

STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 26 No. 5 ♦ September 2003

New Health Statistics Interactive Web Site

EpiQMS Creates Tables Charts, Maps of Birth, Death, Cancer Data

The Bureau of Health Statistics and Research has developed an interactive web tool for health data users to create customized data tables, charts, maps, and county profiles of birth, death, cancer, and population statistics online. Historical data back to 1990 are available. This new tool, called **Epidemiologic Query and Mapping System (EpiQMS)**, is the result of a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health. Access EpiQMS at www.health.state.pa.us/stats or click on the EpiQMS logo that appears above.

Is EpiQMS easy to use?

To make EpiQMS user-friendly, we added detailed Help sections and included step-by-step instructions for each screen. Most importantly, we want our data users to understand the differences among the various types of rates/ratios created by EpiQMS so they can correctly interpret the statistics they produce. Consequently, each rate/ratio is defined and explained in the Help menus.



Click on the EpiQMS logo above to access this new interactive health statistics web site.

What statistics can EpiQMS produce?

Rates and ratios available in EpiQMS include an age-specific rate, age-adjusted rate, 95% confidence interval, standard mortality/morbidity ratio, Bayesian smoothed rate, Bayesian nearest neighbor rate, and mean nearest neighbor rate. Descriptions of these types of statistics appear later in this article on pages 3 and 5. The birth dataset can also output fertility rates and percentages for low birth weight, prenatal care (first trimester and no care), teen births, unmarried mothers, c-sections, and non-smoking mothers.

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Behavioral Risk Factors: Pa & U.S. Comparisons

2002 Data Show Higher Rates of Obesity, Smoking, Diabetes in Pa

Pennsylvania adults tend to be more obese, have a higher prevalence of diabetes, and smoke more than the United States as a whole. According to statewide sample data collected by the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) in 2002, there were various statistically significant differences associated with Pennsylvania adults compared to all adults in the United States.

Significantly higher rates for adults occurred for obesity (24.0% for Pa vs. 21.9% for U.S.), diabetes (8.2% vs. 7.1%), all permanent teeth removed (8.0% vs. 6.3%), smoking (24.5% vs. 22.5%), binge drinking (16.9% vs. 15.7%), not using seatbelts (31.4% vs. 19.5%), and never tested for HIV (60.4% vs. 54.8%).

However, there was not all bad news. Significantly lower percentages were found among Pennsylvania adults for having no health insurance (12.6% vs. 17.8%), not having a personal health care provider (11.8% vs. 20.8%), unable to get medical care in past year (4.8% vs. 6.6%), not visiting dentist in past year (28.2% vs. 29.9%), not having teeth

cleaned in past year (26.1% vs. 29.2%), age 65+ and not having flu shot in past year (29.5% vs. 33.6%), and males age 50+ and never having had a PSA test (21.5% vs. 24.7%).

Please go to Page 6 to see a complete data table comparing many other risk factors for Pennsylvania and U.S. adults.

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DEPARTMENT OF HEALTH
... in pursuit of good health

Edward G. Rendell, Governor
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Secretary of Health

GIS Services Available for Department

Mapping and Spatial Data Analysis Are Valuable Statistical Tools

Mapping and spatial data analyses services for **Department of Health** staff are available from the Bureau of Health Statistics and Research. Geographic Information Systems (GIS) mapping services arrived with the creation of the GIS Coordinator position in December, 2000. The versatility of GIS on a desktop computer provides the ability to present data in easy-to-read maps. Mapping changes tabular data into a colorful medium to communicate complex information and concepts quickly to audiences.

Mapping changes data into a colorful medium to communicate complex information and concepts quickly to audiences.

Using ESRI's ArcMap® software, the GIS Coordinator is able to fill mapping requests in a variety of electronic file formats (e.g., PDF/EMF/PPT/JPEG). Printing of paper maps

is limited to sizes no larger than 11 in. x 17 in. (color or black & white). The GIS Coordinator can also mentor program staff in the use of ESRI's GIS software.

Some examples of the GIS Coordinator's capabilities include maps of:

- Cancer incidence rates
- Geographic points through address matching of data for Pennsylvania
- Simple county/municipality/zip code boundaries
- Themes
- Time series

- Existing digital aerial photography/topography
- Street networks and time to travel

Below is an example of a customized map created for Department staff. The GIS Coordinator worked with staff in the Bureau of Epidemiology, Division of Environmental Health Assessment, in cooperative agreement with the federal Agency for Toxic Substances and Disease Registry (ATSDR). The map depicts locations in the Hamburg, Pa. area with lead contamination. The darker green triangles indicate sites that have already been cleaned up while the lighter green triangles indicate sites that are in the process of being cleaned up as of July 2003.

Department and ATSDR staff took copies of the map with them when they were visiting family practice centers in Hamburg. The visual aid really seemed to spark people's interest. The staff had only a few minutes to meet with the busy medical staff so the map definitely helped them present a rather complex situation quickly with one visual graphic. Department staff plans to include a version of this map in some lead information binders provided to libraries and schools in the community.

Pennsylvania Department of Health staff can contact the GIS Coordinator by telephoning the Division of Statistical Support at 717-783-2548 or by FAXing him at 717-772-3258. Ask for Mark Lavin, or you may email him at malavin@state.pa.us.



Top Ten Baby Names for 2002 Released

Emily and Michael Still #1 Names; Complete Lists on Web Site

The most popular first name given to female babies born in Pennsylvania during 2002 was Emily, for the ninth year in a row. Emily has been listed in the top ten since 1991. Madison remained in second place. Hannah moved from fourth to third place, and Abigail moved from fifth place into fourth. Sarah dropped from third to fifth place. Emma moved up from tenth place in 2001 to sixth. Olivia dropped from sixth place to seventh. Alexis and Elizabeth traded places as Alexis moved into eighth while Elizabeth dropped to ninth. Finishing in tenth place was Samantha, which dropped from seventh place in 2001.

There were 12,458 different first names given to baby girls in 2002. The following were a few of the more unique and interesting ones – Lyric, Honesty, Gemini, Sailor, Almond, Comfort, Fable, Lav-

Complete lists (in order by frequency) by sex can be accessed on the Health Statistics web pages. Go to www.health.state.pa.us/stats and select 'Vital Statistics'.

ender, Morning, Scripture, Norway, Courage, Kansas, Breeze, and Strawberry.

For the twenty-sixth year in a row, Michael was the most popular first name given to baby boys in 2002 in Pennsylvania. Jacob, Matthew, and Nicholas remained in second, third and fourth place, respectively. Ryan moved up from seventh place to fifth. Joshua remained in sixth place, and Tyler was bumped down from fifth place to seventh. Joseph and John remained in eighth and ninth place, respectively.

Top Ten Most Popular Baby Names By Sex Pennsylvania Live Births, 2002

Males	Females
Michael	Emily
Jacob	Madison
Matthew	Hannah
Nicholas	Abigail
Ryan	Sarah
Joshua	Emma
Tyler	Olivia
Joseph	Alexis
John	Elizabeth
Andrew	Samantha

Andrew moved up from eleventh place in 2001 to tenth in 2002, replacing Zachary, which dropped down to twelfth place.

A total of 8,473 different first names were given to baby boys in 2002. The following were some of the more unusual – Sincere, Love, Harvard, Jupiter, Phoenix, Raven, Canyon, Ocean, Mem-

phis, Ontario, Apollo, Forest, Thor, Wolfgang, and Nature.

The top ten 2002 baby names by sex are shown above. Complete lists (in order by frequency) by sex can be accessed as PDF files (requires the free software Adobe Acrobat Reader) on the Health Statistics web page. Go to www.health.state.pa.us/stats and select 'Vital Statistics'.

Continued from Page 1...

New Interactive Web Page – EpiQMS...

Step 1: Select a Dataset....

When using EpiQMS, you begin by selecting one of four datasets - deaths, population, births or cancer incidence. Each dataset has different demographic variables to select. For example, the death dataset variables include cause of death, age, sex, race, county, year, and type of rate/ratio.

Step 2: Select a Dataview...

The user then chooses the type of dataview they want. There are four different dataviews to

select – **data table, chart/graph, map, or county profile**. The table format is straightforward and consists of a data table containing the various demographic and statistical variables you select. The chart/graph format includes four types – **horizontal bar, vertical bar, trend line, and pyramid**. The horizontal and vertical bar charts allow the user to select two different chart variables for each axis. The trend line is used to graph health statistics in a time se-

The Map dataview allows the user to generate color-coded maps at the county level with various health statistics

ries. The pyramid chart uses horizontal bars to compare health statistics by gender with male data on the left side bar and female data on the right side bar. The Map dataview

allows the user to generate **color-coded maps at the county level** with various health statistics. Finally, the county profile is a user-defined combination of tables, charts/graphs, and maps for a specific county.

What is an age-specific rate?

When comparing health status across different age groups, the age-specific rate can be

Continued on Page 5...

Web Site Updates:

2002 Birth Data, 2003 County Profiles, Injury Report, Family Health Report, HP2010 State/County Statistics

2002 Birth Data:

Numerous cross-tabulations of 2002 births by age and race of mother, birth weight, start of prenatal care, and many other variables for the state, all counties and municipalities can now be accessed on the Health Statistics web site at www.health.state.pa.us/stats. Select "Vital Statistics" and click on "Birth & Death Statistics 1990-2002".

The number of resident live births for Pennsylvania in 2002 (142,380) declined by 1,024 or 0.7 percent from the 143,404 reported for 2001. The 2002 figure is the lowest ever recorded for the state since 1915 when statewide figures were first collected and reported. The annual numbers of births for Pennsylvania have generally been on the decline since 1991.

...2002 birth data showed a notable increase in the percentage of low birth weight, from 7.9 in 2001 to 8.2...

A review of the 2002 birth data showed a notable increase in the percentage of low birth weight, from 7.9 in 2001 to 8.2 in 2002. The percent of births to mothers with prenatal care in the first trimester declined slightly from 85.2 to 84.6, as did the percentage of births to unmarried mothers, from 33.9 to 33.5. Cesarean deliveries increased from 22.9 to 24.8 percent, continuing a rise that dates back to 1997.

2003 County Profiles:

The 2003 edition of *County Health Profiles* has been added to the Health Statistics web site. To access these updated reports, go to www.health.state.pa.us/stats and select "Vital Statistics".

The two-page profile format available for each county and the state provides numerous health-related statistics (demographics including population by age and sex, natality and reported pregnancies, mortality, morbidity including reportable diseases and cancer, drug and alcohol abuse treatment, hospitals, nursing homes).

Injury Deaths Report:

The web-based report, *Injury Deaths in Pennsylvania*, has been updated with 1997-2001 mortality statistics and can be accessed at www.health.state.pa.us/stats (select "Vital Statistics").

This statistical report (available only on-line) combines five years of mortality data and presents various statistics at the state and county levels for nine major types of injuries. The nine areas are:

- Unintentional Injuries
- Motor Vehicle Crashes
- Drug Poisoning
- Falls/Fall-Related Injuries
- Fire and Flames
- Drowning/Submersion
- Suicide
- Homicide
- Firearm-Related Injuries

Family Health Report:

A statistical report useful for tracking Healthy People 2010 objectives related to maternal, infant and child health has recently been updated. *Family Health Statistics for Pennsylvania and Counties 2003 Report* can now be accessed online at www.health.state.pa.us/stats (select "Vital Statistics").

This report shows state trend data and county-level statistics (when available) for many of the family health-related national objectives in Healthy People 2010. The latest comparable United States data are also included when available.

Statistics are provided for eight of the 28 Focus Areas in Healthy People 2010. These areas include:

- Access to Quality Health Services
- Family Planning
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant and Child Health
- Respiratory Diseases
- Vision and Hearing

Hard copies of this report are also available upon request. Please contact the Bureau of Health Statistics and Research via the e-mail link on the web site or take advantage of our On-line Form for Ordering Publications.

HP2010 Statistics:

In January, 2002, the Bureau of Health Statistics and Research added a new web page that allowed users to access current and historical state and county level data for the Healthy People 2010 (HP2010) national objectives. Staff have recently updated the numerous types of health statistics that can be found on this web page (go to www.health.state.pa.us/stats and select "Healthy People 2010 Statistics"). For most objectives, 2001 or 2002 data have been added to the historical series.

On this web page, there are several different drop-down menus you can easily use to view and download data. You can view and download all available HP2010 data for a specific county or all available state data for a specific demographic (gender, race, Hispanic Origin, age, education, and urban vs. rural). There are also links to complete sets of all state and county data, as well as to data sources by Focus Area.

All files are first accessed in PDF format (requires the free software Adobe Acrobat Reader) but also contain links to a Microsoft Excel file if you prefer to download the data in spreadsheet format.

Please note that only objectives with available state and county data are shown. There is a link to the national HP2010 data site where you can view all the objectives, along with national data.

New Interactive Web Page – EpiQMS...

used to determine which age groups are most affected by a particular health risk. For example, age-specific death rates for motor vehicle accidents are highest among teens, young adults, and the elderly. The age-specific rate is calculated by dividing the number of events occurring for an age group by that age group's population. Often this rate is multiplied by 1,000 or by 100,000 in order to specify a specific population size for the rate.

All of the rate/ratios in EpiQMS have associated upper and lower confidence intervals that indicate the variance of the rate/ratio and the percent of confidence in the variance.

What is an age-adjusted rate?

The concept of an age-adjusted rate is similar to a weighted average. In a weighted average, each component has a proportional relevance, unlike a typical average where each component is weighted equally. In an age-adjusted rate, the components (age-specific rates) are weighted by multiplying them by a standard population age distribution. In EpiQMS, the 2000 standard U.S. million population is used in the calculation of all age-adjusted rates. This standard weighing of rates compensates for age differences among different populations (counties) so that different populations can be com-

pared without the bias of age. The reason for targeting age differences is based on the fact that health status varies considerably among different age groups.

What is a 95% confidence interval?

All of the rates/ratios in EpiQMS have associated upper and lower confidence intervals that indicate the variance of the rate/ratio and the percent of confidence in the variance. For a 95% confidence interval, the rate will usually fall between the lower and upper bound 95% of the time. The range between the lower and upper bounds will decrease as the variance decreases and will increase as the variance increases.

The smaller the number of events used in the calculation of a rate/ratio, the higher will be the variability and unreliability of the rate/ratio. For this reason, most rates/ratios are not calculated in EpiQMS for less than 10 events. One important feature of the confidence interval is that two rates can be compared for statistically significant differences. When confidence intervals do not overlap, rates are considered significantly different. If the confidence intervals of two rates overlap, then the rates are not significantly different.

What are Bayesian and nearest neighbor rates?

Three special rates can be calculated for the maps generated in EpiQMS – Bayesian Smoothed Rate, Bayesian Nearest Neighbor Rate, and Mean Nearest Neighbor Rate.

Three special rates can be calculated for the maps generated in EpiQMS – Bayesian Smoothed Rate, Bayesian Nearest Neighbor Rate, and Mean Nearest Neighbor Rate.

Unlike other rates used in EpiQMS, the two Bayesian rates are useful when the number of events is small (3+). The Bayesian formula for calculating the smoothed rate is rather sophisticated and can be found in the EpiQMS Help section. Basically, the Bayesian Smoothed Rate is an estimated rate that is computed by using rate and population data from all the counties in the state. The Bayesian Nearest Neighbor Rate is calculated in the same manner as the smoothed rate except the rate is adjusted with data from the nearest neighbors, i.e., those counties that share a border.

The Mean Nearest Neighbor Rate is based on the number of events and population of a county's nearest neighbors. It does not include data from the county itself. Consequently, the Mean Nearest Neighbor Rate is a measure of a county's surroundings and is

Two other statistics can be output in EpiQMS – the Standard Mortality Ratio and the Standard Morbidity Ratio (SMR).

useful for comparing to the county's rate.

What are SMRs?

Two other statistics can be output in EpiQMS – the Standard Mortality Ratio and the Standard Morbidity Ratio (SMR). Each ratio is calculated by dividing the number of observed events (deaths or cases) by the number of expected events times 100. The number of expected events for a local population assumes that the local population will have the same rate of events as the state rate. To calculate the expected number of events for a local population, you must calculate the expected number of events for each age group. This is done by multiplying the state rate for each age group by the local population for each age group. These numbers are then summed up to give the total number of expected events for a local (county) population.

If the SMR is greater than 100, then the number of observed events was greater than the number of expected events. For example, a ratio of 125 means that there were 25 percent more observed events for a county than expected, based on the state's rates. Similarly, a ratio of 85 means that there were 15 percent fewer observed events than expected.

Need more help or information?

For answers to more questions, technical assistance, and to request on-line demos of EpiQMS, contact Health Statistics and Research at 717-783-2548 or on-line at www.health.state.pa.us/stats.

Selected Pennsylvania Behavioral Risk Factor Surveillance System Core Questionnaire Responses Pennsylvania and United States Adults, 2002 (with 95% confidence interval)

	Pennsylvania				*	United States			
	Total No.	No.	%	CI		Total No.	No.	%	CI
Health Status									
Fair or Poor Health	13,461	2,137	15.9	15.0-16.7		247,135	41,777	16.0	15.7-16.3
Overweight	12,877	7,626	59.6	58.4-60.7		236,287	137,772	58.8	58.4-59.2
Obese	12,877	3,025	24.0	23.0-25.0 +		236,287	51,902	21.9	21.6-22.2
Health Care Access									
No Health Care Insurance, Age 18-64	10,363	1,151	12.6	11.6-13.6 -		194,401	29,911	17.8	17.5-18.1
Do Not Have a Personal Health Care Provider	13,467	1,253	11.8	11.0-12.7 -		247,421	41,069	20.8	20.4-21.1
Unable to Get Medical Care in the Past 12 Months	13,474	560	4.8	4.3-5.4 -		244,292	14,587	6.6	6.4-6.8
Exercise									
No Leisure Time Physical Activity	13,479	3,328	24.4	23.4-25.3		247,813	62,955	25.3	25.0-25.6
Nutrition									
Do Not Eat Fruits and Vegetables 5+ Time/Day	13,490	10,026	74.6	73.6-75.5		245,133	185,338	75.6	75.3-75.9
Asthma									
Told They Had Asthma	13,477	1,463	11.5	10.8-12.3		247,646	29,712	11.9	11.7-12.1
Diabetes									
Told They Had Diabetes	13,340	1,114	8.2	7.6-8.8 +		245,063	18,779	7.1	6.9-7.3
Oral Health									
Did Not Visit Dentist in the Past Year	13,360	3,690	28.2	27.2-29.2 -		242,228	71,494	29.9	29.6-30.2
Have Had All Permanent Teeth Removed	13,281	1,162	8.0	7.4-8.6 +		241,679	20,596	6.3	6.2-6.5
Did Not Have Teeth Cleaned by Dentist in the Past Year	12,039	3,004	26.1	25.0-27.1 -		218,376	61,158	29.2	28.8-29.6
Immunization									
Did Not Have a Flu Shot in Past Year, Aged 65+	2,977	915	29.5	27.4-31.6 -		50,935	16,445	33.6	32.8-34.4
Never Had a Pneumonia Vaccination, Aged 65+	2,907	1,033	36.5	34.3-38.8		49,726	18,769	38.2	37.4-39.0
Tobacco Use									
Current Smokers	13,491	3,130	24.5	23.5-25.5 +		247,964	54,328	22.5	22.2-22.8
Alcohol Consumption									
Binge Drinkers	13,370	1,910	16.9	16.0-17.8 +		245,181	32,111	15.7	15.4-15.9
Drink and Drive	13,458	255	2.2	1.9-2.6		245,453	4,989	2.3	2.2-2.4
Injury Prevention									
Do Not Always Use Seatbelts	13,454	4,018	31.4	30.4-32.5 +		244,569	54,959	19.5	19.2-19.7
Women's Health									
Did Not Have a Mammogram in the Past Year, Age 40+	5,458	2,056	38.0	36.3-39.7		96,345	37,729	38.5	37.9-39.0
Did Not Have a Clinical Breast Exam in the Past Year, Age 40+	5,412	1,787	34.0	32.4-35.7		95,481	31,403	32.9	32.3-33.4
Never Had a Pap Test	8,011	300	4.7	4.1-5.5		145,393	6,378	5.7	5.4-6.0
Men's Health									
Never Had a Prostate-Specific Antigen (PSA) Test, Age 50+	2,279	490	21.5	19.4-23.7 -		40,556	9,749	24.7	23.9-25.5
Never Had a Digital Rectal Exam (DRE), Age 50+	2,349	337	16.0	14.0-18.0		41,802	6,899	16.8	16.1-17.5
Colorectal Cancer Screening									
Never Had a Sigmoidoscopy or Colonoscopy, Age 50+	6,112	3,220	52.0	50.4-53.6		108,710	56,374	51.0	50.5-51.5
HIV/AIDS									
Never Tested for HIV (except for blood donation), Age 18-64	9,827	6,062	60.4	59.0-61.7 +		185,852	104,858	54.8	54.4-55.3

Note: Excludes missing, don't know, and refused.

* If a "+" is indicated, then Pennsylvania has a significantly higher percentage compared to the United States. If a "-" is indicated, then Pennsylvania has a significantly lower percentage compared to United States.

Update: Healthy People 2010 Objectives

Focus Area 26 - Substance Abuse

26-02 - Reduce cirrhosis deaths.....HP2010 Target: 3.0

26-03 - Reduce drug-induced deaths.....HP2010 Target: 1.0

Cirrhosis Deaths:

The age-adjusted death rate for cirrhosis deaths among all Pennsylvania residents has not changed much between 1997 and 2001. The same can be said for males, females, whites and blacks. The rates for Hispanics have fluctuated during the five-year period but that is probably due to the smaller annual numbers of events recorded for this group.

Age-adjusted death rates for cirrhosis are higher among Hispanic, male and black residents compared to whites and, especially, females.

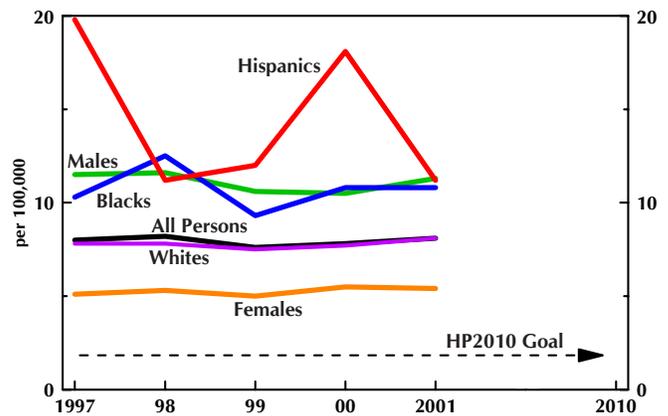
The Healthy People 2010 national goal is an age-adjusted death rate of 3.0. The 2001 rate for females is the lowest among the five sex/race/ethnic groups shown here but even that rate (5.4) is still 80 percent higher than the 2010 national goal.

Drug-Induced Deaths:

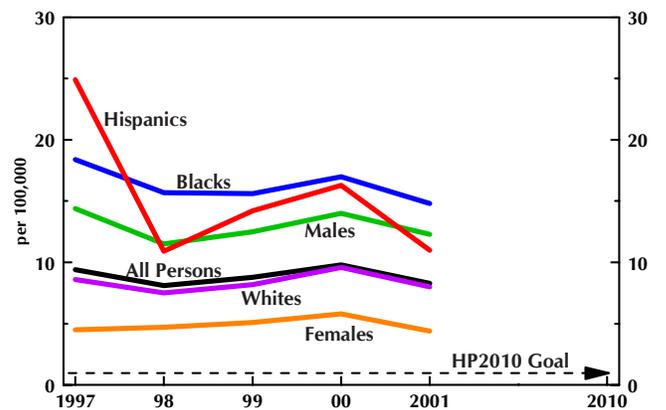
Between 1997 and 2001, the annual age-adjusted death rates for drug-induced deaths among all residents has not changed much, remaining between 8.1 (1998) and 9.8 (2000). No trend has been observed either for males, females or whites. The rates for blacks and Hispanics have shown some decline over the five-year period; however, the rates for these groups (along with the males) are the highest among the five sex/race/ethnic groups.

The national Healthy People 2010 goal for an age-adjusted death rate for drug-induced deaths is set at 1.0. No age-adjusted death rate for any of the five sex/race/ethnic groups in Pennsylvania (as shown here) is even close to that goal.

Age-Adjusted Death Rate* for Cirrhosis
Pennsylvania Residents 1997-2001



Age-Adjusted Death Rate* for Drug-Induced Deaths
Pennsylvania Residents, 1997-2001



*age-adjusted to 2000 standard million U.S. population

Cirrhosis & Drug-Induced Deaths, Age-Adjusted Rate* By Sex & Race/Ethnicity, Pennsylvania Residents 1997-01

	2001	2000	1999	1998	1997
Cirrhosis					
All Persons	8.1	7.8	7.6	8.2	8.0
Males	11.3	10.5	10.6	11.6	11.5
Females	5.4	5.5	5.0	5.3	5.1
Whites	8.1	7.7	7.5	7.8	7.8
Blacks	10.8	10.8	9.3	12.5	10.3
Hispanics**	11.2	18.1	12.0	11.2	19.8
Drug-Induced					
All Persons	8.3	9.8	8.8	8.1	9.4
Males	12.3	14.0	12.5	11.5	14.4
Females	4.4	5.8	5.1	4.7	4.5
Whites	8.0	9.6	8.2	7.5	8.6
Blacks	14.8	17.0	15.6	15.7	18.4
Hispanics**	11.0	16.3	14.2	10.9	24.9

*age-adjusted to 2000 standard million U.S. population

**Hispanics can be of any race.

HP2010 State and County Data on the Web

To access the Department of Health's web page of Healthy People 2010 statistics for the state and counties, go to www.health.state.pa.us/stats. The latest available statistics as well as trend data are shown. You can view data for the state, all counties, a specific demographic element (age, sex, race, etc.) or just for a specific county. Complete data sets for the state and counties can be downloaded. There is also a link to the national HP2010 web site.

Statistical News is published bimonthly by the Bureau of Health Statistics and Research, Pennsylvania Department of Health, 555 Walnut St., 6th Floor, Harrisburg, PA, 17101. Please write, telephone (717-783-2548) or FAX (717-772-3258) us if you have any questions regarding the contents of this newsletter. Visit the Health Statistics section of the Department's web site at www.health.state.pa.us/stats/ to access additional health statistics and reports.

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