

# STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 25 No. 3 ♦ May 2002

## Pilot Program Provides Local BRFSS Data

### *Behavioral Risk Data Collected for Local Health Partnerships*

Last year, the Department of Health invited local health improvement partnerships affiliated with the Department to apply to participate in a pilot program to extend sampling of their county or counties in the 2002 Pennsylvania Behavioral Risk Factor Surveillance System or BRFSS—a statewide telephone sample survey of adult health risk behaviors. There were four participants: Family Resource Network (Armstrong County), Chester County Healthy Communities Partnership, Healthy Communities Partnership of the Franklin County Area, and Lancaster Healthy Communities.

Partnerships were given the opportunity to select about 60 questions of their choice in addition to the core questions asked by all who participate in BRFSS. Some of the topics selected by the local partnerships included child care, mental health, injury prevention, quality of life, care giving, physical activity, etc.

The Department will be offering the opportunity for up to eight partnerships to be a part of the 2003 BRFSS oversampling program. Affiliated partnerships will be receiving

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letters of invitation this spring, along with a list of topics planned for the 2003 survey. Each oversampled county or county group will have approximately 1,200 completed surveys.

The participating partnerships will receive standard tables showing weighted percentages and confidence intervals for each question and up to 100 copies of a four-page pamphlet summarizing the county findings.

Partnerships will be asked to submit a letter of interest which will be accepted on a first come, first serve basis. Partnerships may request multiple counties be oversampled or may join with other partnerships.

If you would like more information about this project, please contact us at 717-783-2548. Staff are also available for on-site presentations and consultations.

## Reports on Health Status Indicators Updated

### *County & Health District Report & MCH Report for Municipalities Now Available on Web Site*

The two annual reports of health status indicators—*Health Status Indicators for Pennsylvania Counties and Health Districts* and *Maternal and Child Health Status Indicators for Major Municipalities*—have been updated for 2002 and are on the Health Statistics web pages of the Department's web site (go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) and select "Health Status Indicators").

A major change to both reports is the addition of various health and demographic statistics for a fourth race/ethnicity group—Asians and Pacific Islanders—which complements the data presented for whites, blacks and Hispanics.

Printed copies of the county/health district report will be available soon; however, the MCH report is only available in electronic format which can be easily downloaded from the web site.

### **County and Health District Health Status Indicators, 2002 Report:**

This report now includes birth

**A major change to both reports is the addition of various health and demographic statistics for...Asians and Pacific Islanders...**

and infant death statistics for Asians for the following coun-

*Continued on Page 6...*

#### INSIDE THIS ISSUE

**New Federal Regs Affect Cancer Reporting ..... 2**

**More Reports/Data Added to Web Site ..... 2**

**Cancer Reports Added to Web Site ..... 3**

**HP2010 Objectives: Infant Death Rates ..... 7**

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# New Federal Regulations Impact on Reporting of Cancer Cases in Pennsylvania

## *HIPAA Requires Providers Note Disclosure But Patient Consent Not Needed*

The United States Congress recognized the need for national patient record privacy standards in 1996 when they enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law includes provisions designed to save money for health care businesses by encouraging electronic transactions as well as requirements for new safeguards to protect the security and confidentiality of that information.

On April 14, 2001, HIPAA became law. While there is a phase-in period for compliance with the various sections of the Act, many questions have already arisen in regard to cancer incidence data that are provided to the Bureau of Health Statistics and Research.

Hospitals want to know if patient consent is required prior to reporting a cancer case to the Department of Health. The answer to this question is "no", i.e., patient consent is not required. The HIPAA privacy regulations allow for certain exemptions, and the "public health" exemption states that a covered entity may disclose protected health information without specific, individual informed consent to a "public health authority" that is authorized by law to collect and receive such information.

It is generally accepted that covered entities are defined as health care providers – such as hospitals, physicians, laboratories, etc. – that engage

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in the electronic transmission of any health-related data for financial and administrative purposes. Therefore, since most providers use or are involved with an electronic billing or information exchange process, they must adhere to the HIPAA regulations.

A "public health authority" is considered to be any agency or authority of a government (federal, state, terri-

torial, etc.) or any person or other entity that has been granted authority from a government agency and is officially responsible for any aspect of the public's health.

HIPAA does require covered entities to document that reporting to a cancer registry has occurred. This requirement preserves the individual's right to review disclosures of their health information for a specified time period (usually up to six years).

The Pennsylvania Cancer Registry (PCR) is a population-based cancer incidence registry responsible for the collection of demographic, diagnostic, and treatment information on all patients diagnosed and treated at hospitals, laboratories and other health

care facilities in Pennsylvania. Statewide collection and dissemination of data on cases of cancer by the Pennsylvania Department of Health is mandated by Act 67 that amended Act 224, the Pennsylvania Cancer Control, Prevention, and Research Act of 1980. As such, the PCR falls under the definition of a "public health authority."

Under HIPAA privacy regulations, reporting facilities are permitted to continue reporting cancer data to the PCR without patient written informed consent.

Additional information concerning HIPAA regulations is available on the following web sites: <http://www.naacccr.org> and <http://hhs.gov/ocr/hipaa>.

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## More Reports/Data Added to Web Site

### *Vital Statistics Pamphlet & Preliminary 2001 Data*

Preliminary 2001 birth and death statistics and a pamphlet updating vital statistics for Pennsylvania from 1906 to 2000 have been added to the Health Statistics web pages. You can access both items by going to the Health Statistics home page at [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) and selecting "Vital Statistics."

Please note that the available preliminary birth and death data for 2001 are limited (total resident live births and

deaths by county and municipality by month) and are subject to change. We hope to have final figures along with more detailed 2001 vital statistics on the web site by the end of the year. If you need more detailed vital statistics, please go to our web site to gain access to a large volume of detailed 2000 and 1996-2000 birth and death statistics.

The other new item on our web site – the pamphlet, *Pennsylvania Vital Statistics*

1906-2000 – provides a wide variety of current and historical health and demographic statistics for Pennsylvania in a compact two-page format. You will find population data (total numbers and for ages 65+), selected birth (rates, teen births, low birth weight) and death (rates, fetal deaths, leading causes, median age at death) statistics as well as induced abortion data. Hard copies of this pamphlet are also available upon request.

# Updated Cancer Reports Added to Web Site

## *Cancer Facts & Figures Updated With Projections for 2002*

**C**ancer Facts and Figures Pennsylvania 2002 is now available on the Pennsylvania Department of Health web site. Go to the Health Statistics home page at [www.health.pa.us/stats](http://www.health.pa.us/stats) and select "Cancer Incidence and Mortality." This is the sixth annual publication to present projected cancer incidence and mortality statistics for the Commonwealth.

Three important changes have been implemented with this edition. First, the primary site groupings have been changed to match the primary site used by the SEER (Surveillance, Epidemiology, and End Results) program of the National Cancer Institute and only invasive cancer cases are included (except for bladder cancer). Second, for cancer deaths, the cause-of-death classification system was changed from ICD-9 to ICD-10. Third, age-adjusted incidence and mortality rates were calculated using a different standard population (U.S. 2000 standard million) than was used for previous years (U.S. 1970). Therefore, the age-adjusted rates that appear in the 2002 report are **not comparable** to those that appeared in previous reports or any other report that uses a different standard population.

This report contains 2002 projected cancer cases and cancer deaths by primary site and sex and 2002 projected cancer cases and cancer deaths by county of residence for Pennsylvania (see data table and map on page 5). Trends on

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**Almost 58 percent of the increase (in cancer cases between 1999 and 2002) is projected to occur among four sites: breast, colon/rectum, skin melanoma, and prostate.**

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age-adjusted incidence and mortality rates dating back to 1989 are discussed and are graphed for all cancers and the top four cancer sites (breast, lung, prostate, and colon/rectum). The percent of cancer cases by stage of disease at diagnosis for 1989 and 1999 are compared for all cancers by sex and race. A section on selected behavioral risk factors by race is based on the Pennsylvania BRFSS sample survey conducted in 2000. Also included are the American Cancer Society guidelines for early detection of cancer in asymptomatic people and information on the Cancer Control Program initiatives of the Department.

According to the report, the number of invasive cancer cases among Pennsylvania residents is projected to increase by 5.1 percent between 1999 and 2002, from 68,873 to 72,405. Almost 58 percent of this increase is projected to occur among four sites – female breast, colon/rectum, skin melanoma, and prostate. The

*Continued on Page 4...*

## *Annual Cancer Incidence and Mortality Report for 1999*

**T**he latest annual cancer report, *Pennsylvania Cancer Incidence and Mortality 1999*, is now available on the Department of Health web site. Go to the Health Statistics home page at [www.health.state.pa.us/stats/](http://www.health.state.pa.us/stats/) and select "Cancer Incidence and Mortality." This is the fifteenth annual publication to present cancer incidence and mortality statistics for the state and counties.

Starting with the 1999 report, cancer primary site groupings have been changed to match the primary sites used by the National Cancer Institute's SEER program and only invasive cases are included (except for bladder cancer). Cancers are distinguished by whether they are invasive (i.e. have infiltrated the tissue of the organ of origin) or whether they are in situ (i.e. have not yet penetrated the basement membrane or extended beyond the epithelial tissue). Because of the uncertainty in interpreting the language used by pathologists to describe the extent of invasion of bladder cancers, in situ bladder cancers are combined with invasive bladder cancers and are included in the total for all invasive cancer sites combined. Therefore, unless otherwise noted, only invasive (and in situ urinary bladder) cancers are included in the 1999 publication.

Also important to note with this report is that all age-adjusted rates are calculated using the 2000 U.S. standard

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million population. Age-adjusted cancer rates in previous annual cancer reports were adjusted to the 1970 U.S. standard million population. Therefore, since a different standard population was used in the calculation, the age-adjusted rates that appear in the 1999 report are **not comparable** to those that appeared in previous reports.

The report is organized into 25 sections: an all sites section, 23 sections for each major cancer site, and a section for 1999 summary data by site. These 23 major cancer sites represent approximately 93 percent of the male and female invasive cancer cases diagnosed among residents in 1999. Each of the 23 cancer sites sections and the all sites section contain a summary of descriptive incidence and mortality analyses along with listings of the major risk factors and early detection methods.

With the availability of several years of statewide cancer incidence data, these reports, beginning with the 1985-1989 edition, have focused on

*Continued on Page 4...*

## 1999 Cancer Report...

multiple-year summary statistics. Average annual age-specific and age-adjusted rates for five-year periods, 1995-99 in this report, can provide more reliable figures since they are based on larger numbers of events. This is especially helpful in reviewing data for those cancer sites with relatively small numbers of annual occurrences and in reviewing county level data.

Annual statewide age-adjusted cancer incidence and mortality rates by sex and race are also presented for all cancers and 23 major primary sites back to 1990. In addition, this is the second year that 95% confidence intervals for the age-adjusted rates were added to this publication. Please remember that all rates are point estimates and subject to varia-

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tion especially if they are based on a small number of events.

In 1999, a total of 68,873 new invasive cancer cases were diagnosed and reported. This resulted in an age-adjusted cancer incidence rate of 496.5 per 100,000 (2000 U.S. standard million population). The additional 4,232 cases of non-invasive cancers diagnosed among residents in 1999 are not in-

cluded, unless otherwise noted, in the report.

The overall number of invasive cancer cases and age-adjusted rate for 1999 are the highest recorded during the ten-year period of 1990-99. Staging data for 1999 presented by sex and race show that approximately 42 percent of the staged primary cancer cases (excluding lymphomas) among white males were diagnosed in the regional or distant stages, compared to 43 percent for white females, 46 percent for black males, and 49 percent for black females.

The average annual age-adjusted incidence rates for all invasive cancers covering the five-year period of 1995-99 was 36.5 percent higher among males (575.1 per 100,000), compared to females (421.4). Black males had the highest average annual age-adjusted incidence rate among the four sex/race groups, with 733.5 cases per 100,000 while white females had the lowest rate of 415.7.

In 1999, there were a total of 30,136 cancer deaths among residents. The 1999 age-adjusted mortality rate (208.3 per 100,000) for all cancers among residents was the second lowest recorded between 1990 and 1999. The average annual age-adjusted mortality rate for 1995-99 among males was over fifty percent higher than the rate for females (264.3 versus 175.3). Among the four sex/race groups, black males had the highest average annual age-adjusted death rate (386.0 per 100,000) while white females had the lowest rate (170.9).

We hope to have hard copies of this report available by late June.

## Cancer Facts and Figures...

number of male invasive cancer cases is expected to increase 4.0 percent between 1999 and 2002, from 35,020 to 36,435. The number of female invasive cancer cases is expected to increase 6.3 percent between 1999 and 2002, from 33,851 to 35,970. One of the biggest differences between male and female projections occurs with invasive lung/bronchus cancer. Males are expected to have 147 less lung/bronchus cancer cases in 2002 than in 1999 (when there were 5,667) while females are expected to have 327 more such cancer cases in 2002 than in 1999 (when there were 4,148).

The number of cancer deaths among residents for 2002 (30,035) is expected to be very similar to the 2000 number of 29,989. In 2002, male cancer deaths are expected to account for 14,930 deaths, as compared to 15,176 in 2000. Female cancer deaths are expected to be 14,715 in 2002, as compared to 14,813 in 2000.

The age-adjusted incidence rates for invasive cancer have been on the increase. The 1999 rate (496.5) was almost 14 percent higher than the 1989 rate (436.9). Rates among men and women also increased. Among white residents, the 1999 rate was 11 percent higher while the rate for blacks was 21 percent higher.

In contrast, age-adjusted mortality rates for cancer have been on the decline. The 2000 rate of 205.0 was 7 percent lower among residents, compared to the 1989 rate (221.0). Among males, the 2000 rate was 9 percent lower and the rate among women, 5 percent lower. The age-adjusted rates

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by race were also lower. For blacks, the 2000 rate was 11 percent lower and the white rate was 6 percent lower than the 1989 rate.

The majority of cancers in Pennsylvania are diagnosed at the local stage of the disease. In 1999, 48 percent of diagnosed cancers were discovered at the local stage (up from 46 percent in 1989). In 1999, local stage diagnoses were made in at least 45 percent of the cases among males, females, whites, and blacks. Localized cancer diagnoses among blacks had the largest increase, from 37.9 percent in 1989 to 45.3 percent in 1999.

Of the four different major stages of cancer, the in situ stage accounted for the smallest percentage of diagnoses. However, in 1999, 8.5 percent of diagnoses were made at the in situ stage, up from 4.8 percent in 1989. Overall, regional and distant stage diagnoses decreased from 49.2 percent in 1989 to 43.4 percent in 1999. Regional and distant stage diagnoses also decreased for males, females, whites, and blacks between 1989 and 1999.

Printed copies of this publication should be available by June or sooner.

**2002 Projected and 1999 Observed Invasive Cancer Cases\*\***  
**Percent Change 1999 to 2002 by Pennsylvania County of Residence**

County	2002 Projected	1999 Observed	Percent Change	County	2002 Projected	1999 Observed	Percent Change
ALL COUNTIES	72,405	68,873	5.1	JUNIATA	135	117	15.4
ADAMS	490	469	4.5	LACKAWANNA	1,580	1,467	7.7
ALLEGHENY	7,835 *	7,963	-1.6	LANCASTER	2,575	2,180	18.1
ARMSTRONG	375	402	-6.7	LAWRENCE	575 *	593	-3.0
BEAVER	1,120 *	1,088	2.9	LEBANON	645 *	627	2.9
BEDFORD	305	296	3.0	LEHIGH	1,845	1,733	6.5
BERKS	2,200	2,025	8.6	LUZERNE	2,145 *	2,104	1.9
BLAIR	770 *	771	-0.1	LYCOMING	620 *	623	-0.5
BRADFORD	430	357	20.4	MCKEAN	250 *	243	2.9
BUCKS	3,185	2,957	7.7	MERCER	855	765	11.8
BUTLER	925	921	0.4	MIFFLIN	300	270	11.1
CAMBRIA	1,145	1,069	7.1	MONROE	860	744	15.6
CAMERON	40 *	33	21.2	MONTGOMERY	4,320	4,116	5.0
CARBON	420	370	13.5	MONTOUR	105 *	95	10.5
CENTRE	610	502	21.5	NORTHAMPTON	1,615	1,588	1.7
CHESTER	2,115	1,979	6.9	NORTHUMBERLAND	590 *	607	-2.8
CLARION	285	216	31.9	PERRY	250	218	14.7
CLEARFIELD	470 *	449	4.7	PHILADELPHIA	8,480	8,586	-1.2
CLINTON	205 *	219	-6.4	PIKE	220	176	25.0
COLUMBIA	300	321	-6.5	POTTER	120	100	20.0
CRAWFORD	560	500	12.0	SCHUYLKILL	1,125	1,019	10.4
CUMBERLAND	1,045	996	4.9	SNYDER	170 *	186	-8.6
DAUPHIN	1,275 *	1,270	0.4	SOMERSET	425 *	440	-3.4
DELAWARE	3,395	3,208	5.8	SULLIVAN	45 *	42	7.1
ELK	255	253	0.8	SUSQUEHANNA	335	262	27.9
ERIE	1,565	1,433	9.2	TIOGA	220 *	213	3.3
FAYETTE	890 *	954	-6.7	UNION	260	199	30.7
FOREST	65	54	20.4	VENANGO	335	304	10.2
FRANKLIN	640 *	696	-8.0	WARREN	270	245	10.2
FULTON	60 *	85	-29.4	WASHINGTON	1,455	1,359	7.1
GREENE	310	253	22.5	WAYNE	420	340	23.5
HUNTINGDON	215 *	217	-0.9	WESTMORELAND	2,285	2,252	1.5
INDIANA	495	467	6.0	WYOMING	150 *	120	25.0
JEFFERSON	280 *	265	5.7	YORK	2,070	1,892	9.4



NOTE: Projections were rounded to the nearest whole five.

\* The arithmetic mean for the five-year period of 1995-99 was used to estimate the number of cases. See Technical Notes for additional information.

\*\*All cancer cases staged as in situ, except for urinary bladder cancers, are excluded.

## Health Status Indicators...

ties: Allegheny, Delaware, Montgomery, and Philadelphia. These counties had a 2000 U.S. Census population of 15,000 or more Asians and had at least 200 Asian resident live births for the year 2000. Another change to the 2002 report is that more counties now have birth and infant death statistics on blacks and Hispanics. Bucks County now has these statistics for black residents and Chester and Montgomery Counties now have Hispanic data. The criteria for selecting these counties was a 2000 U.S. Census population of at least 15,000 blacks or Hispanics and 200 or more black or Hispanic resident births for the year 2000.

The health status indicators report contains health status indicators for the United States, Pennsylvania, counties and health districts. It includes 95% confidence intervals and the results of significance testing, which are graphically depicted by county outline maps. Thus, the report provides descriptive and analytical statistics at the county and health district level in one convenient publication for health data users.

The health status indicators were developed by the Centers for Disease Control and Prevention in response to Objective 22.1 of *Healthy People 2000* and again are cited in Objectives 23-2 and 23-5 of *Healthy People 2010*. They are to be used for assessing and comparing the health status of state and local areas.

The latest birth data in the 2002 report are for 2000. The latest death and disease inci-

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**Another change to the 2002 report (for county and health districts) is that more counties now have birth and infant death statistics on blacks and Hispanics.**

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dence rates are average annual rates covering the three-year period of 1998-2000. Three year average annual rates were used primarily because of the small annual numbers for selected diseases and for deaths due to specific causes in many counties of the state.

The percentages of low birth weight babies, mothers not having prenatal care in the first trimester, and births to mothers less than 18 years old decreased between 1999 and 2000 for Pennsylvania. Age-adjusted death rates for all specific causes of death listed in the report declined between 1997-99 and 1998-00, except the rate for stroke which increased. Infant death rates also declined between 1997-99 and 1998-00 as did the incidence rates for syphilis, tuberculosis, and measles.

The data in the report highlight the differences in the birth and infant death statistics among whites, blacks, Hispanics, and Asians. Blacks and Hispanics have much higher percentages of low birth weight, no prenatal care in the first trimester, and births to teenagers as well as higher infant death rates compared to whites and Asians. For low

birth weight and infant deaths, the percentages/rates for blacks are especially higher.

Standard errors were calculated for many of the rates and percentages and 95% confidence intervals are shown. Significance or comparison testing was performed on most objectives to determine which county or Health District indicator was significantly higher or lower than the state figure and which state indicator was significantly higher or lower than the United States figure. Confidence intervals were not calculated and testing was not conducted for disease incidence rates, work-related injury death rates, single-year infant death rates, and any rates dealing with race/ethnicity mostly because of the small numbers associated with these rates. The report also shows county-outlined state maps depicting the results of the significance tests.

Another special feature of the health status indicator report is the Technical Notes. There, the user can find various statistical formulas used to compute the standard errors and confidence intervals that were used for significance or comparison testing. This section also contains a discussion about the reliability of the data as well as definitions of terms used throughout the report.

The appendix in the report lists the additional statistics available at the city, borough or township level that can be obtained from our web site in order to compute local health status indicators. Go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) and select "2000 and 1996-2000 Birth and Death Statistics." These data have also been updated over the years to provide trend figures.

### **Maternal and Child Health Status Indicators for Major Municipalities, 2002 Report:**

This report now includes birth, death, infant death and childhood poverty statistics for Asians and Pacific Islanders in addition to data for whites, blacks, and Hispanics. Various maternal and child health status indicators are presented for 18 selected cities in the state as well as the borough of Norristown.

The indicators include the leading causes of death among residents 1 to 17 during 1996-00, infant death rates, children below the poverty level, low birth weight, mothers with no prenatal care in first trimester, teen births, and reported cases of vaccine-preventable diseases among residents under age 20.

The eighteen cities and one borough included in the report are Allentown, Altoona, Bethlehem, Chester, Easton, Erie, Harrisburg, Johnstown, Lancaster, McKeesport, New Castle, Norristown, Philadelphia, Pittsburgh, Reading, Scranton, Wilkes-Barre, Williamsport, and York.

As stated previously, these reports are only available in electronic format on our web site at [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) (select "Health Status Indicators").

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# Update: Healthy People 2010 Objectives

## Focus Area 16 - Maternal, Infant, and Child Health

### 16-01c - Reduce infant deaths.

**2010 Target:**  
4.5 infant deaths per 1,000 live births

#### All Infant Deaths and by Sex:

Infant death rates for all Pennsylvania residents as displayed in the first graph on the right show that the figure has been on the decline, from 7.7 per 1,000 live births in 1996 to 7.0 in 2000. The infant death rates for females have also generally been on the decline between 1996 and 2000, from 7.0 to 6.0. The infant death rates for males had also been on the decline between 1996 and 1999 (from 8.4 to 7.4) but the 2000 figure is a rather large increase to 8.0.

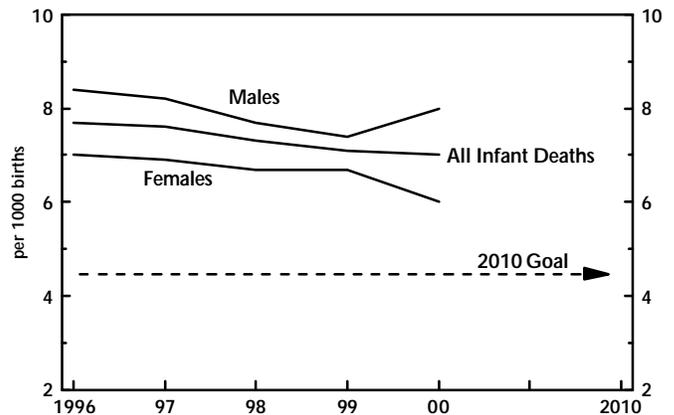
The overall infant death rate for Pennsylvania declined by 9 percent during the five-year period of 1996-2000. However, to reach the national 2010 goal of 4.5, the rate will have to decline by 38 percent. If the rate for females continues to decline, it may reach the 2010 goal. However, the rate for males has much farther to go.

#### By Race and Hispanic Origin:

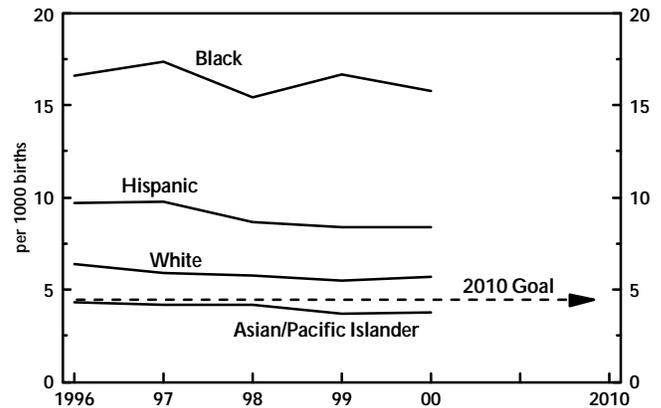
The second graph on the right depicts infant death rates by race and Hispanic Origin for 1996-2000 and large differences can easily be seen. The rates for black residents are three to four times higher than the rates for whites and Asians/Pacific Islanders. The rates for Hispanics, while lower than the rates for blacks, are still somewhat higher than the rates for whites and Asians/Pacific Islanders. However, the rates for all four race/ethnic groups have been on the decline.

The 2000 infant death rate for Asians/Pacific Islanders is already below the national 2010 goal of 4.5 and the rates for whites are also low and continue to decline. However, even though the infant death rates for black and Hispanic residents are also declining, they are still far from the 2010 goal of 4.5.

Infant Death Rates, Total and By Sex  
Pennsylvania Residents, 1996-2000



By Race and Hispanic Origin, Pennsylvania, 1996-2000



Infant Death Rates\*  
By Sex, Race, and Hispanic Origin  
Pennsylvania Residents, 1996-2000

	2000	1999	1998	1997	1996
All Infant Deaths .....	7.0	7.1	7.3	7.6	7.7
Males .....	8.0	7.4	7.7	8.2	8.4
Females .....	6.0	6.7	6.7	6.9	7.0
White .....	5.7	5.5	5.8	5.9	6.4
Black .....	15.8	16.7	15.4	17.4	16.6
Asian/Pacific Islander .....	3.8	3.7	4.2	4.2	4.3
Hispanic** .....	8.4	8.4	8.7	9.8	9.7

\*per 1,000 live births  
\*\*Hispanic can be of any race

#### HP2010 State and County Data on the Web

To access the Department of Health's web page of Healthy People 2010 statistics for the state and counties, go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats). The latest available statistics as well as trend data are shown. You can view data for the state, all counties, a specific demographic element (age, sex, race, etc.) or just for a specific county. Complete data sets for the state and counties can be downloaded. There is also a link to the national HP2010 web site.

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Secretary of Health*

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