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ABSTRACT

This Kids Count report is combined with Families Count, and provides information on statewide trends affecting children and families in Delaware. The first statistical profile is based on 10 main indicators of child well-being: (1) births to teens; (2) low birth weight babies; (3) infant mortality; (4) child deaths; (5) teen deaths; (6) juvenile violent crime arrests; (7) high school dropouts; (8) teens not in school and not working; (9) children in poverty; and (10) children in one-parent households. Additional issues affecting children include: (1) early care and education; (2) children receiving free and reduced price school meals; (3) women and children receiving WIC; (4) asthma; (5) children without health insurance; (6) alcohol, tobacco, and other drugs; (7) child abuse and neglect and (8) foster care. The report indicates improvement or a better than national average in the following areas: infant mortality rate; child death rate; teen deaths by accident, homicide, and suicide; high school dropouts; and teens not in school and not in the labor force. Though the percentage of Delaware children in poverty remains below the national rate, the following are increasing: births to teens; juvenile violent crime arrests; low birth weight babies; and children in one-parent households. The Kid's Count report's appendix presents 67 data tables related to the descriptors. The second profile (Families Count) monitors the conditions of families, children and individuals in the community. The five indicator categories are: (1) healthy children; (2) successful learners; (3) resourceful families; (4) nurturing families, and (5) strong and supportive communities. Comparisons of Delaware trends to national trends in these areas are included. (LBT)

KIDS COUNT IN DELAWARE FACT BOOK 1998

Dear Friends,

As residents of the State of Delaware and stewards of future generations, we have a responsibility to care for all our state's children. The numbers, charts, and stories in this KIDS COUNT Fact Book speak to us—as well as speak for us— in our efforts to forge a healthier Delaware for young people.

These pages tell the story improving on a number of fronts—including a decline in infant mortality, and child poverty, as well as lower teen death rates. Other statistics bear witness to the fact that our work is far from complete as we strive to strengthen families from Talleyville to Selbyville.

As I travel throughout Delaware advocating for kids, I often quote a visionary who once said: "200 years from now, no one will remember the size of our bank account, the kind of car we drove, or the house we lived in. 200 years from now, the world will be a better place because we made a difference in the life of a child."

As I go through each day as your governor, I keep in mind my two young sons and dreams for their futures—a future filled with achievement, happiness, and success. I hope educators, policy makers, planners and residents will find ways to use this book to forge better lives for all our children.

Sincerely,

Tom Carper

Thomas R. Carper
Governor

Governor Carper with Glasgow High School teens who participated in the KIDS COUNT project "Kids Voices Count"

KIDS COUNT IN DELAWARE

Funded by the Annie E. Casey Foundation

with additional support from the State of Delaware

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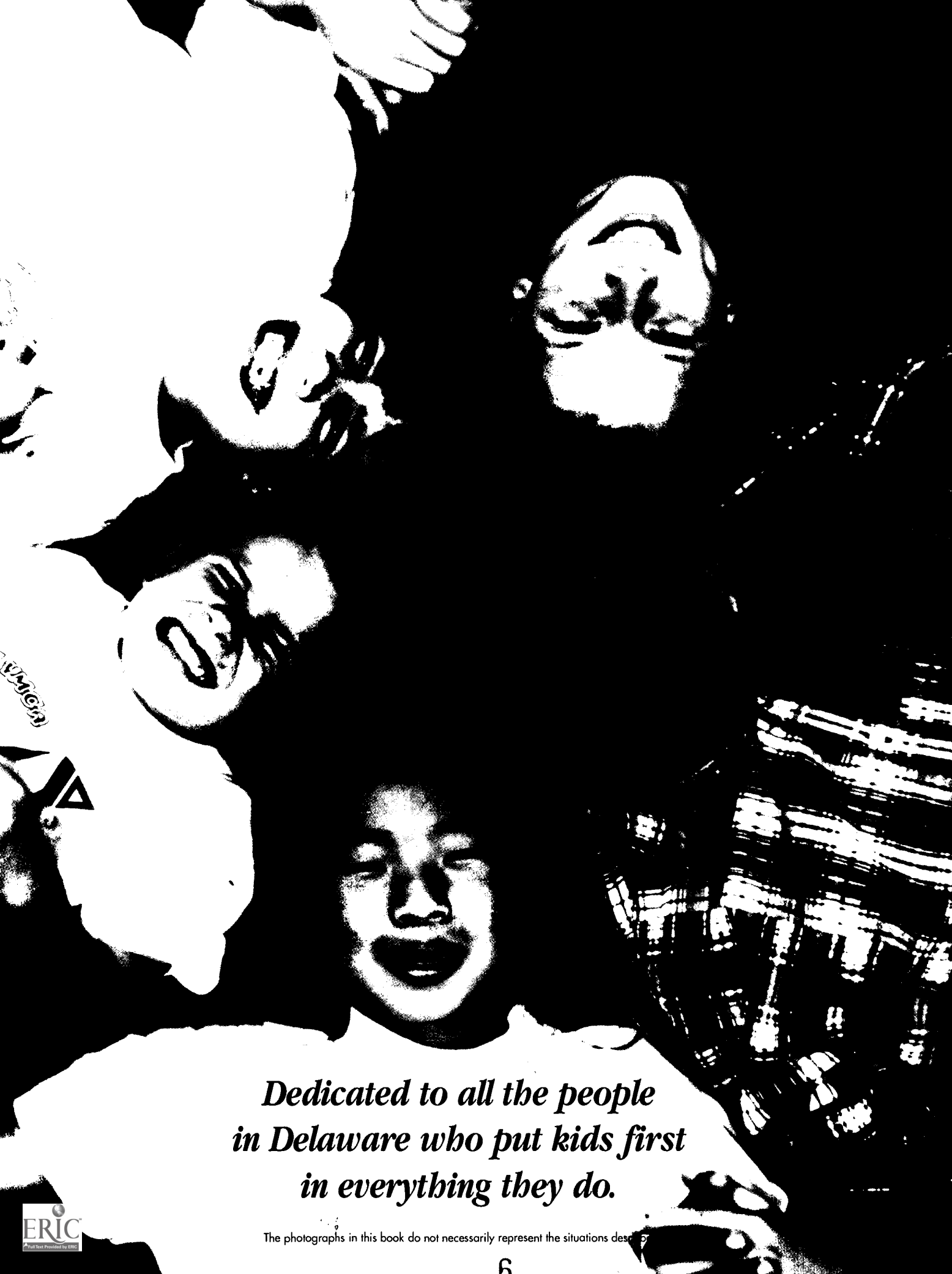
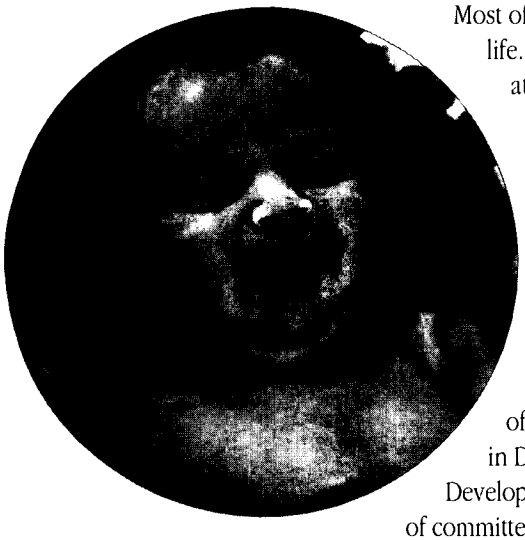


Dedicated to all the people in Delaware who put kids first in everything they do.

The photographs in this book do not necessarily represent the situations desc

A Message from KIDS COUNT in Delaware



Most of the 195,000 children and youth in Delaware benefit from a strong, healthy start in life. They are born to parents who have the time and resources to nurture them, they attend good schools and can read at grade level, they live in safe neighborhoods, and they know their family doctors by name. There are Delaware children, however, who have very different situations. Some children in our state are growing up in families that do not have the resources, skills, or opportunities to give children the basics for a good start in life. KIDS COUNT in Delaware keeps track of all our children and examines the myriad of situations in which they live and grow.

In this our fourth annual profile of Delaware's children, *KIDS COUNT in Delaware Fact Book 1998*, we look at some of the greatest challenges in the lives of our children and youth, aiming to create a holistic view of how children are faring in Delaware. Through this collaborative project housed at the Center for Community Development and Family Policy at the University of Delaware, led by a Steering Committee of committed and concerned children's advocates from the public and private sector, we bring together the best available data to measure the health, economic, educational and social well-being of children.

KIDS COUNT in Delaware is one of fifty-one similar projects throughout the United States funded by the Annie E. Casey Foundation. This initiative is based on the belief that the more the public and policy makers know about the status and needs of children, the greater the likelihood those needs will be addressed.

This edition of KIDS COUNT is combined with a new initiative of Governor Carper's Family Services Cabinet Council entitled *FAMILIES COUNT in Delaware* which expands upon the ten tracking indicators of the *National KIDS COUNT Data Book* to look at a broad range of indicators related to families in Delaware. We are pleased to present to you both KIDS COUNT and FAMILIES COUNT as a combined publication and believe that it represents a statewide commitment to monitor outcomes and show that both children and families do matter, do count, in this state.

What does KIDS COUNT in Delaware ask that you do to help the children of Delaware?

Challenge to parents:
- Stimulate your child's development from infancy on.
- Become involved in your child's school.
- Make sure your child receives routine health care.
- Spend more time together.

Challenge to communities:
- Make your community the best place in Delaware to raise a child.
- Join local organizations to improve schools, make neighborhoods safer, and support parents.

Challenge to Delaware:
- Make the health, education, and well-being of children the state's first priority and investment.

The result will be a better future for our children — and ultimately, for our state!

Nancy Wilson, Ph.D.
Chair
Steering Committee

Steven A. Dowshen, M.D.
Chair
Data Committee

Table of Contents

KIDS COUNT in Delaware

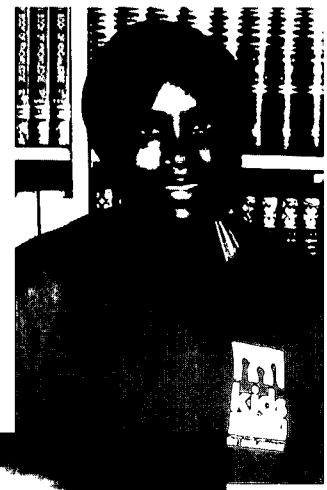
Just as the photographs in this book present a variety of faces of Delaware's children, the *KIDS COUNT in Delaware Fact Book 1998* presents a variety of indicators to portray a balanced perspective for considering their well-being. In addition to the ten indicators used by the Annie E. Casey Foundation's *KIDS COUNT National Data Book*, special emphasis has been placed on early care and education with expanded information concerning accessi-bility, affordability, quality and consumer awareness. Other areas such as alcohol, drug and tobacco use, women and children receiving WIC, free and reduced-priced school meals and newly-released asthma data based on hospitalizations continue to be reported. Several areas have been expanded with Impact Statements and sources for further information. Both the appendix of tables and the FAMILIES COUNT section contain supporting documentation for many of the graphs in the KIDS COUNT section.

The ten featured indicators in this book have been chosen by the national KIDS COUNT project because they provide a picture of the actual condition of children rather than a summary of programs delivered or funds expended on behalf of children. These indicators have three attributes:

- They reflect a broad range of influences affecting the well-being of children.
- They reflect experiences across developmental stages from birth through early adulthood.
- They are consistent across states and over time, permitting legitimate comparisons.

The featured indicators are:

Births to teens
Low birth weight babies
Infant mortality
Child deaths
Teen deaths by accident, homicide, and suicide
Juvenile violent crime arrests
Teens not graduated and not enrolled
Teens not in school and not working
Children in poverty
Children in one-parent households



Trends in Delaware

Delaware has seen improvements in five of the National KIDS COUNT indicators while there is cause for concern in four:

- ***The infant mortality rate, child death rate, teen deaths by accident, homicide, and suicide, high school dropouts, and teens not in school and not in the labor force indicators show improvement or are better than the national average.***
- ***The percentage of children in poverty remains below the national rate with little change in its recent trend.***
- ***Of concern are the increasing rate of births to teens, juvenile violent crime arrests, low birth weight babies, and children in one-parent households.***

Making Sense of the Numbers

The information on each indicator is organized as follows:

- Definition — a description of the indicator and what it means
- Impact — the relationship of the indicator to child and family well-being
- Related information — information in the appendix or in FAMILIES COUNT relating to the indicators

Sources of Data

The data are presented primarily in three ways

- Annual data for 1996
- Three-year and five-year averages through 1996 to minimize fluctuations of single year data and provide more realistic pictures of children's outcomes.
- Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons.

The data has been gathered primarily from:

- The Center for Applied Demography and Survey Research, University of Delaware
- Delaware Health Statistics Center, Delaware Health and Social Services
- Department of Education, State of Delaware
- Delaware State Data Center, Delaware Economic Development Office
- Statistical Analysis Center, Executive Department, State of Delaware
- Delaware Health and Social Services, State of Delaware
- U.S. Bureau of the Census
- National Center for Health Statistics, U.S. Department of Health and Human Services
- Delaware Population Consortium
- Family and Workplace Connection
- Department of Services for Children, Youth and Their Families, State of Delaware

Interpreting the Data

The KIDS COUNT Fact Book 1998 uses the most current, reliable data available. Where data was inadequate or unavailable, NA was used. For some data, only the decennial census has information at the county level.

Most indicators are presented as three- or five- year averages because rates based on small numbers of events in this state which has a relatively modest population can vary dramatically from year to year. A three- or five- year average is less susceptible to distortion. It is helpful to look at trends rather than at actual numbers, rates, or percentages due to the small numbers.

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

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

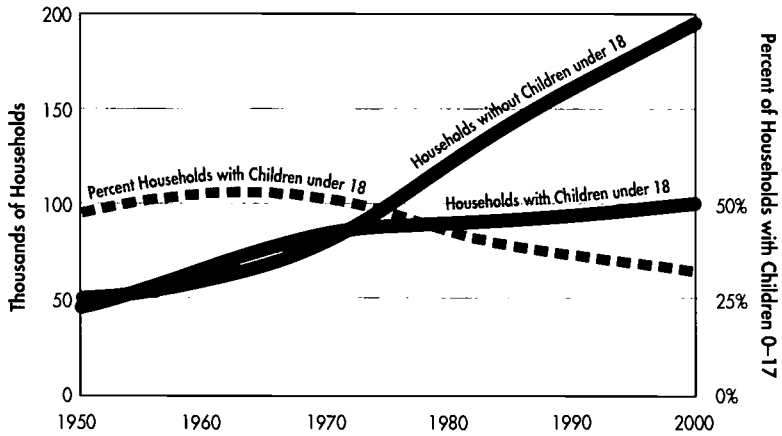
Notes: When necessary we have included technical or explanatory notes under the graphs or tables.

Counties and Cities: Where possible, data was delineated by counties and the city of Wilmington.

Pages are identified as KIDS COUNT (K) or FAMILIES COUNT (F).

As we quickly approach the year 2000, information from the 1990 U.S. Census becomes less reliable. However, it is helpful to provide this information to track trends.

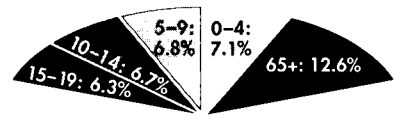
Number and Percent of Delaware Households with Children 0-17



Source: Center for Applied Demography and Survey Research

Population Estimate and Age Distribution

Delaware, 1996



20–64: 60.3%

Delaware Total	723,631
Total Children 0–19	195,181
Children 0–4	51,226
Children 5–9	49,294
Children 10–14	48,718
Children 15–19	45,943

Source: Population Estimates Program, Population Division, U.S. Census Bureau

One of the problems of providing accurate data is the lack of up-to-date information. For example, the source of child poverty facts in the United States is the U.S. Census Bureau. Census data are measured in two ways: once a decade (decennial) and by the Current Population Survey. Therefore, detailed information on child poverty can sometimes be unreliable due to age.

In a state with a small population such as Delaware, the standard sampling error is somewhat larger than in most states. For this reason, KIDS COUNT has portrayed the high school dropout rate in two ways: the sampling size which shows trends and the Department of Education's dropout numbers. There is a slight variation in those two graphs due to the size of the population.

Numbers, Rates, and Percentages

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

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

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

A Caution About Drawing Conclusions

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

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

In the future, we expect the data used to assess child well-being in Delaware will be more timely and will contain more complete information on the state's racial and ethnic communities than is currently available.

Overview

Delaware Compared to U.S. Average | Recent Trend in Delaware

Births to Teens

Number of births per 1,000 females ages 15–17

Five year average, 1992–96: Delaware 44.8, U.S. 36.6

Low Birth Weight Babies

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)

Five year average, 1992–96: Delaware 8.0, U.S. 7.2

Infant Mortality

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

Five year average, 1992–96: Delaware 7.9, U.S. 8.0

Child Deaths

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

Five year average, 1992–96: Delaware 23.3

Five year average, 1991–95: U.S. 29.1*

* U.S. data for 1992–96 was not available. 1991–95 data was used for comparison.

Teen Deaths by Accident, Homicide, and Suicide

Number of deaths per 100,000 teenagers 15–19 years old

Five year average, 1992–96: Delaware 47.5

Five year average, 1991–95: U.S. 68.0*

* U.S. data for 1992–96 was not available. 1991–95 data was used for comparison.

	Delaware Compared to U.S. Average	Recent Trend in Delaware

Juvenile Violent Crime Arrest Rate

Number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rope, robbery, and aggrovoted assault

1996: Delaware 8.4, 1995*: U.S. 4.8

* U.S. data for 1996 was nat available. 1995 data was used for camparison.

Teens Not Graduated and Not Enrolled

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

Three year average, 1995–97: Delaware 8.4, U.S. 9.9

Teens Not Attending School and Not Working

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

Three year average, 1995–97: Delaware 9.3, U.S. 9.0

Children in Poverty

Percentage of children in poverty. In 1996 the poverty threshold for a one-parent, two-child family was $12,641. For a family of four with two children, the threshold wos $15,911.

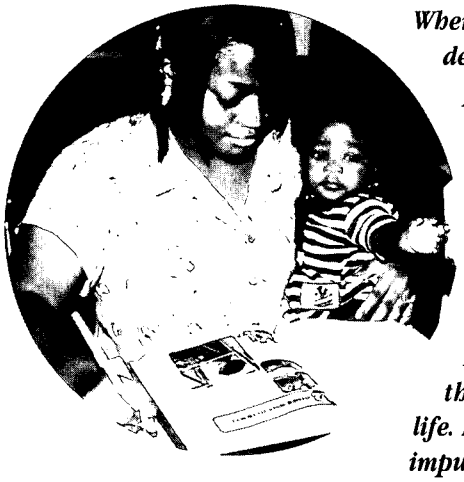
Three year average, 1995–97: Delaware 14.5, U.S. 21.6

Children in One-Parent Households

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

Three year average, 1995–97: Delaware 34.4, U.S. 30.5

Births to Teens 15–17



When an adolescent becomes a mother, the teen, her baby, and society all have to deal with the consequences. These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing [1]. Teen mothers tend to be disadvantaged at the time of their child's birth. With the new demands of parenting, they are at risk of falling even further behind their more advantaged counterparts who will not become pregnant as teens. Teen mothers are more likely than other mothers to need additional financial support and to obtain less education [2].

Babies born to teens generally have a greater risk of health problems than those born to older women. Problems tend to follow these children throughout life. In preschool, they display higher levels of aggression and lower levels of impulse control. By adolescence, these children tend to have higher rates of grade failure and more delinquency. They become sexually active at an early age and are likely to become parents as teens themselves [3].

1 Males, M. (1997). Women's health: adolescents. *Lancet, 349* (Supplement I), 13-16. Bacharach, C. A. and Carve, K. (1992). Outcomes of early childbearing: an appraisal of recent evidence. Summary of the National Institute of Child Health and Human Development conference, Betheseda, MD.

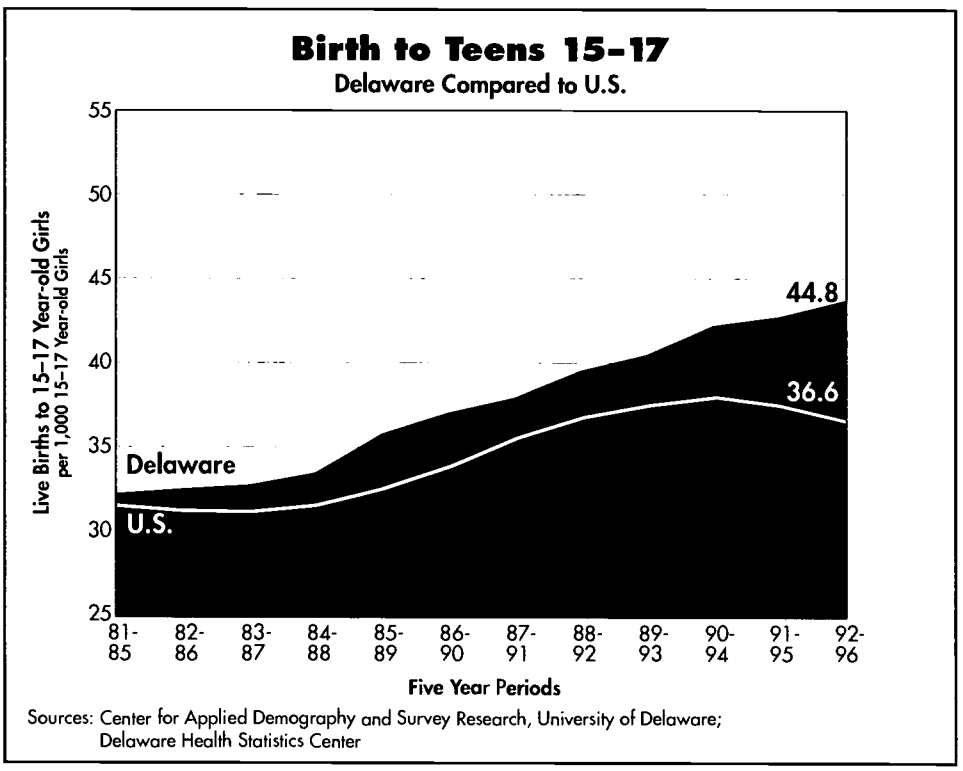
2 The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers.* New York and Washington.

3 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998.* Washington D. C.

Definition:

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

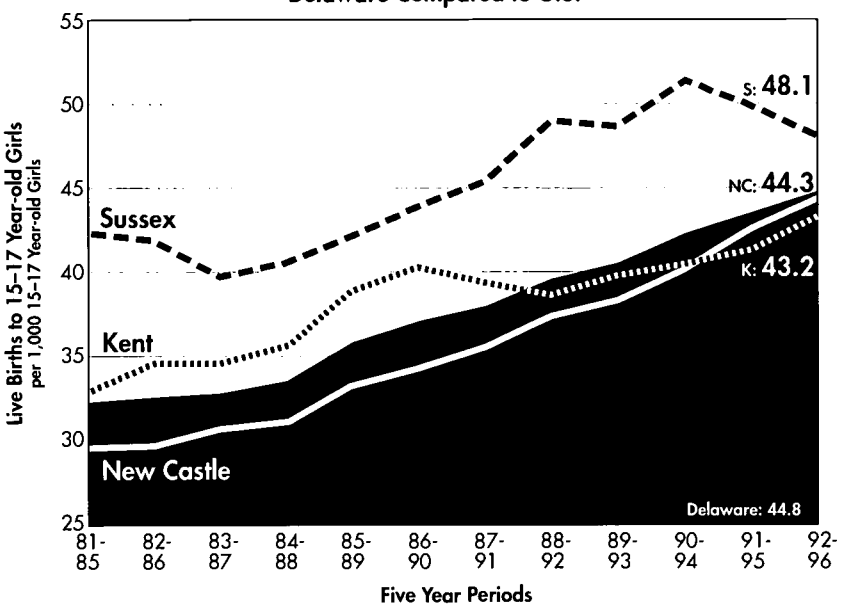
For more information see



Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

Birth to Teens 15-17

Delaware Compared to U.S.



Sources: Delaware Population Consortium; Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

Did you know:

- the sons of teen mothers are **13%** more likely to **end up in prison**
- the daughters of teen mothers are **22%** more likely to become **teen mothers** themselves
- nearly **80%** of unmarried teen mothers end up **on welfare**
- **only 1/3** of teenage mothers receive a high school **diploma**
- a sexually active teen who does not use contraception has a **90% chance of pregnancy** within one year
- **one of every three girls has had sex by age 16**, one out of two by age 18; three of four boys have had sex by age 18

Communication is key

Almost one fourth of parents (24%) say the biggest barrier to effective communication about sex is that parents are not comfortable talking to their children. Only 17% of teens feel that is the biggest barrier.

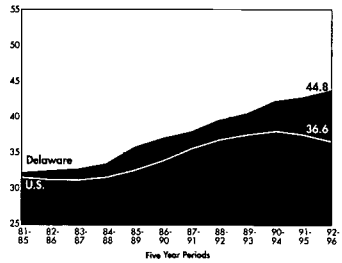
Nearly one in four (23%) teens said they want to hear more about sexually transmitted diseases, contraception, and pregnancy prevention from their parents.

Source: National Campaign to End Teenage Pregnancy, Available: HYPERLINK http://www.teenpregnancy.org

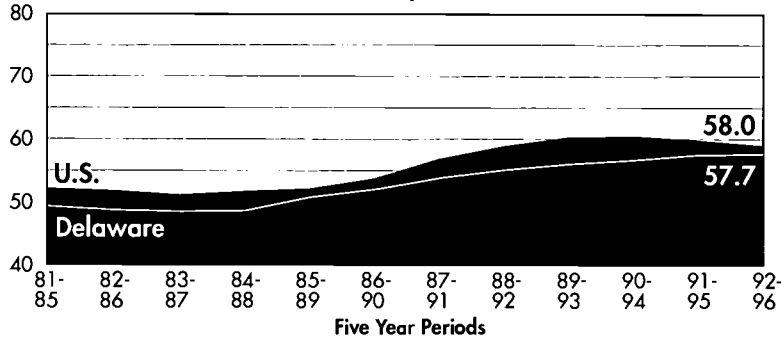
Births to Teens 15–19

While the birth rate for all Delaware teens 15–19 is slightly lower than the national rate, the birth rate for younger teens (ages 15–17) is considerably higher than the national average.

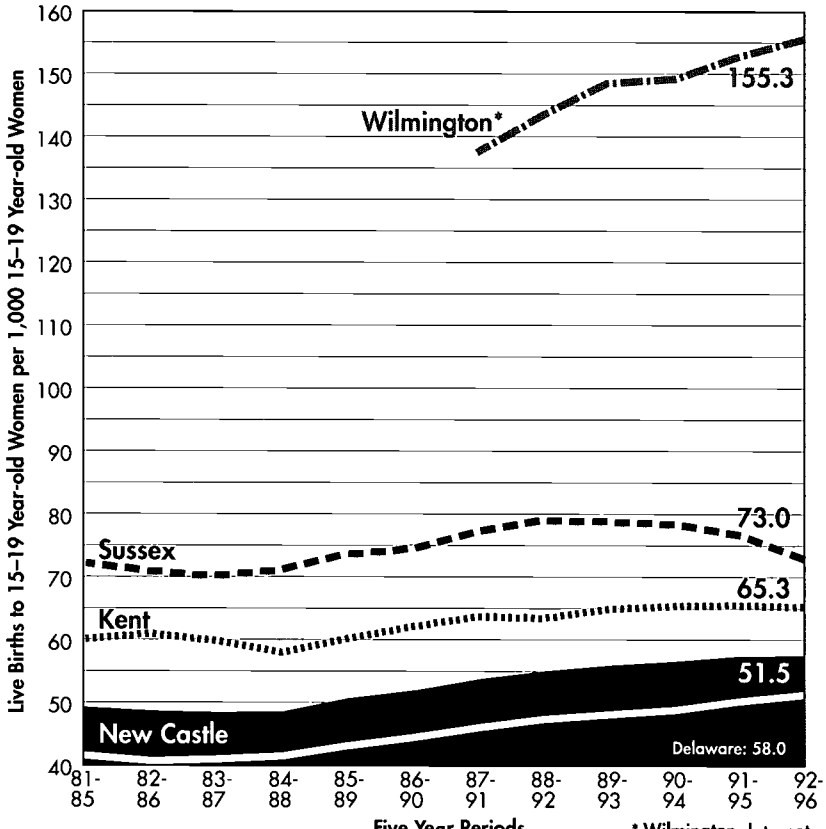
Births to Teens 15–17
as shown on page K-12



Births to Teens 15–19
Delaware Compared to U.S.



Births to Teens 15–19
Delaware, Counties and Wilmington



Source: Delaware Health Statistics Center

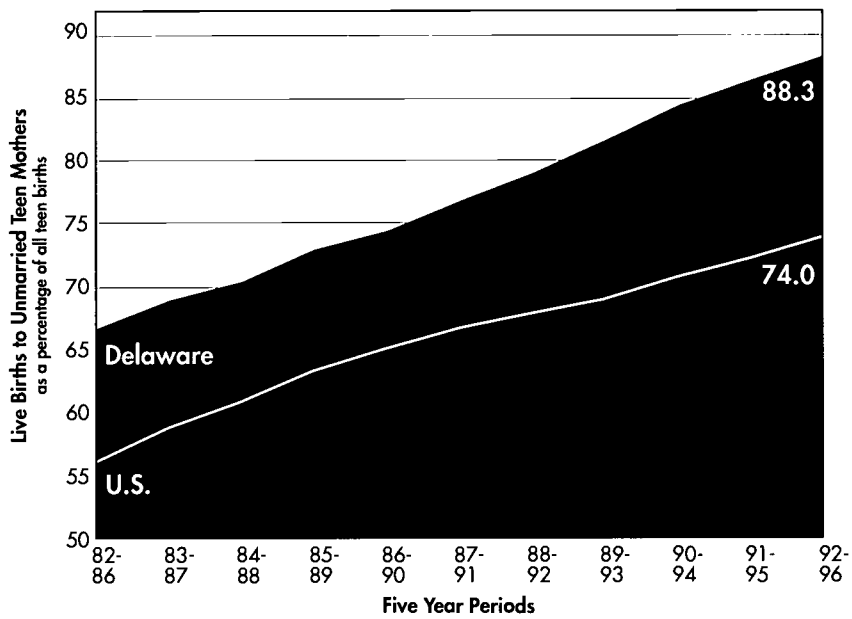
* Wilmington data not available before the 1987–1991 period

For more information see

Teen mothers in Kent and Sussex are more likely to be married at the time of the child's birth than their New Castle counterparts. However, the rate of births to unmarried teens throughout Delaware exceeds the national rate while the overall trend is a continued increase in the rate.

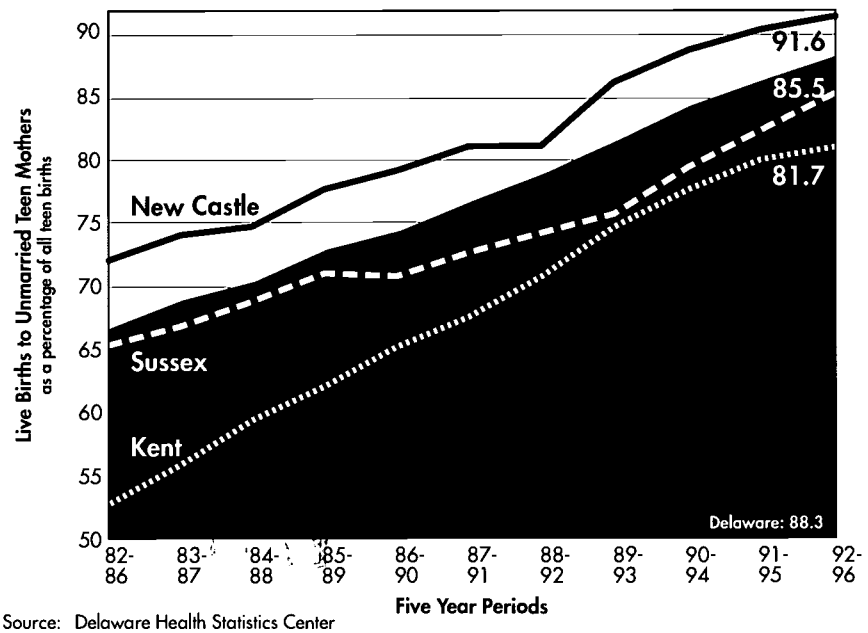
Births to Unmarried Teen Mothers

Delaware Compared to U.S.



Births to Unmarried Teen Mothers

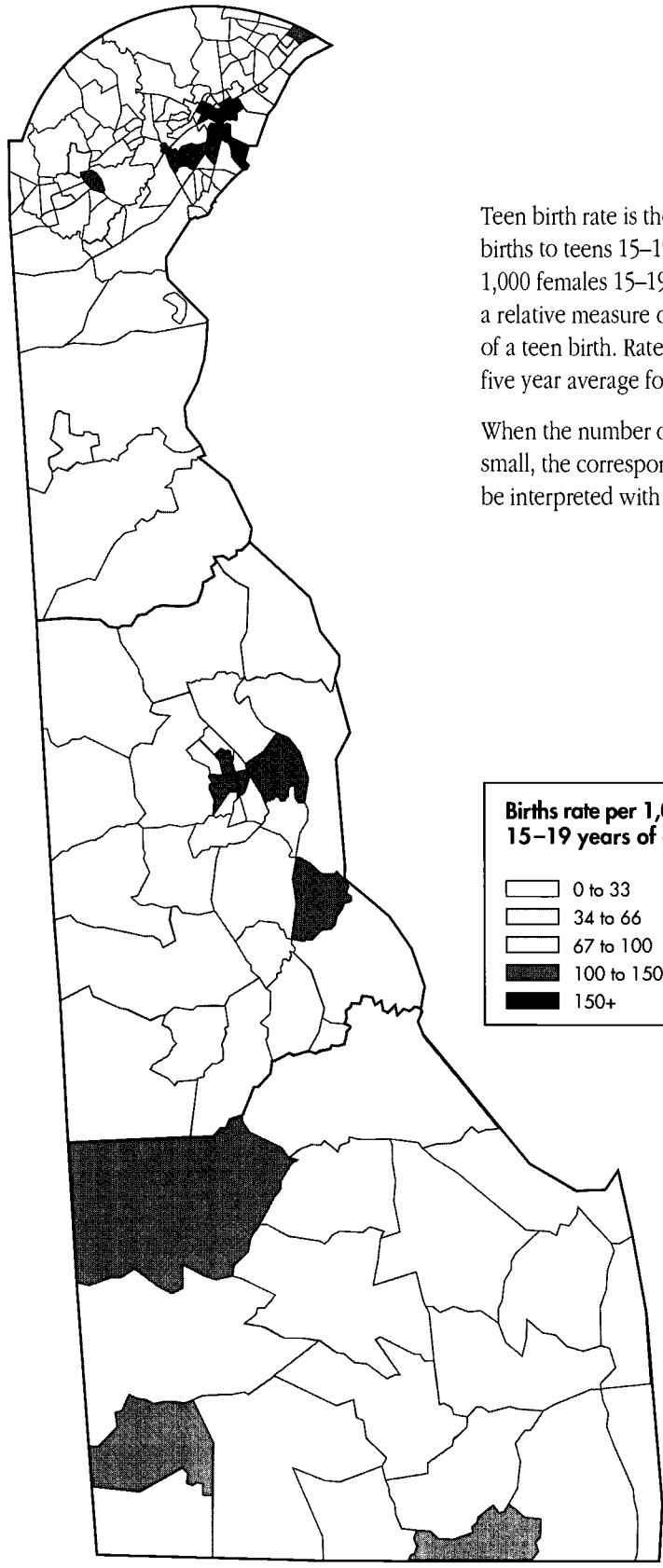
Delaware and Counties



Source: Delaware Health Statistics Center

Birth Rates for Girls 15–19

by Census Tract, Delaware 1991–1995



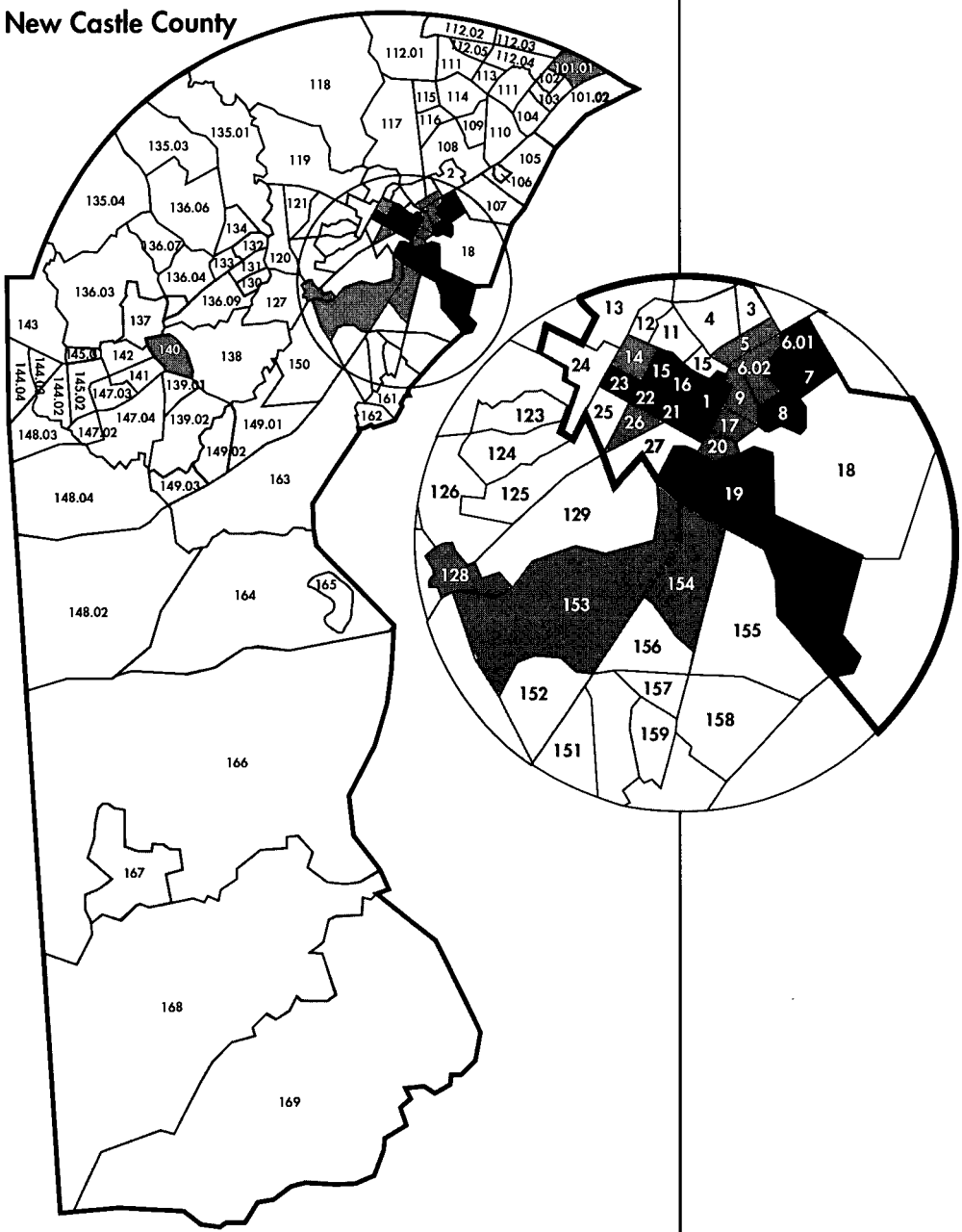
Teen birth rate is the number of births to teens 15–19 years of age per 1,000 females 15–19 in the tract. It is a relative measure of the likelihood of a teen birth. Rates are based on a five year average for 1991–1995.

When the number of teen births is small, the corresponding rate should be interpreted with caution.

Source: Delaware Health Statistics Center

Birth Rates for Girls 15–19

by Census Tract, New Castle County



Census Tract	Rate/ 1,000	Number of Births
1	316.7	19
2	61.5	69
3	88.3	61
4	88.2	32
5	145.5	118
6.01	163.5	114
6.02	147.7	101
7	264.3	115
8	280.0	8
9	141.5	83
10	80.0	4
11	27.3	3
12	59.3	8
13	2.2	1
14	133.3	35
15	158.8	56
16	215.0	92
17	124.8	80
19	213.2	88
20	112.0	14
21	134.0	72
22	173.8	151
23	169.1	133
24	92.1	59
25	59.5	26
26	118.5	49
27	37.0	10
101.01	107.7	67
101.02	74.7	28
102	15.2	6
103	85.7	50
104	23.5	17
105	50.0	21
106	25.8	4
107	69.4	55
108	4.6	3
109	2.7	1
110	6.1	3
111	11.1	4
112.01	11.6	5
112.02	8.1	6
112.03	24.5	17
112.04	7.1	4
112.05	8.6	3
112.06	1.1	1
113	6.1	2
114	1.6	1
115	9.3	4
116	4.3	2
117	0.0	0
118	3.4	2
119	14.1	6
120	45.3	25
121	32.5	13
122	57.1	41
123	73.8	24
124	59.2	30
125	43.1	28
126	23.0	10
127	34.4	16
128	117.2	17
129	80.2	69
130	28.6	9
131	44.8	15
132	55.4	19
133	11.9	4
134	13.5	7
135.01	3.7	4
135.03	4.5	7

Tract	Rate	Births
135.04	5.6	8
136.03	17.9	21
136.04	28.6	15
136.06	3.1	5
136.07	26.7	16
136.08	50.0	13
136.09	59.4	38
137	72.0	56
138	38.6	33
139.01	31.8	27
139.02	26.1	29
140	102.9	70
141	51.8	44
142	36.8	7
143	6.1	6
144.02	12.8	6
144.03	8.4	4

Tract	Rate	Births
144.04	14.9	7
145.01	50.0	6
145.02	43.5	5
147.02	32.7	8
147.03	71.5	54
147.04	29.4	44
148.02	25.8	46
148.03	32.1	10
148.04	40.7	61
149.01	52.5	124
149.02	69.0	62
149.03	84.9	106
150	75.9	32
151	26.1	18
152	87.0	71
153	106.7	8
154	137.6	67

Tract	Rate	Births
155	78.0	49
156	86.8	48
157	45.0	9
158	63.5	33
159	46.4	16
160	57.5	43
161	32.6	14
162	31.9	16
163	58.0	98
164	53.2	21
165	56.8	23
166	25.0	31
167	70.1	49
168	35.2	30
169	46.5	24

Births rate per 1,000 females 15–19 years of age

- 0 to 33
- 34 to 66
- 67 to 100
- 100 to 150
- 150+

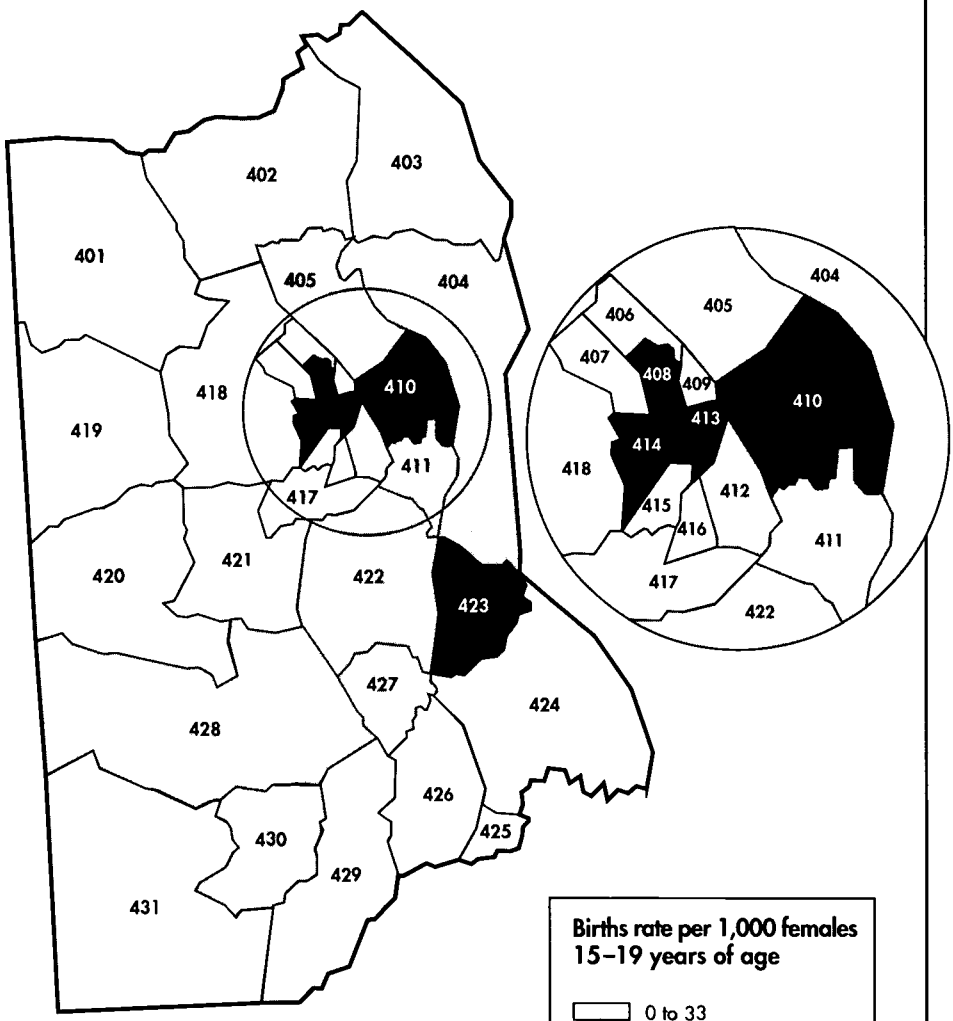
Teen birth rate is the number of births to teens 15–19 years of age per 1,000 females 15–19 in the tract.

Note: Any tract with 20 or less events should be interpreted with caution.

Source: Delaware Health Statistics Center

Birth Rates for Girls 15–19

by Census Tract, Kent County



Census Tract	Rate/ 1,000	Number of Births	Census Tract	Rate/ 1,000	Number of Births	Census Tract	Rate/ 1,000	Number of Births
401	53.7	47	412	67.2	46	423	137.5	12
402	67.1	110	413	109.6	43	424	56.4	11
403	22.2	1	414	114.3	54	425	43.2	28
404	90.3	15	415	41.6	33	426	29.1	8
405	78.0	67	416	36.6	16	427	97.7	21
406	82.4	7	417	63.9	80	428	73.7	77
407	31.4	31	418	45.2	64	429	58.9	33
408	103.8	56	419	65.9	62	430	87.7	57
409	41.5	12	420	59.2	38	431	48.9	22
410	104.3	74	421	59.3	36			
411	80.3	53	422	73.4	136			

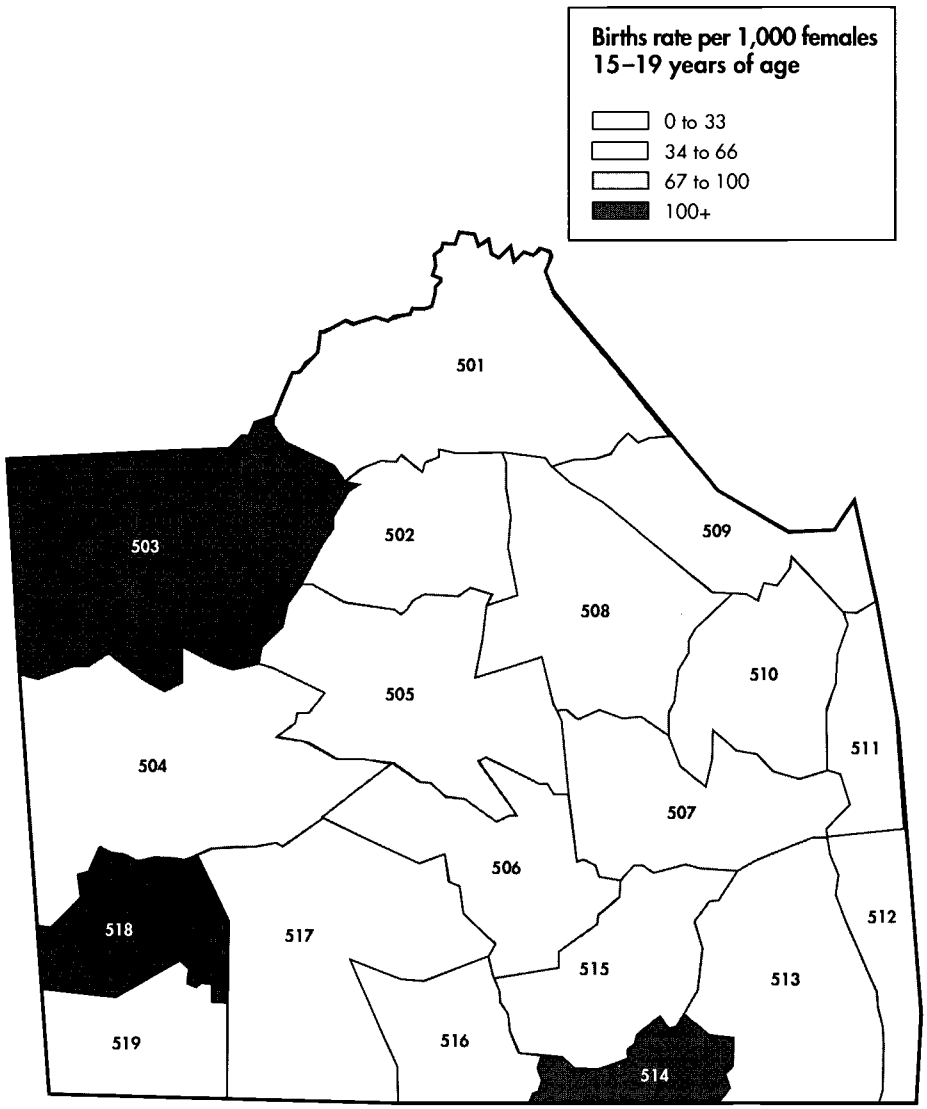
Teen birth rate is the number of births to teens 15–19 years of age per 1,000 females 15–19 in the tract.

Note: Any tract with 20 or less events should be interpreted with caution.

Source: Delaware Health Statistics Center

Birth Rates for Girls 15–19

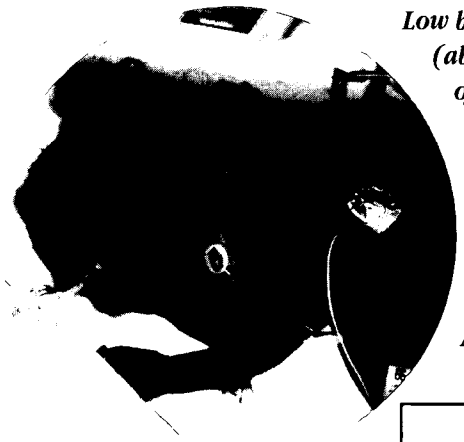
by Census Tract, Sussex County



Census Tract	Rate/ 1,000	Number of Births	Census Tract	Rate/ 1,000	Number of Births
401	53.7	47	511	38.1	8
501	70.4	148	512	44.4	4
502	76.9	44	513	71.3	60
503	103.9	139	514	129.0	61
504	72.6	267	515	94.6	75
505	94.1	142	516	45.5	10
506	77.4	86	517	59.3	56
507	70.5	63	518	107.4	127
508	51.0	70	519	61.7	41
509	54.1	36			
510	60.4	66			

Teen birth rate is the number of births to teens 15–19 years of age per 1,000 females 15–19 in the tract.
Note: Any tract with 20 or less events should be interpreted with caution.
Source: Delaware Health Statistics Center

Low Birth Weight Babies



Low birth weight is defined as an infant being born at or below 2,500 grams (about 5.5 pounds). While low birth weight births account for only 4 to 5 percent of births among those of high socioeconomic status, 10 to 15 percent of the births to those in a lower socioeconomic status are born at low birth weight [1]. Risk factors associated with low birth weight include poor prenatal habits, in particular alcohol or tobacco use during pregnancy. Maternal age and mother's level of education are also correlated with low birth weight [2]. There also seems to be racial variation in low birth weight birth rates due to an unexplained higher rate of pre-term delivery in the African American population [3].

Definitions

Infancy – the period from birth to one year

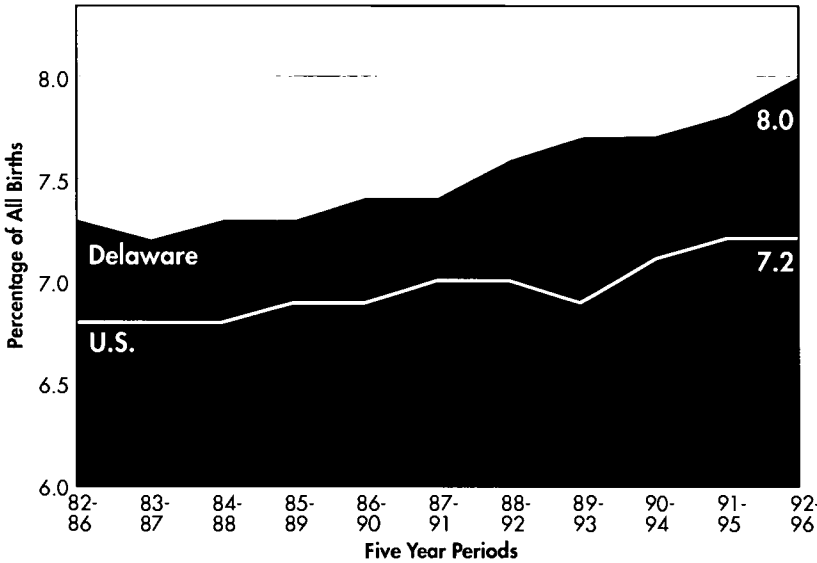
Neonatal – the period from birth to 27 days

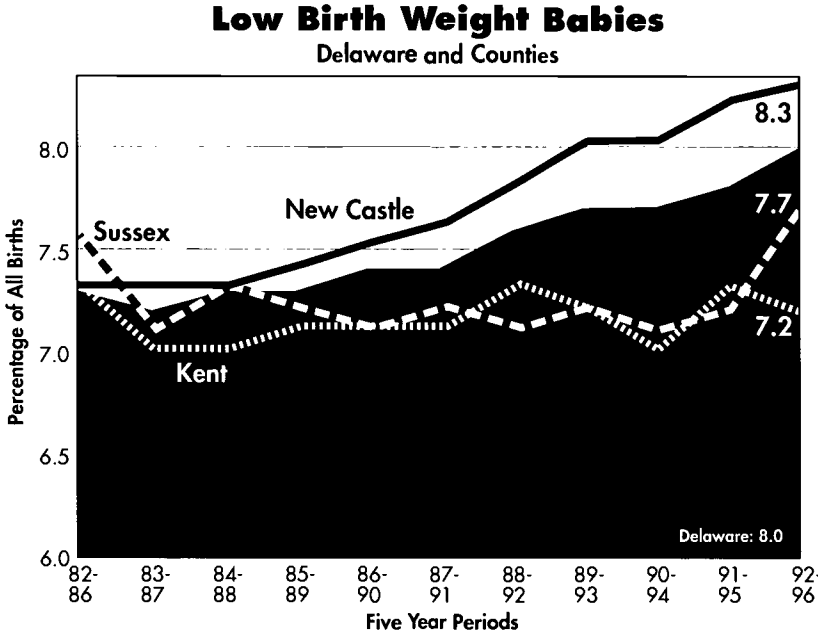
Low Birth Weight Babies – percentage of infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)

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

Adequate Prenatal Care – frequency and quality as measured by the Kessner Index: The Kessner Index defines adequate prenatal care as (a) the first prenatal visit occurring during the first trimester of pregnancy and (b) periodic visits throughout pregnancy totaling nine or more prenatal visits by the 36th week of gestation. Inadequate care is defined as (a) the first prenatal visit occurring during the third trimester of pregnancy or (b) four or fewer prenatal visits by the 34th weeks of gestation. When the time of the initial visit and the total number of prenatal visits falls between these parameters, the adequacy of prenatal care is rated intermediate.

Birth Cohort – all children born within specified period of time





Source: Delaware Health Statistics Center

Low birth rate is a reliable predictor of infant mortality. It is associated with prolonged hospitalizations and persistent health problems. Children born at a low birth weight are at risk for developmental delays and disabilities. Many also have major birth defects.

1 Childhood diseases and disorders: disorders present at birth: prematurely and low birth weight. *Britannia Online.* Available <http://www.eb.com:180/cgi-bin?DocF=macro/5001/23/6.html>.

2 Abel, M. H. (1997, December). Low birth weight and interactions between traditional risk factors. *Journal of Genetic Psychology, 158*(4), 443-456.

3 Paneth, N. (1995, Spring). The Problem of low birthweight. *The Future of Children: Low Birthweight, 5*(1).

For more information see

Infant Deaths
by Birth Weight of Infant p. K-23

Health problems
in low-income children p. K-35

Tables 9–17 p. K-62–67

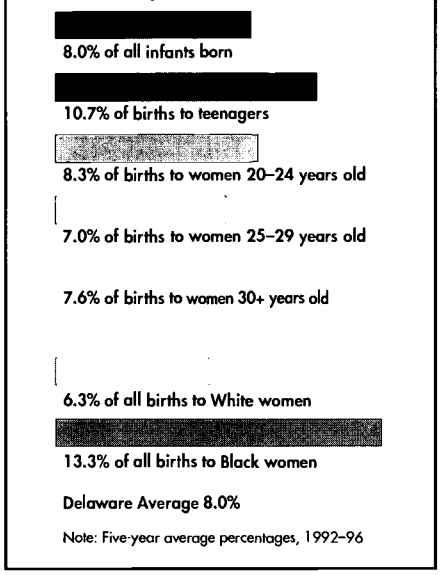
Tables 20–21 p. K-68–69

In the FAMILIES COUNT Section:

Prenatal Care p. F-10

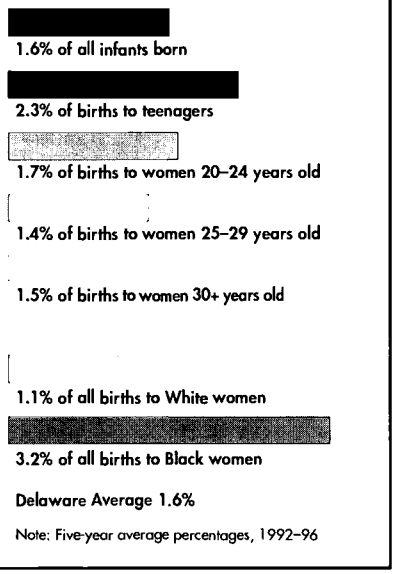
Low Birth Weight Babies p. F-12

Percentage of Babies with
Low Birth Weight
(weight less than 2500 grams)
by Age and Race of Mother



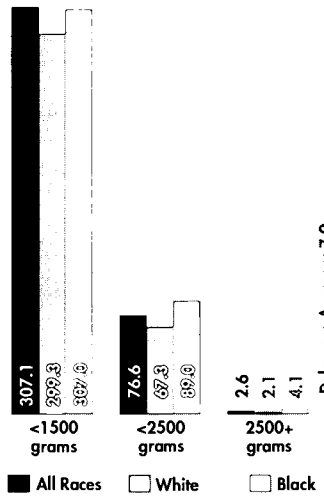
Note: Five-year average percentages, 1992–96

Percentage of Babies with
Very Low Birth Weight
(weight less than 1500 grams)
by Age and Race of Mother



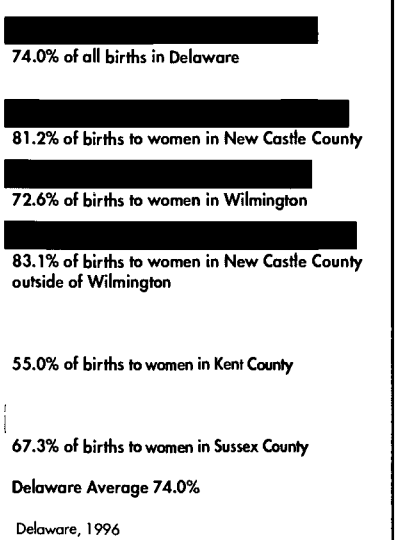
Note: Five-year average percentages, 1992–96

Infant Mortality
per 1,000 Live Births by Birth Weight
of Infant and Race of Mother



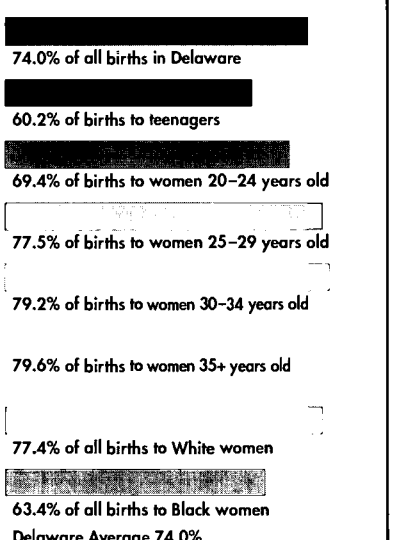
Note: Five-year average percentages, 1991–95
Live Birth Cohort

Percentage of Live Births to Mothers Who Had
Adequate Prenatal Care
by Delaware, Counties, and Wilmington



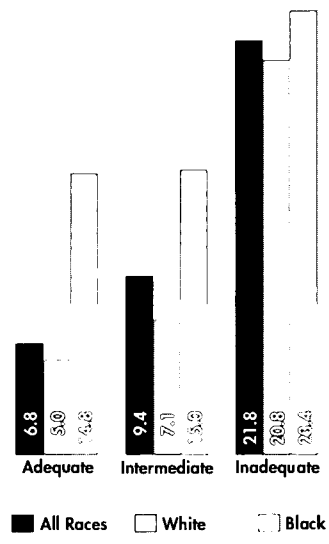
Delaware, 1996

Percentage of Live Births to Mothers Who Had
Adequate Prenatal Care
by Age and Race of Mother



Delaware, 1996

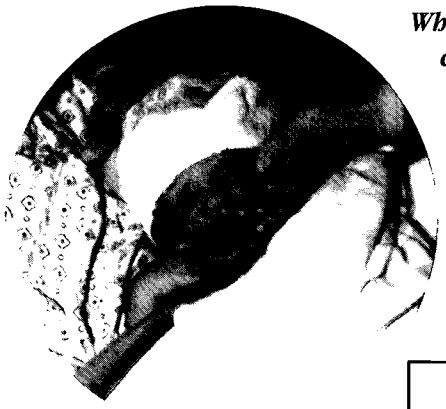
Infant Mortality
by Adequacy of Prenatal Care
and Race of Mother



Note: Five-year average percentages, 1991–95
Live Birth Cohort

Source for six charts above: Delaware Health Statistics Center

Infant Mortality



While the infant mortality rate in the United States (and in Delaware) has continued to decline, the U.S. ranks 21st among industrialized nations in infant mortality rates[1]. The infant mortality rate measures the death of infants before their first birthday. There are conditions that increase risk of infant mortality. These include maternal age (less than 19 or over 40), timing of pregnancies (leaving less than two years between births), poor maternal health or nutrition, race, and inadequate prenatal care[2]. Infant mortality rates tend to be related to social and economic conditions in a community. Less advantaged communities including those with poor

Definition:

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

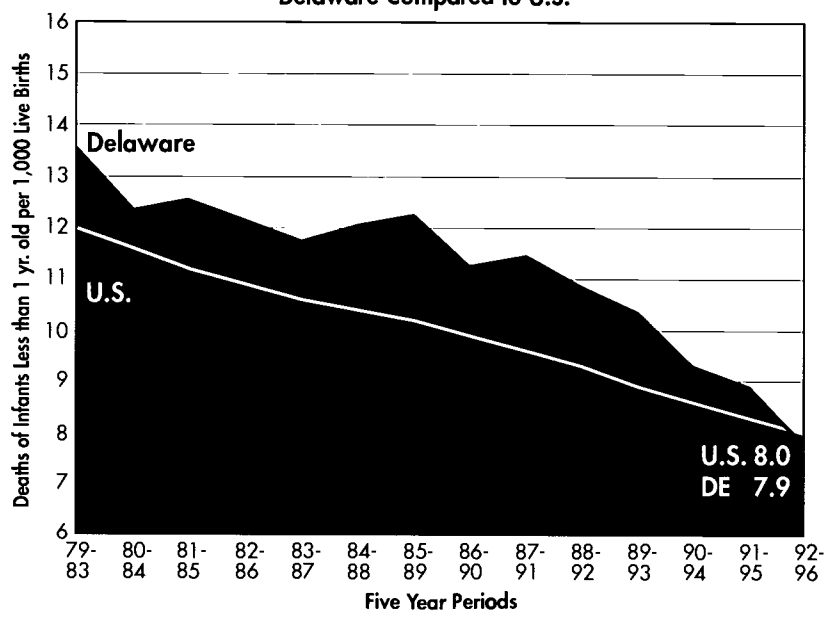
Birth Cohort – all children born within specified period of time. An infant death in the cohort means that a child born during that period died with the first year after birth.

Birth Interval– the time period between the current live birth and the previous live birth to the same mother.

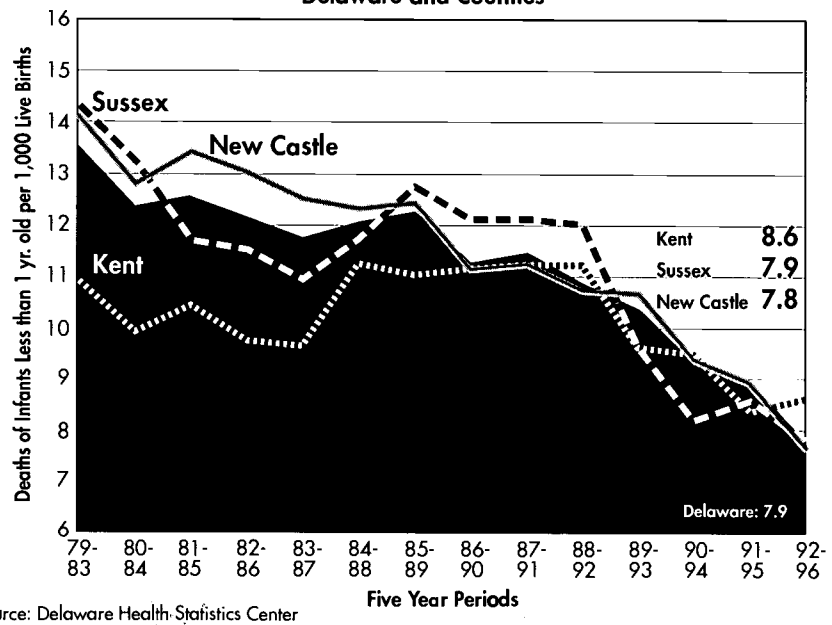
For more information see

Infant Mortality

Delaware Compared to U.S.



Delaware and Counties



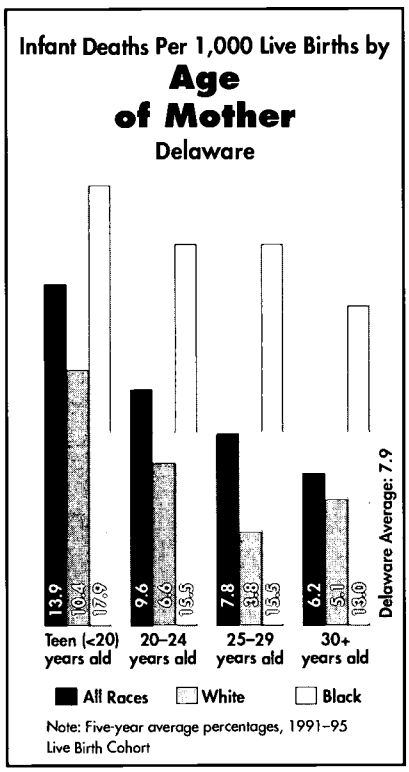
Source: Delaware Health Statistics Center

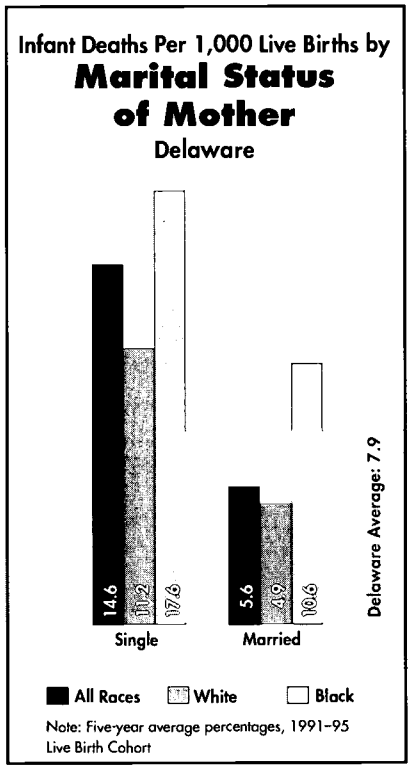
housing, persistent poverty, and high unemployment rates tend to have higher infant mortality rates than communities without such problems[3].

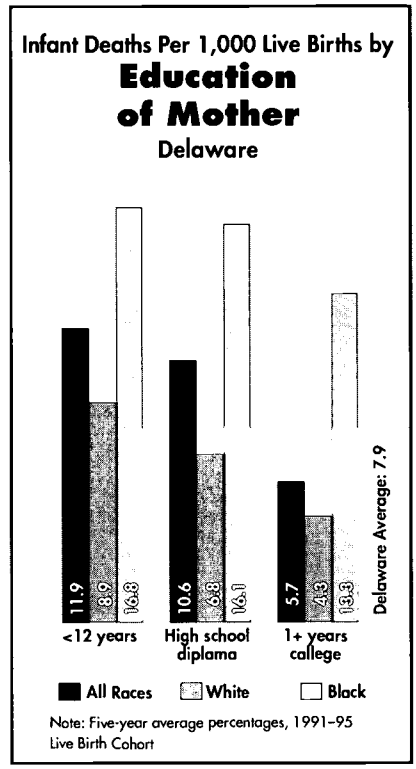
1 Infant mortality: the bad news... and the good. (1997, April). *Consultant, 37*(4), 1092.

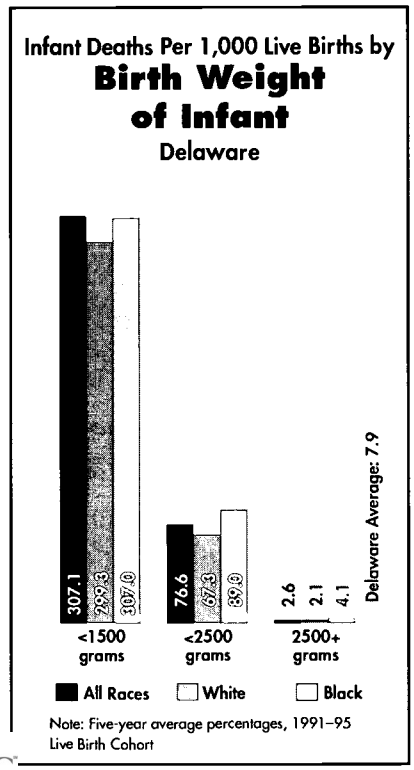
2 Infant mortality rate. (1996). *1996 KIDS COUNT Data Book on Louisiana's Children.*

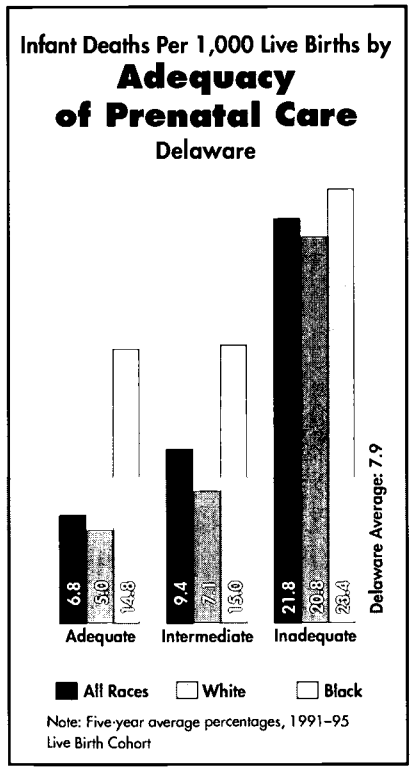
3 Infant mortality: significance. (1997). *1997 Rhode Island KIDS COUNT Factbook.*

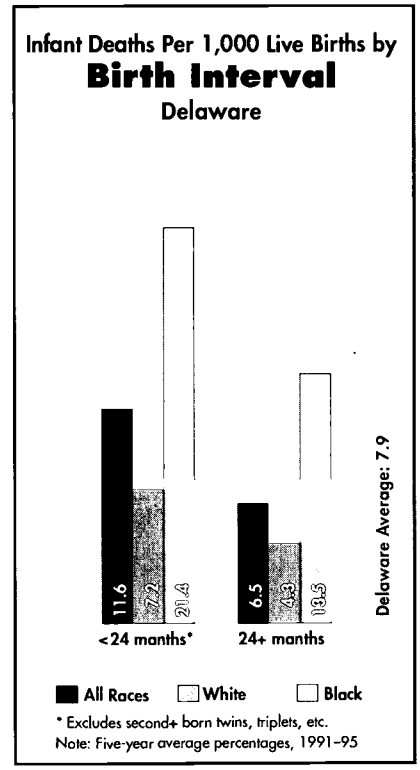






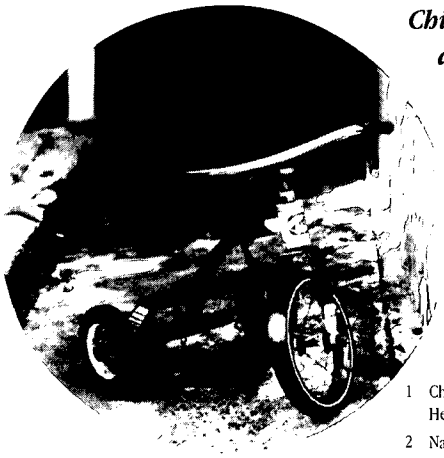






Source for six charts above: Delaware Health Statistics Center

Child Deaths Children 1–14 Years of Age



Child death rate is defined as the number of deaths per 100,000 children divided by age groups: 1 to 4 and 5 to 14. The Child Death Rate reflects risks that are fatal to children including poverty, lack of education, inadequate prenatal care, lack of health insurance, low birth weight, substandard living conditions, substance abuse, child maltreatment, and lack of adult supervision[1]. While it is estimated that 90% of unintentional injuries can be prevented, unintentional injuries remain the leading cause of death for children 1-4[2]. Injuries that do not result in death may leave children disabled, result in time lost from school, or decrease the child's ability to participate in activities[3].

1 Children's Safety Network. (1994). *Child and Adolescent Fatal Injury Data Book.* Maternal and Child Health Bureau, U.S. Department of Health and Human Services: Washington, D. C.

2 National Safe Kids Campaign. (1996). *Childhood Injury Fact Sheet.* Washington, D. C.

3 Lewit, E. M. and Baker, L. S. (1995, Spring). Unintentional injuries. *The Future of Children, 5*(1).

Definition:

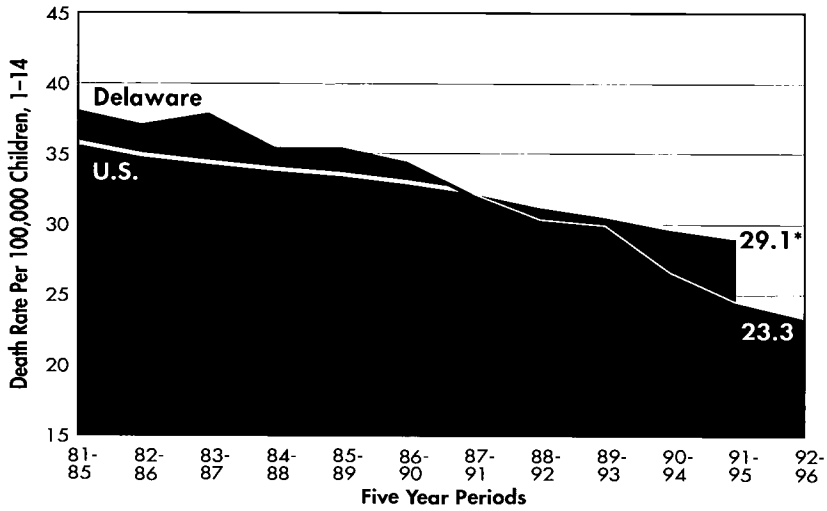
Child Death Rate – number of deaths per 100,000 children 1–14 years old

Unintentional Injuries – accidents, including motor vehicle crashes

For more information see

Child Deaths

Delaware Compared to U.S.



*** U.S. data for 1992–1996 was not available**

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

Number of Children 0–14 Who Died in 1996

in Delaware by County and Age

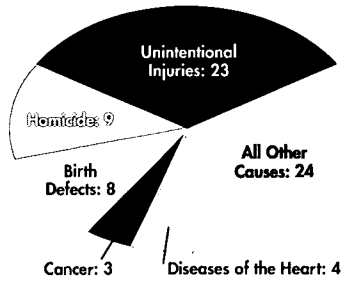
	Under 1	1–4	5–9	10–14
Delaware	77	10	8	9
New Castle Co.	48	2	6	3
Wilmington*	19	0	4	0
Kent Co.	17	2	1	1
Sussex Co.	12	6	1	5

* Wilmington data included in New Castle County total

Source: Delaware Health Statistics Center

Causes of Death of Children 1-4

Delaware, 1992–1996

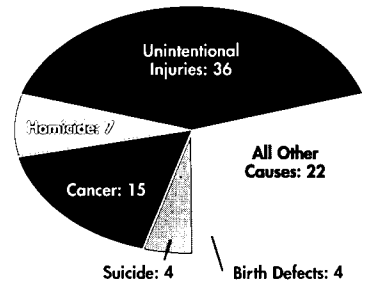


Total Number of Deaths in five-year period: 71 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5-14

Delaware, 1992–1996



Total Number of Deaths in five-year period: 88 Children

Source: Delaware Health Statistics Center

Did you know:

- The primary cause of death for children of all ages in the United States is **unintentional injury**—which is often preventable[1].
- **Motor vehicle crashes** are the single largest cause of injury death for American children between ages 1 and 9. Following motor vehicle crashes, **fires** and related burns and **drowning** are the leading causes of unintentional injury deaths among American children. The death rates from fire and drowning among children ages 1–4 are approximately three times the rate among children ages 5–9.
- The rate of child deaths from **homicide** nearly tripled between 1960 and 1991. Homicide is now the fourth leading cause of death among children ages 1–9[2].
- According to a 1990 estimate, approximately 3,600 children die each year. 20,000 become permanently disabled, 350,000 are hospitalized, and 15 million visit the emergency room because of **unintentional injuries**[3].

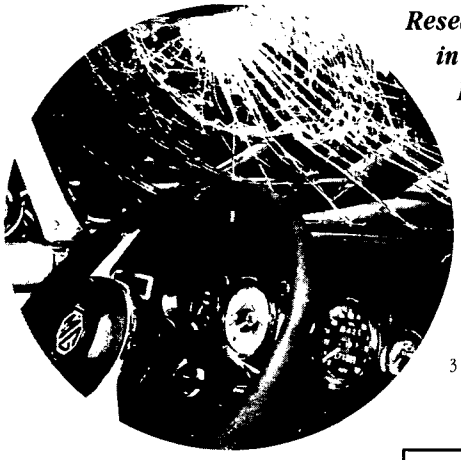
Sources:

1 Child Health USA '93. U.S. Department of Health and Human Service, Maternal and Child Health Bureau, 1993

2 Ibid.

3 The David and Lucile Packard Foundation. (1995, Spring). The Future of Children, Center for the Future of Children, 5 (1).

Teen Deaths by Accident, Homicide, and Suicide



Research shows that poverty, the increased availability of handguns, and the rise in gang activity are all risk factors associated with teen violent death[1]. Homicide and violence generally indicate delinquency, hostility, and anger and can be an indicator of community safety. Suicide is an indicator of stress, mental health, community support, and family support[2]. Compared with younger children, teens have a much higher rate of death from motor vehicle crashes and firearm related injuries[3].

1 Children's Safety Network. (1994). *Firearm facts: information on gun violence and its prevention.* Maternal and Child Health Bureau, U.S. Department of Health and Human Services: Washington, D. C.

2 Pennsylvania KIDS COUNT Partnership. (1995). *The State of the Child in Pennsylvania.*

3 Fingerhut, L. A., Annest, J. L., Baker, S. P., Kochanek, K. D., and McLaughlin, E. (1996). Injury mortality among children and teenagers in the United States, 1993. *Injury Prevention.*

Definition:

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

Unintentional Injuries – accidents, including motor vehicle crashes

For more information see

Teen Deaths by Accident, Homicide, and Suicide

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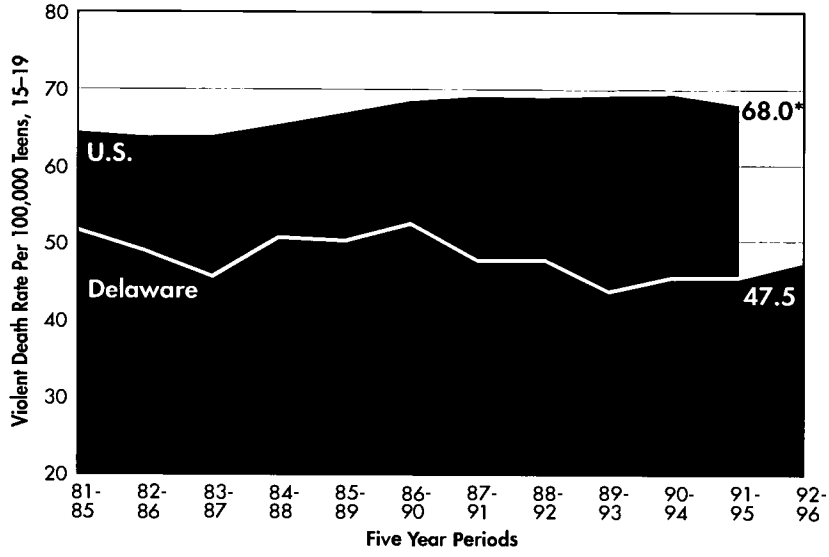


*** U.S. data for 1992–1996 was not available**

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

Deaths by Accident, Homicide, and Suicide of Youth 15–19 in 1996

in Delowore by Couse

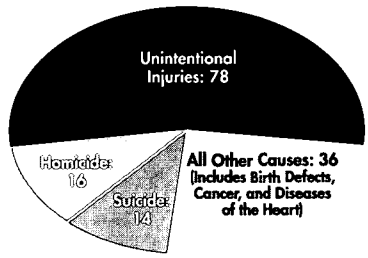
Homicide	4 males and 1 female
Suicide	3 males and 0 females
Motor Vehicle Croshes	7 males and 3 females
Other Unintentionol Injuries	1 male and 1 female

Total Number of Deaths: 20 Teens

Source: Delaware Health Statistics Center

Causes of Death of Teens 15–19

Delaware, 1992–1996



Total Number of Deaths: 132 Teens

Source: Delaware Health Statistics Center

Did you know:

In 1996, 10 of the 12 deaths for youths ages 15–19 due to unintentional injuries were from **motor vehicle crashes**. Delaware has recently passed legislation aimed at preventing additional deaths. Delaware's new driving restrictions for teens to receive licenses follow.

After passing driver's education, passing the written test, and practicing with a learner's permit, teens can apply for Level 1 permit.

Level 1 A Level 1 permit requires 6 months of supervised driving.

This driving is permitted only between the hours of 5:00 A.M. and 10:00 P.M.

The person supervising must be a parent or legal guardian.

No other passengers are allowed in the car.

After 6 months, the time restriction is lifted. However, supervision is still required.

Level 2 After 12 months of Level 1 experience with no violations, a driver may apply for a Level 2 permit.

Now, the driver may drive unsupervised to and from work between the hours of 5:00 AM and 10:00 PM.

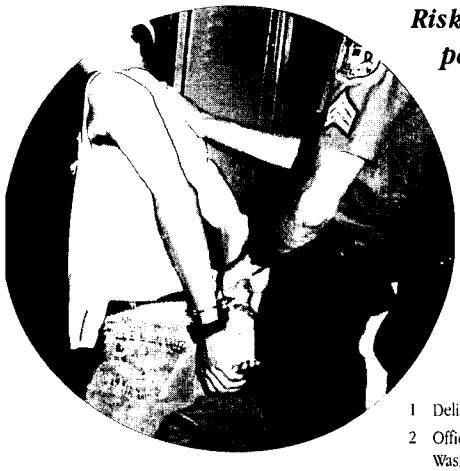
The driver may drive under supervision at any time and can carry passengers while under supervision.

Level 3 After 6 months of Level 2 with no violations, a driver can apply for Level 3.

Level 3 allows drivers unsupervised driving at any time.

License A driver may apply for a license at age 18 with 3 months of driving at Level 3 violation free.

Juvenile Violent Crime Arrests



Risk factors for juvenile violent crime and delinquency include poor school performance and limited job opportunities [1]. Poverty, family violence, and inadequate supervision are also factors that increase risk [2]. The general public adds media's influence to this list citing: too much sex and violence in the movies, too much sex and violence on TV, too much emphasis on sex in advertising, and rock music lyrics that glorify sex and violence [3].

Youth ages 12–19 are much more likely to be involved in crime as victims than any other age group. Teens are the victims of three in ten violent crimes and one in four thefts. They are also the least likely group to report the crimes [3].

1 Delinquency. *Britannia Online.* Available <http://www.eb.com:180/cgi-bin/g?DocF=micro/164/30.html>.

2 Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. (1995). *Juvenile Offenders and Victims, A National Report.* Washington, D. C.

3 Indiana Youth Institute, KIDS COUNT in Indiana. (1994). *Kids, Crime, ad Court: The Juvenile Justice System in Indiana.*

Definition:

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

For more informotion see

Teen Births, Did You Know	p. K-13
Teen Deaths	p. K-26
Tables 25–37	p. K-72–77
In the FAMILIES COUNT Section:	
Teen Deaths	p. F-23
Juvenile Delinquents in Out-of-Home Care	p. F-44
Juvenile Violent Crime	p. F-49
Adult Violent Crime	p. F-50
Adults on Probation or Parole	p. F-51

Juvenile Violent Crime Arrests

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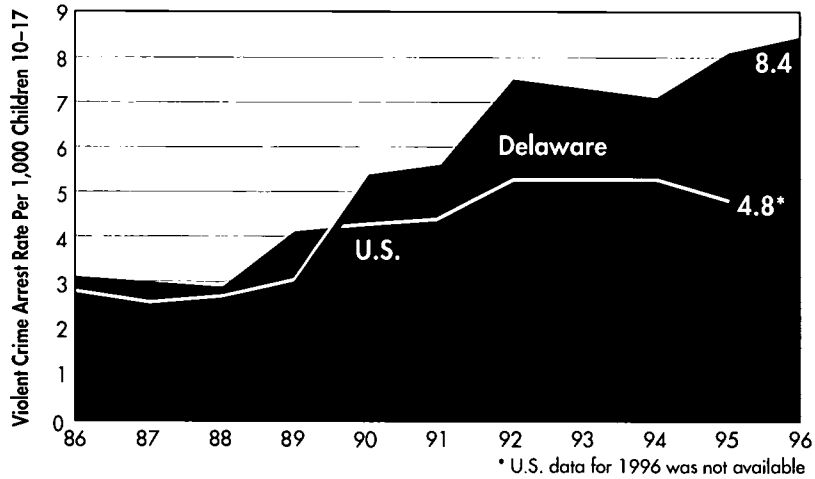
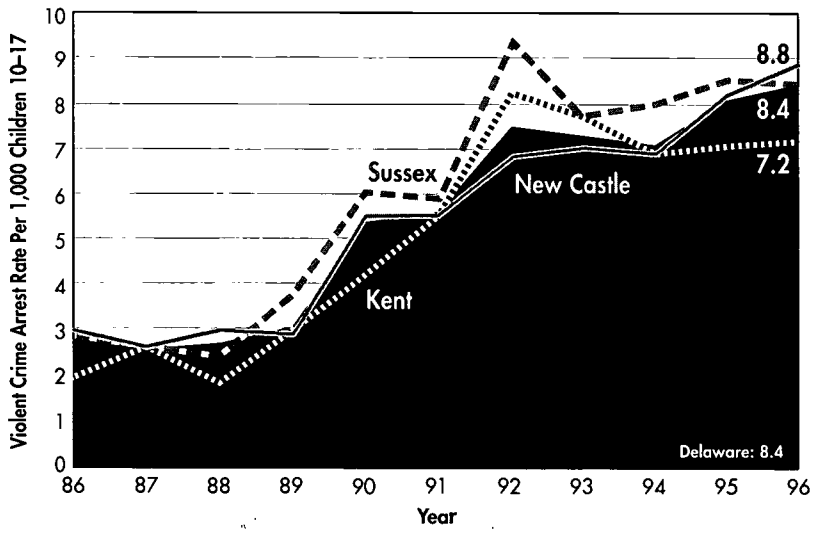


* U.S. data for 1996 was not available

Deloware ond Counties



Source: Statistical Analysis Center

Juvenile Victims and Their Perpetrators

Older rather than younger children are more likely to be victims of crime. At the low end of involvement, 5.7% of the incidents involve newborns to two year olds; at the high end of involvement, 41.3% of the incidents involve 15 to 17 year olds. Although very young children are less likely to be victims of crime, the raw numbers are still eye-opening when it is realized that for the crimes studied in one year there were 198 crime victims in Delaware between newborn and two years old, and 450 total crime victims 5 years old and less.

Gender involvement varies significantly by type of crime. Males are more likely to victimize children in crimes of sexual assault and robbery, while women are more likely to victimize children in crimes related to the welfare of the child, harassment and misdemeanor assault.

Source: Statistical Analysis Center, Attorney General's Task Force on Child Victims. (1997, October). *Juvenile Victims and Their Perpetrators.*

Victims and Perpetrators

Percent of Victims and Percent of Perpetrators by Crime Type and Gender

	Victims		Perpetrators	
	Male	Female	Male	Female
Homicide	84.6	15.4	84.6	15.4
Robbery	82.7	17.3	94.9	5.1
Theft	76.6	23.4	88.0	12.0
Felony Assault	71.3	28.7	80.7	19.3
Misdemeanor Assault	53.8	46.2	75.0	25.0
Welfare	52.8	47.2	49.0	51.0
Kidnapping	33.3	66.7	83.3	16.7
Harassment	27.0	73.0	63.5	36.5
Felony Sexual Assault	15.3	84.7	97.4	2.6
Misdemeanor Sexual Assault	13.6	86.4	94.4	5.6

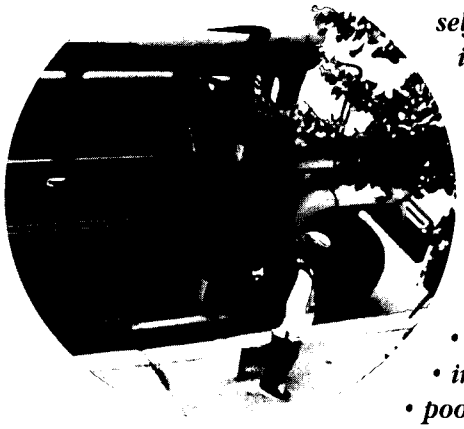
Source: Statistical Analysis Center, Attorney General's Task Force on Child Victims. (1997, October). *Juvenile V ictims and Their Perpetrators.*

Student Violence and Possession

Delaware Code, Title 14 §4112, signed in July 1993, required that evidence of certain incidents of student conduct occurring in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. The State Board of Education expanded the reporting requirements of Title 14 to include evidence of other incidents involving school children such as reckless endangering, unlawful sexual conduct, or robbery.

In 28% (524) of the incidents, police charges were filed. In 235 of the incidents, possession and or concealment of dangerous instruments were involved. Possession of unlawful controlled substances accounted for an additional 273 incidents.

High School Dropouts



Children who receive a quality education are more likely to grow into capable, self-sufficient adults who are contributing members of society. Education in this ever-changing world is critical to a young person's success in the work force [1]. College graduates today earn twice the wages of high school graduates and nearly triple the wages of a high school dropout. Those youth who do dropout have not gained skills and knowledge essential for future success [2]. They are likely to live in poverty as the jobs they are likely to hold have incomes which go down over time in comparison to inflation [3].

Early warning signs for a student likely to drop out include:

- ***missing or cutting class frequently***
- ***excessive lateness to class***
- ***inability to read at grade level***
- ***poor grades***
- ***being put on in-school suspension, suspension, or probation***
- ***arrests***
- ***substance abuse problems***
- ***teen pregnancies or***
- ***spending time in juvenile homes or shelters [4].***

1 High school graduation rate: significance. (1997). *1997 Rhode Island KIDS COUNT.*

2 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998.* Washington D. C.

3 Remarks by President Clinton to the Delaware State Legislature. (1998, May). Dover, DE: Senate Chambers.

4 Schwartz, W. School dropouts: new information about an old problem. *ERIC Clearinghouse on Urban Education Teacher's College,* Columbia University. Available <http://www.handsnet.org>.

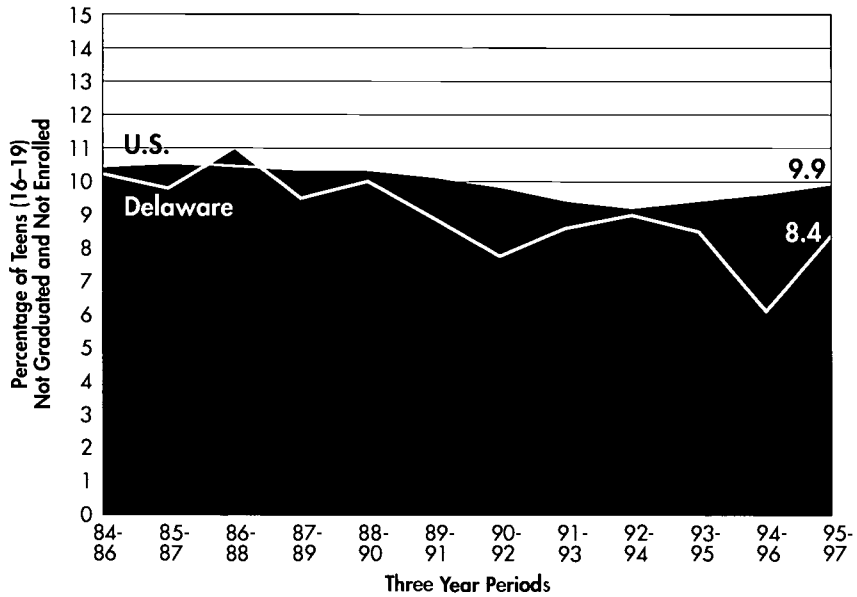
Definition:

Teens Not Groduoted ond Not Enrolled – percentage of youths 16–19 who are not in school and not high school graduates

For more information see

Teens Not Graduated and Not Enrolled

Teens 16–19 Years Old
Delaware Compared to U.S.



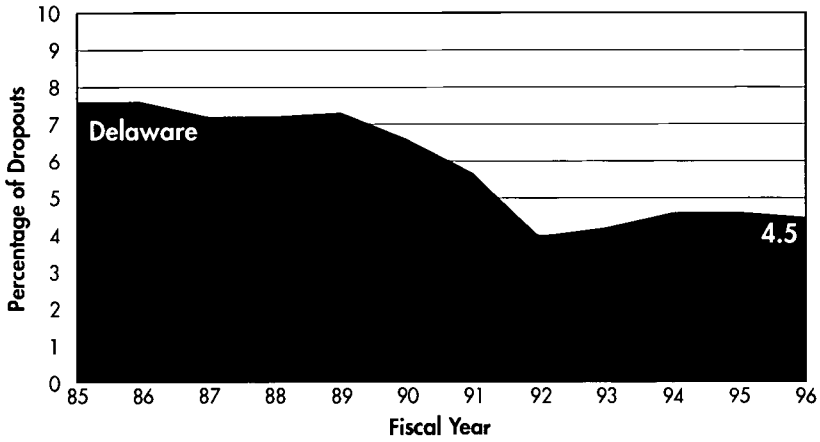
Note: Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout.

This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

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

Public High School Dropouts

Grades 9–12, Delaware

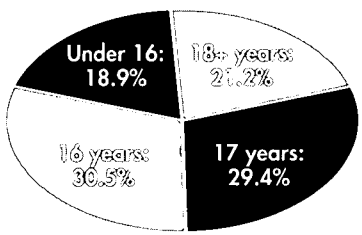


This data, provided by the Delaware Department of Education, reports information from the state's secondary schools. Delaware is one of the states that currently has the capability to maintain a complete dropout database at the state level which contains individual student records, rather than aggregate counts.

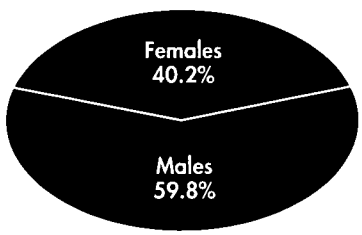
Source: Delaware Department of Education

Percentage of Dropouts

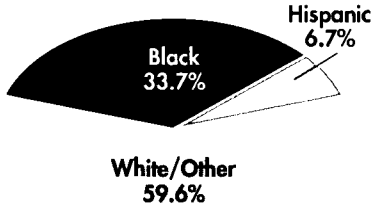
by Age, Gender, and Racial/Ethnic Group



% of all dropouts by age



% of all dropouts by gender

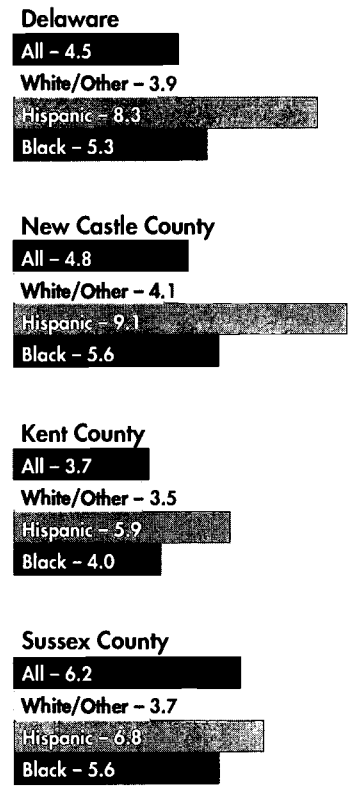


% of all dropouts by racial/ethnic group

School Year 1995–1996
Source: Delaware Department of Education

Dropout Rates

by Racial/Ethnic Group



Delaware Average

School Year 1995–1996
Source: Delaware Department of Education

Teens Not in School and Not Working

The indicator "teens not in school and not working" is defined as youth ages 16–19 who are not enrolled in school and are unemployed. This indicator includes recent high school graduates who are unemployed and teens who have dropped out of high school who are jobless. Teens who are not in school or working for extended periods of time become disconnected from society because they are not involved in any of the key activities that are critical to development [1]. They are at increased risk for juvenile delinquency, substance abuse, crime victimization, teenage pregnancy, and poverty. Few skills and little education present significant barriers in finding and keeping a job later in life [2].

1 Brown, B. V. (1996, March). Who are America's disconnected youth? *American Enterprise Institute.*

2 Idaho KIDS COUNT. (1996). *Idaho KIDS COUNT Data Book: 1996,* 31-32.

Definition:

Teens Not in School and Not Working – percentage of teenagers 16–19 who are not in school and not employed

For more information see

High School Dropouts p. K-30

Tables 38–45 p. K-78–81

In the FAMILIES COUNT Section:

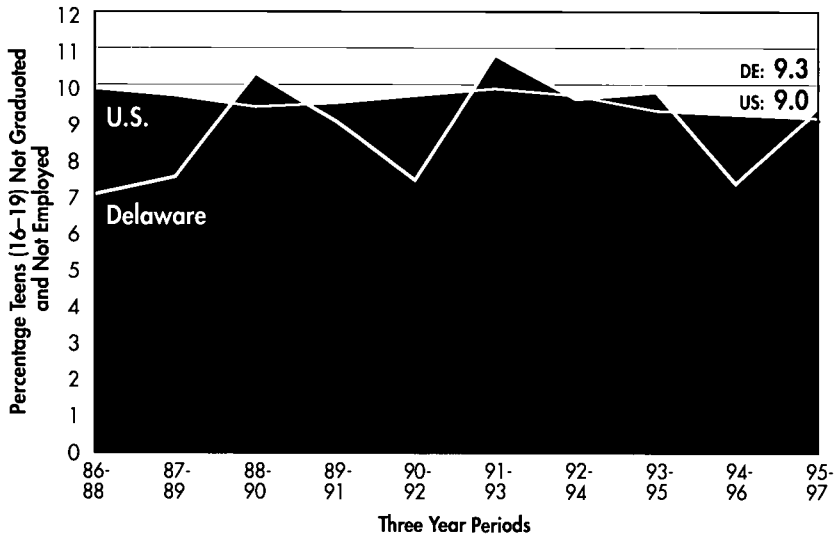
Teens Not in School and Not Working p. F-28

High School Dropouts p. F-29

Unemployment p. K-46

Teen Not in School and Not Working

Delaware Compared to U.S.



Note: Variations in the Delaware graph are due to sampling size of the data collection. Data are collected through a sample size too small for county breakout.

This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

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

Suspensions and Expulsions

The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. During the 1995-96 school year, a total of 23,777 out-of-school suspensions were reported by Delaware's 19 school districts. Three percent of these suspensions occurred in grades K-3. About 45% of the suspensions were students from grades 4–8 and the remaining 52% of suspensions happened in the high school level, grades 9–12. Suspensions were the result of various infractions, including fighting (16%) and defiance of authority (12%). Approximately 307 students were absent each day due to suspensions totaling about 55,300 days missed. The number of students involved in the incidents which resulted in suspension was 11,650, of which 68% were male.

It is important to understand that the duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of discipline alternatives.

Suspensions in Delaware Schools, 1995/96

County	Number of Suspensions	Number of Students Who Were Suspended	Enrollment	Percentage of Enrollment Who Were Suspended
Delaware	23,777	11,650	107,791	11%
New Castle	15,934	7,701	63,093	12%
Kent	3,525	1,976	24,343	8%
Sussex	4,318	1,973	20,355	10%

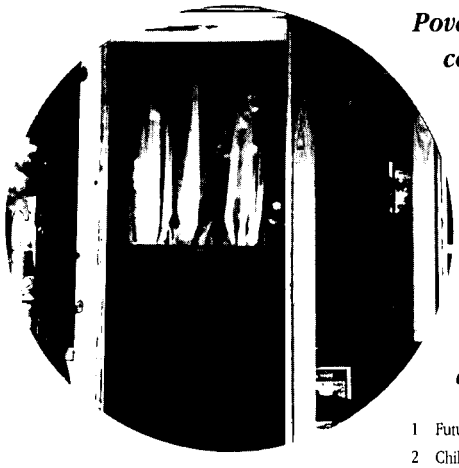
Source: Delaware Department of Education

Expulsions in Delaware Schools, 1995/96

County	Number of Expulsions	Enrollment	Percentage of Enrollment Who Were Expelled
Delaware	120	106,813	0.1%
New Castle	78	62,414	0.1%
Kent	16	24,257	>0.1%
Sussex	26	20,142	0.1%

Source: Delaware Department of Education

Children in Poverty



Poverty is related to all of the KIDS COUNT indicators. It is defined as the condition of not having enough income to meet basic needs for food, clothing, and shelter[1]. The 1996 poverty threshold for a family of four was $15,911 per year. Poverty affects children through inadequate nutrition, fewer learning experiences, residential instability, poor quality of schools, exposure to environmental toxins and family violence, dangerous streets, and reduced access to a support network[1]. The price of poverty is passed on to society by the effect on its schools, hospitals, and criminal justice system[2]. Poverty affects many; one third of U.S. children will be poor for at least one year of their childhood. For some, the impoverishment will stretch across childhood and reach into their adult years[3].

1 Future of children: the effects of poverty on children. (1997, Summer-Fall). *The Center of the Future of Children,* 7(2).

2 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998.* Washington D. C.

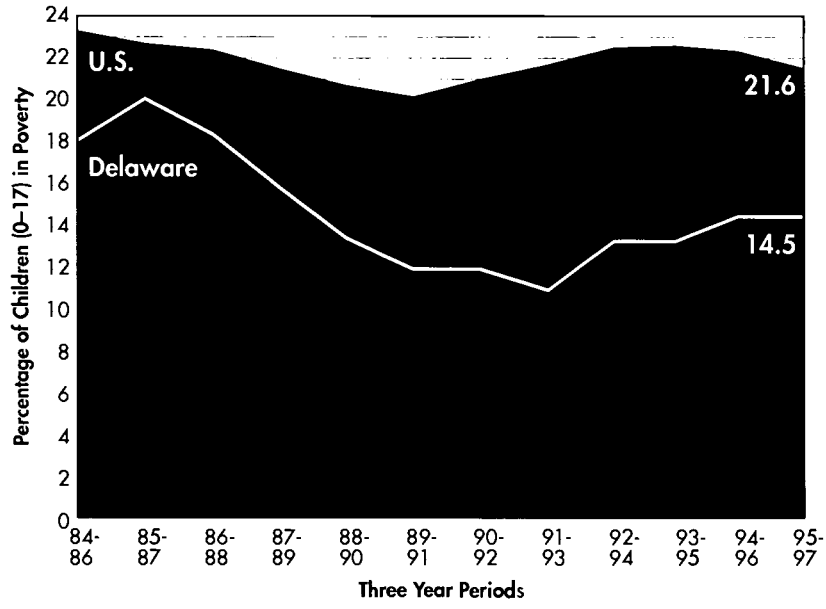
3 Future of children: dynamics of childhood poverty. (1997, Summer-Fall). *The Center of the Future of Children,* 7(2).

Definition:

Children in Poverty – percentage of children in poverty; in 1996 the poverty threshold for a one-parent, two child family was $12,641. For a family of four with two children, the threshold was $15,911.

Children in Poverty

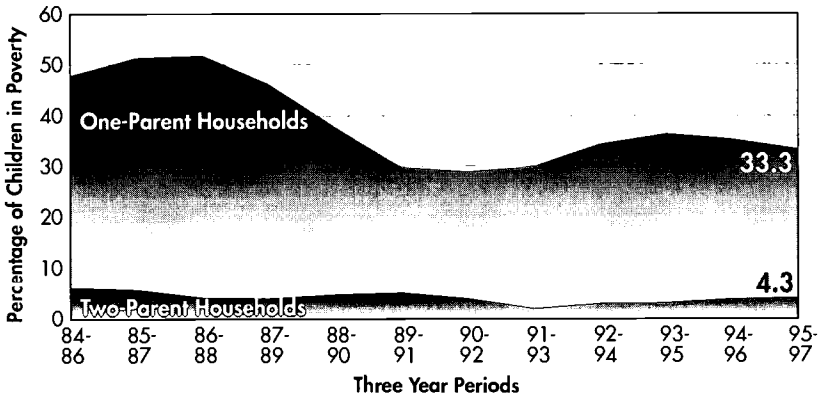
Delaware Compared to U.S.



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

Children in Poverty by Household Structure

Delaware



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

Did you know:

The **frequency of health problems** is higher in low-income children compared to other children. Relative frequencies of health problems of low-income children compared with other children in the U.S. are listed below.

Health Problem	Relative Frequency in Low-income Children
Low birth weight	double
Delayed immunization	triple
Asthma	higher
Bacterial meningitis	higher
Rheumatic fever	double to triple
Lead poisoning	triple
Neonatal mortality	1.5 times
Postneonatal mortality	double to triple
Child deaths due to accidents	double to triple
Child deaths due to disease	triple to quadruple
Complications of appendicitis	double to triple
Diabetic ketoacidosis	double
Complications of bacterial meningitis	double to triple
Percent with conditions limiting school activity	double to triple
Lost school days	40% more
Severely impaired vision	double to triple
Severe iron-deficiency anemia	double

Source: Colorado KIDS COUNT Data Book; B. Starfield, "Child and Adolescent Health Status Measures," The Future of Children, Vol. 3 No. 2, Winter 1992

For more information see

Teen Births, Did You Know p. K-13

Median Income of Families by Family Type p. K-37

Child Care Costs p. K-39

Subsidized Child Care p. K-40

Children Receiving Free and Reduced Price School Meals p. K-42

Women and Children Receiving WIC p. K-43

Children without Health Insurance p. K-45

Tables 46–57 p. K-81–85

In the FAMILIES COUNT Section:

Health Care Coverage p. F-19

Children in Poverty p. F-32

Female Headed Households in Poverty p. F-36

Child Support p. F-37

Risk of Homelessness p. F-38

Health Care Coverage p. F-39

Unemployment p. F-46

Substandard Housing p. F-52

Home Ownership p. F-53

Children in One-Parent Households

Children who live with one parent are much more likely to be living in poverty than children who live with two parents [1]. The risk is increased when the single parent is female due to the wage gap because of the type of job a woman is likely to have [2]. Delaware women, like their national counterparts, occupy a higher proportion of lower-paying occupations (such as sales, clerical, and service positions) than do men [3]. Census Bureau data reveal that in 1996, almost half (49%) of all children in families headed by single mothers were below the poverty threshold [1].

1 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998.* Washington D. C.

2 Ellwood, D. T. (1988). *Poor Support: Poverty in the American Family.* New York: Basic Books.

3 Office of Occupational and Labor Market Information: Delaware Occupational Information Coordinating Committee. (1997). *Delaware Women: Where are they Working?*

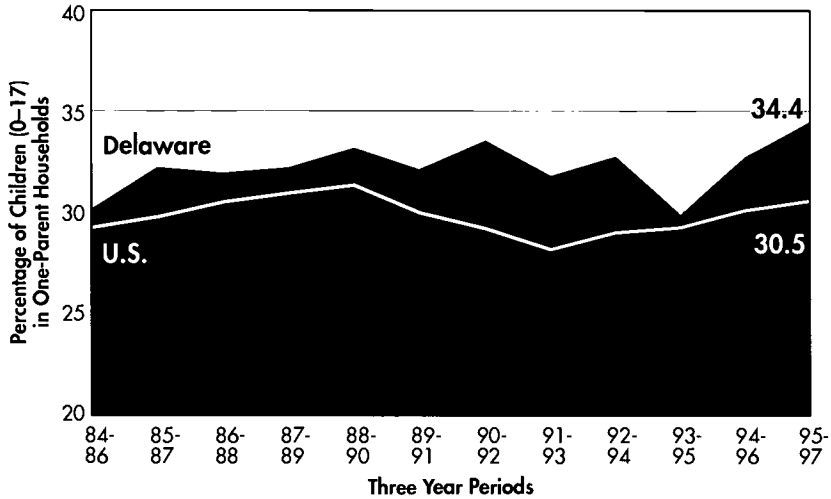
Definition:

Children in One-Parent Households – percentage of children living with one parent.

For more information see

Children in One-Parent Households

Delaware Compared to U.S.



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

Did you know:

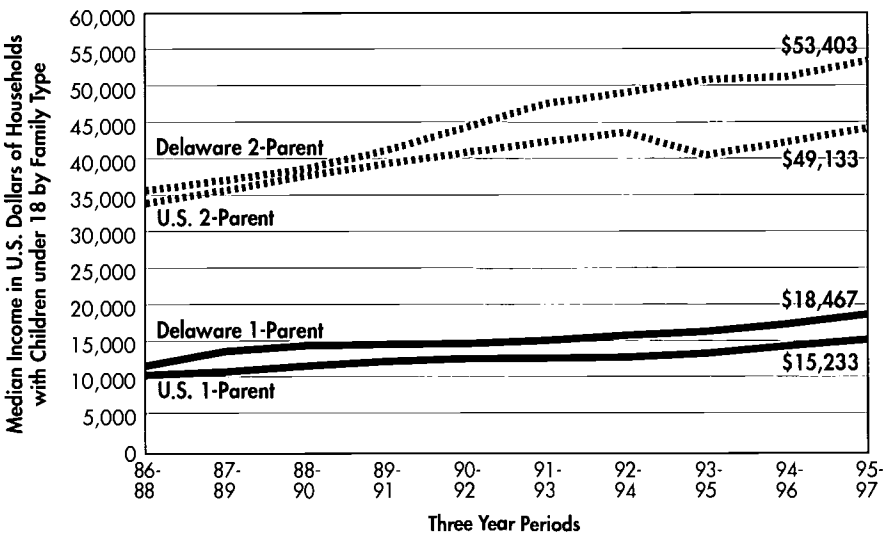
- Children of never married mothers are twice as likely (59%) to have their moms **unemployed** or not in the labor force as children whose mothers were divorced (29%).
- 85% of divorced parents **finished high school**; fewer than two-thirds of never-married parents finished high school.
- Nationally, **18.9 million children** under 18 lived with one parent in 1995.

  38% of parents were divorced
  35% of parents were never married
  19% of parents were separated
  4% of parents were widowed
  4% of parents had spouses who lived elsewhere

Source: Single-parent kids foir better if parent is divorced, rather than never married: census data show. (1997, December 8). Jet, 93 (1), p. 48.

Median Income of Families with Children by Family Type

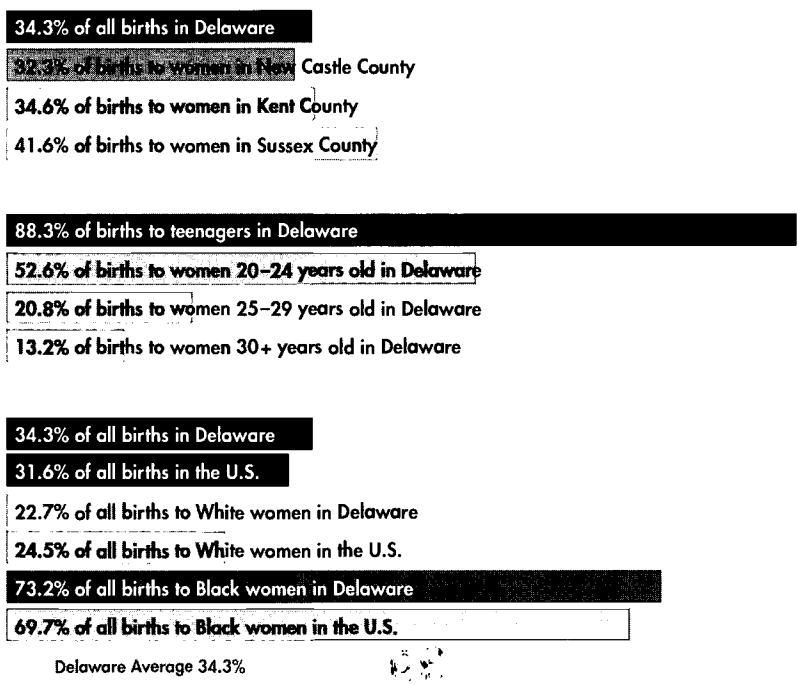
Delaware and U.S.



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

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1992–96



Source: Delaware Health Statistics Center

Early Care and Education

Child care has become a fundamental need for Delaware families over the past two decades. In 1995, 73% of Delaware children under age 6 and 58% of children ages 6–12 had working parents[1]. In these families, finding appropriate, affordable and accessible child care becomes a critical task, often beginning in the first weeks or months of life and continuing through the school-age years. Delaware is not unique in this situation; as the child care system throughout the United States faces many challenges that must be addressed for the benefit of our children.

One obstacle that many working parents encounter is the limited availability of affordable child care. Even when cost is not an insurmountable barrier, many families find that child care is simply not available at the times and places it is needed. Additionally, unregulated providers and a lack of national standards contribute to mediocrity in some child care settings. The consequences of poor quality child care are of enormous concern, especially for at-risk children. Increasingly, studies show the importance of stimulating cognitive skills in young children as early as possible. Addressing the income needs of child care workers would go a long way towards encouraging continuity of the staff and a sense of value in the community. At the present time, low wages for child care providers add to a turnover rate three times higher than the nation's average turnover rate for other occupations. Finally, recent changes in welfare laws linking cash assistance to work or participation in work-readiness programs will mean additional children in need of quality child care in the coming years.

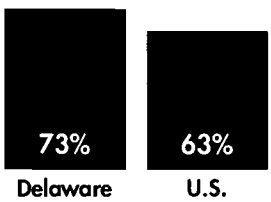
1 Annie E. Casey Foundation (1998) *KIDS COUNT Data Book: 1998* p. 54.

For more information see

Table 47	p. 81
Tables 61–62	p. 87–88
In the FAMILIES COUNT Section:	
Early Intervention	p. F-26
Head Start	p. F-27

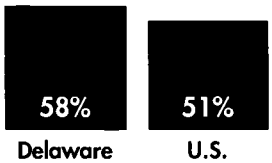
Need for Care

Percent of children under 6 living with working parents, 1995



Source: Annie E. Casey Foundation, KIDS COUNT Data Book, 1998

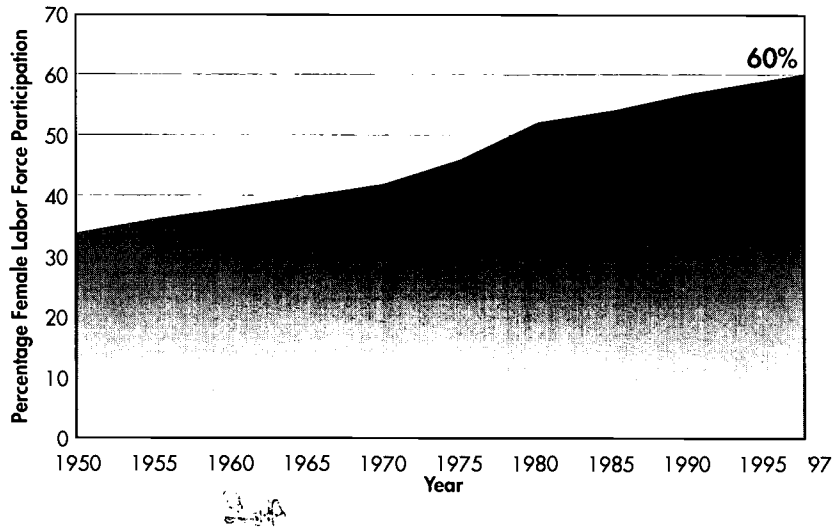
Percent of children ages 6–12 living with working parents, 1995



Source: Annie E. Casey Foundation, KIDS COUNT Data Book, 1998

Women in the U.S. Labor Force

Percentage of Women in the Labor Force



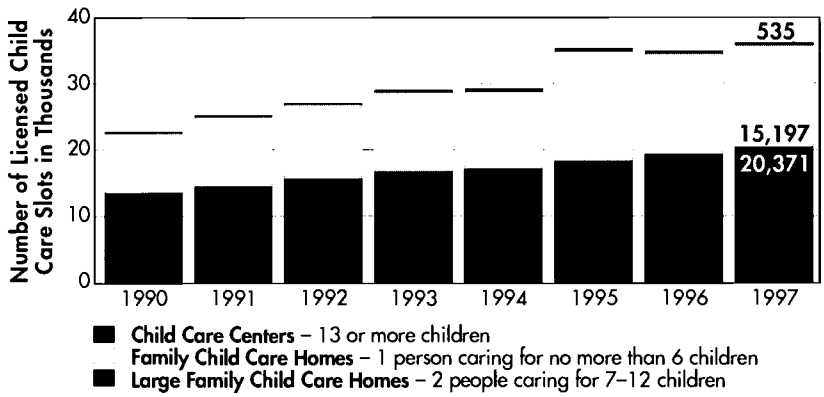
Source: Annie E. Casey Foundation, KIDS COUNT Data Book, 1998

Accessibility

Licensed child care in Delaware is available in three settings: child care settings, family child care homes, and large family child care homes. The availability of child care through informal arrangements such as relative or neighbor care, part time care, or unlicensed care is unknown at this time. Anecdotal information points to a need for more care in Delaware, however, actual statistics are unavailable.

Available Child Care

Delaware



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

Definitions:

Percent of children under age 6 living with working parents – reflects the share of preschool children who are likely to need child care. For this group of children, "working parents" are defined as those parents who reported that they usually worked at least 1 hour per week in the previous calendar year.

Percent of children ages 6-12 living with working parents – reflects the share of elementary school-age children who are likely to need child care. For this group of children, "working parents" are those parents who reported that they usually worked at least 30 hours per week in the previous calendar year. Thirty hours per week was selected as the threshold because most kids are in school for about that amount of time when school is in session, allowing their parents to work.

Working parents – for children in single-parent families, the work criteria are applied to that parent. For children in married-couple families, the work criteria are applied to both parents.

Affordability

The cost of full-time child care often represents the largest expense, after housing, for working parents who need full time care for their children. The less families earn, the higher the proportion of income spent on child care[1].

1 Phillips, D. and Bridgman, A., eds. (1995). New findings on children, families, and economic self-sufficiency. Board on children and families, National Research Institute, Institute of Medicine.

Child Care Costs

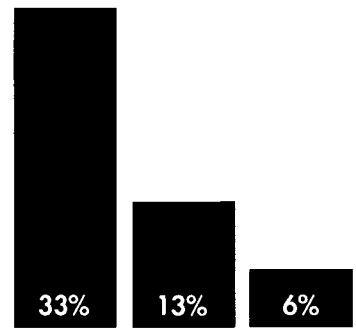
Weekly Cost in Dollars to Families for Child Care by Child's Age
Delaware and Counties, 1997

Age	Child Care Centers			Family Child Care Homes		
	Minimum	Average	High	Minimum	Average	High
New Castle						
0–12 months	67	125	190	55	97	175
1 and 2 years old	67	108	185	53	82	175
3 years and older	46	98	180	42	56	162
Kent						
0–12 months	63	84	144	50	72	125
1 and 2 years old	59	76	115	50	69	90
3 years and older	54	74	112	42	66	90
Sussex						
0–12 months	53	82	105	35	68	100
1 and 2 years old	53	72	97	35	65	93
3 years and older	46	67	93	32	61	92

Source: The Family and Workplace Connection

Child Care Costs

Proportion of Income Spent by Family Income Level, U.S. 1990



Source: 1997 Rhode Island KIDS COUNT Factbook

Continued on next page

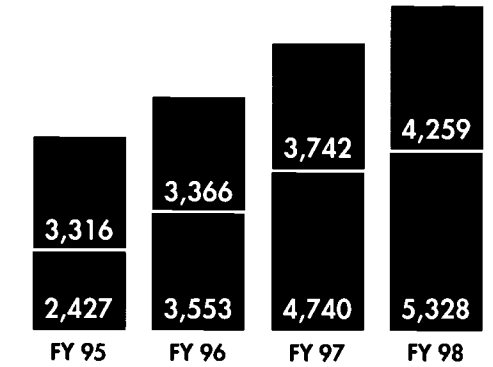
Early Care and Education

Continued from previous page

Children in poor families have a greater need for more comprehensive and high quality child care services. Studies show that children in poor families are nearly one-third more likely to suffer from delays in growth and development, a learning disability, or a significant emotional or behavioral problem[2].

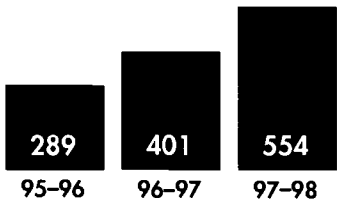
2 Rhode Island KIDS COUNT. (1997, October). Child care in Rhode Island: Caring for infants and preschool children. Issue Brief.

Subsidized Child Care
Children Served in Delaware
Projected Monthly Averages



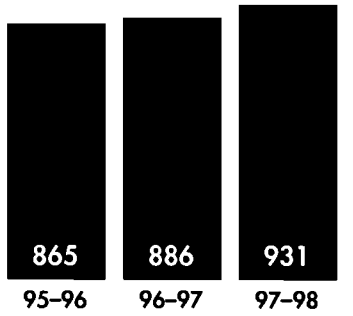
Source: Delaware Department of Education

Early Childhood Assistance Program
Number of Children Funded in Delaware



Source: Delaware Department of Education

Head Start
Children Served in Delaware



Source: Delaware Department of Education

Head Start is a comprehensive early childhood development program for low-income preschool children and their families. The Early Childhood Assistance Program in Delaware provides funding for four-year olds who meet the eligibility criteria for Head Start programs. Both programs are designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with more economically advantaged children[3].

3 Children's Defense Fund. (1995). The State of America's Children Yearbook: 1995. Washington, D.C.

Staff/Child Ratios
Licensing Requirements vs. Accreditation Recommendations Staff to Child Ratios

Age of Child	# Children Allowed per Caregiver in Delaware	NAEYC Recommended Level
9 month	4	3–4
18 month	7	3–5
27 month	10	4–6
3 years	12	7–10
4 years	15	8–10

Source: Children's Defense Fund. (1996, May). Delaware: child care challenges.

Accredited Programs in Delaware
as of 8-25-98

20 Centers
46 Family Child Care Providers

Source: The Family and Workplace Connection

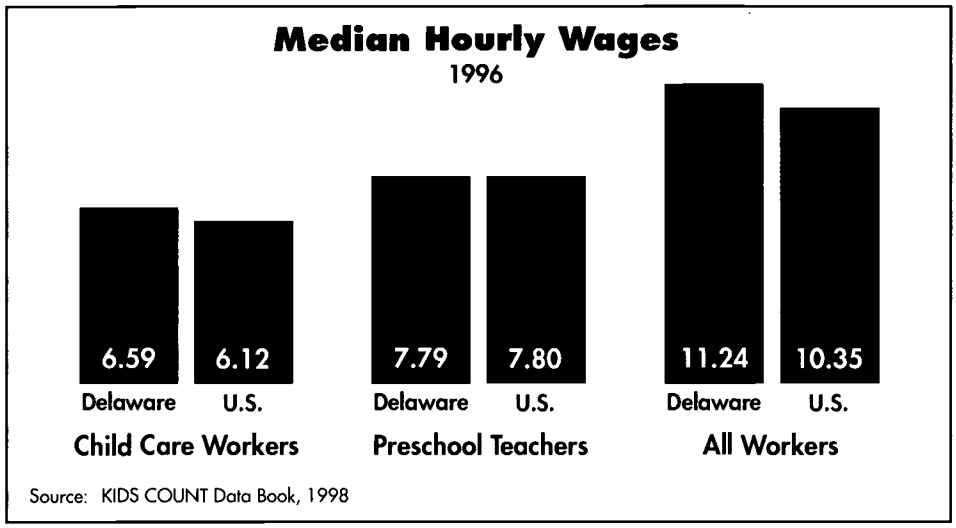
Quality

The quality of early child care has a significant impact on child well-being, ability to learn, and readiness for school. Quality child care nurtures the child and stimulates the developing brain[4]. One way to monitor quality is through accreditation.

4 Rhode Island KIDS COUNT. (1997, October). Child care in Rhode Island: Caring for infants and preschool children. Issue Brief.

Licensed child care programs meet the state's basic requirements for protecting children against harm. A license does not necessarily mean that a program has been inspected or that it meets standards of high quality.

Accredited child care programs meet standards of quality established by nationally recognized professional organizations. For example, The National Association for the Education of Young Children (NAEYC) offers accreditation for center-based programs; The National Association of Family Child Care (NAFCC) offers accreditation to family child care providers. Accreditation does not guarantee that a program is better than one that has not applied for accreditation, but it does mean the program has a strong interest in quality and has met national standards higher than licensing.



Low wages associated with the child care profession contribute to a turnover rate close to three times the national average for other occupations. This high staff turnover rate interferes with the bonding of children to caregivers[5].

5 Financing day care: analysis and recommendations. (1996). The Future of Children, 6. (2), pp. 5-25.

School Age Care

The problems and temptations that school age children face when they are left unsupervised are alarming. Studies indicate that children who are left unsupervised have higher absentee rates at school, have lower academic test scores, exhibit higher levels of fear, stress, nightmares, loneliness, and boredom, are 1.7 times more likely to use alcohol, and are 1.6 times more likely to smoke cigarettes[6]. High quality after school programs, staffed by trained, caring adults, can have a measurably positive effect on children. These types of programs can help meet the critical child care needs of working families and their children. Programs based in schools are highly desirable for a number of reasons. Schools exist in every community and offer valuable resources that could be utilized to provide after school programs. And because children are already at school, there is no transportation needed in the middle of the day[7].

6 Growing up with someplace to go: providing care for school age children. Available: http://www.ci.seattle.wa.us/most/growup.htm/

7 National PTA. (1998, April). Before- and after- school care.

Consumer Awareness

One of the most challenging tasks facing new parents is arranging for care for their babies. Parents who need or want child care services have to choose among public, nonprofit, private agencies, religious or secular care, out-of-home child care centers or family child care homes. With so many decisions to make, parents may need help recognizing the components of a high-quality program. Parents may also need help obtaining objective information about programs so that they can assess the alternatives[8]. The Family and Workplace Connection is one of the agencies in Delaware that informs parents of their child care options.

8 Annie E. Casey Foundation. (1998). Child care you can count on: consumer awareness.

Child Care Referrals

Number of annual calls to Family and Workplace Connection
1997

Approximately	10,000

Source: The Family and Workplace Connection

Children Receiving Free and Reduced Price School Meals

Research has consistently shown a relationship between poverty, poor nutrition, and educational development in children. The Food Research and Action Center reports that hungry children are inattentive in class, likely to have discipline problems, and perform poorly in problem-solving activities [1].

Children who have adequate nourishment are more active and social on the playground, more focused in class, and better able to think and remember what they have learned. When children do not master academic skills and fall behind in school, their chances to develop their potential as students, lifelong learners, and productive members of society decrease.

1 Action Alliance for Children. (1997, November-December). Healthy meals = healthy kids. Available <http://www.4children.org>.

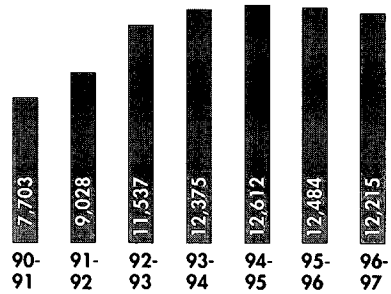
For more information see

Children in Poverty	K-34
Women and Children Receiving WIC	p. K-43
Health problems in low-income children	p. K-35
Tables 48–49	p. K-82
In the FAMILIES COUNT Section:	
Children in Poverty	p. F-32

The National School Lunch and School Breakfast Programs provide nutritious meals to children at participating schools. To receive a reduced-price meal, household income must be below 185% of the federal poverty level. For free meals, household income must fall below 130% of poverty. Children in Food Stamp and Medicaid households are automatically eligible for free meals. Participation levels in this program, however, are affected by a variety of factors such as the level of outreach in the school community and the extent to which children are stigmatized as participants. Although not every eligible student participates, the number of children receiving free or reduced-price meals can indicate the number of low-income children in a school district.

Free and Reduced Price Breakfasts

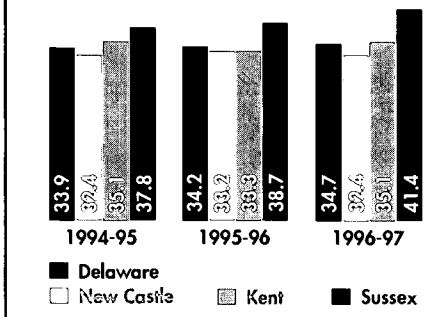
Average Number Served Daily



Source: Delaware Department of Education

Free and Reduced Price Lunches

as a Percentage of Total Enrollment



Source: Delaware Department of Education

Did you know:

- Children participating in the National School Lunch Program get between one third and one half of their total nutrients each day from this meal.
- Only one in six children who participate in the National School Lunch Program participate in the Summer Food Service Program for Children (created by Congress in 1968).
- The American Academy of Pediatrics says children are the best judges of how much they should eat; parents are the best judges of what they should eat.

Source: Children of summer. Available HYPERLINK http://www.kidscampaigns.org/Hot/summer/html

Women and Children Receiving WIC

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is a preventative nutritional program which provides food supplements, nutrition education, and access to health care. Users of this service are low income women who are pregnant, postpartum, and breast-feeding, and their infants and children to age five.

WIC foods are specifically chosen to provide protein, iron, calcium, and vitamins A and C. These vitamins and minerals are likely to be missing from the diets of low-income women and children. While the USDA estimates that WIC serves approximately 5.8 million participants each month*, the number represents only about 60% of those eligible.

The General Accounting Office (GAO) has released a report detailing a significant cost savings resulting from the ability of WIC to reduce the number of low birth weight births. This reduction benefits both public and private sector business by lowering medical costs, special education costs, and SSI payments for disabled children. The GAO estimates a savings of $853 million in health related expenses for WIC infants in their first year of life and a $1.036 billion savings over 18 years [1].

* For the year 1993.

1 Special Supplemental Food Program for Women, Infants, and Children (WIC) fact sheet. Available <http://www.handsnet.org/>.

For more information see

Children in Poverty K-34

Children Receiving Free and Reduced Price School Meals p. K-42

Health problems in low-income children p. K-35

Tables 48–49 p. K-82

In the FAMILIES COUNT Section:

Children in Poverty p. F-32

WIC Program

Average Number Served per Month Delaware, 1996

Infants	4,414
Children 1–4	8,353
Mothers	3,230

Source: Division of Public Health, WIC Office

WIC Program

Total Number Served Delaware, 1996

In 1996, approximately 19,000 infants and children were served by WIC in the State of Delaware.

Over 41% of all infants born in 1996 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

Did you know:

- Even a few months of malnutrition can damage a child's developing brain, reducing mental capacity and impacting the child for life.
- At least four million American children under age 12 are hungry and another 9.6 million are at risk for hunger (hunger is defined as insufficient food due to limited household resources).
- Four- and five- year olds who participate in WIC in early childhood have better vocabularies and memory scores than comparable (family income status) children who do not participate in WIC.

Source: Children of summer. Available HYPERLINK http://www.kidscampaigns.org/Hot/summer/html

Asthma

Asthma is one of the most common chronic conditions affecting children. Despite major advances in treatment, morbidity and mortality rates in pediatric asthma have risen over the past two decades. These increases have disproportionately affected children living in poverty. Inadequately controlled asthma often has negative effects on the quality of life of children and their families and may result in the failure of children to reach their full potential as adults. School and job attendance, school performance, participation in physical activities, peer group and family relationships, and behavioral and emotional development may all suffer due to this condition. Asthma is also a major contributor to health care costs for children and adults.

Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges for Children 0–17 years of age by health insurance status, Delaware Hospitals, 1995

	Children Discharged	Readmissions	Total Discharges	Discharge Rate	Readmission Rate
Delaware	570	104	674	3.9	18.2
Medicaid	278	69	347	6.4+	24.8+
Non-Medicaid	292	35	327	2.9	12.0

Note: + indicates that the Medicaid rate is statistically higher than the Non-Medicaid rate
Source: Delaware Health Statistics Center

Definition:

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

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

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

For more information see

Child Deaths	p. K-24
Health problems in low-income children	p. K-35
Children without Health Insurance	p. K-45
In the FAMILIES COUNT Section:	
Child Deaths	p. F-18
Health Care Coverage (Children)	p. F-19
Health Care Coverage (Families)	p. F-39

Hospitalization rates are one measure of morbidity associated childhood asthma. The table above shows 1995 Delaware hospitalization data for childhood asthma. More than half of the 674 hospitalizations involved Medicaid children despite the fact that only 31% of Delaware children were Medicaid eligible in 1995. Hospitalization for asthma overall and readmission of the same child during this period occurred at over twice the rate among Medicaid children compared with non-Medicaid children.

These data indicate that Delaware Medicaid children suffer excess asthma morbidity as measured by the need for hospitalization. Several factors have been implicated in contributing to this problem, including health care access barriers associated with poverty, lack of patient/family knowledge about the condition and its management, and environmental asthma "triggers" such as the recently recognized role of cockroach antigen exposure in increasing the severity of asthma among low-income inner-city children.

Asthma experts believe that the majority of childhood asthma hospitalizations, as well as other morbidity associated with the condition could be prevented with appropriate management of the disease, including patient/family education, medications, and environmental control. KIDS COUNT in Delaware will continue to follow this indicator of childhood asthma morbidity, with particular interest in the possible impact of Medicaid managed care, child health insurance coverage expansion programs and other health care reform initiatives in Delaware.

Children without Health Insurance

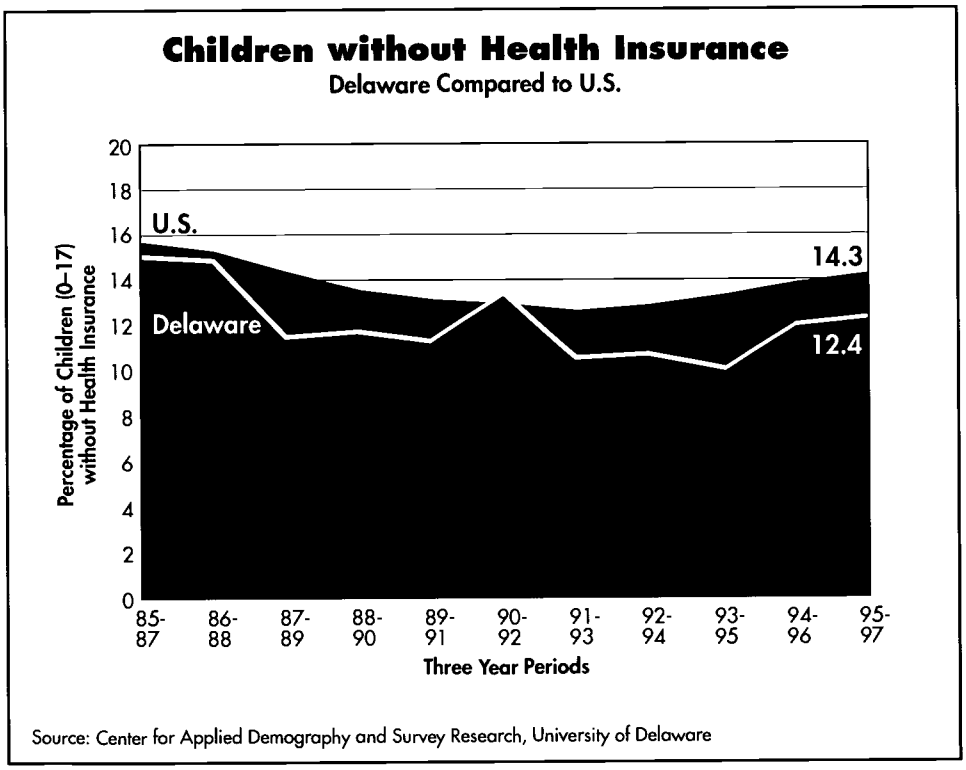
Children who do not have health insurance are much less likely to be taken to a doctor when they appear sick than children who do have health insurance [1]. Lack of health insurance decreases the likelihood that a child will have a single primary care physician and when children are under three, increases the risk that they are not being vaccinated or screened for developmental disorders [2]. Additionally, uninsured children are likely to use hospital emergency rooms for care with conditions that could have been easily treated or prevented at a fraction of the cost [3].

In Delaware, the Delaware Healthy Children Program was created with funds from the Balanced Budget Act of 1997. Beginning in January, 1999, the plan will allow every uninsured child with a family income below 200% poverty to obtain a high quality, low cost health care policy. Ten thousand-five hundred Delaware children will be eligible to benefit from this new program.

1 Stoddard, J. J., St. Peter, R. F., and Newacheck, P. W. (1994, May 19). Health insurance status and ambulatory care for children. *The New England Journal of Medicine, 330*(20), 1421-1425.

2 Kogan, M. D., Alexander, G. R., Treitelbaum, M. A., Jack, B. W., Kotelchuck, M., Pappas, G. (1995, November 8). The effects of gaps in health insurance on continuity of a regular source of care among preschool-aged children in the United States. *The Journal of the American Medical Association, 274*(18), 1429-1435.

3 Leif, L. (1997, April 28). Kids at risk: uninsured children increasingly come from middle-class families. *U.S. News and World Report 122*(16), 66-69.



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

For more information see

Child Deaths	p. K-24
Children in Poverty	p. K-34
Health problems in low-income children	p. K-35
Asthma	p. K-44

In the FAMILIES COUNT Section:

Child Immunizations	p. F-17
Child Deaths	p. F-18
Health Care Coverage (Children)	p. F-19
Health Care Coverage (Families)	p. F-39

Alcohol, Tobacco, and Other Drugs

Most teenagers will have some experience with drugs. Many of these teens will experiment and stop or continue to use casually without significant problems. Some will use regularly, with varying degrees of physical, emotional, and social problems. Others will develop a dependency and be destructive to themselves and others for many years. Some will die. Some will cause others to die [1].

While all teens are at risk for experimenting with drugs, those who are at increased risk are the nearly five million school-age children left home alone each week. Teens who are unsupervised for hours each day (after school before their parents return home from work) are likely to participate in risky behavior, including substance abuse [2].

Substance abuse in teens can cause changes in personality such as moodiness, irresponsible behavior, low self-esteem, depression, and a general indifferent attitude. Physically, a teen may experience fatigue, red and dull eyes, a steady cough, and repeat health problems. While at school substance abuse causes absences, grades to drop, and discipline problems [1].

For more information see

Student Violence and Possession p. K-29

Tables 29–31 p. K-73–74

In the FAMILIES COUNT Section:

Substance Abuse p. F-20–21

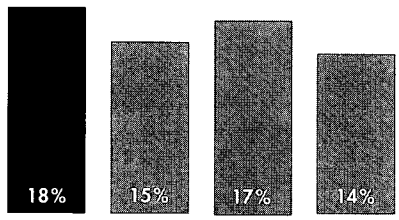
1 Teens: alcohol and other drugs. *American Academy of Child and Adolescent Psychiatry.* Available <http://www.mhnet.org>.

2 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998.* Washington D. C.

In *Kids Voices Count: Listening to Delaware's children talk about tobacco*, a joint publication of KIDS COUNT in Delaware and Tobacco Free Delaware, journalism students from Glasgow High School interviewed children from around the state. Here is some of what they heard:

- "To prevent even more smokers, groups should hit kids young, like third grade. It's to the point where fifth and sixth graders are smoking."
- "I feel like my athletic endeavors counteract the unhealthiness of the cigarettes."
- When I asked her if the effects can be reversed, she simply replied, "vinegar clears out everything."
- Jane* told me that she doesn't consider tobacco as dangerous as other drugs like cocaine or heroin because the damage it causes is not as extensive.
- "I did it [tried smoking] when I was 11 because it was something to do."
- Do you think that you will ever start [smoking]? "No, I'm gonna drink lots of beer instead."

Easy to Get Drugs
Among Delaware Fifth Graders, 1997



Percent of Delaware public school fifth graders who report ease of obtaining drugs

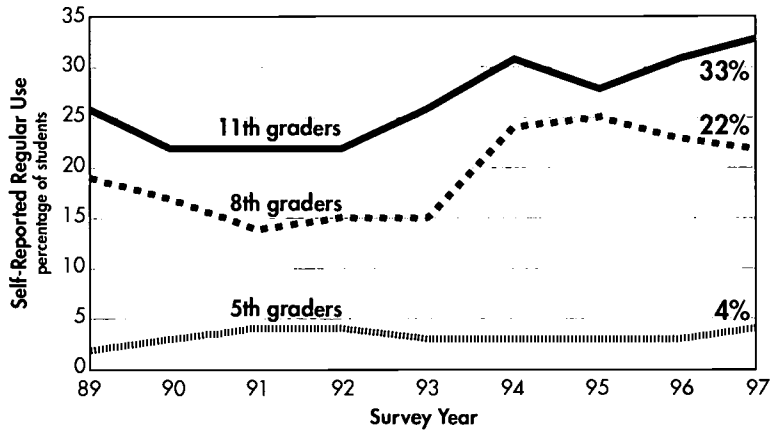
Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families

Source: KIDS COUNT in Delaware and Tobacco Free Delaware. (1998). *Kids Voices Count: Listening to Delaware's children talk about tobacco*

* Not real name

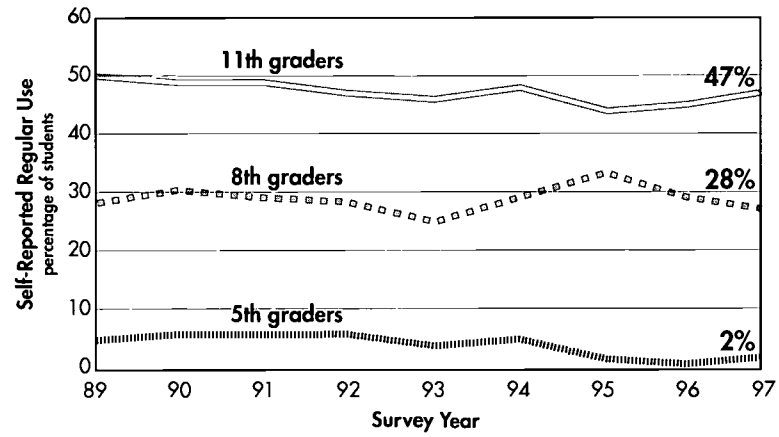
Trends in Cigarette Use

Students by Grade, Delaware, 1989–1997



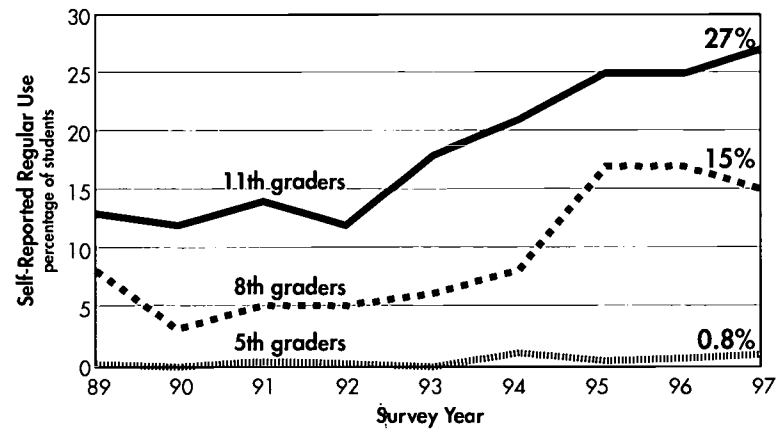
Trends in Alcohol Use

Students by Grade, Delaware, 1989–1997



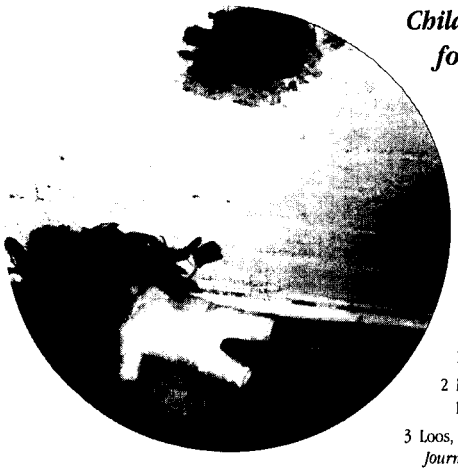
Trends in Marijuana Use

Students by Grade, Delaware, 1989–1997



Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families

Child Abuse and Neglect



Child abuse and neglect is all encompassing; it occurs in families without regard for socioeconomic status, race, or cultural background. Reports of child abuse and neglect increased 50% between 1985 and 1993 due to the rise in family poverty, the rise in substance abuse, and the decline in the amount of social services available to these families [1]. Child abuse and neglect causes immediate harm in the form of injury and has also been shown to have long-term effects. Research has shown that abuse and neglect is correlated with lack of school success, teenage pregnancy, juvenile delinquency, and social isolation [2,3].

1 Action Alliance for Children. (1995, July-August). *Fact Sheet: Child Abuse and Neglect.* Available <http://www.4children.org>.

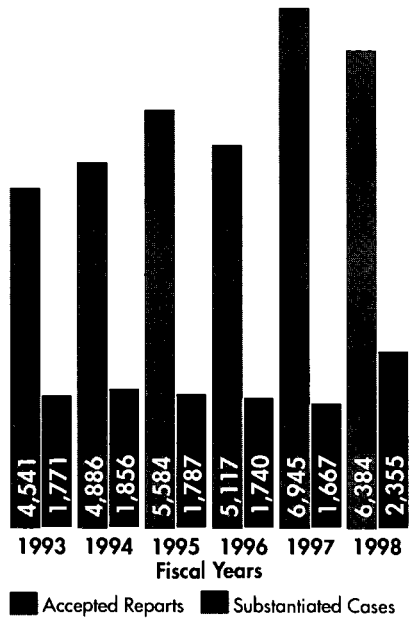
2 National Research Council. (1993). *Understanding Child Abuse and Neglect.* Panel on Research on Child Abuse and Neglect. Washington, D.C.: National Academy Press.

3 Loos, E. and Alexander, P. C. (1997, June). Differential effects associated with self-reported histories of abuse and neglect in a college sample. *Journal of Interpersonal Violence, 12*(3), 340-360.

For more information see

Child Abuse and Neglect

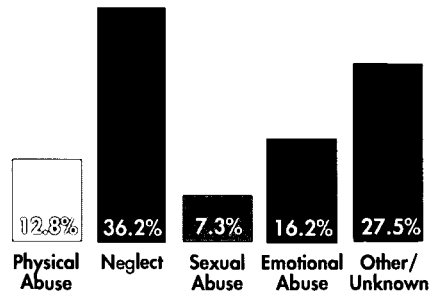
Accepted Reports & Substantiated Cases
Delaware, 1990–1998



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

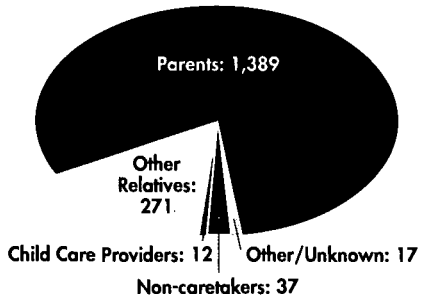
Breakdown of Substantiated Cases

Delaware, 1996



Who Are the Perpetrators?

Delaware, 1996



Sources :U.S. Department of Health and Human Services; Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, National Center on Child Abuse and Neglect

Foster Care

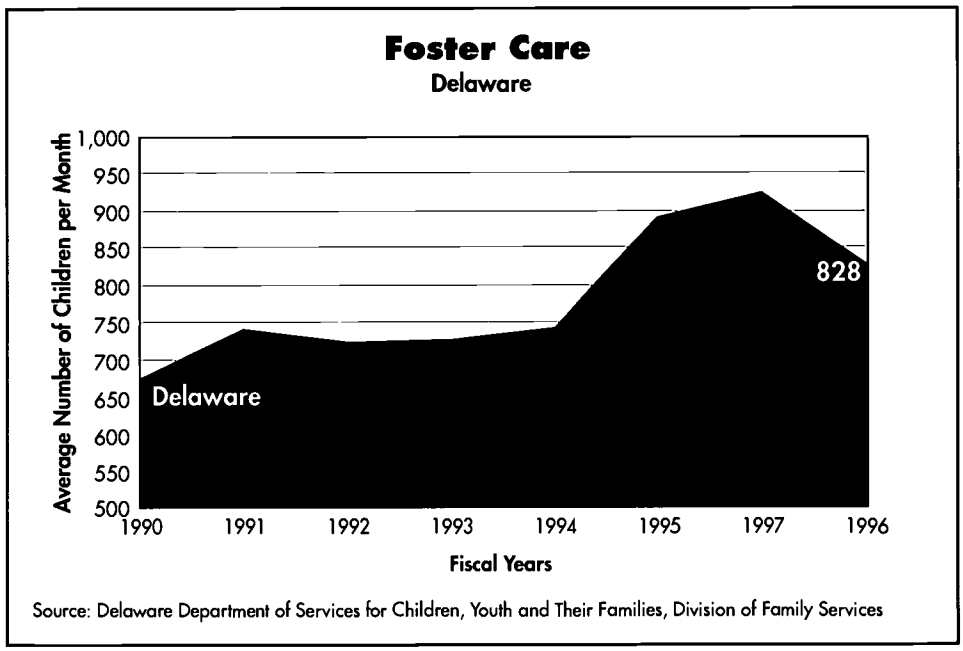
In the past few years, a variety of social and economic factors have led to an increased number of children who require out-of-home care. However, the large number of children entering foster care represents only part of the problem. Children entering care today are likely to have a number of emotional problems, behavioral problems, or physical handicaps. These children are likely to come from families with drug and alcohol abuse histories and are likely to have seen or been involved in domestic violence[1].

Being in foster care is correlated with a number of lifelong problems such as chronic health deficits, emotional challenges from the trauma of abuse and neglect, and difficulty in school[2]. Foster children have a low educational achievement level, experience disruption in education, and have trouble adjusting and performing in school[3].

1 David and Lucile Packard Foundation and Annie E. Casey Foundation. (1997). Current issues in foster care. *Take This Heart.*

2 Rosenfeld, A. A., Pilowsky, D. J., Fine, P., Thorpe, M., Fein, E., Simms, M. D., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R., and Nickman, S. (1997, April). Foster care: an update. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(4), 448-457.

3 Blome, W. W. (1997, February). What happens to foster kids: educational experiences of a random sample of foster care youth and a matched group of non-foster care youth. *Child and Adolescent Social Work Journal, 14*(1), 41-53.



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

For more information see

Child Abuse and Neglect p. K-48

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Miscellaneous Tables

Table 1:

Population Estimates

Population Estimates for Delaware, Counties, Wilmington, Newark, and Dover, 1996

	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	51,226	49,294	48,718	45,943	436,821	91,629	723,631	26.9	60.3	12.6	100.0
Male	26,380	25,426	24,885	23,269	215,806	38,299	354,065	28.2	60.9	10.8	48.9
White	20,085	19,964	19,102	17,594	177,726	34,305	288,776	26.5	61.5	11.8	39.9
Black	5,690	4,877	5,374	5,338	33,953	3,720	58,952	36.0	57.5	6.3	8.1
Female	24,846	23,868	23,833	22,674	221,015	53,330	369,566	25.7	59.8	14.4	51.0
White	18,732	18,390	18,215	16,890	178,397	47,305	297,929	24.2	59.8	15.8	41.1
Black	5,521	4,884	5,150	5,405	38,149	5,677	64,786	32.3	58.8	8.7	8.9
New Castle	33,118	31,629	31,030	29,318	291,986	48,841	470,705	26.5	62.0	10.33	65.0
Male	17,127	16,453	15,882	14,799	144,175	21,796	230,232	27.9	62.6	9.4	31.8
White	13,057	12,894	12,222	11,135	118,365	19,438	187,111	26.3	63.2	10.3	25.8
Black	3,589	3,058	3,364	3,422	22,721	2,215	38,369	35.0	59.2	5.7	5.3
Female	15,991	15,176	15,148	14,519	147,811	31,828	240,473	25.2	61.4	8.5	3.8
White	12,140	11,790	11,561	10,762	119,366	28,170	193,789	23.8	61.5	14.5	26.7
Black	3,381	2,877	3,261	3,509	25,406	3,475	41,909	31.0	60.6	8.2	5.7
Newark**	1,063	1,043	1,164	5,122	17,207	2,405	28,004	29.9	61.4	8.5	3.9
Male	551	537	592	2,242	8,503	922	13,347	29.3	63.7	6.9	1.8
Female	512	506	572	2,880	8,704	1,483	14,657	30.4	59.3	10.1	2.0
Wilmington*	4,942	5,027	5,018	3,978	41,507	10,667	71,139	26.6	58.3	14.9	9.8
Male	2,500	2,635	2,574	2,092	19,827	3,721	33,349	29.3	59.4	11.1	4.6
White	672	661	603	516	9,322	2,349	14,123	17.3	66.0	16.6	1.9
Black	1,631	1,733	1,733	1,390	9,379	1,306	17,172	37.7	54.6	7.6	2.3
Female	2,442	2,392	2,444	1,886	21,680	6,946	37,790	24.2	57.3	18.3	5.2
White	705	610	543	448	9,044	4,745	16,095	14.3	56.1	29.4	2.2
Black	1,535	1,561	1,703	1,282	11,663	2,131	19,875	30.5	58.6	10.7	2.7
Kent	9,430	9,537	8,805	8,097	72,637	13,364	121,870	29.4	59.6	10.9	16.8
Male	4,825	4,855	4,457	4,167	35,905	5,617	59,826	30.5	60.0	9.3	8.2
White	3,643	3,769	3,362	3,168	29,155	4,901	47,998	29.0	60.7	10.2	6.6
Black	1,109	1,043	1,028	942	6,168	641	10,931	37.7	56.4	5.8	1.5
Female	4,605	4,682	4,348	3,930	36,732	7,747	62,044	28.3	59.2	12.4	1.5
White	3,422	3,530	3,292	3,000	28,659	6,712	48,615	27.2	58.9	13.8	8.5
Black	1,106	1,104	983	864	7,087	938	12,082	33.5	58.6	7.7	1.6
Dover**	1,923	1,994	1,875	2,507	18,023	3,293	29,615	28.0	60.8	11.1	4.0
Male	985	1,002	956	1,274	8,918	1,222	14,357	29.3	62.1	8.5	1.9
Female	938	992	919	1,233	9,105	2,071	15,258	26.7	59.6	13.5	2.1
Sussex	8,679	8,128	8,883	8,528	72,198	24,641	131,056	26.1	55.0	18.8	18.1
Male	4,428	4,118	4,546	4,303	35,726	10,886	64,007	27.1	55.8	17.0	8.8
White	3,385	3,301	3,518	3,291	30,206	9,966	53,667	25.1	56.2	18.5	7.4
Black	992	776	982	974	5,064	864	9,652	38.5	52.4	8.9	1.3
Female	4,250	4,010	4,337	4,225	36,472	13,755	67,049	25.0	54.3	20.5	9.2
White	3,170	3,070	3,362	3,128	30,372	12,423	55,525	22.9	54.6	22.3	7.6
Black	1,034	903	906	1,032	5,454	1,264	10,795	35.8	52.3	11.7	1.4

Racial breakdown may not total gender breakdown due to omission of "Other" races.
* Race estimates for the city of Wilmington are illustrative and should be interpreted with care.
** Race estimates not available for the cities of Newark and Dover.
Source: Delaware Population Consortium

Table 2:

Delaware Children and Their Families

Number and Percent of Children in Families, Delaware and Counties, 1990 Census

	Delaware		New Castle		Kent		Sussex	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total children under 18	**146,816**	**100.0**	**95,532**	**65.1**	**27,268**	**18.6**	**24,016**	**16.3**
In married-couple family:								
Under 3 years	21,188	14.4	14,099	14.8	3,929	14.4	3,160	13.2
3 and 4 years	13,924	9.5	9,081	9.5	2,717	10.0	2,126	8.9
5 years	6,931	4.7	4,388	4.6	1,275	4.7	1,268	5.3
6 to 11 years	39,580	27.0	25,831	27.0	7,117	26.1	6,632	27.6
12 and 13 years	11,944	8.1	7,713	8.1	2,307	8.5	1,924	8.0
14 years	5,764	3.9	3,645	3.8	1,136	4.2	983	4.1
15 to 17 years	16,687	11.4	10,826	11.3	3,165	11.6	2,696	11.2
Total	**116,018**	**79.0**	**75,583**	**79.1**	**21,646**	**79.4**	**18,789**	**78.2**
In other family:								
Male head of household, no spouse: (18.1% of children in single-parent families)								
Under 3 years	931	0.6	621	0.7	134	0.5	176	0.7
3 and 4	632	0.4	418	0.4	106	0.4	108	0.4
5 years	307	0.2	151	0.2	71	0.3	85	0.4
6 to 11 years	1,978	1.3	1,304	1.4	226	0.8	448	1.9
12 and 13 years	507	0.3	349	0.4	59	0.2	99	0.4
14 years	276	0.2	137	0.1	31	0.1	108	0.4
15 to 17 years	937	0.6	612	0.6	116	0.4	209	0.9
Total	**5,568**	**3.8**	**3,592**	**3.8**	**743**	**2.7**	**1,233**	**5.1**
Female head of household, no spouse: (81.9% of children in single-parent families)								
Under 3 years	3,052	2.1	1,893	2.0	652	2.4	507	2.1
3 and 4 years	2,744	1.9	1,612	1.7	625	2.3	507	2.1
5 years	1,444	1.0	899	0.9	320	1.2	225	0.9
6 to 11 years	9,266	6.3	6,025	6.3	1,879	6.9	1,362	5.7
12 and 13 years	3,004	2.0	2,066	2.2	456	1.7	482	2.0
14 years	1,486	1.0	932	1.0	256	0.9	298	1.2
15 to 17 years	4,234	2.9	2,930	3.1	691	2.5	613	2.6
Total	**25,230**	**17.2**	**16,357**	**17.1**	**4,879**	**17.9**	**3,994**	**16.6**

Source: Delaware Economic Development Office; U.S. Bureau of the Census

Table 3:

Number and Percent of Families with Children

Number and Percent of Families With Related Children Under 18 Years of Age Delaware and Counties, 1990 Census

Type of Family	Delaware		New Castle		Kent		Sussex	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
One-Parent	21,708	24.3	14,252	24.3	3,807	23.6	3,649	25.0
Male Head of Household	4,083	4.6	2,627	4.5	614	3.8	842	5.8
Female Head of Household	17,625	19.7	11,625	19.8	3,193	19.8	2,807	19.2
Married Couple	67,642	75.7	44,375	75.7	12,317	76.4	10,950	75.0
Total	89,350	100.0	58,627	100.0	16,124	100.0	14,599	100.0

Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 4:

Teen Birth Rates

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–19 by Race U.S., Delaware, and Counties, 1981–1996

Area/Race	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	51.5	51.1	50.7	51.0	52.4	54.1	56.4	58.5	59.9	60.2	59.6	58.0
White	43.3	42.8	42.2	42.2	43.3	44.9	47.1	49.2	50.8	51.5	51.4	50.4
Black	96.5	97.0	97.9	100.1	103.2	106.2	109.5	111.8	112.1	110.7	107.2	101.9
Delaware	48.6	48.6	48.5	48.7	50.7	52.0	53.9	55.0	55.9	56.6	57.4	57.7
White	34.0	33.8	33.5	33.8	34.9	35.7	36.7	37.4	38.3	39.1	40.2	40.6
Black	110.3	110.0	110.3	109.0	114.3	116.8	121.0	121.6	120.5	118.7	115.9	113.9
New Castle	40.7	40.7	41.0	41.5	43.1	44.6	46.1	47.5	48.2	49.0	50.3	51.5
White	27.0	27.0	27.0	27.6	28.0	28.6	29.2	30.1	30.9	32.1	33.8	35.2
Black	106.7	106.0	106.8	105.9	112.3	116.5	120.4	121.6	118.6	114.2	109.8	107.9
Wilmington	N/A	N/A	N/A	N/A	N/A	N/A	137.4	143.4	148.3	149.7	152.6	155.3
White	N/A	N/A	N/A	N/A	N/A	N/A	123.5	125.0	134.2	136.0	137.7	146.8
Black	N/A	N/A	N/A	N/A	N/A	N/A	158.1	166.6	170.7	171.8	175.1	175.9
Kent	61.1	61.0	60.0	58.1	61.3	62.2	63.8	63.6	65.1	65.5	65.6	65.3
White	55.7	55.4	53.6	50.9	52.6	52.2	52.5	52.5	53.2	52.6	51.3	50.8
Black	80.5	80.7	82.0	81.5	88.6	92.3	96.6	94.4	98.5	101.7	106.1	107.6
Sussex	71.7	71.1	70.3	71.4	73.9	74.6	78.3	79.1	79.0	78.5	76.9	73.0
White	44.6	43.3	43.1	45.5	49.1	51.6	54.9	54.9	55.4	54.4	54.1	51.0
Black	157.0	159.0	157.5	155.0	155.8	151.4	156.4	157.9	155.2	155.2	148.0	140.7

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

Table 5:

Teen Birth Rates (15–17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–17
U.S., Delaware, and Counties, 1981–1996

Area/Race	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	31.6	31.3	31.2	31.6	32.6	33.8	35.5	36.8	37.7	37.9	37.6	36.6
Delaware	32.3	32.6	32.9	33.5	35.8	37.0	37.9	39.6	40.4	42.2	43.7	44.8
New Castle	29.6	29.7	30.7	31.0	33.1	34.2	35.5	37.4	38.3	40.1	42.6	44.3
Kent	32.9	34.5	34.5	35.7	39.8	40.2	39.3	38.6	39.8	40.4	41.2	43.2
Sussex	42.3	41.9	39.7	40.7	42.1	43.9	45.3	49.0	48.7	51.3	49.9	48.1

Sources: Delaware Health Statistics Center; National Center for Health Statistics; Center for Applied Demography and Survey Research, University of Delaware

Table 6:

Pre- and Young Teen Birth Rates (10–14 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10–14 by Race
U.S., Delaware, and Counties, 1981–1996

Area/Race	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	1.1	1.2	1.2	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.3
White	0.6	0.6	0.6	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.8
Black	4.2	4.4	4.5	4.7	4.8	4.9	4.9	4.9	4.8	4.7	4.6	4.3
Delaware	1.7	1.8	1.8	1.8	1.8	1.8	1.9	2.0	2.1	2.1	2.2	2.2
White	0.6	0.5	0.6	0.6	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.8
Black	6.0	6.0	5.9	5.8	5.6	5.9	6.2	6.7	6.6	7.3	7.3	7.1
New Castle	1.7	1.7	1.7	1.7	1.6	1.7	1.9	2.1	2.1	2.2	2.2	2.2
White	0.6	0.5	0.5	0.6	0.6	0.6	0.7	0.7	0.8	0.7	0.7	0.7
Black	5.9	6.1	6.1	5.7	5.2	5.6	6.0	6.6	6.5	7.2	7.2	7.2
Kent	1.3	1.3	1.5	1.4	1.4	1.7	1.9	1.8	1.9	2.0	1.8	1.8
White	0.3	0.4	0.5	0.4	0.5	0.8	0.8	0.8	1.0	0.9	0.8	1.1
Black	5.1	4.7	5.0	5.1	4.7	4.9	5.9	5.4	5.3	5.7	5.1	4.3
Sussex	2.5	2.5	2.3	2.3	2.7	2.7	2.6	2.7	2.6	2.7	3.0	3.0
White	0.9	1.0	1.0	0.8	1.0	1.0	1.0	0.9	0.8	0.8	1.0	1.1
Black	6.8	6.6	6.0	6.5	7.7	7.9	7.4	8.1	8.4	9.4	10.0	9.5

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

Table 7:

Teen Mothers Who Are Single

Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single U.S., Delaware, Counties, 1983–1996

Area/Race	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	58.9	61.3	63.5	65.3	66.9	68.1	69.3	71.0	72.6	74.0
White	45.2	48.2	51.0	53.4	55.5	57.3	59.0	61.4	63.7	65.7
Black	90.0	90.5	91.1	91.5	91.9	92.3	92.6	93.2	93.8	94.8
Delaware	69.0	70.5	73.1	74.7	76.7	79.4	81.8	84.6	86.7	88.3
White	49.7	53.0	56.2	58.6	61.2	65.2	69.3	73.8	77.3	80.2
Black	90.9	90.9	92.3	92.9	94.0	94.9	95.7	96.7	97.4	97.7
New Castle	74.3	74.9	77.8	79.4	81.4	84.1	86.4	88.8	90.6	91.6
White	57.4	59.1	62.6	65.3	68.2	72.3	76.5	80.6	83.4	85.2
Black	82.7	92.6	93.9	94.1	94.8	95.7	96.4	97.2	98.0	98.4
Kent	56.1	59.7	62.3	65.3	67.7	71.0	75.1	78.1	80.1	81.7
White	39.8	44.1	46.4	49.2	50.9	56.1	61.6	66.3	68.4	71.9
Black	85.9	86.6	88.1	90.4	92.6	94.0	95.7	96.8	97.7	97.1
Sussex	67.1	69.0	71.1	70.9	72.8	74.5	76.0	79.6	82.6	85.5
White	39.5	46.0	50.3	51.2	54.5	56.7	59.3	64.5	70.5	75.4
Black	90.0	89.4	90.8	91.3	92.6	93.1	93.7	95.1	95.6	96.1

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

Table 8:

Births by Race and Age of Mother

Number and Percent of Live Births by Race and Age of Mother Delaware, Counties and City of Wilmington, 1996

Area/Race	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15–17 years old		Births to Teen Mothers 18–19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	10,152	1,384	13.6	54	0.5	566	5.6	764	7.5
White	7,541	697	9.2	18	0.2	262	3.5	417	5.5
Black	2,371	669	28.2	34	1.4	294	12.4	341	14.4
Other	240	18	7.5	2	0.8	10	4.2	6	2.5
New Castle	6,562	833	12.6	34	0.5	347	5.3	452	6.8
White	4,850	397	8.1	9	0.2	152	3.1	236	4.9
Black	1,546	430	27.8	24	1.5	193	1.2	213	13.8
Other	166	6	3.6	1	0.6	2	1.2	3	1.8
Wilmington	1,171	340	29.0	20	1.7	151	12.9	169	14.4
White	414	71	17.1	2	0.4	28	6.8	41	9.9
Black	745	269	36.1	18	2.4	123	16.5	128	17.2
Other	12	0	0.0	0	0.0	0	0.0	0	0.0
Balance of NC County	5,391	493	9.1	14	0.2	196	3.6	283	5.2
White	4,436	326	7.3	7	0.2	124	2.8	195	4.4
Black	801	161	20.0	6	0.7	70	8.7	85	10.6
Other	154	6	3.8	1	0.6	2	1.3	3	1.9
Kent	1,872	269	14.3	11	0.5	118	6.3	140	7.5
White	1,401	150	10.7	6	0.4	63	4.5	81	5.8
Black	420	110	26.1	5	1.2	49	11.7	56	13.3
Other	51	9	17.6	0	0.0	6	11.8	3	5.9
Sussex	1,718	282	16.4	9	0.5	101	5.9	172	10.0
White	1,290	150	11.6	3	0.2	47	3.6	100	7.8
Black	405	129	31.8	5	1.2	52	12.8	72	17.8
Other	23	3	13.0	1	4.3	2	8.7	0	0.0

1. Percentages may not add to 100% due to rounding.
2. Percentages are calculated based upon the total number of births in each race group for all ages.
3. Percentages for the race group "Other" may be misleading due to the small number of births in this category.

Source: Delaware Health Statistics Center

Table 9:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births
U.S. and Delaware, 1983–1996

	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	6.8	6.8	6.9	6.9	7.0	7.0	7.1	7.1	7.2	7.2
Delaware	7.2	7.3	7.3	7.4	7.4	7.6	7.7	7.7	7.8	8.0
New Castle	N/A	7.3	7.4	7.5	7.6	7.8	8.0	8.0	8.2	8.3
Kent	N/A	7.0	7.1	7.1	7.1	7.3	7.2	7.0	7.3	7.2
Sussex	N/A	7.3	7.2	7.1	7.2	7.1	7.2	7.1	7.2	7.7

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

Table 10:

Low Birth Weight Births by Age and Race of Mother

Five-Year Average Percentage of Low Birth Weight Births by Age and Race of Mother
Delaware and Counties, 1990–1996

	1990–1994			1991–1995			1992–1996		
Area/Age	All Races	White	Black	All Races	White	Black	All Races	White	Black
Delaware	7.7	5.9	13.5	7.8	6.1	13.4	8.0	6.3	13.3
Less than 20	10.5	8.0	13.4	10.7	8.3	13.4	10.7	8.1	13.7
20-24	7.7	5.4	12.5	7.9	5.5	12.8	8.3	6.0	13.1
25-29	6.6	5.1	12.8	6.8	5.5	12.5	7.0	5.8	12.0
30+	7.7	6.3	16.3	7.6	6.4	15.5	7.6	6.5	14.8
New Castle	8.0	6.0	14.6	8.2	6.2	14.3	8.3	6.4	14.3
Less than 20	11.4	8.8	14.1	11.5	9.0	14.0	11.4	8.8	14.1
20-24	8.5	5.8	13.5	8.5	5.7	13.6	9.2	6.4	14.3
25-29	7.0	5.3	14.3	7.2	5.6	13.8	7.1	5.6	13.1
30+	7.7	6.2	17.3	7.8	6.5	16.1	7.7	6.5	15.7
Kent	7.0	5.7	11.3	7.3	5.8	12.2	7.2	5.9	11.8
Less than 20	9.4	7.5	12.1	9.6	7.1	13.3	9.3	6.8	13.4
20-24	6.8	5.2	11.2	7.0	5.2	11.9	6.9	5.2	11.5
25-29	5.3	4.7	8.1	6.0	5.4	8.8	6.3	5.8	8.7
30+	8.1	6.7	15.0	7.7	6.1	15.9	7.5	6.2	14.0
Sussex	7.1	5.4	11.7	7.2	5.7	11.5	7.7	6.4	11.5
Less than 20	9.3	6.5	12.3	9.7	7.6	12.0	10.0	7.4	12.8
20-24	6.8	4.7	10.9	7.1	5.1	11.1	7.4	5.8	10.9
25-29	6.1	5.0	11.6	6.3	5.2	11.1	7.1	6.4	10.7
30+	7.1	6.2	12.5	6.8	6.0	12.1	7.1	6.4	11.4

Source: Delaware Health Statistics Center

Table 11:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births U.S. and Delaware, 1984–1996

	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3
Delaware	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 12:

Very Low Birth Weight Births by Age and Race of Mother

Five-Year Average Percentage of Very Low Birth Weight Births by Age and Race of Mother Delaware and Counties, 1990–1996

	1990–1994			1991–1995			1992–1996		
Area/Age	All Races	White	Black	All Races	White	Black	All Races	White	Black
Delaware	1.6	1.0	3.4	1.6	1.1	3.2	1.6	1.1	3.2
Less than 20	2.4	1.6	3.3	2.4	1.7	3.2	2.3	1.6	3.1
20-24	1.6	0.9	3.1	1.6	1.0	2.9	1.7	1.1	3.1
25-29	1.3	0.9	3.2	1.4	1.0	3.0	1.4	1.1	3.0
30+	1.5	1.1	4.2	1.5	1.1	4.1	1.5	1.1	4.0
New Castle	1.7	1.1	3.8	1.7	1.1	3.6	1.7	1.1	3.8
Less than 20	2.8	1.9	3.6	2.5	1.8	3.2	2.5	1.6	3.3
20-24	1.9	1.0	3.4	1.8	1.1	3.2	2.1	1.2	3.7
25-29	1.4	0.8	3.8	1.5	1.0	3.5	1.5	1.1	3.5
30+	1.6	1.1	4.9	1.5	1.1	4.6	1.5	1.1	4.5
Kent	1.4	1.1	2.7	1.5	1.2	2.7	1.5	1.3	2.3
Less than 20	2.3	2.0	3.0	2.7	2.3	3.2	2.5	2.5	2.6
20-24	1.3	0.8	2.9	1.3	0.9	2.5	1.2	0.9	2.2
25-29	1.0	0.9	1.3	1.1	1.0	1.4	1.2	1.2	1.1
30+	1.6	1.3	3.5	1.6	1.2	3.8	1.6	1.1	3.8
Sussex	1.2	0.8	2.4	1.4	1.0	2.5	1.4	1.0	2.4
Less than 20	2.0	0.4	2.8	2.3	0.8	3.0	2.3	0.8	3.1
20-24	1.4	0.9	2.3	1.5	1.0	2.3	1.4	1.1	2.0
25-29	0.9	0.8	2.6	1.1	1.0	2.6	1.1	1.1	2.5
30+	0.9	0.8	1.5	1.0	1.0	1.8	1.0	1.0	1.5

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams).
Source: Delaware Health Statistics Center

Table 13:

Prenatal Care

Percent of Mothers Receiving Prenatal Care in The First Trimester of Pregnancy Delaware, Counties, and City of Wilmington, 1987–1996

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
U.S.	74.4	74.2	73.9	74.2	74.6	76.1	77.1	78.4	79.4	79.7
Delaware	77.0	79.5	77.0	78.9	77.4	80.1	81.6	82.3	84.7	82.6
White	82.5	85.0	83.4	84.9	83.8	86.4	86.0	86.8	88.1	86.0
Black	58.9	60.7	56.7	59.3	59.1	60.9	67.3	67.6	73.7	71.7
Other	79.5	86.4	77.6	82.6	80.5	77.9	79.2	84.4	84.1	81.7
New Castle	81.0	83.1	80.2	83.0	80.1	84.3	88.9	90.2	90.6	88.6
Wilmington	71.3	67.1	65.0	68.1	62.1	68.2	78.8	80.7	81.8	80.3
Kent	74.7	75.3	70.7	71.5	75.4	76.0	66.9	64.1	73.1	68.9
Sussex	63.2	69.2	70.8	70.6	68.7	67.6	69.3	71.9	74.1	74.4

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

Table 14:

Prenatal Care by Race

Percent of Mothers Receiving Prenatal Care in The First Trimester of Pregnancy by Race Delaware, Counties, and City of Wilmington, 1996

Area	All Races	White	Black	Other
Delaware	82.6	86.0	71.7	81.7
New Castle	88.6	91.9	78.5	86.7
Wilmington	80.3	86.7	76.6	83.3
Balance of NCC	90.5	92.4	80.3	87.0
Kent	68.9	72.1	58.1	70.6
Sussex	74.4	79.1	60.0	69.6

Source: Delaware Health Statistics Center

Table 15:

Births by Birth Weight, Race of Mother and Adequacy of Prenatal Care

Number and Percent of Live Births by Race of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1992–1996

	Total		Adequate		Intermediate		Inadequate		Unknown	
Birth Weight (g)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	52,010	100.0	38,664	74.3	10,144	19.5	2,592	5.0	610	1.2
<2500	4,147	100.0	2,672	64.4	994	24.0	384	9.3	97	2.3
<1500	850	100.0	552	64.9	179	20.7	84	9.9	38	4.5
1500-2499	3,297	100.0	2,120	64.3	818	24.8	300	9.1	59	1.8
2500+	47,842	100.0	335,988	75.2	9,146	19.1	2,207	4.6	501	1.0
Unknown	21	100.0	4	19.0	4	19.0	1	4.8	12	57.1
White	38,707	100.0	30,582	79.0	6,484	16.8	1,232	3.2	409	1.1
<2500	2,433	100.0	1,738	71.4	516	21.2	127	5.2	52	2.1
<1500	443	100.0	307	69.3	89	20.1	26	5.9	21	4.7
1500-1499	1,990	100.0	1,431	71.9	427	21.5	101	5.1	31	1.6
2500+	36,255	100.0	28,841	79.6	5,964	16.5	1,104	3.0	346	1.0
Unknown	19	100.0	3	15.8	4	21.1	1	5.3	11	57.9
Black	12,064	100.0	7,169	59.4	3,419	28.3	1,296	10.7	180	1.5
<2500	1,607	100.0	858	53.4	455	28.3	252	15.7	42	2.6
<1500	392	100.0	234	59.7	85	21.7	57	14.5	16	4.1
1500-2499	1,215	100.0	624	51.4	370	30.5	195	16.0	26	2.1
2500+	10,455	100.0	6,310	60.4	2,964	28.4	1,044	10.0	137	1.3
Unknown	2	100.0	1	50.0	0	0.0	0	0.0	1	50.0
Other	1,239	100.0	913	73.7	241	19.5	64	5.2	21	1.7
<2500	107	100.0	76	71.0	23	21.5	5	4.7	3	2.8
<1500	15	100.0	11	73.3	2	13.3	1	6.7	1	6.7
1500-2499	92	100.0	65	70.7	21	22.8	4	4.3	2	2.2
2500+	1,132	100.0	837	73.9	218	19.3	59	5.2	18	1.6
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Source: Delaware Health Statistics Center

Table 16:

Births by Birth Weight, Age of Mother and Adequacy of Prenatal Care

Number and Percent of Live Births by Age of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1992–1996

Age / Birth Weight (g)	Total		Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	6,749	100.0	3,736	55.4	2,201	32.6	717	10.6	95	1.4
<2500	721	100.0	353	49.0	222	30.8	124	17.2	22	3.1
<1500	158	100.0	92	58.2	31	19.6	26	16.5	9	5.7
1500-2499	563	100.0	261	46.4	191	33.9	98	17.4	13	2.3
2500+	6,025	100.0	3,383	56.1	1,978	32.8	592	9.8	72	1.2
Unknown	3	100.0	0	0.0	1	33.3	1	33.3	1	33.3
20-24 Years	12,086	100.0	8,179	67.7	2,883	23.9	860	7.1	164	1.4
<2500	1,001	100.0	618	61.7	252	25.2	110	11.0	21	2.1
<1500	208	100.0	127	61.1	47	22.6	28	13.5	6	2.9
1500-2499	793	100.0	491	61.9	205	25.9	82	10.3	15	1.9
2500+	11,081	100.0	7,560	68.2	2,630	23.7	750	6.8	141	1.3
Unknown	4	100.0	1	25.0	1	25.0	0	0.0	2	50.0
25-29 Years	15,177	100.0	12,039	79.3	2,453	16.2	5509	3.4	176	1.2
<2500	1,056	100.0	700	66.3	256	24.2	74	7.0	26	2.5
<1500	220	100.0	145	65.9	48	21.8	15	6.8	12	5.5
1500-2499	836	100.0	555	66.4	208	24.9	59	7.1	14	1.7
2500+	14,115	100.0	11,338	80.3	2,197	15.6	435	3.1	145	1.0
Unknown	6	100.0	1	16.7	0	0.0	0	0.0	5	83.3
30-34 Years	12,759	100.0	10,416	81.6	1,875	14.7	345	2.7	123	1.0
<2500	938	100.0	682	72.7	187	19.9	48	5.1	21	2.2
<1500	172	100.0	124	72.1	35	20.3	5	2.9	8	4.7
1500-2499	766	100.0	558	72.8	152	19.8	43	5.6	13	1.7
2500+	11,815	100.0	9,733	82.4	1,687	14.3	297	2.5	98	0.8
Unknown	6	100.0	1	16.7	1	16.7	0	0.0	4	66.7
35+ Years	5,239	100.0	4,294	82.0	732	14.0	161	3.1	52	1.0
<2500	431	100.0	319	74.0	77	17.9	28	6.5	7	1.6
<1500	92	100.0	64	69.6	15	16.3	10	10.9	3	3.3
1500-2499	339	100.0	255	75.2	62	18.3	18	5.3	4	1.2
2500+	4,806	100.0	3,974	82.7	654	13.6	133	2.8	45	0.9
Unknown	2	100.0	1	50.0	1	50.0	0	0.0	0	0.0

Source: Delaware Health Statistics Center

Table 17:

Births by Birth Weight, Marital Status, and Adequacy of Prenatal Care

Number and Percent of Live Births by Marital Status, Birth Weight in Grams, and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group), Delaware, 1992–1996

Marital Status / Birth Weight (g)	Adequate		Intermediate		Inadequate		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	28,117	82.3	4,995	14.6	716	2.1	346	1.0
<2500 (low birth weight)	1,605	76.2	395	18.8	61	2.9	45	2.1
<1500 (very low birth weight)	289	74.1	66	16.9	13	3.3	22	5.6
1500-2499	1,316	76.7	329	19.2	48	2.8	23	1.6
2500+	26,509	82.7	4,596	14.3	655	2.0	291	0.9
Unknown	3	17.6	4	23.5	0	0.0	10	58.8
Single	10,547	59.1	5,149	28.9	1,876	10.5	264	1.5
<2500 (low birth weight)	1,067	52.3	599	29.3	323	15.8	52	2.5
<1500 (very low birth weight)(very low birth weight)	263	57.2	110	23.9	71	15.4	16	3.5
1500-2499	804	50.9	489	30.9	252	15.9	36	2.3
2500+	9,479	60.0	4,550	28.8	1,552	9.8	210	1.3
Unknown	1	25.0	0	0.0	1	25.0	2	50.0

Source: Delaware Health Statistics Center

Table 18:

Infant, Neonatal and Postneonatal Mortality Rates

Five-Year Average Infant Mortality Rates, Neonatal and Postneonatal Mortality Rates U.S. and Delaware, 1989–1996

Area/Race	1989-1993			1990-1994			1991-1995			1992-1996		
	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal
U.S.	9.0	5.7	3.3	8.6	5.4	3.2	8.3	5.3	3.0	8.0*	5.1*	2.9*
White	7.3	4.6	2.7	7.0	4.4	2.6	6.8	4.3	2.5	6.5*	4.2*	2.4*
Black	17.5	11.3	6.3	17.0	10.9	6.0	16.4	10.6	5.8	15.8*	10.2*	5.6*
Delaware	10.4	7.2	3.1	9.3	6.4	2.9	8.9	6.0	2.9	7.9	5.4	2.5
White	7.5	5.5	2.0	6.6	4.7	1.9	6.4	4.5	2.0	5.6	3.8	1.8
Black	19.9	13.2	6.7	18.2	12.1	6.1	17.0	11.1	5.9	15.7	10.7	5.1

* Based on National Center for Health Statistics estimate
Neonatal – the period from birth to 27 days; Post-neonatal – the period from 28 days to one year; Infant – the period from birth to one year;
Infant Mortality Rate – calculated in deaths per 1,000 deliveries
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 19:

Infant Mortality Rates by Race

Five-Year Average Infant Mortality Rates by Race U.S., Delaware, Counties and City of Wilmington, 1981–1996

Area/Race	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	11.2	10.9	10.6	10.4	10.2	9.9	9.6	9.3	9.0	8.6	8.3	8.0*
White	9.8	9.5	9.2	9.0	8.7	8.3	8.0	7.7	7.3	7.0	6.8	6.5*
Black	19.1	18.7	18.3	18.0	18.1	18.0	17.9	17.7	17.5	17.0	16.4	15.8*
Delaware	12.6	12.2	11.8	12.1	12.3	11.3	11.5	10.9	10.4	9.3	8.9	7.9
White	9.7	9.7	9.3	9.6	9.9	8.9	8.9	8.2	7.5	6.6	6.4	5.6
Black	22.1	20.7	19.9	20.6	20.7	19.6	20.0	19.8	19.9	18.2	17.0	15.7
New Castle	13.5	13.1	12.6	12.4	12.5	11.2	11.3	10.8	10.7	9.5	9.0	7.8
White	10.2	10.1	9.6	9.5	9.6	8.4	8.6	7.9	7.5	6.5	6.3	5.0
Black	25.2	23.9	23.4	23.2	23.1	21.1	20.8	20.8	21.7	19.8	18.3	17.5
Wilmington	N/A	N/A	N/A	N/A	N/A	20.9	20.4	19.6	19.5	18.0	16.6	15.2
White	N/A	N/A	N/A	N/A	N/A	16.2	14.1	12.3	11.2	9.7	10.1	6.2
Black	N/A	N/A	N/A	N/A	N/A	23.8	24.2	23.8	24.3	22.8	20.4	20.5
Balance of NC Co.	N/A	N/A	N/A	N/A	N/A	8.6	9.0	8.6	8.5	7.5	7.2	6.1
White	N/A	N/A	N/A	N/A	N/A	7.6	8.1	7.4	7.1	6.2	5.9	4.8
Black	N/A	N/A	N/A	N/A	N/A	17.3	16.4	17.1	18.5	16.3	16.0	14.4
Kent	10.5	9.8	9.7	11.3	11.1	11.2	11.3	11.3	9.7	9.6	8.6	8.6
White	9.1	8.7	9.3	10.5	9.9	9.4	9.0	8.8	7.3	7.3	6.5	6.8
Black	14.9	13.5	11.3	14.4	15.6	17.7	19.0	19.9	17.9	17.6	15.5	15.1
Sussex	11.8	11.6	11.0	11.8	12.8	12.2	12.2	10.7	9.7	8.3	8.7	7.9
White	8.4	9.0	8.2	9.1	10.8	10.5	10.1	8.8	7.8	6.2	6.8	6.8
Black	20.0	17.9	17.8	18.5	18.0	16.8	18.0	16.1	15.3	13.7	13.9	10.4

Mortality Rates are deaths per 1,000 live births
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 20:

Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor
Delaware, 1991–1995

Risk Factor	All Races	White	Black
Birth Weight			
<1500 grams	307.1	299.3	307.0
<2500 grams	76.6	67.3	89.0
2500+ grams	2.6	2.1	4.1
Age of Mother			
<20	13.9	15.4	17.9
20-24	9.6	6.6	15.5
25-29	7.8	3.8	15.5
30+	6.2	5.1	13.0
Adequacy of Prenatal Care			
Adequate	6.8	5.0	14.8
Intermediate	9.4	7.1	15.0
Inadequate	21.8	20.8	23.4
Marital Status of Mother			
Married	5.6	4.9	10.6
Single	14.6	11.2	17.6
Education of Mother			
<12 years	11.9	8.9	16.8
High School diploma	10.6	6.8	16.1
1+ years of college	5.7	4.3	13.3

Source: Delaware Health Statistics Center

Table 21:

Infant Deaths by Causes of Death and Race of Mother

Number and Percent of Infant Deaths by Selected Leading Causes of Death by Race of Mother (all birth weights) Delaware, 1991–1995

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	458	100.0	247	100.0	200	100.0	11	100.0
Birth Defects	85	18.6	63	25.5	19	9.5	3	27.3
Certain Conditions Originating in the Perinatal Period	233	50.9	112	45.3	114	57.0	7	63.6
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	95	20.7	39	15.8	52	26.0	4	36.4
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	64	14.0	33	13.4	30	15.0	1	9.1
Infectious and Parasitic Diseases	18	3.9	6	2.4	12	6.0	0	0.0
Unintentional Injuries	9	2.0	3	1.2	6	3.0	0	0.0
Homicide	4	0.9	3	1.2	1	0.5	0	0.0
Diseases of the Respiratory System	10	2.2	5	2.0	5	2.5	0	0.0
All Other Causes	35	7.6	22	8.9	13	6.5	0	0.0

Infant deaths are deaths that occur between live birth and one year of age
Percentages are based upon the tatol number af infant deaths in each race group. Percentages may not add up to 100% due to rounding.
Live Birth Cohort – All persans barn during a given period of time.
Source: Delaware Health Statistics Center

Table 22:

Child Death Rates

Five-Year Average Death Rates, Children 1-14 Years of Age U.S. and Delaware, 1981–1996

	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	35.7	34.9	34.3	33.9	33.6	33.0	32.3	31.3	30.5	29.7	29.1	N/A
Delaware	38.0	37.0	37.8	35.3	35.3	34.3	32.1	30.3	29.9	26.6	24.5	23.3

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

Table 23:

Causes of Deaths of Children by Age

Five Leading Causes of Deaths of Children 1–19 Years Old, by Age Delaware, 1992–1996

Age	Cause of Death	Deaths	
		Number	Percent
1-4 Years	Unintentional Injuries*	23	32.4
	Homicide	9	12.7
	Birth Defects	8	11.3
	Cancer	3	4.2
	Heart Diseases	4	5.6
	All Other Causes	24	33.8
	Total	71	100.0
5-14 Years	Unintentional Injuries*	36	40.9
	Cancer	15	17.0
	Homicide	7	8.0
	Birth Defects	4	4.5
	Suicide	4	4.5
	All Other Causes	22	25.0
	Total	88	100.0
15-19 Years	Unintentional Injuries*	78	54.1
	Suicide	14	9.7
	Homicide	16	11.1
	Cancer	7	4.8
	Heart Diseases	4	2.7
	All Other Causes	25	17.3
	Total	144	100.0

* Motor vehicle accidents are included as part of unintentional injuries
Source: Delaware Health Statistics Center

Table 24:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide, Teens 15–19 Years of Age U.S. and Delaware, 1981–1996

	1981-1985	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996
U.S.	64.3	63.7	63.8	65.2	66.4	68.1	68.7	68.9	69.0	69.1	68.0	N/A
Delaware	51.2	49.1	43.5	50.4	50.1	52.2	47.6	47.6	43.2	45.0	45.3	47.5

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

Table 25:

Violent Juvenile Arrests

Juvenile Violent Crime Arrests, Delaware and Counties, 1988–1996

Area	1988	1989	1990	1991	1992	1993	1994	1995	1996
Delaware	191	214	374	594	537	525	514	588	629
New Castle	139	133	251	254	317	328	321	382	414
Kent	24	38	54	70	107	100	90	93	102
Sussex	29	43	69	70	113	97	103	113	113

Source: Statistical Analysis Center

Table 26:

Juvenile Part I Violent Crime Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–1996

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996
Part 1 Violent	191	214	374	394	537	525	514	588	629
Murder, Nonneg. Manslaughter	2	4	5	5	3	2	2	4	8
Manslaughter by Negligence	3	1	0	1	2	3	1	1	0
Forcible Rape	39	33	47	50	57	70	47	52	49
Robbery	51	28	105	88	133	121	144	171	168
Aggravated Assault	96	148	215	250	342	329	320	360	404

Source: Statistical Analysis Center

Table 27:

Juvenile Part I Property Crime Arrests

Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–1996

	1990	1991	1992	1993	1994	1995	1996
Delaware	1,961	1,964	2,307	2,159	2,211	2,156	2,225
New Castle	1,231	1,233	1,443	1,372	1,363	1,305	1,248
Kent	440	452	528	374	470	415	527
Sussex	290	279	336	413	378	436	450

* Part 1 Property Crimes: Burglary- Breaking or Entering, Larceny- Theft (Except MV Theft), Arson
Source: Statistical Analysis Center

Table 28:

Juvenile Part II Crime Arrests

Juvenile Arrests for Part II Crimes*, Delaware and County, 1990–1996

	1990	1991	1992	1993	1994	1995	1996
Delaware	3,955	4,018	3,795	4,005	3,911	4,492	4,869
New Castle	2,556	2,649	2,260	2,363	2,173	2,456	2,637
Kent	658	631	695	740	756	852	927
Sussex	741	738	840	702	982	1,184	1,305

* Part II Offenses: Drug Abuse Violations (Sales/Manufacturing and Possession), Other Assaults, Froud, Stolen Property (Buying, receiving, Possessing, etc.), Sex Offences (except Rape and Prostitution), Liquor Laws, Disorderly Conduct, All Other Offenses (Except Traffic), Curfew and Loitering Law Violation

Source: Statistical Analysis Center

Table 29:

Juvenile Drug Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–1996

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996
Drug Offenses	163	296	277	374	295	316	398	567	590
Drug Sales, Manufacturing	25	55	72	101	65	63	63	84	67
Opium, Cocaine & Derivatives	21	46	66	90	60	53	57	72	52
Marijuana	4	6	6	9	5	10	6	11	12
Synthetic/ Manufactured narcotics	0	1	0	0	0	0	0	0	3
Other Dangerous Non-Narcotics	0	2	0	2	0	0	0	1	0
Drug Possession	140	241	205	273	230	253	335	483	523
Opium, Cocaine & Derivatives	53	121	132	205	145	104	118	122	99
Marijuana	83	116	73	63	74	148	212	350	408
Synthetic/ Manufactured Narcotics	0	0	0	0	0	0	0	2	0
Other Dangerous Non-Narcotics	4	4	0	5	11	1	5	9	16

Source: Statistical Analysis Center

Table 30:

8th Graders Using Substances

Percent of participants in Delaware survey of public school 8th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days by gender, Delaware and Counties

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	22	28	15
Male	20	26	17
Female	23	29	13
New Castle	21	26	26
Male	21	27	30
Female	20	26	22
Kent	20	26	21
Male	18	23	22
Female	21	28	20
Sussex	24	31	24
Male	20	27	24
Female	27	33	23

Source: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Delaware Department of Services for Children, Youth and Their Families

Table 31:

11th Graders Using Substances

Percent of participants in Delaware survey of public school 11th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days by gender, Delaware and Counties

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	33	47	27
Male	36	49	32
Female	31	45	23
New Castle	44	48	29
Male	44	49	34
Female	43	46	23
Kent	42	47	26
Male	45	47	31
Female	40	47	22
Sussex	53	46	26
Male	53	51	29
Female	53	42	24

Source: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Delaware Department of Services for Children, Youth and Their Families

Table 32:

Student Violence and Possession

Reports of Student Violence and Possession (Delaware Code, Title 14, §4112* and SBE**) Delaware and Counties, 1995-1996 School Year

Type of Incident	New Castle County	Kent County	Sussex County	Delaware Totals***
Assault against pupil	390	87	84	568
Extortion against pupil	10	0	2	12
Total reports against pupils	**400**	**87**	**86**	**580**
Assault against employee	60	17	11	88
Extortion against employee	0	0	0	0
Offensive touching against employee	236	41	58	339
Terroristic threatening against employee	79	29	28	141
Total reports against employees	**375**	**87**	**97**	**568**
Possess dangerous instrument/weapon	151	42	41	235
Possess controlled substance	142	73	54	273
Total reports of possession	293	115	95	308
Total of §4112 reports filed	**1,068**	**289**	**278**	**1,656**
Total SBE filed	87	50	44	210
Total reports filed	**1,155**	**339**	**322**	**1,866**

* Delaware Code, Title 14, §4112: Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

** SBE (State Board of Education) Reports: Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

*** Alternative Schools are not included in county breakdowns but are included in Delaware total.

Source: Delaware Department of Education

Table 33:

Student Violence and Possession Charges Filed

Incidents in which Police Charges Were Filed Delaware, 1995/96 School Year

Incident	Reports	Charges Filed	Percent of Reports Leading to Charges Filed
Title 14, §4112 incidents against pupils	580	109	19%
Title 14, §4112 incidents against employees	568	187	33%
Possession of dangerous instrument/weapon	235	35	15%
Possession of unlawful controlled substance	273	94	34%
SBE incidents	210	99	47%
Total incidents	**1,866**	**524**	**28%**

Source: Delaware Department of Education

Table 34:

Student Violence and Possession by Age

Student Violence Data (Delaware Code, Title 14, §4112* and SBE**) by Number and Age of Perpetrators Delaware 1995-1996 School Year

	Ages 4–6	Ages 7–9	Ages 10–12	Ages 13–15	Ages 16–21	Total
Number of Students	37	171	485	799	432	1,924
Percent of students involved in violent incidents that are in this age group	1.9%	8.9%	25.2%	41.5%	22.5%	100.0%

* **Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

** **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 35:

Student Violence and Possession by Gender and Ethnicity

Student Violence Data (Delaware Code, Title 14, §4112* and SBE**) by Gender and Ethnicity of Perpetrators Delaware, 1995-1996 School Year

Ethnicity of Perpetrators	Female	% of Total Perpetrators	Male	% of Total Perpetrators	Total	% of Total Perpetrators
American Indian	0	0.0	2	0.1	2	0.1
Asian	5	0.3	3	0.2	8	0.4
African American	250	13.0	778	40.4	1,028	53.4
Hispanic	19	1.0	56	2.9	75	3.9
White	161	8.4	650	33.8	811	42.2
Total	**435**	**22.6**	**1,489**	**77.4**	**1,924**	**100.0**

* **Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

** **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery.

Source: Delaware Department of Education

Table 36:

Violent Adult Arrests

Violent Arrest Rate Per 1,000 Population Adults 18 and Over, Delaware, 1985–1996

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
Adult Violent Arrests	1,142	1,153	967	1,177	1,488	1,878	1,923	2,065	1,978	1,997	2,155	2,200
Rate	2.48	2.48	2.03	2.43	3.01	3.75	3.78	4.00	3.77	3.74	4.19	4.22

Source: Statistical Analysis Center

Table 37:

Violent Adult Arrests, Adults 18–39

Violent Arrest Rates Per 1,000 Population Adults 18–39 Only, Delaware, 1985–1996

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
Rate	4.92	4.92	4.08	4.90	6.13	7.65	7.79	8.32	7.92	7.94	8.54	8.72

Source: Statistical Analysis Center

Table 38:

Dropouts

Delaware Dropouts 1995/96, Summary Statistics Grades 9–12

	Annual Dropout Rate (%)	Percentage of All Dropouts (%)
Total	4.5	100.0
Gender		
Male	5.2	59.8
Female	3.7	40.2
Race/Ethnicity		
American Indian	0.0	0.0
African American	5.3	33.7
Asian	0.5	0.2
Hispanic	8.3	6.7
White	4.0	59.4
Age		
Less than 16	1.6	18.9
16	5.6	30.5
17	7.7	29.4
Greater than 17	19.9	21.2

Source: Delaware Department of Education

Table 39:

Dropouts and Enrollment by Race

Delaware Dropouts and Student Enrollment by Race, Public School Students Grades 9–12 Delaware and Counties, 1995/96 School Year

Area	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	8,896	1,137	21,400	31,433	473	94	837	1,404
New Castle	5,650	816	12,040	18,506	319	74	499	892
Kent	1,681	188	4,916	6,785	67	11	173	251
Sussex	1,565	133	4,444	6,142	87	9	165	261

Source: Delaware Department of Education

Table 40:

Dropout Rate and Percentage by Race

Dropout Rate and Percentage of all Dropouts by Race, Public School Students Delaware and Counties, 1995/96 School Year

County	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.3	8.3	3.9	4.5	33.7	6.7	59.6	100.0
New Castle	5.6	9.1	4.1	4.8	22.7	5.3	35.5	63.5
Kent	4.0	5.9	3.5	3.7	4.8	0.8	12.3	17.9
Sussex	5.6	6.8	3.7	4.2	6.2	0.6	11.8	18.6

Source: Delaware Department of Education

Table 41:

Dropouts and Enrollment by Race and Gender

Student Enrollment and Delaware Dropouts by Race and Gender, Grades 9–12 Public School Students in Delaware, 1995/96 School Year

Gender	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	8,896	1,137	21,400	31,433	473	94	837	1,404
Male	4,434	594	11,027	16,055	264	56	520	840
Female	4,462	543	10,373	15,378	209	38	317	564

Source: Delaware Department of Education

Table 42:

Dropout Rate and Percentage by Race and Gender

Dropout Rate and Percentage of all Dropouts by Race and Gender, Grades 9–12 Public School Students in Delaware, 1995/96 School Year

Gender	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	[illegible]	Hispanic	White/ Other	All
Delaware	5.3	8.3	3.9	4.5	33.7	6.7	59.6	100.0
Male	6.0	9.4	4.7	5.2	18.8	4.0	37.0	59.8
Female	4.7	7.0	3.1	3.7	14.9	2.7	22.6	40.2

Source: Delaware Department of Education

Table 43:

Dropouts by Race and Ethnicity

Dropouts by Race/Ethnicity, Grades 9–12, Delaware, 1986–1997

Race/Ethnicity	1986 1987	1987 9188	1988 1989	1989 1990	1990 1991	1991 1992	1992 1993	1993 1994	1994 1995	1995 1996	1996 1997
Black	9.5	10.0	10.2	10.0	7.9	6.2	5.8	6.8	5.8	5.3	6.1
Hispanic	14.1	13.6	14.2	11.9	8.8	7.9	5.1	6.7	7.5	8.3	7.3
White	6.2	6.1	6.2	5.4	4.9	3.0	3.6	3.8	4.0	4.0	3.7
All	7.2	7.2	7.3	6.6	5.7	4.0	4.2	4.6	4.6	4.5	4.5

Source: Delaware Source: Delaware Department of Education

Table 44:

Teens Not in School and Not in the Labor Force

Number and Percentage of Teens (16–19 Yrs.) Not in School and Not in the Labor Force Delaware, Counties and City of Wilmington, 1990 Census

Area	Total	%*	White	%*	Black	%*	Other	%*	Hispanic Origin	%*
Delaware										
High School Graduate	472	1.3	310	1.1	152	2.0	10	0.9	5	0.5
Not High School Graduate	1,433	3.8	811	2.8	564	7.6	58	5.0	57	5.5
New Castle										
High School Graduate	313	1.2	212	1.0	91	2.0	10	1.2	5	0.7
Not High School Graduate	864	3.4	467	2.4	357	7.8	40	4.9	36	5.0
Wilmington										
High School Graduate	63	1.8	15	2.0	48	2.0	0	0.0	0	0.0
Not High School Graduate	349	10.1	60	7.9	270	11.1	19	7.2	25	7.1
Kent										
High School Graduate	73	1.1	58	1.2	15	0.9	0	0.0	0	0.0
Not High School Graduate	268	4.0	172	3.6	89	5.1	7	2.7	2	0.8
Sussex										
High School Graduate	86	1.6	40	1.0	46	4.0	0	0.0	0	0.0
Not high school graduate	301	5.6	172	4.2	118	10.2	11	11.6	19	23.5

* Percentage of all teens 16–19 years old
Source: U.S. Bureau of the Census

Table 45:

Teens Not in School and Not Employed

Three Year Average Percentage of Persons (16-19 Yrs.) Not in School and Not Employed U.S. and Delaware, 1986–1997

	1986-1988	1987-1989	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997
U.S.	9.8	9.6	9.3	9.4	9.6	9.8	9.6	9.2	9.1	9.0
Delaware	7.0	7.5	10.3	9.0	7.4	10.8	9.6	9.8	7.3	9.3

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

Table 46:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type U.S. and Delaware, 1986–1997

	1986-1988	1987-1989	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997
U.S.										
1-Parent	10,190	10,580	11,417	12,067	12,610	12,617	12,730	13,187	14,187	15,233
2-Parent	33,933	35,767	37,700	39,233	40,747	42,213	43,680	45,300	47,100	49,133
Delaware										
1-Parent	11,650	13,617	14,443	14,567	14,667	15,000	15,667	16,133	17,167	18,467
2-Parent	35,767	37,100	38,633	41,200	44,237	47,570	49,033	50,867	51,167	53,403

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

Table 47:

Subsidized Child Care

Number of Children in State Subsidized Child Care Projected Monthly Averages, Delaware, Fiscal Years 1995–1998

	1995	1996	1997	1998
Delaware Totals	5,743	6,919	8,482	9,587
Welfare Reform*	3,316	3,366	3,742	4,259
Income Eligible**	2,427	3,553	4,740	5,328

* The welfare reform numbers refer to the number of children in families who received AFDC that year or received AFDC child care for one year after leaving the AFDC program.
** The income eligible numbers reflect the working poor families below 155% of poverty.
90% of children with authorization to receive subsidized child care attend in a given month.
Source: Delaware Department of Services for Children, Youth and Their Families

Table 48:

Free and Reduced Breakfasts

Average Number of Free and Reduced Breakfasts Served Daily and Percent of Total Served Delaware and Counties, 1991/92–1996/97 School Years

	1991-1992		1992-1993		1993-1994		1994-1995		1995-1996		1996-1997	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Delaware	9,028	84.1	11,537	84.6	12,375	83.4	12,612	82.8	12,484	82.2	12,215	82.2
New Castle	4,707	89.2	5,096	89.0	5,748	86.9	6,272	85.3	5,806	84.6	5,579	83.8
Kent	2,748	78.6	3,281	79.8	3,112	78.2	2,604	77.7	3,133	77.3	3,073	79.3
Sussex	1,572	78.6	3,160	80.8	3,515	82.1	3,736	83.2	3,545	82.3	3,563	82.3

Source: Delaware Department of Education

Table 49:

Free and Reduced Lunches

Average Number of Free and Reduced Lunches Served Daily and Percent to Total Enrollment Delaware and Counties, 1994/95–1996/97 School Years

		1994-1995		1995-1996		1996-1997	
		Number	%	Number	%	Number	%
Delaware	Enrollment	107,013		108,461		110,245	
	Free	30,981		31,247		32,208	
	Reduced	5,389		5,892		6,088	
	Percent Free and Reduced		33.9		34.2		34.7
New Castle	Enrollment	62,414		63,440		64,609	
	Free	17,435		17,912		17,720	
	Reduced	2,782		3,120		3,223	
	Percent Free and Reduced		32.4		33.2		32.4
Kent	Enrollment	24,257		24,472		27,749	
	Free	6,903		6,533		7,056	
	Reduced	1,607		1,612		1,640	
	Percent Free and Reduced		35.1		33.3		35.1
Sussex	Enrollment	20,342		20,549		20,887	
	Free	6,643		6,802		7,432	
	Reduced	1,000		1,160		1,225	
	Percent Free and Reduced		37.8		38.7		41.4

Source: Delaware Department of Education

Table 50:

Children Without Health Insurance

Percentage of Children Not Covered by Health Insurance U.S. and Delaware, Three-Year Moving Average, 1986–1996

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
U.S.	15.7	15.3	14.4	13.6	13.1	13.0	12.7	12.9	13.4	13.9	14.3
Delaware	15.1	14.9	11.6	11.8	11.4	13.4	10.7	10.8	10.2	12.1	12.4

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

Table 51:

Health Insurance

Three-Year Average Percentage Persons (0-64) without Health Insurance U.S. and Delaware, 1983– 1997

	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
U.S.	18.0	17.4	17.6	17.2	16.3	15.6	15.3	15.6	16.1	16.6	17.0	17.2	17.3
Delaware	16.0	16.9	16.9	16.7	14.1	14.0	14.2	15.7	14.2	14.0	14.2	15.8	15.8

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

Table 52:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years Annual Income in Dollars, U.S., 1996

	Related Children under 18 years old								
Size of Family Unit	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person under 65 years old	$8,163								
One Person 65 years old or older	7,525								
Two Persons, householder under 65	10,507	10,815							
Two Persons, householder 65 or older	9,484	10,774							
Three Persons	12,273	12,629	12,641						
Four Persons	16,183	16,448	15,911	15,967					
Five Persons	19,516	19,800	19,194	18,725	18,439				
Six Persons	22,447	22,536	22,072	21,627	20,965	20,537			
Seven Persons	25,828	25,990	25,434	25,046	24,324	23,482	22,558		
Eight Persons	28,887	29,142	28,617	28,158	27,506	26,678	25,816	25,597	
Nine Persons or more	34,749	34,917	34,453	34,063	33,423	32,542	31,746	31,548	30,333

Source: U.S. Census Bureau

Table 53:

Home Ownership

Percent of Home Ownership, U.S. and Delaware, 1989–1997

	1989	1990	1991	1992	1993	1994	1995	1996	1997
U.S.	63.9	63.9	64.1	64.1	64.5	64.0	64.7	65.4	65.7
Delaware	68.7	67.7	70.2	73.8	74.4	70.5	71.7	71.5	69.2

Source: Delaware State Housing Authority

Table 54:

Poverty Rates for One-Parent Families

Poverty Rates for One-Parent Female (FHH) and Male (MHH) Householder Families With Related Children Under 18 Years of Age Delaware and Counties, 1990 Census

Area	One-Parent FHH Families	FHH Families below poverty		One-Parent MHH Families	MHH Families below Poverty		Risk of Poverty Ratio (FHH vs. MHH)*
		Number	Percent		Number	Percent	
Delaware	17,625	5,609	31.8	4,083	555	13.6	2.3
New Castle	11,625	3,202	27.5	2,627	264	10.0	2.8
Kent	3,193	1,257	39.4	614	127	20.7	1.9
Sussex	2,807	1,150	41.0	842	164	19.5	2.1

* Female-headed one-parent families are 2.3 times more likely to be in poverty than male-headed one-parent families .
Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 55:

Poverty Rates for Female Householder Families

Poverty Rates for One-Parent Female Householder (FHH) Families With Related Children Under 18 Years of Age Delaware and Counties, 1980 and 1990 Census

Area	1980			1990			Percent Change 1979–1989
	One-Parent FHH Families	FHH Families below poverty		One-Parent FHH Families	FHH Families below Poverty		
		Number	Percent		Number	Percent	
Delaware	15,210	6,122	40.2	17,625	5,609	31.8	-20.9
New Castle	10,318	4,006	38.8	11,625	3,202	27.5	-29.1
Kent	2,737	1,180	43.1	3,193	1,257	39.4	-8.6
Sussex	2,155	936	43.4	2,807	1,150	41.0	-5.5

Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 56:

Percentage Female Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18 U.S. and Delaware, 1986–1997

	1986-1988	1987-1989	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997
US	50.9	48.5	45.2	42.4	42.9	43.7	44.0	43.1	41.7	40.2
Delaware	42.2	37.7	32.4	26.0	25.5	26.6	31.2	33.0	31.2	28.2

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

Table 57:

Children in Poverty by Family Type

Related Children Under 18 in Poverty, Number and Percent by Family Type U.S. and Delaware, 1990 Census

	Children under 18 in Married Couple Families		Children under 18 in Female Headed Families		Children under 18 in Male Headed Families	
	Number in Poverty	Percentage in Poverty	Number in Poverty	Percentage in Poverty	Number in Poverty	Percentage in Poverty
U.S.	4,419,632	9.3	6,179,808	49.9	562,396	23.5
Delaware	5,282	4.3	12,471	39.9	944	14.0

Source: Population Reference Bureau; U.S. Bureau of the Census

Table 58:

Child Support Paid

Percent of Child Support That Is Paid U.S. and Delaware, Fiscal Years 1989–1997

	1989	1990	1991	1992	1993	1994	1995	1996	1997
U.S.	47.6	53.0	48.0	55.4	52.7	54.0	53.0	N/A	N/A
Delaware	61.0	58.7	58.4	59.3	56.1	59.9	62.0	61.4	60.2

Source: Office of Child Support Enforcement - 158 Report and Child Support Enforcement Annual Report to Congress

Table 59:

Percentage of Births to Single Mothers

Five Year Average Percentage of Live Births to Single Mothers U.S., Delaware, Counties, 1984–1996

Area/Race	1984–1988	1985–1989	1986–1990	1987–1991	1988–1992	1989–1993	1990-1994	1991-1995	1992-1996
U.S.	23.4	24.6	25.8	27.0	28.1	29.1	30.2	31.1	31.6
White	15.6	16.8	18.0	19.2	20.4	21.5	22.7	23.7	24.5
Black	61.3	62.6	63.9	65.2	66.4	67.4	68.3	69.0	69.7
Delaware	26.4	27.3	27.9	28.9	29.9	31.3	32.3	33.5	34.3
White	14.2	14.9	15.4	16.3	17.3	18.6	20.0	21.5	22.7
Black	66.9	68.2	68.7	69.7	70.6	72.1	72.6	73.0	73.2
New Castle	25.5	26.3	26.7	27.6	28.7	29.8	30.7	31.8	32.3
White	13.7	14.2	14.5	15.1	16.1	17.2	18.3	19.8	20.7
Black	68.7	69.5	69.8	70.6	71.5	72.5	72.8	72.9	73.0
Kent	24.4	25.9	27.1	28.4	29.6	31.3	32.4	33.6	34.6
White	14.6	15.6	16.5	17.7	19.5	21.0	22.4	23.5	24.7
Black	56.9	59.2	60.6	62.0	62.4	64.8	65.9	67.0	68.4
Sussex	32.2	33.0	33.5	34.9	35.5	37.2	39.1	40.0	41.6
White	16.3	17.3	18.2	19.7	20.4	22.2	24.3	26.3	28.7
Black	71.1	72.9	73.2	74.9	75.5	77.8	78.2	78.5	78.0

Source: Delaware Health Statistics Center; National Center for Health Statistics

Table 60:

Unemployment

Unemployment Rates by Race and Gender U.S. and Delaware, 1985–1997

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997*
U.S., Total	7.2	7.0	6.2	5.5	5.3	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9
Male	7.0	6.9	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9
Female	7.4	7.1	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9
White	6.2	6.0	5.3	4.7	4.5	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2
Black	15.1	14.5	13.0	11.7	11.4	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0
Delaware, Total	5.3	4.3	3.2	3.2	3.5	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0
Male	5.0	4.4	3.0	3.4	3.2	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4
Female	5.6	4.3	3.4	2.9	3.8	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6
White	4.1	3.6	2.3	2.5	2.9	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3
Black	12.2	8.6	6.6	7.5	6.6	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7

*Preliminary data, subject to revision
Source: Delaware Department of Labor and U.S. Dept. of Labor, Bureau of Labor Statistics

Table 61:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1990–1997

	1990	1991	1992	1993	1994	1995	1996	1997
Child Care Centers*	13,530	14,481	15,642	16,727	17,117	18,269	19,328	20,371
Family Child Care Homes**	8,889	10,400	11,070	11,891	11,459	16,412	14,935	15,197
Large Family Child Care Homes***	286	308	336	424	488	514	519	535
Totals	22,750	25,189	27,048	29,042	29,064	35,195	34,782	36,103

* Child Care Center– 13 or more children
** Family Child Care Homes– 1 person caring for more than 6 children
*** Large Family Child care Homes– 2 people caring for a group of 7-12 children
Source: Delaware Department of Services for Children, Youth and Their Families

Table 62:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age Delaware by Counties, 1997

Age	Day Care Centers Minimum	Average	High	Family Child Care Homes Minimum	Average	High
New Castle						
0–12 months	67	125	190	55	97	175
1 and 2 years old	67	108	185	53	82	175
3 years and older	46	98	180	42	56	162
Kent						
0–12 months	63	84	144	50	72	125
1 and 2 years old	59	76	115	50	69	90
3 years and older	54	74	112	42	66	90
Sussex						
0–12 months	53	82	105	35	68	100
1 and 2 year old	53	72	97	35	65	93
3 years and older	46	67	93	32	61	92

Source: The Family and Workplace Connection

Table 63:

Child Abuse and Neglect

Reported and Confirmed Reports of Child Abuse/Neglect, Delaware 1990–1998

Fiscal Year	1993	1994	1995	1996	1997	1998
Accepted reports	4,541	4,886	5,584	5,117	6,945	6,384
Substantiated reparts	1,771	1,856	1,787	1,740	1,667	2,355

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

Table 64:

Foster Care

Children in Foster Care, Delaware, Fiscal Years 1990-1997

	1990	1991	1992	1993	1994	1995	1996	1997
Average number of children per month	678	743	725	729	793	892	925	828

Sources: Delaware Department of Services for Children, Youth and Their Families
Child Abuse and Neglect: A look at the States (The CWLA Stat Book), Child Welfare League of America, Inc., Washington, D.C., 1995 and 1997.

Table 65:

Leaving Foster Care

Children Exiting Foster Care, 1995–1997

	Number of Children		
	1995	1996	1997
Total children exiting foster care	712	739	733
Returned to parent	332	305	299
Returned to parent with DFS custody	175	209	185
Custody to relative	72	85	98
Adoption	32	48	39
Reached maturity (e.g. married, emancipated)	45	49	67
Custody to some other agency	10	10	7
Custody to non-relative	7	0	0
Runaways	14	0	0
Deceased	0	1	2
Other (not specified)	25	32	36

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

Table 66:

Child Immunizations

Percent of Children Fully Immunized by Age 2+
U.S. and Delaware, 1994–1997

	Apr. 1994 – Mar. 1995	Jan. 1995–Dec. 1995	Jan. 1996–Dec. 1996	Jan. 1997–Dec. 1997
Delaware	81	81	81	81
U.S.	75	75	75	78

Note: Data for calendar year 1997 are not available because CDC has switched to reporting by fiscal year.
Source: Centers For Disease Control and Prevention

Table 67:

Lead Poisoning

Percent of Children under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
Delaware and U.S., Fiscal Years 1994–1998

	1994	1995	1996	1997	1998
# Tested	7,998	8,959	9,848	9,243	8,847
# Identified	247	208	166	121	129
Delaware (%)	3.1	2.3	1.7	1.3	1.5
U.S. (%)	N/A	1.3	N/A	N/A	N/A

U.S. data only available for 1995
Source: Delaware Department of Health and Social Services, Divisian of Public health, Childhood Lead Poisoning Prevention Program

Table 68:

Sexually Transmitted Diseases

Number and Percent of Teens Ages 15–19 with Gonorrhea and Primary or Secondary Syphilis

	1990	1991	1992	1993	1994	1995	1996	1997
Gonorrhea Cases	1,000	850	549	460	769	771	523	452
Primary or Secondary Syphilis Cases	16	20	7	6	2	1	2	0
Total	1,016	870	556	466	771	772	525	452
Est. Population 15-19 yrs.	46,454	46,100	45,768	45,453	45,159	44,886	45,943	47,029
Delaware (%)	2.2	1.9	1.22	1.0	1.7	1.7	1.1	1.0

Note: no reliable U.S. data are available
Source: Delaware Department of Health and Social Services, Division of Public Health

Family Services Cabinet Council

FAMILIES COUNT in Delaware : 1998

STATE OF DELAWARE
OFFICE OF THE GOVERNOR

THOMAS R. CARPER
GOVERNOR

Dear Friends:

One of the very first things on my agenda when I became Governor in 1993 was to create the Family Services Cabinet Council. Since its inception, I have personally chaired the Council, which is made up of Cabinet Secretaries from the seven state departments having significant impact on children and families in Delaware. As a group which has labored closely together for more than six years, we are pleased to present this first publication of ***Families Count in Delaware***.

As we move into the 21st century, it becomes increasingly important for us to focus on the measurable outcomes of the substantial investments that we have made in addressing the health, education, and social issues facing Delawareans.

The indicators found in Families Count in Delaware will -- over time -- provide us with valuable data to allow for informed debate and public policy development focused on the mission of the Council: "To strengthen and support Delaware families and help children achieve their full potential within safe and caring communities."

I hope you enjoy the report and find it useful as we continue out shared goal of supporting and strengthening families here in The First State.

Sincerely,

Thomas R. Carper
Governor

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Department of Public Safety

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Department of Services for Children, Youth, and Their Families

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State Budget Office

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FAMILIES COUNT in Delaware

The Family Services Cabinet Council, in conjunction with the Center for Community Development and Family Policy at the University of Delaware, is monitoring the conditions of families, children and individuals in the community by focusing on outcomes. Outcome measures are defined as measures of the results that occur, at least in part, because of services provided, for example, "percent of low birth weight babies." The focus on outcomes carries important implications:

- It allows us to communicate goals that the state and the public value for the well being of our families, children, and individuals.
- In communicating outcomes, we introduce accountability for improved conditions.
- Outcome focus will also allow for improved decision-making in service delivery, internal management, and allocation of resources.

Integral to the success of this program is public involvement in identifying needs and working towards improved conditions. Quantifying the progress towards achieving the outcomes are the indicators assembled in this report. These indicators were developed by Governor Carper's Family Services Cabinet Council in a process that started with a statement of the Council's mission and goals and is coming to fruition with the first publication of *FAMILIES COUNT in Delaware.* The indicators are organized into the categories of

(1) healthy children,

(2) successful learners,

(3) resourceful families,

(4) nurturing families, and

(5) strong and supportive communities.

Plans for further development of the FAMILIES COUNT in Dela-ware indicators include involving stakeholders in a critical review of the indicators to determine if indicators need to be revised, added to, or deleted. When possible, we compare Delaware to Mid-Atlantic States and the nation. These comparisons help to determine where Delaware rates in comparison to the rest of the nation, and if progress is being made over time. In addition, we present the data by counties in order to gain better understanding of the needs in particular segments of the state. Though these data may be used to monitor change or progress, sometimes it is not easy to infer whether the trend is getting better or worse from the indicator, and the same information may be interpreted in different ways. In small states like Delaware, rates tend to vary significantly from year to year. Ranks sometimes mask very small differences among states. Positive trends and high ranks do not necessarily indicate that issues no longer need attention. Finally, we recognize that there are indicators that are not included here and should be. Some of these have been included in the report as "under construction."

The fact that Delaware trends mirror national trends is an indication of underlying societal forces. For example, the increasing number of births to single parents has been attributed to among other factors: increased financial independence for women; changes in social norms regarding marriage and sexual behavior; and diminished economic opportunities, especially for young men. Other trends are predicable from the nation's demographics: for example, the growing elderly population has serious implications for social services.

Ultimately, the purpose of this book is to stimulate debate, not to end debate by providing definite answers. The best solutions to social problems will emerge from the debate, not from the data. We hope this type of information will add to the knowledge base on our social well being; guide and advance informed discussions; and help us focus on issues that need attention.

The Indicators

Healthy Children

Goal: Children are born healthy. Children will remain free of preventable diseases and disabilities , and will have social, emotional, and physical health promoting behaviors. Children born with or who develop disabilities, health, social, or emotional problems reach their full potential.

	Delaware Compared to U.S. Average	Recent Trend in Delaware
Prenatal care Percent of mothers receiving prenatal care in the first trimester of pregnancy		
Low birth weight babies Percent of low birth weight babies		
Infant mortality Infant mortality rate per 1,000 live births		
Lead poisoning Percent of children age 6 and under with blood lead levels at or over 15 mcg/dl		
Child immunizations Percent of children fully immunized by age 2		
Child deaths Rate of child deaths per 100,000 children ages 1–14		
Children with health care coverage Percent of children to age 18 with health care coverage		
Substance abuse, 8th graders* Percent of participants in Delaware survey of public school eighth graders using substances (cigarettes, alcohol, marijuana) in the last 30 days		
Substance abuse, 11th graders* Percent of participants in Delaware survey of public school eighth graders using substances (cigarettes, alcohol, marijuana) in the last 30 days		
Sexually transmitted diseases* Percent of teens ages 15–19 with gonorrhea or primary/secondary syphilis		
Teen deaths Rate of teen deaths by injury, homicide, and suicide (per 100,000 teens 15–19)		

Successful Learners

Goal: Children are prepared to enter school, progress to high school graduation and make successful transitions to adulthood. Increasing percentages go on to post-secondary education. Children with developmental disabilities or specific needs reach their full potential.

Early childhood disability intervention* Percent of children ages birth to 3 receiving early intervention services		
Head Start, Early Childhood Assistance Program* Rate of participation for eligible 4 year olds in early childhood assistance programs		
Teens not in school, not working Percent of teens 16–19 not attending school and not working		
High school dropouts* Percent of high school dropouts		

* Data not available to indicate trend and/or U.S. comparison.

Resourceful Families

Goal: Families have educational, housing, health care, employment, and economic resources to be self-sustaining and self-sufficient at all stages in their family life cycle.

Children in poverty
Percent of children living in poverty

One-parent households
Percent of children ages 0–17 in one-parent households

Teen births
Teen birth rate for 1,000 females age 15–17

Female headed households in poverty
Percent of families in poverty with female single head of household and children

Child support collected
Percent of amount owed child support that is paid

Risk of homelessness/Families in substandard housing*
Percent of families living in substandard housing, or at risk of becoming homeless

Lack of health care coverage
Percent of persons under age 65 who do not have health care coverage

Nurturing Families

Goal: Families will provide a nurturing environment for all members free of violence, neglect, and abuse.

Abused/neglected children*
Children with substantiated reports of abuse or neglect per 1,000 children

Children in out-of-home care*
Children in out-of-home care per 1,000 children

Juvenile delinquents in out-of-home care*
Juvenile delinquents in out-of-home care per 1,000 youth ages 10–17

Strong and Supportive Communities

Goal: Communities have child care, educational systems, physical infrastructure, and employment opportunities to support a high quality of life for all community members. Communities are drug, crime, and violence free. Residents are actively involved in achieving community self-sufficiency.

Unemployment Rate
Unemployment rate by race and gender

Depending on neighbors*
Percent of households at 200 percent of poverty level or below that indicate they would seek help from a neighbor

Juvenile violent crime
Juvenile violent crime arrest rate (per 1,000 youths ages 10–17)

Adult violent crime arrests*
Adult violent crime arrest rate per 1,000 adults

Adults on probation or parole*
Adults on probation or parole per 1,000 adults

Substandard housing units*
Percent of substandard housing units

Home ownership
Percent of home ownership

* Data not available to indicate trend and/or U.S. comparison.

For more information about the programs described within* FAMILIES COUNT in Delaware, *contact the state agencies listed below:

Delaware Information Helplines
1-800-464-4357 (in state)
1-800-273-9500 (out of state)

State of Delaware Web Site
www.state.de.us

Office of the Governor,
Advisor on Family Policy
302-577-3210

Department of Corrections
302-739-560

Department of Education
302-739-4601

Delaware State Housing Authority
302-739-4263

Department of Health and Social Services

Division of Public Health: 302-739-4700
Division of Social Services: 302-577-4400
Division of Alcoholism, Drug Abuse and
Mental Health: 302-577-4460

Department of Labor
302-761-8000

Department of Public Safety
302-739-4311

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

Healthy children

Children are born healthy. Children will remain free of preventable diseases and disabilities, and will have social, emotional, and physical health promoting behaviors. Children born with or who develop disabilities, health, social, or emotional problems reach their full potential.

Prenatal Care

Percent of mothers receiving prenatal care in the first trimester of pregnancy

Early prenatal care and regular prenatal visits increase the probability that babies will be born healthy, because medical problems can be detected earlier and high-risk health habits such as substance abuse and smoking may be curtailed[1]. Delaying the start of prenatal care to the second trimester increases health risks for both mother and baby[2]. A mother who receives no prenatal care is three times more likely to deliver a low birth weight baby than one who has received appropriate prenatal care[3].

1 Voices for Children in Nebraska. (1997). *KIDS COUNT in Nebraska 1997 Report.*

2 The Alan Guttmacher Institute. (1989). *Prenatal Care in the U.S.: A State and Country Inventory, 1.*

3 The National Education Goals Panel. (1997, October). Prenatal Care. *Special Early Childhood Report, 1997.* 10-11.

For more information see

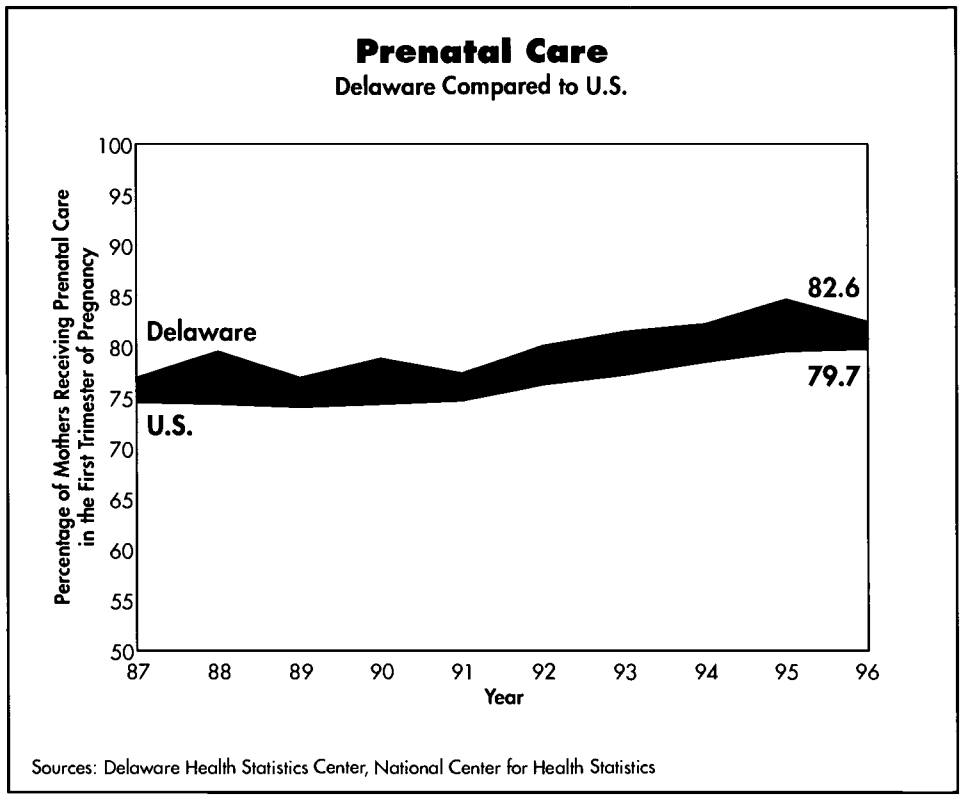
Low Birth Weight Babies p. F-12

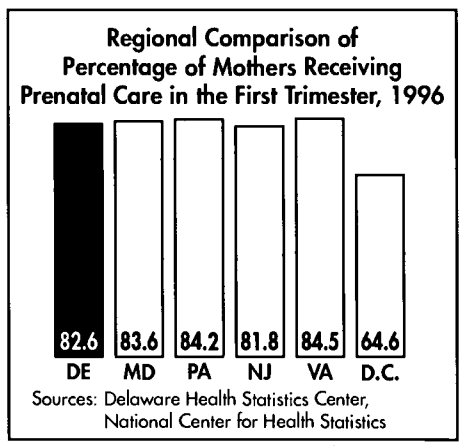
In the KIDS COUNT Section:

Low Birth Weight Babies p. K-20

Infant Deaths by Adequacy of Prenatal Care p. K-23

Tables 13–17 p. K-64–67

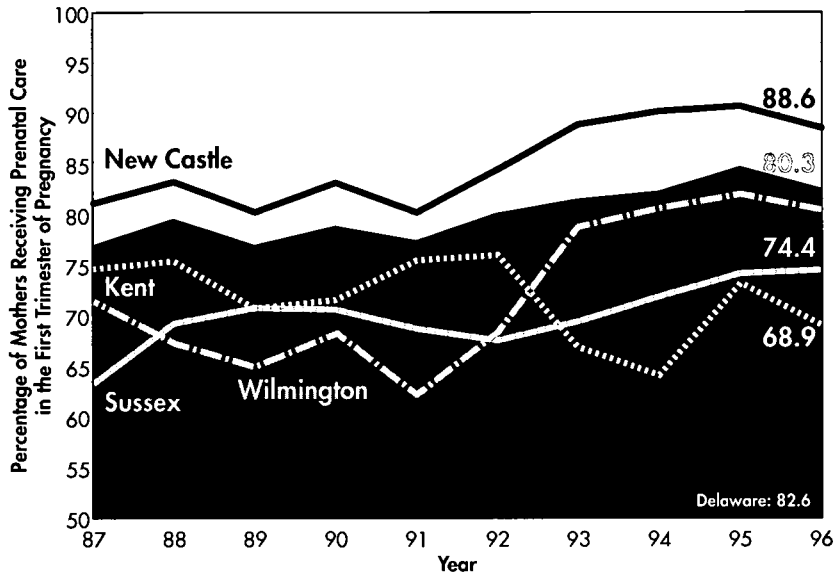




Program Statement: Delaware has expanded Medicaid to more pregnant women than ever before, including low-income working women. An eligible pregnant woman can be immediately enrolled in Medicaid, enabling her to begin prenatal care without the usual waiting period.

Prenatal Care

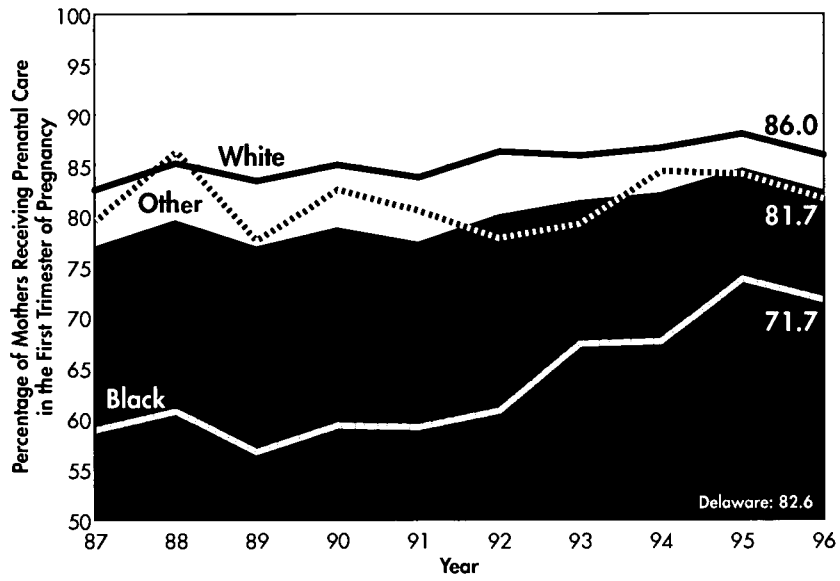
Delaware, Counties and Wilmington



Source: Delaware Health Statistics Center

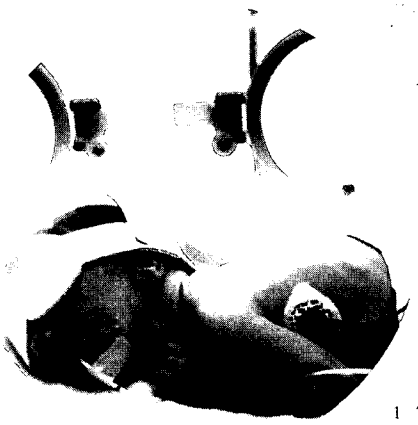
Prenatal Care

Delaware by Race



Source: Delaware Health Statistics Center

Low Birth Weight Babies



Percent of low birth weight babies

A baby's weight at birth is related to the baby's survival, health, and development. Low birth weight is a condition that may increase a child's risk of developing health, learning, and behavioral problems later in life [1]. Babies who are born weighing less than 5.5 pounds are more likely to require special education. Nearly fifty percent of all low birth weight infants will, at some point in their lives, enter special education programs [2]. Risk factors associated with low birth weight are cigarette smoking during pregnancy, poverty, lack of education, inadequate prenatal care, lack of health insurance, and premature birth [3].

1 The National Education Goals Panel. (1997, October). Birth weight. *Special Early Childhood Report 1997.* 12-13.

2 The David and Lucile Packard Foundation. (1995). The future of children: low birth weight. *Center for the Future of Children, 5* (1), 7.

3 The David and Lucile Packard Foundation. (1995). The future of children: low birth weight. *Center for the Future of Children, 5* (1), 4.

For more information see

Prenatal Care p. F-10

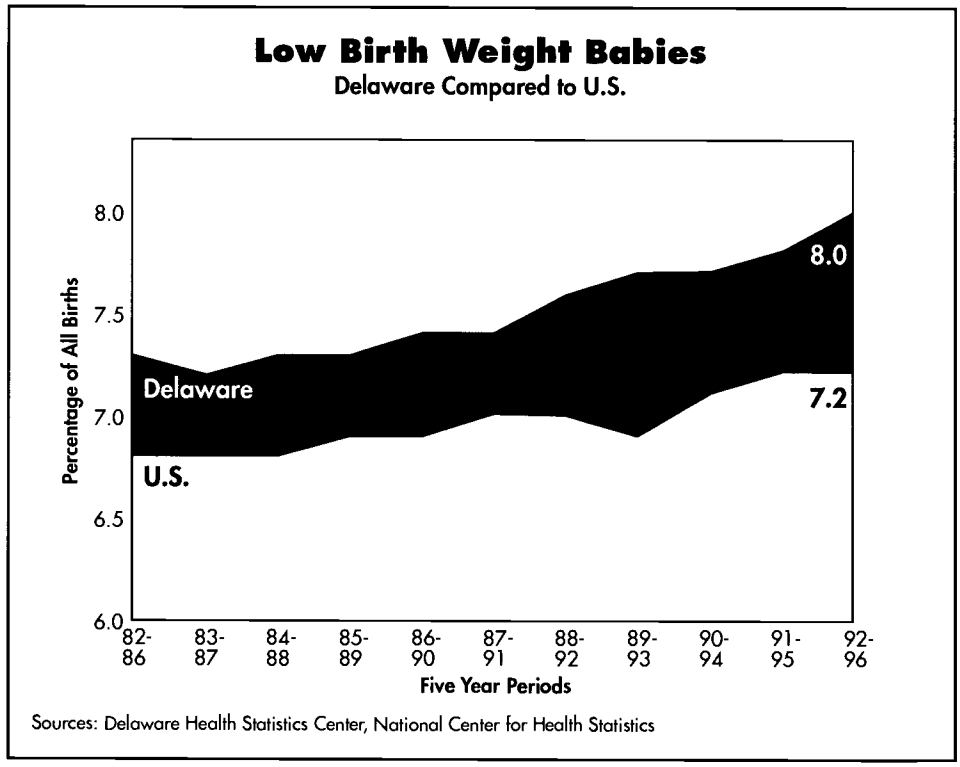
In the KIDS COUNT Section:

Infant Deaths by Birth Weight of Infant p. K-23

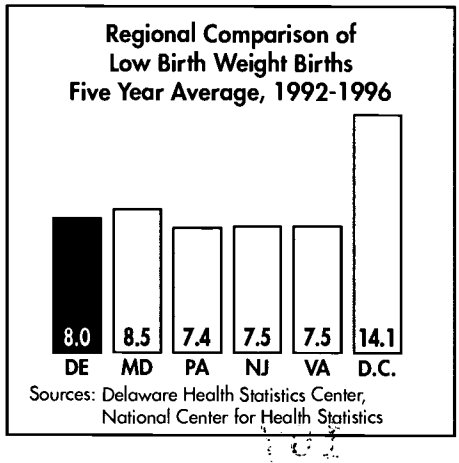
Health problems in low-income children p. K-35

Tables 9–17 p. K-62–67

Tables 20–21 p. K-68–69



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

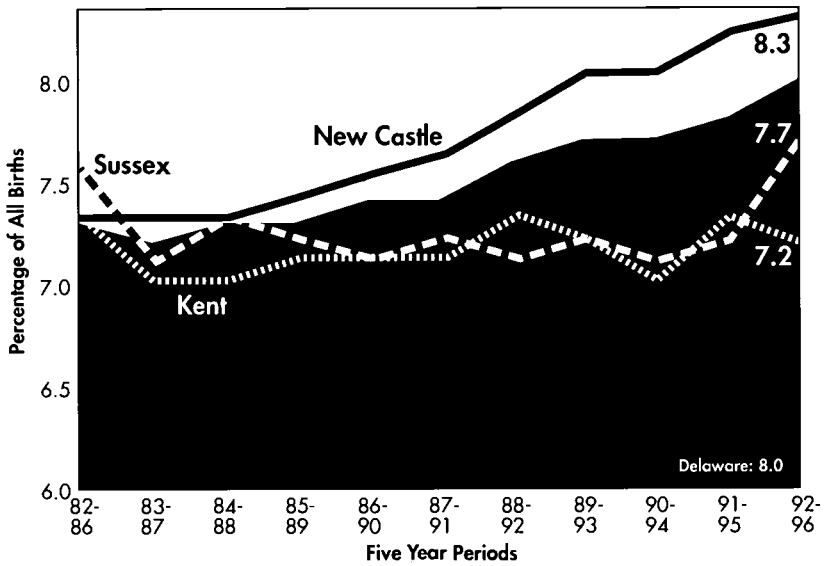


Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: Having a healthy baby requires more than medical care. Medicaid provides Delaware women with high-risk pregnancies access to comprehensive services tailored to their needs. These services include medical care, nutritional services, housing, counseling, or other needed services.

Low Birth Weight Babies

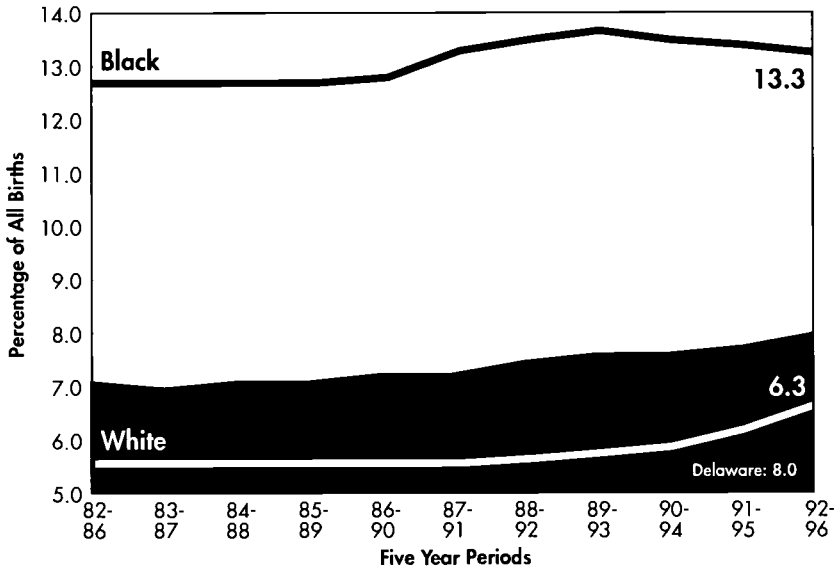
Delaware and Counties



Source: Delaware Health Statistics Center

Low Birth Weight Babies

Delaware by Race



Source: Delaware Health Statistics Center

Infant Mortality

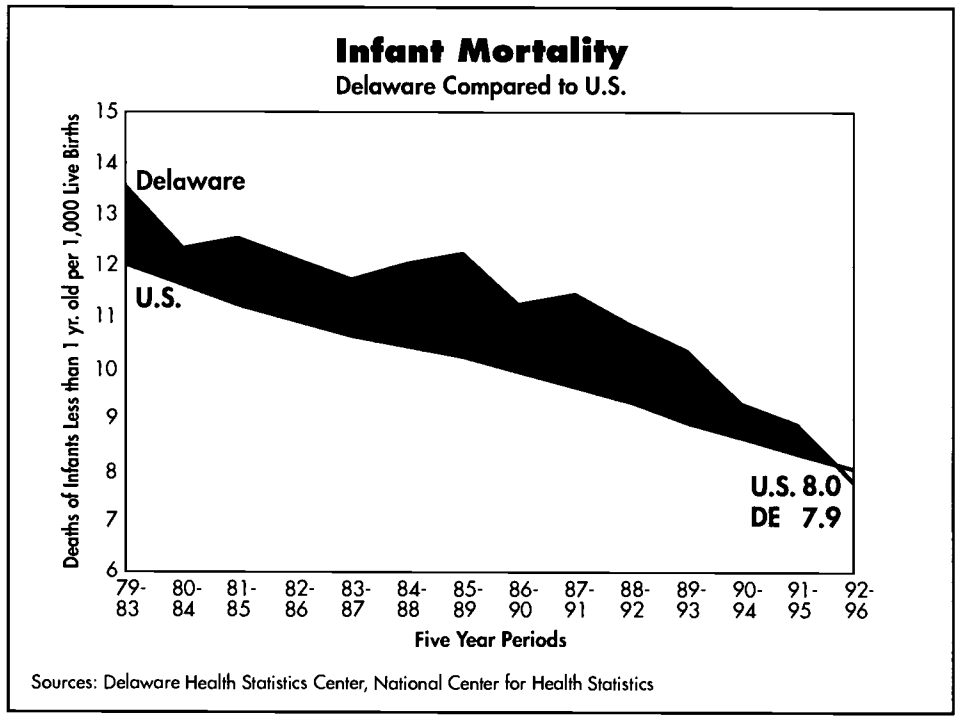
Infant mortality rate per 1,000 births

Although the overall infant mortality rate in the U.S. has been falling steadily over the past few decades, African-American babies still die at more than twice the rate of white babies in our country [1]. In Delaware, the infant mortality rate for African-American babies is almost three times that of white babies. Low birth weight, lack of prenatal care, inadequate nutrition, lack of education, premature birth, child maltreatment, and poverty all increase the risk of infant mortality [2]. Because infant mortality levels reflect the effectiveness of social and health care measures, improving infant mortality also requires improving the social, economic, environmental, and political disparity linked to poor outcomes for children [1].

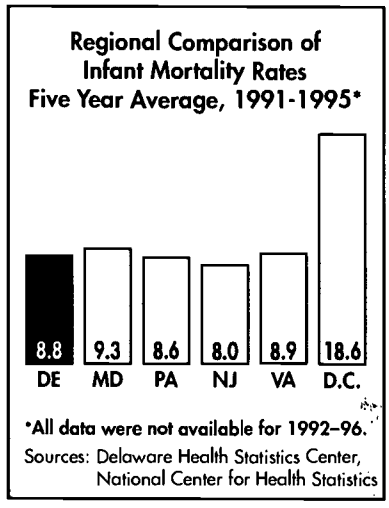
1 Annie E. Casey Foundation. (1997). *KIDS COUNT Fact Book: 1997.* 13

2 The David and Lucile Packard Foundation. (1995). The Future of children: low birth weight. *Center for the Future of Children.*

For more information see



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



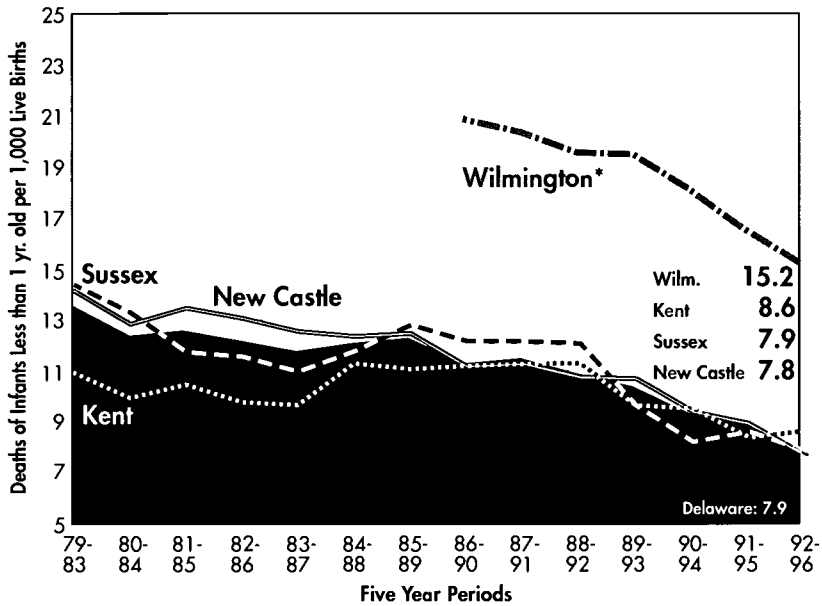
*All data were not available for 1992–96.

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

Program Statement: By providing medical and social services during pregnancy and after a baby is born, Delaware continues to reduce infant deaths. Through the Home Visiting Program, all first time parents are offered in-home support and referrals for needed services. In addition, the Perinatal Board has assumed statewide leadership to save babies' lives by providing information that promotes healthy family behavior. In concert with these efforts, the Division of Public Health works to prevent Sudden Infant Death Syndrome (SIDS) through the "Back to Sleep" campaign, which promotes healthy sleeping positions for infants.

Infant Mortality

Delaware, Counties and Wilmington

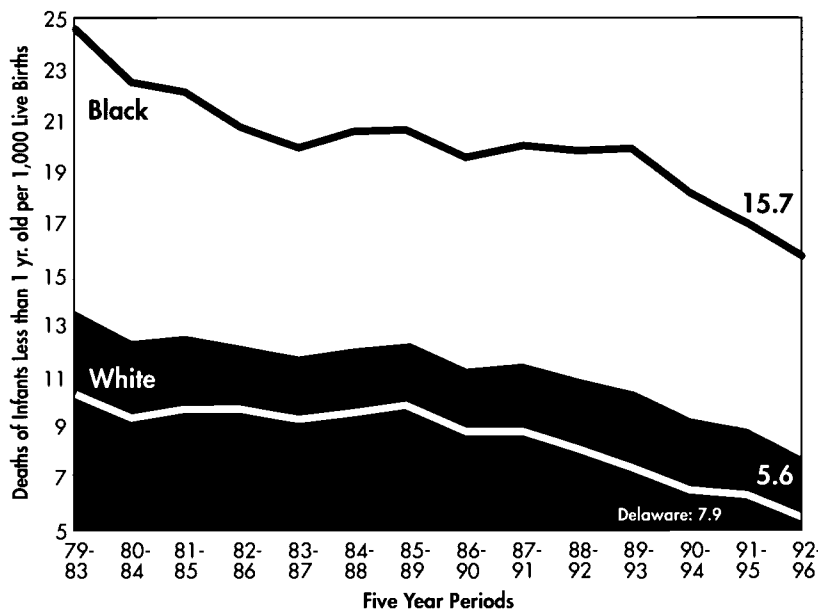


* Wilmington data not available before the 1986–1990 period.

Source: Delaware Health Statistics Center

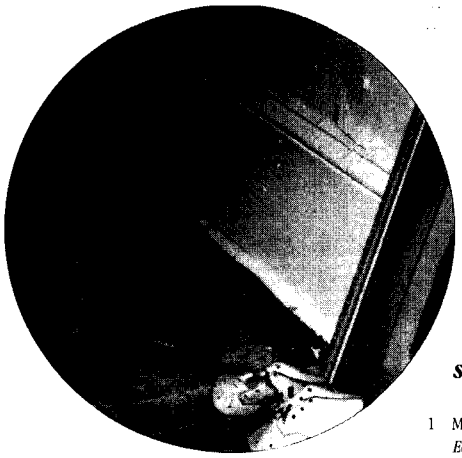
Infant Mortality

Delaware by Race



Source: Delaware Health Statistics Center

Lead Poisoning



Percent of children age 6 and under with blood lead levels at or exceeding 15 mcg/dl

While blood lead levels have dropped considerably across the U.S. since the 1970's, today many children remain at risk for lead poisoning [2]. Children absorb lead chips from paint or dust more readily than adults [1]. Exposure can be especially dangerous to children because their nervous system is still developing [2]. Lead poisoning causes neurological damage [1]. Additionally, high levels of lead in the bones of growing children has been correlated with physical complaints, anxiety, depression, delinquency, and other social problems [3].

1 Males, M. (1997). Women's Health: Adolescents. Lancet, 349 (Supplement I, pp. 13-16). Bacharach, C. A. and Carve, K. (1992). *Outcomes of Early Childbearing: An appraisal of recent evidence.* Summary of a conference. Betheseda, MD: National Institute of Child Health and Human Development.

2 Centers for Disease Control and Prevention. (1997, April 2). Update: Blood lead levels, United States 1991-1994. *Journal of the American Medical Association* 277(13) pp. 1031-1032.

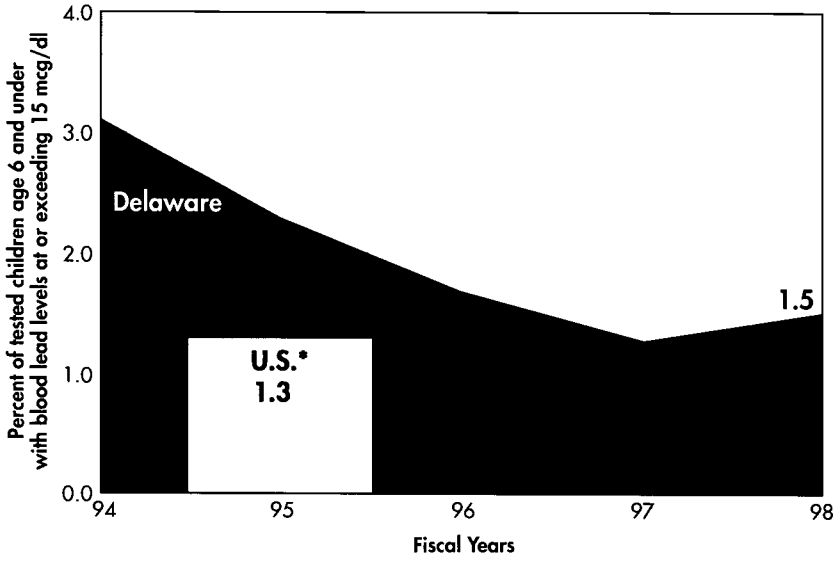
3 Lead and Delinquency. (1996, June). Harvard Mental Health Letter 12 (12) p. 7: Adapted from the *Journal of the American Medical Association* (1996, February 7).

For more information see
In the KIDS COUNT Section:

Health problems in low-income children p. K-35

Table 67 p. K-90

Lead Poisoning
Delaware Compared to U.S.



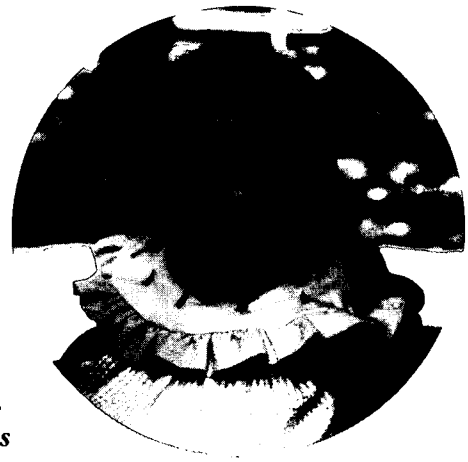
* U.S. data only available for 1995 from the Third National Health and Nutrition Examination Survey (NHANES III) 1991-95

Source: Delaware Department of Health and Social Services

Program Statement: Increasing awareness of childhood lead poisoning is a priority in Delaware. The Division of Public Health sends letters to doctors and nurses to remind them that Delaware law requires children be screened before entering child care or school. The Division also works with community agencies on eliminating lead-based paint from homes where young children reside.

Child Immunizations

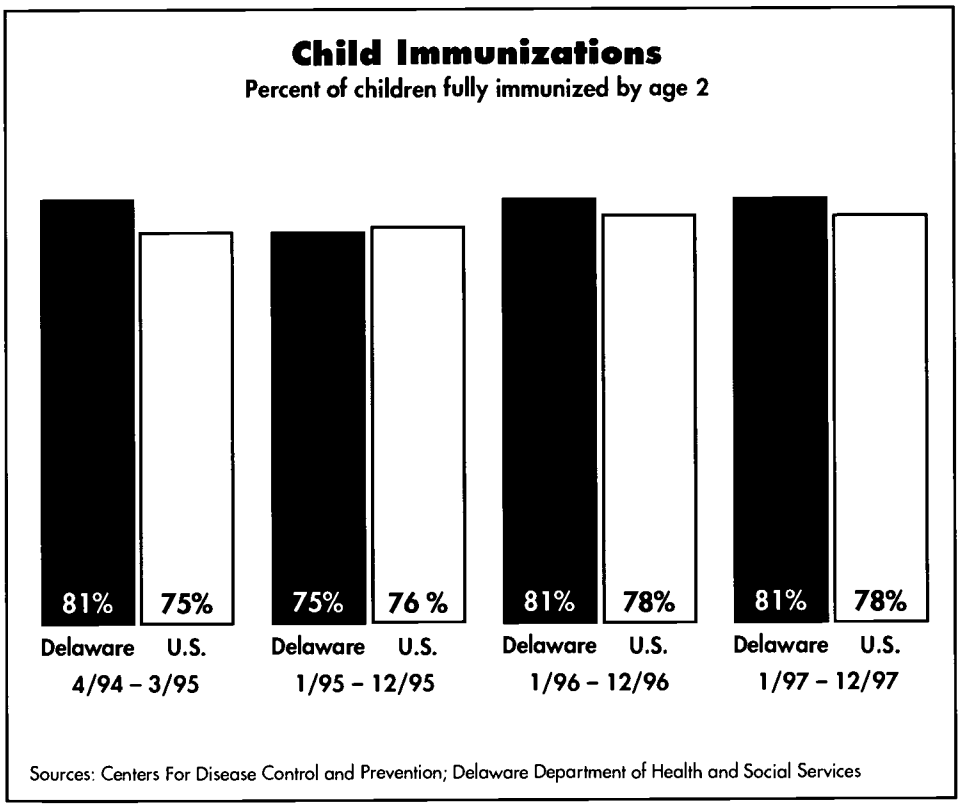
Indicator: Percent of children fully immunized by age 2



One of the most important measures parents can take to keep their children free of preventable diseases is to make certain that they are fully immunized. Childhood vaccines prevent ten infectious diseases: polio, measles, diphtheria, mumps, pertussis (whooping cough), rubella (German measles), tetanus, Haemophilus influenza type-b (a cause of spinal meningitis), varicella (chicken pox), and hepatitis-B [1]. Because immunizations are required for school entry, by age five most U.S. children have been immunized [2]. However, younger children (between 1.5 and 3) have an immunization rate much lower than the average rate. It is important that these children are vaccinated due to their likely exposure to infectious disease in day-care settings and elsewhere [1]. By age two, between 12 and 16 vaccine doses are due, requiring about six visits to health care providers [1].

1 Center for Disease Control, Division of Media Relations. (1997, July 24). Facts about the childhood immunization initiative: fact sheet. Available <http://www.cdc.gov>

2 The National Education Goals Panel. (1997, October). Immunizations. *Special Early Childhood Report 1997*. 16-17.



Sources: Centers For Disease Control and Prevention; Delaware Department of Health and Social Services

For more information see

Health Care Coverage (Children) p. F-19

Health Care Coverage (Families) p. F-39

In the KIDS COUNT Section:

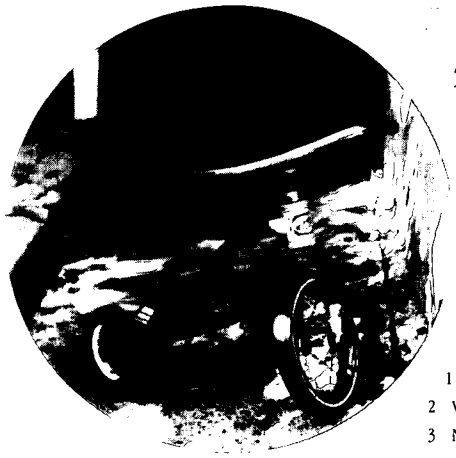
Children without Health Insurance p. K-45

Health problems in low-income children p. K-35

Tables 66 p. K-90

Program Statement: Delaware works toward immunizing all children. Through the Vaccines for Children program, eligible children receive free immunizations through their own medical providers. Children must also be fully immunized for families to receive full welfare benefits.

Child Deaths



Rate of child deaths per 100,000 ages 1–14

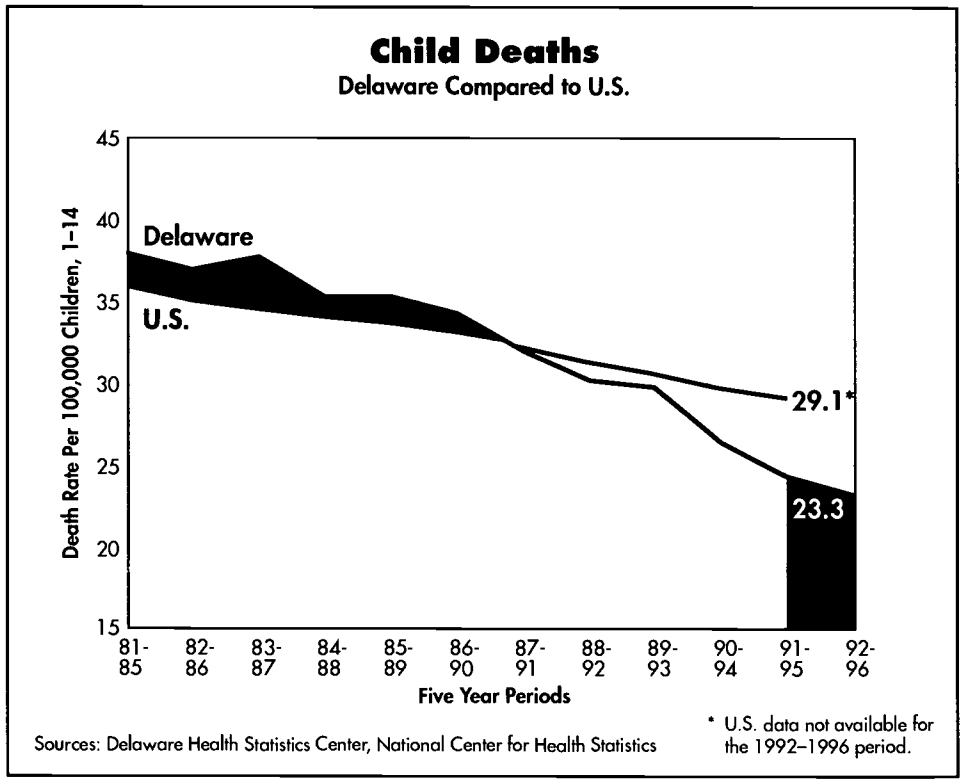
The child death rate reflects the physical health of children, dangers in their environment, their access to health care services, and the level of adult supervision that children receive [1]. Older children are more likely (than infants birth to age 1) to die of accidental injuries and homicide, although some deaths in this age group also will occur due to medical conditions [2]. The number of deaths due to injuries presents only part of the picture. For every death due to injuries, there are many more injuries that require emergency room services or hospitalization [3].

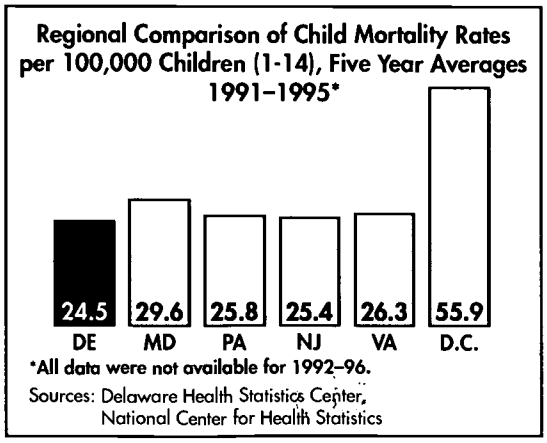
1 Children's Safety Network. (1991). *A Data Book of Child and Adolescent Injury.*

2 Voices for Children in Nebraska. (1997). *KIDS COUNT in Nebraska 1997 Report.*

3 National Safe Kids Campaign. (1996). *Childhood Injury: fact sheet.*

For more information see





Program Statement: The Child Death Review Commission reviews all child deaths that occur in Delaware to look for ways to prevent similar deaths. Based on their review, the Commission has recommended actions to reduce child deaths by reducing traumatic injuries, increasing the use of child car seats, and improving seat belt use by children.

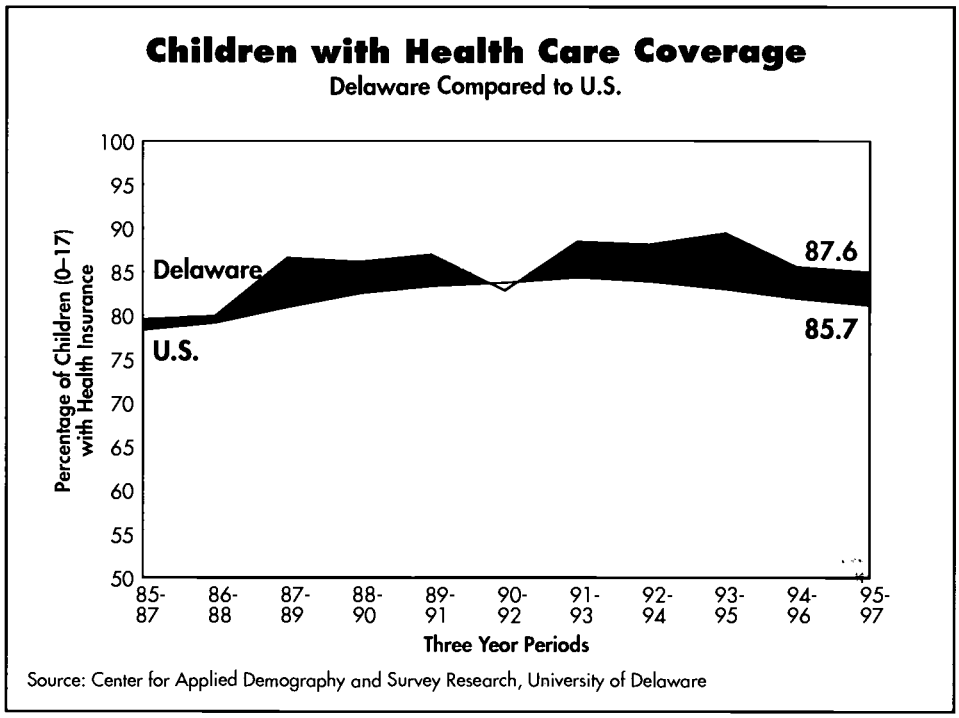
Health Care Coverage

Percent of children to age 18 with health care coverage

Access to health care is an important predictor of health outcomes for children. Insured children are more likely to have a relationship with a primary care physician, to receive required preventive services, and to receive a physician's care for health problems such as asthma or ear infections [1]. Regular doctor visits are especially critical during early childhood to receive immunizations and to be screened and treated for any developmental problems [2].

1 General Accounting Office. (1997). *Health Insurance Coverage Leads to Increased Health Care Access for Children.* Washington, D. C.

2 Families USA. (1997). *Unmet Needs: The Large Differences in Health Care Between Insured and Uninsured Children.* Washington, D. C.



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

For more information see

Health Care Coverage (Families) p. F-39

In the KIDS COUNT Section:

Asthma p. K-44

Children without Health Insurance p. K-45

Table 50 p. K-83

Program Statement: Nationally, the Balanced Budget Act of 1997 created a new children's health insurance program focused on low income children. This legislation allows states to initiate or expand health insurance for uninsured children [3]. Delaware submitted its plan to the U.S. Department of Health and Human Services on June 30, 1998 [4]. The plan was approved and with the advent of the Delaware Healthy Children Program 10,500 uninsured children in families with incomes up to twice the poverty level will have access to health insurance at minimal cost beginning in January '99. This will provide health care access for about 95% of Delaware's children.

3 Letter to state officials. (1997). *Children's Health Insurance Program.* Available <http://www.hcfa.gov/init/schiplt3.htm>

4 Available <http://www.hcfa.gov>

Substance Abuse

Percent of participants in Delaware surveys of public school 8th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days

Youth who abuse drugs and alcohol are more likely to drop out of school, become teen parents, engage in high risk sexual behavior, experience injuries, and become involved with the criminal justice system[1]. Over 90% of 8th graders report having had some drug education in school, yet only 24% of the 8th graders think there is a great risk from daily drinking[2]. Regardless of age, gender, family income, and race or ethnicity, adolescents who do not live with two biological parents are 50-150% more likely than other adolescents to use illicit drugs, alcohol, or cigarettes, to be dependent on substances, or to report problems associated with use[3]. If parents or siblings smoke cigarettes, 8th grade students are likely to smoke cigarettes and use other drugs[2].

1 The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers.* New York.

2 The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families. (1997, December). *Alcohol, Tobacco, and Other Drug Abuse among Delaware students, 1997.*

2 Children's Defense Fund. (1995). *State of America's Children Yearbook 1995.* Washington, D. C.

For more information see

Substance Abuse 11th Graders p. F-21

In the KIDS COUNT Section:

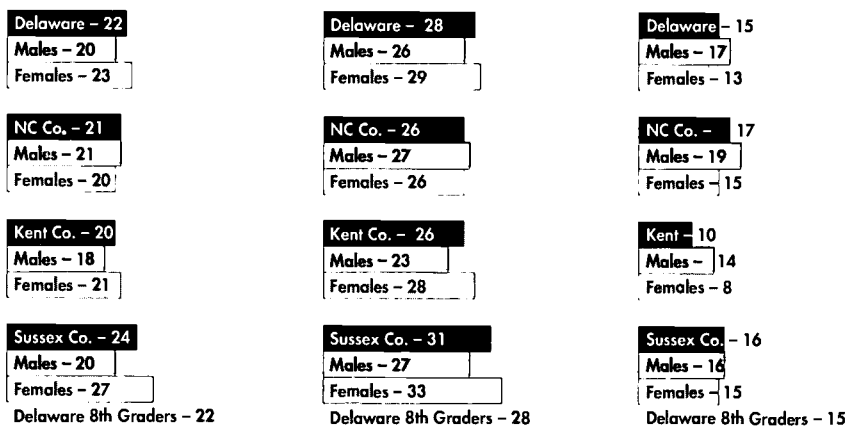
Alcohol, Tobacco and Other Drugs p. K-46

Student Violence and Possession p. K-29

Tables 29–31 p. K-73–74

Substance Abuse

Percent of participants in Delaware surveys of public school 8th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days
Delaware, 1997

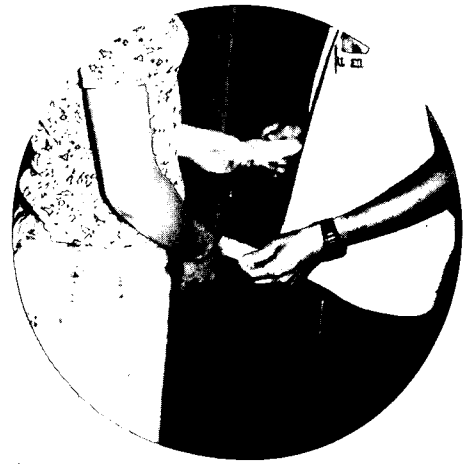


Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families

Program Statement: The Department of Education has responsibility for funds received under the Safe and Drug Free Schools and Communities Act. Grants to school districts support a range of prevention and intervention strategies such as conflict resolution training and mentoring. DOE also works collaboratively with the Delaware Prevention Coalition and the University of Delaware on substance abuse issues.

Substance Abuse

Percent of participants in Delaware surveys of public school 11th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days



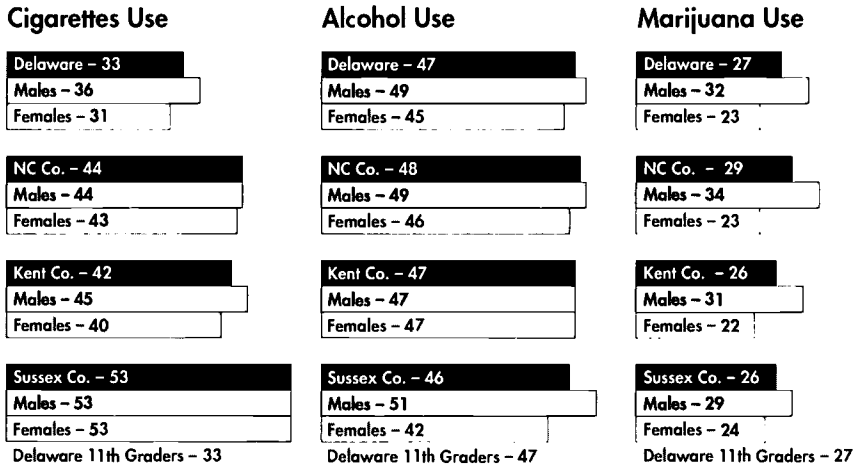
Research shows that alcohol is the drug most frequently used by 12–17 year olds and that alcohol-related car crashes are the number one killer of teens.[1] Binge drinking (defined here as three or more drinks at a time in the past two weeks) is quite high among 11th graders. Most students who report having at least one drink in the past month also report binge drinking in the past two weeks. Thirty percent of all 11th graders report binge drinking.[2]

1 Kansas Action for Children. (1997). *Kansas KIDS COUNT 1997 Data Book.*

2 The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families. (1997, December). *Alcohol, Tobacco, and Other Drug Abuse among Delaware students, 1997.*

Substance Abuse

Percent of participants in Delaware surveys of public school 11th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days
Delaware, 1997



Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families

For more information see

Substance Abuse 8th Graders p. F-20

In the KIDS COUNT Section:

Alcohol, Tobacco and Other Drugs p. K-46

Student Violence and Possession p. K-29

Tables 29–31 p. K-73–74

Sexually Transmitted Diseases

Percent of teens age 15-19 with gonorrhea or primary/secondary syphilis

According to the Centers for Disease Control and Prevention, the U.S. has one of the highest rates (of industrialized nations) for sexually transmitted diseases (STDs) with people under twenty-five accounting for nearly two-thirds of all reported cases. One out of every six teenagers (age 13–19) become infected each year[1]. Ignorance about STDs is a growing problem among adolescents; in one American Social Health Association study, only 33% of teenagers could name a single STD[2].

Gonorrhea is spread through unprotected sexual intercourse. While the disease is treatable with antibiotics, if gone unnoticed, gonorrhea can result in pelvic inflammatory disease, infertility, ectopic or tubal pregnancies, or can spread to the blood or the joints. Gonorrhea also increases the risk of HIV infection[3]. Syphilis is also spread through unprotected sexual intercourse. Once recognized, syphilis is easily and completely curable with antibiotics. The open sores (chancres) which characterize the primary stage of syphilis increase one's risk of contracting the HIV virus[4].

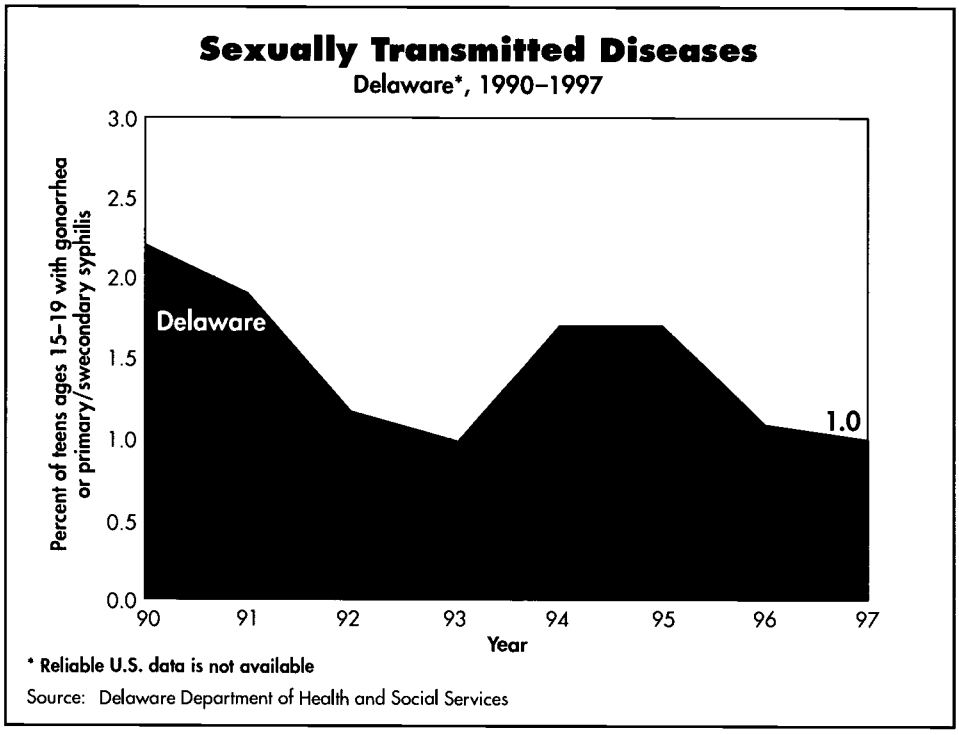
For more information see
In the KIDS COUNT Section:
Table 68 p. K-90

1 Sexually transmitted disease and adolescents. (1996, April). *State Legislature, 22*(4), 7.

2 MacPherson, P. (1996, March). In the dark about safe sex. *Hospitals and Health Networks, 70*(5), 42.

3 Office of Communications, National Institute of Allergy and Infectious Diseases, National Institute of Health, U.S. Department of Health and Human Services. (1998, June). Gonorrhea fact sheet. Available <http://www.niaid.nih.gov/factsheets/stdgon.htm>

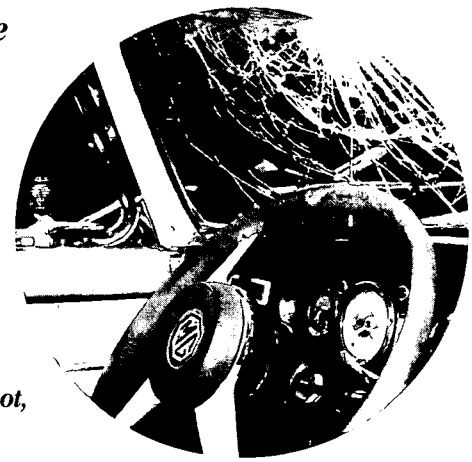
4 Syphilis. *The STD Homepage*. Available <http://med-www.bu.edu/people/sycamore/std/syphilis.htm>



Program Statement: Delaware strives to prevent high risk behaviors that lead to teen pregnancy and sexually transmitted diseases (STDs). As part of broad-based strategies to reduce risky behavior, any teen can receive basic contraceptive and disease prevention counseling when seen in STD or family planning clinics statewide, where free condoms are also available.

Teen Deaths

Rate of teen deaths by injury, homicide, and suicide (per 100,000 teens age 15–19)



The transition to adulthood presents teens with increased health and safety risks. Factors contributing to teen deaths include risk-taking behavior, the use of alcohol and drugs, and violence[1]. Although nationally there has been a steady decline in teen deaths due to motor vehicle accidents, this reduction has been offset by a marked increase in the number of teen deaths by homicide[2].

In the U.S., three out of four homicides and two out of three suicide victims under the age of twenty-five die from gunshot wounds[3]. Most youth who are shot, however, do not die. The average medical cost for treating a youth with a gunshot wound is estimated to be $14,000. This does not include physician charges or rehabilitation charges[4].

1 National Academy Press. (1993). *Losing Generations: Adolescents in High Risk Settings.*

2 Annie E. Casey Foundation. (1997). *KIDS COUNT Data Book: 1997,* 14.

3 Maternal and Child Health Bureau, U.S. Department of Health and Human Services. (1994). Children's safety network. *Childhood Injury: Cost and Prevention Facts.*

4 Maternal and Child Health Bureau, U.S. Department of Health and Human Services. (1994). Children's safety network *Firearm Facts: Information on Gun Violence and Its Prevention.*

For more information see

Substance Abuse p. F-20

In the KIDS COUNT Section:

Teen Deaths p. K-26

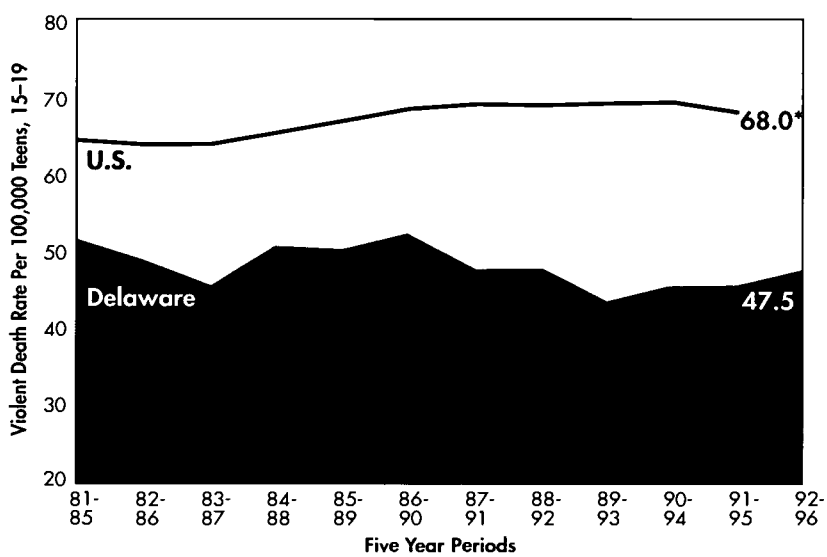
Alcohol, Tobacco and Other Drugs p. K-46

Juvenile Victims and Their Perpetrators p. K-29

Tables 23–24 p. K-71

Tables 29-31 p. K-73-74

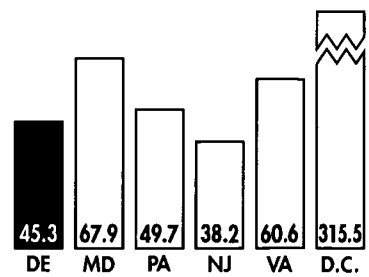
Teen Deaths by Accident, Homicide, and Suicide
Delaware Compared to U.S.



* U.S. data for 1992–1996 was not available

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

Regional Comparison of Teen Death Rates per 100,000 teens (15-19) by Accidents, Suicides, and Homicides Five Year Averages, 1991-1995*



All data were not available for 1992–96.

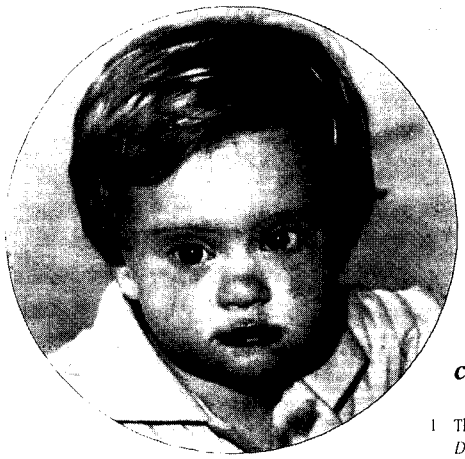
Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: Prevention activities are offered to teens where they are—in schools and communities. School-based health center programs targeted to prevent deaths among teens include suicide prevention, alcohol and drug abuse prevention, violence prevention and conflict resolution, and counseling. Delaware's Family Services Cabinet Council coordinates many community-based prevention programs, including Family Services Partnerships, Strong Communities projects, and Prevention Networks.

Successful Learners

Goal: Children are prepared to enter school, progress to high school graduation and make successful transitions to adulthood. Increasing percentages go on to post-secondary education. Children with developmental disabilities or specific needs reach their full potentials.

Early Intervention



Percent of children ages birth to three receiving early intervention developmental disability services

Children with disabilities are an extremely heterogeneous group, varying by type of disability and age of the child, as well as by the many differences in the population at large—such as family income and demographics. While there are wide variations in the specific needs of each child, there are some issues of common concern to families of children with disabilities [1]. Whether disabilities are mild or severe, they have the potential to create special needs related to physical health, mental health, education, parent support, child care, recreation, and career preparation [2].

1 The David and Lucile Packard Foundation. (1996). Special education for students with disabilities. *Special Education for Students with Disabilities*. Los Altos, CA: Center for the Future of Children.

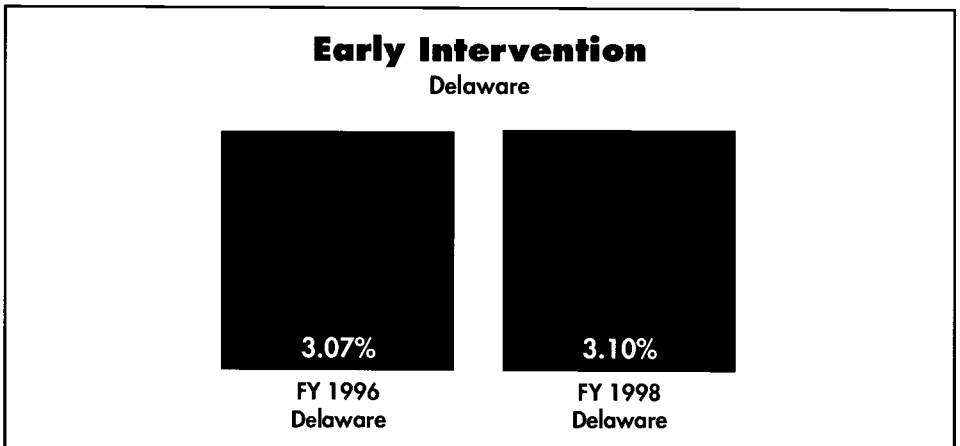
2 Martin, E. W., Martin, R. and Terman, D. L.; The David and Lucile Packard Foundation. (1996). The legislative and litigation history of special education. *Special Education for Students with Disabilities*. Los Altos, CA: Center for the Future of Children.

Far mare informatian see

Head Start and Early Childhood Assistance Program p. F-27

In the KIDS COUNT Section:

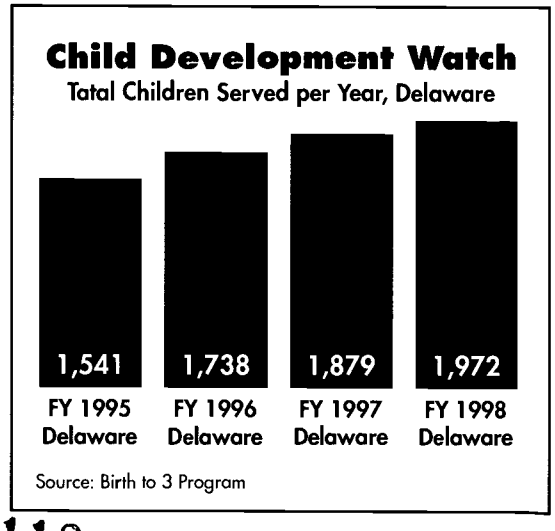
Early Care and Education p. K-38



Source: Delaware Department of Health and Social Services

Note concerning comparison data: There are no comparable U.S. statistics since the eligibility criteria for early intervention varies from state to state, and the U.S. Office of Special Education has recently begun to report on Infants and Toddlers served under the Individuals with Disabilities Education Act for 1995. Please note that an April 1994 U.S. Department of Education report estimated that 2.2% of all infants and toddlers had limitations due to a physical, learning or mental health condition, but this may not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

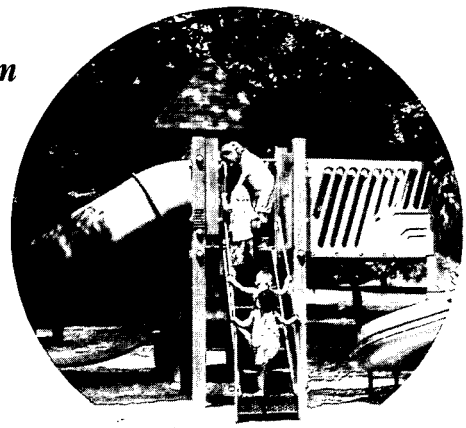
Program Statement: Delaware provides extra help to infants and toddlers who need it. Child Development Watch (CDW) partners with families to serve children ages birth to three with disabilities and developmental delays. Through individualized service plans, CDW provides access to needed services, such as physical, occupational, and speech-language therapy, family training and counseling, and transportation.



Source: Birth to 3 Program

Head Start and Early Childhood Assistance Program

Indicator: ***Rate of participation for eligible 4 year olds in Head Start and Early Childhood Assistance Program***



Head Start and the Early Childhood Assistance Program provide comprehensive early childhood development program for low-income preschool children and their families; most children in the program attend for one year and are four years old[1]. The Early Childhood Assistance Program (ECAP) in Delaware provides funding for four year olds who meet eligibility criteria for Head Start programs. Head Start and ECAP program components include education, parent involvement, social services, health and nutrition, and mental health. The programs are designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with more economically advantaged children[2]. Many factors contribute to a child's success in school. School readiness is based on children's physical growth, self-confidence, and social competence. Readiness is not determined solely by the innate abilities and capacities of young children. Readiness is shaped and developed by people and environments in the early childhood years[3].

For more information see

Head Start p. F-27

In the KIDS COUNT Section:

Early Care and Education p. K-38

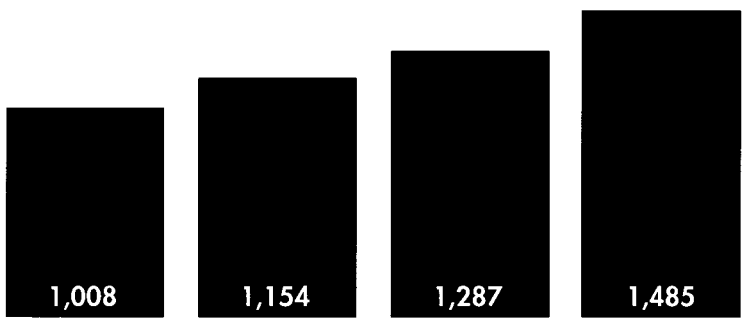
1 David and Lucile Packard Foundation. (1995). Head Start. *Future of Children: Long Term Outcomes of Early Care Programs, 5* (3).

2 Children's Defense Fund. (1995). *The State of America's Children Yearbook: 1995.*

3 Carnegie Corporation. (1994). *Starting Points: Meeting the Needs of Our Youngest Children.*

Head Start/ECAP

4-Year-Old Children Served in Delaware

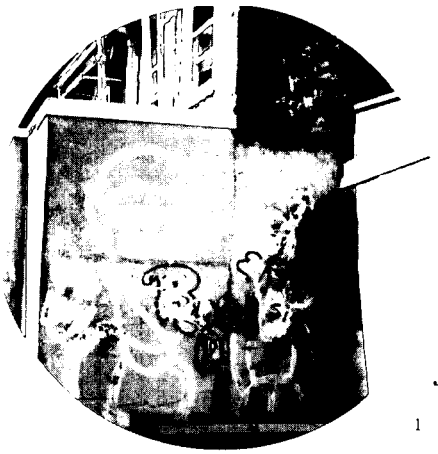


	94–95	95–96	96–97	97–98
Estimated number of 4-yr.-olds in Head Start	855	865	886	931
Number of children in ECAP	153	289	401	554
Estimated number of 4-yr.-olds eligible	N/A	N/A	N/A	1,938
Percentage of 4-yr.-olds served	N/A	N/A	N/A	77%

Source: Delaware Department of Education

Program Statement: Delaware has provides supplemental funding for comprehensive services for 4 year old children whose families are at or below 100% of poverty. Linking with the federally funded Head Start programs throughout the state, these Department of Education programs provide a full range of preschool, health, developmental, and other family support services.

Teens Not in School and Not Working



Percent of teens age 16–19 not attending school and not working

Dropping out of school and not becoming a part of the workforce places teens at a significant disadvantage as they make this transition from adolescence to adulthood. Research suggests that this detachment, particularly if it lasts several years, increases the risk that a young person, over time, will have lower earnings and a less stable employment history than his or her peers who stayed in school and/or secured jobs [1]. Low-level skills and low-level wages make it extremely difficult for young men and women to support their families and have a standard of living that is above the poverty threshold [2].

1 Brown, B. (1996). *Who are America's Disconnected Youth?* Report prepared for the American Enterprise Institute, Washington, D. D.: Child Trends, Inc.

2 Annie E. Casey Foundation. (1997). *KIDS COUNT Data Book: 1997*, 15-16.

For more information see

High School Dropouts p. F-29

Unemployment p. K-46

In the KIDS COUNT Section:

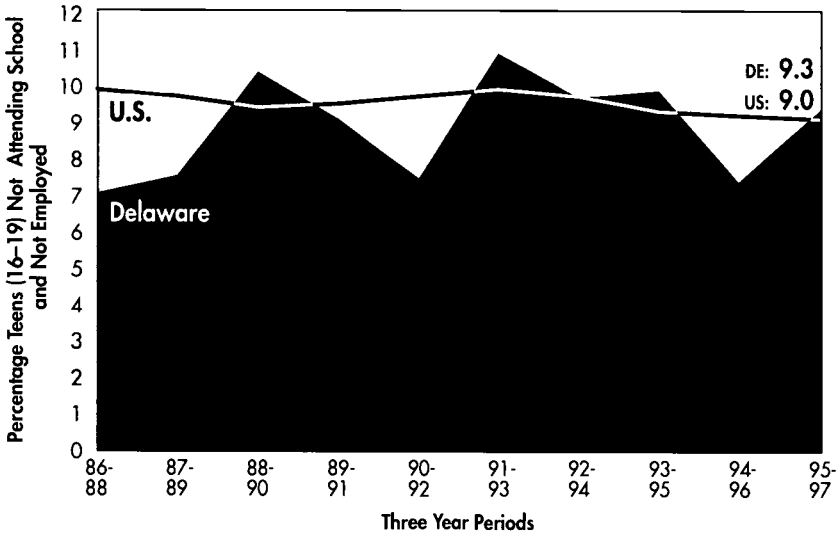
High School Dropouts p. K-30

Teens Not in School and Not Working p. K-32

Tables 38–45 p. K-78–81

Teens Not in School and Not Working

Delaware Compared to U.S.

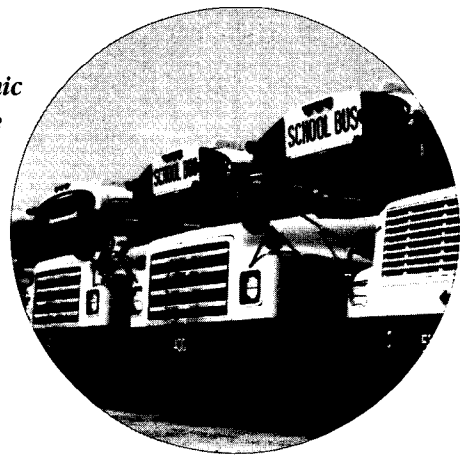


Source: Center for Applied Demography and Survey Research, University of Delaware

Program Statement: In partnership with the Department of Education, the Division of Vocational Rehabilitation operates a program to reduce the number of dropouts from secondary school and to assist students with disabilities transition from school to work. Two DRV counselors work with a team in each of the 19 districts to develop individualized educational plans for students with disabilities. Through this effort, the division intends to increase by 10% annually the number of students who transition from education to employment over the next three years.

High School Dropouts

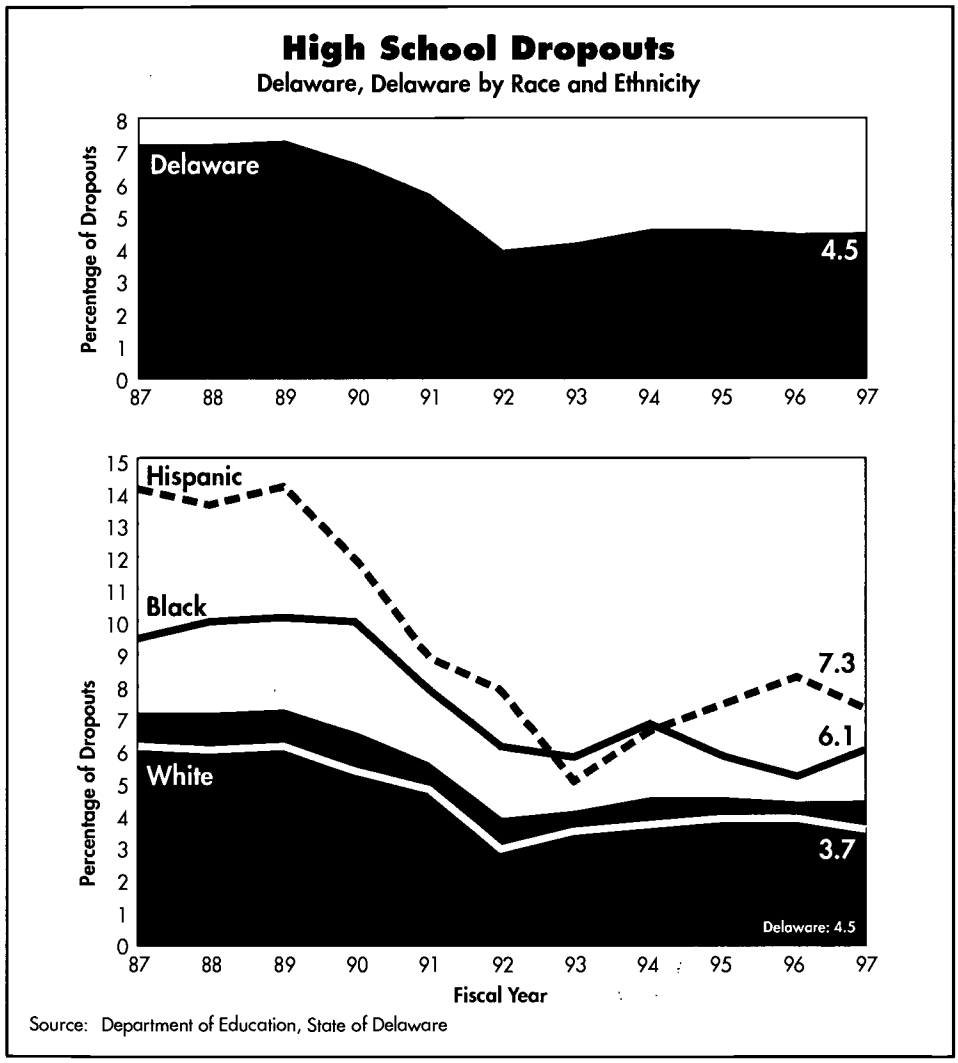
Percent of high school dropouts



Students who drop out of high school face staggering odds in achieving economic success in the modern world. With each advancing year, the prospects for those who have not completed high school become more and more bleak. The probability of falling into poverty is three times higher for high school dropouts than for those who have finished high school[1]. Students are more likely to drop out of school when they are poor, when they live in low-income communities, and when they come from single-parent families[1]. Early warning signs that a student is at risk are the inability to read at grade level, poor grades, truancy, substance abuse, and teen pregnancy[2].

1 Annie E. Casey Foundation. (1997). *KIDS COUNT Data Book: 1997*, 15-16.

2 Children's Defense Fund. (1995). *The State of America's Children Yearbook: 1995.*



Source: Department of Education, State of Delaware

For more information see

Teens Not in School and Not Working p. F-28

Unemployment p. K-46

In the KIDS COUNT Section:

Infants Deaths by Education of the Mother p. K-23

High School Dropouts p. K-30

Teens Not in School and Not Working p. K-32

Suspensions and Expulsions p. K-33

Table 20 p. K-69

Tables 38–45 p. K-78–81

Program Statement: The reduction of Delaware's high school dropout rate is a strong objective of several programs supported through the Department of Education. For example, Groves Adult High School is a statewide program designed for adults and out-of-school youth that have not received a high school diploma. The state has also funded alternative programs for students who have been or are close to being expelled.

Resourceful Families

Goal: Families have the educational, housing, health care, employment, and economic resources to be self-sustaining and self-sufficient at all stages in their family life cycle.

Children in Poverty

Percent of children living in poverty

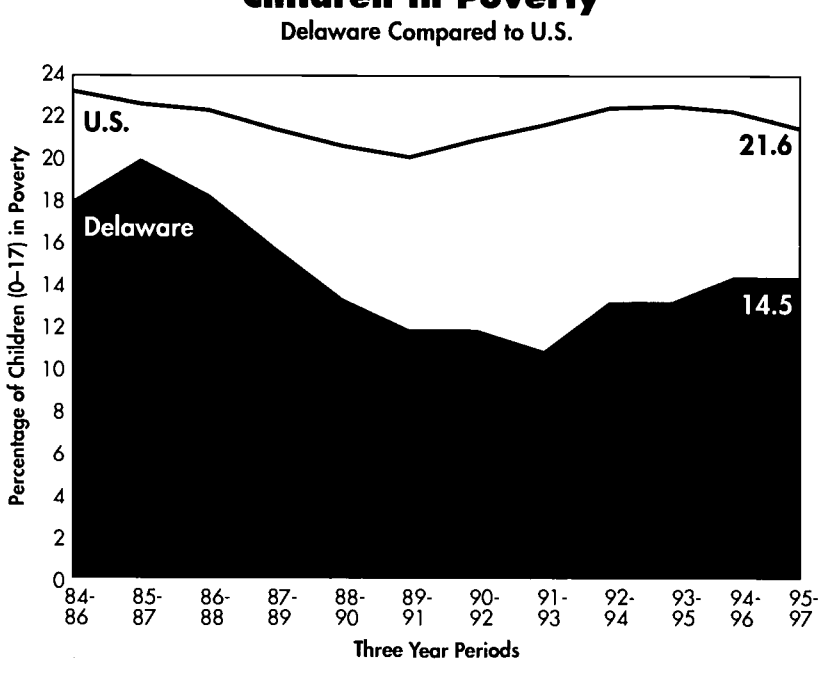
Children are more likely to be poor than adults and their disproportionate poverty is getting worse. According to the Census Bureau, in the U.S., one child out of five lives in poverty. Close to one in four children under the age of six is poor [1]. The percentage of children in poverty is one of the most extensively used measures of child well-being. Child poverty is associated with many poor outcomes for children including illness, poor school performance, and delinquency [2]. Poor children are also at greater risk for homelessness, child maltreatment, substandard housing, poor nutrition, and dying in infancy [3].

1 Children's Defense Fund. (1998). *The State of America's Children: 1998.*

2 Annie E. Casey Foundation. (1997). *KIDS COUNT Data Book: 1997,* 16.

3 Carnegie Corporation of New York. (1994). *Starting Points: Meeting the Needs of Young Children,* 17-19.

For more information see



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

Program Statement: Delaware's child poverty rate is one of the lowest in the country. Delaware provides a safety net for the poor and is constantly striving to lift families out of poverty. Through our welfare reform program, A Better Chance, Delaware helps the parents of children in the poorest families get and keep a job. The state also helps pay for child care, provides access to affordable health care and encourages parents to make timely child support payments.

One-Parent Households

Percent of children ages 0–17 in one-parent households

Children living with single-parent families do not have the same resources and opportunities as those living in two-parent families [1]. Many single parents receive insufficient child support which puts their children at greater risk for adverse outcomes linked to poverty. Children growing up in single-parent families are at greater risk of homelessness, substandard housing, poor nutrition, and death [2]. According to the Center for Demographic Policy in Washington, D. C., sixty percent of all U.S. children will spend some time in a single-parent family before reaching 18 [3].

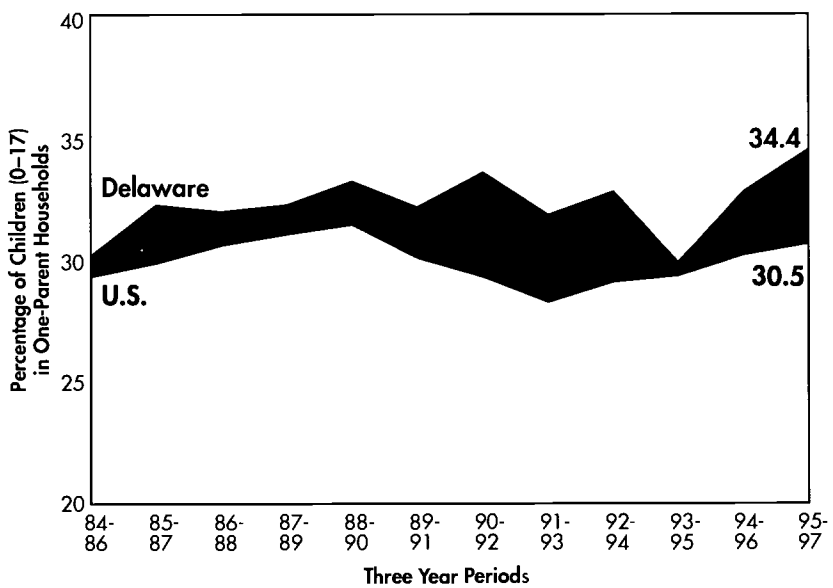
1 The David and Lucile Packard Foundation. (1994). *The Future of Children: Children and Divorce*, 4 (1).

2 Garfinkel, I. And McLanahan, S. S. (1986). *Single Mothers and Their Children*. Washington, D. C.: The Urban Institute.

3 Hodgkinson, H. L. (1992). *A Demographic Look at Tomorrow*. Washington, D. C.: Institute for Educational Leadership, Center for Demographic Policy.

Children in One-Parent Households

Delaware Compared to U.S.



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

For more information see

Female Headed Households in Poverty	p. F-36
Child Support	p. F-37
In the KIDS COUNT Section:	
Birth to Unmarried Teens	p. K-15
Infant Mortality by Marital Status of Mother	p. K-23
Children in Poverty by Household Structure	p. K-35
Children in One-Parent Households	p. K-36
Table 7	p. K-60
Table 20	p. K-69
Table 46	p. K-81
Tables 54–59	p. 84–86

Teen Births

Teen birth rate per 1,000 females age 15–17

Teen parenthood reduces life opportunities for both teen mothers and their children. Becoming a parent while still a teenager is difficult because most teen mothers are not married, have not completed high school, and are unable to financially support their children [1]. Unmarried teen mothers are much less likely to receive child support payments which makes it difficult for them to support their children financially. The lifetime earnings of teen mothers are less than half those of women who defer childbearing until age twenty [2].

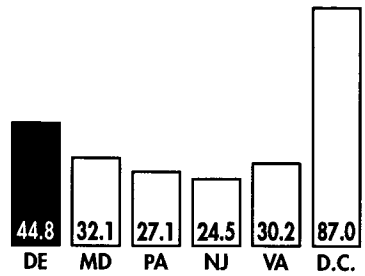
Babies born to teen parents also face many risks. Because teen parents have fewer career and educational opportunities, their children are more likely to suffer the devastating effects of poverty including low birth weight, poor health, learning problems, maltreatment, and ultimately becoming teen parents themselves [3].

1 Annie E. Casey Foundation. (1997). *KIDS COUNT Fact Book: 1997*, 91.

2 Congress of the United States, Office of Technology Assessment. (1991). Background and effectiveness of selective prevention and treatment services. *Adolescent Health*, (II), 323-356.

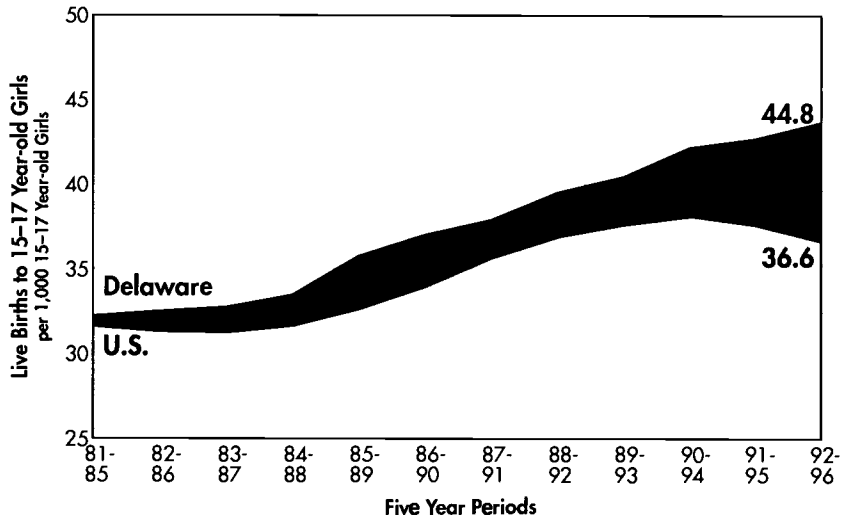
3 Carnegie Corporation of New York. (1994). *Starting Points: Meeting the needs of our Youngest Children*, 15-20.

Regional Comparison of Teen Birth Rates (15-17) per 1,000 15–17 females Five Year Averages, 1992-1996



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

Birth to Teens 15–17
Delaware Compared to U.S.



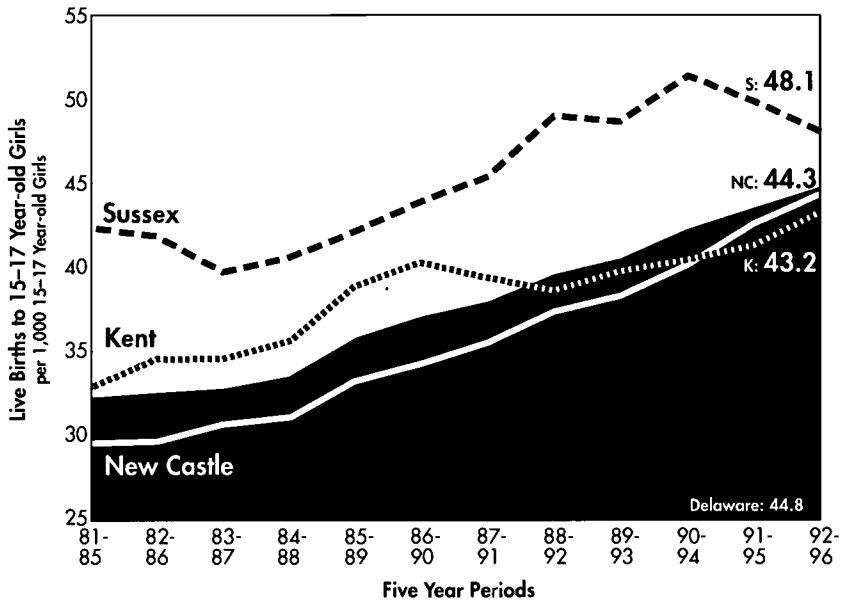
Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: In Delaware, becoming a teen parent doesn't pay. Mothers under 18 who give birth after January 1, 1999 will receive no cash benefits for the baby, but instead will receive other forms of short-term assistance.

In addition, Delaware's Alliance for Adolescent Pregnancy Prevention works with the media to send a strong message to teens about making responsible choices. The Alliance and its members work to increase communication in families and to encourage teens to wait to become sexually active. For those teens at the highest risk, intensive counseling is available through several public health clinics and school-based wellness centers.

Birth to Teens 15–17

Delaware and Counties



Sources: Delaware Health Statistics Center

For more information see

Sexually Transmitted Diseases p. F-22

One-Parent Households p. F-33

In the KIDS COUNT Section:

Birth to Teens 15–19 p. K-14

Births to Unmarried Teens p. K-15

Teen Birth Rates by Census Tracts p. K-16

Low Birth Weight by Age and Race of Mother p. K-21

Infant Mortality by Age of Mother p. K-23

Children in Poverty by Household Structure p. K-35

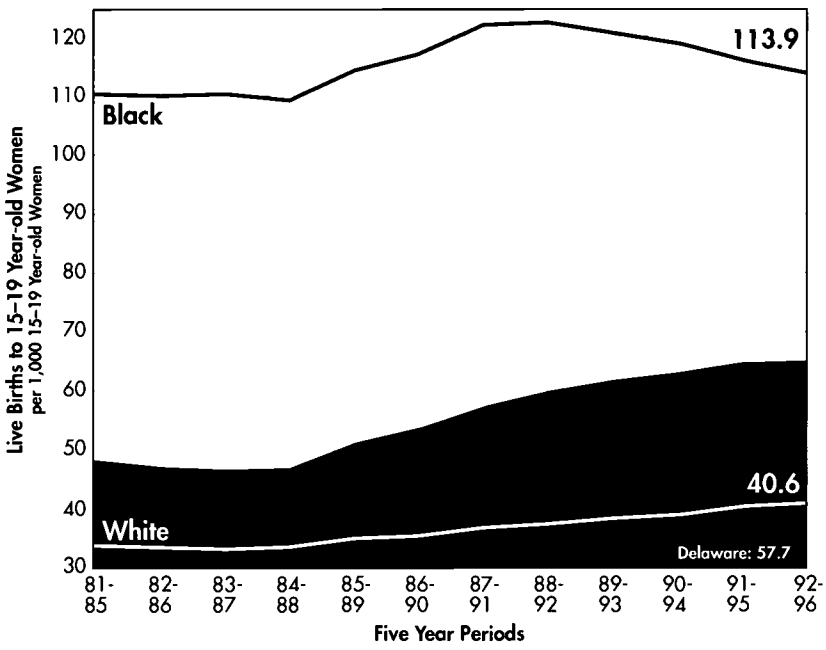
Children in One-Parent Households p. K-36

Tables 4–8 p. K-58–61

Table 20 p. K-69

Births to Teens 15–19*

Delaware by Race



* 15–17 year old population data by race is currently unavailable

Sources: Delaware Health Statistics Center

Female Headed Households in Poverty

Percent of families in poverty with female single head of household and children under 18

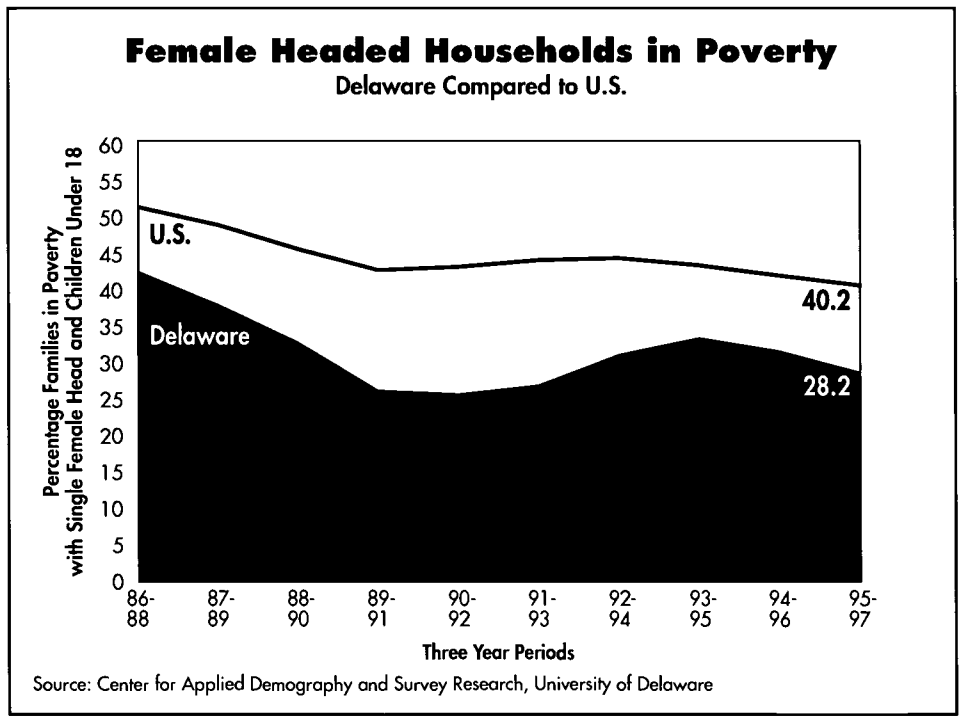
Nationwide, slow growth in wages and growth in the proportion of children living in mother-only families account for much of the increase in child poverty in recent years [1]. Poverty has particularly damaging effects in early childhood. Young children in poverty are more likely to experience delays in their physical, cognitive, language, and emotional development, which in turn affects their readiness for school [2].

1 The David and Lucile Packard Foundation. (1997, Summer/Fall). *Executive Summary: The Future of Children: Children and Poverty,* 7 (2). The Center for the Future of Children.

2 National Center for Children in Poverty. (1996). *One in Four.*

For more information see

One Parent Households	p. F-33
Child Support	p. F-37
In the KIDS COUNT Section:	
Children in Poverty by Household Structure	p. K-35
Children in One-Parent Households	p. K-36
Table 7	p. K-60
Table 46	p. K-81
Tables 54–59	p. 84–86



Program Statement: Although Delaware's child poverty rate is one of the lowest in the country, we strive to eliminate poverty for families, especially those with single parents. Through programs that enforce child support payments, offer subsidized childcare, and discourage teen pregnancy, we hope to provide a stable environment for children to thrive.

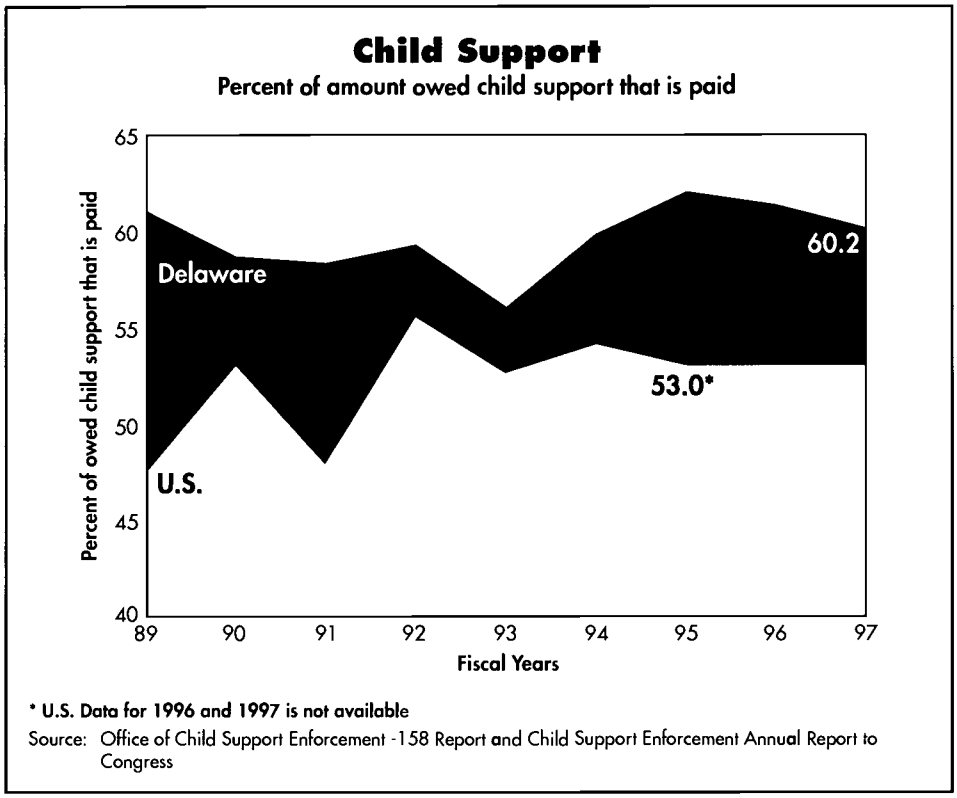
Child Support

Percent of child support that is paid

The ability to meet the needs of children is, in many cases, out of the control of the parent who lives with and cares for those children. Many social and economic factors necessitate the need for services such as child support enforcement in order for some parents to fulfill their responsibilities to their families [1]. The failure of an absent parent to pay child support has significant consequences for a parent raising a child/children alone. Even when there is a child support agreement in place, child support payments tend to be low and unreliable [2].

1 Maine KIDS COUNT. (1997). Social and economic opportunity. *Maine KIDS COUNT 1997 Data Book.*

2 Rhode Island Department of Administration, Division of Taxation, Child Support Enforcement. (1996, December). As cited in *1997 Rhode Island KIDS COUNT Factbook.*



*** U.S. Data for 1996 and 1997 is not available**

Source: Office of Child Support Enforcement -158 Report and Child Support Enforcement Annual Report to Congress

For more information see
In the KIDS COUNT Section:
Table 58 p. K-85

Program Statement: In Delaware, the financial responsibility for children belongs to both parents. The Division of Child Support Enforcement helps parents collect money from absent parents to raise a child. The Division assists in establishing paternity and support orders and enforces collections through wage withholding and other means.

Risk of Homelessness

Percent of families at risk of becoming homeless or living in substandard housing units

For too many families, adequate housing at any price is out of reach [1]. With over half of a family's income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness [2]. According to the U.S. Department of Housing and Urban Development (HUD) figures based on the Census Bureau's 1993 American Housing Survey data, more than 5.3 million renter households are experiencing worst case housing needs. These households have incomes below 50 percent of median family incomes in their area and pay more than half of their income for rent and utilities or live in severe substandard housing. [3] In Delaware, the 1995 Statewide Housing Needs Assessment indicates that 16,148 renter households are experiencing similar circumstances. [4]

1 Children's Defense Fund. (1998). Spotlight on housing and homelessness. *The State of America's Children Yearbook: 1998.*

2 American Bar Association. (1993). *America's Children at Risk: A National Agenda for Legal Action.*

3 U.S. Department of Housing and Urban Development (March 1996) *Rental Housing Assistance at a Crossroads: A Report to Congress on Worst Case Housing Needs*

4 Delaware State Housing Authority (August 1996) *Statewide Housing Needs Assessment.* Prepared by Legg Mason Realty Group, Inc.

For more information see

Substandard Housing p. F-52

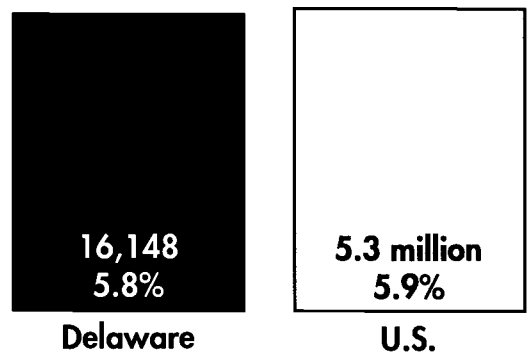
Home Ownership p. F-53

In the KIDS COUNT Section:

Table 53 p. K-84

Risk of Homelessness

Number and percent of families living in substandard housing units or at risk of becoming homeless, 1995



Source: Delaware State Housing Authority

Program Statement: Delaware knows that families need more than just a temporary roof over their heads when they are facing homelessness. They need security along with hand-in-hand assistance in picking up the pieces that stabilize their lives and help them get back on the road to independence. Where possible, Delaware State Housing Authority makes every attempt to rescue not just the family, but also the substandard homes, by providing funds that repair the health and safety hazards pushing families toward homelessness. For families on the verge of homelessness due to a crisis causing them to fall behind on their housing costs, we provide emergency funds. Because the threat is imminent for many of these families, Delaware State Housing Authority bridges the gap between that state's network of homeless providers to jointly create one seamless, holistic continuum of care on which homeless families can rely to take care of their immediate needs, while helping them rebuild their lives. By pooling resources, and preventing or solving the problems behind homelessness, Delaware makes full recovery realistic for families facing the scariest of times.

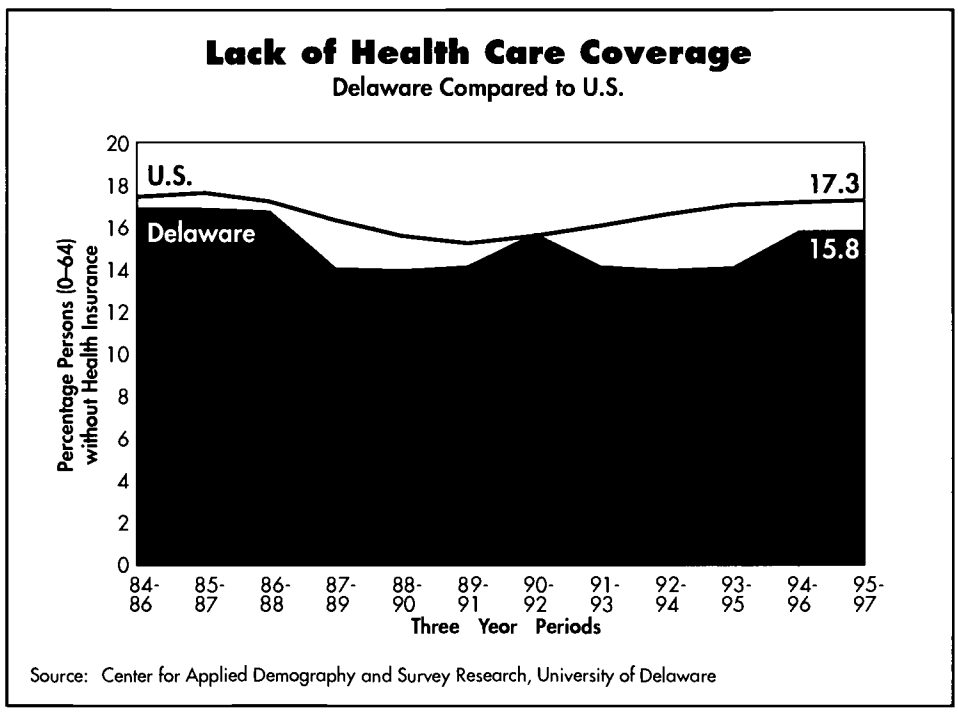
Health Care Coverage

Percent of persons under age 65 who do not have health care coverage

Presently, the U.S. is the only major industrialized nation that does not ensure universal access to health care for all of its citizens. Although the U.S. spends one out of every eight dollars on health care, over one-eighth of all Americans lack health insurance coverage. Another concern is health care cost inflation [1]. It is unlikely that the federal government will impose cost-containment provisions on the total amount spent for health care by this country as a whole or on that expended by the private health care sector. Thus, employers and individuals in the private sector experiencing problems due to the growth of their health care costs can expect little help from Congress [2].

1 Wong, J. D. (1997, June). Health care finance in the US: past, present, and future. *International Journal of Public Administration*, 20 (6), 1297-1315.

2 Blendon, R. J., Brodie, M., and Benson, J. (1995, January). What should be done now that health system reform is dead? *The Journal of the American Medical Association, 273* (3), 243-244.



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

For more information see

Health Care Caverage (Children) p. F-19

In the KIDS COUNT Section:

Asthma p. K-44

Children withaut Health Insurance p. K-45

Table 50 p. K-83

Program Statement: Delaware assures that all citizens living below the poverty level have health insurance. The Diamond State Health Plan insures low-income adults and children, giving them access to needed medical prevention and treatment services. Low-cost coverage will be offered to children in families with incomes up to twice the poverty level beginning in 1999, extending coverage to more children of the working poor.

Nurturing Families

Goal: Families will provide a nurturing environment for all members free of violence, neglect, and abuse.

Child Abuse

Children with substantiated reports of abuse or neglect per 1,000 children

Accepted reports of abuse and neglect per 1,000 children ages birth through 17

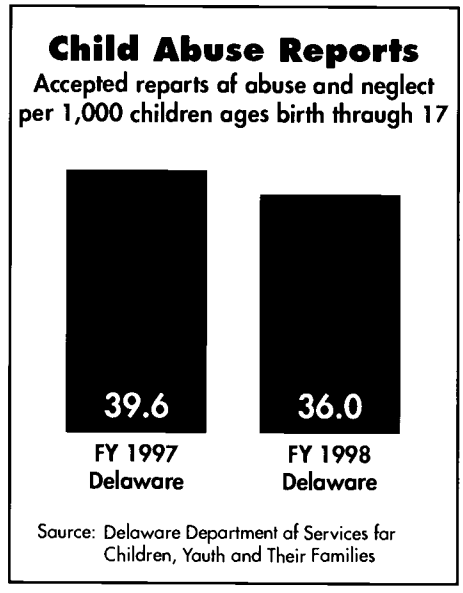
Every year, nearly three million children throughout the United States are reported to child protective services agencies as alleged victims of child maltreatment. Of these, more than one million children are found to be confirmed victims of abuse or neglect[1]. The consequences of child abuse and neglect are overwhelming. Child maltreatment can result in death, permanent disability, delayed development, mental and behavioral problems, teen pregnancy, criminal behavior, depression, and suicide[2].

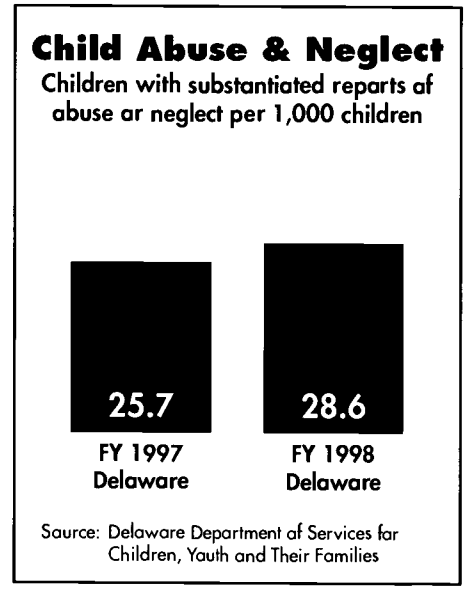
1 U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. (1996). *Child Maltreatment 1994: Reports from the States to the National Center on Child Abuse and Neglect.* Washington, D. D.

2 Georgians for Children. (1996). *1996-97 Georgia KIDS COUNT Factbook.*

For more information see

Child Deaths	p. F-18
Children in Out-of-Home Care	p. F-43
In the KIDS COUNT Section:	
Child Deaths	p. K-24
Child Abuse	p. K-48
Table 21	p. K-70
Table 23	p. K-71
Table 63	p. K-88





Program Statement: The state has several programs to intervene early to help prevent child behavior or family problems from escalating to the point where abuse or neglect would become more probable.

K-3 Early Intervention Program – This early intervention program is for children in kindergarten through third grades who are having behavior or family problems that are interfering with their success in school. School-based Family Crisis Therapists work with the children and their families through one-on-one and group counseling, parent training programs, and other services to address and resolve the sources of the behavior or family issues.

Families and Schools Together (FAST) – This prevention program aims at reducing the risks of school failure, juvenile delinquency, and substance abuse in adolescents for children in grade schools and their families. The program includes parent education and family activity components aimed at enhancing family functioning and decreasing problematic child behaviors.

(Continued on next page)

Out-of-Home Care

Children in out-of-home care per 1,000 children

Out-of-home placements include non-relative foster homes, relative foster homes, specialized foster homes, group homes, shelter care, residential treatment centers, and medical facilities. The most frequent reasons children are removed from their homes are neglect, lack of supervision, sexual or physical abuse, and incapacity of the parent. Increasingly, parental abuse of alcohol and illegal drugs are contributing factors leading up to the need for substitute care. Some children are in out-of-home placements because they represent a danger to themselves, their families, or their communities [1].

1 U.S. General Accounting Office. (1995). *Child Welfare: Complex Needs Strain Capacity to Provide Services.* Washington, D. C.

For more information see

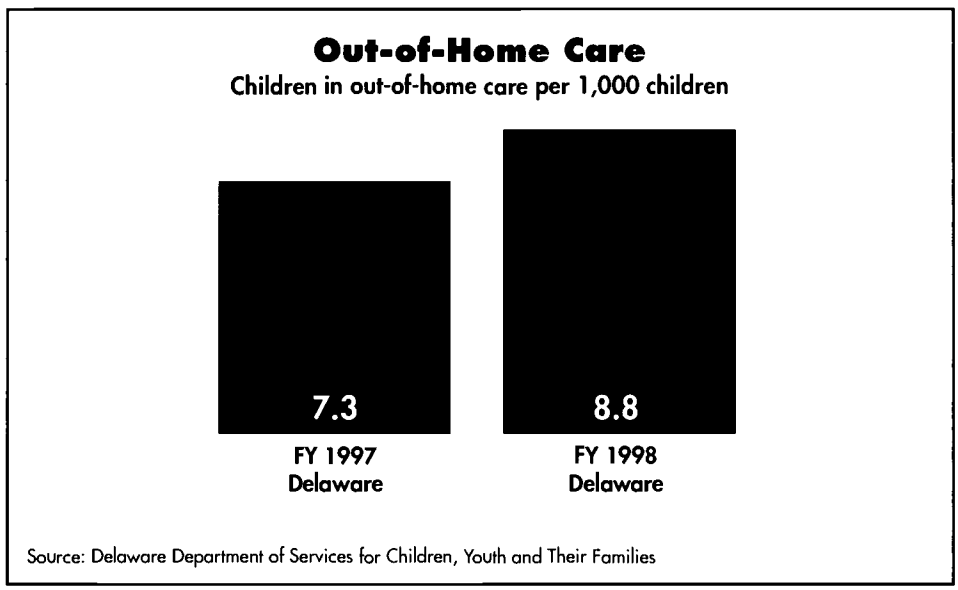
Child Abuse p. F-42

Juvenile Delinquents in Out-of-Home-Care p. F-44

In the KIDS COUNT Section:

Child Abuse and Neglect K-48

Table 64 p. K-89



Program Statement: *(Continued from previous page)*

Families and Centers Empowered Together (FACET) – FACET is a prevention program for parents of pre-schoolers in licensed child care centers in neighborhoods with high rates of teenage parenthood, substance abuse, economic disadvantage, stress and crime. Parents participate in alcohol/drug awareness activities, parent education/support groups, life skills, health and education workshops, and family activities.

Safe and Stable Families – This program is aimed at strengthening community services infrastructure by providing family preservation and support services at seven community and school-based sites across the state. Family Resource Coordinators at each site assist families with service referrals, parent education, child care and recreational programs, and job search assistance.

Juvenile Delinquents in Out-of-Home Care

Juvenile delinquents in out-of-home care per 1,000 youth ages 10 through 17

Risk factors for juvenile crime and delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Research consistently suggests that youth who become involved in juvenile crime frequently have mental health problems prior to being incarcerated and incarcerated youth demonstrate significantly higher levels of psychopathology than non-incarcerated youth [1].

1 The David and Lucile Packard Foundation. (1996). *The Future of Children: The Juvenile Court*. Center for the Future of Children.

For more information see

Out-of-Home-Care p. F-43

Juvenile Violent Crime p. F-49

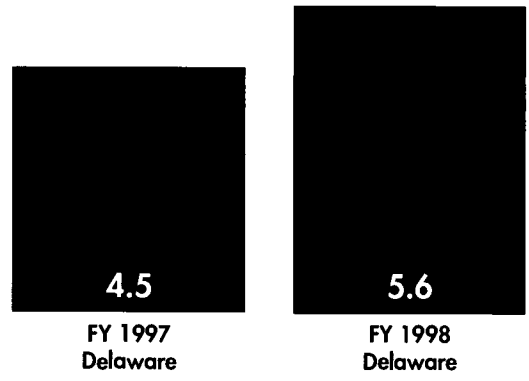
In the KIDS COUNT Section:

Juvenile Violent Crime Arrests p. K-28

Table 64 p. K-89

Juvenile Delinquents in Out-of-Home Care

per 1,000 youth ages 10–17



Source: Delaware Department of Services for Children, Youth and Their Families; Statistical Analysis Center

Program Statement: Some examples of programs used by the state to prevent continuing delinquency by youth on probation or community supervision in lieu of or on return to the community from an out-of-home placement are:

Project Stay Free – The Kingswood Community Center Project Stay Free is an intensive supervision program for youth on probation at high risk of re-offending. The program provides 24-hour, 7-day per week monitoring for 48 youth with electric monitoring for up to 10 youth.

Back on Track – This contracted prevention program through the YMCA Resource Center for probation youth at low risk of re-offending consists of five educational program components and supervised community service projects.

Multi-Systematic Therapy Program (MST) – This intensive home-based intervention program focuses on a youth's family, peer, and school relationships to reduce the environmental risks for juveniles at high risk of re-offending.

Strong and Supportive Communities

Goal: Communities have child care, educational systems, human services, open space, physical infrastructure, and employment opportunities to support a high quality of life for all community members. Communities are drug, crime, and violence free. Residents are actively involved in achieving community self-sufficiency.

Unemployment

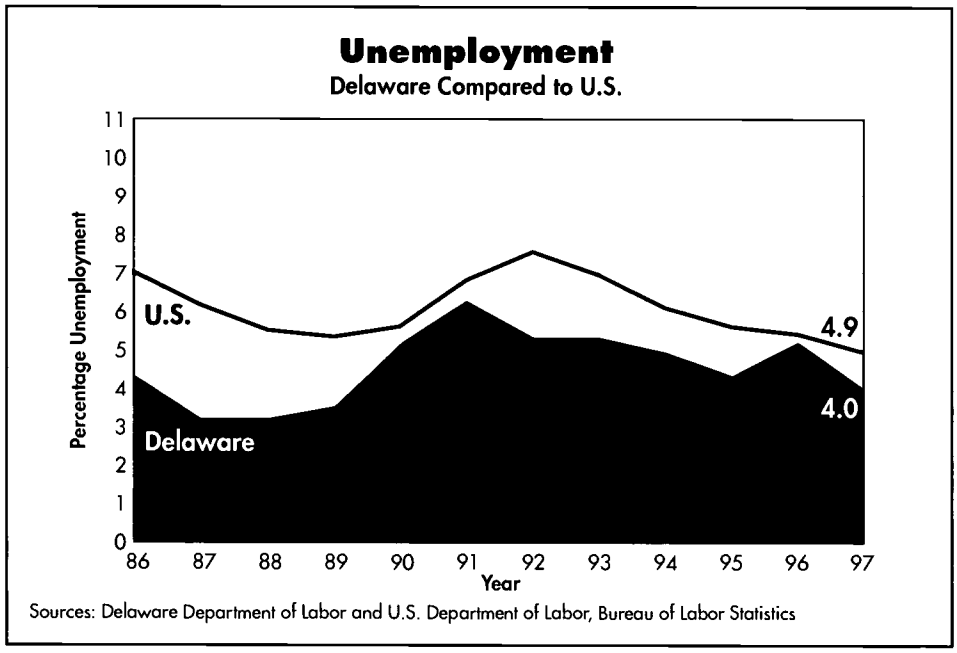
Unemployment rates by race and gender

According to the U.S. Bureau of Labor Statistics, the unemployment rate is the lowest it has been since 1973. Suggestions as to why America has been successful in reducing unemployment include: excellent management by the Federal Reserve Board which has kept interest rates down without an increase in inflation, the deregulation of industries; and the opening up of global markets [1]. The rate does vary regionally. This dispersion is said to be due to several factors including crime, education, amenities, residency patterns, home ownership, international migration, and industry composition [2].

1 Glassman, J. K. (1997, December). Lonely unemployment line. *U.S. News & World Report, 123* (24), 36.

2 Partridge, M. D. and Rickman, D. S. (1997, August). The dispersion of U.S. state unemployment rates: the role of market and non-market equilibrium factors. *Regional Studies, 31* (6), 593-606.

For more information see
In the KIDS COUNT Section:
Table 60 p. K-87



Program Statement: The Department of Labor is involved in numerous initiatives to enable people to become employed. The Division of Employment and Training provides a wide variety of one-stop integrated employment and training services to over 44,000 people annually through occupational skills training programs, school-to-work training programs, summer youth employment, and training programs, re-employment services, employer services, automated self-service and by matching job seekers with employment.

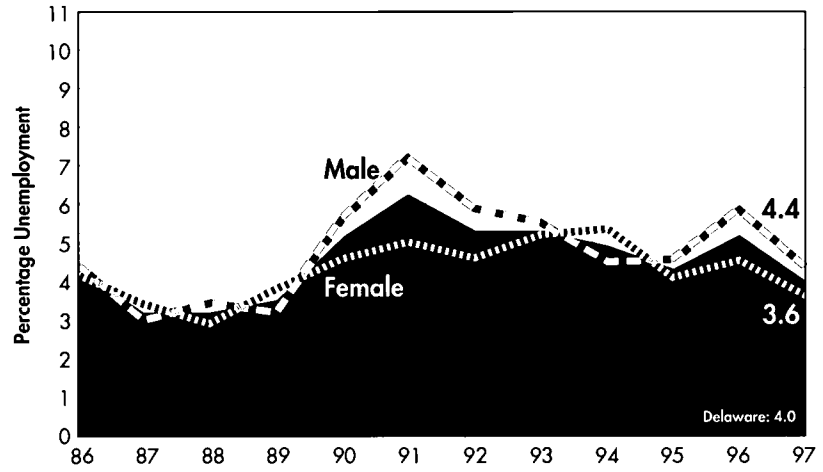
The Virtual Career Network (VCNet), Delaware's automated Internet One-Stop system developed by the Division of Employment and Training and the Office of Occupational and Labor Market Information (OOLMI) offers employers and job seekers easy and open access to an electronic data base containing jobs from across the country, a talent bank of electronic resumes, and links to a wealth of related occupational, training, education, and supportive services information.

In conjunction with Department of Health and Social Services and the Delaware Economic Development Office, DET assists welfare recipients move from dependence to independence by obtaining and maintaining employment.

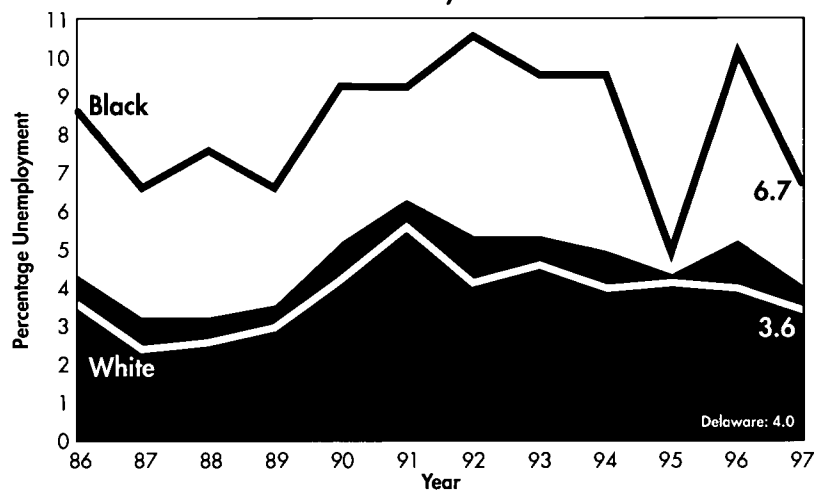
(Continued on next page)

Unemployment

Delaware by Gender

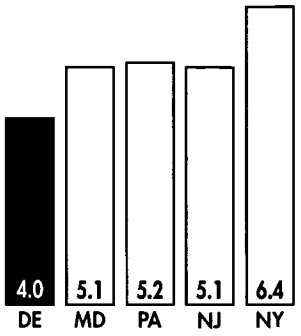


Delaware by Race



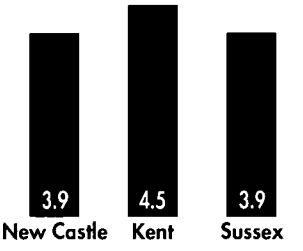
Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

Regional Comparison of Percentage Unemployment, 1996



Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

County Comparison of Percentage Unemployment Delaware, 1996



Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

Program Statement: *(Continued from previous page)*

The mission of the Division of Vocational Rehabilitation is to provide opportunities and resources to eligible individuals with disabilities leading to success in employment and independent living. Approximately 700 people with disabilities will be successfully placed in jobs each year.

The Division of Vocational Rehabilitation is implementing two new initiatives to provide services for individuals with mental illness which will enable them to obtain or retain work in entry level jobs. Pathways to Employment will help people who work at the professional level keep or obtain a job. DRV, in conjunction with the Governor's Committee on the Employment of People with Disabilities has developed a Business Leadership Network aimed at promoting more employment opportunities for people with disabilities

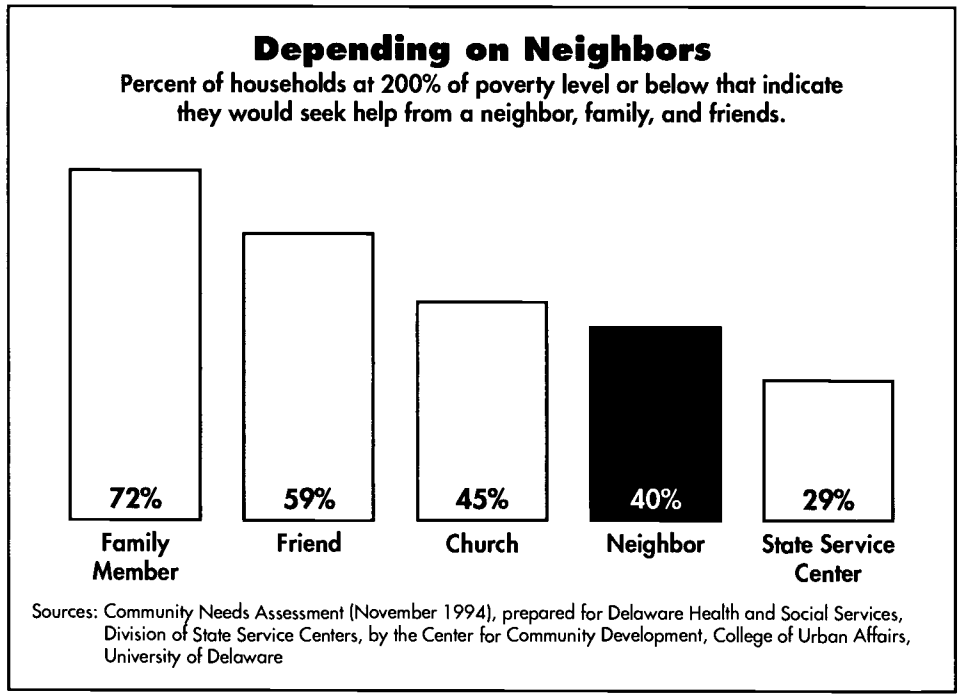
OOLMI produces several publications to assist people on preparing for careers. The new Stepping Stones labor market survival guide will help welfare clients acquire skills and attitudes necessary to survive in the labor market. The Delaware Career Compass has provided almost a decade worth of students and job seekers with critical information about job seeking skills, labor market information, and educational options.

Depending on Neighbors

Indicator: ***Percent of households at 200% of poverty level or below that indicate they would seek help from a neighbor, family, and friends.***

People sometimes experience alienation within their neighborhoods. It is important for community members to develop social relationships in order to share resources, services, and information[1]. When households are 200% poverty or below, they are at greater risk for alienation and may not have access to many resources or information. When a household would seek help from a neighbor, it is an indication that the community is strong and supportive of its members.

1 Egeberg, O. (1995, Fall). An exchange directory for every neighborhood. *Whole Earth Review, 86* p. 26-27.



Program Statement: In supportive communities, residents feel they can turn to neighbors for help. In high-risk areas, the need for easily-obtainable information is particularly important since residents may find it difficult to access private or public service programs. Since 1995, several initiatives have been implemented to empower high-risk communities and disseminate information to them. For example, Family Services Partnerships have been established in eight high risk areas. In addition, training, technology, and technical assistance have been provided regularly to the Partnerships.

Juvenile Violent Crime

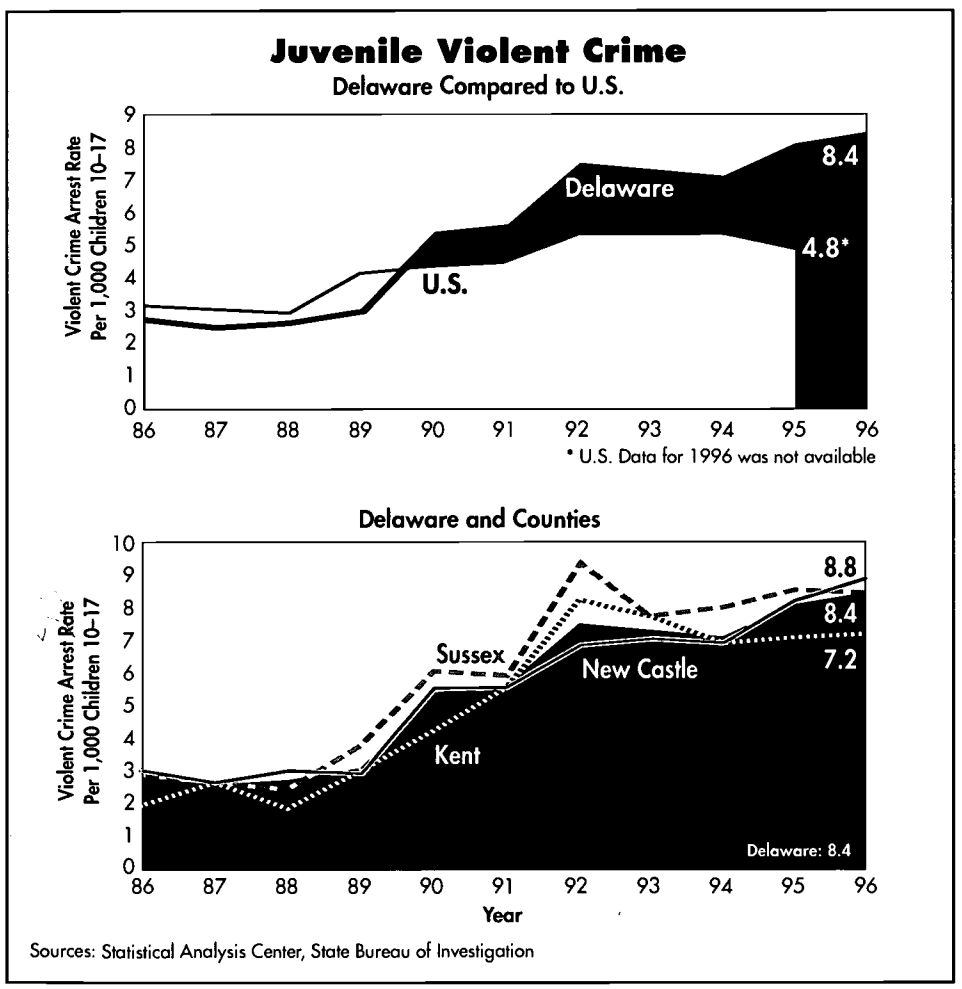
Indicator: *Juvenile violent crime arrest rate*

Risk factors for juvenile violent crime and delinquency include poverty, family violence, inadequate supervision, limited education or job skills, and poor school performance [1]. Prevention and early education are the most cost-effective approaches to reducing delinquency [2]. To be most effective, strategies should be community based, culturally appropriate, and initiated early in a child's development. Well designed programs can reduce truancy, provide support to parents, build mentoring relationships with adults, and help students learn how to problem-solve and resolve conflict peacefully [3].

1 Office of Juvenile Justice and Delinquency Prevention, US Department of Justice. (1995). *Juvenile Offenders and Victims, A National Report*. Washington, D. C.

2 Office of Juvenile Justice and Delinquency Prevention. (1995). *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. Washington, D. C.

3 Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating Violence and Delinquency: the National Juvenile Justice Action Plan*. Washington, D. C.



For more information see

Teen Deaths	p. F-23
Juvenile Delinquents in Out-of-Home Care	p. F-44
Adult Violent Crime	p. F-50
Adults on Probation or Parole	p. F-51

In the KIDS COUNT Section:

Juvenile Violent Crime Arrests	p. K-28
Teen Deaths	p. K-26
Tables 25–37	p. K-72–77

Program Statement: The Delaware Prevention Network (DPN) is one of Delaware's prevention programs for juveniles. DPN employs program components that are focused on youth, family, and community support networks. Another program is the Stormin' Norman's Classic Basketball League. About 1,000 youth ages 9 to 18 play on 50 teams in Wilmington. In addition to the basketball games, the program has components that deal with education, health, public safety, and community volunteer work.

Adult Violent Crime

Adult violent crime arrest rate per 1,000 adults

Among the steps being taken to combat crime is the dramatic increase in incarcerations. Additionally, tougher sentencing laws are ensuring that criminals across the nation are staying in jail for longer periods of time. However, imprisonment is costly business; increasingly, states will have to make tough spending decisions about whether to construct additional prisons or to invest in area schools, roads, tax cuts, etc. [1]

1 Fischer, K. (1998, January-February). Is locking them up the answer? For violent criminals probably—for the rest, it's not so clear. *Washington Monthly*, 30 (1), 32-34.

For more information see

Juvenile Violent Crime p. F-49

Juvenile Delinquents in Out-of-Home Care p. F-44

Adults on Probation or Parole p. F-51

In the KIDS COUNT Section:

Juvenile Violent Crime Arrests p. K-28

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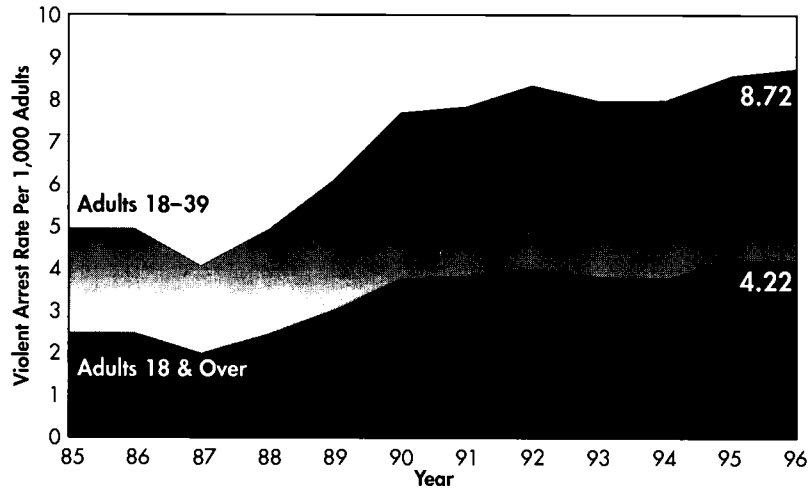
Adult Violent Crime

Delaware*



*** Comparable U.S. data was not available**

Source: Statistical Analysis Center

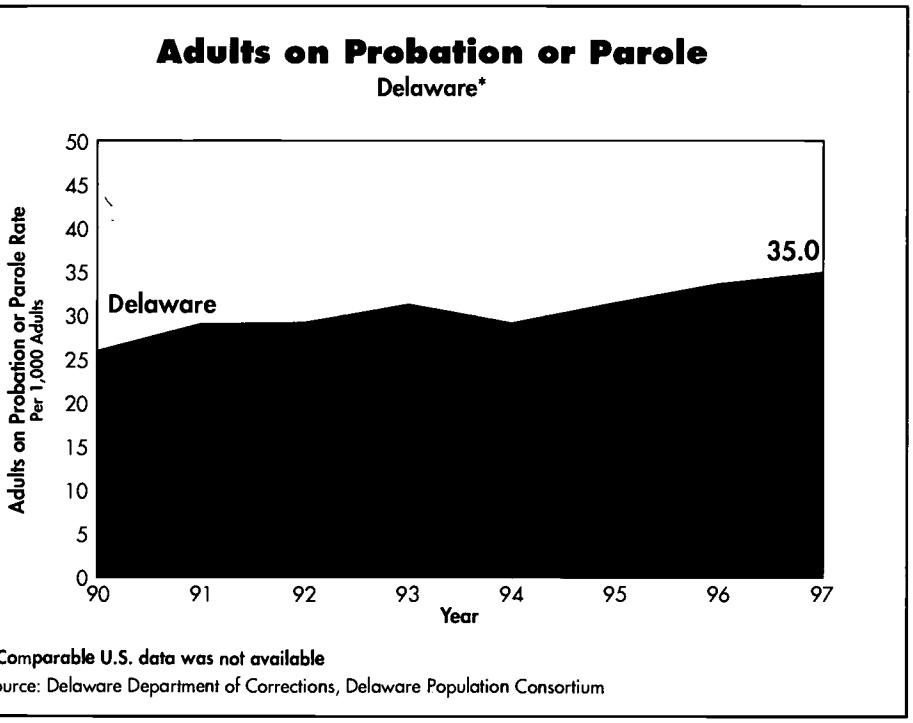
Program Statement: In order to meet the demands of an increasingly complex society, the Delaware State Police has aggressively pursued innovative programs to address violent crime. The use of the new DICAT (Division Wide Crime Analysis Tracking) system provides "real time" data to allow deployment of officers to address increases in criminal activity in specific geographic locations. The Community Services section addresses crime prevention issues that have an impact on the quality of life in Delaware's communities. Officers provide seminars on topics such as robbery and burglary prevention, neighborhood watch programs, safe traveling tips, self protection, and domestic violence. The Citizen's Police Academy provides participants a greater understanding of police practices, and the tools to form objective opinions regarding police action and to address community concerns regarding these actions. Participants are provided with knowledge that empowers them to participate in activities that reduce criminal activity in their communities.

Adults on Probation or Parole

Adults on probation or parole under supervision per 1,000 adults

Intermediate sanctions such as probation and parole are needed to help control inmate populations. Most probation or parole programs incorporate a wide variety of activities that emphasize close monitoring, participation in community service programs, tight curfews, steady employment, and drug testing [1].

1 Bennett, L. A. (1995, February). Current findings on intermediate sanctions and community corrections. *Corrections Today*, 57 (1), 86-89.



*** Comparable U.S. data was not available**

Source: Delaware Department of Corrections, Delaware Population Consortium

Definitions:

Probation – a period of community supervision for an adjudicated adult without incarceration.

Parole – a period of community supervision for an adjudicated adult following a period of incarceration.

For more information see

Juvenile Violent Crime p. F-49

Juvenile Delinquents in Out-of-Home Care p. F-44

Adult Violent Crime p. F-50

In the KIDS COUNT Section:

Juvenile Violent Crime Arrests p. K-28

Tables 25–37 p. K-72–77

Program Statement: The Delaware Department of Correction is committed to public safety. The Bureau of Community Correction, Probation and Parole has teamed up with law enforcement agencies to increase community contacts and enhance visibility. The Safe Streets project initially focused on select neighborhoods within the city of Wilmington. In recent months, this initiative has expanded into New Castle County. In the coming year, efforts will be expanded statewide. Through Safe Streets we have identified those offenders in the community who are perhaps at higher risk for noncompliance with the conditions of supervision. The increased visibility and contacts in the community are impacting offender behavior and providing a greater sense of public safety in the community.

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

Substandard Housing

Percent of substandard housing units

According to the Statewide Needs Assessment, more than 12,055 of Delaware's households are living in substantially substandard housing. This number reflects truly dilapidated living conditions as substantial rehabilitation is required in order to make these households structurally sound, safe, and habitable. Such rehabilitation is qualified as at least $30,000 per unit ($20,000 for a mobile home) in non-cosmetic repairs typically including at least two structural systems. It also includes units which may be otherwise structurally sound, but which have failing septic systems. At this time, there is no nationally comparable data available as Delaware's definition refers to a much more severe condition than national data. [1].

1 Delaware State Housing Authority (August 1996) *Statewide Housing Needs Assessment.* Prepared by Legg Mason Realty Group, Inc.

For more information see

Risk of Homelessness p. 38

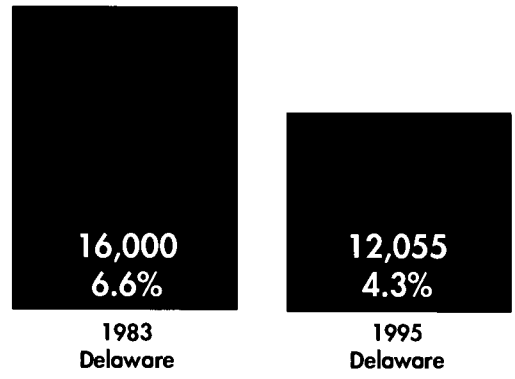
Home Ownership p. F-53

In the KIDS COUNT Section:

Table 53 p. K-84

Substandard Housing

Number and percent of substandard units



Source: Delaware State Housing Authority

Program Statement: Realizing that substandard housing is more than a misfortune to the community—it is detrimental to the safety and overall well-being of "the family"—Delaware fights back against time's toll on our State's homes by rescuing financially-strapped families with low-interest rate, deferred loan packages, or grants in some cases, that enable the owners of these homes to make the necessary housing repairs. Just as each home is different and has different needs, so do families; therefore, we go one step further in repairing homes by making it affordable for families to modify homes for handicapped-accessibility when necessary. Also, grants are provided to communities to demolish vacant severely-substandard homes that might otherwise be environmentally and physically dangerous. Delaware State Housing Authority rounds out this rescue plan by empowering entire communities to repair infrastructure deteriorations, or in some cases build infrastructure they lack, to become safe for this generation, and the next.

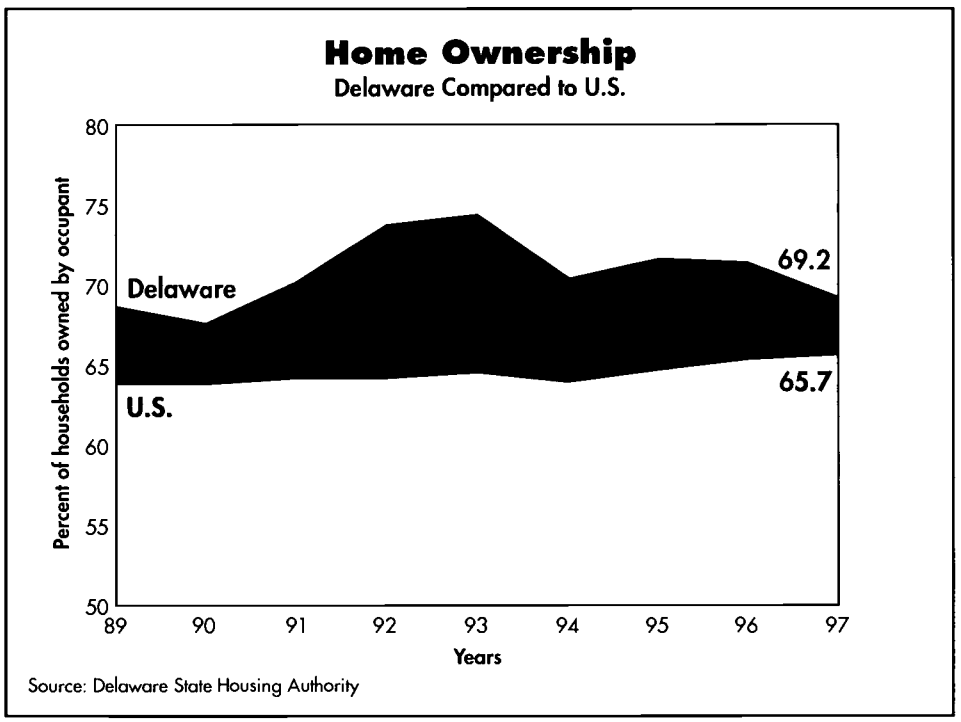
Home Ownership

Percent of home ownership

Home ownership has long been recognized as a key component of the "American Dream." Home Ownership proves tremendous benefits to our society. [1] ***Owning a home gives families a stake in where they live. It strengthens our economy, builds communities and, to the individual family, represents a powerful tool for building stability and self-esteem. However, those who aspire to home ownership are finding it harder and harder to attain. In the past, may young parents earned enough income to save up for a down payment or were helped by programs such as the GI Bill. Today, with wages falling for young workers, too many families struggle simply to pay the rent.*** [2]

1 Susan A. Fank, DSHA Director, excerpt from July 5, 1998 Guest Opinion in the *Delaware State News.*

2 Children's Defense Fund. (1998). Spotlight on housing and homelessness. *The State of America's Children Yearbook: 1998.*



Source: Delaware State Housing Authority

For more information see

Risk of Homelessness p. 38

Substandard Housing p. F-52

In the KIDS COUNT Section:

Table 53 p. K-84

Program Statement: Delaware makes home ownership affordable to those who often think this American Dream is out of their reach. While working with many financial institutions, builders, and real estate companies across the state, Delaware State Housing Authority unlocks the doors to home ownership for low- and moderate-income families every day by providing low-interest rate mortgage financing, along with down payment and closing costs loans. We also support housing counseling, and offer education to rental communities—big and small—to help families map out their own realistic paths to home ownership. Furthermore, the sprouting-up of economically-integrated communities, and affordably-priced neighborhoods are important to the State as we focus on making home ownership a more attainable goal for working families.

Indicators "Under Construction"

***The Family Services Cabinet Council has identified additional indicators which may further help to measure the well-being of Delaware's families. However, at the present time these indicators are still "under construction". Processes are being developed to collect the data that is needed. For example, the indicators related to children as learners are linked to the Delaware State Testing Program for which results will be released in late 1998. As soon as these data collections processes are completed, the results will be published in* FAMILIES COUNT in Delaware.**

- Percent of third graders tested scoring at or above basic reading levels
- Percent of third graders tested scoring at or above basic math levels
- Percent of fifth graders tested scoring at or above basic reading levels
- Percent of fifth graders tested scoring at or above basic math levels
- Percent of eighth graders tested scoring at or above basic reading levels
- Percent of eighth graders tested scoring at or above basic math levels
- Percent of tenth graders tested scoring at or above basic math levels
- Percent of students going on to post-secondary enrollment
- School readiness measure
- Domestic violence rate

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