

STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 30 No. 5 ♦ September 2007

Depression and Health Survey Data Reviewed

Many PA Adults Suffering from Depression Do Not Seek Treatment

According to a 2006 Department of Health telephone sample survey, almost nine percent (8.9%, CI: 7.7-10.2)¹ of adults in Pennsylvania were estimated to suffer from depression or a depressive illness. This figure is very close to the national annual prevalence rate of 9.5 percent reported by the National Institute of Mental Health (NIMH). As also indicated by NIMH, the survey results showed that many persons with depression do not seek treatment. The 2006 survey did not ask if the respondent was currently being treated for depression but it did ask if the respondent had ever been told by a doctor that they have a depressive disorder. The prevalence of Pennsylvania adults ever being diagnosed with a depressive disorder was reported as 15.4 percent (CI: 14.1-16.9%) by the respondents to this sample survey. In the 2006 sample, only 50.2 percent (CI: 42.7-57.7%) of those estimated to currently have a depressive illness had at any time in their lives been diagnosed with a depression disorder.

The National Institute of Mental Health (NIMH) reports that: *In any given 1-year period,*

...almost 9% of adults in Pennsylvania were estimated to suffer from depression or a depressive illness (in 2006).

9.5 percent of the population, or about 20.9 million American adults, suffer from a depressive illness.² The economic cost for this disorder is high, but the cost in human suffering cannot be estimated. Depressive illnesses often interfere with normal functioning and cause pain and suffering not only to those who have a disorder, but also to those who care about them. Serious depression can destroy family life as well as the life of the ill person. But much of this suffering is unnecessary. Most people with a depressive illness do not seek treatment, although the great majority even those whose depression is extremely severe can be helped.

Eight survey questions were asked based on the *Patient Health Questionnaire 8 (PHQ-8)*. The PHQ-8 is designed to

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Recent PA Pregnancy Rates Remain Low

2005 Reported Pregnancy Count Is 3rd Lowest Recorded Since 1980

There were 179,896 pregnancies reported among female residents of Pennsylvania in 2005, a slight decrease of 164 or 0.1 percent, from the 180,060 reported for 2004.

The 2005 reported pregnancy rate of 71.9 per 1,000 females ages 15-44 was about the same as the 2004 rate of 71.7. Figure 1 (page 6) depicts the annual rate of reported pregnancies for all Pennsylvania residents from 1990 through 2005. Figure 1 also shows the annual teenage (15-19) reported pregnancy rate for the same years. The teen pregnancy rate has declined considerably, from 73.6 in 1990 to 40.7 in 2005 (a 44.7 percent drop). The 2005 teen pregnancy rate (40.7 per 1,000 females ages 15-19) was the lowest annual rate recorded during the 1990 through 2005 period.

Table 1 (page 6) shows 2005 reported pregnancy statistics by woman's age group and outcome. In 2005, 80.6 percent of the reported pregnancies resulted in a live birth, 18.6 percent in an induced abortion, and only 0.8 percent in a fetal death (non-induced termination of 16 weeks or more gestation).

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The teen pregnancy rate has declined considerably, from 73.6 in 1990 to 40.7 in 2005 (a 44.7 percent drop).

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DEPARTMENT OF HEALTH

Edward G. Rendell, Governor

New Report on Older Pennsylvanians Released

"Older Pennsylvanians 2007" Provides Statistics on Residents Age 65+

During 2003-05, almost one-third of all deaths to Pennsylvania residents 65 and older were due to diseases of the heart (31.3 percent). The next largest percentage was cancer (21.6). Together, these causes represent over half (52.9 percent) of all deaths to residents 65 and older. Table 1 (pulled from the report) shows that diseases of the heart experienced the largest decrease in the number of deaths over time (2000-02 compared to 2003-05), while Alzheimer's disease experienced the largest increase. For Alzheimer's disease, there were 1,466 more deaths in 2003-05, compared to 2000-02 – an 18.2 percent increase.

Chart 1 shows that bronchus and lung, prostate, colorectal, and female breast cancer incidence cases accounted for over 56 percent of all cancer cases among residents 65 and older during 2002 through 2004. For all residents age 65 and older, bronchus and lung made up the largest percentage (16.6) of all invasive cancer incidence cases for major primary sites during 2002-2004. Among males, pros-

Table 1
Selected Leading Causes of Death, Number and Percent
Pennsylvania Residents Age 65 +

| | 2003-2005 | % | 2002-2004 | % | 2001-2003 | % | 2000-2002 | % |
|---------------------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|
| All Causes of Death | 300,539 | 100.0 | 302,439 | 100.0 | 305,831 | 100.0 | 307,741 | 100.0 |
| Diseases of Heart | 94,030 | 31.3 | 96,516 | 31.9 | 99,604 | 32.6 | 102,036 | 33.2 |
| Cancer | 64,800 | 21.6 | 65,289 | 21.6 | 66,058 | 21.6 | 66,532 | 21.6 |
| Stroke | 21,147 | 7.0 | 22,022 | 7.3 | 22,936 | 7.5 | 23,569 | 7.7 |
| C.L.R.D.** | 16,029 | 5.3 | 15,875 | 5.2 | 15,859 | 5.2 | 15,942 | 5.2 |
| Alzheimer's Disease | 9,517 | 3.2 | 8,965 | 3.0 | 8,456 | 2.8 | 8,051 | 2.6 |
| Diabetes Mellitus | 8,418 | 2.8 | 8,546 | 2.8 | 8,774 | 2.9 | 8,879 | 2.9 |
| Influenza/Pneumonia | 8,105 | 2.7 | 7,934 | 2.6 | 7,794 | 2.5 | 7,858 | 2.6 |
| Nephritis/Nephrosis | 7,993 | 2.7 | 7,876 | 2.6 | 7,694 | 2.5 | 7,427 | 2.4 |
| Septicemia | 6,051 | 2.0 | 6,125 | 2.0 | 6,311 | 2.1 | 6,449 | 2.1 |
| Accidents | 5,513 | 1.8 | 5,354 | 1.8 | 5,276 | 1.7 | 5,176 | 1.7 |
| All Other Causes | 58,936 | 19.6 | 57,937 | 19.2 | 57,069 | 18.7 | 55,822 | 18.1 |

** Chronic Lower Respiratory Disease

tate cancer was the highest with 28.3 percent and female breast was the highest among females with 22.7 percent.

These statistics and more can be found in our new report entitled *Older Pennsylvanians 2007*. Access the report on the Health Statistics web pages at www.health.state.pa.us/stats (click on **Vital Statistics** and then select **Older Pennsylvanians – Pennsylvania's 65+ Community**). From this link, you may choose to view the

entire report or select a specific section of the report to view.

Older Pennsylvanians 2007 looks at different health topics tailored to Pennsylvania residents 65 years of age and older. There are four main sections of the report to help organize and present the data. The four main sections are:

- Population
- Mortality
- Behavioral Risk Factors and Healthy People 2010
- Cancer Incidence

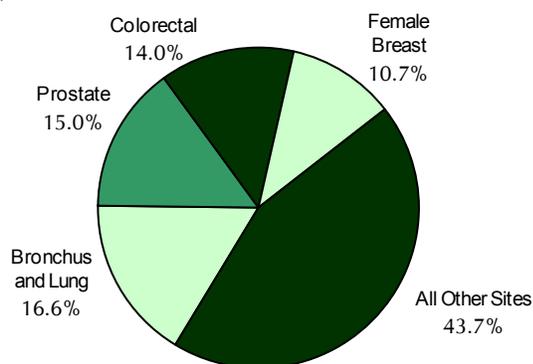
The report presents data at the state and county levels and each section offers different breakouts of the data including age group, sex, race, and ethnicity. A list of web links can be found at the end of the report to guide you to national sites that deal with the issues and challenges people 65 and older face every day.

Throughout the report many statistics, including age-adjusted rates, can be found. This report favors the use of three-year average annual age-adjusted

rates, instead of single year rates, for a better comparison of data over time. The calculation of these rates varies a bit from the traditional calculation used in many of the Department's publications. Since *Older Pennsylvanians, 2007* focuses on residents 65 and older instead of residents of all ages, the age-adjusted rates were calculated similar to the age-adjusted rates computed for certain age-specific Healthy People 2010 objectives. A detailed explanation on how the age-adjusted rates were computed for residents 65 and older can be found in the technical notes section of the report.

Along with this report, annual Vital Statistics, Behavioral Risk Factor, Cancer Incidence, and Healthy People 2010 reports, as well as other related reports can be viewed on the Health Statistics web pages at www.health.state.pa.us/stats. If you have questions about this article or the online reports and data tables, please contact the Bureau of Health Statistics and Research at 717-783-2548.

Chart 1
Percent Cancer Incidence Cases for Major Primary Sites
Pennsylvania Residents, Age 65 +, 2002-2004



Review of Pennsylvania's Home Health Agencies

Agencies Complete Survey as Part of Annual License Renewal Application

Approximately one out of eight Pennsylvania residents aged 65 and over used Pennsylvania home health services in 2005. Franklin County had the smallest rate of those 65 years of age and older utilizing home health agency services at 5.3 per 100, followed by Sullivan, Adams, and Fulton counties (5.5, 6.6, and 6.8 per 100, respectively). Philadelphia County had the highest rate at 16.4 per 100. Luzerne and Washington counties were close behind Philadelphia, with rates of 16.1 and 16.0, respectively (see Table 1).

During 2005, Pennsylvania's home health agencies provided almost 380,000 patients, of all ages, with nearly 8 million skilled nursing and/or therapeutic services at their place of residence, as ordered by a physician (see Table 2).

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Skilled nursing visits were the most frequent type of service provided, accounting for over 47 percent of the total home health visits reported for the year 2005. Home health aide services accounted for another 28.8 percent of the home health visits, fol-

lowed by physical therapy at 18 percent. Speech therapy and medical social work were the services least frequently delivered, each accounting for less than 1 percent of total visits (see Table 2).

Costs for home health services vary greatly. The most expensive visits were medical social services, with a median fee of \$160.00 in 2005. The least expensive service was the home health aide visit, with a median fee of \$66.00 (see Table 3). Medicare was the principal source of payment for home health services, except for home health aide visits where Medicaid was the principal source of payment.

Pennsylvania's home health agencies complete a survey as part of their annual license renewal application. The information presented in this article is taken from the survey of activities in 2005, based on the 352 license renewal applications received in 2006. The information collected during this recent license renewal indicates that home health services are available in every Pennsylvania county.

Table 1
Number and Rate* of Home Health Agency Patients Age 65 and Older Ranked by County of Residence for 4 Lowest/Highest Counties Pennsylvania, 2005

| Counties with Lowest Rates | | | Counties with Highest Rates | | |
|----------------------------|--------|-------|-----------------------------|--------|-------|
| | Number | Rate* | | Number | Rate* |
| FRANKLIN | 1,131 | 5.3 | PHILADELPHIA | 33,525 | 16.4 |
| SULLIVAN | 79 | 5.5 | LUZERNE | 9,723 | 16.1 |
| ADAMS | 871 | 6.6 | WASHINGTON | 5,686 | 16.0 |
| FULTON | 144 | 6.8 | LACKAWANNA | 6,294 | 15.7 |

Note: Pennsylvania's 2005 number and rate was 233,473 and 12.3 per 100.

* per 100, based on 2005 Pennsylvania State Data Center Detailed Population Estimates

Table 2
Number and Percent of Home Health Agency Visits by Type of Service, Pennsylvania, 2005

| Type of Service | Patient Visits | Percent |
|-------------------------|----------------|---------|
| Skilled Nursing | 3,680,611 | 47.1 |
| Home Health Aide | 2,248,972 | 28.8 |
| Physical Therapy | 1,402,717 | 18.0 |
| Occupational Therapy | 361,039 | 4.6 |
| Speech Therapy | 63,022 | 0.8 |
| Medical Social Services | 53,846 | 0.7 |
| TOTAL | 7,810,207 | |

Note: Percentages may not sum to 100.0 due to rounding.

Table 3
Fees Versus Actual Costs for Home Health Agency Visits Pennsylvania, 2005

| Type of Service | Median Actual Fee per Visit | Median Average Cost per Visit |
|-------------------------|-----------------------------|-------------------------------|
| Medical Social Services | \$160.00 | \$128.44 |
| Speech Therapy | \$131.20 | \$105.75 |
| Physical Therapy | \$130.00 | \$105.00 |
| Occupational Therapy | \$129.08 | \$98.96 |
| Skilled Nursing | \$124.00 | \$103.80 |
| Home Health Aide | \$66.00 | \$51.67 |

For questions about this article, please contact the Bureau of Health Statistics and Research at 717-783-2548 or via email from the Health Statistics web pages at www.health.state.pa.us/stats.

The 2005 Pennsylvania Home Health Agencies report is available from the Department's Division of Home Health at 717-783-1379.

Depression and Health Survey Data Reviewed

produce a score from 0 to 24 that measures the severity of depressive disorders. These questions ask about the frequency of emotions and behaviors of the respondent that occurred in the past two weeks. They have been validated as a brief and effective test to assess the presence and severity of depression.³ The questions were modified to facilitate their use in a telephone survey. In addition to these eight questions that identify current depressive illness based upon the physical and emotional condition of the respondents in the past two weeks, respondents were asked if they ever were diagnosed with a depressive disorder.

The number of days in the past two weeks that the respondent reported having any of the eight behaviors or emotional conditions (indicating possible depression) is used in this index that measures the severity of depression (see Chart 1). The ability of this severity index to predict the presence of a depression disorder increases as the severity index rises. Validation studies of the PHQ-8 model suggest that approximately six out of ten persons whose severity index equals **Moderate Depression** would be diagnosed with a depression disorder. When

...adults with depression were significantly more likely to be current smokers, engage in no leisure time physical activity, and not always wear a seatbelt.

Chart 1
Percent Prevalance of Depression Symptoms by Severity
Patient Health Questionnaire 8 (PHQ-8), Pennsylvania 2006

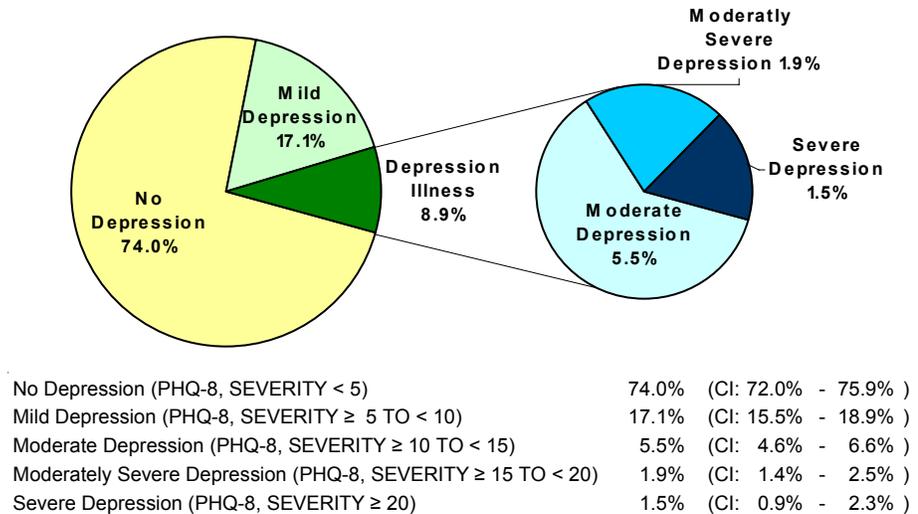
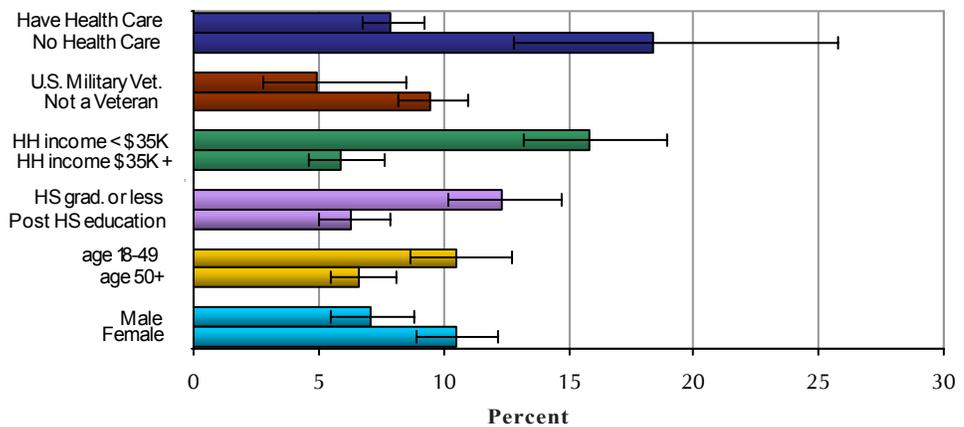


Chart 2
Percent Prevalance of Depressive Illness by Selected Demographics
Patient Health Questionnaire 8 (PHQ-8), Pennsylvania 2006



the index indicates **Moderately Severe Depression**, the likelihood of diagnosing a depression disorder rises to approximately nine out of ten. When **Severe Depression** is indicated, nearly everyone (c. 99 percent) would be diagnosed with a depression disorder. These three levels of severity combined are what is considered indicative of a current **Depressive Illness**.

As shown in Chart 2, depression illness among Pennsylvania adults in the 2006 survey results appears to exhibit statistically significant⁴ associations with the demographic characteristics of being female, younger, lower income, less educated, without health care coverage, and a non-veteran. As with all of the associations examined herein, these are crude associations with

no adjustment being made for other characteristics of the group being examined. For instance, veterans of the armed forces are more likely to be males.

Looking at the relationship between depressive illness and questions regarding personal behaviors (see Chart 3 on page 5) showed that adults with depres-

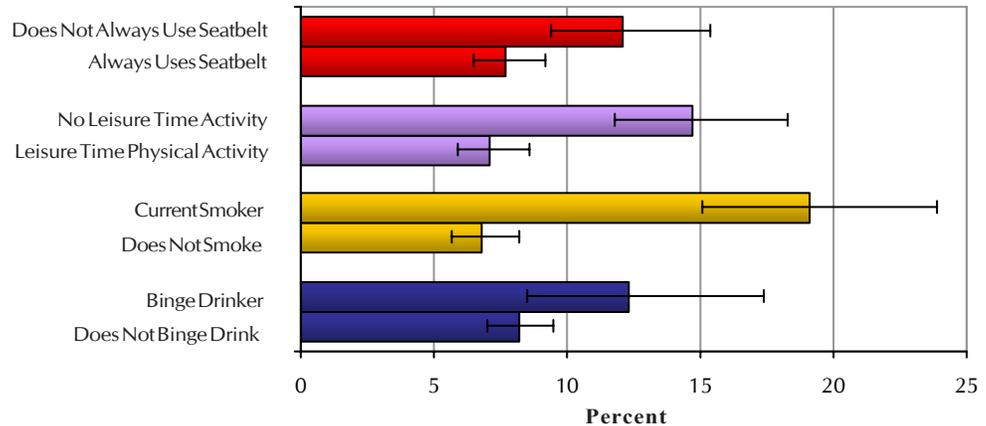
Continued on Page 5...

Depression and Health Survey...

sion were significantly more likely to be current smokers, engage in no leisure time physical activity, and not always wear a seatbelt. Alcohol use did not seem to be associated with depression illness. The strongest relationship between alcohol use and depression was for binge drinking ($P < .085$). Although not statistically significant, it may warrant scrutiny if these survey questions are repeated. Nonetheless, the association of depressive illness and many unhealthy behaviors are clear.

...recognizing and dealing with depression among those with chronic conditions is important because of the association between depression and behaviors that contribute to or aggravate the chronic disease.

Chart 3
Percent Prevalence of Depressive Illness by Selected Behaviors
Patient Health Questionnaire 8 (PHQ-8), Pennsylvania 2006



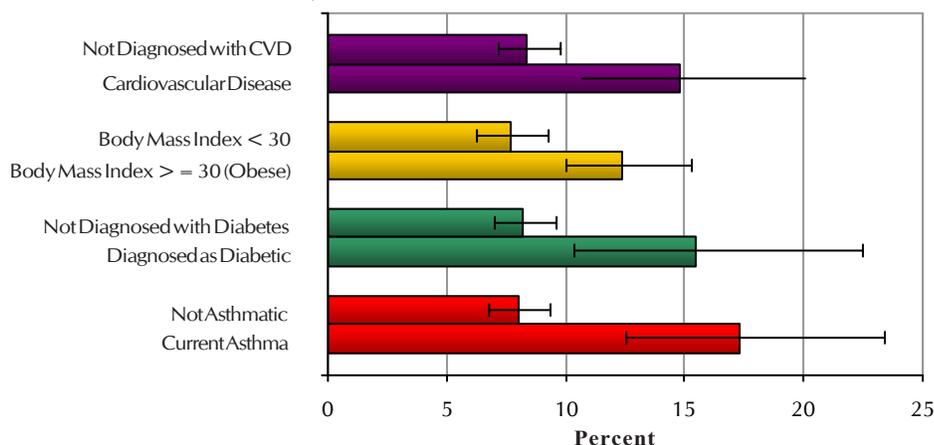
Of foremost importance for public health is the relationship between symptoms of depressive illness and chronic diseases among Pennsylvania adults (Chart 4). These relationships suggest that chronic diseases often lead to depression. In the 2006 sample, we examined diagnosed diabetes, cardiovascular disease, asthma, and obesity. All are highly associated with depression. Although, it would be reasonable to suggest that de-

pression may lead to obesity or vice versa, the association between depressive illness and diabetes, cardiovascular disease or asthma seems more likely to be a response to the chronic disease. Regardless of underlying relationships, recognizing and dealing with depression among those with chronic conditions is important because of the association between depression and behaviors that contribute to or aggravate the chronic disease. The

identification and treatment of depression among those with chronic disease should be considered as part of their therapy.

The Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) is the source for the statistics presented in this article. If you have any questions about this article, please contact the Bureau at 717-783-2548. You can find additional BRFSS data on our web site at www.health.state.pa.us/stats.

Chart 4
Percent Prevalence of Depressive Illness by Selected Chronic Conditions
Patient Health Questionnaire 8 (PHQ-8), Pennsylvania 2006



¹ The "CI" represents the 95% confidence interval for the sampling error attributable to this sample.

² Robins LN, Regier DA (Eds). *Psychiatric Disorders in America, The Epidemiologic Catchment Area Study*, 1990; New York: The Free Press.

³ Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: Validity of a brief depression Severity measure. *J Gen Intern Med* 2001; 16:606-613.

⁴ Statistical significance was tested using SUDAAN to account for the sample error in a manner analogous to a Chi-Square test of association ($P < .01$).

Recent PA Pregnancy Rates Remain Low

Women in the age group 20-29 accounted for 50.7 percent or 91,245 of all reported pregnancies in 2005; those under 20 years of age, for 10.6 percent or 19,062; and, women 30 years of age and older accounted for 38.6 percent or 69,407.

In 2005, 80.6 percent of the reported pregnancies resulted in a live birth, 18.6 percent in an induced abortion, and only 0.8 percent in a fetal death...

In 2005, 68.9 percent of all reported pregnancies to women under 20 years of age resulted in a live birth, compared to 78.6 percent for women 20-29 years of age, and 86.4 percent for those women 30 years of age and older.

Over 71 percent or 128,402 of all reported pregnancies in 2005 were among White women as shown in Table 2. Black women accounted for 18.8 percent of the reported pregnancies or 33,835; and, Asian/Pacific Islander women accounted for only 3.7 percent or 6,570 pregnancies. Reported pregnancies among women of Hispanic origin accounted for 8.0 percent. Please note that persons of Hispanic origin can be of any race.

Among Hispanic and Black females in 2005, 18.8 and 19.8 percent (respectively) of the reported pregnancies were to teenagers (under age 20). Among White and Asian/Pacific Islander females, only 7.9 and 3.3 percent (respectively) were to teenagers.

Continued on Page 8...

TABLE 1
Reported Pregnancies By Woman's Age Group and Outcome
Pennsylvania Residents, 2005

| Age of Woman | Reported Pregnancies | Live Births | Fetal Deaths | Induced Abortions |
|--------------|----------------------|-------------|--------------|-------------------|
| All Ages | 179,896 | 145,033 | 1,395 | 33,468 |
| Under 15 | 457 | 233 | 3 | 221 |
| 15-17 | 6,016 | 4,162 | 58 | 1,796 |
| 18-19 | 12,589 | 8,731 | 110 | 3,748 |
| 20-29 | 91,245 | 71,760 | 653 | 18,832 |
| 30 & Older | 69,407 | 59,985 | 552 | 8,870 |

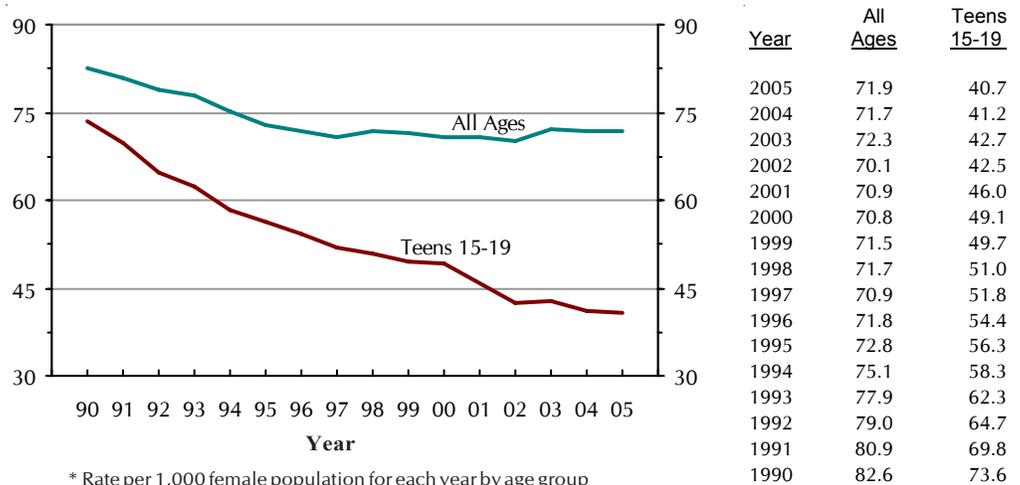
Note: Unknown ages are included in the total.

TABLE 2
Reported Pregnancies By Age, Race, and Hispanic Origin of Woman
Pennsylvania Residents, 2005

| Age of Woman | All Races | White | Black | Asian/Pacific Islander | Hispanic Origin |
|--------------|-----------|---------|--------|------------------------|-----------------|
| All Ages | 179,896 | 128,402 | 33,835 | 6,570 | 14,439 |
| Under 15 | 457 | 156 | 255 | 3 | 68 |
| 15-17 | 6,016 | 2,797 | 2,430 | 60 | 932 |
| 18-19 | 12,589 | 7,169 | 4,007 | 152 | 1,718 |
| 20-29 | 91,245 | 63,175 | 18,844 | 2,889 | 8,356 |
| 30 & Older | 69,407 | 55,012 | 8,245 | 3,459 | 3,349 |

Note: Hispanic origin can be of any race.

FIGURE 1
Reported Pregnancy Rate*, All Ages and Teens 15-19
Pennsylvania Residents, 1990-2005



Update: Healthy People 2010 Objectives

Focus Area 12: Heart Disease and Stroke

12-07 - Reduce stroke deaths...

2010 Target: 48 deaths per 100,000

All Stroke Deaths and by Sex:

Death rates due to stroke for all Pennsylvania residents and for both sexes, as displayed in the first graph on the right, show that the rate declined dramatically between 2002 and 2005. There were 7,581 stroke (or cerebrovascular disease) deaths among residents in 2005 for an age-adjusted rate of 48.0 per 100,000, compared to 8,585 and 54.7 in 2001. Among all resident stroke deaths, the 2005 annual age-adjusted rate is the lowest recorded during the 2001-2005 period and just reached the national 2010 goal of 48 per 100,000.

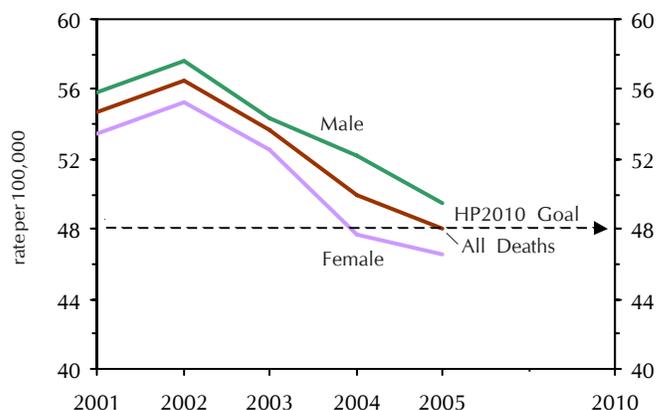
The annual stroke death rates for males were consistently higher than females throughout 2001-2005 period. The 2005 rate for males was about 6.2 percent higher than the rate for females (49.5 versus 46.6, respectively). Among females, the national 2010 goal of 48 was reached in 2004 and 2005, and males are also very close to achieving the goal.

By Race and Hispanic Origin:

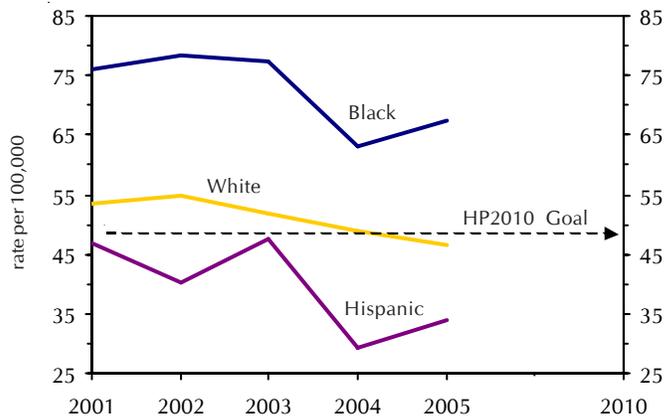
The second graph on the right depicts annual age-adjusted death rates due to stroke by race and Hispanic Origin for 2001-2005 and large differences can easily be seen. The death rates for Black residents are about 30 to 50 percent higher than the rates for Whites. The death rates for Hispanic residents are lower than the rates for Whites and dramatically lower than the rates for Blacks. Rates among all three race/ethnic groups have been lower in recent years.

The annual death rates among Hispanic residents were below the Healthy People 2010 goal of 48 per 100,000 throughout the five-year period of 2001-2005. Among Whites, 2005 was the first year that the annual death rate was lower than the national 2010 goal. In order for Black residents to meet the national goal, the stroke death rate must decline by about 29 percent between 2005 and 2010.

**Stroke Age-Adjusted Death Rates*
All Deaths and By Sex
Pennsylvania Residents, 2001-2005**



By Race and Hispanic Origin
Pennsylvania Residents, 2001-2005**



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

**Stroke Death Rates*
By Sex, Race, and Hispanic Origin**
Pennsylvania Residents, 2001-2005**

| | 2001 | 2002 | 2003 | 2004 | 2005 |
|------------------|------|------|------|------|------|
| All Deaths | 54.7 | 56.5 | 53.7 | 49.9 | 48.0 |
| Male | 55.8 | 57.6 | 54.3 | 52.2 | 49.5 |
| Female | 53.4 | 55.3 | 52.5 | 47.7 | 46.6 |
| White | 53.5 | 54.9 | 52.0 | 48.9 | 46.5 |
| Black | 76.0 | 78.3 | 77.5 | 63.0 | 67.4 |
| Hispanic** | 47.0 | 40.2 | 47.6 | 29.3 | 33.9 |

* 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. 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.

Recent PA Pregnancy Rates...

Figure 2 shows the percentage of 2005 reported pregnancies by outcome, race and Hispanic origin for Pennsylvania residents. In 2005, 84.7 percent of the reported pregnancies to White women resulted in a live birth and 14.6 percent in an induced abortion. Among Asian/Pacific Islander women, 77.3 percent of the reported pregnancies resulted in a live birth and 22.1 percent in an induced abortion. Only sixty percent of the reported pregnancies among Black women resulted in a live birth and 38.5 percent resulted in an induced abortion. The percent-

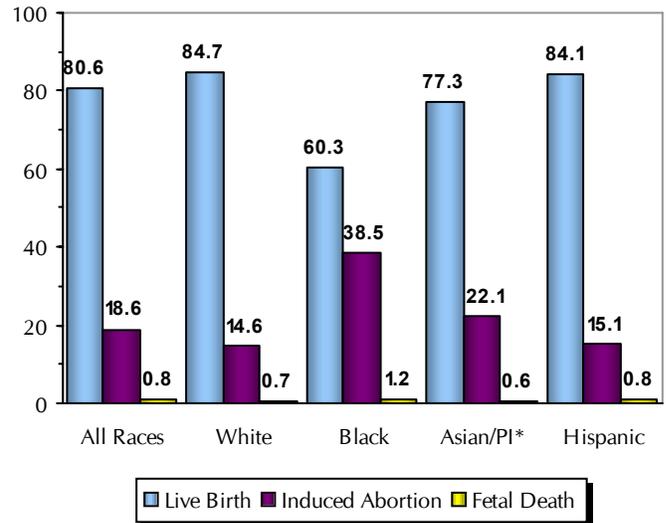
ages of live births and induced abortions for Hispanic women were similar to those for White women at 84.1 and 15.1, respectively.

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

If you have any questions about the data presented here, please contact the Bureau at 717-783-2548. For additional statistics on reported resident teen pregnancies, please visit our website at www.health.state.pa.us/stats and click on the EpiQMS logo.

Among Hispanic and Black females in 2005, 18.8 and 19.8 percent (respectively) of the reported pregnancies were to teenagers...

FIGURE 2
Reported Pregnancies, Percent Outcome by Race/Ethnicity
Pennsylvania Residents, 2005



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

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