ACKNOWLEDGMENTS

KIDS COUNT Staff
Janice L. Barlow, MPA
Director, KIDS COUNT in Delaware
Policy Scientist, Center for Community Research and Service, University of Delaware

Erin Nescott, MS
Associate Policy Scientist, KIDS COUNT in Delaware, Center for Community Research and Service, University of Delaware

Tatiana Goldamez
Research Assistant, University of Delaware

Jada-Simone Davis
Research Assistant, University of Delaware

Kelly Oberheim
Research Assistant, University of Delaware

KIDS COUNT Board
Rebecca King, MSN, RN
Board President, Retired Nursing Director, Delaware Division of Public Health

Traci Manza Murphy
Board Vice-President, Executive Director, Delaware Coalition Against Gun Violence

Erik Raser-Schramm
Board Secretary/Treasurer, Chief of Staff, Delaware Auditor of Accounts

Erica Boyle
Nemours Children’s Health

Denée Crumrine
Corporate Communications Manager, Highmark Blue Cross Blue Shield Delaware

Megan S. Fioravanti, BSN, RN
Delaware School Nurses Association

Kim Gomes
Partner, ByrdGomes

Judith Gorra, MD
Pediatrician, Delaware Division of Public Health

Sandi M. Hagans-Morris, EdD, MS
Director of Education, Training & Special Services, First State Community Action Agency

Joyce D. Hawkins, Med, MS
Family Service Program Support Manager, The K-5 Early Intervention Program, Division of Prevention and Behavioral Health Services, Delaware Department of Services for Children, Youth and Their Families

Melissa Hopkins
Executive Vice President of Sector Advancement, Delaware Alliance for Nonprofit Advancement

Kiera McGillivray
Children and Families First

Stephen Metraux, PhD
Director, Center for Community Research and Service, University of Delaware

Mary Mitsdarffer, PhD
Center for Community Research & Service, University of Delaware

Brian N. Moore, MBA
School Climate Manager, Delaware Department of Education

Betsy Renzo
Director of Advancement, Community Education Building

Kirsten Olson
CEO, Children & Families First

Kelli O. Thompson, JD
Director, Population Health Management, Nemours Children’s Health

Ella Trembanis
Student Representative, Middletown High School

KIDS COUNT Data Committee
Kelli O. Thompson, JD, Chair
Director, Population Health Management, Nemours Children’s Health

Rochelle Brittingham, PhD
Center for Drug and Health Studies, University of Delaware

Maridelle A. Dizon
Delaware Health Statistics Center, Delaware Health and Social Services

Steven A. Dowshen, MD, FAAP
Pediatrician

Katie Gifford, Ph.D.
Center for Community Research and Service, University of Delaware

Tammy J. Hyland
Delaware State Police

Ted Jarrell, PhD
Owner, FIBP Analytics

Emily Kauffman
Project Manager, United Way of Delaware

Jennifer Koester, MS
Director, Enterprise Data Management

Rebecca McColl, MA
Center for Community Research and Service, University of Delaware

Mary Joan McDuffie, MA
Biden School of Public Policy & Administration, University of Delaware

Sharon Merriman-Nai
Center for Drug and Health Studies, University of Delaware

Stephen Metraux, PhD
Director, Center for Community Research and Service, University of Delaware

Mary Mitsdarffer, PhD
Center for Community Research & Service, University of Delaware

Annie Norman, EdD
Delaware Division of Libraries / State Library, State Librarian

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

Adrian Peoples, EdD
Lead Education Associate, Data and Operations Officer, Delaware Department of Education

Edward C. Ratledge, MA
Director, Center for Applied Demography and Survey Research, University of Delaware

Design
Lane McLaughlin

Thanks for the data:
- Center for Applied Demography and Survey Research
- Center for Drug and Health Studies
- Center for Community Research and Service
- Children and Families First
- Delaware Department of Education
- Delaware Department of Health and Social Services
- Delaware Department of Labor
- Delaware Department of Public Safety
- Delaware Department of Services for Children, Youth and Their Families
- Delaware Division of Libraries
- Delaware Division of Medicaid and Medical Assistance
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Nemours Children’s Health
- Statistical Analysis Center
We sincerely thank the children and families who have shared their photos, and their lives.

This research was funded by the Annie E. Casey Foundation, the State of Delaware, and the University of Delaware. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of these organizations.

The photographs in this book do not necessarily represent the situations described.
March 24, 2023

Greetings,

It’s my pleasure to address you in this year’s KIDS COUNT in Delaware FOCUS report. This year’s Facts on Children Underlying Success (FOCUS) report will impact the decisions made by leaders throughout our state. Policymakers, program providers, and advocates make use of the facts provided by KIDS COUNT to find ways to better serve Delaware’s children.

Navigating the pandemic was no easy task for Delawareans of all ages, but our children faced unique and some of the most challenging circumstances. Students lost valuable time in school that is necessary for growth from an academic and social-emotional perspective. Many children and their families also lost loved ones and faced financial burdens that compounded these challenges. But as you’ll learn in this issue, the pandemic emphasized that our children are resilient.

Our state is stronger when we prioritize our youngest learners. This year, I have proposed increasing funding for schools that will directly benefit our most vulnerable students through Opportunity Funding. Our children are one of our most worthwhile investments, and I will continue to prioritize their education and well-being throughout the remainder of my time as your Governor.

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

Sincerely,

John C. Carney
Governor, State of Delaware
Dear Friends,

We have all been through a lot since the pandemic began three years ago. Our children have sacrificed time, relationships, and experiences. Many kids grieved loved ones taken by COVID-19. Others did without meals, no longer had a roof over their heads, or simply missed out on the everyday joys of childhood. During it all, we relied on data to understand scope and scale of this global crisis. In fact, the COVID-19 pandemic reinforced some foundational beliefs:

◆ Quality data are the backbone for making impactful decisions. In the months and years ahead, state leaders will need to make data-driven decisions to combat pandemic impacts on our youngest generation. Delaware’s actions now will determine how much impact this global health emergency will have on our children’s immediate recovery and long-term well-being.

◆ We know what works to improve child well-being. The federal government has made historic, but temporary, investments and policy decisions to alleviate some of the impacts of COVID-19, with economic stimulus payments, expanded unemployment insurance, food security supports for school-aged kids, rental assistance, and the expanded Child Tax Credit providing many families with crucial financial supports in the face of tremendous hardship. We’ve learned a lot about what works, what does not, and what can be transformed into something entirely better for kids.

◆ We are in this together. Throughout the pandemic, we have collectively grappled with how public health intersects all facets of our lives—especially how it impacts our children. Our kids are resilient, but we haven’t begun to understand the impact of the pandemic on their social, emotional, and physical health or education. While it may take many years to fully understand the impacts of the COVID-19 pandemic on our youngest residents, it is clear that the landscape our children now face as they grow up has fundamentally changed.

The KIDS COUNT in Delaware 2023 FOCUS report captures how the pandemic has impacted Delaware’s children and their families in ways we did not anticipate at the start of this public health crisis. The report details how COVID-19 has strained what was already a fragile, under-resourced early care and education system, as well as how critical it is to expand health insurance coverage. We have seen how delicate our infrastructure can be, and how quickly detrimental impacts can compound. Working together, we can create a state where all children have access to the resources they need to grow and thrive despite pandemic hardships.

Stay safe and be healthy,

Becky King, Board President
Kelli O. Thompson, Data Committee Chair
Janice Barlow, Director
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Three Years of COVID-19</td>
</tr>
<tr>
<td>12</td>
<td>Demographics</td>
</tr>
<tr>
<td>16</td>
<td>Health</td>
</tr>
<tr>
<td>24</td>
<td>Education</td>
</tr>
<tr>
<td>32</td>
<td>Economic Well-Being</td>
</tr>
<tr>
<td>42</td>
<td>Family &amp; Community</td>
</tr>
<tr>
<td>50</td>
<td>Leveraging the Data</td>
</tr>
<tr>
<td>51</td>
<td>Data Center</td>
</tr>
<tr>
<td>52</td>
<td>End Notes</td>
</tr>
<tr>
<td></td>
<td>Back Cover</td>
</tr>
<tr>
<td></td>
<td>Resources Guide</td>
</tr>
</tbody>
</table>
Three Years of COVID-19

After living with COVID-19 actively circulating in our communities— and around the world— for the last three years, many Delawareans are asking, “will it ever end?” Safe and effective vaccines have given individuals hope about making this pandemic a thing of the past. These vaccines are a wonderful opportunity parents have to keep their children safe, but it doesn’t go unnoticed that balancing logistics can cause stress for families. While public health precautions like masking, social distancing, and crowd avoidance are still occurring, they are much less prevalent behaviors now compared to early in the pandemic. Individuals are participating in pre-pandemic style routines and gatherings, going back into offices for work, traveling, and socializing as if we are no longer in the midst of a global pandemic. Pandemic deaths have decreased due to better treatments and vaccinations. However, this does not negate that the public health threat is still circulating in our communities.

New variants of the virus continue to circulate worldwide, new cases of COVID-19 emerge daily, Delawareans continue to be hospitalized and to die from COVID-19, and COVID-19 combined with flu and Respiratory Syncytial Virus (RSV) during winter months may be a new normal. In the three years of the pandemic, more than double the number of American lives were taken by COVID-19 than died during the six years of WWII.1 In other words, we’ve had

COVID-19 Snapshot

332,526 COVID-19 cases among Delawareans
- 15,288 COVID-19 cases among Delaware kids ages birth to 4
- 51,768 COVID-19 cases among Delaware kids ages 5 to 17

3,342 COVID-19 deaths among Delawareans

Source: My Healthy Community COVID-19 Dashboard https://myhealthycommunity.dhss.delaware.gov/locations/state all numbers as of March 2023
more than twice the lives lost in half the time. As this book is released, over 67,000 DE children have contracted COVID-19, making up 20.2% of total cases in the state, and several Delaware youth have died.² Compounding the issue, thousands of adult Delawareans have died from the virus. These adults include parents, grandparents, and other relatives. They include teachers, early education providers, and youth mentors. Their deaths impact the children who shared connections with them in a variety of ways. Reflecting on this requires us to keep the value of community front of mind. We still shoulder the responsibility to protect each other.

**COVID-19 VACCINATION SNAPSHOT**

**At least one dose**
738,628 (76.3%) Delawareans have received at least one dose
- 4,914 (9.0%) Delawareans ages birth to 4 have received at least one dose
- 30,814 (39.6%) Delawareans ages 5 to 11 have received at least one dose
- 49,010 (69.0%) Delawareans ages 12 to 17 have received at least one dose

**Fully vaccinated**
645,910 (66.7%) Delawareans are fully vaccinated
- 2,144 (3.9%) Delawareans ages birth to 4 are fully vaccinated
- 26,471 (34.0%) Delawareans ages 5 to 11 are fully vaccinated
- 43,710 (61.6%) Delawareans ages 12 to 17 are fully vaccinated

**Bivalent booster dose**
186,834 Delawareans have received a bivalent booster dose
- 2,589 (3.3%) Delawareans ages 5 to 11 have received a bivalent booster dose
- 5,352 (7.5%) Delawareans ages 12 to 17 have received a bivalent booster dose

Kids are dealing with immense hardships and stress associated with the pandemic. Since the crisis began, it has brought widespread challenges to families’ economic security, physical and mental health, and educational opportunities. Many of the conditions which children experienced during the initial years of COVID-19 – like shuttered school buildings or hybrid learning – may have been temporary, but the impacts of these experiences will have lifelong implications. An opportunity has presented itself to reimagine how we care for the mental and physical health of children. Therefore, we must support children in their recovery from the pandemic and public health precautions which took a heavy toll on many aspects of child well-being.

 SOURCE: My Healthy Community Vaccine Tracker https://myhealthycommunity.dhss.delaware.gov/locations/state/vaccine-tracker all numbers as of March 2023
The COVID-19 Pandemic Disrupted Data Collection and Impacted Data Quality

The pandemic disrupted reliable data collection for some indicators. In cases where data presented in this publication have known methodological changes associated with the COVID-19 pandemic, those changes are noted. These data may not be comparable to similar data collected in pre-pandemic years. Authors note these limitations when they occur, explaining what we can understand from the available data.

In an effort to understand how the pandemic continues to shape the lives of Delaware children and their families, experimental and emerging sources of data are utilized. Data that has been collected during the public health crisis from sources like the Census Bureau’s Household Pulse Survey indicate real-time impacts the pandemic has had on children and families. However, this type of data is limited by not having a comparable pre-pandemic baseline for comparison.

As the state and the nation recover from COVID-19, the latest data on the well-being of kids and families will be in the KIDS COUNT Data Center at www.datacenter.kidscount.org.
This year’s demographic section uses the U.S. Census Bureau’s American Community Survey (ACS) 5-year estimates, 2017-2021 and the Delaware Population Consortium’s Annual Population Projections version 2022.0.

According to the U.S. Census Bureau’s 2017-2021 five-year estimates, the state of Delaware has a population made up of a little less than a million people (981,892). Emerging population data reflects a growing and diverse population of DE youth—especially among Black and Hispanic/Latino/x populations. As a whole, children in the state of Delaware make up about 21.1% of the state’s population, with children of color (non-white identifying children) consisting of 44.5% of children in the state.

The 2017-2021 ACS 5-year estimates found that there are approximately 981,892 residents in the state of Delaware, with the majority of the state’s population living in New Castle County (57.8%) followed by Sussex County (23.8%) and Kent County (18.3%). Overall, children make up 21.1 percent of the Delaware population, however, a larger proportion of children lived in Kent (23.1%) and New Castle (21.6%) Counties than Sussex County (18.6%).

Delaware’s child and adult populations look different from one another in terms of racial and ethnic makeup at the state level. While 50.1 percent of Delaware’s children identify as Black, Hispanic, or Other, only 35.0 percent of Delaware’s adult population reflects this same racial and ethnic identity. Those of Hispanic ethnicity make up 16.4 percent of the child population, demographics

### Delaware Population by Age

<table>
<thead>
<tr>
<th></th>
<th>0-17</th>
<th>18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>21.1%</td>
<td>78.9%</td>
</tr>
<tr>
<td>New Castle</td>
<td>21.6%</td>
<td>78.4%</td>
</tr>
<tr>
<td>Kent</td>
<td>23.1%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Sussex</td>
<td>18.6%</td>
<td>81.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey 5-Year Average, Table DP05
but only 9.2 percent of the adult population. In Sussex county, the distribution of the population simultaneously shows that the majority of adults were non-Hispanic white, while the majority of children were Hispanic/Latino.

Ethno-racial demographic make-up deserves special attention due to the impacts and aftershocks of the ongoing COVID-19 pandemic. Since the start of the pandemic, 3,342 Delawareans lost their lives due to COVID-19. Nearly half of all reported Covid fatalities were in New Castle County (1,618 deaths or 48.4%) followed by Sussex (996 deaths or 29.8%) and Kent (728 deaths or 21.8%). A majority of COVID-19 related deaths were among individuals 50 years and older. It is estimated that 37.5 per 10,000 were white, 35.2 per 10,000 were Black and 46.0 per 10,000 were “other race”. Data were also broken down by ethnicity- i.e. Hispanic versus non-Hispanic- with 16.7 per 10,000 deaths among Hispanic/Latino/x in Delaware. These statistics are striking considering the state is largely non-Hispanic white, but COVID-19 related deaths appear to be evenly distributed among all
racial/ethnic groups. With youth of color making up just under half of the state’s child population, this merits concern, as we are only now learning about how such experiences of death or disability have impacted minoritized children and their communities.⁸

Children of color are fast becoming the majority youth population in DE. However, the way in which demographic data are gathered can make it hard to parse out the true population. For example, with the COVID-19 fatality data presented above, ethno-racial groups are separated by race and ethnicity, giving us an incomplete picture of how COVID deaths impacted communities of color. In other words, the Hispanic/Latino/x population is considered an ethnic group and not a racial group. Implications of this identification are that county and health systems may omit health data on those who identify as Hispanic when analyzing racial correlation with disease transmission and associated deaths. Therefore, non-Hispanic vs Hispanic data were not reported as a complete 100%– instead looking at only about 50% of cases. Incomplete reporting of data makes it harder to understand impacts of historic events, like the COVID-19 pandemic, and to effectively use data to advocate for policies and programs that support minoritized children and their families. As children and families of color generally face more barriers to good health and well-being, it is crucial that policies are implemented that focus on racial and ethnic equity and that promote opportunities for families of color. A policy solution to support our demographics: the state should require better data collection around metrics of race and ethnicity in order to report better findings of what is going on throughout the state. ◆
The Diversity of Delaware’s Youth
Adult Population 20+ and Child Population 0-19 by Race/Ethnicity, 2022

Delaware

Adult Population

- Black Non-Hispanic: 19.9%
- White Non-Hispanic: 65.0%
- Hispanic: 9.2%
- Other: 5.9%

Child Population

- Black Non-Hispanic: 24.9%
- White Non-Hispanic: 49.9%
- Hispanic: 16.4%
- Other: 8.9%

Wilmington

Adult Population

- Black Non-Hispanic: 53.0%
- White Non-Hispanic: 30.7%
- Hispanic: 11.5%
- Other: 4.8%

Child Population

- Black Non-Hispanic: 58.4%
- White Non-Hispanic: 16.0%
- Hispanic: 18.0%
- Other: 7.6%

New Castle County

Adult Population

- Black Non-Hispanic: 23.4%
- White Non-Hispanic: 58.9%
- Hispanic: 10.7%
- Other: 7.0%

Child Population

- Black Non-Hispanic: 26.5%
- White Non-Hispanic: 57.1%
- Hispanic: 10.5%
- Other: 6.0%

Kent County

Adult Population

- Black Non-Hispanic: 23.1%
- White Non-Hispanic: 65.7%
- Hispanic: 6.2%
- Other: 5.0%

Child Population

- Black Non-Hispanic: 26.5%
- White Non-Hispanic: 57.1%
- Hispanic: 10.5%
- Other: 6.0%

Sussex County

Adult Population

- Black Non-Hispanic: 19.9%
- White Non-Hispanic: 78.2%
- Hispanic: 7.7%
- Other: 4.0%

Child Population

- Black Non-Hispanic: 15.8%
- White Non-Hispanic: 54.9%
- Hispanic: 21.5%
- Other: 7.8%

Who is Hispanic/Latino/x?

The term Hispanic refers to individuals of Spanish speaking origin. It is inclusive of individuals from Spain, Latin American Spanish speaking countries (e.g., Mexico, Puerto Rico, Guatemala, Argentina, etc.), and those residing within the U.S. with ethnic origins from such countries. The term Latino/x on the other hand refers to individuals from Latin America or those with ethnic ties to Latin America. Latin America is defined as Mexico, Central America, South America, and the Caribbean. Latino/x is a more inclusive definition of this ethnic origin group as it includes countries like Brazil and Haiti and is more dependent on geographic location than languages spoken. The term also is more inclusive to indigenous communities throughout Latin America who maintain traditional languages and customs outside of Spanish colonization. Moreover, the term Latino/x is one that is often used outside of Latin America and the Spanish Language. Therefore, scholars and activists, beginning in the early 2000s, began to adopt the terms Latinx, Latin@ and Latine to be more inclusive of those conforming outside of gender binary.

Source: Delaware Population Consortium, Population Projection Series 2022.0
Note: Other Non-Hispanic includes individuals of a single race who do not identify as “Black” or “White” as well as individuals who identify as multiple races.
Every child in Delaware should have the opportunity to begin life with a strong foundation of good health, with access to quality care for their physical and mental well-being. The pandemic has demonstrated how health care – including coverage, access, and utilization – is interwoven with outcomes across educational, economic, and community domains. This is shown through exploration of the social determinants of health, further made possible by the Household Pulse Survey. Medicaid’s consistency while the state has been under emergency order likely played a part in keeping children covered during levels of peak economic insecurity. However in Delaware, Medicaid coverage rules changed on April 1, 2023 so that participants once again had to re-certify in order to remain on rolls. Additionally, the scope and scale of the COVID-19 pandemic is unlike any health emergency in collective memory. In addition to physical health concerns related to the virus itself, many families also spent time managing social isolation, job loss, inadequate amounts of food, and disruptions to in-person learning. These and other stressors associated with the pandemic impacted families’ health service utilization, mental health, and more.
Measuring Equity: Health

Even prior to the pandemic, race and place too often impacted children’s health outcomes and their ability to access quality care. We understood from data which consistently showed health disparity among children and their families that there are systemic issues (also called social determinants of health) that disproportionately impact children in families with low income and children of color. The pandemic made it clear how devastating these long-standing disparities can be on a whole new scale. Solutions to this crisis must be built on systems that work for every Delaware child and their family.

<table>
<thead>
<tr>
<th>DELAWARE HEALTH</th>
<th>All</th>
<th>American Indian</th>
<th>Asian and Pacific Islander</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic White</th>
<th>Two or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total births, 2020</strong></td>
<td>100%</td>
<td>&lt;0.5%</td>
<td>6%</td>
<td>29%</td>
<td>17%</td>
<td>48%</td>
<td>3%</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of data from the National Center for Health Statistics, CDC Wonder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Low birth weight babies, 2020</strong></td>
<td>8.9%</td>
<td>S</td>
<td>S</td>
<td>13.1%</td>
<td>7.0%</td>
<td>6.9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of data from the National Center for Health Statistics, CDC Wonder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Births to women receiving late or no prenatal care, 2020</strong></td>
<td>6%</td>
<td>S</td>
<td>3%</td>
<td>6%</td>
<td>12%</td>
<td>4%</td>
<td>S</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of data from the National Center for Health Statistics, CDC Wonder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infant mortality, 2020</strong></td>
<td>6 per 1,000</td>
<td>S</td>
<td>S</td>
<td>9 per 1,000</td>
<td>S</td>
<td>5 per 1,000</td>
<td>S</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of CDC data, National Center for Health Statistics, Multiple Causes of Death Microdata Files: VitalStats 6 per 1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child and teen (ages 1-19) death rate, 2020</strong></td>
<td>24 per 100,000</td>
<td>S</td>
<td>S</td>
<td>52 per 100,000</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of CDC data, National Center for Health Statistics, Multiple Causes of Death Microdata Files: VitalStats 24 per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children without health insurance, 2021</strong></td>
<td>4%</td>
<td>S</td>
<td>&lt;0.5%</td>
<td>3%</td>
<td>6%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of data from the U.S. Census Bureau American Community Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children who are not in excellent or very good health, 2019-2020</strong></td>
<td>11%</td>
<td>N.A.</td>
<td>N.A.</td>
<td>12%</td>
<td>27%</td>
<td>6%</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: Child Trends analysis of data from the National Survey of Children’s Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S = Data Suppressed  N.A. = Data Not Available

Defining Race and Ethnicity

Racial and ethnic definitions are not static constructs based in science or biology. In fact, the way racial and ethnic groups have been defined and measured in the U.S. has changed dramatically over time and continues to evolve, along with the country’s changing demographics. For the purposes of this report, the terminology displayed is that which is reported by the primary data collection sources, meaning that group definitions are not comparable between individual indicators. It is also important to recognize that the racial and ethnic groupings may mask significant intragroup differences. While the indicators selected are important measures of success, data selection was constrained by the availability of datasets large enough to reliably breakout by race and ethnicity. In other words, these data do not capture all of the numerous dynamics that contribute to a child’s success. ◆
HEALTH CARE COVERAGE

The most recent data show that in Delaware 3.9% of children ages birth to 18 were uninsured.10 As of 2020, Medicaid and the Children's Health Insurance Program (CHIP) insured 106,446 (or 51.3%) of Delaware children in 2021.11

Impacts of COVID-19

The pandemic-era policy of Medicaid continuous enrollment is an example of a systemic response to COVID-19 that may have favorably impacted access to health services for children. In March 2020, states were barred from unenrolling anyone from Medicaid while the public health emergency was in effect in exchange for increased federal matching funds for the program.12

WHY THIS INDICATOR MATTERS

Children with health insurance are more likely to have a regular source of health care they can access for preventive care services and developmental screenings, to treat acute and chronic conditions, or to address injuries when they occur. Not only do insured kids have better access to the physical, mental, and oral health care they need to be healthy, but they are also more likely to have positive, long-term health outcomes.15

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

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

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

With the end of the declared public health emergency, an unwinding of the Medicaid continuous enrollment policy could increase the number of uninsured children by pushing them off public insurance nationwide. This means that, unless action is taken, children in communities throughout Delaware will lose insurance coverage.

While COVID-19 has increased Medicaid/CHIP enrollment, health insurance alone does not solve all health-related issues for children. Children require continued community support to access necessary care.

Delaware Children are More Likely to Have Health Care Coverage than Delaware Adults

Percent of young children ages 0-5, children ages 6-18, and adults ages 19-64 without health insurance, Delaware and Counties, 2017-2021

- Delaware
  - 0-5: 3.7%
  - 6-18: 4.0%
  - 19-64: 8.3%
- New Castle County
  - 0-5: 2.1%
  - 6-18: 3.8%
  - 19-64: 7.1%
- Kent County
  - 0-5: 7.6%
  - 6-18: 5.7%
  - 19-64: 9.5%
- Sussex County
  - 0-5: 4.3%
  - 6-18: 3.2%
  - 19-64: 10.8%

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

More Than Half of Children Served by Medicaid/CHIP are Under Age 10

Children with Medicaid/CHIP claims by age group, Delaware 2021

- 4 and under: 27.7%
- 5-9 yrs: 28.0%
- 10-15 yrs: 34.3%
- 16-18 yrs: 10.0%
- 19-64 yrs: 10.0%

Source: Center for Community Research & Service, University of Delaware, 2023. Compiled with data provided by the Delaware Division of Medicaid & Medical Assistance through a partnership with the University’s Colleges of Health Sciences and Arts & Sciences
HEALTH CARE UTILIZATION

Data show declines in health care utilization during the first year of the pandemic among families in Delaware and across the nation. During year two of the pandemic, families worked to “catch-up” on prevention services: in 2021, a majority of Delaware’s children engaged in wellness visits.16

Impacts of COVID-19

Critical health services such as prenatal visits, well child checks, routine immunizations, dental visits, and outpatient mental health visits were all disrupted as a result of the pandemic, with potential for long-term effects for kids’ health.

A positive outcome of pandemic public health precautions is the advancement of telehealth and mobile health units, which allows providers and patients to interact virtually in order to keep safe.17

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

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

<table>
<thead>
<tr>
<th>Percentage of children with a preventative check-up in the last 12 months</th>
<th>All children in household</th>
<th>Some, but not all children in household</th>
<th>No children in household</th>
</tr>
</thead>
<tbody>
<tr>
<td>74%</td>
<td>9%</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

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

Telehealth Allows Pediatric Patients of All Ages Access to Primary Care

Nemours Children’s Health primary care provider (PCP) total telehealth visits by age of patient, 2022

- Ages 14-20: 26.5%
- Birth - Age 6: 39.3%
- Ages 7-13: 34.2%

Source: Nemours Children’s Health
Opportunities and Threats

The American Academy of Pediatrics recommends that children ages 3 and older visit a health care provider for a well check at least once every year, and visits are recommended even more frequently for infants and toddlers.\(^{18}\)

Additionally, continued and expanded access to medical services via telehealth and audio-only options beyond the public health crisis may address certain equity concerns in health care. It would eliminate geographic barriers and allow patients to access diagnosis, evaluation, and treatment from convenient locations.\(^{19}\) More research is needed to understand the impact on quality of care via telehealth.

---

**Majority of Medicaid/CHIP Claims are for Well Visits**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>All Children With Claims</th>
<th>Children with Well Visits</th>
<th>Children With Emergency Room Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>96,045</td>
<td>64,579</td>
<td>23,560</td>
</tr>
</tbody>
</table>

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

---

**One Positive of the COVID-19 Pandemic is Increased Utilization of Telehealth Services**

Children and adults who had an appointment with a doctor/nurse/other health professional by video or phone in the past 4 weeks, Delaware, July 27-August 8, 2022

<table>
<thead>
<tr>
<th>Type of Appointment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Telehealth Appointment</td>
<td>17.3%</td>
</tr>
<tr>
<td>Adult Telehealth Appointment</td>
<td>27.3%</td>
</tr>
</tbody>
</table>

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

---

**Children’s health is the foundation of their overall development, and a healthy start is the first step in ensuring a child is able to grow, learn, and thrive. As such, quality and consistent preventive health care beginning even before birth gives children the best chance to grow up to be healthy, productive adults.**
MENTAL HEALTH

Data show that a youth mental health crisis started well before the pandemic but was exacerbated by COVID-19. Pre-pandemic data suggest populations at highest risk for significant mental health struggles were youth who identify as LGBTQ, youth with an incarcerated parent, and youth who’ve reported being bullied in the past year.20 As of November 2022, approximately one-third (34%) of Delaware adults living with children reported youth were experiencing anxiety21 and 15% reported youth experiencing depression.22

Impacts of COVID-19

COVID-19 and the public health measures implemented to protect the larger community represent extremely stressful experiences for most children, youth, and their families. Nearly 18 months into the COVID-19 pandemic, the American Academy of Pediatrics and other partners declared children’s mental health a national emergency.23 Pandemic related school closures, social distancing measures, and the economic repercussions of
COVID-19 that deprived children of structured support and peer networks impacted the collective mental health of Delaware’s children. Even as schools, extracurricular activities, and other institutions have returned to in-person formats, many of the state’s youngest continue to navigate chronic stress related to schooling, socialization, and family life.

**Opportunities and Threats**

Appropriate and timely medical interventions can support better mental health. Early research indicates that addressing youth mental health needs can reduce or even eliminate pandemic-related stress. Delaware leaders must ensure robust mental health support options for kids, youth, and families across multiple settings to help them cope with the long-term impacts of the COVID-19 crisis.

---

**Mental health is just as important as physical health for a child to succeed in life. It involves developmental, cognitive, social, and emotional milestones as well as a young person’s ability to use coping skills effectively. Poor mental health can impact daily functioning and can put a child at increased risk for adverse outcomes related to academic achievement, systems involvement, or self-harm behavior.**

---

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

Percentage of Delaware high school students grades 9-12 that reported feeling sad or hopeless for two or more weeks at a time in the last 12 months in 2021.

- **Heterosexual**: 31%
- **Gay/Lesbian**: 68%
- **Bisexual**: 63%
- **Not sure**: 61%
- **Mother Incarcerated**: *
- **Father Incarcerated**: 45%
- **No One Incarcerated**: 36%
- **No Disability**: 35%
- **Physical Disability**: 59%
- **Learning Disability**: 50%
- **Emotional Disability**: 79%
- **Black**: 35%
- **White**: 37%
- **Hispanic/Latino**: 47%
- **Multiple Races**: *
- **Bullied in Past Year**: 67%
- **Not Bullied**: 35%

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

Note: * Data are suppressed where number of incidences are at or below 30.
Education plays a primary role in equipping young people with the necessary skills, knowledge, and experiences for achievement. However, the COVID-19 pandemic and related public health precautions introduced many challenges to all levels of education. The state’s early care and education system was—and continues to be—strained due to public health precautions and staffing challenges. K-12 assessment data show student performance declines from 2019 to 2022 in both math and reading. And while nationally a cultural clash emerged that threatened to restrict what teachers could teach in the classroom, those who combat censorship enhance literacy skills by promoting open access to books and information for children and adolescents.
### Measuring Equity: Education

The public systems designed to help children and families have historically functioned in ways that denied opportunity to people of color. Even today, opportunities are not equitably distributed to all Delawareans. For example, many researchers and advocates have highlighted the lack of adequate funding for schools with large populations of children of color and the disproportionate placement of teachers with inadequate training and experience in their classrooms.

### DEFINING RACE AND ETHNICITY

Racial and ethnic definitions are not static constructs based in science or biology. In fact, the way racial and ethnic groups have been defined and measured in the U.S. has changed dramatically over time and continues to evolve, along with the country’s changing demographics. For the purposes of this report, the terminology displayed is that which is reported by the primary data collection sources, meaning that group definitions are not comparable between individual indicators. It is also important to recognize that the racial and ethnic groupings may mask significant intragroup differences. While the indicators selected are important measures of success, data selection was constrained by the availability of datasets large enough to reliably breakout by race and ethnicity. In other words, these data do not capture all of the numerous dynamics that contribute to a child’s success.

### DELAWARE EDUCATION

<table>
<thead>
<tr>
<th>Description</th>
<th>All</th>
<th>American Indian</th>
<th>Asian and Pacific Islander</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic White</th>
<th>Two or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (under 6) whose family members read to them less than 4 days per week, 2019-2020</td>
<td>46.0%</td>
<td>S</td>
<td>43.0%</td>
<td>65.0%</td>
<td>74.0%</td>
<td>30.0%</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: Child Trends analysis of data from the National Survey of Children’s Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households with children in K-12 with computer and high-speed internet access at home, June 9 – July 5, 2021</td>
<td>93.0%</td>
<td>N.A.</td>
<td>S</td>
<td>96.0%</td>
<td>98.0%</td>
<td>93.0%</td>
<td>S</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th graders who are chronically absent, 2022</td>
<td>35.0%</td>
<td>S</td>
<td>19.0%</td>
<td>37.0%</td>
<td>43.0%</td>
<td>32.0%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students meeting the standard on Delaware System of Student Assessments (DeSSA), 3rd grade reading, 2021/22</td>
<td>40.0%</td>
<td>N.A.</td>
<td>N.A.</td>
<td>26.1%</td>
<td>28.6%</td>
<td>52.3%</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: Delaware Department of Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students meeting the standard on Delaware System of Student Assessments (DeSSA), 11th grade math 2021/22</td>
<td>24.3%</td>
<td>N.A.</td>
<td>N.A.</td>
<td>9.6%</td>
<td>13.4%</td>
<td>34.1%</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: Delaware Department of Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school dropouts as a percentage of total students, 2020/21</td>
<td>1.4%</td>
<td>N.A.</td>
<td>N.A.</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.5%</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: Delaware Department of Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduation from high school, 2020/21</td>
<td>87.0%</td>
<td>N.A.</td>
<td>N.A.</td>
<td>84.8%</td>
<td>81.7%</td>
<td>89.8%</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: Delaware Department of Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S = Data Suppressed  N.A. = Data Not Available
**EARLY CARE AND EDUCATION**

Delaware data indicate there are 54,234 children under age 5 in Delaware. While child care capacity in the state is 50,691, this number reflects the number of licensed slots instead of the number of openings for children in the state. Qualitative data during pandemic-era indicate a much lower actual capacity with many providers maintaining large waiting lists for care.

**Impact of COVID-19**

COVID-19 has strained what was already a fragile, under-resourced early care system in Delaware and nationally. Even before the pandemic, Delaware families with young children struggled with affordability of childcare. In the last three years, childcare prices have remained high. According to a report by Child Care Aware, “while recent investments in response to the COVID-19 pandemic may have helped to stabilize some of the supply of child care, the system and the families it serves are still fighting toward thriving.”

Additionally, inadequate wages and a lack of benefits for early educators—compounded by the health and safety risks associated with working in person with children who were the last to be eligible for vaccines and, in many cases, too young to be masked—make recruitment, hiring, and retention challenging for providers. This in turn translates into decreased capacity, large wait lists, reduced operating hours, and center closings. To summarize, pre-pandemic concerns of availability, quality, and affordability have been exacerbated.

**Opportunities and Threats**

Long before the arrival of the coronavirus pandemic, science-based communications about the critical importance of early childhood and brain development were part of a larger national and global trend towards investment, innovation, and progress in the early education sector. However, the pandemic has exacerbated existing challenges, making it more difficult to achieve these goals.

**In Delaware, 65% of Early Care and Education Providers Have a Wait List**

Early care and education provider wait lists by number of children waiting for care, Delaware, December 2022

Source: Delaware Department of Education, Delaware Early Learning Community and Workforce Needs Assessment Study
The early years of a child’s life are an important time for growth and development during which the foundation for language acquisition, academic ability, habits, and socio-emotional development is built. Research shows that access to high quality early care and education programs help young children grow up ready to succeed in school and life. When properly working, the early care and education system ensures that employers have a robust, stable workforce from which to draw talent; allows parents the opportunity to support their families while knowing their children are safe and cared for; and provides children an opportunity to reap benefits from positive nurturing relationships with consistent early care and education providers.

Majority of Early Care and Education Providers in Delaware Report Difficulty Filling Staff Roles
Staffing within early care and education providers, Delaware, December 2022

- Not fully staffed: 78%
- Fully staffed: 22%

Approximately Half of Delaware Early Care and Education Providers Report Classroom Closures
Classroom closures across center based programs, Delaware, December 2022

- No classroom closures: 47%
- Classroom closures: 53%

Source: Delaware Department of Education, Delaware Early Learning Community and Workforce Needs Assessment Study

Care and education system. The COVID-19 pandemic underscored that the early care and education system helps keep Delaware’s economic engine running. Therefore, it’s especially important to remove barriers to accessing affordable, quality early care and education. With investment and data-driven monitoring, Delaware can create a comprehensive, sustainable system that serves all children.
KIDS COUNT in Delaware

K-12 ASSESSMENTS

No matter what the label – learning loss, missed learning, unfinished learning, or a pause on progress – data show that a large number of students in Delaware struggled during COVID-19, mirroring national trends. Proficiency scores from the National Assessment of Educational Progress (NAEP) are lower in 2022 than scores measured pre-pandemic in 2019. Particularly concerning is that students already identified as low performers showed the greatest declines, increasing the gap between top performers and those students with test scores at the bottom. These findings mirror the beliefs of most K-12 students themselves. Students reported that switching to online

WHY THIS INDICATOR MATTERS

School testing programs, such as math and reading assessments, are one of many sets of tools used to measure student academic achievement. In K-12, there has historically been a disparity related to outcomes between white students and students of color for test scores, literacy rates, and graduation rates. These measures are good determinants of future success and, with an increasingly diverse population, addressing this gap will be key to the stability of our future workforce.
learning had been difficult and their education had suffered at least moderately, with a sizeable proportion of students feeling less academic motivation compared with pre-pandemic. Findings also mirrored the beliefs of most K-12 parents. About six-in-ten parents (61%) say the first year of the pandemic had a negative effect on their children’s education.

A review of NAEP assessment data reveals that less than half (42.4%) of Delaware students were proficient in English language arts (ELA) during the 2021-2022 school year. Furthermore fewer than a third (29.5%) of students were proficient in math during the 2021-2022 school year.

**Impact of COVID-19**

Multiple causes have been suggested as contributing to the lowered proficiency scores pre- and post- 2020 including pre-existing disparities in educational resources, pandemic-era implementation of virtual learning environments, and a multitude of pandemic-related impacts on families. Prior to COVID-19, known gaps in opportunity and learning experiences existed between white students and students of color, as well as between well-funded schools and underfunded schools. Beginning in 2020, remote learning paired with technology struggles created environments that limited collaboration and created communication difficulties. Additionally, mental health concerns related to economic hardship, illness, and death of loved ones is being linked to student distraction from learning.

**Opportunities and Threats**

Research has shown that there are several types of challenges that impact student achievement: school dynamics, issues related to connections between home and school, and circumstances that exist before and beyond school (including health, nutrition, and non-school academic supports). COVID-19 and the public health safety precautions implemented during the pandemic touched on each of these types of challenges. Teachers leaving the profession and the resulting number of openings in personnel will also have an impact on student achievement. In addition to addressing social and emotional issues, schools will need to develop increased opportunities to support students to meet learning targets. It is critical for students to continue to be instructed in grade-level content that is scaffolded with supports. Assessments and early-warning systems can help identify students most at risk for learning loss and most in need of learning assistance.

---

**Disparities in 11th Grade Math Proficiency by Race and Ethnicity Persist After Height of Pandemic**

Eleventh grade math proficiency by race/ethnicity as measured by Delaware System of Student Assessments (DeSSa), Delaware, 2021/22 school year

![Bar chart](chart.png)

- **All**: 24.3%
- **Black**: 9.6%
- **Hispanic**: 13.4%
- **White**: 34.1%

Source: Delaware Department of Education
LITERACY

Access to books is a foundational building block to early literacy formation. Dolly Parton’s Imagination Library – a program engaged in early literacy efforts by providing monthly books at no cost to children ages zero to five – saw groundbreaking success in Delaware during the height of the pandemic. Data also show that more than half of the state’s children ages birth to 5 are read to four or more days per week.

Impact of COVID-19

The COVID-19 pandemic disrupted access to education and literacy services throughout the state. Unfortunately, groups the most in need of literacy services were the most likely to be negatively impacted by the pandemic. Throughout the pandemic, many educational resources were moved online or postponed indefinitely. Despite these challenges, literacy efforts persisted over the last three years and many programs adapted to offer safe alternatives for children and their families to access resources. The Delaware Communities of Excellence Collaborative is an example of such an effort. This group focuses on developing a comprehensive literacy ecosystem that promotes equity and impacts Delawareans for the purpose of enhancing the quality of life in Delaware.

Opportunities & Threats

Interventions for students who struggle with reading are more successful when implemented before third grade and when they are culturally relevant. Policymakers can increase third-grade reading proficiency by increasing access to high-quality child care, Pre-K and Head Start; providing parents with supports to create enriched language and literacy opportunities beginning at birth; expanding access to high-quality summer learning programs; and addressing chronic early absence. Intensive individualized instruction can help improve adolescent literacy among struggling readers.

Successful adolescent literacy programs include ongoing teacher support and training in the literacy strategy, incorporating culturally relevant literacy instruction in content areas classes, explicit instruction in reading comprehension, collaborative learning, and using student assessments effectively.

Early Literacy Skills Were Supported by Dolly Parton’s Imagination Library During the COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Imagination Library Active Participants in Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>1,774</td>
</tr>
<tr>
<td>2021</td>
<td>15,740</td>
</tr>
<tr>
<td>2022</td>
<td>23,270</td>
</tr>
</tbody>
</table>

Source: Delaware Division of Libraries
Literacy begins long before children encounter school instruction in reading and writing. Physical and social-emotional health, family supports, literacy-rich home environments (including telling stories), and parents who provide early cognitive development activities contribute to literacy development, reading achievement, and success in school. High-quality early care and education programs can also boost language and literacy skills and data show these quality programs have the greatest impact on children living in or near poverty. Students who are proficient readers by the end of third grade are more likely to graduate from high school, pursue post-secondary education or training, earn more as adults, and successfully transition into adulthood.
Although first and foremost a public health crisis, COVID-19 had extensive economic impacts at both the national and state levels. More than three years after the pandemic's onset, data reveal economic challenges are still widespread among households with children in Delaware. Job loss associated with the arrival of COVID-19 caused many families to struggle to afford basics. As unemployment decreased, families continued to struggle due to structural challenges like supply chain issues and inflation that impacted the cost of basic needs items. The 2021 temporary expansion of the Child Tax Credit kept millions of U.S. children from falling into poverty during a time of widespread economic turmoil and uncertainty. As such, it highlighted how much progress toward family economic prosperity is possible when policymakers prioritize direct cash assistance to families with children. These direct cash payments strongly reduced food insecurity for families with children. The expanded Child Tax Credit benefits expired at the end of 2021 after Congress failed to extend them, putting an end to the monthly payments for millions of families. After payments stopped, economic hardship among families with children appeared to once again increase. Many Delaware families continue to struggle with basic needs, like food and housing.
Measuring Equity: Economic Well-Being

Over time, child poverty rates in Delaware have varied widely based on the child’s race or ethnicity and the community in which they live. A history of policies and practices that have disadvantaged our state’s families of color economically meant that in the years leading up to the pandemic, children of color were significantly more likely to experience poverty compared to white children.

<table>
<thead>
<tr>
<th>DELAWARE ECONOMIC WELL-BEING</th>
<th>All</th>
<th>American Indian</th>
<th>Asian and Pacific Islander</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic White</th>
<th>Two or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in families where the household head lacks a high school diploma, 2021</td>
<td>10%</td>
<td>S</td>
<td>S</td>
<td>6%</td>
<td>S</td>
<td>5%</td>
<td>17%</td>
</tr>
<tr>
<td>Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teens (ages 16-19) not in school and not working, 2021</td>
<td>5%</td>
<td>S</td>
<td>S</td>
<td>4%</td>
<td>S</td>
<td>1%</td>
<td>S</td>
</tr>
<tr>
<td>Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in poverty, 2021</td>
<td>17%</td>
<td>S</td>
<td>S</td>
<td>22%</td>
<td>S</td>
<td>17%</td>
<td>S</td>
</tr>
<tr>
<td>Source: Population Reference Bureau, analysis of data from the American Community Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median family income, 2021</td>
<td>$82,100</td>
<td>S</td>
<td>$117,800</td>
<td>$56,500</td>
<td>$55,200</td>
<td>$102,200</td>
<td>$45,000</td>
</tr>
<tr>
<td>Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S = Data Suppressed  N.A. = Data Not Available

Defining Race and Ethnicity

Racial and ethnic definitions are not static constructs based in science or biology. In fact, the way racial and ethnic groups have been defined and measured in the U.S. has changed dramatically over time and continues to evolve, along with the country’s changing demographics. For the purposes of this report, the terminology displayed is that which is reported by the primary data collection sources, meaning that group definitions are not comparable between individual indicators. It is also important to recognize that the racial and ethnic groupings may mask significant intragroup differences. While the indicators selected are important measures of success, data selection was constrained by the availability of datasets large enough to reliably breakout by race and ethnicity. In other words, these data do not capture all of the numerous dynamics that contribute to a child’s success.
CHILD POVERTY

Pre-pandemic data show Black, Hispanic, and Native American children in Delaware are more likely than their Asian and white counterparts to live in families with incomes below the federal poverty threshold. Children under age five, those who have single parents, children whose parents have low educational levels, and those whose parents work part-time or are unemployed are at increased risk of living in poverty.52

Delaware data show that the percent of the state’s children living in poverty appears to be similar from 2019 to 2021.53 It is likely that policies such as pandemic economic relief prevented increases in child poverty rates.

The official poverty threshold, however, is a flawed measure. It does not reflect the effects of social safety net programs, it does not consider high costs of transportation, childcare, housing, and medical care, and it does not account for geographic variations in the cost of living. To address these limitations, the U.S. Census Bureau publishes a Supplemental Poverty Measure (SPM), which provides policy makers with another way to evaluate the effects of anti-poverty policies.54 Data from this measure show that social safety net programs were responsible for much of a 59 percent decline in child poverty from 1993 to 2019.55

Impact of COVID-19

The pandemic worsened economic well-being in already struggling families and contributed new financial strain in others. In one study conducted from May 2020 to May 2021, over 70% of adolescents said their families lost wages during the first year of the pandemic. These teens were more likely to be Black (19.5% vs 12.2%), Hispanic (22.0% vs 12.9%), and living below the poverty line (15.2% vs 4.2%) than those in families without financial losses.56

Pandemic-related policies like the expanded Child Tax Credit, increased food assistance benefits, uninterrupted health insurance coverage, and increased rental assistance buffered children against some of the worst impacts of poverty. The American Rescue Plan Act temporarily expanded the Child Tax Credit, keeping 3.7 million children out of poverty and reducing child poverty by 30% with the largest positive impact on Black and Latino children.57

Opportunities and Threats

We have the tools to fight child poverty and know from data that these tools are effective. Now, as most of the programs that helped low-income families support basic needs have expired or soon will, families across the state continue to struggle with high grocery and gas prices. By increasing ways to earn wages and expanding the safety net, we can increase the likelihood that children grow up outside the harmful effects of poverty and have greater opportunity to meet their full potential.

WHY THIS INDICATOR MATTERS

Poverty is the single greatest threat to children’s well-being. Children residing in low-income families suffer a disproportionate share of deprivation, hardship and negative 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.58 Fewer children in poverty will mean increased positive outcomes such as more children entering school ready to learn, better child health, less strain on hospitals and public health systems, less stress on the juvenile justice system and a decrease in child hunger and malnutrition.
Children are More Likely to Live in Poverty than Adults

Delaware and Counties, 2017-2021

- **Delaware**
  - Children Ages 0-4: 20.7%
  - Children Ages 5-17: 16.2%
  - Adults Ages 18-64: 11.1%
  - Adults Ages 65+: 6.3%
- **New Castle County**
  - Children Ages 0-4: 17.6%
  - Children Ages 5-17: 13.3%
  - Adults Ages 18-64: 10.4%
  - Adults Ages 65+: 6.2%
- **Kent County**
  - Children Ages 0-4: 21.7%
  - Children Ages 5-17: 19.9%
  - Adults Ages 18-64: 21.1%
  - Adults Ages 65+: 7.5%
- **Sussex County**
  - Children Ages 0-4: 28.2%
  - Children Ages 5-17: 20.6%
  - Adults Ages 18-64: 11.8%
  - Adults Ages 65+: 5.8%

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

**The Economic Well-Being of Children is Improved by Safety Net Programs Not Captured in the Official Poverty Measure**

Official vs Supplemental Poverty Measure (SPM), U.S. 2021 and Delaware, 2019-2021

- **Delaware All**
  - Official: 9.6%
  - SPM: 8.4%
- **U.S. All**
  - Official: 11.6%
  - SPM: 7.8%
- **U.S. Children**
  - Official: 15.3%
  - SPM: 12.5%
- **U.S. White**
  - Official: 10.0%
  - SPM: 8.9%
- **U.S. Black**
  - Official: 19.5%
  - SPM: 11.3%
- **U.S. Hispanic**
  - Official: 17.1%
  - SPM: 11.2%

Source: U.S. Census Bureau, Current Population Survey

**More than Half of Delaware Families Struggling with Basic Needs**

November 2-14, 2022

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

54%

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

The effect of the pandemic is evident from the high unemployment rates between April and December 2020, when Delaware closed businesses deemed non-essential to curb the spread of COVID-19. Delaware data show a 5.9% unemployment rate in 2020 which fell to 4.8% in 2021 and further to 4.5% in 2022. For comparison, the state’s 2019 pre-pandemic unemployment rate was 3.5%.

Impact of COVID-19

Increased unemployment benefits during the height of the crisis helped mitigate the impact of unemployment on child poverty.59 With added pandemic challenges related to balancing work and caregiving, some parents – mainly women – have been pushed out or have chosen to opt out of the workforce altogether.60

From the business perspective, workforce stability has been challenging due to the pandemic’s impact on Delaware’s early care and education system. Workers with young children need reliable, accessible, quality childcare. However staffing issues and health precautions combine to limit the amount of care available, with many early education providers maintaining wait lists for entry.

These care issues can be compounded within low-income families when workers with young children have jobs which require employees to be available for variable schedules or during nonstandard work hours. This routine, but disruptive occurrence, is most prevalent for low-income workers. Pre-pandemic, nearly one in five workers in the U.S. (17 percent) had irregular or on-call schedules, work split, or rotating shifts.61 The Shift Project collected data from over 100,000 workers who took surveys between 2017 to 2021, comparing work scheduling conditions before and during the COVID-19 pandemic. Results showed that the lack of stability and predictability continues to dominate the landscape for service sector workers – especially for workers of color (and for women of color in particular).62

Overall, low-income families face more uncertainty today and bear a greater share of the risk than the government or the business sectors respectively.63

WHY THIS INDICATOR MATTERS

Parental unemployment has a direct effect on a child’s economic stability and overall well-being. Without the full-time employment of at least one parent, a child’s basic needs – things like food, housing, and stable childcare – can be extremely difficult to meet. Secure employment improves family life by providing stability and reducing the stress generated by unemployment. A high income is associated with numerous positive outcomes for children including better health, academic achievement and financial well-being later in life, which generate a brighter future for Delawareans collectively.

COVID-19’s Unemployment Rate Spike in 2020 has Declined in Recent Years

Unemployment rate, U.S. and Delaware
Opportunities and Threats

Social policies and programs to support a robust, engaged workforce are often based on outdated assumptions about family structure being nuclear, about easy availability of family supporting work, or about the individual – vs structural – causes of poverty. However, policies can create mutually beneficial environments for both the business community and workers caring for families. The policies may include those that support a robust early care and education system statewide or others – like the fair work week ordinance – which give workers more control over their time as well as protections against job loss, medical care, or housing.
FOOD INSECURITY

Even prior to COVID-19, far too many Delaware children lived in families who struggled with food insecurity. In 2020, the Supplemental Nutrition Assistance Program (SNAP) and the National School Lunch Program lifted 3.2 million Americans out of poverty and was particularly effective at lifting families out of deep poverty.66

WHY THIS INDICATOR MATTERS

Food insecurity is defined as the consistent lack of food required to have a healthy life because of your economic situation.74 Undernourished children are at risk for illness, cognitive delays and poor social skills, the effects of which will continue to influence their development later in life.

Impact of COVID-19

During the first two years of the pandemic, policies and programs were implemented at the local, state, and federal levels to fight food insecurity among families with children. The Pandemic-Electronic Benefit Transfer (P-EBT) program provided temporary emergency nutrition benefits to children whose schools or child care centers were closed due to COVID-19 and whose family incomes were low enough to qualify for free or reduced-price lunch or SNAP.67 Schools were also able to provide free school meals to all students, regardless of whether their family income qualified them for free or reduced-price meals.68 While these important efforts likely decreased hunger among some families with children, data show that struggles to afford enough food were still widespread among households with children.69 Furthermore, pandemic-era policies that supported access to nutrition ended in 2022: P-EBT expired in Delaware on September 3,70 the school Child Nutrition COVID-19 Waivers expired on June 30,71 and the expanded Child Tax Credit lapsed in January.72

Opportunities and Threats

In September, 2022 the President set a lofty goal to “end hunger and increase healthy eating and physical activity by 2030, so that fewer Americans experience diet-related diseases like diabetes, obesity, and hypertension.”73 At this first White House Conference on hunger, nutrition, and health in over 50 years, a national strategy was released, detailing actions which would be required by the federal government and asking for cross-sector partners at local, state, and federal level to help eliminate food insecurity.

Children More Likely to Experience Hunger than Adults

Food insecurity, Delaware and Counties, 2020

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population (%)</th>
<th>Children under 18 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>9.7</td>
<td>15.1</td>
</tr>
<tr>
<td>New Castle</td>
<td>10.1</td>
<td>15.6</td>
</tr>
<tr>
<td>Kent</td>
<td>12.5</td>
<td>20.4</td>
</tr>
<tr>
<td>Sussex</td>
<td>10.8</td>
<td>17.3</td>
</tr>
</tbody>
</table>

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

Food Bank of Delaware Continues to Fight Hunger in Communities Throughout the State

Food Bank and pantry data 2022

35,893 visits to the Food Bank’s Healthy Pantry Center in Newark & Milford

6,169,819 pounds of food distributed—75,150 visits

676 mobile pantry distributions held

Source: Food Bank of Delaware
SNAP is One Safety Net Program Which Was Instrumental in Fighting Childhood Hunger During the Pandemic

Average monthly number of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, Delaware

Source: Delaware Health and Social Services

Note: The 2019 monthly average is depressed due to a federal government shutdown in February 2019, which severely impacted the number of households served by SNAP during that time period.
HOMELESSNESS

Data from Delaware’s Point in Time Count (PIT) of the homelessness population show that, on a given night, the number of homeless families with children spiked during COVID-19, up to 392 in 2022 from 117 in pre-pandemic 2019. The number of homeless children under 18 more than tripled (from 220 to 769) and homeless young adults ages 18-24 more than doubled (from 83 to 200) in this same time period. Adults only households still account for the majority of Delaware’s homeless population.

Impacts of COVID-19

A safe and consistent place to call home has always been a foundational element of child well-being. While some children may have been temporarily protected from homelessness due to federal and state-level eviction moratoria, over the past three years family homelessness has largely driven substantial increases in the size of Delaware’s homeless population. Data indicate that the recorded increase in family homelessness is related to extended stays in temporary housing that families experienced during the pandemic once they became homeless, and not an increase in the number of families becoming newly homeless. Homelessness among families, as it is measured by the PIT count, also does not include a much higher number of families who are living “doubled up” in other households or otherwise unstably housed but not accessing shelter and/or temporary housing facilities, or those families who are paying disproportionate amounts of their incomes towards housing expenses and regularly face risk of imminent homelessness.

WHY THIS INDICATOR MATTERS

Children experiencing homelessness have higher rates of acute and chronic health problems than low-income children who have homes. Compared to their peers, homeless children have four times as many respiratory infections, twice as many ear infections, and five times as many gastrointestinal problems. They are also at higher risk of abuse and exposure to violence. Family residential instability and homelessness contribute to poor educational outcomes for children. Homeless children are more likely to change schools, be chronically absent from school, and have lower academic achievement than children who have housing. Black children and families are more likely to experience homelessness than other racial and ethnic groups.
Opportunities & Threats

Federal level pandemic assistance programs (via the CARES Act and the American Rescue Plan) supported homelessness assistance and rental assistance during the first two years of COVID-19. With this additional funding, much of the increase in demand in services was absorbed by the State of Delaware’s Division of State Service Centers via providing hotel and motel vouchers to homeless families. However, as federal funds are spent down, the demand for shelter threatens to overwhelm the existing supply of temporary housing beds. Thus efforts must be made to ensure sustainable solutions are in place. Additionally, any efforts to address homelessness, in families or otherwise, must include increased availability of affordable permanent housing, a current barrier to homeless families.

Delaware Homeless Families with Children Spiked during Pandemic

Households experiencing homelessness by presence of children, Delaware

Source: U.S. Department of Housing and Urban Development, Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations
The health of our communities influences the condition of our families, the condition of our families impacts the well-being of our children, and the well-being of our children is what will shape the future of our state. Keeping children safe from accidents or violence and minimizing risky behavior in teens and young adults provides a foundation for families to thrive. Ensuring physical environments have clean air, water, and soil; buildings are free of lead; and that there are safe places to run and play will create opportunity for children regardless of zip code. Communities with children least supported pre-pandemic are more likely to have felt disproportionate pandemic challenges, so targeted recovery efforts will impact disparate outcomes.
Measuring Equity: Family & Community

The trajectories of children and youth are shaped by the resources and relationships that surround them, especially those within their families. Children and their families are more likely to thrive when they live in communities with strong social and cultural institutions. These include: positive role models, resources, safety, strong schools, and quality support services.

### DELAWARE FAMILY & COMMUNITY

<table>
<thead>
<tr>
<th>Measure</th>
<th>All</th>
<th>American Indian</th>
<th>Asian and Pacific Islander</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic White</th>
<th>Two or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen (15-19) births, 2020</td>
<td>15 per 1,000</td>
<td>S</td>
<td>S</td>
<td>20 per 1,000</td>
<td>32 per 1,000</td>
<td>8 per 1,000</td>
<td>19 per 1,000</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of data from the National Center for Health Statistics, CDC Wonder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children who have experienced two or more adverse experiences, 2019-2020</td>
<td>19% S</td>
<td>S</td>
<td>S</td>
<td>24% S</td>
<td>23% S</td>
<td>14% S</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: Child Trends analysis of data from the National Survey of Children’s Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in foster care, 2020</td>
<td>100% S</td>
<td>S</td>
<td>S</td>
<td>46% S</td>
<td>12% S</td>
<td>34% S</td>
<td>7% S</td>
</tr>
<tr>
<td>Source: Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children who had a parent who was ever incarcerated, 2019-2020</td>
<td>6% S</td>
<td>S</td>
<td>S</td>
<td>9% S</td>
<td>S</td>
<td>4% S</td>
<td>S</td>
</tr>
<tr>
<td>Source: Child Trends analysis of data from the National Survey of Children’s Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile crime arrests, 2020</td>
<td>100% N.A.</td>
<td>N.A.</td>
<td>N.A</td>
<td>69.9% N.A.</td>
<td>6.4% N.A.</td>
<td>29.4% N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Source: National Incident Based Crime, Delaware Statistical Analysis Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth (ages 14-17) with at least one adult mentor in the community who provides advice or guidance, 2016-2019</td>
<td>90% S</td>
<td>S</td>
<td>S</td>
<td>95% S</td>
<td>S</td>
<td>91% S</td>
<td>S</td>
</tr>
<tr>
<td>Source: Population Reference Bureau analysis of data from the National Survey of Children’s Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S = Data Suppressed   N.A. = Data Not Available

### DEFINING RACE AND ETHNICITY

Racial and ethnic definitions are not static constructs based in science or biology. In fact, the way racial and ethnic groups have been defined and measured in the U.S. has changed dramatically over time and continues to evolve, along with the country’s changing demographics. For the purposes of this report, the terminology displayed is that which is reported by the primary data collection sources, meaning that group definitions are not comparable between individual indicators. It is also important to recognize that the racial and ethnic groupings may mask significant intragroup differences. While the indicators selected are important measures of success, data selection was constrained by the availability of datasets large enough to reliably breakout by race and ethnicity. In other words, these data do not capture all of the numerous dynamics that contribute to a child’s success.
CHILD SAFETY

Delaware data show a decrease in the number of accepted and substantiated reports of child abuse and neglect from pre-pandemic 2019 to pandemic years of 2020, 2021 and 2022. The decrease is likely related in part to a drop in child abuse reports during the pandemic. Children were spending most of their time at home, and with less interaction with other adults, especially teachers, it was harder for youth to report abuse or for adults outside the home to notice the signs.

In 2020, firearms became the leading cause of death among children ages 19 and below and in the first six months of 2022, there were over 300 mass shootings across the U.S.

Impacts of COVID-19

Safety precautions to keep children COVID-free during the pandemic included reinforcing good hygiene behaviors like frequent hand washing, covering coughs and sneezes, and ensuring adequate ventilation. Additional precautions like masking and physical distancing were new additions to the toolbox for keeping healthy.

Beyond these illness specific precautions, traditional child safety concerns were amplified with loss of out-of-home activities and community connections. The pandemic disrupted routines and changed family support systems. For some children, health precautions like staying home may have caused additional stress on familial relationships, creating situations for abuse or neglect to go unnoticed without traditional interactions with mandatory reporters.

While more children were home due to school closures during the early months of the COVID-19 pandemic, firearm injuries among children increased compared to previous years. From 2019 to 2021, the firearm death rate among children increased by 50 percent. This translates to seven children per day in the U.S. dying by firearm in 2021.

Why This Indicator Matters

Child safety is a term that encompasses exposure to a variety of hazards such as accidents, abuse and neglect, exploitation, and bullying behaviors or other violence. Youth may experience these hazards as victims, witnesses, or offenders and the exposure can cause emotional harm, physical injury, or death. Strategies to reduce risk include ensuring that children and teens live in safe, supportive homes and communities, have access to safe public spaces and to a full range of physical and mental health care services, and do not have unauthorized access to firearms.
Opportunities and Threats

We know that removing stressors from families and adding supports makes a huge difference quickly. Providing financial assistance and stepping up social services will mean fewer people are affected by stress and violence. Responding to reports of child neglect and abuse and ensuring child safety are important functions of child protection systems. Focusing on prevention is equally critical and more cost-effective.

Preventing access to guns is an important measure in preventing firearm-related injuries and death in children and youth. Keeping guns unloaded and locked, as well as storing and locking ammunition separately, reduces the risk of gun-related injury and death by suicide or homicide.

U.S. Child Firearm Assault and Suicide Deaths Have Increased

Firearm mortality rates per 100,000 children ages 1-19 in the U.S. by type of firearm death

Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention Wonder data

In 2020 Firearms Became the Leading Cause of Death for U.S. Youth

Number of deaths by leading cause of mortality for U.S. (ages 1-19), 2020

Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention Wonder data

Abuse and Neglect Can Have Far Reaching Effects for Youth and Their Communities

Child abuse and neglect by type, Delaware, 2022

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

Delaware data show lower rates of alcohol and marijuana use among students in 2021 than pre-pandemic. However, like pre-pandemic data, youth who identify as LGBTQ, youth with an emotional disability, and youth who’ve reported being bullied are more likely than their peers to drink alcohol or smoke marijuana.90

For over three decades, Hispanic and Black high school seniors in the U.S. have generally had lower rates of substance use than their white peers, but recently these differences have narrowed due to the increased use of marijuana.91

Impact of COVID-19

COVID-19 shuttered schools, canceled youth sports and activities, and shut down libraries and recreational centers. It cut off access to the places where children hang out informally: malls, movie theaters, and even outdoor playgrounds. Suddenly, most kids’ only connection with their peers was through the screens on their mobile devices, if they had them. Teens missed milestones when proms and graduations were canceled and lost economic opportunity when summer jobs did not hire. In summary, opportunities for healthy risk-taking behaviors were reduced.

Interestingly, results from a review of the literature on the trends in substance use among youth during the pandemic suggest that the prevalence of youth substance use has largely declined during the pandemic.92 This differs from the adult population, where many indicators point to overall increased rates of substance use or abuse during the COVID-19 pandemic as people from all backgrounds faced prolonged and often extreme levels of stress and isolation, coupled with additional barriers to treatment. For the first time, deaths due to drug overdoses in the U.S. exceeded 100,000 in one year between April 2020 and April 2021.93

Opportunities and Threats

Research shows that supportive, coordinated community connections and adult accountability are essential for youth to thrive. Young people want relationships with the larger world. They need to know they are valued, and they need guidance and support from both their family and their community. An asset such as family or peer support provides youth with high levels of love and emotional support. Additionally, continued dedication to understanding the current prevalent dangerous substances in Delaware and surrounding areas is imperative, as is communicating those dangers to youth in an intentional way.
### Fewer Delaware 8th Graders Reported Using Alcohol and Marijuana in 2021 than Pre-Pandemic

Past 30 days use of alcohol and marijuana, Delaware 8th graders

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol Usage</th>
<th>Marijuana Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>2021</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>2022</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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

### Understanding Characteristics of Students Most Likely to Use Marijuana Will Help Target Prevention Efforts

Past 30 day use of marijuana by risk factor, Delaware high school students, 2021

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Heterosexual</th>
<th>Gay/Lesbian</th>
<th>Bisexual</th>
<th>Not sure</th>
<th>No Disability</th>
<th>Physical Disability</th>
<th>Learning Disability</th>
<th>Emotional Disability</th>
<th>Black</th>
<th>White</th>
<th>Hispanic/Latino</th>
<th>Multi racial/Other</th>
<th>Bullied in Past Year</th>
<th>Not Bullied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullied in Past Year</td>
<td>15%</td>
<td>*</td>
<td>31%</td>
<td>*</td>
<td>21%</td>
<td>*</td>
<td>15%</td>
<td>31%</td>
<td>14%</td>
<td>28%</td>
<td>22%</td>
<td>19%</td>
<td>33%</td>
<td>20%</td>
</tr>
</tbody>
</table>

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

Note: * Data are suppressed where number of incidences are at or below 30

### One-Third of Youth Who Report Being Bullied Also Report Using Alcohol

Past 30 day use of alcohol by risk factor, Delaware high school students, 2021

- Heterosexual: 20%
- Gay/Lesbian: * (suppressed)
- Bisexual: 31%
- Not sure: * (suppressed)
- No Disability: 21%
- Physical Disability: * (suppressed)
- Learning Disability: 23%
- Emotional Disability: 38%
- Black: 14%
- White: 28%
- Hispanic/Latino: 22%
- Multi racial/Other: 19%
- Bullied in Past Year: 33%
- Not Bullied: 20%

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

Note: * Data are suppressed where number of incidences are at or below 30
LEAD AS AN ENVIRONMENTAL FACTOR IMPACTING CHILD WELL-BEING

Data tell us there were groups of children pre-pandemic who were more likely to have poor outcomes across their lifespan because of social determinants of health that come from institutional and structural inequities. For example, despite the extraordinary success of a significant decrease in the number of children with elevated blood lead levels (EBLLs), disparities persist in childhood lead poisoning data. Certain populations who are disproportionately negatively impacted by lead include children living below the federal poverty level, children living in older housing, non-Hispanic Blacks, Latinos, immigrants, and refugees. Over 46% of all Delaware children tested who had high blood lead levels between 2010 and 2017 lived in the City of Wilmington.94

Additionally, in 2022 local media shone a spotlight on potential lead contamination in public school water sources. The breaking news created outcry which showcased an erosion of public trust in the very agencies tasked with student safety. Of particular concern was a lack of transparency about the process and related results as well as a dearth of communication to families with students potentially impacted.

**Opportunities and Threats**

Building and sustaining the healthy environments that children deserve is one of government's core responsibilities to its citizens. Lead identification and remediation is an example of this implicit commitment of governments to the health of communities statewide. The best way to reduce childhood lead poisoning is by focusing on primary prevention, which entails removing lead hazards from the environment before a child is exposed. Early identification is a second-best strategy to reduce the impact of environmental lead contaminants to children's health. Health departments accomplish this using blood lead screening tests. In 2021, the Delaware General Assembly updated the Childhood Lead Poisoning Prevention Act which now mandates lead screening of all children at or around 12 months of age and again at 24 months of age. To minimize the adverse effects of lead poisoning, it is essential that testing rates increase so no child is left undiagnosed and a child with an elevated blood lead level is treated early.◆

**Impact of COVID-19**

The most recent data available show that screening for lead poisoning among Delaware children was impacted by public health precautions implemented to protect against the spread of COVID-19. Compared to pre-pandemic 2019 data, Delaware’s childhood lead testing rates dropped by an average of 54% in the first six months of 2020 and by 65% in the first six months of 2021 respectively.95

**Determining the Presence of Lead in Public School Water Sources:**

The Delaware Department of Education and the Delaware Division of Public Health began a sampling initiative in the state’s public schools in October 2020 to identify the levels of lead within the drinking water system. As of early 2022, every school in Delaware has been sampled and the initial results analyzed by the Division of Public Health Laboratory.96 Initial sample results indicate lead may only be an issue at a limited number of fixtures in a small number of schools. All consumable points and non-consumable points with results in excess of 0.015 mg/L within schools are being resampled to better gauge risk, identify the source of lead, and guide next steps. The Division of Public Health is working directly with schools and districts to provide short and long-term recommendations based on initial sampling and resampling results. Children, employees, or families with concerns about exposure to lead in the drinking water at any Delaware public schools should contact their primary healthcare provider about follow-up steps, including screening.
Why This Indicator Matters

The condition of a community’s schools, workplaces, parks, in addition to air, soil, and water quality – also called social determinants of health – can impact kids as they grow. Lead is an example of one such environmental contaminant. While lead is much less commonly found in home and work environments, lead poisoning still presents a major health concern and requires careful vigilance to prevent, because lead can’t be seen, tasted, or smelled. There is no safe lead level in children. Lead poisoning can affect anyone, but children are affected the most due to vulnerabilities in their developing brains and bodies. Exposure to lead can result in reduced IQ, learning disabilities, Attention Deficit Hyperactivity Disorder, behavioral problems, stunted growth, impaired hearing, kidney damage, mental developmental delays, comas, and even death. In 2021, the CDC updated its elevated blood lead level reference value to 3.5 micrograms per deciliter which allows parents and health officials to take corrective actions sooner.

Fewer Lead Poisoning Cases Identified in Young Children During COVID-19

Children under 72 months with blood lead levels at or exceeding 3.5 µg/dL, Delaware

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

A Disproportionate Number of Children with Elevated Blood Lead Levels Live in the City of Wilmington

Children under 72 months with blood lead levels at or exceeding 3.5 µg/dL by zip code, 2016-2021

Key

- No Data
- 18 to 49
- 50 to 99
- 100 to 149
- 150 to 200

Source: Delaware Department of Health and Social Services, Division of Public Health, Childhood Blood Lead Surveillance in Delaware
As always, data found in this publication and on the KIDS COUNT Data Center (www.datacenter.kidscount.org) is intended to create a better understanding of child well-being in Delaware with this year’s FOCUS assessing the impact of COVID-19 on kids. We believe that educating our audiences about timely issues faced by Delaware’s youngest is a powerful way to engage our partners and create collective impact. This FOCUS can inform a proactive path forward.

The pandemic and recovery from COVID-19 have highlighted vulnerabilities in our state’s network of policies and programs supporting children. Reflections on the highlighted needs of children show large gaps to be addressed in support of the “whole child” for every kid in Delaware. Many individuals and organizations throughout our state continue to be vital contributors to new, expanded, or innovative solutions which ensure needs of the most vulnerable among us are met. From here, we must strengthen what has been working, create new opportunities for all children, and target investments to decrease existing disparities. In these next steps, it will be important to:

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

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

Delaware’s actions now will determine how much impact this global health emergency will have on our children’s immediate recovery and long-term well-being. In the months and years ahead, Delaware leaders must invest sufficiently in support for their development.◆
We believe that educating our audiences about timely issues faced by Delaware’s children and their families is a powerful way to engage our partners to create collective impact.

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

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

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

Making Sense of the Numbers

- KIDS COUNT in Delaware uploads the most current and reliable data available to the online Data Center.
- Data that are inadequate or unavailable are denoted by “S” or “NA” respectively.
- Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. Therefore, KIDS COUNT in Delaware has used the terminology reported by the data collection sources.
- Most data presented are for calendar years. Where data collected by state or federal authorities is available by school year or fiscal year, the periods are from September to August or July 1 to June 30 respectively.
- The data are presented primarily in three ways:
  1. Annual data
  2. Five-year averages to minimize fluctuations of single-year data and provide a more realistic picture of children’s outcomes and
  3. Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons.
- Annual or five-year average data to illustrate trends and permit comparisons over time.
- Whether a number, rate or percentage, each statistic tells us something different about children.
- Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events. Therefore, KIDS COUNT in Delaware encourages you to look at overall trends. The key in the evaluation of statistics is to examine everything in context.


16. U.S. Census Bureau Household Pulse Survey, week 42. Children who had a preventative check-up in the last 12 months, Delaware, Jan 26-Feb 7, 2022. 74% all children in household; 17% no children in household.


20. 90. Youth Risk Behavior Survey, Center for Drug and Health Studies, University of Delaware


27. Delaware Department of Services for Children, Youth, and Their Families, FY22.


Delaware Department of Education

Retrieved from: https://imaginationlibrary.com

Retrieved from: https://lib.de.us/coe


41. Retrieved from: https://lib.de.us/coe


52. U.S. Census Bureau, American Community Survey, Table B17001

53. U.S. Census Bureau, American Community Survey, 1-year estimates, Table S1701


82. Delaware Department of Services for Children, Youth and Their Families

83. Delaware Department of Services for Children, Youth and Their Families


54 KIDS COUNT in Delaware
<table>
<thead>
<tr>
<th>Delaware Information Helpline</th>
<th>2-1-1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-800-560-3372</td>
</tr>
<tr>
<td>or text zip code to 898-211</td>
<td></td>
</tr>
<tr>
<td><strong>State of Delaware Web Site</strong></td>
<td><a href="http://www.delaware.gov">www.delaware.gov</a></td>
</tr>
<tr>
<td>Suicide and Crisis Lifeline</td>
<td>988</td>
</tr>
<tr>
<td><strong>Volunteer Delaware</strong></td>
<td>302-857-5006</td>
</tr>
<tr>
<td>Delaware Department of Education</td>
<td>302-735-4000</td>
</tr>
<tr>
<td><a href="http://www.education.delaware.gov">www.education.delaware.gov</a></td>
<td></td>
</tr>
<tr>
<td>Delaware Department of Labor</td>
<td>302-761-8001</td>
</tr>
<tr>
<td>labor.delaware.gov</td>
<td></td>
</tr>
<tr>
<td>Delaware Department of Health and</td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.dhss.delaware.gov">www.dhss.delaware.gov</a></td>
<td></td>
</tr>
<tr>
<td>Division of Public Health</td>
<td>302-744-4700</td>
</tr>
<tr>
<td>Division of Social Services</td>
<td>1-800-372-2022</td>
</tr>
<tr>
<td>Division of State Service Centers</td>
<td>302-255-9675</td>
</tr>
<tr>
<td>Division of Substance Abuse and</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>302-255-9399</td>
</tr>
<tr>
<td>Delaware Department of Safety</td>
<td>302-744-2680</td>
</tr>
<tr>
<td>and Homeland Security</td>
<td></td>
</tr>
<tr>
<td>Delaware Department of Services for</td>
<td></td>
</tr>
<tr>
<td>Children, Youth and Their Families</td>
<td>kids.delaware.gov</td>
</tr>
<tr>
<td>Child Abuse and Neglect Report Line</td>
<td>1-800-292-9582</td>
</tr>
<tr>
<td>Delaware State Housing Authority</td>
<td>302-739-4263 (Dover)</td>
</tr>
<tr>
<td></td>
<td>302-577-5001 (Wilmington)</td>
</tr>
<tr>
<td><a href="http://www.destatehousing.com">www.destatehousing.com</a></td>
<td></td>
</tr>
<tr>
<td>Drug Free Delaware</td>
<td><a href="http://www.drugfree.org/delaware">www.drugfree.org/delaware</a></td>
</tr>
<tr>
<td>Office of the Governor</td>
<td></td>
</tr>
<tr>
<td>Dover Office 302-744-4101</td>
<td></td>
</tr>
<tr>
<td>Wilmington Office 302-577-3210</td>
<td></td>
</tr>
<tr>
<td>Statewide 1-800-292-9570</td>
<td></td>
</tr>
</tbody>
</table>