

# STATISTICAL NEWS

Pennsylvania Department of Health ♦ Bureau of Health Statistics ♦ Vol. 25 No. 1 ♦ January 2002

## Child Immunization Info System In Over 80% of State Health Centers

*Remaining Centers Will Be Up and Running SIIS By 1/31/02*

Since October 2000, a Statewide Immunization Information System (SIIS) has been implemented at Department of Health State Health Centers (SHCs) in five of the six Department of Health Districts (83 percent) and 47 of the 57 SHCs (82.5 percent) have been converted to SIIS. An immunization registry is a population-based information system that collects immunization data about children within a geographic area. The purpose of an immunization registry is to increase and maintain high immunization coverage levels by consolidating vaccination records of children from multiple providers into one central location. One of the national health objectives for 2010 is to increase the proportion of children under six years of age who participate in immunization registries to 95 percent.

In May 2000, the Department of Health implemented its first pilot site in the South Central District, Cumberland County. An implementation plan, hiring of additional staff, and the development of an op-

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erational infrastructure for SIIS have been the major focus areas since May 2000. The primary goal of the Department's immunization registry team is to evaluate each site that is implemented with efforts to maintain business continuity for each SHC and provide timely feedback regarding data quality and technical support. It is anticipated that the implementation of the remaining ten SHCs in the Southwest District will be completed by January 31, 2002.

Currently the immunization registry is populated with 916,832 individual demographic records. Over 8 percent (76,649) of the records

*Continued on Page 3...*

## Providing & Arranging Home Care for Elderly

*Significant Differences Seen Among Adults Who Provide Care & Know Whom to Contact for Help*

Sixteen percent of Pennsylvania adults are providing regular care or assistance to an elderly family member or friend. This is according to the Behavioral Risk Factor Surveillance System (BRFSS) telephone survey conducted in Pennsylvania during 2000.

Data from the 2000 BRFSS survey also showed that some adults were more likely than others to be providing this type of care – specifically, females and middle-aged adults. The following highlights some of that information in more detail and also provides additional statistics on those adults who did not know whom to contact to arrange for care at home. We are also including specific contacts for finding information and referrals on home health and long term care.

### Care Providers:

Females were significantly more likely to provide care in the past month to an elderly family member or friend (20 percent), compared to males (13 percent). Also, adults aged 45-64 have a significantly

**Sixteen percent of Pennsylvania adults are providing regular care or assistance to an elderly family member or friend.**

higher percentage (21) of providing care than those adults aged 18-29 (13 percent) (see

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# Hospital Emergency Departments: Different Utilization Patterns at National and State Levels

## *National Use Up; State Use Down; Both Show Fewer Departments*

National data indicate that emergency department (ED) visits have increased while the number of emergency departments has declined. However, a review of available Pennsylvania data showed a decline in both the number of ED visits and the number of emergency departments.

### **National Data:**

According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), ED visits to non-Federal, short-stay and general hospitals have increased from 89.8 million visits in 1992 to 102.8 million visits in 1999, an increase of 14 percent (see Figure 1 on opposite page). Despite the increased number of emergency department visits over the past decade, there has not been a corresponding rise in the number of emergency departments to accommodate the patient demand. The cumulative impact of the increasing volume of ED encounters without a corresponding increase in the number of hospitals operating EDs has resulted in an “overcrowding” effect. In 1992, the average ED treated 42.8 patients per day; however, by 1999, the average ED treated 47.9 patients per day, resulting in hospital EDs collectively accommodating an additional 35,000 patients each day.

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is a national probability sample survey conducted annually since 1992 by

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**The cumulative impact of the increasing volume of ED encounters (at the national level) without a corresponding increase in the number of hospitals operating EDs has resulted in an “overcrowding” effect.**

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the Division of Health Care Statistics of the National Center for Health Statistics, Centers for Disease Control and Prevention. The NHAMCS is designed to collect data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments. Findings are based on a national sample of visits to the emergency departments and outpatient departments of noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia.<sup>1</sup>

One must be very careful about drawing conclusions about a single state from a national survey. States vary greatly in many factors critical to health care policy, including health insurance coverage, age profile, ethnic makeup and state policies affecting hospitals.

### **Pennsylvania Data:**

Pennsylvania conducts an annual hospital survey. The products of recent surveys may be found on our web site (<http://www.health.state.pa.us/stats/>). Click on “Health Facilities.” While the National Hospital Ambulatory Medical Care Survey has a focus on patient characteristics, such as age, race, and diagnosis, Pennsylvania’s survey is directed more toward the availability and utilization of services, and staffing. Nevertheless, some comparisons may be made. Emergency department visits in Pennsylvania have actually decreased from 5,159,289 in 1992 to 4,478,746 in 1999 (see Figure 2 on opposite page).

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**Pennsylvania has also witnessed a steady decline in the number of hospitals maintaining emergency departments, from 218 emergency departments in 1992 to 197 emergency departments in 1999.**

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**Pennsylvania's average emergency department visit rate per hospital per day of 62.3 patients in 1999 is considerably higher than the national average of 47.9 patients per day in 1999.**

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ments, from 218 emergency departments in 1992 to 197 emergency departments in 1999 (see Figure 3 on opposite page). Pennsylvania’s average emergency department visit rate per hospital per day of 62.3 patients in 1999 is considerably higher than the national average of 47.9 patients per day in 1999. Unlike the national upward trend; however, Pennsylvania’s average emergency department visit rate per hospital per day has not shown a steady trend from 1992 (64.8 emergency department visits) to 1999 (62.3 emergency department visits) (see Figure 4 on opposite page).

If you have any questions about the data presented in this article, please contact the Bureau of Health Statistics at 717-783-2548.

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<sup>1</sup> Burt CW, McCaig LF Trends in Hospital Emergency Department Utilization: United States, 1992-1999. Vital and Health Statistics Series 13, Number 150 Hyattsville, Maryland: National Center for Health Statistics, 2001.

Continued from Page 1...

# Childhood Immunization Information System (SIIS)

show at least one documented shot assigned to a participating immunization registry clinic (medical home). Since May 2000, 13,017 patient encounters have occurred in the 47 implemented SHCs for a total of 37,905 immunizations having been administered and documented into the immunization registry. It should be noted that these figures are representative of only the individuals who have been seen in the Department's State Health Centers.

As the Centers for Disease Control and Prevention's

**It is the goal of the Pennsylvania SIIS to develop an automated process of generating reminder postcards in order to ease manual intervention.**

(CDC) National Immunization Program (NIP) continues to strengthen operational guidelines for functional population-based immunization registries, the Pennsylvania SIIS contin-

ues to implement protocols that will assist immunization providers in improving immunization rates. Thus far, reports are provided to all immunization registry users on a regular schedule to assist in providing reminder and recall capabilities. It is the goal of the Pennsylvania SIIS to develop an automated process of generating reminder postcards in order to ease manual intervention. Furthermore, efforts to develop an audit program and to validate race/ethnicity coding are currently underway. Areas of particular interest will

be timely reporting to the immunization registry, accurate reporting of immunization dates, inventory tracking, and the completion of core data elements for each patient as required by the twelve NIP core functional operational standards.

The Pennsylvania SIIS registry is currently staffed with individuals who provide training, technical support, and administrative guidance to immunization registry data

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# Hospital Emergency Departments...

Figure 1

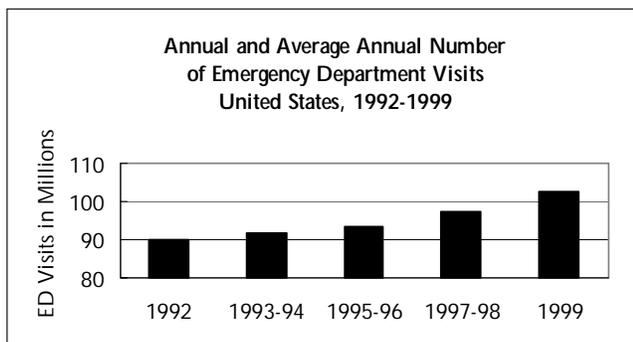


Figure 3

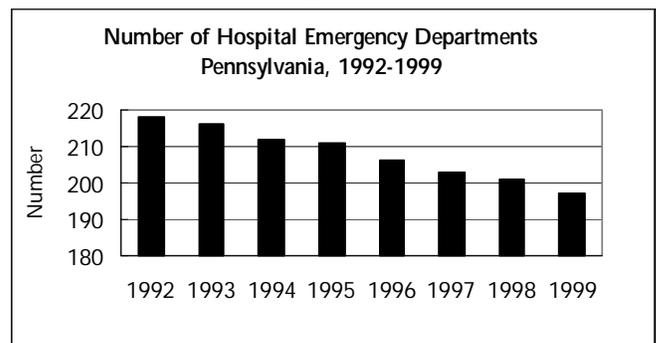


Figure 2

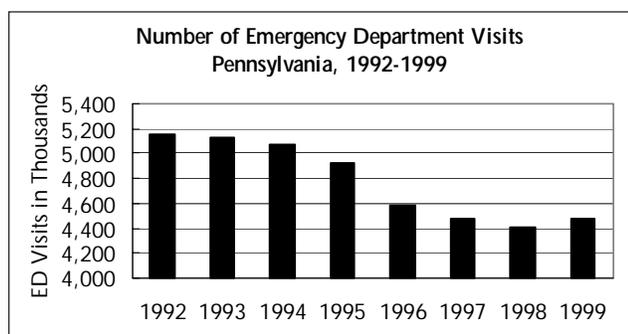
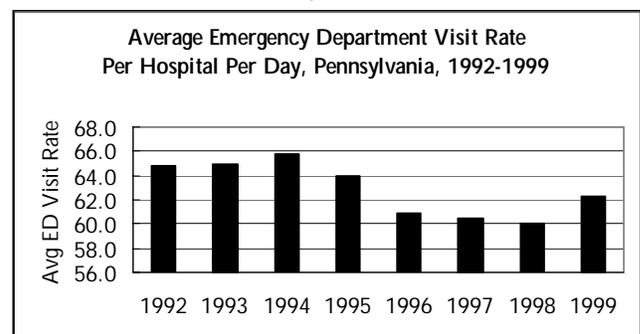


Figure 4



# Child Immunization Information System (SIIS)

providers and perform ongoing data analysis to assure timely and accurate data submission. As SIIS is implemented throughout the immunization provider community, the completion of data requests will become a priority and additional efforts to assure data accuracy will be evaluated and implemented.

Areas of particular interest continue to be identified and efforts to develop partnerships with local communities and organizations are a high priority. The partnership goals will focus on provider needs and developing marketing and business objectives with stakeholders in order to assist the immunization provider community and the immunization registry in subsequent phases of implementation.

As the immunization registry approaches the end of implementing within SHCs, dialogs with County/Municipal Health Departments have

**According to data collected in March 2001, 89 percent of children 24-35 months of age...the national public health objective for 2010 calls for 90 percent...to be immunized by age two.**

started and will be the focus for 2002. In addition, the Department continues to investigate the feasibility of regulations for reporting immunization encounters to the immunization registry in order to minimize liability to immunization providers.

According to data collected in March 2001, 89 percent of children 24-35 months of age in the Department of Health's SHCs had been im-

munized with the basic 4:3:1 series (4 doses of diphtheria, tetanus toxoid, and pertussis vaccine; 3 doses of poliovirus vaccine; and 1 dose of measles/mumps/rubella vaccine) by the age of 24 months. The bar chart below shows percentages for the SHCs in the six Department of Health Districts. One of the national public health objectives for 2010 calls for 90 percent of children to be immunized with the basic 4:3:1 series by age two.

With the Department's commitment in developing a

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population-based immunization registry and through tracking and notification, the Pennsylvania immunization registry will identify children due or overdue for immunizations and provide a reminder to notify parents to make or keep appointments for their children to obtain the appropriate vaccines. Similarly, providers can

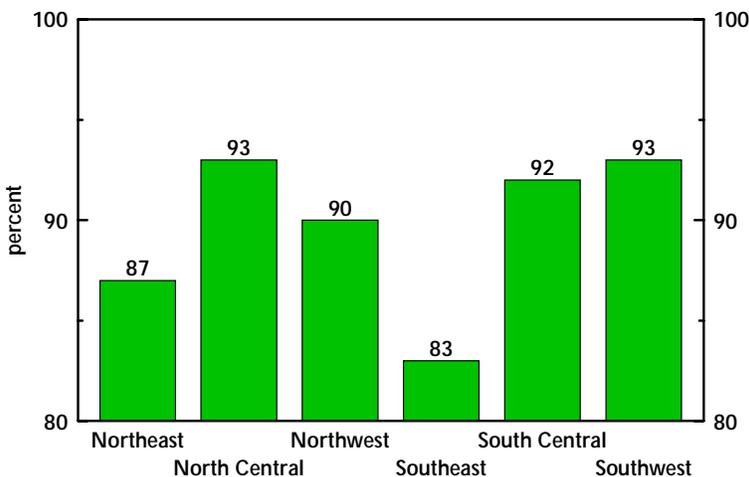
**A database will be available for health care providers to monitor the immunization status of their patients...**

also be reminded of missed immunization appointments and the need to complete appropriate follow-up.

A database will be available for health care providers to monitor the immunization status of their patients by allowing them to enter immunization-related data into a common system and to access comprehensive immunization information at the time they see a child, regardless of where the immunizations were obtained in the past. The immunization registry will also provide a database to enable program planners to identify populations at risk for delayed immunizations, target interventions appropriately, and evaluate the success of immunization program efforts.

If you have any questions about the information on Pennsylvania's SIIS registry as presented here, please contact the Bureau of Health Statistics at 717-783-2548.

**Percent of Children\* Immunized with 4:3:1 Series by 24 Months of Age State Health Centers by PA Department of Health District, March 2001**



\*24-35 months of age

# Providing and Arranging Home Care for Elderly

data table). Sometimes, these middle-aged adults are referred to as the “sandwich generation” since they often are caring for both children and parents.

### Know Who to Contact?:

When asked “Who would you call to arrange care in the home for an elderly family member or friend?,” a large proportion of adults (27 percent) did not know whom to call. This percentage is significantly higher than all but one (“Relative or Friend” at 24 percent) of the other nine available response categories (see graph).

Again, as in the case of providing care, males were significantly less likely to know whom to call to arrange care for an elderly family member or friend (30 percent), compared to females (25 percent). Adults aged 65 and over were significantly less likely to

**Females (and middle-aged adults) were more likely to provide care in the past month to an elderly family member or friend.**

know whom to call (35 percent), compared to adults aged 45-64 (26 percent), and those aged 30-44 (24 percent). Education also was a factor, with adults receiving less than a high school education having a significantly higher percentage of not knowing whom to call (34 percent), compared to adults with a college degree (24 percent). There were no significant differences by race or income.

### Who to Contact:

These results are interesting

since Pennsylvania has a large number of places to contact for assistance. Statewide, there are 793 nursing homes and 324 home health agencies, including 110 hospice facilities, which you can get information about through the Pennsylvania Department of Health’s web site at [www.health.state.pa.us](http://www.health.state.pa.us) and select “Quality Assurance”.

**...a large proportion of adults (27 percent) did not know whom to call (to arrange care in the home).**

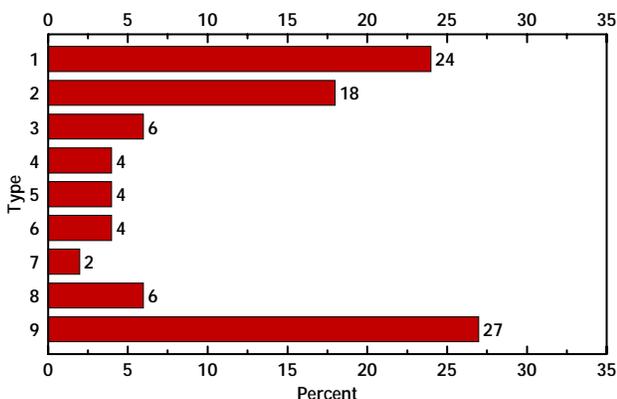
At these web pages, you can use the Facility Locator to find the name, address and phone number of nursing homes and home health agencies and related licensed facilities in your area. You can

also view the state inspection results for some of the facilities. There is also additional information on home health agencies. You can also contact the Department of Health directly via our toll-free hotline at 1-877-PA-HEALTH for more information about these services.

Also, there are 52 area agencies on aging, which you can get additional information about through the Pennsylvania Department of Aging’s web site at [www.aging.state.pa.us](http://www.aging.state.pa.us) in the “Area Agencies on Aging” section. Another helpful source is the federal Administration on Aging at [www.aoa.gov/we\\_care/where-to-turn](http://www.aoa.gov/we_care/where-to-turn).

Please contact the Bureau of Health Statistics at 717-783-2548 if you have any questions about the BRFSS data on home care for the elderly as presented in this article.

**Who Would be Called to Arrange Care for an Elderly Relative or Friend, Percent by Type Pennsylvania Adults, 2000 BRFSS**



1 - Relative or Friend 2 - Provided Care Myself 3 - Nursing Home 4 - Home Health Service 5 - Personal Physician 6 - Area Agency on Aging 7 - Hospice 8 - Hospital Nurse, Minister/Priest/Rabbi, or Other 9 - Don't Know Whom to Call

**Percent Who Provided Regular Care or Assistance to an Elderly Family Member or Friend in Past Month Pennsylvania Adults, 2000 BRFSS**

	Percent	C.I.*
Total	16	15-18
Male	13	11-15
Female	20	18-22
18-29	13	10-16
30-44	15	13-18
45-64	21	18-23
65+	15	12-18

\*95% confidence interval

# Healthy People 2010 Data for PA & Counties Now Available on Department Web Site

*View and Download Current & Trend Data by Focus Area/Demographic*

You can now access current and historical state and county data for the Healthy People 2010 (HP2010) national objectives 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 Healthy People 2010. The HP2010 web page will appear as seen below. On this web page, there are several different drop-down menus you can easily

Go to  
[www.health.state.pa.us/stats](http://www.health.state.pa.us/stats)  
and select  
Healthy People 2010.

use to view and download data. You can view and download HP2010 objectives by Focus Area for the state or all counties. You can also view and download all available HP2010

data for a specific county or all available state data for a specific demographic (gender, race, Hispanic Origin, age, education, and urban vs. rural). There are also links to complete sets of all state and county data, as well as to data sources by Focus Area.

All files are first accessed in PDF format (requires the free software Adobe Acrobat Reader) but also contain links to a Microsoft Excel file if you

prefer to download the data in spreadsheet format.

Please note that only objectives with available state and county data are shown. There is a link to the national HP2010 data site where you can view all the objectives, along with national data.

Let us know how you like this new web site via e-mail from the Department's home page at [www.health.state.pa.us](http://www.health.state.pa.us) or call us at 717-783-2548.



**Healthy People 2010 (HP2010)** is a set of public health objectives for the Nation to achieve over the first decade of the new century. There are 467 objectives for 28 focus areas as well as a set of Leading Health Indicators (various selected HP2010 objectives). The Department's Bureau of Health Statistics has compiled state and county-level statistics (when available) to assist in tracking state and local progress in meeting some of these objectives. The latest available statistics as well as trend data are shown (when available).

Use the drop down menus below to select data and sources by Focus Area and Leading Health Indicators for the state, counties, and selected demographics. **Please note that only Focus Areas, Leading Health Indicators, and objectives with available state/county data appear here.**

To access the national database for HP2010 with a complete list of all HP2010 objectives and for more information on HP2010, [click here](#).

Data will first appear in PDF file format (requires the free software [Adobe Acrobat Reader](#)). For information on and links to download [Adobe Acrobat Reader](#) software, [click here](#).

To access a Microsoft Excel file of the data, click on the yellow button at the top of the first page of the PDF file. To download a file, select File and Save As from your browser software.

▶ **STATE DATA by FOCUS AREA:**

▶ **COUNTY DATA by FOCUS AREA:**

▶ **DATA by SPECIFIC COUNTY:**

▶ **STATE DATA by DEMOGRAPHICS:**

▶ **TO ACCESS A COMPLETE STATE DATA SET, CLICK HERE.** (4.5 MB)

▶ **TO ACCESS A COMPLETE COUNTY DATA SET, CLICK HERE.** (2.3 MB)

▶ **DATA SOURCES by FOCUS AREA:**

**NOTES** regarding calculation of rates/percentages: Age-adjusted death rates were not calculated and shown if less than 20 events occurred. All other types of rates were not calculated and shown if less than 10 events occurred. Percentages were not calculated and shown for BRFSS sample data if there were less than 50 total respondents. Unknowns were excluded in calculations except for unknown age in



# Update: Healthy People 2010 Objectives

## Focus Area 15 - Injury and Violence Prevention

### 15-3 - Reduce firearm-related deaths.

#### 2010 Target: 4.1

#### All Persons, Males, and Females:

The age-adjusted death rate for firearm-related deaths among Pennsylvania residents declined only slightly between 1996 and 1999, from 10.8 to 9.8. The 1996-1999 annual rates among males were approximately seven times higher than the rates for females. In 1999, the rate for males was 17.6, compared to only 2.6 for females. However, the rates for males have declined somewhat while the rates for females have remained about the same. Only the rate for females appears to have any chance of meeting the national 2010 national objective of 4.1. Even if the rates for males continue to decline as they have in the past, they will still not come close to meeting the 2010 national goal.

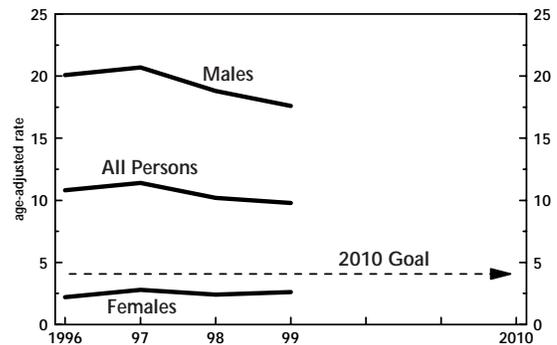
#### Race and Hispanic Origin:

During the years 1996-1999, the rates for black residents have been three to four times higher than those for whites and, for Hispanics, two to three times higher. However, the rates for all three groups have been on the decline but are still far from the 2010 goal.

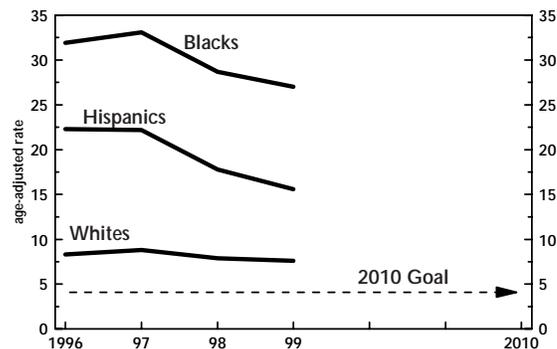
#### Suicides, Homicides, and Accidents:

The age-adjusted rate for firearm-related suicides have been higher than those for firearm-related homicides and much higher than the rates for accidental deaths involving firearms. The rates for homicides and suicides have been declining and the rates for homicides and accidents are already below the 2010 objective. However, the rate for suicides must decline by another 28 percent by the year 2010.

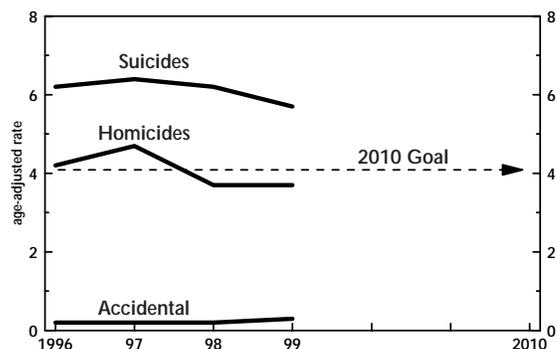
Firearm-Related Deaths, Age-Adjusted Rates\*  
Total and by Sex, Pennsylvania Residents, 1996-1999



By Race and Hispanic Origin, Pennsylvania, 1996-1999



By Type, Pennsylvania, 1996-1999



Firearm-Related Deaths, Age-Adjusted Rate\*  
By Sex, Race, and Type, Pennsylvania Residents 1996-99

	1999	1998	1997	1996
All Persons .....	9.8	10.2	11.4	10.8
Males .....	17.6	18.8	20.7	20.1
Females .....	2.6	2.4	2.8	2.2
Whites .....	7.6	7.9	8.8	8.3
Blacks .....	27.0	28.7	33.1	31.9
Hispanics** .....	15.6	17.8	22.2	22.3
Homicides .....	3.7	3.7	4.7	4.2
Suicides .....	5.7	6.2	6.4	6.2
Accidental .....	0.3	0.2	0.2	0.2

\*age-adjusted to 2000 standard million U.S. population  
\*\*Hispanics can be of any race.

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

*Statistical News* is published bimonthly by the Bureau of Health Statistics, Pennsylvania Department of Health, 555 Walnut St., 6th Floor, Harrisburg, PA, 17101-1900. Please write, telephone (717-783-2548) or FAX (717-772-3258) us if you have any questions regarding the contents of this newsletter. Visit the Health Statistics section of the Department's web site at [www.health.state.pa.us/stats/](http://www.health.state.pa.us/stats/) to access additional health statistics and reports.

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*Robert S. Zimmerman, Jr., M.P.H.  
Secretary of Health*

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