

# STATISTICAL NEWS

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## Healthy People 2010: Heart Disease and Stroke

*Obj 12-07 - Reduce stroke deaths.... 2010 Target: 48 deaths per 100,000*

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# Deaths from Infectious/Parasitic Diseases Reviewed

## *Infectious and Parasitic Diseases Still Challenge Health Professionals*

**I**nfectious and parasitic diseases are a leading cause of death world-wide and have continued to rise in the United States. Some of the more commonly known infectious diseases include HIV, malaria, septicemia, viral hepatitis and tuberculosis. These and many other infectious diseases are caused by bacteria, viruses, parasites and fungi.

There are three main modes by which a disease can be transmitted. Direct transmission refers to the infected individual coming in immediate contact with the infectious agent. Indirect transmission occurs when the infected individual contacts a vehicle (infected inanimate object or material) or vector (any living creature that transmits infectious agents to humans). Finally, airborne transmission occurs when an infectious agent is spread as an aerosol and usually enters through a person's respiratory tract (<http://www.cdc.gov/>).

Through the effective utilization of vaccinations for common diseases and antibiotics for bacterial infections, there is a perception that infectious and parasitic diseases do not pose a major public health threat. However, with new epidemics emerging and old diseases reappearing (some now resistant to antibiotics), infectious and parasitic diseases are still a challenge to health professionals.

### **Pennsylvania and United States**

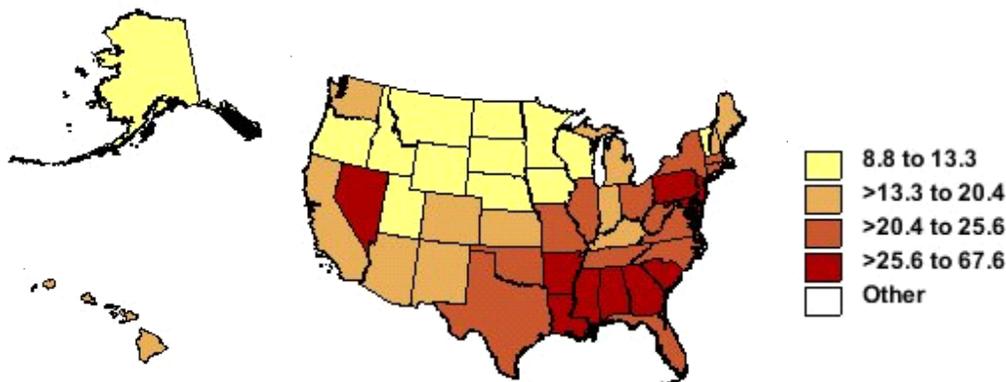
According to the Center for Disease Control and Prevention's (CDC) website, in 2005 (latest available) infectious and parasitic diseases were the cause of 66,507 deaths in the United States. Out of the fifty states and Washington D.C., Pennsylvania tied with Arkansas for having the eleventh highest rate of infectious and parasitic disease-related deaths. Pennsylvania deaths accounted for 5.9 percent (3,945 deaths) of the infectious disease-re-

**(In 2005)...Pennsylvania tied with Arkansas for having the eleventh highest rate of infectious and parasitic disease-related deaths.**

lated deaths reported among U.S. residents for 2005. Washington D.C., followed by the states of Louisiana, Maryland, New Jersey and Mississippi had the highest age-adjusted infectious disease-related death rates in the United States. The top ten states (including Washington D.C.) represented 20.8 percent of the total deaths due to infectious and parasitic diseases in 2005. North Dakota rounded out the list with the lowest age-adjusted death rate (8.8 per 100,000).

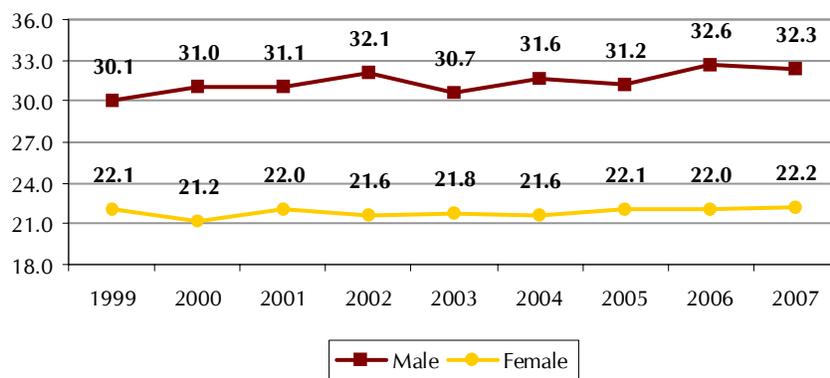
*continue reading this article >>>*

**Age-Adjusted Death Rates\* Due to Infectious and Parasitic Diseases United States, 2005**



Source: CDC Wonder Map \* per 100,000 adjusted to the 2000 U.S. standard million population

**Annual Age-Adjusted Death Rates For Infectious and Parasitic Diseases By Sex, Pennsylvania Residents, 1999-2007**



Continued...

## Deaths from Infectious/Parasitic Diseases Reviewed

As illustrated in the map on the previous page, the southern and eastern portions of the United States had the highest infectious/parasitic disease-related death rates. The 2005 age-adjusted death rate for Pennsylvania (25.8 per 100,000) for these specific deaths was over 18 percent higher than the comparable U.S. rate of 21.8. (<http://wonder.cdc.gov/>)

### Sex and Race

In 2007, the Pennsylvania age-adjusted death rate caused by infectious and parasitic diseases was over 45 percent higher for males compared to female residents (32.3 versus 22.2 per 100,000). The chart on the previous page shows that the annual death rates for males in Pennsylvania have been higher than for females throughout the 1999-2007 period. During this period, no discernible trends were observed among female residents, but rates among males were slightly higher in recent years.

The table below shows the average annual age-adjusted death rates due to infectious and parasitic diseases for Pennsylvania by race and Hispanic origin. The average annual death rates were highest among Black residents during the seven, three-year summary periods of 1999-2001 through 2005-2007. In fact, the infectious and parasitic disease-related death rates among Blacks were approximately two times higher than the rates for Hispanic residents and were about three times higher than the rates for White residents. Among the four race/ethnic groups, Asian/Pacific Islanders had the lowest average annual age-adjusted death rates caused by infectious and parasitic diseases during the three-year periods followed closely by Whites.

The death rates for infectious and parasitic diseases among White residents has been somewhat higher in recent

**...the infectious and parasitic disease-related death rates among Blacks were approximately two times higher than the rates for Hispanic residents and were about three times higher than the rates for White residents.**

years. However, these same average annual rates have displayed a declining trend among Asian/Pacific Islander, Black and Hispanic residents.

### Age

During the 2005-2007 period, 70 percent of the resident deaths due to infectious and parasitic diseases among those under 20 years old were to residents under five years of age, resulting in an age-specific death rate of 3.5 per 100,000. The death rate dropped dramatically for the next five-year age group and then increased steadily with advancing age. The highest age-specific rate during the 2005-2007 period was recorded among residents age 85 and older (421.4 per 100,000).

### County

During 2005-2007, four counties (Cumberland, Dauphin, Northumberland and Philadelphia) had average annual age-adjusted death rates for infectious and parasitic diseases that were significantly higher than the corresponding rate for Pennsylvania (26.2 per 100,000). Clinton county had the lowest average annual rate (9.9) for deaths due to infectious and parasitic diseases for the same time period.

*continue reading this article>>>>*

**Three-Year Average Annual Age-Adjusted Death Rates  
For Infectious and Parasitic Diseases, By Race and Hispanic Origin  
Pennsylvania Residents, 1999-2001 through 2005-2007**

| <u>Race/Ethnicity</u> | <u>1999-01</u> | <u>2000-02</u> | <u>2001-03</u> | <u>2002-04</u> | <u>2003-05</u> | <u>2004-06</u> | <u>2005-07</u> |
|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| All Persons           | 25.8           | 25.9           | 26.0           | 26.0           | 26.0           | 26.2           | 26.2           |
| Whites                | 21.4           | 21.6           | 21.6           | 21.8           | 22.1           | 22.8           | 23.0           |
| Blacks                | 77.8           | 77.2           | 77.2           | 72.4           | 68.5           | 63.9           | 63.0           |
| Asian/PI*             | NA             | 23.0           | 20.3           | 21.2           | 19.7           | 18.3           | 17.0           |
| Hispanics**           | 43.4           | 44.8           | 41.4           | 41.4           | 37.9           | 35.2           | 33.1           |

\* Pacific Islanders

\*\* Hispanics can be of any race

NA = Data not available to calculate statistic

Note: Rates are per 100,000 and are computed by the direct method using the 2000 U.S. standard million population.

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Continued...

# Deaths from Infectious/Parasitic Diseases Reviewed

## Conclusion

Infectious and parasitic diseases are contracted by touching, eating, or drinking infected agents. Diseases are also spread by animal bites or stings and contact with infected people. When certain demographic or social groups are prone to higher rates of death caused by infectious and parasitic diseases, there are certain precautions that can be taken to help lower the chance of infections. According to the CDC, there are three major ways to slow the spread of disease. First, stopping the spread of bacteria and viruses is a primary concern. Hand washing, preparing and storing food properly, and controlling for pests are all ways to stop the spread of disease. Secondly, help your body protect itself by keeping vaccinations up to date, eating a balanced diet, exercising

regularly, and getting enough sleep. These will help keep your immune systems strong and able to fight infections. Finally, preventing antibiotic resistance can help everyone. Antibiotics do not protect you from viruses, only bacteria are susceptible to antibiotics. Taking antibiotics when they are not needed can lead to an infection in the future that is resistant to the treatment.

Explore the CDC website ([www.cdc.gov/](http://www.cdc.gov/)) for additional information on infectious and parasitic diseases. Additional infectious and parasitic disease-related death statistics for Pennsylvania can be found on the Health Statistics web pages at [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats).

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# BRFSS Sexual Violence Data: Results & Caveats

## *New Data on a Sensitive Problem Difficult to Measure*

In the 2008 Behavioral Risk Factor Surveillance System (BRFSS) survey, questions were asked of both men and women regarding past unwanted sexual experiences as well as violence in current or former relationships with an intimate partner. The two sex-related questions provide a new perspective on a set of issues that have been notoriously difficult to measure. In this article, the results of these sex-related questions as well as some of the problems discovered with the data are explored.

The BRFSS survey consists of telephone interviews used to collect sample data on various risk behaviors. As expected, women reported significantly higher percentages than men for having unwanted sex, 10 percent (95% CI: 8-12) versus 2 percent (CI: 1-3). Unfortunately, there was not enough sample (data) taken in 2008 to analyze the results by race or by sexual orientation. However, the results of these sexual violence-related questions were reviewed for females by categories of household incomes (shown below in Charts 1 and 2).

Women ages 18-54 living in households with income less than \$15,000 and with incomes of \$15,000 to less than \$35,000 showed significantly higher percentages of ever having unwanted sex than women of the same age living in households with an income of \$35,000 to \$75,000. Also, 34 percent (CI: 23-45) of women ages 18-54 with household income less than \$15,000 reported suffering violence from an intimate partner – significantly higher than the percentages among women in higher income brackets (\$35,000+). In general, women with the lowest household incomes were more prone to experience unwanted sex or intimate partner violence (IPV).

**In general, women with the lowest household incomes were more prone to experience unwanted sex or intimate partner violence (IPV).**

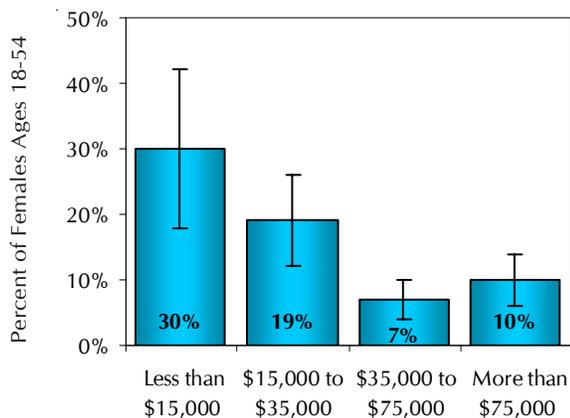
It is important to be careful not to jump to conclusions when interpreting these data. As was already pointed out, it is very difficult to accurately measure these sex-related issues. The insert on the next page shows the wording for the two sex-related questions asked in the 2008 BRFSS survey. The percentages recorded for both questions became smaller for the older age categories starting at about 55 years old. However, these are *lifetime* questions – "have you EVER experienced the event." As such, it would be expected that the percentages for unwanted sex or IPV would increase as the victim becomes older, and then perhaps level off after a certain age (when most of the unwanted sex or IPV occurs).

A number of issues may be influencing the percentages recorded for these questions, particularly by age group. For example, younger women who have suffered IPV or unwanted sex might be more willing than older women to discuss their experiences over the phone with a stranger. Younger women came of age at the same time these issues gained in recognition. Older women may be less comfortable with the topic and; therefore, be less candid in their disclosure. Perhaps there is more IPV and unwanted sex going on nowadays than thirty or forty years ago or definitions of unwanted sex and IPV may have broadened over the years. Even when consid-

*continue reading this article >>>*

**Chart 1**

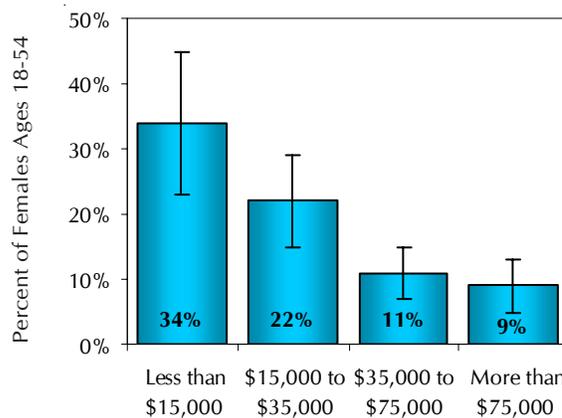
**Ever Had Any Unwanted Sex by Household Income Pennsylvania BRFSS, 2008**



┆ = 95% Confidence Interval Bars

**Chart 2**

**Ever Suffered Intimate Partner Violence (IPV) by Household Income, Pennsylvania BRFSS, 2008**



┆ = 95% Confidence Interval Bars

Continued...

# BRFSS Sexual Violence Data: Results & Caveats

ering the same circumstances, an older woman likely views the problem from a different potentially more accepting social context. Perhaps young women remember their abuse more vividly and feel more empowered to identify abuse in relationships.

It seems plausible that several possibilities may be influencing our percentages by age group. However, the percentage of women refusing to answer questions about IPV or unwanted sex is *significantly* higher among those ages 65 and older than among those under age 45. We must assume that among these refusals lies a certain percentage that actually experienced the events in question but who were reluctant to respond. Consequently, it would be imprudent to publish the results without taking into consideration the serious problem of under-reporting as a confounding influence. To help account for this, the rest of the analysis was restricted to women ages 18-54 and excluded those aged 55 years and older.

Even more problematic than the respondent's candor is the possibility that the questions are improperly worded to provide accurate measures. Unfortunately, there is strong evidence that frequent misinterpretation occurs with certain questions. Both of the sex-related questions are lifetime questions, but the single semantic difference is the specification in the second question of the perpetrator – by a “current or former intimate partner.” The first question, in contrast, asks about *anyone* as the perpetrator, inclusive of any current or former intimate partners. Therefore the second question is a subset of the first; meaning anyone answering ‘Yes’ to the second question must logically answer ‘Yes’ to the first. Yet over one-third of the women responding ‘Yes’ to the second question, indicating unwanted sex with an intimate partner, did *not* respond ‘Yes’ to the first question. Perhaps the question wording or an interviewer's emphasis on different parts of each question contributes to the mis-

taken responses. Alternatively, perhaps the explanation of what ‘unwanted sex’ includes, only provided as part of question two, elicits more responses for the IPV question. Whatever the reason, clearly the precision of each question is called into doubt by these mixed responses.

To continue with the analysis, any women (18-54) who answered ‘Yes’ to *either* question within the *did have unwanted sex* category were included. Using this approach we were able to make some compelling statements based on the 2008 BRFSS data. While perhaps victimization percentages should be higher for unwanted sex and IPV, it is reasonably assumed that those who indicated that they were sexually abused were being sincere. Consequently we may look *within* each set of responses (victim and reportedly non-victim) to compare prevalence of several covariates.

The table on the next page summarizes the results for both unwanted sex victimization and for intimate partner violence (IPV) among women 18-54. Those who *did* have unwanted sex display significantly higher percentages for tobacco use, being divorced or separated and having ‘not good’ mental health. These women also display higher percentages (than women who did *not* have unwanted sex) for alcohol abuse, obesity and being single. Women ages 18-54 who had unwanted sex were less likely to be married and they also had significantly lower percentages for emotional support and life satisfaction. Significant differences among intimate partner violence (IPV) subgroups mirror those observed in the unwanted sex subgroups.

It is important to review the associations or correlations displayed in the table for these sex-related questions. However, remember that association does not imply causation. For example, perhaps sex-related victimization leads one to become divorced or separated, or perhaps becoming divorced or separated leaves one more vulnerable to sexual victimization.

Another interesting set of correlations lies within the unwanted sex and IPV data itself. Among women who have been threatened with violence by an intimate partner, five out of six reported suffering violence at the time the survey was being conducted. Of the women who reported suffering violence, one third did not report having ever been threatened. Among women who have suffered unwanted sex, two-thirds also reported being victims of intimate partner violence. Such patterns offer valuable clues as to the nature of these problems even if the data are not sufficient to pinpoint the demographics.

Please contact the Bureau of Health Statistics and Research at 717-783-2548 for questions about this article. You can access additional BRFSS data by using our interactive web tool called EpiQMS at [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats).

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## Questions on Unwanted Sex Asked on the Pennsylvania BRFSS 2008 Survey

Q1: Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

Q2: Have you EVER experienced any unwanted sex by a current or former intimate partner?

[To be read in conjunction with Q2 above] "As a reminder, unwanted sex includes things like putting anything into your vagina, anus, or mouth or making you do these things after you said or showed that you didn't want to. It includes times when you were unable to consent."

Continued...

# BRFSS Sexual Violence Data: Results & Caveats

## Cross-Tabulation of Sex-Related Questions (Unwanted Sex and Intimate Partner Violence) by Various Measures, Pennsylvania BRFSS, 2008

| Covariate Measured                  | PA Women Ages 18-54   |       |   | PA Women Ages 18-54               |       |                                       |       |
|-------------------------------------|---|-------|---|-----------------------------------|-------|---------------------------------------|-------|
|                                     | Among those who did have unwanted sex   |       | Among those who did not have unwanted sex | Among those who have suffered IPV |       | Among those who have not suffered IPV |       |
| Emotional Support and Mental Health | "I always or usually get the social and emotional support I need"             | 63±10 | ↓   | 85± 3                             | 68± 8 | ↓                                     | 85± 3 |
|                                     | "I am generally satisfied or very satisfied with my life"                     | 83± 8 | ↓   | 94± 2                             | 83± 7 | ↓                                     | 95± 2 |
|                                     | Had one or more days during the past 30 where my mental health was 'not good' | 59±10 | ↑   | 42± 4                             | 67± 8 | ↑                                     | 40± 4 |
| Alcohol Consumption                 | Binge Drinking (four or more drinks on one occasion for females)              | 22±10 | ~   | 16± 3                             | 18± 8 | ~                                     | 16± 3 |
|                                     | Heavy Drinking (more than one drink per day for adult women)                  | 9±11  | ~   | 4± 2                              | 5± 3  | ~                                     | 5± 2  |
| Tobacco Use                         | "I have smoked at least 100 cigarettes in my life" (five packs)               | 66± 9 | ↑   | 39± 4                             | 66± 9 | ↑                                     | 39± 4 |
|                                     | "I now smoke every day or at least some days" (if smoked 100+ cigarettes)     | 71±13 | ↑   | 51± 6                             | 68±10 | ↑                                     | 51± 6 |
| BMI and Bodyweight                  | Neither Overweight nor Obese (BMI < 25)                                       | 38±10 | ~   | 50± 4                             | 43± 9 | ~                                     | 49± 4 |
|                                     | Overweight (25 ≤ BMI < 30)  | 30±10 | ~   | 26± 3                             | 26± 8 | ~                                     | 27± 3 |
|                                     | Obese (30 ≤ BMI)  | 32±10 | ~   | 24± 3                             | 31± 9 | ~                                     | 24± 3 |
| Marital Status and Maternity        | Married   | 39±10 | ↓   | 65± 4                             | 44± 9 | ↓                                     | 64± 4 |
|                                     | Divorced or Separated   | 25± 8 | ↑   | 9± 2                              | 22± 6 | ↑                                     | 9± 2  |
|                                     | Never Married (Single) or Unmarried Couple                                    | 35±11 | ~   | 25± 4                             | 32± 9 | ~                                     | 26± 4 |
|                                     | Mother (at least one child under 18 lives in the same household)              | 58±10 | ~   | 57± 4                             | 56± 8 | ~                                     | 57± 4 |

Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) 2008

Note: red background or up arrow = significantly higher for the covariate; blue background or down arrow = significantly lower for the covariate

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 sample 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 and questions added by the Pennsylvania Department of Health to obtain information needed by the Department that is unavailable elsewhere.

# 2007 Pennsylvania Death Data Now Available

## Top 20 Causes Show Heart Disease/Cancer Down; CLRD/Alzheimer's Up

The number of deaths among Pennsylvania residents declined slightly from 124,460 in 2006 to 123,967 in 2007. This marks the second consecutive decline and the sixth time in the past seven years that the annual number of deaths decreased for Pennsylvania residents.

The table below ranks the top 20 causes of death for 2007 and 2006. The number of resident deaths for the following causes *increased* from 2006 to 2007:

- Stroke
- Chronic lower respiratory disease (CLRD)
- Accidents
- Alzheimer's disease
- Septicemia
- Suicide
- Chronic liver disease and cirrhosis
- Essential hypertension/HRD
- InSitu/benign/uncertain neoplasms
- HIV disease

The number of resident deaths for the following causes *decreased* from 2006 to 2007:

- Heart disease

**The number of deaths for  
Pennsylvania residents aged 20-44  
decreased by almost 9% from 2006 to 2007.**

- Cancer
- Diabetes mellitus
- Nephritis/nephrotic syndrome/nephrosis
- Influenza and pneumonia
- Parkinson's disease
- Homicide
- Perinatal conditions
- Congenital malformations
- Atherosclerosis

Some data highlights for 2007 death statistics include the following. The number of deaths for Pennsylvania residents aged 20-44 decreased by almost nine percent from 2006 to

*continue reading this article >>>*

### Top 20 Major Causes of Death Pennsylvania Residents, 2007 and 2006

| 2007  |         | 2006               |   |        |
|---|---------|--------------------|---|--------|
| Total Deaths .....                                | 123,967 | Total Deaths ..... | 124,460   |        |
|   |         | <u>Rank</u>        |   |        |
| Heart Disease .....                               | 32,517  | 1                  | Heart Disease .....                               | 33,414 |
| Malignant Neoplasms (Cancer) .....                | 28,756  | 2                  | Malignant Neoplasms (Cancer) .....                | 28,955 |
| Cerebrovascular Disease (Stroke) .....            | 7,095   | 3                  | Cerebrovascular Disease (Stroke) .....            | 7,093  |
| Chronic Lower<br>Respiratory Disease (CLRD) ..... | 6,028   | 4                  | Chronic Lower<br>Respiratory Disease (CLRD) ..... | 5,578  |
| Accidents .....                                   | 5,458   | 5                  | Accidents .....                                   | 5,143  |
| Alzheimer's Disease .....                         | 3,488   | 6                  | Diabetes Mellitus .....                           | 3,444  |
| Diabetes Mellitus .....                           | 3,420   | 7                  | Alzheimer's Disease .....                         | 3,288  |
| Nephritis/Nephrotic Syn/Nephrosis .....           | 2,938   | 8                  | Nephritis/Nephrotic Syn/Nephrosis .....           | 3,067  |
| Influenza/Pneumonia .....                         | 2,521   | 9                  | Influenza/Pneumonia .....                         | 2,694  |
| Septicemia .....                                  | 2,456   | 10                 | Septicemia .....                                  | 2,452  |
| Intentional Self-Harm (Suicide) .....             | 1,416   | 11                 | Intentional Self-Harm (Suicide) .....             | 1,372  |
| Parkinson's Disease .....                         | 1,156   | 12                 | Parkinson's Disease .....                         | 1,175  |
| Chronic Liver Disease & Cirrhosis .....           | 1,071   | 13                 | Chronic Liver Disease & Cirrhosis .....           | 1,040  |
| Essential Hypertension/HRD .....                  | 990     | 14                 | Essential Hypertension/HRD .....                  | 963    |
| InSitu/Benign/Uncertain Neoplasms .....           | 800     | 15                 | Assault (Homicide) .....                          | 759    |
| Assault (Homicide) .....                          | 737     | 16                 | InSitu/Benign/Uncertain Neoplasms .....           | 754    |
| Perinatal Conditions .....                        | 617     | 17                 | Perinatal Conditions .....                        | 626    |
| Congenital Malformations .....                    | 385     | 18                 | Congenital Malformations .....                    | 405    |
| HIV Disease .....                                 | 371     | 19                 | Atherosclerosis .....                             | 396    |
| Atherosclerosis .....                             | 330     | 20                 | HIV Disease .....                                 | 360    |

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Continued...

## 2007 Pennsylvania Death Data Now Available

2007. Of the causes of death listed in the table, the one which increased the most for Pennsylvania residents was chronic lower respiratory disease where the number of deaths increased over eight percent from 2006 to 2007. Although the number of deaths due to heart disease declined by about 900, the selected cause with the largest percentage decrease was Atherosclerosis where the deaths decreased by close to 17 percent. One final data highlight is the number of infant deaths for Pennsylvania residents saw almost no change from 2006 (1,122 deaths) to 2007 (1,123 deaths).

A large volume and variety of data tables with 2007 mortality statistics, including data for all counties and municipalities in Pennsylvania, have been added to the Bureau of Health Statistics and Research web pages. To access the 2007 data, go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) and click on **Birth & Death Statistics** and then select **Birth and Death Statistics, 1990-2007**.

Each year when a new birth, death or cancer incidence annual data file is finalized and released, staff in the Bureau of Health Statistics and Research create and update thousands of pages of numerous cross tabulations that are used to respond to the many data requests we receive every year. These data tables are created in PDF file format (requires the free Adobe Reader software) and are added to the Health Statistics web pages to provide data users with an abundant variety of health statistics.

Health data users can easily access the latest available single-year (2006 for cancer incidence, 2007 for births and 2007 for deaths) and multiple-year summary (2002-2006 for

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To access the 2007 data,  
go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) and  
click on "Birth & Death Statistics" and then  
select "Birth and Death Statistics, 1990-2007."

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cancer incidence, 2003-2007 and 2005-2007 for births, and 2003-2007 for deaths) data tables. In most cases you will find exactly what you are looking for, since these tables have helped us answer many of our requests for birth, death and cancer statistics in the past.

Examples of mortality data currently available on the Health Statistics web pages include deaths by age, race, sex and cause. There are data available for each county and each municipality in Pennsylvania. There are also statistics available on specific ICD codes, month of death, method of disposition, and autopsy status. In addition, there are separate data tables on infant deaths and suicides.

For questions about these data, please contact the Bureau of Health Statistics and Research at 717-783-2548 or via an e-mail link from our website at [www.health.state.pa.us/stats](mailto:www.health.state.pa.us/stats).

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# Update: Healthy People 2010 Objectives

## Focus Area 12: Heart Disease and Stroke

12-07 - Reduce stroke deaths...

2010 Target: 48 deaths per 100,000

### All Stroke Deaths and by Sex:

Death rates due to stroke for all Pennsylvania residents and for both sexes, as displayed in the first graph on the right, show that the rate declined dramatically between 2003 and 2007. There were 7,095 stroke (or cerebrovascular disease) deaths among residents in 2007 for an age-adjusted rate of 46.9 per 100,000, compared to 8,180 and 53.7 in 2003. Among all resident stroke deaths, the annual age-adjusted rate had reached the national 2010 goal of 48 per 100,000 in 2005 and then continued to decline.

The annual stroke death rates for males were consistently higher than females. In fact, the 2007 rate for males was nearly 10 percent higher than the rate for females (49.4 versus 45.0, respectively). Among females, the national 2010 goal of 48 per 100,000 was reached in 2004 and has since continued to decline.

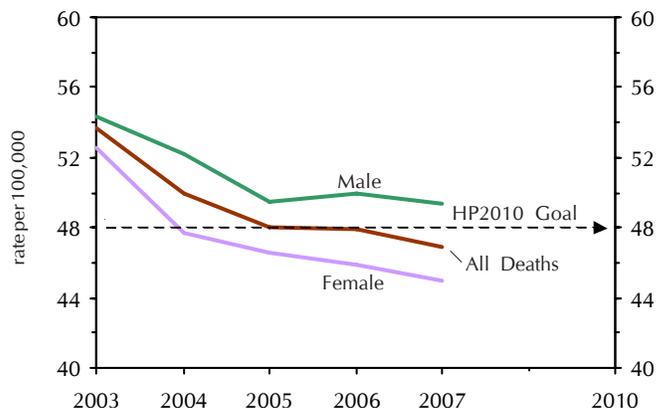
### By Race and Hispanic Origin:

The second graph on the right depicts annual age-adjusted death rates due to stroke by race and Hispanic Origin for 2003-2007 and large differences can easily be seen. The death rates for Black residents are about 30 to 50 percent higher than the rates for Whites. The death rates for Hispanic residents are lower than the rates for Whites and dramatically lower than the rates for Blacks. Rates among all three race/ethnic groups have been lower in recent years.

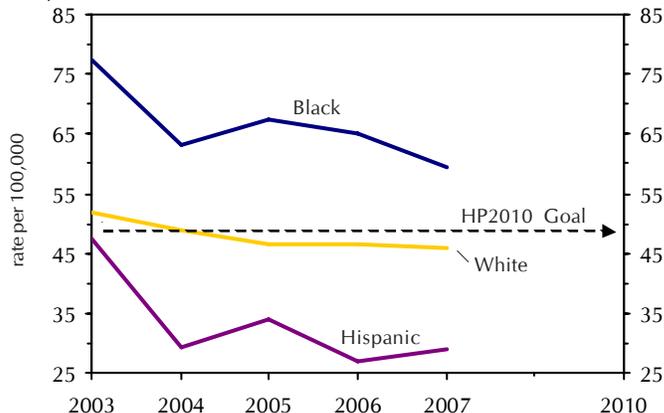
The annual death rates among Hispanic residents were below the HP2010 goal of 48 per 100,000 throughout this five-year period and, among Whites, have surpassed the goal since 2005. In order for Black residents to meet the national goal, the stroke death rate must decline by about 20 percent between 2007 and 2010.

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**Stroke Age-Adjusted Death Rates\***  
All Deaths and By Sex  
Pennsylvania Residents, 2003-2007



**By Race and Hispanic Origin\*\***  
Pennsylvania Residents, 2003-2007



\* per 100,000 age-adjusted to the 2000 U.S. standard million population  
\*\* Hispanic can be of any race

**Stroke Death Rates\***  
By Sex, Race, and Hispanic Origin\*\*  
Pennsylvania Residents, 2003-2007

|                  | 2003 | 2004 | 2005 | 2006 | 2007 |
|------------------|------|------|------|------|------|
| All Deaths ..... | 53.7 | 49.9 | 48.0 | 47.9 | 46.9 |
| Male .....       | 54.3 | 52.2 | 49.5 | 50.0 | 49.4 |
| Female .....     | 52.5 | 47.7 | 46.6 | 45.9 | 45.0 |
| White .....      | 52.0 | 48.9 | 46.5 | 46.7 | 45.9 |
| Black .....      | 77.5 | 63.0 | 67.4 | 65.0 | 59.6 |
| Hispanic** ..... | 47.6 | 29.3 | 33.9 | 27.0 | 29.1 |

\* 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](http://www.health.state.pa.us/stats). The latest available statistics as well as trend data are shown. Complete data sets for the state and counties can be downloaded. There is also a link to the national HP2010 web site.