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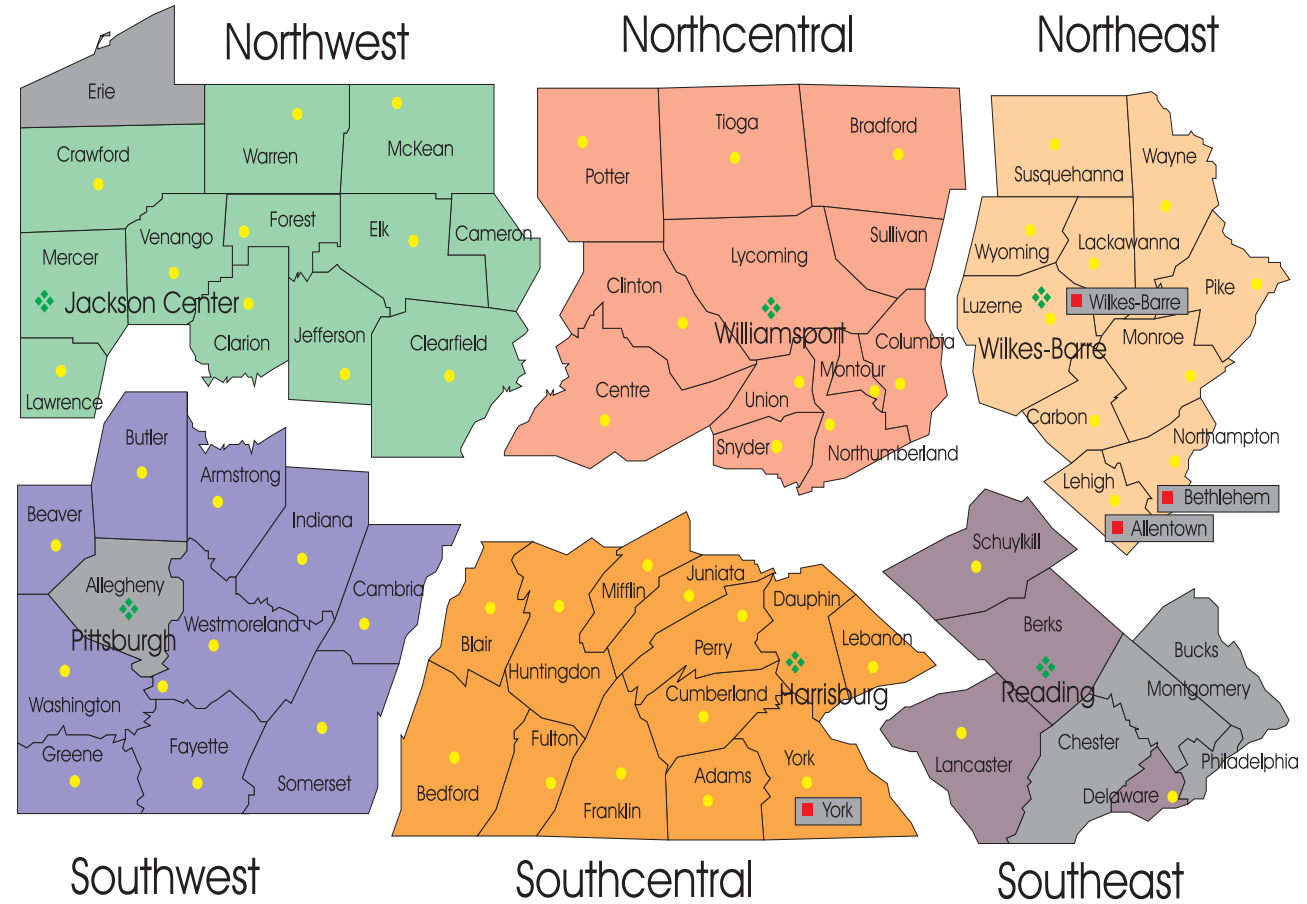
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The Health of Pennsylvanians

Leading Causes of Death in Pennsylvania Counties



*Map courtesy of the Pennsylvania Department of Health

Leading Causes of Death in Pennsylvania Counties*

Introduction

Fifty-six percent of all deaths in Pennsylvania are caused by breast cancer, colon cancer, lung cancer, coronary heart disease (CHD), and stroke. The *Healthy People 2010* report set public health goals for improving the nation's health, including specific targets for reducing the rates of these five conditions.

Pennsylvania's Counties with and without Local Health Departments

A national study of counties over a five-year period, 1993-1997, examined whether the U.S. population was making progress toward the Healthy People 2010 targets.¹ Trend data from each county was scored for progress on a scale of 0 to 3:

- 0 = static/not improving
- 1 = maintaining/not improving
- 2 = progressing/improving
- 3 = exemplary/improving

In general, Pennsylvania counties with and without a local health department (LHD) were making better progress than U.S. counties toward the Healthy People 2010 Goals on these five conditions (see Figure 1, where scores of 2 and 3 were combined to create the status of *improving*).

However, not all Pennsylvania counties were making progress at similar rates. For the most part, the counties with LHDs were making superior progress to counties without LHDs.

Only 10 Pennsylvania counties have an LHD. Six of them are county-wide agencies located in Allegheny, Bucks, Chester, Erie, Montgomery, and Philadelphia. And four LHDs serve a major municipality within a county: Allentown in Lehigh County, Bethlehem in Northampton County, Wilkes-Barre in Luzerne County, and York City in York County.

... Improvements are not appearing as quickly in counties without an LHD.

Conclusions

Mortality rates from five leading causes in Pennsylvania are declining, and this progress is good news for the Commonwealth. But the improvements are not appearing as quickly in counties without an LHD.

Many reasons might account in whole or in part for these differences including, for example, basic socio-demographic differences. However, it is reasonable to expect that the differences exist in part because LHDs contribute to the public's health by monitoring health status, educating and empowering people regarding health issues, enforcing health laws, and carrying out other essential public health services.

Figure 1: In the mid-1990s, Pennsylvania counties showed better improvement than U.S. counties toward the HP-2010 goals for breast cancer, colon cancer, and CHD. Pennsylvania counties showed about the same improvement as U.S. counties toward the HP-2010 goals for lung cancer and stroke.

Percentage of counties with improvement toward HP-2010 goal for five leading causes of death in the U.S. and Pennsylvania, 1993-1997

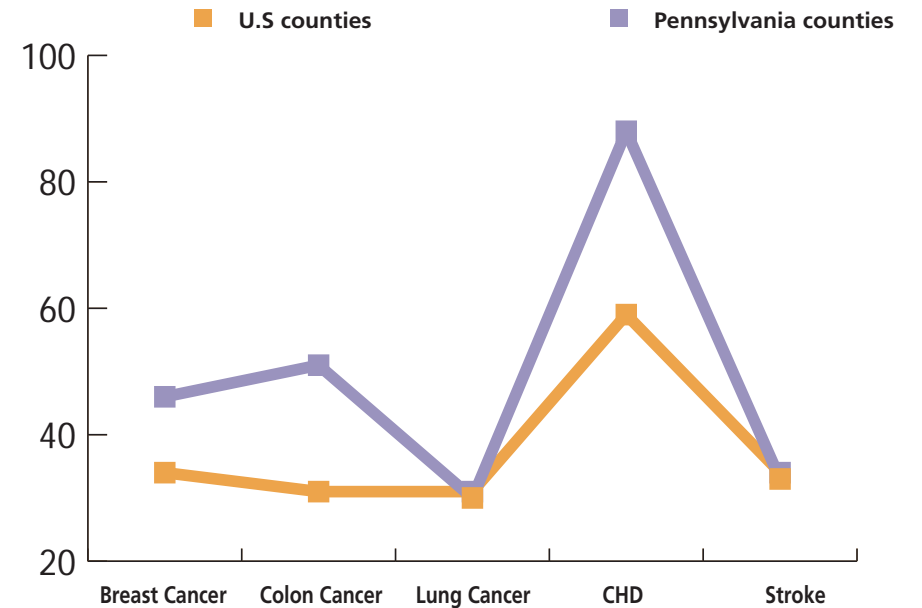
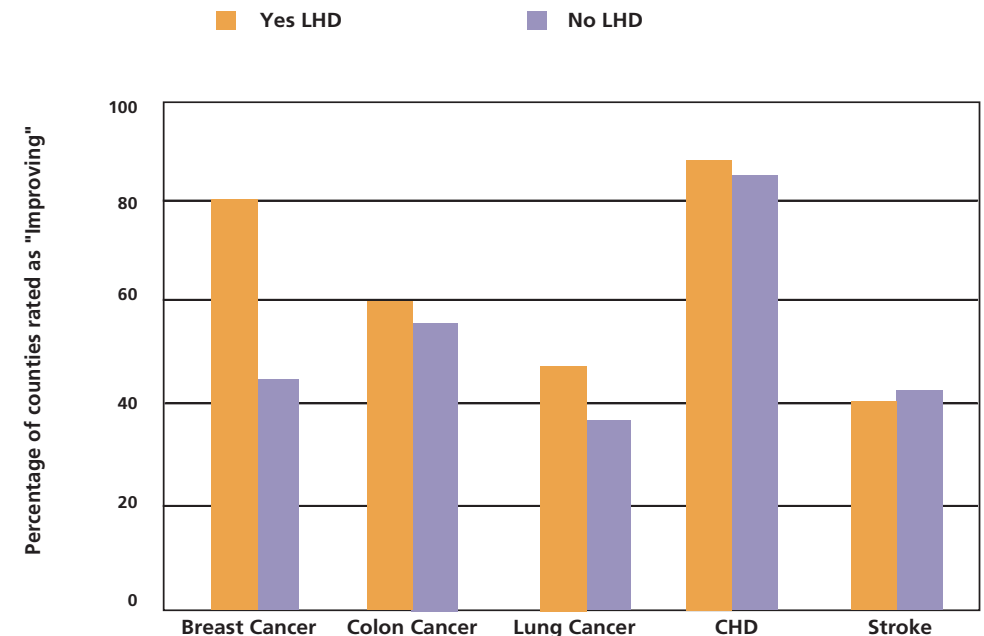


Figure 2: During the same period, Pennsylvania counties with a LHD showed better improvement toward HP-2010 goals than those counties without a LHD. In breast cancer deaths, the LHD counties were making significantly better progress (P = 0.036).

Progress on Five Health Indicators in Pennsylvania Counties with and without Local Health Departments (LHD)



¹N. Kanarek, R. Bialek, Y. Shaw-Taylor, and A. Shah, "County Readiness to Meet Healthy People 2010 Targets," presented to the Public Health Services Research Affiliate of the Association for Health Services Research & Health Policy, Washington, DC, June 22, 2002.

***This is the first publication in The Health of Pennsylvanians series to explore important issues affecting public health in the commonwealth.**