STATISTICAL NEWS

PA Department of Health ◆ Bureau of Health Statistics and Research ◆ Vol. 31 No. 3 ◆ May/June 2008

Pennsylvania Survey Data on Gambling Reviewed

Adults Who Drink Alcohol and Smoke are More Likely to Gamble

In 2007, the Pennsylvania Department of Health collected data on gambling prevalence for the first time and this article will present the results. Because gambling can become a psychologically addicting and harmful behavior and since slots casinos have been operating since November 2006 in Pennsylvania, it is important to monitor the prevalence and trends of gambling in the state. In order to do this, Pennsylvania added gambling-related questions to the Behavioral Risk Factor Surveillance System (BRFSS) surveys from July 1, 2007 through December 31, 2007.

Among Pennsylvania residents age 18 and older (surveyed from July 1, 2007 through December 31, 2007), 43.3 percent (95% CI: 41.2-45.4%) have gambled in the past year. Among those whose annual household income was $35,000 or more, 48.1 percent gambled—significantly higher than those whose annual household income was less than $35,000 (38.1 percent). Among current smokers, 50.8 percent gambled. This is significantly higher than the 41.6 percent of non-smokers who gambled. Among those who drank alcohol in the past 30 days, 52.4 percent gambled in the past year, which is significantly higher than the 32.4 percent who did not drink alcohol in the past 30 days and gambled (see Chart 1 on page 6). Among residents, no significant differences in gambling prevalence were observed based on sex, race/ethnicity, age, education level, or marital status.

Among PA residents age 18 and older, 43.3 percent have gambled in the past year.

Adult gamblers were asked if they played slot machines in the past year. Of the residents who gambled, 40.6 percent (CI: 37.4-43.7%) had played slot machines in the past year. Of those who gambled and played slot machines, 59.4 percent (CI: 54.3-64.4%) were female and 40.6 percent (CI: 35.6-45.7%) were male. Additionally, 0.7 percent (CI: 0.3-1.5%) of Pennsylvania adults who gambled admitted that gambling had caused personal or financial problems.

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PA Smoking Prevalence & Lung Cancers Compared

Smoking and Lung Cancer Rates Higher in Eastern Half of U.S.

Data show that western and eastern states have obvious differences in smoking habits and that this directly affects the incidence rates of tobacco-related cancers. Pennsylvania, as one of the eastern states, is no exception. This article analyzes statistics for Pennsylvania's tobacco-related cancers and smoking prevalence. We also compared Pennsylvania to selected regions within the United States. This analysis supports the causal relationship between smoking and developing cancer.

According to the American Cancer Society (ACS), smoking-related diseases are the world's most preventable cause of death. The ACS publication, *Cancer Facts and Figures 2008*, also states that cigarette smoking accounts for at least 30 percent of all cancer deaths in the United States and 87 percent of lung cancer deaths. According to the U.S. Surgeon General, smoking is associated with increased risk of at least 15 cancer types: nasopharynx, nasal cavity and paranasal sinuses, lip, oral cavity, pharynx, larynx, lung, esophagus, pancreas, uterine, cervical, kidney, bladder, stom-

...cigarette smoking accounts for at least 30 percent of all cancer deaths in the United States and 87 percent of lung cancer deaths.

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DEPARTMENT OF HEALTH

Edward G. Rendell, Governor

Tools of the Trade:

Concepts of Some Common Birth Statistics Clarified

Utilizing information collected from the certificate of live birth, the Department of Health can develop programs to better address Pennsylvania's maternal and child health needs. The following article will review the sometimes-confusing concepts of the live birth rate, general fertility rate, and total fertility rate in hopes of increasing the understanding of these topics.

Birth Rate:

One of the more commonly seen or talked about vital statistics is the Birth Rate (BR). The calculation of the birth rate is rather simple: total live births (for a specific area and time period) divided by the total population (for the same area and time) multiplied by 1,000 (Mathematically: $[B^T/P^T] \times 1000$). The birth rate may also be referred to as the crude birth rate or live birth rate. This simply means that the rate is related to the entire population and not restricted to any specific sex, race, age group, etc. A crude birth rate is a good place to start when investigating an area's population trend.

the (birth) rate is related to the entire population and not restricted to any specific sex, race, age group, etc.

Now let's take a look at some rates for Pennsylvania and the United States. During 2006, the Pennsylvania birth rate was 12.0 per 1,000 population. By itself, the rate doesn't tell us much more than the population of Pennsylvania accrued 12 people for every 1,000 population in 2006. Comparing the Pennsylvania rate to the U.S. rate, which was 14.2 per 1,000 population (preliminary) in 2006, tells us a little more: that Pennsylvania experienced a lower rate than the U.S. during 2006, by over two people per 1,000 population.

Perhaps the most-telling use of the birth rate statistic would be to compare birth rates over a period of time. Table 1 shows that the 2006 live birth rate of 12.0 was the highest rate Pennsylvania has had since 1999, when it was 12.1 per 1,000 population. Looking at data over time will allow you to see any trends or patterns occurring with the data. By graphing the data, you can get a visual representation of what is taking place. Chart 1 (page 3) shows us that Pennsylvania followed similar patterns as the U.S. from 1980 to 2006. It also shows us that the Pennsylvania rate has been approximately 12.0 per 1,000 population since 1995. It's important to keep in mind that, by definition, a crude birth rate looks at the entire population and is not restricted to the female population, nor does it take into account age. This is important to note because having a large percentage of older adults in the population, such as we have in Pennsylvania, directly affects the crude birth rate.

General Fertility Rate:

The General Fertility Rate (GFR) is defined as the total number of live births (for a specific area and time period) divided by the female population ages 15-44 (for that same area and time) multiplied by 1,000. This can be expressed mathematically as $[B^T/F^{15\text{-}44}] \times 1000$. This rate is similar to the live birth rate except the general fertility rate relates to the female population, specifically females of the childbearing ages of 15-44, as opposed to the total population for an area.

The general fertility rate for Pennsylvania in 2006 was 59.5 per 1,000 females ages of 15-44. The 2006 rate was the highest recorded for Pennsylvania since 1993 when the rate was 60.2, and it's also an increase of 2.6 percent from the 2005 rate of 58.0 per 1,000 females ages 15-44. However, despite the increase in Pennsylvania's rate, the preliminary 2006 U.S. rate was higher, at 68.5. In fact, Pennsylvania's general fertility rate has been consistently lower than the U.S. rate, even during the "babyboom" years of 1946-1964. The more recent differences (1980-2006) between the two rates can be observed in Table 1. The average difference between the Pennsylvania rate and the U.S. rate between 1980 and 2006 was approximately 8.0 per 1,000 females ages 15-44.

Continued on Page 3...

Table 1
Live Birth, General Fertility, and Total Fertility Rates
Pennsylvania and United States, 1980-2006**

	Live Birth Rate*		General Fertility Rate*		Total Fertility Rate*	
Year	PA	U.S.	PA	U.S.	PA	U.S.
2006	12.0	14.2 **	59.5	68.5 **	1882.0	2101.0 **
2005	11.7	14.0	58.0	66.7	1844.5	2053.5
2004	11.6	14.0	57.4	66.3	1831.5	2045.5
2003	11.8	14.1	57.8	66.1	1844.0	2042.5
2002	11.5	13.9	56.3	64.8	1804.0	2013.0
2001	11.7	14.1	56.5	65.3	1808.5	2034.0
2000	11.9	14.4	57.0	65.9	1821.0	2056.0
1999	12.1	14.5	57.8	65.9	1795.0	2075.0
1998	12.1	14.6	57.6	65.6	1787.0	2058.5
1997	12.0	14.5	56.4	65.0	1743.0	2032.5
1996	12.3	14.7	57.2	65.3	1757.0	2027.0
1995	12.5	14.8	57.9	65.6	1769.5	2019.0
1994	13.0	15.2	59.4	66.7	1806.0	2036.0
1993	13.3	15.5	60.2	67.6	1821.5	2046.0
1992	13.6	15.9	61.2	68.9	1837.5	2065.0
1991	14.0	16.3	62.5	69.6	1860.5	2073.0
1990	14.4	16.7	63.6	70.9	1872.5	2081.0
1989	14.0	16.4	61.0	69.2	1778.0	2014.0
1988	13.8	16.0	60.1	67.3	1731.5	1934.0
1987	13.6	15.7	59.4	65.8	1693.5	1872.0
1986	13.5	15.6	58.9	65.4	1659.0	1837.5
1985	13.5	15.8	58.8	66.3	1642.0	1844.0
1984	13.2	15.6	57.9	65.5	1603.0	1806.5
1983	13.3	15.6	59.2	65.7	1633.0	1799.0
1982	13.6	15.9	60.6	67.3	1667.5	1827.5
1981	13.5	15.8	60.7	67.3	1654.5	1812.0
1980	13.4	15.9	60.1	68.4	1633.5	1839.5

* Live birth rates per 1,000 population.
** Preliminary 2006 U.S. data.

Continued from Page 1...

PA Smoking Prevalence & Lung Cancers...(continued)

ach, and acute myeloid leukemia. Smoking is also a major cause of heart disease, cerebrovascular disease, chronic bronchitis, emphysema, and is associated with gastric ulcers.

In Pennsylvania, we estimate that an average of 28 residents will be diagnosed with invasive lung and bronchus cancer each day in 2008 – a total annual estimate of 10,260 cases. This represents about 15 percent of all of the 2008 invasive cancers forecasted to be diagnosed among Pennsylvania residents.

Because of tobacco's negative impact on people's health, especially in terms of tobacco-related cancers, we mapped age-adjusted smoking prevalence for U.S. adults at the state level for

Continued on Page 4...

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Concepts of Some Common Birth Statistics...

Total Fertility Rate:
The calculation of a Total Fertility Rate (TFR) is not more complicated than the other two rates, but can cause some confusion if not fully understood. The TFR takes into account the age-specific birth rates of women between the ages of 10 and 49 using 5-year age groups (10-14, 15-19, 20-24, etc). Age-specific birth rates are computed the same way as the crude birth rates, except the total births and population are restricted to single 5-year age groups. Those age-specific rates (eight rates total) are then summed together and multiplied by 5, since 5-year age groups are used in the calculation. The formula is simply expressed as: (Sum of Age-Specific Birth Rates among Women for 5-year Age Groups between 10 and 49) x 5.

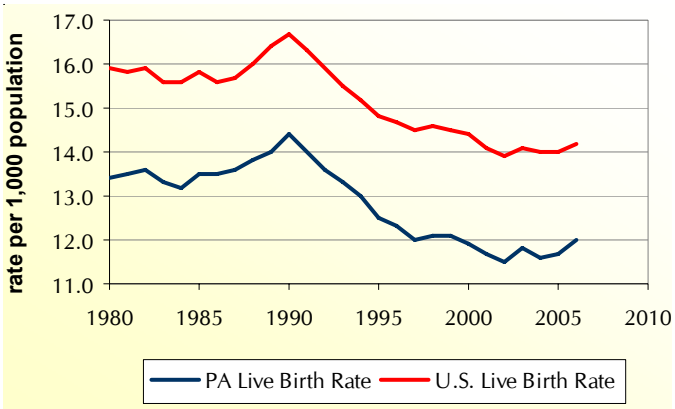
The total fertility rate reveals the average number of births a hypothetical cohort of 1,000 women could have, if they experienced the same age-specific birth rates that were observed during a specific point in time. The total fertility rate can be thought of as a replacement value for the cohort of 1,000 women and their partners. For example, a TFR of 2000.0 means, on the average, there will be enough children born (assuming conditions hold true) to replace the cohort of women and their partners. Therefore, the total fertility rate can be used as an estimate of the fertility growth factor in a population.

In 2006, the Pennsylvania total fertility rate was 1882.0 which means that there would not be enough children to replace the population cohort if conditions remain constant. Pennsylvania's TFR has been under 2000.0 since 1972. However, it has remained relatively stable since then, although still below replacement level. Keep in mind that the total fertility rate is not meant to be used as an absolute measure of population trends, but can be helpful in understanding and analyzing them. There are many other factors to consider when determining population trends, such as crude birth rates, death rates, and migration patterns. The corresponding (preliminary) 2006 U.S. TFR was 2101.0.

The general fertility rate is an age/sex-specific birth rate, while the total fertility rate is an age/sex-adjusted birth rate.

According to the "VitalStats" interactive web tool created by the Centers for Disease Control and Prevention, Pennsylvania ranked 47th for birth rate in 2005. Pennsylvania was tied for 45th for general fertility rate and ranked 42nd for total fertility rate. The state with the highest of all three rates in 2005 was Utah with a BR of 20.9, a GFR of 90.4, and a TFR of 2472.5 per 1,000 population.

Chart 1
Annual Live Birth Rates
Pennsylvania and United States*, 1980-2006



* Preliminary 2006 U.S. rate

Review:
The general fertility rate is an age/sex-specific birth rate, while the total fertility rate is an age/sex-adjusted birth rate. The TFR is an age-adjusted rate because it is based on the assumption that there is the same number of women in each age group. Since the total fertility rate is an age-adjusted rate, it can be compared to other total fertility rates, as long as the same age groups were used to calculate the age-specific birth rates. In addition to birth rates, there are other factors that you must consider when investigating population growth (such as mortality and migration rates). The rates described above are good indicators of what is occurring within a population, but will not give you the entire picture.

For additional U.S. birth data or to access the interactive web tool, "VitalStats", please visit the Centers for Disease Control and Prevention website at ***www.cdc.gov/nchs***. If you have questions concerning the Pennsylvania data presented here, please contact the Bureau at 717-783-2548 or visit our website at ***www.health.state.pa.us/stats***.

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PA Smoking Prevalence & Lung Cancers...(continued)

the year 2004 (data for Hawaii were not available). These data were obtained from the Healthy-People 2010 program and are based on the Behavioral Risk Factor Surveillance System (BRFSS) program of CDC. As Map 1 (page 5) clearly shows, smoking prevalence was lowest among states in the western U.S. and parts of the Northeast (excluding Pennsylvania). Smoking prevalence was highest among Mid-West, South, and Middle-Atlantic States (including Pennsylvania). Age-adjusted smoking prevalence among states ranged from a low of 10 percent in Utah to a high of 28 percent in both Kentucky and West Virginia. For comparison, Pennsylvania's 2004 age-adjusted smoking prevalence was relatively high at 24 percent. Additionally, we know that in 2007 Pennsylvania's age-adjusted smoking prevalence was 22 percent – one of the lowest figures to date in Pennsylvania. Unfortunately, access to more recent age-adjusted rates for the other states was not possible at this time.

Although this map paints a clear picture of the recent prevalence of adult smokers, an analysis including historical data was beyond the scope of this article, especially for individual states. Because tobacco use usually takes years to cause cancer and other illnesses, historical smoking data would add more weight to our analysis. Nonetheless, we know the prevalence of smoking in the U.S. has decreased dramatically since 1965 when 42 percent of adults smoked (ACS). In Pennsylvania, smoking rates have not decreased dramatically during the last 10-15 years. However, some western states have a history of lower smoking prevalence. For example, when compared to Pennsylvania, California has maintained dramatically lower smoking prevalence among adults since the 1990's.

(As with smoking prevalence)... states in the western half of the U.S. had lower incidence rates of lung cancer, compared to the eastern half.

Based on the 2004 map of smoking prevalence, we expect the western states to have a lower incidence of tobacco-related cancers compared to Pennsylvania and some other eastern states. To test this expectation, we created a second map (see Map 2 on page 5) for age-adjusted incidence rates of lung/bronchus cancer in 2004 for the U.S. (data for Maryland were not available). These data were obtained from the National Program of Cancer Registries (NPCR), United States Cancer Statistics (USCS). Not surprisingly, the map of lung cancer rates closely mirrored the map of smoking prevalence – indicating that states in the western half of the U.S. had lower incidence rates of lung cancer, compared to the eastern half. Utah had the lowest rate of lung cancer (28.3 per 100,000), while the two highest rates occurred for West Virginia (85.6) and Kentucky (99.5). Pennsylvania's 2004 age-adjusted rate for lung and bronchus cancer was 68.4 per 100,000.

To continue with the comparison, the bars in Chart 1 represent age-adjusted incidence rates for seven tobacco-related cancers (lung/bronchus, urinary bladder, kidney/renal pelvis, pancreas, oral cavity/pharynx, esophagus, and larynx). Pennsylvania was compared to the

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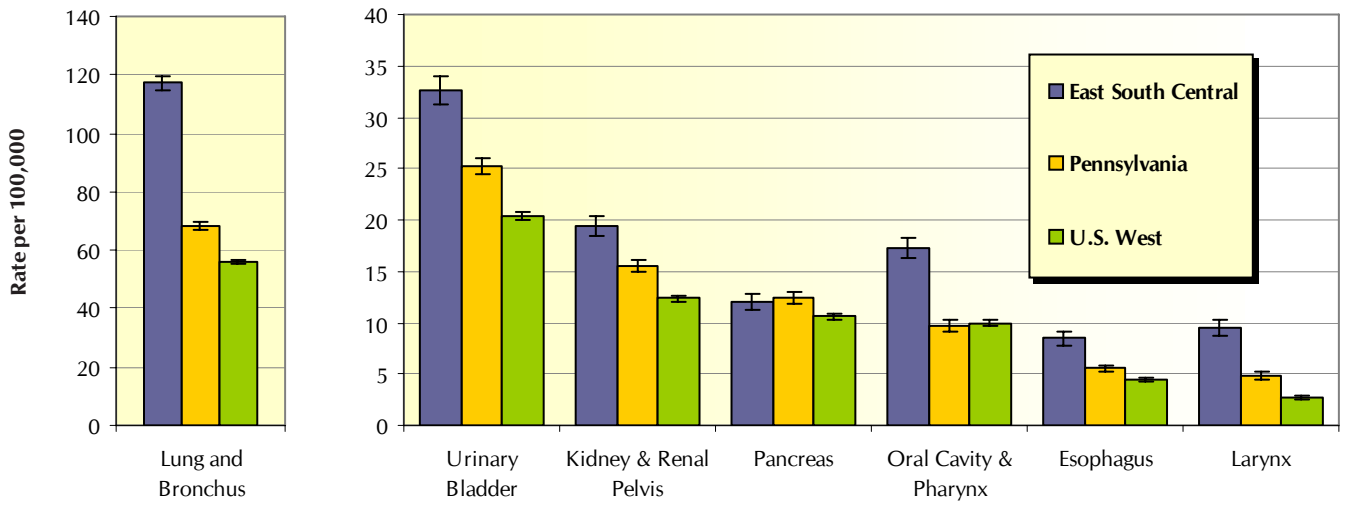
Chart 1

Age-Adjusted Incidence Rates for Selected (Tobacco-Related) Cancers with 95% Confidence Interval Bars Pennsylvania and Selected U.S. Regions (East South Central and Western), 2004



Source: United States Cancer Statistics: 1999-2004 Incidence and Mortality Web-based Report. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2007. Available at www.cdc.gov/uscs.

Notes: Rates are age-adjusted to the 2000 U.S. standard million population. All in situ cancer cases are excluded, except for urinary bladder. Bar chart for lung and bronchus cancers uses a different scale compared to the other selected cancers. East South Central region includes Alabama, Kentucky, Mississippi, and Tennesse, while the U.S. West region includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

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PA Smoking Prevalence & Lung Cancers...

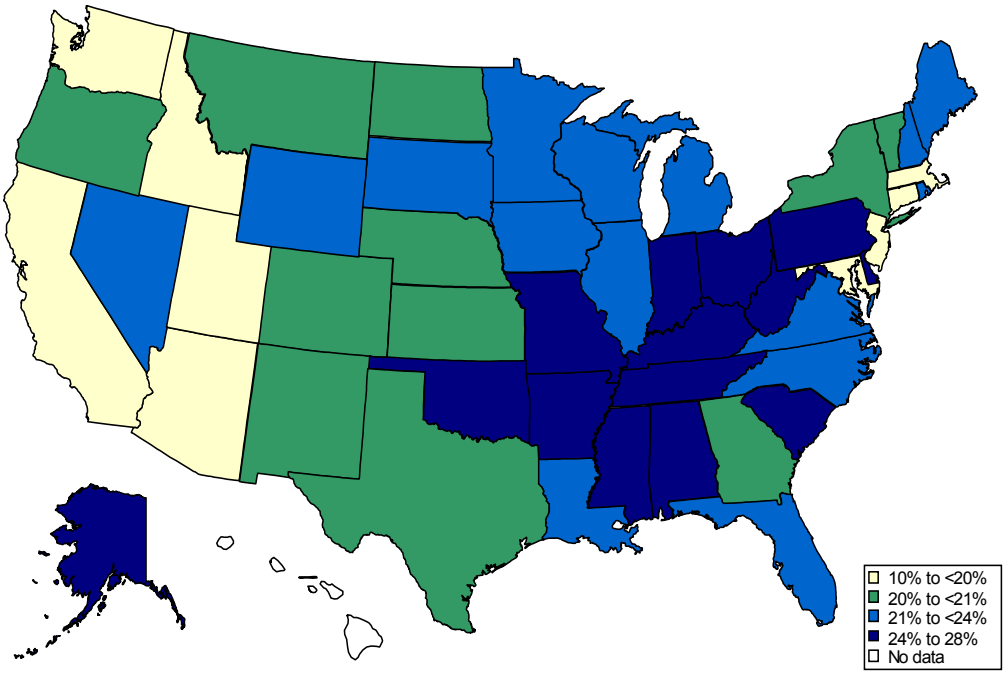
U.S. West region, known for low prevalence of smoking, and to the East South Central region, known for high smoking prevalence. The U.S. West region includes 8 Mountain States (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming) and 5 Pacific States (Alaska, California, Hawaii, Oregon, and Washington), while the East South Central region includes Alabama, Kentucky, Mississippi, and Tennessee. Compared to the U.S. West region, rates for six of the seven tobacco-related cancers were significantly higher in Pennsylvania and all seven were significantly higher in the East South Central region. In addition, six of the seven cancer rates were significantly higher in the East South Central region, compared to Pennsylvania.

These findings suggest that continued efforts to reduce smoking in Pennsylvania could eventually reduce the cancer burden, saving lives and reducing health care costs.

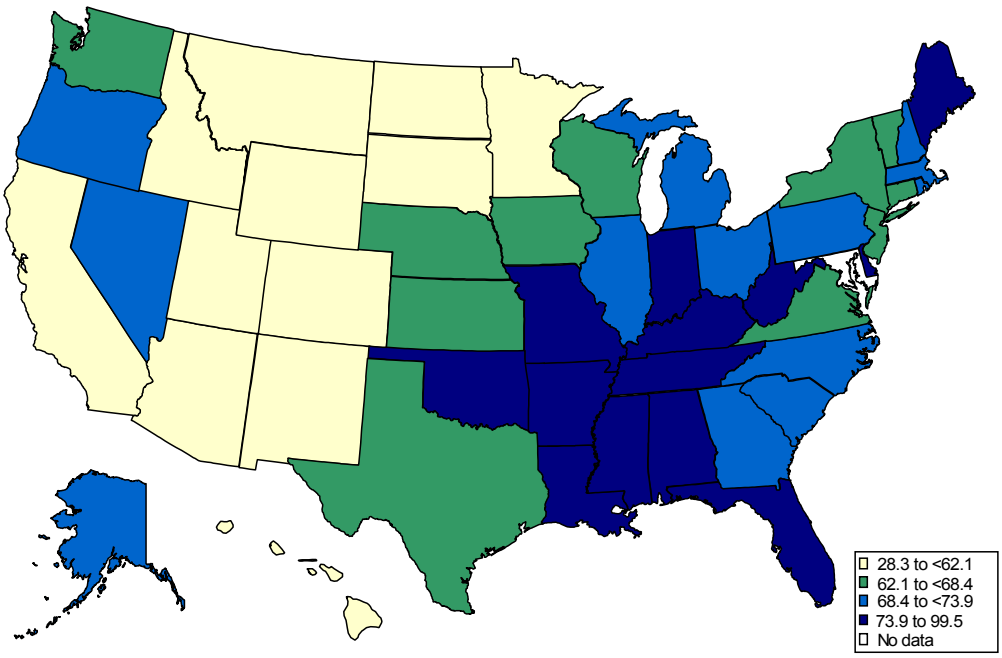
The Surgeon General's 2004 report concluded that by quitting smoking completely the risk of lung cancer is cut in half in ten years; the risk of mouth, throat, and esophagus cancer is cut in half in five years; and, the risk of bladder cancer is cut in half after only a few years. The list of benefits obtained by smoking cessation goes well beyond cancer including reduced risk for stroke, coronary heart disease, chronic obstructive pulmonary disease (including emphysema), bronchitis, pneumonia, asthma, cataracts, low birth weight, sudden infant death syndrome, and many other health problems.

For questions about this article, please contact the Bureau at 717-783-2548.

Map 1
Prevalence Estimates (age-adjusted) of Adult Cigarette Smokers
Healthy People 2010 Database, DATA2010, 2004



Map 2
Age-Adjusted Invasive Lung & Bronchus Cancer Incidence Rates
United States Cancer Statistics, Web-based Report, 2004



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Pennsylvania Survey Data on Gambling...(continued)

This estimate might be low because respondents may under-report these types of problems. These data will continue to be monitored as the availability of slot casinos increases statewide.

The Pennsylvania Youth Survey (PAYS) is conducted every two years to determine the behaviors, attitudes, and knowledge concerning alcohol, tobacco, other drugs and violence of public school students in grades 6, 8, 10, and 12. Questions were added to the 2005 PAYS to investigate gambling for money or anything of value in the past year. The survey showed that gambling among youths had a strong correlation with age (or grade). For example, 21.4 percent of 6th graders gambled, compared to 31.7 percent of 8th graders. These prevalence estimates continued to increase for the older students [43.0 percent for 10th graders and 44.5 percent for 12th graders (see Chart 2)]. Based on these data, by the time youths are in 10th and 12th grades, they are gambling at a rate that is similar to adults. Therefore, prevention efforts may be better targeted at youths much younger than high school age.

All grade levels showed significant differences based on sex and alcohol use in the past 30 days. Males gambled at a higher rate than females and those who used alcohol in the past 30 days gambled at a higher rate than those that did not use alcohol. In fact, for all grades surveyed, males were more than twice as likely to have gambled, compared to females. This is much different than all Pennsylvania adults aged 18 and older, where sex was not correlated with gambling. Additionally, 24.2 percent (CI: 20.9-27.4%) of 10th and 12th graders who gambled admitted to spending more than they intended on gambling in the past year, and 10.6 percent (CI: 8.8-12.4%) admitted that their gambling led to lies to their families in the past year. These data are important because they may be the initial behaviors that can lead to problem gambling habits in the future.

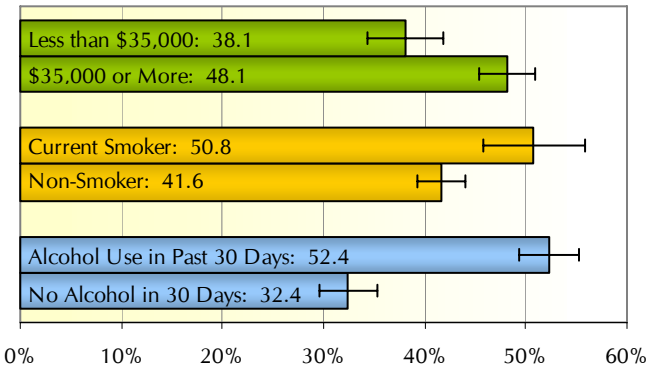
Based on these (PAYS) data, by the time youths are in 10th and 12th grades, they are gambling at a rate that is similar to adults.

The recent legalization of slot casinos in Pennsylvania has prompted monitoring of gambling prevalence in the state and will help to serve as baseline statistics. It will become even more important to continue to monitor these statistics as more slots casinos open in the Commonwealth.

The Pennsylvania Youth Survey, conducted every two years, is used to provide a benchmark for substance abuse and other risky behaviors as well as to help indicate the level of effectiveness of prevention and treatment programs. For more information on PAYS, please visit the Pennsylvania Commission on Crime and Delinquency at ***www.pccd.state.pa.us*** and then select Justice Research.

For questions about this article, please contact the Bureau at 717-783-2548.

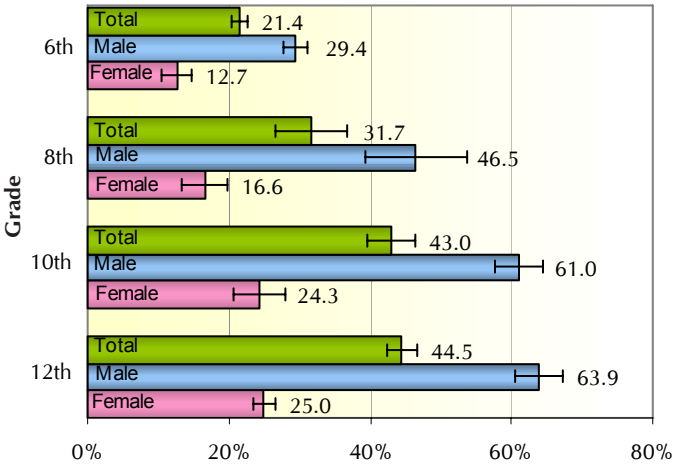
Chart 1
Prevalence Estimates of Adult Gamblers*
by Income, Smoking Status, and Alcohol Use
PA BRFSS Survey, June 1, 2007 - Dec. 31, 2007



*Gambled in the past 12 months

⊢⊣ = 95% Confidence Interval

Chart 2
Prevalence Estimates of Youth Gamblers*
by Sex for Grades 6, 8, 10, and 12
PA Youth Survey (PAYS), 2005



*Gambled for money or anything of value in the past 12 months

⊢⊣ = 95% Confidence Interval

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 and questions added by Pennsylvania to obtain information needed that is unavailable elsewhere.

Update: Healthy People 2010 Objectives

Focus Area 01: Access to Quality Health Services

01-09a - Reduce the hospitalization rate for pediatric asthma (persons under 18).

2010 Target: 17.3 discharges per 10,000

All Persons Under 18 and By Sex:
The hospitalization rate for pediatric asthma among Pennsylvania residents was 24.1 per 10,000 population under age 18 in 2006. There were 6,899 discharges with a primary diagnosis of asthma to residents under 18 that year among Pennsylvania hospitals.

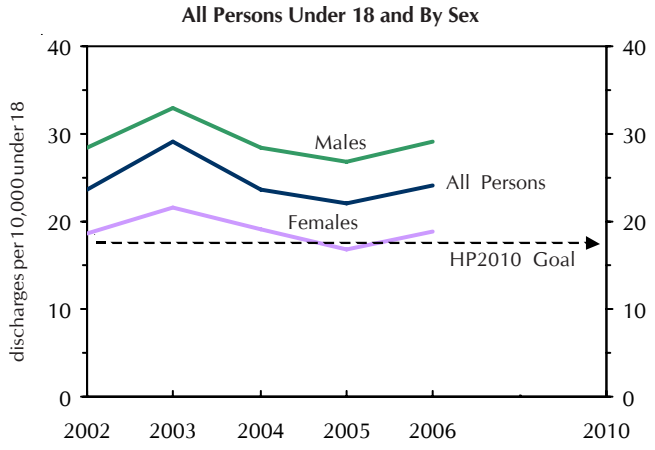
The pediatric asthma hospitalization rate in 2006 was approximately 55 percent higher among males under 18 (29.1 per 10,000), compared to females under 18 (18.8). This difference in the rates by sex was consistent between 2002 and 2006.

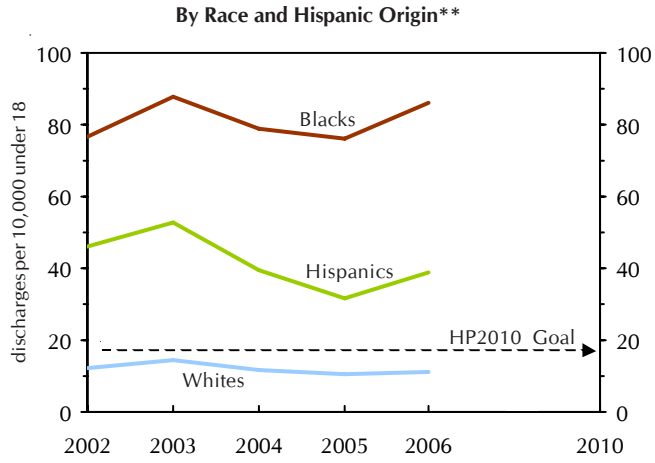
The Healthy People 2010 objective is a rate of 17.3 per 10,000. The rates for all persons under 18 and for males under 18 have been much higher than the 2010 goal and historical data show no trends. The 2005 rate for females under 18 exceeded the goal (16.9 per 10,000) but then increased to 18.8 in 2006.

Race and Hispanic Origin:
The 2006 pediatric asthma hospitalization rates by race and Hispanic Origin show that the rate for Blacks (86.0 per 10,000) was almost eight times higher than the rate for Whites (11.0) and the Hispanic rate (38.7) was about three and one-half times higher than the White rate. Between 2002 and 2006, the rates for Hispanics and especially for Blacks have remained much higher than the HP2010 goal while the rates for Whites have been consistently lower. The rates among the Black and Hispanic population (under 18) showed no discernible trends during the 2002-2006 period.

The rates for Whites have been below the Healthy People objective of 17.3 throughout the five-year period of 2002-2006. A substantial decline in the rates for Blacks and Hispanics are necessary in order to meet the HP2010 goal; however, the increase in 2006 is discouraging.

Hospitalization Rates For Pediatric Asthma Pennsylvania Residents Under Age 18, 2002-2006





**Hispanics can be of any race

Hospitalization Rate* for Pediatric Asthma By Sex & Race/Ethnicity, Pennsylvania Residents, 2002-2006

	2002	2003	2004	2005	2006
All Persons Under 18	23.7	29.1	23.7	22.0	24.1
Males Under 18	28.5	32.9	28.3	26.8	29.1
Females Under 18	18.6	21.6	19.0	16.9	18.8
Whites Under 18	12.3	14.3	11.7	10.4	11.0
Blacks Under 18	76.8	87.9	79.0	75.9	86.0
Hispanics** Under 18	46.1	52.6	39.2	31.7	38.7

*discharges per 10,000 under 18 **Hispanics 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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