

# DHSC

Delaware Health Statistics Center

Division of Public Health  
Department of Health  
and Social Services

## Highlights of the 2010 Annual Vital Statistics Report

### ***Population***

Between 2000 and 2010, Delaware's population rose 14.4 percent to 899,773. The amount of growth was very different between the northern and southern portions of the state. While the populations of Kent and Sussex Counties grew by 28 and 26 percent respectively, New Castle County exhibited a much smaller increase of 7 percent. The city of Wilmington's population decreased by 2.6 percent over the same 10 year period.

### ***Marriage and Divorce***

The number of marriages decreased for the fourth consecutive year. In 2010, there were 4,677 marriages in Delaware. Sussex County had the highest marriage rate at 7.2 marriages per 1,000 population. New Castle County had the lowest rate at 4.8 marriages per 1,000 population.

The median age of first marriage was 27 for brides and 28 for grooms; the median age of remarriage was 42 and 44 respectively.

October was the most popular month to get married in Delaware; 14 percent of 2010 marriages were performed in October. Half of all marriages took place on a Saturday.

The number of divorces changed little between 2009 and 2010, and in 2010, 3,152 divorces occurred in Delaware. The divorce rate was highest in Kent County (4.5 per 1,000 population) and lowest in New Castle County (3.3 divorces per 1,000 population). The median duration of the first marriage prior to divorce was just over 9 years, and the median age at divorce after the first marriage was 38 for men and 36 for women.

### ***Mortality***

In 2010, 7,667 Delaware residents died, 169 more than in 2009; 82 percent were white, 16 percent were black, and 2 percent were Hispanic. Decedents ages 65 and older accounted for 72 percent of all deaths in 2010; infants under 1 year accounted for 1 percent of all deaths.

The median age at death for all causes was 73 for males and 81 for females. Median age at death varied greatly by cause; homicide had the lowest median ages (28 years for males, 29 years for females), while dementia had the highest (85 years for males, 89 years for females). The largest male to female disparity occurred in diabetes deaths, where males had a median age at death of 65, versus females' median age at death of 80.

*In 2010, 60 percent of Delaware's total population resided in New Castle County.*

*Over half of all divorces in 2009 were of marriages that lasted less than 10 years.*

*A Delaware resident born in 2010 had an average life expectancy of 79.1 years.*

Heart disease and cancer accounted for just over half of all deaths in 2010. Stroke, chronic lower respiratory disease, and accidents accounted for another 15 percent.

In 2006-2010, heart disease and cancer were included in the three most common causes of death regardless of race, sex, or ethnicity, though the order and the other cause making up the top three leading causes of death varied by group.

- White males and white females both had cancer and heart disease as their two leading causes of death, but white males had accidents as their third leading cause of death while white females had chronic lower respiratory disease as their third leading cause.
- Black males and black females both had cancer, heart disease and stroke as their top three leading causes of death, but black males had homicide as their fourth most common cause, while black females had diabetes as their fourth most common cause.
- Hispanic males had accidents, heart disease, and cancer as their top three causes of death, versus Hispanic females who had heart disease, cancer, and stroke as their three leading causes of death.

Accidents, or unintentional injuries, were the most common cause of death for decedents ages 1-44. Cancer was the most common cause of death for decedents ages 45-64; for those 65 and older heart disease was the most common cause.

Cancer of the respiratory and intrathoracic organs was responsible for the greatest number of cancer deaths in 2010, accounting for nearly one-third of all cancer deaths. Cancer of the digestive organs was the second most common cause of cancer deaths. Together, these two cancers accounted for more than half of the total cancer deaths.

While alcohol-induced death rates remained fairly stable, drug-induced mortality rates continued their steady increase. Since 1990-1994, drug-induced mortality rates have risen 155 percent, with the increase reflected in both male and female death rates. Although female rates increased more than male rates, 223 versus 126 percent, in 2006-2010 the male drug-induced death rate was 55 percent higher than the female rate (16.7 versus 10.8 deaths per 100,000).

The number of HIV deaths rose from 41 in 2009 to 46 in 2010. The majority of deaths occurred in New Castle County.

In 2010, just over half of decedents were buried; 41 percent were cremated. Black decedents were more likely to be buried than white decedents (69 versus 52 percent).

Life expectancy ranged from 72.5 for black males to 81.7 for white females. Factors that contributed to the lower black life expectancy were higher rates of infant deaths, and mortality due to HIV and homicide.

Age-adjusted mortality rates for some of the most common causes of death varied greatly by race, and to a lesser extent, geography. The ratios of black to white mortality rates were largest for mortality due to HIV, assault (homicide), and diabetes; black/white ratios were lowest for intentional self-harm (suicide), accidents, chronic lower respiratory diseases, and chronic liver disease.

Geographically, the largest differences in mortality rates occurred between Kent and Sussex counties' heart disease and dementia mortality rates. In 2006-2010, Kent County's mortality rates for heart disease, cancer, chronic lower respiratory diseases, diabetes, and septicemia were significantly higher than the Delaware rate. Conversely, Sussex County had mortality rates significantly lower than the Delaware rates for those same causes.

Kent County had the highest mortality rates for the three most common causes of death (heart disease, cancer, and chronic lower respiratory diseases), as well as diabetes and septicemia.

Overall death rates in Delaware continued to decline, with mortality rates for five of the ten leading causes of death decreasing between 2001-2005 and 2006-2010; two of the remaining five were stable and three increased (dementia, kidney disease, and accidents). Though not one of the ten leading causes of death, homicide mortality rates rose 36 percent between 2001-2005 and 2006-2010.

Unintentional injuries, homicide, and cancer were the leading causes of death of children and adolescents ages 1-19. The most common causes of childhood unintentional injuries were motor vehicle accidents, poisoning, and drowning. Motor vehicle traffic accidents caused the greatest number of unintentional injury deaths of children in 2006-2010; they accounted for 68 percent of all unintentional injury deaths.

The unintentional injury mortality rate for children and youth ages 1-19 continued to decline; between 2001-2005 and 2006-2010, unintentional injury mortality rates decreased 21 percent. During the same time, children's homicide rates remained stable, and their cancer mortality decreased 17.5 percent.

## ***Infant Mortality***

In 2006-2010, Delaware's infant mortality rate (IMR) was 8 infant deaths per 1,000 live births. Although still significantly higher than the U.S. rate, the recent rate decrease continued a declining trend in Delaware's IMR, which has dropped 13.5 percent since 2001-2005's peak of 9.3 infant deaths per 1,000 live births. During the same time period white and black IMRs decreased by 15.7 and 16.9 percent respectively. Black IMRs were 2.5 times that of white IMRs in 2006-2010.

Fifty-seven percent of the infants who died in 2006-2010 were less than 7 days old, and 70 percent of infant deaths occurred in the neonatal period (from birth through 27 days of age).

Between 2001-2005 and 2006-2010, Kent County's IMR decreased 35 percent to 6.5, giving it the lowest IMR of the three counties. While all three counties demonstrated a decrease in their IMRs over the 2001-2005 to 2006-2010 time period, the city of Wilmington's IMR increased 10.6 percent.

Neonatal mortality rates exhibited trends similar to overall infant mortality rates; Delaware's neonatal mortality rate declined 16.7 percent between 2001-2005 and 2006-2010. Kent County had both the greatest decrease in its neonatal mortality rate and the lowest overall rate of the counties. The primary differences between the infant mortality rates and the neonatal mortality rates were that Wilmington's neonatal mortality rates did not increase, and white neonatal mortality rates in Sussex County increased 10.5 percent.

Overall, postneonatal (from 28 to 364 days of age) mortality changed little between 2001-2005 and 2006-2010, though there was movement in the counties and Wilmington. While Kent County's postneonatal mortality rate declined 31.5 percent, Wilmington's postneonatal mortality rate increased 54.8 percent.

The most common causes of infant death were prematurity and low birthweight, birth defects, and maternal complications of pregnancy, such as incompetent cervix and premature rupture of membranes.

Infants born at very low birthweight (less than 1500 grams) accounted for 65 percent of infant deaths in 2005-2009; those 1500-2499 grams accounted for another 13 percent of infant deaths. In total, infants born at low birthweight (less than 2500 grams) accounted for 78 percent of all infant deaths. The IMR for low birthweight infants was 37 times higher than the mortality rate for normal birthweight infants (70.6 versus 1.9).

Infants born to single mothers had a mortality rate double that of infants born to married mothers. However, this was apparent in infants born to white mothers only; the mortality rate of infants born to single, black mothers was only 10 percent higher than those born to married, black mothers.

Infants born to mothers who became pregnant less than 18 months since their last birth had a mortality rate nearly double that of infants born to mothers who had an interval of 18 months or greater between births.

The mortality rate for plural (multiple) births was nearly 6 times that of singleton births (41 versus 7 infant deaths per 1,000 live births). While the mortality rate for white multiple births has declined 38.7 percent since 2001-2005, the black mortality rate for multiple births increased 7.6 percent.

Infants born to mothers who smoked while pregnant had mortality rates 60 percent higher than infants born to mothers who did not smoke while pregnant, regardless of the mother's race.

## **Live Births**

The number of live births decreased for the third straight year. In 2010, 11,291 infants were born, 78 fewer than in 2009. The number of births to white mothers decreased .6 percent, births to black mothers decreased 2.3 percent, and births to Hispanic mothers decreased 13.7 percent.

Delaware teen (ages 15-19) birth rates have been declining steadily since 1991-1995, and in 2006-2010, the teen live birth rate was 31 percent lower than in 1991-1995. In the recent time period since 2001-2005, the average rate of decrease was 2.6 percent annually.

In 2006-2010, Delaware's teen birth rate was 39.1 live births per 1,000 teens, just under the U.S. rate of 40. Delaware's white teen birth rate was 32.8, 83 percent lower than the black rate of 60 live births per 1,000 female teens. Teen birth rates ranged from 34.3 in New Castle County, to 55.5 in Sussex County.

Younger teens, ages 15-17, had lower birth rates than teens ages 18-19 (19.6 versus 68.2 in 2006-2010); they also demonstrated a larger decrease in their rate compared to teens ages 18-19 (20 percent decrease versus 9.8 percent decrease between 2001-2005 and 2006-2010).

Delaware's general fertility rates did not change from 2005-2009 to 2006-2010. New Castle County had the lowest general fertility rate at 63.1; Sussex County had the highest rate, at 77.8 live births per women ages 15-44.

Live birth rates were highest for women ages 25-29 (109.2 live births per women ages 25-29), though the age group with the highest rates varied by county. In Kent County, birth rates were highest for women ages 20-24, in Sussex County, birth rates were highest for women ages 25-29, and in New Castle County, birth rates were highest for women ages 30-34.

Live birth rates also varied by race. Black women had higher general fertility rates than white women, and their birth rates were highest in the 20-24 age group, versus white women, whose highest birth rates occurred in the 25-29 age group.

The percent of live births to single mothers continued its increasing trend, and in 2006-2010, 47 percent of all Delaware births were to single mothers. The percent of unmarried mothers differed by race; 39 percent of white, 72 percent of black, and 64 percent of Hispanic births were to single mothers. Among the three counties, Sussex County had the highest percent of births to single women; 56 percent of Sussex mothers were unmarried. Seventy-one percent of Wilmington births were to single mothers.

Women giving birth for the first time accounted for 41 percent of all births. For women under 20, first births accounted for 81 percent of their total births, for those ages 20-29, first births accounted for 44 percent, for those ages 30-39, first births accounted for 27 percent, and for women ages 40 and older, first births accounted for 22 percent of their total births.

Plural births accounted for 3.6 percent of all 2010 births.

Just over half of all infants born in 2010 were delivered at Christiana Care Health System. One percent of infants were delivered in a birthing center, and .7 percent were delivered at home. Five percent of Delaware infants were born out of state.

Nine percent of all infants born in 2006-2010 were of low birthweight (born at less than 2500 grams). Black mothers had a higher percentage of infants born at low birthweight than white mothers, 13.6 versus 7.2 percent.

In 2010, 12.3 percent of Delaware women smoked while pregnant; 14.7 percent of mothers who smoked while pregnant had a low birthweight infant, versus 8.2 percent of mothers who didn't smoke while pregnant.

Medicaid was the primary source of payment for delivery in 49 percent of 2010 births, 46 percent of deliveries had private insurance as their primary coverage, 1.7 percent had no coverage, and 3.1 percent were covered by other government programs.

Married women were more likely than single women to have private insurance as their primary coverage for delivery (69 versus 20 percent). Seventy-eight percent of unmarried mothers had Medicaid as their primary payment for delivery in 2010.

Michael, William, Anthony, Alexander, and James were the most common boys' names in 2010. Isabella, Sophia, Ava, Olivia, and Emily were the most common girls' names in 2010.



*DELAWARE HEALTH AND SOCIAL SERVICES*

Division of Public Health

If you have comments, suggestions, and/or questions, please contact the Delaware Health Statistics Center at (302) 744-4541.

Reported by Barbara Gladders