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# DELAWARE VITAL STATISTICS EXECUTIVE SUMMARY REPORT 2018



*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**

## **2018**

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**DELAWARE HEALTH AND SOCIAL SERVICES**

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## ACKNOWLEDGMENTS

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### Questions or comments about this report may be directed to:

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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 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, 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 12 percent decrease in the overall number of births from 2008 to 2018, there was a 17 percent increase in the number of births to women aged 30 and older. The number of single women aged 30 and older also increased 51 percent during this same time period.
- Delaware females born in 2018, can expect to live an average of 81.6 years versus males who could expect to live 75.4 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 2014-2018.
- Opioid drug overdose deaths increased 940 percent from 35 deaths in 2000 to 364 deaths in 2018.

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, 2018

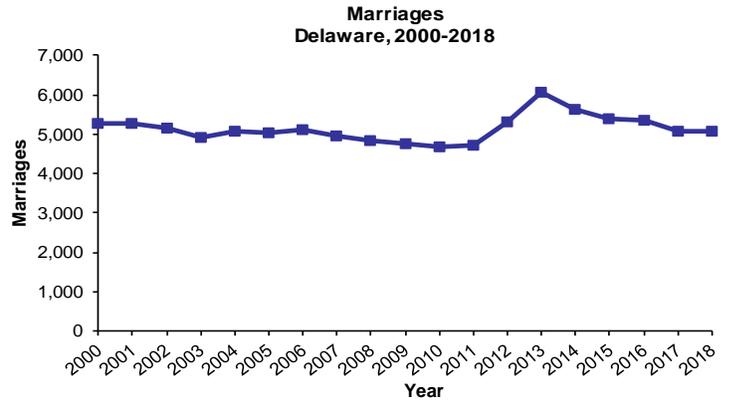
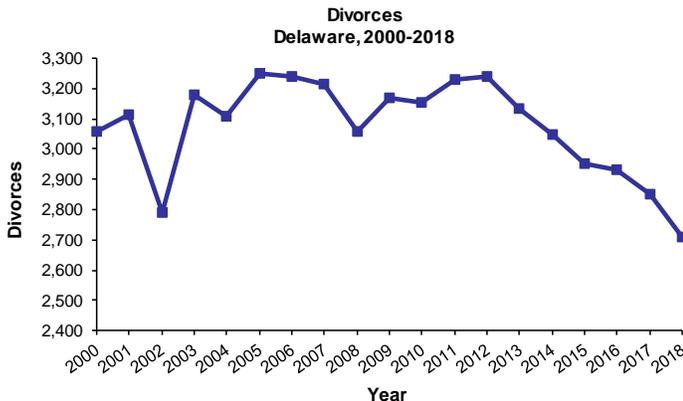
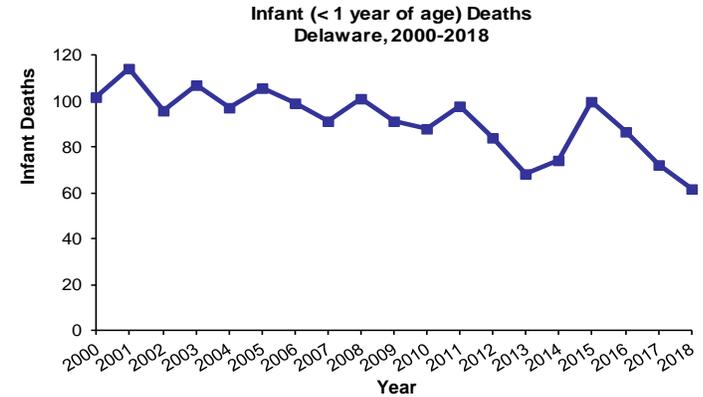
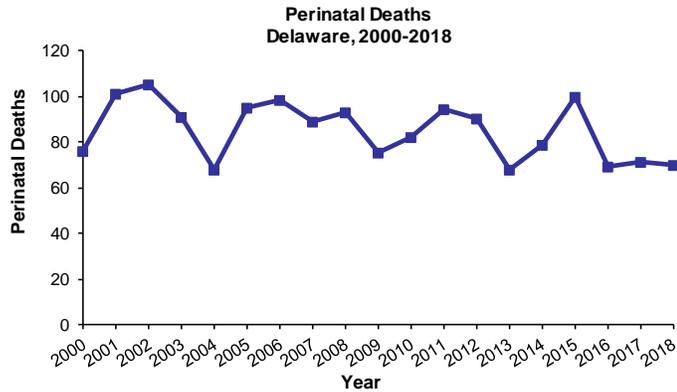
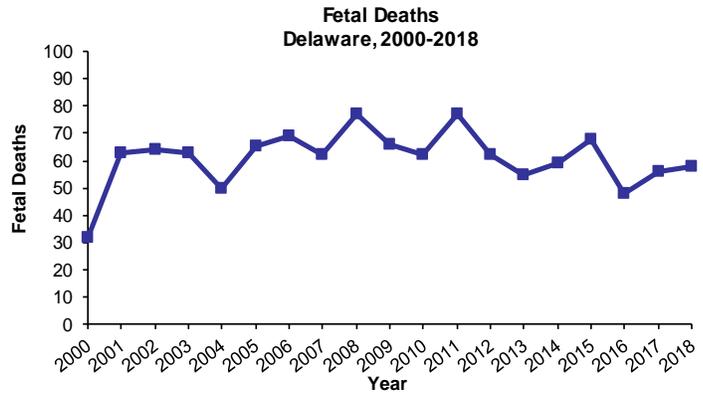
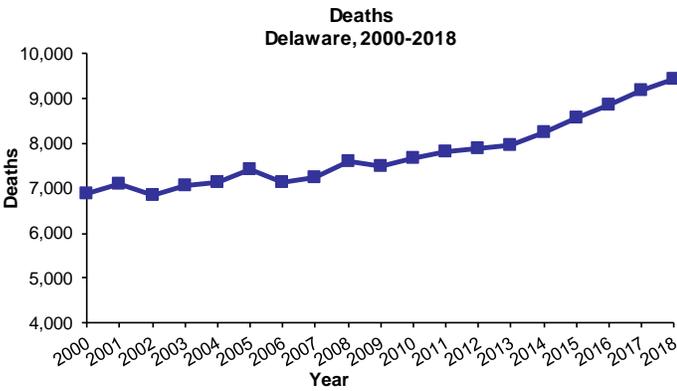
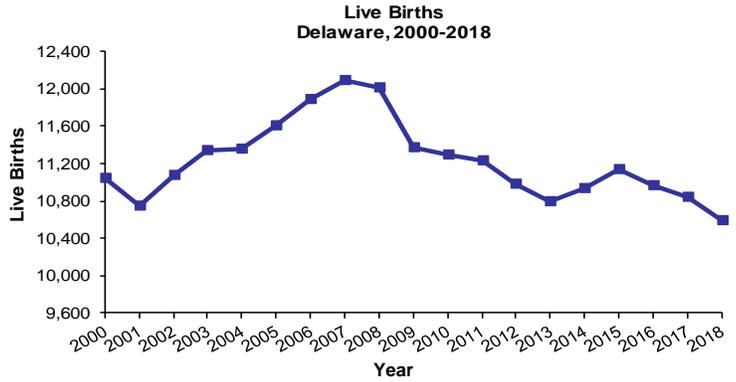
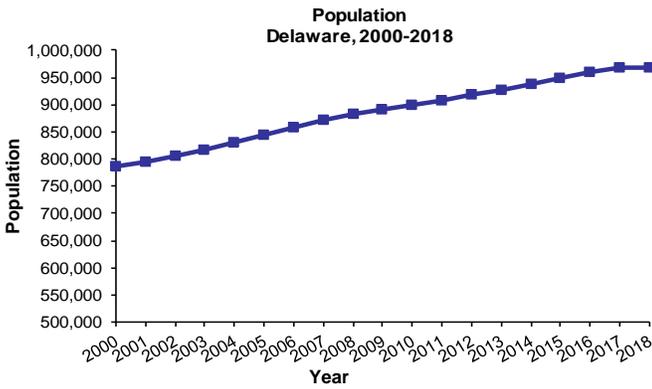
Population		Number*	Percent	Fetal Deaths		Number*	Percent
<b>Delaware</b>		974,051	100.0%	<b>Delaware</b>		59	100.0%
<i>Kent</i>		180,396	18.5%	<i>Kent</i>		13	22.0%
<i>New Castle</i>		564,568	58.0%	<i>New Castle</i>		37	62.7%
<i>Sussex</i>		229,087	23.5%	<i>Sussex</i>		9	15.3%
Marriages		Number*	5-yr Rate <sup>1</sup>	<b>Race</b>			
<b>Delaware</b>		5,066	5.4	<i>Non-Hispanic White</i>		16	27.1%
<i>Kent</i>		881	5.0	<i>Non-Hispanic Black</i>		29	49.2%
<i>New Castle</i>		2,621	4.8	<i>Hispanic Origin<sup>4</sup></i>		12	20.3%
<i>Sussex</i>		1,564	7.5	Infant Mortality		Number*	5-yr Rate <sup>5</sup>
<b>Delaware</b>				<b>Delaware</b>		62	7.3
<i>Kent</i>				<i>Kent</i>		13	6.4
<i>New Castle</i>				<i>New Castle</i>		37	7.8
<i>Sussex</i>				<i>Sussex</i>		12	6.5
Divorces		Number*	5-yr Rate <sup>1</sup>	<b>Race</b>			
<b>Delaware</b>		2,709	3.0	<i>Non-Hispanic White</i>		19	4.5
<i>Kent</i>		570	3.6	<i>Non-Hispanic Black</i>		33	12.2
<i>New Castle</i>		1,536	2.9	<i>Hispanic Origin<sup>4</sup></i>		8	8.4
<i>Sussex</i>		603	3.0	Mortality		Number*	Adj. Rate <sup>6</sup>
Live Births		Number*	5-yr Rate <sup>2</sup>	<b>Delaware</b>		9,437	747.4
<b>Delaware</b>		10,593	60.2	<i>Kent</i>		1,766	837.3
<i>Kent</i>		2,149	62.8	<i>New Castle</i>		4,972	753.8
<i>New Castle</i>		6,165	57.2	<i>Sussex</i>		2,699	695.0
<i>Sussex</i>		2,279	67.6	<b>Race and Gender</b>			
<b>Births to Teenagers (15-19)</b>				<i>Non-Hispanic White Males</i>		3,779	920.8
<i>Non-Hispanic White</i>		160	12.5	<i>Non-Hispanic White Females</i>		3,550	619.3
<i>Non-Hispanic Black</i>		195	28.6	<i>Non-Hispanic Black Males</i>		899	1085.8
<b>Delaware</b>		497	19.4	<i>Non-Hispanic Black Females</i>		783	667.9
<i>Kent</i>		95	20.5	<b>Decedent's Age</b>		Number*	Percent
<i>New Castle</i>		265	16.7	<1		62	0.7%
<i>Sussex</i>		137	26.4	1-14		32	0.3%
<b>Race</b>		Number*	Percent	15-24		100	1.1%
<i>Non-Hispanic White</i>		5,197	49.1%	25-44		528	5.6%
<i>Non-Hispanic Black</i>		2,880	27.2%	45-64		1719	18.2%
<i>Hispanic Origin<sup>4</sup></i>		1,750	16.5%	65-74		1808	19.2%
<b>Marital Status</b>				75-84		2305	24.4%
<i>Married</i>		5,622	53.1%	85+		2882	30.5%
<i>Single</i>		4,971	46.9%	<b>Leading Causes of Death</b>			
<b>Births to Single Mothers<sup>3</sup></b>				<i>Malignant neoplasms</i>		2,098	22.2%
<i>Non-Hispanic White</i>		1,823	35.1%	<i>Diseases of heart</i>		2017	21.4%
<i>Non-Hispanic Black</i>		2,027	70.4%	<i>Accidents (unintentional injuries)</i>		671	7.1%
<i>Hispanic Origin<sup>4</sup></i>		1,033	59.0%	<i>Cerebrovascular diseases</i>		605	6.4%
<b>Low Birth Weight (&lt;2500 gms)</b>				<i>Chronic lower respiratory diseases</i>		530	5.6%
<i>All Races</i>		947	8.9%	<i>Dementia</i>		461	4.9%
<i>Non-Hispanic White</i>		380	7.3%				
<i>Non-Hispanic Black</i>		390	13.5%				
<i>Hispanic Origin<sup>4</sup></i>		126	7.2%				

Notes:

- \* Numbers are for 2018.
- 1. The 5-year rate is per 1,000 population and refers to the period 2014-2018.
- 2. The 5-year rate refers to total live births per 1,000 women 15-44 years of age during the 2014-2018 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 2018.
- 5. The 5-year (2014-2018) infant mortality rates represent the number of deaths to children under one year of age per 1,000 live births.
- 6. The 2018 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

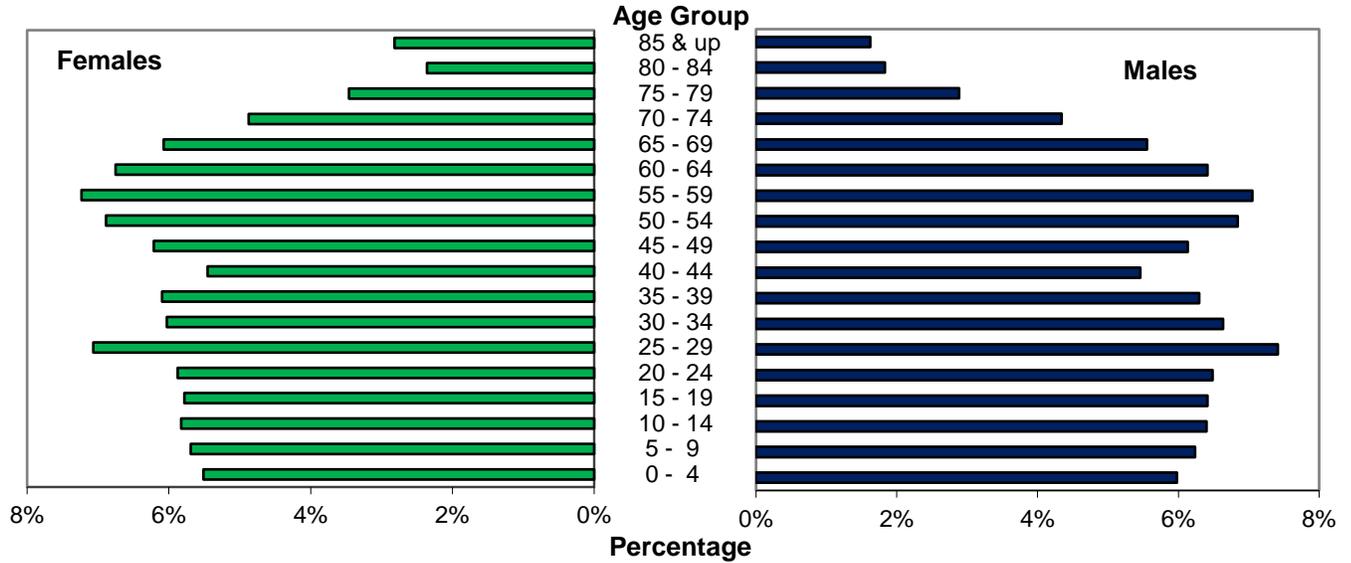
**Figure 2. Vital Statistics, Delaware, 2000-2018**



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

In 2018, 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 2018 can expect to live an average of 81.6 years versus males who can expect to live 75.4 years.

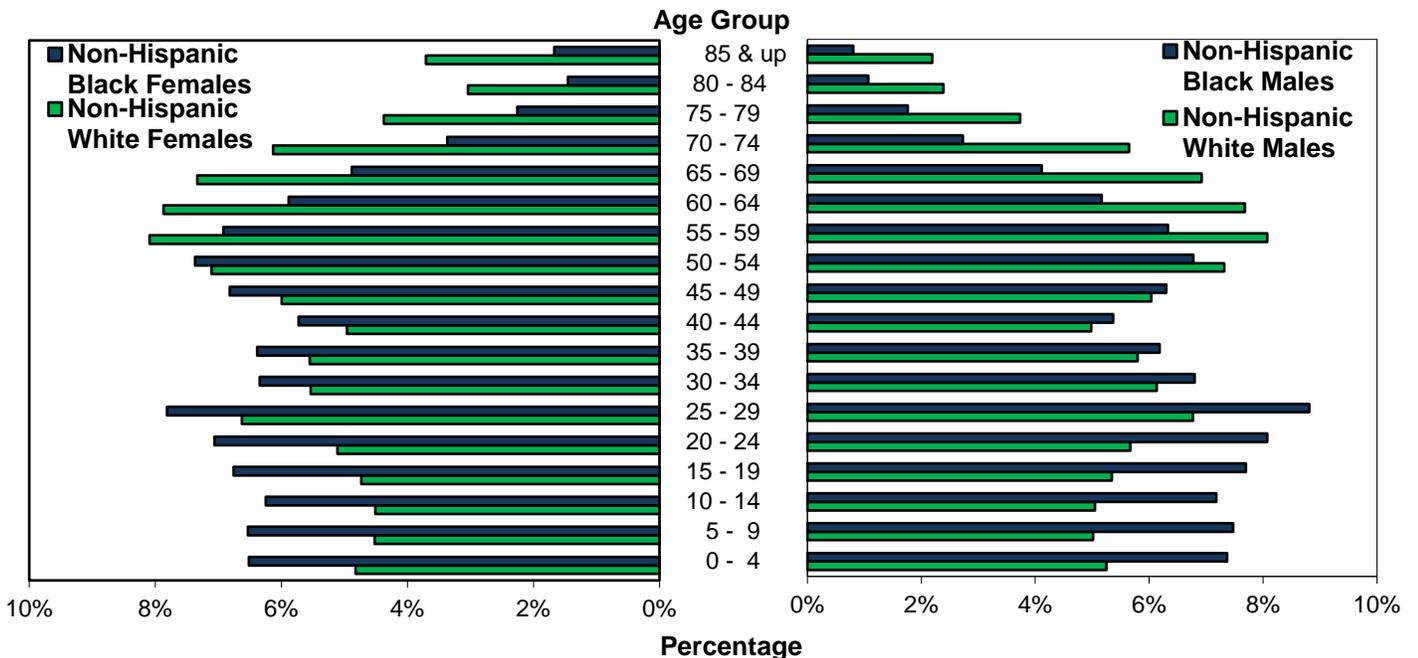
**Figure 3. Population by Gender, Delaware, 2018**



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 0-49 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. Non-Hispanic Population by Gender and Race, Delaware, 2018**



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

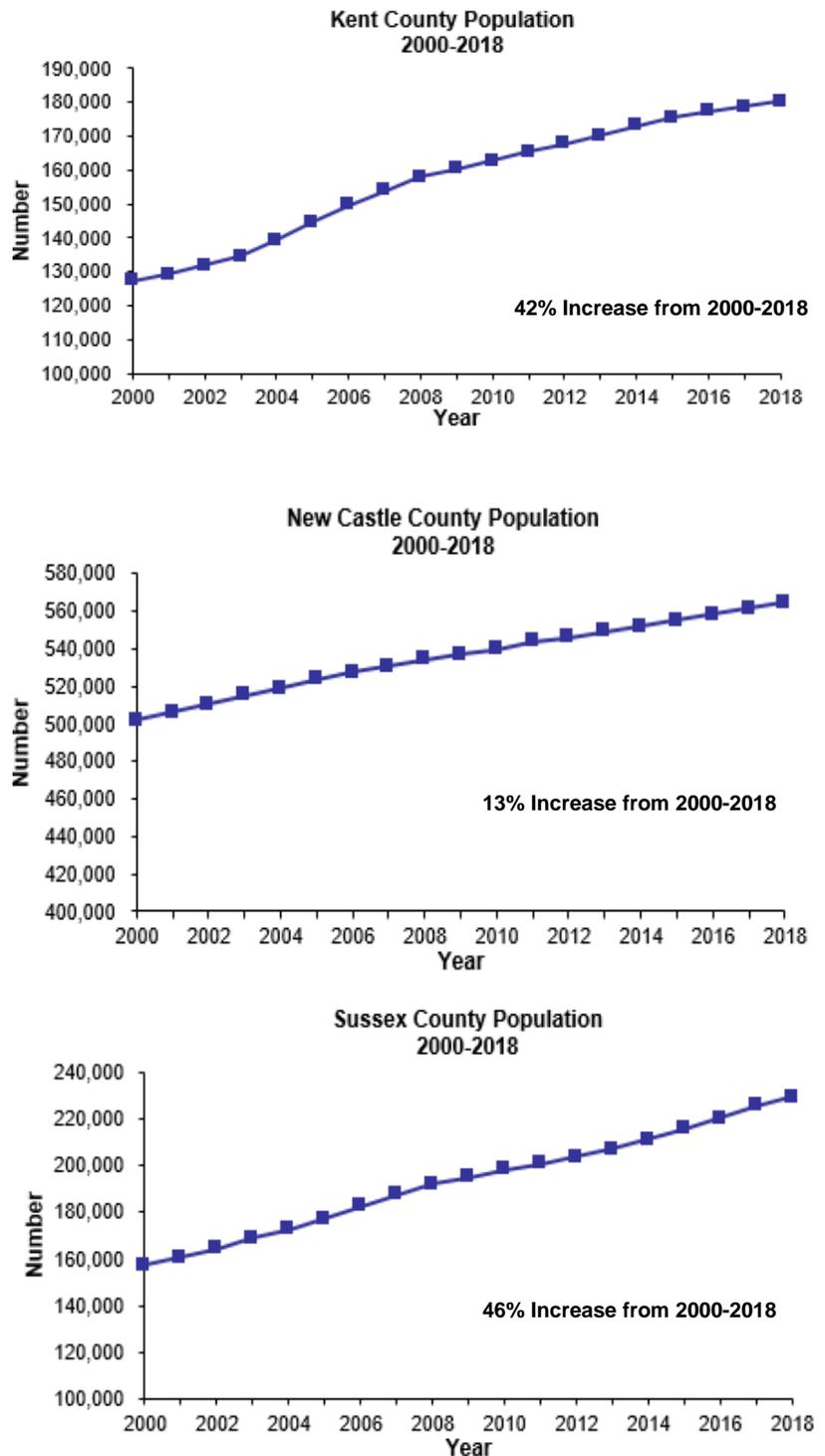
## POPULATION

Delaware's three counties continued their increasing population trend, although they grew at different rates. Between 2000 and 2018, county populations grew annually by 2.3 percent for Kent, 0.7 percent for New Castle, and 2.5 percent for Sussex. Delaware's statewide increase was 1.3 percent.

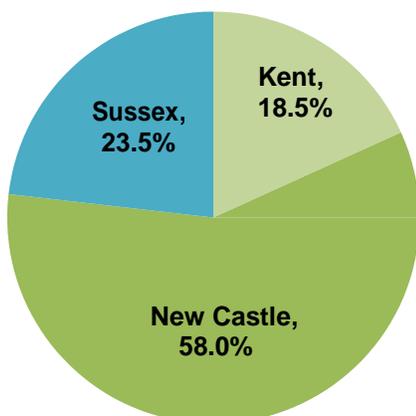
In 2018, half of Delaware's 65 and older population resided in New Castle County. However, residents 65 and older represented a much larger proportion of the Sussex County population, where one in four residents was 65 or older, versus New Castle and Kent counties, where approximately one in six residents was 65 or older.

Over half of Delaware's total population resides in New Castle County, 58%.

**Figure 5. Resident Population by County, Delaware, 2000-2018**



**Figure 6. Percent of Population by County, Delaware, 2018**



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

## MARRIAGE AND DIVORCE

In 2018 there were 5,066 marriages and 2,709 divorces in Delaware. Over half of all divorces in 2018 were of marriages that lasted less than 10 years.

### Marriage

#### Male

Youngest: 18  
Oldest: 94

#### Female

Youngest: 17  
Oldest: 88

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

Most popular month to get married: September.

### Divorce

#### Male

Youngest: 19  
Oldest: 90

#### Female

Youngest: 19  
Oldest: 85

Shortest duration of marriage: 33 days

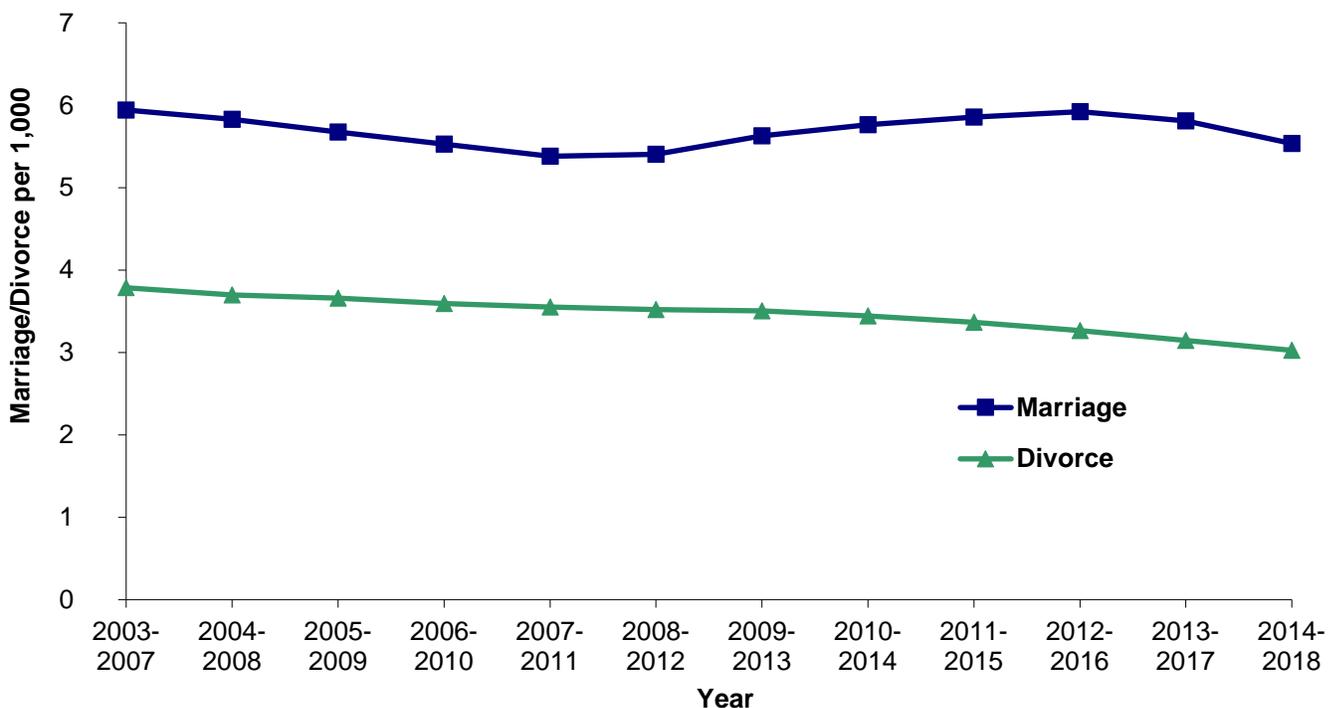
Longest duration of marriage: 57 years

Median duration of marriage: 10 years

Total children under 18 years of age: 1,614

Between 2003-2007 and 2014-2018, the five-year average marriage rate decreased from 5.9 to 5.5 marriages per 1,000 population. The five-year average divorce rate declined 21 percent from 3.8 in 2003-2007 to 3.0 divorces per 1,000 population in 2014-2018.

**Figure 7. Five-year Average Marriage and Divorce Rates, per 1,000 Population, Delaware, 2003-2018**



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

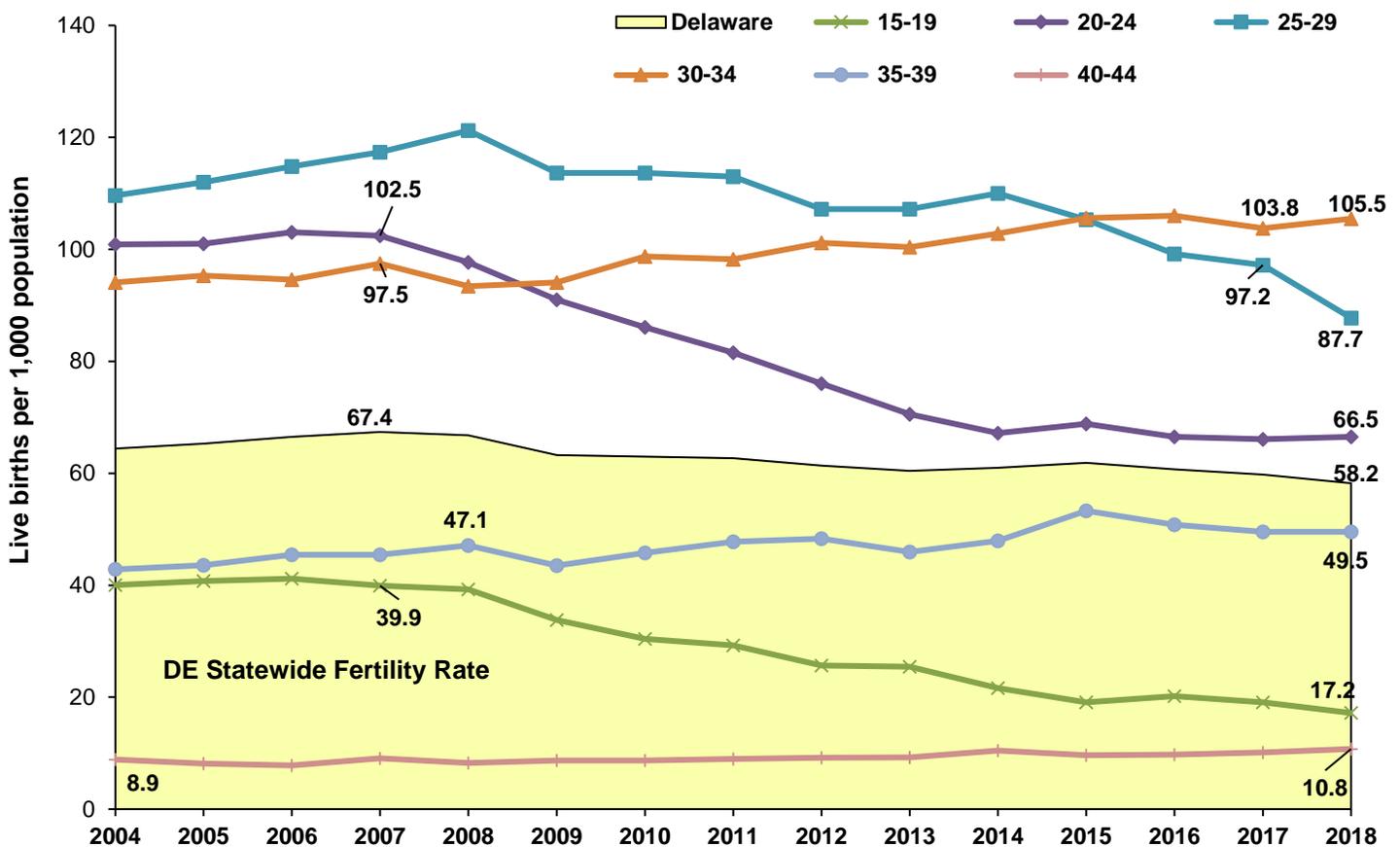
## LIVE BIRTHS

In 2018, there were 10,962 births in Delaware; 10,048 were to Delaware residents and 914 were to non-residents. Additionally 545 births to Delaware residents occurred out of state, for a total of 10,593 Delaware resident births, 242 fewer Delaware resident births than in 2017.

The recent national declines in general fertility and live birth rates were also apparent in Delaware statistics. From 2007 to 2018, the general fertility rate (number of births per 1,000 women aged 15-44 years) declined from a high of 67.4 to 58.2 births per 1,000 women aged 15-44. The birth rate of teens (15-19) exhibited the largest decline at 57 percent during this time period while women in the 30-34 aged group had the largest increase from 97.5 to 105.5 births per 1,000 women. Since 2007 the number of births to women aged 40-44 has not significantly changed.

In 2018, the general fertility rate for women aged 30-34 increased two percent from the previous year, while women in the 25-29 aged group's general fertility rate decreased 10 percent.

**Figure 8. Annual Fertility and Age-Specific Live Birth Rates, Delaware, 2004-2018**



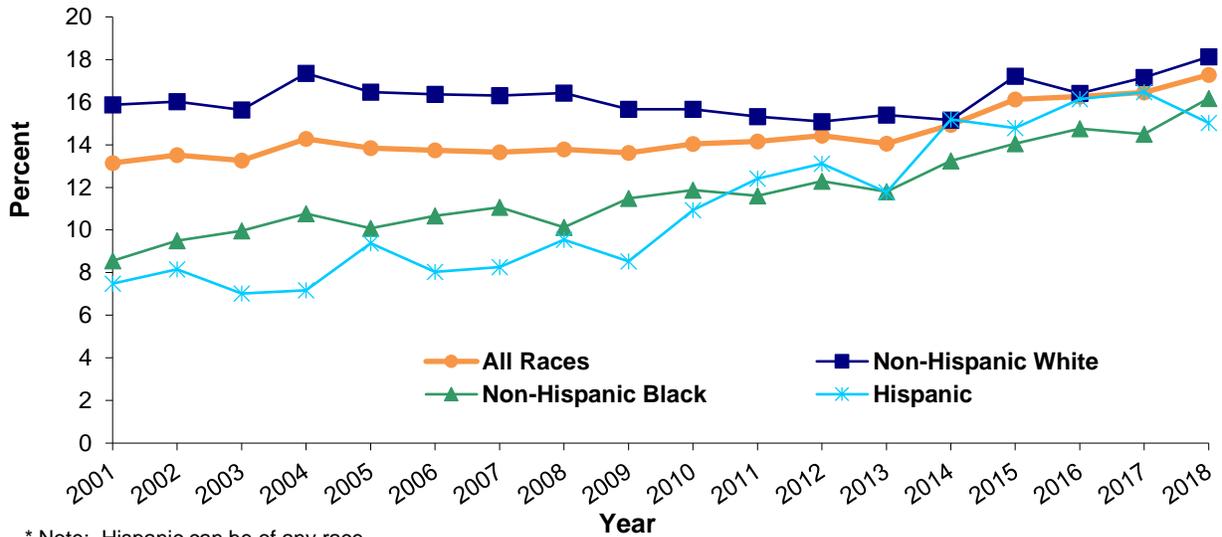
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

From 2014 to 2018, 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 30.3 percent while birth rates among teens 18-19 fell 16.3 percent..

In the 2014-2018 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 2001 and 2005, 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 17.3 percent in 2018, a 32 percent increase from 2001. Hispanic mothers aged 35 and older had the greatest percentage increase in births from 7.4 in 2001 to 15.0 in 2018.

**Figure 9. Annual Percentage of Live Births to Women 35 or Older by Race and Hispanic Origin,\* Delaware, 2001-2018**

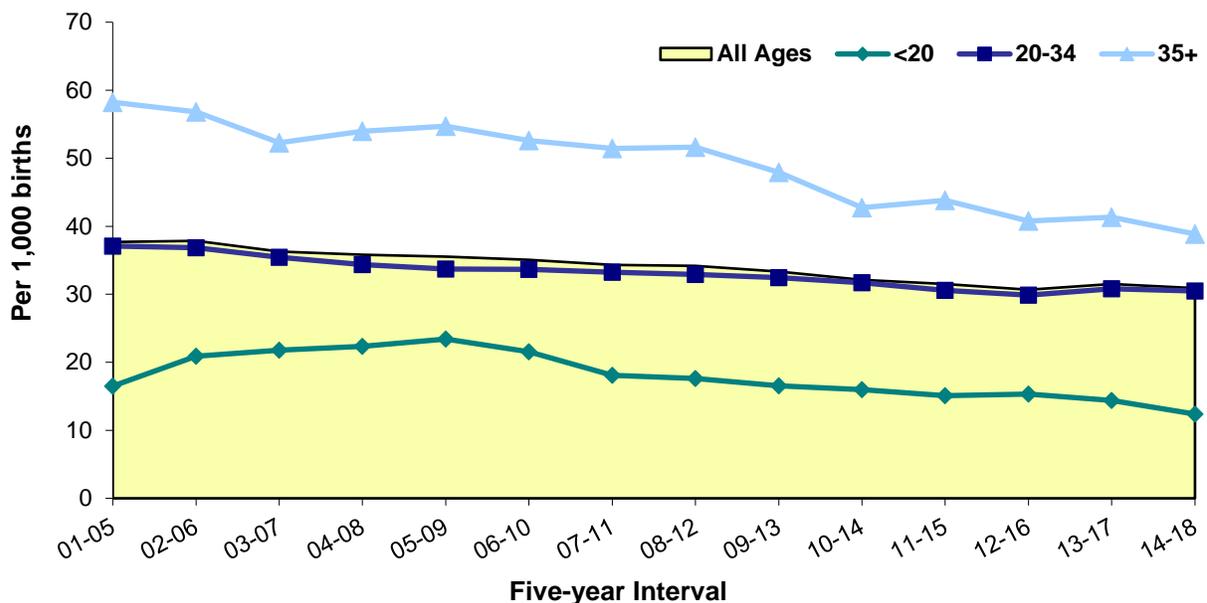


\* Note: Hispanic can be of any race

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 18 percent between 2001-2005 and 2014-2018. In 2014-2018, older mothers (35+) had the highest plural birth rates, at 39 multiples per 1,000 births, more than three times that of mothers under 20, and 28 percent higher than mothers 20-34.

**Figure 10. Five-year Average Plural Birth Rate by Age of Mother, Delaware, 2001-2018**



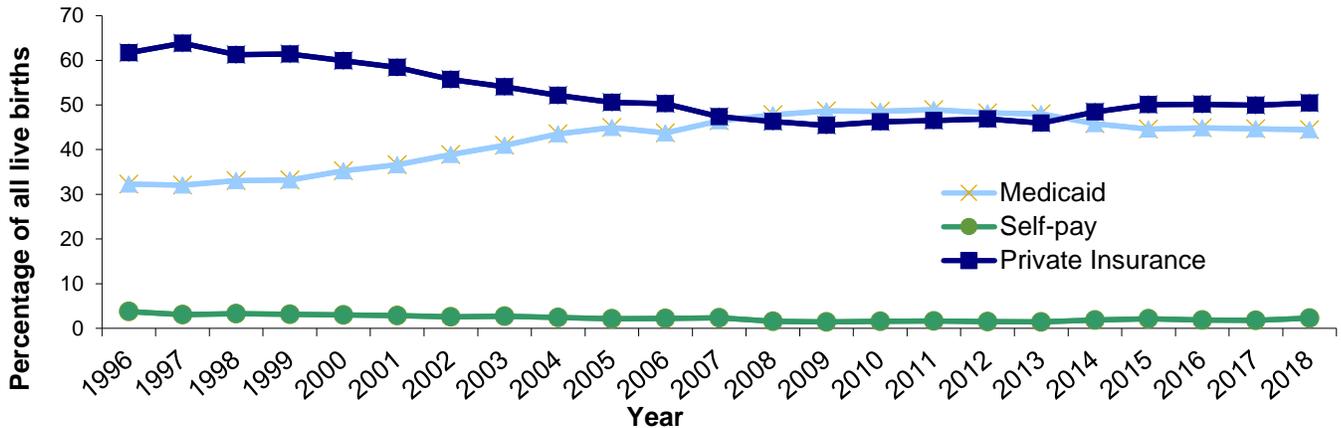
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## LIVE BIRTHS

In 2018, 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 2018, in all race categories, majority of women over thirty (63.7 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 75.5 percent of non-Hispanic black mothers, and 61.3 percent of non-Hispanic white mothers in that age group.

**Figure 11. Percentage of Births by Source of Payment for Delivery, Delaware, 1996-2018**

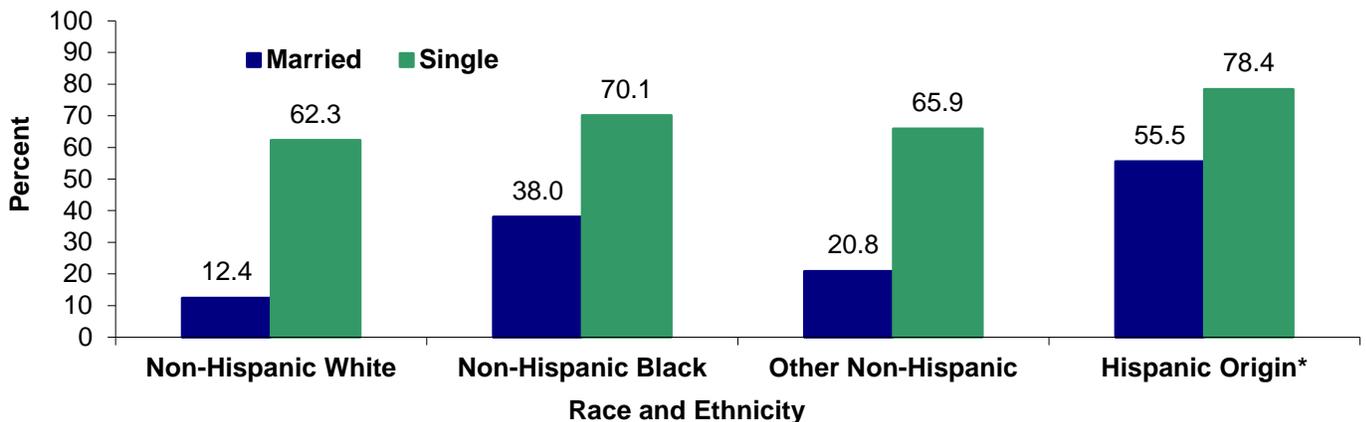


Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

As in previous years, the primary source of payment for delivery in 2018 varies tremendously based on marital status:

- The number of single non-Hispanic white women who used Medicaid as their primary source of payment (62.3 percent) was around three times that of non-Hispanic white married women (12.4 percent).
- The number of single non-Hispanic black women who used Medicaid as their primary source of payment (70.1 percent) was more than four times that of non-Hispanic black married women (38.0 percent).
- The percentage of single women of other non-Hispanic races who used Medicaid as their primary source of payment (65.9 percent) was more than three times higher than among married women of other non-Hispanic races (20.8 percent).
- The number of single Hispanic women who used Medicaid as their primary source of payment (78.4 percent) was 2 times higher than Hispanic married women (55.5 percent).

**Figure 12. Percentage of Births by Race, Hispanic Origin, Marital Status, and Medicaid as Primary Source of Payment, Delaware, 2018**

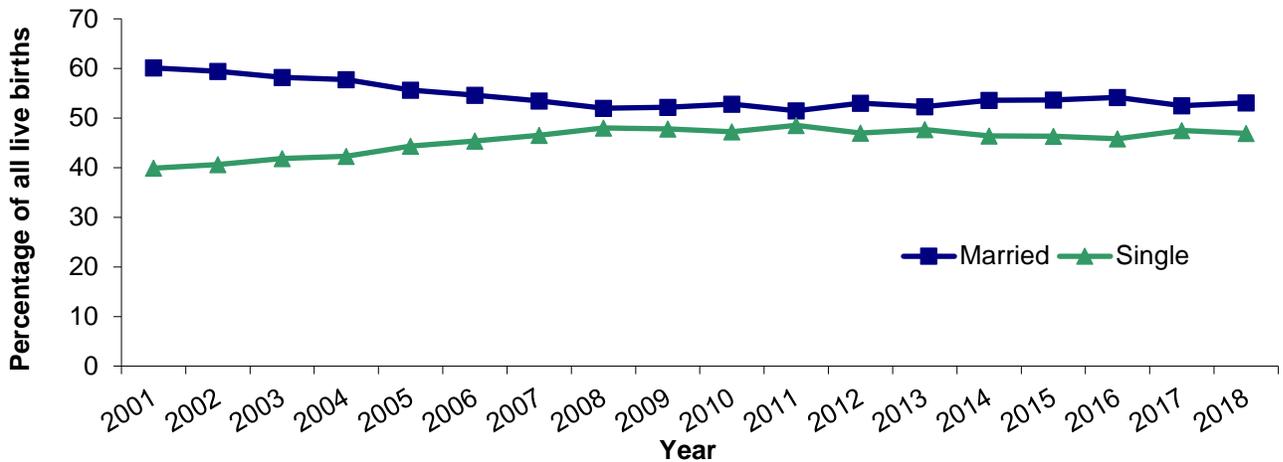


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## LIVE BIRTHS

After increasing steadily from 1994 to 2008, the percentage of births to unmarried women stabilized with only a two percent decrease from 2008 to 2018. Births to married women decreased steadily from 1994 to 2008 but stabilized ending with only a two percent increase from 2008 to 2018. In 2018, 46.9 percent of all births were to unmarried women.

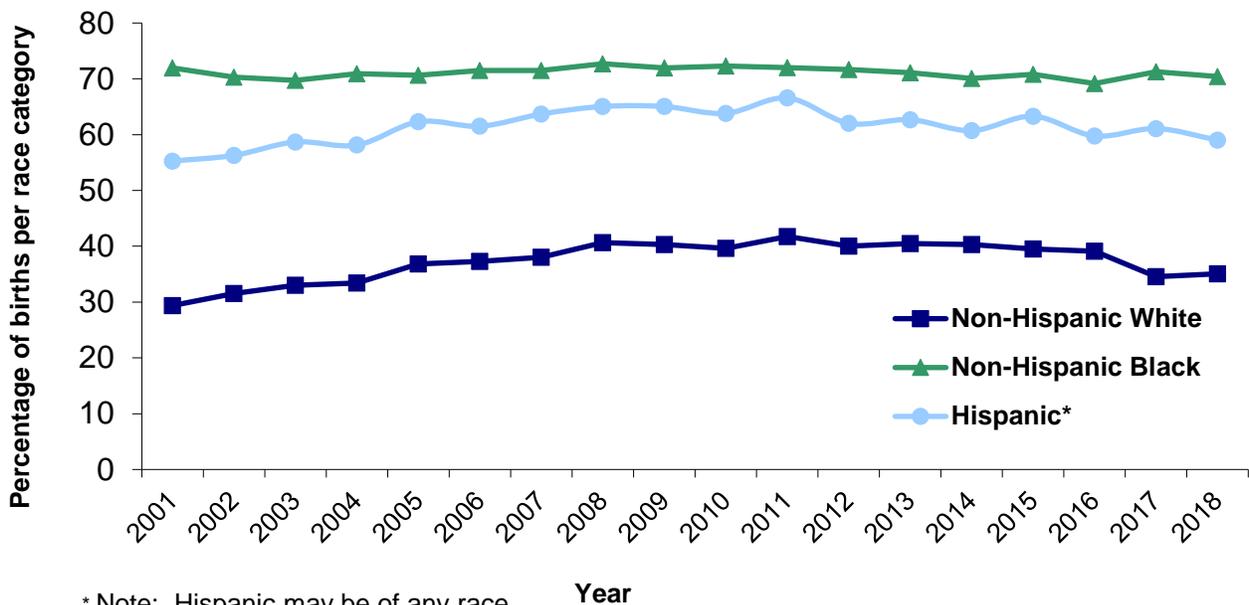
**Figure 13. Annual Percentage of Births by Mother's Marital Status, Delaware, 2001-2018**



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

In 2018, 35 percent of births were to single non-Hispanic white women, an increase from 29 percent in 2001. The percentage of births to single Hispanic women increased from 55 percent in 2001 to 59 percent in 2018. Unmarried non-Hispanic black women had the highest percentage of births from 2001 to 2018, remaining stable at approximately 70 percent during this time period.

**Figure 14. Percentage of Live Births to Unmarried Women by Race and Ethnicity, Delaware, 2001-2018**



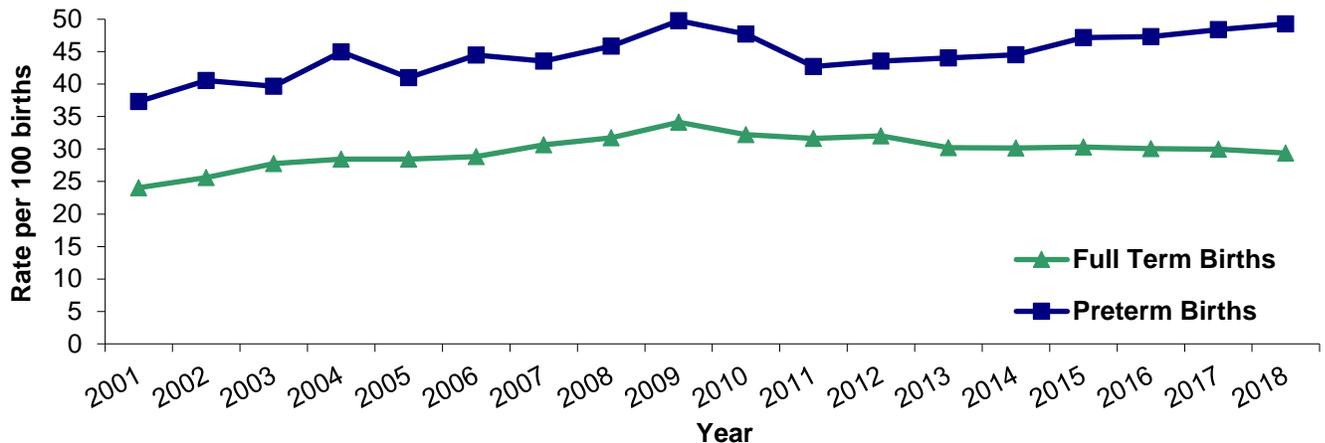
\* Note: Hispanic may be of any race.

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

## LIVE BIRTHS

From 2001 to 2018, the percentage of cesarean deliveries increased 23 percent, to 31.3 per 100 live births, whereas vaginal births decreased only 8 percent from 74.4 to 68.6 per 100 live births. Since 2001, 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 49.3 per 100 preterm births, versus 29.4 per 100 term births in 2018.

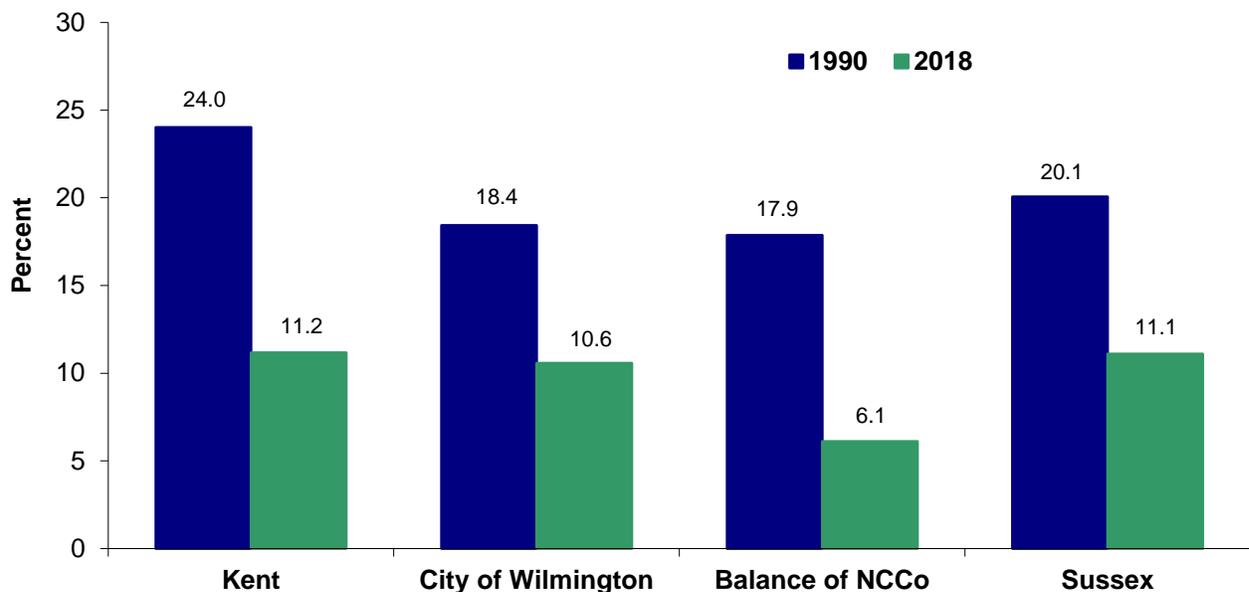
**Figure 15. Annual Rate of Cesarean Deliveries by Gestational Category, Delaware, 2001-2018**



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

From 1990 to 2018, the percentage of Delaware mothers who used tobacco while pregnant decreased in all three counties and the city of Wilmington. In 2018, Kent County had the highest percentage of mother who smoked while pregnant at 11.2 whereas the Balance of New Castle County had the lowest percentage at 6.1.

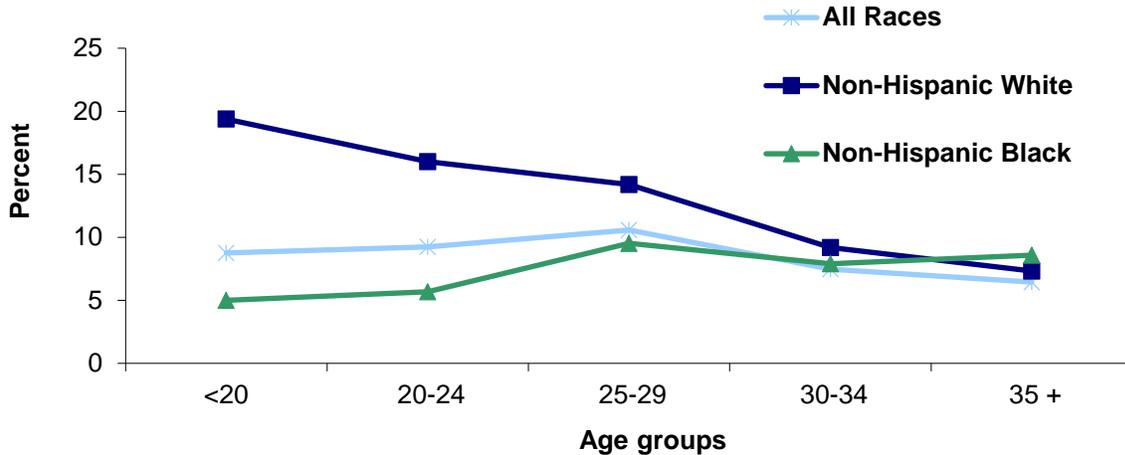
**Figure 16. Percentage of Mothers who Smoked while Pregnant, Delaware Counties and City of Wilmington, 1990 and 2018**



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

In 2018, non-Hispanic white women less than 20 who smoked while pregnant was nearly four times that of non-Hispanic black women . During this same time period only 8.6 percent of non-Hispanic black women over 35 smoked while pregnant compared to 7.3 percent of non-Hispanic white women.

**Figure 17. Percentage of Mothers who Smoked While Pregnant by Age Group and Race, Delaware, 2018**

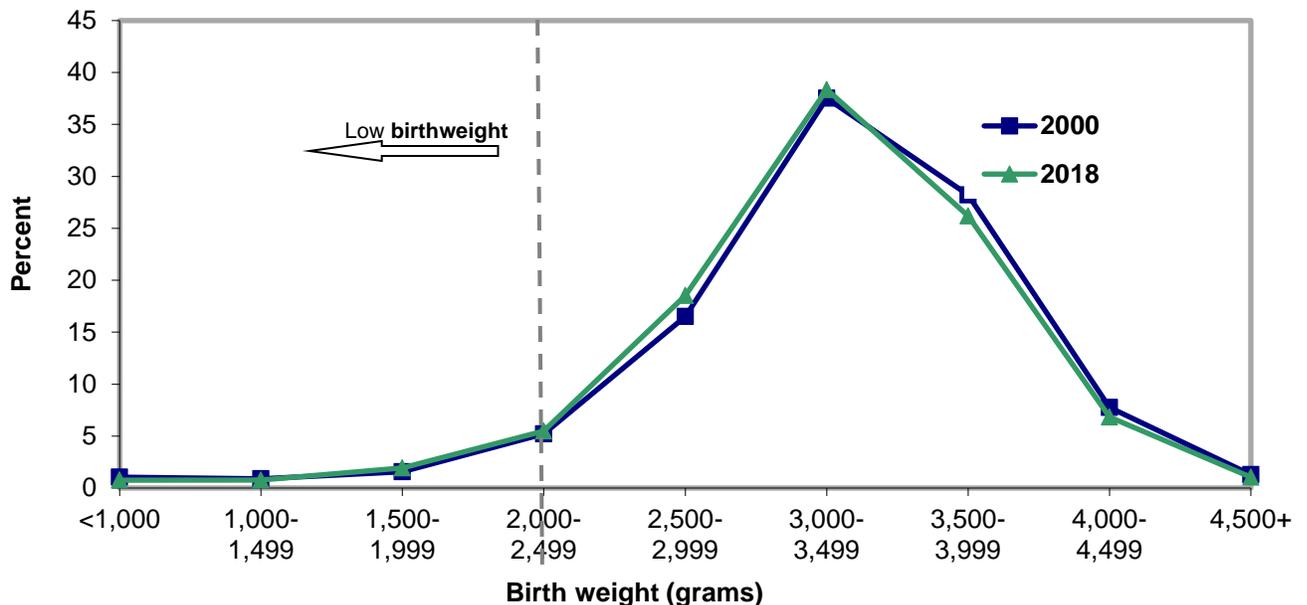


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2018, 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 2018. The greatest percentage of births fell within the 3,000 to 3,499 gram range.

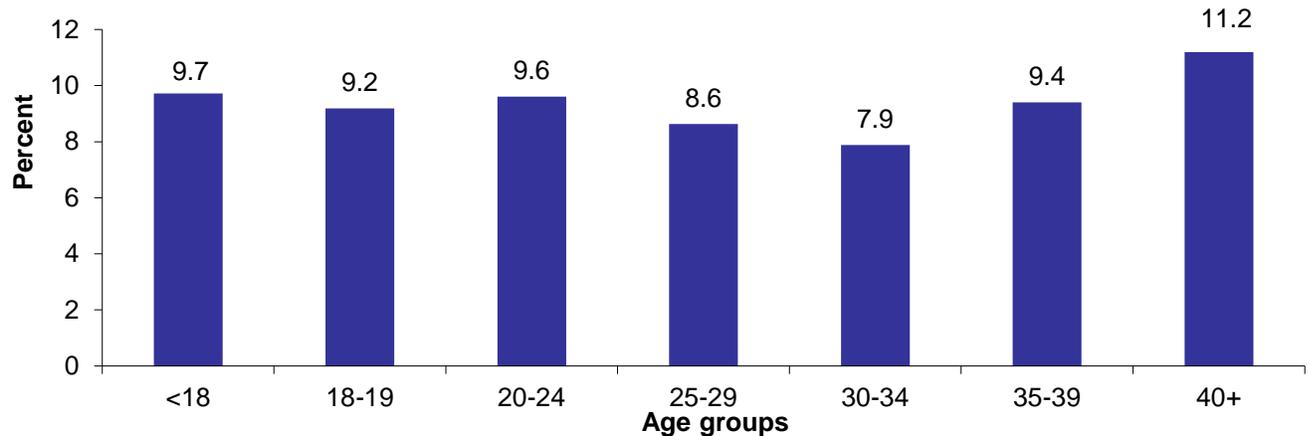
**Figure 18. Percent Distribution of Births by Birthweight, Delaware, 2000 and 2018**



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

In 2014-2018 the five-year percentage of low birthweight (LBW) births and very low birthweight (VLBW) births remained relatively stable at 8.9 and 1.7, 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 (7.9 percent).

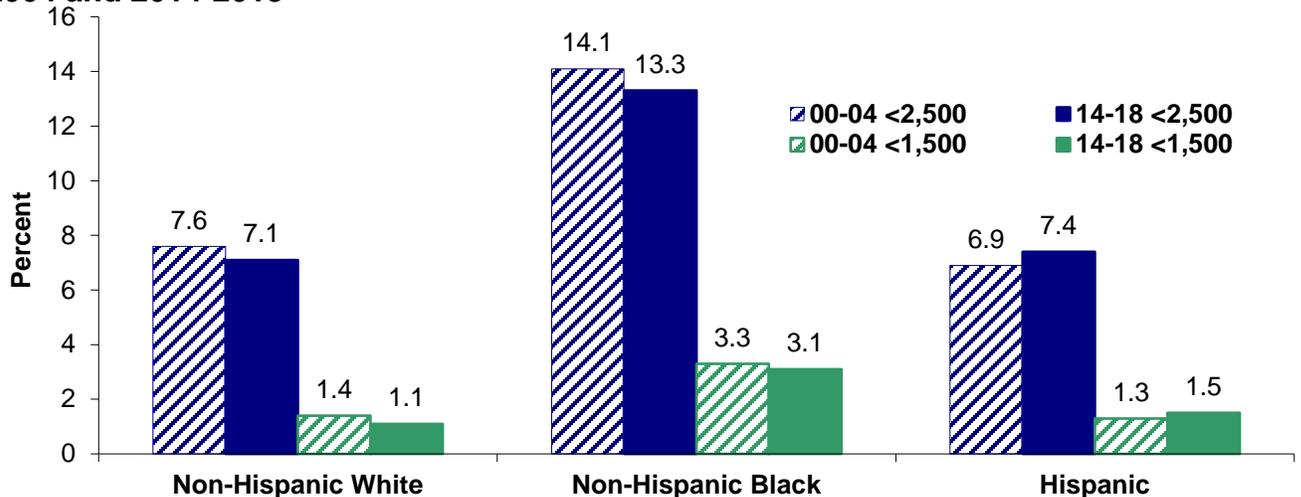
**Figure 19. Five-year Percentage of Low Birthweight Births (<2,500 grams) by Mother's Age, Delaware, 2014-2018**



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

Between 2000-2004 and 2014-2018, 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 7 percent and 15 percent respectively. In 2014-2018 among mothers of all ages, non-Hispanic black mothers had the highest percentage of LBW and VLBW births at 13.3 percent and 3.1 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 2014-2018**

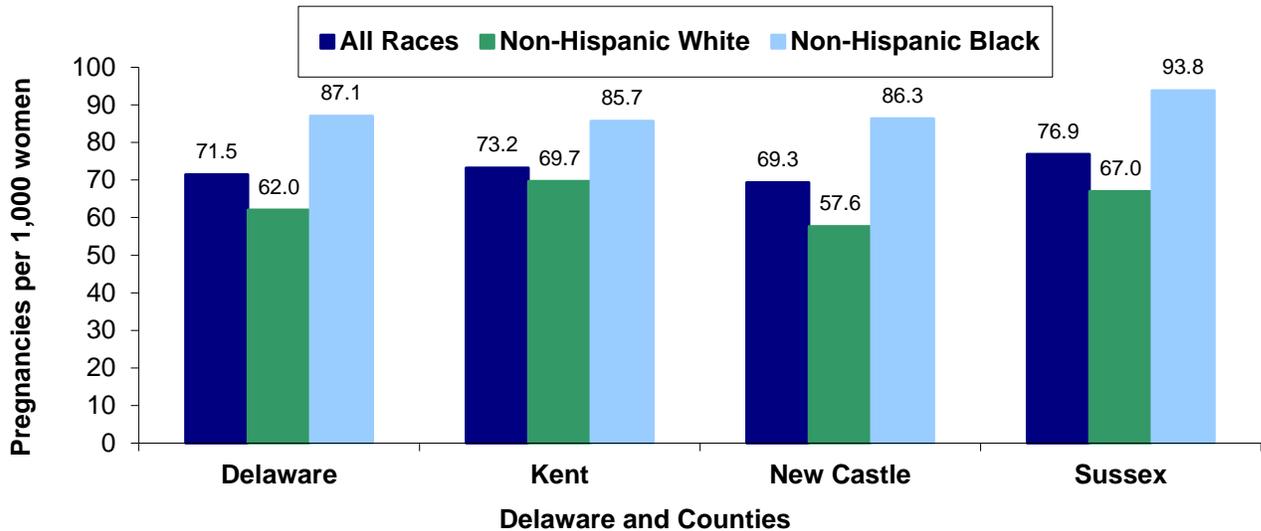


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics

## REPORTED PREGNANCIES

At 71.5 reported pregnancies per 1,000 women ages 15-44, the 2014-2018 rate of reported pregnancies decreased by 11 percent from the 80.3 rate in 2009-2013. The 2014-2018 five year average rate found Sussex County to have the highest pregnancy rate for non-Hispanic black (93.8 per 1,000 women). Kent County had the lowest reported pregnancy rate for non-Hispanic blacks (85.7 per 1,000 women) but had the highest rate for non-Hispanic white women (69.7 pregnancies per 1000 women). New Castle had the lowest reported pregnancy rate for non-Hispanic whites (57.6 per 1,000 women) during this same five year period.

**Figure 21. Five-year Average Rate of Reported Pregnancies by Race,**

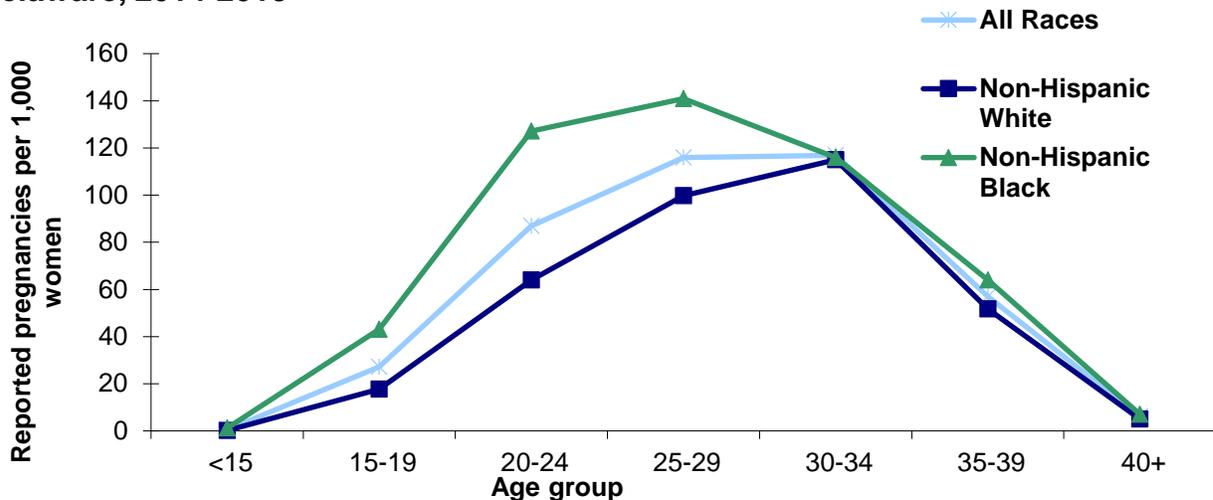


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Non-Hispanic black women in the 25-29 year age group had the highest pregnancy rate, at 140.9 pregnancies per 1,000 women in 2014-2018.

Non-Hispanic black women had higher five year average (2014-2018) 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 (115 pregnancies per 1,000 women)

**Figure 22. Five-year Average Rate of Reported Pregnancies by Age and Race, Delaware, 2014-2018**

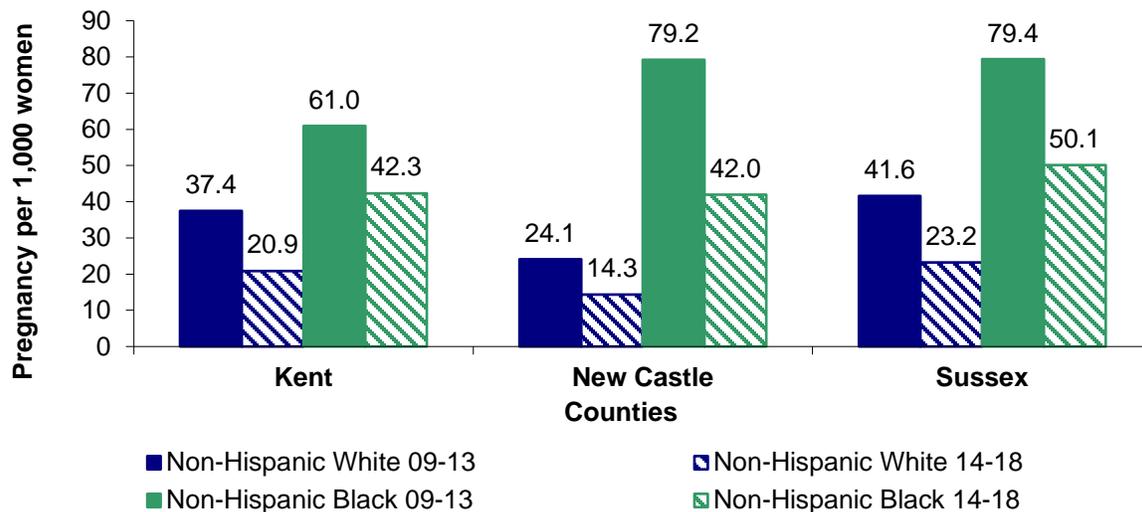


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics

## REPORTED PREGNANCIES

In all three counties the five year average teen (15-19) pregnancy rates for all races continues to decline from 2009-2013 to 2014-2015. New Castle County had a 46.9 percent decrease in the number of reported pregnancies for non-Hispanic black teens, aged 15-19, from 2009-2013 to 2014-2018. In 2014-2018, Sussex County had the highest five year average reported pregnancy rate for both non-Hispanic white teens (23.2 pregnancies per 1,000 women) and non-Hispanic black teens (50.1 pregnancies per 1,000 women)

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



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

- ▶ In 2014-2018, New Castle County had the lowest five year average pregnancy rate for younger white non-Hispanic teens aged 15-17, (5.9 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 (27.8 pregnancies per 1,000 women).

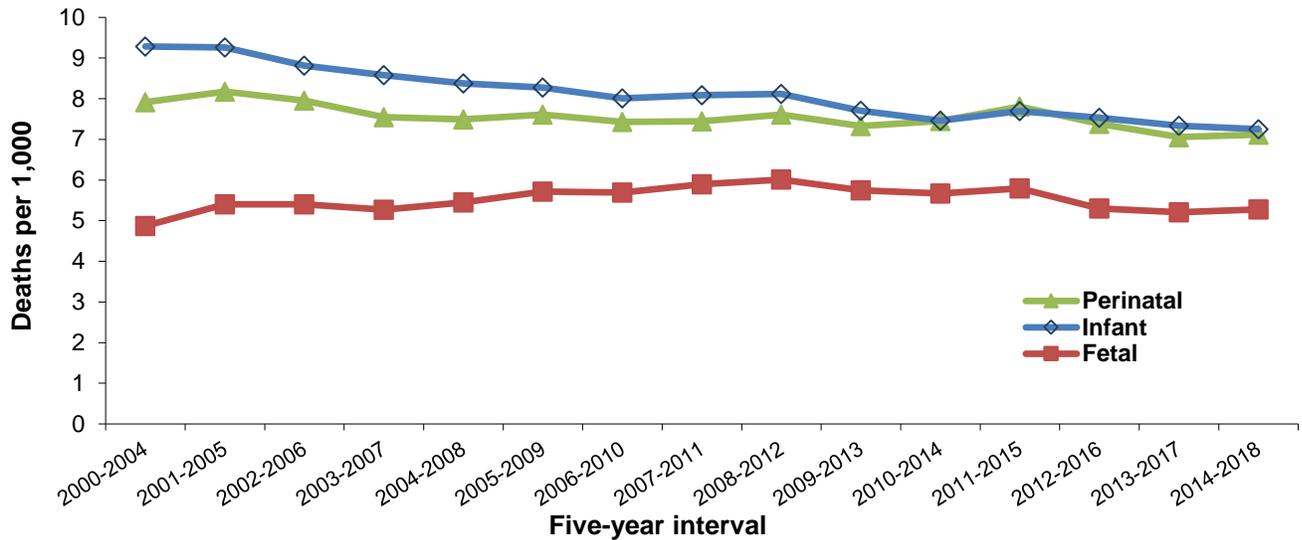
The five-year average (2014-2018) pregnancy rate for older non-Hispanic white teens, aged 18-19, was lowest in New Castle County (26.4 pregnancies per 1,000 females). During this same time period Sussex County had the highest rate for non-Hispanic black teens, aged 18-19, at a rate of 82.9 pregnancies per 1,000 women.

- ▶ In 2018, there were 1,740 abortions performed in Delaware, 1,504 to Delaware residents and 236 to non-residents.
  - Forty-four percent of all pregnancies to females under 15 ended in termination in 2018.
    - ⇒ 37.5 percent to non-Hispanic black females under 15 ended in termination in 2018.
  - 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 5.4 percent of pregnancies to non-Hispanic black married women ended in termination in 2018.
    - ⇒ When the women were unmarried, these numbers increased to 22.2 percent among non-Hispanic white women and 23.1 percent among non-Hispanic black women in 2018.
  - There were 59 fetal deaths of Delaware residents in 2018.
  - There were 10,593 live births to Delaware residents in 2018.
  - In 2018, women under 25 accounts for 41% 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 2014-2018. By 2014-2018 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.

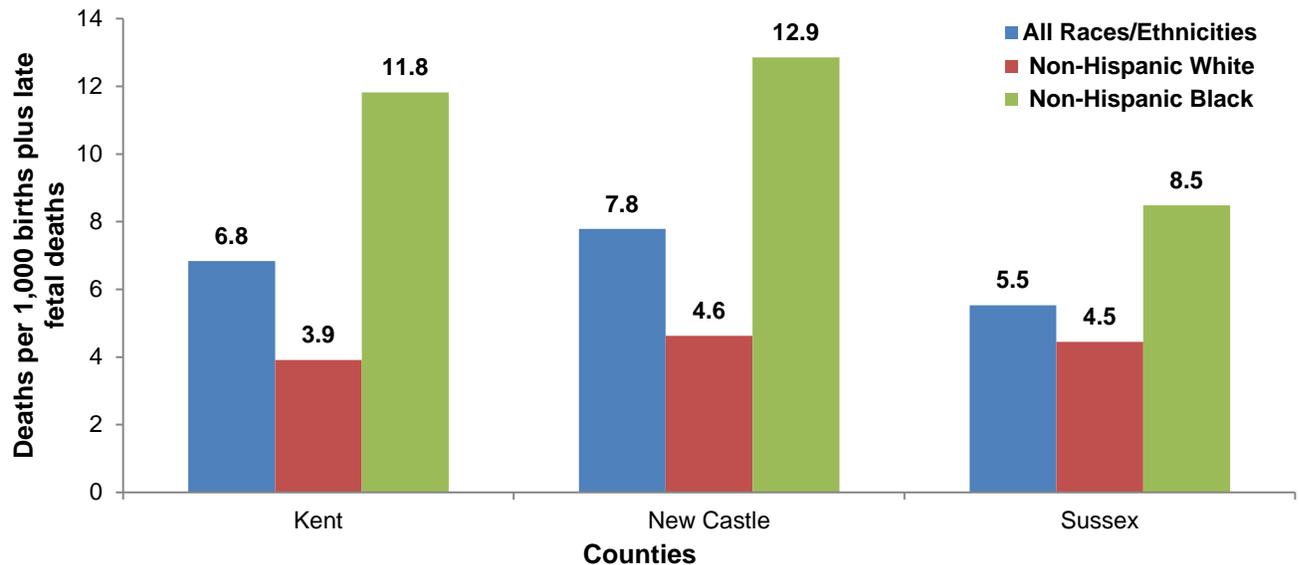
**Figure 24. Five-year Fetal, Perinatal, and Infant Mortality Rates, Delaware, 2000-2018**



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

Non-Hispanic black perinatal mortality rates for 2014-2018 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 12.9 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, 2014-2018**

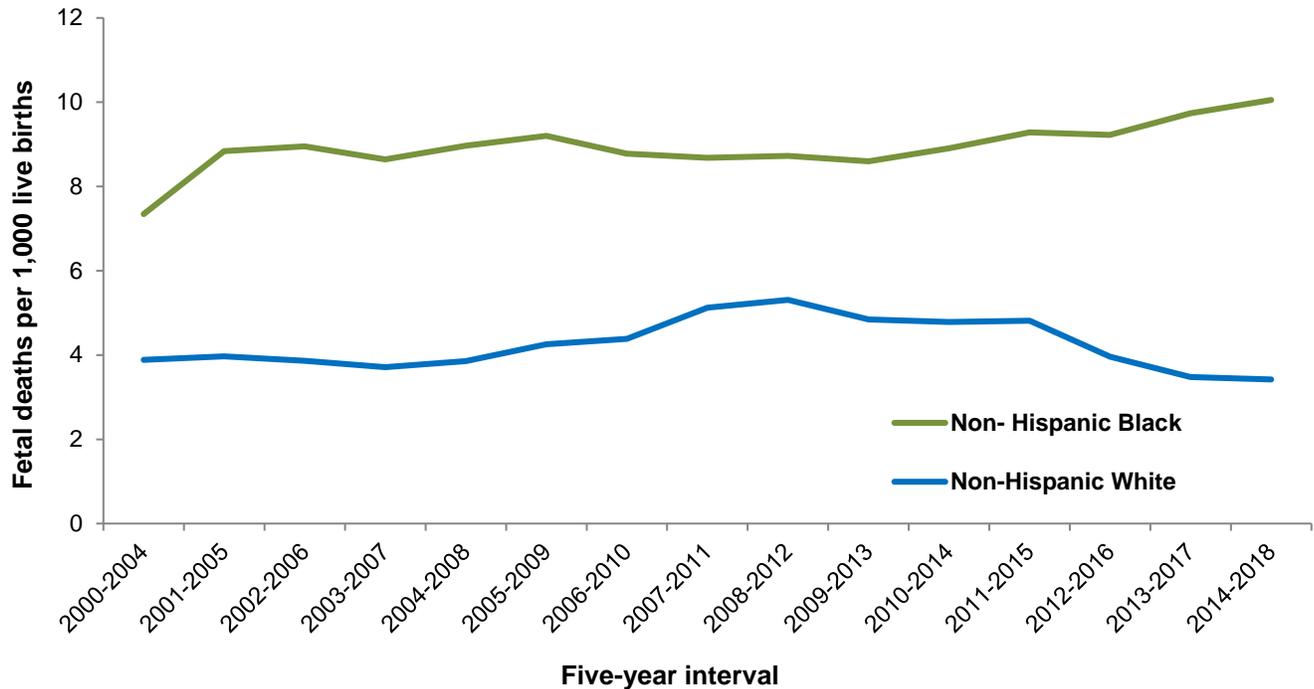


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## FETAL AND PERINATAL DEATHS

In 2018, 59 fetal deaths were reported in Delaware. In 2014-2018, 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 2014-2018 they were 197 percent higher than the rate of non-Hispanic white women (10.1 versus 3.4).

**Figure 26. Five-year Average Fetal Mortality Rates by Mother's Race Delaware, 2000-2018**

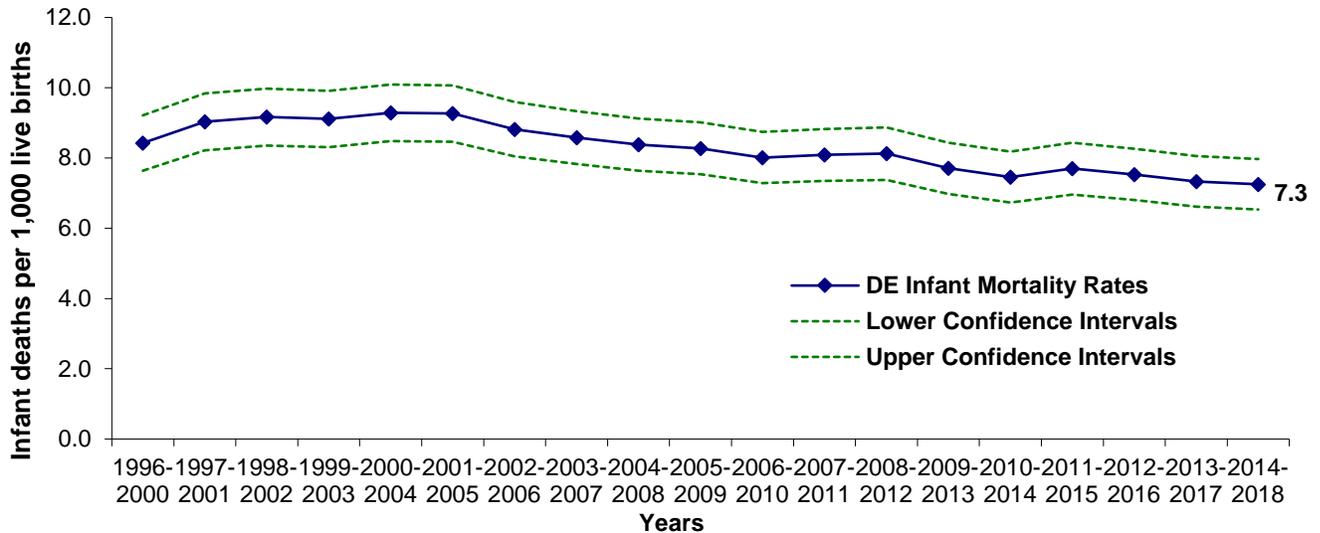


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY

In 2014-2018, 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.

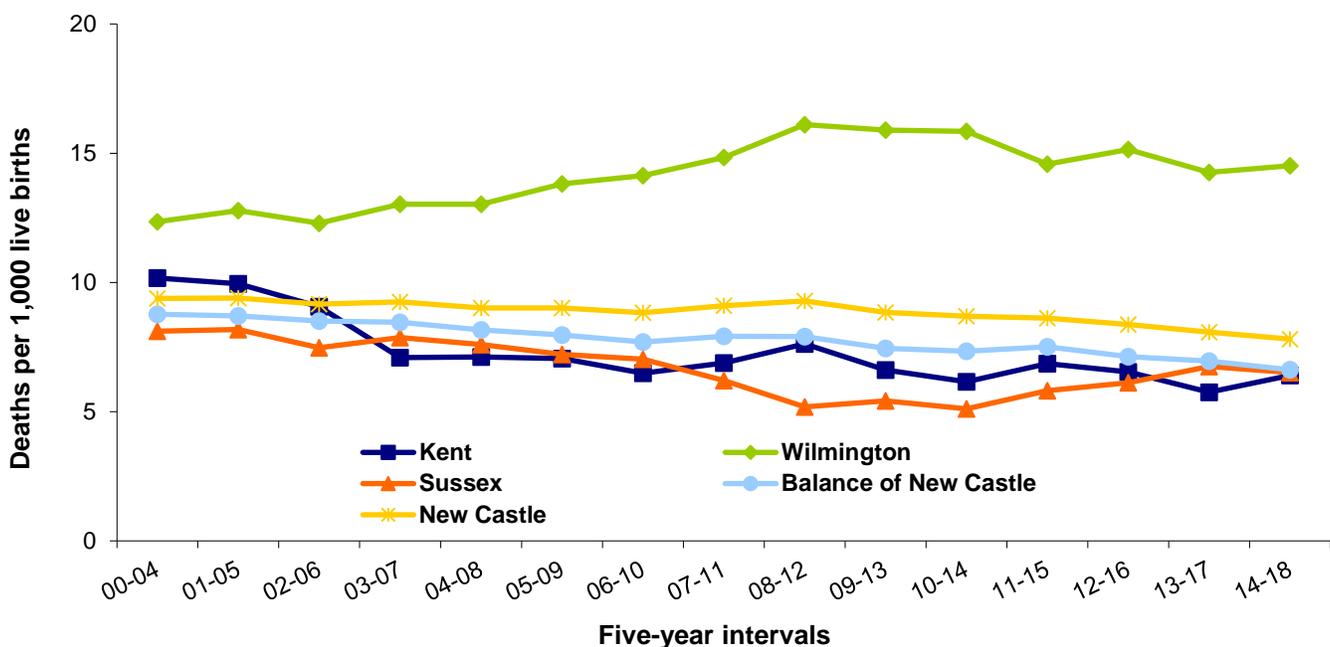
**Figure 27. Five-year Average Infant Mortality Rates with Confidence Intervals, Delaware, 1996-2018**



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 high IMR in the balance of New Castle County resulted in New Castle County's IMR being higher than the IMRs of both Kent and Sussex counties at 7.8 infant deaths per 1,000 live births. In 2014-2018 Kent County's IMR remained the lowest at 6.4 infant deaths per 1,000 live births. During the same time period the balance of New Castle County's IMR was 6.6 infant deaths per 1,000 live births; Wilmington's IMR was 14.5 infant deaths per 1,000 live births; and Sussex County's IMR was 6.5 infant deaths per 1,000 live births.

**Figure 28. Five-year Average Infant Mortality Rates, Delaware Counties and City of Wilmington, Delaware, 2000-2018**

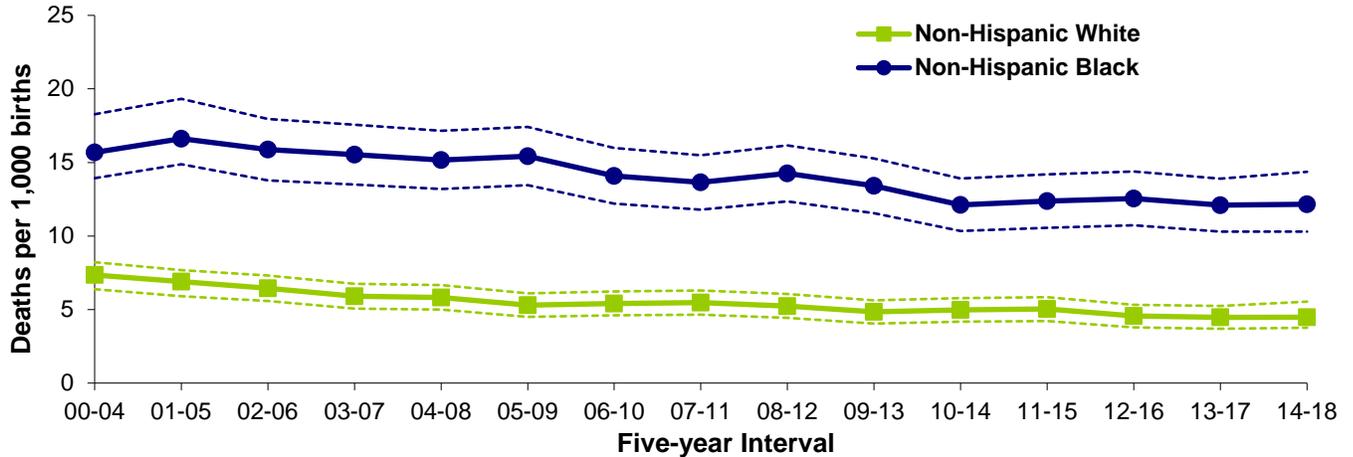


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY

Non-Hispanic black infants experienced a lower percentage of decrease in mortality rates than non-Hispanic white infants. In 2014-2018 the non-Hispanic black IMR of 12.2 infant deaths per 1,000 live births was a 22 percent decrease from the 15.7 rate in 2000-2004. Non-Hispanic white IMR decreased 39 percent from 7.3 in 2000-2004 to 4.5 infant deaths per 1,000 live births in 2014-2018.

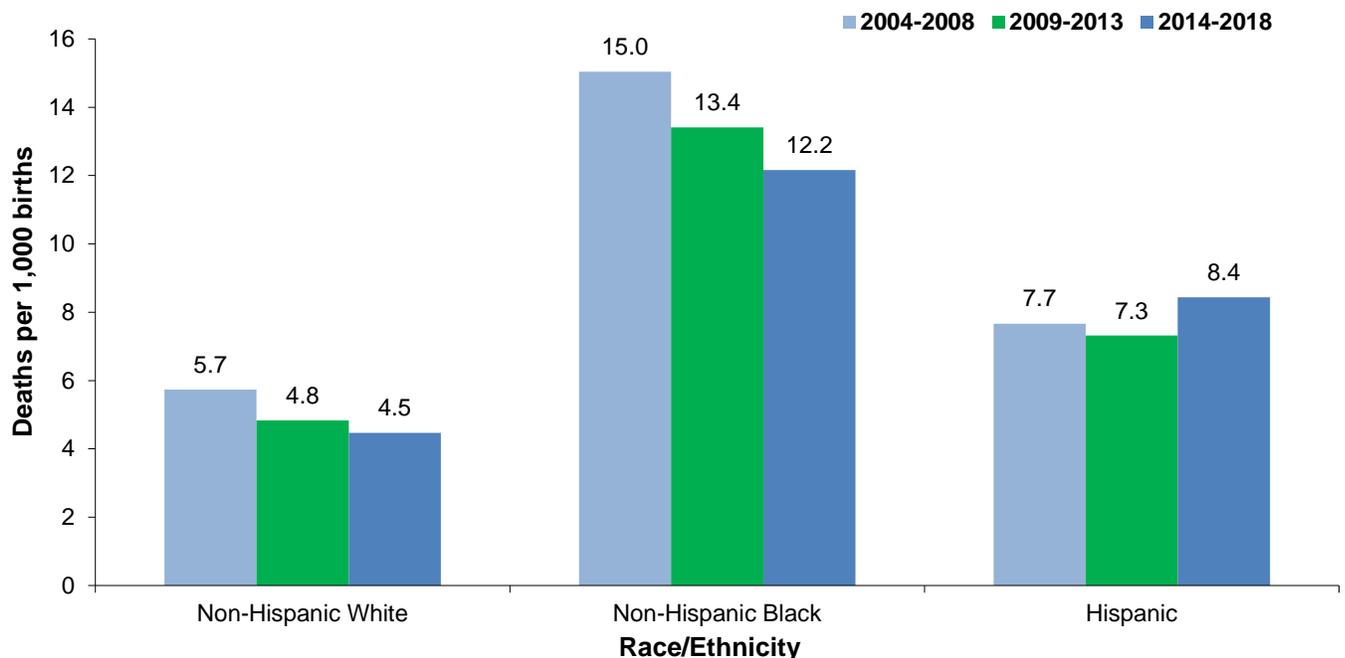
**Figure 29. Five-year Average Infant Mortality Rates by Race with Confidence Intervals, Delaware, 2000-2018**



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. Hispanic IMRs were nearly two times higher than the non-Hispanic white IMRs in 2014-2018. Non-Hispanic black IMRs were highest in all three time periods depicted below with the highest rate of 15.0 infant deaths per 1,000 live births in 2004-2008. The non-Hispanic black rate in 2014-2018 was nearly three times that of the non-Hispanic white rate but 1.5 times higher than the Hispanic rate of 8.4 infant deaths per 1,000 live births. From 2004-2008 to 2014-2018 the Hispanic IMR increased nine percent (7.7 to 8.4 infant deaths per 1,000 live births).

**Figure 30. Five-year Average Infant Mortality Rates by Race and Hispanic Origin, Delaware 2004-2018**

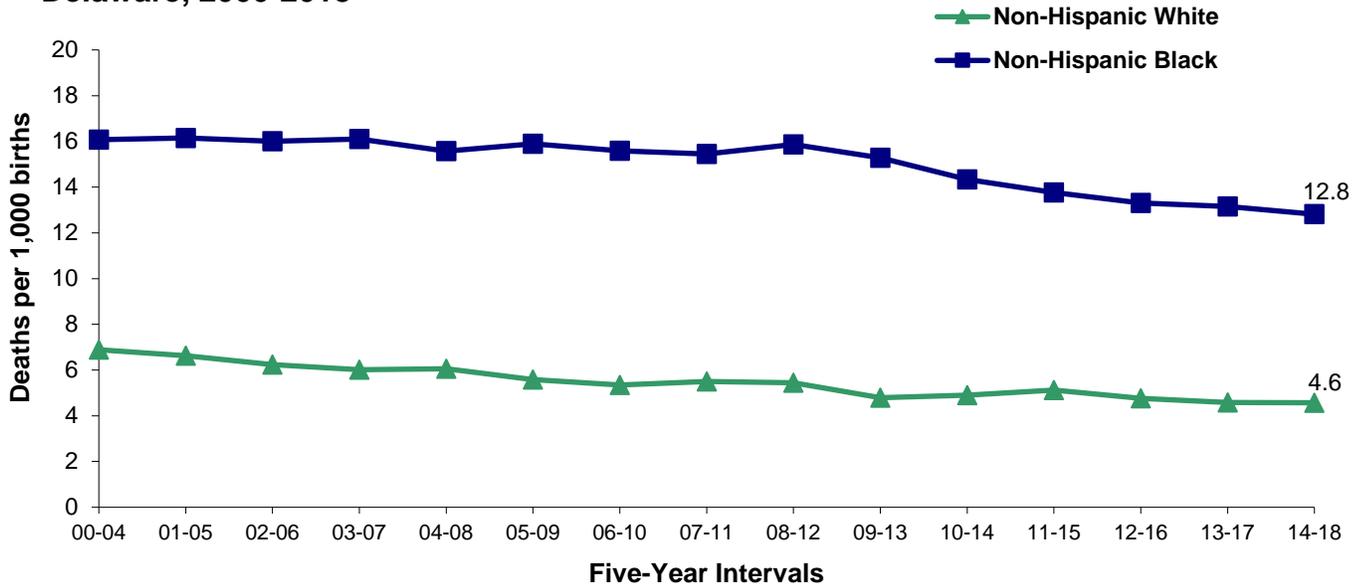


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY- Leading Causes of Death

In 2014-2018, 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 2012, and decreased the last six time periods to 12.8 infant deaths per 1,000 live births. Disparity between the races is evident in all three counties, with the New Castle non-Hispanic black rate 178% higher than the non-Hispanic white rate for 2014-2018.

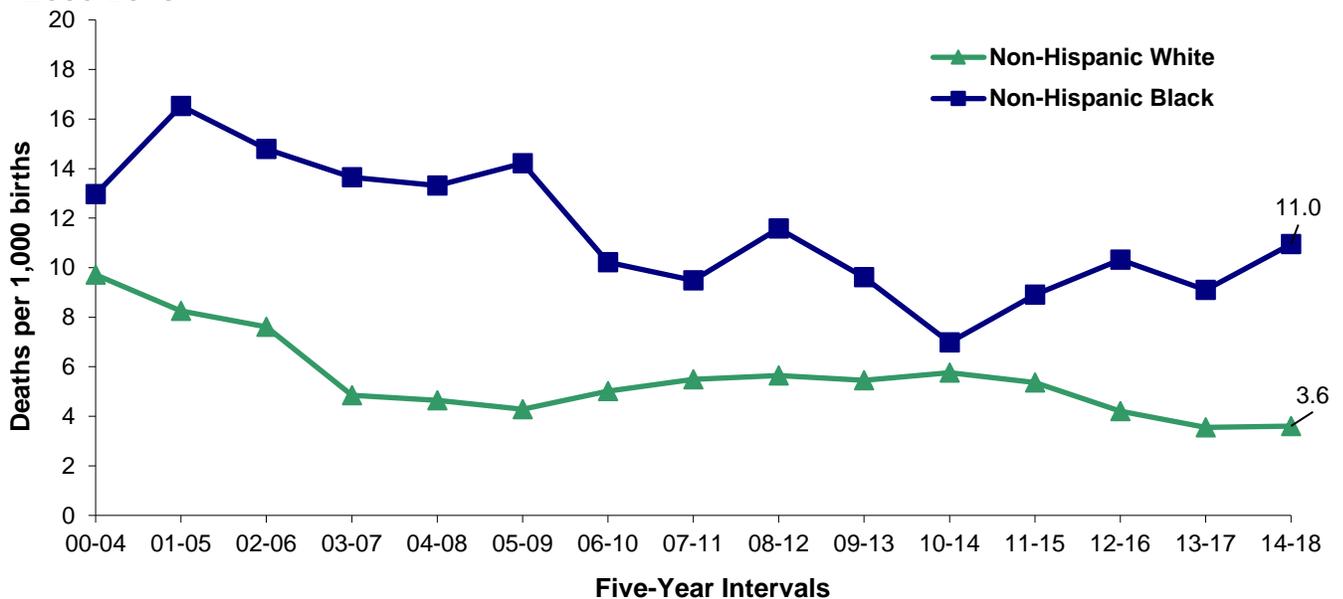
**Figure 31. Five-year Average Infant Mortality Rates by Race, New Castle County, Delaware, 2000-2018**



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 IMR decreased 33 percent to 11.0 infant death per 1,000 live births in 2014-2018. The non-Hispanic white IMR had a 63 percent decrease from its peak in 2000-2004 (9.7 to 3.6 infant deaths per 1,000 live births). The non-Hispanic Black IMR was 206 percent higher than the non-Hispanic white IMR.

**Figure 32. Five-year Average Infant Mortality Rates by Race, Kent County, Delaware, 2000-2018**

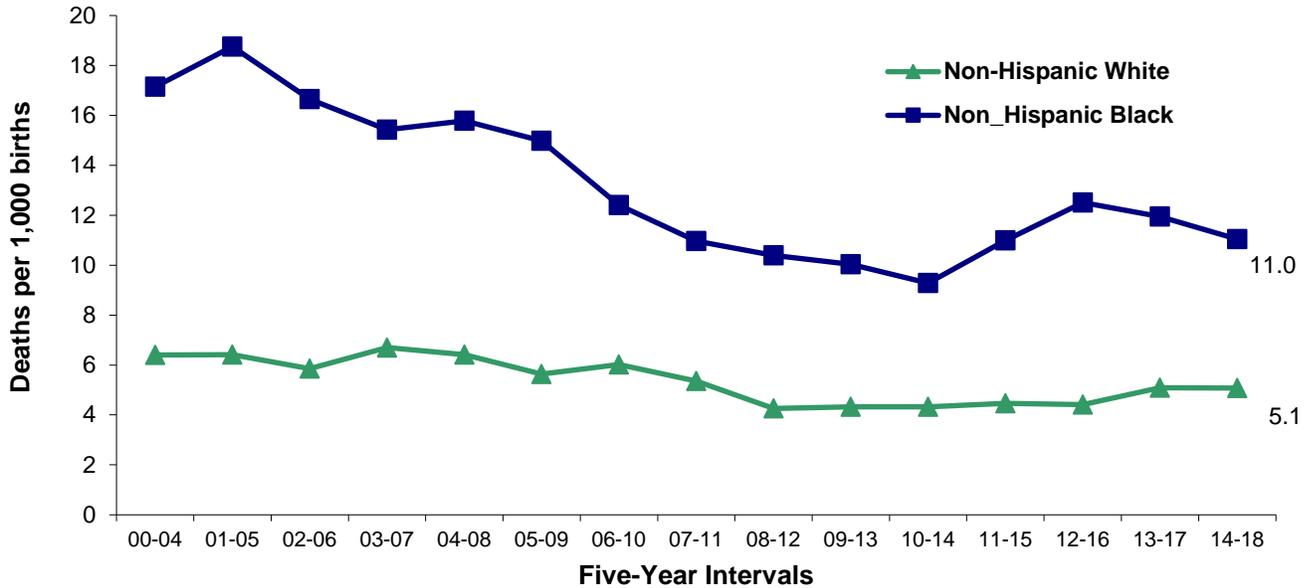


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY- Leading Causes of Death

Sussex County's non-Hispanic black IMR decreased to 11.0 infant deaths per 1,000 live births in 2014-2018, a 42 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 2014-2018 (6.7 to 5.1 infant deaths per 1,000 live births). Sussex County had the smallest disparity between the races with non-Hispanic black IMRs 116 percent higher than non-Hispanic white IMRs in 2014-2018.

**Figure 33. Five-year Average Infant Mortality Rates by Race, Sussex County, Delaware, 2000-2018**



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

## INFANT MORTALITY- Leading Causes of Death

In 2014-2018 there were 395 infant deaths. The five leading causes of infant death in Delaware were:

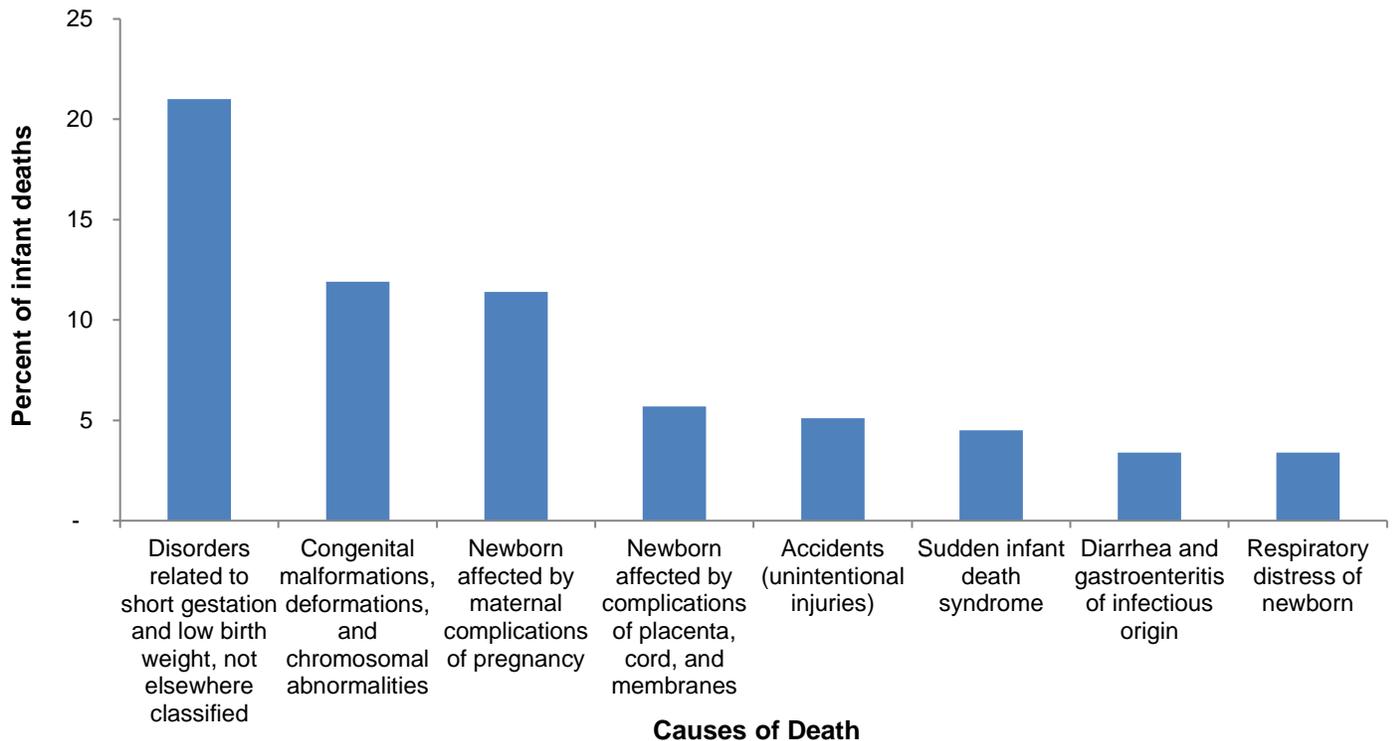
- Disorders related to short gestation and low birthweight, which accounted for 19.5 percent of infant deaths.
- Congenital anomalies (birth defects), which accounted for 15.4 percent of infant deaths.
- Newborns affected by maternal complications of pregnancy, which accounted for 12.2 percent of infant deaths. Of the 48 deaths attributed to this cause, 42 were due to the newborn being affected by incompetent cervix and premature rupture of membranes
- Sudden infant death syndrome (SIDS), which accounted for 4.6 percent of all infant deaths.
- Newborn affected by complications of placenta, cord, and membranes, which accounted for 4.1 percent of infant deaths.

In sum, the five most common causes of infant death accounted for 56 percent, or 220 of the 395 total infant deaths.

The most frequent causes of death by race are shown in Figures 34-36. Birth defects, disorders related to short gestation and low birthweight, and newborn affected by maternal complications of pregnancy were the top three most frequent causes of death for non-Hispanic black, non-Hispanic white, and Hispanic infants.

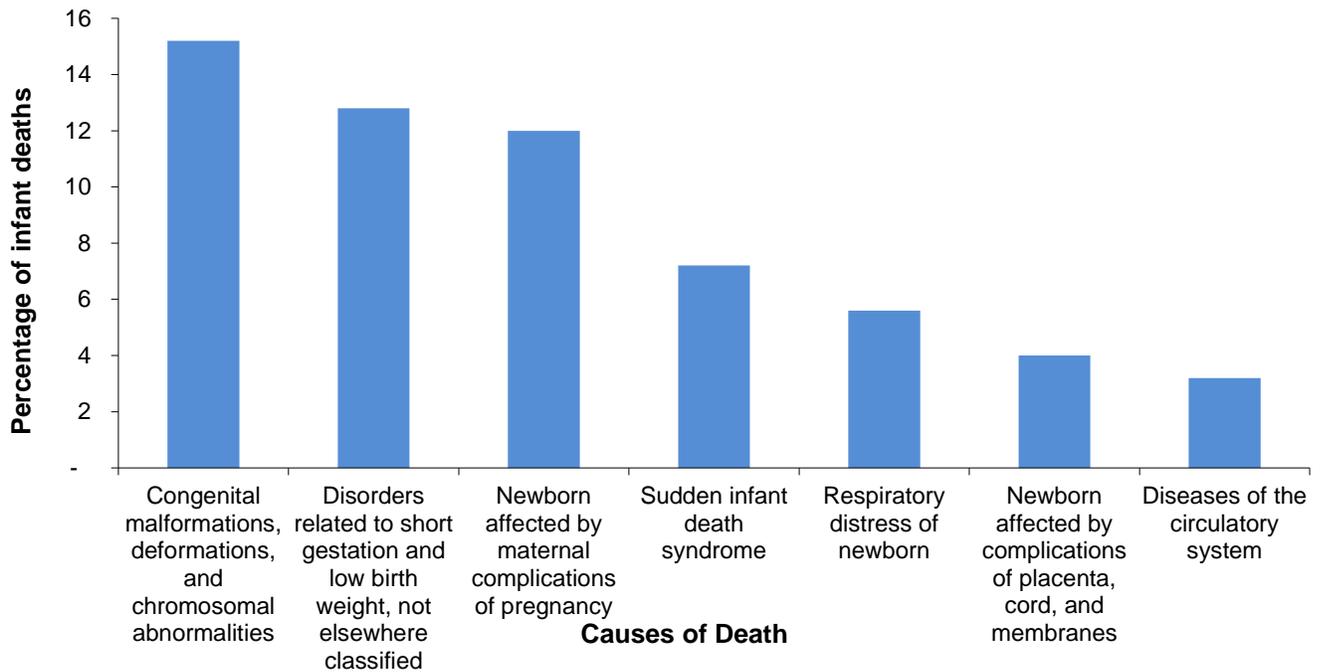
Though the proportions of deaths by race were similar for many of the causes of death, notable exceptions were accidents and disorders due to prematurity and low birthweight. In 2014-2018, while accidents were responsible for one percent of all non-Hispanic white infant deaths, they accounted for five percent of non-Hispanic black infant deaths. In 2014-2018, infant deaths due to disorders related to prematurity and low birthweight also accounted for larger percentages of non-Hispanic black infant deaths (21 percent) than non-Hispanic white infant deaths (13 percent).

**Figure 34. Percentage of the Most Frequent Causes of Non-Hispanic Black Infant Death, Delaware, 2014-2018**



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 2014-2018**

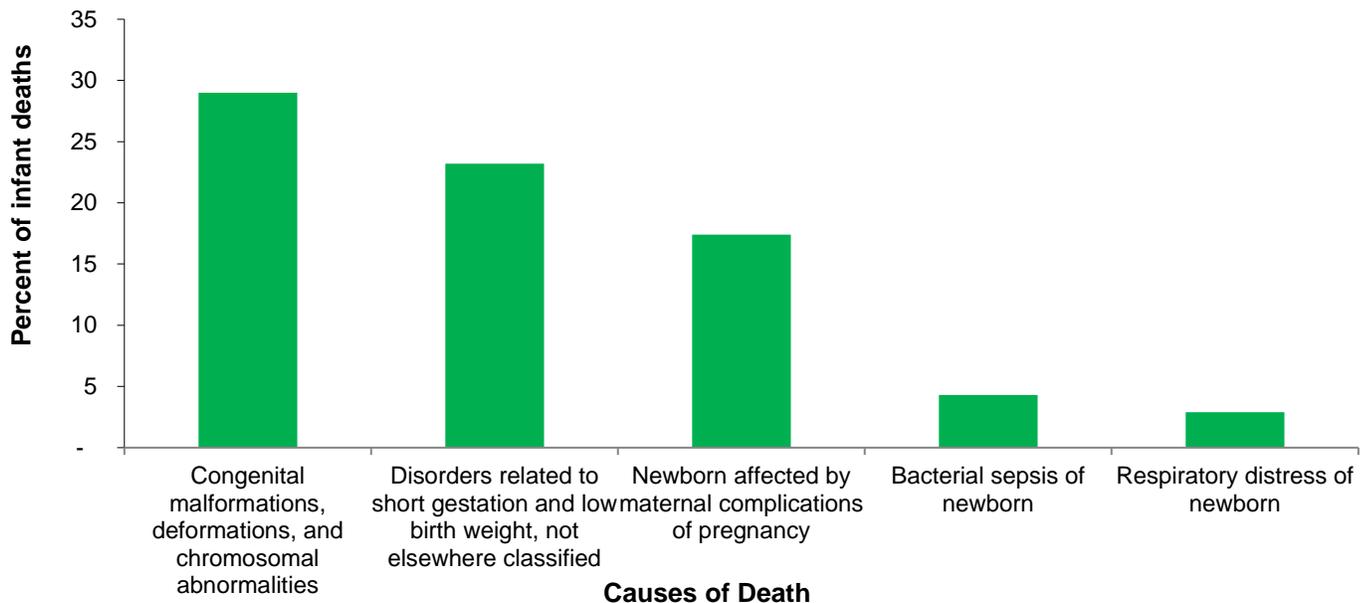


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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, 2014-2018, 15.0 percent of all live births were to Hispanic mothers, and 17.4 percent of all infant deaths were of Hispanic origin.

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

**Figure 36. Percentage of the Most Frequent Causes of Hispanic Infant Death, Delaware, 2014-2018**



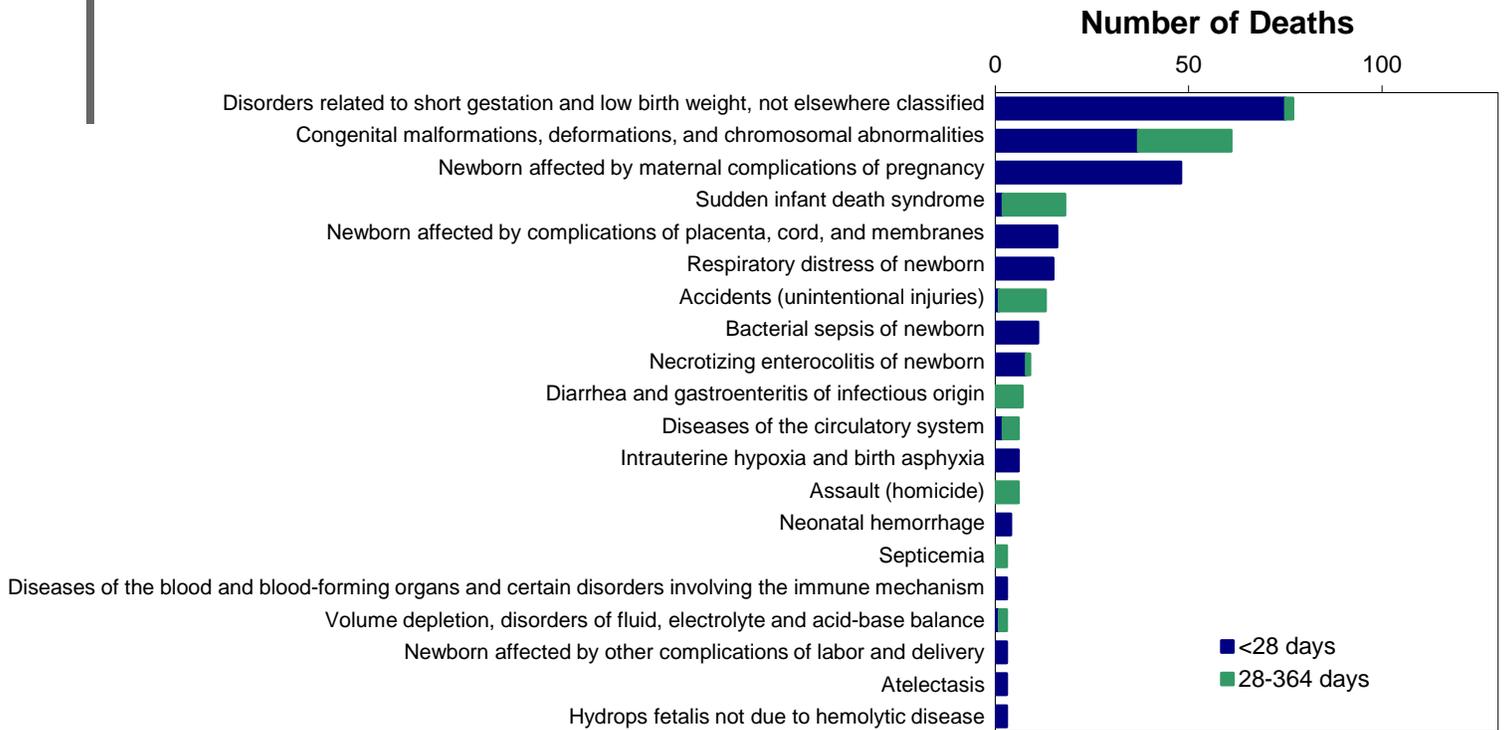
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## INFANT MORTALITY- Leading Causes of Death

In 2014-2018, 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 43 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, 2014-2018**



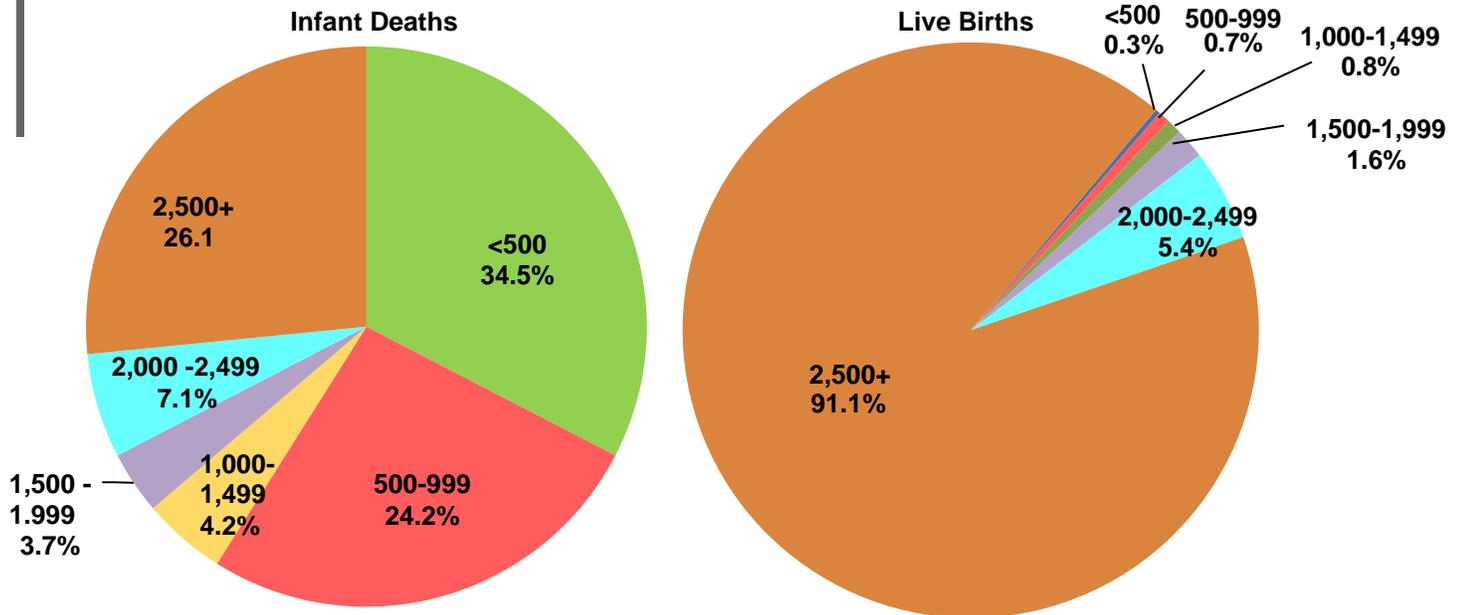
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

- Prematurity and low birthweight accounted for the greatest number of infant deaths in 2014-2018; 97.4 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 84 days. SIDS deaths decreased 63 percent from 2009-2013 to 2014-2018 (48 to 18 SIDS deaths). The number of infant deaths in 2014-2018 (395) decreased 8 percent from the number of infant deaths in 2009-2013 (429).
- Sixty-seven percent (12 out of 18) of the SIDS deaths were associated with co-sleeping and/or sleeping on soft surfaces, such as couches and adult beds.
- In 2014-2018, there were 23 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, 9 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 2013-2017 were infants weighing less than 1,000 grams, they accounted for over half (59 percent) of all infant deaths. In total, 8.8 percent of all live births in 2013-2017 were infants of low birthweight (under 2,500 grams) and 73.7 percent of infant deaths were low birthweight.

**Figure 38. Percent Distribution by Birthweight in Grams, Delaware, Live Birth Cohort, 2013-2017**

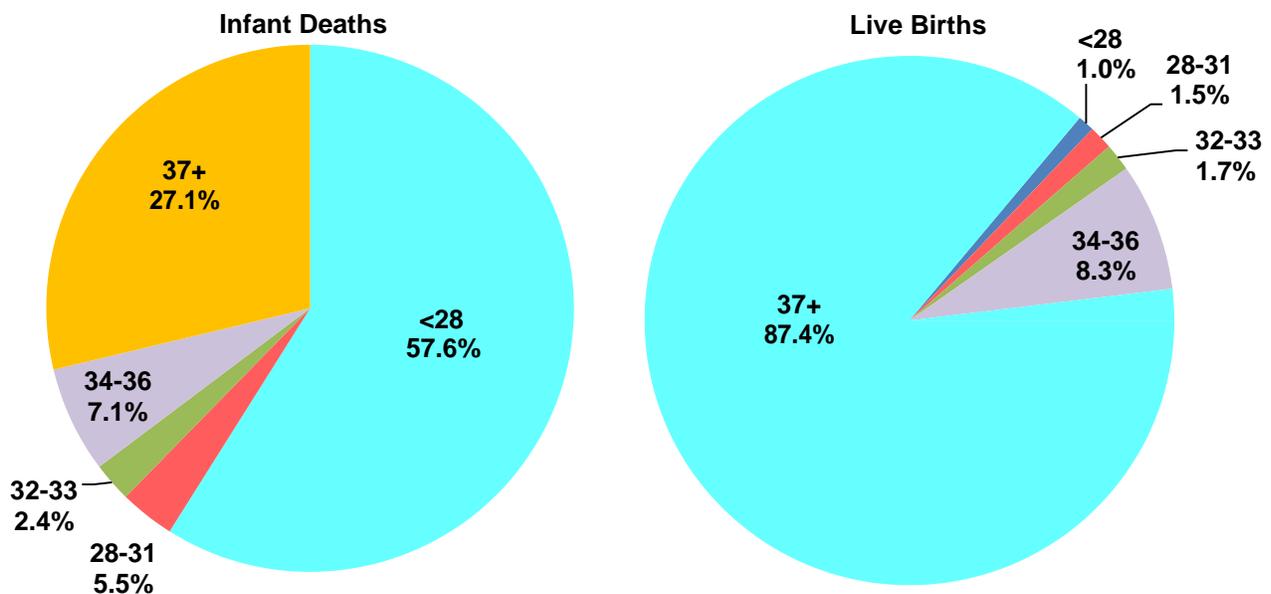


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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 2013-2017 were less than 28 weeks gestation at birth, but they accounted for 57.6 percent of all infant deaths. In total, 12.5 percent of all live births in 2013-2017 were born preterm (<37 weeks of gestation) and 72.6 percent of infant deaths were preterm.

**Figure 39. Distribution by Gestation in Weeks, Delaware, Live Birth Cohort, 2013-2017**



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

INFANT MORTALITY - Live Birth Cohort

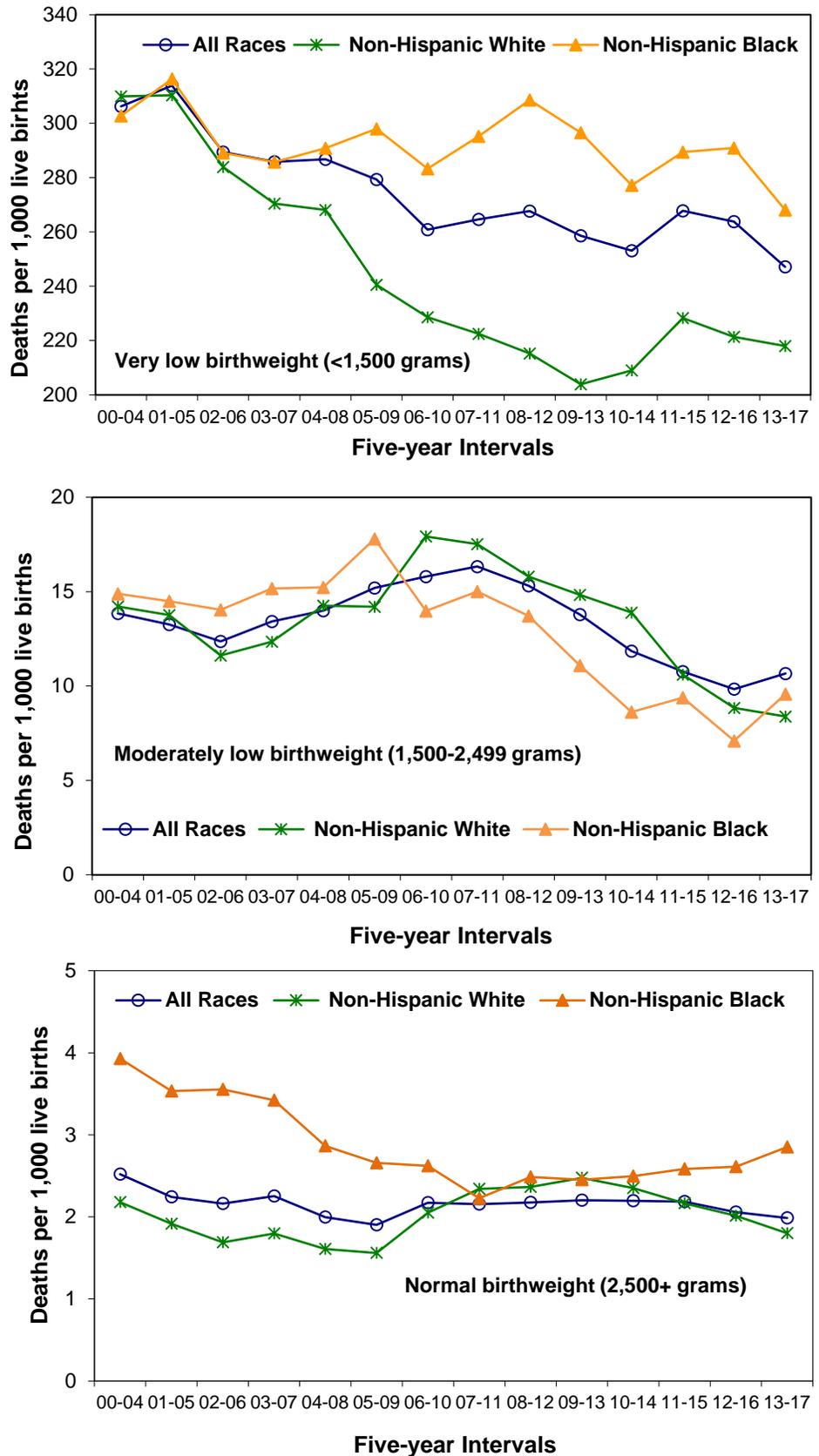
Birthweight and gestation are considered to be the most important predictors of infant health and mortality risk. Infants born too small or too early have a much greater risk of mortality than those who reach a normal birthweight (2,500+ grams) or full-term gestation (37+ weeks).

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 268.1 was significantly higher than the non-Hispanic white IMR of 218.0 infant deaths per 1,000 live births in 2013-2017.

IMRs for moderately low birthweight infants of all races decreased 34 percent from its high point in 2007-2011 to 2013-2017. During that time, non-Hispanic white IMRs decreased 52 percent while the non-Hispanic black IMR decreased by 36 percent, making the non-Hispanic black IMR higher than the non-Hispanic white IMR (9.6 vs 8.4).

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 2013-2017, the non-Hispanic white IMR decreased 22 percent to 1.8 whereas the non-Hispanic black IMR increased 32 percent to 2.9 infant deaths per 1,000 live births. The IMR for all races had a 9 percent decrease for the same time period.

**Figure 40. Five-year Average Infant Mortality Rates by Birthweight and Race, Delaware, 2000-2017 Live Birth Cohort**

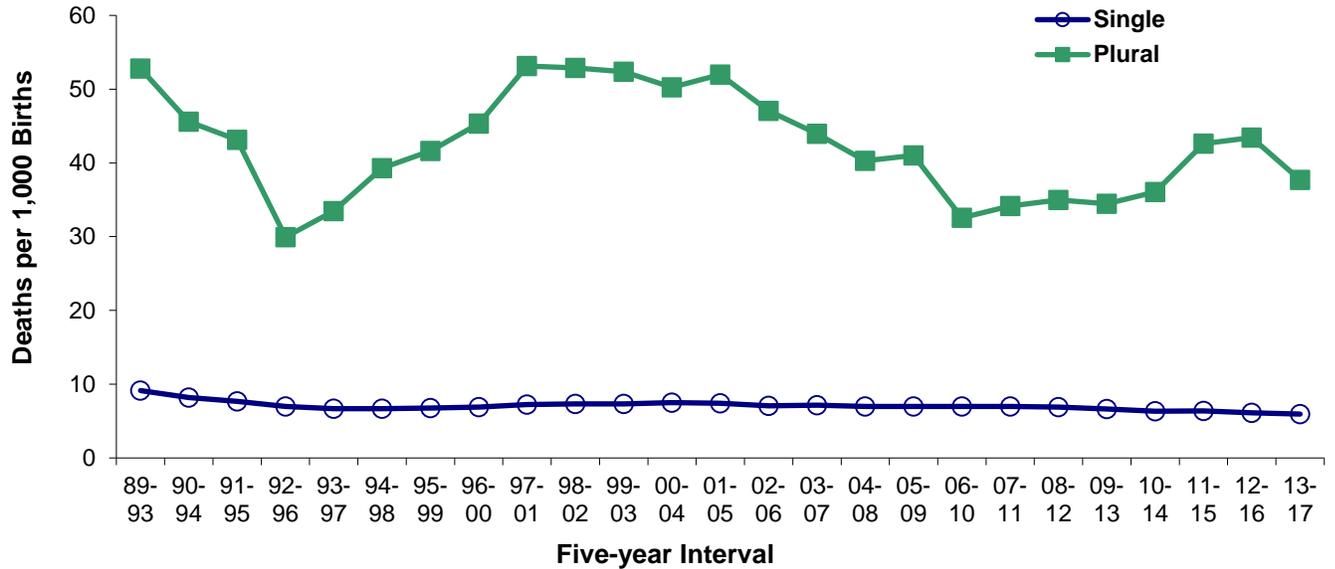


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## 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 increased 16 percent from 32.6 to 37.7 infant deaths per 1,000 live births. IMRs for singleton births decreased 20 percent from 2001-2005 to 2013-2017. In 2013-2017, the infant mortality rate for plural births was more than six times that of singleton births (37.7 versus 5.9 infant deaths per 1,000 live births, respectively).

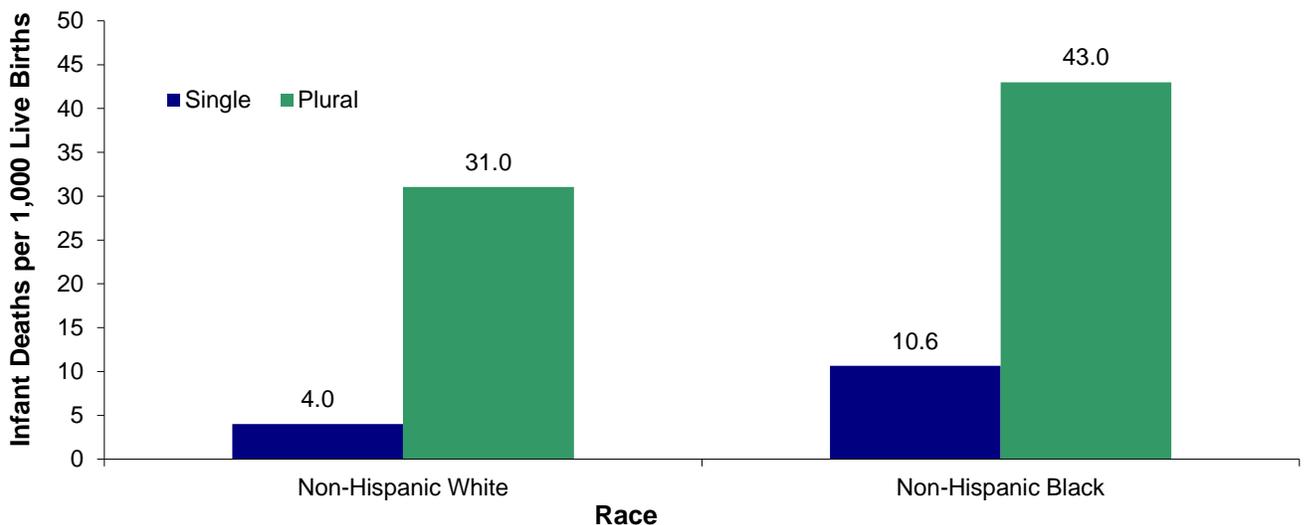
**Figure 41. Five-year Average Infant Mortality Rates by Plurality, Delaware, Live Birth Cohort, 1989-2017**



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, 2013-2017**

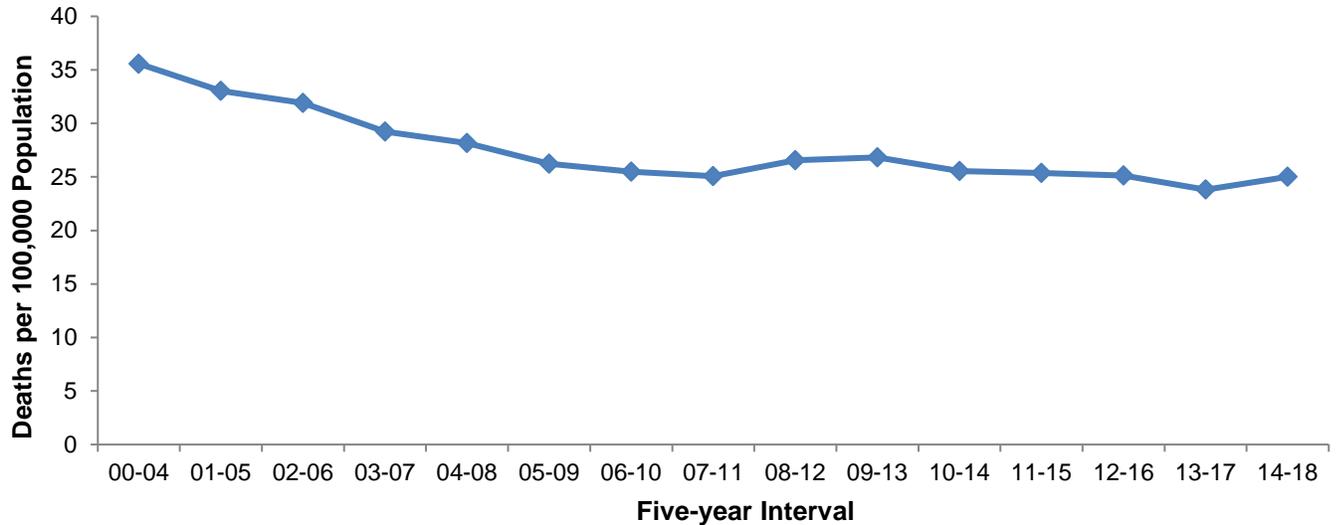


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

For 2014-2018, 275 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 71 percent of all child deaths in 2014-2018.

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 2014-2018, the rate decreased 30 percent to 25.0 child deaths (ages 1-19) per 100,000 population.

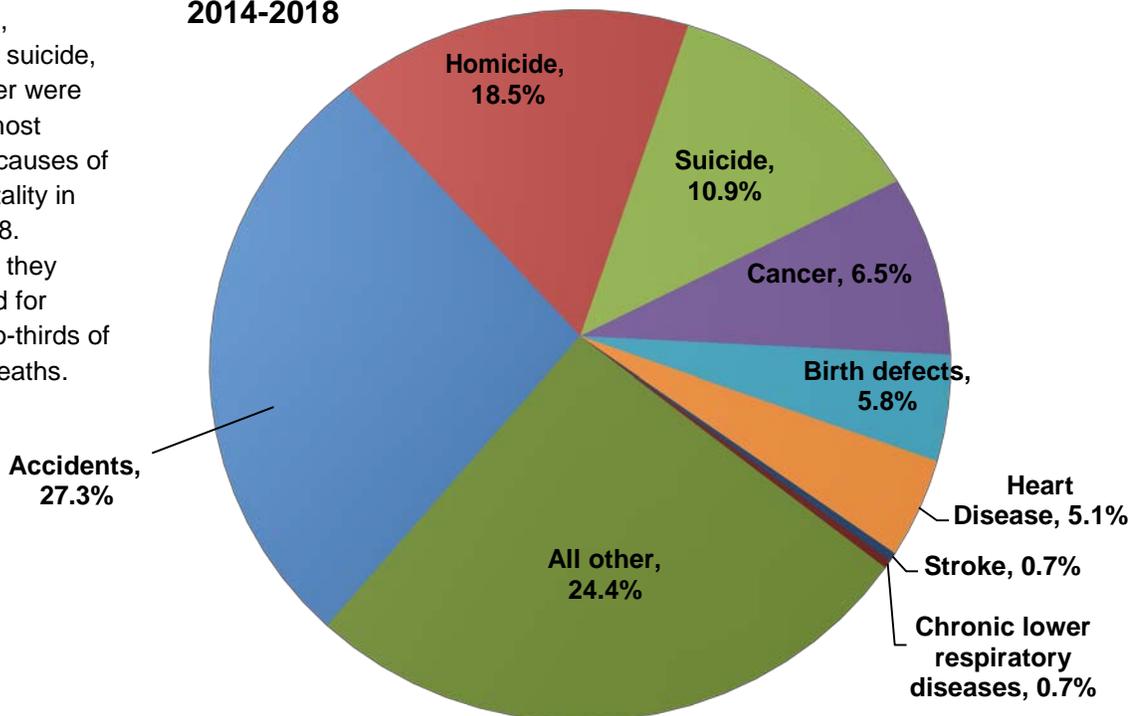
**Figure 43. Five-year Average Child (1-19) Mortality Rates, Delaware, 2000-2018**



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

**Figure 44. Leading Causes of Child Mortality, Delaware, 2014-2018**

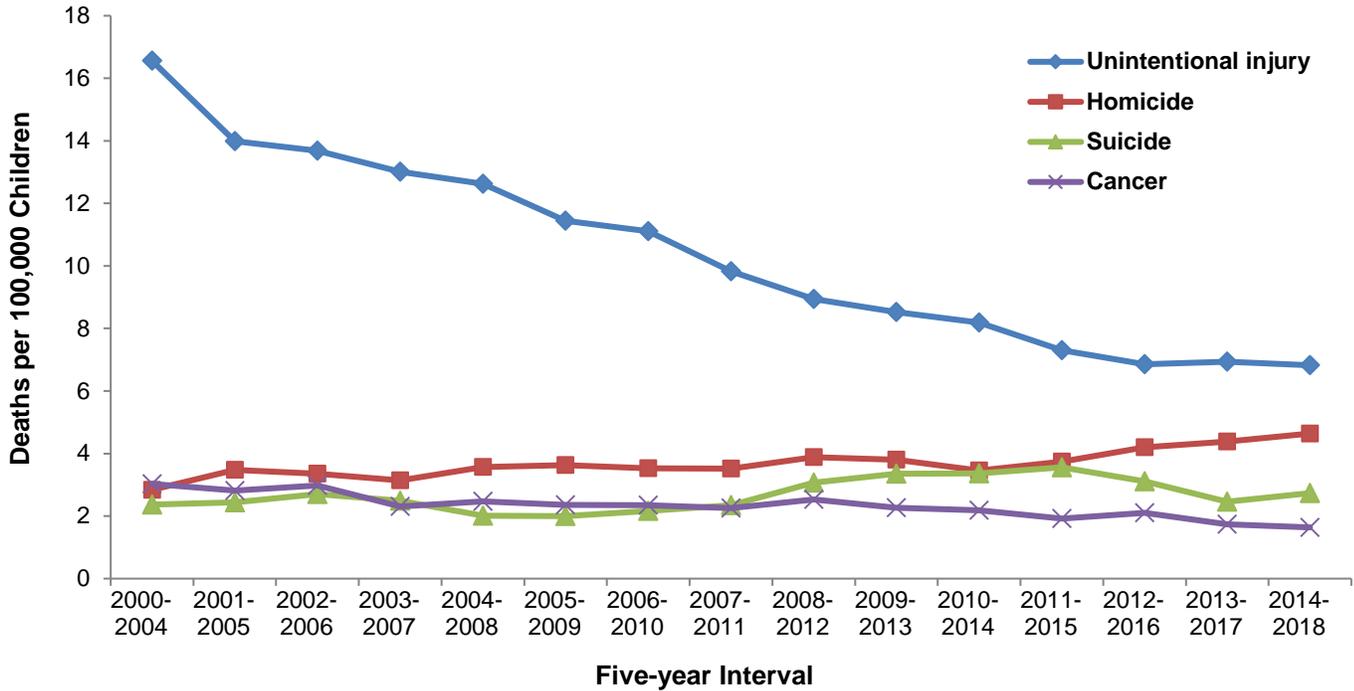
Accidents, homicide, suicide, and cancer were the four most common causes of child mortality in 2014-2018. Together, they accounted for nearly two-thirds of all child deaths.



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

From 2000-2004 to 2014-2018, 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 47 percent (3.0 to 1.6 deaths per 100,000 children). Homicide mortality rates increased by 64 percent from 2000-2004 to 2014-2018 (2.8 to 4.6 deaths per 100,000 children), while suicide mortality rates increased 12.5 percent to 2.7 deaths per 100,000 children.

**Figure 45. Five-year Average Child (1-19) Mortality Rates, Delaware, 2000-2018**



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

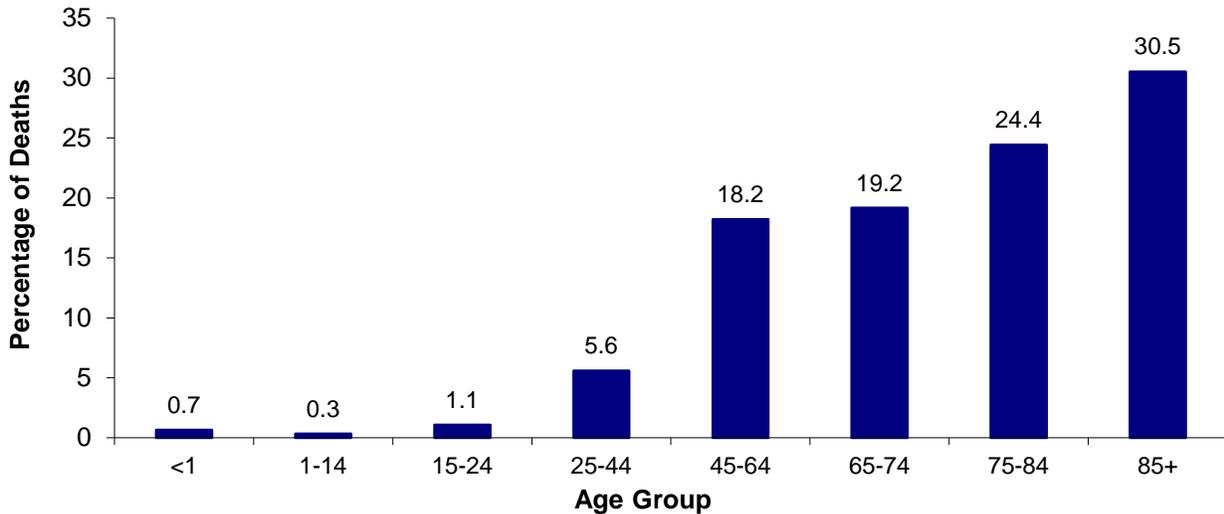
The most common causes of child deaths in 2014-2018 are:

- Motor vehicle crashes accounted for 55 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 13 percent of unintentional deaths, respectively.
- Most child homicides were due to firearms (77 percent) and suffocation (3.9 percent).
- The majority of child cancer deaths were due to brain cancer (39 percent) and leukemia (17 percent).
- Suffocation (40%), followed by firearms (30%), were the most common methods of suicide, which accounted for 70 percent of the total suicide deaths.

More Delaware residents died in 2018 than in 2017. A total of 9437 residents died, 62 of whom were infants under the age of 1. Deaths were split almost equally between males (52%) and females(48%). Cancer and heart disease were the most common causes of death, accounting for 44 percent of all deaths in 2018.

- Thirty-one percent of the Delawareans who died in 2018 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, 2018**



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

- A Delaware resident born in 2018 could expect to live an average of 78.5 years.
- In 2018, life expectancy at birth varied by race and sex; non-Hispanic white females had the highest life expectancy (81.5) while non-Hispanic black males had the lowest (71.8).
- In 1989, 80 percent of Delaware decedents were buried and 15 percent were cremated. By 2018, the distribution had shifted: 41.3 percent of decedents were buried and 53.4 percent were cremated.
- In 2018, cancer was the leading cause of death in Delaware. Heart disease, accidents, strokes and chronic lower respiratory disease made up the remaining top five, while diabetes became the seventh leading cause of death.

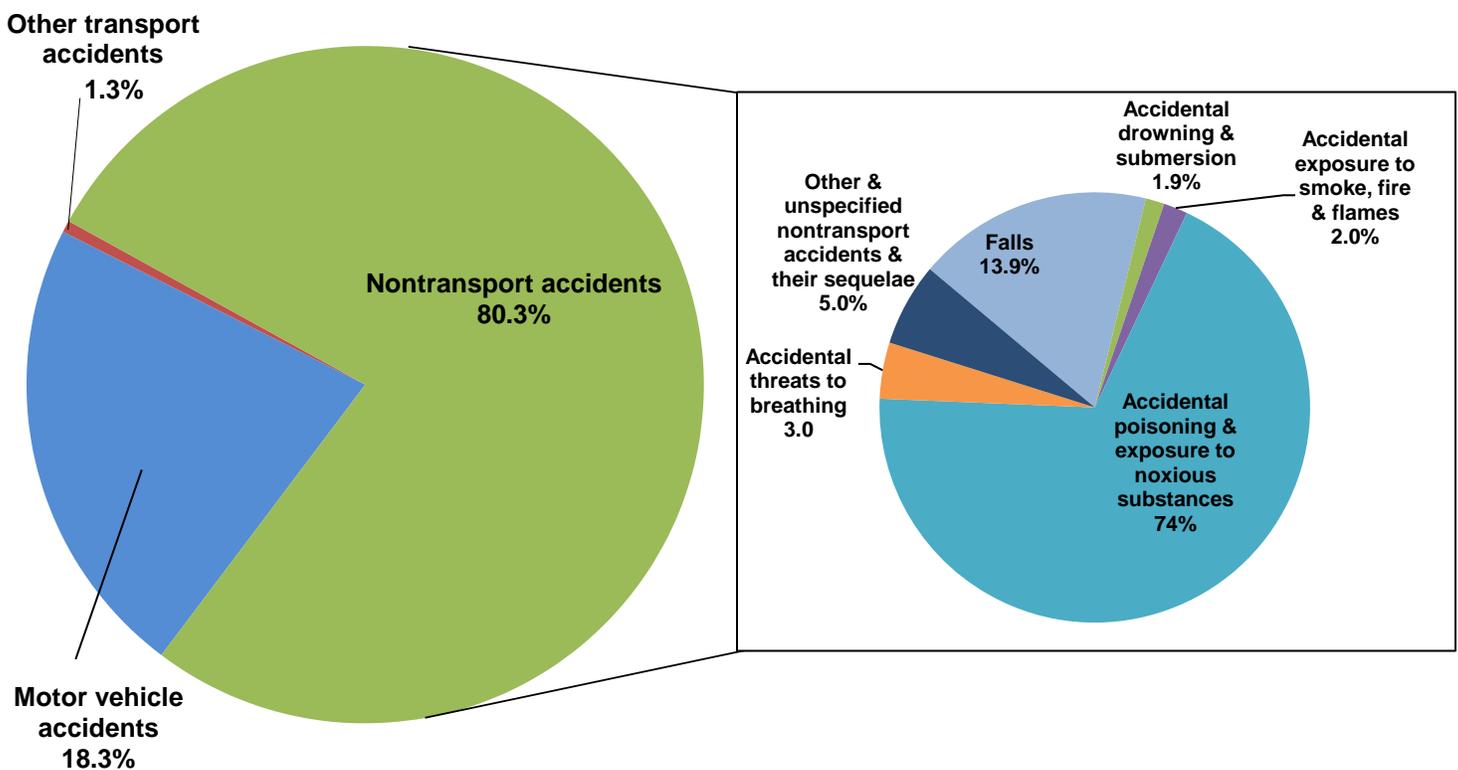
**Figure 47. Number of Deaths by Leading Cause Delaware, 2018**

Rank	Leading Cause of Death	Number
1	Malignant neoplasms	2,098
2	Diseases of heart	2,017
3	Accidents (unintentional injuries)	671
4	Cerebrovascular diseases	605
5	Chronic lower respiratory diseases	530
6	Alzheimer's disease	412
7	Diabetes mellitus	238
8	Nephritis, nephrotic syndrome & nephrosis	209
9	Influenza & pneumonia	168
10	Septicemia	118

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

- Of the 671 deaths due to unintentional injury in 2018 (7.1 percent of all deaths), 18.3 percent were due to motor vehicle accidents and 80.3 percent were due to non-transport accidents. Nearly three quarters (74 percent) of the 539 non-transport accidents were caused by unintentional poisonings; the majority (96 percent) of unintentional poisonings were drug-induced poisonings.
- For the tenth year, unintentional poisonings surpassed motor vehicle injuries as the leading cause of unintentional injury death in 2018.
  - Poisonings caused the most unintentional injuries for non-Hispanic white and non-Hispanic black decedents with the exception of non-Hispanic black females where motor vehicles were the highest. Motor vehicle traffic accidents were the second highest unintentional injuries for males both non-Hispanic black and non-Hispanic white. Non-Hispanic black females had poisoning as second highest. Falls were the second highest unintentional injuries for non-Hispanic white females.
- In 2014-2018, accidents were the number one cause of deaths for people 1-44 years of age, and they were responsible for 44 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 80% of total deaths for that age group.

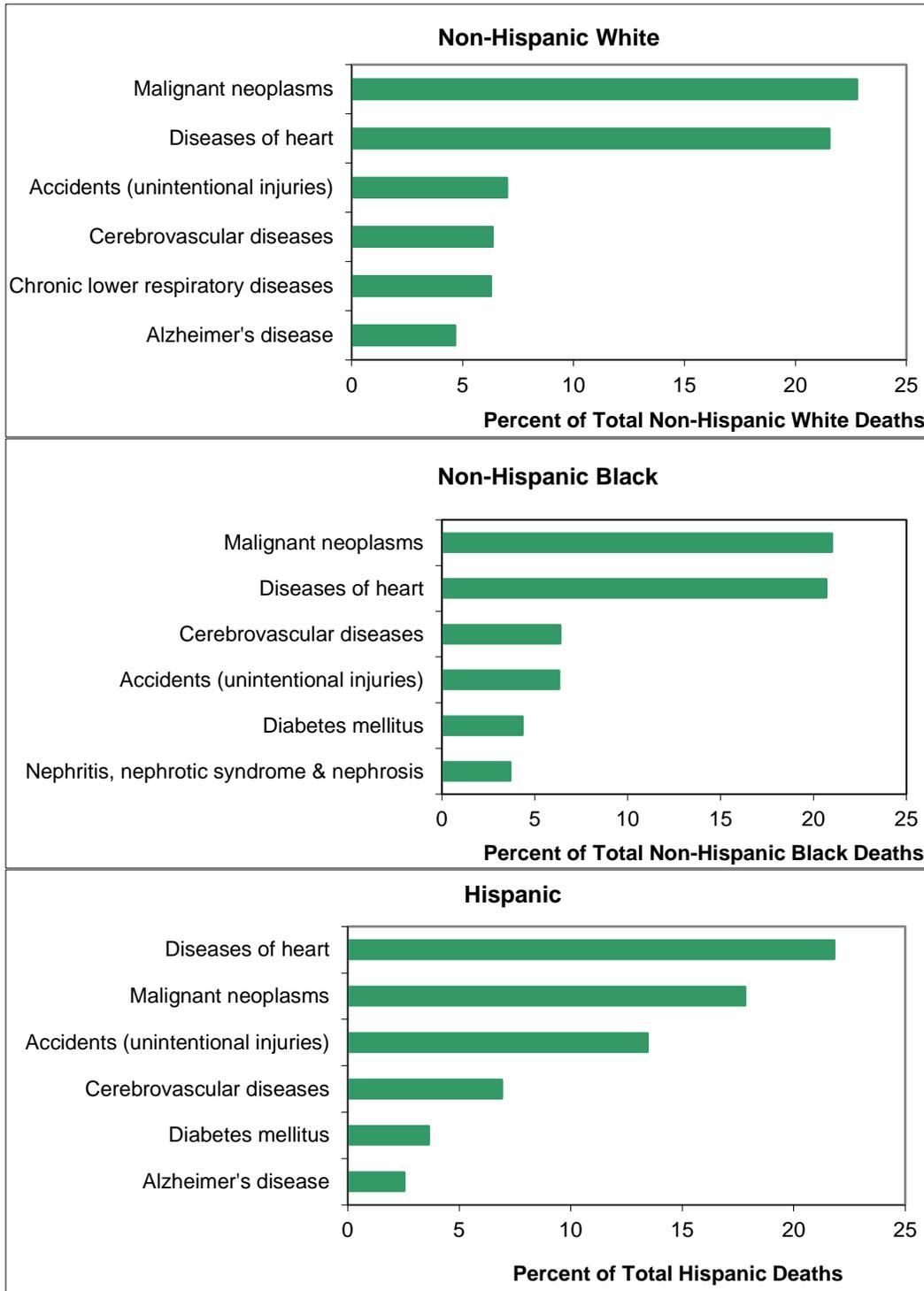
**Figure 48. Accidental Causes of Death by Specific Cause of Injury, Delaware, 2018**



*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 2018, 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, 2018**

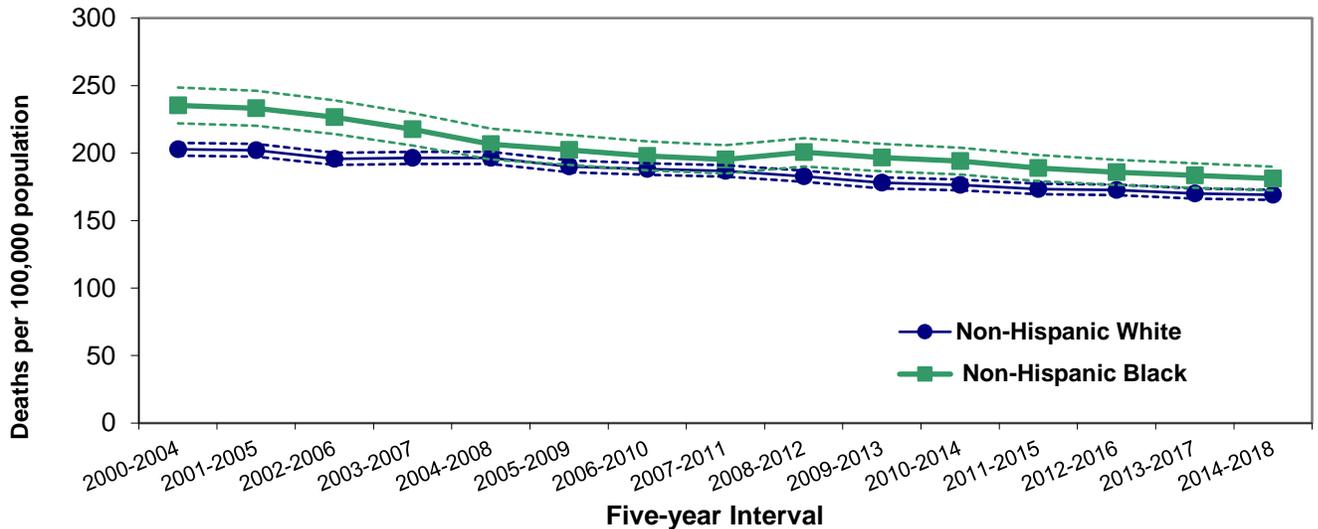


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Cancer mortality rates decreased in all three counties since the 2000-2004 time period. In 2014-2018, the five-year age-adjusted cancer mortality rate was 161.0 deaths per 100,000 population in Sussex County, 162.2 deaths per 100,000 population in New Castle County, and 182.3 deaths per 100,000 population in Kent County. The cancer mortality rate in Wilmington exceeded that of Kent County at 185.8 and is 12 percent higher than the Delaware age-adjusted cancer mortality rate of 165.3 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. In 2014-2018, the non-Hispanic black cancer mortality rate of 181.2 deaths per 100,000 population was 7.2 % higher than non-Hispanic white rate of 169.1 deaths per 100,000 population whereas in 2000-2004 the non-Hispanic black rate was 16 % higher (235.3 vs 202.8).

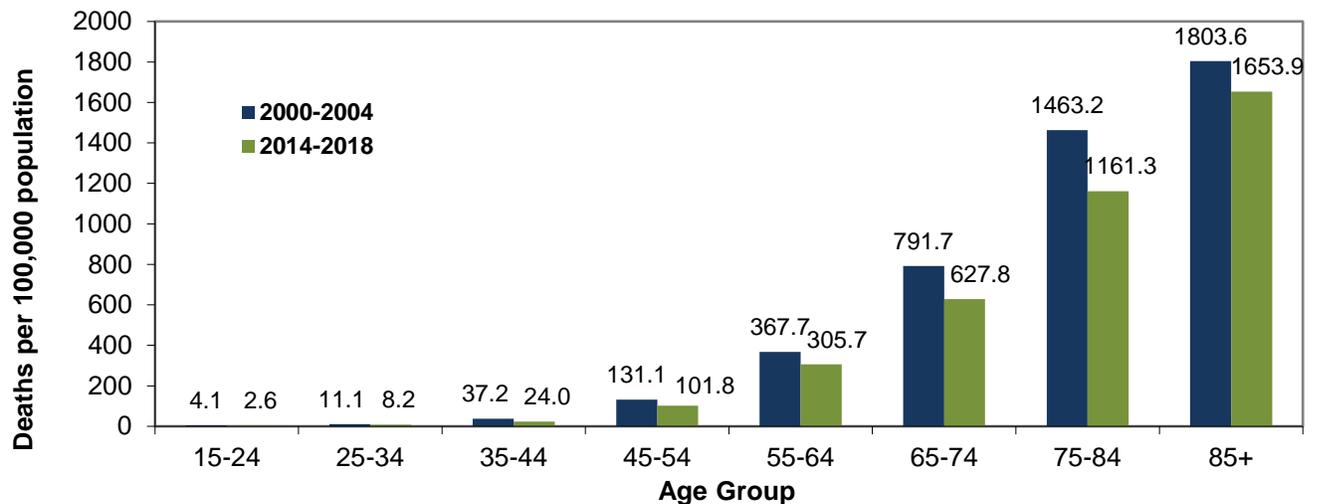
**Figure 50. Five-year Age-Adjusted Cancer Mortality Rates by Race, Delaware, 2000-2018**



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

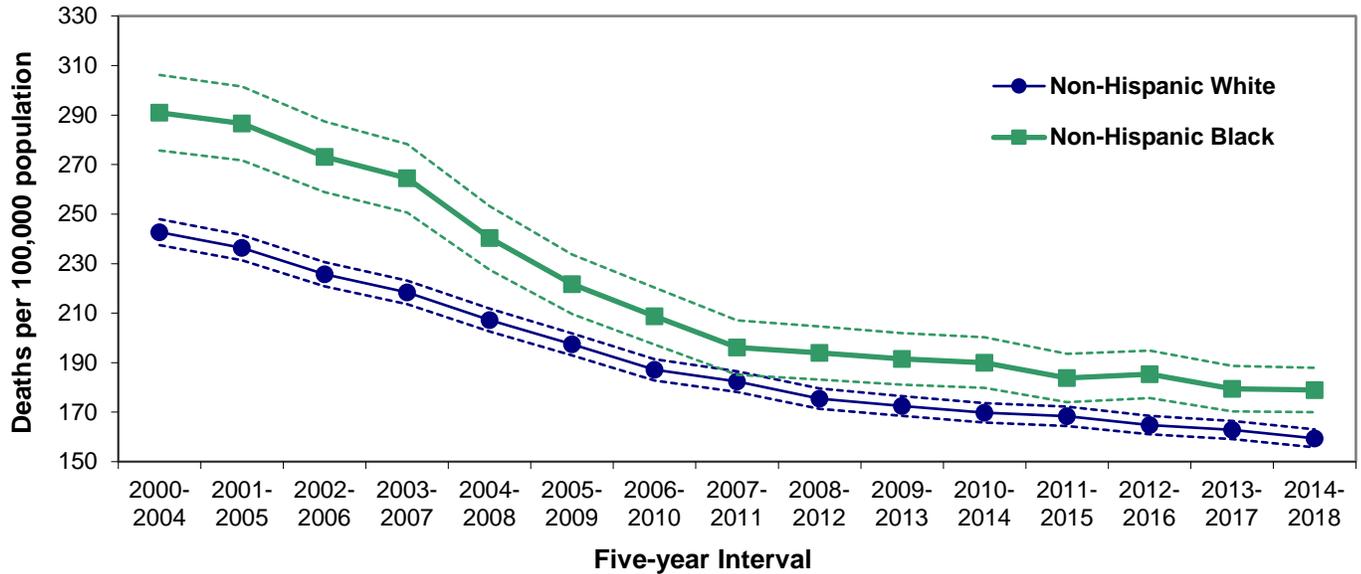
The same decreasing trend in the age-adjusted cancer mortality rates were reflected in the age-specific rates. Cancer mortality rates declined for all age groups between the 2000-2004 and 2014-2018 time periods. The 15-24 and 35-44 age groups experienced the largest decreases; 37 and 36 percent decreases, respectively.

**Figure 51. Five-year Average Age-Specific Cancer Mortality Rates, Delaware, 2000-2004 and 2014-2018**



Heart disease was the second most common cause of death for both non-Hispanic black and non-Hispanic white Delawareans in 2014-2018. Non-Hispanic black and non-Hispanic white heart disease mortality rates have declined significantly since 2000-2004, with non-Hispanic black rates declining 39 percent and the non-Hispanic white rates declining 34 percent.

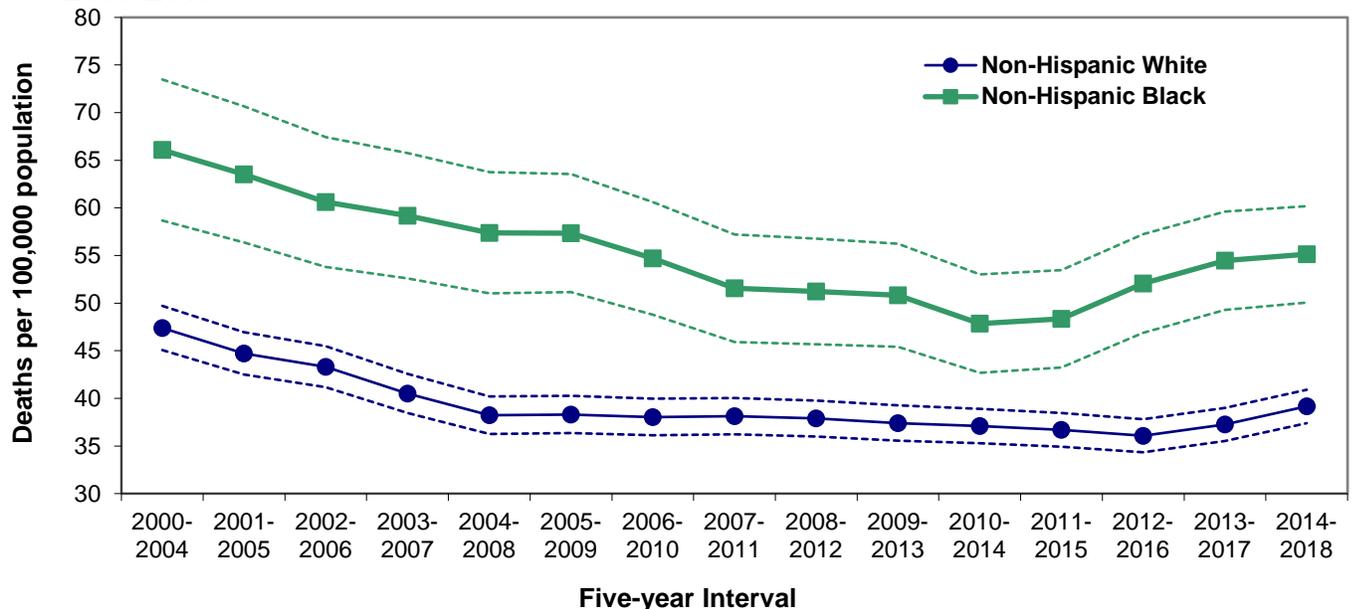
**Figure 52. Five-year Age-Adjusted Heart Disease Mortality Rates by Race, Delaware, 2000-2018**



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 17 percent from 2000-2004 to 2014-2018. In 2014-2018, the non-Hispanic black stroke mortality rate of 55.1 deaths per 100,000 population was 41 percent higher than the non-Hispanic white rate of 39.2 deaths per 100,000 population.

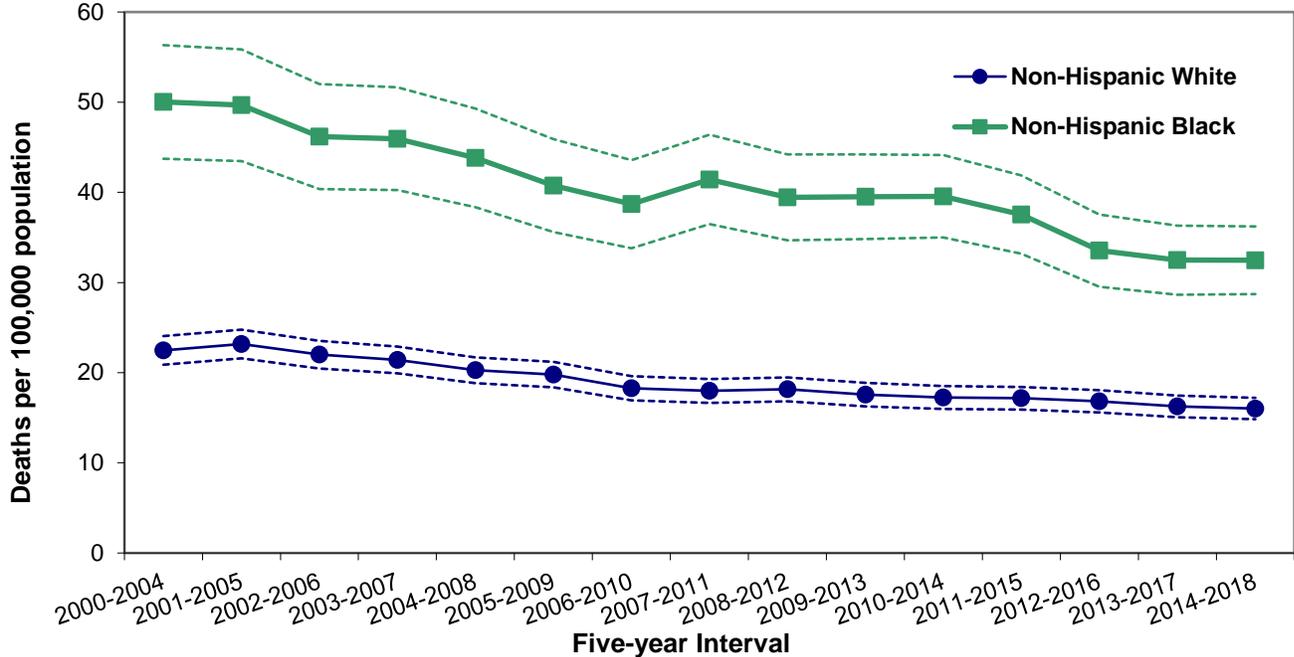
**Figure 53. Five-year Age-Adjusted Stroke Mortality Rates by Race, Delaware, 2000-2018**



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

Although non-Hispanic black mortality rates for diabetes declined 35 percent since 2000-2004, their rates were double that of non-Hispanic white rates in 2014-2018.

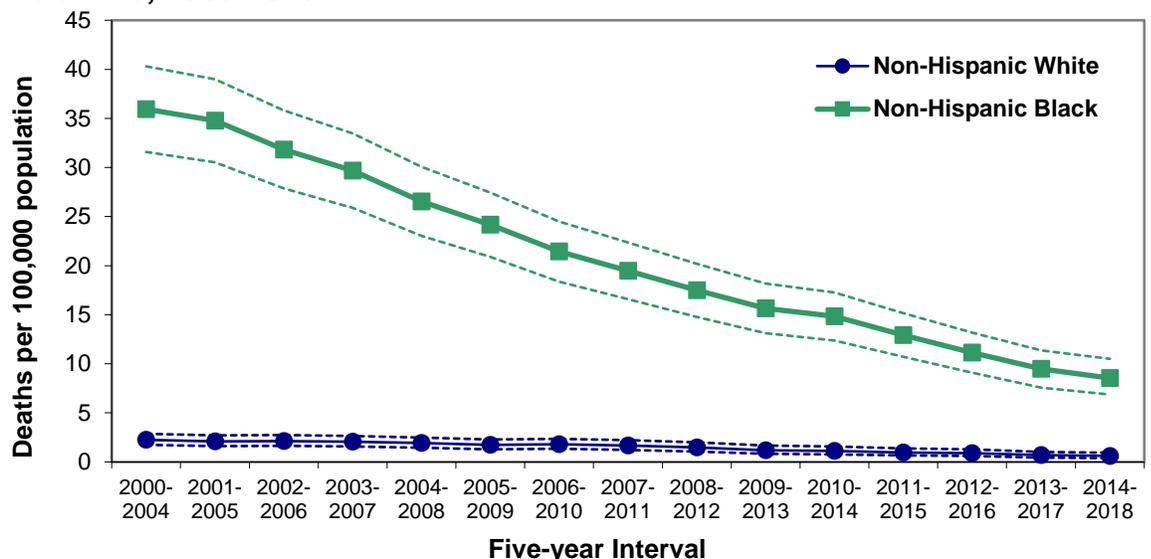
**Figure 54. Five-year Age-Adjusted Diabetes Mortality Rates by Race, Delaware, 2000-2018**



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 76 percent since 2000-2004, their 2014-2018 mortality rate of 8.5 deaths per 100,000 population was more than 14 times that of non-Hispanic whites. Non-Hispanic black residents made up only 21 percent of the total Delaware population in 2014-2018; however, non-Hispanic black decedents accounted for 74 percent of all deaths due to HIV/AIDS.

**Figure 55. Five-year Age-Adjusted HIV/AIDS Mortality Rates by Race, Delaware, 2000-2018**

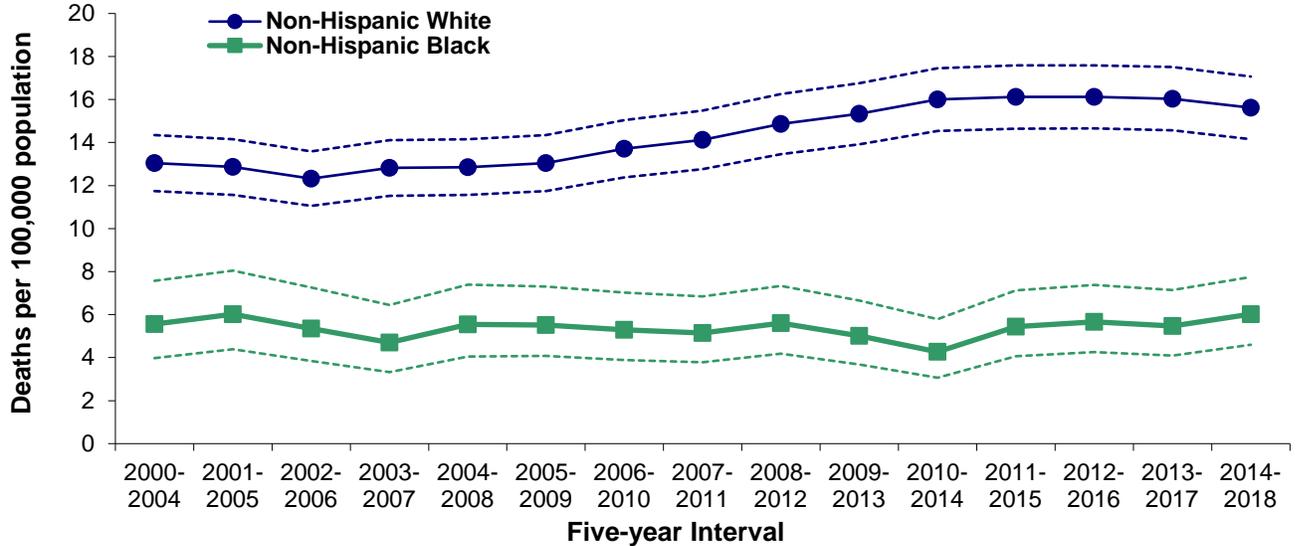


In 2014-2018, HIV was the thirteenth leading cause of death for non-Hispanic black Delawareans; it ranked eleventh for non-Hispanic black males and fourteenth for non-Hispanic black females.

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 20 percent from 2000-2004 to 2014-2018, with the non-Hispanic white rate (15.6 deaths per 100,000 population) nearly triple the non-Hispanic black rate (6.0 deaths per 100,000 population).

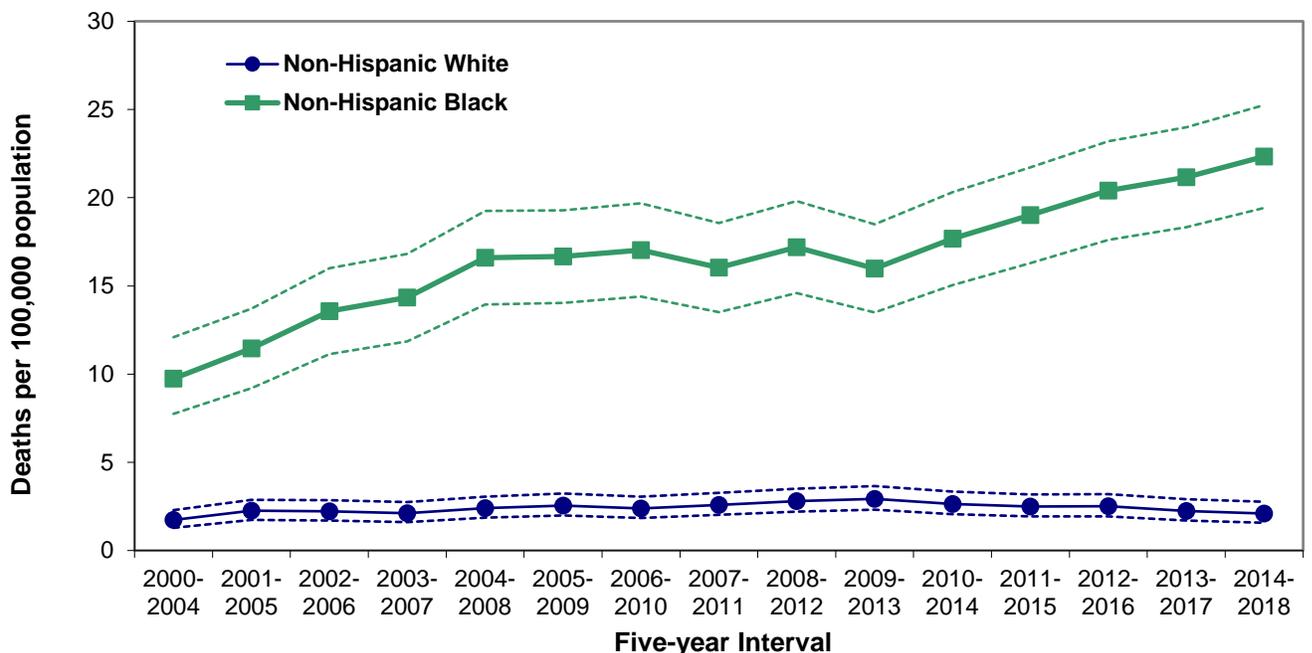
**Figure 56. Five-year Age-Adjusted Suicide Mortality Rates by Race, Delaware, 2000-2018**



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 84 percent from 3.8 in 2000-2004 to 7.0 deaths per 100,000 population in 2014-2018. During the same period, the non-Hispanic black homicide rate increased 130 percent to 22.3 deaths per 100,000 population and the non-Hispanic white homicide mortality rate increased 24 percent from 1.7 to 2.1 deaths per 100,000 population.

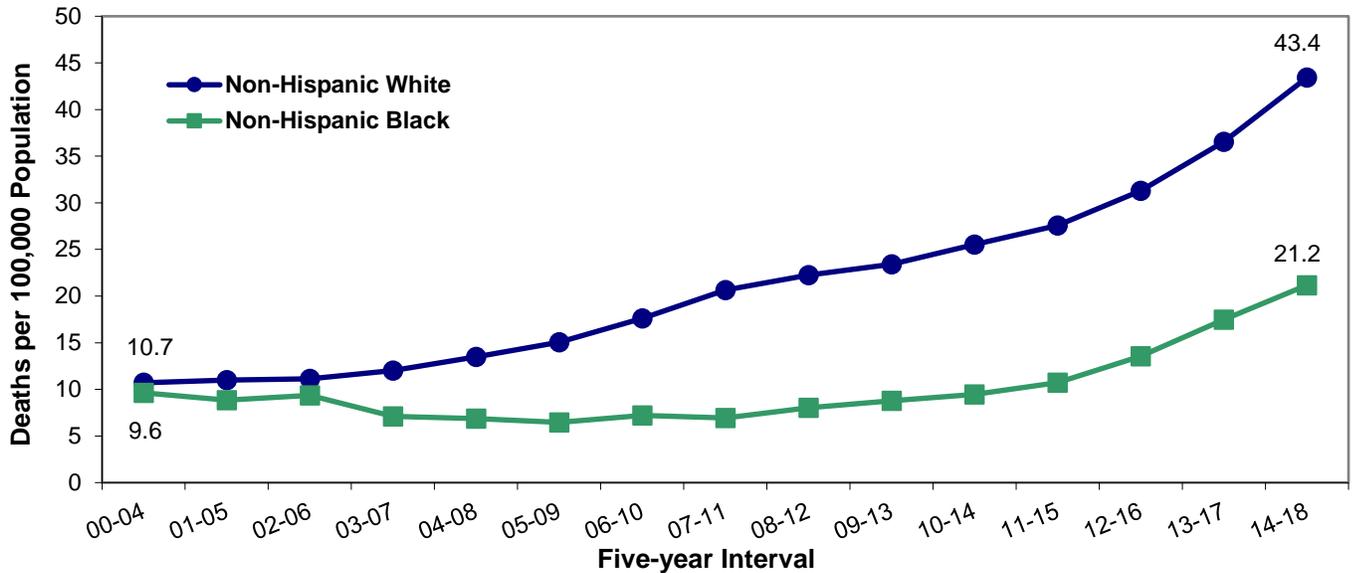
**Figure 57. Five-year Age-Adjusted Homicide Mortality Rates by Race, Delaware, 2000-2018**



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 2014-2018, 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 2014-2018, non-Hispanic white rates increased 306 percent (10.7 to 43.4 deaths per 100,000 population) and non-Hispanic black rates increased 121 percent (9.6 to 21.2 deaths per 100,000 population).

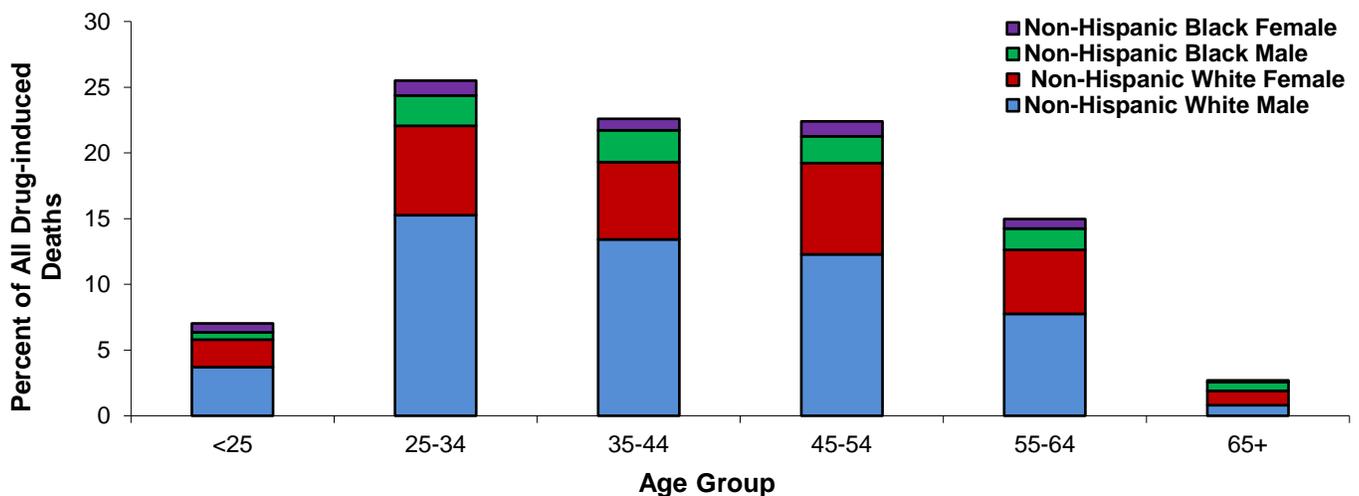
**Figure 58. Five-year Age-adjusted Mortality Rates for Drug-induced Deaths by Race, Delaware, 2000-2018**



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. Non-Hispanic black decedents accounted for only 14 percent of drug induced deaths in 2014-2018. Fifty three percent of all drug-induced deaths were non-Hispanic white males. Non-Hispanic white males and females aged 25- to-54 made up the highest percentages of drug-induced deaths accounting for 61 percent of drug-induced deaths.

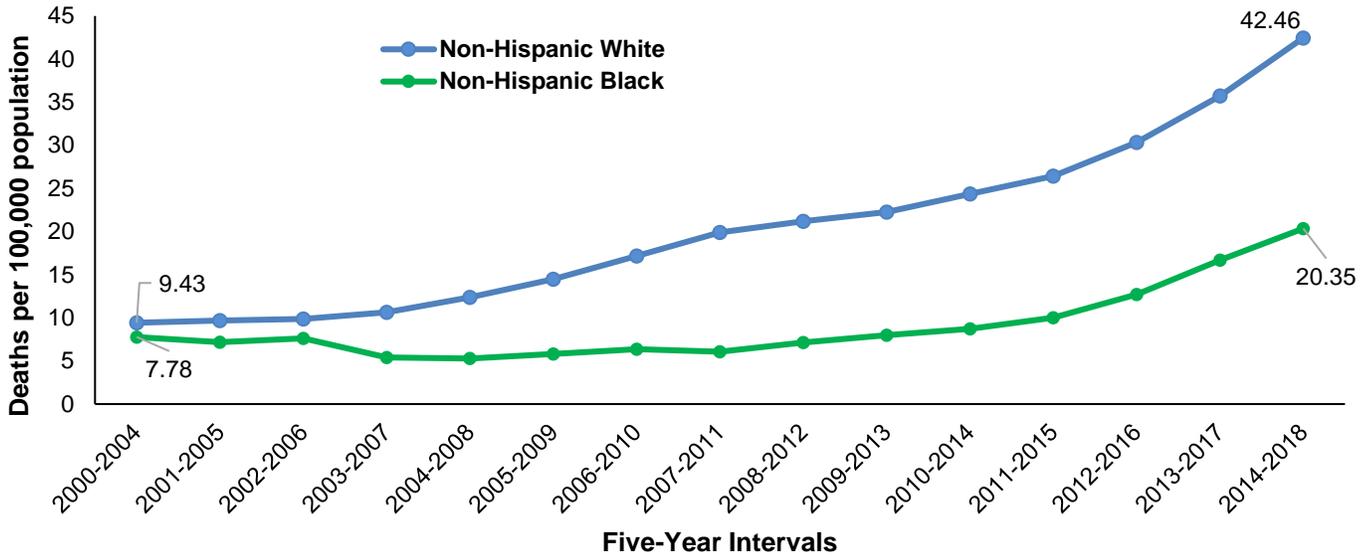
**Figure 59. Distribution of Drug-induced Deaths by Race, Sex, and Age group, Delaware 2014-2018**



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 2014-2018, the five-year age-adjusted mortality rate for drug overdose deaths among non-Hispanic whites increased 350 percent to 42.46 deaths per 100,000 population, while the non-Hispanic black rate increased 162 percent to 20.35 deaths per 100,000 population.

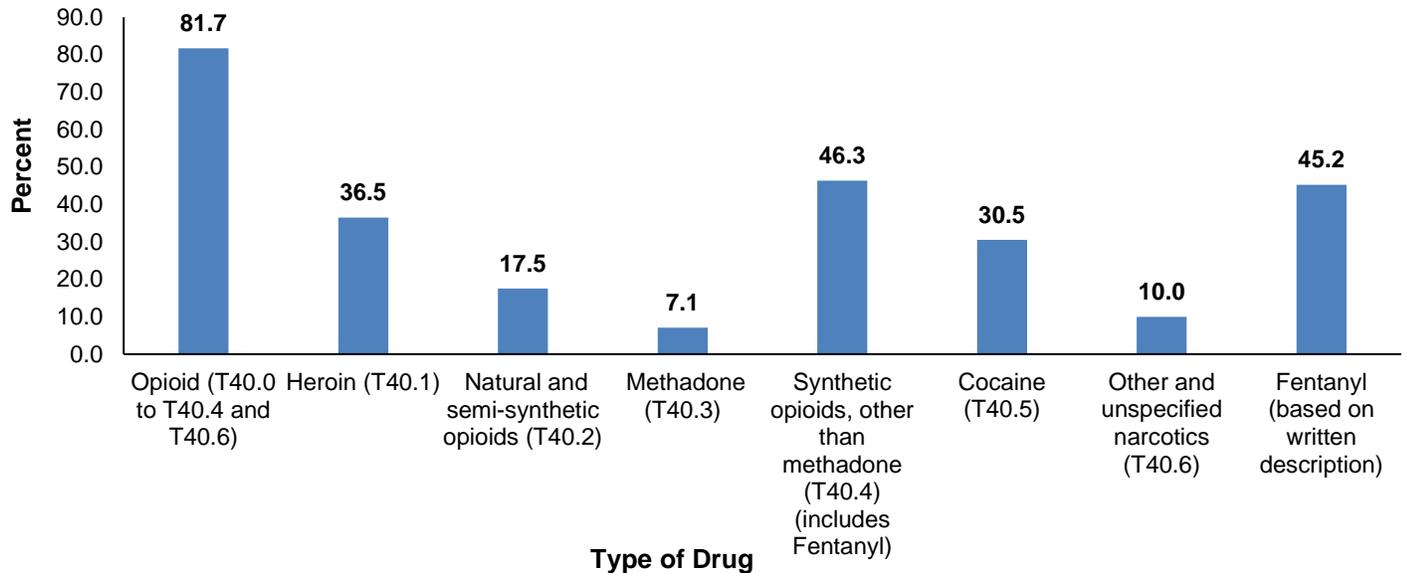
**Figure 60. Five-Year Age-adjusted Mortality Rates for Drug Overdose by Race, Delaware 2000-2018**



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

In 2014-2018, 82 percent of drug overdose deaths were opioid related, 46 percent were synthetic opioids other than methadone, 45 percent were Fentanyl, and 37 percent involved heroin. Thirty one percent of overdose deaths involved cocaine. In the same time period, 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, 2014-2018**



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