

STATISTICAL NEWS

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Healthy People 2010: Injury & Violence Prevention

Obj 15-13 - Reduce unintentional injury deaths.... 2010 Target: 17.5

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PA Infant Deaths Show No Change in 2007

Infant Mortality Rates Highest Among Blacks and Males

The 2007 infant mortality rate (7.5 per 1,000 resident live births) for Pennsylvania residents remained the same as in 2006 and the number of infant deaths was almost identical (1,122 in 2006 and 1,123 in 2007). However, there were differences by age of the infants, when comparing 2006 to 2007. From 2006 to 2007, the neonatal (less than 28 days old) mortality rate decreased from 5.4 to 4.9, while the postneonatal (28-364 days old) mortality rate increased from 2.1 to 2.6. Although the infant mortality rate did not change in 2007, it has been higher in recent years. Since 2000, the Pennsylvania infant mortality rate has increased by over seven percent (7.0 in 2000 versus 7.5 in 2007). Part of the reason for this could be due to an increase in preterm births (www.cdc.gov/nchs/data/databriefs/db23.pdf). Preterm births are births which occur at less than 37 weeks gestation. Since 2000, the percent of Pennsylvania resident live births which were preterm has increased from 9.6 to 10.2 (2007).

Since 2000, the Pennsylvania infant mortality rate has increased by over seven percent (7.0 in 2000 versus 7.5 in 2007).

An infant death is defined as a death for anyone under the age of 1 year and is an important indicator of the health status of a population (www.cdc.gov/nchs/data/databriefs/db23.pdf). Infant deaths are commonly divided into two age categories – under 28 days old (neonatal deaths) and 28-364 days old (postneonatal deaths). Infant mortality rates, as used in this article, are defined as the number of infant deaths per 1,000 live births. This differs from an infant death rate which is the number of infant deaths per 1,000 (or 100,000) population of those under one year of age (www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_01.pdf).

The following will review statistics on infant deaths and infant mortality rates for Pennsylvania residents by race/ethnicity, sex, cause of death, and county. Trend data will also be shown along with comparisons between Pennsylvania and the United States.

Race/Ethnicity and Sex:

Chart 1 shows that the infant mortality rate for Black residents of Pennsylvania is much higher than for the other race/ethnicity groups. In 2007, the infant mortality rate for Black residents was 17.0 per 1,000 live births. This is a staggering 2.7 times higher than the 6.2 rate for White infants. For Asian/Pacific Islanders, the infant mortality rate was only 4.3, which is over 30 percent lower than the rate for Whites. Among Pennsylvania residents of Hispanic origin, the infant mortality rate was 6.6, which is similar to the rate for Whites. Taking

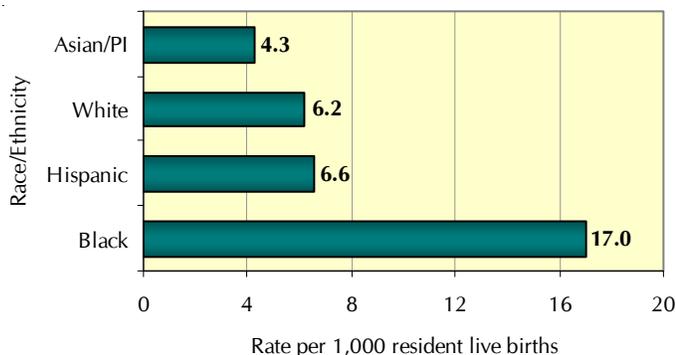
a quick look at gender shows that male infants (8.2) had a higher mortality rate in 2007 than female infants (6.7).

Cause of Death:

The number one cause of death for Pennsylvania resident infants in 2007 was “Disorders Related to Length of Gestation and Fetal Malnutrition” (see Table 1 on previous page). Most

continue reading this article >>>

Chart 1
Infant Mortality Rates by Race/Ethnicity
Pennsylvania Residents, 2007



Note: Hispanics can be of any race.

Table 1
Top Five Causes of Infant Death
Pennsylvania Residents, 2007

Rank	Cause of Death	ICD-10 Code	Number of Infant Deaths
1	Disorders Related to Length of Gestation and Fetal Malnutrition	P05-P08	221
2	Newborn Affected by Maternal Factors and by Complications of Pregnancy, Labor and Delivery	P00-P04	184
3	SIDS (Sudden Infant Death Syndrome)	R95	81
4	Infections Specific to the Perinatal Period	P35-P39	47
5	Congenital Malformations of the Heart	Q20-Q24	44

Continued...

PA Infant Deaths Show No Change in 2007

of these deaths were neonatal (occurring in the first 27 days of life) and were due to extreme low birth weight or extreme immaturity. The second leading cause of infant deaths for Pennsylvania in 2007 was “Newborn Affected by Maternal Factors and by Complications of Pregnancy, Labor, and Delivery”. Most of these deaths were also neonatal deaths. The third leading cause of death for Pennsylvania infants was SIDS (Sudden Infant Death Syndrome). Unlike the top two causes of death, deaths due to SIDS were almost all postneonatal (occurring when the infant was

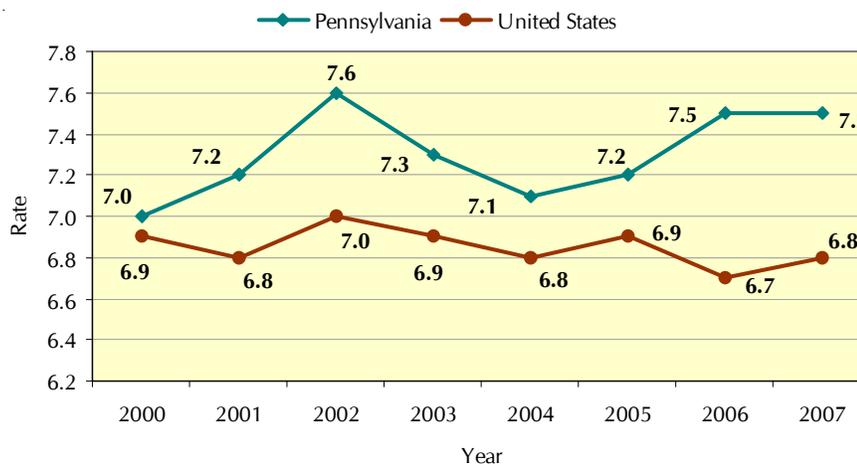
between 28-364 days old). SIDS is the sudden death of an infant that cannot be explained even after a thorough investigation is conducted. This investigation includes a complete autopsy, examination of the death scene, and review of the clinical history (www.cdc.gov/SIDS/index.htm). SIDS is probably the most commonly known of all the causes of infant death and remains a high concern for public health. The fourth leading cause of infant deaths for Pennsylvania in 2007 was “Infections Specific to the Perinatal Period”. Most of these were neonatal deaths due to Bacterial Sepsis. The fifth leading cause of infant death in 2007 was “Congenital Malformations of the Heart”. These deaths were seen in both the neonatal period and postneonatal period.

County Level:

The Pennsylvania county with the highest resident infant mortality rate during the three-year period of 2005-2007 was Philadelphia (12.1 infant deaths per 1,000 resident live births). The second highest infant mortality rate was for residents of Adams County (11.0). The third highest rate was Venango County at 9.7, followed by Clearfield County at 9.5. Of these four counties, only Philadelphia and Adams had significantly higher rates (at the 95% confidence level) than the corresponding state rate.

Of the 50 states, Pennsylvania had the 14th highest infant mortality rate in 2006 (latest year that state rankings were available).

Chart 2
Infant Mortality Rates Among Residents of Pennsylvania and the United States, 2000-2007



Note: United States rates for 2007 based on preliminary data.

Bucks County residents had the lowest infant mortality rate (4.0) during the three year period of 2005-2007. The next lowest rate was for residents of Monroe County (4.6). The third lowest was Beaver County (5.0) followed by Franklin County at 5.2. These four counties all had significantly lower rates when compared to the state. Please note that only counties that had at least 10 infant deaths were included in these rankings. Rates based on less than 10 events are considered statistically unreliable. Twenty-two counties had less than 10 infant deaths during the 2005-2007 period.

Trends/Healthy People 2010:

Although the infant mortality rate for Pennsylvania residents (7.5 per 1,000 live resident births) did not change in 2007, compared to 2006, the rate has risen by over seven percent (see Chart 2) since 2000. During this time, the rate increased four times, decreased twice, and remained the same once (see Chart 2). The Healthy People 2010 goal for infant deaths is a mortality rate of 4.5 per 1,000 live births. With the rate increasing in recent years, Pennsylvania appears very unlikely to meet this goal. An important point to keep in mind is that while the infant mortality rate has increased in recent years, it still has made enormous progress since the early 1900's. The infant mortality rate in 1915 (first year Pennsylvania collected statewide data) was 109.8. It decreased in each decade of the 1900's (97.1 in 1920, 68.0 in 1930, 44.7 in 1940, 27.6 in 1950, 24.6 in 1960, 20.2 in 1970, 13.2 in 1980, 9.5 in 1990) and reached an all time low of 7.0 in 2000.

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PA Infant Deaths Show No Change in 2007

Pennsylvania and United States Comparisons:

The infant mortality rate for the United States in 2007 was 6.8 (based on preliminary data). The corresponding Pennsylvania rate in 2007 was 7.5, which is 10.3 percent higher than this latest U.S. figure. Of the 50 states, Pennsylvania had the 14th highest infant mortality rate in 2006 (latest year that state rankings were available). A comparison of neonatal and postneonatal infant mortality rates show similar results. In 2007, the neonatal mortality rate for Pennsylvania residents was 4.9, and the corresponding rate for the United States was 4.4. The 2007 postneonatal rate for PA (2.6) was also higher

than the U.S. (2.4). In 2000, Pennsylvania's infant mortality rate was only slightly higher than the United States' rate (7.0 vs. 6.9), so the gap between the two has increased in recent years.

For questions regarding the statistics presented in this article, please contact the Bureau of Health Statistics and Research at 717-783-2548. Additional statistics on infant deaths can be accessed on the Health Statistics web pages at www.health.state.pa.us/stats.

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Basic Facts on Prostate Cancer in Pennsylvania

Prostate Cancer Represents the Leading Cancer Site Among Males

Prostate cancer is the most common type of cancer diagnosed among men in the United States and in Pennsylvania. In recognition, *Statistical News* summarizes and highlights basic facts on prostate cancer, with a focus on Pennsylvania. Although experts are currently debating the effectiveness and the proper types of screening and treatment for prostate cancer, the American Cancer Society advises that men talk to their doctor about whether or not early detection and testing for prostate cancer is right for them. For addi-

tional prostate cancer statistics, please visit the Health Statistics website (www.health.state.pa.us/stats). Also, the American Cancer Society's (ACS) website (www.cancer.org) is a useful source for information on prostate cancer, including their *Cancer Facts & Figures 2009* report. The ACS website includes information on factors that influence survival, known risk factors for the disease, prevention details, early detection and treatment methods, and research currently being conducted on prostate cancer.

How Many Men Were Diagnosed With Prostate Cancer?

In 2006, prostate cancer was the most common cancer diagnosed – accounting for 28 percent of all cancer types diagnosed among Pennsylvania males. Specifically, there were 10,770 invasive cases of prostate cancer for an age-adjusted rate of 164.4 per 100,000.

How Many Men Died of Prostate Cancer?

In 2007, there were 1,450 deaths due to prostate cancer among male residents in Pennsylvania for an age-adjusted rate of 26.7 per 100,000. More men died of prostate cancer than any other type of cancer except lung and bronchus cancer. Prostate cancer accounted for nearly 10 percent of all cancer deaths among men.

Are Prostate Cancer Cases Increasing in Pennsylvania?

Incidence trends for prostate cancer were not discernible during the period 1990-2006 due to dramatic fluctuations. Prostate cancer incidence increased from 7,037 cases in 1990 to a high of 11,078 cases in 1992. The increase was due to the introduction of the prostate specific antigen (PSA) test. After 1992, prostate cancer incidence decreased to a low of 9,394 in 1995 followed by an increasing trend, peaking at 10,915 cases in 2002. Another low point was reached in 2004 when there were 9,254 cases reported. As of 2006, there were 10,770 cases of prostate cancer for an age-adjusted rate of 164.4 per 100,000. Unlike most other types of cancer, prostate cancer can be diagnosed and treated at non-hospital facilities such as urology offices. These non-hospital cases make complete reporting of prostate cancer incidence difficult.

Are Prostate Cancer Deaths Declining in Pennsylvania?

During the period 1990-2007, the number of prostate cancer deaths among males in Pennsylvania has generally declined. Likewise, the age-adjusted death rates have generally declined from 39.5 in 1990 to 26.7 in 2007. These figures suggest that men are now living longer than men diagnosed in the early 90's.

Is Prostate Cancer Associated with Age?

Approximately 91 percent of prostate cancer cases were diagnosed among male residents aged 55 years and older in Pennsylvania during the five year period of 2002-2006. Age-specific rates for prostate cancer dramatically increase at age 45 and peak for men in their mid-seventies. Prostate cancer incidences for males under the age of 40 are rare.

Can Prostate Cancers Be Diagnosed at an Early Stage?

The majority of prostate cancers are diagnosed at an early stage of the disease. Screenings include the Prostate Specific Antigen (PSA) blood test or a digital rectal exam (DRE). In 2006, nearly 79 percent of prostate cancers were diagnosed at the local stage among male residents, an increase compared to the 66 percent found at the local stage in 1990. Late staged diagnoses (regional and distant stages) have declined from 24.8 percent in 1990 to 12.9 percent in 2006.

Is Prostate Cancer Associated with Race?

In Pennsylvania, age-adjusted incidence rates for invasive prostate cancer have been consistently higher among Blacks compared to Whites during the period 1990-2006. In 2006, Black residents had a rate over 50 percent higher than Whites (225.2 compared to 149.7, respectively). Blacks also had a larger percentage of cancers diagnosed at the distant stage compared to Whites. Additionally, age-adjusted death rates for prostate cancer have been consistently higher among Black men compared to White men throughout the period 1990-2007. In 2007, the prostate cancer death rate among Blacks (55.0) was over twice the rate among Whites (25.1).

How Does Pennsylvania Compare to the United States?

Compared to the United States, Pennsylvania's age-adjusted incidence rates for invasive prostate cancer were consistently lower during the 1990-2005 period. However, in 2006 the incidence rate among resident males (164.4) was slightly higher than the rate for the U.S. Age-adjusted death rates for prostate cancer have been somewhat higher among Pennsylvania males, compared to the U.S. for the 1990-2006 period.

Department of Health Moves to New Website

Portal Website Easier to Navigate; Improved Search Functionality

On December 2nd, the Pennsylvania Department of Health unveiled its newly rebuilt website, www.health.state.pa.us. This was done as part of a state government-wide effort to give all state agency websites the same look and feel to the user, hence allowing the user to seamlessly transition between department websites and find information easier. Currently, all state agencies are in the process of making this change to the Enterprise Portal, which is the technology that the new website is built upon.

The new Department of Health website utilizes left-navigation menus to assist the user in finding the information they need. These menus are categorized by topic, which allows the user to locate information more quickly and easily. The main topics or categories, known as communities, are listed to the right in Figure 1. These communities will help the user search by topic as opposed to bureau or division, which was done in the past. This approach will make it easier for a user to find information by allowing the user to look at the categories available and select the one that best fits what they are searching for. Previously, a user would have to know which office, among the many, that was responsible for collecting and/or reporting the information desired.

The Bureau of Health Statistics and Research is one example of a community. On our previous web pages the users would see a series of large blue blocks in which they had to choose their area of interest. Some were titled appropriately while others were a little less obvious. Listed below the blue blocks were a few links to some other areas of the Bureau of Health Statistics and Research, such as the Pennsylvania Statewide Immunization Information System. Within the new layout, no longer will subjects be buried and difficult to find. Now, topics and subject matter are brought to the forefront.

The remainder of this article focuses on the Health Statistics and Research community. Within the *Health Statistics and Research* community, there is a series of related pages and sub-communities. Specifically, there are two pages called *Statistical Resources* and *News and Updates* and there are three sub-communities as well, *Statistical Registries*, *Health Statistics*, and *Health Research*. Figure 2 depicts how communities, sub-communities and pages are organized and displayed.

continue reading this article >>>

To access the new Department of Health website go to www.health.state.pa.us.

Figure 1
Communities Listed on the New DOH Website

▼ DEPARTMENT OF HEALTH HOME
▶ DEPARTMENT OF HEALTH INFORMATION
▶ BIRTH AND DEATH CERTIFICATES
▶ HEALTHY LIVING
▶ HEALTHY SCHOOLS, BUSINESSES AND COMMUNITIES
▶ HEALTH STATISTICS AND RESEARCH
▶ HEALTH SERVICES AND RESOURCES
▶ PUBLIC HEALTH PREPAREDNESS
▶ FACILITIES, PROVIDERS & MANAGED CARE PLANS
▶ DISEASES AND ILLNESSES
▶ NEWSROOM, PUBLICATIONS AND REPORTS

Figure 2
Health Statistics and Research Example Communities, Sub-Communities and Pages



Continued...

Department of Health Moves to New Website

You will also notice in Figure 2, that certain topics are bolded and have an arrow (▶) next to them. This arrow indicates that there is

more information located within that community or sub-community. You will notice the arrow next to 'Health Statistics and Research' is pointing down, displaying additional topics that pertain to the *Health Statistics and Research* community. The other arrows in Figure 2 are pointing to the right, indicating there are additional topics available for each of those sub-communities.

Delving further into the *Health Statistics and Research* example, a user will not only be able to obtain statistical information by clicking on the *Health Statistics* sub-community, but will also have the opportunity to gather information pertaining to the Department's birth and death registration or learn more about the Department's cancer and immunization registries (including PA-SIIS) by going to the *Statistical Registries* sub-community (see Figure 2). Furthermore, a user can now easily locate information regarding the Commonwealth Universal Research Enhancement (CURE) Program by going to the *Health Research* sub-community.

In addition to the left-navigation menu, other new enhancements made to the website include a breadcrumb trail at the top of each page (see Figure 3), which can be used in place of hitting the "Back" button in your browser; quick links to some of the more commonly accessed tools and reports (see Figures 4a & 4b), which will allow the user to download software needed in order to view our publications and reports; and an easily identifiable contact information section (see Figure 5), which gives the user a quick way to get in touch with the specific person, department or organization responsible for the topic being viewed.

To access the new Department of Health website go to www.health.state.pa.us. There are additional enhancements to the website as well, all of which will assist the user in

Figure 3
Example of the Breadcrumb Trail

[Health Statistics and Research](#) > [Health Statistics](#) > Birth, Death, and Other Vital Statistics

Figures 4a and 4b
Example of Quick Links
Adobe Reader and EpiQMS



The image shows two quick link boxes. The first box is titled "Adobe Reader" and contains the text "Download the free software, Adobe Reader, to view our online reports." with a "Download Adobe Reader" link. The second box is titled "Epidemiologic Query and Mapping System (EpiQMS)" and contains the text "An interactive health statistics web tool where you can create customized data tables, charts, maps and county assessments/profiles."

Figure 5
Example of Contact Us Portlet



The image shows a "Contact Us" portlet with the following information:
Contact: Bureau of Health Statistics and Research
Address: 555 Walnut St. 6th Floor
Harrisburg, PA 17101-1914
Phone: (717) 783-2548
FAX: (717) 772-3258
Email: [Send Us a Message](#)

finding the desired information more quickly, while making the user's experience more enjoyable. To access the Health Statistics and Research community directly go to www.health.state.pa.us/stats. For more information concerning the new health statistics web pages or for any health statistics question, please contact the Bureau of Health Statistics and Research at 717-783-2548 or via e-mail from the Contact Us portlet.

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Three Long-Time Health Statistics Staff to Retire

Jerry Orris, James Lehman and Craig Edelman Will Be Leaving in January

Three long-time staff members of the Bureau of Health Statistics and Research will be retiring in January. John G. (Jerry) Orris, James E. Lehman and Craig C. Edelman, when combined, have over 96 years of service to the Commonwealth.

Mr. Orris, Director of the Division of Statistical Support for nearly the past six years, started his state government career with the Department of Health (DOH) in 1974 as a Clerk 2 earning \$3.66 per hour. He quickly moved up through the ranks spending the majority of his career as a section Chief supervising the Information Services and Statistical Reports section and also functioning as a long-time editor for our newsletter, *Statistical News*. He also led the Bureau in the conversion from utilizing print media to electronic dissemination of statistical products and information. Jerry's Bachelor of Science degree in Journalism from the Pennsylvania State University provided him with a solid background for these achievements.

During his career, Jerry has worked with nearly every Department of Health program office, many other state and local public health agencies, national health-related organizations, and all types of health data users either in designing survey forms, ensuring the quality of data presentations, analyzing data or reviewing numerous statistical publications and studies.

Jerry is credited with the success of the Department's web-based data dissemination system, called EpiQMS. He managed the initial development and numerous revisions to EpiQMS which has received praise from many health data users. He was also instrumental in institutionalizing the Department's Data Driven Management program which helps DOH programs/operations implement promising and proven performance management techniques to benefit the public's health.

In addition, Jerry managed the Behavioral Risk Factor Surveillance System (BRFSS) for Pennsylvania for several years. BRFSS data have become a very useful source of state level statistical information, providing data on smoking, nutrition, chronic diseases prevalence and many other statistics that are essential for public health planning/assessment purposes. Jerry also oversaw the local BRFSS option, which enables local health planning agencies/groups to match state funding for over-sampling to collect BRFSS data at the local level.

Mr. Lehman joined the Bureau of Health Statistics and Research in 1989. For the past 20 years, Jim has provided statistical support to a long series of epidemiologists responsible for AIDS and HIV/AIDS registry data. Over this period Jim prepared a series of standard reports which served as the basis for tracking the HIV/AIDS epidemic in Pennsylvania.

**Bureau staff would like to thank
Jerry, Jim and Craig for their
many contributions to public health
and for their many years of dedicated
and excellent service they provided us
and so many others.**

He also compiled special reports and responded to the needs of researchers and program administrators for data they needed to plan their programs and apply for grants.

Jim worked closely with the Bureau of Epidemiology for many years performing quality control functions to identify problems with the data and improve reporting. He also provided the information on deaths needed for counts of persons "living with AIDS" by matching registry data to the death certificate files. Jim coped with the idiosyncrasies of the federal systems used to collect and store the data. He became an expert on the complex set of concepts used to record information about the disease in the data system.

Jim is known for his scrupulous attention to consistency for a data set reported from a wide variety of sources from all parts of the state. It is his attention to details which has made his products widely respected.

Before coming to the Bureau, Jim had worked for the Department of Health on the TMI registry and for the Department of Environmental Resources. Jim has a Bachelor of Science in Biology and Chemistry from the University of Pittsburgh and Master of Science in Biology from the University of Dayton. Jim maintains memberships in the American Association for the Advancement of Science and the American Statistical Association.

Mr. Edelman joined the Department of Health and the Bureau of Health Statistics and Research in 1990. He started working in the now named Division of Statistical Support as a statistical analyst where he spent his time evaluating Department of Health programs.

For the past 14 years, since August 1995, Craig has been a Descriptive Statistical Supervisor. In this position, he processed requests for confidential case level data from cancer registry and vital statistics data systems; managed and oversaw staff working on the Census of Fatal Occupational Injuries program ensuring accurate and timely submission of work-related fatality data to the US Department of Labor. He also managed staff who are responsible for overseeing health facilities data to ensure the timely production,

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Three Long-Time Health Statistics Staff to Retire

mailing and receipt of annual surveys from hospitals, nursing homes, and ambulatory surgery centers, as well as the production of publications based on the surveys. He also oversaw the Induced Termination of Pregnancy (ITOP) program staff to ensure that data from registered providers were received, data entered, validated, and edited.

During his tenure with the Bureau of Health Statistics and Research, Craig realized many improvements in his work area including moving from a completely manual surveying process that entailed sending out and returning surveys by mail to an entirely web-based process that includes many edits in the program allowing for a decrease in the completion and processing time for the surveys for both the facilities and the program staff.

In addition, he developed a separate Application for Access to Protected Data for government agencies requesting confidential data. While the new application still protects the confidentiality of case level data, it makes it less complicated for federal, state and local governments to perform their official duties.

Craig is known for his written and verbal communication skills, which were always professional, clear and presented in a well organized fashion. This was true of not only his communication within the Bureau but also his communication with the public, which included significant contact with researchers.

Before coming to the Bureau, Craig began his career with the Commonwealth at the Pennsylvania Board of Probation and Parole as a statistical analyst. He also worked for the Pennsylvania Commission on Crime and Delinquency (PCCD) for 12 years.

Bureau staff would like to thank Jerry, Jim and Craig for their many contributions to public health and for their many years of dedicated and excellent service they provided us and so many others. We wish them the best for a long, healthy and enjoyable retirement.

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Update: Healthy People 2010 Objectives

Focus Area 15: Injury and Violence Prevention

15-13 - Reduce unintentional injury deaths..... 2010 Target: 17.5

All Deaths and by Sex and Race/Hispanic Origin:

The age-adjusted death rate for unintentional injuries among all Pennsylvania residents increased between 2003 and 2007, from 37.5 to 41.2 per 100,000. Rates for males were more than twice those for females (e.g., 59.2 vs. 25.4 in 2007). The rates for males have been on the increase between 2003 and 2007, from 53.0 to 59.2. Death rates among female residents have also increased during this period (from 23.6 to 25.4).

Since 2003, the age-adjusted death rates for Whites and Blacks were similar and both have been on the increase. Among Hispanics, annual fluctuation during the 2003-2007 period made interpreting a trend difficult.

Although the rates among female residents are closest to the national goal of 17.5, they too have been on the increase during this five-year time period.

Males by Race and Hispanic Origin:

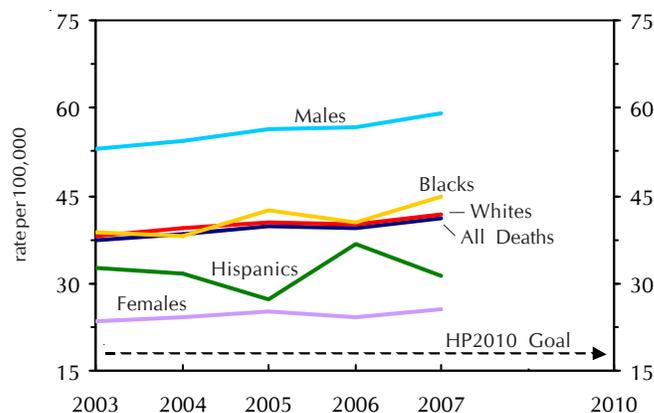
The bottom graph on the right depicts the age-adjusted unintentional injury death rates for Black, Hispanic, and White resident males. The 2005 and 2007 rate for Black males was the highest at 66.6 per 100,000. In 2007, the rate for White males was over nine percent lower than the rate for Black males while the rate for Hispanic males was over 17 percent lower.

The death rate among White and Black males has been on the increase throughout the five-year period of 2003-2007. The rate for Hispanic males has been somewhat higher in recent years.

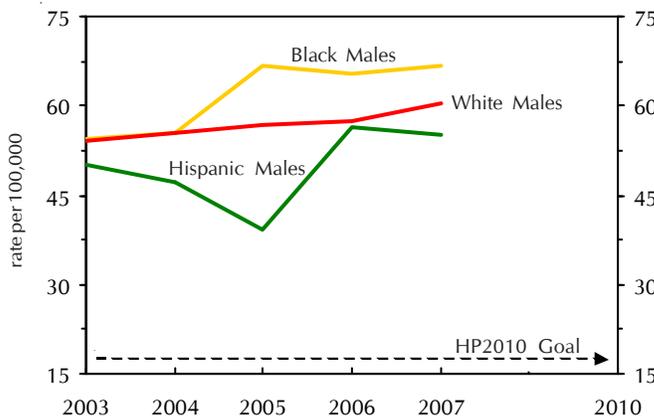
All of the age-adjusted death rates for males are dramatically above the national Healthy People 2010 goal of 17.5 and show no indication of declining anytime soon.

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**Unintentional Injury Age-Adjusted Death Rates*
All Deaths and by Sex, Race, and Hispanic Origin**
Pennsylvania Residents, 2003-2007**



Males by Race and Hispanic Origin
Pennsylvania Residents, 2003-2007**



* per 100,000 age-adjusted to the 2000 U.S. standard million population
** Hispanic can be of any race

**Unintentional Injury Age-Adjusted Death Rates*
By Sex, Race, and Hispanic Origin**
Pennsylvania Residents, 2003-2007**

	2003	2004	2005	2006	2007
All Deaths	37.5	38.4	39.9	39.4	41.2
Males	53.0	54.4	56.3	56.8	59.2
Females	23.6	24.0	25.2	24.0	25.4
Whites	38.1	39.3	40.5	40.2	41.9
Blacks	38.8	38.0	42.5	40.4	45.0
Hispanics**	32.5	31.5	27.2	36.8	31.2
White Males	54.1	55.6	56.9	57.5	60.3
Black Males	54.5	55.6	66.6	65.5	66.6
Hispanic** Males	50.3	47.2	39.1	56.4	55.0

*per 100,000 age-adjusted to the 2000 U.S. standard million population
**Hispanic can be of any race

HP2010 State and County Data on the Web

To access the Department of Health's web page of Healthy People 2010 statistics for the state and counties, go to www.health.state.pa.us/stats. The latest available statistics as well as trend data are shown. Complete data sets for the state and counties can be downloaded. There is also a link to the national HP2010 web site.