

STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 26 No. 6 ♦ November 2003

Homicide Rate Rises for Third Straight Year

Most PA Rates Lower Than U.S.; Highest Rates for Young Black Males

The age-adjusted rate for homicides among Pennsylvania residents increased slightly in 2001. This marked the third consecutive year in which the rate increased slightly. Also, homicide rates among blacks (especially young black males) continued to be dramatically higher than the rates for white residents.

The following narrative reviews selected statistics on homicides in Pennsylvania compared to the United States and for the state by type, age, sex, race, and county.

Pennsylvania and United States:

There were 671 homicides among Pennsylvania residents during the year 2001 for an age-adjusted death rate of 5.6 per 100,000 2000 U.S. standard million population. The corresponding rate in 2000 (latest available) for the United States was 6.1 (8.9% higher than the rate for Pennsylvania).

Age-adjusted homicide rates by race and sex also show higher rates for the U.S. (2000) compared to the state (2001), except for blacks. The rates for males were 9.3 (U.S.) and

..homicide rates by race and sex show higher rates for the U.S. compared to the state, except for blacks.

8.8 (PA). For females, the rates were 2.8 (U.S.) and 2.5 (PA). The United States rate for whites was 3.7, compared to 2.5 for the state. However, the rate for blacks in the U.S. (21.0) was considerably lower than the rate for blacks in Pennsylvania (30.5).

Trend:

The annual age-adjusted homicide rates for Pennsylvania have increased slightly between 1999 and 2001 but they are still somewhat lower than the annual rates for the years 1990-1997 (see line chart on page 2). Annual rates declined throughout most of the 1980s and then increased in the 1990s but declined dramatically in 1998 and have started to slowly increase again. The

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Four Counties Obtain 2002 Health Risk Data

Oversampling Program Provides Local Agencies with BRFSS Data

A new program to extend sampling of selected counties in the annual state-wide telephone sample survey of adult health risk behaviors (BRFSS) has resulted in 2002 data for Armstrong, Chester, Franklin, and Lancaster Counties. The survey provides important health risk information such as health status, health care access, nutrition, diabetes and asthma prevalence, alcohol consumption, tobacco use, cancer screening, oral health, etc.

Armstrong County Family Resources Network, Chester County Healthy Communities Partnership, Healthy Communities Partnership of the Franklin County Area, and Lancaster Healthy Communities were the SHIP (State Health Improvement Plan) affiliated partnerships who chose to participate in the 2002 Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) Over Sampling Program.

County summary reports for the 2002 Pennsylvania BRFSS over sampling participants have been distributed to the participating SHIP affiliated partnerships. The reports

include data tables with core questionnaire data comparisons between the counties and Pennsylvania and county added questionnaire data. They also include pages containing introductory program information and county survey data highlights. The participant also received detailed tabular information about the question-

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DEPARTMENT OF HEALTH

Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H.
Secretary of Health

2003 Pocket Guide of PA/County Data Released

Convenient Brochure Unfolds to Reveal Over 5,000 Numbers and Rates

The Bureau of Health Statistics has just updated our annual brochure *Pocket Guide of Pennsylvania and County Health Statistics, 2003 Edition*. This is the fourth year the brochure has been published.

This small brochure contains over 5,000 numbers and rates. The 2003 edition contains various demographic data (population, income, unemployment, etc.) and statistics on births, deaths, disease incidence, cancer, hospitals, nursing homes, drug and alcohol

Such a variety of health data allows the user to easily compare many different health status indicators among counties and between the state and the rest of the country.

treatment facilities, behavioral health risk factors, HMO enrollment, and personal care homes for Pennsylvania and all 67 counties. In addition,

there are comparative figures for Pennsylvania and the United States on selected birth, death, disease, cancer, abortion, and behavioral health risk statistics.

Many of the statistics that appear in this brochure also appear in some of the Bureau's other statistical reports, but have been assembled together in this publication for quick reference. Such a variety of health data allows the user to easily compare many different health status and other indicators among counties and

between the state and the rest of the country. The brochure is small and, when folded, fits conveniently into a shirt pocket or purse.

If you have any questions, about the *Pocket Guide* or would like to receive a hard copy of this updated brochure, please contact the Bureau of Health Statistics and Research at 717-783-2548.

The *Pocket Guide* is only available in hard copy format. Please note that it is not accessible on our web site.

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Homicide Rate Rises for Third Straight Year...

Healthy People 2010 national goal for homicides is an age-adjusted death rate of 3.0. Pennsylvania's 2001 rate of 5.6 is still far from meeting that goal and so is the United States.

Type:

Three types of homicide were most prevalent in the year 2001. Homicide by discharge of firearms (444 homicides) accounted for 66.2 percent of all homicides among Pennsylvania residents. Homicide by use of sharp objects (24 homicides) was second at 3.6 percent and suffocation (17) accounted for 2.5 percent in 2001.

Race/Sex:

The age-adjusted homicide rate among male residents (8.8) for Pennsylvania during 2001 was approximately 3.5 times

Homicide by discharge of firearms accounted for 66.2 percent of all homicides among Pennsylvania residents (in 2001).

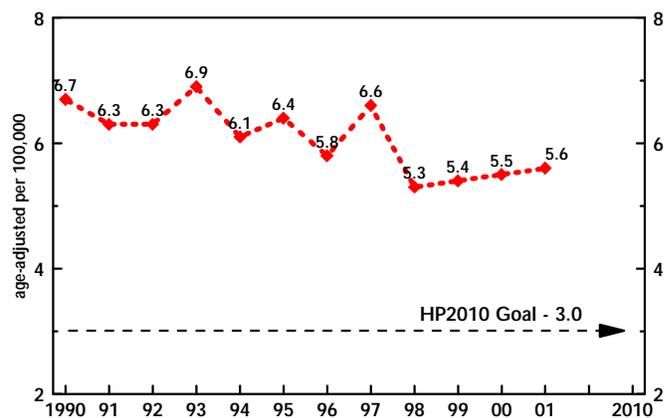
higher than the rate for females (2.5). There were 519 homicides among male residents, compared to 152 for females. Method of homicide differed slightly between males and females. For males, firearm-related homicide was the leading method followed by sharp objects and then smoke, fire and flames. Among females, firearm-related homicide ranked first followed by suffocation and then sharp objects.

In 2001, the age-adjusted homicide rate in Pennsylvania among black residents was approximately 12 times higher than the rate for whites – 30.5 compared to only 2.5 among whites. Of the 671 resident homicides recorded that year, 387 occurred to blacks while

only 260 occurred among whites. A closer look at black homicides shows that 339 were among males (age-adjusted rate of 55.8) while 48 were among females (rate of 7.4).

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Age-Adjusted Death Rate* for Homicide Pennsylvania Residents, 1990-2001



*age-adjusted to 2000 standard million U.S. population

Web Site Updates:

2002 Behavioral Health Risks for PA Adults

Analysis of Cancer Incidence in PA Counties 1996-2000

2002 Behavioral Health Risks for PA Adults:

This updated report continues the series based on sample data obtained via telephone surveys of Pennsylvania adults, as part of the Behavioral Risk Factor Surveillance System or BRFSS. Twenty public health topics are covered and include the following:

- General Health
- Exercise
- Overweight & Obese
- Health Care Access
- Vitamins & Folic Acid
- Asthma
- Diabetes
- Oral Health
- Immunization
- Tobacco Use
- Alcohol Consumption
- Seat Belts & Helmets
- Smoke Detectors
- Women's Health – Breast Cancer Screening
- Women's Health – Pap Test
- Men's Health – Prostate Cancer Screening
- Colorectal Cancer Screening
- HIV/AIDS
- Arthritis
- Skin Cancer

There is also a page that conveniently shows all available 2002 Pennsylvania BRFSS data for Healthy People 2010 national objectives. Another section provides some statistical assistance with "Synthetic Estimation Process for Local Data".

Analysis of Cancer Incidence in PA Counties 1996-2000:

The Bureau of Health Statistics and Research has recently added this publication to the Health Statistics web site at www.health.state.pa.us/stats.

The report shows the number of observed and expected cancer cases and standardized incidence ratios (SIRs) for 23 primary cancer sites and all cancer sites combined, by county and by sex. The observed cases represent the total number of primary, malignant tumors reported to the Pennsylvania Cancer Registry. With the exception of urinary bladder cases, all cancers staged as in situ are excluded. The expected cases represent the total number of primary, malignant tumors that would have been diagnosed if Pennsylvania's (or a specific county's) male and female population had experienced the same age-specific rates of cancer incidence as those reported by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program during the five-year period of 1996-2000. The SEER data represents approximately 14 percent of the U.S. population and is considered a reasonably representative subset of the United States population.

The SIRs that appear in the report were calculated by dividing the number of observed cases by the number of expected cases and multiplying the dividend by 100. A

ratio of 100 indicates that the observed number of cases equals the expected number of cases. A SIR above 100 indicates that there were more cases observed than expected. A SIR below 100 indicates that there were fewer observed cases than expected. Significance testing at the 95 percent confidence level (whether a SIR represents a statistically higher or lower number of observed cancer cases) is also shown in the report.

Five-year summary data for 1996-2000 were used to provide larger numbers for more reliable analysis and to correspond with the most current data available from the SEER program. SIRs were not calculated for any primary sites with less than 10 observed cases throughout the years of 1996 to 2000. Confidence intervals for SIRs based on small numbers of events are usually very wide and, therefore, are considered to be very unreliable.

County-outline maps that graphically depict the results of the analysis by sex are also presented. Along with all primary sites combined, maps were created for the five leading primary sites for males and the five leading primary sites for females. At the bottom of each county outline map is a rate depicting the completeness of case ascertainment for Pennsylvania.

A review of the SIRs for the state during 1996-2000 shows that males were determined to have had significantly more cancer cases observed

(The report)...shows that males were determined to have had significantly more cancer cases observed than expected (during 1996-2000)...

than expected for all sites combined, while females displayed no significant difference.

Among males in the state, ten primary cancer sites (esophagus, colon/rectum, larynx, bronchus/lung, breast, testis, urinary bladder, kidney/renal pelvis, thyroid, and Hodgkin lymphoma) had a significant excess number of cases and six primary sites (oral cavity/pharynx, liver/intrahepatic bile duct, melanoma of the skin, prostate, multiple myeloma, and leukemia) had significantly fewer numbers of observed cases than expected.

Among females in the state, ten primary cancer sites (colon/rectum, larynx, cervix uteri, corpus/uterus, NOS, ovary, urinary bladder, kidney/renal pelvis, thyroid, non-Hodgkin lymphoma, and Hodgkin lymphoma) had significantly higher than expected numbers of cancer cases. Female residents in the state also experienced significantly fewer cases than expected among ten primary sites (oral cavity/pharynx, esophagus, stomach, liver/intrahepatic bile duct, pancreas, bronchus/lung, melanoma of the skin, breast, multiple myeloma, and leukemia).

Four Counties Obtain 2002 Health Risk Data...

naire responses that include comparisons of county data to Pennsylvania statewide data for 2002 when available and data from other selected module and county specific questions. Technical assistance is provided to the participating partnerships by Pennsylvania Department of Health statistical support staff pertaining to interpretation and presentation of the BRFSS over sample data. Some data highlights follow.

Franklin County adults had significantly lower percentages for not being able to get medical care in past 12 months and for being binge drinkers, compared to Pennsylvania adults.

A significantly higher percentage was seen in Armstrong County (67.5%) for never having a sigmoidoscopy or colonoscopy compared to Pennsylvania (52.0%).

Significantly lower percentages were seen in Chester County for fair or poor health (8.0%), obesity (15.4%), having no health care insurance (5.5%), not participating in leisure time physical activity (16.7%), not eating 5 or more fruits and vegetables daily (69.0%), ever being told they have diabetes (5.7%), not visiting a dentist in the past year (18.6%), having all their permanent teeth removed (3.1%), not having their teeth cleaned by a dentist in the past year (19.3%), being current cigarette smokers (17.5%), and not

always using seatbelts (19.9%) compared to the state.

Franklin County adults had significantly lower percentages for not being able to get medical care in the past 12 months (2.7%) and for being binge drinkers (9.0%), compared to Pennsylvania adults (4.8% and 16.9% respectively).

Adult percentages in Lancaster County for having fair or poor health (10.5%), ever being told they have diabetes (5.8%), having all their permanent teeth removed (5.8%), and binge drinking (13.5%) were significantly lower compared to the same percentages for Pennsylvania adults.

More detailed statistics for these four counties can be seen on the next page and on the Health Statistics web site at www.health.state.pa.us/stats (select Behavioral Risk Data).

Participation in the state's BRFSS over sampling program is open to Pennsylvania SHIP affiliated partnerships. SHIP is a Pennsylvania Department of Health initiative that places an emphasis on supporting community health improvement partnerships data needs. It presently includes 56 local community health partners in its membership.

Each program participant receives approximately 1,200 completed surveys in their over sampled county or county group, which are controlled by statisticians for statistical accuracy. The same core questionnaire is used in all over sampled counties or county groups and in the statewide survey. In addition to the core

questionnaire, each over sampled county can select an additional 50-60 questions. The primary sources for these questions are CDC-developed BRFSS modules but participants can also develop their own questions in conjunction with the Pennsylvania Department of Health.

The following are presently participating in the 2003 Pennsylvania BRFSS Over Sampling Program – Healthy Adams County, Blair County Health & Welfare Council Community Health Improvement Partnership, Elk County Family Resource Network, Huntingdon County Healthy Communities Partnership, Lycoming County Health Improvement Coalition, McKean County Collaborative Board, Schuylkill County's Vision, and Healthy York County Coalition. The participation of these partnerships fulfills the Pennsylvania Department of Health's maximum allowance of eight participants annually for an over sampling program

The Department of Health will have seven groups... to participate in a 2004 BRFSS Over Sampling Program.

year. The data from the 2003 over sample surveys will be available in spring of 2004.

The Department of Health will have seven groups, sponsored by SHIP affiliated community health improvement partnerships, to participate in a 2004 BRFSS Over Sampling Program. These include the BRFSS Committee of the North Central District SHIP Advisory Group, surveying the North Central Health District, twelve county region; the Family Resource Initiative of Cambria County, surveying Bedford, Cambria, and Somerset counties; the Juniata Mifflin Health Improvement Partnership, surveying Juniata and Mifflin counties; the Centre County Partnership for Community Health, surveying Centre County; Health Futures, surveying Dauphin County; the Chester County Healthy Communities Partnership, surveying Chester County; and The Prevention Initiative, surveying Pike and Wayne counties.

If you have any questions about the BRFSS Over Sampling Program, please contact the Bureau of Health Statistics and Research at 717-783-2548.

Visit the Health Statistics website at www.health.state.pa.us/stats/ to access more BRFSS statistics and reports.

The **Behavioral Risk Factor Surveillance System (BRFSS)** is a public health surveillance system that is conducted in Pennsylvania and in all other states with support from the Centers for Disease Control and Prevention (CDC). Its purpose is to collect data on risk behaviors linked to chronic disease, injury, and infectious diseases as well as preventive health practices supportive of community health. The BRFSS survey consists of telephone interviews using randomly generated telephone numbers to determine the households contacted. The survey contains a core set of questions provided by CDC to gather comprehensive, standard information nationwide.

Selected Behavioral Risk Factor Surveillance System Questions
Armstrong, Chester, Franklin, and Lancaster Counties and Pennsylvania Adults, 2002 (with 95% confidence interval)

	Armstrong County *		Chester County *		Franklin County *		Lancaster County *		Pennsylvania	
	%	CI	%	CI	%	CI	%	CI	%	CI
Health Status										
Fair or Poor Health	18.1	11.8-24.4	8.0	6.4-9.9 -	14.0	11.3-16.7	10.5	8.5-12.4 -	15.9	15.0-16.7
Obese	24.6	19.4-29.7	15.4	12.9-17.8 -	24.1	20.5-27.7	22.3	19.6-25.1	24.0	23.0-25.0
Health Care Access										
No Health Care Insurance, Age 18-64	15.2	9.3-21.2	5.5	4.0-7.5 -	12.9	10.3-15.5	12.4	9.5-15.4	12.6	11.6-13.6
Do Not Have a Personal Health Care Provider	14.6	6.4-22.9	9.9	7.6-12.9	9.3	6.0-14.0	12.4	10.0-14.8	11.8	11.0-12.7
Unable to Get Medical Care in the Past 12 Months	4.0	2.6-6.3	3.3	2.1-5.2	2.7	1.9-3.8 -	4.8	3.2-7.1	4.8	4.3-5.4
Exercise										
No Leisure Time Physical Activity	25.7	19.6-31.8	16.7	13.8-19.5 -	23.7	20.0-27.5	24.7	21.7-27.7	24.4	23.4-25.3
Nutrition										
Do Not Eat Fruits and Vegetables 5+ Time/Day	80.2	73.8-86.7	69.0	65.8-72.2 -	72.9	68.0-77.7	73.2	70.2-76.1	74.6	73.6-75.5
Asthma										
Told They Had Asthma	11.4	6.0-16.8	9.9	8.0-12.3	9.3	7.6-11.3	10.2	8.2-12.3	11.5	10.8-12.3
Diabetes										
Told They Had Diabetes	9.0	6.2-12.9	5.7	4.3-7.4 -	6.9	5.5-8.6	5.8	4.5-7.4 -	8.2	7.6-8.8
Oral Health										
Did Not Visit Dentist in the Past Year	35.2	27.3-43.0	18.6	15.8-21.4 -	28.7	24.6-32.9	26.0	23.1-28.9	28.2	27.2-29.2
Have Had All Permanent Teeth Removed	12.4	6.9-18.0	3.1	2.1-4.5 -	7.7	5.9-9.9	5.8	4.6-7.3 -	8.0	7.4-8.6
Did Not Have Teeth Cleaned by Dentist in the Past Year	30.4	22.5-38.4	19.3	16.4-22.1 -	24.0	20.4-27.7	24.6	21.6-27.6	26.1	25.0-27.1
Immunization										
Did Not Have a Flu Shot in Past Year, Aged 65+	28.1	14.0-42.2	28.7	20.2-37.2	35.0	26.1-43.9	33.8	27.3-40.3	29.5	27.4-31.6
Never Had a Pneumonia Vaccination, Aged 65+	39.6	21.7-57.6	35.8	26.5-45.1	39.6	21.7-57.6	40.4	33.6-47.3	36.5	34.3-38.8
Tobacco Use										
Current Smokers	23.2	17.2-29.3	17.5	14.8-20.2 -	21.6	17.9-25.2	21.8	19.0-24.5	24.5	23.5-25.5
Alcohol Consumption										
Binge Drinkers	14.5	8.4-20.5	16.5	13.8-19.3	9.0	7.4-11.1 -	13.5	11.2-15.7 -	16.9	16.0-17.8
Drink and Drive	1.5	0.9-2.5	2.5	1.6-3.8	1.1	0.6-2.1	1.6	1.0-2.5	2.2	1.9-2.6
Injury Prevention										
Do Not Always Use Seatbelts	33.6	26.1-41.0	19.9	16.6-23.3 -	30.7	26.8-34.7	32.3	29.2-35.5	31.4	30.4-32.5
Women's Health										
Did Not Have a Mammogram in the Past Year, Age 40+	33.9	26.4-41.4	35.2	30.1-40.3	32.7	26.7-38.7	36.0	31.2-40.8	38.0	36.3-39.7
Did Not Have a Clinical Breast Exam in the Past Year, Age 40+	36.2	27.2-45.1	28.7	23.7-33.7	30.3	24.5-36.1	30.5	26.1-35.0	34.0	32.4-35.7
Never Had a Pap Test	5.1	2.6-9.5	4.9	2.6-9.0	3.5	2.0-6.3	3.7	2.2-5.9	4.7	4.1-5.5
Men's Health										
Never Had a Prostate-Specific Antigen (PSA) Test, Age 50+	28.2	9.1-47.2	17.8	9.4-26.2	15.7	10.6-20.9	27.6	20.3-35.0	21.5	19.4-23.7
Never Had a Digital Rectal Exam (DRE), Age 50+	14.8	2.2-27.4	13.1	5.0-21.1	11.9	3.9-20.0	18.6	11.8-25.3	16.0	14.0-18.0
Colorectal Cancer Screening										
Never Had a Sigmoidoscopy or Colonoscopy, Age 50+	67.5	58.5-76.6 +	46.2	40.8-51.7	51.0	44.6-57.4	54.9	50.1-59.7	52.0	50.4-53.6
HIV/AIDS										
Never Tested for HIV (except for blood donation), Age 18-64	67.5	58.8-76.1	58.4	54.6-62.3	61.9	56.1-67.8	64.4	60.6-68.2	60.4	59.0-61.7

Note: Excludes missing, don't know, and refused.

* If a "+" is indicated, then the county has a significantly higher percentage compared to Pennsylvania. If a "-" is indicated, then the county has a significantly lower percentage compared to Pennsylvania.

Homicide Rate Rises for Third Straight Year...

Age-adjusted rates by race and sex (see bar chart on right) show that black males had dramatically higher figures than any of the other three race/sex groups. The 2001 age-adjusted rate for homicides was 55.8 among black males, compared to 3.2 for white males, 7.4 for black females, and only 1.9 for white females.

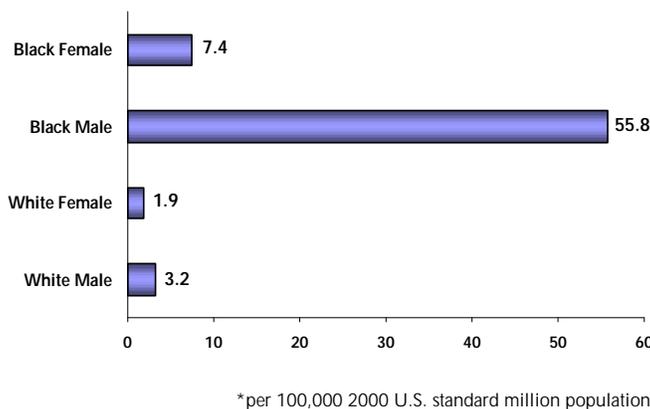
Age:

Reviewing the number of homicides by age group for the five-year period of 1997-2001 showed that young adults in the age group 20-24 had the highest number, accounting for 21.7 percent of all homicides (see bar chart below). The second highest number occurred among those aged 25-29, followed by the age groups 15-19 and 30-34.

...young adults in the age group 20-24 had the highest number (of homicides), accounting for 21.7 percent of all homicides (during 1997-2001)...

Over 83 percent of all homicides for Pennsylvania occurred among residents between the ages of 15 and 54. The median age at death for homicides in 2001 among males was 28.7 and 33.7 for females. There were 349 homicides among males aged 15-19 and 180 for males aged 40-44, compared to 49 and 86, respectively, for females. Among the four sex/race groups, black males had the

Age-Adjusted Death Rate* for Homicide By Race/Sex Pennsylvania Residents, 2001



Age-adjusted (homicide) rates by race and sex show that black males had dramatically higher figures than any of the other three race/sex groups.

lowest rate was for residents of Bucks County (1.8 and 52 homicides). The third lowest rate was for Washington County (2.0 and 21) followed by Lackawanna, Montgomery, and York Counties (2.3 each).

lowest median age at death for homicides (25.2) and white females had the highest (38.5) in 2001.

County:

For the five-year period of 1997-2001, the county with the highest age-adjusted homicide rate among residents was Philadelphia County with a rate of 22.4 (1,684 homicides). The second highest rate occurred for Allegheny County (rate of 6.6, based on 397 homicides). Third highest

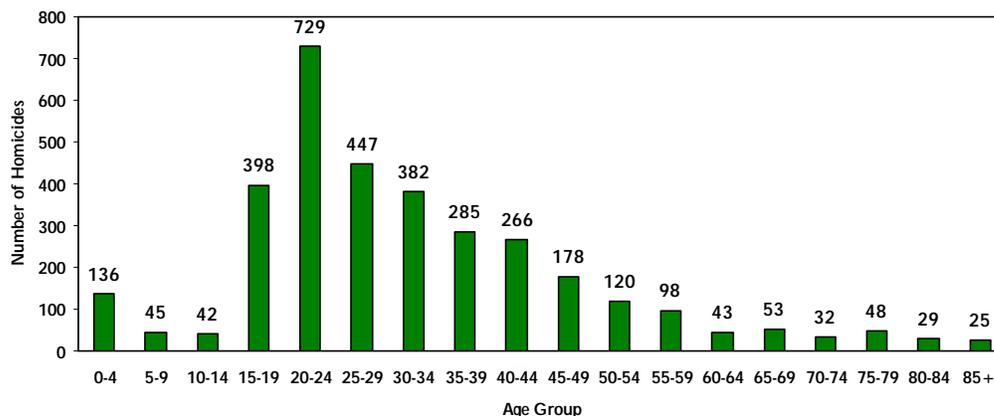
was Berks County (6.5 and 116 homicides), followed by Delaware (5.6 and 152) and Dauphin (4.8 and 57) Counties. (NOTE: Counties with less than 20 homicides were excluded in this comparison since age-adjusted rates based on less than 20 events are considered statistically unreliable.)

The county with the lowest 1997-2001 age-adjusted homicide rate was Chester County with a rate of 1.5 (32 homicides). The second low-

Additional statistics on homicides can be accessed on the Department's Health Statistics and Research web pages at www.health.state.pa.us/stats (select **Vital Statistics** and then click on *Injury Deaths in Pennsylvania 1997-2001*).

If you have any questions regarding the homicide statistics presented here or on our web site, please contact the Bureau of Health Statistics and Research at 717-783-2548.

Number of Homicides by Age Group, Pennsylvania Residents, 1997-2001



Update: Healthy People 2010 Objectives

Focus Area 5 - Diabetes: 5-05 - Reduce the diabetes death rate.

All Deaths and by Sex:

The age-adjusted death rate for diabetes (as an underlying or contributing cause) among all residents has not changed much between 1997 and 2001. However, the 2001 rate was the lowest figure recorded during that five-year period.

There were 12,499 resident deaths in 2001 either due directly to diabetes or with diabetes mentioned as a contributing cause, resulting in an age-adjusted rate of 83.0 per 100,000 2000 U.S. standard million population. In 1997, there were 12,284 such deaths for a rate of 84.1.

The age-adjusted death rate among female residents also has not shown much of a change between 1997 (75.0) and 2001 (73.3). The rate among male residents had been on an increase between 1997 (96.3) and 2000 (100.4) but, in 2001, the rate declined to 96.8.

Pennsylvania's age-adjusted death rates for diabetes for all residents and by sex are much higher than the Healthy People 2010 objective of 45 and the rate for males has been on the increase.

By Race and Hispanic Origin:

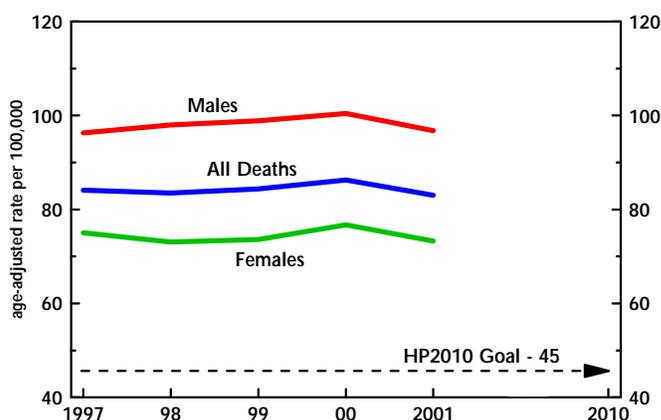
Black residents have much higher age-adjusted death rates for diabetes (as an underlying or contributing cause), compared to white and Hispanic residents. The 2001 rate for blacks was 119.0 per 100,000 U.S. standard million population, compared to 81.1 for whites and 84.5 for Hispanics.

During the five-year period of 1997-2001, the age-adjusted diabetes death rates for whites, blacks, and Hispanics displayed no evident trends. Among all three groups, the highest annual rate for this period occurred in 2000; however, the death rate for all three groups declined in 2001.

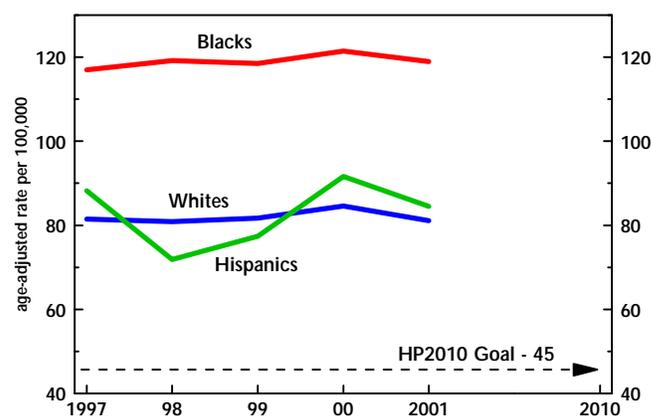
The Healthy People 2010 national objective is for an age-adjusted death rate of 45 per 100,000. The rates for Pennsylvania's whites, Hispanics and, especially, blacks are much higher than the 2010 goal and show no signs of declining in the near future.

2010 Target: 45 deaths per 100,000

Diabetes Age-Adjusted Death Rates*
All Deaths and by Sex
Pennsylvania Residents, 1997-2001



By Race & Hispanic Origin**, Pennsylvania, 1997-2001



Diabetes Age-Adjusted Death Rates*
By Sex, Race, and Hispanic Origin
Pennsylvania Residents, 1997-2001

	1997	1998	1999	2000	2001
All Deaths	84.1	83.5	84.4	86.3	83.0
Males	96.3	98.0	98.9	100.4	96.8
Females	75.0	73.1	73.6	76.7	73.3
Whites	81.5	80.9	81.7	84.6	81.1
Blacks	117.0	119.2	118.5	121.5	119.0
Hispanics**	88.2	71.9	77.4	91.6	84.5

*per 100,000 2000 U.S. standard million population

**Hispanic can be of any race

NOTE: Data are for deaths listing diabetes as an underlying or contributing cause

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. 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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