
STATISTICAL NEWS

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Two Health Status Indicators Reports Updated *Reports Used for Assessing the Health Status of the State and Local Areas*

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... *Continue reading this article>>>*

Healthy People 2010: Smoking Among Pregnant Women *Obj 16-17c - Increase abstinence from cigarettes among pregnant women... 2010 Target: 99%*

The annual percentages of live births to Pennsylvania mothers who did not smoke during pregnancy stayed about the same during the five-year period of 2003-2007, with 82.5 percent reported in 2007. *Continue reading this article>>>*

Pregnancies Increase for Third Consecutive Year

2007 Pregnancy Rate Is Highest Recorded in Pennsylvania Since 1994

There were 187,112 pregnancies reported among female residents of Pennsylvania in 2007, an increase of 1,855 or 1.0 percent from the 185,257 reported for 2006.

The 2007 reported pregnancy rate of 75.4 per 1,000 females ages 15-44 was 1.8 percent higher than the 2006 rate of 74.1. Figure 1 (next page) depicts the annual rate of reported pregnancies for all Pennsylvania residents from 1993 through 2007. It also shows the annual teenage (15-19) reported pregnancy rate for the same years. The teen pregnancy rate has declined considerably, from 62.3 in 1993 to 43.7 in 2007 (a 29.9 percent decrease). However, in 2007 the teen pregnancy rate (43.7) showed an increase of 2.3 percent from the 2006 teen pregnancy rate of 42.7. This is the second consecutive year that the teen pregnancy rate has shown an increase.

Table 1 shows 2007 reported pregnancy statistics by woman's age group and outcome for the state. In 2007, 80.3 percent or 150,322 of the reported pregnancies resulted in a live birth, 18.8 percent or 35,217 in an induced abortion, and only 0.8 percent or 1,573 in a fetal death (non-induced termination of 16 weeks or more gestation).

Women in the age group 20-29 accounted for 52.1 percent or 97,305 of all reported pregnancies in 2007; those under 20 years of age, for 11.0 percent or 20,485; and, women 30 years of age and older accounted for 37.0 percent or 69,153.

In 2007, 68.4 percent of all reported pregnancies to women under 20 years of age resulted in a live birth, com-

pared to 78.7 percent for women 20-29 years of age and 86.3 percent for those women 30 years of age and older.

Table 2 compares the reported pregnancy rates by women's age for 2007 and 2006. Among Pennsylvania residents, the overall reported pregnancy rate and all rates by age group have slightly increased, with the exception of the under 15 age group which remained the same as was recorded in 2006. The largest rate increase was seen for ages 15-19 (2.3

Table 1
Reported Pregnancies by Age Group and Outcome
Pennsylvania Residents, 2007

Age of Woman	Reported Pregnancies	Live Births	Fetal Deaths	Induced Abortions
All Ages	187,112	150,322	1,573	35,217
Under 15	395	186	3	206
15-17	6,385	4,313	58	2,014
18-19	13,705	9,507	117	4,081
20-29	97,305	76,534	719	20,052
30 & Older	69,153	59,658	644	8,851

Note: Unknown ages are included in the total.

Table 2
Reported Pregnancies and Rates* by Women's Age and Year
Pennsylvania Residents, 2007 and 2006

Age of Woman	2007		2006		Rate %
	Number	Rate	Number	Rate	Difference
All Ages	187,112	75.4	185,257	74.1	1.8
Under 15	395	1.0	415	1.0	0.0
15-19	20,090	43.7	19,684	42.7	2.3
20-29	97,305	122.9	95,056	120.9	1.7
30 & Older	69,153	40.7	69,902	40.5	0.5

*Rate per 1,000 female population for each year by age group.

Notes: Unknown ages are included in the total. Unknowns excluded from calculations.

Table 3
Reported Pregnancies by Age, Race and Hispanic Origin of Woman
Pennsylvania Residents, 2007

Age of Woman	All Races	White	Black	Asian/ Pacific Islander	Hispanic Origin
All Ages	187,112	129,318	36,663	6,934	16,033
Under 15	395	126	215	3	61
15-17	6,385	2,789	2,657	51	1,024
18-19	13,705	7,493	4,516	159	1,825
20-29	97,305	65,651	20,613	2,967	9,292
30 & Older	69,153	53,172	8,620	3,746	3,821

Notes: Hispanic origin can be of any race. Unknown ages are included in the total.

percent) followed by women in the age group 20-29 with an increase of 1.7 percent. The rate among women aged 30 and older did not show much change.

As shown in Table 3, slightly over 69 percent or 129,318 of all reported pregnancies in 2007 were among White women. Black women accounted for 19.6 percent of the reported

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Pregnancies Increase for Third Consecutive Year

The largest (pregnancy) rate increase was seen for ages 15-19 (2.3%) followed by women in the age group 20-29 with an increase of 1.7 percent.

pregnancies or 36,663; and, Asian/Pacific Islander women accounted for only 3.7 percent or 6,934 of all reported pregnancies. Reported pregnancies among women of Hispanic origin accounted for 8.6 percent or 16,033. Please note that persons of Hispanic origin can be of any race.

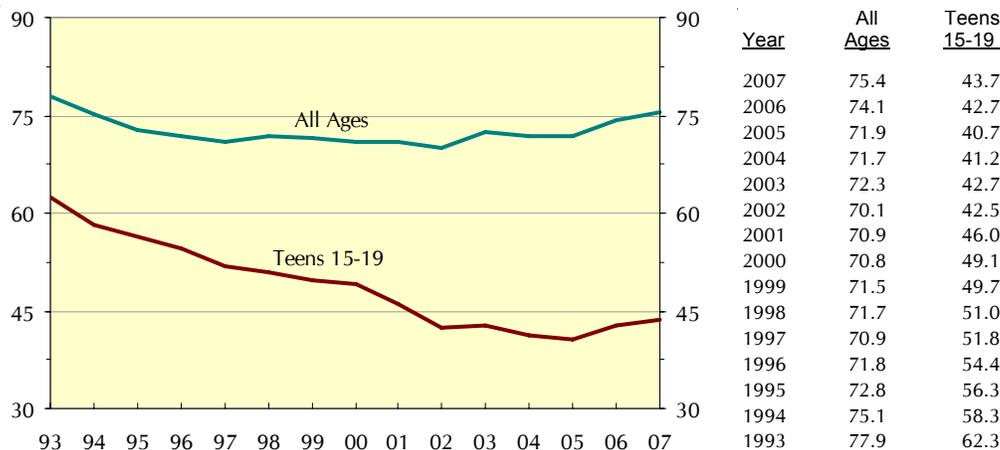
Among Hispanic and Black females in 2007, 18.2 and 20.2 percent (respectively) of the reported pregnancies were to teenagers (under 20 years of age). Among White and Asian/Pacific Islander females, only 8.1 and 3.1 percent (respectively) were to teenagers.

Figure 2 shows the percentage of 2007 reported pregnancies by outcome, race and Hispanic origin for Pennsylvania residents. In 2007, 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, 79.9 percent of the reported pregnancies resulted in a live birth and 19.4 percent in an induced abortion. Only 60.2 percent of the reported pregnancies among Black women resulted in a live birth while 38.8 percent resulted in an induced abortion. The percentages of live births and induced abortions for Hispanic women were similar to those for White women at 85.6 and 13.6, 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.

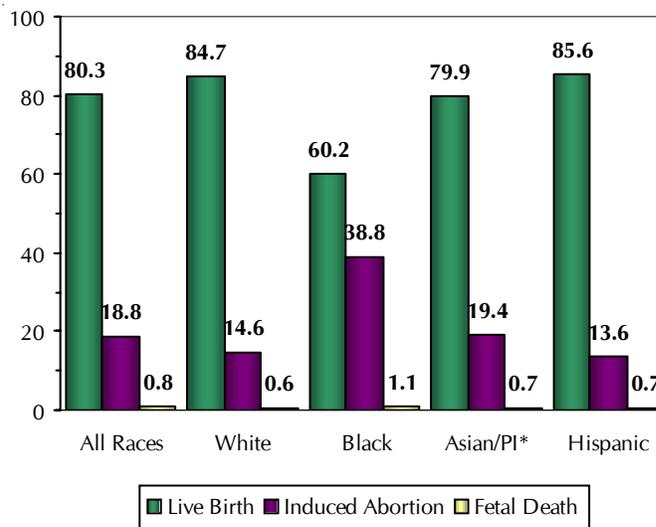
For additional statistics on age-specific pregnancy rate and percent live birth outcome for reported resident teen pregnancies, please visit our website at www.health.state.pa.us/stats and click on the EpiQMS logo.

Figure 1
Reported Pregnancy Rate*, All Ages and Teens 15-19
Pennsylvania Residents, 1993-2007



* Rate per 1,000 female population for each year by age group

Figure 2
Reported Pregnancies, Percent Outcome
by Race/Ethnicity, Pennsylvania Residents, 2007



Notes: Hispanics can be of any race. Percents may not total to 100.0 due to rounding.
* Pacific Islander

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

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Pennsylvania Survey Data on Gambling Reviewed

Adult Males Who Drink Alcohol and Smoke Are More Likely to Gamble

In 2008, the Pennsylvania Department of Health collected data on gambling prevalence for the second consecutive year. In Pennsylvania, slot casinos have been operating since November 2006 and more are to be opened in the near future. Because gambling can become a psychologically addicting and harmful behavior, and has recently become more available in Pennsylvania, it is important to monitor the prevalence and trends of gambling in Pennsylvania. In order to do this, Pennsylvania asked gambling-related questions on the Behavioral Risk Factor Surveillance System (BRFSS) surveys from January 1, 2008 through December 31, 2008.

Of all Pennsylvania adults aged 18 and older, it is estimated that in 2008 a total of 46.2 percent (95% Confidence Interval: 44.2-48.2) gambled in the past 12 months. This is not a significant change compared to the 2007 BRFSS survey. In 2008, males gambled at a significantly higher rate than females (52.6 and 40.4 percent, respectively). Also, 47.8 percent of non-Hispanic Whites gambled, which is significantly higher than the 31.5 percent of non-Hispanic Blacks who gambled. Among those whose annual household income was \$35,000 or more, 50.6 percent gambled. That is significantly higher than for those whose annual household income was less than \$35,000 (42.6 percent). Among current smokers, 51.7 percent gambled which is significantly higher than for non-smokers (44.6 percent). Of those who drank alcohol in the

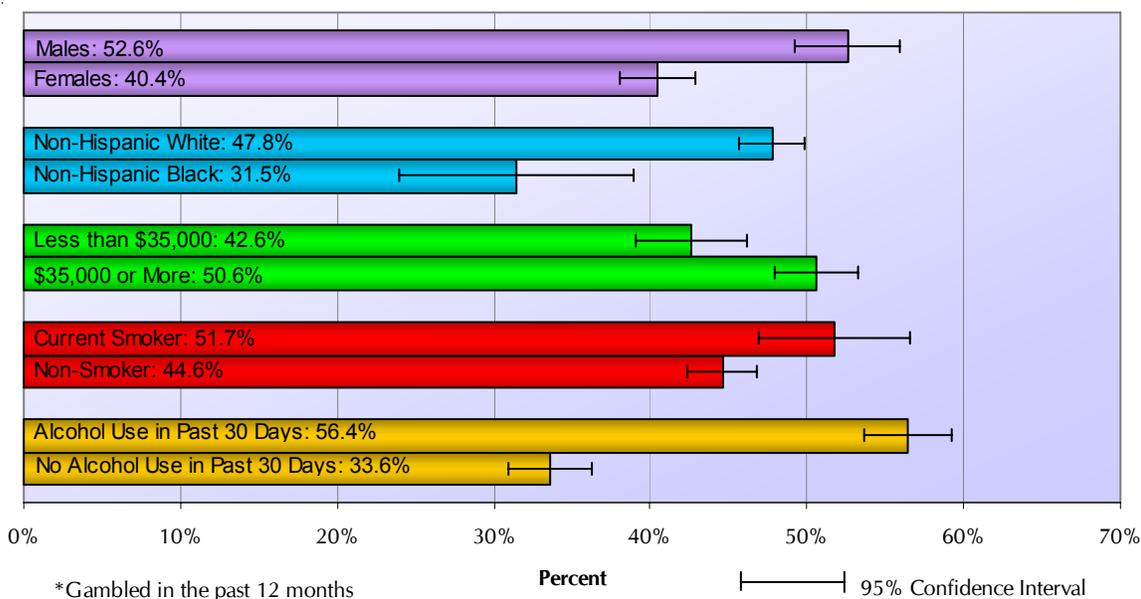
In 2008, males gambled at a significantly higher rate than females (52.6 and 40.4 percent, respectively)...

past 30 days, 56.4 percent gambled, which is significantly higher than the 33.6 percent who gambled and did not drink alcohol in the past 30 days. Chart 1 shows all significant differences for gambling by the demographics described above. In 2008, there were no significant differences reported on gambling in the past 12 months based on age, education level or marital status among all Pennsylvanians.

Pennsylvanians, including people of varying demographic and behavioral risk characteristics, engage in many different types of gambling. Because Pennsylvania has recently legalized slot machines, gamblers were asked about their slot machine use in 2008. Of adult Pennsylvania residents who gambled, 38.7 percent (CI: 35.9-41.5) played slot machines in the past 12 months. Of those who played slots, there was no significant difference between females (51.9 percent) and males (48.1 percent). However, the age group 55+ made up a significantly higher proportion (40.4 percent)

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Chart 1
Gambling* Among Pennsylvania Residents Age 18 and Older
Significant Differences by Gender, Race, Income Level, Smoking Status and Alcohol Use
Pennsylvania BRFSS 2008 Survey



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Pennsylvania Survey Data on Gambling Reviewed

As these data show, table games attract a younger group of gamblers who are predominantly male, compared to those who play slot machines.

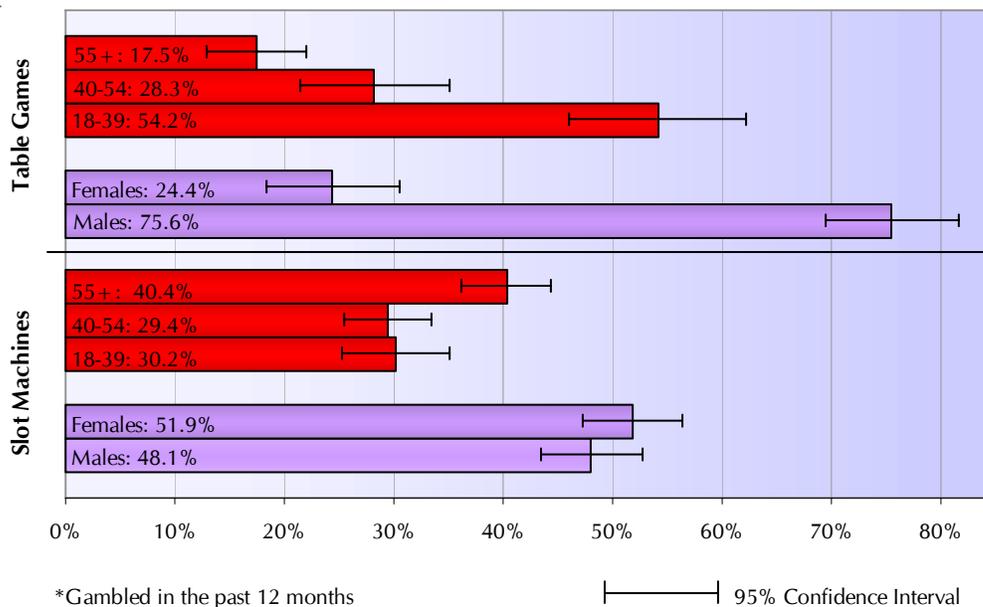
than the age groups 40-54 (29.4 percent) and 18-39 (30.2 percent).

Among adult Pennsylvanians who gambled, 17.5 percent (CI: 14.9-20.1) bet on table games (such as poker, other card games, dice, backgammon, and dominoes) in the past 12 months, and about half (50.2 percent) of them also played slot machines. Of those who played table games, males (75.6 percent) made up a significantly higher proportion than females (24.4 percent). Additionally, the age group 18-39 made up a significantly higher proportion (54.2 percent) than the age groups 40-54 (28.3 percent) and 55+ (17.5 percent). As these data show, table games attract younger gamblers who are predominantly male, compared to those who play slot machines. Chart 2 illustrates these age and gender differences between Pennsylvania gamblers who played slot machines and those who played table games. Additionally, 85.2 percent (CI: 83.1-87.3) of gamblers purchased lottery tickets in the past 12 months and 6.0 percent (CI: 4.6-7.4) bet on horse racing.

Among Pennsylvania resident adults who gambled in the past 12 months, 1.4 percent (CI: 0.6-2.2) admitted that gambling had caused personal or financial problems in 2008. This is not a significant change compared to the corresponding 2007 figure. However, due to self-reporting this estimate may be low because respondents may under-report these types of problems.

The Pennsylvania Youth Survey (PAYS) is conducted every two years to determine the behaviors, attitudes, and knowledge concerning alcohol, tobacco, other drugs and violence of students in grades 6, 8, 10, and 12. The survey is used to provide a benchmark for substance abuse and other risky behaviors as well as help to indicate the level of effectiveness of prevention and treatment programs.

Chart 2
Gambling* Among Pennsylvania Residents Age 18 and Older Who Played Slot Machines and Table Games by Sex and Age
Pennsylvania BRFSS 2008 Survey



The 2007 PAYS has questions to investigate gambling for money or anything of value in the past 12 months by Pennsylvanians in grades 6, 8, 10, and 12. In Chart 3, on the next page, the PAYS data show that 6th graders gambled at a rate of 19.3 percent. Eighth, 10th and 12th graders gambled at similar rates of 31.0 percent, 32.0 percent and 32.8 percent, respectively. Students in all three of these higher grades gambled at significantly higher rates than 6th graders. Students in all grades gambled at a rate significantly less than their adult counterparts, which is a change from the 2005 PAYS where 10th and 12th graders gambled at rates similar to adults.

Gambling behavior among students was correlated with gender and alcohol use in the past 30 days. Males gambled at a significantly higher rate than females, and those who used alcohol in the past 30 days gambled at a significantly higher rate than those that did not. In fact, more than twice the percentage of males gambled than did females in all grades surveyed. This gender difference is in the same direction as was reported for adults, but it is much more pronounced. Additionally, 19.9 percent of 10th and 12th graders who gambled admitted to spending more than they intended on gambling in the past year. Also, 9.8 percent of 10th

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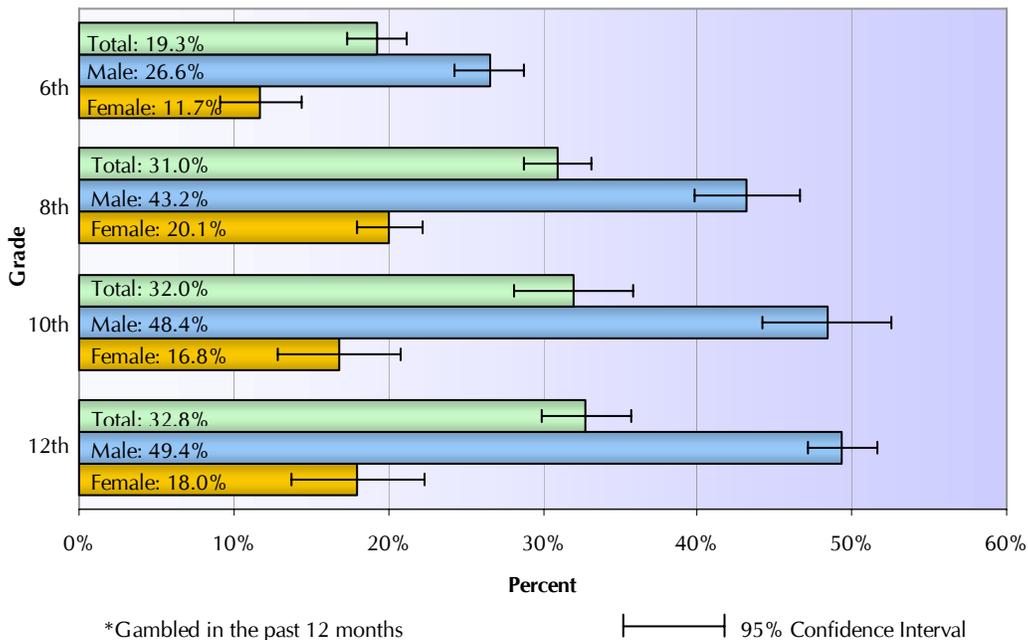
Pennsylvania Survey Data on Gambling Reviewed

and 12th graders who gambled admitted that their gambling led to lies to their families in the past year. These data are important because they may be the initial behaviors that can lead to problem gambling habits in the future.

In 2007, additional questions were added to the PAYS data to investigate different types of gambling. The following are some highlights of those questions. Playing bingo for prizes or money (in the past year) was the most popular type of gambling for all grades. It was most popular with 6th graders (54.4 percent played in the last 12 months), followed by 8th graders (49.0 percent), 10th graders (35.4 percent), and 12th graders (27.1 percent). Sixth and 8th graders played bingo for prizes at a significantly higher rate than 12th graders. Furthermore, a significantly higher number of 6th and 8th graders played bingo than reported that they gambled. This indicates that some students in these grades may not consider playing bingo for prizes or money to be gambling. Sixth graders also reported playing table games (such as poker, other card games, dice, backgammon or dominoes) in the past year at the rate of 22.3 percent. The rates for playing table games were a little higher among the other grades – 8th grade at 29.0 percent, 10th grade at 27.0 percent and 12th grade at 25.3 percent. When compared to the rates for adults, the 8th, 10th, and 12th graders were playing table games at a significantly higher rate than their adult counterparts.

Pennsylvania will continue to monitor gambling prevalence and trends as gambling becomes more available in the Commonwealth. This is the second time Pennsylvania has

Chart 3
Gambling* Among Pennsylvania Youth by Gender
Grades 6, 8, 10, and 12
Pennsylvania Youth Survey (PAYS) 2007



gathered gambling survey data through the BRFSS and PAYS, and future data collection will attempt to reflect the changes occurring to gambling in the state.

If you have any questions about this article, please contact the Bureau of Health Statistics and Research at 717-783-2548. For more information on the BRFSS surveys, please visit the Centers for Disease Control and Prevention website at www.cdc.gov/brfss/ and for more information on the Pennsylvania BRFSS surveys, please visit the Health Statistics web pages at www.health.state.pa.us/stats then select *Behavioral Risk Data*. For additional information on the Pennsylvania Youth Survey (PAYS), please visit: www.pays.state.pa.us/.

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Two Health Status Indicators Reports Updated

Reports Used for Assessing the Health Status of the State and Local Areas

County & Health District Health Status Indicators, 2009/10 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 that are graphically depicted with county outline maps. Thus the report provides descriptive and analytical statistics at the county and health district levels 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*. They are to be used for assessing and comparing the health status of state and local areas. The report shows 17 indicators. There are nine mortality indicators: all causes, motor vehicle accidents, work-related injuries, suicides, homicides, lung cancer, female breast cancer, cardiovascular disease (includes heart disease and stroke), and infant deaths. There are four morbidity indicators: AIDS, measles, syphilis, and tuberculosis. There are three birth indicators: low birth weight, teenage mothers (under 18), and prenatal care in the first trimester. There is also an indicator on childhood poverty.

The latest birth data in the 2009/10 edition are for 2007. The most recent death and disease incidence rates are average annual rates covering the three-year period of 2005-2007. 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 latest report show that the percentage of low birth weight babies decreased between 2006 and 2007 for Pennsylvania. In addition, the percentage of mothers having no prenatal care in the first trimester increased, and the percent of births to teen mothers (less than 18 years of age) stayed the same. Age-adjusted death rates for cardiovascular disease, heart disease, stroke, lung cancer and female breast cancer all declined between the three-year periods of 2004-2006 and 2005-2007. The rates for suicide and motor vehicle accidents stayed about the same during this time period while the rate for homicide increased. The infant death rate for Pennsylvania increased between 2004-2006 and 2005-2007, as did the incidence rates for syphilis and AIDS. However, the incidence rate for tuberculosis decreased.

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

Age-adjusted death rates for cardiovascular disease, heart disease, stroke, lung cancer, and female breast cancer all declined... rates for suicide and motor vehicle accidents stayed about the same... and the rate for homicide increased.

Significance or comparison testing was performed on most indicators to determine which county or Health District rate was significantly higher or lower than the corresponding state figure and whether the state rate was significantly higher or lower than the United States figure. Please note that rates were not displayed and significance testing was not conducted when there were less than 20 events for age-adjusted rates and less than 10 events for crude rates. Rates based on small numbers should be considered statistically unreliable. The report also shows county-outlined state maps depicting the results of significance testing.

Another special feature of the county and health district report is the Technical Notes. In this 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.

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 (13.5). The municipality with the highest percentage of mothers not obtaining prenatal care in the first trimester was Norristown at 49.0. For births to mothers under 18 years of age, Chester had the highest percentage (9.2). Of the 22 municipalities listed in this report, West Mifflin had the lowest percentage

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Two Health Status Indicators Reports Updated

of low birth weight babies (8.2), the lowest percentage of mothers who did not obtain prenatal care in the first trimester (8.9), and the lowest percentage of births to mothers under age 18 (2.2). For mothers who smoked in the first trimester, the highest percentage was for residents of Johnstown (40.2) and the lowest percentage was for Bethlehem (13.0). The municipality with the highest five-year infant death rate was Chester at 13.9 per 1,000 live births and the lowest five-year infant death rate was for residents of Scranton (6.9).

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.

The twenty cities and two boroughs included in the report are Allentown, Altoona, Bethlehem, Chester, Easton, Erie, Harrisburg, Hazleton, Johnstown, Lancaster, Lebanon, McKeesport, New Castle, Norristown, Philadelphia, Pittsburgh, Reading, Scranton, West Mifflin, Wilkes-Barre, Williamsport and York.

Of the 22 municipalities listed in this report, West Mifflin had the lowest percentage of low birth weight babies, the lowest percentage of mothers who did not obtain prenatal care in the first trimester, and it had the lowest percentage of births to mothers under age 18.

Both health status indicator reports can be accessed from the Health Statistics web pages at www.health.state.pa.us/stats. Select the blue box labeled “Birth and Death Statistics” and then choose the report you wish to view. For questions about this article or the health status indicators reports, please contact the Bureau of Health Statistics and Research at 717-783-2548.

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Update: Healthy People 2010 Objectives

Focus Area 16: Maternal, Infant, and Child Health

16-17c - Increase abstinence from cigarettes among pregnant women.

2010 Target: 99%

All Births and Race/Ethnicity of Mother:

The annual percentages of live births to Pennsylvania mothers who did not smoke during pregnancy stayed about the same during the five-year period of 2003-2007, with 82.5 percent reported in 2007.

Starting in 2004, the percent of live births to mothers who did not smoke has increased among Black and Hispanic mothers. Among White and Asian/Pacific Islanders, the annual percentages have been fairly stable throughout the 2003-2007 period. The percents among Asian/Pacific Islander mothers were consistently the highest among the four race/ethnic groups reviewed and only the percents for Asian/Pacific Islanders were near the national Healthy People 2010 goal of 99 percent.

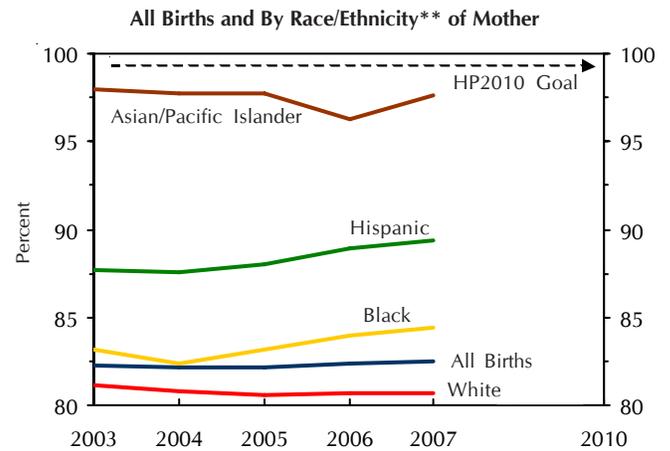
Education of Mother:

The annual percentages based on the education of the mother (ages 18-44) showed that the higher the educational status, the less likely the mother was to have smoked during pregnancy.

For births in 2007 to mothers with less than a high school education, only 69.4 percent were to non-smokers – compared to 71.7 percent for high school graduates, 83.0 percent for those with some college education, and 97.6 percent for college graduates.

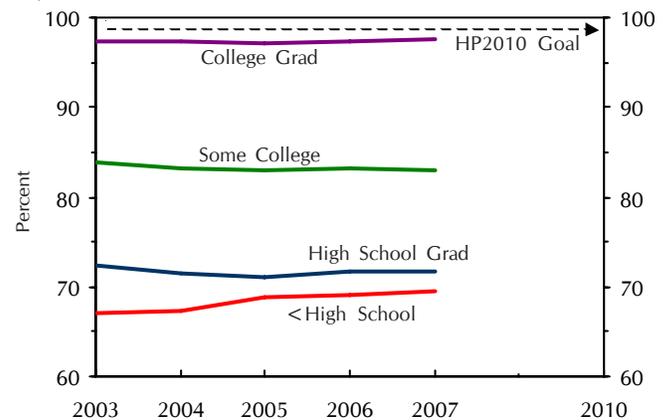
Among births to those without a high school degree, increases in the annual percentages were observed. Among births to mothers in the other education levels, the annual percentages remained about the same for 2003-2007 and, for college graduates, were very close to the national HP2010 goal.

Percent of Live Births to Mothers Who Did Not Smoke During Pregnancy, Pennsylvania Residents, 2003-2007



**Hispanics can be of any race

By Education of Mother (Ages 18-44)



Percent of Live Births to Mothers Who Did Not Smoke During Pregnancy by Race/Ethnicity and Education Pennsylvania Residents, 2003-2007

	2003	2004	2005	2006	2007
All Births	82.3	82.1	82.1	82.4	82.5
White Mother	81.1	80.8	80.6	80.7	80.7
Black Mother	83.2	82.4	83.2	84.0	84.4
Asian/Pacific Islander Mother	98.0	97.7	97.7	96.3	97.6
Hispanic* Mother	87.7	87.6	88.0	88.9	89.4
Less Than High School (18-44) ..	67.0	67.4	68.8	69.1	69.4
High School Grad (18-44)	72.3	71.6	71.1	71.8	71.7
At least some college (18-44)	83.8	83.3	82.9	83.3	83.0
College Grad (18-44)	97.4	97.3	97.2	97.4	97.6

*Hispanics can be of any race NOTE: Unknowns excluded in calculations.

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. Complete data sets for the state and counties can be downloaded. There is also a link to the national HP2010 web site.