

STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 27 No. 2 ♦ March 2004

2002 Births Are Lowest Number Ever Recorded

Low Birth Weight & C-Sections Increase Again; Teen Births Down

The number of resident live births for Pennsylvania in 2002 (142,380) was the lowest annual figure ever recorded for the state since 1915 when statewide birth statistics were first collected and released. The 2002 birth rate of 11.5 per 1,000 population was also the lowest rate ever recorded. In 2001, there were 143,404 resident live births for a rate of 11.7.

Pennsylvania's birth figures have generally been on the decline since the babyboom era ended back in the early 1960s. There was a short-lived increase in the annual figures during the late 1980s that resulted in 171,053 births being recorded in 1990 – the highest figure since 1971. However, the annual figures started back down again in the 1990s and continued to decline to their current lowest-ever level in 2002.

A quick review of other 2002 birth statistics also showed a rather dramatic increase in the percent of low birth weight, from 7.9 in 2001 to 8.2. This figure has been on the increase since the 1990s but only very slowly, from 7.2

The percent of births to mothers who received prenatal care in the first trimester remained at about 85 percent, as it has since 1997.

in 1990 to 7.7 in 2000. However, this figure has increased rather substantially in 2001 and again in 2002. The national Healthy People 2010 objective is for a low birth weight percentage of 5.0. Please see page 7 for a more detailed breakdown of recent low birth weight statistics by race/ethnicity and age of mother for the five-year period of 1998-2002.

The percent of births to mothers who received prenatal care in the first trimester remained at about 85 percent, as it has since 1997. The national Healthy People 2010 objective is set for 90 percent. Pennsylvania's figure had increased from 80 to 84 percent between 1990 and 1996 but

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2002 Final Death Data Show Trends Continue

Infant Deaths & Alzheimer's Up; Heart Disease & Cancer Down

Final death statistics for 2002 showed that the numbers of infant deaths and deaths due to Alzheimer's disease, nephritis/nephrosis, and Parkinson's disease continued to rise while deaths due to heart disease, cancer, homicide, and atherosclerosis continued to decline. In addition, there was a sharp increase in the number of deaths due to perinatal conditions in 2002.

Infant Deaths:

There were 1,081 deaths to Pennsylvania residents under one year of age in 2002 for a rate of 7.6 per 1,000 live births, compared to 1,038 and 7.2 in 2001. The 2001 figures were also an increase from the 1,023 and 7.0 recorded in 2000.

Pennsylvania's infant death rate has declined significantly over the years from 20.2 in 1970 to 13.2 in 1980, to 9.5 in 1990, and finally to its lowest ever – 7.0 in 2000. However, the two increases in the rate for 2001 and 2002 mark the first time this rate increased two years in a row since the 1920s.

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...infant deaths and deaths due to Alzheimer's disease, nephritis/nephrosis, and Parkinson's disease continued to rise while deaths due to heart disease, cancer, homicide, and atherosclerosis continued to decline.

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DEPARTMENT OF HEALTH

Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H.
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Updates to Technical Assistance Web Pages:

Bayesian and Nearest Neighbor Rates Explained and Discussed

A special report/discussion that explains the calculation and appropriate uses of Bayesian Smoothed, Bayesian Nearest Neighbor, and Mean Nearest Neighbor rates has been added to our Technical Assistance web pages. This new addition appears under the "Small Area Analysis" section and can be accessed from the Bureau's home page at www.health.state.pa.us/stats (select Technical Assistance).

These special rates are calculated for the maps generated

in our new interactive health statistics web tool, EpiQMS (Epidemiological Query and Mapping System). Bayesian and Nearest Neighbor rates are very useful since they can be calculated and reliably used when the number of events is very small (3+). They are estimated figures that are based on state or county rates for the entire state or only for those counties that border the county being studied. Because of this, they are especially well-suited for mapping purposes or other types of geospatial analyses.

Download Programs To Calculate Age-Adjusted Rates and SMRs

The Bureau of Health Statistics and Research has added Microsoft® Excel files to our Technical Assistance web pages that can be easily downloaded and used to quickly calculate age-adjusted incidence/mortality rates or standardized mortality/morbidity ratios.

To download these files, go to our home page at www.health.state.pa.us/stats and select Technical Assistance. Under the "Tools of the Trade" section, find the second arrow and there you can

choose to download the files for calculating either "Age-Adjusted Rates" or "Standardized Mortality Ratio". These files can also be downloaded from the discussions on how to calculate each of these statistics as contained within the "Tools of the Trade" section.

Simply follow the instructions provided within the file to enter your own data and calculate the rates/ratios you need. Please note that the age-adjusted rate calculations use the 2000 U.S. population as the standard.

Continued from Page 1...

2002 Final Death Data...

Neonatal (under one month of age) and postneonatal (28-364 days of age) deaths are the standard age breakdowns for infant deaths. Neonatal deaths increased in 2002; however, postneonatal deaths declined. There were 792 neonatal deaths recorded in 2002, compared to 736 – an increase of 7.6 percent. The 2001 figure was also an increase. Postneonatal deaths numbered 289 in 2002, down from 302 in 2001 and 305 in 2000. These trends were also reflected in the rates for neonatal and postneonatal deaths (see chart and table on right).

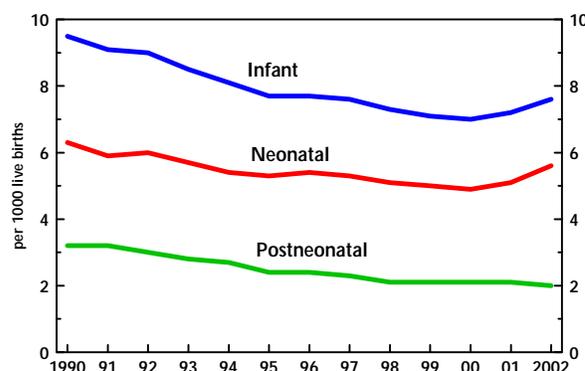
Infant deaths by race for 2002 showed increases for whites and blacks but no change for Hispanics. Among whites, there were 743 infant deaths in 2002, compared to

...the two increases in the (infant death) rate for 2001 and 2002 mark the first time this rate has increased two years in a row since the 1920s.

725, while, among blacks, the increase was not as great, from 295 in 2001 to 299 in 2002. The number of infant deaths among Hispanic residents remained at 78; however, since the number of Hispanics births rises every year in Pennsylvania, the infant death rate for Hispanics in 2002 declined from 9.6 in 2001 to 9.0. Even though the number of infant

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Infant, Neonatal, and Postneonatal Death Rates* Pennsylvania Residents, 1990-2002



	Infant	Neonatal	Postneonatal
2002	7.6	5.6	2.0
2001	7.2	5.1	2.1
2000	7.0	4.9	2.1
1999	7.1	5.0	2.1
1998	7.3	5.1	2.1
1997	7.6	5.3	2.3
1996	7.7	5.4	2.4
1995	7.7	5.3	2.4
1994	8.1	5.4	2.7
1993	8.5	5.7	2.8
1992	9.0	6.0	3.0
1991	9.1	5.9	3.2
1990	9.5	6.3	3.2

*per 1000 live births

Top 20 Leading Causes of Death Pennsylvania Residents, 2002 and 2001

2002 Final Death Data...

deaths among blacks did not increase as much as for whites, the 2002 infant death rate for blacks (15.2) remained at more than twice the rate for whites (6.4).

Leading Causes of Death:

The data table on the right lists the top twenty major causes of death for 2002 and 2001. The top five causes (heart disease, cancer, stroke, chronic lower respiratory disease, and accidents) did not change. However, the numbers of deaths for heart disease and cancer, the top two causes, continued their decline.

Heart disease deaths peaked at over 54,000 deaths in 1968 and then began a slow but somewhat consistent decline. The number of annual heart disease deaths fell to under 40,000 in 2001 for the first time since 1948. The 2002 figure declined again, down to 38,291.

The annual number of cancer deaths among Pennsylvania residents had consistently increased over the years, reaching a high of over 30,000 deaths in 1992. However, annual figures have started a slow but rather consistent decline since then. There were 29,460 cancer deaths recorded for state residents in 2002, not a large decline from the 1992 figure but a decline nonetheless and one that will hopefully continue.

Other leading causes that have been on the decline lately include assault or homicide and atherosclerosis. There were

2002		Rank	2001	
Total Deaths	129,396		Total Deaths	129,648
Diseases of Heart	38,291	1	Diseases of Heart	39,408
Malignant Neoplasms	29,460	2	Malignant Neoplasms	29,853
Cerebrovascular Disease	8,442	3	Cerebrovascular Disease	8,585
Chronic Lower Respiratory Disease	5,942	4	Chronic Lower Respiratory Disease	5,840
Accidents	4,587	5	Accidents	4,524
Diabetes Mellitus	3,663	6	Diabetes Mellitus	3,812
Nephritis/Nephrotic Syn/Nephrosis ..	2,921	7	Nephritis/Nephrotic Syn/Nephrosis ...	2,828
Alzheimer's Disease	2,851	8	Influenza/Pneumonia	2,753
Influenza/Pneumonia	2,786	9	Alzheimer's Disease	2,749
Septicemia	2,543	10	Septicemia	2,646
Intentional Self-Harm (Suicide)	1,326	11	Intentional Self-Harm (Suicide)	1,266
Chronic Liver Disease & Cirrhosis	1,139	12	Chronic Liver Disease & Cirrhosis	1,128
Parkinson's Disease	1,032	13	Parkinson's Disease	1,022
Essential Hypertension/HRD	845	14	Essential Hypertension/HRD	860
InSitu/Benign/Uncertain Neoplasms	767	15	InSitu/Benign/Uncertain Neoplasms	789
Perinatal Conditions	634	16	Assault (Homicide)	671
Assault (Homicide)	629	17	Atherosclerosis	598
Atherosclerosis	596	18	Perinatal Conditions	561
HIV Disease	496	19	HIV Disease	495
Congenital Malformations	399	20	Congenital Malformations	401

629 homicides among residents in 2002, compared to 671 in 2001, 770 in 1995, and 818 in 1990. Deaths due to atherosclerosis have also shown some dramatic declines. In 2002, there were 596 deaths due to atherosclerosis, the lowest ever recorded. As recently as 1995, this figure had been almost 800. Like heart disease, the annual numbers of deaths for this cause have been on the decline for some time.

Three leading causes have shown some dramatic increases lately. However, more accurate methods of diagnosis and reporting as well as the recent revision and application of the ICD (International Classification of Diseases) mortality codes is part of the reason for some of these increases.

The seventh leading cause of death, nephritis/nephrotic

**In 2002, there were
2,851 deaths
(due to Alzheimer's
disease) recorded,
over 30 percent more
than the 1999 figure.**

syndrome/nephrosis, in 2002 had 2,921 resident deaths attributed to it. The 2002 figure was more than twice the number recorded in 1990 (1,398).

Alzheimer's disease moved from ninth place in 2001 to eighth in 2002 and may move up even higher in the near future if the upward trend for this cause continues. Alzheimer's disease registered a significant increase in deaths between 1998 and 1999, from 956 to 2,184. This was mainly due to the changes in the ICD-10 revision which allowed for

more accurate assignment of the underlying cause of death. However, the number of deaths for Alzheimer's disease continued to increase dramatically even after 1999. In 2002, there were 2,851 deaths recorded, over 30 percent more than the 1999 figure.

Parkinson's disease has also seen large increases in deaths since 1990. There were 1,032 deaths recorded among residents in 2002, almost three times the 384 reported in 1990. The increase in the number of deaths for this disease has been consistent and dramatic.

A large amount of additional 2002 death statistics for the state, counties, and municipalities by age, sex, race and cause are available on our web site at www.health.state.pa.us/stats (select **Vital Statistics** or **EpiQMS** our interactive web tool).

Tools of the Trade: Part 1 - The Basics

Cancer Trend Analysis Using Joinpoint Regression

Introduction:

This article serves as an introduction to a specific type of trend analysis that uses the Joinpoint Regression Program, a freeware developed by the National Cancer Institute. Part 2 will appear in the May issue of *Statistical News* and will address cancer incidence and mortality trend analyses for all cancers combined and the four most common cancers by gender and race. These two articles will be included as part of the "Tools of the Trade" series that appears on our Technical Assistance web pages and can be accessed at www.health.state.pa.us/stats.

Background on

Joinpoint Trend Analysis:

Like the least squares regression method, the joinpoint program is used to find the best-fit line through several years of data. However, the joinpoint program uses an algorithm that tests whether a multi-segmented line is a significantly better fit than a straight or less-segmented line. For this article, the joinpoint regression analysis involves fitting a series of joined straight lines on a log scale to the trends in the annual age-adjusted cancer incidence and mortality rates. Line segments are joined at points called joinpoints. Each joinpoint denotes a statistically significant ($P = .05$) change in trend.

The test of significance uses a Monte Carlo Permutation method (i.e., it finds "the best fit" line for each segment). The user supplies the minimum and maximum number

The joinpoint analysis of the trends in...rates allows the user to more accurately interpret changes over time and, more importantly, to determine if those changes are statistically significant.

of joinpoints to be tested. For this article, a minimum of zero joinpoints (one line segment) and a maximum of three joinpoints (four line segments) were allowed for each model (time series being analyzed). The program starts with the minimum number of joinpoints (0 joinpoints would be a straight line) and tests whether more joinpoints are statistically significant and must be added to the model (up to the maximum number).

Since an additional joinpoint is only added to the model if the change in trend is statistically significant, you can interpret each of the joinpoints displayed from the chosen model as being a significant change in the trend or time series. For example, Figure 1 represents the chosen model for male cancer incidence rates. The line graph displays 2 joinpoints (3 line segments or trends) at 1987 and 1992. For this example, one can say that the trend for male cancer incidence rates significantly changed twice between 1985 and 2000.

Once the line segments are established, the estimated

annual percent change is used to describe and test the statistical significance of the trends in the model. Testing the hypothesis (two-sided P value = .05) that the annual percent change is equal to zero is equivalent to testing the hypothesis that the trend in the cancer rates is neither increasing nor decreasing.

Cancer Incidence Trends:

According to the results of the joinpoint analysis, it was determined that Pennsylvania age-adjusted cancer incidence rates for all cancer sites have been increasing by 1.2% per year for the 16-year period of 1985 through 2000 (see Table 1 on the next page). The rates have been increasing by 0.9% per year among females for this same time period. Since only one straight line is displayed (see Figure 2 on the next page), one can interpret the 1985-2000 trend for female age-adjusted cancer incidence rates as being constant (in this case, consistently on the increase) throughout the 16-year period being studied.

Among males, the long-term incidence rates were relatively stable for 1985 through 1987, increased dramatically

by 3.7% per year until 1992, and then stabilized. Since the late 1980s, increased basic screening procedures, especially the prostate-specific antigen (PSA) test, have become more prevalent among physicians and clinics thereby affecting the number of male cases diagnosed and reported. This may, at least partially, help to explain the sharp increase in male cancer incidence rates for 1987-1992.

For Pennsylvania residents, the average annual age-adjusted incidence rate for all invasive cancers from the five-year period of 1996 through 2000 was 35.9 percent higher among males, compared to female. Historically, for all cancer sites combined, age-adjusted incidence rates have been consistently higher for males.

Cancer Mortality Trends:

Pennsylvania age-adjusted death rates for all cancer sites remained relatively stable from 1985 through 1990 (i.e. the slight increase in rates for this time period was not statistically significant at the 95% confidence level). Overall, cancer death rates have been decreasing by 0.8% per year from 1990 through 2001 (see Table 2). Among males, the cancer death rates have decreased by 1.3% per year from 1991 through 2001. Cancer death rates among females have decreased by 0.6% per year beginning in 1990.

As with cancer incidence rates, the cancer mortality rates

...the joinpoint program uses an algorithm that tests whether a multi-segmented (trend) line is a significantly better fit than a straight or less segmented line.

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Table 1 - CANCER INCIDENCE

**Average Annual Age-Adjusted Invasive Cancer Incidence Rates* (1996-2000) and Trends (Joinpoint Analyses for 1985-2000)
All (Total) Cancer Sites by Sex, Pennsylvania Residents**

	Average Annual Rate* (1996-2000)	Joinpoint Analyses (1985-2000)							
		Trend 1 Years	APC**	Trend 2 Years	APC**	Trend 3 Years	APC**	Trend 4 Years	APC**
All Cancer	486.1	1985-2000	1.2 [^]	n/a	n/a	n/a	n/a	n/a	n/a
Male	579.3	1985-1987	-0.6	1987-1992	3.7 [^]	1992-2000	0.0	n/a	n/a
Female	426.3	1985-2000	0.9 [^]	n/a	n/a	n/a	n/a	n/a	n/a

* Average annual age-adjusted incidence rates are per 100,000 and are computed by the direct method using the 2000 U.S. standard million population.

** APC = annual percent change (based on rates that were age-adjusted to the 2000 U.S. standard million population) calculated by using joinpoint regression analysis.

[^] APC is significantly different from zero (two-side P < .05).

Note: Joinpoint analyses allowed for up to three joinpoints and are based on rates per 100,000 (age-adjusted to the 2000 U.S. standard population by 5-year age groups).

Figure 1 - Males: Age-Adjusted Cancer Incidence Rates

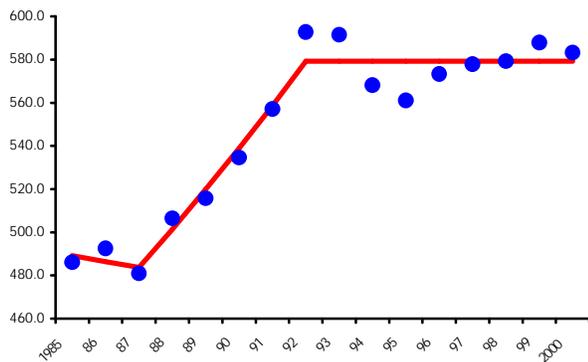


Figure 2 - Females: Age-Adjusted Cancer Incidence Rates

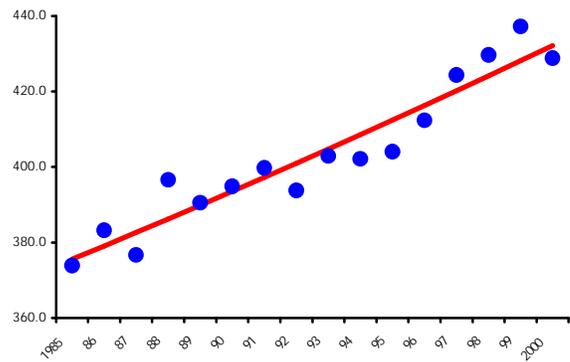


Table 2 - CANCER MORTALITY

**Average Annual Age-Adjusted Cancer Death Rates* (1997-2001) and Trends (Joinpoint Analyses for 1985-2001)
All Cancer Deaths by Sex, Pennsylvania Residents**

	Average Annual Rate* (1997-2001)	Joinpoint Analyses (1985-2001)							
		Trend 1 Years	APC**	Trend 2 Years	APC**	Trend 3 Years	APC**	Trend 4 Years	APC**
All Cancer	206.3	1985-1990	0.5	1990-2001	-0.8 [^]	n/a	n/a	n/a	n/a
Male	256.8	1985-1991	0.5	1991-2001	-1.3 [^]	n/a	n/a	n/a	n/a
Female	173.6	1985-1990	0.6	1990-2001	-0.6 [^]	n/a	n/a	n/a	n/a

* Average annual age-adjusted death rates are per 100,000 and are computed by the direct method using the 2000 U.S. standard million population.

** APC = annual percent change (based on rates that were age-adjusted to the 2000 U.S. standard million population) calculated by using joinpoint regression analysis.

[^] APC is significantly different from zero (two-side P < .05).

Note: Joinpoint analyses allowed for up to three joinpoints and are based on rates per 100,000 (age-adjusted to the 2000 U.S. standard population by 5-year age groups).

Figure 3 - Males: Age-Adjusted Cancer Death Rates

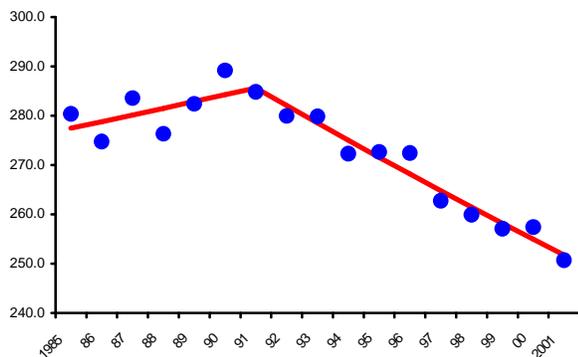
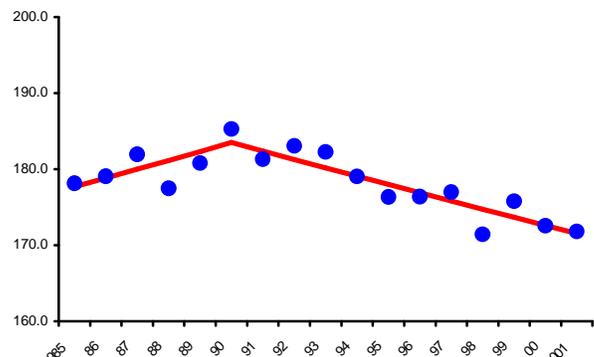


Figure 4 - Females: Age-Adjusted Cancer Death Rates



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2002 Final Birth Data Show Trends Continue...

has not changed much since then. However, the percent of births to mothers who received no prenatal care has generally been on the decline since 1991 – going from almost two percent then to less than one percent (0.8) in 2002.

The percent of births to teens (<18) has also been on the decline, from 4.3 in 1995 to 3.2 in 2001 and again in 2002. Percent of births to unmarried mothers did decline slightly in 2002 to 33.5 percent, compared to 33.9 in 2001. However, this figure has remained at about 33-34 percent since 1994 after dramatic increases over the years. In 1990, it was 28.8 percent but in 1980

The percent of births to non-smoking mothers increased in 2002 to 84.2... This increase continued the consistent upward trend for this figure that has occurred since 1990...

it was much lower at 17.8 percent and, in 1970, significantly lower at 9.8 percent.

The percent of births to non-smoking mothers increased in 2002 to 84.2 from the 83.2 recorded in 2001. This increase continued the consis-

tent upward trend for this figure that has occurred since 1990 when it was 79.0 percent. The national Healthy People 2010 objective for this statistic is set high, at 99 percent.

The percent of resident live births to Pennsylvania women delivered by cesarean section increased to a record high in 2002 - 24.8 percent. This figure had been on the decline between 1988 and 1997 but has begun to rise again sharply since then. Please see the January issue of *Statistical News* for an article that discussed the recent changes in this figure in more detail and with additional statistics.

Numerous cross-tabulations and statistics for 2002 births by age and race of mother, birth weight, start of prenatal care, and many other variables for the state, counties and municipalities can now be accessed on the Bureau's web pages at www.health.state.pa.us/stats. You can also access our new interactive web tool, EpiQMS, from there and use it to create customized data tables, charts, maps, and county profiles of 1990-2002 birth statistics.

If you have any questions about the data presented here, please contact the Bureau of Health Statistics and Research at 717-783-2548.

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Cancer Trend Analysis Using Joinpoint Regression...

have been consistently higher for males, compared to females. The average annual age-adjusted cancer death rate for 1997-2000 among males was 48 percent higher than the rate for females (256.8 versus 173.6).

Conclusions:

The joinpoint analysis of the trends in the age-adjusted cancer incidence and mortality rates allows the user to more accurately interpret changes over time and, more importantly, to determine if those changes are statistically significant. Figures 1 through 4 graphically display the results of the joinpoint analysis shown in Tables 1 and 2 by sex.

Overall, Pennsylvania cancer mortality trends show

The age-adjusted cancer mortality rates have shown a significant decline since the early 1990s for both men and women.

that progress is being made to reduce the cancer burden among residents of the Commonwealth. The age-adjusted cancer mortality rates have shown a significant decline since the early 1990s for both men and women. Medical advances along with the growth in cancer knowledge, technology, and resources have contributed to this progress. Although the age-adjusted can-

cer incidence rates among women have risen significantly between 1985 and 2000, the incidence rates have been rather stable among men since 1992. Further reductions in the cancer burden will require continued efforts in the development, delivery, and surveillance of effective cancer prevention, early detection, and treatment strategies.

Additional cancer statistics can be obtained from the Health Statistics web pages of the Department's web site at www.health.state.pa.us/stats or by contacting the Bureau of Health Statistics and Research at (717) 783-2548. The Bureau has also recently developed an interactive web tool, called EpiQMS, where users can create customized data

tables, charts, maps, and county profiles of birth, death, cancer, and population statistics on-line. EpiQMS can also be accessed from the Health Statistics home page at www.health.state.pa.us/stats.

This article was inspired by the "Annual Report to the Nation on the Status of Cancer, 1975-2000, Featuring the Uses of Surveillance Data for Cancer Prevention and Control" as published in the September 3, 2003 (Vol. 95, No. 17, pages 1276-1299), issue of the *Journal of the National Cancer Institute*. This report, other cancer publications, and the freeware Joinpoint Regression Program are available from the National Cancer Institute web site at www.seer.cancer.gov.

Update: Healthy People 2010 Objectives

Focus Area 16 - Maternal, Infant, and Child Health

16-10a - Decrease percent of infants born at low birth weight.....

HP2010 Target: 5.0%

All Births and Race/Ethnicity of Mother:

The percent of low birth weight infants born to Pennsylvania residents increased in 2002 to 8.2 percent. This percentage has not been that high since the late 1960s and was the third annual increase experienced between 1998 and 2002.

All of the low birth weight percentages by race and ethnicity also increased in 2002, except the percentage for Asians/Pacific Islanders which declined but only very slightly from 8.0 to 7.9. The highest 2002 percentage, by far, occurred for births to black mothers (14.1). Percentages for whites and Asians/Pacific Islanders have been similar over the years. However, after a consistent decline between 1998 and 2001, the percentage for Hispanics increased in 2002.

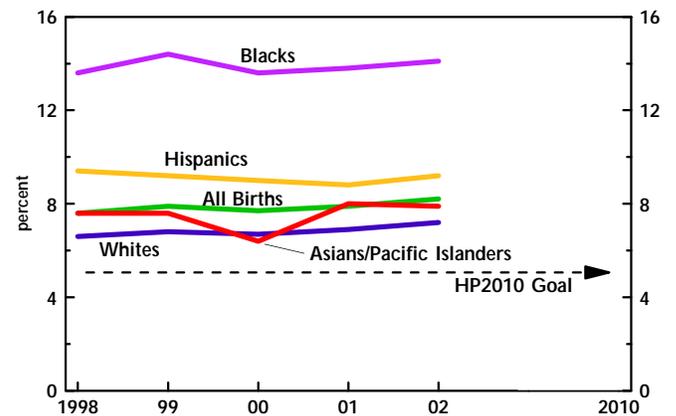
Age of Mother:

The percentage of low birth weight declined in 2002 for births to the youngest (under 15) mothers (from 16.9 to 14.5) and to those mothers aged 20-24 (but only slightly from 8.7 to 8.6). However, all other age groups experienced increases.

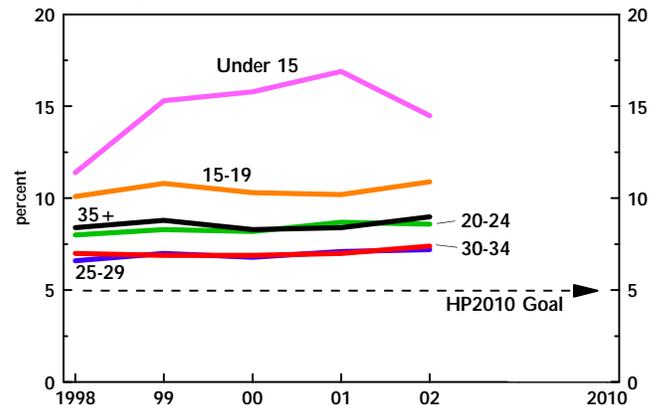
Births to the youngest (under 15 and 15-19) and oldest mothers (35+) had the highest percentages of low birth weight throughout most of the five-year period of 1998-2002. Five-year trends show generally higher percentages for all age groups.

The national Healthy People 2010 goal of 5.0 seems to be getting out of reach among all the age groups (and race/ethnic groups), especially if the recent increases continue.

Percent Low Birth Weight By Race and Hispanic Ethnicity of Mother, PA Resident Live Births 1998-2002



Percent Low Birth Weight By Age of Mother Pennsylvania Resident Live Births 1998-2002



Percent Low Birth Weight By Race/Ethnicity and Age of Mother, PA Resident Live Births 1998-2002

Race/Ethnicity	2002	2001	2000	1999	1998
All Births	8.2	7.9	7.7	7.9	7.6
White	7.2	6.9	6.7	6.8	6.6
Black	14.1	13.8	13.6	14.4	13.6
Asian/Pacific Islander	7.9	8.0	6.4	7.6	7.6
Hispanic	9.2	8.8	9.0	9.2	9.4

Age	2002	2001	2000	1999	1998
Under 15	14.5	16.9	15.8	15.3	11.4
15-19	10.9	10.2	10.3	10.8	10.1
20-24	8.6	8.7	8.2	8.3	8.0
25-29	7.2	7.1	6.8	7.0	6.6
30-34	7.4	7.0	6.9	6.9	7.0
35+	9.0	8.4	8.3	8.8	8.4

NOTE: 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.

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