

STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 27 No. 5 ♦ September 2004

Suicides Among Older Pennsylvanians

High Suicide Rates Occur Among Persons Aged 65 And Older

Some of the highest suicide rates of any age group occur among persons aged 65 years and older. In addition, Pennsylvania suicide rates among older adults were highest for white males, and firearms were, by far, the most common method of suicide used by persons aged 65 years and older.

The risk factors for suicide among older adults, compared to younger residents, include higher prevalence of depression, greater use of highly lethal methods, more social isolation, fewer attempts per completed suicide, and higher male-to-female ratio, according to a report released by the United States Surgeon General's office.

Death Rates:

Among residents aged 65 years and older, the number of deaths due to suicide in 2002 was 198. The rate of 10.4 per 100,000 for residents aged 65 years and older was slightly lower than the rate of 11.7 for residents aged 15 to 34 years. However, the rate of 22.6 per 100,000 among males in the 65 and older age category was higher than the comparable rate of 19.8 for males aged 15 to 34 years. The age-specific rate among adults aged 65-69 was 8.5 per

...suicide rates among older adults were highest for white males, and firearms were, by far, the most common method...

100,000 population. The rate for those aged 70-74 was 10.4 per 100,000; for those aged 75-79 was 11.2; for those aged 80-84 the rate was 13.2; and among persons aged 85 and older, the rate was 9.2.

Race and Sex:

There were 190 suicides for whites over the age of 64, compared to only six suicides among black residents of the same age group. Males accounted for 85 percent of suicides among persons aged 65 years and older.

Of the male suicides in 2002, 161 or 81 percent were among white residents. In 2002, there were no suicides among black females in the 65+ age group.

Marital Status:

Only a slightly higher percentage of suicides for persons aged 65

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Melanoma Skin Cancer Statistics for PA and U.S.

PA Incidence Lower Than U.S. But Increasing; No Change in Mortality

Incidence rates for melanoma skin cancer increased dramatically in both Pennsylvania and the United States during the twelve-year period of 1990 to 2001. Incidence and mortality rates for this disease are much higher for males than for females. However, more cases are being diagnosed at earlier stages of the disease. Death rates for malignant melanoma of the skin are similar for Pennsylvania and the United States and have not changed much over the years.

There are two major types of skin cancer, malignant melanoma and non-melanoma. Basal cell and squamous cell carcinomas are usually classified as the non-melanoma type. Although melanoma is less common, it is more dangerous than non-melanoma skin cancer because melanoma is much more likely to metastasize. Survival rates are poor once melanoma has spread to distant parts of the body. Fortunately, melanoma cancers, like basal cell and squamous cell skin cancers, are usually curable if discovered during early (in situ or local) stages of the disease. In 2001, approximately 90 percent of staged melanoma cancers

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Although Pennsylvania's incidence rates were lower than comparable United States rates, they increased more rapidly than United States rates.

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DEPARTMENT OF
HEALTH

Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H.
Secretary of Health

Cancer Facts and Figures Pennsylvania 2004

Report Updated on Web Site with Projections for 2004

Cancer Facts and Figures Pennsylvania 2004 is now available on the Health Statistics web pages of the Pennsylvania Department of Health's web site at www.health.state.pa.us/stats (select **Cancer Incidence and Mortality**). This is the eighth annual publication to present projected cancer incidence and mortality statistics for the Commonwealth and counties.

Cancer Facts and Figures contains 2004 projected cancer cases and cancer deaths by primary site and sex as well as 2004 projected cancer cases and cancer deaths by county of residence. Trends on age-adjusted incidence and mortality rates dating back to 1991 are graphically displayed and discussed for all cancers and the top four cancer sites (female breast, lung, prostate, and colon/rectum).

The percent of cancer cases by stage of disease at diagnosis

for 1991 and 2001 are compared for all cancers by sex and race. A section on selected behavioral risk factors by race is based on data from the Pennsylvania BRFSS sample survey of adults conducted in 2003.

Also included in this new report are the American Cancer Society's guidelines for early detection of cancer in asymptomatic people and information on the Cancer Control Program initiatives within the Department of Health. Another section of this report compares Pennsylvania's age-adjusted incidence and mortality rate trends to the United States.

According to this 2004 report, the number of invasive cancer cases among Pennsylvania residents is projected to increase by 3.8 percent between 2001 and 2004 - from 72,645 to 75,375. Almost 61 percent of this increase is projected to occur among

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four sites - female breast, prostate, thyroid, and melanoma of the skin.

The number of male invasive cancer cases is expected to increase 3.9 percent between 2001 and 2004 - from 36,984 to 38,440. The number of female invasive cancer cases is expected to increase 3.6 percent between 2001 and 2004 - from 35,660 to 36,935.

One of the biggest differences between these male and female projections for 2004 occurs with invasive lung/bronchus cancer. Males are expected to have nearly the same number of lung/bronchus cancer cases in

2004 as they did in 2001 (5,718) while females are expected to have 153 more such cancer cases in 2004 than in 2001 (when there were 4,467).

Projected cancer deaths among residents for 2004 (29,830) are expected to be slightly higher than the 2002 number (29,460). Among male residents, the projected number of cancer deaths (14,785) is lower than the number of deaths that occurred in 2002 (14,928). Female cancer deaths in Pennsylvania are projected to be 14,700 in 2004, compared to 14,532 in 2002.

Hard copies of *Cancer Facts and Figures Pennsylvania 2004* are also available upon request. Please contact the Bureau of Health Statistics and Research at 717-783-2548, via an e-mail link on our web pages or take advantage of our Online Form for Ordering Publications.

2004 Pocket Guide of PA/County Data Released

Convenient Brochure Unfolds to Reveal Over 5,000 Numbers and Rates

The Bureau of Health Statistics and Research has recently updated our annual brochure *Pocket Guide of Pennsylvania and County Health Statistics, 2004 Edition*. This is the fifth year the brochure has been published.

This small brochure contains over 5,000 numbers and rates. The 2004 edition contains various demographic data (population, income, unemployment, etc.) and statistics on births, deaths, disease incidence, cancer, hospitals, nursing homes, drug

Such a variety of health data allows the user to easily compare many different health status and other indicators among counties, and between the state and the rest of the country.

and alcohol treatment facilities, behavioral health risk factors, HMO enrollment, and personal care homes for Pennsylvania and

all 67 counties. In addition, there are comparative figures for Pennsylvania and the United States on selected birth, death, disease, cancer, abortion, and behavioral health risk statistics.

Many of the statistics that appear in this brochure also appear in other Bureau statistical reports, but have been assembled together in this publication for quick reference. Such a variety of health data allows the user to easily compare many different health status and other indicators among counties, and between the

state and the rest of the country. The brochure is small when folded and fits conveniently into a shirt pocket or purse.

The *Pocket Guide of Pennsylvania and County Health Statistics* is only available in hard copy format. If you would like to receive a copy of this updated brochure or if you have any questions about the statistics contained in this brochure, please contact the Bureau of Health Statistics and Research at 717-783-2548.

Web Site Updates:

2003 Mortality Statistics

2004 County Health Profiles:

The 2004 edition of *County Health Profiles* has been added to the Health Statistics web site. To access these updated county reports, go to www.health.state.pa.us/stats/ and select **Vital Statistics**.

The 2004 *County Health Profiles* are a set of 68 individual two-page pamphlets – one for each of the state's 67 counties and one for Pennsylvania. Each two-page pamphlet is updated annually and provides numerous health-related statistics (demographics including population by age and sex, natality and reported pregnancies, mortality, morbidity including reportable diseases and cancer incidence, drug and alcohol abuse treatment, hospitalizations, and nursing homes).

Family Health Statistics for Pennsylvania and Counties:

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 2004 Report* can now be accessed on-line 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.

...(The Family Health report shows state trend data and county-level statistics... for many of the family health-related national objectives in Healthy People 2010.

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 at 717-783-2548, via an e-mail link on the web site or take advantage of our Online Form for Ordering Publications.

2003 Mortality Statistics:

A large volume and variety of data tables with 2003 mortality statistics, including information for all counties and municipalities in Pennsylvania, have been

added to the Bureau of Health Statistics and Research web pages.

To access the 2003 data, go to www.health.state.pa.us/stats and click on **Vital Statistics** and then select **Birth and Death Statistics 1990-2003**.

To access the 2003 (mortality) data go to www.health.state.pa.us/stats and click on Vital Statistics and then select Birth and Death Statistics 1990-2003.

Each year when a new birth, death or cancer incidence annual data file is finalized and released, staff in the Bureau of Health Statistics and Research create and update tens of thousands of pages of numerous crosstabulations that are used to respond to the thousands of data requests we receive every year.

These data tables are also created in PDF file format (requires the free software Adobe Acrobat Reader) and are added to the Health Statistics web pages to provide all data users with an abundant variety of health statistics.

You can now easily access the latest available single-year (2001 for cancer incidence, 2002 for births and 2003 for deaths) and five-year (1997-2001 for cancer incidence, 1998-2002 for births and 1999-2003 for deaths) summary data tables.

In most cases, you will find exactly what you are looking for since these data tables have helped us answer at least 95 percent of all our requests for birth, death and cancer statistics in the past.

Examples of mortality data available at this web page include deaths by age, sex, race and cause for all counties and municipalities. Additional statistics are also available on specific ICD codes, month of disposition, and autopsy status. In addition, there are separate data tables on infant deaths and suicides.

Most data files are available back to 1990. We do have some limited data tables available prior to 1990 in electronic format.

...2003 (mortality) data for all counties and municipalities in Pennsylvania, have been added to the Health Statistics web pages...

Please contact the Bureau of Health Statistics and Research at 717-783-2548 or via an e-mail link on our web pages for more information about the availability of these files. We also have some additional data tables that are not available on the web site. These data tables are very large files, such as deaths by ICD code by county, that are not efficient for accessing online.

Melanoma Skin Cancer Statistics for PA and U.S.

among residents were diagnosed at early stages of the disease.

**In 2001,
approximately 90%
of staged
melanoma cancers
among residents
were diagnosed
at early stages...**

Statistics for Pennsylvania were based on cancer abstracts submitted to the Pennsylvania Cancer Registry (PCR) and death certificates issued by the Department's Division of Vital Records. The PCR does not collect non-melanoma skin cancers. Therefore, this article will focus only on melanoma of the skin. Also, please keep in mind that whites have much higher risks compared to population groups with darker skin pigmentation.

The Surveillance, Epidemiology, End Results (SEER) program of the National Cancer Institute annually reports age-adjusted cancer incidence rates for selected areas to be representative of the entire United States population. Currently, 2001 is the latest year of cancer incidence data available from SEER.

Although Pennsylvania's incidence rates were lower than comparable United States rates, they increased more rapidly than United States rates. The result is a slight narrowing of the gap between SEER and Pennsylvania incidence rates. Higher incidence rates may be the result of improved reporting (e.g. non-hospital sources), better detection, and public awareness.

The SEER annual age-ad-

justed rate (13.8 per 100,000) for 1990 was nearly 75 percent higher than the corresponding Pennsylvania rate (7.9). By 2001, the difference between the rates was down to 18 percent (18.7 vs. 15.8).

Based on PCR data in 2001, the age-adjusted incidence rate for invasive melanoma of the skin among Pennsylvania residents was 15.8 per 100,000—the highest rate recorded between 1990 and 2001. There were 2,133 cases of invasive melanoma in 2001, up from 1,002 in 1990. The 2001 rate (15.8) was twice the 1990 rate of 7.9 per 100,000.

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During the period of 1990 to 2001, age-adjusted incidence rates for melanoma of the skin were consistently higher among males than females in Pennsylvania and in the United States. The rate for Pennsylvania males was nearly 38 percent higher than for females (19.0 vs. 13.8) in 2001. The United States male rate was 48 percent higher than the female rate (23.1 vs. 15.6) in 2001.

SEER also reports total United States cancer mortality rates based on death certificate data. Currently, 2001 is the latest year of cancer mortality data

available from SEER. Both Pennsylvania and United States age-adjusted annual mortality rates for melanoma of the skin have not changed much since 1990. Throughout this period, there were very little differences between Pennsylvania and United States mortality rates for this disease. As of 2001, the age-adjusted mortality rate for melanoma of the skin was 2.7 per 100,000 for both Pennsylvania and the United States.

The Pennsylvania and United States annual age-adjusted mortality rates for melanoma of the skin were higher among males than females. In 2001, the Pennsylvania rate was 3.6 among male residents and 2.1 among female residents. For the United States, the rate in 2001 was 3.9 among males and 1.7 among females.

A comparison of the 1991 and 2001 Pennsylvania staging data for melanoma of the skin shows that in situ diagnoses have increased dramatically while local and distant stage diagnoses have decreased. Among Pennsylvania residents, the percentage of in situ diagnoses increased from 12.6 in 1991 to 29.1 in 2001. Local stage diagnoses decreased from 74.9 percent in 1991 to 61.2 percent in 2001. The

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percentage of regional stage diagnoses has not changed much (6.8 to 7.1). Distant stage diagnoses decreased from 5.8 percent in 1991 to 2.7 percent in 2001. Similar trends occurred among both males and females.

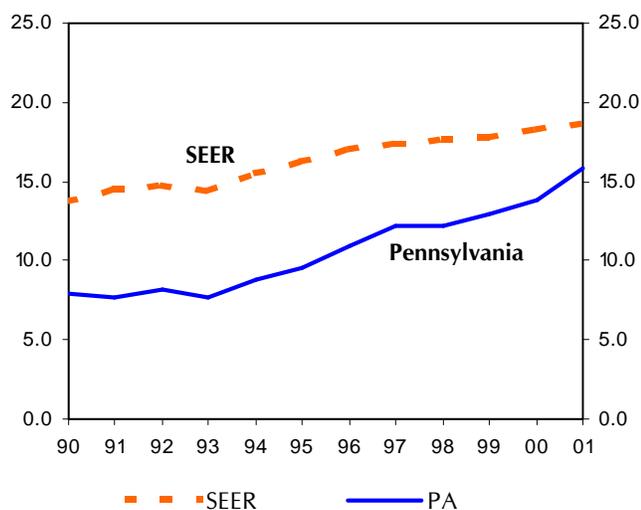
Prevention of most melanoma of the skin deaths is possible through primary prevention, such as decreased exposure to sunlight or other ultraviolet radiation sources, especially at an early age, and through screening so that earlier diagnoses can permit more effective treatment. The American Cancer Society recommends routine examinations for changes in skin appearance. If an area of the skin appears abnormal, suggesting the possibility of a skin cancer, additional medical examinations and tests should be conducted to determine if melanoma skin cancer is present.

The data tables and charts on the next page display the latest statistics and trends for melanoma of the skin cancer incidence and mortality in Pennsylvania and the United States.

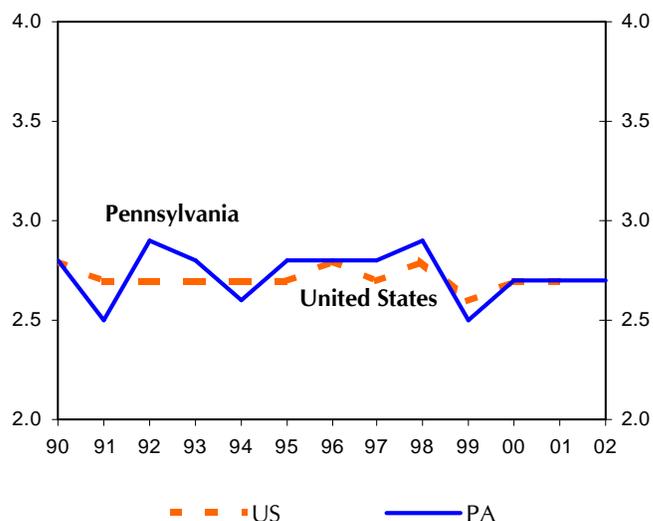
If you have any questions regarding the statistics on melanoma of the skin presented in this article or are looking for any other cancer incidence or mortality data, please contact the Bureau of Health Statistics and Research at 717-783-2548.

If you would like to obtain additional cancer statistics online, please visit the Health Statistics web pages at www.health.state.pa.us/stats/. In addition to published reports, a variety of cancer statistics in the form of data tables, charts, and maps can be produced using our interactive web tool entitled EpiQMS.

**Melanoma of the Skin
Age-Adjusted Invasive Incidence Rates
Pennsylvania Residents and SEER Data, 1990-2001**



**Melanoma of the Skin
Age-Adjusted Mortality Rates
Pennsylvania Residents and United States, 1990-2002**



Age-Adjusted Invasive Incidence Rates by Sex

Year	All Cases		Males		Females	
	PA	SEER	PA	SEER	PA	SEER
1990	7.9	13.8	10.4	16.6	6.3	11.8
1991	7.7	14.6	9.6	17.6	6.5	12.5
1992	8.2	14.8	10.6	18.3	6.5	12.2
1993	7.7	14.5	10.4	18.0	5.8	12.0
1994	8.8	15.6	11.6	19.7	6.9	12.6
1995	9.5	16.3	12.2	20.2	7.6	13.6
1996	10.9	17.1	13.8	21.4	8.8	14.0
1997	12.2	17.5	16.3	21.5	9.3	14.7
1998	12.2	17.7	15.4	22.0	10.0	14.7
1999	12.9	17.9	16.9	22.4	10.0	14.7
2000	13.8	18.3	17.7	23.0	11.2	15.0
2001	15.8	18.7	19.0	23.1	13.8	15.6

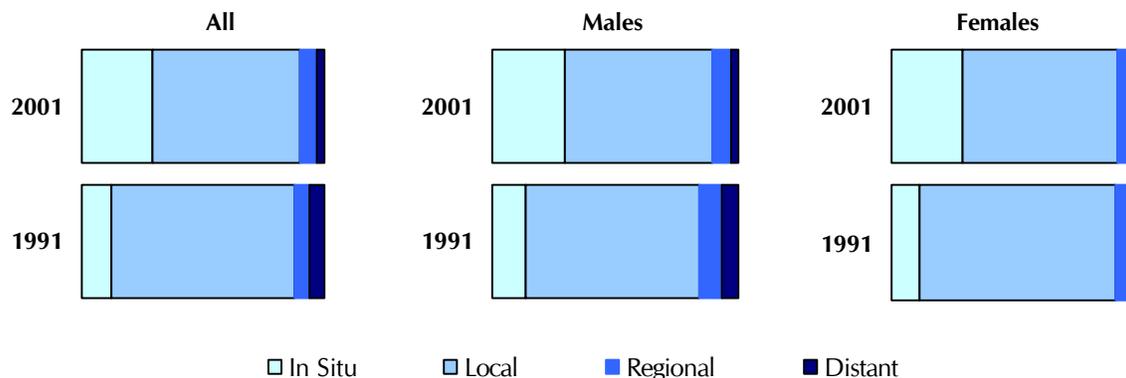
Age-Adjusted Mortality Rates by Sex

Year	All Deaths		Males		Females	
	PA	US	PA	US	PA	US
1990	2.8	2.8	4.0	3.8	2.0	2.0
1991	2.5	2.7	3.3	3.9	1.9	1.8
1992	2.9	2.7	4.3	3.8	1.9	1.8
1993	2.8	2.7	4.0	3.9	2.0	1.9
1994	2.6	2.7	3.8	3.8	1.7	1.8
1995	2.8	2.7	4.3	3.9	1.7	1.8
1996	2.8	2.8	4.1	4.0	1.8	1.9
1997	2.8	2.7	3.7	3.9	2.1	1.8
1998	2.9	2.8	4.3	4.1	1.9	1.8
1999	2.5	2.6	3.6	3.8	1.7	1.7
2000	2.7	2.7	4.1	3.8	1.7	1.8
2001	2.7	2.7	3.6	3.9	2.1	1.7
2002	2.7	N/A	3.7	N/A	2.0	N/A

NOTE: All age-adjusted rates that appear on this page are per 100,000 2000 United States standard million population.

NA = not available

**Melanoma of the Skin
Percent Distribution of Stage at Diagnosis
Pennsylvania Residents, 2001 and 1991**



Suicides Among Older Pennsylvanians

years and older occurred among residents who were not married (see Chart 3 below). However, among older females who committed suicide in 2002, 69 percent were unmarried, compared to 48 percent for men aged 65+.

Method of Suicide:

In 2002, the top three methods of suicide among residents aged 65 and older were firearms, suffocation, and poisoning, accounting for 91 percent of all suicides. Among Pennsylvania's older residents, suicide by use of firearms (136 suicides) was, by far, the

In addition to a higher prevalence of depression and health problems, older adults are often more socially isolated.

most likely method to be used, accounting for 69 percent of all suicides among residents aged 65 years and older. Suffocation (24) was second at 12 percent; and, poisoning (21) accounted for another 11 percent.

Firearms were the most common method of suicide for both males and females; however, the percentage for males (74) was much higher than that for females (38).

Risk Factors:

Risk factors for suicide among older adults differ from those among younger persons. In addition to a higher prevalence of depression and health problems, older adults are often more socially isolated. Older residents are more likely to visit a health-care provider before attempting

suicide. Also, they use highly lethal methods of suicide more frequently than younger people. (*The Surgeon General's Call to Action to Prevent Suicide*. DHHS, 1999).

If you have any questions regarding the statistics presented here, please contact us at 717-783-2548. A variety of suicide statistics in the form of tables, charts, and maps can be produced using our interactive web tool called EpiQMS. To access EpiQMS, go to www.health.state.pa.us/stats/.

Chart 1
Suicides Among Ages 65+, Percent by Sex/Race Group Pennsylvania Residents, 2002

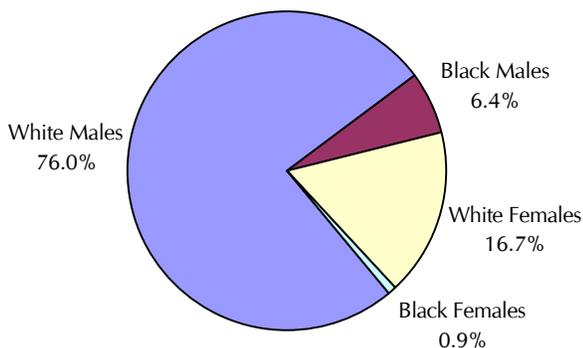


Chart 2
Suicides, Age-Specific Rates* Pennsylvania Male Residents, 2002

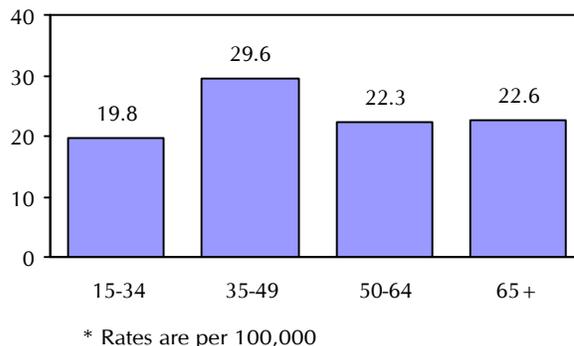


Chart 3
Suicides Among Ages 65+, Percent by Marital Status Pennsylvania Residents, 2002

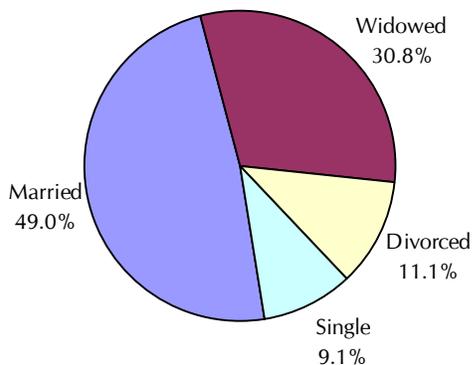
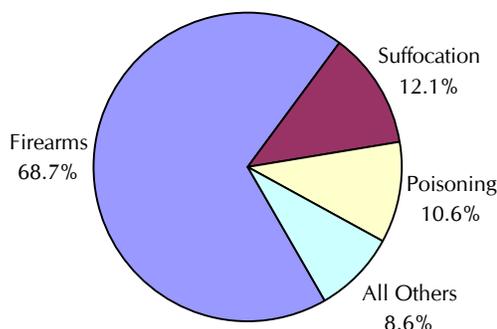


Chart 4
Suicides Among Ages 65+, Percent by Method Pennsylvania Residents, 2002



Update: Healthy People 2010 Objectives

Focus Area 3 - Cancer

3-11b - Increase the proportion of women aged 18+ who received a Pap test within past three years. 2010 Target: 90%

All Females and Non-Hispanic White Females:

The annual percentages of all females and non-Hispanic white females aged 18 and older who had had a Pap test in the previous three years were very similar during the five-year period of 1998-2002. These percentages displayed very little change during that time period, from 83 percent in 1998 to 84-85 percent in 2002 (see data table below).

Non-Hispanic Blacks:

The 1998-2002 annual percentages of non-Hispanic black females aged 18 and older who had had a Pap test in the previous three years have been slightly higher than the figures for non-Hispanic whites during that five-year period. In fact, the 2001 and 2002 percentage (91 and 89, respectively) for non-Hispanic black females was nearly at or just above the national goal of 90 percent.

Rural vs. Urban:

The annual percentages of females aged 18 and older living in urban areas who had had a Pap test in the previous three years showed some increases between 1998 and 2002. The annual percentages for those in rural areas have also been increasing. However, the annual percentages for those in rural areas remained somewhat lower than for those in urban areas.

Education:

The annual percentages for females aged 25 and older with a high school education and those with less than a high school education have shown some slight increases. However, higher percentages occurred for each higher educational level. In fact, women with at least some college education had achieved or were close to achieving the Healthy People national 2010 goal in 2001 and 2002.

Percent* Women 18+ With Pap Test in Past 3 Years Total & Selected Demographics, Pennsylvania, 1998-2002

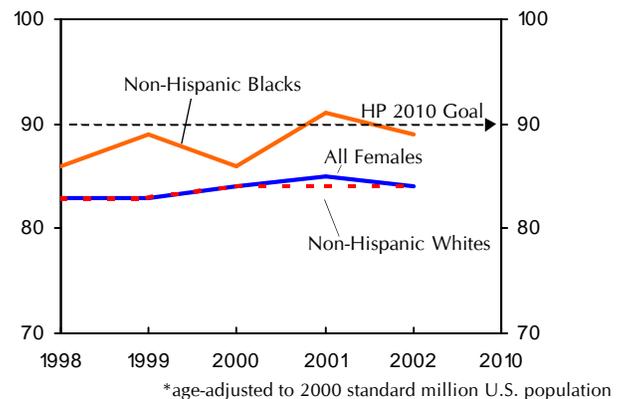
	2002	2001	2000	1999	1998
All Females 18+	84%	85%	84%	83%	83%
Whites** 18+	84%	84%	84%	83%	83%
Blacks** 18+	89%	91%	86%	89%	86%
Urban 18+	85%	86%	85%	84%	82%
Rural 18+	84%	82%	82%	80%	84%
< High School 25+	75%	73%	72%	72%	78%
High School 25+	84%	84%	84%	81%	80%
At least some college 25+	88%	90%	87%	87%	88%

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

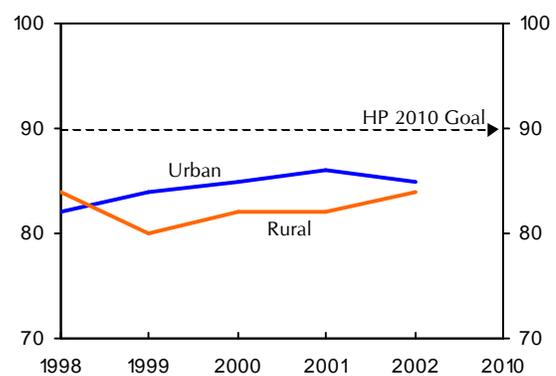
**non-Hispanic

NOTE: Data for Hispanics are not reported due to unreliability (small numbers).

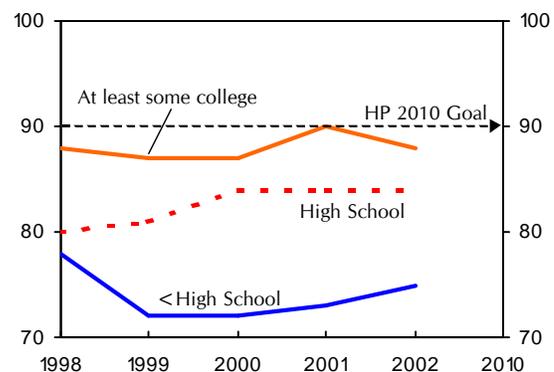
Percent* Women 18+ With Pap Test in Past 3 Years Total and by Race, Pennsylvania, 1998-2002



By Rural and Urban, Pennsylvania, 1998-2002



By Education Aged 25+, Pennsylvania, 1998-2002



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

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