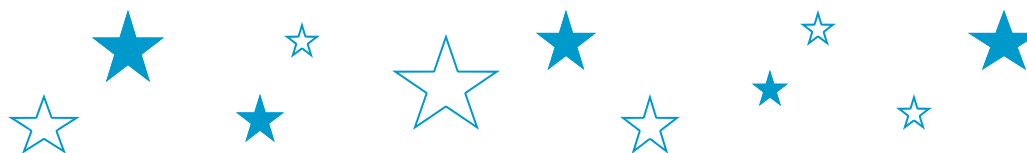




## KIDS COUNT in Delaware Issue Brief



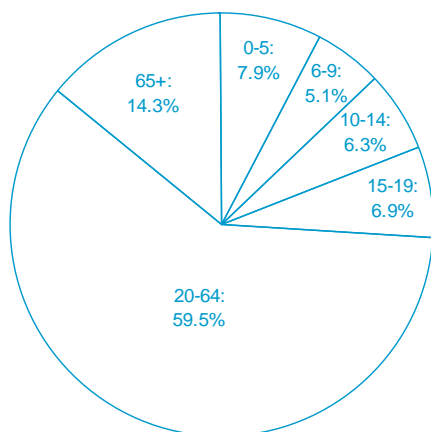
### Indicators for Early Success

Fall 2009

Significant scientific evidence exists supporting the correlation between early experience, brain development and long-term developmental outcomes. Successful preparation of young children includes ensuring adequate growth in a range of physical, social, emotional and cognitive skills. To increase the likelihood of success in school and life, young children require access to appropriate health care, nurturing early relationships, family economic security and quality early learning experiences. Also important is the creation of a set of meaningful indicators will track public commitments to young children over time. In Delaware, work toward this goal is being led by the Early Childhood Comprehensive Systems Initiative and the Delaware Early Childhood Council who have developed *Early Success: Delaware's Early Childhood Plan*.

### Counting the Kids: Delaware Demographics

#### 2008 Population Estimate and Age Distribution, Delaware



Delaware Total	875,953
Total Children 0-19	229,849
Children 0-5	69,573
Children 6-9	44,613
Children 10-14	55,355
Children 15-19	60,308

Source: Delaware Population Consortium, Population Projection Series, Version 2008.0

#### Population Estimate of Young Children Age 0-5 by Sex and Race, Delaware, 2008

Gender/Age	All Races	White	Black	Other
Male				
0	6,018	4,237	1,577	204
1	5,925	4,176	1,541	208
2	5,742	4,038	1,495	209
3	5,717	4,033	1,476	208
4	5,770	4,071	1,480	219
5	5,559	3,943	1,407	209
Female				
0	6,030	4,243	1,583	204
1	5,947	4,186	1,553	208
2	5,763	4,049	1,506	208
3	5,738	4,044	1,486	208
4	5,787	4,079	1,490	218
5	5,577	3,953	1,416	208
Total	69,573	49,052	18,010	2,511

Source: Delaware Population Consortium, Population Projection Series, Version 2008.0

Demographically speaking, we are much less of a child centered society now than we were 100 years ago. In the United States, children accounted for 40 percent of the population in 1900, but only 26 percent in 2000. Similar trends are evident in Delaware.

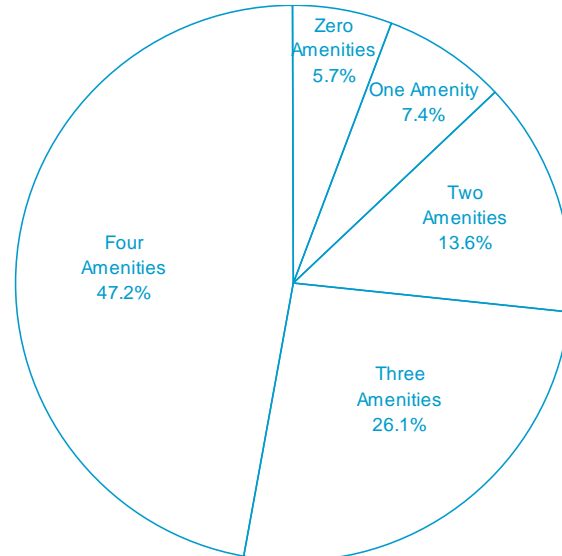


## A Healthy Start for Delaware Children

The neighborhood a young child lives in can greatly influence his or her health, education and personal/social development. Neighborhood amenities such as parks, recreation centers, sidewalks and libraries make it safer for children to play and spend time outdoors, provide for educational enrichment, 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 that many families face for escaping sedentary activities.



**Percentage of Delaware Children (0-5) Living in Neighborhoods with Amenities, 2007**

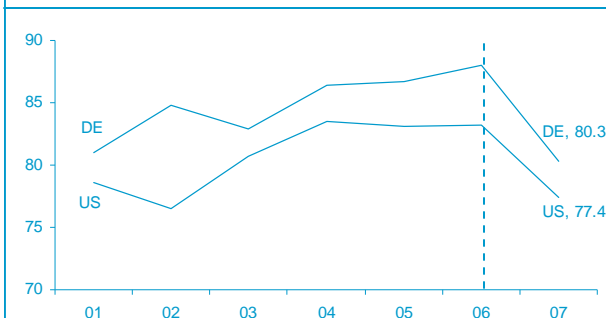


Source: 2007 National Survey of Children's Health

A 2006 study by Nemours Health and Prevention Services of their Delaware Outpatient and Specialty Care found that 14.3% of children age 2-4 were overweight (had a BMI at or above the 95th percentile for age) and that an additional 15.2% were at risk for becoming overweight (had a BMI between the 85th and 95th percentile for age).

### Child Immunizations

Percentage of Children Age 19-35 months who are fully Immunized, Delaware Compared to US



Note: the CDC designation of "fully immunized" changed from 4:3:1 to 4:3:1:3:3:1 dosing. The change from 2006 to 2007 is due to the recommendations change rather than from fewer immunizations.

Source: Centers for Disease Control and Prevention, Delaware Department of Health and Social Services

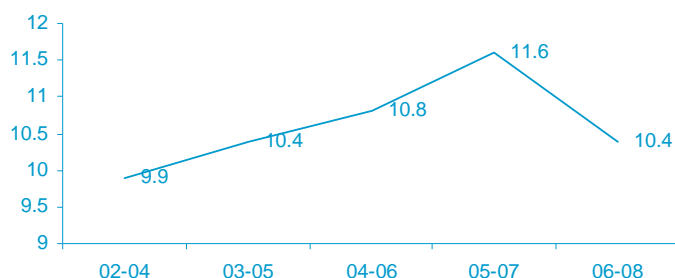
Diseases that once spread quickly and killed thousands of children and adults are now largely controlled by vaccines, one of the most cost-effective preventive health measures. The Centers for Disease Control and Prevention (CDC) recommends vaccinating children against most vaccine-preventable diseases by the time they are two years old. Today, children in the United States routinely get 9 vaccinations that protect them from 13 diseases. Protecting children against severe illnesses also results in positive outcomes other than improved physical health. Children are able to attend school or child care more regularly and parents are not kept home caring for sick children allowing increased parental productivity in the workplace.



## Access to Adequate Health Services

### Young Children without Health Insurance

Three-year Average Percentage of Young Children (0-5) without Health Insurance, Delaware

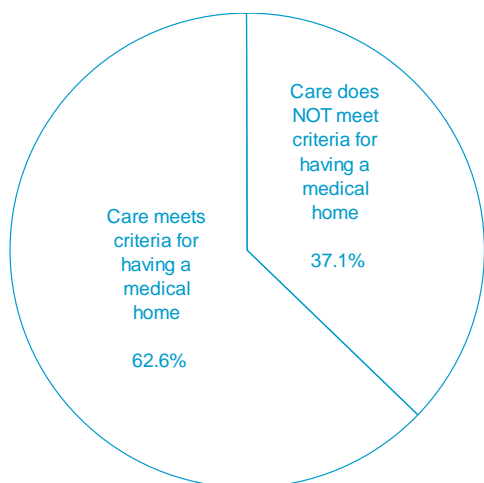


Source: Center for Applied Demography and Survey Research, University of Delaware

House Bill 139 (passed in 09) extends Delaware's Children's Health Insurance Program (CHIP) to include reduced-cost health insurance coverage for children of families with personal incomes above 200% of the Federal Poverty Level. A cost-sharing program is to be implemented under CHIP where payments must be paid on behalf of the child for such care. The cost-sharing provision of the bill is designed to have the new program impose no cost on the state.

Improved access to effective health care means improvements in the child's health status over time, which can positively affect the child's life. 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. Having health insurance makes it more likely for a child to have a medical home, which the American Academy of Pediatrics (AAP) describes as: care provided through a trusting, collaborative, working partnership with families. This care respects families' diversity and recognizes that they are the constant in a child's life. A family centered, coordinated network designed to promote the healthy development and well being of children and their families is core for the high quality, developmentally appropriate health care services that continue uninterrupted as the individual moves along and within systems of services and from adolescence to adulthood. Finally, a high performance health care system requires appropriate financing to support and sustain medical homes that promote system wide quality care with optimal health outcomes, family satisfaction and cost efficiency.

### Percentage Delaware Children (0-5) Who Received Health Care that Met the AAP Definition of Medical Home, 2007



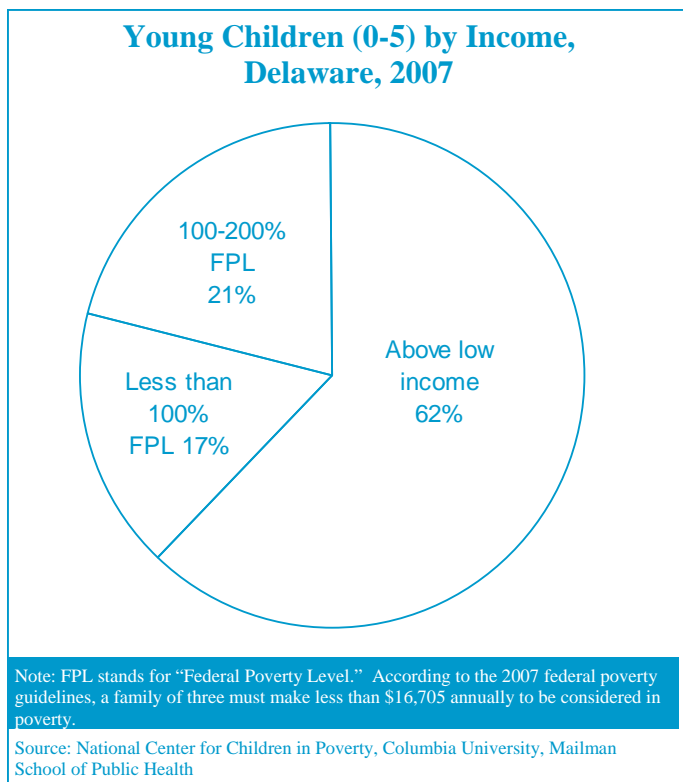
Source: 2007 National Survey of Children's Health

AAP highlights medical home principles including:

- ★ Family-centered partnership ★
- ★ Community-based system ★
- ★ Transitions ★
- ★ Value ★



## An Economic Profile of Delaware's Youngest Children



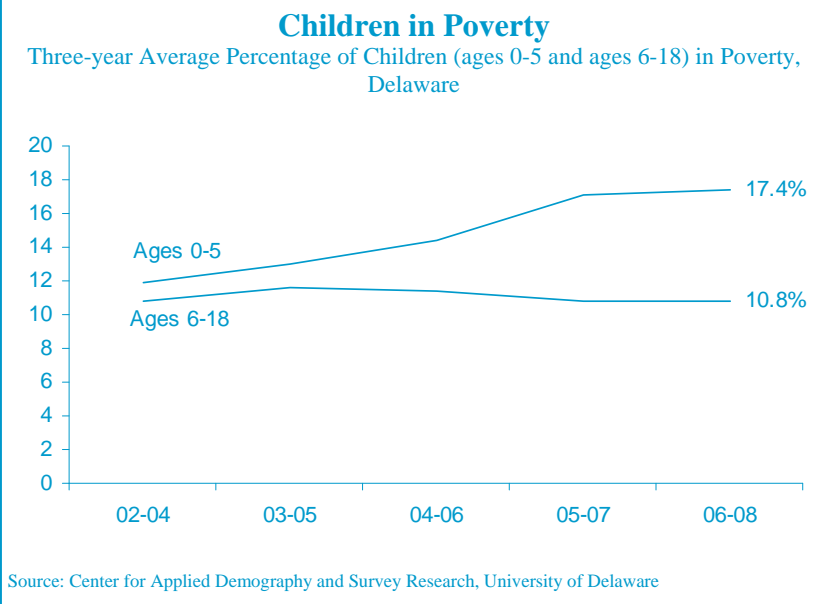
Studies conducted by U.S. neuroscientists have found that a child's poverty status has a direct correlation with brain development, especially for very young children—those between the ages of 6 months and 3 years. Unhealthy levels of stress hormones coupled with inadequate nutrition and exposure to environmental toxins produce impairments and delays in brain development, particularly in cognition, language development and memory. Young children who live in poverty continue to perform lower than their peers from higher income families throughout childhood and into adulthood.

Very young children living in poverty are much less likely than are non-poor children to be able to recognize the letters of the alphabet, count to 20 or higher, write their name, read or pretend to read.

— *Child Trends Data Bank*



In 2009, the General Assembly strengthened Delaware's laws protecting consumers from predatory lending practices. Legislation was enacted to provide protection for consumers of short-term loan products (i.e., payday loans and title loans). Senate Bill 108 requires conspicuous disclosure of significant terms of such loans. It also requires that a lender offer a workout agreement to a consumer and limits the duration and amount of interest that can be charged when a loan is in default.





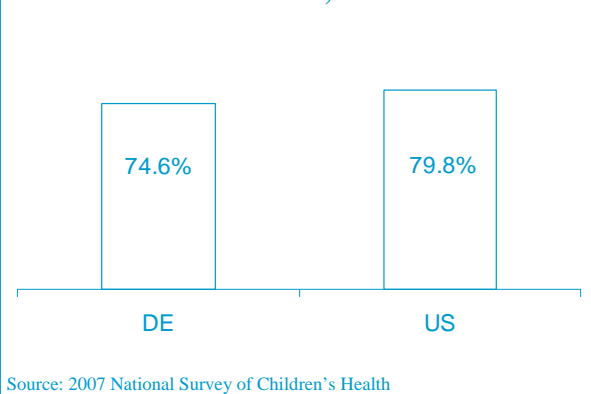
## Supporting Families of Young Children

“Children do well when their families do well, and families do better when they live in supportive communities.”

— Annie E. Casey Foundation

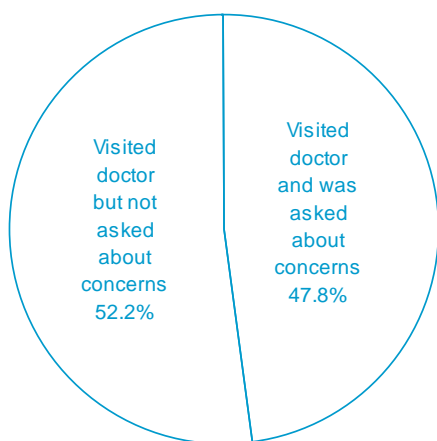
Family is the most important influence in a young child’s development. When families have the necessary knowledge, skills and resources to engage a young child, the child will be much more likely to enter school ready to learn. Families are more successful when they are part of a supportive community. Supportive communities have been described as those in which people help each other out and neighbors watch each others’ children or those in which parents know that other adults are nearby who will help a scared or hurt child.

**Percentage Children (0-5) Living in Neighborhoods that are Supportive, Delaware versus US, 2007**

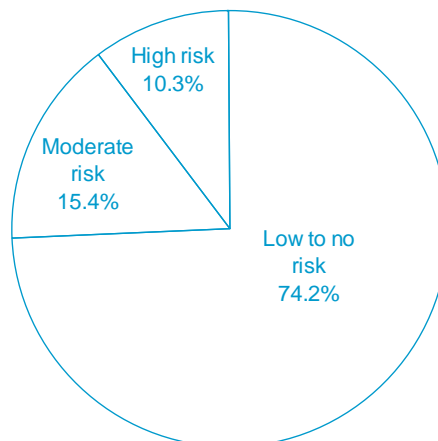


Approved in the 2009 legislative session, House Bill 199 requires that private health insurers in Delaware cover the developmental screenings for infants and toddlers that are recommended by the American Academy of Pediatrics and the Delaware Early Childhood Council. Such screenings were already covered for children in the state’s Medicaid program. The estimated cost to policyholders of covering these screenings is three cents per member per month.

**Percentage of Delaware Children (0-5) Whose Doctors Asked About Parents’ Concerns Regarding Learning, Development or Behavior in a Sample Year, 2007**



**Percentage Delaware Children (0-5) at Risk for Developmental, Behavioral or Social Delay, 2007**

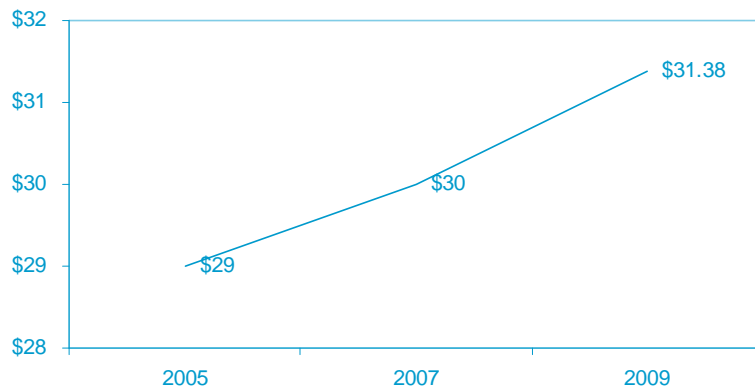


Source for both pie charts: 2007 National Survey of Children’s Health



## Public Investments in Early Learning

**Child Care Market Rate**  
75th Percentile Cost per Day of Toddler and Preschool Child in Family Child Care Setting, New Castle County, 2005-2009



Source: Workplace Solutions for the Delaware Division of Social Services

All fifty states in the U.S. invest in child care subsidy systems to enable low-income parents to access child care while they work and to support child development. In Delaware, this subsidization is termed Purchase of Care. Subsidy rates are calculated based on local market rate of child care. Market rates are non-discounted prices charged to unrelated and unaffiliated parents. Market rates vary based on location (county), age of child in care and type of child care (family care or center).

Because market rate has increased over time without a corresponding increase in the subsidy rate, Purchase of Care now supports a smaller percentage of a recipient's total child care cost than in previous years. In 2005, the typical Purchase of Care subsidy supported about 72% of a recipient's child care costs (rates ranged from 67% to 75% of market rate) and in 2007, the typical subsidy supported only about 65% of a recipient's child care costs (rates ranged from 57% to 74% of market rate).

Source: The Family and Workplace Connection

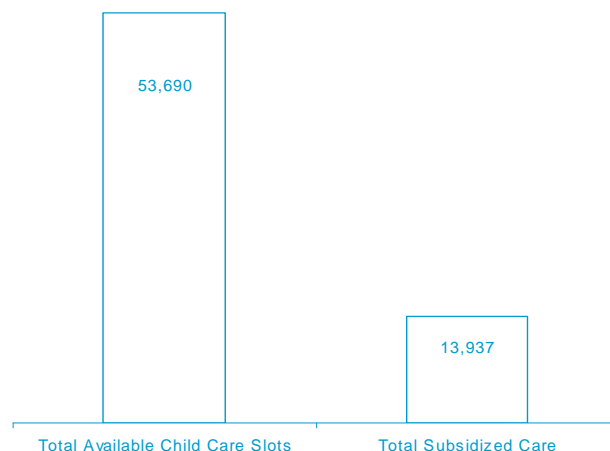
### Available Child Care Number of Licensed Child Care Slots Delaware, 2008

Large Family Child Care Homes	942
Family Child Care Homes	9,929
<u>Child Care Centers</u>	<u>42,819</u>
<b>Total Available Child Care</b>	<b>53,690</b>

### Subsidized Child Care Number of Children Served Per Month Delaware, 2008

Welfare Reform/TANF	3,048
<u>Income Eligible</u>	<u>10,967</u>
<b>Total Subsidized Child Care</b>	<b>13,937</b>

### Available Slots and Subsidized Care



Source: The Family and Workplace Connection



## Quality Child Care and Early Learning in Delaware

Quality early care and education is important to a young child's development, well-being and future success. Because child care standards and practices can vary among early care centers, having a standardized rating system as a uniform method to assess, improve and communicate the level of quality in early care and education settings is crucial. Rating systems build on licensing regulations and help policymakers and funders better understand the quality of programming available in a community. These systems help programs make change to achieve higher quality benchmarks and also help parents make informed decisions when selecting a program for their child.

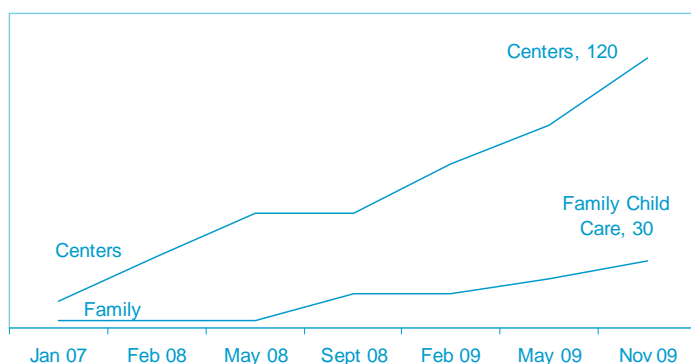
### Delaware Stars for Early Success

Delaware Stars for Early Success is a voluntary rating and improvement system that was initiated in 2006 by the Delaware Early Childhood Council. Under this initiative, participating programs receive a rating based on a five star scale that ranges from meeting Child Care Licensing Regulations to meeting progressively higher quality standards in the areas of:

- ★ Qualifications and Professional Development
- ★ Learning Environment and Curriculum
- ★ Family and Community Partnerships and
- ★ Management and Administration.

## Delaware Stars for Early Success Delaware's Quality Rating and Improvement System for Child Care and Early Learning Programs

### Stars Program Enrollment January 2007— November 2009



Source: Delaware Department of Education

By November 2009, Delaware Stars had successfully enrolled

★ **150 programs**, including family and large family child care, early care and education and school-age centers, meaning that the program has touched approximately **10,350 children** in the state.

Source: Delaware Department of Education

By 2015, the goal is to have 75% of the state's centers and 15% of the state's family care programs participating in Delaware Stars quality improvement efforts.

### ★ For More Information ★

Additional information about Delaware Stars for Early Success is available from the Delaware Institute for Excellence in Early Education at: (302) 658-5177 or <http://www.dieec.udel.edu/delaware-stars-overview>



