
DELAWARE VITAL STATISTICS SUMMARY REPORT ■ 2012



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

This report was prepared by

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

Fall, 2016

Suggested citation:

Delaware Health Statistics Center. *Delaware Vital Statistics Annual Report, 2012*.
Delaware Department of Health and Social Services, Division of Public Health: 2016.

Selected Characteristics: Delaware Vital Statistics Annual Report, 2012

Population			Fetal Deaths		
	Number*	Percent		Number*	Percent
Delaware	914,621	100.0%	Delaware	62	100.0%
<i>Kent</i>	166,563	18.2%	<i>Kent</i>	4	6.5%
<i>New Castle</i>	543,049	59.4%	<i>New Castle</i>	36	58.1%
<i>Sussex</i>	205,009	22.4%	<i>Sussex</i>	22	35.5%
	Error				
Marriages			Race		
	Number*	5-yr Rate ¹		Number*	Percent
Delaware	5,314	5.4	<i>White</i>	38	61.3%
<i>Kent</i>	932	5.9	<i>Black</i>	21	33.9%
<i>New Castle</i>	2,701	4.6	<i>Hispanic Origin</i> ⁴	8	12.9%
<i>Sussex</i>	1,681	7.1			
Divorces			Infant Mortality		
	Number*	5-yr Rate ¹		Number*	5-yr Rate ⁵
Delaware	3,239	3.6	Delaware	98	8.1
<i>Kent</i>	742	4.4	<i>Kent</i>	17	6.9
<i>New Castle</i>	1,843	3.3	<i>New Castle</i>	74	9.1
<i>Sussex</i>	654	3.5	<i>Sussex</i>	7	6.2
Live Births			Race		
	Number*	5-yr Rate ²		Number*	Percent
Delaware	11,227	65.9	<i>White</i>	48	5.8
<i>Kent</i>	2,166	66.5	<i>Black</i>	38	13.8
<i>New Castle</i>	6,880	62.7	<i>Hispanic Origin</i> ⁴	11	7.7
<i>Sussex</i>	2,181	76.4			
Births to Teenagers (15-19)			Mortality		
<i>White</i>	438	31.0		Number*	Adj. Rate ⁶
<i>Black</i>	300	56.4	Delaware	7,816	709.7
Delaware	757	36.6	<i>Kent</i>	1,368	843.4
<i>Kent</i>	161	37.4	<i>New Castle</i>	4,394	716.7
<i>New Castle</i>	401	32.3	<i>Sussex</i>	2,054	634.0
<i>Sussex</i>	195	51.1			
Race			Race and Gender		
	Number*	Percent		Number*	Percent
<i>White</i>	7,510	66.9%	<i>White Males</i>	3,121	815.2
<i>Black</i>	3,084	27.5%	<i>White Females</i>	3,227	596.1
<i>Hispanic Origin</i> ⁴	1,427	12.7%	<i>Black Males</i>	666	970.1
Marital Status			<i>Black Females</i>	726	768.7
<i>Married</i>	5,823	53.0%	Decedent's Age		
<i>Single</i>	5,159	47.0%		Number*	Percent
Births to Single Mothers ³			<1	98	1.3%
<i>White</i>	2,925	38.9%	1-14	28	0.4%
<i>Black</i>	2,115	68.6%	15-24	86	1.1%
<i>Hispanic Origin</i> ⁴	866	60.7%	25-44	356	4.6%
Low Birth Weight (<2500 gms)			45-64	1579	20.2%
All Races	910	8.1%	65-74	1357	17.4%
<i>White</i>	503	6.7%	75-84	2077	26.6%
<i>Black</i>	350	11.3%	85+	2235	28.6%
<i>Hispanic Origin</i> ⁴	100	7.0%	Leading Causes of Death		
				Number*	Percent
			Malignant neoplasms	1,934	24.7%
			Diseases of heart	1,787	22.9%
			Dementia	513	6.6%
			Chronic lower respiratory diseases	423	5.4%
			Cerebrovascular diseases	403	5.2%
			Accidents (unintentional injuries)	371	4.7%

Notes:

* Numbers are for 2012.

1. The 5-year rate is per 1,000 population and refers to the period 2008-2012.

2. The 5-year rate refers to total live births per 1,000 women 15-44 years of age during the 2008-2012 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 2012.

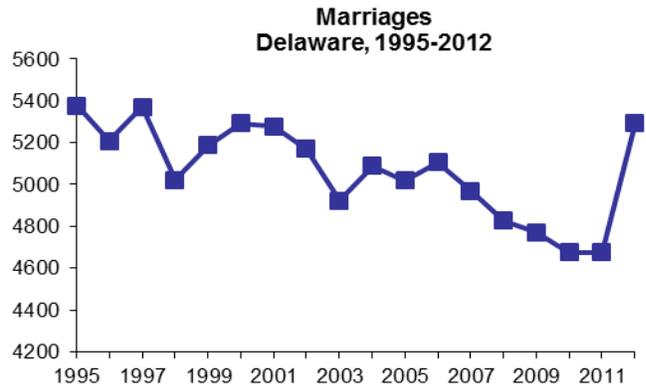
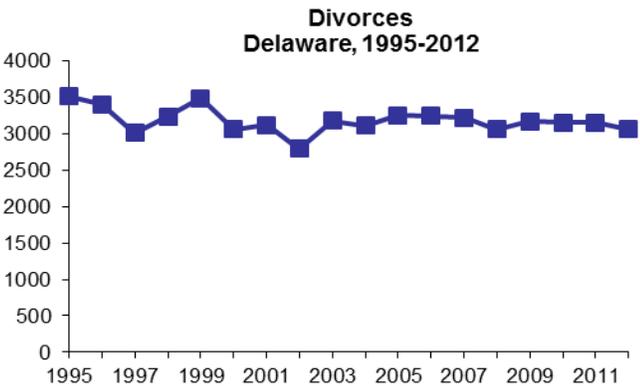
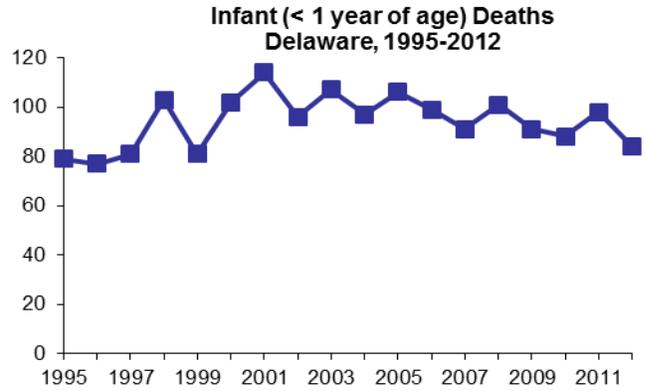
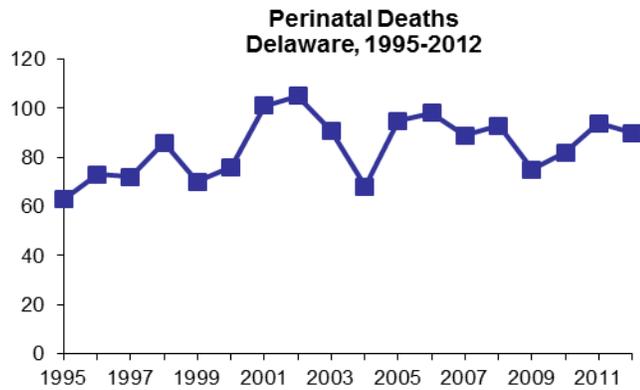
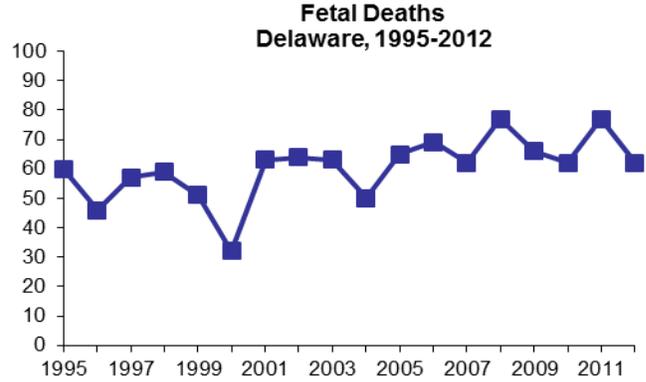
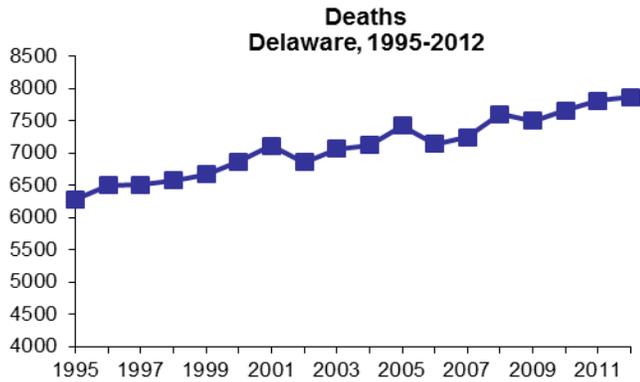
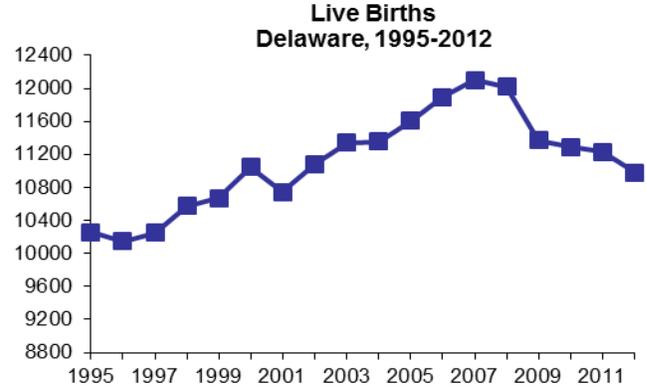
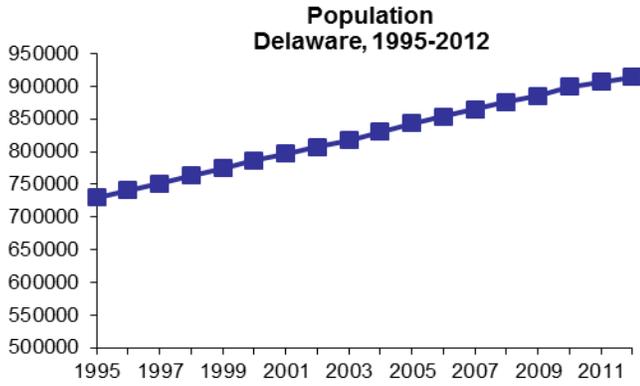
5. The 5-year (2008-2012) infant mortality rates represent the number of deaths to children under one year of age per 1,000 live births.

6. The 2012 mortality rates (deaths per 100,000 population) for Delaware and the counties are age-adjusted to the 2000 U.S. population.

SUMMARY

Source: Delaware Health Statistics Center

2012 DELAWARE VITAL STATISTICS



Source: Delaware Health Statistics Center

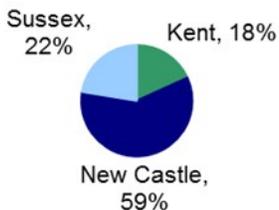
POPULATION

Delaware's three counties continued their increasing population trend, though they grew at different rates. Between 2000 and 2012, county populations grew annually by 2.4 percent for Kent, 0.6 percent for New Castle, and 2.3 percent for Sussex. Delaware's statewide increase was 1.3 percent.

In 2012, more than half of Delaware's 65 and older population resided in New Castle County. However, residents 65 and older represented a much larger proportion of the Sussex County population, where one in five residents was 65 or older, versus New Castle and Kent counties, where approximately one in eight residents was 65 or older.

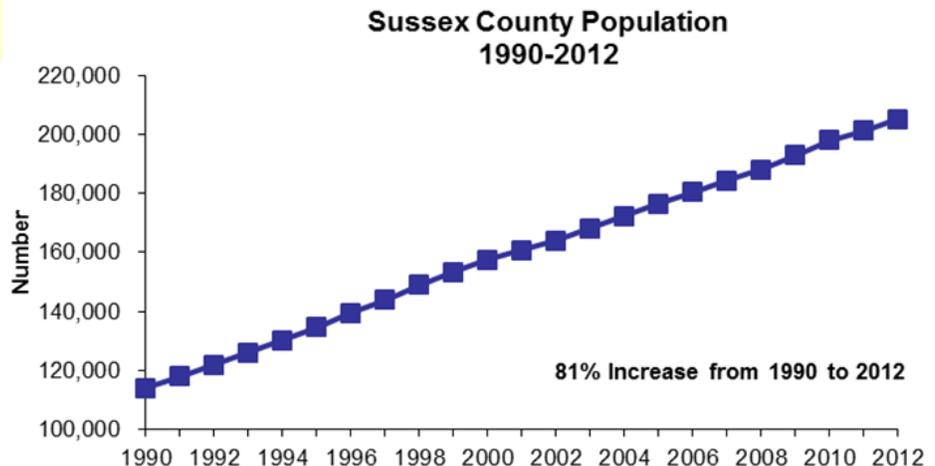
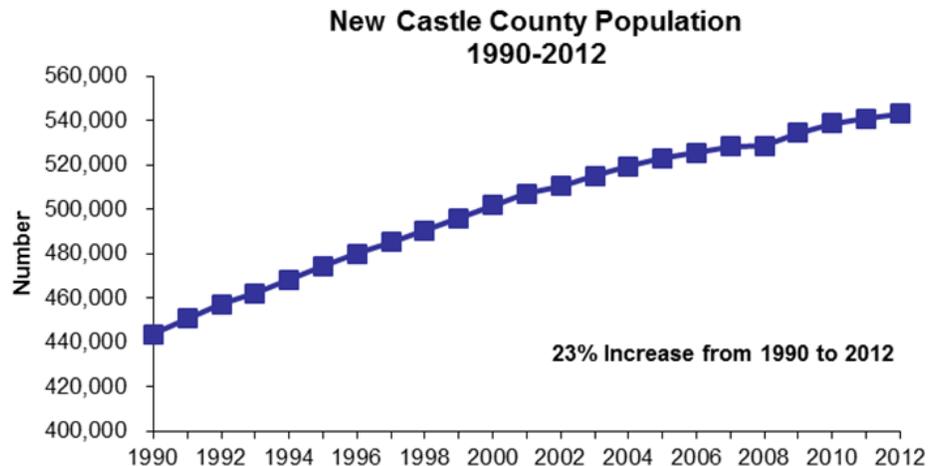
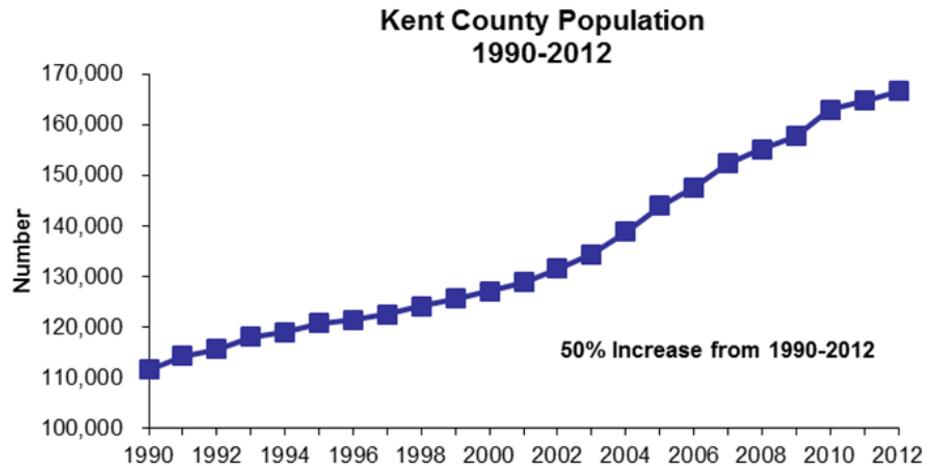
Over half of Delaware's total population resides in New Castle County.

Percent of Population by County
Delaware, 2012



Source: Delaware Health Statistics Center

Delaware Resident Population by County, 1990-2012

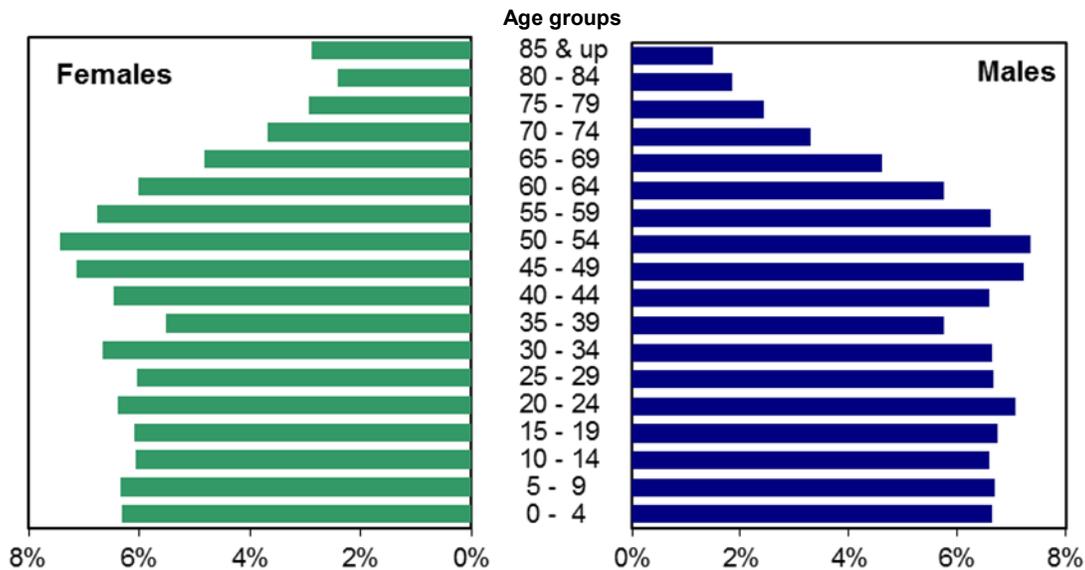


Source: Delaware Health Statistics Center

POPULATION

In 2012, just over 50 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 2012 could expect to live an average of 81.8 years, versus males, who could expect to live 77.0 years.

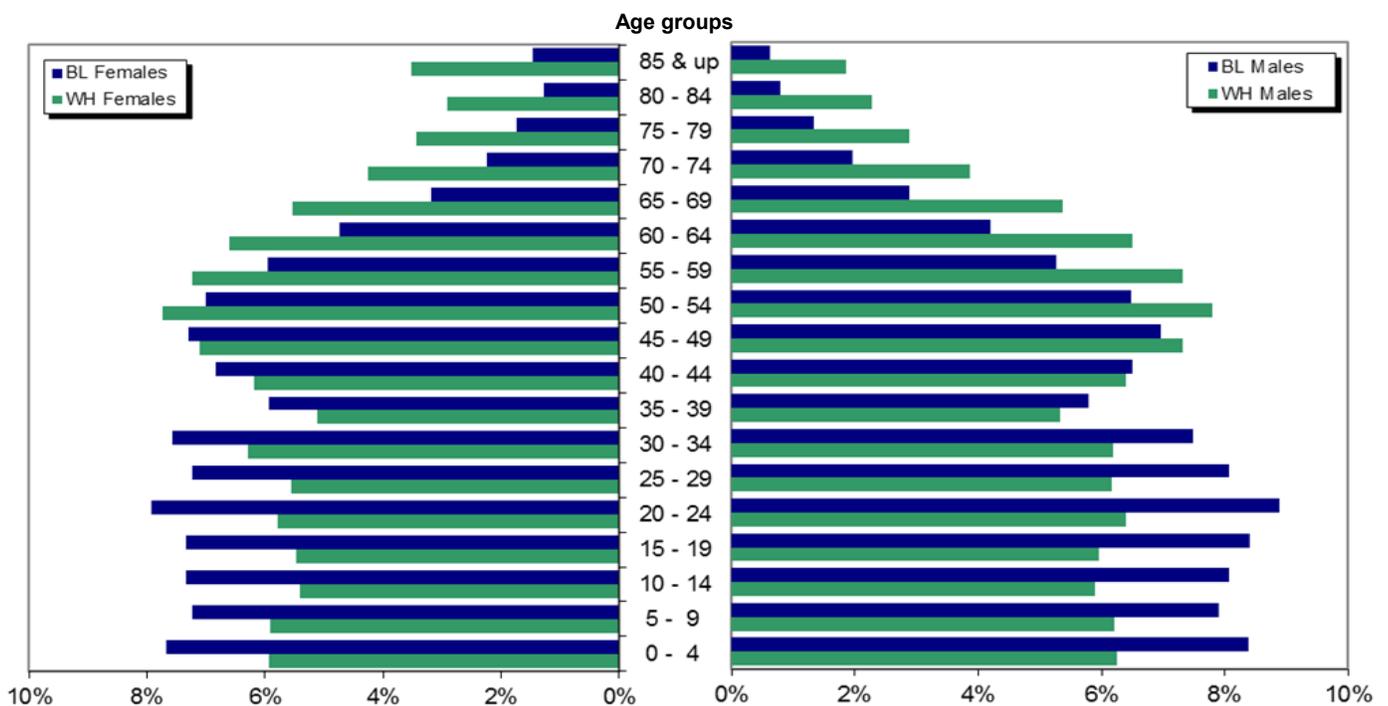
Population by Age and Sex, Delaware, 2012



Source: Delaware Health Statistics Center

When the population was broken down by race, the higher proportion of females in the older age groups appeared in the black population as well. However, both black males and females had a greater percentage of their population in the 0-44 year age range than whites; in the 45 and above age range, whites made up a greater proportion of the population.

Population by Age, Sex, and Race, Delaware, 2012



Source: Delaware Health Statistics Center

MARRIAGE AND DIVORCE

There were 5,314 marriages and 3,239 divorces in Delaware in 2012 (see Tables B-1 and B-11). Over half of all divorces in 2012 were of marriages that lasted less than 10 years.

Marriage

Male

Youngest: 18
Oldest: 91

Female

Youngest: 17
Oldest: 97

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

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

Divorce

Male

Youngest: 18
Oldest: 85

Female

Youngest: 18
Oldest: 84

Shortest duration of marriage: 21 days.

Longest duration of marriage: 65 years.

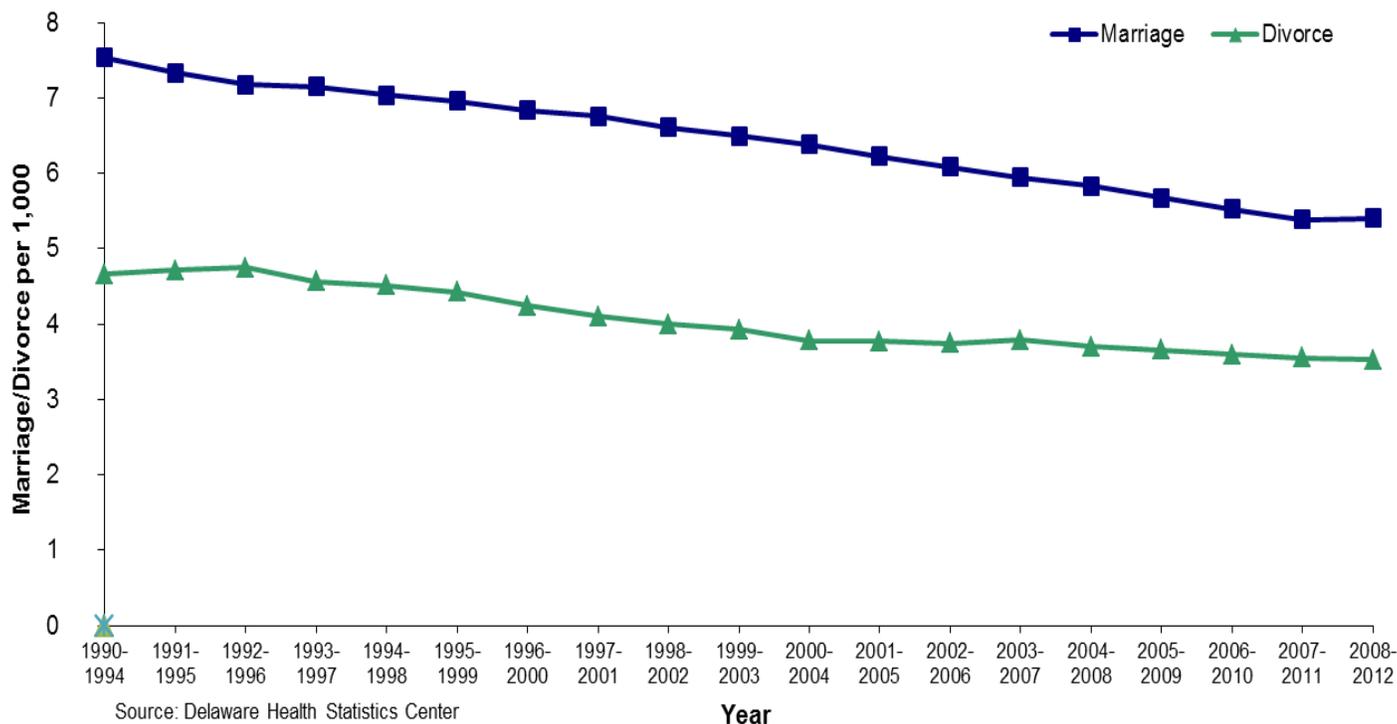
Median duration of marriage: 9 years (see Table B-16).

Total children under 18 years of age: 1,372 (see Table B-18).

Between 1990-1994 and 2008-2012, the five-year average marriage rate decreased from 7.5 to 5.4 marriages per 1,000 population.

Divorce rates remained fairly stable between 1990-1994 and 1992-1996. Between 1992-1996 and 2008-2012, divorce rates declined 26 percent, with most of the decrease occurring in the 1992-1996 to 2000-2004 period.

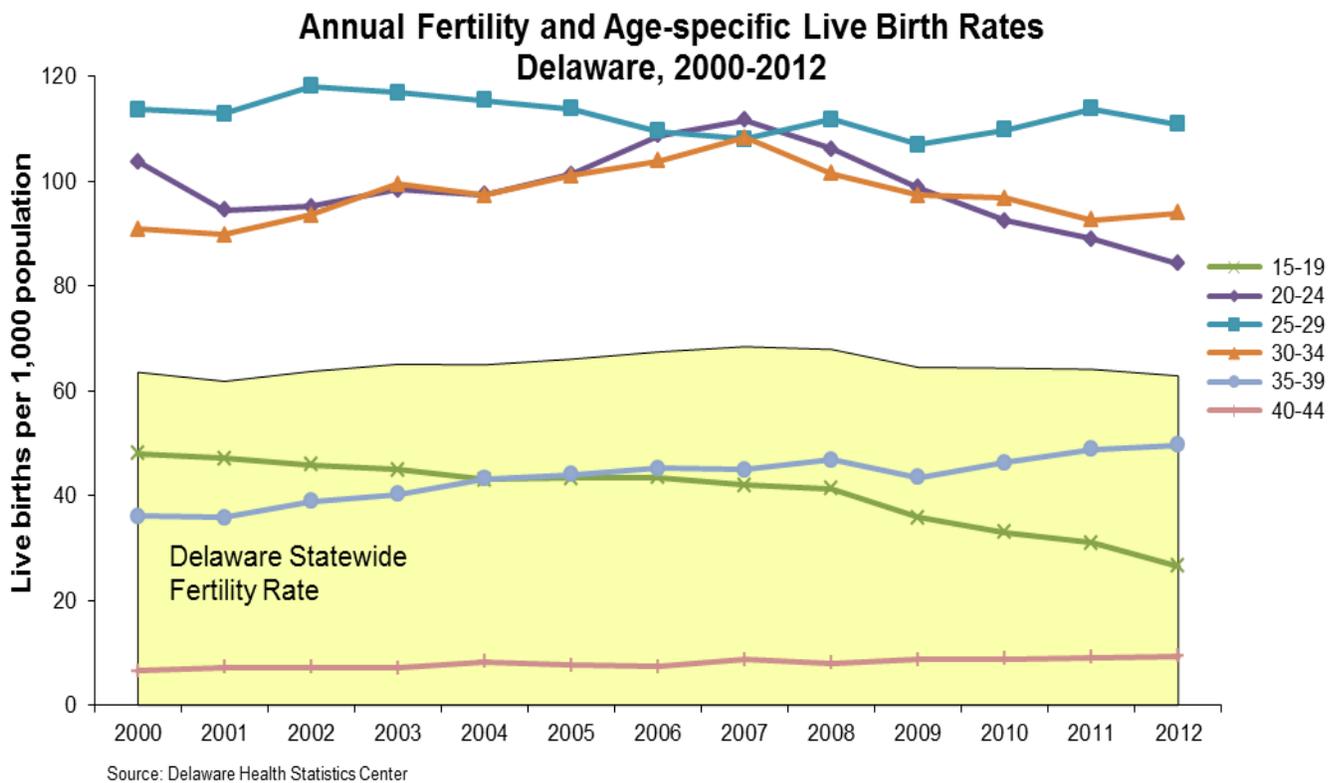
**Five-year Average Marriage and Divorce Rates per 1,000 Population
Delaware, 1990-2012**



LIVE BIRTHS

In 2012, there were 11,382 births in Delaware; 10,418 were to Delaware residents and 964 were to non-residents. Additionally, 555 births to Delaware residents occurred out of state, for a total of 10,982 Delaware resident births, 245 fewer than in 2011.

The recent national declines in general fertility and live birth rates were also apparent in Delaware statistics. From 2008 to 2012, the general fertility rate (number of births per 1,000 women aged 15-44 years) declined from a high of 68.0 to 62.9 births per 1,000 women aged 15-44. The birth rate of teens (15-19) exhibited the largest decline, followed by rates for women ages 20-24, with decreases of 35.8 and 20.6 percents, respectively. Birth rates for woman ages 30-34 years also decreased but only by 7.5 percent. Birth rates of women ages 35-39 and 40-44 both increased with the latter have the larger increase (15.3 percent) of the two.



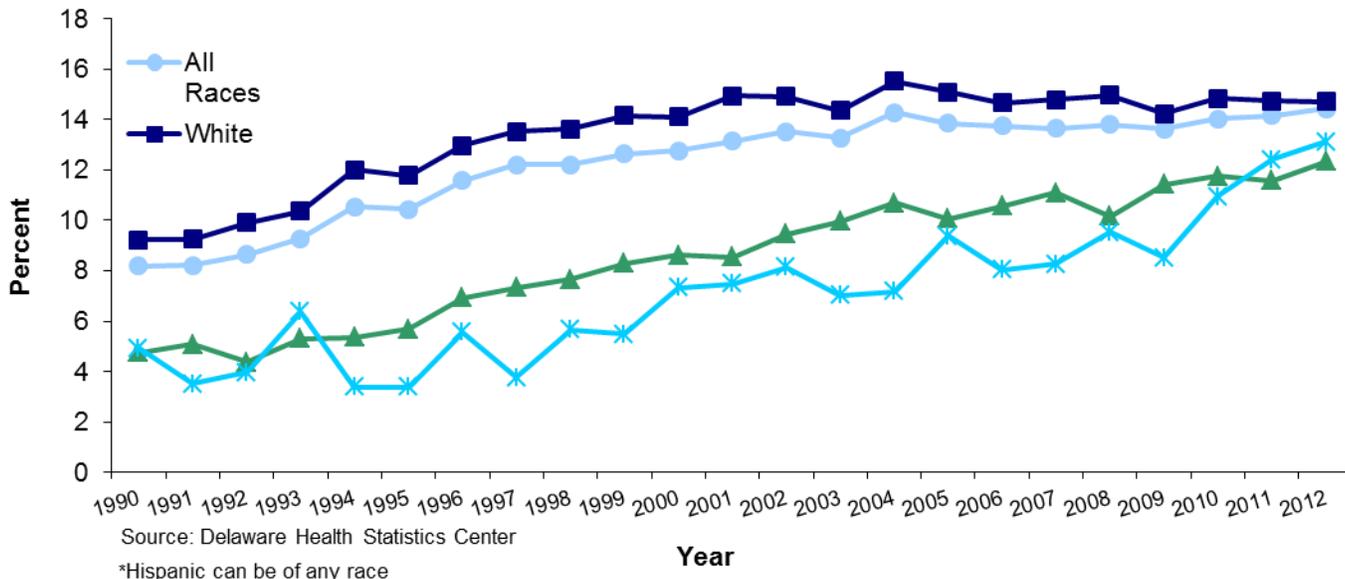
The 2008 to 2012 decline seen in teens ages 15-19 was apparent in both the 15-17 and 18-19 age groups, whose birth rates had percentage decreases of 42.7 and 34.9 percent, respectively. Birth rates for teens in both age groups were overwhelmingly the highest in Sussex County, distantly followed by Kent County.

To view long-term birth rate trends by more detailed age and race categories, see Tables C-5 through C-8 in the Live Births section of the annual report.

LIVE BIRTHS

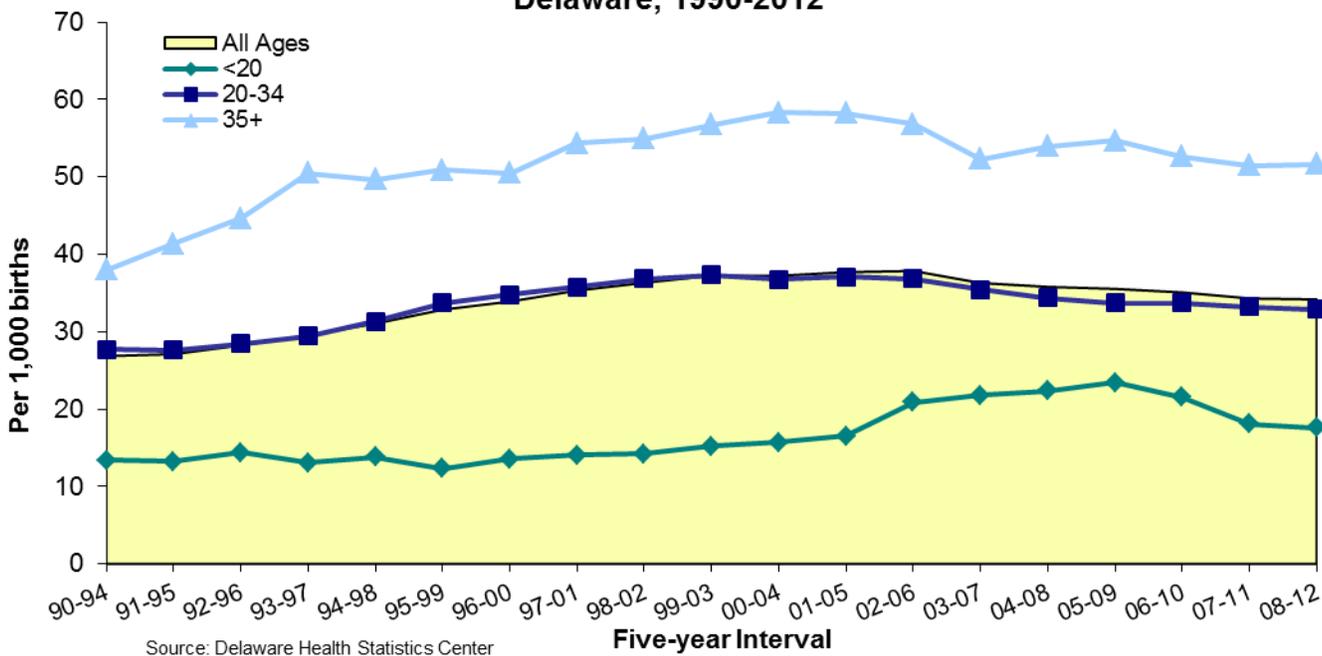
Between 1990 and 2004, the percentage of births to women 35 and older exhibited a clear upward trend that continues to rise. In 2012, 14.4 percent of all births were to women 35 and older, versus 8.2 percent of all births in 1990.

Annual Percent of Live Births to Women 35 or Older by Race and Hispanic Origin*, Delaware, 1990-2012



For mothers of all ages, the rate of plural births increased 27 percent between 1990-1994 and 2008-2012. In 2008-2012, older mothers (35+) had the highest plural birth rates, at 51 multiples per 1,000 births, almost three times that of mothers under 20, and 57 percent higher than mothers 20-34.

Five-year Average Plural Birth Rate by Age of Mother Delaware, 1990-2012

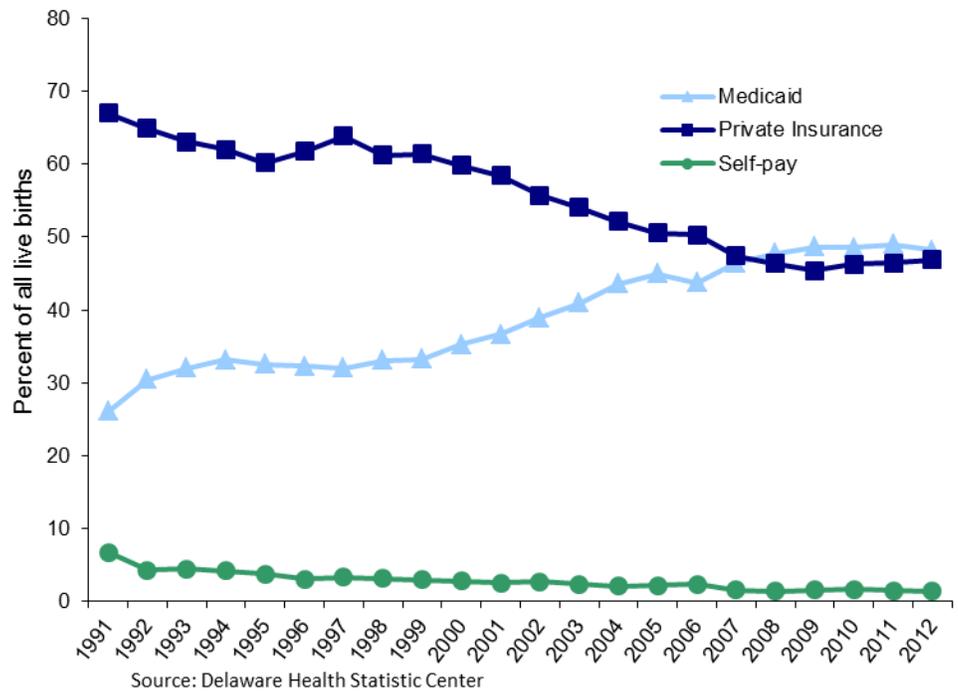


LIVE BIRTHS

In 2012, 95.2 percent of live births had either private insurance or Medicaid listed as the primary source of payment; the remaining 5 percent were split between other government coverage and self-pay.

- For the first time in five years, private insurance paid for more births than Medicaid.
- Medicaid was still the primary source of payment for the majority of mothers under 20, covering 80 percent of both black and white mothers, and 68 percent of mothers of other races.

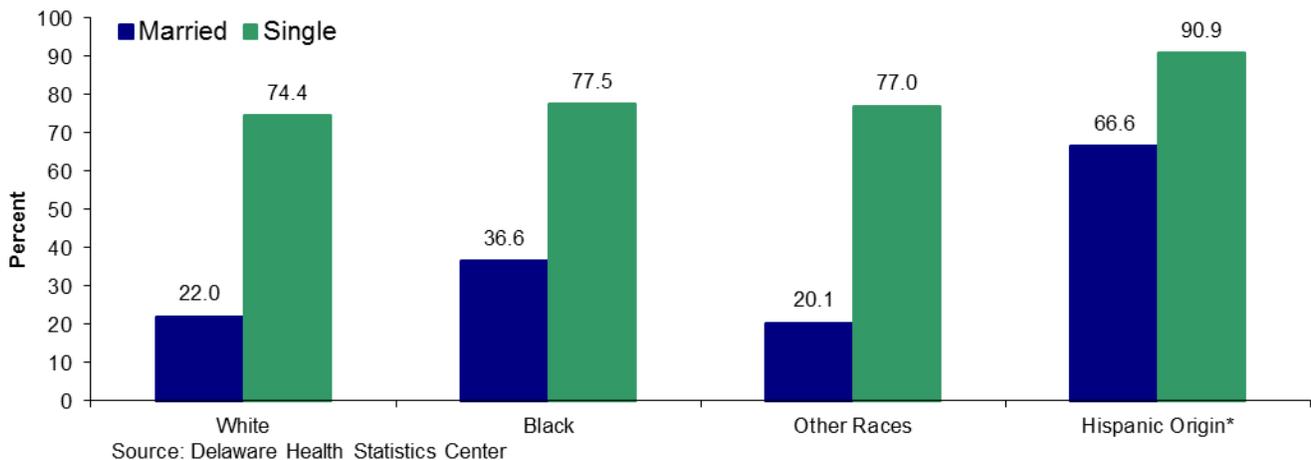
Percent of Births by Source of Payment for Delivery Delaware, 1991-2012



Marital status or 2012 had a tremendous effect on the use of Medicaid as the primary source of payment for delivery:

- 22 percent of white married women used Medicaid as their primary source of payment, but that number more than tripled, to 74.4 percent, for single white women.
- 36.6 percent of black married women used Medicaid as their primary source of payment, but that number more than doubled, to 77.5 percent, for single black women.
- 20.1 percent of married women of other races used Medicaid as their primary source of payment, but that number was almost four times higher, at 77.0 percent, if the mother was single.
- 66.6 percent of Hispanic married women used Medicaid as their primary source of payment; that number increased to 90.9 percent for single Hispanic women.

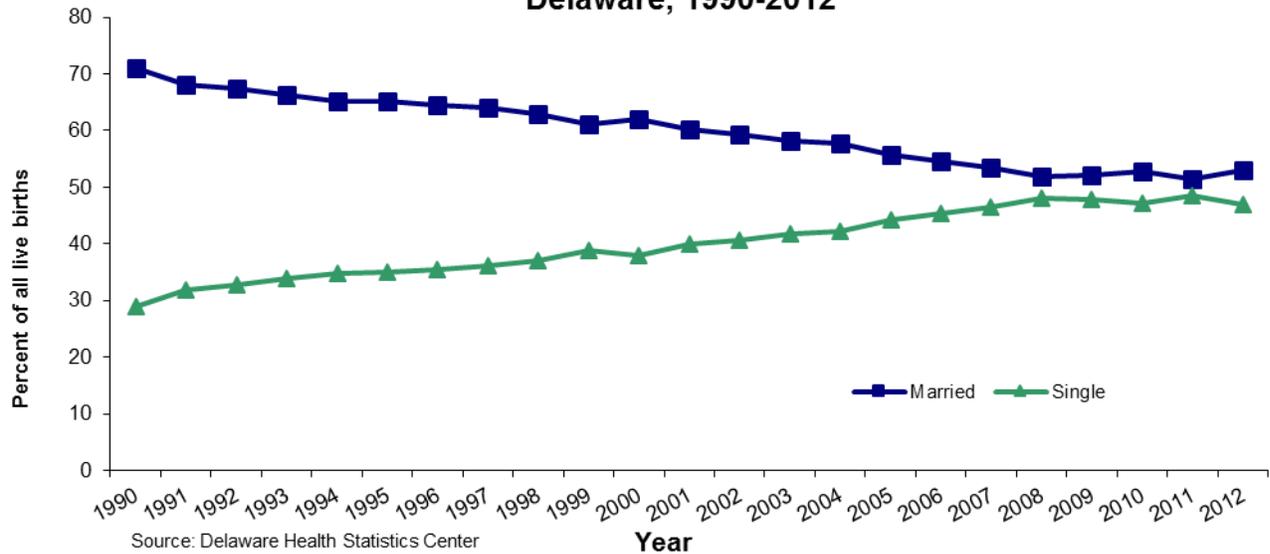
Percent of Births by Race, Hispanic Origin, Marital Status, and Medicaid As Primary Source of Payment, Delaware, 2012



LIVE BIRTHS

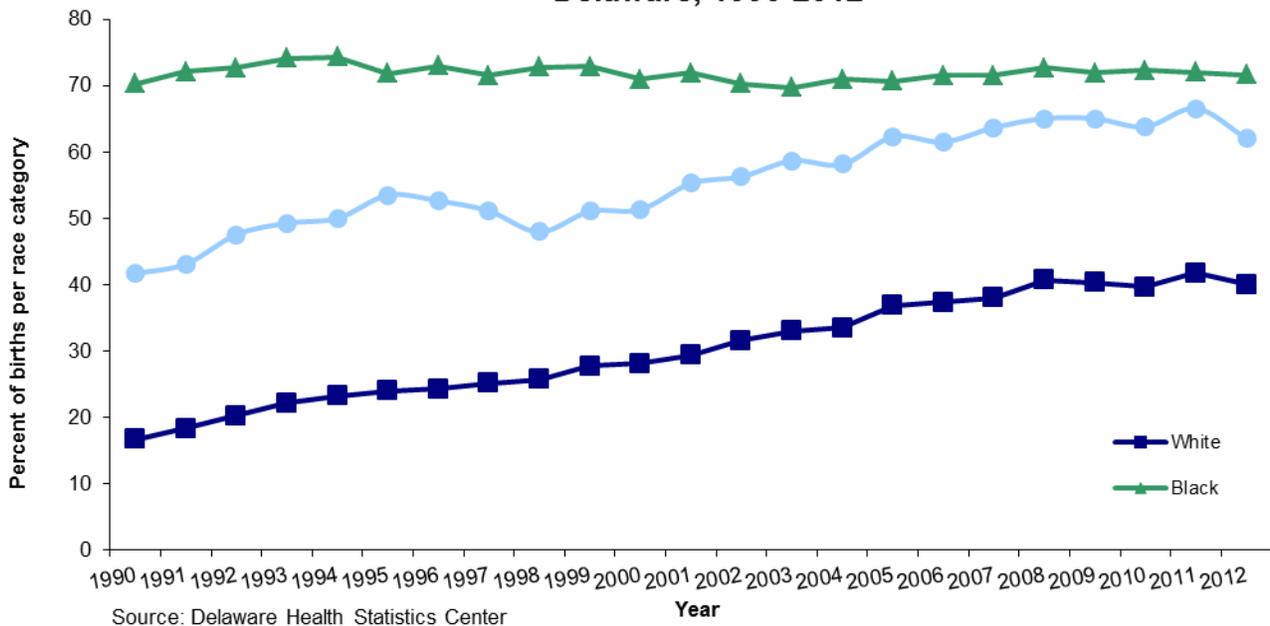
After increasing steadily from 1990 to 2008, the percent of births to unmarried women stabilized. In 2012 this number still appears somewhat stable but there was a 3.09 percent decrease since the previous year. For married mothers, there was little change between 2008 to 2012 in the percent of births but a 3 percent increase occurred since the previous year. In 2012, 47 percent of all births were to unmarried women.

**Annual Percent of Births by Mother's Marital Status
Delaware, 1990-2012**



This shift in the distribution of mother's marital status was only apparent in births to white and Hispanic women. Between 1990 and 2012, the percentage of births to unmarried white women increased from 17 to 40 percent, and the percentage of births to unmarried Hispanic women rose from 42 to 62 percent but did exhibit a 7 percent decrease between 2011 and 2012. During the same time period, the percent of births to unmarried black women remained stable at approximately 72 percent.

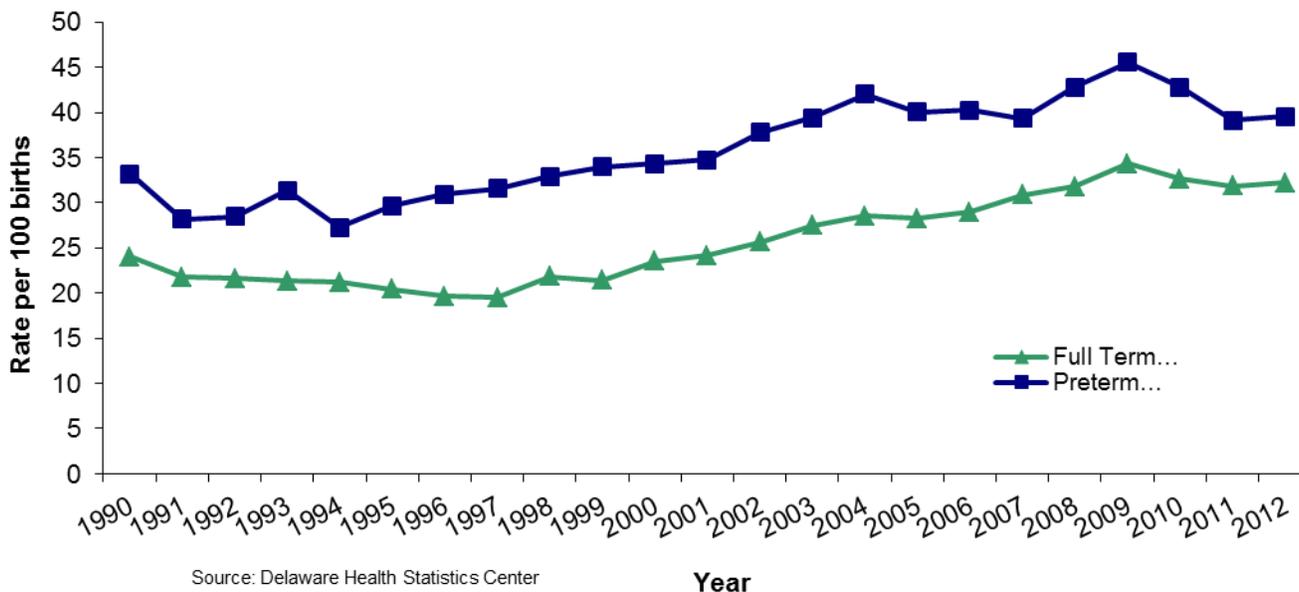
**Percent of Live Births to Unmarried Women by Race and Ethnicity
Delaware, 1990-2012**



LIVE BIRTHS

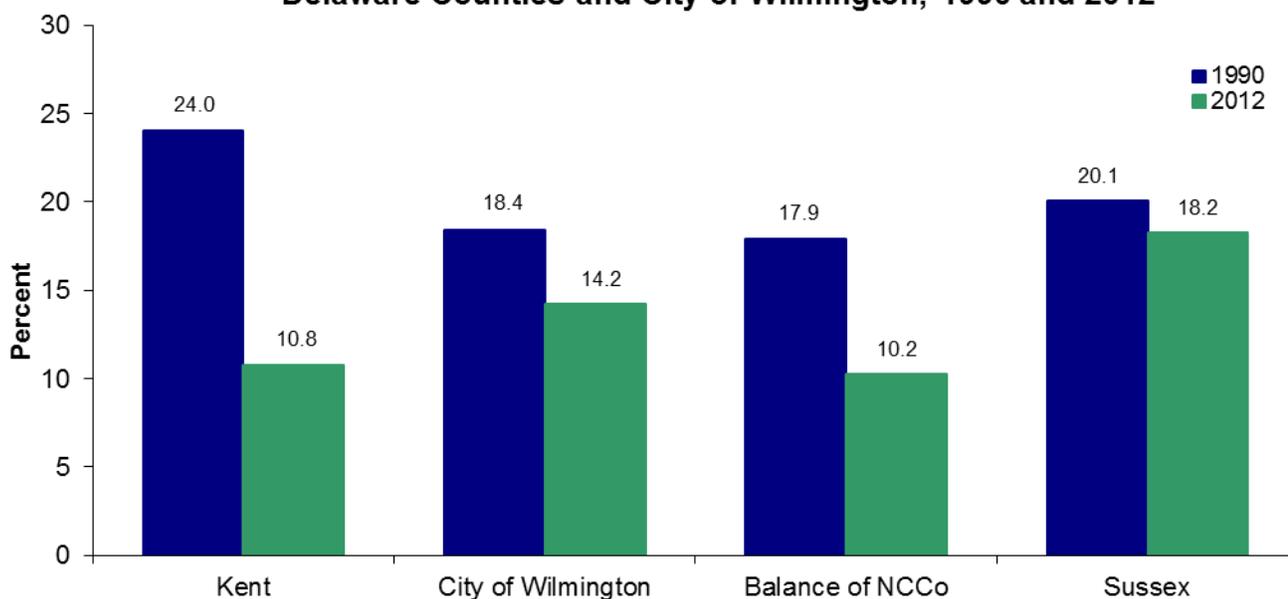
From 1998 to 2012, the rate of cesarean deliveries increased 43 percent, to 33.1 per 100 live births whereas vaginal births decreased only 12.8 percent. Both preterm (<37 weeks gestation) and term (37+ weeks gestation) births had increases in cesarean delivery rates. Although term births demonstrated a greater increase in rates between 1998 and 2012, the C-section rate for preterm births remained higher at 39.5 per 100 preterm births, versus 32.2 per 100 term births in 1998.

**Annual Rate of Cesarean Deliveries by Gestational Category
Delaware, 1990-2012**



From 1990 to 2012, the percentage of Delaware mothers who used tobacco while pregnant decreased in all three counties and the City of Wilmington. In 2012, Sussex County had the highest percentage of mothers who smoked.

**Percent of Mothers who Smoked while Pregnant
Delaware Counties and City of Wilmington, 1990 and 2012**

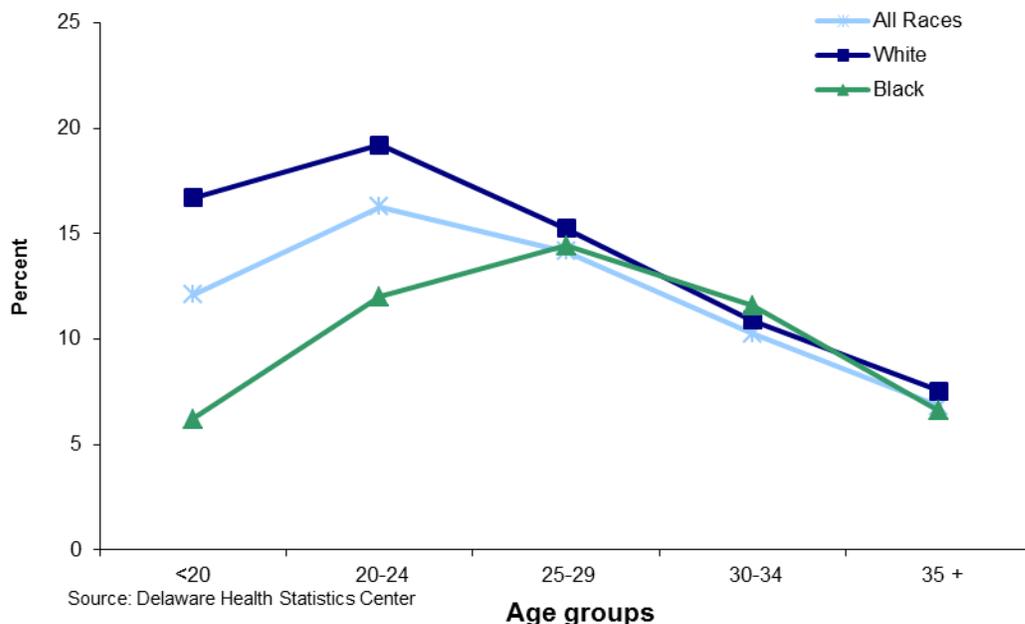


LIVE BIRTHS

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

In the under 20, 20-24, and 35+ age groups, white mothers were more likely than black mothers to smoke while pregnant. In the 30-34 age group, black mothers were more likely to smoke while pregnant.

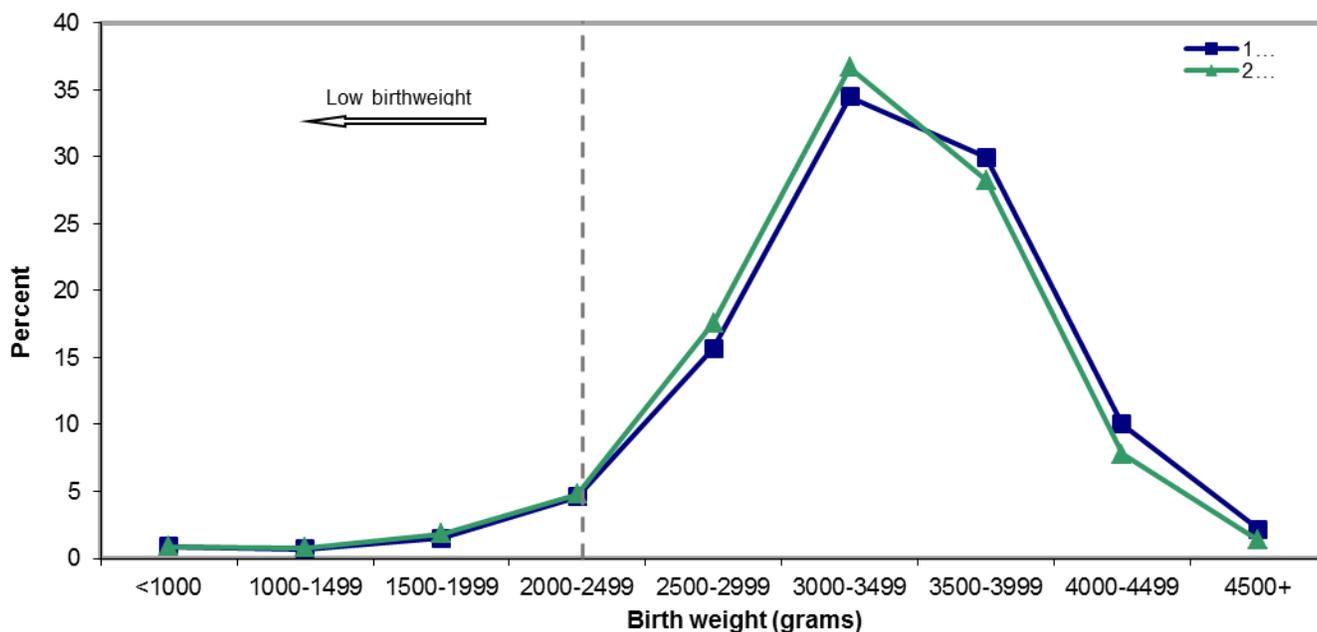
Percent of Mothers who Smoked While Pregnant by Age Group and Race, Delaware, 2012



In 2012, 14 percent of Delaware women who smoked while pregnant gave birth to low birthweight babies (< 2500 grams), versus the significantly lower percentage (7.5) of non-smokers who gave birth to low birthweight babies.

The percent distribution of births by birthweight did not differ significantly between 1990 and 2012. The greatest percentage of births fell within the 3,000 to 3,499 gram range.

Percent Distribution of Births by Birthweight Delaware, 1990 and 2012

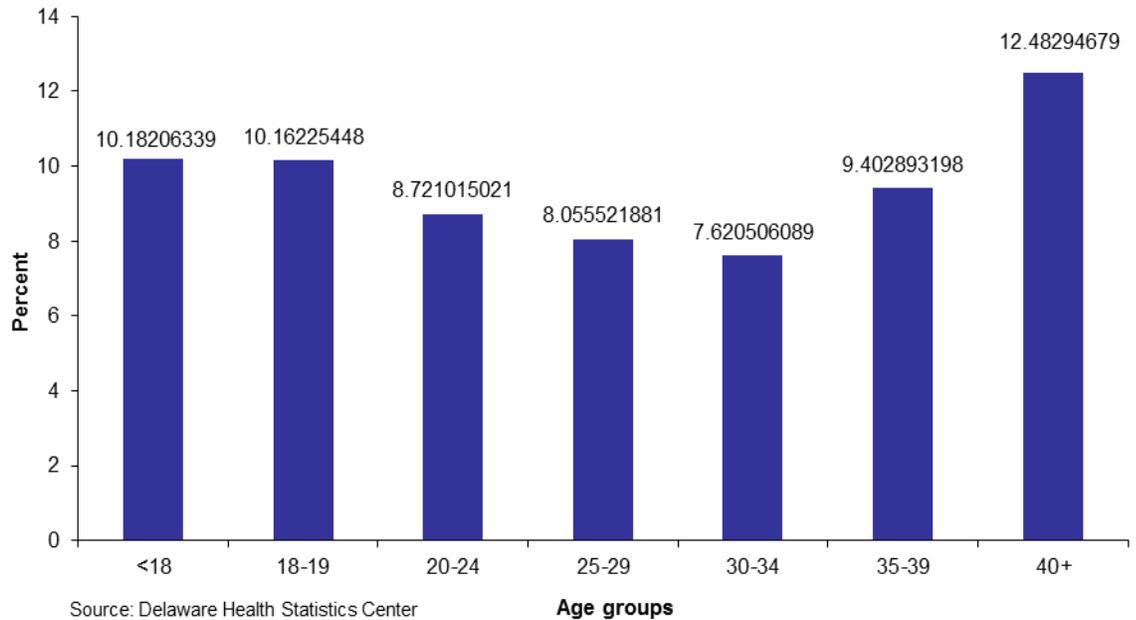


LIVE BIRTHS

From 2007-2011 to 2008-2012, the five-year percent of low birthweight (LBW) births and very low birthweight (VLBW) births remained relatively stable at 8.6 and 1.8, respectively.

The percent of LBW births was greatest for mothers in the 40 and older age group (12.5 percent) and lowest for those in the 30-34 age group.

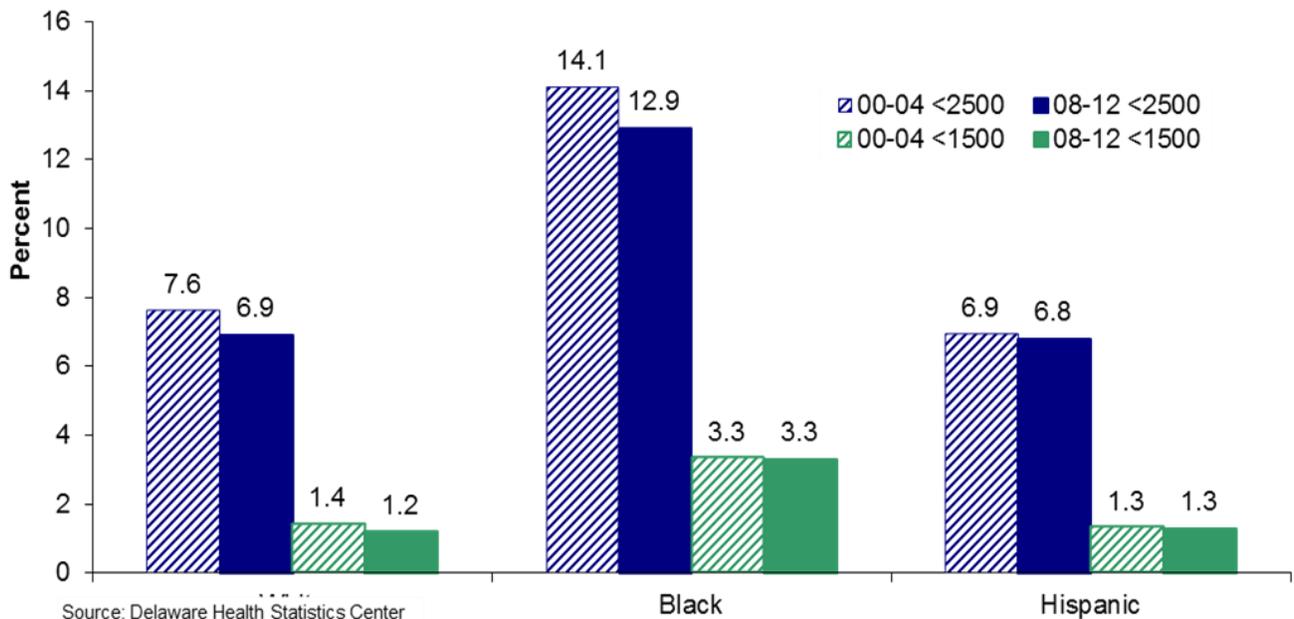
Five-year Percent of Low Birthweight Births (<2500 grams) by Mother's Age Delaware, 2008-2012



Among mothers of all ages in 2012, black mothers had the highest percentage of LBW and VLBW births, at 11.9 percent and 2.8 percent, respectively.

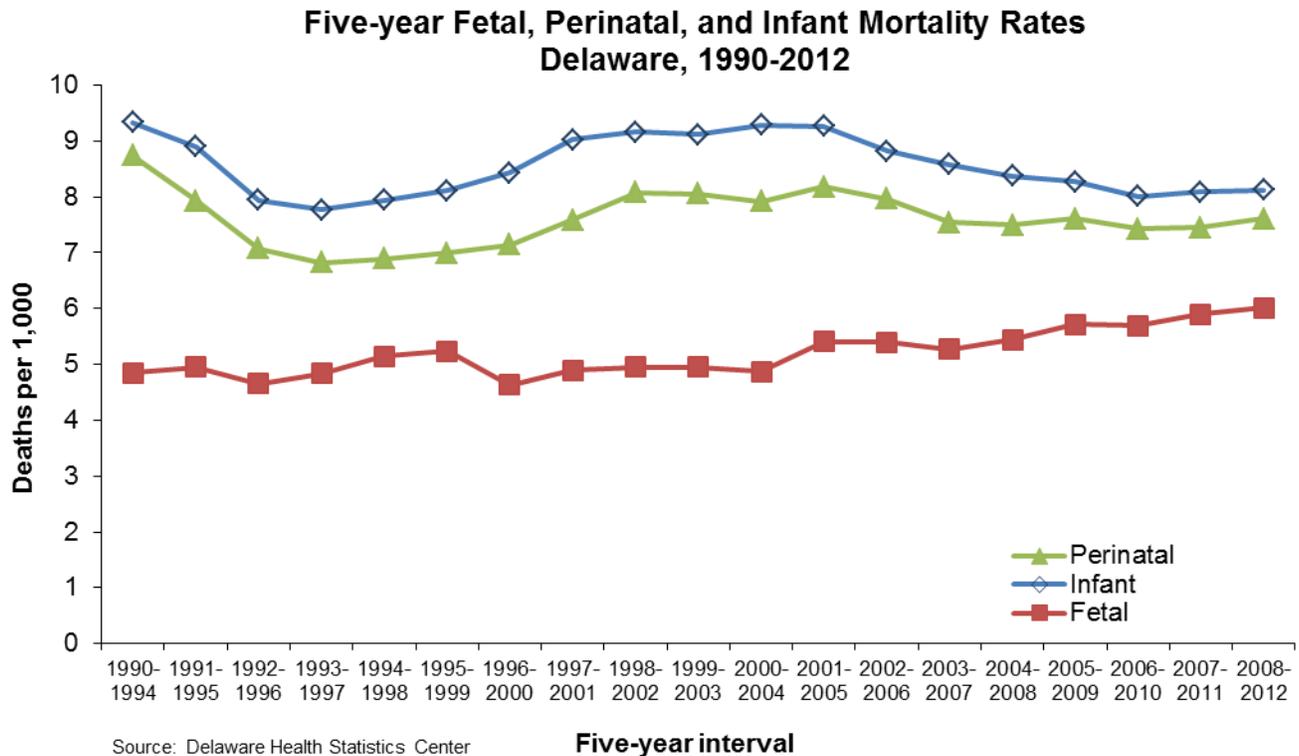
Between 2000-2004 and 2008-2012, the percentages of white, black, and Hispanic infants born at low birthweight all declined. For the same period, only the percentage of white infants born at very low birth weight declined while both black and Hispanic percentages remained the same.

Five-year Average Percent of Low (<2500 grams) and Very Low Birth Weight Births (<1500 grams) by Race and Hispanic Origin Delaware, 2000-2004 and 2008-2012

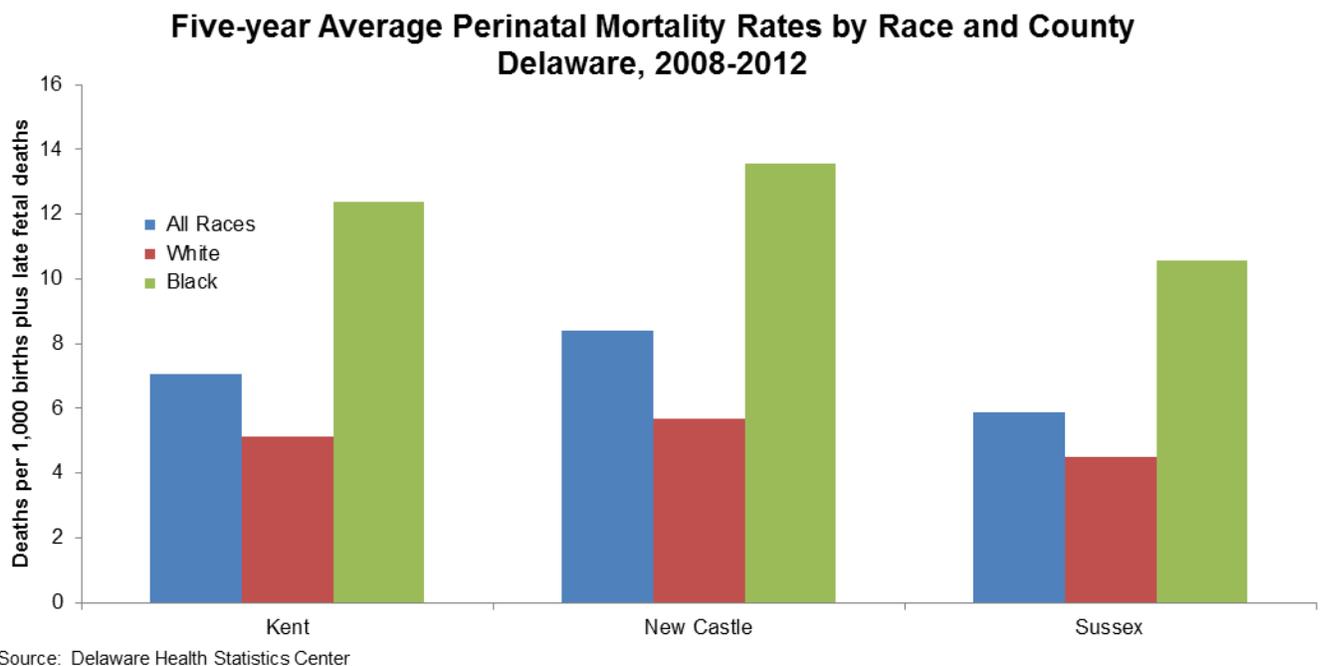


FETAL AND PERINATAL DEATHS

Perinatal mortality refers to deaths occurring in the period around delivery, and includes late fetal deaths (>28 weeks gestation) and early infant deaths (<7 days of age). Perinatal mortality trends paralleled those of infant mortality, decreasing from 1990-1994 to their lowest level in 1993-1997, and then increasing through 2001-2005. After small period of decrease through 2006-2010, the trend is slightly rising through 2008-2012.

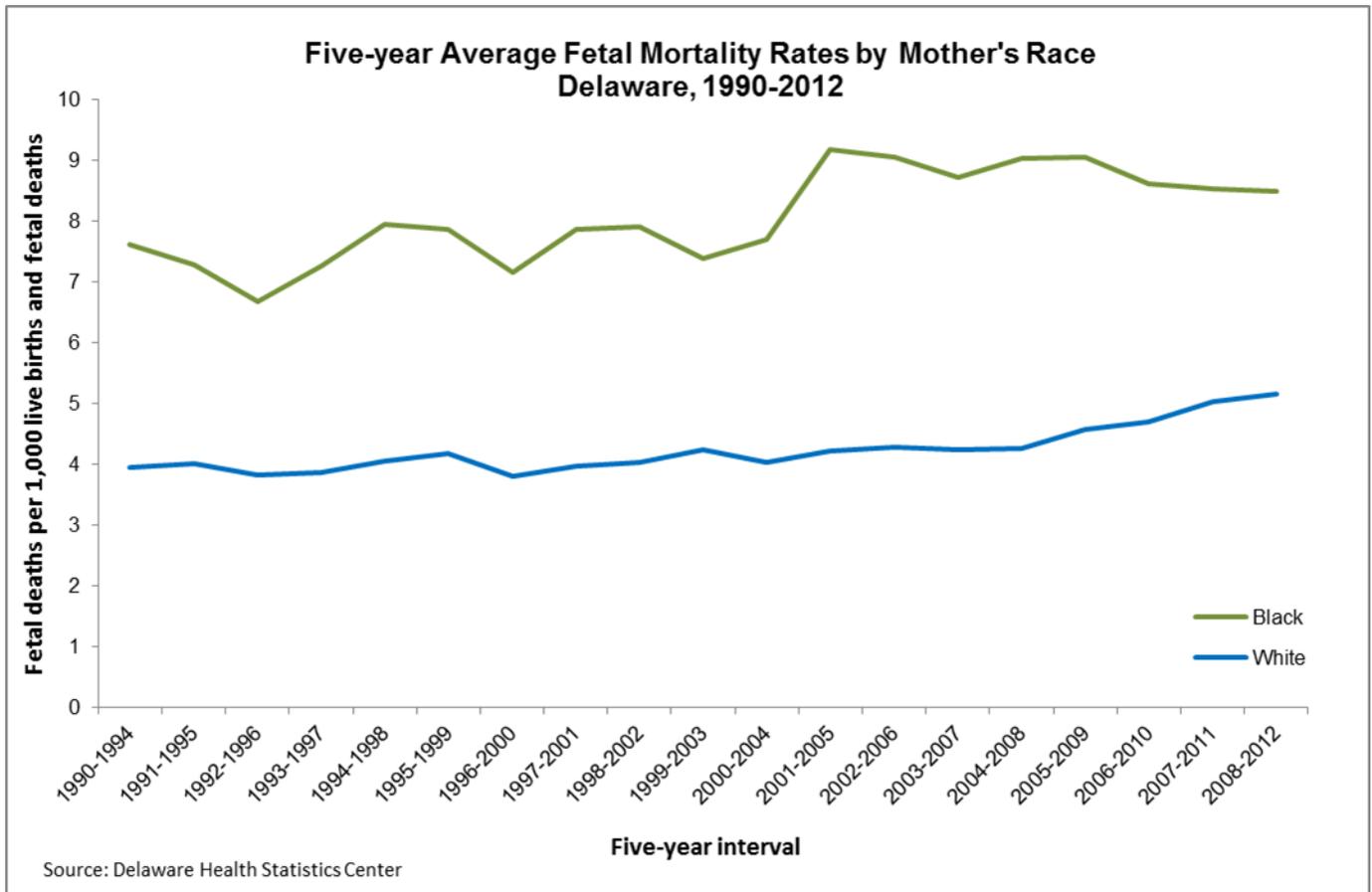


Like infant mortality rates, perinatal mortality rates for black women were substantially higher than the perinatal mortality rates for white women, regardless of county. In all three counties, the perinatal mortality rate for black women was more than double that of white women.



FETAL AND PERINATAL DEATHS

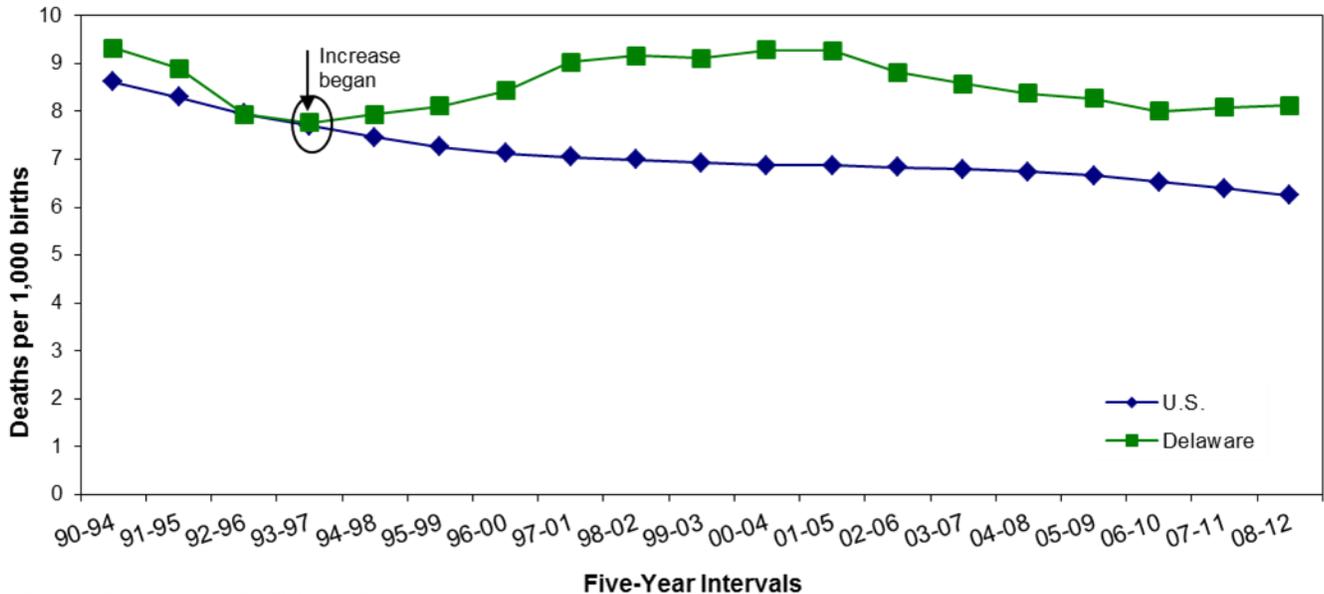
In 2012, there were 62 reported fetal deaths in Delaware. In 2008-2012, the fetal mortality rate was 6.0 fetal deaths per 1,000 live births and fetal deaths. Fetal mortality rates for black women have been consistently higher than the rates for white women, and in 2008-2012 they were 48 percent higher than the rate of white women (8.5 versus 5.2).



INFANT MORTALITY

Between 2007-2011 and 2008-2012, Delaware's infant mortality rate (IMR) remained constant at 8.1 infant deaths per 1,000 live births, maintaining the total decline of 12.9 percent from its 2000-2004 peak of 9.3 infant deaths per 1,000 live births. At 6.2, the U.S. rate remained significantly lower than the Delaware rate.

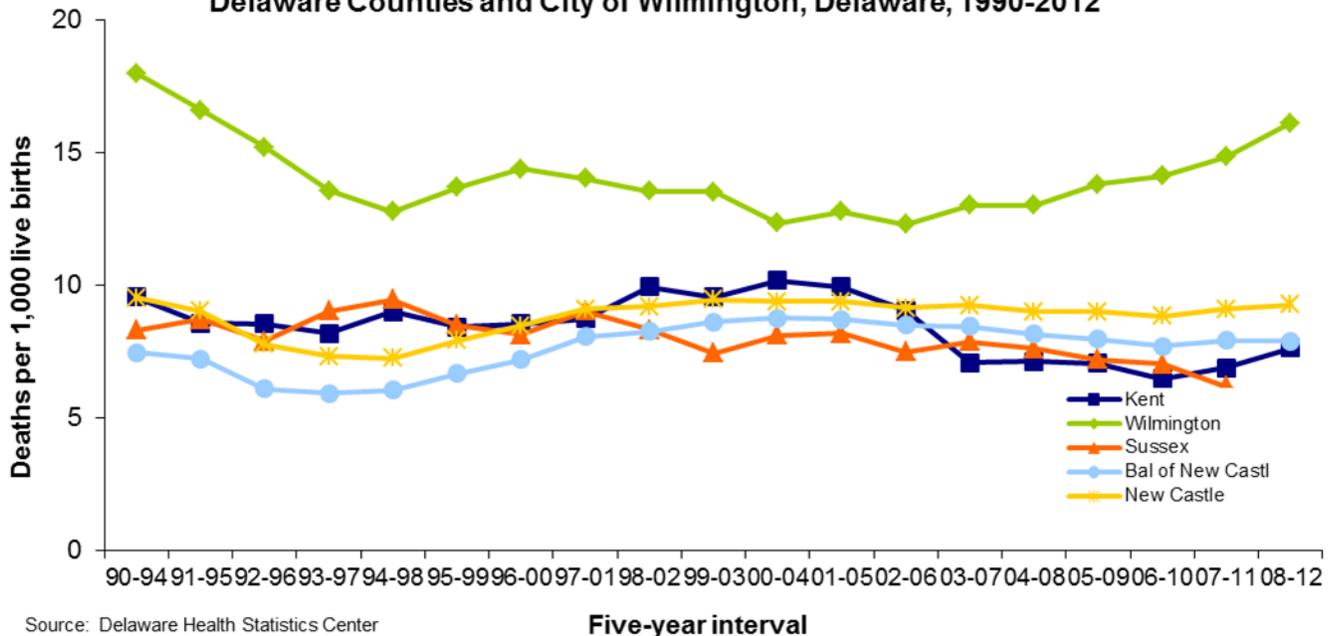
**Five-year Average Infant Mortality Rates
Delaware and U.S., 1990-2012**



Source: Delaware Health Statistics Center

Wilmington's IMR increased for the sixth straight year. 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. The decrease in IMR of Sussex from 2007-2011 to 2008-2012 resulted in Sussex's IMR being the lowest. In 2008-2012, the balance of New Castle County's IMR was 7.9, Wilmington's IMR was 16.1, Kent County's IMR was 7.6, and Sussex County's IMR was 5.2.

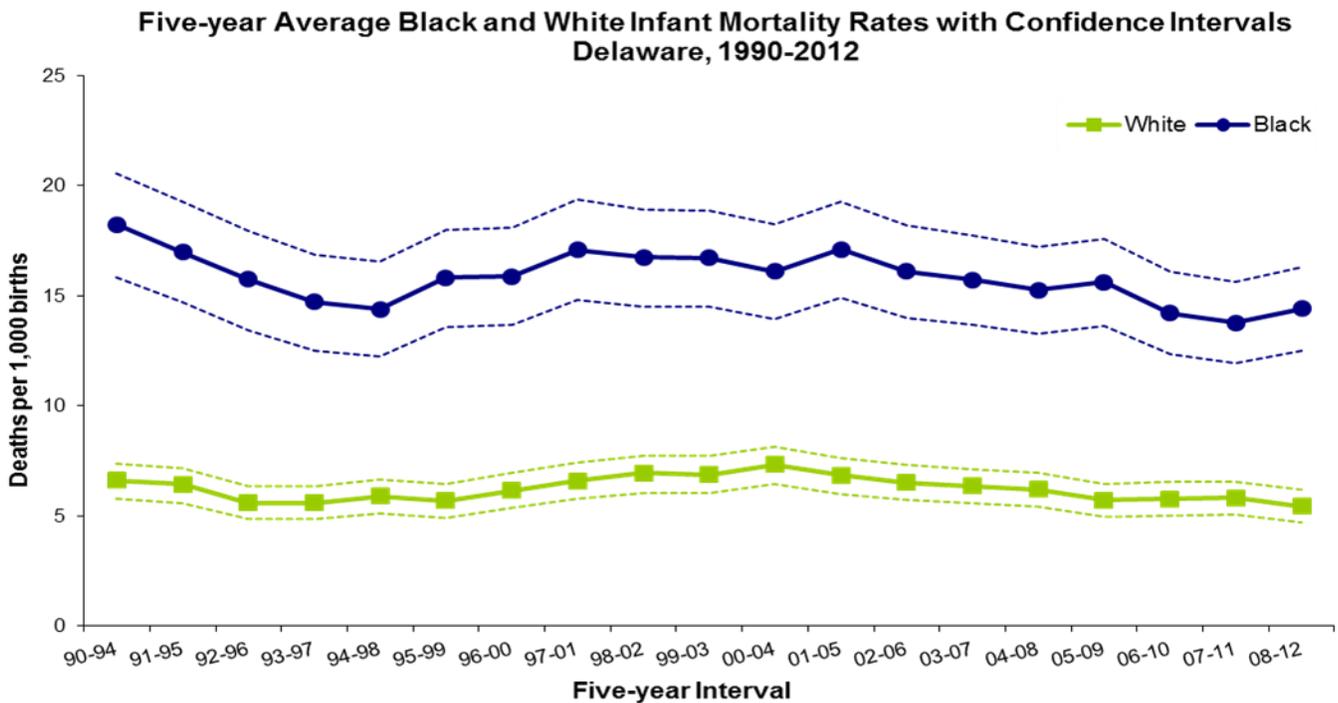
**Five-year Average Infant Mortality Rates
Delaware Counties and City of Wilmington, Delaware, 1990-2012**



Source: Delaware Health Statistics Center

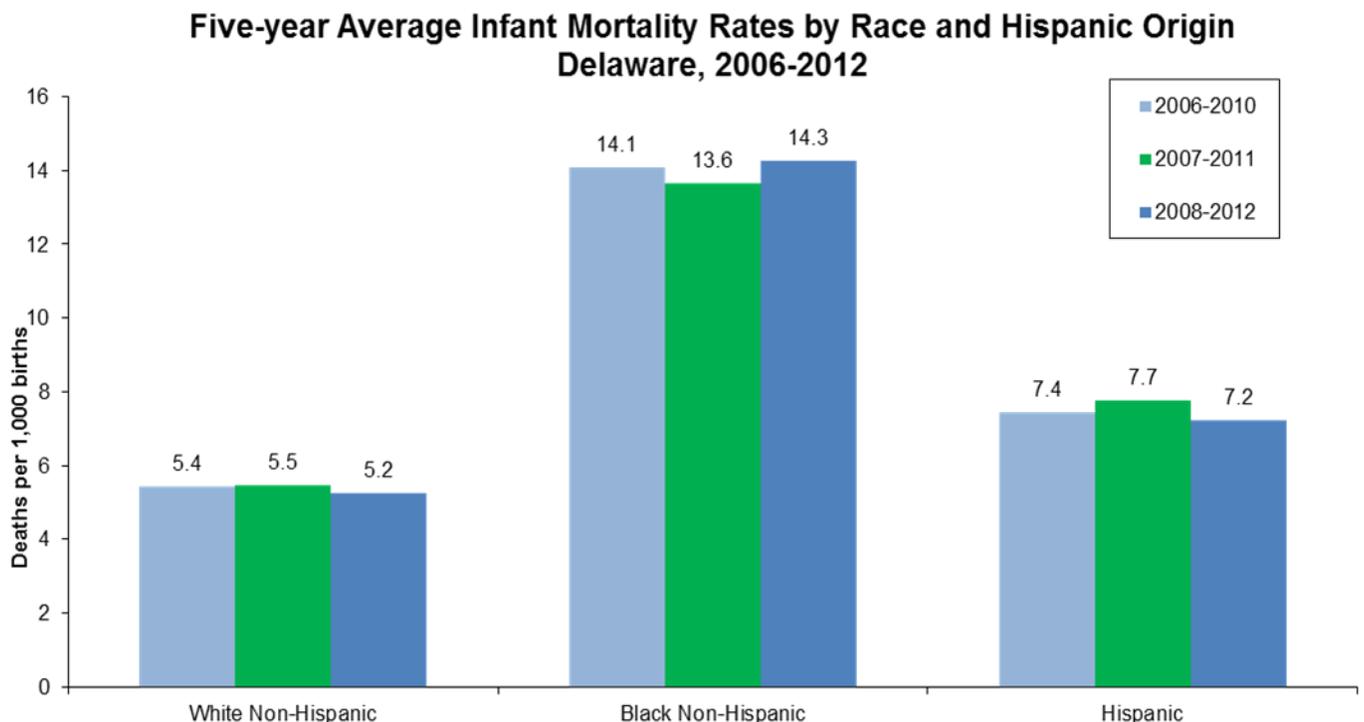
INFANT MORTALITY

Black infants experienced significantly higher mortality rates than white infants, and from 1990-1994 to 2008-2012, black IMRs were anywhere from 2.2 to 2.8 times that of white IMRs.



Source: Delaware Health Statistics Center

Significant disparities existed between black non-Hispanics and each of the two other groups, white non-Hispanics and Hispanics. Black non-Hispanics had the highest IMRs in 2006-2010, 2007-2011, and 2008-2012; and their rate of 14.3 in 2008-2012 was more than double the white non-Hispanic rate of 5.2 and nearly twice the Hispanic rate of 7.2 infant deaths per 1,000 live births.



Source: Delaware Health Statistics Center

INFANT MORTALITY

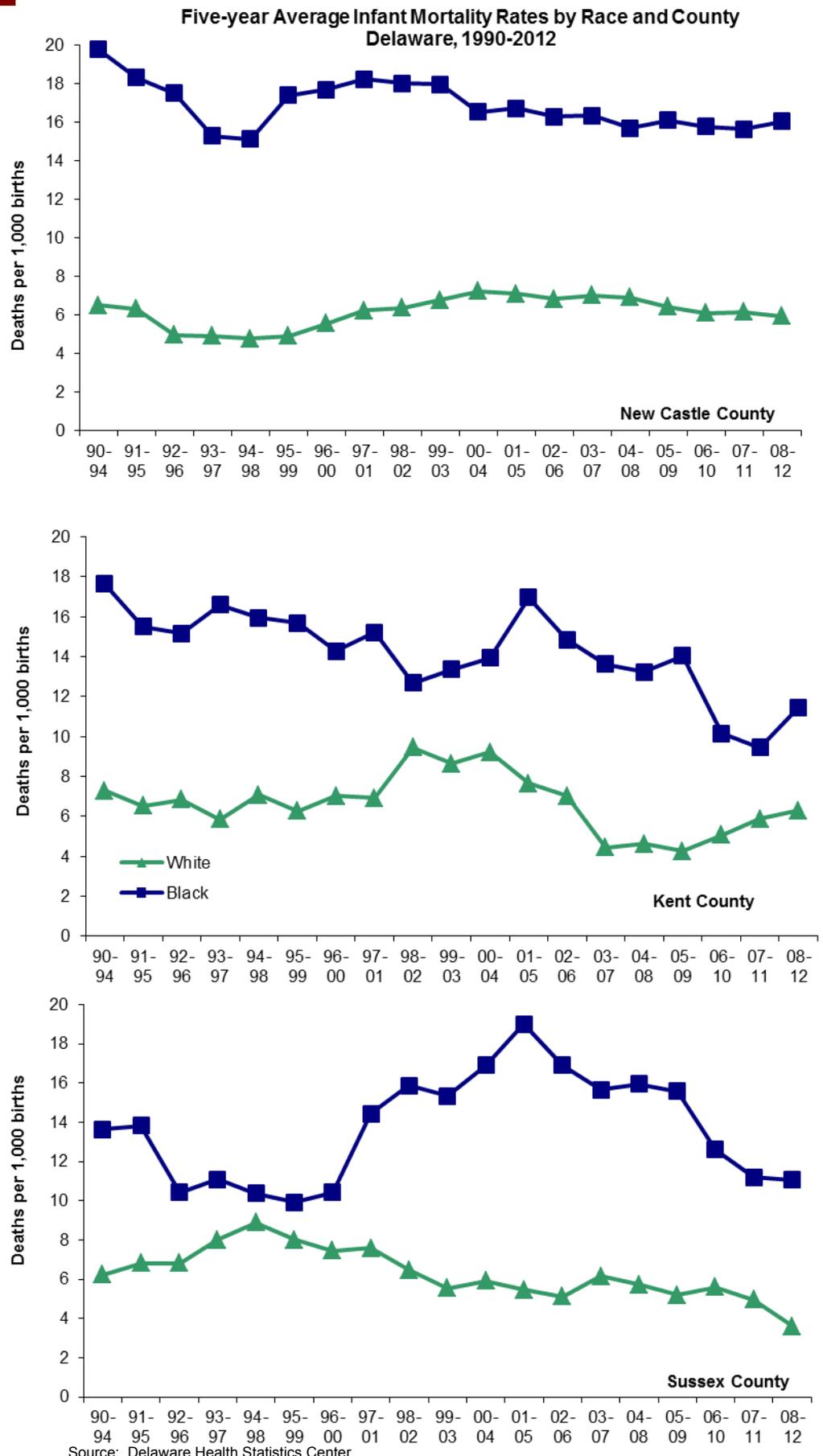
In 2008-2012, New Castle County had the highest IMRs and Sussex County had the lowest.

Black IMRs in New Castle County have hovered around 16 since 2002-2006, and in 2008-2012 the black IMR was 16.1 infant deaths per 1,000 live births. White IMRs decreased slightly to 5.9 from 2007-2011 to 2008-2012.

Black IMRs in Kent County peaked at 17 in 2001-2005; the recent drop in 2007-2011 resulted in a 45 percent reduction in black IMRs between 2001-2005 and 2007-2011.

In 2008-2012, the rate increased by 22.3 percent to 11.5 infant deaths per 1,000 live births. Despite increasing from their 2007-2011 rate, the white IMR in Kent County was 17 percent lower in 2008-2012 than in 2001-2005.

Sussex County's black IMR dropped to 11.1 in 2008-2012, its lowest rate since 1996-2000, and a 42 percent reduction from the 2001-2005 peak of 19. Sussex County's white IMR has fluctuated between five and six since 1999-2003, and in 2008-2012 the rate moved down to 3.6 infant deaths per 1,000 births.



INFANT MORTALITY- Leading Causes of Death

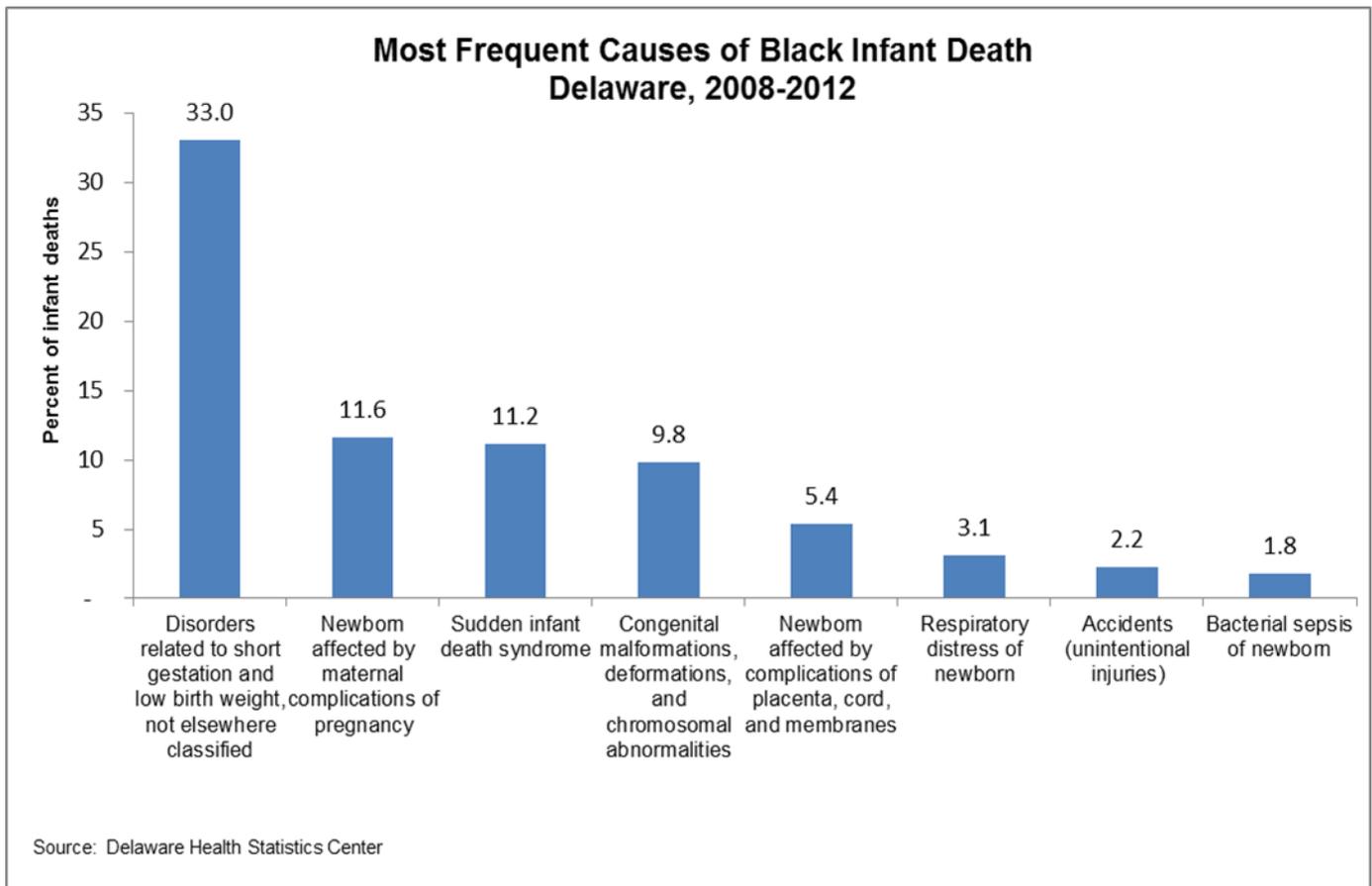
In 2008-2012 the five leading causes of infant death were:

- Disorders related to short gestation and fetal malnutrition (prematurity and low birthweight), which accounted for 24.9 percent of infant deaths.
- Congenital anomalies (birth defects), which accounted for 15.8 percent of infant deaths.
- Sudden infant death syndrome (SIDS), which accounted for 11.0 percent of infant deaths.
- Newborns affected by maternal complications of pregnancy, which accounted for 9.5 percent of infant deaths. Of the 44 deaths attributed to this cause, 39 were due to the newborn being affected by incompetent cervix and premature rupture of membranes.
- Newborn affected by complications of placenta, cord, and membranes (4.8 percent).

In sum, the five most common causes of infant death accounted for 66.0 percent, or 305 of the 462 total infant deaths.

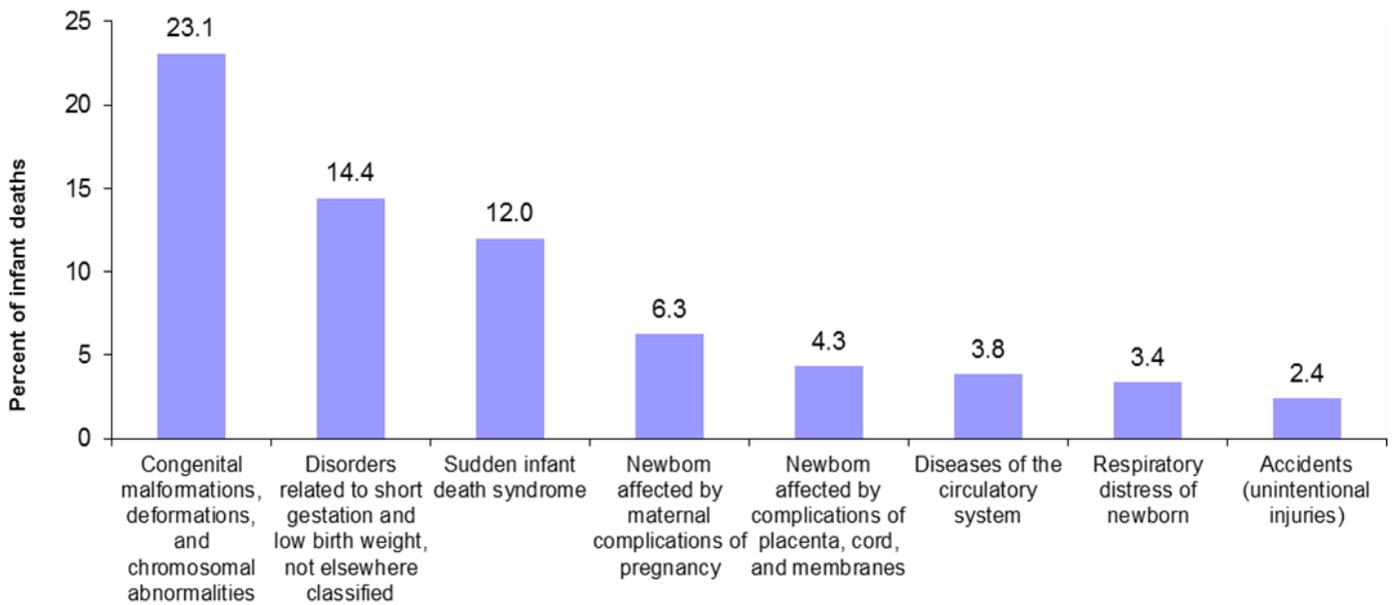
The most frequent causes of death by race are shown in the graphs below and on the following page. SIDS and disorders related to short gestation and low birthweight were listed in the top three most frequent causes of death for both black and white infants.

Though the proportions of deaths by race were similar for many of the causes of death, notable exceptions were birth defects and disorders due to prematurity and low birthweight. While birth defects were responsible for 23.1 percent of all white infant deaths, they accounted for only 9.8 percent of black infant deaths. Conversely, infant deaths due to disorders related to prematurity and low birthweight accounted for larger percentages of black infant deaths than white infant deaths (33.0 versus 14.4 percent).



INFANT MORTALITY- Leading Causes of Death

Most Frequent Causes of White Infant Death Delaware, 2008-2012

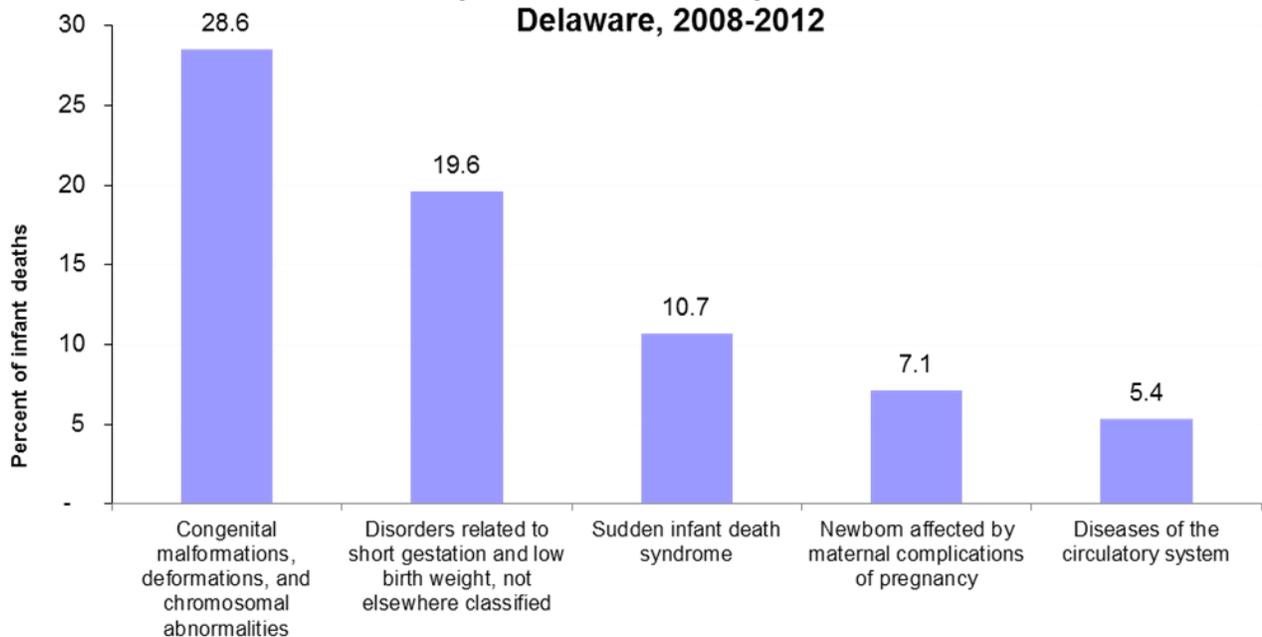


Source: Delaware Health Statistics Center

In 1989-1993, Hispanics accounted for 3.6 percent of all live births and 3.4 percent of infant deaths; since that time the proportion of births to Hispanic mothers have nearly quadrupled. In the most recent five-year period, 2008-2012, 13.6 percent of all live births were to Hispanic mothers, and 12.1 percent of all infant deaths were of Hispanic origin.

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

Most Frequent Causes of Hispanic Infant Death Delaware, 2008-2012



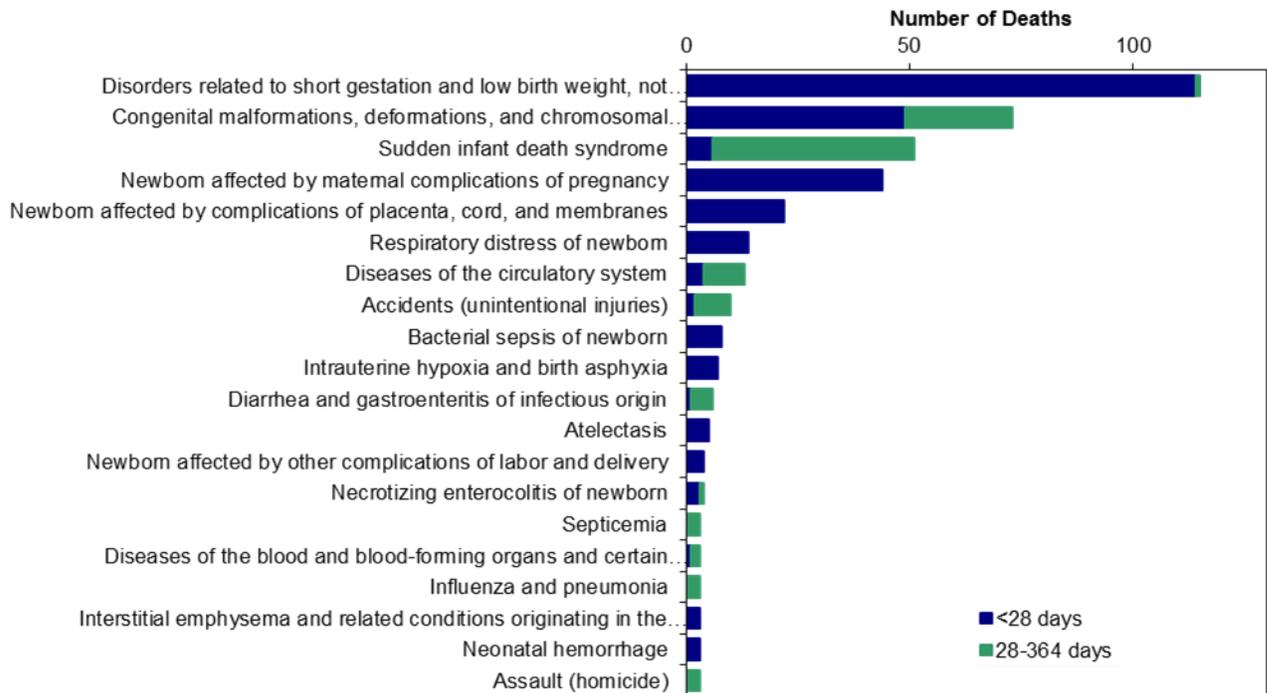
Source: Delaware Health Statistics Center

INFANT MORTALITY - Leading Causes of Death

Approximately 90 percent of all infant deaths occurred within the first six months of life; 71 percent of all infant deaths occurred within the first 28 days of life, and 45 percent occurred within 24 hours of birth.

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

**Most Frequent Causes of Infant Death
Delaware, 2008-2012**



Source: Delaware Health Statistics Center

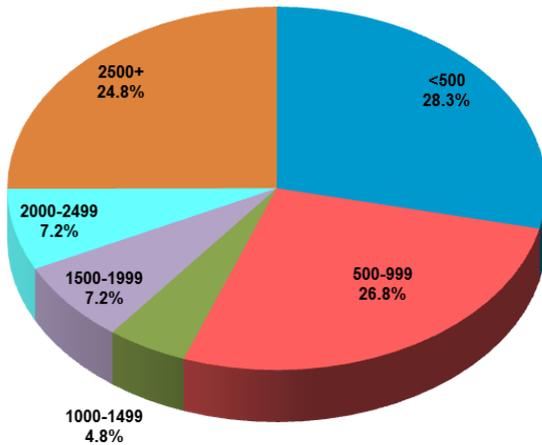
- Prematurity and low birthweight accounted for the greatest number of infant deaths in 2008-2012; all but one of these deaths occurred in the neonatal period.
- Sudden infant death syndrome (SIDS) was the only one of the top five causes of death that had the majority of deaths occurring in the postneonatal period, with a mean age at death of 105 days. Though fewer infants died in 2008-2012 compared to 2007-2011, the same amount of infants died due to SIDS, which remained to be the third leading cause of infant death in 2008-2012.
 - ⇒ 43 percent (22 out of 51) of the SIDS deaths were associated with co-sleeping and/or sleeping on soft surfaces, such as couches and adult beds.
- During that same time period, there were 12 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, 7.3 percent of all infant deaths in 2008-2012 were associated with co-sleeping and/or unsafe sleep practices.

INFANT MORTALITY - Live Birth Cohort

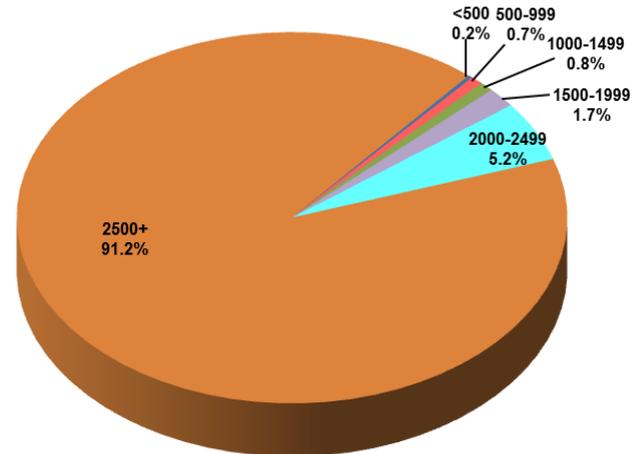
Though only 1 percent of all live births in 2007-2011 were infants weighing less than 1,000 grams, they accounted for over half (55 percent) of all infant deaths. In total, 9 percent of all live births in 2007-2011 were infants of low birthweight (under 2,500 grams) and 74 percent of infant deaths were low birthweight.

Distribution by Birthweight, Delaware Live Birth Cohort, 2007-2011

Infant Deaths



Live Births



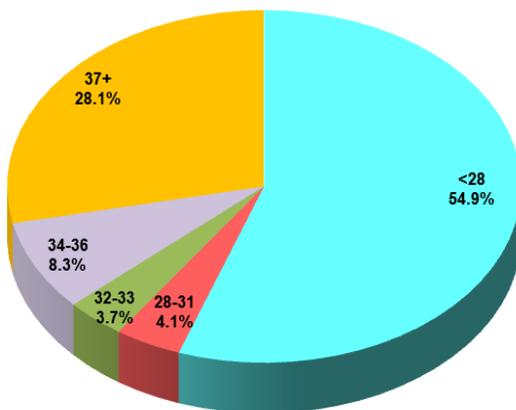
Source: Delaware Health Statistics Center

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.

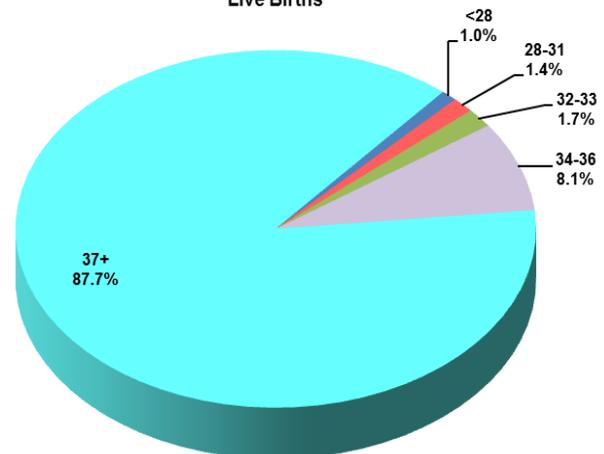
One percent of live births in 2007-2011 were less than 28 weeks gestation at birth, but they accounted for 55 percent of all infant deaths. In total, 12 percent of all live births in 2007-2011 were born preterm (<37 weeks of gestation) and 71 percent of infant deaths were born preterm.

Distribution by Gestation, Delaware Live Birth Cohort, 2007-2011

Infant Deaths



Live Births



Source: Delaware Health Statistics Center

INFANT MORTALITY - Live Birth Cohort

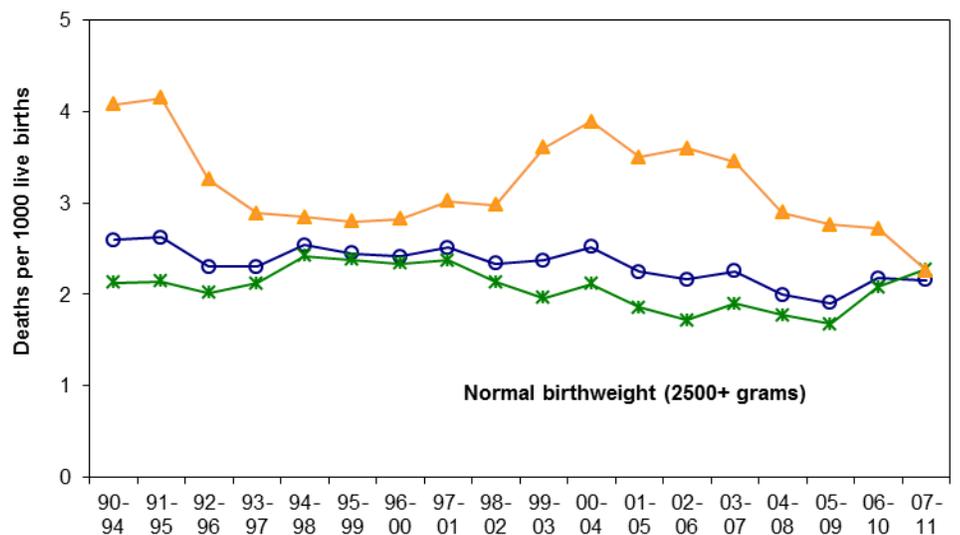
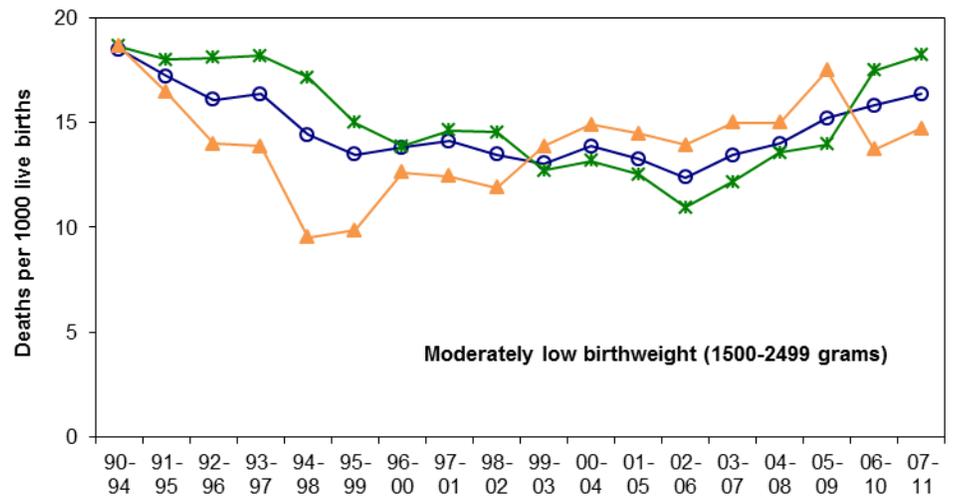
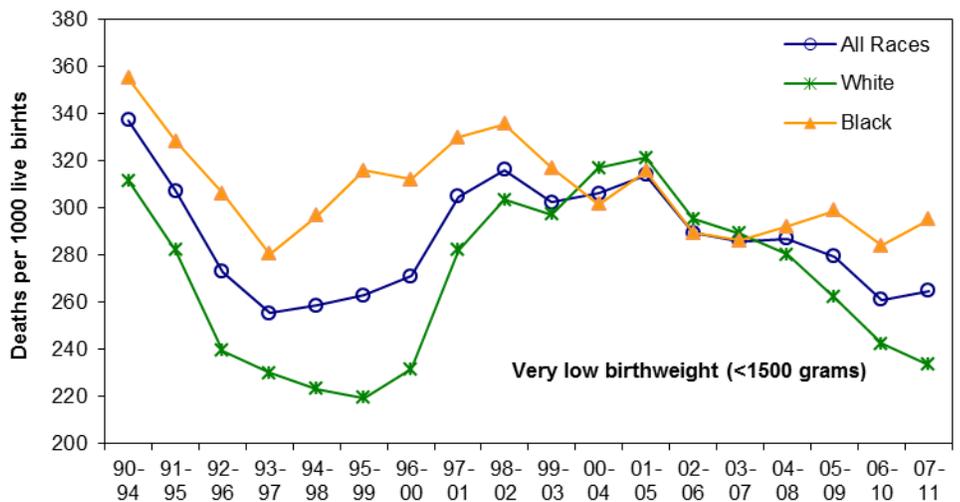
Birthweight and gestation are considered to be the most important predictors of infant health and mortality risk. Infants born too small or too early have a much greater risk of mortality than those who reach a normal birthweight (2500+ grams) or full-term gestation (37+ weeks).

The IMR for very low birthweight (VLBW) black infants increased in 2007-2011 after decreasing since 2005-2009. The IMR for VLBW white infants steadily decreased since 2002-2006. In 2007-2011, IMRs for white and black VLBW infants were 233 and 295 infant deaths per 1,000 live births.

IMRs for moderately LBW infants of all races rose 17 percent between 2000-2004 and 2007-2011. During that time, white IMRs increased 38 percent while the black IMR decreased by only 1 percent. Black IMR rates for 2007-2011 continued to remain lower than the white rates (14.7 vs. 18.2).

The IMR for all races remained the same from 2006-2010 to 2007-2011. IMRs for normal birthweight white infants experienced an increase of 10 percent since 2000-2004. The IMRs for black infants declined 41 percent between 2000-2004 and 2007-2011. The divergent movement in black and white rates in the 2007-2011 period narrowed the black/white disparity ratio. In 2007-2011, the black IMR was equal to the white IMR for normal birthweight infants.

Five-year Average Infant Mortality Rate by Birthweight and Race Delaware, 1990-2011 Live Birth Cohort

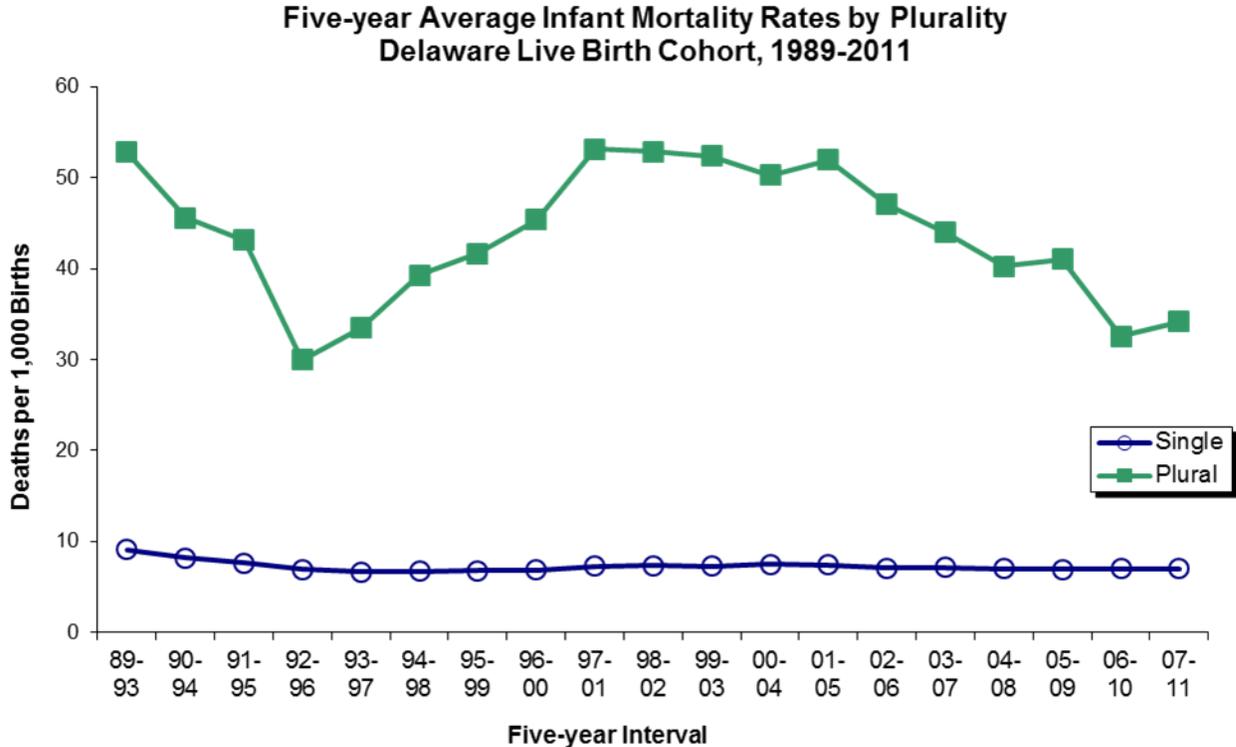


Source: Delaware Health Statistics Center

—○— All Races —*— White —▲— Black

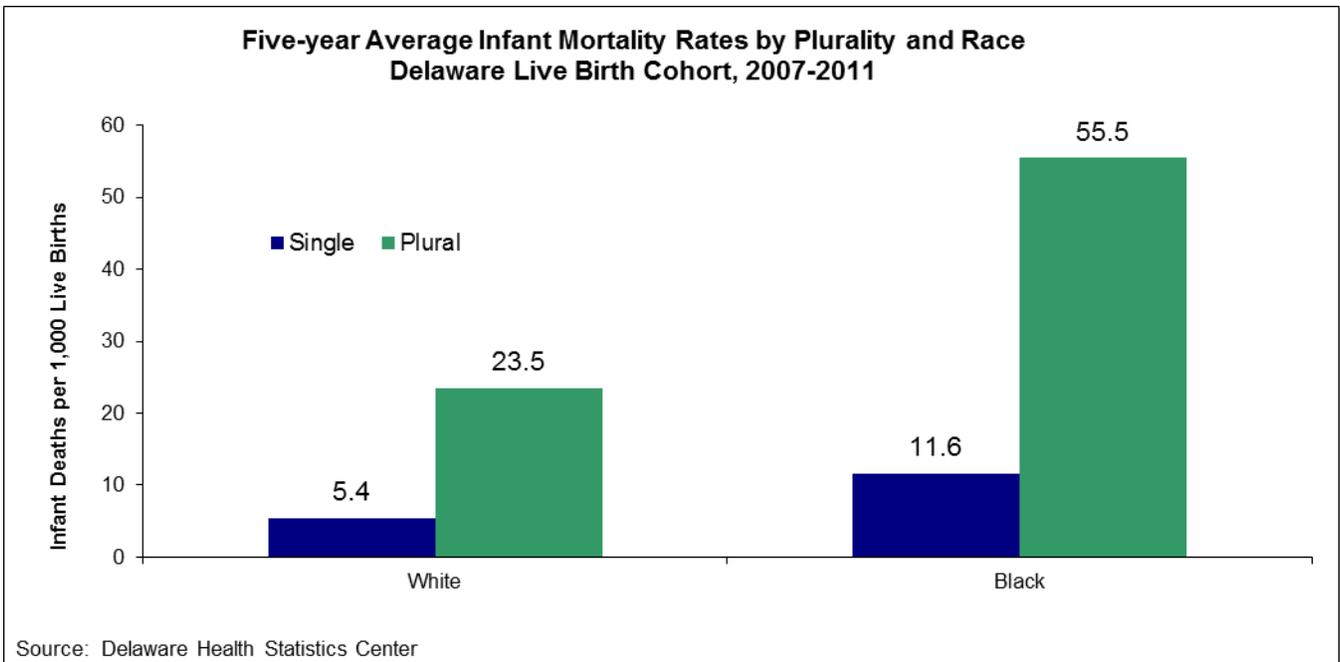
INFANT MORTALITY - Live Birth Cohort

From 1992-1996 to 1997-2001, IMRs for plural births increased 77 percent, to 53.1 deaths per 1,000 live births. During the same time, IMRs for singleton births increased by 4 percent. Since then, plural IMRs decreased 36 percent, with a slight increase (5 percent) occurring in the most recent time period. IMRs for singleton births experienced a slight decrease of 4 percent. In 2007-2011, the infant mortality rate for plural births was 4.9 times that of singleton births (34 versus 7).



Source: Delaware Health Statistics Center

The magnitude of difference between singleton and plural IMRs remained the same regardless of race, though rates for black infants, both singleton and plural, were more than double those of white infants.

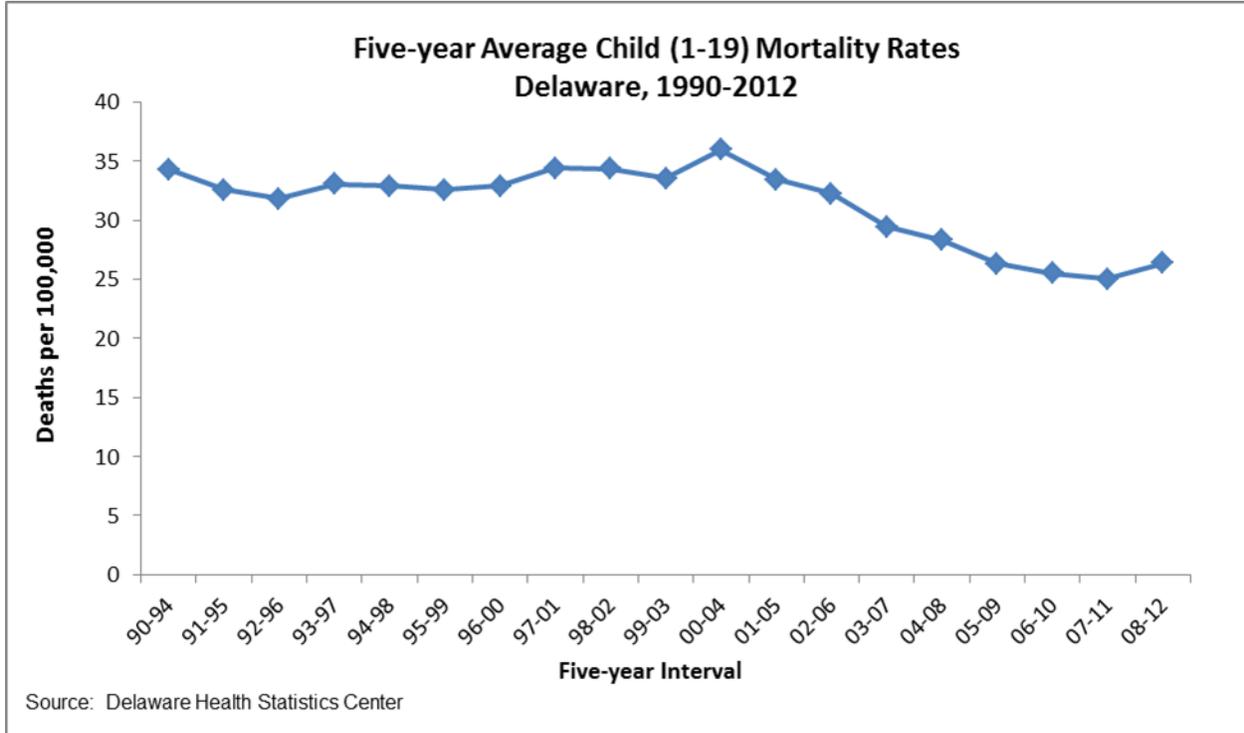


Source: Delaware Health Statistics Center

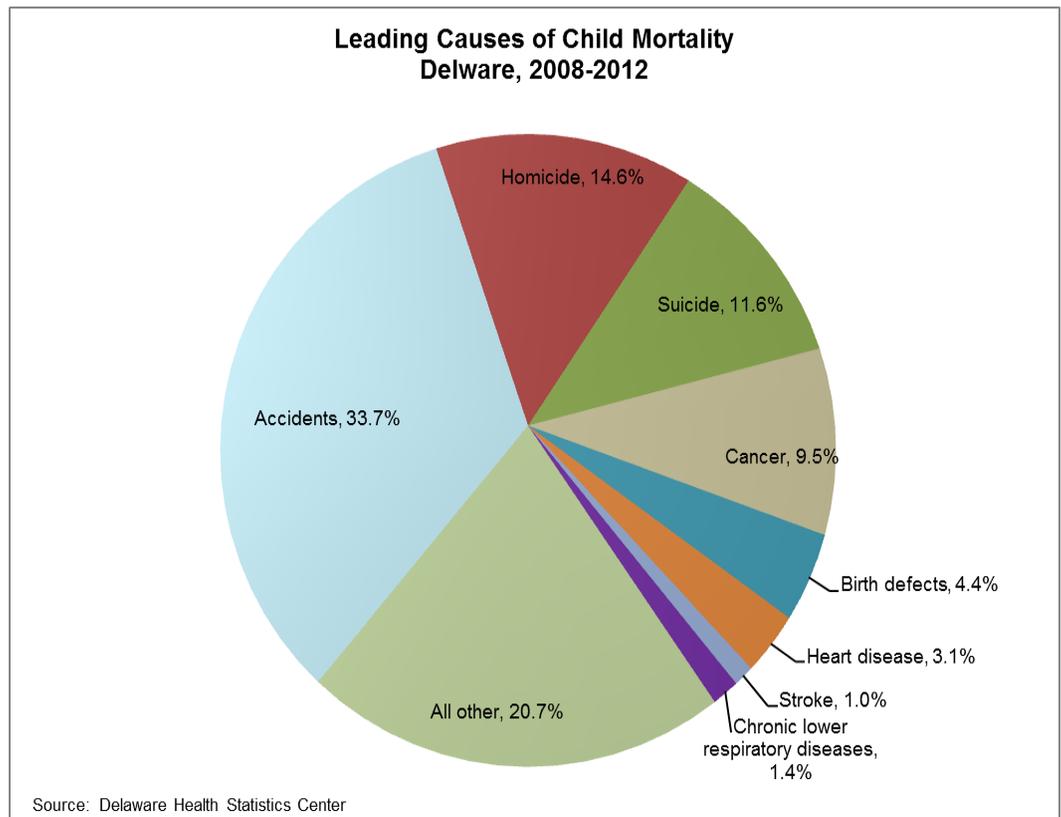
CHILD MORTALITY

From 2008 to 2012, 294 children and adolescents between the ages of 1 and 19 died in Delaware, representing 0.8 percent of the total deaths that occurred during that time. Males accounted for 62 percent of all child deaths in 2008-2012.

After small fluctuations throughout the 1990s, the mortality rate for children ages 1 to 19 began to decline. Since its peak of 36 in 2000-2004, the rate has decreased 25 percent, to 27 deaths per 100,000 children.

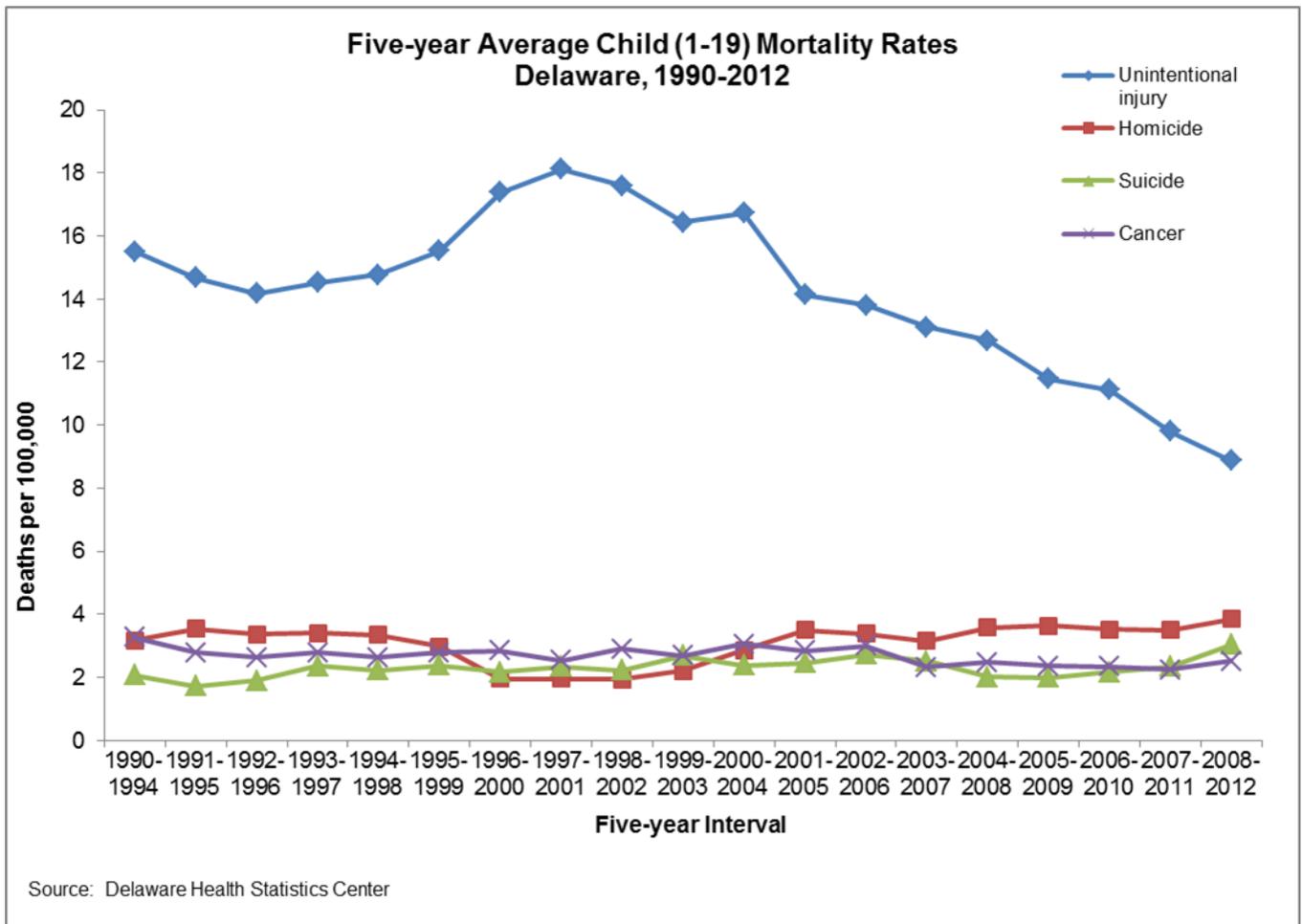


Accidents, homicide, suicide, and cancer were the four most common causes of child mortality in 2008-2012. Together, they accounted for 69 percent of all child deaths.



CHILD MORTALITY

From 2001-2005 to 2008-2012, rates for two of the four leading causes of child mortality decreased. Unintentional injury mortality rates declined by 37 percent, whereas suicide rates increased 20 percent. Homicide rates increased while cancer rates decreased (11 percent change for both).



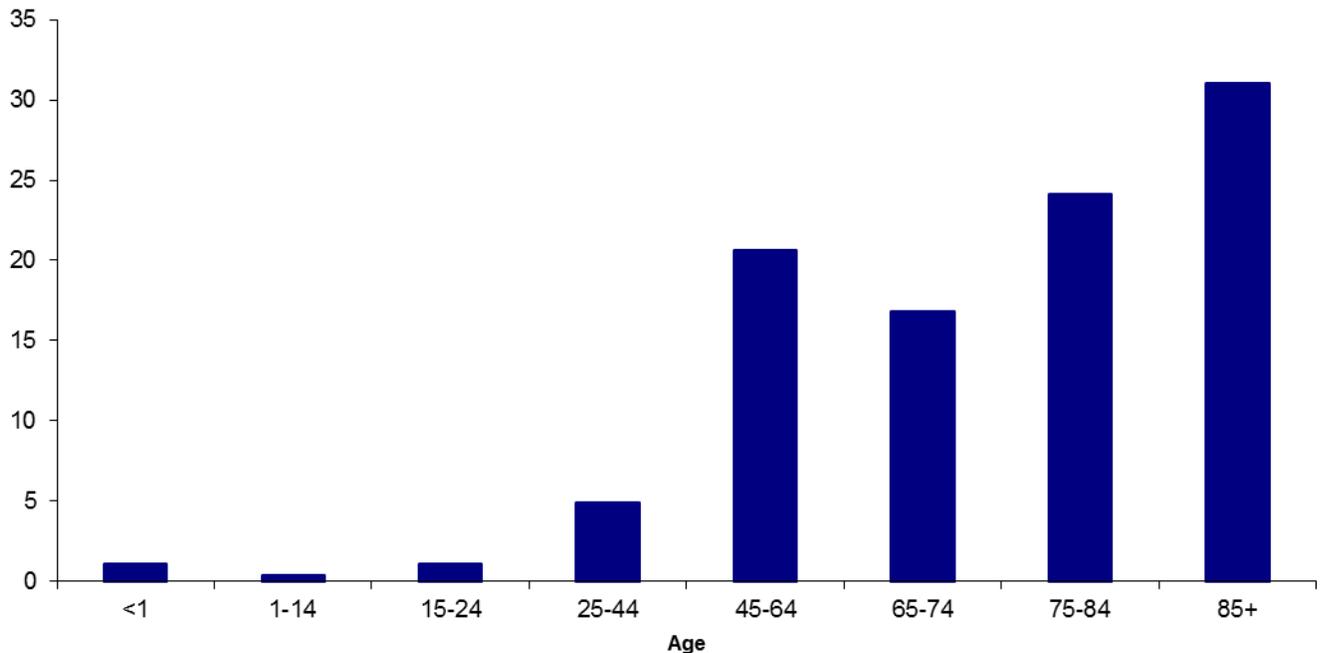
Detailed manner of the most common causes of child deaths in 2008-2012:

- Motor vehicle crashes accounted for 62 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 12 and 9 percent of deaths, respectively.
- Firearms and cutting/piercing accounted for over 86 percent of all homicides, 79 and 7 percent, respectively.
- The majority of child cancer deaths were due to brain cancer (50 percent) and leukemia (18 percent).
- Suffocation, followed by firearms, were the most common methods of suicide, and accounted for 50 and 35 percent of the total suicide deaths.

MORTALITY

Fifty seven more Delaware residents died in 2012 than in 2011. A total of 7,873 residents died, 84 of whom were infants under the age of 1. Deaths for females was higher than males (4015 vs. 3858). Cancer and heart disease were the most common causes of death, accounting for 47 percent of all deaths in 2012.

**Percent of Deaths by Age
Delaware, 2012**



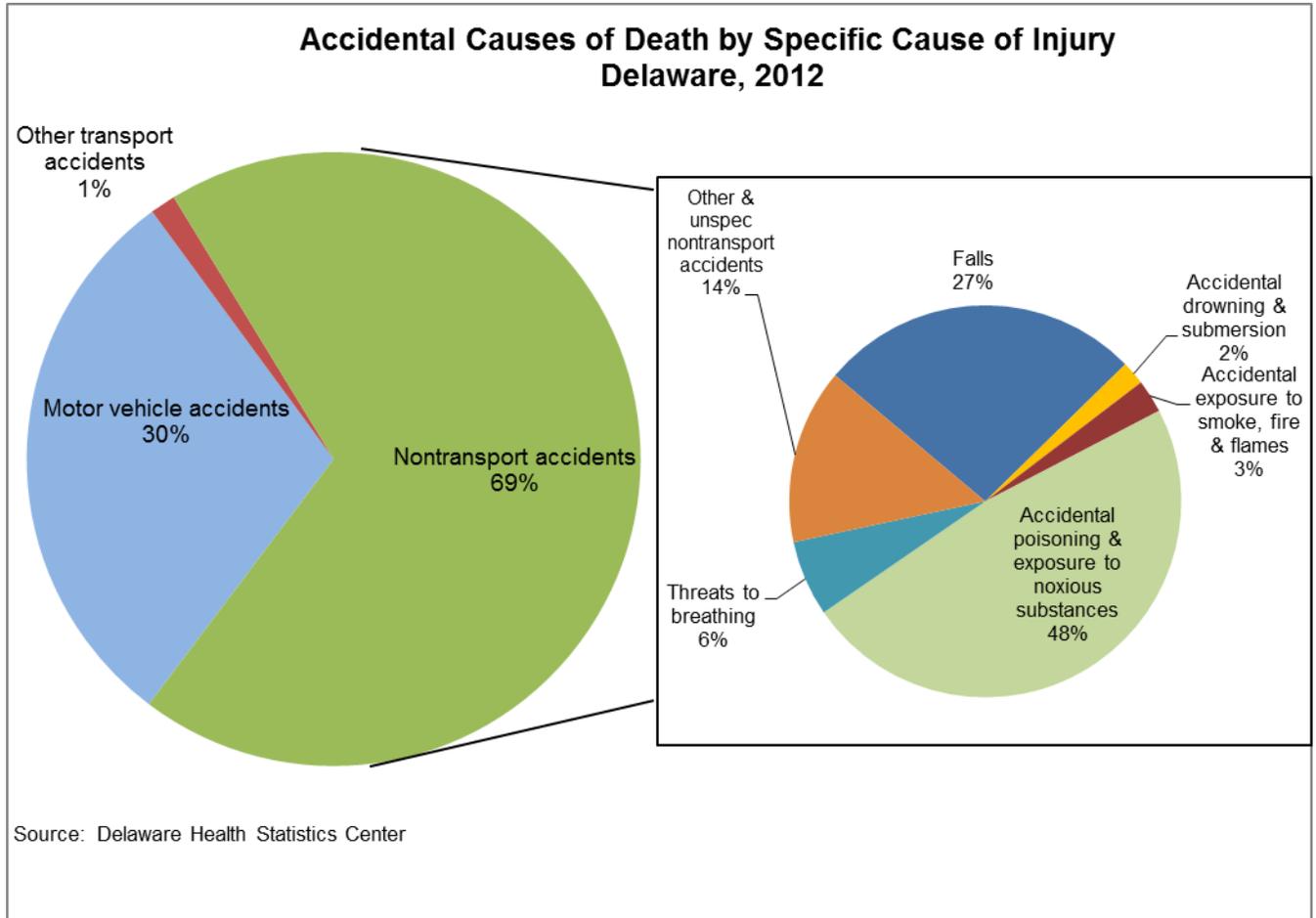
Source: Delaware Health Statistics Center

- A Delaware resident born in 2012 could expect to live an average of 79.5 years.
- Life expectancy at birth varied by race and sex; white females had the highest life expectancy (81.9) while black males had the lowest (74.3).
- In 1989, 80 percent of Delaware decedents were buried and 15 percent were cremated. By 2012, the distribution had shifted: 51 percent of decedents were buried and 44 percent were cremated.
- In 2012, the ten leading causes of death for residents of all ages changed slightly from the top 10 in 2011; dementia and influenza & pneumonia were removed from the list and suicide and septicemia became part of the top ten leading causes of death.

Rank	Leading Cause of Death	Number
1	Malignant neoplasms	1934
2	Diseases of heart	1787
3	Chronic lower respiratory diseases	423
4	Cerebrovascular diseases	403
5	Accidents (unintentional injuries)	371
6	Diabetes mellitus	242
7	Alzheimer's disease	214
8	Nephritis, nephrotic syndrome & nephrosis	139
9	Intentional self-harm (suicide)	125
10	Septicemia	121

MORTALITY

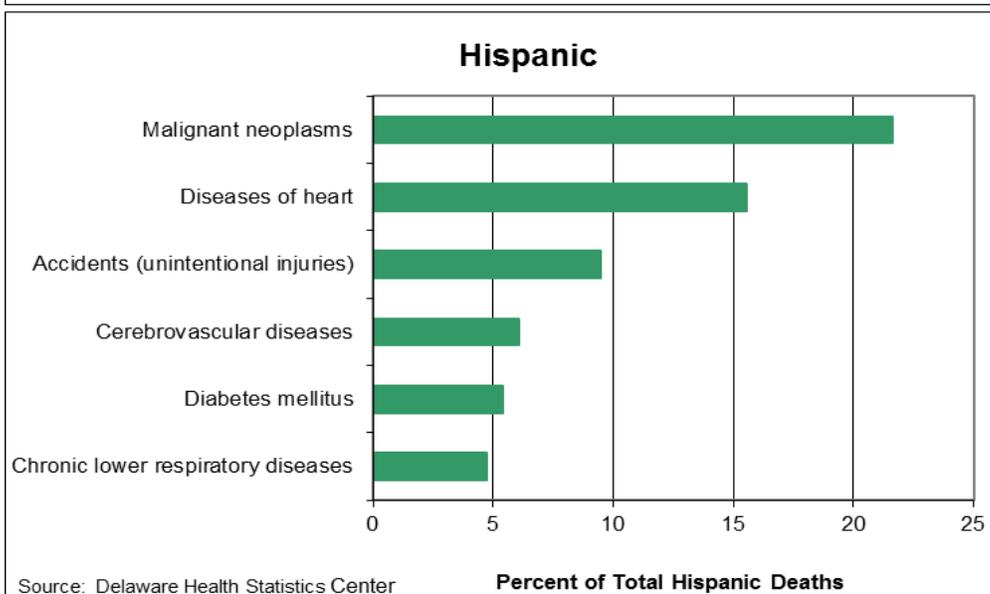
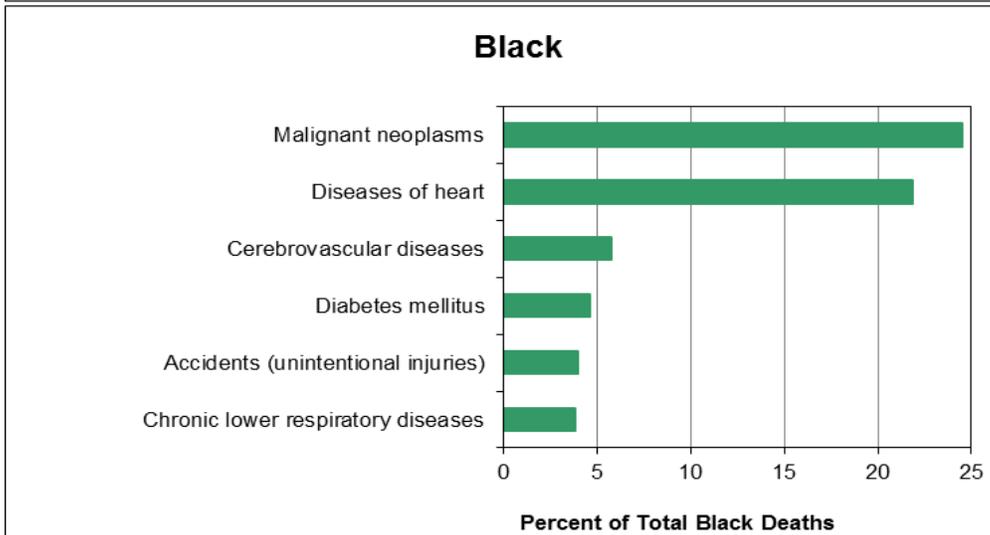
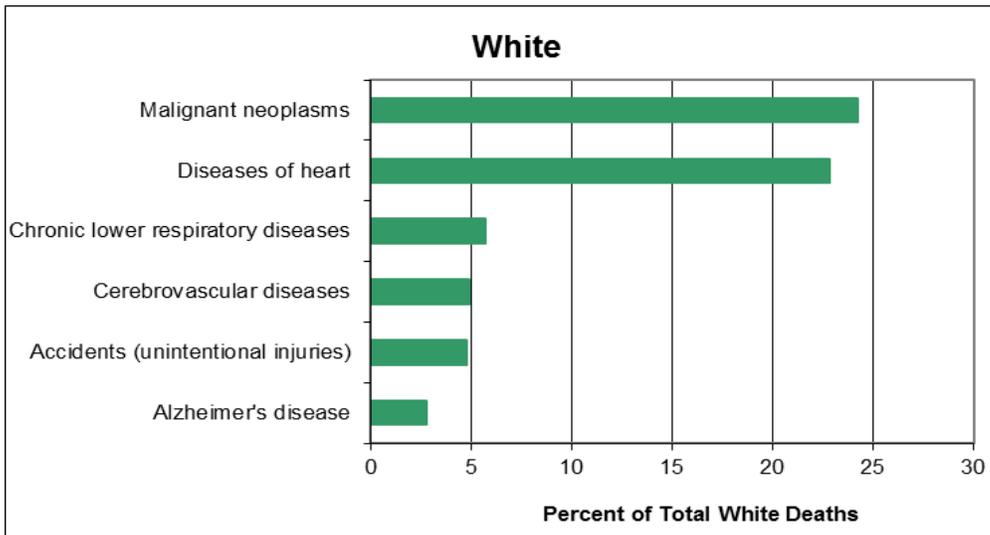
- There were 371 deaths due to unintentional injury in 2012 (4.7 percent of all deaths). Thirty percent were due to motor vehicle accidents and 69 percent were due to non-transport accidents. Nearly half of the 256 non-transport accidents were caused by unintentional poisonings; the majority (94 percent) of unintentional poisonings were drug-induced poisonings.
- For the fourth year, unintentional poisonings surpassed motor vehicle injuries and became the leading cause of unintentional injury death in 2012.
- For black females and white males, poisonings caused the most unintentional injuries, followed by motor vehicle accidents. For black males, motor vehicle accidents caused the greatest number of unintentional injuries.
- For white females, falls caused the greatest number of unintentional injuries, followed by poisonings.



- In 2008-2012, accidents were the number one cause of death for people 1-44 years of age, and they were responsible for 39 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 three-fourths of total deaths.

MORTALITY

The leading causes of death varied by race and ethnic group. In 2012, the most common causes of death for white, black, and Hispanic Delawareans were:

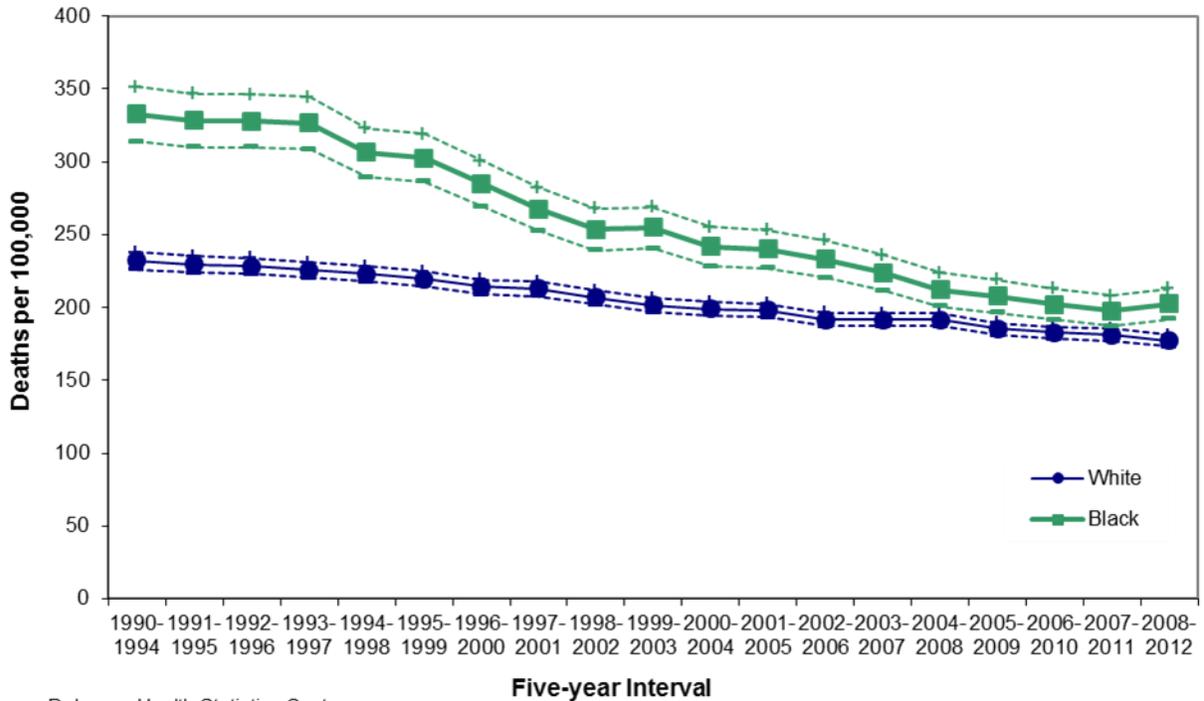


MORTALITY

Cancer mortality rates have decreased in all three counties since the early 1990s, though most recently Kent County rates rose 1 percent. In 2008-2012, the five-year age-adjusted cancer mortality rates ranged from 158.9 deaths per 100,000 population in Sussex County to 208.0 deaths per 100,000 population in Kent County.

Cancer mortality rates for black decedents show an increasing trend whereas white decedents followed a decreasing trend. Though the gap between black and white cancer mortality rates narrowed, black cancer mortality rates in 2008-2012 remained significantly higher than white rates.

**Five-year Age-Adjusted Cancer Mortality Rates by Race
Delaware, 1990-2012**

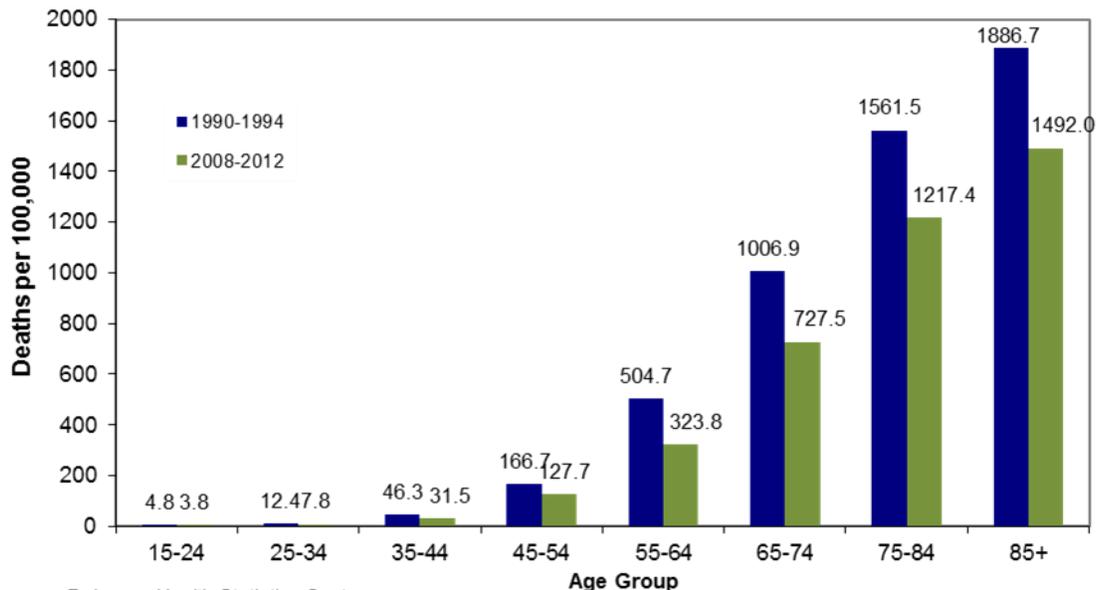


Source: Delaware Health Statistics Center

**Five-year Average Age-Specific Cancer Mortality Rates
Delaware, 1990-1994 and 2008-2012**

The same decreases seen in the age-adjusted cancer mortality rates were reflected in the age-specific rates.

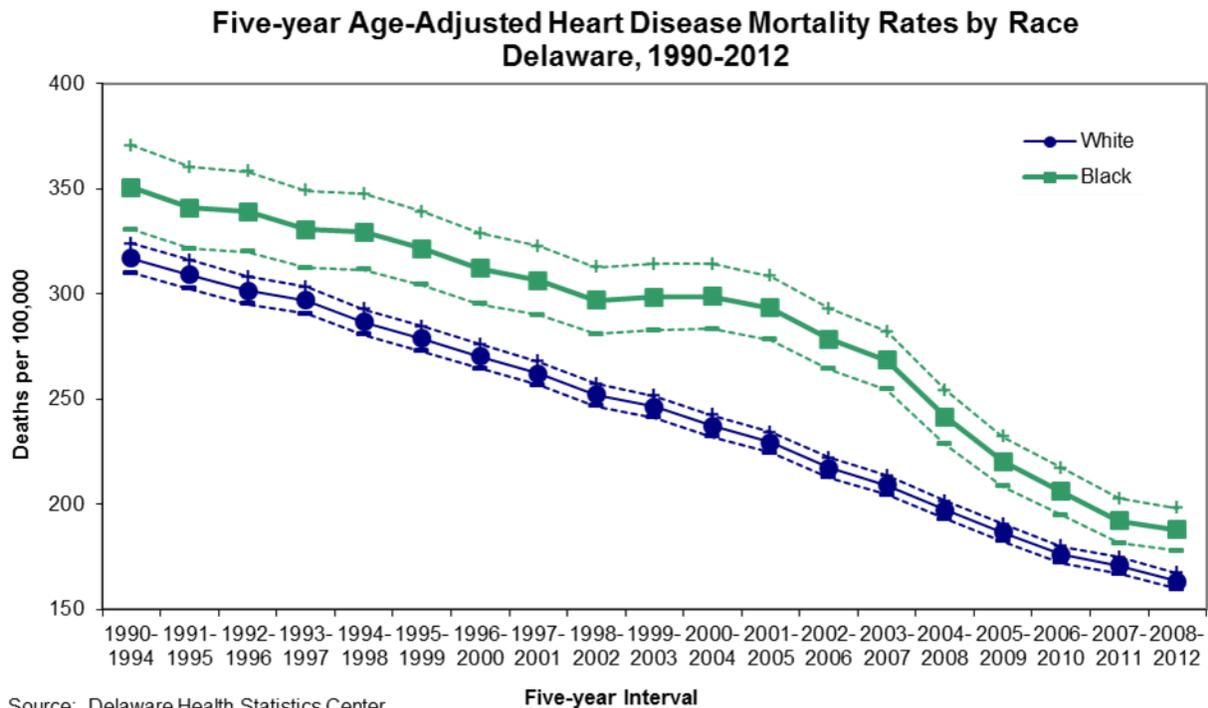
Cancer mortality rates declined for all age groups between 1990-1994 and 2008-2012. The 25-34 and 55-64 age groups experienced the largest decreases.



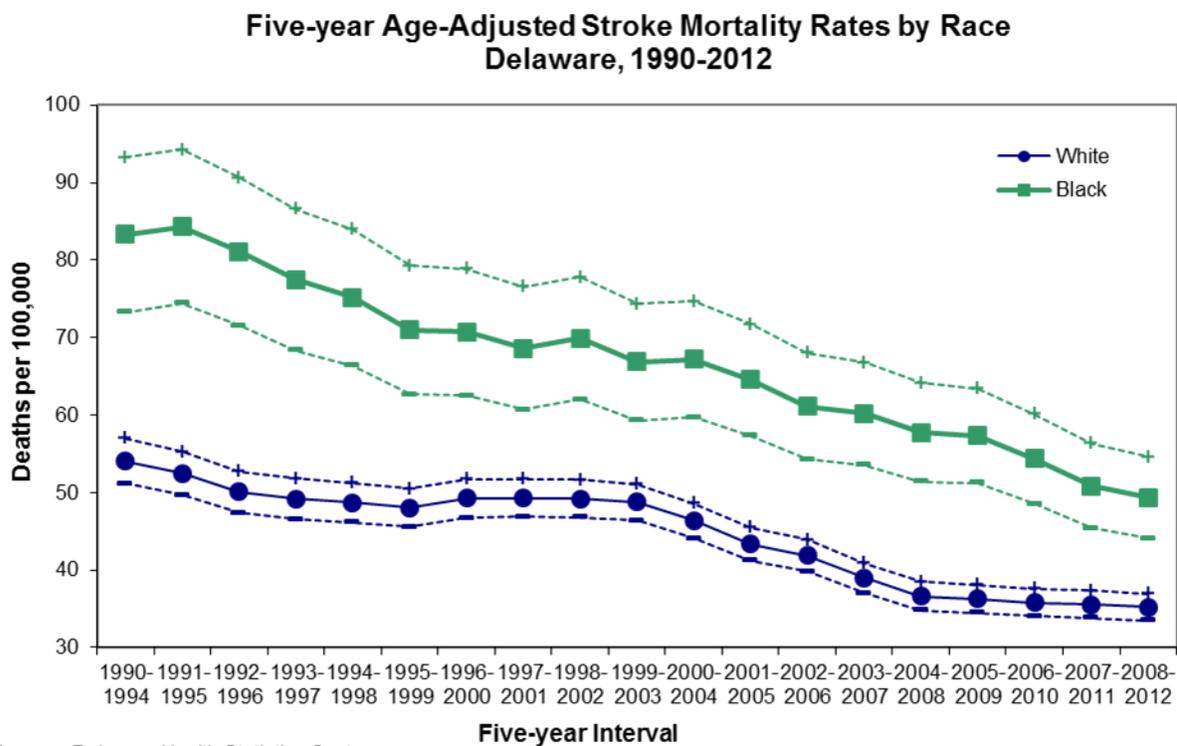
Source: Delaware Health Statistics Center

MORTALITY

Heart disease was the second most common cause of death for both black and white Delawareans in 2008-2012. Both black and white heart disease mortality rates have declined significantly since 1990-1994, with white rates declining 48.5 percent and black rates declining 46.4 percent.

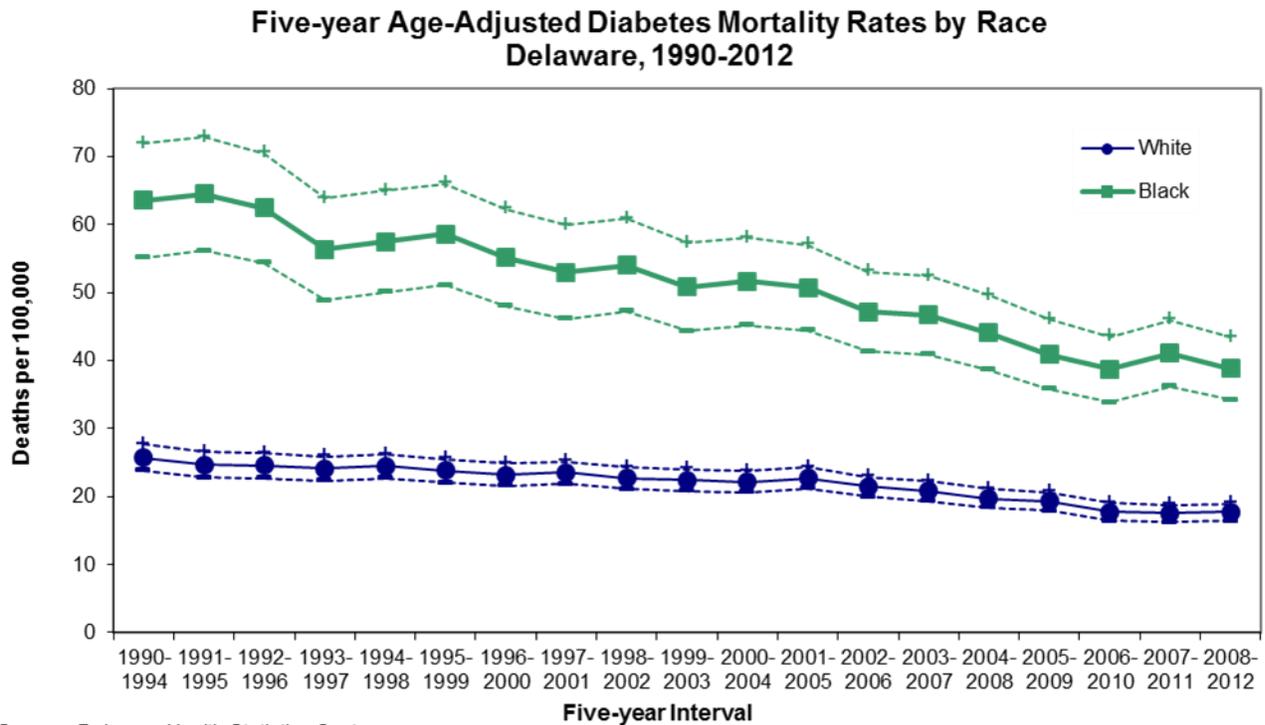


Stroke mortality rates for both races continued their declining trends between 1990-1994 and 2008-2012, with rates for white and black races decreasing 34 and 41 percent, respectively. In 2008-2012, the black stroke mortality rate remained approximately 40 percent higher than the white rate (49.4 versus 35.2).



MORTALITY

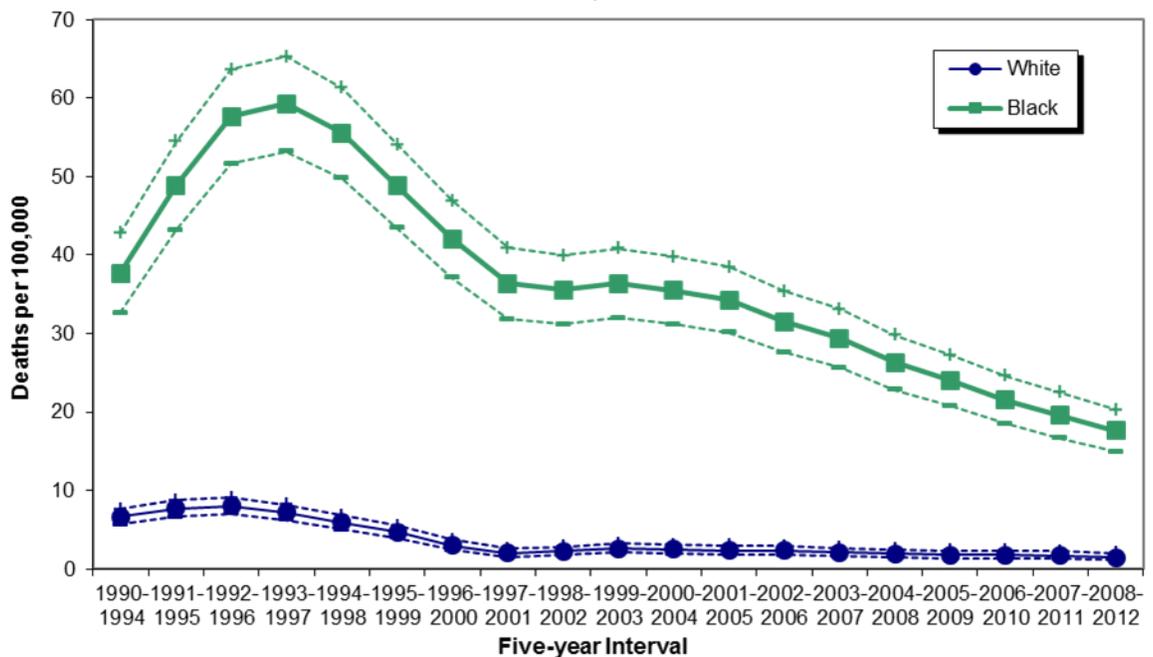
Though black mortality rates for diabetes have declined nearly 39 percent since 1990-1994, their rates were more than double that of whites in 2008-2012.



Source: Delaware Health Statistics Center

HIV/AIDS mortality has disproportionately affected Delaware's black population. Despite black HIV/AIDS mortality rates decreasing significantly since the 1993-1997 peak, their 2008-2012 mortality rate of 17.6 deaths per 100,000 was nearly 12 times that of whites. Though they made up only 21.8 percent of the total Delaware population in 2008-2012, blacks accounted for 77 percent of all deaths due to HIV/AIDS.

Five-year Age-Adjusted HIV/AIDS Mortality Rates by Race Delaware, 1990-2012

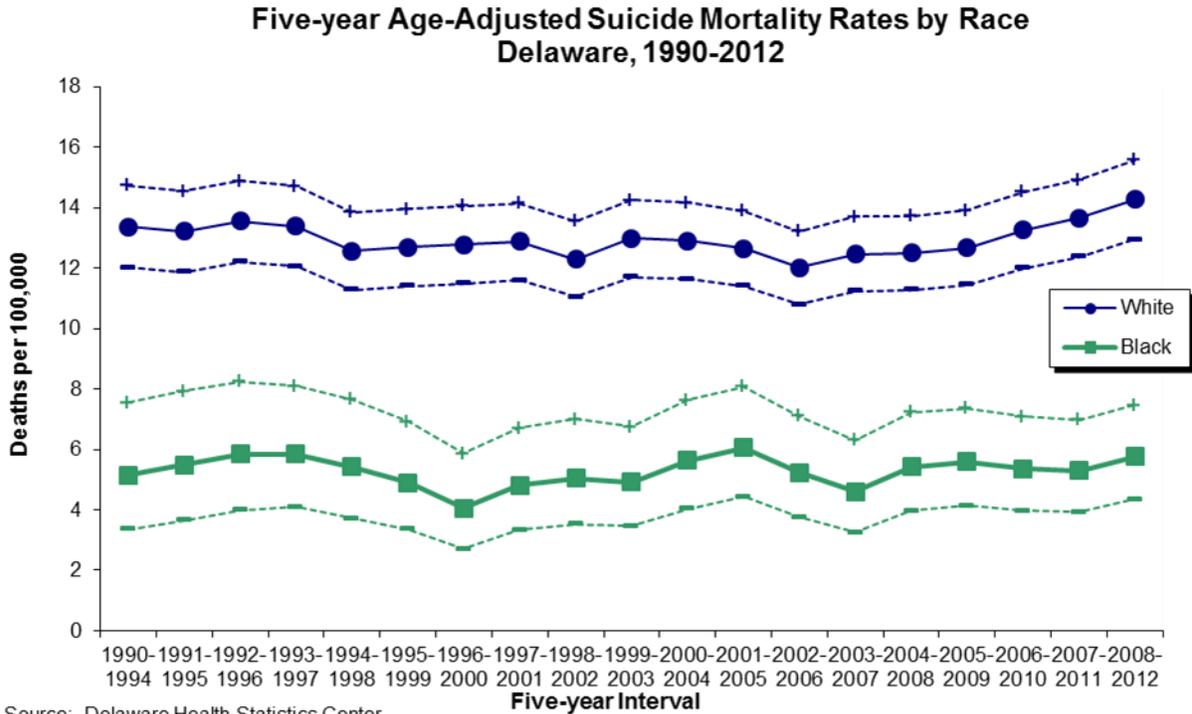


In 2008-2012, HIV was the ninth leading cause of death for black Delawareans; it ranked eighth for black males and eleventh for black females.

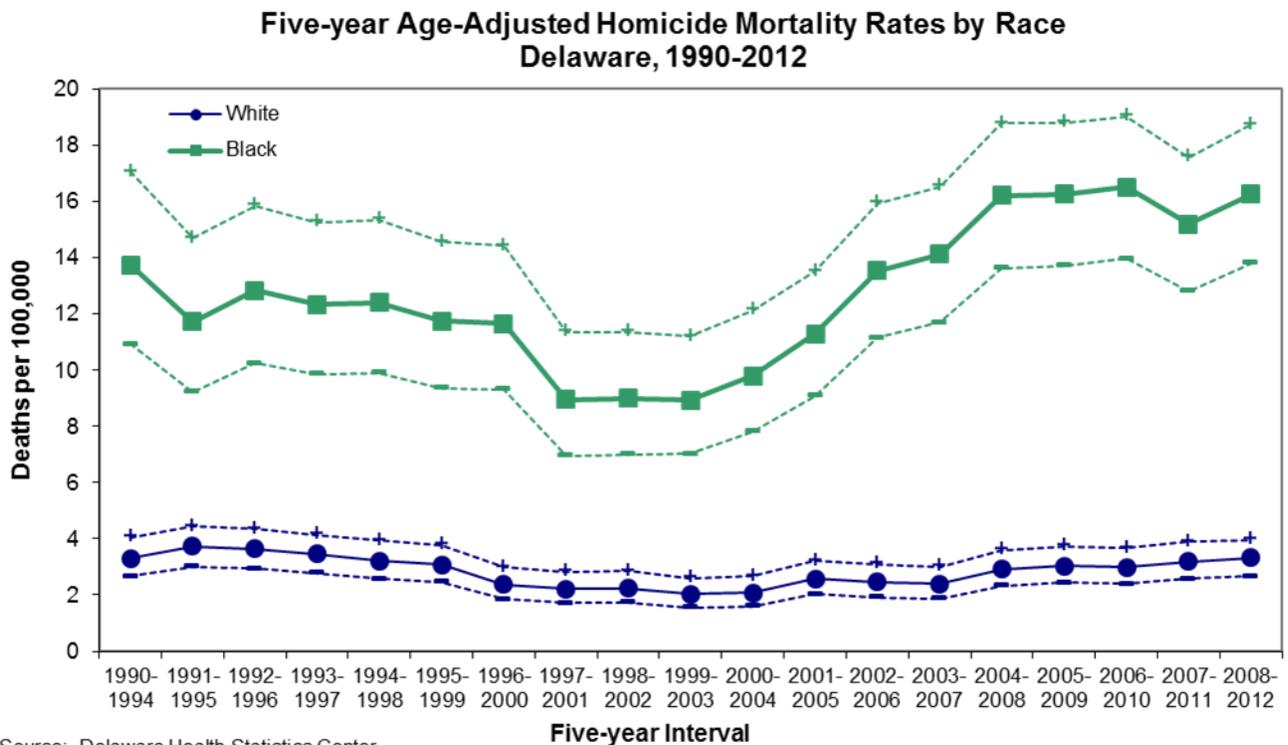
Source: Delaware Health Statistics Center

MORTALITY

Suicide mortality trends for both black and white populations changed little between 1990-1994 and 2008-2012, with the white rate (14.3) remaining more than double that of the black rate (5.8).



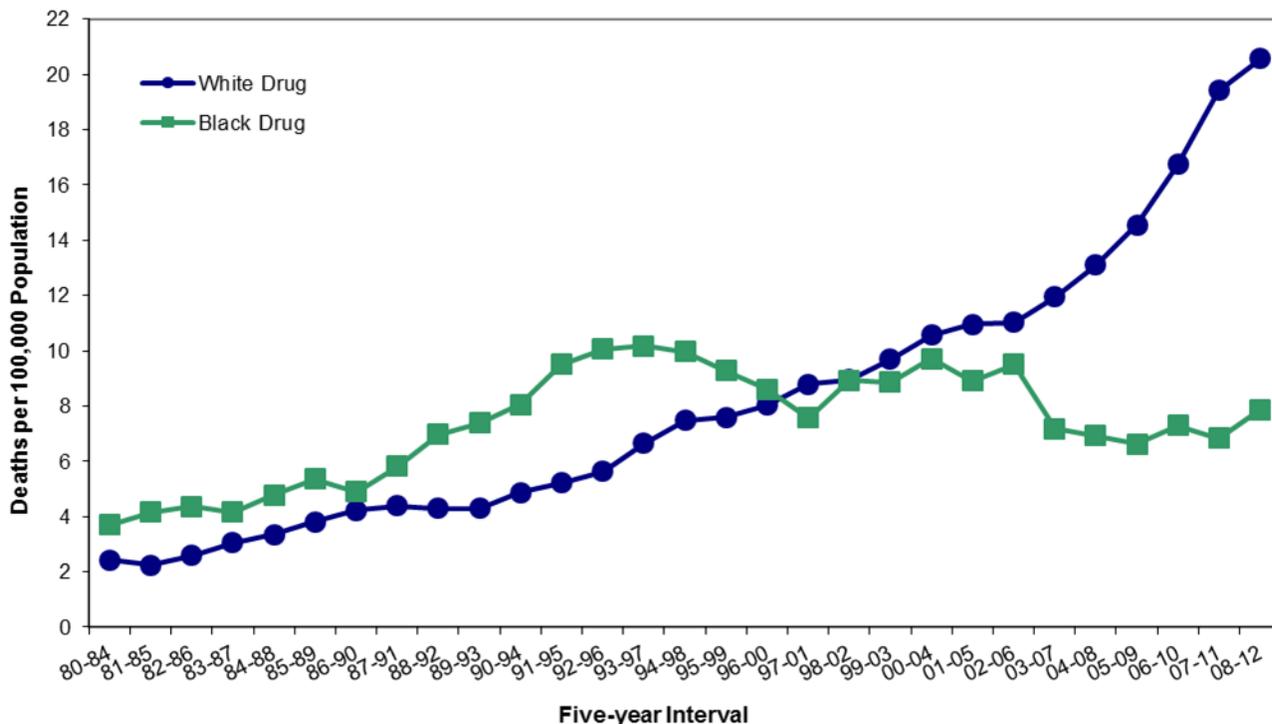
After declining throughout most of the 1990s and reaching their lowest point in 1999-2003, homicide mortality rates rose 86 percent between 1999-2003 and 2008-2012. The majority of the increase was due to an 83 percent increase in black homicide mortality rates; white homicide mortality rates rose 65 percent during the same time period. In 2008-2012, black and white homicide mortality rates were 16.3 and 3.3 deaths per 100,000 population, respectively.



MORTALITY

Although black mortality rates for drug-induced deaths were historically higher than white rates, in 1994-1998 they began a four-year decline that moved them just below white rates by 1997-2001. Since then, white mortality rates have remained higher and continued to rise. By 2008-2012, the white drug-induced mortality rate (20.6) was more than twice the black rate (7.9).

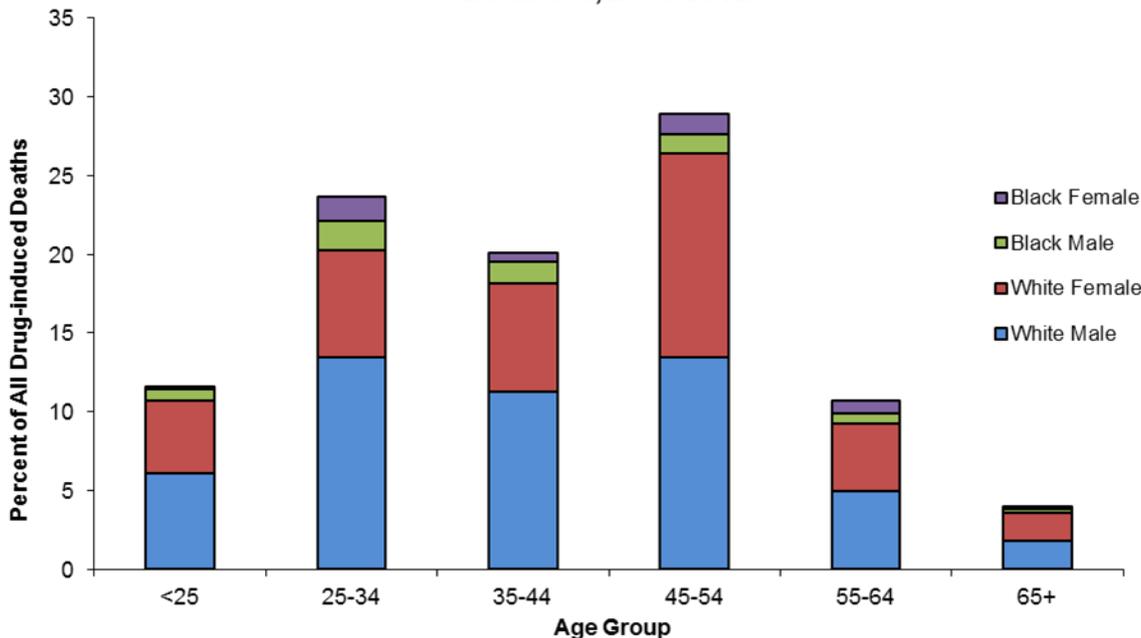
**Five-year Age-adjusted Mortality Rates for Drug-Induced Deaths by Race
Delaware, 1980-2012**



Source: Delaware Health Statistics Center

**Distribution of Drug-induced Deaths by Race, Sex, and Age Group
Delaware, 2008-2012**

In 2008-2012, 51 percent of all drug-induced deaths were white males. Of all the race-age groups, white males ages 25-34 and white males ages 45-54 were responsible for the largest proportions (both 13.5 percent) of drug-induced deaths. White females ages 45-54 were just below this at 12.9 percent.



Source: Delaware Health Statistics Center