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# DELAWARE VITAL STATISTICS EXECUTIVE SUMMARY REPORT 2017



*DELAWARE HEALTH AND SOCIAL SERVICES*  
Division of Public Health  
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**John Carney, Governor**  
State of Delaware

**Kara Odom Walker, MD, MPH, MSHS, Secretary**  
Delaware Department of Health and Social Services

# **DELAWARE VITAL STATISTICS EXECUTIVE SUMMARY REPORT**

## **2017**

**Division of Public Health  
Delaware Health Statistics Center**

417 Federal Street  
Dover, DE 19901  
Telephone 302-744-4541  
FAX 302-739-4784

Karyl T. Rattay, MD, MS  
Director  
Division of Public Health  
Delaware Department of Health and Social Services



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## ACKNOWLEDGMENTS

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### **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>

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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 of 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, leading causes of death, and the most popular birth names.

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

- Although there was a 10 percent decrease in the overall number of births from 2007 to 2017, there was an 11 percent increase in the number of births to women aged 30 and older. The number of single women aged 30 and older also increased 75 percent during this same time period.
- Delaware females born in 2017, can expect to live an average of 81.4 years versus males who could expect to live 75.5 years.
- Delaware's infant mortality rate decreased 22 percent from 9.3 infant deaths per 1,000 live births in 2000-2004 to 7.3 infant deaths per 1,000 live births in 2013-2017.
- Opioid drug overdose deaths increased 729 percent from 35 deaths in 2000 to 290 deaths in 2017.

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, 2017

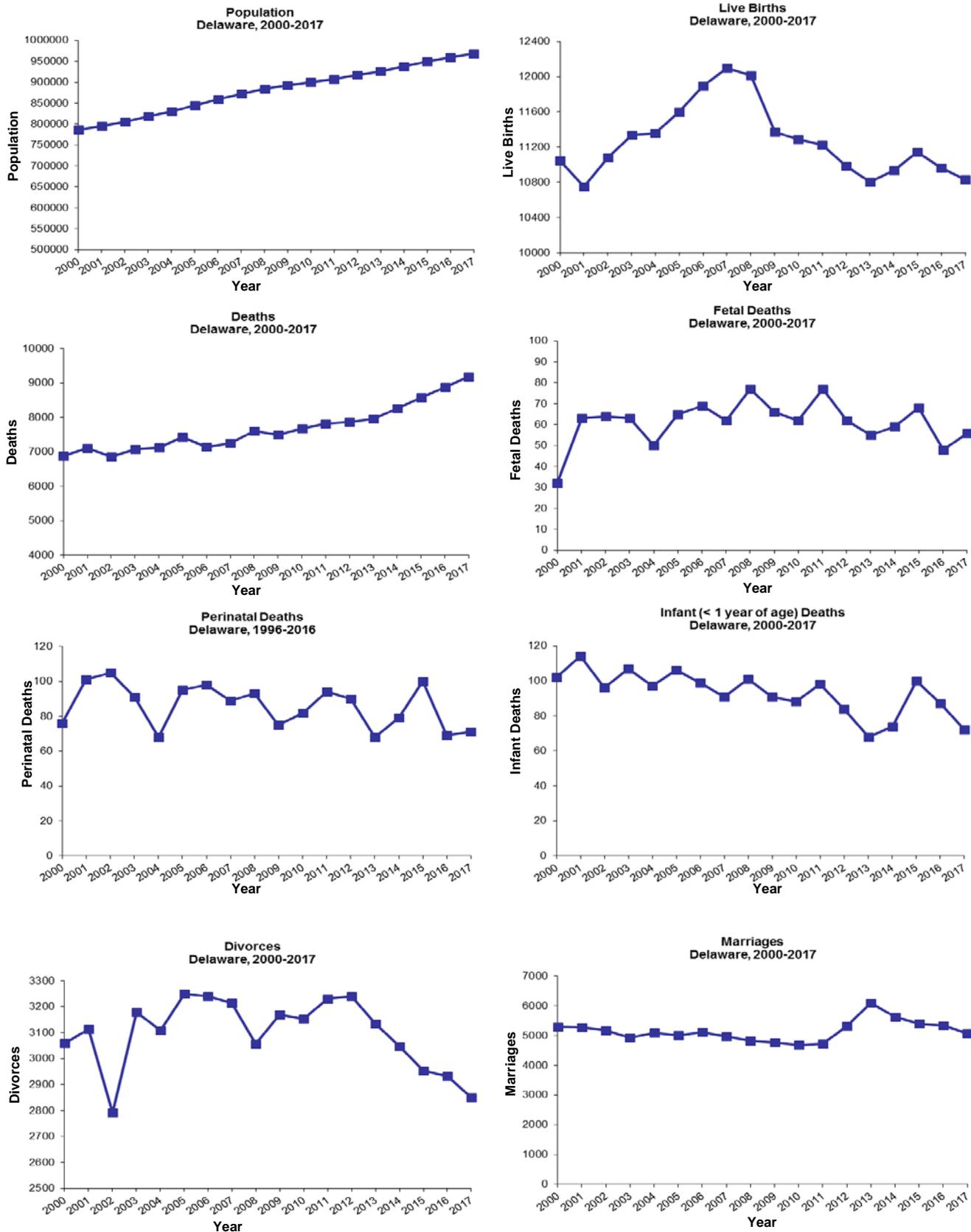
Population			Fetal Deaths		
	Number*	Percent		Number*	Percent
<b>Delaware</b>	967,813	100.0%	<b>Delaware</b>	56	100.0%
<i>Kent</i>	180,610	18.7%	<i>Kent</i>	14	25.0%
<i>New Castle</i>	564,193	58.3%	<i>New Castle</i>	33	58.9%
<i>Sussex</i>	223,010	23.0%	<i>Sussex</i>	9	16.1%
Marriages			Race		
	Number*	5-yr Rate <sup>1</sup>		Number	Percent
<b>Delaware</b>	5,071	5.6	<i>Non-Hispanic White</i>	16	28.6%
<i>Kent</i>	911	5.1	<i>Non-Hispanic Black</i>	30	53.6%
<i>New Castle</i>	2,559	4.8	<i>Hispanic Origin<sup>4</sup></i>	6	10.7%
<i>Sussex</i>	1,601	8.1	Infant Mortality		
Divorces				Number*	5-yr Rate <sup>5</sup>
	Number*	5-yr Rate <sup>1</sup>	<b>Delaware</b>	72	7.3
<b>Delaware</b>	2,851	3.1	<i>Kent</i>	8	5.8
<i>Kent</i>	611	3.8	<i>New Castle</i>	48	8.1
<i>New Castle</i>	1,557	2.9	<i>Sussex</i>	16	6.7
<i>Sussex</i>	683	3.3	Race		
Live Births				Number	Percent
	Number*	5-yr Rate <sup>2</sup>	<i>Non-Hispanic White</i>	18	4.5
<b>Delaware</b>	10,835	59.5	<i>Non-Hispanic Black</i>	37	12.1
<i>Kent</i>	2,172	58.0	<i>Hispanic Origin<sup>4</sup></i>	14	9.4
<i>New Castle</i>	6,391	57.4	Mortality		
<i>Sussex</i>	2,272	68.6		Number*	Adj. Rate <sup>6</sup>
<b>Births to Teenagers (15-19)</b>			<b>Delaware</b>	9,173	745.8
<i>Non-Hispanic White</i>	171	13.0	<i>Kent</i>	1,622	869.9
<i>Non-Hispanic Black</i>	209	30.8	<i>New Castle</i>	4,881	743.1
<b>Delaware</b>	552	20.3	<i>Sussex</i>	2,670	706.2
<i>Kent</i>	125	19.1	Race and Gender		
<i>New Castle</i>	274	18.0	<i>Non-Hispanic White Males</i>	3,644	913.8
<i>Sussex</i>	153	29.2	<i>Non-Hispanic White Females</i>	3,451	627.5
Race			<i>Non-Hispanic Black Males</i>	892	1065.9
	Number*	Percent	<i>Non-Hispanic Black Females</i>	811	692.3
<i>Non-Hispanic White</i>	5,309	49.0%	Decedent's Age		
<i>Non-Hispanic Black</i>	2,932	27.1%		Number*	Percent
<i>Hispanic Origin<sup>4</sup></i>	1,773	16.4%	<1	72	0.8%
Marital Status			1-14	26	0.3%
	Number*	Percent	15-24	105	1.1%
<i>Married</i>	5,688	52.5%	25-44	463	5.0%
<i>Single</i>	5,147	47.5%	45-64	1796	19.6%
Births to Single Mothers <sup>3</sup>			65-74	1881	20.5%
	Number*	Percent	75-84	2139	23.3%
<i>Non-Hispanic White</i>	1,833	34.5%	85+	2691	29.3%
<i>Non-Hispanic Black</i>	2,090	71.3%	Leading Causes of Death		
<i>Hispanic Origin<sup>4</sup></i>	1,083	61.1%		Number*	Percent
Low Birth Weight (<2500 gms)			Malignant neoplasms	2,085	22.7%
	Number*	Percent	Diseases of heart	1,979	21.6%
All Races	981	9.1%	Accidents (unintentional injuries)	626	6.8%
<i>Non-Hispanic White</i>	358	6.7%	Cerebrovascular diseases	569	6.2%
<i>Non-Hispanic Black</i>	409	13.9%	Chronic lower respiratory diseases	524	5.7%
<i>Hispanic Origin<sup>4</sup></i>	132	7.4%	Dementia	410	4.5%

Notes:

- \* Numbers are for 2017.
- 1. The 5-year rate is per 1,000 population and refers to the period 2013-2017.
- 2. The 5-year rate refers to total live births per 1,000 women 15-44 years of age during the 2013-2017 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 2017.
- 5. The 5-year (2013-2017) infant mortality rates represent the number of deaths to children under one year of age per 1,000 live births.
- 6. The 2017 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

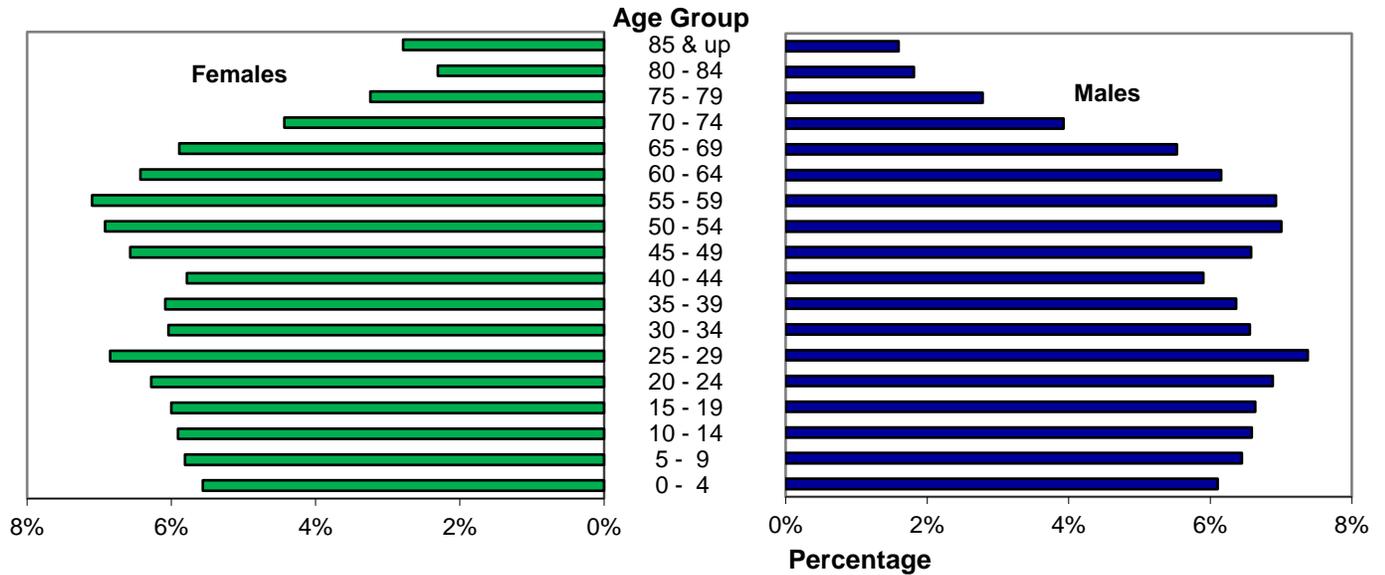
**Figure 2. Vital Statistics, Delaware, 2000-2017**



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

In 2017, nearly 52 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 2017 can expect to live an average of 81.4 years versus males who can expect to live 75.5 years.

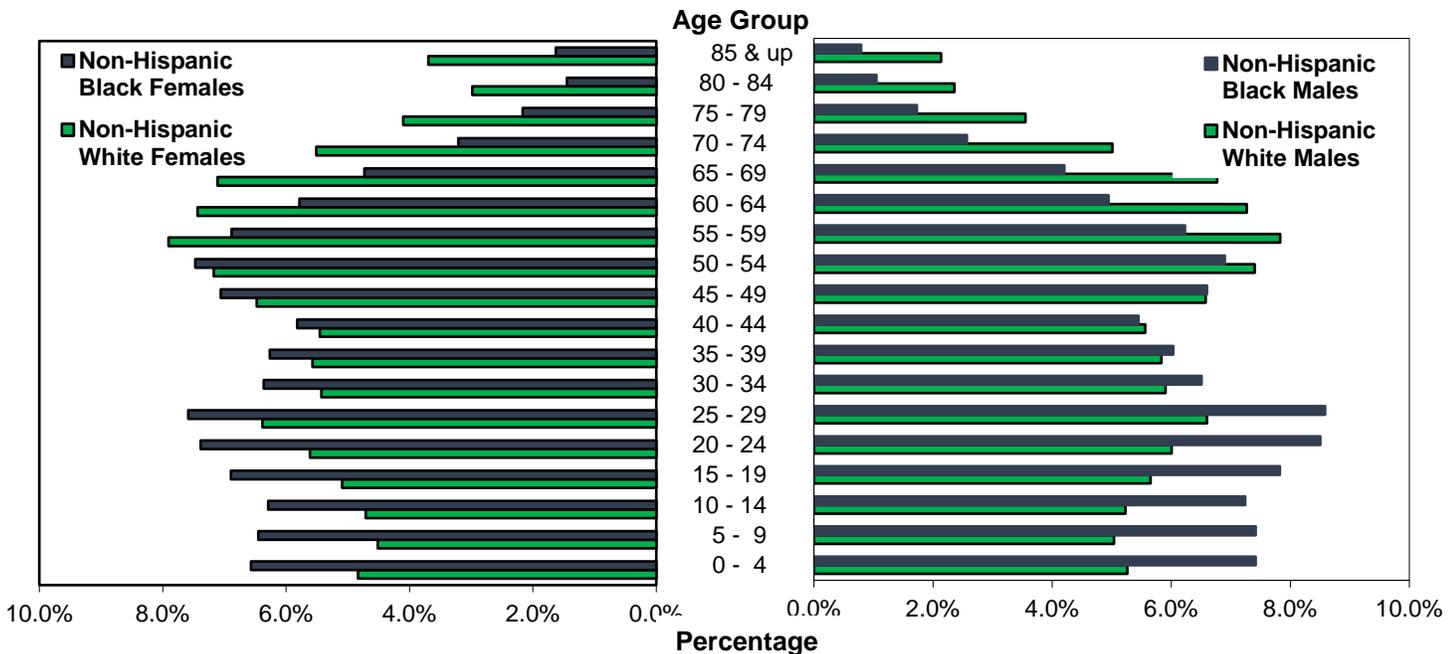
**Figure 3. Population by Gender, Delaware, 2017**



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics 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, both non-Hispanic black males and females had a greater percentage of their population in the 0-39 year age range than non-Hispanic white males and females. In the 55 and above age range for both males and females, whites made up a greater proportion of the population.

**Figure 4. Population by Gender and Race, Delaware, 2017**



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

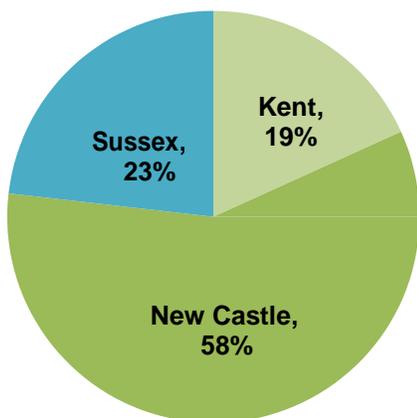
POPULATION

Delaware's three counties continued their increasing population trend, although they grew at different rates. Between 2000 and 2017, county populations grew annually by 2.5 percent for Kent, 0.7 percent for New Castle, and 2.5 percent for Sussex. Delaware's statewide increase was 1.4 percent.

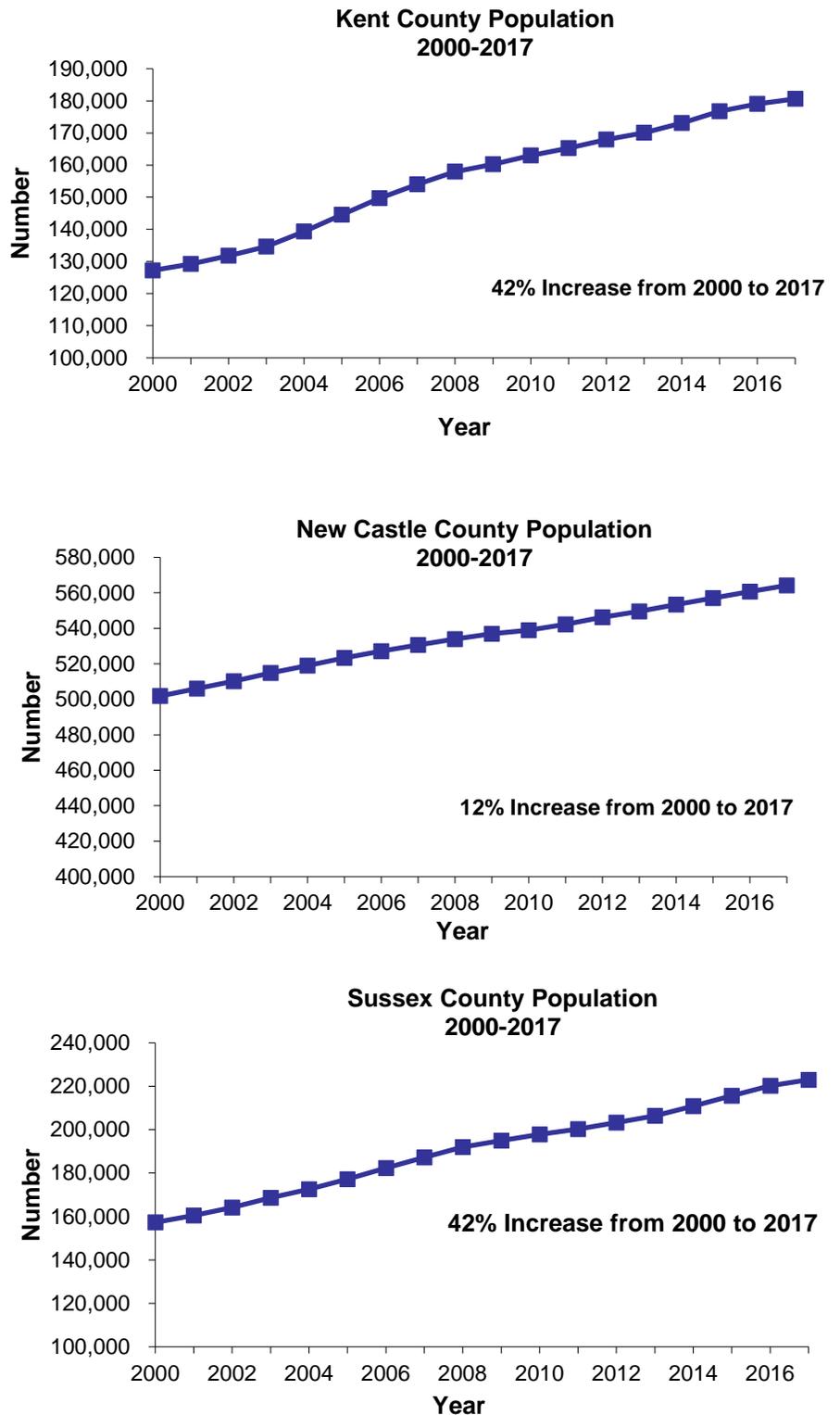
In 2017, just over half of Delaware's 65 and older population resided in New Castle County. However, residents 65 and older represented a much larger proportion of the Sussex County population, where one in four residents was 65 or older, versus New Castle and Kent counties, where approximately one in seven residents was 65 or older.

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

**Figure 6. Percent of Population by County, Delaware, 2017**



**Figure 5. Resident Population by County, Delaware, 2000-2017**



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

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

## MARRIAGE AND DIVORCE

In 2017 there were 5,071 marriages and 2,851 divorces in Delaware. Over half of all divorces in 2017 were of marriages that lasted less than 10 years.

### Marriage

#### Male

Youngest: 17  
Oldest: 94

#### Female

Youngest: 16  
Oldest: 83

Marriage with the greatest age difference between bride and groom: 59 years.

Most popular month to get married: October.

### Divorce

#### Male

Youngest: 19  
Oldest: 89

#### Female

Youngest: 18  
Oldest: 83

Shortest duration of marriage: 47 days

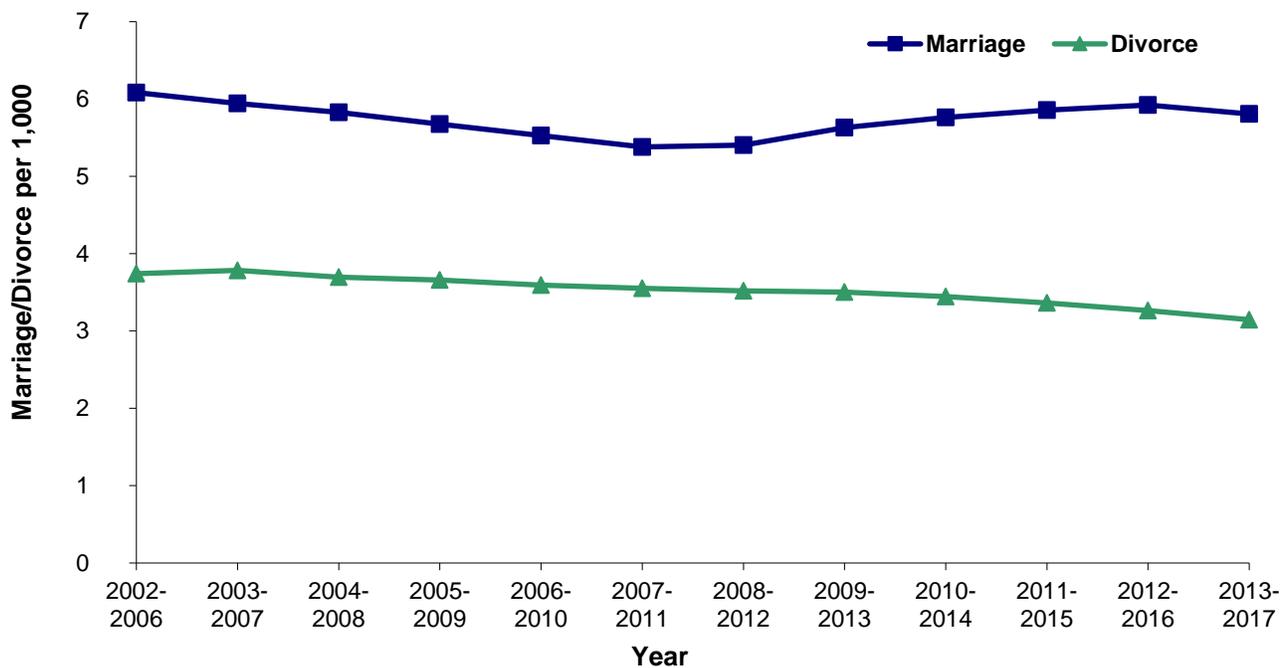
Longest duration of marriage: 59 years

Median duration of marriage: 10 years

Total children under 18 years of age: 1,794

Between 2002-2006 and 2013-2017, the five-year average marriage rate decreased from 6.1 to 5.8 marriages per 1,000 population. The five-year average divorce rate declined 16 percent from 3.7 in 2002-2006 to 3.1 divorces per 1,000 population in 2013-2017.

**Figure 7. Five-year Average Marriage and Divorce Rates, per 1,000 Population, Delaware, 2002-2017**

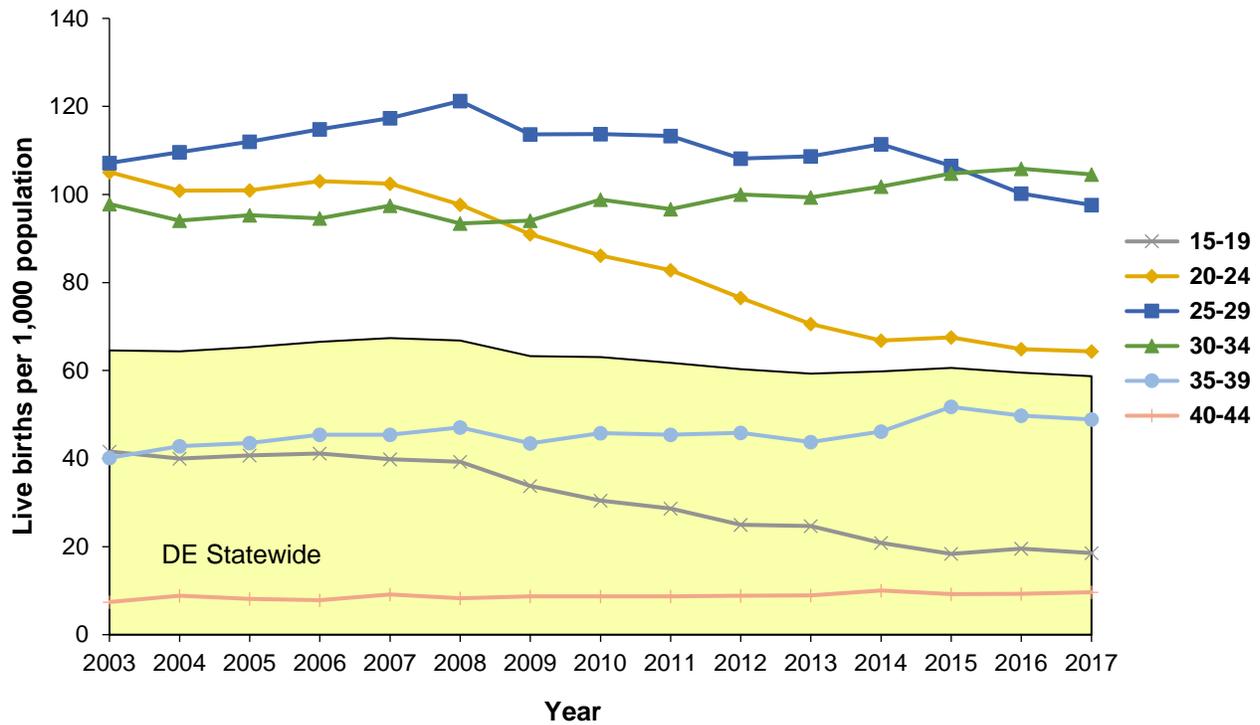


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2017, there were 11,265 births in Delaware; 10,305 were to Delaware residents and 960 were to non-residents. Additionally 530 births to Delaware residents occurred out of state, for a total of 10,835 Delaware resident births, 132 fewer Delaware resident births than in 2016.

The recent national declines in general fertility and live birth rates were also apparent in Delaware statistics. From 2007 to 2017, the general fertility rate (number of births per 1,000 women aged 15-44 years) declined from a high of 67.4 to 58.7 births per 1,000 women aged 15-44. The birth rate of teens (15-19) exhibited the largest decline at 54 percent, followed by a 37 percent decrease for women aged 20-24. Although the general fertility rate in Delaware has declined steadily since 2007, the birth rate for women 30 and older has increased. From 2007 to 2017, the birth rate for women aged 30-34 increased 7 percent. During this same time period women aged 35-39 had a 8 percent birth rate increase, while for women aged 40-44 the birth rate increased 6 percent.

**Figure 8. Annual Fertility and Age-Specific Live Birth Rates, Delaware, 2003-2017**



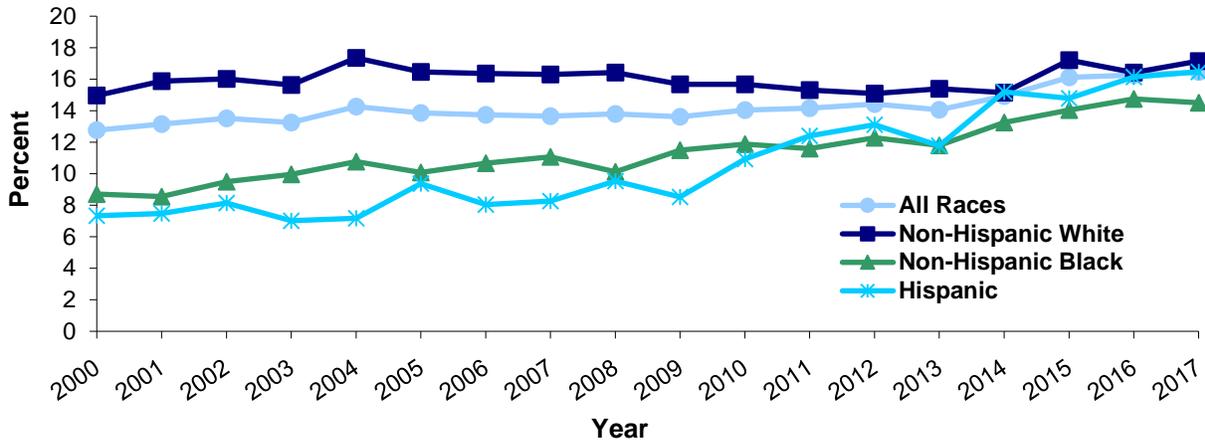
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

From 2013 to 2017, 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 23 percent while birth rates among teens 18-19 fell 25 percent. In the 2013-2017 time period, Sussex County had the highest 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.

Between 2000 and 2004, the percentage of births to women aged 35 or older exhibited a clear upward trend. The percentage fluctuated until 2014 when it reached 14.9. Since then, it increased to 16.5 percent in 2017, a 30 percent increase from 2000. Hispanic mothers aged 35 and older had the greatest percentage increase in births from 7.3 in 2000 to 16.5 in 2017.

**Figure 9. Annual Percentage of Live Births to Women 35 or Older by Race and Hispanic Origin\*, Delaware, 2000-2017**

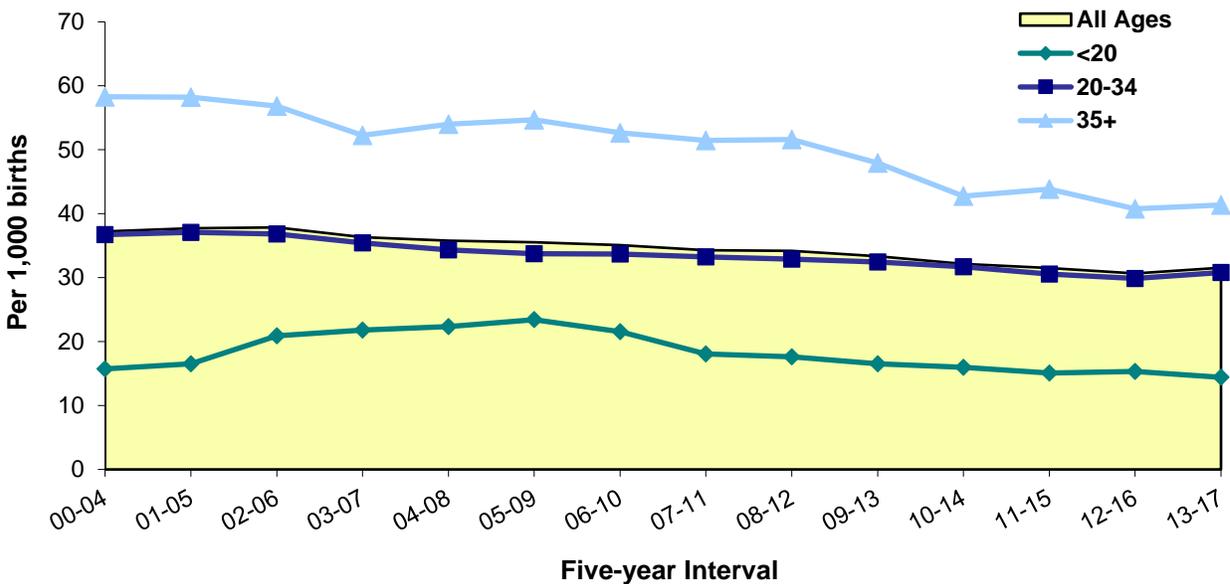


\* Hispanic can be of any race

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 15 percent between 2000-2004 and 2013-2017. In 2013-2017, older mothers (35+) had the highest plural birth rates, at 41 multiples per 1,000 births, almost three times that of mothers under 20, and 34 percent higher than mothers 20-34.

**Figure 10. Five-year Average Plural Birth Rate by Age of Mother, Delaware, 2000-2017**



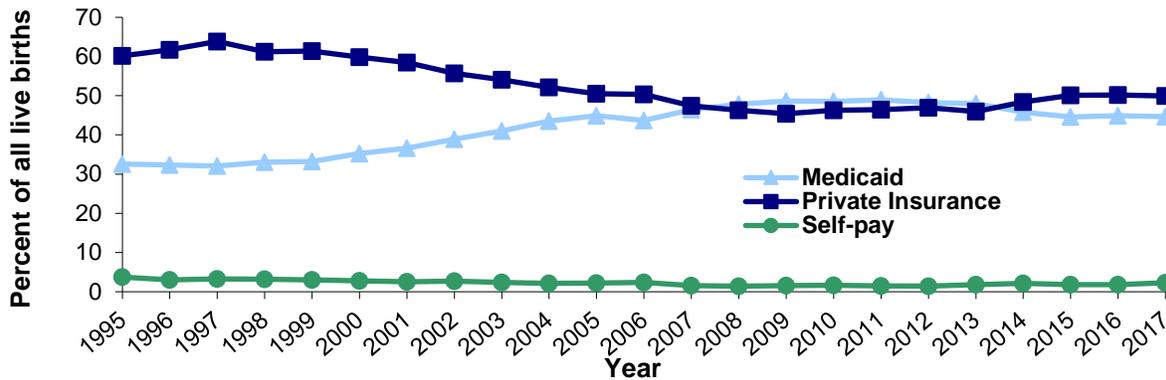
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## LIVE BIRTHS

In 2017, private insurance or Medicaid were listed as the primary source of payment in 95 percent of all live births; the remaining 5 percent were split between other government coverage and self-pay.

- In 2017, private insurance paid for 12 percent more births than Medicaid.
- Medicaid was still the primary source of payment for the majority of mothers under 20, covering 80.2 percent of non-Hispanic black mothers, and 66.1 percent of non-Hispanic white mothers in that age group.

**Figure 11. Percentage of Births by Source of Payment for Delivery, Delaware, 1995-2017**

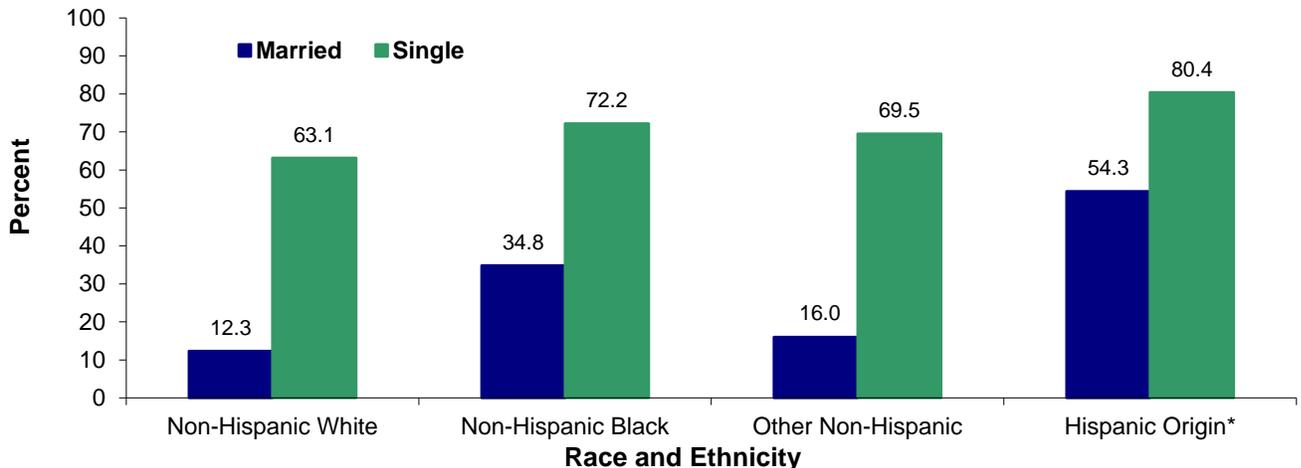


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

The primary source of payment for delivery varies tremendously based on marital status:

- The number of single non-Hispanic white women who used Medicaid as their primary source of payment (63.1 percent) was five times that of non-Hispanic white married women (12.3 percent).
- The number of single non-Hispanic black women who used Medicaid as their primary source of payment (72.2 percent) was almost double that of non-Hispanic black married women (34.8 percent).
- The number of single women of other non-Hispanic races who used Medicaid as their primary source of payment (69.5 percent) was more than four times higher than among married women of other non-Hispanic races (16 percent).
- The number of single Hispanic women who used Medicaid as their primary source of payment (80.4 percent) was 48 percent higher than Hispanic married women (54.3 percent).

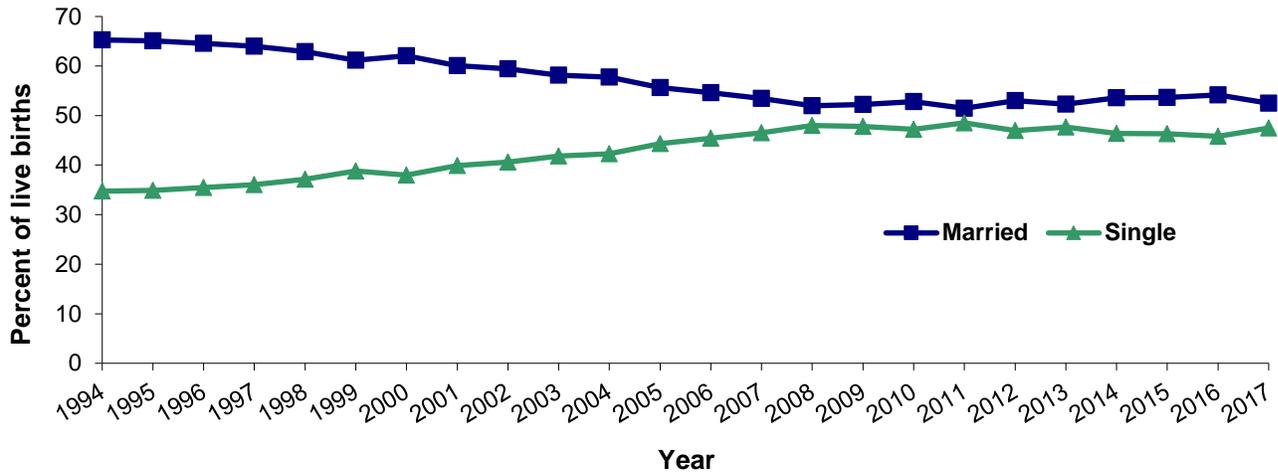
**Figure 12. Percentage of Births by Race, Hispanic Origin, Marital Status, and Medicaid as Primary Source of Payment, Delaware, 2017**



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

After increasing steadily from 1994 to 2008, the percentage of births to unmarried women stabilized with only a one percent decrease from 2008-2017. Births to married women decreased steadily from 1994 to 2008 but stabilized ending with a one percent increase from 2008 to 2017. In 2017, 47.5 percent of all births were to unmarried women.

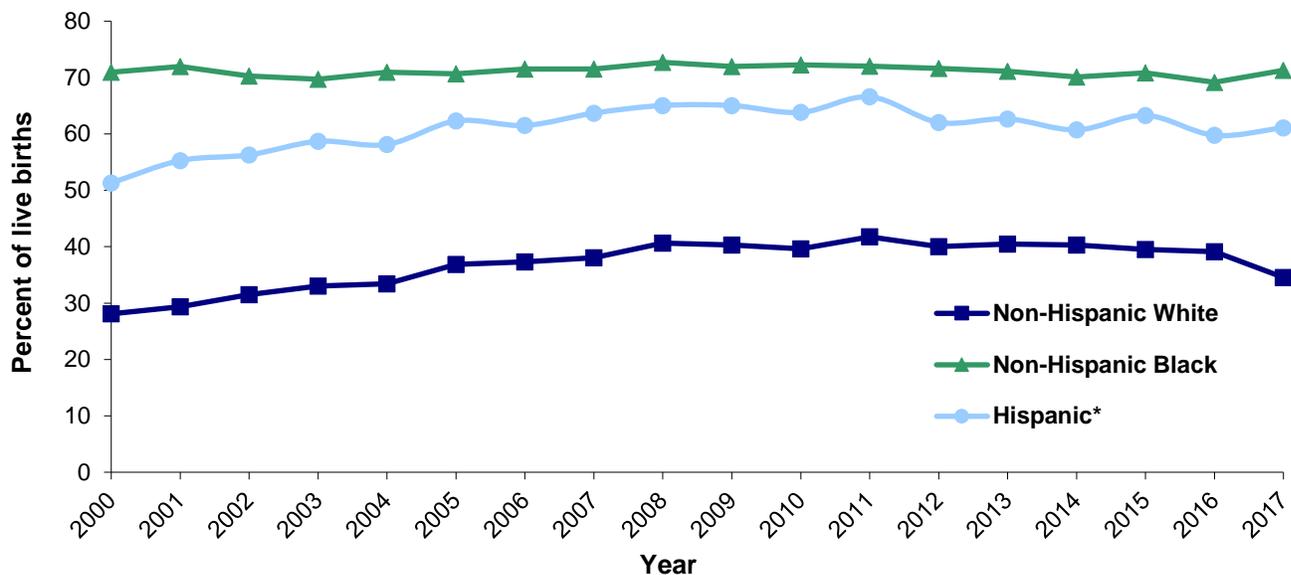
**Figure 13. Annual Percentage of Births by Mother's Marital Status, Delaware, 1994-2017**



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

In 2017, 35 percent of births were to single non-Hispanic white women, an increase from 28 percent in 2000. The percentage of births to single Hispanic women increased from 51 percent in 2000 to 61 percent in 2017. Unmarried non-Hispanic black women had the highest percentage of births from 2000 to 2017, remaining stable at approximately 70 percent during that time period.

**Figure 14. Percentage of Live Births to Unmarried Women by Race and Ethnicity, Delaware, 2000-2017**

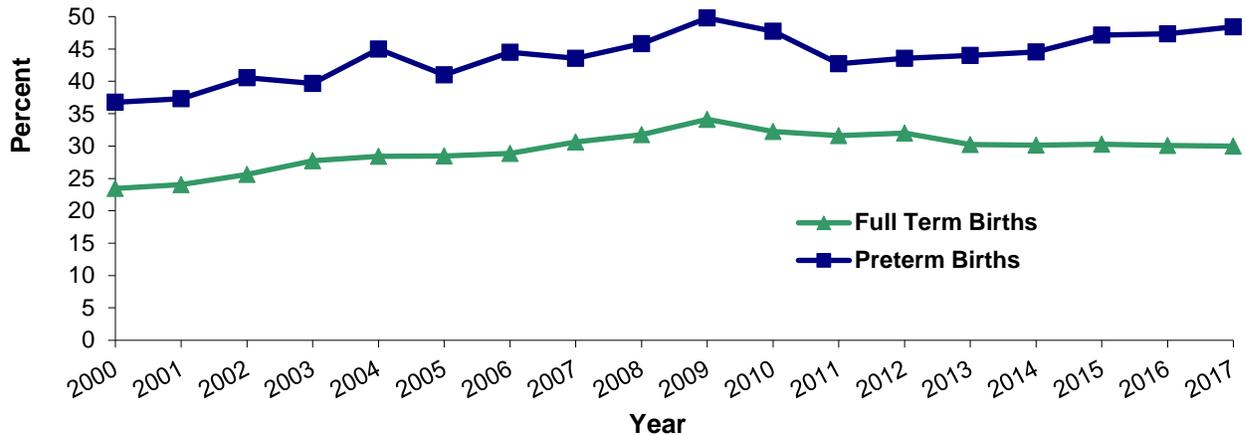


\* Note: Hispanic may be of any race.

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

From 2000 to 2017, the percentage of cesarean deliveries increased 28 percent, to 31.8 per 100 live births, whereas vaginal births decreased only 9 percent. Since 2000, 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 48.4 per 100 preterm births, versus 30 per 100 term births in 2017.

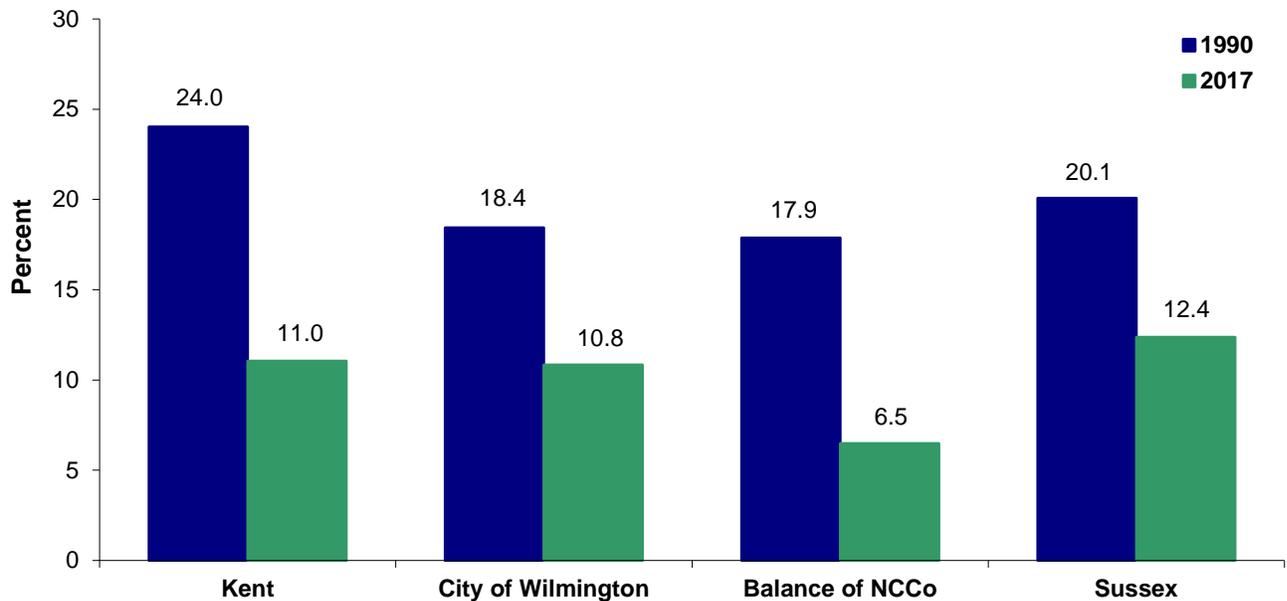
**Figure 15. Annual Percentage of Cesarean Deliveries by Gestational Category, Delaware, 2000-2017**



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

From 1990 to 2017, the percentage of Delaware mothers who used tobacco while pregnant decreased in all three counties and the city of Wilmington. In 2017, Sussex County had the highest percentage of mother who smoked while pregnant at 12.4 whereas New Castle had the lowest percentage at 7.2.

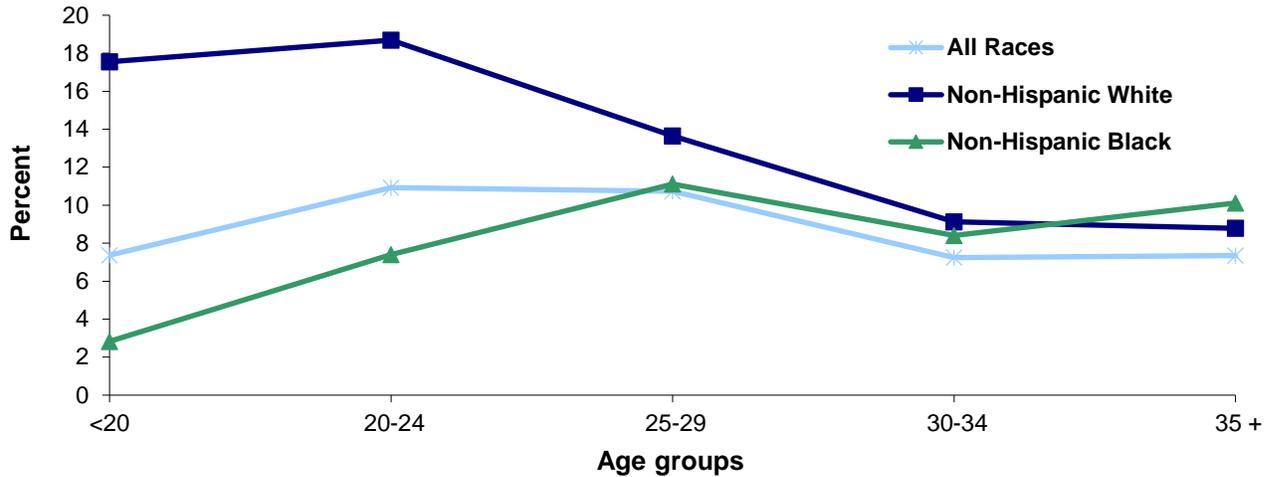
**Figure 16. Percentage of Mothers who Smoked while Pregnant, Delaware Counties and City of Wilmington, 1990 and 2017**



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

Non-Hispanic white mothers younger than 35 were more likely to smoke while pregnant than non-Hispanic black mothers in the same age group. Non-Hispanic black mothers older than 35 were more likely to smoke while pregnant than non-Hispanic white mothers.

**Figure 17. Percentage of Mothers who Smoked While Pregnant, by Age Group and Race, Delaware, 2017**

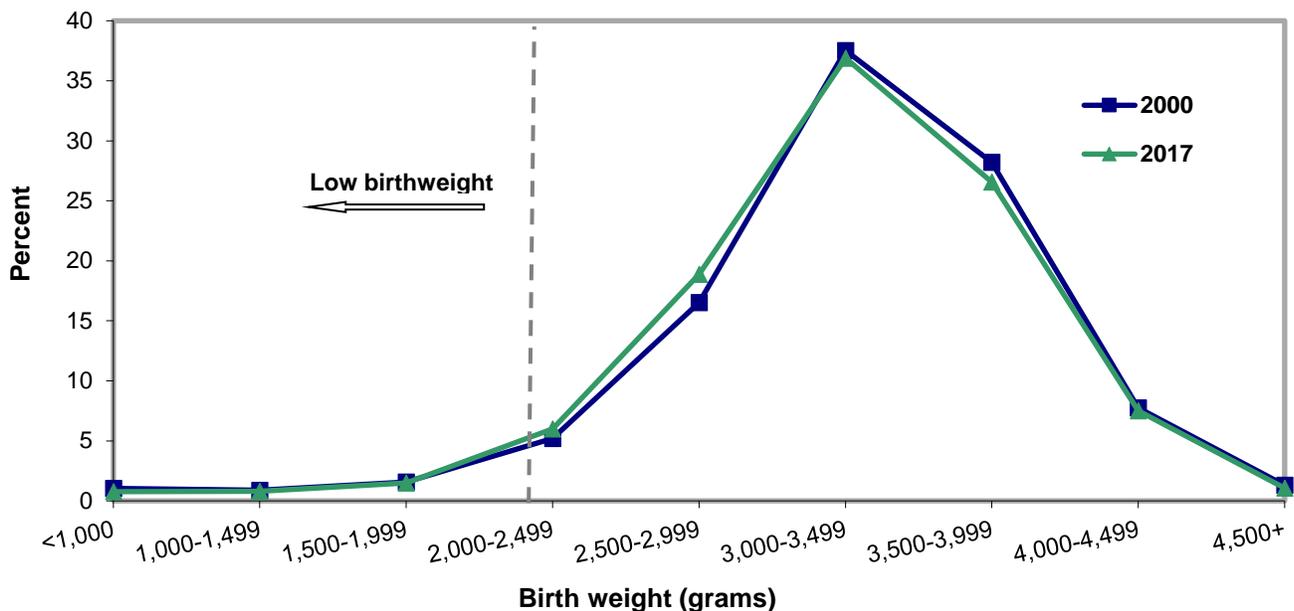


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2017, 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 2017. The greatest percentage of births fell within the 3,000 to 3,499 gram range.

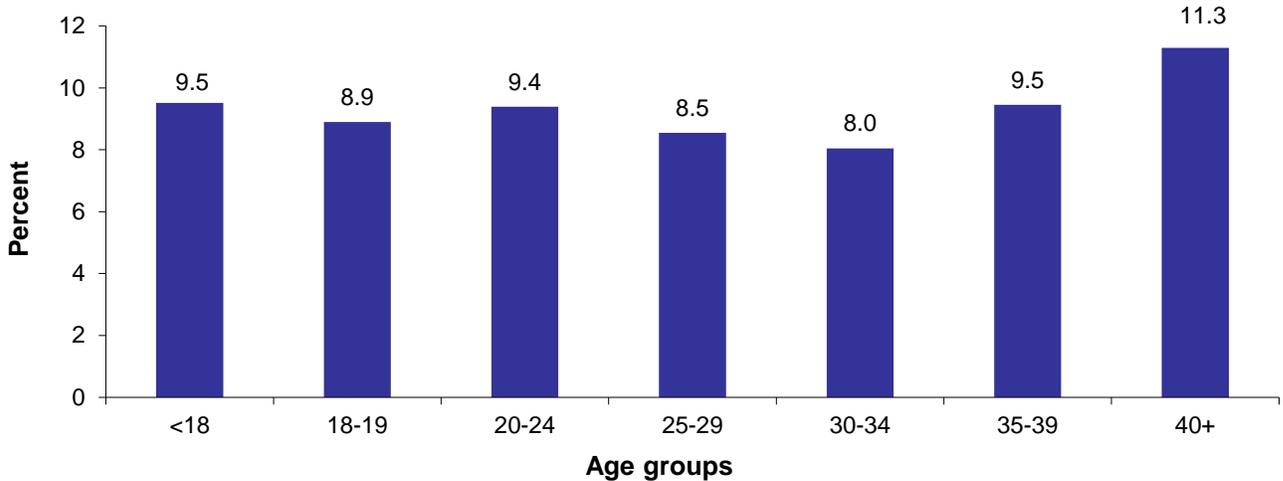
**Figure 18. Percent Distribution of Births by Birthweight, Delaware, 2000 and 2017**



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

In 2013-2017 the five-year percentage of low birthweight (LBW) births and very low birthweight (VLBW) births remained relatively stable at 8.8 and 1.8, respectively. The percentage of LBW births was greatest for mothers in the 40 and older age group (11.3 percent) and lowest for those in the 30-34 age group (8.0 percent).

**Figure 19. Five-year Percentage of Low Birthweight Births (<2,500 grams), by Mother's Age, Delaware, 2013-2017**

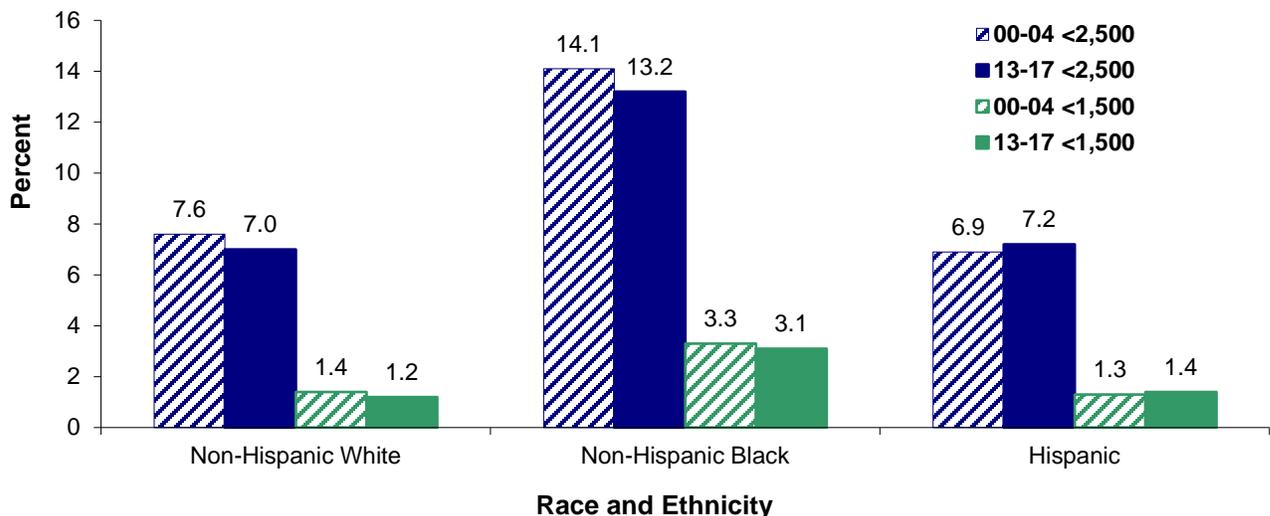


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistic Center

In 2013-2017 among mothers of all ages, non-Hispanic black mothers had the highest percentage of LBW and VLBW births at 13.2 percent and 3.1 percent.

Between 2000-2004 and 2013-2017, there was a decline in the percentages of non-Hispanic white and non-Hispanic black infants born at low birthweight and very low birth weight. During this same time period, the percentage of Hispanic infants born at both low birth weight and very low birthweight showed a slight increase of 4 percent and 8 percent respectively.

**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 2013-2017**

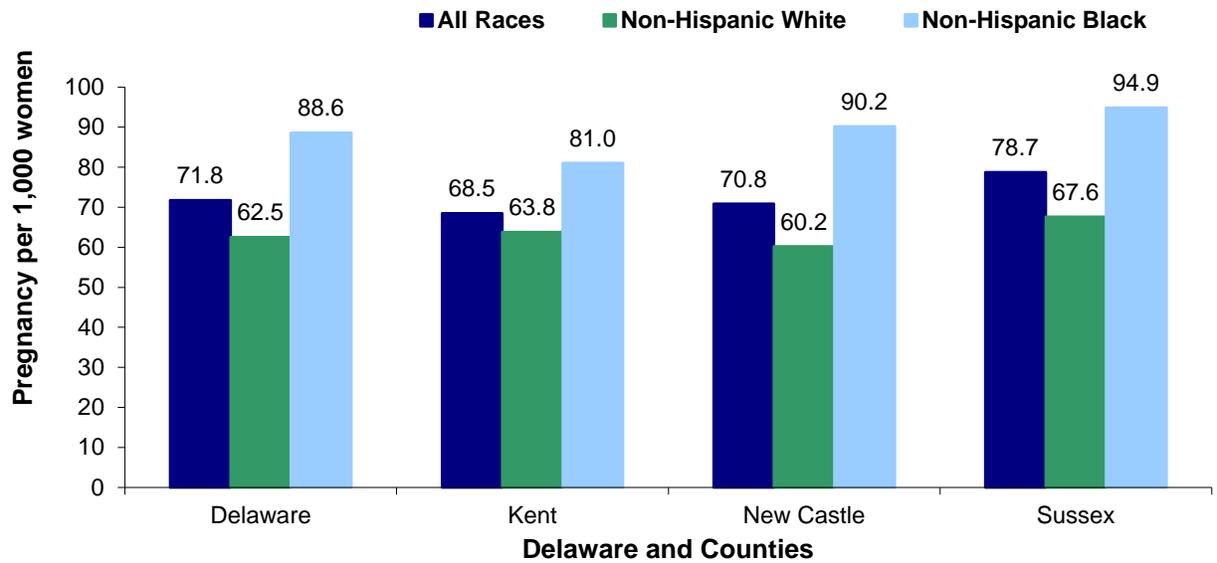


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

REPORTED PREGNANCIES

At 72 reported pregnancies per 1,000 women aged 15-44, the 2013-2017 rate of reported pregnancies decreased by 12 percent from the 81.9 rate in 2008-2012. Although pregnancy rates of non-Hispanic black mothers were significantly higher than those of non-Hispanic white mothers in every county, the largest difference between the pregnancy rate of non-Hispanic white (60.2 percent) and non-Hispanic black (90.2 percent) mothers occurred in New Castle County.

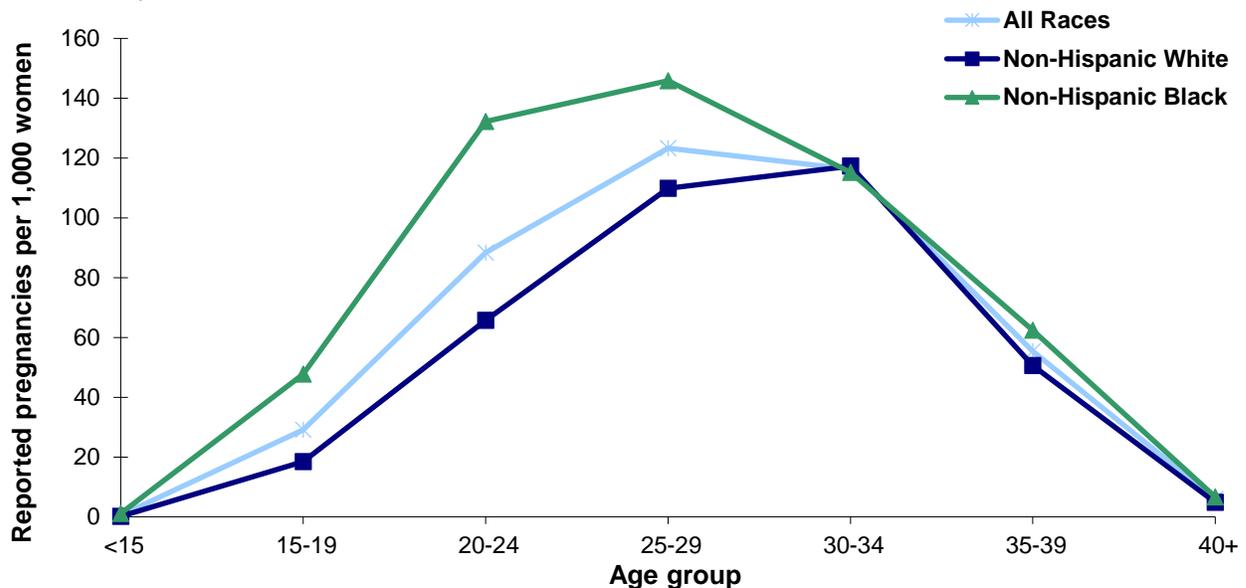
**Figure 21. Five-year Average Rate of Reported Pregnancies by Race, Delaware and Counties, 2013-2017**



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

For non-Hispanic white women, the 30-34 year age group had the highest pregnancy rate at 117.3 pregnancies per 1,000 women in 2013-2017. Non-Hispanic black women had higher pregnancy rates than non-Hispanic white women in all age groups except the 30-34 age group with the highest age group being 25-29 at 145.9 pregnancies per 1,000 women.

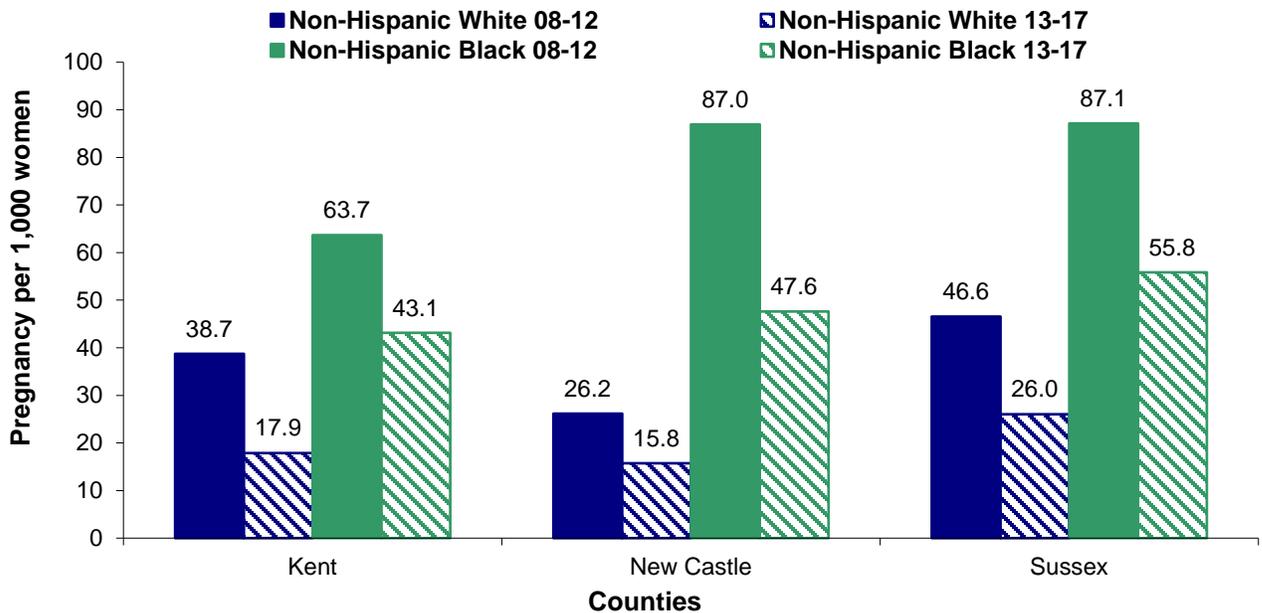
**Figure 22. Five-year Average Rate of Reported Pregnancies by Age and Race, Delaware, 2013-2017**



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

In all three counties, the teen (15-19) pregnancy rates for all races declined between 2008-2012 and 2013-2017. Although all three counties had a significant decline in the non-Hispanic black teen pregnancy rate, New Castle's non-Hispanic black teen pregnancy rate showed the greatest decline from 87 in 2008-2012 to 47.6 in 2013-2017. Non-Hispanic white teens in New Castle County had the lowest reported pregnancy rate at 15.8 pregnancies per 1,000 women in 2013-2017.

**Figure 23. Five-year Average Teenage (15-19) Pregnancy Rates by County and Race, Delaware, 2008-2012 and 2013-2017**



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

Kent County had the lowest five-year average pregnancy rate for younger teens aged 15-17 (11.5 pregnancies per 1,000 women). Sussex County's rate for teens in the same age group was 17.1 pregnancies per 1,000 women. The rates decreased in all counties between 2008-2012 and 2013-2017. The five-year average (2013-2017) pregnancy rate for older teens aged 18-19 was lowest in New Castle County (46.6 pregnancies per 1,000 females) and highest in Sussex County (63.8 pregnancies per 1,000 females). (Table D-8)

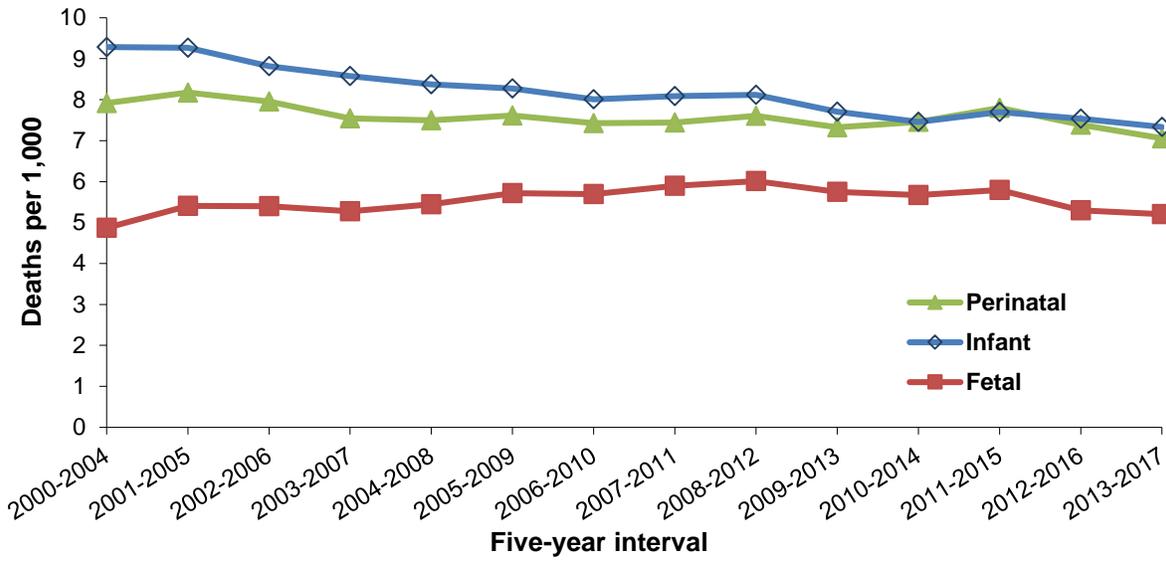
In 2017, 1,890 abortions were performed in Delaware; 1,667 to Delaware residents and 223 to non-residents.

- Twenty-one percent of all pregnancies to females under 20 years old ended in termination in 2017 .
  - ⇒ 26 percent of pregnancies to non-Hispanic white females under 20 years old and 25 percent to non-Hispanic black females under 20 years old ended in termination in 2017.
  
- Married women undergo significantly fewer terminations than their single counterparts.
  - ⇒ 2.4 percent of pregnancies to non-Hispanic white married women ended in termination and 5.7 percent of pregnancies to non-Hispanic black married women ended in termination in 2017.
  - ⇒ When the women were unmarried, these numbers increased to 24.4 percent among non-Hispanic white women and 24 percent among non-Hispanic black women.
  
- There were 56 fetal deaths of Delaware residents in 2017.
- There were 10,835 live births to Delaware residents in 2017.

## 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 2013-2017. By 2013-2017 the rates were nearly the same at 7.1 perinatal deaths per 1,000 live births and 7.3 infant deaths per 1,000 live births. The fetal death trends paralleled those of perinatal mortality trends with fetal death rates remaining constantly lower than perinatal rates.

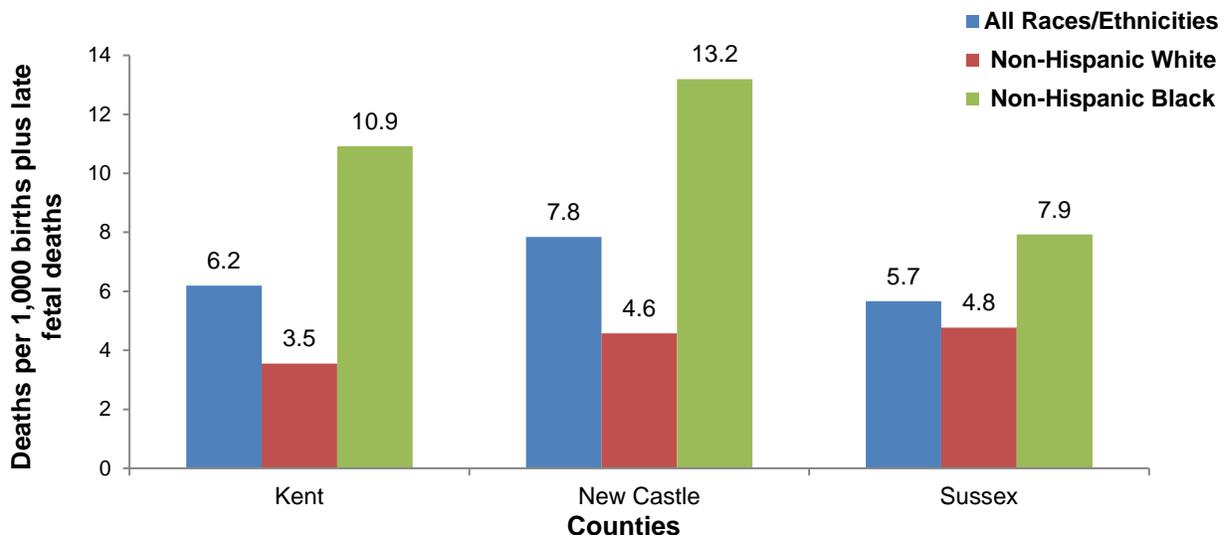
**Figure 24. Five-year Fetal, Perinatal, and Infant Mortality Rates, Delaware, 2000-2017**



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

Non-Hispanic black perinatal mortality rates for 2013-2017 were substantially higher than non-Hispanic white perinatal mortality rates, regardless of county. In New Castle County, the non-Hispanic black perinatal mortality rate of 13.2 perinatal deaths per 1,000 live births was nearly three times the non-Hispanic white perinatal mortality rate of 4.6 perinatal deaths per 1,000 live births.

**Figure 25. Five-year Average Perinatal Mortality Rates by Race and County, Delaware, 2013-2017**

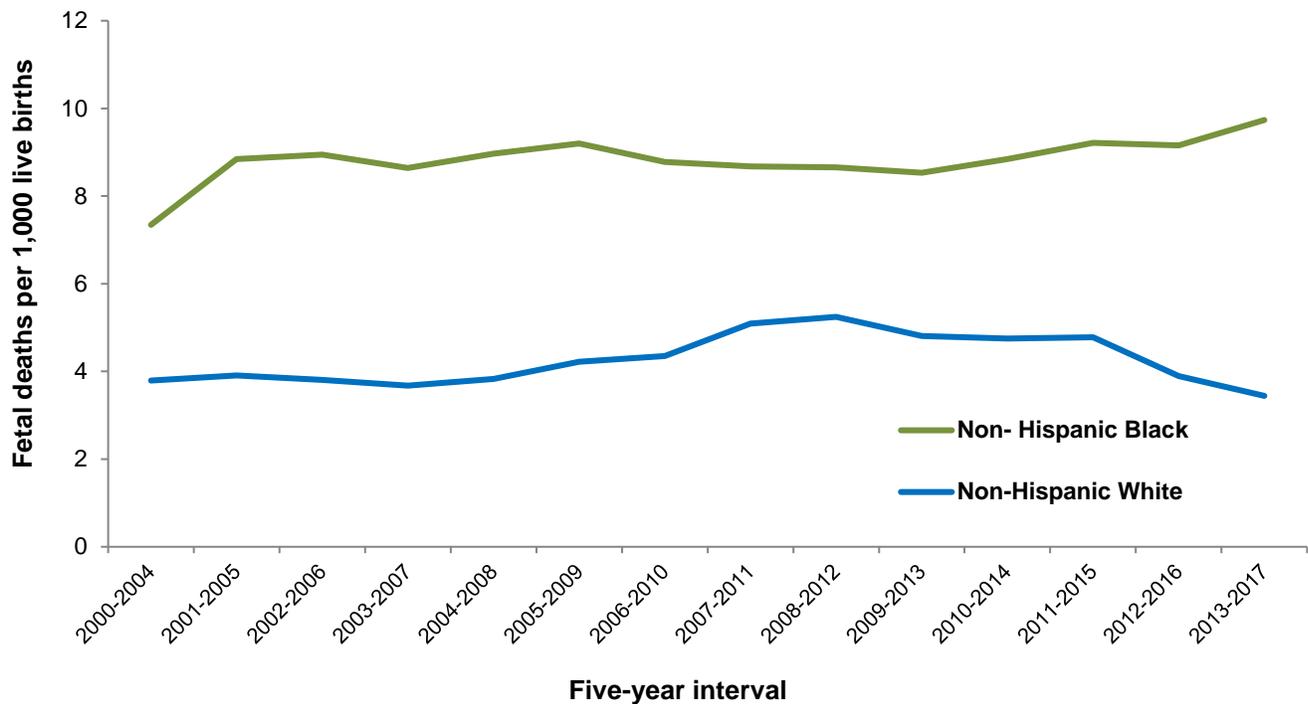


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## FETAL AND PERINATAL DEATHS

In 2017, 56 fetal deaths were reported in Delaware. In 2013-2017, the fetal mortality rate was 5.2 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 2013-2017 they were 185 percent higher than the rate of non-Hispanic white women (9.7 versus 3.4).

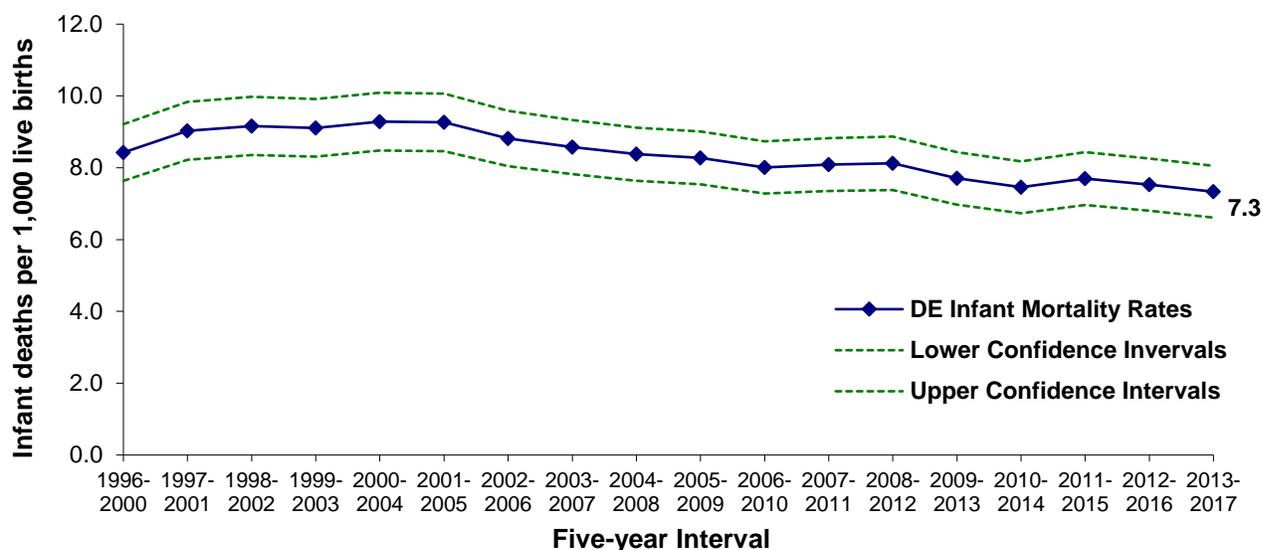
**Figure 26. Five-year Average Fetal Mortality Rates by Mother's Race Delaware, 2000-2017**



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

In 2013-2017, Delaware's infant mortality rate (IMR) was 7.3 infant deaths per 1,000 live births, resulting in a total decline of 21.5 percent from the 2000-2004 rate of 9.3 infant deaths per 1,000 live births.

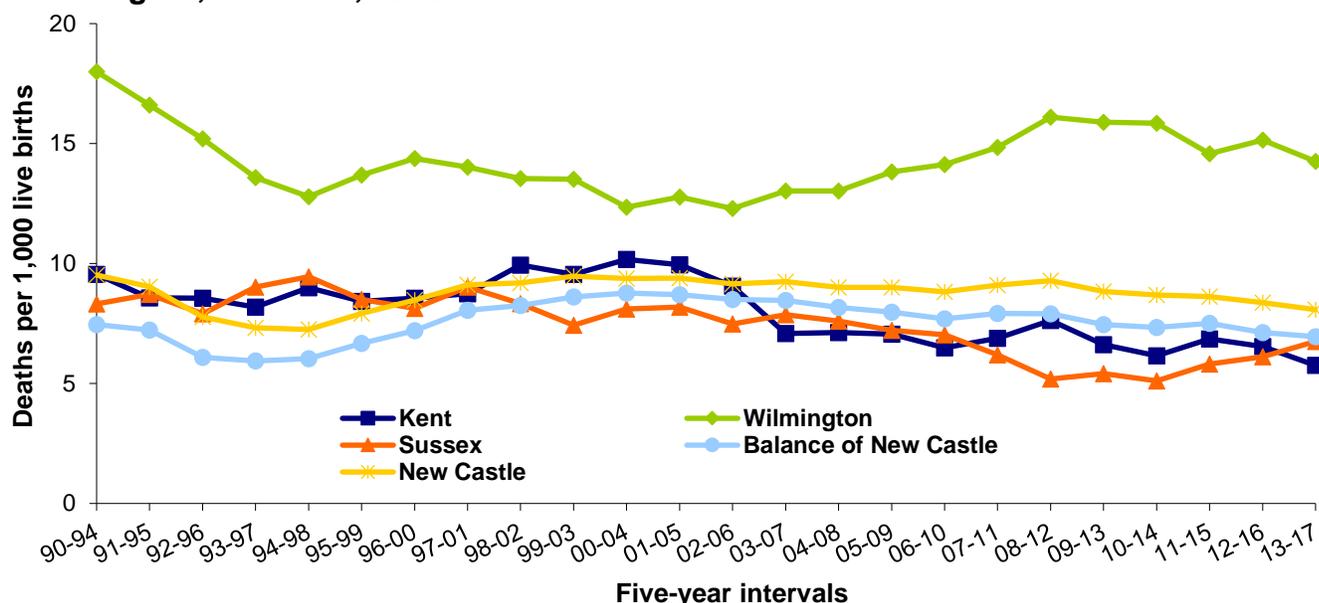
**Figure 27. Five-year Average Infant Mortality Rates with Confidence Intervals, Delaware, 1996-2017**



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. The combination of Wilmington's high IMR and a higher IMR in the balance of New Castle County resulted in New Castle County's IMR being higher than the IMRs of both Kent and Sussex counties at 8.1 infant deaths per 1,000 live births. In 2013-2017 Kent County's IMR remained the lowest at 5.8 infant deaths per 1,000 live births. During the same time period the balance of New Castle County's IMR was 7.0 infant deaths per 1,000 live births; Wilmington's IMR was 14.3 infant deaths per 1,000 live births; and Sussex County's IMR was 6.7 infant deaths per 1,000 live births.

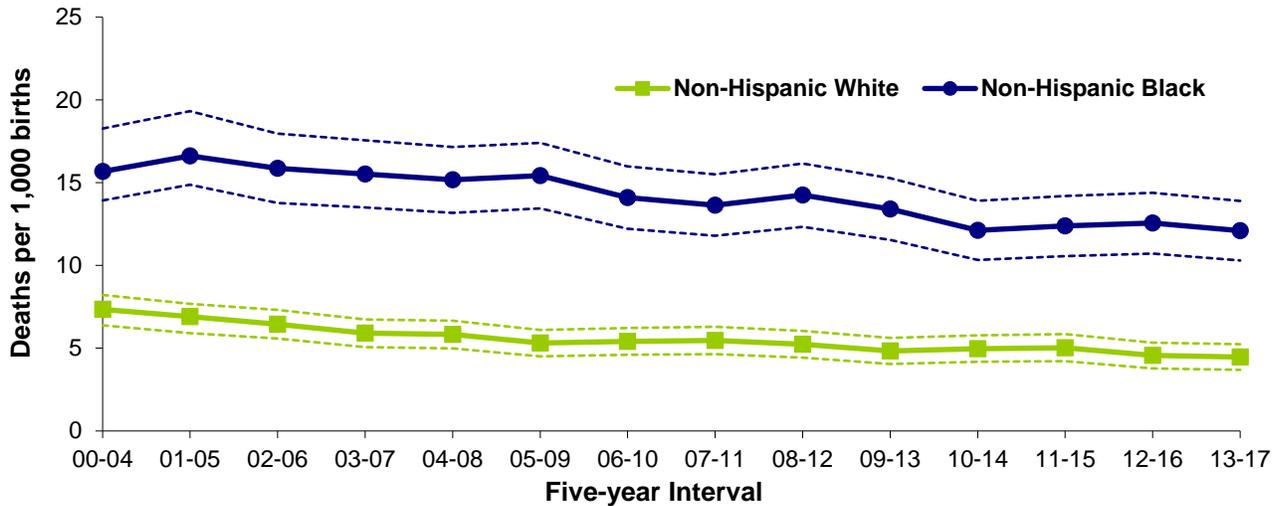
**Figure 28. Five-year Average Infant Mortality Rates, Delaware Counties and City of Wilmington, Delaware, 1990-2017**



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

Non-Hispanic black infants experienced a lower percentage of decrease in mortality rates than non-Hispanic white infants. In 2013-2017 the non-Hispanic black IMR of 12.1 infant deaths per 1,000 live births was a 23 percent decrease from the 15.7 rate in 2000-2004. Non-Hispanic white IMR decreased 38 percent from 7.3 in 2000-2004 to 4.5 infant deaths per 1,000 live births in 2013-2017.

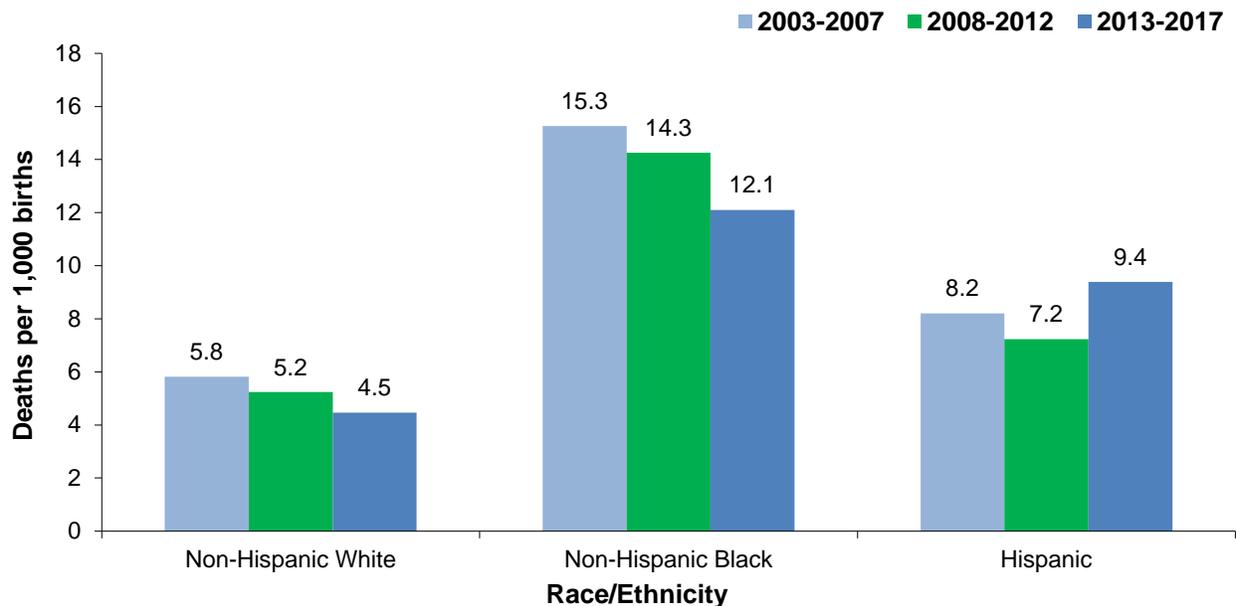
**Figure 29. Five-year Average Black and White Infant Mortality Rates with Confidence Intervals, Delaware, 2000-2017**



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

Significant disparities existed between non-Hispanic black and non-Hispanic white infant mortality rates. The non-Hispanic black rate in 2013-2017 was nearly three times that of the non-Hispanic white rate but only 1.2 times higher than the Hispanic rate of 9.4 infant deaths per 1,000 live births. Non-Hispanic black IMRs were highest in all three time periods depicted below with the highest rate of 15.3 infant deaths per 1,000 live births in 2003-2007. Hispanic IMRs were two times higher than the non-Hispanic white IMRs in 2013-2017. From 2003-2007 to 2013-2017 the Hispanic IMR increased 15 percent (8.2 to 9.4 infant deaths per 1,000 live births).

**Figure 30. Five-year Average Infant Mortality Rates by Race and Hispanic Origin, Delaware 2003-2017**

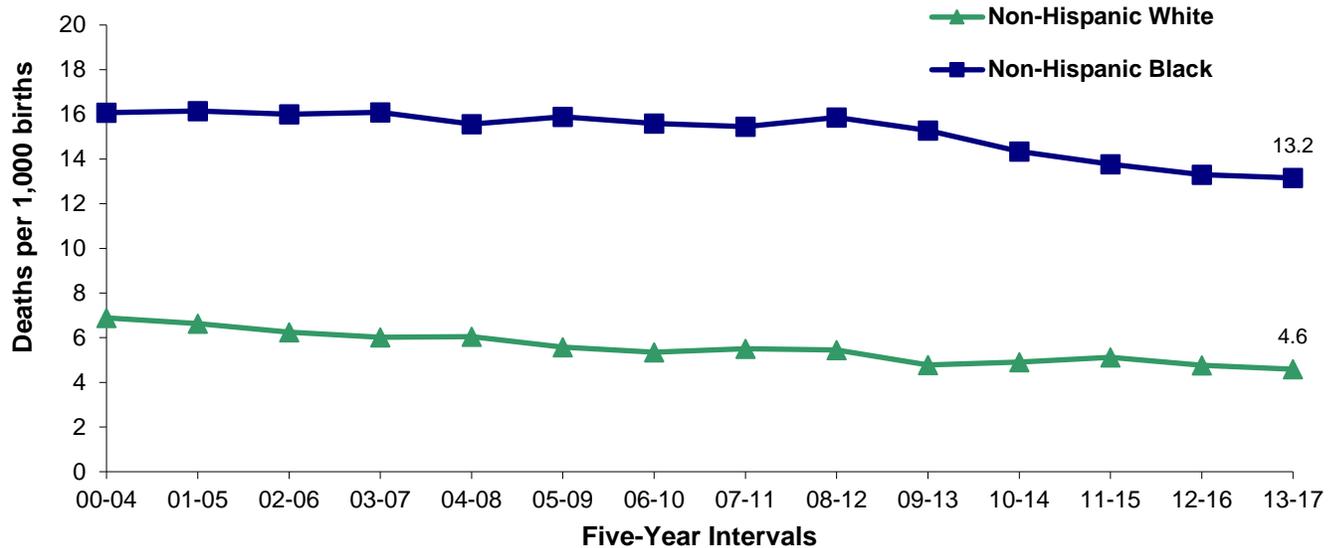


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY- Leading Causes of Death

In 2013-2017, New Castle County had the highest IMRs and Kent County had the lowest. Non-Hispanic black IMRs in New Castle County were stable at 16 infant deaths per 1,000 live births from 2000 to 2014, and decreased the last five time periods to 13.2 infant deaths per 1,000 live births.

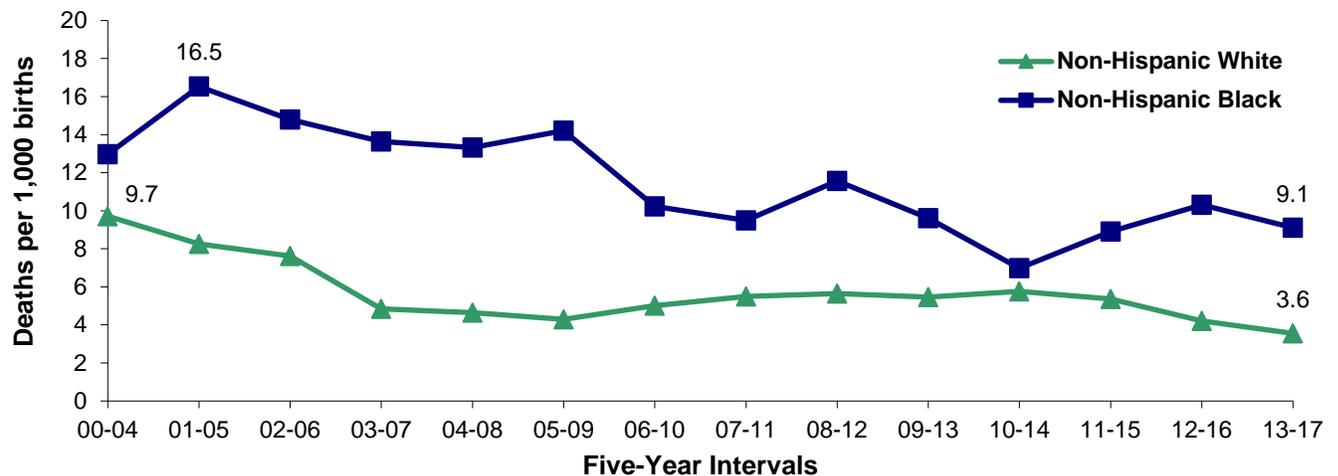
**Figure 31. Five-year Average Infant Mortality Rates by Race, New Castle County, Delaware, 2000-2017**



Source: Delaware 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 IMR decreased 45 percent to 9.1 infant death per 1,000 live births in 2013-2017. The non-Hispanic white IMR had a 63 percent decrease from its peak in 2000-2004 to 2013-2017 (9.7 to 3.6 infant deaths per 1,000 live births).

**Figure 32. Five-year Average Infant Mortality Rates by Race, Kent County, Delaware, 2000-2017**

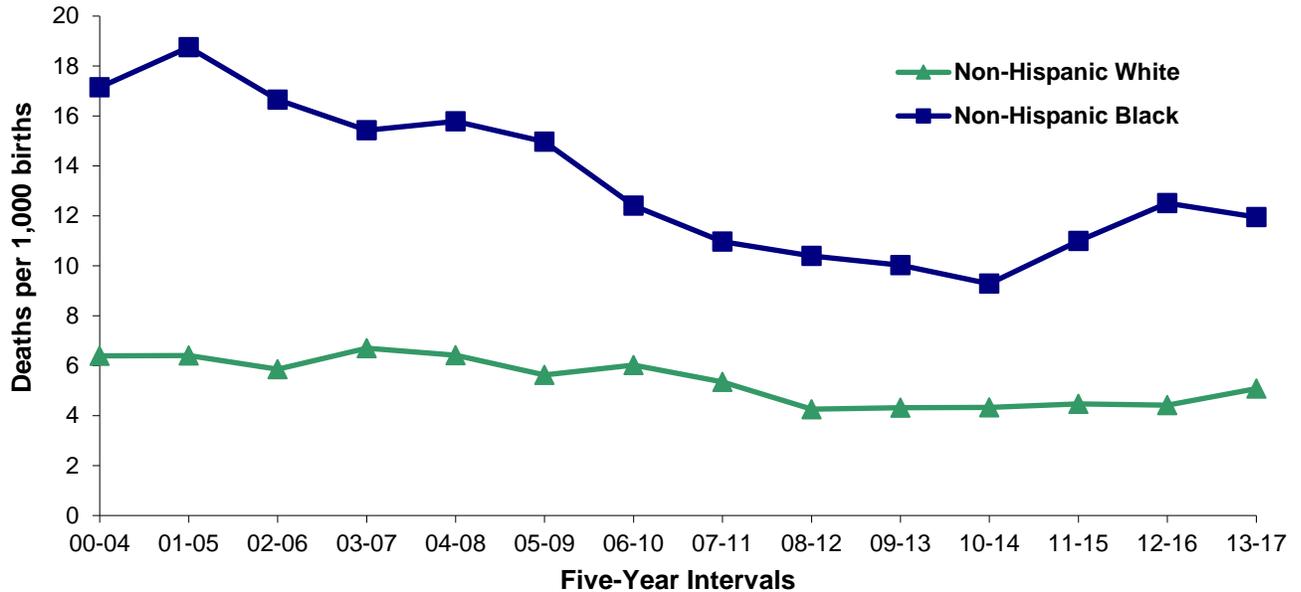


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY- Leading Causes of Death

Sussex County's non-Hispanic black IMR decreased to 11.9 infant deaths per 1,000 live births in 2013-2017, a 37 percent reduction from the 2001-2005 peak of 19 infant deaths per 1,000 live births. Sussex County's non-Hispanic white IMR had a 24 percent decrease from its peak in 2003-2007 to 2013-2017 (6.7 to 5.1 infant deaths per 1,000 live births).

**Figure 33. Five-year Average Infant Mortality Rates by Race, Sussex County, Delaware, 2000-2017**



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

## INFANT MORTALITY- Leading Causes of Death

In 2013-2017 there were 401 infant deaths. The five leading causes of infant death in Delaware were:

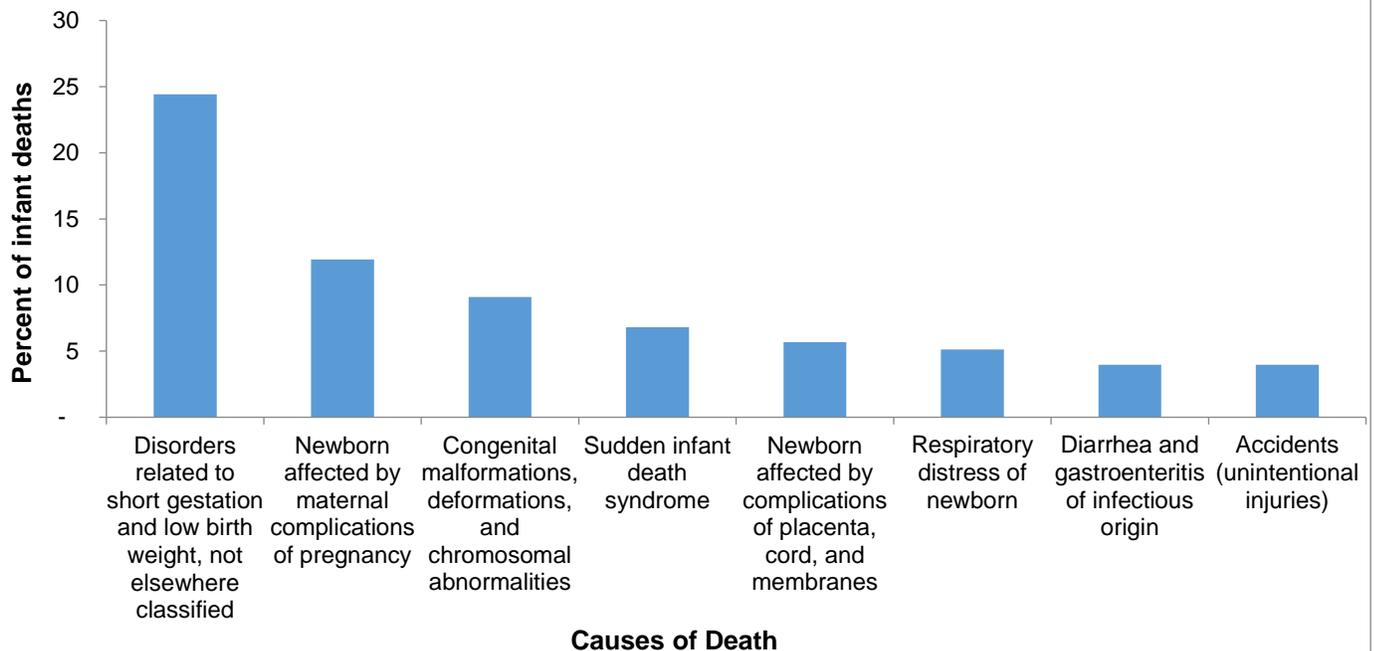
- Disorders related to short gestation and low birthweight, which accounted for 20.7 percent of infant deaths.
- Newborns affected by maternal complications of pregnancy, which accounted for 13.2 percent of infant deaths. Of the 53 deaths attributed to this cause, 46 were due to the newborn being affected by incompetent cervix and premature rupture of membranes
- Congenital anomalies (birth defects), which accounted for 12.7 percent of infant deaths.
- Sudden infant death syndrome (SIDS), which accounted for 6.0 percent of all infant deaths.
- Respiratory distress of newborn, which accounted for 4.5 percent of infant deaths.

In sum, the five most common causes of infant death accounted for 57 percent, or 229 of the 401 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 both listed in the top three most frequent causes of death for both non-Hispanic black and non-Hispanic white infants.

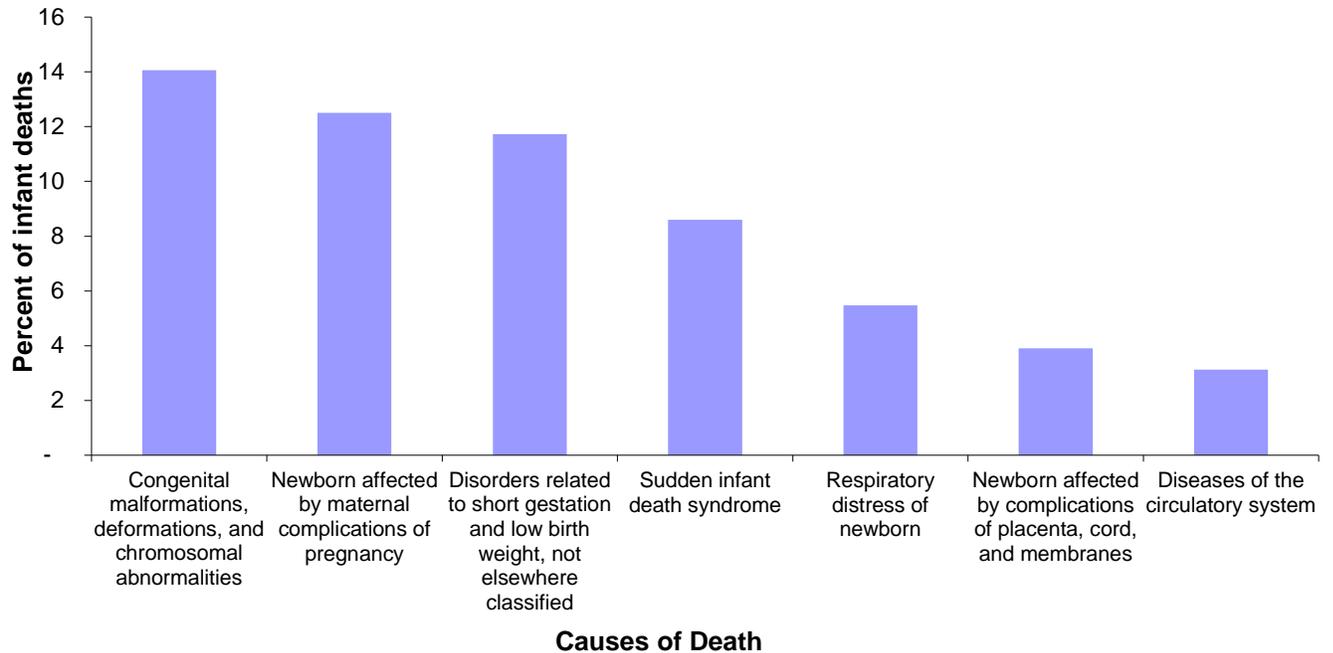
Though the proportions of deaths by race were similar for many of the causes of death, notable exceptions were birth defects and disorders due to prematurity and low birthweight. In 2013-2017, while birth defects were responsible for 14 percent of all non-Hispanic white infant deaths, they accounted for only 9 percent of non-Hispanic black infant deaths. Conversely in 2013-2017, infant deaths due to disorders related to prematurity and low birthweight accounted for larger percentages of non-Hispanic black infant deaths (24 percent) than non-Hispanic white infant deaths (12 percent).

**Figure 34. Percentage of the Most Frequent Causes of Non-Hispanic Black Infant Death, Delaware, 2013-2017**



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 Death, Delaware, 2013-2017**

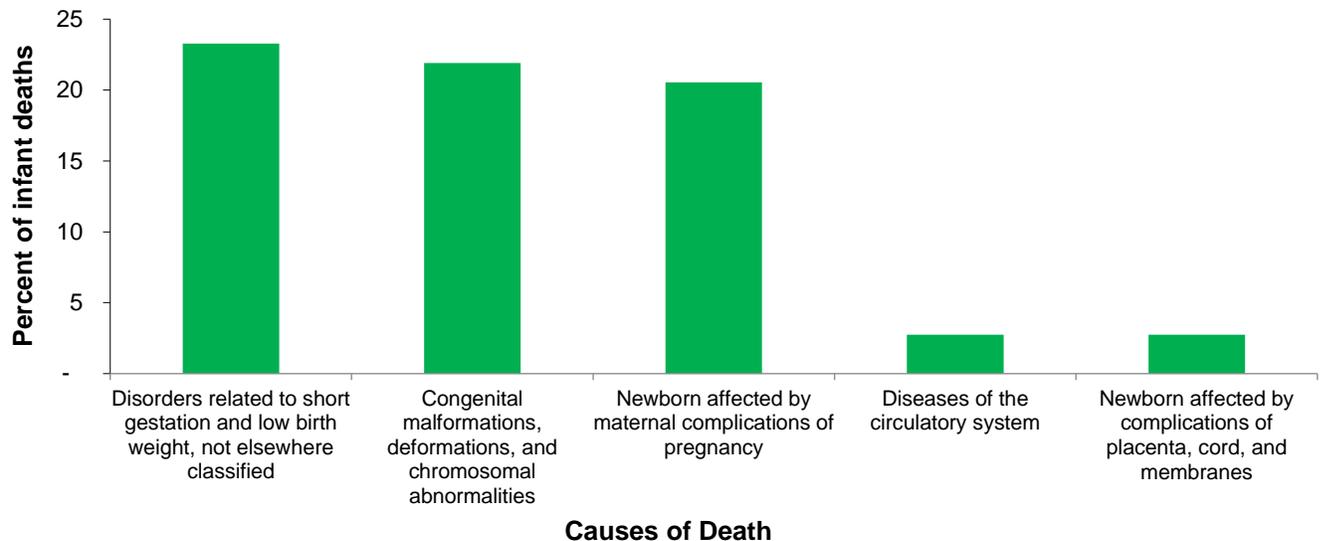


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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, 2013-2017, 14.2 percent of all live births were to Hispanic mothers, and 18.2 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, 2013-2017**



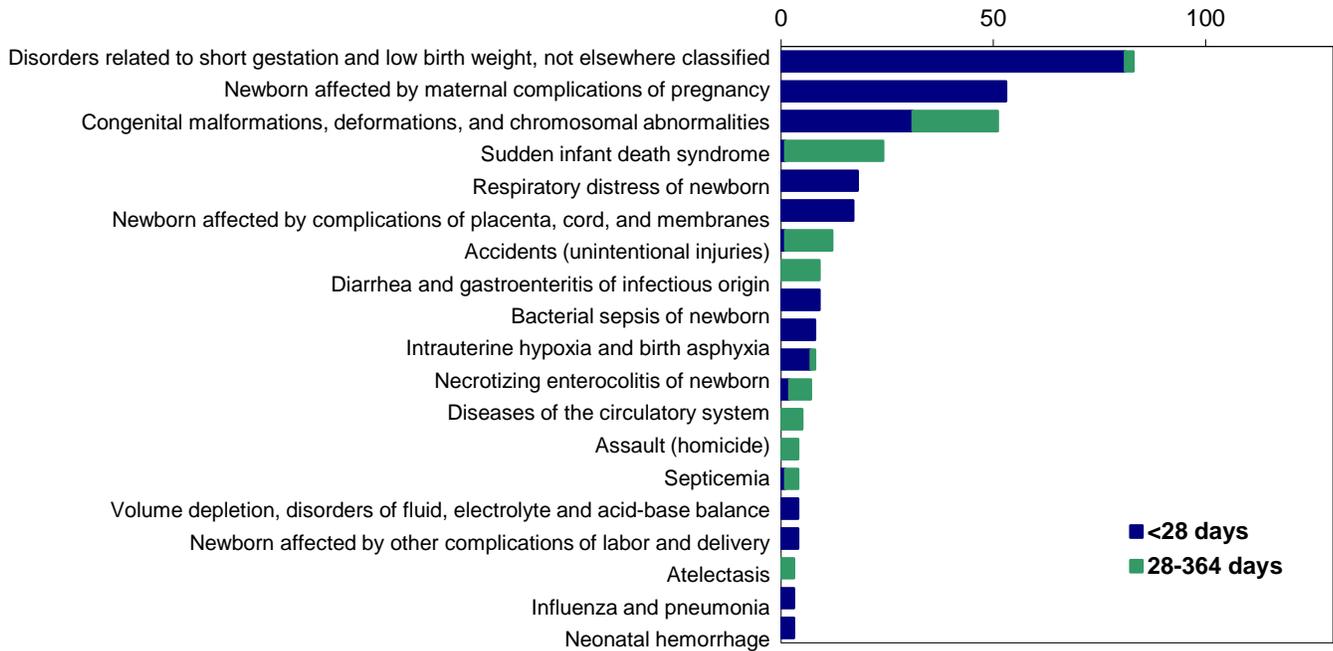
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY- Leading Causes of Death

In 2013-2017, approximately 95 percent of all infant deaths occurred within the first six months of life, 72 percent occurred within the first 28 days of life, and 42 percent occurred within 24 hours of birth.

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

**Figure. 37 Most Frequent Causes of Infant Death, Delaware, 2013-2017**



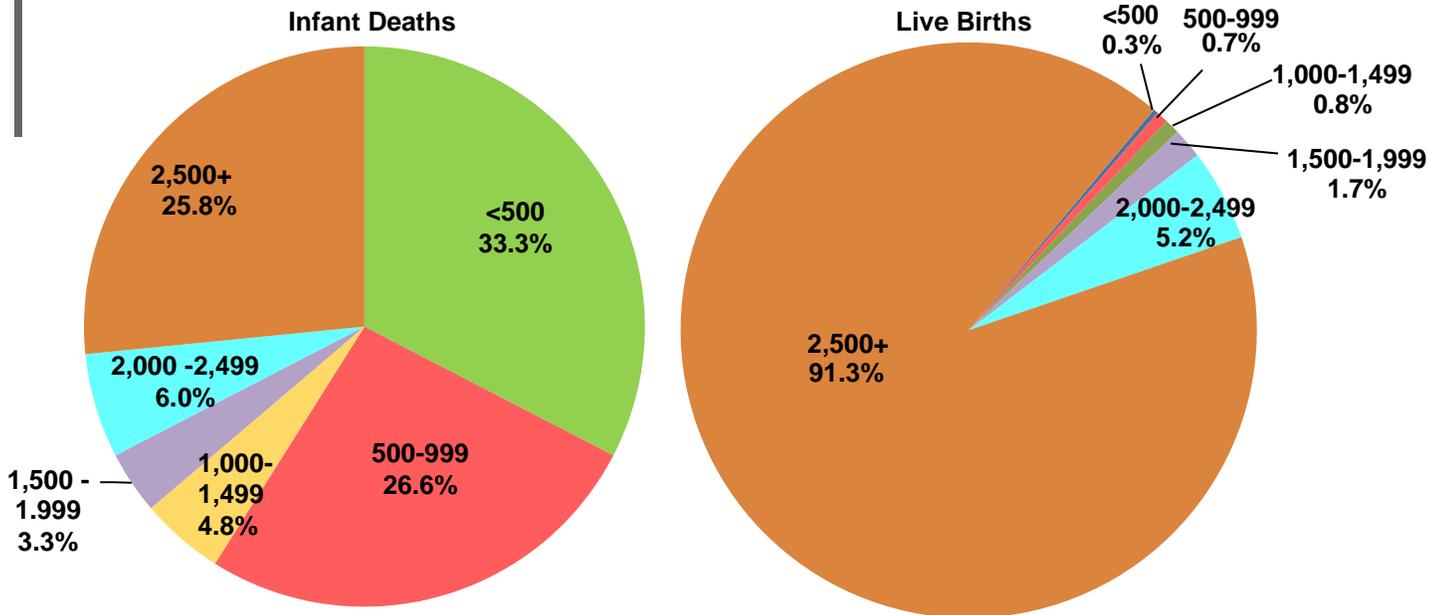
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

- Prematurity and low birthweight accounted for the greatest number of infant deaths in 2013-2017; 98 percent 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 109 days. SIDS deaths decreased 53 percent from 2008-2012 to 2013-2017 (51 to 24 SIDSdeaths). The number of infant deaths in 2013-2017 was 13 percent less than the number of infant deaths in 2008-2012.
- Fifty-four percent (13 out of 24) of the SIDS deaths were associated with co-sleeping and/or sleeping on soft surfaces, such as couches and adult beds.
- In 2013-2017, there were 20 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, 8 percent of all infant deaths were associated with co-sleeping and/or unsafe sleep practices.

## INFANT MORTALITY - Live Birth Cohort

Although only 1 percent of all live births in 2012-2016 were infants weighing less than 1000 grams, they accounted for over half (60 percent) of all infant deaths. In total, 8.7 percent of all live births in 2012-2016 were infants of low birthweight (under 2,500 grams) and 74 percent of infant deaths were low birthweight.

**Figure 38. Percent Distribution by Birthweight in Grams, Delaware, Live Birth Cohort, 2012-2016**

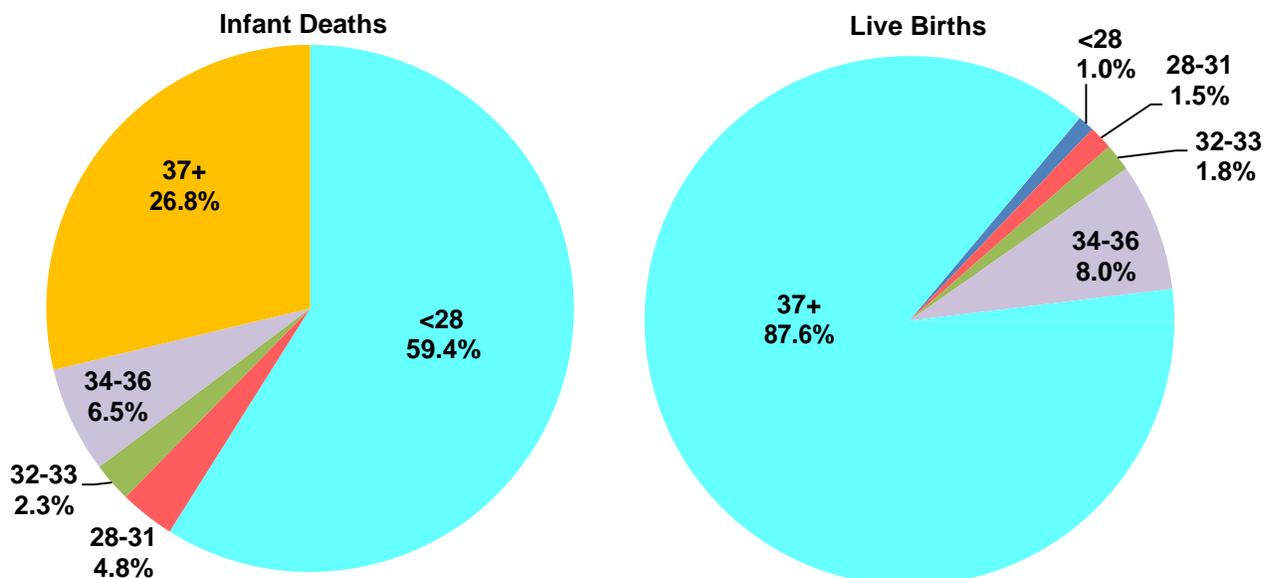


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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 2012-2016 were less than 28 weeks gestation at birth, but they accounted for 59.4 percent of all infant deaths. In total, 12.3 percent of all live births in 2012-2016 were born preterm (<37 weeks of gestation) and 73 percent of infant deaths were preterm.

**Figure 39. Distribution by Gestation in Weeks, Delaware, Live Birth Cohort, 2012-2016**



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

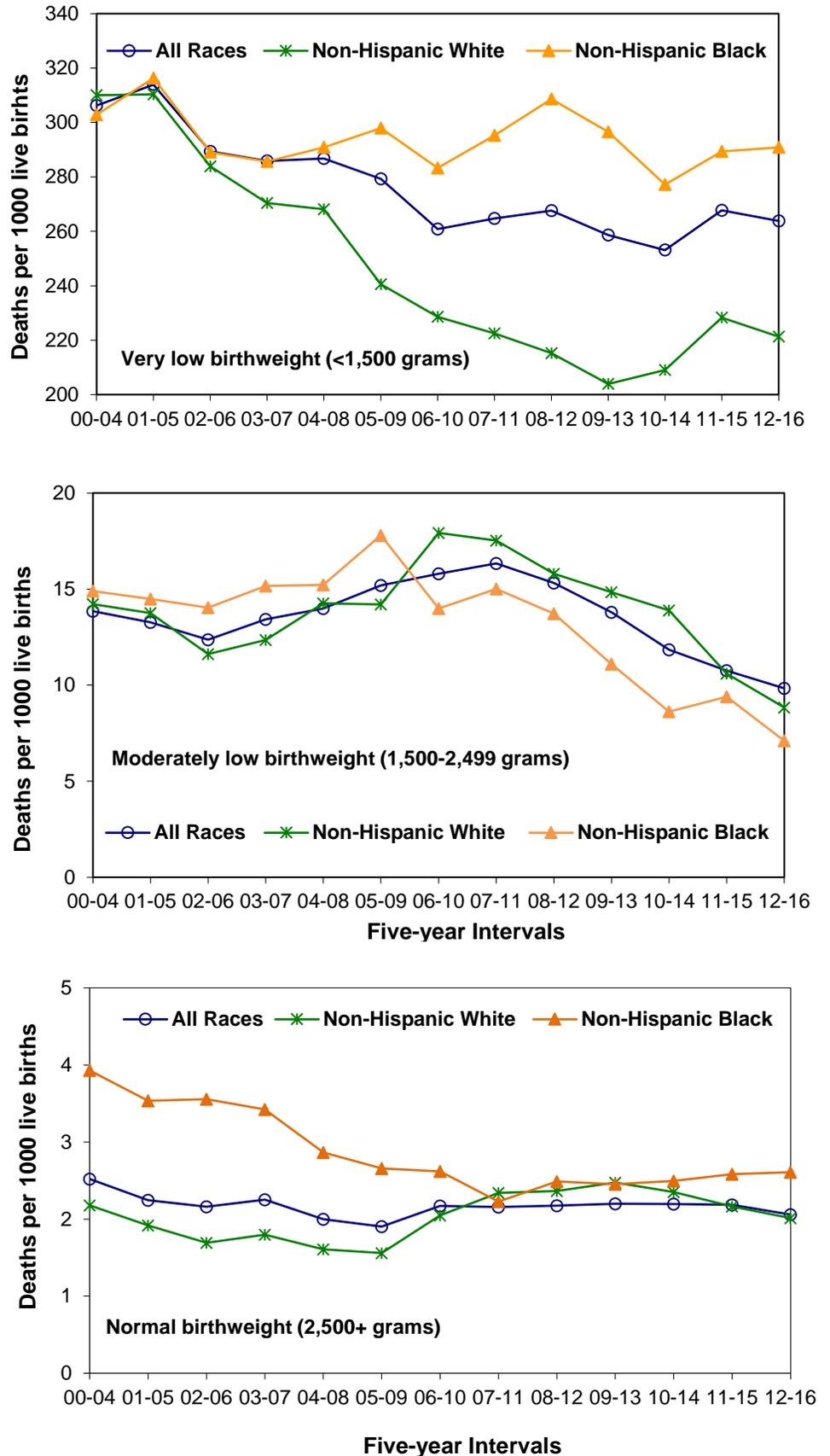
Birthweight and gestation are considered to be the most important predictors of infant health and mortality risk. Infants born too small or too early have a much greater risk of mortality than those who reach a normal birthweight (2,500+ grams) or full-term gestation (37+ weeks).

Although the IMRs decreased for both non-Hispanic white and non-Hispanic black very low birthweight (VLBW) (<1,500 grams) since 2001-2005, the non-Hispanic black IMR of 290.9 was significantly higher than the white IMR of 221.4 infant deaths per 1,000 live births in 2012-2016.

IMRs for moderately low birthweight infants of all races decreased 40 percent from its high point in 2007-2011 to 2012-2016. During that time, non-Hispanic white IMRs decreased 50 percent while the non-Hispanic black IMR decreased by 53 percent, making the non-Hispanic black IMR lower than the non-Hispanic white IMR (7.1 vs 8.8).

The IMR for all races and normal birthweight decreased nine percent from 2007-2011 to 2012-2016 (2.2 to 2.0). IMRs for normal birthweight non-Hispanic white infants decreased 13 percent from 2007-2011 to 2012-2016 (2.3 to 2.0 infant deaths per 1,000 live births), while the IMRs for non-Hispanic black infants increased 18 percent (2.2 to 2.6 infant deaths per 1,000 live births).

**Figure 40. Five-year Average Infant Mortality Rates by Birthweight and Race, Delaware, 2000-2016 Live Birth Cohort**



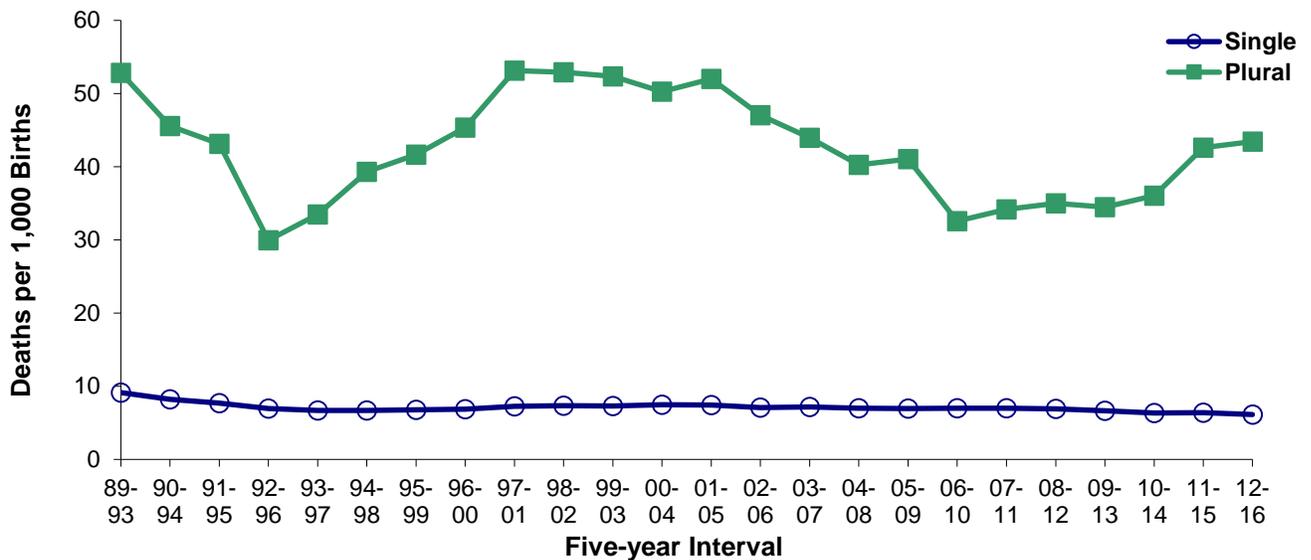
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY - Live Birth Cohort

The divergent movement in non-Hispanic black and white rates in 2012-2016 increased the disparity ratio. During that time period, the non-Hispanic black IMR for normal birthweight infants was 2.6, versus 2.0 infant deaths per 1,000 live births for non-Hispanic white infants of normal birthweight.

From 2001-2005 to 2006-2010, IMRs for plural births decreased 37 percent, from 52 to 33 infant deaths per 1000 live births. Since then, IMRs for plural births increased 33 percent. IMRs for singleton births decreased 13 percent from 2001-2005 to 2012-2016. In 2012-2016, the infant mortality rate for plural births was seven times that of singleton births (43.4 versus 6.1 infant deaths per 1,000 live births, respectively).

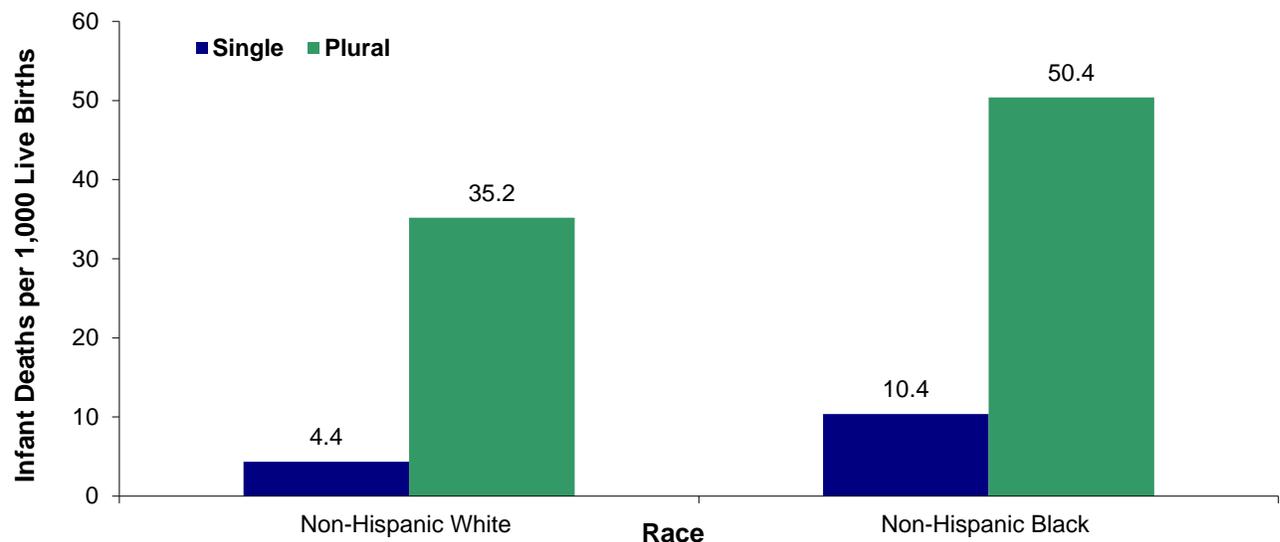
**Figure 41. Five-year Average Infant Mortality Rates by Plurality, Delaware, Live Birth Cohort, 1989-2016**



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

The disparity 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 1.4 times greater for plural births.

**Figure 42. Five-year Average Infant Mortality Rates by Plurality and Race, Delaware, Live Birth Cohort, 2012-2016**



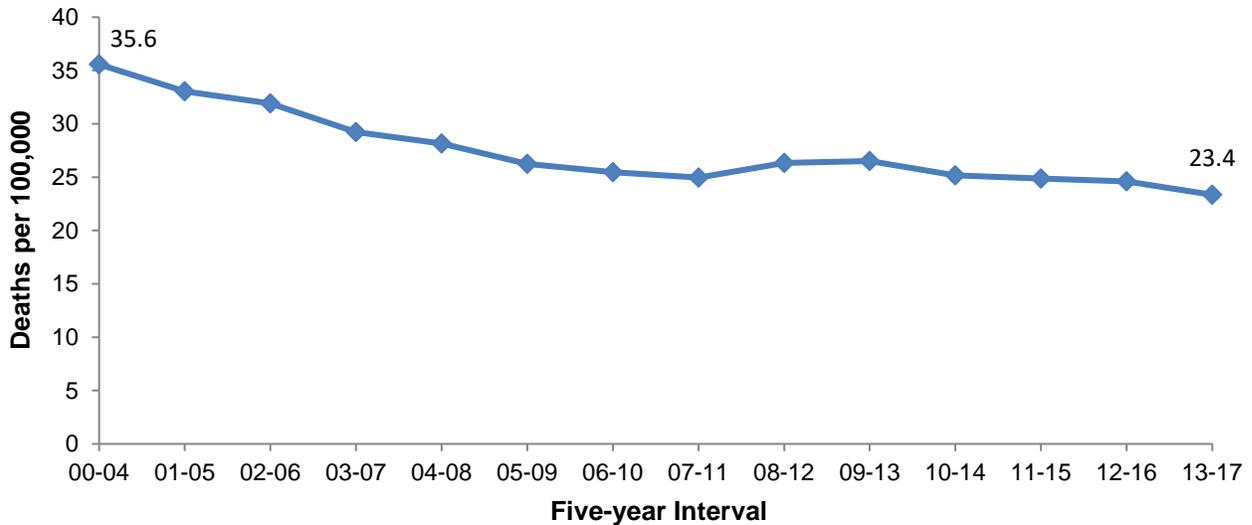
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## CHILD MORTALITY

For 2013-2017, 261 children and adolescents between the ages of 1 and 19 died in Delaware, representing 0.6 percent of the total deaths that occurred during that time. Males accounted for 69 percent of all child deaths in 2013-2017.

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 2013-2017, the rate decreased 34 percent to 23.4 child deaths (ages 1-19) per 100,000 population.

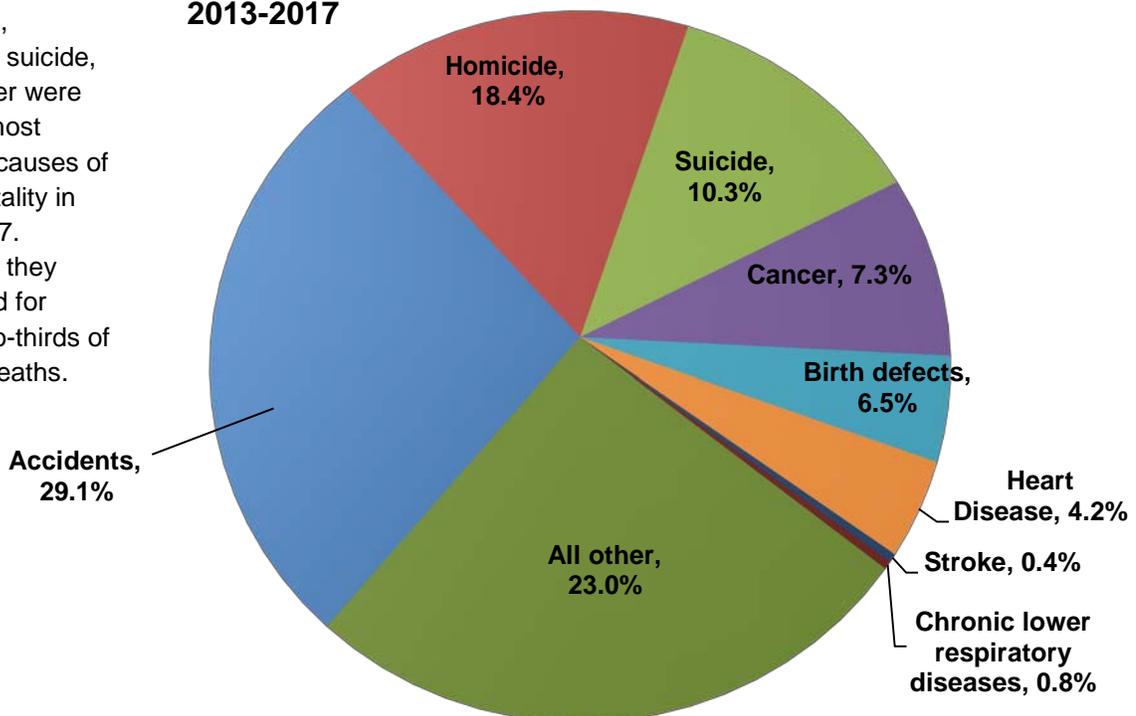
**Figure 43. Five-year Average Child (1-19) Mortality Rates, Delaware, 2000-2017**



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

**Figure 44. Leading Causes of Child Mortality, Delaware, 2013-2017**

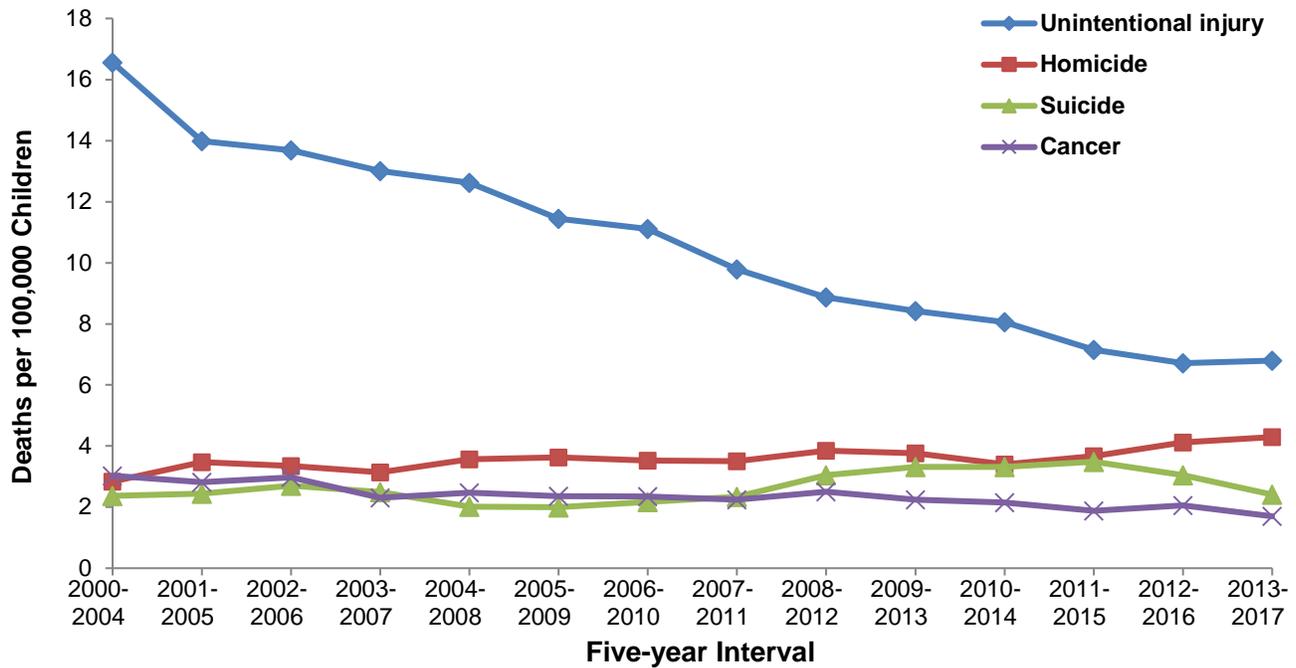
Accidents, homicide, suicide, and cancer were the four most common causes of child mortality in 2013-2017. Together, they accounted for nearly two-thirds of all child deaths.



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

From 2000-2004 to 2013-2017, rates for two of the four leading causes of mortality in children ages 1-19 declined. Unintentional injury mortality rates declined 59 percent (16.6 to 6.8 deaths per 100,000 children); cancer mortality rates fell 43 percent (2.8 to 1.7 deaths per 100,000 children). Homicide mortality rates increased by 54 percent from 2000-2004 to 2013-2017 (3.0 to 4.3 deaths per 100,000 children), while suicide mortality rates remained 2.4 deaths per 100,000 children.

**Figure 45. Five-year Average Child (1-19) Mortality Rates, Delaware, 2000-2017**



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

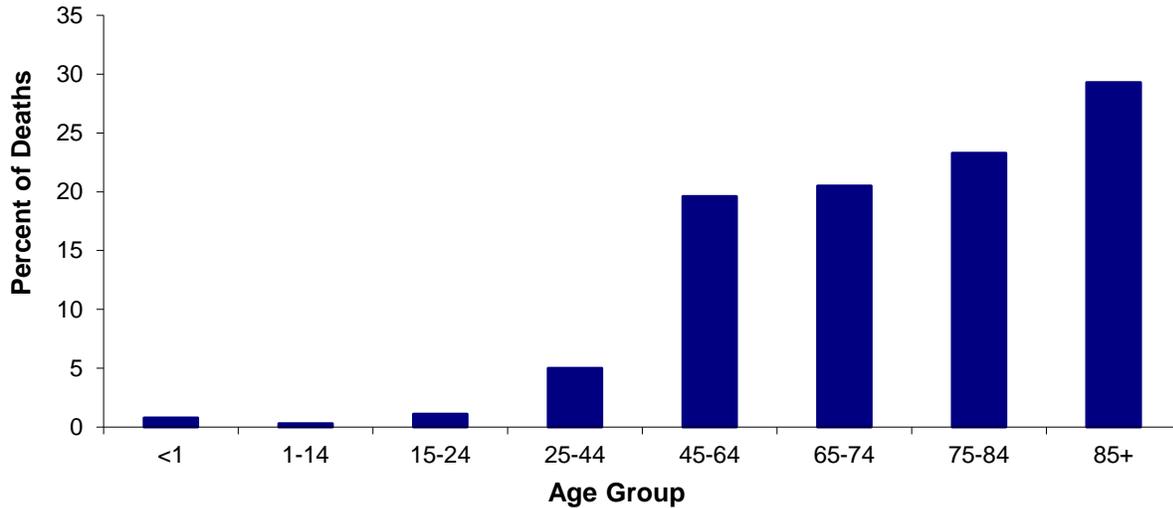
The most common causes of child deaths in 2013-2017 are:

- Motor vehicle crashes accounted for 54 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 21 and 12 percent of deaths, respectively.
- Most child homicides were due to firearms (77 percent) and suffocation (4.2 percent).
- The majority of child cancer deaths were due to brain cancer (37 percent) and leukemia (16 percent).
- Suffocation, followed by firearms, were the most common methods of suicide, and accounted for 44 and 30 percent of the total suicide deaths.

More Delaware residents died in 2017 than in 2016. A total of 9173 residents died, 72 of whom were infants under the age of 1. Deaths were split almost equally between males and females. Cancer and heart disease were the most common causes of death, accounting for 44 percent of all deaths in 2017.

- Twenty-nine percent of the Delawareans who died in 2017 were 85 or older. Deaths of those 75 and older accounted for more than half of all deaths.

**Figure 46. Percentage of Deaths by Age, Delaware, 2017**



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

- A Delaware resident born in 2017 could expect to live an average of 78.5 years.
- In 2017, life expectancy at birth varied by race and sex; non-Hispanic white females had the highest life expectancy (81.3) while non-Hispanic black males had the lowest (72.1).
- In 1989, 80 percent of Delaware decedents were buried and 15 percent were cremated. By 2017, the distribution had shifted: 42.5 percent of decedents were buried and 52.5 percent were cremated.
- In 2017, cancer was the leading cause of death in Delaware. Heart disease, accidents, strokes and chronic lower respiratory disease make up the remaining top five, while diabetes is the eighth leading cause of death.

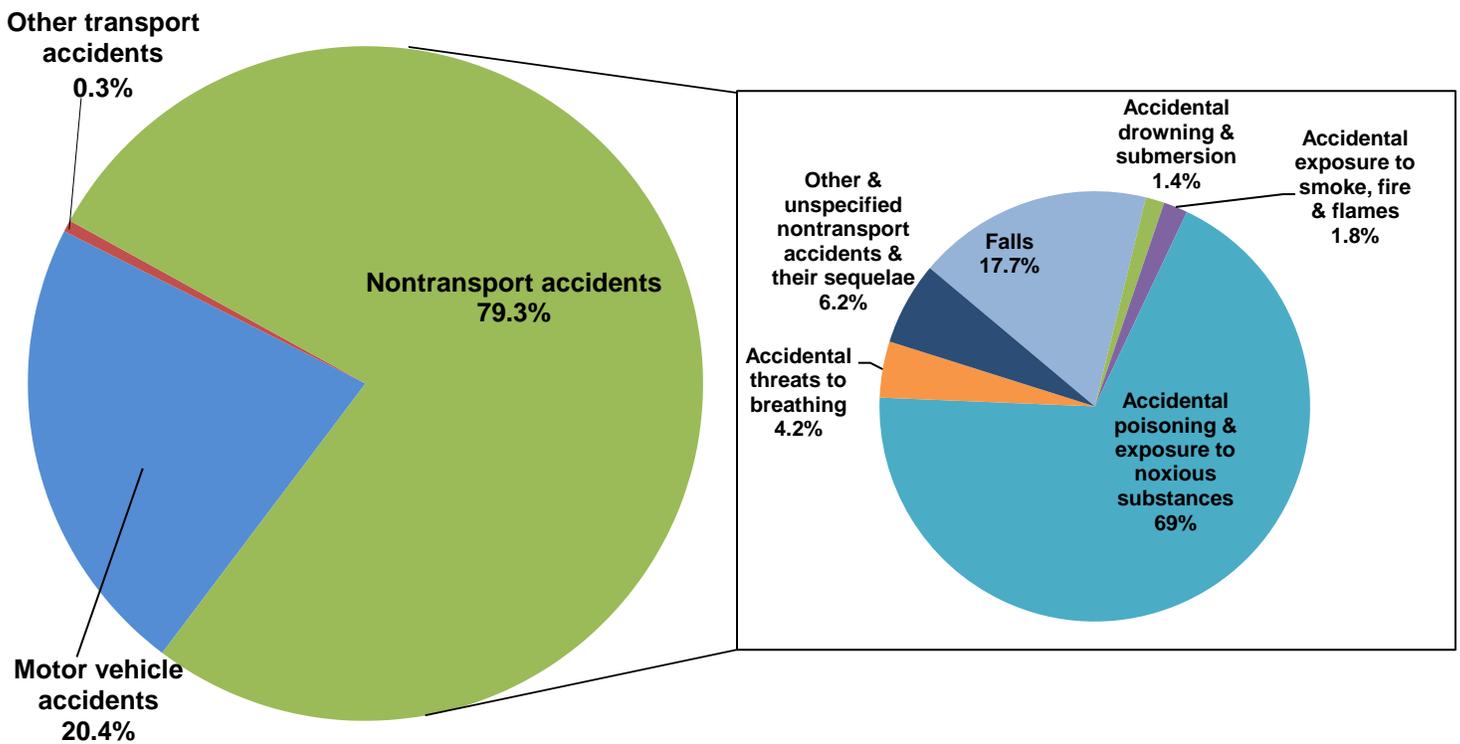
**Figure 47. Number of Deaths by Leading Cause Delaware, 2017**

Rank	Leading Cause of Death	Number
1	Malignant neoplasms	2,085
2	Diseases of heart	1,979
3	Accidents (unintentional injuries)	627
4	Cerebrovascular diseases	569
5	Chronic lower respiratory diseases	524
6	Dementia	410
7	Alzheimer's disease	376
8	Diabetes mellitus	245
9	Nephritis, nephrotic syndrome & nephrosis	206
10	Influenza & pneumonia	184

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

- Of the 627 deaths due to unintentional injury in 2017 (7 percent of all deaths), 20.4 percent were due to motor vehicle accidents and 79 percent were due to non-transport accidents. More than two thirds (69 percent) of the 497 non-transport accidents were caused by unintentional poisonings; the majority (96 percent) of unintentional poisonings were drug-induced poisonings.
- For the ninth year, unintentional poisonings surpassed motor vehicle injuries and became the leading cause of unintentional injury death in 2017.
  - Poisonings caused the most unintentional injuries for non- Hispanic white and non-Hispanic black decedents regardless of gender. The second highest unintentional injuries were motor vehicle traffic accidents for males both non-Hispanic black and non-Hispanic white and non-Hispanic black females. Falls were the second highest unintentional injuries for non-Hispanic white females.
- In 2013-2017, accidents were the number one cause of deaths for people 1-44 years of age, and they were responsible for 45 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 more than three- quarters of total deaths.

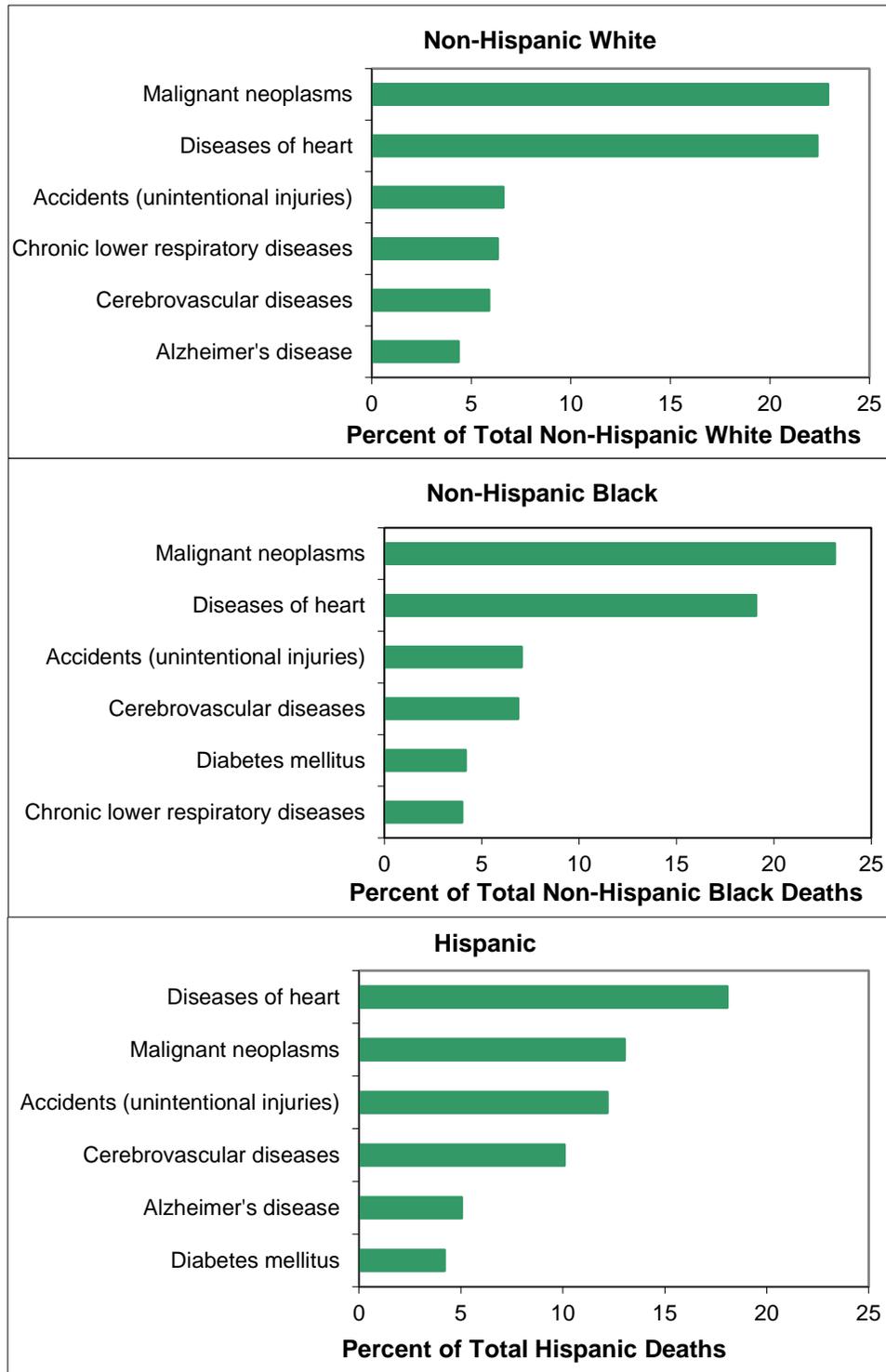
**Figure 48. Accidental Causes of Death by Specific Cause of Injury, Delaware, 2017**



*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 Center*

The leading causes of death varied by race and ethnicity. In 2017, 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, 2017**

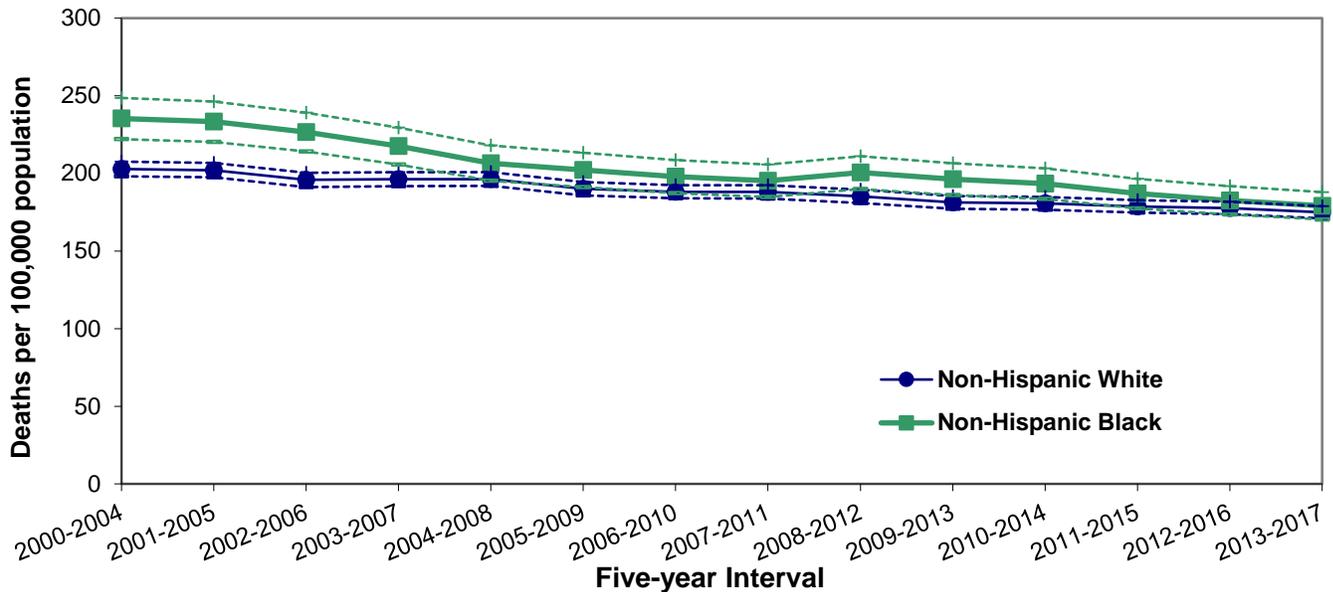


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Cancer mortality rates decreased in all three counties since the 2000-2004 time period. In 2013-2017, the five-year age-adjusted cancer mortality rate was 161.1 deaths per 100,000 population in Sussex County, 165.0 deaths per 100,000 population in New Castle County, and 207.7 deaths per 100,000 population in Kent County. The cancer mortality rate in Wilmington exceeded that of Sussex County at 181.9 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 has declined and become minimal. In 2013-2017, the non-Hispanic black cancer mortality rate of 179.1 deaths per 100,000 population was not significantly different from the non-Hispanic white rate of 174.9 deaths per 100,000 population.

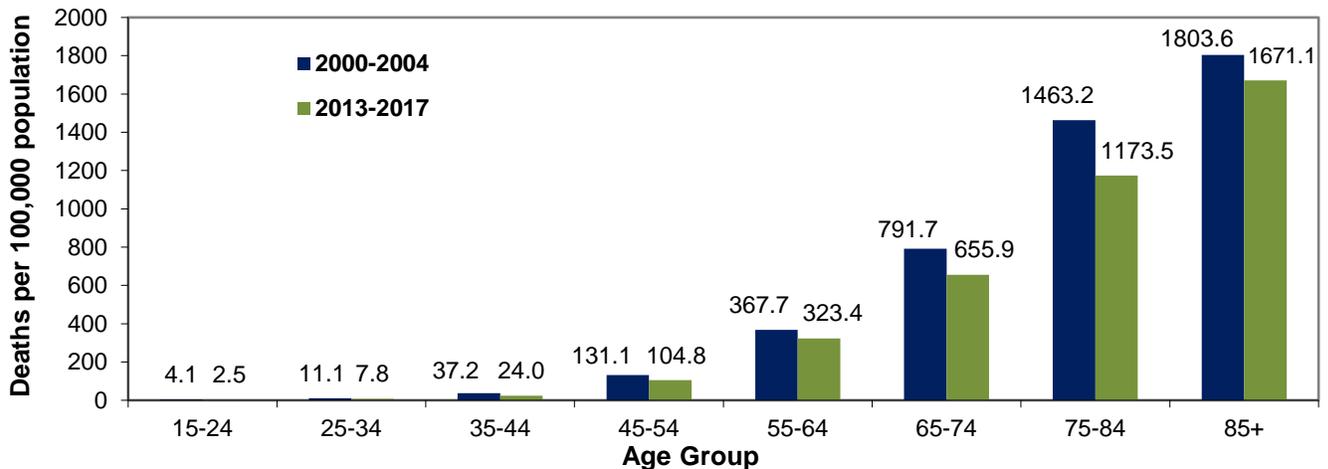
**Figure 50. Five-year Age-Adjusted Cancer Mortality Rates by Race, Delaware, 2000-2017**



Source: Delaware Department of 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 2000-2004 and 2013-2017. The 15-24 and 35-44 age groups experienced the largest decreases; 39 and 35 percent decreases, respectively.

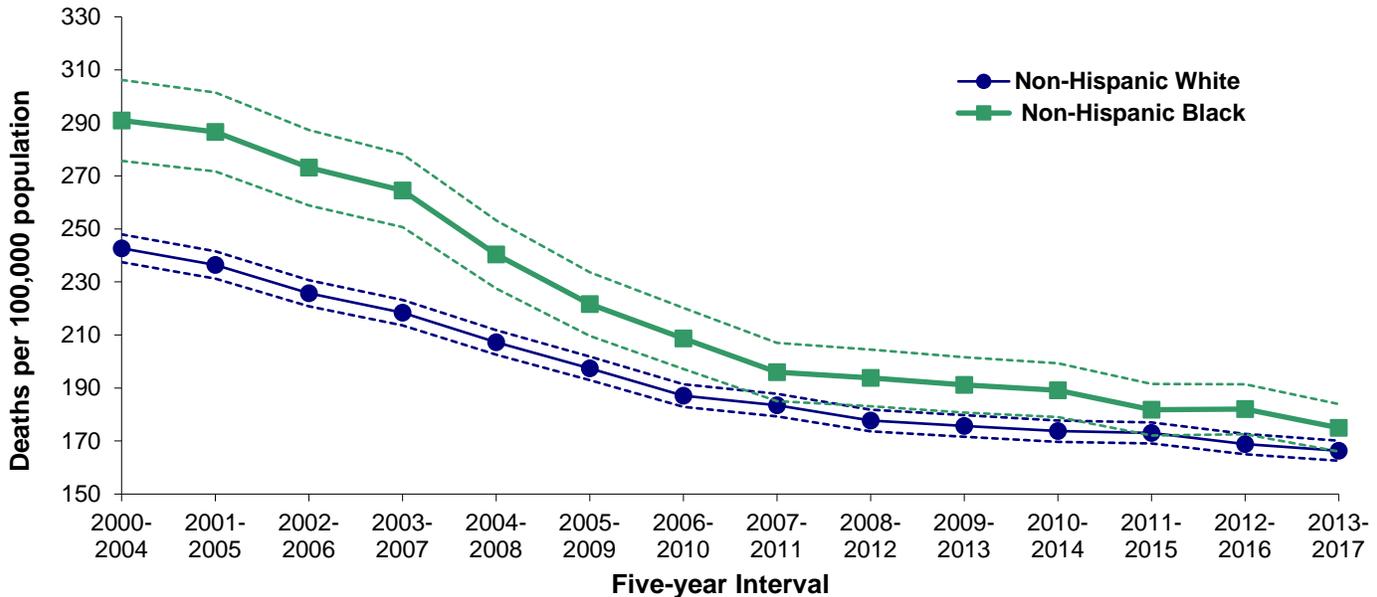
**Figure 51. Five-year Average Age-Specific Cancer Mortality Rates, Delaware, 2000-2004 and 2013-2017**



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

Heart disease was the second most common cause of death for both non-Hispanic black and non-Hispanic white Delawareans in 2013-2017. Non-Hispanic black and white heart disease mortality rates have declined significantly since 2000-2004, with non-Hispanic black rates declining 40 percent and the non-Hispanic white rates declining 32 percent.

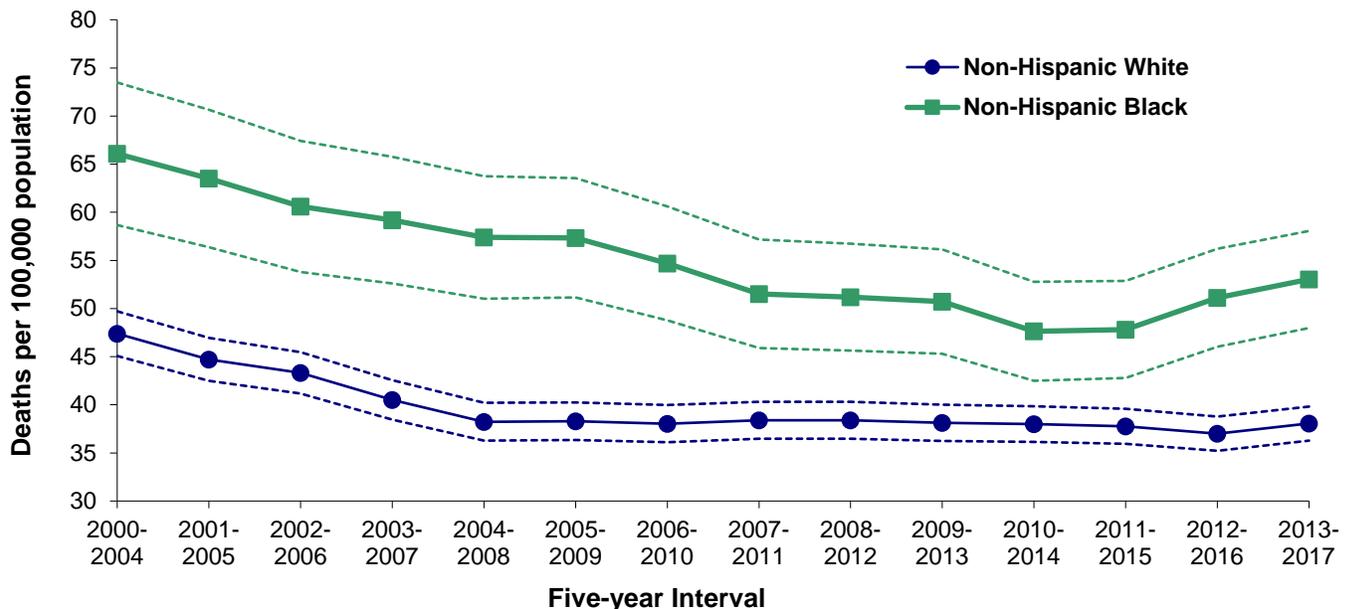
**Figure 52. Five-year Age-Adjusted Heart Disease Mortality Rates by Race, Delaware, 2000-2017**



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

Both non-Hispanic black and non-Hispanic white stroke mortality rates decreased 20 percent from 2000-2004 to 2013-2017. In 2013-2017, the non-Hispanic black stroke mortality rate of 53.0 deaths per 100,000 population was 39 percent higher than the non-Hispanic white rate of 38 deaths per 100,000 population.

**Figure 53. Five-year Age-Adjusted Stroke Mortality Rates by Race, Delaware, 2000-2017**

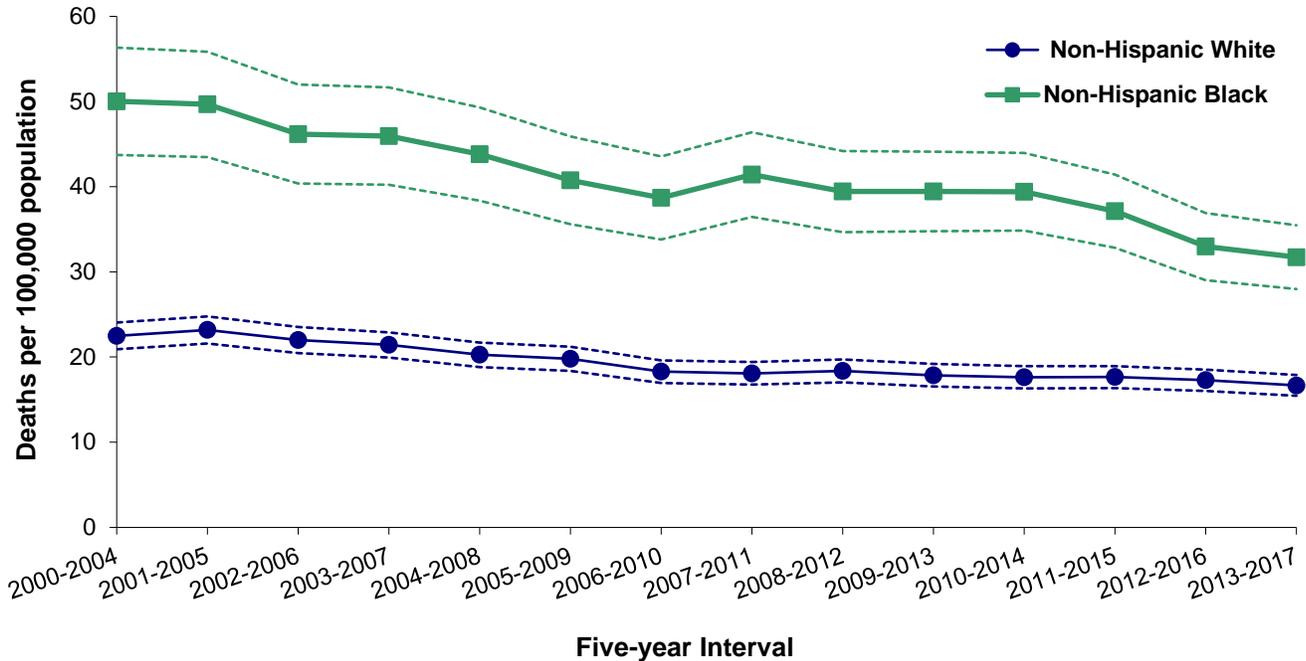


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center  
 Note: Dashes represent upper or lower confidence intervals

MORTALITY

Although non-Hispanic black mortality rates for diabetes declined 37 percent since 2000-2004, their rates were nearly double that of non-Hispanic white rates in 2013-2017.

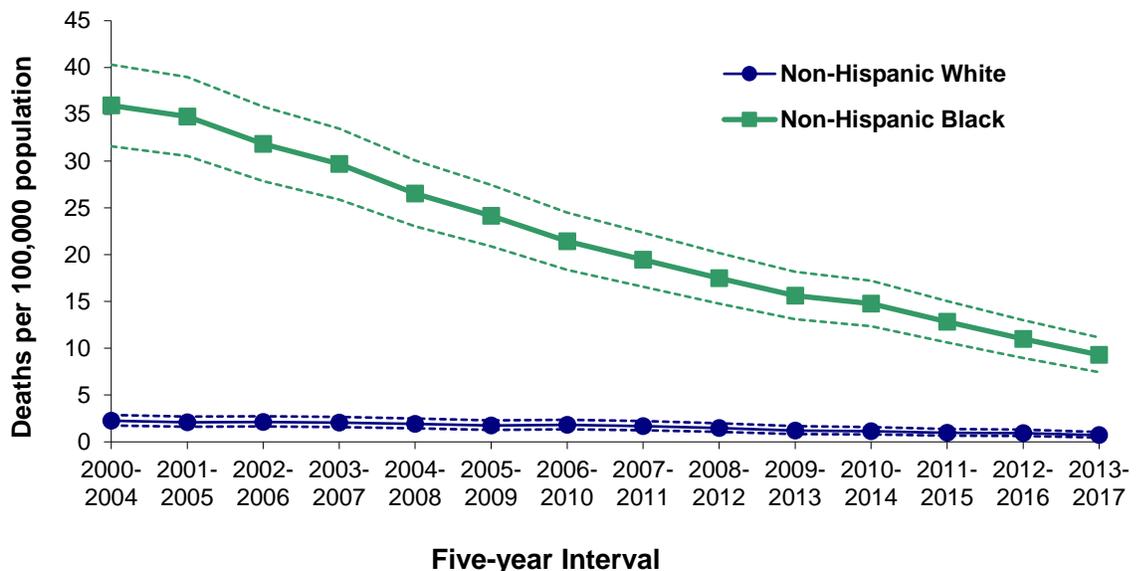
**Figure 54. Five-year Age-Adjusted Diabetes Mortality Rates by Race, Delaware, 2000-2017**



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 74 percent since 2000-2004, their 2013-2017 mortality rate of 9.3 deaths per 100,000 population was more than 13 times that of non-Hispanic whites. Non-Hispanic black residents made up only 22 percent of the total Delaware population in 2013-2017; however, non-Hispanic black decedents accounted for 69 percent of all deaths due to HIV/AIDS.

**Figure 55. Five-year Age-Adjusted HIV/AIDS Mortality Rates by Race, Delaware, 2000-2017**

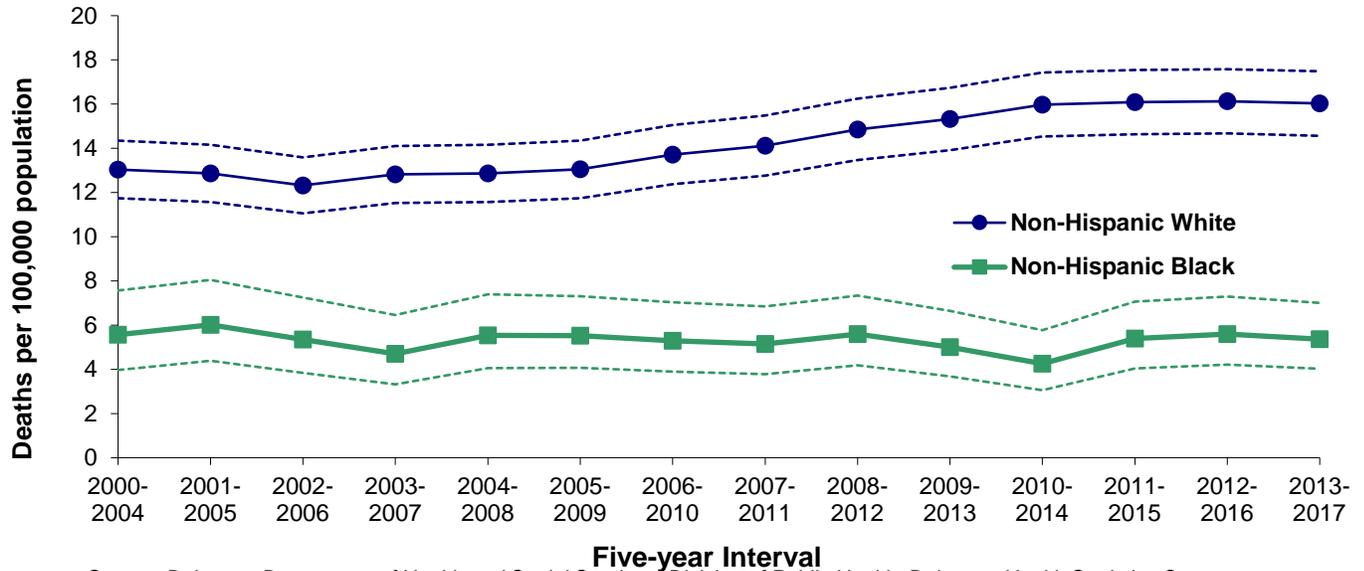


In 2013-2017, HIV was the twelfth leading cause of death for non-Hispanic black Delawareans; it ranked ninth for non-Hispanic black males and thirteenth for non-Hispanic black females.

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

Suicide mortality trends for non-Hispanic white populations increased 23 percent between 2000-2004 and 2013-2017, with the non-Hispanic white rate (16 deaths per 100,000 population) triple the non-Hispanic black rate (5.4 deaths per 100,000 population).

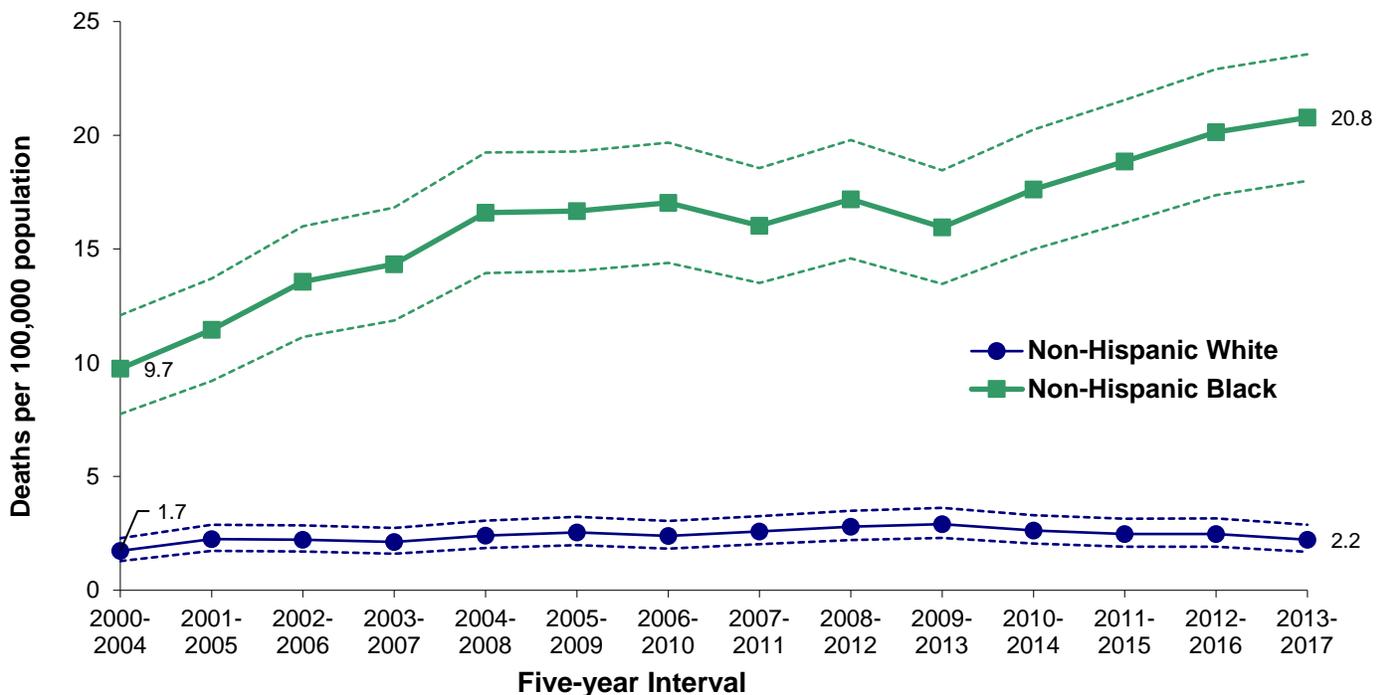
**Figure 56. Five-year Age-Adjusted Suicide Mortality Rates by Race, Delaware, 2000-2017**



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 79 percent from 3.8 in 2000-2004 to 6.8 deaths per 100,000 population in 2013-2017. During the same period, the non-Hispanic black homicide rate increased 114 percent to 20.8 deaths per 100,000 population and the non-Hispanic white homicide mortality rate increased 29 percent to 2.2 deaths per 100,000 population.

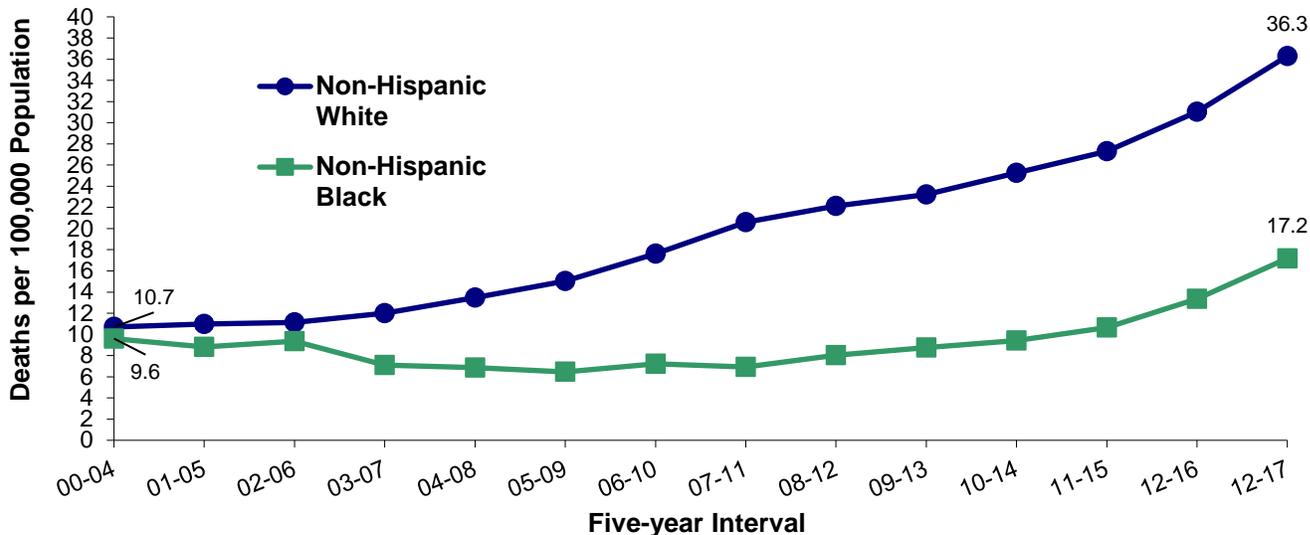
**Figure 57. Five-year Age-Adjusted Homicide Mortality Rates by Race, Delaware, 2000-2017**



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

In 2000-2004, non-Hispanic white mortality rates for drug-induced deaths were ten percent higher than non-Hispanic black rates. In 2013-2017, the disparity between these rates increased significantly with non-Hispanic white rates more than twice the non-Hispanic black rates. Although the disparity exists between the races, both the non-Hispanic white and black mortality rates for drug-induced deaths increased since 2000-2004. From 2000-2004 to 2013-2017, non-Hispanic white rates increased 239 percent (10.7 to 36.3 deaths per 100,000 population) and non-Hispanic black rates increased 79 percent (9.6 to 17.2 deaths per 100,000 population).

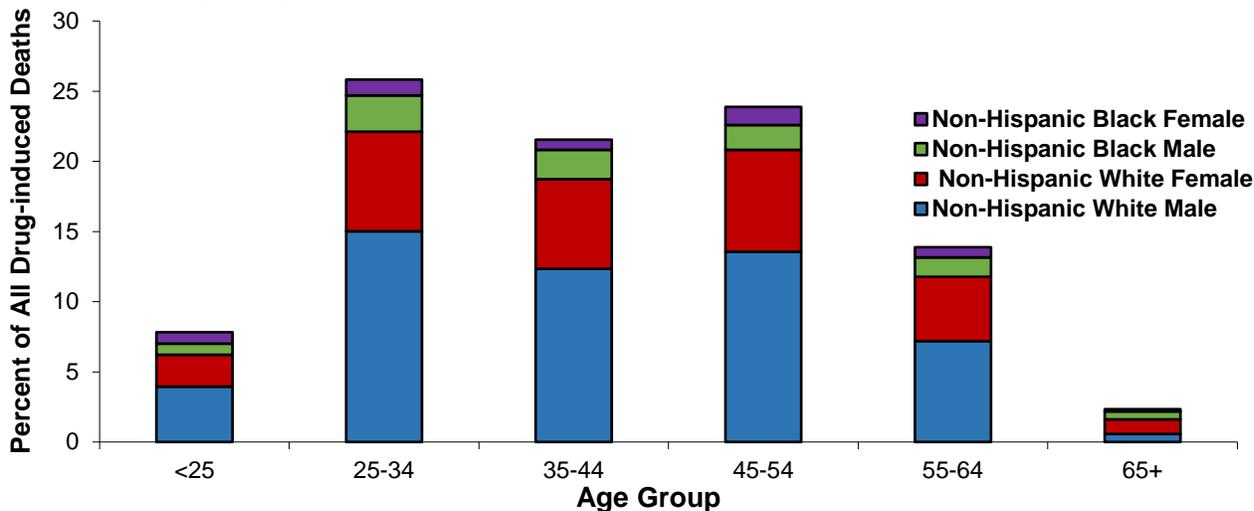
**Figure 58. Five-year Age-adjusted Mortality Rates for Drug-induced Deaths by Race, Delaware, 2000-2017**



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

The non-Hispanic white population has a significantly higher percentage of drug-induced deaths than the non-Hispanic black population. In 2013-2017, 53 percent of all drug-induced deaths were non-Hispanic white males. Both non-Hispanic white males and females aged 25-34 and 45-54 had the highest percentages of drug-induced deaths accounting for 54 percent and 50 percent of the deaths, respectively. Non-Hispanic black decedents accounted for only 14 percent of drug induced deaths in 2013-2017.

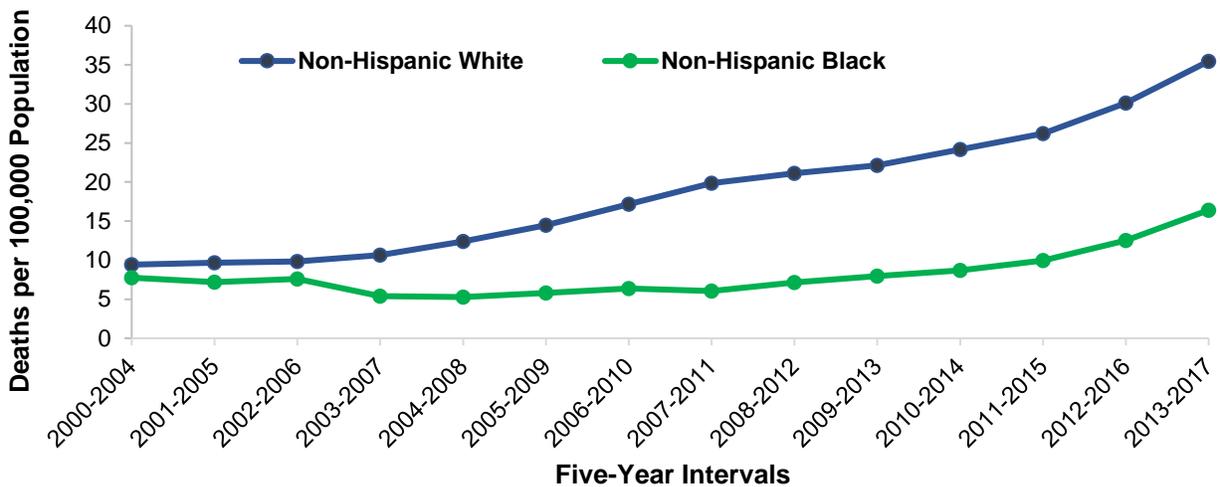
**Figure 59. Distribution of Drug-induced Deaths by Race, Sex, and Age group, Delaware 2013-2017**



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 mortality rate for drug overdose deaths of 9.4 was 21 percent higher than the non-Hispanic black rate of 7.8 deaths per 100,000 population. In 2013-2017, the five-year age-adjusted mortality rate for drug overdose deaths among non-Hispanic whites increased 278 percent to 35.5 deaths per 100,000 population, while the non-Hispanic black rate increased 110 percent to 16.4 deaths per 100,000 population.

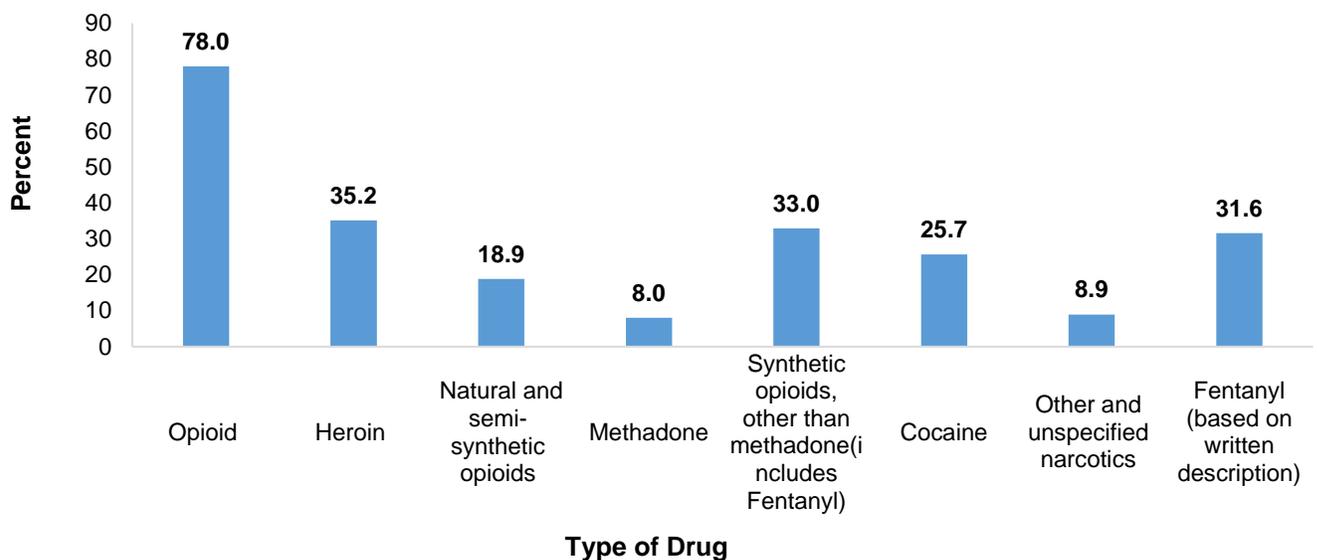
**Figure 60. Five-Year Age-adjusted Mortality Rates for Drug - overdose Deaths by Race, Delaware, 2000-2017**



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

In 2013-2017, 78 percent of drug overdose deaths were opioid related, 35 percent involved heroin, and 25.7 percent involved cocaine. In the same time period, methadone contributed to the least number of drug overdose deaths at 8 percent.

**Figure 61. Percentage of Drug-overdose Deaths by Type of Drug, Delaware, 2013-2017**



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