Dear Friends:

Over the last three years, Delaware has made considerable strides in improving the health and safety of our children.

We will continue to build on these improvements with full-day kindergarten and the creation of the Delaware Teacher Corps as part of my legislative agenda for the coming year. The KIDS COUNT/FAMILIES COUNT Fact Book will continue to let us know if we are moving in the right direction.

Understanding the facts is the first step to being able to devise the solutions. The statistics in the book tell us what we are doing right and where we can improve. The more informed we are, the better decisions we can make. The 2004 Fact Book can be helpful in our continued efforts to develop ways to meet the circumstances and needs of Delaware’s families and children.

Together we have done much to provide opportunities for children to grow and flourish. Together, we can do more. The KIDS COUNT/FAMILIES COUNT Fact Book can serve as our guide along the path to ensuring a bright future for all our children.

Sincerely,

Ruth Ann Minner
Governor
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- Delaware Department of Services for Children, Youth and Their Families
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- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Family and Workplace Connection
- Statistical Analysis Center

Thanks to **Amy Cass**, Center for Drug and Alcohol Studies, University of Delaware, for survey data, and **John Laznik**, Center for Applied Demography and Survey Research, University of Delaware, for the poverty maps.

*A special thank you to the Delaware children and families featured on the cover and throughout this book.*
Dedicated to all the children in Delaware who share with us both their photos and their lives.
Numbers can tell stories and, for children, certain numbers can tell us who is thriving, who is hurting, and who has needs that aren’t being met. Each of the numbers in the KIDS COUNT/FAMILIES COUNT Fact Book represents real kids and families in Delaware. KIDS COUNT in Delaware endeavors to keep track of all of our children and examine the myriad of situations in which they live and grow.

Although KIDS COUNT reports on a multitude of measures, it must be emphasized that all children's issues are interrelated. A child's sense of physical safety in his family and community affect his school performance. The economic security of a child's family affects her health and education. Many factors must be examined together in order to produce an accurate portrayal of the conditions of families and children in our state. We hope that the data in this book will heighten our sense of urgency about children's issues and help win support for policy changes and programs that address the problems facing Delaware children and their families.

KIDS COUNT in Delaware is one of fifty-one similar projects throughout the United States funded by The Annie E. Casey Foundation. Through this state's project, housed in the Center for Community Research and Service at the University of Delaware and led by a Board of committed and concerned child advocates from the public and private sector, we bring together the best available data to assess the health and the economic, educational, and social well-being of children and families. This publication represents our ongoing effort to paint a picture which will inform public policy and spur community action.

This effort is joined with Governor Minner's commitment to children and families through the FAMILIES COUNT in Delaware initiative, which expands upon the ten core tracking indicators of National KIDS COUNT to look at a broad range of indicators relevant to the health and well-being of children and families. In this book, the data reported on these indicators are organized into four categories: Health and Health Behaviors, Educational Involvement and Achievement, Family Environment and Resources, and Community Environment and Resources.

You will also find data on students' responses to the University of Delaware's Center for Drug and Alcohol Studies annual school surveys that include a wide range of questions about youth behaviors and habits, parental involvement, and connections to communities. We hope that incorporating these asset-based indicators into each category under the heading “Delaware Children Speak” will help support Delaware's efforts to create a more unified vision for youth development.

Each year when we release the KIDS COUNT/FAMILIES COUNT Fact Book we are asked, “How are the children and families of Delaware doing?” For some — very well! For others — not so. While we celebrate the areas of improvement indicated by the data, we should also remember that for every trend heading in the wrong direction, there are actions we can take to help turn those numbers around. Throughout this publication we have listed under “Put Data in Action” some of the strategies which have been proposed or proven to help address these problems.

As the late Supreme Court Justice Oliver Wendell Holmes said, “It is not the place we occupy which is important, but the direction in which we move.” Together, let's use the data presented in this year's KIDS COUNT/FAMILIES COUNT Fact Book to chart a course for a better future for Delaware's children and families.

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Chair, Board

**Theodore W. Jarrell, Ph.D.**  
Chair, Data Committee

**Terry Schooley**  
Director
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Welcome to the ninth edition of KIDS COUNT in Delaware and the sixth edition of KIDS COUNT in Delaware/FAMILIES COUNT in Delaware, a collaborative project of the State of Delaware and KIDS COUNT, which is housed in the Center for Community Research and Service at the University of Delaware. Since 1995 KIDS COUNT in Delaware has been reporting on the status of children in the state and, working with the State of Delaware since 1998, has been monitoring the conditions of families, children and individuals in the community.

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

- **Health and Health Behaviors**
- **Educational Involvement and Achievement**
- **Family Environment and Resources**
- **Community Environment and Resources**

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

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

The featured indicators are:

- **Births to teens**
- **Low birth weight babies**
- **Infant mortality**
- **Child deaths**
- **Teen deaths by accident, homicide, and suicide**
- **Teens not graduated and not enrolled**
- **Teens not in school and not working**
- **Children in poverty**
- **Children with no parent with full-time employment**
- **Children in one-parent families**

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

In addition to the featured indicators, we continue to report on a variety of indicators, such as early care and education, prenatal care, substance abuse and asthma data based on hospitalizations which all impact the lives of children. Indicators related to educational involvement and achievement especially highlighting the results of the Delaware Student Testing Program are included in the second category, while indicators relating to families and community follow. Additional tables with more extensive information are included at the end of the Fact Book. Demographic information with maps from the 2000 census provide an overview of the changing face of Delaware.

Ultimately the purpose of this book is to stimulate debate, not to end debate by producing definitive answers. We hope this information will add to the knowledge base of our social well being, guide and advance informed discussion and help us concentrate on issues that need attention, and focus on a better future for our children and families.
**Trends in Delaware**

Delaware has seen improvement in five of the national KIDS COUNT indicators while four areas have declined and one has shown little change.

- The teen birth rate, percent of children in poverty, percent of children in one-parent families, percent of families where no parent has full-time employment, and the percent of teens not in school and not working have all improved.

- Of concern are the rising infant mortality rate, the increasing number of low birth weight babies, and the slightly increasing child death rate and teen deaths by accident, homicide and suicide.

- The high school dropout rate has remained fairly constant.

**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** — material in the appendix or in FAMILIES COUNT relating to the indicators

**Sources of Data**

The data are presented primarily in three ways:

- **Annual data**

- **Three-year and five-year averages** to minimize fluctuations of single-year data and provide more realistic pictures of children's outcomes

- **Annual, three-year or five-year average data** for a decade or longer to illustrate trends and permit long-term comparisons

The data has been gathered primarily from:

- 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 Department of Health and Social Services, State of Delaware
- Department of Services for Children, Youth and Their Families, State of Delaware
- U.S. Bureau of the Census
- National Center for Health Statistics, U.S. Department of Health and Human Services
- Delaware Population Consortium
- Family and Workplace Connection
- Division of State Police, Department of Public Safety
- Domestic Violence Coordinating Council
- Center for Drug and Alcohol Studies, University of Delaware
Interpreting the Data

The KIDS COUNT in Delaware/FAMILIES COUNT in Delaware Fact Book 2004 uses the most current, reliable data available. Where data was inadequate or unavailable, N/A 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 modestly-populated state 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, respectively.

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

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

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.

A Caution About Drawing Conclusions

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

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

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

This report represents the sixth edition of the combined KIDS COUNT/FAMILIES COUNT Fact Book and the ninth edition of the KIDS COUNT in Delaware Fact Book focusing on measuring child and family well-being. Over the years most key trend measures have remained consistent, but changes are made as new data become available and measures are modified to focus on particular issues.

**Look for the changes:**

- **Percent of children in households living in families where no parent has full-time, year-round employment**

  This is the second year for this key indicator as reported in the National KIDS COUNT Data Book and thus, reported in our Delaware book. It is very similar to the measure called “secure parental employment” used by the Federal Interagency Forum on Child and Family Statistics. For children living in single-parent families, this means the resident parent did not work at least 35 hours per week, at least 50 weeks in the previous calendar year. For children living in married-couple families, this means neither parent worked at least 35 hours per week, at least 50 weeks in the previous calendar year.

- **Expanded Infant Mortality Data**

  KIDS COUNT in Delaware has been tracking the rising rate of infant mortality here in the state and is grateful to the Delaware Health Statistics Center for providing increased data on this critical indicator. Looking at the rate compared to weeks of gestation, prenatal care, source of payment, smoking during pregnancy, birth spacing, birth weight and single/multiple births may provide some new insights into this issue.

- **Graduated License Info**

  Delaware implemented a Graduated Driver’s Licensing Program on July 1, 1999. It is comprised of three levels. Level 1 is the first stage of the learner’s permit, which involves supervised driving at all times and lasts for a period of six months. The second stage, Level 2, is reached six months after the issue of the Level 1 learner’s permit. It involves limited unsupervised driving and restrictions on passengers. Level 3 is full licensure with unrestricted driving privileges after twelve months of driving experience with a learner’s permit.

  Data showing crash involvement by age indicates a decline in incidents for 16 year olds. Crash involvement for older teens has remained fairly steady since implementation. The number of arrests of teens driving under the influence is also pictured in the data under Teen Deaths by Accident, Homicide and Suicide.

- **High School Dropouts and Graduation Rates**

  The high school dropout rate for the 2001-02 school year reflects an improvement in data acquisition and reporting. There has not been a significant increase in the number of dropouts; those students added to the dropout data were previously listed as “missing,” and not reported. Missing students have now been tracked and placed in correct categories. The Department of Education has also tracked students who have transferred among public school districts, private schools, and state- or district-approved education programs.

  New this year are data on graduation rates which is the percent of 9th grade students who graduated within four years from a Delaware public school. For example, the rate for 2001–2002 of 83 percent means that 83 percent of incoming 9th graders in September 1998 graduated in June of 2002.

We are grateful to the Center for Drug and Alcohol Studies at the University of Delaware and the Delaware Council on Gambling Problems for providing data on youth and gambling. The sections called Delaware Children Speak are also a result of extensive data provided by the Center for Drug and Alcohol Studies.
**Overview**

**Births to Teens Page 70**

Number of births per 1,000 females ages 15–17
Five year average, 1997–01: Delaware 31.5, U.S. 28.6

**Low Birth Weight Babies Page 24**

Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight)
Five year average, 1997–01: Delaware 8.8, U.S. 7.6

**Infant Mortality Page 26**

Number of deaths occurring in the first year of life per 1,000 live births
Five year average, 1997–01: Delaware 9.0, U.S. 7.1

**Child Deaths Page 38**

Number of deaths per 100,000 children 1–14 years old
Five year average, 1997–01: Delaware 22.4, U.S. 23.2

**Teen Deaths by Accident, Homicide, and Suicide Page 40**

Number of deaths per 100,000 teenagers 15–19 years old
Five year average, 1997–01: Delaware 54.3, U.S. 54.4
**High School Dropouts**  Page 62

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

School year, 2001–02: Delaware 6.1

**Teens Not Attending School and Not Working**  Page 64

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

Three year average, 2001–03: Delaware 7.8, U.S. 8.5

**Children in Poverty**  Page 76

Percentage of children in poverty. In 2002 the poverty threshold for a one-parent, two-child family was $14,480. For a family of four with two children, the threshold was $18,244.

Three year average, 2001–03: Delaware 12.9, U.S. 16.4

**No Parent with Full-time Employment**  Page 75

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

Three year average, 2001–03: Delaware 17.9, U.S. 22.7

**Children in One-Parent Families**  Page 82

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

Three year average, 2001–03: Delaware 31.0, U.S. 29.9
Counting the Kids: Delaware Demographics

Data from the 2000 Census provides a picture of the population of the state of Delaware, its counties and cities, and the nation. Demographically speaking, we are much less of a child-centered society now than we were 100 years ago. In the United States, children accounted for 40 percent of the population in 1900, but only 26 percent in 2000. Similar trends are evident in Delaware.

Nationwide the number of children grew 14 percent between 1990 and 2000. Delaware experienced an increase of 19 percent, growing from 163,341 children in 1990 to 194,587 in 2000. This increase ranked Delaware as having the 11th highest percentage increase among all fifty states.

Sussex County had the largest percentage increase of children (30%), followed by New Castle County (18%) and Kent County (14%).

<table>
<thead>
<tr>
<th>County</th>
<th>2000 Total Population</th>
<th>2000 Total Age 0-17</th>
<th>2000 Total Age 18+</th>
<th>2000 Total % 0-17</th>
<th>1990 Total Age 0-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>783,600</td>
<td>194,587</td>
<td>589,013</td>
<td>24.8%</td>
<td>163,341</td>
</tr>
<tr>
<td>New Castle County</td>
<td>500,265</td>
<td>124,749</td>
<td>375,516</td>
<td>25.0%</td>
<td>106,079</td>
</tr>
<tr>
<td>Wilmington</td>
<td>72,664</td>
<td>18,793</td>
<td>53,871</td>
<td>25.9%</td>
<td>17,822</td>
</tr>
<tr>
<td>Kent</td>
<td>126,697</td>
<td>34,533</td>
<td>92,164</td>
<td>27.2%</td>
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<tr>
<td>Sussex</td>
<td>156,638</td>
<td>35,305</td>
<td>121,333</td>
<td>22.5%</td>
<td>27,088</td>
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</table>

Source: 2000 Census, U.S. Census Bureau

The Hispanic population in Delaware grew from 15,820 in 1990 to 37,277 in 2000, an increase of 136%. Among the counties, Sussex showed the largest percent increase at 369%. The census county divisions that showed the greatest increase were Georgetown (1536%), Selbyville-Frankford (816%), and Millsboro (670%).
Where the Kids Are
Delaware Census Tracts, 2000

For detailed information on census tracts and blocks: http://factfinder.census.gov

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau
### Where the Kids Are
New Castle County, 2000

<table>
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<tr>
<th>Tract</th>
<th>0-17 Total</th>
<th>% of Total</th>
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<tr>
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<td>18.63</td>
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<tr>
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<td>750</td>
<td>27.95</td>
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</table>

Census Tract Total

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<th>% of Total</th>
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</tr>
<tr>
<td>16</td>
<td>750</td>
<td>27.95</td>
</tr>
</tbody>
</table>

Census Tract Total

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau
The Changing Face of Delaware’s Children
by Race and Hispanic Origin, Delaware, 1980–2000

Source: 2000 Census, U.S. Census Bureau
Note: Persons of Hispanic origin may be of any race.

Children under 18 by Race and Hispanic Origin, U.S. and Delaware

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Total Population under 18</td>
<td>US 63,754,960</td>
<td>100.0</td>
<td>DE 166,595</td>
<td>100.0</td>
<td>DE 72,293,812</td>
<td>100.0</td>
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<td>Non-Hispanic White US</td>
<td>47,035,526</td>
<td>73.8</td>
<td>DE 125,376</td>
<td>75.3</td>
<td>DE 44,027,087</td>
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<tr>
<td>Black and Other Non-Hispanic US</td>
<td>11,091,478</td>
<td>17.4</td>
<td>DE 37,147</td>
<td>22.3</td>
<td>DE 15,924,466</td>
<td>22.0</td>
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<tr>
<td>Hispanic US</td>
<td>5,627,956</td>
<td>8.8</td>
<td>DE 4,078</td>
<td>2.4</td>
<td>DE 12,342,259</td>
<td>17.1</td>
</tr>
</tbody>
</table>

Note: Children who marked White and another racial category in the 2000 Census are classified as minorities.
Persons of Hispanic origin may be of any race.

Source: www.aecf.org/kidscount/census, 2000 Census, U.S. Census Bureau

Delaware Population
by Race and Hispanic Origin, 2000

Source: 2000 Census, U.S. Census Bureau
Note: Persons of Hispanic origin may be of any race.
New Castle County Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 5%
- Black or African American Non-Hispanic: 20%
- White Non-Hispanic: 71%
- All Others: 4%

Children under 18
- Hispanic: 7%
- Black or African American Non-Hispanic: 25%
- White Non-Hispanic: 62%
- All Others: 6%

Kent Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 3%
- Black or African American Non-Hispanic: 20%
- White Non-Hispanic: 72%
- All Others: 5%

Children under 18
- Hispanic: 4%
- Black or African American Non-Hispanic: 23%
- White Non-Hispanic: 67%
- All Others: 6%

Sussex Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 4%
- Black or African American Non-Hispanic: 15%
- White Non-Hispanic: 79%
- All Others: 2%

Children under 18
- Hispanic: 7%
- Black or African American Non-Hispanic: 21%
- White Non-Hispanic: 68%
- All Others: 4%

Wilmington Population
by Race and Hispanic Origin, 2000

Total Population
- Hispanic: 10%
- Black or African American Non-Hispanic: 56%
- White Non-Hispanic: 32%
- All Others: 2%

Children under 18
- Hispanic: 14%
- Black or African American Non-Hispanic: 67%
- White Non-Hispanic: 16%
- All Others: 3%

Source: 2000 Census, U.S. Census Bureau
Note: Persons of Hispanic origin may be of any race.

For more information see
www.rdms.udel.edu/census
www.aecf.org/kidscount/census
www.cadsr.udel.edu/census2k
www.census.gov
www.prb.org
Definitions

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

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

Own Children – A child under 18 years old who is a son or daughter by birth, marriage (a stepchild), or adoption.

Related Children – All people in a household under the age of 18 who are related to the householder. Does not include householder’s spouse or foster children, regardless of age.

Source: Population Reference Bureau, 2000 Census, U.S. Census Bureau
Early prenatal care is important to identify and treat health problems and influence health behaviors that can compromise fetal development, infant health and maternal health. Getting late or no prenatal care is associated with a greater likelihood of having babies that are low-birth weight, stillborn, or die in the first year of life.¹ Prenatal care offers the opportunity to screen for and treat conditions that increase the risk for poor birth outcomes. Effective prenatal care also offers screening and intervention for a range of conditions including maternal depression, smoking, substance use, domestic violence, nutritional deficiencies, and unmet needs for food and shelter.²

¹ 2003 Rhode Island KIDS COUNT Factbook

Sources: Delaware Health Statistics Center,* National Center for Health Statistics
Did you know?

- Having visited a physician during pregnancy is associated with a 300% reduction in the risk of low birth weight.1

- The percentage of births to women receiving late or no prenatal care declined substantially during the 1990s, from 6.1% in 1990 to 3.7% by 2001. This improvement in prenatal care occurred for all racial groups and among Hispanic women.2

- Young women in their teens are by far the most likely to receive late or no prenatal care. 16.8% of girls under age 15 and 8.4% of girls ages 15-17 receive late or no prenatal care.2

- Smoking during pregnancy increases the risk of pregnancy complications, low birth weight, stillbirth and sudden infant death syndrome (SIDS). Pregnancy provides a unique opportunity to help women quit smoking. Studies have shown that providing brief medical counseling and pregnancy-tailored self-help materials during prenatal visits significantly increases quit rates.3

- When you are pregnant, eating a healthy diet is more important than ever. Everything that you eat or drink will affect your baby's development. Also, a healthy diet will help you maintain your health as well as develop your uterus and prepare your breasts for breastfeeding.

- Getting regular exercise during your pregnancy will help you stay healthy, keep your weight gain in a safe range, lose weight faster after pregnancy, improve your mood, reduce stress, and help you sleep well. Some studies have shown that women who exercise during their pregnancy are less likely to have complications during labor and delivery.1

- Support local and national projects that help women obtain prenatal care, such as Planned Parenthood of Delaware. Together with Christiana Care Health System, their “Better Beginnings” program provides prenatal education, tests and clinical services.

1 www.plannedparenthood.org
2 Late or No Prenatal Care. Child Trends Data Bank. www.childtrendsdatabank.org
As a group, infants born at low birth weight have greater rates of health problems than other children. There are two categories of low birth weight babies: some are born prematurely and others are small for their gestational age. The three major risk factors for low birth weight are cigarette smoking during pregnancy, low maternal weight gain, and low pre-pregnancy weight. Other risks include poor overall maternal health, fetal infection, genetic factors, and other health problems. Also, multiple birth infants are more likely to be born at low birth weight. Increased risk of low birth weight is strongly associated with poverty, maternal smoking and low levels of educational attainment. Low birth weight is more prevalent in births to African American and Hispanic/Latino women, and to women who give birth at younger ages.

2 Minnesota Kids: A Closer Look 2002 Data Book
3 2003 Rhode Island Kids Count Factbook
Low Birth Weight Babies
Delaware by Race and Hispanic Origin

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

Low birth weight babies in Delaware represent:
- 8.8% of all infants born
- 11.1% of births to teenagers
- 8.9% of births to women 20–24 years old
- 7.6% of births to women 25–29 years old
- 8.7% of births to women 30+ years old
- 7.0% of all births to White women
- 14.0% of all births to Black women
- 7.0% of all births to Hispanic women

Delaware Average 8.8%

Five-year average percentages, 1997–2001
Source: Delaware Health Statistics Center

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

Very low birth weight babies in Delaware represent:
- 1.8% of all infants born
- 2.4% of births to teenagers
- 2.0% of births to women 20–24 years old
- 1.5% of births to women 25–29 years old
- 1.8% of births to women 30+ years old
- 1.3% of all births to White women
- 3.6% of all births to Black women
- 1.5% of all births to Hispanic women

Delaware Average 1.8%

Five-year average percentages, 1997–2001
Source: Delaware Health Statistics Center

* Hispanic data was not available before the 1989–1993 period.

For more information see
Tables 8-14 p. 118-123
Table 24 p. 129
www.marchofdimes.org
www.kidshealth.org
www.promisingpractices.org/programlist.asp

A KIDS COUNT research brief recommends five strategies that are essential to any plan aimed at reducing the rate of low birth weight births:
- Promote and support research on the cause of low birth weight.
- Expand access to health care.
- Focus intensively on smoking prevention and cessation.
- Ensure that pregnant women get adequate nutrition.
- Address social and demographic risk factors.

Source: Annie E. Casey Foundation
Infant mortality is associated with a variety of factors, including women’s health status, quality of and access to medical care, socioeconomic conditions, and public health practices. Leading causes of infant mortality include low birth weight, congenital anomalies, and sudden infant death syndrome. Nationally, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infants or the pregnancy, such as preterm delivery, low birth weight, birth defects, sudden infant death syndrome (SIDS) and respiratory distress syndrome. About one third of infant deaths occur after the first month and may be influenced by social or environmental factors, such as exposure to cigarette smoke (increases SIDS risk) or poor access to health care.

Infant Mortality
Delaware by Race and Hispanic Origin

Deaths of Infants Less than 1 yr. old per 1,000 Live Births

85-89  86-90  87-91  88-92  89-93  90-94  91-95  92-96  93-97  94-98  95-99  96-00  97-01  98-02

Black  Hispanic*

White  Delaware: 9.2

<28 Weeks  28–36 Weeks  37+ Weeks

Deaths of Infants Less than 1 yr. old per 1,000 Live Births in Each Category

Five Year Periods

89-93  90-94  91-95  92-96  93-97  94-98  95-99  96-00  97-01  98-02


37+ Weeks: 2.1

<28 Weeks: 519.0

Source: Delaware Health Statistics Center

Infant Mortality by Gestation
Delaware by Weeks of Gestation

Infant Mortality in Delaware by Gestation and Race

White  Black

Deaths of Infants Less than 1 yr. old per 1,000 Live Births, Five Year Averages, 1998–2002

<28 Weeks: 514.6  <28 Weeks: 514.0


<28 Weeks: 526.3  <28 Weeks: 526.3

37+ Weeks: 2.9

28–36 Weeks: 1.9

Source: Delaware Health Statistics Center

* Hispanic data not available before the 1990–1994 period.

Source: Delaware Health Statistics Center
A KIDS COUNT research brief describes six strategies that are essential to reducing the infant mortality rate:

- Address disparities in infant mortality.
- Provide pre-pregnancy education and counseling to all women and men.
- Ensure timely prenatal care for all women.
- Expand access to medical care for infants in the first month of life.
- Expand access to well-baby care and parenting education.
- Expand programs for the prevention of child abuse and neglect.

Source: Annie E. Casey Foundation
Definitions

- Low Birth Weight Babies – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)
- Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)
- Birth Interval – the period of time between the birth of one child and the birth of the next.

For more information see

- Tables 15-25 p. 124-129
- www.marchofdimes.org
- www.cdc.gov/nccdphp/drh/index.htm
- www.hmhb.org
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federally-funded program, provides nutritious food, nutrition education, and improved access to health care. It serves pregnant, postpartum and breastfeeding women, infants, and children under five years of age with household incomes below 185% of the poverty level.¹ WIC participation improves birth outcomes, increases the nutrient intake of preschoolers, increases breastfeeding rates and immunization coverage, improves cognitive development and increases the likelihood of having a regular medical care provider.²

¹ 2003 Rhode Island Kids Count Factbook.

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**WIC Program**

**Total Number Served**

Delaware, 2002

In federal fiscal year 2002, 20,397 infants and children were served by WIC in Delaware. Approximately 54% of all infants born in 2002 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

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**Did you know?**

- Congress appropriated $4.462 billion for WIC in FY 2002. The appropriation includes $10 million for the WIC Farmers’ Market Nutrition Program.
- Children have always been the largest category of WIC participants. Of the 7.47 million people who received WIC benefits each month in FY 2002, approximately 3.74 million were children, 1.93 million were infants, and 1.8 million were women.
- It is currently estimated that WIC has achieved full coverage of all eligible infants. About 47 percent of all babies born in the United States participate in WIC. Of all eligible women, infants, and children, the program is estimated to serve about 90 percent.
- WIC has reduced low birth weights by 25%, and very low birth weight by 44%.
- For every dollar spent on WIC, there is a $3.50 savings in medical costs.


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For more information see
Table 38  p. 136
www.fns.usda.gov/wic
The health effects of lead exposure in the developing fetus, infants, and young children are more severe than any other age group due to their developing bodily systems. Children are primarily exposed to lead through air, drinking water, food, and ingesting dust or dirt that contains lead. Additionally, children have little control over their environment. Unlike adults, they may be both unaware of risks and unable to make choices to protect their health. Even with low to moderate levels of lead, young children can suffer significant damage to their developing nervous systems. Children ingesting large amounts of lead may develop anemia, kidney damage, colic, muscle weakness, and developmental delay. Severe lead poisoning may result in death.


Did you know?

The number of Delaware children with dangerous levels of lead in their blood has been dropping steadily since the mid-1990s, giving public health officials hope that they will see the virtual elimination of widespread lead poisoning by 2010. A combination of testing, education, public outreach and bans on lead in consumer products has pushed the rate down. The 1995 Delaware Childhood Lead Poisoning Prevention Act, which requires all children to get a lead test when they are about a year old, has significantly contributed to this decrease.

Adequate immunization protects children against several diseases that have killed or disabled children in the past. Rate of child immunization is one measure of the extent that children are protected from serious vaccine-preventable illnesses. Childhood immunization is also an important step in maintaining high vaccination levels, which prevent outbreaks of such diseases. It is unlikely that an individual who is immune to a disease will transmit it to someone else; vaccination protects not only the child receiving the vaccine, but also those in the child’s community. Because the health of young children is most threatened by these diseases, the Centers for Disease Control and Prevention recommends vaccinating children against most vaccine-preventable diseases by the time they are 2 years old.

Did you know?

• The proportion of children ages 19 to 35 months receiving all of the previously recommended standard vaccines increased from 69 percent to 79 percent between 1994 and 1998. Since that time, the rate has fluctuated mildly and was 78 percent in 2002. The percentage of young children ages 19 to 35 months who received all of these vaccines plus hepatitis B and varicella was 66 percent in 2002.

• Children in families with incomes below the poverty level are less likely to be fully vaccinated than are those with families with incomes at or above the poverty level (72 percent versus 79 percent in 2002).

• In 2002, the proportion of children who had received the standard series of vaccines ranged from 71 percent among Black children to 83 percent among Asian, with rates among White and Hispanic children falling in between at 80 and 76 percent, respectively.

• Through Vaccines for Children, Delaware distributes 120,000 vaccine doses each year to health care providers who administer the free immunizations to approximately 25,000 children. Nearly 300 health care providers—including most pediatricians in the state—participate in the program.

Asthma is the most common chronic illness affecting children. At least one-third of the 24.7 million people diagnosed with asthma are children under the age of 18. Asthma is a leading cause of hospitalization among children under age 15 and leads to 10 million days of missed school each year. This condition can also negatively affect children’s academic performance because of doctor’s visits during school hours, lack of concentration while at school due to nighttime attacks, and decreased attentiveness or involvement at school because of medication side effects.

Common symptoms of asthma include coughing, chest tightness, shortness of breath and wheezing. While most cases of childhood asthma are mild or moderate, asthma can cause serious and sometimes life-threatening health risks when it is not controlled. The illness can be controlled by using medication and avoiding “attack triggers” such as: cigarette smoke; allergens including pollen, mold, animal dander, feathers, dust, food and cockroaches; and exposure to cold air or sudden temperature change. Vigorous exercise can sometimes trigger asthma attacks, but most children with asthma can fully participate in physical activities if their condition has been properly controlled. With the proper treatment and care, most children with asthma can have active and healthy childhoods.

2 “Why Schools Should Be Concerned About Asthma,” a publication by the Asthma and Schools website from the National Education Association’s Health Information Network. Available online at http://www.asthmaandschools.org/essentials/2-why.htm
**Did you know?**

Of 2,932 Delaware high school students answering the 2003 Youth Risk Behavior Survey, 19% said they had been told by a doctor or nurse that they had asthma. 19.3% of White students, 19.1% of African American students, and 14.6% of Hispanic students said they had asthma.

Source: CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

The RAND research group identified six policy goals to meet its objective of promoting asthma-friendly communities:

- Improve access to and quality of asthma health care services.
- Improve asthma awareness among patients, their families, and the general public.
- Ensure asthma-friendly schools.
- Promote asthma-safe home environments.
- Encourage innovation in asthma prevention and management.
- Reduce socioeconomic disparities in childhood asthma outcomes.

11 policy recommendations for meeting these goals are:

1. Develop and implement primary care performance measures for childhood asthma care.
2. Teach all children with persistent asthma and their families a specific set of self-management skills.
4. Extend continuous health insurance coverage to all uninsured children.
5. Develop model benefit packages for essential childhood asthma services.
6. Educate health care purchasers about asthma benefits.
7. Establish public health grants to foster asthma-friendly communities and home environments.
8. Promote asthma-friendly schools and school-based asthma programs.
9. Launch a national asthma public education campaign.
10. Develop a national asthma surveillance system.
11. Develop and implement a national agenda for asthma prevention research.

Children’s health insurance status is the major determinant of whether children have access to care. Children who lack insurance coverage are more likely to have poor health outcomes at birth and have fewer well-child visits. Insured children are more likely than uninsured children to receive medical care for common conditions like asthma and ear infections—illnesses that, if left untreated, can have lifelong consequences and lead to more serious health problems. The number of uninsured children at any time during 2001 was 8.5 million (12 percent of all children). More than six million of them are eligible for either the Children’s Health Insurance Program (CHIP) or Medicaid. Both programs are health insurance programs that help provide access to health services for children, and both programs operate at the state level and have specific income guidelines and insurance benefits.

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**Did you know?**

Since 1987 the overall percentage of children covered by health insurance in the United States has remained stable, ranging from 85 to 88 percent. Yet, in 2000, only 75 percent of Hispanic children were covered by health insurance, compared to 93 percent of White, and 87 percent of Black. Additionally poorer children have lower rates of health insurance coverage at 78 percent compared to 88 percent for all children in 2000.

Did you know?

- In the late 1990s, health care insurance coverage for children increased somewhat from 85 percent in 1996–98 to 88 percent in 2000, and has remained stable through 2002.

- Children's health insurance coverage comes from two major sources—private insurance companies and the government. Medicaid coverage for children increased from 20 percent in 2000 to 24 percent in 2002. The percentage of children with private insurance decreased from 71 percent in 2000 to 68 percent in 2001, remaining at 68 percent in 2002.

- Although Medicaid covers only about 24 percent of the entire population of children, it covers 62 percent of poor children. Among poor children, Medicaid coverage is highest for Black children (70 percent) and substantially lower for White non-Hispanics, Hispanics and Asian or Pacific Islanders, with 57, 61 and 51 percent respectively receiving coverage.

- Hispanic children are much less likely than other children to have health insurance coverage. In 2002, only 77 percent of Hispanic children had health insurance coverage, compared with 88 percent of Asian children, 86 percent of Black children, and 92 percent of White children.

- In 2002, 79 percent of children in single-father families and 86 percent of children in single-mother families had health insurance coverage, compared with 90 percent of children in married-couple families.

- The likelihood of being covered by health insurance increases with income. In 2002, 95 percent of children living in families with incomes of $75,000 or more were covered by health insurance. In contrast, only 81 percent of children in families with incomes of under $25,000 were covered.

The Child Death Rate has fallen steadily for the past several years, due in large part to advances in medical care and the general decrease in deaths from motor vehicle accidents.¹ Unintentional injuries remain the leading cause of death for all children. The leading causes of unintentional fatal injuries are motor vehicles, fires/burns, drowning, falls, and poisonings.² Often, the only difference between a nonfatal and fatal event is only a few feet, a few inches, or a few seconds. Therefore, parents and caregivers should take all necessary precautions for injury prevention, including educating children on proper safety procedures, use of appropriate car seat restraints, installing working smoke alarms, providing children with appropriate safety equipment, as well as teaching young children to swim. Although injuries are the leading cause of child death, birth defects, homicide, violence, cancer, obesity, and infectious diseases also threaten the health of young children.³


Did you know?

Playgrounds and recreation areas can keep children off the streets and away from traffic. But these areas are not always as safe as parents would hope. Some 170,100 children require hospital emergency room treatment each year because of playground accidents—mainly falls. Safe equipment and construction are crucial, but so is close supervision.

**Did you know?**

**Summer has the highest child accident rate:**

The four-month period from May through August is the most dangerous time of year, with nearly 3 million child medical emergencies and 2,550 deaths because of accidental injuries, according to a study by the National Safe Kids Campaign. Those deaths represent 42 percent of the average annual total, the study found.


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**In the year 2000, 193 children in the United States ages birth to 19 died from unintentional injuries involving firearms. The best way to prevent accidental shootings is to avoid keeping guns in your home and to avoid exposing your child to homes where firearms are kept.**

If you do keep firearms in your home, follow these guidelines to prevent accidental shootings:

- Store guns in a securely locked case and out of children’s reach. Be sure they’re unloaded when stored.
- Use trigger locks and other safety features.
- Store ammunition in a separate place from the firearms, locked in a container that’s out of children’s reach.
- Take a firearm safety course to learn the safe and correct way to use your firearm.
- Practice firearm safety. Teach your child that guns aren’t toys and should never be played with.

The rate of teen death in the U.S. is substantially higher than in many of our peer nations, due largely to higher rates of the three most prevalent causes of death among adolescents and young adults: motor vehicle accidents, homicide, and suicide.\(^1\)

Overall, among adolescents age 15 to 19, accidents, homicides, and suicides, account for 75 percent of all deaths.\(^2\) Merely limiting opportunities for accidents is not enough to combat teen deaths. Strategies to reduce teen mortality need to strengthen parents’ and other caretakers’ involvement with teens, fortify youth development agencies and other community organizations that serve adolescents and their parents, and seize opportunities to introduce or bolster policies that address at-risk teens.\(^3\)

Impact of Graduated Driver License on 16 Year Old Driver Crashes in Delaware*

Delaware implemented a Graduated Driver’s Licensing (GDL) Program on July 1, 1999. It involves three levels. Level 1 is the first stage of the learner’s permit, which involves supervised driving at all times and lasts for a period of six months. The second stage, Level 2, is reached six months after the issue of the Level 1 learner’s permit. It involves limited unsupervised driving and restrictions on passengers. Level 3 is full licensure with unrestricted driving privileges after twelve months of driving experience with a learner’s permit.

Crash rates declined sharply for all levels of severity among 16 year old licensed drivers after the GDL program was implemented. Following GDL, 16 year old licensed driver crashes were substantially less likely to occur. The greatest reductions in risks occurred in night crashes and fatal injuries.

*A Preliminary Review of Data
Source: Delaware State Police

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**Deaths of Teens from Motor Vehicle Crashes**

Number of Delaware Teens 15–19 who Died in Motor Vehicle Crashes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>12</td>
<td>14</td>
<td>7</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Females</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Delaware Health Statistics Center

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**Did you know?**

Males are nearly twice as likely to die in motor vehicle traffic accidents. In 2000, the motor vehicle death rate was 34 per 100,000 for males ages 15-19 compared to 18 per 100,000 for females. Gender differences of similar magnitude are found between all races and ethnic groups.


continued on next page
A recent KIDS COUNT Indicator Brief identified key strategies in reducing the teen mortality rate:

- Support the adults who play a significant roles in the lives of teens.
- Strengthen the capacity of communities to support teens’ healthy development.
- Focus intensively on motor vehicle safety.
- Develop policies and programs aimed at preventing violence.
- Address teen suicide by bolstering the capacity of families and communities to recognize and treat emotionally distressed teens.

Source: KIDS COUNT Indicator Brief: Reducing Teen Death Rate (July 2003). The Annie E. Casey Foundation

While drivers under age 21 are only seven percent of all drivers in Delaware, they are involved in 14% of all crashes and 14% of all DUI arrests.

Source: Delaware State Police
According to the Centers for Disease Control and Prevention, the United States has one of the highest rates (among industrialized nations) for sexually transmitted diseases in teens and young adults. Nationally, approximately three million cases of sexually transmitted diseases occur among teenagers each year, appearing in about one in four sexually-active teens. Teens are at high risk for acquiring most STDs because they are more likely than other age groups to have unprotected sex and/or multiple sex partners. In a single act of unprotected sex with an infected partner, a teenage girl has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes, and a 50% chance of contracting gonorrhea. Delaying first intercourse among adolescents and increasing condom use among those who are sexually active can reduce the overall risk and occurrence of STDs. Decrease in sexual risk behaviors requires efforts from parents, families, schools, community-based and religious organizations, the media, government agencies and adolescents themselves.

1 Child Trends Research Brief: Preventing teenage pregnancy, childbearing, and sexually transmitted diseases
2 2003 New Hampshire Kids Count Fact Book
3 Ibid

Did you know?
- AIDS continues to plague the State of Delaware. Data reveal increasing trends in Delaware AIDS cases. In 2002, Delaware ranked fifth highest in the U.S. in reporting new AIDS cases, with an annual rate of 31.5 per 100,000 population.


For more information see
Table 35 p. 134
www.thebody.com
www.agi-usa.org/sections/std.html
www.plannedparenthood.org
www.cdc.gov/hiv/pubs/facts.htm

Source: Delaware Health Statistics Center
While the number of adolescents using drugs and tobacco is slowing decreasing nationwide, youth are starting to use alcohol, tobacco, and illicit drugs at increasingly younger ages. The use of substances threatens the health and safety of children, families, and communities. Of the more than 2 million deaths each year in the United States, approximately one in four is attributable to alcohol, tobacco and illicit drug use. Substance use can result in family violence and mistreatment of children. Prenatal exposure to alcohol, tobacco, or drugs is linked to psychological, cognitive, and physical problems in children. Social skills training has been shown to reduce substance use in early adolescence. Family and friends play critical roles in motivating substance abusers to enter treatment and maintain sobriety.

2. Ibid.

Did you know?

- Children who are not engaged in school, have high rates of school failure, lack connections with caring adults, and have feelings of peer rejection are at increased risk of abusing drugs.
- Most Delaware students do not think there is a “great risk” in trying marijuana. Only 24% of 8th graders, and 12% of 11th graders thought there was a “great risk” from trying marijuana.
- In general, use of any of the drugs illegal for youth (includes cigarettes and alcohol) did not differ significantly among the three counties in Delaware. This pattern was true for each of the 5th, 8th, and 11th grade samples. The only major exception to this pattern was greater use of smokeless tobacco by 8th and 11th graders in Kent and Sussex Counties, compared to New Castle County. There is no evidence that illegal substance youth by Delaware youth is, for example, an urban problem or a Northern Delaware problem — where it is a problem, it is one for all Delaware youth.

Source: Alcohol, Tobacco, and Other Drug Abuse Among Delaware Students. (2002). The Center for Drug and Alcohol Studies, University of Delaware. http://www.state.de.us/drugfree/data.html#adm
Trends in Cigarette, Alcohol, and Marijuana Use
Delaware 5th Graders
- Cigarettes: 1%
- Alcohol: 2%
- Marijuana: .5%

Trends in Cigarette, Alcohol, and Marijuana Use
Delaware 8th Graders
- Alcohol: 23%
- Cigarettes: 12%
- Marijuana: 11%

Trends in Cigarette, Alcohol, and Marijuana Use
Delaware 11th Graders
- Alcohol: 43%
- Cigarettes: 25%
- Marijuana: 19%

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Definition
Self-Reported Regular Use – reports of about once a month or more often

For more information see
Table 36-37
p. 135
www.tobaccofreekids.org
www.state.de.us/drugfree
www.childtrends databank.org/drugs.cfm
www.al-anon-alateen.org
www.udetc.org
Each year since 1995, the Center for Drug and Alcohol Studies at the University of Delaware has administered a survey for public school students about alcohol, tobacco, and drug use. This study is supported by the Office of Prevention and the Division of Substance Abuse and Mental Health and administered through the cooperation of the Department of Education and the Delaware Drug Free School Coordinators. It has become a valuable tool in assessing trends of drug use among Delaware students. Since 1998 the survey has included new information on school behavior, health habits, and parental interaction. The Center for Drug and Alcohol Studies has provided KIDS COUNT with a wealth of information detailing these issues which are included in each section as Delaware Children Speak. Although these are survey questions of a limited number of Delaware youth, it is useful to examine their comments in light of the increased interest in safety, parental involvement, educational needs and healthy lifestyles.


Physical Activity
How many days in the past week have you exercised or participated in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activity?

Delaware, 2003

9–12th Graders

<table>
<thead>
<tr>
<th>Days of Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>19.4%</td>
</tr>
<tr>
<td>6 days</td>
<td>7.6%</td>
</tr>
<tr>
<td>5 days</td>
<td>10.2%</td>
</tr>
<tr>
<td>2 days</td>
<td>8.1%</td>
</tr>
<tr>
<td>0 days</td>
<td>21.9%</td>
</tr>
<tr>
<td>1 day</td>
<td>9.3%</td>
</tr>
<tr>
<td>3 days</td>
<td>11.6%</td>
</tr>
<tr>
<td>4 days</td>
<td>8.1%</td>
</tr>
<tr>
<td>5 days</td>
<td>10.0%</td>
</tr>
<tr>
<td>6 days</td>
<td>7.6%</td>
</tr>
<tr>
<td>7 days</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

Students reporting 0 days activity by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage of High School Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 or younger</td>
<td>18.2%</td>
</tr>
<tr>
<td>15 or 16</td>
<td>23.4%</td>
</tr>
<tr>
<td>18 or older</td>
<td>28.5%</td>
</tr>
</tbody>
</table>

Source: 2,975 responses. CDC Youth Tobacco Survey 2003, Center for Drug and Alcohol Studies, University of Delaware.

Physical Activity
How many days in the past week have you participated in physical activity for at least 30 minutes that did NOT make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

Delaware, 2003

9–12th Graders

<table>
<thead>
<tr>
<th>Days of Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>13.4%</td>
</tr>
<tr>
<td>6 days</td>
<td>3.0%</td>
</tr>
<tr>
<td>5 days</td>
<td>6.2%</td>
</tr>
<tr>
<td>4 days</td>
<td>5.6%</td>
</tr>
<tr>
<td>3 days</td>
<td>13.3%</td>
</tr>
<tr>
<td>2 days</td>
<td>2.5%</td>
</tr>
<tr>
<td>1 day</td>
<td>10.0%</td>
</tr>
<tr>
<td>3 days</td>
<td>10.0%</td>
</tr>
<tr>
<td>2 days</td>
<td>13.3%</td>
</tr>
<tr>
<td>1 day</td>
<td>2.5%</td>
</tr>
<tr>
<td>0 days</td>
<td>36.0%</td>
</tr>
</tbody>
</table>

Students reporting 0 days activity by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage of High School Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 or younger</td>
<td>34.1%</td>
</tr>
<tr>
<td>15 or 16</td>
<td>36.5%</td>
</tr>
<tr>
<td>18 or older</td>
<td>40.1%</td>
</tr>
</tbody>
</table>

Source: 2,975 responses. CDC Youth Tobacco Survey 2003, Center for Drug and Alcohol Studies, University of Delaware.
Concern about Weight
Which of the following are you trying to do about your weight? Delaware, 2003

For more information see
www.state.de.us/drugfree/data.htm
Youth today are developing healthier lifestyles. Too often data presented reflect negative aspects of youth behavior, but it is important to consider the more positive attributes of our youth. This helps to identify the areas in which our children are succeeding and provides insight into programs and characteristics that are associated with success.

Studies show that regular participation in volunteer activities helps to develop higher levels of civic development and personal efficacy among youth. Youth volunteers tend to have greater self-confidence in their ability to make public statements, and pay more attention to politics. They also learn to respect themselves as well as others, and develop leadership skills and a better understanding of citizenship.

Today’s teens are actively participating in positive behaviors that may promote their well-being. Through Delaware Team Nutrition projects, the University of Delaware was able to document that fifty percent of the student participants increased their level of physical activity and seventy percent of the participants showed improvements with weight training and reduction of body fat. Moreover, eighty-eight percent said that they wanted to continue exercising after the program ended.  

1 On the Table; Delaware small in size, big in nutrition. USDA, Food and Nutrition Service. Fall 2002

### Lifestyle Choices

**Delaware High School Students, 2003**

<table>
<thead>
<tr>
<th>Percentage of Students</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.9%</td>
<td>Sometimes, most the time, or always wore a seatbelt when riding in a car driven by someone else.</td>
</tr>
<tr>
<td>70.9%</td>
<td>Did not ride with a driver who had been drinking alcohol during the past 30 days.</td>
</tr>
<tr>
<td>94.2%</td>
<td>Did not carry a weapon in the past 30 days.</td>
</tr>
<tr>
<td>91.4%</td>
<td>Did not attempt suicide during the past 12 months.</td>
</tr>
<tr>
<td>76.5%</td>
<td>Did not smoke cigarettes during the past 30 days.</td>
</tr>
<tr>
<td>54.6%</td>
<td>Did not drink alcohol during the past 30 days.</td>
</tr>
<tr>
<td>72.7%</td>
<td>Did not use marijuana during the past 30 days.</td>
</tr>
<tr>
<td>42.7%</td>
<td>Never had sexual intercourse.</td>
</tr>
<tr>
<td>57.3%</td>
<td>Not sexually active during the last 3 months.</td>
</tr>
<tr>
<td>57.2%</td>
<td>Participated in vigorous physical activity for at least 20 min., 3 or more days in the past 7 days.</td>
</tr>
<tr>
<td>85.6%</td>
<td>Were not overweight.</td>
</tr>
<tr>
<td>19.5%</td>
<td>Ate five or more fruits and vegetables per day during the past 7 days.</td>
</tr>
</tbody>
</table>

Source: CDC Youth Risk Behavior Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Note: The Youth Risk Behavior Survey (YRBS) was administered to 3,048 students in 32 public high schools in Delaware during the spring of 2003. The results are representative of all students in grades 9–12. The sample was comprised of the following students: Female: 49.5%, Male: 50.5%, 9th grade: 29.9%, 10th grade: 25.5%, 11th grade: 23.3%, 12th grade: 21.4%, African American: 28.9%, Hispanic/Latino: 5.7%, White: 63.1%, All other races: 1.3%, Multiple races: 1.0%. Students completed a self-administered, anonymous questionnaire.
Did you know?

Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex.

Source: Focus Adolescent Services: Teen Alcohol and Drug Abuse. Available Online: http://www.focusas.com/SubstanceAbuse.html

Did you know?

Teen Condom Use:

- Condom use among sexually active high school students in the U.S. increased from 53 percent in 1993 to 58 percent in 1999, where it remained in 2001.

- Non-Hispanic Black students have increased condom use from 57 percent in 1993 to 67 percent in 2001. Use among Hispanic students also increased during this period, from 46 percent to 54 percent.

- Condom use by Black students is 10 percentage points higher than use by Whites and 13 percentage point higher than among Hispanic students. This pattern holds for both males and females.

- Condom use drops by 19 percentage points between grades 9 and 12, from 68 percent to 49 percent in 2001. Part of this drop is due to increased use of other forms of birth control, although it is still a cause for concern since condoms are the only form of control effective against STDs.

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Sexual Activity
How many times have you been pregnant or gotten someone pregnant?
Delaware, 2003

9th Graders
1 time: 2.9%
2 or more times: 1.1%
Not sure: 1.3%
0 times: 94.7%

10th Graders
1 time: 6.6%
2 or more times: 1.1%
Not sure: 0.7%
0 times: 91.6%

11th Graders
1 time: 5.5%
2 or more times: 1.6%
Not sure: 0.4%
0 times: 92.5%

12th Graders
1 time: 2.9%
2 or more times: 1.7%
Not sure: 1.6%
0 times: 85.2%

The last time you had sexual intercourse, did you or your partner use a condom?
Delaware, 2003

9th Graders
Yes: 33.6%
No: 12.5%
Never had sex: 53.8%

10th Graders
Yes: 38.3%
No: 15.8%
Never had sex: 45.8%

11th Graders
Yes: 38.1%
No: 18.2%
Never had sex: 43.6%

12th Graders
Yes: 43.9%
No: 31.6%
Never had sex: 24.5%

For more information see
www.state.de.us/drugfree/data.htm

Note: All students did not answer every question, causing percentages to vary.
Source: 3,048 responses. CDC Youth Risk behavior Survey 2001, Center for Drug and Alcohol Studies,
University of Delaware
Research into early development has revealed that potentially irreversible effects on a child’s developing brain can occur much earlier than was previously believed. Without sufficient mental stimulation children may fail to develop the synapses that facilitate learning throughout their lives. From birth through age five, children are developing the cognitive, physical, social, and emotional skills they will utilize for the rest of their lives. How well children learn and develop during this critical stage, and consequently perform in school, depends on a number of issues, including the child’s health, physical well-being, social skills and emotional preparation, as well as their language proficiency and general knowledge of the world. 1 It is therefore critical that children be provided with quality early intervention.

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. 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 does not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

Early Intervention programs can:

- Answer a family’s questions about their child’s development.
- Improve both developmental and educational growth.
- Help children become more independent.
- Prevent the need for more intervention later.
- Help the community become more aware of the gifts and abilities of all of its children.

Source: Delaware Department of Health and Social Services

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For more information see
www.state.de.us/dhss/dims/epqc/birth3/directory.html
www.kidsource.com/kidsource/content/early.intervention.html


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Recent Trend: Getting BETTER in Delaware

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Early Intervention Watch Delaware

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Early Intervention Delaware

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Put data into action

Early intervention services in Pennsylvania. Available online:
http://betterkidcare.psu.edu/Units/Workbooks/ChildCareAndYouII/CCEarlyInterventionGuide1201.pdf
Head Start began with a task force recommendation in 1964 for the development of a federally-sponsored preschool program in order meet the needs of disadvantaged children. Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families. Head Start grantee and delegate agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental, and mental health; nutrition; and parent involvement. Providing similar services in Delaware is the Early Childhood Assistance Program (ECAP). ECAP was established in 1994 to address the need for improved school readiness by giving income eligible 4-year-old children at least one year of preschool and reducing the log waiting lists at Head Start Centers. Both Head Start and ECAP are designed to provide low-income children with the necessary skills needed to enter the school system.


Did you know?

Current research on the effectiveness of the Head Start program has determined that children utilizing Head Start services are less likely to be retained in grades, to require special education, and to drop out of school. They are more likely to have improved intellectual and cognitive skills, to be healthier, have a better level of self-esteem, and exhibit good social and emotional development.

The extent and content of students’ knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market as adults. Young adults who have completed higher levels of education are more likely to achieve economic success than those who have not. Although many jobs have minimum educational requirements, completing more years of education protects against unemployment. Further, higher levels of educational attainment lead to higher wages and income, as well as jobs with opportunities for advancement.

Mathematics and reading achievement scores are important measures of students’ skills in these subject areas, as well as good indicators of overall achievement in school. According to national statistics, average math scores increased for all age groups between 1982 and 1999; average reading scores increased for all age groups between 1982 and 1999; average reading scores have not improved among students ages 9, 13, and 17 since 1980.

Delaware Student Testing Program

The Delaware Student Testing Program (DSTP), designed by Delaware educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for all students in Delaware. The DSTP assists Delaware educators in determining students’ strengths and weaknesses to help identify academic issues. For the sixth consecutive year, students in grades 3, 5, 8, and 10 were tested in areas of reading, mathematics and writing.

Limited English Proficiency*

<table>
<thead>
<tr>
<th>School Year</th>
<th>Number Served**</th>
<th>Total Enrollment</th>
<th>Percent of Total Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>98–99</td>
<td>1,858</td>
<td>113,190</td>
<td>1.6%</td>
</tr>
<tr>
<td>99–00</td>
<td>1,981</td>
<td>113,848</td>
<td>1.7%</td>
</tr>
<tr>
<td>00–01</td>
<td>2,352</td>
<td>114,770</td>
<td>2.0%</td>
</tr>
<tr>
<td>01–02</td>
<td>3,003</td>
<td>115,517</td>
<td>2.6%</td>
</tr>
<tr>
<td>02–03</td>
<td>3,516</td>
<td>116,460</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

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

** Number Served is the count of students enrolled on April 1. The total number of children served per year is higher.

Source: Department of Education
Grade 3 Meeting the DSTP Standard
Reading

Math

Source: Delaware Department of Education
Note: All includes Native American and Asian.

Grade 5 Meeting the DSTP Standard
Reading

Math

Source: Delaware Department of Education
Note: All includes Native American and Asian.
Students receive scores categorized as follows:

Level | Category/Description
--- | ---
5 | Distinguished: Excellent performance
4 | Exceeds the standard: Very good performance
3 | Meets the standard: Good performance
2 | Below the standard: Needs improvement
1 | Well below the standard: Needs lots of improvement

**DSTP Accountability**

Student accountability began with the 2002 DSTP. Students in grades 3 and 5 are promoted if their DSTP reading is at level 3 or above. Students in grade 8 are promoted if their DSTP reading and math are at level 3 or above.

**Level 2 – Students Below the Standard**
- Promoted with an Individual Improvement Plan (IIP)
- IIP must be agreed to by the parents of the student
- IIP may include summer school and/or extra instruction during the school year

**Level 1 – Students Well Below the Standard**
- Must attend summer school
- Must retake DSTP at the end of summer school
- School must have an IIP in place for a student at the end of summer

* If the student is still below the standard, the student will only be promoted in an Academic Review Committee determines that the student has demonstrated proficiency relative to the standards using additional indicators of performance.

For more information see
Tables 39-46 p. 137-140
www.doe.state.de.us
www.doe.state.de.us/AAB/index.bak
Many children receiving free or reduced-price school meals live in working-poor families, in which at least one parent is working full-time, year round, yet these families still find themselves unable to provide for the basic needs of their children. A school meal is critical in districts where home nutrition habits are suboptimal; it is often a student's only chance for a good, balanced meal. School meals themselves are also important by providing educational and nutritional benefits to students. School lunches provide 1/3 to 1/2 of the recommended daily allowances for key nutrients. Children who eat school meals perform better on standardized achievement tests and are late and absent from school less often than children who do not participate in the program.1


### Free and Reduced-Price Lunches

| Delaware, Counties, Charter Schools*, and Wilmington** |
|-------------|-------------|-------------|-------------|-------------|
| Percentage of Students Receiving Free or Reduced Lunches |
| 94-95       | 95-96       | 96-97       | 97-98       | 98-99       | 99-00       | 00-01       | 01-02       | 02-03       |
| New Castle  | Sussex      | Delaware    | Wilmington  | Sussex      | New Castle  | Delaware    | Wilmington  |
| 36          | 40          | 35          | 70          | 34          | 36          | 35          | 70          |

* Charter School data were not available before the 1999–2000 school year.
** Wilmington data are available only for the 2000–01 and 2001–02 school years

Source: Delaware Department of Education

### Did you know?

Child obesity is a growing concern for Americans. The health risks of an overweight child are dangerous; including developing type 2 diabetes, cardiovascular problems, orthopedic abnormalities, gout, arthritis, and skin problems. Additionally the psychological and social development of an overweight child may also be negatively affected. Despite the health risks the trends continue to increase:

- The percentage of children and adolescents who are overweight has tripled in the past thirty years, with increases continuing through the 1990s. More than 15 percent of children ages 6 to 19 were overweight in 1999-2000.
- Overall, boys and girls are about equally likely to be overweight. However, some differences exist within racial and ethnic subgroups. Among those ages 12-19 of Mexican background, boys are more likely than girls to be overweight. Among Black adolescents of the same age, girls are more likely than boys to be overweight.

Source: Child Trends Data Bank. Overweight Children and Youth. Available Online: http://www.childtrendsdatabank.org/indicators/15OverweightChildrenYouth.cfm
Did you know?

The National School Lunch Program (NSLP) is the oldest and largest of the child nutrition programs operated by Food and Consumer Service (FCS) of the U.S. Department of Agriculture. Since 1946, the NSLP has made it possible for schools to serve nutritious lunches to students each school day. States receive federal reimbursement and other assistance in establishing, maintaining, and operating the program.

Any public school or charter school of high school grade or under is eligible to participate in the NSLP. Any nonprofit, private school of high school grade or under can also participate. Public and licensed, nonprofit, private residential child care institutions such as orphanages, homes for retarded children, and temporary shelters for runaway children are also eligible.

To participate in the NSLP, schools and institutions must agree to:

- Operate food service for all students without regard to race, color, national origin, sex, age, or disability.
- Provide free and reduced price lunches to students unable to pay the full price based on income eligibility criteria. Such students must not be identified nor discriminated against in any manner.
- Serve lunches that meet the nutritional standards established by the Secretary of Agriculture.
- Operate the food service on a nonprofit basis.

The lunch pattern is designed to provide, over a period of time, approximately one-third of a student’s Recommended Dietary Allowance for key nutrients and calories. Meals are planned using the framework of the Food Guide Pyramid. While there are different specific requirements for each age group, it is not difficult to plan good tasting, healthy meals that offer the required balance of meats, breads, dairy products and fruits or vegetables — while reducing salt, fat and sugar.

Source: Delaware Department of Education, Child Nutrition Program. www.childnutrition.doe.state.de.us/childnutrition/lunchprog.htm

Did you know?

Below is a representative Delaware school lunch menu:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot Long Hot Dog</td>
<td>Cheeseburger</td>
<td>Stuffed Crust Pizza</td>
<td>Sloppy Joe</td>
<td>French Toast Sticks</td>
</tr>
<tr>
<td>Baked Beans</td>
<td>French Fries</td>
<td>Mixed Vegetables</td>
<td>Baby Carrots w/Dip</td>
<td>Sausage</td>
</tr>
<tr>
<td>Mixed Fruit</td>
<td>Peach Cup - Cookie</td>
<td>Pears</td>
<td>Fresh Fruit</td>
<td>Applesauce</td>
</tr>
<tr>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td>Mozzarella Sticks</td>
<td>Turkey Sub</td>
<td>Chicken Nuggets</td>
<td>Stuffed Shells</td>
<td>French Bread Pizza</td>
</tr>
<tr>
<td>Peas &amp; Carrots</td>
<td>Vegetable Soup</td>
<td>Green Beans</td>
<td>Tossed Salad</td>
<td>Baby Carrots w/Dip</td>
</tr>
<tr>
<td>Fruit Mix</td>
<td>Orange Smiles</td>
<td>Roll - Pears</td>
<td>Roll - Fruit Choice</td>
<td>Chilled Pears</td>
</tr>
<tr>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
</tbody>
</table>

Lunch Prices: Student K-6: $1.00, Student 7-12: $1.25, Reduced Student: .40, Milk .25, Adult: $2.00
Education has always played a large role in determining the economic and occupational success of Americans. Over the past two decades, people without high school diplomas have suffered an absolute decline in real income and have dropped further behind individuals with more education.1 Because high school completion has become a requirement for accessing additional education, training, or the labor force, the economic consequences of leaving high school without a diploma are severe. High school dropouts are more likely to be unemployed, and to earn less money when they do secure work than high school graduates. High school dropouts are also more likely to receive public assistance than high school graduates who do not go on to college.2 Additionally, dropouts make up a disproportionate percentage of the nation’s prison and death row inmates.3

Recent Trend: About the in Delaware

For more information see
Table 17 p. 126
Tables 40-48 p. 138-141
www.jobcorps.org

Source: Delaware Department of Education

The KIDS COUNT Indicator Brief: Reducing the High School Dropout Rate identifies five broad strategies for policy makers, and the public at large, to utilize in reducing the high school dropout rate:

- Make it harder for children to drop out of school.
- Address the underlying causes of dropping out.
- Address the needs of the groups at high risk for dropping out.
- Strengthen school readiness.
- Strengthen the skills and understanding of the adults who affect teen’s motivation and ability to stay in school.


Did you know?

In 2001 in the U.S., 7 percent of Whites ages 16 to 24 were not enrolled and had not completed high school, whereas 11 percent of Blacks and 27 percent of Hispanics had dropped out. Twelve percent of males ages were high school dropouts, compared to 9 percent of females.


Definition
Graduation Rate – The graduation rate is a cohort rate that reflects the percent of 9th grade students who graduated within four years from a Delaware public school. The rate takes into account dropouts. For example, the rate for 2000–2001 reflects the percent of incoming 9th graders in September of 1997 who graduated in June of 2001.

Dropout Rates
by Racial/Ethnic Group
School Year 2001–2002

Delaware
All – 6.1
White/Other – 4.5
Hispanic – 11.7
Black – 8.7

New Castle County
All – 7.2
White/Other – 5.1
Hispanic – 13.8
Black – 10.2

Kent County
All – 4.0
White/Other – 3.4
Hispanic – 7.6
Black – 5.2

Sussex County
All – 5.0
White/Other – 4.1
Hispanic – 4.8
Black – 7.3

Delaware Average: 6.1

Source: Delaware Department of Education
The transition from adolescence to adulthood is a crucial period in each individual’s life. Youth ages 16 to 19 who are neither in school nor working are detached from the core activities that usually occupy teenagers during this period. Detachment from school or the workforce, particularly if this situation lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs. The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.


- Caring parent-child interactions, positive peer influences, and support from siblings, teachers and mentors can greatly influence a teen’s choices and attitudes.¹
- Mentoring can have a particularly beneficial impact on an adolescent’s development. Mentored youth are likely to have fewer absences from school, better attitudes towards school, less drug and alcohol use, and improved relationships with their parents.²
- Employment programs also show potential for exposing youths to supportive relationships and for reducing criminal behavior.³


² Reducing the Number of Disconnected Youth (July 2002). Baltimore, MD: The Annie E Casey Foundation.

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 2001–02 school year, a total of 30,221 suspensions were reported in Delaware’s public schools. Five percent of these suspensions occurred in grades K–3. Approximately 50% of the suspensions involved students from grades 4–8 and the remaining 45% of suspensions happened at the high school level, grades 9–12. Suspensions were the result of various infractions, including defiance of authority and fighting.

It is important to know 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 disciplinary alternatives.

<table>
<thead>
<tr>
<th>County</th>
<th>Enrollment</th>
<th>Number of Expulsions</th>
<th>Number of Suspensions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>115,500</td>
<td>161</td>
<td>30,221</td>
</tr>
<tr>
<td>New Castle</td>
<td>68,636</td>
<td>88</td>
<td>23,903</td>
</tr>
<tr>
<td>Kent</td>
<td>24,975</td>
<td>11</td>
<td>3,696</td>
</tr>
<tr>
<td>Sussex</td>
<td>21,939</td>
<td>62</td>
<td>2,622</td>
</tr>
</tbody>
</table>

*Suspensions may include duplicate students

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

Source: Delaware Department of Education

Did you know?

- In an average week during the 2002 school year, about 9 percent of U.S. youth ages 16 to 19 were neither enrolled in school nor working.

- Non-Hispanic Black and Hispanic youth are considerably more likely to be detached from school and work than non-Hispanic White youth. In 2002, 13 percent of Hispanic youth and 14 percent of Black youth were neither in school nor working, compared with 7 percent of White youth.


Did you know?

In 2001, 7 percent of Whites aged 16 to 24 were not enrolled in school and had not completed high school, whereas 11 percent of non-Hispanic Blacks and 27 percent of Hispanics had dropped out. Also in 2001, males were more likely to be high school dropouts than females. Twelve percent of males ages 16 to 24 were high school dropouts, compared to 9 percent of females.


Visit these websites:

- Jobs for the Future: www.jff.org – As a nonprofit research, consulting, and advocacy organization, JFF works to create educational and economic opportunity for those who need them most.
- General Educational Development (GED): www.k12.de.us/adulted/ged.html – The GED program is a nontraditional method for individuals to obtain a high school equivalency diploma.
- James H. Groves High School: www.k12.de.us/adulted/groves.html – provides Delaware adults and out-of-school youth the opportunity to complete high school.

For more information see

Tables 40-48 p. 138-141
Table 86 p. 159
www.dropoutprevention.org
www.childrensdefense.org
The drive to raise academic standards in education has been in the forefront of the American public for the past decade. However, there is more to educational achievement than testing and standards. People are deeply concerned about issues beyond the academic arena and national surveys consistently show that drugs, crime, safety, and discipline are considered major problems facing education.

The Public Agenda Public Opinion and Policy Analysis Organization has examined what teens want from their schools and their parents and found that teens value adults, be they parents or teachers, who pay close attention to their progress, provide structure and insist on responsibility. Families play strong roles in how children succeed in school with parental involvement a highly consistent indicator of teens’ success in school. School itself seems to be a factor in teens’ educational achievement. Adolescents who feel their teachers are supportive, interested, and have high hopes for their educational future are more likely to be motivated to succeed in school.

Here, Delaware children report on their views of education.
**Studying**

Delaware, 2003

How much time do you spend on a school day (before or after school) doing schoolwork at home?

<table>
<thead>
<tr>
<th>5th Graders</th>
<th>8th Graders</th>
<th>11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 2 hours</td>
<td>4.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>About 2 hours</td>
<td>9.3%</td>
<td>10.6%</td>
</tr>
<tr>
<td>About 1 hour</td>
<td>38.5%</td>
<td>42.2%</td>
</tr>
<tr>
<td>1/2 hour or less</td>
<td>44.5%</td>
<td>None</td>
</tr>
<tr>
<td>No time</td>
<td>3.3%</td>
<td>None</td>
</tr>
</tbody>
</table>

**Television**

Delaware, 2003

How much time do you spend on a school day watching TV?

<table>
<thead>
<tr>
<th>5th Graders</th>
<th>8th Graders</th>
<th>11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 2 hours</td>
<td>29.9%</td>
<td>26.9%</td>
</tr>
<tr>
<td>About 2 hours</td>
<td>19.2%</td>
<td>27.0%</td>
</tr>
<tr>
<td>About 1 hour</td>
<td>27.0%</td>
<td>19.2%</td>
</tr>
<tr>
<td>1/2 hour or less</td>
<td>12.6%</td>
<td>26.9%</td>
</tr>
<tr>
<td>No time</td>
<td>4.1%</td>
<td>None</td>
</tr>
<tr>
<td>1–2 hours</td>
<td>30.2%</td>
<td>27.0%</td>
</tr>
<tr>
<td>4 or more hours</td>
<td>4.8%</td>
<td>None</td>
</tr>
</tbody>
</table>


---

**Monitoring Television Watched By Children**

First of all, as a parent, take charge. Develop guidelines for your child as to how much television she/he can watch. The less the television time the better it is. Since young children do not have the concept of time, deciding on the number of shows they can watch can be an option. Select programs that are designed to promote positive development and learning. Some experts suggest no more than an hour a day for young children.

**Parental Involvement**

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

**Delaware, 2003**

<table>
<thead>
<tr>
<th>8th Graders</th>
<th>11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Almost everyday</strong> 37.1%</td>
<td><strong>Almost everyday</strong> 33.0%</td>
</tr>
<tr>
<td><strong>14.3%</strong></td>
<td><strong>10.5%</strong></td>
</tr>
<tr>
<td><strong>No, but not in past year</strong> 5.8%</td>
<td><strong>Never</strong> 5.6%</td>
</tr>
<tr>
<td><strong>Once or twice a week</strong> 25.4%</td>
<td><strong>Once or twice a month</strong> 16.9%</td>
</tr>
<tr>
<td><strong>A few times in past year</strong> 13.6%</td>
<td><strong>A few times in past year</strong> 12.0%</td>
</tr>
</tbody>
</table>

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

**Parents Volunteer**

This school year, did one or both of your parents volunteer to come to the school to help the school in any way?

**Delaware, 2003**

<table>
<thead>
<tr>
<th>8th Graders</th>
<th>11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>73%</strong> of parents did not volunteer</td>
<td><strong>74%</strong> of parents did not volunteer</td>
</tr>
<tr>
<td><strong>27%</strong> of parents volunteered</td>
<td><strong>26%</strong> of parents volunteered</td>
</tr>
</tbody>
</table>

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

**Finishing School**

How much schooling do you think you will complete?

**Delaware, 2003**

<table>
<thead>
<tr>
<th>8th Graders</th>
<th>11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Graduate or professional school after college</strong> 34.6%</td>
<td><strong>Graduate or professional school after college</strong> 31.3%</td>
</tr>
<tr>
<td><strong>Complete college degree</strong> 39.8%</td>
<td><strong>Complete college degree</strong> 48.5%</td>
</tr>
<tr>
<td><strong>Some college</strong> 7.4%</td>
<td><strong>Some college</strong> 7.0%</td>
</tr>
<tr>
<td><strong>Complete high school</strong> 8.6%</td>
<td><strong>Complete high school</strong> 8.2%</td>
</tr>
<tr>
<td><strong>Don’t know</strong> 7.8%</td>
<td><strong>Don’t know</strong> 7.0%</td>
</tr>
<tr>
<td><strong>Probably will not finish high school</strong> 1.1%</td>
<td><strong>Probably will not finish high school</strong> 0.6%</td>
</tr>
</tbody>
</table>

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware
Teen pregnancy and teen parenting hamper the development of teen parents as well as their children. Teen mothers are less likely to obtain adequate prenatal care and are less likely to have the financial resources, social supports and the parenting skills needed to support healthy child development. Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty, go to prison, and become teen parents themselves. Compared to women who delay childbearing, teen mothers are more likely to have limited educational attainment, which in turn can reduce future employment prospects and earnings potential. U.S. taxpayers shoulder at least $7 billion annually in direct costs and lost tax revenues associated with teen pregnancy and childbearing. In all of these ways, teenage childbearing exacts a high cost on both individuals and society as a whole.

1 2003 Rhode Island Kids Count Factbook.

**Did you know?**

In addition to increased health risks, children born to teenage mothers are more likely to experience social, emotional, and other problems:

- Children born to teenage mothers are less likely to receive proper nutrition, health care, and cognitive and social stimulation. As a result, they may have an underdeveloped intellect and attain lower academic achievement.

- Children born to teenage mothers are at greater risk for abuse and neglect.

- Boys born to teenage mothers are 13% more likely to be incarcerated.

- Girls born to teenage mothers are 22% more likely to become teenage mothers.


---

**Births to Teens 15–17**

Delaware Compared to U.S.

<table>
<thead>
<tr>
<th>Five Year Periods</th>
<th>Delaware</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>84-88</td>
<td>31.5</td>
<td>28.6</td>
</tr>
<tr>
<td>85-89</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>86-90</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>87-91</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>88-92</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>89-93</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>90-94</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>91-95</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>92-96</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>93-97</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>94-98</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>95-99</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>96-00</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>97-01</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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

- The U.S. has the highest rates of teen pregnancy and birth by far of any comparable country.
- Despite the recently declining teen pregnancy rates, four out of every ten American girls become pregnant at least once before their twentieth birthday, resulting in nearly half a million children born to teen mothers each year. Put another way, each hour nearly 100 teen girls get pregnant and 55 give birth.
- While teen pregnancy occurs in families of all income levels, teens who give birth are more likely to come from economically-disadvantaged families and communities.
- Nearly eight in ten pregnancies among teens are not planned or intended.
- 13% of all U.S. births are to teens and 78% of teen births occur outside of marriage.
- Hispanic and Black teens currently have the highest teen birth rates.
- 1/4 of teenage mothers have a second child within 24 months of the first birth.
- Each year the federal government alone spends about $40 billion to help families that began with a teenage birth.


A KIDS COUNT research brief shows that effective strategies that can contribute to preventing teen pregnancy include:

- Address the underlying causes of teen pregnancy.
- Help parents succeed in their role as sex educators.
- Broaden the scope of pregnancy prevention efforts.
- Provide accurate and consistent information about how to reduce risk-taking behaviors.
For the first time in years, the overall birth rate for Delaware teens ages 15–19 is slightly higher than the United States rate. Birth rates for teens in Sussex County as well as in the City of Wilmington continue to be much higher than the Delaware rate.

Sources: Delaware Health Statistics Center
Getting Young Males Involved in Teen Pregnancy Prevention

The Department of Health and Human Services programs work to ensure that men, including preteen and teenage boys, receive the education and support necessary to postpone fatherhood until they are emotionally and financially capable of supporting children. Boys and young men are encouraged to prevent premature fatherhood through such programs as the abstinence education programs, the Adolescent Family Life program, the adolescent male family planning initiative, and the Partners for Fragile Families demonstration program.

Did you know?

Children who are born to single females, regardless of age, are considerably more likely than children born to two parents to grow up poor, to spend large portions of their childhood without parents, and become single parents themselves.


For more information see Table 52 p. 144

Sources: Delaware Health Statistics Center
A family’s income can affect children in a variety of ways. Family income, which is influenced by parental education and employment, affects the family’s material level of living; neighborhood and housing quality; and opportunities for stimulating recreation and cultural experiences. In 2001 the number of children with unemployed parents surged. Specifically, 4.0 million children had one or more unemployed parent in late 2001. Additionally, the percentage of parents with jobs fell from 80 percent in late 2000 to 78.6 percent in 2001. Instances when no parent has full-time employment can be especially difficult for families. Without full-time employment, many of the basic needs of parents and children are unattainable.


**Did you know?**

The number of long-term unemployed — people who have been out of work for more than six months — has nearly tripled in the U.S. in the past three years:

- 1.87 million people were out of work for more than 26 weeks as of February 2003, compared with 629,000 in February 2000.
- Currently there are more than 8 million people out of work and fewer than 3 million job openings.
- The average length of time between jobs for all workers has lengthened from 13 weeks to nearly 19 weeks.

Children in Poverty

Childhood poverty has both immediate and lasting negative effects. Poverty is linked to every KIDS COUNT indicator. Children in poverty, especially those in poverty for extended periods of time, are more likely to have health and behavioral problems, experience difficulty in school, become teen parents and to earn less as adults.¹ Children of color and children of immigrants are more likely to grow up poor. Single parenthood, low educational attainment, part-time or no employment and low wages of parents place children at risk of being poor.² The child poverty rate provides important information about the percentage of U.S. children whose current circumstances make life difficult and jeopardize their future economic well-being.³


Did you know?

- In the United States where the child poverty rate is often two-to-three times higher than other industrialized nations, 16.4% of all children were living in poverty in year 2001–03. The child poverty rate for Delaware is 12.9% for the same time period.
- In the U.S. in 2002, 40 percent of children living in single-mother families were poor, compared with 9 percent of children living in married-couple families.
- Children under age six are more likely than children ages 6 to 17 to live below the poverty line (19 percent versus 15 percent). Similarly, White and Black children under six are more likely than older children of the same races to live below the poverty line. However, Hispanic children under six are about as likely as those between 6 and 17 to be poor, and Asian children under six are actually less likely than their older counterparts to live below the poverty line.

Did you know?

The Self-Sufficiency Standard for Delaware reveals that for the City of Wilmington, a single mother with one preschooler and one school-age child needs an annual income of at least $36,859 to meet the most basic expenses without public or private subsidies.

KIDS COUNT INDICATOR
Children in Poverty

According to the Center for Budget and Policy Priorities, the two factors that have contributed the most to the decrease in child poverty are increases in employment and wages and an expansion of the federal Earned Income Tax Credit (a tax credit for low-income working families.) In order to improve employment and increase wages, however, low-income parents need education and training for well-paying jobs, affordable child-care and health care, and stable housing. Otherwise, working intermittently at low-wage jobs without benefits will not pull families out of poverty.

A KIDS COUNT research brief also indicates five strategies believed to have the best chance of lifting many families and children out of poverty, and helping them move toward greater economic security:

- Build political will to reduce child poverty.
- Support efforts to raise the minimum wage and expand job benefits for low-wage workers.
- Strengthen the safety net—ensure that all eligible children receive food stamps and health insurance coverage.
- Help low-income families keep more of what they earn by strengthening and expanding the federal Earned Income Tax Credit.
- Help low-income families amass savings and assets.

Source: Annie E. Casey Foundation

For more information see
Tables 54-58  p. 146-147
Table 62-64  p. 150-151
www.childrensdefense.org
www.nccp.org
www.mwul.org
www.jcpr.org
For detailed information on census tracts and blocks: http://factfinder.census.gov

Children in Poverty
Delaware, 2000

Key
Number of children in census block group living below the poverty line. (In 2000 the poverty threshold for a one-parent, two-child family was $13,874. For a family of four with two children, the threshold was $17,463.)

- 0 children in poverty
- 1–25 children
- 25–100 children
- 101–200 children
- 201–345 children,

County details follow on pages 82 and 83.

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

Children in Poverty

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

Children in Poverty
New Castle County, 2000

Key
Number of children in census block group living below the poverty line.

- 0 children in poverty
- 1–25 children
- 25–100 children
- 101–200 children
- 201–345 children

For detailed information on census tracts and blocks: http://factfinder.census.gov

Source: Center for Applied Demography and Survey Research, University of Delaware
Children in Poverty
Kent and Sussex Counties, 2000

Key
Number of children in census block group living below the poverty line.

- 0 children in poverty
- 1–25 children
- 25–100 children
- 101–200 children
- 201–345 children

Source: Center for Applied Demography and Survey Research, University of Delaware
In the United States, the percent of families with children headed by a single parent has risen steadily over the past few decades, resulting in one-third of all children living with only one parent. From 1970 to 1996, the percentage of children under age 18 who were living with two parents decreased steadily from 85 percent to 68 percent. The percentage stabilized during the late 1990s, and was 69 percent in 2002. Additionally, since 1970 the percentage of children living in mother-only families increased from 11 percent to 23 percent, and the percent living in father-only families increased from 1 percent to 5 percent. This issue is a growing concern for both policymakers and the public due to the fact that single parenthood significantly increases the likelihood a child will live in poverty. Specifically, children from one-parent households are six times more likely to live in poverty than those who grow up with both parents.

### Median Income of Families with Children by Family Type

Delaware and U.S.

<table>
<thead>
<tr>
<th>Family Type</th>
<th>Median Income (in Thousands of U.S. Dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware 2-Parent</td>
<td>$70,000</td>
</tr>
<tr>
<td>U.S. 2-Parent</td>
<td>$63,844</td>
</tr>
<tr>
<td>Delaware 1-Parent</td>
<td>$27,346</td>
</tr>
<tr>
<td>U.S. 1-Parent</td>
<td>$20,602</td>
</tr>
</tbody>
</table>

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

### Living Arrangements for Delaware Children

**Own Children in Married-Couple or Single-Parent Families by Race and Hispanic Origin, 2000 Census**

- **White Married Couple Family** – 80.1%
- **White Single-Parent Family** – 19.9%
- **Black Married Couple** – 42.5%
- **Black Single-Parent Family** – 57.5%
- **Hispanic Married Couple Family** – 65.5%
- **Hispanic Single-Parent Family** – 34.5%
- **Asian Married Couple Family** – 90.2%
- **Asian Single-Parent Family** – 9.8%

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File

### Percentage of Births to Single Mothers

in Delaware by County, Age, and Race Five-year Average, 1997–2001

- **38.0% of all births in Delaware**
- **35.6% of births to women in New Castle Co.**
- **38.8% of births to women in Kent Co.**
- **45.7% of births to women in Sussex Co.**
- **68.1% of births to women in Wilmington**

- **89.6% of births to teenagers**
- **61.4% of births to women 20-24 years old**
- **25.4% of births to women 25-29 years old**
- **14.4% of births to women 30+ years old**

- **38.0% of births in Delaware**
- **33.0% of births in the U.S.**
- **27.2% of births to White women in Delaware**
- **26.8% of births to White women in the U.S.**
- **72.0% of births to Black women in Delaware**
- **68.8% of births to Black women in the U.S.**
- **51.6% of births to Hispanic women Delaware**
- **42.0% of births to Hispanic women in the U.S.**

Delaware Average 38.0%

Source: Delaware Health Statistics Center

### Did you know?

The 1996 welfare law relaxed prohibitions that kept two-parent families from receiving public assistance. Every state now allows two-parent families to receive TANF. There is some evidence that removing or reversing economic disincentives can increase marriage rates.

KIDS COUNT INDICATOR

Children in One-Parent Families

For more information see
Tables 5-6 p. 116
Table 52 p. 144
Tables 56-57 p. 146-147
Tables 59-66 p. 148-151
www.singlerose.com
www.makinglemonade.com
www.parentswithoutpartners.org
www.singlefather.org
www.urban.org
www.promisingpractices.net
www.nationalpartnership.org

Families with Children by Household Structure
2000

Delaware

- Married Couples with Children: 67%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 7%

New Castle County

- Married Couples with Children: 66%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 8%

Wilmington

- Married Couples with Children: 52%
- Female Headed Households with Children: 40%
- Male Headed Households with Children: 8%

Kent County

- Married Couples with Children: 66%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 8%

Sussex County

- Married Couples with Children: 66%
- Female Headed Households with Children: 26%
- Male Headed Households with Children: 8%

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 1

Grandparents Living with Grandchildren
Delaware, Counties, and Wilmington, 2000

<table>
<thead>
<tr>
<th>Grandparents living with grandchildren under 18 years</th>
<th>Delaware</th>
<th>New Castle</th>
<th>Kent</th>
<th>Sussex</th>
<th>Wilmington</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16,689</td>
<td>10,752</td>
<td>2,793</td>
<td>3,144</td>
<td>2,584</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grandparents responsible for their grandchildren</th>
<th>Delaware</th>
<th>New Castle</th>
<th>Kent</th>
<th>Sussex</th>
<th>Wilmington</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7,204</td>
<td>4,298</td>
<td>1,397</td>
<td>1,509</td>
<td>1,118</td>
</tr>
</tbody>
</table>

Source: 2000 Census

Census 2000 was the first time that questions on grandparent caregiving were included. Nationally 3.6 percent of all people aged 30 and over lived with their grandchildren, but less than half of those were responsible for their grandchildren. Considerably higher proportions were found among racial and ethnic groups other than White. While 8 percent each of the Black and Hispanic populations lived with their grandchildren, Hispanics were less likely than Blacks to be the caregivers of their grandchildren (35% compared to 52%).
Children who live in a household with only one parent, particularly if it is the mother, are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents. In 2002, 40 percent of children living in single-mother families were poor, compared with 9 percent of children living in married-couple families.

In an era where rates of divorce and non-marital births continue to rise, the proportion of children and their primary caregivers who depend on income from child support is increasing. Child support can benefit all types of families, as its receipt is positively related to child outcomes such as educational attainment, standardized test scores, school behavior, and access to health care and nutrition. When a child support payment is not received it often produces negative consequences for the children, as well as all family members involved.


Did you know?

- Women who were separated or never married are less likely to have court orders for child support than those who are divorced or who have remarried.
- In most years, eligible White custodial mothers experience lower rates of child support non-payment than either Black or Hispanic custodial mothers.

Health care coverage is essential for the well-being of families. Even though Medicaid reaches many people who need basic health care, millions of low-income people, including parents and children, are not covered. Delawareans are doing better than the nation and the region in obtaining health insurance. Less than 9 percent of Delaware’s population was without health insurance in 2002, down from almost 14 percent in 1999. Currently 76,000 people are without health insurance. The uninsured rate for the region, which includes Maryland, Pennsylvania, New Jersey and New York was 12.9 percent. The national rate is 14.5% for 2002.1

Did you know?

Who are the 76,000 uninsured in Delaware?

- 76% are over the age of 17
- 61% are male
- 81% are White
- 13% are Hispanic
- 72% own or are buying their home
- 14% live alone
- 32% with household income over $50,000
- 65% are working
- 7% are self-employed
- 10% are non-citizens
- 83% are above the poverty line

The biggest reasons for the overall drop in the uninsured are the expansion of the programs that insure children, SCHIP and Medicaid. Increases in Medicaid participation among adults have also been a factor. More than 24% of the uninsured are likely qualified for either Medicaid or SCHIP and have yet to enroll in either program.


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The causes of child abuse and neglect are not well understood, but the physical and emotional effects are clear. Child abuse and neglect can produce short-term psychological consequences that range from poor peer relations to violent behavior, as well as long-term psychological and economic consequences when the children reach adulthood. Between 1990 and 1996, the number of children for whom child abuse or neglect was either substantiated or indicated rose from nearly 861,000 to about 1,012,000—a rate of 14.7 per 1,000 U.S. children under age 18 in 1996. Between 1996 and 1999, the trend reversed as the number of maltreated children dropped to around 829,000—a rate of 11.8 per 1,000. However, this trend may be reversing again with the increase in the number of maltreated children to 903,000 in 2001—a rate of 12.4 per 1,000 U.S. children. The reality and effects of child abuse and neglect are devastating to involved children, families, as well as society as a whole.


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### Child Abuse & Neglect

**Number of Accepted Reports and Substantiated Cases, Delaware**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Accepted Reports</th>
<th>Substantiated Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>93</td>
<td>5,601</td>
<td>1,013</td>
</tr>
<tr>
<td>94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td></td>
<td></td>
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<tr>
<td>96</td>
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<td>97</td>
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<td>01</td>
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<tr>
<td>02</td>
<td></td>
<td></td>
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<tr>
<td>03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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**Raise the Issue: Prevent Child Abuse America**

prevent child abuse america suggests strategies for individuals to raise the issue of child abuse and neglect in their communities. the strategies include:

- **contact your school district, library or faith group about support programs for parents and how you can help. if none exist, encourage them to sponsor classes and develop resources for parents.**
- **wear a blue ribbon and tell people that it stands for the prevention of child abuse and neglect.**
- **call or write your elected officials and ask them to support funding for parent support and child abuse prevention programs. enclose copies of articles on child abuse and neglect from your local newspaper. our web site has information on how to reach your elected representatives.**
- **write to the editor of your local newspaper sharing what you learned about child abuse and neglect. point out that preventing child abuse and neglect is an important investment in the future of your community.**

source: prevent child abuse america
Child Abuse Accepted Reports

Delaware

![Graph showing accepted reports of abuse and neglect in Delaware over fiscal years 1998 to 2003. The data shows a peak in 2001 with 35.7 reports per 1,000 children ages birth to 17.]

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

Child Abuse Substantiated Cases

Delaware

![Graph showing substantiated cases of abuse and neglect in Delaware over fiscal years 1998 to 2003. The data shows a peak in 1999 with 8.2 cases per 1,000 children ages birth to 17.]

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

Types of Abuse and Neglect

Delaware, Fiscal Year 2003

![Pie chart showing the distribution of substantiated cases by type of abuse and neglect. Neglect is the most common type, followed by abuse (except sexual) and dependency.]

<table>
<thead>
<tr>
<th>Types of Abuse and Neglect</th>
<th>Number of Substantiated Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse (except sexual)</td>
<td>315</td>
</tr>
<tr>
<td>Neglect</td>
<td>462</td>
</tr>
<tr>
<td>Sex Abuse</td>
<td>119</td>
</tr>
<tr>
<td>Dependency</td>
<td>115</td>
</tr>
<tr>
<td>Adolescent Problems</td>
<td>2</td>
</tr>
<tr>
<td>Total Substantiated Cases</td>
<td>1,013</td>
</tr>
</tbody>
</table>

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

For more information see

- Table 18 p. 127
- Table 30 p. 131
- Table 68 p. 152
- www.preventchildabuse.org
- www.childtrendsdatabank.org/health/violence/40childmaltreatment.htm
Children are placed in foster care because a child protective services worker and/or a court have determined that it is not safe for the child to remain at home due to risk of maltreatment, including neglect and physical or sexual abuse. Children in foster care are more likely than other children to exhibit high levels of behavioral and emotional problems. They are also more likely to be suspended or expelled from school and to exhibit low levels of school engagement and involvement with extracurricular activities. Children in foster care are also more likely to have received mental health services in the past year, to have a limiting physical, learning, or mental health condition, or to be in poor or only fair health.


Did you know?

- Foster children who age out of foster care instead of returning home carry the burden of an accumulated set of problems that make a successful transition to adulthood difficult. According to the only national study of youth aging out of foster care, 38 percent were emotionally disturbed, 50 percent had used illegal drugs, and 25 percent were involved with the penal system. Educational and career preparation was also a problem for these youth. Only 48 percent of foster children who had “aged out” of the system had graduated from high school at the time of discharge, and 54 percent had graduated two to four years after discharge.


- Each year, approximately 1,300 Delaware children enter the state’s foster care system. On any given day, approximately 700 children are in foster family placement. Of these children, approximately 75 are especially difficult to place due to severe behavioral or emotional problems.

Juvenile delinquency refers to any illegal act committed by an individual under the age of eighteen. Illegal acts committed by juveniles include property crime, violent crime, and victimization. Delinquency also encompasses truancy, running away, physical fighting, carrying weapons, drinking alcohol, illicit drug use, and other behaviors. Factors contributing to juvenile delinquency include low levels of family warmth and supportiveness, high rates of marital and family discord, ineffective parental discipline, parents’ involvement in criminal activities, and poverty. The most effective way to prevent juvenile delinquency is to assist children and families early on.

Source: Juvenile Justice FYI. Available online: http://www.juvenilejusticefyi.com/juvenile_delinquency_prevention.html

Numerous state programs attempt early intervention, and federal funding for community initiatives has allowed independent groups to tackle the problem in new ways. The most effective programs share the following key components:

- **Education** – Model programs inform parents on how to raise healthy children; some teach children about the effects of drugs, gangs, sex, and weapons; and others aim to express to youth the innate worth they and all others have as human beings.

- **Recreation** – Recreation programs allow youths to connect with other adults and children in the community. Such positive friendships may assist children in later years.

- **Community Involvement** – Involvement helps stop the disconnect many youths feel as they enter their teenage years, and ties them to the community they are a part of.

Source: Juvenile Justice FYI. Available online: http://www.juvenilejusticefyi.com/juvenile_delinquency_prevention.html
Home ownership provides numerous benefits to our society, as well as families and their children. Recent research indicates that children raised in owned homes are more likely to stay in school. Up to 5% more children in owned homes will finish high school compared to their counterparts in rental environments. Additionally, teenage girls raised in owned homes are less likely to become pregnant: 11% of teenage girls living in owned homes will have a child compared to 13% living in rental homes. Home ownership has also proven to produce more civic-minded citizens. According to another study at Harvard University, homeowners are more likely to work with neighbors to improve their neighborhood, due in part to their desire to increase property values. Owning a home requires discipline, planning and constant attention. People who become homeowners must either possess these qualities before buying or learn them after their purchase.


The Fannie Mae Foundation (www.fanniemaefoundation.org) is committed to helping first-time home buyers learn what it takes to buy a home. There are numerous guides the organization offers, online and by mail order, to educate first time buyers. The references guides are ordered in steps:

- **Step One: Knowing and Understanding Your Credit** – Explains what credit is and how to establish good credit, repair credit problems, and take control of your credit as the first step in the home-buying process.

- **Step Two: Opening the Door to a Home of Your Own** – The home-buying process step-by-step, including how to finance a home and how the mortgage process works.

- **Step Three: Choosing the Mortgage That’s Right for You** – This guide will help you learn more about shopping for the right mortgage for your personal situation.

- **Step Four: Borrowing Basics: What You Don’t Know Can Hurt You** – Explains what predatory lending is and its effect; also provides helpful tips on how to get the best loan and ways to avoid bad loan choices that could result in the loss of one’s home.

Source: The Fannie Mae Foundation: www.fanniemaefoundation.org
Domestic violence is pervasive in U.S. society. Nearly 25 percent of women and 7.6 percent of men said they were physically assaulted by a current or former spouse, cohabitating partner, or date at some time in their lives. Since it transcends race, nationality, culture, economic status, sexual orientation, religion, sex, and age domestic violence greatly affects all types of people.

Researchers agree that millions of children are exposed to domestic violence each year, although there is no consensus regarding the specific number. Exposure to domestic violence can have serious negative effects on children. These effects may include behavioral problems such as aggression, phobias, insomnia, low self-esteem, and depression. Children exposed to domestic violence may demonstrate poor academic performance and problem-solving skills, and low levels of empathy. Exposure to chronic or extreme domestic violence may result in symptoms consistent with posttraumatic stress disorder, such as emotional numbing, increased arousal, avoidance of any reminders of the violent event, or obsessive and repeated focus on the event.

Did you know?

The Violence Against Women Act of 1994 (VAWA) provides for increased services to battered women, improvements in prosecution of criminal cases involving domestic violence, and support for better law enforcement and other systems’ responses to domestic violence. To the extent that these provisions improve battered women’s safety and access to support services, they are likely to have a positive impact on these women’s children as well.

While attention is frequently focused on statistics of deprivation within families—poverty, single-parent families, unemployment—the inner strengths of families are often overlooked. However, despite problems, national surveys suggest that many families are doing rather well. Four out of five adolescents on a national survey reported that they enjoyed spending time with their parents. More than half of today’s youth first turn to a parent in solving problems. Through routine family processes—communication, household work, volunteering, time use, supervision, and religiosity, for example—most families build strong relationships that unite and connect them to each other and their larger social communities.

### Parents

**I get along well with my parents/guardians.**

**Delaware, 2003**

- **5th Graders**
  - Do not get along with parents: 4%
  - Get along with parents most of the time: 96%

- **8th Graders**
  - Never/not often: 5%
  - Sometime/often: 38%
  - Get along with parents most of the time: 57%

- **11th Graders**
  - Never/not often: 4%
  - Sometime/often: 42%
  - Get along with parents most of the time: 53%

### Family Time

**How much time do you spend on a school day (before and after school) spending time with your parents/guardians?**

**Delaware, 2003**

- **8th Graders**
  - None: 13.0%
  - Less than 1 hour: 21.3%
  - 1–2 hours: 32.1%
  - 2–4 hours: 17.9%
  - 4 or more hours: 15.6%

- **11th Graders**
  - None: 14.8%
  - Less than 1 hour: 29.5%
  - 1–2 hours: 35.3%
  - 2–4 hours: 12.8%
  - 4 or more hours: 7.6%

Talking to Parents about Plans
How often do you talk to either of your parents about your education and career plans?
Delaware, 2003

8th Graders
- Almost everyday: 20.2%
- Never: 12.3%
- Before, but not in past year: 6.8%
- Once or twice a week: 21.5%
- Once or twice a month: 23.9%
- A few times in past year: 15.3%

11th Graders
- Almost everyday: 18.2%
- Never: 7.7%
- Before, but not in past year: 4.0%
- Once or twice a week: 27.1%
- Once or twice a month: 28.1%
- A few times in past year: 14.9%

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Talking to Parents about School
How often do you talk to either of your parents about how things are going at school?
Delaware, 2003

8th Graders
- Almost everyday: 37.1%
- Never: 14.3%
- Before, but not in past year: 4.5%
- Once or twice a week: 25.4%
- Once or twice a month: 13.0%
- A few times in past year: 5.8%

11th Graders
- Almost everyday: 33.0%
- Never: 10.5%
- Before, but not in past year: 3.8%
- Once or twice a week: 29.2%
- Once or twice a month: 16.9%
- A few times in past year: 6.5%

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Support Family-Education Partnerships. Benefits include:
- Students do better in school and in life. They are more likely to earn higher grades and test scores, graduate from high school, and go on to higher education. Low-income and minority students benefit the most.
- Parents become empowered. Parents develop confidence by helping their children learn at home. Many go on to further their own education and become active in the community.
- Teacher morale improves. Teachers who work with families expect more from students and feel a stronger connection to and support from the community.
- Schools get better. When parents are involved at home and at school, in ways that make them full partners, the performance of all children in the school tends to improve.
- Communities grow stronger. Families feel more invested in the school system, and the school system becomes more responsive to parent and community needs.

Available online: http://www.ncpie.org/AboutNCPIE/AboutPartnerships.html
Tobacco Use in the Home

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

Delaware, 2003

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware

Talking with Parents about Drugs

Have either of your parents spoken with you about the risks of: (Mark all that apply)

Delaware, 2003

Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware
Today, more than 13 million children under age 6 are enrolled in some form of child care, but all too often, parents lack access to affordable, high-quality early childhood education programs. In 2000, 55 percent of mothers with infant children were in the labor force, while in 1976 only 31 percent of new mothers worked. Due to the desire and necessity for mothers to work, many children are enrolled in early education programs. The ability to afford quality child care is an important issue many low income families face. As of 2001, 56 percent of pre-kindergarten 3- to 5-year-olds were enrolled in center-based early childhood care and education programs, but only 47 percent of children living in poverty were in such programs. Children who participate in early childhood education programs increase their chances of success later on in education, so increasing availability for all children is important.


### Accredited Programs

<table>
<thead>
<tr>
<th>Number of Accredited Programs by Accrediting Organization*, Delaware and Counties, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAFCC</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>New Castle</td>
</tr>
<tr>
<td>Kent/Sussex</td>
</tr>
</tbody>
</table>

* NAFCC is the National Association for Family Child Care Providers
* NAEYC is the National Association for the Education of Young Children
* NSACA is the National School Age Care Alliance

Source: The Family and Workplace Connection

### Child Care and School Age Programs

<table>
<thead>
<tr>
<th>Delaware and Counties, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Child Care</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>New Castle</td>
</tr>
<tr>
<td>Kent/Sussex</td>
</tr>
</tbody>
</table>

* Percent of public elementary schools with school age child care

Source: The Family and Workplace Connection

Research provides compelling evidence that a number of children in child care centers are receiving poor to mediocre care. Legislatures, agencies, and organizations are urged to do the following:

- Strengthen standards and regulations of child care programs.
- Require initial and ongoing training for staff working in child care programs.
- Find ways to recruit and retain more highly educated and skilled staff.
- Continue efforts to inform parents about the importance of quality child care and its effects on children.
- Provide funds sufficient to support the cost of high quality child care.

Source: Quality in Child Care Centers. National Center for Early Development and Learning

### Did You Know?

The National Survey of America’s Families found that higher-income families pay higher fees for child care; $317 per month as opposed to $217 for lower income families. However, higher income families pay a smaller percentage of their income on child care; 6 percent as opposed to 16% percent paid by lower income families. Additionally, lower income families often receive poorer quality child care.

**Did you know?**

**How does the child care tax credit work?**

People who have to pay someone to look after a child while they and their spouse, if they are married work are eligible for a special child-care tax credit. This credit can be significant — even if you earn a high income, you may receive 20% of your child-care expenses back, up to a maximum of $5,000 in expenses for one child and $6,000 for two starting in 2003. For details about the child-care tax credit see IRS Publication 503, Child and Dependent Care. You can download it from the IRS Website or order by calling 1-800-TAX-FORM (829-3676).

Source: MSN Money. Available Online: http://moneycentral.msn.com
Juvenile violent crimes include murder, forcible rape, robbery, and aggravated assault. Risk factors for juvenile violent crime include poverty, lack of education, a history of child abuse or neglect, family violence and inadequate supervision. Between 1985 and 1994 violent crime arrest rates for youth increased by approximately 74%. After 1994, the rates declined and in 2000 reached the lowest juvenile violent crime arrest rate since 1985.1 Serious violent crimes committed by juveniles occur most frequently in the hours following the closing of school,2 so it is important to engage juveniles in extracurricular activities, after-school programs, and community events to help deter participation in delinquent activities, as well as build positive relationships with peers and adults.

### School Violence and Possession

**Delaware, School Year 2001–2002**

#### Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside school building</td>
<td>1,275</td>
<td>70%</td>
</tr>
<tr>
<td>Administrative office</td>
<td>98</td>
<td>5%</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>137</td>
<td>7%</td>
</tr>
<tr>
<td>Classroom</td>
<td>626</td>
<td>34%</td>
</tr>
<tr>
<td>Gymnasium</td>
<td>61</td>
<td>3%</td>
</tr>
<tr>
<td>Hall/Stairway</td>
<td>292</td>
<td>16%</td>
</tr>
<tr>
<td>Restroom</td>
<td>61</td>
<td>3%</td>
</tr>
<tr>
<td>On the school grounds</td>
<td>242</td>
<td>13%</td>
</tr>
<tr>
<td>School bus</td>
<td>196</td>
<td>11%</td>
</tr>
<tr>
<td>School bus stop</td>
<td>19</td>
<td>1%</td>
</tr>
<tr>
<td>Off school grounds</td>
<td>29</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>60</td>
<td>3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,832</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

#### Weapons

<table>
<thead>
<tr>
<th>Weapon Possession and/or Concealment of Weapons/Dangerous Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weapon</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Knife</td>
</tr>
<tr>
<td>Razor blade/box cutter</td>
</tr>
<tr>
<td>Explosive, incendiary or poison gas</td>
</tr>
<tr>
<td>Firearm (handgun/ rifle/ shotgun)</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>


### Juvenile Violence Arrests

**Number of Juveniles Arrested**

<table>
<thead>
<tr>
<th>Year</th>
<th>Delaware</th>
<th>New Castle</th>
<th>Kent</th>
<th>Sussex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>588</td>
<td>382</td>
<td>93</td>
<td>113</td>
</tr>
<tr>
<td>1996</td>
<td>629</td>
<td>414</td>
<td>102</td>
<td>113</td>
</tr>
<tr>
<td>1997</td>
<td>549</td>
<td>334</td>
<td>96</td>
<td>119</td>
</tr>
<tr>
<td>1998</td>
<td>557</td>
<td>298</td>
<td>121</td>
<td>138</td>
</tr>
<tr>
<td>1999</td>
<td>654</td>
<td>361</td>
<td>147</td>
<td>146</td>
</tr>
<tr>
<td>2000</td>
<td>627</td>
<td>378</td>
<td>123</td>
<td>126</td>
</tr>
<tr>
<td>2001</td>
<td>621</td>
<td>409</td>
<td>98</td>
<td>114</td>
</tr>
<tr>
<td>2002</td>
<td>559</td>
<td>371</td>
<td>100</td>
<td>88</td>
</tr>
</tbody>
</table>

Source: Delaware Statistical Analysis Center

### Did you know?

On the whole, far fewer juvenile females than males commit crimes. In 2000, females accounted for only 28% of juvenile arrests.

In 2000, females were most involved in:

- 55% of juvenile arrests
- 47% of juvenile arrests
- 37% of juvenile arrests
- 59% of juvenile arrests


### Weapon Possession

**Self Report/Victim Report of Possession**

5% of Delaware students reported carrying a weapon such as a gun, knife, or club on school property within the last 30 days.

8% of Delaware students report being threatened or injured with a weapon such as a gun, knife, or club on school property within the last 30 days.

Source: CDC Youth Risk Behavior Survey 2003

### Afterschool Programs

Afterschool programs have more crime reduction potential than juvenile curfews. In a recent study it was found that the rate of juvenile violence in the afterschool period is four times the rate in the juvenile curfew period. Thus implementing quality afterschool programs should more effectively reduce juvenile violent crime than enforcing strict juvenile curfews.

With the rapid expansion of gambling have also come concerns about underage gambling and youth problem gambling. Most studies have found that the majority of youths have gambled but do so infrequently and do not suffer any adverse consequences. Some youths, however, appear to be overinvolved in gambling and are experiencing problems associated with their gambling. This is the first generation of youths to be exposed to such widespread access to gambling venues, gambling advertising, and general social approval of gambling. The potential for youth gambling to progress into adult gambling is something that people today should be aware of and concerned about.


**Gambling**

The most frequent types of wagering activities were
- playing the lottery or scratch-off tickets,
- betting on team sports,
- playing cards for money, and
- betting on games of personal skill such as pool, darts, or bowling.

Males were more likely than females to participate in all types of wagering activities. The biggest discrepancies were
- betting on team sports: 36% of 8th grade males compared to 17% of females, and 42% of 11th grade males compared to 14% of females, and
- betting on games of personal skill: 37% of 8th grade males compared to 17% of females, and 43% of 11th grade males compared to 13% of females.

Participation in gambling varied little by race of students. Significant differences were reported in only two types of wagering activities:
- playing the lottery: 32% of White 8th graders and 31% of White 11th graders compared to 20% of minority 8th graders and 19% of minority 11th graders, and
- betting on dice games: 9% of White 8th graders and 8% of White 11th graders compared to 15% of minority 8th graders and 14% of minority 11th graders.


**Did you know?**

*Time Magazine* estimates that of the nearly eight million compulsive gamblers in America, one million are teenagers. And, they are hooked on all forms of gambling—casinos, sports betting, card playing, lotteries, racetrack betting, and illegal gambling. The rate of growth of teenage gambling is as alarming as are the numbers. Just ten years ago teenage gambling was rarely mentioned as a problem; today gambling counselors say an average of 7% of their case loads involve teenagers.

Source: Youth Gambling. Available Online: http://www.gamblinghelp.org/youth/youth.htm
Youth Gambling by Gender
Delaware, 2003

8th Grade Males
Past month 19%
Past year, but not in past month 27%
Lifetime, but not in past year 18%
Never 40%

8th Grade Females
Past month 16%
Past year, but not in past month 18%
Lifetime, but not in past year 13%
Never 65%

11th Grade Males
Past month 19%
Past year, but not in past month 23%
Lifetime, but not in past year 18%
Never 65%

11th Grade Females
Past year 2%
Past year, but not in past month 11%
Lifetime, but not in past year 14%
Never 73%


Risk Behaviors Compared by Youth Gambling
Delaware, 2003

Percentage of 11th Graders who Report Past Year Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never Gambled</th>
<th>Gambled in Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette Use</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>26</td>
<td>36</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>49</td>
<td>40</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Skipping School</td>
<td>50</td>
<td>39</td>
</tr>
<tr>
<td>Shoplifting</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Gang Fights</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

Percentage of 8th Graders who Report Past Year Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never Gambled</th>
<th>Gambled in Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette Use</td>
<td>14</td>
<td>32</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>Skipping School</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Shoplifting</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Gang Fights</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>


For more information see
www.ftc.gov/gamble
www.education.mcgill.ca/gambling/
www.delawareworks.com
When parents have secure employment, children benefit in many ways. Their chances of having good nutrition, stable housing, and adequate health care increase. Despite the known positive effects of employment on families and children, unemployment is often unavoidable. Unemployment is a significant issue for children and families, as well as society as a whole. Numerous studies report a correlation between unemployment and adverse outcomes in individuals, such as deterioration of psychological well-being, physical health, and economic security. Between 1994 and 2001, there was a large decline in the proportion of children living in families in which no resident parent was attached to the labor force. Despite this decrease, unemployment continues to affect numerous individuals, children, and families.

Often children are adversely affected by unemployment of their parents and guardians. A KIDS COUNT Indicator Brief outlines broad strategies for workforce development for policy makers, legislatures, and social services. These include:

- Identify secure and high-quality jobs.
- Focus on the needs of both workers and employers.
- Provide employment and educational services geared to low-skill job seekers.
- Focus on retention, providing support services both during and after placement.
- Address transportation issues.
- Expand child care options for working families.

In 1999 in the U.S., nearly 1.5 million children had a parent in prison—an increase of more than 500,000 in 8 years. Fifty-eight percent of children with imprisoned parents were under the age of 10; the average age being 8. Imprisoned parents are overwhelmingly male—93 percent. Half of parents in state prisons were Black, about a quarter were White, and a fifth were Hispanic. In 1999 an estimated 767,200 Black children, 384,500 White children, and 301,600 Hispanic children had a parent in prison.¹

The extent to which a child will be affected by parental incarceration depends on many variables, including: the age at which the parent-child separation occurs, length of the separation, health of the family, disruptiveness of the incarceration, child’s familiarity with the placement or new caregiver, strength of the parent-child relationship, number and result of previous separation experiences, nature of the parent’s crime, length of the parent’s sentence, availability of family or community support, and degree of stigma that the community associates with incarceration.²

Communities matter. The local library, schools, playgrounds, churches, recreation centers, stores and workplaces all help build a functional community that supports families and kids. In 1999 the Casey Foundation launched Making Connections, a new initiative based on a family-strengthening agenda. The initiative is driven by a simple premise: Children succeed when their families are strong, and families get stronger when they live in neighborhoods that connect them to the economic opportunities, social networks, supports, and services they need. As part of the initiative the Casey Foundation is supporting new data collection efforts to describe and track specific neighborhood conditions that promote or hinder family conditions.

Here in Delaware, our children speak about their connections to community—feeling safe, attending religious services, and volunteering.

### Neighborhood Safety

I feel safe in my neighborhood.

**Delaware, 2003**

- **5th Graders**
  - 86.8% Feel safe
  - Never 3.1%
  - Not Often 3.7%
  - Some of the time 12.6%
  - Often 19.6%
  - Most of the time 60.9%

- **8th Graders**
  - 86.8% Feel safe
  - Never 3.1%
  - Not Often 3.7%
  - Some of the time 12.6%
  - Often 19.6%
  - Most of the time 67.8%

- **11th Graders**
  - 86.8% Feel safe
  - Never 1.6%
  - Not Often 2.9%
  - Some of the time 9.9%
  - Often 17.8%
  - Most of the time 67.8%

### Religious Services

How often do you attend religious services?

**Delaware, 2003**

- **8th Graders**
  - Almost everyday 3.0%
  - Once or twice a week 28.8%
  - Once or twice a month 12.9%
  - Some of the time in past year 12.4%
  - A few times in past year 14.6%
  - Before, but not in past year 26.2%
  - Never 18.8%

- **11th Graders**
  - Almost everyday 3.1%
  - Once or twice a week 22.9%
  - Once or twice a month 13.7%
  - A few times in past year 18.4%
  - Before, but not in past year 18.4%
  - Never 23.0%

Source for all graphs on this page:


**Buying Cigarettes**
Do you know of places where students your age can buy cigarettes?
Delaware, 2003

- **5th Graders**
  - Yes: 14.9%
  - No: 85.1%

- **8th Graders**
  - Yes: 33.0%
  - No: 67.0%

- **11th Graders**
  - Yes: 58.9%
  - No: 41.1%

**Buying Alcohol**
Do you know of places where students your age can buy alcohol?
Delaware, 2003

- **5th Graders**
  - Yes: 10.3%
  - No: 89.7%

- **8th Graders**
  - Yes: 23.6%
  - No: 76.4%

- **11th Graders**
  - Yes: 43.7%
  - No: 56.3%

**Buying Marijuana**
Do you know of places where students your age can buy marijuana?
Delaware, 2003

- **8th Graders**
  - Yes: 40.8%
  - No: 59.2%

- **11th Graders**
  - Yes: 68.7%
  - No: 31.3%

Source for all graphs on this page: 5th graders: 7,731 responses. 8th graders: 7,203 responses. 11th graders: 5,141 responses. Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware
### Drinking Alcohol

In the past 30 days if you drank alcohol, where did you most often drink? (All that apply.)

Delaware, 2003

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.5%</td>
<td>Never drank alcohol</td>
</tr>
<tr>
<td>22.0%</td>
<td>Didn’t drink in past 30 days</td>
</tr>
<tr>
<td>13.0%</td>
<td>My own home</td>
</tr>
<tr>
<td>15.3%</td>
<td>Someone else’s home</td>
</tr>
<tr>
<td>1.1%</td>
<td>In school</td>
</tr>
<tr>
<td>0.8%</td>
<td>On school grounds</td>
</tr>
<tr>
<td>2.5%</td>
<td>In a restaurant or club</td>
</tr>
<tr>
<td>4.8%</td>
<td>In a car</td>
</tr>
<tr>
<td>9.2%</td>
<td>Outside (street, parking lot, public park, behind a building)</td>
</tr>
</tbody>
</table>

### Smoking Marijuana

In the past 30 days if you smoked marijuana, where did you most often smoke? (All that apply.)

Delaware, 2003

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.6%</td>
<td>Never smoked marijuana</td>
</tr>
<tr>
<td>10.2%</td>
<td>Didn’t smoke marijuana in past 30 days</td>
</tr>
<tr>
<td>4.1%</td>
<td>My own home</td>
</tr>
<tr>
<td>9.2%</td>
<td>Someone else’s home</td>
</tr>
<tr>
<td>0.6%</td>
<td>In school</td>
</tr>
<tr>
<td>1.0%</td>
<td>On school grounds</td>
</tr>
<tr>
<td>0.6%</td>
<td>In a restaurant or club</td>
</tr>
<tr>
<td>5.3%</td>
<td>In a car</td>
</tr>
<tr>
<td>11.3%</td>
<td>Outside (street, parking lot, public park, behind a building)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.0%</td>
<td>Never smoked marijuana</td>
</tr>
<tr>
<td>18.9%</td>
<td>Didn’t smoke marijuana in past 30 days</td>
</tr>
<tr>
<td>8.9%</td>
<td>My own home</td>
</tr>
<tr>
<td>20.5%</td>
<td>Someone else’s home</td>
</tr>
<tr>
<td>1.4%</td>
<td>In school</td>
</tr>
<tr>
<td>2.8%</td>
<td>On school grounds</td>
</tr>
<tr>
<td>1.1%</td>
<td>In a restaurant or club</td>
</tr>
<tr>
<td>18.2%</td>
<td>In a car</td>
</tr>
<tr>
<td>15.7%</td>
<td>Outside (street, parking lot, public park, behind a building)</td>
</tr>
</tbody>
</table>

For more information see
www.state.de.us/drugfree/data.htm

Source for all graphs on this page: 8th graders: 7,203 responses. 11th graders: 5,141 responses.
Delaware School Survey 2003, Center for Drug and Alcohol Studies, University of Delaware
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## Juvenile Crime
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## Other Community
- **Tables 86–88**

---

*Image*