

2022 KIDS COUNT IN DELAWARE



FOCUS

ON RECOVERY FROM COVID-19



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- Delaware State Housing Authority
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2022 KIDS COUNT FOCUS

ON RECOVERY FROM COVID-19

FACTS ON CHILDREN UNDERLYING SUCCESS

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

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The photographs in this book do not necessarily represent the situations described.



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March 18, 2022

Dear Friends,

It's my pleasure to address you in this year's KIDS COUNT in Delaware FOCUS Book. This year's Facts On Children Underlying Success (FOCUS) on Recovery from COVID-19 Book provided by KIDS COUNT impact the decisions by leaders throughout our state. Policymakers, program providers, and advocates make use of the facts provided by KIDS COUNT to find ways to better serve Delaware's children.

Our state and nation have been on a difficult journey as we continue to combat the COVID-19 pandemic, but ensuring that all Delaware children have the opportunity to succeed has been, and will continue to be, one of my top priorities as Governor. This FOCUS Book includes select indicators across the four categories of health, education, economic well-being, and family and community in relation to this year's focus on recovery and lessons learned from COVID-19.

Even in these difficult times, it's our responsibility to make sure every child is prepared to learn. And we need to ensure our most vulnerable students get the education they need and deserve. Investments in early childhood education will help prepare our children for success in kindergarten and beyond. The best thing we can do to invest in our state's future is to invest in quality education for every Delaware child.

Thank you to KIDS COUNT in Delaware and the University of Delaware for your great work on this year's FOCUS Book. I look forward to continuing to work with our communities to support our children in all areas of their development.

Sincerely,

A handwritten signature in black ink that reads "John C. Carney". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

John C. Carney
Governor, State of Delaware



Network Connect Future Culture Creators

MESSAGE FROM KIDS COUNT

May, 2022

Dear Friends,

As an organization built on the premise that reliable data are foundational to policies that improve the lives of children, KIDS COUNT in Delaware is committed to championing the importance of data in decision making. Therefore, vocal attacks on science and data, especially those most recently linked to our current public health crisis, are troubling.

Data matters. But data alone are not enough. Policymakers, advocates, and citizens need data put into context with thoughtful analysis and recommendations. To this end, KIDS COUNT in Delaware works collaboratively with a data committee composed of state agencies and nonprofit organizations to determine what we track, measure, and analyze.

Since 1995, the KIDS COUNT in Delaware Fact Book has provided a statistical portrait of the status of Delaware children and families with the most recent data available. This year, our annual publication has a FOCUS (Facts on Children Underlying Success) on child well-being during the continuing COVID-19 pandemic era. Beyond this FOCUS, hundreds of historically collected indicators of child well-being for Delaware and several of its substate geographies, including data not included in this publication, continue to be regularly updated and are available via the online KIDS COUNT Data Center (datacenter.kidscount.org). Because access to a wide array of reliable data and resources is instrumental to decision making that creates positive change in the lives of all Delaware children, youth, and their families.

Stay safe and be healthy,

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

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Measuring the Well-Being of Delaware's Kids

Since 1995, the KIDS COUNT in Delaware Fact Book has provided a statistical portrait of the status of Delaware children and families with the most recent data available. This year, our annual publication has a FOCUS on child well-being during the continuing COVID-19 pandemic era. Historical trends, current actions, and goal setting for targeted topics are included within each of four traditional categories: health and health behaviors, educational involvement and achievement, economic well-being, and family & community.



DATA ANOTHER VICTIM OF THE PANDEMIC

The Impact of COVID-19 on Data

KIDS COUNT in Delaware collects, uses, and analyzes publicly available data provided by credible research and data collection institutions at the federal, state, and local levels. Several factors are taken into consideration when considering data for analysis, including: data reliability, data collection schedule, availability of data at the local level, and data validity.

Child well-being indicator data reflect the past. There is an inherent lag in the data traditionally included in KIDS COUNT in Delaware publications as the entities who publish data need time to collect it, clean it, and prepare it for public use. Pre-pandemic data serve an important purpose in showing us where our state was making progress prior to the COVID-19 crisis, as well as what systems were already struggling to meet kids' needs. However, in our current, rapidly changing era of COVID-19, this data lag has larger implications for interpretation. Given the impact that this pandemic has had on many aspects of child well-being such as health behaviors, poverty status, and caregiver unemployment, it is important to note that some of the indicators in this publication may look very different at this point in time than the most recently available data indicate.

Compounding the timeliness of data are questions of data quality. In some cases, methodological issues – such as challenges associated with data collection in the midst of a public health crisis – mean that data from 2020 and 2021 are available but not comparable to pre-pandemic data. Some data from 2020 are simply unavailable because they were not collected. For example:

DELAWARE STUDENT ASSESSMENT DATA

- ◆ **2020 Testing Waiver Granted**
Due to social distancing and remote learning which was instituted during the initial stages of the COVID-19 pandemic, Delaware schools were granted a waiver by the U.S. Department of Education that excused all students from statewide standardized testing requirements for the 2019-2020 school year.
- ◆ **2021 Testing Results Not Comparable**
The COVID-19 pandemic has continued to reshape most aspects of education in the 2020-2021 school year, including assessments. As a result, scores from this year's assessments may look different than in previous school years. Factors such as learning location changes, absenteeism, and student participation rates may have impacted school and district results. The many factors and challenges experienced during the pandemic do not allow for direct comparisons of school level scores to previous years' results. Instead, it is recommended that 2021

FOCUS FACTS ON CHILDREN UNDERLYING SUCCESS

Beyond this FOCUS, hundreds of historically collected indicators of child well-being for Delaware and several of its substate geographies, including data not included in this publication as well as data from the National KIDS COUNT project, continue to be regularly updated and are available via the online KIDS COUNT Data Center (www.datacenter.kidscount.org). We provide access to a wide array of reliable data and resources to empower, educate, and equip those who seek to create positive change in the lives of all Delaware children, youth, and their families.



assessment results be used in combination with other data sources as a baseline for evaluating school recovery needs and accelerated learning plans for students.

DELAWARE SCHOOL SURVEY (DSS) DATA

◆ 2020 Data Collection

Suspension Due to the COVID-19 pandemic, the data collection for the DSS was temporarily suspended. This

suspension resulted in a gap in DSS data for the 2020 survey year. However, due to an early administration that started in the 2019-2020 school year for the 8th grade survey, researchers were able to collect enough surveys in the 2019-2020 school year to report on 8th grade data. This does allow for data exploration, but only for that specific grade. Data on 5th and 11th grade students for the 2020 school year will not be available.

◆ 2021 Change in Administration & Response

Rate In response to the COVID-19 pandemic and the remote learning policies adopted by Delaware schools, the DSS was converted to an online format in lieu of the traditional paper and pencil format. Districts and Schools could choose to participate using either the online format or paper and pencil format. The majority of the 2021 DSS data was collected via an online survey platform Qualtrics. Both formats have the same questions and do not collect personal identifying information. As a result of the COVID-19 pandemic, school closures, and changes in the approach to the DSS administration, users of the 2021 DSS data should note that response rates are lower than average. As a result, some changes observed in trend data among the 2020 and 2021 data may be partially influenced by these external events and the change in response rate.

CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY (ACS) DATA

◆ 2020 ACS 1-Year Estimates

The U.S. Census Bureau did not release its standard 2020 ACS 1-year estimates because of the impacts of the COVID-19 pandemic on data collection efforts. Instead, the Census Bureau released experimental estimates from the 1-year data. These data should not be compared to historical 1-year ACS data.

◆ 2016-2020 ACS 5-Year

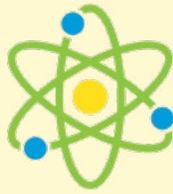
Estimates The U.S. Census Bureau recognizes the critical importance of the American Community Survey (ACS) 5-year data, in particular, on government and business decision-making and the need for quality ACS data for that purpose. To reflect their quality standards, the Census Bureau delayed the 2016-2020 ACS 5-year data release originally targeted for December 2021 to March 2022. The additional time was needed to continue refining methodology to minimize the impact of nonresponse bias due to the COVID-19 pandemic.

CENSUS BUREAU'S 2020 DECENNIAL CENSUS

◆ Census 2020 Data Quality

Concerns Raised In August 2021, the first data from Census 2020 was released to states for the purpose of drawing new legislative maps, a process called redistricting. Based on this data, there have been questions in the news about the quality of the census count due to COVID-19 and related restrictions¹. Questions of accuracy are being examined, but it will take additional time for the U.S. Census Bureau to validate quality of data from Census 2020 with their post-enumeration survey, conducted November 2021 thru March 2022².

In cases where the data presented in this publication have known methodological changes associated with the COVID-19 pandemic, those changes are noted. These data may not be comparable to similar data collected pre-pandemic.



Have you ever wondered what it means to “follow the science?” Sometimes it may seem like what’s true one day changes the next. But when what we know changes, it often means science is working.

Source: The National Institute of Health

In an effort to understand how the pandemic continues to shape the lives of Delaware children and their families two years out from its start, this publication contains data collected and released during the pandemic from experimental and emerging sources. New data that has been collected during the public health crisis indicate real-time impacts the pandemic has had on children and families but is limited in not having comparable pre-pandemic baseline data.

For example, in April 2020, the U.S. Census Bureau began a weekly survey, the Household Pulse Survey, to gauge the impact of the pandemic on U.S. households. Due to the experimental nature of the survey and fluctuating sample sizes, the results should be interpreted as approximations. Although the full social and economic impacts of COVID-19 will not be understood for many years, the Household Pulse Survey is valuable because it can provide us with relatively recent information on the impact that COVID-19 is having by providing a glimpse into the experiences of residents across the country. However, these data are limited and not available for smaller, more specific geographies like counties. Data were still being collected at the time of publication. A selection of the most recent data available from the Household Pulse Survey, focused on households with

children, can be found on the KIDS COUNT Data Center (www.datacenter.kidscount.org).

It is likely that it will be several years before we have enough data to truly provide a complete picture of the pandemic’s impact, but it is our hope that the data in this report will help policymakers, advocates, and community members begin to quantify the effects of the COVID-19 crisis so that we can work together to develop solutions to the challenges kids and families are facing.

The legitimacy of science and data is under attack

Data and science are particularly important in relation to policy setting. However, the legitimacy of data and science is currently being questioned. Assaults on science and data are not new; examples are found throughout history with motivations linked to financial gain, political advantage, emotional rationale, or ideological beliefs. Alone or in combination, these motives can impact an individual’s desire for a predetermined outcome no matter what evidence may suggest³.

What is new is that we now live in an era when strategies that put evidence-based policy making at risk are becoming more sophisticated⁴. Growth in media outlets that shift perceptions to

more extreme levels have fueled this development⁵. This means that those who value science and data must be alert to the tactics and willing to respond in a proactive manner.

It has been suggested that the distrust in science that has spread in tandem with the COVID-19 pandemic is not an inherent rejection of truth, but instead an attack on government. Because it is hoped that governmental agencies rely on science and truth for making governing decisions, one strategy to weaken power and size of government is to attack science and data⁶. Such a strategy may set up a discrepancy of science as wasteful spending versus science as integral to developing policy solutions to challenges that impact all citizens. This dichotomy emphasizes core values held by those in power, pitting budgets against human well-being.

KIDS COUNT in Delaware is committed to continuing our legacy of using credible research, data collection, and education to inform change on behalf of children. To this end, we reiterate the importance of data:

- ◆ Data must be accessible... in order to improve conditions for children throughout Delaware, we must first know what the conditions are for children in the state and its communities. Data describing conditions must be readily available, easily understandable, and user-friendly. Photographs, colorful charts, graphs, tables, and maps all help to make data accessible by enhancing the story.



- ◆ Data must be meaningful... counting what counts is essential for improving services for children and their families. It's more important than ever to support upgrades and improvements for existing data collection and surveillance programs. Having continuity of data and analysis of longitudinal studies allow us to project where we're going to be five or ten years from now and to plan accordingly.

- ◆ Data must inform action... reliable data must be coupled with best practice programs and public policy to make positive change for children. The data we provide is a tool for planning and accountability. Data driven decisions, evaluate outcomes in order to progress toward goals, to keep agencies informed and responsive to changing and emerging needs, and to assess where we can

collectively focus our energy and resources to achieve better results for our children.

- ◆ Data alone are not enough. Data needs advocacy to drive change. And change begins in the simplest, most obvious of ways: by wanting more. That's the belief and driving force of KIDS COUNT in Delaware. By providing policy makers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local and state discussion concerning ways to secure better lives for all children. This is why we work so closely and collaboratively with a data committee composed of state agencies and nonprofit organizations to determine what we track, measure, and analyze. We have a shared and vested interest in making meaningful investments for children in Delaware.

Recovery from COVID-19

Our pre-pandemic lives may have felt “normal,” but the truth is, our systems were failing too many kids here in Delaware long before COVID-19 was on anyone’s mind. After all, in “normal” times, approximately 8,000 kids in our state didn’t have health insurance, often missing out on important well child visits or delaying care until an injury or illness warranted an emergency room visit. In “normal” times, parents were often forced to rush back to work mere days or weeks after welcoming a new baby because they couldn’t afford to take time off. In “normal” times, about 35,000 children lived in



families earning below poverty. And in “normal” times, unjust policies and practices created circumstances in which a child’s race could too often predict their opportunities to see a health care provider, attend a well-resourced school, or participate in a preschool program.

It has been a challenging two years, in many ways unprecedented in most of our lifetimes, but in many ways a familiar story. COVID-19 era challenges are especially difficult, and the effects appear to be similar to those we see after a natural disaster or in a recession. Specifically, pandemic related impacts to health and well-being have been experienced unequally among children. The gaps in child well-being that exist for children who live in poverty, children of color, children with disabilities, and children with multiple Adverse Childhood Experiences (ACEs) grow larger during difficult times. And COVID-19 has been a very difficult time. The data included in the report illustrate the pandemic’s far-reaching effects on Delaware kids.

In monitoring the state of Delaware’s children, this report examines four main categories of well-being: health and health behaviors, educational outcomes and achievement, economic well-being, and family & community context. Each of these areas has been profoundly affected by the COVID-19 pandemic and the resulting disruptions to regular daily life. Data continue to be hard to come by because we are still experiencing ebbs and flows of the pandemic. It will be some time before the effects of this public health emergency can be fully measured or quantified.

But we do have some information and data to guide us as we collectively grapple with how

to move forward from the pandemic, focused on meeting the needs of our children, which will take deliberate action and investment.



Because many pandemic related data are frequently changing, dashboards and webpages that are kept updated are linked throughout this report and should provide access to the most current data at any time.

The pandemic and related repercussions have provided new momentum to rethink how barriers to opportunity are compounded by historical inequities. It is imperative that we not only reimagine existing systems, but that we also build new and equitable ones that center those most impacted by the challenges our state is facing. In this report, you will find research and data on a range of issues – like health service utilization, early care and education, child poverty, and adverse childhood experiences – which can serve as foundational tools for decision makers and advocates to make Delaware better than our pre-pandemic “normal.” ♦

DEMOGRAPHICS

According to new data from the U.S. Census Bureau, while Delaware's total population increased by 10.2 percent between 2010 and 2020, Delaware's child (0-17) population increased by less than one percentage point. In other words, our state gained 91,374 adults but only 640 children from 2010 to 2020. As a result, children now make up a smaller proportion of the state's population, going from 22.9 percent of the total population in 2010 to 20.9 percent of the total population in 2020.

This year's demographic section reviews the U.S. Census Bureau Redistricting Data⁷ that was released on August 12, 2021. The release is the first from the 2020 Census that breaks out data by all children compared to all adults. Several analyses indicate that the Census had a

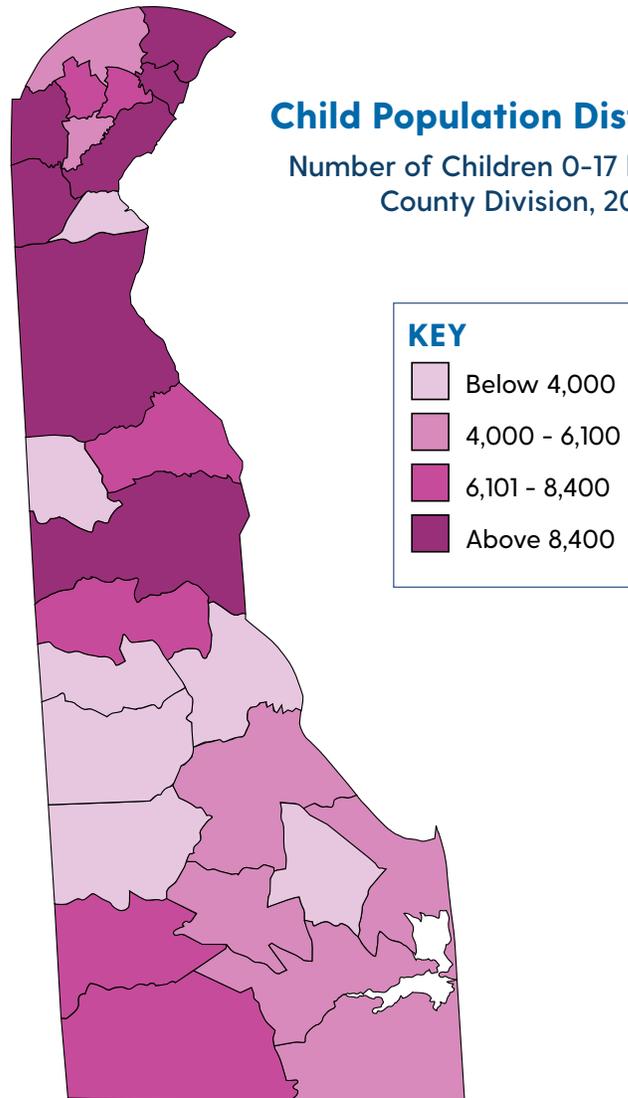
How is Population Determined?

The United States is constitutionally mandated to count the entire country's population every ten years. This is called the census. It is the only time we count everyone. Additionally, the U.S. Census Bureau and other organizations take surveys of people throughout the decade in order to create population estimates. Data via those surveys are based on samples, not the full population, but are updated on a more timely basis. The KIDS COUNT Data Center (www.datacenter.kidscount.org) includes population estimates from the American Community Survey and calculations made by the Delaware Population Consortium.



Child Population Distribution

Number of Children 0-17 by Census County Division, 2020



Source: U.S. Census Bureau, 2020 Census Redistricting Data Files

higher net undercount of children nationally in 2020 than it did in 2010⁸. However, we will need to wait for more data to determine how many children were missed, if the rate of missed young and older children grew, and if there is geographic difference by state.

The 2020 Census counted a total of 989,948 individuals in the state of Delaware. Of these, the bulk (570,719 or 57.7 percent) reside in New Castle County. Sussex County is next populous with 237,378 or 24 percent of the state's population. There were 181,851 individuals counted in Kent County, making up 18.4 percent of the state's total population.

As a proportion of the state's total population in 2020, children 0-17 were 20.9 percent of Delaware's population. This ranges from a high of 23.1 percent in Kent County to a low of 18.3 percent of individuals in Sussex County. Children make up 21.2 percent of the total population in New Castle County.

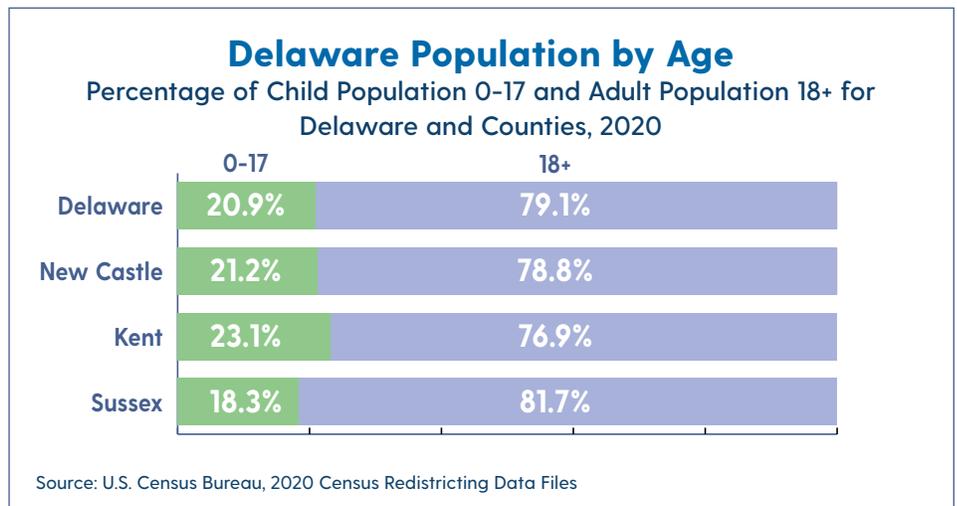
From 2010 to 2020 New Castle County added 32,240 individuals, representing a 6 percent change

Is Census 2020 Data Accurate?

There have been questions about the quality of the census count due to COVID-19 and related restrictions in the news⁹ and it will take additional time for the Census Bureau to validate quality with their post-enumeration survey, conducted November 2021 thru March 2022¹⁰.

The Census Bureau is expected to release counts for the young child population ages 0-4 which can be compared to the Census Bureau's Demographic Analysis estimates to calculate

net undercounts in Fall 2022¹¹. These data will give insight to the count quality for young children, who have historically been undercounted. In the meantime, self-response rates can be examined as an early predictor of census accuracy¹². Specifically, low self-response rates are associated with higher net undercount and omission rates in the census¹³. Many young children of color are clustered in census tracts where 2020 Census self-response rates are likely to be problematic¹⁴.



	2010 Census		2020 Census		2010-2020 Change	
	Count	Percentage of Total	Count	Percentage of Total	Difference	Percent Change
Total population	897,934	100.0%	989,948	100.0%	92,014	10.2%
Child population 0-17	205,765	22.9%	206,405	20.9%	640	0.3%
Adult population 18+	692,169	77.1%	783,543	79.1%	91,374	13.2%

Source: U.S. Census Bureau, 2010 Census and 2020 Census Redistricting Data Files

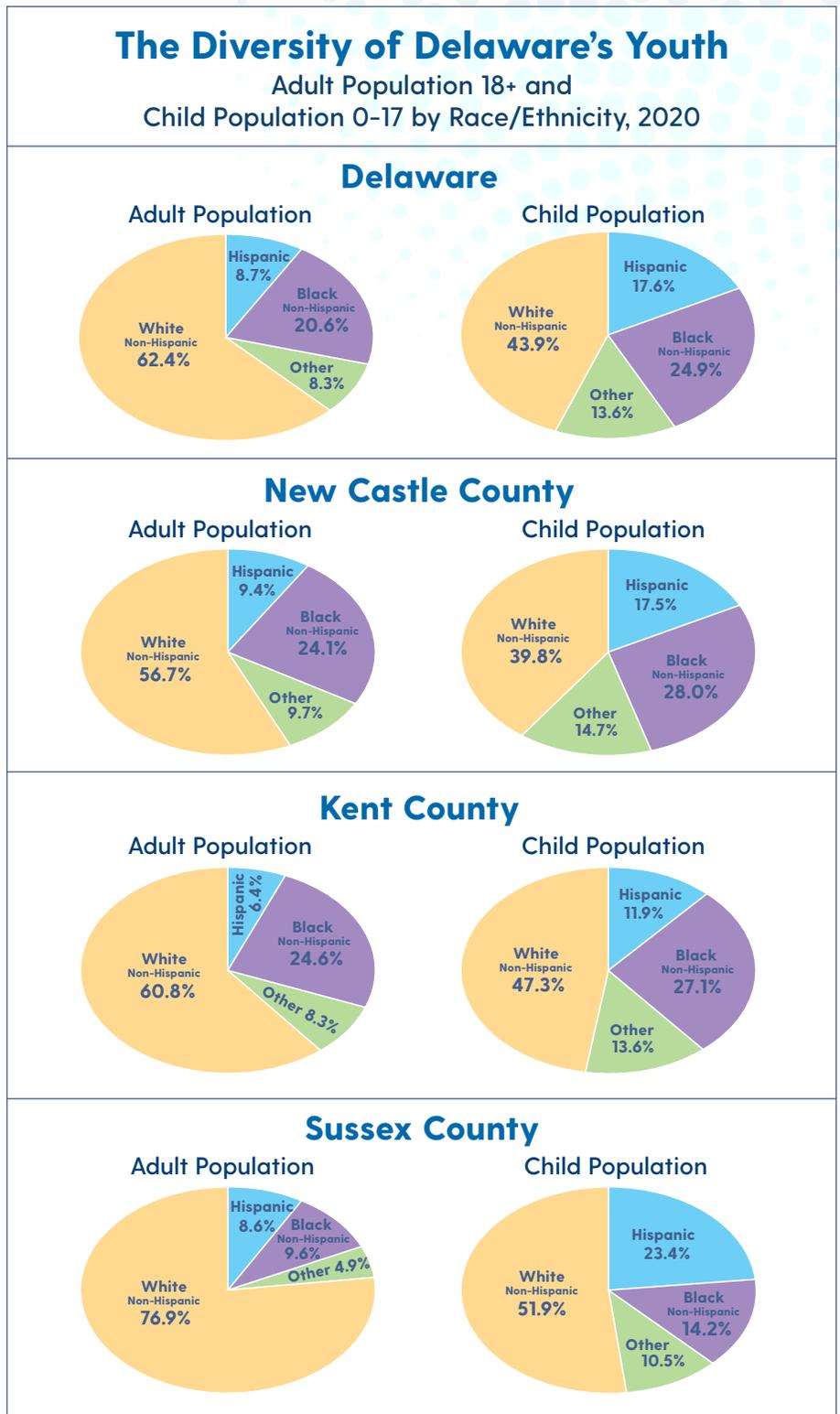
in the county's total population, while the child population in New Castle County increased only 3.4 percent. In the same time period Kent County's total population increased by 19,541 individuals or 12 percent, while the county's child population decreased by 4.1 percent. The largest increase in total population was in Sussex County; with the addition of 40,233 individuals, this represents a 20.4 percent change in total population, while the Sussex child population decreased by 8 percent.

Delaware's child and adult populations look different from one another in terms of racial and ethnic breakouts at the state level. While 56.1 percent of Delaware's children identify as either Black, Hispanic or Other, only 37.6 percent of Delaware's adult population reflects this same racial and ethnic identity. Those of Hispanic ethnicity make up 17.6 percent of the child population, but only 8.7 percent of the adult population. Population distribution shows simultaneously the largest proportion of white non-Hispanic adults combined with the largest proportion of Hispanic children in Sussex County. ♦



The Diversity of Delaware's Youth

Adult Population 18+ and
Child Population 0-17 by Race/Ethnicity, 2020



Source: U.S. Census Bureau, 2020 Census Redistricting Data Files

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

HEALTH

The COVID-19 pandemic posed both direct and indirect threats to the health and wellness of Delaware's children. In addition to concerns about contracting the virus, many families also coped with social isolation, job loss, inadequate amounts of food, and disruptions to in-person learning. These and other stressors associated with the pandemic impacted families' health service utilization, mental health, and more. It is important to note that during the pandemic, one policy implemented was to disallow discontinuation of Medicaid coverage – something that may have favorably impacted access to health services during this time.

In many cases, conditions experienced throughout the pandemic may have been temporary, but impacts on the health of kids and their families could be lifelong without intervention and support in months and years ahead. While variants of the virus continue to cause concern for what the future holds, the rollout of COVID-19 vaccinations, quick development of boosters, and expansion of these protections to younger age groups create a sense of optimism for an end to this health crisis.

Pre-pandemic data on child health, as well as emerging or experimental data collected during the pandemic by the U.S. Census Bureau and other sources, provide clues to how many Delaware households with children faced pandemic-related barriers to health, as well as which types of households were disproportionately impacted.



FOCUS

THROUGH THE EYES OF A CHILD

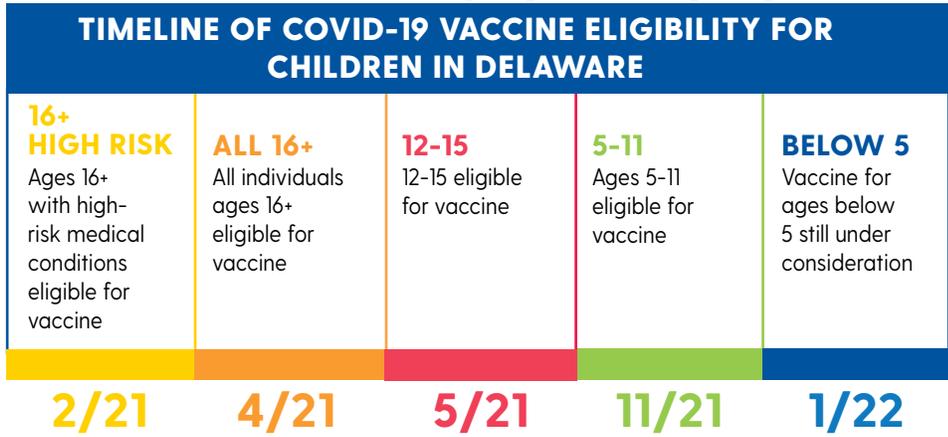
Hi, I'm Liam! I'm 4. I'm learning lots this year.

I hear a lot about COVID-19 and the vaccine, though I'm not sure how it all works.

My mom says she doesn't want to rush time, but is counting down until my birthday so I can get a shot too. My brother is 8 and he got it in the fall. My sister is a teenager and she got it before that. I've also heard the word boost- booster-like my car seat. My parents have those ones!

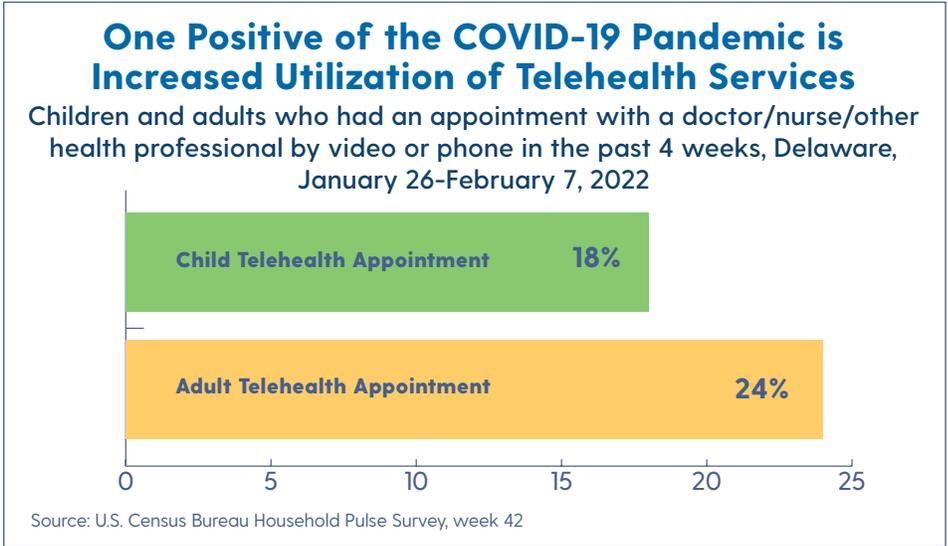
Last year I couldn't go see my dentist, but this year I was able to. I wore a mask and the dentist wore two. We still called some doctors by video this year, like one time when I had a fever. The doctor helped me.

I am liking being in school again. Last year I was only in class some days but now I am a lot more. I like talking to my friends. We wash our hands- a lot- and always wear our masks. Off to learn my letters now-see you later.



Liam identified much of what it's like to be a kid during the COVID-19 pandemic. In November 2021, the COVID vaccine was approved for children ages 5-11 and as of early 2022, discussions were still occurring regarding vaccine plans for children younger than 5. The November guidance opened new doors for protection, especially within elementary schools, but families and childcare centers with kids under 5 are under pressure to

continue with strict COVID-19 precautions. The most up-to-date data surrounding COVID-19 in Delaware can be found on the [My Healthy Community database](#)¹⁵. Throughout the past two years, telehealth has increased in use, as Liam referenced in his video call with a doctor. Efforts are underway to continue telehealth use, specifically through the Telehealth Improvement for Kids' Essential Services (TIKES) Act¹⁶.





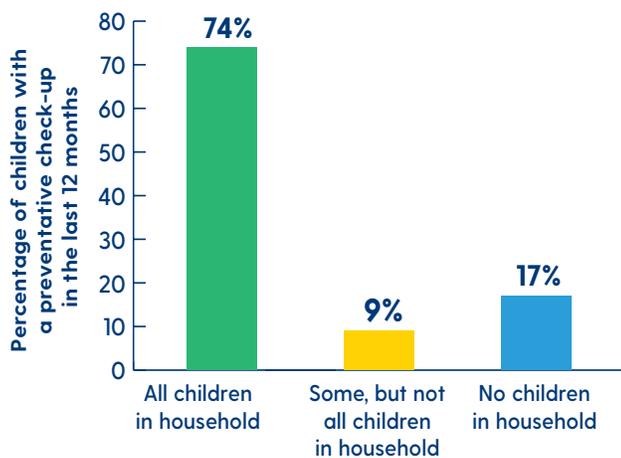
Health Services Utilization

Although numerous health care providers continued seeing patients throughout the pandemic, abrupt shifts to telehealth for various services early in the COVID-19 crisis—along with families’ fears about exposure to the virus throughout the last two years—caused many children and expectant parents to miss or delay important medical care¹⁷. Critical health services such as prenatal visits, well child checks, routine immunizations, dental visits and outpatient mental health visits were all disrupted as a result of the pandemic, with potential long-term effects for kids’ health.

The advancement of telehealth is a positive outcome of the

Majority of Delaware Children Engaged in Wellness Visits During Second Year of Pandemic

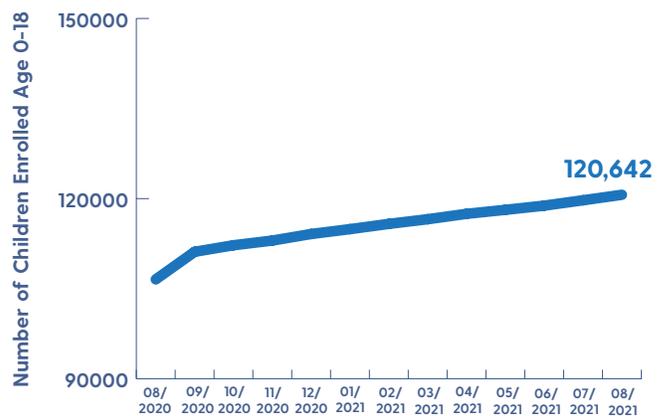
Children who had a preventative check-up in the last 12 months, Delaware, January 26-February 7, 2022



Source: U.S. Census Bureau Household Pulse Survey, week 42

Medicaid/CHIP Enrollment Show Continued Growth Through COVID-19 Pandemic

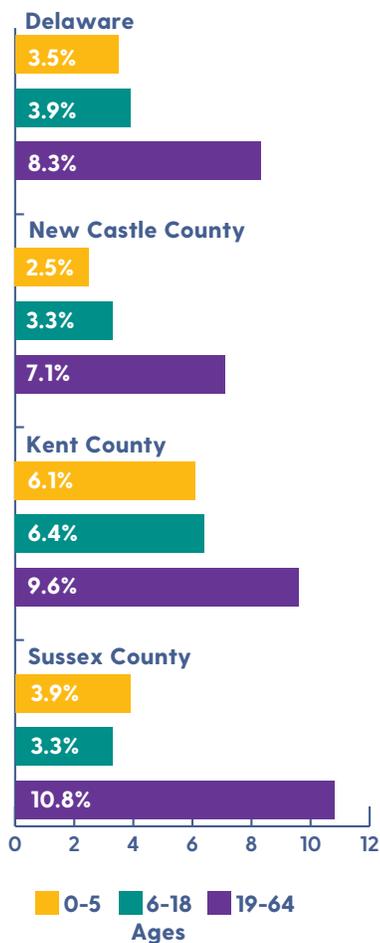
Delaware Medicaid/CHIP Monthly Enrollment for Children age 0-18



Source: Center for Community Research & Service, produced from data from the data.Medicaid.gov monthly enrollment

Public Programs like Medicaid and CHIP Boost Access to Health Coverage for Delaware Children

Percent of young children ages 0-5, children ages 6-18, and adults ages 19-64 without health insurance, Delaware and Counties, 2016-2020



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



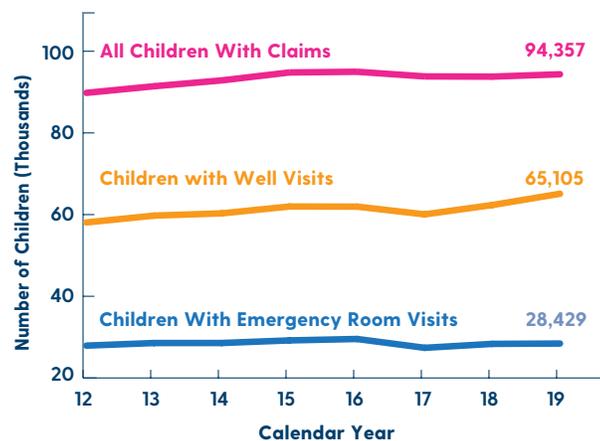
pandemic, allowing providers and patients to interact virtually in order to keep safe. However, telehealth does have constraints, including: reliability of internet connection, privacy concerns, and limits to services available electronically.

As Delawareans begin to emerge from our pandemic-related behaviors, our collective response must involve prioritizing affordable

health coverage, capitalization of wellness visits for “catch-up” to prevention services, and ensuring all eligible children are vaccinated from COVID-19¹⁸. The American Academy of Pediatrics has also called for foundational change to the Medicaid program for children and young adults, emphasizing the establishment of minimum uniform standards across the nation and full federal funding¹⁹.

Majority of Medicaid/CHIP Claims are for Well Visits

Children with Medicaid/CHIP Claims by type of visit, Delaware



Source: Center for Community Research & Service, University of Delaware, 2022. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University's Colleges of Health Sciences and Arts & Sciences

Mental Health

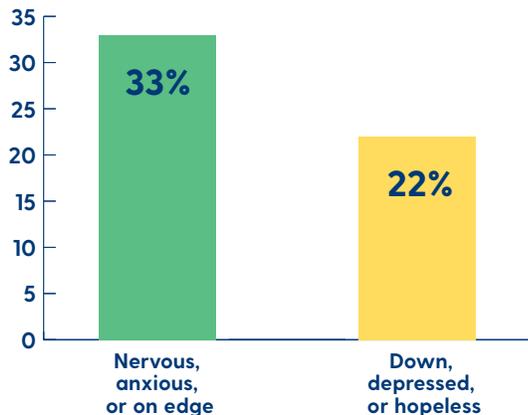
The COVID-19 pandemic has significantly impacted the lives of children, youth, and their families throughout Delaware. Comprehensive data on the mental health of children and youth during the pandemic are limited, but first-hand narrative and data collected from adults who live with children suggest that the pandemic and all of the stressors that accompanied it took a toll on families' mental health.

COVID-19, including public health measures meant to protect the larger community, represents an extremely stressful experience for children, youth, and their families. Pandemic related school closures, social distancing measures, and the economic repercussions of COVID-19 that deprived children



One-Third of Delawareans with Children Continue to Struggle with Mental Health Concerns Two Years into Pandemic

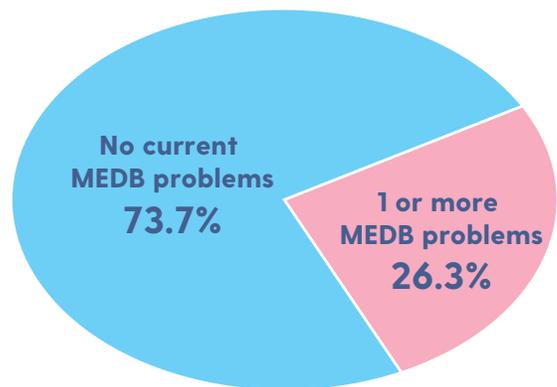
Adults living in households with children who experienced feelings of anxiety or depression for more than half of the days or nearly every day for the past two weeks, Delaware, January 26-February 7, 2022



Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2020-2022

Even Prior to COVID-19 Pandemic, Many Delaware Children Struggled with Mental Health Concerns

Children ages 3-17 reported by their parents to have mental, emotional, developmental, or behavioral (MEDB) problems, Delaware, 2019-2020



Source: Center for Child and Adolescent Health, National Survey of Children's Health



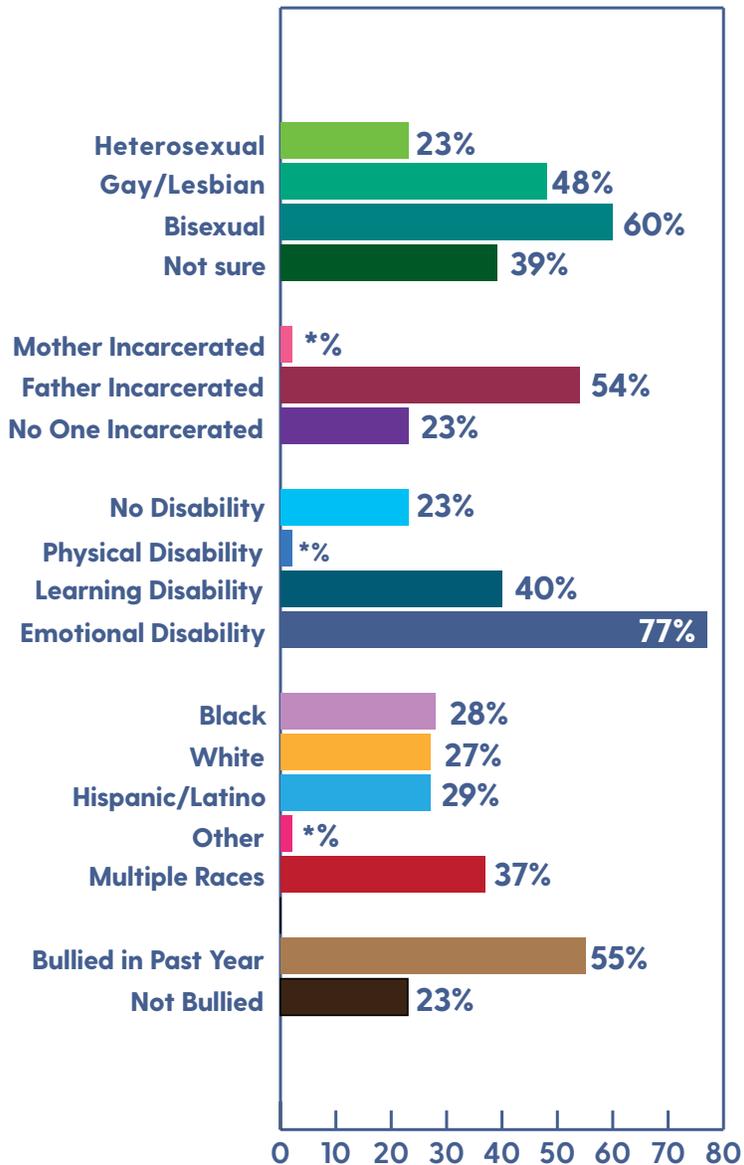
of structured support and peer networks have taken a toll on their collective mental health.

While there has been increased focus on negative mental health impacts of COVID-19 on youth like increased health and economic anxiety or reduced connection with peers and mentors alike²⁰, it can be noted that some adolescents experienced the pandemic as a relief from negative interactions²¹.

Understanding the short- and long-term impacts of the COVID-19 pandemic on the mental health of Delaware children and their caregivers will take time and require more data. It will be important to think about populations who have historically been at the highest risk for significant mental health struggles and suicide. Among high school students, pre-pandemic data indicate that youth who identify as LGBTQ, youth with an incarcerated parent, and youth who've reported being bullied in the past year are more likely than their peers to experience feeling sad or hopeless, to injure themselves, and to consider suicide²². Policies aimed at further understanding current mental

Pre-pandemic, Feelings of Depression Experienced by Different Segments of the Delaware High School Student Population

Percentage of Delaware high school students grades 9-12 that reported feeling sad or hopeless for two or more weeks at a time in the last 12 months in 2017



Source: CDC Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware
 Note: * Data are suppressed where number of incidences are at or below 30

health needs of Delaware families, as well as those that address mental health needs by increasing protective factors and removing

barriers to care and treatment, will continue to be essential in the years ahead.

Births

Prior to COVID-19, data demonstrated a declining birth rate across the U.S. which was reflected in Delaware statistics. This decline is related to access to contraception and delaying pregnancy to an older age. By age, the state's largest decline in birth rate was among teens ages 15-19. This rate declined 62% between 2007 and 2019. The birth rate for women ages 20-24 declined 39% in the same period. The birth rate increased among women ages 30-39 from 45.5 to 49.7 births per 1,000 women and the number of births to women ages 40-44 did not change significantly during this time period²³.

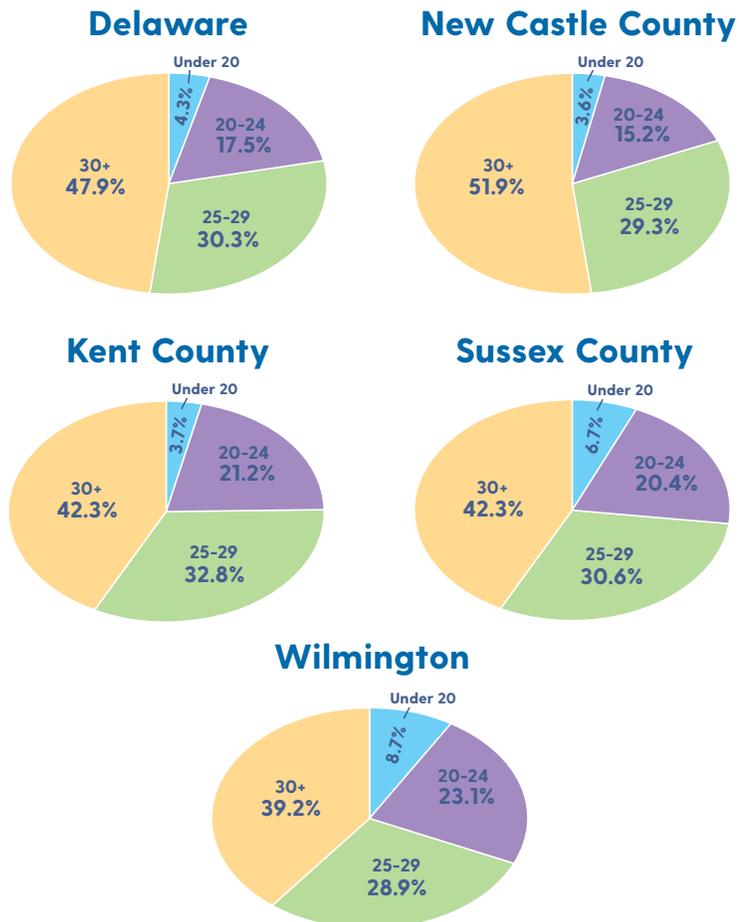
Historically, there is a correlation between lower number of births and periods of social transformation like economic recessions or high mortality health events²⁴. When the economy is contracting, families may face additional hardships like unemployment, housing instability, and food insecurity and these factors impact family planning decisions. During the pandemic and related recession, preliminary data indicate an additional drop in births even with factors like pre-pandemic declining births and seasonality considered²⁵. Newer research suggests that the trend may be reversing²⁶.

Like other indicators of pandemic impact, broad understanding of changes to national and state birth rates will take additional time and data. ♦



Teen and Young Adult Mothers Account for Less Than One-Quarter of Delaware Births

Percentage of live births by mother's age for Delaware, Counties, and City of Wilmington, 2019

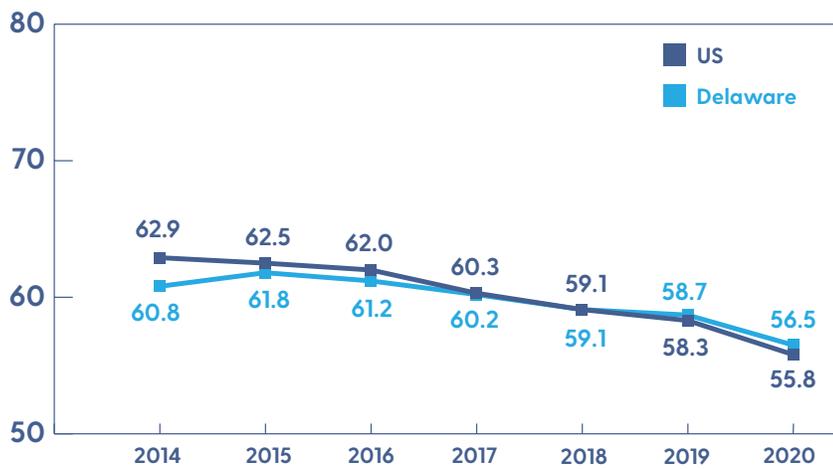


Source: U.S. Census Bureau, 2020 Census Redistricting Data Files



Delaware Fertility Rate On a Decline Pre-Pandemic

Fertility Rate, U.S. and Delaware



Note: 2020 fertility rate for Delaware is based off population estimates from Delaware Population Consortium. Estimates may be subject to change.

Source: Center for Community Research and Service, 2021. Data from the Centers for Disease Control and Prevention, Vital Statistics, and the Delaware Population Consortium



EDUCATION

The COVID-19 pandemic introduced many challenges to all levels of education including: a strain on the state's early care and education system, school closures, hybrid schedules, and remote learning within the K-12 system; as well as interruptions to higher education and job-training opportunities. The pandemic undoubtedly affected Delaware students, but it also impacted those who interact with students daily: teachers, administrators, custodians, food service workers, transportation workers, and others. Disagreement over the appropriate level of public health measures in combination with a movement to restrict curriculum have compounded the challenges facing educators at the K-12 level. Measuring the educational and social impacts to students caused by the pandemic and connecting that data to action will be vital work toward and in recovery.



FOCUS

THROUGH THE EYES OF A CHILD



Hi, I'm Izzy. I'm 10 years old. We're back in school "in person" this year and it has been great to see my friends. I feel more comfortable seeing my teachers and counselor in person- it is nice to talk to them. I have some friends that miss learning online, but we get to do that sometimes still.

Last year was difficult. Thankfully, I had a computer to use for learning, but it was hard to really know what was going on. Sometimes my internet went out. I didn't talk to a lot of friends and it was hard to see them.

This year is better but still confusing. We learn a lot, in small groups. Sometimes we have to stay home, if someone in class is sick, but we get to go back after a little while. When we stay home, our parents still pick up breakfast and lunch from the school for us.

I've liked being able to have time to play sports again this year.

Izzy takes us into the mind of an elementary school student during the COVID-19 pandemic, initially highlighting connections to relationships with peers and with mentors or leadership figures. From a policy^{27,28} perspective, Izzy mentioned an important concern of COVID-19 school closures: the broken link between children who may be in danger within their home environment and the number one source of reported maltreatment allegations—school personnel.

She also mentions struggles of virtual learning, a narrative

which has been cataloged across the state of Delaware. At the intersection of education and health is how schools are handling COVID-19 quarantine policies. The School Dashboard Portion of the [My Healthy Community](#) database informs these policies at the state, district, school, and family-unit levels. When students learn virtually, there is still access to meals from the Summer Food Service Program²⁹, which is operating continually to ensure kids have access to healthy foods even if schools have to physically close.

Student COVID-19 Data Updated Weekly in My Healthy Community

In-person contagious school cases by setting, Delaware thru 2/4/2022

Setting	Positive Cases Among In-Person Students 1/29/22-2/4/22	Positive Cases Among In-Person Students Cumulative Total 9/4/21-2/4/22
Public K-12	340	8,905
Private K-12	17	460
State of Delaware	357	9,363

Source: My Healthy Community School Dashboard. Available at <https://myhealthycommunity.dhss.delaware.gov/home>

More than Half of Delaware Households With Children Under Age 5 Experienced Childcare Challenges in Early 2022



52% of Households with children under age 5 were unable to attend daycare or another childcare arrangement in the last 4 weeks because of safety concerns, Delaware, January 26–February 7, 2022

Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2020–2022

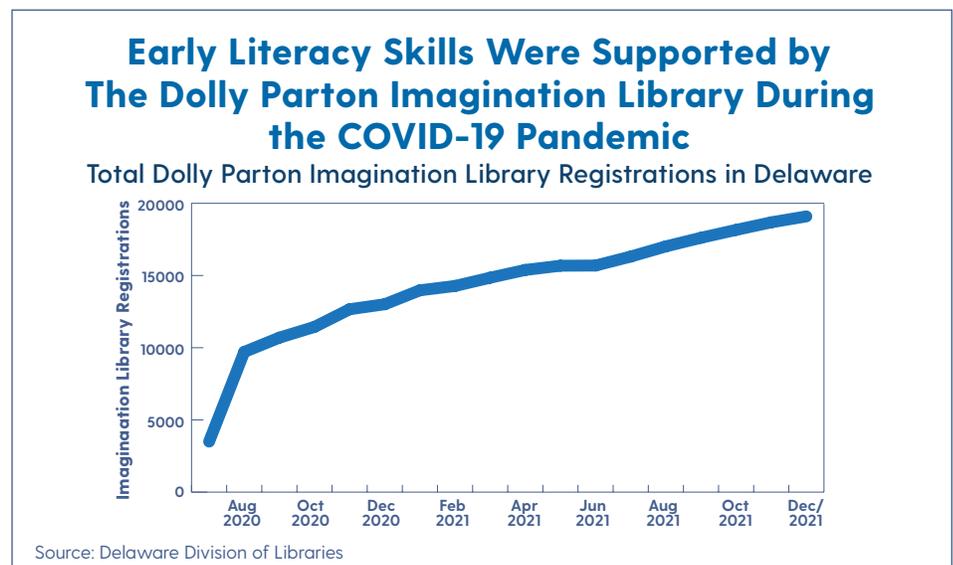
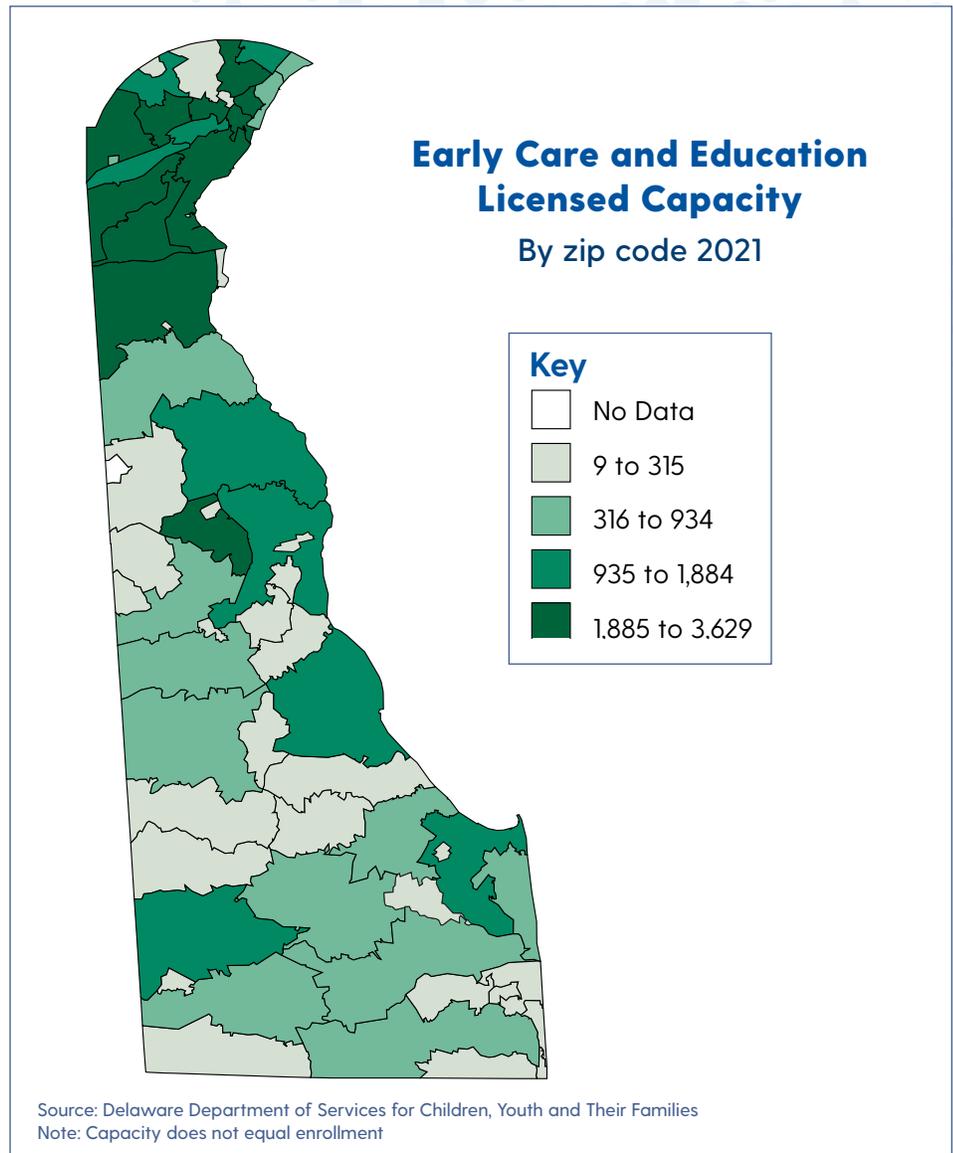
Early Care and Education

Delaware's early care and education network has weathered numerous storms throughout the past two years as it has worked to nurture our state's youngest children in the best ways possible during the COVID-19 pandemic.

Through these trials, the network has gained some points of pride: connection within the early care community is at an all-time high³⁰, developmental screenings have been enhanced³¹, and data publicly available on those served by Delaware's Purchase of Care (POC) system has been expanded³². Delaware's Division of Public Health (DPH) formed essential ties with the Office of Early Learning (OEL) to provide high-quality safety guidance for prevention of COVID-19 in childcare centers³³, this relationship deepens as our youngest residents become vaccine eligible.

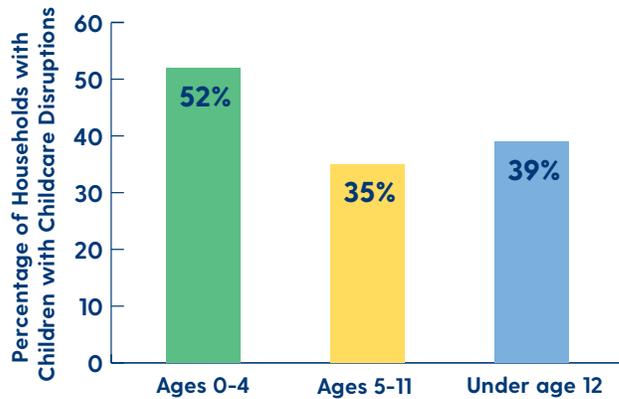
There are also pandemic related challenges yet to be remedied: quarantine guidelines³⁴ put in place in the event of a COVID-19 exposure impact a child's teachers, caretakers, and even the larger business community, who rely on Delaware early care network to support workers with young children. Data from the U.S. Census Bureau's Household Pulse Survey shows that one in five families had trouble sending their children to childcare during the pandemic³⁵.

Financial support and workforce structure within Delaware's early care and education network were altered in response to the COVID-19 pandemic. These changes



Younger Children Are More Likely to Experience Childcare Disruptions than Older Children in Delaware

Households with children under 12 whose childcare arrangements were disrupted in the last 4 weeks because of safety concerns by age of child, Delaware, January 26-February 7, 2022



Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2020-2022

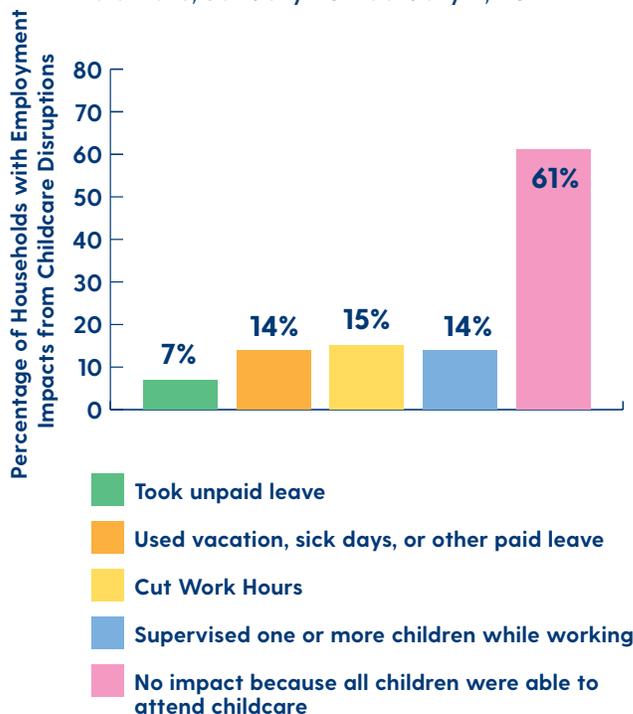


relate to providing care for the maximum number of children possible and include: enhanced reimbursement³⁶, POC payments based on enrollment, rate increases, stabilization grants, as well as direct financial relief and educational supports for childcare workers. More than \$120 million in relief has flowed to Delaware's early education system from the American Rescue Plan Act (ARPA)³⁷.

Additional successes for Delaware's young children were seen outside the traditional childcare sphere throughout the past year. The Dolly Parton Imagination Library³⁸ saw groundbreaking success, providing monthly books at no cost to children ages zero to four. The Rodel Foundation and the Delaware Readiness Teams partnered to carry out a family survey in September 2021³⁹, gathering pandemic-related input from over 300 families (including parents, guardians, and caregivers). Moving forward, continued collaboration towards supporting the social and emotional needs of our youngest Delawareans must be a top priority for state partners.

Approximately 40% of Adults in Households with Young Children Experienced Employment Impacts in Order to Provide Needed Care

Childcare disruptions in the last 4 weeks because of the pandemic and employment impacts in households with children under age 12, Delaware, January 26-February 7, 2022



Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2020-2022

K-12 Education

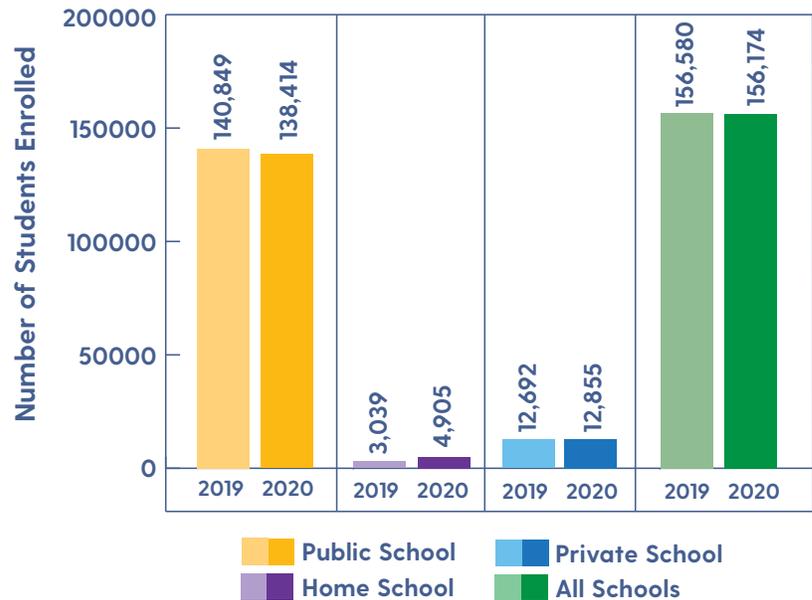
Education is core to a student’s success. However, the pandemic caused disruptions to academic progress, disruptions with peer-to-peer engagement, and a loss of access to essential health and well-being services provided in schools.

The uncertainties of the last two years brought on by COVID-19 included changes in educational format which alternated between in-person, virtual, and hybrid learning, all to minimize viral spread. Pre-pandemic, Delaware students already disadvantaged by the digital divide, or “the



Delaware Public Schools Experienced Overall Decline in Enrollment from 2019/20 to 2020/21

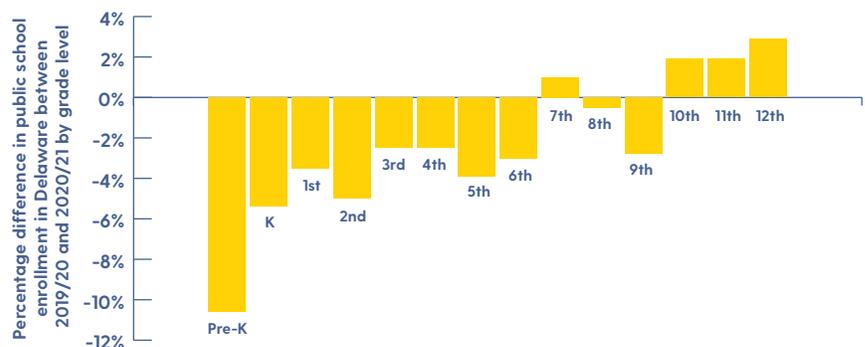
School enrollment by school type, Delaware 2019/20-2020/21



Source: Delaware Department of Education

Enrollment Declines Concentrated in Early Grades

Percentage difference in Delaware public school enrollment between 2019/20 and 2020/21 by grade level

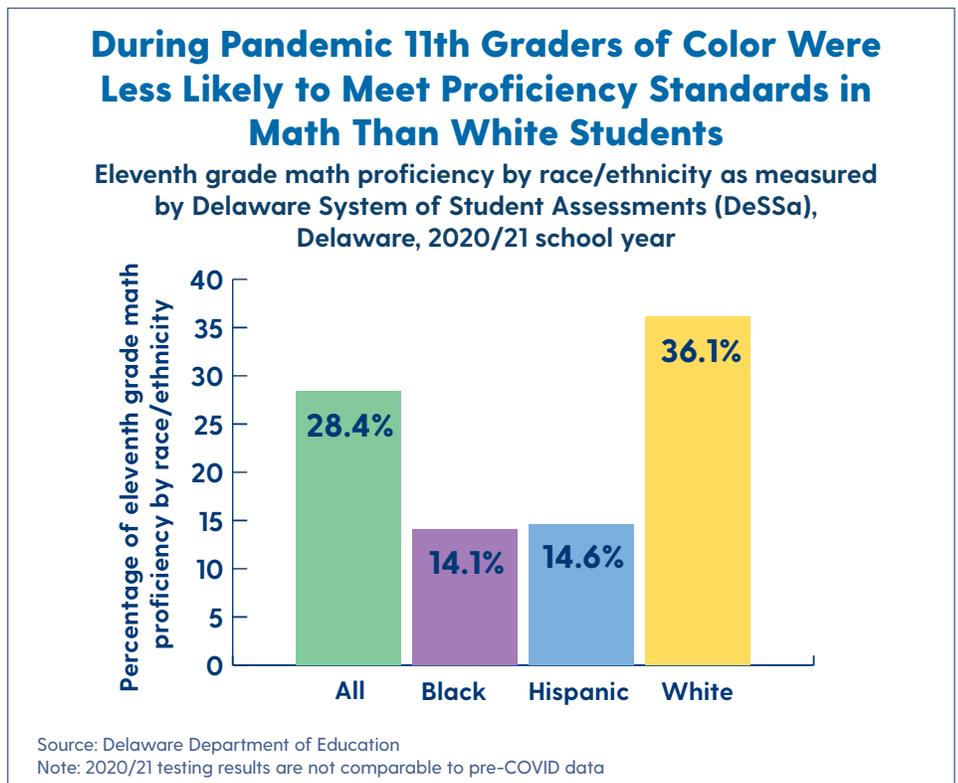
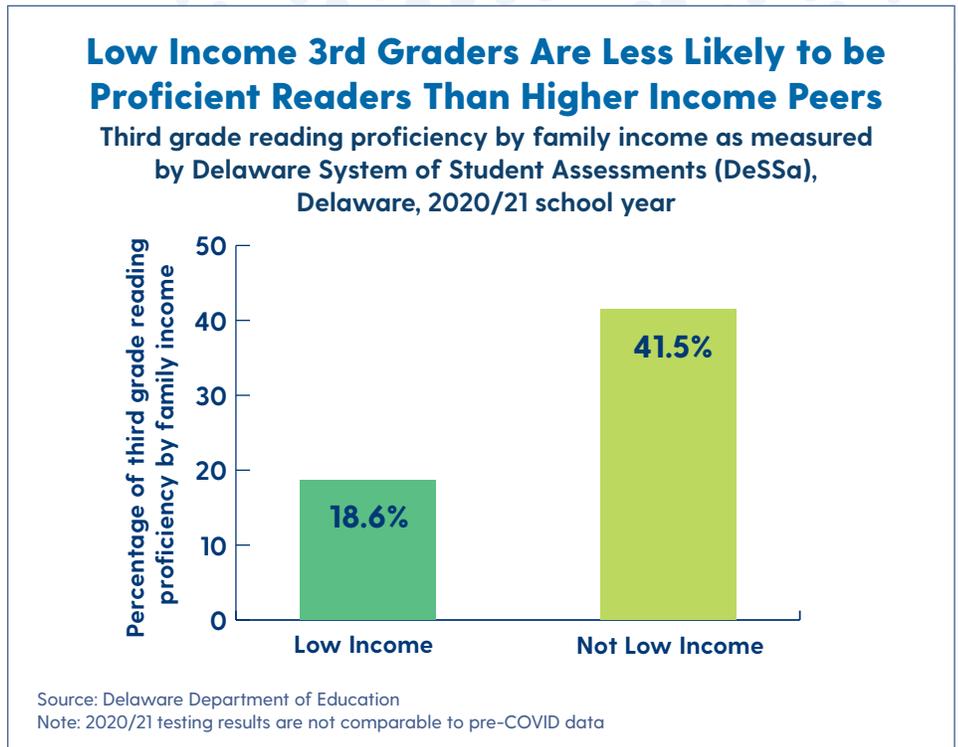


Source: Delaware Division of Education

economic, educational, and social inequalities between those who have computers and online access and those who do not⁴⁰, included students of color, those from low-income households, students with disabilities, student in immigrant families, and students in rural areas of the state. These students were the target audience for the Emergency Broadband Benefit Program⁴¹.

As the first year of the pandemic progressed, Delaware’s public schools experienced a decline in overall student enrollment, decreasing 1.8 percent from fall 2019 to fall 2020. The enrollment decrease reflected an overall decline of more than 2,400 students in pre-K thru 12th grade across the state. Delaware’s early grades, in which children learn foundational reading and math concepts and important socio-emotional skills, saw the largest enrollment declines in fall 2020. While enrollment in Delaware public schools decreased, the share of students enrolled in private schools or being homeschooled increased throughout the state and nationally⁴².

Delaware’s student assessments were cancelled in 2019/20 and scores from the 2020/21 may look different than in previous school years because of learning location changes, absenteeism, and student participation rates. In other words, assessment results during COVID-19 are not comparable with pre-pandemic assessment results. As schools returned to in-person learning during year two of COVID-19, other challenges have surfaced including increased stress on educators and staffing shortages



among teachers, administrators, and other student support service workers. Compounding this, students have returned

after experiencing varied types of COVID-related stress, which will require trauma-informed responses.

Disconnected Youth

The term “disconnected youth” is defined as young people between the ages of 16 and 24 who are not in school and not working. Between February and June 2020, the share of young adults across the U.S. who were neither enrolled in school nor employed had more than doubled⁴³. Most of the increase in disconnected youth during the pandemic was related to job loss among young workers⁴⁴.

Even before the pandemic, teenagers were the age range reporting the highest rate of unemployment. Those in their early 20s were more likely to be working, but their status

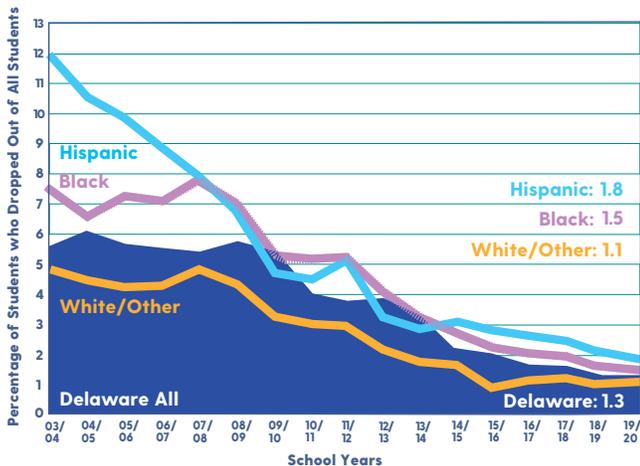


often depended on whether they remained in school⁴⁵. The U.S. Bureau of Labor Statistics reported a youth unemployment rate (ages 16 to 24) of 9.1 percent in July 2019, pre-pandemic. This rate increased after COVID-19

initial business closures and was 18.5 percent in July 2020. As businesses considered non-essential reopen, the youth unemployment rate is decreasing, with a July 2021 rate down to 10.0 percent⁴⁶.

Trend of Fewer Delaware High School Dropouts Continues

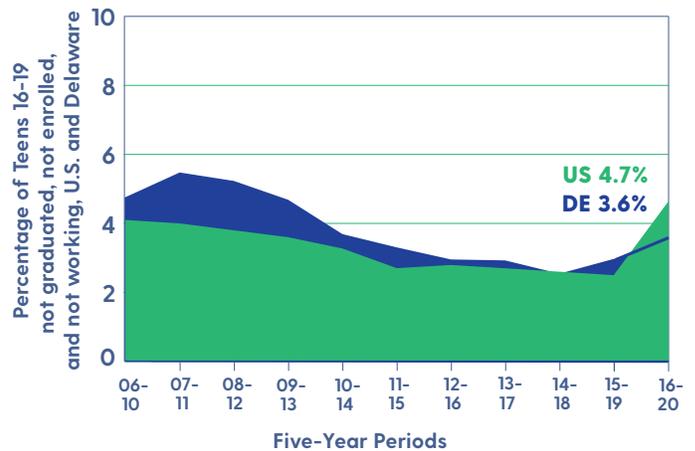
Delaware public high school dropouts grades 9-12 by race/ethnicity



Source: Delaware Department of Education

Disconnected Youth Are at Risk for Poor Outcomes

Percentage of teens 16-19 not graduated, not enrolled, and not working U.S. and Delaware



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

Meanwhile, school districts across the state have been innovative in working to identify missing students and reconnect those students with academic supports. For example, using data related to virtual class attendance, staff from the New Castle County Vocational Technical School District identified disconnected students. After conducting outreach via phone and email, staff engaged in-person with home visits targeted to the hardest to reach students during the remote learning phase of COVID-19. This outreach unveiled the most likely causes of academic disconnection during initial months of pandemic life: unreliable internet connection, a student's need to work, home environments becoming inconducive to work due to overcrowding, and/or families needing to move out of state⁴⁷.

Other efforts to re-engage youth disconnected by the pandemic include Delaware's expansion of the state's Student Excellence Equals Degree (SEED) scholarship program, which gives state residents access to a free college degree or workforce training program⁴⁸ and the federal Youth Workforce Readiness Act of 2021⁴⁹ which supports workforce readiness programs via afterschool and summer programs⁵⁰. ◆



ECONOMIC SECURITY

Although first and foremost a public health crisis, COVID-19 had a widespread economic impact at both the national and state levels. Beginning in March 2020, thousands of Delawareans found themselves unemployed in the wake of shutdowns that closed all except businesses considered essential. Those designated as essential employees faced fear and uncertainty about their health and the health of their families. For individuals able to work from home, challenges included caring for young children or helping older children navigate virtual school while simultaneously managing their own workload. These challenges – which fell heavily to women – proved too much for some caregivers who subsequently left the workforce. In addition to intensifying racial and ethnic disparities which existed pre-pandemic, COVID-19 highlighted an insufficient safety net that had been in place long before the pandemic⁵¹.

As the pandemic continued, variants were a source of concern while at the same time we learned more about the virus, increased access to testing, and developed vaccines. Economic policy responses emphasized the positive impact attainable when ample resources are invested in the nation's residents⁵². Stimulus checks and tax credits created positive economic impact for families across the nation and in Delaware. For instance, The American Rescue Plan Act of 2021 (ARP) temporarily increased the value of the Child Tax Credit (CTC), made the credit fully refundable, and sent Americans with children advance payments on the tax credit starting in July 2021⁵³ thus keeping 3.6 million U.S. children out of poverty⁵⁴.

It will take years to understand the full extent of the pandemic's economic toll, but initial data indicate how far-reaching the implications of COVID-19 have



been for families as well as how investments and policy change can have a positive impact for families.

Food Bank of Delaware Fills Need During COVID-19 Pandemic

Food Bank and pantry data 2021



1,837,892 Pounds of Food
via 31 mass drive-thru
distributions

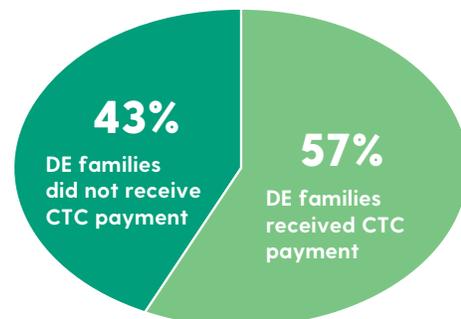
15,155,947 Pounds of Food
Distributed via
Mobile Pantries, Community Food Pantries
and **On-Site Pantries**



Source: Food Bank of Delaware

Just Over Half of Delaware Families with Children Received the Advanced Child Tax Credit by the End of Calendar Year 2021

Households with children that received a "Child Tax Credit" payment in the past 4 weeks, Delaware, Dec 29, 2021-Jan 10, 2022



Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2021

FOCUS

THROUGH THE EYES OF A CHILD

Hi, I'm Ben. It has been a difficult year for my family. My school couldn't stay open during the pandemic (I'm in 5th grade) and my little brother and sister and I were all home. My mom tried working from home to keep us safe, but it got to be too much, so she stays home with us now. I know that has been hard. I hear my parents talking about money more and they sound stressed.

We have been able to stay in our apartment, but some friends couldn't. I heard about it at school when we went back this year. I am so glad we could go back in person, and my brother and sister could go get care also during the day.

When we were learning at home, we sometimes drove through events that gave us big boxes of food. Mom says that helped keep our fridge full even though she wasn't working full time. My parents seem overwhelmed and I hope everything is better soon!



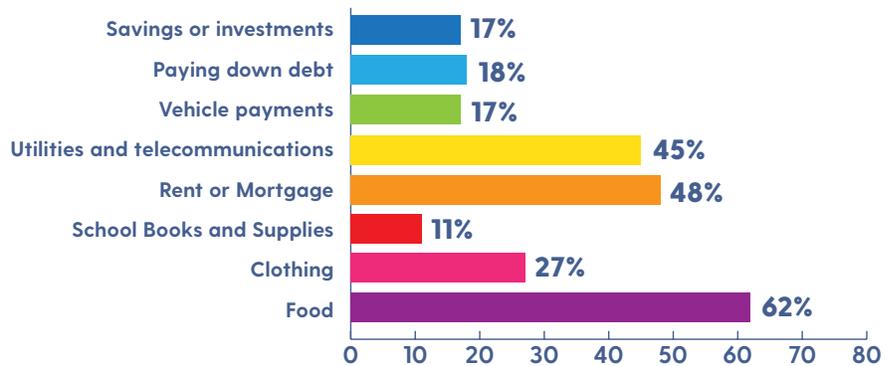
Ben's reflection is from earlier in the pandemic, when schools were still virtual and unemployment rates throughout Delaware were rising. Ben could sense that his parents were stressed. His mom left work to stay home⁵⁵ to watch him and his siblings; hopefully she had help from her stimulus payment, enhanced SNAP, unemployment insurance⁵⁶, federal Pandemic Unemployment Assistance⁵⁷, and payments from the advanced Child Tax Credit.

Unfortunately, rising unemployment rates are often accompanied by housing challenges. Delaware had an eviction moratorium until the end of August 2021⁵⁸, which helped some families, but even through the end of the summer some struggled to pay rent.

Ben also mentioned receiving big boxes of food. Food-connected organizations throughout the state, such as the Food Bank of Delaware, increased supply to hold large drives.

More Than Half of Delawareans Receiving the Advanced Child Tax Credit Spent the Additional Money on Food

Households with children by the types of spending the "Child Tax Credit" was used on, Delaware Dec 29, 2021-Jan 10, 2022



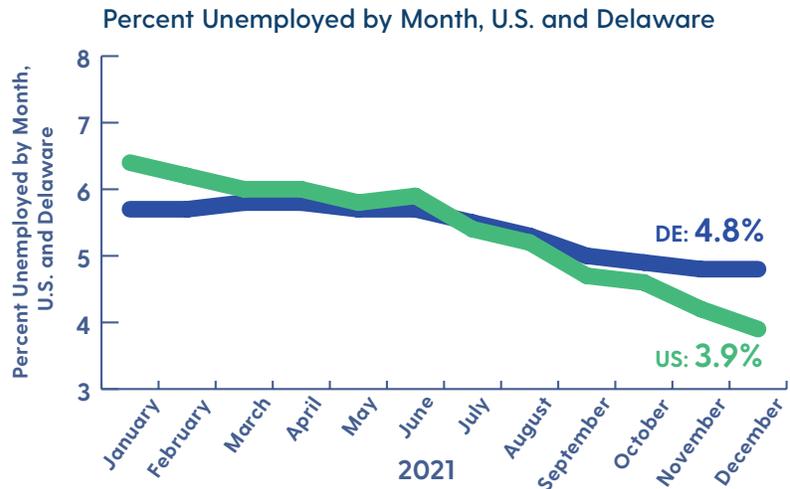
Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2021

Unemployment

At the onset of the pandemic, Delaware closed businesses deemed non-essential – many in the service and hospitality industry – to curb the spread of COVID-19. This caused an increase in the number of Delawareans relying on unemployment insurance (UI) for financial stability⁵⁹. However, access to UI was not equal among different segments of the population. One analysis showed that, among households with children who experienced a loss of employment income early in the pandemic, Latino households and households with low-income were less likely to receive UI than non-Latino and higher-income households⁶⁰. Challenges present in the UI system – difficult navigation with numerous administrative hurdles, often yielding delayed benefit payments – are not new. The pandemic simply showcased these issues to a larger segment of the public⁶¹.

In addition to the financial challenges associated with parental job loss, research has indicated that parents who experienced job loss early in the pandemic experienced increased parent-child conflict⁶². In particular, young children were at higher risk for psychological and physical abuse at the hands of their parents. A notable exception is that positive coping strategies seemed to mitigate

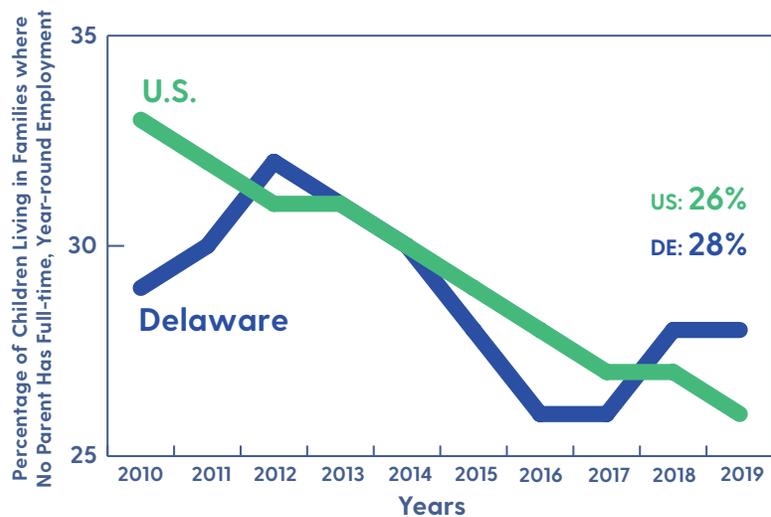
Unemployment Continues Downward Trend in Second Year of Pandemic



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

More Than a Quarter of Children Have Parents Who Lack Secure Employment

The Share of All Children Under 18 Living in Families Where No Parent Has Regular, Full-Time Employment, U.S. and Delaware

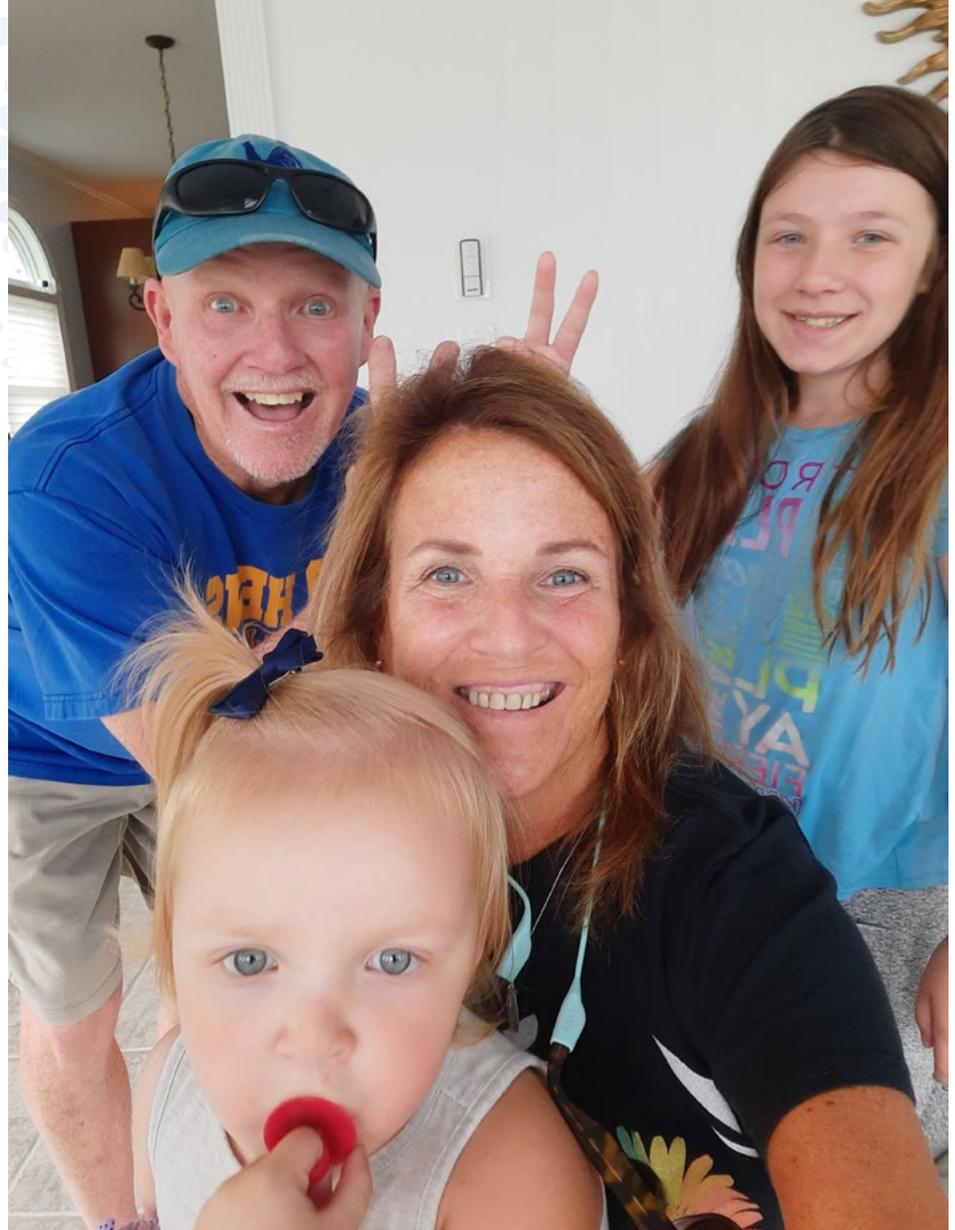


Source: Population Reference Bureau, analysis of U.S. Census Bureau, American Community Survey

Note: 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 12 months prior to the survey. For children living in married-couple families, this means neither parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. Children living with neither parent were listed as not having secure parental employment because those children are likely to be economically vulnerable.

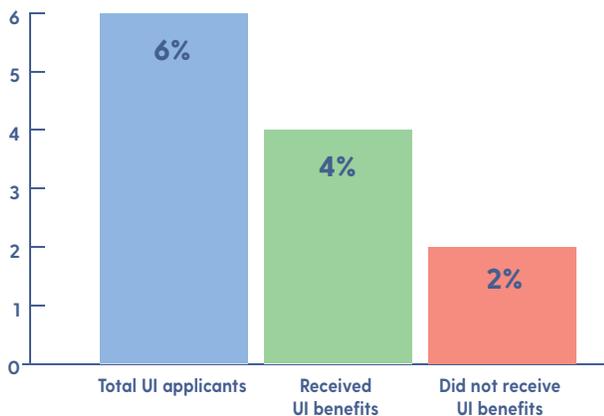
abuse. Among parents who lost their jobs, physical abuse toward children decreased when parents were able to view hardships as something they could overcome without becoming too discouraged⁶³.

With added pandemic challenges related to balancing work and caregiving, some parents have opted to leave the workforce voluntarily. From the business perspective, workforce stability has been challenging due to pandemic impact on Delaware's early care and education network. Seventy percent of Delaware employers are concerned or extremely concerned about recruiting and retaining employees due to childcare cost and availability⁶⁴.



A Majority of Delaware's Unemployment Insurance (UI) Applicants with Children Receive Benefits

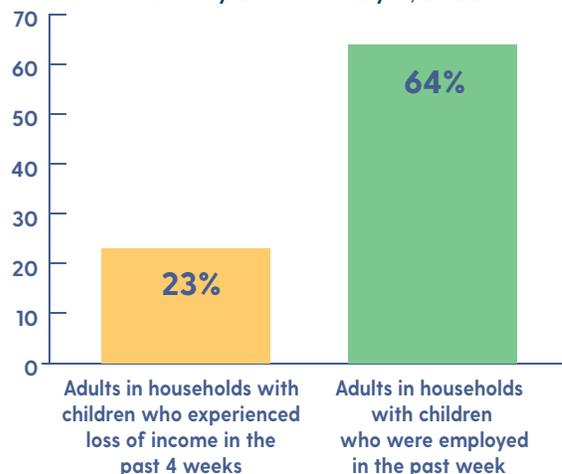
Adults in households with children who applied for Unemployment Insurance (UI) benefits since June 1, 2022, Delaware, January 26-February 7, 2022



Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2020-2022

One-Quarter of Delaware Families Experienced Loss of Employment Income in Early 2022

Employment & income status, Delaware, January 26-February 7, 2022



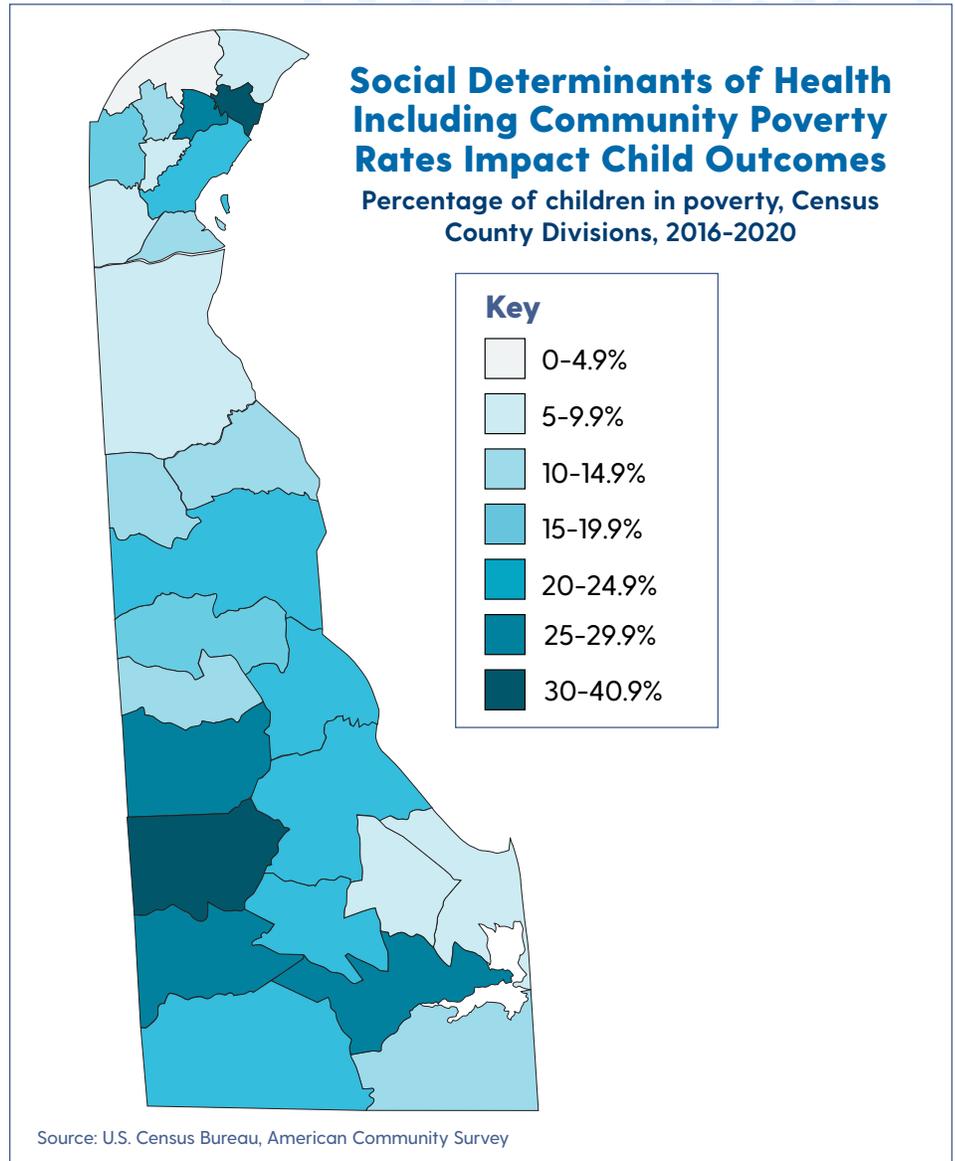
Source: Population Reference Bureau analysis of U.S. Census Bureau Household Pulse Survey, 2020-2022

Childhood Poverty

Growing up in poverty is one of the greatest threats to healthy child development. Child poverty is associated with a number of negative consequences including poor health and academic outcomes, hunger, unstable housing, stress, and violence⁶⁵.

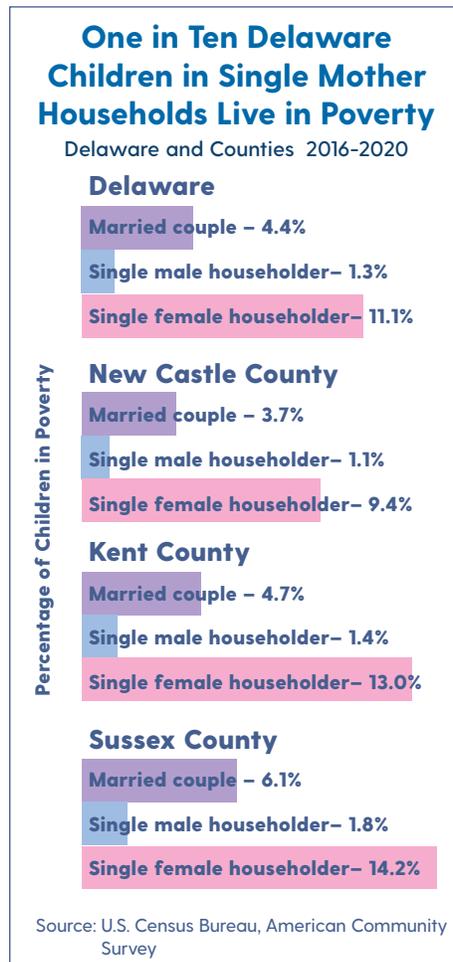
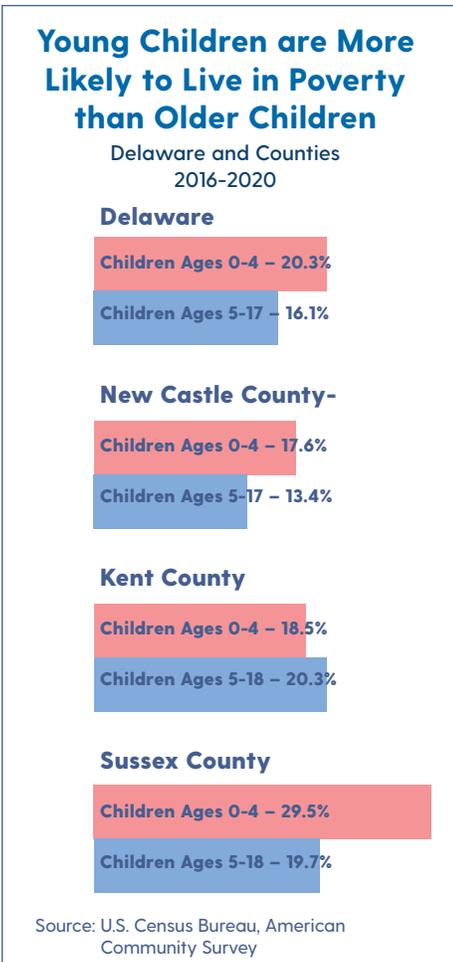
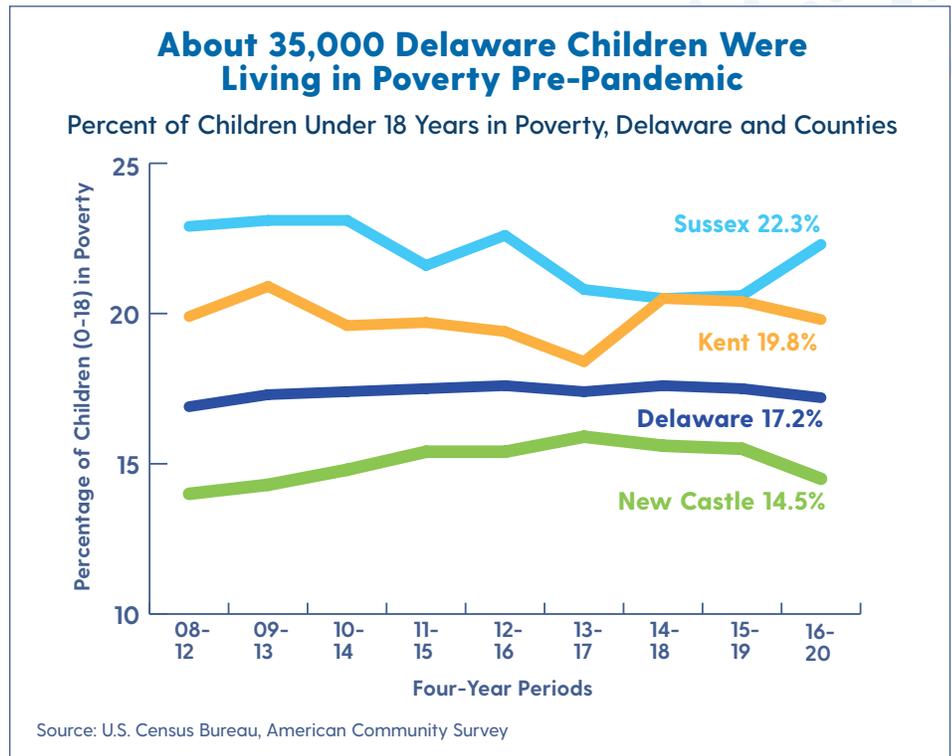
Pre-pandemic data indicate that about 35,000 children lived in poverty in Delaware⁶⁶. Historically, young children (ages 0-5) are more likely to live in poverty than older children (ages 6-18)⁶⁷, there is a correlation between family structure and childhood poverty⁶⁸, and a disproportionate percentage of children of color live in poverty compared with their white non-Hispanic peers⁶⁹.

COVID-19 brought uncertainty and instability as more parents than ever struggled to make ends meet. Recognizing that tax credits are an effective anti-poverty tool, an advanced Child Tax Credit (CTC) was included in the American Rescue Plan of 2021 (ARP) as a support for all families with children but



especially those struggling with basic needs like childcare, rent, food, or transportation. The CTC decreased the number of children living in poverty by roughly 40 percent nationwide⁷⁰. Payments strongly reduced food insecurity⁷¹. Despite being a demonstrably effective way to reduce child poverty⁷², this credit was a temporary measure and lapsed in January 2022.

Additionally, the credit did not extend to nearly two million American children – 85 percent of them U.S. citizens – living in poverty with an unauthorized immigrant parent⁷³. Ultimately, addressing child poverty must include all families who are part of our diverse country.



Basic Needs

Programs that help strengthen the income of low- and middle-income working families are often referred to as safety net programs, meaning they help prevent those families from falling into (or further into) poverty. Unemployment insurance, tax credits, housing vouchers, school meal programs, the Supplemental Nutrition Assistance Program (SNAP), and Medicaid/CHIP are examples of traditional safety net programs within the U.S. which have been especially important in helping families meet basic needs of food, shelter, health care, and childcare both before COVID-19's arrival and during the last two years.

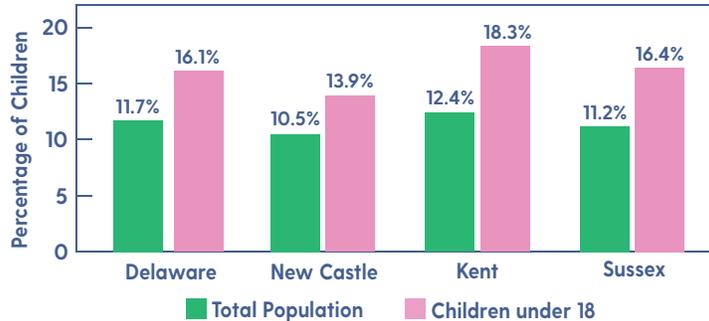
Widespread job loss associated with the arrival of COVID-19 caused families to struggle to afford basics. Once the economy began to open back up, many families continued to struggle due to structural challenges amplified by the pandemic. The Food Bank of Delaware reports distributing 1,837,892 pounds of food at 21 mass drive-thru distributions held in 2021⁷⁴. Eviction moratoria at different points during the pandemic have been a critical part of the solution to keep families housed. Safe and stable housing is always vital to a child's well-being, but even more so when schools and childcare settings are closed and home serves as the setting for learning and nearly all other activities.

According to the U.S. Census Bureau's Household Pulse Survey, 41% of Delaware families with children reported having difficulty



Children More Likely to Experience Hunger than Adults Pre-Pandemic

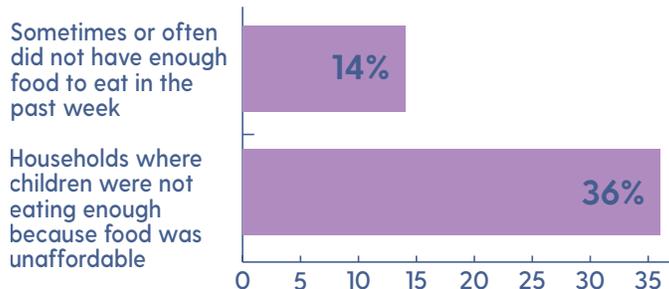
Food insecurity, Delaware and Counties, 2019



Source: Feeding America analysis of Current Population Survey data on food insecure households and survey data by the American Community Survey (ACS) on household income, unemployment, poverty, race & ethnicity, and homeownership.

COVID-19 Continues to Impact Food Insecurity for Delaware Children

Food insecurity during pandemic in Delaware
January 26-February 7, 2022



Source: Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020-2022



paying for usual household expenses in the past week in the time period Jan 26-Feb 7, 2022⁷⁵. In this same time period, 23 percent of Delaware families with children reported they have lost employment income since March 13, 2020⁷⁶. Additionally, families with children have consistently been more likely than households

without children to report being behind on housing payments or having little or no confidence in their ability to make next month's payment⁷⁷.

Obtaining the full picture of how the pandemic impacted housing, childhood food insecurity, and other basic needs in Delaware



DELAWARE FAMILIES STRUGGLING WITH BASIC NEEDS

January 26-February 7, 2022

1 in 7 Delaware Families Not Confident of Ability to Pay Housing Costs

15%



Households with children that had difficulty paying for usual household expenses in the past week

41%

Source: Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020-2022

will take time and additional data. However, it is already clear that Delaware must prioritize support for safe, stable housing for families with children and give special attention to the needs of children who experienced food insecurity during the pandemic, and whose households' economic struggles may have been exacerbated by caregiver unemployment. ♦

FAMILY & COMMUNITY

The COVID-19 pandemic is unlike anything that Delawareans have experienced in our lifetimes. COVID-19 has caused us to collectively grapple with many hard questions: how is this history-making pandemic affecting our children’s well-being? What will the lasting impacts be – physical, mental, social, and economic – of this virus? Even as restrictions are lifted, schools re-open, and businesses re-establish themselves, we will continue to face consequences of enduring this long-term public health crisis. Trauma-informed strategies are more important than ever to strengthen our state, communities, families, and children. Communities with children least supported pre-pandemic are more likely to have felt disproportionate pandemic challenges. We must ensure that responses target the children, families, and communities where COVID-19 and related public health responses did the most damage. The health of our communities influences the condition of our families, the condition of our families impacts the well-being of our children, and the well-being of our children is what will shape the future of our state. For our best future, we need to equitably support all of Delaware’s children.



CDC-Kaiser ACES Identified:

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother Treated Violently



Divorce



Incarcerated Relative



Substance Abuse



Broken Bones

Source: Robert Wood Johnson Foundation <https://www.cdc.gov/violenceprevention/aces/index.html>

FOCUS

THROUGH THE EYES OF A CHILD



Hi, I'm Sera. I'm in high school, junior year. The last few years, my freshman and sophomore years, were very different. We spent a good amount of time learning from home. I was able to get internet access and my school lent me a computer, so I could keep up with my work. Sadly, at the beginning of the pandemic, my grandmother passed away from COVID-19. She did take care of my younger siblings before she got sick. It was a really sad winter!

It was difficult not having teachers and other staff around to support. When we went back to school in-person, it was nice to have more people to talk to, but it's still stressful. We have to follow public health guidelines, so often classmates are out, or teachers are out, in COVID-19 quarantine because they are sick or were exposed to the virus. I know many teachers lost loved ones as well. Or, they have little kids at home that they have to protect and care for. We're all getting through this together.

Sera describes feelings that many kids share: experience of the loss of a loved one. It has been calculated that in the U.S., one child loses a parent or caregiver for every four COVID-19 deaths⁷⁸. More specifically, a loved one who provided caregiving responsibilities at the start of the pandemic was lost; an entirely too common experience for kids to have.

COVID-19 has brought a lot of loss in Delaware, and that has

been felt by our youth. Trauma from loss has also affected adults, as we all weather this storm together. This shared trauma is unique and has defined the pandemic experience. In future research, the trauma of living through COVID-19 may be identified as an Adverse Childhood Experience (ACE). Decades of research on ACEs link adverse experiences when young to risky behavior and poor health outcomes as adults.

Possible Risk Outcomes Behavior



Lack of Physical Activity



Smoking



Alcoholism



Drug Use



Missed Work

Physical and Mental Health



Obesity



Diabetes



Depression



Suicide Attempts



STDs



Heart Disease



Cancer



Stroke



COPD



Broken Bones

Source: Robert Wood Johnson Foundation <https://www.cdc.gov/violenceprevention/aces/index.html>

Adverse Childhood Experiences (ACEs)

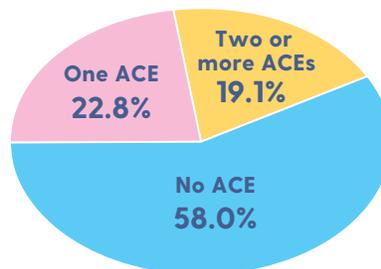
Decades of scientific research show that experiences in the early years of a child’s life have a lasting impact throughout adulthood. Adverse childhood experiences (ACEs) can increase the risk for unhealthy habits, lifelong health problems, and negative social outcomes⁷⁹. Before the pandemic, economic hardship was identified as one of the most prevalent adverse childhood experiences⁸⁰. COVID-19 has been its own type of trauma. For some children, health precautions like staying home may have caused additional stress on familial relationships; the prevalence of child abuse and neglect must be thoughtfully examined in the context of whether children still have access to mandatory reporters. We have all – collectively and individually – experienced trauma during the last two years such that future research may identify COVID-19 as an ACE for an entire generation of children.

Fortunately, risk related to ACEs can be mitigated. Research indicates that the single most common factor for children who develop resilience is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult⁸¹. While we continue to combat the impacts of this pandemic, it is up to policymakers, families, community leaders, and health



Pre-pandemic, 4 out of 10 Children Experienced One or More Adverse Childhood Experiences (ACEs)

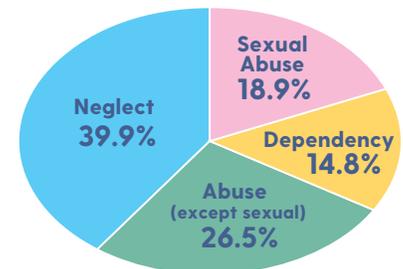
Number of ACEs experienced by children ages 0-17, Delaware, 2019-2020



Source: National Survey of Children’s Health, Health Resources and Services Administration, Maternal and Child Health Bureau

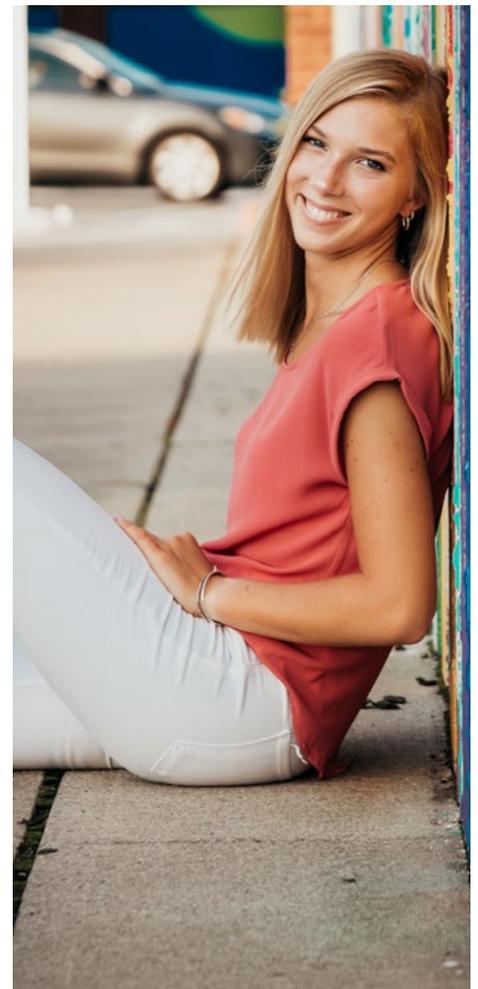
Child Abuse and Neglect has Long Been Recognized as an Adverse Childhood Experience (ACE)

Child abuse and neglect by type, Delaware, 2021



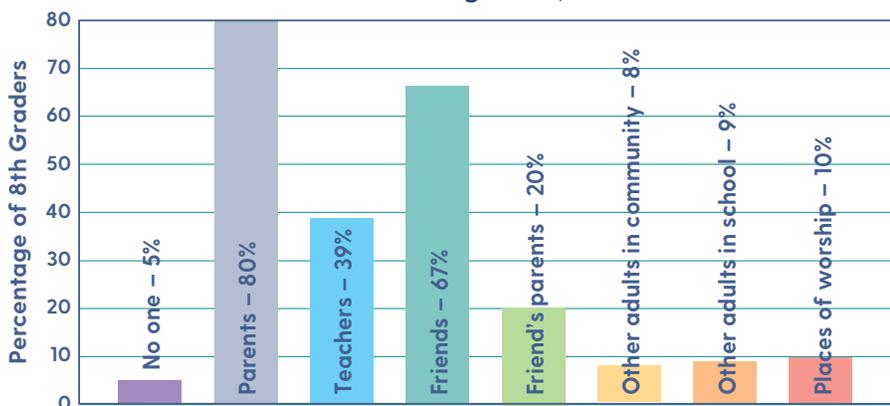
Source: Delaware Department of Services for Children, Youth and Their Families

service providers to create environments where children can flourish and thrive despite adversity. What makes this situation different from what has come before is that each and every individual that makes up our children's adult support network – including family members, teachers, coaches, clergy, and others – must give themselves grace, recognizing that they too have lived through the trauma of a multi-year pandemic. A strong family unit is essential when it comes to addressing ACEs in children and broader community support is critical to strengthen families.



Many Teens Received Support and Encouragement from Parents and Friends during COVID-19

Who gives you a lot of support and encouragement?
Delaware 8th graders, 2021



Source: Delaware School Survey, Center for Drug and Health Studies, University of Delaware

Family Structure

Family structure influences child development, the home environment, and the levels of economic resources available. A child's family structure – and the related close relationships children form with caregivers – has a substantial impact on a child's later development. Like many other aspects of child well-being, the COVID-19 pandemic has impacted children via changes in family structure.

It has been calculated that in the U.S., one child loses a parent or caregiver for every four COVID-19 deaths⁸². As of December 2021, more than 167,000 U.S. children, or about 1 in 450 under



Grandparents Have Played Critical Roles in Helping Delaware Families Manage During Pandemic

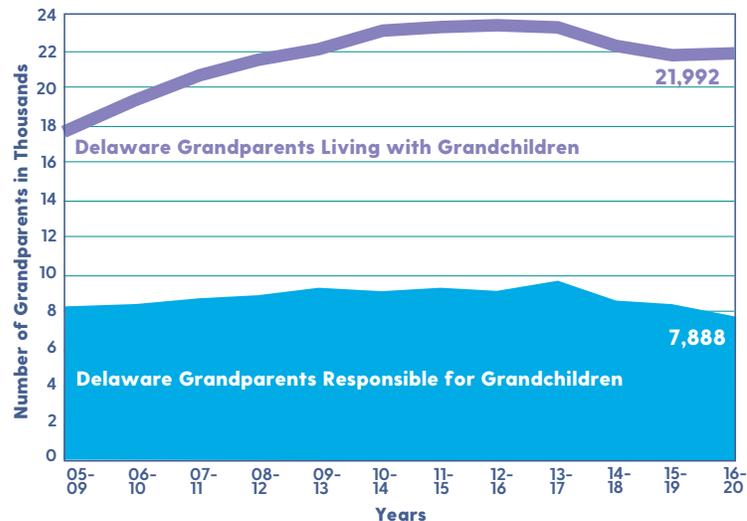
Delaware and Counties 2016-2020



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

Grandparents Often Take On Caregiving Roles When Parents Are Not Able to Care for Children

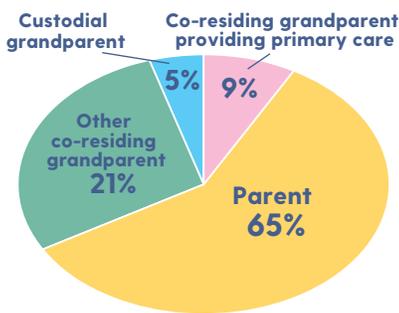
Grandparents living with grandchildren, Delaware



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

Seventy Percent of Children Impacted by Caregiver Death from COVID-19 Were Age 13 or Younger

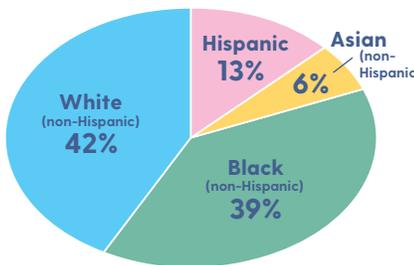
Primary and secondary caregivers lost to children from COVID-19 through June 30, 2021, Delaware



Source: S Hillis, et al. Covid-19-Associated Orphanhood and Caregiver Death in the United States. Pediatrics. DOI: 10.1542/peds.2021-053760 (2021).

Black children are 25% of Delaware's Child Population, but Account for 39% of Those Who Lost a Primary Caretaker Due to COVID-19

Race/ethnicity of children experiencing death of primary caretaker through June 30, 2021, Delaware



Source: S Hillis, et al. Covid-19-Associated Orphanhood and Caregiver Death in the United States. Pediatrics. DOI: 10.1542/peds.2021-053760 (2021).

age 18, have lost a parent or caregiver to COVID-19 during the pandemic. Seventy percent of the children impacted were age 13 or younger⁸³. As the pandemic continues to take lives, the total number of children impacted will only increase.

Several analyses of COVID-related orphanhood indicate racial and ethnic disparities: children of color are more likely to lose a caregiver than their non-Hispanic white peers⁸⁴. The higher proportion of minority caregiver deaths has been attributed to racial inequities in American healthcare as well as greater health risk associated with frontline workers, who are disproportionately people of color⁸⁵.

Bereaved children have higher rates of depression than those who have not lost parents⁸⁶. Loss of a caregiver is among the adverse childhood experiences (ACEs) linked to poor outcomes including mental health problems and increased risky behaviors such as substance abuse, violence, and suicide⁸⁷.

Since the start of the pandemic, many grandparents have played critical roles in helping families manage. Some have provided childcare for parents when traditional childcare facilities have closed, helped with academics when school went virtual, or temporarily cared for grandchildren when parents had to quarantine. When a child suffers the death of a parent, it is often grandparents or other older relatives who step in to care for the child. A grandparent who takes on a primary caregiver role for children faces additional challenges including supply chain shortages and fear of increased health risk while simultaneously grieving the loss of their own child or family member⁸⁸.

Identifying and caring for children who have lost a caregiver is a necessary part of pandemic response. Delaware must rely on trauma informed responses to support children who've suffered during COVID-19, but most especially those who are grieving due to loss.



Healthy Environments

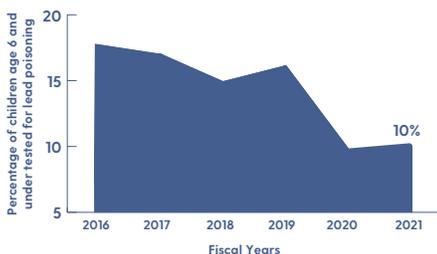
Social determinants of health – the environment where kids live, learn, play, and grow – have an impact on child well-being. Clean air, water, and soil; buildings free of lead; and safe places to run and play are foundational to a child's healthy development. Community supports within the environment, including safe and reliable transportation as well as access to public education and community services, further influence opportunities available to a child.

It is understood that public health interventions are the best defense against a pandemic in the absence of a vaccine⁸⁹. Thus, measures like stay-at-home orders, social distancing guidance, and face mask requirements were instituted in reaction to COVID-19, drastically changing environments for children⁹⁰. Environmental hazards that some children faced with these changes included increased exposure to chemicals and lead dust in the home, increased screen time, heightened family



During Pandemic, Fewer Children Tested for Lead Poisoning

Young children ages 0-6 tested for elevated blood lead levels, Delaware



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

Impact of COVID-19 Pandemic on Blood Lead Testing in Delaware

Percent change of blood lead testing in children ages 0-6 between 2019 and 2021, Delaware



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

stress, decreased social supports, food insecurity, and lost access to routine childhood screenings⁹¹.

Data tell us there were groups of children pre-pandemic who were more likely to have poor outcomes across their lifespan because of social determinants of health that come from institutional and structural inequities. Communities with high poverty levels generally lack healthy food options, top-performing public schools, and quality medical care. High-poverty neighborhoods are also more likely to expose residents to crime and environmental hazards, such as lead and poor air quality⁹². Children of color are more likely to live in such high-poverty communities⁹³.

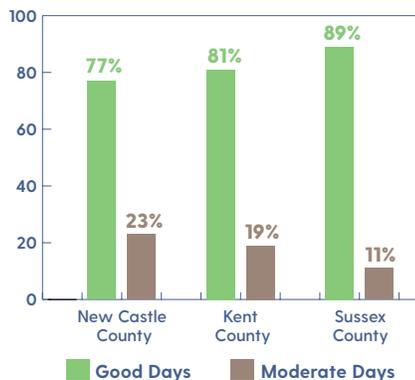
Health precautions related to COVID-19 have exacerbated these pre-pandemic disparities, leading to disproportionate impact among children in low-income families and children of color⁹⁴. Not only do social and economic disparities create health disparities, they also perpetuate disparity⁹⁵.

We can create environments that counteract those experiences by targeting resources to communities where data show residents experience disparate outcomes. ♦



Air Quality Concerns are More Likely in Communities with High Rates of Poverty

Air Quality Index (AQI) values classified as “good” or “moderate” by county, 2021

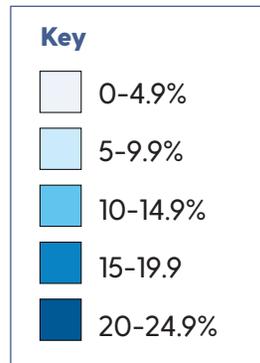
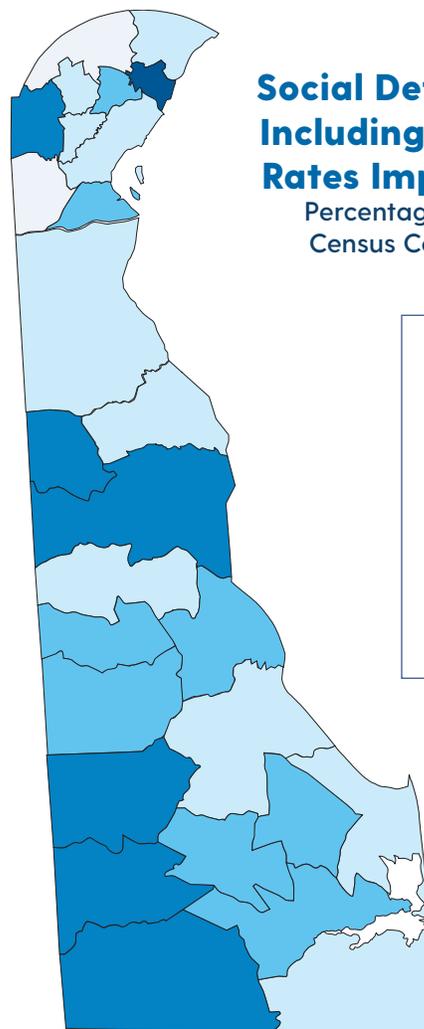


Source: U.S. Environmental Protection Agency

Note: “Good” = air quality is considered satisfactory, and air pollution poses little or no risk. “Moderate” = air quality is acceptable; however for some pollutants there may be a moderate health concern for a very small number of people.

Social Determinants of Health Including Community Poverty Rates Impact Child Outcomes

Percentage of population in poverty, Census County Divisions, 2016-2020



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

LEVERAGING THE DATA

As always, data found in this publication and on the KIDS COUNT Data Center (www.datacenter.kidscount.org) is intended to create a better understanding of child well-being in Delaware with this year's FOCUS including the impact of COVID-19 on kids. We believe that informing our audiences about timely issues faced by Delaware's youngest is a powerful way to engage our partners and create collective impact.

The pandemic highlighted vulnerabilities in our state's network of policies and programs supporting children. But crises often breed creativity. Many individuals and organizations throughout our state continue to be vital contributors to new, expanded, or innovative solutions which ensure needs of the most

vulnerable among us are met. From here, we must strengthen what has been working, create new opportunities for all children, and target investments to decrease existing disparities. In these next steps, it will be important to:

- ◆ Engage those with lived experience in solving for the challenges that we want to overcome, leveraging community knowledge and connections;
- ◆ Prioritize effective, innovative public policy that addresses child well-being and targets disparate outcomes;
- ◆ Ensure sufficient funding to implement programs that are sustainable, effective, and at scale for the issues being addressed.



Our children have sacrificed throughout the last two years. Time, relationships, and experiences were lost due to the pandemic. Many children grieved loved ones taken by COVID. Others did without meals, no longer had a roof over their heads, or simply missed out on the everyday joys of childhood.

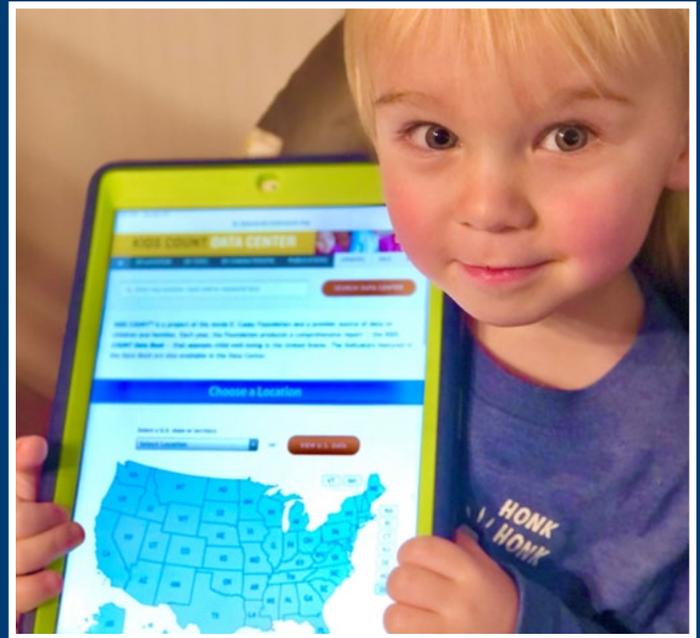
Delaware's actions now will determine how much impact this global health emergency will have on our children's immediate recovery and long-term well-being. In the months and years ahead, Delaware leaders must invest sufficiently in support for the development. ◆





Get
more
data

datacenter.kidscount.org



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

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

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

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

Making Sense of the Numbers

- ◆ KIDS COUNT in Delaware uploads the most current and reliable data available to the online Data Center.
- ◆ Data that are inadequate or unavailable are denoted by “S” or “NA” respectively.
- ◆ Accepted names for various racial and ethnic groups are constantly in flux and indicators differ

in their terminology. Therefore, KIDS COUNT in Delaware has used the terminology reported by the data collection sources.

- ◆ Most data presented are for calendar years. Where data collected by state or federal authorities is available by school year or fiscal year, the periods are from September to August or July 1 to June 30 respectively.
- ◆ The data are presented primarily in three ways:
 1. Annual data
 2. Five-year averages to minimize fluctuations of single-year data and provide a more realistic picture of children’s outcomes and
 3. Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons.
- ◆ Annual or five-year average data to illustrate trends and permit comparisons over time.
- ◆ Whether a number, rate or percentage, each statistic tells us something different about children.
- ◆ Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. Therefore, KIDS COUNT in Delaware encourages you to look at overall trends. The key in the evaluation of statistics is to examine everything in context. ◆

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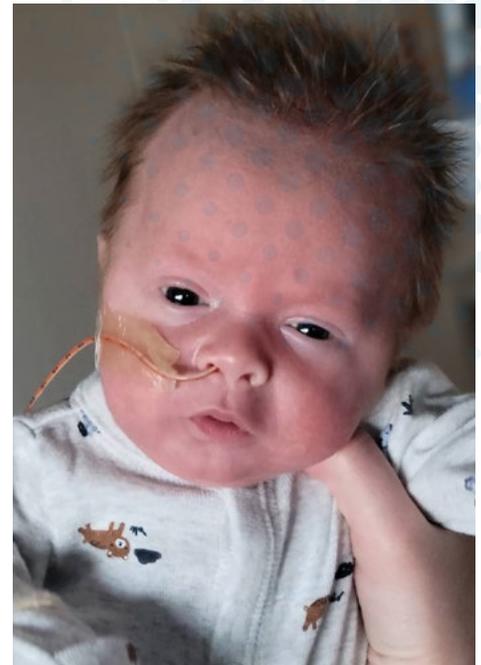
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RESOURCE GUIDE

Delaware Information Helpline
2-1-1

1-800-560-3372
or text zip code to 898-211

State of Delaware Web Site
www.delaware.gov

Volunteer Delaware
302-857-5006

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

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

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

Division of Public Health
302-744-4700

Division of Social Services
1-866-843-7212

Division of State Service Centers
1-866-843-7212

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

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

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

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

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

Drug Free Delaware
www.drugfree.org/delaware

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

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