



# *Now & Then*

## 2020 Fact Book



KIDS  
COUNT





# Acknowledgments

## **KIDS COUNT Staff**

### **Janice L. Barlow, MPA**

Director, KIDS COUNT in Delaware  
Center for Community Research  
and Service, University of Delaware

### **Erin Lynch, MS**

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

### **Christy Arango-Kautz**

Undergraduate Public Policy Fellow  
University of Delaware

### **Olivia Malinowski**

Undergraduate Intern  
University of Delaware

## **Design**

### **Lane McLaughlin**

## **KIDS COUNT Board**

### **Kim Gomes**

Board President  
ByrdGomes, Partner

### **Rick Deadwyler**

Corteva

### **Karen DeRasmo**

Executive Director,  
Prevent Child Abuse Delaware

### **Mary Louise Embrey**

President, MLE Consulting, LLC

### **Kayla Glass**

Student Representative  
Middletown High School

### **Judith Gorra, MD**

Pediatrician  
Delaware Division of Public Health

### **Sandi M. Hagans-Morris, Ed.D. MS**

Director of Education,  
Training & Special Services  
First State Community Action Agency

### **Joyce D. Hawkins, MEd, MS**

Family Service Program Support Manager,  
The K-5 Early Intervention Program, Division  
of Prevention and Behavioral Health  
Services, Department of Services for  
Children, Youth and Their Families

### **Tyrone Jones**

Office of Congresswoman Lisa Blunt  
Rochester

### **Rebecca King, MSN, RN**

Retired Nursing Director, Delaware Division  
of Public Health

### **Traci Manza Murphy**

Executive Director, Delaware Coalition  
Against Gun Violence

### **Stephen Metraux**

Director, Center for Community Research  
and Service, University of Delaware

### **Brian N. Moore, MBA**

School Climate Manager  
Delaware Department of Education

### **Kirsten Olson**

CEO  
Children & Families First

### **Erik Raser-Schramm**

The Twelve Seven Group, LLC

### **Kelli O. Thompson, JD**

Director, Population Health Management  
Value Based Services Organization  
Nemours Children's Health System

## **KIDS COUNT Data Committee**

### **Mary Joan McDuffie, MA, Chair**

Center Community Research & Service  
University of Delaware

### **Maridelle A. Dizon**

Delaware Health Statistics Center  
Delaware Health and Social Services

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

Pediatrician

### **Katie Gifford, Ph.D.**

Center for Community Research and Service,  
University of Delaware

### **James Highberger**

Center for Drug and Health Studies  
University of Delaware

### **Tammy J. Hyland**

Delaware State Police

### **Ted Jarrell, Ph.D.**

Owner, FIBP Analytics

### **Sharon Merriman-Nai**

Center for Drug and Health Studies  
University of Delaware

### **Annie Norman, Ed.D.**

Delaware Division of Libraries / State  
Library

### **Kirsten Olson**

CEO  
Children & Families First

### **Angela Palmer**

Division of Management Support Services  
Department of Services for Children,  
Youth and Their Families

### **Adrian Peoples, Ed.D.**

Lead Education Associate, Data  
Management & Analytics  
Delaware Department of Education

### **Edward C. Ratledge, MA**

Director, Center for Applied Demography  
and Survey Research, University of  
Delaware

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- Delaware Division of Medicaid and Medical Assistance
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- Delaware Population Consortium
- Delaware State Housing Authority
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- Nemours Health and Prevention Services
- Statistical Analysis Center

# Now & Then

## 2020 Fact Book



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



### KIDS COUNT in Delaware

Center for Community Research and Service  
Biden School of Public Policy and Administration  
College of Arts and Sciences  
University of Delaware, Newark, DE 19716-7350  
302-831-4966 · Fax 302-831-4225  
email: [kids-count@udel.edu](mailto:kids-count@udel.edu) · [www.dekidscount.org](http://www.dekidscount.org)

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STATE OF DELAWARE  
**OFFICE OF THE GOVERNOR**

TATNALL BUILDING, SECOND FLOOR

**JOHN CARNEY**  
GOVERNOR

MARTIN LUTHER KING, JR. BOULEVARD SOUTH  
DOVER, DELAWARE 19901

PHONE: 302-744-4101  
FAX: 302-739-2775

May 6, 2020

Dear Friends,

It is my pleasure to address you in this year's KIDS COUNT in the Delaware Fact Book. The statistics and information provided by KIDS COUNT make a serious impact on leaders throughout our state. Policymakers, program providers, and advocates make great use of the facts provided by KIDS COUNT in all of our efforts to find ways to better serve Delaware's children. We're thankful for KIDS COUNT in Delaware and its commitment to providing these invaluable resources over the past 25 years.

This year, KIDS COUNT is focused on 25 years of data, policy, and outcomes for children in Delaware across the four categories of health, education, economic well-being, and family. Making sure all Delaware children have an opportunity to succeed has been, and will continue to be, one of my top priorities as Governor. Our economy is always changing, and it's our responsibility to make sure every child is prepared to learn, and graduate high school ready for college or a career. 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. But we must support our children outside of the classroom as well. Healthy lifestyles and family relationships prepare our kids for successful futures.

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

Sincerely,

A handwritten signature in black ink that reads "John C. Carney".

John C. Carney  
Governor, State of Delaware



## A Message from KIDS COUNT

Dear Friends,

The premise of KIDS COUNT has always been that good data can help drive good decisions. A lot has changed since 1995, but KIDS COUNT in Delaware's goal remains the same: an unwavering commitment to improve the lives of our most precious resource – our children. A common theme throughout has been how to help at-risk children and families overcome the economic and social disadvantages that impede their success in life.

During the past 25 years, KIDS COUNT in Delaware has collaborated with hundreds of partners and served as a data resource to thousands of policy makers, practitioners, volunteers, advocates and service providers in the state of Delaware. The data, policy and actions examined in this year's Fact Book span two and a half decades of turbulent changes in the nation's economy, politics, demography and prospects for success of this country's most vulnerable children and families. Yet, the issues and analyses summarized remain as relevant today as in years past.

This 25th edition of the Fact Book examines how Delaware's child population has changed, demographically and geographically. By highlighting progress and decline, it examines the question: are we as a state doing better for our kids compared to a generation ago?

There is no question that strides have been made related to certain aspects of child well-being in Delaware. For example: Delaware's teen birth rate has fallen, the percentage of children without health insurance has dropped, child restraint laws and other basic safety standards have decreased the number of child deaths and creation of an initiative for juvenile alternatives to detention has impacted the rate of incarcerated children. We should be proud of this progress. However, much work must still be done to enable continued growth for our children to realize their full potential.

Sadly, the progress seen in some areas is not reflected in others, such as the rate of babies being born at low birth weight or percentage of births to single mothers. Furthermore, we as a state have failed to eliminate the persistent racial and ethnic inequities that are shown in the measures of child well-being. Because these barriers persist even with the broad progress of the past twenty-five years, it is more urgent than ever for policymakers and other leaders at all levels to fulfill their responsibility to address them.

Results matter, and achieving positive results requires us to keep our eyes on the prize: carefully measuring the well-being of children; setting meaningful goals for their care and development; identifying those who are suffering or being left behind; strategically publicizing the performance of public programs; and maintaining society's focus on the evolving, objectively measured needs of the next generation. This is how we'll create success in the next 25 years.

Sincerely,

Kim Gomes, President, Board

Mary Joan McDuffie, Chair, Data Committee

Janice Barlow, Director



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2018



# 25 YEARS

## OF KIDS COUNT IN DELAWARE

# Now & Then



**NEW**  
KIDS COUNT  
in Delaware  
established



### VOICES

Delaware ranks LAST in nation for infant mortality in the Annie E. Casey Foundation's KIDS COUNT Data Book; Governor breaks Data Book's press embargo to lay out a plan for addressing infant mortality in Delaware, including the creation of an Infant Mortality Task Force



### DATA

Data expansion: FAMILIES COUNT in Delaware begins in partnership with State of Delaware



### WILMINGTON

Data expansion: KIDS COUNT in Delaware partners with City of Wilmington to produce Wilmington KIDS COUNT bi-annual publication



### COMMUNITIES

Data expansion: Communities Count index ranks conditions for children's well-being by Delaware census tract



### POVERTY

Delaware's Child Poverty Task Force kicks off work with supports from KIDS COUNT in Delaware

1995

1997

1998

1999

2004

2007

As KIDS COUNT in Delaware celebrates twenty-five years of data and advocacy, this Fact Book takes a "Now and Then" approach to examine how the well-being of children and families has changed over time within the First State. The timeline above highlights some of the milestones achieved in the last two and a half centuries which have bolstered programs and supported decision-makers in their collective pursuit of a better Delaware for kids and families. Throughout this Fact Book, you will discover timelines specific to each indicator. These timelines demonstrate strides taken related to the indicator and outline next steps to continue improving conditions across the state.



1998



1999



HONORING OUR PAST,  
BUILDING KIDS' FUTURES  
**25 YEARS**



## PARTNERSHIP

KIDS COUNT in Delaware joins Voices for America's Children (now Partnership for America's Children) with renewed commitment to provide high-quality data and nonpartisan leadership to advocate for sound public policies

## DATA

Delaware's Child Poverty Task Force kicks off work with supports from KIDS COUNT in Delaware



## DATA

Data expansion: "What Would It Take DE" [to be best in the nation] data snapshot launches



## CALENDAR

Data expansion: page-a-day Legislative Countdown Calendar launches



KIDS COUNT

**Data  
CENTER**

## DELAWARE DATA

Data Center becomes exclusive home of all DE data formerly produced in print/pdf form as annual fact book evolves to have a data-informed policy focus



## EXPAND

Goal: Expand geographies available for indicators published (census county subdivision, state legislative district)

**2008**

**2011**

**2015**

**2016**

**2019**

**2020  
and Beyond**



1998



2009



2017



2008



2017

# 25 YEARS OF DELAWARE DATA: DEMOGRAPHICS

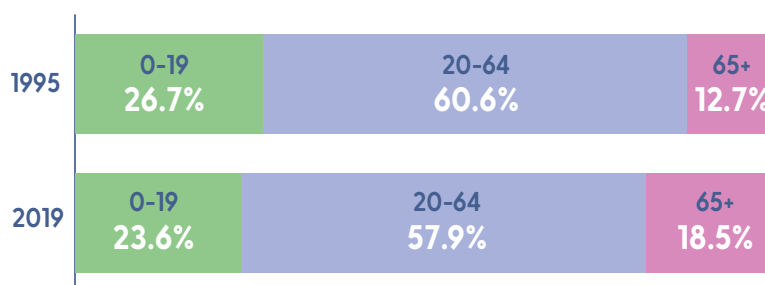
Demographically, the state looked a lot different when KIDS COUNT in Delaware published its first Fact Book. In 1995, the state's total population topped seven hundred thousand people. It has since grown to just under a million. The number of Delaware children has increased by more than forty thousand in that same time period. That's forty thousand more young lives with boundless potential and infinite worth; forty thousand more contributors to our economy, our communities and our state.

However, while children number more than they did in 1995, they make up a smaller percentage of our state's total population due to the large growth in those ages 65 and above – a growth attributed to the aging of baby boomers combined with an influx of retirees to many of our eastern Sussex communities.

This 25<sup>th</sup> edition of the Fact Book also examines how Delaware's child population has changed racially and ethnically. Delaware is now much more diverse than it was in 1995, and the state's child population leads that trend. Every county, as well as the City of Wilmington, has a greater percentage of children of color now compared with two and a half decades ago.



**Delaware Population by Age**  
Then and Now



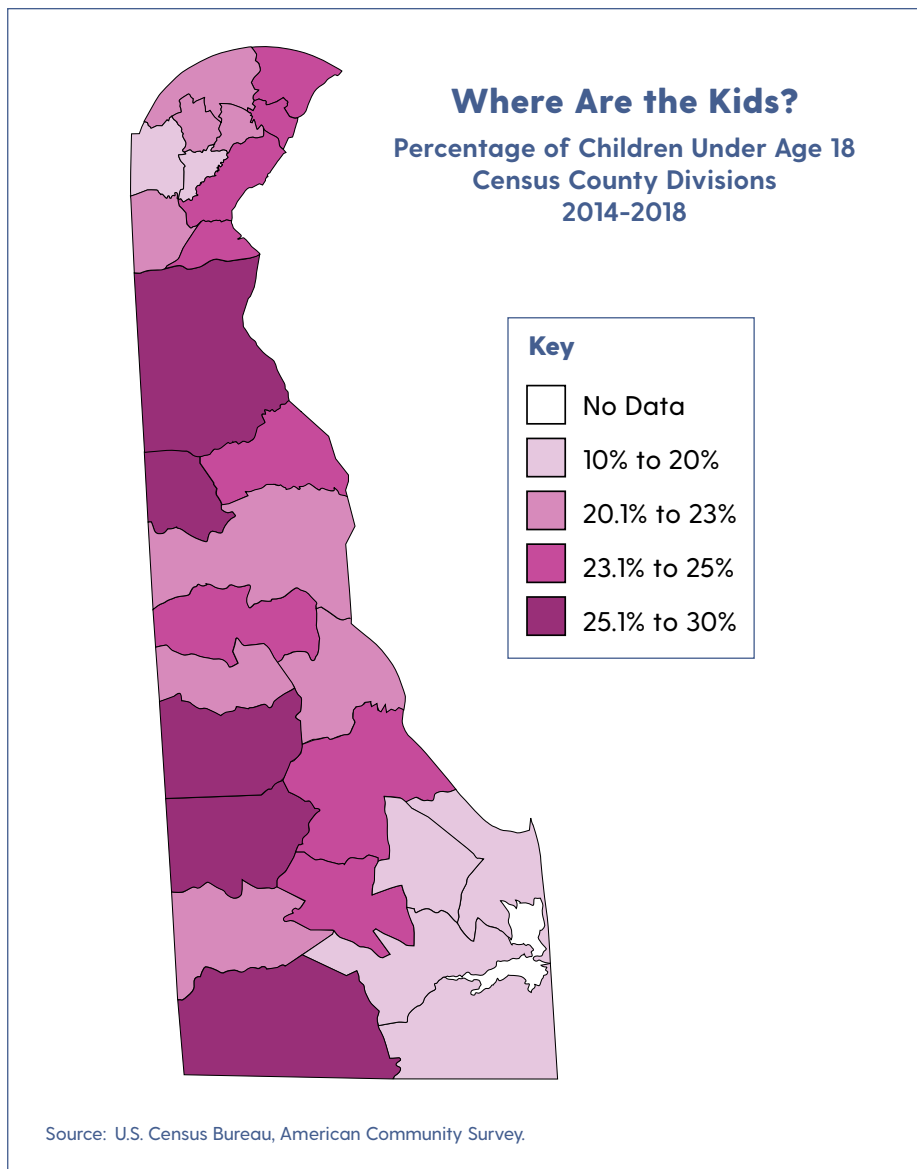
Source: Delaware Population Consortium, Population Projection Series 1995 and 2019.0

**Child Population at a Glance**  
Then and Now

	Population	1995 # Age 0-19	% Age 0-19	Population	2019 # Age 0-19	% Age 0-19	change over time +/- #	+/- %
Delaware	717,403	191,691	26.7%	972,335	229,385	23.6%	37,694	-3.1%
New Castle	467,936	123,005	26.3%	562,694	134,892	24.0%	11,887	-2.3%
Wilmington	72,615	19,144	26.4%	71,670	19,454	27.1%	310	0.7%
Kent	121,303	35,430	29.2%	178,019	46,115	25.9%	10,685	-3.3%
Sussex	128,164	33,265	26.0%	231,619	48,375	20.9%	15,110	-5.1%

Source: Delaware Population Consortium, Population Projection Series 1995 and 2019.0





It is important to remember that our counties and communities have also changed over time. A child's chances of thriving depend not only on state trends, but also on the community in which she or he is born and raised. Communities vary considerably in their wealth and other resources. Twenty-five years (and more) of policy choices and investments by state officials and lawmakers have influenced each child's opportunity for success in that decisions at the highest levels related to priorities and resource allocation over time have shaped the Delaware communities where kids live, learn, play and grow. KIDS COUNT in Delaware data are shown disaggregated by county or community level when possible to highlight that issues may vary across communities within our state.

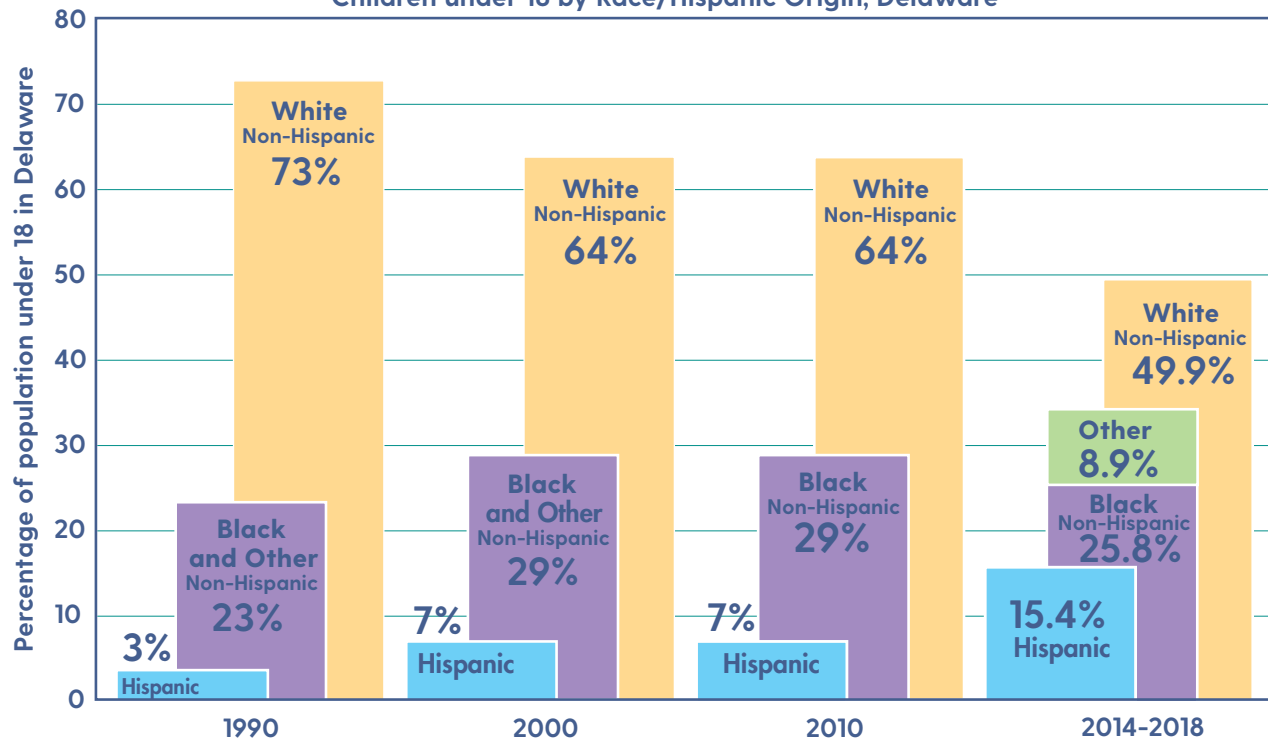
A lot has changed since 1995, but KIDS COUNT in Delaware's goal remains the same – not only because every child ought to have the opportunity to thrive, but because when our kids do well, Delaware is stronger. Today's kids will be tomorrow's community leaders, workers and parents. ♦



# 25 YEARS OF DELAWARE DATA: DEMOGRAPHICS

## THE CHANGING FACE OF DELAWARE'S CHILDREN

Children under 18 by Race/Hispanic Origin, Delaware



Note: Persons of Hispanic origin may be of any race.  
Source: U.S. Census Bureau, American Community Survey



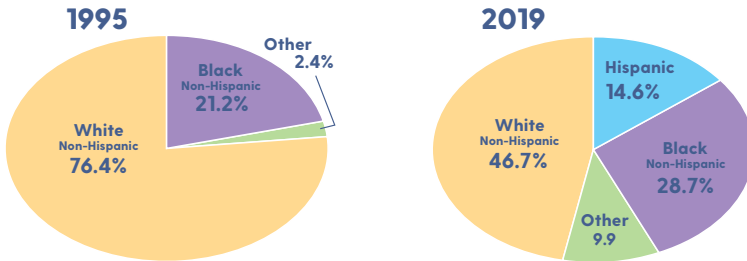
2009



2010

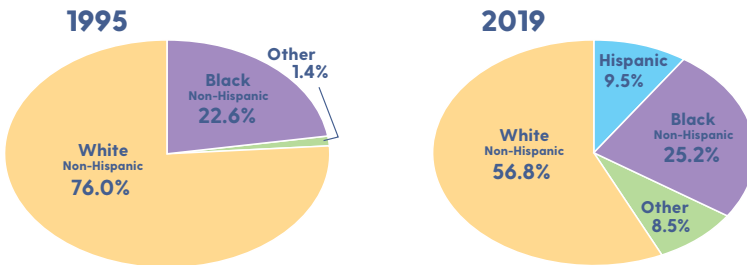


### NEW CASTLE COUNTY POPULATION by Race/Hispanic Origin, Children 19 and under



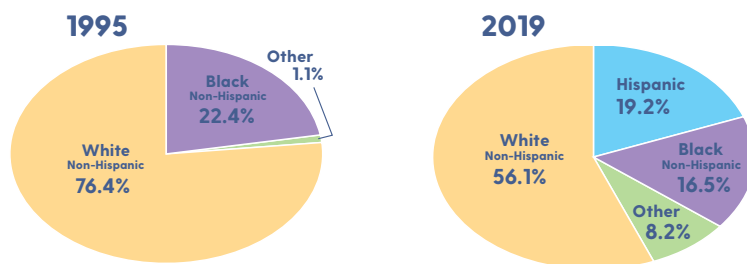
### KENT COUNTY POPULATION

by Race/Hispanic Origin, Children 19 and under



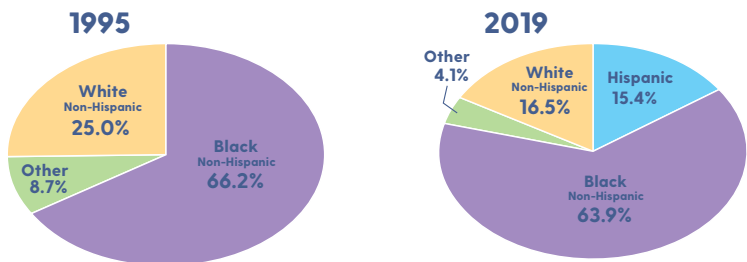
### SUSSEX COUNTY POPULATION

by Race/Hispanic Origin, Children 19 and under



### WILMINGTON CHILD POPULATION

by Race/Hispanic Origin, Children 19 and under



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

Source: Delaware Population Consortium, Population Projection Series 1995 and 2019.0












## HEALTH AND HEALTH BEHAVIORS

The health of a community begins with its children. If we want to predict the health and prosperity of any community – and our state – we might simply begin by asking, “How are the children?” The health and well-being of Delaware’s children have shown progress over the past 25 years, but there is still progress to be made. Every child in Delaware should have the opportunity to begin life with a strong foundation of good health, with access to quality care and healthy food, and on a path to success.





# OVERVIEW

		BASELINE DATA	2020 UPDATE	CHANGE SINCE BASELINE
 <b>HEALTH AND HEALTH BEHAVIORS</b>	<b>LOW BIRTH WEIGHT BIRTHS</b> (<2500 GRAMS) AS A PERCENTAGE OF LIVE BIRTHS	1991-1995 <b>7.8%</b>	2014-2018 <b>8.9%</b>	
	<b>VERY LOW BIRTH WEIGHT BIRTHS</b> (<1500 GRAMS) AS A PERCENTAGE OF LIVE BIRTHS	1991-1995 <b>1.6%</b>	2014-2018 <b>1.7%</b>	
	<b>INFANT MORTALITY</b> DEATHS OF INFANTS LESS THAN 1 YEAR OLD PER 1,000 LIVE BIRTHS	1991-1995 <b>8.9</b>	2014-2018 <b>7.3</b>	
	<b>CHILDREN WITHOUT HEALTH INSURANCE</b> PERCENTAGE OF CHILDREN 0-17 YEARS OLD WITHOUT HEALTH INSURANCE	1993-1995 <b>10.2%</b>	2017-2019 <b>4.9%</b>	
	<b>CHILD DEATH</b> PER 100,000 CHILDREN 1-14 YEARS OLD	1991-1995 <b>23.4</b>	2014-2018 <b>15.6</b>	
	<b>TEEN DEATHS BY ACCIDENT, HOMICIDE AND SUICIDE</b> PER 100,000 TEENS 15-19 YEARS OLD	1991-1995 <b>44.9</b>	2014-2018 <b>38.9</b>	

 BETTER
  WORSE
  SIMILAR
  DATA NOT AVAILABLE

# HEALTH AND HEALTH BEHAVIORS

## 25 Years of Delaware Data: Infant Mortality

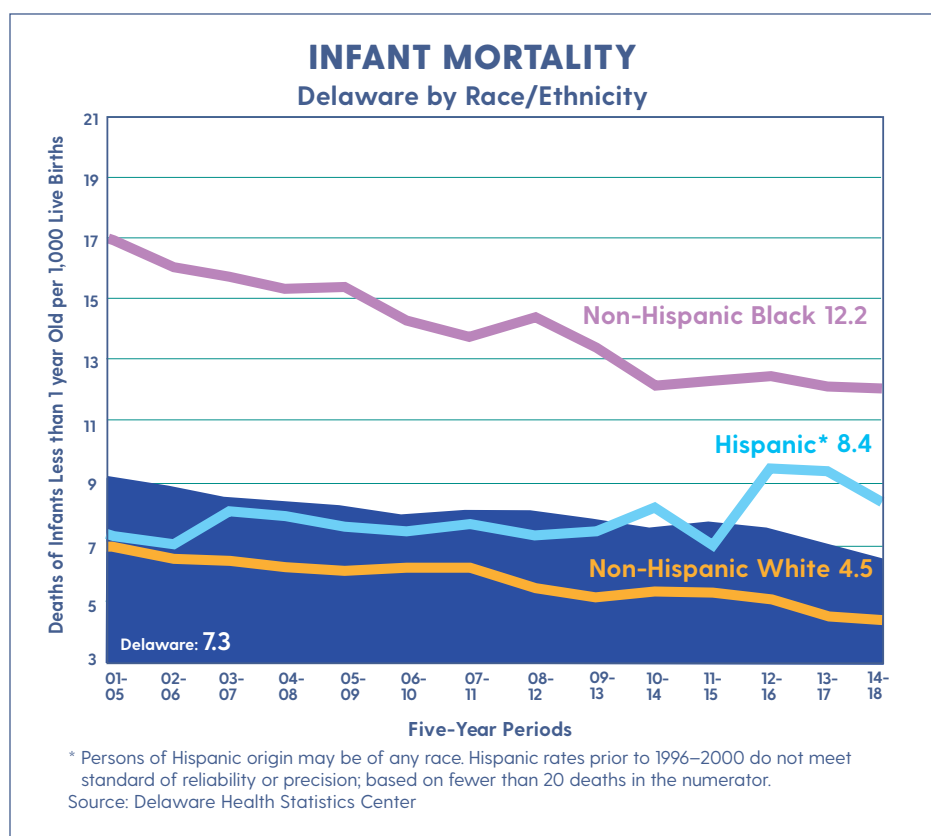
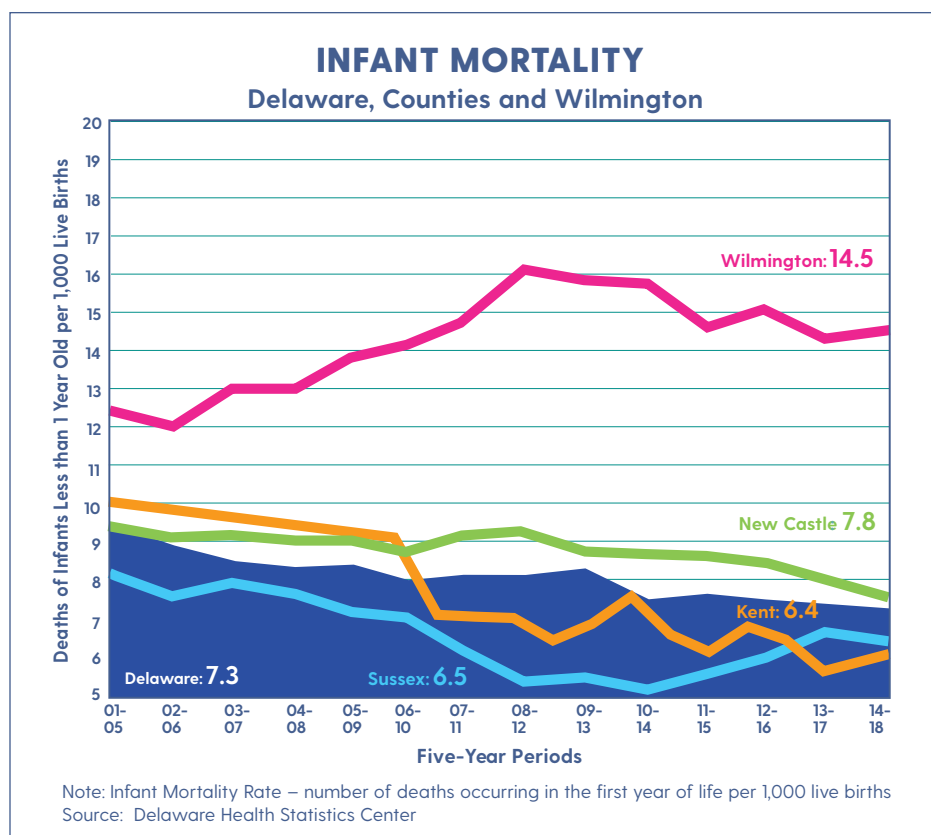
In 2004, the Annie E. Casey Foundation ranked Delaware as having the worst infant mortality rate in the nation. Understanding the implications of an infant mortality rate of 10.7 per 1,000 women, many groups throughout the state took action. KIDS COUNT in Delaware convened a meeting of statewide stakeholders, in addition to engaging local media and residents in the concern over this issue. Governor Minner established the Infant Mortality Task Force, charged with generating specific recommendations for reducing the state's infant mortality rate.

Close to \$6 million was allocated through fiscal year 2008 based on recommendations from the task force. This level of funding was a tangible display of the state's commitment to making real change because it came at a time when the state's budget was beginning to contract – at time when a hiring freeze went into effect and agencies statewide were being asked to “give back” a percentage of their funding. Nearly \$18 million was allocated to strategies detailed in the infant mortality task force recommendations before Delaware's trend line data first began to show results in 2009 with a decrease in the state's infant mortality rate.

### Why Does it Matter?

Nationally, the leading causes of infant mortality are birth defects, preterm or low birthweight births, Sudden Infant Death Syndrome (SIDS) and issues related to pregnancy and birth, including maternal complications and unintentional injuries.<sup>1</sup>

The infant mortality rate measures the number of infant deaths within the first year of life from all causes and is often used as an indicator of overall maternal and child health in







the state. Furthermore, disparities in infant mortality by race/ethnicity and socioeconomic status are a measure of the inequities that exist within communities.

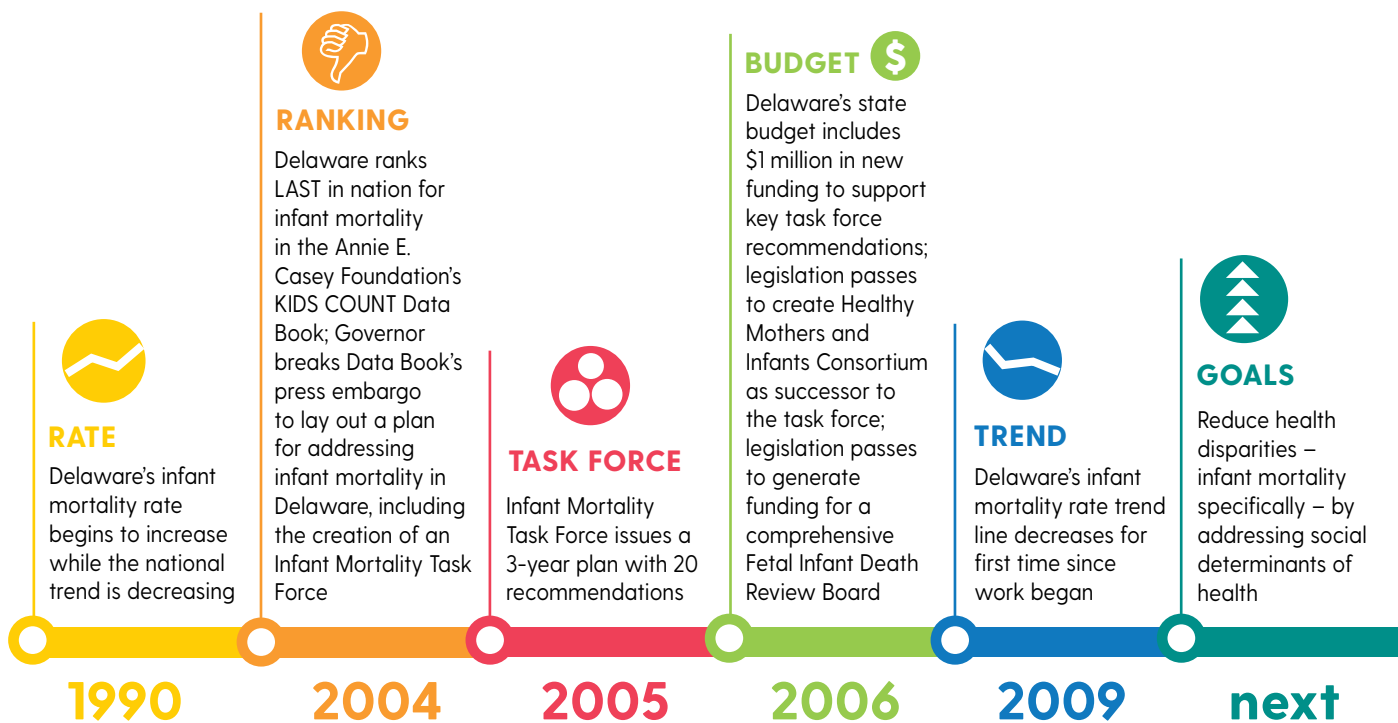
### Next Steps

Today, the work continues—Delaware’s infant mortality rate remains higher than the national rate and the state continues to have a dramatic racial and ethnic disparity in this measure. A closer examination of the data shows that infant mortality rates are higher than average for infants born pre-term, as well as to

mothers who had received no prenatal care, were under 20, did not complete high school, were unmarried or were smokers. Given the complexities of the causes of low birthweight and infant mortality, it will take a multifaceted approach to address the biological, social and environmental determinants including maternal health and wellness. The Delaware Healthy Mothers and Infants Consortium remains a powerful voice and force – advocating for targeted strategies – in the fight to further reduce infant mortality in Delaware. ♦



## INFANT MORTALITY TIMELINE



# HEALTH AND HEALTH BEHAVIORS

## 25 Years of Delaware Data: Health Coverage

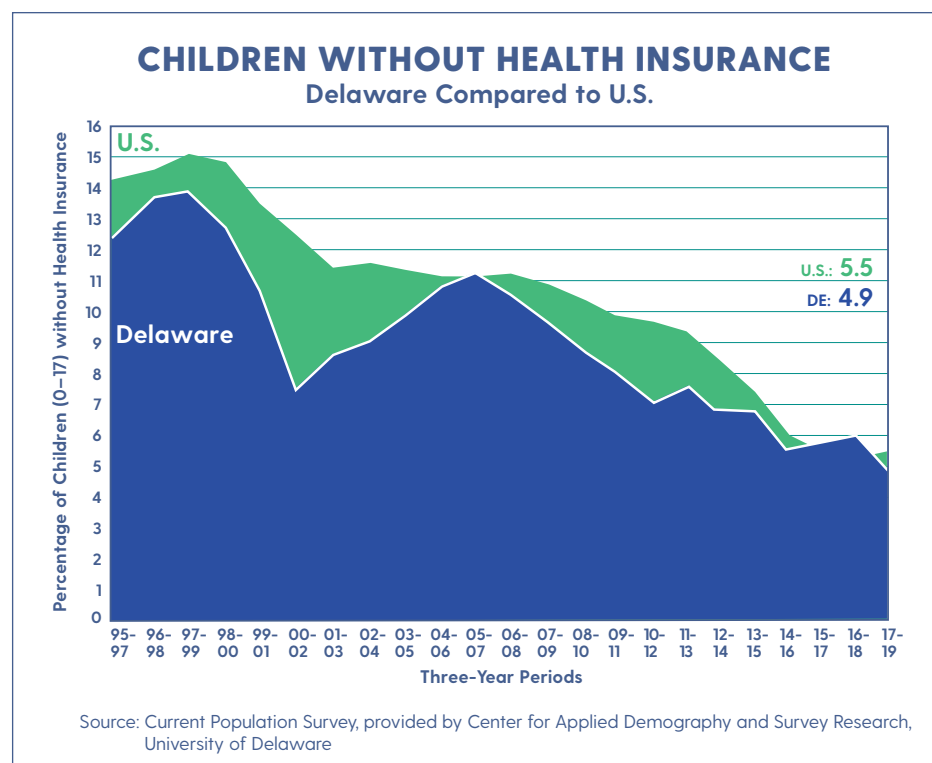
In 2017-2019, Delaware's uninsured rate for kids 0-17 hit a record low of 4.9%. Increasing the number of kids with health insurance is one of Delaware's great achievements of the past several years. However, recent reports indicate the rate is again increasing.

Medicaid and the Children's Health Insurance Program (CHIP) play a crucial role in providing coverage for uninsured youth. CHIP is a program that provides insurance coverage to children from lower- and middle-income families who earn too much to qualify for Medicaid.<sup>2</sup> Additionally, the Affordable Care Act (ACA) increased the number of children covered by both Medicaid and CHIP by increasing eligibility for those living in families with incomes at a higher percentage of poverty.

CHIP faced extreme adversity nationally in 2017. Congressional inaction when the program was due to be renewed led to a federal funding lapse. States – Delaware included – were faced with the fact that they might have to pull coverage from thousands of children. In December 2017, Congress passed a short-term funding measure to provide states who were critically low in funds with money to last through January 2018. Delaware was one of these states. Finally, in early 2018, the final verdict on CHIP came through: it was granted funding for 10 years with increases in funding for several areas, including community health centers, opioid prevention programs and more.

### Why Does it Matter?

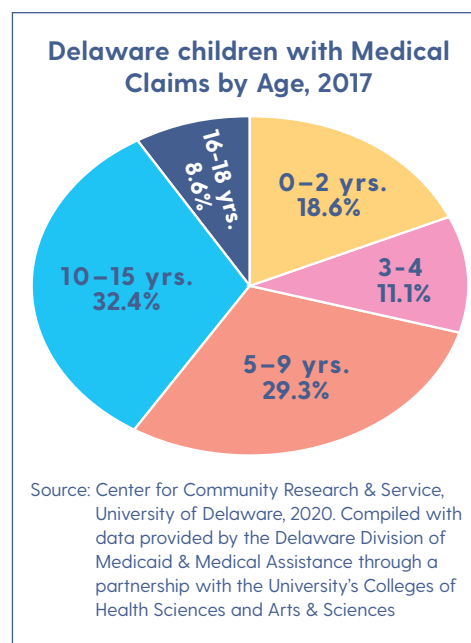
Children with health insurance are more likely to have a regular



source of health care they can access for preventive care services and developmental screenings, to treat acute and chronic conditions or to address injuries when they occur. Not only do insured kids have better access to the physical, mental and oral health care they need to be healthy, but they are also less likely to drop out of high school, more likely to graduate from college and have higher incomes as adults.<sup>3</sup>

### Next Steps

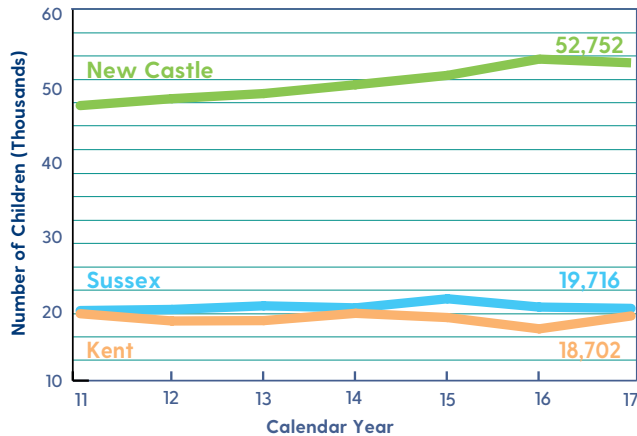
Delaware must ensure eligible families know that CHIP is available and that it provides invaluable health resources for their children. Ensuring coverage for each child in Delaware is key to maintaining and improving the state's health. ♦



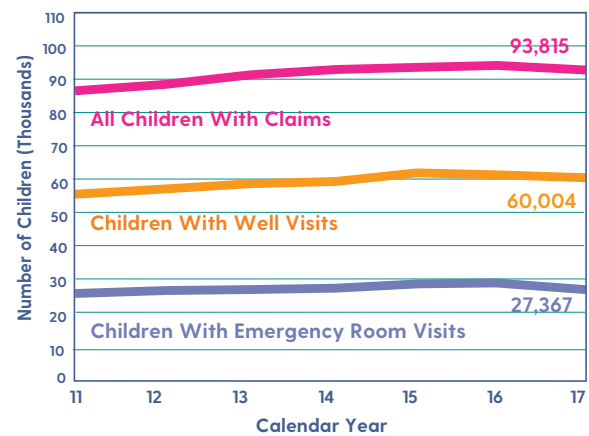


## MEDICAID/CHIP CLAIMS

Delaware children with Medicaid/  
CHIP Claims by County 2011-17

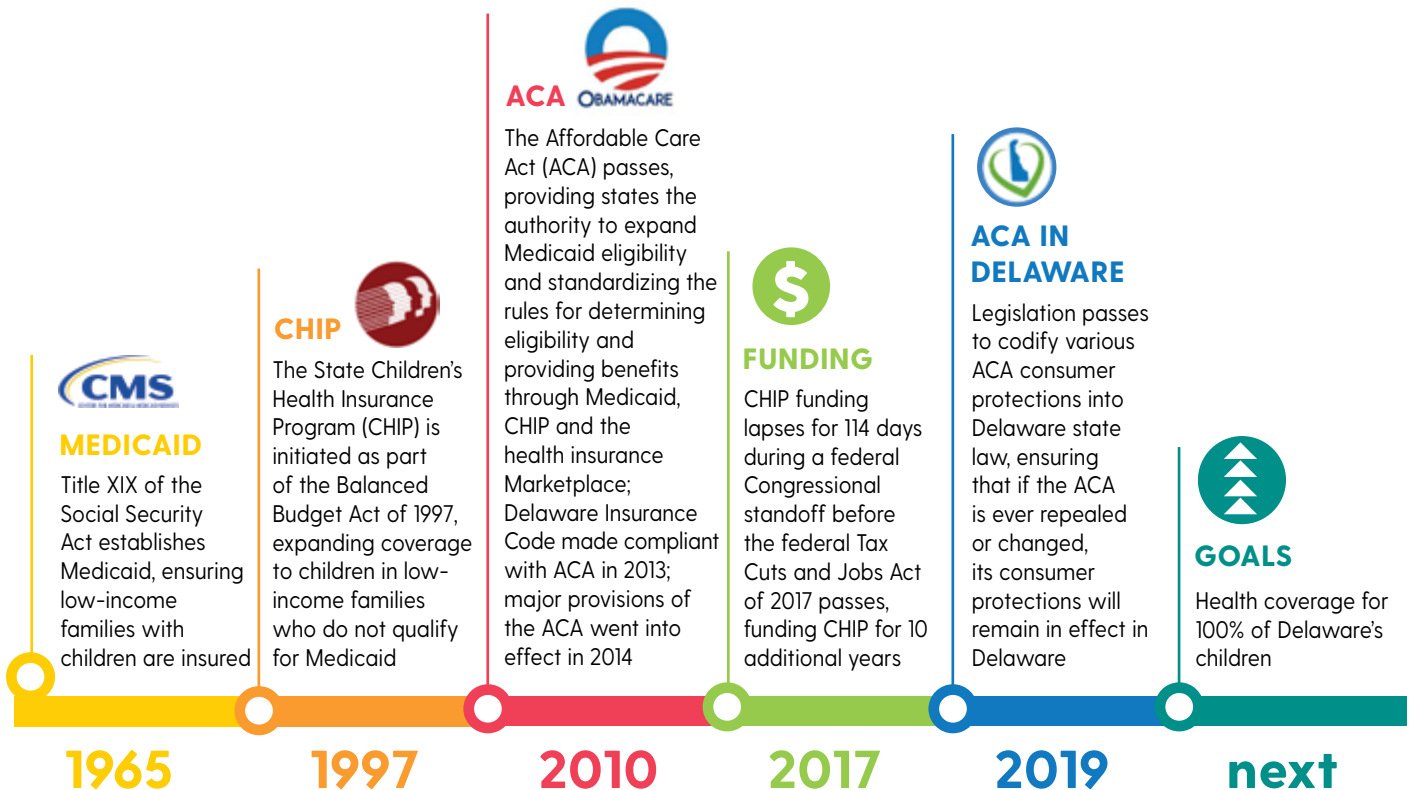


Number of Delaware Children with  
Medicaid/CHIP Claims 2011-2017



Source: Center for Community Research & Service, University of Delaware, 2020. 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

## HEALTH COVERAGE TIMELINE



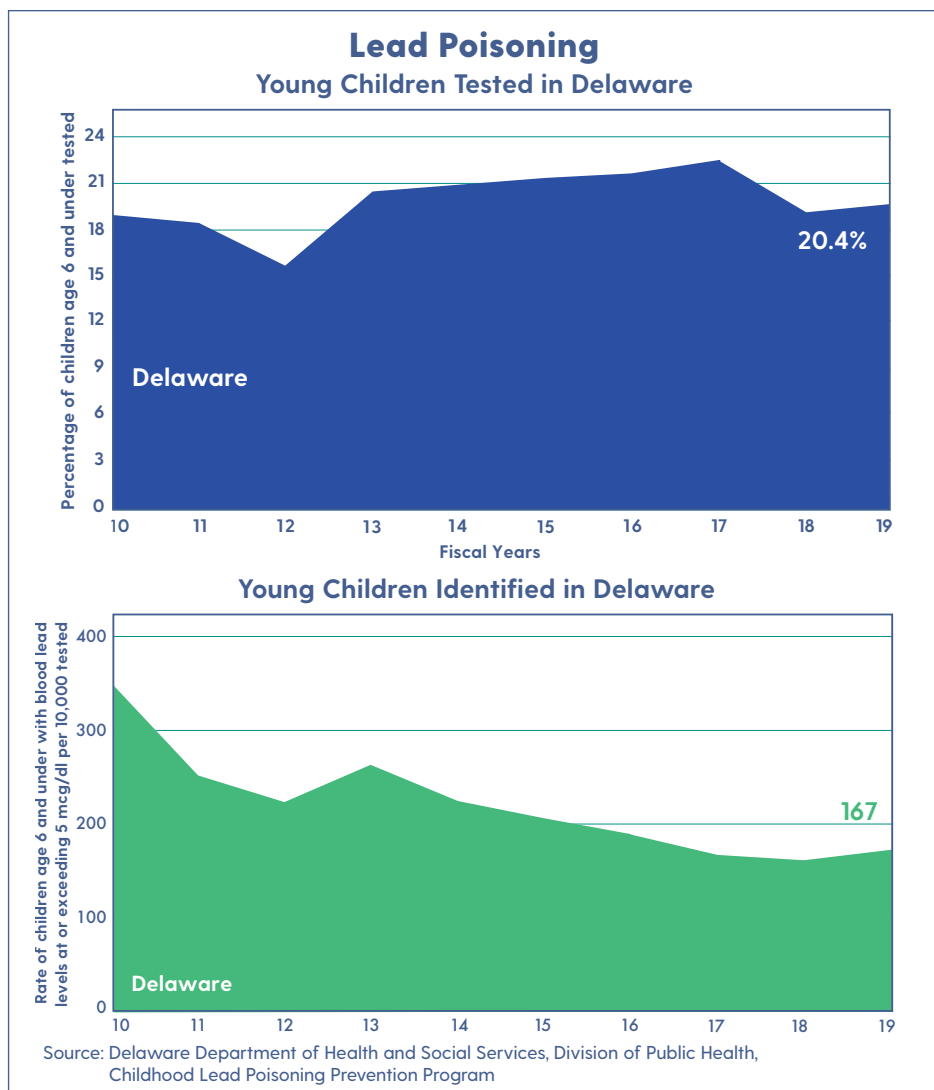
# HEALTH AND HEALTH BEHAVIORS

## 25 Years of Delaware Data: Lead Poisoning

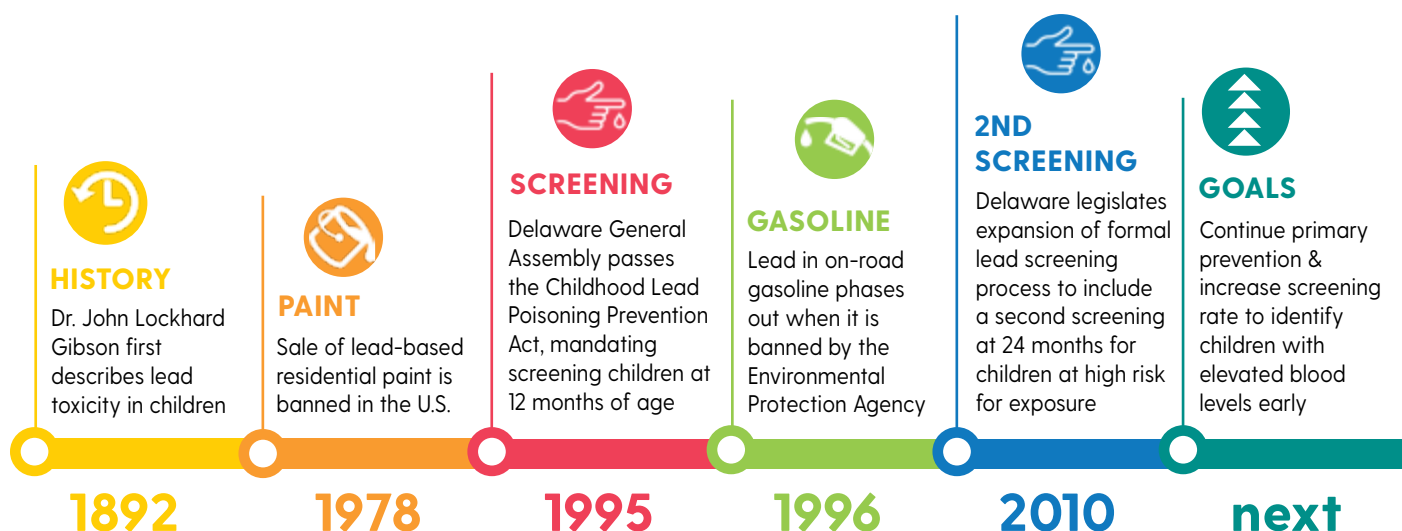
Since 1995, the number of children with elevated blood lead levels (EBLLs) has dropped significantly and Delaware's work to reduce environmental lead contaminants began even before our 25-year tracking initiative. Despite this extraordinary success, disparities persist as certain vulnerable populations – like children living below the federal poverty level, children living in older housing, non-Hispanic blacks, Mexican Americans, immigrants and refugees – are disproportionately affected.<sup>4</sup>

In 1995, the Delaware General Assembly passed the Childhood Lead Poisoning Prevention Act which mandates lead screening at 12 months of age. The screening process was expanded in 2010 so that children at high risk for lead exposure can receive additional testing at 24 months of age.<sup>5</sup> However, it is estimated that less than 23% of Delaware children are tested for lead in their early years.

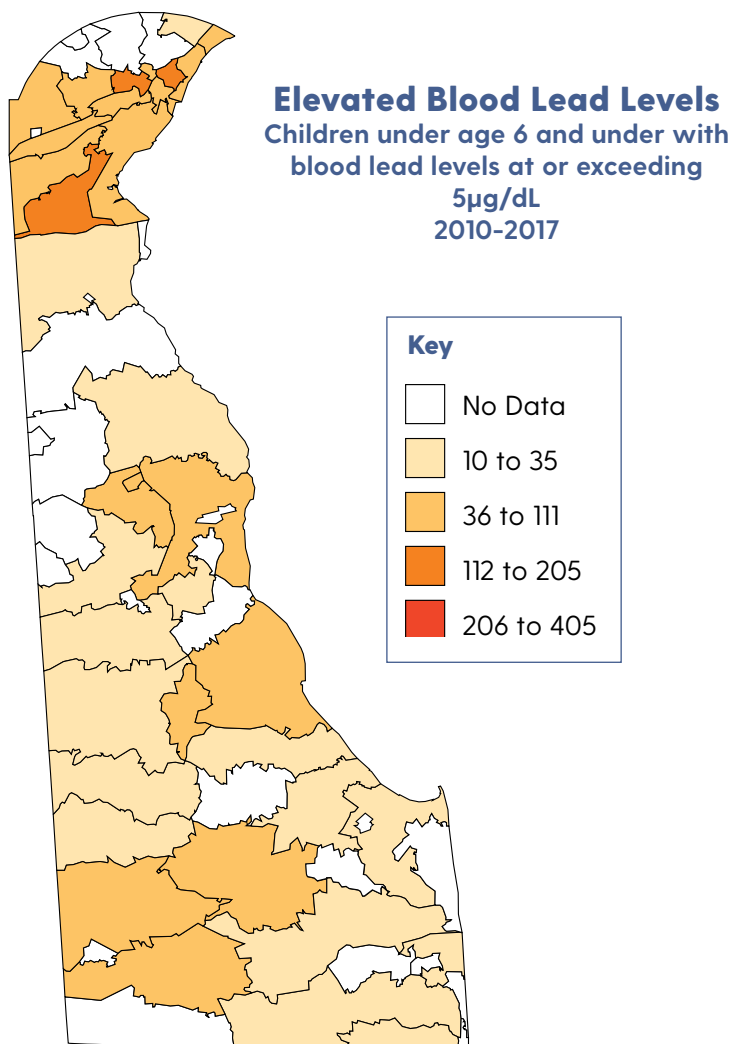
In 2012, the CDC updated its EBLL reference value, reducing it to 5 micrograms per deciliter (mg/dL) based on continuing research which has led to a better understanding of outcomes. Recommendations related to medical treatment have



### LEAD POISONING TIMELINE







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

remained consistent, encouraging more intensive interventions at higher exposure levels.<sup>6</sup>

## Why Does it Matter?

Building and sustaining health environments is one of government's core responsibilities to its citizens. All children deserve such environments, no matter where they live, learn and play in the state.

Children commonly develop EBLs from exposure to lead laden dust and paint chips from deteriorating lead paint. Recent research suggests that no blood lead level is safe. Lead has been known to impact children's cognitive functioning, IQ, educational achievement and behavior, with higher blood lead levels associated with more severe impacts.<sup>7</sup>

## Next Steps

The best way to reduce childhood lead poisoning is by focusing on primary prevention, which entails removing lead hazards from the environment before a child is exposed. Early identification is a second-best strategy to reducing impact of environmental lead contaminants to children's health. Health departments accomplish this using blood lead screening tests.<sup>8</sup>

To minimize the adverse effects of lead poisoning, it is essential that testing rates increase so no child is left undiagnosed and their EBLs are treated early. A messaging campaign to engage those who interact daily with children – including pediatricians and the early education community – is one strategy that would raise awareness of primary prevention methods and increase testing rates so that children's development is not irreversibly hindered. ♦










## EDUCATIONAL INVOLVEMENT & ACHIEVEMENT

The early years of a child's life lay the foundation for lifelong success. Ensuring opportunity for each and every child's educational achievement is critical. This begins with quality prenatal care and continues through the early elementary years. With a strong and healthy beginning, children can more easily stay on track to remain in school and graduate on time, pursue postsecondary education and training and successfully transition to adulthood. However, Delaware continues to have gaps by race and income in measures of educational involvement and achievement in areas such as assessment scores, literacy rates and graduation rates. With an increasingly diverse population, closing these gaps will be key to ensuring stability of our future workforce. ♦





# OVERVIEW

		BASELINE DATA	2020 UPDATE	CHANGE SINCE BASELINE
 <b>EDUCATIONAL INVOLVEMENT AND ACHIEVEMENT</b>	<b>AVAILABLE CHILD CARE*</b> NUMBER OF LICENSED CHILD CARE SLOTS	1995 <b>35,195</b>	2019 <b>50,521</b>	
	<b>SCHOOL ENROLLMENT</b> NUMBER OF STUDENTS ENROLLED IN PUBLIC AND NON-PUBLIC SCHOOL	1994-1995	2018-2019	
	<ul style="list-style-type: none"> <li>• PUBLIC SCHOOL</li> <li>• HOME SCHOOL</li> <li>• PRIVATE SCHOOL</li> <li>• TOTAL</li> </ul>	<b>106,813</b> <b>4,798</b> <b>19,170</b> <b>130,781</b>	<b>139,144</b> <b>7,189</b> <b>10,990</b> <b>157,320</b>	
	<b>HIGH SCHOOL DROPPUTS</b> AS A PERCENTAGE OF ENROLLED PUBLIC HIGH SCHOOL STUDENTS IN A GIVEN YEAR	1994-1995 <b>4.6%</b>	2017-2018 <b>1.7%</b>	
	<b>DISCONNECTED YOUTH</b> PERCENTAGE OF TEENS (16-19) NOT ATTENDING SCHOOL AND NOT WORKING	1993-1995 <b>9.8%</b>	2017-2019 <b>7.7%</b>	
	<b>3RD GRADE READING PROFICIENCY**</b> PERCENTAGE OF DELAWARE THIRD GRADERS MEETING THE STANDARD IN READING	Baseline data not available	2018-2019 <b>50.5%</b>	
	<b>8TH GRADE MATH PROFICIENCY**</b> PERCENTAGE OF DELAWARE EIGHTH GRADERS MEETING THE STANDARD IN MATH	Baseline data not available	2018-2019 <b>38.0%</b>	

\* Capacity does not necessarily reflect actual enrollment.

\*\* Delaware's student assessment has changed multiple times since 1995; results from different assessments are not comparable to one another. Assessments have included DeSSA (2014/15 to current), DCAS (2010/11-2013/14), DSTP (2009/10 and prior).

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  SIMILAR
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# EDUCATIONAL INVOLVEMENT & ACHIEVEMENT

## 25 Years of Delaware Data: Early Care and Education

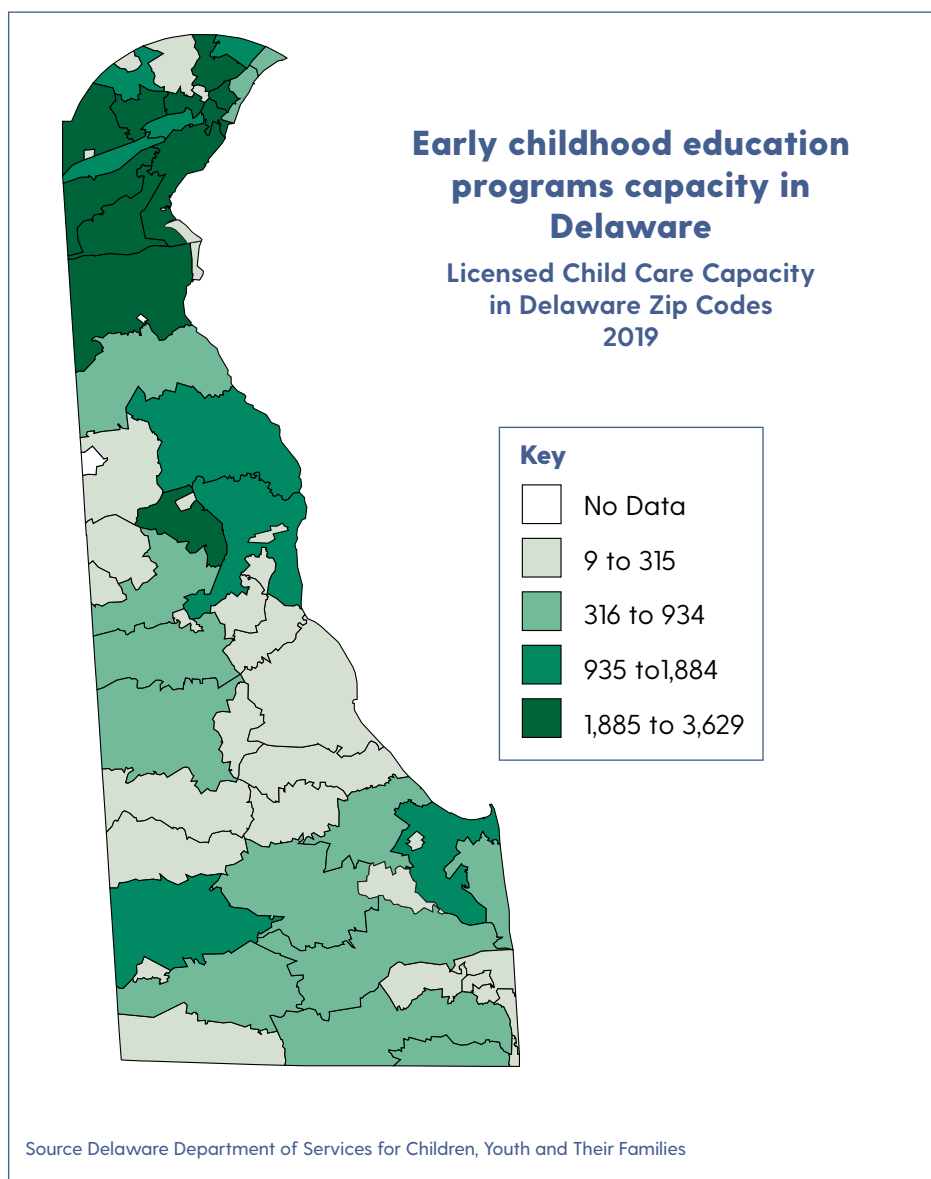
Changing demographics, social trends and economic necessities of the last several decades have made early care and education a commonplace need for young families in Delaware. Nationwide, we do not invest enough in our children's earliest years which leaves parents to navigate and balance questions of availability, quality and affordability of care.

In 2007, Delaware's Early Childhood Council initiated Delaware Stars for Early Success, a voluntary quality rating and improvement system (QRIS). Under this initiative, participating programs receive a rating based on a five-star scale that ranges from meeting child care licensing regulation to meeting progressively higher quality standards in the areas of qualifications and professional development, learning environment and curriculum, family and community partnerships and management and administration. Since then, the purchase of care reimbursement rate has been linked to star rating.

As of 2019, licensed capacity in Delaware's early care and education system stood at just over 50,500 slots at 1,075 providers, an increase of almost 40% from the licensed capacity in Delaware in the mid-1990s. Capacity does not reflect actual enrollment.

### Why Does it Matter?

Investing wisely in early childhood affects our collective well-being, quality of life and future prosperity as a state.<sup>9</sup> Early care and education helps keep Delaware's economic engine running by ensuring that employers have a robust, stable workforce from which to draw talent. It also allows parents the opportunity to earn an income to support their families while knowing their children are safe and cared for. Additionally,



2009



children have the opportunity to reap benefits from positive nurturing relationships with stable early care and education providers.

But all programs are not created equal. Child participation in high-quality early childhood programs can make a significant difference in a child's development and lay the foundation for future academic success.<sup>10</sup> The first five years of a child's life are particularly important because that is when 90 percent of the brain's neurological foundation is built.<sup>11</sup>

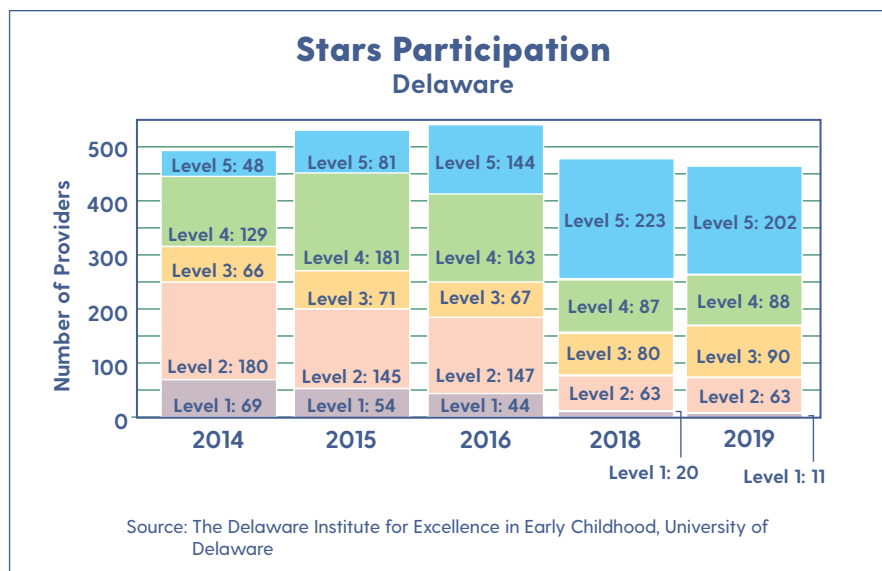
## Next Steps

Removing barriers to affordable early care and education is one of the best two-generation strategies Delaware can employ to promote positive outcomes for parents and their children.

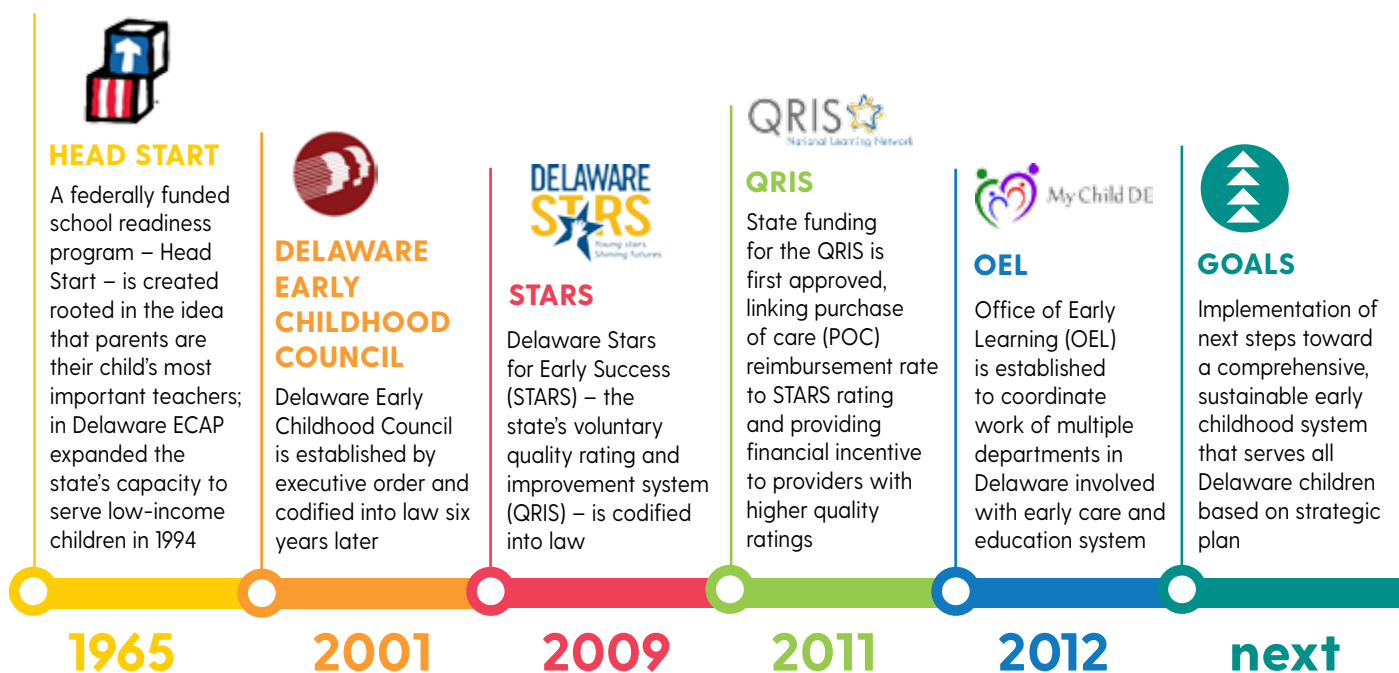
However, complexities of our early care and education system mean that simply decreasing the cost of care is not the answer to challenges Delawareans face accessing care that is affordable. Many important features of high-quality

care, such as small group sizes, low child-to-staff ratios and qualified, experienced staff, cost a lot to provide. And despite the high costs that families pay for early care and education, most programs operate on thin margins. Sacrificing quality for costs will not benefit Delaware in the long run. Instead, Delaware

must meet family needs in terms of availability, quality and affordability of care by building on the strengths of our current system and enhancing features that are not currently optimal. The state's strategic plan incorporates governance, policy and funding approaches to move toward this goal of an integrated system. ♦



## EARLY CARE AND EDUCATION TIMELINE



# EDUCATIONAL INVOLVEMENT & ACHIEVEMENT

## 25 Years of Delaware Data: Student Assessment

While not the only way of measuring students' abilities, standardized assessments provide a way to examine progress in reading, writing, math and content area courses in order to understand how well schools are preparing students for college and the workforce. Because Delaware has used a variety of assessments during the past 25 years, the ability to examine long-term trends in student achievement is limited.

Currently, Delaware's main instrument for measuring student learning is the Delaware System of Student Assessment (DeSSA). This system consists of multiple types of state-wide assessments that are administered during and after instruction to inform teachers, schools, districts and the state on measures of student knowledge and skills.

### Why Does it Matter?

Student performance on assessments is linked to the likelihood of future, long-term success.<sup>12</sup> Therefore, tracking student performance allows schools and government to pinpoint what student groups need extra support.

Gaps in academic performance between students of different races and ethnicities have persisted for many decades. This achievement gap between white students and students of color indicates limited academic opportunities due to several contributing factors. Across the U.S., black, Hispanic and American Indian or Alaska native students are more likely to be taught by first-year teachers.<sup>13</sup> Children of color are also more likely to live in poverty, a result of long-standing barriers to economic opportunity. Academic achievement gaps between students in low-income families and their classmates in higher-income families have been

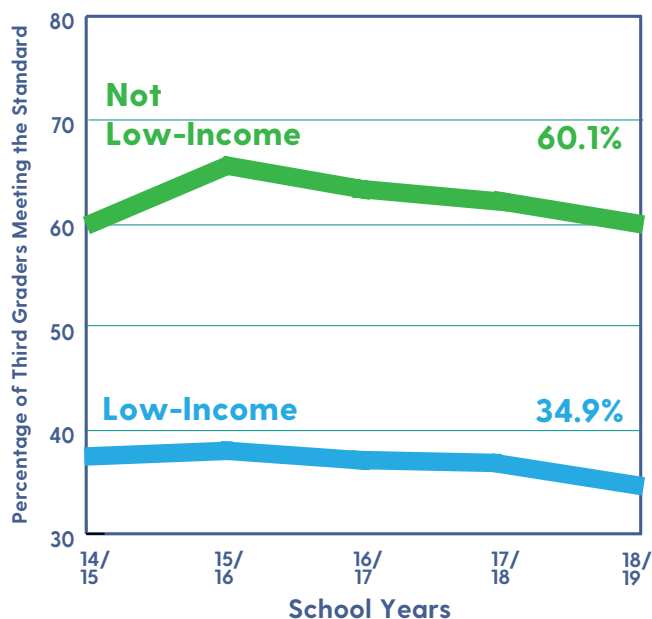


### A Timeline of Delaware's Statewide Assessments

DSTP	1997/98 - 2009/10					
DCAS				2010/11- 2013/14		
DeSSA					2014/15 - current	
	1997	2001	2005	2009	2013	2017 2021

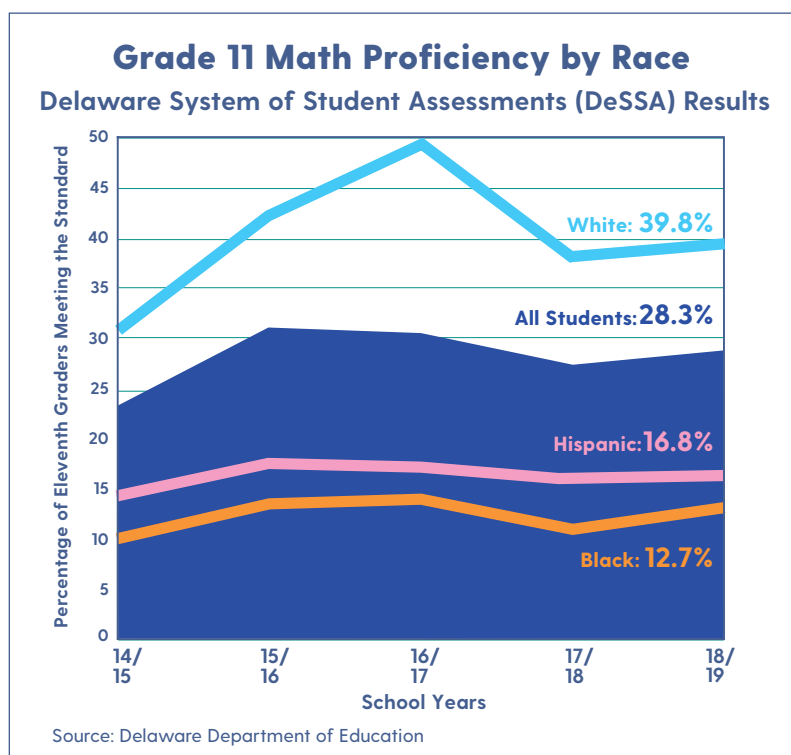
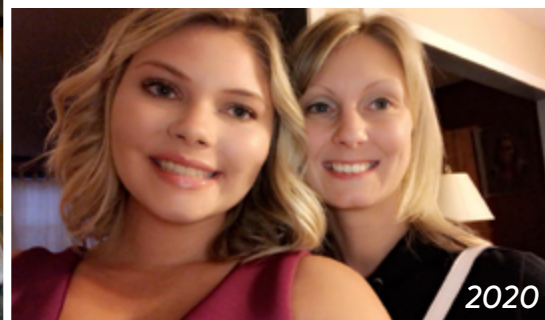
### Reading Proficiency by Family Income

Delaware System of Student Assessments (DeSSA)



Source: Delaware Department of Education





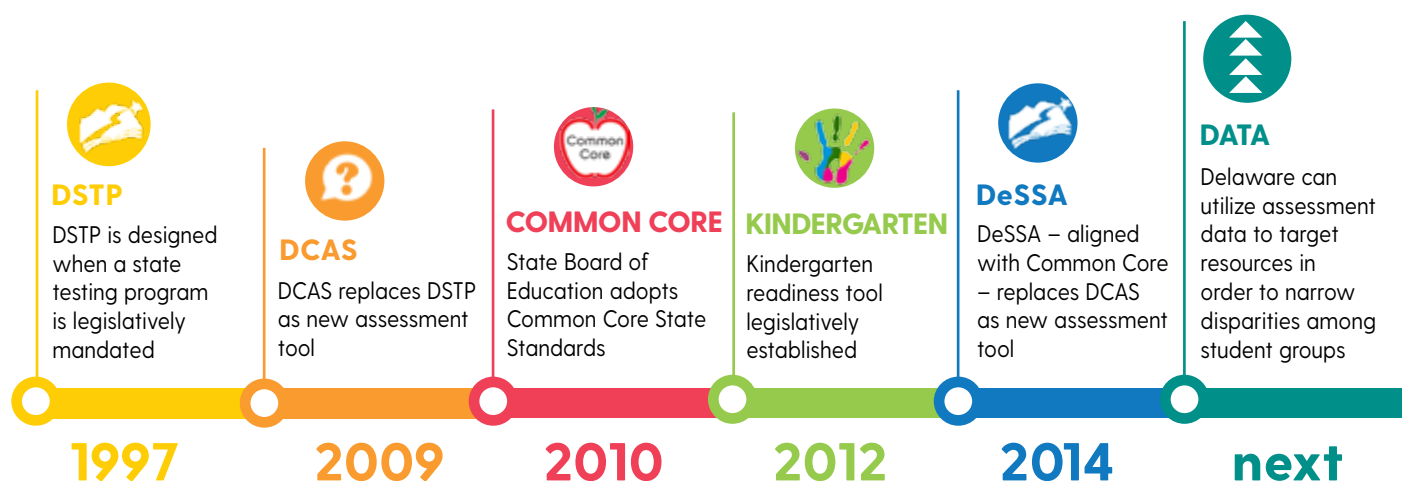
researched for decades, indicating clear disparities in both opportunities and outcomes.<sup>14</sup>

Mirroring national statistics, state level DeSSA results indicate that white students are achieving at higher rates than black and Hispanic students. Similarly, a smaller percentage of lower-income students are proficient in math and reading compared to their not low-income peers.

### Next Steps

Student assessment should be used as both an indicator of student performance and as a tool for improving learning and encouraging growth. Since student assessment identifies disparities in educational achievement, it serves as a vital tool for targeting intervention and allocating resources to decrease inequality. ♦

## STUDENT ASSESSMENT TIMELINE



# EDUCATIONAL INVOLVEMENT & ACHIEVEMENT

## 25 Years of Delaware Data: High School Graduation

Delaware shifted to a new method of calculating graduation rates in the 2009/10 school year. Although the change in methodology prevents long-term comparisons, the new method provides a more accurate picture of how many Delaware students are graduating from high school on time. Dropout rates in Delaware can be reliably compared back to the 2001/02 school year, providing a slightly longer-term perspective on how many Delaware students do not complete high school. Recent data show that Delaware's on-time graduation rate is improving. Correspondingly, the state's dropout rate is showing a long-term reduction.

### Why Does it Matter?

While no guarantee to success, a high school diploma does open doors that lead to long-term career opportunities that those without the diploma may not have available. Students who graduate from high school on time have many more choices in young adulthood. They are more likely to pursue postsecondary education and training, make healthier decisions and engage in less risky behaviors. They are also more employable and have higher incomes than students who fail to graduate.<sup>15</sup>

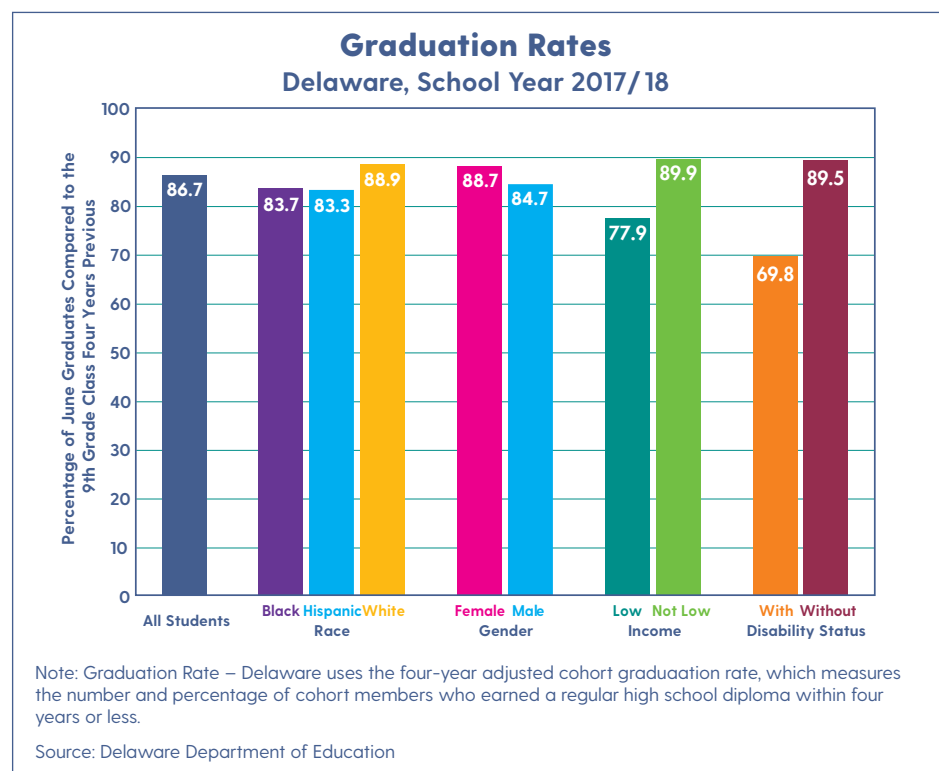
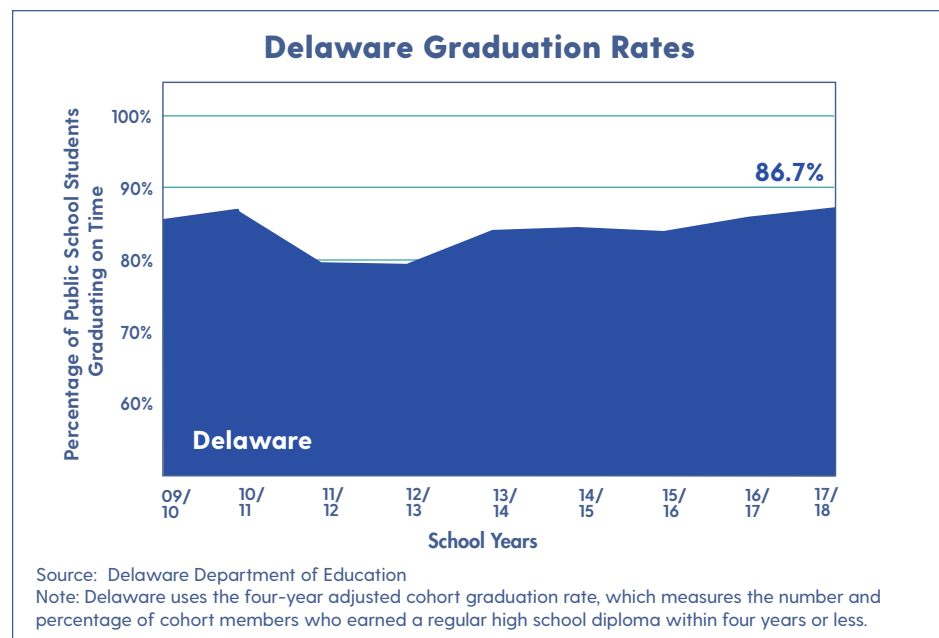
Nationally, students of color are more likely to drop out of school due to several factors including a higher likelihood of living in poverty and an increased risk of experiencing punitive academic or behavioral interventions, including suspensions and expulsions.<sup>16</sup>

Like the nation, Delaware's dropout rate reveals racial and ethnic disparity, with students of color more likely to drop out than white students. The good news is that as the state's dropout rate has decreased over time, data illustrate a simultaneous narrowing of racial and ethnic disparity among dropouts.

### Next Steps

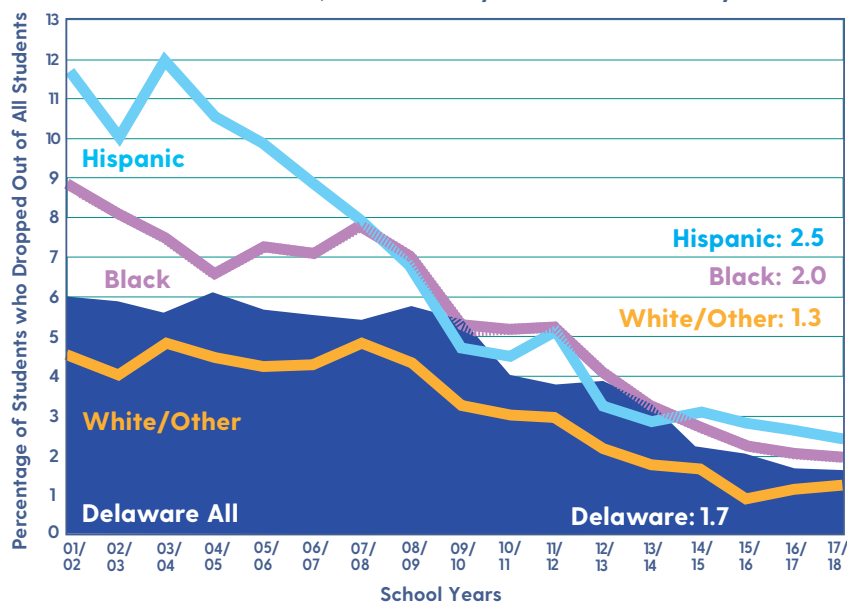
In order to make obtaining a high school diploma achievable for all students, it is essential that we provide schools, educators and parents the resources they need to successfully support students and effectively

intervene when a student is at risk of dropping out. Trauma informed interventions which are restorative rather than punitive are one part of a larger strategy to keep students engaged in their learning. ♦





## Public High School Dropouts Grades 9–12, Delaware by Race and Ethnicity

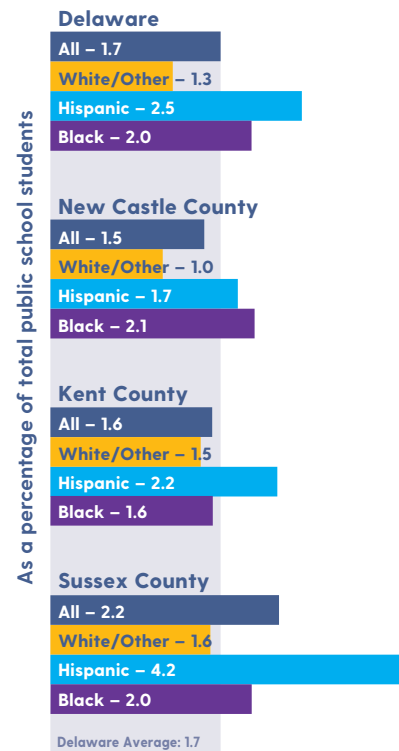


Note: Dropout – A 2014–15 dropout is an individual who was enrolled at the end of the 2013–14 school year; or at any time during the 2014–15 school year; and is no longer in school, has not graduated from high school or completed a state- or district-approved educational program; and does not meet any of the following exclusionary conditions:

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

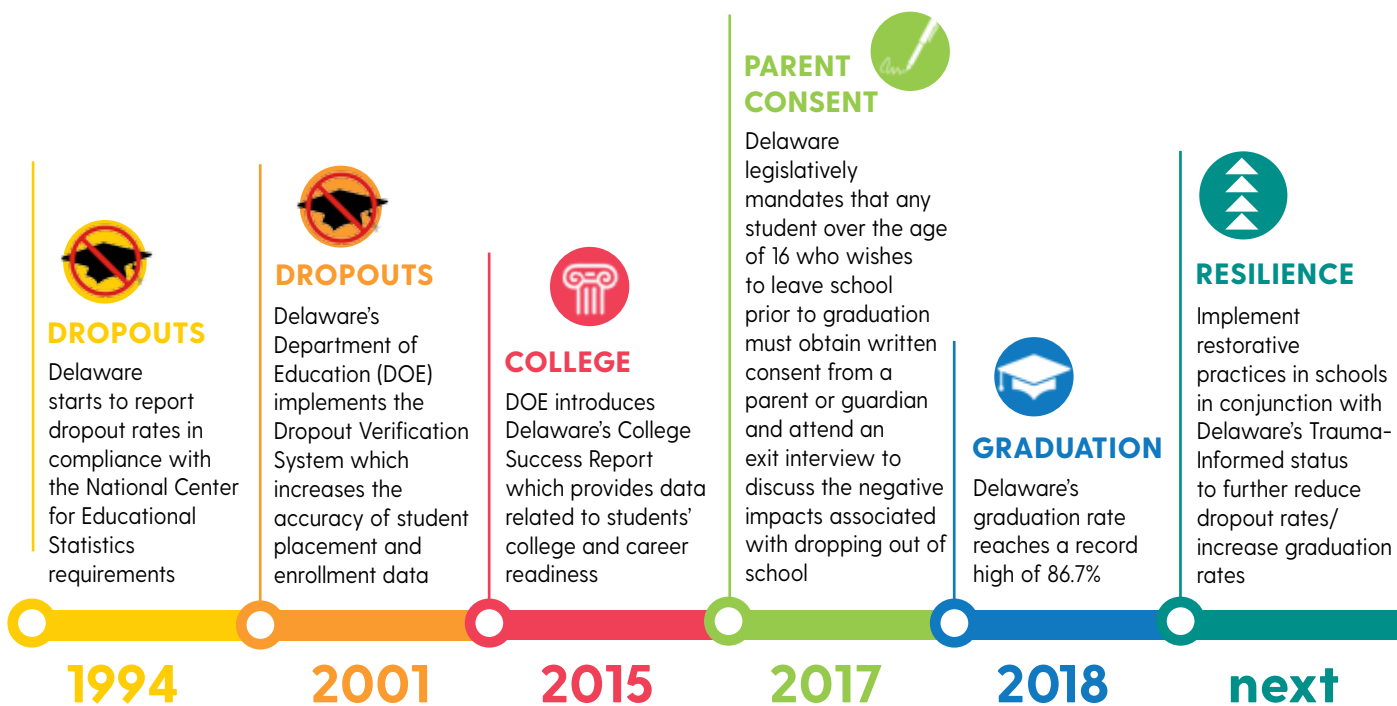
Source: Delaware Department of Education

## Dropout Rates Race/Ethnicity School Year 2017/18



Source: Delaware Department of Education

## HIGH SCHOOL GRADUATION/DROPOUTS TIMELINE










## ECONOMIC SECURITY

Delaware should be a state where every child lives in a financially secure home. To help children grow into prepared, productive adults, parents need well-paying jobs, affordable housing and the ability to invest in their children's future. However, throughout our country's history, policies and practices have helped move some families along the path to economic security while putting up roadblocks for others. Practices such as redlining in the housing market, employment discrimination and inequitable criminal justice policies have created circumstances in which children of color are more likely to experience poverty than their white peers. The 1995 KIDS COUNT in Delaware fact book noted a racial and ethnic inequity in child poverty rates, and it persists 25 years later. ♦





# OVERVIEW

		BASELINE DATA	2020 UPDATE	CHANGE SINCE BASELINE
 <b>ECONOMIC SECURITY</b>	<b>CHILDREN IN POVERTY</b> PERCENTAGE OF CHILDREN (0-17) IN POVERTY	1993-1995 <b>12.5%</b>	2017-2019 <b>12.8%</b>	
	<b>FEMALE HEADED FAMILIES IN POVERTY</b> PERCENTAGE OF FAMILIES IN POVERTY WITH FEMALE HEAD AND CHILDREN UNDER 18	1993-1995 <b>33%</b>	2017-2019 <b>22.2%</b>	
	<b>MEDIAN FAMILY INCOME</b> MEDIAN INCOME IN U.S. DOLLARS OF HOUSEHOLDS WITH CHILDREN UNDER 18 BY FAMILY TYPE <ul style="list-style-type: none"> <li>• 1 PARENT</li> <li>• 2 PARENT</li> </ul>	1993-1995 <b>\$16,133</b> <b>\$50,867</b>	2017-2019 <b>\$36,877</b> <b>\$104,486</b>	
	<b>POVERTY THRESHOLDS</b> POVERTY THRESHOLD IN U.S. DOLLARS BY SIZE OF FAMILY AND NUMBER OF RELATED CHILDREN UNDER 18 <ul style="list-style-type: none"> <li>• 1 PARENT, 2 CHILD</li> <li>• 2 PARENT, 2 CHILD</li> </ul>	1995 <b>\$12,278</b> <b>\$15,455</b>	2019 <b>\$20,598</b> <b>\$25,926</b>	
	<b>HOME OWNERSHIP</b> PERCENTAGE OF HOUSES OWNED BY OCCUPANT	1995 <b>71.7%</b>	2018 <b>70.8%</b>	
	<b>UNEMPLOYMENT</b> PERCENTAGE UNEMPLOYED	1995 <b>4.9%</b>	2019 <b>3.9%</b>	

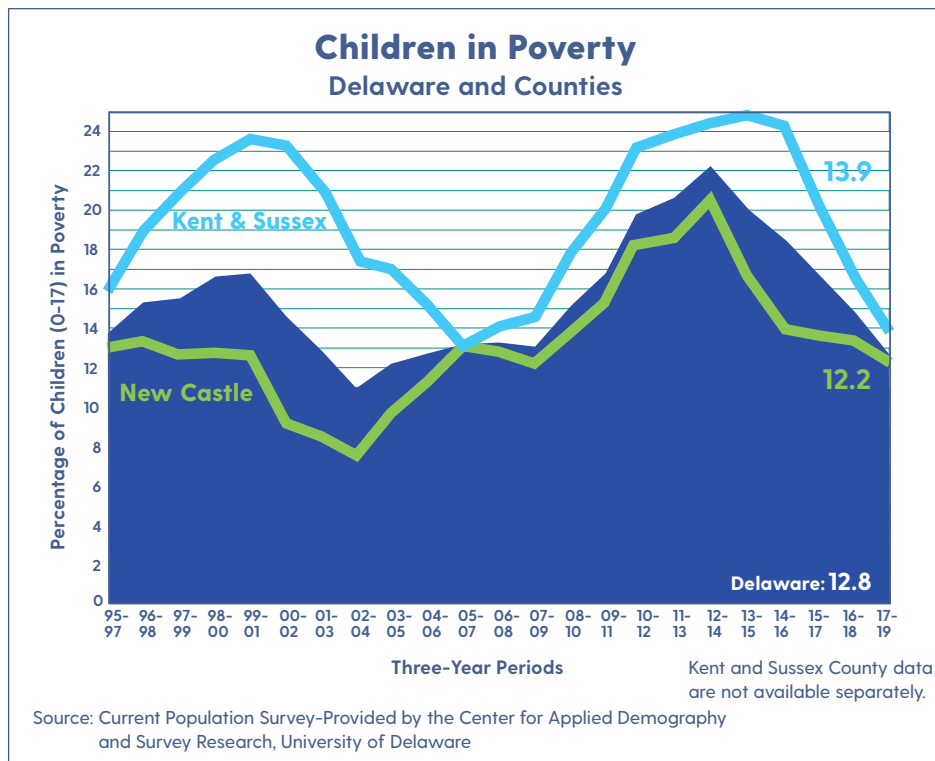
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# ECONOMIC SECURITY

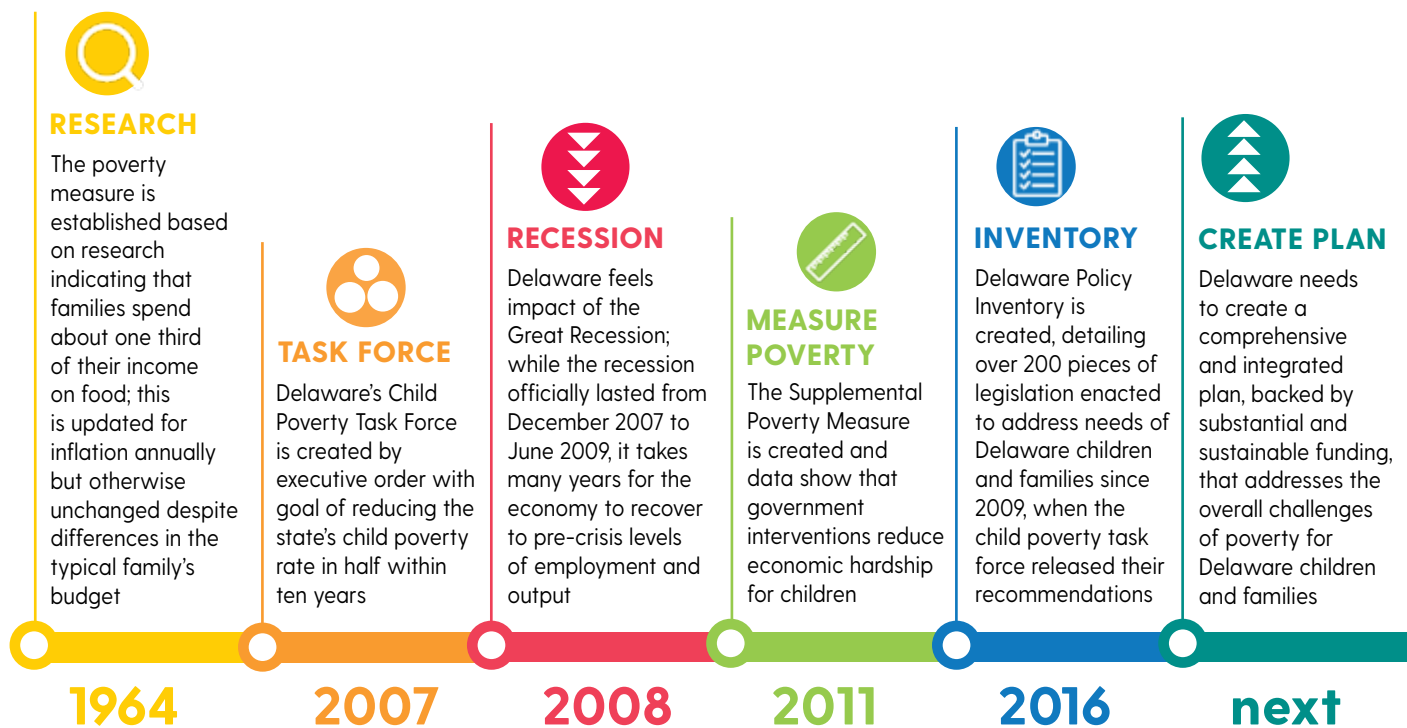
## 25 Years of Delaware Data: Children in Poverty

In Delaware, 12.8 percent of children (approximately 27,000 kids) lived in poverty in 2017-2019, down from 21.2 percent in 2012-2014. This is Delaware's lowest child poverty rate since 2004-2006.

More than a decade ago, Delaware's Child Poverty Task Force set a goal to reduce child poverty by half within ten years. Recommendations were made across a wide range of areas to impact these data by strengthening economic opportunity for children and their families. However, an economic recession hit the nation shortly thereafter, negating anti-poverty efforts within the state and negatively impacting Delaware's child poverty rate.

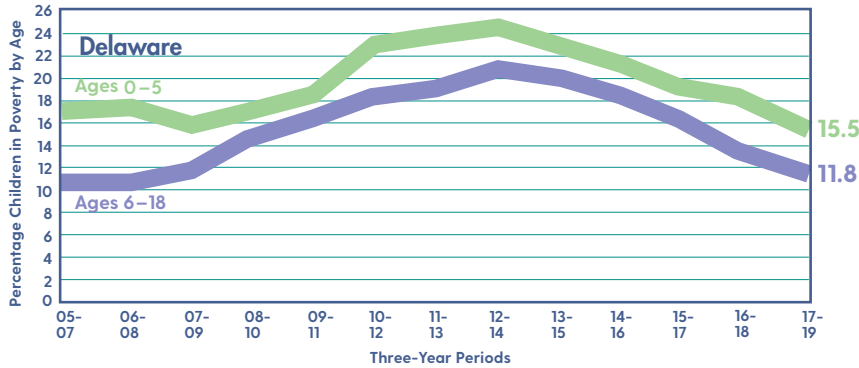


## CHILDREN IN POVERTY TIMELINE



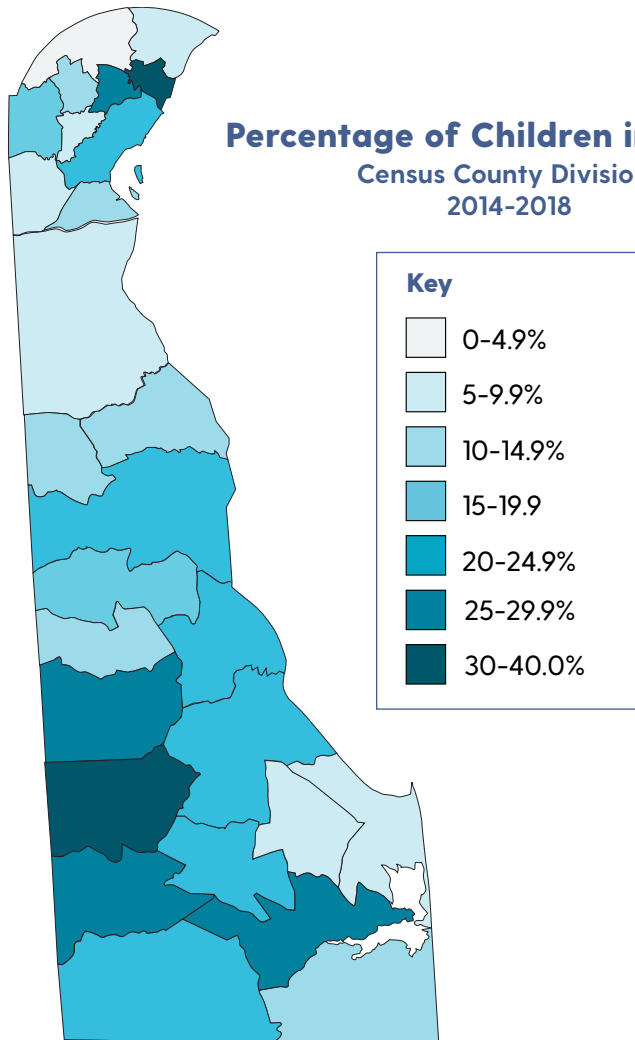


### Children in Poverty by Age Delaware and Counties



Source: Current Population Survey—Provided by the Center for Applied Demography and Survey Research, University of Delaware

### Percentage of Children in Poverty Census County Divisions 2014-2018



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

### Why Does it Matter?

Growing up in poverty is one of the greatest threats to healthy child development. It increases the likelihood that a child will be exposed to factors that can impair brain development and lead to poor academic, cognitive and health outcomes. It also can result in higher rates of risky health-related behaviors among adolescents.<sup>17</sup> Extended exposure to poverty contributes to worse economic and health outcomes for adults.<sup>18</sup> The risks posed by economic hardship are greatest among children who experience poverty when they are young and among those who experience persistent and deep poverty.<sup>19</sup>

No community is immune to child poverty – even those that by other economic measures appear wealthy. Nevertheless, employment opportunities, wages and access to work supports such as early care and education differ across the state, leading to variation in child poverty rates among communities.

### Next Steps

Delaware families of all backgrounds work hard to provide a better life for their children. Effective poverty reduction strategies will focus on supporting family success by building wealth and assets, encouraging entrepreneurship and educational attainment, enhancing income and earnings potentials, increasing access to needed resources through system coordination and outreach and enhancing services from prevention to early intervention, prenatal care, school readiness and early care and education. No single course of action will significantly reduce child poverty; therefore, a multi-faceted approach that includes creative partnership and services, reallocation of monies, investment of new funds and policy revision is needed to create a cumulative effect. ♦

# ECONOMIC SECURITY

## 25 Years of Delaware Data: Home Ownership

Policy formulated in the early 1980s shaped the creation of a subprime mortgage lending industry two decades later. Specifically, federal legislation passed which effectively prohibited states from limiting mortgage interest rates. Shortly thereafter, additional federal legislation made it possible for lenders to offer alternatives – like interest only loans – to the traditional 30-year, fixed rate loan.

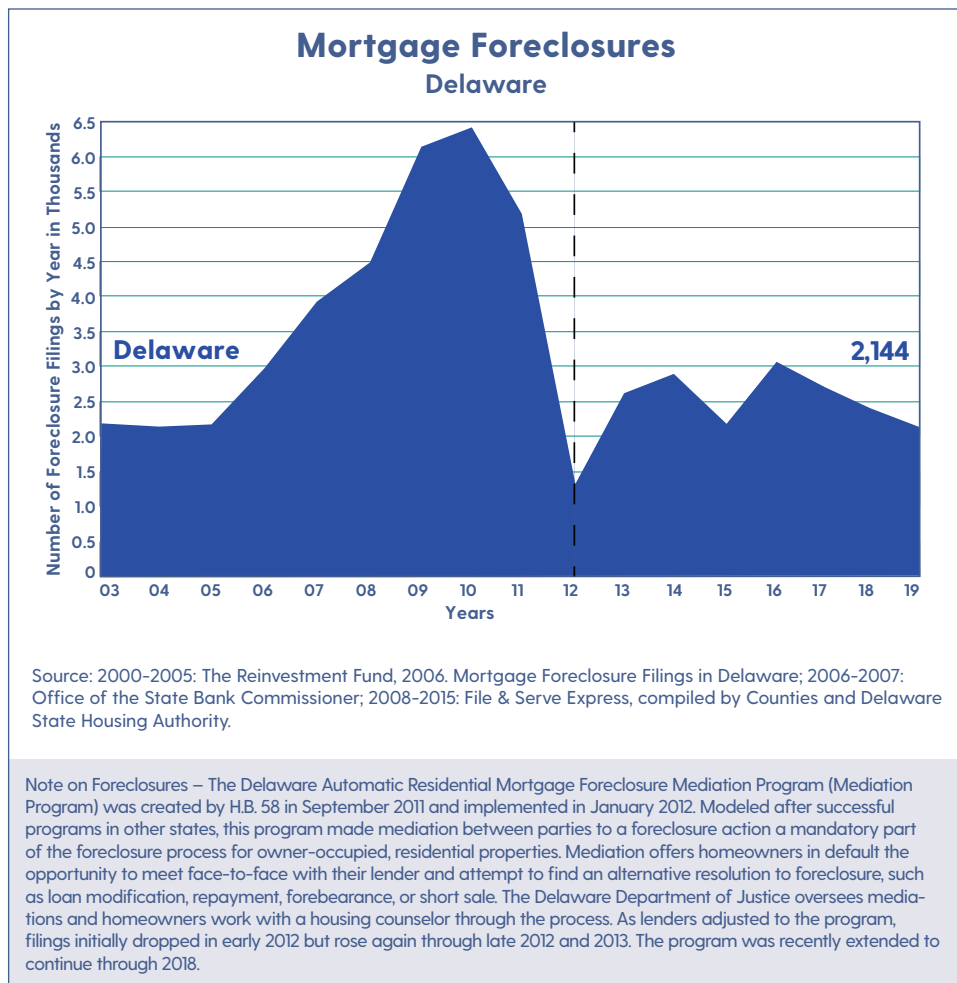
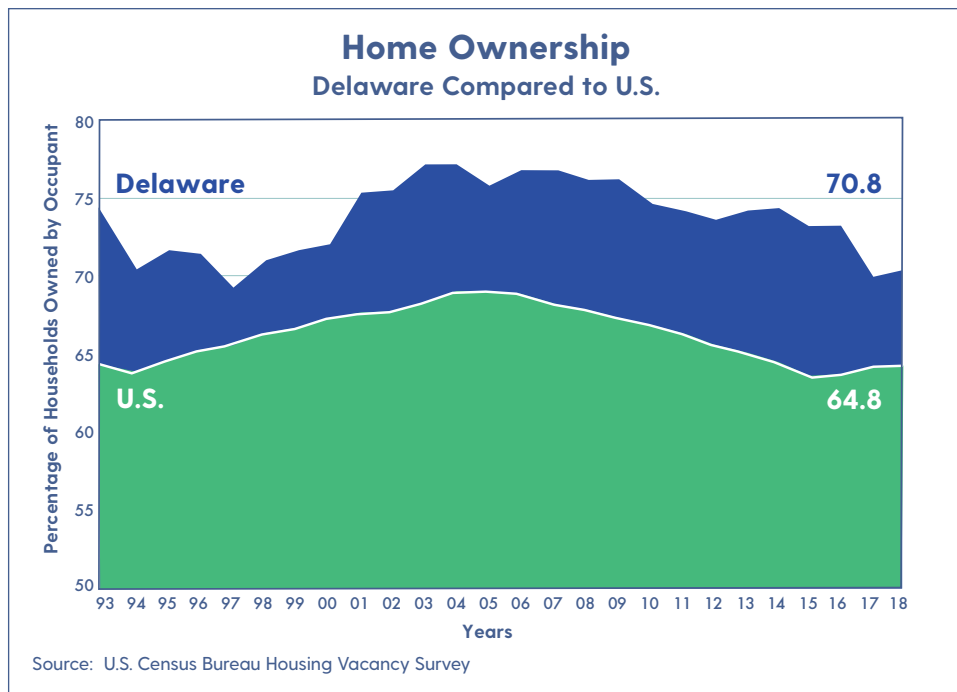
The subprime mortgage industry grew by making loans to borrowers who could not afford them. Housing prices increased for over a decade. However, the inflation was unsustainable, leading to America's great recession which officially lasted from December 2007 to June 2009.

The recession resulted in a significant rise in Delaware's mortgage foreclosure rate, which peaked in 2010. Tightened restrictions on mortgage lending and programming to mediate foreclosures were adopted. Even so, as recently as 2017, nearly one in 3 Delaware children (approximately 60,000 kids) lived in households that were housing cost-burdened, defined as spending more than 30 percent of income on housing expenses.<sup>20</sup>

### Why Does it Matter?

Housing is typically one of the largest family expenses. High housing costs weigh more heavily on low-income families, who are more likely to struggle with finding affordable housing, often spending more than 30 percent of pretax income on a home, whether they rent or own. Paying too much for housing limits the resources families have for other necessities such as early care and education, food, health care and transportation, as well as their ability to save and achieve financial stability.<sup>21</sup>

No child should ever have to wonder where they'll be sleeping tonight –







or if he will have a safe, warm place to sleep at all. Unstable housing circumstances can have troubling impacts on several different dimensions of child well-being. Many families experiencing housing hardship end up sharing housing with other families

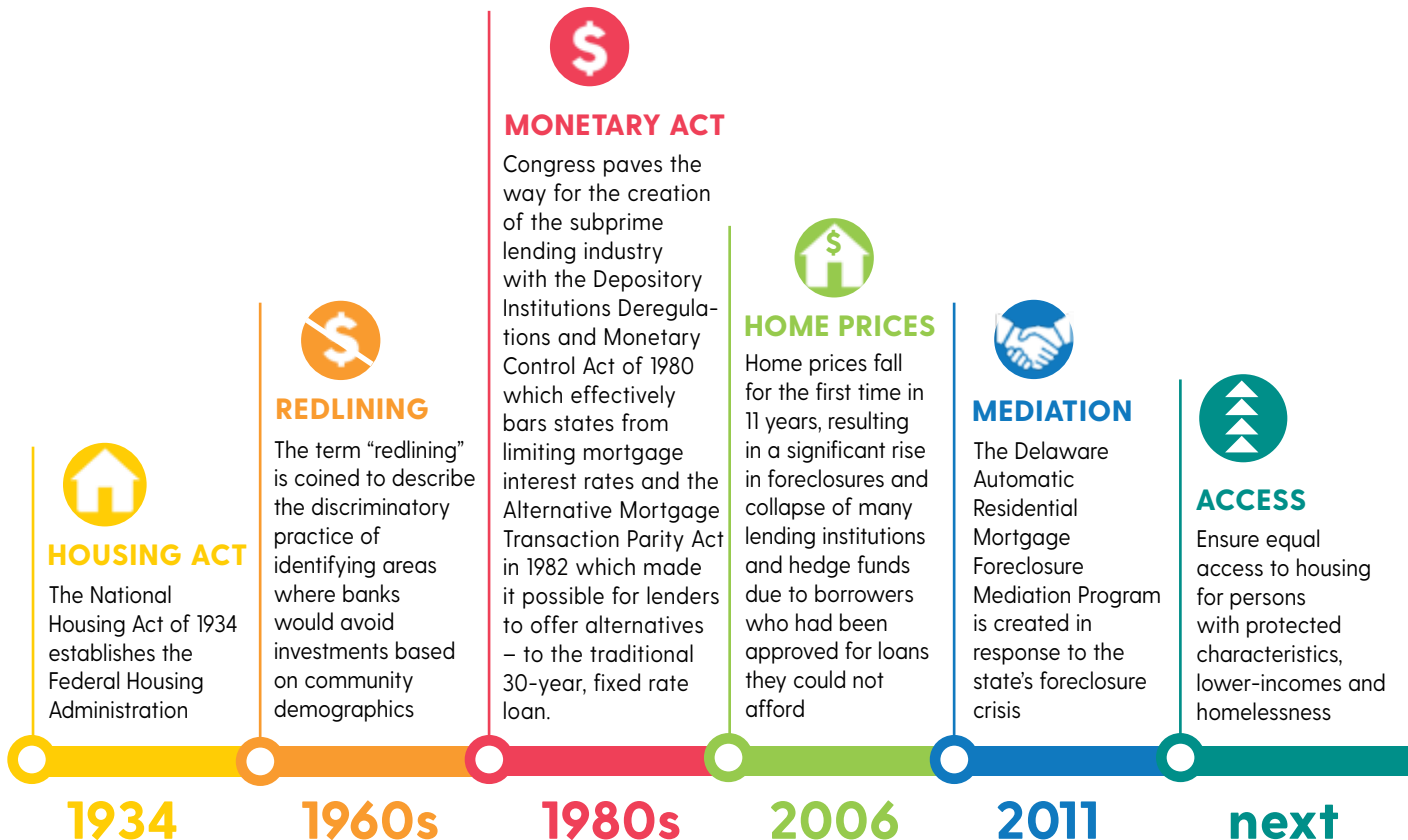
(often referred to as doubling- or tripling-up). While families who are doubled-up may have a roof over their head, crowded housing situations can be chaotic, leaving children without a safe and quiet space to read, color or do homework. Research

shows that kids who live in these overcrowded settings have poorer levels of academic achievement and are at higher risk for behavioral problems.<sup>22</sup> Health problems can also arise from living in poor-quality housing. Studies have attributed the higher prevalence of asthma among children in low-income families to their higher likelihood of living in substandard housing.<sup>23</sup> Children who are without shelter entirely face significant stress and instability that can impede their development and hinder their ability to succeed in school.<sup>24</sup>

## Next Steps

Housing is foundational to kids' well-being. As rents and home prices in many communities continue to rise, our state must explore solutions for ensuring every child has a safe and stable place to call home. ♦

## HOME OWNERSHIP TIMELINE

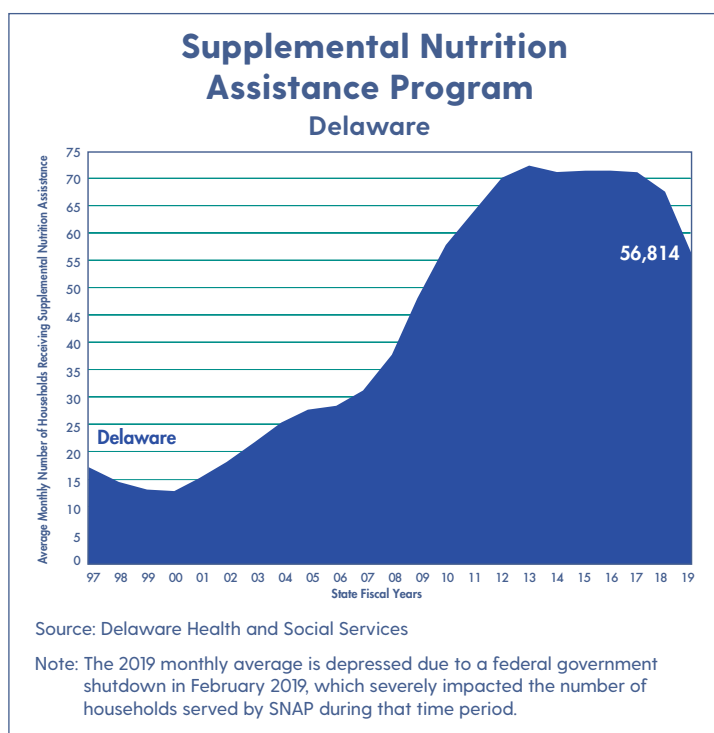
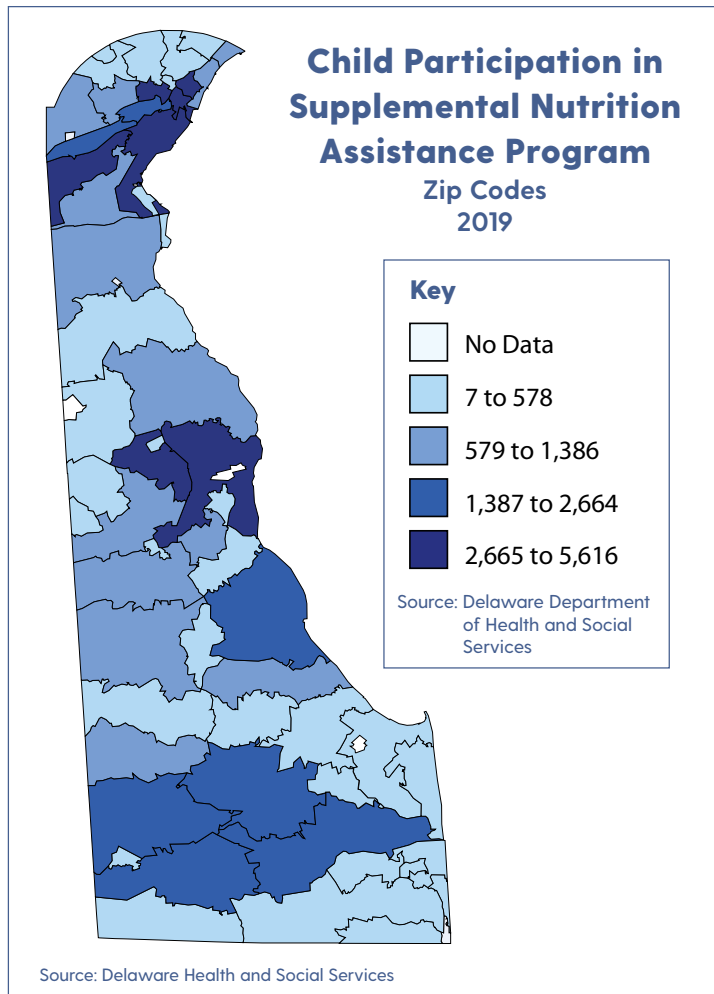


# ECONOMIC SECURITY

## 25 Years of Delaware Data: Food Insecurity

In 2017, one in six Delaware kids lived in households that experienced food insecurity.<sup>25</sup> The USDA defines food insecurity as not always having access to enough food for an active, healthy life.

Several federal nutrition programs provide nutrition assistance to children and families, including the Supplemental Nutrition Assistance Program (SNAP) formerly known as food stamps, the Special Supplemental Nutrition Program for Women Infants and Children (WIC), the National School Lunch Program, the National School Breakfast Program, the Summer Food Service Program and the Child and Adult Care Food Program. These food and nutrition assistance programs aim to increase food security by providing low-income households access to food for a healthful diet, as well as nutrition education.<sup>26</sup> The programs themselves have evolved over the course of the last twenty-five years, with some increasing the amounts of fruits and vegetables offered and others allowing culturally sensitive substitutes in order to better meet the family needs.



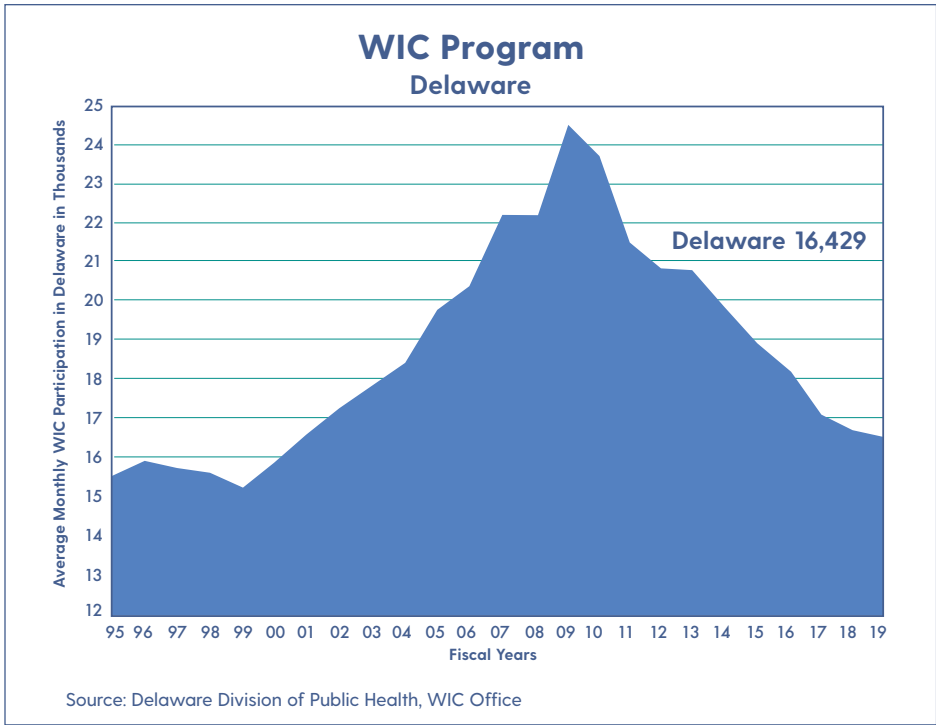
America's Great Recession made it increasingly difficult for families to meet basic nutritional needs. Not surprisingly, lack of income has been identified as one of the biggest contributors to whether a household can meet these basic nutritional needs. Across the nation – and in Delaware – SNAP caseloads increased when the recession hit, giving evidence to growth in food insecurity. The number of families accessing SNAP stayed high during the slow economic recovery. In Delaware, the number of households receiving assistance from SNAP began falling in 2016.

### Why Does it Matter?

Much research has been completed detailing the danger of poor child nutrition, especially in very young children. Nutrition in childhood impacts cognitive development. Even a short period of food insecurity has shown to be correlated with lower cognitive development outcomes for young children. Poor nutrition negatively affects child health, which is related to school attendance and ability to focus while in class, also an aspect of cognitive development.<sup>27</sup> On the other hand, SNAP has been shown to promote long-term health and well-being, especially for children.<sup>28</sup> WIC participation has been shown to reduce infant mortality, improve birth outcomes, improve cognitive development, reduce risk of child abuse and neglect, increase child immunization rates, boost cognitive development and increase access to preventive medical care.<sup>29</sup>

### Next Steps

While SNAP is effective at reducing food insecurity, evidence

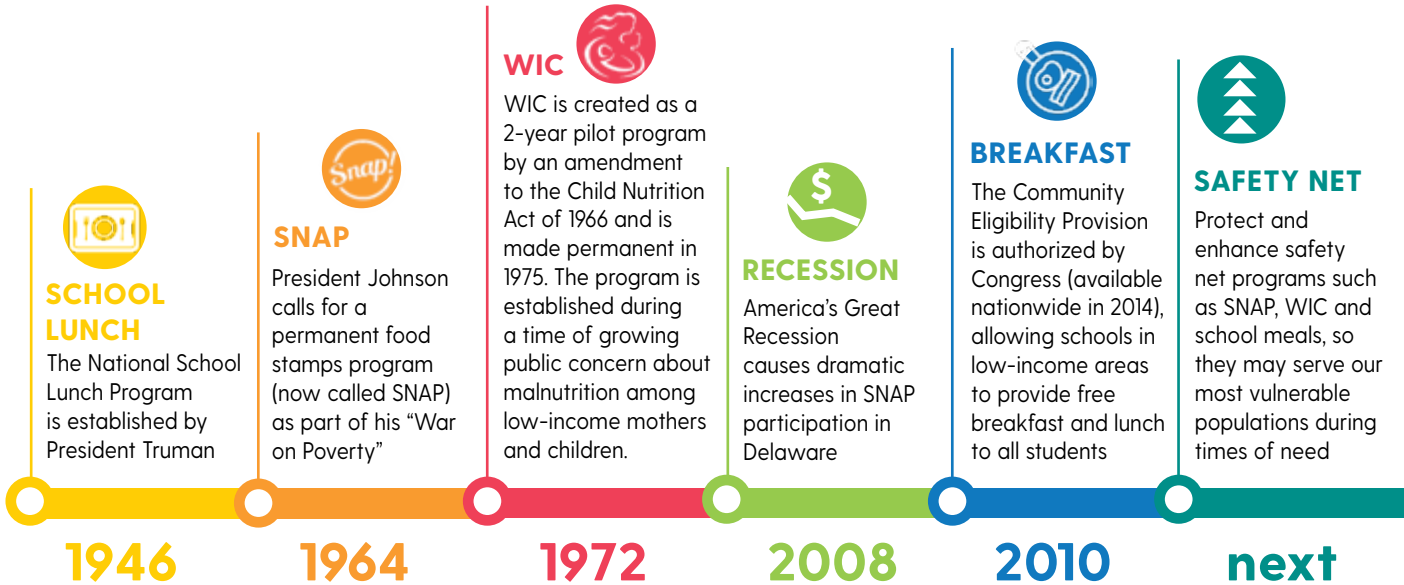


suggests that increasing benefits could have an even bigger impact on reducing hunger. A growing body of research documents that SNAP benefits are inadequate to fully meet the nutritional needs of eligible households. Raising

SNAP benefits would increase low-income households' spending on food and improve the nutritional quality of their diets.<sup>30</sup> Nationally, SNAP is one of the several safety net programs facing adversity. Federal

nutrition programs matter, but our federal programs are only as strong as the support they receive on Capitol Hill. Working to protect and expand these vital programs will ensure that no one in America goes hungry. ♦

## FOOD INSECURITY TIMELINE












## FAMILY & COMMUNITY

**S**trong, capable, resourceful families are at the foundation of improving outcomes for children. There is no substitute for families – no institution, program or policy that can successfully rear kids in the absence of strong families. Where families live also matters. Healthy, vibrant families help create strong communities. Similarly, healthy communities can help foster and protect residents. When communities are safe and have strong institutions, good schools and quality support services, families and their children are more likely to thrive. Although the strengths and resources that reside in even the most disadvantaged communities are often underestimated, the combined effects of disinvestment and decline have unmistakable consequences for children who grow up amidst these conditions. ♦



# OVERVIEW

		BASELINE DATA	LATEST DATA	CHANGE SINCE BASELINE
 FAMILY & COMMUNITY	<b>TEEN BIRTHS</b> LIVE BIRTHS TO 15-19 YEAR-OLD FEMALES PER 1,000 15-19 YEAR-OLD FEMALES	1991-1995 <b>56.5</b>	2014-2018 <b>19.4</b>	
	<b>CHILDREN IN ONE-PARENT FAMILIES</b> PERCENTAGE OF CHILDREN (0-17) IN ONE-PARENT FAMILIES	1993-1995 <b>29.8%</b>	2017-2019 <b>39.6%</b>	
	<b>CHILD ABUSE/NEGLECT</b> NUMBER OF ACCEPTED REPORTS & SUBSTANTIATED CLAIMS <ul style="list-style-type: none"> <li>• ACCEPTED</li> <li>• SUBSTANTIATED</li> </ul>	1995 <b>5,584</b> <b>1,787</b>	2017 <b>7,281</b> <b>1,110</b>	
	<b>BIRTHS TO SINGLE MOTHERS</b> PERCENTAGE OF LIVE BIRTHS TO SINGLE MOTHERS	1991-1995 <b>33.5%</b>	2014-2018 <b>46.6%</b>	
	<b>JUVENILE VIOLENT CRIME ARRESTS</b> PER 1,000 CHILDREN AGES 10-17	1995 <b>8.1</b>	2017 <b>5.5</b>	
	<b>SUBSTANCE USE</b> NUMBER OF ACCEPTED REPORTS & SUBSTANTIATED CLAIMS <ul style="list-style-type: none"> <li>• CIGARETTES</li> <li>• ALCOHOL</li> <li>• MARIJUANA</li> </ul>	1996 <b>31%</b> <b>45%</b> <b>25%</b>	2019 <b>3%</b> <b>24%</b> <b>24%</b>	

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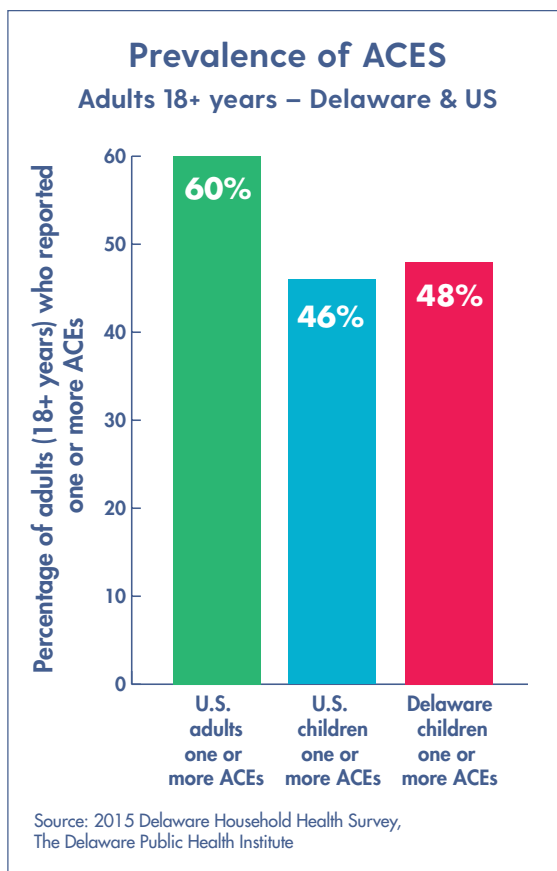
# FAMILY & COMMUNITY

## 25 Years of Delaware Data: Adverse Childhood Experiences (ACEs)

Since the release of the first KIDS COUNT report in 1995, much has been learned about child brain development and the impact of significant adversity during childhood. The Adverse Childhood Experience Study – an extensive study by the Centers for Disease Control and Prevention (CDC) begun in 1995 – revealed that childhood trauma is a common experience.<sup>31</sup>

### Why Does it Matter?

The CDC study looked specifically at the impact of adverse experiences on health later in life and found a link between ACEs to adult illness and early death, as well as to poor quality of life in adulthood. Exposure to ACEs can lead children, adolescents and adults toward the adoption of unhealthy habits such as substance abuse

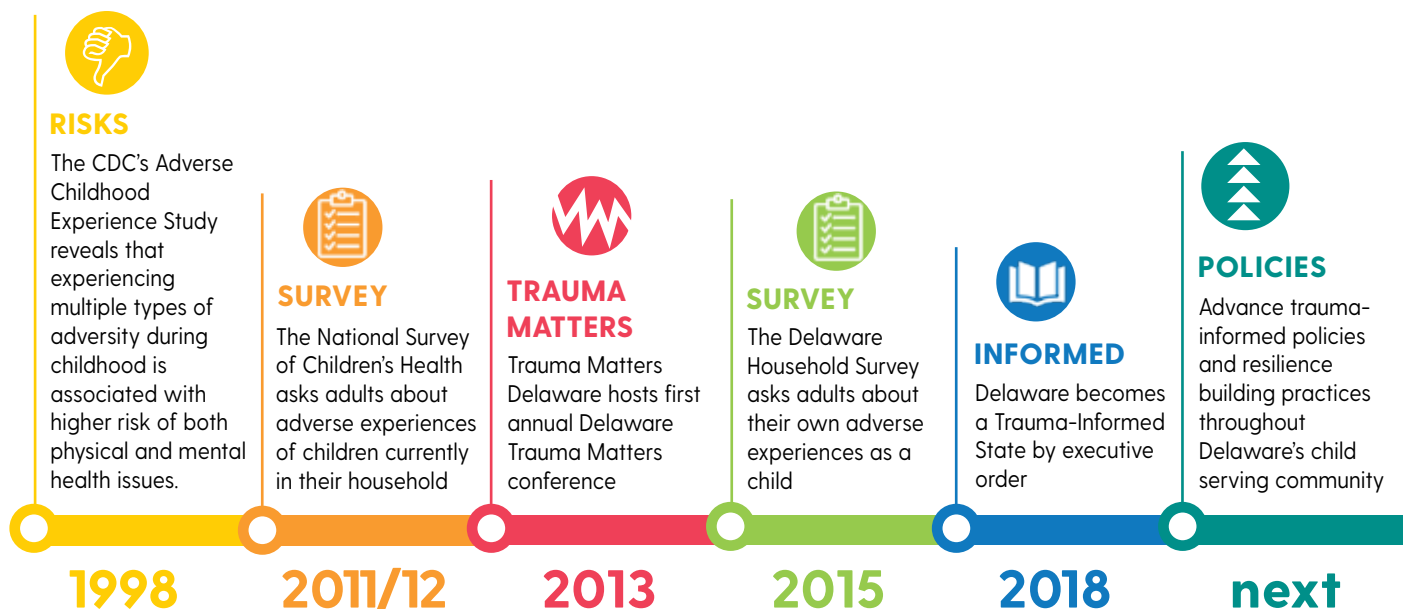


and smoking as well as to negative long-term health issues such as obesity, chronic illness and mental health problems.<sup>32</sup> The impact is particularly sharp when multiple adverse events are experienced.

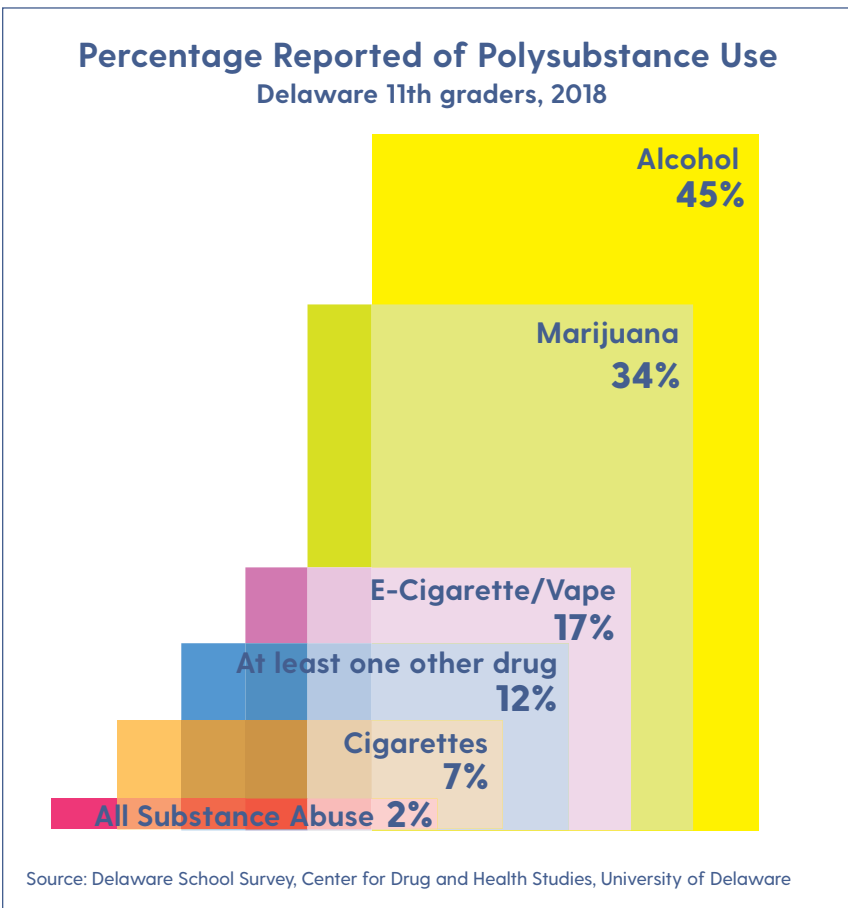
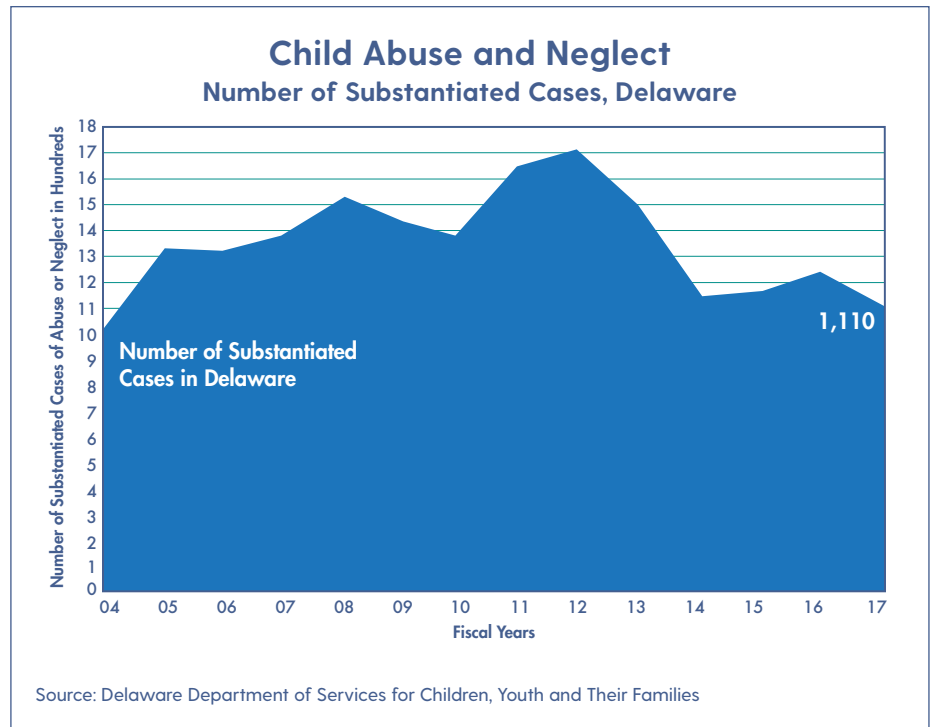
### Next Steps

Despite a significant prevalence of ACEs, policymakers, families, community leaders and health care service providers can create environments where children can flourish and thrive. Trauma informed approaches – meaning a different way of looking at an individual's actions and their health outcomes associated with them that moves us from the question “what’s wrong with that child?” to “what happened to him or her?” – show potential for positive impact. Trauma-informed approaches are not a therapy, intervention or specific action but instead a lens with which to view policies, procedures, programs and practices. ♦

## ADVERSE CHILDHOOD EXPERIENCES TIMELINE







# FAMILY & COMMUNITY

## 25 Years of Delaware Data: Births to Teens

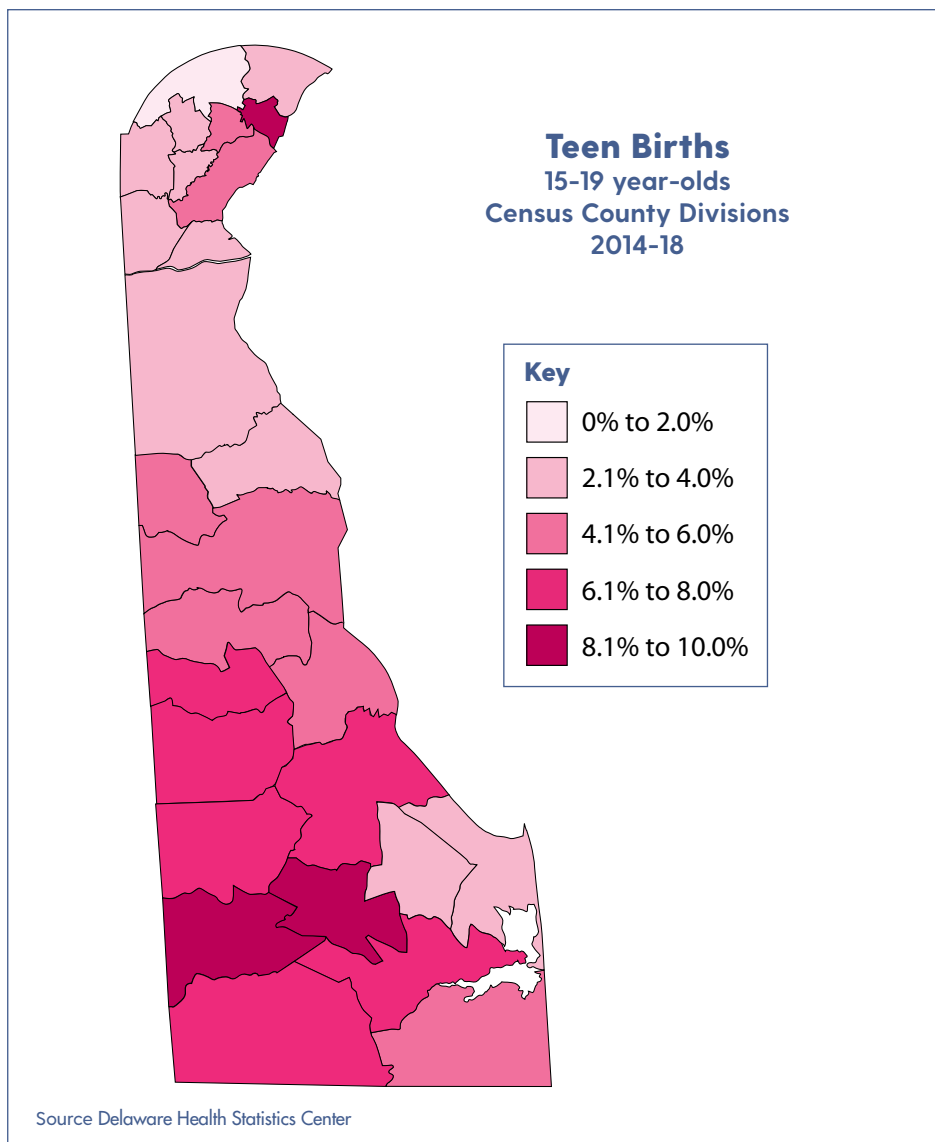
In 2014-2018, Delaware's birth rate to females age 15-19 fell to 19.4 per 1,000 women in that age range, continuing its historic decline. All told, Delaware's teen birth rate has fallen by more than 34 percent in the last two and a half decades (56.5 per 1,000 in 1991-1995 to 19.4 per 1,000 in 2014-2018).

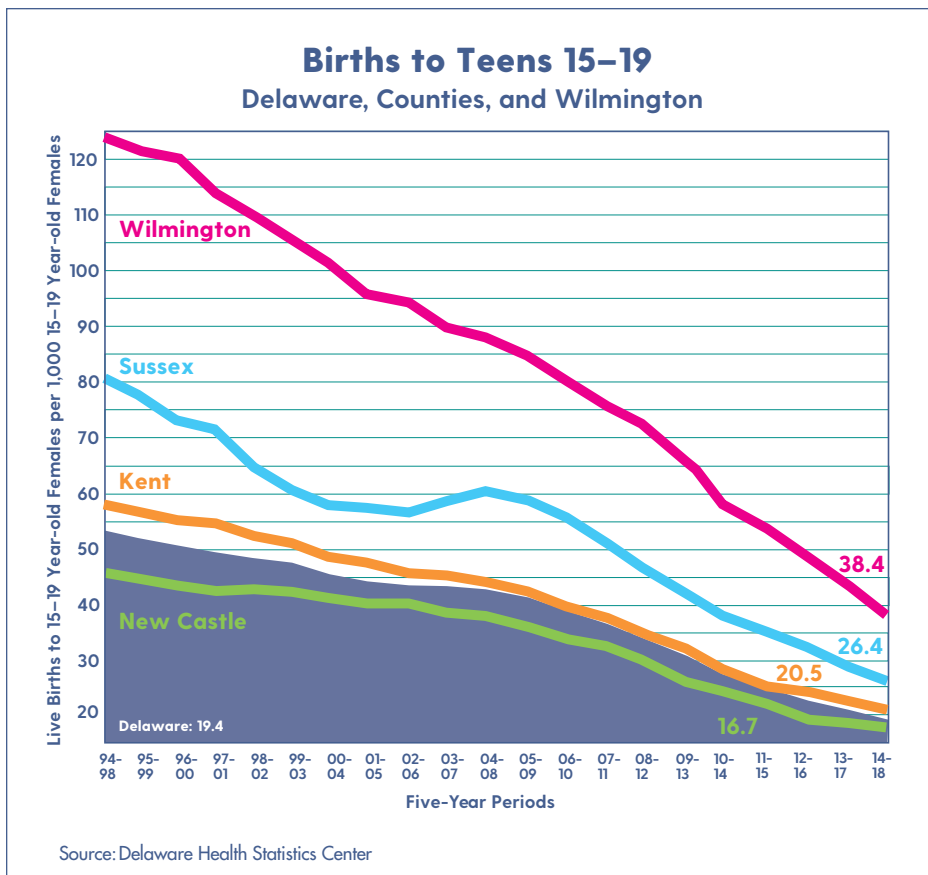
### Why Does it Matter?

Women of all ages fare better when they are able to plan their pregnancies. For teenagers especially, pregnancy and childbirth with comprehensive support can have significant socioeconomic impacts throughout their lifetime. Many women who have children as teenagers are still working to complete their education, and without support (including resources like early care and education, as well as social and emotional support), they are less likely to graduate from high school or earn as much as women who have children later in life. Only half of women who have children as teenagers are able to attain a high school diploma by age 22; in comparison, almost 90 percent of adolescent females who do not experience childbirth during their teen years go on to earn a high school diploma.<sup>33</sup>

Children of adolescent mothers are impacted by early pregnancy as well. They are more likely to see increased health issues in childhood and lower levels of academic achievement in school.<sup>34</sup> Later in life, these children are more likely to experience a teen pregnancy themselves, drop out of school and face unemployment in young adulthood.<sup>35</sup>

Although the teen birth rate has dramatically decreased over the past decades, America's teen birth rate remains the highest among affluent countries.<sup>36</sup>



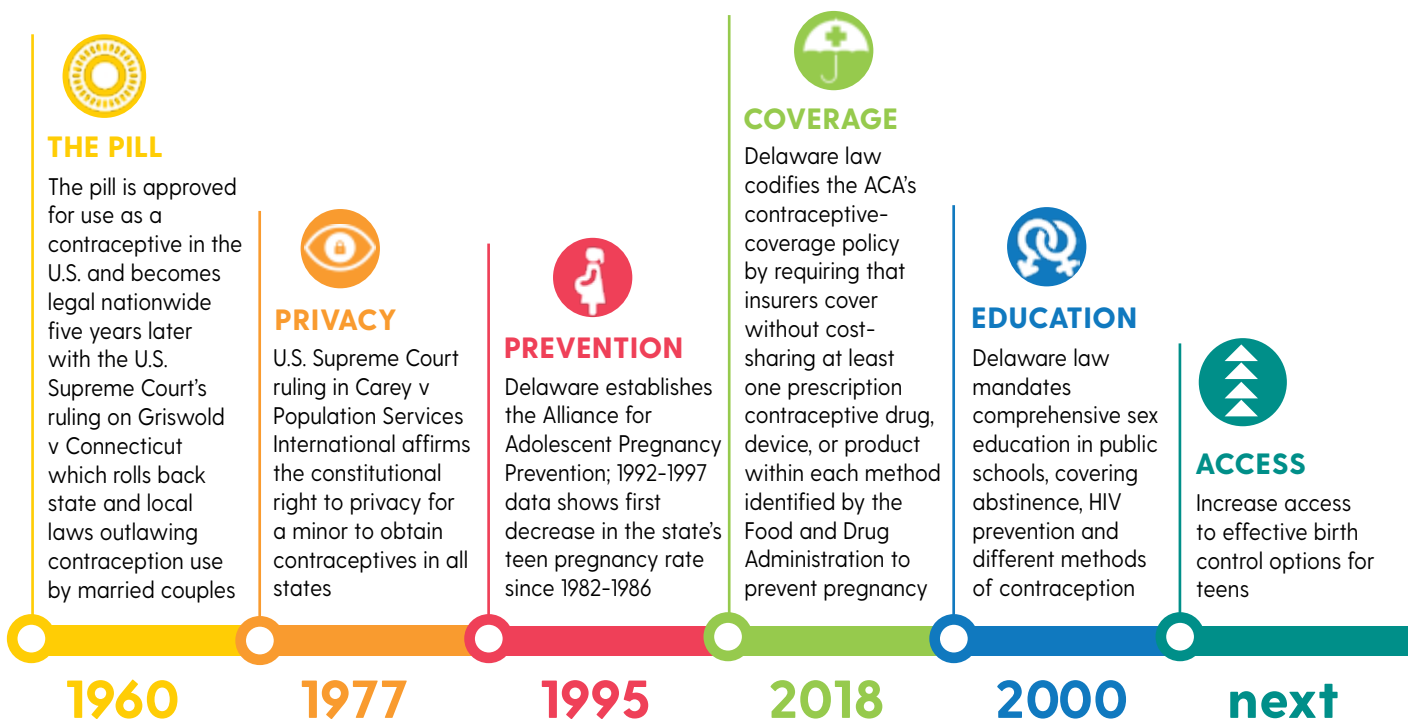


## Next Steps

All racial and ethnic groups have experienced declining teen birth rates in recent years, but disparities persist, showing that Delaware has more work to do to ensure young women of all backgrounds have the support they need to plan their families in ways that work for them. ♦



## BIRTHS TO TEENS TIMELINE





# FAMILY & COMMUNITY

## 25 Years of Delaware Data: Children in One-Parent Families

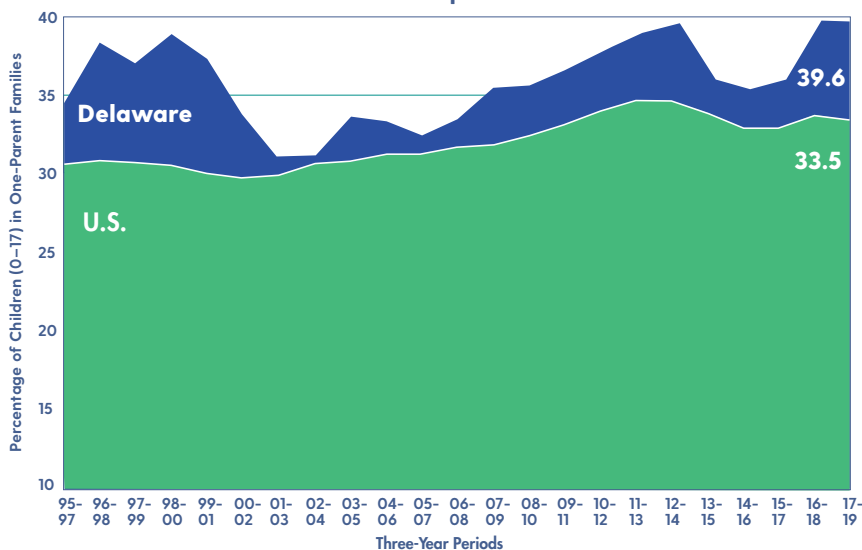
Children in single-parent families are more likely to experience economic hardship than kids in two-parent families due to the fact that there is only one potential income-earner in the family. Data in the 1995 KIDS COUNT report showed that two parent families earned on average 3.2 times more than single parent families. Today, two parent families earn on average 2.8 times more than single parent families.

Increasingly, single parents (typically single mothers) are the primary caregiver in many families. In 2016, four-in-ten births were to women who were either single or living with a nonmarital partner.<sup>37</sup> As more women take on a breadwinning role, the gender wage gap will have increased implications for children's economic security. Nationally, women earn about 82 cents on the dollar in comparison to what men are paid, with women of color faring even worse.<sup>38</sup> This is only slightly better than in 1995, when women earned about 71 cents for each dollar a man earned. Delaware's gender wage gap is narrower than the national average, but Delaware women who worked full-time, year-round in 2018 still only earned 86 cents for every dollar a full-time, working man earned.<sup>39</sup>

### Why Does it Matter?

The effects of growing up in single-parent families go beyond economics. A child from a one-parent family is more likely than a child from a two-parent family to drop out of school, be disconnected from the labor market and become a teen parent.<sup>40</sup>

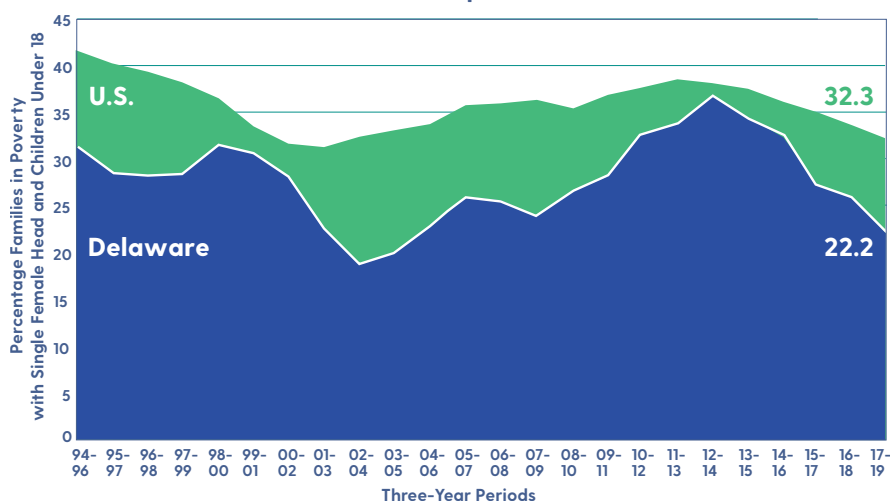
**Children in One-Parent Families**  
Delaware Compared to U.S.



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

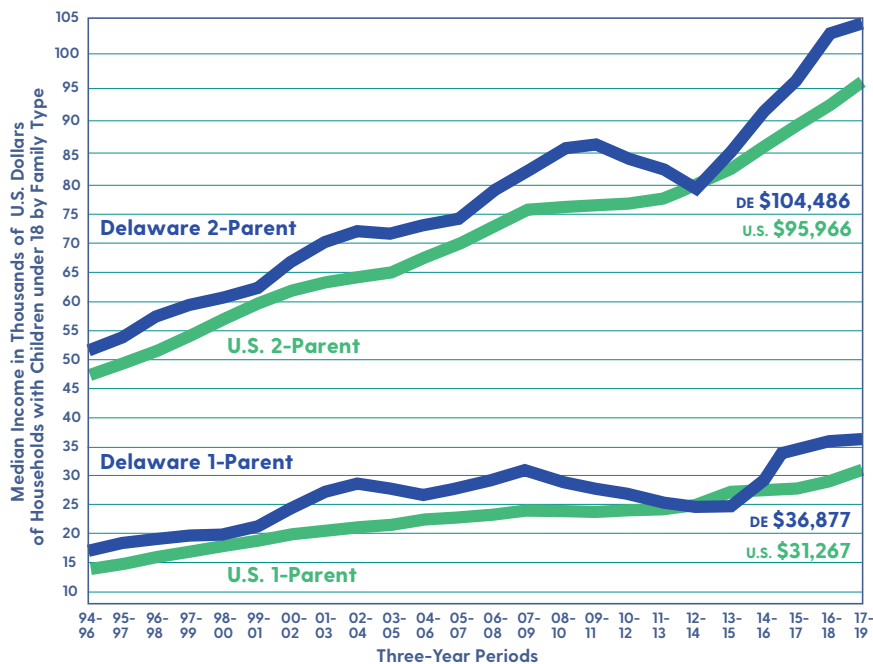
Source: Current Population Survey provided by the Center for Applied Demography and Survey Research, University of Delaware

**Female-Headed Families in Poverty**  
Delaware Compared to U.S.



Source: Current Population Survey Provided by the Center for Applied Demography and Survey Research, University of Delaware

## Median Income of Families with Children by Family Type Delaware and U.S.



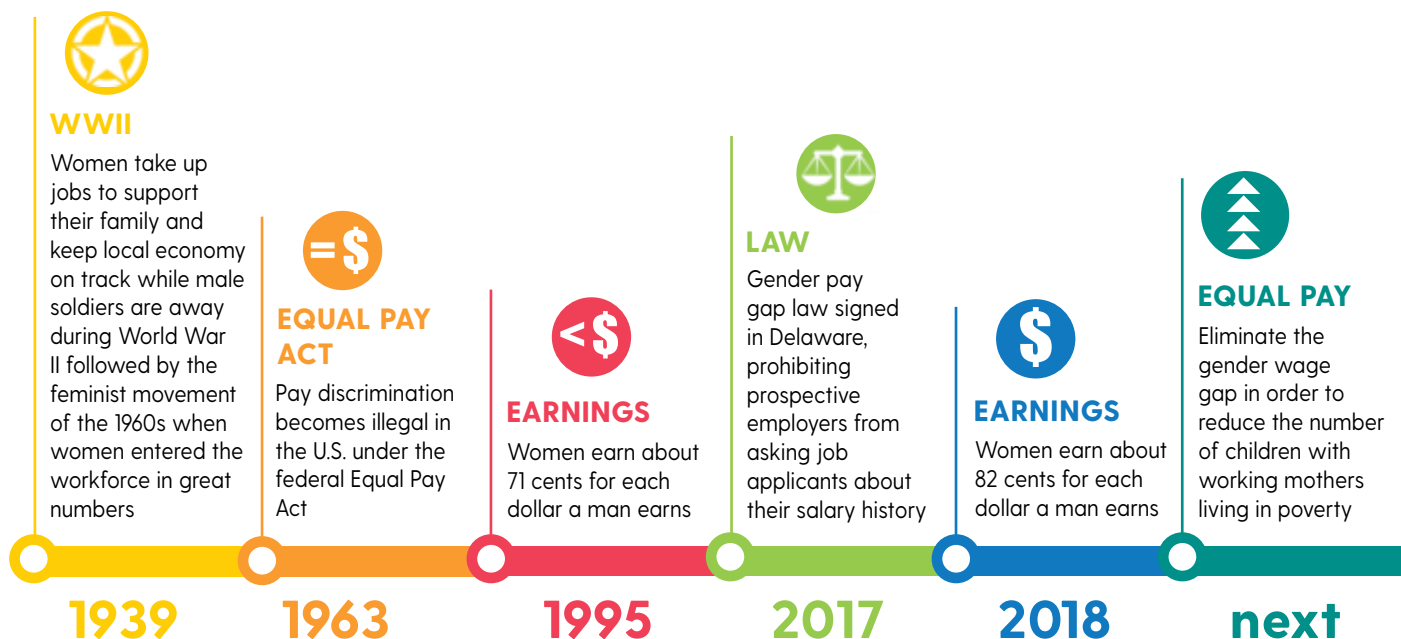
Source: Current Population Survey Provided by the Center for Applied Demography and Survey Research, University of Delaware

## Next Steps

In Delaware, 22.2 percent of female-headed families live in poverty in 2017-2019. Research suggests that correcting the gender wage gap could improve children's economic circumstances. A study conducted by the Institute for Women's Policy Research found that if working women were paid comparably to men of the same age, similar levels of educational attainment and similar hours of work, the number of U.S. kids with working mothers living in poverty would be cut nearly in half.<sup>41</sup> ♦



## CHILDREN IN ONE-PARENT FAMILIES TIMELINE





## CALL TO ACTION

With a quarter century of tracking data, analyzing trends and advocating for children, our experience educating local decision-makers and seeking solutions through collaboration have started to pay off for our youngest Delawareans. This report is more than a celebration of examples of collective impact achieved over the past 25 years. It demonstrates how a disciplined approach to collaboration – grounded in data – can make a real and lasting difference within our communities. Our journey shows that true collaboration is hard work – made successful by leaders and by partners willing to forge open, honest relationships with their community peers.

The report also drives home that our work is not done. While progress has been made in the last 25 years on many measures of child well-being, there are still improvements needed. Work of the next quarter century must focus on race equity, so all children have the same opportunity to reach their full potential. As our collective experience has demonstrated, smart policies and culturally competent institutions can level the playing field for all kids, protect their well-being and ensure they are supported.

Tomorrow's work must begin where our work always has – with data and a conversation. ♦







# Get more data

[datacenter.kidscount.org](http://datacenter.kidscount.org)

**K**IDS COUNT Data Center  
We believe that educating our audiences about timely issues faced by Delaware's children and their families is a powerful way to engage our partners to create collective impact. While

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

this edition of the KIDS COUNT in Delaware Fact Book highlights historical trends, current actions and goal setting for twelve specific indicators in support of this year's "Now and Then" theme, KIDS COUNT in Delaware continues to provide access to thousands of data points in our online Data Center.

The KIDS COUNT Data Center offers data on education, employment and income, poverty, health and youth at-risk factors. We invite you to discover

ways to customize the data and join us in using this data to make informed decisions by investing in Delaware's biggest asset, our kids.

## ***Making Sense of the Numbers***

- ◆ KIDS COUNT in Delaware uploads the most current and reliable data available to the online Data Center.
- ◆ Data that are inadequate or unavailable are denoted by "NA".
- ◆ Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. Therefore, KIDS COUNT in Delaware has used the terminology reported by the data collection sources.
- ◆ Most data presented are for calendar years. Where data collected by state or federal

authorities is available by school year or fiscal year, the periods are from September to August or July 1 to June 30 respectively.

- ◆ The data are presented primarily in three ways:
  1. Annual data
  2. Three-year and five-year averages to minimize fluctuations of single-year data and provide a more realistic picture of children's outcomes and
  3. Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons.
- ◆ Where possible, data are delineated by counties and the City of Wilmington.
- ◆ Whether a number, rate or percentage, each statistic tells us something different about children.
- ◆ Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. Therefore, KIDS COUNT in Delaware encourages you to look at overall trends. The key in the evaluation of statistics is to examine everything in context.



2017

# END NOTES

1. Driscoll, A. K. & Matthews, T.J. (2017). Trends in Infant Mortality in the United States, 2005-2014. NCHS Data Brief No 279. Retrieved from: <https://www.cdc.gov/nchs/data/databriefs/db279.pdf>
2. U.S. Centers for Medicare and Medicaid. (n.d.). The children's health insurance program CHIP. Baltimore, MD: Author. Retrieved from: <https://www.medicaid.gov/chip/index.html>
3. Paradise, J. (2014). The impact of the Children's Health Insurance Program (CHIP): What does research tell us? The Henry J. Kaiser Family Foundation: Menlo Park, CA. Retrieved from: <https://www.kff.org/medicaid/issue-brief/the-impact-of-the-childrens-health-insurance-program-chip-what-does-the-research-tell-us/>
4. Contemporary Pediatrics. (2015, April 1). Lead poisoning: What's new about an old problem? Retrieved from: <https://www.contemporarypediatrics.com/pediatrics/lead-poisoning-whats-new-about-old-problem>
5. Delaware Department of Health and Social Services. (2004, June 14). Strategic plan to eliminate childhood lead poisoning by 2010. Dover, DE: Author. Retrieved from: <https://www.dhss.delaware.gov/dhss/dph/hsp/files/lppstrategicplan061404final.pdf>
6. Center for Disease Control. (n.d.). Blood lead levels in children: What do parents need to know to protect their children? Retrieved from: [https://www.cdc.gov/nceh/lead/ACCLPP/Lead\\_Levels\\_in\\_Children\\_Fact\\_Sheet.pdf](https://www.cdc.gov/nceh/lead/ACCLPP/Lead_Levels_in_Children_Fact_Sheet.pdf)
7. Hauptman, M., Bruccoleri, R. & Woolf, A. D. (2017). An update on childhood lead poisoning. Clinical pediatric emergency medicine, 18 (3), 181-192. Doi: 10.1016/j.cpem.2017.07.010
8. Ibid.
9. Heckman, J. J. (2016). Research summary: the lifecycle benefits of an influential early childhood program. The Heckman Equation. Retrieved from: [https://heckmanequation.org/www/assets/2017/01/F\\_Heckman\\_CBAOnePager\\_120516.pdf](https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf)
10. Phillips, D. A., Lipsey, M. W., Dodge, K. A., Haskins, R., Bassok, D., Burchinal, M. R., Duncan, G. J., Dynarski, M., Magnuson, K. A., & Weiland, C. (2017). Puzzling it out: the current state of scientific knowledge on pre-kindergraten efforts. National Institute for Early Education Research. Retrieved from: <http://nieer.org/wp-content/uploads/2017/04/Brookings-Pre-Kindergrten-Effects.pdf>
11. Center on the Developing Child. (n.d.). Brain architecture. Harvard University. Retrieved from: <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
12. Hanushek, E. (2009). The economic value of education and cognitive skills. In Sykes, G., Ford, T., Plank, D., Schneider, B. (Eds.), Handbook of education policy research (pp. 39-56). New York, NY: Routledge.
13. U.S. Department of Education. (2014). Data snapshot: Teacher equity. Civil Rights Data Collection. Retrieved from <http://www2.ed.gov/about/offices/list/ocr/docs/crdc-teacherequity-snapshot.pdf>
14. Reardon, S.F. (2011). The Widening Academic Achievement Gap Between the Rich and the Poor: New Evidence and Possible Explanations. In R. Murnane & G. Duncan (Eds.) Whither Opportunity? Rising Inequality and the Uncertain Life Chances of Low-Income Children. New York, NY. Russell Sage Foundation Press.
15. Alliance for Excellent Education. (2011, November 1). The high cost of high school dropouts: What the nation pays for inadequate high schools (Issue brief). Washington, D.C.: Author. Retrieved from [www.all4ed/files/HighCost.pdf](http://www.all4ed/files/HighCost.pdf). And, Alliance for Excellent Education. (2006, November 1). Healthier and wealthier: Decreasing health care costs by increasing educational attainment (Issue brief). Washington, D.C.: Author. Retrieved from <http://www.all4ed.org/reports-factsheets/healthier-and-wealthier-decreasing-health-care-costs-by-increasing-educational-attainment>
16. Facing the School Dropout Dilemma. American Psychological Association. Retrieved from <http://www.apa.org/pi/families/resources/school-dropout-prevention.aspx>
17. Child Trends Databank. (2015, December). Children in poverty. Retrieved from [https://www.childtrends.org/wp-content/uploads/2014/01/04\\_Poverty.pdf](https://www.childtrends.org/wp-content/uploads/2014/01/04_Poverty.pdf)
18. Ratcliffe, C. & McKernan, S. M. (2012, September). Child poverty and its lasting consequences. Washington, DC: The Urban Institute. Retrieved from <https://www.urban.org/research/publication/child-poverty-and-its-lasting-consequence>
19. Copper, K. & Stewart, K. (2017, July). Does money affect children's outcomes? An update. London, England: The London School of Economics and Political Science. Retrieved from <http://sticerd.lse.ac.uk/dps/case/cp/casepaper203.pdf>
20. Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005 through 2017 American Community Survey.





21. Ault, M., Sturtevant, L. & Viveiros, J. (2015, March). Housing landscape 2015: An annual look at the housing affordability challenges of America's working households. Washington, DC: Center for Housing Policy. Retrieved from <https://www.nhc.org/wp-content/uploads/2017/03/housing-landscape-2015.pdf>
22. Solari, C.D. & Mare, R.D. (2012). Housing crowding effects of children's well-being. *Social Science Research* 41(2), pps. 464-476.
23. Krieger, J.W., Songe, L., Takaro, T.K. & Stout, J. (2000). Asthma and the home environment of low-income urban children: Preliminary findings from Seattle-King County Healthy Homes Project. *Journal of Urban Health* 77(1), pps. 50-67.
24. Hart-Shegos, E. Homelessness and its effects on children. Minneapolis, MN: Family Housing Fund.
25. Feeding America. (2019). Map the meal gap. Retrieved from <https://www.feedingamerica.org/hunger-in-america/delaware>
26. Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., and Singh, A. (2019, September). Household food security in the United States in 2018. USDA, Economic Research Service. Retrieved from: <https://www.ers.usda.gov/webdocs/publications/94849/err-270.pdf?v=963.1>
27. Nyaradi, A., Li, J., Hickling, S., Foster, J., & Oddy, W. H. (2013). The role of nutrition in children's neurocognitive development, from pregnancy through childhood. *Frontiers in human neuroscience*, 7, 97. doi:10.3389/fnhum.2013.00097
28. Center on Budget and Policy Priorities. (2019, November 7). Chart book: SNAP helps struggling families put food on the table. Washington, DC: Authors. Retrieved from <https://www.cbpp.org/sites/default/files/atoms/files/3-13-12fa-chartbook.pdf>
29. Carlson, S. and Neuberger, Z. (2017.) WIC works: Addressing the nutrition and health needs of low-income families for 40 years. Washington, DC: Center on Budget and Policy Priorities.
30. Center on Budget and Policy Priorities. (2019, November 7).
31. Felitti, V.J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine* 14(4), 245-258. Retrieved from: [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)
32. Ibid.
33. Perper, K., Peterson, K. and Manlove, J. (2010). Diploma attainment among teen mothers. Washington, DC: Child Trends. Retrieved from <https://www.childtrends.org/publications/diploma-attainment-among-teen-mothers>
34. Hoffman, S.D. (2008). Kids having kids: economic costs and social consequences of teen pregnancy. Washington, DC: The Urban Institute Press.
35. Ibid.
36. UNICEF Office of Research. (2013). Child well-being in rich countries: a comparative overview. (Innocenti report card 11). Florence, Italy: Author. Retrieved from [www.unicef-irc.org/publications/pdf/rc11\\_eng.pdf](http://www.unicef-irc.org/publications/pdf/rc11_eng.pdf)
37. Livingston, G. (2018, April 25). The changing profile of unmarried parents. Pew Research Center. Retrieved from <https://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/>
38. American Association of University Women. (2019). The simple truth about the gender pay gap: fall 2019 update. Washington, DC: Author. Retrieved from: [https://www.aauw.org/aauw-check/files/2016/02/Simple-Truth-Update-2019\\_v2-002.pdf](https://www.aauw.org/aauw-check/files/2016/02/Simple-Truth-Update-2019_v2-002.pdf)
39. National Committee on Pay Equity. (2019, September). The wage gap over time: in real dollars, women see a continuing gap. Washington, DC: Author. Retrieved from: <https://www.pay-equity.org/info-time.html>
40. Mather, M. (2010, May). Data brief: U.S. children in single-mother families. Washington, DC: Population Reference Bureau. Retrieved from: [www.prb.org/pdf10/single-motherfamilies.pdf](http://www.prb.org/pdf10/single-motherfamilies.pdf). And, Amato, P. R. (2005, Fall). The impact of family formation change on the cognitive, social and emotional well-being of the next generation. *The Future of Children*, 15(2), 75-96. And, Child Trends Databank. (2017). Family structure. Retrieved from: [www.childtrends.org/?indicators-family-structure](http://www.childtrends.org/?indicators-family-structure)
41. Milli, J., Huang, Y., Hartmann, H. & Hayes, J. (2017). The impact of equal pay on poverty and the economy. Institute for Women's Policy Research: Washington D.C.



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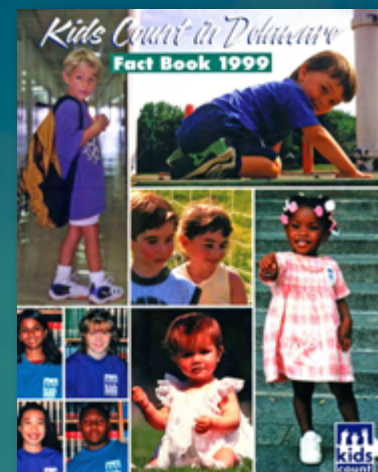


## Thank You for 25 Years

Reflecting back on the past 25 years, we are grateful for the many individuals who have made KIDS COUNT in Delaware what it is today as well as for those who work diligently for improved conditions for each and every Delaware child. We are thankful to the Annie E. Casey Foundation, the State of Delaware, and the University of Delaware for their continued support. A special thanks to current and past Board and Data Committee members for moving our mission

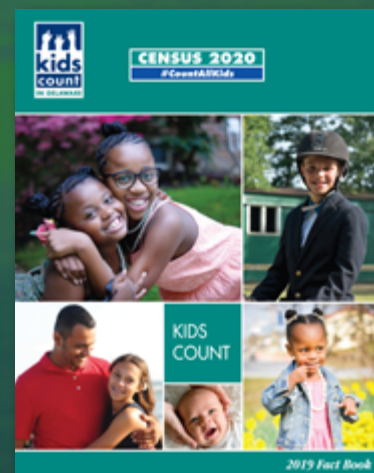
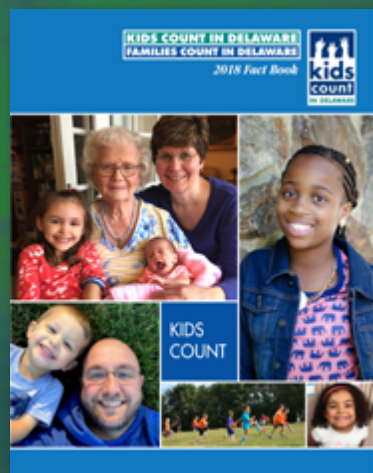
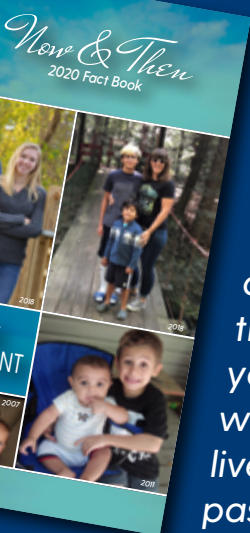






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forward- without you, the growth in what we can offer to Delaware communities would not have been possible. Thank you to the policymakers, researchers, practitioners, advocates, community members, volunteers, and service providers who continue to drive forward changes to improve the lives of Delaware's children and their families. Finally, thank you to Delaware's children who have shared both their lives and their photos for the past 25 years.





# 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](http://www.delaware.gov)

## **Volunteer Delaware**

302-857-5006

## **Delaware Department of Education**

302-735-4000  
[www.doe.k12.de.us](http://www.doe.k12.de.us)

## **Delaware Department of Labor**

302-761-8001  
[www.delawareworks.com](http://www.delawareworks.com)

## **Delaware Department of Health and Social Services**

[www.dhss.delaware.gov](http://www.dhss.delaware.gov)

## **Division of Public Health**

302-744-4700

## **Division of Social Services**

1-800-372-2022

## **Division of State Service Centers**

302-255-9675

## **Division of Substance Abuse and Mental Health**

302-255-9399

## **Delaware Department of Safety and Homeland Security**

302-744-2680

## **Delaware Department of Services for Children, Youth and Their Families**

302-633-2500  
[www.kids.delaware.gov](http://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](http://www.destatehousing.com)

## **Drug Free Delaware**

[www.drugfree.org/delaware](http://www.drugfree.org/delaware)

## **Office of the Governor,**

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



2013

HONORING OUR PAST,  
BUILDING KIDS' FUTURES  
**25 YEARS**



**KIDS COUNT** in Delaware

## **KIDS COUNT in Delaware**

Center for Community Research and Service  
Biden School of Public Policy and Administration  
College of Arts and Sciences  
University of Delaware, Newark, DE 19716-7350  
302-831-4966 • Fax 302-831-4225  
email: [kids-count@udel.edu](mailto:kids-count@udel.edu) • [www.dekidscount.org](http://www.dekidscount.org)