
DELAWARE VITAL STATISTICS SUMMARY REPORT ■ 2011



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

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Division of Public Health,
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Delaware Department of Health and Social Services, Division of Public Health: 2014.

Selected Characteristics: Delaware Vital Statistics Annual Report, 2011

Population			Fetal Deaths		
	Number*	Percent		Number*	Percent
Delaware	907,003	100.0%	Delaware	77	100.0%
<i>Kent</i>	164,748	18.2%	<i>Kent</i>	12	15.6%
<i>New Castle</i>	541,153	59.7%	<i>New Castle</i>	54	70.1%
<i>Sussex</i>	201,102	22.2%	<i>Sussex</i>	11	14.3%
	Error		Race		
Marriages			Infant Mortality		
	Number*	5-yr Rate ¹		Number*	5-yr Rate ⁵
Delaware	4,727	5.4	Delaware	98	8.1
<i>Kent</i>	927	5.9	<i>Kent</i>	17	6.9
<i>New Castle</i>	2,421	4.6	<i>New Castle</i>	74	9.1
<i>Sussex</i>	1,379	7.1	<i>Sussex</i>	7	6.2
Divorces			Race		
	Number*	5-yr Rate ¹			
Delaware	3,230	3.6	<i>White</i>	48	5.8
<i>Kent</i>	706	4.4	<i>Black</i>	38	13.8
<i>New Castle</i>	1,766	3.3	<i>Hispanic Origin</i> ⁴	5	6.5%
<i>Sussex</i>	758	3.5			
Live Births			Mortality		
	Number*	5-yr Rate ²		Number*	Adj. Rate ⁶
Delaware	11,227	65.9	Delaware	7,816	726.4
<i>Kent</i>	2,166	66.5	<i>Kent</i>	1,368	813.1
<i>New Castle</i>	6,880	62.7	<i>New Castle</i>	4,394	759.3
<i>Sussex</i>	2,181	76.4	<i>Sussex</i>	2,054	639.1
Births to Teenagers (15-19)			Race and Gender		
<i>White</i>	509	31.0	<i>White Males</i>	3,129	837.3
<i>Black</i>	376	56.4	<i>White Females</i>	3,283	625.9
Delaware	897	36.6	<i>Black Males</i>	662	992.4
<i>Kent</i>	181	37.4	<i>Black Females</i>	594	645.7
<i>New Castle</i>	521	32.3			
<i>Sussex</i>	195	51.1	Decedent's Age		
Race	Number*	Percent	<1	98	1.3%
<i>White</i>	7,510	66.9%	1-14	28	0.4%
<i>Black</i>	3,084	27.5%	15-24	86	1.1%
<i>Hispanic Origin</i> ⁴	1,427	12.7%	25-44	356	4.6%
Marital Status			45-64	1579	20.2%
<i>Married</i>	5,778	51.5%	65-74	1357	17.4%
<i>Single</i>	5,449	48.5%	75-84	2077	26.6%
Births to Single Mothers ³			85+	2235	28.6%
<i>White</i>	3,135	41.7%	Leading Causes of Death		
<i>Black</i>	2,221	72.0%	Malignant neoplasms	1,898	24.3%
<i>Hispanic Origin</i> ⁴	950	66.6%	Diseases of heart	1,796	23.0%
Low Birth Weight (<2500 gms)			Chronic lower respiratory diseases	458	5.9%
All Races	945	8.4%	Dementia	443	5.7%
<i>White</i>	485	6.5%	Cerebrovascular diseases	419	5.4%
<i>Black</i>	403	13.1%	Accidents (unintentional injuries)	331	4.2%
<i>Hispanic Origin</i> ⁴	100	7.0%			

Notes:

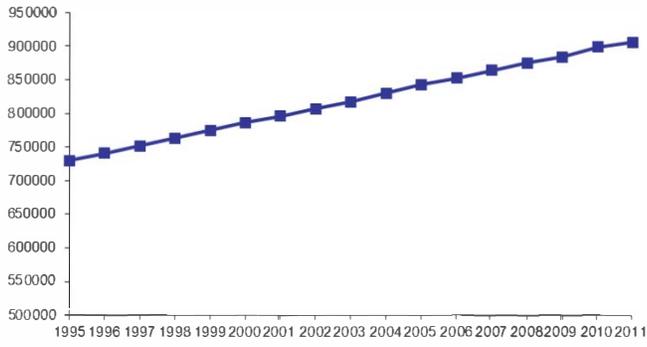
- * Numbers are for 2011.
- 1. The 5-year rate is per 1,000 population and refers to the period 2007-2011.
- 2. The 5-year rate refers to total live births per 1,000 women 15-44 years of age during the 2007-2011 period.
- 3. Percentages for births to single mothers are based on total births for the race-group.
- 4. People of Hispanic origin may be of any race. The percentage is based on total resident births for 2011.
- 5. The 5-year (2007-2011) infant mortality rates represent the number of deaths to children under one year of age per 1,000 live births.
- 6. The 2011 mortality rates (deaths per 100,000 population) for Delaware and the counties are age-adjusted to the 2000 U.S. population.

SUMMARY

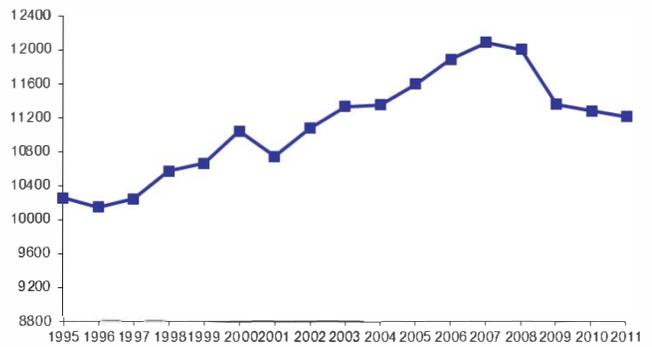
Source: Delaware Health Statistics Center

2011 DELAWARE VITAL STATISTICS

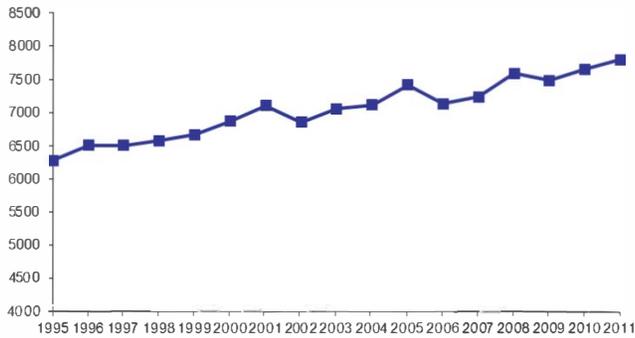
Population
Delaware, 1995-2011



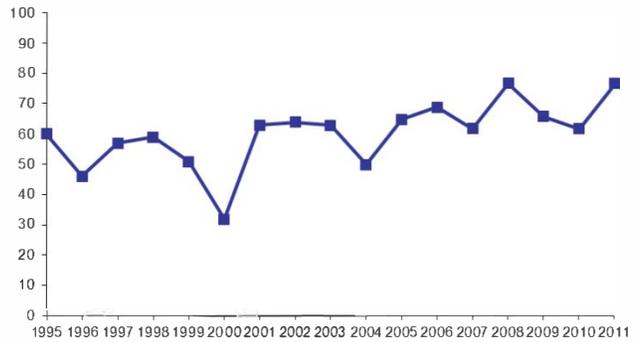
Live Births
Delaware, 1995-2011



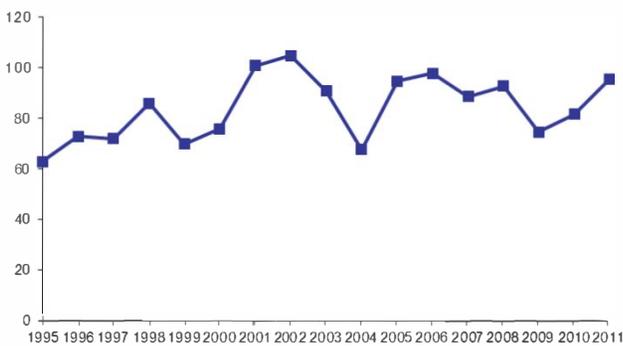
Deaths
Delaware, 1995-2011



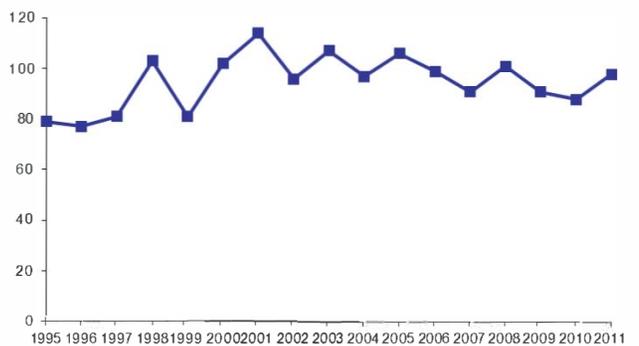
Fetal Deaths
Delaware, 1995-2011



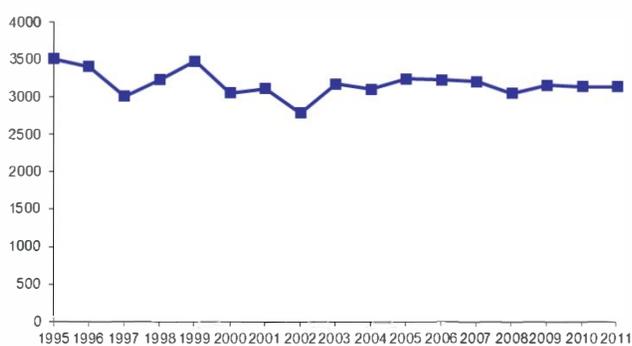
Perinatal Deaths
Delaware, 1995-2011



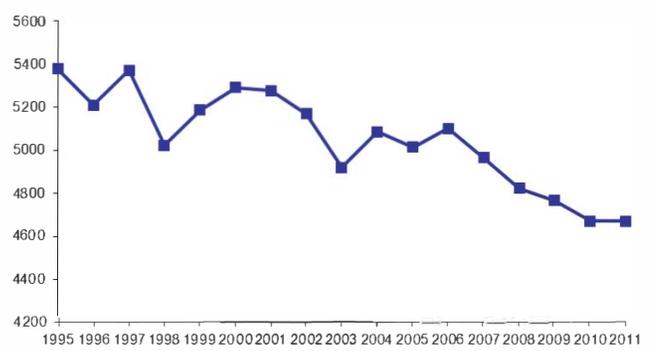
Infant (< 1 year of age) Deaths
Delaware, 1995-2011



Divorces
Delaware, 1995-2011



Marriages
Delaware, 1995-2011



Source: Delaware Health Statistics Center

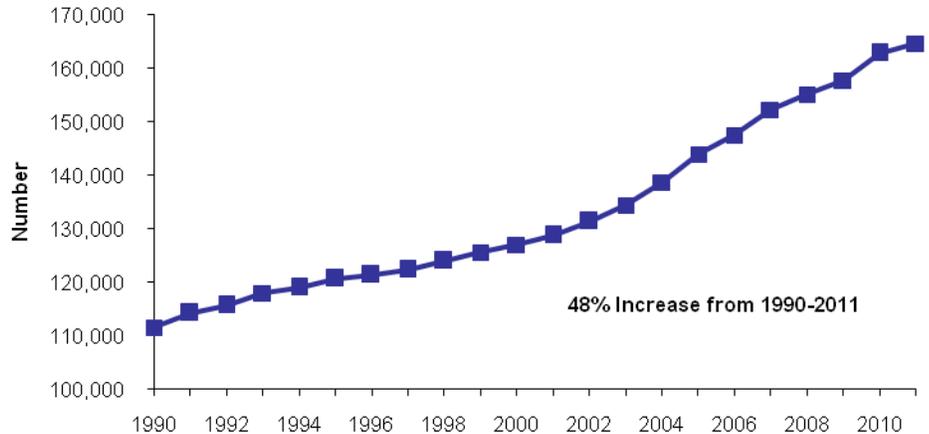
POPULATION

Delaware's three counties continued their increasing population trend, though they grew at different rates. Between 2000 and 2011, county populations grew annually by 2.7 percent for Kent, 0.7 percent for New Castle, and 2.5 percent for Sussex. Delaware's statewide increase was 1.4 percent.

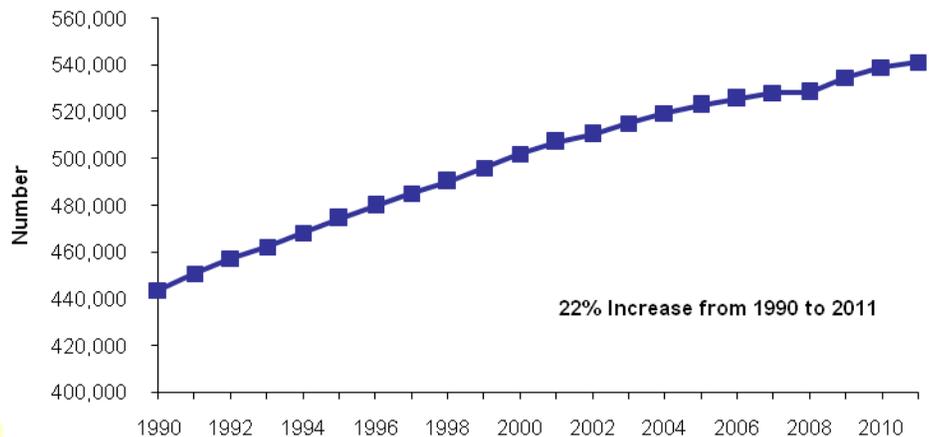
In 2011, more than half of Delaware's 65 and older population resided in New Castle County. However, residents 65 and older represented a much larger proportion of the Sussex County population, where 1 in 5 residents was 65 or older, versus New Castle and Kent counties, where approximately 1 in 8 residents was 65 or older.

Delaware Resident Population by County, 1990-2011

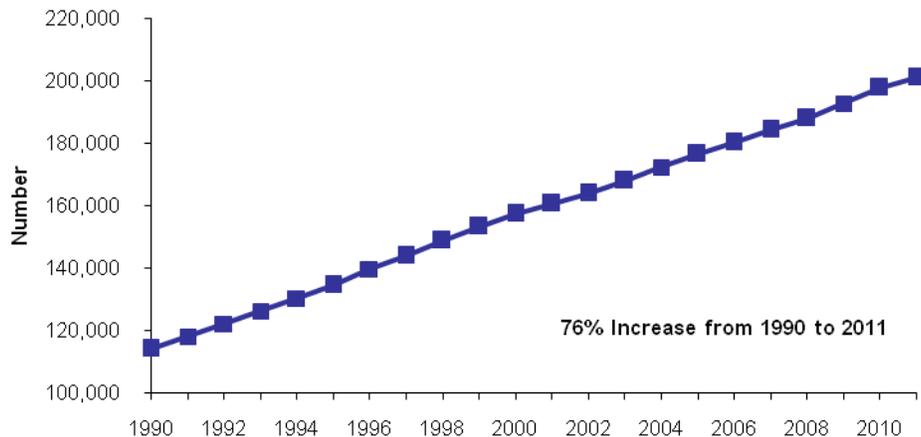
Kent County Population 1990-2011



New Castle County Population 1990-2011

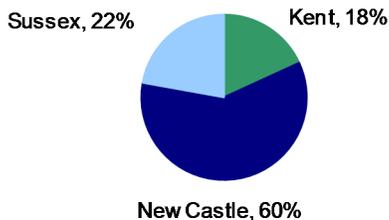


Sussex County Population 1990-2011



Over half of Delaware's total population resides in New Castle County.

Percent of Population by County Delaware, 2011

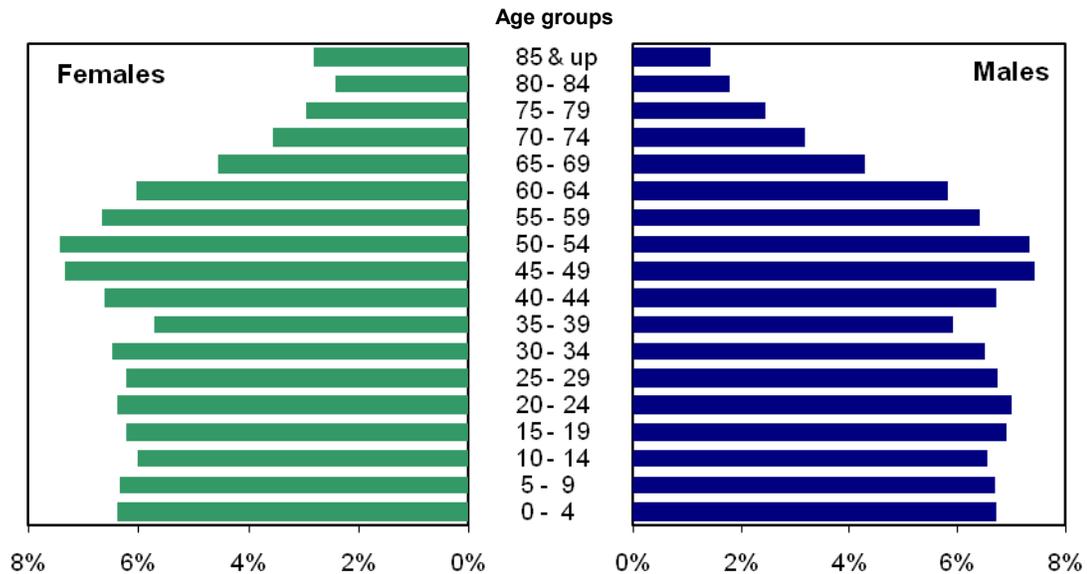


Source: Delaware Health Statistics Center

Source: Delaware Health Statistics Center

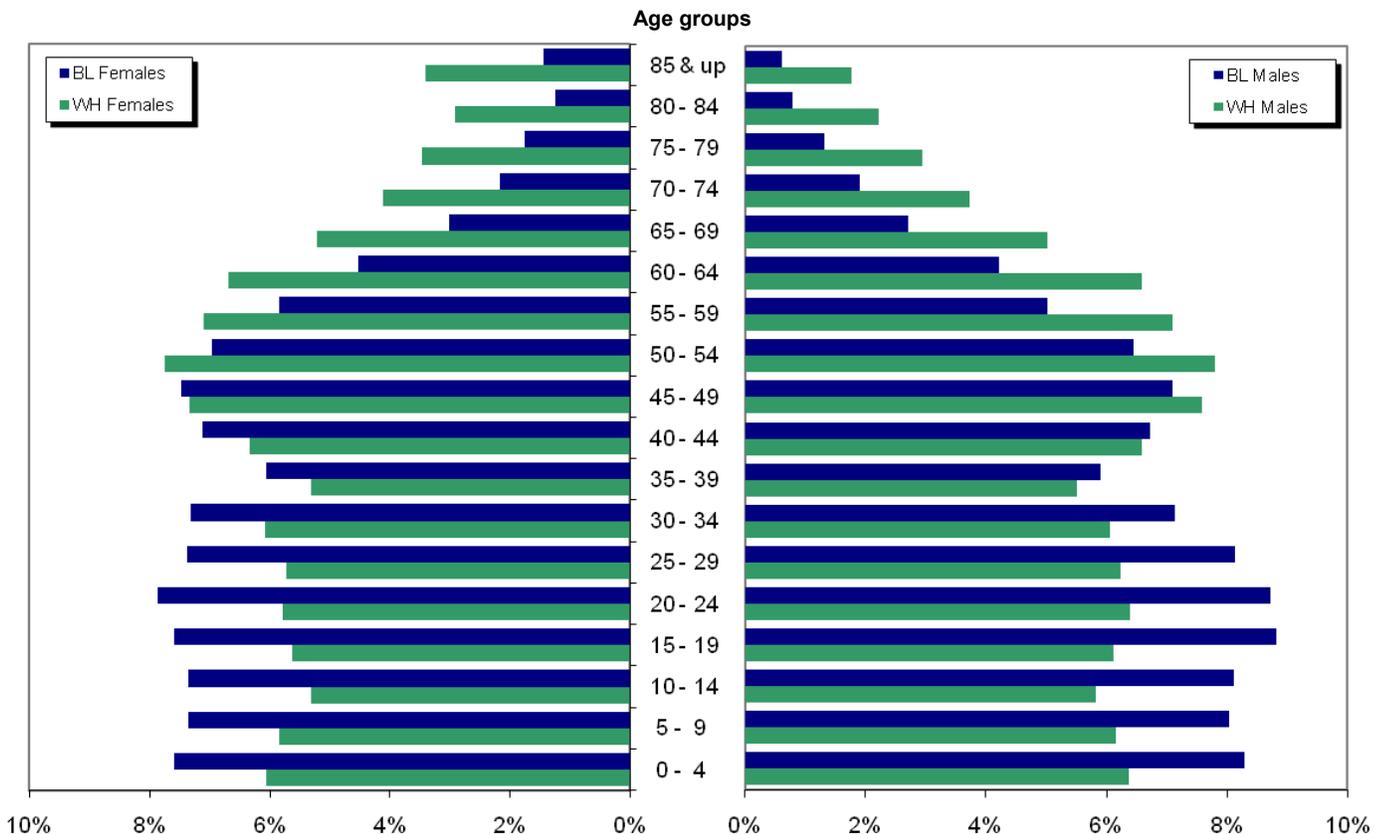
POPULATION

In 2011, just over 50 percent of Delaware's population was female. Females made up a greater proportion of the older age groups, which reflects the longer female life expectancy. Delaware females born in 2011 could expect to live an average of 81.5 years, versus males, who could expect to live 76.6 years.



Source: Delaware Health Statistics Center

When the population was broken down by race, the higher proportion of females in the older age groups appeared in the black population as well. However, both black males and females had a greater percentage of their population in the 0-44 year age range than whites; in the 45 and above age range, whites made up a greater proportion of the population.



Source: Delaware Health Statistics Center

MARRIAGE AND DIVORCE

There were 4,727 marriages and 3,230 divorces in Delaware in 2011 (see Tables B-1 and B-11). Over half of all divorces in 2011 were of marriages that lasted less than 10 years.

Marriage

Male

Youngest: 18
Oldest: 93

Female

Youngest: 17
Oldest: 87

Marriage with the greatest age difference between bride and groom: 37 years.
Most popular month to get married: September (see Table B-9).

Divorce

Male

Youngest: 19
Oldest: 89

Female

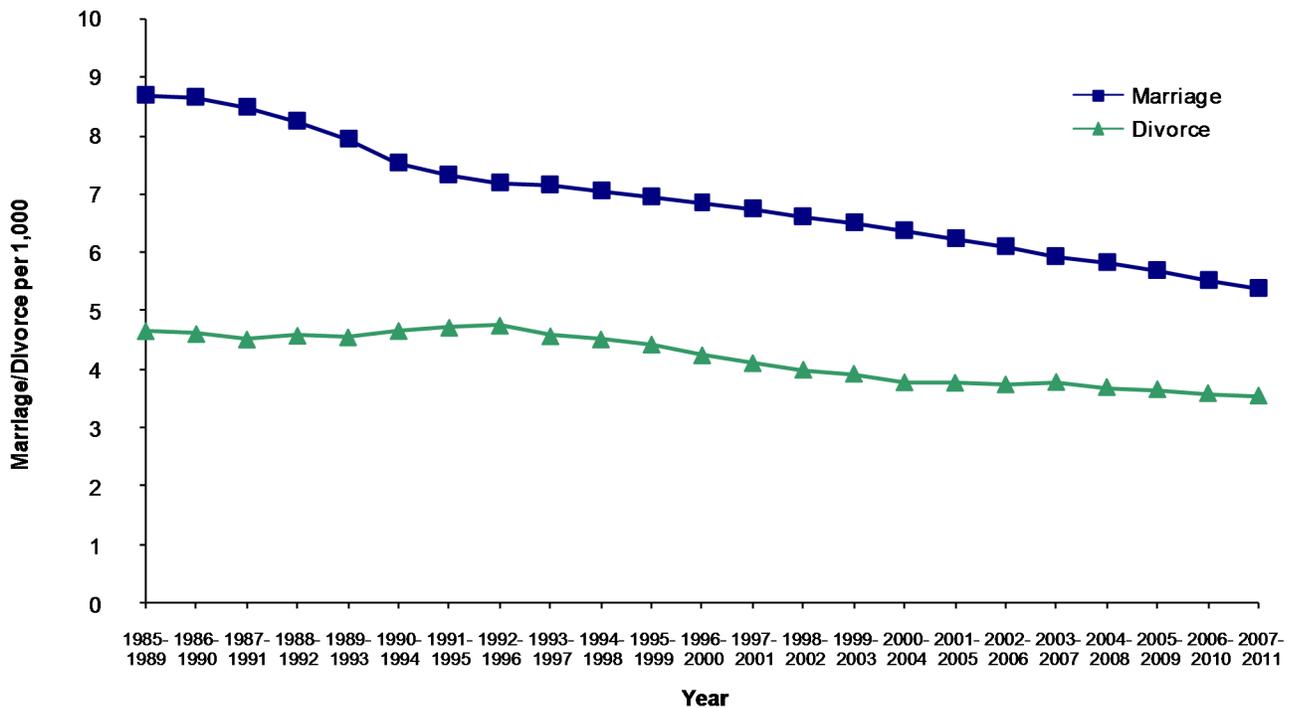
Youngest: 19
Oldest: 83

Shortest duration of marriage: 62 days.
Longest duration of marriage: 61 years.
Median duration of marriage: 9 years (see Table B-16).
Total children under 18 years of age: 2,549 (see Table B-18).

Between 1986-1990 and 2007-2011 the five-year average marriage rate decreased from 8.7 to 5.4 marriages per 1,000 population.

Divorce rates remained fairly stable between 1985-1989 and 1992-1996. Between 1992-1996 and 2007-2011, divorce rates declined 24 percent, with most of the decrease occurring in the 1992-1996 to 2000-2004 time period.

**Five-year Average Marriage and Divorce Rates per 1,000 Population
Delaware, 1985-2011**

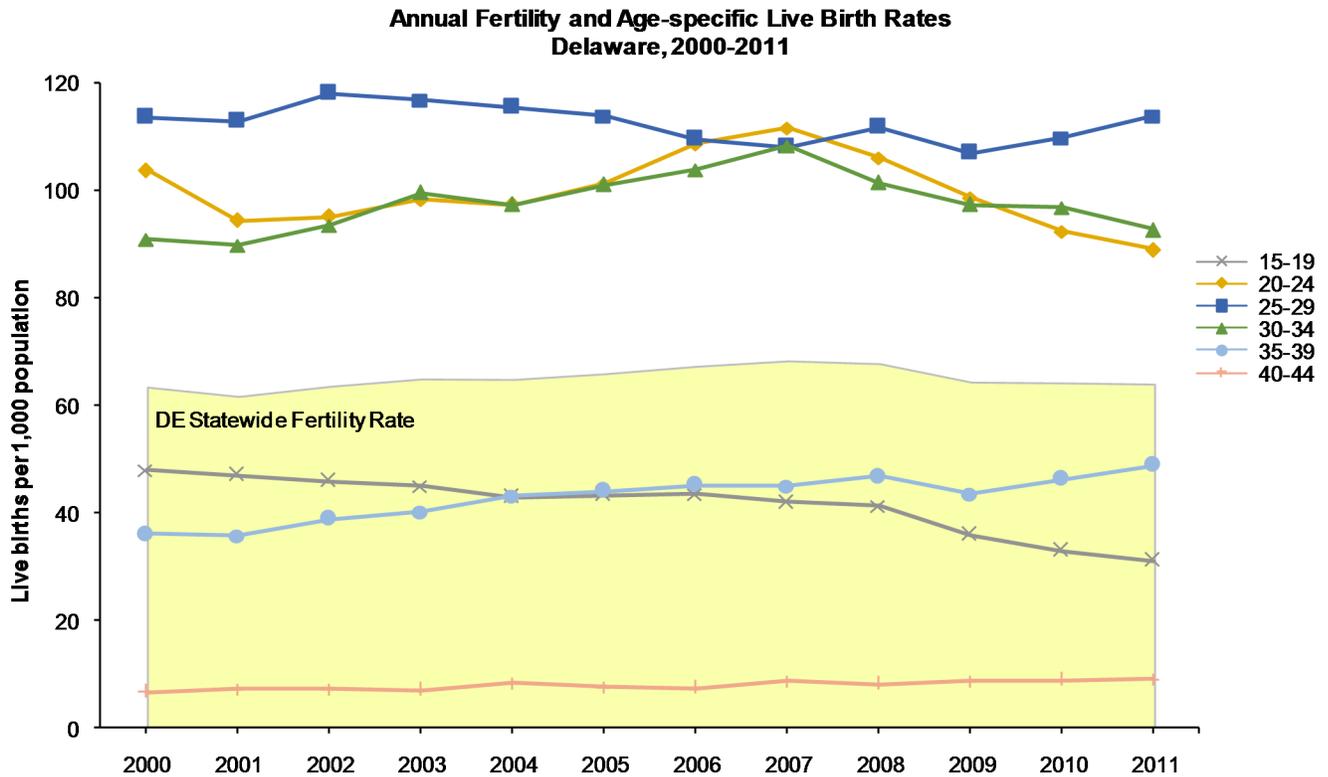


Source: Delaware Health Statistics Center

LIVE BIRTHS

In 2011, there were 11,633 births in Delaware; 10,669 were to Delaware residents and 964 were to non-residents. Additionally, 558 births to Delaware residents occurred out of state, for a total of 11,227 Delaware resident births, 64 fewer than in 2010.

The recent national declines in general fertility and live birth rates were also apparent in Delaware statistics. From 2007 to 2011, the general fertility rate (number of births per 1,000 women aged 15-44 years) declined from a high of 68.5 to 64.2 births per 1,000 women aged 15-44. The birth rate of teens (15-19) exhibited the largest decline, followed by rates for women ages 20-24 and women ages 30-34; birth rates for all three groups decreased by 14 percent or more. Birth rates of women ages 40-44 remained stable.



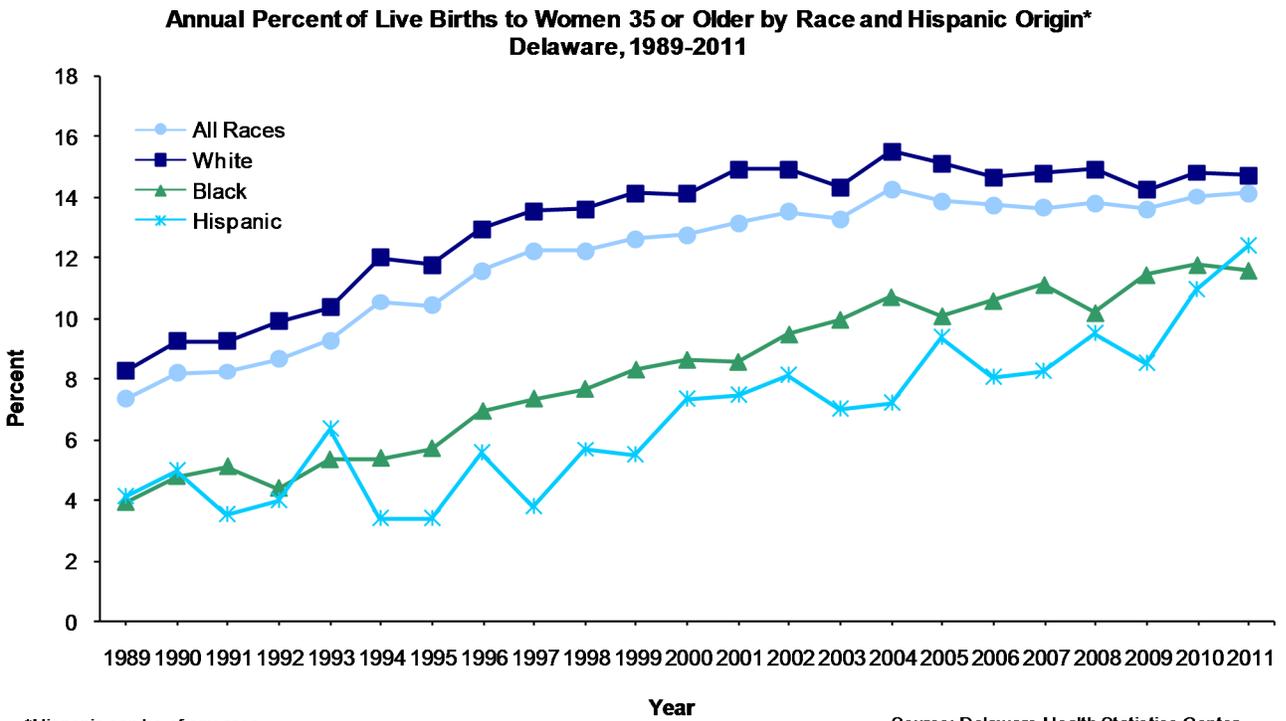
Source: Delaware Health Statistics Center

The 2007 to 2010 decline seen in teens aged 15-19 was apparent in both the 15-17 and 18-19 age groups, whose birth rates declined by 33 and 26 percent, respectively. Birth rates for teens in both age groups were highest in Sussex County.

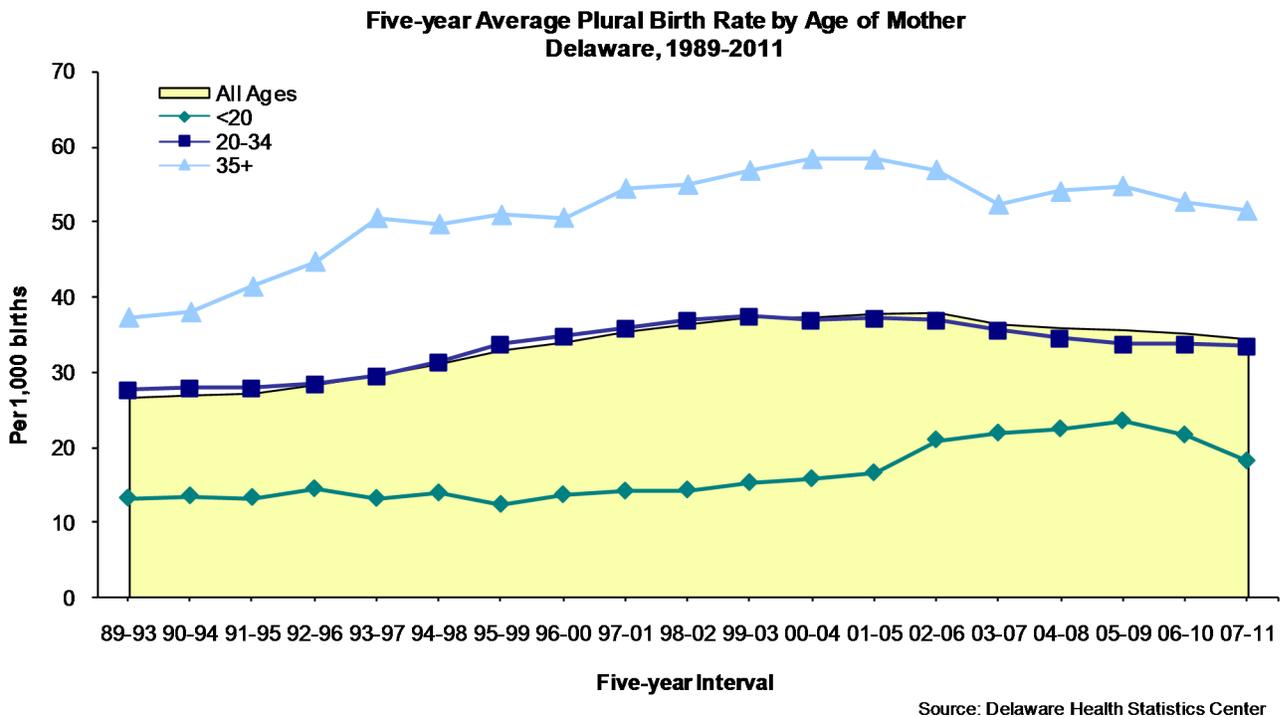
To view long-term birth rate trends by more detailed age and race categories, see Tables C-5 through C-8 in the Live Births section of the annual report.

LIVE BIRTHS

Between 1989 and 2004, the percentage of births to women 35 and older exhibited a clear upward trend that has since stabilized. In 2011, 14 percent of all births were to women 35 and older, versus 7.3 percent of all births in 1989.



For mothers of all ages, the rate of plural births increased 29 percent between 1989-1993 and 2007-2011. In 2007-2011, older mothers (35+) had the highest plural birth rates, at 51 multiples per 1,000 births, more than double that of mothers under 20, and 55 percent higher than mothers 20-34.

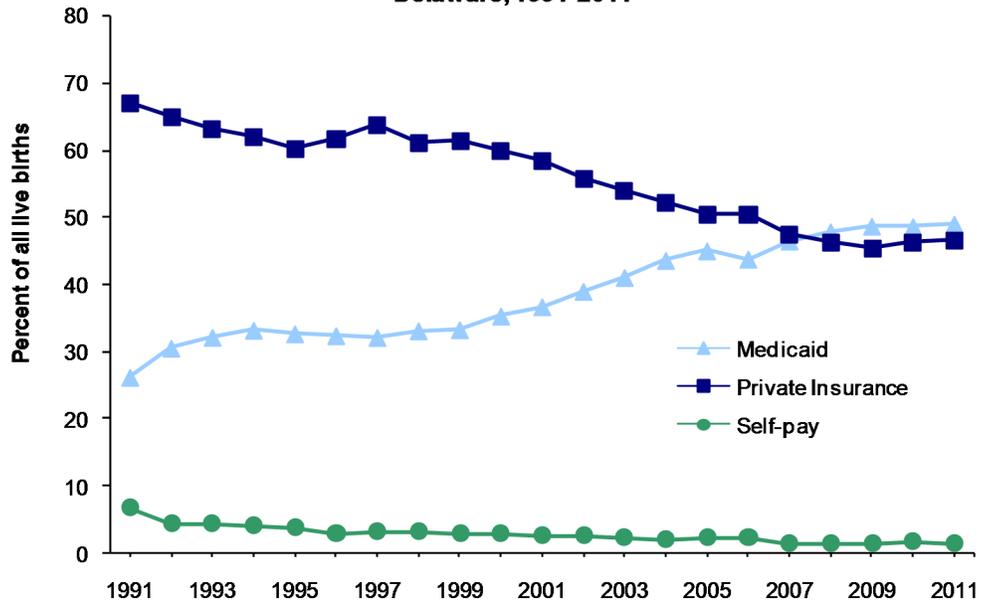


LIVE BIRTHS

In 2011, 95 percent of live births had either private insurance or Medicaid listed as the primary source of payment; the remaining 5 percent were split between other government coverage and self-pay.

- For the last three years, Medicaid paid for more births than private insurance.
- Medicaid was the primary source of payment for the majority of mothers under 20, covering 79 percent of both black and white mothers, and 75 percent of mothers of other races.

**Percent of Births by Source of Payment for Delivery
Delaware, 1991-2011**

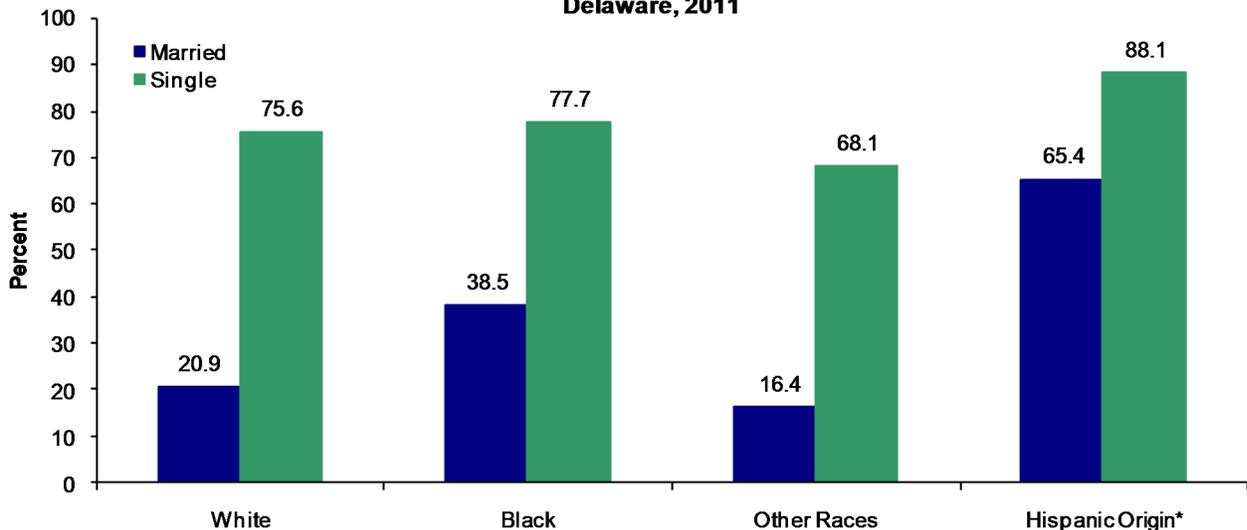


Source: Delaware Health Statistics Center

Marital status has a tremendous effect on the use of Medicaid as the primary source of payment for delivery:

- 20.9 percent of white married women used Medicaid as their primary source of payment, but that number more than tripled, to 75.6 percent, for single white women.
- 38.5 percent of black married women used Medicaid as their primary source of payment, but that number more than doubled, to 77.7 percent, for single black women.
- 16.4 percent of married women of other races used Medicaid as their primary source of payment, but that number was four times higher, at 68.1 percent, if the mother was single.
- 65.4 percent of Hispanic married women used Medicaid as their primary source of payment; that number increased to 88.1 percent for single Hispanic women.

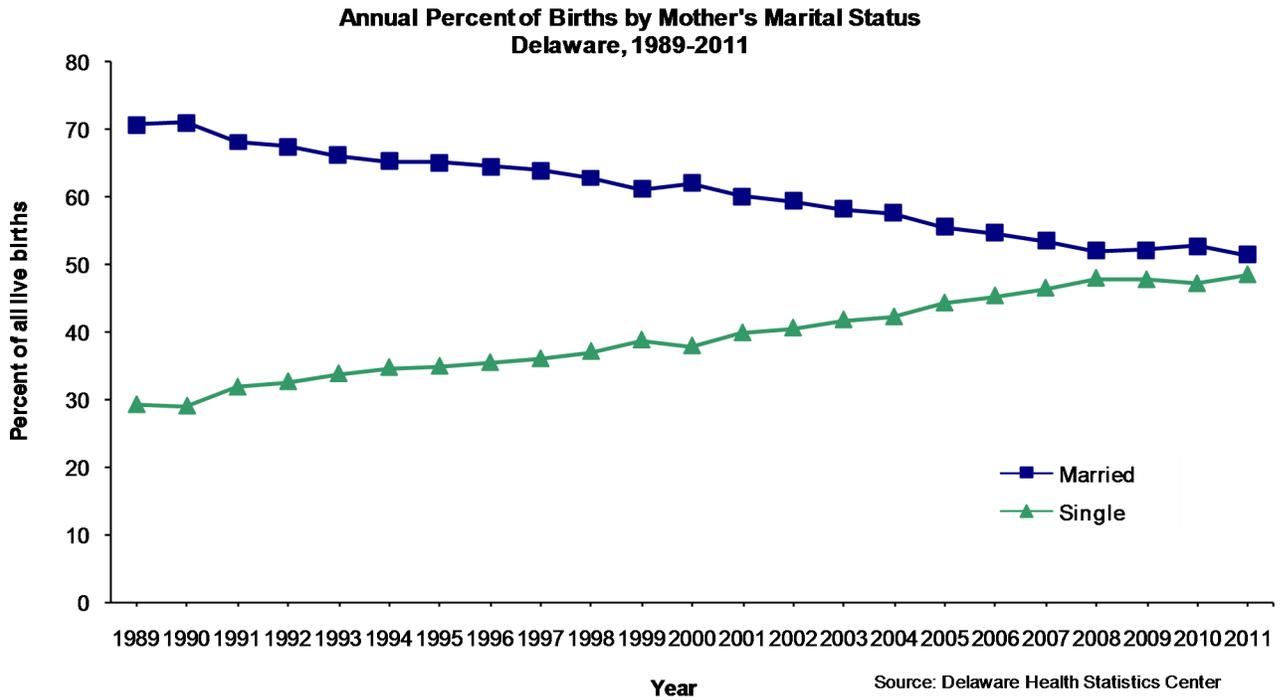
**Percent of Births by Race, Hispanic Origin, Marital Status, and Medicaid as Primary Source of Payment
Delaware, 2011**



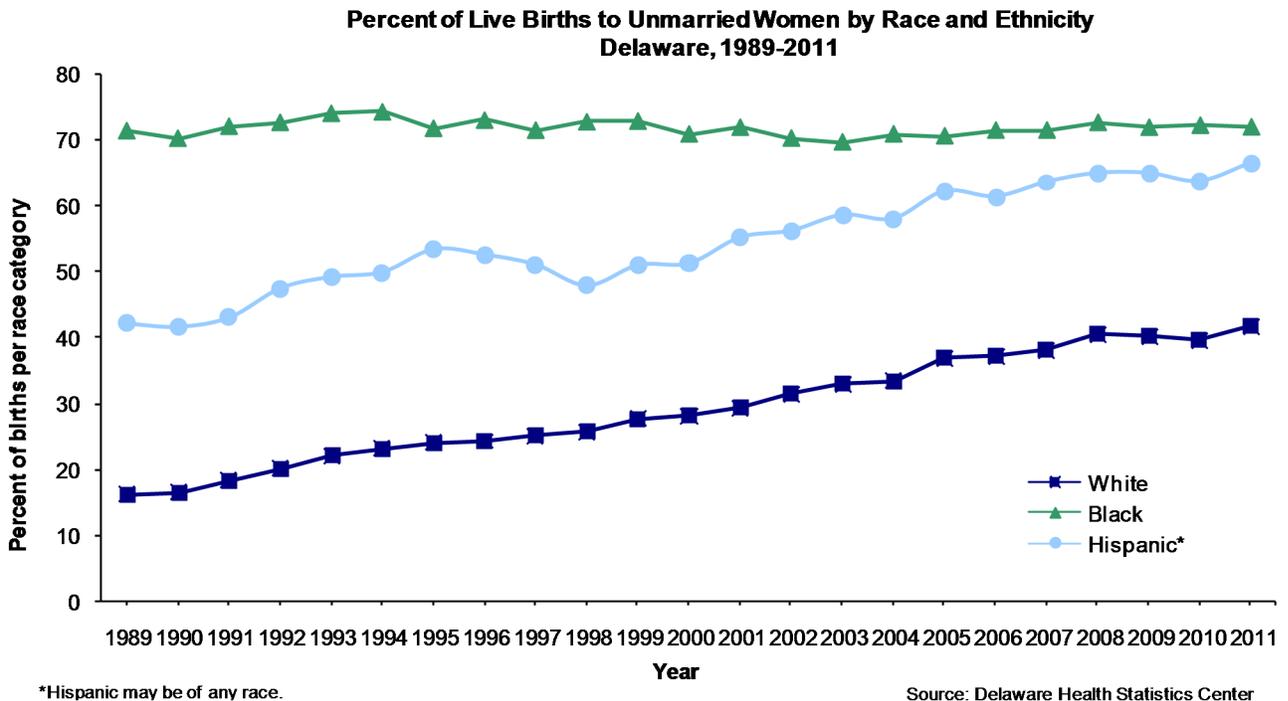
Source: Delaware Health Statistics Center

LIVE BIRTHS

After increasing steadily from 1991 to 2008, the percent of births to unmarried women stabilized and there was little change between 2008 and 2011. In 2011, 48 percent of all births were to unmarried women.

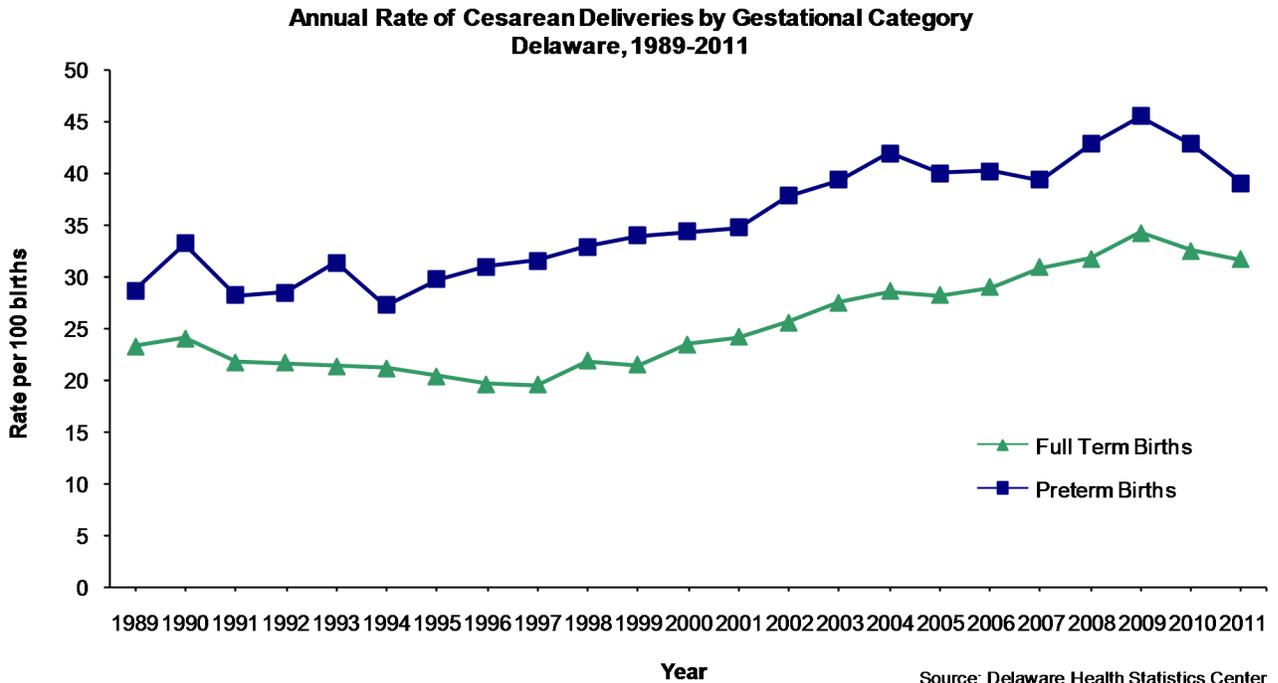


This shift in the distribution of mother's marital status was only apparent in births to white and Hispanic women. Between 1989 and 2011, the percentage of births to unmarried white women increased from 16 to 42 percent, and the percentage of births to unmarried Hispanic women rose from 42 to 67 percent. During the same time period, the percent of births to unmarried black women remained stable at approximately 72 percent.

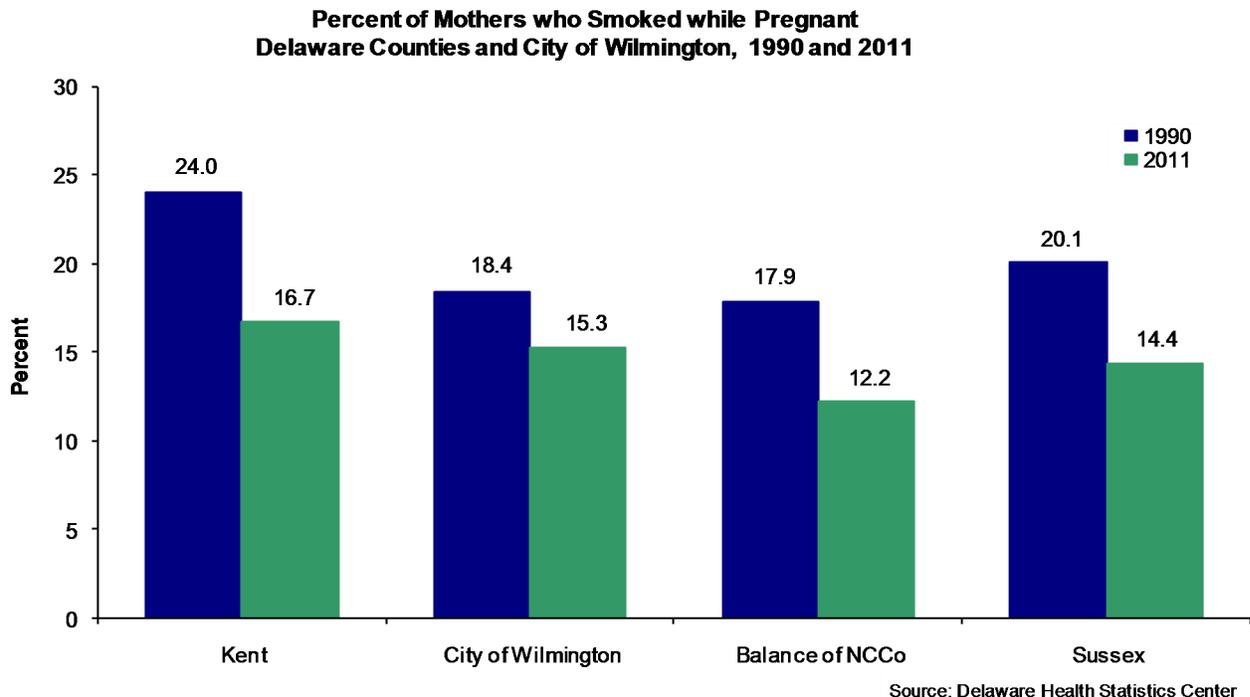


LIVE BIRTHS

From 1997 to 2011, the rate of cesarean deliveries increased 55 percent, to 32.4 per 100 live births. This increasing trend was apparent in both preterm (<37 weeks gestation) and term (37+ weeks gestation) births. Although term births demonstrated a greater increase in rates between 1997 and 2011, the c-section rate for preterm births remained significantly higher at 39.1 per 100 preterm births, versus 31.6 per 100 term births in 2011.



From 1990 to 2011, the percentage of Delaware mothers who used tobacco while pregnant decreased in all three counties and the city of Wilmington. In 2011, Kent had the highest percentage of mothers who smoked while pregnant.

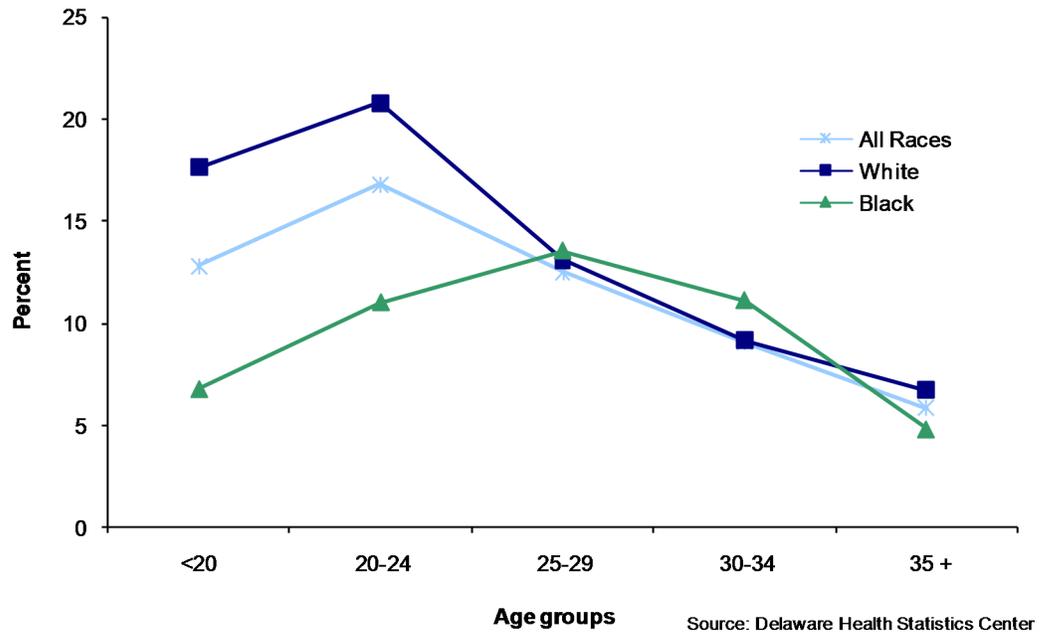


LIVE BIRTHS

The largest percent of mothers who smoked while pregnant were white mothers in the 20-24 age group.

In the under 20, 20-24 and 35+ age groups, white mothers were more likely than black mothers to smoke while pregnant. In the 30-34 age group, black mothers were more likely to smoke while pregnant.

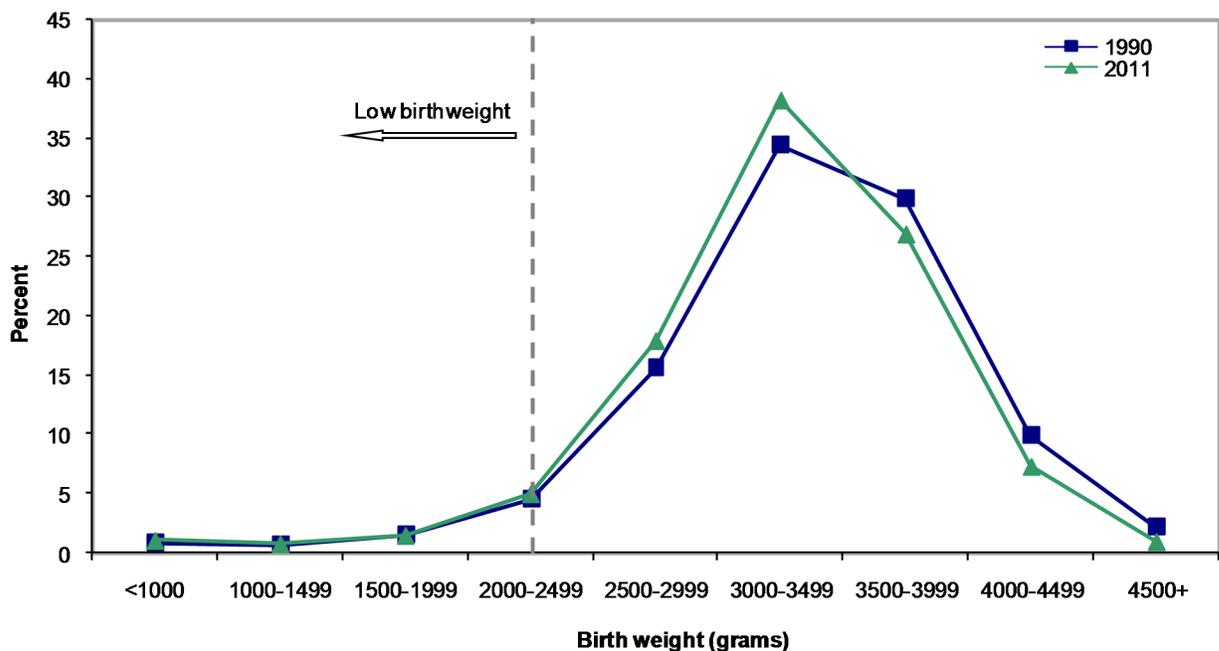
Percent of Mothers who Smoked While Pregnant by Age Group and Race Delaware, 2011



In 2011, 13.5 percent of Delaware women who smoked while pregnant gave birth to low birthweight babies (< 2500 grams), versus the significantly lower percentage (7.7) of non-smokers who gave birth to low birthweight babies.

The percent distribution of births by birthweight did not differ significantly between 1990 and 2011. The greatest percentage of births fell within the 3,000 to 3,499 gram range.

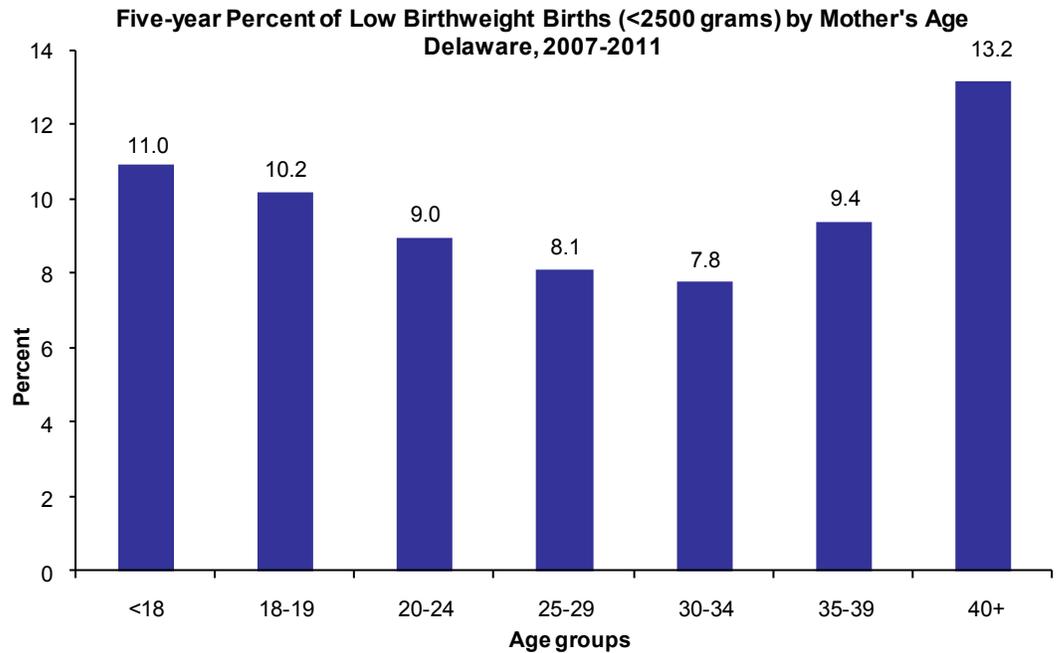
Percent Distribution of Births by Birthweight Delaware, 1990 and 2011



LIVE BIRTHS

From 2006-2010 to 2007-2011, the five-year percent of low birthweight (LBW) births and very low birthweight (VLBW) births remained relatively stable at 9.0 and 2.0, respectively.

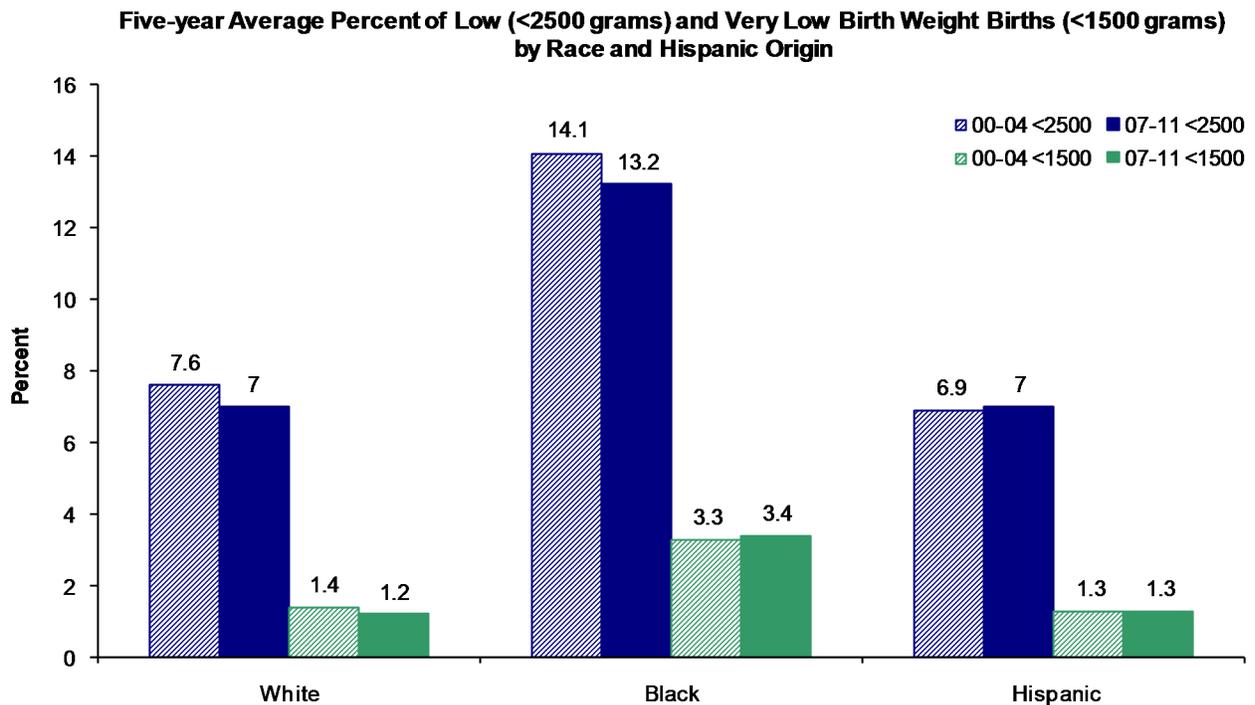
The percent of LBW births was greatest for mothers in the 40 and older age group (13.2 percent).



Source: Delaware Health Statistics Center

Among mothers of all ages, black mothers had the highest percentage of LBW and VLBW births, at 13.2 percent and 3.4 percent respectively.

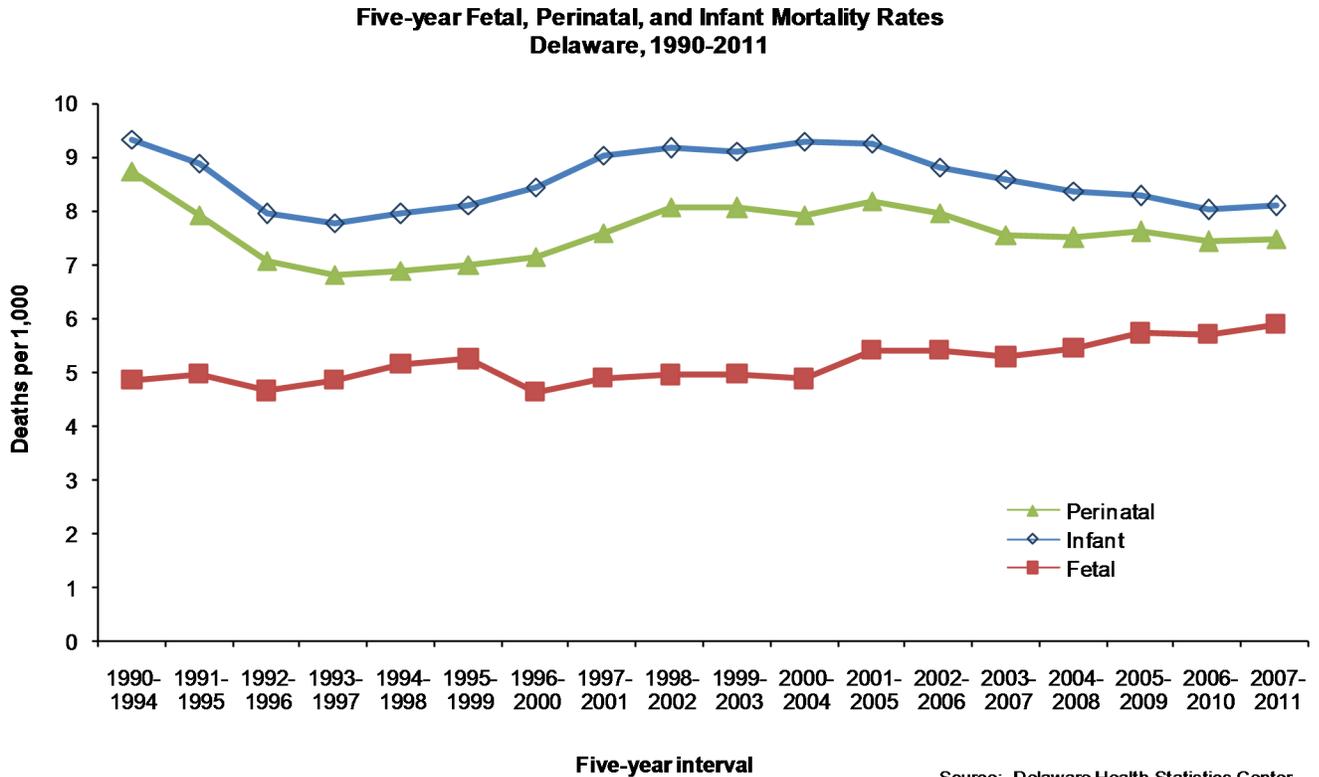
Between 2000-2004 and 2007-2011, the percent of white and black infants born at low birthweight declined, while the percent of Hispanic infants born at LBW remained stable.



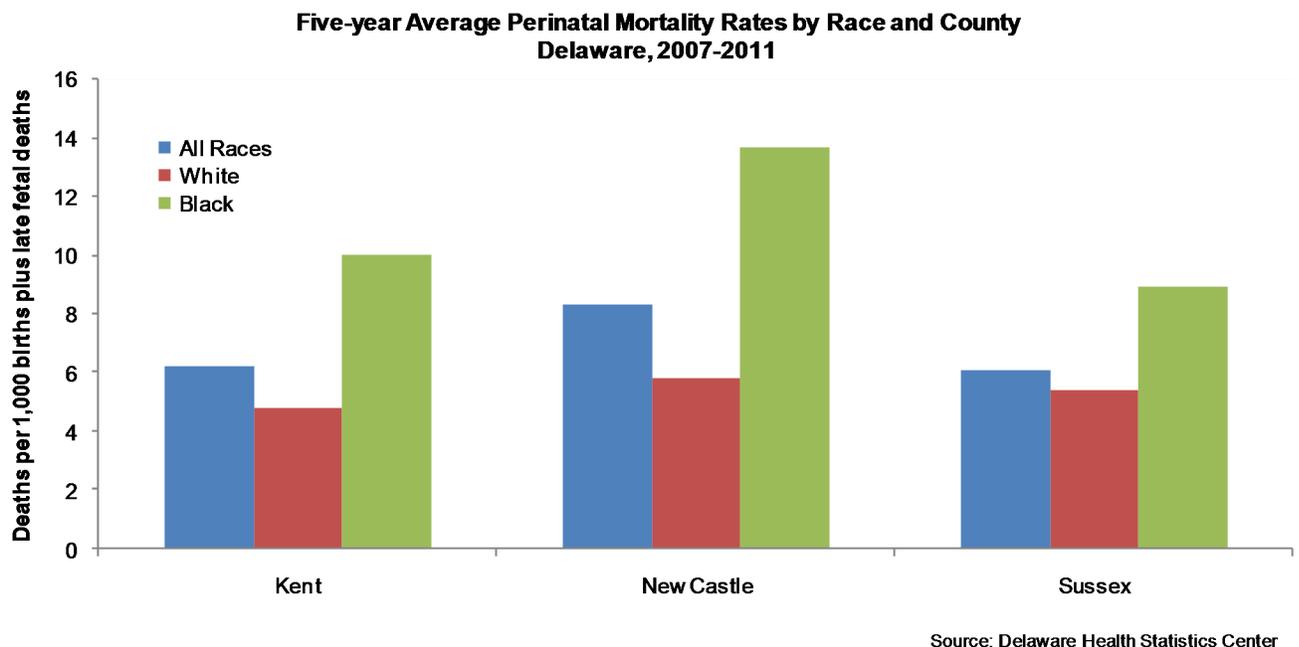
Source: Delaware Health Statistics Center

FETAL AND PERINATAL DEATHS

Perinatal mortality refers to deaths occurring in the period around delivery, and includes late fetal deaths (>28 weeks gestation) and early infant deaths (<7 days of age). Perinatal mortality trends paralleled those of infant mortality, decreasing from 1990-1994 to their lowest level in 1993-1997, and then increasing through 2001-2005, after which they began a gradual decrease through 2007-2011.

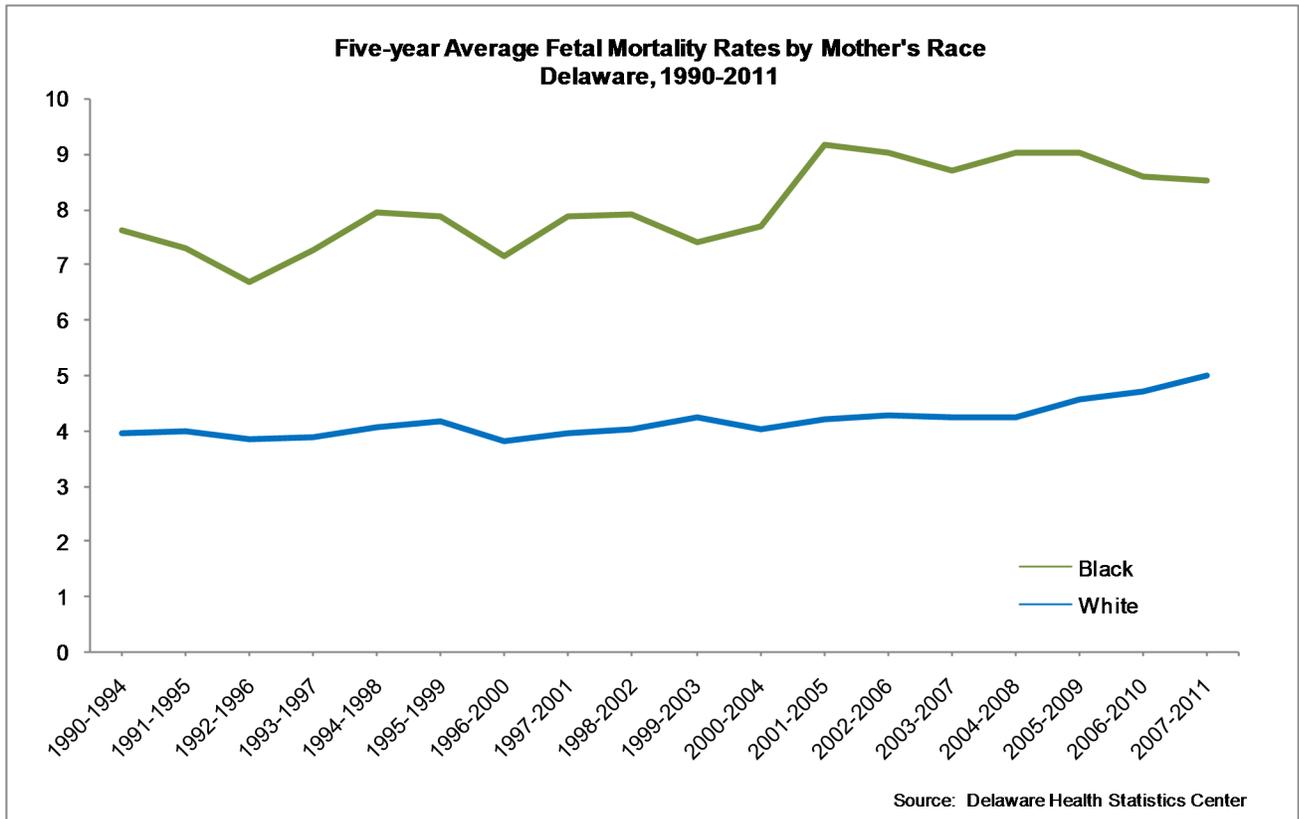


Like infant mortality rates, perinatal mortality rates for black women were substantially higher than the perinatal mortality rates for white women, regardless of county. In Kent and New Castle Counties, the perinatal mortality rate for black women was more than double that of white women.



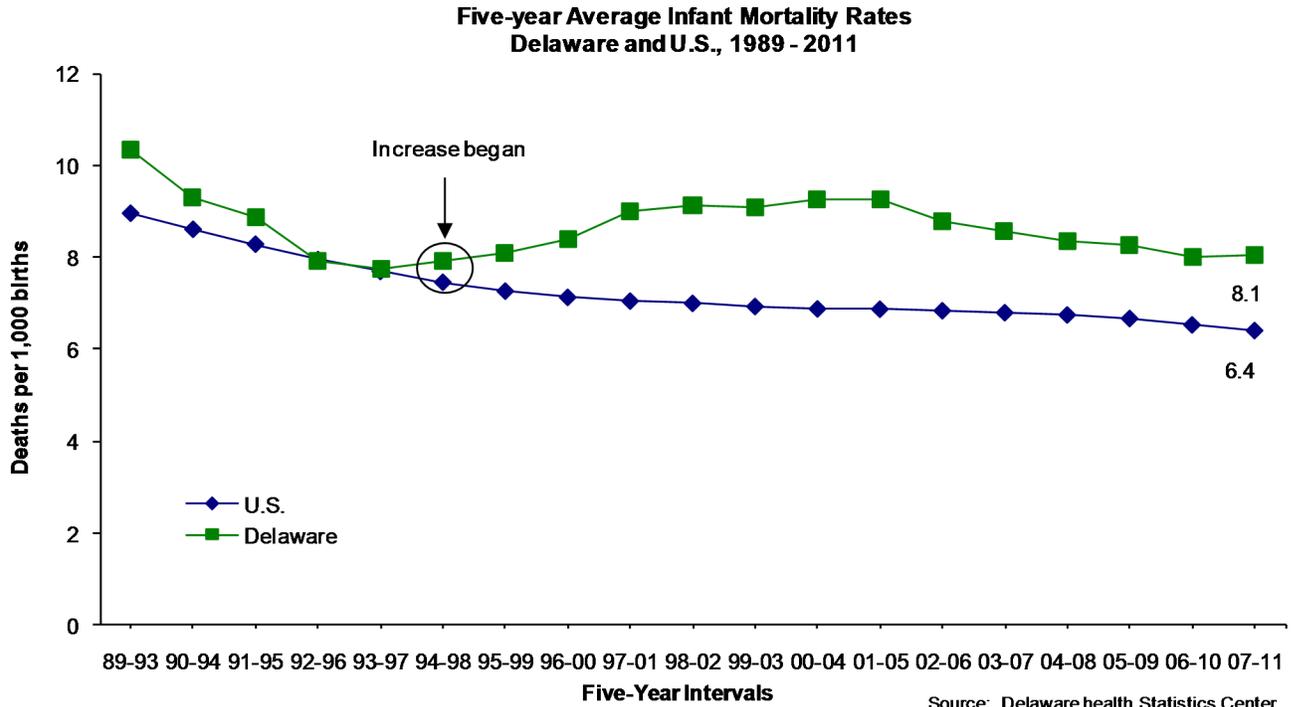
FETAL AND PERINATAL DEATHS

In 2011, there were 77 reported fetal deaths in Delaware. In 2007-2011, the fetal mortality rate was 5.9 fetal deaths per 1,000 live births and fetal deaths. Fetal mortality rates for black women have been consistently higher than the rates for white women, and in 2007-2011 they were 70 percent higher than the rate of white women (8.5 versus 5.0).

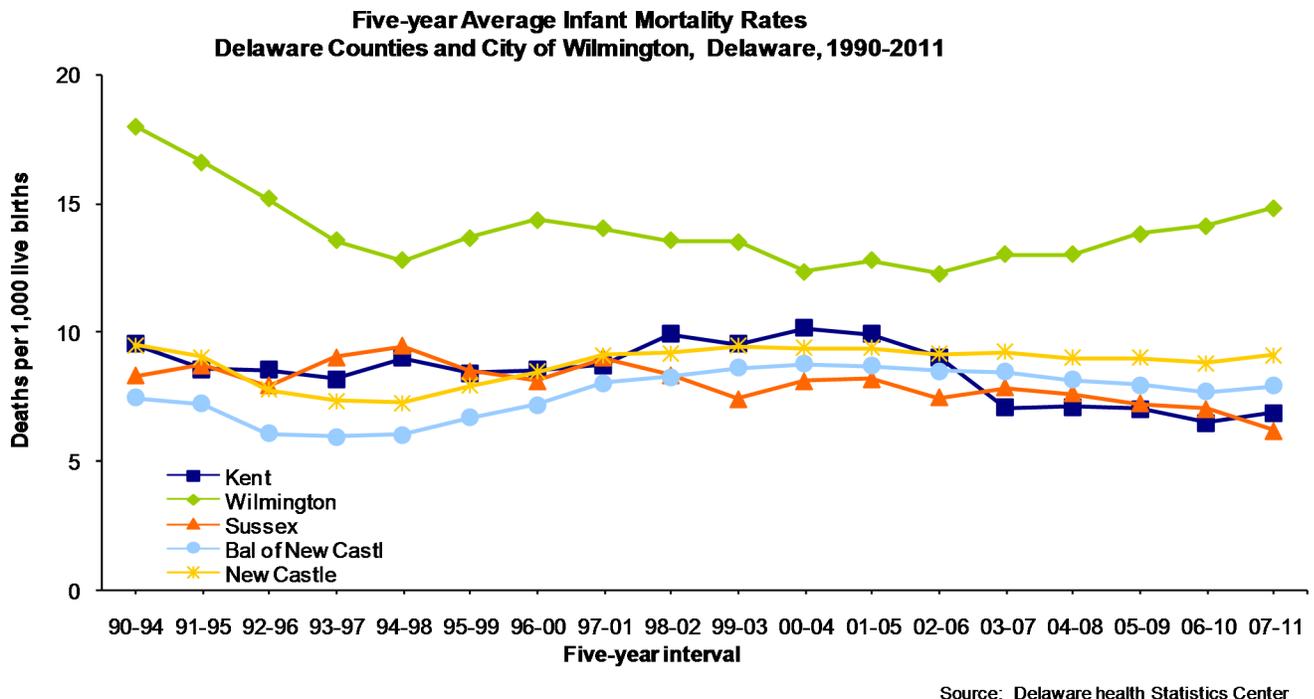


INFANT MORTALITY

Between 2006-2010 and 2007-2011, Delaware's infant mortality rate (IMR) decreased to 8.1 infant deaths per 1,000 live births, resulting in a total decline of 12.9 percent from its 2000-2004 peak of 9.3 infant deaths per 1,000 live births. At 6.4, the U.S. rate remained significantly lower than the Delaware rate.

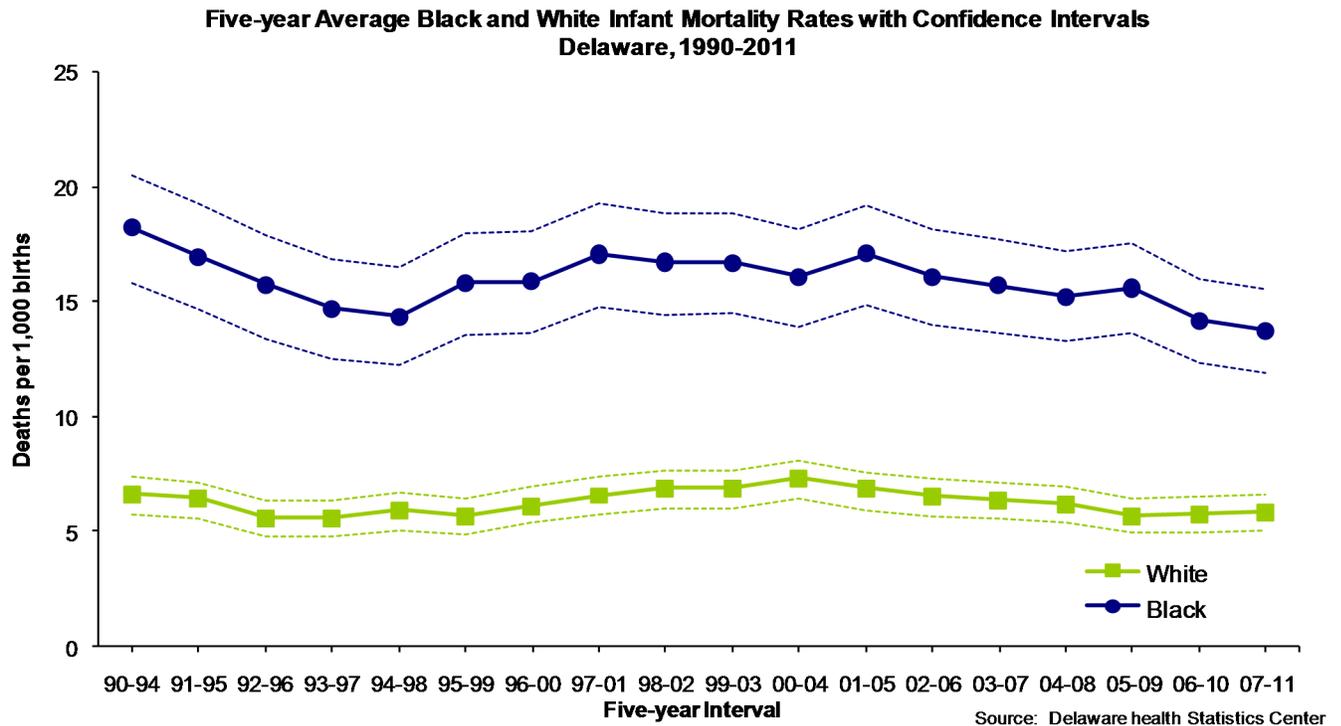


Wilmington's IMR increased for the fifth straight year. The combination of Wilmington's high IMR and a higher IMR in the balance of New Castle County, resulted in New Castle County's IMR being higher than the IMRs of both Kent and Sussex Counties. The decrease in IMR of Sussex from 2006-2010 to 2007-2011 resulted in Sussex's IMR being the lowest. In 2007-2011, the balance of New Castle County's IMR was 7.9, Wilmington's IMR was 14.8, Kent County's IMR was 6.9, and Sussex County's IMR was 6.2.

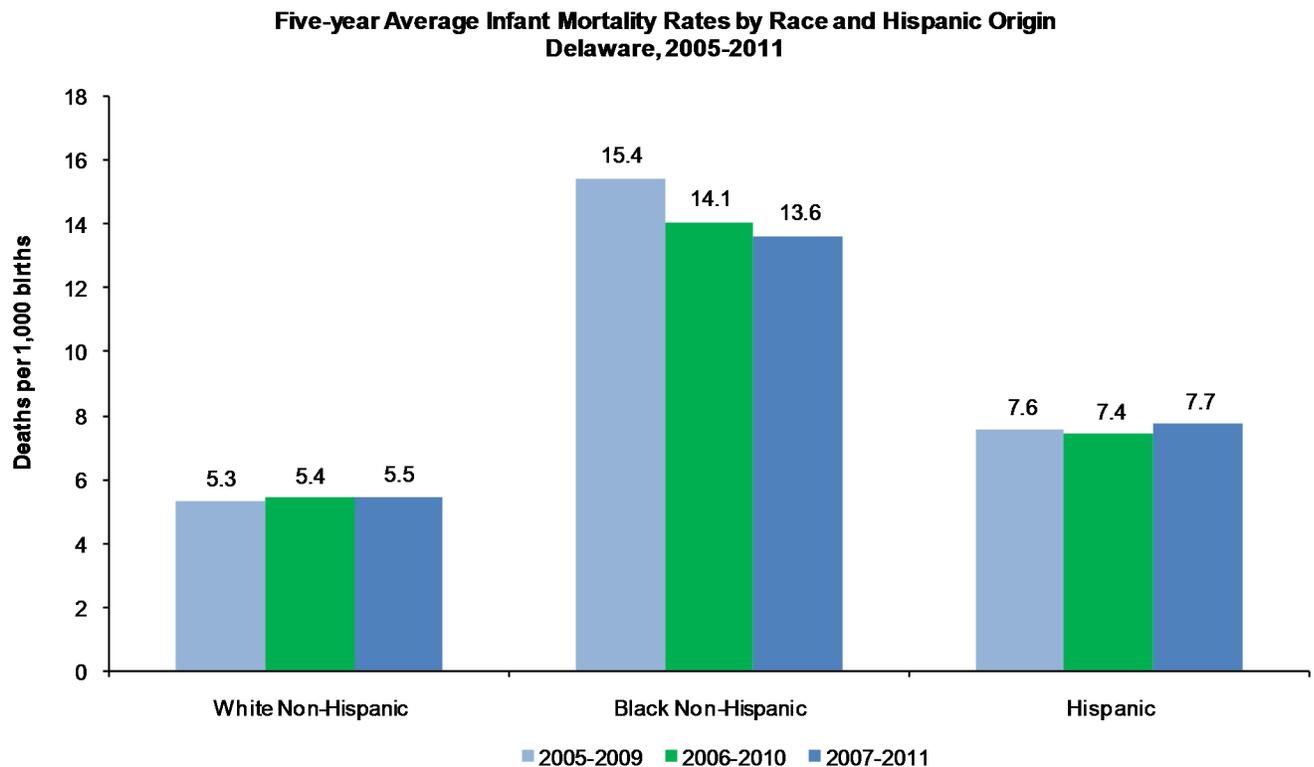


INFANT MORTALITY

Black infants experienced significantly higher mortality rates than white infants, and from 1990-1994 to 2007-2011, black IMRs were anywhere from 2.2 to 2.8 times that of white IMRs.



Significant disparities existed between black non-Hispanics and each of the two other groups, white non-Hispanics and Hispanics. Black non-Hispanics had the highest IMRs in all three time periods, and their rate of 13.6 in 2007-2011 was more than double the white non-Hispanic rate of 5.5 and nearly twice the Hispanic rate of 7.7 infant deaths per 1,000 live births.



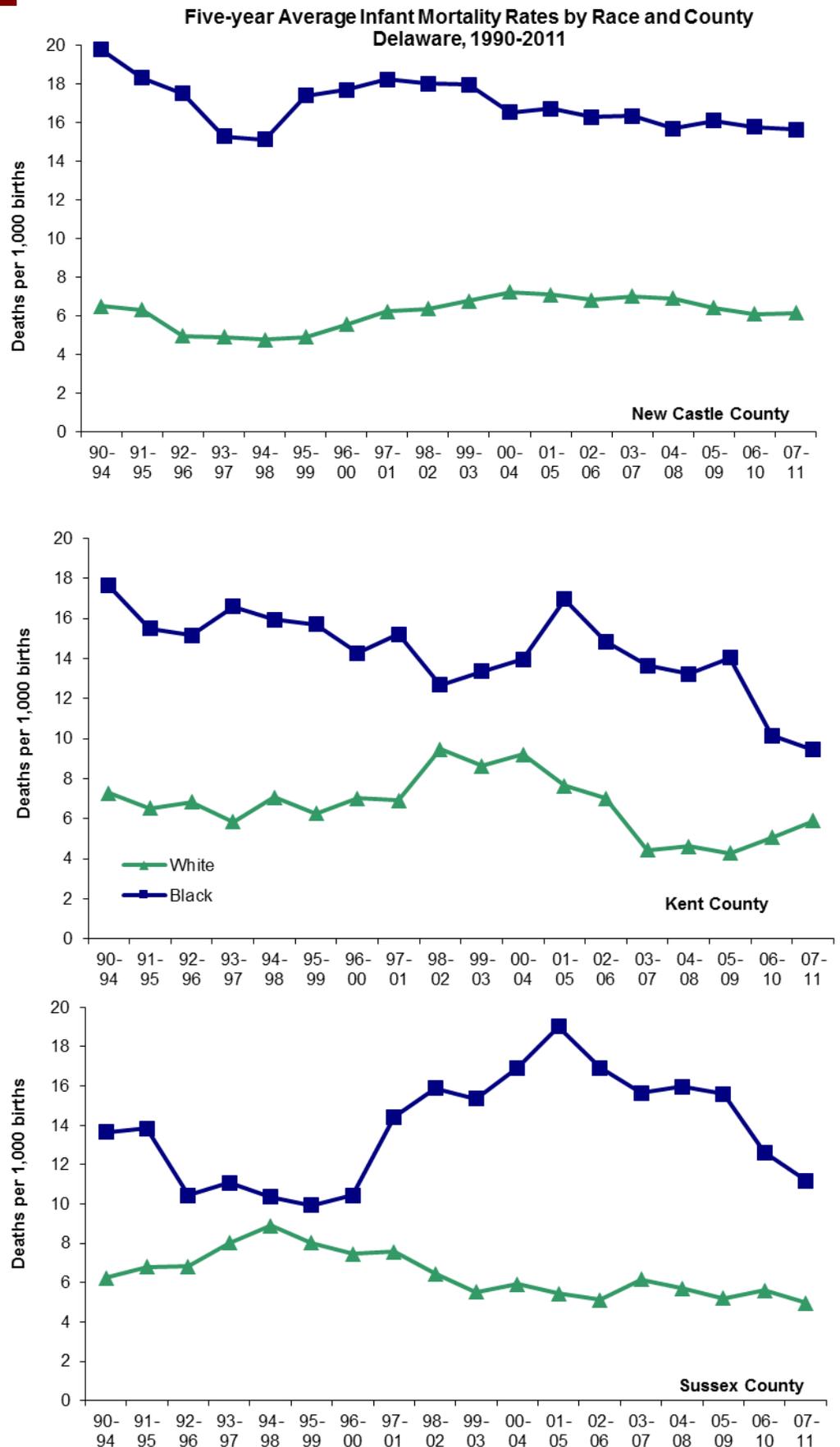
INFANT MORTALITY

In 2007-2011, New Castle County had the highest IMRs and Sussex County had the lowest.

Black IMRs in New Castle County have hovered around 16 since 2002-2006, and in 2007-2011 the black IMR was 15.6 infant deaths per 1,000 live births. White IMRs remained stable at 6.2 from 2006-2010 to 2007-2011.

Black IMRs in Kent County peaked at 17 in 2001-2005; the recent drop in 2007-2011 resulted in a 45 percent reduction in black IMRs between 2001-2005 and 2007-2011. Despite increasing from their 2005-2009 rate, the white IMR in Kent County was 22 percent lower in 2007-2011 than in 2001-2005.

Sussex County's black IMR dropped to 11.2 in 2007-2011, its lowest rate since 1996-2000, and a 41 percent reduction from the 2001-2005 peak of 19. Sussex County's white IMR has fluctuated between 5 and 6 since 1999-2003, and in 2007-2011 the rate moved down to 5.0 infant deaths per 1,000 births.



Source: Delaware Health Statistics Center

INFANT MORTALITY- Leading Causes of Death

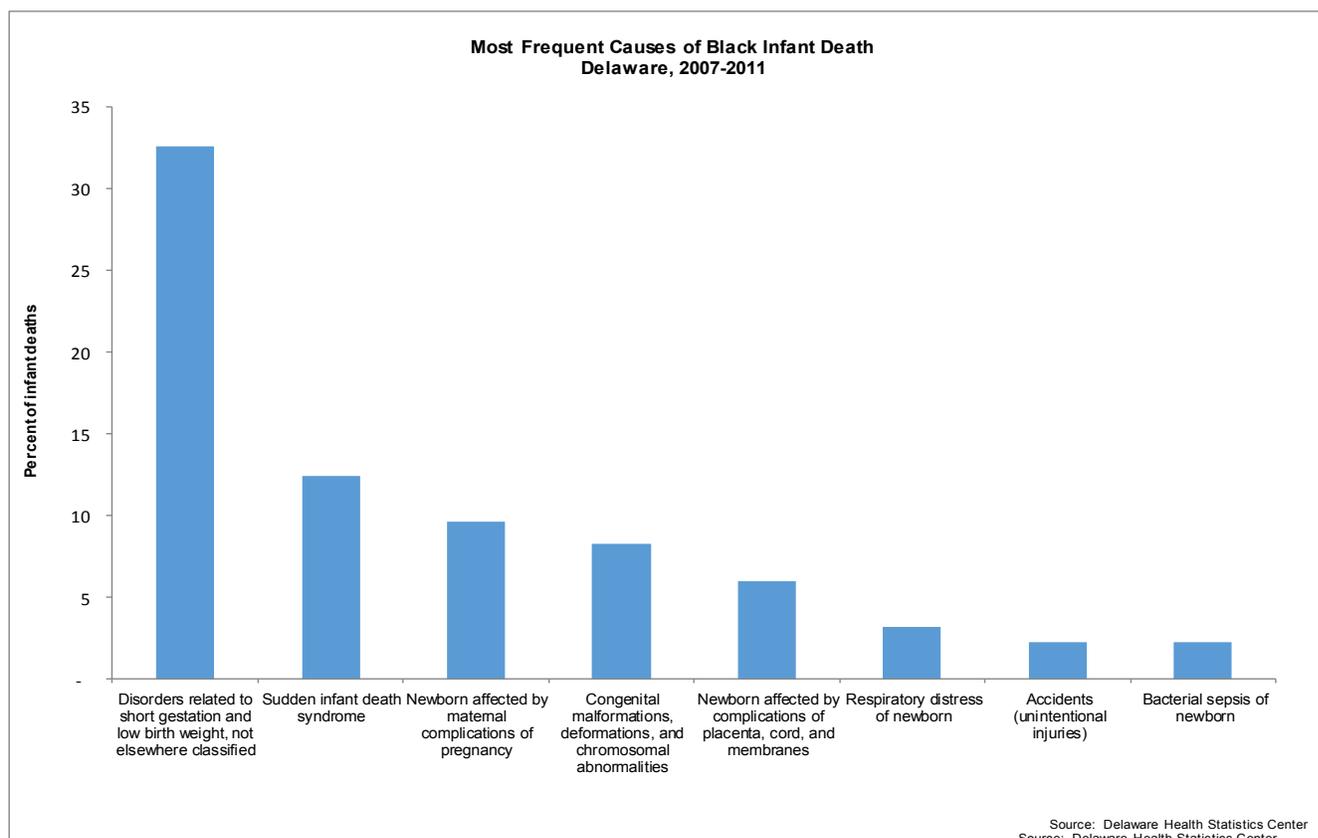
In 2007-2011 the five leading causes of infant death were:

- Disorders related to short gestation and fetal malnutrition (prematurity and low birthweight), which accounted for 24.5 percent of infant deaths.
- Congenital anomalies (birth defects), which accounted for 14.9 percent of infant deaths.
- Sudden infant death syndrome (SIDS), which accounted for 10.9 percent.
- Newborn affected by maternal complications of pregnancy, which accounted for 9.4 percent of infant deaths. Of the 44 deaths attributed to this cause, 40 were due to the newborn being affected by incompetent cervix and premature rupture of membranes.
- Newborn affected by complications of placenta, cord, and membranes (4.9 percent).

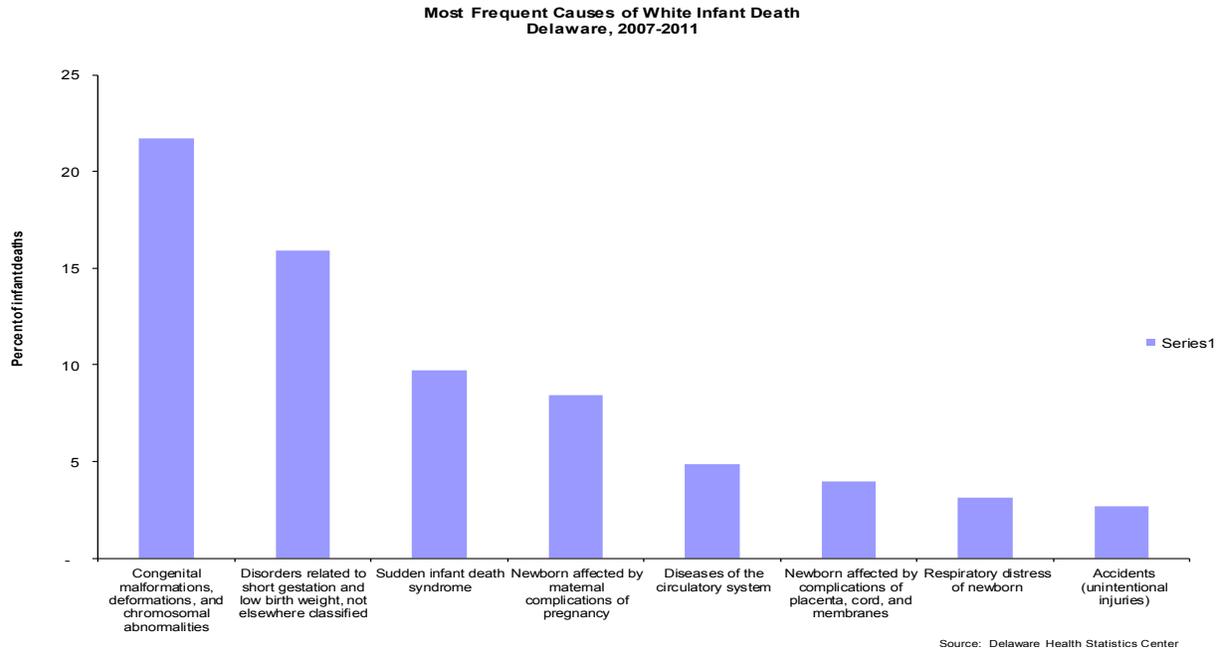
In sum, the five most common causes of infant death accounted for 64.6 percent, or 303 of the 469 total infant deaths.

The most frequent causes of death by race are shown in the graphs below and on the following page. SIDS and disorders related to short gestation and low birthweight were listed in the top three most frequent causes of death for both black and white infants.

Though the proportions of deaths by race were similar for many of the causes of death, notable exceptions were birth defects, disorders due to prematurity and low birthweight, and SIDS. While birth defects were responsible for 21.7 percent of all white infant deaths, they accounted for only 8.3 percent of black infant deaths. Conversely, infant deaths due to disorders related to prematurity and low birthweight and SIDS accounted for larger percentages of black infant deaths than white infant deaths (32.6 versus 15.9 percent for prematurity and low birthweight, and 12.4 versus 9.7 percent for SIDS).

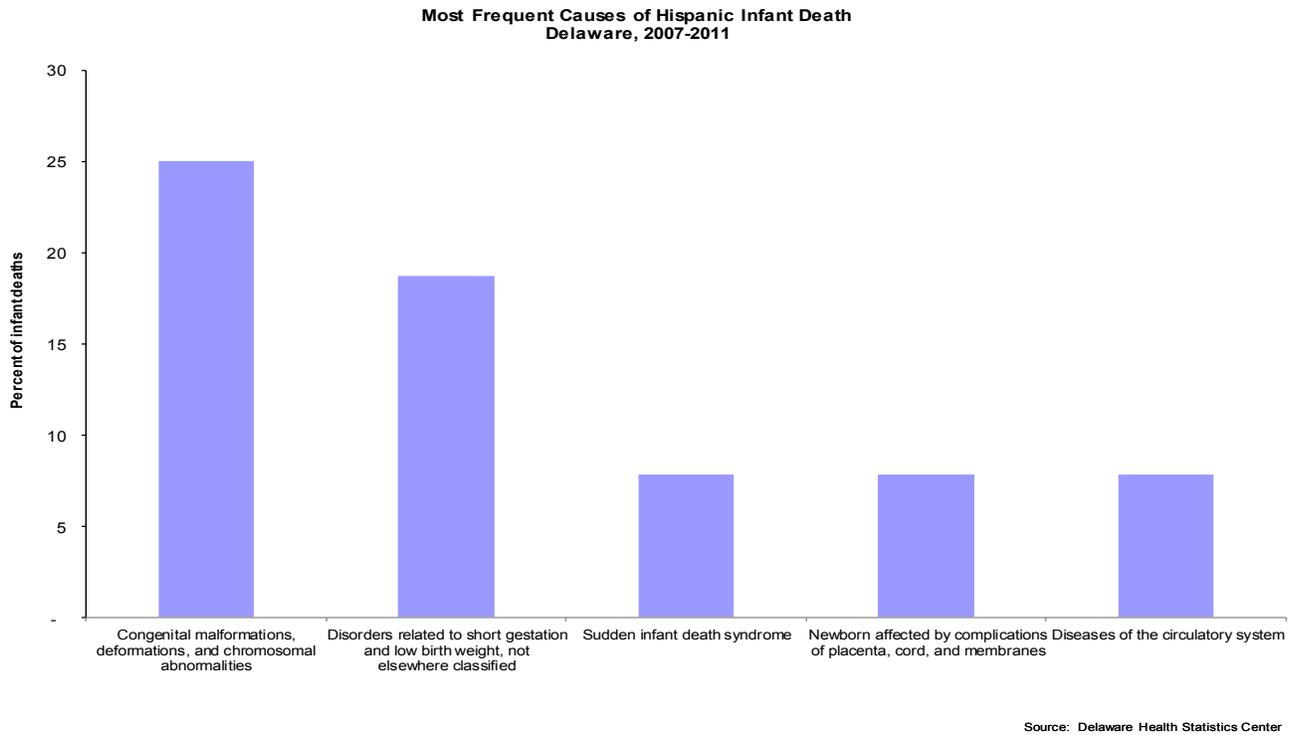


INFANT MORTALITY- Leading Causes of Death



In 1989-1993, Hispanics accounted for 3.6 percent of all live births and 3.4 percent of infant deaths; since that time the proportion of births to Hispanic mothers has quadrupled. In the most recent five-year period, 2007-2011, 14.3 percent of all live births were to Hispanic mothers, and 13.6 percent of all infant deaths were of Hispanic origin.

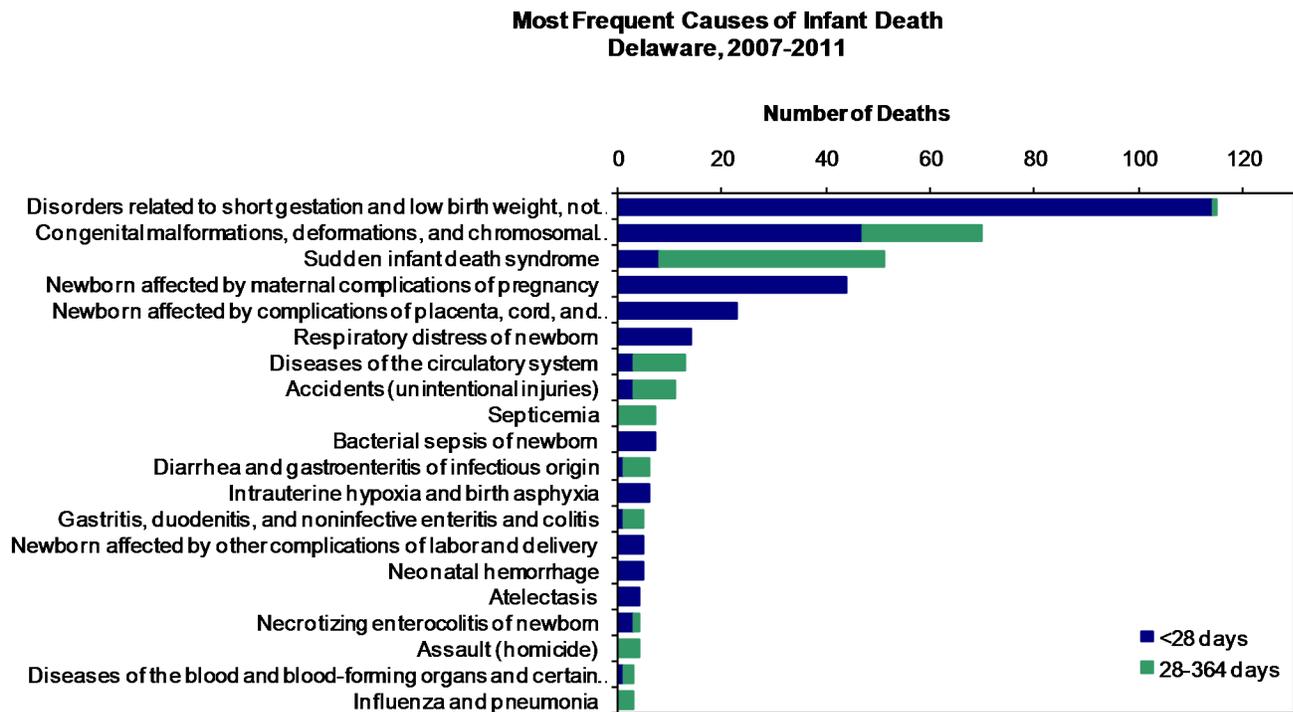
Two causes of death accounted for the greatest number of Hispanic infant deaths: birth defects and disorders related to prematurity and low birthweight.



INFANT MORTALITY - Leading Causes of Death

Approximately 91 percent of all infant deaths occurred within the first six months of life, 71 percent of all infant deaths occurred within the first 28 days of life, and 44 percent occurred within 24 hours of birth.

The graph below displays deaths by specific cause and the infant's age classification at death: neonatal (<28 days), or postneonatal (28-364 days).



Source: Delaware Health Statistics Center

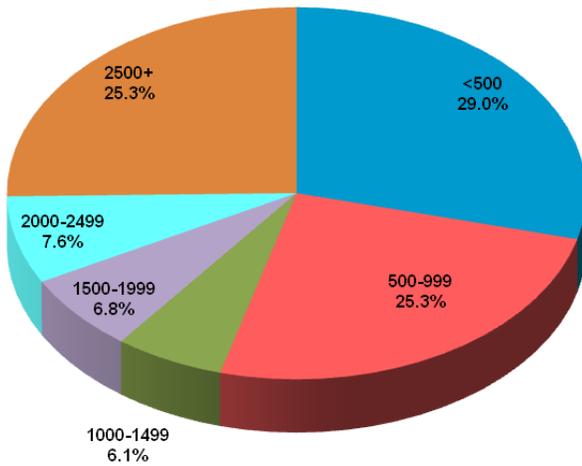
- Prematurity and low birthweight accounted for the greatest number of infant deaths in 2007-2011; all but one of these deaths occurred in the neonatal period.
- Sudden infant death syndrome (SIDS) was the only one of the top five causes of death that had the majority of deaths occurring in the postneonatal period, with a mean age at death of 108 days. Though fewer infants died in 2007-2011 compared to 2006-2010, more infants died due to SIDS, which remained to be the third leading cause of infant death in 2007-2011.
 - ⇒ 43 percent (22 out of 51) of the SIDS deaths were associated with co-sleeping and/or sleeping on soft surfaces, such as couches and adult beds.
- During that same time period there were 14 additional infant deaths, coded under a different cause of death, that were associated with co-sleeping and/or sleeping on a soft surface. In total, 7.6 percent of all infant deaths in 2007-2011 were associated with co-sleeping and/or unsafe sleep practices.

INFANT MORTALITY - Live Birth Cohort

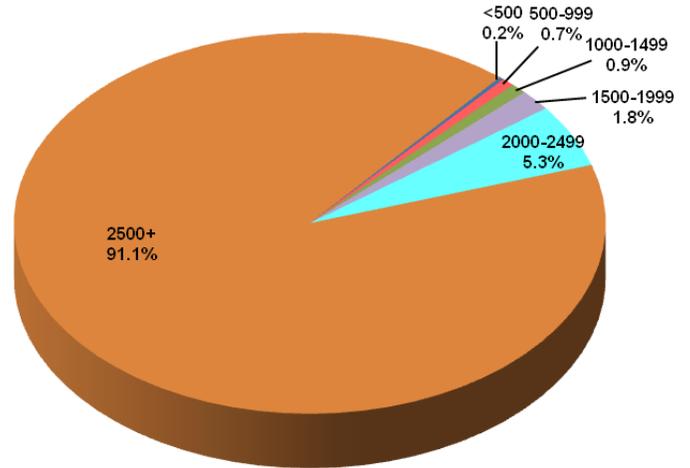
Though only 1 percent of all live births in 2006-2010 were infants weighing less than 1000 grams, they accounted for over half (54 percent) of all infant deaths. In total, 9 percent of all live births in 2006-2010 were infants of low birthweight (under 2500 grams) and 74 percent of infant deaths were low birthweight.

Distribution by Birthweight, Delaware Live Birth Cohort, 2006-2010

Infant Deaths



Live Births



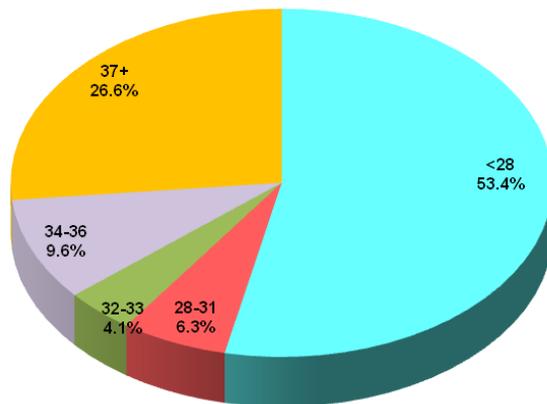
Source: Delaware Health Statistics Center

Gestation and infant death demonstrated the same relationship as birthweight and infant death; infants born at the youngest gestational age made up a very small percentage of live births, yet they accounted for the majority of infant deaths.

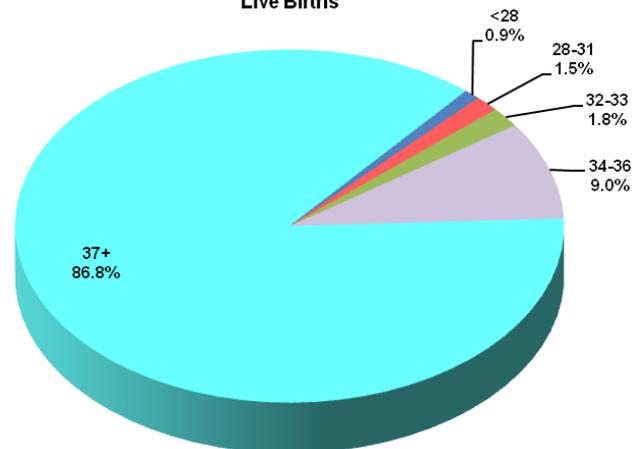
One percent of live births in 2006-2010 were less than 28 weeks gestation at birth, but they accounted for 53 percent of all infant deaths. In total, 13 percent of all live births in 2006-2010 were born preterm (<37 weeks of gestation) and 73 percent of infant deaths were born preterm.

Distribution by Gestation, Delaware Live Birth Cohort, 2006-2010

Infant Deaths



Live Births



Source: Delaware Health Statistics Center

Source: Delaware Health Statistics Center

INFANT MORTALITY - Live Birth Cohort

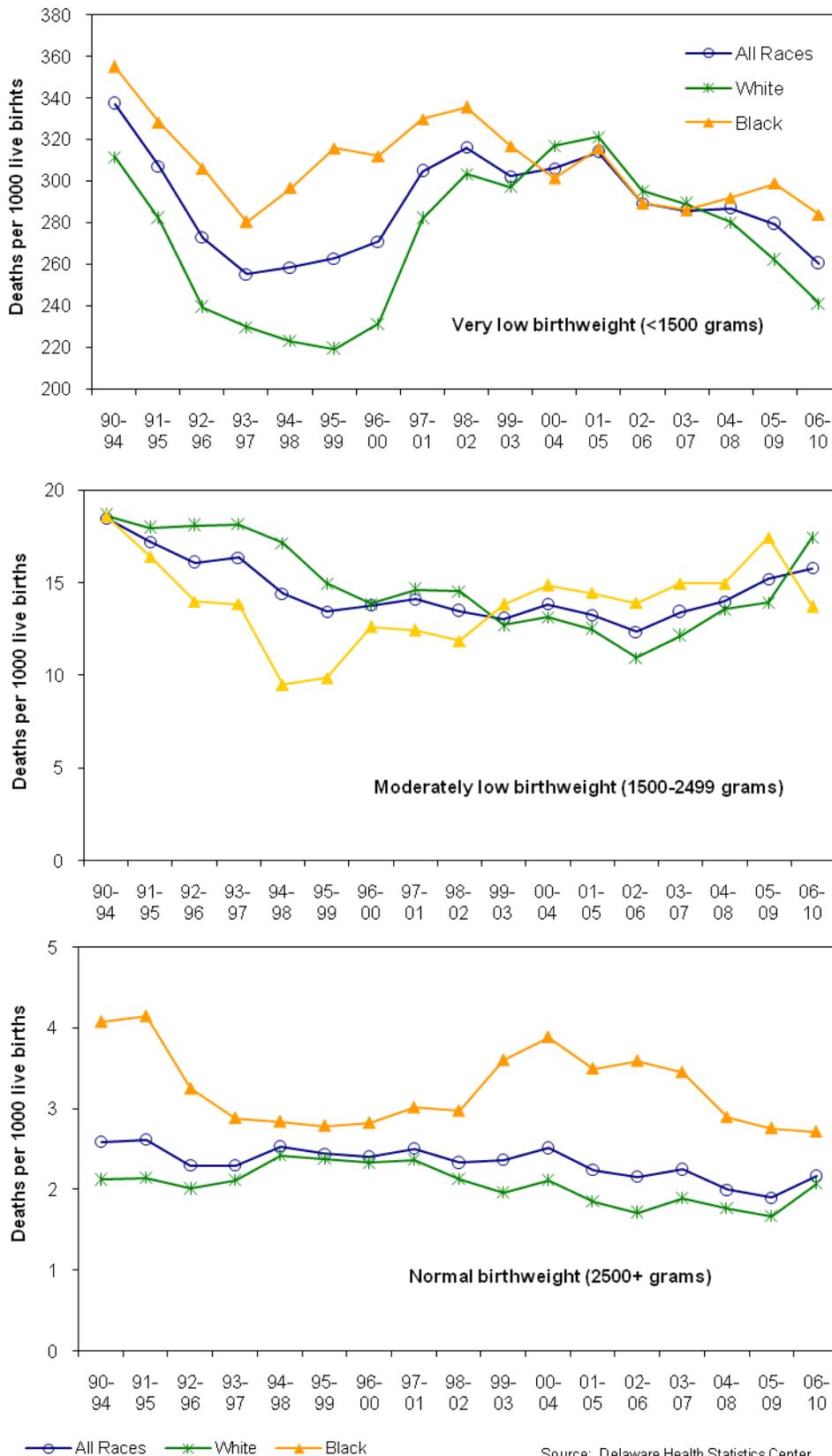
Birthweight and gestation are considered to be the most important predictors of infant health and mortality risk. Infants born too small or too early have a much greater risk of mortality than those who reach a normal birthweight (2500+ grams) or full-term gestation (37+ weeks).

The IMR for very low birthweight (VLBW) black infants decreased in the most recent year after increasing for two years while the IMR for VLBW white infants decreased for the fifth straight year. In 2006-2010, IMRs for white and black VLBW infants were 241 and 284 infant deaths per 1,000 live births.

IMRs for moderately LBW infants of all races rose 14 percent between 2000-2004 and 2006-2010; during that time, white IMRs increased 32 percent while the black IMR reversed direction in 2006-2010, which made their rates lower than the white rates (13.7 vs 17.5).

As a result of the 24% increase from 2005-2009 to 2006-2010, IMRs for normal birthweight white infants experienced no net change since 2000-2004 while the IMRs for black infants declined 31 percent between 2000-2004 and 2006-2010. The divergent movement in black and white rates in the most recent year narrowed the black/white disparity ratio. In 2006-2010, the black IMR for normal birthweight infant was 2.7, versus 2.1 for white infant of normal birthweight.

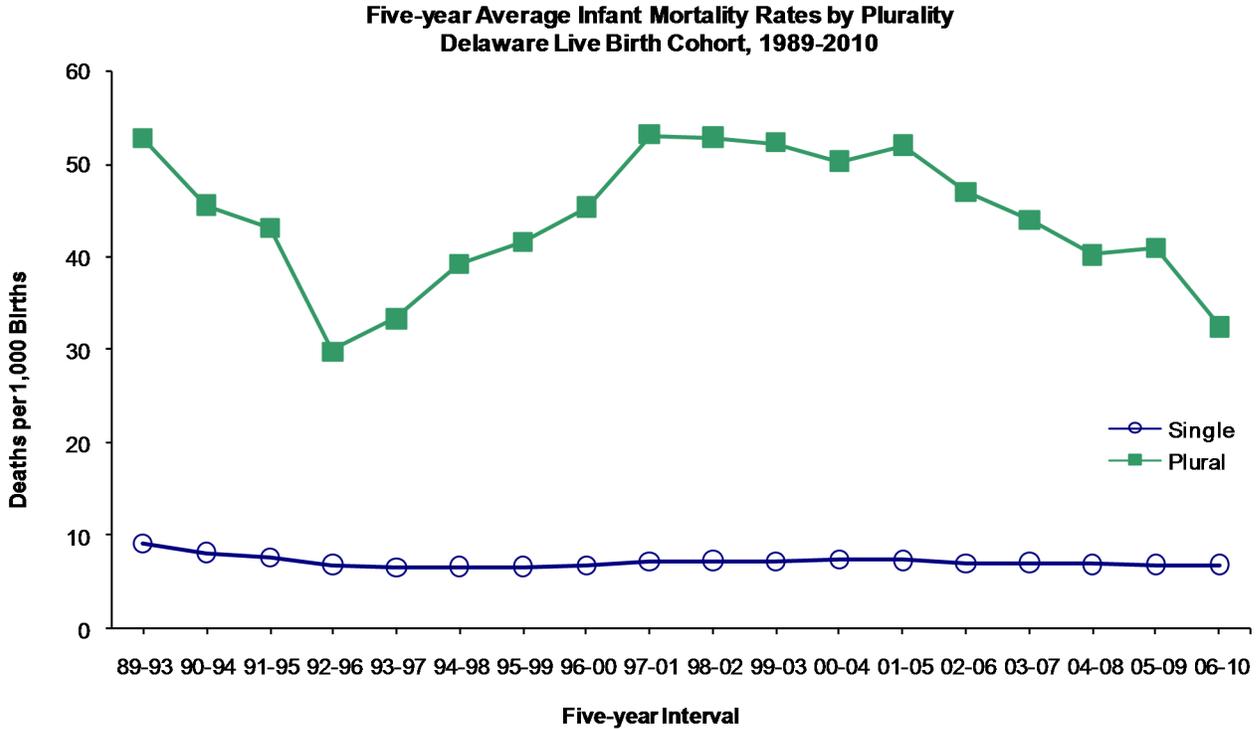
Five-year Average Infant Mortality Rate by Birthweight and Race
Delaware, 1990-2010 Live Birth Cohort



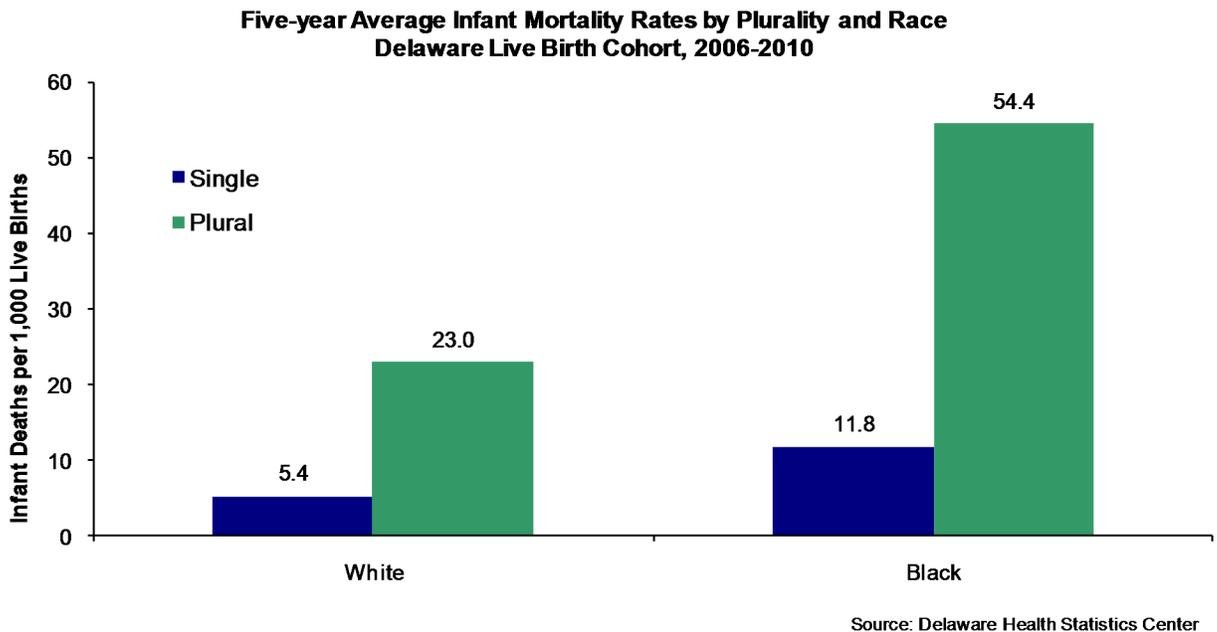
Source: Delaware Health Statistics Center

INFANT MORTALITY - Live Birth Cohort

From 1992-1996 to 1997-2001, IMRs for plural births increased 77 percent, to 53.1 deaths per 1000 live births; during the same time, IMRs for singleton births increased by 4 percent. Since then, plural IMRs have decreased 39 percent, with the majority of the decrease occurring in the most recent time period. IMRs for singleton births experienced a slight decrease of 4 percent. In 2006-2010, the infant mortality rate for plural births was 4.6 times that of singleton births (33 versus 7).



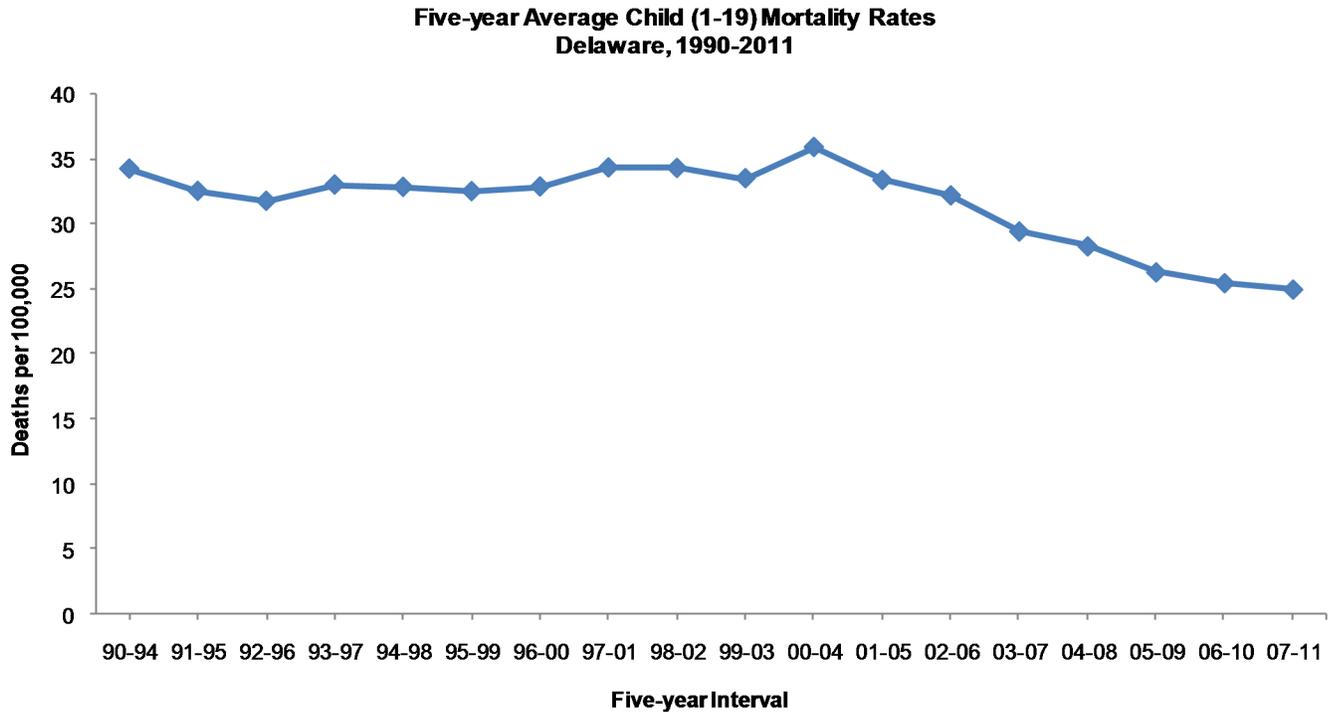
The magnitude of difference between singleton and plural IMRs remained the same regardless of race, though rates for black infants, both singleton and plural, were more than double those of white infants.



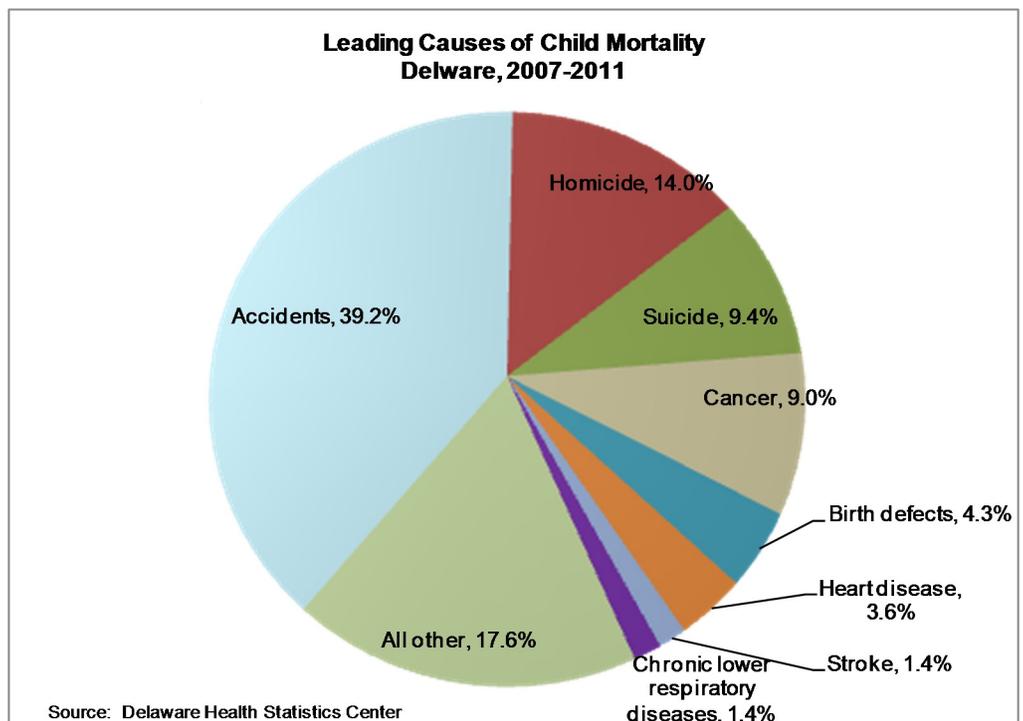
CHILD MORTALITY

From 2007 to 2011, 278 children and adolescents between the ages of 1 and 19 died in Delaware, representing 0.7 percent of the total deaths that occurred during that time. Males accounted for 64 percent of all child deaths in 2007-2011.

After small fluctuations throughout the 1990s, the mortality rate for children ages 1 to 19 began to decline. Since its peak of 36 in 2000-2004, the rate has decreased 31 percent, to 25 deaths per 100,000 children.

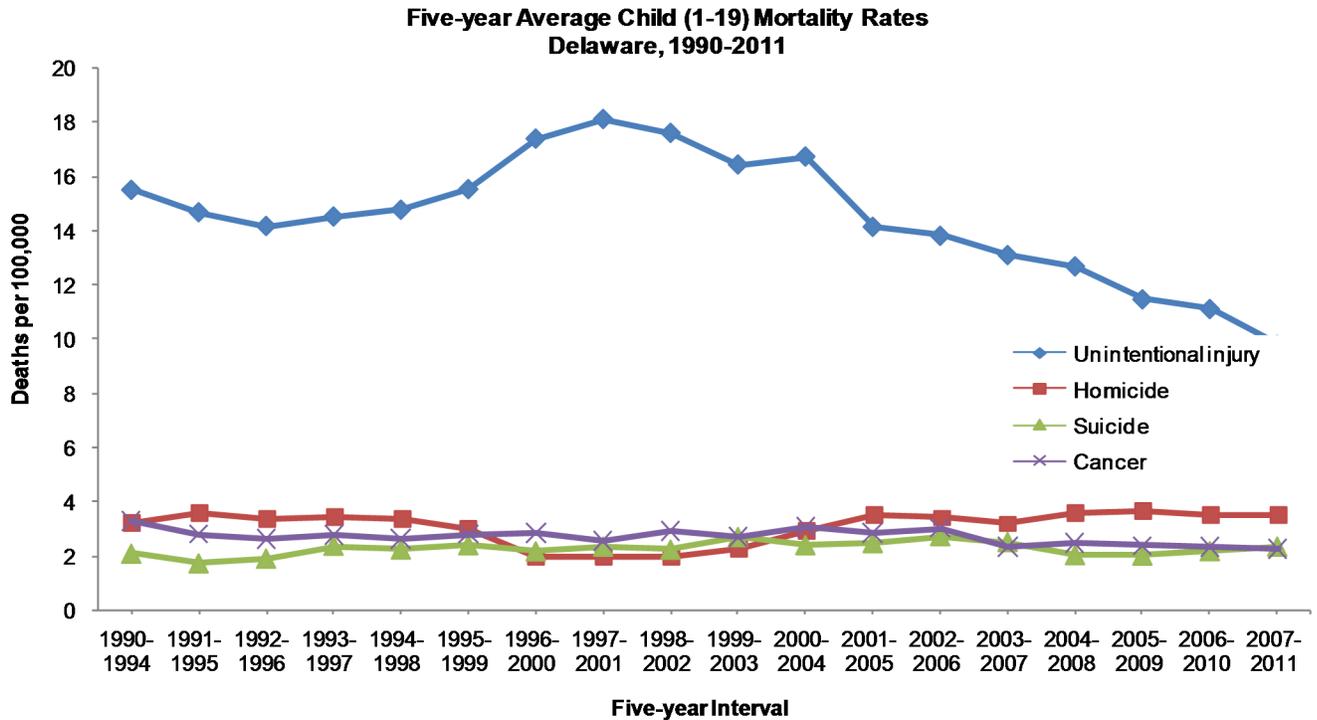


Accidents, homicide, cancer, and suicide were the four most common causes of child mortality in 2007-2011. Together, they accounted for almost three-quarters of all child deaths.



CHILD MORTALITY

From 2001-2005 to 2007-2011, rates for three of the four leading causes of child mortality declined. Unintentional injury mortality rates declined by 30 percent; cancer and suicide mortality rates also decreased, though the change was not statistically significant. Homicide rates were stable at 3.5 deaths per 100,000 children.



Source: Delaware Health Statistics Center

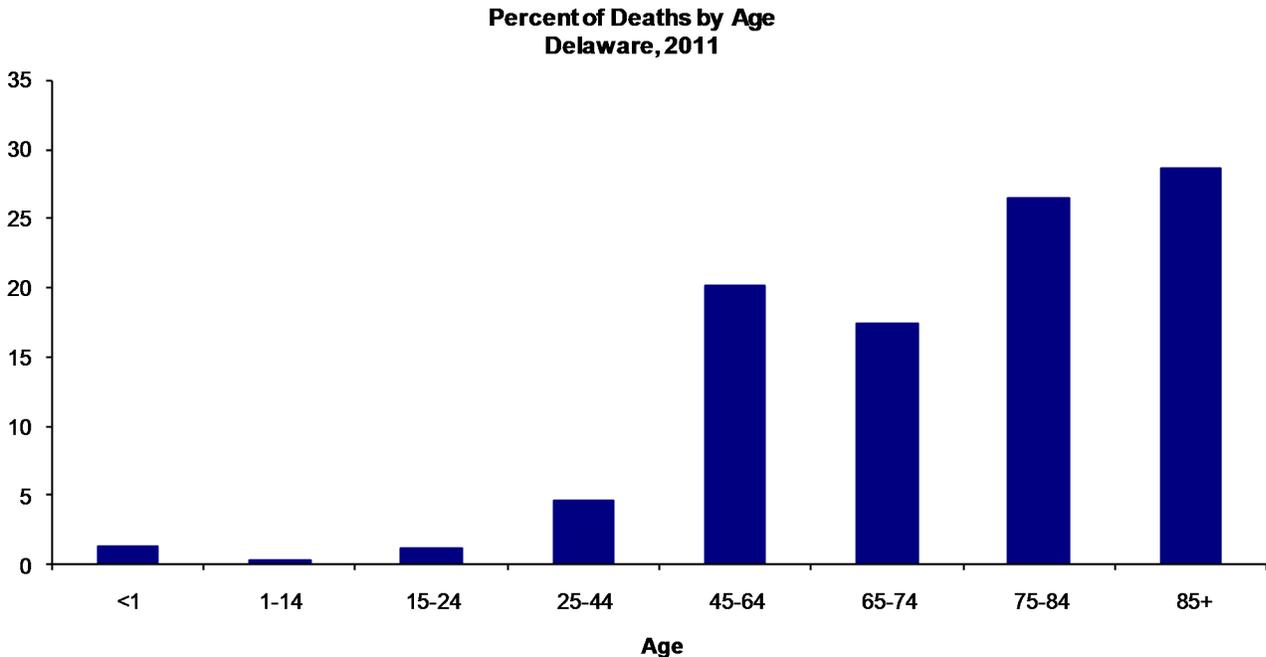
Detailed manner of the most common causes of child deaths in 2007-2011:

- Motor vehicle crashes accounted for 63 percent of all deaths due to unintentional injuries; the second and third most common causes of unintentional injury deaths of children were poisoning and drowning, which accounted for 12 and 9 percent of deaths respectively.
- Firearms and cutting/piercing accounted for over 90 percent of all homicides, 85 and 8 percent respectively.
- The majority of child cancer deaths were due to brain cancer (40 percent) and leukemia (28 percent).
- Suffocation, followed by firearms, were the most common methods of suicide, and accounted for 38 and 35 percent of the total suicide deaths.

MORTALITY

More Delaware residents died in 2011 than in 2010. A total of 7,816 residents died, 98 of whom were infants under the age of 1. Deaths were split almost equally between males and females. Cancer and heart disease were the most common causes of death, accounting for 47 percent of all deaths in 2011.

- Twenty-nine percent of the Delawareans who died in 2011 were 85 or older. Deaths of those 75 and older accounted for more than half of all deaths.



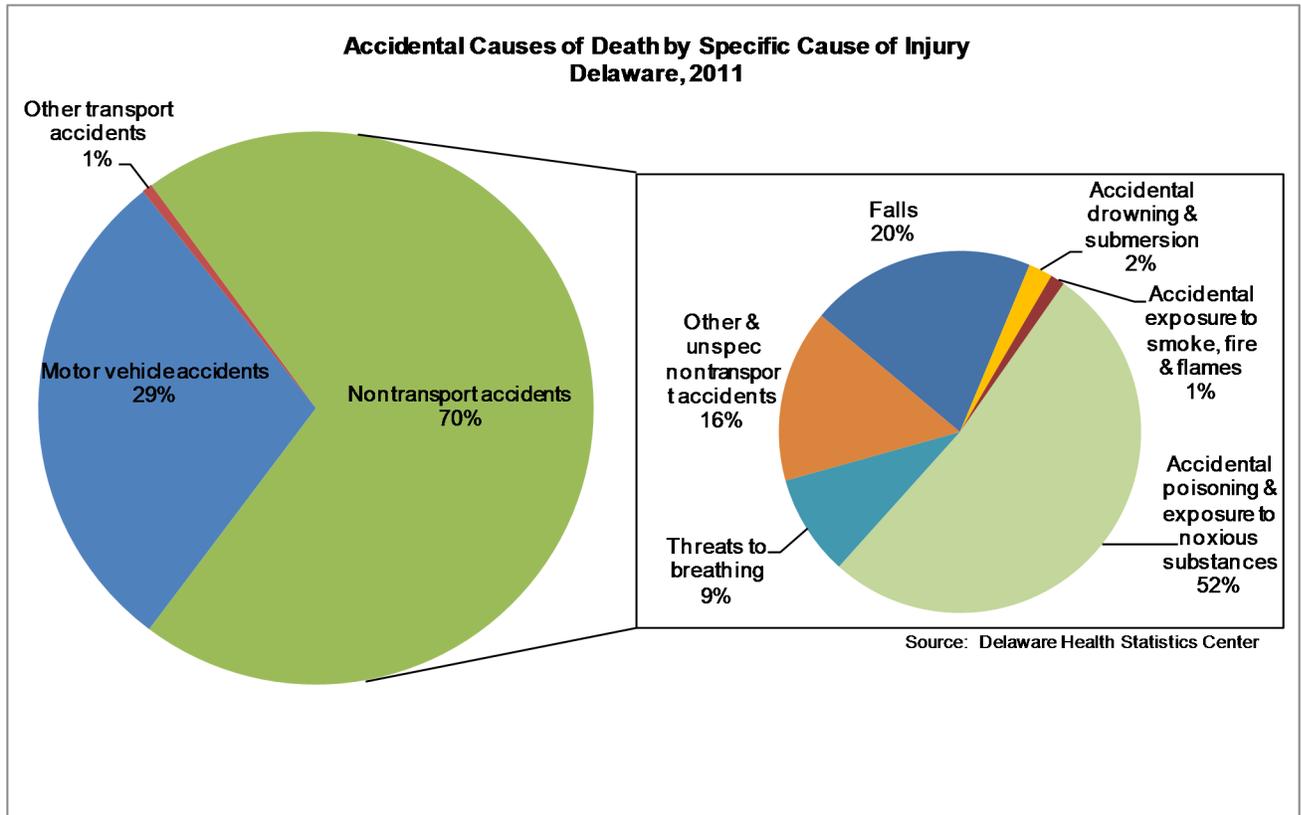
Source: Delaware Health Statistics Center

- A Delaware resident born in 2011 could expect to live an average of 79.1 years.
- Life expectancy at birth varied by race and sex; white females had the highest life expectancy (81.6) while black males had the lowest (73.7).
- In 1989, 80 percent of Delaware decedents were buried and 15 percent were cremated. By 2011, the distribution had shifted: 54 percent of decedents were buried and 42 percent were cremated.
- In 2011, the ten leading causes of death for residents of all ages were the same as the top 10 in 2010; the only change was the switch in the rank order of diabetes mellitus and Alzheimer's disease.

Rank	Leading Cause of Death	Number
1	Malignant neoplasms	1898
2	Diseases of heart	1796
3	Chronic lower respiratory diseases	458
4	Dementia	443
5	Cerebrovascular diseases	419
6	Accidents (unintentional injuries)	331
7	Diabetes mellitus	223
8	Alzheimer's disease	203
9	Nephritis, nephrotic syndrome & nephrosis	161
10	Influenza & pneumonia	130

MORTALITY

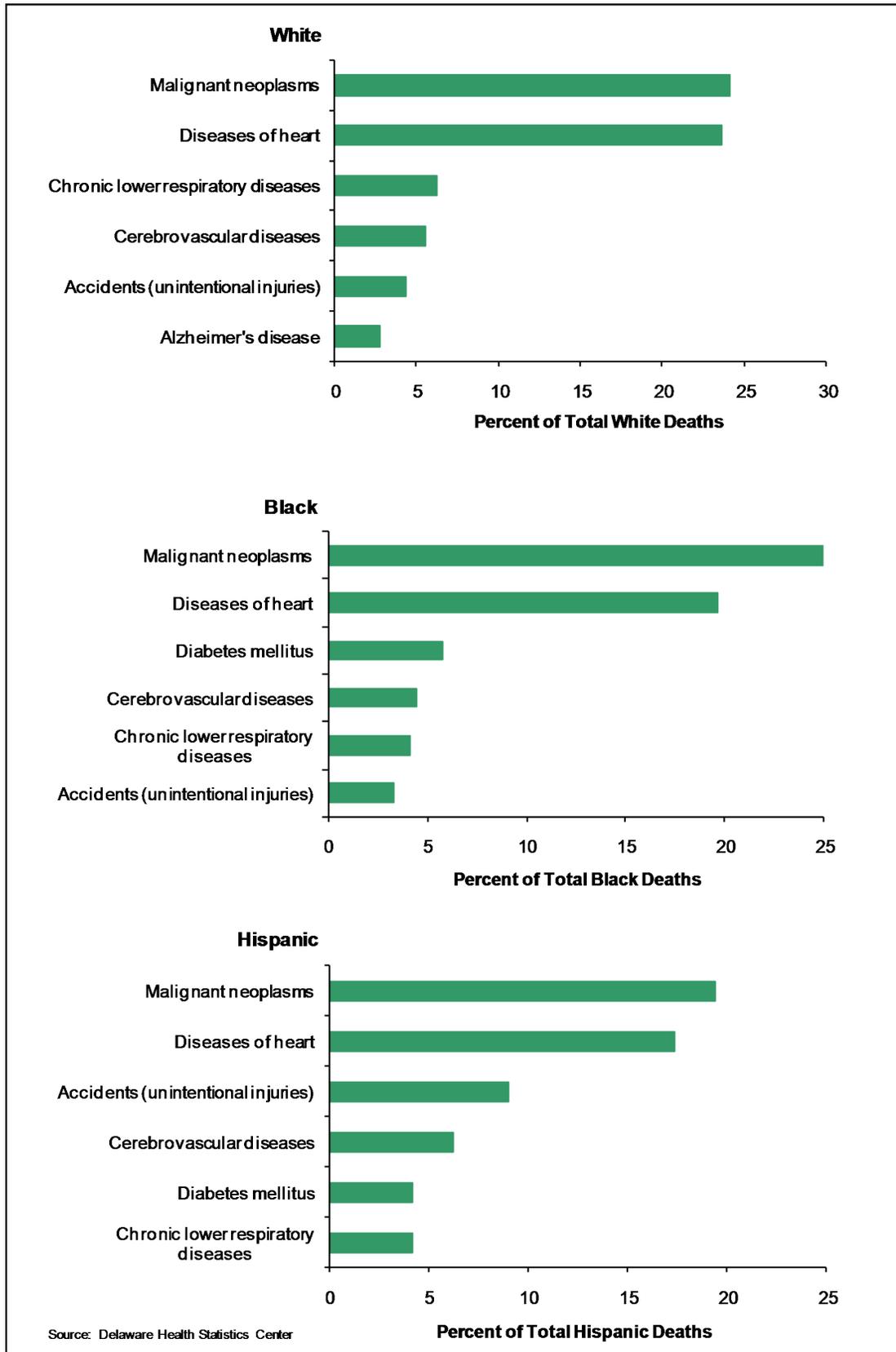
- There were 331 deaths due to unintentional injury in 2011 (4.2 percent of all deaths); 29 percent were due to motor vehicle accidents and 70 percent were due to non-transport accidents. Over half of the 233 nontransport accidents were caused by unintentional poisonings; the majority (92 percent) of unintentional poisonings were drug-induced poisonings.
- For the third year, unintentional poisonings surpassed motor vehicle injuries and became the leading cause of unintentional injury death in 2011.
 - For whites of both sexes, poisonings caused the most unintentional injuries, followed by motor vehicle accidents. For blacks of both sexes, motor vehicle accidents caused the greatest number of unintentional injuries.



- In 2007-2011, accidents were the number one cause of death for people 1-44 years of age, and they were responsible for 43 percent of all deaths of people 15-24 years of age. For decedents ages 15-24, accidents, homicides, and suicides were the three most frequent causes of death and accounted for three-fourths of total deaths (See Table F-11).

MORTALITY

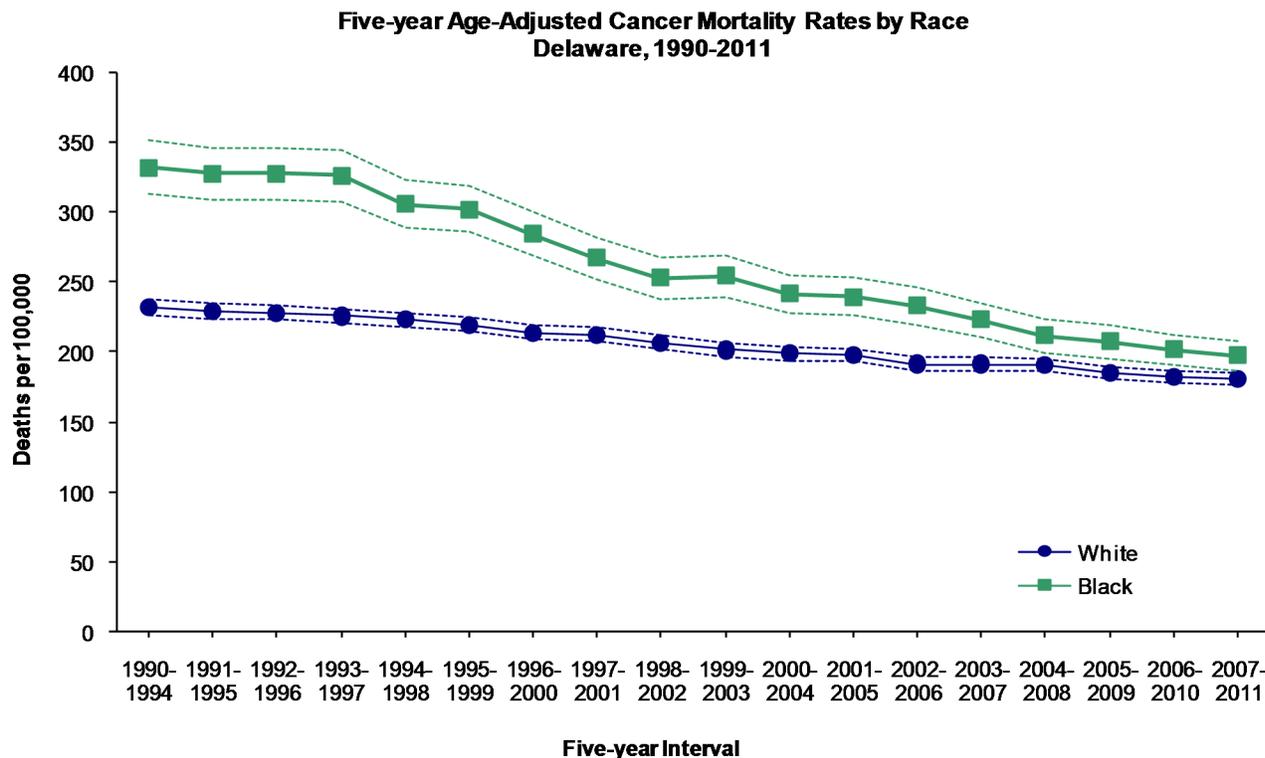
The leading causes of death varied by race and ethnic group. In 2011, the most common causes of death for white, black, and Hispanic Delawareans were:



MORTALITY

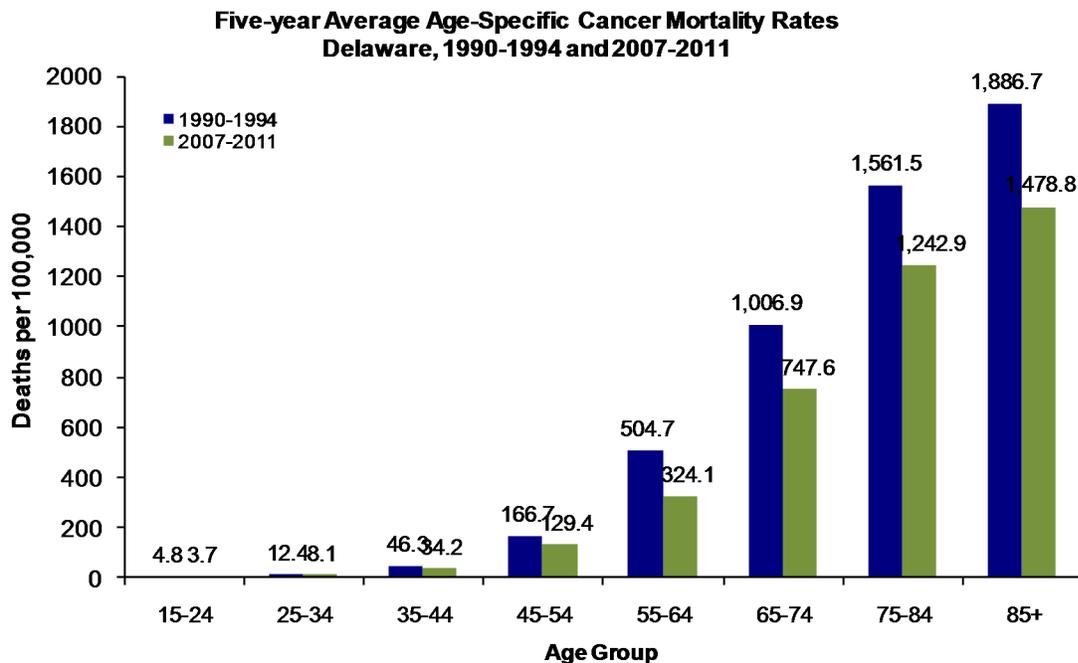
Cancer mortality rates have decreased in all three counties since the early 1990s, though most recently Kent County rates leveled off. In 2007-2011, the 5-year age-adjusted cancer mortality rates ranged from 164.3 in Sussex County to 205.9 deaths per 100,000 population in Kent County.

Cancer mortality rates for black and white decedents followed the same declining trend, and though the gap between black and white cancer mortality rates has narrowed, black cancer mortality rates in 2007-2011 remained significantly higher than white rates.



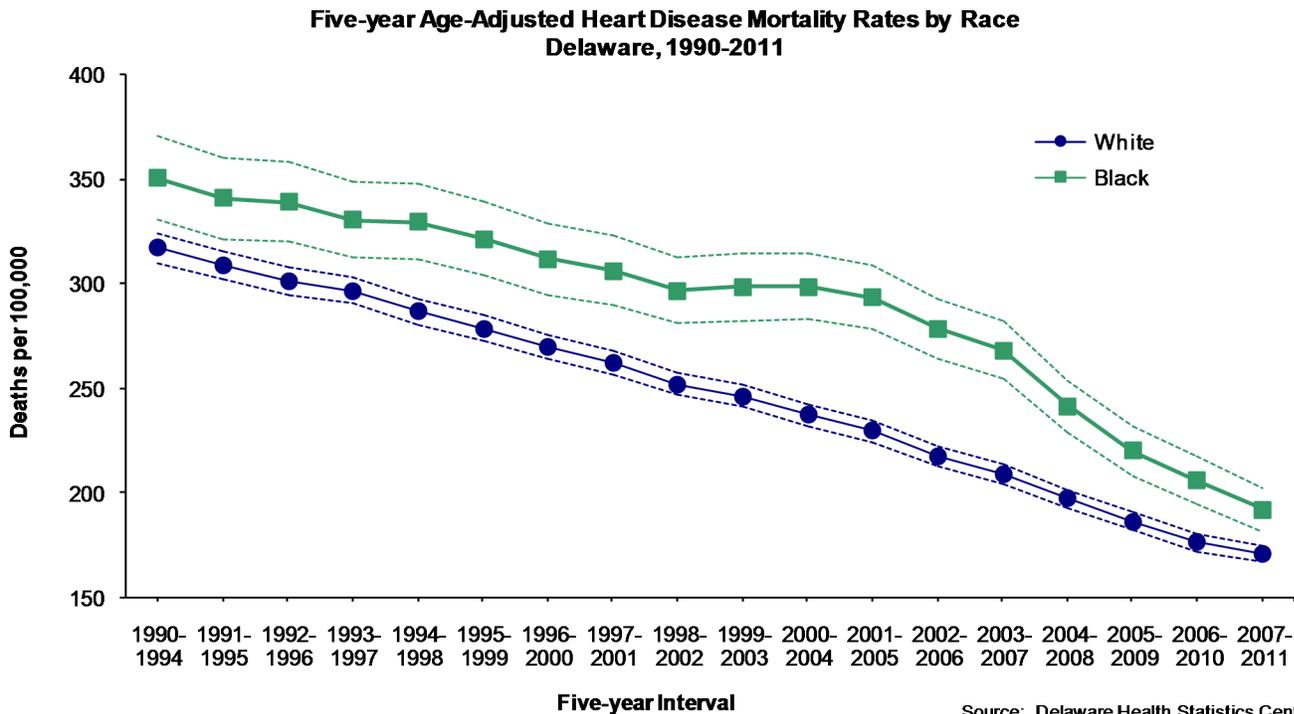
The same decreases seen in the age-adjusted cancer mortality rates were reflected in the age-specific rates as well.

Cancer mortality rates declined for all age groups between 1990-1994 and 2007-2011. The 25-34 and 55-64 age groups experienced the largest decreases.

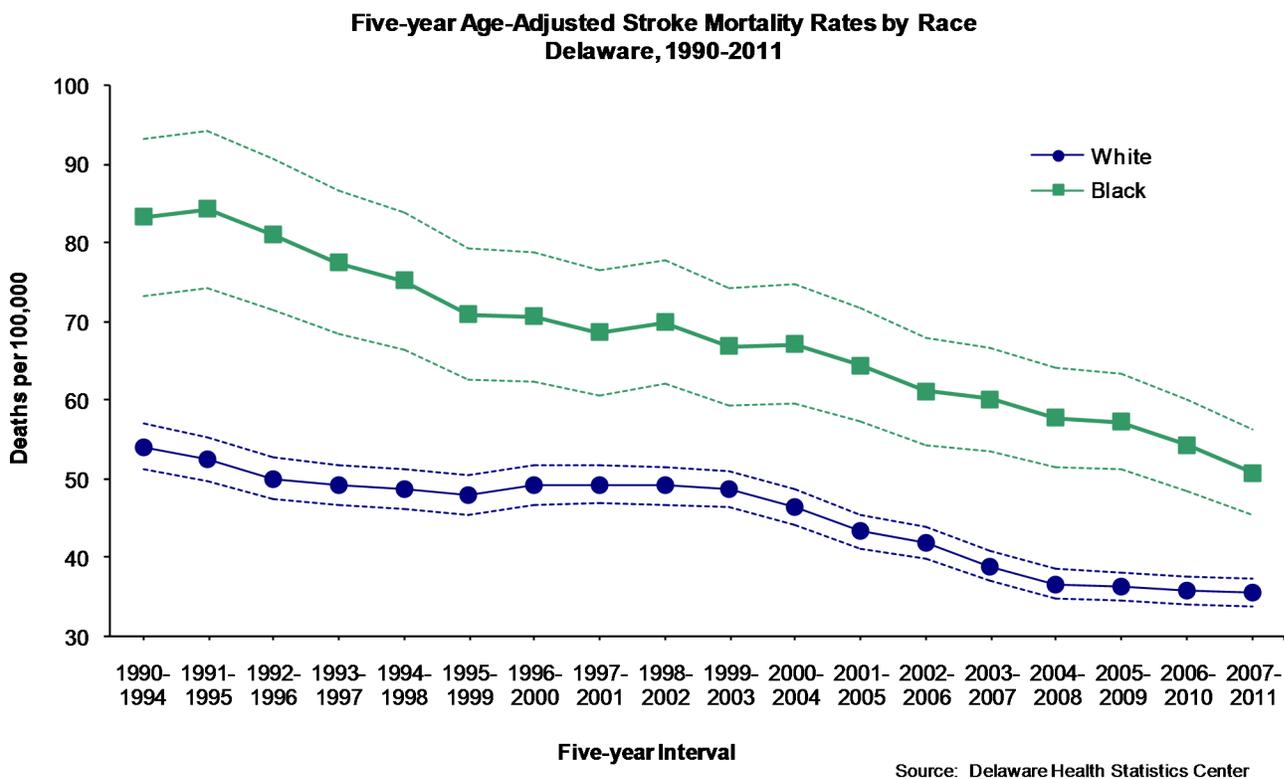


MORTALITY

Heart disease was the second most common cause of death for both black and white Delawareans in 2007-2011. Both black and white heart disease mortality rates have declined significantly since 1990-1994, with white rates declining 46.1 percent and black rates declining 45.2 percent.

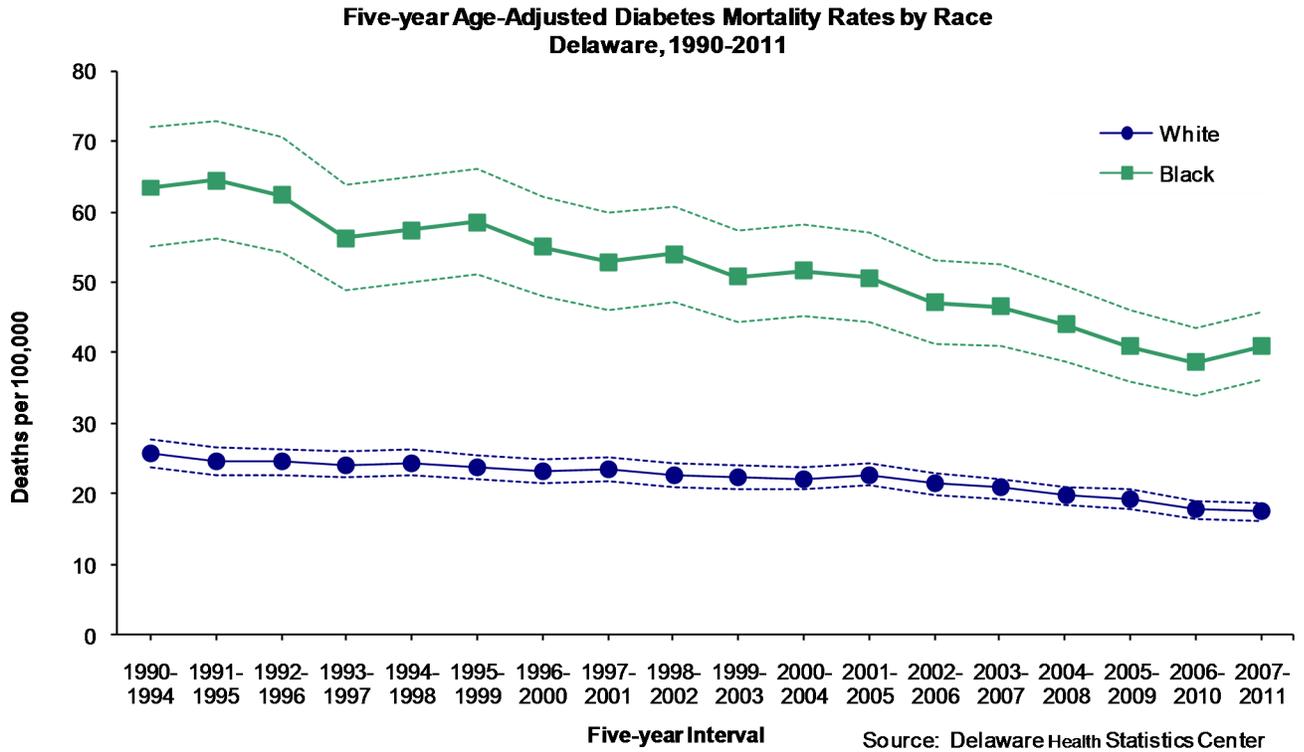


Stroke mortality rates for both races continued their declining trends between 1990-1994 and 2007-2011, with rates for white and black races decreasing 34 and 39 percent, respectively. In 2007-2011, the black stroke mortality rate remained approximately 43 percent higher than white rate (50.9 versus 35.6).



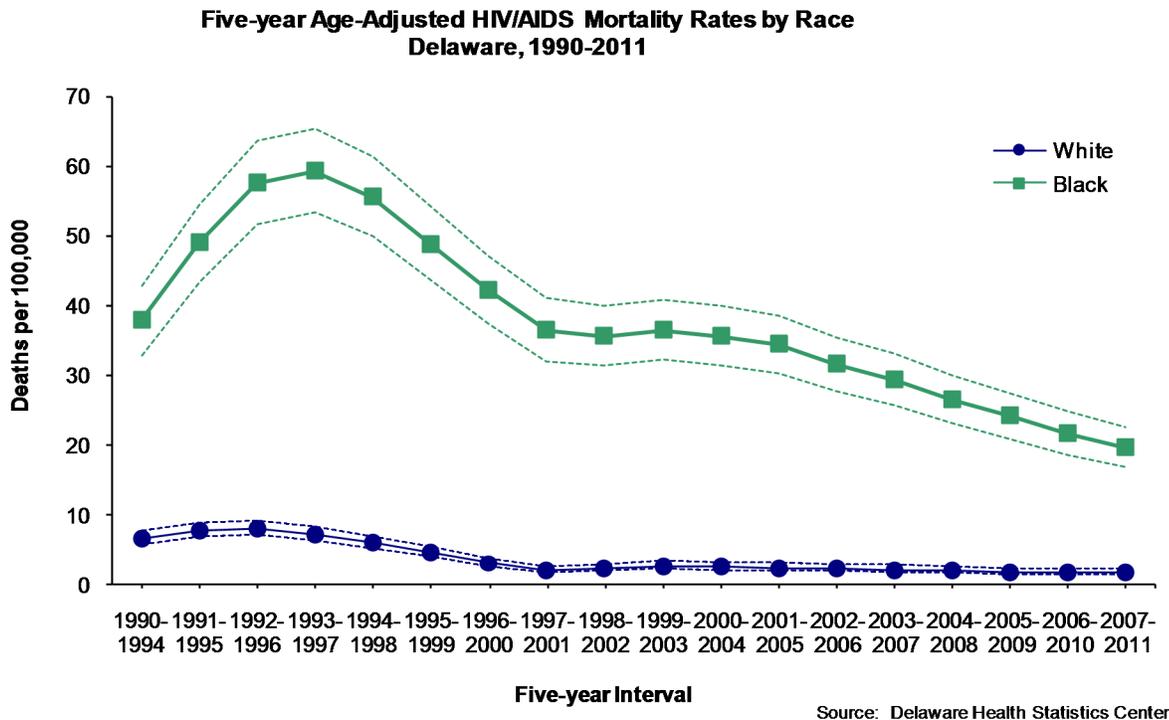
MORTALITY

Though black mortality rates for diabetes have declined nearly 35 percent since 1990-1994, their rates were more than double that of whites in 2007-2011.



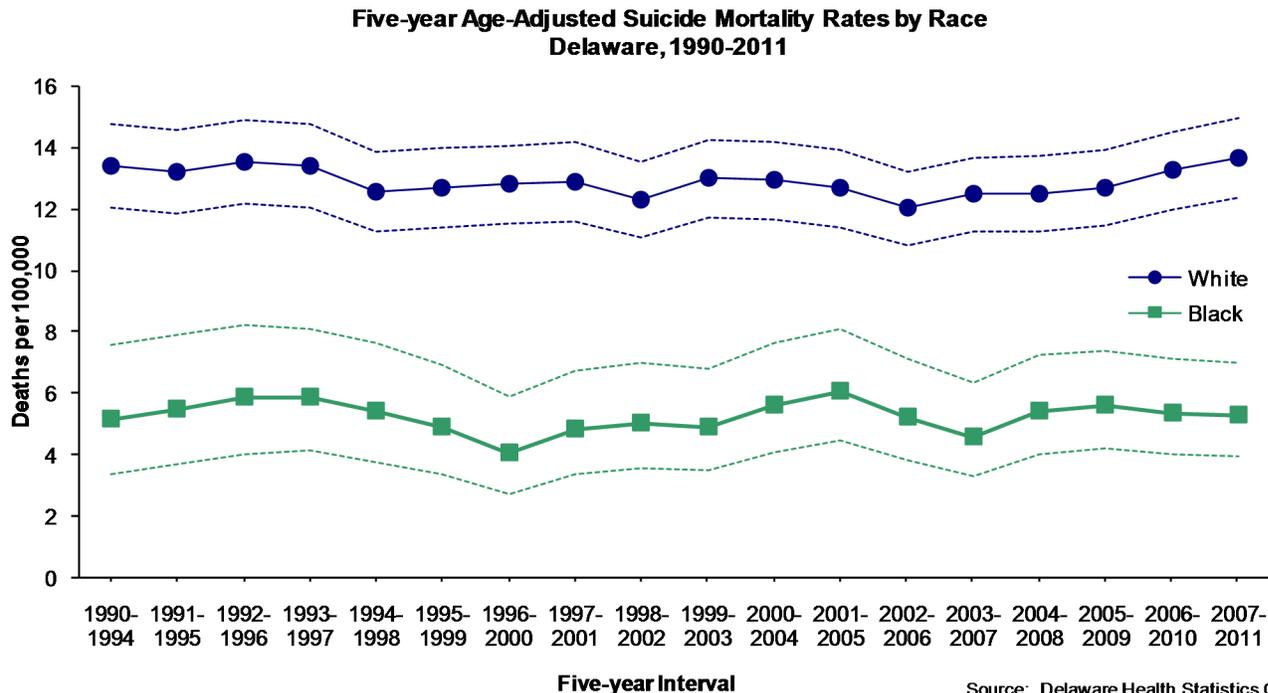
HIV/AIDS mortality has disproportionately affected Delaware's black population. Despite black HIV/AIDS mortality rates decreasing significantly since the 1993-1997 peak, their 2007-2011 mortality rate of 19.6 deaths per 100,000 was nearly 12 times that of whites. Though they made up only 23.1 percent of the total Delaware population in 2007-2011, blacks accounted for 76 percent of all deaths due to HIV/AIDS.

In 2007-2011, HIV was the eighth leading cause of death for black Delawareans; it ranked ninth for black males and seventh for black females.

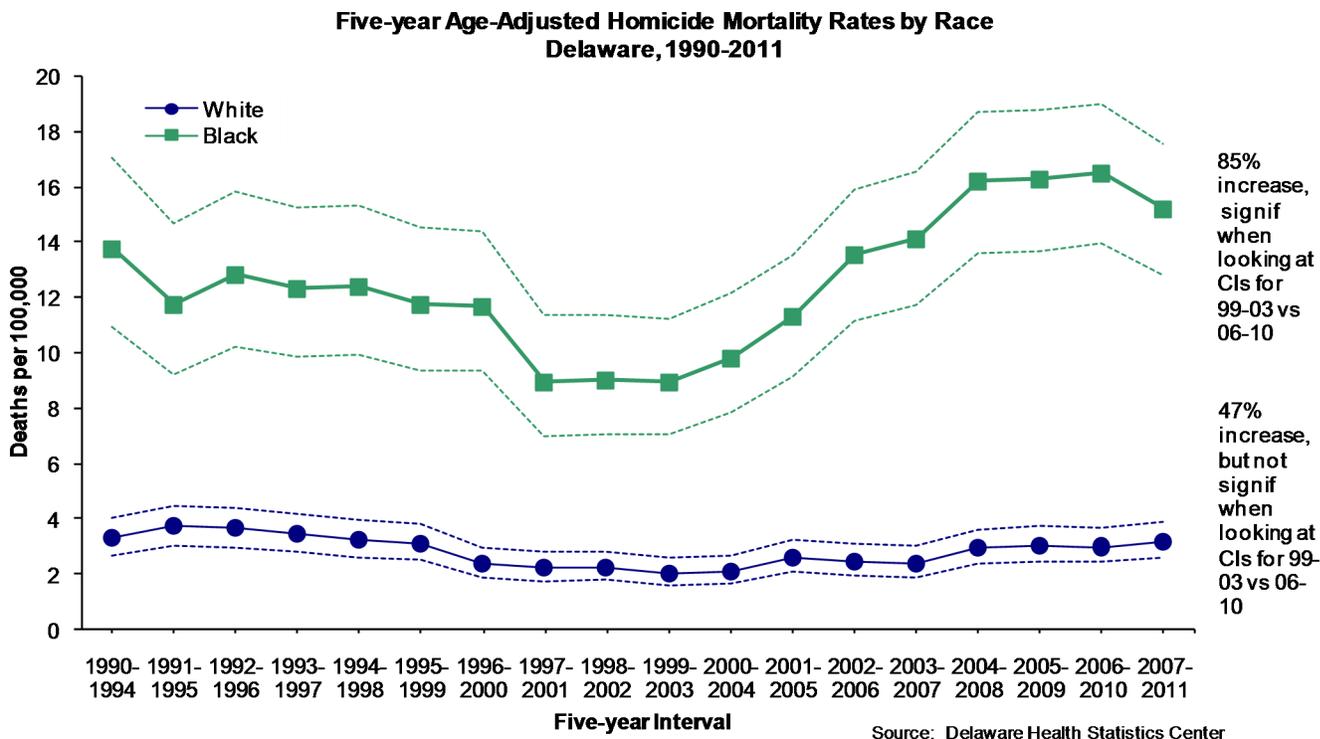


MORTALITY

Suicide mortality trends for both black and white populations changed little between 1990-1994 and 2007-2011, with the white rate (13.6) remaining more than double that of the black rate (5.3).

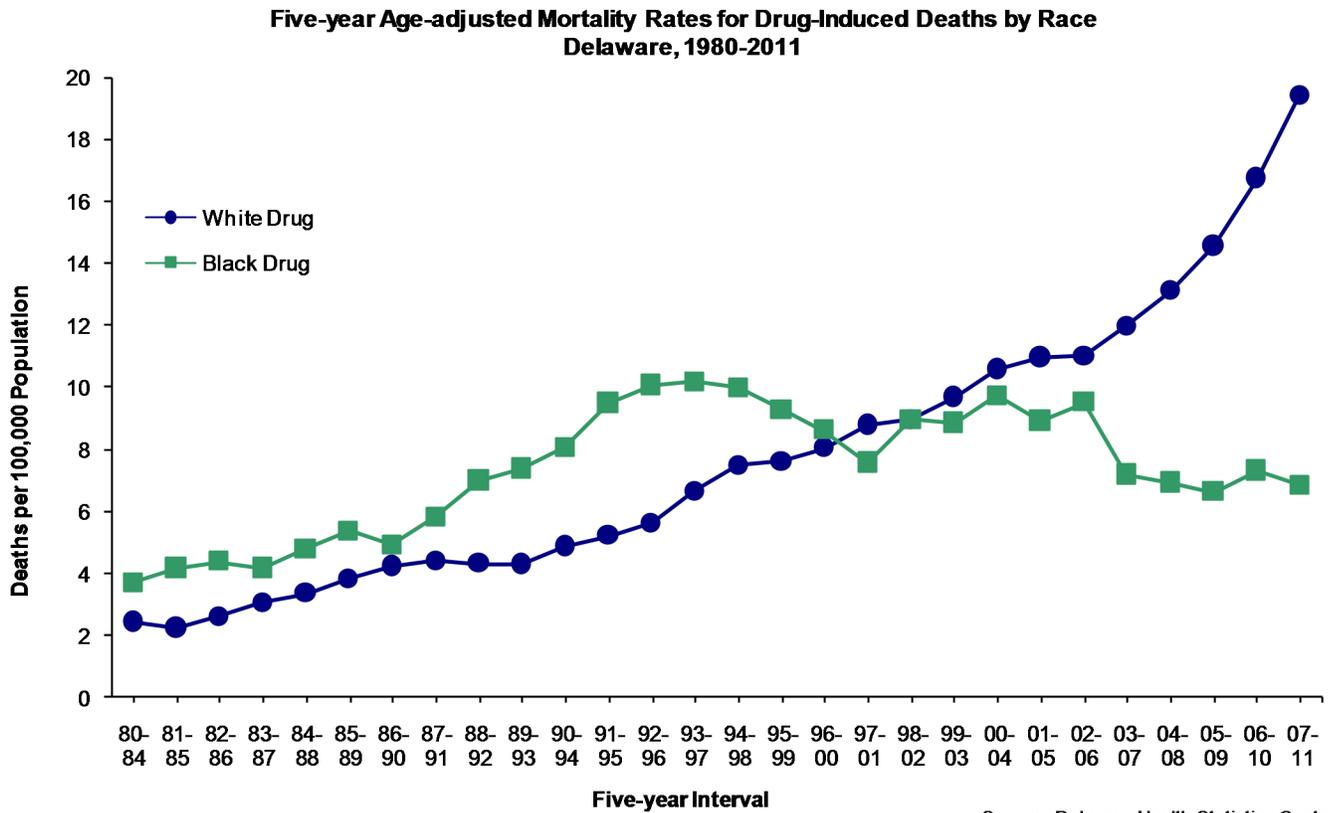


After declining throughout most of the 1990s and reaching their lowest point in 1999-2003, homicide mortality rates have risen 73 percent. The majority of the increase was due to an 85 percent increase in black homicide mortality rates; white homicide mortality rates rose 47 percent during the same time period. In 2007-2011, black and white homicide mortality rates were 15.2 and 3.18 deaths per 100,000 population, respectively.



MORTALITY

Though black mortality rates for drug-induced deaths were historically higher than white rates, in 1994-1998 they began a four-year decline that moved them just below white rates by 1997-2001. Since then, white mortality rates have remained higher and continued to rise. By 2007-2011, the white drug-induced mortality rate (19.4) was more than twice the black rate (6.8).



In 2007-2011, 51 percent of all drug-induced deaths were white males. Of all the race-age groups, white males ages 25-34 and white females ages 45-54 were responsible for the largest proportions (both 14 percent) of drug-induced deaths.

