
DELAWARE VITAL STATISTICS EXECUTIVE SUMMARY REPORT 2021



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
A Nationally Accredited Health Department

John Carney, Governor
State of Delaware

Josette D. Manning, Cabinet Secretary
Delaware Department of Health and Social Services

DELAWARE VITAL STATISTICS EXECUTIVE SUMMARY REPORT

2021

**Division of Public Health
Delaware Health Statistics Center**
417 Federal Street
Dover, DE 19901
Telephone 302-744-4541
FAX 302-739-4784

Steven Blessing
Director
Division of Public Health
Delaware Department of Health and Social Services



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
A Nationally Accredited Health Department

ACKNOWLEDGMENTS

This report was prepared by Jennifer Miles, Sudha Pasam, and Beth Emerson and reviewed by Maridelle Dizon of the Delaware Health Statistics Center within the Epidemiology, Health Data, and Informatics Section of the Division of Public Health.

We gratefully acknowledge the contributions of the staff of the Office of Vital Statistics; and the Delaware Health Statistics Center staff, including: Tanya Lyons, Nicholas Cruz, and Genelyn Viray. We also recognize hospital birth data providers, physicians, nurses, medical records staffs, midwives, funeral directors, and county clerks for their help in collecting and providing us with these data. Finally, special thanks goes to Staci Blum whose photo of the Revolutionary War Monument “Delaware Continentals” Statue graces the cover of this report.

Questions or comments about this report may be directed to:

State of Delaware
Delaware Department of Health and Social Services
Division of Public Health
Delaware Health Statistics Center
417 Federal Street
Dover, Delaware 19901
302-744-4541
FAX 302-739-6631

Visit our website at:

<http://www.dhss.delaware.gov/dhss/dph/hp/healthstats.html>

Suggested citation:

Delaware Health Statistics Center. *Delaware Vital Statistics Executive Summary Report, 2021*. Delaware Department of Health and Social Services, Division of Public Health, 2024.

There is an ever-increasing demand for vital records data and an increasing recognition of the importance of these data among policy makers, planners and health professionals, the news media, students and teachers, and private citizens. In an effort to meet the demand for quality vital statistics data, the Delaware Health Statistics Center (DHSC) releases the Delaware Vital Statistics Annual Report.

The primary sources of data used in preparing this report are certificates of marriage, divorce, live birth, death, and fetal death filed either in or out of Delaware and reports of induced termination of pregnancy (ITOP) filed in Delaware. The compilation and enumeration of vital events are accomplished through the cooperation of the DHSC and the Office of Vital Statistics. This cooperation is the foundation for the development of a comprehensive health data management system designed to facilitate the most effective use of resources.

This report includes a number of statistics based on five-year averages: age-specific fertility rates, percentages of births to single mothers, percentages of low birthweight births, infant mortality rates, and age-adjusted mortality rates for selected causes of deaths. The use of five-year averages for these measures is due to the relatively small number of events in a single year, making annual rates particularly susceptible to the effects of random variations. This report presents trends over time beginning in the 1990's and 2000's. The DHSC presents rates with stratifications by place of residence, age, marital status, race, ethnicity, gender, educational background, and (for mortality data) causes of death. Also included are highlights of Delaware's life expectancy and leading causes of death.

Sections in this report focus on specific topics of concern to Delawareans such as teen pregnancy, infant mortality, trends in HIV infection/AIDS deaths, drug and alcohol-related deaths, and COVID-19 deaths. Throughout the years, the DHSC expanded its sections to include data specific to Wilmington, historical tables on the percentages of births to single mothers, and tables on the percentages of low and very low birthweight births.

The effective use of vital statistics information is essential to identify and understand the population health challenges facing Delaware. Some of the highlights of this annual report are as follows.

- For the second year in a row in 2021, the number of Delaware resident deaths at 10,897 exceeded the number of resident births, 10,389. This caused a natural decrease of 508. At ten percent of the total deaths, COVID-19 was the third leading cause of death in Delaware.
- Delaware females born in 2021, can expect to live an average of 81 years versus males who could expect to live 74 years. Life expectancy for males decreased from 2021 whereas female life expectancy slightly increased.
- Delaware's infant mortality rate decreased 37 percent from 9.3 infant deaths per 1,000 live births in 2000-2004 to 5.9 infant deaths per 1,000 live births in 2017-2021.
- Drug overdose deaths in 2021 were nearly ten time higher than in 2000, increasing from 53 from 508 deaths.

Examining data such as the data highlighted here can provide a general overview of the health of Delawareans and provide an opportunity to generate and evaluate possible hypotheses about the possible determinants of diseases and health risks. This data report may be useful for policy development and program planning when used in concert with other relevant data.

Figure 1. Selected Characteristics: Delaware Vital Statistics Annual Report, 2021

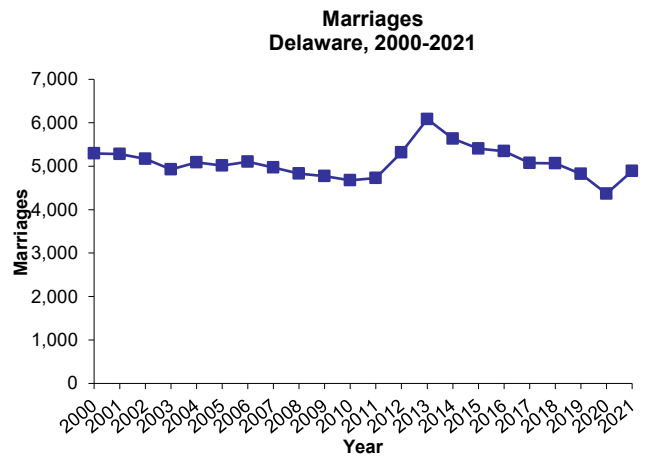
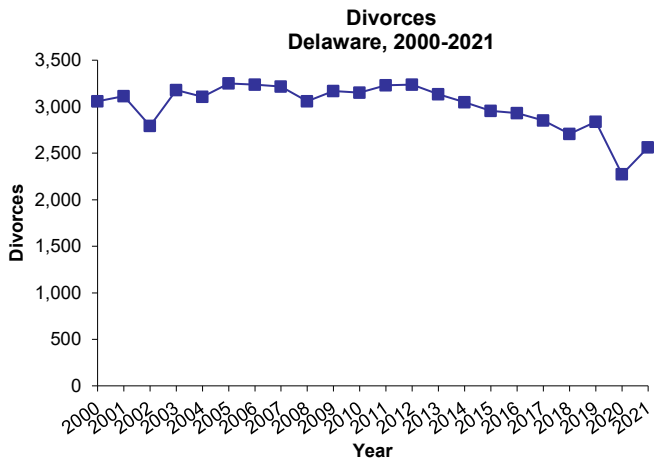
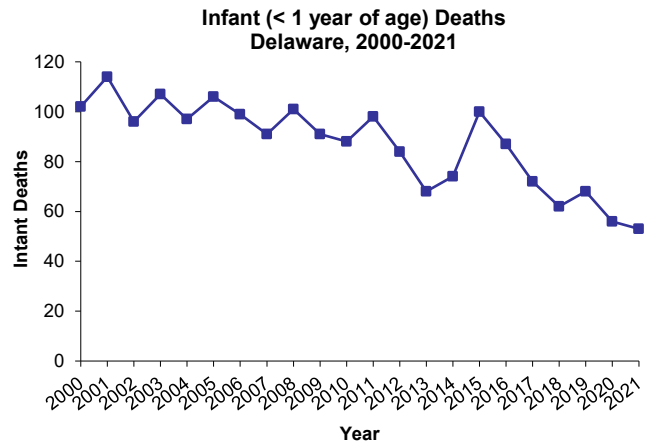
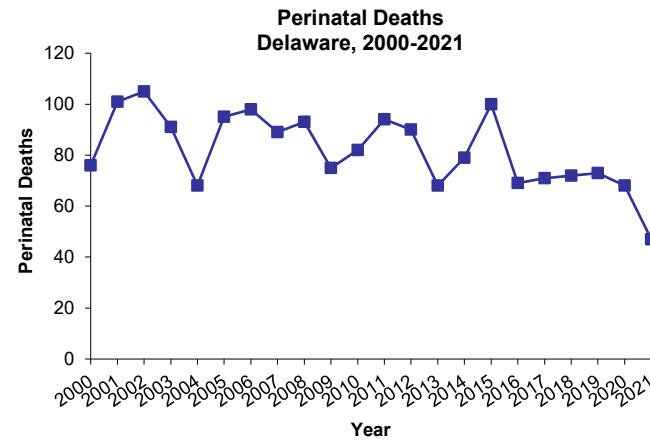
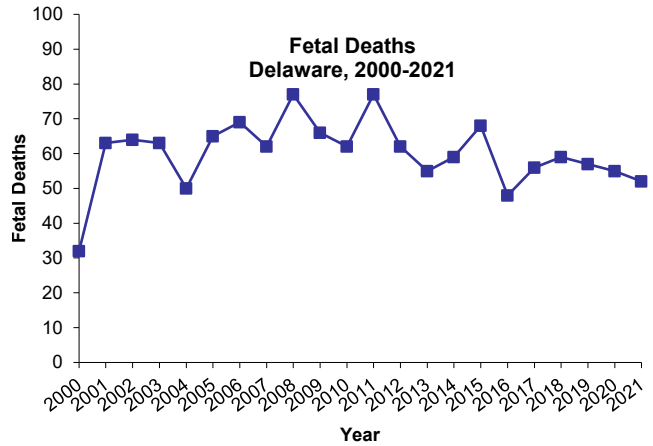
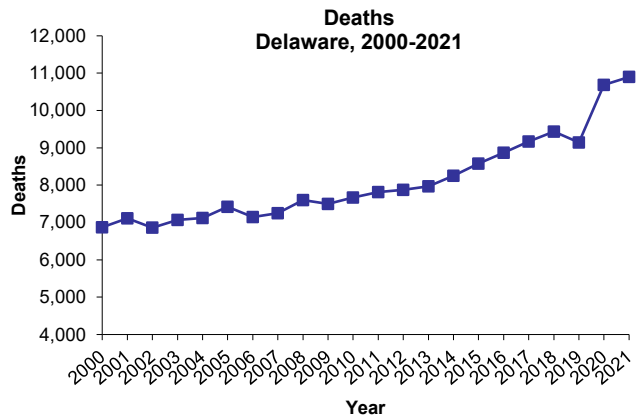
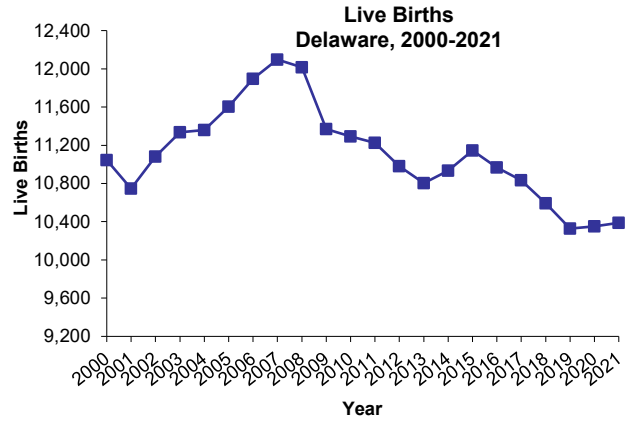
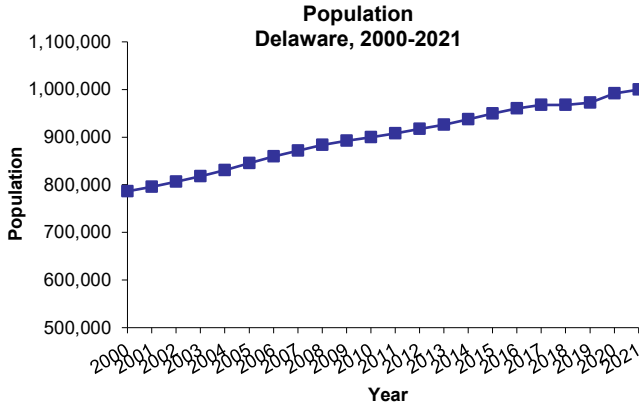
Population		Number*	Percent	Fetal Deaths		Number*	Percent
Delaware		999,674	100.0%	Delaware		52	100.0%
<i>Kent</i>		183,890	18.4%	<i>Kent</i>		12	23.1%
<i>New Castle</i>		572,867	57.3%	<i>New Castle</i>		28	53.8%
<i>Sussex</i>		242,917	24.3%	<i>Sussex</i>		12	23.1%
Marriages		Number*	5-yr Rate ¹	Race			
Delaware		4,889	4.9	<i>Non-Hispanic White</i>		12	23.1%
<i>Kent</i>		853	4.8	<i>Non-Hispanic Black</i>		27	51.9%
<i>New Castle</i>		2,335	4.2	<i>Hispanic Origin⁴</i>		13	25.0%
<i>Sussex</i>		1,701	6.5	Infant Mortality		Number*	5-yr Rate ⁵
Delaware				Delaware		53	5.9
<i>Kent</i>				<i>Kent</i>		12	6.4
<i>New Castle</i>				<i>New Castle</i>		27	6.2
<i>Sussex</i>				<i>Sussex</i>		14	4.7
Divorces		Number*	5-yr Rate ¹	Race			
Delaware		2,564	2.7	<i>Non-Hispanic White</i>		10	3.4
<i>Kent</i>		629	3.2	<i>Non-Hispanic Black</i>		30	11.0
<i>New Castle</i>		1,224	2.5	<i>Hispanic Origin⁴</i>		<11	4.5
<i>Sussex</i>		711	2.7	Mortality		Number*	Adj. Rate ⁶
Live Births		Number*	5-yr Rate ²	Delaware		10,897	791.0
Delaware		10,389	57.0	<i>Kent</i>		2,235	966.3
<i>Kent</i>		2,066	58.4	<i>New Castle</i>		5,624	811.0
<i>New Castle</i>		6,027	54.4	<i>Sussex</i>		3,038	679.9
<i>Sussex</i>		2,296	64.0	Race and Gender			
Births to Teenagers (15-19)				<i>Non-Hispanic White Males</i>		4,439	823.3
<i>Non-Hispanic White</i>		110	8.6	<i>Non-Hispanic White Females</i>		3,869	795.0
<i>Non-Hispanic Black</i>		161	26.7	<i>Non-Hispanic Black Males</i>		1,130	1117.6
Delaware		422	16.1	<i>Non-Hispanic Black Females</i>		930	913.9
<i>Kent</i>		85	15.6	Decedent's Age		Number*	Percent
<i>New Castle</i>		185	13.2	<1		53	0.5%
<i>Sussex</i>		152	25.0	1-14		27	0.2%
Race		Number*	Percent	15-24		115	1.1%
<i>Non-Hispanic White</i>		4,966	47.8%	25-44		624	5.7%
<i>Non-Hispanic Black</i>		2,870	27.6%	45-64		2,090	19.2%
<i>Hispanic Origin⁴</i>		1,847	17.8%	65-74		2,352	21.6%
Marital Status				75-84		2,737	25.1%
<i>Married</i>		5,508	53.0%	85+		2,899	26.6%
<i>Single</i>		4,881	47.0%	Leading Causes of Death			
Births to Single Mothers³				Malignant neoplasms		2,139	19.6%
<i>Non-Hispanic White</i>		1,641	33.0%	Diseases of heart		2,088	19.2%
<i>Non-Hispanic Black</i>		1,991	69.4%	COVID-19		1,042	9.6%
<i>Hispanic Origin⁴</i>		1,135	61.5%	Accidents (unintentional injuries)		798	7.3%
Low Birth Weight (<2500 gms)				Cerebrovascular diseases		733	6.7%
All Races		940	9.0%	Alzheimer's disease		490	4.5%
<i>Non-Hispanic White</i>		349	7.0%				
<i>Non-Hispanic Black</i>		384	13.4%				
<i>Hispanic Origin⁴</i>		142	7.7%				

Notes:

- * Numbers are for 2021.
- 1. The 5-year rate is per 1,000 population and refers to the period 2017-2021.
- 2. The 5-year rate refers to total live births per 1,000 women 15-44 years of age during the 2017-2021 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 2021.
- 5. The 5-year (2017-2021) infant mortality rates represent the number of deaths to children under one year of age per 1,000 live births.
- 6. The 2021 mortality rates (deaths per 100,000 population) for Delaware and the counties are age-adjusted to the 2000 U.S. population.

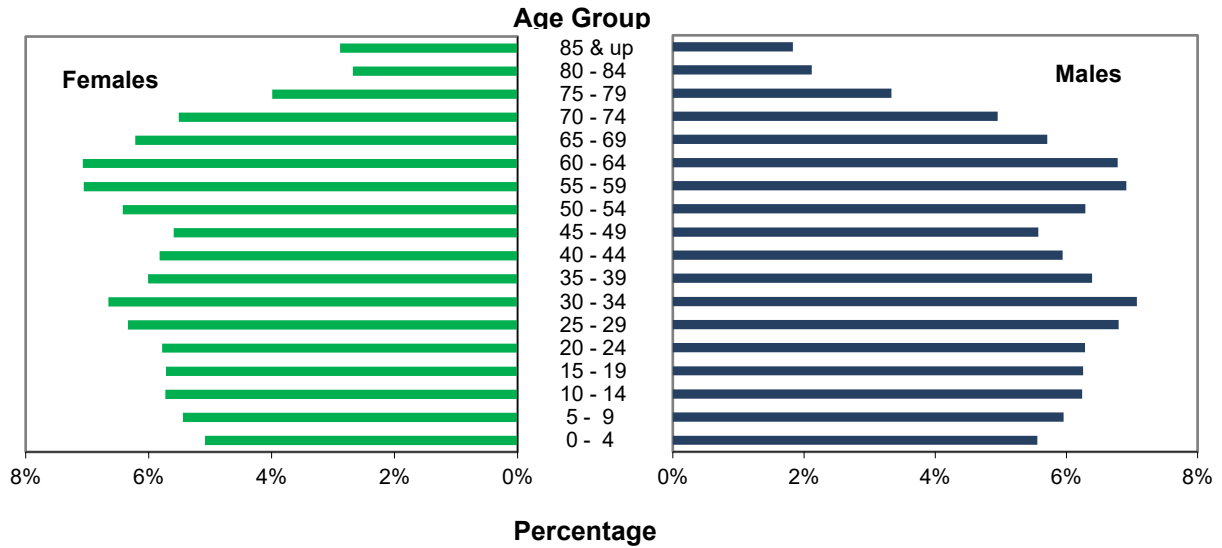
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Figure 2. Vital Statistics, Delaware, 2000-2021



In 2021, nearly 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 2021 can expect to live an average of 80.9 years versus males who can expect to live 74.3 years.

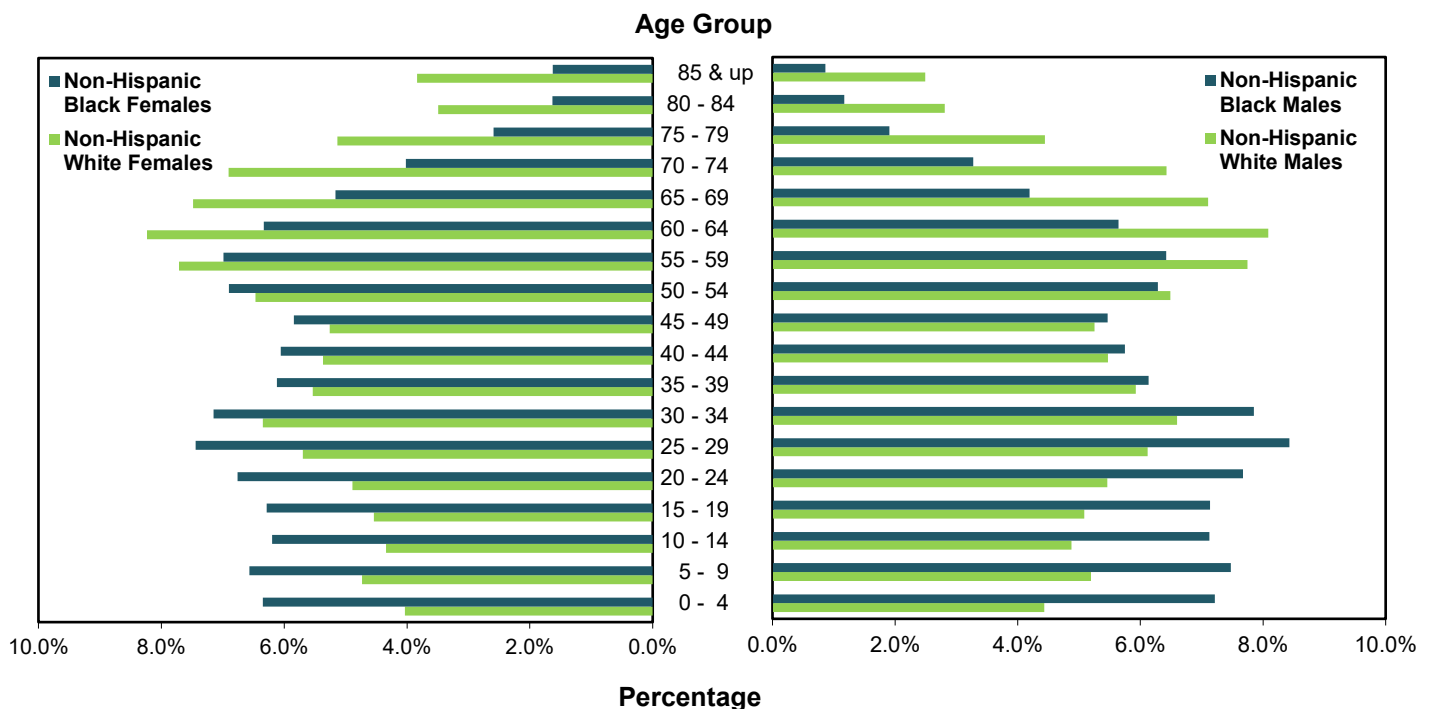
Figure 3. Population by Gender, Delaware, 2021



Source: Delaware Department of Social Services, Division of Public Health, Delaware Health Statistic Center

When the population was broken down by race, the highest proportion of females in the older age groups appeared in the non-Hispanic white population. However, non-Hispanic black females had a greater percentage of their population in the 0-54 year age range than non-Hispanic white females. In the 55 and above age range for both males and females, a greater proportion of the population was non-Hispanic white.

Figure 4. Non-Hispanic Population by Gender and Race, Delaware, 2021



Source: Delaware Department of Social Services, Division of Public Health, Delaware Health Statistic Center

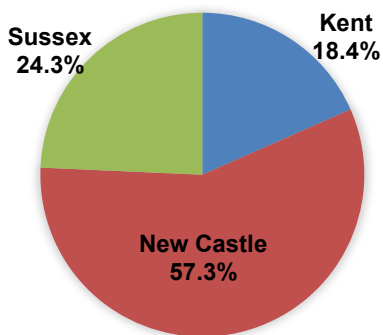
POPULATION

Delaware’s three counties continued their increasing population trend, although they grew at different rates. Between 2000 and 2021, county populations grew annually by 2.1 percent for Kent, 0.7 percent for New Castle, and 2.6 percent for Sussex. Delaware’s statewide increase was 1.3 percent.

In 2021, nearly 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 six residents was 65 or older.

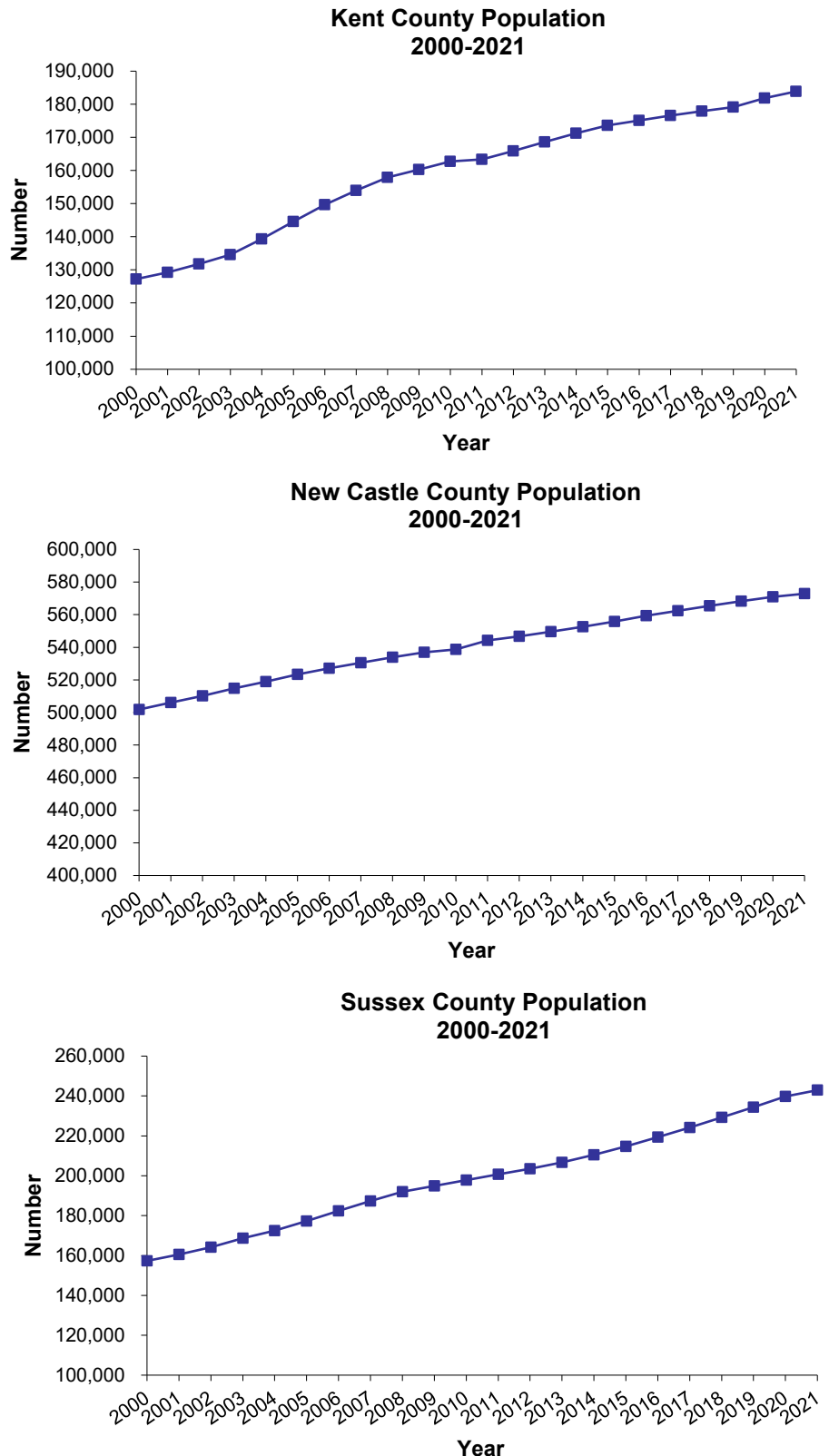
Over half of Delaware’s total population resides in New Castle County, 57%.

Figure 6. Percent of Population by County, Delaware, 2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Figure 5. Resident Population by County, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

MARRIAGE AND DIVORCE

In 2021 there were 4,889 marriages and 2,564 divorces in Delaware. Over half of all divorces in 2021 were of marriages that lasted less than 10 years.

Marriage

Male

Youngest: 18
Oldest: 91

Female

Youngest: 18
Oldest: 85

Marriage with the greatest age difference between bride and groom: 43 years.

Most popular month to get married: October.

Divorce

Male

Youngest: 20
Oldest: 86

Female

Youngest: 19
Oldest: 88

Shortest duration of marriage: 7 days

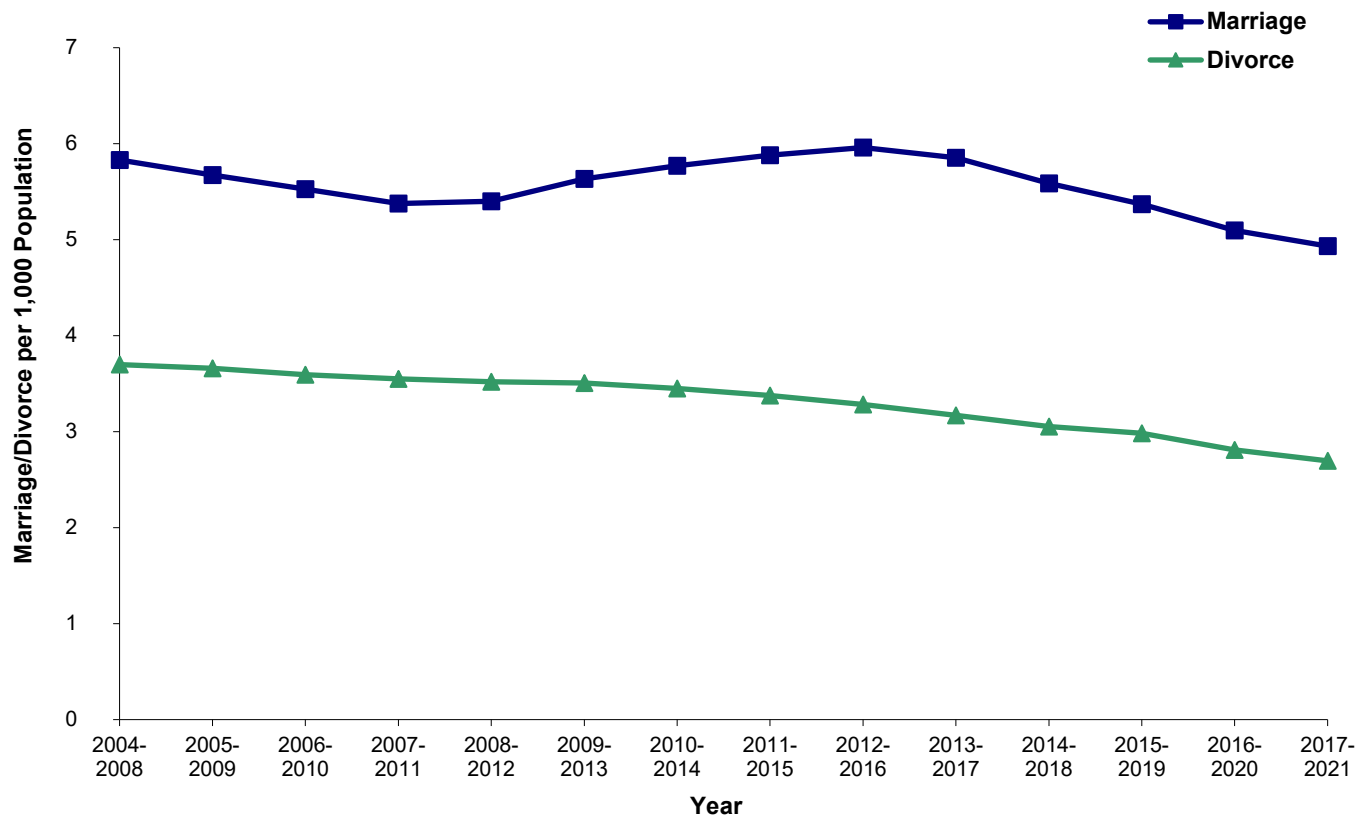
Longest duration of marriage: 52 years

Median duration of marriage: 9 years

Total children under 18 years of age: 1,862

Between 2008-2012 and 2017-2021, the five-year average marriage rate decreased from 5.4 to 4.9 marriages per 1,000 population. The five-year average divorce rate declined 22.9 percent from 3.5 in 2008-2012 to 2.7 divorces per 1,000 population in 2017-2021.

Figure 7. Five-year Average Marriage and Divorce Rates, per 1,000 Population, Delaware, 2004-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

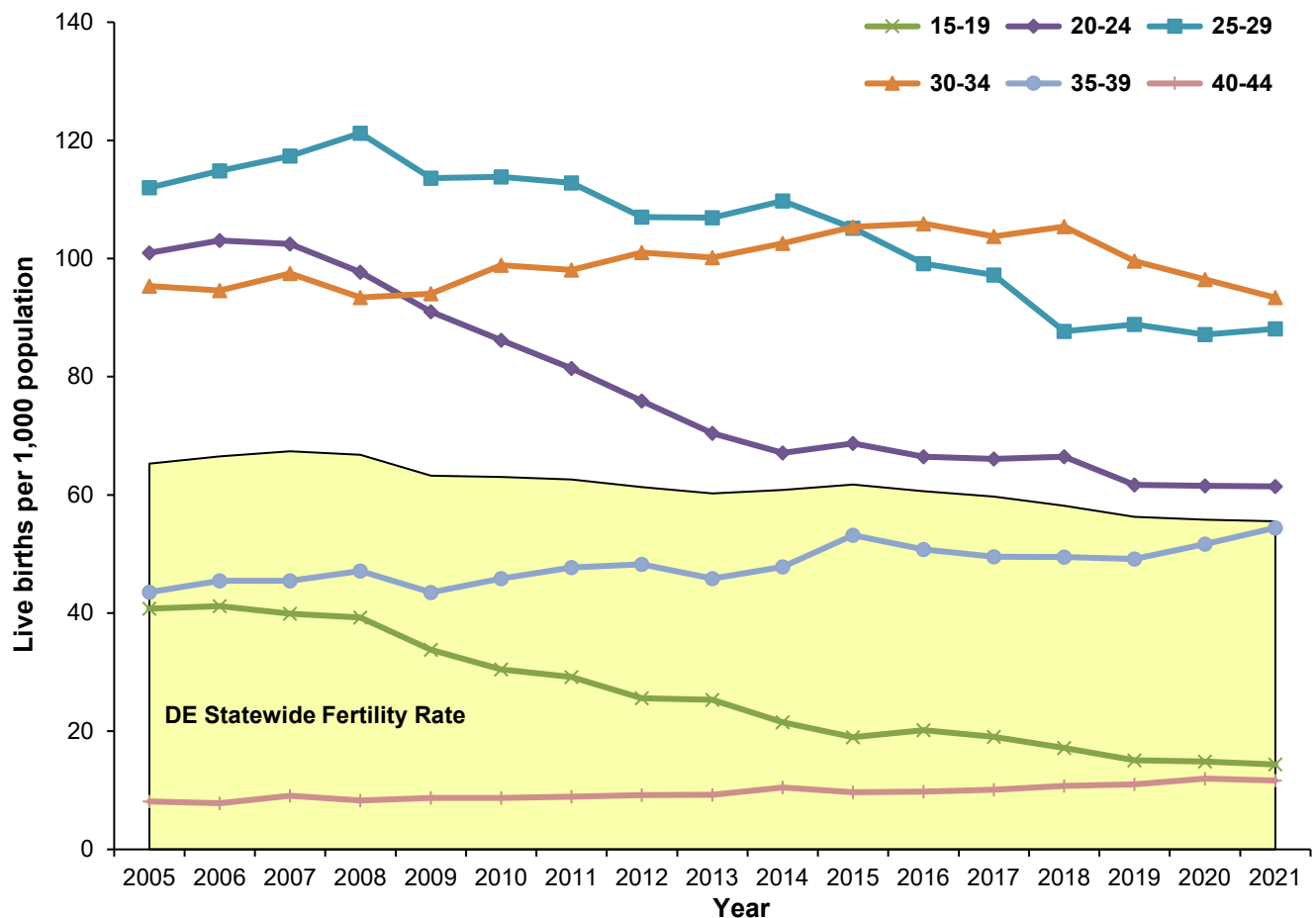
LIVE BIRTHS

In 2021, there were 10,871 births in Delaware; 9,882 were to Delaware residents and 989 were to non-residents. Additionally 507 births to Delaware residents occurred out of state, for a total of 10,389 Delaware resident births, 37 more Delaware resident births than in 2020.

The recent national declines in general fertility and live birth rates were also apparent in Delaware statistics. From 2008 to 2021, the general fertility rate (number of births per 1,000 women aged 15-44 years) declined from a high of 66.8 to 55.5 births per 1,000 women aged 15-44. The birth rate of women aged 15-19 (teens) exhibited the largest decline at 63 percent followed by women aged 20-24 that decreased 37 percent and women aged 25-29 that decreased 27 percent.

During this time period women in the 40-44 aged group had the largest increase at 42 percent from 8.3 to 11.7 births per 1,000 women followed by women aged 35-39 that increased 15 percent. Since 2008 the number of births to women aged 30-34 has not significantly changed.

Figure 8. Annual Fertility and Age-Specific Live Birth Rates, Delaware, 2005-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

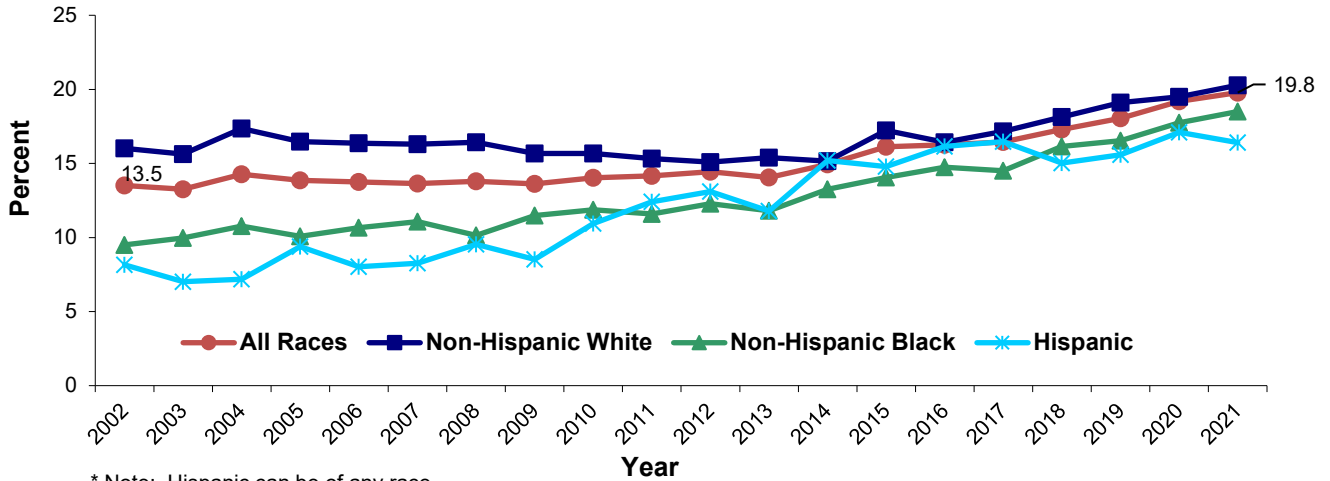
From 2017 to 2021, the decline in the number of births seen in teens aged 15-19 was apparent in both the 15-17 and 18-19 age groups. Birth rates among teens aged 15-17 decreased 49 percent while birth rates among teens 18-19 fell 15 percent.

In the 2017-2021 time period, Sussex County had the highest five year-average birth rate for teens in both age groups, 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 2002 and 2021, the percentage of births to women aged 35 or older exhibited a clear upward trend. The percentage remained relatively unchanged until 2014 when it reached 14.9. Since then, it increased to 19.8 percent in 2021, a 33 percent increase from 2014. Hispanic mothers aged 35 and older had the greatest percentage increase in births from 8.1 in 2002 to 16.4 in 2021.

Figure 9. Annual Percentage of Live Births to Women 35 or Older by Race and Hispanic Origin,* Delaware, 2002-2021

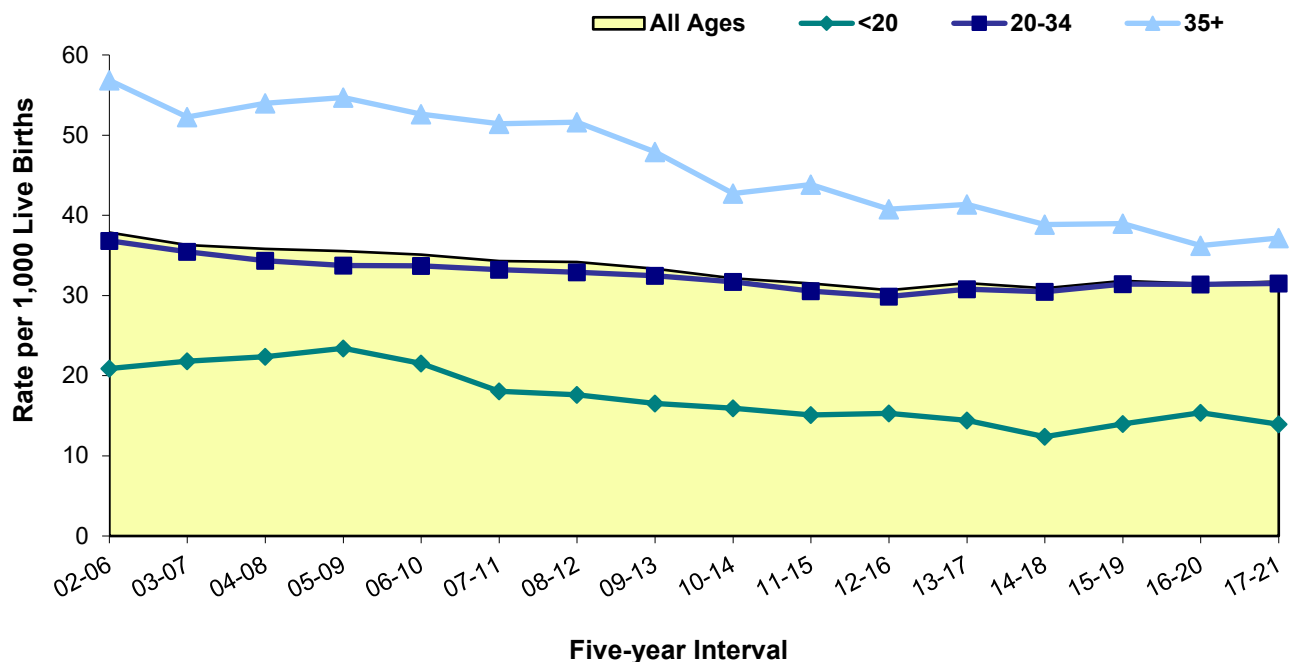


* Note: Hispanic can be of any race

Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

For mothers of all ages, the rate of plural births decreased 16 percent between 2002-2006 and 2017-2021. In 2017-2021, older mothers (35+) had the highest plural birth rates, at 37 multiples per 1,000 births, more than twice that of mothers under 20, and 18 percent higher than mothers 20-34.

Figure 10. Five-year Average Plural Birth Rate by Age of Mother, Delaware, 2002-2021



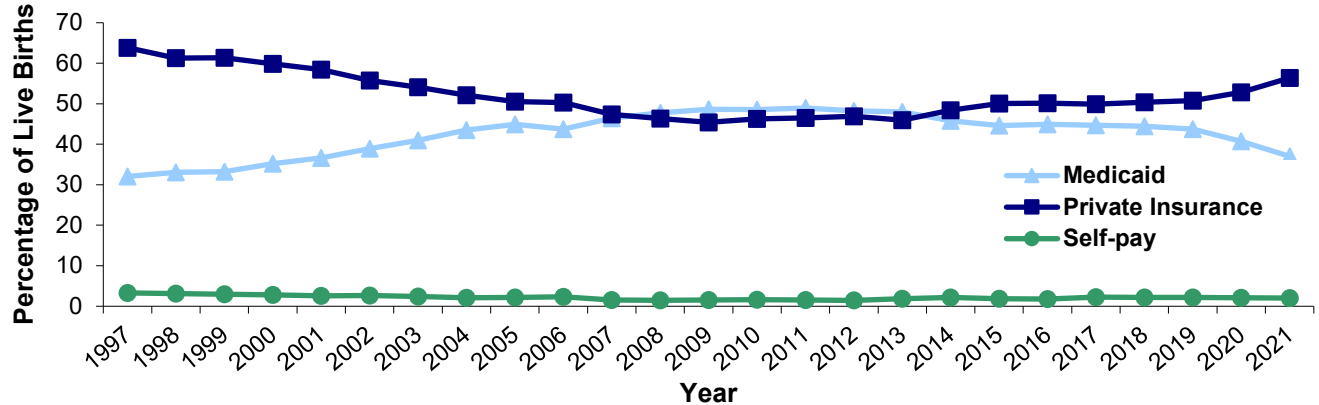
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

LIVE BIRTHS

In 2021, private insurance or Medicaid were listed as the primary source of payment in 93.4 percent of all live births; the remaining 6.6 percent were split between other, other government coverage, unknown, and self-pay.

- In 2021, in all race categories, majority of women over thirty (68 percent) had private insurance as their primary source of payment.
- Medicaid was still the primary source of payment for the majority of mothers under 20, covering 76.1 percent of non-Hispanic black mothers, and 66.4 percent of non-Hispanic white mothers in that age group.

Figure 11. Percentage of Births by Source of Payment for Delivery, Delaware, 1997-2021

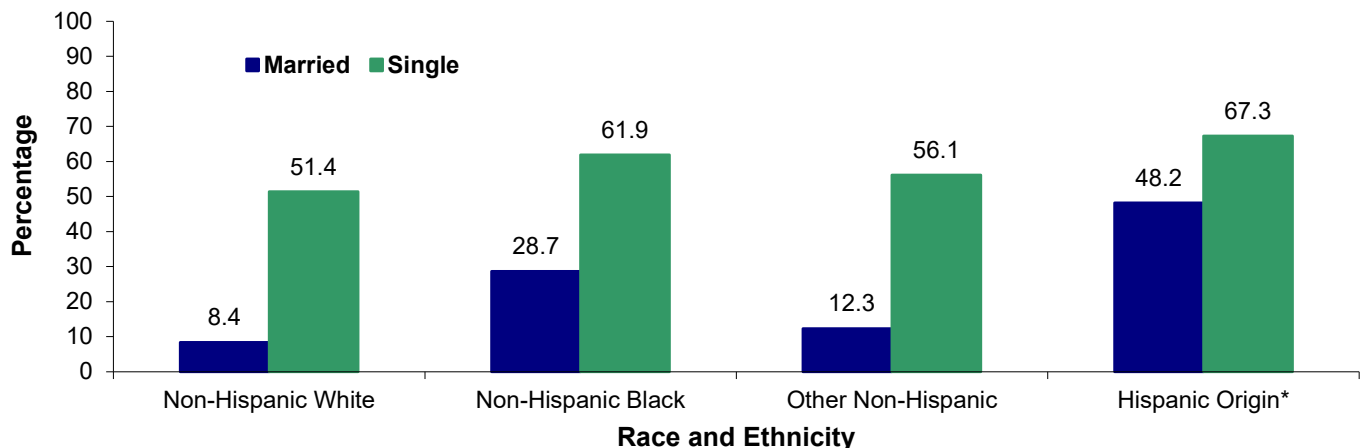


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

As in previous years, the primary source of payment for delivery in 2021 varies tremendously based on marital status:

- The number of single non-Hispanic white women who used Medicaid as their primary source of payment (51.4 percent) was more than six times that of non-Hispanic white married women (8.4 percent).
- The number of single non-Hispanic black women who used Medicaid as their primary source of payment (61.9 percent) was more than two times that of non-Hispanic black married women (28.7 percent).
- The percentage of single women of other non-Hispanic races who used Medicaid as their primary source of payment (56.1 percent) was nearly five times higher than among married women of other non-Hispanic races (12.3 percent).
- The number of single Hispanic women who used Medicaid as their primary source of payment (67.3 percent) was 1.4 times higher than Hispanic married women (48.2 percent).

Figure 12. Percentage of Births by Race, Hispanic Origin, Marital Status, and Medicaid as Primary Source of Payment, Delaware, 2021



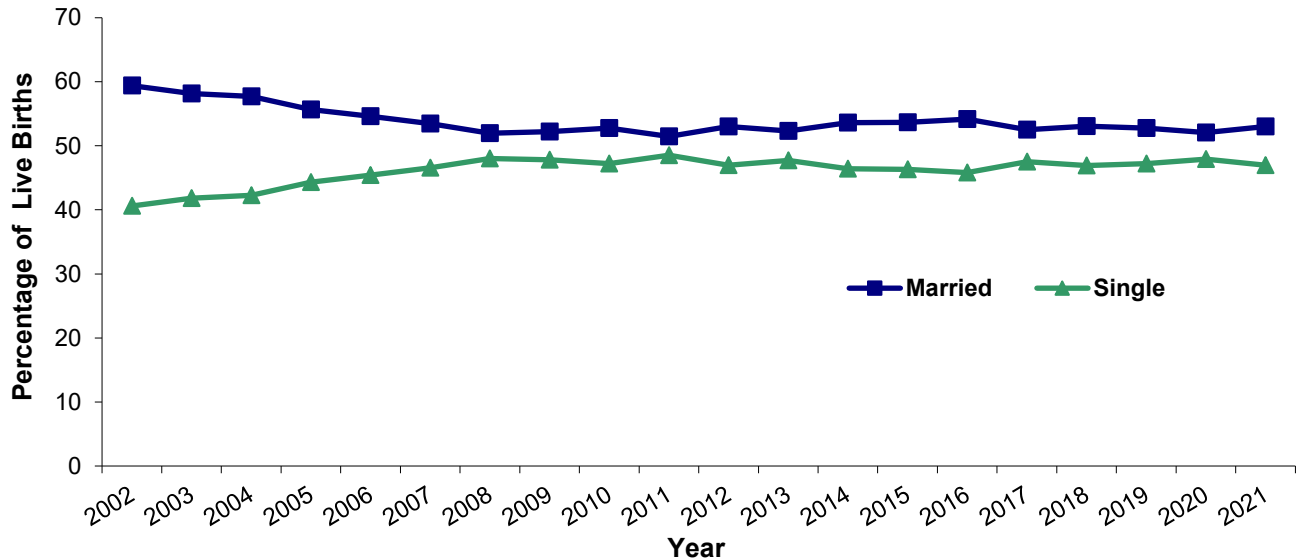
*Note: Hispanic and be of any race.

Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

LIVE BIRTHS

After increasing steadily from 2002 to 2008, the percentage of births to unmarried women decreased by two percent from 2008 to 2021. Births to married women decreased steadily from 1994 to 2008 but increased by two percent from 2008 to 2021. In 2021, 47 percent of all births were to unmarried women.

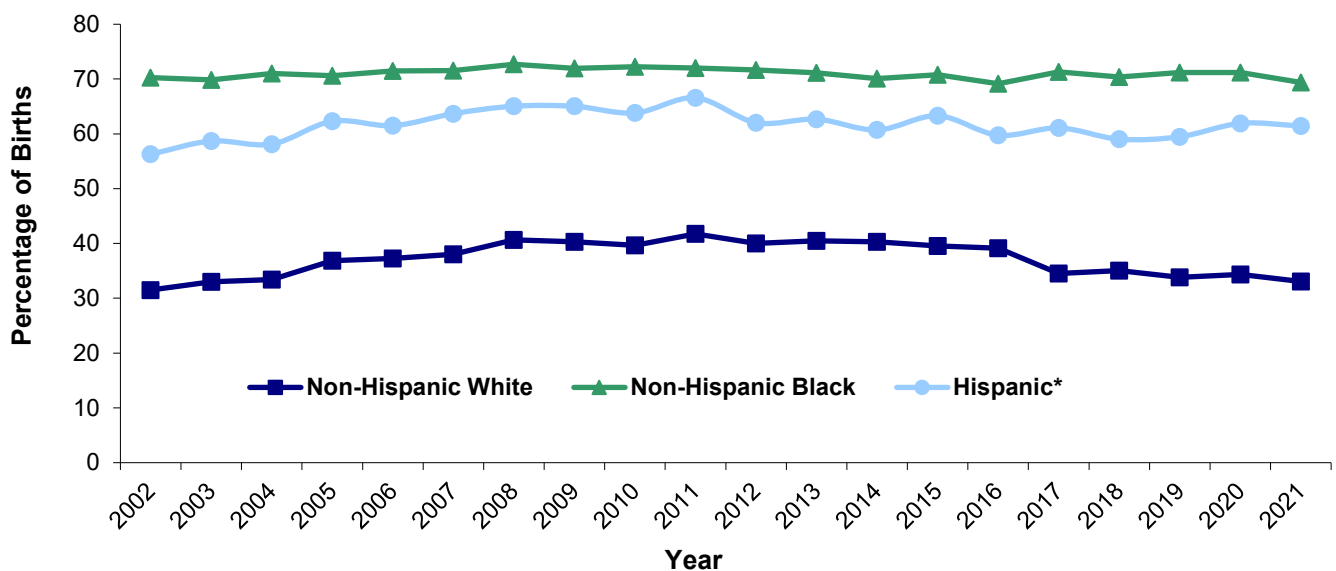
Figure 13. Annual Percentage of Births by Mother's Marital Status, Delaware, 2002-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2021, 33 percent of births were to single non-Hispanic white women, a slight increase from 32 percent in 2002. The percentage of births to single Hispanic women increased from 56 percent in 2002 to 61 percent in 2021. Unmarried non-Hispanic black women had the highest percentage of births from 2002 to 2021, remaining stable at approximately 69 percent during this time period.

Figure 14. Percent of Live Births to Unmarried Women by Race and Ethnicity, Delaware, 2002-2021



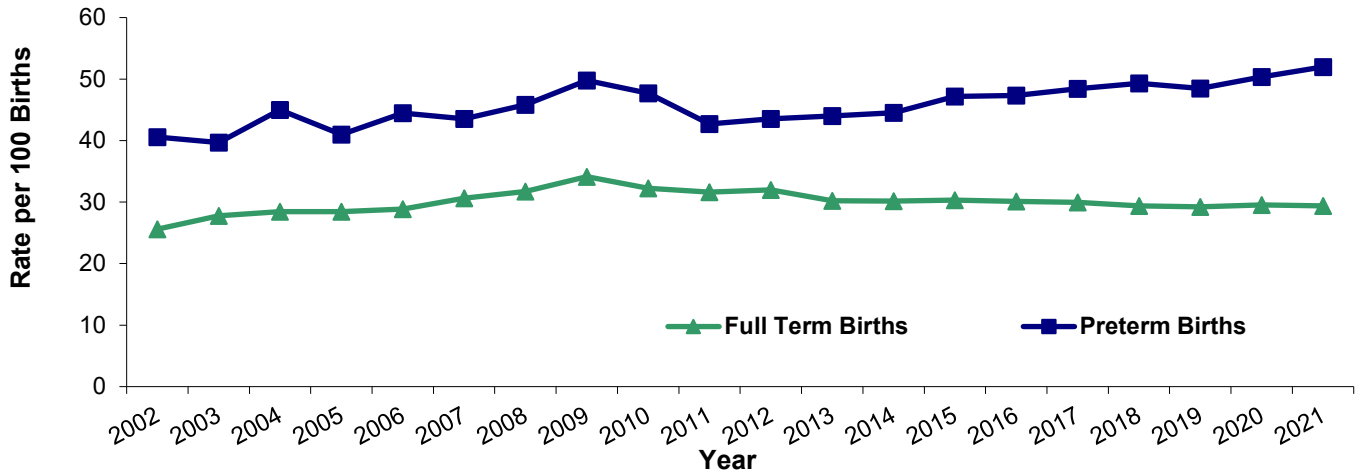
* Note: Hispanic may be of any race.

Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

LIVE BIRTHS

From 2002 to 2021, the percentage of cesarean deliveries increased 16 percent, to 31.8 per 100 live births, whereas vaginal births decreased only 6 percent from 72.7 to 68.1 per 100 live births. Since 2002, the percentage of cesarean deliveries increased for both preterm (<37 weeks gestation) and term (37+ weeks gestation) births. The percentage of C-sections for preterm births remained higher at 52.0 per 100 preterm births, versus 29.4 per 100 term births in 2021.

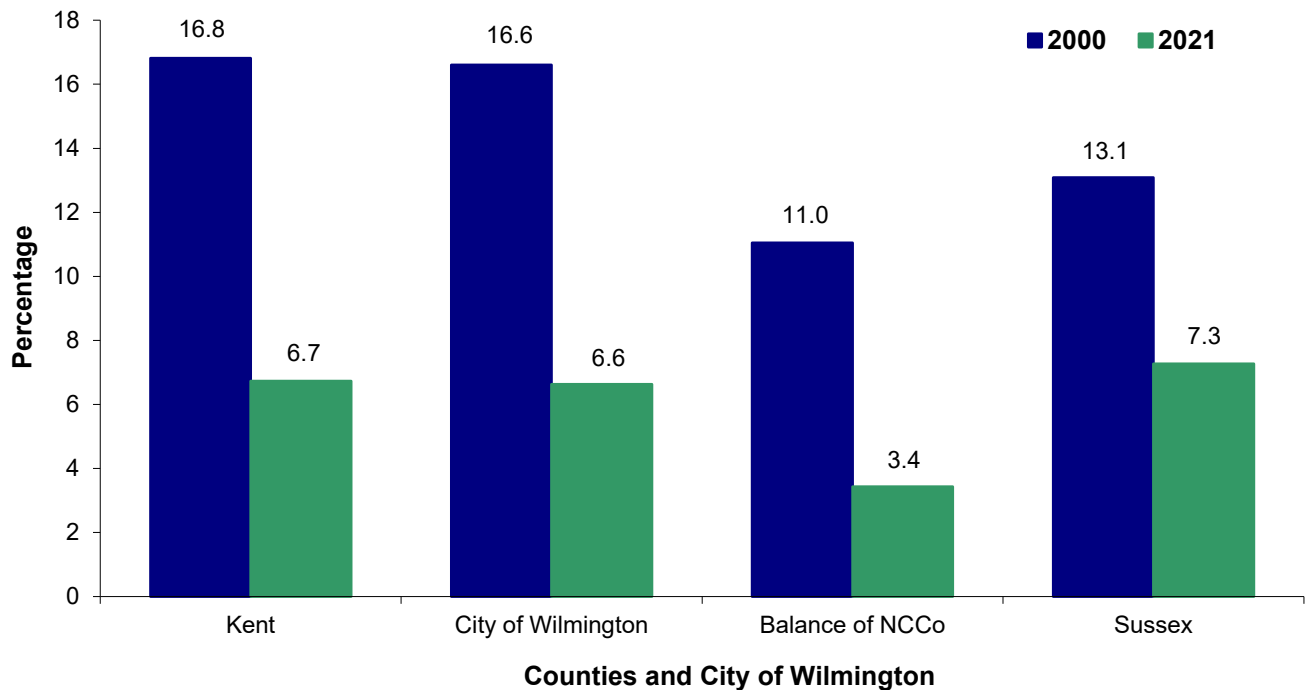
Figure 15. Annual Rate of Cesarean Deliveries by Gestational Category, Delaware, 2002-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

From 2000 to 2021, the percentage of Delaware mothers who used tobacco while pregnant decreased in all three counties and the city of Wilmington. In 2021, Sussex County had the highest percentage of mothers who smoked while pregnant at 7.3 followed by Kent County at 6.7. The Balance of New Castle County had the lowest percentage at 3.4.

Figure 16. Percentage of Mothers who Smoked while Pregnant, Delaware Counties and City of Wilmington, 2000 and 2021

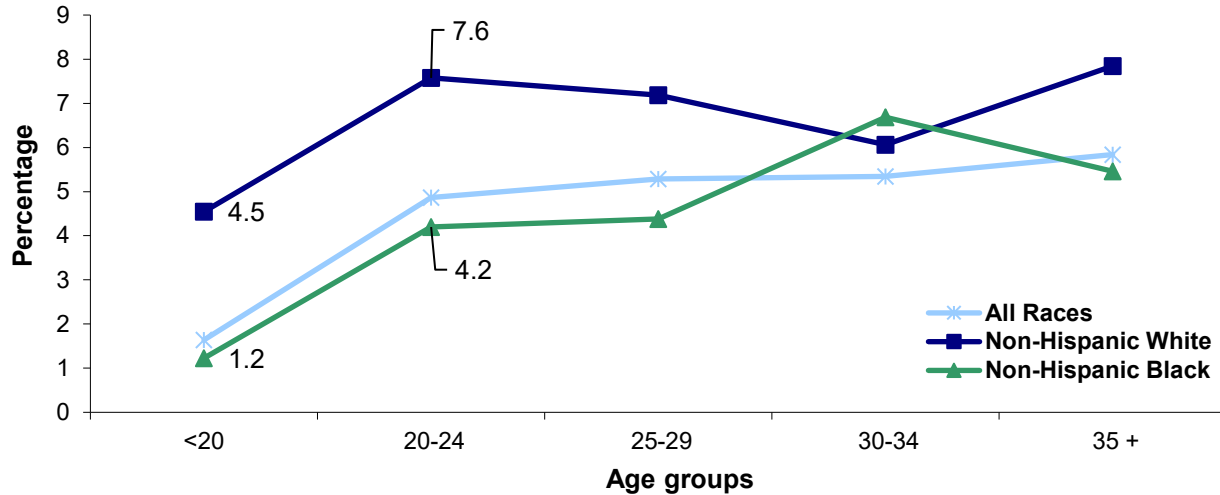


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

LIVE BIRTHS

In 2021, the percentage of non-Hispanic white women less than 20 years old who smoked while pregnant was approximately 4 times that of non-Hispanic black women. During this same time period 4.2 percent of non-Hispanic black women ages 20-24 years old smoked while pregnant compared to 7.6 percent of non-Hispanic white women.

Figure 17. Percentage of Mothers who Smoked While Pregnant by Age Group and Race, Delaware, 2021

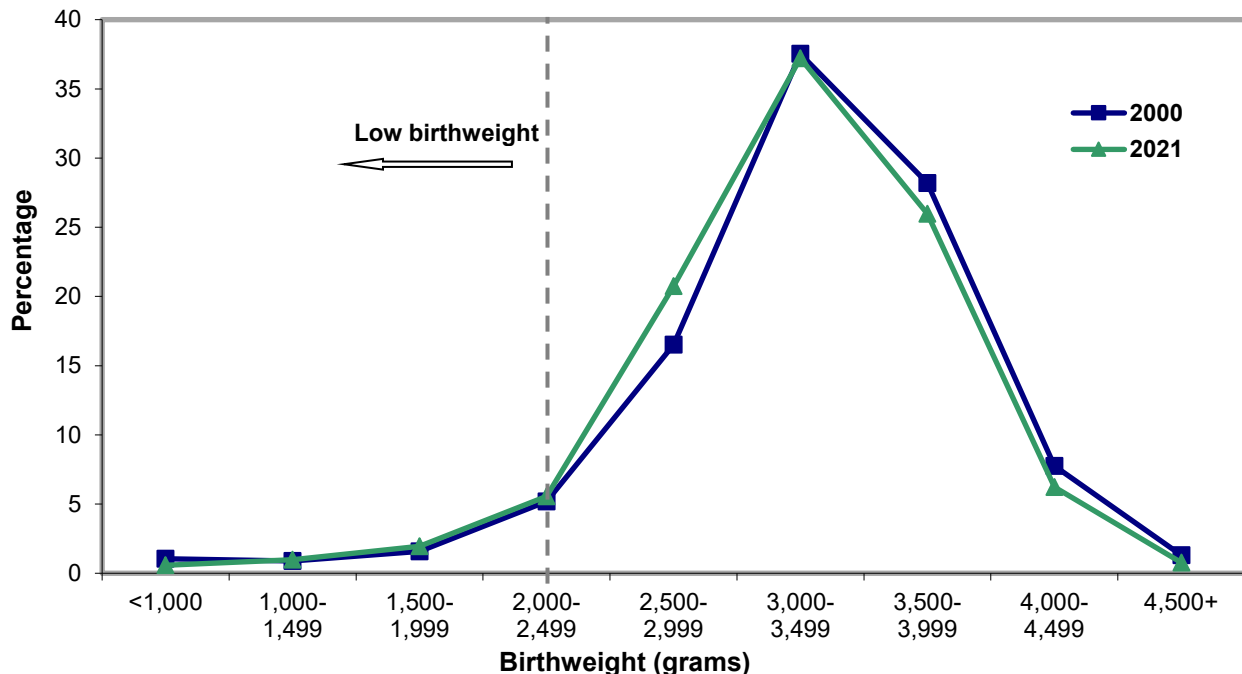


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2021, 15.0 percent of Delaware women who smoked while pregnant gave birth to low birthweight babies (< 2,500 grams), versus the significantly lower percentage (8.6) of non-smokers who gave birth to low birthweight babies.

The percent distribution of births by birthweight did not differ significantly between 2000 and 2021. The greatest percentage of births fell within the 3,000 to 3,499 gram range.

Figure 18. Distribution of Births by Birthweight, Delaware, 2000 and 2021

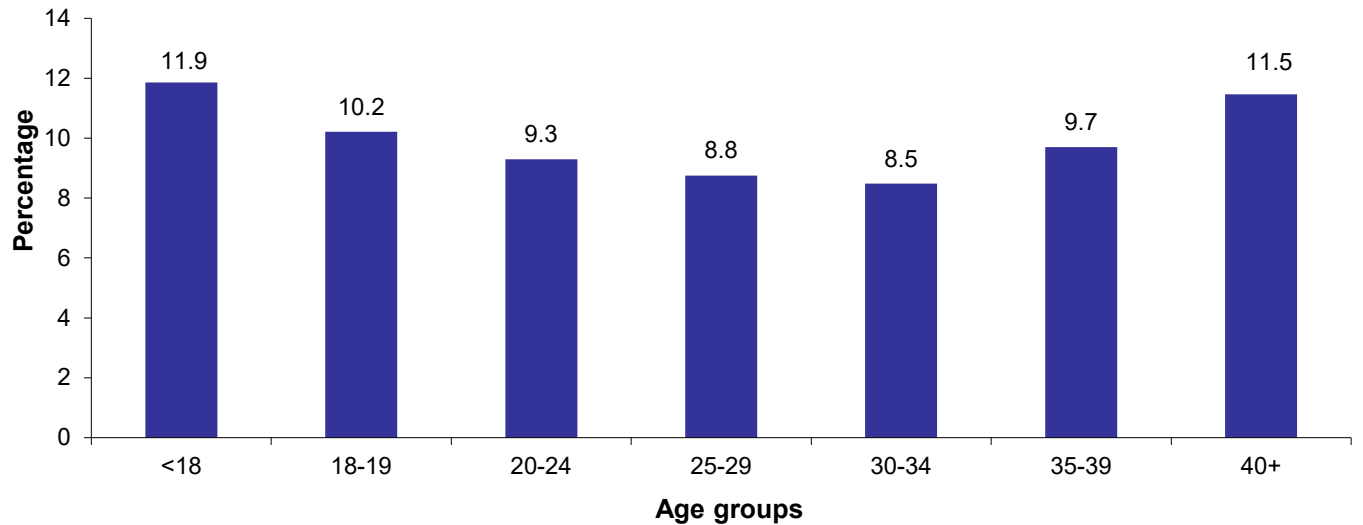


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

LIVE BIRTHS

In 2017-2021 the five-year percentage of low birthweight (LBW) births and very low birthweight (VLBW) births remained relatively stable at 9.1 and 1.6, respectively. The percentage of LBW births was greatest for mothers in the 18 and under age group (11.9 percent) and lowest for those in the 30-34 age group (8.5 percent).

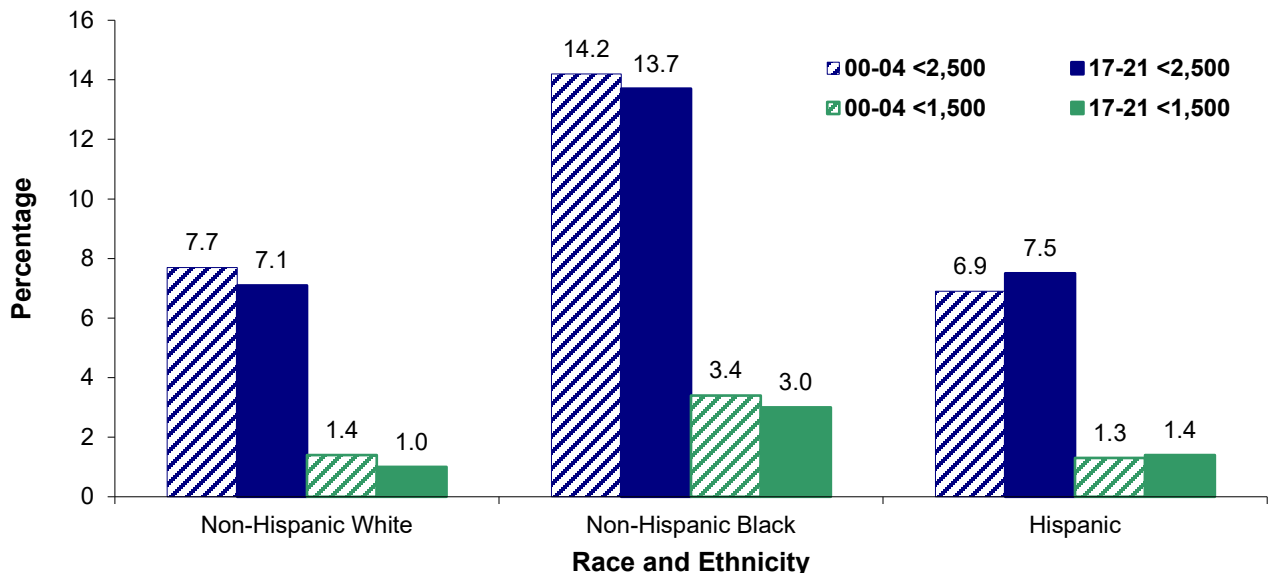
Figure 19. Five-year Percentage of Low Birthweight Births (<2,500 grams) by Mother's Age, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistic Center

Between 2000-2004 and 2017-2021, there was a decline in the percentages of infants born at low birthweight and very low birth weight to non-Hispanic white and non-Hispanic black mothers. During this same time period, the percentage of infants born at both low birth weight and very low birthweight to Hispanic mothers showed an increase of 9 percent and 8 percent respectively. In 2017-2021 among mothers of all ages, non-Hispanic black mothers had the highest percentage of LBW and VLBW births at 13.7 percent and 3.0 percent.

Figure 20. Five-year Average Percentage of Low (<2,500 grams) and Very Low Birth Weight Births (<1,500 grams) by Race and Hispanic Origin, Delaware, 2000-2004 and 2017-2021

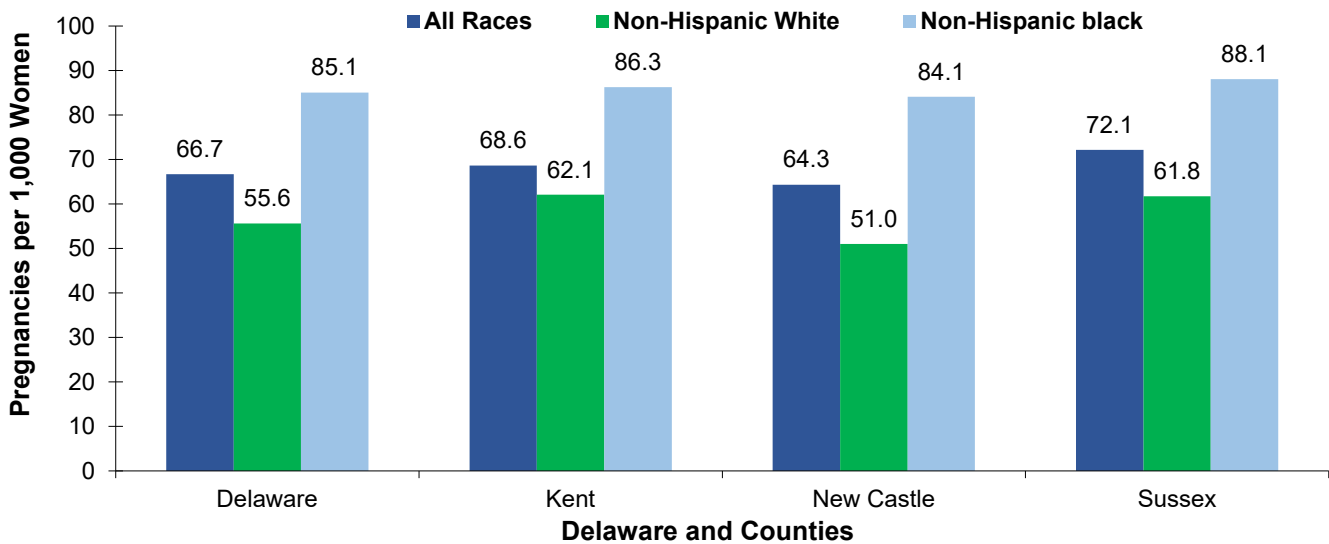


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

REPORTED PREGNANCIES

At 66.7 reported pregnancies per 1,000 women ages 15-44, the 2017-2021 rate of reported pregnancies decreased by 15.1 percent from the 78.6 rate in 2010-2014. The 2017-2021 five-year average reported pregnancy rate was highest in Sussex County for non-Hispanic black women (88.1 pregnancies per 1,000 women). New Castle County had the lowest reported pregnancy rate for non-Hispanic black women (84.1 pregnancies per 1,000 women). Kent County had the highest reported pregnancy rate for non-Hispanic white women (62.1 pregnancies per 1,000 women). New Castle County had the lowest reported pregnancy rate for non-Hispanic white women (51.0 pregnancies per 1,000 women) during this same five year period.

Figure 21. Five-year Average Rate of Reported Pregnancies by County and Race, Delaware, 2017-2021

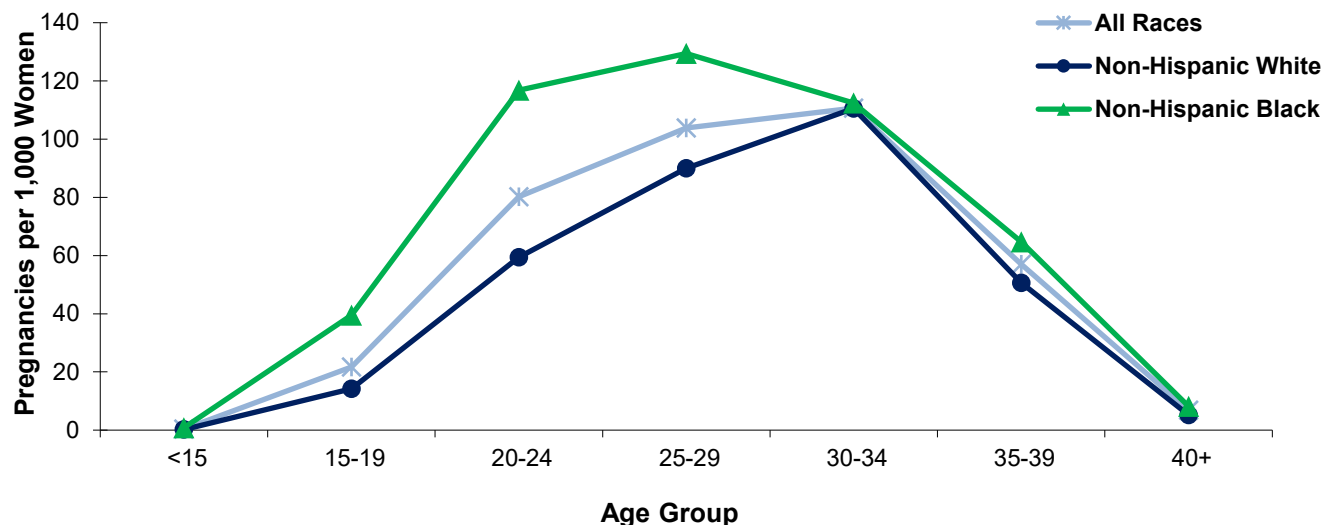


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Non-Hispanic black women in the 25-29 year age group had the highest pregnancy rate, at 130.6 pregnancies per 1,000 women in 2017-2021.

Non-Hispanic black women had higher five year average (2017-2021) pregnancy rates than white women in all age groups. The highest pregnancy rate during this same time period for non-Hispanic white women was in the 30-34 age group (103.4 pregnancies per 1,000 women).

Figure 22. Five-year Average Rate of Reported Pregnancies by Age and Race, Delaware, 2017-2021

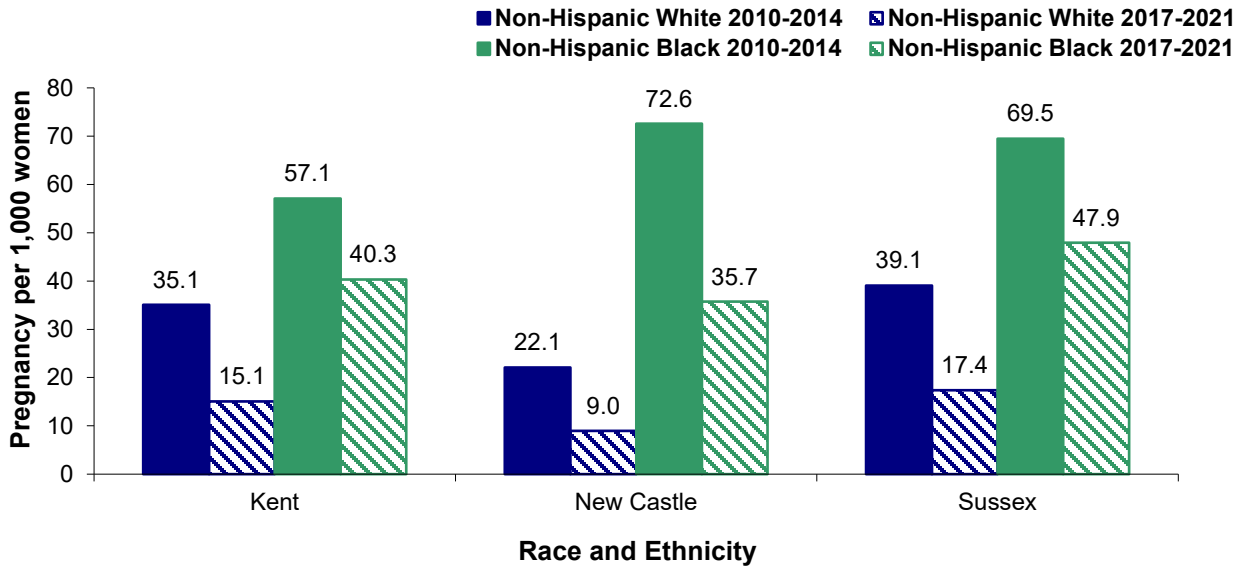


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

REPORTED PREGNANCIES

In all three counties the five-year average teen (15-19) pregnancy rates for all races continues to decline from 2010-2014 to 2017-2021. New Castle County had a 50.8 percent decrease in the number of reported pregnancies for non-Hispanic black teens, aged 15-19, from 2010-2014 to 2017-2021. In 2017-2021, Sussex County had the highest five year average reported pregnancy rate for non-Hispanic white teens (17.4 pregnancies per 1,000 women) and non-Hispanic black teens (47.9 pregnancies per 1,000 women).

Figure 23. Five-year Average Teenage (15-19) Pregnancy Rates by County and Race, Delaware, 2009-2013 and 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2017-2021, New Castle County had the lowest five-year average pregnancy rate for younger white non-Hispanic teens aged 15-17, (3.6 pregnancies per 1,000 women). The highest rate for non-Hispanic black teens, aged 15-17, during this same time period was in Sussex County (23.6 pregnancies per 1,000 women).

The five-year average (2017-2021) pregnancy rate for older non-Hispanic white teens, aged 18-19, was lowest in New Castle County (16.7 pregnancies per 1,000 females). During this same time period Sussex County had the highest rate for non-Hispanic black teens, aged 18-19, at a rate of 83.5 pregnancies per 1,000 women.

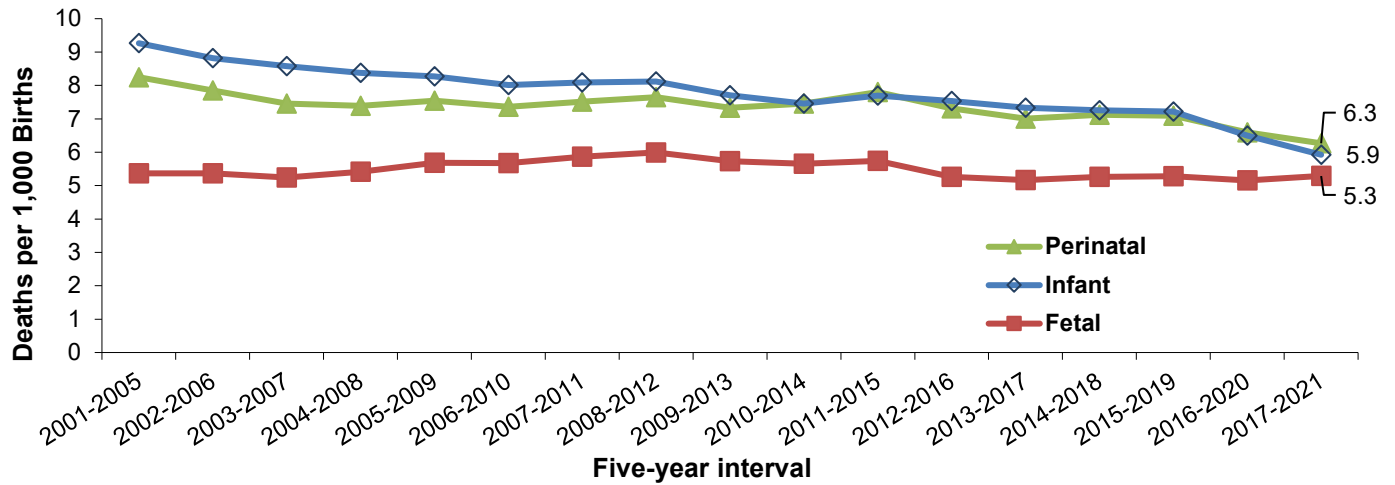
In 2021, there were 1,825 abortions performed in Delaware, 1,663 to Delaware residents and 162 to non-residents.

- Forty-four percent of all pregnancies to females under 15 ended in termination in 2021.
 - ⇒ 50 percent to non-Hispanic black females under 15 ended in termination in 2021.
- Married women undergo significantly fewer terminations than their single counterparts.
 - ⇒ 2.9 percent of pregnancies to non-Hispanic white married women ended in termination and 5.6 percent of pregnancies to non-Hispanic black married women ended in termination in 2021.
 - ⇒ When the women were unmarried, these numbers increased to 22.7 percent for non-Hispanic white women and 26.8 percent for non-Hispanic black women in 2021.
- In 2021, women under 25 account for 37% of all induced termination of pregnancy in Delaware.

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 and infant mortality follow the same trends, decreasing from 2001-2005 until 2017-2021. By 2017-2021 the infant mortality rate fell below the perinatal rate with 5.9 infant deaths per 1,000 live births compared to 6.3 perinatal deaths per 1,000 live births. Fetal death rates remain consistently lower than both perinatal and infant mortality rates.

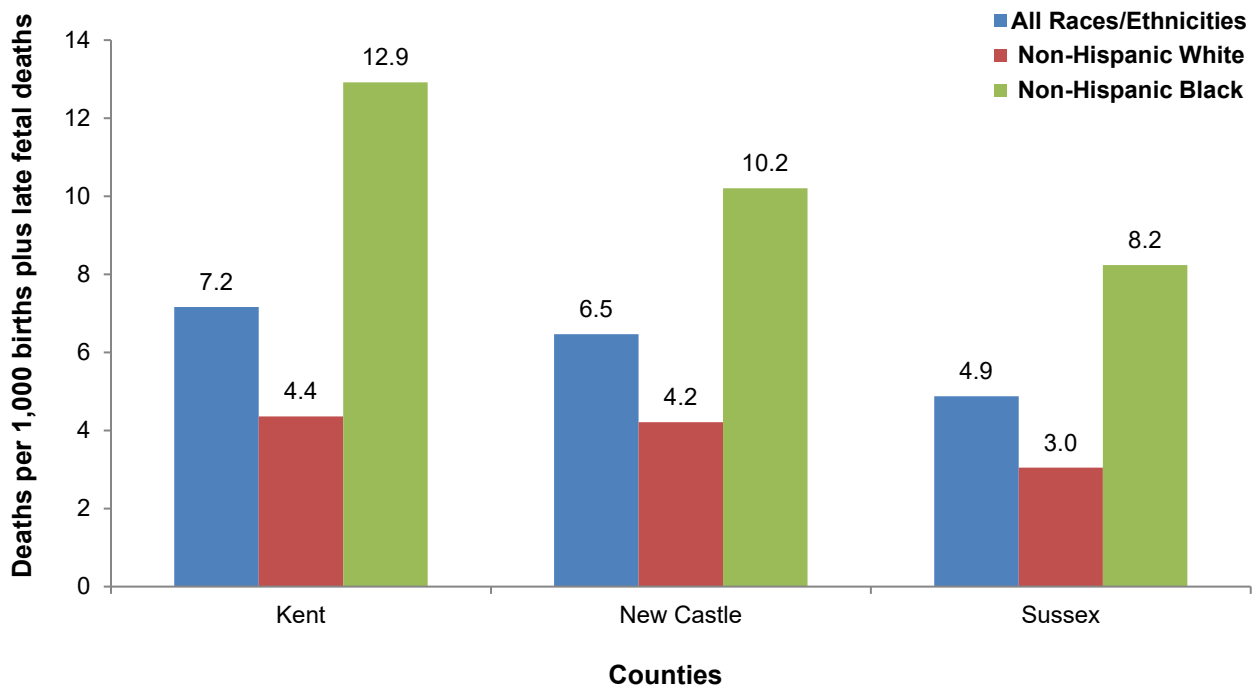
Figure 24. Five-year Fetal, Perinatal, and Infant Mortality Rates, Delaware, 2001-2021



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Non-Hispanic black perinatal mortality rates for 2017-2021 were substantially higher than non-Hispanic white perinatal mortality rates, regardless of county. In Kent County, the non-Hispanic black perinatal mortality rate of 12.9 perinatal deaths per 1,000 live births was three times that of the non-Hispanic white perinatal mortality rate of 4.4 perinatal deaths per 1,000 live births.

Figure 25. Five-year Average Perinatal Mortality Rates by Race and County, Delaware, 2017-2021

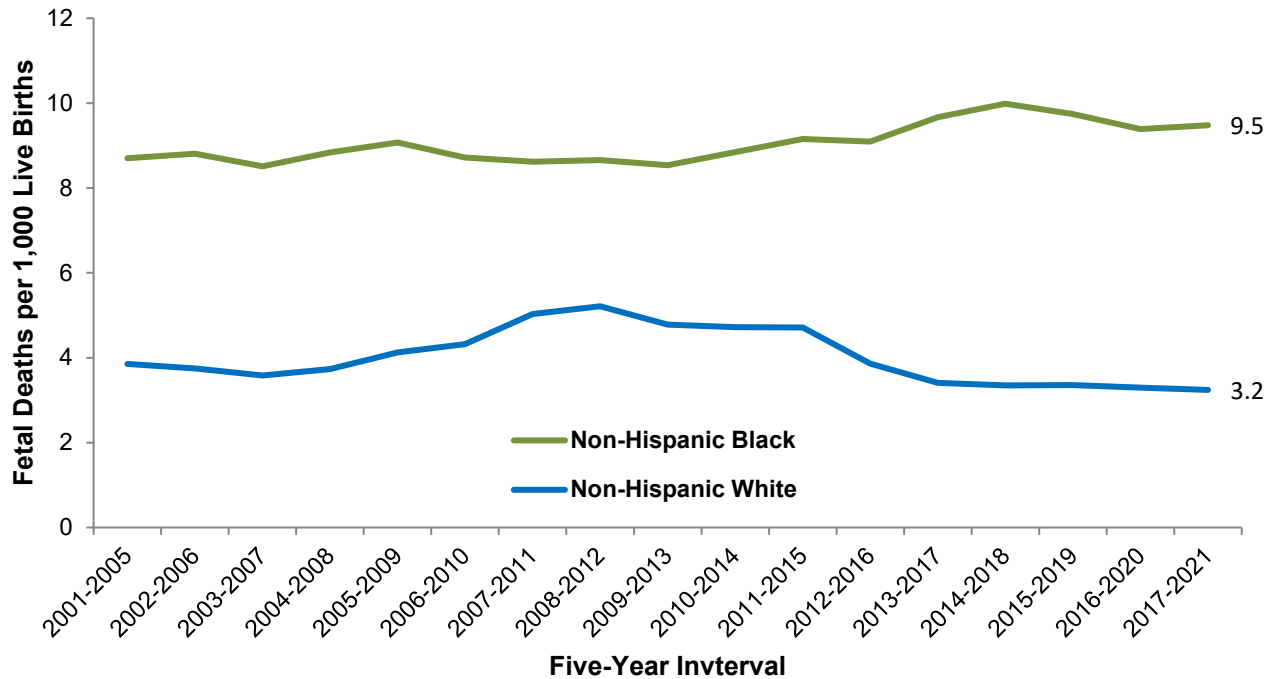


Source: Delaware Department of Social Services, Division of Public Health, Delaware Health Statistics Center

FETAL AND PERINATAL DEATHS

In 2021, 52 fetal deaths were reported in Delaware. In 2017-2021, the fetal mortality rate was 5.3 fetal deaths per 1,000 live births. Fetal mortality rates for non-Hispanic black women have been consistently higher than the rates for non-Hispanic white women, and in 2017-2021 they were 197 percent higher than the rate of non-Hispanic white women (9.5 versus 3.2).

Figure 26. Five-year Average Fetal Mortality Rates by Mother's Race, Delaware, 2001-2021

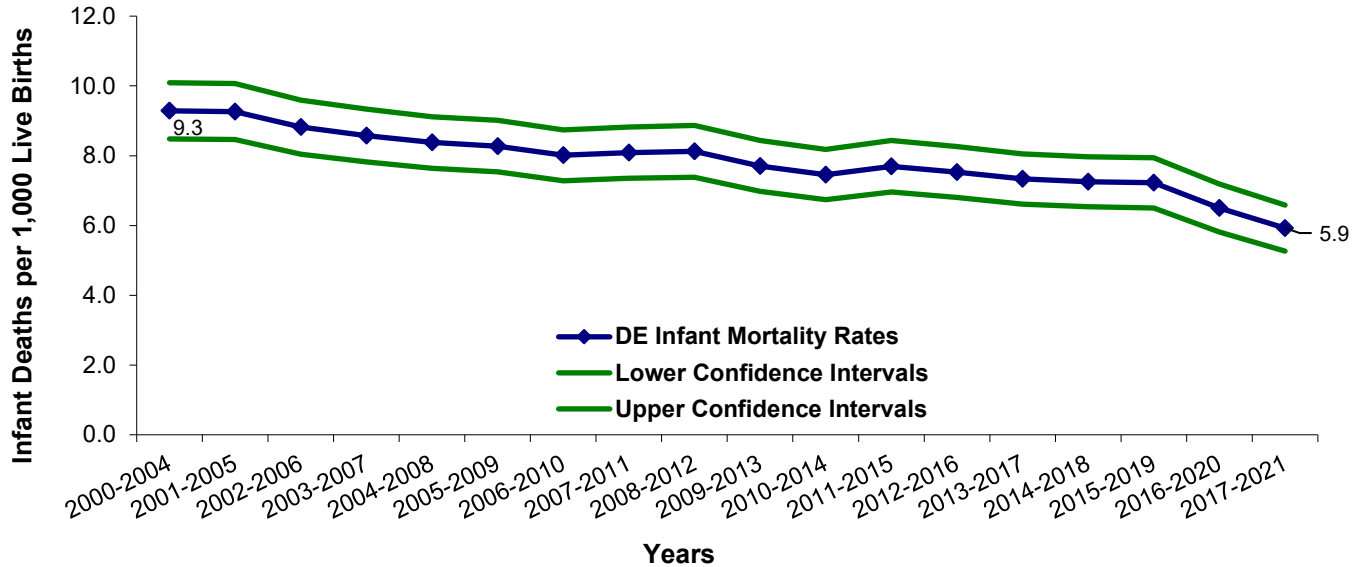


Source: Delaware Department of Health and Social Services. Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY

In 2017-2021, Delaware's infant mortality rate (IMR) was 5.9 infant deaths per 1,000 live births, resulting in a total decline of 36.2 percent from the 2000-2004 rate of 9.3 infant deaths per 1,000 live births.

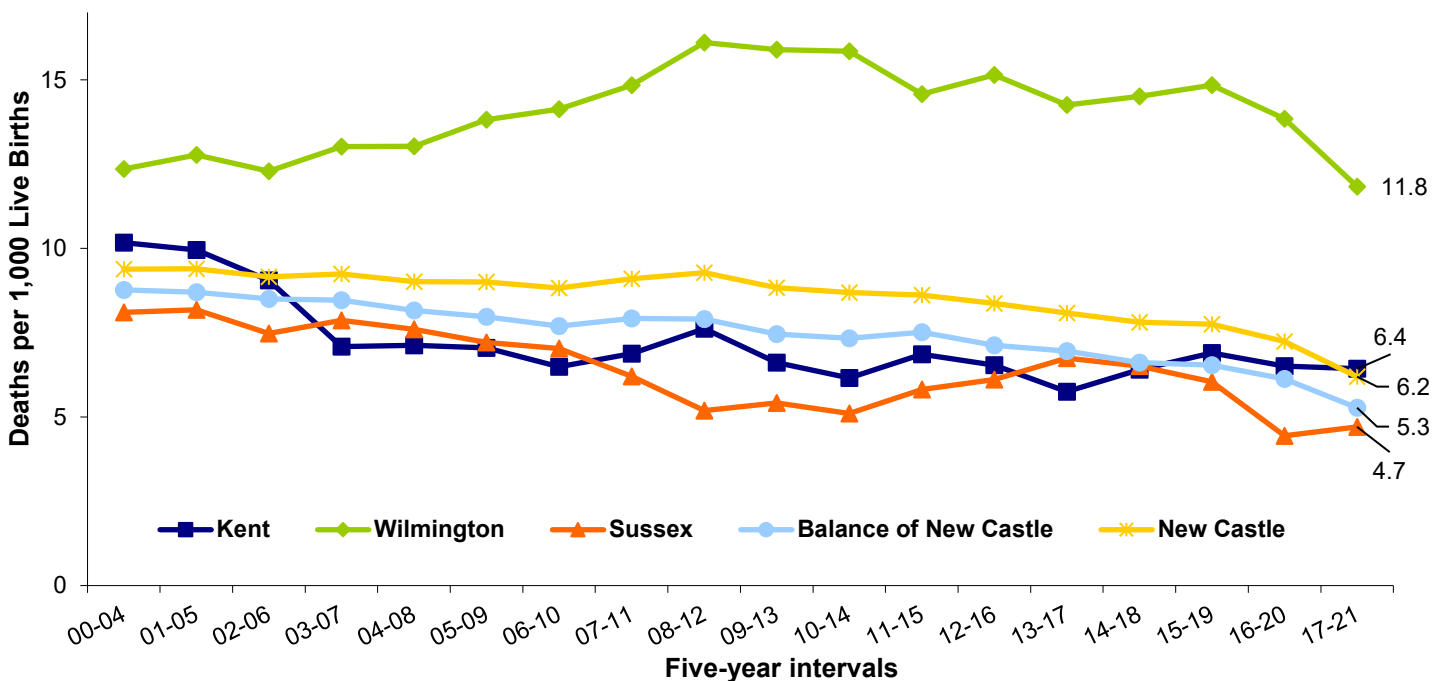
Figure 27. Five-year Average Infant Mortality Rates with Confidence Intervals, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Wilmington's IMR continued to be the highest in Delaware at 11.8 infant deaths per 1,000 live births. Kent county's IMR of 6.4 infant deaths per 1,000 live births is the higher than New Castle county's IMR of 6.2 infant deaths per 1,000 live births. In 2017-2021 Sussex County's IMR remained the lowest at 4.7 infant deaths per 1,000 live births. During the same time period the balance of New Castle County's IMR was 5.3 infant deaths per 1,000 live births.

Figure 28. Five-year Average Infant Mortality Rates by County and City of Wilmington, Delaware, 2000-2021

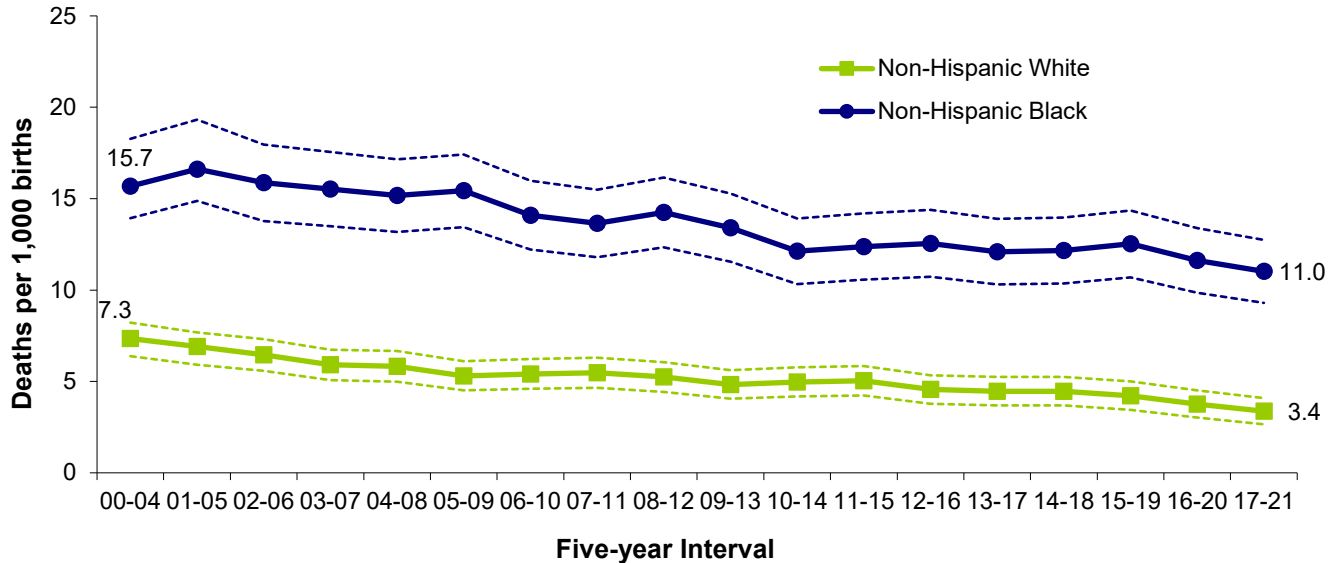


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY- Leading Causes of Death

Non-Hispanic black infants experienced a lower percentage decline in mortality rates than non-Hispanic white infants. In 2017-2021 the non-Hispanic black IMR of 11 infant deaths per 1,000 live births was a 30 percent decrease from the 15.7 rate in 2000-2004. Non-Hispanic white IMR decreased 54 percent from 7.3 in 2000-2004 to 3.4 infant deaths per 1,000 live births in 2017-2021.

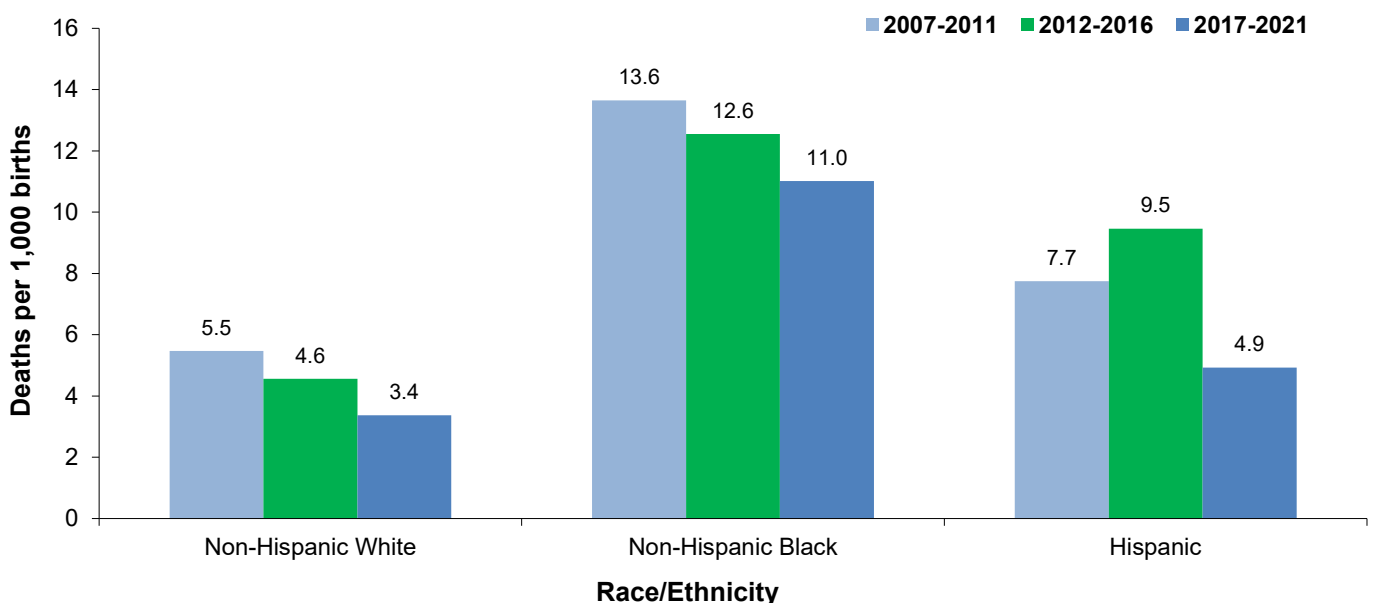
Figure 29. Five-year Average Black and White Infant Mortality Rates with Confidence In Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Significant disparities existed between non-Hispanic black and non-Hispanic white infant mortality rates as well as Hispanic IMRs. Non-Hispanic black IMRs were highest in all three time periods depicted below with the highest rate of 13.6 infant deaths per 1,000 live births in 2007-2011. Hispanic IMRs were 1.5 times higher than the non-Hispanic white IMRs in 2017-2021. The non-Hispanic black rate in 2017-2021 was more than two times higher than the Hispanic rate of 4.9 infant deaths per 1,000 live births. From 2012-2016 to 2017-2021 the Hispanic IMR decreased 48 percent (9.5 to 4.9 infant deaths per 1,000 live births).

Figure 30. Five-year Average Infant Mortality Rates by Race and Hispanic Origin, Delaware, 2007-2021

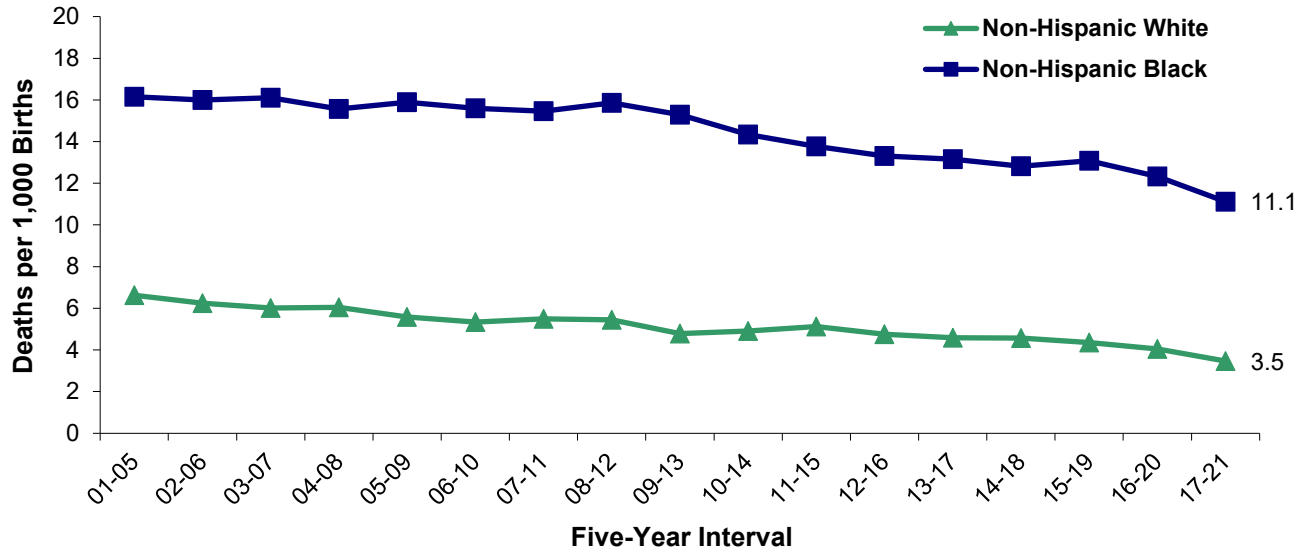


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY- Leading Causes of Death

In 2017-2021, Kent County had the highest IMRs and Sussex had the lowest. Non-Hispanic black five-year average IMRs in New Castle County were stable at 16 infant deaths per 1,000 live births from 2001-2005 to 2008-2012, and decreased 31 percent to 11.1 infant deaths per 1,000 live births in 2017-2021. Disparity between the races is evident in all three counties, with the New Castle non-Hispanic black rate three times higher than the non-Hispanic white rate for 2017-2021.

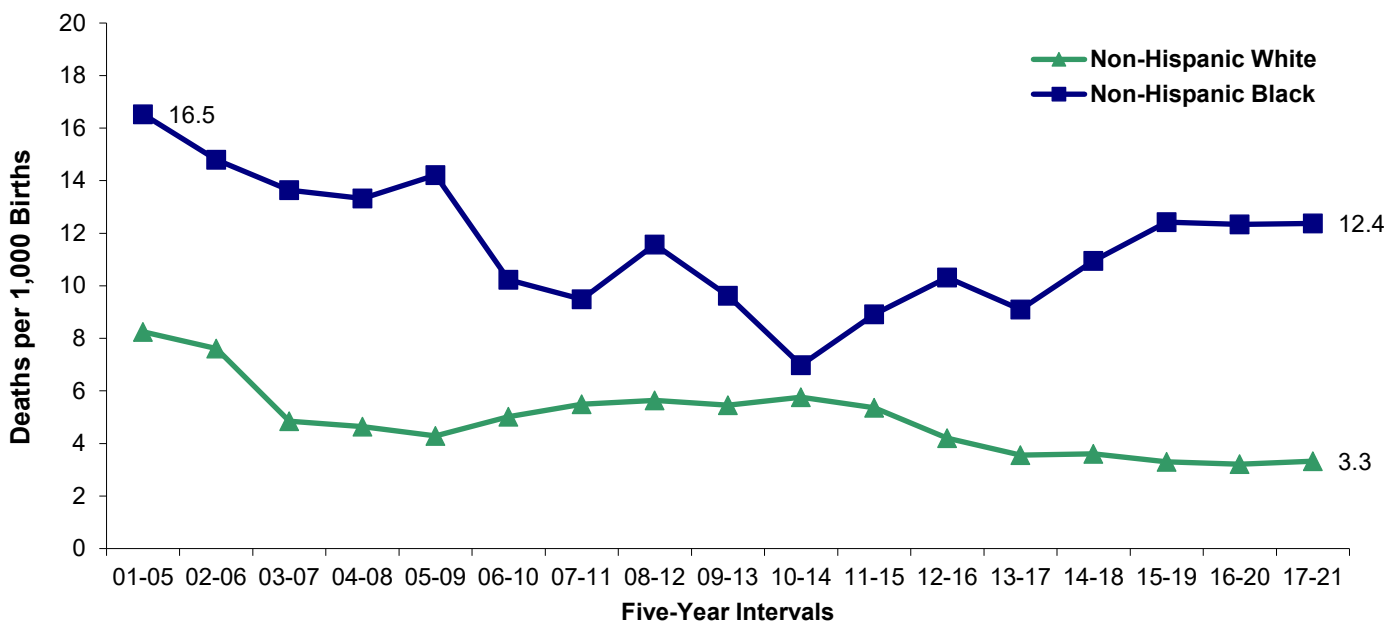
Five-year Average Infant Mortality Rates by Race, New Castle County, Delaware, 2001-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Non-Hispanic black IMRs in Kent County peaked at 16.5 infant deaths per 1,000 live births in 2001-2005. The non-Hispanic black IMR decreased 25 percent to 12.4 infant death per 1,000 live births in 2017-2021. The non-Hispanic white IMR had a 60 percent decrease from 2001-2005 to 2017-2021 (8.2 to 3.3 infant deaths per 1,000 live births). The non-Hispanic Black IMR was nearly four times higher than the non-Hispanic white IMR.

Figure 32. Five-year Average Infant Mortality Rates by Race, Kent County, Delaware, 2001-2021

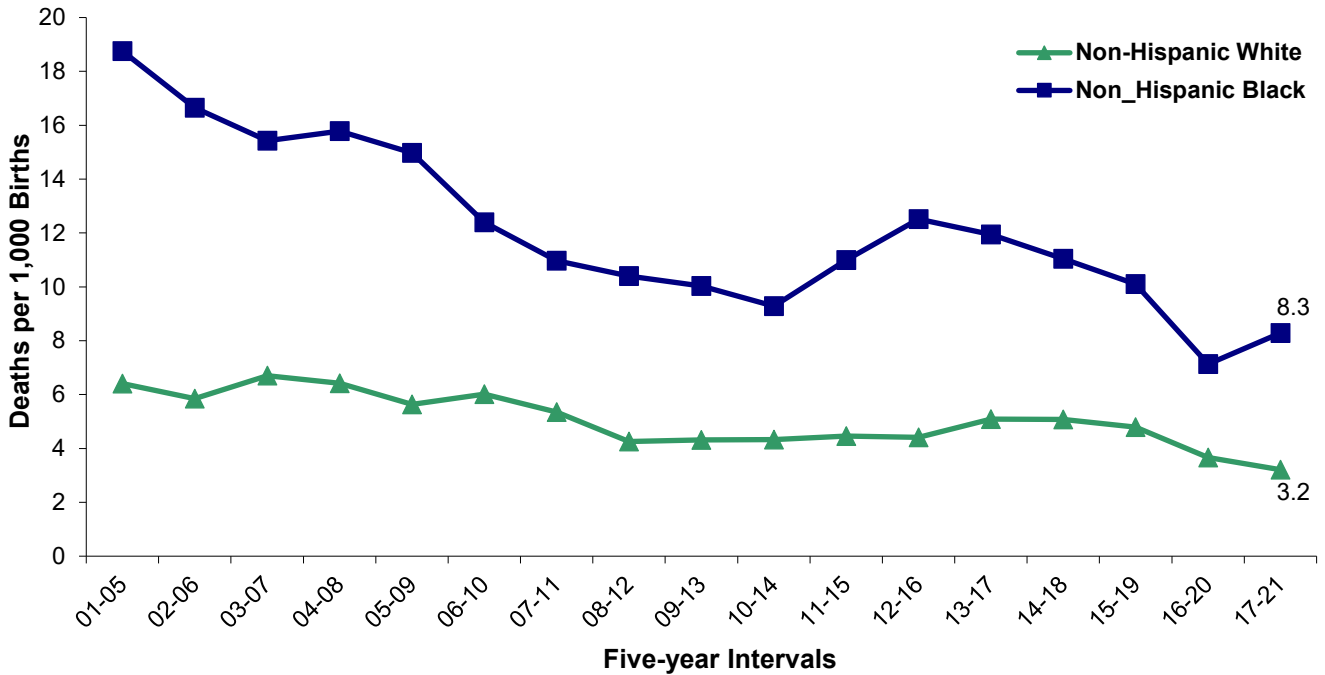


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY- Leading Causes of Death

Sussex County's non-Hispanic black IMR decreased to 8.3 infant deaths per 1,000 live births in 2017-2021, a 56 percent decrease from the 2001-2005 peak of 18.8 infant deaths per 1,000 live births. Sussex County's non-Hispanic white IMR had a 52 percent decrease from its peak in 2003-2007 to 2017-2021 (6.7 to 3.2 infant deaths per 1,000 live births). Sussex County had the smallest disparity between the races with non-Hispanic black IMRs 2.5 times higher than non-Hispanic white IMRs in 2017-2021.

Figure 33. Five-year Average Infant Mortality Rates by Race, Sussex County, Delaware, 2001-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY- Leading Causes of Death

In 2017-2021 there were 311 infant deaths. The five leading causes of infant death in Delaware were:

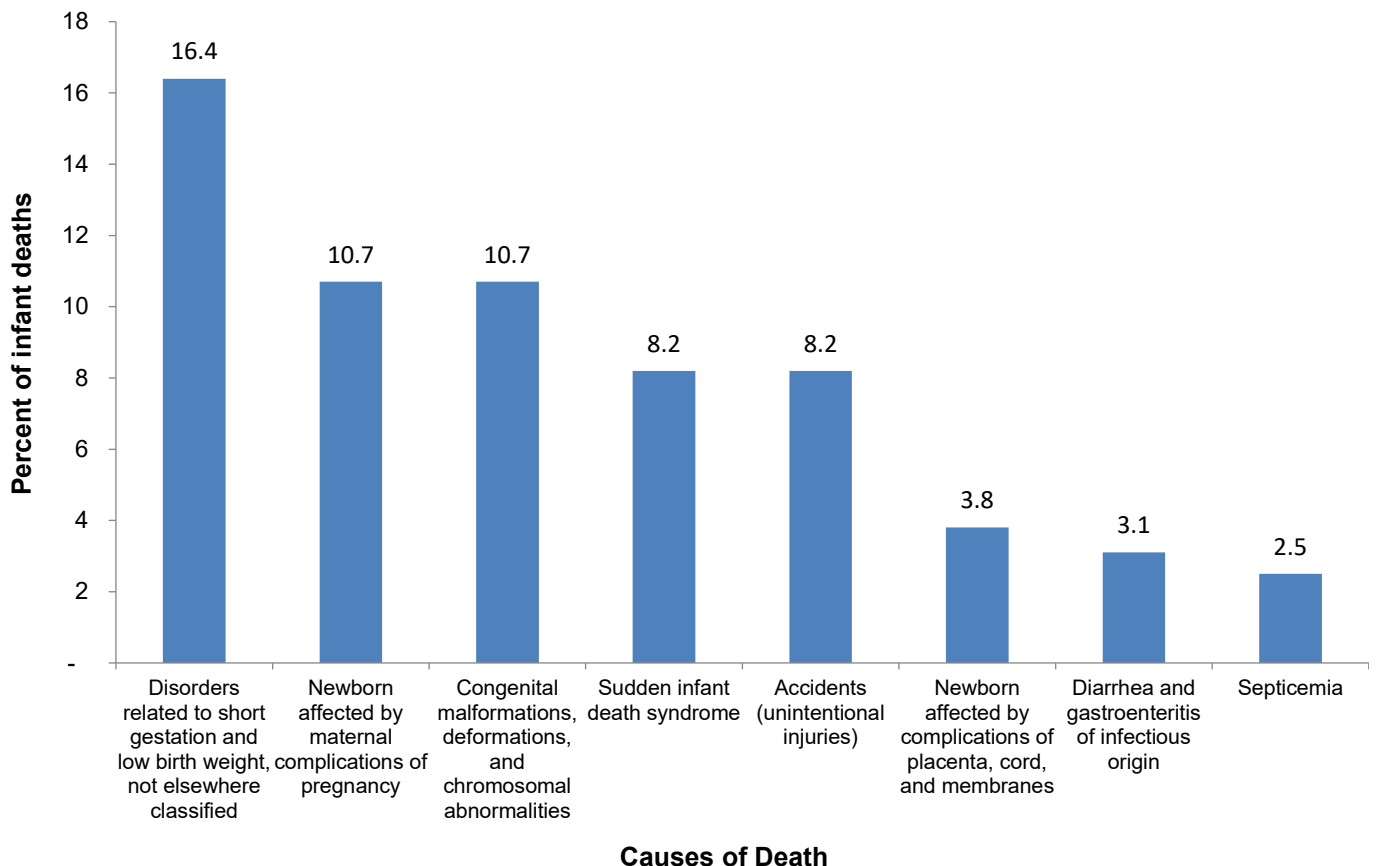
- Disorders related to short gestation and low birthweight, which accounted for 19.0 percent of infant deaths.
- Congenital anomalies (birth defects), which accounted for 17.4 percent of infant deaths.
- Newborns affected by maternal complications of pregnancy, which accounted for 8.7 percent of infant deaths. Of the 27 deaths attributed to this cause, 21 were due to the newborn being affected by incompetent cervix and premature rupture of membranes
- Sudden infant death syndrome (SIDS), which accounted for 7.1 percent of all infant deaths.
- Accidents (unintentional injuries), which accounted for 5.1 percent of infant deaths.

In sum, the five most common causes of infant death accounted for 57.2 percent, or 178 of the 311 total infant deaths.

The most frequent causes of death by race are shown in Figures 34-36. Birth defects and disorders related to short gestation and low birthweight were the top two most frequent causes of death of non-Hispanic white and Hispanic infants.

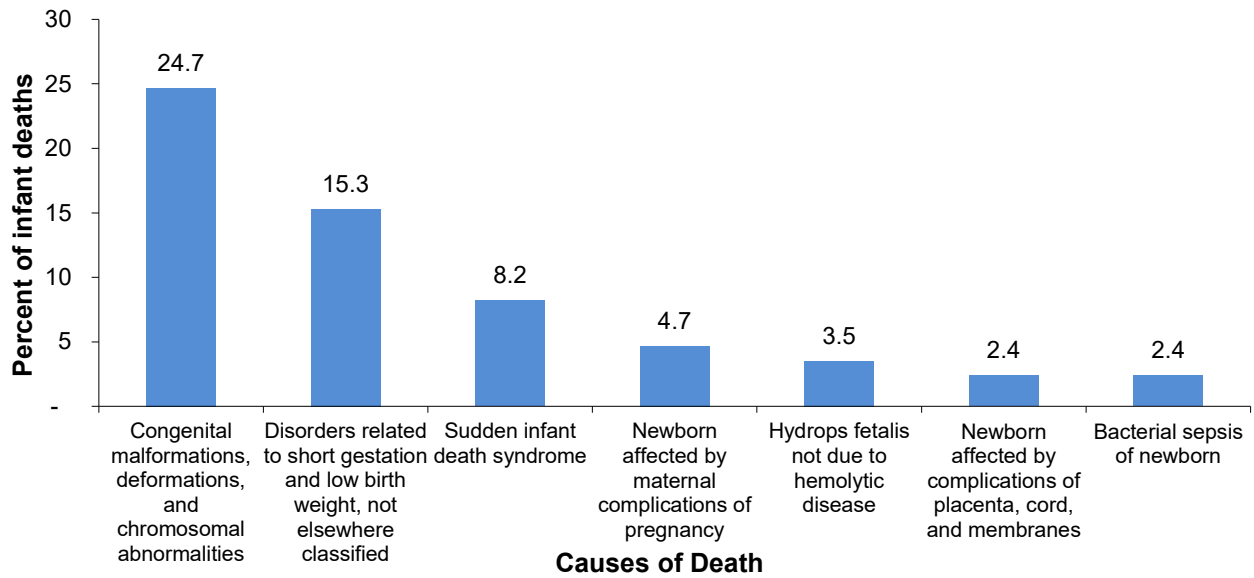
Though the proportions of deaths by race were similar for many of the causes of death, notable exceptions were accidents and birth defects. In 2017-2021, while accidents were responsible for one percent of all non-Hispanic white infant deaths, they accounted for eight percent of non-Hispanic black infant deaths. In 2017-2021, infant deaths due to birth defects also accounted for larger percentages of non-Hispanic black infant deaths (25 percent) than non-Hispanic white infant deaths (11 percent).

Figure 34. Percentage of the Most Frequent Causes of Non-Hispanic Black Infant Deaths, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Figure 35. Percentage of the Most Frequent Causes of Non- Hispanic White Infant Deaths, Delaware 2017-2021

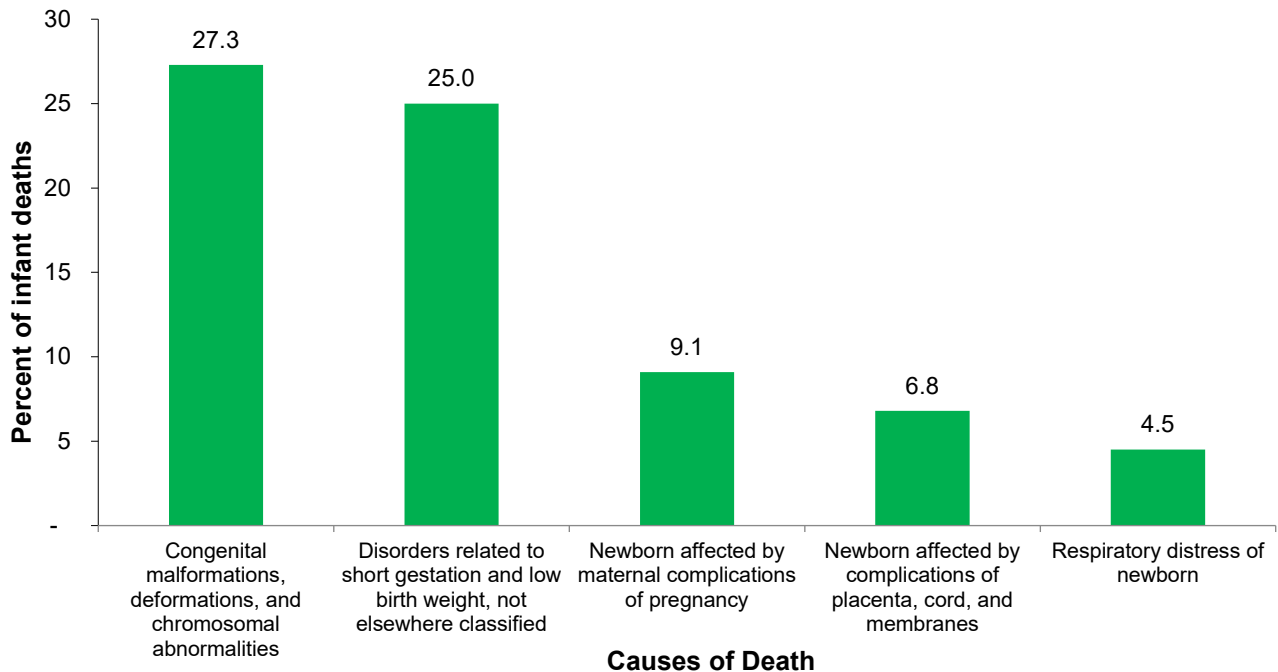


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 1989-1993, Hispanic births 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 more than quadrupled. In the most recent five-year period, 2017-2021, 17.0 percent of all live births were to Hispanic mothers, and 14.1 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.

Figure 36. Percentage of the Most Frequent Causes of Hispanic Infant Death, Delaware, 2017-2021

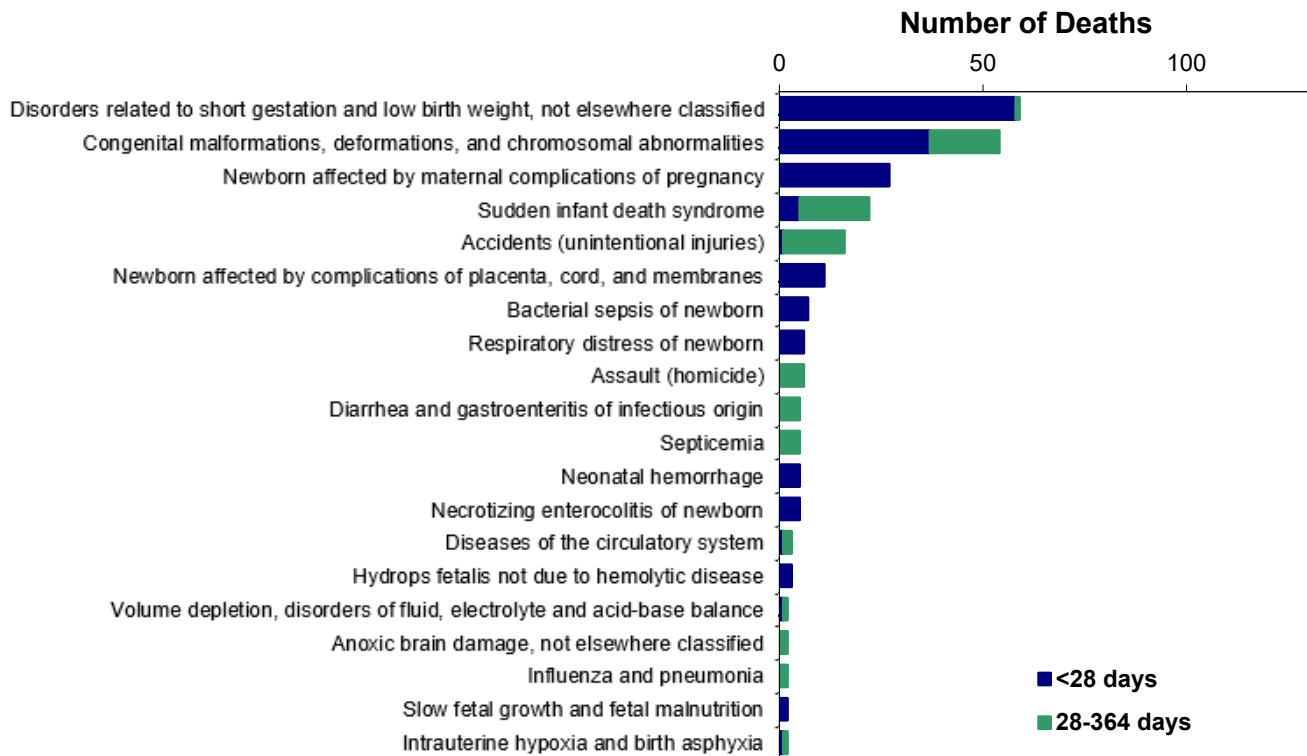


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY- Leading Causes of Death

In 2017-2021, approximately 91.3 percent of all infant deaths occurred within the first six months of life, 66 percent occurred within the first 28 days of life, and 39 percent occurred within 24 hours of birth.

Figure. 37 Most Frequent Causes of Infant Death, Delaware, 2017-2021



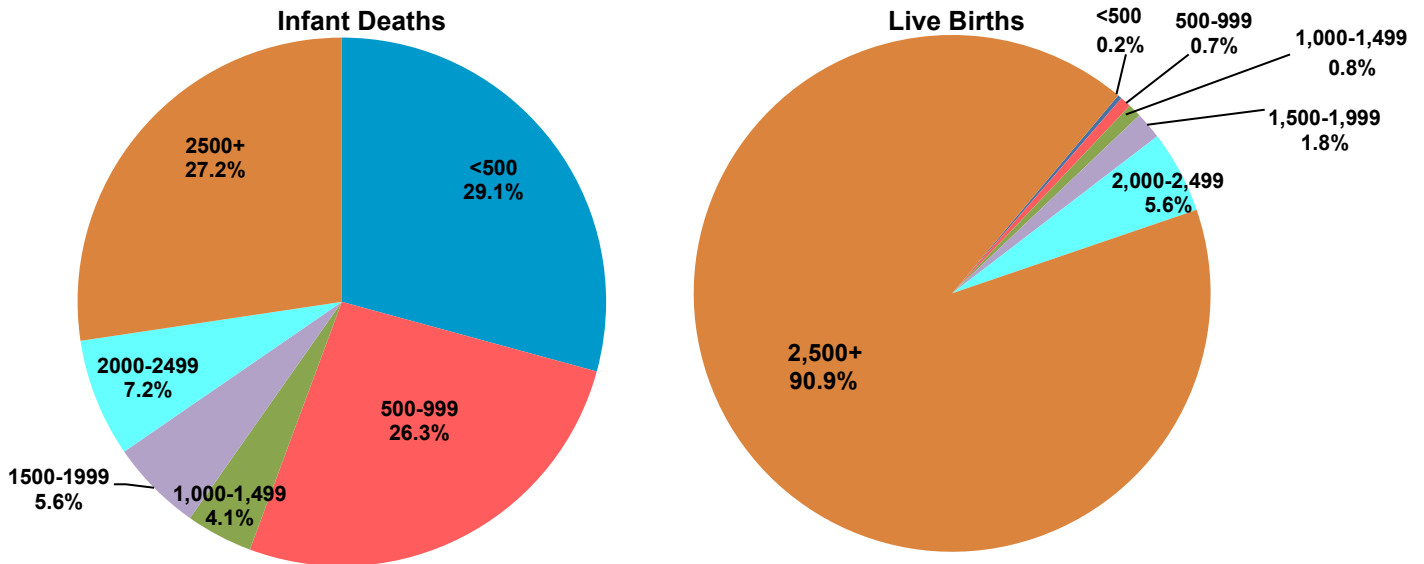
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Figure 37 displays deaths by specific cause and the infant's age classification at death: neonatal (<28 days), or postneonatal (28-364 days).

- Prematurity and low birthweight accounted for the greatest number of infant deaths in 2017-2021; 98 percent of these deaths occurred in the neonatal period.
- The majority of sudden infant death syndrome (SIDS) deaths occurred in the postneonatal period, with a mean age at death of 88 days. SIDS deaths decreased 24 percent from 2012-2016 to 2017-2021 (29 to 22 SIDS deaths). The number of infant deaths in 2017-2021 (311) decreased 25 percent from the number of infant deaths in 2012-2016 (413).
- Twenty seven percent (6 out of 22) of the SIDS deaths were associated with co-sleeping and/or sleeping on soft surfaces, such as couches and adult beds.
- In 2017-2021, 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, six percent of all infant deaths were associated with co-sleeping and/or unsafe sleep practices.

Although only 1 percent of all live births in 2016-2020 were infants weighing less than 1,000 grams, they accounted for over half (55 percent) of all infant deaths. In total, nine percent of all live births in 2016-2020 were infants of low birthweight (under 2,500 grams) and 72 percent of infant deaths were low birthweight.

Figure 38. Percent Distribution by Birthweight in Grams, Delaware, Live Birth Cohort, 2016-2020

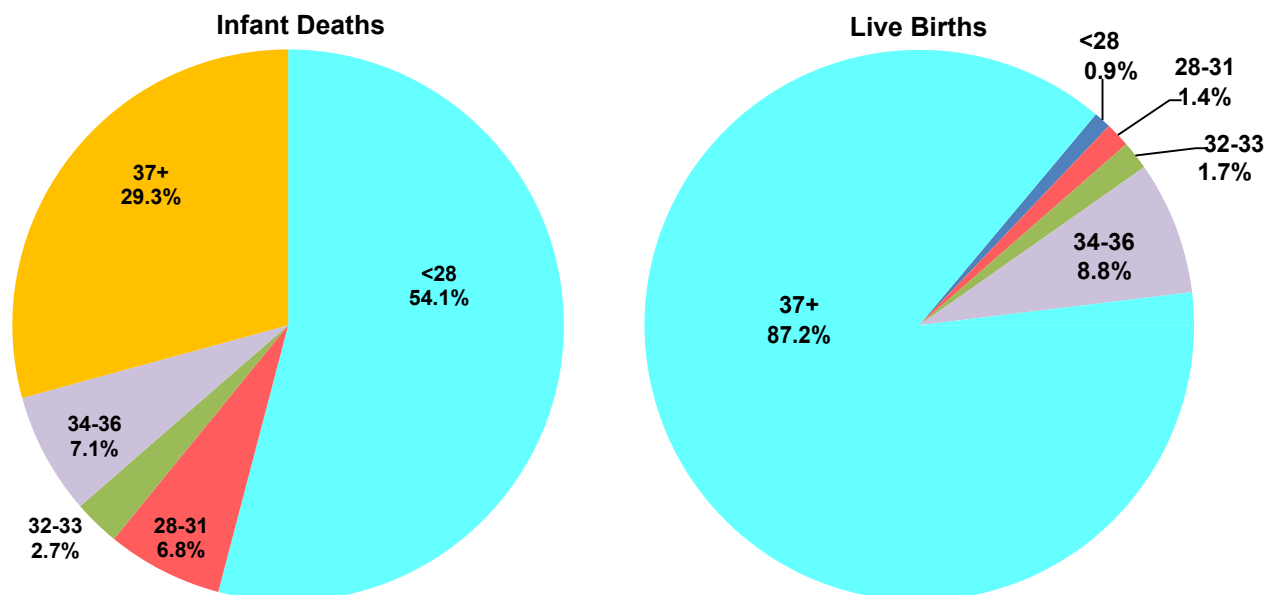


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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 2016-2020 were less than 28 weeks gestation at birth, but they accounted for 54.1 percent of all infant deaths. In total, 12.7 percent of all live births in 2016-2020 were born preterm (<37 weeks of gestation) and 70.7 percent of infant deaths were preterm.

Figure 39. Distribution by Gestation in Weeks, Delaware, Live Birth Cohort, 2016-2020



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY - Live Birth Cohort

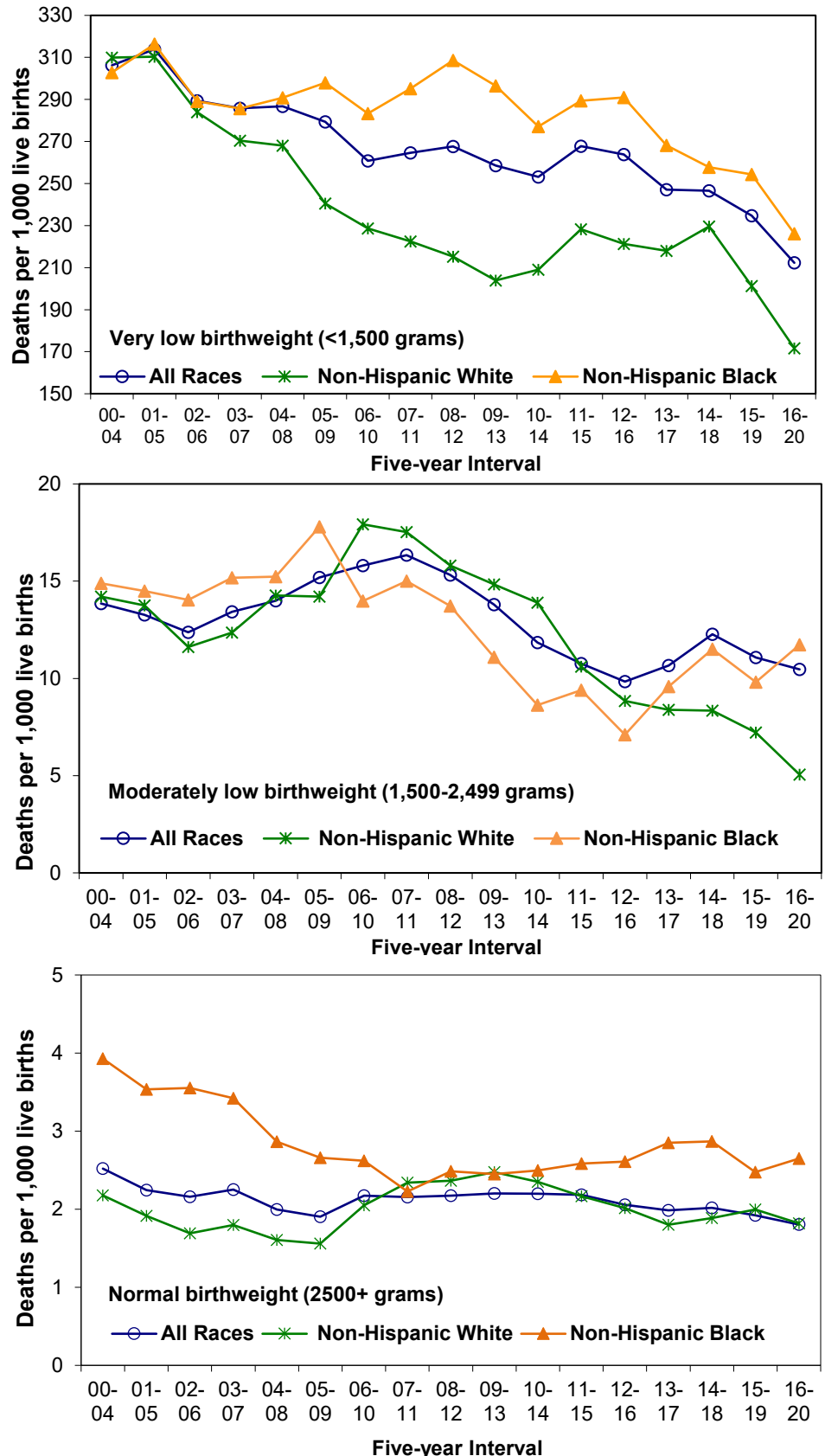
Birthweight and gestation are considered to be the most important predictors of infant health and mortality risk. Infants born too small or too early have a much greater risk of mortality than those who reach a normal birthweight (2,500+ grams) or full-term gestation (37+ weeks).

Although the IMRs decreased for both non-Hispanic white and non-Hispanic black for very low birthweight (VLBW) (<1,500 grams) since 2001-2005, the non-Hispanic black IMR of 226.2 was significantly higher than the non-Hispanic white IMR of 171.6 infant deaths per 1,000 live births in 2016-2020.

IMRs for moderately low birthweight infants of all races decreased 36 percent from its high point in 2007-2011 to 2016-2020. During that time, non-Hispanic white IMRs decreased 71 percent while the non-Hispanic black IMR decreased by 22 percent, making the non-Hispanic black IMR higher than the non-Hispanic white IMR (11.7 vs 5.1).

In 2007-2011 IMRs for normal birthweight non-Hispanic white and non-Hispanic black infants were nearly the same at 2.3 and 2.2, respectively. By 2016-2020, the non-Hispanic white IMR decreased 22 percent to 1.8 but the non-Hispanic black IMR increased 18 percent to 2.6 infant deaths per 1,000 live births. The IMR for all races had a 18 percent decrease for the same time period.

Figure 40. Five-year Average Infant Mortality Rates by Birthweight and Race, Delaware, 2001-2020 Live Birth Cohort

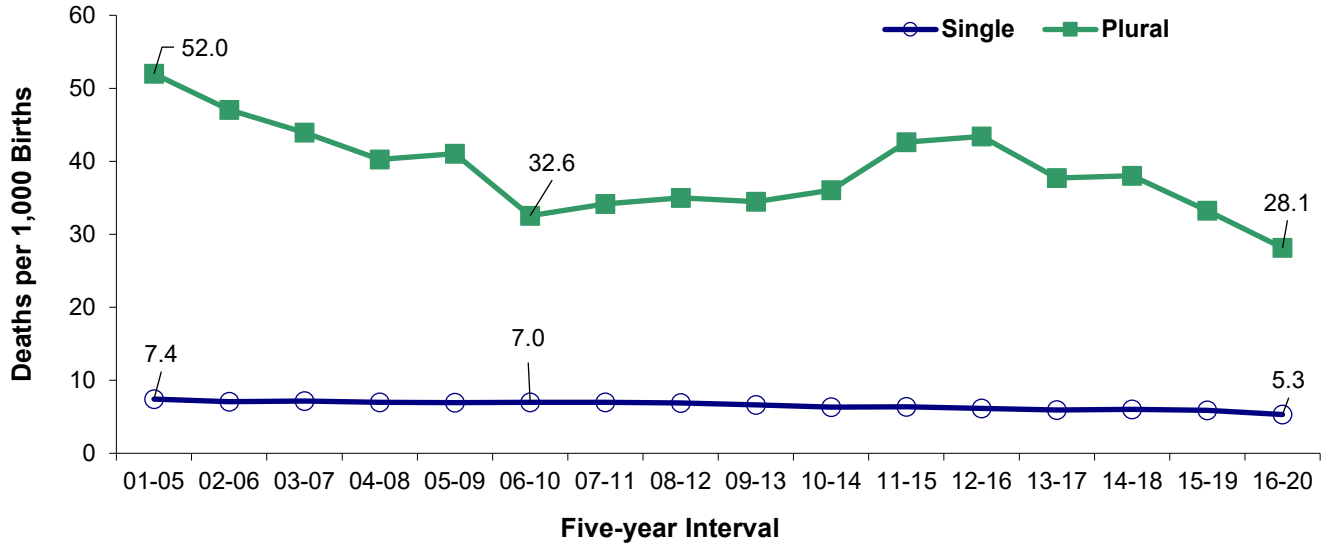


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

INFANT MORTALITY - Live Birth Cohort

From 2001-2005 to 2006-2010, IMRs for plural births decreased 37 percent, from 52 to 33 infant deaths per 1,000 live births. Since 2006-2010, IMRs for plural births decreased 14 percent from 32.6 to 28.1 infant deaths per 1,000 live births. IMRs for singleton births decreased 28 percent from 2001-2005 to 2016-2020. In 2016-2020, the infant mortality rate for plural births was five times that of singleton births (28.1 versus 5.3 infant deaths per 1,000 live births, respectively).

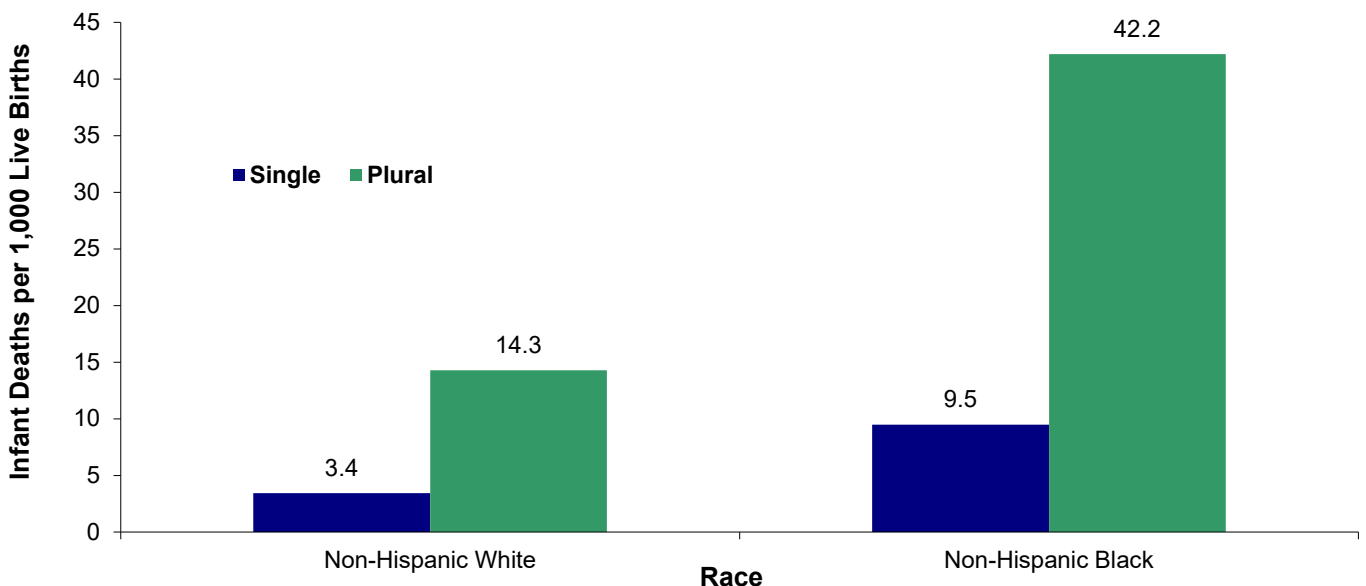
Figure 41. Five-year Average Infant Mortality Rates by Plurality, Delaware, Live Birth Cohort, 2001-2020



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

The difference between singleton and plural IMRs was evident regardless of race. The non-Hispanic black IMR was more than twice the non-Hispanic white IMR for singleton births and nearly three times greater for plural births.

Figure 42. Five-year Average Infant Mortality Rates by Plurality and Race, Delaware, Live Birth Cohort, 2016-2020



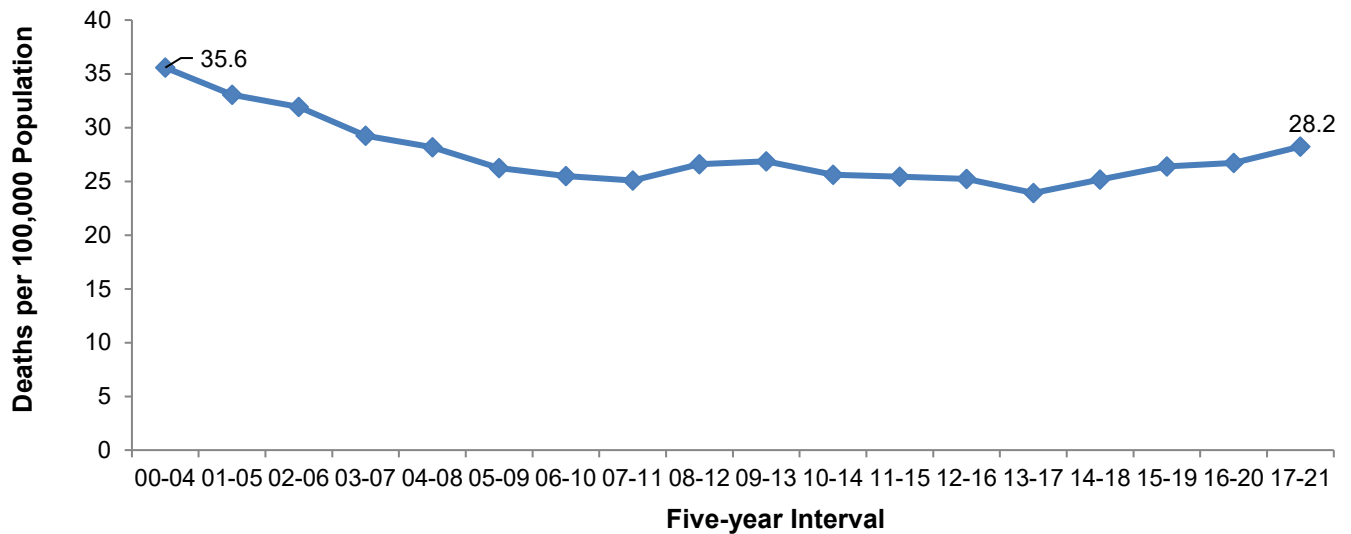
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

CHILD MORTALITY

For 2017-2021, 310 children and adolescents between the ages of 1 and 19 died in Delaware, accounting for one percent of the total deaths that occurred during that time. Males accounted for 67 percent of all child deaths in 2017-2021.

Mortality rates for children ages 1 to 19 have been on a downward trend since 2000-2004, which had the highest rate of 35.6. By 2017-2021, the rate decreased 20 percent to 28.2 child deaths (ages 1-19) per 100,000 population.

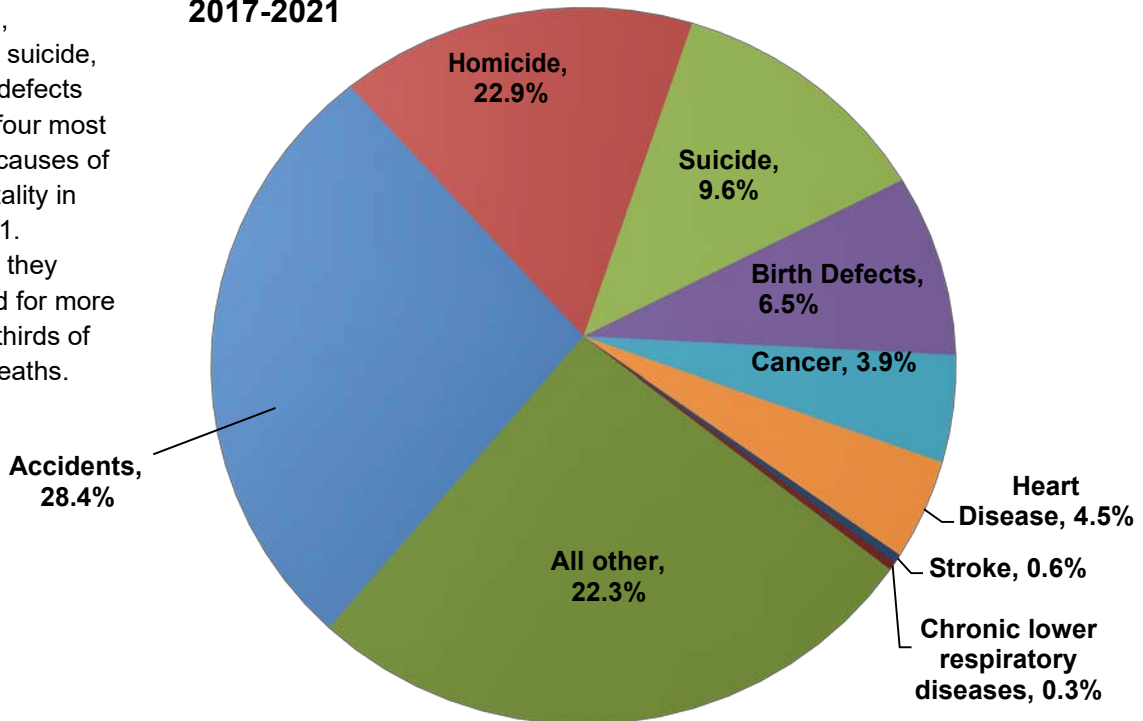
Figure 43. Five-year Average Child (1-19) Mortality Rates, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Figure 44. Leading Causes of Child Mortality, Delaware, 2017-2021

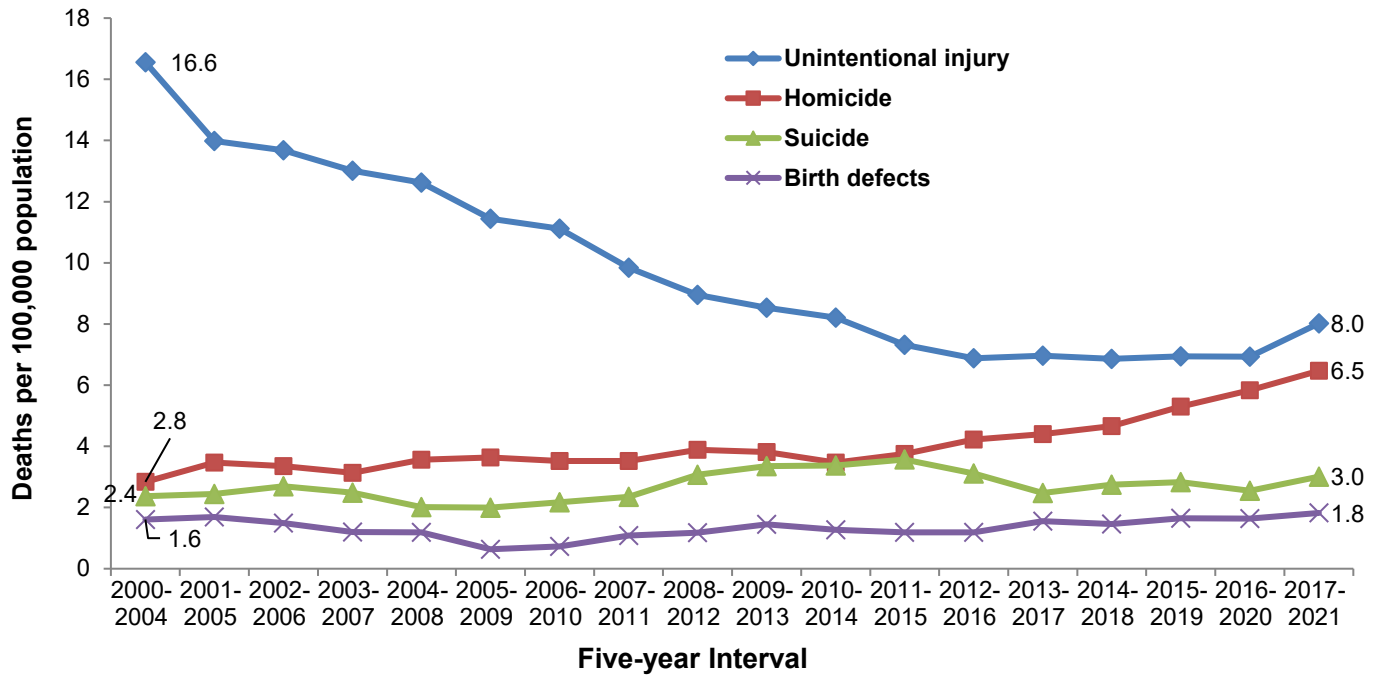
Accidents, homicide, suicide, and birth defects were the four most common causes of child mortality in 2017-2021. Together, they accounted for more than two-thirds of all child deaths.



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

From 2000-2004 to 2017-2021, rates for one of the four leading causes of mortality in children ages 1-19 declined. Unintentional injury mortality rates declined 52 percent (16.6 to 8.0 deaths per 100,000 children). Homicide mortality rates increased by 132 percent from 2000-2004 to 2017-2021 (2.8 to 6.5 deaths per 100,000 children), suicide mortality rates increased 25 percent to 3.0 deaths per 100,000 children, and birth defects saw a slight increase at 1.8 deaths per 100,000 children. Cancer deaths were the fifth leading cause of deaths for children although the rate decreased 63 percent from 2000-2004 to 2017-2021 (3.0 to 1.1 deaths per 100,000 children).

Figure 45. Five-year Average Child (1-19) Mortality Rates, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

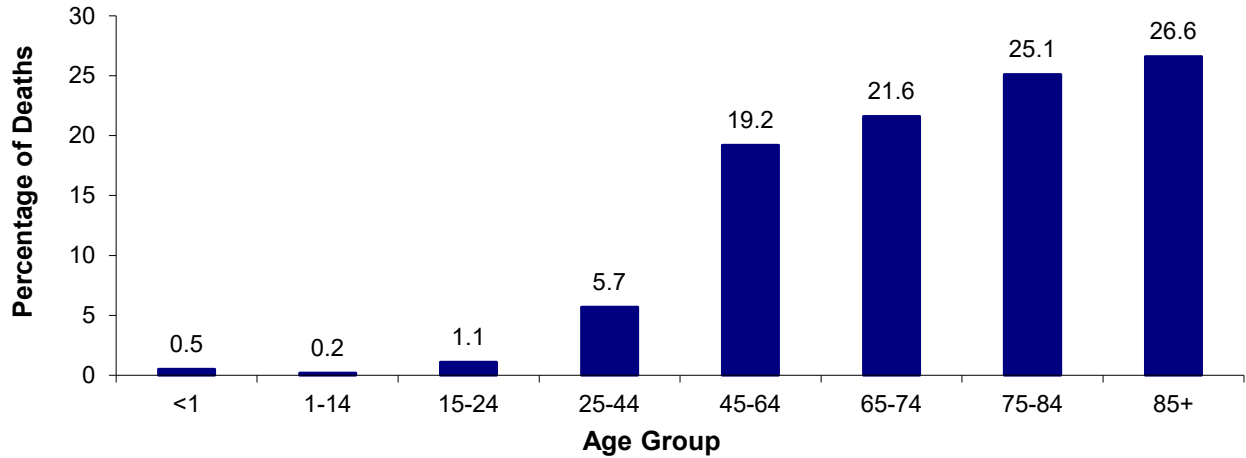
The most common causes of child deaths in 2017-2021 are:

- Motor vehicle crashes accounted for 61 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 17 and 11 percent of unintentional deaths, respectively.
- Most child homicides were due to firearms (83%) and cut/pierce (3%).
- The majority of child cancer deaths were due to brain cancer (17%) and leukemia (8%).
- Suffocation (55%), followed by firearms (27%), were the most common methods of suicide, which accounted for 82 percent of the total suicide deaths.

More Delaware residents died in 2021 than in 2020. A total of 10,897 residents died, 53 of whom were infants under the age of one. Deaths were a little higher in males (54%) than in females (46%). Cancer and heart disease were the most common causes of death, accounting for 38 percent of all deaths in 2021.

- Twenty seven percent of the Delawareans who died in 2021 were 85 or older. Deaths of those 75 and older accounted for more than half of all deaths.

Figure 44. Percent of Deaths by Age, Delaware, 2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

- A Delaware resident born in 2021 could expect to live an average of 78 years.
- In 2021, life expectancy at birth varied by race and sex; non-Hispanic white females had the highest life expectancy (81.0) while non-Hispanic black males had the lowest (69.4).
- In 1989, 80 percent of Delaware decedents were buried and 15 percent were cremated. By 2021, the distribution had shifted: 37 percent of decedents were buried and 58 percent were cremated.
- In 2021, cancer was the leading cause of death in Delaware. Heart disease, COVID-19, accidents and strokes made up the remaining top five, while chronic liver disease & cirrhosis became the tenth leading cause of death.

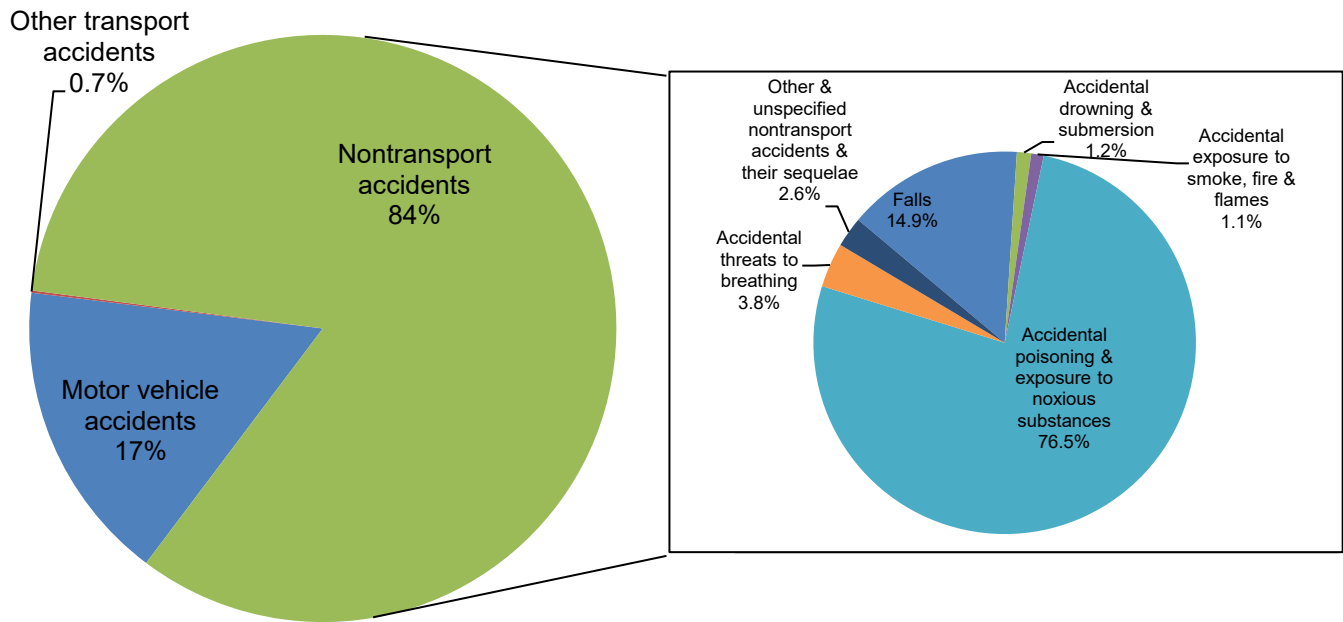
Figure 47. Number of Deaths by Leading Cause Delaware, 2021

Rank	Leading Cause of Death	Number
1	Malignant neoplasms	2,139
2	Diseases of heart	2,088
3	COVID-19	1,042
4	Accidents (unintentional injuries)	798
5	Cerebrovascular diseases	733
6	Chronic lower respiratory diseases	490
7	Alzheimer's disease	376
8	Diabetes mellitus	327
9	Nephritis, nephrotic syndrome & nephrosis	159
10	Chronic liver disease & cirrhosis	138

Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

- Of the 798 deaths due to unintentional injury in 2021 (7% of all deaths), 17 percent were due to motor vehicle accidents and 84 percent were due to non-transport accidents. More than three quarters (77%) of the 508 non-transport accidents were caused by unintentional poisonings; the majority (98%) of unintentional poisonings were drug-induced poisonings.
- Unintentional poisonings surpassed motor vehicle injuries as the leading cause of unintentional injury death in 2021.
 - Poisonings caused the most unintentional injuries for non-Hispanic white and non-Hispanic black male and female decedents. Motor vehicle traffic accidents were the second highest unintentional injuries for non-Hispanic black males, females and non-Hispanic white males whereas falls were the second highest unintentional injuries for non-Hispanic white females.
- In 2017-2021, accidents were the number one cause of deaths for people 1-44 years of age, and they were responsible for 42 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 83% of total deaths for that age group.

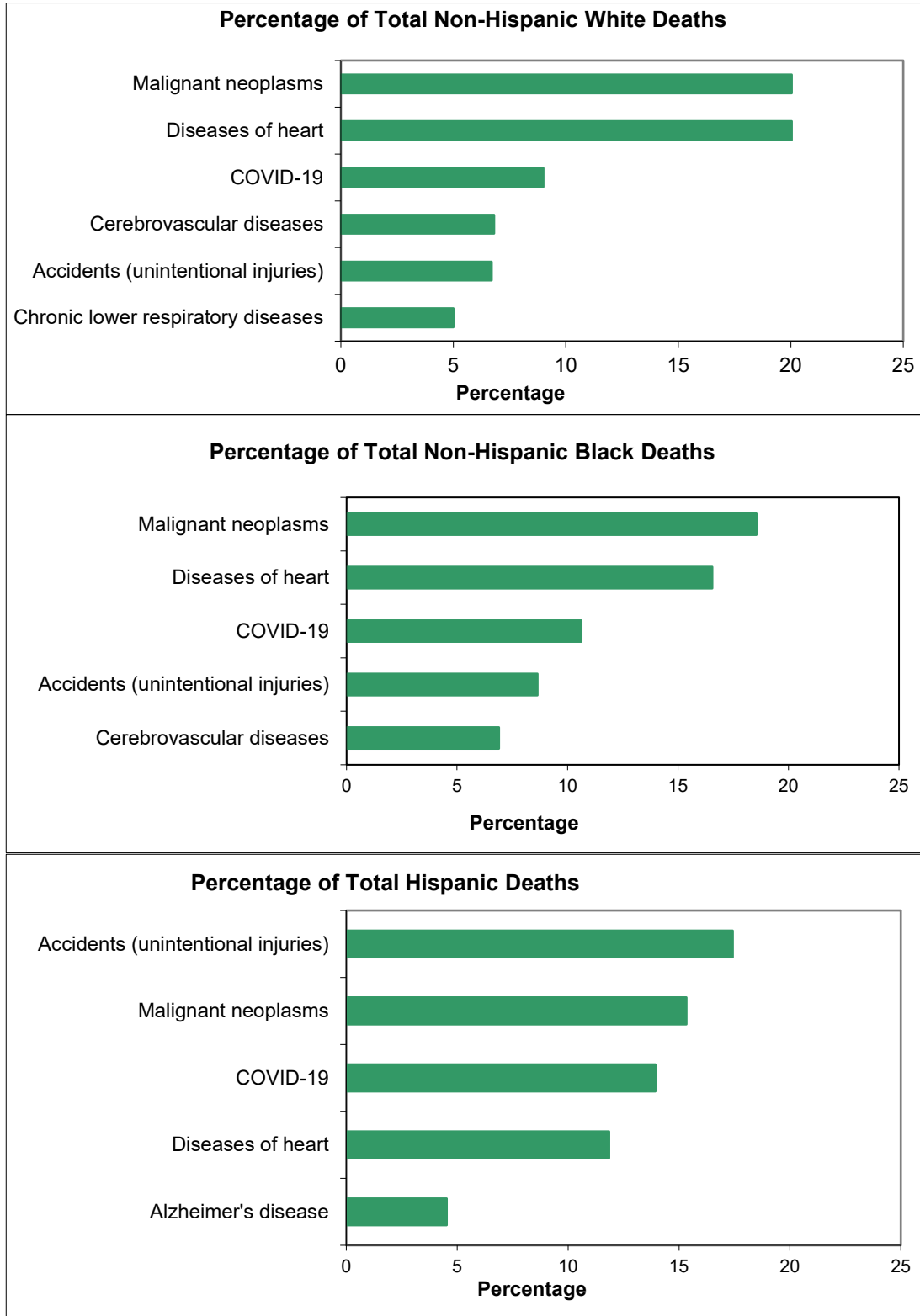
Figure 48. Accidental Causes of Death by Specific Cause of Injury, Delaware, 2021



*Note: Classification of causes of death are specified in the Technical Notes and Appendices section of the report.
 Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Cent*

The leading causes of death varied by race and ethnicity. In 2021, the most common causes of death for non-Hispanic white, non-Hispanic black, and Hispanic Delawareans were:

Figure 49. Leading Causes of Death by Race and Ethnicity, Delaware, 2021

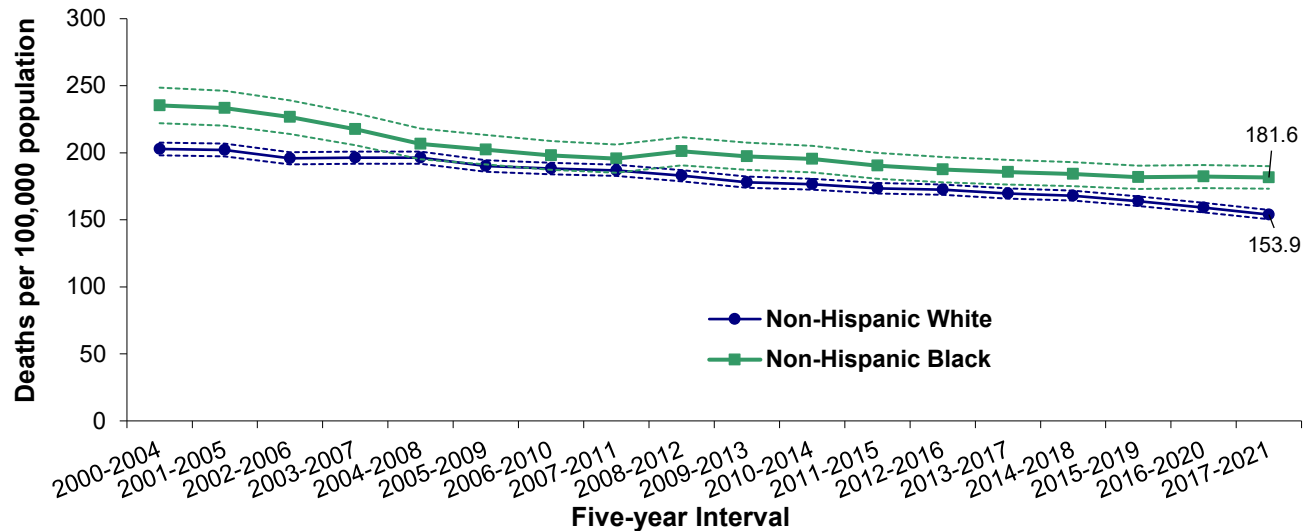


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Cancer mortality rates decreased in all three counties since the 2000-2004 time period. In 2017-2021, the five-year age-adjusted cancer mortality rate was 143 deaths per 100,000 population in Sussex County, 154 deaths per 100,000 population in New Castle County, and 168 deaths per 100,000 population in Kent County. The cancer mortality rate in Wilmington exceeded that of Kent County at 171 and is 12 percent higher than the Delaware age-adjusted cancer mortality rate of 153 deaths per 100,000 population .

Cancer mortality rates for non-Hispanic black and non-Hispanic white decedents followed the same declining trend. The disparity between the two increased. In 2017-2021, the non-Hispanic black cancer mortality rate of 182 deaths per 100,000 population was 18 % higher than non-Hispanic white rate of 154 deaths per 100,000 population whereas in 2000-2004 the non-Hispanic black rate was 16 % higher (235.3 vs 202.8).

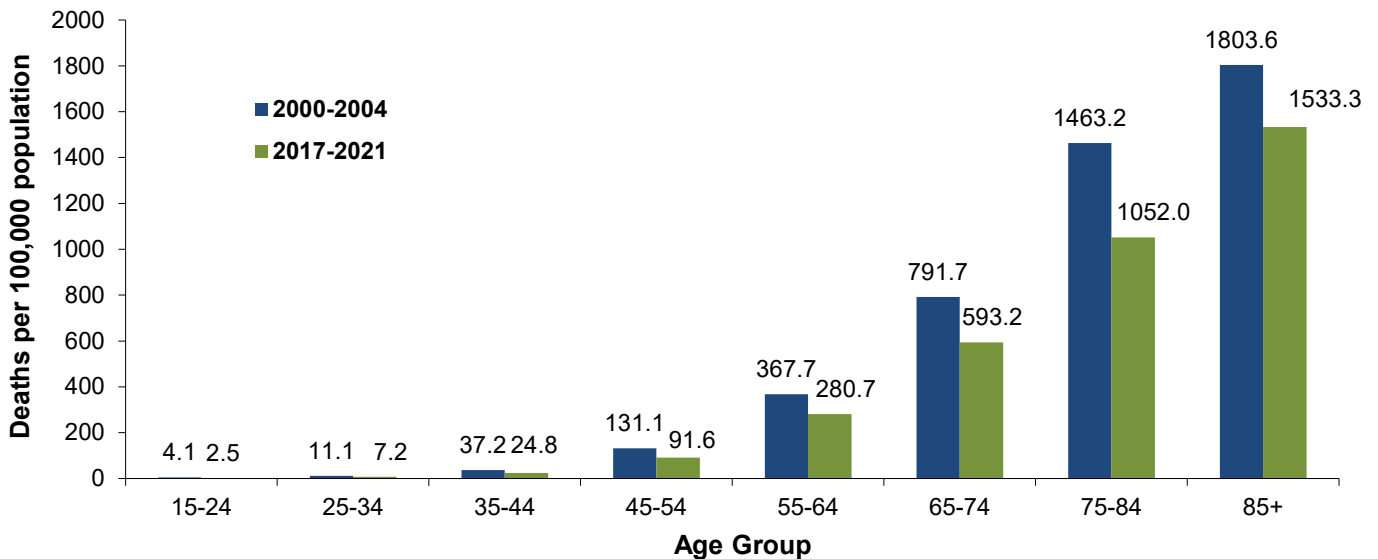
Figure 50. Five-year Age-Adjusted Cancer Mortality Rates by Race, Delaware, 2000-2021



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center
 Note: Dashes represent upper or lower confidence intervals

The same decreasing trend in the age-adjusted cancer mortality rates were reflected in the age-specific rates. Cancer mortality rates declined for all age groups between the 2000-2004 and 2017-2021 time periods. The 15-24 and 25-34 age groups experienced the largest decreases; 39 and 35 percent decreases, respectively.

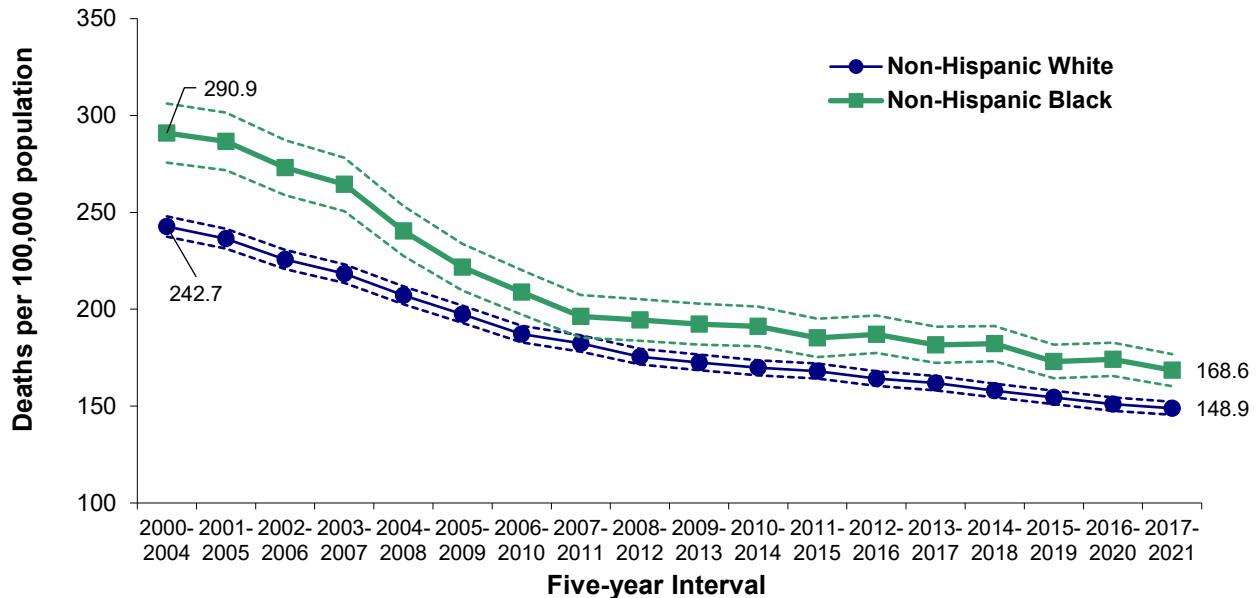
Figure 51. Five-year Average Age-Specific Cancer Mortality Rates, Delaware, 2000-2004 and 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2017-2021, heart disease was the most common cause of death for non-Hispanic white and second most common cause of death for non-Hispanic black Delawareans. Both non-Hispanic black and non-Hispanic white heart disease mortality rates have declined significantly since 2000-2004, with non-Hispanic black rates declining 42 percent and the non-Hispanic white rates declining 39 percent.

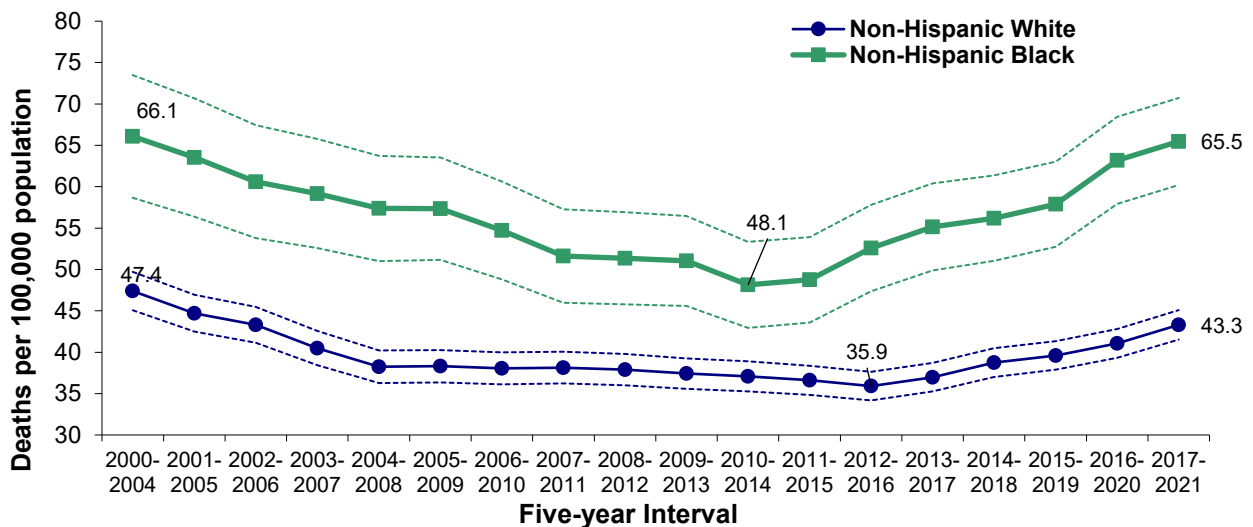
Figure 52. Five-year Age-Adjusted Heart Disease Mortality Rates by Race, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center
 Note: Dashes represent upper or lower confidence intervals

Non-Hispanic black stroke mortality rates decreased from 2000-2004 to 2010-2014 and then increased by 36% to 65 deaths per 100,000 population in 2017-2021. The non-Hispanic white stroke mortality rate decreased from 2000-2004 through 2012-2016 and then increased 21% to 43 deaths per 100,000 population. In 2017-2021 the non-Hispanic black stroke mortality rate was 51% higher than the non-Hispanic white stroke mortality rate.

Figure 53. Five-year Age-Adjusted Stroke Mortality Rates by Race, Delaware, 2000-2021

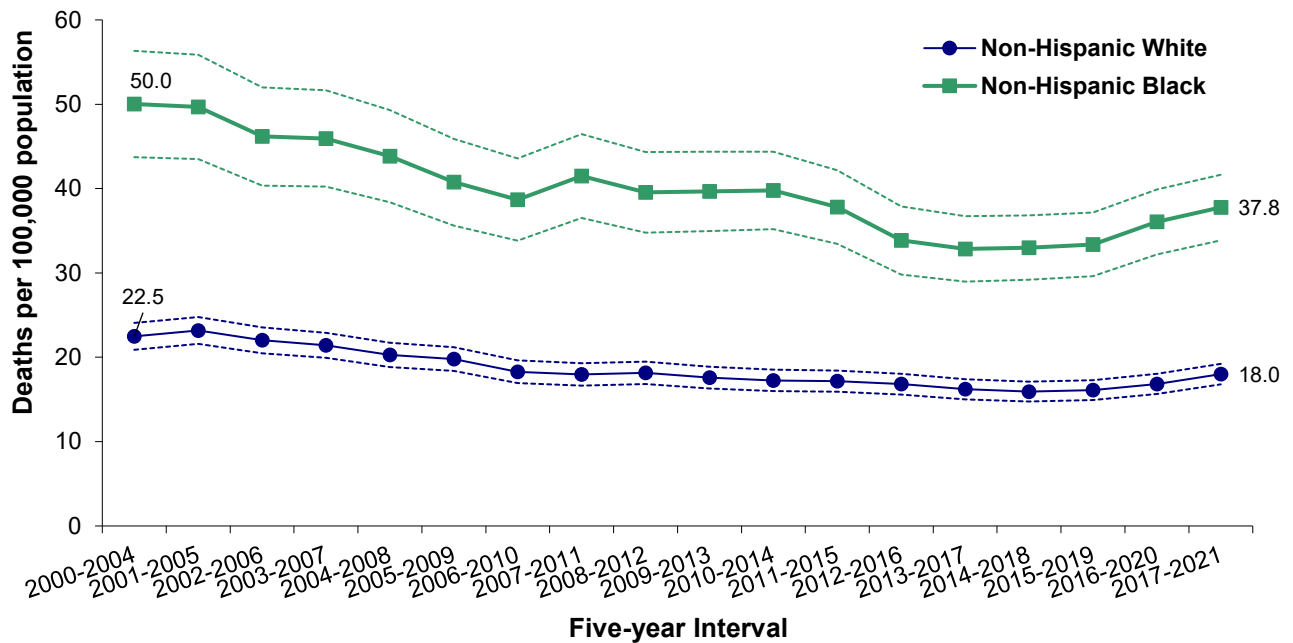


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center
 Note: Dashes represent upper or lower confidence intervals.

MORTALITY

Although non-Hispanic black mortality rates for diabetes declined 24 percent since 2000-2004, their rates were double that of non-Hispanic white rates in 2017-2021

Figure 54. Five-year Age-Adjusted Diabetes Mortality Rates by Race, Delaware, 2000-2020

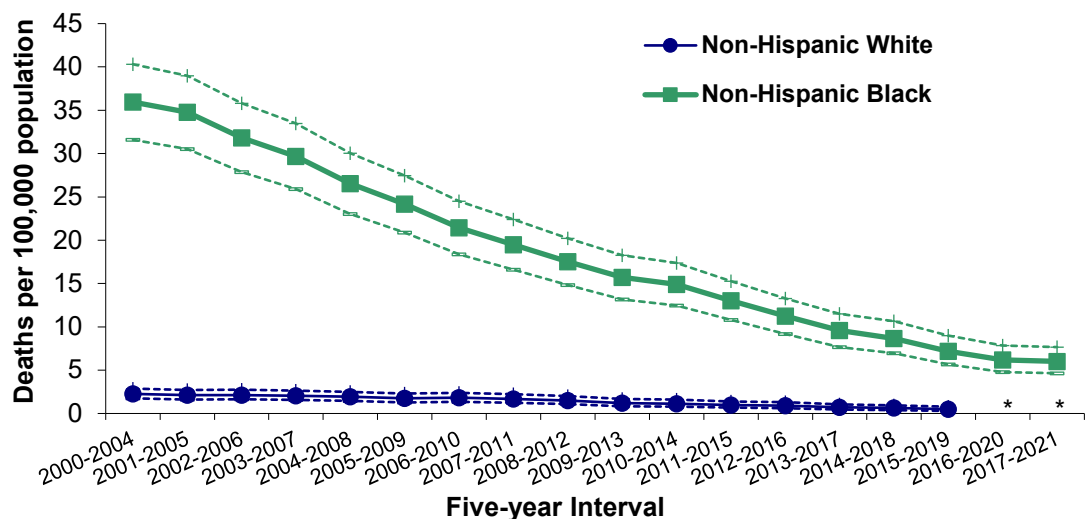


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center
Note: Dashes represent upper or lower confidence intervals

HIV/AIDS mortality has disproportionately affected Delaware's non-Hispanic black population. Although non-Hispanic black HIV/AIDS mortality rates decreased 83 percent since 2000-2004, their 2017-2021 mortality rate of 6 deaths per 100,000 population was 12 times that of the non-Hispanic white mortality rate. Non-Hispanic black residents made up only 21 percent of the total Delaware population in 2017-2021; however, non-Hispanic black decedents accounted for 73 percent of all deaths due to HIV/AIDS.

Figure 55. Five-year Age-Adjusted HIV/AIDS Mortality Rates by Race, Delaware, 2000-2021

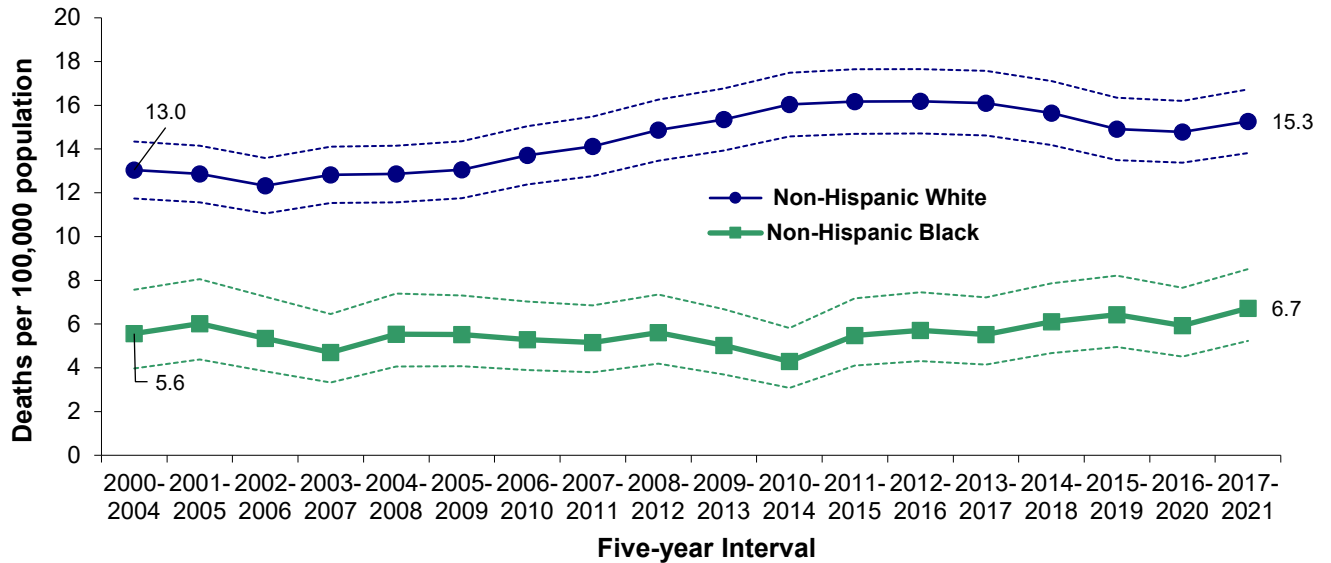
In 2021, HIV was the nineteenth leading cause of death for non-Hispanic black Delawareans; it ranked fifteenth for Hispanic Delawareans.



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center
Note: Dashes represent upper or lower confidence intervals; *Rates for 2016-2020 and 2017-2021 are suppressed due to unreliability of rates based on counts less than 20.

Suicide mortality trends for non-Hispanic white populations increased 18 percent from 2000-2004 to 2017-2021, with the non-Hispanic white rate (15.3 deaths per 100,000 population) more than twice the non-Hispanic black rate (6.7 deaths per 100,000 population).

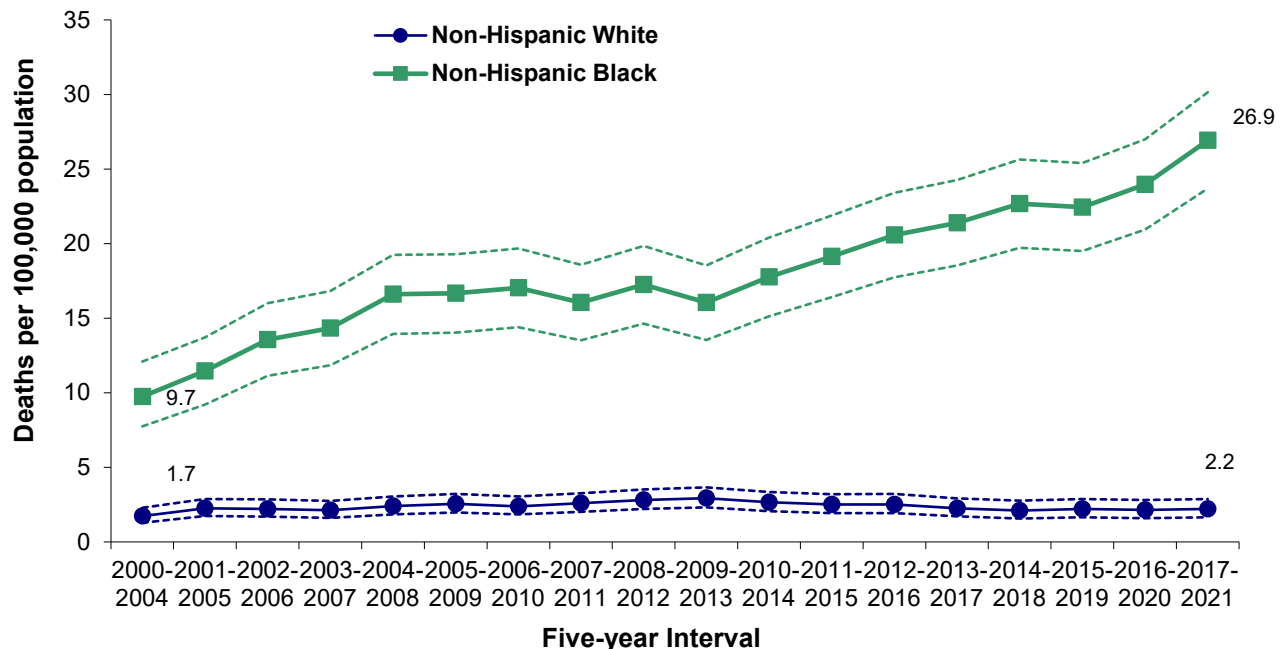
Figure 56. Five-year Age-Adjusted Suicide Mortality Rates by Race, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center
 Note: Dashes represent upper or lower confidence intervals

Homicide mortality rates increased 95 percent from 3.8 in 2000-2004 to 7.4 deaths per 100,000 population in 2017-2021. During the same period, the non-Hispanic black homicide rate increased 177 percent to 26.9 deaths per 100,000 population and the non-Hispanic white homicide mortality rate increased 29 percent from 1.7 to 2.2 deaths per 100,000 population.

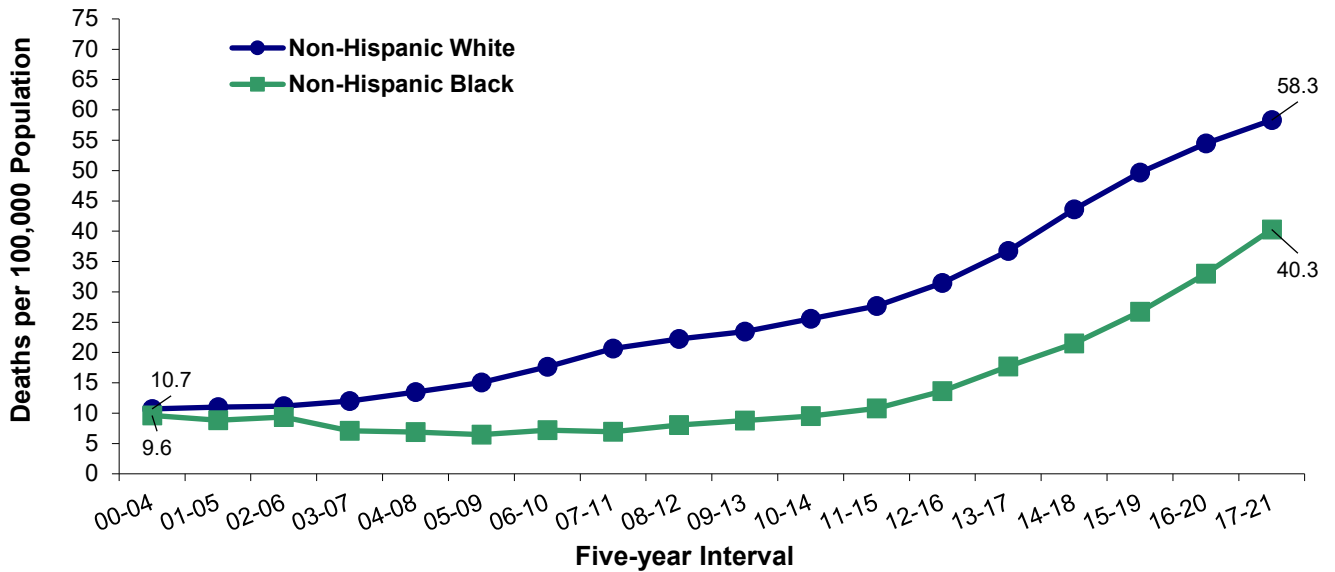
Figure 57. Five-year Age-Adjusted Homicide Mortality Rates by Race, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center
 Note: Dashes represent upper or lower confidence intervals

In 2000-2004, non-Hispanic white mortality rates for drug-induced deaths were 11 percent higher than non-Hispanic black rates. In 2017-2021, the disparity between these rates increased significantly with the non-Hispanic white rate 45% higher than the non-Hispanic black rate. Although the disparity exists between the races, both the non-Hispanic white and black mortality rates for drug-induced deaths increased since 2000-2004. In 2017-2021, the non-Hispanic white rate increased more than fivefold from 10.7 deaths per 100,000 population in 2000-2004 to 58.3 deaths per 100,000 population while the non-Hispanic black rates increased more than four times (9.6 to 40.3 deaths per 100,000 population) in the same timeframe.

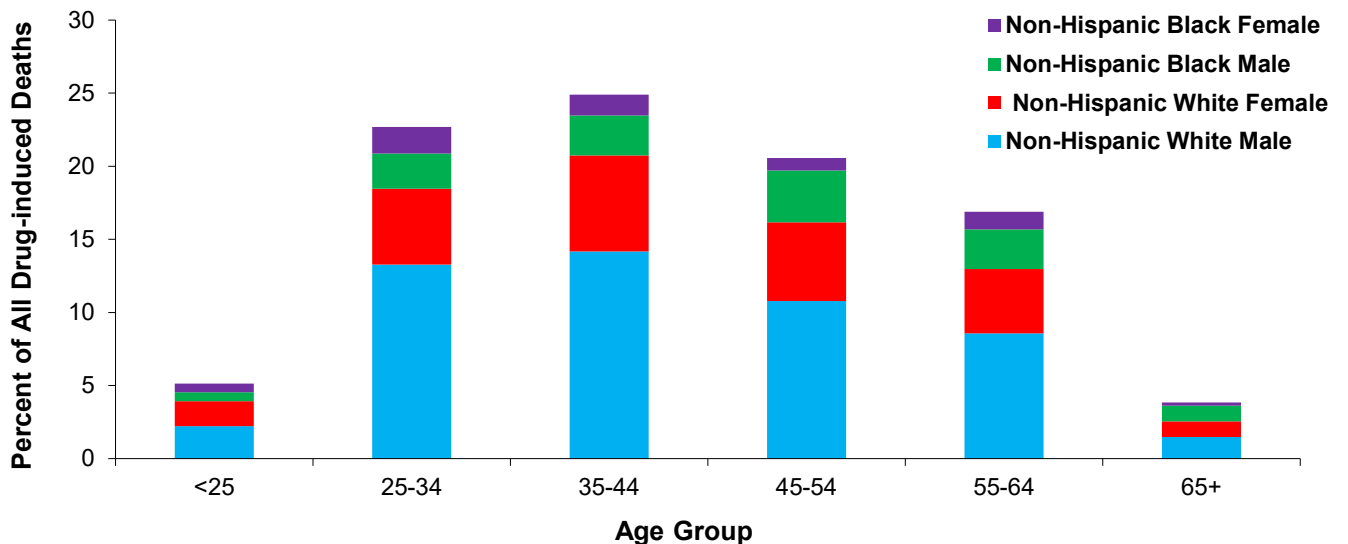
Figure 58. Five-year Age-adjusted Mortality Rates for Drug-induced Deaths by Race, Delaware, 2000-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Non-Hispanic black decedents accounted for 19 percent of drug induced deaths in 2017-2021. Fifty one percent of all drug- induced deaths were non-Hispanic white males. Non-Hispanic white males aged 25- to-54 made up the highest percentage of drug-induced deaths at 38 percent.

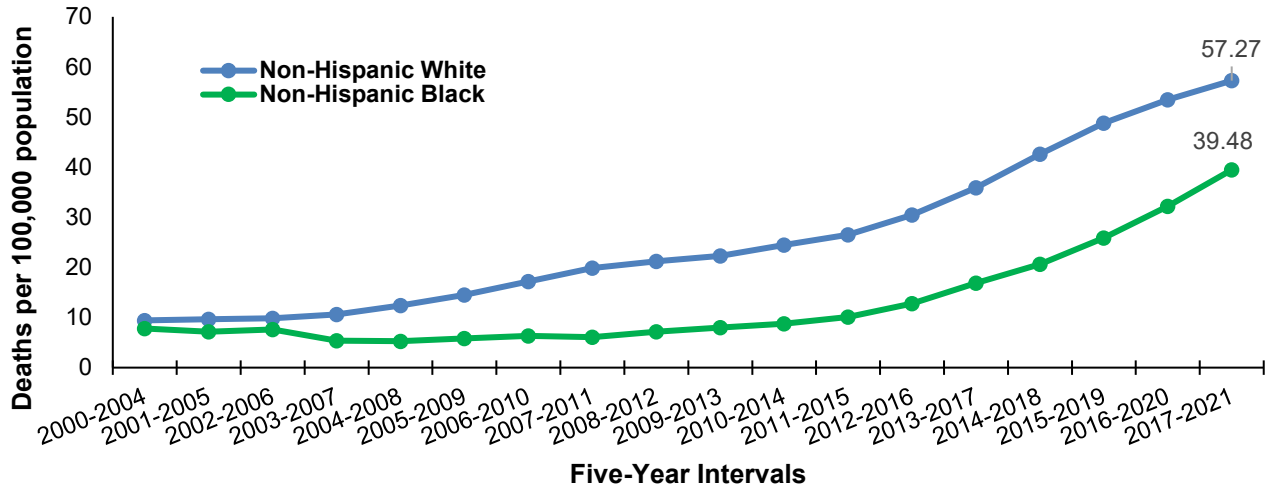
Figure 59. Distribution of Drug-induced Deaths by Race, Sex, and Age group, Delaware 2017-2021



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2000-2004, the non-Hispanic white five-year age-adjusted drug overdose mortality rate of 9.43 was 21 percent higher than the non-Hispanic black rate of 7.78 deaths per 100,000 population. In 2017-2021, the non-Hispanic white five-year age-adjusted mortality rate for drug overdose deaths increased sixfold to 57 deaths per 100,000 population, while the non-Hispanic black rate increased five times to 40 deaths per 100,000 population.

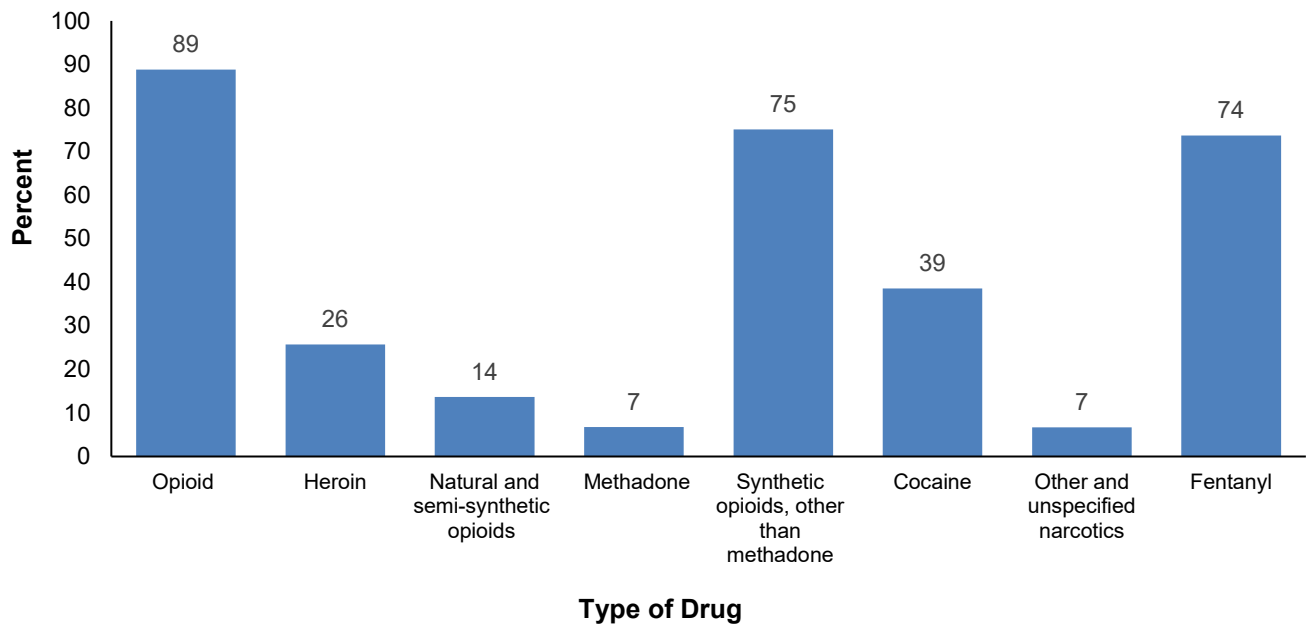
Figure 60. Five-Year Age-adjusted Mortality Rates for Drug Overdose by Race, Delaware 2000-2021



Source: Delaware Department of Social Services, Division of Public Health, Delaware Health Statistics Center

In 2017-2021, 89 percent of drug overdose deaths were opioid related, 75 percent involved synthetic opioids other than methadone, 74 percent involved fentanyl, and 26 percent included heroin. Thirty nine percent of overdose deaths included cocaine. In the same timeframe, methadone contributed to the least number of drug overdose deaths at 7 percent.

Figure 61. Percentage of Drug Overdose Deaths by Type of Drug, Delaware, 2017-2021

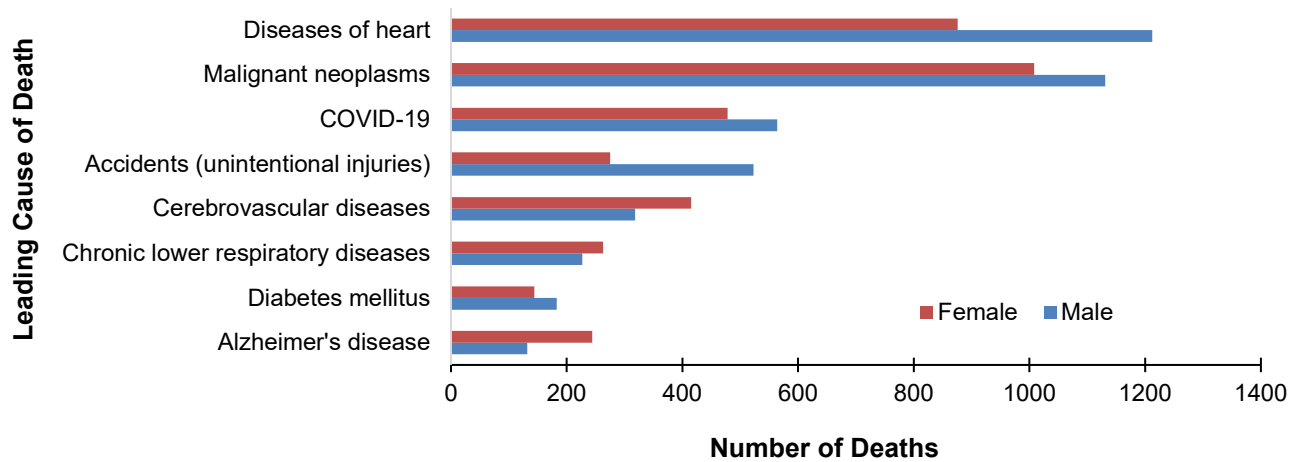


Note: ICD codes Opioid: T40.0 to T40.4 and T40.6, Heroin: T40.1, Natural and semi-synthetic opioids: T40.2, Methadone: T40.3, Synthetic opioids, other than methadone: T40.4 (includes Fentanyl), Cocaine: T40.5, Other and unspecified narcotics: T40.6, Fentanyl is based on literal

Source: Delaware Department of Social Services, Division of Public Health, Delaware Health Statistics Center

In 2021, the U.S. continued to be consumed by the COVID-19 pandemic making it the third leading cause of death in 2021. Consistent with the whole of the U.S., COVID-19 was the third leading cause of death for Delaware residents in 2021 with 1042 deaths, ten percent of the total deaths. COVID-19 deaths were higher in males at 54% (564) than females at 46% (478) of the total COVID-19 deaths.

Figure 62. Number of Deaths by Leading Cause and Sex, Delaware, 2021



Source: Delaware Department of Social Services, Division of Public Health, Delaware Health Statistics Center

COVID-19 was the third leading cause of death for non-Hispanic white, non-Hispanic black decedents and Hispanic decedents. Non-Hispanic white decedents had the largest number of deaths at 772, although COVID-19 was only 9 percent of the deaths for this group. Of the 287 Hispanic deaths in 2021, 14% or 40 deaths had COVID-19 as the cause. Seventy-four percent (772) of decedents that died from COVID-19 were sixty-five and older.

Figure 63. Percentage of COVID-19 Deaths by Race/Ethnicity, Delaware 2021

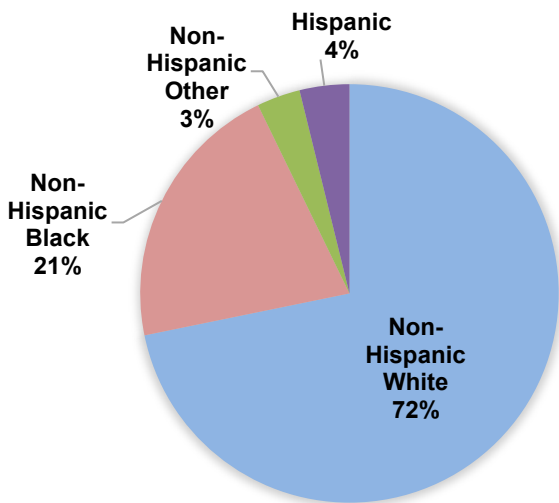
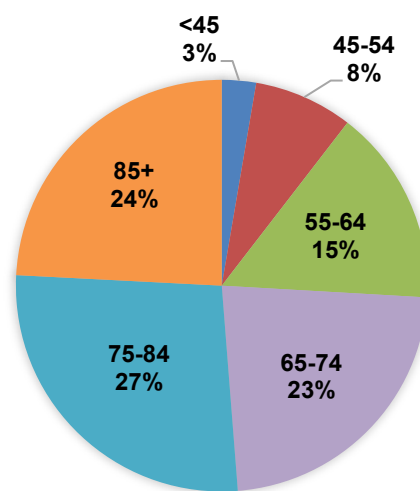


Figure 64. Percentage of COVID-19 Deaths by Age-Group, Delaware 2021



Source: Delaware Department of Social Services, Division of Public Health, Delaware Health Statistics Center