
STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 32 No. 1 ♦ Jan/Feb 2009

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Third Annual Rise in Low Birth Weight Babies

Percent Low Birth Weight Highest Among Blacks, Teens and Older Mothers

Low birth weight births have been on the rise nationally and in Pennsylvania. The percentage of low birth weight babies for the United States has risen from 7.6 percent in 2000 to 8.2 percent in 2005. *Continue reading this article>>>*

Males and Alcohol Abuse and Injury Deaths

More Adult Males Abuse Alcohol and Die from Alcohol-Related Injuries

Alcohol abuse has been associated with the increased risk of motor vehicle accidents, injuries, violence, and suicide ("General Information on Alcohol Use and Health", Division of Adult and Community Health... *Continue reading this article>>>*

Survey & Evaluation Templates for DOH Staff Use

Standardized Templates Help Provide Consistency Throughout the DOH

Templates for training evaluation, customer satisfaction surveys, and staff cross-training are now available on the Data Driven Management (DDM) Intranet for Department staff use. *Continue reading this article>>>*

Healthy People 2010: Coronary Heart Disease Deaths

Obj 12-01 - Reduce coronary heart disease deaths....Target: 166 deaths per 100,000

Pennsylvania's age-adjusted death rate for coronary heart disease consistently declined throughout the five-year period of 2002-2006. In 2004, the Pennsylvania rate for all residents surpassed the national... *Continue reading this article>>>*

Third Annual Rise in Low Birth Weight Babies

Percent Low Birth Weight Highest Among Blacks, Teens and Older Mothers

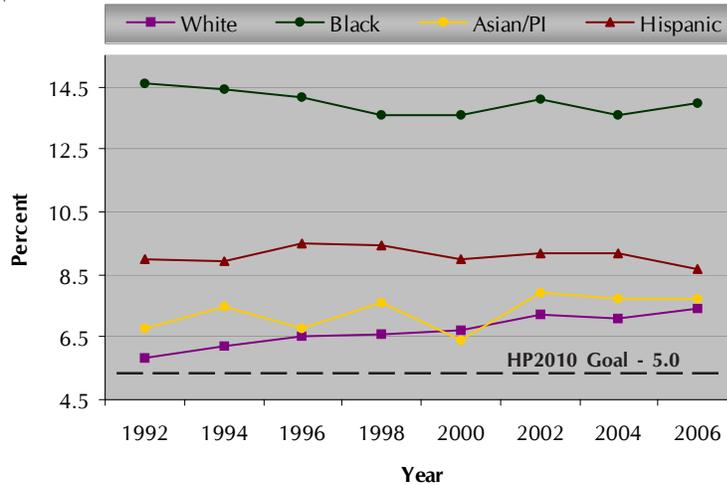
Low birth weight births have been on the rise nationally and in Pennsylvania. The percentage of low birth weight babies for the United States has risen from 7.6 percent in 2000 to 8.2 percent in 2005. It has risen 22 percent since 1984 (6.7). For Pennsylvania resident live births, the percent of low birth weight babies increased in 2006 for the third consecutive year (see Chart 1). In 2006, there were 12,479 (8.5 percent of all births) resident live births which resulted in a low birth weight baby. This is higher than the 12,045 (8.3 percent) resident low birth weight births in 2005. In 2006, 1.6 percent of Pennsylvania resident live births resulted in a very low birth weight baby.

Low birth weight is defined as less than 2500 grams (5 lbs. 9 ounces) and very low birth weight is defined as less than 1500 grams (3 lbs 5 ounces). Birth weight is a topic of interest because studies have shown the lower the birth weight, the greater the risk of poor outcome. For example, in 2004, nearly one-quarter of very low birth weight infants in the U.S. did not survive the first year of life while only about one-half of one percent of normal weight infants did not survive the first year. Increases in multiple births, obstetric interventions such as induction of labor and cesarean delivery, and older maternal age at child bearing may be influencing the trend towards lower birth weight. Smoking during pregnancy has long been associated with an elevated risk of low birth weight. In 2005, for states that implemented the 2003 revision of the U.S. Certificate of Live Birth, 11.9 percent of babies born to smokers were low birth weight, compared to 7.5 percent of babies born to non-smokers (www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf).

The following reviews statistics on low birth weight for Pennsylvania residents, compared to the United States, and by various demographic features and risk factors.

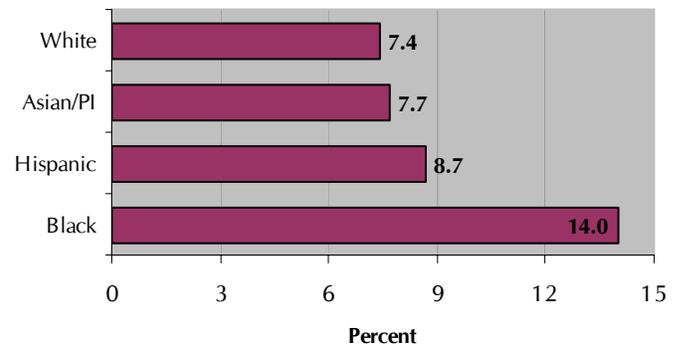
The low birth weight percentage for births among Black residents of Pennsylvania is almost twice as high as the percentage for the other race/ethnicity groups.

Chart 1
Percent Low Birth Weight Births by Race and Hispanic Origin
Pennsylvania Resident Live Births, 1992-2006



Notes: Hispanics can be of any race. Unknowns excluded from calculations.

Chart 2
Percent Low Birth Weight by Mother's Race/Ethnicity
Pennsylvania Resident Live Births, 2006



Notes: Hispanics can be of any race. Unknowns excluded from calculations.

Pennsylvania and United States Comparisons:

The percent of low birth weight babies for the U.S. in 2005 (latest available) was 8.2. The Pennsylvania percent of 8.5 (2006 data) is slightly higher than this latest U.S. figure.

Low birth weight by race of mother shows a slightly higher percentage for Pennsylvania (2006) compared to the U.S. (2005) for Whites (7.4 vs. 7.2) and Blacks (14.0 vs. 13.6). The percent for those of Hispanic origin were much higher for Pennsylvania (8.7) than for the United States (6.9). However, among Asian/Pacific Islander mothers, the percentage of low birth weight babies was lower for Pennsylvania (7.7 vs. 8.0) than for the United States.

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Third Annual Rise in Low Birth Weight Babies

Low birth weight babies occur more often among young mothers (under 20 years of age) and older mothers (age 40 and older).

Race/Ethnicity:

The low birth weight percentage for births among Black residents of Pennsylvania is almost twice as high as the percentage for the other race/ethnicity groups (see Chart 2). In 2006, 14.0 percent of

resident live births among Black mothers resulted in low birth weight. This is almost twice as high as the 7.4 percent for White mothers. For Asian/Pacific Islanders, the percent of low birth weight was 7.7 which is slightly higher than the percentage for Whites. Births among mothers of Hispanic origin in 2006 resulted in 8.7 percent being low birth weight – higher than the percentages for White and Asian/Pacific Islander mothers, but considerably lower than the figure for Black mothers. A closer look at 2006 births to Black mothers shows a very low birth weight percentage of 3.6. This is almost three times higher than the corresponding Pennsylvania figures for Whites (1.3), Asian/Pacific Islanders (1.1) and Hispanics (1.4).

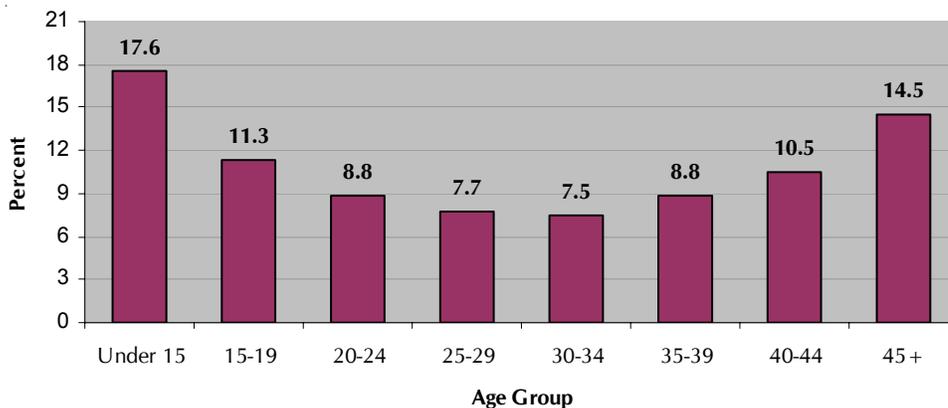
Age of Mother:

Low birth weight babies occur more often among young mothers (under 20 years of age) and older mothers (age 40 and older). Chart 3 shows that Pennsylvania resident live births to mothers under 15 years of age had the highest percentage of low birth weight babies (17.6 percent) in 2006. The second highest percentage was for mothers age 45 and older (14.5 percent). Mothers 15-19 years old had a low birth weight percentage of 11.3 and mothers aged 40-44 had a percentage of 10.5. The age group with the lowest percentage of low birth weight was for mothers aged 30-34 years (7.5 percent). Percentages for very low birth weight showed similar patterns. The percentage of very low birth weight babies to mothers under the age of 20 and to mothers aged 40 and older was 2.2. Only 1.5 percent of babies were very low birth weight for mothers between the ages of 20 and 39.

Tobacco Use/Method of Delivery:

Mothers who smoked during pregnancy and mothers who had cesarean-sections were more likely to deliver low birth weight

Chart 3
Percent Low Birth Weight by Age of Mother
Pennsylvania Resident Live Births, 2006



Note: Unknowns excluded from calculations.

babies than those who did not smoke during pregnancy and those who had vaginal births. In 2006, 12.7 percent of Pennsylvania resident live births resulted in low birth weight babies when the mother smoked during pregnancy. Only 7.4 percent of births to mothers who did not smoke were low birth weight. Among births to mothers who delivered by cesarean-section, 13.3 percent were low birth weight, while the percentage for births to mothers who delivered vaginally was only 6.4 percent.

County of Residence:

Philadelphia County and counties in the western part of the state had the highest percentages of low birth weight in 2006. The county with the highest low birth weight percentage in 2006 was Philadelphia (11.5 percent). The second highest percentage was for residents of Cambria County (10.2 percent). The third highest was Jefferson County (10.1 percent), followed by Elk and then Fayette counties. Of these five counties, only Philadelphia and Cambria had a significantly higher percentage in 2006, compared to the corresponding state figure.

Counties in the central and eastern portions of the state had the lowest percentages of low birth weight babies. Snyder County had the lowest percentage (4.8) in 2006. The next lowest

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Mothers who smoked during pregnancy and mothers who had cesarean-sections were more likely to deliver low birth weight babies...

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Third Annual Rise in Low Birth Weight Babies

2006 percentage was for residents of Wayne County (5.2). The third lowest was Union County (5.3) followed by Bedford County (5.4). These counties all had significantly lower percentages when compared to the state.

Trends:

The percent of low birth weight babies to Pennsylvania resident mothers increased in 2006 for the third consecutive year. Chart 1 shows that the percent has risen from 7.2 in 1992 to 8.5 in 2006. The percent of low birth weight has decreased from one year to the next only twice since 1992. The national Healthy People 2010 goal for low birth weight infants is 5.0 percent. With the percentage increasing in recent years, Pennsylvania appears very unlikely to meet this national goal.

Singleton versus Multiple Births:

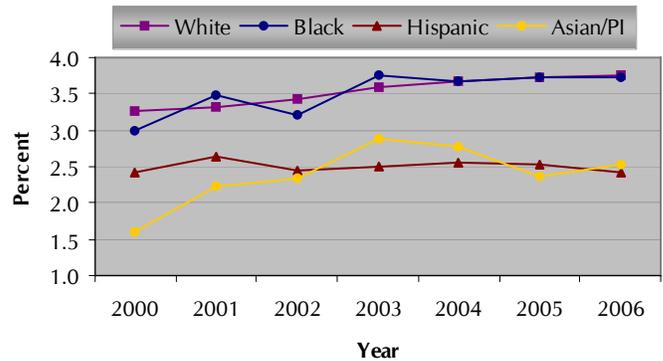
As mentioned earlier in this article, increases in the multiple birth rate and the related increases in use of infertility therapies may have influenced the trend towards lower weight at birth. Chart 4 shows that during the 2000-2006 period, the percentage of live births resulting in multiple births has been increasing among White and Black mothers in Pennsylvania. The rates were also somewhat higher among Asian/Pacific Islander mothers in recent years. Among Black residents, the percent of multiple births increased from a low of 3.0 percent in 2000 to 3.7 percent in 2005 and 2006. The percentage of multiple births among White mothers in Pennsylvania increased from 3.3 percent in 2000 to 3.7 percent in 2005 and 2006.

Although the increase in the rate of multiple births, which tend to be born much smaller than singletons, may have influenced the increasing trend in low birth weight babies, the percentage of low birth weight babies for singleton births has also been on the rise, at least among White resident mothers (see Chart 5). During the seven-year period of 2000-2006, the percentage of low birth weight babies born to White mothers went from 5.1 percent in 2000 to 5.5 percent in 2005 and 2006. No discernible trend in low birth weight rates for singleton births were observed during this same time period among Black, Asian/Pacific Islander or Hispanic mothers in Pennsylvania.

For questions regarding the statistics presented in this article, please contact the Bureau of Health Statistics and Research at 717-783-2548. Additional statistics on low birth weight can be accessed on the Health Statistics web pages at www.health.state.pa.us/stats.

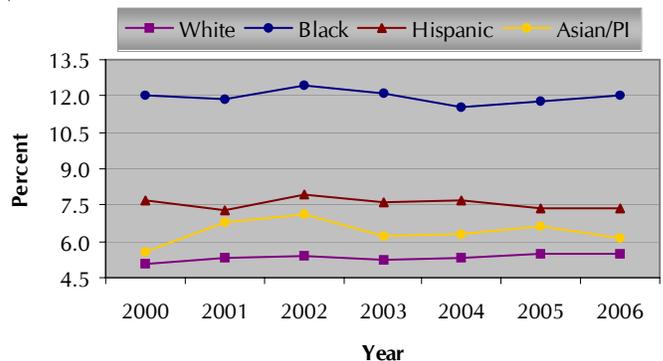
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Chart 4
Percent Multiple Births by Mother's Race/Ethnicity
Pennsylvania Resident Live Births, 2000-2006



Notes: Hispanics can be of any race. Unknowns excluded from calculations.

Chart 5
Percent Low Birth Weight for Singleton Births
by Mother's Race/Ethnicity
Pennsylvania Resident Live Births, 2000-2006



Notes: Hispanics can be of any race. Unknowns excluded from calculations.

Males and Alcohol Abuse and Injury Deaths

More Adult Males Abuse Alcohol and Die from Alcohol-Related Injuries

Alcohol abuse has been associated with the increased risk of motor vehicle accidents, injuries, violence, and suicide (“General Information on Alcohol Use and Health”, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, August 2008). In Pennsylvania, the rate of fatal motor vehicle crashes that involved alcohol was 4.4 per 100,000 in 2006. This is slightly above the Healthy People 2010 goal of 4.0 per 100,000 but when you look at the specific rates for Pennsylvania men compared to women, you see a male rate (7.1 per 100,000) that is nearly four times the female rate (1.9 per 100,000). This also makes the disparate rate for men nearly double the rate of the Healthy People 2010 goal.

The Division of Adult and Community Health’s (CDC) Alcohol-Related Disease Impact (ARDI) System estimates that 34 percent of unintentional drowning deaths, 32 percent of unintentional fall deaths, 42 percent of deaths due to fire, 29 percent of poisoning deaths (not including alcohol poisoning), 23 percent of suicide deaths, and 47 percent of homicide deaths in Pennsylvania are attributable to alcohol abuse each year. Using these percentages, the number of deaths due to alcohol for each category can be estimated for 2006. A total of 100 unintentional drowning deaths occurred among Pennsylvania residents, 34 deaths of which can be estimated to be alcohol attributable according to the ARDI system associated percentage. The estimated numbers of deaths can be attributed to alcohol using the ARDI percentages as follows: unintentional falls (305); (unintentional) fire, smoke, and flame (74); poisoning of all types (495); suicide (316); and homicide (357).

For each of the types of death mentioned in the previous paragraph, male Pennsylvanians contributed the majority of the deaths in all cases (see charts 1-6). Males accounted for 85 percent of unintentional drowning deaths (85 deaths); 52 percent of unintentional fall deaths (493 deaths); 57 percent of fire, smoke, and flame unintentional deaths (99 deaths); 71 percent of poisonings deaths (1,218 deaths); 83 percent of suicide deaths (1,134 deaths); and 84 percent of homicides (638 deaths). Since 1990, some of these injury deaths have generally declined (unintentional drowning and fire, smoke, and flame) while others generally increased (unintentional falls and poisoning) or did not change (suicide and homicide). However, what has been consistent within all of these trends is that males have been the primary contributors to these deaths.

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Men have consistently shown to be far more prone to injury death and alcohol abuse compared to women in Pennsylvania.

Charts 1-6
Age-Adjusted Death Rates for Selected Causes by Sex, Pennsylvania Residents, 2006

Chart 1
Drowning and Submersion (accidental)

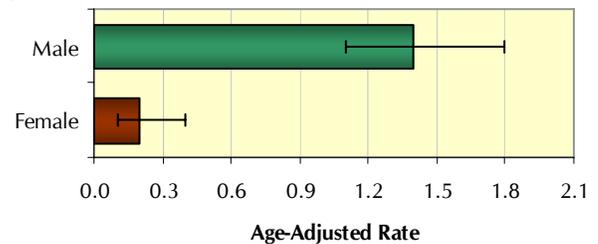


Chart 2
Falls (accidental)

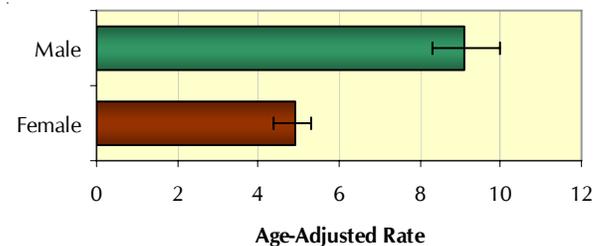


Chart 3
Poisoning (accidental, suicide, homicide, undetermined, legal Intervention)

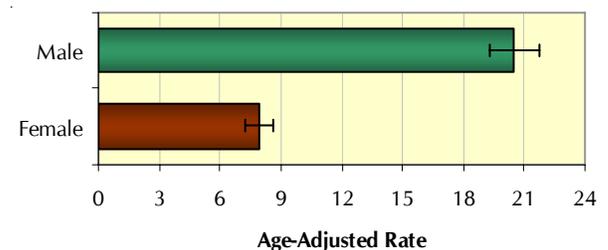
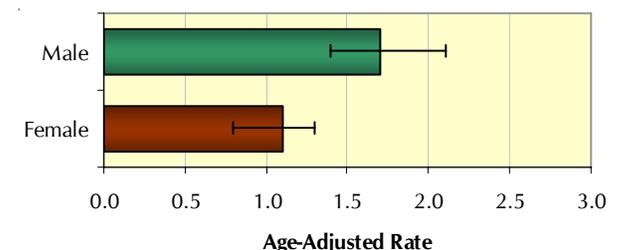


Chart 4
Fire, smoke, and flames (accidental)



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Males and Alcohol Abuse and Injury Deaths

This information leads to a review of the alcohol consumption percentages among the Pennsylvania resident adult population. In 2007, 16 percent (95% CI: 15-18) of Pennsylvania adults were estimated to have engaged in binge drinking (defined as 5 alcoholic drinks for men and 4 for women on one or more occasions in the past month), 5 percent (CI: 4-6) were considered chronic drinkers (defined as 2 or more alcoholic drinks every day in the past 30 days), and 5 percent (CI: 4-6) were heavy drinkers (defined as more than 2 drinks per day for men and more than 1 drink per day for women). As was seen with the alcohol-attributed deaths, charts 7-9 show that men were also significantly more likely than women (23 percent, CI: 20-25) vs. (10 percent, CI: 9-12) to binge drink, chronically drink (9 percent, CI: 8-11) vs. (2 percent, CI: 1-2), and drink heavily (7 percent, CI: 6-9) vs. (4 percent CI: 3-5).

Men have consistently higher percentages for binge drinking in every age group and in nearly every year since 2001, compared to women. Also, significantly higher percentages are generally seen in younger age groups compared to older age groups for both men and women since 2001. This appears to lower the effect of age as a confounding factor in the comparison between men and women for these alcohol consumption risk factors. It also suggests that younger adult men contribute the most to these risk factor percentages. As with the injury death data trends previously reviewed, since 2001, males have emerged as the primary contributors to the percentage prevalence for binge and chronic drinking, and since 2003 for heavy drinking.

Pennsylvania's age-adjusted percent (16 percent, CI: 14-18) prevalence in 2007 for binge drinking is the same as the national median (consists of the 50 states, Washington D.C., and the U.S. territories) but falls very short of meeting the Healthy People 2010 goal of an age-adjusted percentage of 6 percent. Pennsylvania's overall percentage for binge drinking is greatly influenced by the age-adjusted percentage of Pennsylvania men (23 percent, CI: 20-26) but Pennsylvania women still do not meet the Healthy People 2010 goal (10 percent, CI: 8-12).

Men have consistently shown to be both far more prone to injury death and heavier alcohol consumption compared to women in Pennsylvania. It has also been suggested by results

Charts 1-6 (continued)
Age-Adjusted Death Rates for Selected Causes by Sex, Pennsylvania Residents, 2006

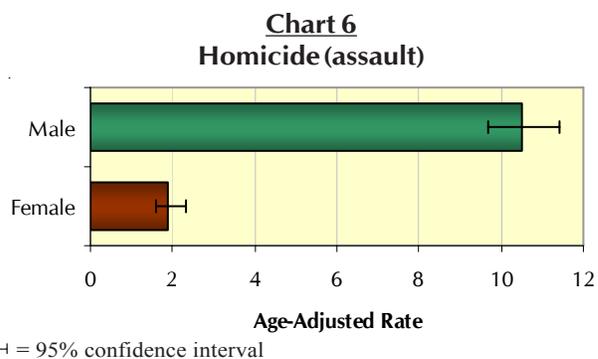
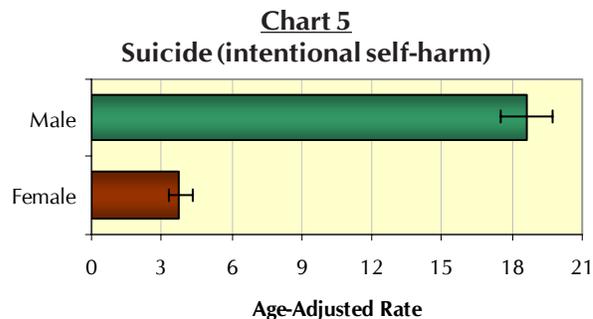
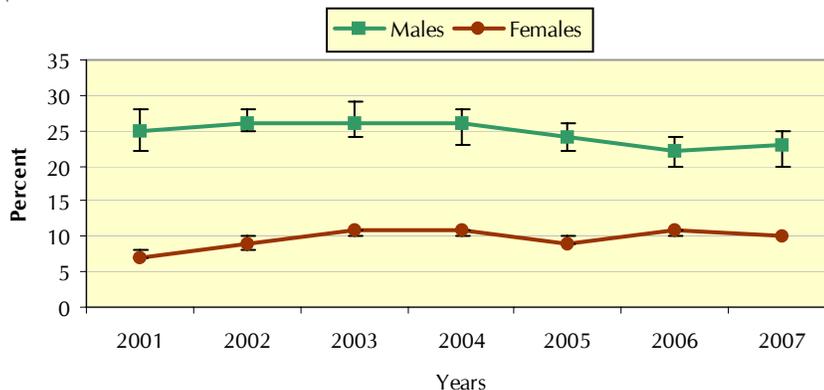


Chart 7
Percent Binge Drinking Among Pennsylvania Adult Residents (5 drinks for men and 4 drinks for women on 1 or more times in the past month) Behavioral Risk Factor Surveillance System, 2001-2007



□ = 95% confidence interval

from the CDC's Division of Adult and Community Health Alcohol-Related Disease Impact (ARDI) System that alcohol consumption has a notable influence on the occurrence of injury death. It can be further suggested that mitigating the abuse of

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Males and Alcohol Abuse and Injury Deaths

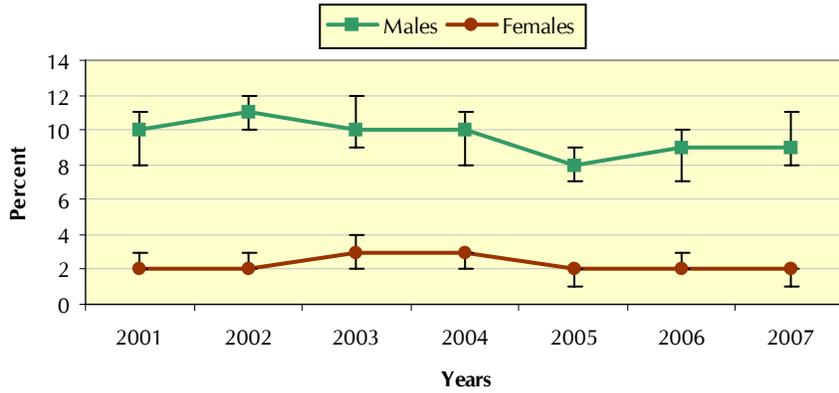
...mitigating the abuse of alcohol in the adult male population in Pennsylvania should have a significant effect on the overall rates of various injury deaths...

alcohol in the adult male population in Pennsylvania should have a significant effect on the overall rates of various injury deaths, as reviewed in this article.

For questions regarding the statistics presented in this article, please contact the Bureau of Health Statistics and Research at 717-783-2548. Additional behavior risk (BRFSS) and death statistics can be accessed on the Health Statistics web pages at www.health.state.pa.us/stats.

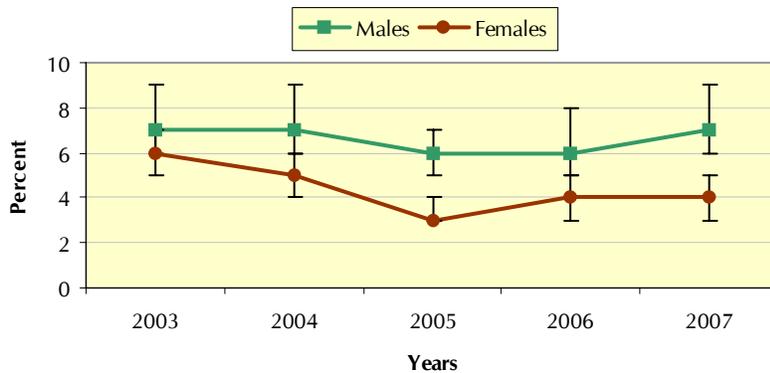
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Chart 8
Percent Chronic Drinking Among Pennsylvania Adult Residents
(Average of 2 drinks or more every day in the past 30 days)
Behavioral Risk Factor Surveillance System, 2001-2007



I = 95% confidence interval

Chart 9
Percent at Risk for Heavy Drinking Among Pennsylvania Adult Residents
(greater than 2 drinks per day for men or greater than 1 drink per day for women)
Behavioral Risk Factor Surveillance System, 2003-2007



I = 95% confidence interval

Survey & Evaluation Templates for DOH Staff Use

Standardized Templates Help Provide Consistency Throughout the DOH

Templates for training evaluation, customer satisfaction surveys, and staff cross-training are now available on the Data Driven Management (DDM) Intranet for Department staff use. The primary objective of Operation Template (as the project is called) is to enhance the consistency of Department of Health (DOH) forms, procedures and processes through the development of standardized templates for surveys, program development, etc. Providing programs and offices with easily accessible templates (on the DOH Intranet) will result in less time researching, developing, analyzing and reworking.

There is another benefit to DOH users of templates such as training surveys. If only minor changes are made to customize an Operation Template survey, DOH staff may be eligible to waive the survey approval requirement and thereby expedite the process for all parties.

The following templates are available as part of Operation Template Version 1 and the links to the templates are embedded in the tables below:

- Training Evaluation Surveys
- Cross Training/Critical Function Backup Plans
- Customer Satisfaction Surveys

If your program has a survey that you feel is a best practice that other DOH programs might benefit by adopting/tailoring, please submit it to the Program Evaluation Section via cabberger@state.pa.us or call 717-783-2548. You and your program will receive credit as the providers of this information.

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Training Evaluations for Attendees to Complete

Template Purpose: Assists staff in measuring satisfaction of attendees at various types of training.

Template Name	Word	PDF
DOH Course Evaluation Pre/Post Test Form	DOH Course Evaluation Pre/Post Test (Word)	DOH Course Evaluation Pre/Post Test (PDF)
Public Health Institute Course Evaluation Form	Public Health Institute Course Evaluation (Word)	Public Health Institute Course Evaluation (PDF)
Public Health Institute Overall Evaluation	PHI Overall Evaluation example (Word)	PHI Overall Evaluation example (PDF)

Customer Satisfaction Survey

Template Purpose: Allows staff to gauge customer satisfaction with service delivery measures (i.e. the importance of the product or service to the customer and the performance of the PA DOH in providing the product or service.)

Template Name	Word	PDF
Customer Satisfaction Survey	Customer Satisfaction Survey (Word)	Customer Satisfaction Survey (PDF)

Cross-Training/Critical Function Back-up Outline

Template Purpose: Provides an outline of information to have on hand to assist in creating a plan for a critical function cross-training or an extended absence.

Template Name	Word	PDF
Critical Function Cross Training Plan Instructions	Critical Function Cross Training Plan (Word)	Critical Function Cross Training Plan (PDF)
Critical Function Cross Training Plan Sample	Critical Function Cross Training Plan (Excel)	N/A

Update: Healthy People 2010 Objectives

Focus Area 12: Heart Disease and Stroke

12-01 - Reduce coronary heart disease deaths... 2010 Target: 166 deaths per 100,000

All Deaths and by Sex:

Pennsylvania's age-adjusted death rate for coronary heart disease consistently declined throughout the five-year period of 2002-2006. In 2004, the Pennsylvania rate for all residents fell below the national Healthy People 2010 goal of 166.0.

There were 22,727 resident deaths in 2006 due to coronary heart disease, resulting in an age-adjusted rate of 153.1 per 100,000 2000 U.S. standard million population. In 2002, there were 27,417 such deaths among residents for a rate of 184.3 per 100,000.

The age-adjusted death rate among female residents declined between 2002 and 2006 and have consistently been lower than the HP2010 goal. The annual rates among male residents have been about 60 to 75 percent higher compared to females and have also declined but remained higher than the HP2010 goal.

By Race and Hispanic Origin:

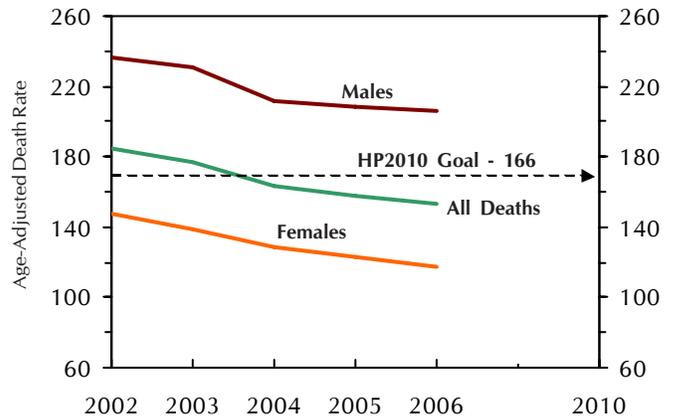
Black residents have much higher age-adjusted death rates for coronary heart disease, compared to White and Hispanic residents. The 2006 rate for Black residents was 177.7 per 100,000 2000 U.S. standard million population, compared to 152.2 for Whites and 72.1 for Hispanics.

During the five-year period of 2002-2006, the age-adjusted coronary heart disease death rates for White, Black and Hispanic residents have declined.

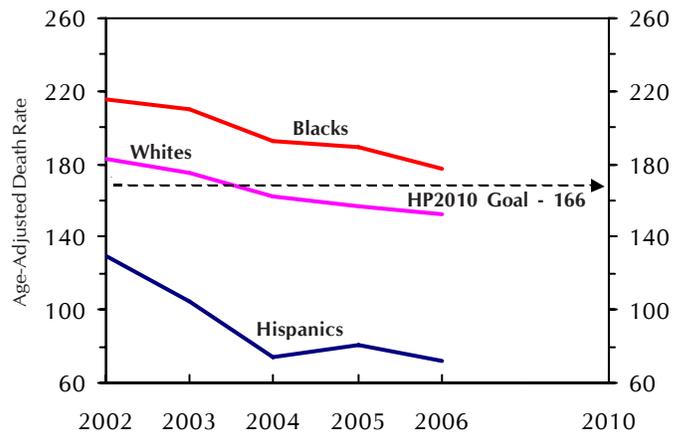
The HP2010 national goal is for an age-adjusted death rate of 166.0 per 100,000. The annual death rates among Hispanic residents have been consistently lower than the national goal throughout this five-year period and, among Whites, have been lower since 2004. Among Blacks, the rate needs to decline by about seven percent to reach the national goal.

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Coronary Heart Disease Age-Adjusted Death Rates*
All Deaths and by Sex
Pennsylvania Residents, 2002-2006



By Race & Hispanic Origin**
Pennsylvania Residents, 2002-2006



Coronary Heart Disease Age-Adjusted Death Rates*
By Sex, Race, and Hispanic Origin
Pennsylvania Residents, 2002-2006

	2002	2003	2004	2005	2006
All Deaths	184.3	177.0	163.7	158.2	153.1
Males	236.2	231.3	212.0	208.1	206.4
Females	147.6	138.5	129.0	122.5	117.2
Whites	183.0	175.7	162.4	156.7	152.2
Blacks	215.3	209.5	193.1	189.8	177.7
Hispanics**	129.9	104.5	74.5	81.1	72.1

*per 100,000 age-adjusted to the 2000 U.S. standard million population
**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. 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.