

# STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 29 No. 5 ♦ September 2006

## Profile of Cigarette Outlets Accessible to Minors

### *Convenience Stores and Gas Stations Sell Most Cigarettes*

According to a recent study, convenience stores and gas stations are the most prevalent type of cigarette retailer. Convenience stores and gas stations accounted for 42 percent ( $\pm 3\%$ ) of the outlets in the study (almost twice as many than any other type of outlet) and they sold cigarettes to minors at a rate of 9 percent ( $\pm 3\%$ ). Convenience stores are outlets that sell limited food and convenience items, are usually open late, and may or may not sell gasoline. An outlet is classified as a gas station if its major source of income is from the sale of gasoline.

These results are based on the federally-mandated Synar survey. This statewide probability survey targeted cigarette retailers accessible to minors and was conducted during the summer of 2005. The protocol consisted of an underage person entering an outlet to attempt to buy cigarettes. Although the primary goal of the survey was to estimate the rate of outlets that sell cigarettes to minors, it also measured characteristics of the cigarette retailers. The profiles of cigarette retailers accessible to minors can provide a better understanding of how accessible cigarettes are to minors.

**The second most prevalent type of... outlet was the supermarket and/or grocery store.**

The second most prevalent type of accessible cigarette outlet was the supermarket and/or grocery store. It is estimated that 22 percent ( $\pm 3\%$ ) of the accessible cigarette outlets were either a supermarket or a grocery store. These types of outlets sold cigarettes to minors at a rate of 4 percent ( $\pm 3\%$ ). Chart 1 (page 6) shows the weighted violation rates of cigarette sales to minors for convenience/gas stations and supermarket/grocery stores. Sample sizes are insufficient to produce reliable estimates for any other type of outlet.

Chart 2 (page 6) shows the weighted distribution of outlets by type. According to survey definitions, outlets that did not fit into any of the specific categories were placed into the "other" category. These undefined outlet types include but are not limited to: check cashing

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## Racial Disparities in Life Expectancy

### *In U.S., Whites Live Longer than Blacks and Females Outlive Males*

Life expectancy at birth varies by race and sex. In the United States, whites live longer than blacks, and females live longer than males. The most recent national estimates of life expectancy for the United States (2003) show that, at birth, white females may expect on the average to live to the age of 80.5 years, black females to 76.1, white males to 75.3, and black males to 69.0. These are longstanding patterns of disparity, as shown in Chart 1 on page 4. However, since the period 1969-71, life expectancy has increased for each of these groups; for white females by 5.0 years, black females by 7.8 years, white males by 7.4 years, and black males by 9.0 years.

The disparity between races in life expectancy is greatest at birth and lasts through most of life. However, as people get older, the age-specific life expectancies of whites and blacks converge and the disparity lessens until the expectancies cross in the upper age brackets. Around age 80, black survivors achieve an advantage in expected survival. Chart 2 (page 5) shows that nationally in 2003 males

**The disparity between races in life expectancy is greatest at birth and lasts through most of life.**

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DEPARTMENT OF HEALTH

*Edward G. Rendell, Governor*

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# Survey of Licensed Practical Nurses Reviewed

## Over 56 Percent of LPNs Plan on Remaining in Nursing for 11+ Years

Only 12 percent of licensed practical nurses (LPNs) employed in health care in Pennsylvania were dissatisfied with their career and job, according to results from a survey of LPNs released by the Pennsylvania Department of Health in March 2005. Among the six state health districts, the Southwest health district had the highest percentage of career and job dissatisfaction (14.4 and 13.7 percent, respectively). This might be attributed to the fact that mandatory overtime was highest in the Southwest district – 16.5 percent of all LPNs employed in direct patient care reported working non-voluntary overtime.

**...mandatory overtime was highest in the Southwest district (at) 16.5 percent...**

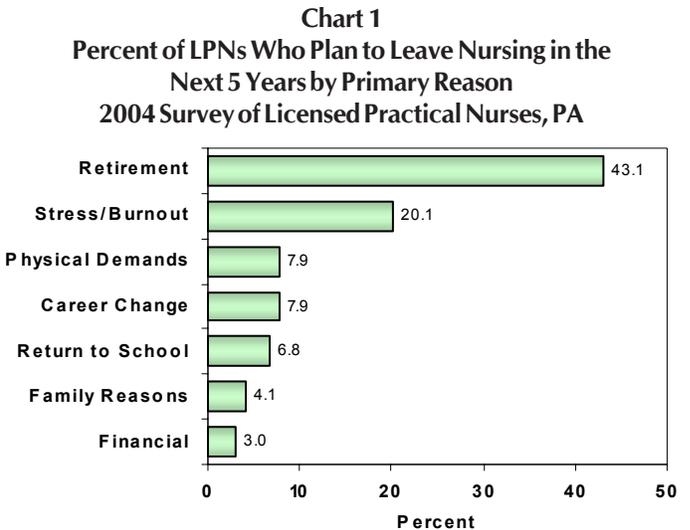
The South Central health district had the lowest percentage of LPNs who reported career and job dissatisfaction (10.5 and 9.9 percent, respectively) among the state's health districts. Not surprisingly, the South Central district also had one of the lowest percentages (10.8 percent) of LPNs working mandatory overtime. Only the Southeast health district had a lower percentage (7.7 percent) for mandatory overtime.

Chart 1 shows that other than retirement (43.1 percent), stress/burnout (20.1 percent) was the main reason LPNs planned on leaving nursing in the next five years. Of the 12 percent who were dissatisfied with their

career, 36.1 percent indicated they were leaving within the next five years due to stress/burnout. This was noticeably higher than the next highest reason dissatisfied LPNs planned on leaving in the next five years – financial reasons (26.9 percent). The North Central and the Southwest health districts had the highest percentages of LPNs who were dissatisfied with nursing as a career and also indicated that stress/burnout was the primary reason for their dissatisfaction (41.3 and 41.1 percent, respectively).

The information presented in this article was taken from the survey included in the 2004 LPN license renewal process and was based on 33,154 surveys received in 2004.

The results of the survey showed that overall, 56.3 per-

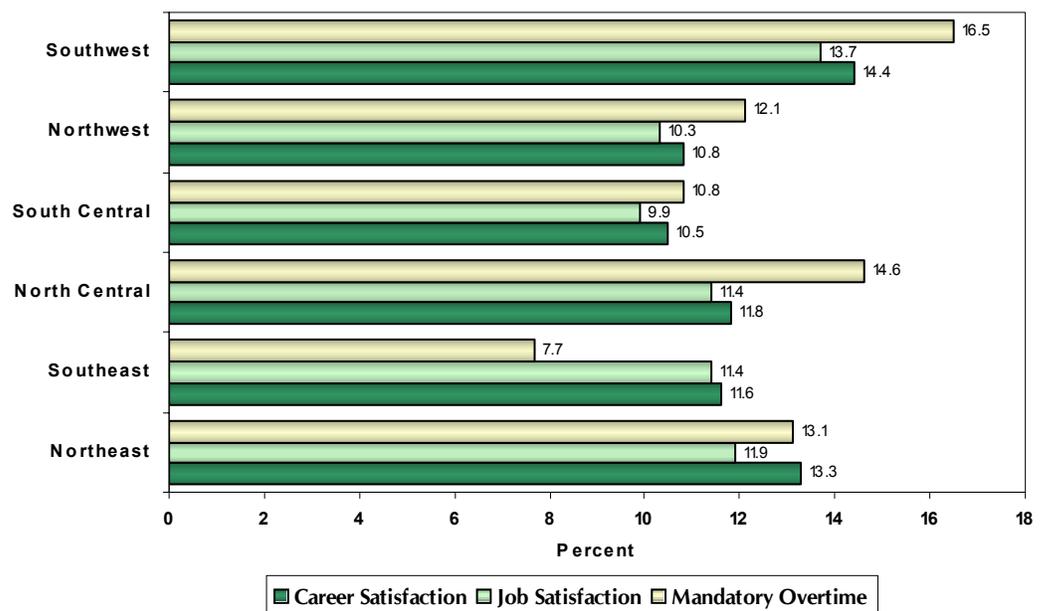


cent of LPNs planned on remaining in nursing at least 11 more years and 35.5 percent indicated that they planned on remaining in nursing at least 16 more years. At least 52 percent of LPNs in every Pennsylvania health dis-

trict planned on remaining in nursing at least 11 more years.

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

**Chart 2**  
Percent of LPNs Dissatisfied with Career or Job and Percent of Mandatory Overtime by Health District  
2004 Survey of Licensed Practical Nurses, PA



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# Top Ten Baby Names for 2004

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

The most popular first name given to female babies born in 2004 was Emily, for the eleventh year in a row. Emily has been listed in the top ten since 1991. Emma, Madison, and Olivia remained in second, third, and fourth place, respectively. Abigail moved up from sixth place into fifth place. Hannah dropped from fifth to sixth place. Grace moved up into seventh place and Isabella moved up from tenth place to eighth. Sarah dropped from seventh place to ninth. Finishing in tenth place was Alexis, which dropped from ninth place in 2003.

There were 13,467 different first names given to baby girls in 2004. The following were a few of the more unique and interesting ones – Cambria, Brooklyn, Cricket, Mystic, Sunshine, Atari, Whisper, Rain, Oasis, Secret, Summerose, and Harbor.

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**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](http://www.health.state.pa.us/stats) and select 'Vital Statistics'.**

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For the twenty-eighth year in a row, Michael was the most popular first name given to baby boys in 2004. Jacob moved up from third place to second place. Ryan, Matthew, and Nicholas were in third, fourth, and fifth place, respectively. Joshua moved up from seventh place to sixth. Tyler moved up from eighth place into seventh, and Joseph dropped from sixth to eighth place. Ethan moved up from thirteenth place in 2003 to ninth in

## Top Ten Most Popular Baby Names By Sex Pennsylvania Live Births, 2004

Males	Females
Michael	Emily
Jacob	Emma
Ryan	Madison
Matthew	Olivia
Nicholas	Abigail
Joshua	Hannah
Tyler	Grace
Joseph	Isabella
Ethan	Sarah
Andrew	Alexis

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2004, replacing Andrew which dropped down to tenth place.

A total of 9,630 different first names were given to baby boys in 2004. The following were some of the more unusual – Hudson, Archer, Cash, Bronx, Quantum, Judge, Future, Cotton, Speed, Nemo, and Moss.

The top ten 2004 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 Reader) on the Health Statistics web pages. Go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) and select 'Vital Statistics'.

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## Website Updates

*HP2010 Statistics, Family Health Statistics, and Cancer Facts & Figures*

### HP2010 Statistics:

In 2002, the Bureau of Health Statistics and Research added a 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 numerous types of health statistics that can be found on this web page. For most objectives, 2004 or 2005 data have been added to the historical series. To access these statistics, go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats)

and select "Healthy People 2010 Statistics".

All files are first accessed in PDF format (requires the free Adobe Reader software), 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 also a link to the national 2010 web site where you can view all the objectives, along with the national data.

### Family Health Statistics:

A statistical report useful for tracking Healthy People 2010 objectives related to maternal, infant and child health has recently been updated. The *Family Health Statistics for Pennsylvania and Counties 2006* report can now be accessed at [www.health.state.pa.us/stats](http://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 na-

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**All of these updates can be accessed on the Health Statistics web pages at [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats).**

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tional HP2010 objectives. The latest comparable United States data are also included when available.

**Go to Page 8 or click here...**

# Racial Disparities in Life Expectancy

began life with a 6.3 year difference between whites and blacks in life expectancy, and females with a 4.4 year difference. In the course of the first five years of life, these differences narrow to 5.6 and 3.8 years, respectively. Earlier data show that much of this narrowing occurs in the first year of life. Infant death rates for blacks are markedly higher than for whites. After infancy, the number of years of disparity declines only slightly until around the age of 40, then further narrowing of differences accelerates. By the age of 85, blacks have a longer life expectancy than whites for both females and males.

To compare Pennsylvania disparities we have to go back to the 1989-91 period for the latest available state level data. Chart 3, on page 5, shows an overall pattern of disparity in Pennsylvania life expectancy at birth

**Chart 3, on page 5, shows an overall pattern of disparity in Pennsylvania life expectancy...**

which is very similar to that of the nation. Black males in Pennsylvania, compared to black males in the nation as a whole, do appear to have had a disadvantage of more than a year (63.3 years as opposed to 64.5 years). This, however, may be the place to caution that reports of age on death certificates, particularly for older people, have an error factor which may affect analysis.

Chart 4, on the next page, shows a pattern of age-specific racial disparity in Pennsylvania life expectancies in 1989-91 which is similar to the national pattern. In 1989-91, at birth there was a 9.5 year disparity between

Pennsylvania white and black males and a 6.3 year disparity for females, compared to 8.2 years and 5.8 years, nationally (not shown). After the hazards of infancy are overcome, the characteristic pattern of a gradual reduction in disparity with aging is present. The racial disparity of the two sexes disappears at about age 65 and the black race achieves the longer expectancies after 80 years of age.

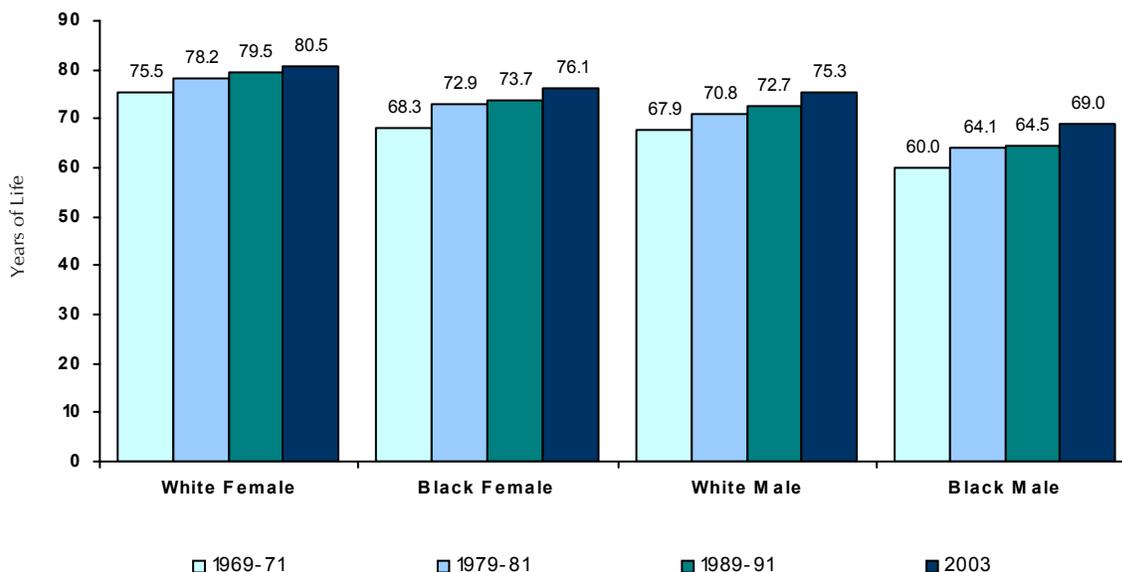
“Current life expectancy”, “average life expectancy” or “average remaining lifetime” is based on age-specific death rates for a given year or range of years. The rates are calculated for single years of age. This allows the aging of a standard, hypothetical population cohort, in order to develop the summary statistic we know of as “life expectancy” at birth, and for each year of age. Life expectancy at birth is useful for comparing

areas and populations as they are affected by the totality of life’s hazards. Life expectancy at given ages places age-specific risks in context. In Chart 2, for example, a 6.3 year difference between the races in life expectancy at birth for males declines to a 5.6 year difference at age 5. But the 0.7 year reduction shows that differences in the hazards of the first five years of life (e.g. infant birth rates) are only a small proportion of all the differences in hazards affecting the two races.

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**The racial disparity of the two sexes disappears at about age 65 and the black race achieves the longer expectancies after 80 years of age.**

**Chart 1**  
**Average Life Expectancy at Birth by Race and Sex**  
**United States, 1969-71, 1979-81, 1989-91, and 2003**



Age, race, and sex-specific life expectancy has many uses but is routinely used in assessing compensation for injuries suffered, and for planning for extended care.

The analysis used in this article is described in more detail in each publication of the life tables, and in even more detail in specialized publications (see Notes and Sources below).

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

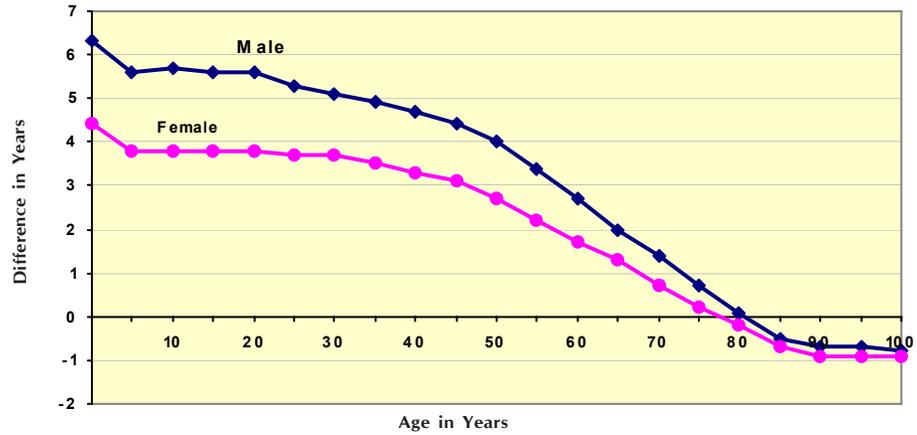
**Notes and Sources:**

The National Center for Health Statistics (NCHS) prepares and releases "United States Life Tables" about 3 years after the current year. The 2003 tables are dated April, 2006. NCHS also prepares "U.S. Decennial Life Tables" after each decennial census, with a volume for each of the fifty states and the nation. This allows some state-to-state comparisons and is the source of the Pennsylvania life expectancy data. Three years of data from death certificates are used to strengthen the reliability of the numerators.

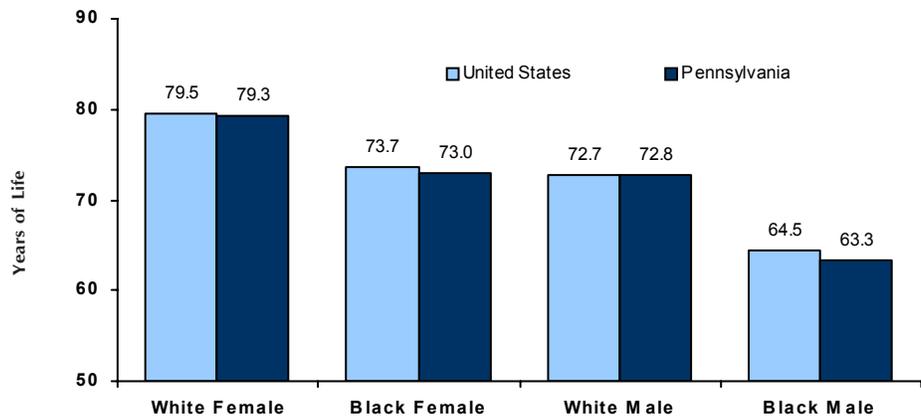
The latest issue, for 1989-91, of the "U.S. Decennial Life Tables" is dated October, 1997. The 1999-2001 issue is not expected to be released for at least another year or more due to bridging of the new census multiple-race categories back to the single race categories on the death certificates (for 50 states with very different race profiles).

NCHS has assembled historical and current life tables which can be accessed at: [www.cdc.gov/nchs/products/pubs/pubd/lfbls/lfbls.htm](http://www.cdc.gov/nchs/products/pubs/pubd/lfbls/lfbls.htm).

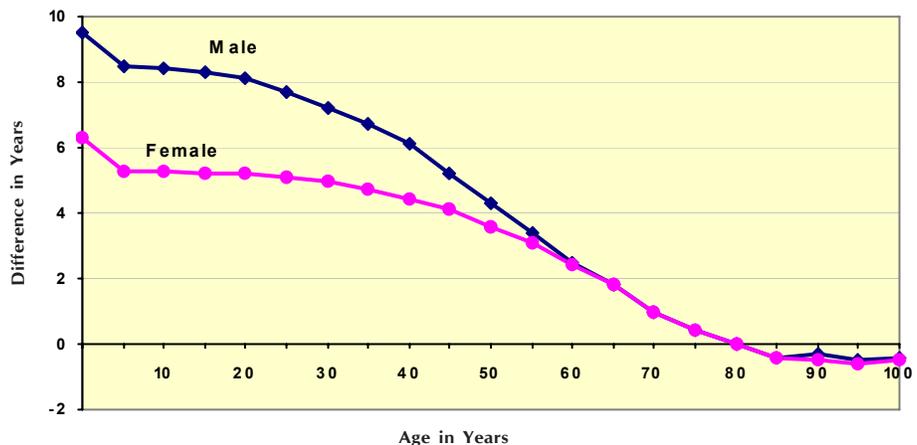
**Chart 2**  
Difference between White and Black Life Expectancies by Age and Sex United States, 2003



**Chart 3**  
Average Life Expectancy at Birth by Race and Sex United States and Pennsylvania, 1989-91



**Chart 4**  
Difference between White and Black Life Expectancies by Age and Sex Pennsylvania, 1989-91



# Profile of Cigarette Outlets...

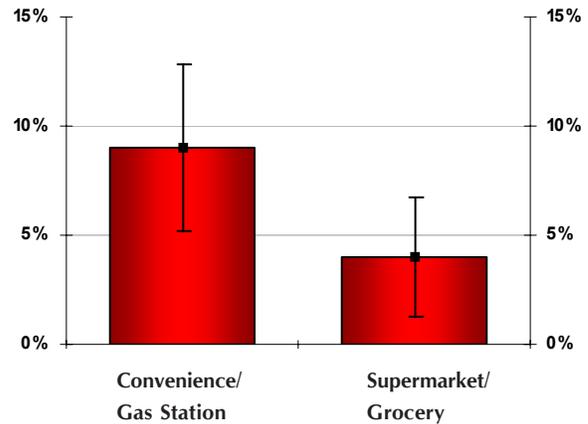
outlets, gift shops, department stores, camp stores and golf shops.

The survey revealed that most outlets warned minors not to attempt to buy cigarettes. It is estimated that 84 percent ( $\pm 3\%$ ) of cigarette outlets had visible warning signs that cautioned youth about trying to purchase cigarettes.

The gender of the employee selling the cigarettes was also examined in the survey. Of the 1,174 attempts to purchase cigarettes, 476 of them were made with a male clerk. It is estimated that male clerks sold cigarettes to minors 8 percent ( $\pm 2\%$ ) of the time. The remaining 698 purchase attempts were made with female employees. It is estimated that female employees sold cigarettes to minors at a rate of 9 percent ( $\pm 2\%$ ).

Surveyors were also asked to give their best guess for the age of the clerk with whom the purchase attempt was made using the following four categories – “< 18”, “18-25”, “26-40” or “40+”. Of the 1,174 attempts to purchase cigarettes, only 27 were made with a clerk under age 18 which was too few attempts to produce a reliable sales rate estimate. The survey also showed 290 attempts to purchase cigarettes were made with clerks between 18 and 25 years of age and it is estimated that they sold cigarettes to minors at a rate of 10 percent ( $\pm 4\%$ ). There were 440 attempts to buy cigarettes from clerks between 26 and 40 years of age and it was estimated that they sold at a rate of 7 percent ( $\pm 3\%$ ). Minors attempted to buy cigarettes from clerks over 40 years of age 416 times and

**Chart 1**  
**Weighted Violation Rates of Cigarette Sales to Minors by Outlet Type**  
**Pennsylvania Synar Survey, 2005**



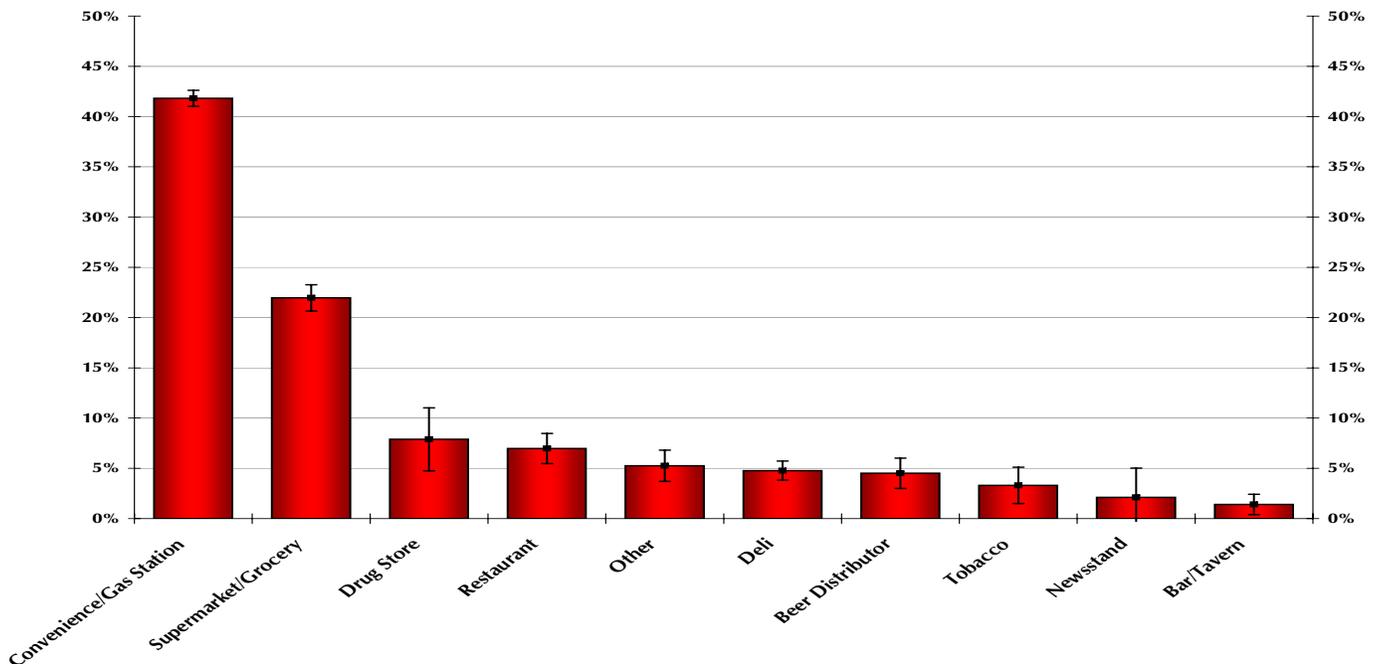
the estimated sales rate was 8 percent ( $\pm 3\%$ ).

Vending machines were not part of the survey mentioned above. According to state law, vending machines cannot be

placed anywhere that is accessible to minors.

For questions regarding this article or the Synar survey, please contact the Bureau at 717-783-2548.

**Chart 2**  
**Weighted Distribution of Outlets by Outlet Type**  
**Pennsylvania Synar Survey, 2005**



# Update: Healthy People 2010 Objectives

## Focus Area 15: Injury and Violence Prevention

### 15-03 - Reduce firearm-related deaths.

#### 2010 Target: 4.1

#### All Persons, Males, and Females:

The age-adjusted rate for firearm-related deaths among Pennsylvania residents increased between 2001 and 2004. However, the rate of 10.1 in 2004 was the same as in 2000. Annual rates among males were approximately seven times higher than the rates for females. In 2004, the rate for males was 18.2, compared to only 2.6 for females. The age-adjusted rates for males have increased since 2001 but the rates for females have not shown any trends.

Only the rate for females have been consistently lower than the Healthy People 2010 national goal of 4.1 per 100,000. The rates for males are well above the 2010 national goal and show no signs of declining.

#### Race and Hispanic Origin:

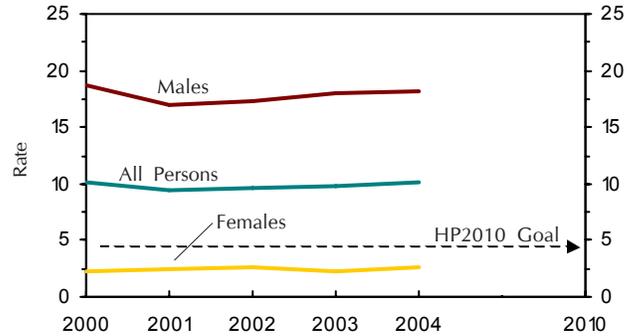
Between 2000 and 2004, the annual rates for black residents

have been three to four times higher than those for whites and about two to three times higher than for Hispanics. The rates for Hispanics have been declining and a similar pattern was observed for whites, with rates declining between 2000 and 2003. Among black residents, the rates have been higher in recent years.

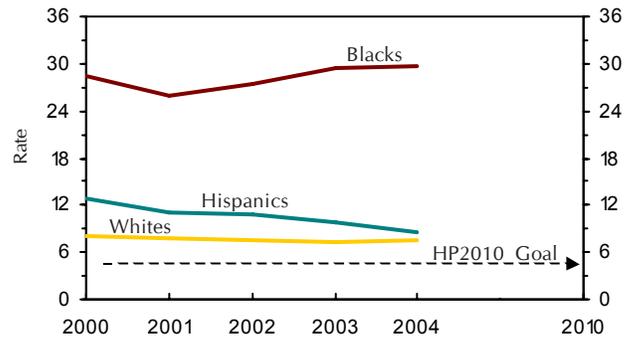
#### Suicides, Homicides, and Accidents:

The age-adjusted rates for firearm-related suicides have been higher than those for firearm-related homicides and much higher than the rates for accidental deaths involving firearms. The rates for suicides have remained about the same between 2000 and 2004 while the rates for homicides have been increasing and, in 2004, surpassed the national 2010 goal of 4.1. The rates for accidents have remained unchanged and are well below the national goal.

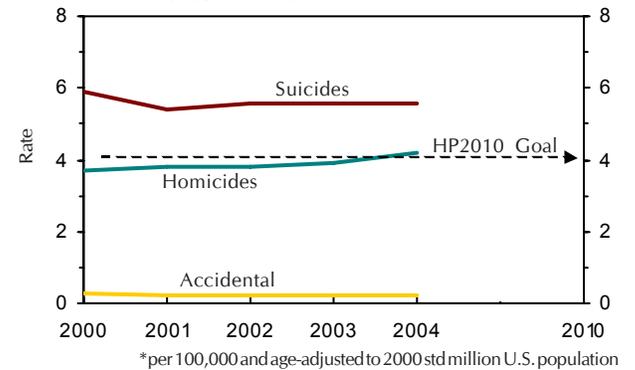
Firearm-Related Deaths, Age-Adjusted Rates\*  
Total and by Sex, Pennsylvania Residents, 2000-2004



By Race and Hispanic Origin, Pennsylvania, 2000-2004



By Type, Pennsylvania, 2000-2004



Firearm-Related Deaths, Age-Adjusted Rate\*  
By Sex, Race/Ethnicity, and Type, Pennsylvania 2000-04

	2000	2001	2002	2003	2004
All Persons .....	10.1	9.5	9.7	9.8	10.1
Males .....	18.7	17.0	17.3	18.0	18.2
Females .....	2.2	2.5	2.6	2.2	2.6
Whites .....	8.0	7.7	7.5	7.2	7.6
Blacks .....	28.5	26.0	27.4	29.5	29.6
Hispanics** .....	12.8	11.0	10.7	9.8	8.6
Homicides .....	3.7	3.8	3.8	3.9	4.2
Suicides .....	5.9	5.4	5.6	5.6	5.6
Accidental .....	0.3	0.2	0.2	0.2	0.2

\*per 100,000 and 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](http://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.

## Website Updates

### **Cancer Facts & Figures:**

This brochure is now available on the Department's website at [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) (select "Cancer Incidence and Mortality"). This is the seventh annual publication to present projected cancer incidence and mortality statistics.

This report contains 2006 projected cancer cases and cancer deaths by primary site and sex and 2006 projected cancer cases and cancer deaths by county of resi-

dence. Trends on age-adjusted incidence and mortality rates dating back to 1993 are discussed and are graphed for all cancers and the top four cancer sites (breast, lung, prostate, and colon/rectum).

The percent of cancer cases by stage of disease at diagnosis for 1993 and 2003 are compared for all cancers by sex and race. Cancer-related behavioral risk factors for adults by race is graphically presented and

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**...(Cancer Facts  
and Figures)  
contains 2006  
projected cancer cases  
and cancer deaths by  
primary site and sex...**

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is based on the Pennsylvania BRFSS sample survey conducted in either 2004 or 2005. Another section compares Pennsylvania's age-adjusted incidence and mor-

tality rate trends to the United States. Also included are the American Cancer Society guidelines for early detection of cancer in asymptomatic people and information on the Department's Cancer Control Program initiatives.

For questions about this report, please contact the Bureau of Health Statistics and Research at 717-783-2548 or via an e-mail link at [www.health.state.pa.us/stats](mailto:www.health.state.pa.us/stats).

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