
DELAWARE VITAL STATISTICS SUMMARY REPORT ■ 2013



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

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Selected Characteristics: Delaware Vital Statistics Annual Report, 2013

Population			Fetal Deaths		
	Number*	Percent		Number*	Percent
Delaware	923,736	100.0%	Delaware	55	100.0%
<i>Kent</i>	168,391	18.2%	<i>Kent</i>	17	30.9%
<i>New Castle</i>	546,396	59.2%	<i>New Castle</i>	30	54.5%
<i>Sussex</i>	208,949	22.6%	<i>Sussex</i>	8	14.5%
Marriages			Race		
	Number*	5-yr Rate ¹		Number*	Percent
Delaware	6,084	5.4	<i>White</i>	24	43.6%
<i>Kent</i>	972	5.9	<i>Black</i>	26	47.3%
<i>New Castle</i>	3,005	4.6	<i>Hispanic Origin</i> ⁴	5	9.1%
<i>Sussex</i>	2,107	7.1	Infant Mortality		
Divorces				Number*	5-yr Rate ⁵
	Number*	5-yr Rate ¹	Delaware	98	8.1
Delaware	3,133	3.6	<i>Kent</i>	17	6.9
<i>Kent</i>	729	4.4	<i>New Castle</i>	74	9.1
<i>New Castle</i>	1,607	3.3	<i>Sussex</i>	7	6.2
<i>Sussex</i>	797	3.5	Race		
Live Births				Number*	Percent
	Number*	5-yr Rate ²	<i>White</i>	48	5.8
Delaware	11,227	65.9	<i>Black</i>	38	13.8
<i>Kent</i>	2,166	66.5	<i>Hispanic Origin</i> ⁴	11	7.7
<i>New Castle</i>	6,880	62.7	Mortality		
<i>Sussex</i>	2,181	76.4		Number*	Adj. Rate ⁶
Births to Teenagers (15-19)			Delaware	7,816	696.6
<i>White</i>	386	31.0	<i>Kent</i>	1,368	802.9
<i>Black</i>	320	56.4	<i>New Castle</i>	4,394	711.5
Delaware	724	36.6	<i>Sussex</i>	2,054	635.2
<i>Kent</i>	134	37.4	Race and Gender		
<i>New Castle</i>	391	32.3	White Males	3,289	826.6
<i>Sussex</i>	199	51.1	White Females	3,209	581.1
Race			Black Males	652	927.7
	Number*	Percent	Black Females	643	656.1
<i>White</i>	7,510	66.9%	Decedent's Age		
<i>Black</i>	3,084	27.5%		Number*	Percent
<i>Hispanic Origin</i> ⁴	1,427	12.7%	<1	98	1.3%
Marital Status			1-14	28	0.4%
	Number*	Percent	15-24	86	1.1%
<i>Married</i>	5,649	52.3%	25-44	356	4.6%
<i>Single</i>	5,153	47.7%	45-64	1579	20.2%
Births to Single Mothers ³			65-74	1357	17.4%
	Number*	Percent	75-84	2077	26.6%
<i>White</i>	2,868	38.2%	85+	2235	28.6%
<i>Black</i>	2,168	70.3%	Leading Causes of Death		
<i>Hispanic Origin</i> ⁴	841	58.9%	Malignant neoplasms	1,903	24.3%
Low Birth Weight (<2500 gms)			Diseases of heart	1,864	23.8%
	Number*	Percent	Dementia	422	5.4%
All Races	904	8.1%	Chronic lower respiratory diseases	483	6.2%
<i>White</i>	459	6.1%	Cerebrovascular diseases	409	5.2%
<i>Black</i>	388	12.6%	Accidents (unintentional injuries)	403	5.2%
<i>Hispanic Origin</i> ⁴	75	5.3%			

Notes:

* Numbers are for 2013.

1. The 5-year rate is per 1,000 population and refers to the period 2009-2013.

2. The 5-year rate refers to total live births per 1,000 women 15-44 years of age during the 2009-2013 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 2013.

5. The 5-year (2009-2013) infant mortality rates represent the number of deaths to children under one year of age per 1,000 live births.

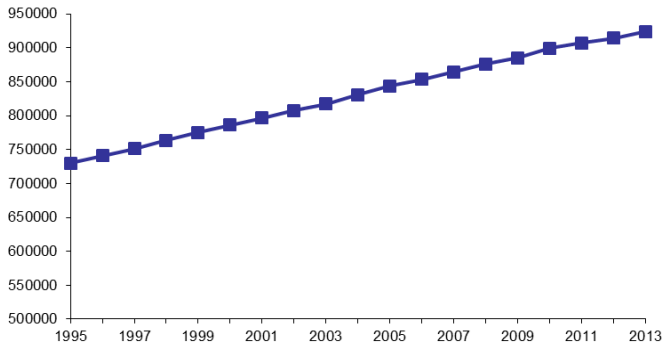
6. The 2013 mortality rates (deaths per 100,000 population) for Delaware and the counties are age-adjusted to the 2000 U.S. population.

SUMMARY

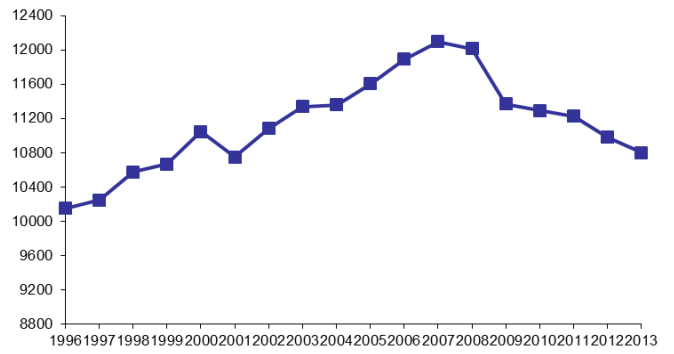
Source: Delaware Health Statistics Center

2013 DELAWARE VITAL STATISTICS

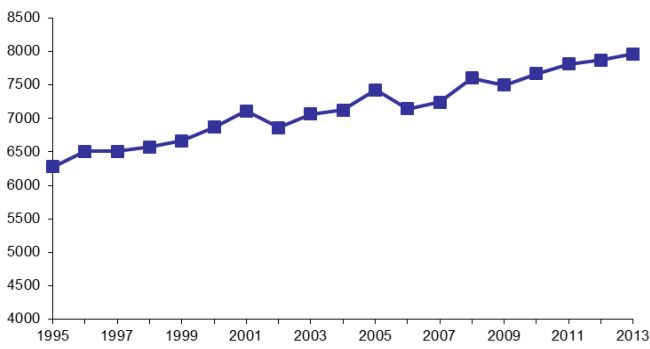
Population
Delaware, 1995-2013



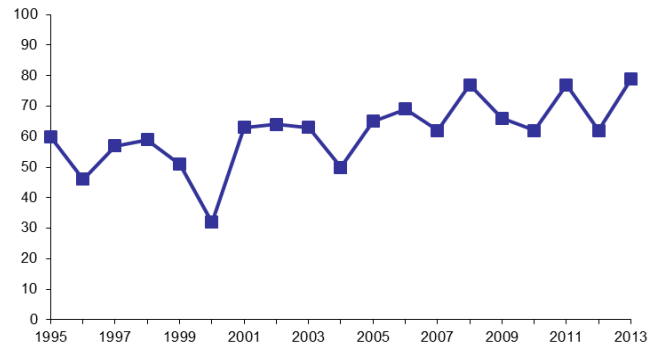
Live Births
Delaware, 1995-2013



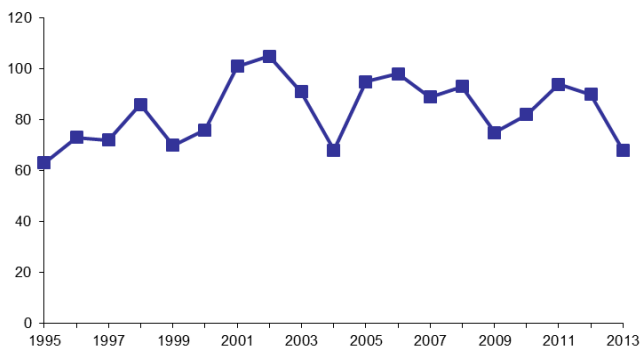
Deaths
Delaware, 1995-2013



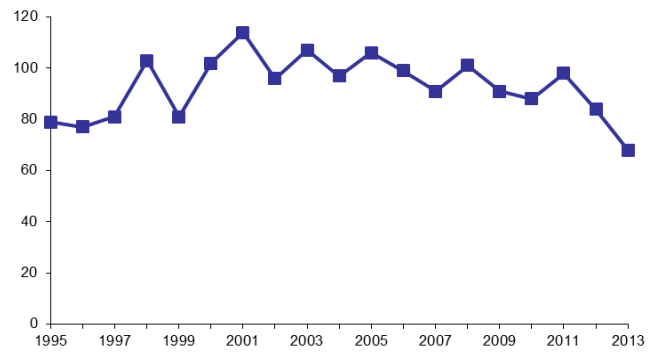
Fetal Deaths
Delaware, 1995-2013



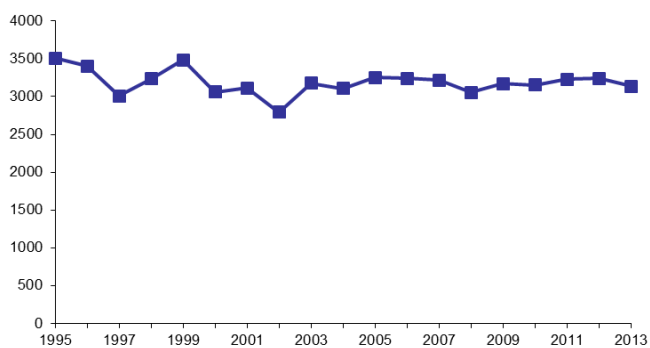
Perinatal Deaths
Delaware, 1995-2013



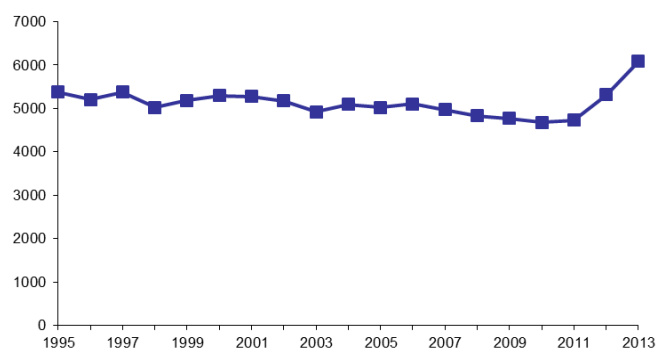
Infant (< 1 year of age) Deaths
Delaware, 1995-2013



Divorces
Delaware, 1995-2013



Marriages
Delaware, 1995-2013



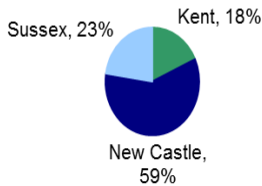
POPULATION

Delaware's three counties continued their increasing population trend, though they grew at different rates. Between 2000 and 2013, county populations grew annually by 2.3 percent for Kent, 0.6 percent for New Castle, and 2.3 percent for Sussex. Delaware's statewide increase was 1.2 percent.

In 2013, 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 one in four residents was 65 or older, versus New Castle and Kent counties, where approximately one in seven residents was 65 or older.

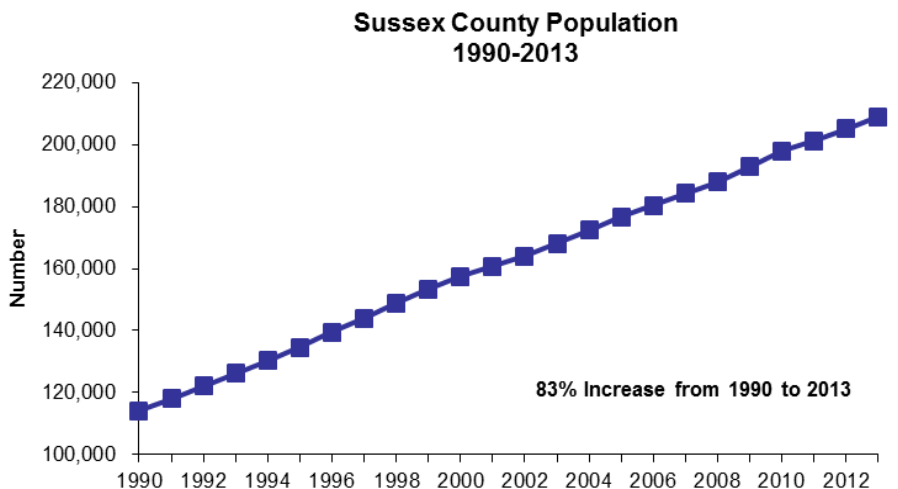
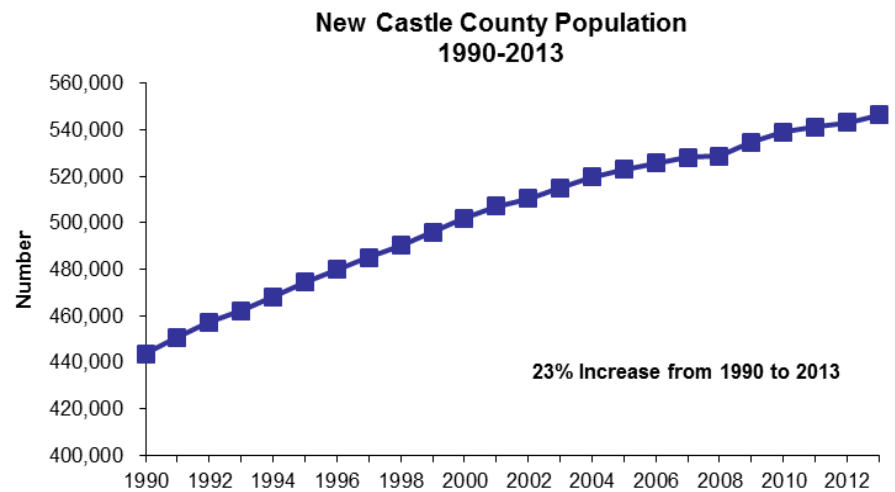
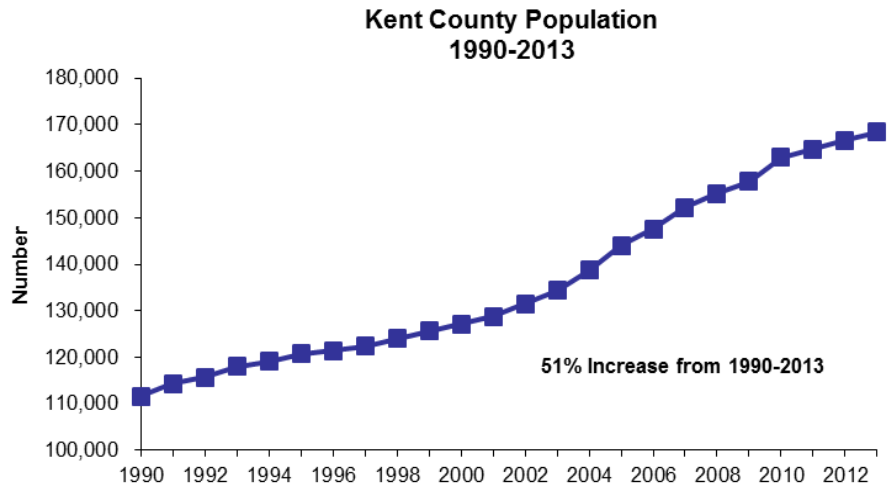
Over half of Delaware's total population resides in New Castle County.

Percent of Population by County
Delaware, 2013



Source: Delaware Health Statistics Center

Delaware Resident Population by County, 1990-2013

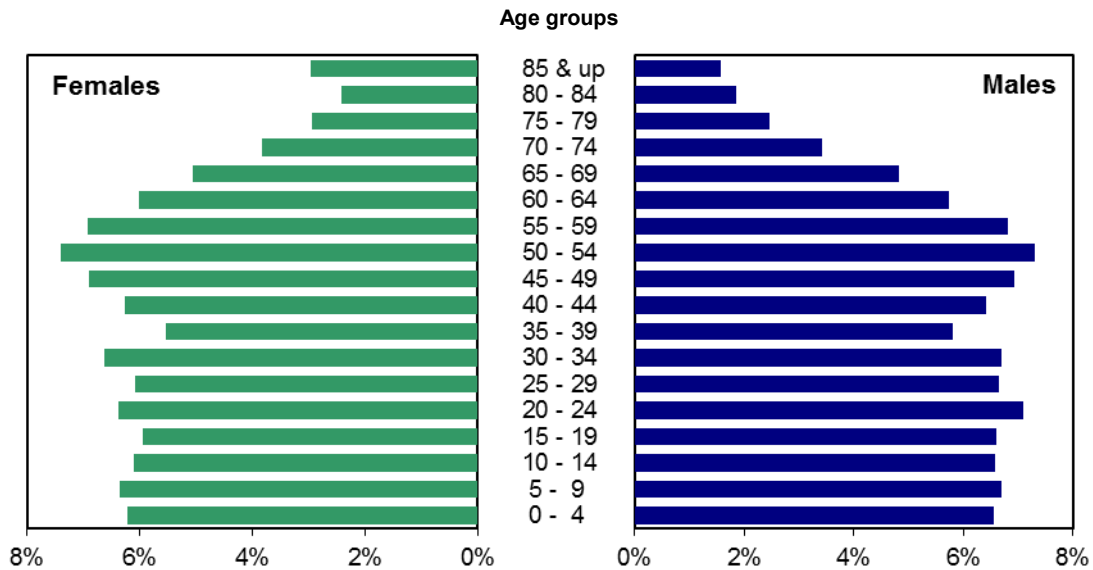


Source: Delaware Health Statistics Center

POPULATION

In 2013, just over 51 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 2013 could expect to live an average of 81.5 years, versus males, who could expect to live 76.2 years.

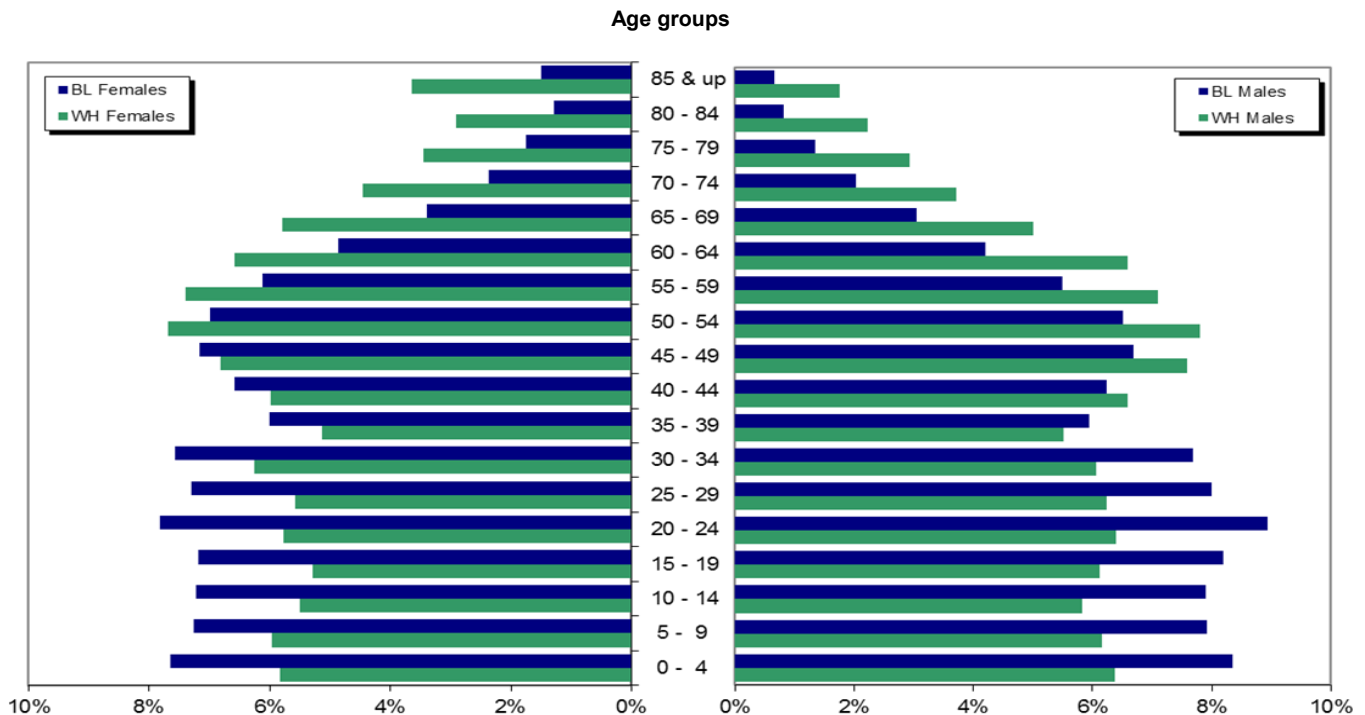
Population by Age and Sex, Delaware, 2013



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.

Population by Age, Sex, and Race, Delaware, 2013



Source: Delaware Health Statistics Center

MARRIAGE AND DIVORCE

There were 6,084 marriages and 3,133 divorces in Delaware in 2013. Over half of all divorces in 2013 were of marriages that lasted less than 10 years.

Marriage

Male

Youngest: 18
Oldest: 91

Female

Youngest: 17
Oldest: 97

Marriage with the greatest age difference between bride and groom: 48 years.

Most popular month to get married: October (see Table B-9).

Divorce

Male

Youngest: 19
Oldest: 87

Female

Youngest: 19
Oldest: 85

Shortest duration of marriage: 130 days.

Longest duration of marriage: 58 years.

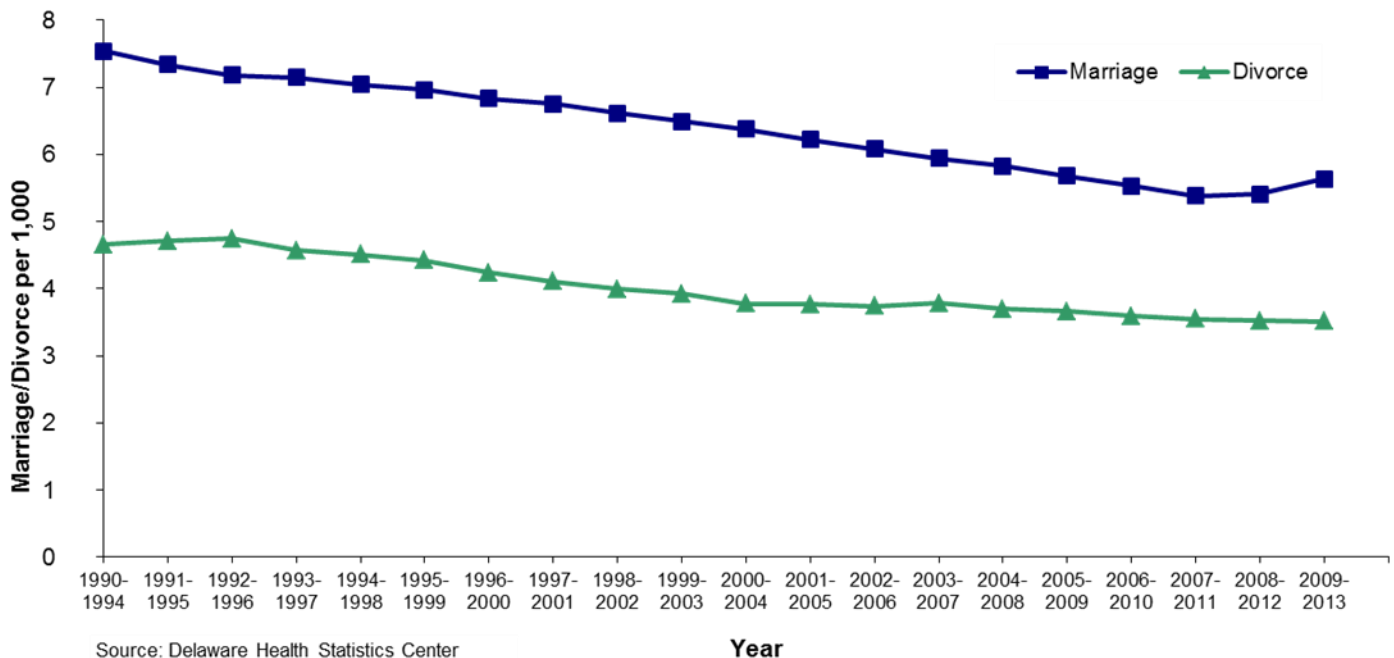
Median duration of marriage: 9 years.

Total children under 18 years of age: 1,399

Between 1990-1994 and 2008-2013 the five-year average marriage rate decreased from 7.5 to 5.6 marriages per 1,000 population.

Divorce rates remained fairly stable between 1990-1994 and 1992-1996. Between 1992-1996 and 2009-2013, divorce rates declined 26 percent, with most of the decrease occurring in the 1992-1996 to 2000-2004 time period.

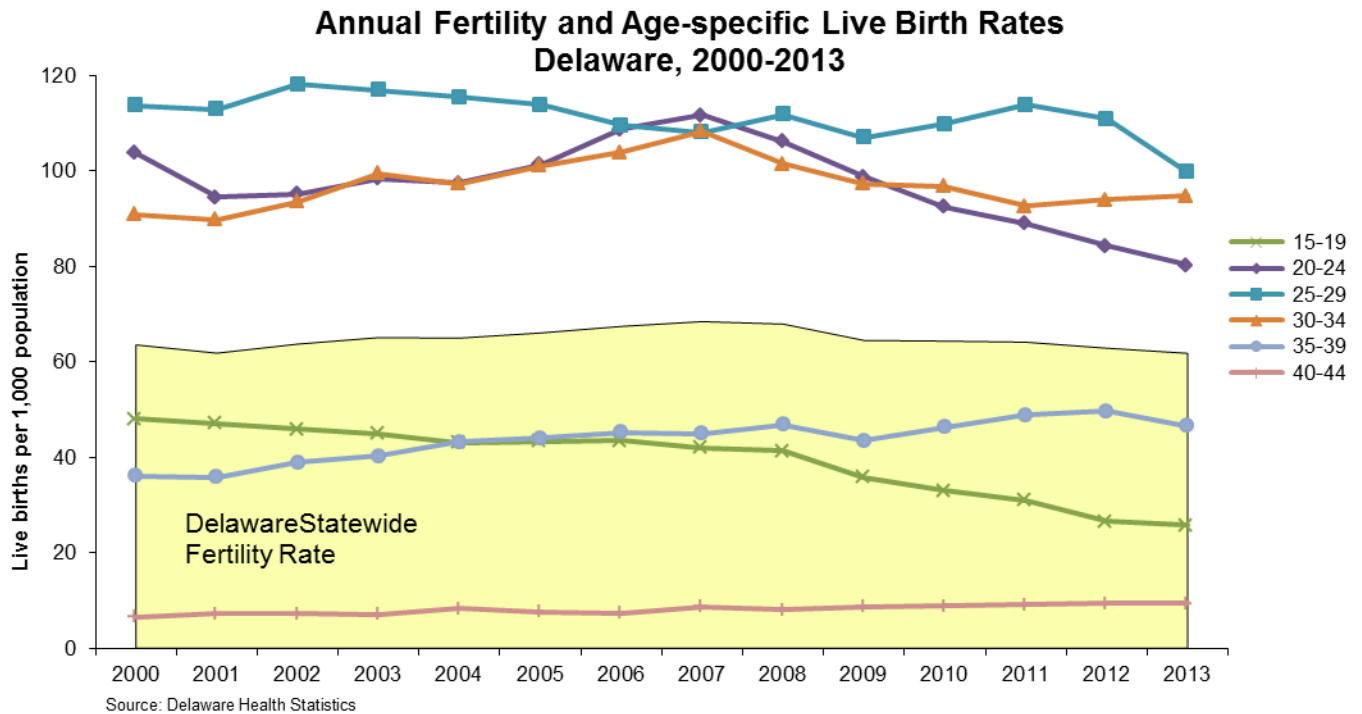
**Five-year Average Marriage and Divorce Rates per 1,000 Population
Delaware, 1990-2013**



LIVE BIRTHS

In 2013, there were 11,202 births in Delaware; 10,271 were to Delaware residents and 931 were to non-residents. Additionally, 531 births to Delaware residents occurred out of state, for a total of 10,802 Delaware resident births, 180 fewer Delaware residents births than in 2012.

The recent national declines in general fertility and live birth rates were also apparent in Delaware statistics. From 2009 to 2013, the general fertility rate (number of births per 1,000 women aged 15-44 years) declined from a high of 64.5 to 61.8 births per 1,000 women ages 15-44. The birth rate of teens (15-19) exhibited the largest decline, followed by rates for women ages 20-24; with decreases of 28.3 and 18.7 percent, respectively. Birth rates for women ages 30-34 years also decreased but only by 2.6 percent. Birth rates of women ages 35-39 and 40-44 both increased, with the latter having the larger increase (8.4 percent) of the two.



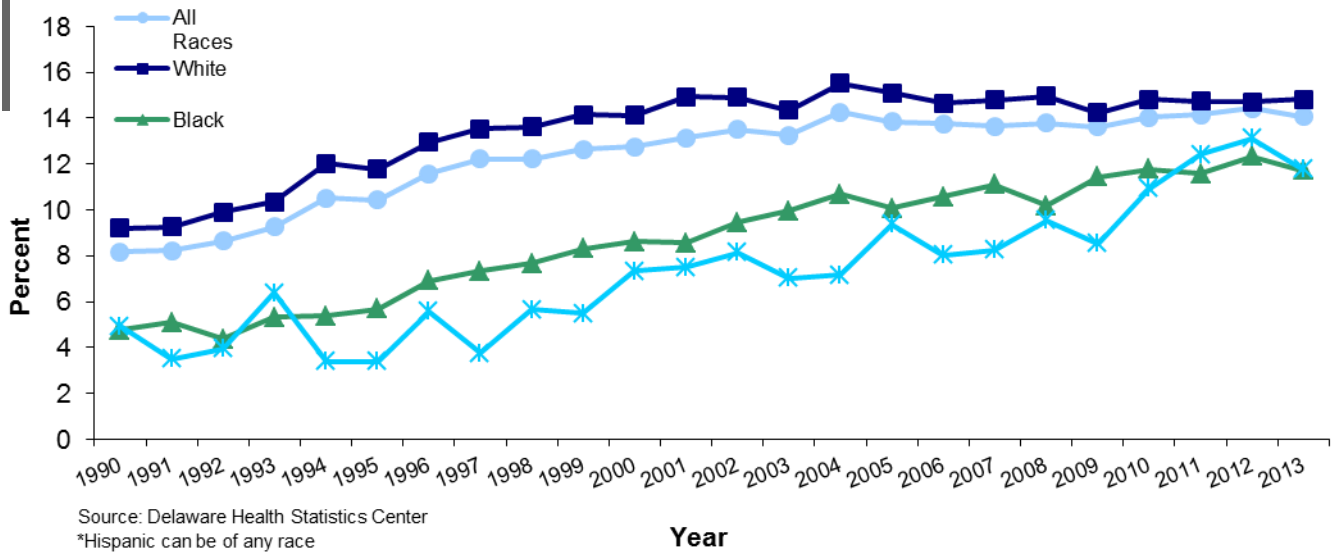
The 2009 to 2013 decline seen in teens aged 15-19 was apparent in both the 15-17 and 18-19 age groups, whose birth rates had percentage decreases of 32 and 26.6 percent, respectively. Birth rates for teens in both age groups were overwhelmingly the highest in Sussex County and distantly followed by Kent 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

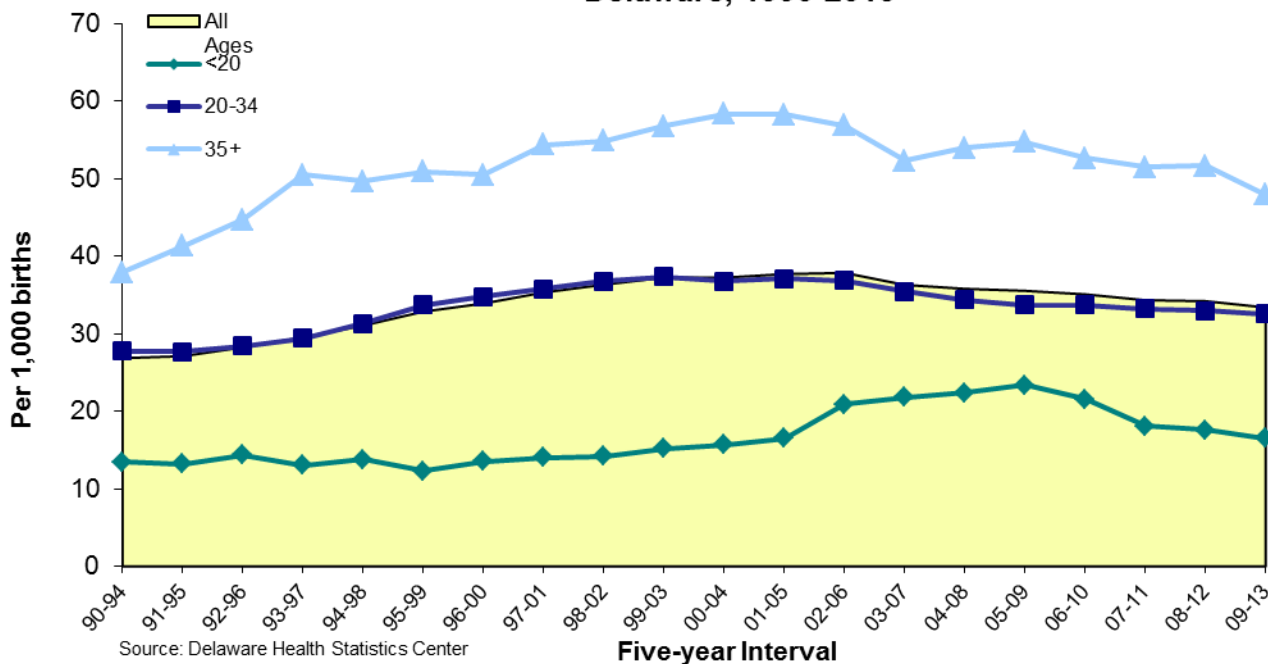
Between 1990 and 2004, the percentage of births to women 35 and older exhibited a clear upward trend that continues to rise. In 2013, 14.1 percent of all births were to women 35 and older, versus 8.2 percent of all births in 1990.

Annual Percent of Live Births to Women 35 or Older by Race and Hispanic Origin,* Delaware, 1990-2013



For mothers of all ages, the rate of plural births increased 24 percent between 1990-1994 and 2009-2013. In 2009-2013, older mothers (35+) had the highest plural birth rates, at 47 multiples per 1,000 births, almost three times that of mothers under 20, and 47 percent higher than mothers 20-34.

Five-year Average Plural Birth Rate by Age of Mother Delaware, 1990-2013

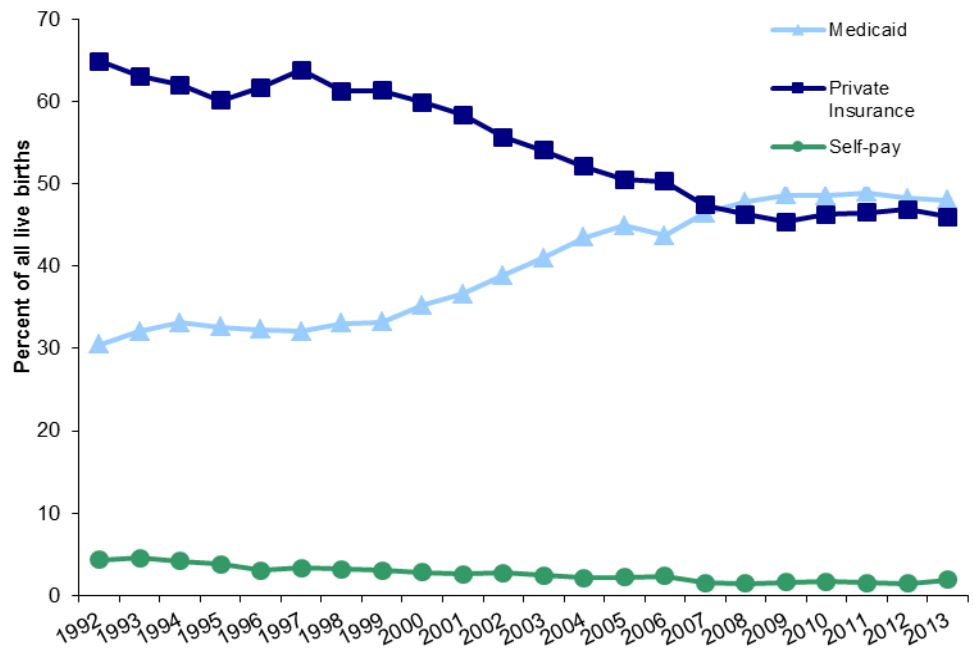


LIVE BIRTHS

In 2013, 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.

- Since 2008, Medicaid paid for more births than private insurance.
- Medicaid was still the primary source of payment for the majority of birth mothers under 20, covering 78 percent of both black and white mothers, and 82 percent of mothers of other races.

Percent of Births by Source of Payment for Delivery Delaware, 1992-2013

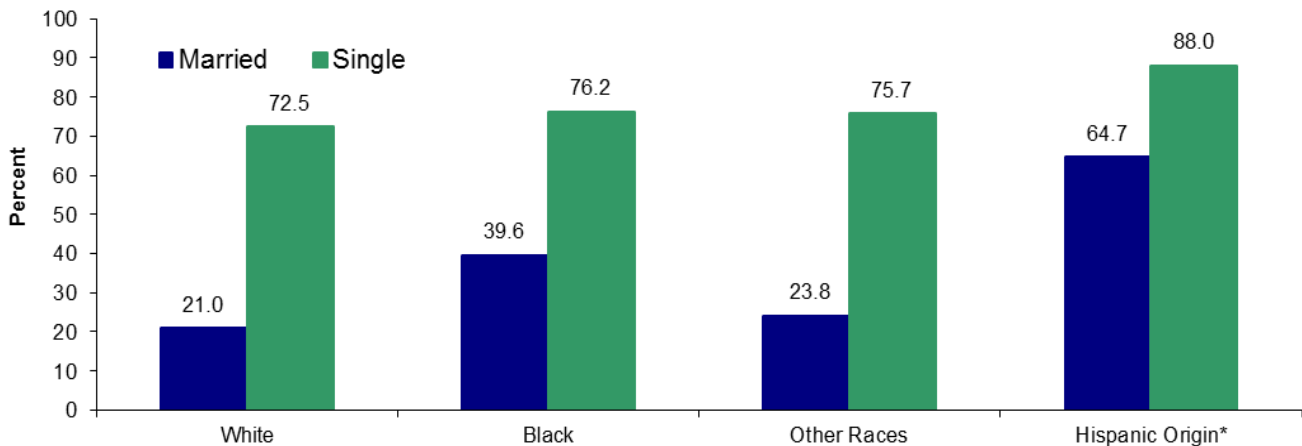


Source: Delaware Health Statistics Center

Marital status in 2013 had a tremendous effect on the use of Medicaid as the primary source of payment for delivery:

- Twenty-one percent of white married women used Medicaid as their primary source of payment, but that number more than tripled, to 72.5 percent, for single white women.
- Medicaid was the primary source of payment for 39.6 percent of married black women, but that number almost doubled, to 76.2 percent, for single black women.
- Married women of other races (23.8 percent) used Medicaid as their primary source of payment, but that number was more than three times higher, at 75.7 percent, if the mother was single.
- Hispanic married women (64.7 percent) used Medicaid as their primary source of payment; that number increased to 88 percent for single Hispanic women.

Percent of Births by Race, Hispanic Origin, Marital Status, and Medicaid As Primary Source of Payment, Delaware, 2013

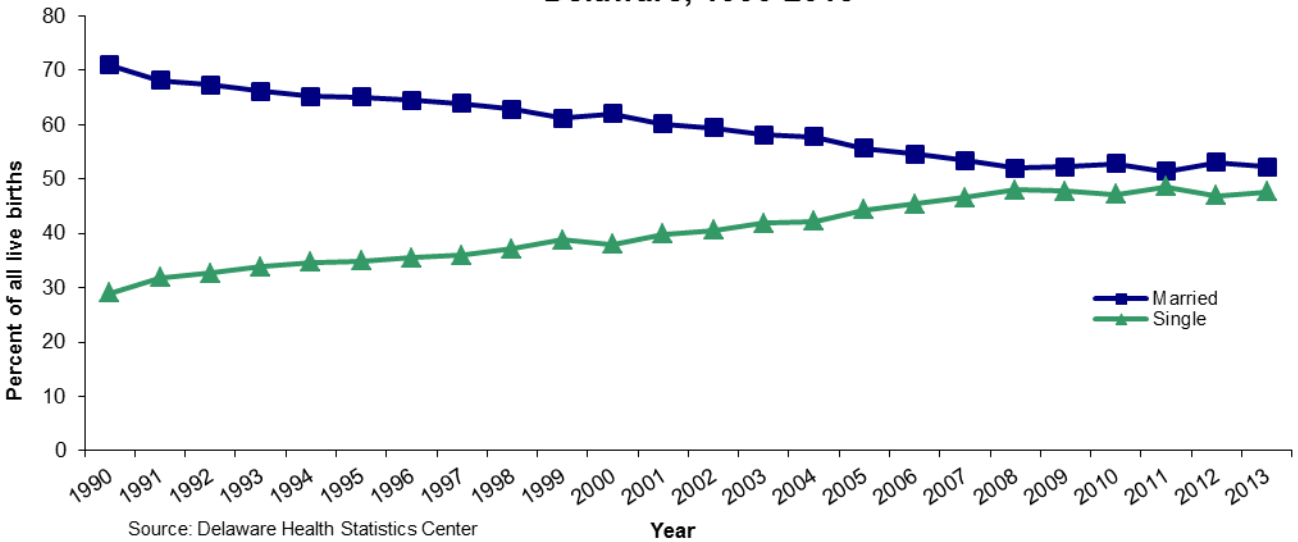


Source: Delaware Health Statistics Center

LIVE BIRTHS

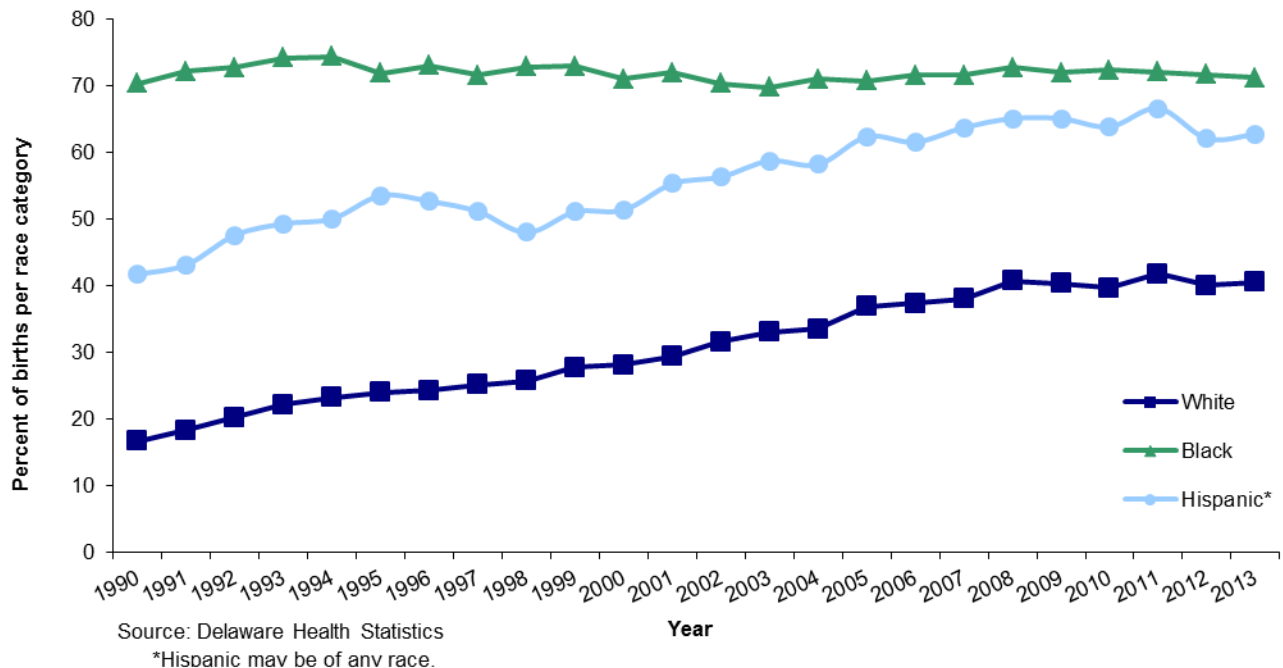
After increasing steadily from 1991 to 2008, the percent of births to unmarried women stabilized. In 2013, this number still appears somewhat stable but there was a 1.5 percent increase since the previous year. For married mothers, there was little change between 2008 to 2012 in the percent of births; 1.3 percent decrease occurred since the previous year. In 2013, 47.7 percent of all births were to unmarried women.

**Annual Percent of Births by Mother's Marital Status
Delaware, 1990-2013**



This shift in the distribution of mothers marital status was only apparent in births to white and Hispanic women. Between 1990 and 2013, the percentage of births to unmarried white women increased from 17 to 40 percent, and the percentage of births to unmarried Hispanic women rose from 42 to 63 percent. During the same period, the percent of births to unmarried black women remained stable at approximately 71 percent.

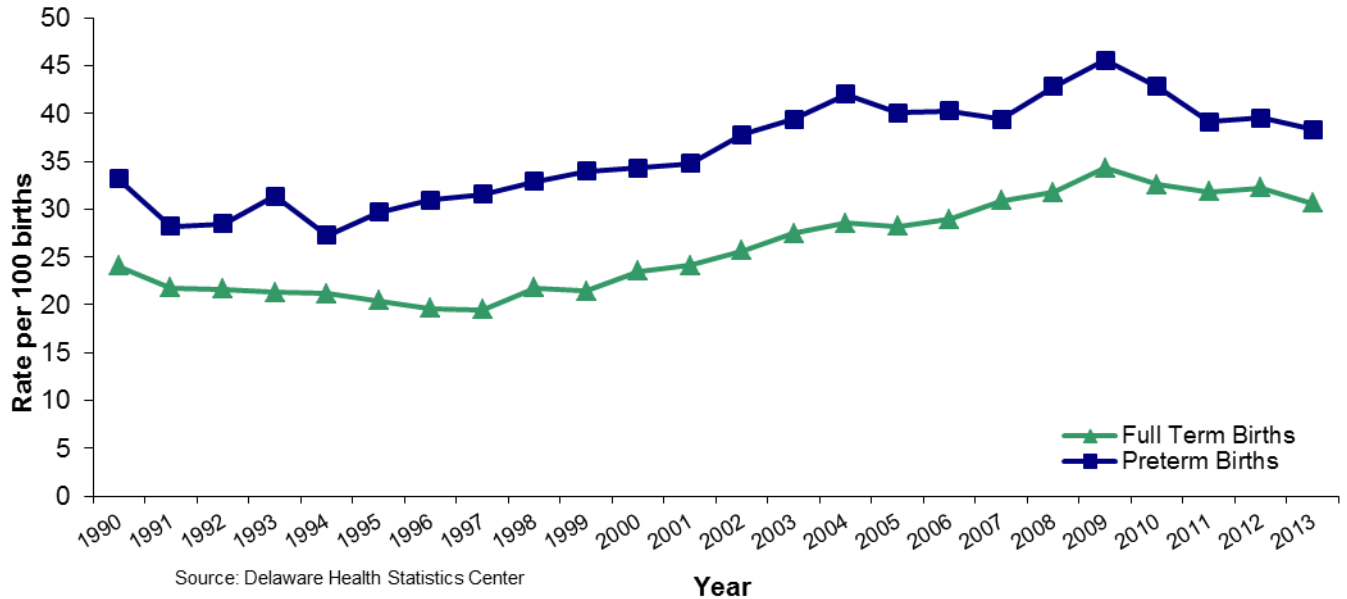
**Percent of Live Births to Unmarried Women by Race and Ethnicity
Delaware, 1990-2013**



LIVE BIRTHS

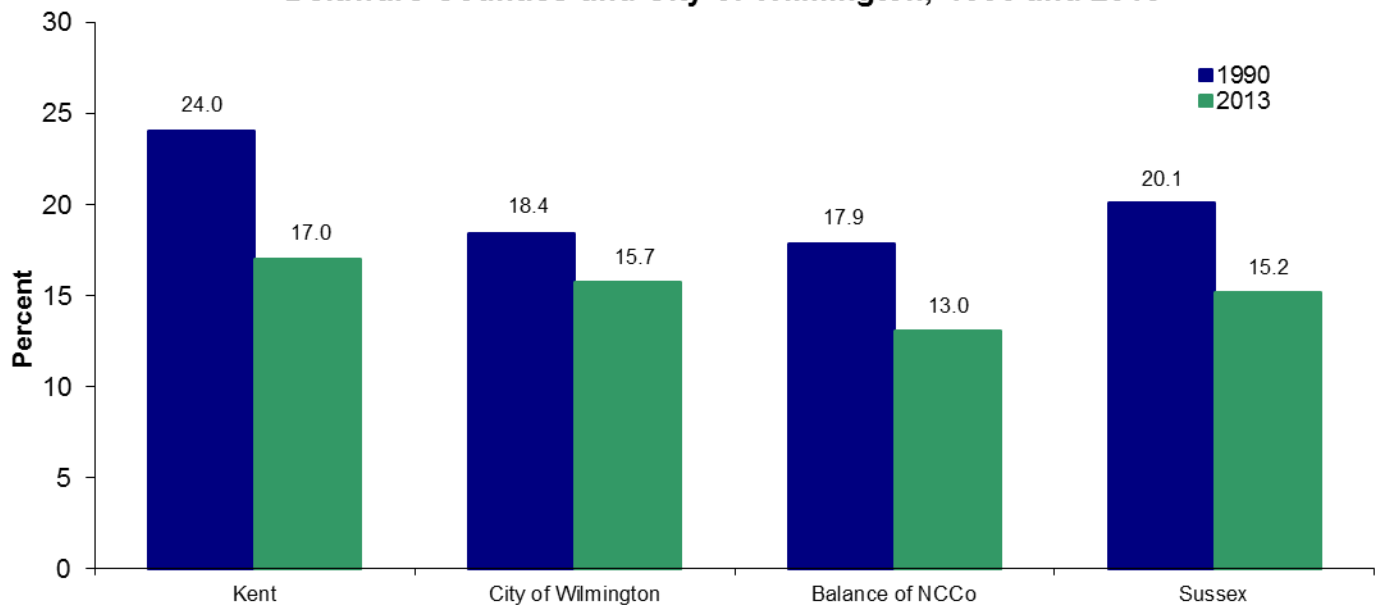
From 1998 to 2013, the rate of cesarean deliveries increased 35.8 percent, to 31.5 per 100 live births whereas vaginal births decreased only 10.7 percent. Since 1998 both preterm (<37 weeks gestation) and term (37+ weeks gestation) births had increases in cesarean delivery rates. Although term births demonstrated a greater increase in rates between 1998 and 2013, the C-section rate for preterm births remained higher at 38.3 per 100 preterm births, versus 30.6 per 100 term births in 2013.

**Annual Rate of Cesarean Deliveries by Gestational Category
Delaware, 1990-2013**



From 1990 to 2013, the percentage of Delaware mothers who used tobacco while pregnant decreased in all three counties and the city of Wilmington. In 2013, the City of Wilmington had the highest percentage of mothers who smoked while pregnant.

**Percent of Mothers who Smoked while Pregnant
Delaware Counties and City of Wilmington, 1990 and 2013**



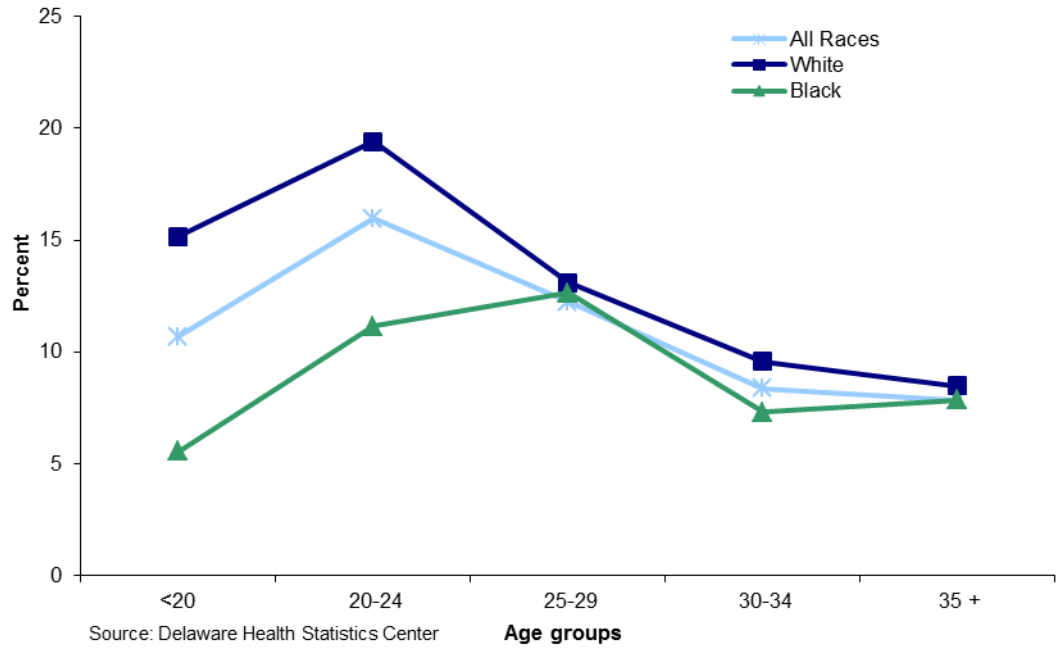
LIVE BIRTHS

In all age groups, white mothers were more likely than black mothers to smoke while pregnant.

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

Mothers of all races in the 35+ age group were the least likely to smoke while pregnant.

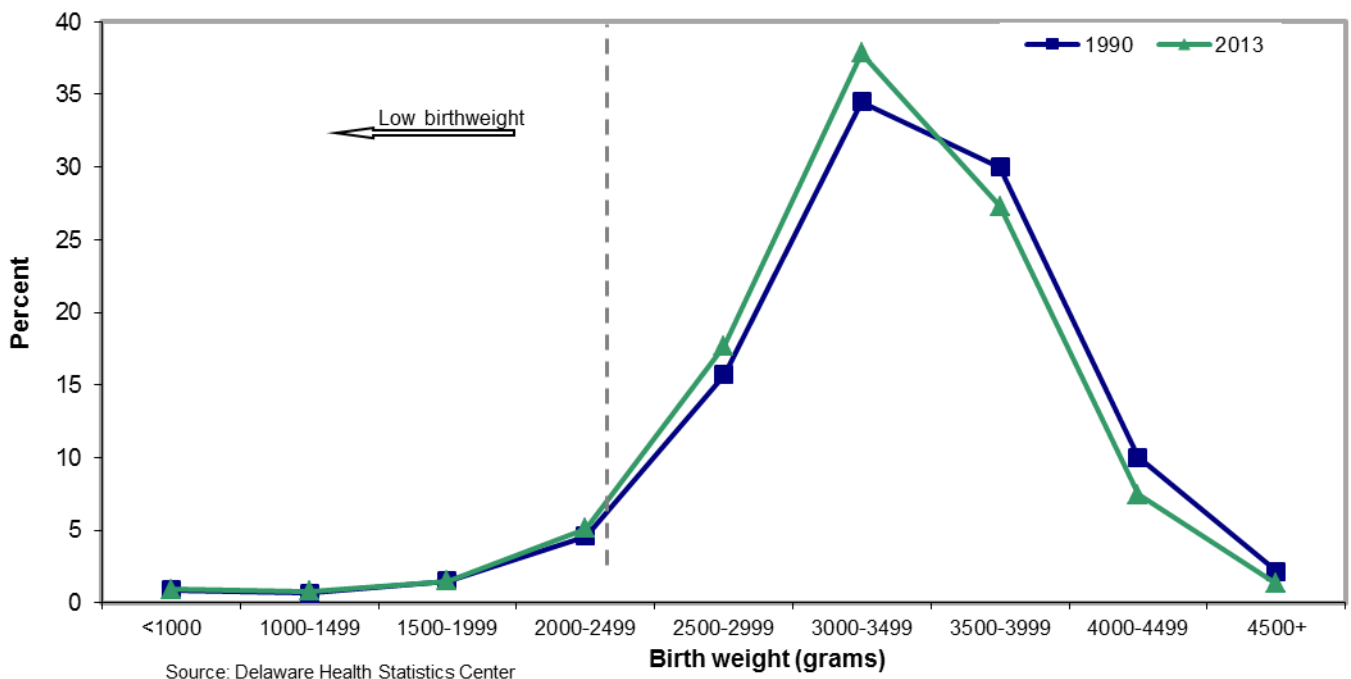
Percent of Mothers who Smoked While Pregnant by Age Group and Race, Delaware, 2013



In 2013, 15.2 percent of Delaware women who smoked while pregnant gave birth to low birthweight babies (< 2500 grams), versus the significantly lower percentage (7.4) of non-smokers who gave birth to low birthweight babies.

The percent distribution of births by birthweight did not differ significantly between 1990 and 2013. The greatest percentage of births fell within the 3,000 to 3,499 gram range.

Percent Distribution of Births by Birthweight Delaware, 1990 and 2013

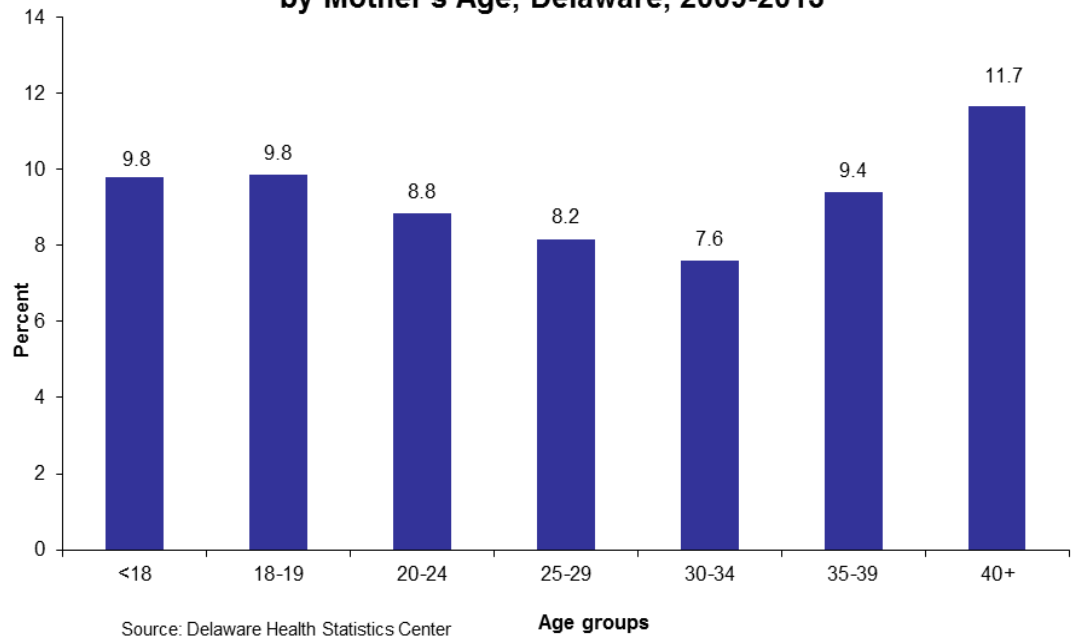


LIVE BIRTHS

From 2008-2012 to 2009-2013, the five-year percent of low birthweight (LBW) births and very low birthweight (VLBW) births remained relatively stable at 8.5 and 1.8, respectively.

The percent of LBW births was greatest for mothers in the 40 and older age group (11.7 percent) and lowest for those in the 30-34 age group.

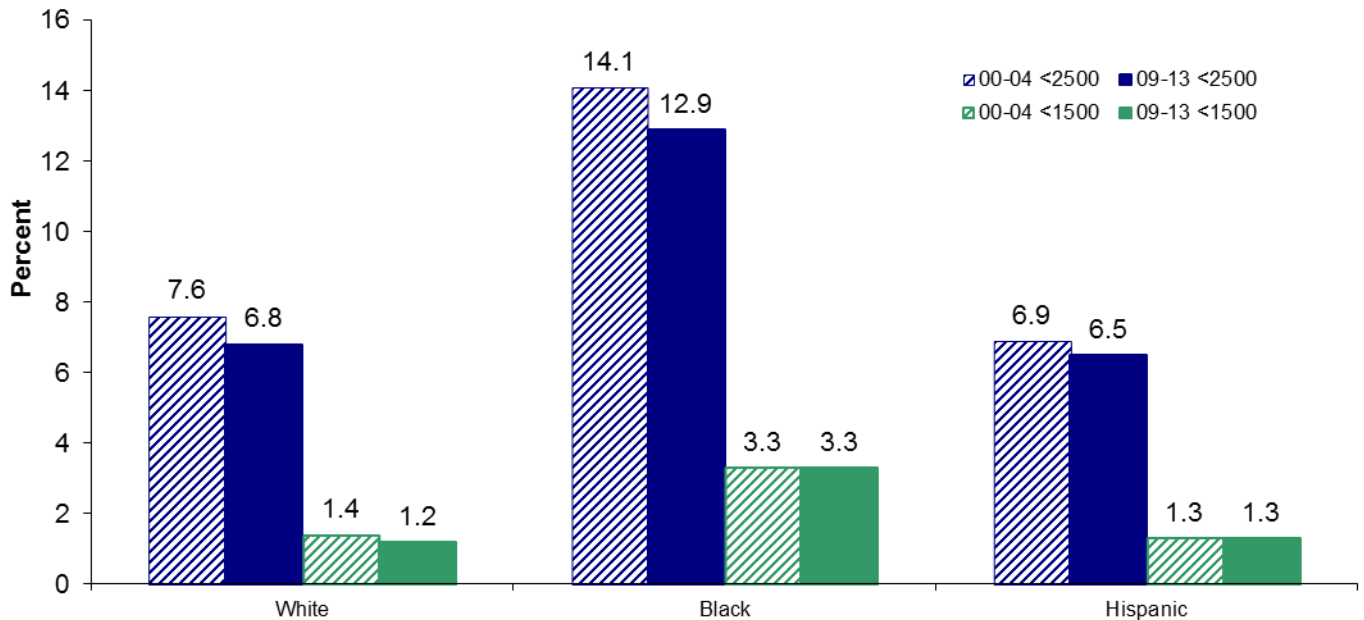
Five-year Percent of Low Birthweight Births (<2500 grams) by Mother's Age, Delaware, 2009-2013



Among mothers of all ages in 2013, black mothers had the highest percentage of LBW and VLBW births, at 12.7 percent and 3.2 percent respectively.

Between 2000-2004 and 2008-2012, the percentages of white, black, and Hispanic infants born at low birthweight all declined whereas only the percentage of white infants born at very low birth weight declined while both black and Hispanic percentages remained the same.

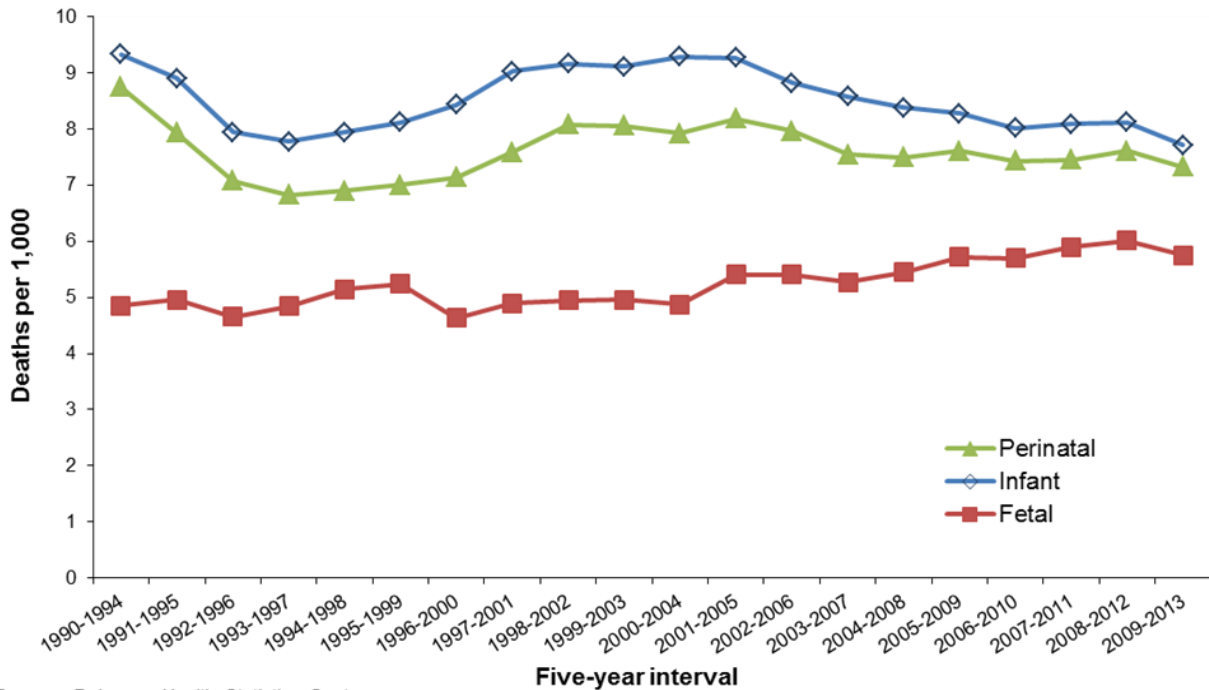
Five-year Average Percent of Low (<2500 grams) and Very Low Birth Weight Births (<1500 grams) by Race and Hispanic Origin Delaware, 2000-2004 and 2009-2013



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 2009-2013.

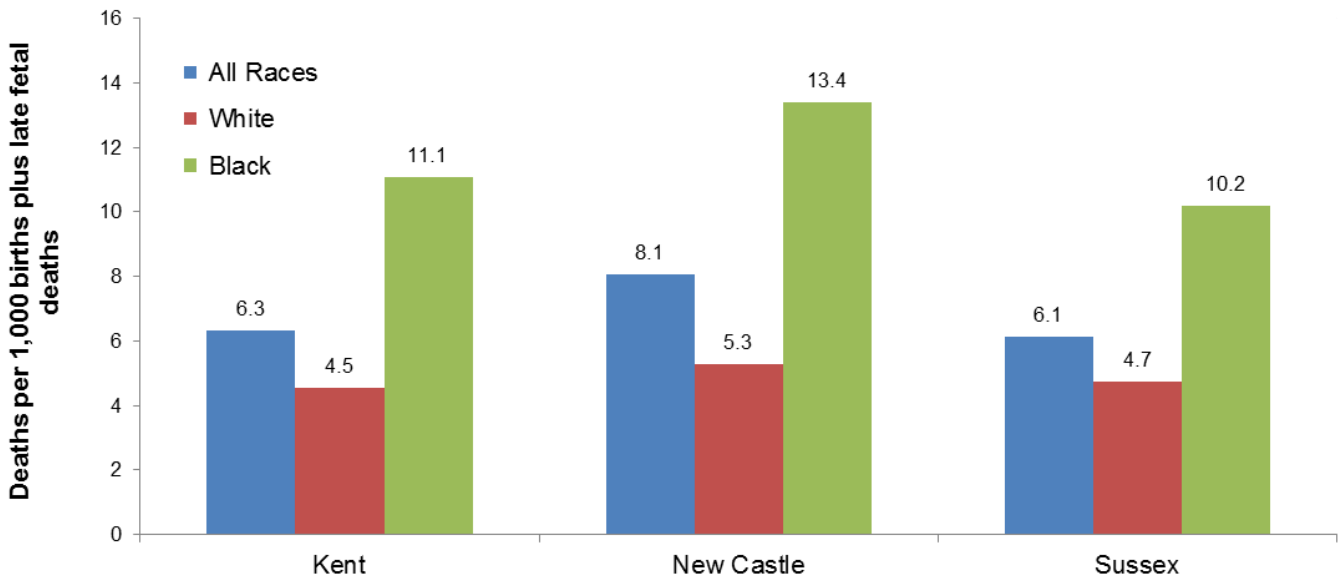
**Five-year Fetal, Perinatal, and Infant Mortality Rates
Delaware, 1990-2013**



Source: Delaware Health Statistics Center

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 all three counties, the perinatal mortality rate for black women was more than double that of white women.

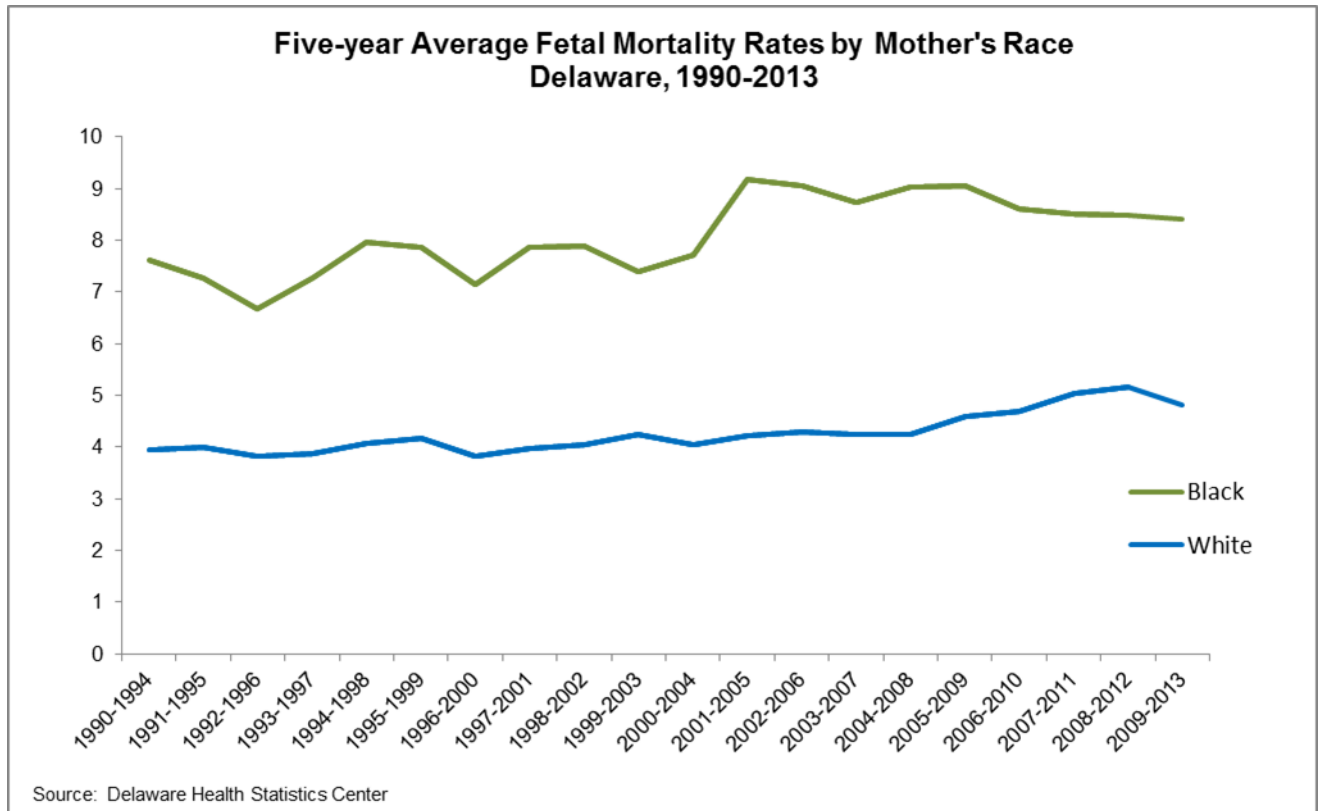
**Five-year Average Perinatal Mortality Rates by Race and County
Delaware, 2009-2013**



Source: Delaware Health Statistics Center

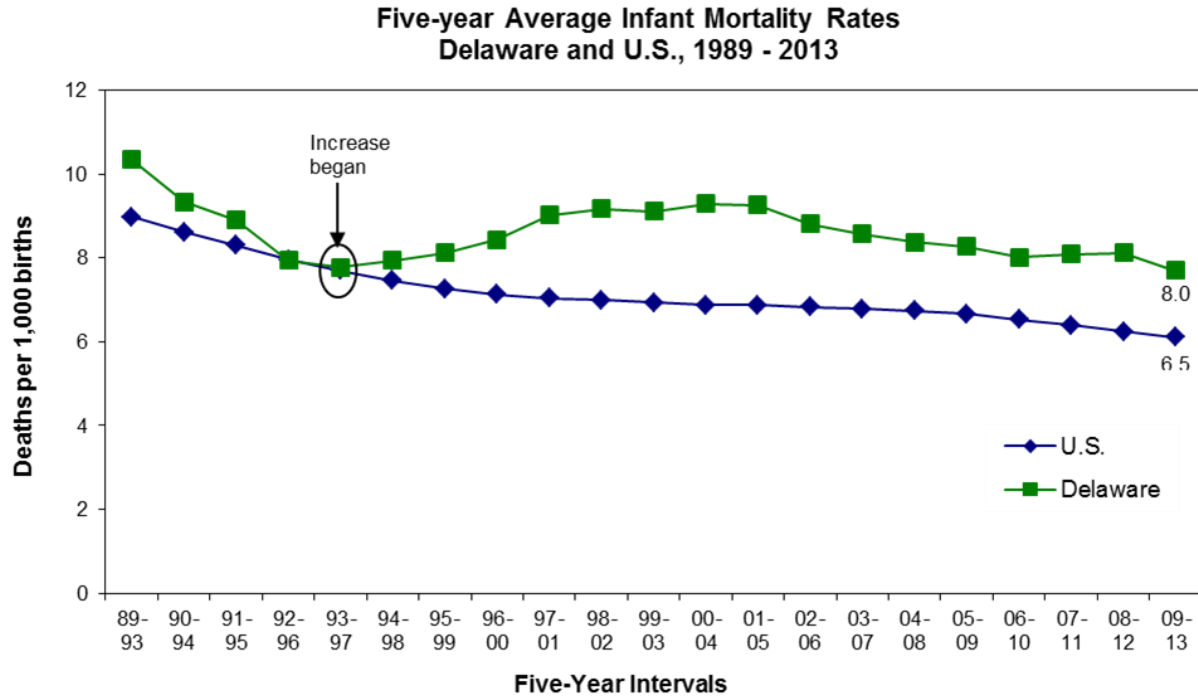
FETAL AND PERINATAL DEATHS

In 2013, there were 55 reported fetal deaths in Delaware. In 2009-2013, the fetal mortality rate was 5.8 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 2009-2013 they were 55 percent higher than the rate of white women (8.4 versus 4.8).

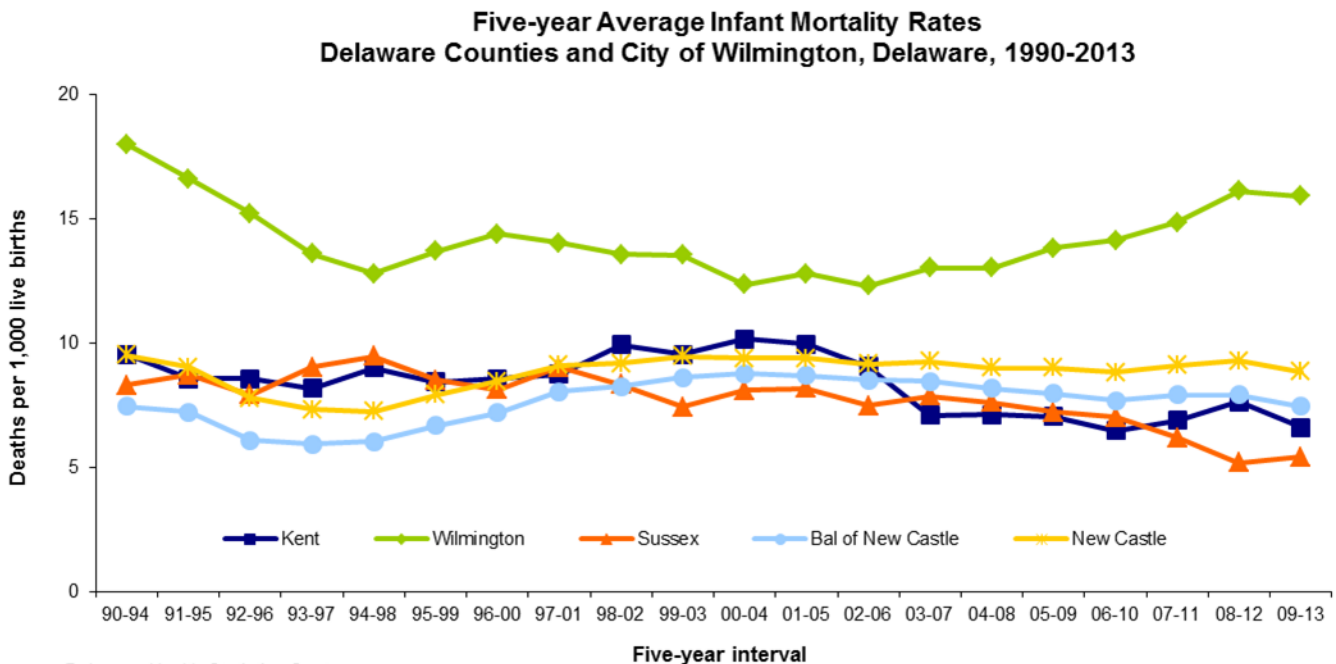


INFANT MORTALITY

Between 2008-2012 and 2009-2013, Delaware's infant mortality rate (IMR) decreased to 7.7 infant deaths per 1,000 live births, resulting in a total decline of 17.2 percent from its 2000-2004 peak of 9.3 infant deaths per 1,000 live births. At 6.1, the U.S. rate remained significantly lower than the Delaware rate.

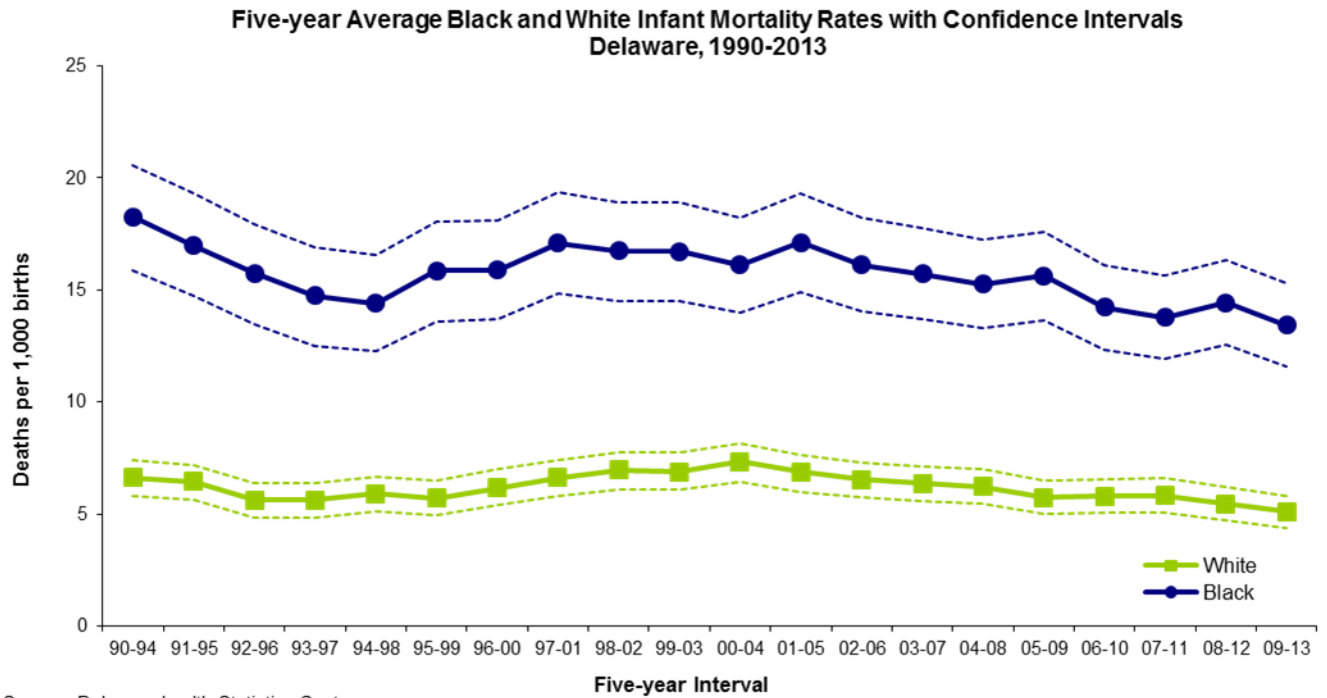


Wilmington's IMR decreased for the first time in five years. The combination of Wilmington's high IMR and a high IMR in the balance of New Castle County, resulted in New Castle County's IMR being higher than the IMRs of both Kent and Sussex Counties. Although the IMR of Sussex increased from 2008-2012 to 2009-2013, Sussex's IMR remained the lowest. In 2009-2013, the balance of New Castle County's IMR was 7.5; Wilmington's IMR was 15.9; Kent County's IMR was 6.6; and Sussex County's IMR was 5.4.

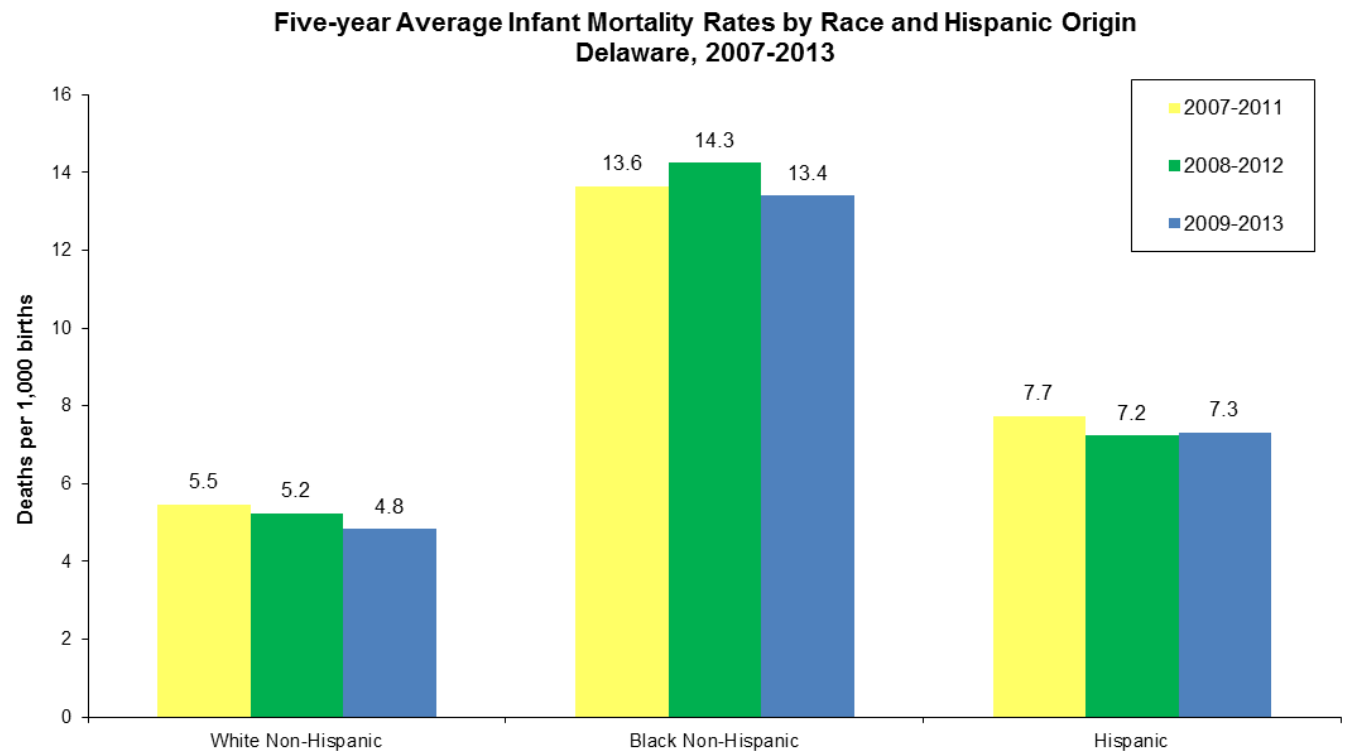


INFANT MORTALITY

Black infants experienced significantly higher mortality rates than white infants, and from 1990-1994 to 2009-2013, black IMRs went from 2.8 to 2.6 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 13.4 in 2009-2013 was more than double the white non-Hispanic rate of 4.8 and nearly twice the Hispanic rate of 7.3 infant deaths per 1,000 live births.



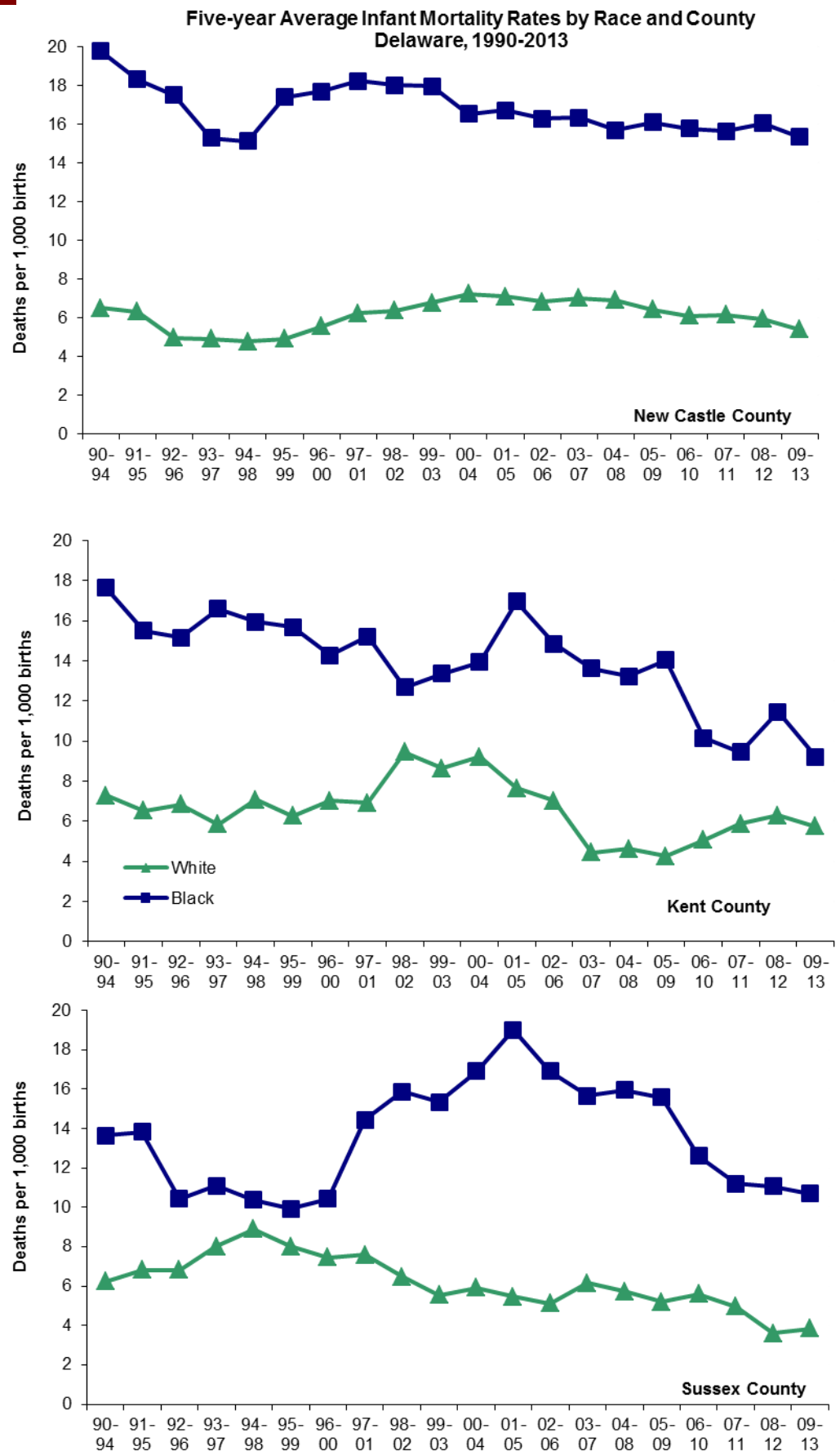
INFANT MORTALITY

In 2009-2013, 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 2009-2013 the black IMR was 15.3 infant deaths per 1,000 live births. White IMRs decreased in that time frame from 6.8 to 5.4 infant deaths per 1,000 live births.

Black IMRs in Kent County peaked at 17 in 2001-2005; the recent drop in 2009-2013 resulted in a 46 percent reduction in black IMRs between 2001-2005 and 2009-2013. Despite increasing since their 2005-2009 rate, the white IMR in Kent County was 25 percent lower in 2009-2013 than in 2001-2005.

Sussex County's black IMR dropped to 10.7 in 2009-2013, its lowest rate since 1996-2000, and a 44 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 2009-2013 the rate dropped to 3.8 infant deaths per 1,000 births.



Source: Delaware Health Statistics Center

INFANT MORTALITY- Leading Causes of Death

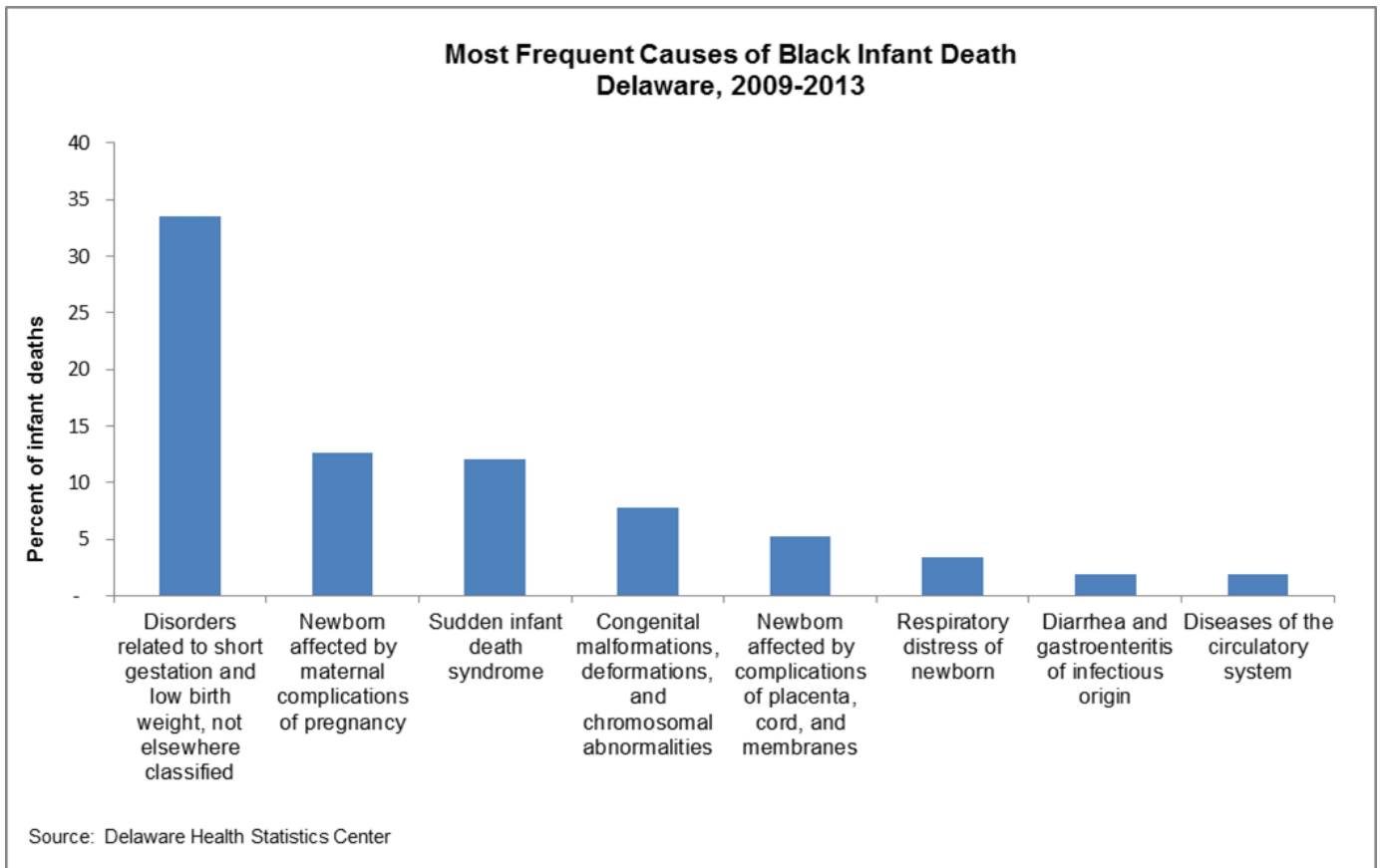
In 2009-2013, the five leading causes of infant death were:

- Disorders related to short gestation and fetal malnutrition (prematurity and low birthweight), which accounted for 24.7 percent of infant deaths.
- Congenital anomalies (birth defects), which accounted for 15.2 percent of infant deaths.
- Sudden infant death syndrome (SIDS), which accounted for 11.0 percent of infant deaths.
- Newborns affected by maternal complications of pregnancy, which accounted for 10.3 percent of infant deaths. Of the 44 deaths attributed to this cause, 38 were due to newborns being affected by incompetent cervix and premature rupture of membranes.
- Newborns affected by complications of placenta, cord, and membranes (4.9 percent).

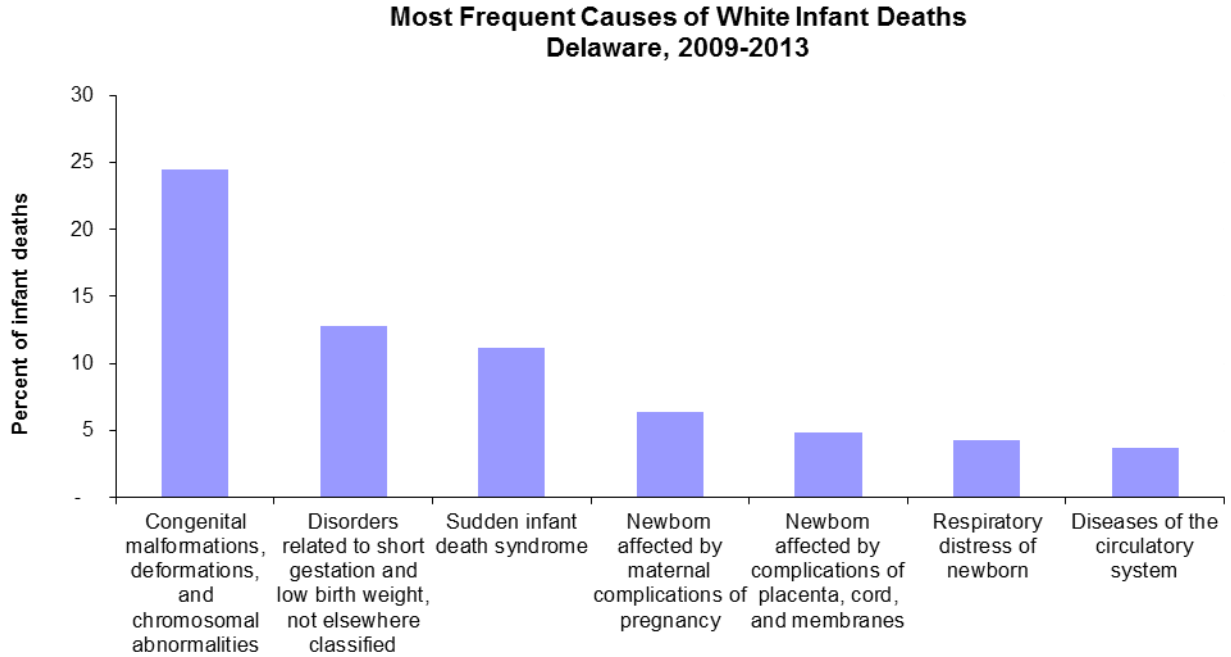
In sum, the five most common causes of infant death accounted for 66 percent, or 283 of the 429 total infant deaths.

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 24.5 percent of all white infant deaths, they accounted for only 7.8 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 (33.5 versus 12.8 percent for prematurity and low birthweight, and 12.1 versus 11.2 percent for SIDS).



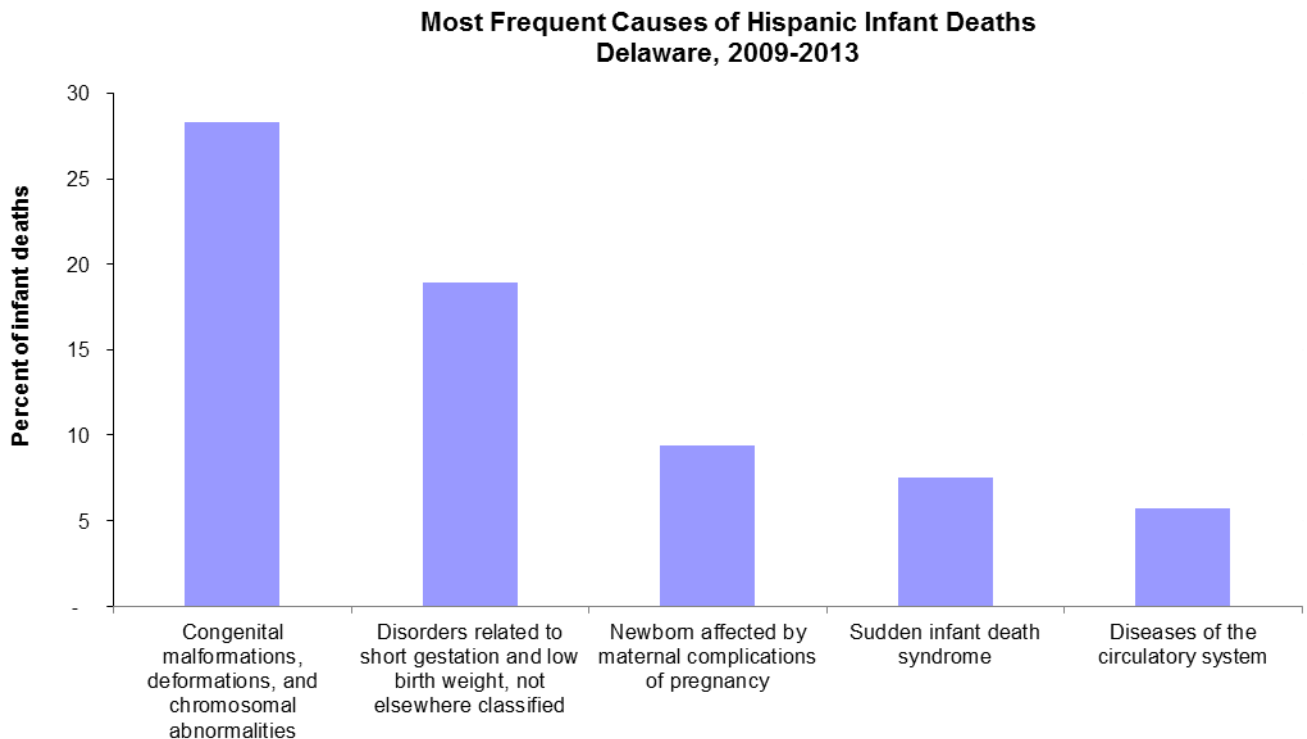
INFANT MORTALITY- Leading Causes of Death



Source: Delaware Health Statistics Center

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 nearly quadrupled. In the most recent five-year period, 2009-2013, 13.0 percent of all live births were to Hispanic mothers, and 12.4 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.

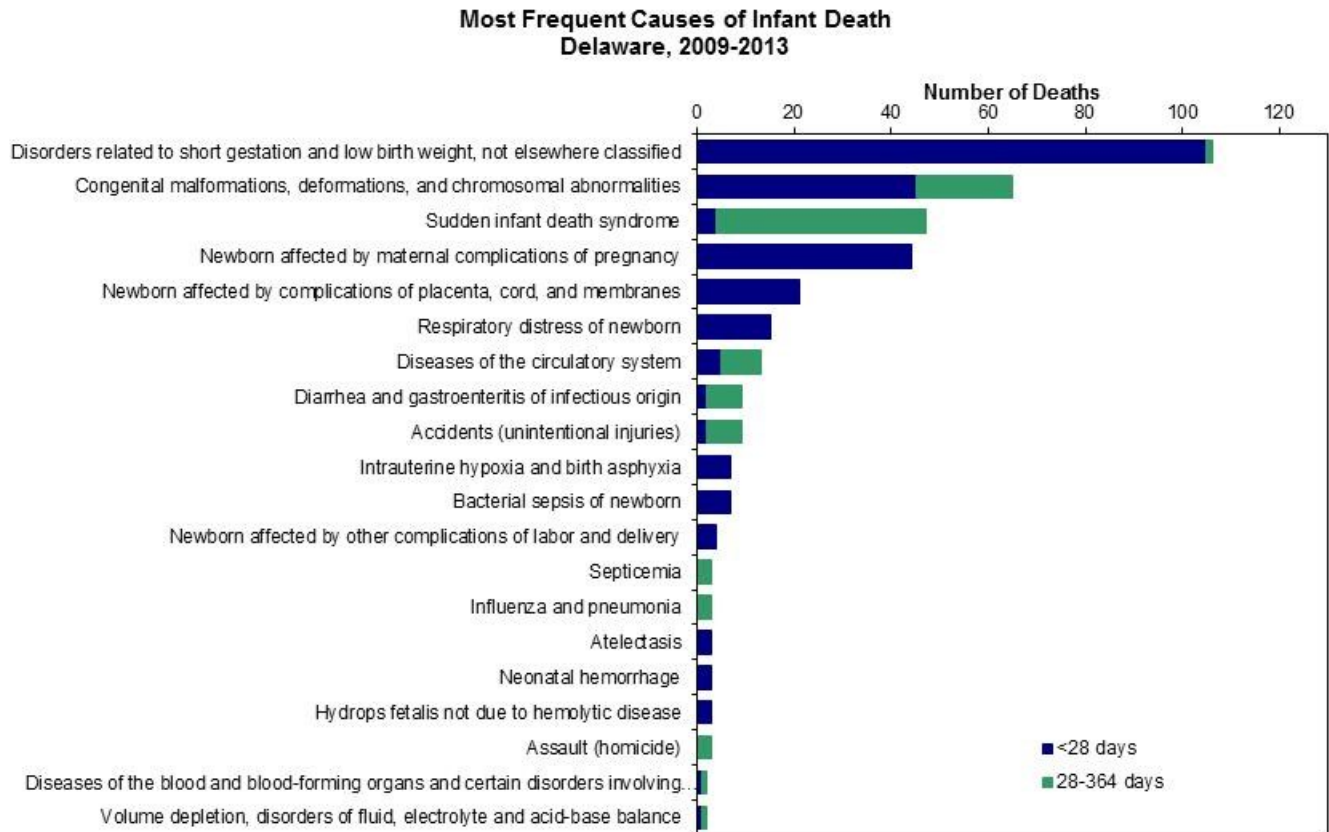


Source: Delaware Health Statistics Center

INFANT MORTALITY - Leading Causes of Death

Approximately 92 percent of all infant deaths occurred within the first six months of life, 72 percent of all infant deaths occurred within the first 28 days of life, and 43 percent of all infant deaths 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).



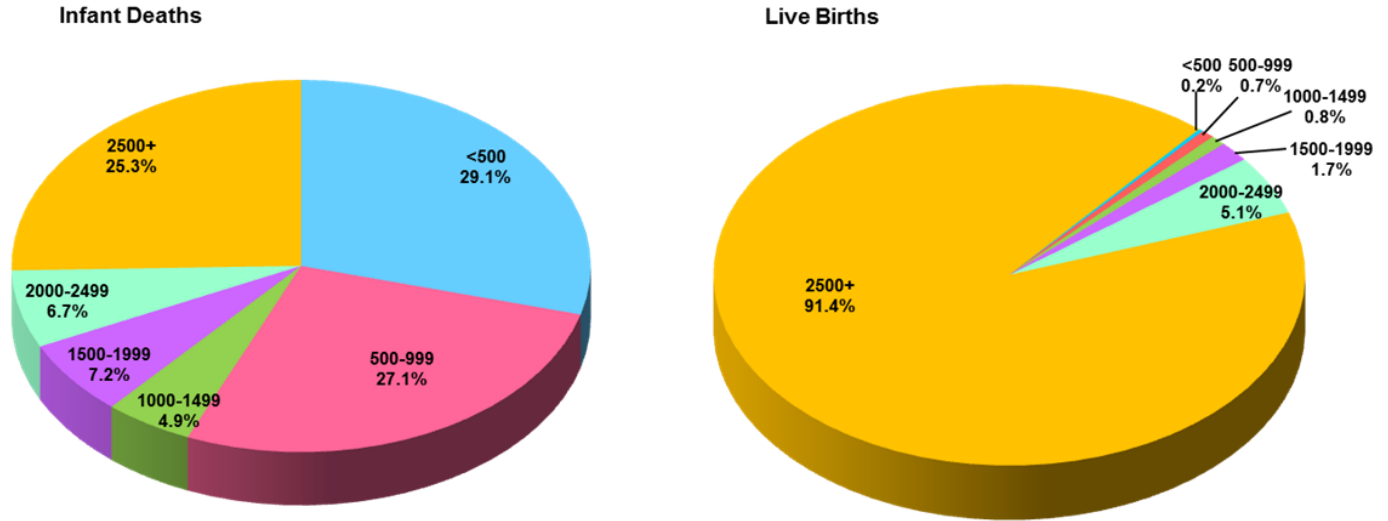
Source: Delaware Health Statistics Center

- Prematurity and low birthweight accounted for the greatest number of infant deaths in 2009-2013; 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 118 days. Although fewer infants died in 2009-2013 compared to 2008-2012 and less infants died due to SIDS, it remained to be the third leading cause of infant death in 2009-2013.
 - ⇒ 36 percent (17 out of 47) of the SIDS deaths in 2009-2013 were associated with co-sleeping and/or sleeping on soft surfaces, such as couches and adult beds.
- During 2009-2013, there were nine 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, 6.1 percent of all infant deaths in 2009-2013 were associated with co-sleeping and/or unsafe sleep practices.

INFANT MORTALITY - Live Birth Cohort

Though only 1 percent of all live births in 2008-2012 were infants weighing less than 1000 grams, they accounted for over half (56 percent) of all infant deaths. In total, 8.5 percent of all live births in 2008-2012 were infants of low birthweight (under 2500 grams) and 75 percent of infant deaths were low birthweight.

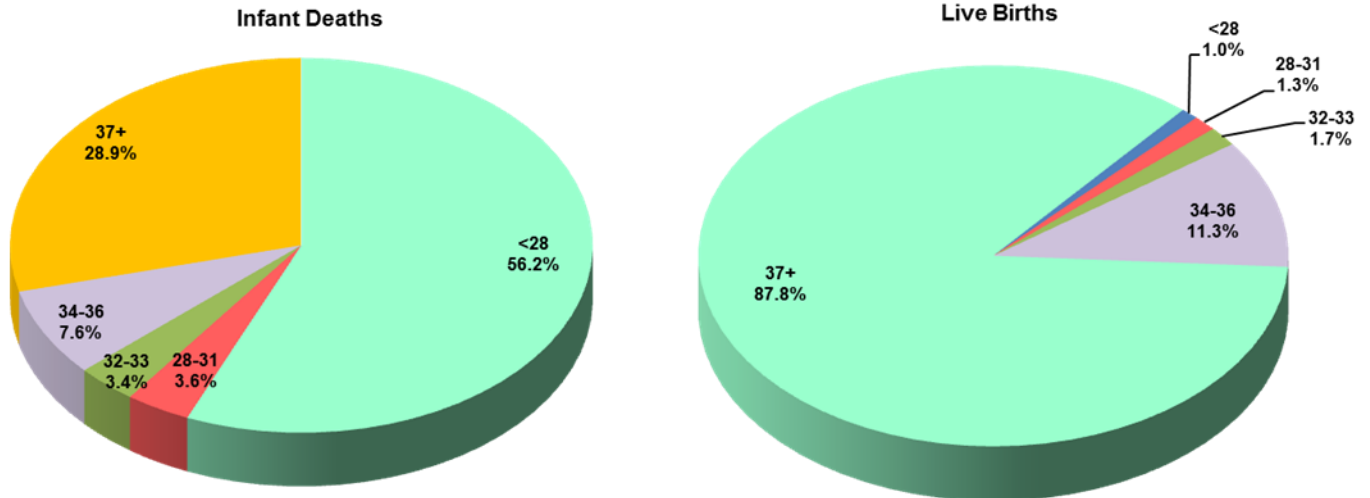
Distribution by Birthweight, Delaware Live Birth Cohort, 2008-2012



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 2008-2012 was less than 28 weeks gestation at birth, but those births accounted for 56 percent of all infant deaths. In total, 15 percent of all live births in 2008-2012 were born pre-term (<37 weeks of gestation) and 71 percent of infant deaths were born pre-term.

Distribution by Gestation, Delaware Live Birth Cohort, 2008-2012



Source: Delaware Health Statistics Center

INFANT MORTALITY - Live Birth Cohort

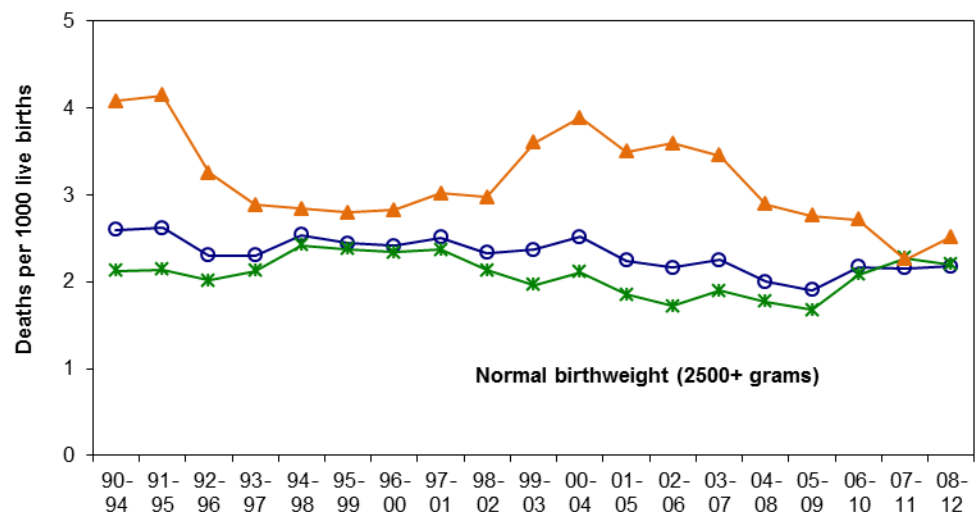
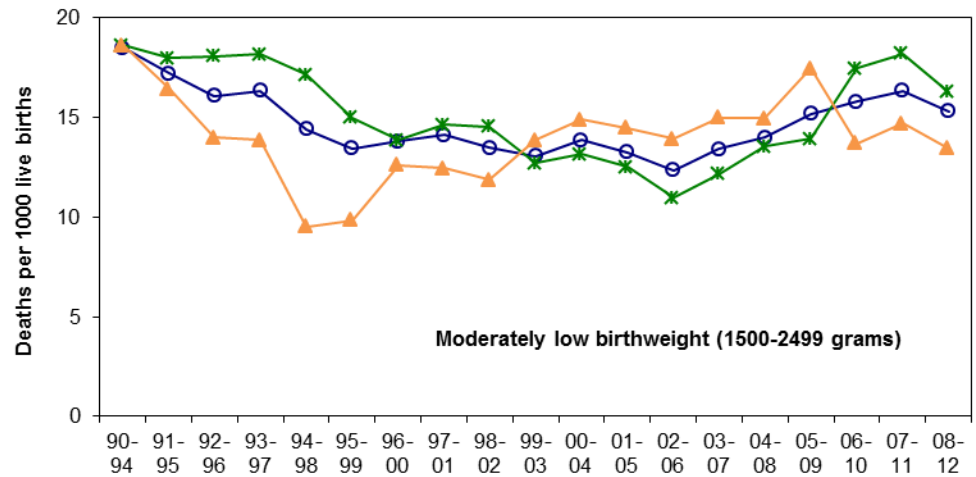
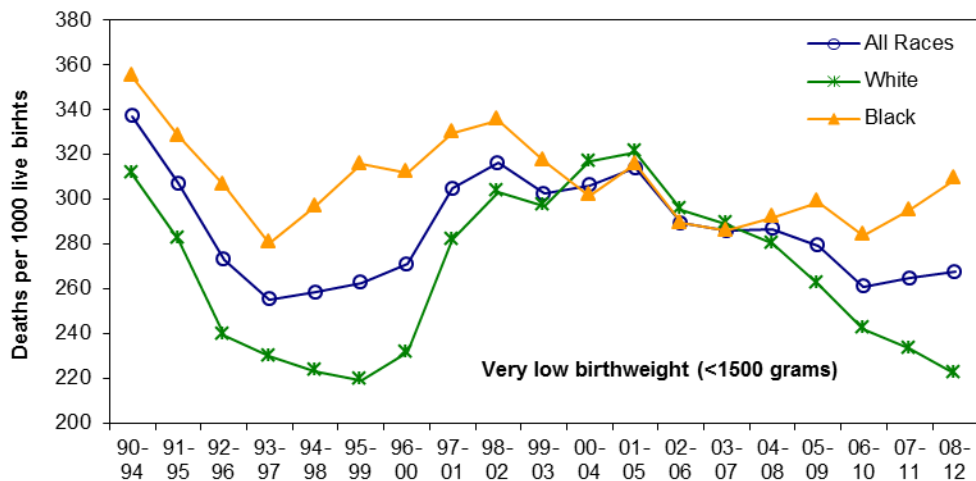
Birthweight and gestation are considered to be the most important predictors of infant health and mortality risk. Infants born too small or too early have a much greater risk of mortality than those who reach a normal birthweight (2,500+ grams) or full-term gestation (37+ weeks).

The IMR for very low birthweight (VLBW) black infants increased in 2008-2012 while the IMR for VLBW white infants decreased for the fifth straight year. In 2008-2012, IMRs for white and black VLBW infants were 309 and 222 infant deaths per 1,000 live births.

Although IMRs for moderately LBW infants of all races fluctuated, there was a negligible increase of less than 1 percent between 2000-2004 and 2008-2012. During that time, white IMRs increased 23 percent while the black IMR decreased 10 percent, which made their rates lower than the white rates (13.4 vs 16.3).

The IMR for all races remained the same from 2007-2011 to 2008-2012. IMRs for normal birthweight white infants experienced a slight increase since 2000-2004, while the IMRs for black infants declined 36 percent between 2000-2004 and 2008-2012. The divergent movement in black and white rates in the most recent year narrowed the black/white disparity ratio. In 2008-2012, the black IMR for normal birthweight infants was 2.5, versus 2.2 for white infants of normal birthweight.

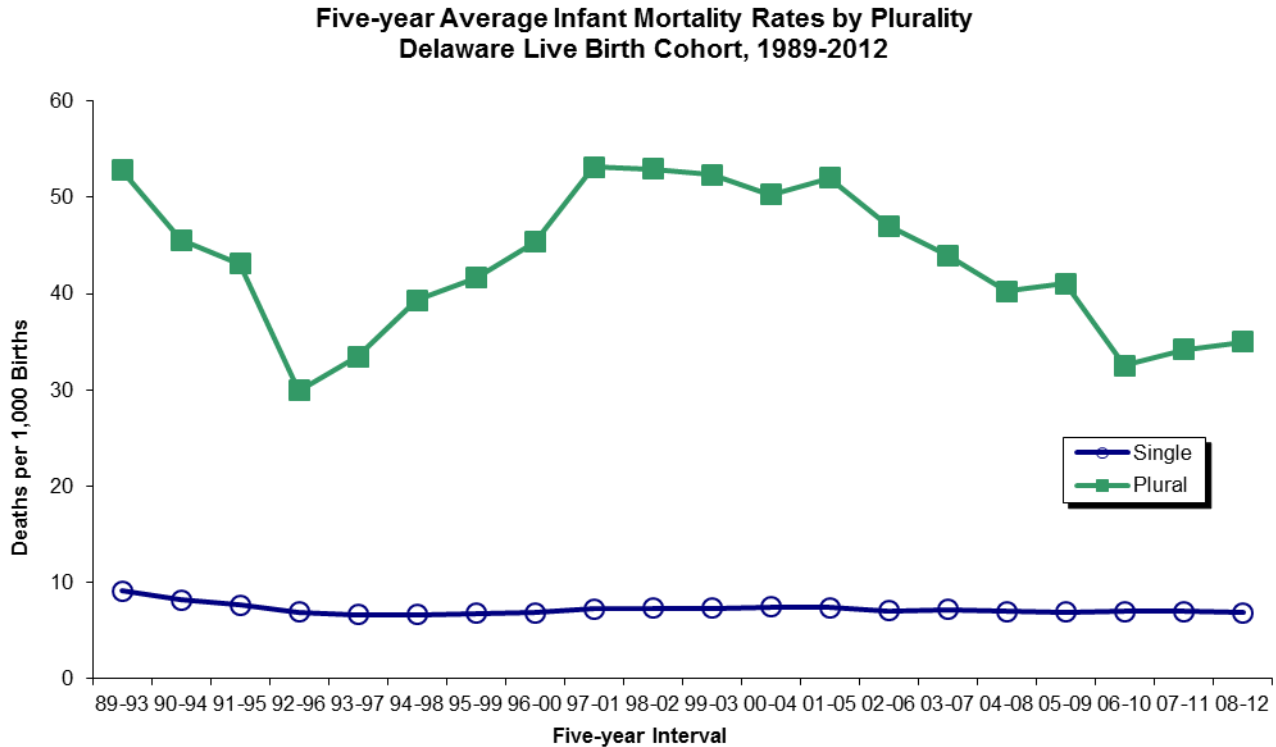
Five-year Average Infant Mortality Rate by Birthweight and Race Delaware, 1990-2012 Live Birth Cohort



Source: Delaware Health Statistics Center

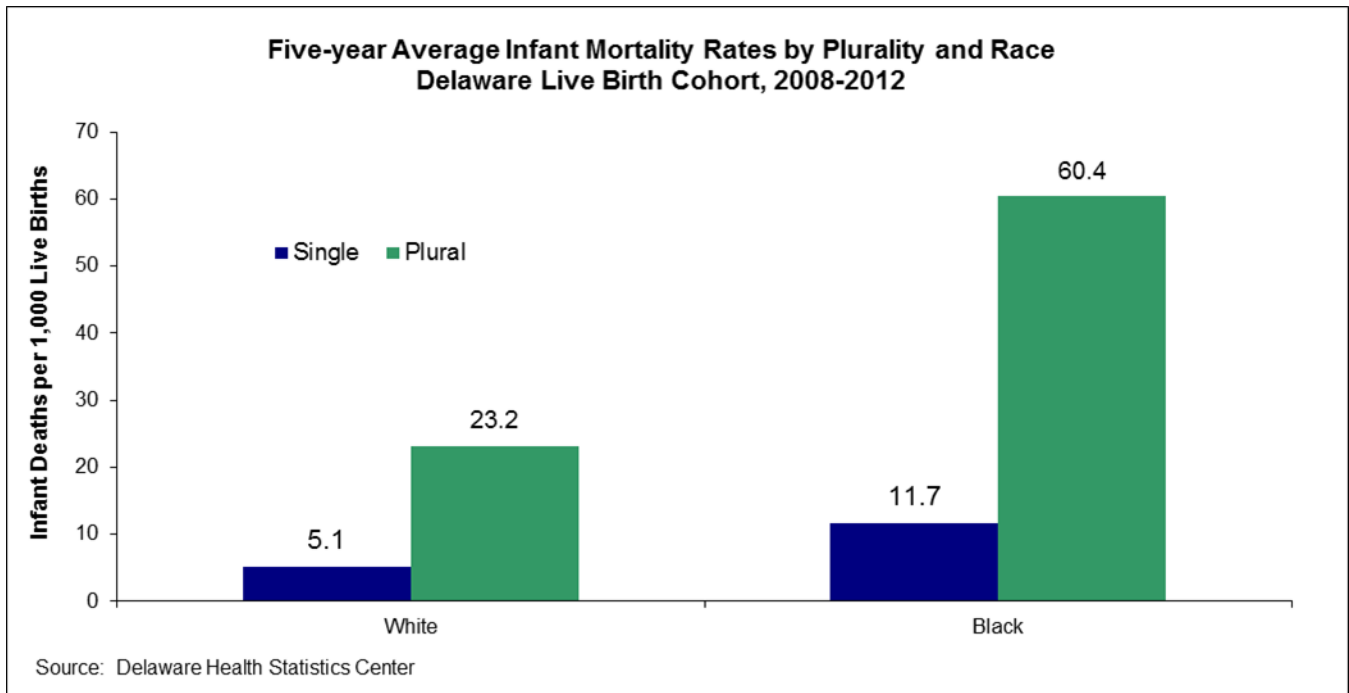
INFANT MORTALITY - Live Birth Cohort

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 5 percent. Since then, plural IMRs, decreased 34 percent, with a gradual increase occurring in 2008-2012. IMRs for singleton births experienced a slight decrease of 1 percent. In 2008-2012, the infant mortality rate for plural births was five times that of singleton births (35 versus 6.9).



Source: Delaware Health Statistics Center

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.

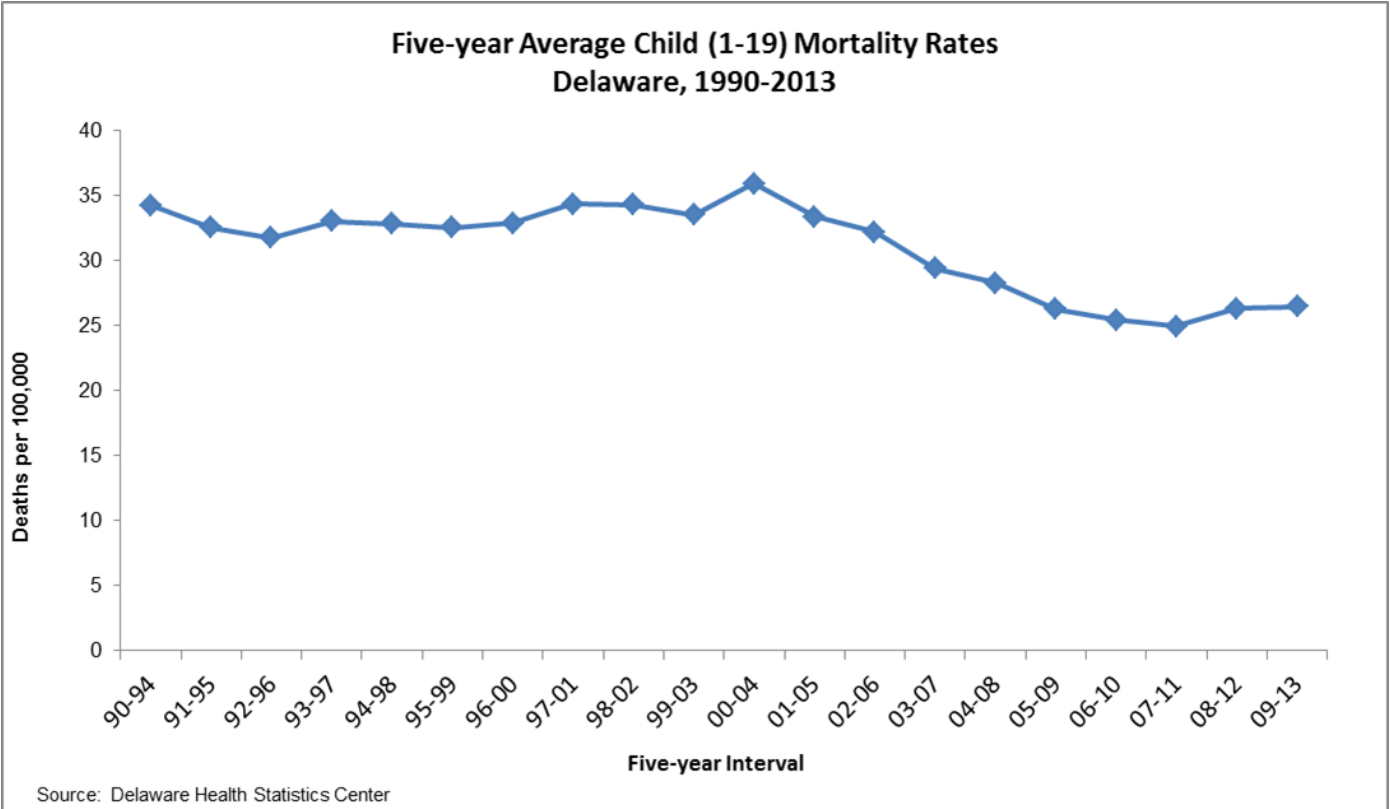


Source: Delaware Health Statistics Center

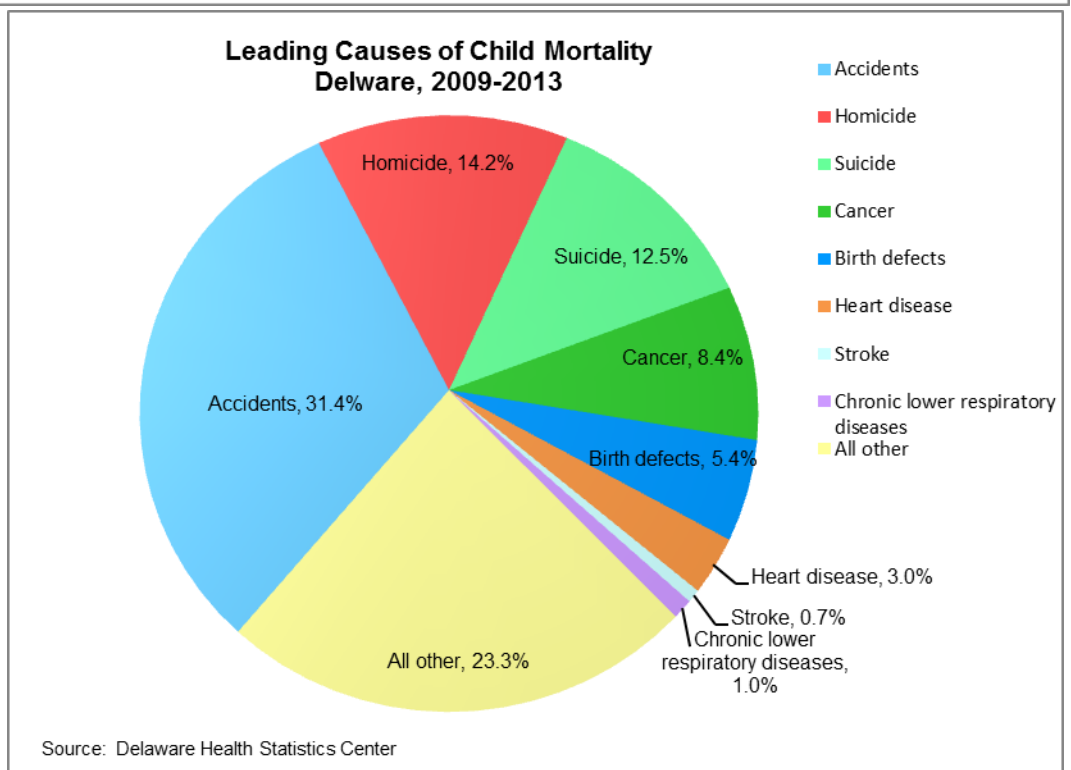
CHILD MORTALITY

From 2009 to 2013, 296 children and adolescents between the ages of 1 and 19 died in Delaware, representing 0.8 percent of the total deaths that occurred during that time. Males accounted for 63 percent of all child deaths in 2008-2013.

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 decreased 25 percent, to 27 deaths per 100,000 children.

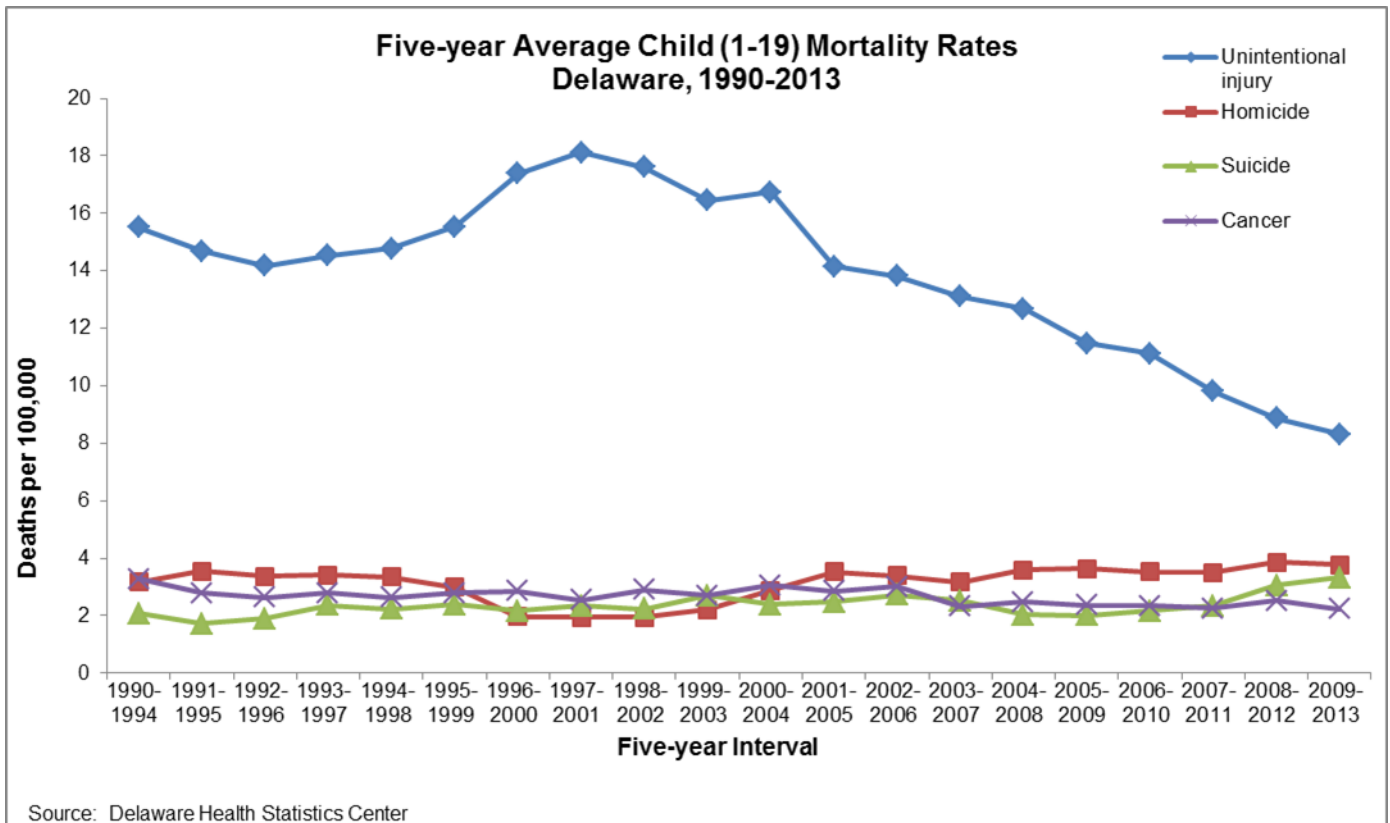


Accidents, homicide, cancer, and suicide were the four most common causes of child mortality in 2009-2013. Together, they accounted for two-thirds of all child deaths.



CHILD MORTALITY

From 2001-2005 to 2009-2013, unintentional injury mortality rates declined by 41 percent, whereas suicide mortality rates increased 32 percent. Homicide rates increased by 8 percent while cancer rates decreased 21 percent.



Detailed manner of the most common causes of child deaths in 2009-2013:

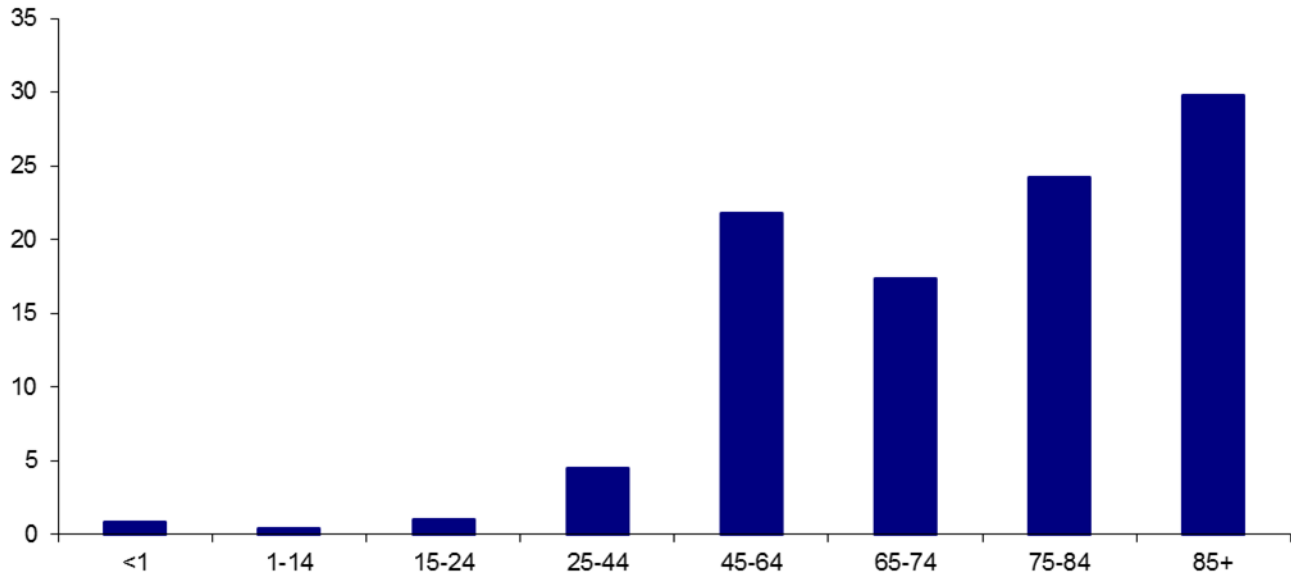
- Motor vehicle crashes accounted for 65 percent of all deaths due to unintentional injuries. The second and third most common causes of unintentional injury deaths of children were poisoning and drowning, which accounted for 11 and 6 percent of deaths, respectively.
- Firearms and fire/burning accounted for over 88 percent of all homicides, 81 and 7 percent, respectively.
- The majority of child cancer deaths were due to brain cancer (44 percent) and leukemia (16 percent).
- Suffocation, followed by firearms, were the most common methods of suicide, and accounted for 54 and 32 percent of the total suicide deaths.

MORTALITY

More Delaware residents died in 2013 than in 2012. A total of 7,967 residents died, 68 of whom were infants under the age of 1. Deaths for males were higher than females (4,031 vs 3,936). Cancer and heart disease were the most common causes of death, accounting for 47 percent of all deaths in 2013.

- Thirty percent of the Delawareans who died in 2013 were 85 or older. Deaths of those 75 and older accounted for more than half of all deaths.

**Percent of Deaths by Age
Delaware, 2013**



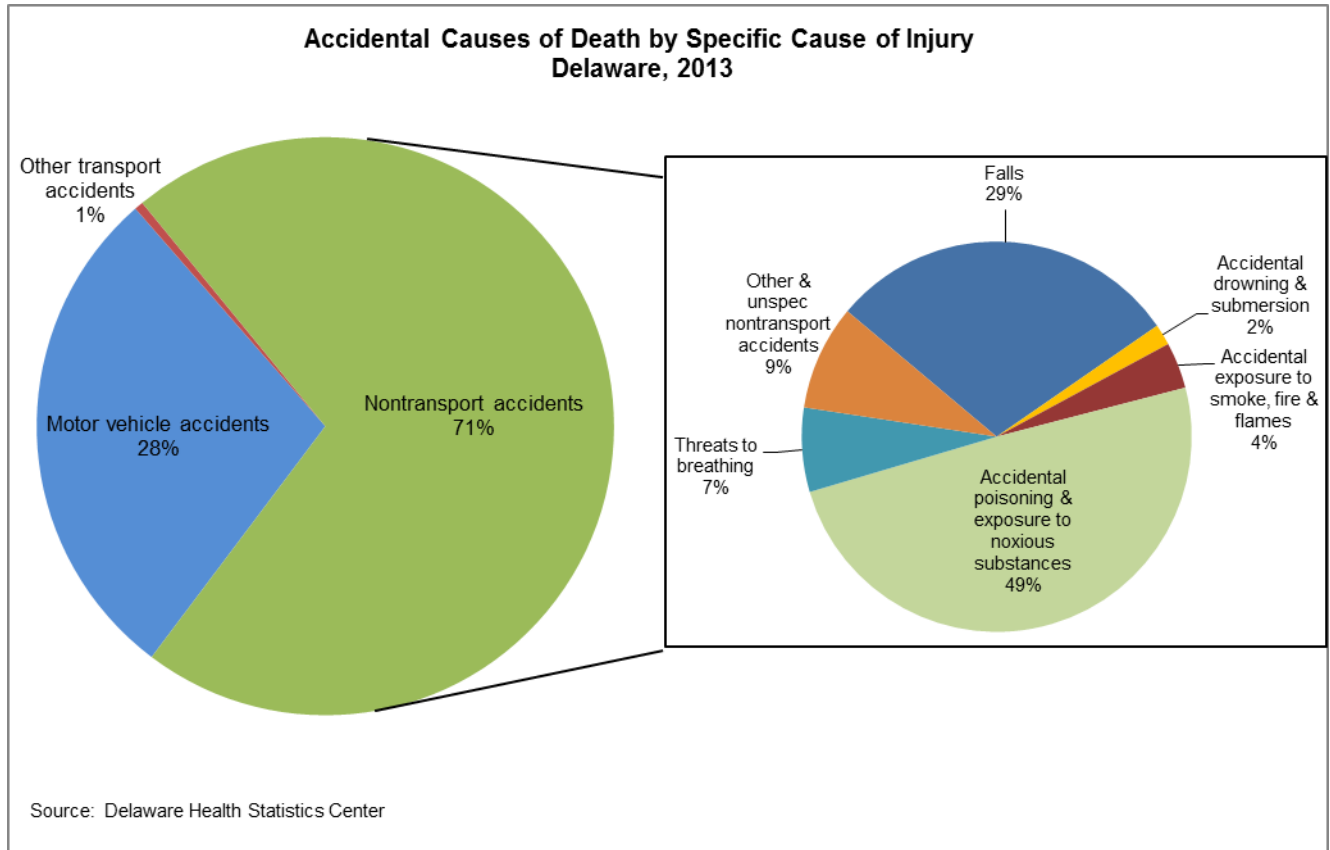
Source: Delaware Health Statistics Center

- A Delaware resident born in 2013 could expect to live an average of 78.9 years.
- Life expectancy at birth varied by race and sex; white females had the highest life expectancy (81.8) while black males had the lowest (73.5).
- In 1989, 80 percent of Delaware decedents were buried and 15 percent were cremated. By 2013, the distribution had shifted: 50 percent of decedents were buried and 45 percent were cremated.
- In 2013, the 10 leading causes of death for residents of all ages changed slightly from the top 10 in 2012. Intentional self-harm (suicide) dropped out of the top ten, shifting septicemia and influenza into the ninth and tenth leading causes of death.

Rank	Leading Cause of Death	Number
1	Malignant neoplasms	1903
2	Diseases of heart	1864
3	Chronic lower respiratory diseases	483
4	Cerebrovascular diseases	409
5	Accidents (unintentional injuries)	403
6	Diabetes mellitus	218
7	Alzheimer's disease	192
8	Nephritis, nephrotic syndrome & nephrosis	178
9	Septicemia	157
10	Influenza & pneumonia	150

MORTALITY

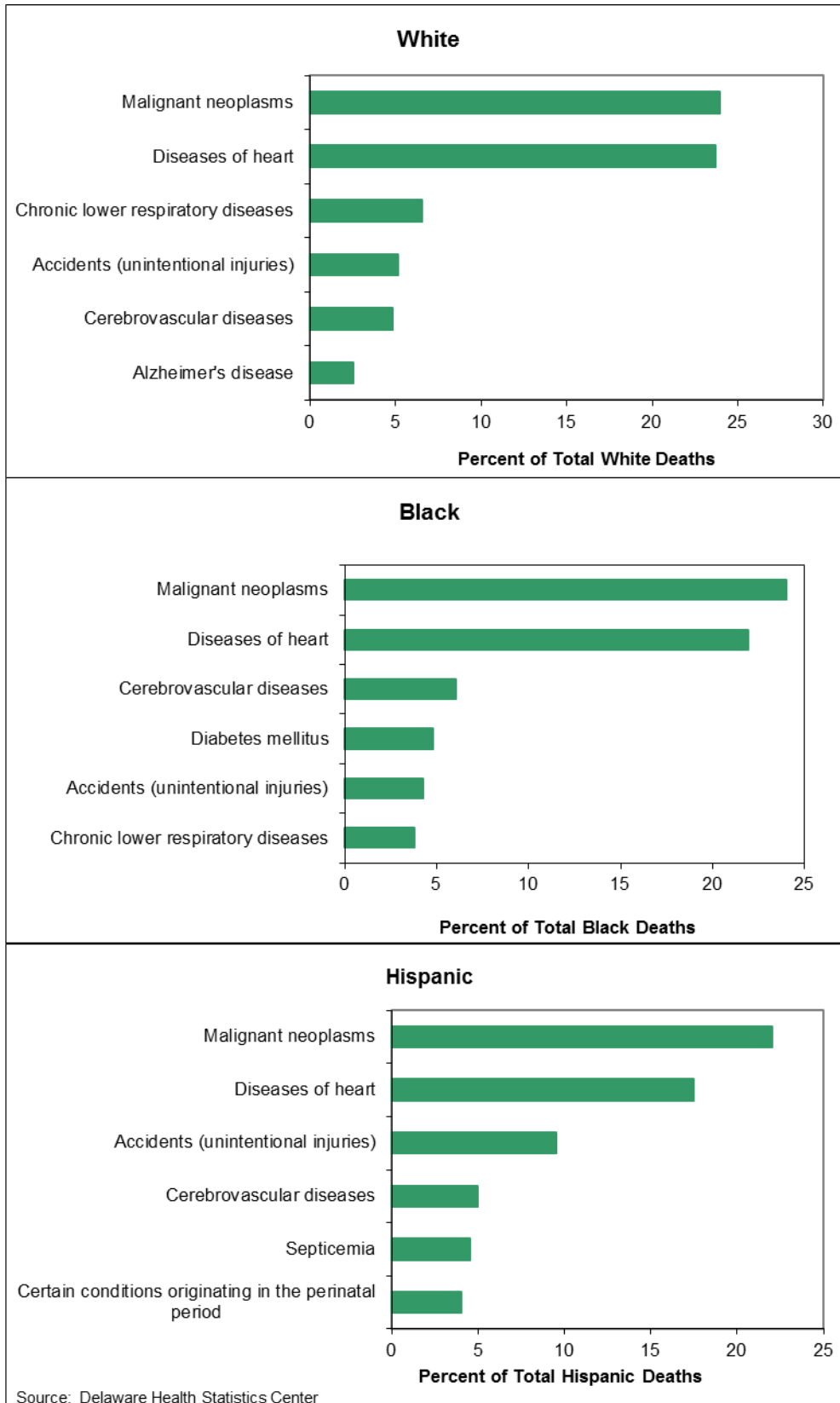
- There were 403 deaths due to unintentional injury in 2013 (5.1 percent of all deaths); 28 percent were due to motor vehicle accidents and 71 percent were due to non-transport accidents. Over one-third of the 287 non-transport accidents were caused by unintentional poisonings; the majority (87 percent) of unintentional poisonings were drug-induced poisonings.
- For the fifth year, unintentional poisonings surpassed motor vehicle injuries and became the leading cause of unintentional injury death in 2013.
 - * For all whites and black females, poisonings caused the most unintentional injuries, followed by either motor vehicle accidents or falls. For black males, motor vehicle accidents caused the greatest number of unintentional injuries.



- In 2009-2013, accidents were the number one cause of death for people 1-44 years of age, and they were responsible for 38 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 nearly three-quarters of total deaths.

MORTALITY

The leading causes of death varied by race and ethnic group. In 2013, the most common causes of death for white, black, and Hispanic Delawareans were:

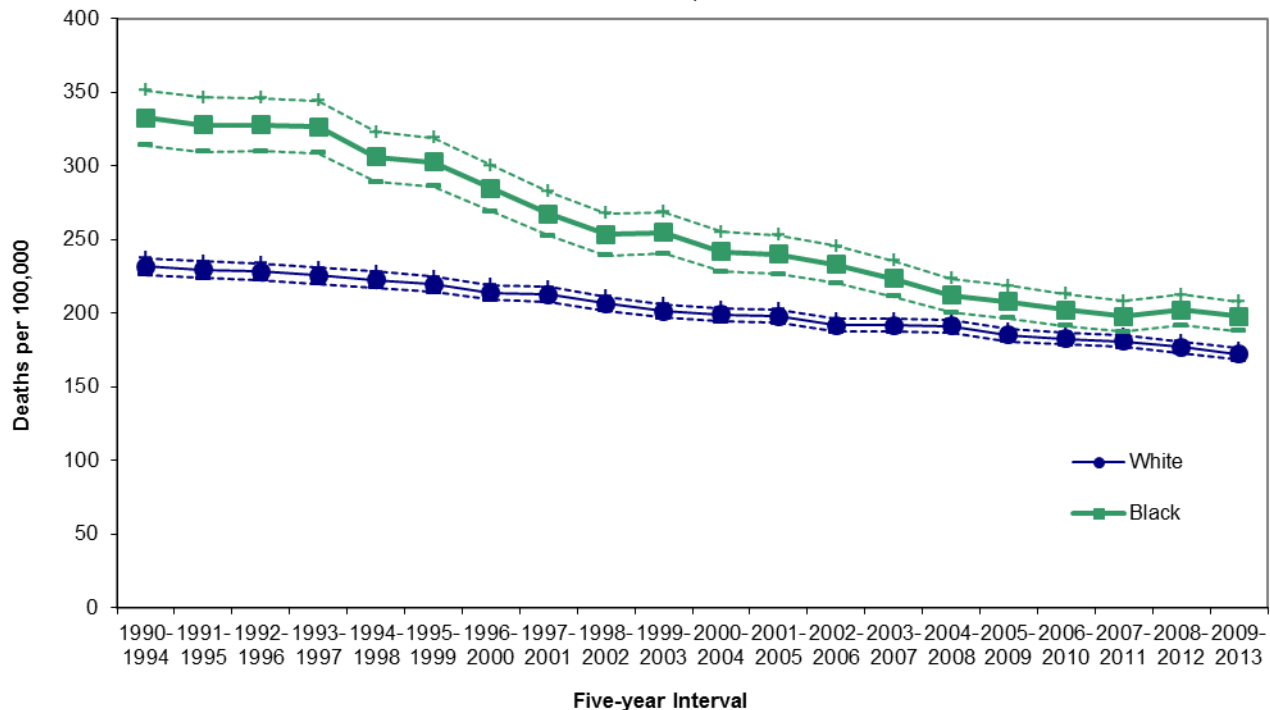


MORTALITY

Cancer mortality rates have decreased in all three counties since the early 1990s, though most recently Kent County rates decreased 4 percent. In 2009-2012, the five year age-adjusted cancer mortality rates ranged from 158.0 in Sussex County to 199.6 deaths per 100,000 population in Kent County.

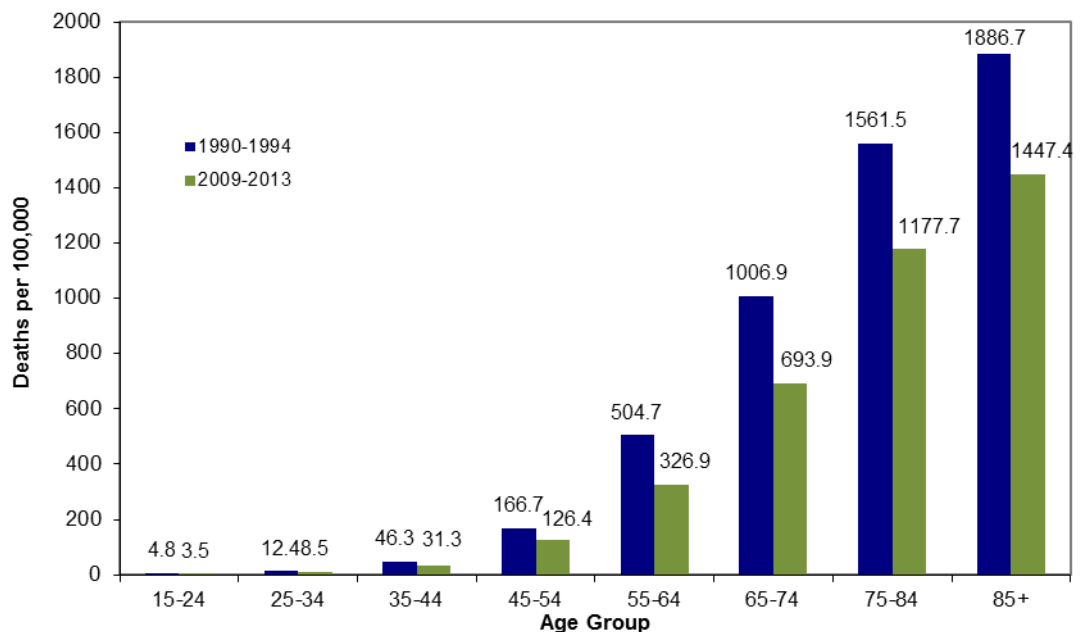
Cancer mortality rates for black and white decedents followed the same declining trend, and though the gap between black and white cancer mortality rates has narrowed, black cancer mortality rates in 2009-2013 remained higher than white rates.

**Five-year Age-Adjusted Cancer Mortality Rates by Race
Delaware, 1990-2013**



Source: Delaware Health Statistics Center

**Five-year Average Age-Specific Cancer Mortality Rates
Delaware, 1990-1994 and 2009-2013**



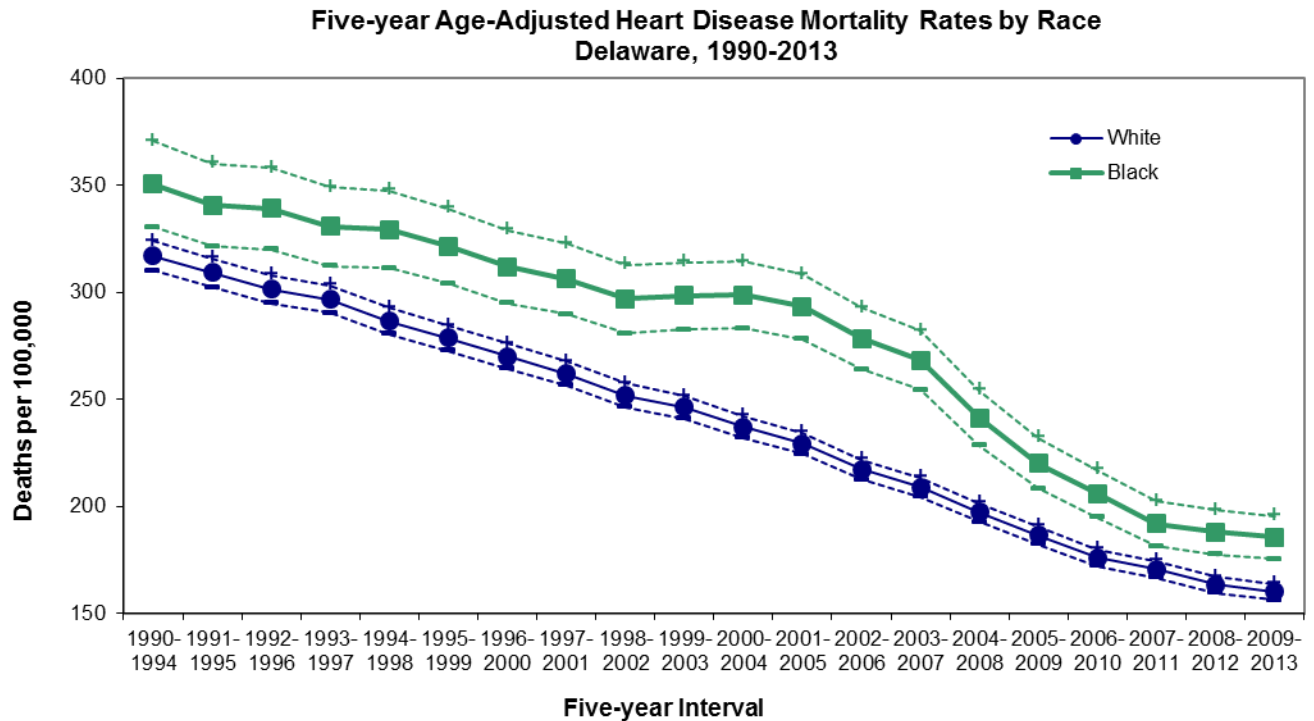
Source: Delaware Health Statistics Center

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 2009-2013. The 25-34 and 55-64 age groups experienced the largest decreases.

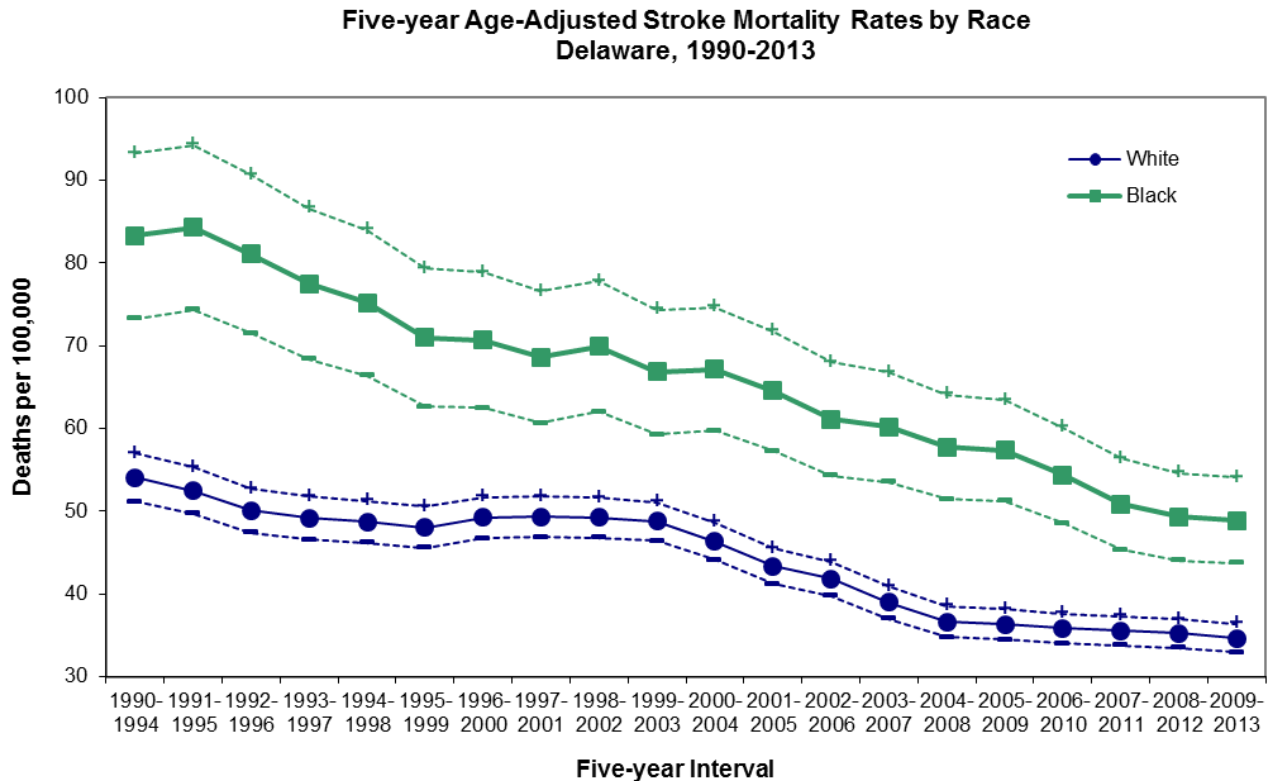
MORTALITY

Heart disease was the second most common cause of death for both black and white Delawareans in 2009-2013. Both black and white heart disease mortality rates have declined significantly since 1990-1994, with white rates declining 49.5 percent and black rates declining 47.1 percent.



Source: Delaware Health Statistics Center

Stroke mortality rates for both races continued their declining trends between 1990-1994 and 2009-2013, with rates for white and black races decreasing 36 and 49 percent, respectively. In 2009-2013, the black stroke mortality rate remained approximately 34 percent higher than white rate (48.9 versus 34.7).

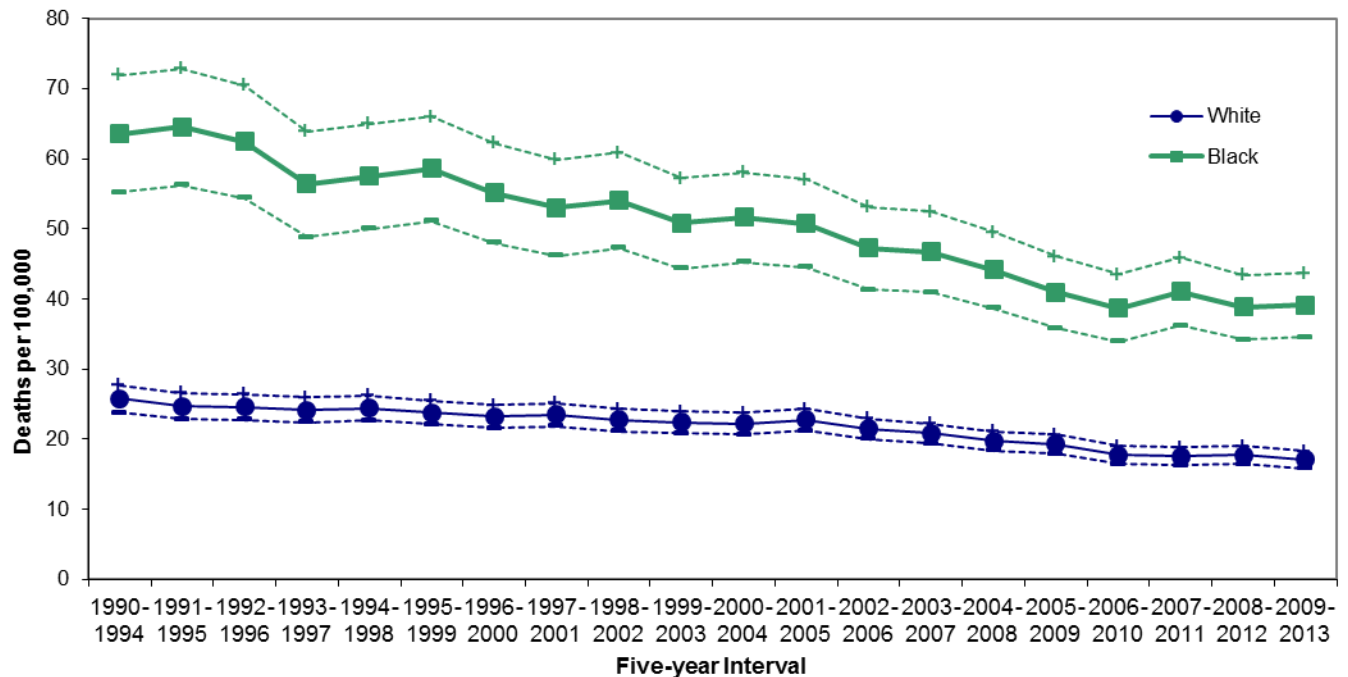


Source: Delaware Health Statistics Center

MORTALITY

Though black mortality rates for diabetes have declined 38 percent since 1990-1994, their rates were more than double that of whites in 2009-2013.

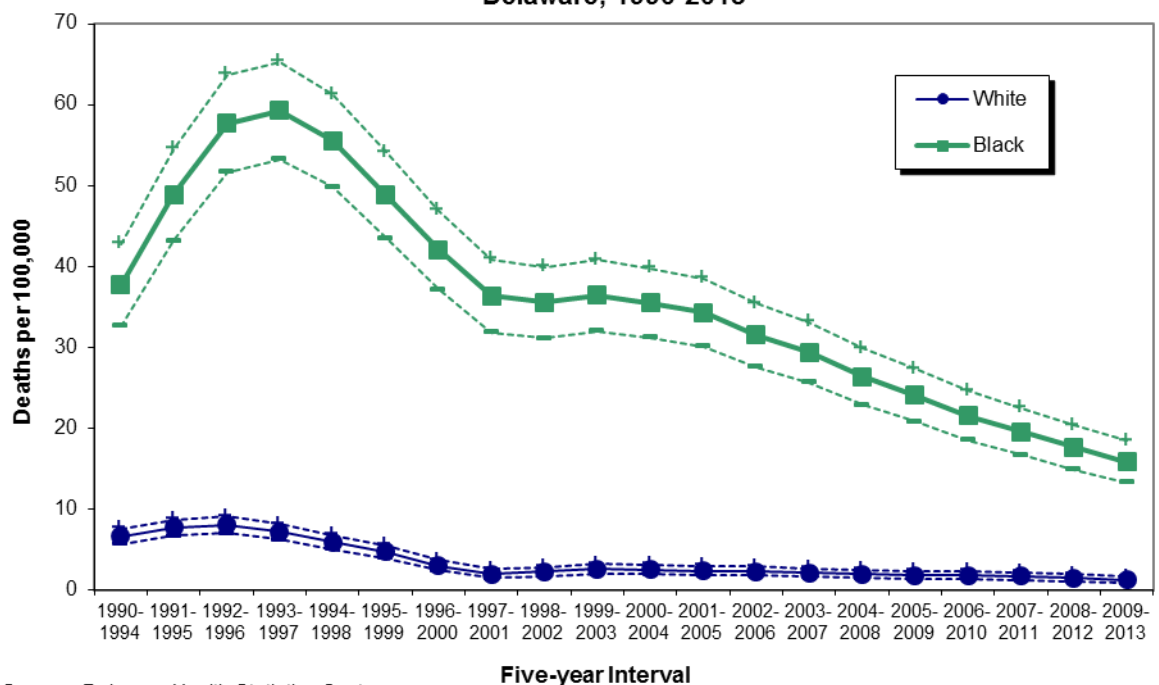
**Five-year Age-Adjusted Diabetes Mortality Rates by Race
Delaware, 1990-2013**



Source: Delaware Health Statistics Center

HIV/AIDS mortality has disproportionately affected Delaware's black population. Despite black HIV/AIDS mortality rates decreasing significantly since the 1993-1997 peak, their 2009-2013 mortality rate of 15.9 deaths per 100,000 was nearly 13 times that of whites. Though they made up only 21.9 percent of the total Delaware population in 2009-2013, blacks accounted for 78 percent of all deaths due to HIV/AIDS.

**Five-year Age-Adjusted HIV/AIDS Mortality Rates by Race
Delaware, 1990-2013**

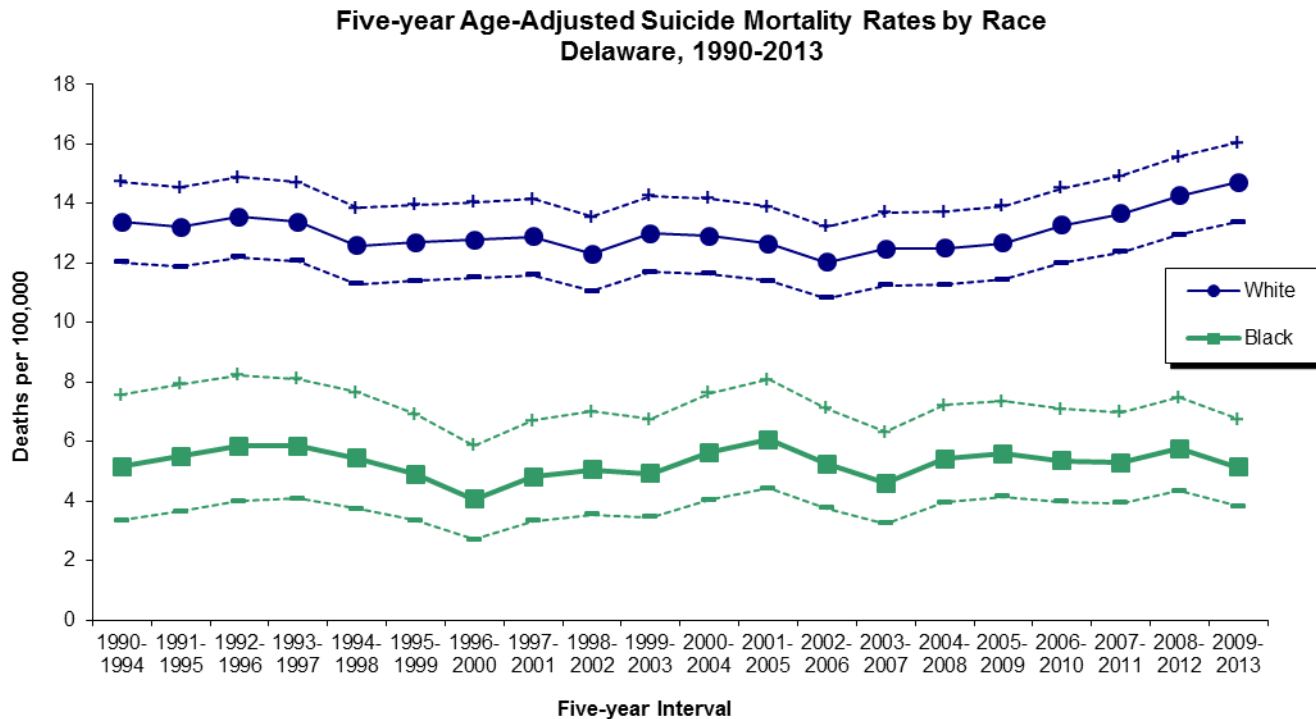


In 2009-2013, HIV was the ninth leading cause of death for black Delawareans. It ranked eighth for black males and twelfth for black females.

Source: Delaware Health Statistics Center

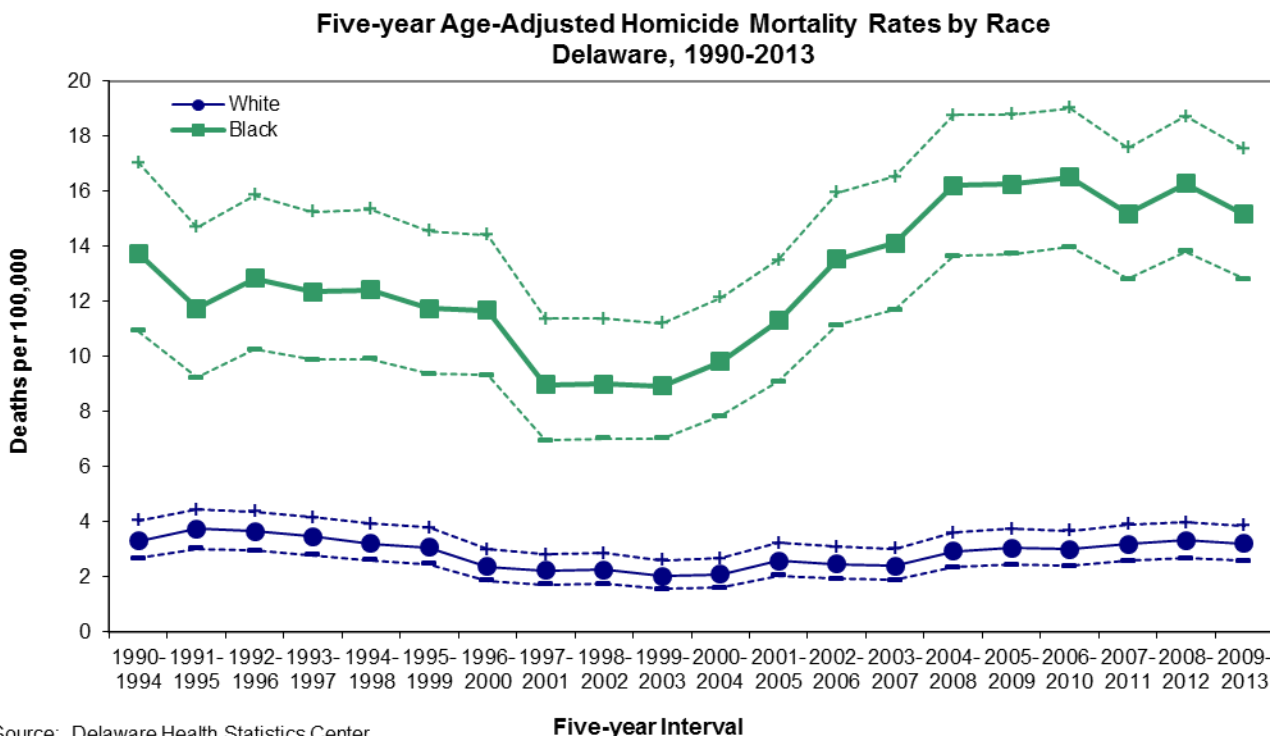
MORTALITY

Suicide mortality trends for white populations showed an increase between 1990-1994 and 2009-2013, with the white rate (14.7) more than doubling that of the black rate (5.1).



Source: Delaware Health Statistics Center

After declining throughout most of the 1990s and reaching their lowest point in 1999-2003, homicide mortality rates rose 74 percent. The majority of the increase was due to a 71 percent increase in black homicide mortality rates and a 60 percent increase in white homicide mortality rates. In 2009-2013, black and white homicide mortality rates were 15.2 and 3.2 deaths per 100,000 population, respectively.

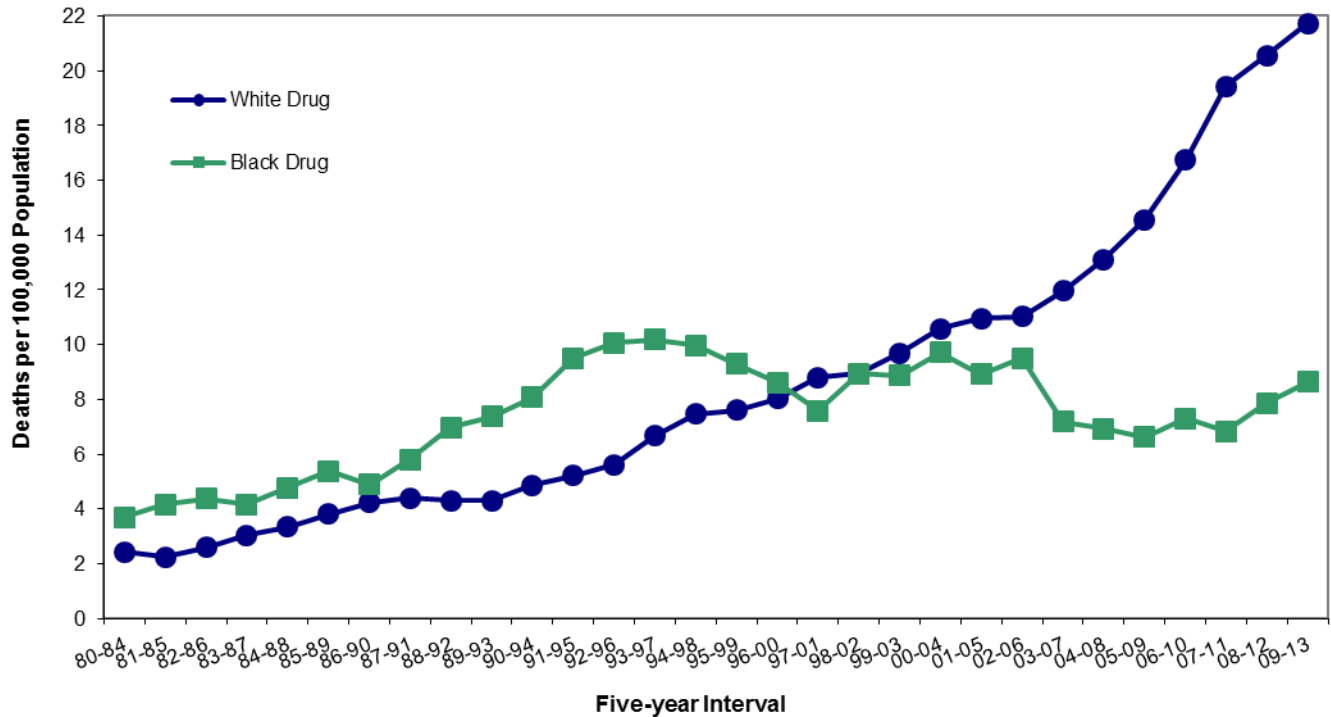


Source: Delaware Health Statistics Center

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 2009-2013, the white drug-induced mortality rate (21.7) was more than twice the black rate (8.6).

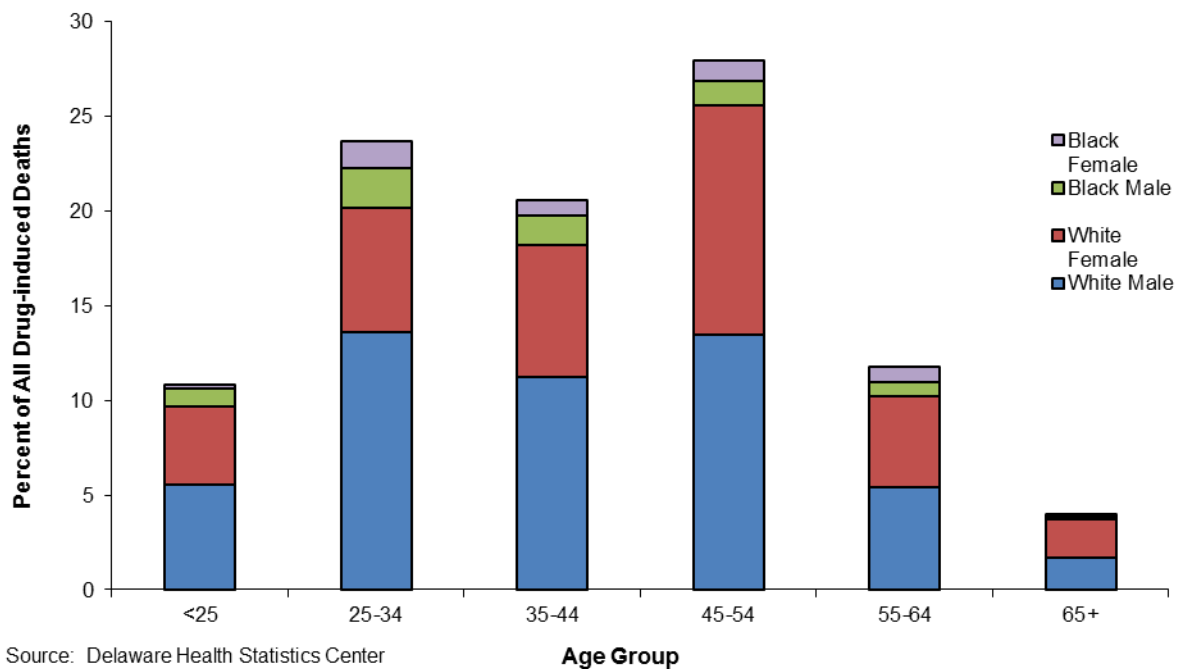
**Five-year Age-adjusted Mortality Rates for Drug-Induced Deaths by Race
Delaware, 1980-2013**



Source: Delaware Health Statistics Center

**Distribution of Drug-induced Deaths by Race, Sex, and Age Group
Delaware, 2009-2013**

In 2009-2013, 52 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. White females ages 45-54 were just below this at 12.3 percent.



Source: Delaware Health Statistics Center