STATISTICAL NEWS

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Cancer of the Thyroid Reviewed

Cases Up, But Deaths Are Stable

Cancers of the thyroid have become much more prevalent in recent years with 2,497 invasive cases diagnosed in Pennsylvania in 2008. Thyroid cancer is now the tenth most commonly diagnosed cancer in Pennsylvania and represents 3.3 percent of all cancers diagnosed. Thyroid cancer is not as deadly as some of the other cancers and in 2008 there were only 78 deaths where thyroid cancer was the underlying cause of death.

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Healthy People 2010: Access to Quality Health Services

Obj 01-09a - Reduce the hospitalization rate for pediatric asthma

HP2010 Target: 17.3 discharges per 10,000 population under 18

The hospitalization rate for pediatric asthma among Pennsylvania residents was 21.6 per 10,000 population under age 18 in 2008. This was a decrease from the 2007 rate of 23.8 and the lowest rate between 2000 and 2008. The highest rate recorded was in 2003 (29.1 per 10,000 under 18). There were 6,088 discharges with a primary diagnosis of asthma to residents under 18 in 2008 among Pennsylvania hospitals.

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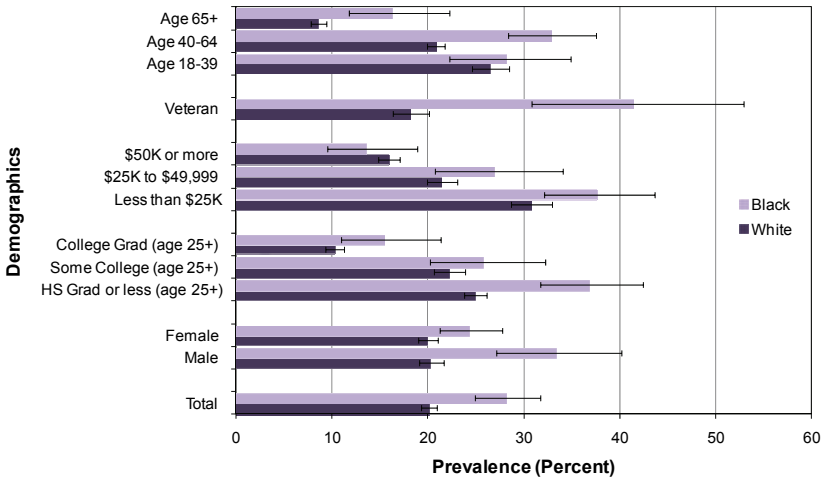
Disparities Observed in Tobacco Use

Blacks in Pennsylvania Less Likely to Quit Smoking Cigarettes

Smoking cigarettes causes over 20,000 needless deaths each year in Pennsylvania.[1] The physical and emotional tolls of the diseases it causes are huge and impact almost every organ of the body. A recent state health survey found that while African American adults in Pennsylvania were no more likely to initiate smoking than whites, they had significantly higher rates of current smoking. It found that smaller percentages of blacks than whites had quit smoking, even though, a larger percentage of black smokers had at least one quit attempt in the past 12 months. Approximately 28 percent (95% Confidence Interval (CI): 25-32) of the Pennsylvania black adult population smoke cigarettes, representing 240,000 smokers.

Chart 1
Currently Smoke Cigarettes by Race and Demographics
Pennsylvania Adults, 2007-2009



95% Confidence Interval
Source: 2007-2009 Pennsylvania Behavioral Risk Factor Surveillance Survey

Current Smoking Disparities

In the 2007 to 2009 timeframe, according to Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) data, about 20% (CI: 19-22) of both white males and white females were current smokers. For blacks 33% (CI: 27-40) or one of every three males smoked cigarettes and 24% (CI: 21-28) or 1 of every 4 females smoked (see Chart 1).

Smoking-related Health Impacts and Disparities

While it is commonly known that smoking is the primary cause of lung cancer and that smoking increases the risk of cardiovascular disease, it may be less known that smoking increases a person's risks of:

- coronary heart disease by 2 to 4 times
- stroke by 2 to 4 times
- developing lung cancer in men by 23 times
- developing lung cancer in women by 13 times, and
- dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times.[1, 2]

African Americans in Pennsylvania have been especially vulnerable to these risks. Using 2008 death certificate data, Pennsylvania reported death rates for myeloma (cancer of plasma cells), stomach, and larynx cancers among blacks that were at least twice the rate as whites for the same cancers.[3] These cancers have been causally linked with smoking in the 2004 Report of the Surgeon General.[2] Blacks in Pennsylvania also have statistically significantly higher death rates for cardiovascular disease, heart disease, and lung and bronchus cancer than whites.

Quitting

Pennsylvania residents with less education and/or less income have higher rates of smoking and are, typically, less likely to quit. Great differences were also reported between blacks' and whites' (see Chart 2, next page) rates of successful quitting. Quitting was defined as smoking 100 or more cigarettes in their lifetime and not currently smoking. While 57 percent (CI: 56-58) of whites who ever smoked had quit, in comparison only 38 percent (CI: 34-43) of blacks had. This challenge to quit among blacks showed in most demographic breakouts as well. Black men had nearly half the rate of quitting compared to white men. Among adults with college degrees, blacks had substantially lower rates of quitting, 47 percent (CI: 35-59), compared to whites at 72 percent (CI: 70-75). Even among those most

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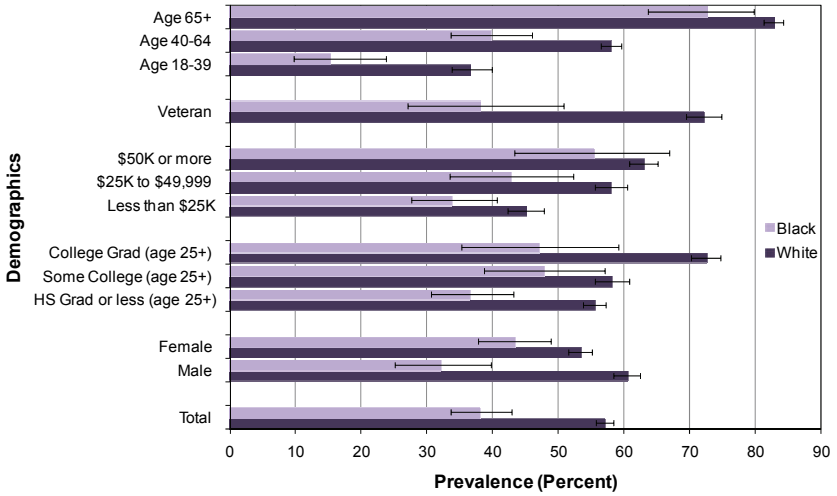
likely to quit - adults 65 and older - whites have a greater chance of quitting (83 percent, CI: 81-84) than blacks (72 percent, CI: 64-80).

It isn't apparent from the data why quitting is so much more of a challenge for African Americans. This question was asked of current smokers: 'During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?' More blacks had tried to quit (68 percent, CI: 61-74) than whites (56 percent, CI: 54-59). Unfortunately, we cannot say as much about quit attempts by demographics of blacks because the number of interviews becomes too small to provide good statistics.

Chart 2
Quit Smoking Cigarettes by Race and Demographics
Pennsylvania Adults, 2007-2009

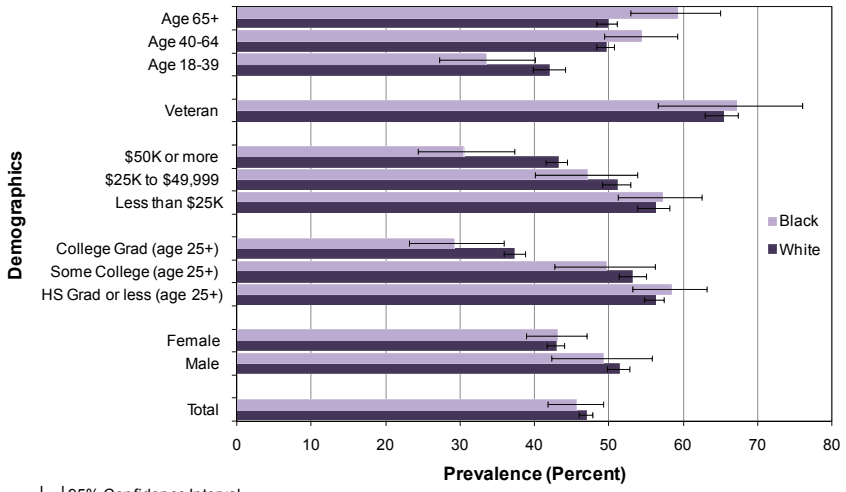


95% Confidence Interval
Source: 2007-2009 Behavioral Risk Factor Surveillance System

Ever Smoked

Black and white adults were equally likely to have ever smoked 100 cigarettes or more during their lifetimes (see Chart 3). Forty-nine percent (CI: 42-56) of black males and 51 percent (CI: 50-53) of white males reported ever smoking 100 or more cigarettes. The numbers were also similar and slightly lower for females, 43 percent (CI: 39-47) of black females and 43 percent (CI: 42-44) of white females had ever smoked 100 cigarettes. Those who were most educated and had greater household incomes were less likely to have ever smoked than those with less education or income. Among those with household incomes of $50,000 or more, blacks initiated smoking at a lower rate (30 percent, CI: 24-37) than whites (43 percent, CI: 42-44). Only among the oldest residents, those 65 and older, did blacks have a higher rate of ever smoking (59 percent, CI: 53-65) than whites (50 percent, CI: 48-51).

Chart 3
Ever Smoked 100 Cigarettes or More by Race and Demographics
Pennsylvania Adults, 2007-2009



95% Confidence Interval
Source: 2007-2009 Behavioral Risk Factor Surveillance System

Black Veterans Are At High Risk

The similar rates of initialization by race and the great disparity of quitting were especially apparent among veterans. Among white veterans 65 percent (CI: 63-67) ever smoked, compared with 67 percent (CI: 57-76) of black veterans. The current smoking rate though was 18 percent (CI: 16-20) for white veterans and over twice as high – 41 percent (CI: 31-53) for black veterans. This smoking rate inversely corresponds

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Disparities Observed in Tobacco Use

with the quitting rate for black veterans of 38 percent (CI: 27-51) while white veterans achieved a quitting rate of 72 percent (CI: 69-75). Clearly there are big obstacles to quitting for black veterans.

What Can Be Done?

Research has shown that implementing comprehensive tobacco control and prevention programs can significantly reduce tobacco use and its staggering toll on our families and communities.[4] Proven policies and strategies include increasing the price of tobacco products, implementing smoke-free policies, reducing tobacco advertising and promotion, controlling access to tobacco products, and encouraging and assisting tobacco users to quit.[4]

Quitting chances are improved by using proven strategies, including medical support. BRFSS includes a question about routine visits to doctors and indicates that blacks were more likely to have visited a doctor for a routine checkup within the past two years, 92 percent (CI: 90-94) than whites were, 82 percent (CI: 82-83). Clinical practice guidelines published by the U.S. Department of Health and Human Services state that brief interventions of less than ten minutes by doctors can be very effective to help their patients to quit. The guidelines strongly encourage clinicians to follow the five **A's** – **A**sk every patient about tobacco use, **A**dvise him or her to quit, **A**ssess their willingness to make a quit attempt, **A**ssist with their quit attempt, and **A**rrange for follow-up contacts.[5]

In Pennsylvania, recipients of Medicaid (also known as medical assistance and Access) may be eligible for tobacco cessation prescription medications such as varencline (brand name Chantix) and bupropion (brand name Zyban) and non-prescription Nicotine Replacement Therapies such as the nicotine patch, gum, lozenges and nasal spray. Some Medicaid insurers reimburse eligible health care providers for tobacco related treatment and referrals to cessation programs. All these benefits require pre-authorization and recipients and health care providers must check with appropriate Medicaid insurance carriers for individual eligibility and terms of reimbursement.

A free Quitline, 1-800-QUITNOW, offers materials and counseling services to Pennsylvania residents who are ready to quit.

For additional information about tobacco's impact on Pennsylvania, refer to *Pennsylvania Tobacco Facts 2009/2010*. For questions regarding this article, please contact the Bureau of Health Statistics and Research at 717-783-2548.

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[1] Pennsylvania Department of Health, Bureau of Health Statistics and Research and Division of Tobacco Prevention and Control, *Pennsylvania Tobacco Facts 2009/2010*.

[2] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

[3] PA Department of Health, Bureau of Health Statistics and Research. *Minority Health Disparities Reports, Mortality Report*.

[4] Centers for Disease Control and Prevention. *Tobacco Control State Highlights 2010*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Disease Control and Prevention and Health Promotion, Office on Smoking and Health, 2010.

[5] Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence:2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Pennsylvania Health Facility GIS Layers

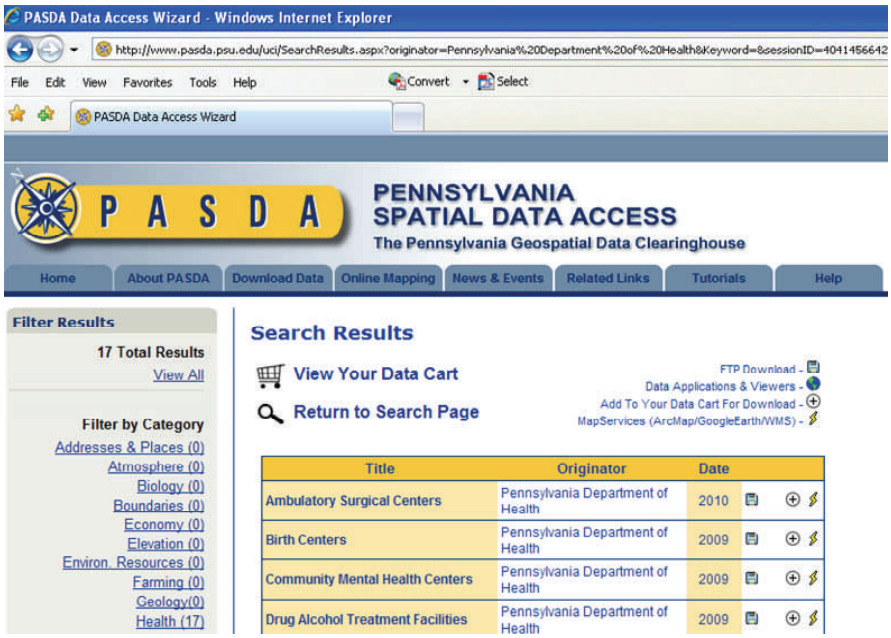
Adding the 'Where' to Data

The Pennsylvania Department of Health collects data annually about thousands of health facilities within the state. The Bureau of Health Statistics and Research conducts annual surveys of hospitals, nursing homes, and ambulatory surgery centers. Under the Deputy Secretary for Quality Assurance, the Department also conducts surveys and facility inspections across the state for additional health facilities such as birth centers, intermediate care facilities, and drug and alcohol treatment centers, just to name a few. Statistical and informational reports about these health facilities have been produced for years. Some people may not realize that GIS layers of these health facilities have also been produced for several years and are available to the general public. This article will focus on accessing this GIS data with ArcMap or through Esri's free mapping tool, ArcGIS Explorer Online.

Accessing PASDA:

The Health Facilities webpage within the Health Statistics portion of the Department's website contains statistical reports on hospitals, nursing homes, and ambulatory surgery centers. If you click on the Hospitals Reports link, you can see a list of various statistical reports containing information such as: beds, occupancy rates, medical services available, and the number of medical staff at the facility. If you scroll down to the bottom of the webpage, you can click on a link to the Hospital GIS Layer on the Pennsylvania Spatial Data Access (PASDA) website. There are also links to GIS layers for nursing homes and ambulatory surgery centers at the bottom of those previously mentioned health facility reports web pages.

Figure 1 - Health Facility GIS Layers on Pennsylvania Spatial Data Access



Navigating PASDA:

Once you've accessed PASDA's website, you can utilize a Data Access Wizard by clicking on the Download Data tab. You'll notice that there is an option to Search by Data Provider. If you select 'Pennsylvania Department of Health' under this option and click the submit button, a list of all currently available health facility GIS layers will be shown (see Figure 1).

On the data download page with the list of available health facility GIS layers (see Figure 1), you'll notice that you have the option to do an FTP download of the GIS layers, add it to a data cart, or use the layers via a map service. The data cart has similar functionality to an online shopping website. With this tool, you can load data into a cart and download it all at once free of any charge.

Another option on the data download page is to view the full metadata document for each result listed. You can view these documents by clicking the title of the facility.

Understanding Metadata:

Metadata is data about data. It provides information about the timeliness of the data, how often it is updated, what the original source of the data might be, and information about the attributes (fields) that are available in the file. Information about the data that is contained in the field, like whether it is a numeric field and contains counts of some variable or whether it is a binary field with 'Y' or 'N' values, is also available. As you'll see later in the article, the information about the attributes in the metadata can be helpful when you need to query the data by one or multiple fields.

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Pennsylvania Health Facility GIS Layers

Features with ArcMap:

If you're fortunate enough to have ArcGIS software, you can click on the lightning bolt, which opens the Map Service Details pages. You can then click on 'Add to ArcMap' to add the GIS layer to a map document, which is reading the GIS data layer from a map service stored on PASDA's servers at Penn State University. If you don't already have ArcMap open, it will open automatically and load this map service to your table of contents with all 17 GIS layers available to use. If you do have ArcMap open, it will simply add the GIS layers to the bottom of your table of contents. Please be aware that a few of the GIS layers are not current, which again, is why it is so important to review GIS metadata.

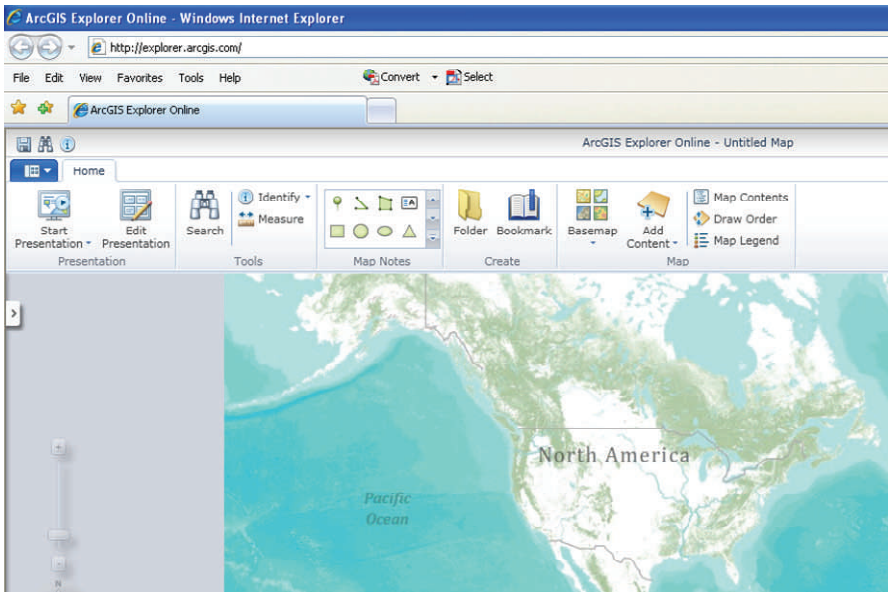
Features with Google Earth:

If you do not have ArcGIS software, you can preview the data by clicking on the Preview Data link on the Map Service Details webpage. This opens a simple online mapping application, powered by Google, displaying the selected health facility GIS data layer. In this application, you have the option to select various base layers from Google and Microsoft's Virtual Earth. If you have Google Earth downloaded and installed on your PC, that is another option. You could view the GIS data in Google Earth via a KML (Keyhole Markup Language) file.

Features with ArcGIS Explorer:

A third option has recently become available for viewing GIS data called ArcGIS Explorer Online (see Figure 2). You'll need to install the free Silverlight software in order to use ArcGIS Explorer Online. Click on the previous link to launch this free online application. To zoom in to Pennsylvania, click on the Search tool, type 'PA' into the Search box, make sure that Places is selected under the Search box, and then click Enter or click on the search icon to the right of the Search box. The map should now be zoomed in to Pennsylvania. You can also change the basemap that the application uses. Click on the Basemap icon and choose 'Bing Maps Hybrid'. This basemap provides streets as well as aerial imagery. You can click on the Bookmark icon to add a New Bookmark and change the name to 'PA' or 'Pennsylvania'. This will allow you to go back to the Pennsylvania extent of the map at any time by double-clicking on the bookmark at the top of the Map Contents portion of the screen.

Figure 2 - ArcGIS Explorer Online



To add the health facility data from PASDA to the map, click on 'Add Content', select 'GIS Service', in the Search box paste, or type, the following URL, http://146.186.163.133/arcgis/rest/services/DepHealth/MapServer, make sure URL is selected under the Search box, and then click enter or click on the Search icon to the right of the Search box. You should see DepHealth show up under the Search box. Click on Add and then click on the Contents button in the lower left corner of the screen. Click on the triangle next to DepHealth to expand the health facility list and click on the checkbox next to '6.DOH_Hospitals201011.10' to make the Hospitals layer visible on the map. Hundreds of black dots should appear on the map of Pennsylvania representing hospital locations. You can zoom in and out on the map to see the locations of the hospitals by using the wheel on your mouse or by using the navigation tools on the left side of the map window. The navigation tools are transparent until you mouse over them. As you zoom in, you'll notice that the aerial imagery be-

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Pennsylvania Health Facility GIS Layers

comes very clear, streets begin to turn on, and labels for various map objects begin to appear as well.

Real-Life Applications:

Now let's say that you'd like to query the data to find which hospitals have helipads. Click on 'DepHealth' under Map Contents. Click on the Tools tab at the top of the screen. Click on the Query icon. Choose the Hospitals layer to query and click OK. Scan down the Fields list until you see 'HELIPAD' near the end of the list. Single click on it to add it to the query builder window. Then choose '=' and type 'Y' (include the single quotation marks around the letter Y) and click OK. You should see blue and red circles around the points indicating which hospitals have helipads (see Figure 3). How do you know what parameters are available to enter into the query? You'll need to review the metadata that was referenced earlier in the article and determine if the field is numeric or if it is a binary field that only contains 'Y' or 'N' values. These are the two primary field formats in the Hospitals layer.

Let's try another query. Under Query, click on Properties. Let's say that you wanted to know which hospitals in Pennsylvania had an emergency department, a helipad, are classified as a Level I trauma center, and had at least 10 beds in their Intensive Care Unit (ICU). Copy and paste, or type, the following code into the query builder window, EMER_DEPT = 'Y' and HELIPAD = 'Y' and REG_TRAUMA = 'Level I' and ICU_BEDS >= 10. Then click OK. Blue dots show the results of the query with the first record, as the default selection, shown with a red dot (see Figure 4).

Figure 3 - Identifying Hospitals with Helipads Using a Query

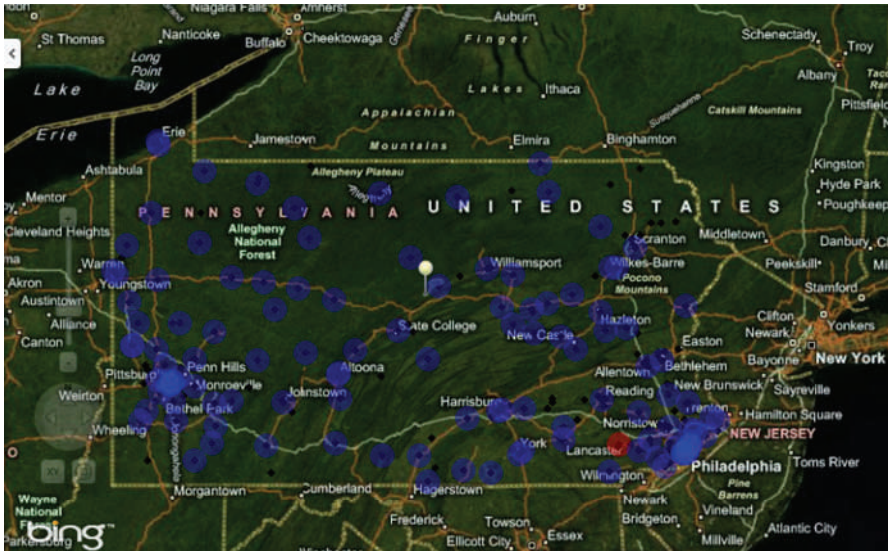
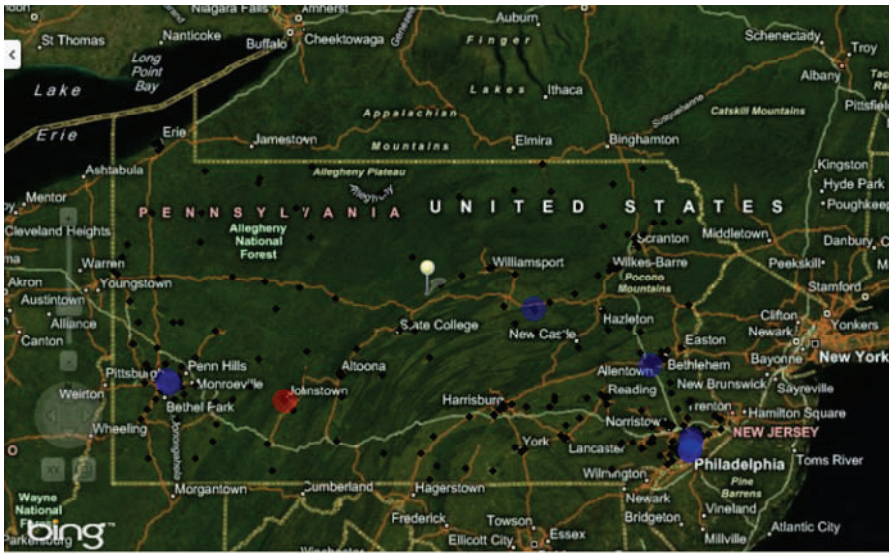


Figure 4 - Identifying Hospitals with Emergency-related Criteria Using a Query



Other Map Services:

In ArcGIS Explorer Online, you can add other map services from PASDA's website or from Esri's ArcGIS Online. You can also search the Web for other GIS data available through map services. Usually, you'll need to find a URL for the location of the map service on an organization's server. Distances can be measured. Drawing order and transparencies of layers can be set. You can even identify features and view the associated attribute data. Please take some time to learn about this new free online mapping tool from Esri and check out the health facility GIS layers.

If you have any questions about the information in this article, please contact the Bureau of Health Statistics and Research at 717-783-2548.

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Cancer of the Thyroid Reviewed

Cases Up, But Deaths Are Stable

Cancers of the thyroid have become much more prevalent in recent years with 2,497 invasive cases diagnosed in Pennsylvania in 2008. Thyroid cancer is now the tenth most commonly diagnosed cancer in Pennsylvania and represents 3.3 percent of all cancers diagnosed. Thyroid cancer is not as deadly as some of the other cancers and in 2008 there were only 78 deaths where thyroid cancer was the underlying cause of death. Even after analyzing the number of deaths where thyroid cancer was either the underlying cause or a contributing cause of death, the count only increased to 110.

Although we're seeing a rapid increase in the number of cases of thyroid cancer being diagnosed, we are not seeing a similar increase in the number of thyroid cancer deaths. This also holds true for the United States, as thyroid cancer incidence rates have been steadily increasing, while death rates have not. Although the exact reason for the increase is not yet known, the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program website offers a word of caution when trying to interpret the increase, explaining "rising incidence rates must be interpreted with caution, since trends can reflect "real" increases in cases, temporary increase in cases with earlier detection, or additional finding of cases that are histologically malignant but biologically indolent."

From 1990 to 2008, the number of thyroid cancer cases increased approximately 400 percent from 498 cases to 2,497 cases (see Chart 1). In contrast, there were 65 deaths in 1990 where thyroid cancer was the underlying cause of death, compared to 78 deaths in 2008. The number of thyroid cancer deaths has stayed in a range of 57 (in 1991) to 82 deaths (in both 2005 and 2007). You can see that while invasive thyroid cancer cases have shown a dramatic 400 percent increase from 1990 to 2008, the number of deaths due to thyroid cancer has not fluctuated much during this same period.

You may be asking yourself, "How is it possible that one cancer like thyroid cancer can have such a good prognosis, 78 deaths representing just 3.1 percent of all new thyroid cancer cases (2,497) in 2008, compared to pancreatic cancer where in 2008 there were 1,768 deaths representing 89.6 percent of new pancreatic cancer cases (1,973)?" The answer is the fact that cancer is not a single

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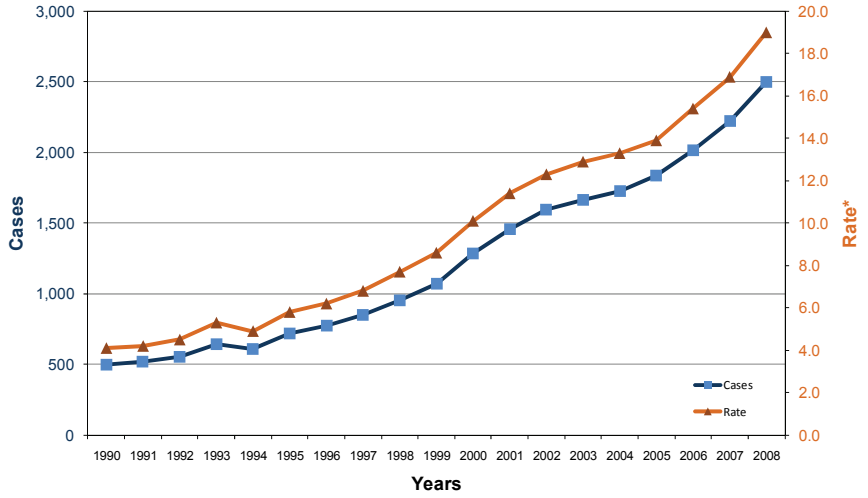
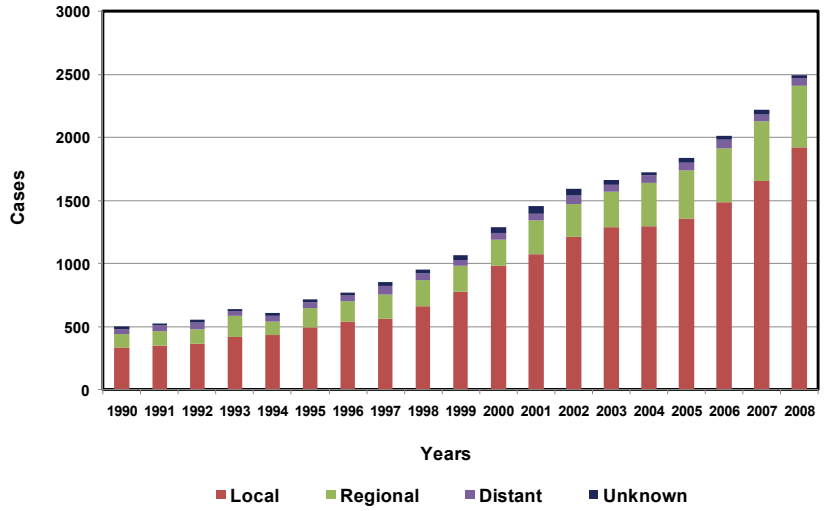
Chart 1
Thyroid Cancer Cases and Age-adjusted Incidence Rates*
Pennsylvania Residents, 1990-2008



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

Chart 2
Thyroid Cancer Cases by Stage at Diagnosis
Pennsylvania Residents, 1990-2008



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Cancer of the Thyroid Reviewed

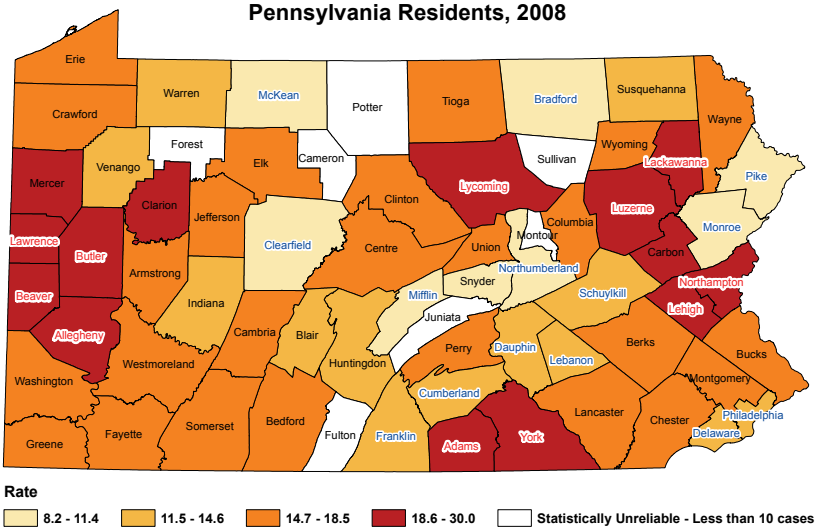
disease and thyroid cancer acts differently than pancreatic cancer.

Thyroid cancer is much more likely to occur in women. In fact, the American Cancer Society states, "For unclear reasons thyroid cancers (like almost all diseases of the thyroid) occur about 3 times more often in women than in men." The excessive risk for thyroid cancer associated with exposure to external ionizing radiation has been well-established. Other risk factors for thyroid cancer include: dietary factors (especially low iodine intake), hormonal and reproductive factors and hereditary conditions.

Within the thyroid cancer classification there are four main subtypes: papillary, follicular, medullary, and anaplastic. Papillary and follicular are usually grouped together and are collectively known as differentiated thyroid cancers. These two subtypes are the most commonly diagnosed thyroid cancers, are highly treatable by performing a thyroidectomy (removal of the thyroid gland), and have an excellent prognosis/survival rate. In 2008 in Pennsylvania, there were 2,408 differentiated thyroid cancer cases representing over 96 percent of all thyroid cancers. Since these two subtypes of thyroid cancer represent the majority of cases in Pennsylvania and that they have such a good prognosis helps to explain why we've seen a small increase in the number of deaths from thyroid cancer compared to the large increase in the number of cases.

With any cancer, the sooner you diagnose it the better (see Chart 2). For thyroid cancer, it is important to catch it in either the local or regional stages of the disease. The SEER Program website contains data on the relative survival from cancers by stage of the disease (how far the cancer has spread). The five-year survival rates for thyroid cancer are 99.8 percent for localized, 97.1 percent for regional, and 58.1 percent for distant. Of the 2,497 thyroid cancer cases diagnosed in 2008 in Pennsylvania, 1,918 (76.8 percent) were local, 492 (19.7 percent) were regional, 59 (2.4 percent) were distant, and 28 (1.1 percent) were unknown stage. You can see here that 96.5 percent of thyroid cancers diagnosed in Pennsylvania in 2008 were either local or regionally staged, which have very high five-year survival rates (97.1 percent or greater).

Map 1
Thyroid Cancer Age-adjusted Incidence Rates* by County
Pennsylvania Residents, 2008



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

In Map 1, you can see the counties in Pennsylvania that have a higher age-adjusted incidence rate in 2008 (shaded in red). The counties that had a statistically significantly higher incidence rate, compared to the state, also show the county name in red font. You'll notice that there are two tight groups of counties (Lawrence, Butler, Beaver, and Allegheny in the West; and York and Adams in the South) and one loose grouping of counties (Lycoming, Lackawanna, Luzerne, Northampton, and Lehigh in the Northeast) where there were significantly higher rates of thyroid cancer.

Female Pennsylvania residents had a statistically significantly higher rate of thyroid cancer (28.0, 95% Confidence Interval (CI): 26.7 – 29.3), compared to male residents (9.6, CI: 8.8-10.4) in 2008. More specifically, females were diagnosed with three times as many cases as males, 1,885 versus 612, respectively. Also, Whites had a statistically significantly higher rate of thyroid cancer (19.3, CI: 18.5-20.1) compared to Blacks (14.3, CI: 12.2-16.6) or Hispanics (8.2, CI: 5.6-11.9).

Much of the data in this article can be found on our online, interactive data query tool, EpiQMS. If you have any questions about this article, please contact the Bureau of Health Statistics and Research at (717)783-2548.

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Update: Healthy People 2010 Objectives

Focus Area 1: Access to Quality Health Services

Objective 01-09a - Reduce the hospitalization rate for pediatric asthma

HP2010 Target: 17.3 discharges per 10,000 population under 18

All Persons Under 18 and By Sex:
The hospitalization rate for pediatric asthma among Pennsylvania residents was 21.6 per 10,000 population under age 18 in 2008. This was a decrease from the 2007 rate of 23.8 and the lowest rate between 2000 and 2008. The highest rate recorded was in 2003 (29.1 per 10,000 under 18). There were 6,088 discharges with a primary diagnosis of asthma to residents under 18 in 2008 among Pennsylvania hospitals.

The pediatric asthma hospitalization rate in 2008 was over 50 percent higher among males under 18 (26.0 per 10,000) compared to females under 18 (17.0). This difference in the rates by sex remained fairly consistent between 2004 and 2008.

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 rates for females under 18 met the 2010 goal twice during 2004-2008 (2005 and 2008) but, again, no trend is evident.

Race and Hispanic Origin:
The 2008 pediatric asthma hospitalization rates by race and Hispanic Origin show that the rate for Blacks (74.9 per 10,000) was over eight times higher than the rate for Whites (9.1) and the Hispanic rate (38.5) was over four times higher than the White rate. Between 2004 and 2008, the rates for Hispanics and, especially

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Chart 1
Hospitalization Rates for Pediatric Asthma by Sex
Pennsylvania Residents Under Age 18, 2004-2008

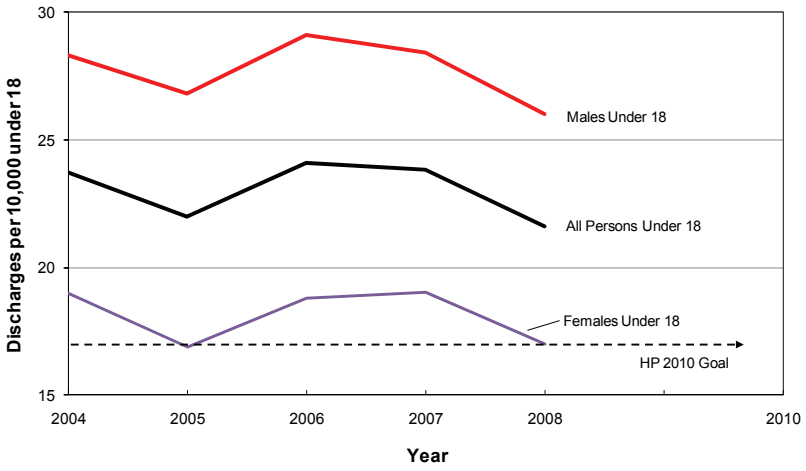
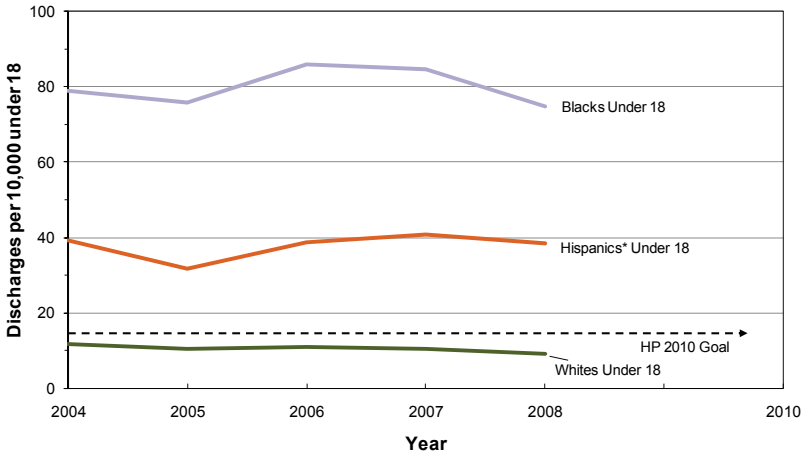


Chart 2
Hospitalization Rates for Pediatric Asthma
by Race and Hispanic Origin*
Pennsylvania Residents Under Age 18, 2004-2008



*Hispanics can be of any race.

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Update: Healthy People 2010 Objectives

Focus Area 1: Access to Quality Health Services

for Blacks have remained much higher than the HP2010 goal while the rates for Whites have been consistently lower. The rates among the Hispanic population under 18 increased between 2005 and 2007, and then declined in 2008 to a rate similar to 2006. The rates for Whites have been below the Healthy People objective of 17.3 throughout the five-year period of 2004-2008. While both Blacks and Hispanics experienced a decrease in 2008, a substantial decline would be needed for either population to meet the national goal by 2010.

Table 1
Hospitalization Rate* for Pediatric Asthma
by Sex and Race/Ethnicity, Pennsylvania Residents, 2004-2008

	2004	2005	2006	2007	2008
All Persons Under 18	23.7	22.0	24.1	23.8	21.6
Males Under 18	28.3	26.8	29.1	28.4	26.0
Females Under 18	19.0	16.9	18.8	19.0	17.0
Whites Under 18	11.7	10.4	11.0	10.3	9.1
Blacks Under 18	79.0	75.9	86.0	84.5	74.9
Hispanics** Under 18	39.2	31.7	38.7	40.8	38.5

*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 or all counties, and 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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