Welcome everyone, I’m so glad that you were able to join us today for our annual Fact Book Release.

My name is Erin Lynch. I’m an assistant policy scientist with UD’s Center for Community Research & Service and I am a part of the KIDS COUNT project team. Today, you’ll be hearing from Janice Barlow, Director of KIDS COUNT in Delaware and Becky King, KIDS COUNT in Delaware’s Board President, about our 2020 Fact Book, entitled Now & Then.

I’d like to begin our session with some logistics of zoom...

- You, as a participant, have been muted in order to minimize background noise
- Questions can be typed into the Q/A box, which I’ll be monitoring during the presentation. Janice, Becky and I will also be hanging out for a few minutes after today’s presentation for a more informal Q/A if you’d like to stay on the line.
- This presentation is being recorded and will be shared with our list serv and on our website within a few days
- Last, feel free to add your name and organization in the chat function. We’ll use that as a roll call of organizations represented on our webinar today

With those introduction remarks, I’ll turn things over to Janice who is going to lay a little groundwork around context.
Janice... Good morning- and thank you Erin.

This is the first time that we’ve released our annual fact book virtually. We thought it important to continue to provide data as we always have so that those who need it to do the important work that continues during this crisis have access. That said, we acknowledge that the coronavirus pandemic is the primary focus for virtually all of our partners, leaders and advocates focused on child well-being at this time.

I’d also like to add that we at KIDS COUNT are deeply concerned about the potential impact of COVID-19 on our children and families. Our concerns include food insecurity due to school closings, increases in child abuse and neglect, the ability of early care and education providers to survive closings, growing child and family anxiety, and increases in child poverty due to an economic downturn.

I also think of the many heroes in our communities who are stepping up for Delaware children and families now: parents facilitating remote learning for their children, while also working from home; early educators offering child care so that emergency and health care personnel can do their work; and school nutrition staff boxing up hundreds of meals each day, so families can still access school meals to help feed their children. These heroes remind us that we are communities of people whose lives are fundamentally interconnected. Now is the time for us to step forward in all the many ways we see help is needed, for our neighbors, our families, and the children who are counting on us.
The ultimate goal of our efforts is to improve the lives of the children, youth and families whose well-being is most at stake always, but most especially in this moment.

We can’t do this alone, it’s a collaborative effort that includes a group of dedicated Board members representing nonprofits, government and the business community; a data committee who scrutinize and share data; staff within Center for Community Research and Service who provide support to the project, and others at UD and beyond. Out funders- UD, the AEC Foundation, the State of Delaware, Nemours Children’s Health Services. Now, I’d like to hand things over to our Board President, Becky King, who has a few remarks to kick us off.

**Becky President Remarks...**

Good Morning and thank you for attending today’s Fact Book Release.

The premise of KIDS COUNT has always been that good data can help drive good decisions. So much has changed since 1995, but KIDS COUNT in Delaware’s goal remains the same: an unwavering commitment to improve the lives of our most precious resource – our children. A common theme throughout has been how to help at-risk children and families overcome the economic and social disadvantages that impede their success in life.

During the past 25 years, KIDS COUNT in Delaware has collaborated with hundreds of partners and served as a data resource to thousands of policy makers, practitioners, volunteers, advocates and
service providers in the state of Delaware- and we thank those of you here today. The data, policy and actions examined in this year’s Fact Book span two and a half decades of turbulent changes in the nation’s economy, politics, demography and prospects for success of this country’s most vulnerable children and families. Yet, the issues and analyses summarized remain as relevant today as in years past.

Janice will be walking you through this 25th edition of the Fact Book and it’s “Now and Then” look at how Delaware’s child population has changed, demographically and geographically. By highlighting progress and decline, it examines the question we should all never stop asking: are we as a state doing better for our kids compared to a generation ago?

There is no question that strides have been made related to certain aspects of child well-being in Delaware. For example, Delaware’s teen birth rate has fallen, the percentage of children without health insurance has dropped, child restraint laws and other basic safety standards have decreased the number of child deaths and creation of an initiative for juvenile alternatives to detention has impacted the rate of incarcerated children. We should be proud of this progress. However, much work is still needed to enable continued growth for our children to realize their full potential.

Sadly, the progress seen in some areas is not reflected in others, such as the rate of babies being born at low birth weight or percentage of births to single mothers. Furthermore, we as a state have failed to eliminate the persistent racial and ethnic inequities that are shown in the measures of child well-being. Because these barriers persist even with the broad progress of the past twenty-five years, it is more urgent than ever for policymakers and other leaders at all levels to fulfill their responsibility to address them.

In light of current events, it’s important to also recognize that our hard won progress is in jeopardy.. This pandemic is impacting all of us in some way or another, but it’s impacting our vulnerable populations even more. COVID-19 is showing where our structural supports continue to be differentiated- where opportunity to maintain health with self-distance is dependent on zip code, type of job and other socioeconomic factors, race and ethnicity. This pandemic should motivate us even more to use data to be responsive to racial and ethnic inequities.

A strong and healthy beginning for our children matters. To achieve positive results requires keeping our eyes on the prize: carefully measuring the well-being of children, setting meaningful goals for their care and development, identifying those who are suffering or being left behind, strategically publicizing the performance of public programs, and maintaining society’s focus on the evolving, objectively measured needs of the next generation. This is how we’ll create success and continue to make kids count in the next 25 years.

Poll- how many have been to a KCDE release in the past?
Depending on results of poll...
KIDS COUNT a national and state-by-state initiative. Together, our aim is to grow safe, healthy, strong communities with a wealth of opportunities for all our children.

The project is nationally supported by the Annie E. Casey Foundation and here in Delaware, we are housed at the Center for Community Research & Service within the University of Delaware’s Biden School. Special thanks to additional sponsors- the State of Delaware as well as Nemours Children’s Health Systems.

Recommendations for when looking at data:
- Look at trends over time vs point in time data when possible. Answer the question: how are we doing compared to ourselves
- For many measures with small numbers, we’ll often report in 3- or 5- year averages in order to increase data reliability

As you have heard, this publication was put together prior to the pandemic and the social distancing measures that we now find ourselves experiencing. While I will try to touch on how current events might impact some of the data within, our new reality is one that is changing weekly and sometimes even daily. There’s a shared recognition of how hard coronavirus is hitting working families, and on multiple fronts – putting parents out of
work, cutting homebound kids off from school meals and formal education, upsetting childcare arrangements and elevating stress and worry. Some families can’t simply “stay safe, stay healthy” – they don’t have the option. Understand also, that we don’t yet know the full impact of this world-wide health crisis on the well-being of our children and their families. We knew these vulnerabilities existed in many communities, and now in the midst of a public health crisis, we see how devastating they can be on a whole new scale.
This edition of the fact book highlights historical trends, current actions and goal setting for a small number of specific indicators. I’m going to walk you through those today- (whirlwind tour) and because there’s only so much I can fit into our time this morning, I’d encourage you to take a look at the sections that peak your interested in more depth afterwards. Meanwhile, we continue to provide access to thousands of data points in our online KIDS COUNT Data Center.

Paste into chat: www.datacenter.kidscount.org

For those of you who haven’t been to the data center, resources on our website include a recorded tutorial, called the “virtual live demo” which shows the basics of how to navigate the data center.

Paste into chat: www.dekidscount.org
Now we jump into content... As KIDS COUNT in Delaware celebrates twenty-five years of data and advocacy, this fact book takes a “Now and Then” approach to examine how the well-being of children and families has changed over time within the First State.

Demographically, the state looked a lot different when KIDS COUNT in Delaware published its first Fact Book. In 1995, the state’s total population topped seven hundred thousand people. It has since grown to just under a million. The number of Delaware children has increased by more than forty thousand in that same time period.

However, while children now number more than they did in 1995, they make up a smaller percentage of our state’s total population due to the large growth in those ages 65 and above – a growth attributed to the aging of baby boomers combined with an influx of retirees to many of our eastern Sussex communities.
Delaware is now much more diverse than it was in 1995, and the state’s child population leads that trend.
Every county, as well as the City of Wilmington, has a greater percentage of children of color now compared with two and a half decades ago.

Insert a plug- encouraging your networks to complete their Census 2020 questionnaire. The 2020 US census was always going to be a tough task, even before the country fell victim to a global pandemic. As the coronavirus hits minority populations especially hard, experts worry that these traditionally undercounted populations will fare even worse. Invitations to respond to the 2020 Census were delivered in March. About 69 million households across the nation were sent reminder post cards in the mail. If you haven’t completed your census yet, please do so. Also, encourage those in your networks to complete their forms too. It matters that we have an accurate count for day to day planning, and that need really shows in times of crisis.

Paste into chat: https://2020census.gov/
Twenty-five years (and more) of policy choices and investments have shaped communities throughout our state, influencing a child’s opportunity for success based on where he or she lives. A lot has changed since 1995, but KIDS COUNT in Delaware’s goal remains the same – not only because every child ought to have opportunity to thrive, but because when our kids do well, Delaware is stronger.

Thinking about communities and how policy shapes geographic trends in today’s context of the coronavirus makes it clear that each and every person’s health is intertwined. To stop the spread of the virus, we can’t afford to leave anyone out of our containment measures, no matter where they live. For everyone’s safety, we must ensure that action extends into places where, right now, thousands of people are confined in dangerously close quarters: this includes jails, prisons, skilled nursing facilities, group care homes & homeless shelters. These spaces increase the risk for people - and action is needed to prevent harm.
For those of you who are already familiar with KIDS COUNT fact books, you know that, beyond Demographics, data gets grouped into 4 traditional domains: health, education, economic security and family & community. Within each of the domains, this year’s edition of the fact book includes an overview with data comparing a 25-year ago baseline with the most current data available. We also include select indicators within each domain. The indicators pages include analysis, answering questions like: What does the data tell us about the last 25 years? Why does it matter? What are our next steps?

Additionally, you’ll find our traditional data visualizations (trend lines, maps, graphs and charts). This year, we’ve added a new element as well- a timeline for each of the highlighted indicators. The goal for these timelines is to help visually tell the indicator’s story giving research and policy context, answering the questions how did we get here? and what’s our next step?
The health of a community begins with its children. The health and well-being of Delaware’s children has shown improvement over the last 25 years, but there is still progress to be made.

And the solutions must be systemic, allowing opportunity for every child. COVID-19 is an extreme reminder that the health of our children, families and communities depends on the health of the person next to us, and the person next to them.
In 2004, the Annie E. Casey Foundation ranked Delaware as having the worst infant mortality rate in the nation. The infant mortality rate measures the number of infant deaths within the first year of life from all causes and is often used as an indicator of overall maternal and child health in the state.

Focus and funding in the years since that 2004 rank have bolstered the work in Delaware...and this is a refrain that you’ll hear often: budget equals policy- where we spend our money matters!
Disparities in infant mortality by race/ethnicity and socioeconomic status are a measure of inequities that exist within communities. And many of these inequities are often caused by policy that have provided opportunity to one group of individuals while putting barriers in place for other groups.

The impacts of racism in America, both historical and current, are profound. We know that high levels of maternal stress during pregnancy impact health of the fetus. We know that African American women in particular often experience high levels of stress because of the discrimination they experience.

A renewed alarm has been sounded in the COVID-19 emergency. The disproportionate deaths among African American adults underscore the unacceptable disparities in health status by race and ethnicity. Such disparities begin before birth and worsen over the life course- as you can see in our infant mortality trend line. But just measuring the gap isn’t enough. The data must be used for action and health care transformation beginning in the early childhood years and continuing throughout life. How do we accomplish this? Once again, I come back to the idea that budget is policy.
We must stop allowing systems that don’t work for everyone to survive.

This is not the time to abandon equity - is a time to center equity!

We must reject policies or practices that divide or “other” any of our country’s children and families; standing united can we ensure everyone’s well-being.
Medicaid and the Children’s Health Insurance Program (CHIP) play a crucial role in providing coverage for uninsured youth. Additionally, the Affordable Care Act (ACA) increased the number of children covered by Medicaid and CHIP by increasing eligibility for those living in families with incomes at a higher percentage of poverty.
In the 2017-2019 timeframe, the most recent data available, Delaware’s uninsured rate for kids ages 0-17 hit a record low of 4.9%. Increasing the number of kids with health insurance is one of Delaware’s great achievements of the past several years. However, recent reports nationally indicate the rate is again increasing.

What are the coronavirus implications that we need to pay attention to related to child health and preventative care? One answer to this is: Children who will miss out or be delayed in accessing important preventive health care.

We know that worldwide, previous outbreaks have shown that when health systems are overwhelmed, deaths from vaccine-preventable and treatable conditions can also increase dramatically. For example, during the Ebola outbreak in 2014 and 2015, deaths caused by measles, malaria, HIV, and tuberculosis attributable to health system failures exceeded deaths from Ebola.
Building and sustaining healthy environments is one of government’s core responsibilities to its citizens— and the state’s housing stock is one part of our infrastructure that creates these environments. Delaware’s work to reduce environmental lead contaminants began even before our 25-year tracking initiative.

Since 1995, the number of children with elevated blood lead levels has dropped significantly in Delaware.

That said, there’s more that we can accomplish to protect our children from lead poisoning.
In 1995, the Delaware General Assembly passed the Childhood Lead Poisoning Prevention Act which mandates lead screening at 12 months of age. The screening process was expanded in 2010 so that children at high risk for lead exposure can receive additional testing at 24 months of age.

However, as you can see on the trend graph, only about 1 in 5 young children (defined as under age 6) are currently tested in Delaware.

We can do better- by getting all of our children tested at 12 months and having additional follow-up with those at risk we can minimize adverse effects by identifying exposure early.
In 2012, the CDC updated its elevated blood lead level reference value, reducing it to 5 micrograms per deciliter based on continuing research which has led to a better understanding of outcomes. Recent research suggests that NO blood lead level is safe.

As you can see, geographic disparities persist as certain populations are disproportionately affected. Particularly at risk are children living below the federal poverty level, children living in older housing, children of color, immigrants and refugees.

Primary prevention- removing lead hazards from the environment before a child is exposed- is the best way to reduce childhood lead poisoning.
When it comes to education, children need a strong and healthy beginning to more easily stay on track to remain in school and graduate on time, pursue training or postsecondary education and successfully transition to adulthood.

However, Delaware continues to have gaps by race and income in measures of educational involvement and achievement in areas such as assessment scores, literacy rates, and graduation. With an increasingly diverse population, closing these gaps will be key to ensuring the stability of our future workforce.

And to just give a brief comment on our current situation—closing schools, child care centers and after-school programs to reduce the spread of COVID-19, has put additional stress on families. I’ll come back to this idea in a bit.
Changing demographics, social trends and economic necessities of the last several decades have made early care and education a commonplace need for young families in Delaware.

As of 2019, licensed capacity in Delaware’s early care and education system stood at just over 50,500 slots at 1,075 providers. That’s an increase of almost 40% from the licensed capacity in Delaware in the mid 1990s.

* Internal Note = capacity does not reflect actual enrollment
The current crisis lays bare that early care and education helps keep Delaware’s economic engine running. When properly working, the early care and education system:

- Ensures that employers have a robust, stable workforce from which to draw talent.
- It also allows parents the opportunity to earn an income to support their families while knowing their children are safe and cared for.
- Additionally, children have the opportunity to reap benefits from positive nurturing relationship with stable early care and education providers.

We’re being reminded just how connected we all are - and how much we depend on one another. For everyone who works from home, there are many more who make that possible by working at the hospital, the power plant, the grocery store, the delivery service. It’s also showing how critical the early care and education system is to provide services for young children who have caregivers considered essential personnel. This moment shows us how much we all need each other to keep going.
Long before the arrival of the coronavirus pandemic, science-based communications about the critical importance of early childhood and brain development were part of a larger national and global trend towards investment, innovation, and progress in the early childhood ecosystem.

As we grapple with the consequences of coronavirus, questions of availability, quality and affordability of care will be more important than ever.
While not the only way to measuring students’ abilities, standardized assessments provide a way to examine progress in reading, writing, math and content area courses in order to understand how well schools are preparing students for college and the workforce.

With major changes in what education looks like this spring, we have to keep our focus on what supports are gaining traction- remember the mantra: budget is policy... Our democracy works best when education and information are available to us all, regardless of our ability to pay. As we work quickly to shore up our economy, we have to protect the things we value and need. Emergency funding is, unfortunately, underwriting some companies' attempts to corner the market on online learning, mail delivery, and other essential services. This isn't the time to privatize public services. Every response policy we set must put people and the public interest first.
Because Delaware has used a variety of assessments during the past 25 years, the ability to examine long term trends in student achievement is limited.

Currently, Delaware’s main instrument for measuring student learning is the Delaware System of Student Assessment, or DeSSA.
No matter the assessment tool used, gaps in academic performance have been measured between students in low-income families and their classmates in higher-income families, indicating disparities in opportunities and outcomes.

COVID-19 is an unprecedented opportunity to reimagine how communities and public systems support children and families. The system we had— which wasn’t working for all students— will reinvent itself unless we disrupt it.
We also see gaps in assessment data between students of different races and ethnicities. Across the U.S. children of color are more likely to be taught by first-year teachers. Children of color are also more likely to live in poverty, a result of long-standing barriers to economic opportunity.

How to ensure equity (vs just measuring disparities). By following the funding-budget is policy!
New research by the National Center for Education Statistics related to data that will be important in how schools think about reopening...

Nearly one third of teachers (29.2%) in the United States are ages 50 and older. Private schools have the largest share of teachers (nearly 37%) who are at least age 50, while 29 percent of traditional public school teachers and 21 percent of charter school teachers are ages 50 and older. Teachers have significantly more social contacts than the average adult because they closely interact with dozens of students throughout the day. And because older people are at elevated risk for severe illness from COVID-19, schools need to consider the risks for teachers—especially their most experienced teachers—as they consider reopening.
Moving to our high school graduation indicator... This measure is particularly personal to me this year as our lives have been impacted by COVID as I have a high school senior. Like so many others, we’re personally missing the milestones & traditions previously associated with senior year. And we’ve got questions about senior projects, volunteer hours, participation and grading policies-some of which have been addressed and others we’re still waiting for guidance on.
There’s some recent research from the Center for American Progress centered around graduation norms nationally. What they found is that despite states’ and districts’ pivot to support students remotely throughout the pandemic, there currently aren’t enough established policies and practices on how high school students will continue learning, graduate, and then transition to college, military, or work. Unfortunately, these gaps in guidance are likely to disproportionately affect marginalized communities such as students from families with low-incomes, English language learners, students with disabilities, and first-generation college students.

It is imperative that learning plans specifically address how to adequately serve these groups of students. If our response to this crisis is thoughtful and equity driven, we can emerge from this crisis with stronger, more reliable strategies to allow all young people to thrive even after the crisis has passed.
Coming back to the fact book...
Delaware shifted to a new method of calculating graduation rates in the 2009/10 school year. Although the change in methodology prevents long-term comparison, the new method provides a more accurate picture of how many Delaware students are graduating from high school on time.
Dropout rates in Delaware can be reliably compared back to the 2001/02 school year. Like the nation, Delaware’s dropout rate reveals racial and ethnic disparity, with students of color more likely to drop out than white students. The good news is that as the state’s dropout rate has decreased over time, data illustrate a simultaneous narrowing of racial and ethnic disparity among dropouts.
Delaware should be a state where every child lives in a financially secure home. However, throughout our country’s history, policies and practices have helped move some families along the path to economic security while putting up roadblocks for others. The 1995 KIDS COUNT in Delaware fact book noted a racial and ethnic inequity in child poverty rates. That inequity persists 25 years later.

As the crisis disrupts our daily lives, including parents’ ability to work, pay rent, buy food and basic necessities, we need to ensure that children’s well-being is our priority.
The U.S. Census Bureau is currently in the process of fielding what they’re calling the COVID-19 Household Pulse Survey, which focuses on the social and economic impacts American households are experiencing as a result of the pandemic. Questions are focused on education, employment, food security, mental & physical health status, housing and income. The sample will be large enough to derive estimates at the state level.

Data collection began on April 23rd. The Census Bureau plans to collect data for 90 days and release data on a weekly basis. Data is knowledge and knowledge is power. So, as these data are released, we’ll share results with you via our e-news. This is what we see as our role as KIDS COUNT in Delaware- pushing out relevant data on kids and their families in the every day as well as now, during COVID.

Post link: To sign up for e-news https://us15.list-manage.com/subscribe?u=354737dbac54bf635f844ee72&id=67459dfa03

Internal Note: For the first release, the Census Bureau anticipates it will take two weeks after the first week of data collection to prepare and weight the data; subsequent releases will then be made on a weekly basis.
Child poverty impacts every indicator that we have talked about this morning and really— all of those we track. If we can make meaningful change here, we’d see ripple effects across other measures of child well-being— in categories of health, education, and family and community.

Too many children and families were struggling to survive economically before this pandemic and now many more face devastating hardship and instability, unsure of how they will afford food, housing, and health care.
A recent survey of low-wage parents gives us an unusually detailed window into the stressful new reality that some of the country’s most vulnerable families are facing. Elizabeth Ananat, an economics professor at Barnard College and Anna Gassman-Pines, a public policy professor at Duke University, started the study last summer. Their plan was to periodically survey the same pool of almost 700 parents who work for hourly wages in the service industry in a large U.S. city, recording the everyday pressures and anxieties that shaped low-income families’ lives. Then the coronavirus hit, and the project took on new meaning. By chance, one of their surveys was conducted between late February and late March which captured some economic repercussions in real time. In mid-March the city where parents in the study lived issued a sweeping lockdown order, closing schools and nonessential businesses. Two things happened almost immediately: respondents’ mental health took a sudden nosedive, and so did the hours they reported having worked that day.

In addition to their monthlong survey, the researchers sent out a separate, one-time survey in late March to gauge in more detail how respondents were doing. Less than half of the parents surveyed said that they would get any pay for lost work, including sick leave. And more than one-third reported that their income had fallen by more than half since the crisis began. Almost half of the parents in their sample had already lost their jobs.
The risks posed by economic hardship are greatest among children who experience poverty when they are young and among those who experience persistent and deep poverty.

More than a decade ago, Delaware’s Child Poverty Task Force set a goal to reduce child poverty by half within ten years. An economic recession hit the nation shortly thereafter, negating anti-poverty efforts within the state and negatively impacting Delaware’s child poverty rate.

Now, just as child poverty rates have reached pre-recession levels, we’re faced with a pandemic. Children whose parents have lost their jobs and are struggling to pay rent and provide for their families will face long term economic struggles if we don’t focus on centering equity in our response.
No community is immune to child poverty – even those that by other economic measures appear wealthy. Nevertheless, employment opportunities, wages and access to work supports such as early care and education differ across the state, leading to variation in child poverty rates among communities.
Another aspect of economic well-being – housing – is foundational to kids’ well-being. It is typically one of the largest family expenses. And policy has influenced the housing market tremendously over time.

Redlining in the housing markets has long been one roadblock to economic security, creating circumstances in which children of color are more likely to experience poverty than their white peers.

Policy formed in the early 1980s shaped the creation of a subprime mortgage lending industry two decades later. Housing prices increased for over a decade, the inflation was unsustainable, and led to America’s great recession which officially lasted from December 2007 to June 2009.
The recession resulted in a significant rise in Delaware’s mortgage foreclosure rate, which peaked in 2010. Tightened restrictions on mortgage lending and programming to mediate foreclosures were adopted. Even so, as recently as 2017, nearly 1 in 3 Delaware kids (approx. 60K) lived in households that were housing cost-burdened, defined as spending more than 30% of income on housing expenses.

Again, this is pre-COVID. Many people who have lost wages, jobs, or customers aren’t able to pay their rent or mortgages in the current environment. We can’t restart our economy if there are empty businesses where our jobs used to be. We can’t revive our communities if people have been forced to leave their homes. But if we act now, we can protect our communities so that there is less to rebuild. We need government to act quickly and channel resources to support families in their time of need.
Several federal programs provide nutrition assistance to children and families including SNAP, WIC and the National School Lunch Program, the National School Breakfast Program, the Summer Food Service Program and the Child and Adult Care Food Program. The programs themselves have evolved over the course of the last 25 years, with some increasing the amounts of fruits and vegetables offered and others allowing culturally sensitive substitutes in order to better meet family needs.
In 2017, 1 in 6 Delaware kids lived in households that experienced food insecurity (defined by the USDA as not always having access to enough food for an active, healthy life). Not surprisingly, lack of incomes has been identified as one of the biggest contributors to whether a household can meet these basic nutritional needs.
The right thing to do is ensure we all have what we need to be well - regardless of how we earn a living or how much we make. People already pushed to the brink by low wages and high housing costs will be most affected by this virus and an economic slowdown.
Amid COVID-19 school closures, we’re seeing the important role schools play in providing nutritious meals for children across the country. School meal programs were never designed to serve in an emergency response mode. Yet, through extensive efforts to ensure that no kid goes hungry, food service professionals and others are stepping up to prioritize kids’ health and nutrition above even their own personal safety.

Communities are thinking creatively about what will work best for their kids based on what they need, where they live, what kind of transportation their families have access to and the resources on hand.
Children also need strong families and communities around them, and we help families when we make choices to meet basic needs and protect our communities.
Since the release of the first KIDS COUNT report in 1995, much has been learned about child brain development and the impact of significant adversity during childhood.

Decades of scientific research show that experiences in the early years of a child’s life play a crucial role in building the architecture of the developing brain, and also in programming an individual’s biology to be prepared for the world that awaits. Stressful early life experiences can permanently impact a number of our children’s brain and biological systems, increasing the risk for both learning difficulties and lifelong health problems such as obesity and heart disease.

Equally important, nurturing relationships with adults, including parents, grandparents and other relatives, childcare providers, and other community members can serve as powerful buffers to counterbalance the effects of adversity during these critical early years.
Now, with the arrival of COVID-19, households with young children have been hit especially hard. Reports* on the well-being of such households since the onset of the pandemic document troubling increases in difficulties across a range of areas, including child social-emotional well-being, household economic security, physical health of the household, access to early learning and childcare, caregiver/parent mental health, and household basic needs.

Internal Note: including data from a nationally representative survey that researchers at the University of Oregon’s Center for Translational Neuroscience conducted the week of April 6
The conditions our society is experiencing increase the risk of child abuse. Severe and persistent stress wear down our ability to manage emotions. This helps to explain why financial burdens across society have contributed to a rise in child abuse in the past. But we know that removing stressors from families and adding supports makes a huge difference quickly. Providing financial assistance and stepping up social services will mean fewer people are affected by stress and violence.
Women of all ages fare better when they are able to plan their pregnancies. For teenagers especially, pregnancy and childbirth with comprehensive support can have significant socioeconomic impacts throughout their lifetime.
In 2014-2018, Delaware’s birth rate to females ages 15-19 fell to 19.4 per 1,000 women in that age range, continuing its historic decline. All told, Delaware’s teen birth rate has fallen by more than 34% in the last two and a half decades.

Although the teen birth rate has dramatically decreased in the 25 years that we’ve been tracking, America’s teen birth rate remains the highest among affluent countries, which shows that we can still do more.
Increasingly single parents (typically single mothers) are the primary caregiver in many families. In 2016, 4 in 10 births were to women who were either single or living with a nonmarital partner. This means that the gender wage gap will have increased implications for children’s economic security. In Delaware, women who worked full-time, year-round in 2018 only earned 86 cents for every dollar a full-time working man earned.
Data in the 1995 KIDS COUNT report showed that two-parent families earned on average 3.2 times more than single-parent families. Today, two-parent families earn on average 2.8 times more than single-parent families.

For many women, the COVID-19 crisis is magnifying the inequities they already grapple with on a daily basis. According to research by the National Women’s Law Center, 74% of parents in the country’s 40 lowest-paying jobs are mothers.
In Delaware 22.2% of female headed families live in poverty in 2017-2019.

Like other low-wage workers, many do not traditionally have paid sick leave or paid family and medical leave. That means that they cannot afford to stay home if they should become sick or if they need to care for a sick loved one.

With the Families First Coronavirus Response Act, Congress has taken initial steps to address the policies that families with children urgently need including paid sick leave, paid family and medical leave and expanded access to food for specified reasons related to COVID-19. But this is a short-term solution. We also need to recognize and push for long-term solutions so that working people never have to choose between a paycheck and taking care of themselves or a sick loved one.
With a quarter century of tracking data, analyzing trends and advocating for children, our experience educating local decision-makers and seeking solutions through collaboration have started to pay off for our youngest Delawareans. This report is more than a celebration of examples of collective impact achieved over the past 25 years. It demonstrates how a disciplined approach to collaboration – grounded in data – can make a real and lasting difference within our communities.

The report also drives home that our work was not done, even before the pandemic. While progress has been made in the last 25 years on many measures of child well-being, there are still improvements needed. Work of the next quarter century must focus on equity, so all children have the same opportunity to reach their full potential. As our collective experience has demonstrated, smart policies and culturally competent institutions can level the playing field for all kids, protect their well-being and ensure they are supported.

And on that note, I want to circle back to one of the very first things I said to you- this publication was put together prior to the pandemic and social distancing efforts that we now find ourselves implementing. We don’t yet understand the full impact of this world-wide health crisis on the well-being of our children and their families. As we get through this, it is important to eliminate the structural causes of disparity. Tomorrow’s work must begin where our work always has – with data and a conversation.
Hard copy of the book will not be printed until after CDC and state guidance lift social distancing measures. We’ll be using our e-news for providing information about when print versions will become available and for instructions re: how to request a copy.

Post link: To sign up for e-news [https://us15.list-manage.com/subscribe?u=354737dbac54bf635f844ee72&id=67459dfa03](https://us15.list-manage.com/subscribe?u=354737dbac54bf635f844ee72&id=67459dfa03)

In the meantime, the pdf is available online starting today.

Post link: Copy of pdf version Fact Book [http://udspace.udel.edu/handle/19716/27118](http://udspace.udel.edu/handle/19716/27118)

Also, know that we’re here to provide data for you. The indicators in the fact book- and the whirlwind tour that I just gave to you of them- represent a very small group of the vast data we offer online. The KIDS COUNT Data Center offers data on education, employment and income, poverty, health and youth at-risk factors and is updated on a perpetual schedule. As new data becomes available, you will have access to it here. We invite you to discover ways to customize the data and join us in using this data to make informed decisions by investing in Delaware’s biggest asset, our kids.

Post link: [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)
Reflecting back on the past 25 years, we are grateful for the many individuals who have made KIDS COUNT in Delaware what it is today as well as for those who work diligently for improved conditions for each and every Delaware child.

In this vein, I would ask you to please complete the survey which will be emailed to you after this webinar. We use the information to tailor our products and even more importantly, we have some generous funders who allow us to do the work in order to get you the data that you need. Our funders want to know how data is being used & what impact this is work is having in the greater community. Your feedback helps us to measure what kind of difference KCDE is having in the state. In the survey, you will have the opportunity to indicate if you’d like to speak more in-depth with KCDE personnel.
Last, we do plan to hold a 25th anniversary event- just a bit later than originally hoped for. Once the new date is set, I hope that you’ll all purchase your ticket to join the celebration. This will also be the time when we honor our leadership award winners in person for the myriad impactful work they’ve done over the years for Delaware’s kids and their families. If you’d like to read about our award winners before then, I’d invite you to our social media platforms- Facebook, Twitter and Instagram – where we’ve recently debuted each awardee with background on the amazing work they’ve been engaged in. I’m looking forward to a day when I can see you all in person again and spend time together.

For those of you who have questions which have not yet been answered: Erin, Becky and I will stay on the line for a few minutes longer. We invite you to hang out with us- please add any questions you have into the Q/A box now.

For everyone else, thank you for joining today and I look forward to seeing you soon!