

STATISTICAL NEWS

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Multiple Race Reporting In 2000 Census Noted

Multiple Race Reporting Will Start with 2003 Birth/Death Certificates

Have you ever been asked to identify your race and/or ethnicity? If you participated in the 2000 United States Census, and hopefully you did, you were given the opportunity to respond to this question by indicating whether you considered yourself to belong to more than one single race. In fact the 2000 U.S. Census form listed 14 different races, and you were given the opportunity to select any combination of the 14 categories as an indication of your race.

Officials have long struggled with what race is and how it relates to ethnic origin. Over the past decade, the federal Office of Management and Budget (OMB) has undertaken a huge research effort to revamp the government's twenty year-old guidelines for the classification of race and ethnicity. This is being done to achieve comparable reporting not only with the Census but also between states. A new format for collecting race and ethnicity was born out of criticism that the Census and other data collection systems have not accurately reflected the nation's growing levels of immigration and interracial marriage.

In the 2000 United States Census, multi-race responses were recorded for only about two percent of all respondents.

The Office of Management and Budget is requiring the new data collection format that allows for the multiple selection of an individual's race. The OMB directive requires far fewer categories, six versus 14, than were included in the most recent U.S. Census. However, by allowing people to make multiple choices for race for the first time, even the six categories required by OMB will lead to 63 possible race options. The OMB directive offers a combination of 63 racial options, up from just five previously. The options include six single races, 15 possible combinations of two races, 20 combinations of three, 15 of four, six combinations of five, and one grand mix of all six main categories: White, Black, Asian,

Continued on Page 3...

Breast Cancer Cases Up; Mortality Rates Down

More Diagnoses at Earlier Stages; More Women Having Mammograms

Diagnoses of breast cancer have been on the increase in Pennsylvania but the death rates for this disease have been on the decline. As with all cancers, the stage of the disease at time of diagnosis has a direct impact on survival. And recent statistics show that Pennsylvania women have been diagnosed at earlier stages of breast cancer and that higher percentages of older women have been having a mammogram every year. The statistics also show some similarities and notable differences between white and black females.

The age-adjusted incidence rate for female breast cancer in Pennsylvania was 119.8 (per 100,000 1970 U.S. standard million population) in 1990. By 1998 (the latest available data), the rate had risen to 137.1, a difference of 14.4 percent compared to the 1990 figure (see Figure 1 on page 4).

The incidence rates have increased for both white and black women (also see Figure 1 on page 4). However, incidence has risen somewhat faster among blacks. For example, in 1987 the age-adjusted incidence rate for white females was 112.2 while it was only

The statistics (for breast cancer) also shows some similarities and notable differences between white and black females.

94.9 for blacks. By 1993, the rates were 120.7 for whites and 117.1 for blacks and have remained similar ever since then.

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DEPARTMENT OF HEALTH
...in pursuit of good health

1999 Mortality Statistics Now Available

Highest Number of Deaths Since 1968; Infant Death Rate Lowest Ever

The number of resident deaths increased from 126,312 in 1998 to 129,430 in 1999 – an increase of 3,118 or 2.5 percent. This is the highest annual number of deaths for the state since 1968, when 130,802 deaths were recorded.

There were slight changes in the order of the top ten leading causes of death. The largest percentage decline in the top ten occurred for influenza and pneumonia. There were 3,093 deaths due to influenza and pneumonia in 1999 – 1,419 or 31.4 percent less than in 1998.

Major causes with notable changes between 1999 and 1998 included Alzheimer's disease with an increase of

128.5 percent. This increase moved Alzheimer's disease from twelfth place in 1998 to tenth place in 1999. Deaths due to suicide dropped from tenth place in 1998 to eleventh place in 1999 – with a decrease of 93 or 6.8 percent. The number of deaths due to homicide remained unchanged at 634. However, homicide was in seventeenth place in 1999, compared to fifteenth in 1998.

Most of these changes affecting the leading causes are directly related to an updated coding structure and system for determining and classifying causes of death (see *Classification System for Cause of Death To Change*,

Statistical News, March, 2001). The Tenth Revision of the International Classification of Diseases (ICD-10) replaces the ICD-9 system. This change affects the classification of leading causes of death; thereby, creating major discontinuities in mortality trend data.

Also affected by the change in ICD systems are some of the titles commonly used for leading causes of death. Some are minor name changes (diseases of heart vs. heart disease) but some are quite different (intentional self harm for suicide and assault for homicide).

There were 1,025 deaths among residents under one year of age in 1999, 31 or 2.9 per-

The number and rate of infant deaths among whites declined... but among blacks the number (and rate) increased...

cent less than the 1,056 reported for 1998. The infant death rate declined from 7.3 in 1998 to 7.1 per 1,000 live births in 1999 – the lowest ever recorded for the state.

The number and rate of infant deaths among whites declined from 724 in 1998 to 677 in 1999 and the rate fell from 6.0 to 5.6, but among blacks the number increased from 315 to 335, and the rate rose from 15.4 to 16.7. Among Hispanic residents the number remained the same at 60, and the rate declined from 8.7 to 8.4.

Neonatal deaths (under one month of age) decreased among whites and Hispanics, but increased for blacks. The number of postneonatal deaths (over one month but less than one year of age) decreased for whites and blacks, but increased for Hispanics.

A list of the top twenty leading causes of death for 1999 and 1998 appears on the left.

If you have any questions or would like to obtain additional vital statistics for 1999, please contact the Bureau of Health Statistics at 717-783-2548. Also, please visit the Health Statistics web pages at www.health.state.pa.us/stats/.

Top 20 Major Causes of Death, Pennsylvania Residents, 1999 and 1998

1999	1998
Total Deaths 129,430	Total Deaths 126,312
Diseases of Heart 41,420	Heart Disease 41,282
Malignant Neoplasms 30,136	Malignant Neoplasms 29,721
Cerebrovascular Disease 8,547	Cerebrovascular Disease 8,208
Chronic Lower Respiratory Disease 6,114	Chronic Obstructive Pulmonary Disease 5,576
Accidents 4,505	Unintentional Injuries 4,553
Diabetes Mellitus 3,725	Pneumonia & Influenza 4,512
Influenza & Pneumonia 3,093	Diabetes Mellitus 3,503
Nephritis, Nephrotic Syndrome & Nephrosis 2,672	Septicemia 1,989
Septicemia 2,538	Nephritis, Nephrosis, etc. 1,908
Alzheimer's Disease 2,184	Suicide 1,365
Intentional Self-harm (Suicide) 1,272	Liver Disease & Cirrhosis 1,090
Chronic Liver Disease & Cirrhosis 1,018	Alzheimer's Disease 956
In Situ, Benign, & Uncertain Neoplasms 769	Parkinson's Disease 796
Parkinson's Disease 749	Atherosclerosis 701
Essential Hypertension & Hypertensive Renal Disease 743	Homicide & Legal Intervention 634
Atherosclerosis 637	Hypertension 576
Assault (Homicide) 634	Perinatal Conditions 574
Perinatal Conditions 570	HIV Infection 479
HIV Disease 493	Benign/Unspecified Neoplasms 471
Congenital Malformations, Deformations & Chromosomal Abnormalities 367	Congenital Anomalies 438

NOTE: Tenth Revision of International Classification of Diseases (ICD-10) used for classifying 1999 deaths and ICD Ninth revision used for 1998 deaths.

Multiple Race Reporting in 2000 Census...

American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Some Other Race. By matching these racial portions against two ethnic possibilities (Hispanic or non-Hispanic), it produces a matrix of 126 total combinations of race and ethnicity.

The effort undertaken by OMB was to provide a meaningful understanding of America's racial background. However, it seems that very few respondents are taking advantage of the multiple choices now available on race. In the 2000 United States Census, multiple race responses were recorded for only about two percent of all respondents. And, among Pennsylvanians, only 1.2 percent or 142,224 checked two or more races in the 2000 Census.

The data table below shows population counts and percentages for single race and

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some multiple race combinations as reported for Pennsylvania in the 2000 U.S. Census. Among the major combinations for two races, persons reporting themselves as both black and white had the highest figures. Of the 132,609 who reported being of two races, 35,533 or 26.8 percent selected black and white; 18,962 or 14.3 percent selected American Indian and white; and 16,933 or 12.8 percent chose Asian and white. Pennsylvanians who selected three or more races numbered only 9,615 or 0.1 percent of the 2000 population.

Of the 142,224 residents who selected two or more races, 47,339 or 33.3 (one-third) lived in Philadelphia or Allegheny County. Philadelphia and Pittsburgh along with four other cities (Allentown, Erie, Reading, and Lancaster) accounted for 50,777 or 35.7 percent of the residents who identified themselves as being of two or more races in the 2000 United States Census.

Because federal funds partially support the collection of mortality and natality statistics and because the Department of Health wants to provide data that are comparable to national and other state data, the collection of race information on birth and death certificates will, in the future, need to allow for the multiple selection of races. This change is scheduled to begin with births and deaths that occur in 2003, and it has not been decided

whether or not the Department will follow the census format of 14 different categories or the reduced number of six categories as required by OMB.

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But no matter which format is selected, there will be the option for selecting multiple races on birth and death certificates and the responses will need to be recorded in a format that will allow for retrieval of the information. Once the option is available for the selection of multiple races, users of Pennsylvania mortality and natality data will be faced with a challenge in deciding on how to handle cases of multiple races when analyzing data.

If you have any questions about the reporting of multiple races as discussed here, please contact the Bureau of Health Statistics at 717-783-2548. A major source of U.S. Census data is the Pennsylvania State Data Center at Penn State Harrisburg. It is the official state affiliate for the U.S. Bureau of the Census. The State Data Center can be reached at 717-948-6336 or on the Internet at www.psd.c.hbg.psu.edu/.

Population by Race and Specific Combinations of Multiple Race Groupings Number and Percent of Total Population Pennsylvania, 2000

	Number	Percent
Total Population	12,281,054	100.0
One race	12,138,830	98.8
White	10,484,203	85.4
Black	1,224,612	10.0
Asian	219,813	1.8
Some other race	210,202	1.7
Two or more races	142,224	1.2
Two races	132,609	1.1
White; Black	35,533	0.3
White; American Indian and Alaskan Native	18,962	0.2
White; Asian	16,933	0.1
White; Some other race	31,986	0.3
Black; American Indian and Alaska Native	7,211	0.1
Black; Some other race	13,866	0.1
Three or more races	9,615	0.1

Breast Cancer Cases Up; Mortality Rates Decline

Breast cancer is the most frequently diagnosed cancer site among women, accounting for 33 percent of all female cancer cases diagnosed in 1998. There were 11,906 cases diagnosed among Pennsylvania women in 1998, the largest annual number of cases ever recorded by the Pennsylvania Cancer Registry.

While breast cancer incidence in the state has risen, the age-adjusted death rate for this disease has generally been on the decline. Figure 2 on the right shows the rates for the years 1990 through 1999. Even though the age-adjusted death rate for 1999 was somewhat higher than the 1998 rate, it was still the second lowest figure recorded since 1990 and the general trend for these rates since 1990 has been a decline.

In 1990, the age-adjusted death rate for breast cancer was 36.5 (per 100,000 2000 U.S. standard million population). The 1999 rate was 29.3, a difference of almost 20 percent from the 1990 rate. The 1998 rate of 28.2 was the lowest recorded between 1990 and 1999. In 1990, there were 2,690 deaths among female residents due to breast cancer. The total

Breast cancer is the most frequently diagnosed cancer site among women, accounting for 33 percent of all female cancer cases diagnosed in 1998.

number of deaths in 1999 was 2,371 – approximately 12 percent lower than in 1990.

Unfortunately, the age-adjusted death rates for black females in Pennsylvania have not shown any evident trend while the rates for whites have shown a decline (see Figure 3 on right). In addition, the 1999 death rate for blacks was over 50 percent higher than the rate for whites.

In 1999, the age-adjusted death rate for black female residents was 43.2, compared to 28.1 for whites, and was also the second highest rate recorded for blacks between 1990 and 1999. The rate for black females has fluctuated between 37.2 and 44.3 during the ten-year period of 1990-1999. Among whites, the rate has declined from 36.3 in 1990 to the 28.1 recorded in 1999 – a difference of 22.6 percent.

According to the Centers for Disease Control and Prevention's (CDC) Healthy People 2010 objectives, an age-adjusted death rate of 22.3 has been set as the target for breast cancer to be achieved by the end of this decade. If Pennsylvania's death rates among all races and whites

Unfortunately, the age-adjusted (breast cancer) death rates for black females in Pennsylvania have not shown any evident trend while the rates for whites have shown a decline...

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FIGURE 1
Age-Adjusted Incidence Rate, Female Breast Cancer
Pennsylvania Residents, 1990-1998

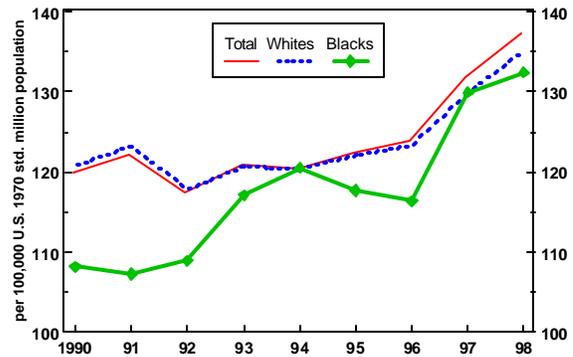


FIGURE 2
Age-Adjusted Death Rate, Female Breast Cancer
Pennsylvania Residents, 1990-1999

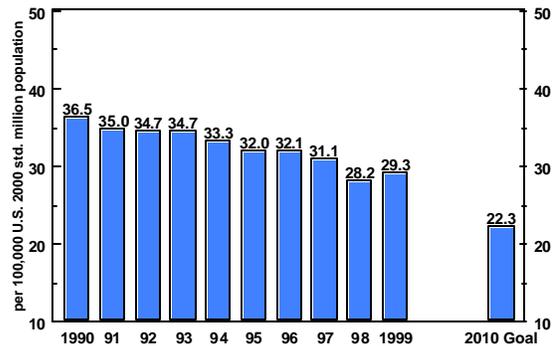
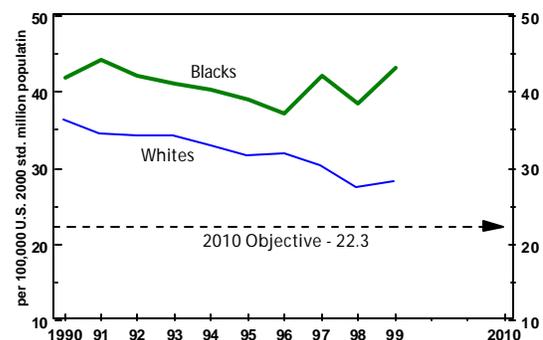


FIGURE 3
Age-Adjusted Death Rate, Female Breast Cancer by Race
Pennsylvania Residents, 1990-1999



Breast Cancer...

continue to decline, this national goal could be reached by the state for these two populations. The rates for black females residents will have much farther to decline to meet the CDC 2010 goal and that seems unlikely at this point in time.

It will take much more effort and many more resources on the part of public health to maintain and possibly increase the declines achieved for all races and whites as well as to sustain declines among black residents. Some of the success in recent declines can be attributed to higher percentages of earlier stage diagnoses and most public health officials and organizations agree that annual mammograms are a significant contributor to these increases in earlier stage diagnoses.

A review of staging data for 1990 and from 1994 to 1998, for breast cancer cases diagnosed among Pennsylvania women (see Figure 4 on the right), shows that the percentage of cases diagnosed at the in situ or earliest stage of the disease has increased substantially while distant stage diagnoses have declined. In 1990, 9.7 percent of new cases were diagnosed at the in situ stage. By 1998, that figure had almost doubled to 17.3 percent. Distant stage diagnoses declined dramatically from 6.9 percent in 1990 to 4.3 percent in 1998. The percentages of local and regional stage diagnoses did not show much change over the years of 1990 and 1994-1998.

Staging data by race for breast cancer cases reported in 1998 (see Figure 5 on the right) show that while a higher per-

Some of the success in recent declines (in breast cancer deaths) can be attributed to higher percentages of earlier stage diagnoses...

centage of black women were diagnosed at the earliest stage (in situ), they also had higher percentages of diagnoses at later stages of the disease (regional and distant). White women had a higher percentage of local stage diagnoses.

Sample survey data from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) show that there have been rather substantial increases in the percentage of women aged 40 and over who have had a mammogram in the preceding 12 months (see Figure 6 on page 7). The percentage consistently increased from 47 percent in 1995 to 64 percent by 1999. However, the 2000 percentage was the same as for 1999, indicating a possible slowdown or leveling off for this percentage in the near future.

Data from the BRFSS survey on mammograms among women aged 40+ also show some interesting statistics when broken down by race. Percentages did increase for both white and black women between 1995 and 2000; however, black women consistently had higher percentages of those who had had a mammogram in the past year (see Figure 7 on page 7). This is interesting to note in light of the fact that the death rates for blacks is about 50

FIGURE 4
Female Breast Cancer Cases
Percent by Stage at Diagnosis
Pennsylvania Residents, 1990 and 1994-1998

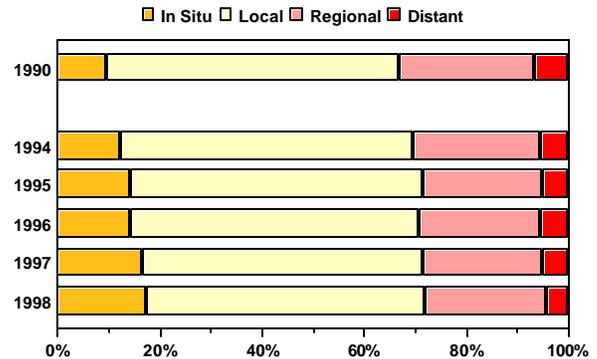
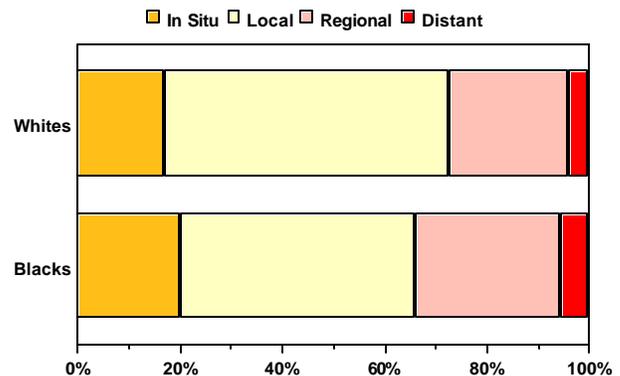


FIGURE 5
Female Breast Cancer Cases
Percent by Stage at Diagnosis by Race
Pennsylvania Residents, 1998



percent higher than for whites. But the 2000 BRFSS data on mammograms show the percentages by race to be much closer (67 percent for blacks and 63 percent for whites) than in most previous years. Also,

...annual mammograms are a significant contributor to these increases in earlier stage diagnoses.

remember that higher percentages of black women in Pennsylvania are diagnosed at later stages of the disease than white women.

The Pennsylvania Department of Health, with federal funds provided by CDC, conducts a statewide, comprehensive breast and cervical cancer early detection program for women who are medically underserved, entitled Healthy-Woman. The purpose of the project is to increase the use of

Continued on next page...

Continued from Page 5...

Breast Cancer...

breast and cervical cancer screening among women who are uninsured or underinsured with emphasis on members of racial and ethnic minorities. The identified population is women ages 50-64 who are of low or moderate income (at or below 250% of the federal poverty level).

HealthyWomen Project services are provided at no charge to eligible women. Services include clinical breast examinations, education on breast self-examination, a mammogram, pelvic examination, Pap test, and follow-up diagnostics for abnormal results. The HealthyWomen Project also provides public and professional education, quality assurance, surveillance, monitoring and evaluation activities. Since 1995, the HealthyWomen Project has screened between

The Pennsylvania Department of Health ...conducts a statewide, comprehensive breast and cervical cancer early detection program for women who are medically underserved, entitled HealthyWoman Project.

7,000 and 8,000 women across the state per year.

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

If you would like more information about the HealthyWomen Project in Pennsylvania, contact the Pennsylvania Department of Health at 1-877-PA-HEALTH.

May is Breast Cancer Awareness Month.

FIGURE 6
Percent Women Aged 40+ Had a Mammogram in Past Year
Pennsylvania Residents, 1995-2000

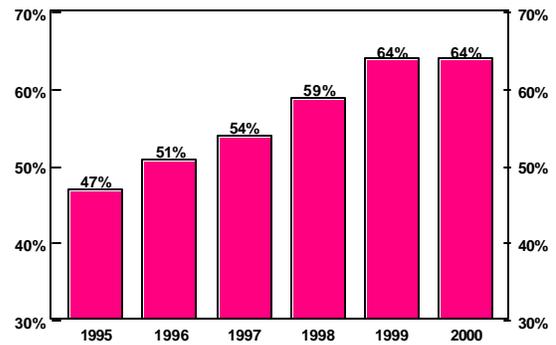
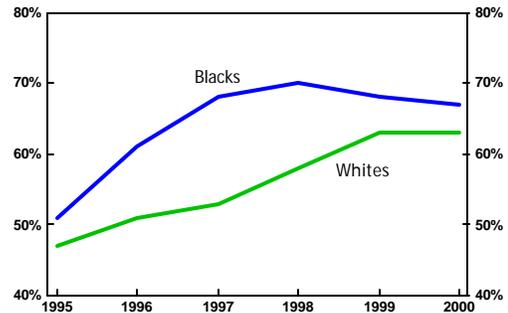


FIGURE 7
Percent Women Aged 40+ Had a Mammogram in Past Year
Pennsylvania Residents by Race, 1995-2000



PA Vital Statistics 1906-1999 Now Available

Trend Data for Births, Deaths, Population, etc. also on Web Site

Need to know the population of Pennsylvania in 1906, the birth rate for the state in 1915 or the number of deaths due to cancer between 1930 and 1999? The Bureau of Health Statistics has just updated our brochure on *Pennsylvania Vital Statistics 1906-* to include 1999 data.

Not all data items in the brochure have information back to 1906. Only death statistics were collected statewide back

then and statistics by cause of death are only available back to 1930. Births statistics are available back to 1915 and induced abortion statistics only date back to 1975.

A list of the data items contained on the brochure and the earliest year such data are available follows:

- total population (1906)
- population 65+ (1910)
- live births – number and rate (1915)

- percent births to teens (1937)
- percent low birth weight (1950)
- infant deaths – number and rate (1915)
- fetal deaths – number and rate (1942)
- induced abortions – number and rate (1975)
- deaths – number and rate (1906)
- median age at death (1906)
- leading causes of death (1930)

The brochure can also be viewed on the Health Statistics web pages of the Department's web site at www.health.state.pa.us/stats. Select Vital Statistics and then click on *Pennsylvania Vital Statistics 1906-1999* in the list of items available.

If you would like to receive a hard copy of this updated brochure, please contact the Bureau of Health Statistics at 717-783-2548.

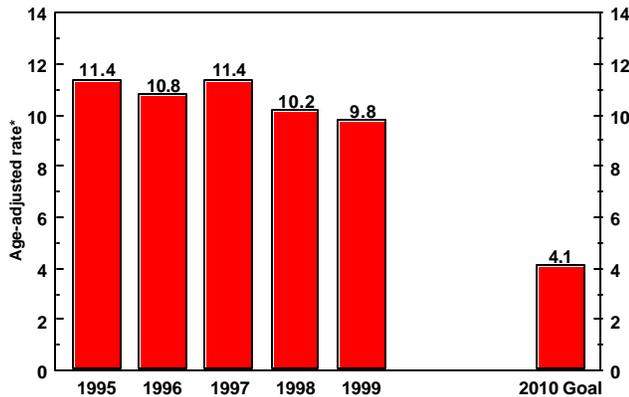
Update: Healthy People 2010 Objectives

Focus Area 15 - Injury & Violence Prevention

15-3 Reduce firearm-related deaths.

2010 Target: 4.1

Age-Adjusted Rate for Firearm-Related Deaths
Pennsylvania Residents, 1995-1999



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

Between 1995 and 1999, Pennsylvania's age-adjusted mortality rate for firearm-related deaths declined from 11.4 per 100,000 projected 2000 U.S. standard million population to 9.8. The national Healthy People 2010 objective has been set for a rate of 4.1 (less than half the 1999 state rate). There were 1,183 firearm-related deaths among

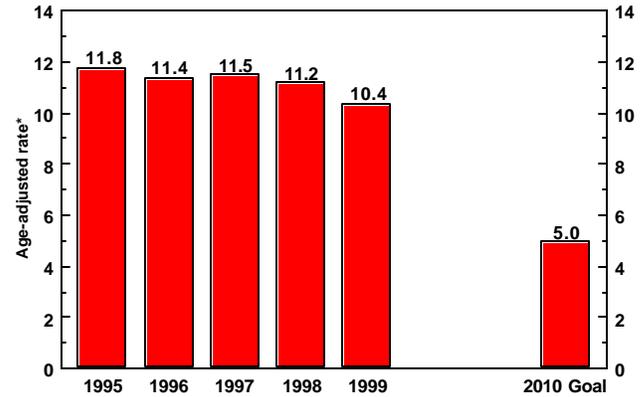
state residents in 1999 (703 were suicides; 428 were homicides; 35 were accidents; 10 were undetermined as to cause; and, seven involved legal intervention). The Pennsylvania rates are declining but there will need to be much more significant improvement in this rate for Pennsylvania to have any chance in meeting the national 2010 objective.

Focus Area 18 - Mental Health & Disorders

18-1 Reduce the suicide rate.

2010 Target: 5.0

Age-Adjusted Death Rate* for Suicide
Pennsylvania Residents, 1995-1999



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

Pennsylvania's age-adjusted rate for suicides has declined from 11.8 in 1995 to 10.4 in 1999. The national Healthy People 2010 objective has been set for a rate of 5.0 per 100,000 projected 2000 U.S. standard million population. There were 1,272 suicides among Pennsylvania residents in 1999. Over half of these deaths oc-

curred among residents under age 45. The national 2010 objective of 5.0 is less than half the 1999 rate for Pennsylvania. Even though the state's age-adjusted suicide rate has declined since 1995, it seems unlikely that Pennsylvania will meet this objective without some significant improvement over the next decade.

IMPORTANT NOTE: Please be aware that the age-adjusted rates that appear on this page were calculated based on the projected 2000 U. S. standard million population. Therefore, they are not comparable to other age-adjusted rates that were calculated using a different standard population (e.g., those that appeared in the Healthy People 2000 objectives).

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