

KIDS COUNT IN DELAWARE
FAMILIES COUNT IN DELAWARE
Fact Book 2012





STATE OF DELAWARE
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Dear friends,

Delaware should be a place where kids can grow up optimistic about the opportunities that will be there for them when they graduate. It should be a state of neighbors, where people come together to make a difference for children now so they can have the best possible future. It should be a place of health and happiness, of hope and opportunity. In so many ways, Delaware has been, is and will be each of these things. But we have more work to do to keep turning our state's limitless potential into real results.

The national recession hit our state and its children particularly hard. Expanding economic opportunity and getting people back to work remains my administration's top priority, because a career is the surest path to self-sufficiency. But creating the kinds of conditions that inspire job growth – great schools, enhanced public safety, improved quality of life, a healthy environment – also has a direct effect on so much of what KIDS COUNT measures. We have great stories to tell in so many of these areas, but one of the ones that I am proudest of and that should pay the greatest dividends in the future was our state's decision last spring to make the single largest commitment in Delaware history to improving access to and the quality of early childhood education. That decision and those efforts helped the state receive federal recognition and additional federal support through the second national Race to the Top competition.

For seventeen years, the annual KIDS COUNT in Delaware Fact Book has helped provide some direction forward and made clear where we need to make extra effort in particular areas. For so long, KIDS COUNT has benefitted immeasurably from the steady hand and selfless heart of its Executive Director Terry Schooley. As humble as she is talented, Terry would always defer praise directed her way over to the volunteers and other members of the KIDS COUNT family. She will be missed, but as you can see from this edition, she built an incredible foundation and developed an impressive team. Janice Barlow has been a critical part of those efforts in the past, and will lead the organization into the future as the Executive Director.

Throughout this report, you will be reminded of Terry's frequent refrain: "Children make up only a percentage of our population but they make up the entirety of our future." Janice and the KIDS COUNT community have created in this edition a compelling picture around that truth and offered insights worth reading as we keep working, together, to keep Delaware moving forward.

Sincerely,

A handwritten signature in black ink that reads "Jack Markell". The signature is written in a cursive, flowing style.

Governor Jack Markell

KIDS COUNT IN DELAWARE FAMILIES COUNT IN DELAWARE

Fact Book 2012



*We thank The Annie E. Casey Foundation, the University of Delaware, and the State of Delaware, and give special thanks to Astra Zeneca, Speer Trust, and Blue Cross Blue Shield of Delaware for funding the KIDS COUNT in Delaware Project.
The findings and conclusions presented in this report, however, are solely those of KIDS COUNT in Delaware, as are any errors or omissions.*

KIDS COUNT in Delaware

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A pdf download of this publication and other KIDS COUNT publications are available at no charge at www.dekidscount.org.
To order additional printed copies for \$15 each, contact: Janice Barlow, Director, KIDS COUNT in Delaware,
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The photographs in this book do not necessarily represent the situations described.



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- Delaware Dept. of Health and Social Services
- Delaware Department of Labor
- Delaware Department of Public Safety
- Delaware Department of Services for Children,
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- Center for Applied Demography
and Survey Research
- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Children and Families First
- Statistical Analysis Center

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

Dear Friends,

For the seventeenth year we are pleased to present to you the annual addition to the KIDS COUNT in Delaware Fact Book. As many of you know, our exceptional and well respected KIDS COUNT Director for the last 15 years, Terry Schooley, retired at the end of 2011. We already miss her greatly but are extremely fortunate to have the very capable Janice Barlow as our new Director. Janice had the opportunity to work with Terry, the KIDS COUNT Board, our associates at the University of Delaware and colleagues throughout the state and across nation for many years. She is very well poised to lead KIDS COUNT in this next era.

On behalf of the KIDS COUNT in Delaware Board, we would like to take this opportunity to pay tribute to Terry for all she has done for KIDS COUNT and for Delaware's children. During her tenure, a fledgling KIDS COUNT project became a vital and thriving organization. She grew the beautiful and widely-used KIDS COUNT Fact Book into the exceptional product you see before you today. Under her leadership, KIDS COUNT has evolved into the authoritative voice for data relating to children and families in Delaware. Terry's influence has informed the development of policy recommendations to increase the well-being of Delaware's children and their families. Terry would be the first to tell you that she did not accomplish all of this alone. Her ability to engage effective partners for getting things done has been key to the growth and vitality of KIDS COUNT. We are indebted to Terry for her many contributions and we wish her all the best in the next chapters of her life.

As KIDS COUNT in Delaware moves forward, we will continue to provide advocates, policy makers, and service providers the most accurate, unbiased, current, and comprehensive data available to inform and support work on behalf of Delaware's children. On our web site www.dekidscount.org you will find a PDF of this fact book as well as our other publications which we encourage you to download. In addition, we invite you to visit the national KIDS COUNT Data Center datacenter.kidscount.org, which is hosted by the Annie E. Casey Foundation. This site allows you to pull data by county, state or nation and to create a graphs, maps or ranking tables. The resulting files may be used in reports, on websites or in social media environments.

One of fifty-three similar projects throughout the United States funded by the Annie E. Casey foundation, KIDS COUNT in Delaware is housed in the Center for Community Research and Service at the University of Delaware and is led by a Board of committed and concerned child advocates from the public and private sectors. KIDS COUNT is especially indebted to the support from the University of Delaware and the State of Delaware.

Sincerely,

Donna Curtis, MPA

Chair, Board

Theodore W. Jarrell, PhD

Chair, Data Committee

Janice Barlow, MPA

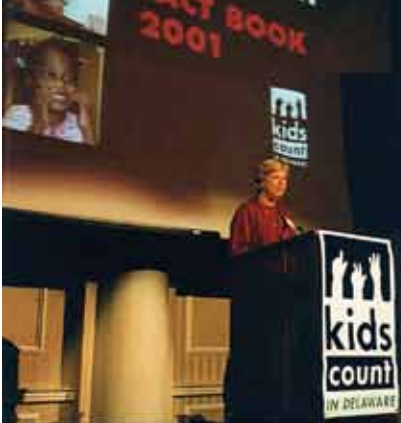
Director



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**Dedicated to
Terry Schooley.**
**Thanks for all you
have done, and will do,
for Delaware's children**



KIDS COUNT in Delaware

Welcome to the seventeenth edition of KIDS COUNT in Delaware and the thirteenth joint publication of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware. This collaborative project of the State of Delaware and KIDS COUNT is housed in the Center for Community Research and Service at the University of Delaware. Since 1995 KIDS COUNT in Delaware has been reporting on the status of children in the state. Working with the State of Delaware since 1998, KIDS COUNT has been monitoring the conditions of families, children and individuals in the community.

In this seventeenth edition, we examine how the lives of children and their families have been affected by recent economic changes. The attention given to the data on poverty and child well-being should serve as a call to action. Investments that have been made for Delaware's children and youth need to be strengthened.

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

Health and Health Behaviors

Educational Involvement and Achievement

Family Environment and Resources

Community Environment and Resources

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

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

The featured indicators are:

Births to teens

Low birth weight babies

Infant mortality

Child deaths

Teen deaths by accident, homicide, and suicide

High school dropouts

Teens not in school and not working

Children in poverty

Children with no parent with full-time employment

Children in one-parent families

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

In addition to the featured indicators, we continue to report on a variety of indicators, such as early care and education, prenatal care, substance abuse, and asthma data based on hospitalizations which all impact the lives of children. Indicators related to educational involvement and achievement especially highlighting the results of the Delaware Comprehensive Assessment System are included in the second category, while indicators relating to families and community follow. Additional tables with more extensive information that supplement what is published in the book can be found online. Demographic information with maps from the Census Bureau's American Community Survey provide an overview of the changing face of Delaware.

Ultimately, the purpose of this book is to add to the knowledge base of our social well-being, guide and advance informed discussion, and help us focus on issues that will allow us to ensure a better future for our children and families.



KIDS COUNT in Delaware Indicator Trends

Measures Needing Attention:	<ul style="list-style-type: none"> • Children in Poverty • Children in One-Parent Families • No Parent with Full-Time Employment
Measures Remaining Constant:	<ul style="list-style-type: none"> • Child Deaths • Births to Teens • Teens Not Attending School and Not Working
Measures Showing Improvement:	<ul style="list-style-type: none"> • Low Birth Weight Births • Infant Mortality • Teen Deaths • High School Dropouts

Making Sense of the Numbers

The information on each indicator is organized as follows:

- **Description** A description of the indicator and how it relates to child and family well-being
- **Data** Charts and graphs giving a visual representation of the data and, when available, showing trends over time and comparing Delaware data to U.S. data
- **Related information** *Did you know?*, *Put Data into Action*, and *For more information* sections with more information

Sources of Data

The data are presented primarily in three ways:

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

The data has been gathered primarily from:

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



KIDS COUNT Overview

Births to Teens

Page 84

Number of births per 1,000 females ages 15–17
Five-year average, 2005–2009: Delaware 21.0, U.S. 21.5

Delaware compared to U.S. Average

SIMILAR



Recent trend in Delaware

BETTER

Low Birth Weight Births

Page 28

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)
Five-year average, 2004–08: Delaware 9.1, U.S. 8.2
Five-year average, 2005–09: Delaware 9.0, U.S. N/A

Delaware compared to U.S. Average

WORSE



Recent trend in Delaware

SIMILAR

Infant Mortality

Page 30

Number of deaths occurring in the first year of life per 1,000 live births

Five-year average, 2005–09: Delaware 8.3, U.S. 6.6

Delaware compared to U.S. Average

WORSE



Recent trend in Delaware

SIMILAR

Child Deaths

Page 48

Number of deaths per 100,000 children 1–14 years old

Five-year average, 2005–09: Delaware 14.2, U.S. 18.8

Delaware compared to U.S. Average

BETTER



Recent trend in Delaware

BETTER

Teen Deaths by Accident, Homicide, and Suicide

Page 50

Number of deaths per 100,000 teenagers 15–19 years old
Five-year average, 2004–08: Delaware 50.2, U.S. 47.7
Five-year average, 2005–09: Delaware 47.2, U.S. N/A

Delaware compared to U.S. Average

SIMILAR



Recent trend in Delaware

BETTER



High School Dropouts

Page 76

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

School year, 2010/11: Delaware 3.7



Teens Not Attending School and Not Working

Page 79

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

Three year average, 2009–11: Delaware 8.4, U.S. 8.6



Children in Poverty

Page 90

Percentage of children in poverty. The poverty threshold for a one-parent, two-child family was \$17,568 for 2010. For a family of four with two children, the threshold was \$22,113 for 2010.

Three-year average, 2009–11: Delaware 16.9, U.S. 20.6



No Parent with Full-time Employment

Page 89

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

Three-year average, 2009–11: Delaware 24.2, U.S. 27.9



Children in One-Parent Families

Page 96

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

Three year average, 2009–11: Delaware 36.6, U.S. 32.9



Delaware Demographics: Counting the Kids

Data from the Census Bureau's American Community Survey and the Delaware Population Consortium provide a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child centered society now than we were 100 years ago. In the United States, children accounted for 40% of the population in 1900, but only 24% in 2010. Similar trends are evident in Delaware.

2010 Census data shows New Castle as the largest county with a population of 538,479 persons, though it grew by the smallest percent (7.6%) between 2000 and 2010. Sussex County had a 2010 population of 197,145 (25.9% increase). Kent County, though smallest in population (162,310 persons), had the largest percent increase (28.1%).



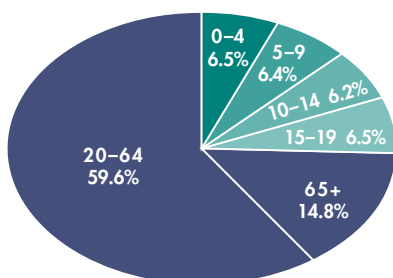
Population at a Glance

	2011 Total Population	2011 Age 0-19	2011 Age 20+	2011 % 0-19
Delaware	909,833	233,490	676,343	25.7%
New Castle	542,308	143,346	398,962	26.4%
Wilmington	70,725	19,875	50,850	28.1%
Kent	165,299	46,002	119,297	27.8%
Sussex	202,226	44,152	158,074	21.8%

Source: Delaware Population Consortium, Population Projection Series, Version 2011.0

Population Estimate and Age Distribution

Delaware, 2011

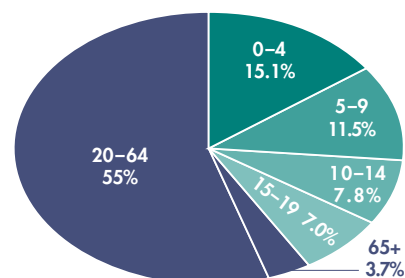


Delaware Total	909,833
Total Children 0-19	233,490
Children 0-4	59,445
Children 5-9	58,228
Children 10-14	56,404
Children 15-19	59,413
Adults 20-64	542,117
Adults 65+	134,226

Source: Delaware Population Consortium, Population Projection Series, Version 2011.0

Hispanic Population Estimate and Age Distribution

Delaware, 2011



Delaware Hispanic Total	76,173
Total Children 0-19	31,539
Children 0-4	11,468
Children 5-9	8,792
Children 10-14	5,970
Children 15-19	5,309
Adults 20-64	41,832
Adults 65+	2,803

Source: Delaware Population Consortium, Population Projection Series, Version 2011.0

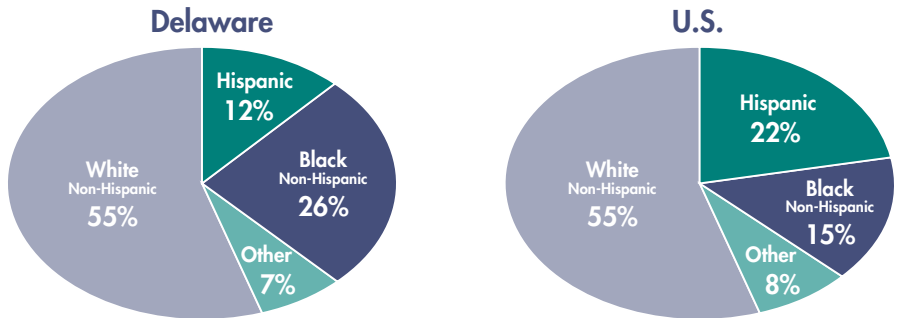
Did you know? Racial and ethnic diversity has increased in the U.S. and the population is expected to increase in diversity in the upcoming decades. According to Childstats.gov, by 2050, 39 percent of U.S. children are projected to be Hispanic, up from 22 percent in 2009.

Source: Child Stats, <http://childstats.gov/americaschildren/demo.asp#figure1>



Delaware Demographics: Counting the Kids

Delaware Child Population Compared to U.S. by Race/Hispanic Origin, 2006–2010

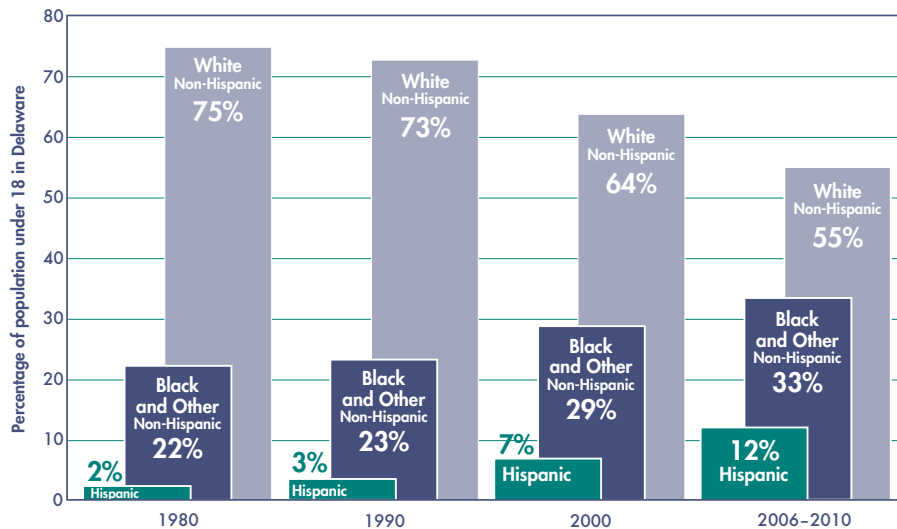


Source: U.S. Census Bureau, American Community Survey

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

The Changing Face of Delaware's Children

Children under 18 by Race/Hispanic Origin, Delaware

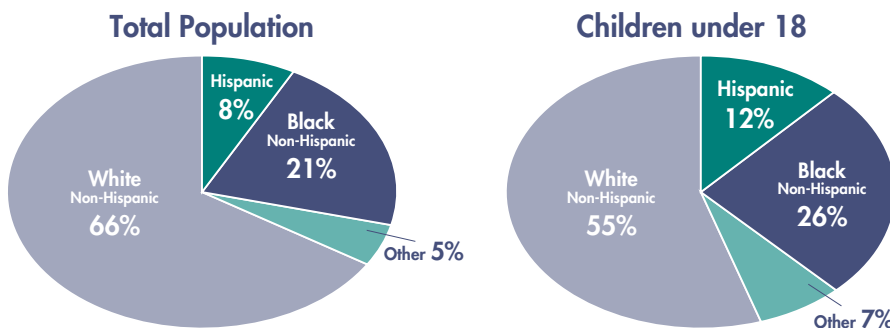


Source: U.S. Census Bureau, American Community Survey

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

Delaware Total Population Compared to Child Population

by Race/Hispanic Origin, 2006–2010



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

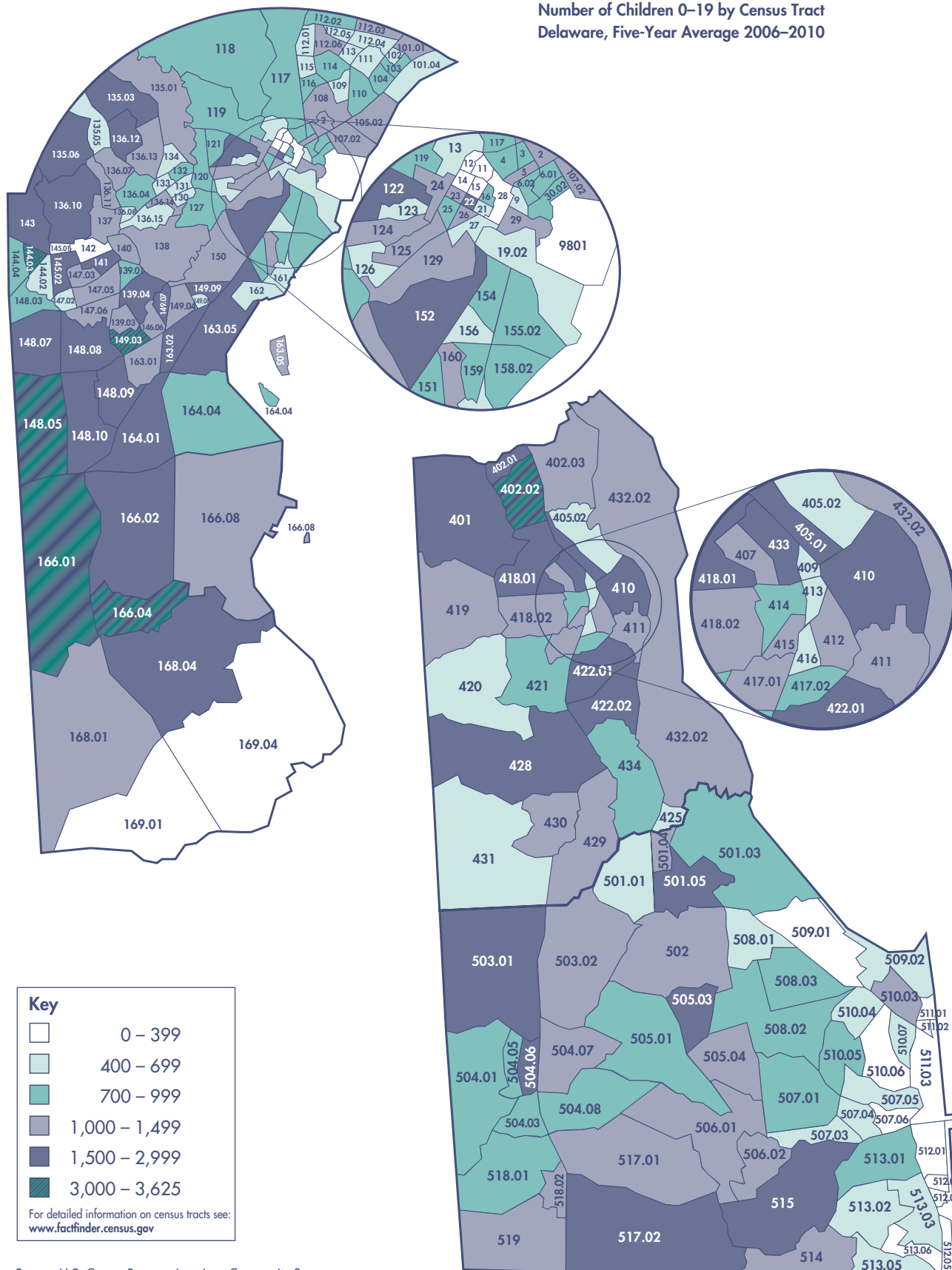
Note: Persons of Hispanic origin may be of any race.



Delaware Demographics: Counting the Kids

Where Are the Kids?

Number of Children 0–19 by Census Tract
Delaware, Five-Year Average 2006–2010

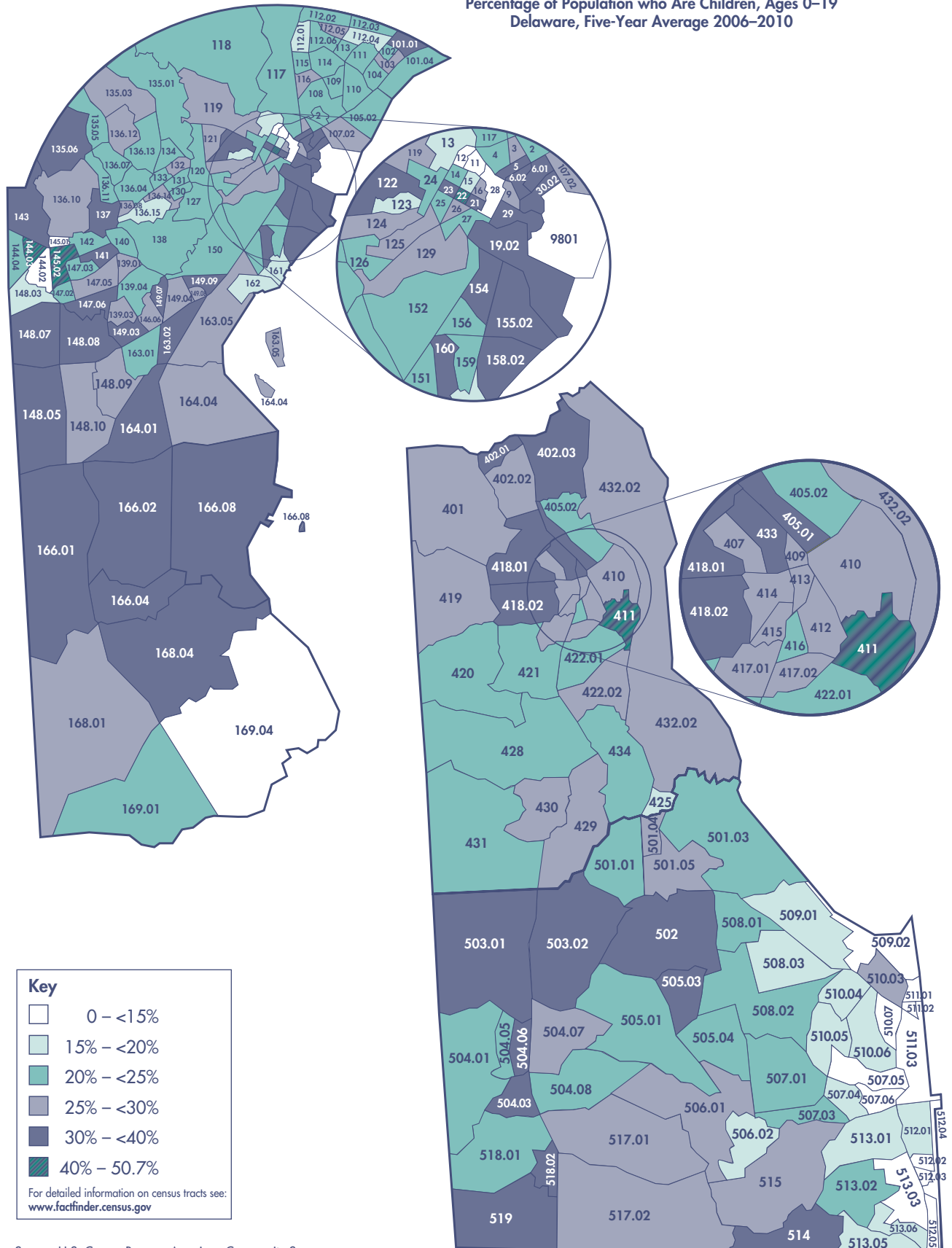


Source: U.S. Census Bureau, American Community Survey

Delaware Demographics: Counting the Kids

Where Are the Kids?

Percentage of Population who Are Children, Ages 0–19
Delaware, Five-Year Average 2006–2010



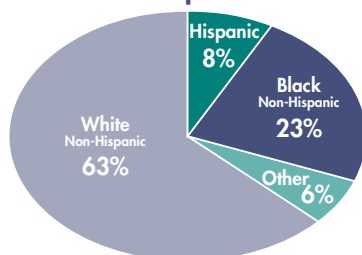
Delaware Demographics: Counting the Kids



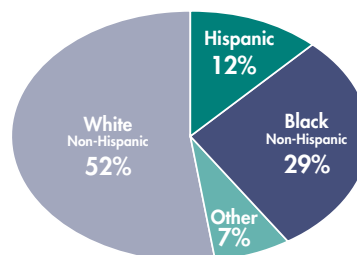
New Castle County Population

by Race/Hispanic Origin, Five-year Estimate 2006–2010

Total Population



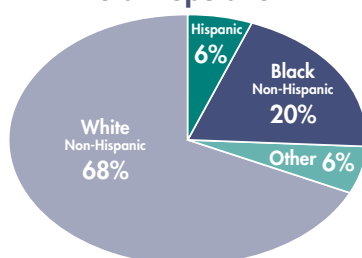
Children under 18



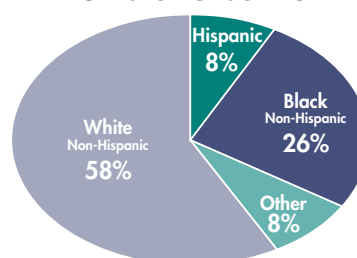
Kent County Population

by Race/Hispanic Origin, Five-year Estimate 2006–2010

Total Population



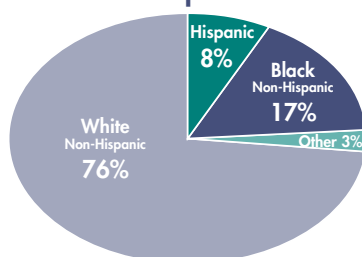
Children under 18



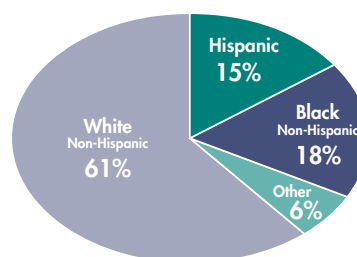
Sussex County Population

by Race/Hispanic Origin, Five-year Estimate 2006–2010

Total Population



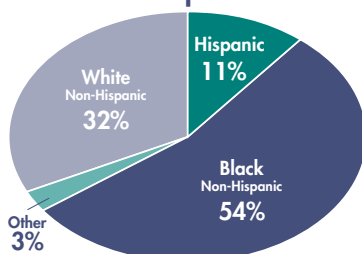
Children under 18



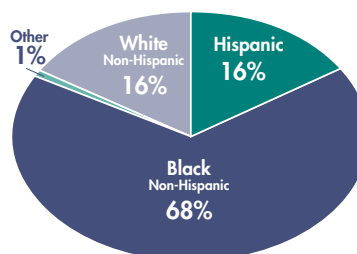
Wilmington Population

by Race/Hispanic Origin, Five-year Estimate 2006–2010

Total Population



Children under 18

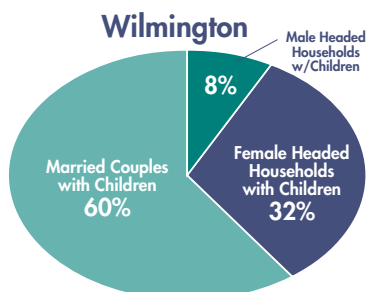
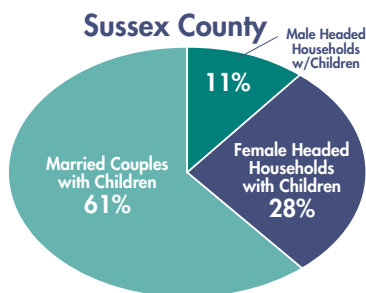
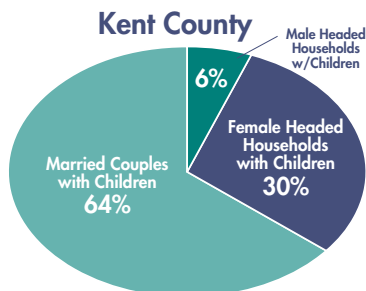
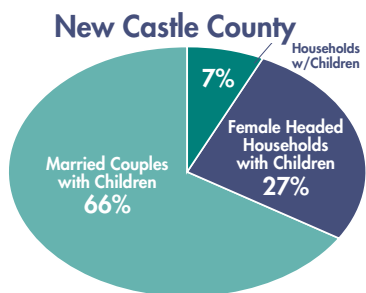
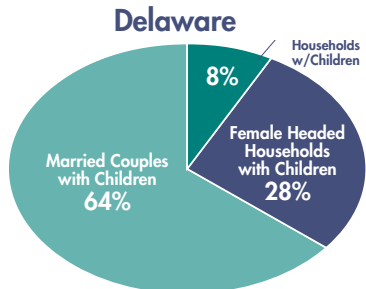


Note: Persons of Hispanic origin may be of any race.

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

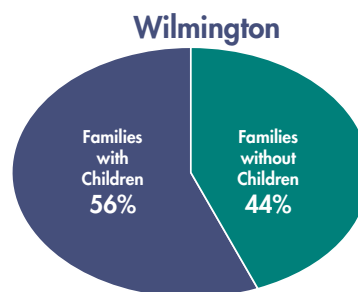
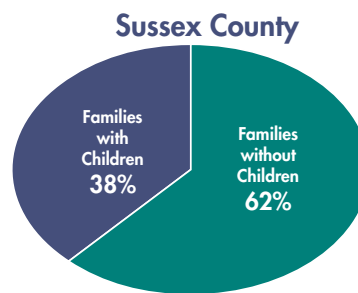
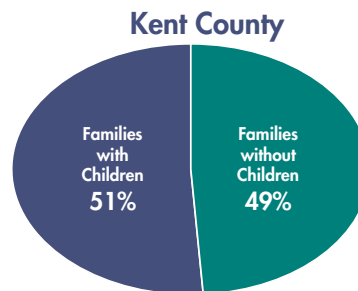
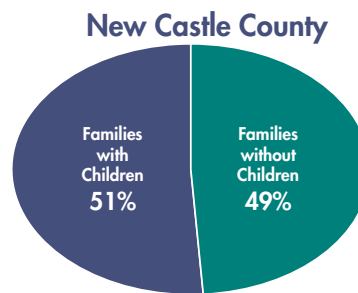
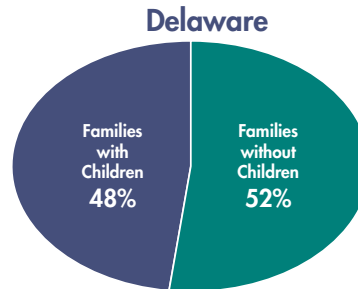
Delaware Demographics: Counting the Kids

Families with Related Children by Household Structure 2006–2010



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

Families with & without Children under 18 Living in Household 2006–2010

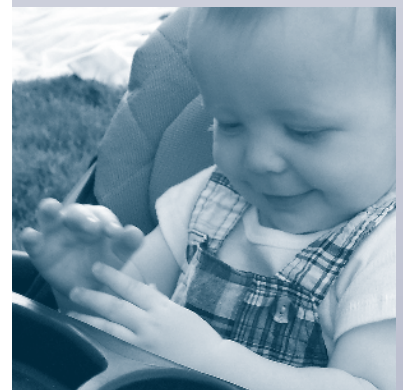


Source: U.S. Census Bureau, American Community Survey

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

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

In 2007 there were 839,870 people in 328,477 households in Delaware. The average household size was 2.56; the average family size was 3.07. Families made up 68% of the households in Delaware. Most of the nonfamily households were people living alone (26% of all Delaware households).



Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2012 uses the most current, and reliable data available. Data that is inadequate or unavailable is denoted by N/A.

Most indicators are presented as three or five year averages. The data is represented this way because it allows for a thorough look at trends, occurring over time, rather than dramatic point estimates or percentages that can vary drastically from year to year.

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

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

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

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

Numbers, Rates, and Percentages

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

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

A Caution About Drawing Conclusions

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

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

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



THE WELL-BEING OF DELAWARE ADOLESCENTS



The Well-Being of Delaware Adolescents

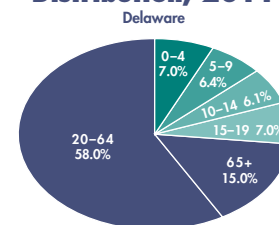
Adolescence, a period of time much broader and longer than the teenage years alone, is marked by significant and dramatic change. Adolescence can be defined as the transition from childhood to adulthood. This period of time begins with physical/biological changes and ends with changes in an individual's social role. For most of human history, the adolescent period began around age 14 and lasted from 2-4 years for an individual. In recent times, the duration of this transition has increased. It now lasts anywhere from 8 to 15 years in length. The physical changes that signal adolescence now begin (on average) around age 10, while adult roles and responsibilities have been delayed into early 20s for the average individual. Therefore, for the purpose of this essay, the terms 'adolescents' and 'youth & young adults' will be used interchangeably.



Adolescence is a time often associated with risk-taking or sensation-seeking behavior. Within a developmental context, risk-taking is viewed as a means of asserting independence and defining or developing personalities. Parents play a critical role in helping their children engage in healthy risk-taking (i.e., playing sports, making new friends, volunteering) and avoiding negative, unhealthy risk-taking (i.e., substance use and abuse, sexual activity, violence). In this respect, parents are a protective factor for youth and young adults.

As children enter adolescence, many parents feel that their influence diminishes. However, research consistently shows that parents are a powerful influence on adolescents and can play a critical role in fostering healthy development while preventing risky behaviors.

Population Estimate and Age Distribution, 2011

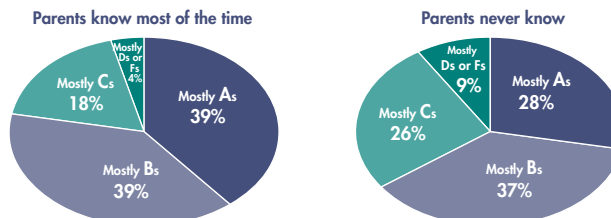


Delaware Total	909,833
Total Children 0-19	233,490
Children 0-4	59,445
Children 5-9	58,228
Children 10-14	56,404
Children 15-19	59,413
Adults 20-64	542,117
Adults 65+	134,226

Source: Delaware Population Consortium, Population Projection Series, Version 2011.0

Parental Monitoring and Grades

How often do your parents know where you are when you're not in school?
What grades do you usually make?
Delaware 8th Graders, 2011



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

Health: An Adolescent's Mental and Emotional Well-Being

Adolescence is the healthiest period of the life span physically. It is a time when young people are close to their peak in strength, reaction time, immune function, and other health assets. None the less, overall morbidity and mortality rates increase 200 percent from childhood to late adolescence. Many of the primary causes of death and disability in these years — which include crashes, suicide, substance abuse, and other risky behaviors — are related to problems with control of behavior and emotion. Recent research into the adolescent brain shows that brain development continues into an individual's twenties. The last part of the brain to be completely developed is the pre-frontal cortex which regulates executive functioning (things like decision-making and impulse control). This may explain why, despite cognitive improvements, adolescents appear to be more prone to erratic or emotionally influenced behavior and a disregard for risks and the resulting consequences.

During the adolescent years, the amount of sleep a young person requires and their circadian (sleeping and waking) patterns also change. As a result, teenagers are biologically driven to stay up later at night and to sleep longer in the morning. High school students need approximately 9 hours of sleep per night, but generally get between 7 and 7.5 hours. College students also get more than an hour less per night than the 8.4 hours they need. Both biological factors and the circumstances of young people's lives play a role in this chronic sleep deficit.

The Well-Being of Delaware Adolescents

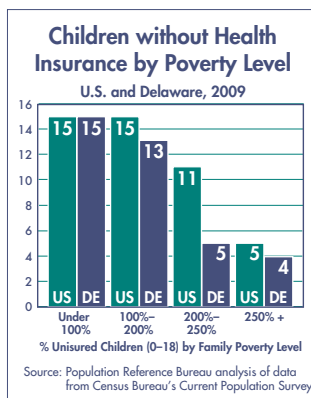
While these biological processes are taking place, other factors are working against allowing teens to get the appropriate amount of sleep. While parents are gradually relinquishing control over teens' daily lives, particularly bedtime and other daily functions, both academic obligations and social opportunities are generally increasing giving teens reasons to stay up at night. Additionally, a 2006 National Sleep Foundation study found that 97 percent of adolescents have at least one electronic device in their bedroom (e.g., television, computer, internet access, cell phone, music). The same study showed that the presence of four or more electronic devices in the bedroom is associated with a loss of 30 minutes of sleep per day, on average. The array of stimulating activities that might keep them awake is far more diverse than it was a generation ago.

The prevalence of electronics and online networking sites has also affected how adolescents interact with one another. A study released by the National Center on Addiction and Substance Abuse at Columbia University surveyed teens ages 12 to 17 about social media. The results suggested that teens who use social networking sites daily are five times more likely to use tobacco, three times likelier to use alcohol and twice as likely to use marijuana as their peers who don't visit the sites on a typical day. Researchers also noted that one in five teens reported being cyber bullied. Research from Pew Internet reinforces that parents' role as a protective factor transfers to the electronic realm. Parents influence their adolescent's online behavior and help their children cope with challenging online situations.

Gambling is a popular form of entertainment for many individuals. However, for some, this fun can become an addiction—an illness known as pathological gambling. For pathological gamblers, gambling causes disruptions in multiple facets of life, impacting professional work, physical and emotional well-being, personal relationships and financial status negatively. Gambling is not limited to adults. Young people are engaging in gambling activities with their peers and through on-line gaming sites. Young people with gambling problems occasionally steal from family and friends to finance their habit, are more likely than their non-gambler peers to smoke or to use drugs and alcohol, and have a higher tendency to perform poorly in school or to commit crimes. Moreover, a gambling addiction impacts an adolescent's mental and emotional health, increasing levels of unhappiness and lowering self-esteem in an already turbulent time of growth.



Health: An Adolescent's Physical Well-Being



The status of a child's health insurance is the single most important influence in determining whether or not that child has access to adequate health care when sick or injured. Failure to receive health care can have a long-term impact on the lives of youth. Children who do have health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of health care.

Many adolescents in Delaware access health services through their school wellness centers. The centers help teens overcome many obstacles to receiving good health care, such as lack of transportation, inconvenient appointment times and worries about cost and confidentiality. Centers work to meet the physical needs of today's

adolescents, as well as their health education, nutritional, mental and emotional needs. Delaware's wellness centers focus on prevention and promote positive physical and mental health for students.

A health concern for all Americans, including our adolescent population, relates to weight. Over the past three decades, childhood obesity has risen dramatically across the nation. This increase in obese children is of concern because of the health consequences that obese individuals face. According to the National Center for Children in Poverty, one out of every six adolescents nationwide is overweight; one out of every three adolescents is at risk for becoming overweight.

The Well-Being of Delaware Adolescents

Adolescence is a crucial time for establishing healthy behaviors. Many habits formed during adolescence will last well into adulthood. Healthy lifestyles which combat obesity include consideration of both diet and exercise. One solution that communities are adopting to promote healthy behaviors is to provide access to neighborhood amenities (such as parks, recreation centers, sidewalks and libraries) that make it safe for children to engage in physical activity or spend time outdoors. These types of amenities also serve as a place for socialization and enhance overall quality of life.

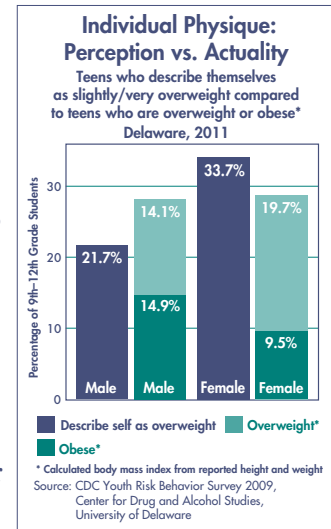
Adolescence is also a time to think about vaccinations. While parents are often encouraged to give children vaccinations at an early age, the effectiveness of some vaccines may begin to diminish over time. Therefore, pediatricians recommend booster shots (beginning at age 11 or 12) in addition to annual flu vaccinations. These booster shots not only provide protection for the child, but benefit the population as a whole. A report recently released by the Centers for Disease Control and Prevention (CDC) revealed that a large percentage of adolescents are getting

their recommended vaccines. When more people are inoculated against a disease, the risk of that disease affecting the larger population in an area is lowered.

One of the immunizations recommended for adolescents relates to Human Papillomavirus (HPV). There are about 40 types of genital HPV, a virus spread through sexual activity. While some types can cause cervical cancer in females, some types can cause other forms of cancer in both males and females, and yet other types can cause genital warts in both males and females. Most of the time, HPV has no symptoms so people do not know they have it. Therefore, it is important for both male and female teens to receive the full 3-dose vaccination as a part of their immunization schedule.

Many young people engage in sexual risk behaviors. According to the National Survey of Family Growth in 2010, conducted by the CDC, about 40% of teens age 15-19 acknowledged having sex at least once. Sexual risk behaviors can result in unintended health outcomes such as placing adolescents at risk for HIV infection, other sexually transmitted diseases (STDs) and unintended pregnancy. The CDC estimates that approximately half of the 19 million new STDs contracted annually are among young people age 15-24 years. A social stigma and lack of public awareness concerning STDs often inhibits frank discussion about risks, symptoms, transmission and the need for testing. While STDs are preventable, they remain a major public health challenge.

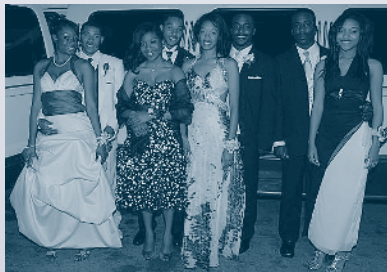
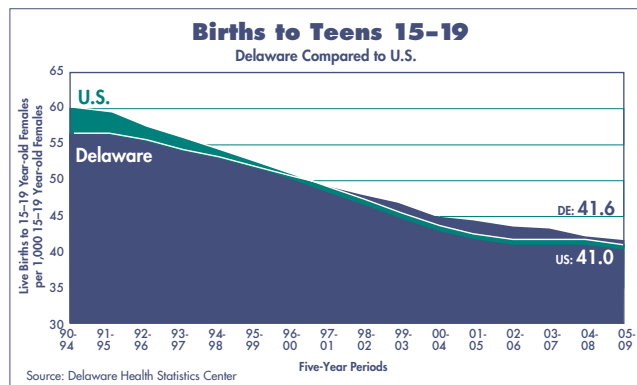
When risky sexual behavior results in an unintended pregnancy for an adolescent, the individual will have to make far-reaching decisions. Delaware's teen birth rate for 15-19 year olds has shown a steady decrease for the past decade, with rates in 2005-2009 at 41.6 per 1,000; nationally, teen pregnancy rates for 15-19 year olds are at 41.0 for the 2005-2009 time period.



Recommended Immunization Schedule			
	7-10 yrs.	11-12 yrs.	13-18 yrs.
Tetanus, Diphtheria, Pertussis (Tdap)		Tdap	
Human Papillomavirus		HPV Series	HPV Series
Meningococcal	MCV4	MCV4	MCV4
Influenza		Influenza (Yearly)	
Pneumococcal		Pneumococcal	
Hepatitis A		HepA Series	
Hepatitis B		Hep B Series	
Inactivated Poliovirus		IPV Series	
Measles, Mumps, Rubella		MMR Series	
Varicella		Varicella Series	

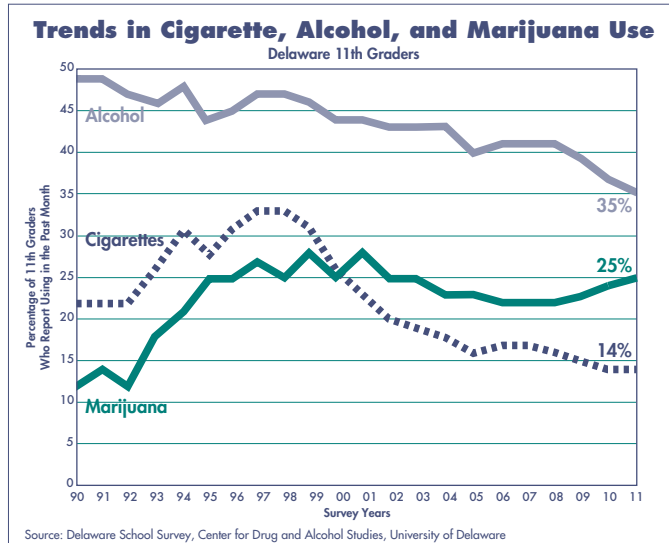
Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups

Source: Centers for Disease Control and Prevention

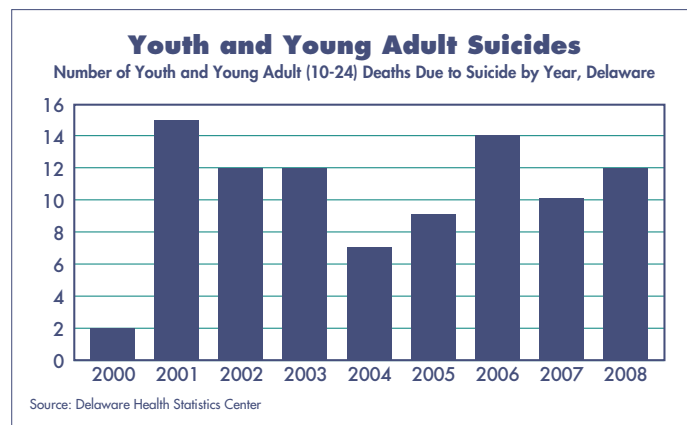


The Well-Being of Delaware Adolescents

As adolescents experiment with boundaries and new found independence, some will try drugs or alcohol. Although it is illegal for a minor (under age 21) to drink alcohol, the Centers for Disease Control and Prevention (CDC) report that young people in the United States use alcohol more frequently than any other substance, including tobacco or illicit drugs. Data obtained from the Delaware School Survey, an annual self-report survey administered in public middle and high schools by the University of Delaware's Center for Drug and Alcohol Studies, reflects similar trends in Delaware. When a young adult does reach the age of majority, drinking is a socially acceptable activity. Many young adults use alcohol sporadically or in limited amounts; others struggle with issues related to binge drinking.



According to the CDC, suicide is the 3rd leading cause of death among youth and young adults ages 10 to 24 in the U.S. Suicidal behavior is complex; this behavior is typically rooted in multiple social, economic, familial and individual risk factors, with mental health issues playing an important role in the whole mix. Risk factors for youth and young adult suicide may include depression, substance and/or alcohol abuse, prior victimization, a family history of suicide, physical illness, loss (relational, social, work or financial) and easy access to lethal methods including drugs or weapons. While suicide is a complex issue, it is also one that is preventable. Suicide prevention starts with bolstering the capacity of families and communities to recognize and treat those in emotional distress.



Suicide occurs when a person ends his or her life intentionally. However, suicide deaths are only one piece of a larger problem. More people survive suicide attempts than actually die. According to the CDC, among youth ages 15-24, there are approximately 100-200 suicide attempts for every completed suicide. The survivors are

often seriously injured and need medical care. Across the nation, more than 376,000 people with self-inflicted injuries are treated in emergency rooms each year. In Delaware in 2005, the average medical cost per case for a hospitalized suicide attempt was \$8,693.

Statistics indicate that female adolescents are more likely than their male counterparts to attempt suicide and are hospitalized more often for self-inflicted injuries. Males, however, tend to use more violent methods, thus resulting in more completed suicides. Females are more likely to use poison or self-mutilate, while males more often use firearms.

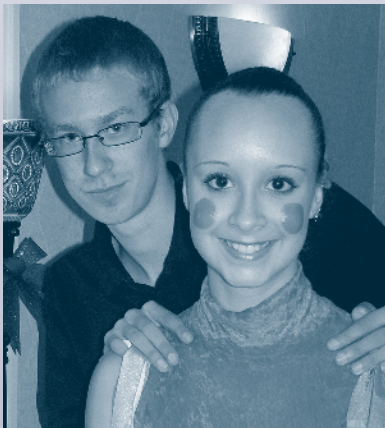


The Well-Being of Delaware Adolescents

Education

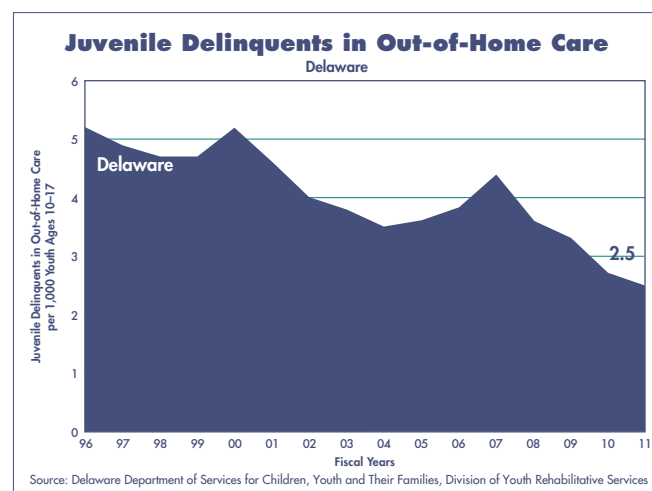
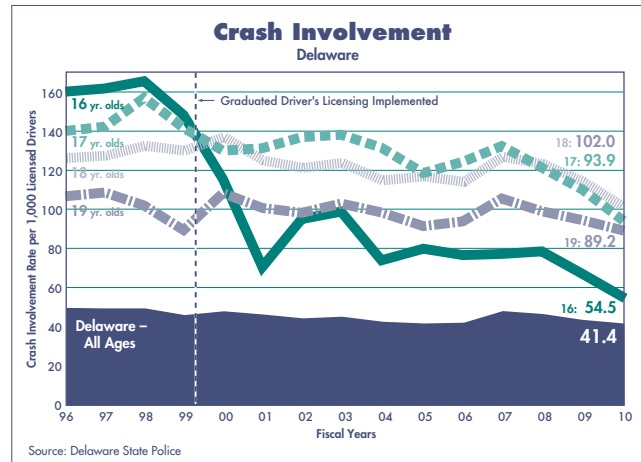
Research has shown that young people who feel connected to their school are less likely to engage in many risky behaviors. Students who feel connected to their school are also more likely to have better academic achievement, including higher grades and test scores, have better attendance and stay in school longer than their peers who do not feel connected. Extracurricular activities, civic engagement and community engagement have also been shown to have similar benefits as protective factors.

Learning to drive rite is a of passage for many adolescents which creates opportunities for engagement and flexibility for participating in extracurricular activities. In the United States, where limited public transportation in many areas can mean that the ability to drive is a key to independence, teenagers who cannot drive may have to depend on their parents and others for mobility. This can limit their options for employment, restrict their participation in school and community activities, and influence their social lives.



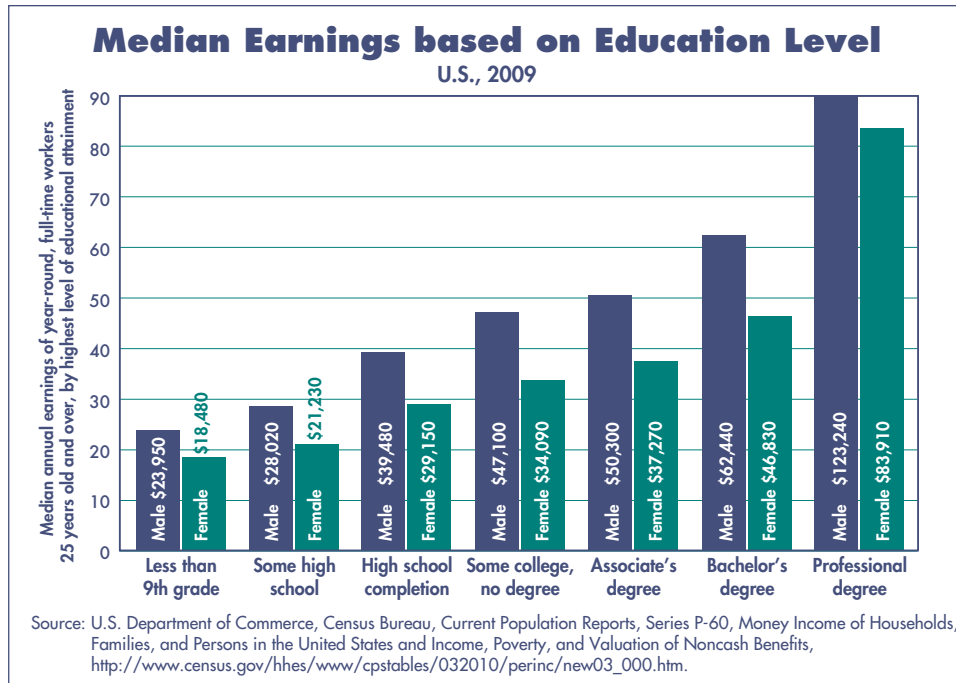
In Delaware, a Graduated Driver Licensing (GDL) was adopted in 1999. Since Delaware's GDL implementation, the state has experienced a significant decrease in the number of motor vehicle crashes involving teens ages 16 to 19. Delaware's GDL program includes three levels of driving restriction with heavy supervision for new drivers.

Not all adolescents will complete high school. Young people who drop out of school are unlikely to have the minimum skills and credentials necessary to function in today's increasingly complex society and technological work place. High school dropouts are less likely than their peers to be unemployed, as a high school diploma is a minimum requirement for most jobs. Research has shown that young adults with low educational attainment and low skill levels are more likely to live in poverty than those who continue their education. Other research indicates that high school dropouts are more likely to become involved in crime.



Socializing agents such as families, peers, school and religious institutions help to mitigate the level of youth violence. In Delaware, juvenile detention populations decreased in early 2010 to the lowest level reported in over a decade, a 58% reduction from peak juvenile detention population in September 2002. This change occurred after the implementation of the Annie E. Casey's Juvenile

Detention Alternative Initiative (JDAI). This program provided a framework to operationally address unintended policy consequences, thus reducing the number of juveniles locked up. Juvenile arrests have not appreciably increased during this time frame, indicating that the decrease in the institutional populations has not created new public safety risks.



For many adolescents, education continues after high school graduation. The National Center for Higher Education Management Systems reports that in 2009, 39.1% of young adults age 18-24 enrolled in college. This is a positive factor for development because earnings tend to be correlated with educational attainment level. Individuals who earn post-secondary degrees on average earn more than their peers with just a high school diploma.

The increasing cost of higher education has impacted school enrollment figures in what's been termed "summer melt." Students consider financial aid packages when making a choice regarding prioritization of colleges, sometimes opting to commit to a school but still remain on wait lists for others. In other words, students sometimes commit to enroll at a given college but then do not. When a better financial aid offer comes along, students often elect to re-prioritize their choice of higher education institute. Other times, economic constraints deter students from going to college at all. Research has shown that about 22% of students who were intending to enroll in college 'melted' during the summer. Furthermore, the lower the students' income, the more likely they are to 'melt'.

Community/Family Supports

An individual's poverty status affects all developmental stages of an individual's life, including adolescence. Youth and young adults who are in poverty suffer a disproportionate share of deprivation, hardship and negative outcomes. Not only do poor children have access to fewer material goods than upper- or middle- class children, but they are also more likely to experience poor health and to die during childhood. In school, they score lower on standardized tests and are more likely to be retained in grade and to drop out. Poor teens are more likely to have out-of-wedlock births, to experience violent crime and to grow into poor adults.

For a small number of children in Delaware, family supports are lacking to an extent that the State must step in. The foster care system is meant to act as a safety net for children in danger of abuse or neglect. The goal for most foster children is to return to their parent(s) when the circumstances that led to foster placement have been resolved. When this is not possible, a permanent home is sought through adoption. However, adolescents in the foster care system face unique challenges as they 'age out.' While there is a need for foster care reform nationally, it is imperative to recognize that there are ways to improve the chances that young people who age-out of the foster care system can succeed on their own. In Delaware, the Division of Services for Children, Youth and Their Families created a Youth Advisory Council (YAC) which has a stated purpose of providing a mechanism for youth to directly advocate for their needs while in foster care.



Recommendations for Improving Adolescent Well-Being in Delaware

There are many programs in the community that are targeted to the adolescent developmental stage. Of these programs, many focus on increasing protective factors for youth and young adults. Sometimes called 'positive youth development' or an 'asset development approach' each of these programs draws upon a foundation where policy, funding and programming are directed at providing a support system to young people as they build their capacities and strengths to meet their personal and social needs. Specifically, effective youth programs:

- Give careful attention to quality implementation,
- Involve caring and knowledgeable adults,
- Have high expectations for the behavior and achievements of participating youth,
- Involve parents or guardians,
- Create a sense of community among participating youth and involve community members in the program,
- Provide comprehensive services capable of dealing holistically with the needs of youth,
- Understand that youth can contribute to helping improve their communities,
- Value work-based learning and
- Provide long term and follow-up services.

Currently in Delaware, Astra Zeneca in partnership with United Way have been collaborating with community leaders to develop and launch a Young Health Program entitled "IM40". This program is focused on improving adolescent health and removing barriers to academic success. Utilizing the Search Institute's Developmental Assets as its framework, YPH will address health issues that create obstacles to academic success and will base its strategies on Positive Youth Development, which asserts youth health and well-being can be enhanced by increasing developmental assets.

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HEALTH & HEALTH BEHAVIORS



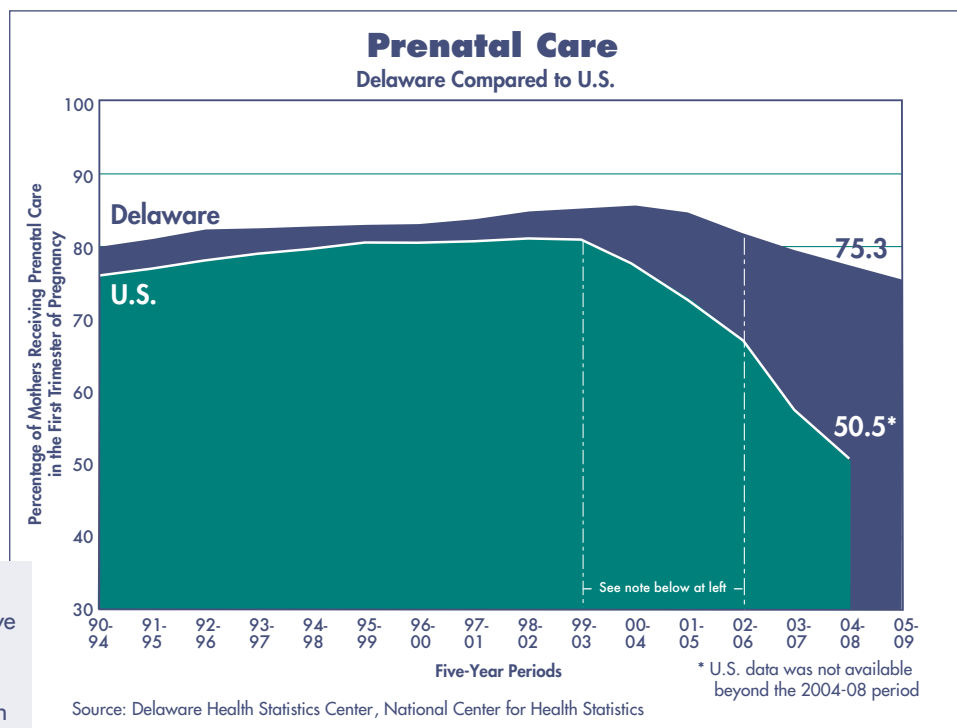
Prenatal Care

Early prenatal care can help to identify and treat health problems and influence a mother's health behaviors thus maximizing infant and maternal health. Mothers who benefit from regular prenatal health care visits have better nutrition, more regular physical activity, and tend to avoid exposing their babies to unhealthy substances such as alcohol, drugs, tobacco, or lead. Moreover, prenatal care increases a mother's awareness and monitoring of warning signs of anything unusual.

Mothers who don't get adequate prenatal care run the risk that pregnancy-related complications will go undetected or won't be dealt with soon enough. This can lead to serious consequences for both the mother and her baby. In fact, babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.



Note on graph: A 2003 revision of the U.S. birth certificate introduced substantive changes to information on the timing of prenatal care. Each state has been revising their certificate according to their own schedule; Delaware began collecting data using the revised birth certificate with the 2006 data year. According to the National Center for Health Statistics, prenatal care data based on the revised certificate show a markedly less favorable picture of prenatal care utilization in the U.S. than data from the unrevised certificate. Most of the difference can be attributed to changes in reporting and not to changes in prenatal care utilization.



Did you know? Taking 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day for at least 3 months before getting pregnant can lower the risk of some birth defects of the brain and spine. Women can get folic acid from some foods but it's hard to get all of the folic acid an individual needs from foods alone. Taking a vitamin with folic acid is the easiest way to be sure of getting enough.

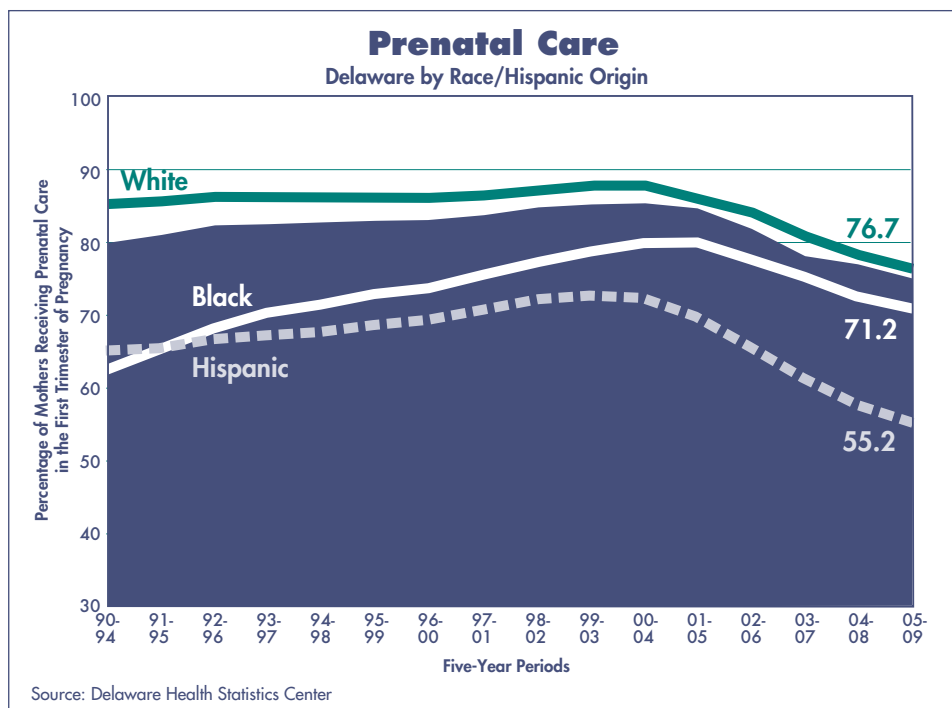
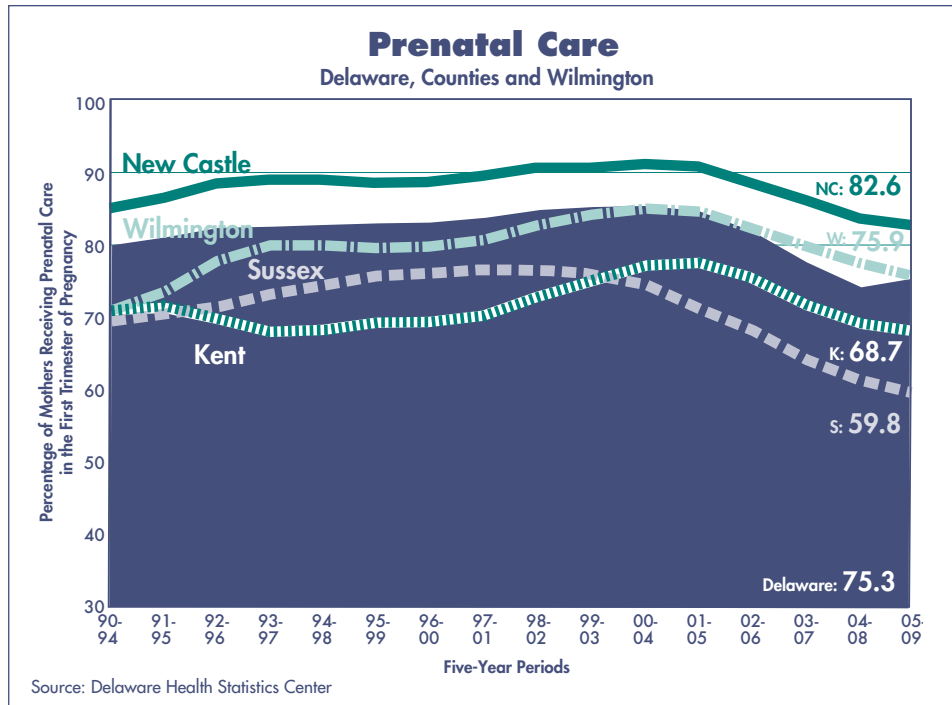
Source: U.S. Department of Health and Human Services Office of Women's Health, <http://www.womenshealth.gov>

Did you know? An Institute of Medicine study concluded uninsured women receive fewer prenatal services and have greater difficulty getting prenatal care compared to women with insurance.

Source: Institute of Medicine of the National Academies, <http://www.iom.edu/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx>

Did you know? Delaware's Division of Public Health offers an Enhanced Prenatal and Postpartum Care program which provides numerous services including routine prenatal care, drug treatment programs, nursing services, trained community support, social work services, oral health education, and much more.

Source: Delaware Health and Social Services Division of Public Health, <http://www.dhss.delaware.gov/dhss/dph/chca/imprenatalcare.html>



PUT DATA INTO ACTION

A typical prenatal care schedule for a low-risk woman with a normally progressing pregnancy is:

- Weeks 4 to 28: 1 visit per month (every 4 weeks)
- Weeks 28 to 36: 2 visits per month (every 2 to 3 weeks)
- Weeks 36 to birth: 1 visit per week

A woman with a chronic medical condition or a "high-risk" pregnancy may have to see her health care provider more often.



For more information see

Low Birth Weight Babies..... 28

Infant Mortality 30

www.modimes.org/

www.kidshealth.org

www.aafp.org/

www.cdc.gov/ncbddd/

Low Birth Weight Births

Infancy – the period from birth to one year

Neonatal – the period from birth to 28 days

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

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

Pre-term – babies born before the 37th week of pregnancy. (60% of low birth weight babies are pre-term.)

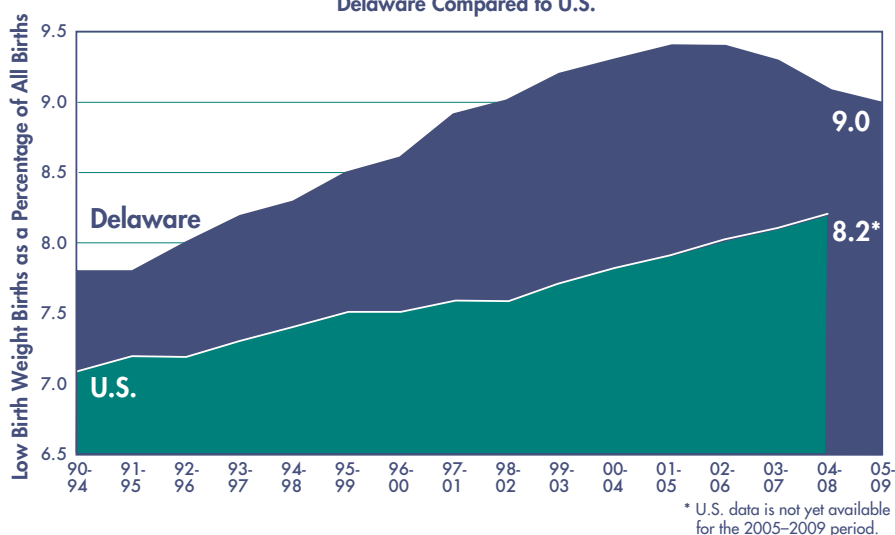
Full Term – babies born between the 37th and 42nd week of pregnancy.

An infant's weight at birth is a good indicator of the mother's health and nutritional status as well as the newborn's chances for survival, growth, long-term health and psychosocial development. Many causes of infant low birth weight can be linked to the mother's behavior or health during the pregnancy. Factors linked with low birth weight include: tobacco, alcohol or drug use, poor nutrition, excessive stress and anxiety, inadequate prenatal care, chronic maternal illness, premature labor, low weight of mother, genetic disorders, or short interval between pregnancies. Low birth weight carries a range of health risks for children. Babies who are very low in birth weight have a 25% chance of dying before age one. These babies also have an increased risk of long-term disability and impaired development and are more likely than heavier infants to experience delayed motor and social development.

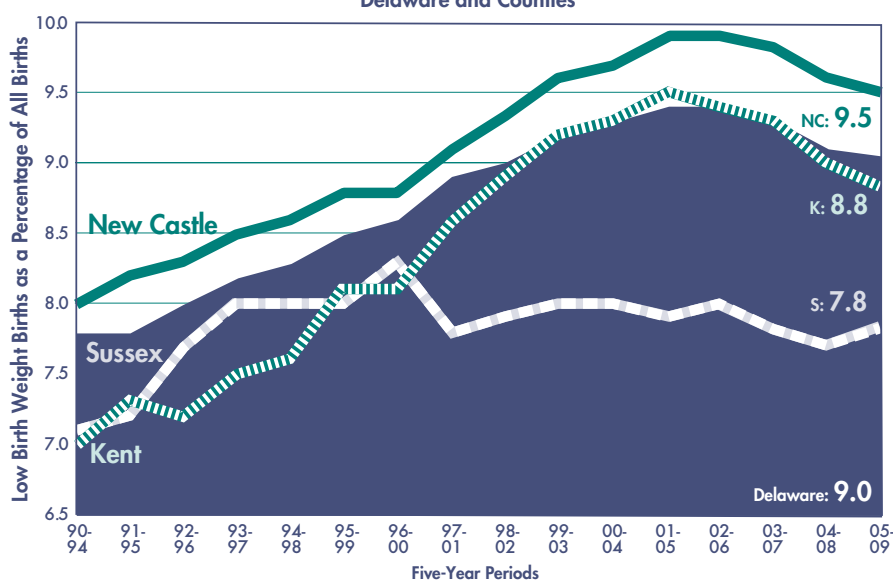


Low Birth Weight Births

Delaware Compared to U.S.



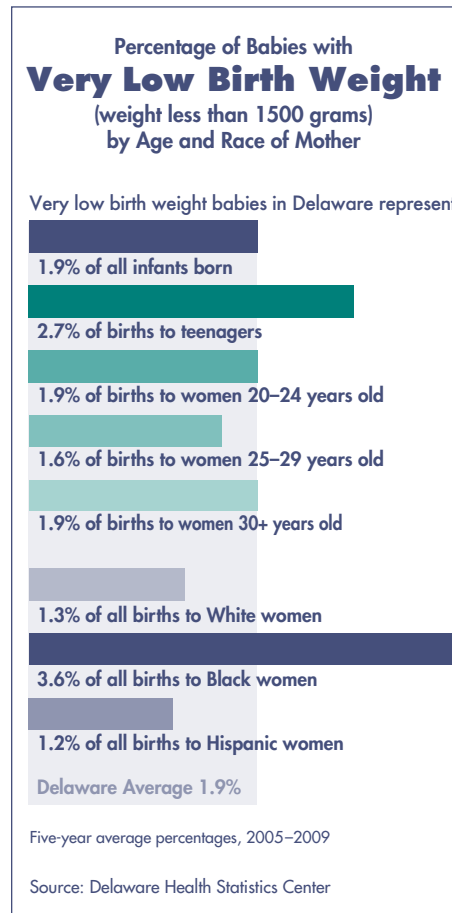
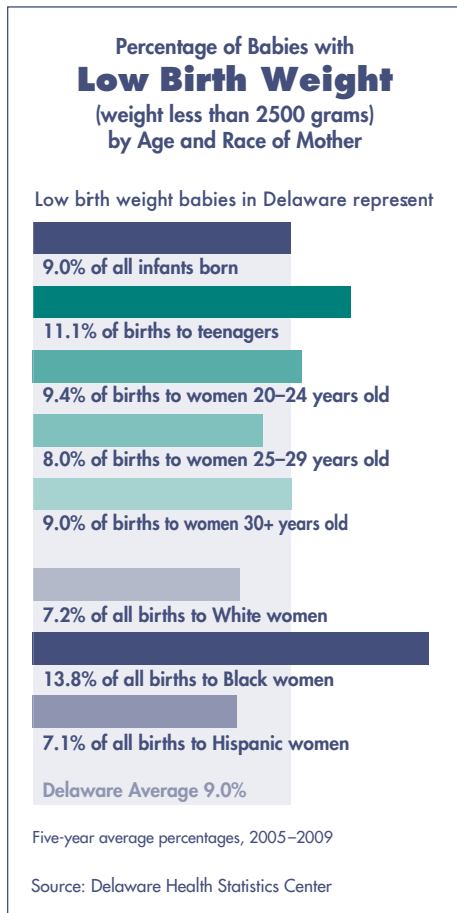
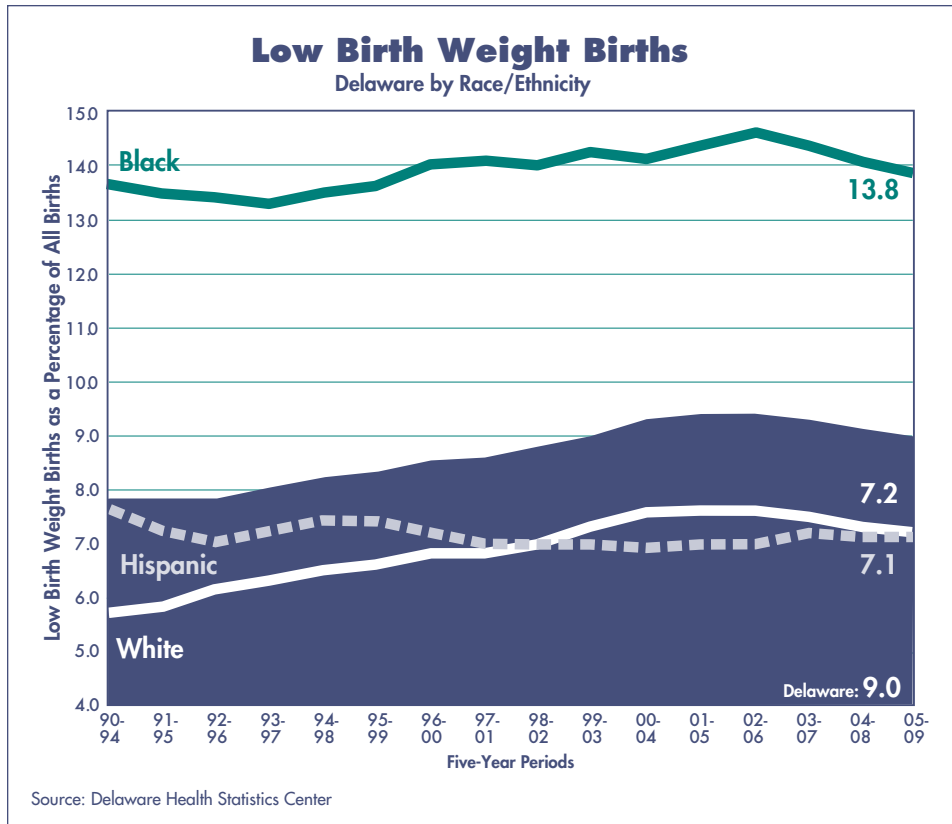
Delaware and Counties



Source: Delaware Health Statistics Center

Did you know? Emerging research suggests that Vitamin D deficiency may be one of the reasons why African American women are more likely to give birth early. If so, a vitamin D regimen may help suppress inflammation from common infections and help women carry to term.

Source: March of Dimes, <http://www.marchofdimes.com/research/research.html>



For more information see

Prenatal Care 26

Infant Mortality 30

www.modimes.org

www.kidshealth.org

Infant Mortality

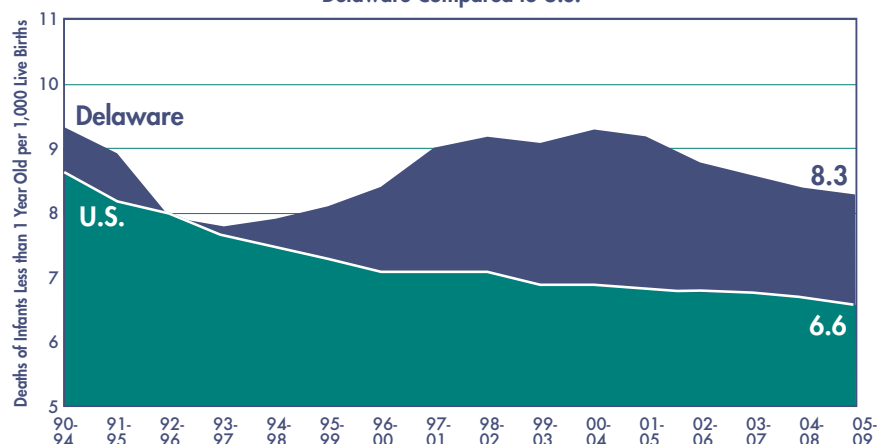
Infant Mortality Rate – number of deaths occurring in the first year of life per 1,000 live births

The infant mortality rate is an important indicator of the well-being of infants, children and pregnant women. Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women. The primary causes of infant mortality are birth defects, disorders related to short gestation/ low birth weight, Sudden Infant Death Syndrome (SIDS), and issues related to pregnancy and birth, including substance abuse. Since mothers and infants are among the most vulnerable members of society, infant mortality is a measure of a society's concern and investment in supporting community health. In addition, disparities in infant mortality by race/ethnicity and socioeconomic status are an important measure of the inequalities that exists within society. In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. Proper prenatal and well-baby preventive care offer opportunities to identify and lower some risk factors for infant mortality.

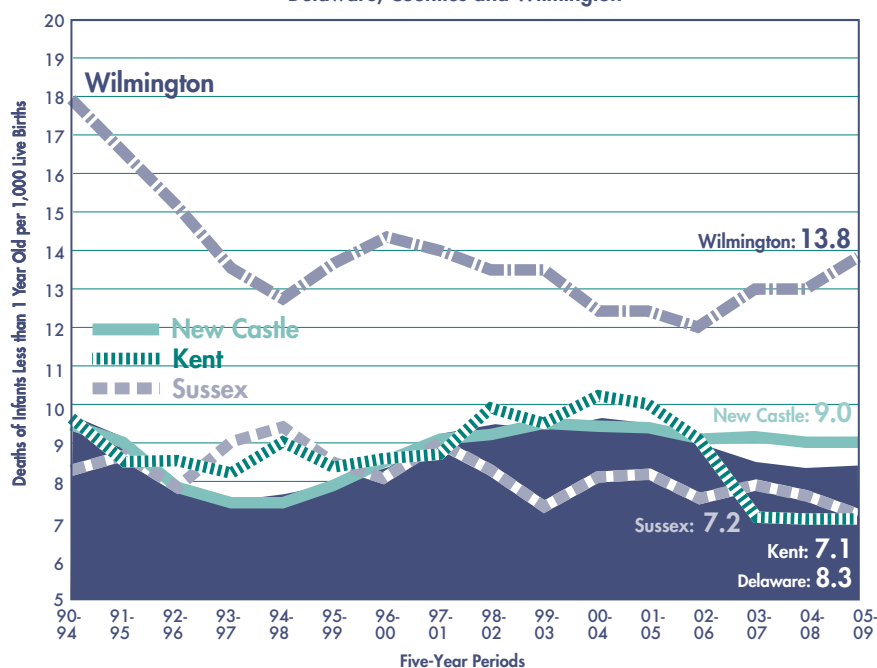


Infant Mortality

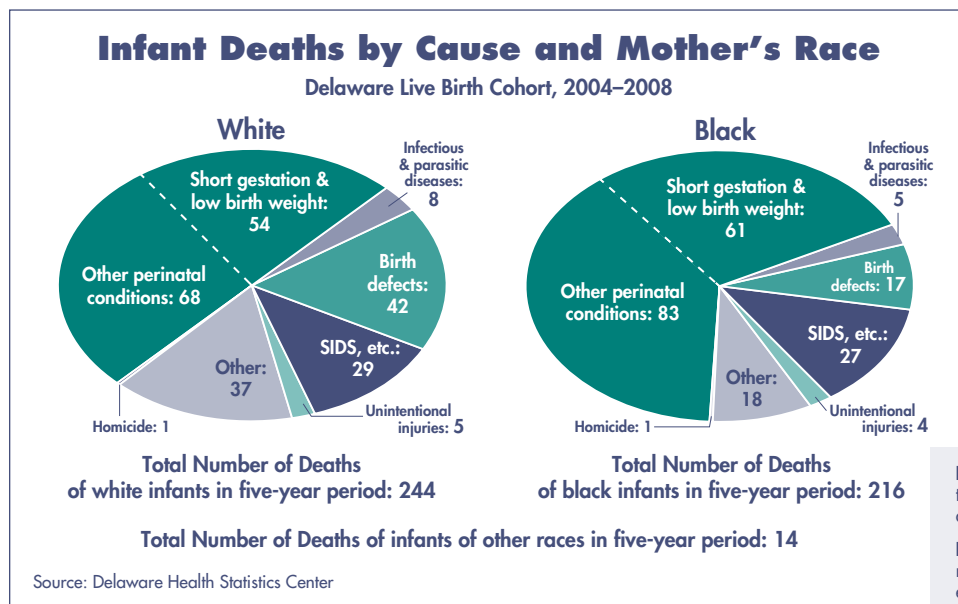
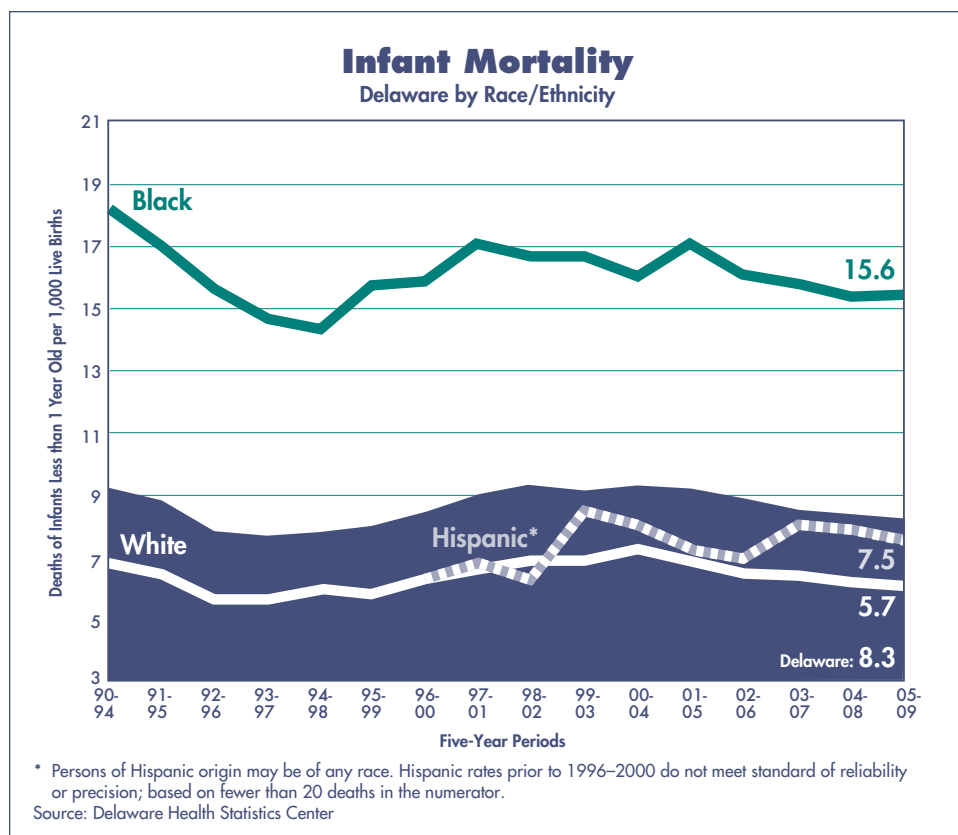
Delaware Compared to U.S.



Delaware, Counties and Wilmington



Source: Delaware Health Statistics Center



Did you know? During the 2005 to 2009 time period, the Delaware infant mortality rate for African Americans (15.6 deaths per 1,000 live births) was more almost triple the rate for non-Hispanic whites (5.7 deaths per 1,000 live births).

Did you know? The mission of the Delaware Healthy Mother and Infant Consortium (DHMIC) is to provide statewide leadership and coordination of efforts to prevent infant mortality and to improve the health of women of childbearing age and infants throughout Delaware.

Source: Delaware Healthy Mother and Infant Consortium, <http://dhmic.healthywomende.com/>

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

Live Birth Cohort – a matched file of live births and corresponding infants deaths based on the year of birth (For example, an infant who was born in November 2007 and died in September 2008 would be counted in the 2006 rate.)

Gestation – the period of time a baby is carried in the uterus, usually referred to in weeks. A full-term gestation is between 37 and 42 weeks.

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

Neonatal Period – under 28 days

Other perinatal conditions – other perinatal conditions include maternal complications and risk factors that affect the infant, as well as complications of birth/delivery, and fetal infections

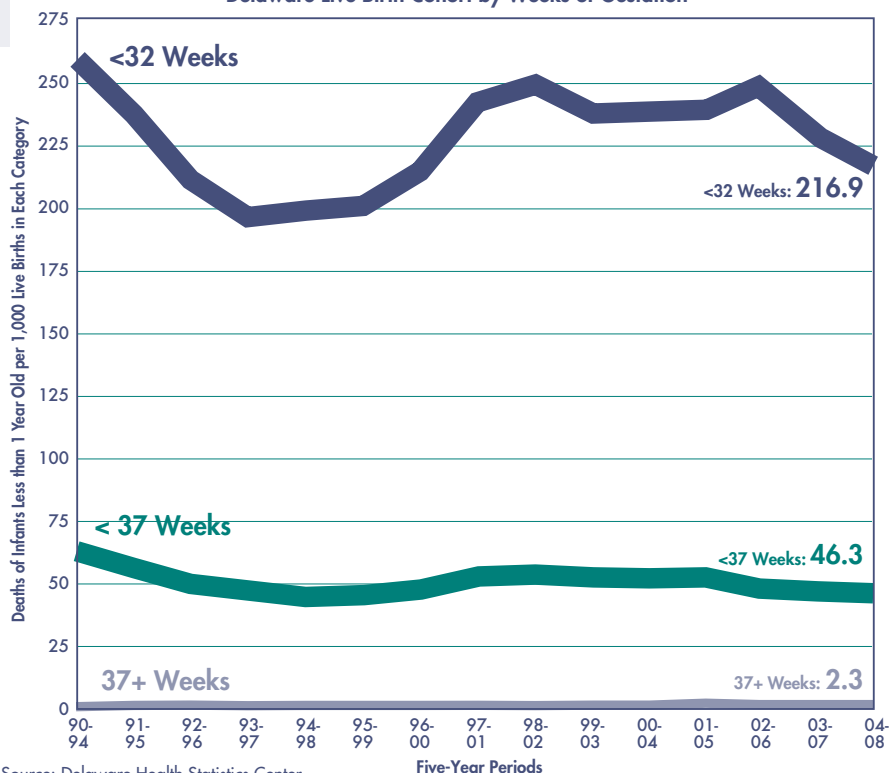
Infant Mortality

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

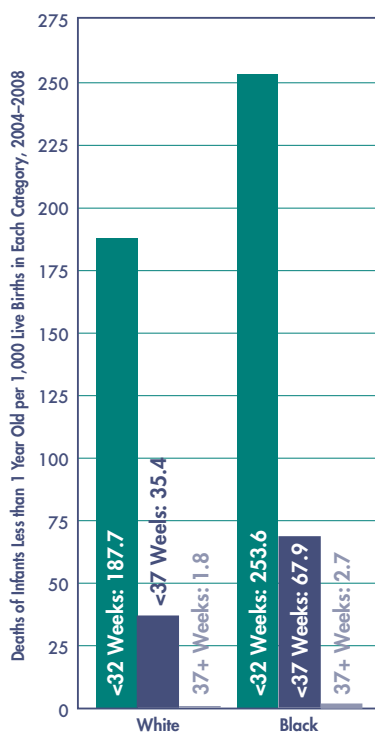


Infant Mortality by Gestation

Delaware Live Birth Cohort by Weeks of Gestation



Infant Mortality in Delaware by Gestation and Race



Did you know? The state's infant mortality rate in 2005-2009 was 8.3 deaths per 1,000 live births. Delaware's infant mortality rate has declined for multiple years in a row, but is still higher than the U.S. rate.

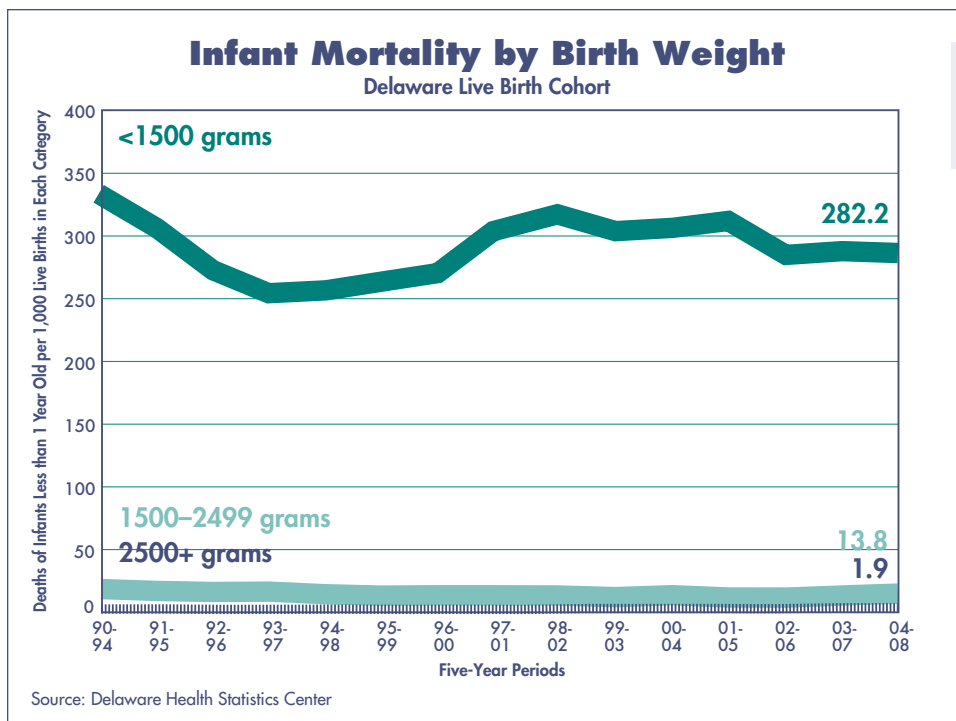
Did you know? Congenital birth defects are conditions that:

- result from a malformation, deformation or disruption in one or more parts of a body,
- are present at birth and
- have a serious adverse effect on health, development, or functional ability.

Source: Delaware Health and Social Services Division of Public Health, <http://www.dhss.delaware.gov/dhss/dph/chca/dphbdr1.html>

Did you know? The Delaware Birth Defects Registry is a statewide program that collects and analyzes information on children with birth defects. Health, environmental and genetic risk factors could lead to pinpointing the causes and prevalence of birth defects.

Source: Delaware Health and Social Services Division of Public Health, <http://www.dhss.delaware.gov/dhss/dph/chca/dphbdr1.html>



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

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

Did you know? The public-private “Back to Sleep” campaign revealed that babies who sleep on their backs have a lower risk of Sudden Infant Death syndrome (SIDS).

Source: National Institutes of Health, <http://www.nichd.nih.gov/sids/>

Did you know? “Cribs for Kids” is a program that provides cribs for infants under the age of six months if their families can’t afford one. Cribs for Kids is spearheading an initiative to eradicate bed sharing, which is a major risk factor contributing to Sudden Infant Death syndrome (SIDS).

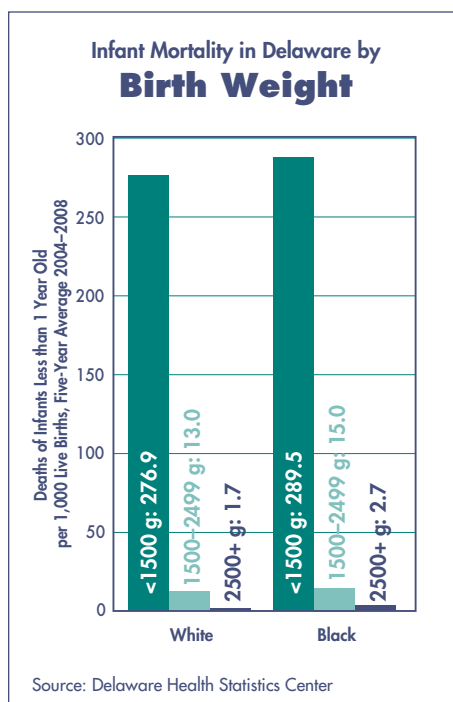
Source: Christiana Care Health Systems <http://news.christianacare.org/2011/02/cribs-for-kids-helps-prevent-infant-deaths>

Did you know?

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a federal surveillance project which collects state-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy.¹
- PRAMS data reported in 2010 shows that Delaware women who were in older age groups, who married and had more years of education had a higher socioeconomic status and were in better health before, during and after pregnancy.²

¹ Centers for Disease Control and Prevention, <http://www.cdc.gov/PRAMS/>

² Delaware Health and Social Services Division of Public Health Delaware Pregnancy Risk Assessment Monitoring System (PRAMS) 2008 Analysis, <http://www.dhss.delaware.gov/dhss/dph/hp/prams.html>

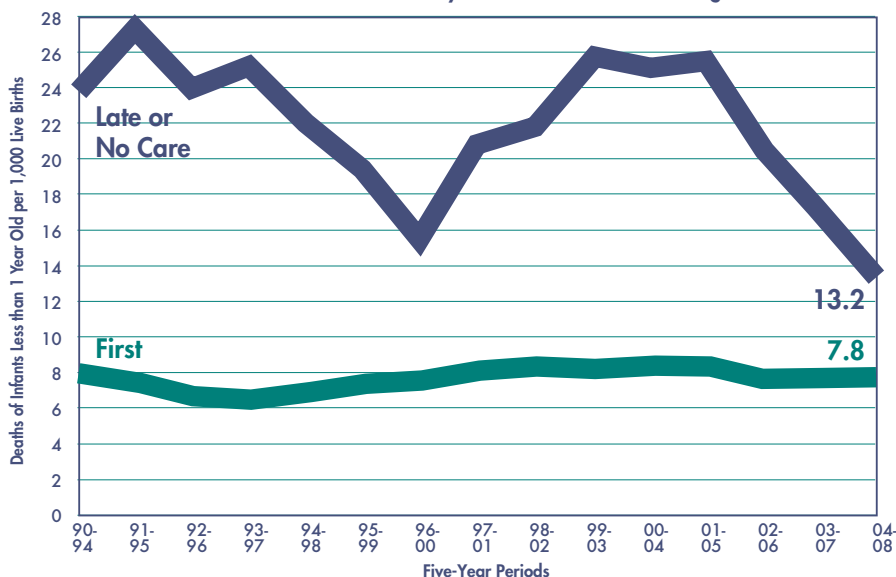


Infant Mortality



Infant Mortality by Prenatal Care

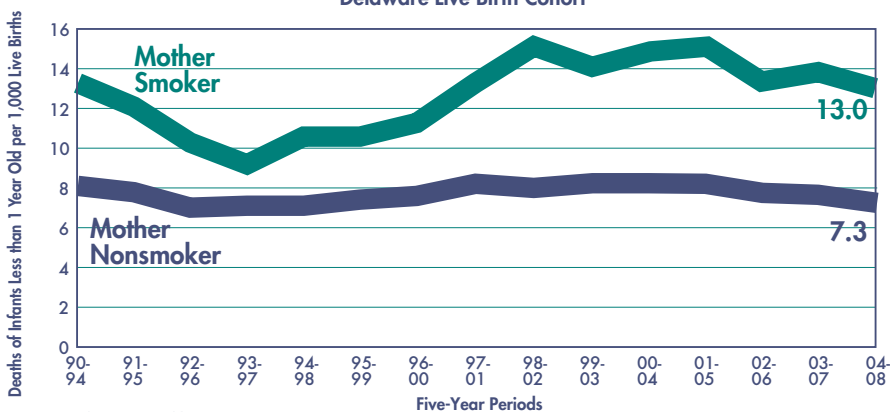
Delaware Live Birth Cohort by Trimester Prenatal Care Began



Source: Delaware Health Statistics Center

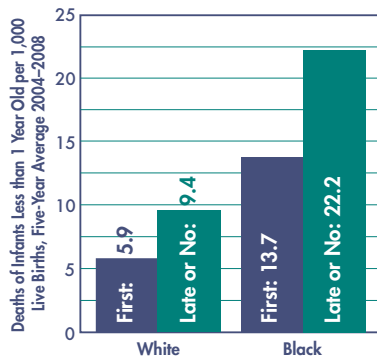
Infant Mortality by Smoking during Pregnancy

Delaware Live Birth Cohort



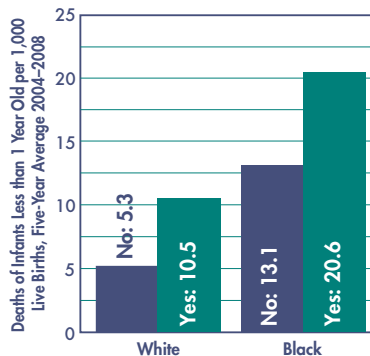
Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Trimester Prenatal Care Began

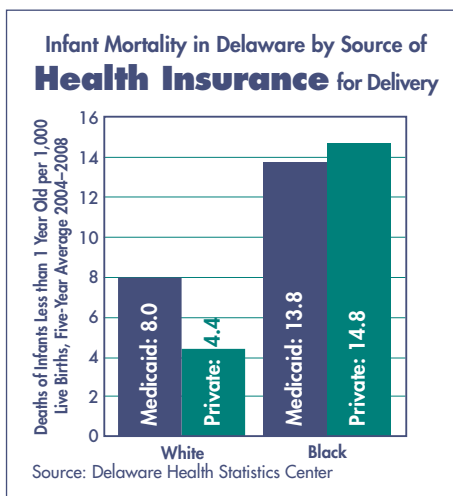
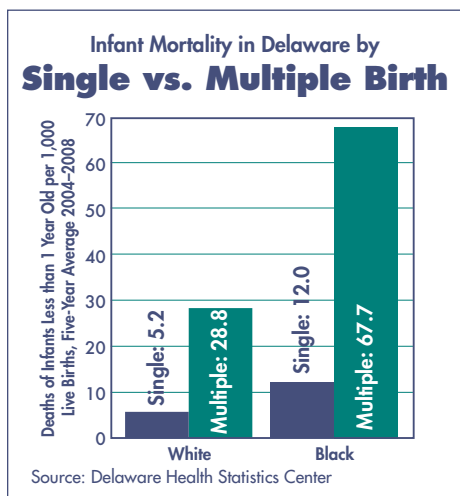
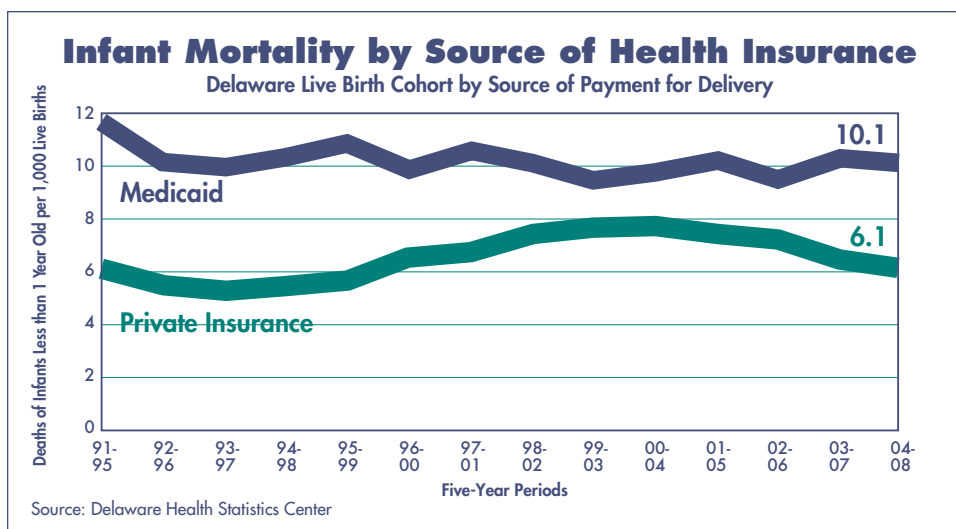
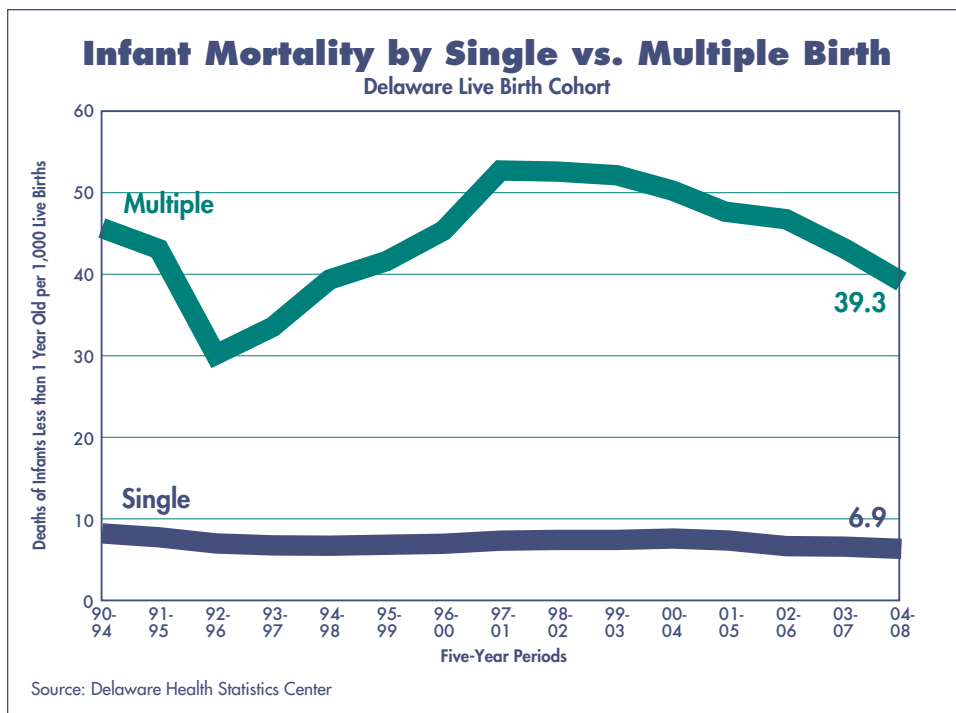


Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Smoking in Pregnancy



Source: Delaware Health Statistics Center



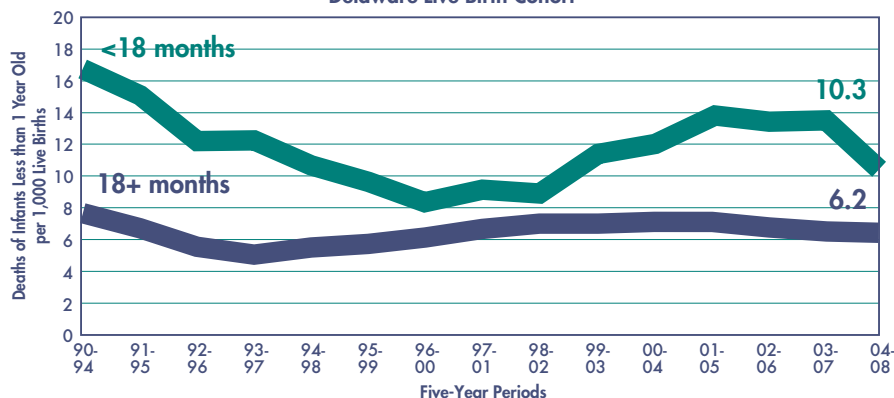
Infant Mortality

Birth Interval – the period of time between the birth of one child and the birth of the next. Birth interval stats do not include multiple births.



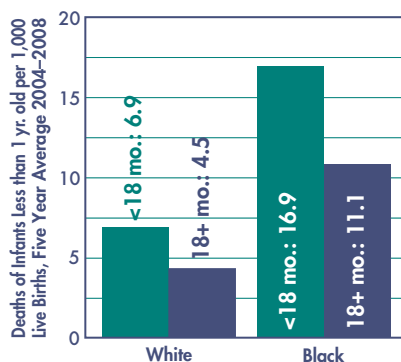
Infant Mortality by Birth Interval

Delaware Live Birth Cohort



Source: Delaware Health Statistics Center

Infant Mortality in Delaware by Birth Interval



Source: Delaware Health Statistics Center

Did you know? On an average week in Delaware, two babies die before their first birthdays.

Source: March of Dimes, http://www.marchofdimes.com/peristats/pdflib/999/pds_10_all.pdf

Did you know? The leading causes of infant mortality include: congenital abnormalities, pre-term birth and low birth weight, Sudden Infant Death syndrome and maternal complications during pregnancy.

Source: Centers for Disease Control and Prevention, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5642a8.htm>

PUT DATA INTO ACTION

In partnership with the Delaware Department of Public Health, the Delaware Healthy Mother and Infant Consortium (DHMIC) has implemented programs that aim to decrease the number of children born prematurely or too small to survive a single year of life.

Some programs and policies of the DHMIC include:

- Preconception care- the way to healthy infants is through healthy women
- Early prenatal care and support for women with previous poor birth outcomes
- Maintaining care for women who deliver in the program and their infants for up to two years postpartum
- Reproductive health services
- Intensive case management of services
- Assessment and interventions for psycho-social needs
- Nutrition counseling
- Screening for and referral to smoking cessation programs
- Referral to alcohol and drug treatment programs
- Chronic disease counseling

Source: Delaware Healthy Mother and Infant Consortium, <http://dhmic.healthywomende.com/>

For more information see

Prenatal Care 26

Low Birth Weight Babies..... 28

www.modimes.org

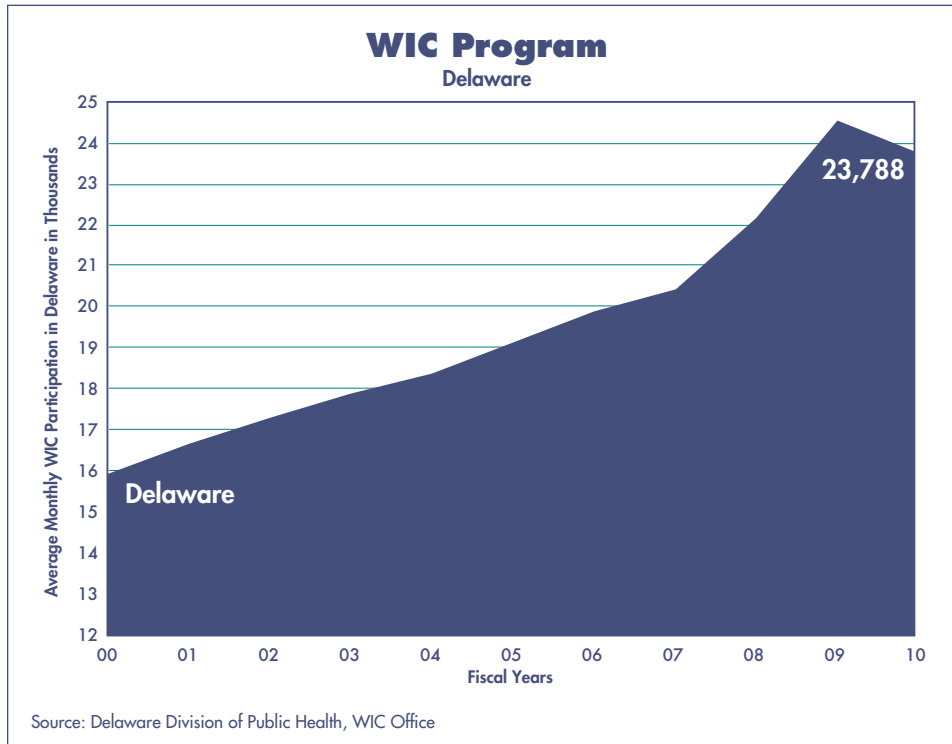
www.hmhnb.org

www.cdc.gov/nccdp/hp/drh/index.htm



Women, Infants and Children Receiving WIC

Each month, millions of U.S. low-income women and children who are at nutrition risk are supported through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This program provides nutritious foods, nutrition education, and referrals to health and other social service providers at no charge. The federally-funded program also supports low-income pregnant, postpartum, and breastfeeding women, as well as low-income infants and children to the age of five. The program is correlated with lower Medicaid costs, longer gestation periods, higher birth weight, and lower infant mortality.



Did you know?

- While roughly half of infants born in the U.S. receive WIC benefits, USDA statistics indicate that eligible pregnant women and children 1 to 5 yrs of age are far less likely to participate in WIC than eligible infants and postpartum women.
- To be eligible for participation in the WIC program, an applicant's income must fall at or below 185% of U.S. Poverty Income guidelines or the applicant must currently participate in SNAP, Medicaid, or TANE.

Source: USDA Food and Nutrition Services, www.fns.usda.gov, www.fns.usda.gov/wic/resources

PUT DATA INTO ACTION

WIC encourages mothers to breastfeed their infants and offers breastfeeding peer counselors and lactation consultants. WIC supports breastfeeding rooms where any breastfeeding mom can breastfeed or pump in comfort and privacy. Breastfeeding rooms are available to the public in WIC Clinics and community buildings in New Castle and Kent Counties.¹

Breast milk contains important nutrition for development and antibodies against common childhood illnesses such as pneumonia. Breastfeeding reduces the risk for breast and ovarian cancer among breast-feeding mothers. Adults who are breastfed as babies have lower levels of cholesterol, blood pressure, and are less likely to be overweight or obese.²

¹ Delaware Health and Social Services, Division of Public Health, <http://www.dhss.delaware.gov/dhss/dph/chca/dphwichominf01.html>

² World Health Organization. www.who.int



For more information see

Children Receiving Free and Reduced-Price School Meals..... 72

www.fns.usda.gov/wic

Lead Poisoning

Lead, a toxin, was a common ingredient in gasoline and house paint in the past. Although these items are no longer made with lead, lead poisoning is still a major health concern. Lead can be found everywhere, including dirt, dust, new toys, and old house paint. Unfortunately, it cannot be seen, tasted, or smelled. When a person swallows a lead object or inhales lead dust, some of the poison can stay in the body and cause serious health problems. A single toxic dose of lead can cause severe emergency symptoms, but it is more common for lead poisoning to build up slowly over time.

Lead is much more harmful to children than adults because a child's brain and central nervous system is still being formed. The younger the child, the more harmful lead can be. For small children, even very low levels of exposure can result in a reduced IQ, learning disabilities, attention deficit disorders, behavioral problems, stunted growth, impaired hearing, and kidney damage. High levels of exposure can cause a child to develop mental delays, fall into a coma, or die. Childhood lead poisoning is one of the most common, yet preventable, pediatric health problems.



Prior to 2010, the state of Delaware tested children for lead paint exposure at 1 year of age. As of July 2010, Delaware screens children at ages 1 and 2 in certain zip codes with older homes.

For more information see

www.nlm.nih.gov/medlineplus/leadpoisoning.html

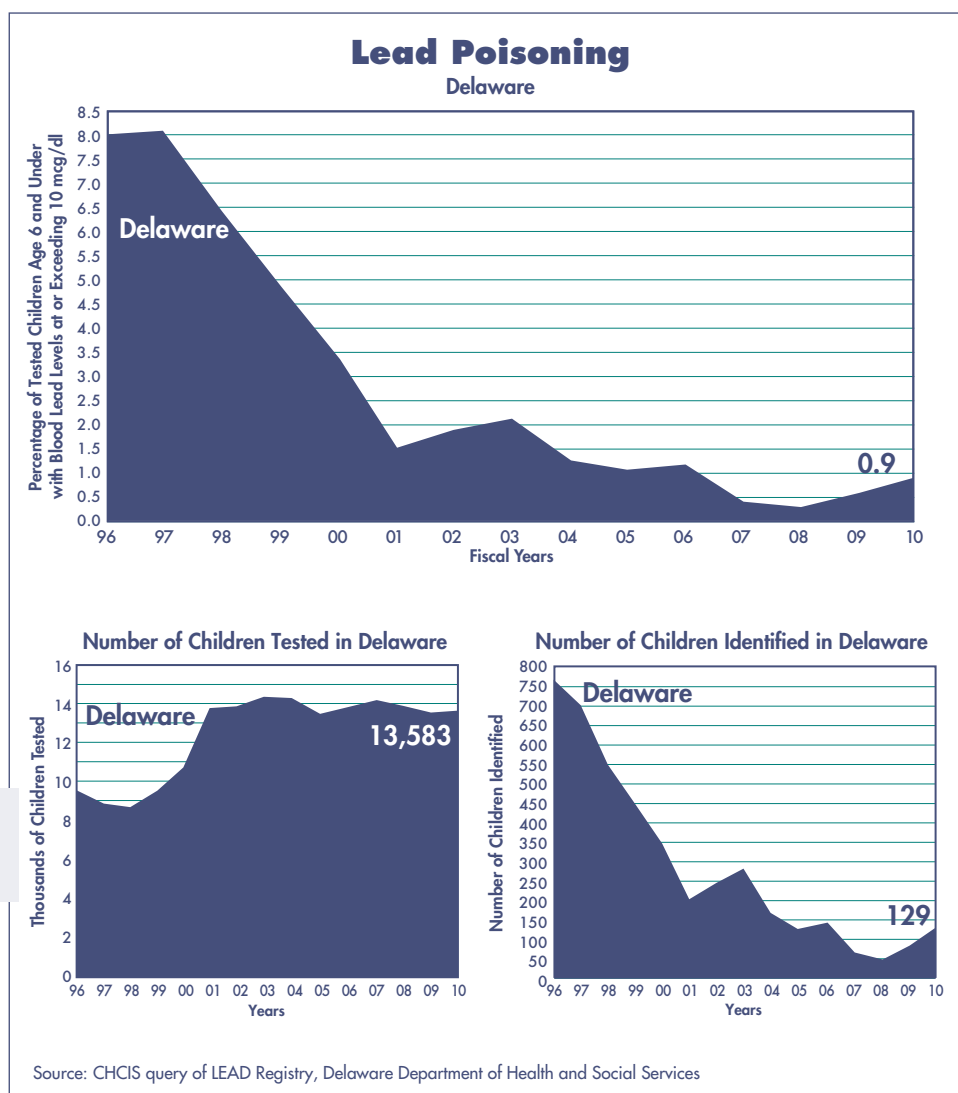
www.cdc.gov/nceh/lead/

www.epa.gov/opptintr/lead/

www.hud.gov/offices/lead/

1-212-BAN-LEAD (1-212-226-5323)

The National Lead Information Center
1-800-424-LEAD (5323)



PUT DATA INTO ACTION

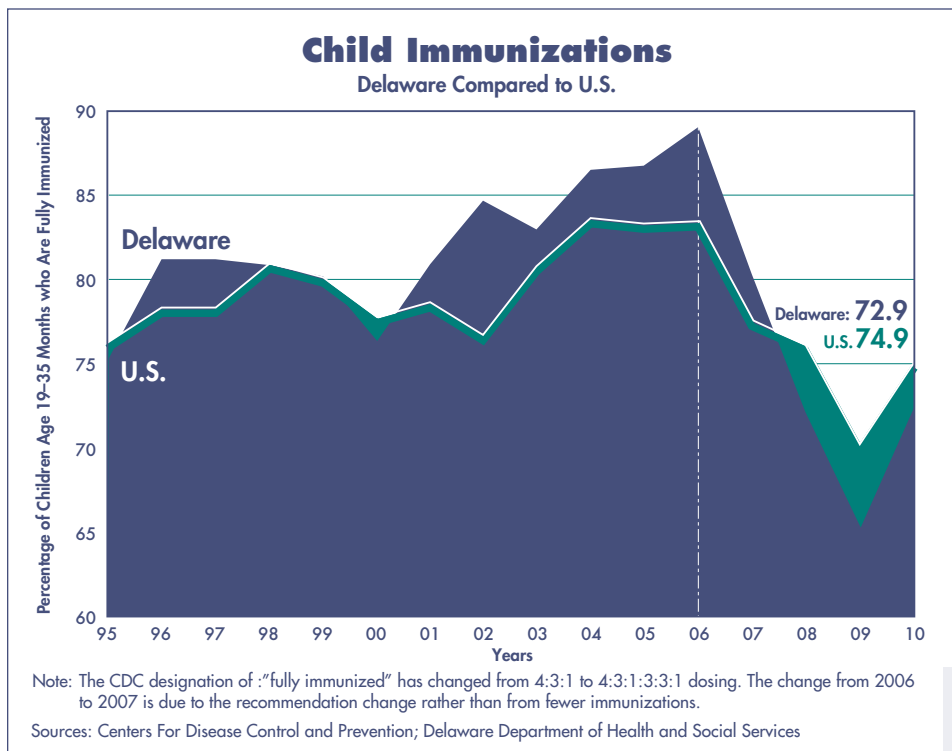
Lead poisoning is easily preventable. The CDC recommends getting your home tested, asking about lead when buying or renting a home, getting your child tested for lead exposure and washing your child's hands/toys/bottles often.

Source: Centers for Disease Control and Prevention, <http://www.cdc.gov/nceh/lead/tips.htm>



Diseases that once spread quickly and killed thousands of children and adults are now largely controlled by vaccines. Child vaccination is one of the most cost-effective preventive health measures. Vaccines are important because they not only protect individual children against dangerous diseases, they protect communities by helping to protect children who are not able to be vaccinated, and by slowing down or preventing disease outbreaks. In other words, vaccination protects not only the child receiving the vaccine, but also those in the child's community. This helps to control infectious diseases including polio, measles, diphtheria, tetanus and many other dangerous diseases.

Because children are highly susceptible to disease, the Centers for Disease Control and Prevention (CDC) recommends vaccinating children against most vaccine-preventable diseases by the time they are two years old. Protecting children against severe illnesses also results in positive outcomes other than improved physical health, including the ability to attend school more regularly and the absence of increased family stress.



Did you know? Vaccines have literally transformed the landscape of medicine over the course of the 20th century. Before vaccines were available, parents in the U.S. could expect that every year: polio would paralyze 10,000 children, German measles would cause as many as 20,000 newborns to suffer birth defects and mental retardation, measles would infect about 4 million and kill 3,000 children, diphtheria would be one of the most common cause of death in school aged children, meningitis would infect 15,000 children leaving many with permanent brain damage, and whooping cough would kill thousands of infants.

Source: Children's Hospital of Pennsylvania, www.chop.edu/vaccine

PUT DATA INTO ACTION

Adolescence is a time to think about vaccinations. While parents are often encouraged to give children vaccinations at an early age, the effectiveness of some vaccines may begin to diminish over time. Therefore, pediatricians recommend booster shots (beginning at age 11 or 12) in addition to the annual flu vaccinations. See page 20.

Source: Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

4:3:1 – four doses of diphtheria, tetanus and Pertussis vaccine (DTaP); three doses of polio vaccine, one or more doses of measles, mumps and rubella vaccine (MMR)

4:3:1:3:3:1 – all of the 4:3:1 vaccines PLUS three doses of Haemophilus influenzae type b vaccine (Hib); three doses of hepatitis B vaccine; and one or more doses of Varicella or chickenpox vaccine.

For more information see

Adolescent Immunization Schedule..... 20

www.cdc.gov/vaccines/

www.kidshealth.org

Childhood Asthma

Asthma is a chronic inflammation of the airways with reversible episodes of obstruction, caused by an increased reaction of the airways to various stimuli. Asthma related breathing problems occur in episodes or attacks, but the underlying inflammation due to asthma is continuous.

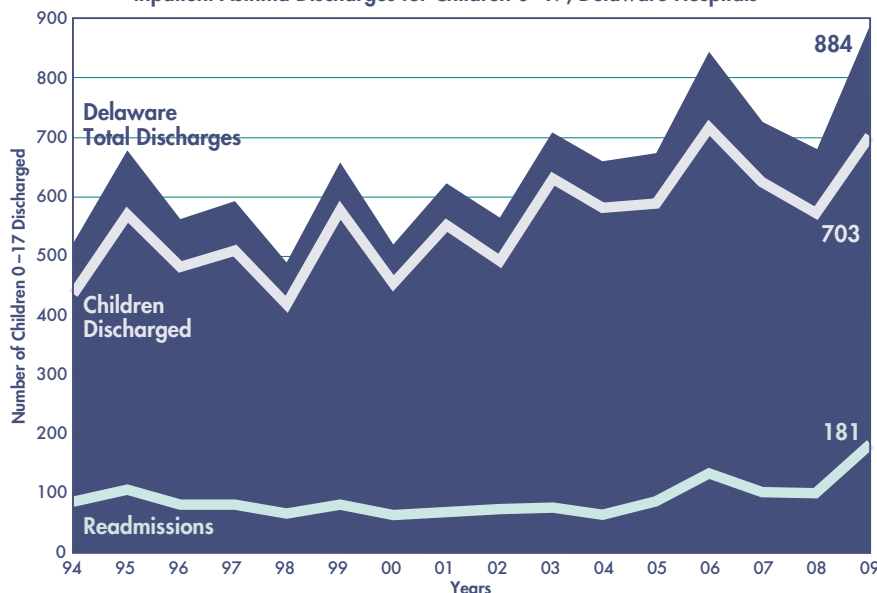
Asthma is the most common chronic illness affecting children and is more common among boys than it is among girls. The factors that may trigger asthma include: respiratory infections; colds; allergic reactions to allergens such as pollen, mold, animal dander, feathers, dust, food and cockroaches; exposure to cold air or sudden temperature change; cigarette smoke (secondhand smoke); excitement or stress; and exercise. Environmental factors that might trigger an asthma attack include dampness and mold, cockroaches, and inadequate ventilation. These are more common in poor urban settings. Children who live in these areas have a higher risk of asthma.

Many children with asthma miss out on school, sports, and other childhood activities. Asthma can be a life-threatening disease if not properly managed. It is important for family members to learn how to identify and avoid asthma triggers, recognize and prevent asthma attacks, understand medications, and help manage symptoms. With the proper treatment and care, most children with asthma can have active and healthy childhoods.



Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges for Children 0-17, Delaware Hospitals



Source: Delaware Health Statistics Center

Did you know?

- A national survey data indicated persistent demographic differences in asthma prevalence with rates greater among children, women, blacks, and those reporting income below the federal poverty level.
- The annual economic cost of asthma is \$19.7 billion; direct costs such as hospitalizations total \$14.7 billion and indirect costs such as a loss in productivity add an additional \$5 billion.

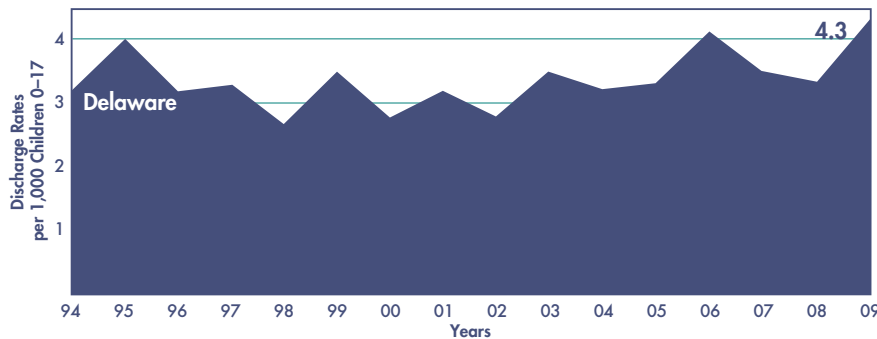
Source: American Academy of Allergy Asthma and Immunology, www.aaaai.org

Did you know? A recent study published by the *Journal of Pediatrics* documented an association between the use of acetaminophen (Tylenol) and the prevalence of asthma. The rise in acetaminophen use, which happened in the 1980s, was sparked by fears that aspirin can cause Reye's syndrome in children. This correlates to the sharp increase in asthma diagnoses in the past three decades.

Source: *Journal of Pediatrics*, <http://pediatrics.aappublications.org/content/128/6/1181.abstract>

Discharge Rates for Childhood Asthma

Inpatient Asthma Discharges Rates for Children 0–17, Delaware Hospitals



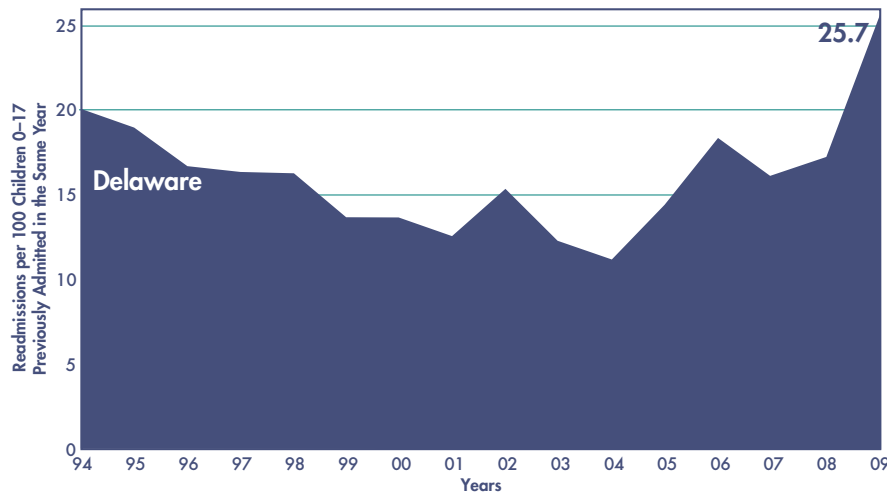
Discharge Rate – Number of inpatient asthma discharges for children 0–17 years of age per 1,000 children in the same aged group

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

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

Readmission Rates for Childhood Asthma

Inpatient Asthma Readmission Rates for Children Admitted in Same Year, Delaware Hospitals



Source: Delaware Health Statistics Center



Did you know? The CDC's National Asthma Control Program (NACP) was created in 1999 to help the millions of people with asthma in the United States gain control over their disease. The program's goals include reducing the number of deaths, hospitalizations, emergency department visits, school days or workdays missed and limitations on activity due to asthma. CDC funded programs have improved the quality of asthma care, improved asthma management in schools and has fostered policies to help reduce air pollution.

Source: Centers for Disease Control and Prevention, <http://www.cdc.gov/asthma/nacp.htm>

Did you know? Every day in America:

- 40,000 people miss school or work due to asthma.
- 30,000 people have an asthma attack.
- 5,000 people visit the emergency room due to asthma.
- 1,000 people are admitted to the hospital due to asthma.
- 11 people die from asthma.

Source: Asthma and Allergy Foundation of America (AAFA) <http://www.aaafa.org/display.cfm?id=8&sub=42>

PUT DATA INTO ACTION

Get fit! Getting regular physical exercise can improve your breathing and lead to fewer asthma attacks. Sports recommended for those with asthma include swimming, cycling, golf, inline skating, and weight lifting.

Source: Centers for Disease Control and Prevention, BAM! Body and Mind at <http://www.bam.gov/>

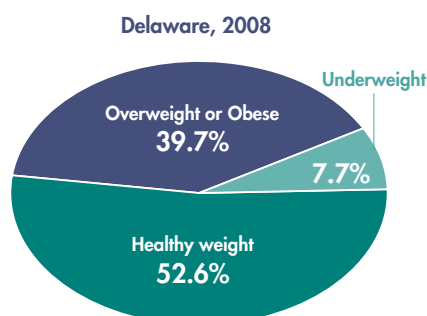
www.kidshealth.org
www.childasthma.com
www.lungusa.org
www.aaaai.org/

Childhood Obesity

Over the past three decades, childhood obesity has risen dramatically across the nation. The increase in obese children is a big problem because of the health consequences that children may face. Obese children have an increased risk for developing high cholesterol, hypertension, type 2 diabetes, metabolic syndrome, and many other conditions and diseases. Parents, schools, communities, and neighborhoods have the responsibility of promoting healthy lifestyles in order to combat childhood obesity. Neighborhood amenities such as parks, recreation centers, sidewalks and libraries make it safer for children to engage in physical activity and spend time outdoors. The amenities also serve as a vehicle for socializing, and enhance overall quality of life. With recent trends of increased obesity rates in children nationwide, encouraging construction and use of neighborhood amenities is one way of encouraging healthy lifestyles by eliminating barriers to increased physical activity.



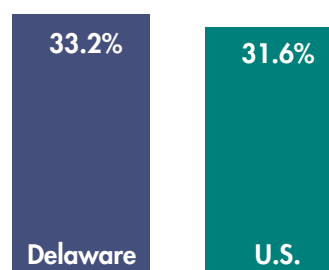
Childhood Obesity



Weight status of Delaware children 2–17 based on Body Mass Index

Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2008 Delaware Survey of Children's Health.

Delaware compared to U.S., 2007

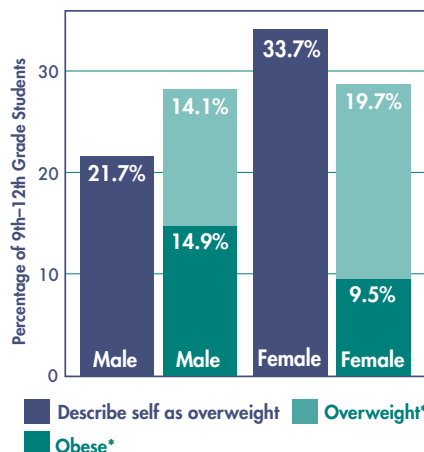


Percentage of children ages 10–17 who are overweight or obese, Delaware and U.S.

Source: Childhood Obesity Action Network. State Obesity Profiles, 2009. National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative

Individual Physique: Perception vs. Actuality

Teens who describe themselves as slightly/very overweight compared to teens who are overweight or obese*
Delaware, 2011



* Calculated body mass index from reported height and weight

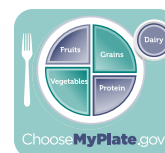
Source: CDC Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Did you know? Food deserts are areas where residents lack access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up the full range of a healthy diet. Food deserts are typically low income areas. They often foster childhood obesity because children establish a preference to readily available, highly processed foods.

Source: Centers for Disease Control and Prevention, www.cdc.gov/features/fooddeserts

Did you know?

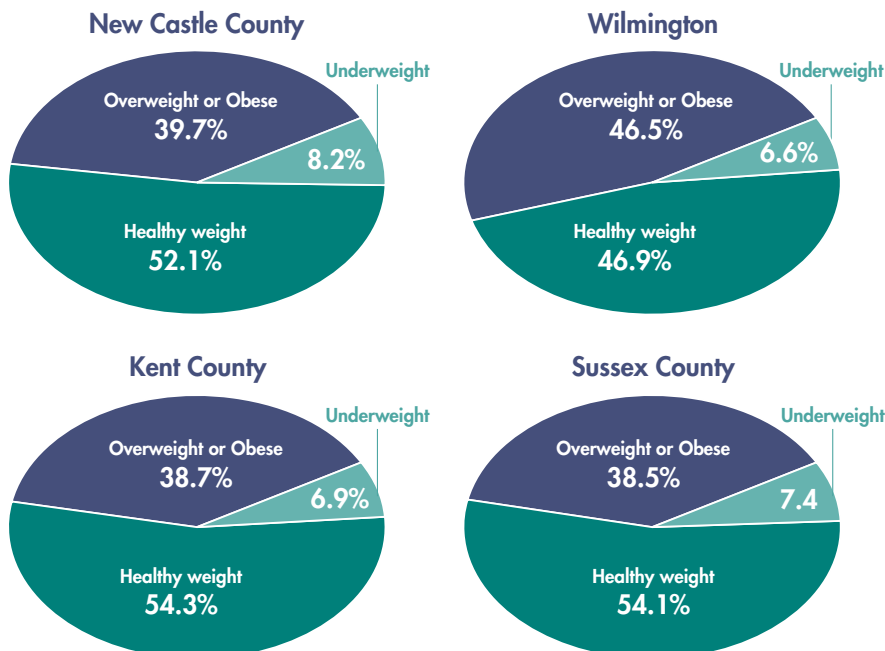
The USDA has replaced their food pyramid with "My Plate" which encourages healthy eating by illustrating how a typical plate should be filled. The simple graphic is easier to understand and encourages more consumption of vegetables and fruits. See page 58 for more information.



Source: USDA Choose MyPlate, <http://www.choosemyplate.gov/>

Weight Classification of Children Ages 2-17

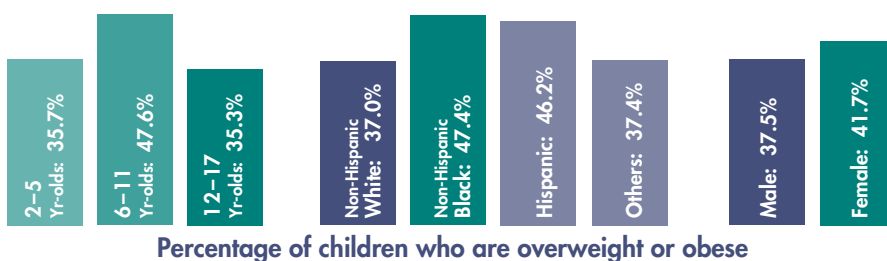
Delaware Counties and Wilmington, 2008



Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2008 Delaware Survey of Children's Health.

Childhood Obesity by Age, Race, and Gender

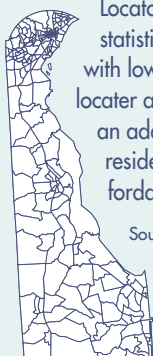
Delaware, 2008



Percentage of children who are overweight or obese

Source: Nemours Health & Prevention Services, Department of Policy, Evaluation and Research, 2008 Delaware Survey of Children's Health.

PUT DATA INTO ACTION



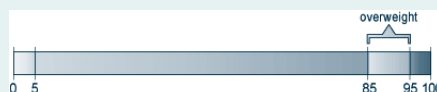
The USDA's Food Desert Locator provides census tract level statistics on population groups with low access to healthy food. The locator allows an individual to type in an address and find areas where residents need more access to affordable, healthful food.

Source: USDA, <http://www.ers.usda.gov/Data/FoodDesert/>

PUT DATA INTO ACTION

The Centers for Disease Control and Prevention (CDC) offers an online tool for determining weight status for children and teens (normal weight, overweight, obese) based on body mass index (BMI). The calculator is at <http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>.

Source: Centers for Disease Control and Prevention, <http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>



For more information see

Delaware Children Speak about Health and Health Behaviors 58

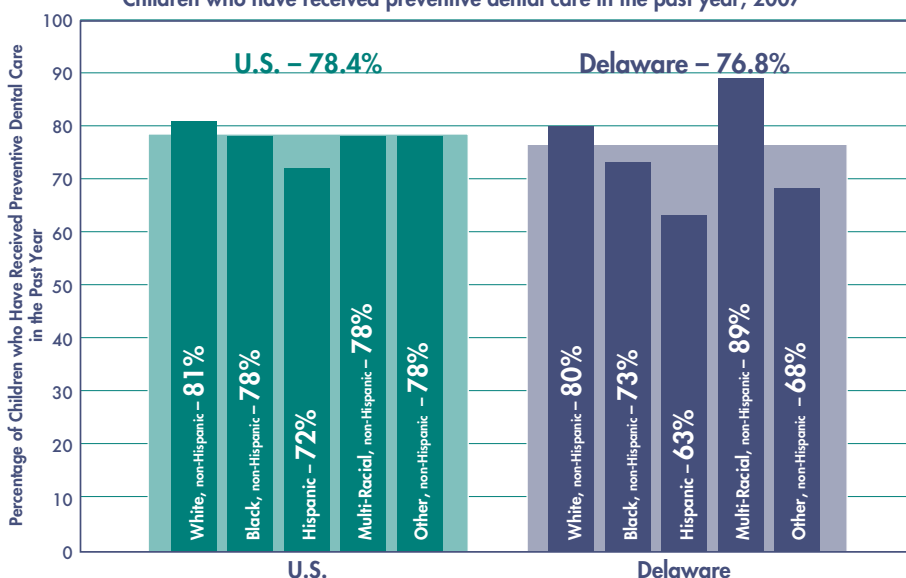
www.letsmove.gov/
www.kidfitnessv.com

Oral health is an important component of a child's overall health and well-being, but many children do not receive comprehensive oral health care. Dental caries (also known as tooth decay or the process that causes cavities) is the most common preventable chronic childhood disease. Pain from untreated dental disease can lead to eating, sleeping, speaking and learning problems in children and adolescents. Long-term pain or infection caused by dental disease may restrict activities in school, work and home such as reducing a child's ability to concentrate in the classroom or to read outside of school. Dental disease is more likely to affect children from low-income families, minority groups or children with special health care needs. Childhood oral health problems can largely be prevented through a combination of access to dental care services, access to fluoridated water systems and topical fluoride treatments, healthy dietary choices and daily oral hygiene practices.



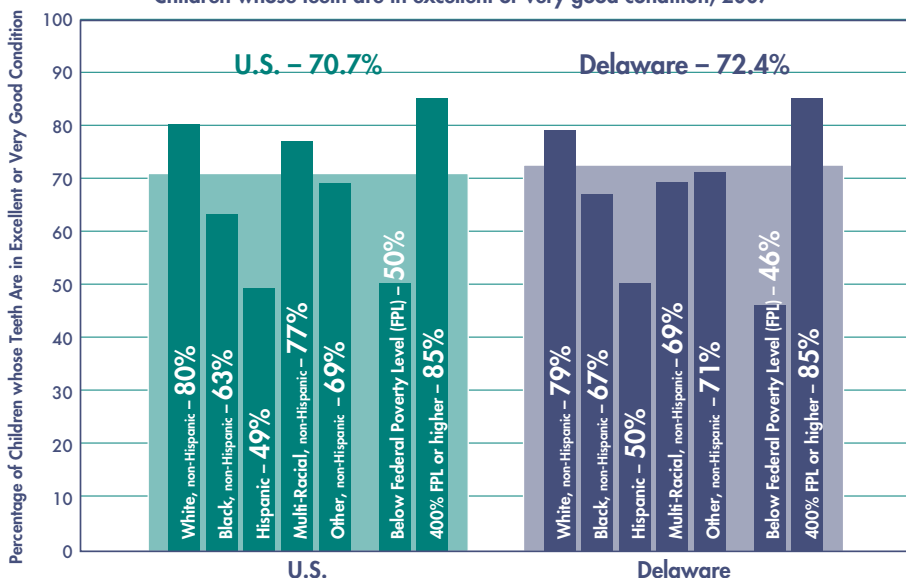
Preventive Dental Care

Children who have received preventive dental care in the past year, 2007



Condition of Children's Teeth

Children whose teeth are in excellent or very good condition, 2007



Source: Source: 2007 National Survey of Children's Health

Did you know? Women who become pregnant have special oral health needs. It is important for women to schedule a dental exam prior to or early in the pregnancy and to have their teeth cleaned regularly. Delaying any needed dental treatment could pose a risk to a baby. A baby's teeth begin to develop in the third month of pregnancy. It is important for expectant mothers to eat healthy and avoid snacking on sugary or starchy foods between meals. Good oral hygiene habits are important during pregnancy, including:

- Brushing with a fluoride toothpaste at least 2 times a day, and
- Cleaning between teeth daily with dental floss.

Source: American Dental Association

Did you know?

- The Centers for Disease Control and Prevention (CDC) reports that more than one-quarter of all U.S. toddlers and preschoolers are affected by Early Childhood Caries (ECC).¹
- The American Academy of Pediatric Dentistry, American Dental Association, American Public Health Association and the American Academy of Pediatrics currently recommend that all children have their first preventive dental visit by age one.²

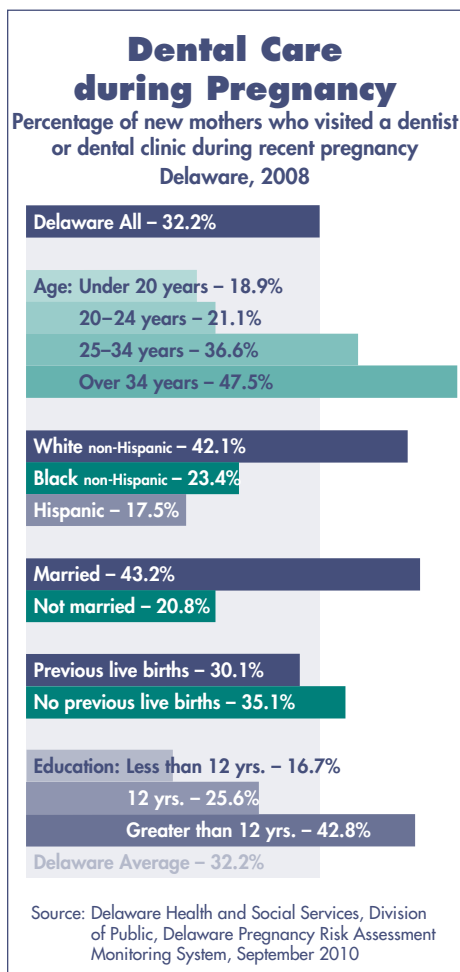
1 Centers for Disease Control and Prevention

2 American Academy of Pediatric Dentistry, American Dental Association, American Public Health Association, American Academy of Pediatrics

Did you know? During May/June of 2002, Delaware's Health and Social Services Division of Public Health initiated an oral health assessment of children in Delaware. The study found:

- 30% of children screened had untreated decay.
- 34% of children screened had a dental sealant or permanent molar.
- 72% of children screen had been to a dentist that year while 7% had never seen a dentist.
- Children eligible for free/reduced price lunches were significantly more likely to have untreated tooth decay and need care than their peers.
- African American and Hispanic children needed significantly more dental care than White children.
- No significant differences were found between children by geography (New Castle, Kent, Sussex).

Source: Delaware Health and Social Services Division of Public Health



PUT DATA INTO ACTION

The Delaware Oral Health Coalition offers resources related to promoting good oral health. The coalition focuses on:

- Fostering partnerships influencing legislative change
- Collaborative opportunities for service delivery/health promotion/research
- Creating a committed group of leaders around oral health

Additional information on the Delaware Oral Health Coalition can be found at <http://www.dohcsmiles.org/index.htm> or by calling (302)262-9459.

Children without Health Insurance

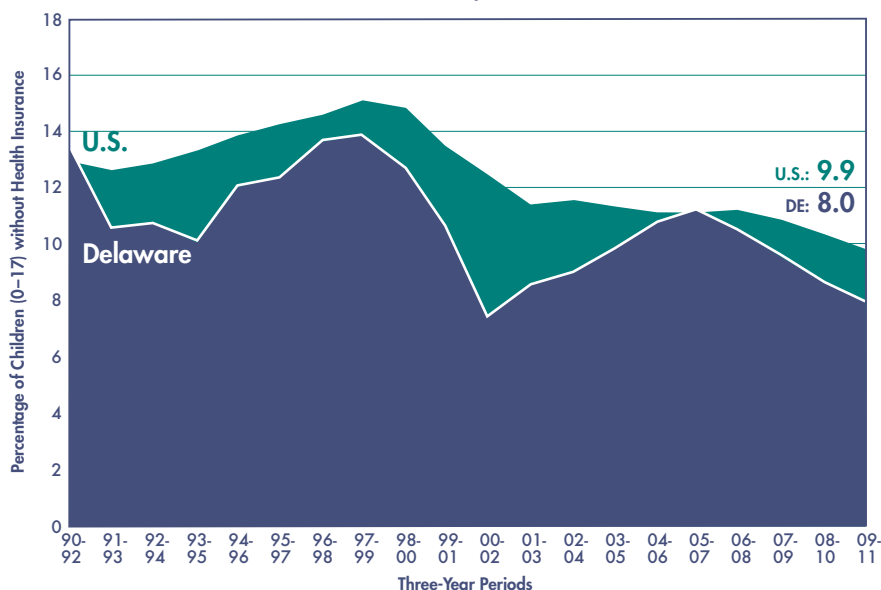
The status of a child's health insurance coverage is the single most important influence in determining whether or not that child has access to adequate health care when sick or injured. Failure to receive necessary health care can have a long term impact on the lives of children. Children with health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of health care. Yet a large number of children are without such insurance coverage. These children are more likely to be from low-income families for whom private plans are often unavailable or unaffordable. Medicaid and the State Children's Health Insurance Program (SCHIP) play a crucial role in providing coverage for uninsured youth. These programs provide coverage for more than one in four children.

Health insurance can make it possible for children to receive access to preventive care as well as acute and chronic illness care. Improved access to effective health care means improvements in a child's health status over time.



Children without Health Insurance

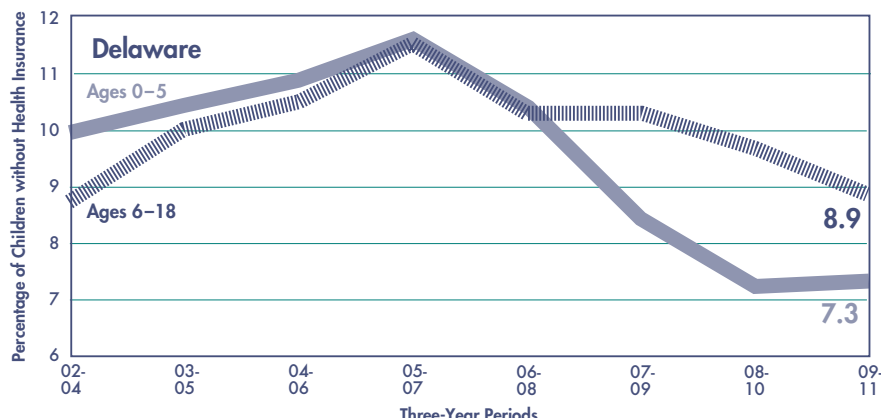
Delaware Compared to U.S.



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

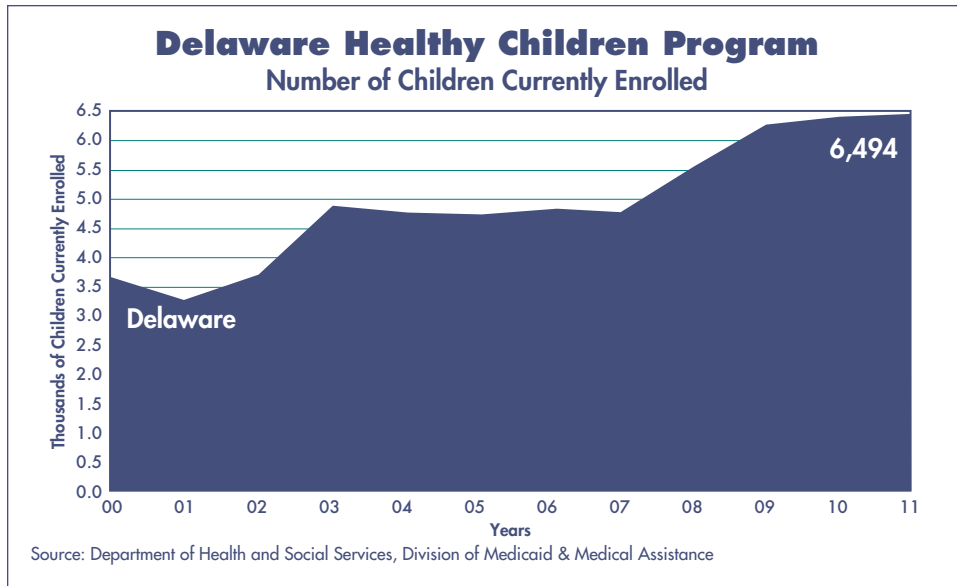
Children without Health Insurance by Age

Delaware



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

Children without Health Insurance



Did you know? The Delaware Healthy Children Program (DHCP) is a low-cost health insurance program for uninsured children under age 19 with family income below 200% of the Federal Poverty Level. DHCP offers the benefits of most private health insurance plans, including routine check-ups, eye exams, dental care, and doctor and hospital services. A monthly fee ranges from \$10 to \$25 per month depending on income, without co-pays.

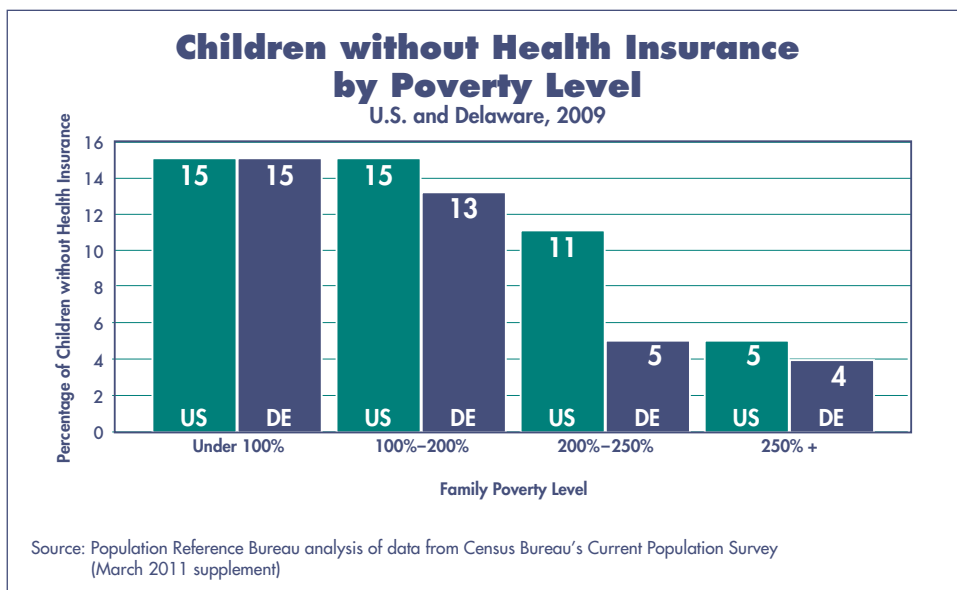
Source: Delaware Health and Social Services Division of Social Services, <http://www.dhss.delaware.gov/dss/dhcp.html>

Did you know? When long term uninsured children do see doctors, they are twice as likely as insured children to make their doctor visits in emergency rooms which are more expensive than regular doctor visits.

Source: Families USA, www.familiesusa.org

Did you know? Medicaid furnishes medical assistance for low income families and to eligible aged, blind, and/or disabled people whose income is at or below the federal poverty level.

Source: Delaware Health and Social Services Division of Medicaid and Medical Assistance, <http://dhss.delaware.gov/dhss/dmma/>



For more information see

Health Care Coverage..... 103

www.kff.org

www.cms.gov

www.insurekidsnow.gov

www.state.de.us/dhcc

www.childrensdefense.org

www.dhss.delaware.gov/dhss/dss/dhcpfaq.html

www.delawareuninsured.org/

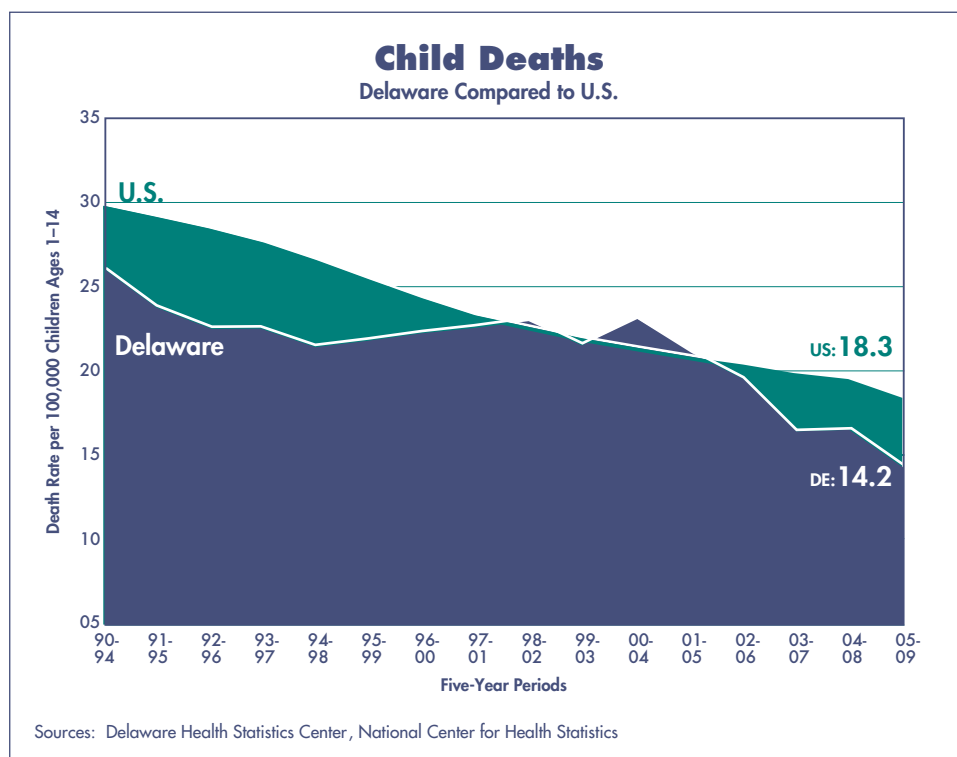
www.familiesusa.org

Child Deaths Children 1-14

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

Unintentional Injuries – accidents, including motor vehicle crashes

Around the world, accidents kill one million children each year and permanently disable many more. In the U.S., injury is a leading cause of death among children and youth. Injuries account for more than one third of all deaths among children ages one to four, and half of all deaths among teens ages 15 to 19. Death rates among children of low-income families continue to rise.



Did you know? In Delaware, the Child Death, Near Death and Stillbirth Commission is charged with completing a review process with the goal of preventing future child deaths.

Source: Child Death, Near Death and Stillbirth Commission, <http://courts.delaware.gov/childdeath/index.htm>

Did you know? Effective June 28, 2011, the Consumer Product Safety Commission (CPSC) banned cribs with drop-down sides from sale, manufacture, resale and distribution. This type of crib has hidden hazards that can cause strangulation or suffocation; been blamed for the deaths of at least 32 infants since 2001.

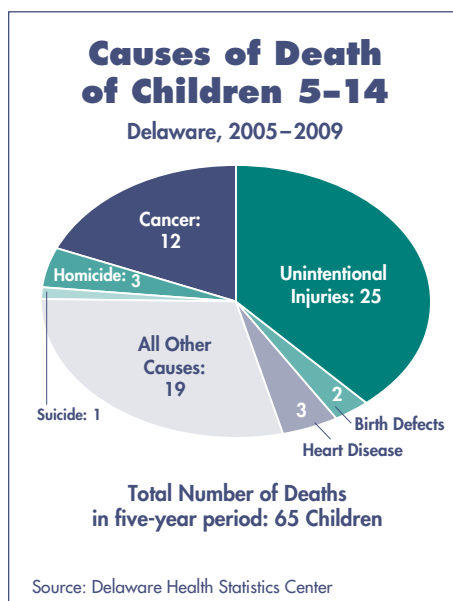
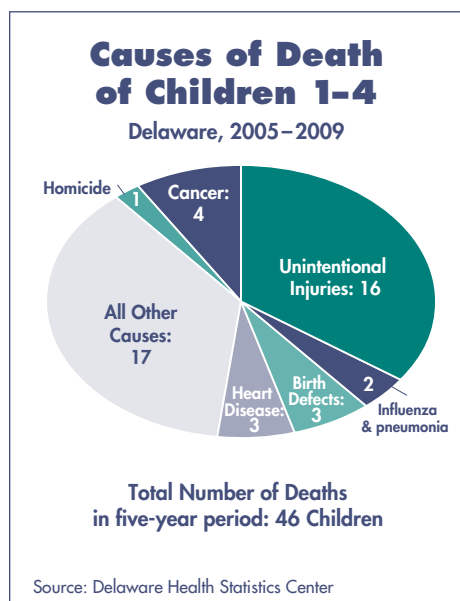
Source: Consumer Product Safety Commission, available at <http://www.cpsc.gov/onsafety/2011/06/the-new-crib-standard-questions-and-answers/>

PUT DATA INTO ACTION

According to the CDC, there are ways to prevent traffic related deaths:

- Children should wear helmets on motorcycles and bicycles.
- Parents should sign an agreement concerning risky driving situations like multiple teen passengers and driving at night with teens learning to drive.
- Babies should be placed in rear facing car seats until they are a year old or weigh 20 pounds.
- Children should remain in car seats from ages 4 to 8 years or until they reach 4'9" tall, and
- Children under age 12 should always ride seated in the back.

Source: Centers for Disease Control and Prevention, http://www.cdc.gov/MotorVehicleSafety/Child_Passenger_Safety/CPS-Factsheet.html



Did you know? Unintentional injuries such as those caused by drowning, burns, poisoning and road traffic remain the leading cause of morbidity and mortality among children in the U.S.

Source: Centers for Disease Control and Prevention, http://www.cdc.gov/safekid/Child_Injury_Data.html

Did you know?

- In the U.S., cancer is the second most common cause of death among children between the ages of 1 and 14 years and is surpassed only by accidents.
- The most common cancers in children are leukemia (cancer of the bone marrow and blood) and brain and central nervous system cancers.
- During the past 25 years, there have been significant improvements in the five-year relative survival rate for all of the major childhood cancers, improving from 58% for patients diagnosed in 1975-1977 to 80% for those diagnosed in 1996-2004. These improvements are likely related to better/more effective treatment of childhood cancers.

Source: Centers for Disease Control and Prevention (CDC), available at <http://www.cdc.gov/Features/dsCancerInChildren/>

PUT DATA INTO ACTION

Injuries can happen to any child who plays sports, but there are some things that can help prevent injuries:

- Enroll your child in organized sports through schools, community clubs and recreation areas that are properly maintained. Any organized team activity should demonstrate a commitment to injury prevention. Coaches should be trained in first aid and CPR, and should have a plan for responding to emergencies. Coaches should be well versed in the proper use of equipment and should enforce rules on equipment use
- Make sure your child has- and consistently uses- proper gear for a particular sport
- Make warm-ups and cool-downs part of your child's routine before and after sports participation
- Make sure your child has access to water or a sports drink while playing. Encourage him or her to drink frequently and stay properly hydrated. Remember to include sunscreen and a hat (when possible) to reduce the chance of sunburn.
- Learn and follow safety rules and suggestions for your child's particular sport

Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases, http://www.niams.nih.gov/Health_Info/Sports_Injuries/child_sports_injuries.asp#prevent



Infant Mortality	30
Child Immunizations	39
Teen Deaths by Accident, Homicide, & Suicide	50
Child Abuse and Neglect	104
www.kidshealth.org	
www.cdc.gov/ncipc/duip/duip.htm	

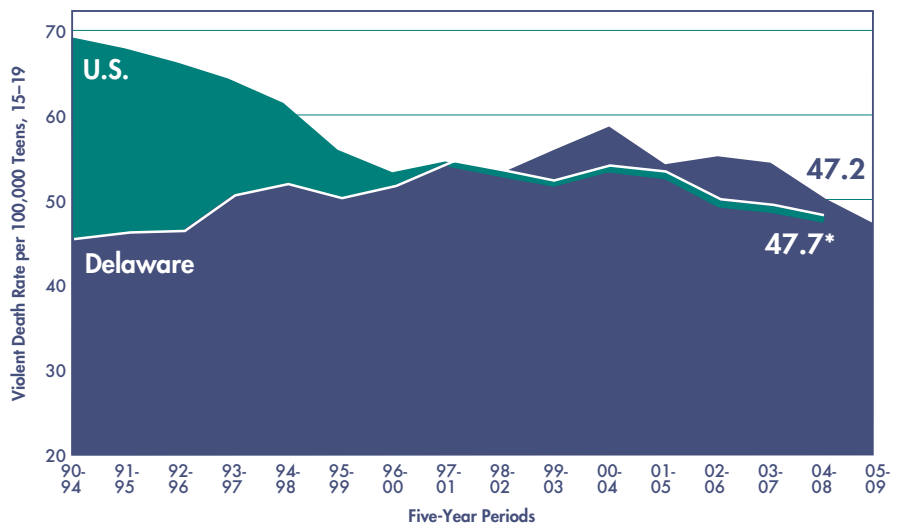
Teen Deaths by Accident, Homicide, and Suicide

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

Unintentional Injuries – accidents, including motor vehicle crashes

As children age, they encounter new risks to their safety. Injury accounts for nearly 80% of adolescent deaths. Teenagers are much more likely to die from injuries sustained in motor vehicle traffic accidents and from injuries sustained from firearms than children of younger ages.

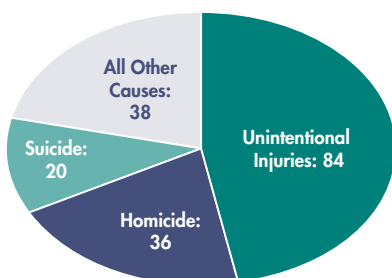
Teen Deaths by Accident, Homicide, and Suicide Delaware Compared to U.S.



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

Deaths of Teens 15-19

Number in Delaware by Cause and Gender, 2005-2009



Total in 5-year Period: 178 Teens
120 Males, 58 Females

Source: Delaware Health Statistics Center

Deaths of Teens 15-19

Number in Delaware by Cause, 2009

Motor Vehicle Crashes	5 males 5 females
Suicide	3 males 0 females
Homicide	9 males 1 females
All Other Causes	9 males 1 females

Total Number of Deaths: 38 teens

Source: Delaware Health Statistics Center

Did you know? Recent research conducted on understanding the adolescent brain shows that brain development continues into an individual's twenties. The last part of the brain to be completely developed is the pre-frontal cortex which regulates executive functioning (things like decision-making and impulse control). This may explain why, despite cognitive improvements, adolescents appear to be more prone to erratic or emotionally influenced behavior and have a higher disregard for risks and their resulting consequences.

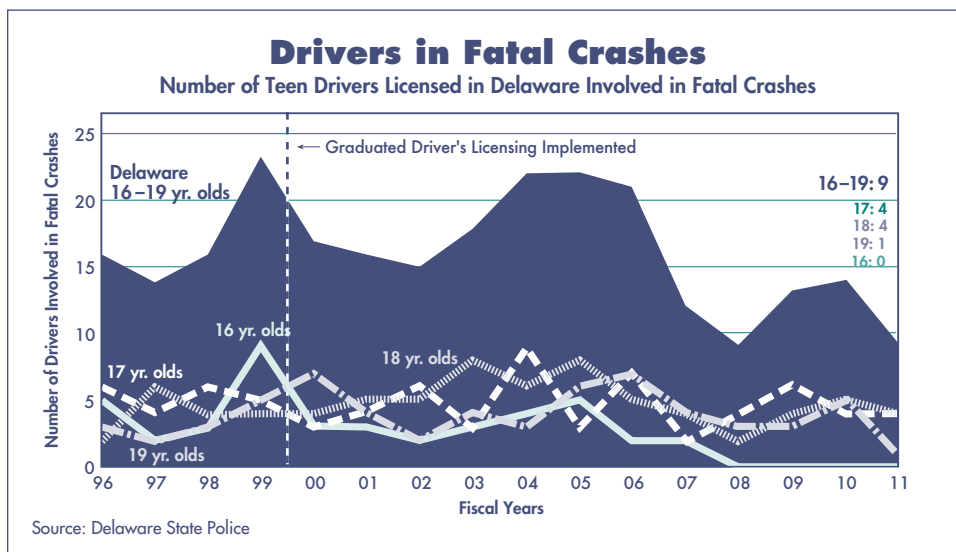
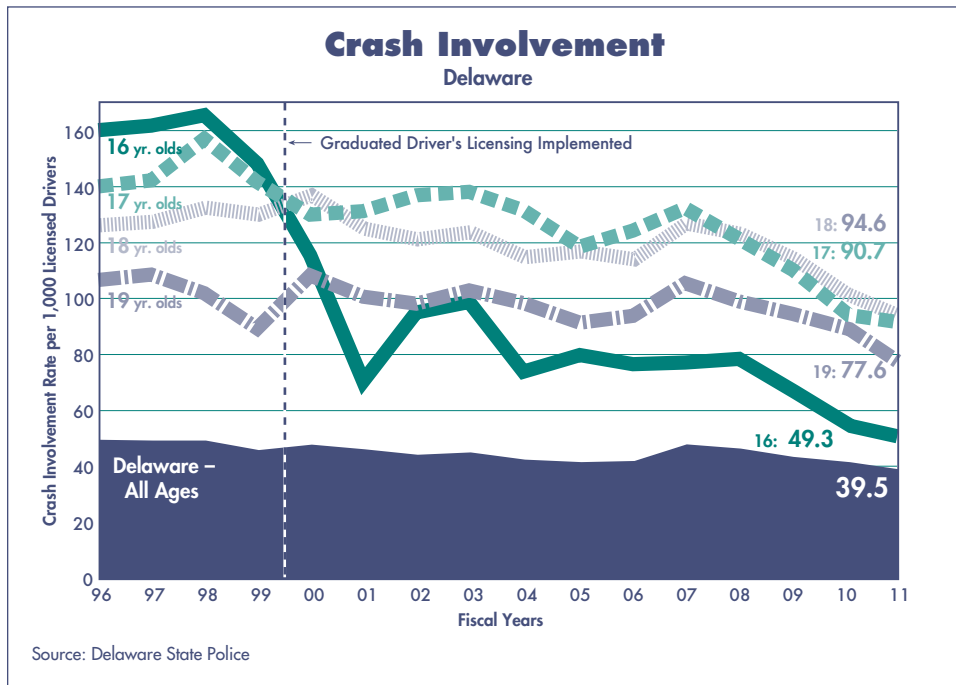
Source: KIDS COUNT in Delaware 2011 Suicide Prevention Issue Brief

Teen Deaths by Accident, Homicide, and Suicide

Impact of the Graduated Driver's License Program on 16-Year-Old Driver Crashes

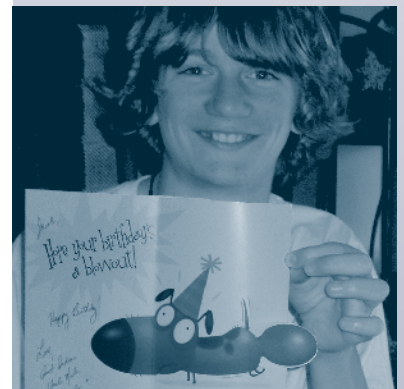
Since enacting the Graduated Driver's Licensing Program on July 1, 1999, Delaware has experienced a significant decrease in the number of motor vehicle crashes involving teens ages 16 to 19. Delaware's GDL program includes all three levels recommended by the National Conference of State Legislatures, Energy and Transportation Program. Level 1 involves obtaining a learner's permit and requires supervised driving at all times for six months. Level 2, reached six months after the issuance of a Level 1 learner's permit, involves limited unsupervised driving and passenger restrictions. After twelve months of driving experience with a learner's permit, a Level 3 license, full licensure with unrestricted privileges, can be obtained.

Source: Delaware Division of Motor Vehicles. www.dmv.de.gov/services/driver_services/drivers_license/dr_lic_grad_dl.shtml



Did you know? In 2009, about 3,000 teens in the United States were killed and more than 350,000 were treated in emergency departments for injuries suffered in motor vehicle crashes.

Source: Centers for Disease and Prevention, http://www.cdc.gov/MotorVehicleSafety/Teen_Drivers/

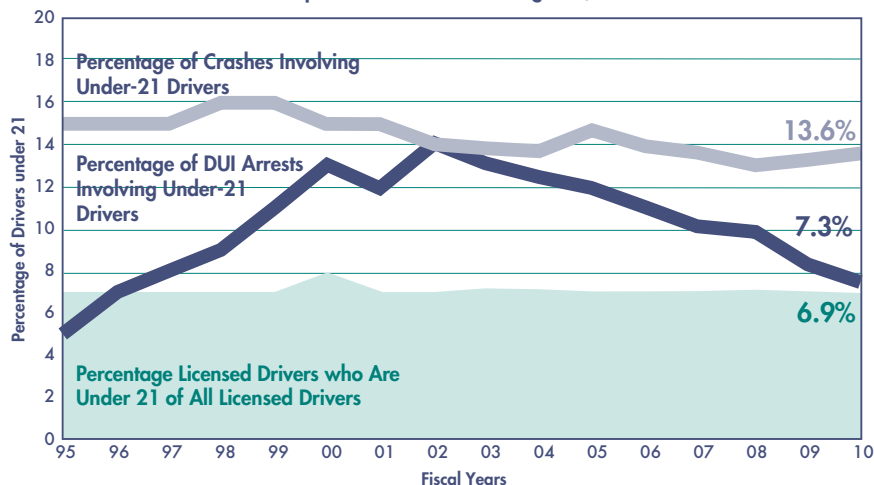


Teen Deaths by Accident, Homicide, and Suicide



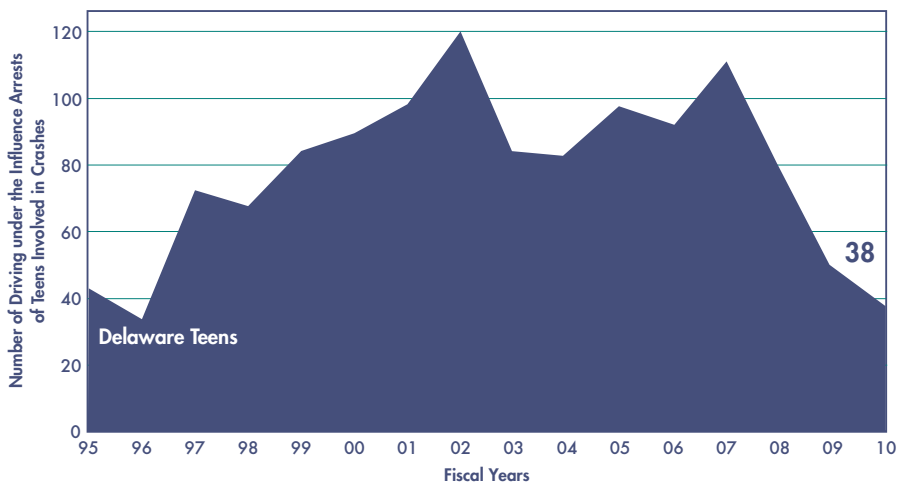
Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



DUI Arrests of Teens Involved in Crashes

Delaware



Note: The database allows for more than one traffic arrest to be recorded. Before 2005, only the most serious arrest was recorded.

Source: Delaware State Police

Did you know?

- In 1998 16 and 17 year old drivers made up 2.6% of licensed DE drivers and were involved in 6.6% of all crashes, but
- In 2008 16 and 17 year old drivers made up 2.2% of licensed DE drivers, and were involved in 3.9% of all crashes.

Source: State of Delaware Division of Motor Vehicles: Teen Driving Fact Sheet, http://www.dmv.de.gov/services/driver_services/teen/pdf/Teen_Driver_Fact_Sheet.pdf

PUT DATA INTO ACTION

Delaware's Department of Motor Vehicles offers a Delaware Teen Driving Site with tips for both parents and teens, a sample driving test, driving laws, driving online games, and other valuable information. See www.dmv.de.gov/services/driver_services/teen/index.shtml

Source: Delaware Division of Motor Vehicles, http://www.dmv.de.gov/services/driver_services/teen/index.shtml

For more information see

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Mental Health..... 56

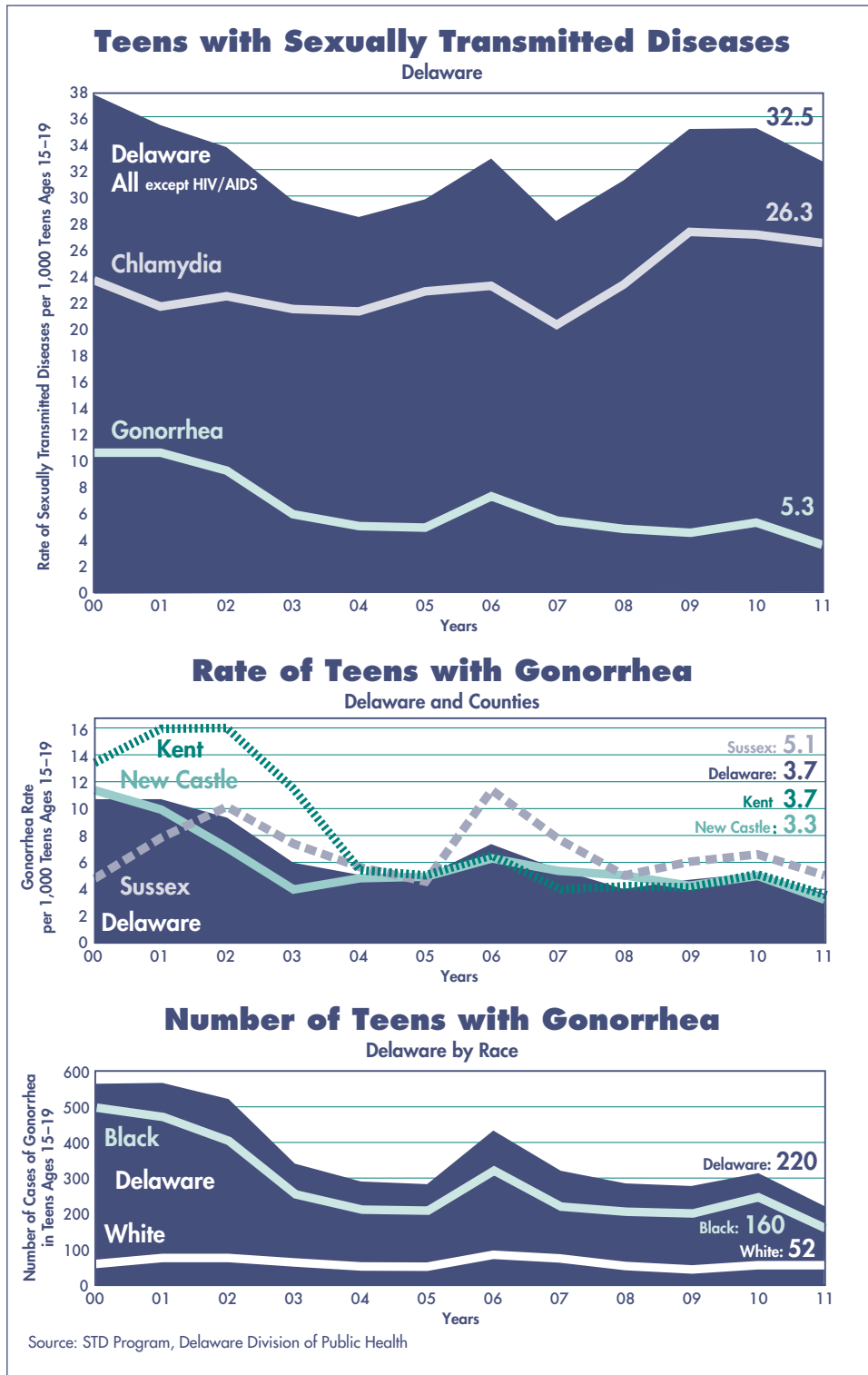
www.iihs.org

www.talkingwithkids.org



Sexually Transmitted Diseases (STDs)

Diseases that are spread through sexual contact are referred to as sexually transmitted diseases (STDs). Most STDs can be “silent,” displaying no noticeable symptoms. These asymptomatic infections can be diagnosed only through testing. However, routine screening programs to test for STDs are not widespread. The social stigma and lack of public awareness concerning STDs often inhibits discussion about risks, symptoms, transmission, and the need for testing. As a result, STDs remain a major public health challenge. While STDs are preventable, it is estimated that 19 million new infections occur each year in the United States, and almost half of them are among adolescents and young people. The most commonly reported infectious disease is Chlamydia.



PUT DATA INTO ACTION Visit “Get Yourself Tested” (GYT) to locate information designed for youth on STD facts, prevention, and testing. www.itsyoursexlife.com/gyt

For more information see

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Births to Teens.....84

www.thebody.com

www.plannedparenthood.org

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



Alcohol, Tobacco, and Other Drugs

Alcohol and drug use threaten the health and wellbeing of young people. Research has identified a number of social and environmental risk factors that contribute to drug and alcohol abuse including drug-abusing peers, stress from family situations, poor education, and drug availability.

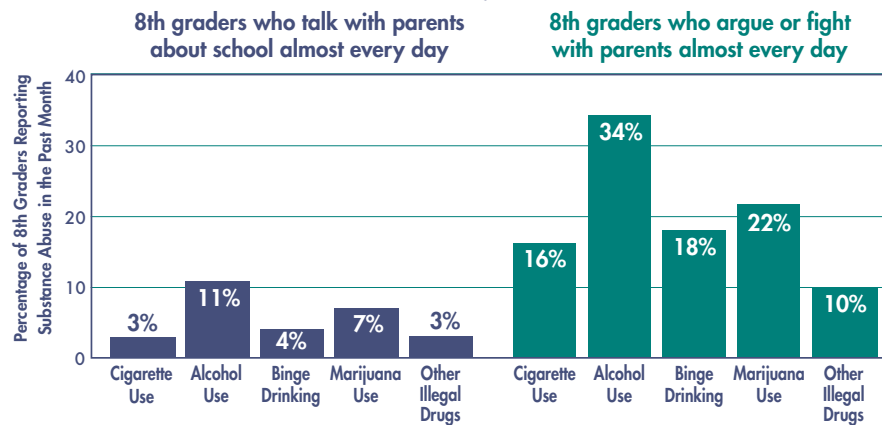
Periods of transition are considered high-risk periods for drug use. Children are likely to encounter drugs for the first time in the early adolescence, when they advance from elementary school to middle school and they experience new academic and social situations. When they transition to high school, adolescents face additional social, emotional, and educational challenges. They often may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances. Early abuse often includes substances such as tobacco, alcohol, inhalants, marijuana, and prescription drugs such as sleeping pills and anti-anxiety medicines. If drug abuse persists into later adolescence, abusers typically begin using other drugs, while continuing their abuse of tobacco and alcohol.

Drug abuse prevention strategies should be tailored to the specific needs of the young people involved. The strategies may focus on drug education, psychological support, or comprehensive intervention.



Teen Substance Abuse and Relationship to Parents

Delaware, 2011



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

Did you know?

- According to the Delaware School Survey, 8th graders who talk with their parents about school every day smoked less, drank less and abused substances less than those who argue or fight with their parents.¹
- Delaware 8th and 11th graders who reported using Ritalin or other psychotropic medication are more likely to have used alcohol, tobacco, or other drugs during the previous months.²

¹ University of Delaware Center for Drug and Alcohol Studies, Delaware School Survey

² University of Delaware Center for Drug and Alcohol Studies, Alcohol, Tobacco, and Other Drug Abuse among DE students, 2009

PUT DATA INTO ACTION

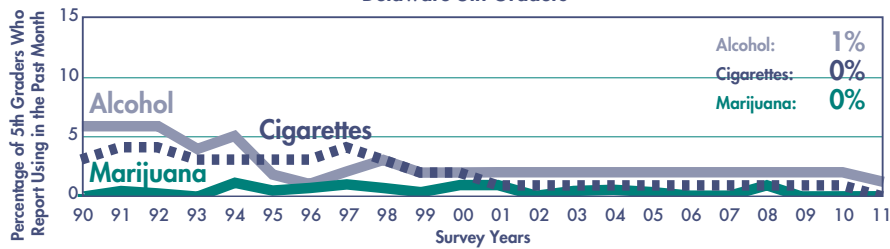
Adolescence is a time associated with risk taking or sensation seeking behavior. Risk taking is viewed as a means of asserting independence and defining personalities. Parents play a key role in helping their children engage in healthy risk taking (volunteering, sports) and avoiding unhealthy risks (tobacco, alcohol).

Source: KIDS COUNT in Delaware 2011 Suicide Prevention Issue Brief

Alcohol, Tobacco, and Other Drugs

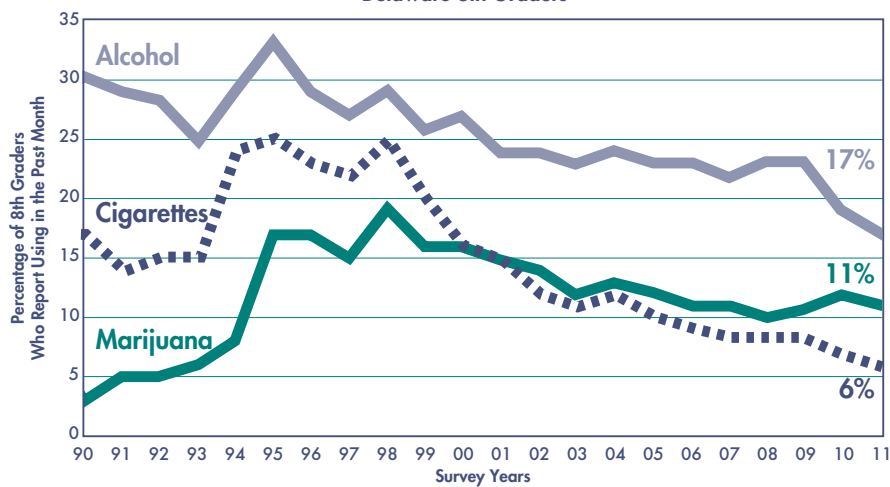
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



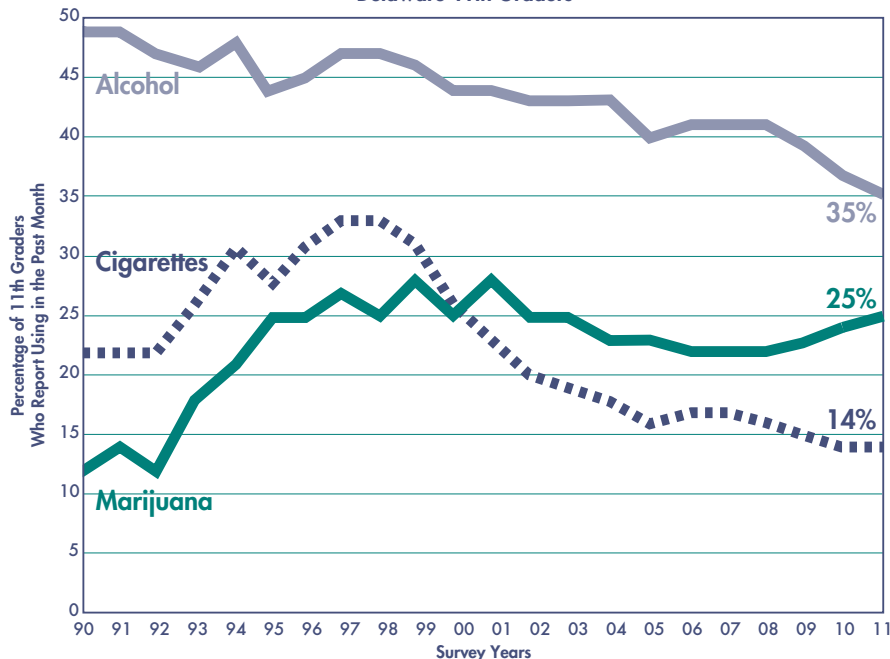
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 8th Graders



Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders



Source: Delaware School Survey, 5th graders: 7,745 responses. 8th graders: 6,572 responses. 11th graders: 5,478 responses. Center for Drug and Alcohol Studies, University of Delaware



For more information see

Delaware Children Speak about Health and Health Behaviors 58

www.udetc.org

www.al-anon-alateen.org

www.tobaccofreekids.org

www.udel.edu/delawaredata/

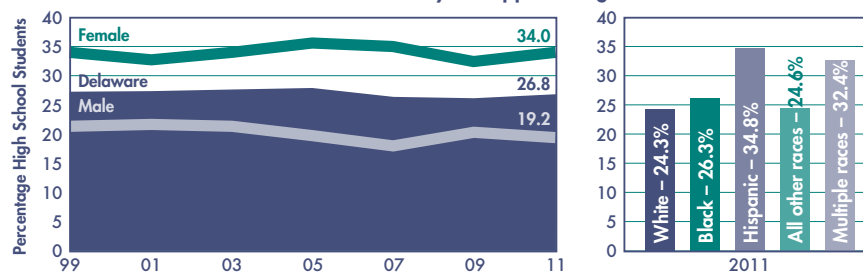


Mental health is important at every stage in life. Like adults, children can have mental health challenges and disorders that can influence their way of thinking, feeling, and acting. If left untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, or even suicide. These disorders can be very costly to children, families, communities, and the healthcare system. The causes of the disorders can be biological such as genetics, chemical imbalances in the body, or damage to the central nervous system. Environmental factors include exposure to violence, including witnessing or being a victim of physical or sexual abuse; loss of people through death, separation, divorce or broken relationships; factors related to poverty; exposure to environmental toxins such as high levels of lead; as well as other hardships. Early mental health intervention may significantly reduce the negative effects of mental health problems and promote healthy functioning. The Delaware Division of Prevention and Behavioral Health Services' (302-633-2571 or 1-800-722-7710) can answer questions about how to access mental health services.



Feeling Sad or Hopeless

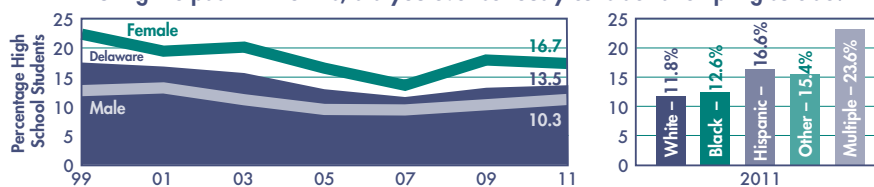
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?



Source: Youth Risk Behavior Survey 2011, Center for Drug and Alcohol Studies, University of Delaware

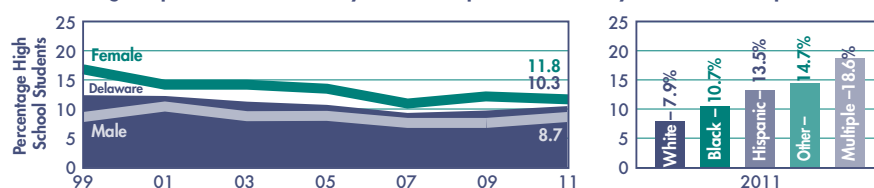
Considering Suicide

During the past 12 months, did you ever seriously consider attempting suicide?



Planning Suicide

During the past 12 months, did you make a plan about how you would attempt suicide?



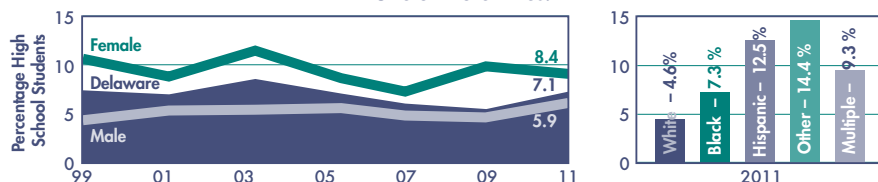
Source: Youth Risk Behavior Survey 2011, Center for Drug and Alcohol Studies, University of Delaware

Did you know? World Suicide Prevention Day promotes world commitment and action to prevent suicides. This year's will be held on September 10, 2012.

Source: World Health Organization

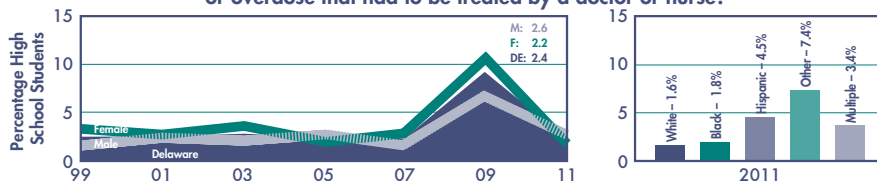
Attempting Suicide

During the past 12 months, how many times did you actually attempt suicide?
One or more times:



Injuring Self

Did any suicide attempt the past 12 months result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?



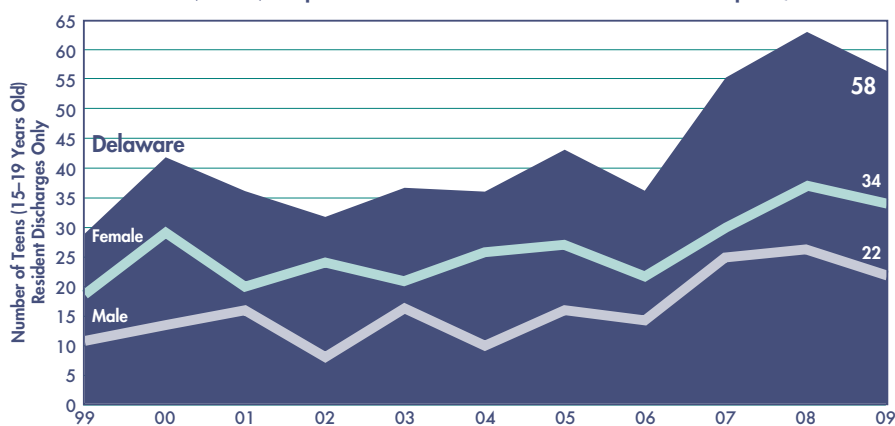
Source: Youth Risk Behavior Survey 2011, Center for Drug and Alcohol Studies, University of Delaware

Did you know? According to the CDC, among youth 15–24 years there are 100–200 suicide attempts for every completed suicide. In Delaware, the average cost per case for a suicide attempt is \$8,693.

Source: KIDS COUNT in Delaware 2011 Prevention Issue Brief

Self-inflicted Injury Hospitalizations

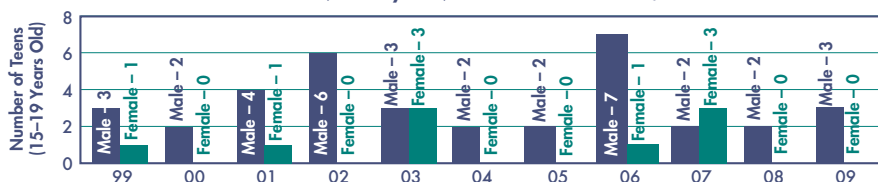
Number of Teen (15–19) Hospitalizations due to Suicide and Self-inflicted Injuries, Delaware



Source: Delaware Health Statistics Center

Teen Suicides

Number of Teen (15–19 years) Deaths due to Suicide, Delaware



Source: Delaware Health Statistics Center



For more information see

Teen Deaths by Accident, Homicide, & Suicide..... 50

Delaware Division of Prevention and Behavioral Health Services (to access mental health services).....302-633-2571

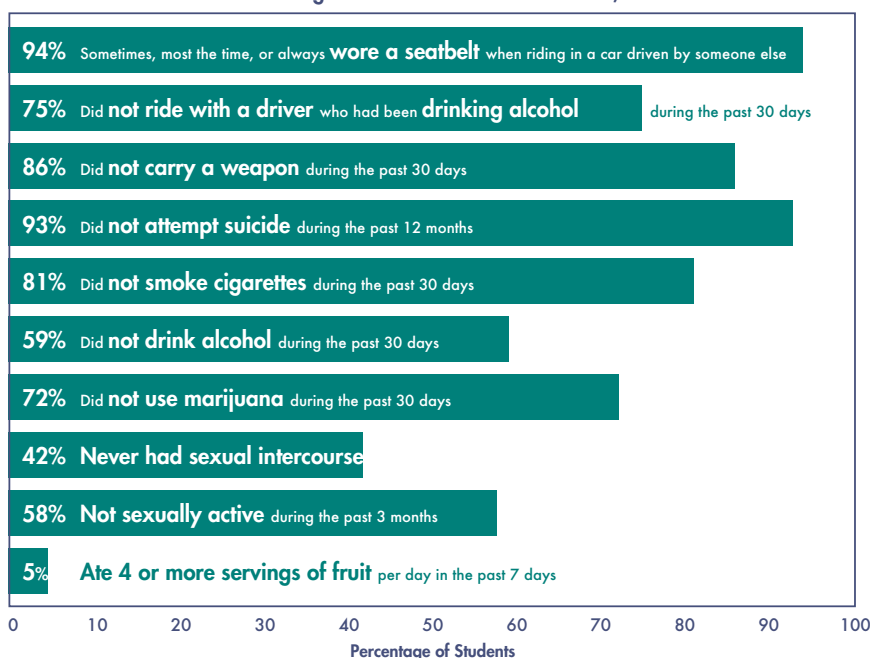
www.kidshealth.org/teen/your_mind/mental_health/suicide.html

Delaware Children Speak: Health and Health Behavior

Since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered an annual survey to public school students about alcohol, tobacco, and drug use. This study is supported by the Office of Prevention with the cooperation of the Department of Education and the Delaware Drug-Free School Coordinators. It has become a valuable tool in assessing trends of drug use among Delaware students. Over time, the survey has been adapted to include questions on school behavior, health habits, and parental interaction. In recent years, the study has shown an increased interest in safety, parental involvement, educational needs, and healthy lifestyles. The Center for Drug and Alcohol Studies has provided KIDS COUNT in Delaware with a wealth of information detailing the issues which are included in each section as **Delaware Children Speak**.



Teen Lifestyle Choices Delaware High School Students Grades 9–12, 2011



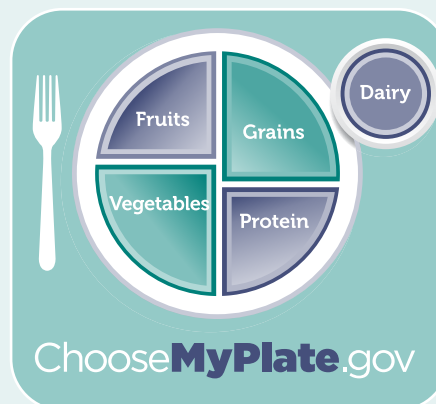
Source: CDC Youth Risk Behavior Survey, Center for Drug and Alcohol Studies, University of Delaware

PUT DATA INTO ACTION

The United States Department of Agriculture recently established ChooseMyPlate.gov which promotes healthy portions and dining options for families. It advises:

- balancing calories (enjoy your foods but eat less, avoid oversized proportions),
- increasing healthful foods (make half your plate fruit and veggies, switch to fat-free or 1% milk, make half your grains whole), and
- reducing consumption of certain foods (decrease sodium consumption, drink water over sugary drinks).

Source: USDA Choose MyPlate, www.choosemyplate.gov

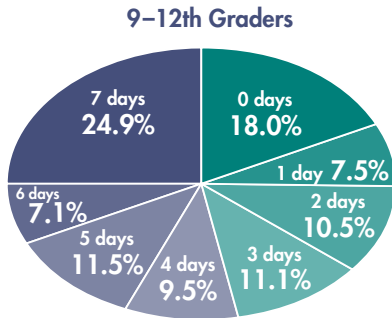


Delaware Children Speak: Health and Health Behavior

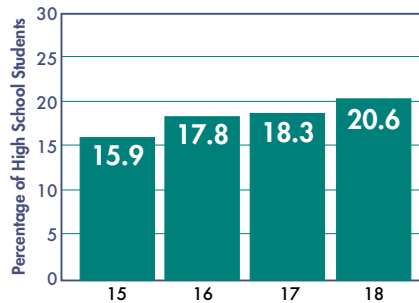
Strenuous Physical Activity

How many days in the past week have you exercised or participated in physical activity for at least 60 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?

Delaware, 2011



Students reporting 0 days activity by age



Source: Responses from 9th–12th grade students.
CDC Youth Risk Behavior Survey, Center for Drug and Alcohol Studies, University of Delaware

Weight Control

Step taken in the last 30 days to lose weight or keep from gaining weight
Delaware, 2011

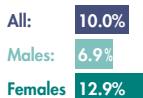
Exercised



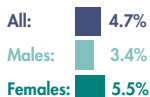
Ate less food, fewer calories or low-fat food



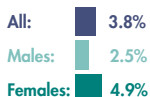
Went without eating for 24 hours or more



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



Vomited or took laxatives

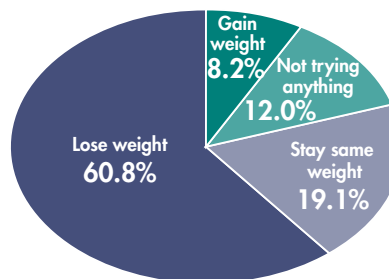


Source: Responses from 9th–12th grade students.
CDC Youth Risk Behavior Survey, Center for Drug and Alcohol Studies, University of Delaware

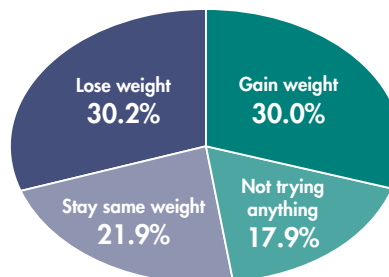
Concern about Weight

Which of the following are you trying to do about your weight?
Delaware, 2011

9–12th Grade Females



9–12th Grade Males



Source: Responses from 9th–12th grade students.
CDC Youth Risk Behavior Survey, Center for Drug and Alcohol Studies, University of Delaware



Did you know? 62.7% of Delaware children participate in 4 or more days of vigorous activities a week.

Source: www.nschoadata.org

For more information see

Childhood Obesity 42

www.udel.edu/delawaredata/

www.cdc.gov/HealthyYouth/yrbs/

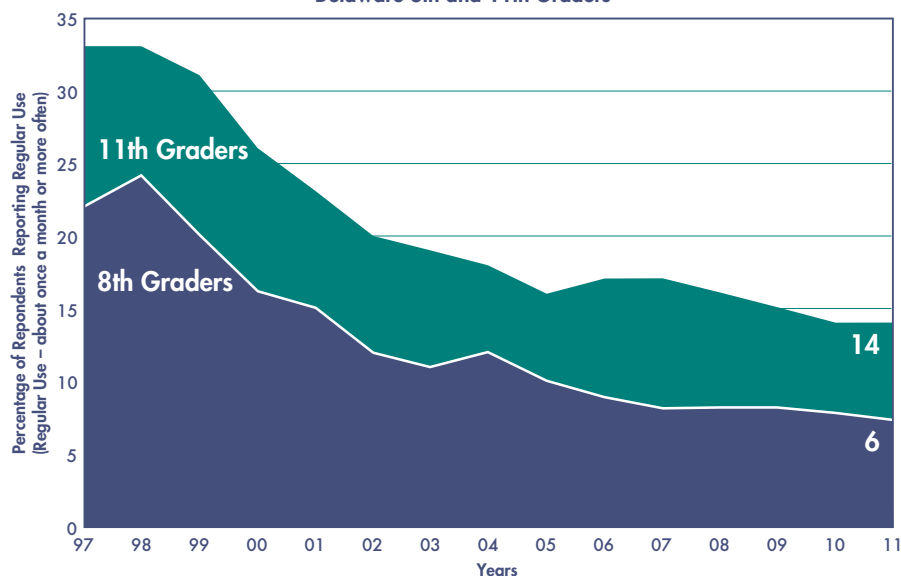


Delaware Children Speak: Health and Health Behavior



Past Month Cigarette Use

Delaware 8th and 11th Graders

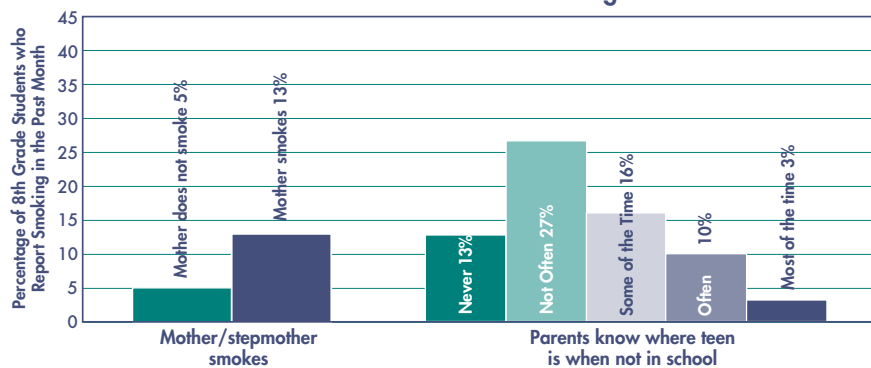


Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

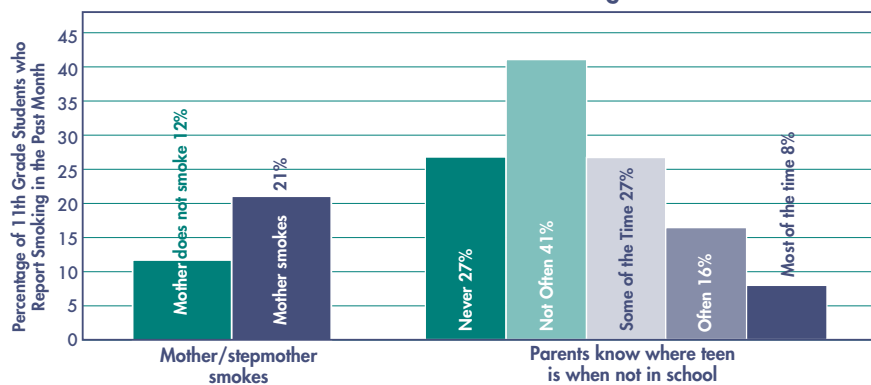
Parents Influence Teen Smoking

Delaware, 2011

8th Graders who Smoke Cigarettes



11th Graders who Smoke Cigarettes



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

Delaware Children Speak: Health and Health Behavior

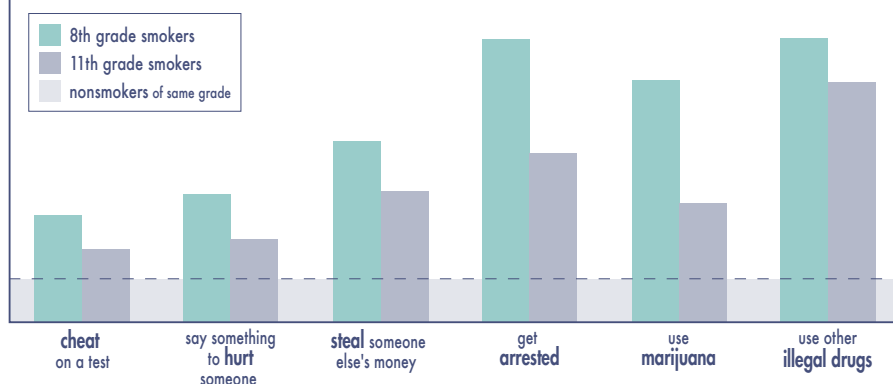
Youth Cigarette Use

8th and 11th Graders, Delaware, 2011



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

Smokers likelihood of risk behavior compared to non-smokers



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



For more information see

Alcohol, Tobacco, and Other Drugs 54

www.udel.edu/cdas/

<http://childnutrition.doe.k12.de.us/>

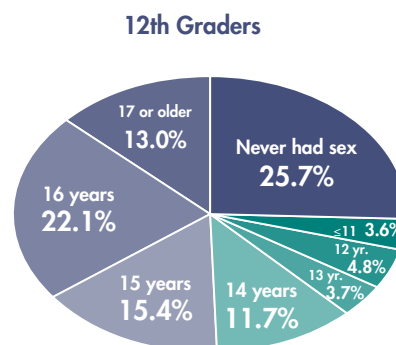
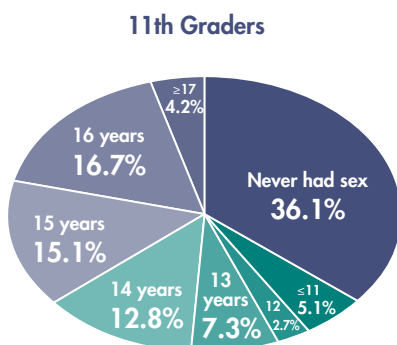
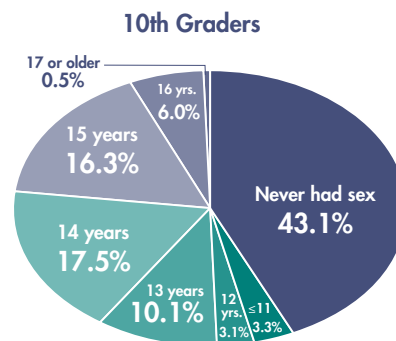
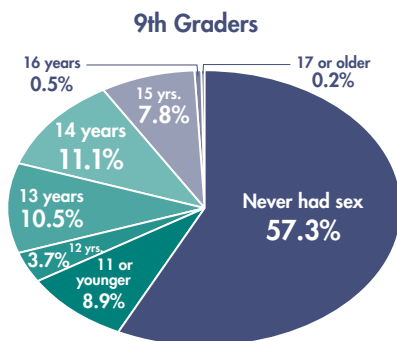


Delaware Children Speak: Health and Health Behavior



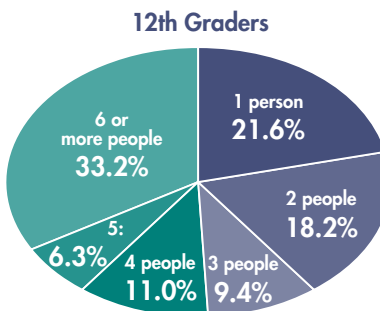
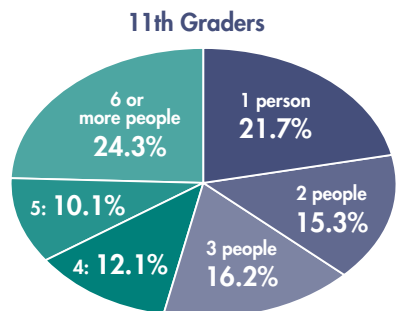
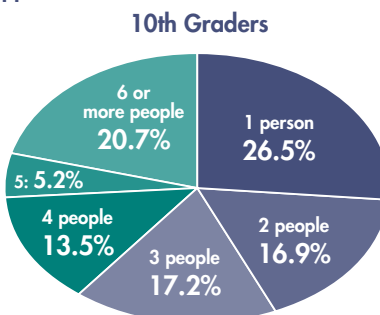
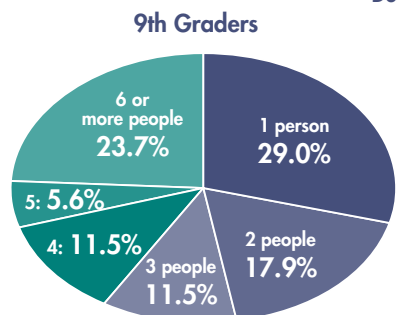
Sexual Activity

How old were you when you had sexual intercourse for the first time?
Delaware, 2011



Sexual Activity

Of those who are sexually active,
with how many people have you had sexual intercourse?
Delaware, 2011



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

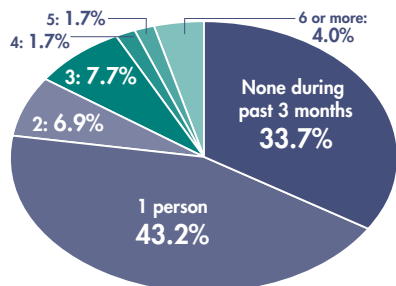
Delaware Children Speak: Health and Health Behavior

Sexual Activity

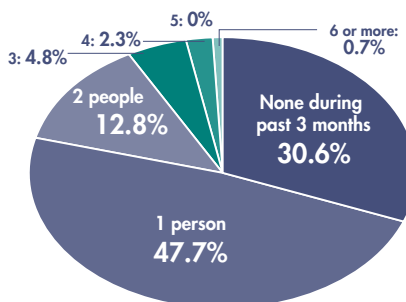
Of those who ever had sex,
with how many people have you had sexual intercourse during the past 3 months?

Delaware, 2011

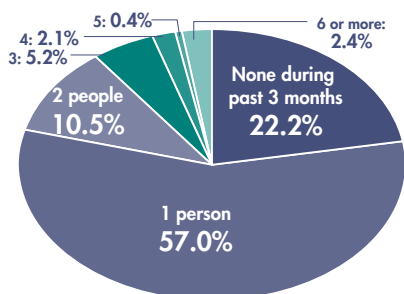
9th Graders



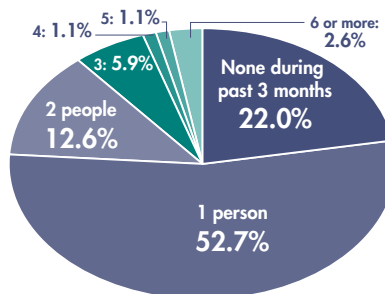
10th Graders



11th Graders



12th Graders

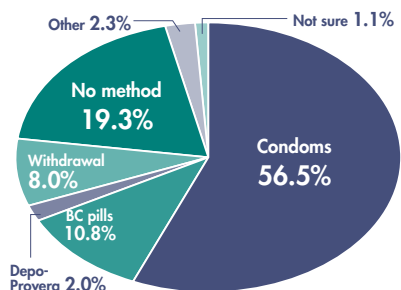


Sexual Activity

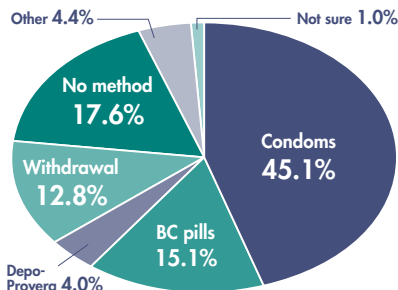
Of those who are sexually active, the last time you had sexual intercourse,
what one method did you or your partner use to prevent pregnancy?

Delaware, 2011

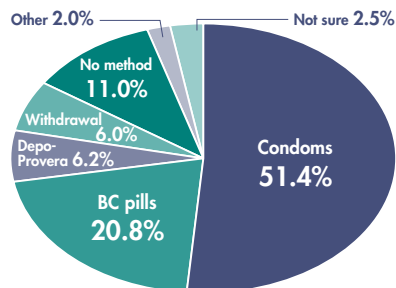
9th Graders



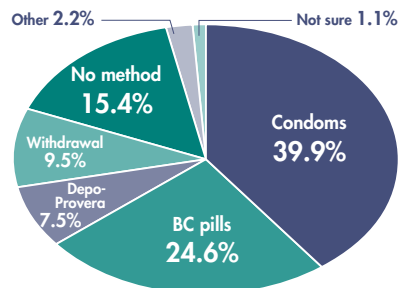
10th Graders



11th Graders



12th Graders



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



For more information see

Sexually Transmitted Diseases..... 53
Births to Teens 84

Delaware Children Speak: Health and Health Behavior



For more information see

Sexually Transmitted Diseases.....	53
Alcohol, Tobacco, and Other Drugs	54
Mental Health	56



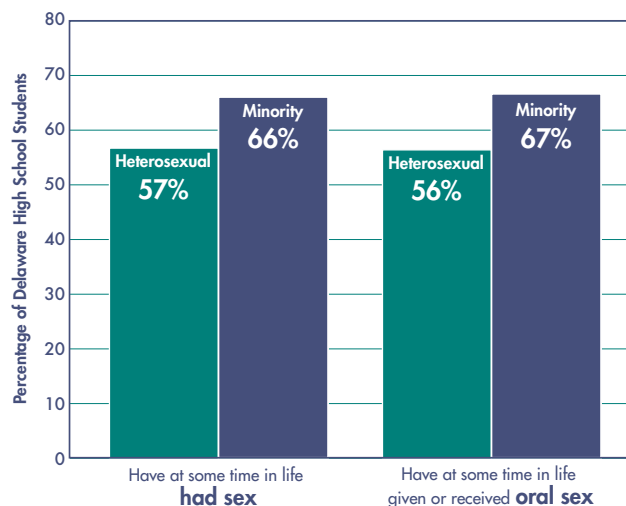
Sexual Minority Youth

Students who described themselves as homosexual (lesbian or gay) OR bisexual, compared to those who describe themselves as heterosexual (straight)

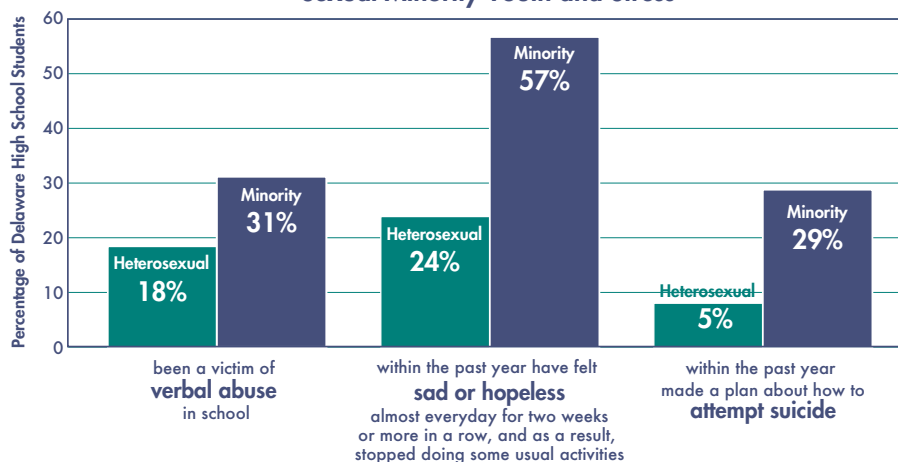
Delaware, 2011

Sexual Minority Youth Sexual Activity

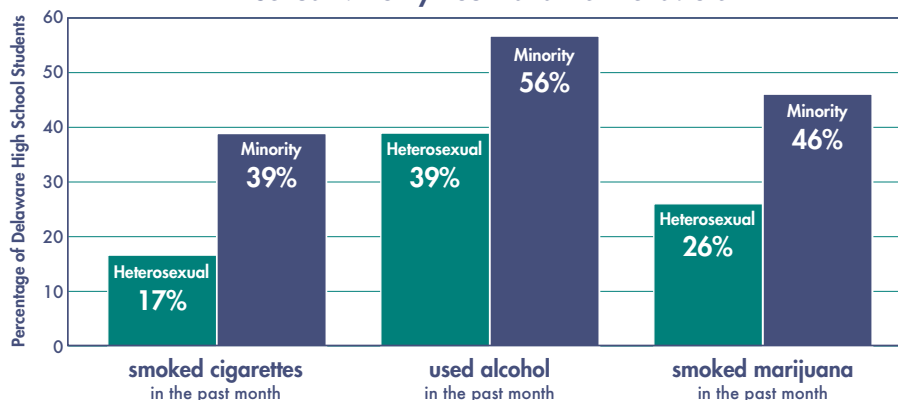
Sexual minority students appear to be exposed to far greater levels of stress than heterosexual students and lower levels of perceived support. Increased rates of risk behaviors may represent responses to increased stress and need for support and support services.



Sexual Minority Youth and Stress



Sexual Minority Youth and Risk Behaviors



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

EDUCATIONAL INVOLVEMENT & ACHIEVEMENT



Early Intervention

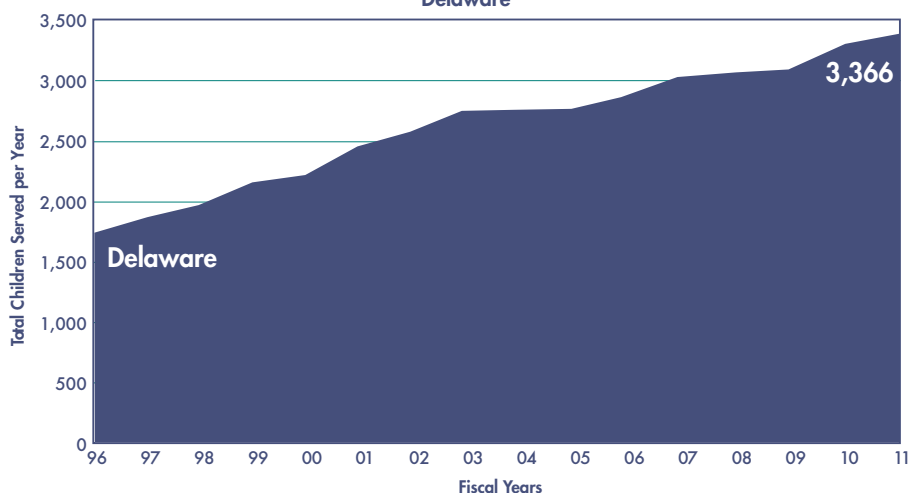
Early intervention programs are designed to improve the mental, verbal, social, and emotional wellbeing of young children who have developmental disabilities or who are vulnerable due to biological or environmental factors. These programs enhance a child's potential and development while providing support and assistance to the family.

Early intervention can mitigate existing developmental problems or prevent their occurrence. A strategy may focus on the child alone or on the child and the family together. Early intervention has been proven cost-effective, increasing the developmental and educational gains for the child and improving the functioning of the family.



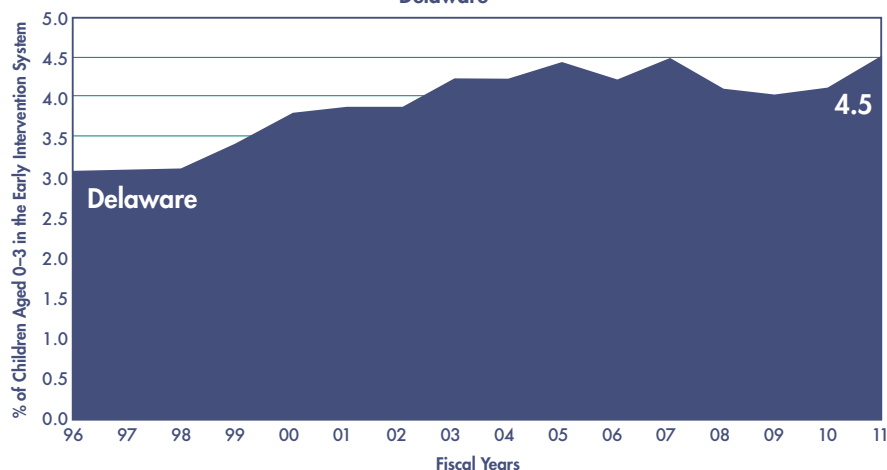
Child Development Watch

Delaware



Birth to Three Early Intervention

Delaware



Source: Delaware Birth to Three Early Intervention System, Delaware Department of Health and Social Services (DHSS)

PUT DATA INTO ACTION

Child Development Watch is an early intervention program offered by Delaware Health and Social Services (DHSS) for children ages 3 and under. This program is designed to enhance the development of infants and toddlers with disabilities and/or developmental delays and to enhance the capacity of their families to meet their needs. Most of what a child learns in a lifetime is learned in the first 5 years. It is important in these early years to give children every possible opportunity to develop these important skills. Child Development Watch supports developing these skills in everyday settings, such as home, childcare, or community programs. More than 24,000 children in Delaware have received early intervention services through Child Development Watch.

For more information see

www.kidscount.org/kidscount/pages/ed.early.html

www.state.de.us/kids/fs/fs_k3prog.shtml



The Head Start program provides comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. The range of services offered are designed to be responsive to the developmental, ethnic, cultural, and linguistic experience of the children and their families.

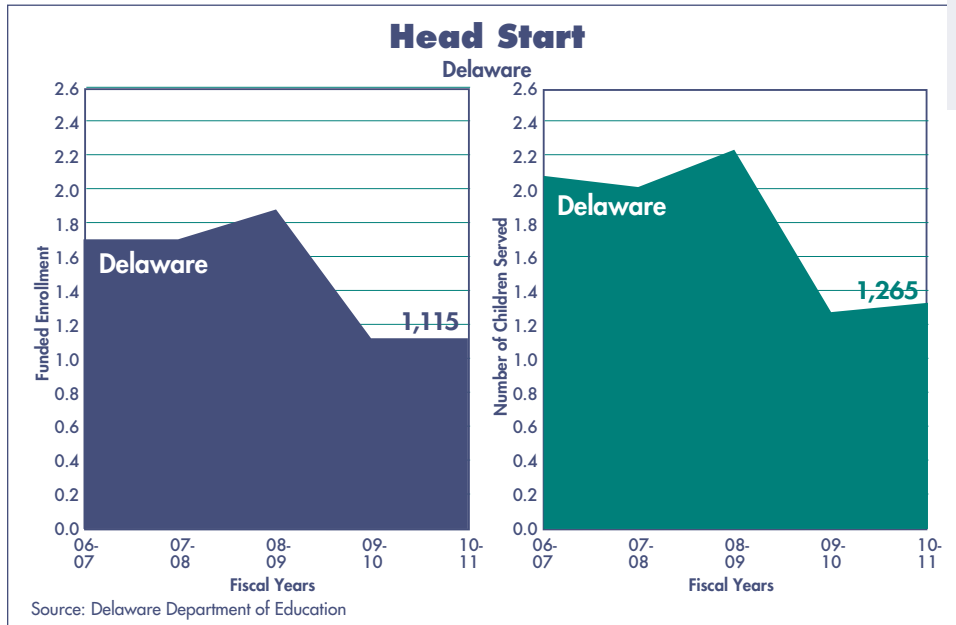
Head Start and partnering organizations promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services. A hallmark of the program is its emphasis on engaging parents in the many activities that support their child's development.

Head Start – federally funded program operated by local public and private non-profit and for-profit agencies to provide comprehensive child development services to children who are at or below the poverty level. Special focus is on helping preschoolers from 3 to school entry develop early reading and math skills. The number of programs has decreased from 4 in 2007 to 2 in 2011.

The Head Start program is permitted to serve up to 10% of their children who are above the poverty threshold to meet mandates to provide services to children with disabilities.

Funded Enrollment is the funded slots.

Number of Children Served is the cumulative number of children that filled funded slots throughout the year. Number of children served exceeds the funded enrollment because some children leave the program during the year and other children re-fill their slots.



Did you know?

- Head Start children are significantly more likely to complete high school and attend college than their siblings who did not attend Head Start.
- A higher proportion of Head Start parents read to their children more frequently than those parents of children who were not enrolled in Head Start.
- Children in Head Start programs receive significantly more health care screenings than their non-Head Start peers. In addition, in a study released in 2010, the number of dental examinations for Head Start children was higher than the number of those given to non-Head Start children. Head Start provides health and dental services to children and families who might otherwise not have them.
- At-risk children **not** afforded the opportunity to participate in a quality early childhood program are five times more likely to have been arrested repeatedly by age 27.

Source: National Head Start Association, http://www.nhsa.org/research/research_bites

PUT DATA INTO ACTION

Head Start eligibility and enrollment

- Children ages 5 and under with low income are eligible for Head Start, Early Head Start and ECAP services.
- Children receiving public assistance (TANF or SSI) are eligible for Head Start, Early Head Start and ECAP services regardless of income.
- Children in foster care are eligible for Head Start, Early Head Start and ECAP services regardless of family income
- Ten percent of enrollments are offered to children with disabilities
- Children who come from families with slightly higher income may participate in Head Start, Early Head Start and ECAP when space is available.

Source: Delaware Department of Education



For more information see
www.nhsa.org

Student Achievement

DCAS – The Delaware Comprehensive Assessment System (DCAS) is an online, web-based scoring system for reading/English language arts, mathematics, science and social studies that replaced the Delaware Student Testing Program (DSTP), in 2011. The DCAS should provide a more accurate measure for student growth and more timely and detailed information to educators for planning and improving educational programs at the school, district and state level. Additionally, DCAS will provide multiple opportunities for students to demonstrate proficiency and will provide academic achievement information to students and parents, including a measure of fall-to-spring and year-to-year individual student growth.

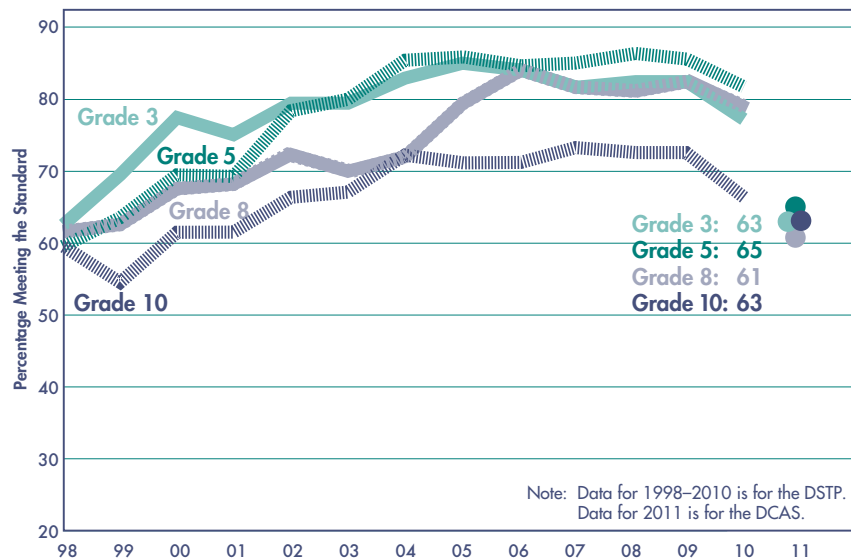
DCAS data is not comparable with data from the previous testing system (DSTP).

Future success in the labor market is directly related to a person's breadth of knowledge and ability to think, learn, and communicate. Education plays a primary role in equipping young people with the necessary skills, knowledge, and experiences for achievement. A school's testing program is one measure of a student's academic achievement. A child's early academic success may indicate a higher skill level and could influence the later work and salary a child is capable of achieving. Attaining a higher skill set through academic success could assure a child a more successful experience in the labor market. Math and reading assessments are key measures of student achievement. Well developed reading skills are linked to higher school graduation and college attendance rates. Still, for a number of complex reasons, many children struggle to attain academic success.



Reading Proficiency – DSTP and DCAS

Delaware Student Testing Program and Delaware Comprehensive Assessment System



Source: Delaware Department of Education

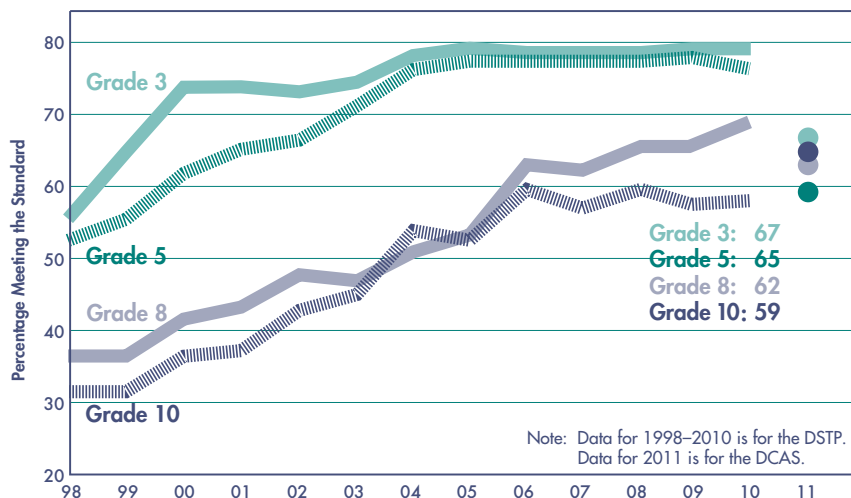
DSTP/DCAS – Beginning in the 2010-11 school year Delaware began using a new assessment called Delaware Comprehensive Assessment System (DCAS) that replaced the previous paper-and-pencil exam, the Delaware Student Testing Program (DSTP). DCAS is a computer adaptive test (CAT) that allows for greater flexibility in testing and provides teachers immediate feedback so they can focus the instruction in the child's classes to meet his or her needs.

In September 2010, the State Board of Education adopted a new scoring system that "raises the bar" for what is considered proficient on the exam.

Therefore, the percent proficient on DCAS is not directly comparable to percent proficient on DSTP.

Math Proficiency – DSTP and DCAS

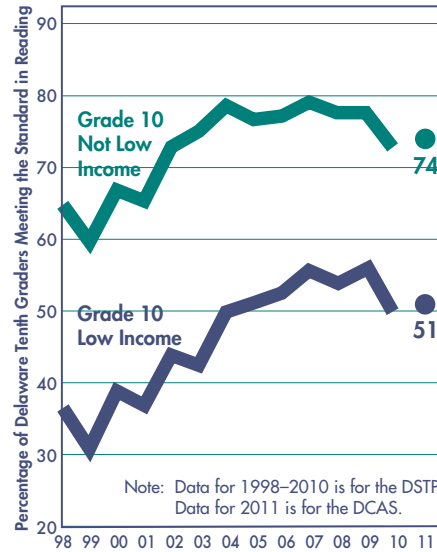
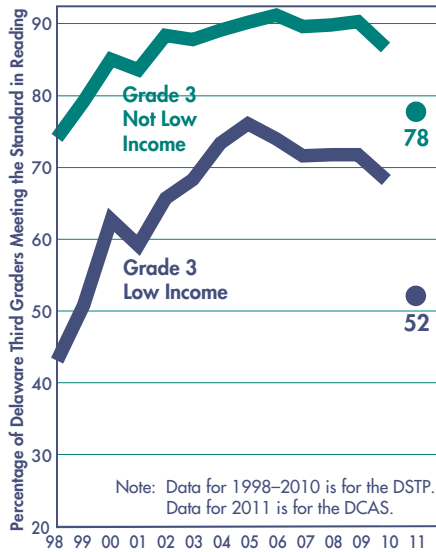
Delaware Student Testing Program and Delaware Comprehensive Assessment System



Source: Delaware Department of Education

DSTP and DCAS by Family Income

Delaware Student Testing Program, 3rd and 10th Grade Reading

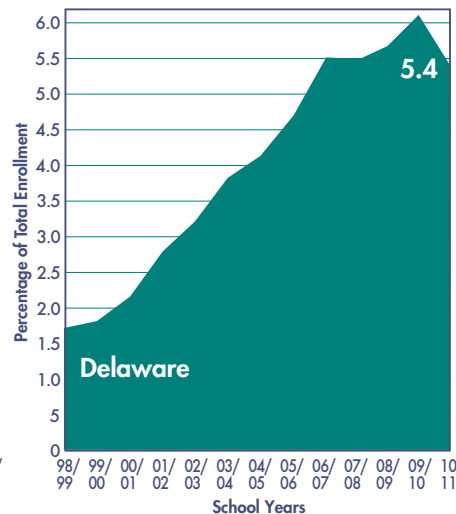
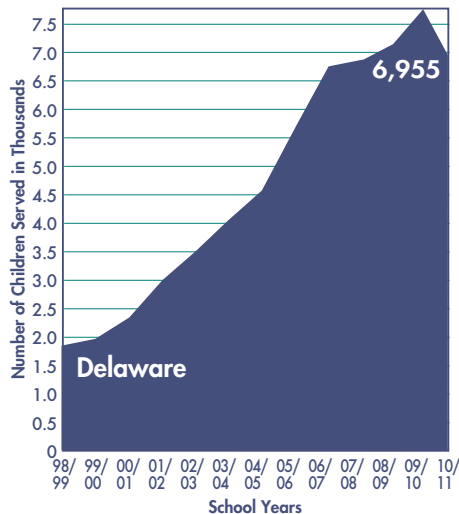


Source: Delaware Department of Education

DCAS data is not comparable with data from the previous testing system (DSTP).

English Language Learners

Number* and Percent of Delaware Students who are English Language Learners



* Number served is the count of students enrolled on April 1. The total number of children served per year is higher.
Source: Delaware Department of Education

Did you know? In the 2010/11 school year, 95 different languages were reported to be spoken by English Language Learners (ELLs) in Delaware's schools.

Sources: Delaware Department of Education



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

PUT DATA INTO ACTION

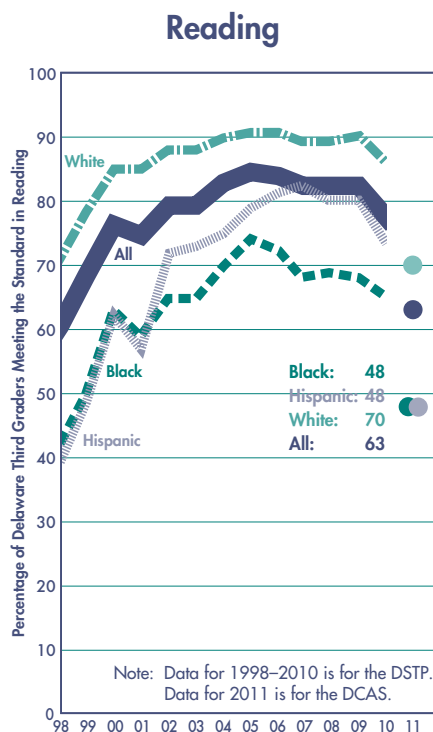
Modern Language Association (MLA) Language Map Data Center is available online at www.mla.org/census_main. Language data is available by state, county, town, and zip code. Data is also given by age and English proficiency. For example, in New Castle County in 2000, there were 120 children ages 5–17 who spoke Polish; 45 of those children spoke English "not well" or "not at all."

Student Achievement

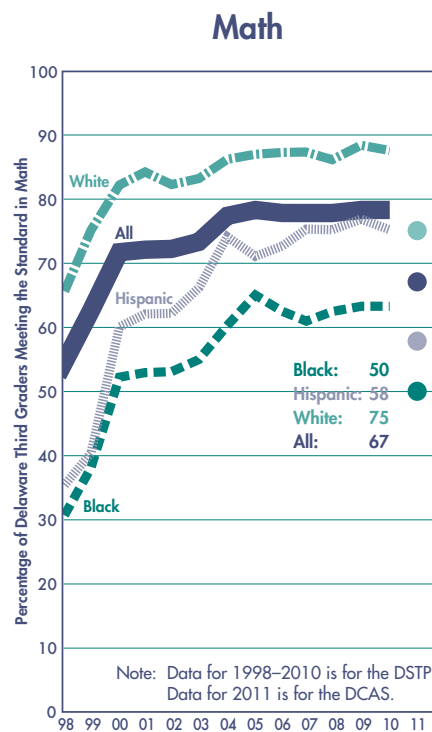
DCAS – The Delaware Comprehensive Assessment System (DCAS) is an online, web-based scoring system for reading/English language arts, mathematics, science and social studies that replaced the Delaware Student Testing Program (DSTP), in 2011. **DCAS data is not comparable with data from the previous testing system (DSTP).** More information on student testing can be found at the Delaware Department of Education <http://www.doe.state.de.us/>



Grade 3 Meeting the DSTP/DCAS Standard

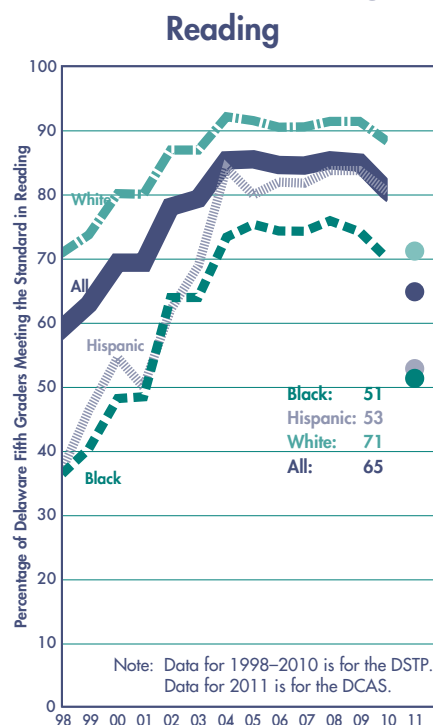


Source: Delaware Department of Education

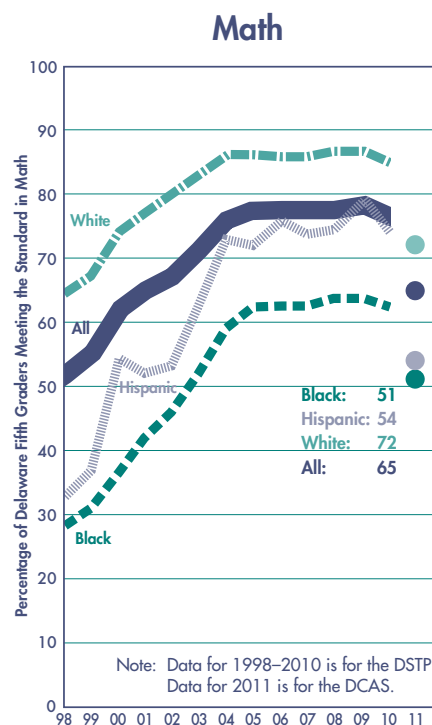


Note: All includes Native American and Asian.

Grade 5 Meeting the DSTP/DCAS Standard

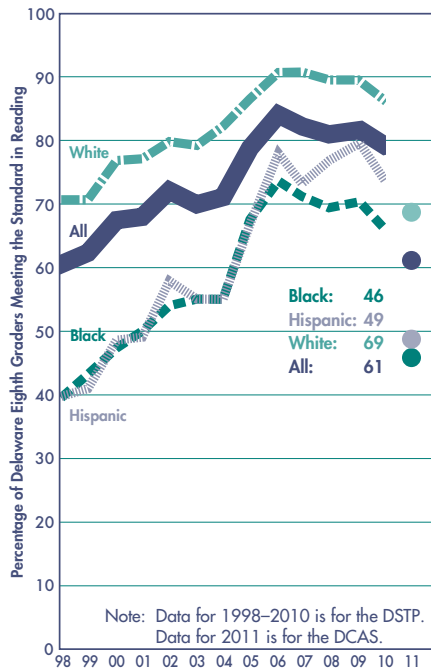


Source: Delaware Department of Education

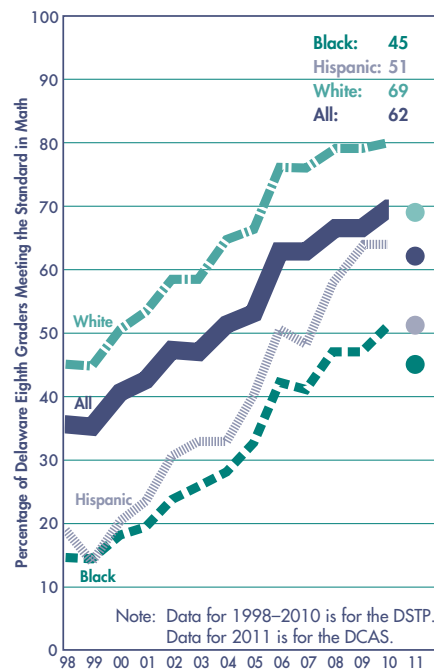


Note: All includes Native American and Asian.

Grade 8 Meeting the DSTP/DCAS Standard



Source: Delaware Department of Education



Note: All includes Native American and Asian.

DCAS data is not comparable with data from the previous testing system (DSTP).

Did you know?

- Delaware's new state testing system is called the Delaware Comprehensive Assessment System (DCAS). This assessment is administered on computers and is given three times each year, giving educators the opportunity to adjust instruction throughout the year to meet students' needs.

- Higher Standards –** In September 2010, the State Board of Education adopted a new scoring system that “raises the bar” for what is considered proficient on the exam.

- New Expectations –** Because the performance measurement has changed, the first year of data should be viewed as a baseline year. DCAS data is not comparable with data from the previous testing system (DSTP).

- New Type of Test –** The DCAS is a “computer adaptive test” which means that the sequence of questions asked is unique to each individual student taking the test. As a student answers a question correctly or incorrectly, the test adapts its next question accordingly.

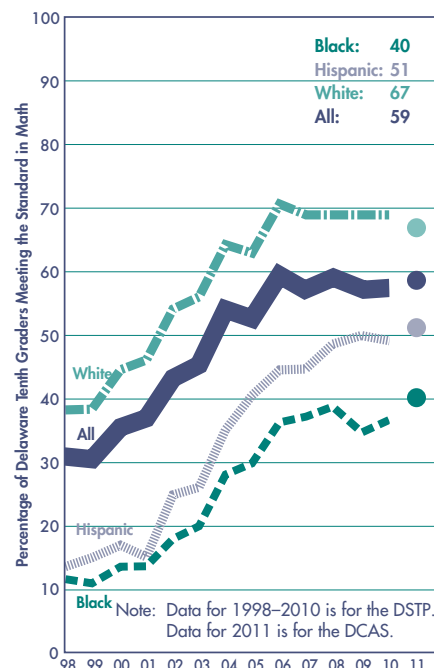
- New Test Format –** In past years, students took paper-and-pencil tests. The DCAS test is computer-based and there are expectations that students can successfully operate computer functions. Advantages to a computer-based test include multiple testing windows throughout the year and flexibility in administering the tests on different days or different times of the day.

Source: Delaware Department of Education, <http://www.doe.k12.de.us/news/2011/0721.shtml>

Grade 10 Meeting the DSTP/DCAS Standard



Source: Delaware Department of Education

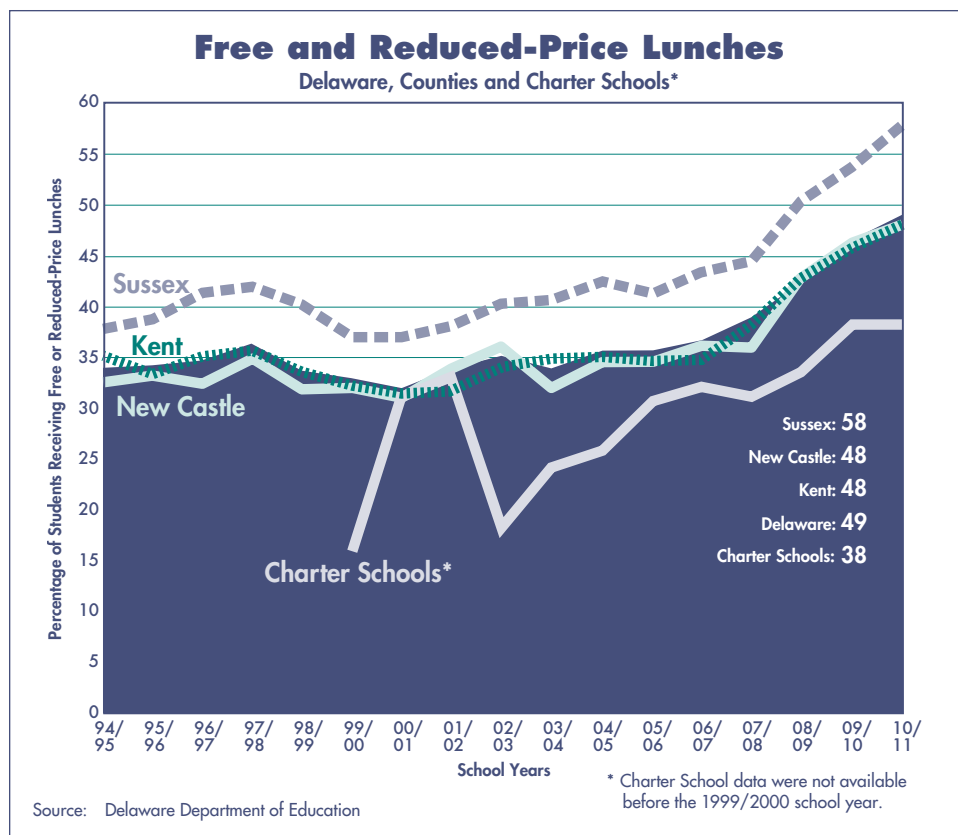


Note: All includes Native American and Asian.

Children Receiving Free and Reduced-Price School Meals

Poverty level – The poverty threshold for a one-parent, two-child family was \$17,568 for 2010; 130% of poverty was an income of \$22,568. For a family of four with two children, the threshold was \$21,843 for 2010; 130% of poverty was an income of \$28,746.

A healthy diet is essential to the academic achievement of young people. For this reason, nutritious meals are now considered an integral part of a good education. When children are hungry, they can not function or learn at their highest potential. The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. To ensure that these children continue to receive nutritious meals during long school vacations, the Summer Food Service Program was created. The School Breakfast Program (SBP) is another program that provides cash assistance to states to operate nonprofit breakfast programs in schools and residential childcare institutions. In addition, the Special Milk Program provides milk to children in schools and childcare institutions who do not participate in other Federal meal service programs.



Did you know? The percentage of Delaware students receiving free or reduced lunch has risen from 38.8% in 2007/08 to 48.8% in 2010/11. This data is a clear indication that child poverty is continuing to rise in Delaware.

Did you know? The Delaware Center for Horticulture has partnered with Healthy Foods for Healthy Kids, Inc. on several local school gardens, where students have the opportunity to plant, grow, harvest and eat their own vegetables.

PUT DATA INTO ACTION

In 2011, the Delaware Legislature passed a bill that prohibits public schools, including charter schools and school districts from making available or serving food with more than 0.5 grams of artificial trans fatty acids to students in grades K thru 12.¹

In 2010, the federal government passed the Healthy, Hunger Free Kids Act of 2010 (HHFKA). The act allows the USDA opportunity to make reforms to the school lunch and breakfast programs by improving the critical nutrition and hunger safety net for millions of children.

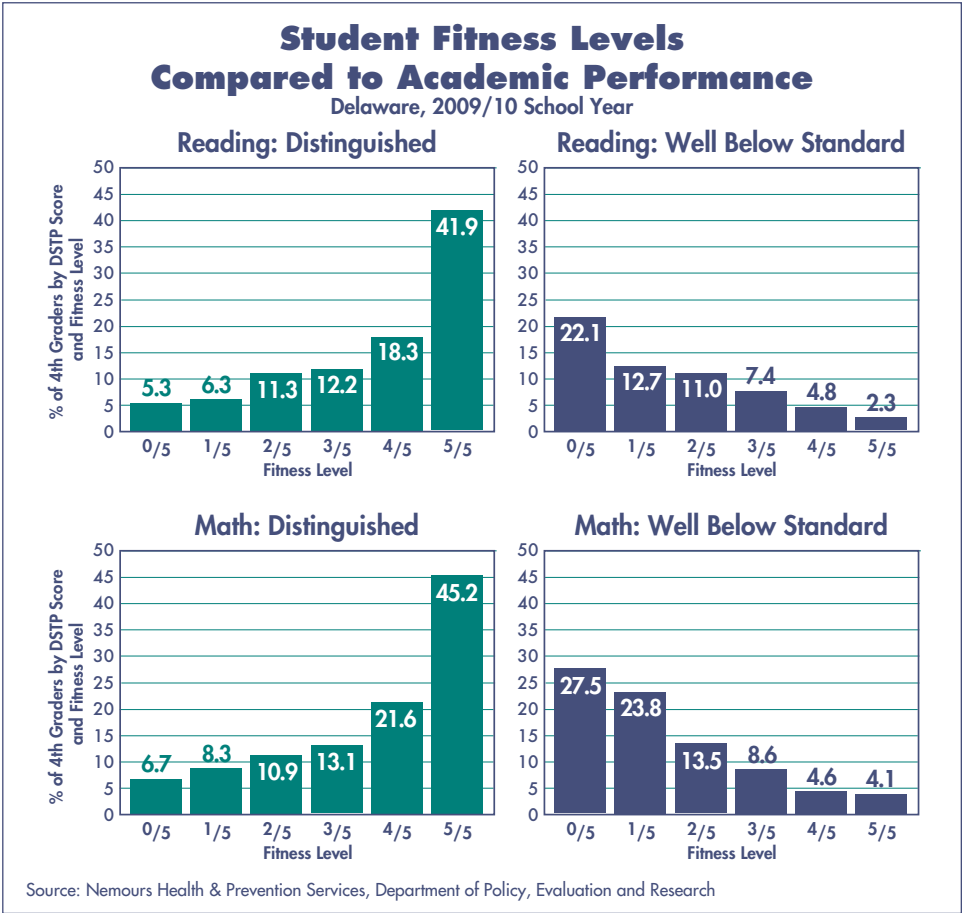
¹ KIDS COUNT in Delaware Legislative Wrap-Up 2011

² USDA Food and Nutrition Services, http://www.fns.usda.gov/cnd/Governance/Legislation/CNR_2010.htm

For more information see
www.feedingchildrenbetter.org
www.fns.usda.gov/cnd/lunch/



Regular physical activity helps improve overall health and fitness as well as reduces risk for chronic disease. Newly implemented research has determined that there is a high correlation between physical fitness and academic success. The Delaware Department of Education and Nemours Health & Prevention Services collaborated to analyze the relationships among Delaware student physical fitness levels, academic outcomes and student behaviors. Delaware schools utilize a fitness assessment tool called “FitnessGram,” developed by the Cooper Institute, to measure aerobic capacity, strength, endurance and flexibility of students; testing occurs in grades 4, 7, 9/10. The ideal outcome is for students to be at or above standards in all five fitness tests.



Did you know? According to the Centers for Disease Control and Prevention, children 6-17 years of age should engage in at least 60 minutes (1 hour) of physical activity each day.

- Aerobic activity should make up most of a child’s 60 or more minutes of physical activity each day. This can include either moderate-intensity aerobic activity (brisk walking) or vigorous-intensity activity (running).
- Children should include muscle strengthening activities (gymnastics or push-ups) at least 3 days per week as part of the 60 or more minutes.
- Bone strengthening activities (jumping rope or running) should also be included at least 3 days per week.

Source: Centers for Disease Control and Prevention (CDC), available at <http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html>



For more information see

Childhood Obesity	42
Delaware Children Speak about Health and Health Behaviors	58

Advanced Placement and Higher Education

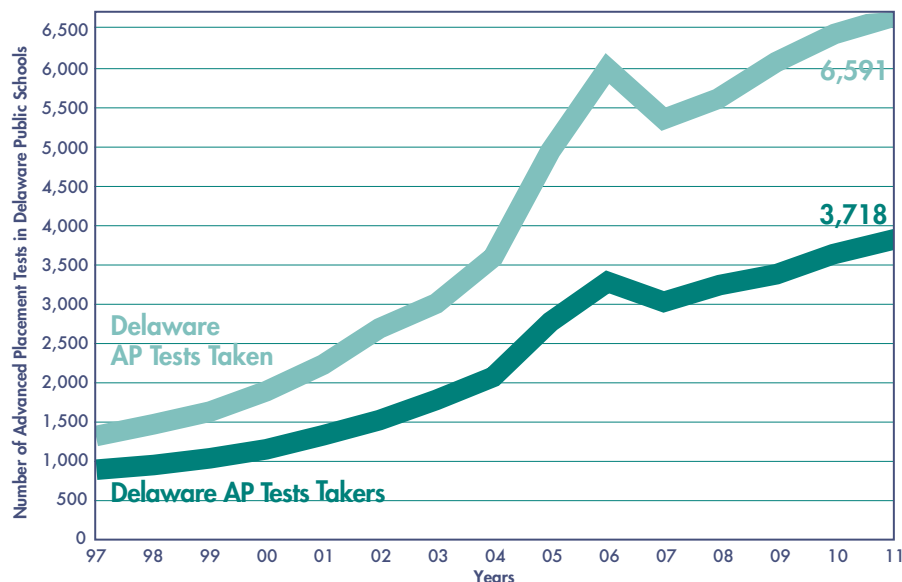
Since 1955, the Advanced Placement (AP) Program has allowed students to discover knowledge that might otherwise remain unexplored in high school. Through this program, students have the opportunity to earn credit or advanced standing at most of the nation's colleges and universities by taking college-level courses in a high school setting. The program is based on a cooperative educational effort between secondary schools and colleges and universities across the United States.

A strong curiosity for the subject they plan to study and the willingness to work hard are the only requirements for participation. The AP program also gives students the opportunity to explore subjects in greater depth and broaden their intellectual horizons. As a result, students are able to demonstrate their maturity, readiness for college, and their commitment to academic excellence.



Advanced Placement Tests

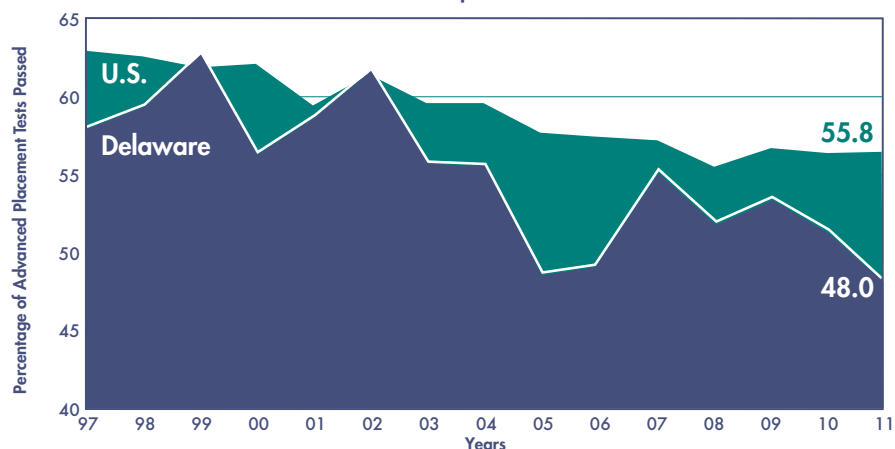
Delaware



Source: Delaware Department of Education

Advanced Placement Tests Passed

Delaware Compared to U.S.

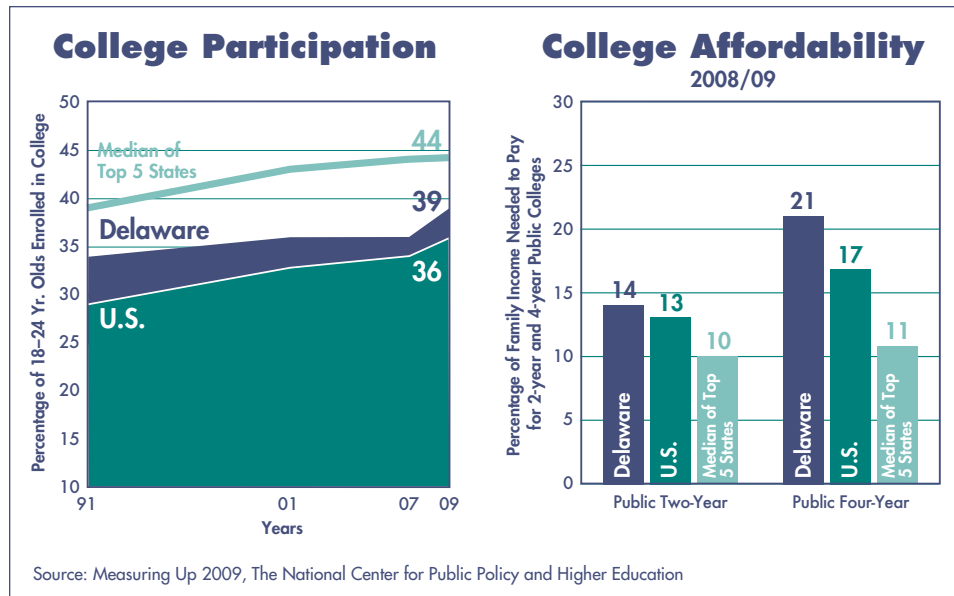


Source: Delaware Department of Education

Did you know?

- Advance Placement (AP) can help student acquire the skills and habits he or she will need to be successful in college. A student will improve writing skills, sharpen problem-solving abilities and develop time management skills, discipline and study habits.
- Most four-year colleges in the United States and college in more than 60 other countries give students credit, advanced placement or both on the basis of AP Exam scores. By entering college with AP credits, a student will have the time to move into upper level courses, pursue a double-major or study abroad.

Source: College Board, <http://www.collegeboard.com/student/testing/ap/about.html>



Did you know?

- Adults with higher levels of education report being in better health and having higher levels of socio-economic well-being than their peers with less education. They are also less likely to divorce or be incarcerated.¹
- Of the 1,601,000 bachelor's degrees conferred in the U.S. in the 2008/09 academic year, the greatest numbers of degrees were conferred in the fields of business (348,000); social sciences and history (169,000); health sciences (120,000); and education (102,000).²
- For the 2009/10 academic year, annual prices for undergraduate tuition, room and board were estimated to be \$12,804 at public institutions and \$32,184 at private institutions. Between 1999/2000 and 2009/10, prices for undergraduate tuition, room and board at public institutions rose 37% and prices at private institutions rose 25% after adjusting for inflation.³

¹ Child Trends Data Bank, www.childtrendsdatabank.org

² U.S. Department of Education National Center for Education Statistics, <http://nces.ed.gov/fastfacts/display.asp?id=37>

³ U.S. Department of Education National Center for Education Statistics, <http://nces.ed.gov/fastfacts/display.asp?id=76>

Did you know? The Delaware Student Excellence Equals Degree (SEED) was created in 2006. It is a scholarship that is awarded to students who have graduated from a Delaware public or non-public high school. Ideal candidates are students who stay in school, work hard, and stay out of trouble. For more information call (302)-735-4000.

Source: The Delaware SEED Scholarship, <http://www.usscholarshipguide.org/scholarship/state/delaware/seed.html>



For more information see
www.collegeboard.org

High School Dropouts

Dropout – A 2010–11 dropout is an individual who was enrolled at the end of the 2009–10 school year; or at any time during the 2010–11 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:

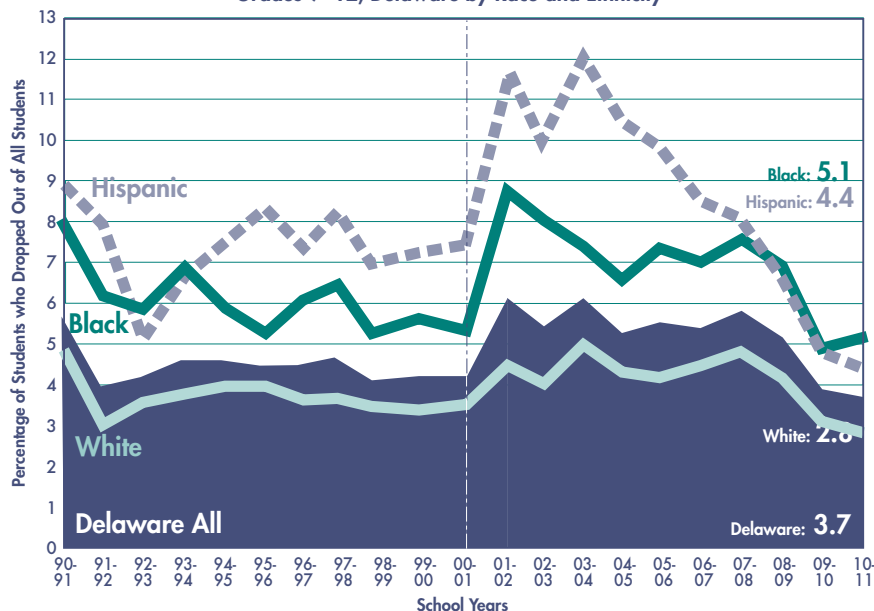
- Documentation proving transfer to another public school district, private school, or state- or district-approved education program;
- Temporary absence due to suspension or school-approved illness; or
- Death.

Graduation from high school is a predictor of future success. Dropping out carries a high cost for the student and for the community at large. Young people who drop out are more likely than their peers who graduate to be unemployed, living in poverty, receiving public assistance, in prison, unhealthy, and are at a higher risk to become single parents with children who drop out from high school themselves. As today's workplaces becomes increasingly dependent on technology, dropouts will also have an ever more difficult time competing in the marketplace.



Public High School Dropouts

Grades 9–12, Delaware by Race and Ethnicity

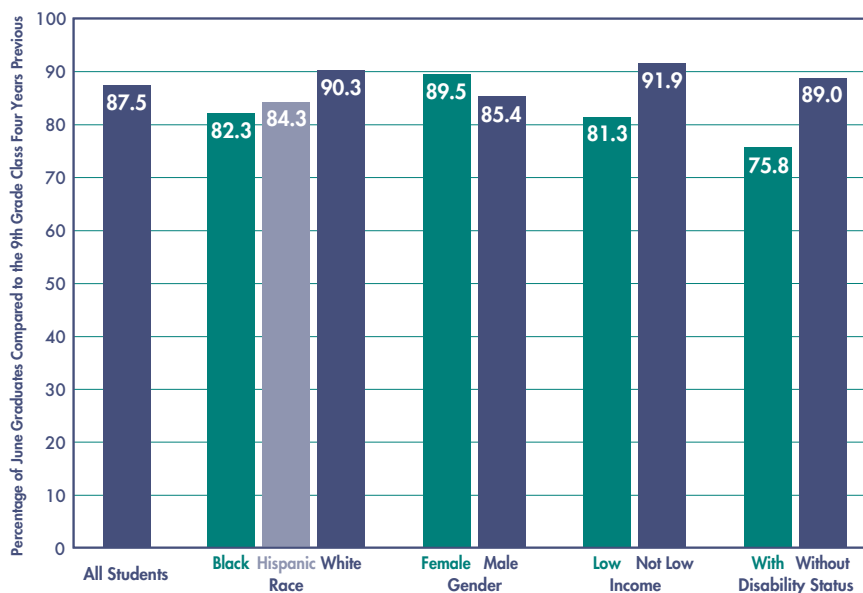


Note: The percentage after 2000–01 reflects an improvement in data acquisition and reporting. There was not a significant increase in the number of dropouts; those students added to the dropout data were previously listed as “Missing,” and not reported. Missing students have been tracked and placed in correct categories.

Source: Delaware Department of Education

Graduation Rates

Delaware, School Year 2010/11



Source: Delaware Department of Education

Graduation Rate – The graduation rate is a cohort rate that reflects the percent of 9th grade students who graduated within four years from a Delaware public school. The rate takes into account dropouts. For example, the rate for 2010–2011 reflects the percent of incoming 9th graders in September of 2007 who graduated in June of 2011.

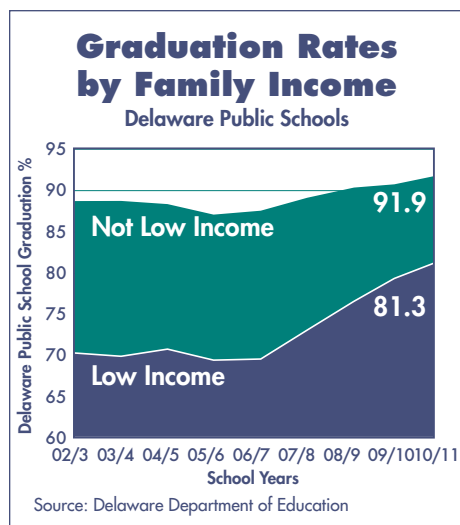
Did you know?

- According to the Alliance for Excellence in Education, nearly 3,900 students did not graduate from Delaware's high schools in 2010; the lost lifetime earnings in Delaware for that class of dropouts total \$1 billion.¹
- According to a study published in the journal Health Affairs, diabetes is a contributing factor to the nation's high school dropout rate. Researchers found the high school dropout rate among diabetics was 6% higher than the dropout rate among their peers. They also found the likelihood that a diabetic student will attend college is 8 to 13% lower and that over the course of a lifetime, a diabetic could lose more than \$160,000 in wages.²
- As of April 2011, Delaware was one of forty-four states to have adopted the common core state standards in mathematics and English language arts. The new standards will better prepare students to be successful in college and their careers.³

1 Alliance for Excellence in Education, http://www.all4ed.org/about_the_crisis/schools/state_information/delaware

2 Health Affairs, <http://content.healthaffairs.org/content/31/1/27.abstract>

3 Alliance for Excellent Education, http://www.all4ed.org/about_the_crisis/schools/state_information/delaware



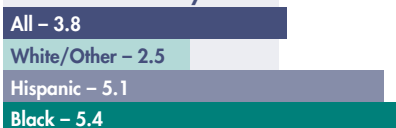
Dropout Rates

by Racial/Ethnic Group
School Year 2010/11

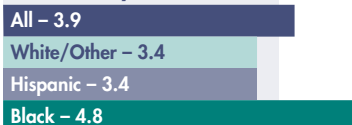
Delaware



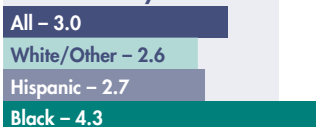
New Castle County



Kent County



Sussex County



Delaware Average: 3.7

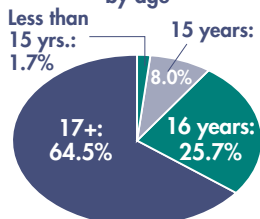
Source: Delaware Department of Education



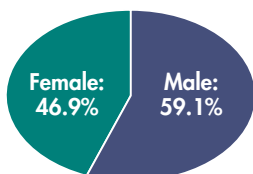
Dropouts

by Age, Gender, and Racial/Ethnic Group, School Year 2010/11

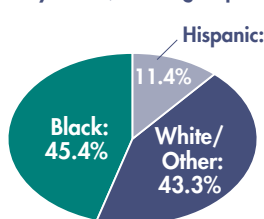
Percentage of all dropouts by age



Percentage of all dropouts by gender



Percentage of all dropouts by racial/ethnic group



Source: Delaware Department of Education

For more information see

Teens Not in School and Not Working..... 79

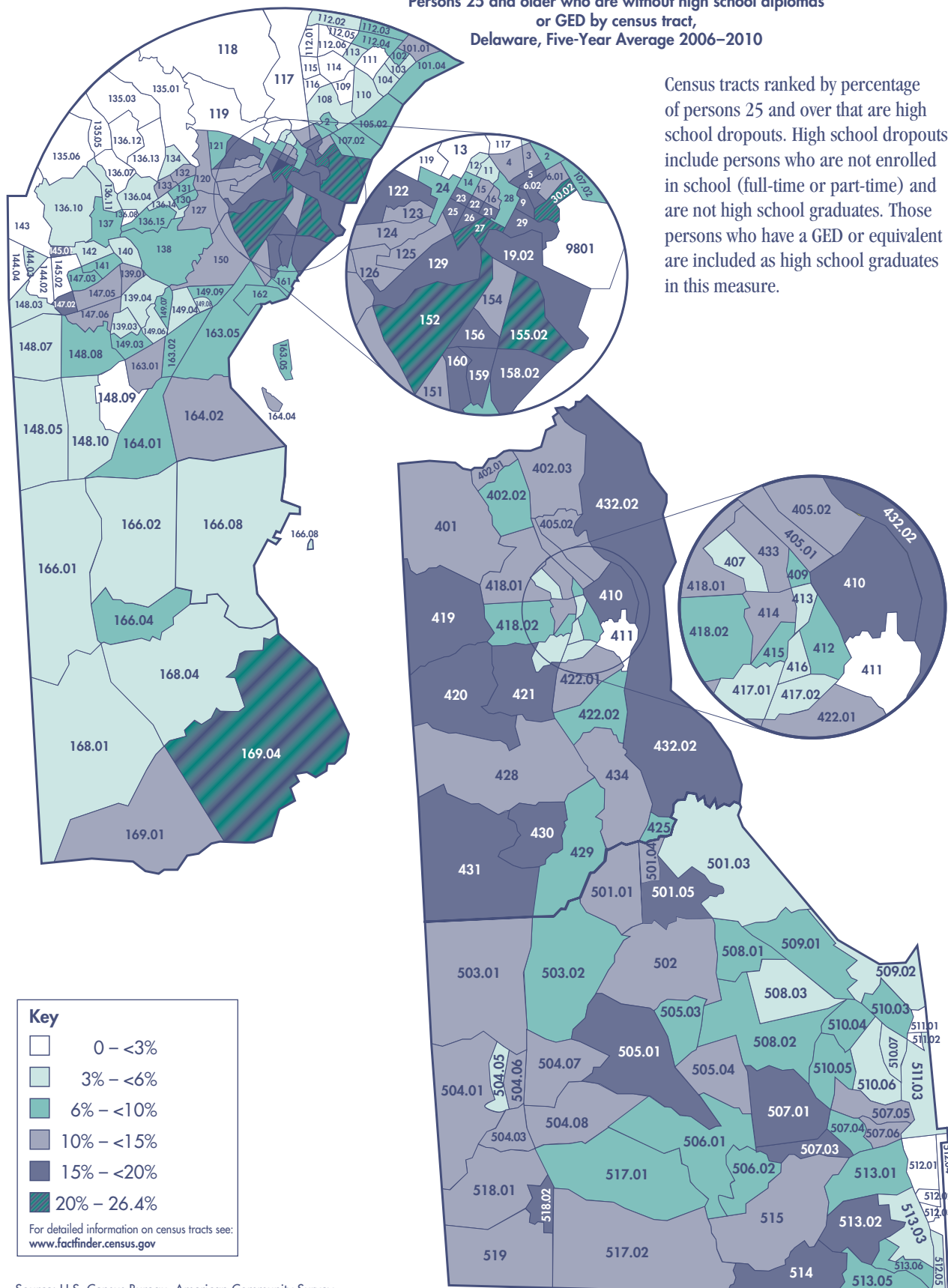
www.dropoutprevention.org

www.jobcorps.doleta.gov

Adults Who Are Dropouts

Persons 25 and older who are without high school diplomas or GED by census tract, Delaware, Five-Year Average 2006–2010

Census tracts ranked by percentage of persons 25 and over that are high school dropouts. High school dropouts include persons who are not enrolled in school (full-time or part-time) and are not high school graduates. Those persons who have a GED or equivalent are included as high school graduates in this measure.



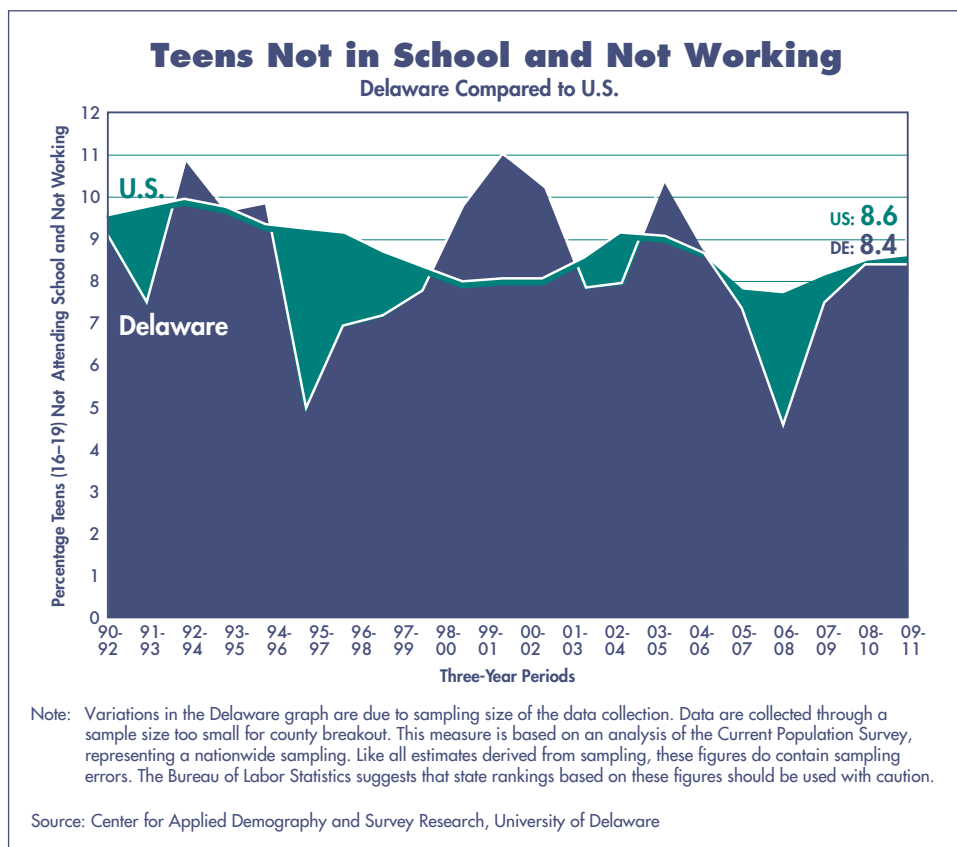
Source: U.S. Census Bureau, American Community Survey

Teens Not in School and Not Working

Teenagers who are neither in school nor working may face difficulties transitioning from youth to an independent adult society. Such detachment, particularly if it lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school, secured jobs, or both.

There are many reasons that youth may not be working or enrolled in school, such as an inability to find work or leaving the workforce to start a family. Moreover, the exploration of different career paths and moving back and forth between school and work has become more common during early adulthood. In addition to these individual factors, family situation, school, and community environment can influence the teenagers' decisions to drop out of school and look for jobs that are hard to find when they don't have the education required. Preventing this phenomenon is possible through improving educational opportunities and strengthening support through the teen's personal and educational networks. Caring parent-child interactions and positive peer influences can also be very helpful for teenagers at risk.

Teens Not in School and Not Working – teenagers ages 16–19 who are not in school and not employed, also referred to as “disconnected youth”



Did you know?

- Males who are neither enrolled in school nor working are more likely to engage in delinquent behavior or illegal activities to earn money.
- Females who are neither enrolled in school nor working are more likely to become dependent on welfare.
- Youth in the juvenile justice, foster care, and special education system tend to drop out of these systems at an early age, leaving them ineligible for system services meant to aid in the transition to adulthood.

Source: Child Trends Data Bank

Teens Not in School and Not Working



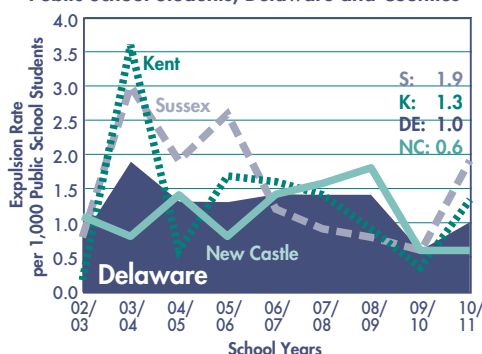
Expulsions and Suspensions

County	Enrollment	Number of Expulsions	Number of Suspensions*		
			Out-of-School	In-School	Total
Delaware	126,801	71	32,147	32,101	64,248
New Castle	73,858	47	23,240	19,056	42,296
Kent	29,278	10	5,155	7,426	12,581
Sussex	23,665	14	3,752	5,619	9,371

*Suspensions are total number of suspensions, not students suspended. A student may have multiple suspensions.

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

Expulsion Rates Public School Students, Delaware and Counties

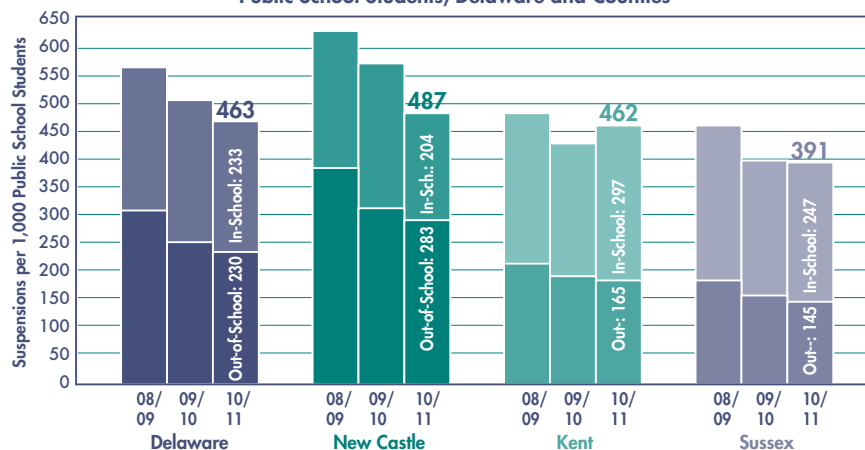


Source: Delaware Department of Education

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. The duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.

Suspension Rates

Public School Students, Delaware and Counties



Source: Delaware Department of Education

Did you know? Disciplinary actions are based on school codes of conduct that are crafted by each school district. Each district determines the type of offenses and the severity of the offenses for which a student may be suspended out of school or expelled. There is no uniform threshold that distinguishes an out-of-school suspension from an expulsion. Sometimes a student may also be suspended pending a School Board hearing and then expelled (two disciplinary actions) for the rest of the year for a single offense. Finally, there is no state law or regulation that schools choose in-school suspension over out-of-school suspension when disciplining students. Beginning in 2008-09, Delaware began to collect data on in-school suspensions along with out-of-school suspensions to comply with federal reporting guidelines.

For more information see

High School Dropouts.....76

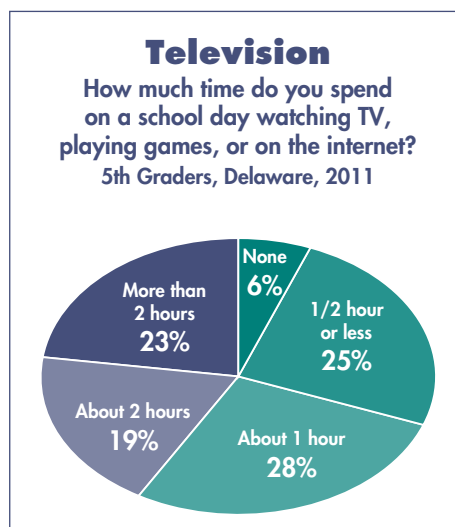
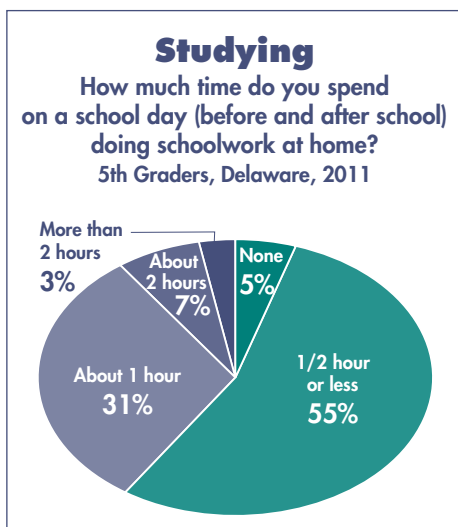
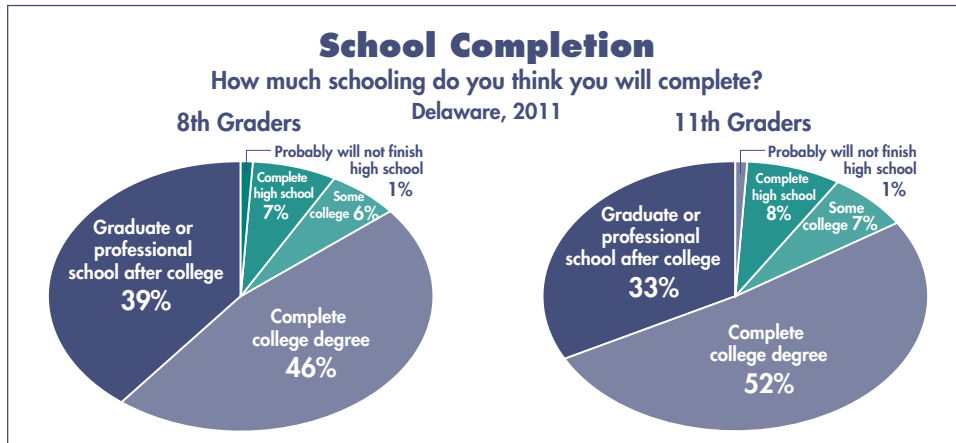
www.dropoutprevention.org

www.jobcorps.doleta.gov



Delaware Children Speak: Education

In order to achieve at higher levels, children need constant support from their parents. The amount of support offered by parents depends on the parents' belief about the role they should play in their child's educational process, the parents' belief about how their involvement will benefit their child, and the opportunities and barriers present to involve parents in their child's educational experience. Parents who provide literacy materials, hold high expectations, emphasize effort over ability, and encourage autonomy, will positively impact their children's performance. Some of the things that parents can do to participate in their children's education may include communicating with the child's school, monitoring homework, volunteering at the child's school, and attending school activities and meetings.



Source for above graphs: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Did you know? On March 29, 2010, U.S. Secretary of Education Arne Duncan announced Delaware as the first-place winner of Race to the Top; the federal government's largest competitive grants program designed to spur innovative state-based school reform. Delaware was awarded a four-year grant of \$119 million to improve its public schools. The grant is being used to carry out several specific public school reform initiatives outlined in Delaware's winning application, based on four priorities identified by the U.S. Department of Education. These include: 1) Adopting challenging academic standards that will prepare students for success in college and the workplace. 2) Increasing the number of highly effective teachers and principals, especially to serve in low-performing schools. 3) Providing new resources and intensive supports to our lowest-performing schools. 4) Building a data system that measures student progress during the year, enabling teachers and principals to tailor instruction to meet the unique needs of every child.

Source: Vision 2015 Delaware, <http://www.vision2015delaware.org/race-to-the-top/overview-of-race-to-the-top/> and <http://www.vision2015delaware.org/race-to-the-top/>



Delaware Children Speak: Education



For more information see
www.udel.edu/delawaredata/
www.vision2015delaware.org

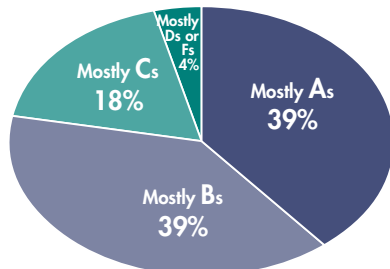


Parental Monitoring and Grades

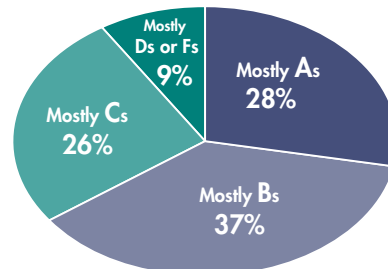
How often do your parents know where you are when you're not in school?
 What grades do you usually make?

Delaware 8th Graders, 2011

Parents know most of the time



Parents never know



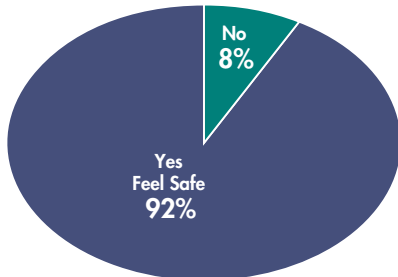
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

School Safety

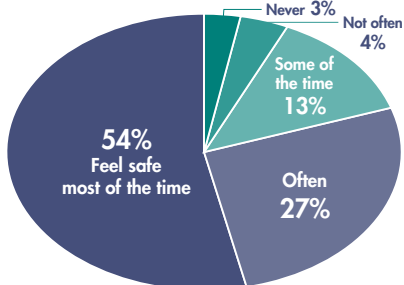
I feel safe in my school.

Delaware, 2011

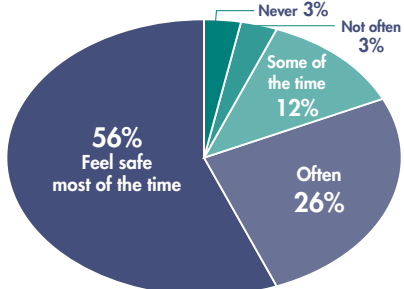
5th Graders



8th Graders



11th Graders

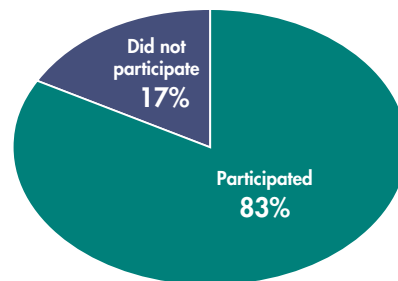


Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Extracurricular Activities

Percentage of children ages 6 to 17 who participated in organized activities outside of school, such as sports teams or lessons, clubs or organizations

Delaware, 2007

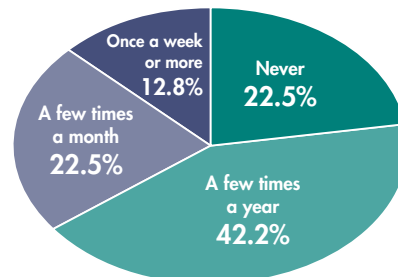


Source: National Survey of Children's Health

Volunteer Work

Percentage of children ages 12 to 17 involved in any type of community service or volunteer work at school, church, or in the community in the past 12 months)

Delaware, 2007



Source: National Survey of Children's Health

FAMILY ENVIRONMENT & RESOURCES



Births to Teens

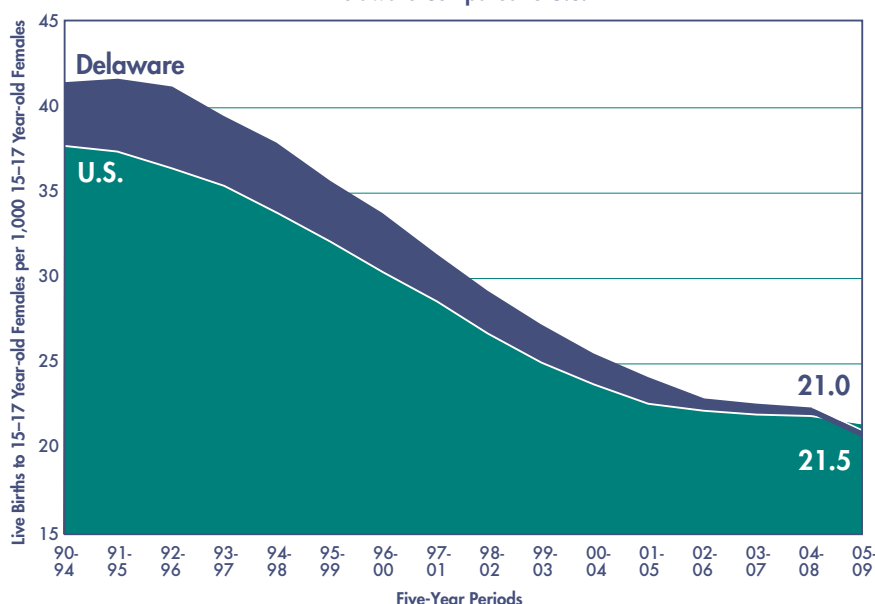
Birth Rate— number of births per 1,000 females in the same group

The impact of teen pregnancy is far reaching. There are limited opportunities for teenage mothers compared to those who delay childbearing. As a result, teen mothers are more likely to drop out of school, live in poverty, and rely on public assistance. Children of teen-age mothers are also more likely to face challenges: they are more likely to be born at low birth weight, experience health and developmental problems, have higher rates of infant mortality, and be at increased risk of abuse or neglect. Teenage childbearing also impacts heavily on the community, including placing a heavy financial burden on society due to lost tax revenue, and increasing cost for public assistance, and child health care costs.

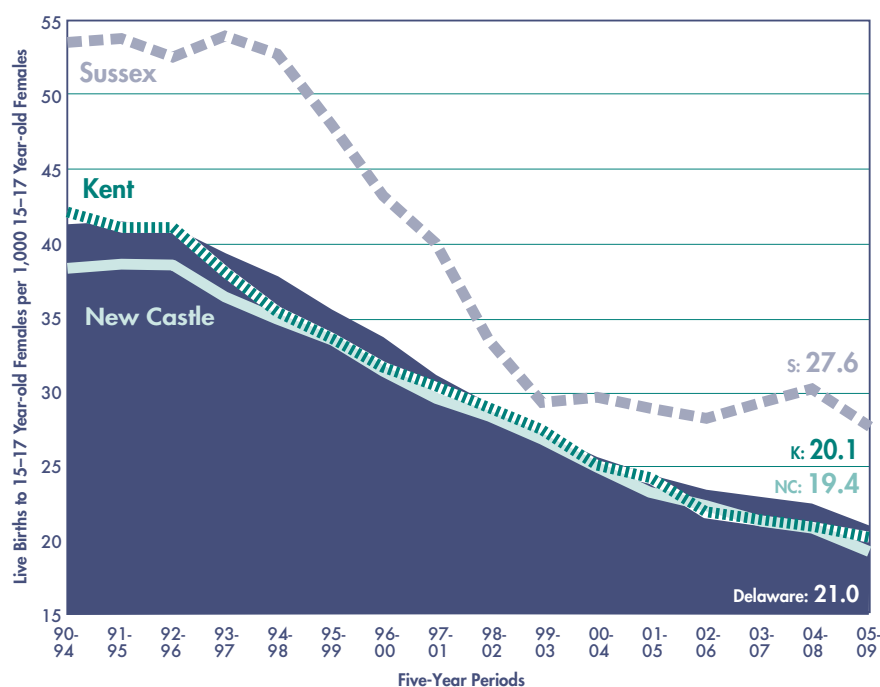


Births to Teens 15-17

Delaware Compared to U.S.



Delaware and Counties



Source: Delaware Health Statistics Center

Teen Births

Delaware Compared to U.S., 2009

	Gender/Age/Race/Ethnicity	Delaware	U.S.
Teen Birth Rate	Girls 15–17	21.1	20.1
	Girls 18–19	66.4	66.2
Nonmarital Teen Births	Girls 15–17	99%	94%
	Girls 18–19	92%	84%
	Whites, Non-Hispanic	91%	83%
	Blacks, Non-Hispanic	98%	97%
	Hispanic	92%	85%
Change in Teen Birth Rates 1991–2009	Girls 15–17	–71%	–48%
	Girls 18–19	–55%	–30%

Source: Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats: Births Data Files. <http://www.cdc.gov/nchs/vitalstats.htm> [November 2011]. Retrieved from The National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=delaware>

Did you know? The Pregnancy Risk Assessment Monitoring System (PRAMS) is a federal surveillance project which collects state-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy. Delaware PRAMS information released in 2011 indicates:

- Teen mothers are more likely than older mothers to report a household income less than \$15,000 annually and 86.5% had their health care costs covered by Medicaid.
- Teen mothers report higher rates of social stressors such as arguing with partners, having ill family members, and being homeless during the year before they gave birth than older mothers. At the same time, they report less social support from friends and family members than older mothers.
- Teen mothers are less likely to be obese than older mothers, however they are more likely to report health issues such as asthma, anemia and infections.
- Only 63% of teen mothers reported receiving prenatal care in their first trimester
- Teen mothers are more likely than older mothers to report unsafe infant sleeping practices, including co-sleeping.
- Children of teen mothers are less likely to be vaccinated within their first three months of life than children of older mothers.

Source: Christiana Care Health System and the University of Delaware: Teen Births in Delaware: Context Correlates, Consequences and Costs analysis based on data from the Delaware Health and Social Services Division of Public Health, Delaware Pregnancy Risk Assessment and Monitoring System 2008, <http://www.dhss.delaware.gov/dhss/dph/hp/prams.html>

PUT DATA INTO ACTION

In order to prevent teen pregnancy, parents should:

1. Be clear about their own sexual values and attitudes.
2. Talk with their children early and often about sex and relationships.
3. Supervise their children and adolescents.
4. Know their children's friends and their families.
5. Discourage early, frequent, steady dating.
6. Help their teen have options for the future that are more attractive than early pregnancy or parenthood.
7. Let their child know you value education highly.
8. Know what their children are watching, reading, and listening to.

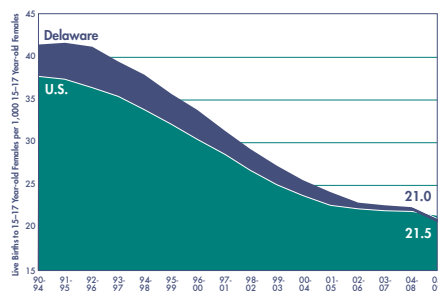
Source: The National Campaign to Prevent Teen and Unplanned Pregnancy, www.thenationalcampaign.org



Births to Teens



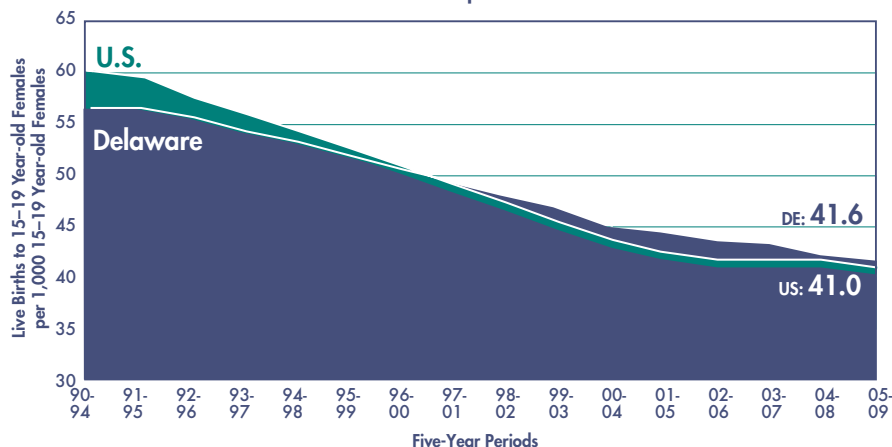
Births to Teens 15-17



The overall birth rate for Delaware teens ages 15–19 is slightly higher than the United States rate. Birth rates for teens in Sussex County as well as in the City of Wilmington are coming down but continue to be much higher than the Delaware rate.

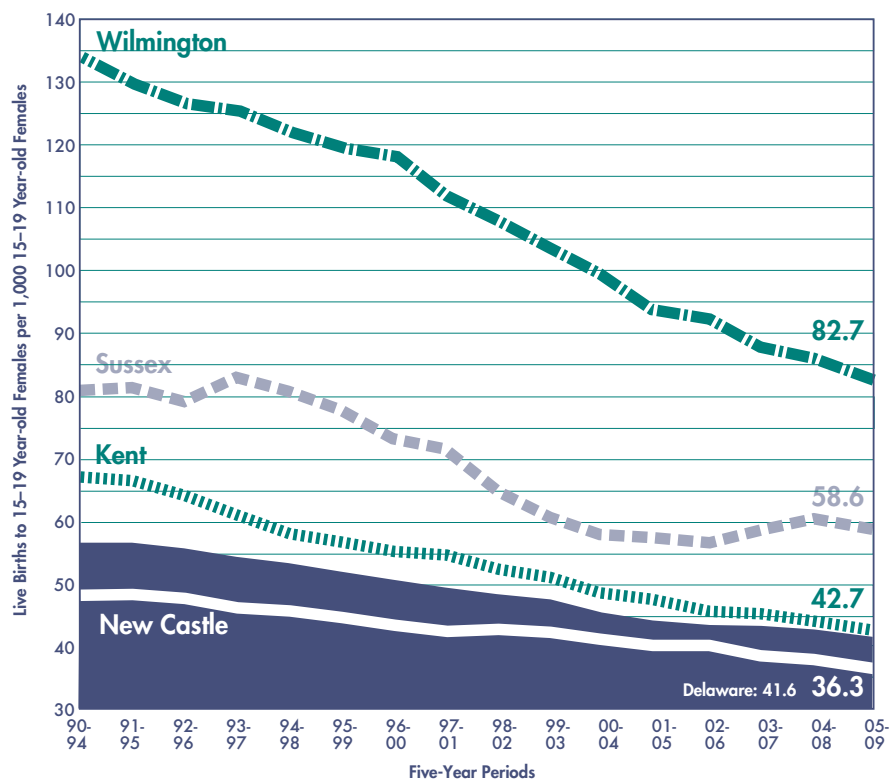
Births to Teens 15-19

Delaware Compared to U.S.



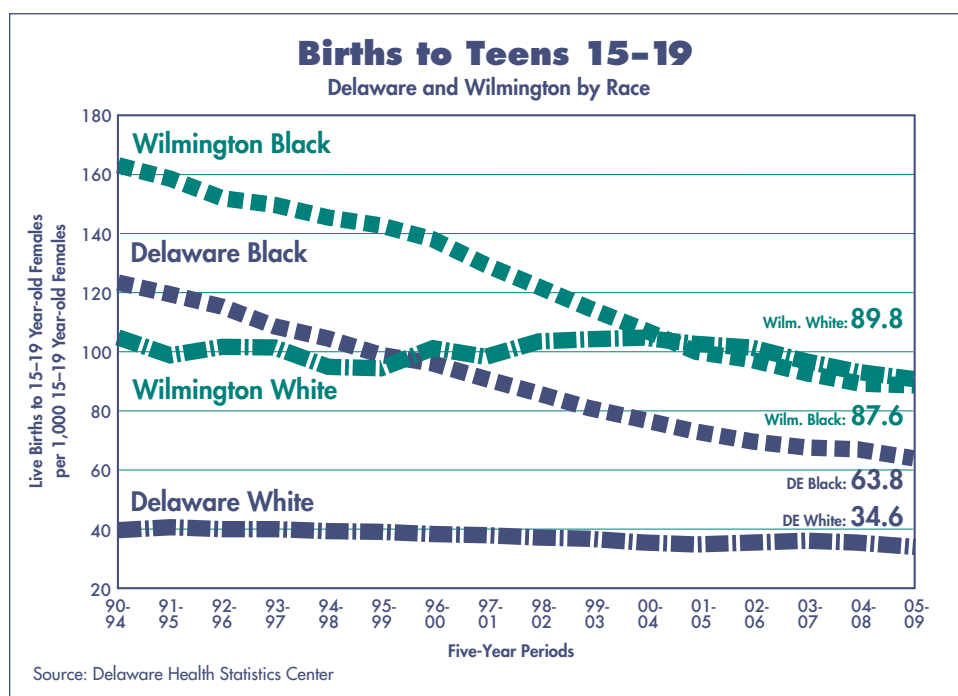
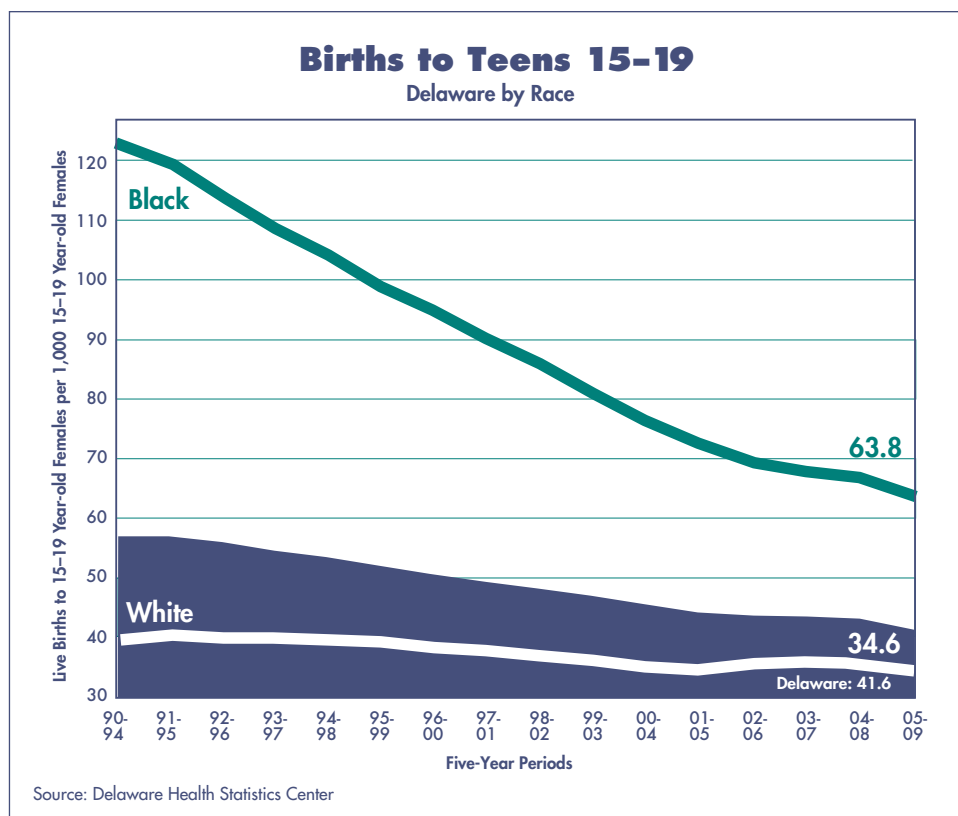
Births to Teens 15-19

Delaware, Counties, and Wilmington



Source: Delaware Health Statistics Center

Births to Teens



Did you know? *My Life, My Plan* is a collaborative initiative between the Delaware Healthy Mother and Infant Consortium and Delaware's Division of Public Health whose aim is to educate teens on reproductive life planning and healthy choices. This tool targets teens ages 15-18 with messages on setting goals and empowerment to make positive life choices, including preventing pregnancy.

Source: Delaware Department of Health and Social Services Division of Public Health. Health plans available at <http://www.healthywomende.com/>

For more information see

Children in One-Parent Families 96

www.teenpregnancy.org

www.plannedparenthood.org

www.guttmacher.org/sections/pregnancy.php

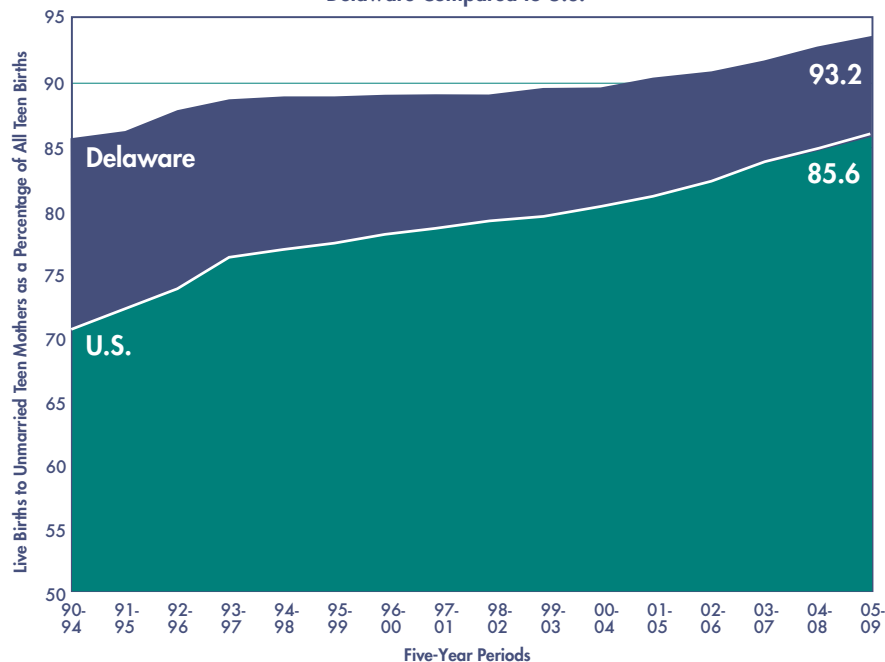


Births to Teens



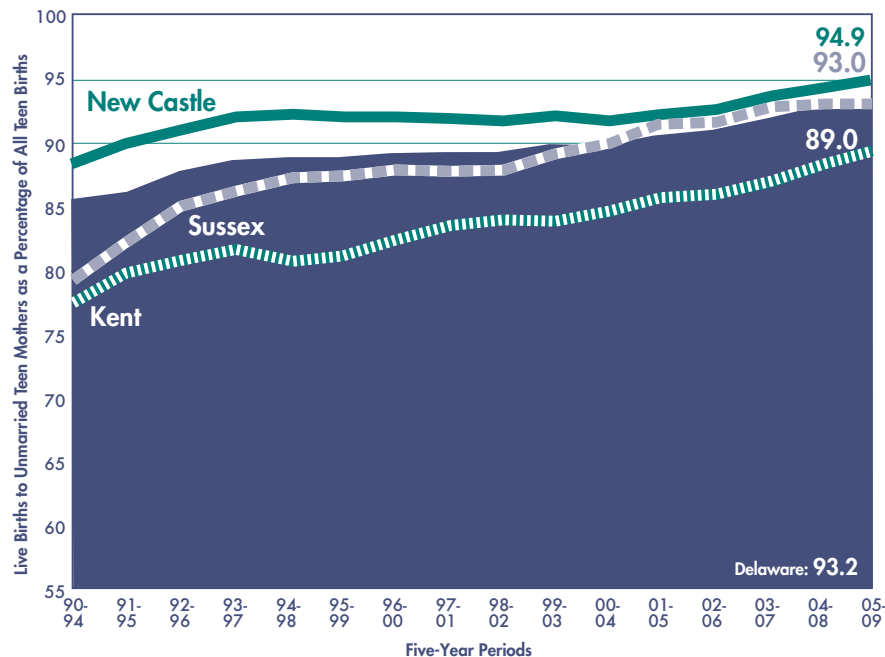
Births to Unmarried Teen Mothers

Delaware Compared to U.S.



Births to Unmarried Teen Mothers

Delaware and Counties



Source: Delaware Health Statistics Center

Did you know? U.S. teen birth rates have declined simultaneously with an increase of the median age of a person's first marriage. Therefore teens are less likely to be married than in the past, whether or not they become teen parents. Teen marriage and birth patterns have shifted from a general trend of marrying before pregnancy, to marrying as a result of pregnancy, to becoming pregnant and not marrying.

Source: Child Trends and the National Campaign to Prevent Teen and Unplanned Pregnancy

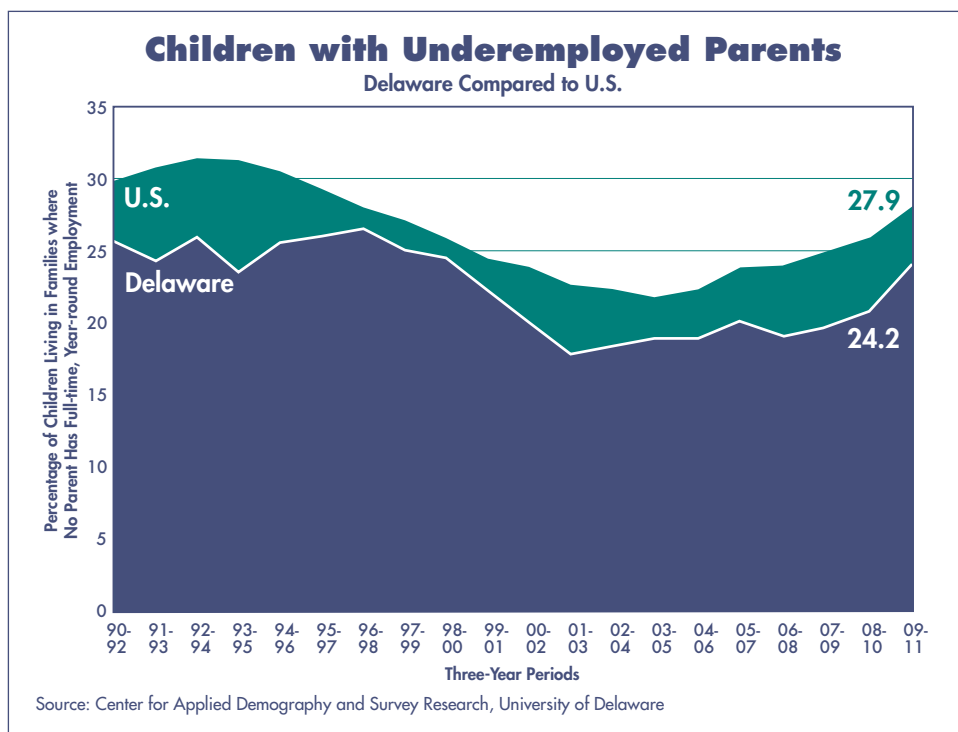
For more information see

Children in One-Parent Families 96



No Parent with Full-time Employment

Work and wages have a direct relationship with a family's poverty status. As a result, the ability for a parent to be employed is a major factor in family economic stability and well-being. The term "working poor" denotes families with working parents who live in poverty because their earnings are not enough to cover the family's basic needs including food, housing, and stable child care. In some cases, long hours of employment among mothers of very young children have been associated with modestly negative developmental outcomes. However, without full-time employment for at least one parent, many of a child's basic needs become hard to meet. Secure jobs improve family life by reducing the stress level generated by unemployment and may help children's psychological well-being. A higher income is associated with many positive child outcomes including better health, academic achievement, and financial well-being as adults.



Did you know?

- Increases in the state income tax threshold over time mean that workers may earn more without owing state income tax. A non-refundable Earned Income Tax Credit or EITC (like that in Delaware), can only be used to offset tax liability; it offers no benefits to working families that have income too low to owe income taxes.
- In 2010, 23 states had a state level EITC. Most were refundable credits. Only Delaware, Maine and Virginia offered non-refundable credits. Such credits are available only to the extent that they offset a family's state income tax. A non-refundable EITC can still provide substantial tax relief to families with state income tax liability, but it offers no benefits to working families that have income too low to owe any income taxes. In Delaware in 2009, the tax threshold for a family of 4 was \$31,700. Working families that earned less than this threshold did not qualify for a refund at the state level via the Delaware version of Earned Income Tax Credit.

Source: KIDS COUNT in Delaware 2011 Earned Income Tax Credit Issue Brief



For more information see

Unemployment 122

Children in Poverty

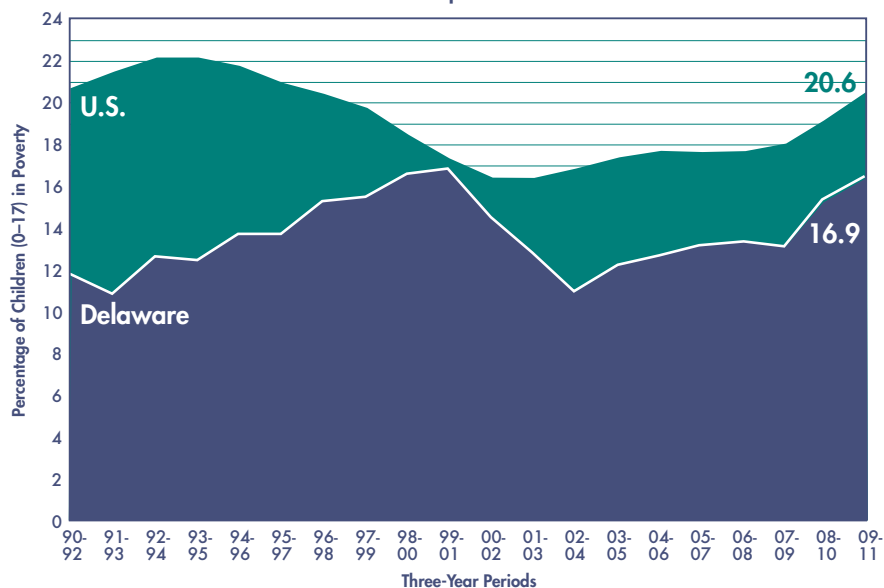
Poverty Threshold – The poverty measure was established in 1964 based on research indicating that families spent about one-third of their incomes on food. A family is officially classified as poor if its cash income (wages, pensions, social security benefits, and all other forms of cash income) falls below the poverty threshold. For example, according to the federal poverty guidelines, in 2010 a family of three must make less than \$17,568 annually to be considered in poverty. While the thresholds are updated each year for inflation, the measure is widely acknowledged to be outdated because in today's society, food comprises a much lower percentage of an average family's expenses than it did in the sixties, while the costs of housing, child care, health care, and transportation have increased substantially. Many research organizations, including the U.S. Census Bureau, have concluded that the official poverty measure is an antiquated standard that is no longer capable of capturing true economic need or determining whether working families earn enough to get by.

Poverty is the single greatest threat to children's well-being. Nearly 13 million children in the United States—almost 18% of all children—live in families with incomes below the federal poverty level.

Poor children suffer a disproportionate share of deprivation, hardship, and negative outcomes. Not only do poor children have access to fewer material goods than upper- or middle-class children, but they are also more likely to experience poor health and to die during childhood. In school, these children score lower on standardized tests and are more likely to be retained in grade or to drop out. Poor teens are more likely to have out-of-wedlock births and to experience violent crime. Poor children are also more likely to end up as poor adults. In other words, fewer children in poverty will mean more children entering school ready to learn, better child health and less strain on hospitals and public health systems, less stress on the juvenile justice system, less child hunger and malnutrition, and other important outcomes. The risks are greatest for children who experience poverty when they are younger and for those who live in deep and/or persistent poverty.

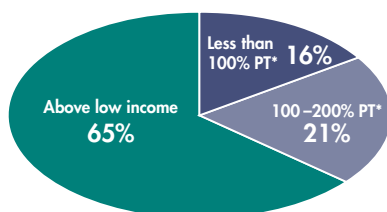


Children in Poverty Delaware Compared to U.S.



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

Children by Family Income Delaware, 2010



*PT – Poverty Threshold

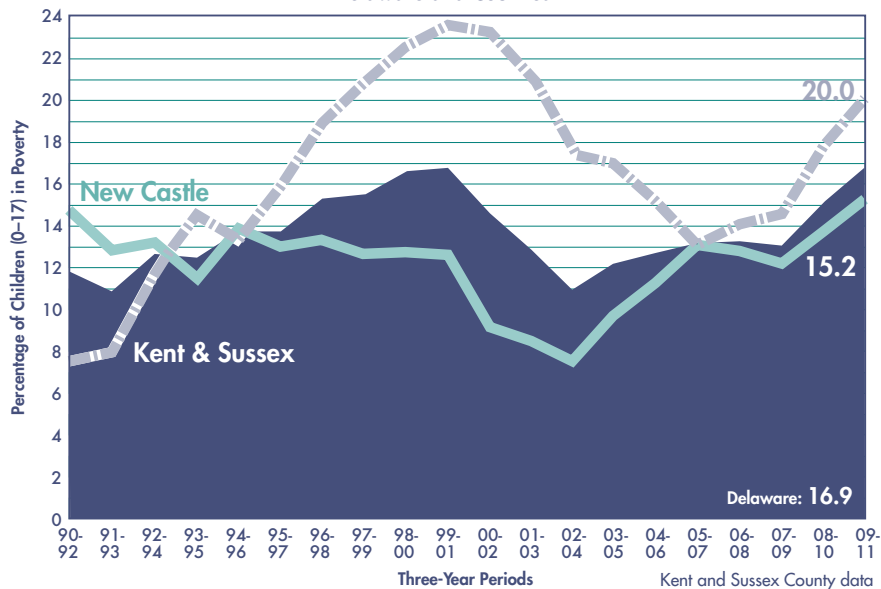
Source: National Center for Children in Poverty, Columbia University, Mailman School of Public Health

Did you know? According to the Delaware Department of Labor, the state shed nearly 12,000 jobs in 2009. Because of the decrease in available jobs and greater competition for those jobs, a number of qualified workers were forced to take low paying jobs, part-time jobs or jobs beneath their skill level. This is commonly referred to as ‘underemployment’. The losing streak was broken in January 2010 when there was a net gain of 500 jobs within the state.

Source: KIDS COUNT in Delaware 2011 Earned Income Tax Credit Issue Brief

Children in Poverty

Children in Poverty Delaware and Counties

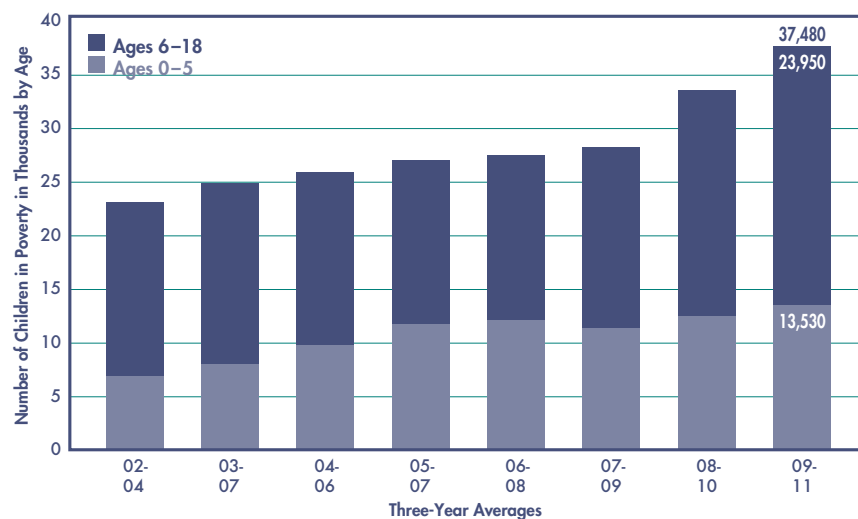


Source: Center for Applied Demography and Survey Research, University of Delaware

Children in Poverty – The poverty threshold for a one-parent, two-child family was \$17,568 for 2010. For a family of four with two children, the threshold was \$22,113 for 2010.

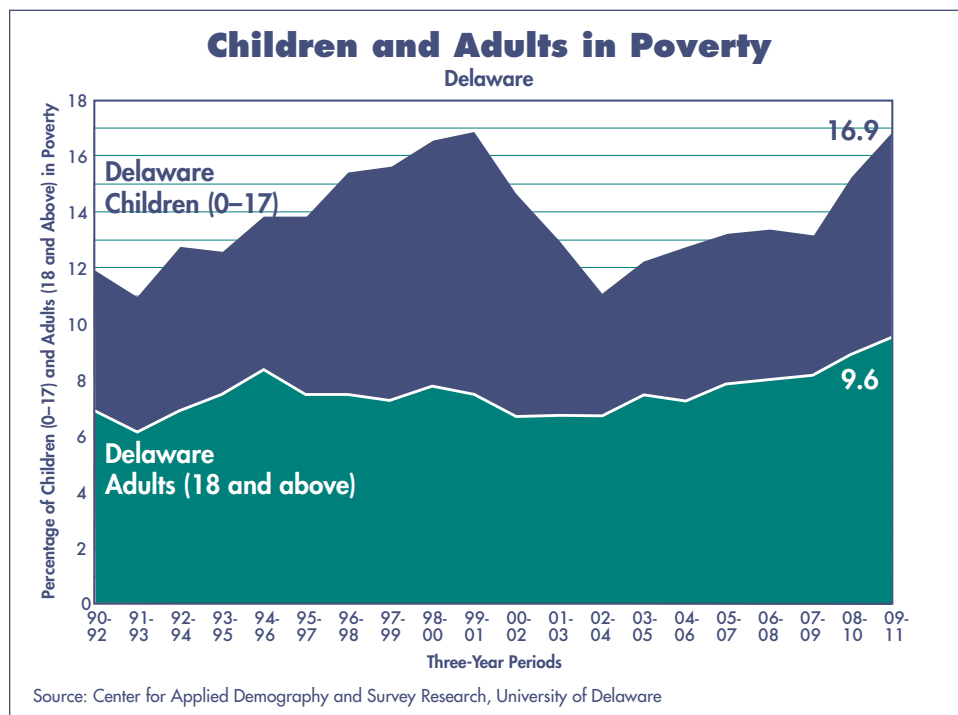


Children in Poverty by Age Delaware and Counties



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

Children in Poverty



Did you know? Low wages and a lack of higher education contribute to families having insufficient incomes. In Delaware, 26% of children in poor families (defined as at or below the federal poverty level) and 48% of children in low-income families (defined as 200% of the federal poverty level) have at least one parent who works full time, year round.

Source: National Center for Children in Poverty, http://nccp.org/profiles/DE_profile_6.html

Did you know? Of children living in poverty:

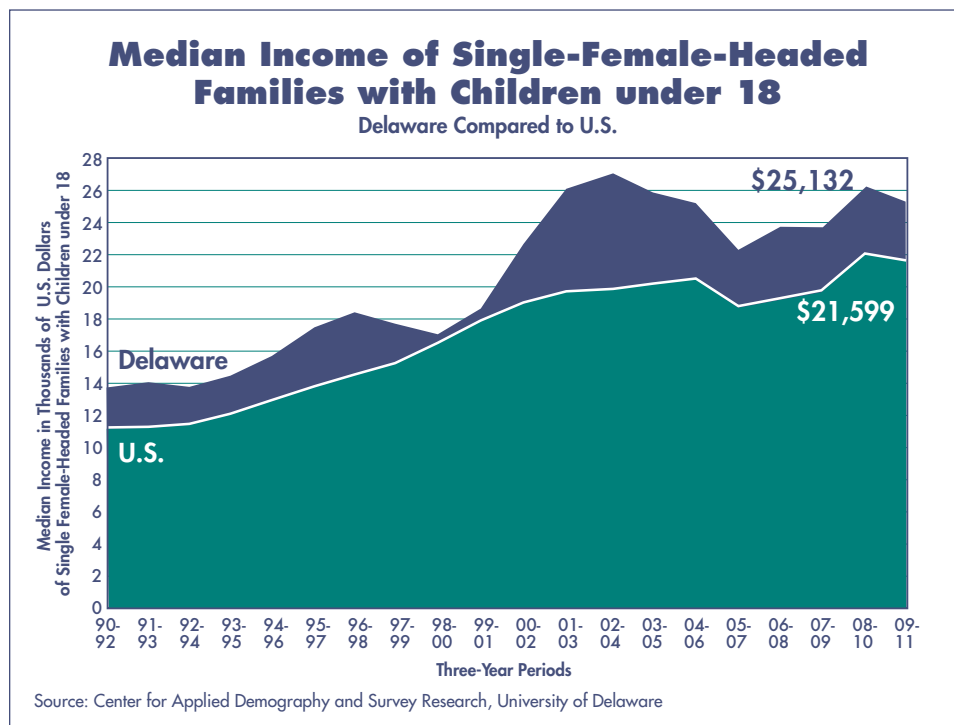
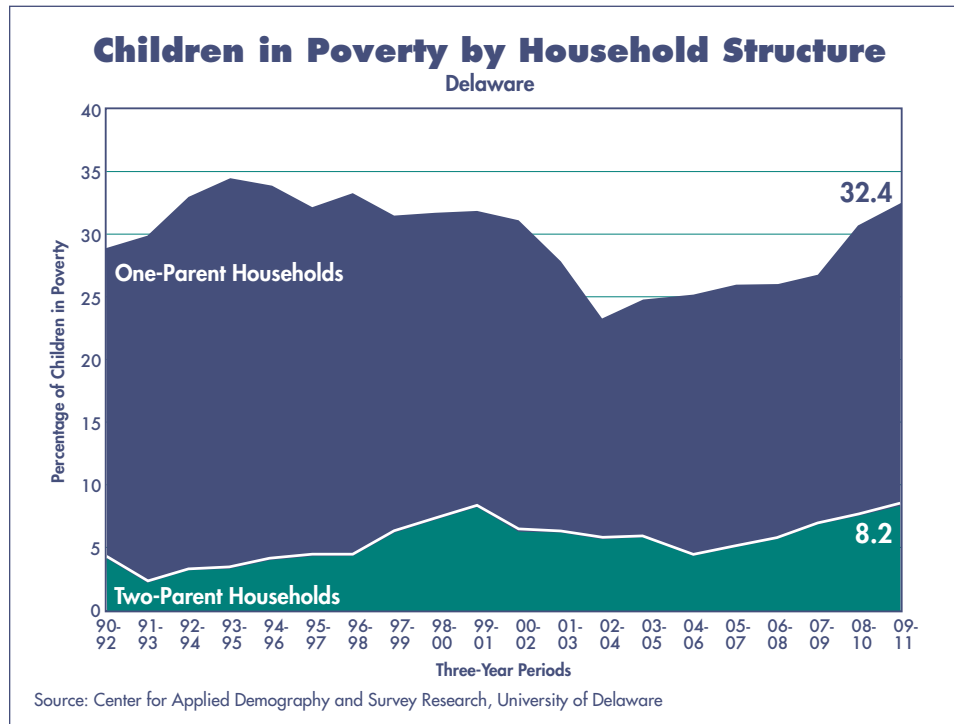
- 50% had parents without a high school degree.
- 25% had parents with a high school degree, but no college education.
- 8% had parents with some college.

Source: National Center for Children in Poverty, http://nccp.org/profiles/DE_profile_7.html

Did you know?

- In November 2011, the Census Bureau released findings from the supplemental poverty measure, which builds upon the National Academy of Sciences' recommendations for measuring poverty. Unlike the official poverty measure, the supplemental poverty measure determines poverty status by comparing a more expansive definition of family's income and true expenses. It recognizes revenues such as tax-credits and non-cash benefits (SNAP), expenses/costs of living such as child care, and out-of-pocket health care expenses, and it adjusts for geographic differences in prices across the nation.
- Under the supplemental poverty measure, a smaller share of Americans were shown to be living in deep poverty (less than 50% of the federal poverty threshold) than has been calculated using the official poverty measure. In particular, 10.4% of children live in deep poverty as measured by the official rate, but only 5.3% as measured by the supplemental measure.

Source: U.S. Census Bureau, http://www.census.gov/hhes/povmeas/methodology/supplemental/research/Short_ResearchSPM2010.pdf



Did you know? EITCs are good for local economies. State tax credits for low-income families put money into the hands of people who are most likely to spend it in their local economy. During an economic downturn, generating more demand for goods and services is what creates and preserves jobs. Businesses are more likely to hire and retain employees and to maintain or increase orders from their suppliers when they see increased consumption of their products or services. Low income families spend virtually all of their income to make ends meet and they tend to spend it locally.

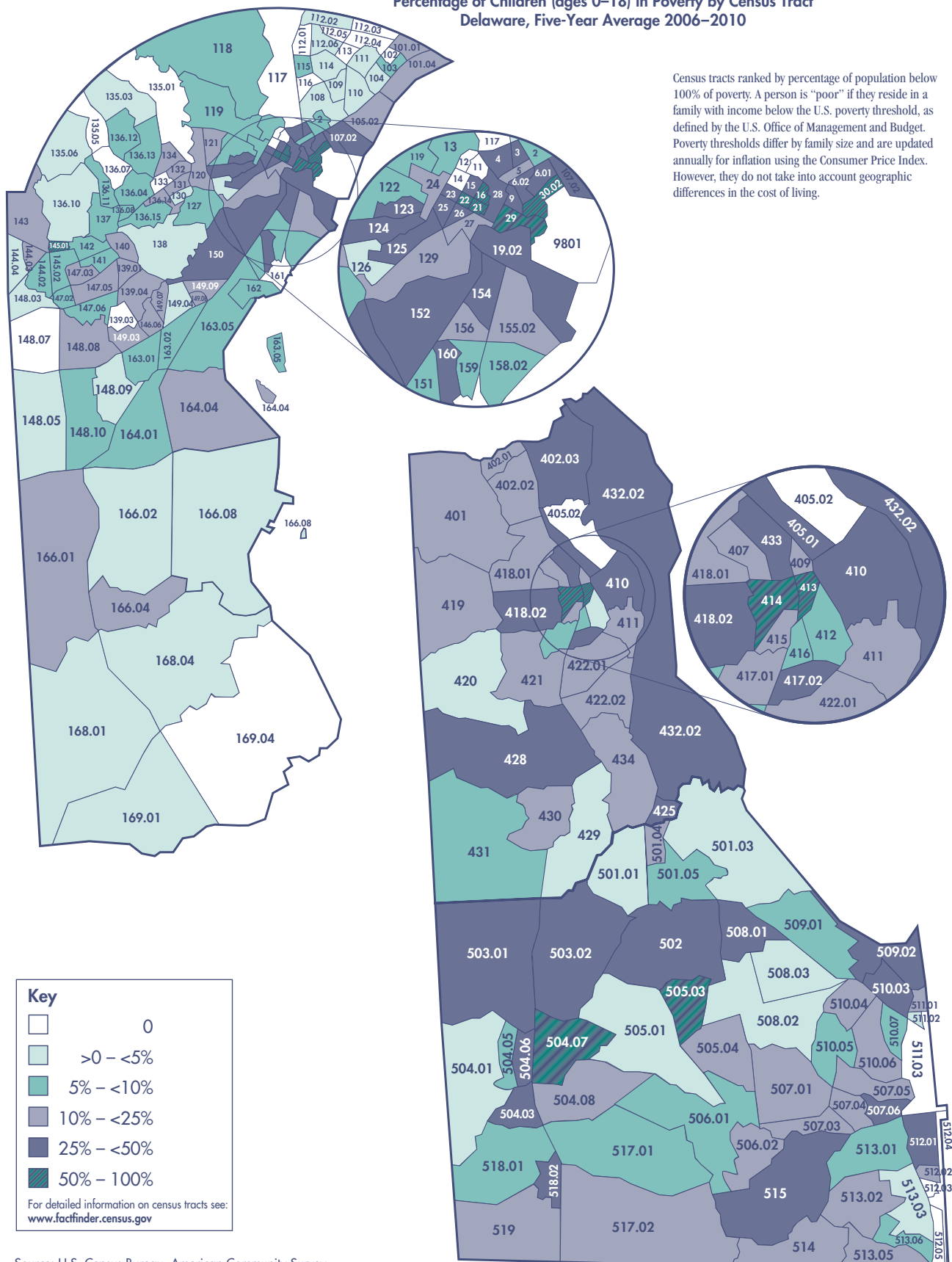
Source: KIDS COUNT in Delaware 2011 Earned Income Tax Credit Issue Brief



Children in Poverty

Percentage of Children (ages 0–18) in Poverty by Census Tract
Delaware, Five-Year Average 2006–2010

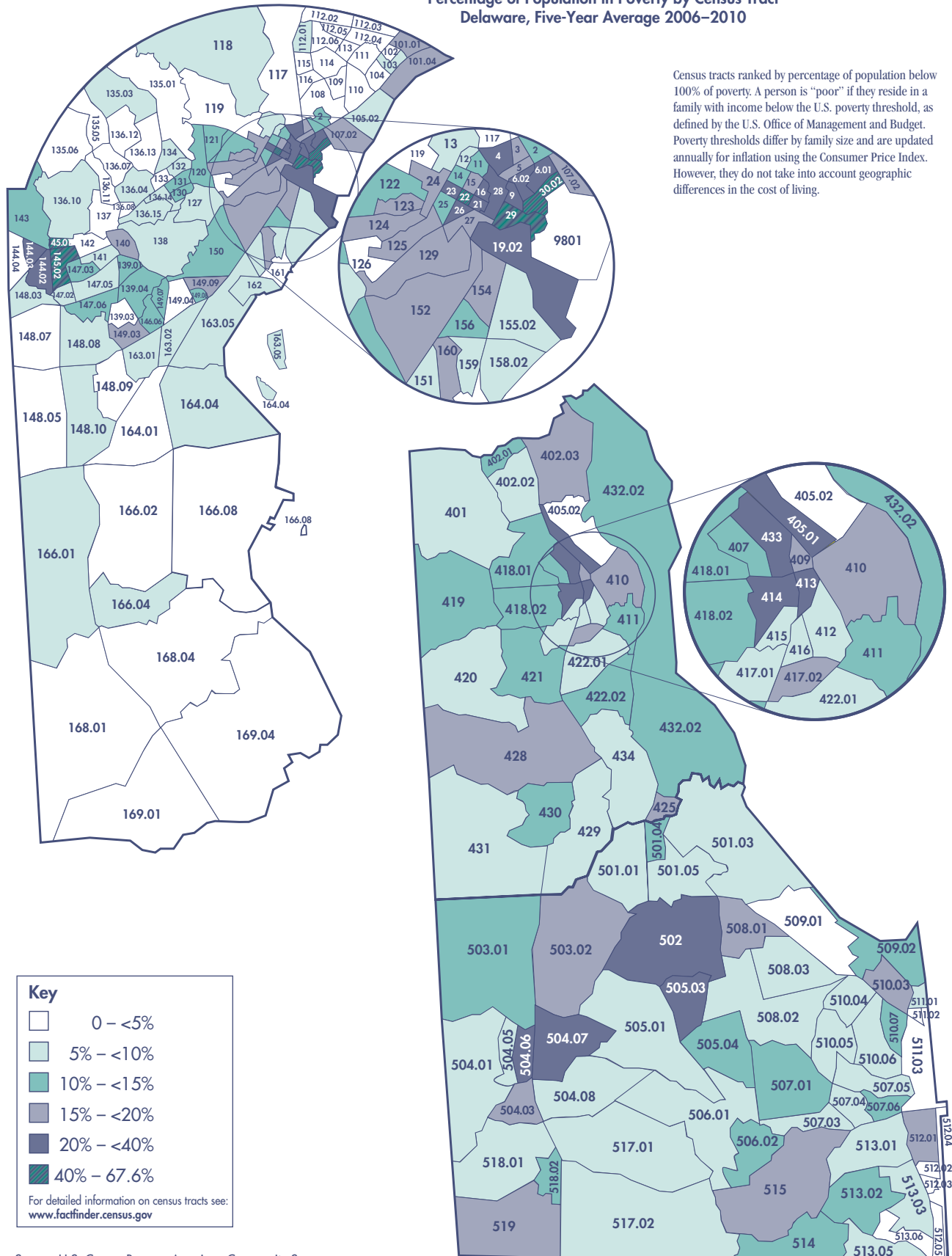
Census tracts ranked by percentage of population below 100% of poverty. A person is “poor” if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.



Population in Poverty

Percentage of Population in Poverty by Census Tract
Delaware, Five-Year Average 2006–2010

Census tracts ranked by percentage of population below 100% of poverty. A person is "poor" if they reside in a family with income below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. Poverty thresholds differ by family size and are updated annually for inflation using the Consumer Price Index. However, they do not take into account geographic differences in the cost of living.



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

Children in One-Parent Families

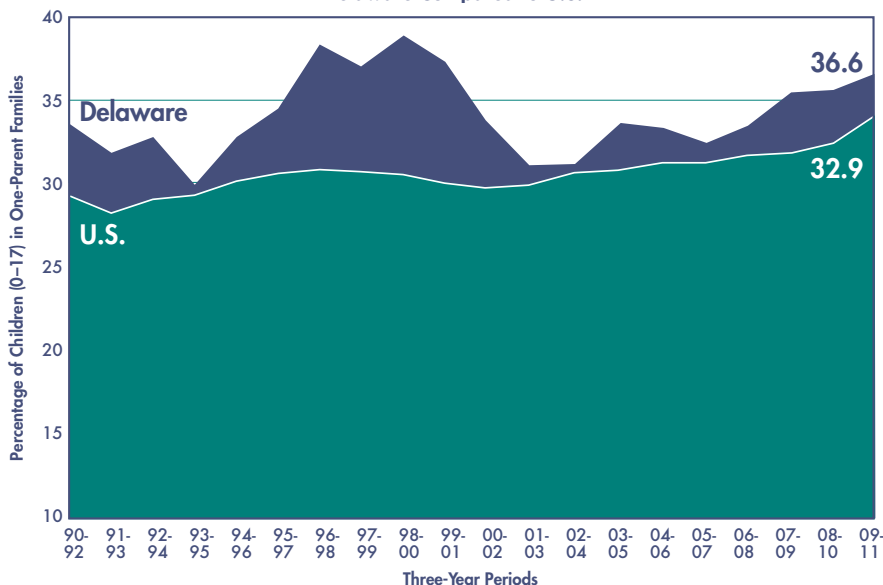
Children in One-Parent Households – percentage of all families with “own children” under age 18 living in the household, who are headed by a person—male or female—without a spouse present in the home. “Own children” are never-married children under 18 who are related to the householder by birth, marriage,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

As the composition of families living in America continues to change, a child's relationship to his or her primary caregiver may change. As a result, families may be headed by biological parents, step-parents, grandparents, foster parents, or other relatives. The number of caregivers present in a given household may also vary. Increasingly, single parents are the primary caregivers in many families. Research indicates that children growing up in families headed by a single parent face greater challenges and an increased risk for cognitive, financial, social, and emotional concerns.



Children in One-Parent Families

Delaware Compared to U.S.



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

Households by Type

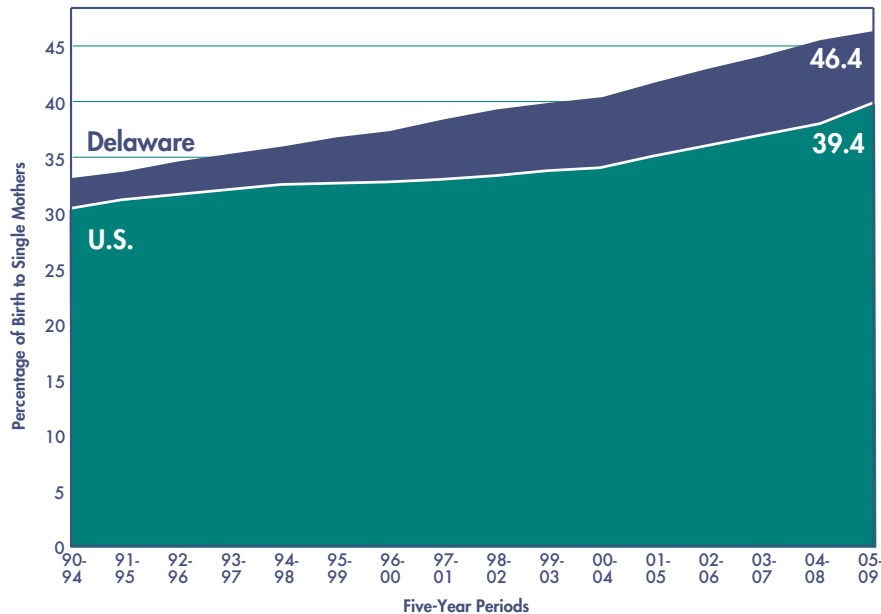
U.S., Delaware, and Counties

	US	DE	NC	Kent	Sussex
Family households (families)	66.4%	67.2%	66.5%	68.5%	68.2%
With own children under 18 years	29.7%	31.7%	31.7%	29.4%	22.7%
Married-couple family	48.6%	49.1%	48.4%	49.0%	51.1%
With own children under 18 years	20.0%	18.9%	21.2%	17.7%	13.3%
Male householder family, no wife present	4.7%	4.2%	3.7%	4.6%	5.4%
With own children under 18 years	2.2%	2.2%	1.9%	2.6%	2.8%
Female householder family, no husband present	13.0%	13.8%	14.3%	14.8%	11.7%
With own children under 18 years	7.4%	8.1%	8.5%	8.9%	6.5%
Nonfamily households	33.5%	32.7%	33.4%	31.4%	31.7%
Householder living alone	81.6%	80.9%	79.5%	84.6%	82.1%
65 years and over	28.3%	30.7%	28.8%	27.8%	38.4%
Households with one or more people <18 years	33.1%	32.8%	35.0%	34.0%	26.2%
Households with one or more people 60+	34.1%	36.4%	32.3%	34.1%	49.2%
Average household size	2.63	2.66	2.62	2.86	2.63
Average family size	3.23	3.24	3.21	3.49	3.12

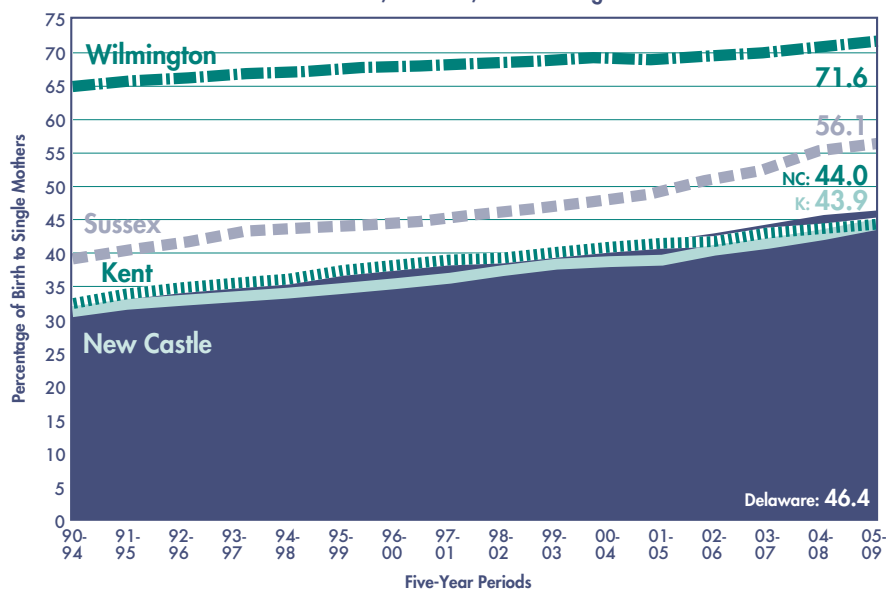
Source: U.S. Census Bureau, American Community Survey. www.factfinder.census.gov/

Children in One-Parent Families

Births to Single Mothers Delaware and U.S.



Births to Single Mothers Delaware, Counties, and Wilmington



Sources: Delaware Health Statistics Center, National Health Statistics Center



Did you know? Children born to unmarried mothers are more likely to grow up in a single-parent household, experience instability in living arrangements, live in poverty and have socio-emotional problems than their peers born to married mothers. As these children reach adolescence, they are more likely to have low educational attainment, engage in sexual encounters at younger ages and have a premarital birth. As young adults, children born outside of marriage are more likely than those born to a married couple to be idle (neither in school nor employed), have lower occupational status and income and have more troubled marriages and divorces than their peers who were born to married parents.

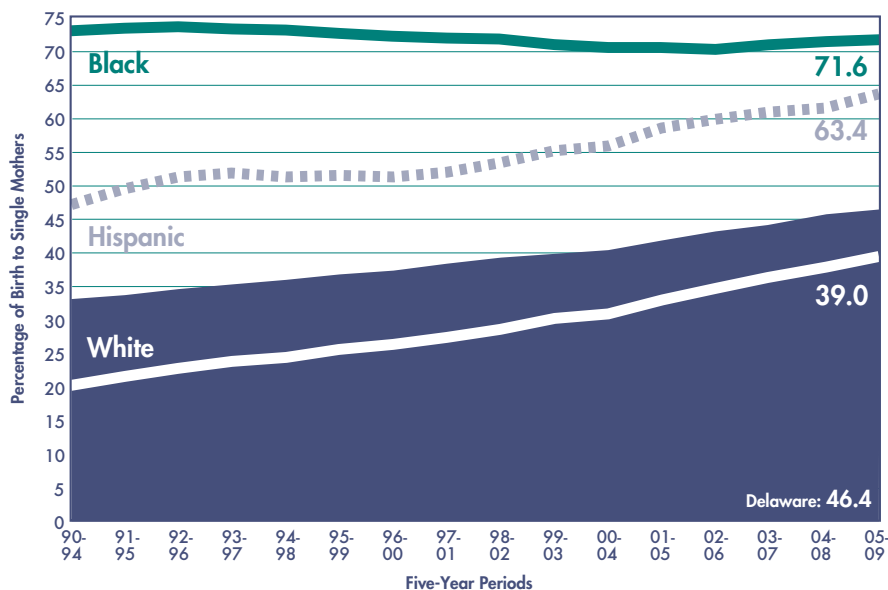
Source: Child Trends Data Bank, http://www.childtrendsdatabank.org/pdf/75_PDF.pdf

Children in One-Parent Families



Births to Single Mothers

Delaware by Race/Hispanic Origin

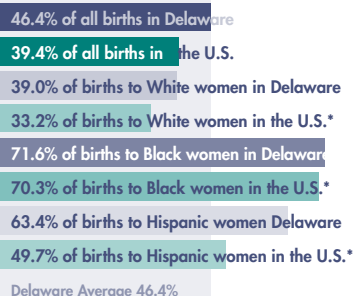
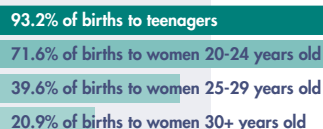


Source: Delaware Health Statistics Center

* Hispanic data not available prior to the 1989-1993 period.

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 2005-2009



* White, Black, & Hispanic data for U.S. were not available for 2005-2009. Data shown are for 2004-2008.

Source: Delaware Health Statistics Center

Did you know? The number of Americans who have children and cohabitate has increased twelvefold since 1970; children are now more likely to have unmarried parents than divorced ones. Americans with only a high school diploma are far more likely to cohabit than are college graduates.

Source: The National Marriage Project, University of Virginia. (2011). Why Marriage Matters: Thirty Conclusions from the Social Sciences, 3rd Edition. Available at <http://www.virginia.edu/marriageproject/>

Did you know? According to the National Survey of Family Growth, part of the Centers for Disease Control and Prevention (CDC), 42% of children have lived with cohabitating parents by age 12 while 24% of children have divorced parents by age 12.

Source: National Survey of Family Growth

Did you know? According to a 2011 report released by the National Association of Child Care Resource and Referral Agencies (NACCRRA), the number of single-parent headed families with children younger than age 18 in the state of Delaware is 32,278. The national number of single-parent headed families with children younger than age 18 in the same year was 10,779,688.

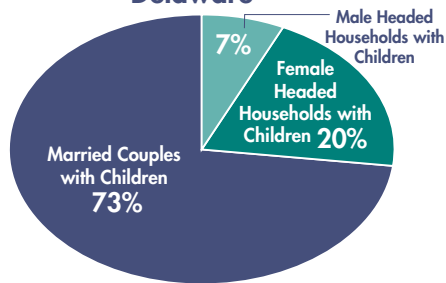
Source: NACCRRA, <http://www.naccrra.org/randd/data/docs/DE.pdf>

Children in One-Parent Families

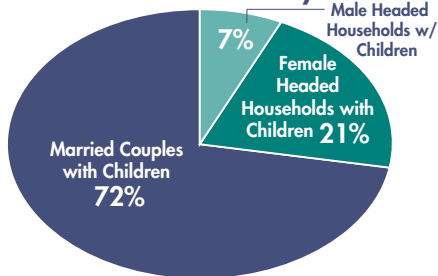
Families with Children by Household Structure

2006–2010

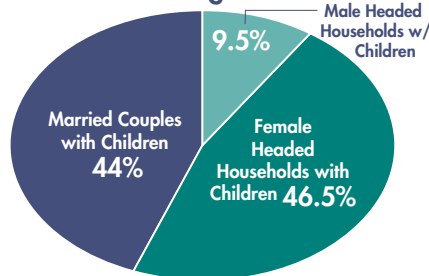
Delaware



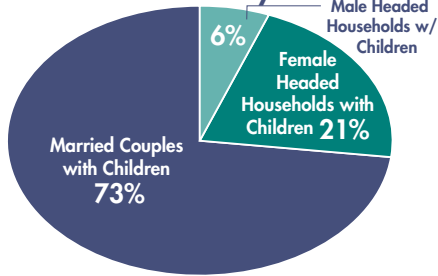
New Castle County



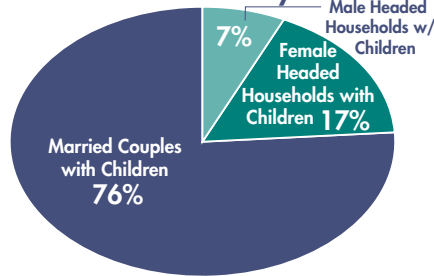
Wilmington



Kent County



Sussex County



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

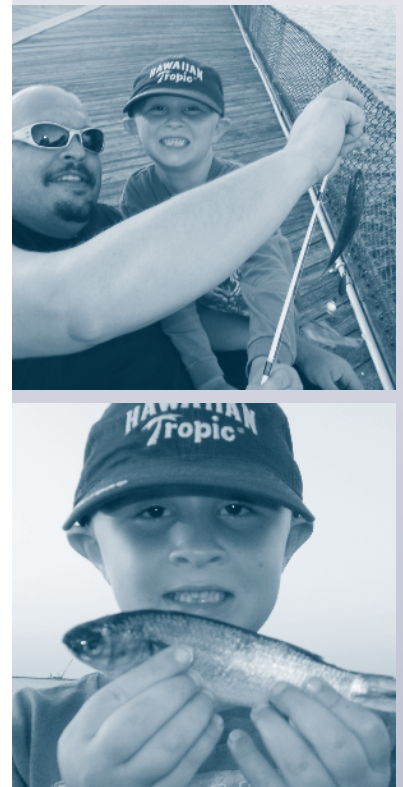
Did you know? The demographics of one-parent families is changing. According to a U.S. Census Bureau report on released in 2009, custodial mothers and fathers:

- Mothers accounted for the majority of custodial parents in 2008 (82.6%).
- 50% of custodial mothers were White, non-Hispanic. Only 27% of custodial mothers were African American and 18% of custodial mothers were Hispanic.
- From 1994 – 2008, the proportion of custodial mothers who had not graduated from high school decreased to 15.5% and the proportion with an associate's degree or higher increased to 26.9%
- The age of custodial mothers between 1994 and 2008 has increased. In 1994, one fourth of custodial mothers were 40 years or older. In 2008, 39% were 40 years and older. Meanwhile, the number of custodial mothers under 30 decreased to 25.8% in 2008.

Source: U.S. Census Bureau, <http://www.census.gov/prod/2009pubs/p60-237.pdf>

Did you know? Women who give birth outside of marriage tend to be more disadvantaged than their married counterparts, both before and after having a non-marital birth. Unmarried mothers in general have lower income, lower education levels and greater dependence on welfare assistance than do married mothers.

Source: Child Trends Data Bank, http://www.childtrendsdatabank.org/pdf/75_PDF.pdf

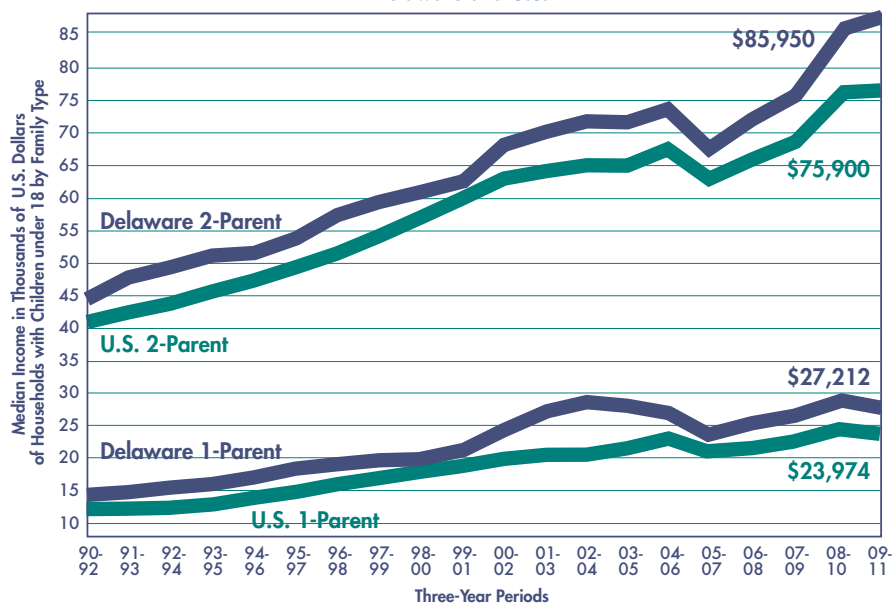


Children in One-Parent Families



Median Income of Families with Children by Family Type

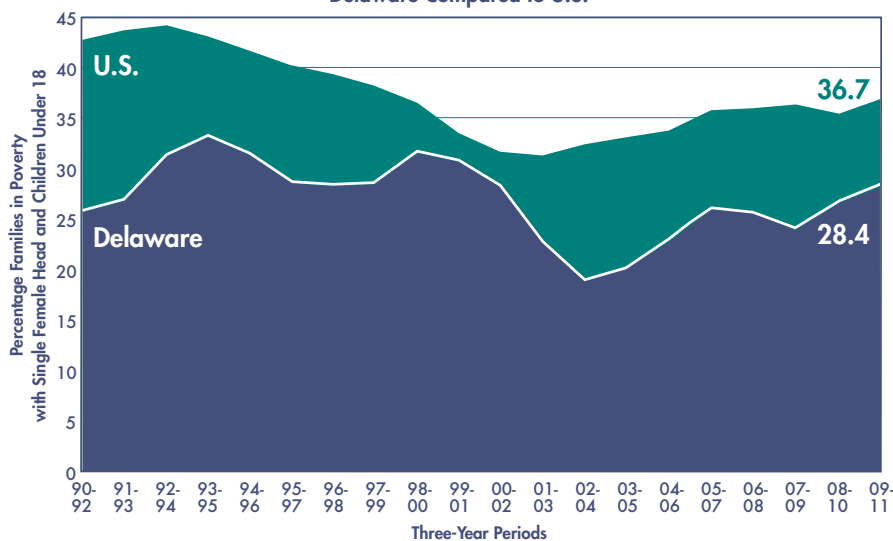
Delaware and U.S.



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

Female-Headed Families in Poverty

Delaware Compared to U.S.



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

Female-Headed Families with Children under 5 years old in Poverty

U.S.	Delaware	New Castle	Kent	Sussex
45.8%	42.0%	34.6%	57.1%	46.2%

Source: U.S. Census Bureau, American Community Survey. <http://factfinder.census.gov/>

For more information see

Child Support 101

www.singlerose.com

www.makinglemonade.com

www.singlefather.org

www.urban.org/publications/101308.html

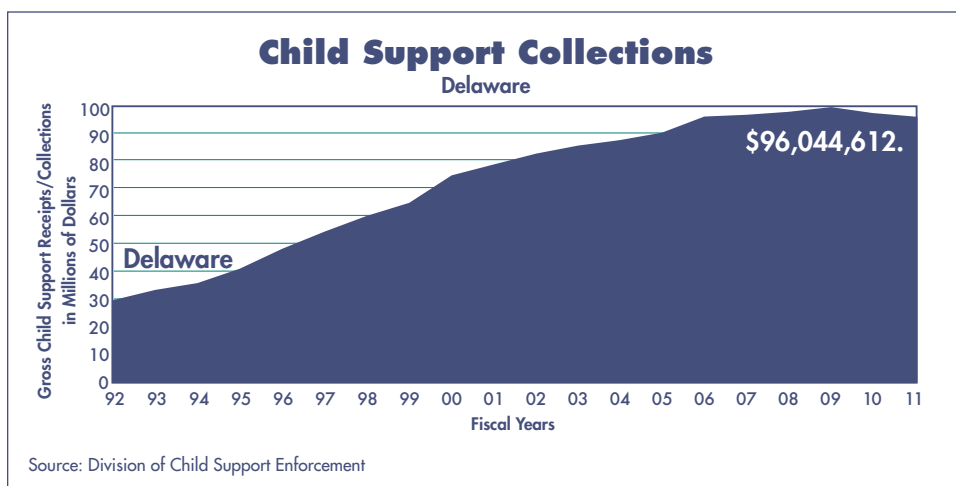
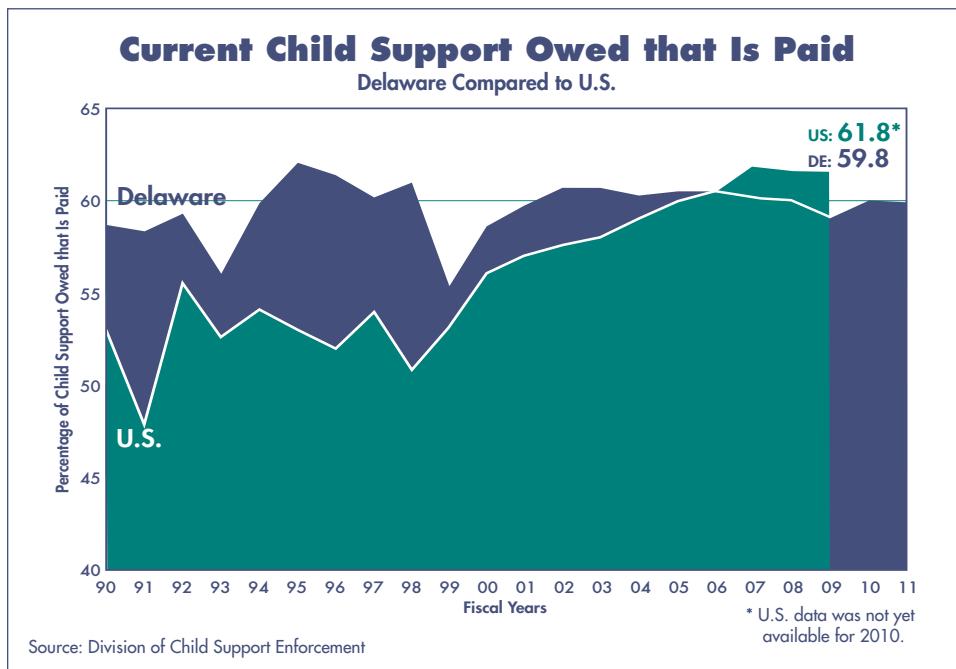
www.parentswithoutpartners.org

www.promisingpractices.net

www.nationalpartnership.org

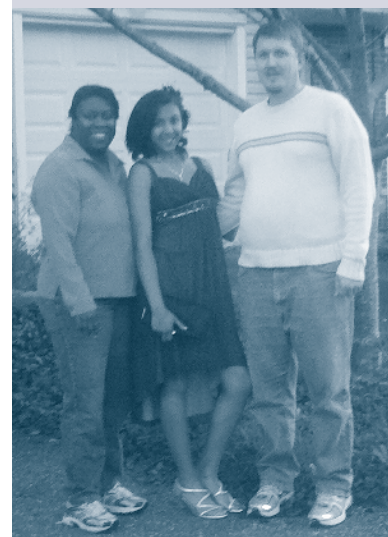


The Child Support Enforcement Program is a federal, state and local partnership aimed at promoting self-sufficiency and child well-being through financial stability. In Delaware, the Division of Child Support Enforcement works to ensure both parents meet their financial and legal obligations to their children. Research has indicated that children are more likely to receive financial support from their nonresident parent when an order is in place. Child support becomes an important resource for many children living in poverty. The child support program assures that assistance in obtaining financial and medical support is available to children through locating nonresident parents, establishing paternity and support obligations, and enforcing those obligations.



Did you know? The Division of Child Support Enforcement has broad authority to collect and enforce the payment of child support. Noncustodial parents who do not pay child support established by court order are subject to enforcement measures to collect regular and past-due payments. Enforcement tools include consumer reporting affecting credit rating, court processing, federal case registry, income withholding orders, license suspension, passport denial, tax refunds intercepted, and unemployment compensation withheld.

Source: Delaware Health and Social Service, Division of Child Support Enforcement, <http://www.dhss.delaware.gov/dcse/>



For more information see

Children in One-Parent Families 96

<http://www.dhss.delaware.gov/dhss/dcse/>

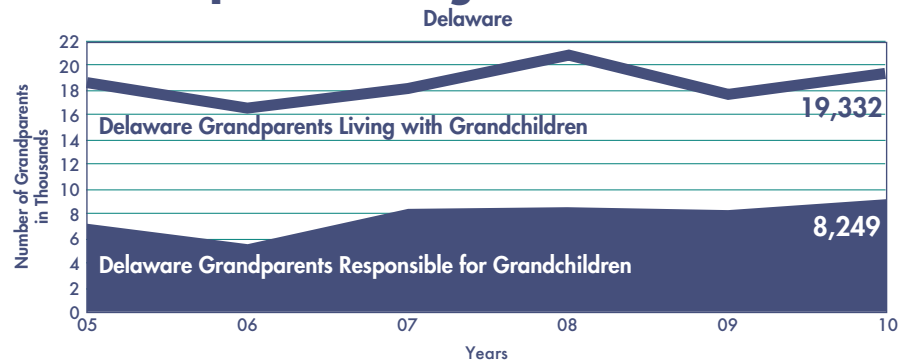
www.acf.hhs.gov/programs/cse/

Children Living with Grandparents

Grandparents raising grandchildren has received considerable attention in recent years, despite the fact that the proportion of children living with grandparents has remained relatively stable. While the percentages are low and steady, in the context of a growing youth population, they represent growing total numbers. These are often loving relationships, but can be challenging situations due to the emotional needs of the child and potential health and stability concerns related to age of the grandparent.



Grandparents Living with Grandchildren



Grandparents Living with Grandchildren

Delaware, Counties, and Wilmington, Five-year Estimate, 2006–2010

	Delaware	New Castle	Kent	Sussex	Wilmington*
Grandparents living with grandchildren under 18 years	19,332	11,480	3,710	4,142	2,052
Grandparents responsible for their grandchildren	8,249	4,485	1,554	2,210	953

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

PUT DATA INTO ACTION

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), through its intergenerational program, **Joining Generations**, provides a number of respite opportunities for grandparents and other relative caregivers in Delaware. DSAAPD works in coordination with community organizations to provide the following services:

- **Grand Time Off**, a program that provides eligible relative caregivers with a small stipend so they can procure sporadic child care.
- **Camp Respite**, a summer/school break camp program that provides recreation for kids at their local YMCA or Boys and Girls Clubs and also gives a break to grandparents and other relative caregivers.
- **Delaware Kinship Navigator**, one statewide phone number to call for information regarding services available to, or for, relative caregivers.

CARE Delaware supports older relatives raising children ages 18 and younger. Caregiver Resource Centers provide materials to these caregivers. In addition, CARE Delaware provides a number of respite opportunities for grandparents and other relative caregivers who are age 55 and over. To learn more about programs that support relative caregivers, please visit the Respite Options for Relative Caregivers at www.dhss.delaware.gov/dhss/dsaapd/respiteoptions.html.

Source: Delaware Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities

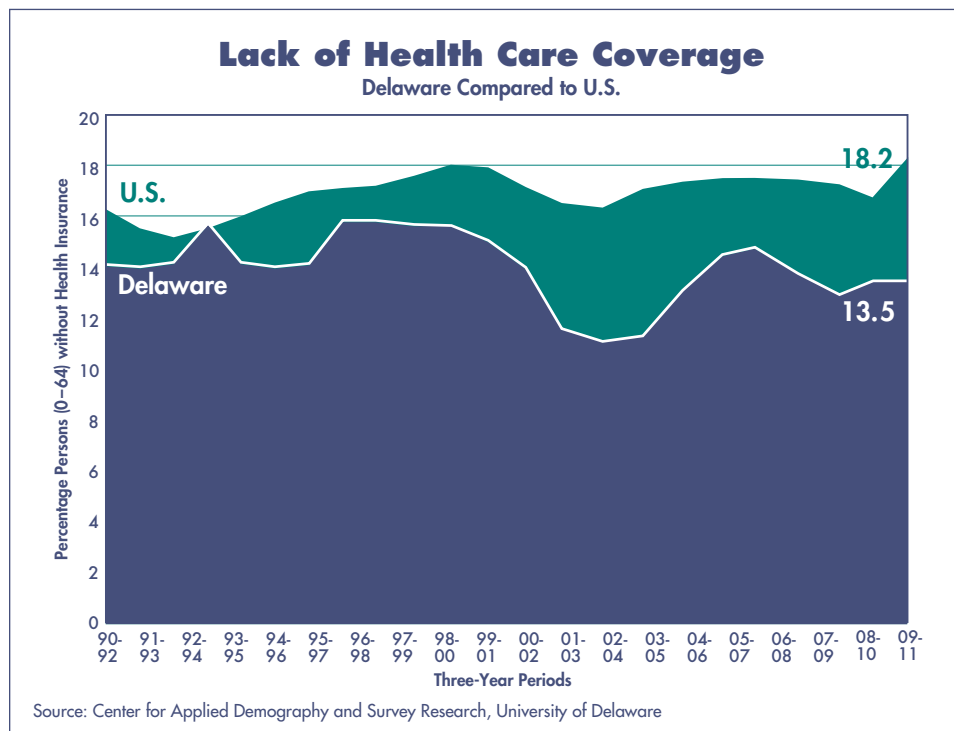
For more information see

www.rand.org/pubs/research_briefs/RB5030/index1.html

www.dhss.delaware.gov/dhss/dsaapd/



Accessible, reliable health care is an important aspect of child and family well-being, but due to the limits of public health care and gaps in employer coverage, there are millions of people living in America without adequate health care coverage. Families without health care coverage suffer from limited access to care, quality of care, and decreased financial security. Those who are uninsured receive less preventative care, typically lack a consistent source of care, delay care, and/or have other unmet medical needs. Uninsured children with common childhood illnesses and injuries do not receive the same level of care as their insured peers. As a result, they are at higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions than those with health care coverage.



Health Care Costs

	US	DE
Health Care Expenditures per capita, 2009	\$6,815	\$8,480
Medicare Spending per Enrollee, 2009	\$10,365	\$10,421
Average Family Premium for Employer Sponsored Insurance (ESI), 2010	\$13,871	\$14,671
Average Family Employee Contribution, 2010	\$3,721	\$4,267

Source: The Henry Kaiser Family Foundation, www.statehealthfacts.org

Health Insurance Coverage

Distribution for Non-elderly Population
Delaware, 2009-2010 and U.S., 2010

	US	DE
Employer	53%	49%
Individual	4%	5%
Medicaid	16%	16%
Medicare	15%	12%
Other Public	1%	1%

Source: The Henry Kaiser Family Foundation, www.statehealthfacts.org

PUT DATA INTO ACTION

Confused about Health Care Reform? The Henry J. Kaiser Family Foundation has created a short, animated movie featuring the "You Toons" which explains the problems with the current health care system, the changes that are happening now and the big changes coming in 2014.

Watch the video at: <http://healthreform.kff.org/the-animation.aspx>

For more information see

Children without Health Insurance..... 46

www.cms.gov

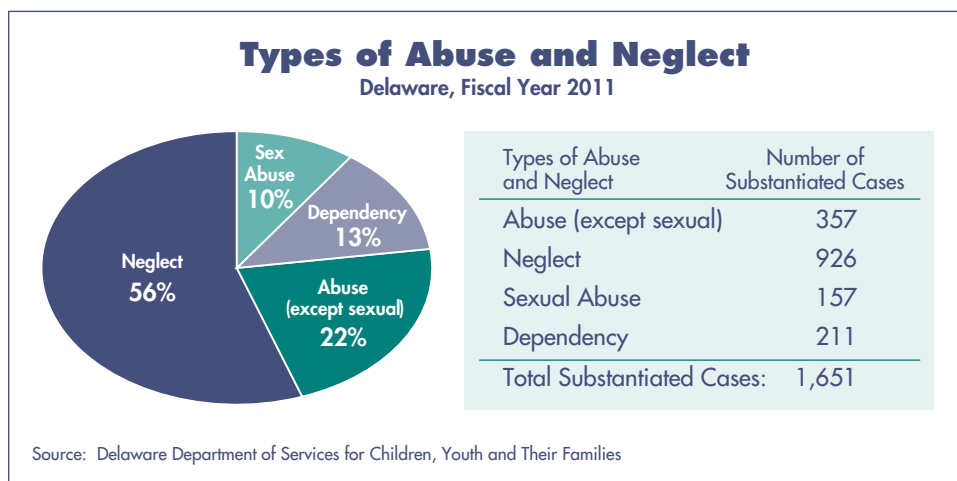
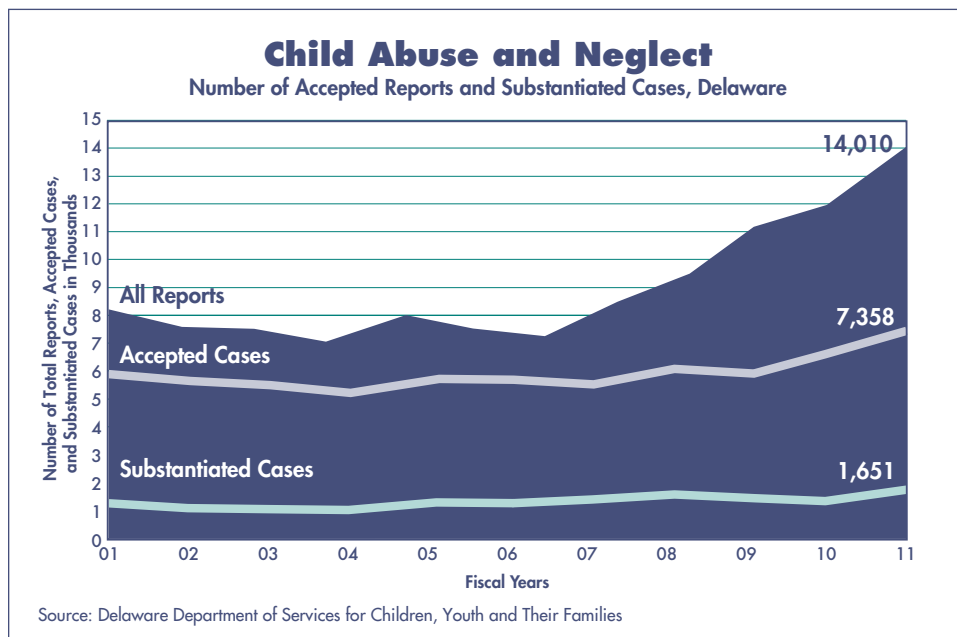
www.familiesusa.org

<http://dhcc.delaware.gov/>

www.delawareuninsured.org/

Child Abuse and Neglect

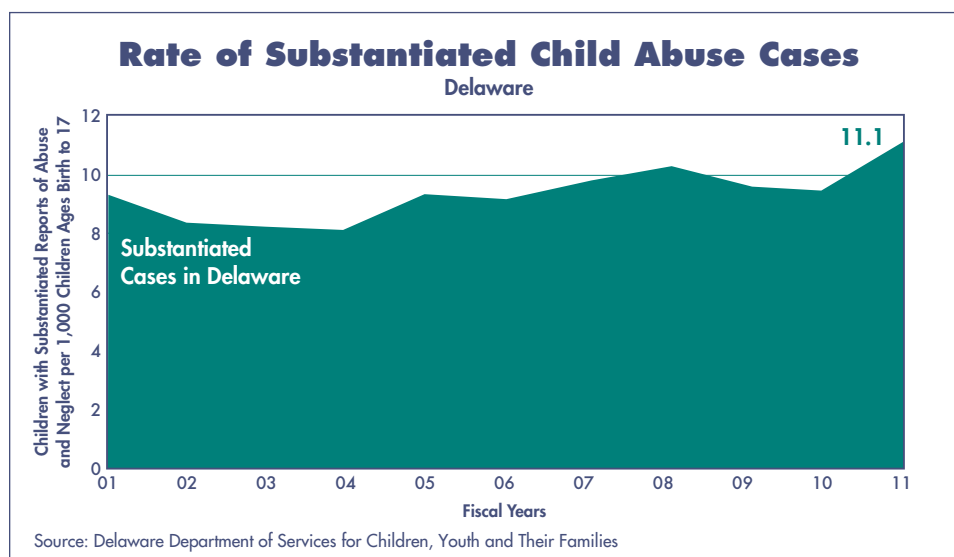
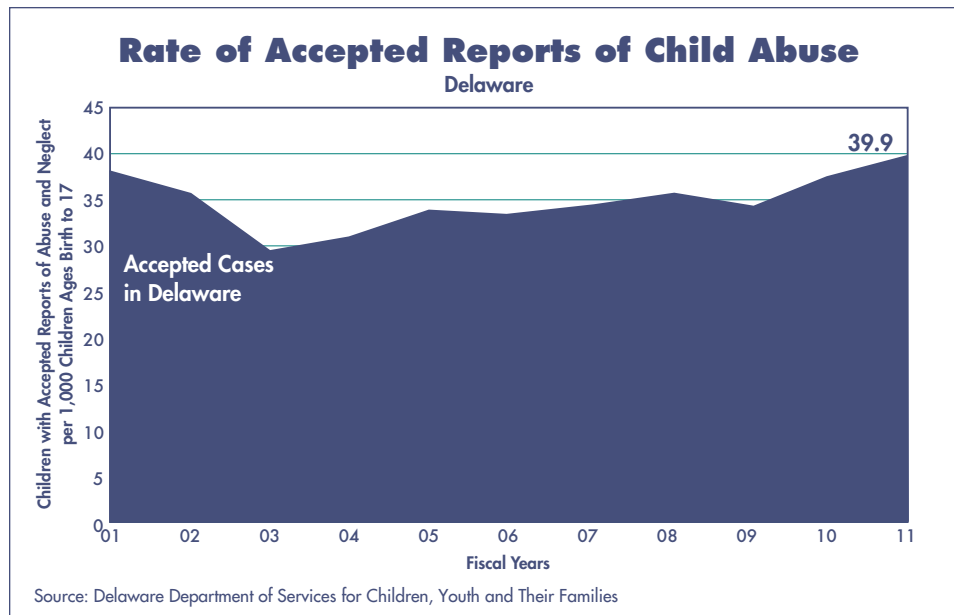
Child abuse is the maltreatment or neglect of a child that results in any non-accidental harm or injury. Abuse comes in a number of forms of maltreatment including physical abuse or neglect, verbal abuse, emotional abuse or neglect, and sexual abuse. The devastating impacts of child abuse and neglect can last a lifetime, particularly if left untreated. Often abuse leads to physical, social, and emotional problems including depression, illness, impaired growth, learning difficulties and low school achievement, juvenile delinquency, substance abuse, and sometimes suicide. States set their own legal definitions of child abuse and neglect within existing federal legal standards.



PUT DATA INTO ACTION Whenever child abuse is suspected, reporting is critical and, in most cases, the law. If you suspect abuse call Delaware's child abuse reporting hotline at 1-800-292-9582. When making a report, information is needed, including:

- Child's name, age, and address and parent's name, phone number and address
- Reason for suspicion (include specific information) and type of abuse
- Name of suspected perpetrator
- Your name, address, telephone number, and relationship to the victim

Source: Prevent Child Abuse Delaware, <http://www.pcadelaware.org/>



Did you know? Many children do not report abuse and may even lie about their injuries from abuse because:

- The perpetrator is someone they love; a parent, step-parent or other relative
- The child is ashamed and believe the abuse is his or her own fault
- The child may not trust adults
- The child is afraid no one will believe the truth
- The child may not be aware that the experience is abusive
- The child is afraid of getting into trouble
- The child is afraid that telling will cause the family to be broken up
- The child is trying to protect the abuser
- The child may have been threatened not to tell

Source: Prevent Child Abuse Delaware, <http://www.pcadelaware.org/>



For more information see

Foster Care..... 106

Domestic Violence 110

Delaware Children Speak about Family..... 111

www.pcadelaware.org

www.preventchildabuse.org

To report suspected abuse or neglect:
1-800-292-9582

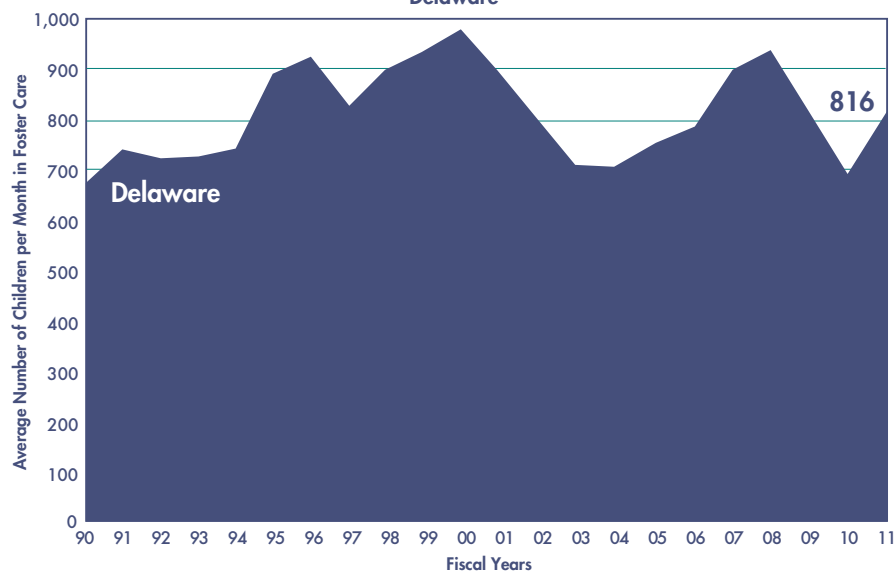
Foster Care

Foster Care is temporary residential care in another home for a child who has been removed from his or her home due to physical, emotional, or sexual abuse, or neglect. Parental neglect or abandonment includes lack of supervision, failure to provide adequate housing, or failure to provide basic needs. The goal for most foster children is to return to their parent(s) when the circumstances that led to foster placement have been resolved. When this is not possible, a permanent home is sought through adoption.



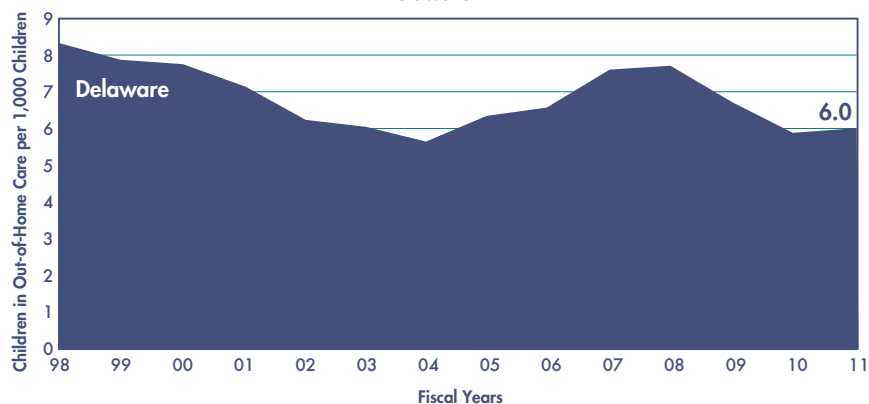
Foster Care

Delaware



Out-of-Home Care

Delaware



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

PUT DATA INTO ACTION

Foster care providers are always needed. For information:

<http://kids.delaware.gov>
www.childinc.com
www.cffde.org
www.plcntu.org

Email: foster_care.dscyf@state.de.us

Hotline: 1-800-464-4357

Did you know?

The 736 children in foster care in Delaware in 2011 were housed in 262 foster homes:

New Castle:	125 homes	388 children
Kent County:	51 homes	212 children
Sussex County:	86 homes	136 children

Source: Delaware Department of Services for Children, Youth and Their Families. <http://kids.delaware.gov/fs/fostercare.shtml>

For more information see

Child Abuse and Neglect 104

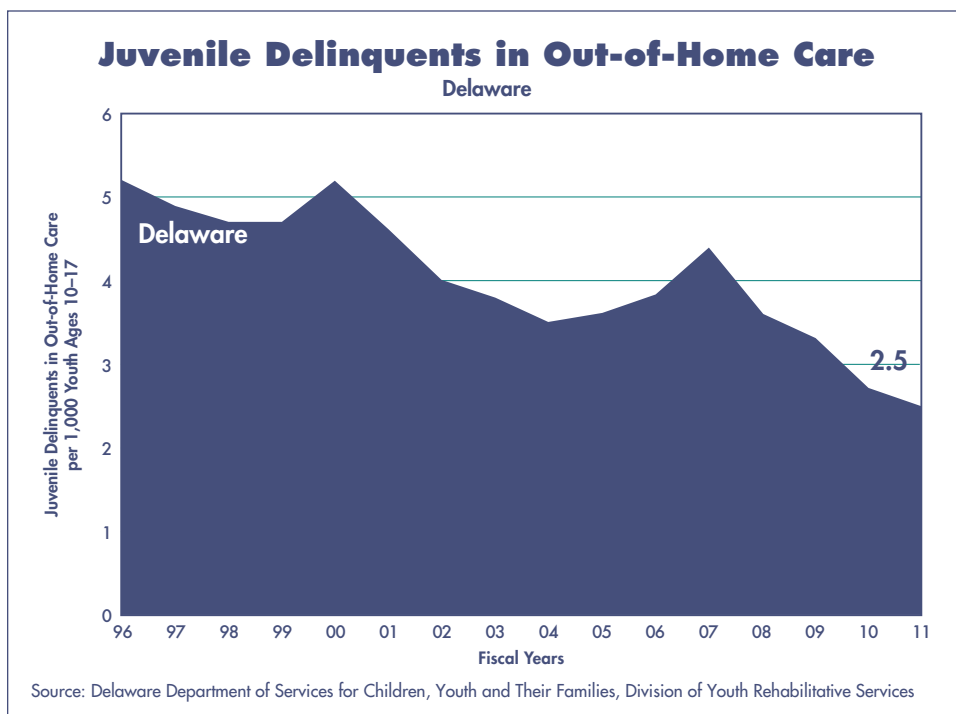


Juvenile Delinquents in Out-of-Home Care

Juvenile delinquency is a legal term that refers to any offense in violation of the state, federal, or local law by a person under the age of 18. States establish divisions to provide services to youth who have been delinquent and ordered by the court system to receive special attention. There are a number of juvenile justice intervention programs designed to reduce delinquency, ease overcrowding in juvenile detention centers, and to reduce dependence on residential treatment programs by young people considered delinquent.

In Delaware, the Division of Youth Rehabilitative Services provides secure detention in special care facilities, 24-hour custodial care, and treatment for incarcerated and adjudicated youth. The Division also provides, through secure care, appropriate education, treatment, counseling, recreation, vocational training, medical care, and family-focused case management for youth in secure residential facilities. All services are aimed at increasing public safety by decreasing recidivism.

Juvenile justice out-of-home care is provided in 24-hour secure residential facilities which provide treatment services.



Did you know? The Juvenile Detention Alternatives Initiative (JDAI), a program of the Annie E. Casey Foundation, was designed to support a vision that all youth involved in the juvenile justice system have the opportunity to develop into healthy, productive adults. After more than 15 years of innovation and replication, JDAI is one of the nation's most effective, influential and widespread juvenile justice system reform initiatives. JDAI focuses on the juvenile detention component of the juvenile justice system because youth are often unnecessarily or inappropriately detained at great expense, with long-lasting consequences for both public safety and youth development.

JDAI promotes changes to policies, practices and programs in order to:

- Reduce reliance on secure confinement,
- Improve public safety,
- Reduce racial disparities and bias,
- Save taxpayers' dollars and
- Stimulate overall juvenile justice reforms.

Source: Annie E. Casey Foundation, <http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative.aspx>



For more information see

Juvenile Violent Crime Arrests..... 118

www.edjj.org

http://kids.delaware.gov/yrs/yrs_MainPage/yrs.shtml



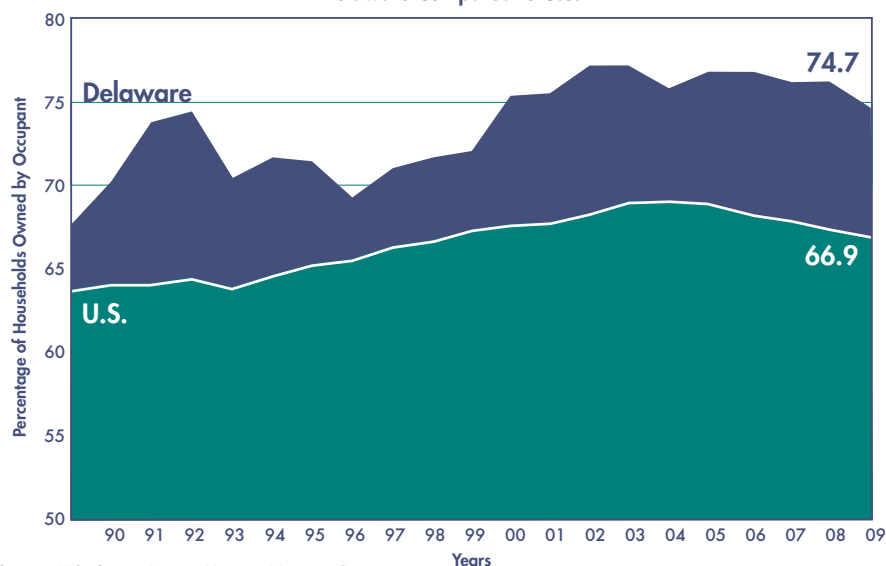
Home Ownership

Home ownership can be key to the strengthening of families, children, and communities. Homeowners tend to be more involved in their communities and make more investments in the physical quality of their home and neighborhood which, in turn, fosters a better environment for children. Home ownership can also be an important step toward building assets and financial stability for a family. Home ownership often indicates that the family is making other important financial investments that can help ensure their financial stability. For example, research indicates that homeowners are more likely to save for retirement or save for their child's education. Home ownership also produces greater life satisfaction or self-esteem for adults, which can provide a more positive home environment for children.



Home Ownership

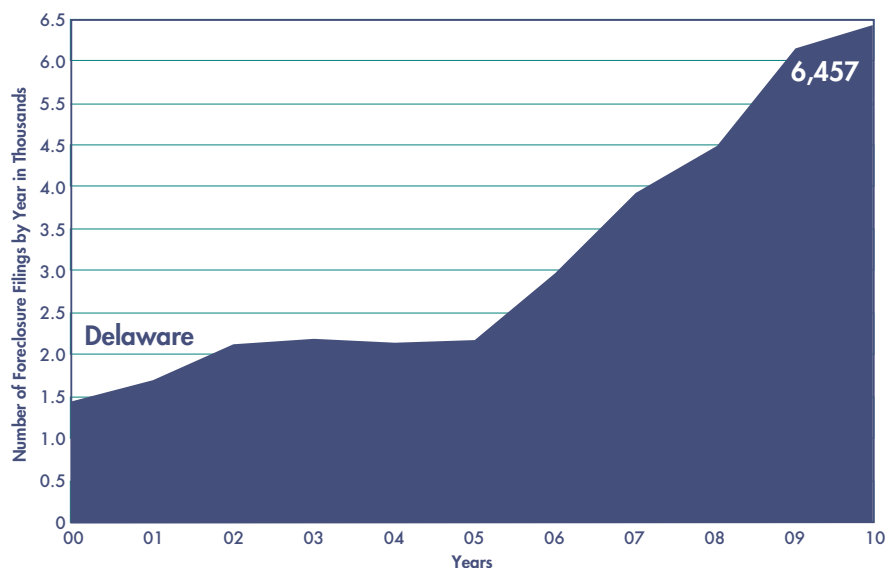
Delaware Compared to U.S.



Source: U.S. Census Bureau Housing Vacancy Survey

Mortgage Foreclosures

Delaware



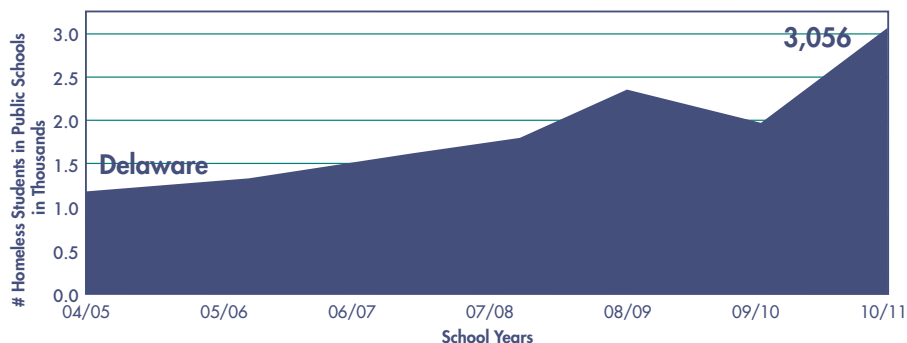
Source: 2000-2005: The Reinvestment Fund, 2006. Mortgage Foreclosure Filings in Delaware; 2006-2008: Office of the State Bank Commissioner

Cost of Housing, 2010

Delaware median monthly housing costs:	Mortgaged owners \$1,569	Renters \$952
Delawareans spending >30% of income on housing:	Homeowners 30%	Renters 50%
Median housing value:	Delaware \$243,600	U.S. \$179,900

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

Homeless Students Delaware



Source: Delaware Department of Education

Homeless Students – According to the federal McKinney-Vento Act students are considered to be homeless if they are living with or without their parents in a shelter (e.g. temporary family shelter, domestic violence shelter, runaway shelter), transitional housing, hotel or motel, campground, cars, or on the street. Also included are those children and youth temporarily living with relatives or friends (with or without their parents) because they do not have fixed, regular, safe and adequate residence, and children in foster care.



Did you know? At the current minimum wage of \$7.15 per hour, a fulltime worker earns 43% of what is needed to afford a 2-bedroom rental residence.

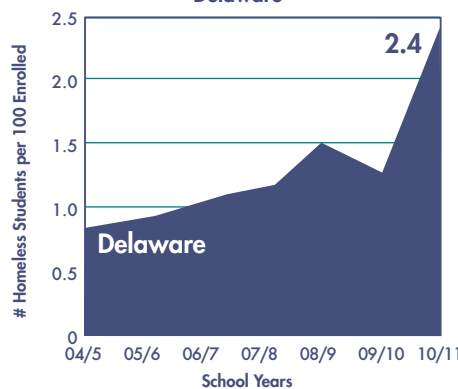
Source: National Center on Family Homelessness report America's Youngest Outcasts, <http://www.familyhomelessness.org/>

Did you know? The Delaware State Housing Authority (DSHA) has the power to make loans and grants to both for-profit and non-profit housing sponsors, make loans to mortgage lenders and require that they use the proceeds to make new residential mortgage loans, apply for and receive subsidies from the federal government and other sources, and issue its own bonds and notes.

In addition to its role as Delaware's Housing Finance Agency, DSHA also serves as a Public Housing Authority and acts as a Community Development and Planning Agency. As a Public Housing Authority, DSHA receives funding from Housing and Urban Development (HUD) to build, own and operate public housing in Kent and Sussex counties.

Source: Delaware State Housing Authority, <http://www.destatehousing.com/Home/default.php>

Rate of Homelessness Delaware



Source: Delaware Department of Education

Delinquent Loans Third quarters, 2008–2011

	2008	2009	2010	2011
Foreclosures Inventory:				
All Loans, U.S.	3.0%	4.5%	4.3%	4.0%
All Loans, Delaware	2.1%	3.2%	3.9%	4.4%
Subprime Loans, U.S.	12.6%	15.5%	13.7%	14.8%
Subprime Loans, DE	8.8%	13.4%	14.2%	14.6%
Seriously Delinquent* Loans:				
All Loans, U.S.	5.2%	8.9%	8.7%	7.9%
All Loans, Delaware	3.7%	6.4%	7.2%	7.1%
Subprime Loans, U.S.	19.6%	28.7%	27.7%	25.7%
Subprime Loans, DE	14.8%	25.3%	26.8%	24.7%

* Loans in foreclosure plus loans 90 or more days past due.
Source: Mortgage Bankers Association, National Delinquency Survey

For more information see

www.hud.gov/local/index.cfm?state=de
www.housingforall.org
www.hud.gov/buying/
www.mbaa.org/

Domestic Violence

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

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

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

For many, the home is a sanctuary, a place of love, safety, security, and shelter. Unfortunately, for some it can be a place of fear and violence. Witnessing or being the victim of domestic violence can have profound emotional, developmental, and physical consequences for children, the extent of which is often related to the frequency and severity of the violence, the time elapsed since the event, and the child's personality. According to the American Bar Association, many children — victims and witnesses — exhibit signs of post-traumatic stress disorder. Symptoms may be directed outward through the inability to sleep through the night, bedwetting, and temper tantrums, or it may be directed inward and shown by being shy or withdrawn. School-aged children who experience domestic violence tend to have poor academic performance, are absent frequently, and may have behavior problems.

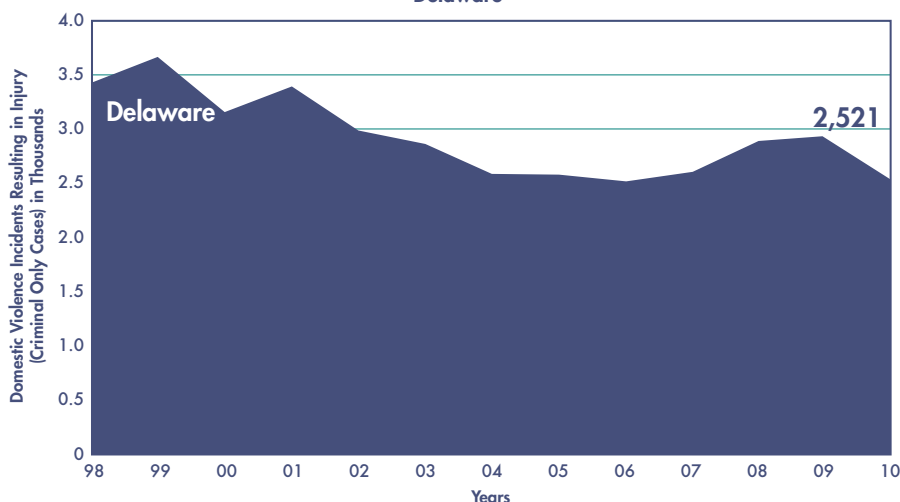


For more information see
Child Abuse and Neglect 104
www.dvcc.delaware.gov
www.stoptheviolence.org



Domestic Violence Injuries

Delaware



Source: Domestic Violence Coordinating Council, Department of Public Safety, Division of State Police

Domestic Incident Reports

Delaware, 2010

Criminal only:	15,681 reports
Combined criminal and non-criminal:	28,413 reports
Deaths as a result of domestic violence in 2010:	8 deaths

Source: Delaware State Bureau of Identification

Did you know? In 2011, the Delaware legislature enacted legislation which prohibits medical professionals convicted of a felony sexual offense from working in respective fields and removes the license of those who fail to report child abuse or neglect.

Source: KIDS COUNT in Delaware 2011 Legislative Update

PUT DATA INTO ACTION

For 24-hour domestic violence hotlines and shelters in New Castle County call 302-762-6110; Kent and Sussex Counties call 302-422-8058; and for Spanish call 302-745-9874.

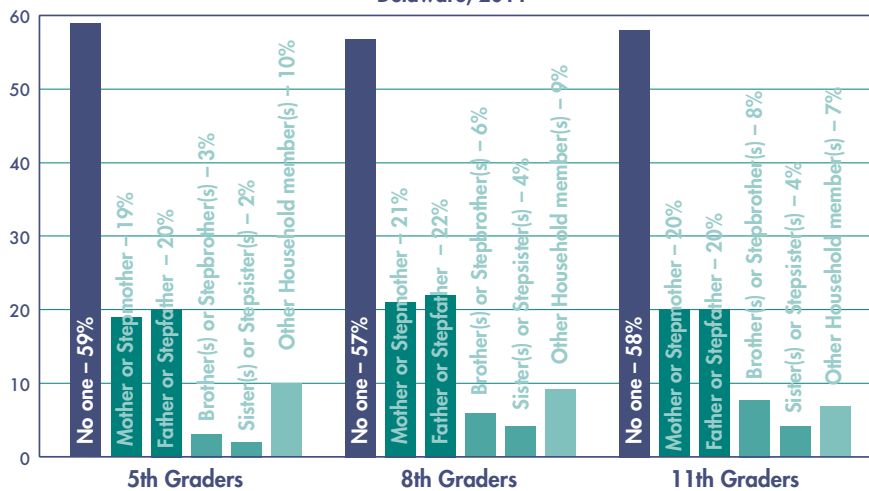
For information on the Domestic Violence Coordinating Council (DVCC) see www.dvcc.delaware.gov.

Delaware Children Speak: Family

Children's long-term development and success can greatly depend on the support and care they receive at home from their family. A stable and strong family, in which all members have caring attitudes, and appreciation for each other is the best family environment for a child. In addition to meeting the basic needs of food, shelter, and clothing, an optimal family environment might include the following qualities: members with unconditional love for each other; parents spending time with their children; parents listening to their children; parents serving as good role models, understanding that children learn from what they see happening; and parents who value education.

Tobacco Use in the Home

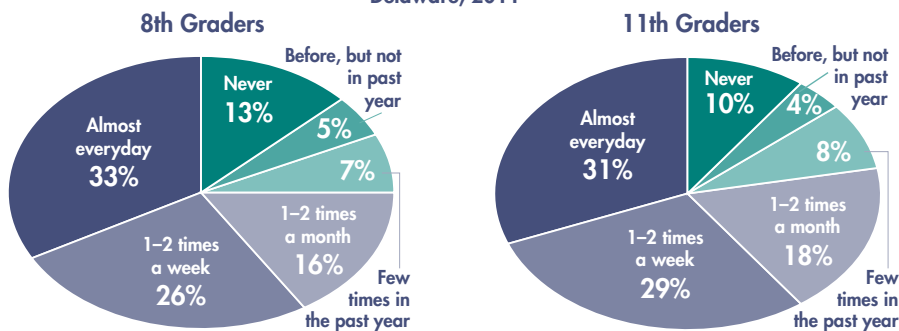
Does anybody living in your home smoke cigarettes or tobacco? (Mark all that apply)
Delaware, 2011



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

Talking to Parents about School

How often do you talk to either of your parents about how things are going at school?
Delaware, 2011

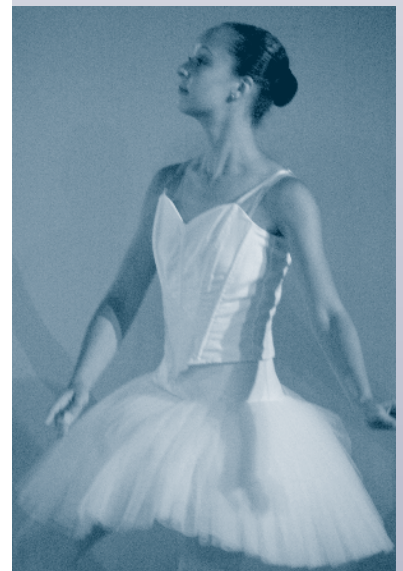


Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

PUT DATA INTO ACTION

Studies show that children perform better when their mothers and fathers are both involved in their education. Men and women bring different perspectives and skills to school activities. A National PTA campaign is being run which actively encourages male involvement in education of students because men remain a largely untapped resource to many school PTAs.

Source: National PTA, http://www.pta.org/topic_male_involvement.asp



Delaware Children Speak: Family

Parental Involvement and Alcohol Use

Past Year, Delaware 11th Graders, 2011

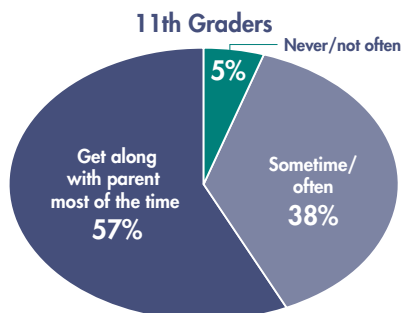
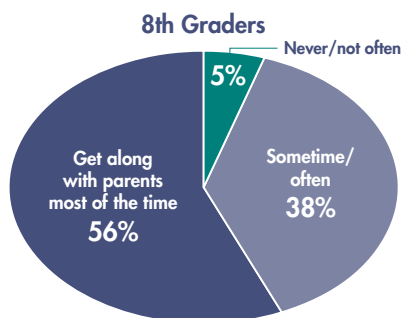
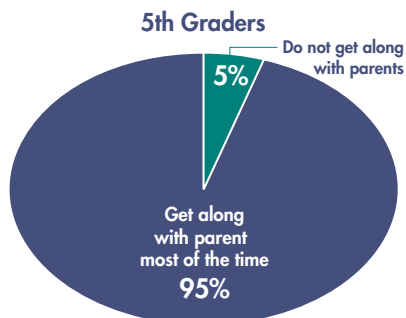
- 10%** Reported their parents asked parents hosting a party if alcohol would be served.
- 19%** Reported parents asked parents hosting the party if they would be present at party.
- 24%** Reported parents called other parents to check up on student.
- 62%** Reported parents offered to pick them up if they needed a safe ride home.
- 82%** Reported parents told them to call to let them know where they were.
- 44%** of binge drinkers and **51%** of heavy binge drinkers reported they had been to a party where parents bought alcohol for the kids, versus **20%** of all students.

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



Parents

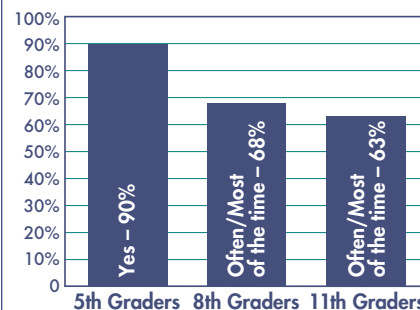
I get along well with my parents/guardians.
Delaware, 2011



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

Parental Praise

When I do a good job at home or school, my parents tell me about it. Delaware, 2011



Note: 8th & 11th graders had more choices for responses.

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

PUT DATA INTO ACTION

12 steps to becoming a Nurturing Parent:

- Take care of yourself — exercise, read, or do things that energize you and bring you enjoyment.
- Accept help — none of us can do it all on our own!
- Listen to your child.
- Encourage your child.
- Spend time with your child doing things you both enjoy.
- Use words that help not hurt.
- Teach through your actions
- Respect your child.
- Tell your child you love them.
- Praise your child.
- Make rules, set limits and always follow through. These things help children feel safe and secure.
- Give your child chores. This helps them learn responsibility, the importance of working as a team and self-confidence.

Source: Parent Information Center of Delaware, <http://www.pcadelaware.org/help/parenting.htm>

For more information see

Alcohol, Tobacco, and Other Drugs 54

Delaware Children Speak about Health and Health Behaviors 58

www.udel.edu/cdas/

www.state.de.us/drugfree/dfd_data.html

www.udel.edu/delawaredata/



COMMUNITY ENVIRONMENT & RESOURCES



Child Care

Reliance on paid child care by non-relatives, care given in center-based settings, and in public subsidies for child care has seen a rapid growth in the last few years. Many families rely on childcare services to look after their children particularly during working hours.

The most common non-parental care arrangements for school-aged children are center- or school-based- programs, relative care, or self-care. Participating in quality programs can enhance a child's academic performance and aids a child's ability to interact with his or her peers. Older school aged children are more likely to be caring for themselves, especially during the summer months and after school, than younger children.

Child Care Center – 13 or more children. Increase in 2003 and 2004 reflects the addition of child care centers providing part time care.

Family Child Care Homes – 1 person caring for no more than 6 children.

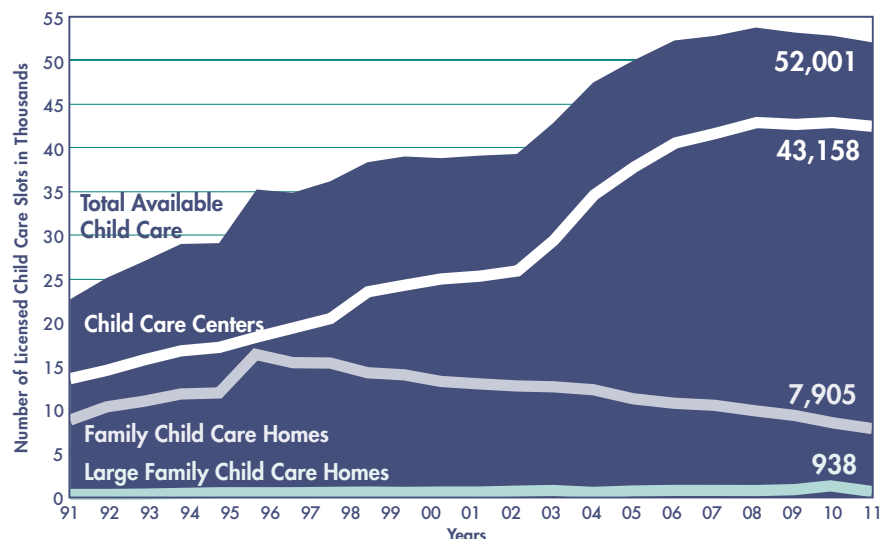
Large Family Child Care Homes – 2 people caring for 7–12 children.

It can be challenging to find quality and affordable care. Advocates encourage parents to check on the accreditation status, safety standards, the qualifications of staff members (such as CPR certification), discipline procedures, as well as the process for completing background checks on all staff members and volunteers of potential care programs.



Available Child Care

Delaware



Note: Data after 2003 reflects the addition of child care centers providing part time care

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

Did you know?

- Costs limits access to quality, non-familial care. In many states, the cost of early education is nearly twice as expensive as paying for a year of tuition at a 4-year public college.
- Low income children who attend intensive, high quality education programs have greater academic success, higher graduation rates, lower levels of juvenile crime, decreased need to special education services, and lower rates of teen pregnancy than compared to their peers.

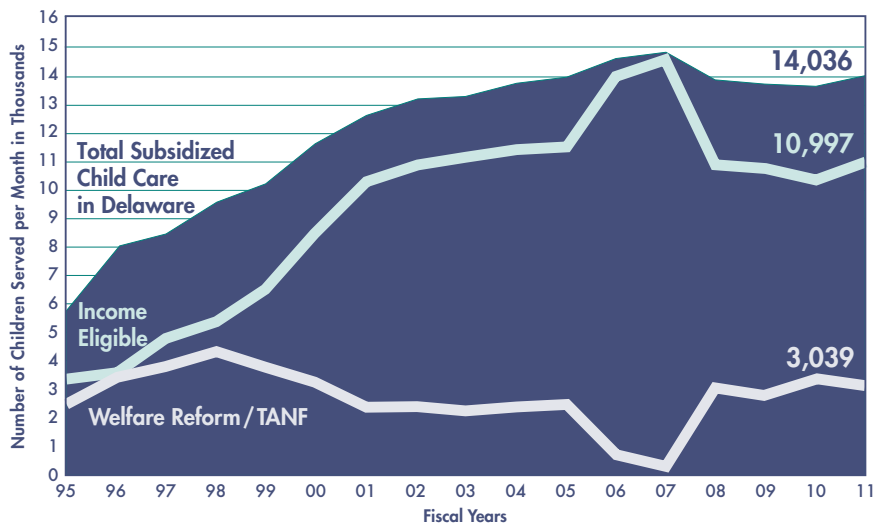
Source: Child Trends Data Bank, <http://www.childtrendsdatabank.org/>

Did you know? In June of 2011, Delaware's Governor Jack Markell allocated \$22 million for Delaware's Early Care and Education System. The majority of funds (\$13 million) are dedicated toward increasing reimbursement rates, grants, and technical assistance for childcare providers that participate in Delaware's STARS for Early Success quality rating program. The remaining \$9 million will boost purchase of care reimbursement rates.

Source: KIDS COUNT in Delaware 2011 Legislative Wrap Up

Subsidized Child Care

Delaware



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

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

Income Eligible – The income eligible numbers reflect the working poor families below 200% of poverty who received subsidized child care..

Child Care and School Age Programs

Delaware and Counties, 2009

	Total Child Care	School Age Programs	Public Elementary Schools with School Age Child Care
Delaware	1,546	1,245	77
New Castle	968	778	57
Kent/Sussex	578	467	45

Accredited Programs

Number of Accredited Programs by Accrediting Organization, Delaware and Counties, 2008

	NAFCC National Association for Family Child Care Providers	NAEYC National Association for the Education of Young Children	NAA National After-School Alliance
Delaware	1	20	0
New Castle	0	18	0
Kent/Sussex	1	2	0

Source: Children and Families First

Did you know? In December 2011, Delaware was one of nine states to be awarded a grant from the Race to the Top- Early Learning Challenge Fund. Delaware's application and plan are focused on:

- The expansion and Redesign of the Delaware Stars for Early Success (STARS) quality rating program, which is well underway.
- Building a professional, effective workforce of high-quality educators
- Supporting the health and development needs of the whole child – this includes mental health services and our “Parents as Teachers” program
- Improving data to improve Kindergarten readiness and more efficiently target resources

Source: Delaware Department of Education



For more information see

www.afterschoolalliance.org

www.afterschool.gov

www.childcareaware.org

www.familiesandwork.org

www.nncc.org/states/de.html

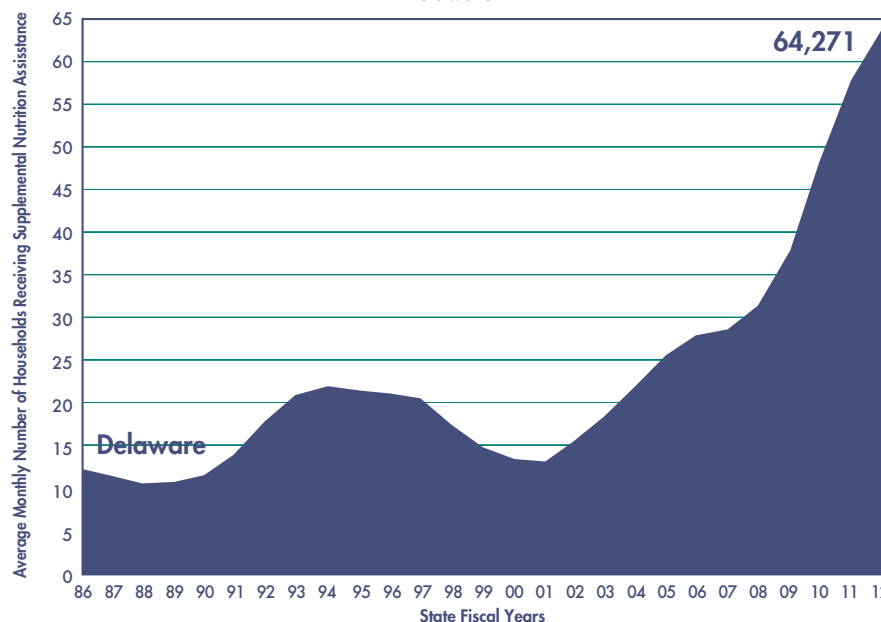
Supplemental Nutrition Assistance Program (SNAP)

Adequate nutrition is crucial for the appropriate growth and development of young children. Studies reveal that undernourished children are at risk for illness, cognitive delay, and poor social skills. These effects will continue to influence their development later in life. Children who need food benefits, provided through the Supplemental Nutrition Assistance Program, are at a much higher risk of suffering from malnutrition and other illnesses associated with poverty. According to an analysis released by the Archives of Pediatrics and Adolescent Medicine, nearly 50% of all U.S. children and 90% of black children will be on food benefits at some point during childhood. Given the current recession, the number of children living in families needing food benefits will likely rise, putting more young American children at risk.



Supplemental Nutrition Assistance Program

Delaware



Source: Delaware Health and Social Services

Did you know? The Food Bank of Delaware's Backpack Program provides food to at-need children for weekends and holidays when school is not in session and federal school meal programs are not available. Backpacks are stocked with kid-friendly, nutritious food including shelf-stable milk and juice, peanut butter and jelly, granola bars, apple sauce, cereal and more. They are distributed on Fridays or the last day before a holiday or vacation in a discreet manner at sites where children normally congregate after school. These sites include churches, community centers, childcare centers, Kids Café sites, etc.

Food Bank of Delaware's Backpack Program

	2005/06	2006/07	2008/09	2009/10	2010/11
Number of Delaware Sites	10	9	16	49	48
Meals Distributed	3,528	6,398	11,573	28,051	55,846

In the beginning of the 2011/12 year (through Dec. 2011)

22 sites in New Castle County distributed	6,915 meals
21 sites in Kent County distributed	14,138 meals
10 sites in Sussex County distributed	4,839 meals

Source: Food Bank of Delaware

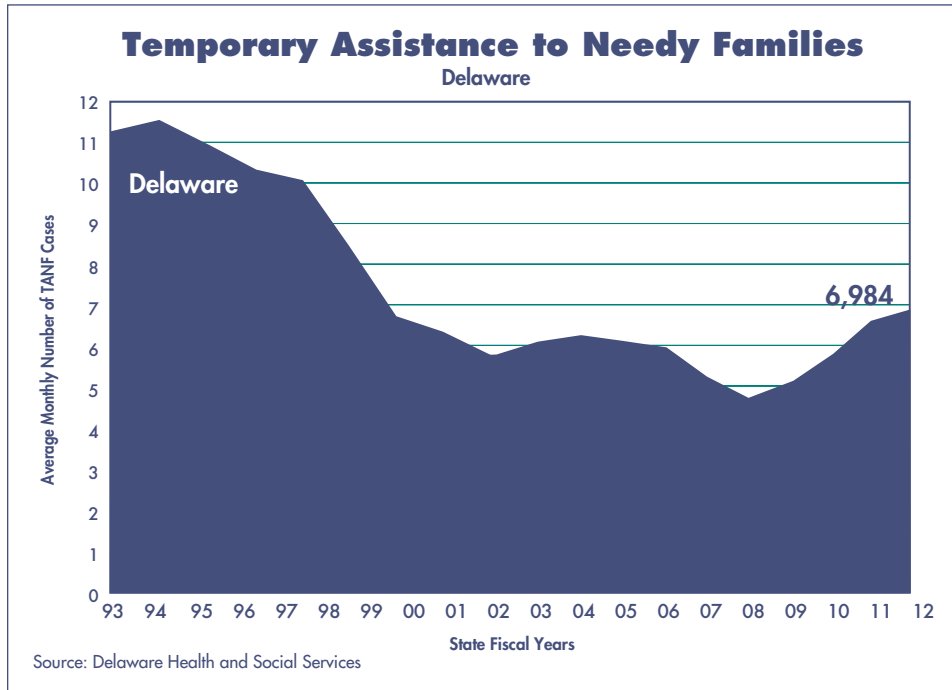
For more information see

Children Receiving Free and Reduced-Price School Meals..... 72



Temporary Assistance for Needy Families (TANF)

While the United States is no longer in a recession, many American families continue to struggle to make ends meet. The Temporary Assistance for Needy Families (TANF) is Delaware's main cash assistance program, which is administered through a joint effort of the Division of Social Services (DSS), Delaware Department of Labor, Delaware Department of Transportation and the Delaware Economic Development Office. The program provides needy families and parents with the cash that they need to meet expenses, like high energy bills and car repairs, stay employed, and receive basic assistance. TANF also helps to ensure that children, in low-income/needy families, can continue to receive the basic needs, support, and services they need to continue to develop.



Did you know? The goal of Delaware's TANF program is to provide a welfare system based on a philosophy of mutual responsibility. In working toward that goal, the State strives to place individuals in private or public sector unsubsidized employment that enables them to enter and maintain meaningful jobs, while interrupting the intergenerational welfare dependency cycle. Five key principles for the foundation of TANF:

- Work should pay more than welfare.
- Welfare recipients must exercise personal responsibility in exchange for benefits.
- Welfare should be transitional, not a way of life.
- Both parents are responsible for supporting their children.
- The formation and maintenance of two-parent families should be encouraged, and teenage pregnancy and unwed motherhood should be discouraged.

Source: Delaware Health and Social Services Division of Family Services

Did you know? According to the Children's Defense Fund, there were 13,396 adults and children receiving cash assistance from TANF, in January of 2011.

Source: Children's Defense Fund: Children in Delaware, <http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/cits/2011/children-in-the-states-2011-delaware.pdf>

PUT DATA INTO ACTION

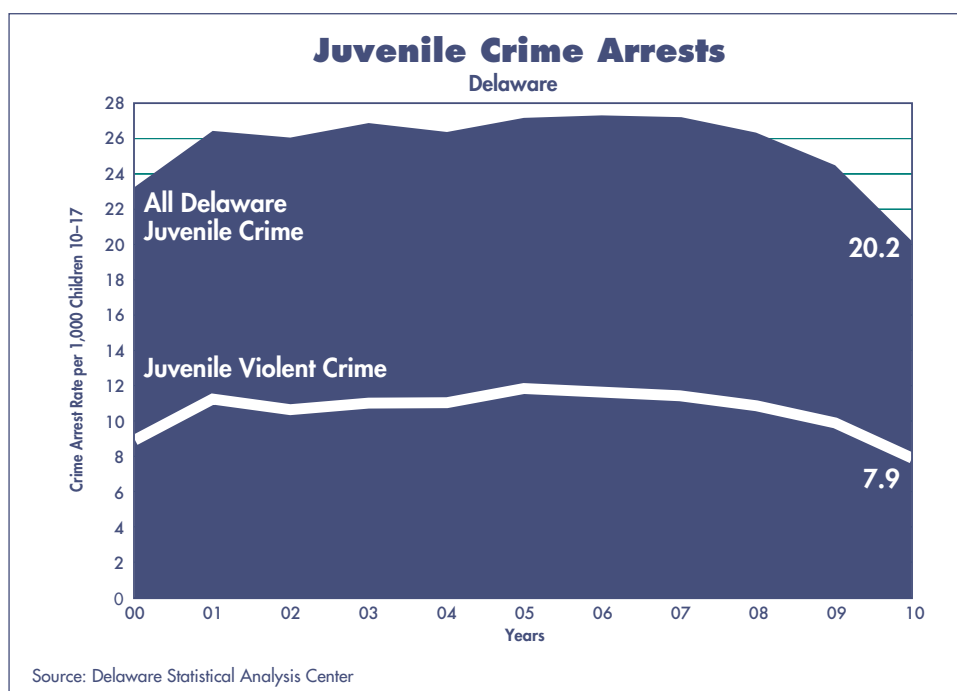
Delaware's Department of Health and Social Services provides a link to determine eligibility for TANF benefits using the TANF calculators at: <http://dhss.delaware.gov/dhss/dss/tanfprecalc.html>



Juvenile Violent Crime Arrests

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

The level of youth violence in a society can be a good indicator of the ability of young people to control their behavior, and also of the ability of the socializing agents such as families, peers, schools, and religious institutions to supervise and influence behavior. Participation in criminal behavior may affect a child's physical, social, emotional, and academic development as well as impact the child's adult life. Violent crime is classified into four offenses: murder, forcible rape, robbery and aggravated assault. Each of these involve force or threat of force. Poor and minority children face risks and disadvantages that often pull them into what child advocates label a "Cradle to Prison Pipeline." Advocates argue that in order to address youth violence, society should focus on pulling families out of poverty, providing children with adequate health care, improving access to quality education for all children, preventing child abuse and neglect, protecting children from domestic and community violence, and giving children support and guidance as needed.



Did you know? In an effort to reduce gun violence among youth, the Delaware Center for Justice has begun its new Gun Violence Prevention Program. Funded by the Criminal Justice Council, the program provides a specialized curriculum for youth adjudicated delinquent for gun crimes as well as for other crimes at the Ferris School and Grace and Snowden Cottages. The program also provides family outreach to keep parents updated on the materials and information the students will be using.

Source: Delaware Center for Justice, <http://www.dcjustice.org/>

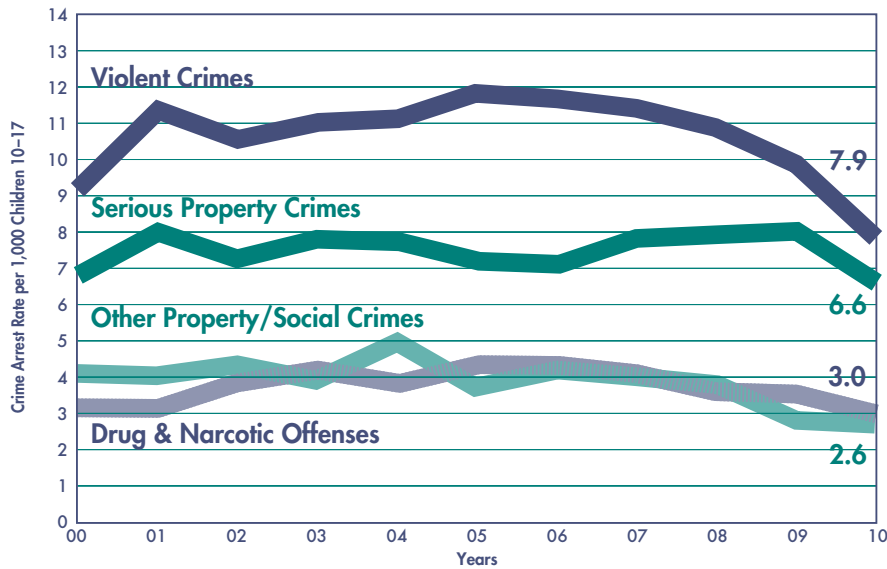
Did you know? While most victimized children never become chronic criminals, being severely abused or neglected can lead to permanent changes in children's brains including a lack of empathy or a predisposition to misinterpret actions as threatening and therefore react violently.

Source: Fight Crime, Invest in Kids, www.fightcrime.org

Juvenile Violent Crime Arrests

Juvenile Crime Arrests by Type

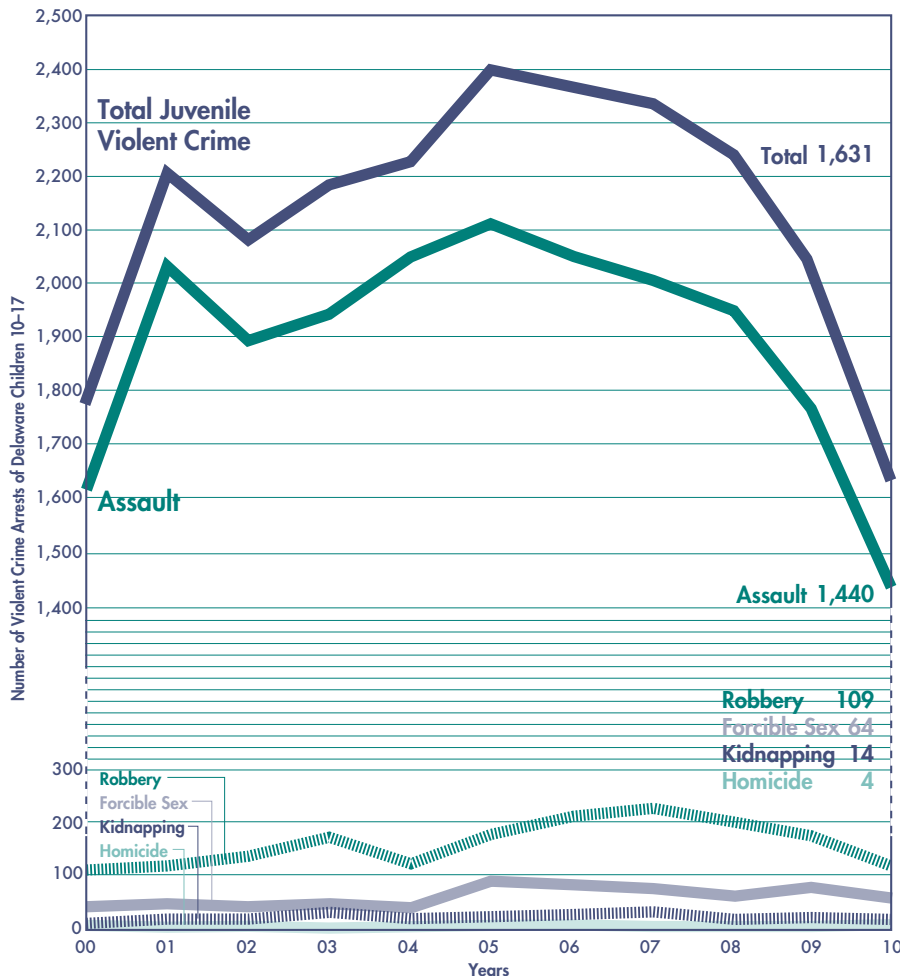
Delaware



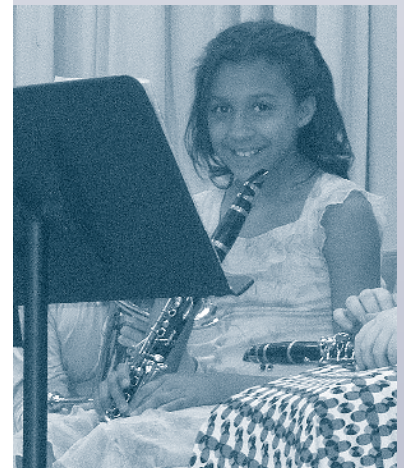
Beginning in 2010, weapons violations are listed as other crimes; in the past they were listed as violent crimes. Rates have been recalculated for past years based on this category change. Due to this change, violent crime rates are slightly lower and other crime rates are slightly higher than shown in previous editions of the KIDS COUNT in Delaware Fact Book.

Juvenile Violent Crime Arrests

Delaware



Source: Delaware Statistical Analysis Center



For more information see

Juvenile Delinquents in Out-of-Home Care.... 107

Adult Crime..... 124

www.pledge.org

www.ncdijdp.org/cpsv

<http://findyouthinfo.gov/>

www.justicepolicy.org/



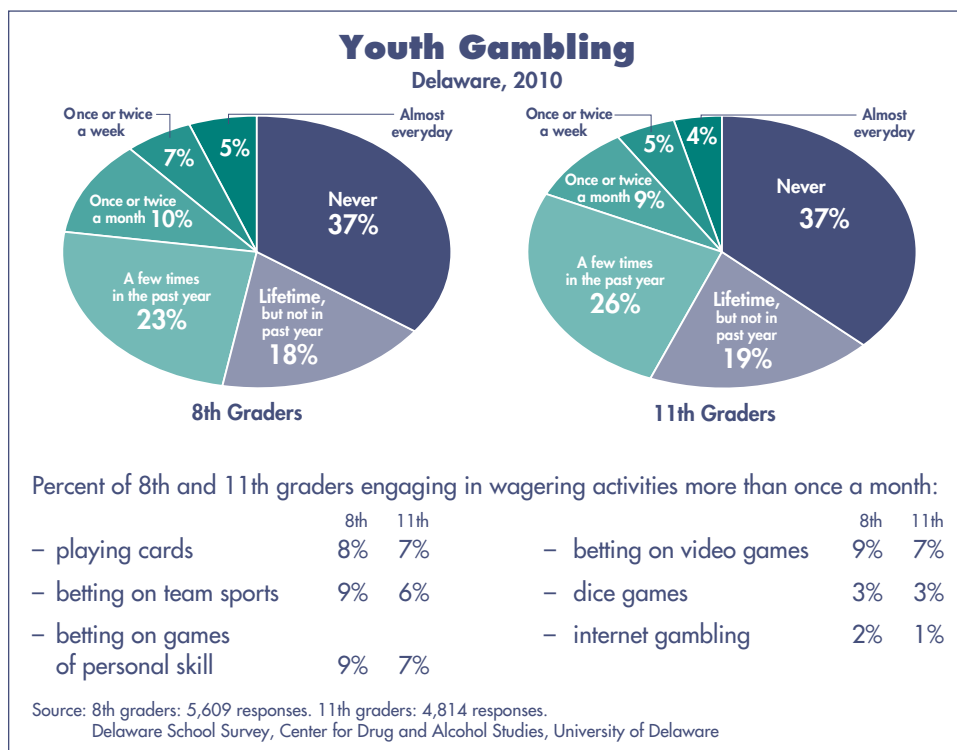
Youth Gambling

Pathological Gambling – an impulse control disorder associated with gambling. It is characterized by maladaptive gambling behavior leading to negative personal, family, and/or social consequences.

Problem Gambling – also called Compulsive Gambling, an urge or addiction to gamble despite harmful negative consequences or a desire to stop.

Gambling is a popular form of entertainment for many individuals. For some however this fun can become an addiction — an illness known as pathological gambling. For these people, gambling causes disruptions in multiple facets of life. Their behavior may result in negative impacts in their professional work, physical and emotional well-being, personal relationships, and very often their financial status.

Gambling is not limited to adults. Young people are increasingly engaging in gambling activities with their peers and through on-line gaming sites. Young people with gambling problems occasionally steal from family and friends to finance their habit; they are more likely than their non-gambler peers to smoke or to use drugs and alcohol, to perform poorly in school, or to commit crimes. Moreover, the gambling addiction impacts an adolescent's mental and emotional health, increasing levels of unhappiness and lowering self-esteem in an already turbulent time of growth.



Did you know?

The Delaware Council on Gambling Problems suggests a simple, two-question test to identify youth problem gambling:

- Have you ever felt the need to bet more and more money?
- Have you ever had to lie to people important to you about how much you gambled?

Answering yes to either of these questions might indicate a problem with gambling.

Source: Delaware Council on Gambling Problems, www.dcgcp.org

PUT DATA INTO ACTION

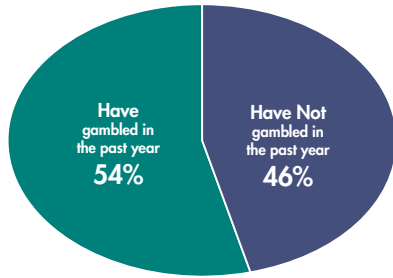
The Delaware Council on Gambling Problems offers the following services:

- 24 hour helpline and referral services: 1-888-850-8888
- Outpatient treatment and a 12 week support group
- Training for health care providers
- Prevention activities

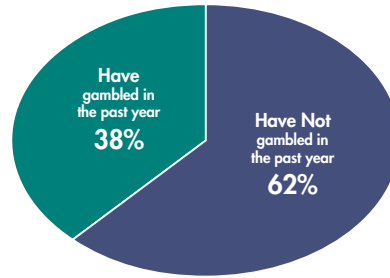
Source: Delaware Council on Gambling Problems, www.dcgcp.org

Youth Gambling by Gender

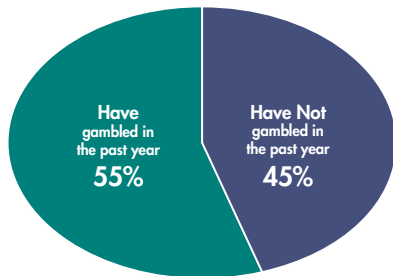
Delaware, 2010



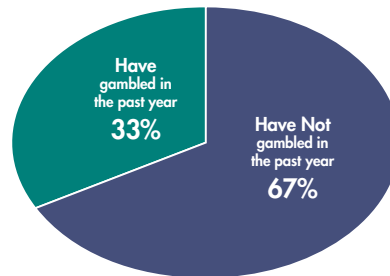
8th Grade Males



8th Grade Females



11th Grade Males

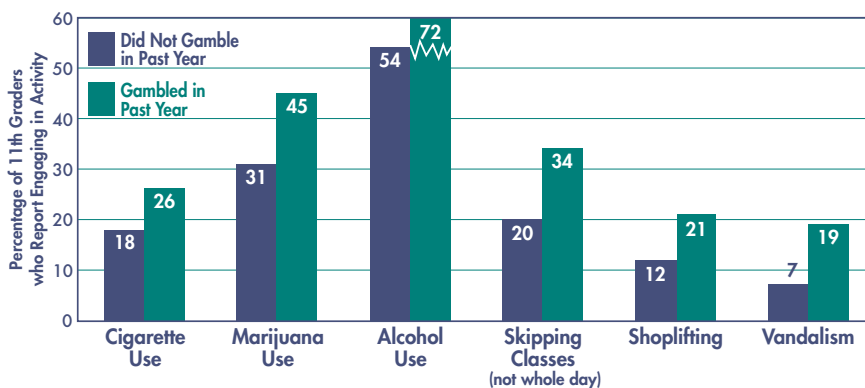
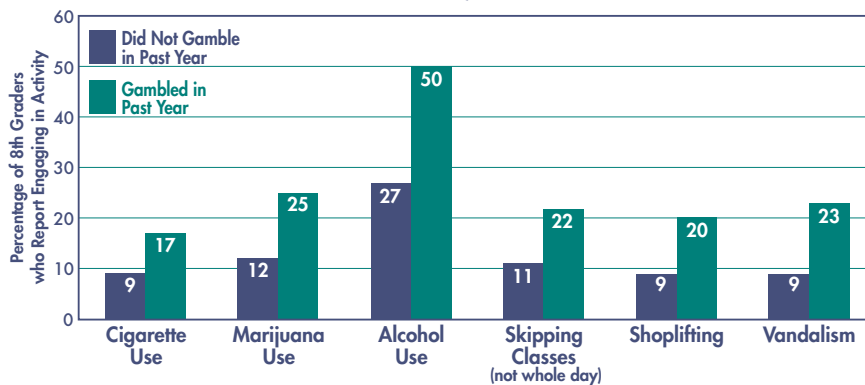


11th Grade Females

Source: 8th graders: 5,476 responses. 11th graders: 4,727 responses.
Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Risk Behaviors Compared by Youth Gambling

Delaware, 2010



Source: 8th graders: 5,476 responses. 11th graders: 4,727 responses.
Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware



For more information see

www.udel.edu/cdas/

www.dagp.org/

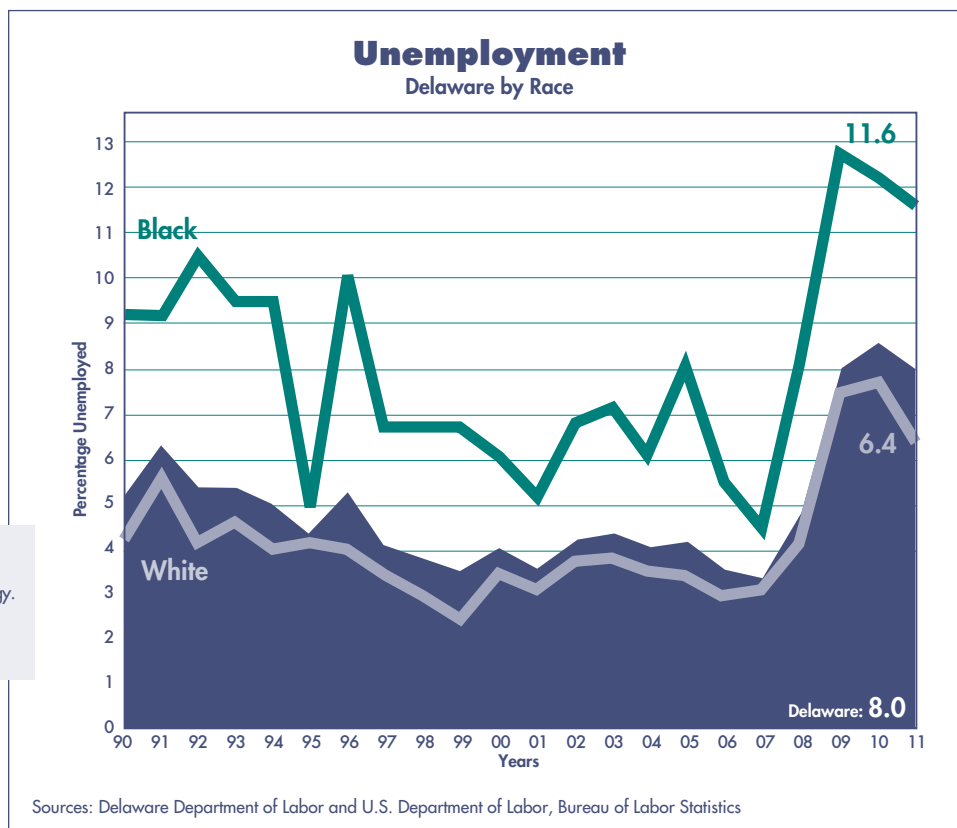
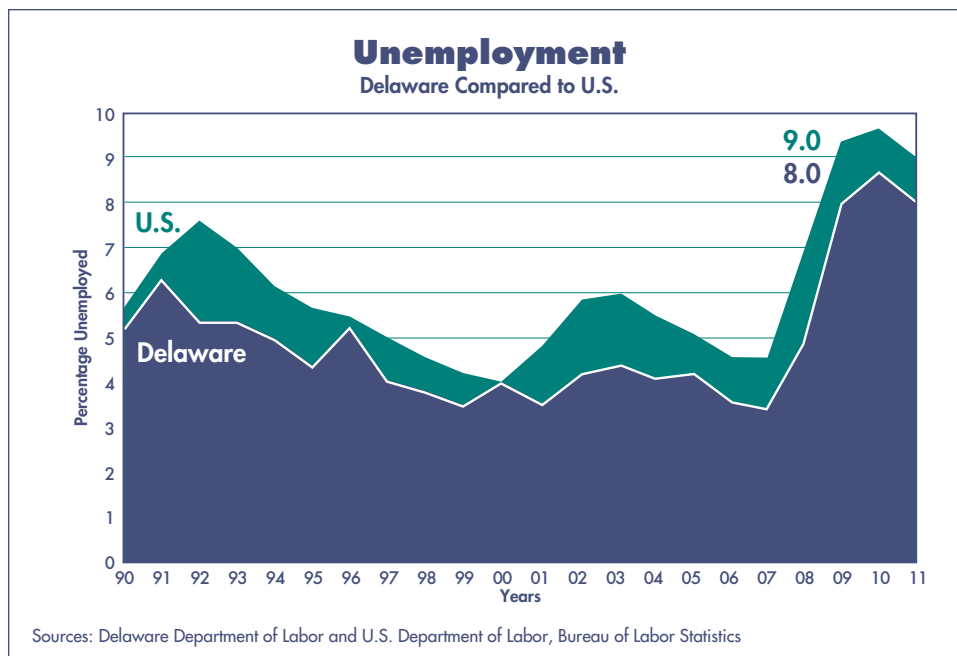
Unemployment

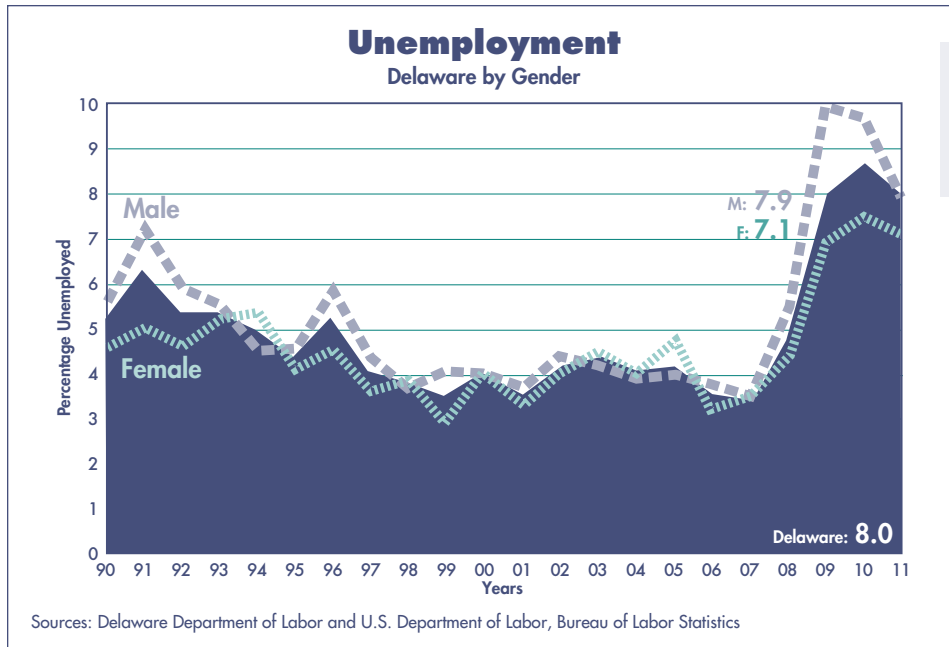
Employment is a major determinant of family well-being. Secure employment of a caregiver greatly reduces the risks that often threaten a child's well-being. For example, employment can offer access to health care and may provide parents with financial stability.

Unemployment rates vary in households across race, ethnicity, gender, and education. Black and Hispanic families have a higher rate of unemployment than white families. In an economic downturn, low-skilled workers who have little formal education are particularly vulnerable to layoffs, reduced work hours, and greater periods of unemployment.

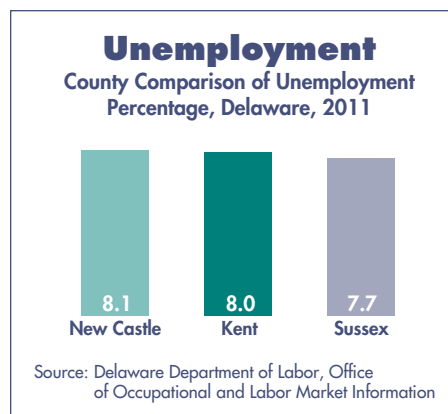
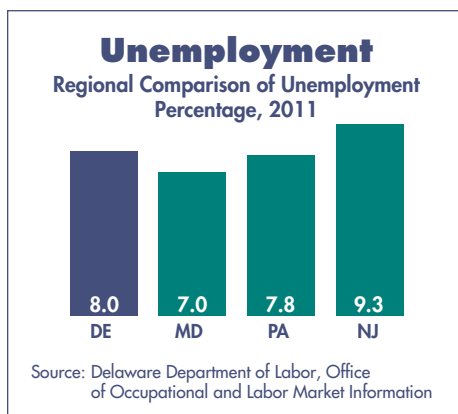


Data for the Delaware total and data for Delaware by gender were taken from different data sources. The apparent discrepancy is due to differences in methodology. The gender and race breakdowns come from the raw survey data, where the overall unemployment rate for 2011 was 7.5 percent.





Data for the Delaware total and data for Delaware by gender were taken from different data sources. The apparent discrepancy is due to differences in methodology. The gender and race breakdowns come from the raw survey data, where the overall unemployment rate for 2011 was 7.5 percent.



Did you know? Every two years, the Delaware Department of Labor creates occupation and industry projections. According to these projections, the two occupations with the greatest project growth in Delaware are in the medical field: registered nurses and nursing aids, orderlies and attendants.

Source: Delaware Department of Labor Office of Labor Market Information,
<http://www.delawareworks.com/ooolmi/Information/LMIDData/Projections/Delaware.aspx>

PUT DATA INTO ACTION

The Unemployment Insurance Office contains useful information for both employers and the unemployed. Offices which provide benefits and connections to job training are located in:

- Wilmington (4425 North Market Street)
- Newark (Pencader Corporate Center 225 Corporate Blvd, Suite 108)
- Dover (1114 South DuPont Highway Suite 103)
- Georgetown (20093 Office Circle Unit 205)

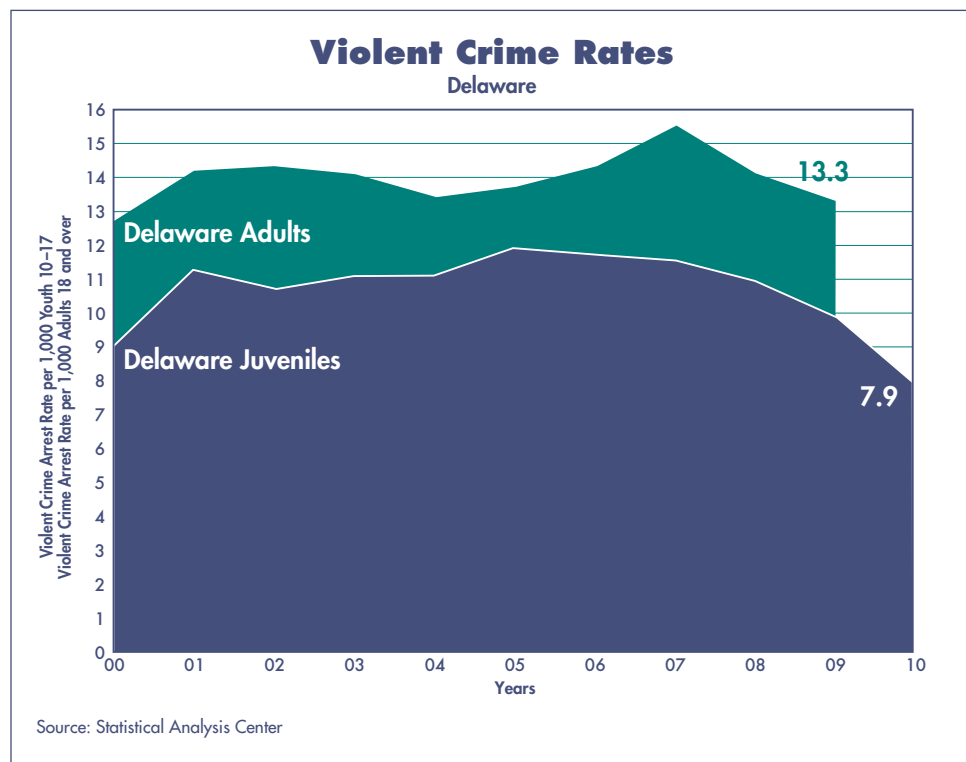
For more information see

No Parent with Full-time Employment..... 89
www.delawareworks.com

Adult Crime

Adult crime not only affects incarcerated individuals, but it also impacts their children and families. Families of inmates face challenges such as lack of financial support and social alienation related to the stigma associated with having one of their members in prison. It is difficult for an incarcerated parent to maintain contact with a child and both parent and child suffer from the separation.

Research indicates that most children of incarcerated parents live in poverty during and after the parent's arrest. The period in which a parent is incarcerated is often particularly difficult for the child. A child in this situation will face challenges that are likely to affect development. The psychological and emotional implications for these youth include trauma, anxiety, guilt, shame, and fear. Moreover, their behavior may change to include sadness, withdrawal, low self-esteem, decline in school performance, truancy, use of drugs or alcohol, and aggression. In some instances, changes in behavior may progress to a level of delinquency which can potentially lead to a cycle of intergenerational incarceration.



Did you know? Parent incarceration creates hardships for children and family including:

- Financial instability
- Instability in family relationships
- School behavior and performance problems
- Shame, social and institutional stigma

Did you know? With incarceration rates in America at record high levels, the criminal justice system now affects the lives of millions of children each year. The imprisonment of nearly three-quarters of a million parents disrupts parent-child relationships, alters the networks of familial support and places new burdens on governmental services such as schools, foster care, adoption agencies and youth-serving organizations.

Source: Urban Institute Justice Policy Center, http://www.urban.org/uploadedpdf/310882_families_left_behind.pdf

For more information see

Juvenile Violent Crime Arrests..... 118

www.millionmommarch.com

www.socialchangenow.org

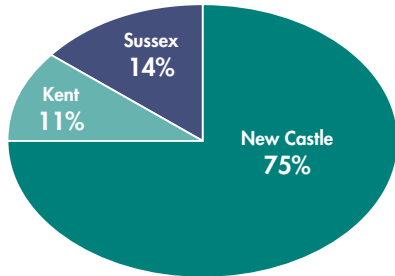
www.bbbsde.org



Delaware's nonprofit sector is a vibrant social and economic force within in the state. The sector employs thousands and allows for many families, adults, and children to receive important services.

Non-Profit Agencies

Delaware, 2010



Number of Non-Profits Reporting to the IRS

New Castle County	5,542
Kent County	779
Sussex County	1,014
Delaware	7,335

Source: Center for Community Research and Service, University of Delaware

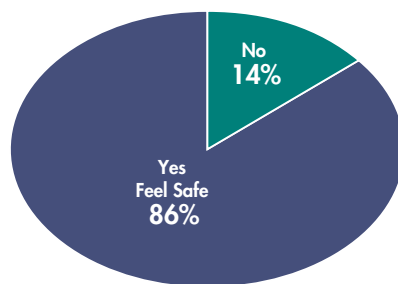
Did you know? The Center for Community Research and Service (CCRS) at the University of Delaware was established in 1972 as a focal point for community research, engagement and action. CCRS works to strengthen the capabilities of organizations and individuals working to enhance the economic, social, cultural and physical conditions of neighborhoods and communities in Delaware and beyond. The center does this by using state of the art research methods to better understand community needs and assets and by providing high quality training and technical assistance services which enhance the ability of government, nonprofit agencies, philanthropic organizations and citizens to envision and create better communities.

Neighborhood Safety

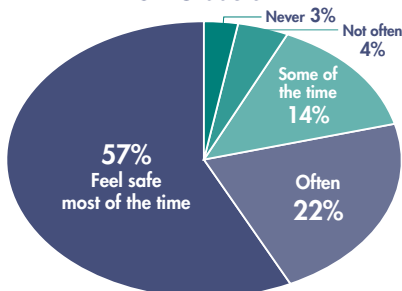
I feel safe in my neighborhood.

Delaware, 2011

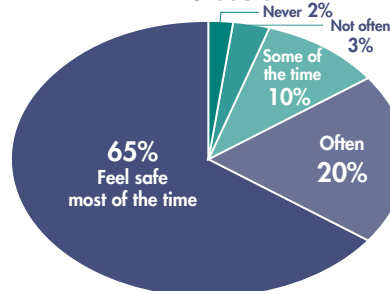
5th Graders



8th Graders



11th Graders



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



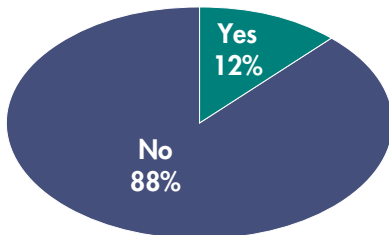


Buying Cigarettes

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

Delaware, 2011

5th Graders



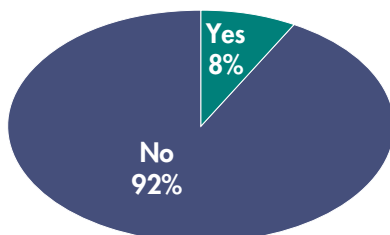
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Buying Alcohol

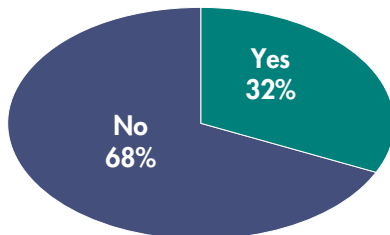
Do you know of places where students
your age can buy alcohol?

Delaware, 2011

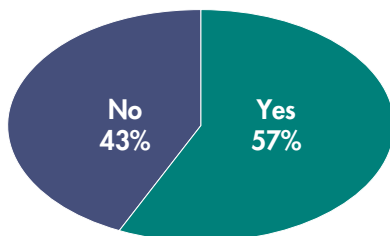
5th Graders



8th Graders



11th Graders



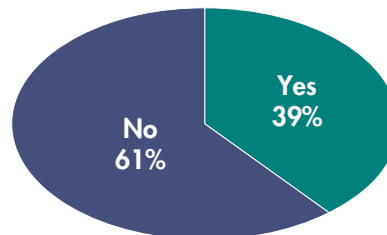
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Buying Marijuana

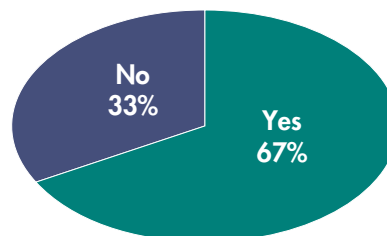
Do you know of places where students
your age can buy marijuana?

Delaware, 2011

8th Graders



11th Graders



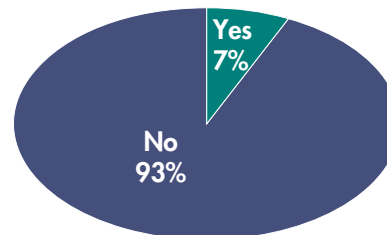
Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Distributing Marijuana

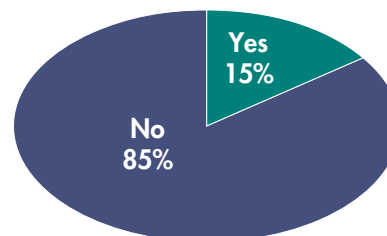
In the past year, have you sold
or given marijuana?

Delaware, 2011

8th Graders



11th Graders

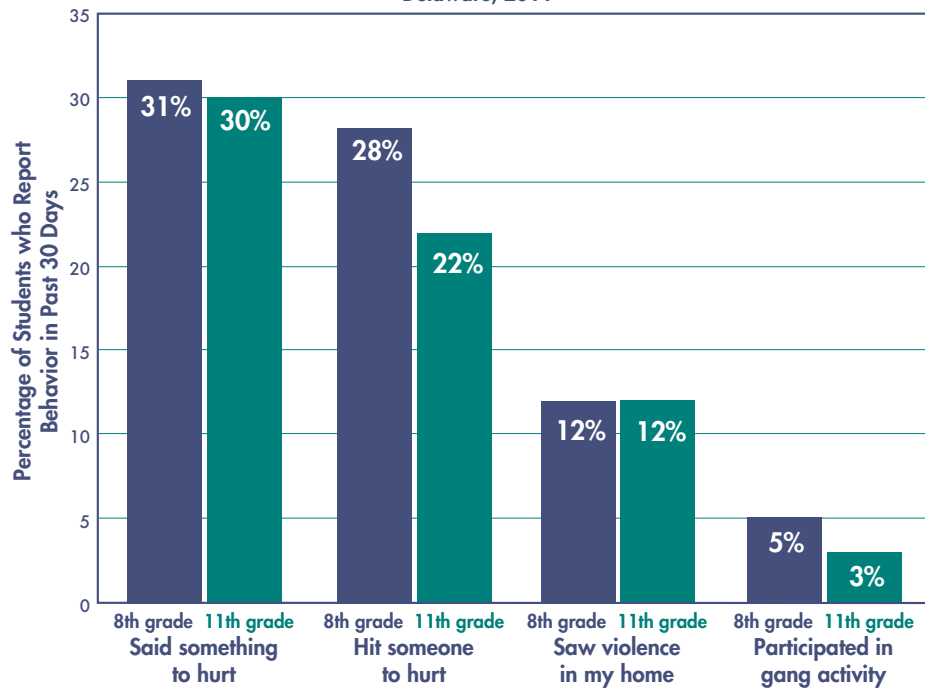


Source: Delaware School Survey, Center for Drug and Alcohol Studies, University of Delaware

Teen Violence and Victimization

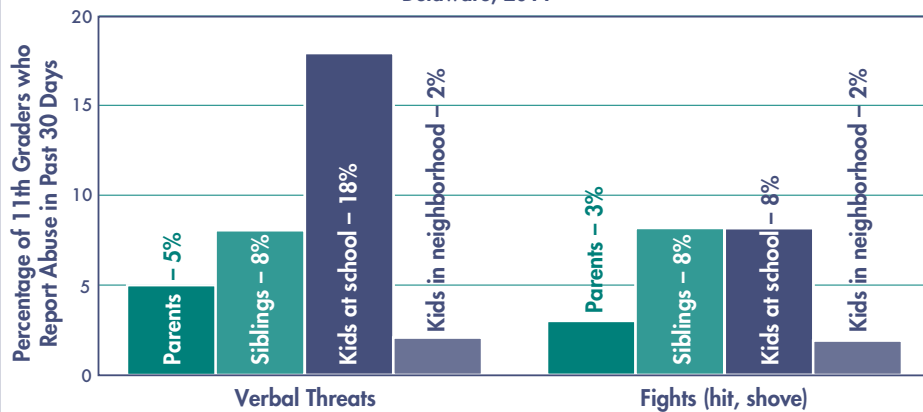
In the past year, which of the following things have you done?

Delaware, 2011



In the past 30 days, which of the following things happened to you, and who was involved?

Delaware, 2011



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

According to the Youth Risk Behavior Survey conducted in 2011

- 8% of Delaware 9-12th graders answered yes to “have you ever been physically forced to have sexual intercourse when you did not want to?”
- 79% of Delaware 9-12th graders had a boyfriend or girlfriend during the past 12 months, of those students who had a boyfriend or girlfriend,
 - 9% were hit, slapped, or physically hurt by a boyfriend or girlfriend during the past 12 months.
 - 14% had a boyfriend or girlfriend say things to them or to other people to purposely hurt them.
 - 6% of the students listed above reported both verbal and physical abuse.



For more information see

Alcohol, Tobacco, and Other Drugs 54

Delaware Children Speak about Health and Health Behaviors.....58

www.udel.edu/cdas/

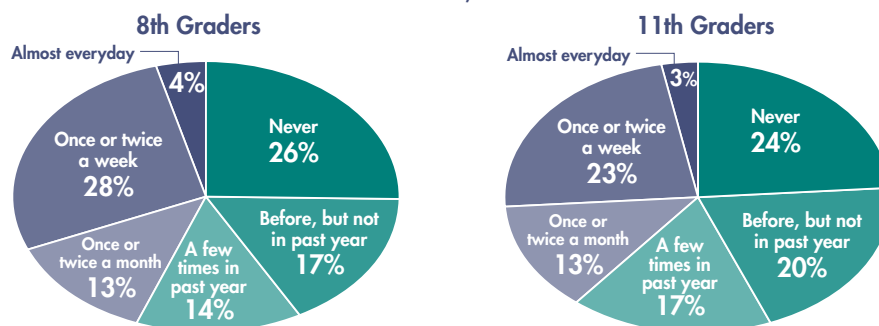
www.udel.edu/delawaredata/

www.state.de.us/drugfree/cfd_data.html



Religious Services

How often do you attend religious services?
Delaware, 2011



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

Did you know? The majority of Delawareans do not claim a religious affiliation. The largest minority is Delaware Catholics with 151,740 people.

Source: Association of Religious Data Archives, <http://www.thearda.com/>

Did you know?

Religion is positively related to charitable giving and volunteerism:

- Frequent church attendance is associated with higher volunteering.
- The strength of religious attendance is related to the tendency to donate to charities.
- Greater church attendance is associated with a greater likelihood to give blood.

Religion also positively relates to certain values:

- Young adults who attend religious services frequently during adolescence are more likely to disapprove of premarital sex or cohabitation than those who do not attend religious services.
- Wives and husbands who attend religious services weekly together reported higher levels of marital happiness than those who don't attend services.
- Fathers who attend religious services are more likely to be engaged with their infant children than fathers who do not attend religious services.
- Frequent church attendance is related to fidelity in marriage.

Source: www.familyfacts.org

KIDS COUNT in Delaware publishes and distributes concrete reports and publications for understanding and overcoming the challenges both children and parents face. KIDS COUNT in Delaware seeks to initiate and influence broad change that makes a positive difference for all children and families in Delaware, rather than assisting children individually through direct services. We do this by compiling, analyzing and sharing accurate, up-to-date statistics and research on child well-being indicators with people and policymakers statewide. Devoted to improving the well-being of Delaware's children and families, KIDS COUNT in Delaware is devoted to improving the well-being of children and their families by using highly credible research and data collection to educate and initiate change on behalf of children. Our work positively influences the knowledge, attitudes and ultimately the actions of a broad cross-section of people across the state to address issues that affect our children.

Did you know? The KIDS COUNT in Delaware website (www.dekidscount.org) has many useful resources:

News & Events – The *News & Events* tab leads to news about children, Fact Book releases, and links to *Voices for America's Children* newsletters.

Data Resources – Provided by the Annie E. Casey Foundation, the KIDS COUNT Data Center provides access to hundreds of indicators of child well-being, including all those regularly used in our fact book. Users can access raw data or create profiles, maps, rankings and line graphs of data by state or spanning the U.S.. The Data Center is comprehensive and user friendly.

Publications – In addition to previous Fact Books, many KIDS COUNT in Delaware publications are available, including

- *Wilmington KIDS COUNT Fact Books* (2003, 2005, 2007, 2009)
- *Communities Count in Delaware* (Data by census tract, 2005)
- KIDS COUNT in Delaware Issue Briefs:
 - Benefit Cliffs* (2010)
 - Children in Poverty* (2009)
 - Delaware's Hispanic Children & Families* (2009)
 - Indicators for Early Success* (2008)
 - Indicators for Early Success, 2nd Edition* (2009)
- *KIDS COUNT in Delaware Legislative Wrap-Up* (2009, 2010)
- *KIDS COUNT in Delaware Research Highlights: Health Insurance & Health Indicators* (2008)
- Kids Voices Count:
 - Delaware Teenagers Talk To Each Other About Sex and Teen Pregnancy* (1997)
 - Listening to Delaware's Children Talk About Tobacco* (1998)
 - Listening to Delaware's Children Talk About Factors for Success* (1999)
 - Delaware Teens Talk to Each Other About Parents* (2000)
 - Delaware Teens Talk About Social Issues* (2002)
- *The Association of Health Insurance Coverage and Health Indicators: A Comparison of States Over Time* (2008)

Several national reports are available under the Data Resources tab.

PUT DATA INTO ACTION

Investing in children is good business. Research shows, and common sense tells us, that children do well when their families do well and that families do well when their communities are strong. It's no secret that healthy, safe and economically secure children set the stage for a vibrant community and a state that thrives in many ways. A strong workforce, solid infrastructure and a society that is successful in recruiting and retaining businesses and corporations all depend on the future of our children. KIDS COUNT in Delaware works to highlight needed public policy tools to strengthen families and communities.





Families Count in Delaware Resource Guide

Delaware Information Helpline
4-1-1

State of Delaware Web Site
www.delaware.gov

Volunteer Link

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

KIDS COUNT in Delaware: www.dekidscount.org

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

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

Delaware Department of Labor
302-761-8000
www.delawareworks.com

Delaware Department of Services for
Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

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

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

Division of Public Health
302-744-4700

Drug Free Delaware
www.state.de.us/drugfree

Division of Social Services
800-372-2022

Division of State Service Centers
302-255-9675

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

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

