STATISTICAL NEWS

PA Department of Health ◆ Bureau of Health Statistics and Research ◆ Vol. 31 No. 6 ◆ Nov/Dec 2008

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2006 Pregnancy Rate Is Highest Recorded Since 1994

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Tools of the Trade: Premature Mortality Rate

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Healthy People 2010: Diabetes Deaths

Obj 5-05 - Reduce diabetes deaths.... 2010 Target: 45 deaths per 100,000

The age-adjusted death rate for diabetes (as an underlying or contributing cause) among all residents between 2002 and 2006 has been lower in recent years. The highest death rate was recorded in 2002... *Continue reading this article >>>*

pennsylvania
DEPARTMENT OF HEALTH

Pennsylvania Pregnancies Increase in 2006

2006 Pregnancy Rate Is Highest Recorded Since 1994

There were 185,257 pregnancies reported among female residents of Pennsylvania in 2006, an increase of 5,361 or 3.0 percent, from the 179,896 reported for 2005. The 2006 number is the highest recorded since 1996 and the 2006 rate is the highest since 1994.

The 2006 reported pregnancy rate of 74.1 per 1,000 females ages 15-44 was 3.1 percent higher than the 2005 rate of 71.9. Figure 1 depicts the annual rate of reported pregnancies for all Pennsylvania residents from 1990 through 2006. It also shows the annual teenage (15-19) reported pregnancy rate for the same years. The teen pregnancy rate has declined considerably, from 73.6 per 100,000 in 1990 to 42.7 in 2006 (a 42.0 percent decrease). However, in 2006 the teen pregnancy rate (42.7) was 4.9 percent higher than the 2005 teen pregnancy rate (40.7).

Table 1 shows 2006 reported pregnancy statistics by woman's age group and outcome for the state. In 2006, 80.3 percent or 148,706 of the reported pregnancies resulted in a live birth, 19.0 percent or 35,192 in an induced abortion, and only 0.7 percent or 1,359 in a fetal death (non-induced termination of 16 weeks or more gestation).

Women in the age group 20-29 accounted for 51.4 percent or 95,056 of all reported pregnancies where the age of mother was known in 2006; those under 20 years of age, for 10.9 percent or 20,099; and, women 30 years of age and older accounted for 37.8 percent or 69,902.

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...in 2006 the teen pregnancy rate (42.7) was 4.9 percent higher than the 2005 teen pregnancy rate (40.7).

Table 1
Reported Pregnancies by Age Group and Outcome
Pennsylvania Residents, 2006

Age of Woman	Reported Pregnancies	Live Births	Fetal Deaths	Induced Abortions
All Ages	185,257	148,706	1,359	35,192
Under 15	415	207	6	202
15-17	6,370	4,313	50	2,007
18-19	13,314	9,267	106	3,941
20-29	95,056	74,412	629	20,015
30 & Older	69,902	60,327	556	9,019

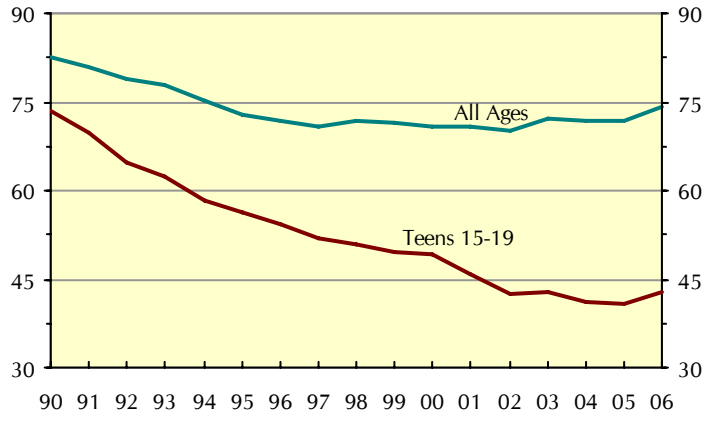
Note: Unknown ages are included in the total.

Table 2
Reported Pregnancies by Age, Race and Hispanic Origin of Woman
Pennsylvania Residents, 2006

Age of Woman	All Races	White	Black	Asian/ Pacific Islander	Hispanic Origin
All Ages	185,257	129,812	35,931	7,151	15,448
Under 15	415	129	228	9	60
15-17	6,370	2,868	2,606	94	1,025
18-19	13,314	7,448	4,269	247	1,814
20-29	95,096	64,855	20,121	3,137	8,888
30 & Older	69,902	54,400	8,658	3,658	3,650

Notes: Hispanic origin can be of any race. Unknown ages are included in the total.

Figure 1
Reported Pregnancy Rate*, All Ages and Teens 15-19
Pennsylvania Residents, 1990-2006



Year	All Ages	Teens 15-19
2006	74.1	42.7
2005	71.9	40.7
2004	71.7	41.2
2003	72.3	42.7
2002	70.1	42.5
2001	70.9	46.0
2000	70.8	49.1
1999	71.5	49.7
1998	71.7	51.0
1997	70.9	51.8
1996	71.8	54.4
1995	72.8	56.3
1994	75.1	58.3
1993	77.9	62.3
1992	79.0	64.7
1991	80.9	69.8
1990	82.6	73.6

* Rate per 1,000 female population for each year by age group

Continued...

Pennsylvania Pregnancies Increase...

Among residents under 20 years of age, 68.6 percent of all 2006 reported pregnancies resulted in a live birth, compared to 78.3 percent for women 20-29 years of age and 86.3 percent for women 30 years of age and older. The younger women (under 20) had a higher percentage (30.6 percent) of induced abortions in 2006, compared to 21.1 percent for women 20-29 years of age and 12.9 percent for women 30 and older.

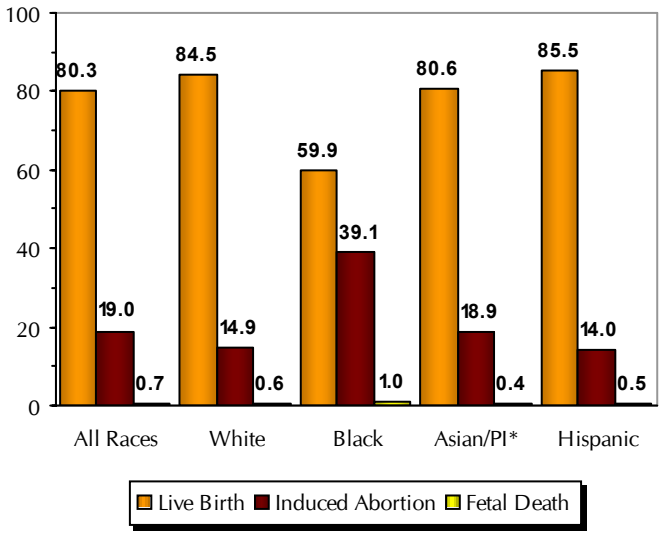
Slightly over 70 percent or 129,812 of all reported pregnancies in 2006 were among White women as shown in Table 2. Black women accounted for 19.4 percent of the reported pregnancies or 35,931; and, Asian/Pacific Islander women accounted for only 3.9 percent or 7,151 of all reported pregnancies. Reported pregnancies among women of Hispanic origin accounted for 8.3 percent or 15,448. Please note that persons of Hispanic origin can be of any race.

Among Hispanic and Black females in 2006, 18.8 and 19.8 percent (respectively) of the reported pregnancies were to teenagers (under 20 years of age). Among White and Asian/Pacific Islander females, only 8.1 and 4.9 percent (respectively) were to teenagers.

Figure 2 shows the percentage of 2006 reported pregnancies by outcome, race and Hispanic origin for Pennsylvania residents. In 2006, 84.5 percent of the reported pregnancies to White women resulted in a live birth and 14.9 percent in an induced abortion. Among Asian/Pacific Islander women, 80.6 percent of the reported pregnancies resulted in a live birth and 18.9 percent in an induced abortion. Only 59.9 percent of the reported pregnancies among Black women resulted in a live birth and 39.1 percent resulted in an induced abortion. The percentages of live births and induced abortions for Hispanic women were similar to those for White women at 85.5 and 14.0, respectively.

Three components were used to calculate the reported pregnancies (live births, non-induced fetal deaths, and induced abortions). Please note the following qualifications of the reported pregnancy statistics as released by the Bureau of Health Statistics and Research: fetal deaths exclude those less than 16 weeks of gestation and induced abortions exclude those performed outside the state to residents.

Figure 2
Reported Pregnancies, Percent Outcome by Race/Ethnicity, Pennsylvania Residents, 2006



Note: Hispanic origin can be of any race.
Percents may not total to 100.0 due to rounding.
* Pacific Islander

For additional statistics on age-specific pregnancy rates and percent live birth outcome for reported resident teen pregnancies please visit our website at www.health.state.pa.us/stats and click on the EpiQMS logo (select the Teen Pregnancies dataset.) If you have any questions about the data presented here, please contact the Bureau of Health Statistics and Research at 717-783-2548 or via an e-mail link from our website.

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2008 PA Cancer Facts & Figures Reports

Reports Present Projected Cancer Incidence and Mortality Statistics

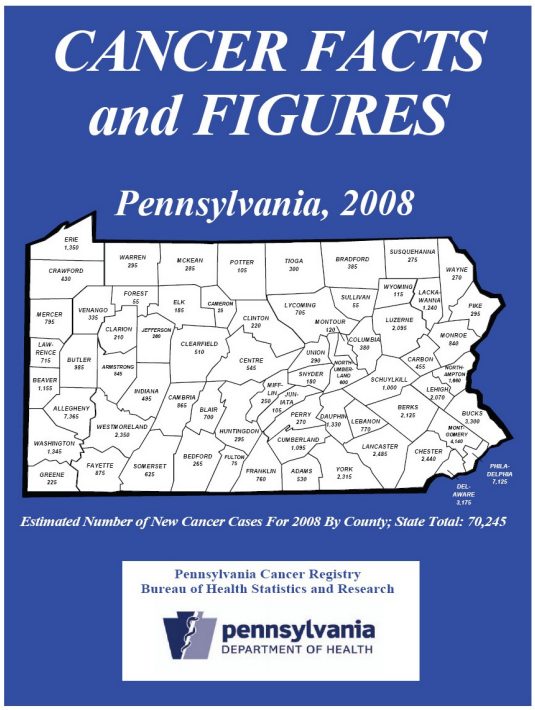
The Pennsylvania Department of Health has recently published the annual *Cancer Facts and Figures Pennsylvania* report and the biennial *Cancer Facts and Figures for African Americans Pennsylvania* report. Both reports present projected cancer incidence and mortality statistics among Pennsylvania residents.

Cancer Facts and Figures Pennsylvania 2008

Efforts in this year's update include enhanced and improved charts for *An Average Day of Cancer Cases and Deaths*. Paper copies are available upon request from the Bureau of Health Statistics and Research or can be printed on-line at www.health.state.pa.us/stats. In addition to basic facts and figures, this publication remains unique for presenting projected 2008 cancer incidence and mortality statistics for the entire Commonwealth of Pennsylvania. Data collected by the Pennsylvania Cancer Registry (PCR) is the source for Pennsylvania cancer incidence data. Pennsylvania's Certificate of Death is the source document for Pennsylvania cancer mortality data. Other sources of data in the publication include the National Cancer Institute's Surveillance, Epidemiology, and End Results Program (SEER) and the Pennsylvania Behavioral Risk Factor Surveillance Survey (PA BRFSS).

This report contains projected cancer cases and cancer deaths by county of residence for 2008, and projected cancer cases and cancer deaths by primary site and sex for the state. Also included in the report is a chart of the expected change in the number of cancer cases by primary site (2005 vs. 2008). Annual age-adjusted cancer rates were used to examine trends for all cancers by sex, by race and for the top four cancers. In addition, age-adjusted cancer incidence and mortality rates were compared to the United States for all cancers, lung/bronchus, colon/rectum, urinary bladder, prostate, and female breast cancers. Staging data are presented for 1995 and 2005 and compares males to females and Whites to Blacks. Data on behavioral risks among adults (such as the percentages of smokers, those overweight, women who have ever had a mammogram or pap smear, and prostate exams among men) are also included in this report. Basic facts about cancer and the American Cancer Society guidelines for early detection of certain cancers are also shown in this publication. The report concludes with a message about the Pennsylvania Cancer Prevention and Control Section's Initiatives.

According to the report, the overall number of cancer cases among Pennsylvania residents is projected to decline slightly by 2.1 percent between 2005 and 2008...



According to the report, the overall number of cancer cases among Pennsylvania residents is projected to decline slightly by 2.1 percent between 2005 and 2008, from 71,788 to 70,245. Prostate cancers (1,620 less cases), colon/rectum cancers (799 less cases) and female breast cancers (470 less cases) are expected to have the largest declines by 2008. Thyroid cancers (266 more cases), kidney/renal pelvis cancers (262 more cases), melanoma of the skin (246 more cases) and pancreas cancers (205 more cases) may account for the largest increases by 2008.

The number of cancer deaths among Pennsylvania residents for 2008 (28,815) is projected to be slightly lower than the 2006 number (28,955). Specifically, the largest increases are expected for deaths due to pancreas and lung/bronchus cancers. The largest declines are expected for deaths due to colon/rectum, prostate and female breast cancers.

Age-adjusted cancer incidence rates for all cancers have increased between 1990 and 2001, but have been lower since then. The age-adjusted mortality rates for all cancers have consistently decreased from 223.8 in 1990 to 194.8 in 2006.

Throughout the years, men have had consistently higher incidence and mortality rates compared to females for all cancers combined. For example, the age-adjusted incidence rate for male residents (574.3 per 100,000) in 2005 was 31 percent greater than the rate among females (439.2).

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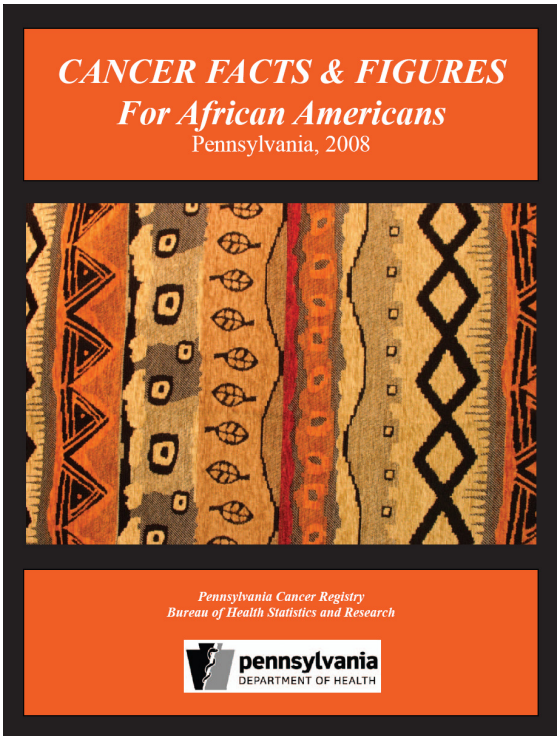
2008 PA Cancer Facts & Figures...

Cancer Facts and Figures for African Americans Pennsylvania 2008

This special edition provides projected cancer cases and deaths for African American residents and focuses on racial disparities among African Americans diagnosed with cancer in Pennsylvania. In particular, cancer incidence and mortality rates are compared by year, race and primary site. For example, annual age-adjusted cancer incidence (1990-2005) and mortality (1990-2006) rates have been consistently higher among African Americans compared to Whites in Pennsylvania. Liver, myeloma, stomach, larynx and prostate cancer rates were dramatically higher among African American males compared to White males. Among females, African Americans had dramatically higher rates than Whites for myeloma, esophagus, liver, stomach and larynx cancers. Projections indicate the number of cancer cases among African Americans in 2008 could be one percent less than actual figures reported for 2005. Likewise, 2008 projections for cancer mortalities indicate a two percent decrease among African Americans compared to reported figures for 2006. Other statistics in this report include stage data at the time of diagnosis and a comparison of Pennsylvania trends to the United States (National Cancer Institute's SEER data). Lastly, the report includes racial disparities for select behavioral risk factors including obesity, smoking and cancer screening.



Please visit our website at www.health.state.pa.us/stats to view or print either of our *Cancer Facts and Figures* reports (under the Cancer Incidence and Mortality link) or one of our many other statistical publications. Additional cancer statistics can be found on-line within our various cancer reports and data tables and by using our interactive web tool EpiQMS. If you have any questions about the data presented here or would like a paper copy of *Pennsylvania Cancer Facts and Figures*, please contact the Bureau of Health Statistics and Research at 717-783-2548.

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Tools of the Trade:

Premature Mortality Rate

Almost 4 out of every 10 deaths to Pennsylvania residents occur to people under 75 years of age. While the quality of life for older Pennsylvania citizens is extremely important, it is also important to investigate deaths to younger citizens as well. The reasoning is that the vast majority of deaths to persons age 75 and older are due to chronic conditions associated with aging, such as cancer. By examining deaths to persons younger than 75, it may be possible to identify geographic areas where certain deaths may be more prevalent among younger residents than other areas. Once recognized, steps may be taken to help reduce the number of deaths occurring in those areas.

One way to go about identifying these areas would be by utilizing premature mortality statistics. The concept of premature mortality is a rather basic one: the number of deaths to residents before age 75. Although this may seem simplistic, it can be a rather helpful calculation in terms of community health analysis when the premature mortality statistic is converted into a rate. The converted rate is called the premature mortality rate (PMR), which is merely the number of deaths to residents under age 75 per 100,000 persons age-adjusted to the 2000 U.S. standard population. (Note: age 75 is used as the cut-off age in this calculation since the life expectancy at birth is slightly over 75 years in the United States).

The PMR is considered a sound summary measure of the impact of death on younger populations. It may also be a more helpful statistic when it comes to assessing certain important public health issues, such as obesity, as opposed to simply using mortality rates. One of the main advantages of using the premature mortality rate is that it moves away from considering single causes or single risk factors to a broader community perspective. But keep in mind that there are some limitations to using the premature mortality rate, such as not being able to

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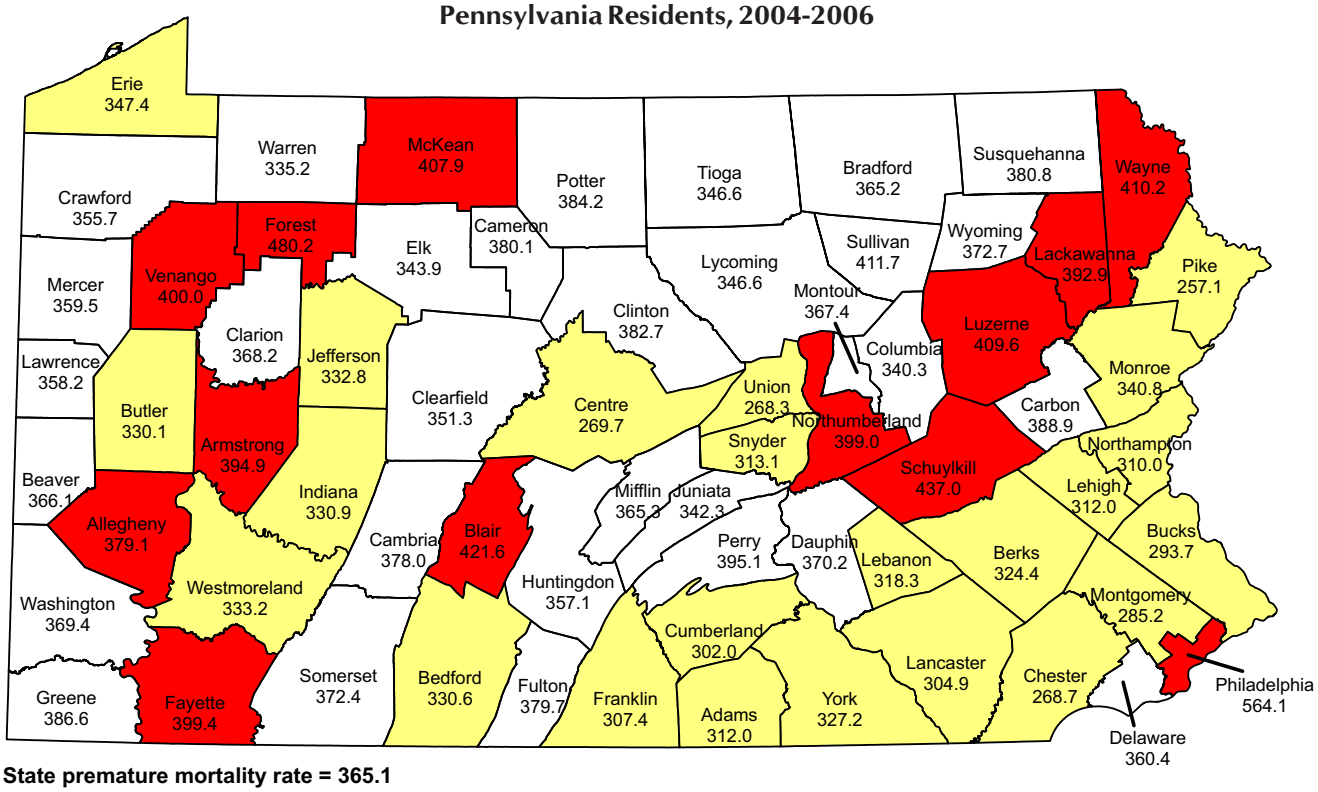
Map 1
Premature Mortality Rate, Significant Differences by County
Pennsylvania Residents, 2004-2006



State premature mortality rate = 365.1

Significantly Lower | **Not Significantly Different** | **Significantly Higher**

Notes: Premature mortality is defined as deaths to residents before age 75. The premature mortality rate (PMR) is the number of deaths to residents under age 75 per 100,000 age-adjusted to the 2000 U.S. standard population.

Premature Mortality Rates

identify specific reasons why some areas have a high/low PMR or the fact that summary measures sometimes obscure important subgroup differences.[1]

One of the main advantages of using the premature mortality rate is that it moves away from considering single causes or single risk factors to a broader community perspective.

Map 1 illustrates results of significance testing for the premature mortality rates by county among residents during the years of 2004-2006. It can be seen that most of the counties with significantly higher rates than the state (365.1 per 100,000) were located in the western and northeastern portions of the state, as well as in Philadelphia. The rates that were significantly lower than the state were concentrated mainly in the south central and eastern portions of the state, as well as Erie County. Table 1 (at the end of this article) displays all county premature mortality rates and confidence intervals that correspond to Map 1.

There are three pieces of data that you will need in order to calculate the PMR. They are mortality data, population data and "standard" population data. The following are steps needed to calculate the premature mortality rate. The ensuing example will look at the number of deaths to Allegheny County residents under the age of 75 during the years 2004-2006. The standard population used in the example was the year 2000 United States standard million population age distribution.

We will use a method of adjusting called "direct standardization." It consists of applying specific crude rates to a standard population. The method serves the purpose of summarizing a set of specific rates independently of the characteristics of the population being studied. (Note: We will use the standard population up to the age group 65-74 for the calculation of premature mortality rates.)

Step 1 – Using the same age groups as the 2000 U.S. standard population distribution (<1, 1-4, 5-14, up to age group 65-74), record the number of deaths to Allegheny residents under the age of 75 for the period 2004-2006.

Ages	Deaths
<1	294
1-4	44
5-14	59
15-24	385
25-34	481
35-44	1,067
45-54	2,640
55-64	3,937
65-74	6,415
TOTAL	15,322

Step 2 – List the population of Allegheny County residents under the age of 75 for 2004-2006 for each of the age groups.

Ages	Pop
<1	38,713
1-4	161,039
5-14	442,149
15-24	505,121
25-34	426,961
35-44	516,469
45-54	558,476
55-64	416,442
65-74	310,068
TOTAL	3,375,438

Step 3 – Compute age-specific rates (crude rates) for each of the age-groups using data from Steps 1 and 2. (Deaths / Pop = Age-Specific Rate)

Ages	Deaths	Pop	Age-Specific Rate
<1	294	38,713	0.0076
1-4	44	161,039	0.0003
5-14	59	442,149	0.0001
15-24	385	505,121	0.0008
25-34	481	426,961	0.0011
35-44	1,067	516,469	0.0021
45-54	2,640	558,476	0.0047
55-64	3,937	416,442	0.0095
65-74	6,415	310,068	0.0207

Step 4 – List the "standard" population as the next column in the table. (Remember that the standard used in this example was the 2000 U.S. standard million population distribution by age.)

Step 5 – Multiply each age-specific rate by the corresponding "standard" population. The result is an artificial index displaying the number of deaths each age group would have experienced if the age-specific death rates had actually occurred to the same age group totals found within the "standard" population.

Ages	Deaths	Pop	Age-Specific Rate	Std Population	Index of Expected Deaths
<1	294	38,713	0.0076	13,818	104.9
1-4	44	161,039	0.0003	55,317	15.1
5-14	59	442,149	0.0001	145,565	19.4
15-24	385	505,121	0.0008	138,647	105.7
25-34	481	426,961	0.0011	135,573	152.7
35-44	1,067	516,469	0.0021	162,613	336.0
45-54	2,640	558,476	0.0047	134,834	637.4
55-64	3,937	416,442	0.0095	87,247	824.8
65-74	6,415	310,068	0.0207	66,037	1,366.2

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Continued...

Premature Mortality Rates

Step 6 – Sum the "standard" population column, as well as the index of expected deaths column.

	Std Population	Index of Expected Deaths
	13,818	104.9
	55,317	15.1
	145,565	19.4
	138,647	105.7
	135,573	152.7
	162,613	336.0
	134,834	637.4
	87,247	824.8
	66,037	1,366.2
TOTAL	**939,651**	**3,562.3**

Step 7 – For the age-adjusted rate, divide the index total by the total "standard" population and multiply that result by 100,000. (Total expected deaths / Total "standard" population) x 100,000.

Following Step 7, we would compute the age-adjusted rate by dividing 3,562.3 by 939,651 and then multipling the result (0.003791) by 100,000. Hence, the premature mortality rate for Allegheny County residents under 75 for 2004-2006 was 379.1 per 100,000. As seen in Map 1 and Table 1, this rate was significantly higher than the state rate of 365.1.

To review additional Tools of the Trade articles, go the Health Statistics website (www.health.state.pa.us/stats) and select Technical Assistance. For questions about this article, please contact the Bureau of Health Statistics and Research at 717-783-2548.

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[1] Commonwealth of Massachusetts
http://www.mass.gov/Eeohhs2/docs/dph/research_epi/death_report_06_premature.pdf

Table 1

Premature Mortality Numbers, Mortality Rates*, 95% Confidence Bounds and Significance Testing Results by County, Pennsylvania Residents Less Than 75 Years Old, 2004-2006

County	*Deaths*	*PMR**	*Lower*	*Upper*		*County*	*Deaths*	*PMR**	*Lower*	*Upper*	
Pennsylvania	**143,181**	**365.1**	**363.2**	**367.0**		Juniata	265	342.3	301.1	383.5	
Adams	951	312.0	292.2	331.8	-	Lackawanna	2,759	392.9	378.2	407.5	+
Allegheny	15,322	379.1	373.1	385.1	+	Lancaster	4,548	304.9	296.0	313.7	-
Armstrong	961	394.9	369.9	419.8	+	Lawrence	1,112	358.2	337.1	379.3	
Beaver	2,259	366.1	351.0	381.2		Lebanon	1,317	318.3	301.1	335.5	-
Bedford	566	330.6	303.4	357.8	-	Lehigh	3,269	312.0	301.3	322.7	-
Berks	3,904	324.4	314.2	334.6	-	Luzerne	4,396	409.6	397.5	421.7	+
Blair	1,787	421.6	402.1	441.2	+	Lycoming	1,349	346.6	328.1	365.1	
Bradford	779	365.2	339.6	390.9		McKean	602	407.9	375.3	440.4	+
Bucks	5,699	293.7	286.1	301.3	-	Mercer	1,423	359.5	340.8	378.1	
Butler	1,844	330.1	315.0	345.2	-	Mifflin	574	365.3	335.4	395.1	
Cambria	1,914	378.0	361.1	395.0		Monroe	1,679	340.8	324.5	357.1	-
Cameron	75	380.1	294.0	466.1		Montgomery	6,920	285.2	278.5	291.9	-
Carbon	835	388.9	362.5	415.3		Montour	231	367.4	320.1	414.8	
Centre	948	269.7	252.6	286.9	-	Northampton	2,779	310.0	298.4	321.5	-
Chester	3,749	268.7	260.1	277.3	-	Northumberland	1,272	399.0	377.1	420.9	+
Clarion	486	368.2	335.5	401.0		Perry	558	395.1	362.3	427.9	
Clearfield	986	351.3	329.4	373.3		Philadelphia	23,003	564.1	556.8	571.4	+
Clinton	467	382.7	348.0	417.4		Pike	492	257.1	234.3	279.8	-
Columbia	718	340.3	315.4	365.2		Potter	233	384.2	334.9	433.5	
Crawford	1,051	355.7	334.2	377.3		Schuylkill	2,195	437.0	418.7	455.2	+
Cumberland	2,153	302.0	289.2	314.7	-	Snyder	368	313.1	281.1	345.1	-
Dauphin	2,955	370.2	356.8	383.5		Somerset	1,003	372.4	349.3	395.4	
Delaware	6,052	360.4	351.3	369.4		Sullivan	109	411.7	334.4	489.0	
Elk	393	343.9	309.9	377.9		Susquehanna	537	380.8	348.6	413.0	
Erie	2,949	347.4	334.8	359.9	-	Tioga	476	346.6	315.5	377.8	
Fayette	1,980	399.4	381.8	417.0	+	Union	341	268.3	239.8	296.7	-
Forest	106	480.2	388.8	571.7	+	Venango	772	400.0	371.8	428.3	+
Franklin	1,403	307.4	291.3	323.5	-	Warren	498	335.2	305.8	364.7	
Fulton	193	379.7	326.2	433.3		Washington	2,595	369.4	355.2	383.7	
Greene	497	386.6	352.6	420.6		Wayne	740	410.2	380.7	439.8	+
Huntingdon	542	357.1	327.1	387.2		Westmoreland	4,307	333.2	323.2	343.1	-
Indiana	893	330.9	309.2	352.6	-	Wyoming	338	372.7	333.0	412.4	
Jefferson	526	332.8	304.3	361.2	-	York	4,178	327.2	317.3	337.2	-

* Premature mortality rates are computed by the direct method using 2000 U.S. standard million population 0-74 years old. Rates are per 100,000.

Definition: Premature mortality is defined as deaths to residents before age 75. The premature mortality rate (PMR) is the number of deaths to residents under age 75 per 100,000 age-adjusted to the 2000 U.S. standard population.

Update: Healthy People 2010 Objectives

Focus Area 5: Diabetes

5-05 - Reduce diabetes deaths..... 2010 Target: 45 deaths per 100,000

All Deaths and by Sex:
The age-adjusted death rate for diabetes (as an underlying or contributing cause) among all residents between 2002 and 2006 has been lower in recent years. The highest death rate was recorded in 2002 (84.5 per 100,000) and the lowest figure in 2005 (80.0) during that five-year period.

There were 12,007 resident deaths in 2006 either due directly to diabetes or with diabetes mentioned as a contributing cause, resulting in an age-adjusted rate of 80.7 per 100,000 2000 U.S. standard million population. In 2002, there were 12,556 such deaths among residents for a rate of 84.5 per 100,000.

The age-adjusted death rate among female residents between 2002 and 2006 has also been lower in recent years –from 72.4 per 100,000 in 2002 to a low of 67.5 in 2005. The rate among male residents has not changed much during this five year period.

By Race and Hispanic Origin:
Black residents have much higher age-adjusted death rates for diabetes (as an underlying or contributing cause), compared to White and Hispanic residents. The 2006 rate for Blacks was 105.9 per 100,000 2000 U.S. standard million population, compared to 79.3 for Whites and 61.1 for Hispanics.

During the five-year period of 2002-2006, the age-adjusted diabetes death rates for White, Black and Hispanic residents have been lower in recent years. Among White and Hispanic residents, the highest annual rate for this period occurred in 2002. Among Blacks, the highest death rate occurred in 2003.

The Healthy People 2010 national objective is for an age-adjusted death rate of 45 per 100,000. The rates for Pennsylvania's Whites, Hispanics and, especially, Blacks are much higher than the goal.

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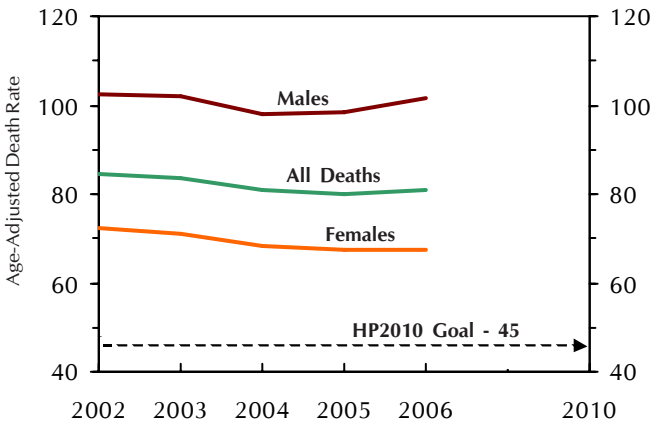
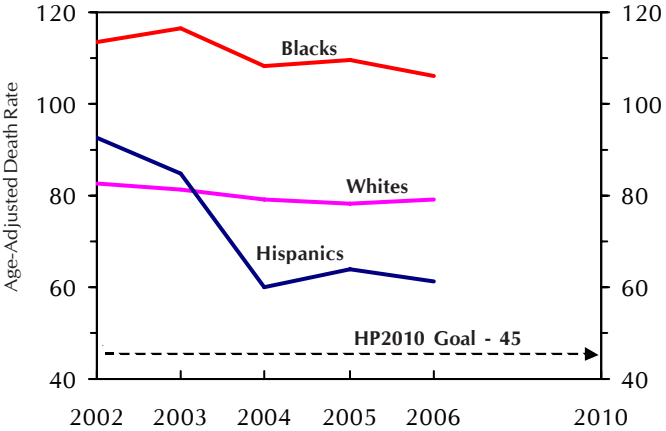
Diabetes Age-Adjusted Death Rates*
All Deaths and by Sex
Pennsylvania Residents, 2002-2006



By Race & Hispanic Origin**
Pennsylvania Residents, 2002-2006



Diabetes Age-Adjusted Death Rates*
By Sex, Race, and Hispanic Origin
Pennsylvania Residents, 2002-2006

	2002	2003	2004	2005	2006
All Deaths	84.5	83.5	80.7	80.0	80.7
Males	102.5	101.9	98.1	98.3	101.6
Females	72.4	70.8	68.5	67.5	67.6
Whites	82.6	81.4	79.1	78.1	79.3
Blacks	113.6	116.5	108.2	109.4	105.9
Hispanics**	92.7	84.7	60.0	63.8	61.1

*per 100,000 2000 U.S. standard million population
**Hispanic can be of any race
NOTE: Data are for deaths listing diabetes as an underlying or contributing cause

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.