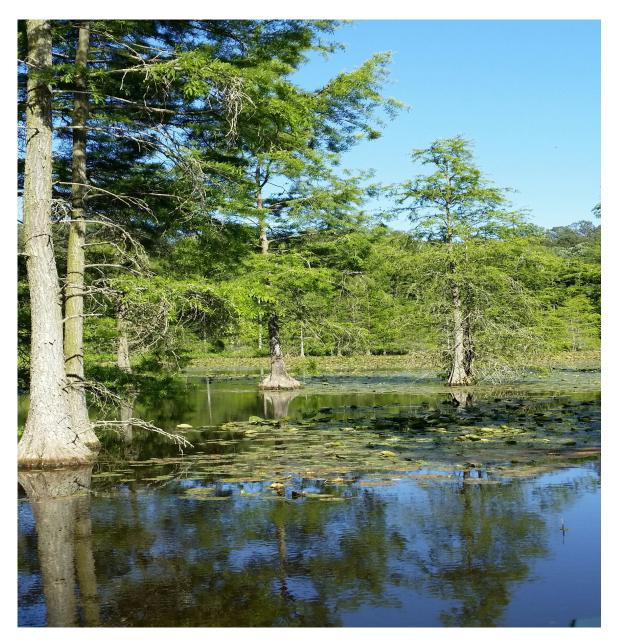
DELAWARE VITAL STATISTICS EXECUTIVE SUMMARY REPORT 2020





DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health A Nationally Accredited Health Department John Carney, Governor State of Delaware Molly K. Magarik, Cabinet Secretary Delaware Department of Health and Social Services

DELAWARE VITAL STATISTICS EXECUTIVE SUMMARY REPORT

2020

Division of Public Health Delaware Health Statistics Center

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

Rick Hong, MD Interim Director Division of Public Health Delaware Department of Health and Social Services



ACKNOWLEDGMENTS

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

We gratefully acknowledge the contributions of the staff of the Office of Vital Statistics; and the Delaware Health Statistics Center staff, including: Tanya Lyons, Niholas Cruz, and Genelyn Viray. We also recognize hospital birth data providers, physicians, nurses, medical records staffs, midwives, funeral directors, and county clerks for their help in collecting and providing us with these data. Finally, special thanks goes to Samuel Johnson whose photo of the Big Stone Beach graces the cover of this report.

Questions or comments about this report may be directed to:

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

Visit our website at:

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

Suggested citation:

Delaware Health Statistics Center. *Delaware Vital Statistics Executive Summary Report, 2020*. Delaware Department of Health and Social Services, Division of Public Health, 2022.

EXECUTIVE SUMMARY

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

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

This report includes a number of statistics based on five-year averages: age-specific fertility rates, percentages of births to single mothers, percentages of low birthweight births, infant mortality rates, and age-adjusted mortality rates for selected causes of deaths. The use of five-year averages for these measures is due to the relatively small number of events in a single year, making annual rates particularly susceptible to the effects of random variations. This report presents trends over time beginning in the

1990's and 2000's. The DHSC presents rates with stratifications by place of residence, age, marital status, race, ethnicity, gender, educational background, and (for mortality data) causes of death. Also included are highlights of Delaware's life expectancy and leading causes of death.

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

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

- For the first time in Delaware history in 2020, the number of resident deaths at 10,688 exceeded the number of resident births, 10,352. This caused a natural decrease of 336. At nine percent of the total deaths, COVID-19 became the third leading cause of death in Delaware.
- Delaware females born in 2020, can expect to live an average of 80.5 years versus males who could expect to live 74.8 years. Life expectancy for both male and female decreased from 2019.
- Delaware's infant mortality rate decreased 30 percent from 9.3 infant deaths per 1,000 live births in 2000-2004 to 6.5 infant deaths per 1,000 live births in 2016-2020.
- Opioid drug overdose deaths in 2020 were twelve time higher than in 2000, increasing to 403 from 35 deaths.

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

Figure 1. Selected Characteristics: Delaware Vital Statistics Annual Report, 2020

Population	Number*	Percent	Fetal Deaths	Number*	Percent
Delaware	992,035	100.0%	Delaware	55	100.0%
Kent	180,779	18.2%	Kent	11	20.0%
New Castle	567,741	57.2%	New Castle	31	56.4%
Sussex	234,226	23.6%	Sussex	13	23.6%
			Race		
Marriages	Number*	5-yr Rate ¹	Non-Hispanic White	18	32.7%
Delaware	4,368	5.0	Non-Hispanic Black	25	45.5%
Kent	901	5.0	Hispanic Origin⁴	9	16.4%
New Castle	2,044	4.3			
Sussex	1,423	6.6	Infant Mortality	Number*	5-yr Rate
			Delaware	56	6.5
Divorces	Number*	5-yr Rate ¹	Kent	18	6.5
Delaware	2,273	2.8	New Castle	34	7.2
Kent	473	3.3	Sussex	4	4.4
New Castle	1,304	2.7	Race		
Sussex	496	2.7	Non-Hispanic White	22	3.8
			Non-Hispanic Black	24	11.6
Live Births	Number*	5-yr Rate ²	Hispanic Origin⁴	5	6.3
Delaware	10,352	58.0			
Kent	2,145	60.1	Mortality	Number*	Adj. Rate
New Castle	6,065	55.2	Delaware	10,688	807.2
Sussex	2,142	65.2	Kent	1,995	906.9
Births to Teenagers (15-19)			New Castle	5,647	838.6
Non-Hispanic White	111	9.8	Sussex	3,046	718.2
Non-Hispanic Black	175	27.3	Race and Gender		
Delaware	435	17.2	Non-Hispanic White Males	4,052	934.1
Kent	91	18.0	Non-Hispanic White Females	3,919	775.2
New Castle	199	14.3	Non-Hispanic Black Males	1,094	1255.3
Sussex	145	25.1	Non-Hispanic Black Females	1,025	861.5
Race	Number*	Percent	Decedent's Age	Number*	Percent
Non-Hispanic White	4,882	47.2%	<1	56	0.5%
Non-Hispanic Black	2,890	27.9%	1-14	17	0.2%
Hispanic Origin ⁴	1,801	17.4%	15-24	107	1.0%
Marital Status	1,001		25-44	535	5.0%
Married	5,392	52.1%	45-64	1,876	17.6%
Single	4,960	47.9%	65-74	2,181	20.4%
Births to Single Mothers ³	1,000		75-84	2,714	25.4%
Non-Hispanic White	1,678	34.4%	85+	3,202	30.0%
Non-Hispanic Black	2,057	71.2%	Leading Causes of Death	0,202	00.070
Hispanic Origin ⁴	1,115	61.9%	Malignant neoplasms	2,087	19.5%
Low Birth Weight (<2500 gms)	1,113	01.070	Diseases of heart	2,087	19.3 <i>%</i> 19.2%
All Races	927	9.0%	COVID-19	2,057	9.0%
Non-Hispanic White	333	9.0 <i>%</i> 6.8%	Accidents (unintentional injuries)	903 720	9.0 <i>%</i> 6.7%
-	333	13.4%	Cerebrovascular diseases	688	6.4%
Non-Hispanic Black					
Hispanic Origin⁴	134	7.4%	Alzheimer's disease	467	4.4%

 Notes:
 *

 * Numbers are for 2020.
 1. The 5-year rate is per 1,000 population and refers to the period 2016-2020.

 2. The 5-year rate refers to total live births per 1,000 women 15-44 years of age during the 2016-2020 period.

 3. Percentages for births to single mothers are based on total births for the race-group.

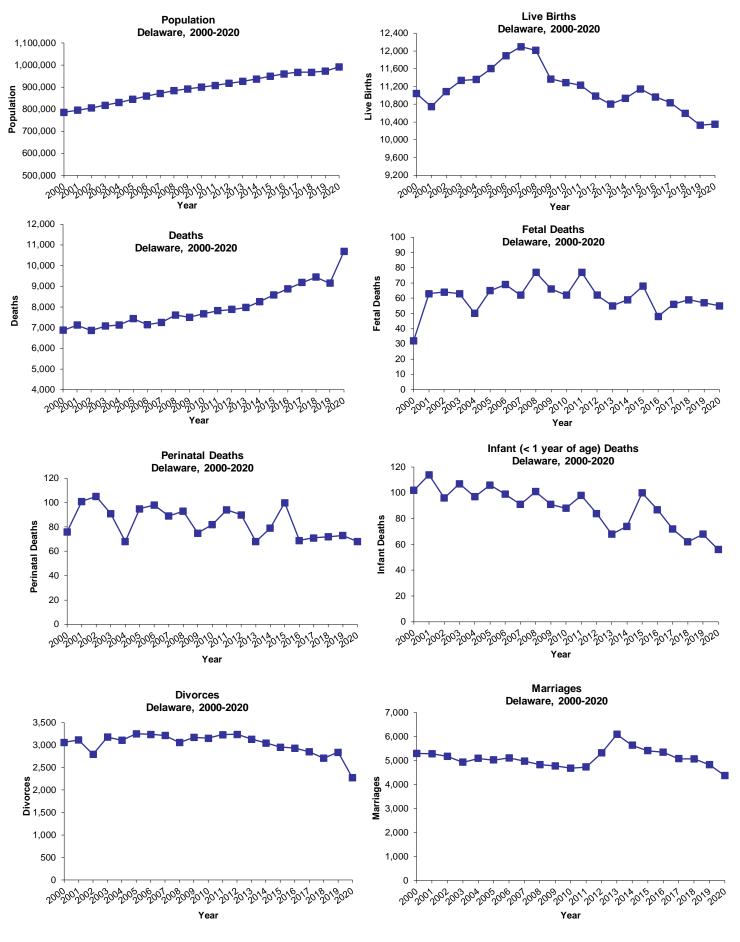
 4. People of Hispanic origin may be of any race. The percentage is based on total resident births for 2020.

 5. The 5-year (2016-2020) infant mortality rates represent the number of deaths to children under one year of age per 1,000 live births.

 6. The 2020 mortality rates (deaths per 100,000 population) for Delaware and the counties are age-adjusted to the 2000 U.S. population.

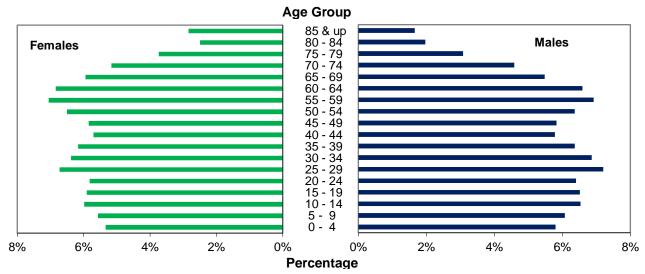
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center





Delaware Department of Health and Social Services Division of Public Health, Delaware Health Statistics Center 6

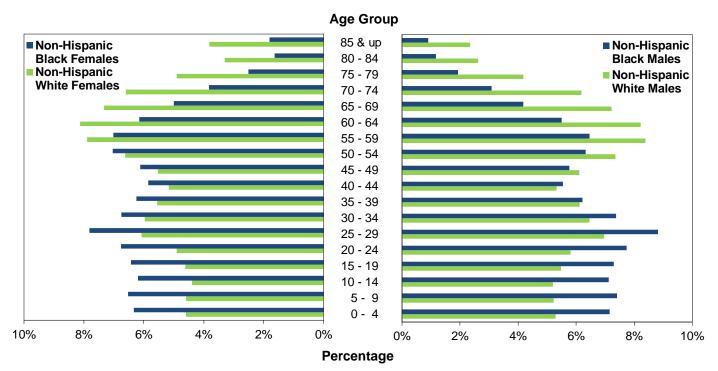
Delaware Vital Statistics Executive Summary Report 2020 January 2023 In 2020, nearly 51 percent of Delaware's population was female. Females made up a greater proportion of the older age groups, which reflects the longer female life expectancy. Delaware females born in 2020 can expect to live an average of 80.5 years versus males who can expect to live 74.8 years.





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





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

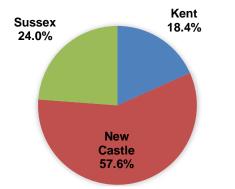
POPULATION

Delaware's three counties continued their increasing population trend, although they grew at different rates. Between 2000 and 2020, county populations grew annually by 2.2 percent for Kent, 0.7 percent for New Castle, and 2.6 percent for Sussex. Delaware's statewide increase was 1.3 percent.

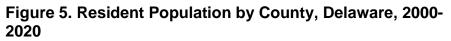
In 2020, nearly half of Delaware's 65 and older population resided in New Castle County. However, residents 65 and older represented a much larger proportion of the Sussex County population, where one in four residents was 65 or older, versus New Castle and Kent counties, where approximately one in six residents was 65 or older.

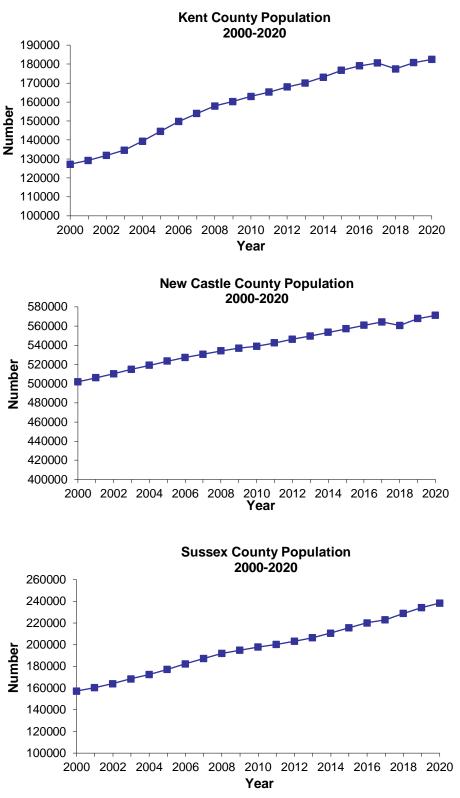
Over half of Delaware's total population resides in New Castle County, 57%.





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





. .

In 2020 there were 4,368 marriages and 2,273 divorces in Delaware. Over half of all divorces in 2020 were of marriages that lasted less than 10 years.

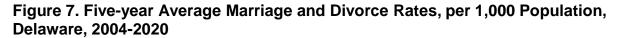
	Female	
18	Youngest: 1	8
90	Oldest: S	91
		18 Youngest: 1

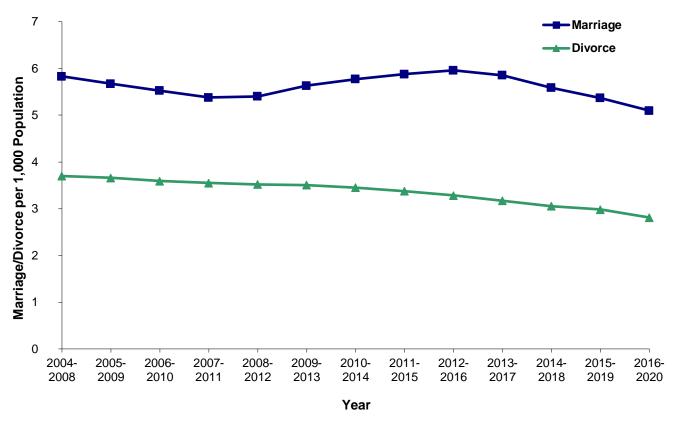
Marriage with the greatest age difference between bride and groom: 42 years. Most popular month to get married: October.

	Female	
20	Youngest:	18
90	Oldest:	92
	20 90	20 Youngest:

Shortest duration of marriage: 52 days Longest duration of marriage: 65 years Median duration of marriage: 9 years Total children under 18 years of age: 1,293

Between 2004-2008 and 2016-2020, the five-year average marriage rate decreased from 5.8 to 5.1 marriages per 1,000 population. The five-year average divorce rate declined 24.3 percent from 3.7 in 2004-2008 to 2.8 divorces per 1,000 population in 2016-2020.





LIVE BIRTHS

In 2020, there were 10,792 births in Delaware; 9,827 were to Delaware residents and 965 were to non-residents. Additionally 525 births to Delaware residents occurred out of state, for a total of 10,352 Delaware resident births, 24 more Delaware resident births than in 2019.

The recent national declines in general fertility and live birth rates were also apparent in Delaware statistics. From 2007 to 2020, the general fertility rate (number of births per 1,000 women aged 15-44 years) declined from a high of 67.4 to 55.2 births per 1,000 women aged 15-44. The birth rate of women aged 15-19 (teens) exhibited the largest decline at 64 percent followed by women aged 20-24 that decreased 41 percent and women aged 25-29 that decreased 26 percent.

During this time period women in the 40-44 aged group had the largest increase at 31 percent from 9.1 to 11.9 births per 1,000 women followed by women aged 25-39 that increased 13 percent. Since 2007 the number of births to women aged 30-34 has not significantly changed.

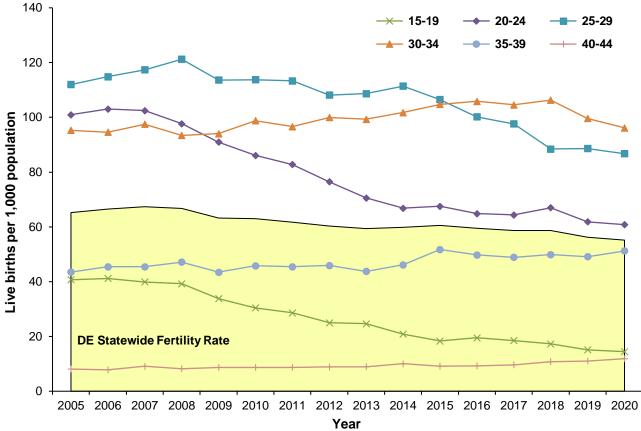


Figure 8. Annual Fertility and Age-Specific Live Birth Rates, Delaware, 2005-2020

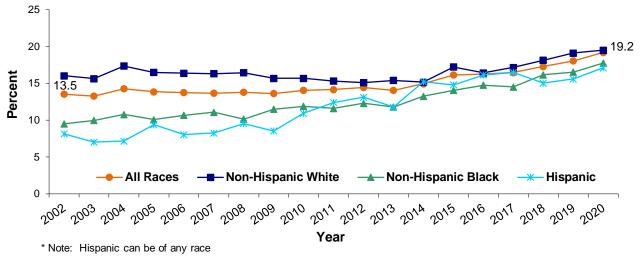
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

From 2016 to 2020, 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 31 percent while birth rates among teens 18-19 fell 29 percent.

In the 2016-2020 time period, Sussex County had the highest five year-average birth rate for teens in both age groups, followed by Kent County. To view long-term birth rate trends by more detailed age and race categories, see Tables C-5 through C-8 in the Live Births section of the annual report.

Between 2002 and 2020, the percentage of births to women aged 35 or older exhibited a clear upward trend. The percentage remained relatively unchanged until 2014 when it reached 14.9. Since then, it increased to 19 percent in 2020, a 40.7 percent increase from 2002. Hispanic mothers aged 35 and older had the greatest percentage increase in births from 8.1 in 2002 to 17.1 in 2020.





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 17 percent between 2002-2006 and 2016-2020. In 2016-2020, older mothers (35+) had the highest plural birth rates, at 36 multiples per 1,000 births, more than twice that of mothers under 20, and 15 percent higher than mothers 20-34.

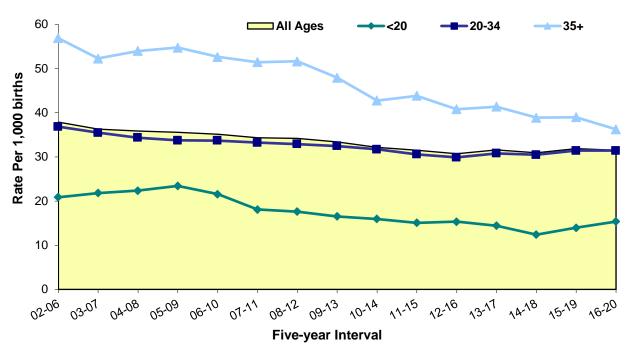


Figure 10. Five-year Average Plural birth Rate by Age of Mother, Delaware, 2002-2020

LIVE BIRTHS

In 2020, private insurance or Medicaid were listed as the primary source of payment in 94 percent of all live births; the remaining 6 percent were split between other government coverage and self-pay.

- In 2020, in all race categories, majority of women over thirty (64 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 69.9. percent of non-Hispanic black mothers, and 67.9 percent of non-Hispanic white mothers in that age group.

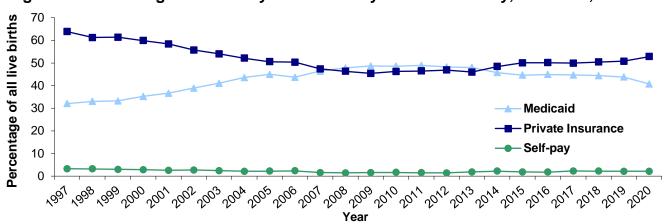


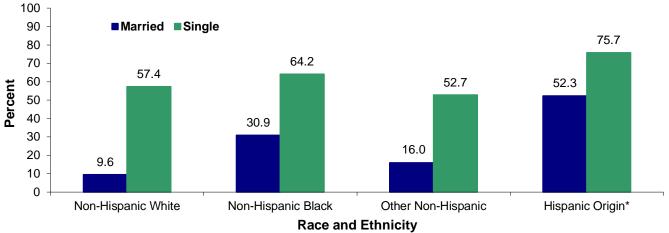
Figure 11. Percentage of Births by Source of Payment for Delivery, Delaware, 1997-2020

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

As in previous years, the primary source of payment for delivery in 2020 varies tremendously based on marital status:

- The number of single non-Hispanic white women who used Medicaid as their primary source of payment (57.4 percent) was around five times that of non-Hispanic white married women (9.6 percent).
- The number of single non-Hispanic black women who used Medicaid as their primary source of payment (64.2 percent) was more than two times that of non-Hispanic black married women (30.9 percent).
- The percentage of single women of other non-Hispanic races who used Medicaid as their primary source of payment (52.7 percent) was more than three times higher than among married women of other non-Hispanic races (16.0percent).
- The number of single Hispanic women who used Medicaid as their primary source of payment (75.7 percent) was 1.4 times higher than Hispanic married women (52.3 percent).

Figure 12. Percentage of Births by Race, Hispanic Origin, Marital Status, and Medicaid as Primary Source of Payment, Delaware, 2020



* Note: Hispanic can be of any race

After increasing steadily from 2002 to 2008, the percentage of births to unmarried women stabilized with less than a one percent decrease from 2008 to 2020. Births to married women decreased steadily from 1994 to 2008 but stabilized ending with no significant change from 2008 to 2020. In 2020, 47.9 percent of all births were to unmarried women.

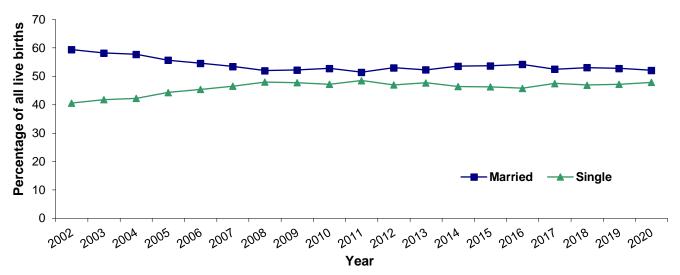


Figure 13. Annual Percentage of Births by Mother's Marital Status, Delaware, 2002-2020

In 2020, 34 percent of births were to single non-Hispanic white women, a slight increase from 32 percent in 2002. The percentage of births to single Hispanic women increased from 56 percent in 2002 to 62 percent in 2020. Unmarried non-Hispanic black women had the highest percentage of births from 2002 to 2020, remaining stable at approximately 70 percent during this time period.

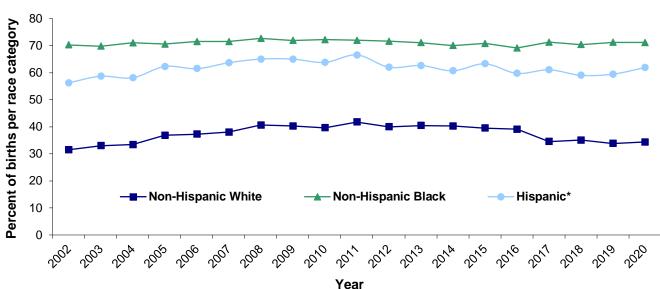


Figure 14. Percentage of Live Births to Unmarried Women by Race and Ethnicity, Delaware, 2002-2020

* Note: Hispanic may be of any race. Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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

From 2002 to 2020, the percentage of cesarean deliveries increased 16 percent, to 31.7 per 100 live births, whereas vaginal births decreased only 6 percent from 72.7 to 68.2 per 100 live births. Since 2002, the percentage of cesarean deliveries increased for both preterm (<37 weeks gestation) and term (37+ weeks gestation) births. The percentage of C-sections for preterm births remained higher at 50.4 per 100 preterm births, versus 29.5 per 100 term births in 2020.

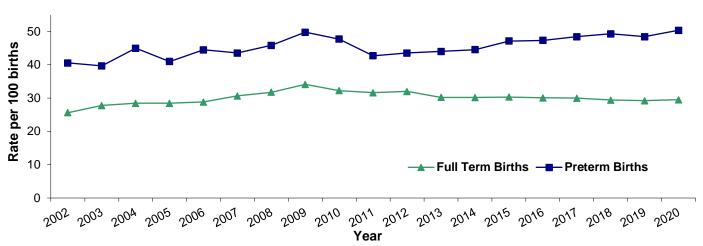


Figure 15. Annual Rate of Cesarean Deliveries by Gestational Category, Delaware, 2002-2020

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

From 2000 to 2020, the percentage of Delaware mothers who used tobacco while pregnant decreased in all three counties and the city of Wilmington. In 2020, Sussex County had the highest percentage of mothers who smoked while pregnant at 9.9 and followed by the City of Wilmington at 9.6. The Balance of New Castle County had the lowest percentage at 4.8.

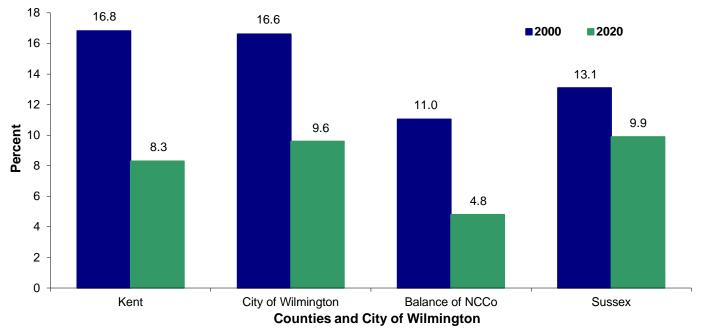
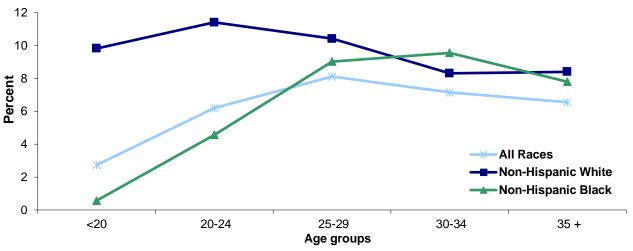


Figure 16. Percentage of Mothers who Smoked while Pregnant, Delaware Counties and City of Wilmington, 2000 and 2020

In 2020, the percentage of non-Hispanic white women less than 20 years old who smoked while pregnant was more than 16 times that of non-Hispanic black women . During this same time period 7.8 percent of non-Hispanic black women over 35 years old smoked while pregnant compared to 8.4 percent of non-Hispanic white women.





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

In 2020, 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 2020. The greatest percentage of births fell within the 3,000 to 3,499 gram range.

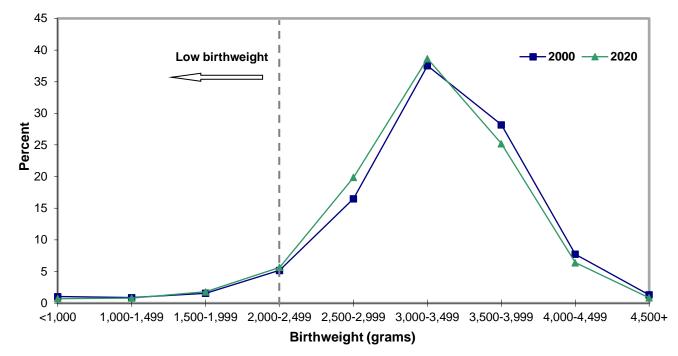
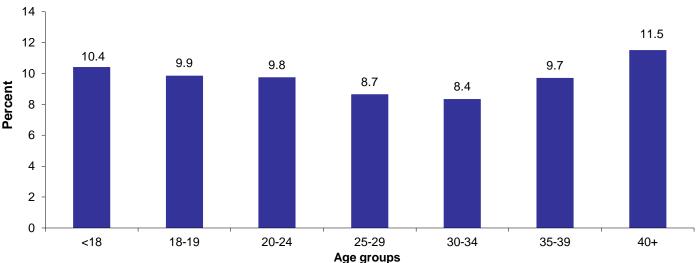


Figure 18. Percent Distribution of Births by Birthweight, Delaware, 2000 and 2020

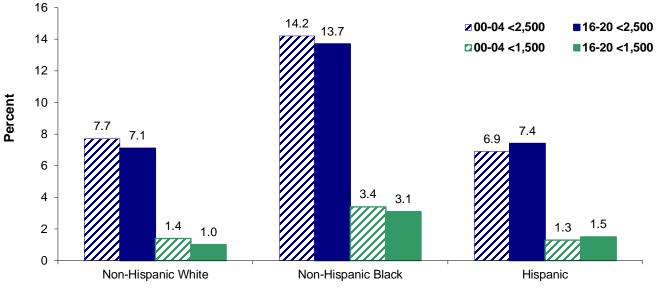
In 2016-2020 the five-year percentage of low birthweight (LBW) births and very low birthweight (VLBW) births remained relatively stable at 9.1 and 1.7, respectively. The percentage of LBW births was greatest for mothers in the 40 and older age group (11.5 percent) and lowest for those in the 30-34 age group (8.4 percent).





Between 2000-2004 and 2016-2020, 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 2016-2020 among mothers of all ages, non-Hispanic black mothers had the highest percentage of LBW and VLBW births at 13.7 percent and 3.1 percent.



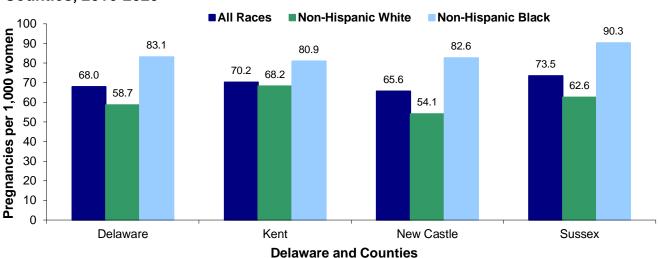


Race and Ethnicity

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

REPORTED PREGNANCIES

At 68.0 reported pregnancies per 1,000 women ages 15-44, the 2016-2020 rate of reported pregnancies decreased by 15.4 percent from the 80.4 rate in 2009-2013. The 2016-2020 five year average reported pregnancy rate was highest in Sussex County for non-Hispanic black women (90.3 pregnancies per 1,000 women). Kent County had the lowest reported pregnancy rate for non-Hispanic black women (80.9 pregnancies per 1,000 women). Kent County had the highest reported pregnancy rate for non-Hispanic white women (68.2 pregnancies per 1000 women). New Castle County had the lowest reported pregnancy rate for non-Hispanic white women (54.1 pregnancies per 1,000 women) during this same five year period.



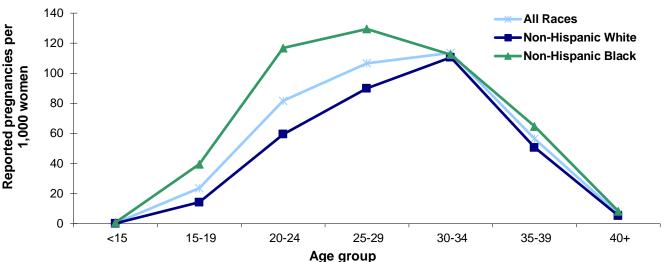


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Non-Hispanic black women in the 25-29 year age group had the highest pregnancy rate, at 129.4 pregnancies per 1,000 women in 2016-2020.

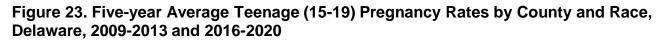
Non-Hispanic black women had higher five year average (2016-2020) pregnancy rates than white women in all age groups .The highest pregnancy rate during this same time period for non-Hispanic white women was in the 30-34 age group(111 pregnancies per 1,000 women).

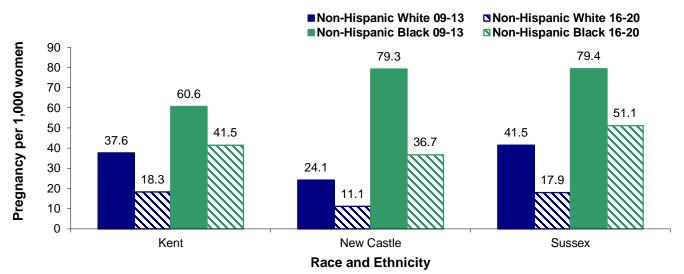




REPORTED PREGNANCIES

In all three counties the five year average teen (15-19) pregnancy rates for all races continues to decline from 2009-2013 to 2016-2020. New Castle County had a 53.7 percent decrease in the number of reported pregnancies for non-Hispanic black teens, aged 15-19, from 2009-2013 to 2016-2020. In 2016-2020, Kent County had the highest five year average reported pregnancy rate for non-Hispanic white teens (18.3 pregnancies per 1,000 women) and Sussex County had the highest for non-Hispanic black teens (51.1 pregnancies per 1,000 women).





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

In 2016-2020, New Castle County had the lowest five year average pregnancy rate for younger white non-Hispanic teens aged 15-17, (4.4 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 (26.7 pregnancies per 1,000 women).

The five-year average (2016-2020) pregnancy rate for older non-Hispanic white teens, aged 18-19, was lowest in New Castle County (20.6 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 87.1 pregnancies per 1,000 women.

In 2020, there were 2281 abortions performed in Delaware, 2,009 to Delaware residents and 272 to non-residents.

- Sixty-four percent of all pregnancies to females under 15 ended in termination in 2020.
 - \Rightarrow 66.7 percent to non-Hispanic black females under 15 ended in termination in 2020.
- Married women undergo significantly fewer terminations than their single counterparts.
 - \Rightarrow 3.7 percent of pregnancies to non-Hispanic white married women ended in termination and 9.6 percent of pregnancies to non-Hispanic black married women ended in termination in 2020.
 - ⇒ When the women were unmarried, these numbers increased to 25.7 percent for non-Hispanic white women and 30.1 percent for non-Hispanic black women in 2020.
- In 2020, women under 25 account for 47% 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 2016-2020. By 2016-2020 the rates were nearly the same at 6.6 perinatal deaths per 1,000 live births and 6.5 infant deaths per 1,000 live births. The fetal death trends paralleled those of perinatal mortality trends with fetal death rates remaining consistently lower than perinatal rates.

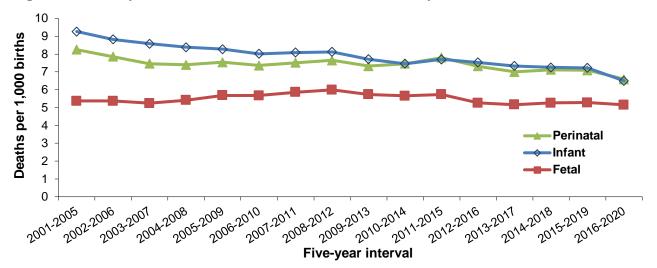


Figure 24. Five-year Fetal, Perinatal, and Infant Mortality Rates, Delaware, 2001-2020

Non-Hispanic black perinatal mortality rates for 2016-2020 were substantially higher than non-Hispanic white perinatal mortality rates, regardless of county. In Kent County, the non-Hispanic black perinatal mortality rate of 12.9 perinatal deaths per 1,000 live births was more than three times that of the non-Hispanic white perinatal mortality rate of 3.9 perinatal deaths per 1,000 live births.

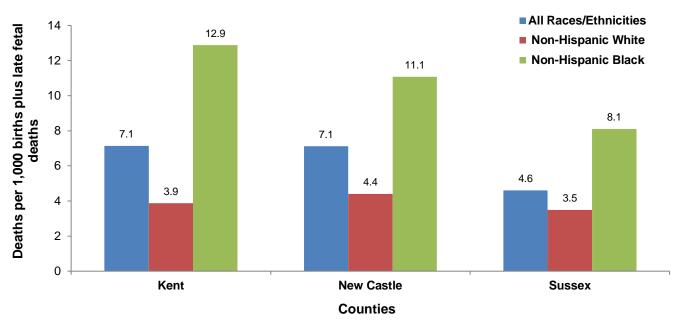
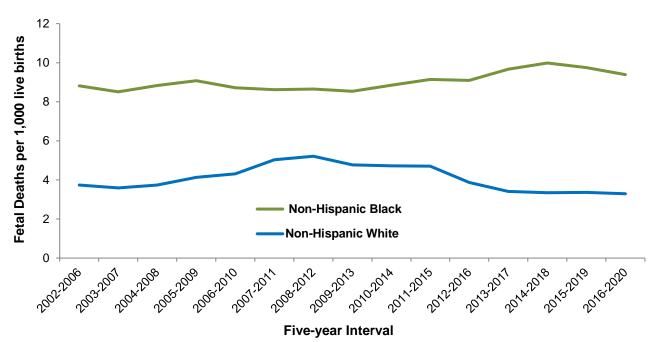


Figure 25. Five-year Average Perinatal Mortality Rates by Race and County, Delaware, 2016-2020

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

In 2020, 55 fetal deaths were reported in Delaware. In 2016-2020, the fetal mortality rate was 5.2 fetal deaths per 1,000 live births. Fetal mortality rates for non-Hispanic black women have been consistently higher than the rates for non-Hispanic white women, and in 2016-2020 they were 185 percent higher than the rate of non-Hispanic white women (9.4 versus 3.3).

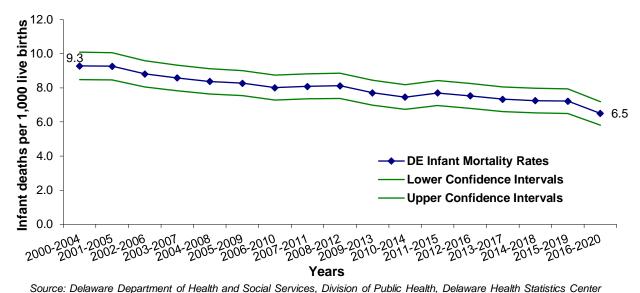






In 2016-2020, Delaware's infant mortality rate (IMR) was 6.5 infant deaths per 1,000 live births, resulting in a total decline of 30.1 percent from the 2000-2004 rate of 9.3 infant deaths per 1,000 live births.





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 7.2 infant deaths per 1,000 live births. In 2016-2020 Sussex County's IMR remained the lowest at 4.4 infant deaths per 1,000 live births. During the same time period the balance of New Castle County's IMR was 6.1 infant deaths per 1,000 live births; Wilmington's IMR was 13.8 infant deaths per 1,000 live births; and Kent County's IMR was 6.5 infant deaths per 1,000 live births.

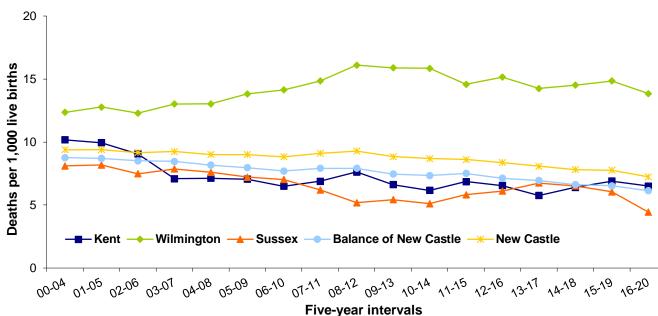
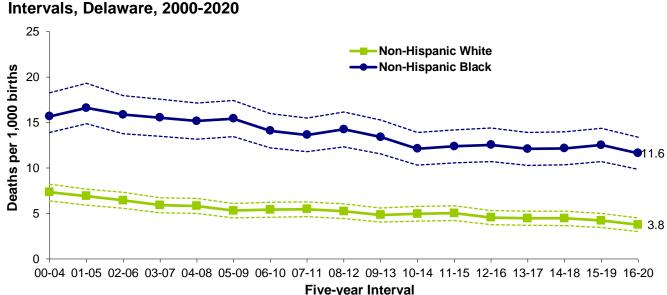


Figure 28. Five-year Average Infant Mortality Rates, Delaware Counties and City of Wilmington, Delaware, 2000-2020

Non-Hispanic black infants experienced a lower percentage decline in mortality rates than non-Hispanic white infants. In 2016-2020 the non-Hispanic black IMR of 11.6 infant deaths per 1,000 live births was a 30 percent decrease from the 16.4 rate in 2001-2005. Non-Hispanic white IMR decreased 46 percent from 6.8 in 2001-2005 to 3.8 infant deaths per 1,000 live births in 2016-2020.





Significant disparities existed between non-Hispanic black and non-Hispanic white infant mortality rates as well as Hispanic IMRs. Non-Hispanic black IMRs were highest in all three time periods depicted below with the highest rate of 14.0 infant deaths per 1,000 live births in 2006-2010. Hispanic IMRs were nearly twice the non-Hispanic white IMRs in 2016-2020. The non-Hispanic black rate in 2016-2020 was nearly two times higher than the Hispanic rate of 6.3 infant deaths per 1,000 live births. From 2011-2015 to 2016-2020 the Hispanic IMR decreased 28 percent (8.8 to 6.3 infant deaths per 1,000 live births).

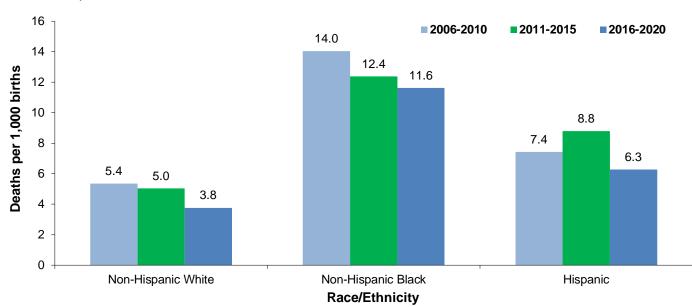
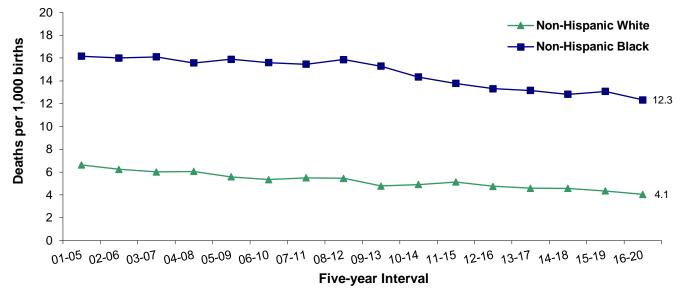


Figure 30. Five-year Average Infant Mortality Rates by Race and Hispanic Origin, Delaware, 2006-2020

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

In 2016-2020, New Castle County had the highest IMRs and Sussex had the lowest. Non-Hispanic black five year average IMRs in New Castle County were stable at 16 infant deaths per 1,000 live births from 2001-2005 to 2008-2012, and decreased 23 percent to 12.3 infant deaths per 1,000 live births in 2016-2020. Disparity between the races is evident in all three counties, with the New Castle non-Hispanic black rate 200 percent higher than the non-Hispanic white rate for 2016-2020.

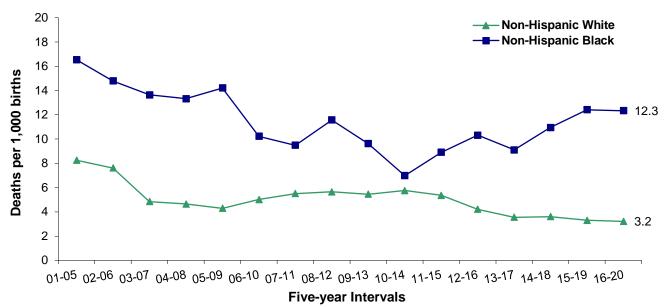




Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

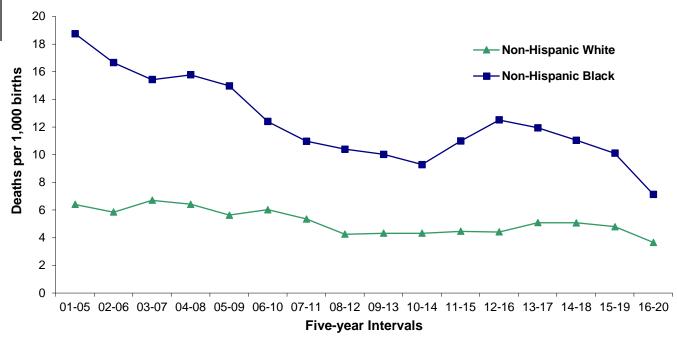
Non-Hispanic black IMRs in Kent County peaked at 16.5 infant deaths per 1,000 live births in 2001-2005. The non-Hispanic black IMR decreased 25 percent to 12.3 infant death per 1,000 live births in 2016-2020. The non-Hispanic white IMR had a 61 percent decrease from 2001-2005 to 2016-2020 (8.2 to 3.2 infant deaths per 1,000 live births). The non-Hispanic Black IMR was 284 percent higher than the non-Hispanic white IMR.

Figure 32. Five-year Average Infant Mortality Rates by Race, Kent County, Delaware, 2001-2020



Sussex County's non-Hispanic black IMR decreased to 7.1 infant deaths per1,000 live births in 2016-2020, a 62 percent reduction from the 2001-2005 peak of 18.8 infant deaths per 1,000 live births. Sussex County's non-Hispanic white IMR had a 45 percent decrease from its peak in 2003-2007 to 2015-2019 (6.7 to 3.7 infant deaths per 1,000 live births). Sussex County had the smallest disparity between the races with non-Hispanic black IMRs 92 percent higher than non-Hispanic white IMRs in 2016-2020.





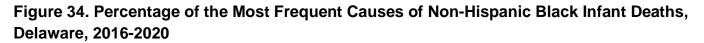
In 2016-2020 there were 345 infant deaths. The five leading causes of infant death in Delaware were:

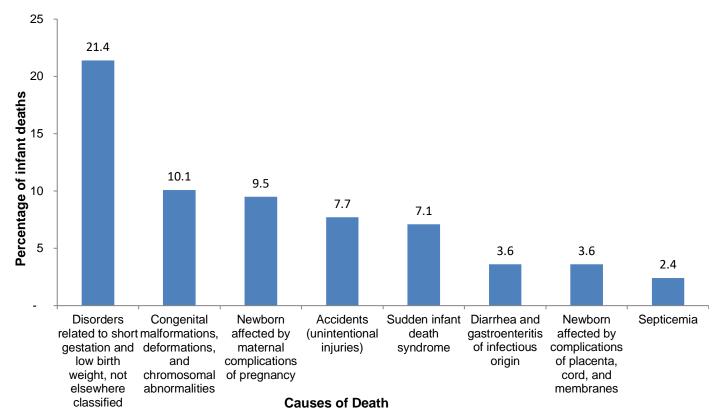
- Disorders related to short gestation and and low birthweight, which accounted for 21.4 percent of infant deaths.
- o Congenital anomalies (birth defects), which accounted for 16.5 percent of infant deaths.
- Newborns affected by maternal complications of pregnancy, which accounted for 8.4 percent of infant deaths. Of the 29 deaths attributed to this cause, 24 were due to the newborn being affected by incompetent cervix and premature rupture of membranes
- Sudden infant death syndrome (SIDS), which accounted for 6.4 percent of all infant deaths.
- o Accidents (unintentional injuries), which accounted for 4.3 percent of infant deaths.

In sum, the five most common causes of infant death accounted for 57 percent, or 197 of the 345 total infant deaths.

The most frequent causes of death by race are shown in Figures 34-36. Birth defects and disorders related to short gestation and low birthweight were the top two most frequent causes of death 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 2016-2020, while accidents were responsible for one percent of all non-Hispanic white infant deaths, they accounted for eight percent of non-Hispanic black infant deaths. In 2016-2020, 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 (15 percent).





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

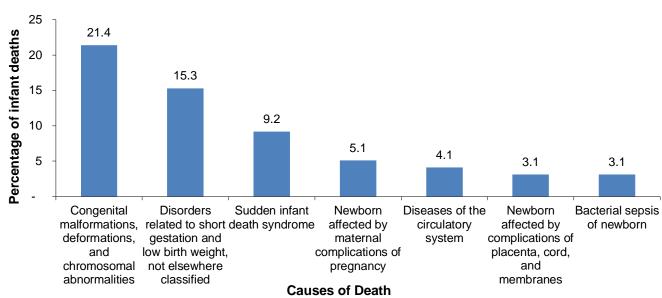


Figure 35. Percentage of the Most Frequent Causes of Non- Hispanic White Infant Deaths, Delaware 2016-2020

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

In 1989-1993, Hispanic births accounted for 3.6 percent of all live births and 3.4 percent of infant deaths; since that time, the proportion of births to Hispanic mothers has more than quadrupled. In the most recent five-year period, 2016-2019, 16.2 percent of all live births were to Hispanic mothers, and 15.7 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.

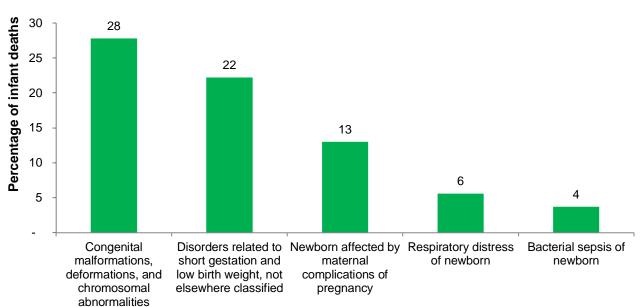
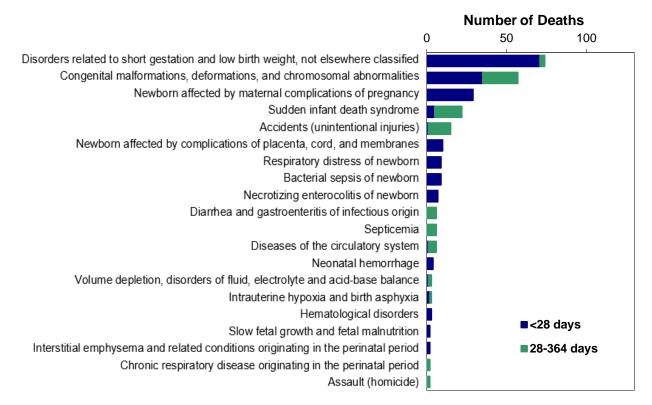


Figure 36. Percentage of the Most Frequent Causes of Hispanic Infant Death, Delaware, 2016-2020

Causes of Death

In 2016-2020, approximately 93 percent of all infant deaths occurred within the first six months of life, 67 percent occurred within the first 28 days of life, and 37 percent occurred within 24 hours of birth.

Figure. 37 Most Frequent Causes of Infant Death, Delaware, 2016-2020

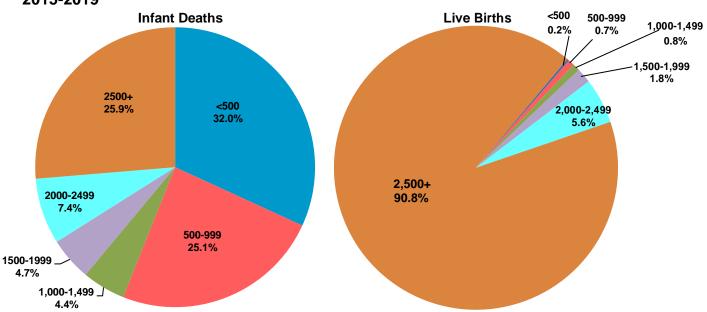


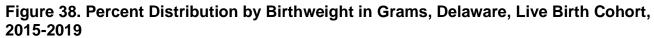
Source: Delaware Department of Health and Social Services, Division of ublic Health, Delaware Health Statistics Center

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

- Prematurity and low birthweight accounted for the greatest number of infant deaths in 2016-2020; 96 percent of these deaths occurred in the neonatal period.
- The majority of sudden infant death syndrome (SIDS) deaths occurred in the postneonatal period, with a mean age at death of 80 days. SIDS deaths decreased 24 percent from 2011-2015 to 2016-2020 (29 to 22 SIDS deaths). The number of infant deaths in 2016-2020 (345) decreased 19 percent from the number of infant deaths in 2011-2015 (424).
- Forty-six percent (10 out of 22) of the SIDS deaths were associated with co-sleeping and/or sleeping on soft surfaces, such as couches and adult beds.
- In 2016-2020, there were 14 additional infant deaths coded under a different cause of death that were associated with co-sleeping and/or sleeping on a soft surface. In total, seven percent of all infant deaths were associated with co-sleeping and/or unsafe sleep practices.

Although only 1 percent of all live births in 2015-2019 were infants weighing less than 1,000 grams, they accounted for over half (57 percent) of all infant deaths. In total, nine percent of all live births in 2015-2019 were infants of low birthweight (under 2,500 grams) and 73.6 percent of infant deaths were low birthweight.





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 2015-2019 were less than 28 weeks gestation at birth, but they accounted for 54.7 percent of all infant deaths. In total, 12.7 percent of all live births in 2015-2019 were born preterm (<37 weeks of gestation) and 71.7 percent of infant deaths were preterm.

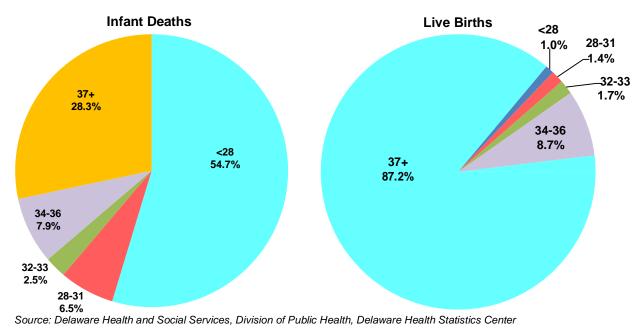


Figure 39. Distribution by Gestation in Weeks, Delaware, Live Birth Cohort, 2015-2019

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

28 De

Delaware Vital Statistics Executive Summary Report 2020 January 2023

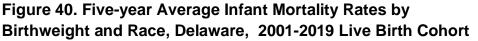
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

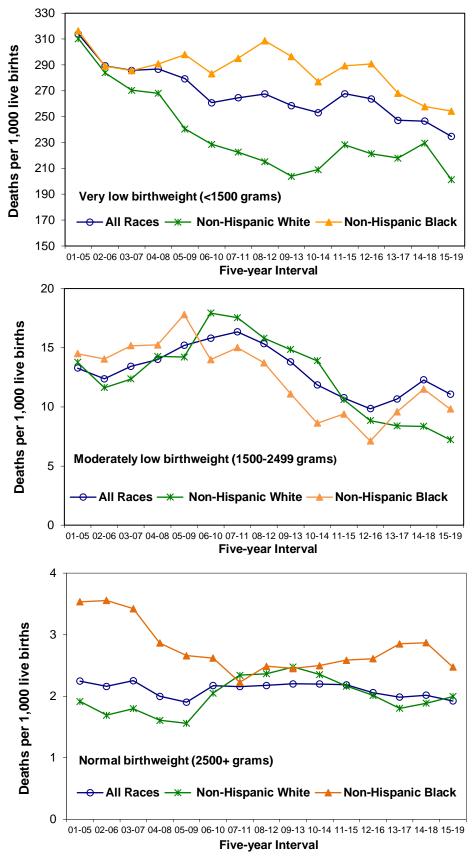
Birthweight and gestation are considered to be the most important predictors of infant health and mortality risk. Infants born too small or too early have a much greater risk of mortality than those who reach a normal birthweight (2,500+ grams) or full-term gestation (37+ weeks).

Although the IMRs decreased for both non-Hispanic white and non-Hispanic black for very low birthweight (VLBW) (<1,500 grams) since 2001-2005, the non-Hispanic black IMR of 254.3 was significantly higher than the non-Hispanic white IMR of 201.3 infant deaths per 1,000 live births in 2015-2019.

IMRs for moderately low birthweight infants of all races decreased 32 percent from its high point in 2007-2011 to 2015-2019. During that time, non-Hispanic white IMRs decreased 59 percent while the non-Hispanic black IMR decreased by 35 percent, making the non-Hispanic black IMR higher than the non-Hispanic white IMR (9.8 vs 7.2).

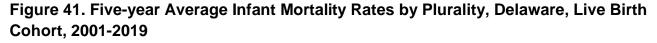
In 2007-2011 IMRs for normal birthweight non-Hispanic white and non-Hispanic black infants were nearly the same at 2.3 and 2.2, respectively. By 2015-2019, the non-Hispanic white IMR decreased 13 percent to 2.0 but the non-Hispanic black IMR increased 14 percent to 2.5 infant deaths per 1,000 live births.The IMR for all races had a 14 percent decrease for the same time period.

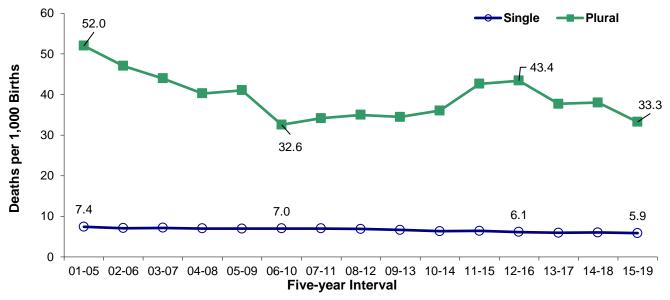




Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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 two percent from 32.6 to 33.3 infant deaths per 1,000 live births. IMRs for singleton births decreased 20 percent from 2001-2005 to 2015-2019. In 2015-2019, the infant mortality rate for plural births was nearly six times that of singleton births (33.3 versus 5.9 infant deaths per 1,000 live births, respectively).

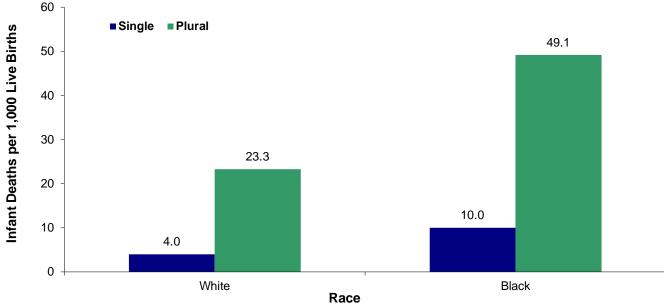




Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

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

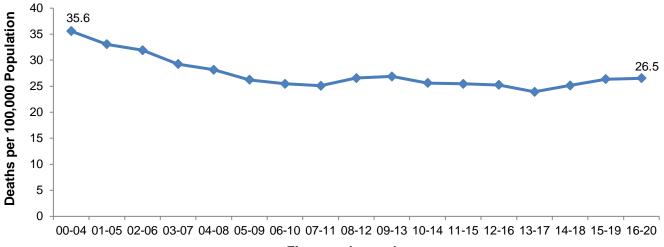




Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

For 2016-2020, 293 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 68 percent of all child deaths in 2015-2019.

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 2016-2020, the rate decreased 26 percent to 26.5 child deaths (ages 1-19) per 100,000 population.





Five-year Interval

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

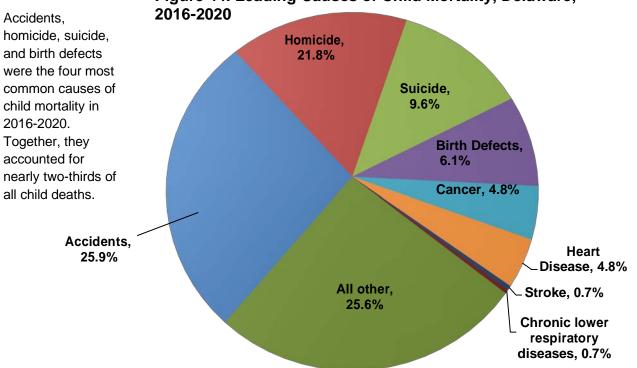


Figure 44. Leading Causes of Child Mortality, Delaware, 2016-2020

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

From 2000-2004 to 2016-2020, rates for one of the four leading causes of mortality in children ages 1-19 declined. Unintentional injury mortality rates declined 58 percent(16.6 to 6.9 deaths per 100,000 children). Homicide mortality rates increased by 107 percent from 2000-2004 to 2016-2020 (2.8 to 5.8 deaths per 100,000 children), suicide mortality rates increased four percent to 2.5 deaths per 100,000 children, and birth defects remained constant at 1.6 deaths per 100,000 children. Cancer deaths were the fifth leading cause of deaths for children although the rate decreased 57 percent from 2000-2004 to 2016-2020 (3.0 to 1.3 deaths per 100,000 children).

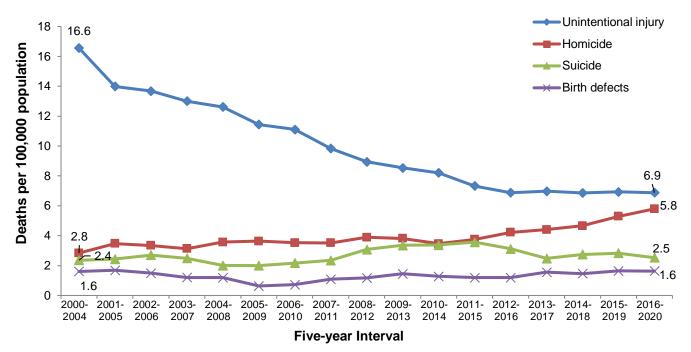


Figure 45. Five-year Average Child (1-19) Mortality Rates, Delaware, 2000-2020

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

The most common causes of child deaths in 2016-2020 are:

- Motor vehicle crashes accounted for 58 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 18 and 11 percent of unintentional deaths, respectively.
- Most child homicides were due to firearms (80%) and cut/pierce (3%).
- The majority of child cancer deaths were due to brain cancer (36%) and leukemia (7%).
- Suffocation (46%), followed by firearms (32%), were the most common methods of suicide, which accounted for 78 percent of the total suicide deaths.

More Delaware residents died in 2020 than in 2019. A total of 10,688 residents died, 56 of whom were infants under the age of 1. Deaths were split almost equally between males (51%) and females(49%). Cancer and heart disease were the most common causes of death, accounting for 39 percent of all deaths in 2020.

 Thirty percent of the Delawareans who died in 2020 were 85 or older. Deaths of those 75 and older accounted for more than half of all deaths.

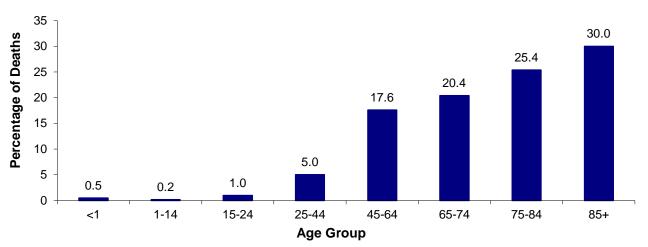


Figure 46. Percentage of Deaths by Age, Delaware, 2020

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

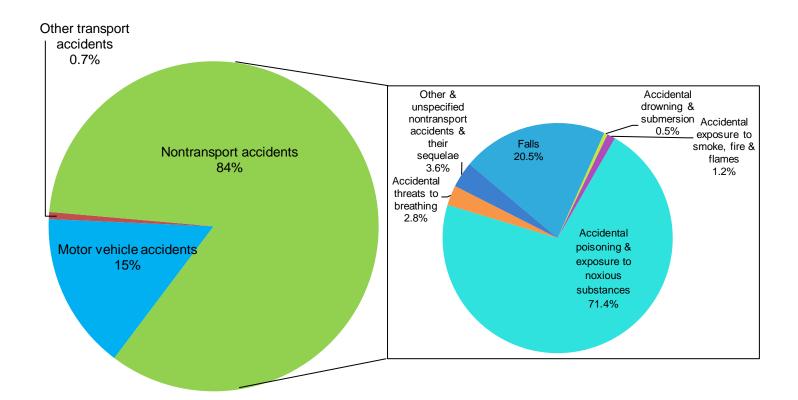
- A Delaware resident born in 2020 could expect to live an average of 78 years.
- In 2020, life expectancy at birth varied by race and sex; non-Hispanic white females had the highest life expectancy (80.3) while non-Hispanic black males had the lowest (70.2).
- In 1989, 80 percent of Delaware decedents were buried and 15 percent were cremated. By 2020, the distribution had shifted: 39 percent of decedents were buried and 57 percent were cremated.
- In 2020, cancer was the leading cause of death in Delaware. Heart disease, COVID-19, accidents and strokes made up the remaining top five, while influenza and pneumonia became the tenth leading cause of death.

Figure 47. Number of Deaths by Leading Cause Delaware, 2020

Rank	Leading Cause of Death	Number
1	Malignant neoplasms	2,087
2	Diseases of heart	2,057
3	COVID-19	965
4	Accidents (unintentional injuries)	720
5	Cerebrovascular diseases	688
6	Alzheimer's disease	467
7	Chronic lower respiratory diseases	452
8	Diabetes mellitus	322
9	Nephritis, nephrotic syndrome & nephrosis	171
10	Influenza & pneumonia	150

- Of the 720 deaths due to unintentional injury in 2020 (6.7% of all deaths), 15 percent were due to motor vehicle accidents and 84 percent were due to non-transport accidents. More than two thirds (71%) of the 431 non-transport accidents were caused by unintentional poisonings; the majority (98%) of unintentional poisonings were drug-induced poisonings.
- Unintentional poisonings surpassed motor vehicle injuries as the leading cause of unintentional injury death in 2020.
 - Poisonings caused the most unintentional injuries for non-Hispanic white and non-Hispanic black decedents. Motor vehicle traffic accidents were the second highest unintentional injuries for both non-Hispanic black males and females whereas falls were the second highest unintentional injuries for both non-Hispanic white males and females.
- In 2016-2020, accidents were the number one cause of deaths for people 1-44 years of age, and they
 were responsible for 45 percent of all deaths of people 15-24 years of age. For decedents ages 15-24,
 accidents, homicides, and suicides were the three most frequent causes of death and accounted for 82%
 of total deaths for that age group.

Figure 48. Accidental Causes of Death by Specific Cause of Injury, Delaware, 2020



Note: Classification of causes of death are specified in the Technical Notes and Appendices section of the report. Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Cent The leading causes of death varied by race and ethnicity In 2019, the most common causes of death for non-Hispanic white, non-Hispanic black, and Hispanic Delawareans were:

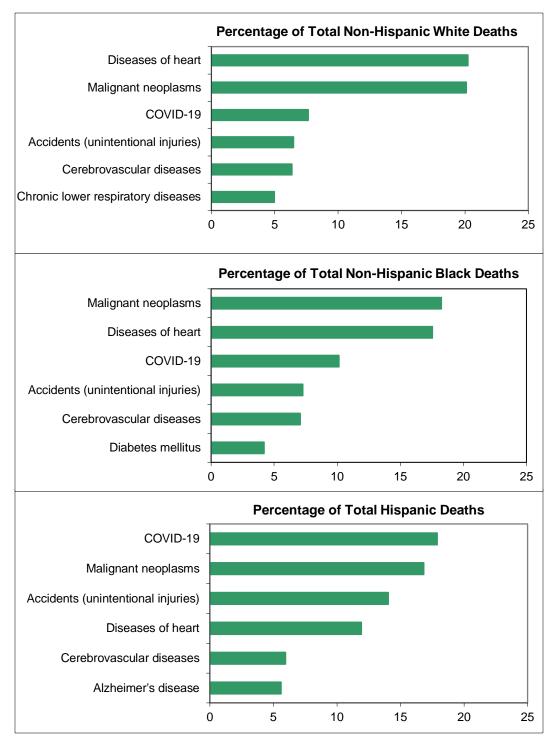
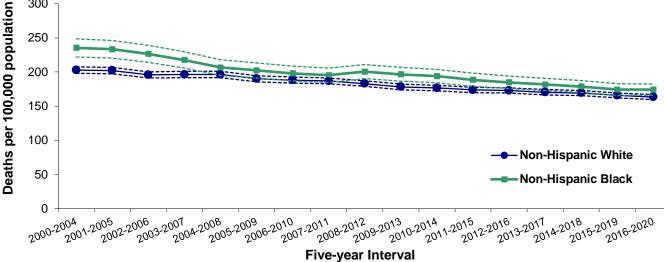


Figure 49. Leading Causes of Death by Race and Ethnicity, Delaware, 2018

Cancer mortality rates decreased in all three counties since the 2000-2004 time period. In 2016-2020, the five-year age-adjusted cancer mortality rate was 152 deaths per 100,000 population in Sussex County, 159 deaths per 100,000 population in New Castle County, and 173 deaths per 100,000 population in Kent County. The cancer mortality rate in Wilmington exceeded that of Kent County at 176 and is 11 percent higher than the Delaware age-adjusted cancer mortality rate of 159 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 2016-2020, the non-Hispanic black cancer mortality rate of 174 deaths per 100,000 population was 6.7 % higher than non-Hispanic white rate of 163 deaths per 100,000 population whereas in 2000-2004 the non-Hispanic black rate was 16 % higher (235.3 vs 202.8).





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

The same decreasing trend in the age-adjusted cancer mortality rates were reflected in the age-specific rates. Cancer mortality rates declined for all age groups between the 2000-2004 and 2016-2020 time periods. The 15-24 and 35-44 age groups experienced the largest decreases; 46 and 31 percent decreases, respectively.

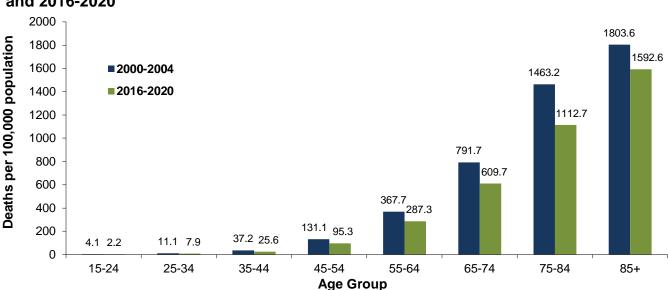


Figure 51. Five-year Average Age-Specific Cancer Mortality Rates, Delaware, 2000-2004 and 2016-2020

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

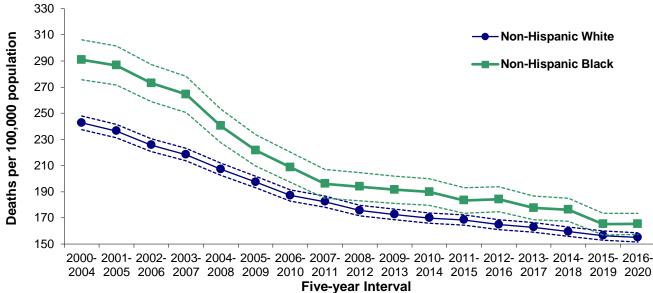
36

Delaware Department of Health and Social Services Division of Public Health, Delaware Health Statistics Center Delaware Vital Statistics Executive Summary Report 2020

January 2023

In 2016-2020, heart disease was the most common cause of death for non-Hispanic white and second most common cause of death for non-Hispanic black Delawareans. Both non-Hispanic black and non-Hispanic white heart disease mortality rates have declined significantly since 2000-2004, with non-Hispanic black rates declining 43 percent and the non-Hispanic white rates declining 36 percent.





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 from 2000-2004 to 2016-2020 (10% and 11%). In 2016-2020, the non-Hispanic black stroke mortality rate of 60 deaths per 100,000 population was 41 percent higher than the non-Hispanic white rate of 42 deaths per 100,000 population.

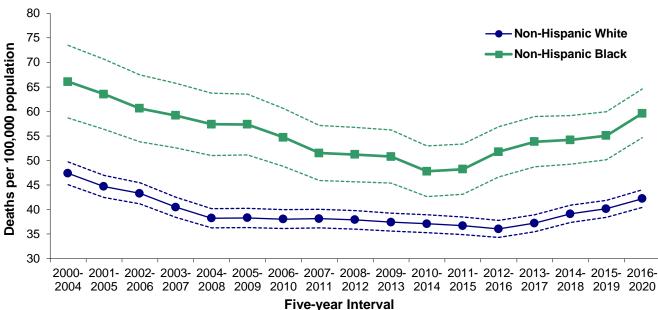


Figure 53. Five-year Age-Adjusted Stroke Mortality Rates by Race, Delaware, 2000-2020

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

Although non-Hispanic black mortality rates for diabetes declined 31 percent since 2000-2004, their rates were double that of non-Hispanic white rates in 2016-2020

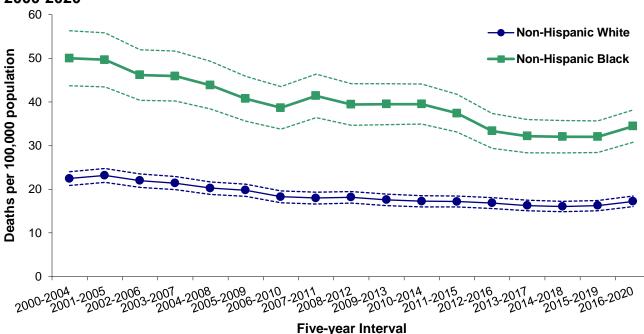


Figure 54. Five-year Age-Adjusted Diabetes Mortality Rates by Race, Delaware, 2000-2020

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

HIV/AIDS mortality has disproportionately affected Delaware's non-Hispanic black population. Although non-Hispanic black HIV/AIDS mortality rates decreased 83 percent since 2000-2004, their 2016-2020 mortality rate of 6 deaths per 100,000 population was 15 times that of the non-Hispanic white mortality rate. Non-Hispanic black residents made up only 22 percent of the total Delaware population in 2016-2020; however, non-Hispanic black decedents accounted for 76 percent of all deaths due to HIV/AIDS.

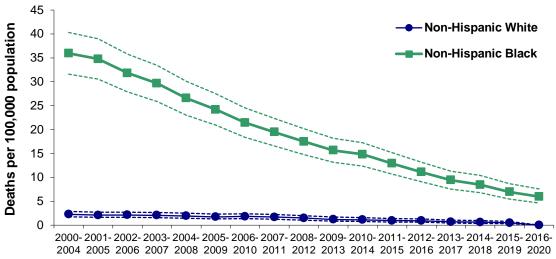


Figure 55. Five-year Age-Adjusted HIV/AIDS Mortality Rates by Race, Delaware, 2000-2020

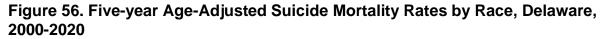
In 2016-2020, HIV was the eighteenth leading cause of death for non-Hispanic black Delawareans; it ranked fifteenth for non-Hispanic black males.

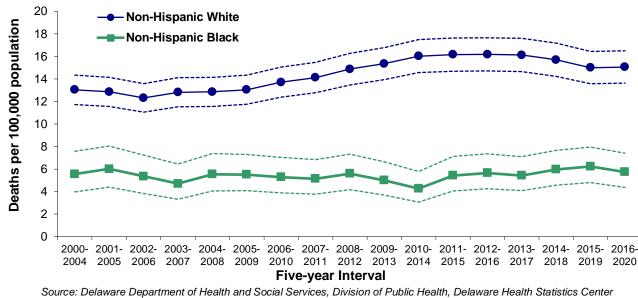


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center Note: Dashes represent upper or lower confidence intervals

MORTALITY

Suicide mortality trends for non-Hispanic white populations increased 16 percent from 2000-2004 to 2016-2020, with the non-Hispanic white rate (15.1 deaths per 100,000 population) more than twice the non-Hispanic black rate (5.7 deaths per 100,000 population).

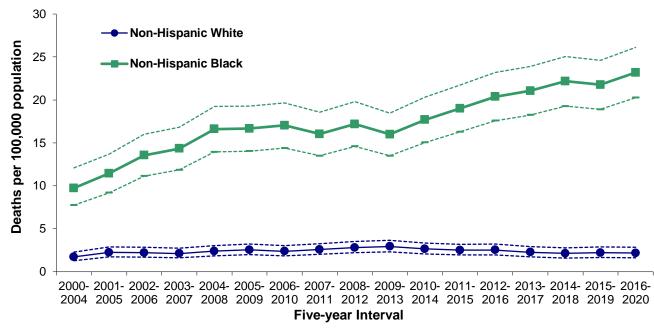




Note: Dashes represent upper or lower confidence intervals

Homicide mortality rates increased 76 percent from 3.8 in 2000-2004 to 6.7 deaths per 100,000 population in 2016-2020. During the same period, the non-Hispanic black homicide rate increased 139 percent to 23.2 deaths per 100,000 population and the non-Hispanic white homicide mortality rate increased 29 percent from 1.7 to 2.2 deaths per 100,000 population.



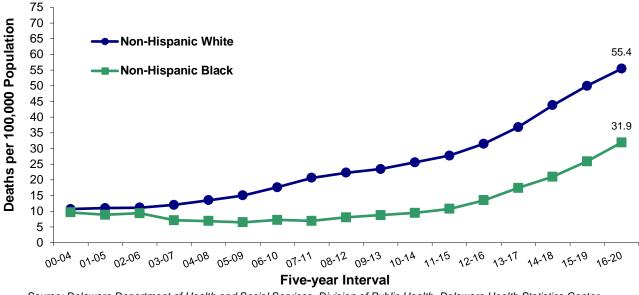


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center Note:Dashes represent upper or lower confidence intervals

MORTALITY

In 2000-2004, non-Hispanic white mortality rates for drug-induced deaths were 11 percent higher than non-Hispanic black rates. In 2016-2020, the disparity between these rates increased significantly with non-Hispanic white rates nearly 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. In 2016-2020, the non-Hispanic white rate increased fivefold from 10.7 deaths per 100,000 population in 2000-2004 to 55.4 deaths per 100,000 population while the non-Hispanic black rates increased more than three times (9.6 to 31.9 deaths per 100,000 population) in the same timeframe.





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

Non-Hispanic black decedents accounted for only 17 percent of drug induced deaths in 2016-2020. Fifty three percent of all drug- induced deaths were non-Hispanic white males. Non-Hispanic white males aged 25- to-54 made up the highest percentage of drug-induced deaths at 40 percent.

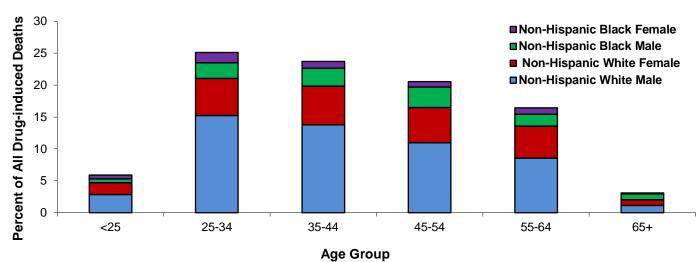
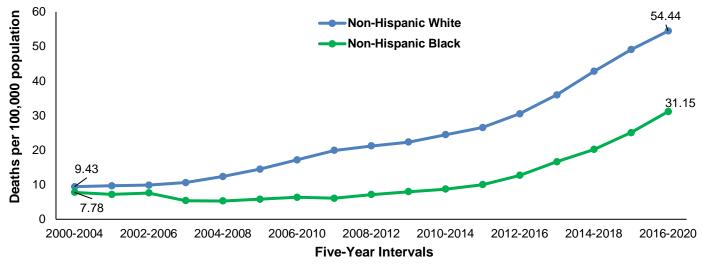


Figure 59. Distribution of Drug-induced Deaths by Race, Sex, and Age group, Delaware 2016-2020

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 2016-2020, the non-Hispanic white five-year age-adjusted mortality rate for drug overdose deaths increased sixfold to 54 deaths per 100,000 population, while the non-Hispanic black rate increased four times to 31 deaths per 100,000 population.





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

In 2016-2020, 87 percent of drug overdose deaths were opioid related, 68 percent involed synthetic opioids other than methadone, 66 percent involved fentanyl, and 30 percent included heroin. Thirty seven percent of overdose deaths included cocaine. In the same timeframe, methadone contributed to the least number of drug overdose deaths at 7 percent.

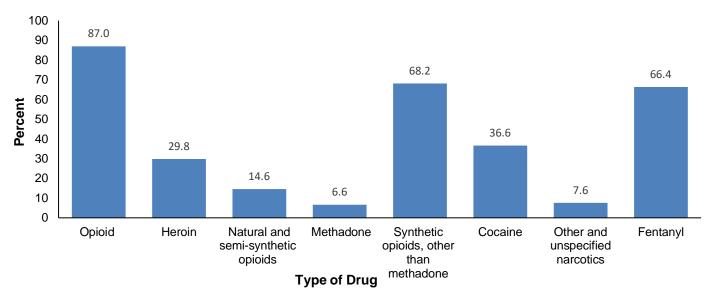


Figure 61. Percentage of Drug Overdose Deaths by Type of Drug, Delaware, 2016-2020

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

In 2020, the U.S became consumed by the COVID-19 pandemic making it the third leading cause of death in 2020. Consistent with the whole of the U.S., COVID-19 was the third leading cause of death for Delaware residents in 2020 with 965 deaths, nine percent of the total deaths. COVID-19 deaths were split nearly evenly with males at 51%(487) and females at 49% (478) of the total COVID-19 deaths.

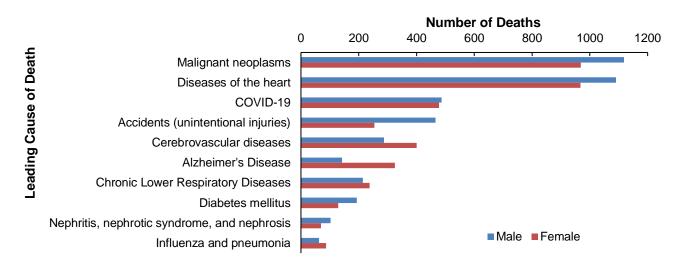
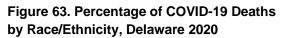


Figure 62. Number of Deaths by Leading Cause and Sex, Delaware, 2020

COVID-19 was the third leading cause of death for both non-Hispanic white and non-Hispanic black decedents. Non-Hispanic white decedents had the largest number of deaths at 610, although COVID-19 was only 7 percent of the deaths for this group. COVID-19 was the leading cause of death for Hispanic decedents making up 18 percent of deaths in that group, 51 of the 285 Hispanic deaths in 2020. Eighty-three percent (799) of decedents that died from COVID-19 were sixty-five and older.



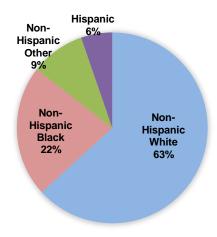
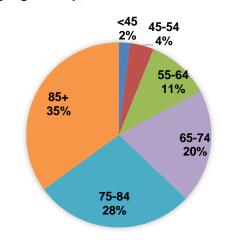


Figure 64. Percentage of COVID-19 Deaths by Age-Group, Delaware 2020



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

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

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