

# STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 31 No. 5 ♦ Sept/Oct 2008

## More Risk Among Births to Mothers Who Smoke

*Differences Seen By Race/Ethnicity & Age; Birth Weight Also Affected*

Women who smoked during pregnancy were more likely to be younger and have low birth weight babies than women who did not smoke during their pregnancy, according to data collected by the Department of Health on certificates of live births. In addition, White mothers were more likely to have smoked during pregnancy than Black mothers and Hispanic mothers, while Asian/Pacific Islander mothers were least likely to smoke during pregnancy.

It has been long recognized that smoking while pregnant can adversely affect the fetus. Data collection via the birth certificate provide information useful in understanding the problem and targeting which groups are at risk, leading to the development of interventions to reduce smoking by pregnant women. The accuracy of the data on whether cigarettes were used during pregnancy has not been rigorously examined; however, when compared to data collected on the Behavioral Risk Factor Surveillance System (BRFSS), smoking during pregnancy appeared to be accurately reported on the birth certificate.

**In 2003...the percent of mothers who did not smoke during pregnancy dropped to 82.3% and has since remained stable.**

Prior to 2003, the tobacco use data collected on the birth certificate consisted of the average number of cigarettes smoked per day during pregnancy. Beginning with the reporting of 2003 births, the latest revision of the birth certificate was implemented in Pennsylvania to help improve data quality. One such revision was to data collected on tobacco use. The data now collected consist of average number of cigarettes smoked per day broken down into four categories (three months prior to pregnancy, first three months of pregnancy, second three months and last three months of pregnancy). These data are helpful in identifying the percent of smokers prior to pregnancy compared to the percent of smokers during all three trimesters of pregnancy.

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## Alzheimer's Disease Death Rates on the Rise

*Age-Adjusted Death Rates Higher Among Females; White Residents*

Alzheimer's disease is a progressive and, at present, irreversible brain disorder that is characterized by a steady decline in cognitive, behavioral and physical abilities. Alzheimer's destroys brain cells causing problems with memory, thinking, and behavior severe enough to affect work, hobbies or social life. As more and more of the brain is affected, areas that control basic life functions, like swallowing and breathing, become irreversibly damaged, resulting eventually in death. Alzheimer's disease does get worse over time and it is fatal.

The annual age-adjusted death rates for Alzheimer's disease have been increasing among Pennsylvania residents. The 2006 death rate marked the third consecutive year in which the rate increased. Also, Alzheimer's disease rates among Whites (especially White females) continued to be higher than the rates for Black residents.

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**The 2006 (Alzheimer's disease) death rate marked the third consecutive year in which the rate increased.**

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# Pennsylvania's Home Health Agencies Reviewed

## Agencies Complete Survey as Part of Annual License Renewal Application

During 2006, Pennsylvania's home health agencies provided over 390,000 patients, of all ages, with over 7.5 million skilled nursing or various other therapeutic services at their place of residence, as ordered by a physician. More than one out of eight Pennsylvania residents aged 65 and over used Pennsylvania home health services in 2006. Franklin County had the lowest rate (see Table 1) of those 65 years of age and older utilizing home health agency services (4.8 per 100 persons age 65 and older), which was lower than its 2005 rate of 5.3. Butler County had the highest rate of those 65 years of age and older utilizing home health agency services at 17.9 per 100, which had increased from its 2005 rate of 15.6 per 100. Allegheny, Cambria and Fayette Counties were close behind Butler County; all with a rate of 17.6 per 100, for those Pennsylvania residents 65 years of age and older.

Table 2 shows that skilled nursing service visits, which all Pennsylvania home health agencies must be capable of providing, were the most frequent type of service provided by Pennsylvania home health agencies, accounting for 49.3 percent of the total home health visits reported for the year 2006. Home health aide services accounted for another 25.6 percent of the home health visits. Speech therapy and medical social work were the services least frequently delivered, each accounting for less than 1 percent of the total visits.

Medicare was the principal source of payment for all home health services, except for home health aide visits where Medic-

aid was the principal source of reimbursement. Fees for home health services continue to vary greatly. In 2006, the most expensive home visits were for medical social services, with a median fee of \$169.06, up from the median fee of \$160.00 in 2005. The least expensive service was the home health aide visit, with a median fee of \$68.00, up from the median fee of \$66.00 in 2005. The skilled nursing service visit, showed a slight increase in median fee from \$124.00 in 2005 to \$125.00 in 2006 (see Table 3).

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 2006, based on the 365 license renewal applications received in 2007. The information collected during this most recent license renewal indicates that home health services are available in every Pennsylvania County. In fact, every Pennsylvania County had at least 3 home health agencies providing home health services to its residents in 2006.

**Table 1**  
Number and Rate\* of Home Health Agency Patients Age 65 and Older Ranked by County of Residence for 7 Lowest/Highest Counties Pennsylvania, 2006

Counties with Lowest Rates			Counties with Highest Rates		
	Number	Rate*		Number	Rate*
FRANKLIN	1,102	4.8	BUTLER	4,654	17.9
JUNIATA	224	5.8	CAMBRIA	4,833	17.6
LYCOMING	1,269	6.7	FAYETTE	4,460	17.6
ADAMS	932	6.7	ALLEGHENY	36,586	17.6
SULLIVAN	98	6.7	LUZERNE	9,741	17.1
UNION	406	6.7	PHILADELPHIA	32,161	17.0
MIFFLIN	551	6.7	LACKAWANNA	6,310	16.6

Note: Pennsylvania's 2006 number and rate was 244,808 and 13.0 per 100 persons age 65 and older.  
\* per 100 persons age 65 and older

**Table 2**  
Number and Percent of Home Health Agency Visits by Type of Service, Pennsylvania, 2006

Type of Service	Visits	Percent
Skilled Nursing	3,771,040	49.3
Home Health Aide	1,957,423	25.6
Physical Therapy	1,421,226	18.6
Occupational Therapy	386,302	5.1
Speech Therapy	58,940	0.8
Medical Social Services	50,310	0.7
<b>TOTAL</b>	<b>7,645,241</b>	

Notes: Percents may not sum to 100.0 due to rounding. Duplicate counts may occur when there is more than one funding source for a visit.

**Table 3**  
Fees Versus Actual Costs for Home Health Agency Visits Pennsylvania, 2006

Type of Service	Median Actual Fee Per Visit	Median Average Cost Per Visit
Medical Social Services	\$169.06	\$134.75
Occupational Therapy	\$135.00	\$103.78
Speech Therapy	\$135.00	\$106.09
Physical Therapy	\$131.00	\$108.70
Skilled Nursing	\$125.00	\$112.71
Home Health Aide	\$68.00	\$52.77

For questions about this article, please contact the Bureau at 717-783-2548. The entire 2006 Pennsylvania Home Health Agen-

cies report (and previous reports) is available from the Department's Division of Home Health at 717-783-1379.

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# Two Health Status Indicators Reports Updated

## *These Two Reports Can Be Used for Assessing and Comparing the Health Status of the State and Local Areas*

### ***County & Health District Health Status Indicators, 2008/09 Report:***

This annual report contains health status indicators for the United States, Pennsylvania, counties and health districts. It includes 95% confidence intervals and the results of significance testing, which are graphically depicted by county outline maps. Thus, the report provides descriptive and analytical statistics at the county and health district level in one convenient publication for health data users.

The health status indicators were developed by the Centers for Disease Control and Prevention in response to Objective 22.1 of *Healthy People 2000* and are cited again in Objective 23-2 of *Healthy People 2010*. They are to be used for assessing and comparing the health status of state and local areas.

The latest birth data in the 2008/09 report are for 2006. The most recent death and disease incidence rates are average annual rates covering the three-year period of 2004-2006. Three-year average annual rates were used primarily because of the small annual numbers for selected diseases and for specific causes of deaths in many counties of the state.

Data highlights for the 2008/09 report show that the percentages of low birth weight babies and mothers having no prenatal care in the first trimester both increased in 2006 for Pennsylvania. Between 2005 and 2006, the percentage of births to mothers less than 18 years of age did not change. Age-adjusted

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**Age-adjusted death rates for cardiovascular disease, heart disease, stroke, motor vehicle accidents, lung cancer, & female breast cancer all declined... rates for homicide and suicide increased...**

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death rates for cardiovascular disease, heart disease, stroke, motor vehicle accidents, lung cancer, and female breast cancer all declined between the three-year period of 2003-2005 and the three-year period of 2004-2006. The rates for homicide and suicide increased during the same time period. The infant death rate for Pennsylvania increased between 2003-2005 and 2004-2006, as did the incidence rates for syphilis and AIDS. The incidence rate for tuberculosis stayed the same during these years and the rate for measles decreased.

The report also highlights some of the differences in the birth and infant death statistics among Whites, Blacks, Hispanics, and Asians. Black and Hispanic residents have much higher percentages of teenage births and no prenatal care in the first trimester, compared to Whites and Asians. Black residents have higher percentages of low birth weight babies and much higher infant death rates than Whites, Asians and Hispanics.

Significance or comparison testing was performed on most

objectives to determine which county or Health District indicator was significantly higher or lower than the state figure and which state indicator was significantly higher or lower than the United States figure. Confidence intervals were not calculated and testing was not conducted for disease incidence rates, work-related injury death rates and any rates dealing with race/ethnicity mainly because of the small numbers associated with these rates.

In the Technical Notes section of the report, the user can find various statistical formulas used to compute the confidence intervals and standard errors that were used for significance testing. This section also contains a discussion about the reliability of the data as well as definitions of terms used throughout the report.

The Bureau is currently finalizing this report and expects it to be available on the Health Statistics web pages shortly after the release of this article. To access the report, go to [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats) and select "Birth, Death and Other Vital Statistics" and then select the report title.

### ***Maternal and Child Health Status Indicators for Pennsylvania and Major Municipalities:***

This annual report shows birth, death, infant death and childhood poverty statistics for 22 municipalities as well as for Pennsylvania. These one page profiles provide those concerned with maternal and child health a statistical perspective on the

types of urban health problems facing Pennsylvania's major cities. All of the data are shown by race (White, Black and Asian/Pacific Islander) and for those of Hispanic origin.

Data highlights for this year's report show that the municipality (of the 22 listed in the report) with the highest percentage of low birth weight babies was Johnstown (13.0) and the municipality with the lowest percentage was Altoona (8.6). The municipality with the highest percent of mothers not obtaining prenatal care in the first trimester was Norristown at 49.0. The lowest percent was for West Mifflin at 8.4. For births to mothers under 18 years of age, Chester City had the highest percentage (8.9), while West Mifflin had the lowest (2.3). For mothers who smoked in the first trimester, the highest percentage was for residents of Johnstown City (38.8) and the lowest percentage was for Bethlehem City (13.7). The municipality with the highest 5-year infant death rate was York City at 12.8. The lowest 5-year infant death rate was for residents of both Altoona (6.8) and Williamsport (6.8).

The report includes leading causes of death among residents ages 1 to 17, infant death rates and percentages of low birth weight babies, mothers with no prenatal care in the first trimester, teen births, mothers who smoked in the first trimester, and children living below the poverty level.

This municipality level report can be accessed from the Health Statistics web pages at [www.health.state.pa.us/stats](http://www.health.state.pa.us/stats).

# More Risk Among Births to Mothers Who Smoke

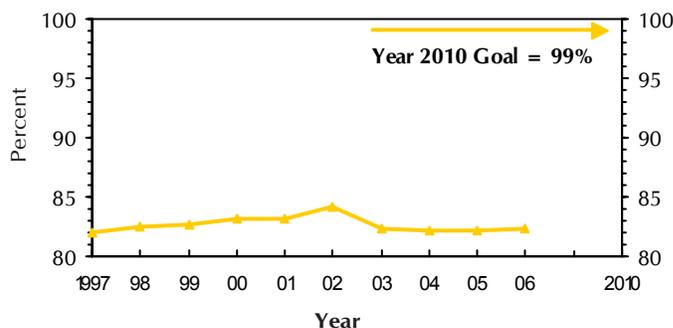
Chart 1 shows that the percent of mothers who did not smoke during pregnancy increased slightly between 1997 (82.0 percent) and 2002 (84.2 percent). In 2003, when the latest revision of the birth certificate was implemented, this percentage dropped to 82.3 percent and has since remained stable. Among Black mothers, 84.0 percent of the births in 2006 involved mothers who did not smoke. The percent was lower among White mothers, 80.7. Asian/Pacific Islander mothers showed the highest percent of mothers who did not smoke (96.3) and 88.9 percent of the births in 2006 to Hispanics involved mothers who did not smoke. (Please note that Hispanics can be of any race.)

The percent of live births to mothers who smoked was highest among mothers 15-24 years of age. Among all births, 26.2 percent of the births to females aged 15-19 involved a mother who had smoked and, among those aged 20-24, the percent was 28.3. The percentage of births to smoking mothers decreased among the older age groups (25 and older). The youngest age group (under 15)

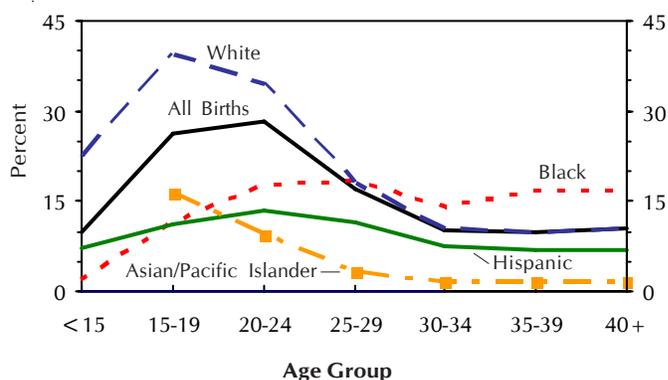
also had a low percentage of births to mothers who smoked during pregnancy (9.8).

When looking at the percent of live births to mothers who smoked by age and race, it becomes evident that differences between the races by age exist (see Chart 2). Among Whites, Asian/Pacific Islanders and Hispanics, the percentages of smoking mothers were much higher for younger age groups while, among Blacks, the percentages were higher among older mothers. For example, 39.4 percent of live births to Whites aged 15-19 were to mothers who smoked during pregnancy, compared to Black teenage mothers with only 11.4 percent. Among Asian/Pacific Islanders, 16.4 percent of live births to teens 15-19 were to mothers who smoked. Among Hispanic mothers aged 20-24, 13.5 percent of the live births were to mothers who smoked. Among the mothers aged 40 and over, only 10.4 percent of the White births were to mothers

**Chart 1**  
Percent of Live Births to Mothers Who Did Not Smoke During Pregnancy Pennsylvania Residents, 1997-2006



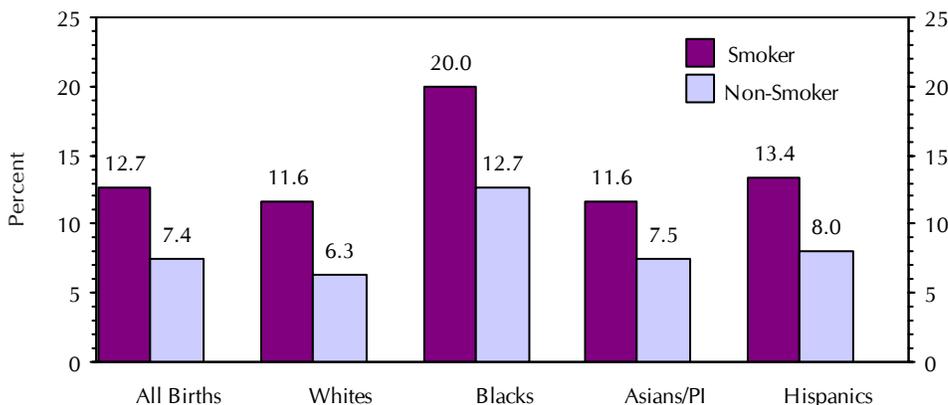
**Chart 2**  
Percent of Live Births to Mothers Who Smoked by Age and Race/Ethnicity of Mother Pennsylvania Residents, 2006



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**Among Whites, Asian/Pacific Islanders and Hispanics, the percentages of smoking mothers were much higher for younger age groups while, among Blacks, the percentages were higher among older mothers.**

**Chart 3**  
Percent of Low Birth Weight Live Births by Smoking Status and Race/Ethnicity of Mother, Pennsylvania Residents, 2006



Continued from Page 1...

# Alzheimer's Disease Death Rates on the Rise

The following reviews selected statistics on Alzheimer's disease in Pennsylvania compared to the United States and for the state by age, sex, race, and county.

**Pennsylvania & United States:** There were 3,288 deaths due to Alzheimer's disease among Pennsylvania residents during the year 2006 for an age-adjusted death rate of 22.1 per

100,000. The corresponding rate in 2005 (latest available) for the United States was 22.9 (3.6% higher than the 2006 state rate).

Age-adjusted Alzheimer's disease rates by race and sex also show similar rates for the U.S. (2005) compared to the state (2006), except for Blacks. The rates for males were 18.5 (U.S.) and 18.8 (PA). For females, the rates were 25.1 (U.S.) and 23.6 (PA). The United States rate for

Whites was 23.7, compared to 22.9 for Pennsylvania. However, the rate for Blacks in the U.S. (19.4) was considerably higher than the rate for Blacks in Pennsylvania (13.8).

**Trends:** The annual age-adjusted rates for Alzheimer's disease in Pennsylvania have generally increased

The Pennsylvania age-adjusted Alzheimer's death rate among Whites was approximately 66 percent higher than the rate for Black residents in 2006 – 22.9 compared to 13.8.

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# More Risk Among Births to Mothers Who Smoke

who smoked, 1.6 percent to Asian/Pacific Islander mothers who smoked; and, 6.8 percent, to Hispanic mothers who smoked. However, 16.8 percent of births to Blacks aged 40+ involved mothers who smoked.

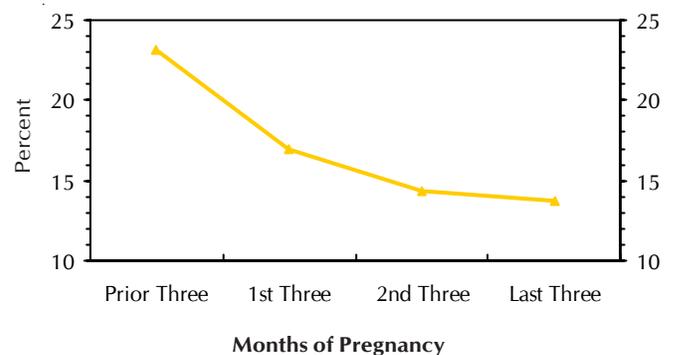
In 2006, there was a decrease in the percent of women who smoked during the first three months of pregnancy (16.9 percent), compared to the three months prior to pregnancy (23.1 percent). The percent of mothers who smoked in the second three months of pregnancy was 14.3 and, in the last three months of pregnancy, the percent was 13.7 (see Chart 4).

Birth weight is a prime indicator of infant health. Low birth weight (under 5 pounds and 9 ounces) is considered a major contributor to higher infant mortality. Several major health studies have implicated smoking by the mother during pregnancy as having a major impact on the infant's birth weight. In 2006, the percent of low birth weight infants among Pennsylvania

residents was considerably higher among smoking mothers (12.7 percent) than non-smoking mothers (7.4 percent).

The percent of low birth weight infants for all four race/ethnic groups was again considerably higher among smokers (see Chart 3 on page 4). Among Whites, 6.3 percent of live births to non-smoking mothers were low birth weight, compared to 11.6 percent for mothers who smoked during pregnancy. The same pattern was seen among Asian/Pacific Islander mothers and Hispanic mothers (7.5 and 8.0 percent of live births to non-smoking mothers were low birth weight, compared to 11.6 and 13.4 percent for mothers who smoked during pregnancy, respectively). The percentage differences for Black mothers were even more evident. Twenty percent of live births to smoking Black mothers were low birth weight while only 12.7 percent of births among non-smoking Black mothers were reported as such.

**Chart 4**  
Percent of Live Births to Mothers Who Smoked Before and During Pregnancy  
Pennsylvania Resident Occurrences, 2006



The Healthy People 2010 national objective calls for an increase in the abstinence from tobacco use by pregnant women to 99 percent. Attainment of this goal in Pennsylvania would require the percent of live births to mothers who did not smoke during pregnancy to increase from 82.4 percent in 2006 to 99 percent by the year 2010. This annual percentage was steadily increasing from 1990 to 2002, how-

ever in 2003 it decreased to 82.3 percent. This decrease was at least partly due to revised data collection and has since remained just above 82 percent. Without a major change soon, it seems unlikely that the state will reach the national year 2010 goal of 99 percent.

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

# Alzheimer's Disease Death Rates on the Rise

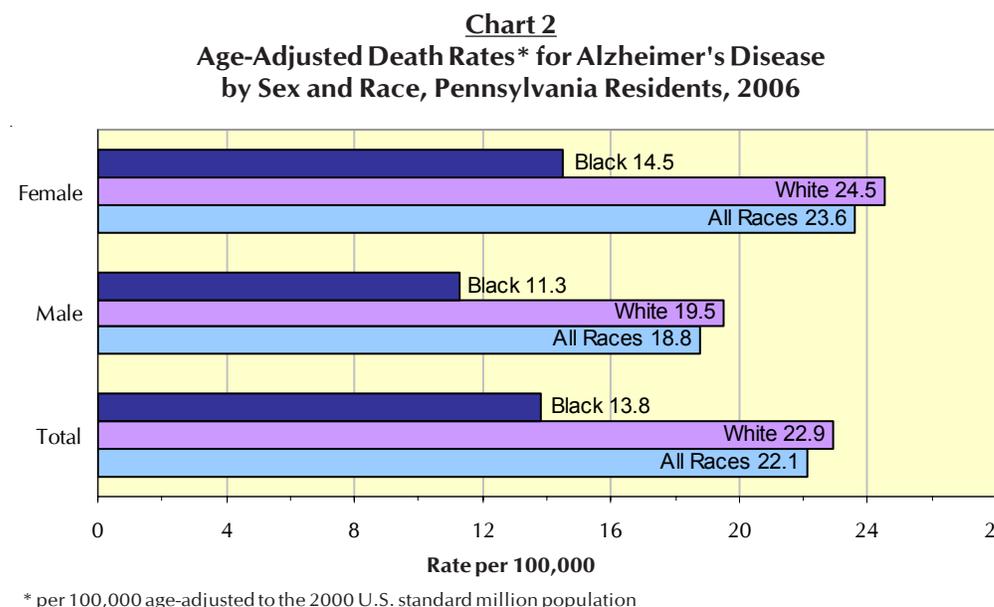
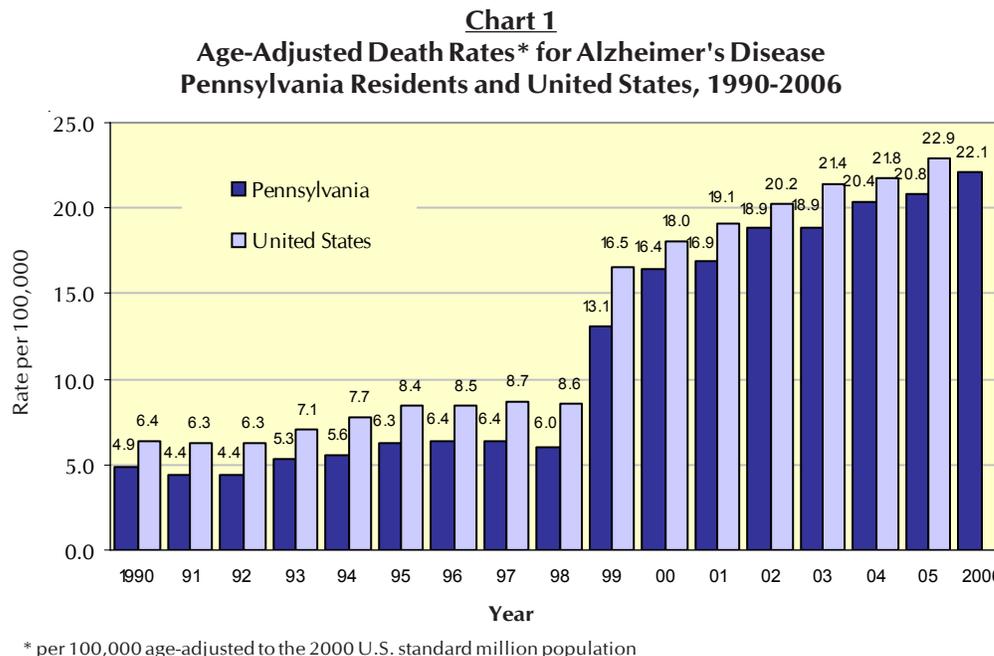
between 1999 and 2006, with the lowest rate occurring in 1999 (13.1). Annual rates were on the increase in the 1990s but declined slightly in 1998 before a dramatic increase in 1999 when the coding used to classify the underlying cause of deaths changed. Therefore, the rate increase starting in 1999 was mainly due to the change in the International Classification of Diseases (ICD) from version 9 to version 10. The United States trends depict this increase as well (see Chart 1 to the right).

## Race and Sex:

The age-adjusted death rate for Alzheimer's disease among female residents (23.6) for Pennsylvania during 2006 was about 26 percent higher than the rate for males (18.8). There were 2,381 resident Alzheimer's disease deaths for females, compared to 907 for males in 2006. It is believed that more women are affected because women generally live longer and the risk of Alzheimer's increases with age.

The Pennsylvania age-adjusted Alzheimer's death rate among Whites was approximately 66 percent higher than the rate for Black residents in 2006—22.9 compared to 13.8. Of the 3,288 resident Alzheimer's disease deaths re-

**Age-adjusted death rates by race and sex show that White females had dramatically higher figures than any of the other three race/sex groups.**



corded in 2006, 3,150 occurred to Whites while only 129 occurred among Black residents. A closer look at Alzheimer's disease deaths among White residents again highlights the differences by sex (2,279 among females compared to 871 among males).

Age-adjusted death rates by race and sex show that White females had dramatically higher figures than any of the other three race/sex groups (see Chart 2 above). The 2006 age-adjusted rate for Alzheimer's was 24.5 per 100,000 among White females, compared to 19.5 for

White males, 14.5 for Black females, and only 11.3 for Black males.

**Age:**  
Over 94 percent of all Alzheimer's disease deaths for Pennsylvania occurred among

*Continued on Page 8...*

# Update: Healthy People 2010 Objectives

## Focus Area 16: Maternal, Infant, and Child Health

### 16-01c - Reduce infant deaths...

2010 Target:

4.5 infant deaths per 1,000 live births

#### All Infant Deaths and by Sex:

Infant death rates for all Pennsylvania residents as displayed in the first graph on the right show that the figure had been on the decline between 2002 and 2004 but increased in 2005 and 2006. There were 1,122 infant deaths among residents in 2006 for a rate of 7.5 per 1,000 live births, compared to 1,026 and 7.1 in 2004. Since 1989, annual increases in the state infant death rate have only occurred in 2001, 2002, 2005, and 2006.

The 2006 infant death rates by sex showed increases for males and females. The 2006 rate for males was about 27 percent higher than the rate for females (8.4 versus 6.6, respectively).

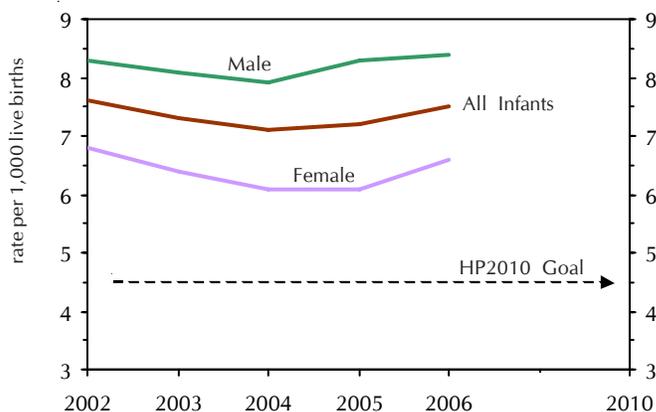
To reach the national 2010 goal of 4.5, Pennsylvania's infant death rate will need to decline by 40 percent. For male residents to reach this national goal, the rate will need to decline by 46 percent; and for females, by 32 percent.

#### By Race and Hispanic Origin:

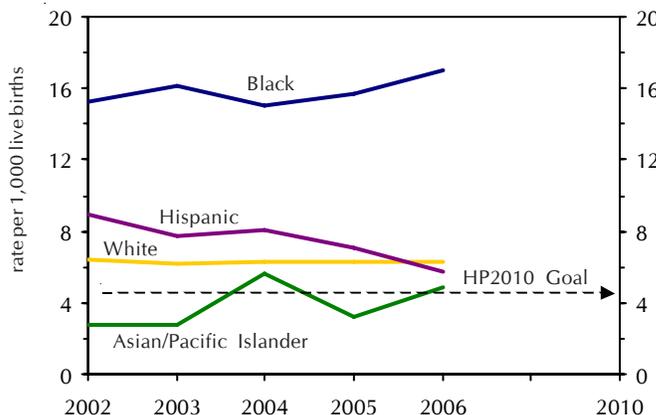
The second graph on the right depicts infant death rates by race and Hispanic Origin for 2002-2006 and large differences can easily be seen. The rates for Black residents are two to five times higher than the rates for Whites and Asians/Pacific Islanders. The rates for Hispanics are also much lower than the rates for Blacks and, with the exception of 2006, higher than the rates for Whites. The infant death rate for Hispanics declined between 2002 and 2006 while the rate for Blacks and Asian/Pacific Islanders generally increased. The infant death rate for Whites remained at about 6.3 during this five-year period.

With the exception of 2004 and 2006, the infant death rate for Asians/Pacific Islanders has been lower than the 2010 goal of 4.5. The annual death rate for Blacks will need to decrease significantly in order to reach the HP2010 goal.

**Infant Death Rates\*  
Total and By Sex  
Pennsylvania Residents, 2002-2006**



**By Race and Hispanic Origin\*\*  
Pennsylvania Residents, 2002-2006**



\* per 1,000 live births  
\*\* Hispanic can be of any race

**Infant Death Rates\*  
By Sex, Race, and Hispanic Origin\*\*  
Pennsylvania Residents, 2002-2006**

	2002	2003	2004	2005	2006
All Infant Deaths .....	7.6	7.3	7.1	7.2	7.5
Male .....	8.3	8.1	7.9	8.3	8.4
Female .....	6.8	6.4	6.1	6.1	6.6
White .....	6.4	6.2	6.3	6.3	6.3
Black .....	15.2	16.1	15.0	15.7	17.0
Asian/Pacific Islander .....	2.8	2.8	5.6	3.2	4.9
Hispanic** .....	9.0	7.7	8.1	7.1	5.8

\*per 1,000 live births  
\*\*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](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.

## Alzheimer's Disease Death Rates...

residents aged 75 years and older. The median age at death for Alzheimer's disease in 2006 among males was 85.3 and 88.5 for females. There were 648 Alzheimer's disease deaths among females aged 85-89 and 984 for females aged 90 and older, compared to 279 and 195, respectively, for males. Black males had

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**Over 94 percent of all Alzheimer's disease deaths for Pennsylvania occurred among residents aged 75 years and older.**

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the lowest median age at death for Alzheimer's disease (84.4) and White females had the highest (88.5) in 2006. In fact, White females had the highest median age at death for all races and for both sexes in 2006.

### County:

For the five-year period of 2002-2006, the county with the highest age-adjusted Alzheimer's disease death rate among residents was Montour County with a rate of 52.3 (64 deaths). The second highest rate occurred in Crawford County (rate of 34.9, based on 196 deaths). Third highest was Lancaster County (34.7 and 934 deaths), followed by Somerset (32.4 and

188) and Carbon (32.3 and 134) Counties. (NOTE: Counties with less than 20 deaths due to Alzheimer's disease were excluded in this comparison since age-adjusted rates based on less than 20 events are considered statistically unreliable.)

The county with the lowest age-adjusted rate for the period 2002-2006, was Mifflin County with a rate of 10.5 (33 deaths). The next lowest rates were for Lawrence County (11.4 and 84 deaths) and Philadelphia County (11.4 and 1,031), followed by Tioga (13.6 and 40) and Warren (13.6 and 38) Counties.

If you have any questions regarding the statistics presented in this article, please contact the

Bureau of Health Statistics and Research at 717-783-2548. A variety of additional death statistics in the form of tables, charts, and maps for the state and all counties can be produced using our interactive web tool called EpiQMS, located on the Health Statistics web pages at [www.health.state.pa.us/stats/](http://www.health.state.pa.us/stats/).

Other resources consulted during the research for this article include the Texas Department of State Health Services ([www.dshs.state.tx.us](http://www.dshs.state.tx.us)), the Mayo Clinic ([www.mayoclinic.com](http://www.mayoclinic.com)), and the Alzheimer's Association ([www.alz.org](http://www.alz.org)). These resources may be useful for those seeking additional information on Alzheimer's disease.

*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](http://www.health.state.pa.us/stats) to access additional health statistics and reports.*

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