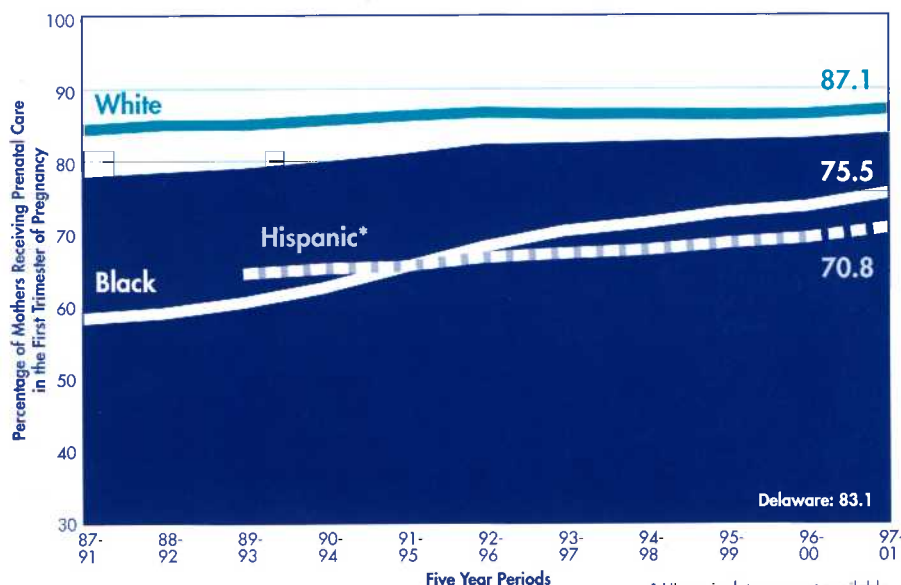
Delaware, Counties and Wilmington



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

Prenatal Care

Delaware by Race and Hispanic Origin



Source: Delaware Health Statistics Center

* Hispanic data was not available before the 1989-1993 period.



Did you know?

- Having visited a physician during pregnancy is associated with a 300% reduction in the risk of low birth weight.¹
- The percentage of births to women receiving late or no prenatal care declined substantially during the 1990s, from 6.1% in 1990 to 3.7% by 2001. This improvement in prenatal care occurred for all racial groups and among Hispanic women.²
- Young women in their teens are by far the most likely to receive late or no prenatal care. 16.8% of girls under age 15 and 8.4% of girls ages 15-17 receive late or no prenatal care.²
- Smoking during pregnancy increases the risk of pregnancy complications, low birth weight, stillbirth and sudden infant death syndrome (SIDS). Pregnancy provides a unique opportunity to help women quit smoking. Studies have shown that providing brief medical counseling and pregnancy-tailored self-help materials during prenatal visits significantly increases quit rates.³

¹ www.plannedparenthood.org

² Late or No Prenatal Care, Child Trends Data Bank
www.childtrendsdatabank.org

³ *Women and Smoking: A Report of the Surgeon General* (2001).
Baltimore, MD. Center for Disease Control and Prevention.



- When you are pregnant, eating a healthy diet is more important than ever.

Everything that you eat or drink will affect your baby's development. Also, a healthy diet will help you maintain your health as well as develop your uterus and prepare your breasts for breastfeeding.

- Getting regular exercise during your pregnancy will help you stay healthy, keep your weight gain in a safe range, lose weight faster after pregnancy, improve your mood, reduce stress, and help you sleep well. Some studies have shown that women who exercise during their pregnancy are less likely to have complications during labor and delivery.¹
- Support local and national projects that help women obtain prenatal care, such as Planned Parenthood of Delaware. Together with Christiana Care Health System, their "Better Beginnings" program provides prenatal education, tests and clinical services.

¹ <http://www.med.umich.edu/obgyn/smartmoms/exercise/index.htm>

For more information see

Tables 7-10 p. 117-120
Table 21 p. 128

www.kidshealth.org
www.cdc.gov/ncbddd/
www.smartmoms.org/
www.aafp.org/
www.modimes.org/
www.4woman.gov



Low Birth Weight Babies



As a group, infants born at low birth weight have greater rates of health problems than other children. There are two categories of low birth weight babies: some are born prematurely and others are small for their gestational age.¹ The three major risk factors for low birth weight are cigarette smoking during pregnancy, low maternal weight gain, and low pre-pregnancy weight. Other risks include poor overall maternal health, fetal infection, genetic factors, and other health problems. Also, multiple birth infants are more likely to be born at low birth weight.² Increased risk of low birth weight is strongly associated with poverty, maternal smoking and low levels of educational attainment.³ Low birth weight is more prevalent in births to African American and Hispanic/Latino women, and to women who give birth at younger ages.

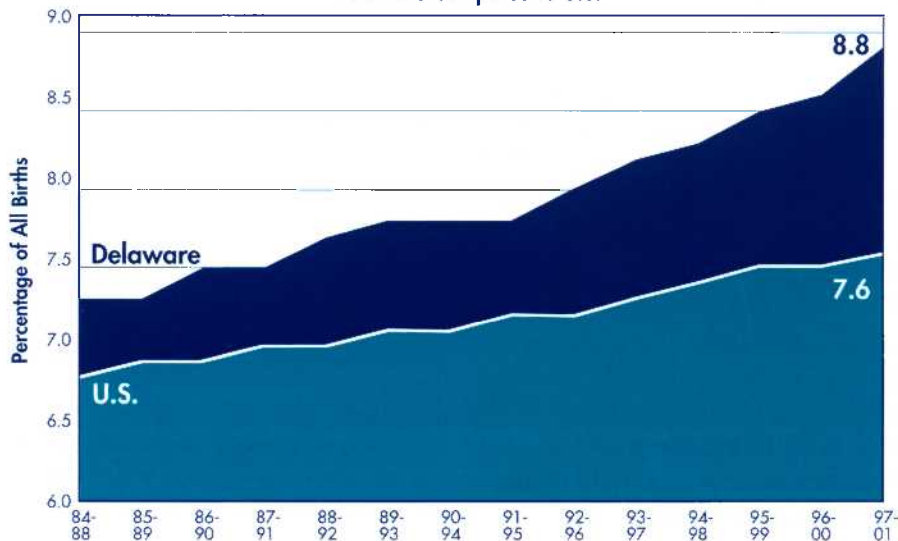
¹ American's Children: Key National Indicators of Well-Being 2002 (2002). Washington, DC: Federal Interagency Forum on Child and Family Statistics

² Minnesota Kids: A Closer Look 2002 Data Book

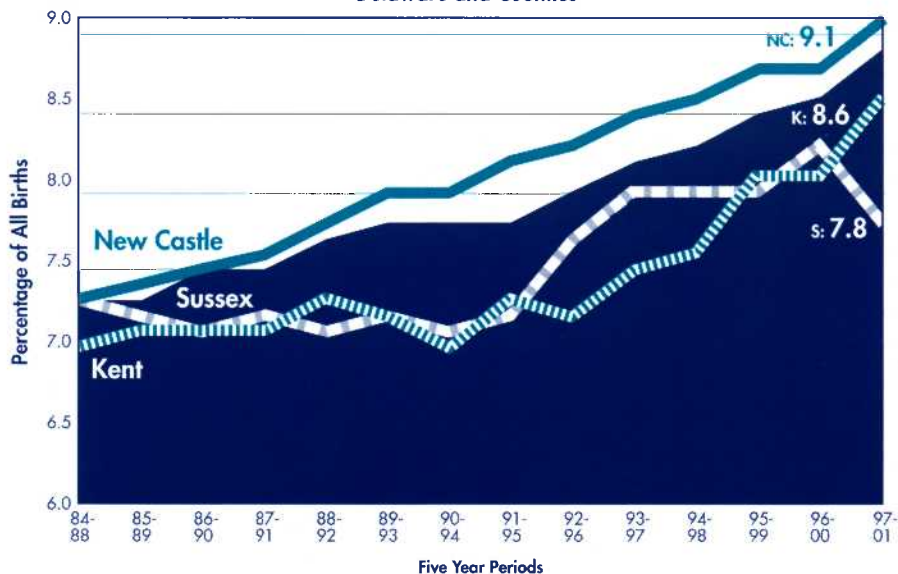
³ 2003 Rhode Island Kids Count Factbook.

Low Birth Weight Babies

Delaware Compared to U.S.



Delaware and Counties



Source: Delaware Health Statistics Center

Definitions

Infancy – the period from birth to one year

Neonatal – the period from birth to 27 days

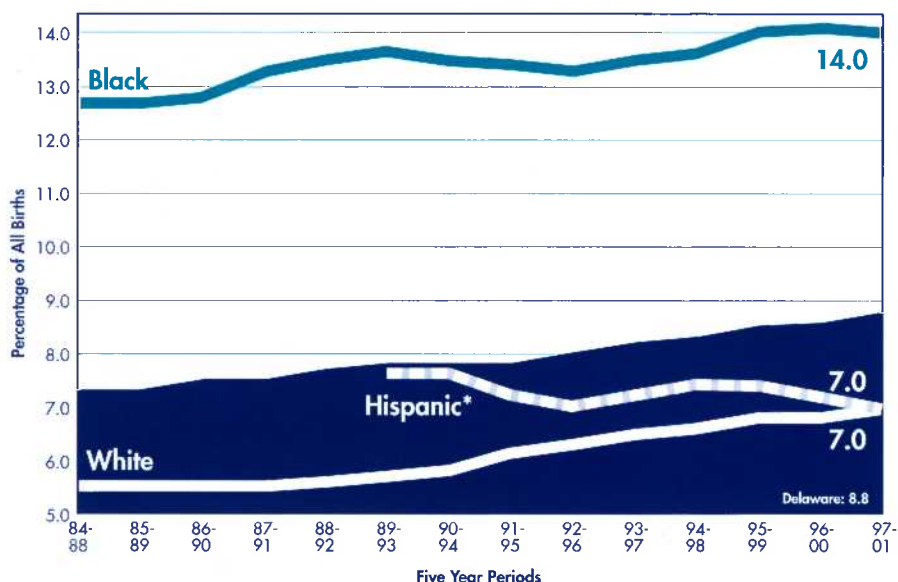
Low Birth Weight Babies – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)

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



Low Birth Weight Babies

Delaware by Race and Hispanic Origin



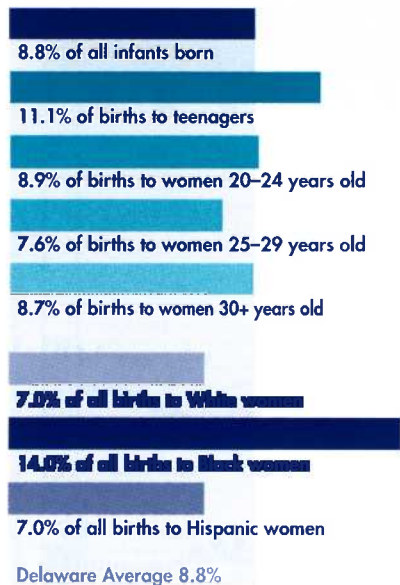
* Source: Delaware Health Statistics Center

* Hispanic data was not available before the 1989-1993 period.



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

Low birth weight babies in Delaware represent:

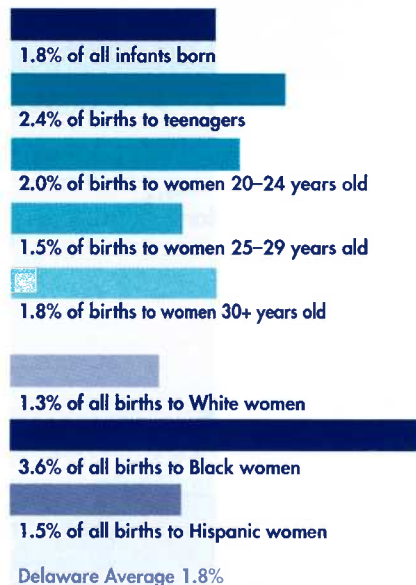


Five-year average percentages, 1997-2001

Source: Delaware Health Statistics Center

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

Very low birth weight babies in Delaware represent:



Five-year average percentages, 1997-2001

Source: Delaware Health Statistics Center



A KIDS COUNT research brief recommends five strategies that are essential to any plan aimed at reducing the rate of low birth weight births:

- Promote and support research on the cause of low birth weight.
- Expand access to health care.
- Focus intensively on smoking prevention and cessation.
- Ensure that pregnant women get adequate nutrition.
- Address social and demographic risk factors.

Source: Annie E. Casey Foundation

For more information see

Tables 8-14 p. 118-123
Table 24 p. 129
www.marchofdimess.org
www.kidshealth.org
www.promisingpractices.org/programlist.asp



KIDS COUNT INDICATOR Infant Mortality



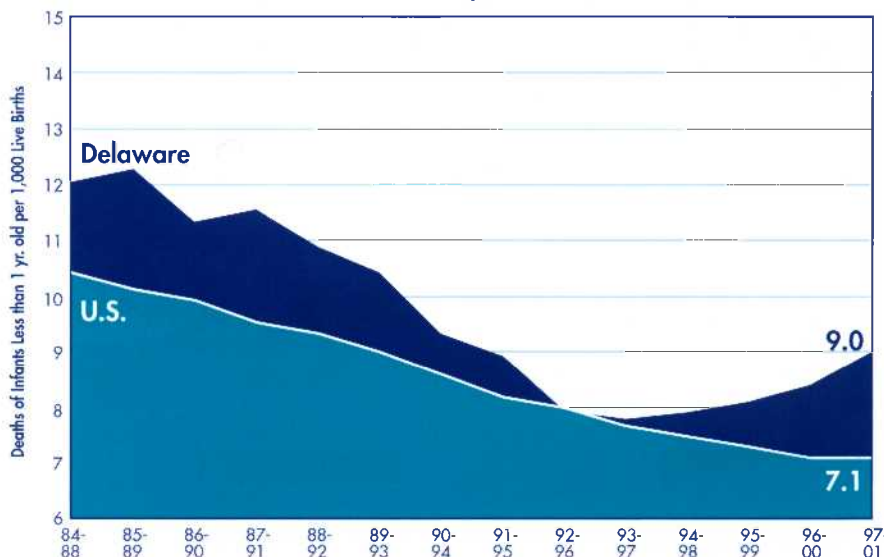
Infant mortality is associated with a variety of factors, including women's health status, quality of and access to medical care, socioeconomic conditions, and public health practices.¹ Leading causes of infant mortality include low birth weight, congenital anomalies, and sudden infant death syndrome.² Nationally, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infants or the pregnancy, such as preterm delivery, low birth-weight, birth defects, sudden infant death syndrome (SIDS) and respiratory distress syndrome. About one third of infant deaths occur after the first month and may be influenced by social or environmental factors, such as exposure to cigarette smoke (increases SIDS risk) or poor access to health care.³

1 American's Children: Key National Indicators of Well-Being 2003 (2003). Federal Interagency Forum on Child and Family Statistics.

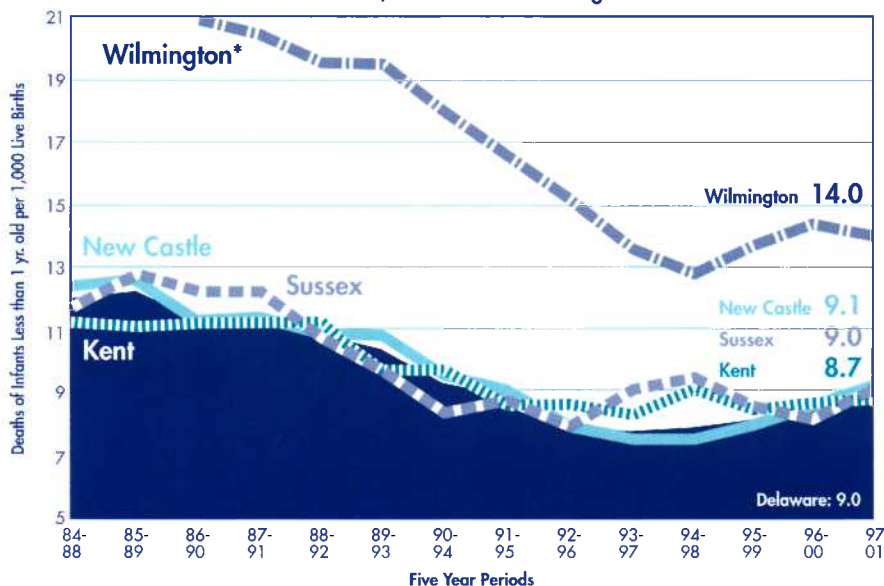
2 Infant mortality fact sheet, U.S. Department of Health and Human Services.

3 American's Children: Key National Indicators of Well-Being 2003 (2003). Federal Interagency Forum on Child and Family Statistics.

Infant Mortality Delaware Compared to U.S.



Delaware, Counties and Wilmington



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

Source: Delaware Health Statistics Center

Definitions

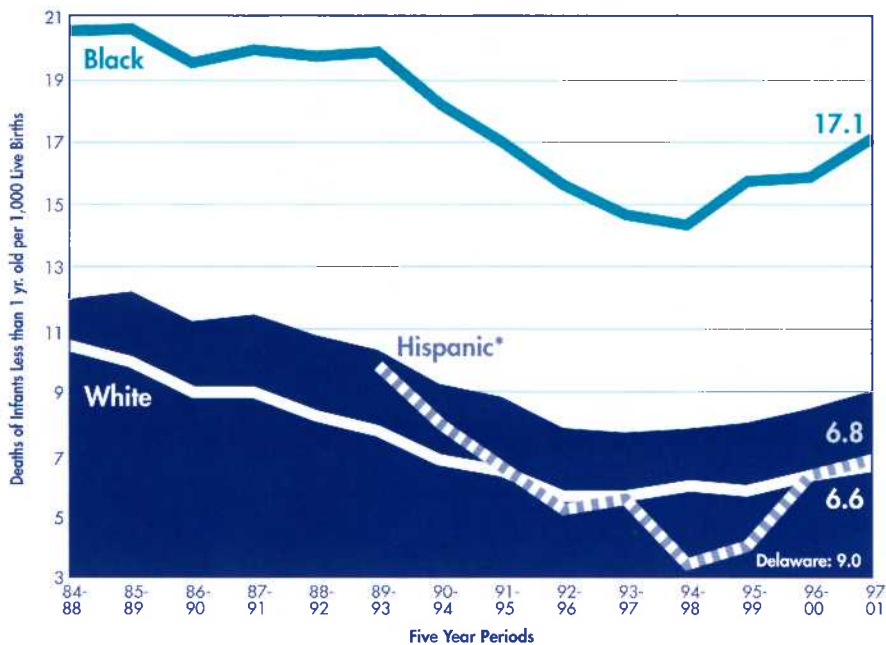
Infant Mortality Rate – number of deaths occurring in the first year of life per 1,000 live births.

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

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



Infant Mortality Delaware by Race and Hispanic Origin

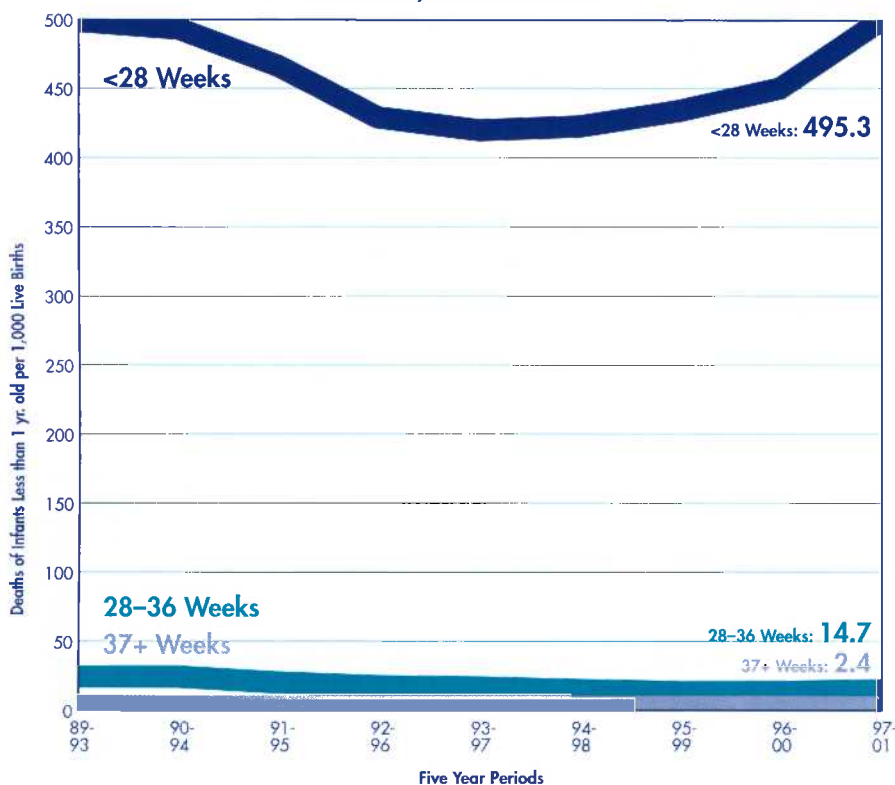


* Hispanic data not available before the 1990-1994 period.

Source: Delaware Health Statistics Center

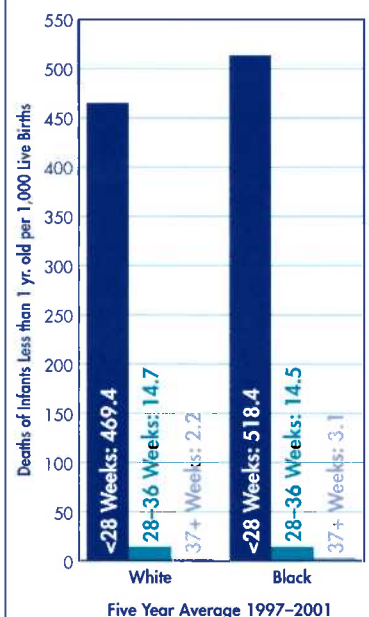


Infant Mortality by Gestation Delaware by Weeks of Gestation



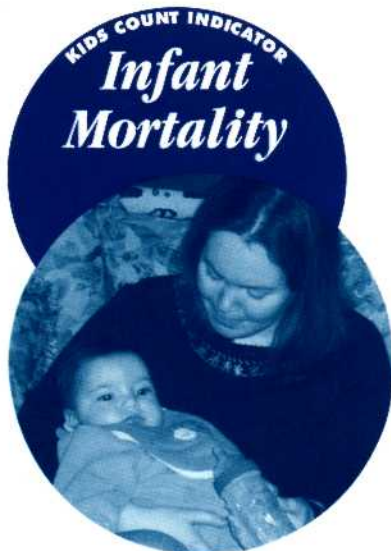
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Gestation and Race



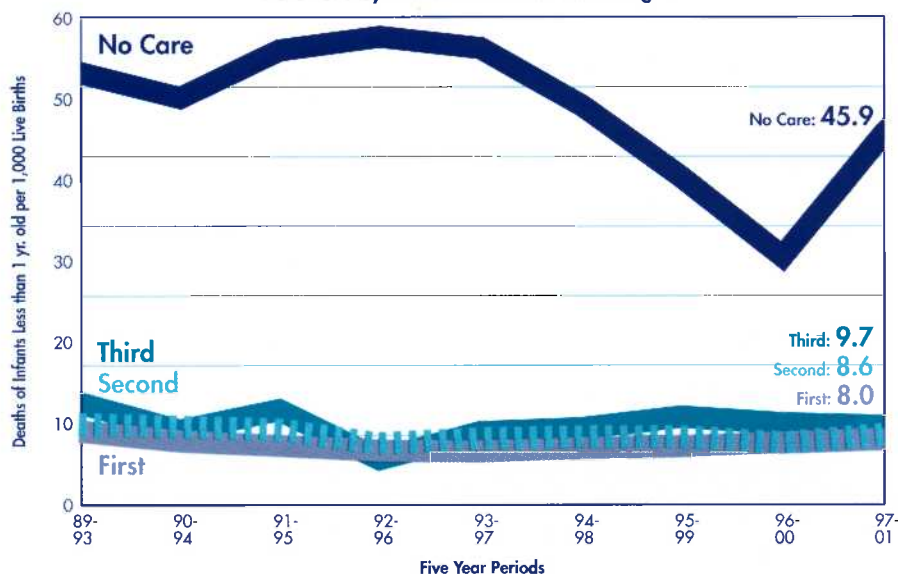
Five Year Average 1997-2001

Source: Delaware Health Statistics Center



Infant Mortality by Prenatal Care

Delaware by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

**put
data
into
action**

A KIDS COUNT research brief describes six strategies that are essential to reducing the infant mortality rate:

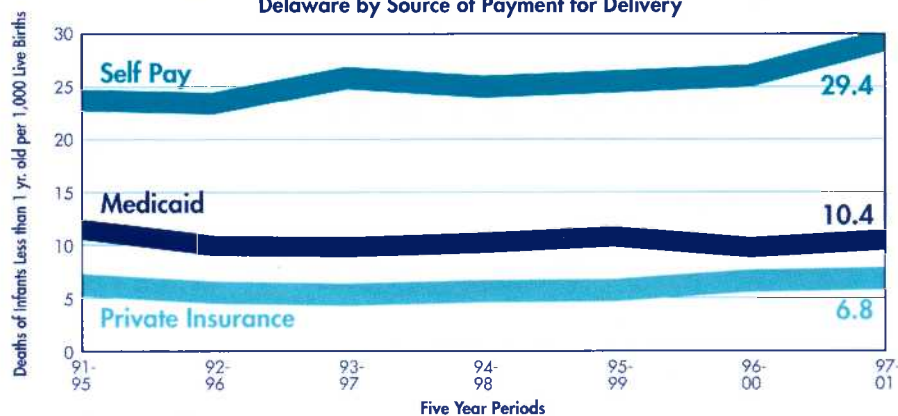
- Address disparities in infant mortality.
- Provide pre-pregnancy education and counseling to all women and men.
- Ensure timely prenatal care for all women.
- Expand access to medical care for infants in the first month of life.
- Expand access to well-baby care and parenting education.
- Expand programs for the prevention of child abuse and neglect.

Source: Annie E. Casey Foundation



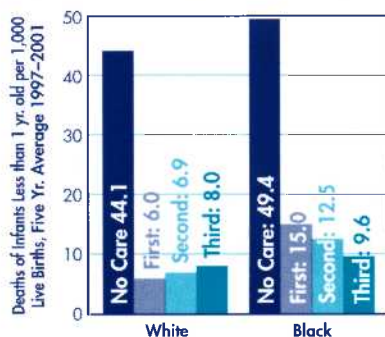
Infant Mortality by Source of Payment

Delaware by Source of Payment for Delivery



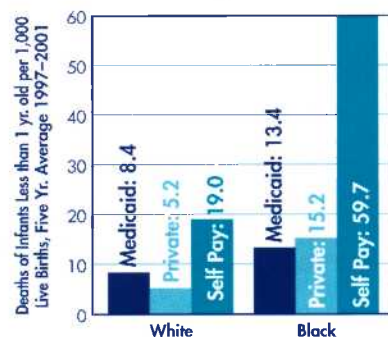
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

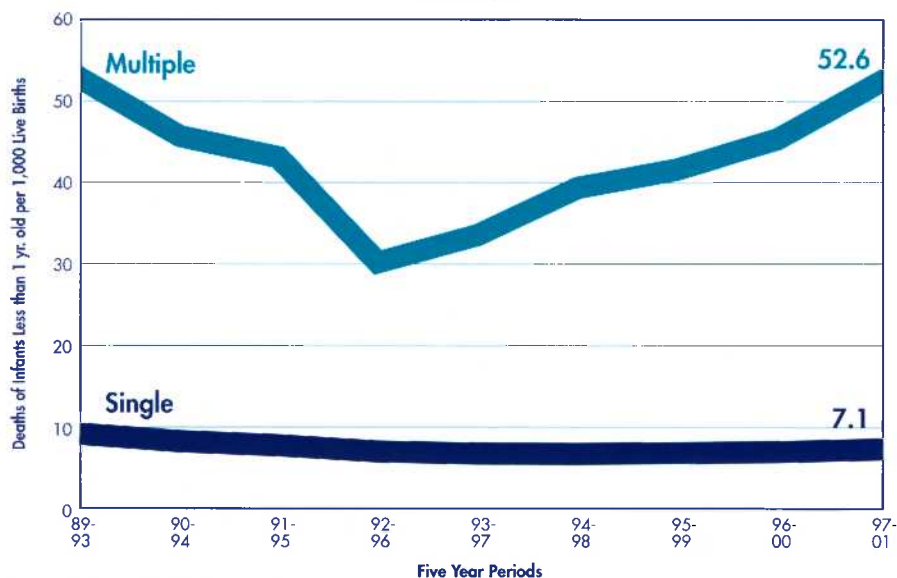
Infant Mortality in Delaware by Source of Payment for Delivery



Source: Delaware Health Statistics Center

Infant Mortality by Single vs. Multiple Birth

Delaware

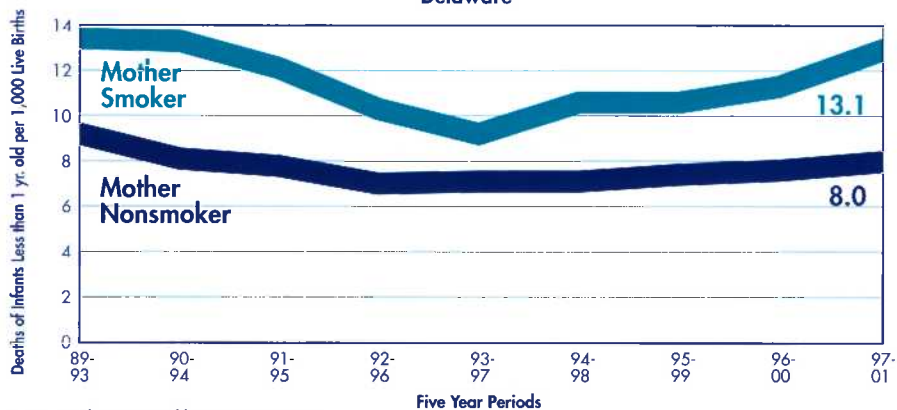


Source: Delaware Health Statistics Center



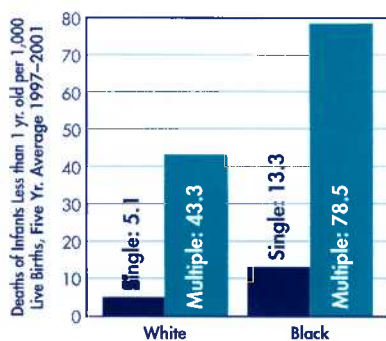
Infant Mortality by Smoking During Pregnancy

Delaware



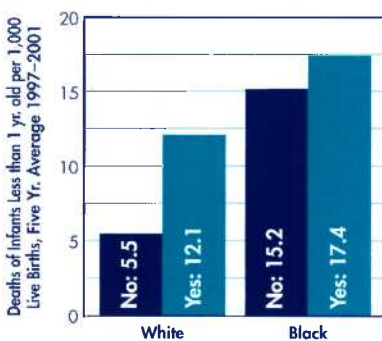
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Multiple vs. Single Birth

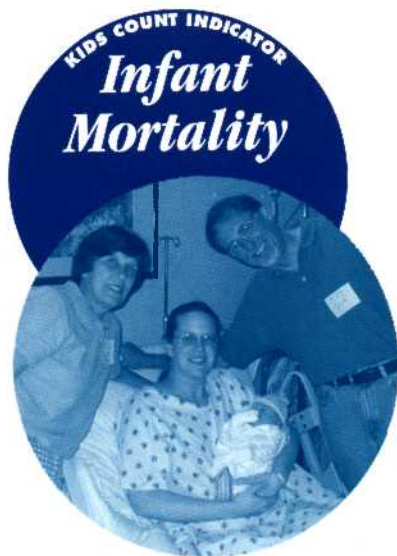


Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Smoking in Pregnancy



Source: Delaware Health Statistics Center



Definitions

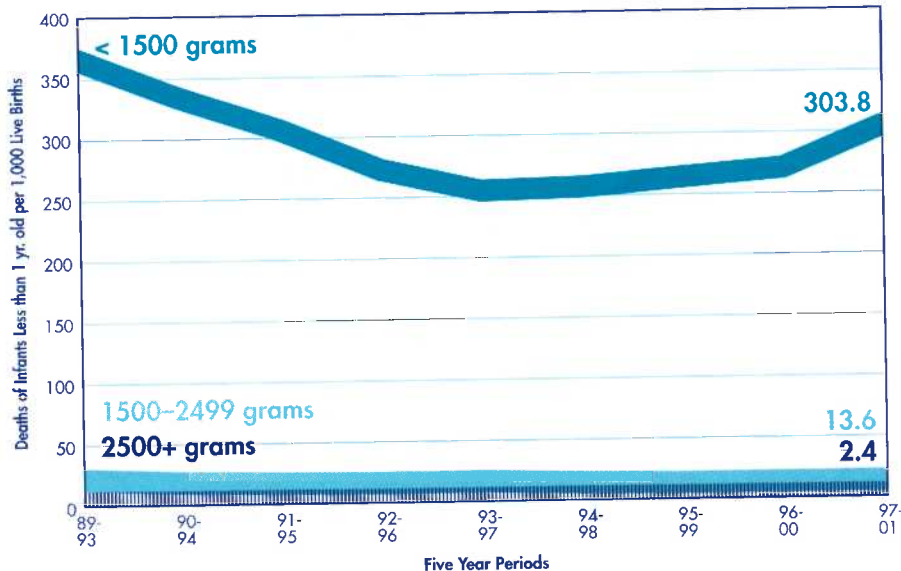
Low Birth Weight Babies – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)

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

Birth Interval – the period of time between the birth of one child and the birth of the next.

Infant Mortality by Birth Weight

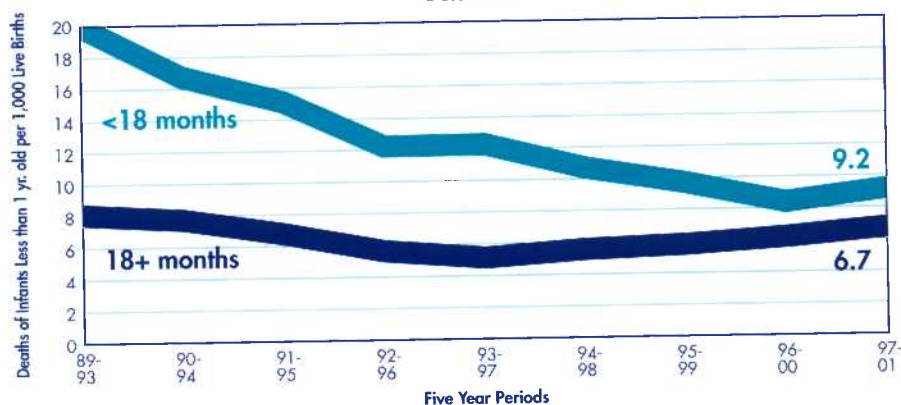
Delaware



Source: Delaware Health Statistics Center

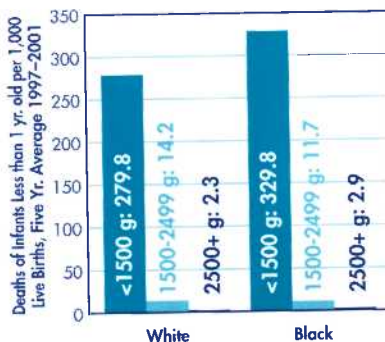
Infant Mortality by Birth Interval

Delaware



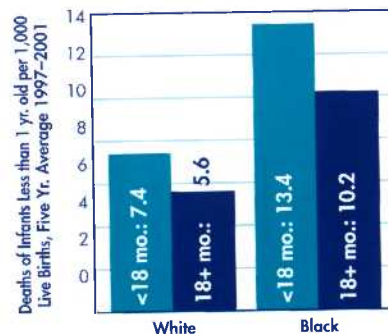
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Birth Weight



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Birth Interval



Source: Delaware Health Statistics Center

For more information see

Tables 15-25 p. 124-129

www.marchofdimess.org

www.cdc.gov/nccdphp/drh/index.htm

www.hmhb.org

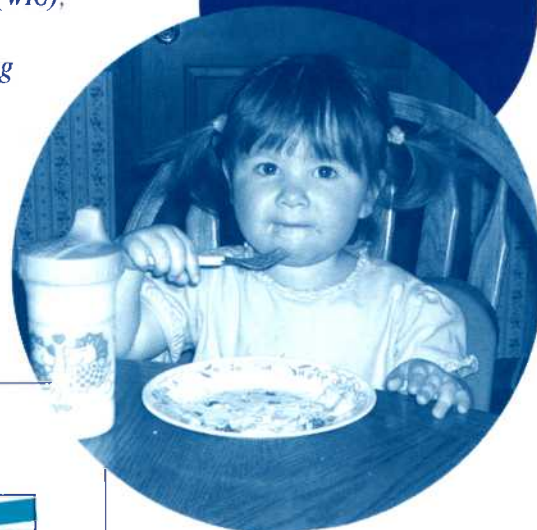


Women & Children Receiving WIC

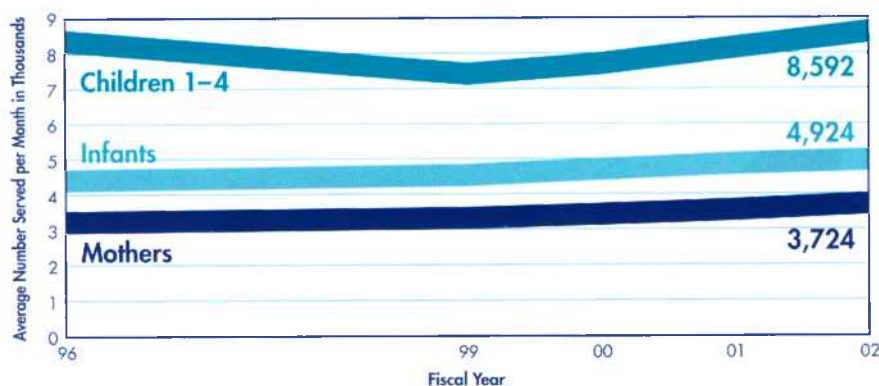
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federally-funded program, provides nutritious food, nutrition education, and improved access to health care. It serves pregnant, postpartum and breastfeeding women, infants, and children under five years of age with household incomes below 185% of the poverty level.¹ WIC participation improves birth outcomes, increases the nutrient intake of preschoolers, increases breastfeeding rates and immunization coverage, improves cognitive development and increases the likelihood of having a regular medical care provider.²

1 2003 Rhode Island Kids Count Factbook.

2 *How WIC Helps* (August 2001). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.



WIC Program Delaware



Source: Division of Public Health, WIC Office

WIC Program

Total Number Served
Delaware, 2002

In federal fiscal year 2002, **20,397** infants and children were served by WIC in Delaware. Approximately **54%** of all infants born in 2002 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office



Delaware WIC information:

Delaware Health & Social
Services, Division of Public
Health, WIC Program,

Blue Hen Corporate Center,
655 Bay Rd., Suite 4B, Dover, DE 19901

(302) 739-4614 or 3671 or
1-800-222-2189, fax: (302) 739-3970

Did you know?

- Congress appropriated \$4.462 billion for WIC in FY 2002. The appropriation includes \$10 million for the WIC Farmers' Market Nutrition Program.
- Children have always been the largest category of WIC participants. Of the 7.47 million people who received WIC benefits each month in FY 2002, approximately 3.74 million were children, 1.93 million were infants, and 1.8 million were women.
- It is currently estimated that WIC has achieved full coverage of all eligible infants. About 47 percent of all babies born in the United States participate in WIC. Of all eligible women, infants, and children, the program is estimated to serve about 90 percent.
- WIC has reduced low birth weights by 25%, and very low birth weight by 44%.
- For every dollar spent on WIC, there is a \$3.50 savings in medical costs.

For more information see

Table 38

p. 136

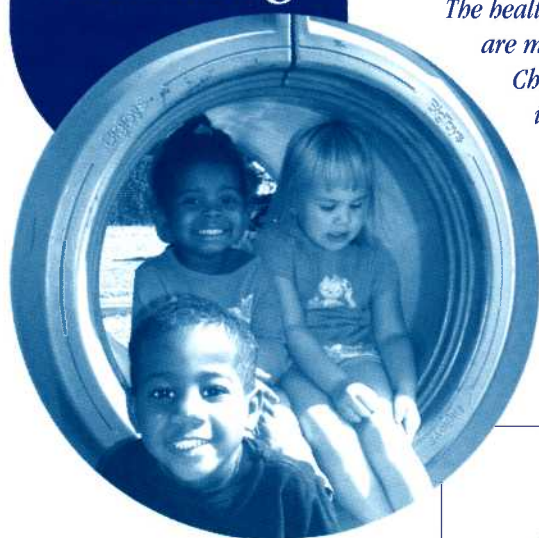
www.fns.usda.gov/wic



Sources: *WIC Fact Sheets*. Federal Food and Nutrition Service, *WIC and Nutrition Intake of Children*. Economic Research Service, USDA



Lead Poisoning

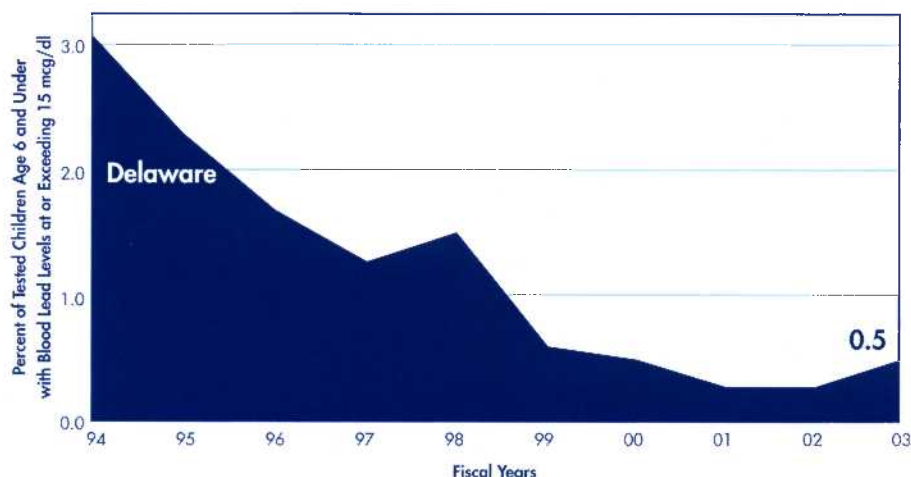


The health effects of lead exposure in the developing fetus, infants, and young children are more severe than any other age group due to their developing bodily systems. Children are primarily exposed to lead through air, drinking water, food, and ingesting dust or dirt that contains lead. Additionally, children have little control over their environment. Unlike adults, they may be both unaware of risks and unable to make choices to protect their health.¹ Even with low to moderate levels of lead, young children can suffer significant damage to their developing nervous systems. Children ingesting large amounts of lead may develop anemia, kidney damage, colic, muscle weakness, and developmental delay. Severe lead poisoning may result in death.

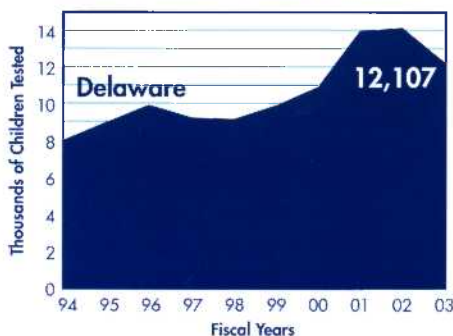
¹ Enviro Health Action. Available from: <http://www.envirohealthaction.org>.

Lead Poisoning

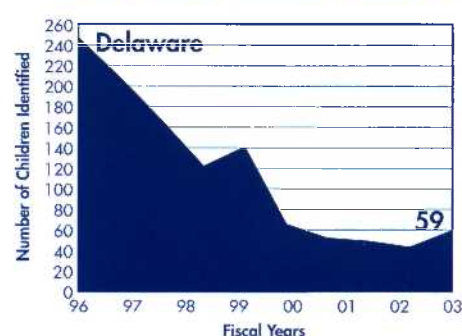
Delaware



Number of Children Tested in Delaware



Number of Children Identified in Delaware



Source: Delaware Department of Health and Social Services

For more information see

Table 26

www.aecpl.org

p. 130



Did you know?

The number of Delaware children with dangerous levels of lead in their blood has been dropping steadily since the mid-1990s, giving public health officials hope that they will see the virtual elimination of widespread lead poisoning by 2010. A combination of testing, education, public outreach and bans on lead in consumer products has pushed the rate down. The 1995 Delaware Childhood Lead Poisoning Prevention Act, which requires all children to get a lead test when they are about a year old, has significantly contributed to this decrease.

Source: Chalmers, Mike. *Lead poisoning drops dramatically: Testing, education, bans contribute to decline.* (November 4, 2003). The News Journal.

Child Immunizations

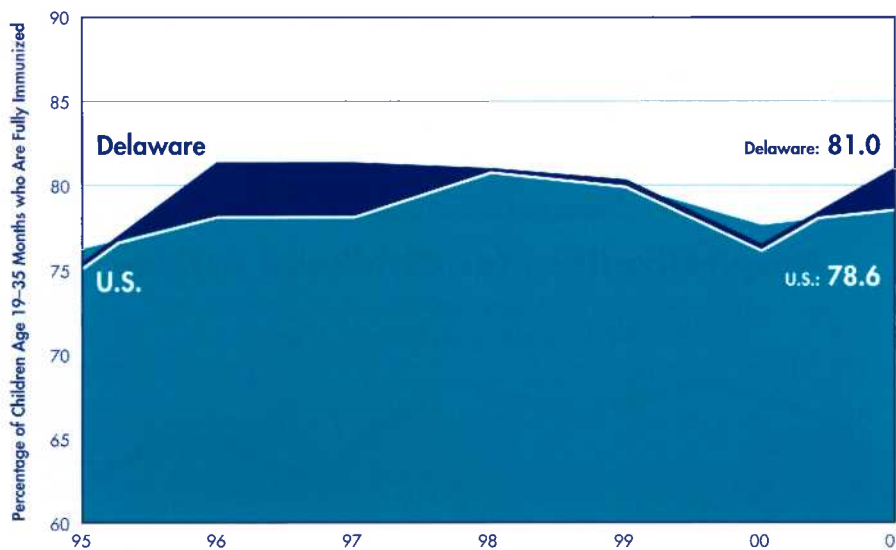
Adequate immunization protects children against several diseases that have killed or disabled children in the past. Rate of child immunization is one measure of the extent that children are protected from serious vaccine-preventable illnesses.¹ Childhood immunization is also an important step in maintaining high vaccination levels, which prevent outbreaks of such diseases. It is unlikely that an individual who is immune to a disease will transmit it to someone else; vaccination protects not only the child receiving the vaccine, but also those in the child's community. Because the health of young children is most threatened by these diseases, the Centers for Disease Control and Prevention recommends vaccinating children against most vaccine-preventable diseases by the time they are 2 years old.²

1 American's Children: Key National Indicators of Well-Being 2003 (2003). Federal Interagency Forum on Child and Family Statistics.

2 Immunization. Child Trends Data Bank. www.childtrendsdatabank.org



Child Immunizations Delaware Compared to U.S.



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



Did you know?

- The proportion of children ages 19 to 35 months receiving all of the previously recommended standard vaccines increased from 69 percent to 79 percent between 1994 and 1998. Since that time, the rate has fluctuated mildly and was 78 percent in 2002. The percentage of young children ages 19 to 35 months who received all of these vaccines plus hepatitis B and varicella was 66 percent in 2002.
- Children in families with incomes below the poverty level are less likely to be fully vaccinated than are those with families with incomes at or above the poverty level (72 percent versus 79 percent in 2002).
- In 2002, the proportion of children who had received the standard series of vaccines ranged from 71 percent among Black children to 83 percent among Asian, with rates among White and Hispanic children falling in between at 80 and 76 percent, respectively.
- Through *Vaccines for Children*, Delaware distributes 120,000 vaccine doses each year to health care providers who administer the free immunizations to approximately 25,000 children. Nearly 300 health care providers—including most pediatricians in the state—participate in the program.

For more information see

Table 27

p. 130

www.kidshealth.org/parent/general/body/vaccine_p9.html



Source: Immunization, Child Trends Data Bank. www.childtrendsdatabank.org. *Public Health Covers Cost of Vaccines for Under-insured Children*. Press Release September 17, 2001.



Childhood Asthma



Asthma is the most common chronic illness affecting children. At least one-third of the 24.7 million people diagnosed with asthma are children under the age of 18.¹ Asthma is a leading cause of hospitalization among children under age 15 and leads to 10 million days of missed school each year. This condition can also negatively affect children's academic performance because of doctor's visits during school hours, lack of concentration while at school due to nighttime attacks, and decreased attentiveness or involvement at school because of medication side effects.² Common symptoms of asthma include coughing, chest tightness, shortness of breath and wheezing. While most cases of childhood asthma are mild or moderate, asthma can cause serious and sometimes life-threatening health risks when it is not controlled. The illness can be controlled by using medication and avoiding "attack triggers" such as: cigarette smoke; allergens including pollen, mold, animal dander, feathers, dust, food and cockroaches; and exposure to cold air or sudden temperature change. Vigorous exercise can sometimes trigger asthma attacks, but most children with asthma can fully participate in physical activities if their condition has been properly controlled. With the proper treatment and care, most children with asthma can have active and healthy childhoods.³

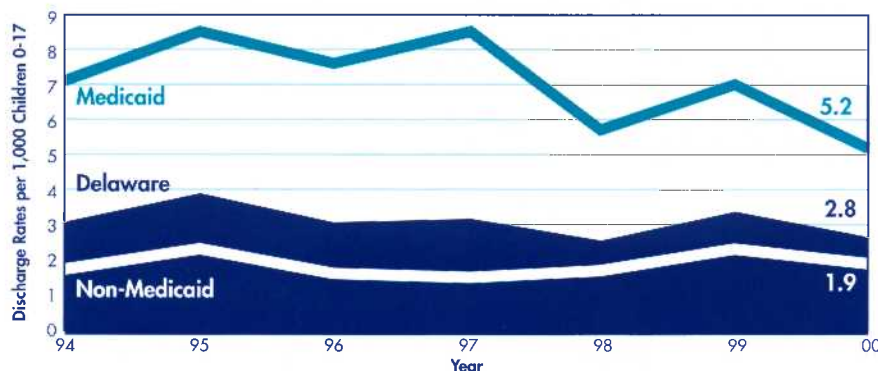
1 "Asthma in Children Fact Sheet," March 2002. A publication of the American Lung Association, State of the Air 2002. Available online at <http://www.lungusa.org/asthma/ascpfact99.html>

2 "Why Schools Should Be Concerned About Asthma," a publication by the Asthma and Schools website from the National Education Association's Health Information Network. Available online at <http://www.asthmaandschools.org/essentials/2-why.htm>

3 Asthma. Child Trends Data Bank. www.childtrendsdatabank.org

Hospitalizations for Childhood Asthma

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



Source: Delaware Health Statistics Center

Definitions

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

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

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



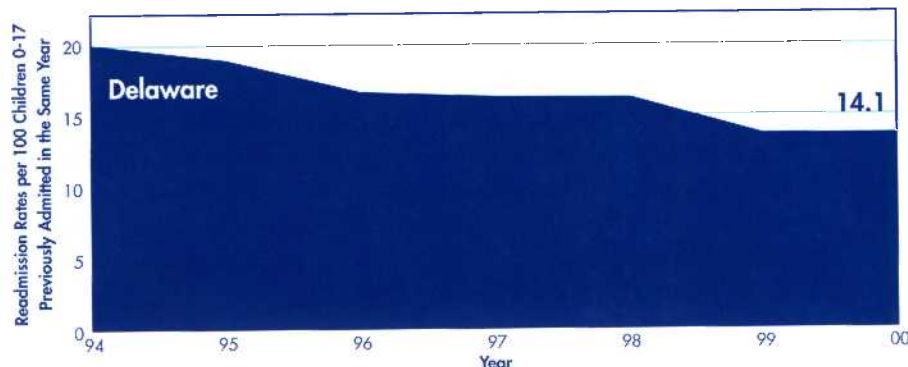
Did you know?

- The percentage of children with asthma has increased over the past two decades, from three percent in 1981 to six percent in 2001.
- Non-Hispanic Black children are somewhat more likely than non-Hispanic White and Hispanic children to have asthma. Nearly eight percent of Black children had asthma in 2001, compared to six percent of Whites and four percent of Hispanics.
- Asthma varies little with age. In 2001, five percent of children ages 0 to 4, seven percent of children ages 5 to 10, and a little under six percent of children ages 11 to 17 had asthma.
- In Delaware, asthma affects almost 14,000 children.
- Important asthma triggers include environmental tobacco smoke, also known as secondhand smoke, dust mites, outdoor air pollution, cockroach allergen, pets, mold, etc.

Sources: Asthma. Child Trends Data Bank. www.childtrendsdatabank.org, *Basic Facts about Asthma*. <http://www.cdc.gov/nceh/airpollution/asthma/faqs.htm>

Readmissions for Childhood Asthma

Delaware



Source: Delaware Health Statistics Center



Did you know?

Of 2,932 Delaware high school students answering the 2003 Youth Risk Behavior Survey, 19% said they had been told by a doctor or nurse that they had asthma. 19.3% of White students, 19.1% of African American students, and 14.6% of Hispanic students said they had asthma.

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



The RAND research group identified six policy goals to meet its objective of promoting asthma-friendly communities:

- Improve access to and quality of asthma health care services.
- Improve asthma awareness among patients, their families, and the general public.
- Ensure asthma-friendly schools.
- Promote asthma-safe home environments.
- Encourage innovation in asthma prevention and management.
- Reduce socioeconomic disparities in childhood asthma outcomes.



11 policy recommendations for meeting these goals are:

1. Develop and implement primary care performance measures for childhood asthma care.
2. Teach all children with persistent asthma and their families a specific set of self-management skills.
3. Provide case management to high-risk children.
4. Extend continuous health insurance coverage to all uninsured children.
5. Develop model benefit packages for essential childhood asthma services.
6. Educate health care purchasers about asthma benefits.
7. Establish public health grants to foster asthma-friendly communities and home environments.
8. Promote asthma-friendly schools and school-based asthma programs.
9. Launch a national asthma public education campaign.
10. Develop a national asthma surveillance system.
11. Develop and implement a national agenda for asthma prevention research.

Source: *How to Improve Childhood Asthma Outcomes: A Blueprint for Policy Action*. (2002). RAND. <http://www.rand.org/publications/MR/MR1330/>

For more information see

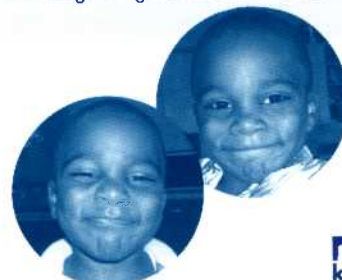
Tables 28

p. 130

www.kidshealth.org

www.childasthma.com

www.lungusa.org/asthma/asccchildhood.html



Children without Health Insurance



Children's health insurance status is the major determinant of whether children have access to care. Children who lack insurance coverage are more likely to have poor health outcomes at birth and have fewer well-child visits. Insured children are more likely than uninsured children to receive medical care for common conditions like asthma and ear infections—illnesses that, if left untreated, can have lifelong consequences and lead to more serious health problems.¹ The number of uninsured children at any time during 2001 was 8.5 million (12 percent of all children).² More than six million of them are eligible for either the Children's Health Insurance Program (CHIP) or Medicaid. Both programs are health insurance programs that help provide access to health services for children, and both programs operate at the state level and have specific income guidelines and insurance benefits.

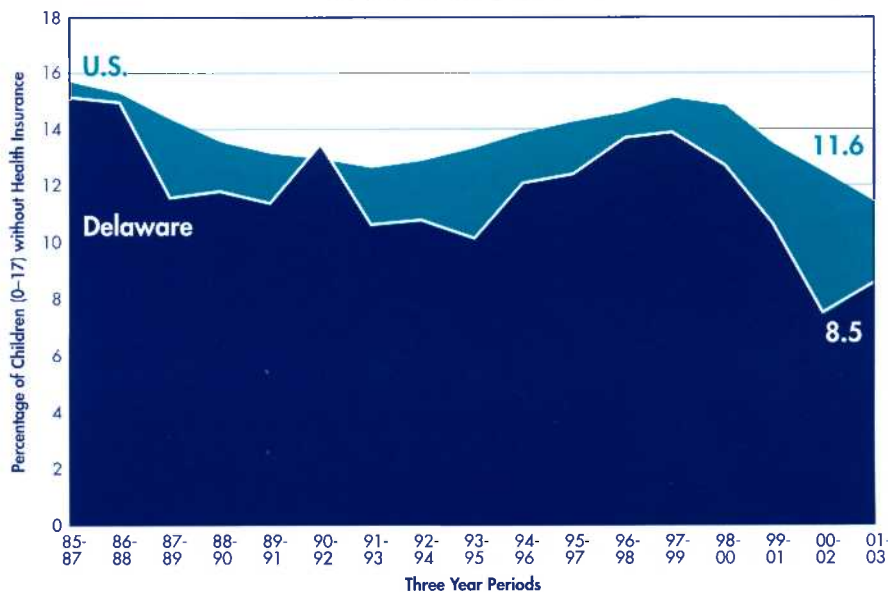
¹ *Children's Health—Why Health Insurance Matters* (2002). Washington, DC: The Kaiser Commission on Medicaid and the Uninsured.

² *American's Children: Key National Indicators of Well-Being 2003* (2003). Federal Interagency Forum on Child and Family Statistics.



Children without Health Insurance

Delaware Compared to U.S.



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

Did you know?

Since 1987 the overall percentage of children covered by health insurance in the United States has remained stable, ranging from 85 to 88 percent. Yet, in 2000, only 75 percent of Hispanic children were covered by health insurance, compared to 93 percent of White, and 87 percent of Black. Additionally poorer children have lower rates of health insurance coverage at 78 percent compared to 88 percent for all children in 2000.

Source: US Department of Health and Human Services (2002). Trends in the Well-Being of America's Children and Youth.



Delaware Healthy Children Program

Applications and Enrollment through November 30, 2003

Applications mailed to families	15,702
Total enrolled ever	19,484
Total currently enrolled	4,868

There remains a close link between the Delaware Healthy Children Program (DHCP) and Medicaid. Many children transition between these two programs as their families' incomes fluctuate. Other reasons for DHCP disenrollment include increases in income, moving out-of-state, children covered by private insurance, or the insured child reaching the age of 19.



Did you know?

- In the late 1990s, health care insurance coverage for children increased somewhat from 85 percent in 1996–98 to 88 percent in 2000, and has remained stable through 2002.
- Children's health insurance coverage comes from two major sources—private insurance companies and the government. Medicaid coverage for children increased from 20 percent in 2000 to 24 percent in 2002. The percentage of children with private insurance decreased from 71 percent in 2000 to 68 percent in 2001, remaining at 68 percent in 2002.
- Although Medicaid covers only about 24 percent of the entire population of children, it covers 62 percent of poor children. Among poor children, Medicaid coverage is highest for Black children (70 percent) and substantially lower for White non-Hispanics, Hispanics and Asian or Pacific Islanders, with 57, 61 and 51 percent respectively receiving coverage.
- Hispanic children are much less likely than other children to have health insurance coverage. In 2002, only 77 percent of Hispanic children had health insurance coverage, compared with 88 percent of Asian children, 86 percent of Black children, and 92 percent of White children.
- In 2002, 79 percent of children in single-father families and 86 percent of children in single-mother families had health insurance coverage, compared with 90 percent of children in married-couple families.
- The likelihood of being covered by health insurance increases with income. In 2002, 95 percent of children living in families with incomes of \$75,000 or more were covered by health insurance. In contrast, only 81 percent of children in families with incomes of under \$25,000 were covered.

Source: Health Care Coverage. Child Trends Data Bank. www.childtrendsdatabank.org



In January 2003, the Bush Administration put forth a proposal to restructure Medicaid and state children's health insurance (SCHIP) in ways that could fundamentally alter the two programs. HHS Secretary Tommy Thompson announced the outlines of an Administration plan to give states still more "flexibility" to administer their Medicaid and SCHIP programs. As announced, the proposal would, in essence, establish Medicaid as a block grant. However, Congressional approval is required, and support of the nation's governors is critical.

This proposal could have an important impact on people with disabilities. As noted by the Kaiser Family Foundation, children with disabilities may need specialty care, home-based care, medical equipment, and, in some cases, institutional care.

Source: Bush Administration Medicaid/SCHIP Proposal at www.kff.org/medicaid/4117index.cfm

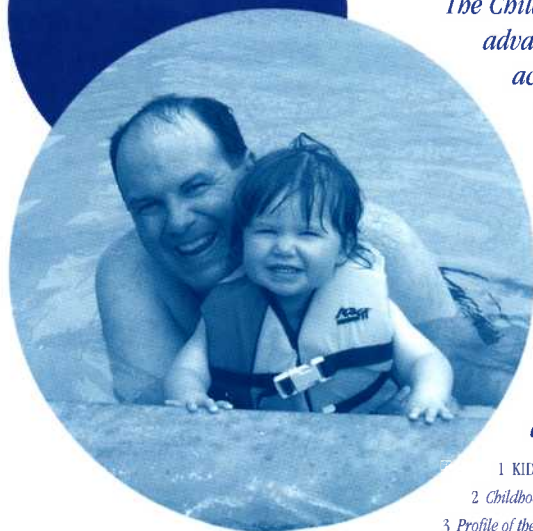
For more information see

Table 29	p. 131
Table 71	p. 153
www.childrensdefense.org	
www.state.de.us/dhss/dss/healthychildren.html	
www.kff.org	
www.cms.gov	
www.insurekidsnow.gov	



KIDS COUNT INDICATOR

Child Deaths Children 1-14



The Child Death Rate has fallen steadily for the past several years, due in large part to advances in medical care and the general decrease in deaths from motor vehicle accidents.¹ Unintentional injuries remain the leading cause of death for all children. The leading causes of unintentional fatal injuries are motor vehicles, fires/ burns, drowning, falls, and poisonings.² Often, the only difference between a nonfatal and fatal event is only a few feet, a few inches, or a few seconds. Therefore, parents and caregivers should take all necessary precautions for injury prevention, including educating children on proper safety procedures, use of appropriate car seat restraints, installing working smoke alarms, providing children with appropriate safety equipment, as well as teaching young children to swim. Although injuries are the leading cause of child death, birth defects, homicide, violence, cancer, obesity, and infectious diseases also threaten the health of young children.³

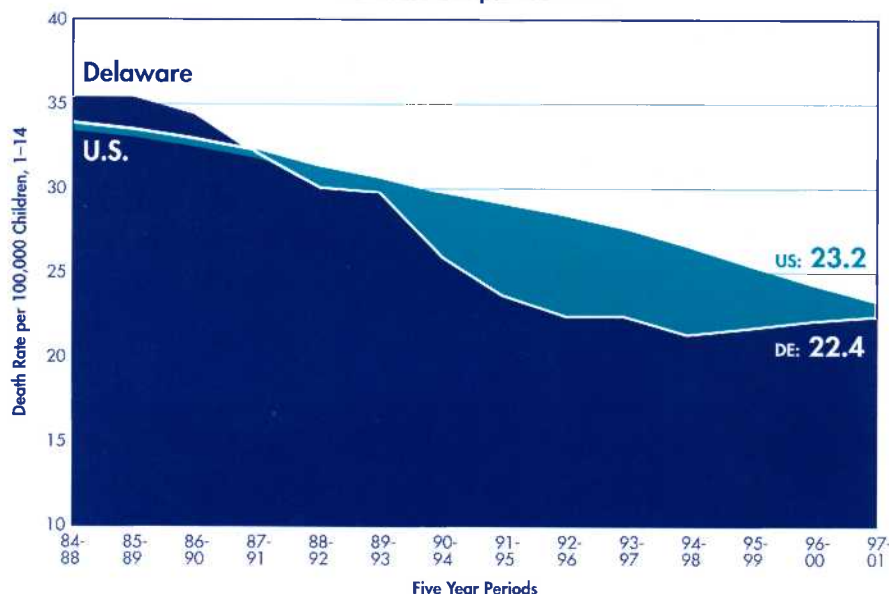
1 KIDS COUNT: State Profiles of Child Well-Being 2003. The Annie E. Casey Foundation.

2 Childhood Injury Fact Sheet: National Center for Injury Prevention and Control. Available from: www.cdc.gov/ncipc/factsheet/childh.htm.

3 Profile of the Nation's Health: CDC Fact Book 2000/2001. Available from: www.prevlinc.org/clearinghouse/catalog/research_statistics/other_research_statistics/cdcfactbook02.pdf.



Child Deaths Delaware Compared to U.S.



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

Definitions

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

Unintentional Injuries – accidents, including motor vehicle crashes



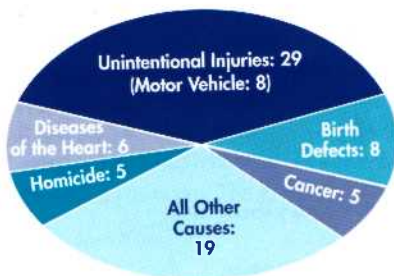
Did you know?

Playgrounds and recreation areas can keep children off the streets and away from traffic. But these areas are not always as safe as parents would hope. Some 170,100 children require hospital emergency room treatment each year because of playground accidents—mainly falls. Safe equipment and construction are crucial, but so is close supervision.

Source: KIDS COUNT Indicator Brief: Reducing the Child Death Rate. The Annie E. Casey Foundation, July 2003.

Causes of Death of Children 1-4

Delaware, 1997-2001



Total Number of Deaths
in five-year period: 72 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5-14

Delaware, 1997-2001



Total Number of Deaths
in five-year period: 98 Children

Source: Delaware Health Statistics Center



Did you know?

Summer has the highest child accident rate:

The four-month period from May through August is the most dangerous time of year, with nearly 3 million child medical emergencies and 2,550 deaths because of accidental injuries, according to a study by the National Safe Kids Campaign. Those deaths represent 42 percent of the average annual total, the study found.

Source: James, Michael. (2002) Accident Season: Study Shows that Accidental Deaths Soar in the Summertime ABC News



In the year 2000, 193 children in the United States ages birth to 19 died from unintentional injuries involving firearms. The best way to prevent accidental shootings is to avoid keeping guns in your home and to avoid exposing your child to homes where firearms are kept.

If you do keep firearms in your home, follow these guidelines to prevent accidental shootings:

- Store guns in a securely locked case and out of children's reach. Be sure they're unloaded when stored.
- Use trigger locks and other safety features.
- Store ammunition in a separate place from the firearms, locked in a container that's out of children's reach.
- Take a firearm safety course to learn the safe and correct way to use your firearm.
- Practice firearm safety. Teach your child that guns aren't toys and should never be played with.



Source: Mayo Clinic. (2000). Keep Your Child Safe: Prevent Accidents and Injuries.
Available online: <http://www.cnn.com/HEALTH/library/FL/00003.html>

For more information see

Tables 15-25 p. 124-129
Tables 30-34 p. 131-133
Table 68 p. 152
www.kidshealth.org
www.dehealthdata.org/publications/Childhood_Injury.pdf
www.cdc.gov/ncipc/duip/duip.htm
www.coderedrover.org/home.asp



Teen Deaths

by Accident, Homicide,
& Suicide



The rate of teen death in the U.S. is substantially higher than in many of our peer nations, due largely to higher rates of the three most prevalent causes of death among adolescents and young adults: motor vehicle accidents, homicide, and suicide.¹

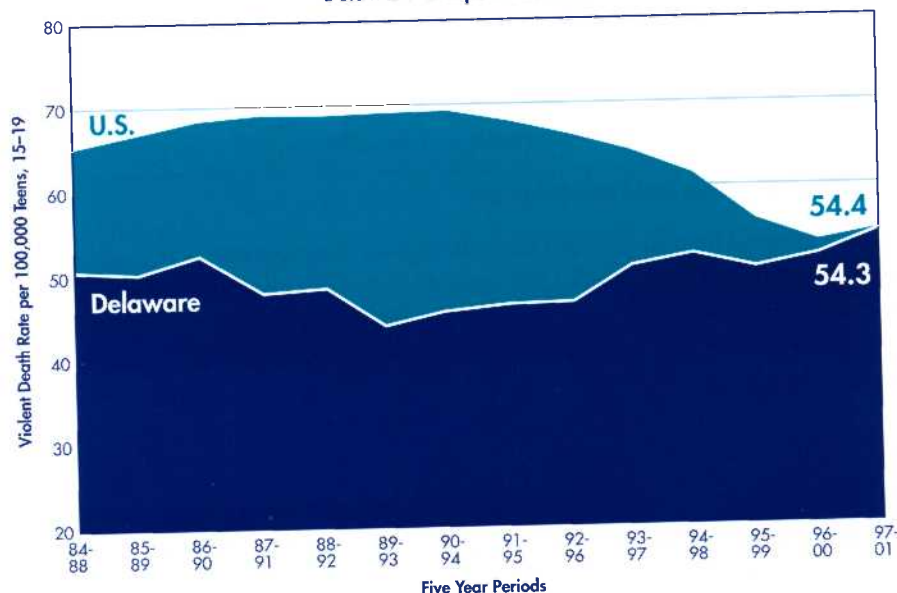
Overall, among adolescents age 15 to 19, accidents, homicides, and suicides, account for 75 percent of all deaths.² Merely limiting opportunities for accidents is not enough to combat teen deaths. Strategies to reduce teen mortality need to strengthen parents' and other caretakers' involvement with teens, fortify youth development agencies and other community organizations that serve adolescents and their parents, and seize opportunities to introduce or bolster policies that address at-risk teens.³

1 National Center for Injury prevention and Control (1999). *National Summary of Injury Mortality Data*.

2 KIDS COUNT: *State Profiles of Child Well-Being 2003*. The Annie E. Casey Foundation.

3 KIDS COUNT Indicator Brief: *Reducing Teen Death Rate* (July 2003). The Annie E. Casey Foundation.

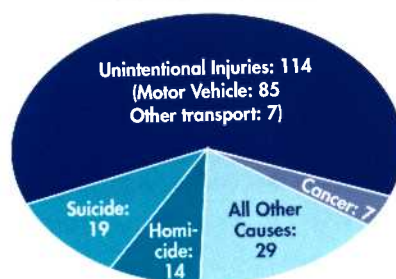
Teen Deaths by Accident, Homicide, and Suicide Delaware Compared to U.S.



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

Causes of Death of Teens 15-19

Delaware, 1997-2001



Total Number of Deaths
in Five-year Period: 183 Teens

Source: Delaware Health Statistics Center

Definitions

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

Unintentional Injuries – accidents, including motor vehicle crashes



Deaths of Teens 15-19

Number in Delaware by Cause, 2001

Motor Vehicle Crashes	8 males 5 females
Suicide	4 males 1 females
Homicide	5 males 0 females
Other Unintentional Injuries	6 males 1 females
All Other Causes	9 males 1 females

Total Number of Deaths: 40 Teens

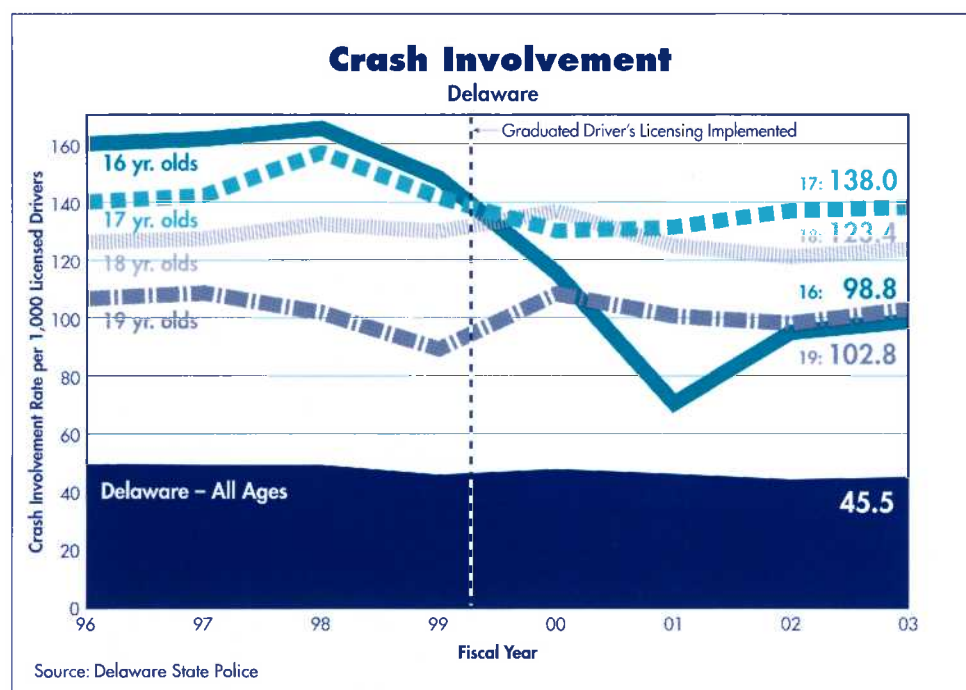
Source: Delaware Health Statistics Center

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

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

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

* A Preliminary Review of Data
Source: Delaware State Police



Deaths of Teens from Motor Vehicle Crashes

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

	1997	1998	1999	2000	2001
Males	12	14	7	20	8
Females	5	5	6	7	5

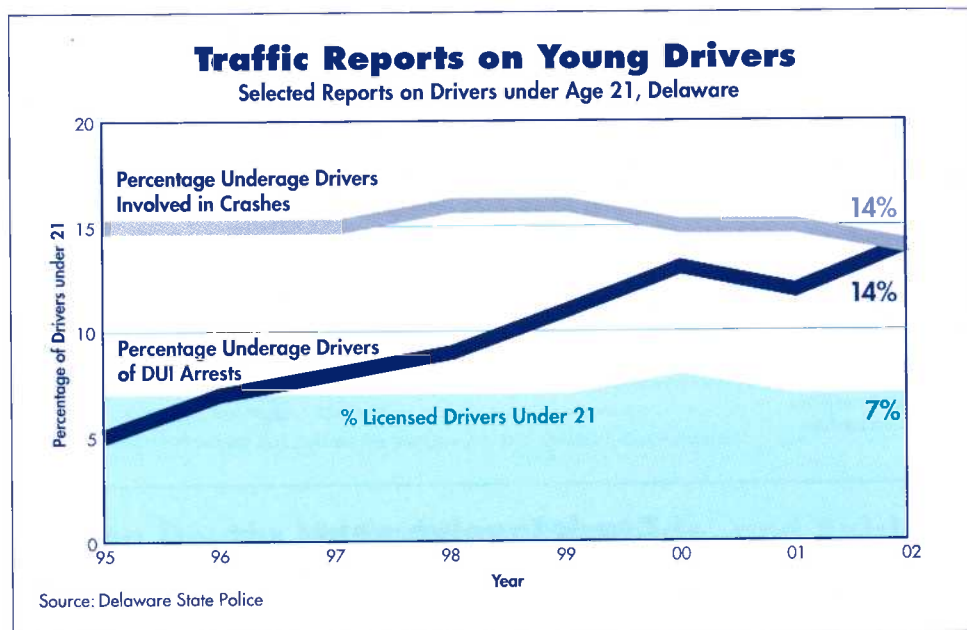
Source: Delaware Health Statistics Center

Did you know?

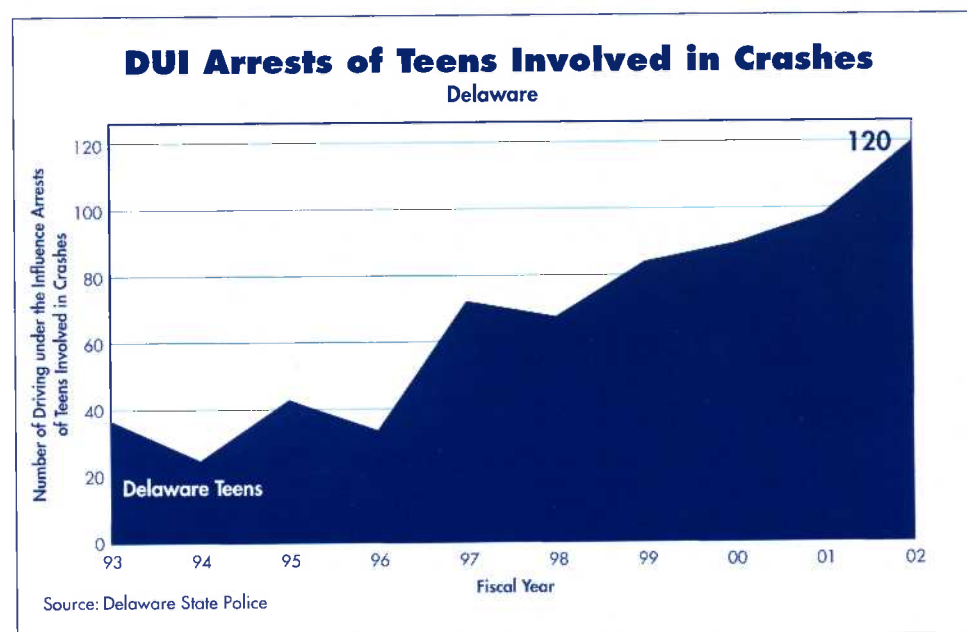
Males are nearly twice as likely to die in motor vehicle traffic accidents. In 2000, the motor vehicle death rate was 34 per 100,000 for males ages 15-19 compared to 18 per 100,000 for females. Gender differences of similar magnitude are found between all races and ethnic groups.

Source: *Motor Vehicle Accidents* (2002) Child Trends Data Bank

continued on next page



While drivers under age 21 are only seven percent of all drivers in Delaware, they are involved in 14% of all crashes and 14% of all DUI arrests.



For more information see

Tables 30-34 p. 131-133
www.highwaysafety.org
www.talkingwithkids.org
www.noviolence.net



A recent KIDS COUNT Indicator Brief identified key strategies in reducing the teen mortality rate:

- Support the adults who play a significant roles in the lives of teens.
- Strengthen the capacity of communities to support teens' healthy development.
- Focus intensively on motor vehicle safety.
- Develop policies and programs aimed at preventing violence.
- Address teen suicide by bolstering the capacity of families and communities to recognize and treat emotionally distressed teens.

Source: KIDS COUNT Indicator Brief: Reducing Teen Death Rate (July 2003). The Annie E. Casey Foundation

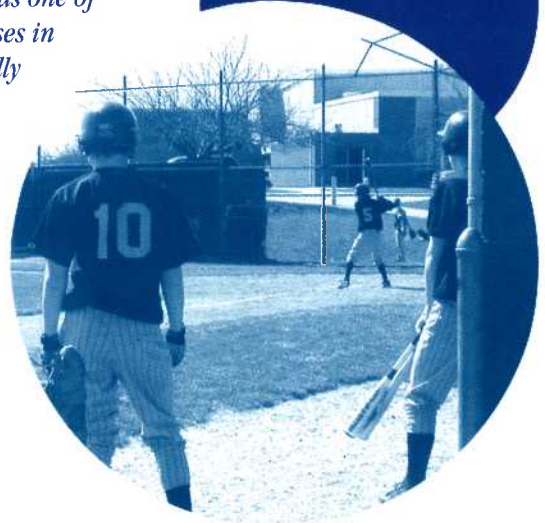
STDs Sexually Transmitted Diseases

According to the Centers for Disease Control and Prevention, the United States has one of the highest rates (among industrialized nations) for sexually transmitted diseases in teens and young adults.¹ Nationally, approximately three million cases of sexually transmitted diseases occur among teenagers each year, appearing in about one in four sexually-active teens. Teens are at high risk for acquiring most STDs because they are more likely than other age groups to have unprotected sex and/or multiple sex partners. In a single act of unprotected sex with an infected partner, a teenage girl has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes, and a 50% chance of contracting gonorrhea.² Delaying first intercourse among adolescents and increasing condom use among those who are sexually active can reduce the overall risk and occurrence of STDs.³ Decrease in sexual risk behaviors requires efforts from parents, families, schools, community-based and religious organizations, the media, government agencies and adolescents themselves.

1 Child Trends Research Brief: Preventing teenage pregnancy, childbearing, and sexually transmitted diseases

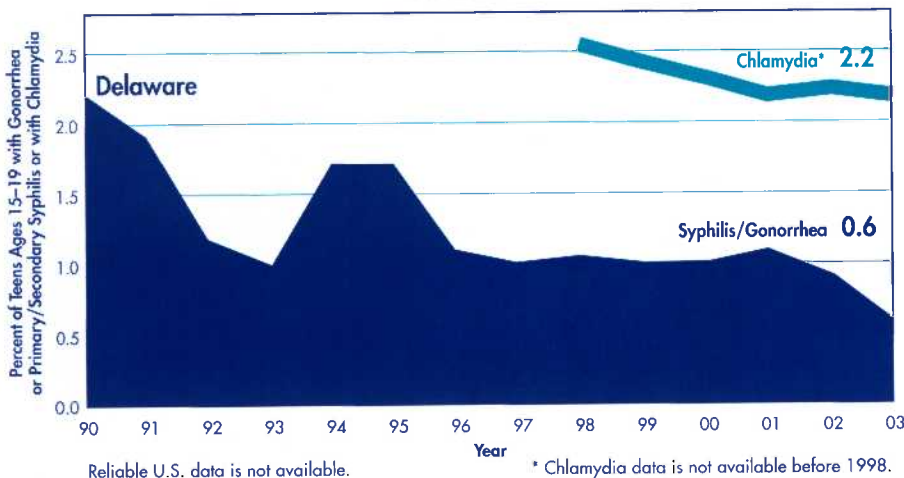
2 2003 New Hampshire Kids Count Fact Book

3 Ibid



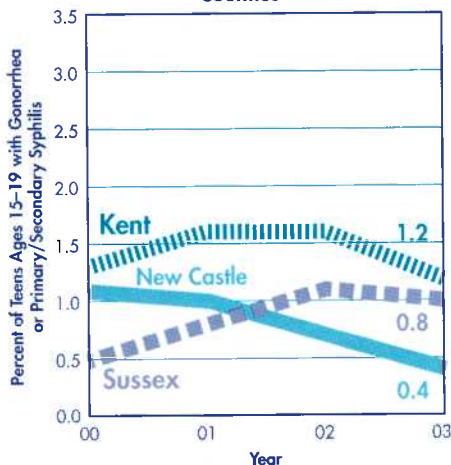
Sexually Transmitted Diseases

Delaware



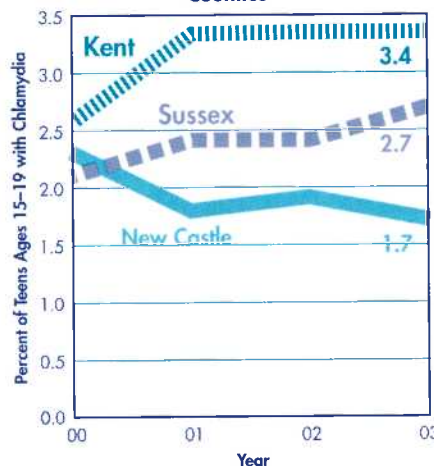
Syphilis/Gonorrhea

Counties



Chlamydia

Counties



Source: Delaware Health Statistics Center

Did you know?

- AIDS continues to plague the State of Delaware. Data reveal increasing trends in Delaware AIDS cases. In 2002, Delaware ranked fifth highest in the U.S. in reporting new AIDS cases, with an annual rate of 31.5 per 100,000 population.

Source: HIV/AIDS Surveillance Report, 2002. Center for Disease Control and Prevention

For more information see

Table 35

p. 134

www.thebody.com

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

www.plannedparenthood.org

www.cdc.gov/hiv/pubs/facts.htm



Alcohol, Tobacco, and Other Drugs



While the number of adolescents using drugs and tobacco is slowly decreasing nationwide, youth are starting to use alcohol, tobacco, and illicit drugs at increasingly younger ages. The use of substances threatens the health and safety of children, families, and communities. Of the more than 2 million deaths each year in the United States, approximately one in four is attributable to alcohol, tobacco and illicit drug use.¹ Substance use can result in family violence and mistreatment of children. Prenatal exposure to alcohol, tobacco, or drugs is linked to psychological, cognitive, and physical problems in children.² Social skills training has been shown to reduce substance use in early adolescence.³ Family and friends play critical roles in motivating substance abusers to enter treatment and maintain sobriety.

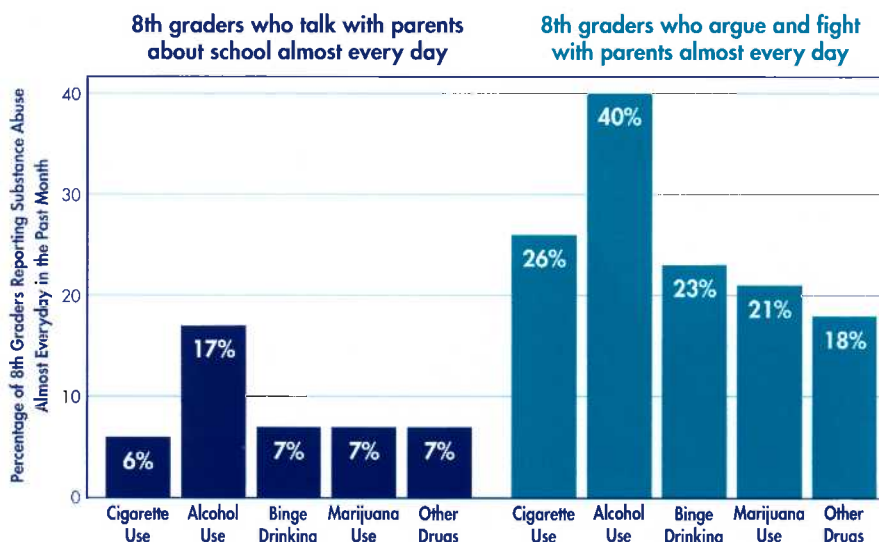
¹ *Substance Abuse: The Nation's Number One Health Problem* (Feb 2001) Princeton, NJ: The Robert Wood Johnson Foundation.

² Ibid.

³ "Substance Abuse: Predicting It, Preventing It" in SAMHSA, Vol. IX, No. 2. (Spring 2001).

Substance Abuse

Delaware, 2003



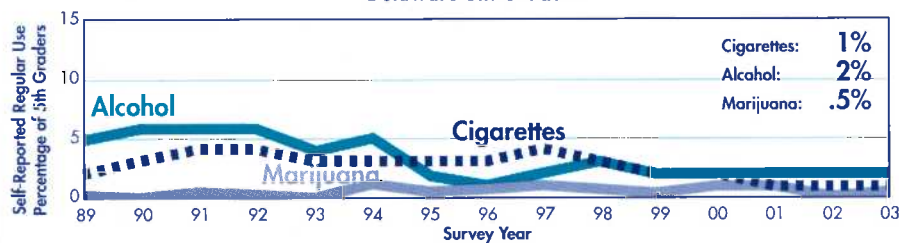
Source: 7,203 responses. Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Did you know?

- Children who are not engaged in school, have high rates of school failure, lack connections with caring adults, and have feelings of peer rejection are at increased risk of abusing drugs.
- Most Delaware students do not think there is a "great risk" in trying marijuana. Only 24% of 8th graders, and 12% of 11th graders thought there was a "great risk" from trying marijuana.
- In general, use of any of the drugs illegal for youth (includes cigarettes and alcohol) did not differ significantly among the three counties in Delaware. This pattern was true for each of the 5th, 8th, and 11th grade samples. The only major exception to this pattern was greater use of smokeless tobacco by 8th and 11th graders in Kent and Sussex Counties, compared to New Castle County. There is no evidence that illegal substance youth by Delaware youth is, for example, an urban problem or a Northern Delaware problem—where it is a problem, it is one for all Delaware youth.

Source: Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students. (2002). The Center for Drug and Alcohol Studies, University of Delaware. <http://www.state.de.us/drugfree/data.htm#atd>

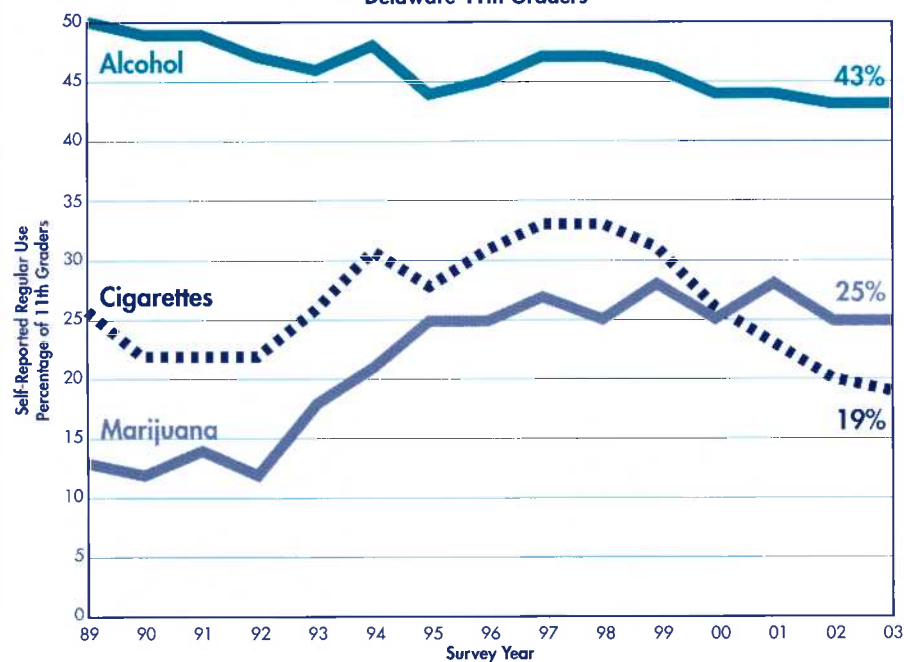
Trends in Cigarette, Alcohol, and Marijuana Use Delaware 5th Graders



Trends in Cigarette, Alcohol, and Marijuana Use Delaware 8th Graders



Trends in Cigarette, Alcohol, and Marijuana Use Delaware 11th Graders



Source: 5th graders: 7,731 responses. 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware



Definition

Self-Reported Regular Use – reports of about once a month or more often

For more information see

Table 36-37 p. 135
www.tobaccofreekids.org
www.state.de.us/drugfree
www.childtrendsdatabank.org/drugs.cfm
www.al-anon-alateen.org
www.udetc.org





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

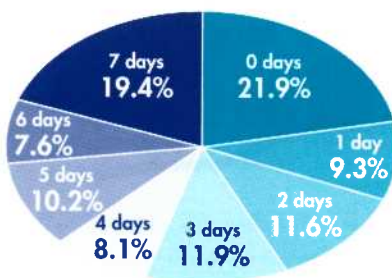
Source: Alcohol, Tobacco, and Other Drug Abuse among Delaware Students: Final Report to the State Incentive Cooperative Agreement Advisory Committee and the First State Prevention Coalition. September 2002. The Center for Drug and Alcohol Studies, University of Delaware.



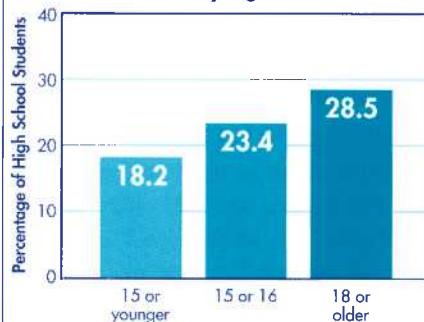
Physical Activity

How many days in the past week have you exercised or participated in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?
Delaware, 2003

9–12th Graders



Students reporting 0 days activity by age

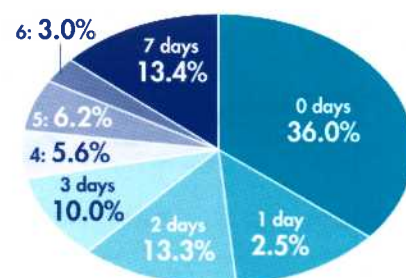


Source: 2,975 responses. CDC Youth Tobacco Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

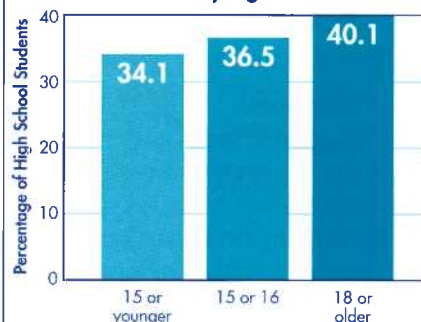
Physical Activity

How many days in the past week have you participated in physical activity for at least 30 minutes that did NOT make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
Delaware, 2003

9–12th Graders



Students reporting 0 days activity by age

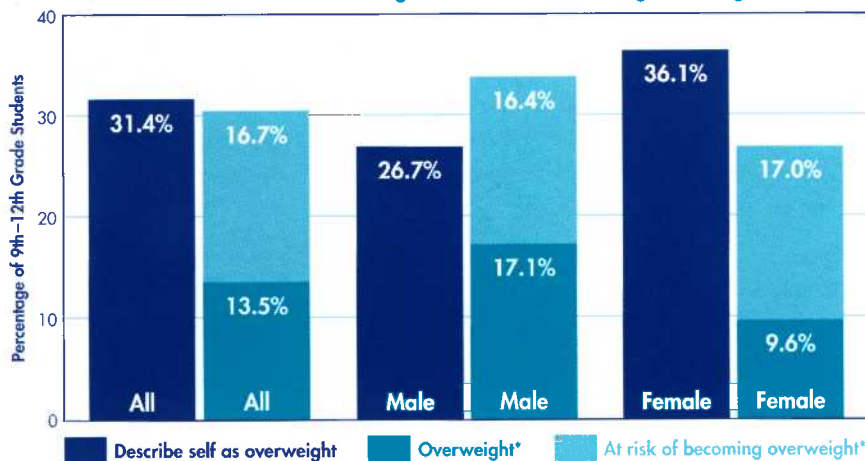


Source: 2,975 responses. CDC Youth Tobacco Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Individual Physique: Perception vs. Actuality

Delaware, 2003

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



* Calculated body mass index from reported height and weight

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



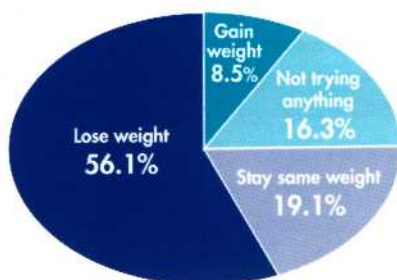
Concern about Weight

Which of the following are you trying to do about your weight?
Delaware, 2003

9-12th Grade Males



9-12th Grade Females



Source for all graphs on this page:
Responses from 2,975 9th-12th grade students.
CDC Youth Tobacco Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Weight Control

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

Exercised



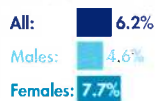
Ate less food, fewer calories or low-fat food



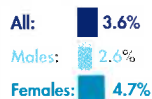
Went without eating for 24 hours or more



Took diet pills, powders, or liquids without doctor's advice



Vomited or took laxatives



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





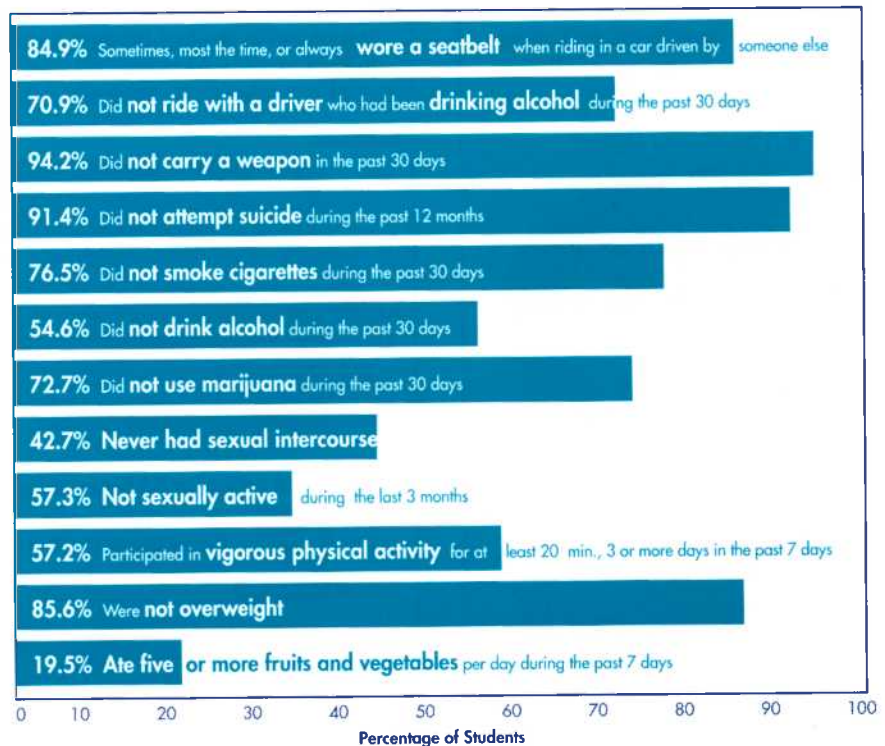
Youth today are developing healthier lifestyles. Too often data presented reflect negative aspects of youth behavior, but it is important to consider the more positive attributes of our youth. This helps to identify the areas in which our children are succeeding and provides insight into programs and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

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

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

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

Lifestyle Choices Delaware High School Students, 2003

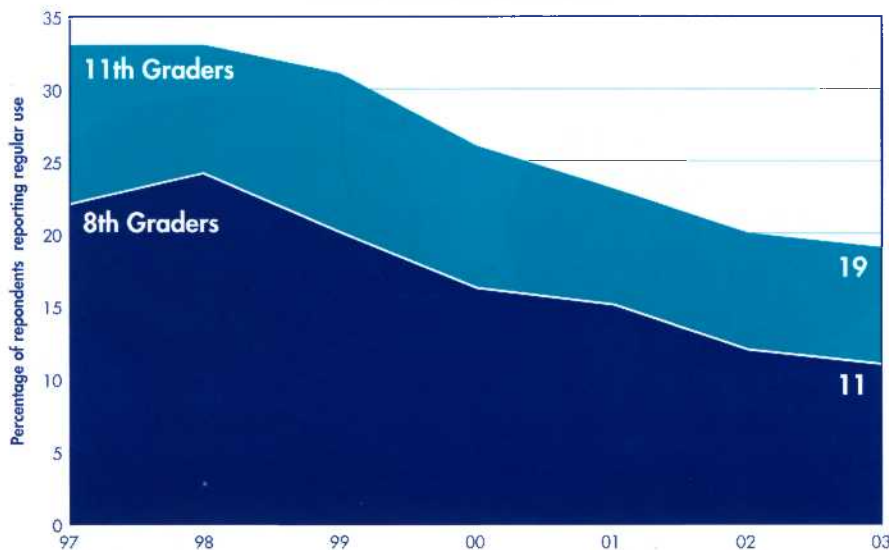


Source: CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

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

Declining Cigarette Use

Delaware 8th and 11th Graders



Source: 8th graders: 6,753 responses. 11th graders: 4,880 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware



Did you know?

Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex.

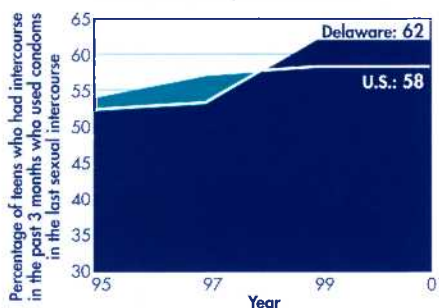
Source: Focus Adolescent Services: Teen Alcohol and Drug Abuse. Available Online: <http://www.focusas.com/SubstanceAbuse.html>

Did you know?

Teen Condom Use:

- Condom use among sexually active high school students in the U.S. increased from 53 percent in 1993 to 58 percent in 1999, where it remained in 2001.
- Non-Hispanic Black students have increased condom use from 57 percent in 1993 to 67 percent in 2001. Use among Hispanic students also increased during this period, from 46 percent to 54 percent.
- Condom use by Black students is 10 percentage points higher than use by Whites and 13 percentage point higher than among Hispanic students. This pattern holds for both males and females.
- Condom use drops by 19 percentage points between grades 9 and 12, from 68 percent to 49 percent in 2001. Part of this drop is due to increased use of other forms of birth control, although it is still a cause for concern since condoms are the only form of control effective against STDs.

Condom Use among Sexually Active Teens during Last Sexual Intercourse Delaware Compared to U.S.



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

For more information see

www.state.de.us/drugfree/data.htm
<http://childnutrition.doe.state.de.us/>



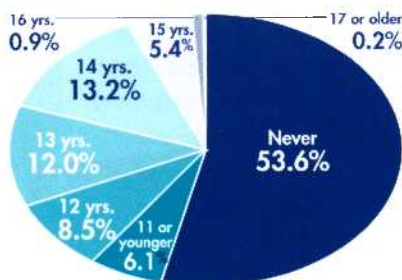
Source: Child Trends Data Bank Condom Use. Available Online: <http://www.childtrendsdatabank.org/indicators/28CondomUse.cfm>.



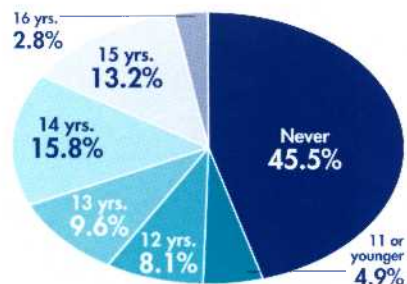
Sexual Activity

How old were you when you had sexual intercourse for the first time?
Delaware, 2003

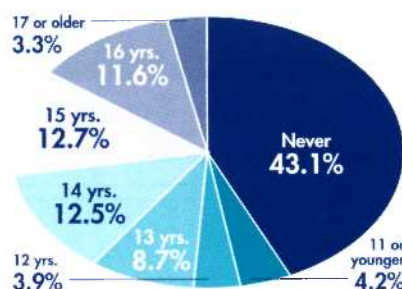
9th Graders



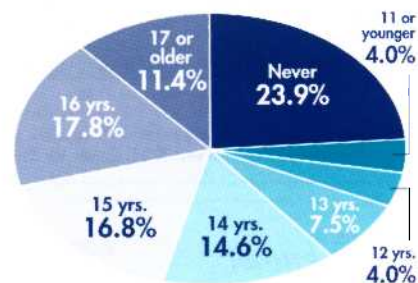
10th Graders



11th Graders



12th Graders

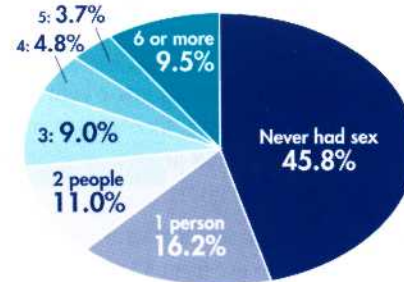


During your life, with how many people have you had sexual intercourse?
Delaware, 2003

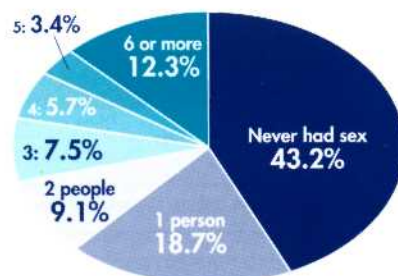
9th Graders



10th Graders



11th Graders



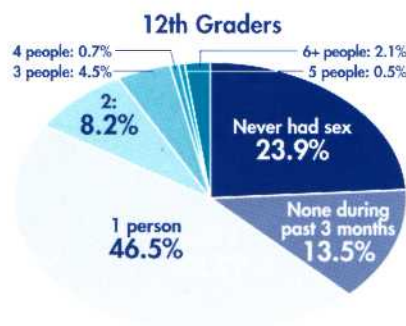
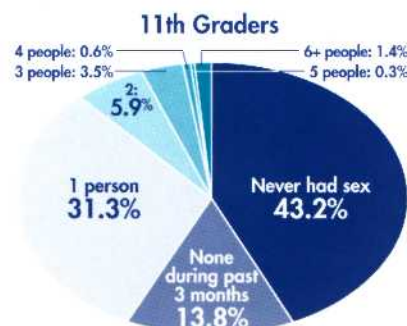
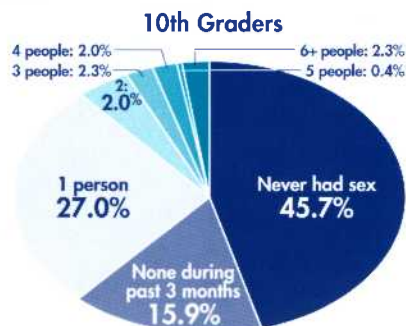
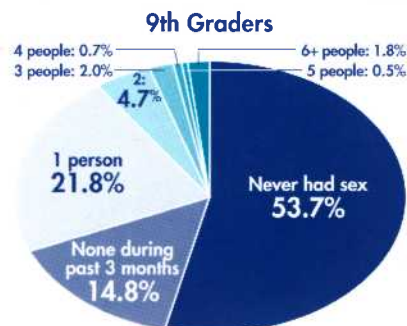
12th Graders



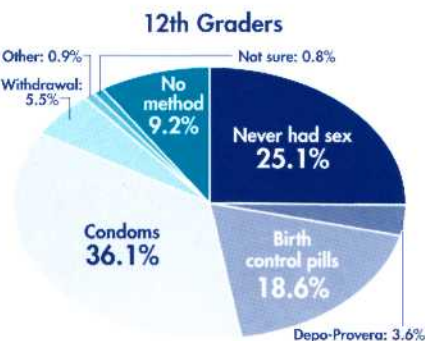
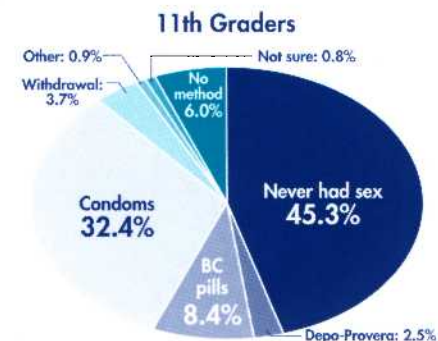
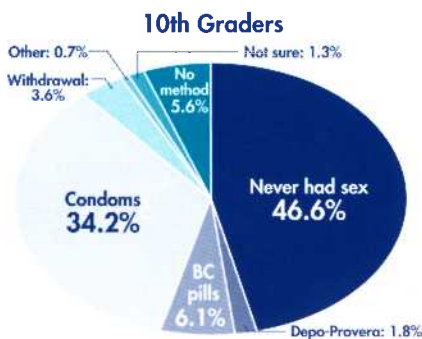
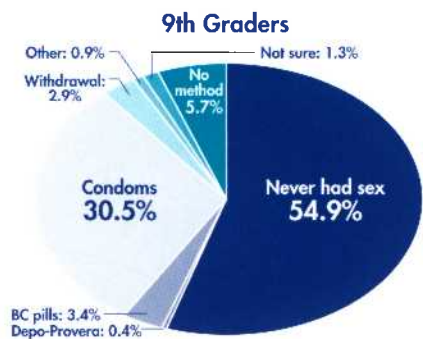
Note: All students did not answer every question, causing percentages to vary.
Source: 3,048 responses. CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies,
University of Delaware

Sexual Activity

During the past 3 months, with how many people did you have sexual intercourse?
Delaware, 2003



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



Note: All students did not answer every question, causing percentages to vary.
Source: 3,048 responses. CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware



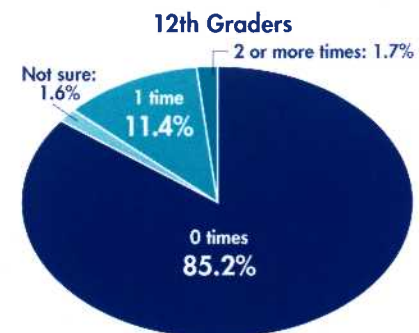
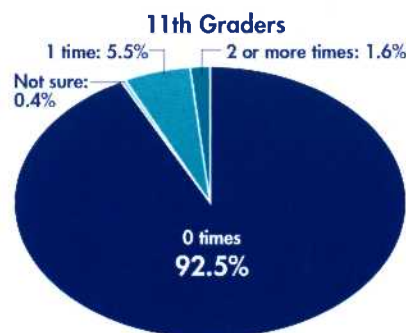
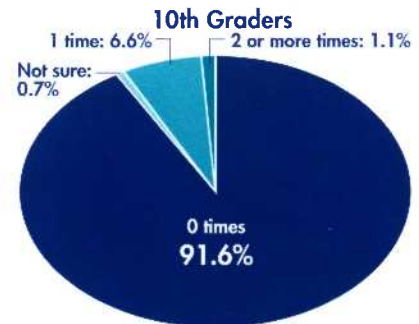
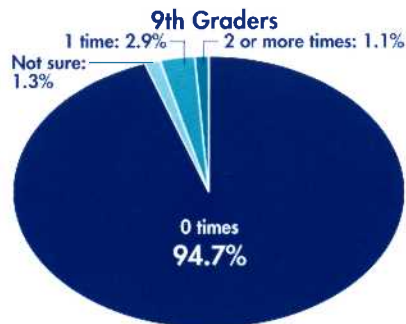
For more information see
www.state.de.us/drugfree/data.htm



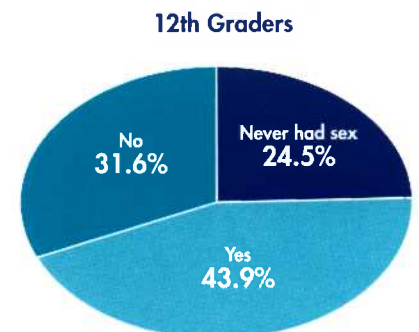
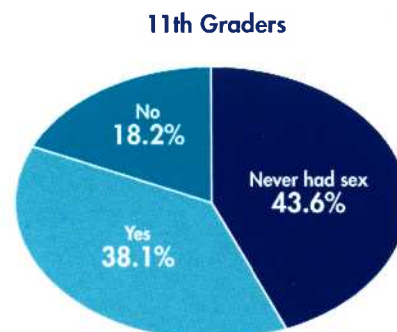
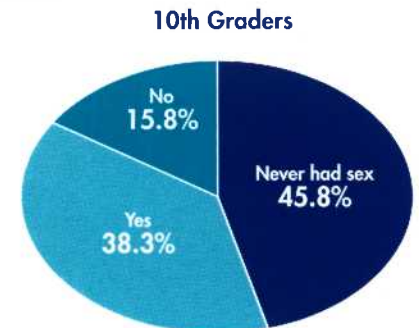
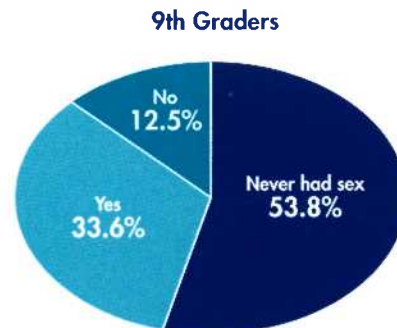


Sexual Activity

How many times have you been pregnant or gotten someone pregnant?
Delaware, 2003



The last time you had sexual intercourse, did you or your partner use a condom?
Delaware, 2003



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



Note: All students did not answer every question, causing percentages to vary.
Source: 3,048 responses. CDC Youth Risk Behavior Survey 2001, Center for Drug and Alcohol Studies, University of Delaware

EDUCATIONAL INVOLVEMENT & ACHIEVEMENT



Early Intervention

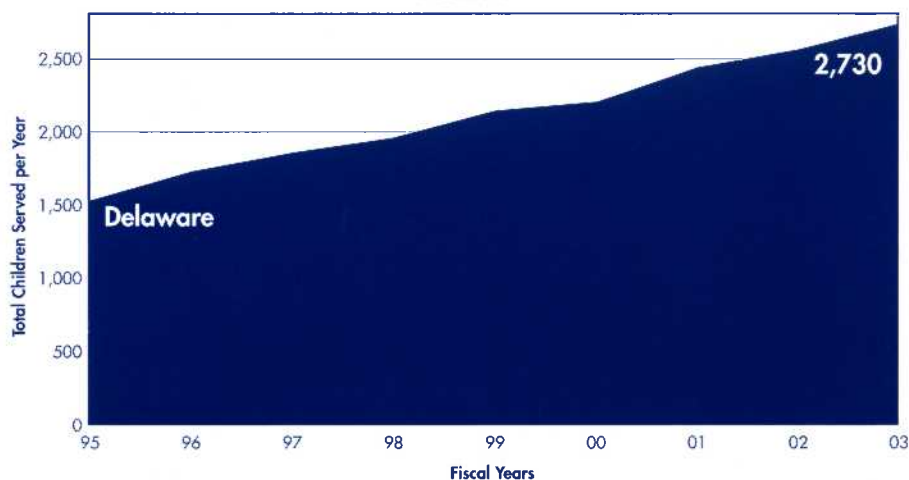


Research into early development has revealed that potentially irreversible effects on a child's developing brain can occur much earlier than was previously believed. Without sufficient mental stimulation children may fail to develop the synapses that facilitate learning throughout their lives. From birth through age five, children are developing the cognitive, physical, social, and emotional skills they will utilize for the rest of their lives. How well children learn and develop during this critical stage, and consequently perform in school, depends on a number of issues, including the child's health, physical well-being, social skills and emotional preparation, as well as their language proficiency and general knowledge of the world.¹ It is therefore critical that children be provided with quality early intervention.

¹ *Helping Your Preschool Child*. U.S. Department of Education. Available from www.ed.gov/pubs/parents/preschool/index.html.

Child Development Watch

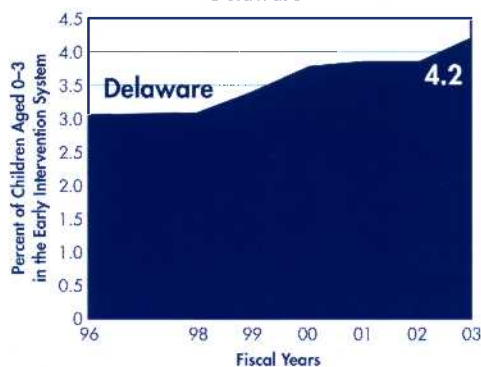
Delaware



Source: Delaware Birth to Three Early Intervention System, DHSS

Early Intervention

Delaware



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

Source: Delaware Department of Health and Social Services



Early intervention programs can:

- Answer a family's questions about their child's development.
- Improve both developmental and educational growth.
- Help children become more independent.
- Prevent the need for more intervention later.
- Help the community become more aware of the gifts and abilities of all of its children.

Source: A Child Care Providers Guide to Early Intervention Services in Pennsylvania. Available online: <http://betterkidcare.psu.edu/Units/Workbooks/ChildCareAndYoull/CCEarlyInterventionGuide1201.pdf>

For more information see

www.state.de.us/dhss/dms/epqc/birth3/directry.html

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

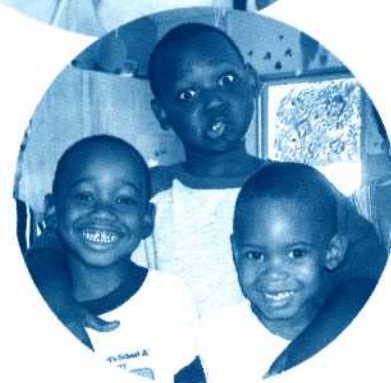
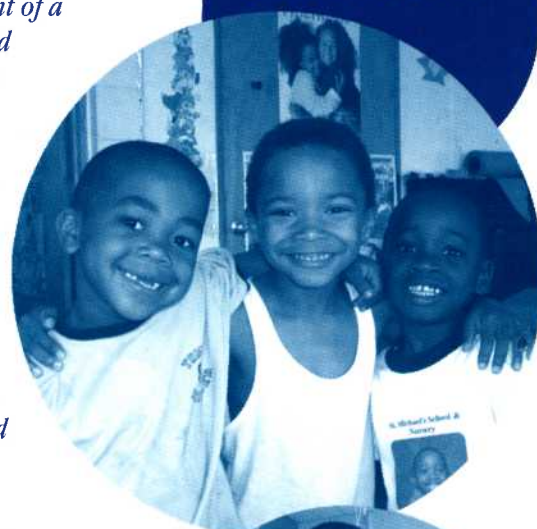


Head Start/ECAP

Head Start began with a task force recommendation in 1964 for the development of a federally-sponsored preschool program in order to meet the needs of disadvantaged children. Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families. Head Start grantee and delegate agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental, and mental health; nutrition; and parent involvement.¹ Providing similar services in Delaware is the Early Childhood Assistance Program (ECAP). ECAP was established in 1994 to address the need for improved school readiness by giving income eligible 4-year-old children at least one year of preschool and reducing the long waiting lists at Head Start Centers.² Both Head Start and ECAP are designed to provide low-income children with the necessary skills needed to enter the school system.

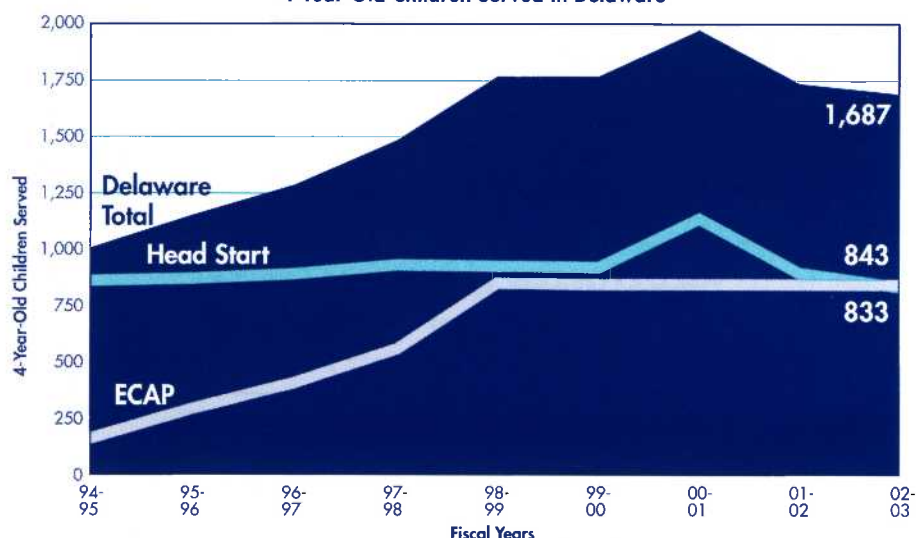
1 About Head Start, US Department of Health and Human Services. Available online: <http://www2.acf.dhhs.gov/programs/hsb/about/index.htm>.

2 ECAP in Delaware. The Education Commission of the States. Available online: http://www.ecs.org/dbsearches/search_info/PreK_ProgramProfile.asp?state=DE



Head Start/Early Childhood Assistance Program

4-Year-Old Children Served in Delaware



	94-95	95-96	96-97	97-98	98-99	99-00	00-01	01-02	02-03
Est. number of 4-yr.-olds in Head Start	855	865	886	931	925	922	1,129	891	833
Number of children in ECAP	153	289	401	554	843	843	843	843	843
Estimated number of 4-yr.-olds eligible	N/A	N/A	N/A	1,938	1,938	1,935	2,162	1,749	1,687
Percentage of eligible 4-yr.-olds served	N/A	N/A	N/A	77%	91%	91%	91%	99%	99%

Source: Delaware Department of Education

For more information see

Tables 72-76

p. 153-154

Did you know?

Current research on the effectiveness of the Head Start program has determined that children utilizing Head Start services are **less likely** to be retained in grades, to require special education, and to drop out of school. They are **more likely** to have improved intellectual and cognitive skills, to be healthier, have a better level of self-esteem, and exhibit good social and emotional development.

Source: Head Start fact sheet. Available online: <http://www.key-net.net/users/jackson/hsf.htm>



Student Achievement



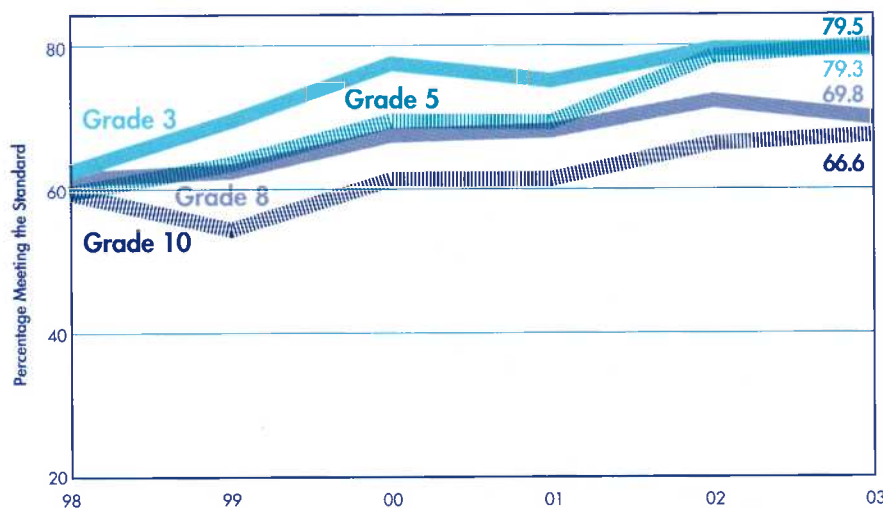
The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market as adults.¹ Young adults who have completed higher levels of education are more likely to achieve economic success than those who have not. Although many jobs have minimum educational requirements, completing more years of education protects against unemployment. Further, higher levels of educational attainment lead to higher wages and income, as well as jobs with opportunities for advancement.² Mathematically and reading achievement scores are important measures of students' skills in these subject areas, as well as good indicators of overall achievement in school. According to national statistics, average math scores increased for all age groups between 1982 and 1999; average reading scores have not improved among students ages 9, 13, and 17 since 1980.³

¹ American's Children: Key National Indicators of Well-Being 2003 (2003). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

² Educational Attainment. Washington, DC: Child Trends Data Bank.

³ American's Children: Key National Indicators of Well-Being 2003 (2003). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

Reading Proficiency Delaware Student Testing Program



Source: Department of Education

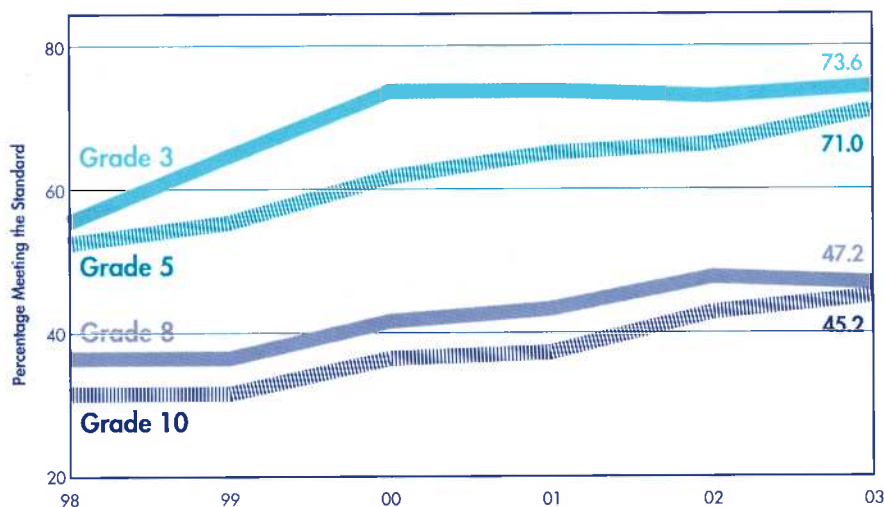


Project CRISS in Delaware – Project CRISS (Creating Independence through Student-owned Strategies) is an interdisciplinary program incorporating reading, writing and study strategies for literature and content classes in secondary schools. It focuses on helping all students read, understand, organize and study material to facilitate learning. Students learn to integrate new information with prior knowledge thereby becoming actively involved in their learning. The Project was developed in 1979 and continues to be revised to incorporate new techniques stemming from the latest research. CRISS was approved as a National Diffusion Network program in 1981, 1985 and 1993 and was recommended in 1999 by the National Staff Development Council in their book, *What Works in the Middle: Results-Based Staff Development*.

Since January 2001, national CRISS Project trainers have trained over 200 Delaware teachers and administrators from the 19 districts in the state. Many of the trainees have requested additional training to become CRISS trainers within their own districts. The Department of Education supports this secondary literacy project through training and follow-up sessions.

Source: Delaware Department of Education. www.doe.state.de.us/reading/projectcriss.htm

Math Proficiency Delaware Student Testing Program



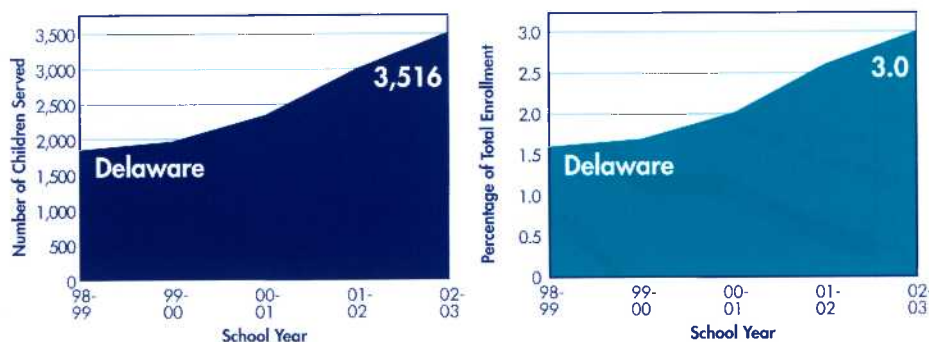
Source: Department of Education



Delaware Student Testing Program

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

Limited English Proficiency* Number and Percent of Limited English Proficiency Students in Delaware



	98-99	99-00	00-01	01-02	02-03
Number Served**	1,858	1,981	2,352	3,003	3,516
Total Enrollment	113,190	113,848	114,770	115,517	116,460
Percent of Total Enrollment	1.6%	1.7%	2.0%	2.6%	3.0%

* Limited English Proficiency Student – an individual who was not born in the U.S. or whose native language is a language other than English; or is a Native American or Alaskan Native and comes from an environment where a language other than English has had a significant impact on such individual's level of English language proficiency; or an individual who has sufficient difficulty speaking, reading, writing, or understanding the English language and whose difficulties may deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English.

** Number Served is the count of students enrolled on April 1. The total number of children served per year is higher.

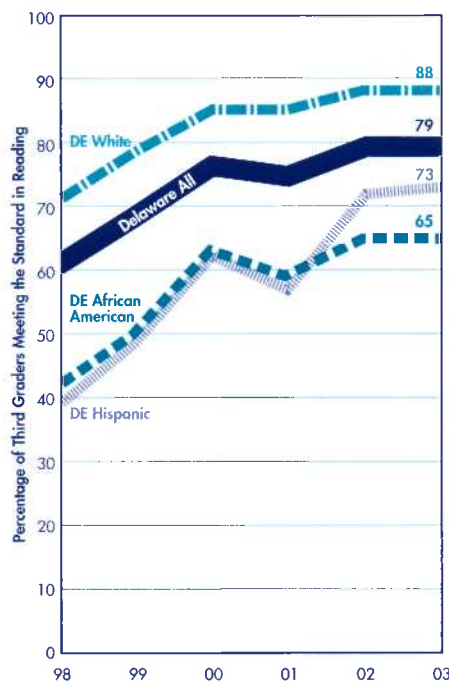
Source: Department of Education

Student Achievement



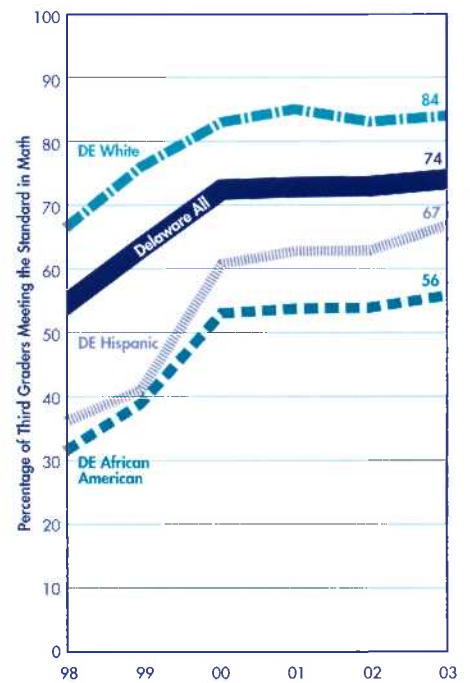
Grade 3 Meeting the DSTP Standard

Reading



Source: Delaware Department of Education

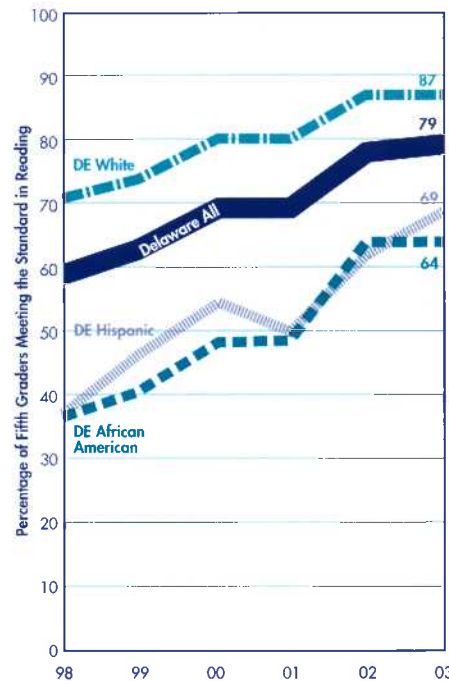
Math



Note: All includes Native American and Asian.

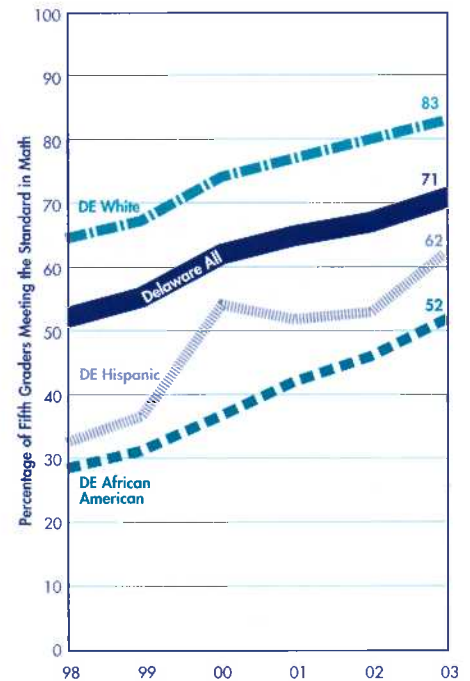
Grade 5 Meeting the DSTP Standard

Reading



Source: Delaware Department of Education

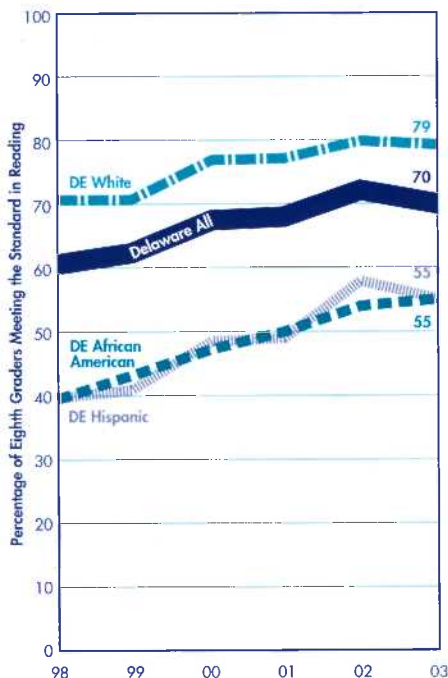
Math



Note: All includes Native American and Asian.

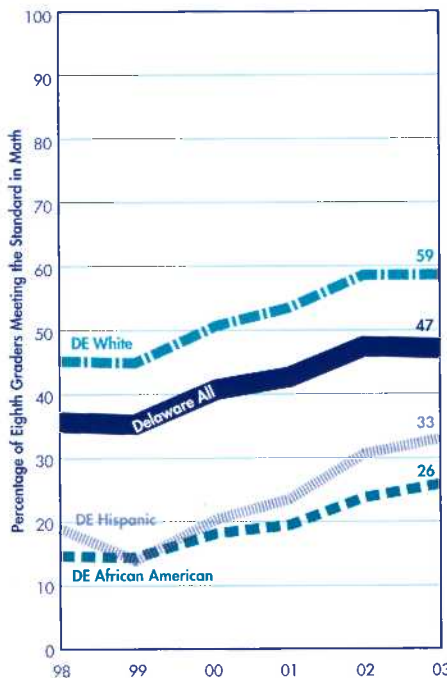
Grade 8 Meeting the DSTP Standard

Reading



Source: Delaware Department of Education

Math



Note: All includes Native American and Asian.

DSTP Proficiency Levels – Delaware Student Testing Program

Students receive scores categorized as follows:

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

DSTP Accountability

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

Level 2 – Students Below the Standard

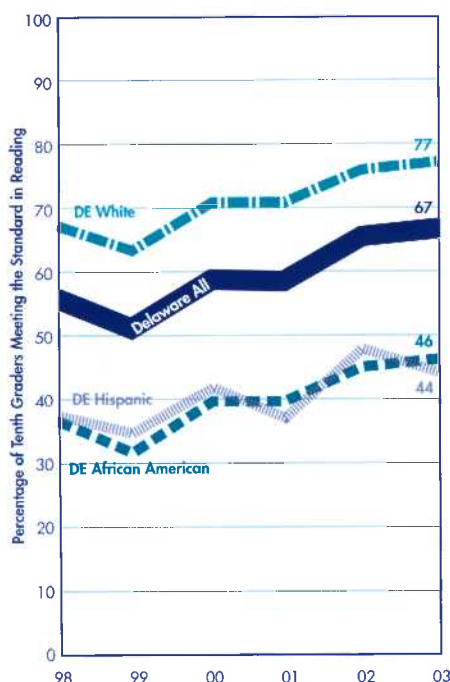
- Promoted with an Individual Improvement Plan (IIP)
- IIP must be agreed to by the parents of the student
- IIP may include summer school and/or extra instruction during the school year

Level 1 – Students Well Below the Standard

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

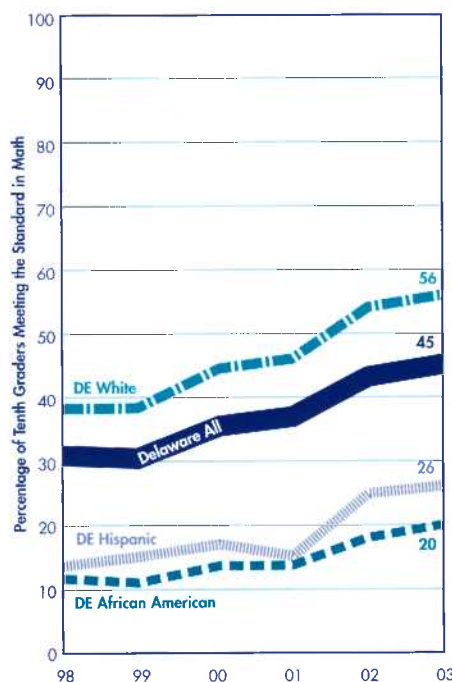
Grade 10 Meeting the DSTP Standard

Reading



Source: Delaware Department of Education

Math



Note: All includes Native American and Asian.

For more information see

Tables 39-46 p. 137-140
www.doe.state.de.us
www.doe.state.de.us/AAB/index.bak

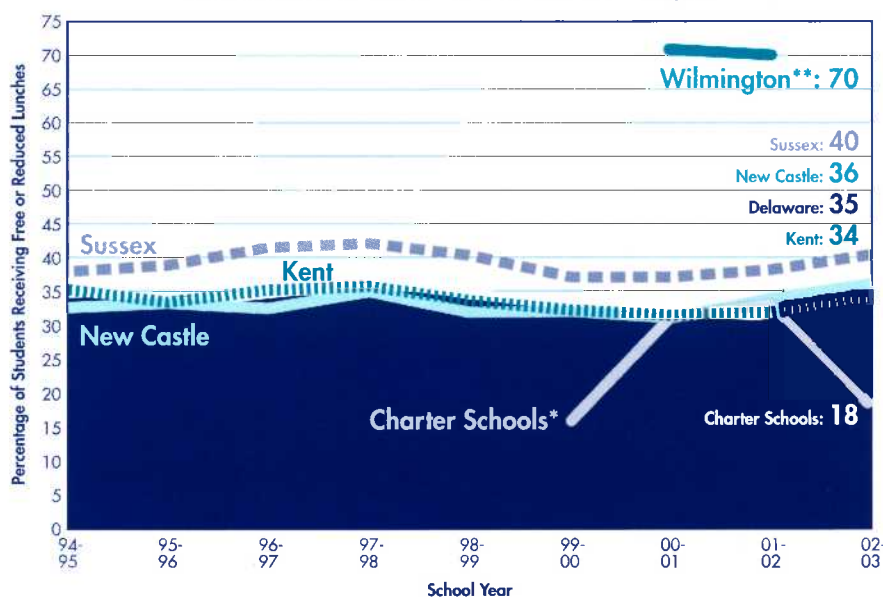


Children Receiving Free & Reduced-Price School Meals

Many children receiving free or reduced-price school meals live in working-poor families, in which at least one parent is working full-time, year round, yet these families still find themselves unable to provide for the basic needs of their children. A school meal is critical in districts where home nutrition habits are suboptimal; it is often a student's only chance for a good, balanced meal. School meals themselves are also important by providing educational and nutritional benefits to students. School lunches provide 1/3 to 1/2 of the recommended daily allowances for key nutrients. Children who eat school meals perform better on standardized achievement tests and are late and absent from school less often than children who do not participate in the program.¹

¹ Minnesota Kids: A Closer Look 2002 Data Book.

Free and Reduced-Price Lunches Delaware, Counties, Charter Schools*, and Wilmington**



* Charter School data were not available before the 1999-2000 school year.

** Wilmington data are available only for the 2000-01 and 2001-02 school years

Source: Delaware Department of Education

Did you know?

Child obesity is a growing concern for Americans. The health risks of an overweight child are dangerous; including developing type 2 diabetes, cardiovascular problems, orthopedic abnormalities, gout, arthritis, and skin problems. Additionally the psychological and social development of an overweight child may also be negatively affected. Despite the health risks the trends continue to increase:

- The percentage of children and adolescents who are overweight has tripled in the past thirty years, with increases continuing through the 1990s. More than 15 percent of children ages 6 to 19 were overweight in 1999-2000.
- Overall, boys and girls are about equally likely to be overweight. However, some differences exist within racial and ethnic subgroups. Among those ages 12-19 of Mexican background, boys are more likely than girls to be overweight. Among Black adolescents of the same age, girls are more likely than boys to be overweight.

Did you know?

The National School Lunch Program (NSLP) is the oldest and largest of the child nutrition programs operated by Food and Consumer Service (FCS) of the U.S. Department of Agriculture. Since 1946, the NSLP has made it possible for schools to serve nutritious lunches to students each school day. States receive federal reimbursement and other assistance in establishing, maintaining, and operating the program.

Any public school or charter school of high school grade or under is eligible to participate in the NSLP. Any nonprofit, private school of high school grade or under can also participate. Public and licensed, nonprofit, private residential child care institutions such as orphanages, homes for retarded children, and temporary shelters for runaway children are also eligible.

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

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

The lunch pattern is designed to provide, over a period of time, approximately one-third of a student's Recommended Dietary Allowance for key nutrients and calories. Meals are planned using the framework of the Food Guide Pyramid. While there are different specific requirements for each age group, it is not difficult to plan good tasting, healthy meals that offer the required balance of meats, breads, dairy products and fruits or vegetables — while reducing salt, fat and sugar.

Source: Delaware Department of Education, Child Nutrition Program. www.childnutrition.doe.state.de.us/childnutrition/lunchprog.htm

Did you know?

Below is a representative Delaware school lunch menu:

Monday	Tuesday	Wednesday	Thursday	Friday
Foot Long Hot Dog Baked Beans Mixed Fruit Milk	Cheeseburger French Fries Peach Cup - Cookie Milk	Stuffed Crust Pizza Mixed Vegetables Pears Milk	Sloppy Joe Baby Carrots w/Dip Fresh Fruit Milk	French Toast Sticks Sausage Applesauce Milk
Mozzarella Sticks Peas & Carrots Fruit Mix Milk	Turkey Sub Vegetable Soup Orange Smiles Milk	Chicken Nuggets Green Beans Roll - Pears Milk	Stuffed Shells Tossed Salad Roll - Fruit Choice Milk	French Bread Pizza Baby Carrots w/Dip Chilled Pears Milk
Lunch Prices: Student KC04 \$1.00, Student 7-12: \$1.25, Reduced Student: .40, Milk .25, Adult: \$2.00				



Benefits of Participating in the National School Lunch Program

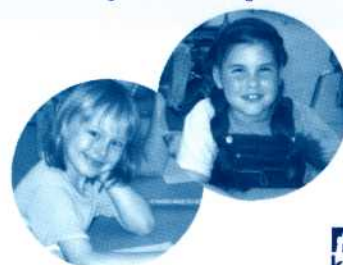
The NSLP provides per meal cash reimbursements to schools as an entitlement to provide nutritious meals to children. This means that all eligible schools may participate and all children attending those schools may participate. The NSLP provides school children with one-third or more of their Recommended Dietary Allowance (RDA) for key nutrients. These lunches are required to provide no more than 30 percent of calories from fat and less than 10 percent from saturated fat. USDA research indicates that children who participate in School Lunch have superior nutritional intakes compared to those who do not participate.

Source: The Food Research and Action Center.
Federal Food Programs. Available Online:
http://www.frac.org/html/federal_food_programs/federal_index.html



For more information see

Table 38 p. 136
www.childnutrition.doe.state.de.us
www.feedingchildrenbetter.org



KIDS COUNT INDICATOR High School Dropouts



Education has always played a large role in determining the economic and occupational success of Americans. Over the past two decades, people without high school diplomas have suffered an absolute decline in real income and have dropped further behind individuals with more education.¹ Because high school completion has become a requirement for accessing additional education, training, or the labor force, the economic consequences of leaving high school without a diploma are severe. High school dropouts are more likely to be unemployed, and to earn less money when they do secure work than high school graduates. High school dropouts are also more likely to receive public assistance than high school graduates who do not go on to college.² Additionally, dropouts make up a disproportionate percentage of the nation's prison and death row inmates.³

¹ KIDS COUNT Indicator Brief: Reducing the High School Dropout Rate. (2003) The Annie E. Casey Foundation.

² U.S. Department of Education, National Center for Education Statistics (2000). *The Condition of Education*, 1999. (Issue No. 022) Washington D.C.: U.S. Department of Education.

³ U.S. Bureau of Justice Statistics (1991). *Comparing Federal and State Prison Inmates*. Washington D.C.: U.S. Department of Education.

Definition

Dropout – A 2001-2002 dropout is an individual who:

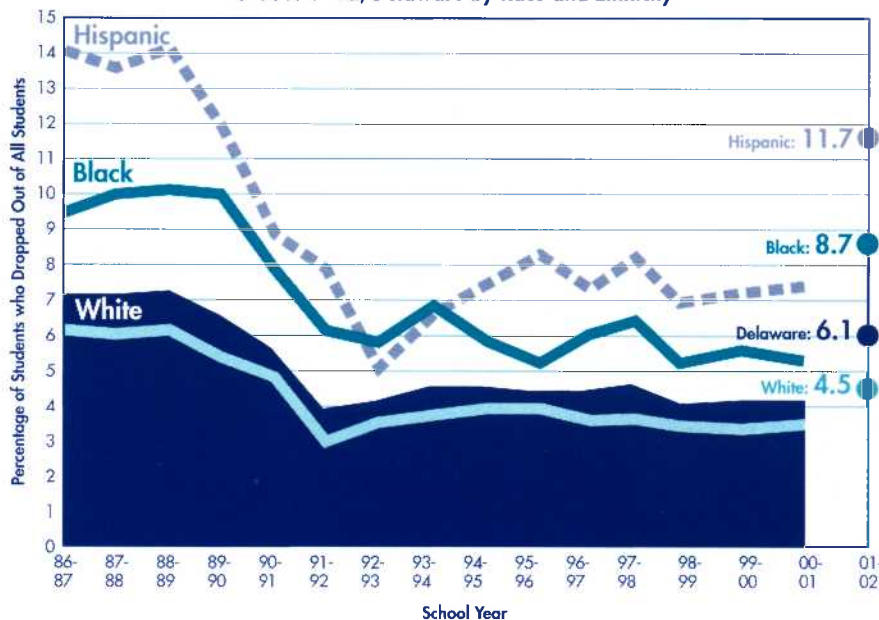
- Was enrolled at the end of the 2000-2001 school year; or
- Was enrolled at any time during the 2000-2001 school year; and
- Has not graduated from high school or completed a state- or district-approved educational program; and does not meet any of the following exclusionary conditions:

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



Public High School Dropouts

Grades 9-12, Delaware by Race and Ethnicity

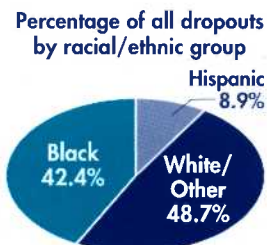
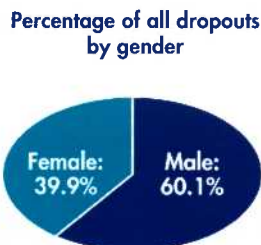
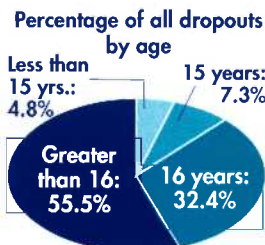


The 2001-02 rate reflects an improvement in data acquisition and reporting. There has not been a significant increase in the number of dropouts; those students added to the dropout data were previously listed as "Missing," and not reported. Missing students have been tracked and placed in correct categories.

Source: Delaware Department of Education

Dropouts

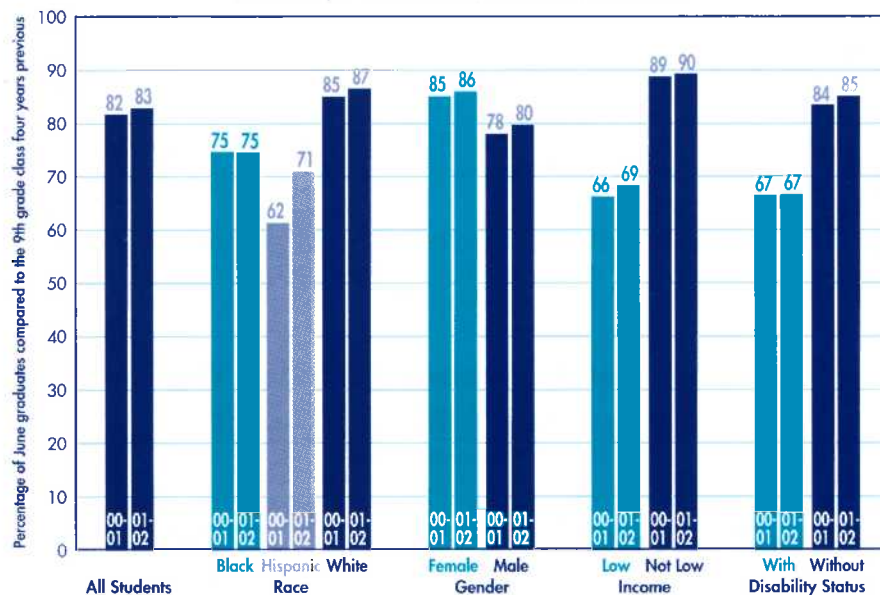
by Age, Gender, and Racial/Ethnic Group, School Year 2001-2002



Source: Delaware Department of Education

Graduation Rates

Delaware, School Years 2000-01 and 2001-02



Source: Delaware Department of Education



Definition

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

Did you know?

In 2001 in the U.S., 7 percent of Whites ages 16 to 24 were not enrolled and had not completed high school, whereas 11 percent of Blacks and 27 percent of Hispanics had dropped out. Twelve percent of males ages were high school dropouts, compared to 9 percent of females.

Source: Dropout Rates. (2002). Child Trends Data Bank. Available online: www.childtrendsdatabank.org.



The KIDS COUNT Indicator Brief: *Reducing the High School Dropout Rate* identifies five broad

strategies for policy makers,

and the public at large, to utilize in reducing the high school dropout rate:

- Make it harder for children to drop out of school.
- Address the underlying causes of dropping out.
- Address the needs of the groups at high risk for dropping out.
- Strengthen school readiness.
- Strengthen the skills and understanding of the adults who affect teen's motivation and ability to stay in school.

Source: KIDS COUNT Indicator Brief: *Reducing the High School Dropout Rate*. (2003). The Annie E. Casey Foundation.

Dropout Rates

by Racial/Ethnic Group
School Year 2001-2002

Delaware

All – 6.1
White/Other – 4.5
Hispanic – 11.7
Black – 8.7

New Castle County

All – 7.2
White/Other – 5.1
Hispanic – 13.8
Black – 10.2

Kent County

All – 4.0
White/Other – 3.4
Hispanic – 7.6
Black – 5.2

Sussex County

All – 5.0
White/Other – 4.1
Hispanic – 4.8
Black – 7.3

Delaware Average: 6.1

Source: Delaware Department of Education

For more information see

Table 17 p. 126

Tables 40-48 p. 138-141

www.jobcorps.org



Teens Not in School and Not Working

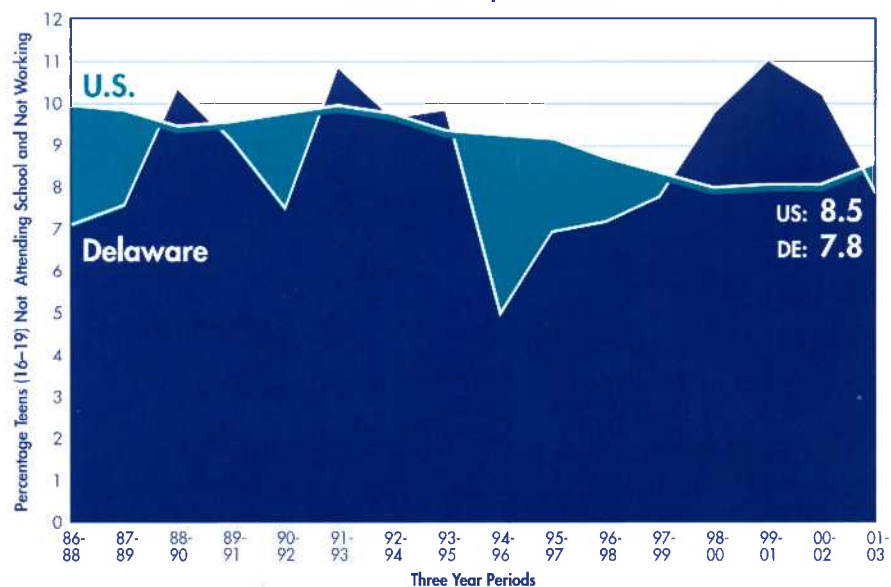


The transition from adolescence to adulthood is a crucial period in each individual's life. Youth ages 16 to 19 who are neither in school nor working are detached from the core activities that usually occupy teenagers during this period. Detachment from school or the workforce, particularly if this situation lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs. The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.

Source: American's Children Key National Indicators of Well-Being 2003 (2003). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

Teens Not in School and Not Working

Delaware Compared to U.S.



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

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

Definition

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



- Caring parent-child interactions, positive peer influences, and support from siblings, teachers and mentors can greatly influence a teen's choices and attitudes.¹
- Mentoring can have a particularly beneficial impact on an adolescent's development. Mentored youth are likely to have fewer absences from school, better attitudes towards school, less drug and alcohol use, and improved relationships with their parents.²
- Employment programs also show potential for exposing youths to supportive relationships and for reducing criminal behavior.³

1 Moore, K.A. et al (Nov. 2002). *Building a Better Teenager: A Summary of What Works in Adolescent Development*. Washington, DC: Child Trends.

2 *Reducing the Number of Disconnected Youth* (July 2002). Baltimore, MD: The Annie E Casey Foundation.

3 Jekielek, M.A. et al (Feb. 2002). *Employment Programs and Youth Development : A Synthesis*. Washington DC: Child Trends.

Suspensions and Expulsions

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. During the 2001–02 school year, a total of 30,221 suspensions were reported in Delaware's public schools. Five percent of these suspensions occurred in grades K–3. Approximately 50% of the suspensions involved students from grades 4–8 and the remaining 45% of suspensions happened at the high school level, grades 9–12. Suspensions were the result of various infractions, including defiance of authority and fighting.

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



Expulsions and Suspensions

Delaware Schools, 2001–02

County	Enrollment	Number of Expulsions	Number of Suspensions*
Delaware	115,500	161	30,221
New Castle	68,636	88	23,903
Kent	24,975	11	3,696
Sussex	21,939	62	2,622

*Suspensions may include duplicate students

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

Source: Delaware Department of Education

Did you know?

- In an average week during the 2002 school year, about 9 percent of U.S youth ages 16 to 19 were neither enrolled in school nor working.
- Non-Hispanic Black and Hispanic youth are considerably more likely to be detached from school and work than non-Hispanic White youth. In 2002, 13 percent of Hispanic youth and 14 percent of Black youth were neither in school nor working, compared with 7 percent of White youth.

Source: American's Children: Key National Indicators of Well-Being 2003 (2003) Washington, DC: Federal Interagency Forum on Child and Family Statistics

Did you know?

In 2001, 7 percent of Whites aged 16 to 24 were not enrolled in school and had not completed high school, whereas 11 percent of non-Hispanic Blacks and 27 percent of Hispanics had dropped out. Also in 2001, males were more likely to be high school dropouts than females. Twelve percent of males ages 16 to 24 were high school dropouts, compared to 9 percent of females.

Source: Dropout Rates. (2002). Child Trends Data Bank. Available online: www.childtrendsdatabank.org.



Visit these websites:

Jobs for the Future: www.jff.org – As a nonprofit research, consulting, and advocacy organization, JFF works to create educational and economic opportunity for those who need them most.

State of Delaware's Department of Education:

- General Educational Development (GED): www.k12.de.us/adulted/ged.html – The GED program is a nontraditional method for individuals to obtain a high school equivalency diploma.
- James H. Groves High School: www.k12.de.us/adulted/groves.html – provides Delaware adults and out-of-school youth the opportunity to complete high school.

For more information see

Tables 40-48 p. 138-141
Table 86 p. 159
www.dropoutprevention.org
www.childrendefense.org





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

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

Here, Delaware children report on their views of education.

School Safety

I feel safe in my school.
Delaware, 2003

5th Graders



8th Graders



11th Graders



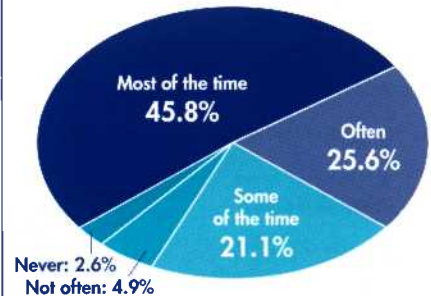
Teachers

I get along well with teachers at school.
Delaware, 2003

5th Graders



8th Graders



11th Graders



For more information see

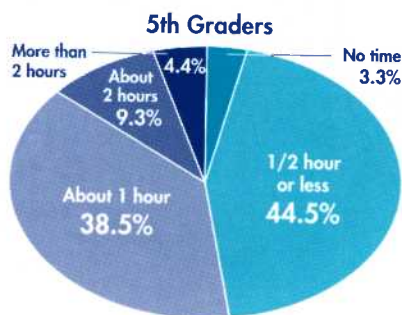
www.state.de.us/drugfree/data.htm
http://www.christina.k12.de.us/en2/parents_students/sites_for_parents.htm
www.healthinschools.org/parents/index.htm



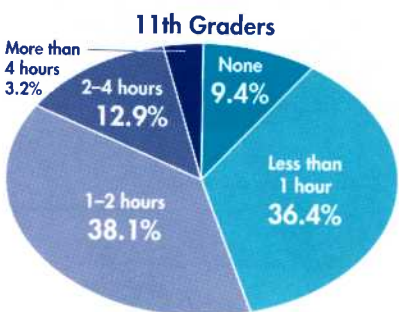
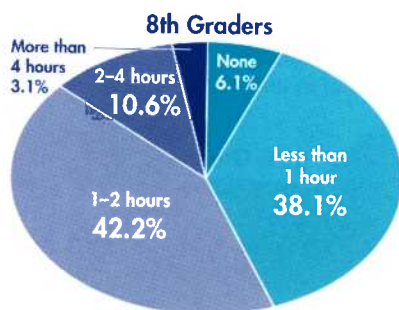
Studying

Delaware, 2003

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



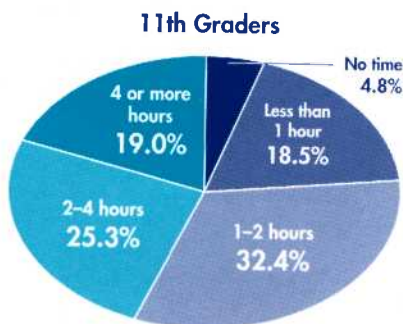
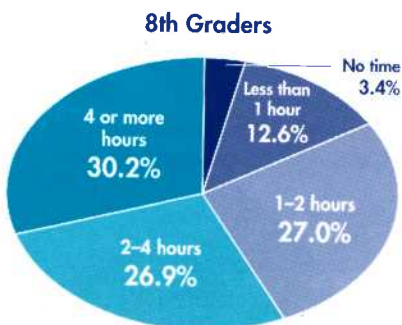
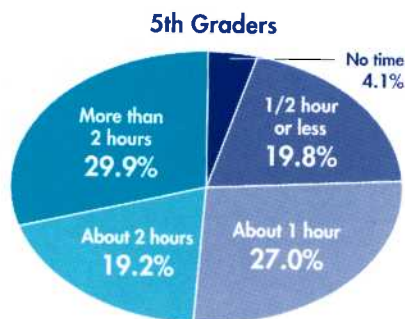
How much time do you spend on a school day (before or after school) studying or doing homework outside of school?



Source: 5th graders: 7,731 responses. 8th graders: 7,203 responses. 11th graders: 5,141 responses. Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Television

How much time do you spend on a school day watching TV?
Delaware, 2003



Source: 5th graders: 7,731 responses. 8th graders: 7,203 responses. 11th graders: 5,141 responses. Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware



Monitoring Television Watched By Children

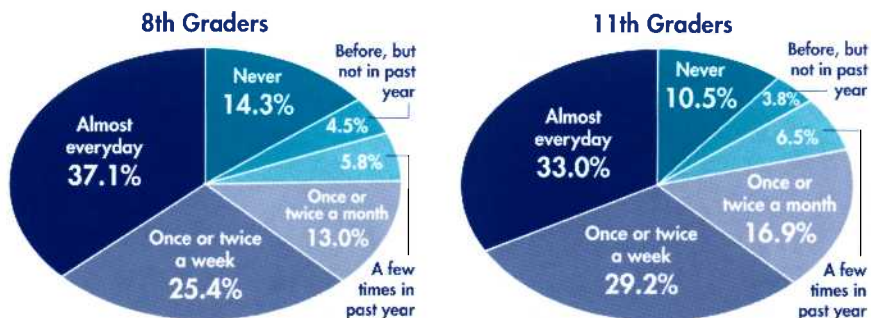
First of all, as a parent, take charge. Develop guidelines for your child as to how much television she/he can watch. The less the television time the better it is. Since young children do not have the concept of time, deciding on the number of shows they can watch can be an option. Select programs that are designed to promote positive development and learning. Some experts suggest no more than an hour a day for young children.

Source: Effects of Television on Children. Available Online: <http://www.boloji.com/parenting/00208.htm>



Parental Involvement

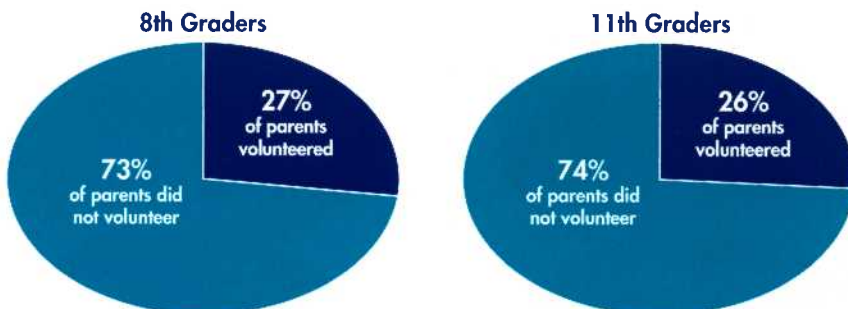
How often do you talk to either of your parents about how things are going at school?
Delaware, 2003



Source: 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Parents Volunteer

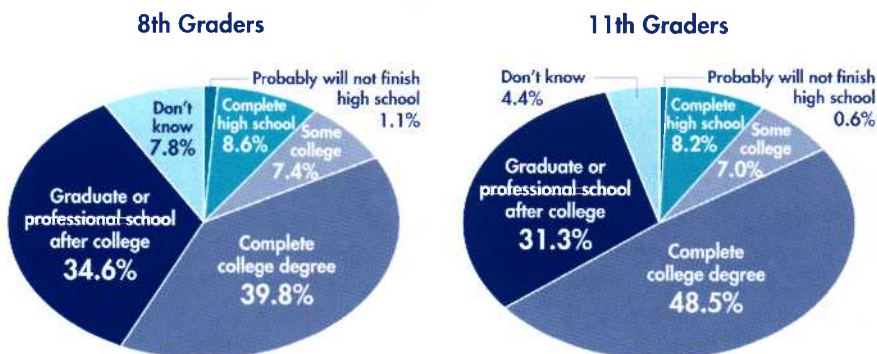
This school year, did one or both of your parents volunteer to come to the school to help the school in any way?
Delaware, 2003



Source: 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Finishing School

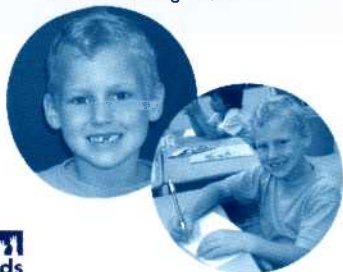
How much schooling do you think you will complete?
Delaware, 2003



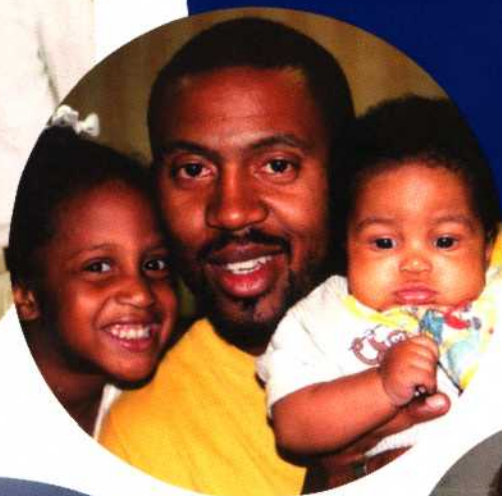
Source: 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

For more information see

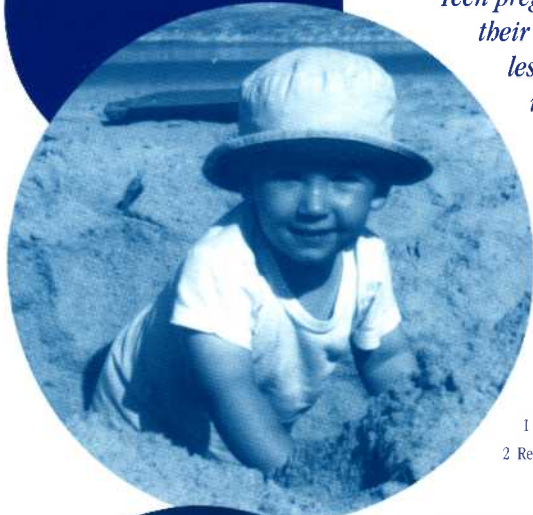
www.state.de.us/drugfree/data.htm



FAMILY ENVIRONMENT & RESOURCES



KIDS COUNT INDICATOR Births to Teens 15-17

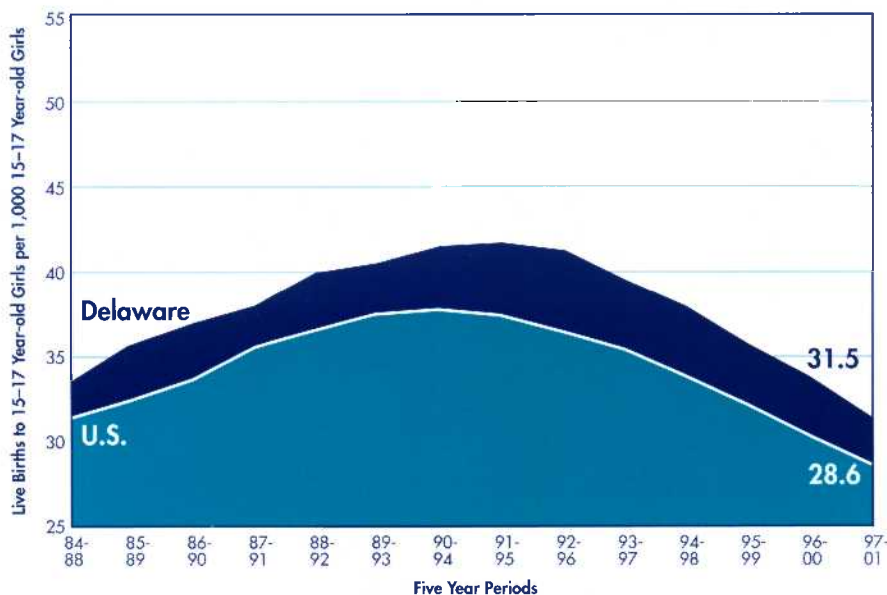


Teen pregnancy and teen parenting hamper the development of teen parents as well as their children. Teen mothers are less likely to obtain adequate prenatal care and are less likely to have the financial resources, social supports and the parenting skills needed to support healthy child development. Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty, go to prison, and become teen parents themselves.¹ Compared to women who delay childbearing, teen mothers are more likely to have limited educational attainment, which in turn can reduce future employment prospects and earnings potential. U.S. taxpayers shoulder at least \$7 billion annually in direct costs and lost tax revenues associated with teen pregnancy and childbearing.² In all of these ways, teenage childbearing exacts a high cost on both individuals and society as a whole.

¹ 2003 Rhode Island Kids Count Factbook.

² Recent Trends in Teen Pregnancy, Sexual Activity, and Contraceptive Use. (Feb. 2003). The National Campaign to Prevent Teen Pregnancy.

Births to Teens 15-17 Delaware Compared to U.S.



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

Did you know?

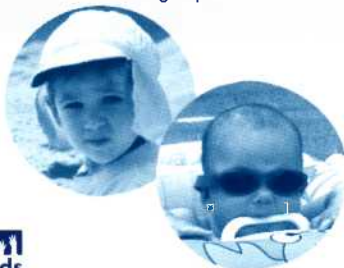
In addition to increased health risks, children born to teenage mothers are more likely to experience social, emotional, and other problems:

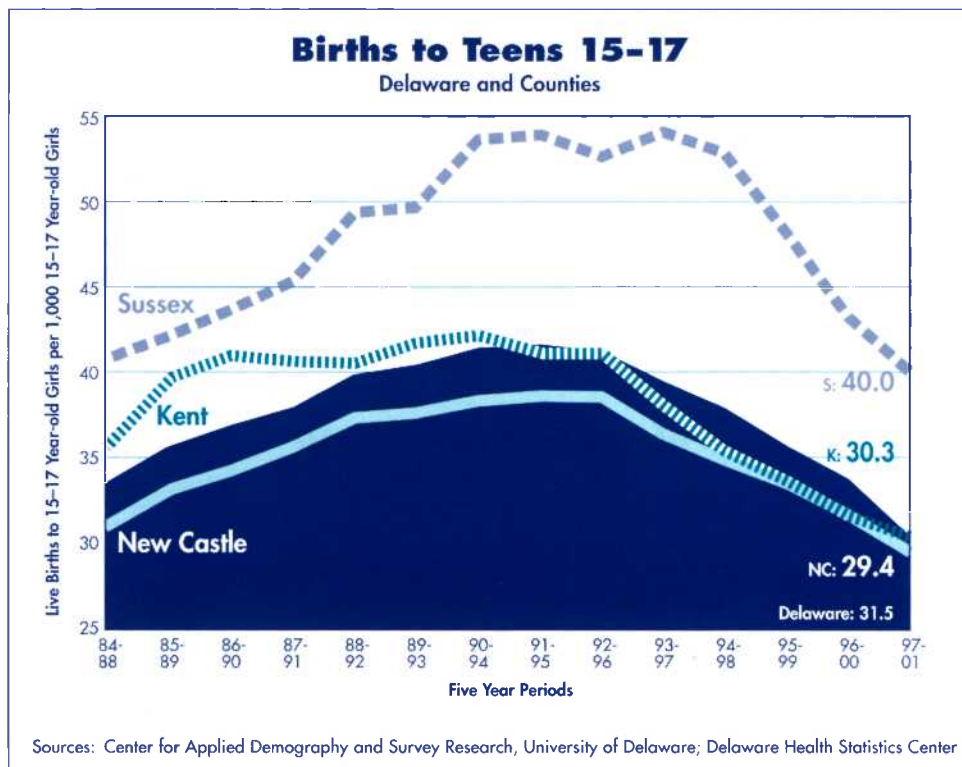
- Children born to teenage mothers are less likely to receive proper nutrition, health care, and cognitive and social stimulation. As a result, they may have an underdeveloped intellect and attain lower academic achievement.
- Children born to teenage mothers are at greater risk for abuse and neglect.
- Boys born to teenage mothers are 13% more likely to be incarcerated.
- Girls born to teenage mothers are 22% more likely to become teenage mothers.

Source: Women Health Channel. Teen Pregnancy. Available Online: <http://www.womenshealthchannel.com/teenpregnancy/index.shtml>

Definition

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





Did you know?

- The U.S. has the highest rates of teen pregnancy and birth by far of any comparable country.
- Despite the recently declining teen pregnancy rates, four out of every ten American girls become pregnant at least once before their twentieth birthday, resulting in nearly half a million children born to teen mothers each year. Put another way, each hour nearly 100 teen girls get pregnant and 55 give birth.
- While teen pregnancy occurs in families of all income levels, teens who give birth are more likely to come from economically-disadvantaged families and communities.
- Nearly eight in ten pregnancies among teens are not planned or intended.
- 13% of all U.S. births are to teens and 78% of teen births occur outside of marriage.
- Hispanic and Black teens currently have the highest teen birth rates.
- 1/4 of teenage mothers have a second child within 24 months of the first birth.
- Each year the federal government alone spends about \$40 billion to help families that began with a teenage birth.

Source: Birth to Teens. Child Trends Data Bank www.childtrendsdatabank.org, *When Teens have Sex: Issues and Trends* (1999). Baltimore, MD: The Annie E. Casey Foundation.



A KIDS COUNT research brief shows that effective strategies that can contribute to preventing teen pregnancy include:

- Address the underlying causes of teen pregnancy.
- Help parents succeed in their role as sex educators.
- Broaden the scope of pregnancy prevention efforts.
- Provide accurate and consistent information about how to reduce risk-taking behaviors.

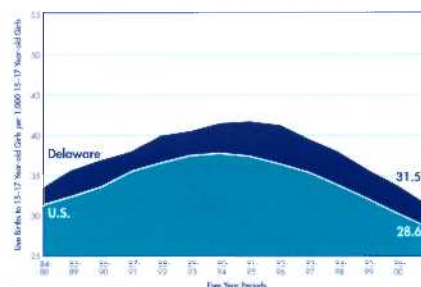
Source: Annie E. Casey Foundation

Births to Teens 15-19



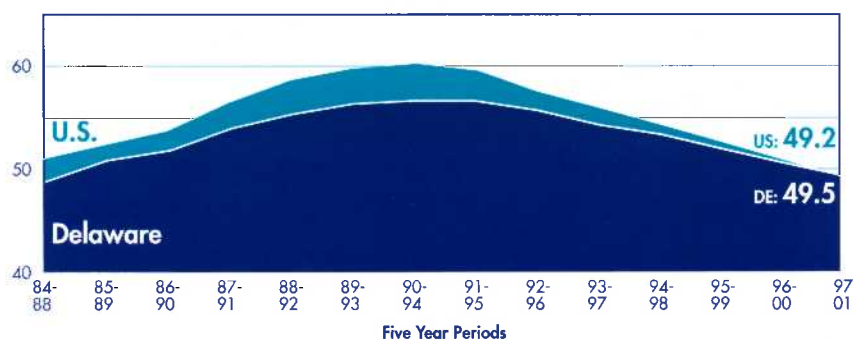
For the first time in years, the overall birth rate for Delaware teens ages 15-19 is slightly higher than the United States rate. Birth rates for teens in Sussex County as well as in the City of Wilmington continue to be much higher than the Delaware rate.

Births to Teens 15-17



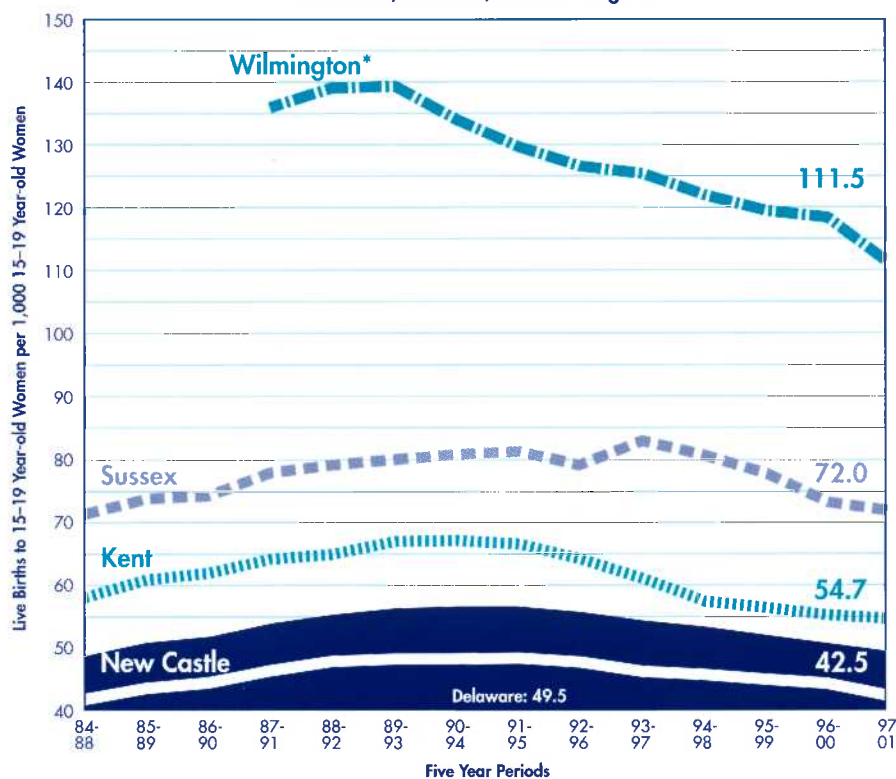
Births to Teens 15-19

Delaware Compared to U.S.



Births to Teens 15-19

Delaware, Counties, and Wilmington

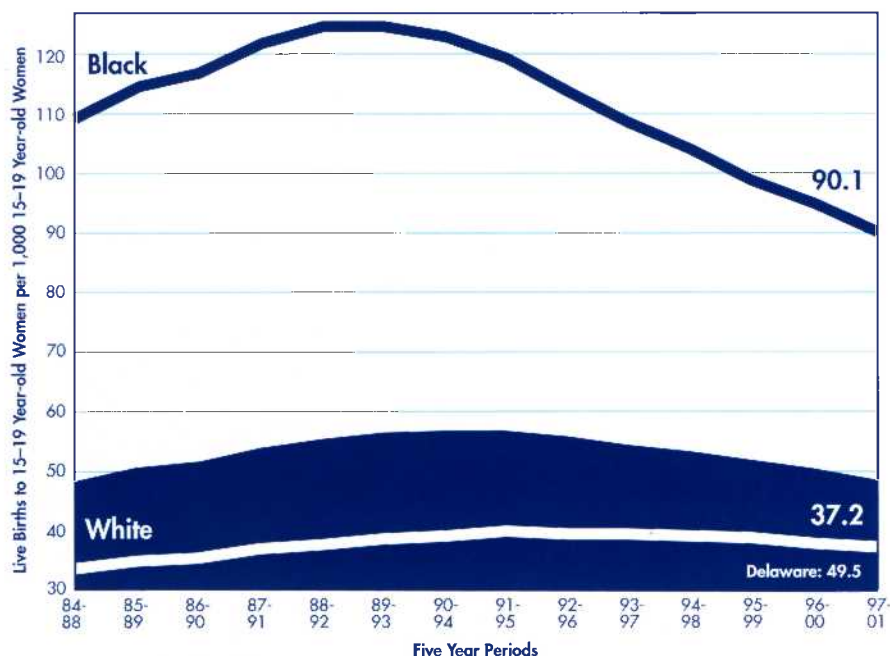


* Wilmington data are not available before the 1987-1991 period.

Sources: Delaware Health Statistics Center

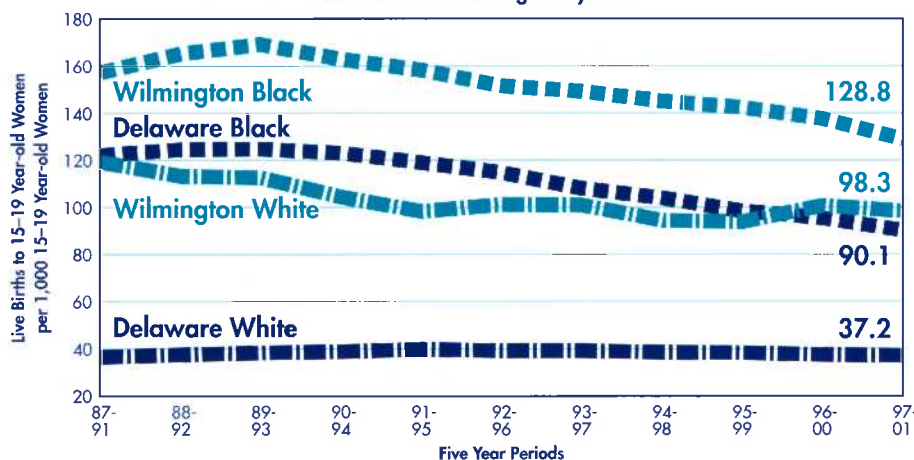
Births to Teens 15-19

Delaware by Race



Births to Teens 15-19

Delaware and Wilmington by Race



Sources: Delaware Health Statistics Center



For more information see

Table 9	p. 119
Tables 13-14	p. 122-123
Table 17	p. 126
Tables 48-53	p. 141-145
Table 60	p. 149

www.teenpregnancy.org

www.agi-usa.org

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

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



Getting Young Males Involved in Teen Pregnancy Prevention

The Department of Health and Human Services programs work to ensure that men, including preteen and teenage boys, receive the education and support necessary to postpone fatherhood until they are emotionally and financially capable of supporting children. Boys and young men are encouraged to prevent premature fatherhood through such programs as the abstinence education programs, the Adolescent Family Life program, the adolescent male family planning initiative, and the Partners for Fragile Families demonstration program.

Source: US Department of Health and Human Services. Preventing Teen Pregnancy.
Available online: <http://www.os.dhhs.gov/news/press/2002pres/teenpreg.html>



Births to Unmarried Teens

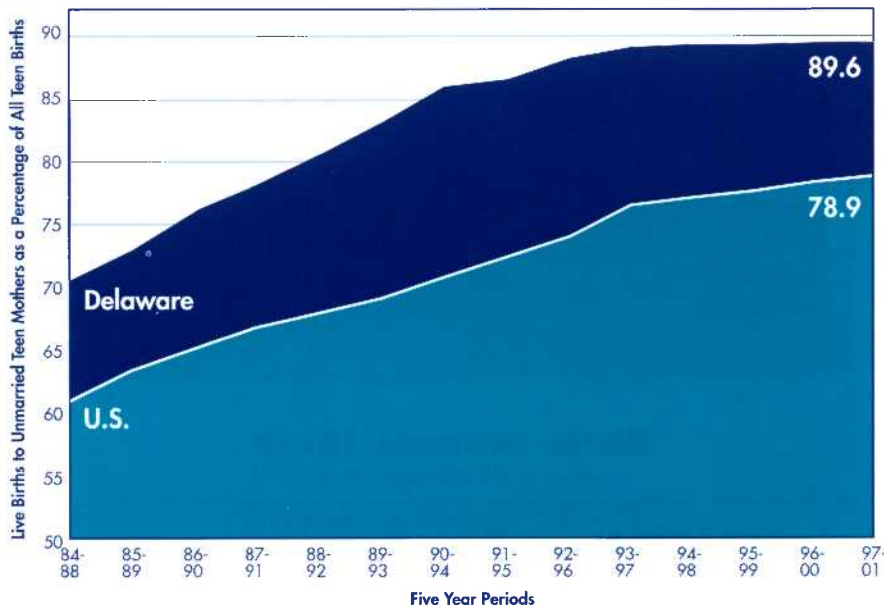


Did you know?

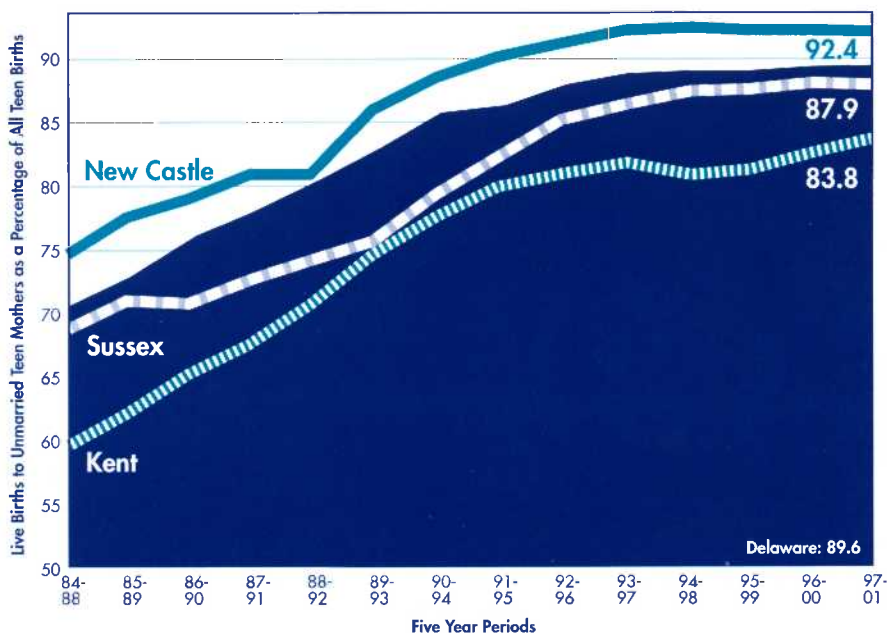
Children who are born to single females, regardless of age, are considerably more likely than children born to two parents to grow up poor, to spend large portions of their childhood without parents, and become single parents themselves.

Source: US Department of Health and Human Services (2002). Trends in the Well-Being of America's Children and Youth.

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



Births to Unmarried Teen Mothers Delaware and Counties



For more information see

Table 52

p. 144

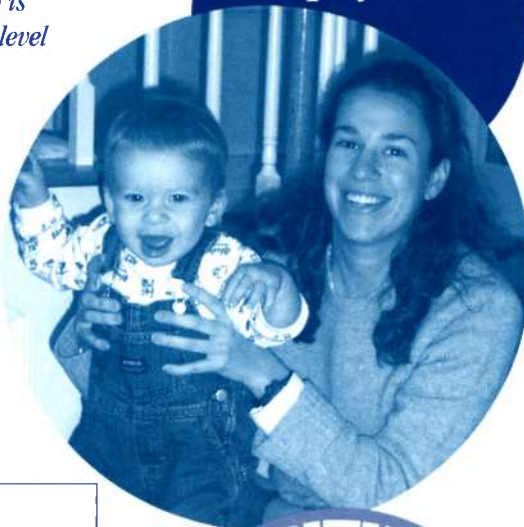


KIDS COUNT INDICATOR
**No Parent
 with Full-time
 Employment**

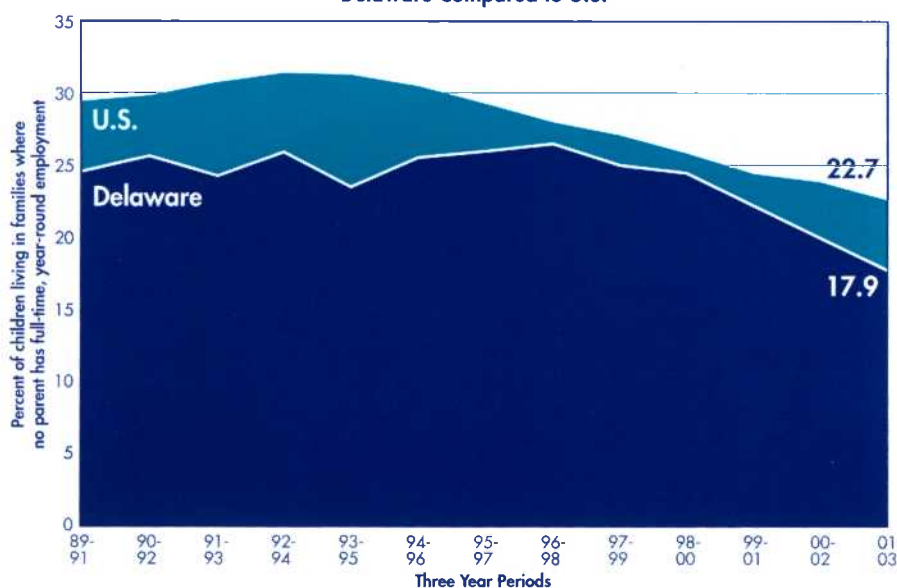
A family's income can affect children in a variety of ways. Family income, which is influenced by parental education and employment, affects the family's material level of living; neighborhood and housing quality; and opportunities for stimulating recreation and cultural experiences.¹ In 2001 the number of children with unemployed parents surged. Specifically, 4.0 million children had one or more unemployed parent in late 2001. Additionally, the percentage of parents with jobs fell from 80 percent in late 2000 to 78.6 percent in 2001.² Instances when no parent has full-time employment can be especially difficult for families. Without full-time employment, many of the basic needs of parents and children are unattainable.

¹ *Charting Parenthood: A Statistical Portrait of Fathers and Mothers in America*. (2002). Child Trends.

² *The Recession Hits Children: 2001 Undoes Much of the 90's Employment Gains for Parents*. (2002) Children's Defense Fund. Available online: http://www.childrensdefense.org/pdf/fs_recession01.pdf.



**Children with Underemployed Parents
 Delaware Compared to U.S.**



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

Did you know?

The number of long-term unemployed—people who have been out of work for more than six months—has nearly tripled in the U.S. in the past three years:

- 1.87 million people were out of work for more than 26 weeks as of February 2003, compared with 629,000 in February 2000.
- Currently there are more than 8 million people out of work and fewer than 3 million job openings.
- The average length of time between jobs for all workers has lengthened from 13 weeks to nearly 19 weeks.

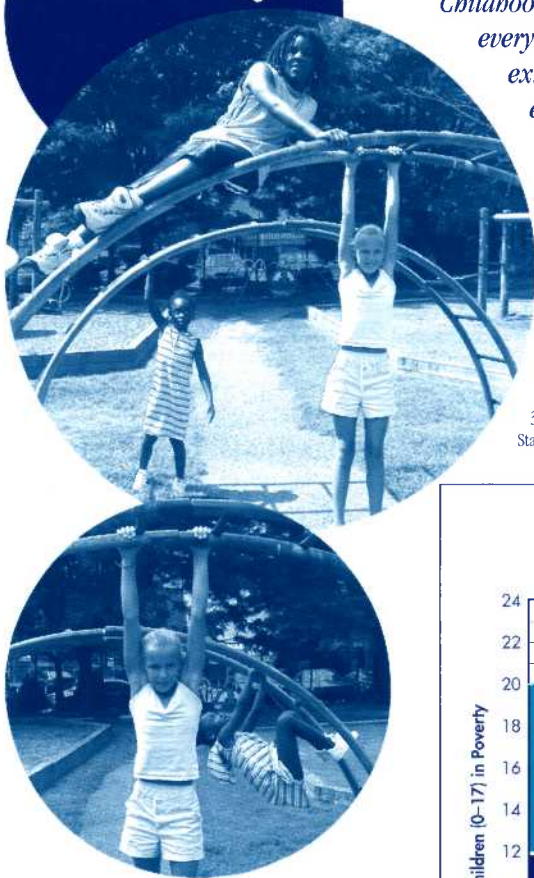
Source: Weston, Liz Pulliam. *A Survival Guide for the Unemployed*. (2003). Available online: <http://moneycentral.msn.com/content/SavingandDebt/P45012.asp>

For more information see

Table 54 p. 146
 Table 86 p. 159



KIDS COUNT INDICATOR Children in Poverty



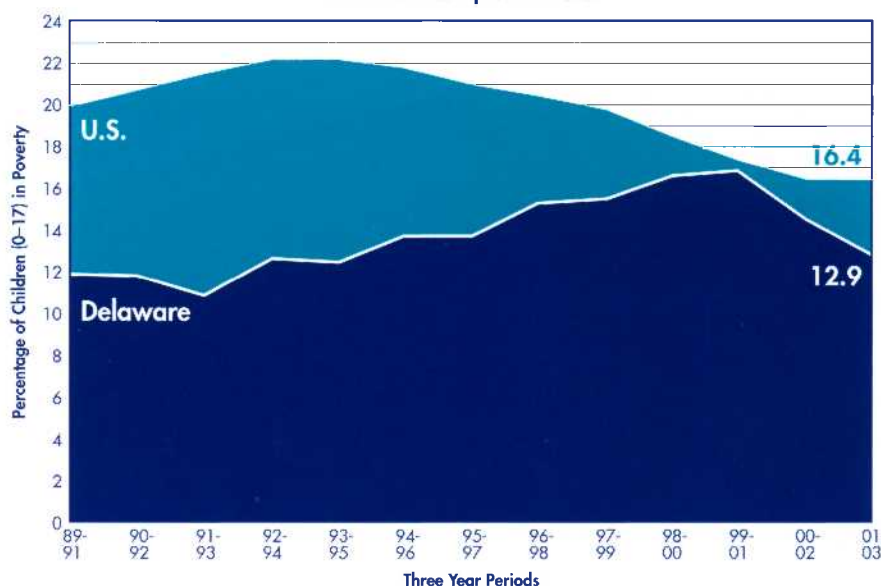
Childhood poverty has both immediate and lasting negative effects. Poverty is linked to every KIDS COUNT indicator. Children in poverty, especially those in poverty for extended periods of time, are more likely to have health and behavioral problems, experience difficulty in school, become teen parents and to earn less as adults.¹ Children of color and children of immigrants are more likely to grow up poor. Single parenthood, low educational attainment, part-time or no employment and low wages of parents place children at risk of being poor.² The child poverty rate provides important information about the percentage of U.S. children whose current circumstances make life difficult and jeopardize their future economic well-being.³

1 Moore, K. et. al. (November 2002). *Children in Poverty: Trends, Consequences, and Policy Options*. Washington, DC: Child Trends.

2 Children's Defense Fund. *Child Poverty: Characteristics of Poor Children in American—2000*. (Feb 2003).

3 American's Children: Key National Indicators of Well-Being 2003 (2003). Washington, DC: Federal Interagency Forum on Child and Family Statistics.

Children in Poverty Delaware Compared to U.S.



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

Definition

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



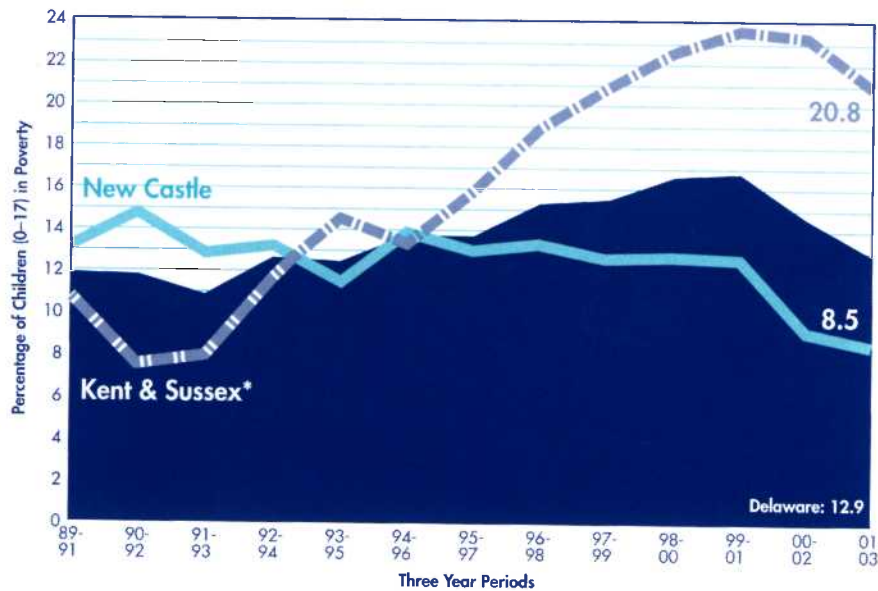
Did you know?

- In the United States where the child poverty rate is often two-to-three times higher than other industrialized nations, 16.4% of all children were living in poverty in year 2001–03. The child poverty rate for Delaware is 12.9% for the same time period.
- Child poverty rates vary substantially by race and ethnicity. In 2002, 13 percent of White children and 11 percent of Asian children lived in poor families, compared with 32 percent of Black children and 28 percent of Hispanic children.
- In the U.S. in 2002, 40 percent of children living in single-mother families were poor, compared with 9 percent of children living in married-couple families.
- Children under age six are more likely than children ages 6 to 17 to live below the poverty line (19 percent versus 15 percent). Similarly, White and Black children under six are more likely than older children of the same races to live below the poverty line. However, Hispanic children under six are about as likely as those between 6 and 17 to be poor, and Asian children under six are actually less likely than their older counterparts to live below the poverty line.

Source: Children in Poverty; Washington, DC: Child Trends Data Bank.

Children in Poverty

Delaware and Counties



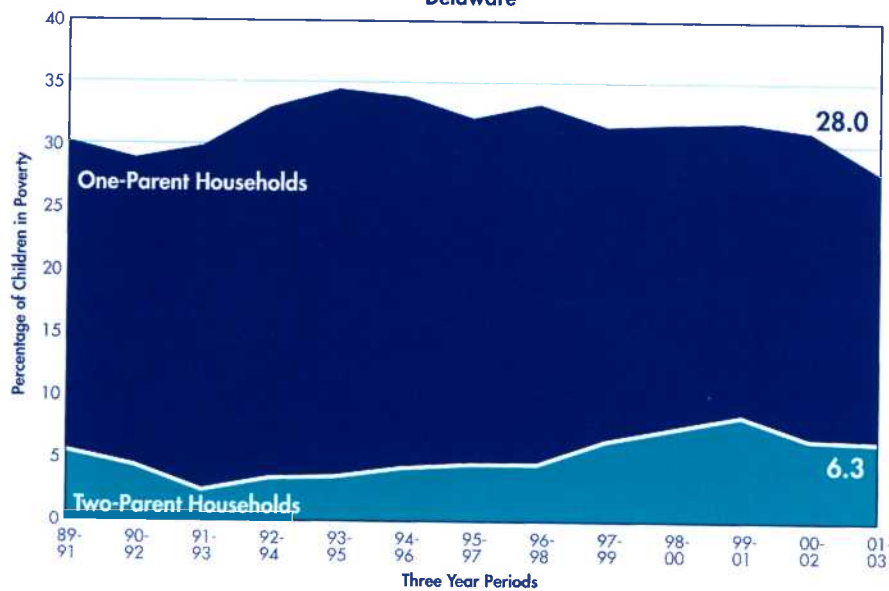
* Kent and Sussex County data are not available separately.

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



Children in Poverty by Household Structure

Delaware



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

Did you know?

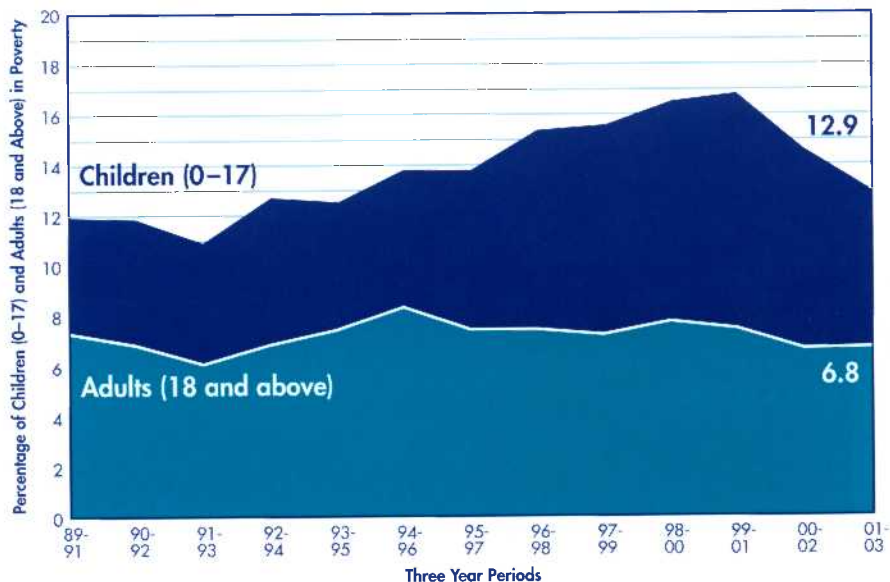
The Self-Sufficiency Standard for Delaware reveals that for the City of Wilmington, a single mother with one preschooler and one school-age child needs an annual income of at least \$36,859 to meet the most basic expenses without public or private subsidies.

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



Children and Adults in Poverty

Delaware



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



According to the Center for Budget and Policy Priorities, the two factors that have contributed the most to the decrease in child poverty are increases in employment and wages and an expansion of the federal Earned Income Tax Credit (a tax credit for low-income working families.)

In order to improve employment and increase wages, however, low-income parents need education and training for well-paying jobs, affordable child-care and health care, and stable housing. Otherwise, working intermittently at low-wage jobs without benefits will not pull families out of poverty.

A KIDS COUNT research brief also indicates five strategies believed to have the best chance of lifting many families and children out of poverty, and helping them move toward greater economic security:

- Build political will to reduce child poverty.
- Support efforts to raise the minimum wage and expand job benefits for low-wage workers.
- Strengthen the safety net—ensure that all eligible children receive food stamps and health insurance coverage.
- Help low-income families keep more of what they earn by strengthening and expanding the federal Earned Income Tax Credit.
- Help low-income families amass savings and assets.

Source: Annie E. Casey Foundation



For more information see

Tables 54-58 p. 146-147

Table 62-64 p. 150-151

www.childrensdefense.org

www.nccp.org

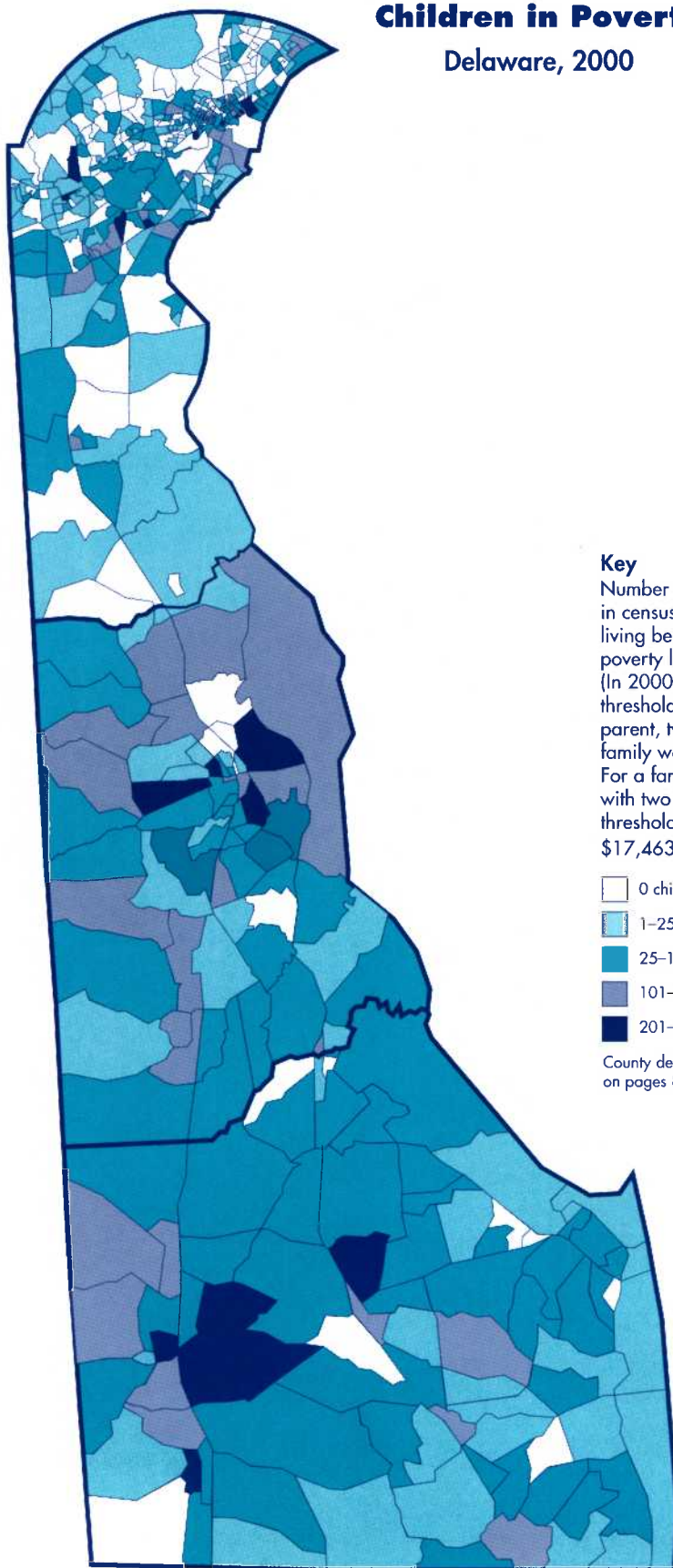
www.mwul.org

www.jcpr.org



Children in Poverty

Delaware, 2000



Key

Number of children in census block group living below the poverty line.

(In 2000 the poverty threshold for a one-parent, two-child family was \$13,874. For a family of four with two children, the threshold was \$17,463.)

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

County details follow on pages 82 and 83.



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



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



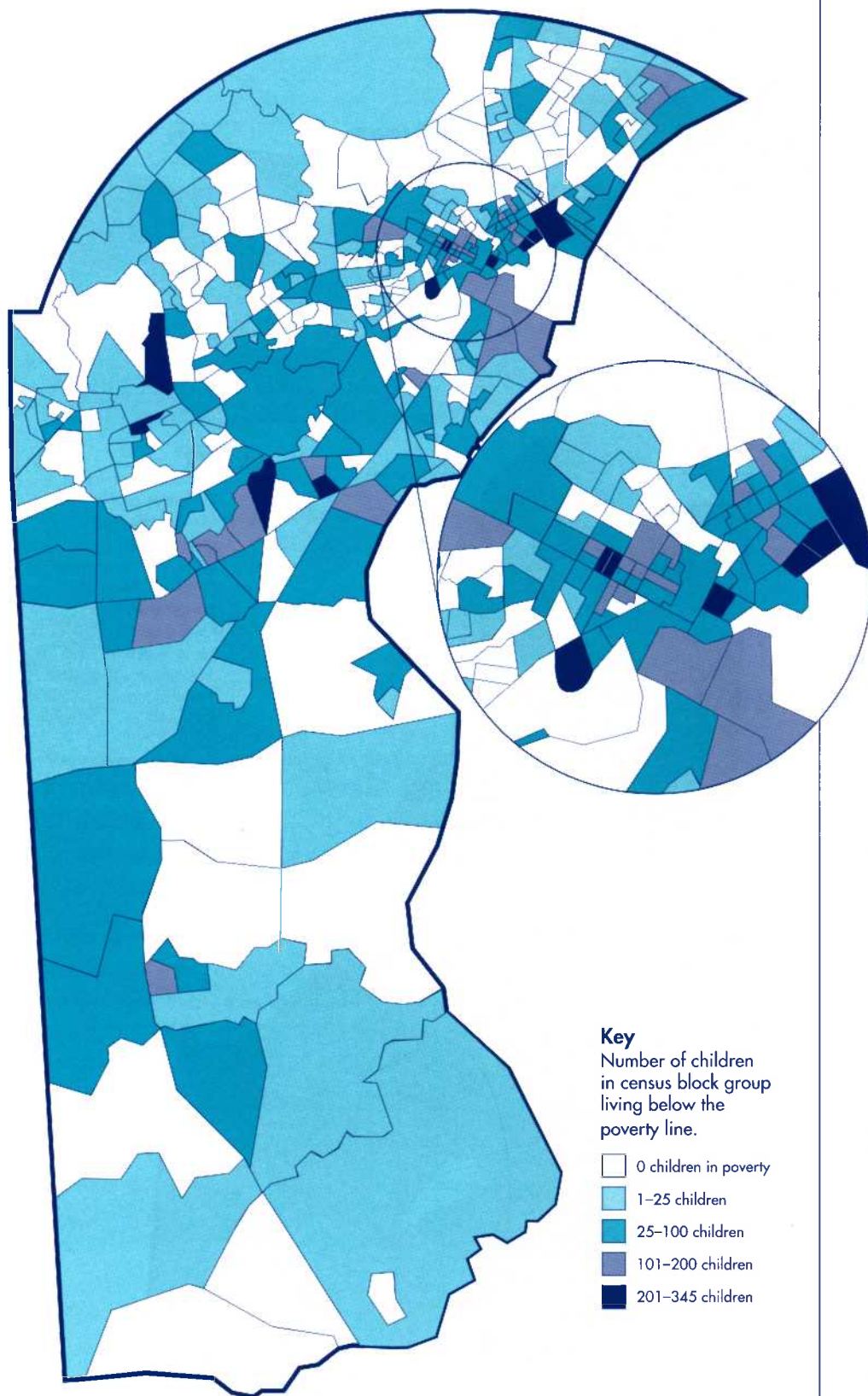


For detailed information on census tracts
and blocks: <http://factfinder.census.gov>



Children in Poverty

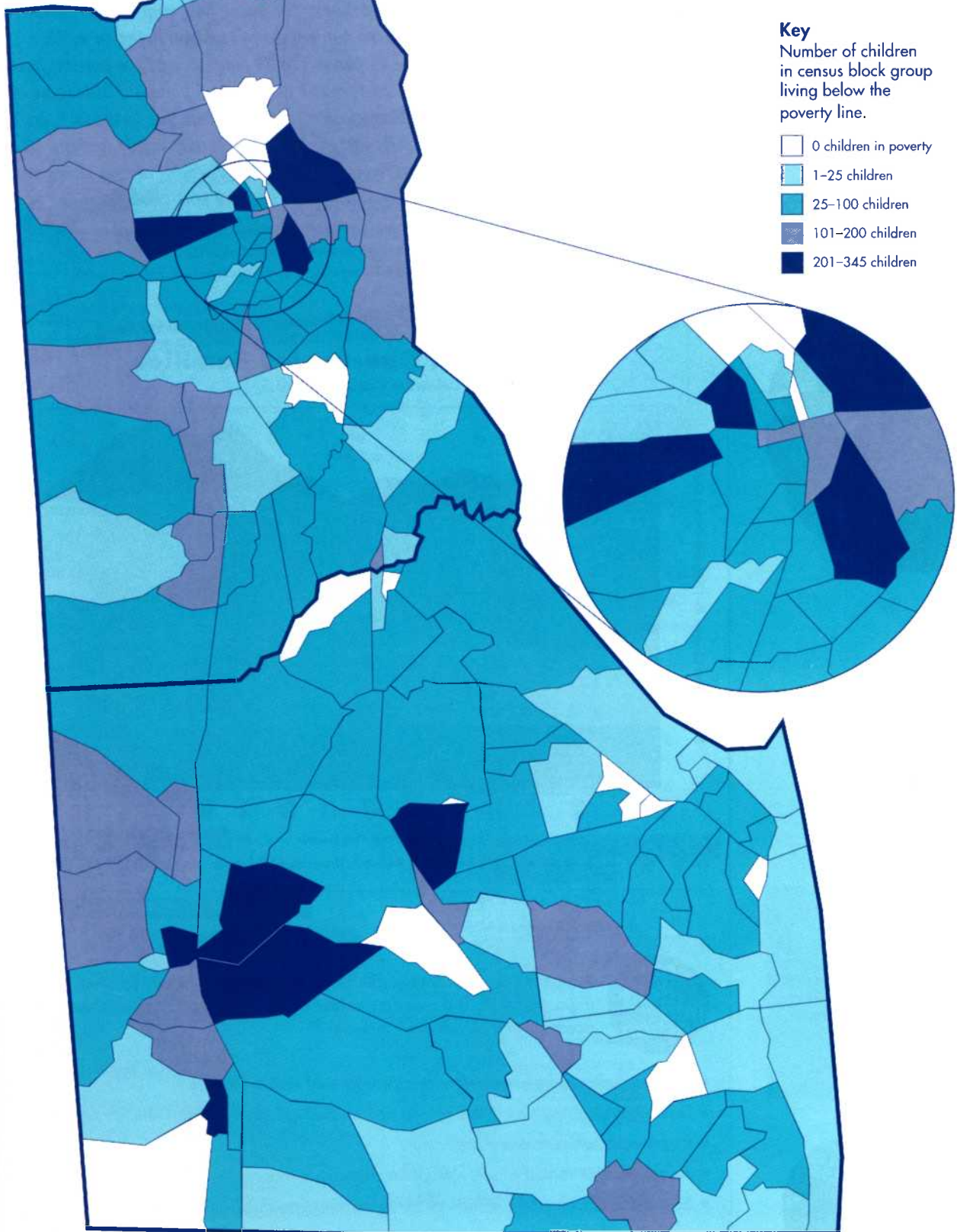
New Castle County, 2000



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

Children in Poverty

Kent and Sussex Counties, 2000



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

Children in One-Parent Families



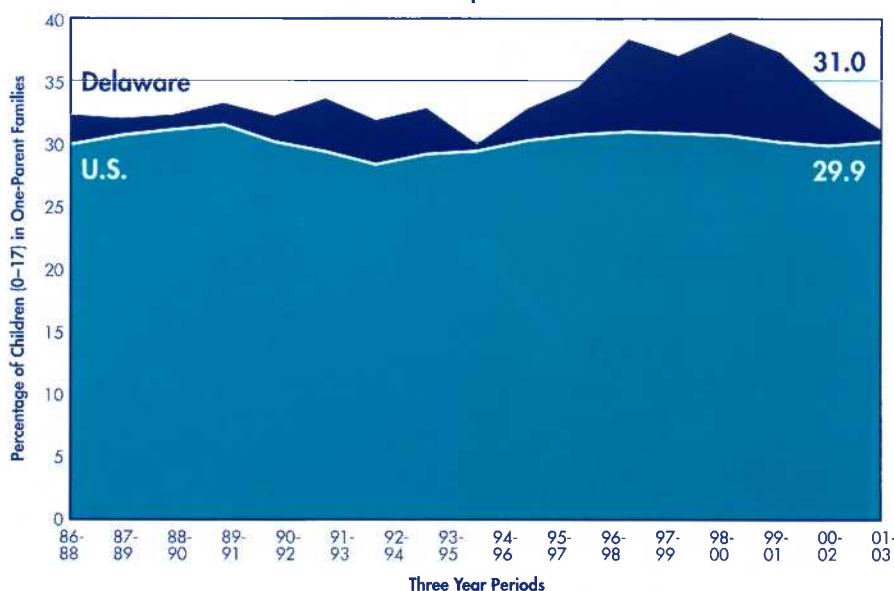
In the United States, the percent of families with children headed by a single parent has risen steadily over the past few decades, resulting in one-third of all children living with only one parent.¹ From 1970 to 1996, the percentage of children under age 18 who were living with two parents decreased steadily from 85 percent to 68 percent. The percentage stabilized during the late 1990s, and was 69 percent in 2002. Additionally, since 1970 the percentage of children living in mother-only families increased from 11 percent to 23 percent, and the percent living in father-only families increased from 1 percent to 5 percent.² This issue is a growing concern for both policymakers and the public due to the fact that single parenthood significantly increases the likelihood a child will live in poverty. Specifically, children from one-parent households are six times more likely to live in poverty than those who grow up with both parents.³

¹ Increasing Percentage of Children in Two-Parent Families: KIDS COUNT Indicator Brief. The Annie E. Casey Foundation. July 2003.

² Family Structure. Child Trends Data Bank. Available online: <http://www.childtrendsdatabank.org/indicators/59FamilyStructure.cfm>

³ Pat Fagan, "How Broken families Rob Children of their Chance for Future Prosperity," *Heritage Background* No. 1283, June 11, 1999.

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



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

Definition

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



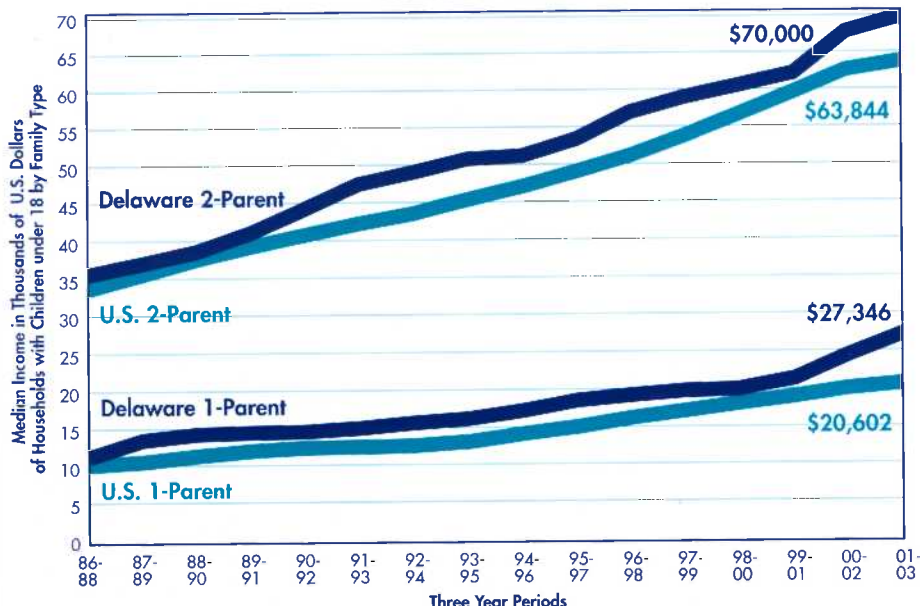
Increasing the percentage of children living in two-parent families is an important task. There are a number of strategies that can be utilized to accomplish this task; they include:

- Address linkages between economic security and stable families.
- Discourage non-marital childbearing and encourage family formation.
- Remove obstacles to marriage.
- Adopt policies aimed at increasing the chances of marital success.
- Support research on the effects of family structure on children's well-being.

Source: *Increasing Percentage of Children in Two-Parent Families: KIDS COUNT Indicator Brief* (July 2003). The Annie E. Casey Foundation.

Median Income of Families with Children by Family Type

Delaware and U.S.



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



Living Arrangements for Delaware Children

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

White Married Couple Family – 80.1%

White Single-Parent Family – 19.9%

Black Married Couple Family – 42.5%

Black Single-Parent Family – 57.5%

Hispanic Married Couple Family – 65.5%

Hispanic Single-Parent Family – 34.5%

Asian Married Couple Family – 90.2%

Asian Single-Parent Family – 9.8%

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

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1997–2001

38.0% of all births in Delaware

35.6% of births to women in New Castle Co.

38.8% of births to women in Kent Co.

45.7% of births to women in Sussex Co.

68.1% of births to women in Wilmington

89.6% of births to teenagers

61.4% of births to women 20-24 years old

25.4% of births to women 25-29 years old

14.4% of births to women 30+ years old

38.0% of births in Delaware

33.0% of births in the U.S.

27.2% of births to White women in Delaware

26.8% of births to White women in the U.S.

72.0% of births to Black women in Delaware

68.8% of births to Black women in the U.S.

51.6% of births to Hispanic women in Delaware

42.0% of births to Hispanic women in the U.S.

Delaware Average 38.0%

Source: Delaware Health Statistics Center

Did you know?

The 1996 welfare law relaxed prohibitions that kept two-parent families from receiving public assistance. Every state now allows two-parent families to receive TANF. There is some evidence that removing or reversing economic disincentives can increase marriage rates.

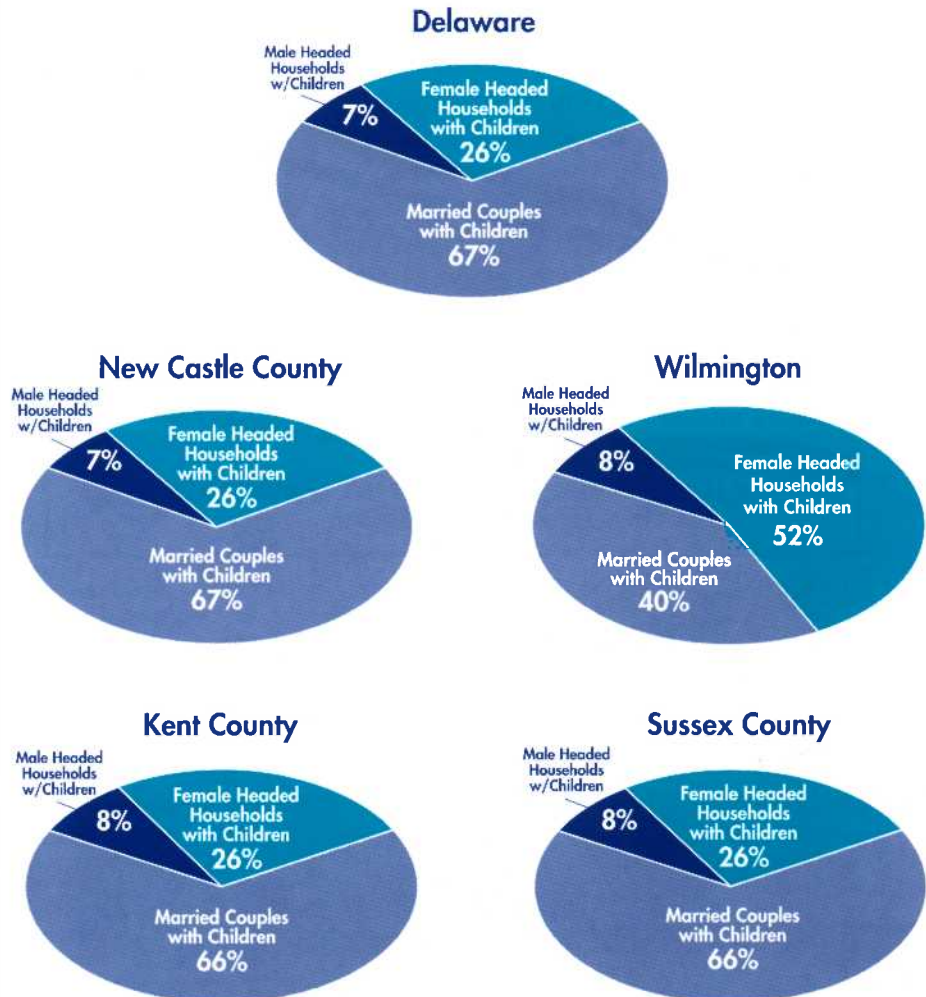
Source: *Increasing Percentage of Children in Two-Parent Families*: KIDS COUNT Indicator Brief. The Annie E. Casey Foundation, July 2003.

Children in One-Parent Families



Families with Children by Household Structure

2000



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

For more information see

Tables 5-6	p. 116
Table 52	p. 144
Tables 56-57	p. 146-147
Tables 59-66	p. 148-151
www.singlerose.com	
www.makinglemonade.com	
www.parentswithoutpartners.org	
www.singlefather.org	
www.urban.org	
www.promisingpractices.net	
www.nationalpartnership.org	



Grandparents Living with Grandchildren

Delaware, Counties, and Wilmington, 2000

	Delaware	New Castle	Kent	Sussex	Wilmington
Grandparents living with grandchildren under 18 years	16,689	10,752	2,793	3,144	2,584
Grandparents responsible for their grandchildren	7,204	4,298	1,397	1,509	1,118

Source: 2000 Census

Census 2000 was the first time that questions on grandparent caregiving were included. Nationally 3.6 percent of all people aged 30 and over lived with their grandchildren, but less than half of those were responsible for their grandchildren. Considerably higher proportions were found among racial and ethnic groups other than White. While 8 percent each of the Black and Hispanic populations lived with their grandchildren, Hispanics were less likely than Blacks to be the caregivers of their grandchildren (35% compared to 52%).

Children who live in a household with only one parent, particularly if it is the mother, are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents. In 2002, 40 percent of children living in single-mother families were poor, compared with 9 percent of children living in married-couple families.

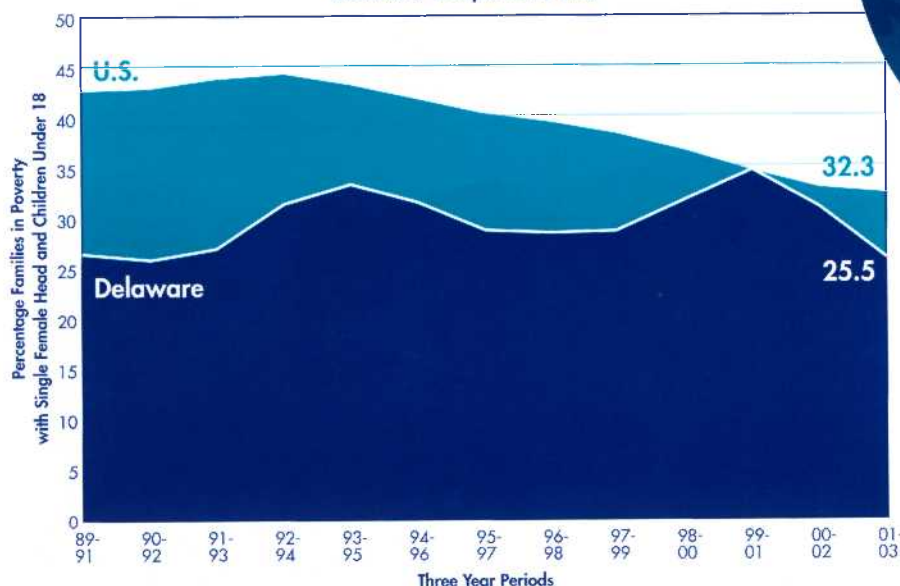
Source: Children in Poverty, Washington, DC: Child Trends Data Bank

Female Headed Families in Poverty



Female Headed Families in Poverty

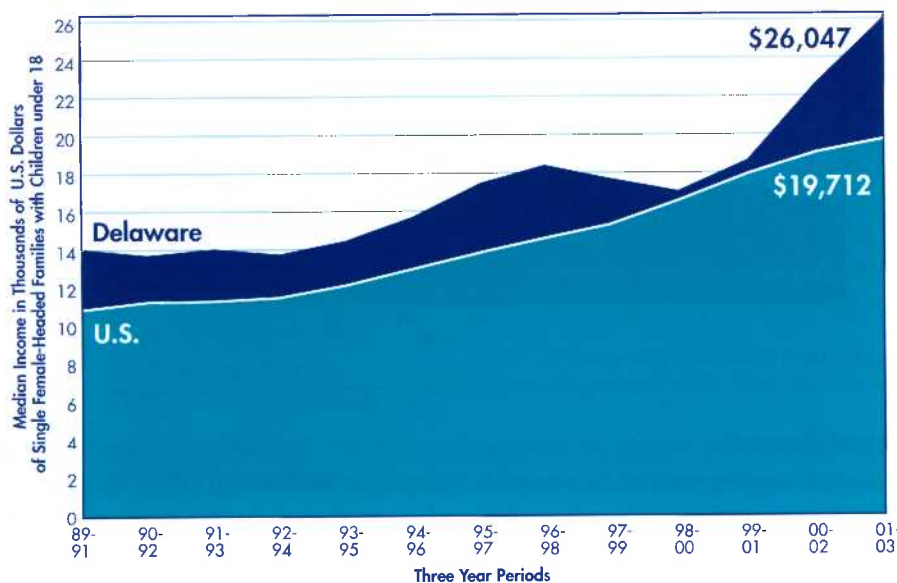
Delaware Compared to U.S.



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

Median Income of Single Female Headed Families with Children under 18

Delaware Compared to U.S.



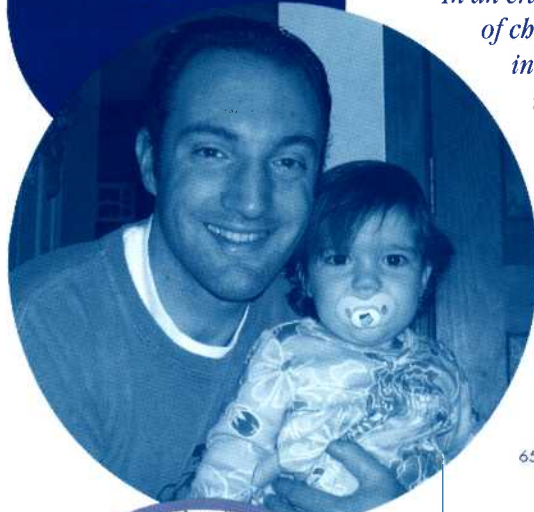
Source: Center for Applied Demography and Survey Research, University of Delaware

For more information see

Table 62-65 p. 150-151
www.nccp.org
www.childstats.gov
www.nncc.org
www.childadvocacy.org



Child Support

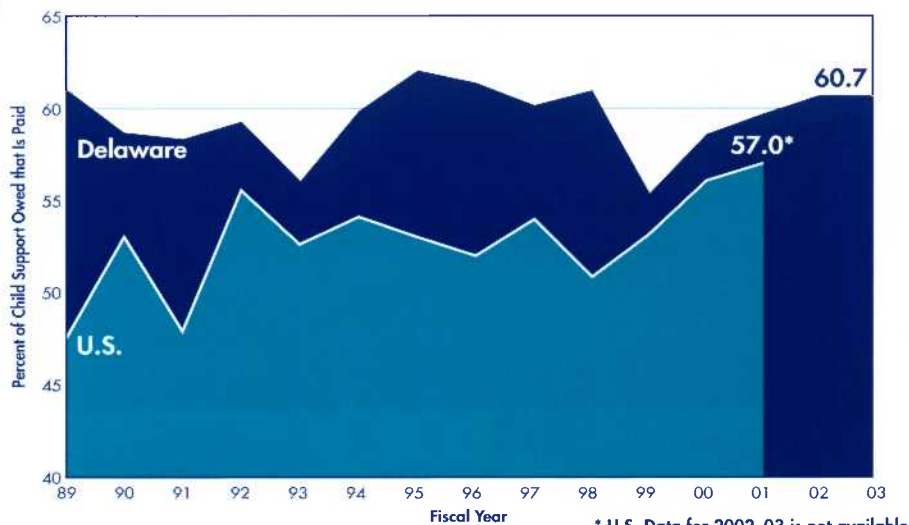


In an era where rates of divorce and non-marital births continue to rise, the proportion of children and their primary caregivers who depend on income from child support is increasing. Child support can benefit all types of families, as its receipt is positively related to child outcomes such as educational attainment, standardized test scores, school behavior, and access to health care and nutrition.¹ When a child support payment is not received it often produces negative consequences for the children, as well as all family members involved.

1. Charting Parenthood: A Statistical Portrait of Fathers and Mothers in America. (2002) Child Trends.

Child Support Owed that Is Paid

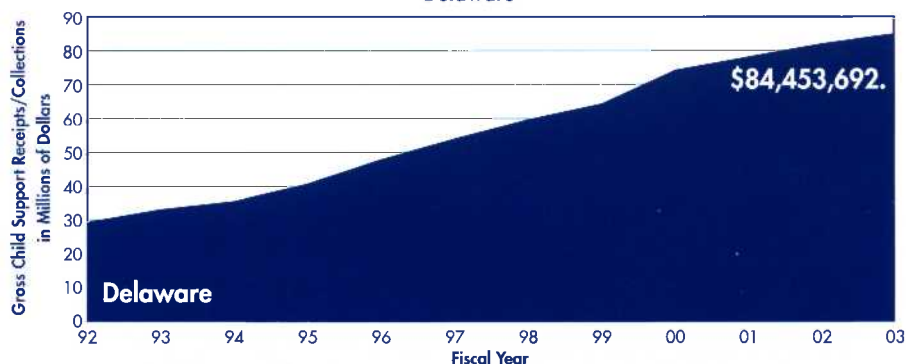
Delaware Compared to U.S.



Source: Division of Child Support Enforcement

Child Support Collections

Delaware



Source: Division of Child Support Enforcement

For more information see

Table 66 p. 151

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



Did you know?

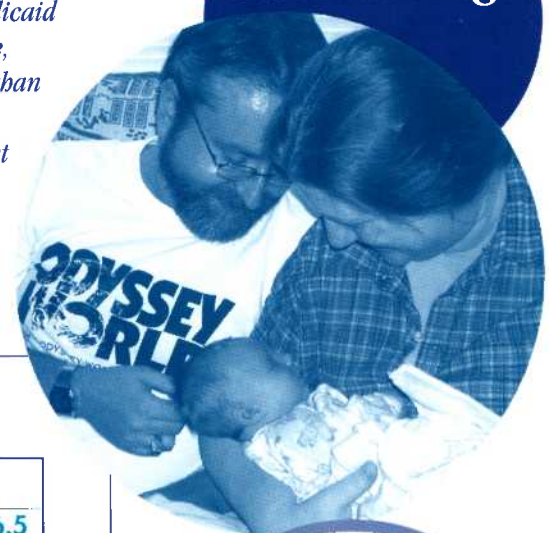
- Women who were separated or never married are less likely to have court orders for child support than those who are divorced or who have remarried.
- In most years, eligible White custodial mothers experience lower rates of child support non-payment than either Black or Hispanic custodial mothers.

Source: Trends in the Well-Being of America's Children & Youth. (2002). Child Trends.

Health Care Coverage

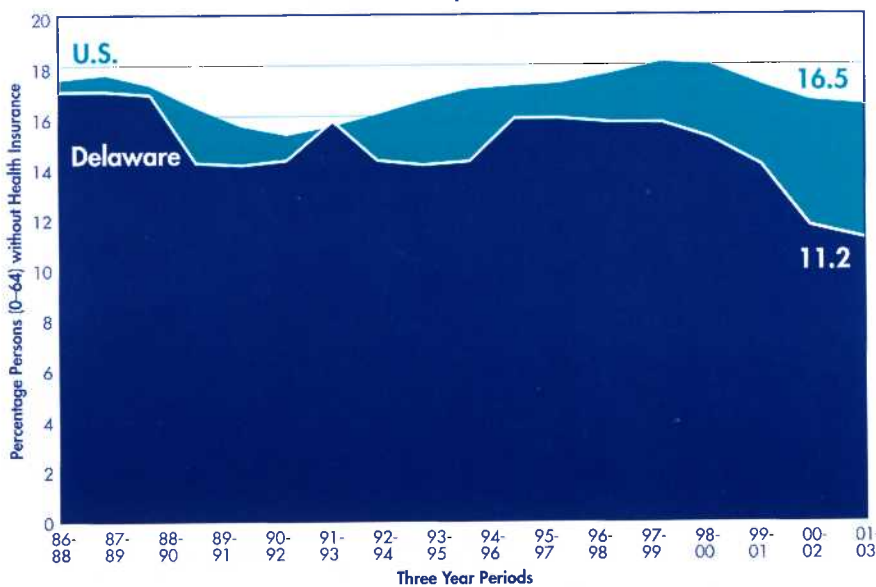
Health care coverage is essential for the well-being of families. Even though Medicaid reaches many people who need basic health care, millions of low-income people, including parents and children, are not covered. Delawareans are doing better than the nation and the region in obtaining health insurance. Less than 9 percent of Delaware's population was without health insurance in 2002, down from almost 14 percent in 1999. Currently 76,000 people are without health insurance. The uninsured rate for the region, which includes Maryland, Pennsylvania, New Jersey and New York was 12.9 percent. The national rate is 14.5% for 2002.¹

¹ Delawareans Without Health Insurance 2002. Center for Applied Demography & Survey Research, University of Delaware.



Lack of Health Care Coverage

Delaware Compared to U.S.



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

Did you know?

Who are the 76,000 uninsured in Delaware?

- 76% are over the age of 17
- 61% are male
- 81% are White
- 13% are Hispanic
- 72% own or are buying their home
- 14% live alone
- 32% with household income over \$50,000
- 65% are working
- 7% are self-employed
- 10% are non-citizens
- 83% are above the poverty line

The biggest reasons for the overall drop in the uninsured are the expansion of the programs that insure children, SCHIP and Medicaid. Increases in Medicaid participation among adults have also been a factor. More than 24% of the uninsured are likely qualified for either Medicaid or SCHIP and have yet to enroll in either program.

Source: Delawareans Without Health Insurance 2002. Center for Applied Demography & Survey Research, University of Delaware.

For more information see

Table 29 p. 131

Table 71 p. 153

www.familiesusa.org

www.state.de.us/dhcc

www.cms.gov



Child Abuse and Neglect



The causes of child abuse and neglect are not well understood, but the physical and emotional effects are clear. Child abuse and neglect can produce short-term psychological consequences that range from poor peer relations to violent behavior, as well as long-term psychological and economic consequences when the children reach adulthood.¹ Between 1990 and 1996, the number of children for whom child abuse or neglect was either substantiated or indicated rose from nearly 861,000 to about 1,012,000—a rate of 14.7 per 1,000 U.S. children under age 18 in 1996. Between 1996 and 1999, the trend reversed as the number of maltreated children dropped to around 829,000—a rate of 11.8 per 1,000. However, this trend may be reversing again with the increase in the number of maltreated children to 903,000 in 2001—a rate of 12.4 per 1,000 U.S. children.² The reality and effects of child abuse and neglect are devastating to involved children, families, as well as society as a whole.

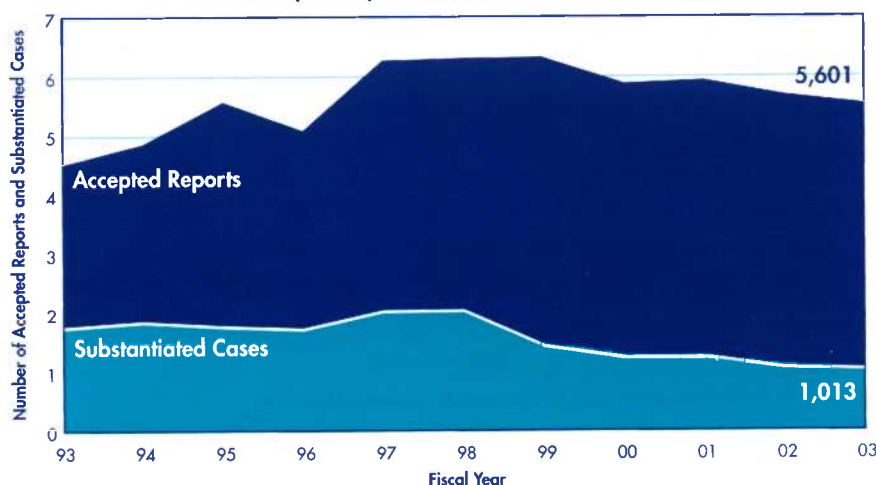
¹ Trends in the Well-Being of America's Children and Youth (2002), US Department of Health and Human Services.

² Child Maltreatment (2002) Child Trends Data Bank. Available online. <http://www.childtrendsdatabank.org/indicators/40ChildMaltreatment.cfm>



Child Abuse & Neglect

Number of Accepted Reports and Substantiated Cases, Delaware



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



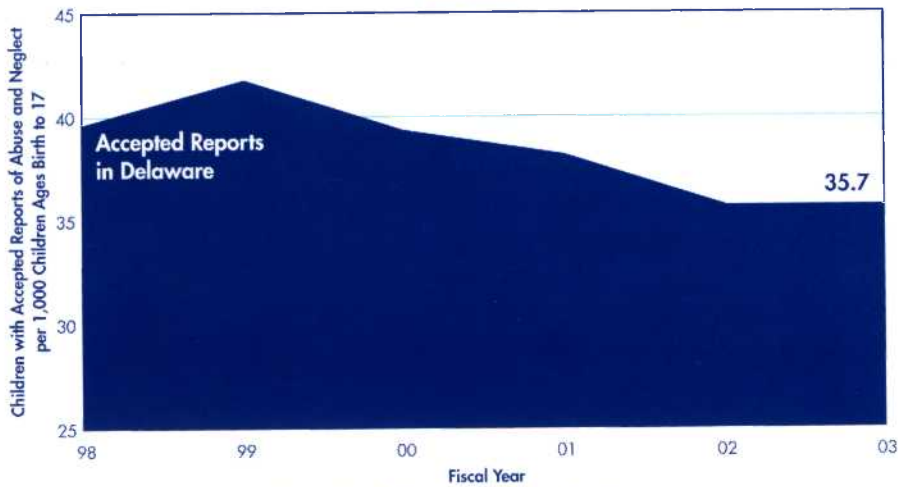
Raise the Issue: Prevent Child Abuse America suggests strategies for individuals to raise the issue of child abuse and neglect in their communities. The strategies include:

- Contact your school district, library or faith group about support programs for parents and how you can help. If none exist, encourage them to sponsor classes and develop resources for parents.
- Wear a blue ribbon and tell people that it stands for the prevention of child abuse and neglect.
- Call or write your elected officials and ask them to support funding for parent support and child abuse prevention programs. Enclose copies of articles on child abuse and neglect from your local newspaper. Our web site has information on how to reach your elected representatives.
- Write to the editor of your local newspaper sharing what you learned about child abuse and neglect. Point out that preventing child abuse and neglect is an important investment in the future of your community.

Source: Prevent Child Abuse America

Child Abuse Accepted Reports

Delaware

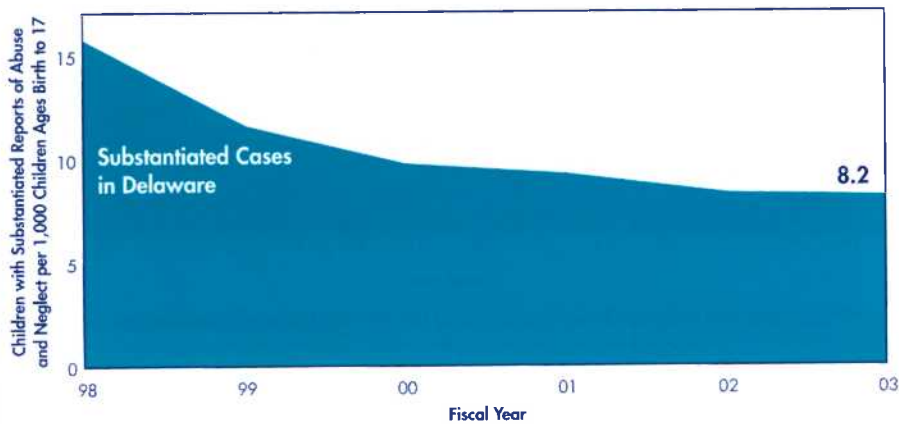


Source: Delaware Department of Services for Children, Youth and Their Families



Child Abuse Substantiated Cases

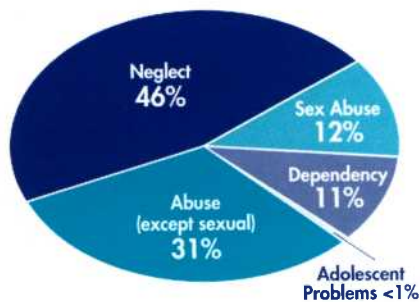
Delaware



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

Types of Abuse and Neglect

Delaware, Fiscal Year 2003



Types of Abuse and Neglect	Number of Substantiated Cases
Abuse (except sexual)	315
Neglect	462
Sex Abuse	119
Dependency	115
Adolescent Problems	2
Total Substantiated Cases:	1,013

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

For more information see

Table 18	p. 127
Table 30	p. 131
Table 68	p. 152

www.preventchildabuse.org

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



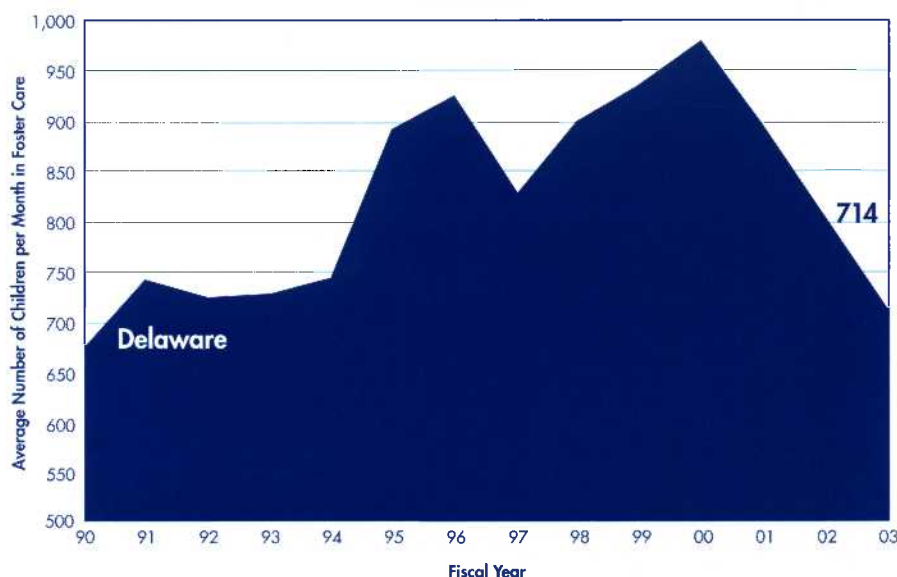
Foster Care



Children are placed in foster care because a child protective services worker and/or a court have determined that it is not safe for the child to remain at home due to risk of maltreatment, including neglect and physical or sexual abuse. Children in foster care are more likely than other children to exhibit high levels of behavioral and emotional problems. They are also more likely to be suspended or expelled from school and to exhibit low levels of school engagement and involvement with extracurricular activities. Children in foster care are also more likely to have received mental health services in the past year, to have a limiting physical, learning, or mental health condition, or to be in poor or only fair health.

Source: Foster Care (2003). Washington, DC: Child Trends Data Bank.

Foster Care Delaware



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

Did you know?

- Foster children who age out of foster care instead of returning home carry the burden of an accumulated set of problems that make a successful transition to adulthood difficult. According to the only national study of youth aging out of foster care, 38 percent were emotionally disturbed, 50 percent had used illegal drugs, and 25 percent were involved with the penal system. Educational and career preparation was also a problem for these youth. Only 48 percent of foster children who had "aged out" of the system had graduated from high school at the time of discharge, and 54 percent had graduated two to four years after discharge.
- Each year, approximately 1,300 Delaware children enter the state's foster care system. On any given day, approximately 700 children are in foster family placement. Of these children, approximately 75 are especially difficult to place due to severe behavioral or emotional problems.

Out-of-Home Care Delaware



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

For more information see

Table 69 p. 152
www.fostercare.org
www.state.de.us/kids/foster_home.htm



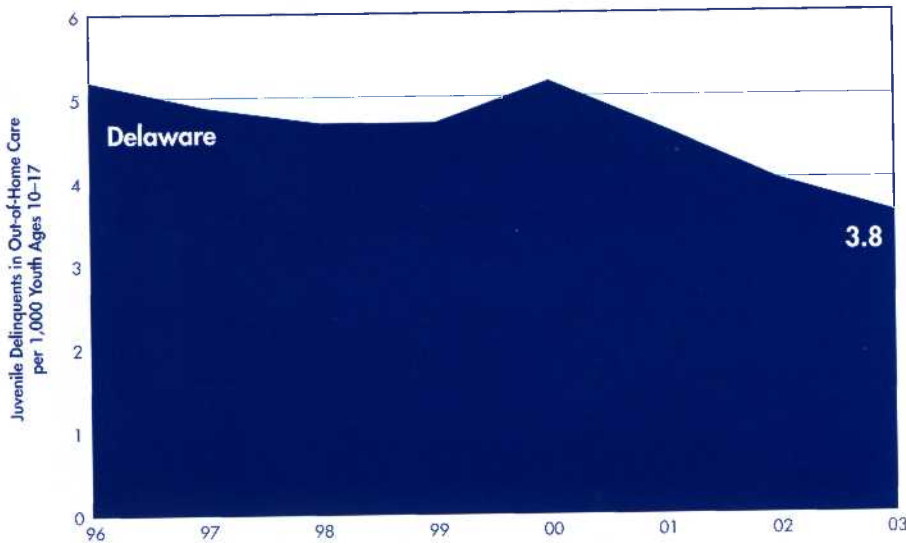
Juvenile Delinquents in Out-of-Home Care

Juvenile delinquency refers to any illegal act committed by an individual under the age of eighteen. Illegal acts committed by juveniles include property crime, violent crime, and victimization. Delinquency also encompasses truancy, running away, physical fighting, carrying weapons, drinking alcohol, illicit drug use, and other behaviors. Factors contributing to juvenile delinquency include low levels of family warmth and supportiveness, high rates of marital and family discord, ineffective parental discipline, parents' involvement in criminal activities, and poverty. The most effective way to prevent juvenile delinquency is to assist children and families early on.

Source: Juvenile Justice FYI. Available online: http://www.juvenilejusticefyi.com/juvenile_delinquency_prevention.html



Juvenile Delinquents in Out-of-Home Care Delaware



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



Numerous state programs attempt early intervention, and federal funding for community initiatives has allowed independent groups to tackle the problem in new ways. The most effective programs share the following key components:

- **Education** – Model programs inform parents on how to raise healthy children; some teach children about the effects of drugs, gangs, sex, and weapons; and others aim to express to youth the innate worth they and all others have as human beings.
- **Recreation** – Recreation programs allow youths to connect with other adults and children in the community. Such positive friendships may assist children in later years.
- **Community Involvement** – Involvement helps stop the disconnect many youths feel as they enter their teenage years, and ties them to the community they are a part of.



For more information see

Table 70

www.edjj.org

p. 152



Source: Juvenile Justice FYI. Available online: http://www.juvenilejusticefyi.com/juvenile_delinquency_prevention.html



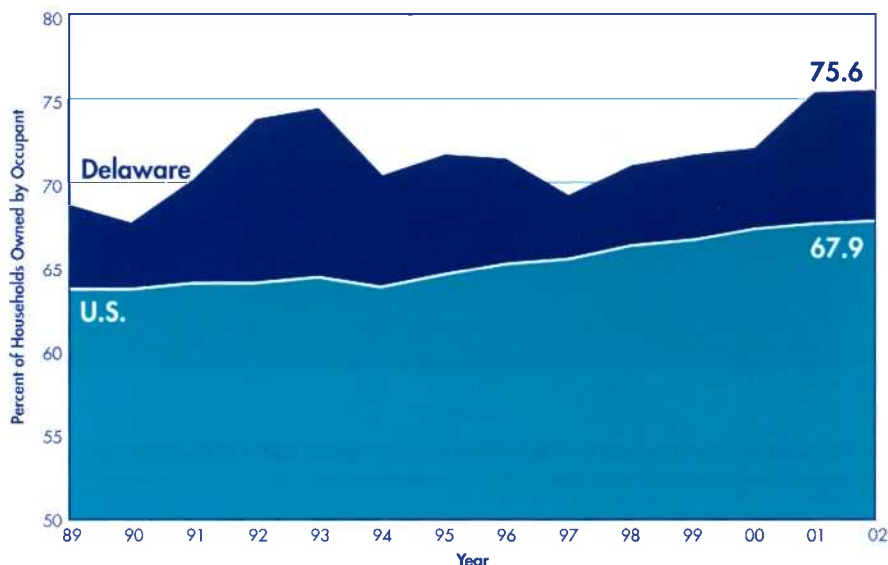
Home Ownership



Home ownership provides numerous benefits to our society, as well as families and their children. Recent research indicates that children raised in owned homes are more likely to stay in school. Up to 5% more children in owned homes will finish high school compared to their counterparts in rental environments. Additionally, teenage girls raised in owned homes are less likely to become pregnant: 11% of teenage girls living in owned homes will have a child compared to 13% living in rental homes. Home ownership has also proven to produce more civic-minded citizens. According to another study at Harvard University, homeowners are more likely to work with neighbors to improve their neighborhood, due in part to their desire to increase property values. Owning a home requires discipline, planning and constant attention. People who become homeowners must either possess these qualities before buying or learn them after their purchase.

Source: Henry, Edwin. *Home Ownership's Social Impact Enhances Families and Communities*. Available online: <http://www.fhba.com/consumers/homeownership.htm>.

Home Ownership Delaware Compared to U.S.



Source: U.S. Census Bureau Housing Vacancy Survey



For more information see

Table 67

p. 152

www.hud.gov

www.housingforall.org

www.hud.gov/buying/index.cfm

www.fanniemae.foundation.org



The Fannie Mae Foundation (www.fanniemae.foundation.org) is committed to helping first-time home buyers learn what it takes to buy a home. There are numerous guides the organization offers, online and by mail order, to educate first time buyers. The references guides are ordered in steps:

- **Step One: Knowing and Understanding Your Credit** – Explains what credit is and how to establish good credit, repair credit problems, and take control of your credit as the first step in the home-buying process.
- **Step Two: Opening the Door to a Home of Your Own** – The home-buying process step-by-step, including how to finance a home and how the mortgage process works.
- **Step Three: Choosing the Mortgage That's Right for You** – This guide will help you learn more about shopping for the right mortgage for your personal situation.
- **Step Four: Borrowing Basics: What You Don't Know Can Hurt You** – Explains what predatory lending is and its effect; also provides helpful tips on how to get the best loan and ways to avoid bad loan choices that could result in the loss of one's home.

Source: The Fannie Mae Foundation: www.fanniemae.foundation.org

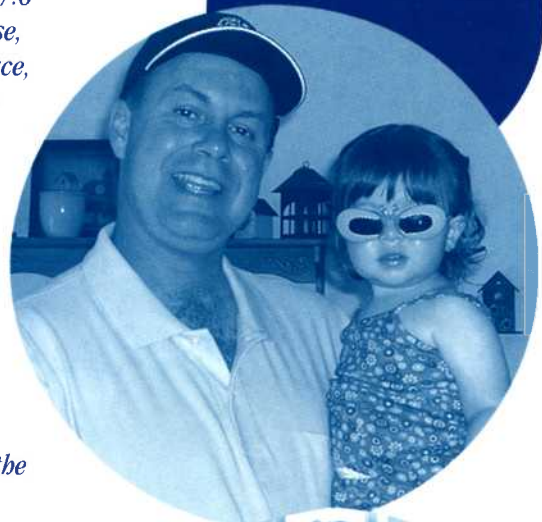


Domestic Violence

Domestic violence is pervasive in U.S. society. Nearly 25 percent of women and 7.6 percent of men said they were physically assaulted by a current or former spouse, cohabitating partner, or date at some time in their lives.¹ Since it transcends race, nationality, culture, economic status, sexual orientation, religion, sex, and age domestic violence greatly affects all types of people.

Researchers agree that millions of children are exposed to domestic violence each year, although there is no consensus regarding the specific number. Exposure to domestic violence can have serious negative effects on children. These effects may include behavioral problems such as aggression, phobias, insomnia, low self-esteem, and depression. Children exposed to domestic violence may demonstrate poor academic performance and problem-solving skills, and low levels of empathy. Exposure to chronic or extreme domestic violence may result in symptoms consistent with posttraumatic stress disorder, such as emotional numbing, increased arousal, avoidance of any reminders of the violent event, or obsessive and repeated focus on the event.²

1. U.S. Department of Justice. Extent, Nature, and Consequences of Intimate Partner Violence (2003). Available Online: <http://ncjrs.org/pdffiles1/nij/181867.pdf>.
2. Carter, Lucy, et al. (2003) *Domestic Violence and Children: Analysis and Recommendations*. Available online: http://www.futureofchildren.org/information2826/information_show.htm?doc_id=70475



Deaths as a Result of Domestic Violence

Delaware, 1996-2002



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

Did you know?

The Violence Against Women Act of 1994 (VAWA) provides for increased services to battered women, improvements in prosecution of criminal cases involving domestic violence, and support for better law enforcement and other systems' responses to domestic violence. To the extent that these provisions improve battered women's safety and access to support services, they are likely to have a positive impact on these women's children as well.

Source: Carter, Lucy, et al. (2003) *Domestic Violence and Children: Analysis and Recommendations*.

Definitions

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

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

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

Domestic Incident Reports

Delaware, 2002

Criminal Only	17,470 reports
Combined Criminal and Non-criminal	28,264 reports
Percent of Reports with a Child Present	18.2%
Percent of Reports with an Active Protection from Abuse Court Order	3.9%

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

For more information see

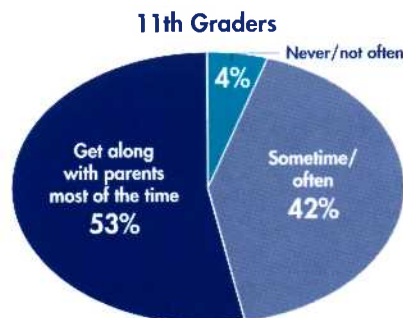
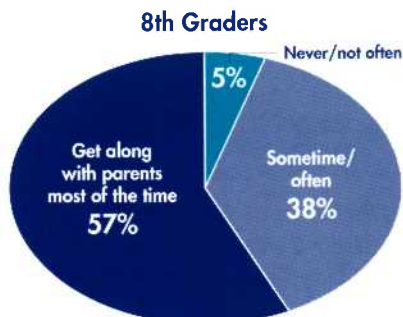
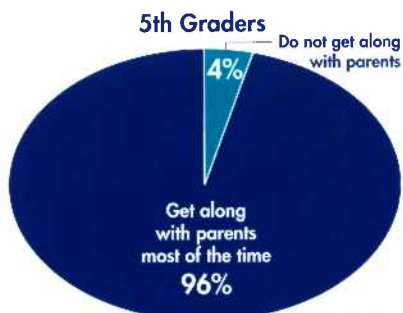
www.dcadv.org/
www.stoptheviolence.org



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

Parents

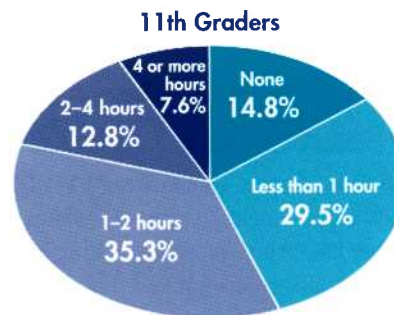
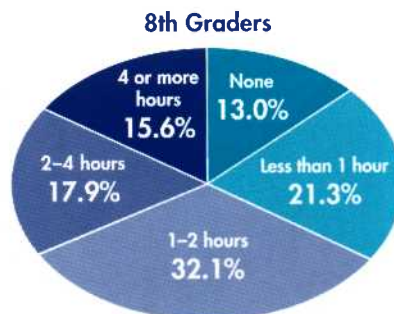
I get along well
with my parents/guardians.
Delaware, 2003



Source: 5th graders: 7,731 responses. 8th graders: 7,203 responses. 11th graders: 5,141 responses. Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Family Time

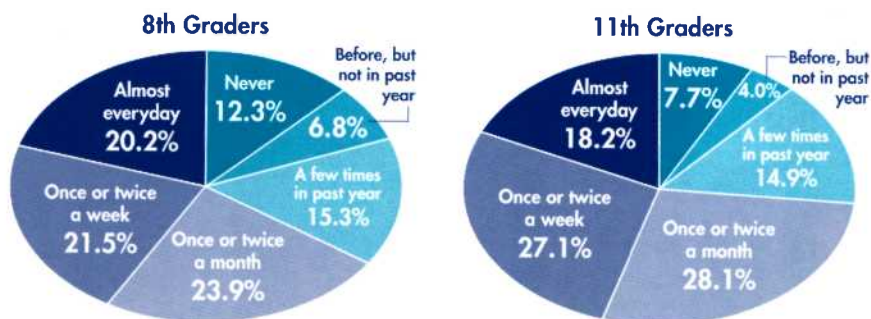
How much time do you spend on a school
day (before and after school) spending
time with your parents/guardians?
Delaware, 2003



Source: 8th graders: 7,203 responses. 11th graders: 5,141 responses. Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Talking to Parents about Plans

How often do you talk to either of your parents about your education and career plans?
Delaware, 2003

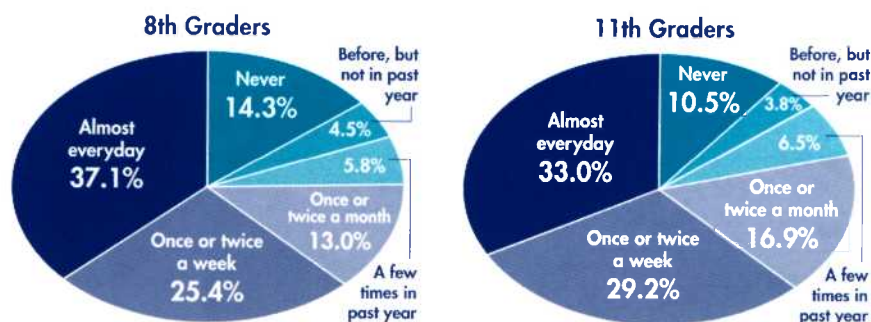


Source: 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware



Talking to Parents about School

How often do you talk to either of your parents about how things are going at school?
Delaware, 2003



Source: 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware



Support Family-Education Partnerships. Benefits include:

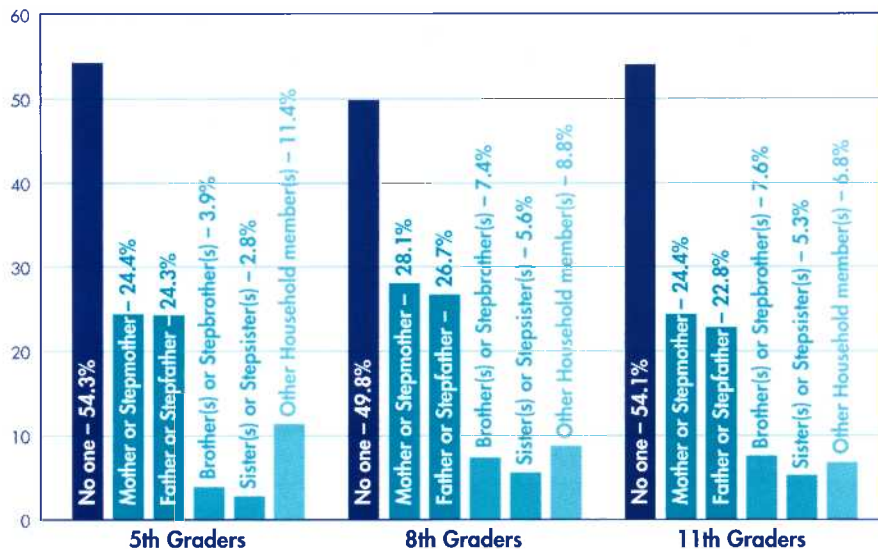
- Students do better in school and in life. They are more likely to earn higher grades and test scores, graduate from high school, and go on to higher education. Low-income and minority students benefit the most.
- Parents become empowered. Parents develop confidence by helping their children learn at home. Many go on to further their own education and become active in the community.
- Teacher morale improves. Teachers who work with families expect more from students and feel a stronger connection to and support from the community.
- Schools get better. When parents are involved at home and at school, in ways that make them full partners, the performance of all children in the school tends to improve.
- Communities grow stronger. Families feel more invested in the school system, and the school system becomes more responsive to parent and community needs.

Source: National Coalition of Parental Involvement in Education. Benefits of Family-Education Partnerships.
Available online: <http://www.ncpie.org/AboutNCPIE/AboutPartnerships.html>



Tobacco Use in the Home

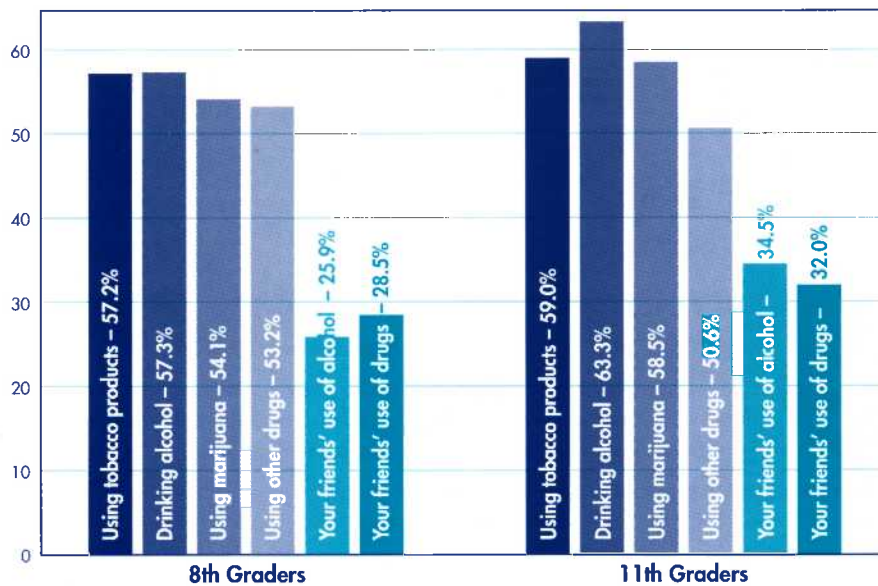
Does anybody living in your home smoke cigarettes or tobacco? (Mark all that apply)
Delaware, 2003



Source: 5th graders: 7,731 responses. 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Talking with Parents about Drugs

Have either of your parents spoken with you about the risks of: (Mark all that apply)
Delaware, 2003



Source: 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

For more information see

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



COMMUNITY ENVIRONMENT & RESOURCES



Child Care

Today, more than 13 million children under age 6 are enrolled in some form of child care, but all too often, parents lack access to affordable, high-quality early childhood education programs.¹ In 2000, 55 percent of mothers with infant children were in the labor force, while in 1976 only 31 percent of new mothers worked.² Due to the desire and necessity for mothers to work, many children are enrolled in early education programs. The ability to afford quality child care is an important issue many low income families face. As of 2001, 56 percent of pre-kindergarten 3- to 5-year-olds were enrolled in center-based early childhood care and education programs, but only 47 percent of children living in poverty were in such programs. Children who participate in early childhood education programs increase their chances of success later on in education, so increasing availability for all children is important.

1 National PTA, *Early Childhood Education*. (2003). Available online: <http://www.pta.org/ptawashington/issues/earlychild.asp>

2 *Record Share of New Mothers in Labor Force*, Census Bureau Reports United States Department of Commerce News. Available from: www.census.gov/Press-Release/www/2001/cb01-170.html.

Accredited Programs

Number of Accredited Programs by Accrediting Organization*, Delaware and Counties, 2003

	NAFCC	NAEYC	NSACA
Delaware	3	16	0
New Castle	3	15	0
Kent/Sussex	0	1	0

* NAFCC is the National Association for Family Child Care Providers

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

* NSACA is the National School Age Care Alliance

Source: The Family and Workplace Connection

Child Care and School Age Programs

Delaware and Counties, 2003

	Total Child Care	School Age Programs	Site-Based* in Schools
Delaware	2,069	1,623	68%
New Castle	1,248	960	77%
Kent/Sussex	821	663	56%

* Percent of public elementary schools with school age child care

Source: The Family and Workplace Connection



Research provides compelling evidence that a number of children in child care centers are receiving poor to mediocre care. Legislatures, agencies, and organizations are urged to do the following:

- Strengthen standards and regulations of child care programs.
- Require initial and ongoing training for staff working in child care programs.
- Find ways to recruit and retain more highly educated and skilled staff.
- Continue efforts to inform parents about the importance of quality child care and its effects on children.
- Provide funds sufficient to support the cost of high quality child care.

Source: *Quality in Child Care Centers*. National Center for Early Development and Learning

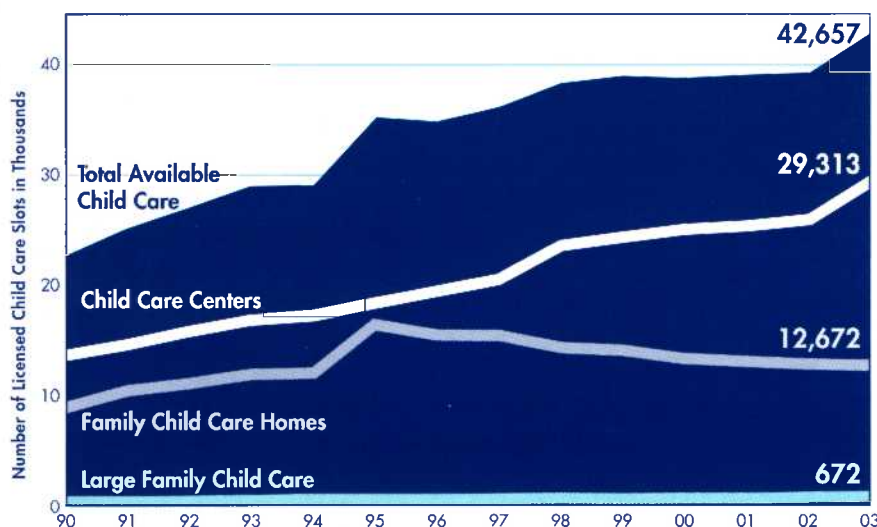
Did You Know?

The National Survey of America's Families found that higher-income families pay higher fees for child care; \$317 per month as opposed to \$217 for lower income families. However, higher income families pay a smaller percentage of their income on child care; 6 percent as opposed to 16 percent paid by lower income families. Additionally, lower income families often receive poorer quality child care.

Source: Kagan, Sharon and Elizabeth Rigby. (2002) *Improving the Readiness of Children for School: A Brief from the Policy Matters Project*.

Available Child Care

Delaware

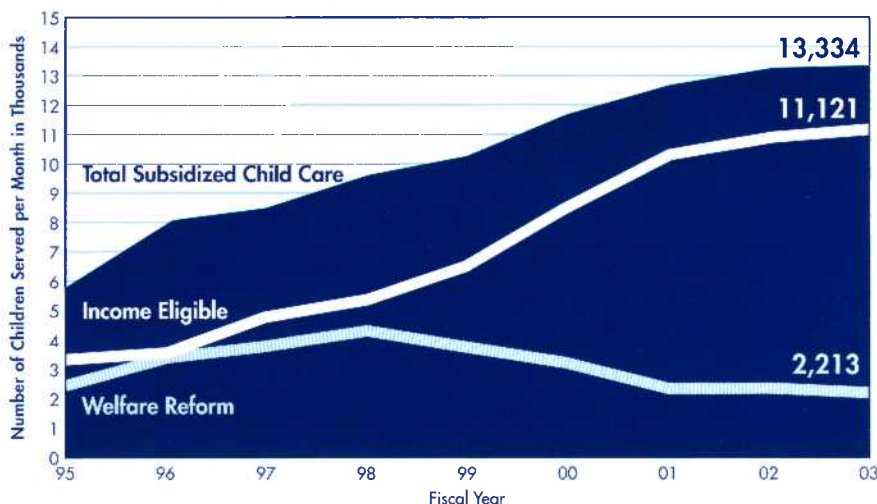


Source: Delaware Department of Services for Children, Youth and Their Families



Subsidized Child Care

Delaware



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

Definitions

Welfare Reform – The welfare reform numbers refer to the number of children in families who received Temporary Aid to Needy Families (TANF) that year or received TANF child care for one year after leaving the TANF program.

Income Eligible – The income eligible numbers reflect the working poor families below 200% of poverty.

For more information see

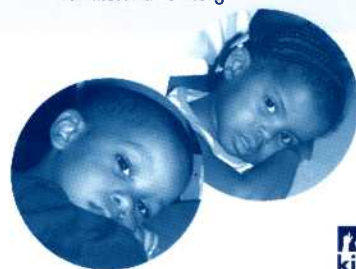
Tables 72-76 p. 153-154
www.afterschoolalliance.org
www.afterschool.gov
www.childcareaware.org
www.familiesandwork.org

Did you know?

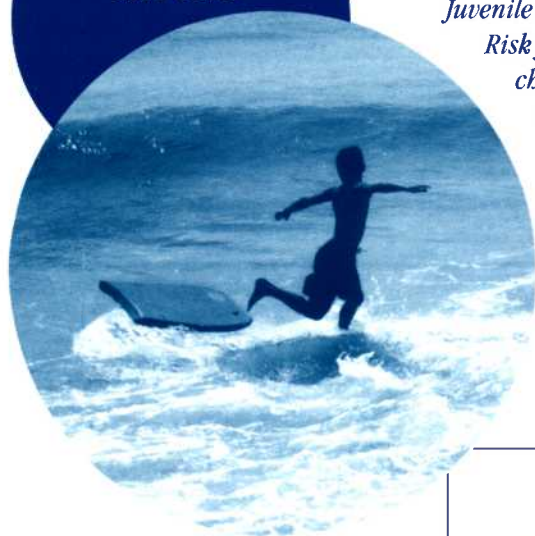
How does the child care tax credit work?

People who have to pay someone to look after a child while they and their spouse, if they are married work are eligible for a special child-care tax credit. This credit can be significant — even if you earn a high income, you may receive 20% of your child-care expenses back, up to a maximum of \$3,000 in expenses for one child and \$6,000 for two starting in 2003. For details about the child-care tax credit see IRS Publication 503, Child and Dependent Care. You can download it from the IRS Website or order by calling 1-800-TAX-FORM (829-3676).

Source: MSN Money Available Online: <http://moneycentral.msn.com>



Juvenile Violent Crime Arrests



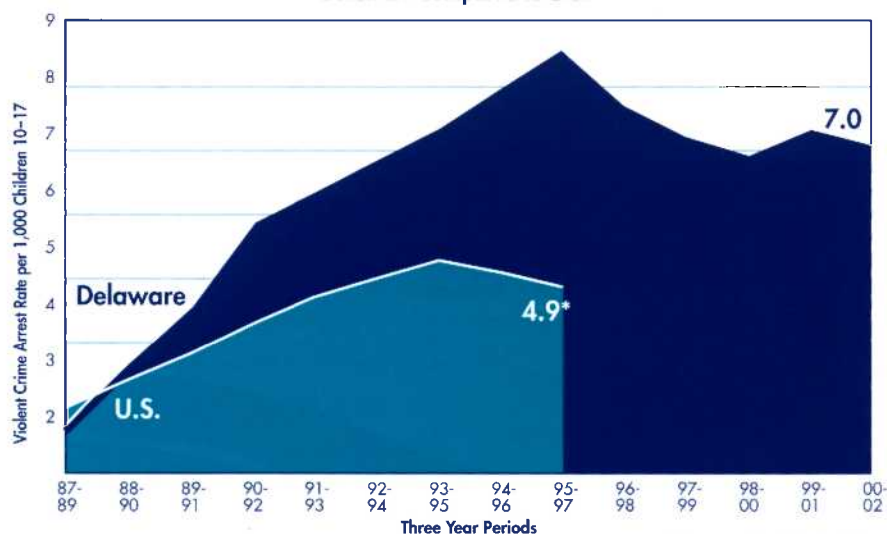
Juvenile violent crimes include murder, forcible rape, robbery, and aggravated assault. Risk factors for juvenile violent crime include poverty, lack of education, a history of child abuse or neglect, family violence and inadequate supervision. Between 1985 and 1994 violent crime arrest rates for youth increased by approximately 74%. After 1994, the rates declined and in 2000 reached the lowest juvenile violent crime arrest rate since 1985.¹ Serious violent crimes committed by juveniles occur most frequently in the hours following the closing of school,² so it is important to engage juveniles in extracurricular activities, after-school programs, and community events to help deter participation in delinquent activities, as well as build positive relationships with peers and adults.

1 U.S. Department of Health and Human Services (2002). Trends in the Well-Being of America's Children and Youth.

2 OJJDP Statistical Briefing Book. Available from: http://ojjdp.ncjrs.org/ojstatbb/asp/JAR_Display.asp?ID=qa2400031502.

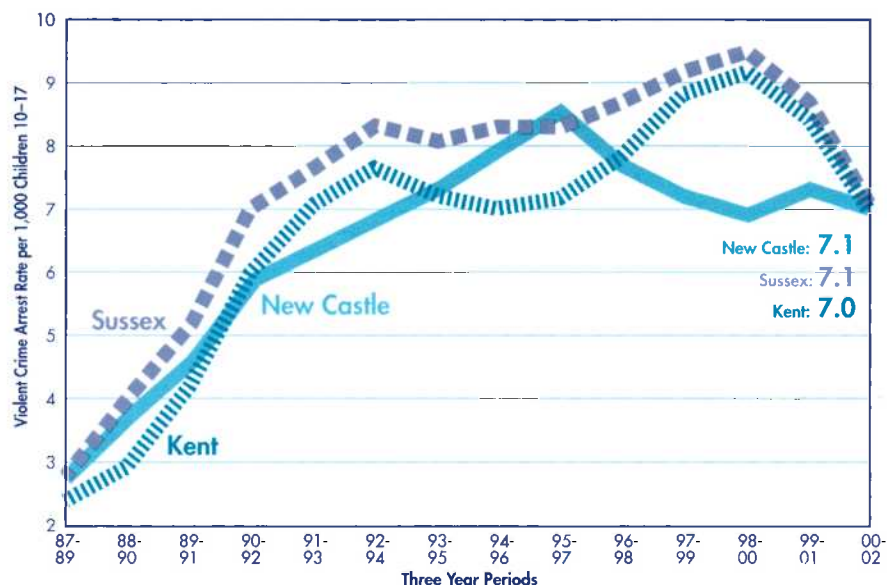
Juvenile Violent Crime Arrests

Delaware Compared to U.S.



* Comparable U.S. data is not available after 1997.

Delaware and Counties



New Castle: 7.1
Sussex: 7.1
Kent: 7.0

Definition

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



School Violence and Possession

Delaware, School Year 2001-2002

Locations

Location of Student Conduct Offenses

Location	Number	Percent
Inside school building	1,275	70%
Administrative office	98	5%
Cafeteria	137	7%
Classroom	626	34%
Gymnasium	61	3%
Hall/Stairway	292	16%
Restroom	61	3%
On the school grounds	242	13%
School bus	196	11%
School bus stop	19	1%
Off school grounds	29	2%
Other	60	3%
Unknown	11	1%
Total	1,832	100%

Weapons

Student Possession and/or Concealment of Weapons/Dangerous Instruments

Weapon/ Dangerous Instrument	Student Conduct Offenses	
	Number	Percent
Knife	82	56%
Razor blade/box cutter	18	12%
Explosive, incendiary or poison gas	5	3%
Firearm (handgun/ rifle/shotgun)	13	9%
Other	29	20%
Total	147	100%

Source: "Annual Report of School Climate and Student Conduct in Delaware Schools, 2001-2002", Delaware Department of Education, 2003.



Juvenile Violence Arrests

Number of Juveniles Arrested

	1995	1996	1997	1998	1999	2000	2001	2002
Delaware	588	629	549	557	654	627	621	559
New Castle	382	414	334	298	361	378	409	371
Kent	93	102	96	121	147	123	98	100
Sussex	113	113	119	138	146	126	114	88

Source: Delaware Statistical Analysis Center

Weapon Possession

Self Report/Victim Report of Possession

5% of Delaware students reported carrying a weapon such as a gun, knife, or club on school property within the last 30 days.

8% of Delaware students report being threatened or injured with a weapon such as a gun, knife, or club on school property within the last 30 days.

Source: CDC Youth Risk Behavior Survey 2003

Did you know?

On the whole, far fewer juvenile females than males commit crimes. In 2000, females accounted for only 28% of juvenile arrests.

In 2000, females were most involved in:

- Prostitution/commercialized vice arrests – 55% of juvenile arrests
- Embezzlement – 47% of juvenile arrests
- Theft – 37% of juvenile arrests
- Runaway – 59% of juvenile arrests

Source: Juvenile Justice FYI. Available Online: http://www.juvenilejusticefyi.com/juvenile_crimes.html.

For more information see

Tables 77-85 p. 155-158
www.pledge.org
www.ncsu.edu/cpsv
www.connectforkids.org



Afterschool programs have more crime reduction potential than juvenile curfews: In a recent study it was found that the rate of juvenile violence in the afterschool period is four times the rate in the juvenile curfew period. Thus implementing quality afterschool programs should more effectively reduce juvenile violent crime than enforcing strict juvenile curfews.

Source: National Report Series, Juvenile Justice. Available Online: http://www.ncjrs.org/html/ojdp/9911_1/vio1.html.



Gambling

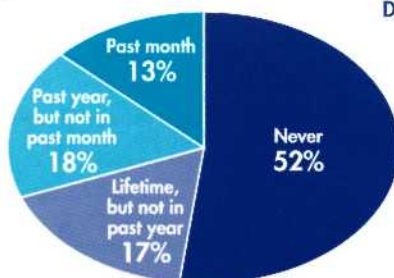


With the rapid expansion of gambling have also come concerns about underage gambling and youth problem gambling. Most studies have found that the majority of youths have gambled but do so infrequently and do not suffer any adverse consequences. Some youths, however, appear to be overinvolved in gambling and are experiencing problems associated with their gambling. This is the first generation of youths to be exposed to such widespread access to gambling venues, gambling advertising, and general social approval of gambling.¹ The potential for youth gambling to progress into adult gambling is something that people today should be aware of and concerned about.

¹ Randy Stinchfield; Ken C. Winters (1998). *Gambling and problem gambling among youths*. The Annals of the American Academy of Political and Social Science.

Youth Gambling

Delaware, 2003



8th Graders



11th Graders

- The most frequent types of wagering activities were
 - playing the lottery or scratch-off tickets,
 - betting on team sports,
 - playing cards for money, and
 - betting on games of personal skill such as pool, darts, or bowling.
- Males were more likely than females to participate in all types of wagering activities. The biggest discrepancies were
 - betting on team sports: 36% of 8th grade males compared to 17% of females, and 42% of 11th grade males compared to 14% of females, and
 - betting on games of personal skill: 37% of 8th grade males compared to 17% of females, and 43% of 11th grade males compared to 13% of females.
- Participation in gambling varied little by race of students. Significant differences were reported in only two types of wagering activities:
 - playing the lottery: 32% of White 8th graders and 31% of White 11th graders compared to 20% of minority 8th graders and 19% of minority 11th graders, and
 - betting on dice games: 9% of White 8th graders and 8% of White 11th graders compared to 15% of minority 8th graders and 14% of minority 11th graders.

Source: 8th Graders: 7,203 responses. 11th Graders: 5,141 responses. Alcohol Tobacco and Other Drug Abuse Among Delaware Students Survey of 2003, The Center for Drug and Alcohol Studies, University of Delaware

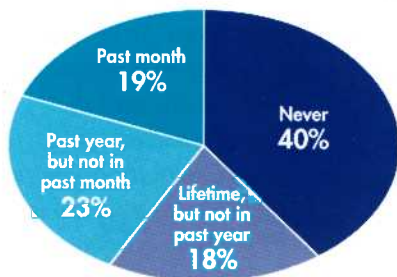
Did you know?

Time Magazine estimates that of the nearly eight million compulsive gamblers in America, one million are teenagers. And, they are hooked on all forms of gambling —casinos, sports betting, card playing, lotteries, racetrack betting, and illegal gambling. The rate of growth of teenage gambling is as alarming as are the numbers. Just ten years ago teenage gambling was rarely mentioned as a problem; today gambling counselors say an average of 7% of their case loads involve teenagers.

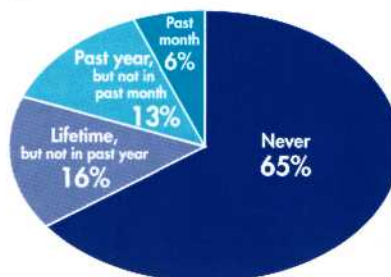
Source: Youth Gambling. Available Online: <http://www.gamblinghelp.org/youth/youth.htm>

Youth Gambling by Gender

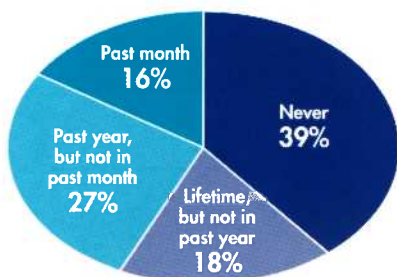
Delaware, 2003



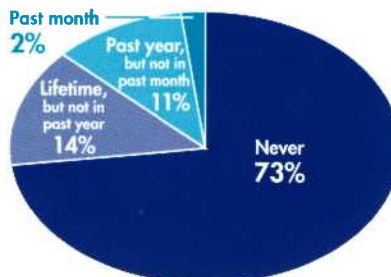
8th Grade Males



8th Grade Females



11th Grade Males



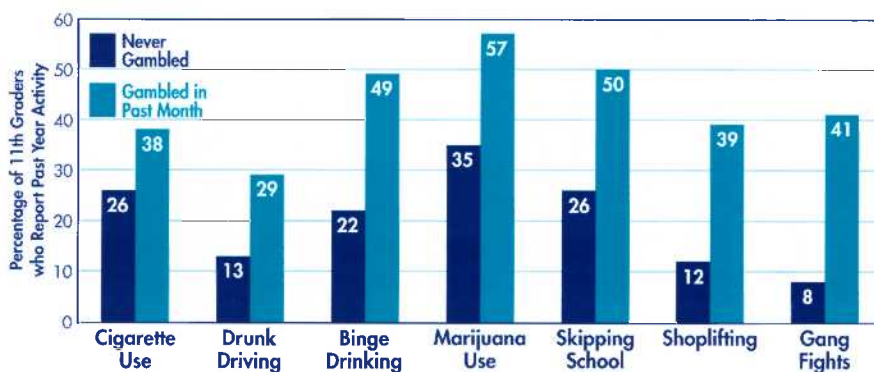
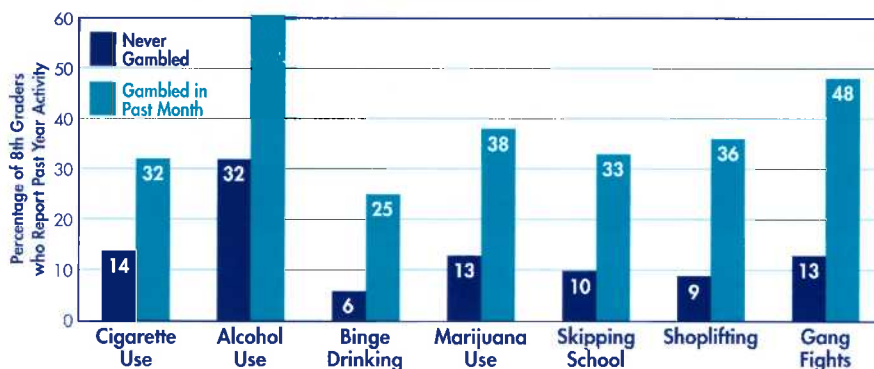
11th Grade Females

Source: 8th Graders: 7,203 responses. 11th Graders: 5,141 responses. Alcohol Tobacco and Other Drug Abuse Among Delaware Students Survey of 2003, The Center for Drug and Alcohol Studies, University of Delaware



Risk Behaviors Compared by Youth Gambling

Delaware, 2003



Source: 8th Graders: 7,203 responses. 11th Graders: 5,141 responses. Alcohol Tobacco and Other Drug Abuse Among Delaware Students Survey of 2003, The Center for Drug and Alcohol Studies, University of Delaware

For more information see

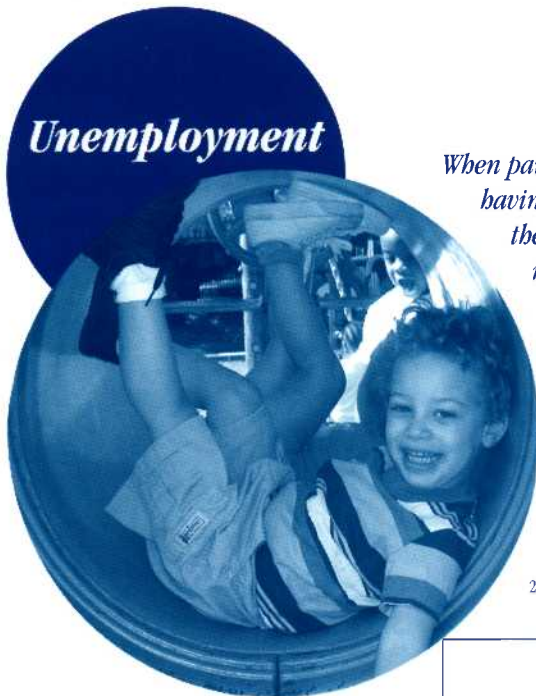
www.ftc.gov/gamble

www.education.mcgill.ca/gambling/

www.delawareworks.com



Unemployment



When parents have secure employment children benefit in many ways. Their chances of having good nutrition, stable housing, and adequate health care increase.¹ Despite the known positive effects of employment on families and children, unemployment is often unavoidable. Unemployment is a significant issue for children and families, as well as society as a whole. Numerous studies report a correlation between unemployment and adverse outcomes in individuals, such as deterioration of psychological well-being, physical health, and economic security. Between 1994 and 2001, there was a large decline in the proportion of children living in families in which no resident parent was attached to the labor force.² Despite this decrease, unemployment continues to affect numerous individuals, children, and families.

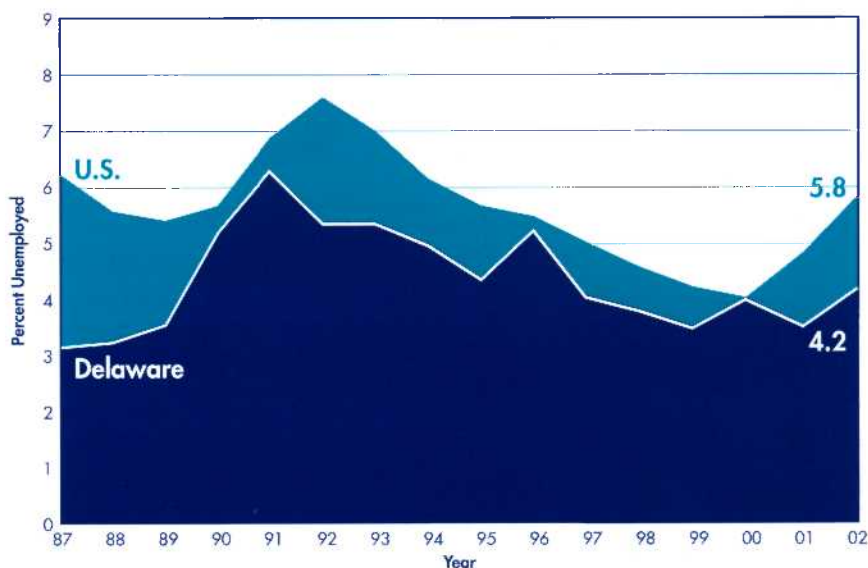
1. Increasing the Percentage of Children with Working Parents. (July 2003) KIDS COUNT Indicator Brief. The Annie E. Casey Foundation.

2. Trends in the Well-Being of America's Children and Youth (2002). US Department of Health and Human Services.



Unemployment

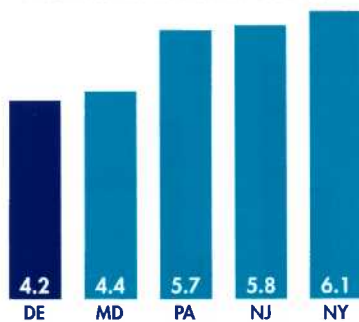
Delaware Compared to U.S.



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

Unemployment

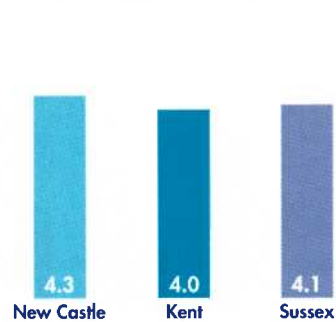
Regional Comparison of Unemployment Percentage, 2002



Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

Unemployment

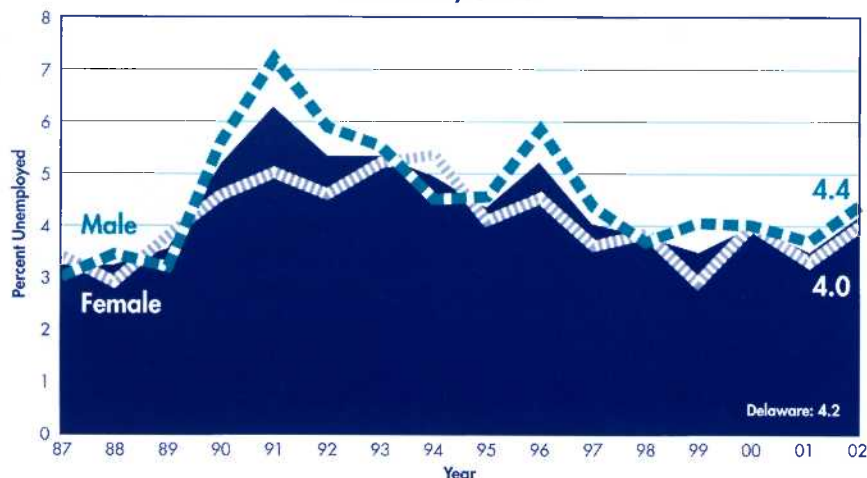
County Comparison of Unemployment Percentage, Delaware, 2002



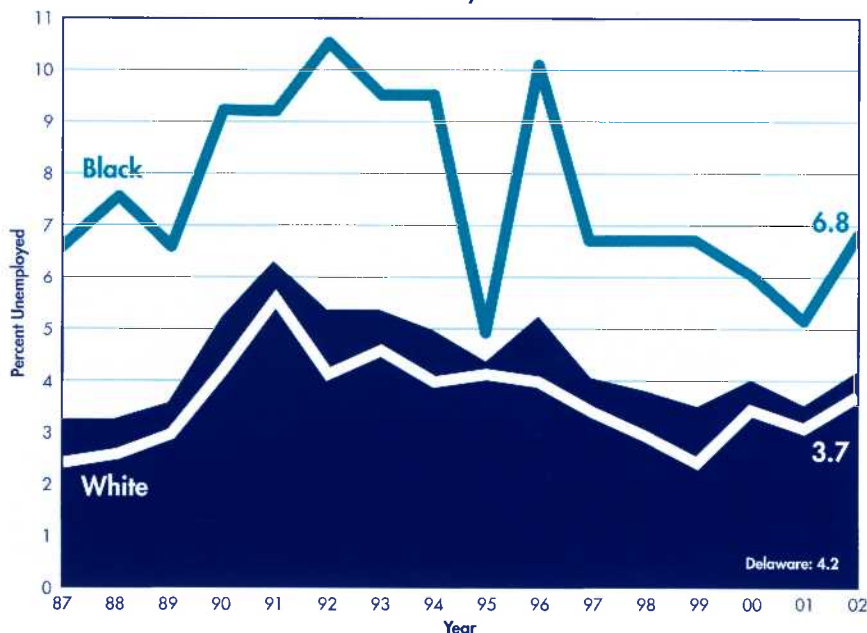
Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

Unemployment

Delaware by Gender



Delaware by Race



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



Often children are adversely affected by unemployment of their parents and guardians. A KIDS COUNT Indicator Brief outlines broad strategies for workforce development for policy makers, legislatures, and social services. These include:

- Identify secure and high-quality jobs.
- Focus on the needs of both workers and employers.
- Provide employment and educational services geared to low-skill job seekers.
- Focus on retention, providing support services both during and after placement.
- Address transportation issues.
- Expand child care options for working families.

Source: *Increasing the Percentage of Children with Working Parents*. (July 2003). KIDS COUNT Indicator Brief. The Annie E. Casey Foundation.

For more information see

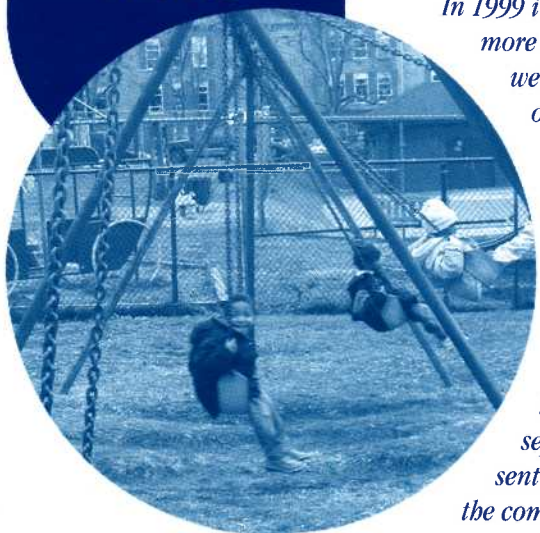
Table 54 p. 146

Table 86 p. 159

www.delawareworks.com



Adult Crime



In 1999 in the U.S., nearly 1.5 million children had a parent in prison—an increase of more than 500,000 in 8 years. Fifty-eight percent of children with imprisoned parents were under the age of 10; the average age being 8. Imprisoned parents are overwhelmingly male—93 percent. Half of parents in state prisons were Black, about a quarter were White, and a fifth were Hispanic. In 1999 an estimated 767,200 Black children, 384,500 White children, and 301,600 Hispanic children had a parent in prison.¹

The extent to which a child will be affected by parental incarceration depends on many variables, including: the age at which the parent-child separation occurs, length of the separation, health of the family, disruptiveness of the incarceration, child's familiarity with the placement or new caregiver, strength of the parent-child relationship, number and result of previous separation experiences, nature of the parent's crime, length of the parent's sentence, availability of family or community support, and degree of stigma that the community associates with incarceration.²

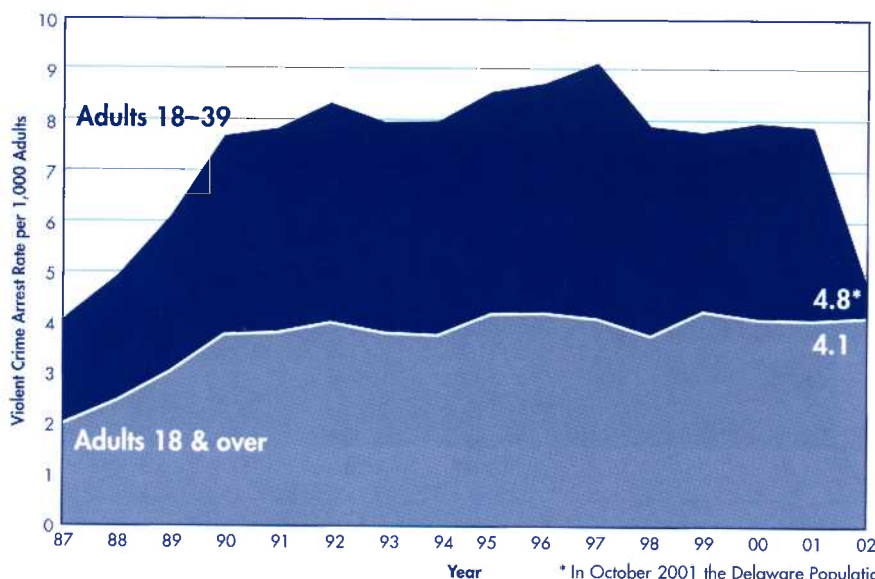
1 Mulmola, Christopher. *Incarcerated Parents and Their Children*. (2000). US Department of Justice.

2 Seymour, Cynthia. *Children with Parents in Prison: Child Welfare Policy, Program and Practice Issues*. Child Welfare League of America. Available online: www.cwla.org/programs/incarcerated/so98journalintro.htm



Adult Violent Crime

Delaware



Source: Statistical Analysis Center

* In October 2001 the Delaware Population Consortium adjusted the population numbers to reflect the 2000 U.S. Census Report.

For more information see

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www.millionmommarch.com



The child welfare and criminal justice systems have a shared interest in maximizing opportunities for families involved with both systems. If both systems collaborate effectively, the period of incarceration can actually provide an opportunity for positive intervention with families at risk. Both systems have a stake in collaboration because effective intervention with incarcerated parents may decrease the likelihood that the parent will re-offend and improve the chances that children will be reunited safely with their parents or find permanency with other families in a timely manner.

Source: Seymour, Cynthia. *Children with Parents in Prison: Child Welfare Policy, Program and Practice Issues*. Child Welfare League of America. Available online: www.cwla.org/programs/incarcerated/so98journalintro.htm

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

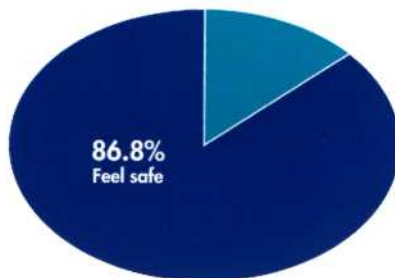
Here in Delaware, our children speak about their connections to community—feeling safe, attending religious services, and volunteering.



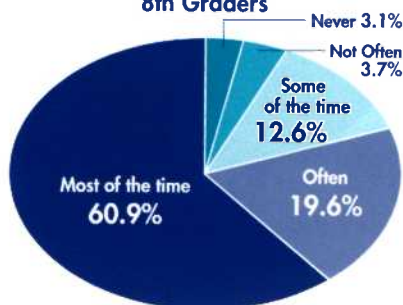
Neighborhood Safety

I feel safe in my neighborhood.
Delaware, 2003

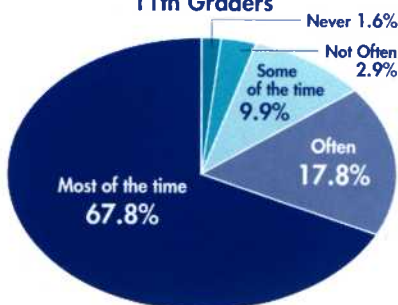
5th Graders



8th Graders



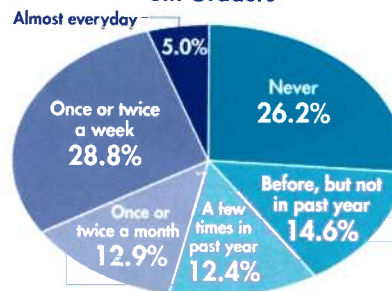
11th Graders



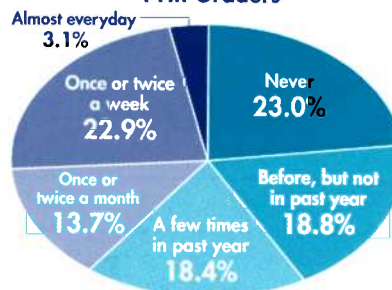
Religious Services

How often do you attend
religious services?
Delaware, 2003

8th Graders



11th Graders



Source for all graphs on this page:
5th graders: 7,731 responses. 8th graders: 7,203 responses. 11th graders: 5,141 responses. Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

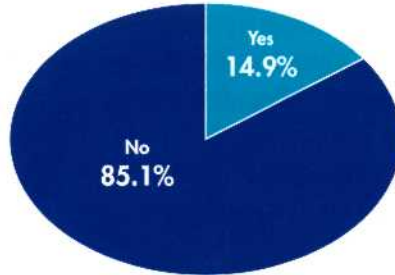




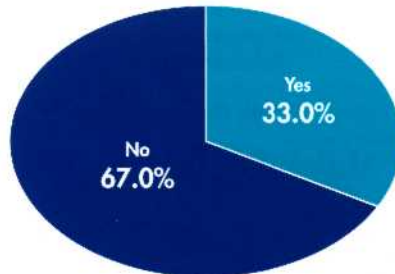
Buying Cigarettes

Do you know of places where students your age can buy cigarettes?
Delaware, 2003

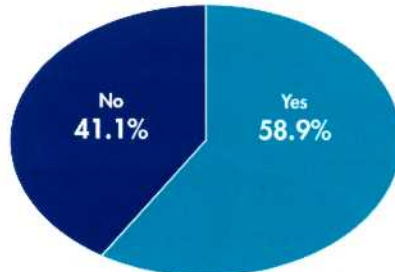
5th Graders



8th Graders



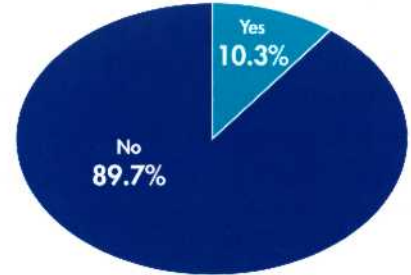
11th Graders



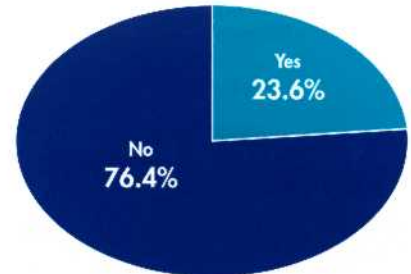
Buying Alcohol

Do you know of places where students your age can buy alcohol?
Delaware, 2003

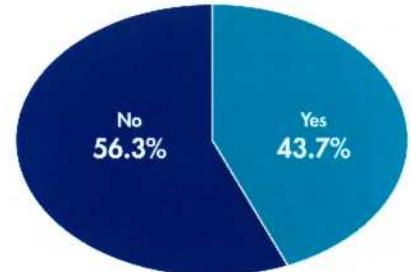
5th Graders



8th Graders



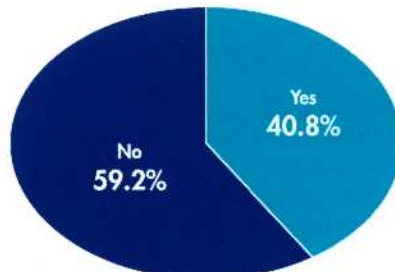
11th Graders



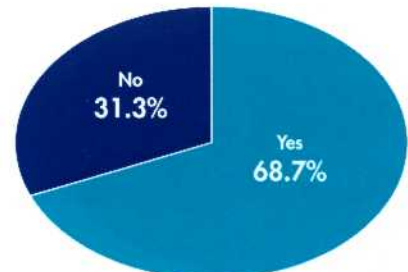
Buying Marijuana

Do you know of places where students your age can buy marijuana?
Delaware, 2003

8th Graders



11th Graders



Drinking Alcohol

In the past 30 days if you drank alcohol, where did you most often drink? (All that apply.)
Delaware, 2003



Smoking Marijuana

In the past 30 days if you smoked marijuana, where did you most often smoke? (All that apply.)
Delaware, 2003



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



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Other Community

Tables 86-88



Table 1:

Population of Children by Age

Population Estimates for Ages 0 to 21 by Sex and Race, Delaware, July 1, 2003

Sex/Age	All Races	White	Black	Other	Sex/Age	All Races	White	Black	Other
Male					Female				
0	5,490	3,889	1,351	250	0	5,506	3,896	1,360	250
1	5,471	3,877	1,332	262	1	5,498	3,889	1,347	262
2	5,518	3,910	1,335	273	2	5,533	3,916	1,345	272
3	5,425	3,518	1,421	486	3	5,077	3,289	1,384	404
4	5,360	3,590	1,356	414	4	5,252	3,437	1,404	411
5	5,383	3,553	1,428	402	5	5,122	3,305	1,388	429
6	5,229	3,465	1,357	407	6	5,103	3,344	1,349	410
7	5,546	3,674	1,475	397	7	5,312	3,568	1,376	368
8	5,632	3,749	1,472	411	8	5,232	3,517	1,368	347
9	5,745	3,840	1,505	400	9	5,471	3,668	1,459	344
10	5,861	3,895	1,571	395	10	5,672	3,822	1,505	345
11	5,945	3,882	1,677	386	11	5,640	3,754	1,567	319
12	6,287	4,255	1,681	351	12	5,800	3,881	1,587	332
13	6,076	4,087	1,615	374	13	5,749	3,854	1,568	327
14	5,880	4,045	1,529	306	14	5,615	3,823	1,471	321
15	5,773	4,005	1,448	320	15	5,744	3,906	1,537	301
16	5,631	3,847	1,462	322	16	5,558	3,844	1,433	281
17	5,808	4,056	1,466	286	17	5,712	3,992	1,401	319
18	5,764	4,037	1,421	306	18	5,462	3,805	1,383	274
19	5,629	3,903	1,406	320	19	5,301	3,666	1,331	304
20	5,576	3,833	1,388	355	20	5,245	3,577	1,349	319
21	5,522	3,795	1,379	348	21	5,826	4,063	1,418	345
Total	124,551	84,705	32,075	7,771	Total	120,430	81,816	31,330	7,284

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

Source: Delaware Population Consortium, Population Projection Series, Version 2003.0

Table 2:

Population

Population Census Counts for Delaware and Counties, 2003

Area/Sex/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	54,130	53,775	58,525	56,382	486,270	108,928	818,010	27.2	59.4	13.3	100.0
Male	27,264	27,535	30,049	28,605	237,295	46,233	396,981	13.9	29.0	5.7	48.5
White	18,784	18,281	20,164	19,848	178,407	40,251	295,735	9.4	21.8	4.9	36.2
Black	6,795	7,237	8,073	7,203	45,369	5,082	79,759	3.6	5.5	0.6	9.8
Female	26,866	26,240	28,476	27,777	248,975	62,695	421,029	13.4	30.4	7.7	51.5
White	18,427	17,402	19,134	19,213	184,484	54,111	312,771	9.1	22.6	6.6	38.2
Black	6,840	6,940	7,698	7,085	51,890	7,494	87,947	3.5	6.3	0.9	10.8
New Castle	35,398	34,535	37,631	35,875	313,790	60,397	517,626	17.5	38.4	7.4	63.3
Male	17,810	17,775	19,341	18,293	153,348	24,844	251,411	9.0	18.7	3.0	30.7
White	12,171	11,603	12,716	12,500	112,984	21,215	183,189	6.0	13.8	2.6	22.4
Black	4,499	4,747	5,341	4,673	30,701	3,025	52,986	2.4	3.8	0.4	6.5
Female	17,588	16,760	18,290	17,582	160,442	35,553	266,215	8.6	19.6	4.3	32.5
White	11,942	10,927	12,044	11,980	116,175	30,139	193,207	5.7	14.2	3.7	23.6
Black	4,554	4,558	5,069	4,545	35,178	4,742	58,646	2.3	4.3	0.6	7.2
Kent	9,440	9,447	10,378	10,103	76,544	16,568	132,480	4.8	9.4	2.0	16.2
Male	4,735	4,802	5,248	4,945	36,596	7,088	63,414	2.4	4.5	0.9	7.8
White	3,282	3,245	3,527	3,433	27,408	5,823	46,718	1.6	3.4	0.7	5.7
Black	1,263	1,335	1,531	1,344	7,821	1,131	14,425	0.7	1.0	0.1	1.8
Female	4,705	4,645	5,130	5,158	39,948	9,480	69,066	2.4	4.9	1.2	8.4
White	3,244	3,117	3,463	3,547	28,970	7,908	50,249	1.6	3.5	1.0	6.1
Black	1,276	1,311	1,471	1,426	9,325	1,333	16,142	0.7	1.1	0.2	2.0
Sussex	9,292	9,793	10,516	10,404	95,936	31,963	167,904	4.9	11.7	3.9	20.5
Male	4,719	4,958	5,460	5,367	47,351	14,301	82,156	2.5	5.8	1.7	10.0
White	3,331	3,433	3,921	3,915	38,015	13,213	65,828	1.8	4.6	1.6	8.0
Black	1,033	1,155	1,201	1,186	6,847	926	12,348	0.6	0.8	0.1	1.5
Female	4,573	4,835	5,056	5,037	48,585	17,662	85,748	2.4	5.9	2.2	10.5
White	3,241	3,358	3,627	3,686	39,339	16,064	69,315	1.7	4.8	2.0	8.5
Black	1,010	1,071	1,158	1,114	7,387	1,419	13,159	0.5	0.9	0.2	1.6

Percentage refers to percent of total population.

Racial breakdown may not total gender breakdown due to omission of Other races. Figures for White and Black include persons listing only one race and persons listing multiple races. See Delaware Population Consortium, Annual Population Projections, Version 2002 for details.

Sources: Hispanic Data (US Census Bureau Pop Estimates) and Delaware Population Consortium (Oct 8, 2002 Series)

Table 3:

Population of Delaware Cities

Population Census Counts by Age, Gender, and Race*
Newark, Wilmington, and Dover, 2003

Gender	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Newark	913	987	1,163	5,670	18,682	2,645	30,060	1.1	2.3	0.3	3.7
Male	471	524	596	2,206	9,113	1,006	13,916	0.5	1.1	0.1	1.7
Female	442	463	567	3,464	9,569	1,639	16,144	0.6	1.2	0.2	2.0
Wilmington	5,360	4,711	5,570	5,102	43,105	8,577	72,425	2.5	5.3	1.0	8.9
Male	2,750	2,474	2,849	2,541	21,149	3,033	34,796	1.3	2.6	0.4	4.3
White	806	484	522	613	8,549	1,556	12,530	0.3	1.0	0.2	1.5
Black	1,722	1,750	2,075	1,717	11,224	1,396	19,884	0.9	1.4	0.2	2.4
Female	2,610	2,237	2,721	2,561	21,956	5,544	37,629	1.2	2.7	0.7	4.6
White	735	454	469	543	7,869	3,038	13,108	0.3	1.0	0.4	1.6
Black	1,676	1,600	2,017	1,813	12,820	2,398	22,324	0.9	1.6	0.3	2.7
Dover	2,245	2,066	2,158	3,066	19,185	4,459	33,179	1.2	2.3	0.5	4.1
Male	1,130	1,092	1,062	1,473	9,028	1,766	15,551	0.6	1.1	0.2	1.9
Female	1,115	974	1,096	1,593	10,157	2,693	17,628	0.6	1.2	0.3	2.2

* Race estimates not available for Newark and Dover.

Totals by area and gender include races other than White and Black. Figures for White and Black include persons listing only one race and persons listing multiple races.

See Delaware Population Consortium, Population Projection Series, Version 2003.0

Source: Delaware Population Consortium, Population Projection Series, Version 2003.0

Table 4:

Hispanic Population Estimates

Hispanic Population Estimates for Delaware and Counties, 1990–1998

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

Source: Delaware Population Consortium

Table 5:

Families with Children

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

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

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

Table 6:

Children and Their Living Arrangements

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

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

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

Table 7:

Prenatal Care

Five-Year Average Percentage of Mothers Receiving Prenatal Care
in the First Trimester of Pregnancy by Race and Hispanic Origin
U.S., Delaware, Counties, and City of Wilmington, 1987-2001

Area/Race- Hispanic Origin*	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	74.2	74.6	75.2	76.1	77.1	78.1	79.0	79.7	80.2	80.5	80.8
White	77.8	78.1	78.6	79.3	80.1	81.0	81.7	82.2	82.5	82.7	83.0
Black	58.9	59.4	60.3	61.8	63.5	65.6	67.2	68.5	69.6	70.4	70.7
Hispanic*	58.8	59.8	60.9	62.7	64.7	66.8	68.5	69.8	70.8	71.4	72.1
Delaware	78.0	78.6	79.0	80.0	81.2	82.3	82.6	82.9	83.0	83.1	83.9
White	84.3	84.9	84.9	85.6	86.2	86.7	86.5	86.5	86.4	86.5	87.1
Black	58.4	59.1	60.6	62.6	65.4	68.2	70.3	71.5	72.9	73.6	75.5
Hispanic*	N/A	N/A	64.5	65.2	65.6	66.8	67.3	67.8	68.7	69.4	70.8
New Castle	81.5	82.0	83.2	85.1	86.6	88.5	89.1	89.1	88.6	88.7	89.5
White	87.3	88.0	88.7	90.2	91.0	92.3	92.5	92.4	91.8	91.9	92.4
Black	62.4	62.8	65.3	68.6	72.2	76.1	78.3	78.7	79.3	79.4	81.1
Hispanic*	N/A	N/A	69.1	72.7	74.2	78.0	79.3	79.8	79.7	81.3	82.2
Wilmington	66.5	66.0	68.1	71.0	73.6	77.7	79.9	79.9	79.6	79.8	80.8
White	79.5	79.6	81.1	83.1	84.3	86.9	88.1	87.9	87.0	87.1	87.6
Black	59.1	58.4	60.8	64.0	67.4	72.3	75.1	75.3	75.6	75.8	77.0
Hispanic*	N/A	N/A	62.8	66.1	68.0	73.9	78.0	78.2	78.2	79.7	80.4
Kent	74.0	74.3	72.6	71.0	71.3	69.8	68.1	68.3	69.3	69.4	71.1
White	79.4	79.1	77.1	74.9	74.8	73.0	71.3	71.6	72.5	72.5	74.0
Black	57.7	59.5	58.3	58.3	59.7	58.4	57.0	58.0	59.7	60.6	63.3
Hispanic*	N/A	N/A	67.3	65.8	66.9	65.1	65.0	62.0	61.3	60.1	62.1
Sussex	68.1	69.2	69.2	69.5	70.4	71.5	73.2	74.5	75.7	76.1	76.7
White	76.8	78.1	78.0	78.4	79.0	79.3	79.6	80.2	80.8	80.9	81.6
Black	45.8	45.9	45.9	46.7	47.8	50.2	55.1	58.1	61.7	64.2	65.7
Hispanic*	N/A	N/A	40.7	37.8	40.2	40.6	42.4	44.3	47.1	45.7	47.2

* Persons of Hispanic origin may be of any race.

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

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

Table 8:

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

Number and Percent of Live Births by Race and Hispanic Origin of Mother, Birth Weight in Grams and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category)
Delaware, 1997–2001

Race/Hisp. Origin* Birth Wt.(g)	Total Number	Percent	First Trimester Number	Percent	Second Trimester Number	Percent	Third Trimester Number	Percent	No Care Number	Percent	Unknown Number	Percent
All Races	53,280	100.0	44,722	83.9	6,411	12.0	1,337	2.5	501	0.9	309	0.6
<2500	4,665	100.0	3,743	80.2	613	13.1	106	2.3	142	3.0	61	1.3
<1500	981	100.0	789	80.4	108	1.1	5	0.5	54	5.5	25	2.5
1500-2499	3,684	100.0	2,954	80.2	505	13.7	101	2.7	88	2.4	36	1.0
2500+	48,135	100.0	40,175	83.5	6,070	12.6	1,215	2.5	359	0.7	316	0.7
Unknown	12	100.0	0	0.0	1	8.3	1	8.3	1	8.3	9	75.0
White	38,151	100.0	33,239	87.1	3,747	9.8	750	2.0	227	0.6	188	0.5
<2500	2,673	100.0	2,289	85.6	271	10.1	40	1.5	51	1.9	22	0.8
<1500	486	100.0	418	8.6	42	8.6	2	0.4	17	3.5	7	1.4
1500-2499	2,187	100.0	1,871	85.6	229	10.5	38	1.7	34	1.6	15	0.7
2500+	35,469	100.0	30,950	87.3	3,475	9.8	709	2.0	175	0.5	160	0.5
Unknown	9	100.0	0	0.0	1	11.1	1	11.1	1	11.1	6	66.7
Black	13,107	100.0	9,893	75.5	2,327	17.8	521	4.0	263	0.2	103	0.8
<2500	1,836	100.0	1,325	72.2	324	17.6	62	3.4	90	4.9	35	1.9
<1500	470	100.0	348	74.0	65	13.8	3	0.6	37	7.9	17	3.6
1500-2499	1,366	100.0	977	71.5	259	19.0	59	4.3	53	3.9	18	1.3
2500+	11,268	100.0	8,568	76.0	2,003	17.8	459	4.1	173	1.5	65	0.6
Unknown	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0	3	100.0
Other	2,022	100.0	1,590	78.6	337	16.7	66	3.3	11	0.5	18	0.9
<2500	156	100.0	129	82.7	18	11.5	4	2.6	1	0.6	4	2.6
<1500	25	100.0	23	92.0	1	4.0	0	0.0	0	0.0	1	4.0
1500-2499	131	100.0	106	80.9	17	13.0	4	3.1	1	0.8	3	2.3
2500+	1,866	100.0	1,461	78.3	319	17.1	62	3.3	10	0.5	14	0.8
Unknown	0	...	0	...	0	...	0	...	0	...	0	...
Hispanic*	4,379	100.0	3,099	70.8	989	22.6	201	4.6	52	1.2	38	0.9
<2500	307	100.0	232	75.6	54	17.6	9	2.9	5	1.6	7	2.3
<1500	67	100.0	54	80.6	7	10.4	0	0.0	3	4.5	3	4.5
1500-2499	240	100.0	178	74.2	47	19.6	9	3.8	2	0.8	4	1.7
2500+	4,071	100.0	2,867	70.4	935	23.0	192	4.7	46	1.1	31	0.8
Unknown	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0

* Persons of Hispanic origin may be of any race.
Source: Delaware Health Statistics Center

Table 9:

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

Number and Percent of Live Births by Age of Mother, Birth Weight in Grams, and Trimester
Prenatal Care Began (Percentages Calculated By Birth Weight Category), Delaware, 1997–2001

Mother's Age/Infant's Birth Wt.(g)	Total Number Percent	First Trimester Number Percent	Second Trimester Number Percent	Third Trimester Number Percent	No Care Number Percent	Unknown Number Percent
Less than 20 yrs.	6,826 100.0	4,790 70.2	1,513 22.2	346 5.1	117 1.7	60 0.9
<2500	760 100.0	517 68.0	165 21.7	31 4.1	33 4.3	14 1.8
<1500	165 100.0	122 73.9	21 12.7	1 0.6	17 10.3	4 2.4
1500-2499	595 100.0	395 66.4	144 24.2	30 5.0	16 2.7	10 1.7
2500+	6,066 100.0	4,273 70.4	1,348 22.2	315 5.2	84 1.4	46 0.8
Unknown	0 ...	0 ...	0 ...	0 ...	0 ...	0 ...
20-24 Years	12,453 100.0	9,678 77.7	2,073 16.6	448 3.6	176 1.4	78 0.6
<2500	1,112 100.0	855 76.9	170 15.3	31 2.8	43 3.9	13 1.2
<1500	251 100.0	196 78.1	26 10.4	2 0.8	19 7.6	8 3.2
1500-2499	861 100.0	659 76.5	144 16.7	29 3.4	24 2.8	5 0.6
2500+	11,339 100.0	8,823 77.8	1,903 16.8	416 3.7	132 1.2	65 0.6
Unknown	2 100.0	0 0.0	0 0.0	1 50.0	1 50.0	0 0.0
25-29 Years	14,403 100.0	12,564 87.2	1,394 9.7	273 1.9	94 0.7	78 0.5
<2500	1,093 100.0	916 83.8	119 10.9	19 1.7	25 2.3	14 1.3
<1500	219 100.0	187 85.4	21 9.6	0 0.0	6 2.7	5 2.3
1500-2499	874 100.0	729 83.4	98 11.2	19 2.2	19 2.2	9 1.0
2500+	13,303 100.0	11,648 87.6	1,274 9.6	254 1.9	69 0.5	58 0.4
Unknown	7 100.0	0 0.0	1 14.3	0 0.0	0 0.0	6 85.7
30-34 Years	12,883 100.0	11,654 90.5	918 7.1	172 1.3	71 0.6	68 0.5
<2500	1,035 100.0	889 85.9	94 9.1	18 1.7	23 2.2	11 1.1
<1500	224 100.0	185 82.6	27 12.1	1 0.4	7 3.1	4 1.8
1500-2499	811 100.0	704 86.8	67 8.3	17 2.1	16 2.0	7 0.9
2500+	11,847 100.0	10,765 90.9	824 7.0	154 1.3	48 0.4	56 0.5
Unknown	1 100.0	0 0.0	0 0.0	0 0.0	0 0.0	1 100.0
35+ Years	6,715 100.0	6,036 89.9	513 7.6	98 1.5	43 0.6	25 0.4
<2500	665 100.0	566 85.1	65 9.8	7 1.1	18 2.7	9 1.4
<1500	122 100.0	99 81.1	13 10.7	1 0.8	5 4.1	4 3.3
1500-2499	543 100.0	467 86.0	52 9.6	6 1.1	13 2.4	5 0.9
2500+	6,048 100.0	5,470 90.4	448 7.4	91 1.5	25 0.4	14 0.2
Unknown	2 100.0	0 0.0	0 0.0	0 0.0	0 0.0	2 100.0

Source: Delaware Health Statistics Center

Table 10:

Births by Birth Weight, Marital Status, and Prenatal Care

Number and Percent of Live Births by Marital Status of Mother, Birth Weight in Grams, and Trimester Prenatal Care Began (Percentages Calculated by Birth Weight Category), Delaware, 1997–2001

Mother's Marital Status/Infant's Birth Wt.(g)	Total Number Percent	First Trimester Number Percent	Second Trimester Number Percent	Third Trimester Number Percent	No Care Number Percent	Unknown Number Percent
Married	33,040 100.0	29,791 90.2	2,517 7.6	474 1.4	96 0.3	162 0.5
<2500	2,348 100.0	2,101 89.5	177 7.5	23 1.0	25 1.1	22 0.9
<1500	461 100.0	414 89.8	31 6.7	0 0.0	10 2.2	6 1.3
1500-2499	1,887 100.0	1,687 89.4	146 7.7	23 1.2	15 0.8	16 0.8
2500+	30,683 100.0	27,690 90.2	2,339 7.6	450 1.5	70 0.2	134 0.4
Unknown	9 100.0	0 0.0	1 11.1	1 11.1	1 11.1	6 66.7
Single	20,240 100.0	14,931 73.8	3,894 19.2	863 4.3	405 0.2	147 0.7
<2500	2,317 100.0	1,642 70.9	436 18.8	83 3.6	117 5.1	39 1.7
<1500	520 100.0	375 72.1	77 14.8	5 1.0	44 8.5	19 3.7
1500-2499	1,797 100.0	1,267 70.5	359 20.0	78 4.3	73 4.1	20 1.1
2500+	17,920 100.0	13,289 74.2	3,458 19.3	780 4.4	288 1.6	105 0.6
Unknown	3 100.0	0 0.0	0 0.0	0 0.0	0 0.0	3 100.0

Source: Delaware Health Statistics Center

Table 11:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births (<2500 grams)
U.S., Delaware, Counties, and City of Wilmington, 1984–2001

	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	6.8	6.9	6.9	7.0	7.0	7.1	7.1	7.2	7.2	7.3	7.4	7.5	7.5	7.6
Delaware	7.3	7.3	7.5	7.5	7.7	7.8	7.8	7.8	8.0	8.2	8.3	8.5	8.6	8.8
New Castle	7.3	7.4	7.5	7.6	7.8	8.0	8.0	8.2	8.3	8.5	8.6	8.8	8.8	9.1
Wilmington	N/A	N/A	N/A	12.1	12.2	12.4	12.5	12.2	12.1	12.2	12.3	12.6	13.1	13.5
Kent	7.0	7.1	7.1	7.1	7.3	7.2	7.0	7.3	7.2	7.5	7.6	8.1	8.1	8.6
Sussex	7.3	7.2	7.1	7.2	7.1	7.2	7.1	7.2	7.7	8.0	8.0	8.0	8.3	7.8

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

Table 12:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births (< 1500 grams)
U.S., Delaware, Counties, and City of Wilmington, 1984–2001

	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4
Delaware	1.6	1.6	1.6	1.7	1.7	1.7	1.6	1.6	1.6	1.7	1.7	1.8	1.9	1.8
New Castle	1.5	1.6	1.7	1.7	1.7	1.8	1.7	1.7	1.7	1.8	1.8	1.9	1.9	1.9
Wilmington	N/A	N/A	N/A	3.2	3.1	3.1	2.9	2.8	2.9	2.8	2.8	2.9	3.0	3.0
Kent	1.5	1.5	1.4	1.6	1.6	1.4	1.4	1.5	1.5	1.6	1.7	1.8	1.8	1.8
Sussex	1.7	1.5	1.4	1.5	1.5	1.3	1.2	1.4	1.4	1.5	1.6	1.6	1.7	1.6

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

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

Table 13:

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

Five-Year Average Percentage of Low Birth Weight Births by Age, Race and Hispanic Origin of Mother
U.S., Delaware and Counties, 1994–2001

Area/ Mother's Age	1994–1998				1995–1999				1996–2000				1997–2001			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	7.4	6.3	13.1	6.3	7.5	6.4	13.1	6.4	7.5	6.5	13.0	6.4	7.6	6.6	13.0	6.4
Less than 20	9.5	8.0	13.3	7.7	9.5	8.1	13.4	7.7	9.6	8.1	13.6	7.7	9.6	8.1	13.6	7.7
20-24	7.4	6.2	12.0	5.9	7.4	6.3	12.0	5.9	7.5	6.4	12.0	6.0	7.6	6.4	12.1	6.0
25-29	6.5	5.6	12.4	5.5	6.6	5.7	12.3	5.5	6.6	5.8	12.2	5.5	6.7	5.8	12.1	5.6
30+	7.4	6.4	14.9	6.8	7.5	6.5	14.8	6.8	7.5	6.6	14.6	6.8	7.6	6.7	14.4	6.9
Delaware	8.3	6.6	13.6	7.4	8.5	6.8	14.0	7.4	8.6	6.8	14.1	7.2	8.8	7.0	14.0	7.0
Less than 20	10.6	8.0	13.6	9.2	10.9	8.1	14.1	9.4	11.0	8.3	14.1	9.5	11.1	8.6	14.1	10.0
20-24	8.6	6.4	13.3	5.6	9.0	6.6	13.8	6.0	9.1	6.8	13.6	5.8	8.9	6.7	13.3	5.4
25-29	7.3	5.9	13.3	8.0	7.5	6.0	14.1	7.5	7.6	6.0	14.2	7.4	7.6	6.0	13.8	6.7
30+	8.0	6.9	14.5	8.2	8.2	7.0	14.4	8.2	8.2	7.0	14.7	7.6	8.7	7.5	15.0	7.7
New Castle	8.6	6.7	14.1	8.8	8.8	6.9	14.5	8.6	8.8	6.9	14.6	8.1	9.1	7.2	14.6	7.9
Less than 20	11.2	8.6	13.7	10.5	11.4	8.3	14.3	10.0	11.3	8.3	14.2	9.7	11.6	8.5	14.6	10.3
20-24	9.6	6.8	14.4	7.4	10.0	7.1	14.7	7.2	10.0	7.3	14.7	7.0	10.0	7.4	14.5	6.6
25-29	7.5	5.8	13.9	9.3	7.7	6.0	14.3	8.7	7.8	6.1	14.5	8.8	7.9	6.2	14.0	8.1
30+	8.1	7.0	14.5	8.6	8.3	7.2	14.7	9.3	8.2	7.0	15.1	7.5	8.7	7.4	15.3	7.8
Wilmington	12.3	7.8	14.9	9.4	12.6	7.9	15.2	9.7	13.1	8.3	15.8	9.2	13.5	8.8	16.2	8.8
Less than 20	13.5	10.2	14.2	11.4	14.3	11.2	14.9	11.3	14.4	10.1	15.4	9.9	14.6	10.3	15.5	8.8
20-24	12.7	7.8	14.5	7.5	13.5	8.3	15.4	7.6	13.4	9.5	14.8	8.2	13.9	10.2	15.4	7.8
25-29	12.2	7.0	15.9	9.3	12.2	7.3	15.9	9.7	13.5	8.7	17.2	9.2	13.0	8.5	16.3	8.7
30+	11.0	7.4	15.0	9.9	10.5	7.1	13.2	11.5	11.1	6.9	15.6	10.0	12.6	7.9	17.8	10.6
Kent	7.6	5.9	13.5	5.8	8.1	6.1	14.1	6.9	8.1	6.3	13.7	7.3	8.6	6.6	14.4	6.3
Less than 20	8.8	5.8	13.6	5.9	9.7	6.6	14.4	9.0	9.8	7.6	13.4	9.5	11.0	8.9	14.6	7.8
20-24	7.7	5.8	12.8	4.6	8.0	6.0	12.9	5.4	8.1	6.3	12.6	6.4	8.2	6.3	12.8	5.0
25-29	7.0	5.9	13.0	6.8	7.4	5.9	14.4	5.4	7.1	5.6	13.9	5.3	7.5	5.8	14.8	4.8
30+	7.6	5.9	15.3	7.4	8.0	6.3	15.4	9.8	8.2	6.4	15.8	10.6	8.7	6.9	16.7	9.8
Sussex	8.0	6.8	11.8	5.1	8.0	6.9	12.2	5.1	8.3	7.0	12.4	5.2	7.8	6.9	11.2	5.1
Less than 20	10.6	8.5	13.2	7.1	10.7	9.1	13.1	7.7	11.1	8.9	14.2	8.7	10.1	8.6	12.4	9.7
20-24	7.3	6.0	10.4	3.4	7.6	6.1	11.7	4.2	7.7	6.3	11.3	3.4	6.9	5.8	10.3	3.3
25-29	6.9	6.1	11.0	5.6	7.1	6.3	12.3	5.7	7.3	6.2	12.8	5.1	6.7	5.7	11.1	4.5
30+	8.1	7.4	13.3	7.5	7.6	7.1	11.3	4.3	8.0	7.7	11.0	6.9	8.4	8.1	11.2	6.3

* Persons of Hispanic origin may be of any race.
Source: Delaware Health Statistics Center

Table 14:

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

Five-Year Average Percentage of Very Low Birth Weight Births
by Age, Race and Hispanic Origin of Mother
U.S., Delaware, Counties, and Wilmington 1994-2001

Area/ Mother's Age	1994-1998				1995-1999				1996-2000				1997-2001			
	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	1.4	1.1	3.0	1.1	1.4	1.1	3.1	1.1	1.4	1.1	3.1	1.1	1.4	1.1	3.1	1.1
Less than 20	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3	1.8	1.4	2.9	1.3	1.8	1.4	2.9	1.3
20-24	1.3	1.0	2.7	0.9	1.4	1.0	2.7	1.0	1.4	1.1	2.7	1.0	1.4	1.1	2.7	1.0
25-29	1.2	0.9	3.0	1.0	1.2	1.0	3.1	1.0	1.3	1.0	3.1	1.0	1.3	1.0	3.1	1.0
30+	1.4	1.1	3.7	1.4	1.4	1.2	3.7	1.4	1.5	1.2	3.7	1.4	1.5	1.2	3.7	1.4
Delaware	1.7	1.2	3.3	1.3	1.8	1.3	3.5	1.5	1.9	1.3	3.6	1.5	1.8	1.3	3.6	1.5
Less than 20	2.2	1.3	3.1	0.8	2.3	1.5	3.3	1.3	2.4	1.7	3.2	2.0	2.4	1.7	3.3	2.8
20-24	1.9	1.3	3.2	1.1	2.0	1.4	3.5	1.4	2.1	1.4	3.6	1.4	2.0	1.4	3.4	1.0
25-29	1.6	1.2	3.3	1.6	1.6	1.2	3.6	1.7	1.6	1.1	3.6	1.3	1.5	1.0	3.6	1.5
30+	1.6	1.2	3.6	1.6	1.6	1.3	3.7	1.7	1.7	1.3	3.9	1.6	1.8	1.3	4.2	1.5
New Castle	1.8	1.2	3.5	1.6	1.9	1.3	3.7	1.9	1.9	1.3	3.8	1.9	1.9	1.3	3.8	2.0
Less than 20	2.1	1.2	3.0	1.0	2.4	1.4	3.3	1.7	2.5	1.7	3.2	2.7	2.6	1.9	3.3	3.7
20-24	2.2	1.3	3.8	1.5	2.4	1.5	4.0	1.6	2.5	1.5	4.1	1.5	2.3	1.5	3.8	1.3
25-29	1.7	1.2	3.6	1.8	1.7	1.2	3.8	2.1	1.6	1.1	3.8	1.7	1.5	1.0	3.7	2.1
30+	1.5	1.2	3.7	2.1	1.6	1.3	3.7	2.3	1.7	1.3	3.9	1.8	1.7	1.2	4.2	1.6
Wilmington	2.8	1.8	3.4	1.8	2.9	1.9	3.5	2.3	3.0	2.1	3.6	2.3	3.0	2.0	3.6	2.4
Less than 20	2.8	1.4	3.1	1.6	3.2	1.8	3.5	2.1	3.2	2.4	3.4	3.0	3.2	2.6	3.4	3.6
20-24	2.9	2.2	3.2	2.1	3.3	2.4	3.7	2.3	3.5	2.9	3.8	2.2	3.3	2.8	3.6	2.0
25-29	2.7	1.5	3.7	2.3	2.7	1.5	3.6	3.2	2.6	1.5	3.5	2.6	2.4	1.4	3.0	2.7
30+	2.8	1.9	4.1	0.9	2.4	1.8	3.8	1.5	2.6	1.9	4.4	1.3	2.9	1.7	5.8	1.2
Kent	1.7	1.3	3.0	1.2	1.8	1.2	3.5	1.1	1.8	1.3	3.6	1.0	1.8	1.2	3.8	0.5
Less than 20	2.1	2.0	2.2	1.5	1.9	1.8	2.1	1.5	1.9	1.6	2.3	0.0	1.8	1.4	2.7	0.0
20-24	1.6	1.1	2.9	1.5	1.6	0.9	3.5	1.6	1.7	1.0	3.6	2.1	1.8	1.2	3.5	0.7
25-29	11.5	1.3	2.5	1.4	1.7	1.2	3.4	1.1	1.6	1.3	3.2	0.9	1.7	1.2	3.8	0.8
30+	1.8	1.1	4.8	0.0	2.0	1.2	5.1	0.0	2.1	1.3	5.4	0.0	2.0	1.3	5.5	0.0
Sussex	1.6	1.3	2.7	0.7	1.6	1.4	2.6	0.8	1.7	1.4	2.6	0.9	1.6	1.4	2.6	0.8
Less than 20	2.5	1.2	4.1	0.0	2.6	1.6	4.1	0.0	2.6	1.7	3.9	0.7	2.4	1.7	3.8	1.1
20-24	1.5	1.5	1.7	0.5	1.6	1.6	1.8	0.9	1.6	1.6	1.6	0.9	1.4	1.4	1.7	0.4
25-29	1.3	1.0	2.9	1.2	1.3	1.0	2.8	1.0	1.4	1.0	3.4	0.6	1.3	0.9	2.8	0.5
30+	1.5	1.5	1.4	0.8	1.4	1.4	1.5	0.7	1.5	1.4	1.4	1.7	1.8	1.6	2.4	1.6

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

* Persons of Hispanic origin may be of any race.

Source: Delaware Health Statistics Center

Table 15:

Infant, Neonatal, and Postneonatal Mortality Rates

Five-Year Average Infant Mortality Rates, Neonatal and Postneonatal Mortality Rates
U.S. and Delaware, 1994–2001

Area/ Mother's Race	1994–1998			1995–1999			1996–2000			1997–2001		
	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal	Infant	Neo- natal	Post- neonatal
U.S.	7.5	4.9	2.6	7.3	4.8	2.5	7.1	4.7	2.4	7.1	4.7	2.4
White	6.2	4.0	2.1	6.0	4.0	2.0	5.9	3.9	2.0	5.8	3.9	1.9
Black	14.8	9.7	5.1	14.6	9.6	5.0	14.4	9.5	4.8	14.2	9.5	4.8
Delaware	7.9	5.4	2.6	8.1	5.5	2.6	8.4	5.9	2.5	9.0	6.4	2.6
White	5.9	3.7	2.2	5.7	3.5	2.2	6.2	4.0	2.2	6.6	4.4	2.2
Black	14.4	10.6	3.8	15.8	11.9	3.9	15.9	12.1	3.8	17.1	12.8	4.3

* Based on National Center for Health Statistics estimate

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

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

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

Table 16:

Infant Mortality Rates by Race and Hispanic Origin

Five-Year Average Infant Mortality Rates by Race and Hispanic Origin
U.S., Delaware, Counties and City of Wilmington, 1984-2001

Area/Race- Hispanic Origin	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	10.4	10.2	9.9	9.6	9.3	9.0	8.6	8.3	8.0	7.7	7.5	7.3	7.1	7.1
White	9.0	8.7	8.3	8.0	7.7	7.3	7.0	6.8	6.5	6.4	6.2	6.0	5.9	5.8
Black	18.0	18.1	18.0	17.9	17.7	17.5	17.0	16.4	15.8	15.3	14.8	14.6	14.4	14.2
Delaware	12.1	12.3	11.3	11.5	10.9	10.4	9.3	8.9	7.9	7.8	7.9	8.1	8.4	9.0
White	9.6	9.9	8.9	8.9	8.2	7.5	6.6	6.4	5.6	5.6	5.9	5.7	6.2	6.6
Black	20.6	20.7	19.6	20.0	19.8	19.9	18.2	17.0	15.7	14.7	14.4	15.8	15.9	17.1
Hispanic*	N/A	N/A	N/A	N/A	N/A	9.8	7.4	7.4	6.0	5.9	4.4	4.8	5.8	6.8
New Castle	12.4	12.5	11.2	11.3	10.8	10.7	9.5	9.0	7.8	7.3	7.3	7.9	8.5	9.1
White	9.5	9.6	8.4	8.6	7.9	7.5	6.5	6.3	5.0	4.9	4.8	4.9	5.6	6.2
Black	23.2	23.1	21.1	20.8	20.8	21.7	19.8	18.3	17.5	15.3	15.1	17.4	17.7	18.2
Wilmington	N/A	N/A	20.9	20.4	19.6	19.5	18.0	16.6	15.2	13.6	12.8	13.7	14.4	14.0
White	N/A	N/A	16.2	14.1	12.3	11.2	9.7	10.1	6.2	6.4	5.6	6.2	7.0	7.4
Black	N/A	N/A	23.8	24.2	23.8	24.3	22.8	20.4	20.5	17.8	16.8	18.0	18.7	18.0
Balance of NC Co.	N/A	N/A	8.6	9.0	8.6	8.5	7.5	7.2	6.1	5.9	6.0	6.7	7.2	8.1
White	N/A	N/A	7.6	8.1	7.4	7.1	6.2	5.9	4.8	4.8	4.7	4.8	5.4	6.1
Black	N/A	N/A	17.3	16.4	17.1	18.5	16.3	16.0	14.4	12.9	13.6	16.8	16.8	18.5
Kent	11.3	11.1	11.2	11.3	11.3	9.7	9.6	8.6	8.6	8.2	9.0	8.4	8.6	8.7
White	10.5	9.9	9.4	9.0	8.8	7.3	7.3	6.5	6.8	5.9	7.1	6.3	7.0	6.9
Black	14.4	15.6	17.7	19.0	19.9	17.9	17.6	15.5	15.1	16.5	15.9	15.7	14.3	15.2
Sussex	11.8	12.8	12.2	12.2	10.7	9.7	8.3	8.7	7.9	9.0	9.4	8.5	8.1	9.0
White	9.1	10.8	10.5	10.1	8.8	7.8	6.2	6.8	6.8	8.0	8.9	8.0	7.5	7.6
Black	18.5	18.0	16.8	18.0	16.1	15.3	13.7	13.9	10.4	11.1	10.4	9.9	10.4	14.4

Mortality Rates are deaths per 1,000 live births

* Persons of Hispanic origin may be of any race.

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

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

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

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

Table 17:

Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor (Live Birth Cohort)
Delaware, 1997–2001

Risk Factor	All Races	White	Black
Birth Weight			
<1500 grams	303.8	279.8	329.8
<2500	74.6	62.5	93.1
2500+	2.4	2.3	2.9
Age of Mother			
<20	11.9	8.9	15.2
20-24	10.3	7.4	16.2
25-29	6.5	4.8	13.8
30+	8.3	6.7	16.8
Trimester Care First Received			
No prenatal care	45.9	44.1	49.4
First	8.1	6.1	15.0
Second	8.6	6.9	12.5
Third	9.7	8.0	9.6
Marital Status of Mother			
Married	6.6	5.7	13.4
Single	12.2	8.6	16.4
Education of Mother			
<12 years	11.8	9.8	16.1
H.S. diploma	10.5	7.5	16.8
1+ years college	5.9	4.4	13.9
Interval Since Last Live Birth			
<18 months	9.2	7.4	13.4
18+ months	6.7	5.6	10.2

Source: Delaware Health Statistics Center

Table 18:

Infant Deaths by Causes of Death and Race of Mother

Number and Percent of Infant Deaths by Selected Leading Causes of Death by Race of Mother
(all birth weights) Delaware, Total Number 1997–2001

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	464	100%	247	100%	204	100%	13	100%
Birth Defects	52	11%	34	14%	15	7%	3	23%
Certain Conditions Originating in the Perinatal Period	225	48%	99	40%	124	61%	2	15%
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	75	16%	29	12%	44	22%	2	15%
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	35	8%	23	9%	11	5%	1	8%
Infectious and Parasitic Diseases	11	2%	6	2%	5	2%	0	0%
Unintentional Injuries	5	1%	4	2%	1	0%	0	0%
Homicide	3	1%	2	1%	1	0%	0	0%
Diseases of the Respiratory System	5	1%	1	0%	4	2%	0	0%
All Other Causes	128	28%	78	32%	43	21%	7	54%

Infant deaths are deaths that occur between live birth and one year of age.
Percentages are based upon the total number of infant deaths in each race group. Percentages may not add up to 100% due to rounding.
Live Birth Cohort – All persons born during a given period of time.
Source: Delaware Health Statistics Center

Table 19:

Infant Mortality Rates by Gestation

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Gestation Weeks
Delaware, 1989–2001

Gestation Weeks	Year of Birth								
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
<28 weeks	499.1	493.1	467.6	428.6	419.6	422.4	433.7	452.1	495.3
28–36 weeks	24.3	22.7	20.0	18.4	16.3	14.5	13.1	13.3	14.7
37+ weeks	3.0	2.6	2.7	2.3	2.4	2.6	2.6	2.5	2.4

Source: Delaware Health Statistics Center

Table 20:

Infant Mortality Rates by Source of Payment

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Source of Payment for Delivery
Delaware, 1991-2001

Source of Payment	Year of Birth						
	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
Medicaid	11.4	9.9	9.8	10.2	10.8	9.8	10.4
Private	6.1	5.4	5.2	5.5	5.6	6.5	6.8
Self Pay	23.7	23.4	25.8	25.0	25.5	26.0	29.4

Source: Delaware Health Statistics Center

Table 21:

Infant Mortality Rates by Prenatal Care

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Trimester Prenatal Care Began
Delaware, 1989-2001

Trimester Care Began	Year of Birth								
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
No Care	53.2	50.1	55.9	57.7	56.2	49.1	40.2	30.2	45.9
First	9.1	8.0	7.4	6.7	6.5	6.9	7.3	7.7	8.0
Second	10.1	9.6	9.4	7.6	8.2	8.5	8.4	7.3	8.6
Third	12.5	9.2	11.6	5.8	8.9	9.5	10.8	9.9	9.7

Source: Delaware Health Statistics Center

Table 22:

Infant Mortality Rates by Single or Multiple Birth

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Single or Multiple Birth
Delaware, 1989-2001

Single vs. Multiple	Year of Birth								
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
Single	9.1	8.2	7.7	7.0	6.7	6.7	6.8	6.9	7.1
Multiple	52.8	45.6	43.1	30.0	33.5	39.3	41.6	45.4	52.6

Source: Delaware Health Statistics Center

Table 23:

Infant Mortality Rates by Mothers' Smoking

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Smoking during Pregnancy
Delaware, 1989–2001

Smoking during Pregnancy	Year of Birth								
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
Yes	13.4	13.3	12.1	10.3	9.2	10.6	10.6	11.3	13.1
No	9.2	8.1	7.8	7.0	7.1	7.1	7.4	7.6	8.0

Source: Delaware Health Statistics Center

Table 24:

Infant Mortality Rates by Birth Weight

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Birth Weight
Delaware, 1989–2001

Birth Weight	Year of Birth								
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
<1500 grams	364.7	337.3	307.1	272.9	255.2	258.5	262.7	270.9	303.8
1500-2499 grams	22.1	18.5	17.2	16.1	16.4	14.4	13.5	13.8	13.6
2500+ grams	2.8	2.6	2.6	2.3	2.3	2.5	2.4	2.4	2.4

Source: Delaware Health Statistics Center

Table 25:

Infant Mortality Rates by Birth Interval

Five-Year Average Infant Mortality Rates per 1,000 Live Births by Birth Interval
Delaware, 1989–2001

Birth Interval	Year of Birth								
	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
<18 months	19.9	16.8	15.2	12.2	12.3	10.7	9.7	8.4	9.2
18+ months	8.0	7.7	6.7	5.6	5.2	5.6	5.8	6.2	6.7

Source: Delaware Health Statistics Center

Table 26:

Lead Poisoning

Percent of Children under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
Delaware and U.S., Fiscal Years 1994–2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
# Tested	7,998	8,959	9,848	9,243	9,117	9,958	10,845	14,001	14,164	12,107
# Identified	247	208	166	121	140	64	51	48	42	59
Delaware (%)	3.1	2.3	1.7	1.3	1.5	0.6	0.5	0.3	0.3	0.5
U.S. (%)	N/A	1.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

U.S. data only available for 1995

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

Table 27:

Child Immunizations

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

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

Source: Centers For Disease Control and Prevention

Table 28:

Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges and Readmissions for Children 0–17 Years of Age,
Discharge Rates per 1,000 Children 0–17 Years of Age,
Readmission Rates per 100 Children 0–17 Years of Age Previously Admitted in the Same Year
Delaware, 1994–2000

	1994	1995	1996	1997	1998	1999	2000
Children Discharged	435	568	482	508	421	577	455
Readmissions	87	108	81	83	68	79	64
Total Discharges	522	676	563	591	489	656	519
Discharge Rate	3.2	4.0	3.2	3.3	2.7	3.5	2.8
Readmission Rate	20.0	19.0	16.8	16.3	16.2	13.7	14.1

Source: Delaware Health Statistics Center

Table 29:

Children without Health Insurance

Three-Year Average Percentage of Children Not Covered by Health Insurance
U.S. and Delaware, Three-Year Moving Average, 1986–2003

	1986- 1988	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	15.3	14.4	13.6	13.1	13.0	12.7	12.9	13.4	13.9	14.3	14.5	15.1	14.8	13.6	12.4	11.6
Delaware	14.9	11.6	11.8	11.4	13.4	10.7	10.8	10.2	12.1	12.4	13.7	14.9	12.8	10.5	7.5	8.5

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

Table 30:

Child Death Rates

Five-Year Average Death Rates per 100,000 Children 1–14 Years of Age
U.S. and Delaware, 1984–2001

	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	33.9	33.6	33.0	32.3	31.3	30.5	29.7	29.1	28.3	27.5	26.4	25.4	24.2	23.2
Delaware	35.3	35.3	34.3	31.9	29.9	29.3	25.7	23.4	22.1	22.2	21.1	21.6	22.0	22.4

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

Table 31:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide
per 100,000 Teens 15–19 Years of Age
U.S. and Delaware, 1984–2001

	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	65.2	66.4	68.1	68.7	68.9	69.0	69.1	68.0	66.1	64.3	61.4	56.0	53.2	54.4
Delaware	50.4	50.1	52.1	47.7	47.9	43.5	45.1	44.9	46.1	50.6	51.7	50.0	51.6	54.3

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

Table 32:

Causes of Deaths of Children by Age

Leading Causes of Deaths of Children 1–19 Years Old, by Age, Delaware, 1997–2001

Age	Cause of Death	Number of Deaths	Percent
1–4 Years	Nontransport accidents	20	27.8
	Motor vehicle accidents	8	11.1
	Other transport accidents	1	1.4
	Congenital malformations, deformations, and chromosomal abnormalities	8	11.1
	Diseases of the heart	6	8.3
	Assault (homicide)	5	6.9
	Malignant neoplasms	5	6.9
	Cerebrovascular diseases	2	2.8
	Influenza and pneumonia	2	2.8
	All other causes	15	20.8
	Total	72	100.0
5–14 Years	Nontransport accidents	21	21.4
	Motor vehicle accidents	19	19.4
	Other transport accidents	3	3.1
	Malignant neoplasms	14	14.3
	Intentional self-harm (suicide)	5	5.1
	Diseases of the heart	4	4.1
	Chronic lower respiratory diseases	3	3.1
	Influenza and pneumonia	3	3.1
	Cerebrovascular diseases	2	2.0
	Septicemia	2	2.0
	Congenital malformations, deformations, and chromosomal abnormalities	2	2.0
	Assault (homicide)	1	1.0
	Certain conditions originating in the perinatal period	1	1.0
	All other causes	18	18.4
	Total	98	100.0
15–19 Years	Motor vehicle accidents	85	46.4
	Nontransport accidents	22	12.0
	Other transport accidents	7	3.8
	Intentional self-harm (suicide)	19	10.4
	Assault (homicide)	14	7.7
	Malignant neoplasms	7	3.8
	Diseases of the heart	4	2.2
	Cerebrovascular diseases	1	0.5
	Chronic lower respiratory diseases	1	0.5
	Chronic liver disease and cirrhosis	1	0.5
	All other causes	22	12.0
	Total	183	100.0

Source: Delaware Health Statistics Center

Table 33:

Crash Involvement Rate

Crash Involvement Rate per 1,000 Licensed Drivers by Age, Delaware, Fiscal Years 1996–2003

Age of Licensed Driver	1996	1997	1998	1999	2000	2001	2002	2003
16 years old	160.2	161.4	165.1	148.1	115.6	70.8	94.5	98.8
17 years old	139.8	141.8	157.2	141.1	130.2	131.0	136.9	138.0
18 years old	125.6	127.1	131.8	129.7	137.0	124.1	120.7	123.4
19 years old	107.1	109.0	102.1	89.9	108.6	100.9	98.2	102.8
All Ages	49.9	49.7	49.6	46.3	48.3	46.4	44.7	45.5

Source: Delaware State Police

Table 34:

Traffic Arrests of Teens Involved in Crashes

Number of Arrests for Teens Involved in Crashes by Violation, Delaware, 1993–2002

Title 21	Violation Description	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
2118	No insurance	31	41	47	47	54	66	80	65	51	44
4107	Disobey traffic control device	48	93	100	117	134	138	125	72	28	29
4122	Unsafe lane change	49	43	53	63	76	87	115	81	85	104
4123	Following too closely	198	180	191	217	240	315	310	281	329	302
4132	Unsafe left turn	97	118	120	100	128	177	175	147	145	138
4133	Entering roadway unsafely	50	40	42	54	64	73	73	54	66	62
4164a&b	Stop sign violations	130	145	188	181	199	189	187	175	167	193
4168	Unsafe speed	142	143	212	172	215	211	190	223	231	197
4176a	Careless driving	307	341	378	506	459	454	377	379	365	410
4176b	Inattentive driving	431	484	580	626	716	831	842	758	779	761
4177	Driving under the influence	37	25	43	34	73	68	85	90	99	120
	Other traffic arrests	283	350	386	368	411	429	380	363	438	412
	Total Traffic Arrests	1,803	2,003	2,340	2,485	2,769	3,038	2,939	2,688	2,783	2,772

Source: Delaware State Police

Table 35:

Sexually Transmitted Diseases

Number and Percent of Teens Ages 15–19 with Gonorrhea and Primary or Secondary Syphilis
and Chlamydia*, Delaware and Counties**, 1991–2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Delaware													
Gonorrhea Cases	850	549	460	769	771	523	452	528	478	592	594	517	335
Primary or Secondary Syphilis Cases	20	7	6	2	1	2	0	2	1	4	0	2	3
Chlamydia*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,237	1,211	1,301	1,213	1,244	1,212
New Castle													
Gonorrhea Cases	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	415	357	256	144
Primary or Secondary Syphilis Cases	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	0	2	2
Chlamydia*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	851	660	683	623
Kent													
Gonorrhea Cases	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	132	159	160	115
Primary or Secondary Syphilis Cases	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0
Chlamydia*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	255	326	330	330
Sussex													
Gonorrhea Cases	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	45	78	101	76
Primary or Secondary Syphilis Cases	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	0	0	1
Chlamydia*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	195	227	231	259

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

* The figures for chlamydia not available before 1998.

** County data is not available before 2000.

Source: Delaware Health Statistics Center

Table 36:

8th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 8th Graders Using Substances (Cigarettes, Alcohol, Marijuana) over a 30 Day Period by Gender, Delaware and Counties, 2003

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	11	23	12
Male	10	22	13
Female	12	24	10
New Castle	11	23	13
Male	9	21	13
Female	13	25	12
Kent	10	23	10
Male	10	23	12
Female	10	24	7
Sussex	13	25	13
Male	13	26	17
Female	14	24	9

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

Table 37:

11th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 11th Graders Using Substances (Cigarettes, Alcohol, Marijuana) over a 30 Day Period by Gender, Delaware and Counties, 2003

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	19	43	25
Male	19	45	29
Female	20	42	21
New Castle	18	42	25
Male	18	42	29
Female	17	40	21
Kent	22	44	23
Male	21	48	28
Female	23	40	19
Sussex	23	49	25
Male	22	50	29
Female	25	48	21

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

Table 38:

Free and Reduced-Price Lunches

Average Number of Free and Reduced-Price Lunches Served Daily and Percent to Total Enrollment
Delaware and Counties, 1996/97 – 2000/03 School Years

		1996-97 #/%	1997-98 #/%	1998-99 #/%	1999-00 #/%	2000-01 #/%	2001-02 #/%	2002-03 #/%
Delaware	Enrollment	110,245	112,026	113,082	114,195	114,743	115,550	116,429
	Free	32,208	33,834	38,096	30,593	29,694	31,731	33,481
	Reduced	6,088	6,955	6,936	6,927	7,339	7,442	7,745
	% Free & Reduced	34.7%	36.4%	33.8%	32.9%	32.3%	33.9%	35.4%
New Castle	Enrollment	64,609	66,154	66,831	66,307	65,809	65,652	65,468
	Free	17,720	19,416	21,190	17,553	16,490	17,896	19,193
	Reduced	3,223	3,657	3,593	3,663	3,647	3,927	4,242
	% Free & Reduced	32.4%	34.9%	31.9%	32.0%	30.6%	33.2%	35.8%
Kent	Enrollment	27,749	24,835	25,005	24,817	24,630	24,598	24,324
	Free	7,056	7,024	8,328	6,318	6,022	6,223	6,494
	Reduced	1,640	1,853	1,712	1,667	1,866	1,691	1,674
	% Free & Reduced	35.1%	35.7%	33.7%	32.2%	32.0%	32.2%	33.6%
Sussex	Enrollment	20,887	21,037	21,246	21,812	21,596	21,071	21,580
	Free	7,432	7,394	8,578	6,567	6,551	6,627	7,043
	Reduced	1,225	1,445	1,568	1,554	1,636	1,581	1,671
	% Free & Reduced	41.4%	42.0%	40.2%	37.2%	37.9%	39.0%	40.4%
Charter	Enrollment				1,259	2,708	4,229	5,057
	Free				155	631	985	751
	Reduced				43	190	243	158
	% Free & Reduced				15.7%	30.3%	29.0%	18.0%

Source: Delaware Department of Education

Table 39:

Delaware Student Testing Program (DSTP)

Delaware Student Testing Program, Percentage Meeting the Standard in Reading and Math
Delaware by Race and Hispanic Origin*, 1997-2003

		1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
3rd Graders Reading	All Students	61.5	68.6	76.8	75.1	79.3	79.3
	African American	42.5	49.8	62.4	58.8	64.9	65.3
	Hispanic	39.5	48.7	62.7	57.4	72.3	73.2
	White	71.6	78.7	84.9	85.3	87.8	87.6
3rd Graders Math	All Students	54.8	63.5	72.7	73.4	72.0	73.6
	African American	31.9	39.2	53.2	53.6	53.7	55.9
	Hispanic	36.8	41.4	60.9	62.7	62.8	67.0
	White	66.4	76.1	83.1	84.6	82.9	84.1
5th Graders Reading	All Students	59.0	62.8	69.3	68.7	78.0	78.5
	African American	37.2	40.1	48.1	48.4	6.4	64.3
	Hispanic	36.7	46.2	54.6	49.7	61.5	68.6
	White	70.8	73.8	79.9	79.9	86.7	87.0
5th Graders Math	All Students	52.3	55.4	62.1	65.0	67.2	71.0
	African American	28.6	31.0	36.6	41.9	46.3	51.6
	Hispanic	32.6	36.5	54.1	50.7	52.6	61.9
	White	64.3	67.1	74.2	77.3	79.5	82.6
8th Graders Reading	All Students	60.8	62.2	67.4	68.0	71.5	69.8
	African American	39.7	43.2	47.3	49.9	54.4	54.6
	Hispanic	39.9	41.0	48.8	49.4	57.6	55.3
	White	70.8	70.8	77.0	77.4	79.9	78.7
8th Graders Math	All Students	60.8	62.2	67.4	68.0	71.5	69.8
	African American	39.7	43.2	47.3	49.9	54.4	54.6
	Hispanic	39.9	41.0	48.8	49.4	57.6	55.3
	White	70.8	70.8	77.0	77.4	79.9	78.7
10th Graders Reading	All Students	58.6	53.7	61.3	61.2	66.4	66.6
	African American	36.8	31.8	39.8	39.8	45.4	46.3
	Hispanic	37.4	34.8	42.0	37.0	47.6	43.9
	White	67.2	63.2	70.8	70.6	76.2	76.5
10th Graders Math	All Students	36.1	35.8	41.2	42.9	48.1	47.2
	African American	14.7	14.6	18.4	19.6	24.6	25.6
	Hispanic	18.9	14.1	20.2	23.7	31.1	33.2
	White	45.7	45.3	51.6	54.0	59.3	59.0

Note: All includes Native American and Asian
Source: Department of Education

Table 40:

Dropouts

Delaware Dropouts by Gender, Race/Ethnicity, and Age
Summary Statistics for Public School Students Grades 9–12, 2001–02

		Annual Dropout Rate (%)	Percentage of All Dropouts (%)
Total		6.1	100.0
Gender	Male	7.2	60.1
	Female	4.9	39.9
Race/Ethnicity	American Indian	5.3	0.2
	African American	8.7	42.4
	Asian/Pacific Islander	3.4	1.4
	Hispanic	11.7	8.9
	White	4.5	47.1
Age	Less than 15	1.1	4.8
	Age 15	1.7	7.3
	Age 16	7.7	32.4
	17+	14.6	55.5

Source: Delaware Department of Education

Table 41:

Dropouts and Enrollment by Race/Ethnicity

Delaware Dropouts and Student Enrollment by Race, Public School Students Grades 9–12
Delaware and Counties, 2001–02 School Year

Area	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	10,147	1,596	22,538	34,281	884	186	1,016	2,086
New Castle	6,385	1,142	12,497	20,024	651	158	638	1,447
Kent	2,017	225	5,117	7,359	105	17	175	297
Sussex	1,745	229	4,924	6,898	128	11	203	342

Source: Delaware Department of Education

Table 42:

Dropout Rate and Percentage by Race/Ethnicity

Dropout Rate and Percentage of all Dropouts by Race, Public School Students
Delaware and Counties, 2001–02 School Year

County	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	8.7	11.7	4.5	6.1	42.4	8.9	48.7	100.0
New Castle	10.2	13.8	5.1	7.2	31.2	7.6	30.6	69.4
Kent	5.2	7.6	3.4	4.0	5.0	0.8	8.4	14.2
Sussex	7.3	4.8	4.1	5.0	6.1	0.5	9.7	16.4

Source: Delaware Department of Education

Table 43:

Dropout Rate by Race/Ethnicity

Dropout Rate by Race/Ethnicity, Grades 9–12, Delaware, 1988–2002

Race/ Ethnicity	1988- 1989	1989- 1990	1990- 1991	1991- 1992	1992- 1993	1993- 1994	1994- 1995	1995- 1996	1996- 1997	1997- 1998	1998- 1999	1999- 2000	2000- 2001	2001- 2002
Black	10.2	10.0	7.9	6.2	5.8	6.8	5.8	5.3	6.1	6.4	5.2	5.6	5.3	8.7
Hispanic	14.2	11.9	8.8	7.9	5.1	6.7	7.5	8.3	7.3	8.2	6.9	7.2	7.4	11.7
White	6.2	5.4	4.9	3.0	3.6	3.8	4.0	4.0	3.7	3.8	3.4	3.4	3.6	4.5
All	7.3	6.6	5.7	4.0	4.2	4.6	4.6	4.5	4.5	4.7	4.1	4.2	4.2	6.1

Source: Delaware Source: Delaware Department of Education

Table 44:

Dropouts and Enrollment by Race/Ethnicity and Gender

Student Enrollment and Delaware Dropouts by Race and Gender, Grades 9–12
Public School Students in Delaware, 2001–02 School Year

Gender	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	10,147	1,596	22,538	34,281	884	186	1,016	2,086
Male	5,017	826	11,601	17,444	557	100	596	1,253
Female	5,130	770	10,937	16,837	327	86	420	833

Source: Delaware Department of Education

Table 45:

Dropout Rate and Percentage by Race/Ethnicity and Gender

Dropout Rate and Percentage of all Dropouts by Race and Gender, Grades 9–12
Public School Students in Delaware, 2001–2002 School Year

Gender	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	8.7	11.7	4.5	6.1	42.4	8.9	48.7	100.0
Male	11.1	12.1	5.1	7.2	26.7	4.8	28.6	60.1
Female	6.4	11.2	3.8	4.9	15.7	4.1	20.1	39.9

Source: Delaware Department of Education

Table 46:

Graduation Rates

June graduates compared to the 9th grade class four years ago according to NCLB definition
Public School Students in Delaware, 2000–01 and 2001–02 School Years

		2000–2001	2001–2002
All Students		81.9	83.1
Race	African American	74.9	74.8
	Hispanic	61.5	71.2
	White	85.2	86.8
Gender	Female	85.3	86.2
	Male	78.3	79.9
Income	Low-Income	66.4	68.5
	Not Low-Income	89.0	89.6
Disability Status	With Disabilities	66.6	66.8
	Without Disabilities	83.7	85.3

Source: Delaware Department of Education

Table 47:

Teens Not in School and Not in the Labor Force

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

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

* Persons of Hispanic Origin can be of any race.

Source: U.S. Bureau of the Census

Table 48:

Teens Not Graduated and Not Working

Three-Year Average Percentage of Persons (16–19 Yrs.) Not Graduated and Not Employed
U.S. and Delaware, 1988–2003

	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	9.3	9.4	9.6	9.8	9.6	9.2	9.1	9.0	8.6	8.3	7.9	8.0	8.0	8.5
Delaware	10.3	9.0	7.4	10.8	9.6	9.8	4.9	6.9	7.1	7.8	9.8	11.0	10.2	7.8

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

Table 49:

Teen Birth Rates (15-19 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15-19 by Race
U.S., Delaware, Counties, and City of Wilmington, 1984-2001

Area/Race	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	51.0	52.4	54.2	56.5	58.5	59.8	60.1	59.3	57.7	56.0	54.4	52.6	51.0	49.2
White	42.2	43.3	45.0	47.2	49.2	50.8	51.4	51.2	50.2	49.0	47.9	46.7	45.5	44.1
Black	100.2	103.2	106.2	109.5	111.7	112.0	110.5	106.9	101.6	96.8	92.2	87.7	84.5	81.0
Delaware	48.7	50.7	51.9	54.0	55.3	56.2	56.5	56.5	55.3	54.3	53.2	52.0	50.7	49.5
White	33.8	34.9	35.6	36.7	37.6	38.5	39.1	39.9	39.5	39.5	38.8	38.4	37.7	37.2
Black	109.0	114.3	116.5	121.9	124.4	124.6	123.0	119.4	113.7	108.2	104.0	98.8	94.9	90.1
New Castle	41.5	43.1	44.5	46.2	47.6	48.1	48.1	48.2	47.7	46.1	45.8	44.9	44.1	42.5
White	27.6	28.0	28.5	29.3	30.2	30.9	31.6	32.5	32.6	31.3	30.9	30.4	29.9	29.5
Black	105.9	112.3	116.2	121.1	123.7	122.0	117.6	113.1	108.9	105.3	104.2	100.9	98.5	91.4
Wilmington	N/A	N/A	N/A	135.9	139.0	139.2	134.0	129.9	126.7	125.5	121.8	119.3	118.5	111.5
White	N/A	N/A	N/A	119.5	113.4	112.3	104.5	98.6	101.4	101.2	94.5	93.9	100.6	98.3
Black	N/A	N/A	N/A	157.4	165.1	166.8	162.4	158.3	151.7	149.4	145.4	141.4	138.2	128.8
Kent	58.1	61.3	62.1	64.3	64.9	66.9	67.1	66.6	64.1	61.2	57.8	56.7	55.2	54.7
White	50.9	52.6	52.1	52.8	53.4	54.7	54.6	53.7	53.1	52.1	50.6	50.5	50.6	49.8
Black	81.5	88.6	92.2	98.1	98.1	102.7	103.9	102.2	92.3	83.3	73.9	70.2	66.4	67.2
Sussex	71.4	73.9	74.4	78.1	79.3	80.1	81.1	81.6	79.2	83.0	80.9	77.8	73.8	72.0
White	45.5	49.1	51.5	54.7	55.1	56.2	56.4	57.8	56.2	63.3	62.5	61.4	58.4	56.0
Black	155.0	155.8	150.9	157.2	161.4	161.8	166.4	164.5	159.3	153.9	147.1	134.0	124.5	119.0

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

Table 50:

Teen Birth Rates (15-17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15-17
U.S., Delaware, and Counties, 1984-2001

Area/Race	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001
U.S.	31.6	32.6	33.8	35.5	36.7	37.6	37.8	37.5	36.5	35.3	33.8	32.1	30.4	28.6
Delaware	33.5	35.8	37.1	38.2	40.0	40.5	41.6	41.8	41.4	39.5	38.0	35.8	33.8	31.5
New Castle	31.0	33.1	34.3	35.7	37.3	37.6	38.3	38.8	38.5	36.2	34.9	33.3	31.8	29.4
Kent	35.7	39.8	41.0	40.7	40.5	41.8	42.1	41.1	41.1	38.0	35.4	33.4	31.8	30.3
Sussex	40.7	42.1	43.7	45.3	49.3	49.7	53.6	53.9	52.8	54.0	52.9	48.0	43.2	40.0

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

Table 51:

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

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10-14 by Race
U.S., Delaware, and Counties, 1984-2001

Area/Race	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001
U.S.	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.2	1.1	1.0	0.9
White	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7	0.6
Black	4.7	4.8	4.9	4.9	4.9	4.8	4.7	4.6	4.3	4.0	3.7	3.3	2.9	2.6
Delaware	1.8	1.8	1.9	2.0	2.1	2.1	2.2	2.2	2.2	2.0	1.9	1.7	1.5	1.3
White	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.6
Black	5.8	5.6	5.9	6.1	6.5	6.3	6.7	6.5	6.3	5.6	5.5	4.5	3.9	3.3
New Castle	1.7	1.6	1.7	1.9	2.0	2.0	2.1	2.1	2.1	1.8	1.8	1.6	1.4	1.2
White	0.6	0.6	0.6	0.7	0.7	0.8	0.7	0.7	0.7	0.6	0.6	0.6	0.5	0.5
Black	5.7	5.2	5.6	5.9	6.4	6.2	6.7	6.6	6.5	5.6	5.5	4.4	3.9	3.1
Wilmington	N/A	N/A	N/A	6.0	6.5	6.7	7.3	7.5	7.5	6.8	6.9	5.9	5.4	4.3
White	N/A	N/A	N/A	5.1	4.4	4.7	3.6	2.4	1.4	1.4	1.4	1.8	1.8	1.8
Black	N/A	N/A	N/A	7.0	7.8	8.0	9.3	10.0	10.3	9.3	9.4	7.8	7.0	5.4
Kent	1.4	1.4	1.7	1.9	1.8	1.8	1.9	1.7	1.7	1.5	1.5	1.6	1.5	1.2
White	0.4	0.5	0.8	0.8	0.8	0.9	0.9	0.8	1.1	1.0	0.9	0.9	0.9	0.6
Black	5.1	4.7	4.9	5.7	5.0	4.7	4.7	4.0	3.4	3.0	3.3	3.5	3.3	2.9
Sussex	2.3	2.7	2.7	2.6	2.7	2.6	2.8	3.1	3.0	2.9	2.8	2.3	2.0	1.8
White	0.8	1.0	1.0	1.0	0.9	0.8	0.8	1.0	1.1	1.2	1.2	1.3	1.1	1.1
Black	6.5	7.7	7.9	7.3	8.1	8.3	9.0	9.5	8.9	8.6	7.9	5.6	4.5	4.4

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

Table 52:

Births to Single Teen Mothers

Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single
By Race and Hispanic Origin* of Mother
U.S., Delaware, Counties, 1984–2001

Area/Race Hisp. Origin*	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	61.3	63.5	65.3	66.9	68.1	69.3	71.0	72.6	74.0	75.6	77.0	77.6	78.3	78.9
White	48.2	51.0	53.4	55.5	57.3	59.0	61.4	63.7	65.7	67.8	69.7	70.7	71.8	72.6
Black	90.5	91.1	91.5	91.9	92.3	92.6	93.2	93.8	94.8	95.5	96.0	96.1	96.2	95.7
Hispanic*	N/A	N/A	N/A	N/A	N/A	61.6	63.6	65.2	66.5	68.3	70.3	71.0	72.0	72.9
Delaware	70.5	73.1	76.2	78.2	80.8	83.3	86.1	86.7	88.3	89.1	89.3	89.3	89.5	89.6
White	53.0	56.2	58.6	61.2	65.2	69.3	73.8	77.3	80.2	81.5	81.7	81.9	82.5	83.1
Black	90.9	92.3	92.9	94.0	94.9	95.7	96.7	97.4	97.7	97.9	97.9	97.9	97.8	97.7
Hispanic*	N/A	N/A	N/A	N/A	N/A	70.9	73.0	75.9	76.9	79.6	81.0	80.9	80.3	80.2
New Castle	74.9	77.8	79.4	81.4	84.1	86.4	88.8	90.6	91.6	92.5	92.6	92.5	92.5	92.4
White	59.1	62.6	65.3	68.2	72.3	76.5	80.6	83.4	85.2	86.5	86.6	86.6	86.6	86.8
Black	92.6	93.9	94.1	94.8	95.7	96.4	97.2	98.0	98.4	98.6	98.6	98.5	98.4	98.3
Hispanic*	N/A	N/A	N/A	N/A	N/A	73.0	75.5	78.3	79.1	81.3	81.3	80.5	79.0	78.1
Wilmington	N/A	N/A	N/A	91.4	92.9	93.6	95.3	96.2	96.7	96.9	97.1	96.8	96.6	96.5
White	N/A	N/A	N/A	75.0	78.2	80.9	85.8	87.3	87.4	88.5	88.8	87.1	86.4	87.5
Black	N/A	N/A	N/A	96.0	96.6	97.1	97.8	98.5	99.2	99.0	99.0	99.0	99.0	98.7
Hispanic*	N/A	N/A	N/A	N/A	N/A	77.7	81.5	83.4	84.0	85.0	86.0	84.6	83.2	82.9
Kent	59.7	62.3	65.3	67.7	71.0	75.1	78.1	80.1	81.7	82.1	81.1	81.6	82.6	83.8
White	44.1	46.4	49.2	50.9	56.1	61.6	66.3	68.4	71.9	72.3	71.0	71.4	73.4	75.5
Black	86.6	88.1	90.4	92.6	94.0	95.7	96.8	97.7	97.1	96.9	95.9	96.0	96.4	96.2
Hispanic*	N/A	N/A	N/A	N/A	N/A	80.0	75.4	76.2	77.1	78.1	76.5	79.1	76.2	81.3
Sussex	69.0	71.1	70.9	72.8	74.5	76.0	79.6	82.6	85.5	86.7	87.8	87.9	88.1	87.9
White	46.0	50.3	51.2	54.5	56.7	59.3	64.5	70.5	75.4	78.4	80.0	80.7	81.7	81.9
Black	89.4	90.8	91.3	92.6	93.1	93.7	95.1	95.6	96.1	96.8	97.5	97.6	97.2	97.0
Hispanic*	N/A	N/A	N/A	N/A	N/A	50.9	59.2	65.2	68.5	74.6	82.5	83.1	85.9	85.7

* Persons of Hispanic origin may be of any race

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

Table 53:

Births by Race, Hispanic Origin, and Age of Mother

Number and Percent of Live Births by Race, Hispanic Origin, and Age of Mother
Delaware, Counties, and City of Wilmington, 2001

Area/Race- Hispanic Origin*	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15-17 years old		Births to Teen Mothers 18-19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	10,747	1,285	12.0	28	0.3	438	4.1	819	7.6
White	7,557	672	8.9	10	0.1	225	3.0	437	5.8
Black	2,702	568	21.0	18	0.7	200	7.4	350	13.0
Other	488	45	9.2	0	0.0	13	2.7	32	6.6
Hispanic*	1,082	190	17.6	5	0.5	71	6.6	114	10.5
New Castle	6,812	689	10.1	17	0.2	251	3.7	421	6.2
White	4,750	357	7.5	7	0.1	123	2.6	227	4.8
Black	1,780	328	18.4	10	0.6	127	7.1	191	10.7
Other	282	4	1.4	0	0.0	1	0.4	3	1.1
Hispanic*	685	123	18.0	5	0.7	45	6.6	73	10.7
Wilmington	1,184	246	20.8	7	0.6	99	8.4	140	11.8
White	439	55	12.5	2	0.5	24	5.5	29	6.6
Black	734	191	26.0	5	0.7	75	10.2	111	15.1
Other	11	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic*	185	34	18.4	2	1.1	16	8.6	16	8.6
Balance of NC County	5,628	443	7.9	10	0.2	152	2.7	281	5.0
White	4,311	302	0.7	5	0.1	99	2.3	198	4.6
Black	1,046	137	13.1	5	0.5	52	5.0	80	7.6
Other	271	4	1.5	0	0.0	1	0.4	3	1.1
Hispanic*	500	89	17.8	3	0.6	29	5.8	57	11.4
Kent	1,901	278	14.6	4	0.2	100	5.3	174	9.2
White	1,355	157	11.6	1	0.1	60	4.4	96	7.1
Black	479	115	2.4	3	0.6	38	7.9	74	15.4
Other	67	6	9.0	0	0.0	2	3.0	4	6.0
Hispanic*	105	17	16.2	0	0.0	12	11.4	5	4.8
Sussex	2,034	318	15.6	7	0.3	87	4.3	224	11.0
White	1,452	158	10.9	2	0.1	42	2.9	114	7.9
Black	443	125	28.2	5	1.1	35	7.9	85	19.2
Other	139	35	25.2	0	0.0	10	7.2	25	18.0
Hispanic*	292	50	17.1	0	0.0	14	4.8	36	12.3

* Persons of Hispanic origin may be of any race.

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

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

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

Source: Delaware Health Statistics Center

Table 54:

Children with No Parent Working Full-time

Three-Year Average Percentage of Children Living in Families Where
No Parent Has Full-time, Year-round Employment
U.S. and Delaware, and Counties, 1989–2003

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	29.3	29.9	30.7	31.3	31.2	30.5	29.2	28.1	27.1	25.9	24.5	23.9	22.7
Delaware	24.6	25.8	24.2	26.0	23.6	25.6	26.0	26.4	25.1	24.4	22.4	20.1	17.9

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

Table 55:

Children in Poverty

Three-Year Average Percentage of Children (0-17) in Poverty
U.S., Delaware, and Counties, 1989–2003

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	19.9	20.7	21.4	22.1	22.1	21.8	21.0	20.4	19.8	18.6	17.3	16.4	16.4
Delaware	11.9	11.8	10.9	12.7	12.5	13.8	13.8	15.3	15.5	16.6	16.9	14.6	12.9
New Castle	13.2	14.8	12.9	13.2	11.5	13.9	13.0	13.3	12.7	12.8	12.6	9.2	8.5
Kent and Sussex	10.8	7.5	7.9	11.7	14.5	13.4	15.9	18.9	20.9	22.5	23.5	23.3	20.8

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

Table 56:

Children in Poverty by Household Structure

Three-Year Average Percentage of Children (0-17) in Poverty by Household Structure
Delaware, 1986–2003

	1986- 1988	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
One Parent	51.9	47.3	38.6	30.6	28.5	29.7	33.0	34.5	33.9	32.2	33.2	31.4	31.7	31.9	31.1	28.0
Two Parents	4.5	4.1	4.9	5.1	4.3	2.2	3.2	3.4	4.2	4.3	4.3	6.3	7.1	8.2	6.4	6.3

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

Table 57:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type
U.S. and Delaware, 1990–2003

	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.												
1-Parent	12,610	12,617	12,730	13,187	14,187	15,233	16,177	17,142	17,895	18,895	19,689	20,602
2-Parent	40,747	42,213	43,680	45,300	47,100	49,133	51,467	53,775	56,592	59,484	62,211	63,844
Delaware												
1-Parent	14,667	15,000	15,667	16,133	17,167	18,467	19,100	19,733	19,937	21,171	24,004	27,346
2-Parent	44,237	47,570	49,033	50,867	51,167	53,403	56,900	58,969	60,436	62,036	66,667	70,000

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

Table 58:

Poverty Thresholds

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

Size of Family Unit	Related Children under 18 years old								
	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person under 65 years old	\$9,359								
One person 65 years old or older	\$8,628								
Two persons, householder under 65 years	\$12,047	12,400							
Two persons, householder 65 years or older	\$10,874	12,353							
Three persons	\$14,072	14,480	14,494						
Four persons	\$18,556	18,859	18,244	18,307					
Five persons	\$22,377	22,703	22,007	21,469	21,141				
Six persons	\$25,738	25,840	25,307	24,797	24,038	23,588			
Seven persons	\$29,615	29,799	29,162	28,718	27,890	26,924	25,865		
Eight persons	\$33,121	33,414	32,812	32,285	31,538	30,589	29,601	29,350	
Nine persons or more	\$39,843	40,036	39,504	38,057	38,323	37,313	36,399	36,173	34,780

Source: U.S. Census Bureau

Table 59:

Births to Single Mothers

Five Year Average Percentage of Live Births to Single Mothers by Race and Hispanic Origin
U.S. and Delaware, 1984-2001

Area/Race- Hispanic Origin	1984- 1988	1985- 1989	1986- 1990	1987- 1991	1988- 1992	1989- 1993	1990- 1994	1991- 1995	1992- 1996	1993- 1997	1994- 1998	1995- 1999	1996- 2000	1997- 2001
U.S.	23.4	24.6	25.8	27.0	28.1	29.1	30.2	31.1	31.6	32.1	32.5	32.6	32.8	33.0
White	15.6	16.8	18.0	19.2	20.4	21.5	22.7	23.7	24.5	25.2	25.7	26.0	26.4	26.8
Black	61.3	62.6	63.9	65.2	66.4	67.4	68.3	69.0	69.7	70.0	70.1	69.8	69.5	68.8
Hispanic*	N/A	N/A	N/A	N/A	N/A	38.1	39.6	40.3	40.8	41.1	41.4	41.3	41.6	42.0
Delaware	26.4	27.3	28.4	29.5	30.5	31.8	32.9	33.5	34.3	35.0	35.7	36.5	37.1	38.0
White	14.2	14.9	15.4	16.3	17.3	18.6	20.0	21.5	22.7	23.7	24.4	25.4	26.2	27.2
Black	66.9	68.2	68.7	69.7	70.6	72.1	72.6	73.0	73.2	72.9	72.7	72.4	72.2	72.0
Hispanic*	N/A	N/A	N/A	N/A	N/A	45.2	46.8	49.1	50.9	51.4	50.9	51.1	50.8	51.6
New Castle	25.5	26.3	26.7	27.6	28.7	29.8	30.7	31.8	32.3	32.7	33.4	34.2	34.8	35.6
White	13.7	14.2	14.5	15.1	16.1	17.2	18.3	19.8	20.7	21.3	21.9	22.7	23.4	24.5
Black	68.7	69.5	69.8	70.6	71.5	72.5	72.8	72.9	73.0	72.3	71.9	71.8	71.6	71.1
Hispanic*	N/A	N/A	N/A	N/A	N/A	46.5	46.9	49.4	49.4	49.3	47.8	47.5	47.0	48.0
Wilmington	N/A	N/A	N/A	61.0	62.6	63.7	64.7	65.5	66.0	66.6	66.9	67.5	67.7	68.1
White	N/A	N/A	N/A	30.1	32.0	33.1	35.0	35.8	36.8	37.5	37.6	37.6	38.5	39.6
Black	N/A	N/A	N/A	78.9	79.7	81.1	82.1	83.0	83.7	84.2	84.0	84.5	84.6	84.8
Hispanic*	N/A	N/A	N/A	N/A	N/A	60.7	61.8	63.4	63.3	63.2	62.4	61.2	60.1	60.1
Kent	24.4	25.9	27.1	28.4	29.6	31.3	32.4	33.6	34.6	35.3	36.0	37.3	38.0	38.8
White	14.6	15.6	16.5	17.7	19.5	21.0	22.4	23.5	24.7	25.3	25.7	26.8	27.6	28.6
Black	56.9	59.2	60.6	62.0	62.4	64.8	65.9	67.0	68.4	69.0	69.6	70.1	70.5	70.1
Hispanic*	N/A	N/A	N/A	N/A	N/A	35.7	38.1	39.6	45.8	46.2	46.9	46.7	44.9	42.2
Sussex	32.2	33.0	33.5	34.9	35.5	37.2	39.1	40.4	41.6	43.2	43.7	44.1	44.7	45.7
White	16.3	17.3	18.2	19.7	20.4	22.2	24.3	26.3	28.7	31.2	32.4	33.7	34.7	35.4
Black	71.1	72.9	73.2	74.9	75.5	77.8	78.2	78.5	78.0	78.6	78.2	77.3	76.4	77.6
Hispanic*	N/A	N/A	N/A	N/A	N/A	47.5	52.0	53.2	56.8	58.0	59.0	60.5	61.4	63.1

* Persons of Hispanic origin may be of any race. Hispanic data is not available before the 1989-1993 time period.

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

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

Table 60:

Births to Single Mothers by Age

Five Year Average Percentage of Live Births to Single Mothers by Age and Race
U.S., Delaware, Counties and City of Wilmington, 1996-2001

Area	Age	All Races		White		Black		Hispanic*	
		96-00	97-01	96-00	97-01	96-00	97-01	96-00	97-01
U.S.		32.8	33.0	26.4	26.8	69.5	68.8	41.6	42.0
	<20	78.3	78.9	71.8	72.6	96.2	95.7	72.0	72.9
	20-24	41.5	43.5	34.0	35.7	79.8	84.1	44.9	45.7
	25-29	22.6	23.0	17.6	18.1	57.4	57.0	31.6	32.1
	30+	14.5	14.4	11.1	11.1	43.5	42.5	25.5	25.4
Delaware		37.1	38.0	26.2	27.2	72.2	72.0	50.8	51.6
	<20	89.5	89.6	82.5	83.1	97.8	97.7	80.3	80.2
	20-24	59.2	61.4	47.6	49.8	83.5	84.8	57.6	59.4
	25-29	24.4	25.4	16.6	17.7	57.5	57.4	38.9	40.2
	30+	14.0	14.4	9.4	9.8	41.7	41.3	32.2	32.0
Kent		38.0	38.8	27.6	28.6	70.5	70.1	44.9	42.2
	<20	82.6	83.8	73.4	75.5	96.4	96.2	76.2	81.3
	20-24	49.7	50.2	37.2	37.6	80.1	80.5	51.4	46.1
	25-29	23.8	24.8	16.4	17.6	56.3	54.7	29.8	30.0
	30+	16.3	16.7	11.9	12.2	37.7	37.7	27.3	24.4
New Castle		34.8	35.6	23.4	24.5	71.6	71.1	47.0	48.0
	<20	92.5	92.4	86.6	86.8	98.4	98.3	79.0	78.1
	20-24	63.9	66.4	52.3	55.4	85.2	86.4	54.0	56.0
	25-29	23.2	24.0	15.1	15.8	56.6	56.9	34.0	34.8
	30+	12.6	13.1	7.9	8.3	42.4	41.8	28.3	29.0
Wilmington		67.7	68.1	38.5	39.6	84.6	84.8	60.1	60.1
	<20	96.6	96.5	86.4	87.5	99.0	98.7	83.2	82.9
	20-24	82.3	83.5	61.3	64.4	90.6	91.3	61.3	63.3
	25-29	53.9	55.0	28.4	30.5	73.2	74.0	46.9	47.9
	30+	35.0	36.3	16.6	16.8	60.2	59.5	44.0	43.5
Balance of NC County		27.8	28.7	22.0	23.0	60.7	60.3	40.5	43.0
	<20	89.9	90.1	86.6	86.7	97.6	97.7	75.5	74.9
	20-24	57.6	60.5	51.2	54.2	79.7	81.7	49.9	53.1
	25-29	18.2	18.9	13.9	14.5	46.2	46.6	29.0	29.5
	30+	9.9	10.3	7.1	7.6	35.3	33.9	22.5	23.9
Sussex		44.7	45.7	34.7	35.4	76.4	77.6	61.4	63.1
	<20	88.1	87.9	81.7	81.9	97.2	97.0	85.9	85.7
	20-24	57.8	60.4	48.3	50.1	81.7	84.0	66.0	69.2
	25-29	29.8	31.2	22.7	24.3	63.3	63.0	52.4	54.8
	30+	19.0	19.0	15.0	14.9	42.3	43.2	46.3	43.9

* Persons of Hispanic origin may be of any race. Hispanic data is not available before the 1989-1993 time period.

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

Table 61:

Children in One-Parent Households

Three-Year Average Percentage of Children (0-17) in One-Parent Households
U.S. and Delaware, 1986-2003

	1986- 1988	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	30.4	29.2	28.1	26.7	27.5	28.1	28.8	29.3	30.1	30.5	30.8	30.7	30.4	29.9	29.7	29.9
Delaware	31.9	32.2	33.2	32.1	33.5	31.8	32.8	29.8	32.7	34.4	38.3	37.0	38.9	37.5	33.7	31.0

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

Table 62:

Poverty Rates for One-Parent Families

Poverty Rates for One-Parent Female (FHH) and Male (MHH)
Householder Families With Related Children Under 18 Years of Age
Delaware and Counties, 2000 Census

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

* Female-headed one-parent families are 2.1 times more likely to be in poverty than male-headed one-parent families.

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

Table 63:

Poverty Rates for Female Householder Families

Poverty Rates for One-Parent Female Householder (FHH) Families
With Related Children Under 18 Years of Age
Delaware and Counties, 1990 and 2000 Census

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

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

Table 64:

Female Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18
U.S. and Delaware, 1987–2003

	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	48.5	45.2	42.4	42.9	43.7	44.0	43.1	41.7	40.2	39.3	38.3	36.4	34.6	32.9	32.3
Delaware	37.7	32.4	26.0	25.5	26.6	31.2	33.0	31.2	28.2	28.0	28.1	31.3	34.6	30.9	25.5

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

Table 65:

Median Income of Female Headed Families

Three-Year Average Percentage Median Income of Families
with Children Under 18 and Single Female Head
U.S. and Delaware, 1989–2003

	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	10,830	11,246	11,258	11,495	11,800	12,955	13,835	14,540	15,293	16,480	17,867	19,067	19,712
Delaware	14,055	13,773	14,056	13,773	14,493	15,720	17,550	18,429	17,711	17,044	18,675	22,633	26,047

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

Table 66:

Child Support Owed that Is Paid

Percent of Child Support Owed that Is Paid
U.S. and Delaware, Fiscal Years 1989–2003

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
U.S.	47.6	53.0	48.0	55.4	52.7	54.0	53.0	52.0	54.0	50.8	53.1	56.1	57.0	N/A	N/A
Delaware	61.0	58.7	58.4	59.3	56.1	59.9	62.0	61.4	60.2	61.0	55.3	58.7	59.8	60.7	60.7

Note: This Federal performance measure is based on the ratio of Current Child Support Collected/Current Child Support Due.
Source: Office of Child Support Enforcement – 158 Report and Child Support Enforcement Annual Report to Congress

Table 67:

Home Ownership

Percent of Home Ownership, U.S. and Delaware, 1989–2002

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
U.S.	63.9	63.9	64.1	64.1	64.5	64.0	64.7	65.4	65.7	66.3	66.8	67.4	67.8	67.9
Delaware	68.7	67.7	70.2	73.8	74.4	70.5	71.7	71.5	69.2	71.0	71.6	72.0	75.4	75.6

Source: U.S. Census Bureau Housing Vacancy Survey

Table 68:

Child Abuse and Neglect

Reported and Confirmed Reports of Child Abuse/Neglect, Delaware, Fiscal Years 1993–2003

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Accepted reports	4,541	4,886	5,584	5,117	6,382	6,384	6,340	5,891	5,953	5,706	5,601
Substantiated reports	1,771	1,856	1,787	1,740	2,031	2,019	1,463	1,260	1,247	1,073	1,013

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

Table 69:

Foster Care

Children in Out of Home Care, Delaware, Fiscal Years 1990–2003

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Average number of children per month	678	743	725	729	793	892	925	828	899	936	980	900	811	714
Total number in year	–	–	–	–	–	–	–	–	1,601	1,514	1,516	1,403	1,252	1,214
Rate per 1,000 children	–	–	–	–	–	–	–	–	8.4	7.9	7.8	7.2	6.3	6.1

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

Table 70:

Juvenile Delinquents in Out of Home Care

Rate of Juvenile Delinquents in Out of Home Care per 1,000 youth 10–17
Delaware, 1996–2003

	1996	1997	1998	1999	2000	2001	2002	2003
December 31 count	5.2	4.9	4.7	4.7	5.2	4.6	4.0	3.8

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

Table 71:

Health Insurance

Three-Year Average Percentage Persons (0–64) without Health Insurance
U.S. and Delaware, 1986–2003

	1986- 1988	1987- 1989	1988- 1990	1989- 1991	1990- 1992	1991- 1993	1992- 1994	1993- 1995	1994- 1996	1995- 1997	1996- 1998	1997- 1999	1998- 2000	1999- 2001	2000- 2002	2001- 2003
U.S.	17.2	16.3	15.6	15.3	15.6	16.1	16.6	17.0	17.2	17.3	17.7	18.1	18.0	17.2	16.6	16.5
Delaware	16.7	14.1	14.0	14.2	15.7	14.2	14.0	14.2	15.8	15.8	15.7	15.7	15.0	13.9	11.7	11.2

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

Table 72:

Subsidized Child Care

Number of Children in State Subsidized Child Care
Projected Monthly Averages, Delaware, Fiscal Years 1995–2003

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Delaware Totals	5,743	6,919	8,482	9,592	10,200	11,640	12,613	13,010	13,334
Welfare Reform*	2,427	3,366	3,742	4,262	3,743	3,200	2,351	2,135	2,213
Income Eligible**	3,316	3,553	4,740	5,330	6,457	8,440	10,262	10,875	11,121

* The welfare reform numbers refer to the number of children in families who received Temporary Aid to Needy Families (TANF) that year or received TANF child care for one year after leaving the TANF program.

** The income eligible numbers reflect the working poor families below 200% of poverty.
90% of children with authorization to receive subsidized child care attend in a given month.

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

Table 73:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1993–2003

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Child Care Centers*	16,727	17,117	18,269	19,328	20,371	23,404	24,937	25,665	25,986	26,584	29,313
Family Child Care Homes**	11,891	11,459	16,412	14,935	15,197	14,297	14,067	13,309	13,143	12,757	12,672
Large Family Child Care Homes***	424	488	514	519	535	601	549	571	598	640	672
Totals	29,042	29,064	35,195	34,782	36,103	38,302	39,553	39,545	39,727	39,981	42,657

* Child Care Center—13 or more children

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

*** Large Family Child Care Homes—2 people caring for a group of 7–12 children

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

Table 74:

School Age Programs

Number of Before- or After-School Programs, Delaware and Counties, 2003

Type of care	Delaware		New Castle County		Kent County		Sussex County	
	Total	School Age	Total	School Age	Total	School Age	Total	School Age
Child Care Centers	368	200	231	123	66	36	71	41
Family Child Care	1,589	1,311	940	760	285	233	364	318
School Age Only	112	112	77	77	23	23	12	12

Source: The Family and Workplace Connection

Table 75:

Site-Based Public School Age Programs

Number and Percent of School Age Child Care Located at Schools, Delaware and Counties, 2002-03

	Delaware			New Castle County			Kent/Sussex County		
	Total	School Age	%	Total	School Age	%	Total	School Age	%
Elementary Schools	106	72	68%	61	47	77%	45	25	56%
Middle Schools	28	2	7%	15	1	7%	13	1	8%

Source: The Family and Workplace Connection

Table 76:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age
Delaware, Wilmington, and Counties Counties, 2003

Age	Delaware			Wilmington			New Castle County			Kent County			Sussex County		
	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High	Min.	Aver.	High
0-12 months	64	119	204	106	129	156	77	135	204	77	97	127	64	93	133
12-24 months	62	111	188	88	115	152	67	125	188	73	93	121	63	86	123
24-36 months	61	106	185	82	109	147	67	119	185	73	91	118	62	82	117
3 years old	57	104	180	78	106	142	61	115	180	72	90	123	60	79	113
4 years old	48	102	177	73	105	135	55	114	177	72	89	123	58	78	113
Kindergarten	45	93	148	60	89	122	47	101	148	67	86	123	52	75	101
School Age	30	69	134	46	66	92	30	70	134	53	75	101	40	66	95

Source: The Family and Workplace Connection

Table 77:

Juvenile Violent Crime Arrests

Juvenile Violent Crime Arrests, Delaware and Counties, 1988–2002

Area	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Delaware	191	214	374	594	537	525	514	588	629	549	557	654	627	621	559
New Castle	139	133	251	254	317	328	321	382	414	334	298	361	378	409	371
Kent	24	38	54	70	107	100	90	93	102	96	121	147	123	98	100
Sussex	29	43	69	70	113	97	103	113	113	119	138	146	126	114	83

Source: Statistical Analysis Center

Table 78:

Juvenile Part I Violent Crime Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–2002

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Part I Violent	191	214	374	394	537	525	514	588	629	549	557	654	627	621	559
Murder, Nonneg. Manslaughter	2	4	5	5	3	2	2	4	8	0	4	0	3	2	3
Manslaughter by Negligence	3	1	0	1	2	3	1	1	0	2	3	2	1	1	0
Forcible Rape	39	33	47	50	57	70	47	52	49	62	69	76	60	61	48
Robbery	51	28	105	88	133	121	144	171	168	141	137	154	139	155	161
Aggravated Assault	96	148	215	250	342	329	320	360	404	344	334	422	424	402	348

Source: Statistical Analysis Center

Table 79:

Juvenile Part I Property Crime Arrests

Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–2002

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Delaware	1,961	1,964	2,307	2,159	2,211	2,156	2,225	1,957	1,711	1,851	1,954	2,226	1,775
New Castle	1,231	1,233	1,443	1,372	1,363	1,305	1,248	1,060	824	1,010	1,020	1,210	914
Kent	440	452	528	374	470	415	527	482	470	427	490	558	415
Sussex	290	279	336	413	378	436	450	415	417	414	444	458	446

* Part I Property Crimes: Burglary—Breaking or Entering, Larceny—Theft (Except MV Theft), Arson

Source: Statistical Analysis Center

Table 80:

Juvenile Part II Crime Arrests

Juvenile Arrests for Part II Crimes*, Delaware and County, 1990–2002

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Delaware	3,955	4,018	3,795	4,005	3,911	4,492	4,869	4,500	4,348	5,535	6,110	6,260	6,085
New Castle	2,556	2,649	2,260	2,363	2,173	2,456	2,637	2,441	2,135	3,214	3,677	3,718	3,621
Kent	658	631	695	740	756	852	927	914	956	957	1,090	1,226	1,108
Sussex	741	738	840	702	982	1,184	1,305	1,145	1,257	1,384	1,343	1,316	1,356

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

Source: Statistical Analysis Center

Table 81:

Juvenile Drug Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1990–2002

Crime Type	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Drug Offenses	277	374	295	316	398	567	590	576	503	651	723	699	728
Drug Sales, Manufacturing	72	101	65	63	63	84	67	53	51	65	58	49	53
Opium, Cocaine & Derivatives	66	90	60	53	57	72	52	40	43	45	32	32	39
Marijuana	6	9	5	10	6	11	12	12	5	16	24	11	13
Synthetic/ Manufactured narcotics	0	0	0	0	0	0	3	0	0	0	0	1	0
Other Dangerous Non-Narcotics	0	2	0	0	0	1	0	1	3	4	2	5	1
Drug Possession	205	273	230	253	335	483	523	523	452	586	665	650	675
Opium, Cocaine & Derivatives	132	205	145	104	118	122	99	128	128	108	108	124	112
Marijuana	73	63	74	148	212	350	408	362	315	464	544	498	516
Synthetic/ Manufactured Narcotics	0	0	0	0	0	2	0	0	0	0	1	0	1
Other Dangerous Non-Narcotics	0	5	11	1	5	9	16	13	9	14	12	28	46

Source: Statistical Analysis Center

Table 82:

Student Violence and Possession

Number of Student Conduct Offenses and Number and Percent of Offenders
Delaware, 1998/99–2001/02 School Years

Student Conduct and State Board of Education Incidents	98/99	99/00	00/01	01/02	00/01–01/02 Change
Number of Student Conduct Reports	1,535	1,363	1,426	1,285	–141
Number of State Board of Education Reports	347	409	554	537	–17
Unknown/Incomplete	0	2	7	10	+3
Total Reports Filed	1,882	1,774	1,987	1,832	–155
Number of Offenders*	1,872	2,099	2,332	2,084	–248
Number of Unduplicated**	1,678	1,821	1,985	1,717	–268
Percent of Student Population	1.5%	1.6%	1.7%	1.5%	–0.2%

* includes non-student offenders, unknown offenders, and a duplicated count for students reported for multiple offenses

** includes non-student offenders, unknown offenders, and an unduplicated count for students reported for multiple offenses

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

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

Source: Delaware Department of Education

Table 83:

Student Violence and Possession by County

Reports of Student Violence and Possession
Delaware and Counties, 1998/99–2001/02 School Years

Number of Offenses	98/99	99/00	00/01	01/02	00/01–01/02 Change
New Castle County	1,171	1,086	1,117	1,033	–84
Kent County	359	350	499	525	+26
Sussex County	280	311	361	259	–102
Charter Schools	72	27	10	15	+5
Total State	1,882	1,774	1,987	1,832	–155

Source: Delaware Department of Education

Table 84:

Student Violence and Possession by Age

Student Violence Data (Delaware Code, Title 14, §4112 and SBE) by Age
Delaware, 2000-01 and 2001-02 School Years

Age Range*	2000-2001		2001-2002	
	Frequency of Offenses	Percent	Frequency of Offenses	Percent
4-6	20	0.9%	15	0.7%
7-9	170	7.3%	163	7.8%
10-12	478	20.5%	453	21.7%
13-15	1,007	43.2%	930	44.6%
16-21	616	26.4%	497	23.8%
Unknown Age (Student)	2	0.1%	1	0.1%
Non-Student	18	0.8%	15	0.7%
Unknown Offender Type	21	0.9%	10	0.5%
Total	2,332		2,084	

* counts for specific age groups are limited to student offenders

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 85:

Student Violence and Possession by Race/Ethnicity

Reports of Student Violence (Delaware Code, Title 14, §4112 and SBE) by Race/Ethnicity of Perpetrators
Delaware, 2000-01 and 2001-02 School Years

Race/Ethnicity*	2000-2001		2001-2002	
	Frequency of Offenses	Percent	Frequency of Offenses	Percent
Asian/Pacific Islander	9	0.4%	7	0.3%
American Indian/Alaska Native	8	0.3%	9	0.4%
Hispanic	107	4.6%	113	5.4%
White	979	42.0%	817	39.2%
African American	1,188	50.9%	1,113	53.4%
Unknown Race (Student)	2	0.1%	1	0.1%
Non-Student	18	0.8%	15	0.7%
Unknown Offender Type	21	0.9%	9	0.4%
Total	2,099		2,084	

* counts for specific race groups are limited to student offenders

Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 86:

Unemployment

Percentage Unemployment by Race and Gender
U.S. and Delaware, 1986–2002

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
U.S.	7.0	6.2	5.5	5.3	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9	4.5	4.2	4.0	4.8	5.8
Male	6.9	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.4	4.1	3.9	4.8	5.9
Female	7.1	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.6	4.3	4.1	4.7	5.6
White	6.0	5.3	4.7	4.5	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2	3.9	3.7	3.5	4.2	5.1
Black	14.5	13.0	11.7	11.4	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0	8.9	8.0	7.6	8.7	10.2
Delaware	4.3	3.2	3.2	3.5	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0	3.8	3.5	4.0	3.5	4.2
Male	4.4	3.0	3.4	3.2	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4	3.7	4.1	4.0	3.7	4.4
Female	4.3	3.4	2.9	3.8	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6	3.9	2.9	4.0	3.3	4.0
White	3.6	2.3	2.5	2.9	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3	2.9	2.6	3.4	3.1	3.7
Black	8.6	6.6	7.5	6.6	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7	6.7	6.7	6.0	5.1	6.8

*Preliminary data, subject to revision

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

Table 87:

Adult Violent Crime Arrests

Violent Arrest Rate Per 1,000 Population Adults 18 and Over, Delaware, 1988–2002

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Adult Violent Arrests	1,177	1,488	1,878	1,923	2,065	1,978	1,997	2,155	2,200	2,286	2,406	2,428	2,449	2,424	2,523
Rate	2.43	3.01	3.75	3.78	4.00	3.77	3.74	4.19	4.22	4.11	3.78	4.26	4.09	4.08	4.14

Source: Statistical Analysis Center

Table 88:

Adult Violent Crime Arrests, Adults 18–39

Violent Arrest Rates Per 1,000 Population Adults 18–39 Only, Delaware, 1988–2002

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Rate	4.90	6.13	7.65	7.79	8.32	7.92	7.94	8.54	8.72	9.09	7.89	7.80	7.96	7.87	4.81

Source: Statistical Analysis Center





FAMILIES COUNT IN DELAWARE

Resource Guide

Delaware Information Helplines

1-800-464-4357 (in state)
1-800-273-9500 (out of state)

Volunteer Link

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

State of Delaware Web Site

www.state.de.us

Delaware Department of Education
302-739-4601
www.doe.state.de.us

Delaware Department of Labor
302-761-8000

Delaware Department of Health
and Social Services
www.state.de.us/dhss

Division of Public Health
302-739-4700

Division of Social Services
302-577-4400

Division of State Service Centers
302-577-4961

Division of Substance Abuse
and Mental Health
302-577-4460

Delaware Department of Public Safety
302-739-4311

Delaware Department of Services for
Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

Delaware State Housing Authority
302-739-4263 (Dover)
302-577-5001 (Wilmington)
www2.state.de.us/dsha

Drug Free Delaware
www.state.de.us/drugfree

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









**kids
count**
IN DELAWARE

