University at Buffalo
The State University of New York
School of Public Health and Health Professions

Population Health Observatory

"Dedicated to improving health through population based research."

Erie County community health assessment 2004

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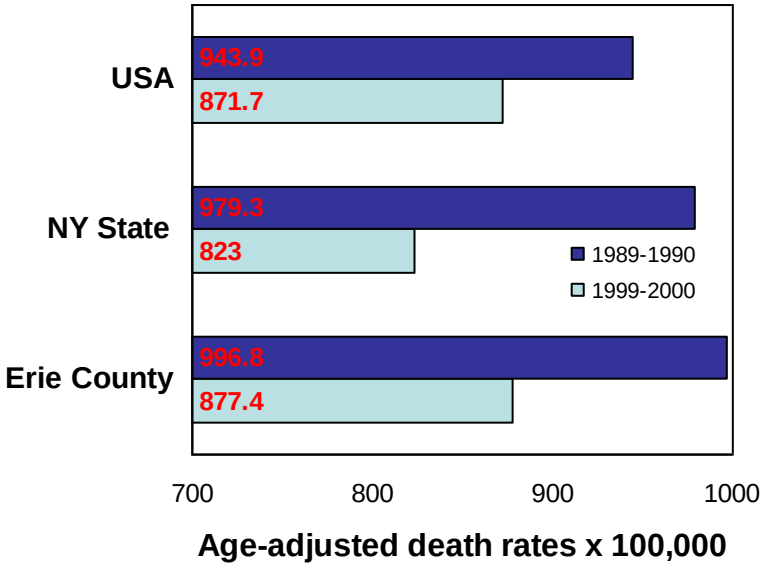
All-Cause Death Rates

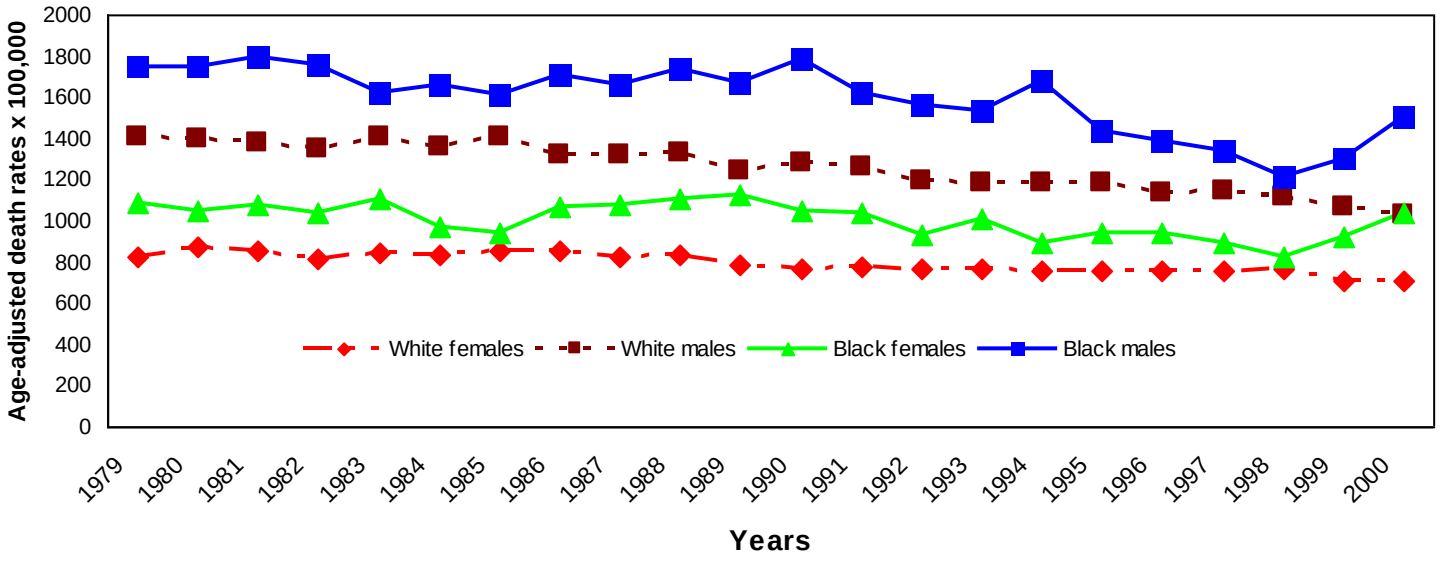
Summary

The all-cause age-adjusted death rates have declined in the period 1979-2000 in Erie County among Blacks and Whites of both sexes. The rates are higher among males than females and among Blacks than Whites.

When comparing the overall rates of Erie County with both national and New York State data in the periods 1989-1990 and 1999-2000, they are consistently higher in Erie County though in the latter period there is a very small difference between national and Erie County rates.

Objectives
HP 2010
There is no HP 2010 goal for all-cause death rates





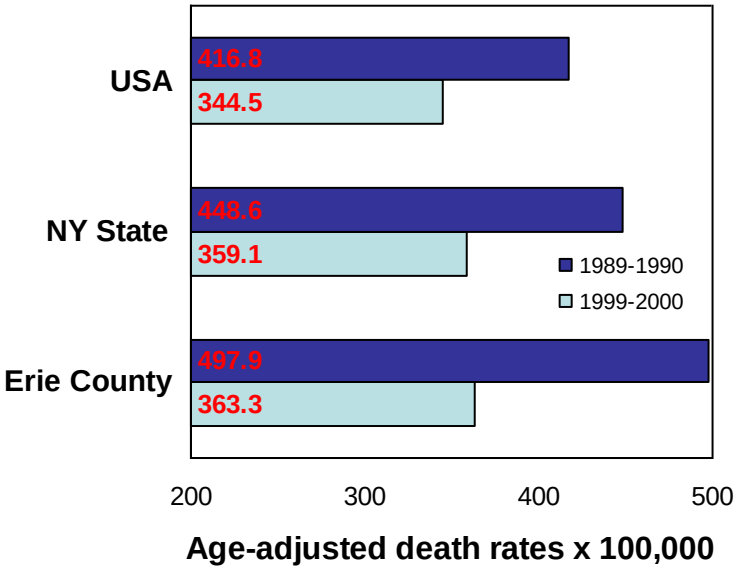
All Cardiovascular Disease Death Rates
390-448 (ICD 9); I00-I78 (ICD 10)

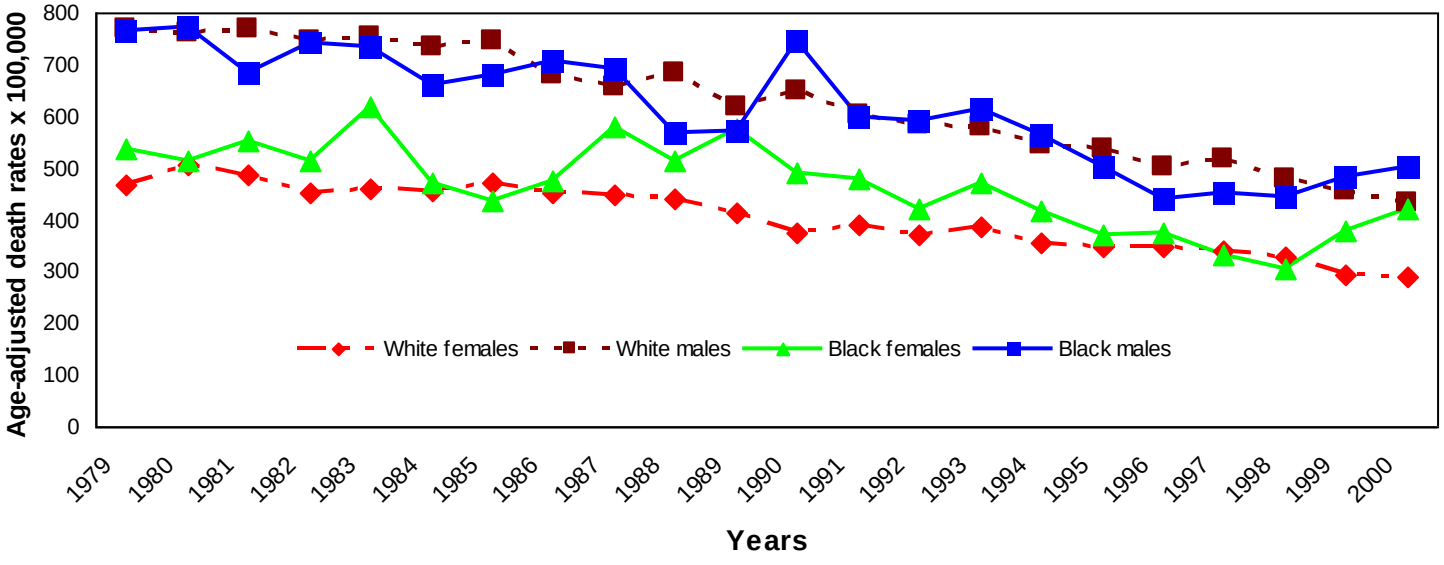
Summary

Objectives
HP 2010
There is no HP 2010 goal for overall cardiovascular disease death rates

Cardiovascular diseases, the first cause of morbidity and mortality in the United States as well as in the Western world, have shown a consistent decline in the period 1979-2000 in Erie County for each racial and gender group. This decline has been more remarkable among males than females; very recently Blacks of both sexes seem to experience an increasing trend.

In comparison with both national and NY State figures in the periods 1989-1990 and 1999-2000, Erie County has been characterized by higher rates but in the last period the gap with both national and NY State rates has been substantially reduced.





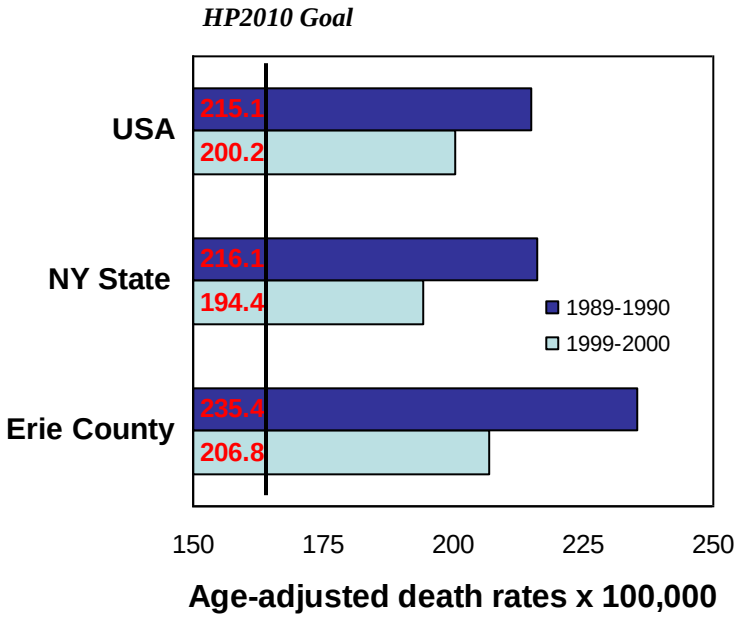
All Cancer Death Rates
140-208 (ICD 9); C00-C97 (ICD 10)

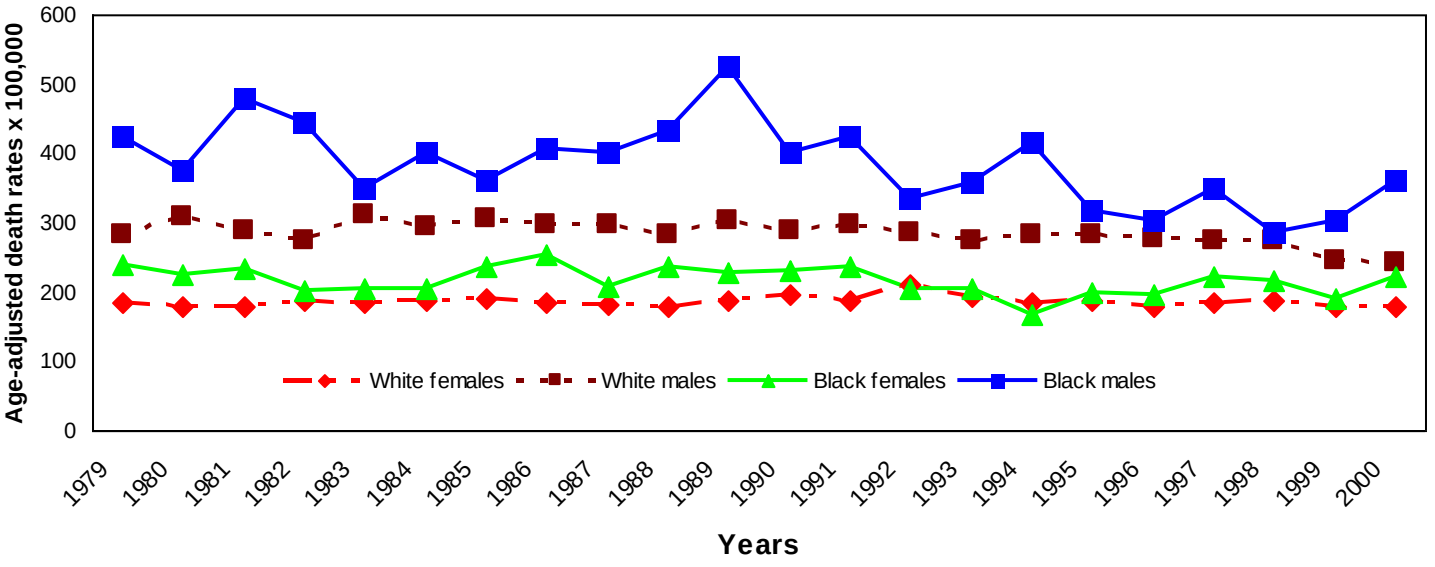
Summary

The overall age-adjusted death rates of cancer, the second leading cause of death in the United States, have been slightly declined in the period 1979-2000 in Erie County in both sexes and racial groups, at a greater extent among males than females.

In the periods 1989-1990 and 1999-2000, the overall rates of Erie County have been consistently higher than both national and New York State figures. However, county, state and national rates appear far from the target of Healthy People 2010.

Objectives
HP 2010
Reduce the overall cancer death rate to no more than 159.9 per 100,000 population (age-adjusted to the year 2000 standard population)





Diseases of Heart Death Rates

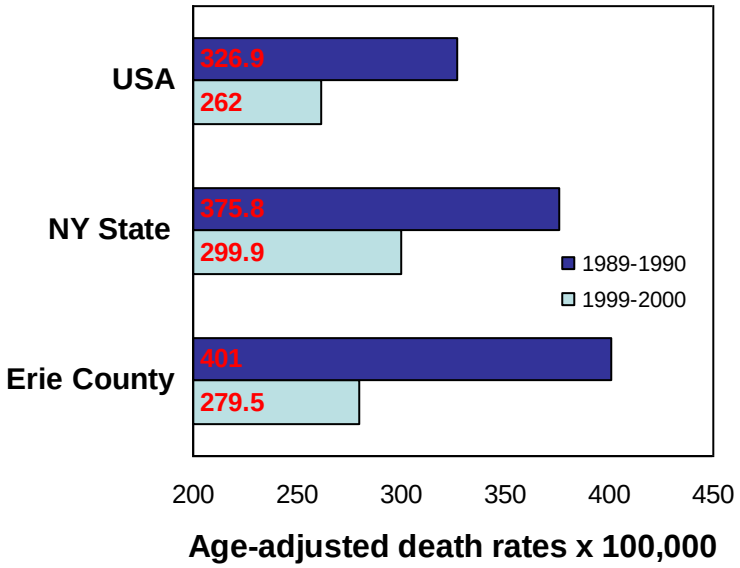
390-398, 402, 404-429 (ICD 9); I00-I09, I11, I13, I20-I51 (ICD 10)

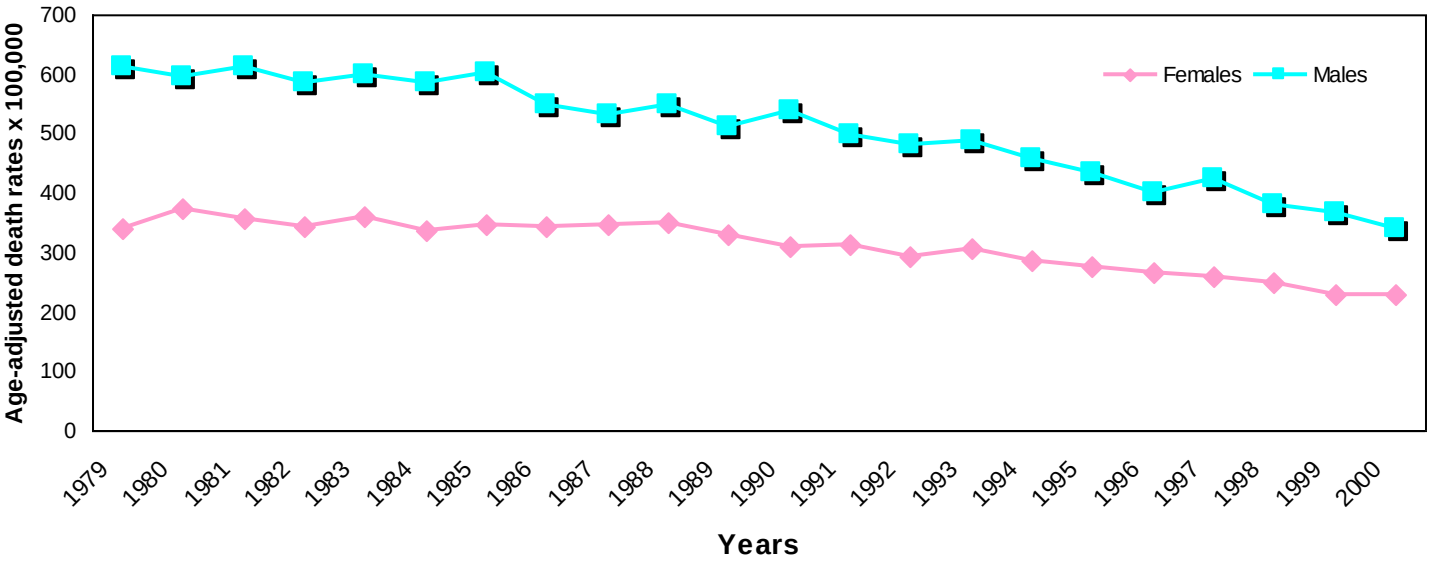
Summary

Objectives
HP 2010
There is no HP 2010 goal for diseases of heart death rates

Diseases of Heart have shown a consistent decline in the period 1979-2000 in Erie County in both sexes. This decline has been more pronounced among males than females.

In comparison with both national and NY State figures in the periods 1989-1990 and 1999-2000, Erie County has been characterized by the highest rates in 1989-1990 while in 1999-2000 NY State shows the highest rates among the three levels considered.





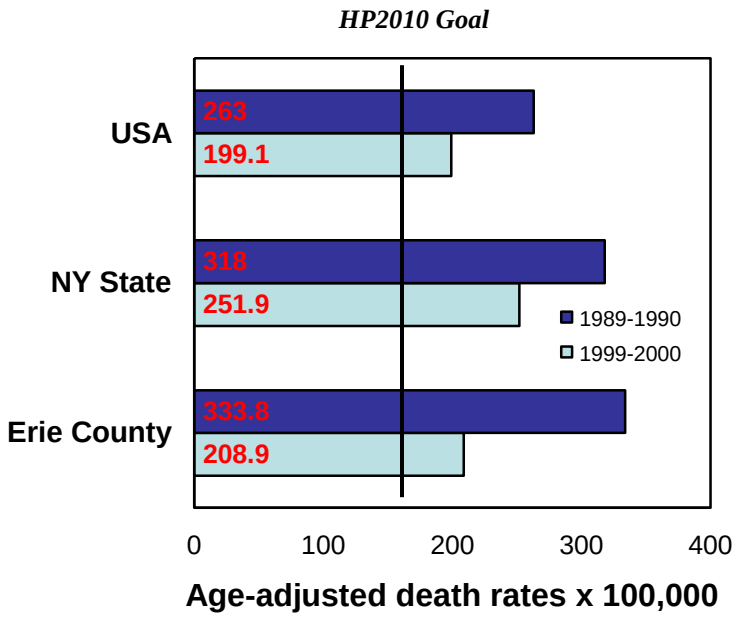
Coronary Heart Disease (CHD) Death Rates
402, 410-414, 429.2 (ICD 9); I11, I20-I25 (ICD 10)

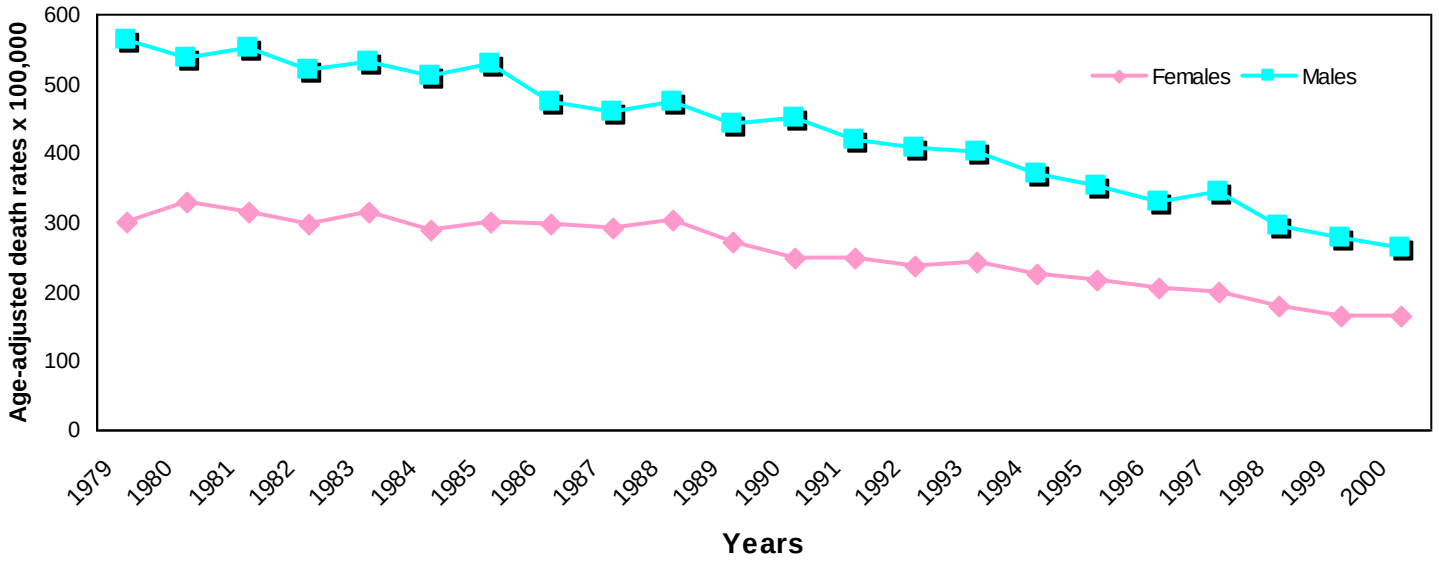
Summary

The age-adjusted death rates of coronary heart disease, which accounts for the largest proportion of heart disease in the United States, have been consistently declined in the period 1979-2000 in Erie County in both sexes but at a greater extent among males than females.

In the periods 1989-1990 and 1999-2000, Erie County has been characterized by the highest rates in the first period while in the second period NY State shows the highest rates among the three levels considered. County and national rates appear quite close to the target of Healthy People 2010.

Objectives
HP 2010
Reduce coronary heart disease death rate to no more than 166 per 100,000 population (age-adjusted to the year 2000 standard population)





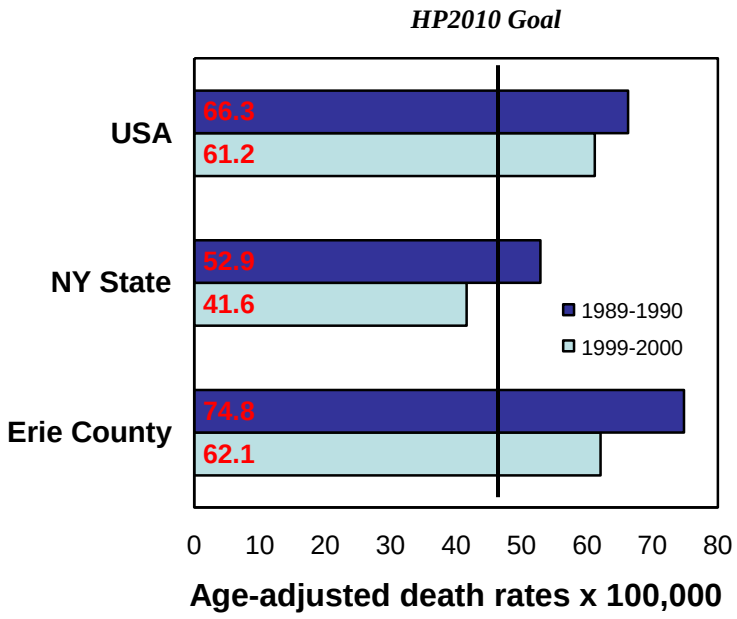
Stroke Death Rates
430-438 (ICD 9); I60-I69 (ICD 10)

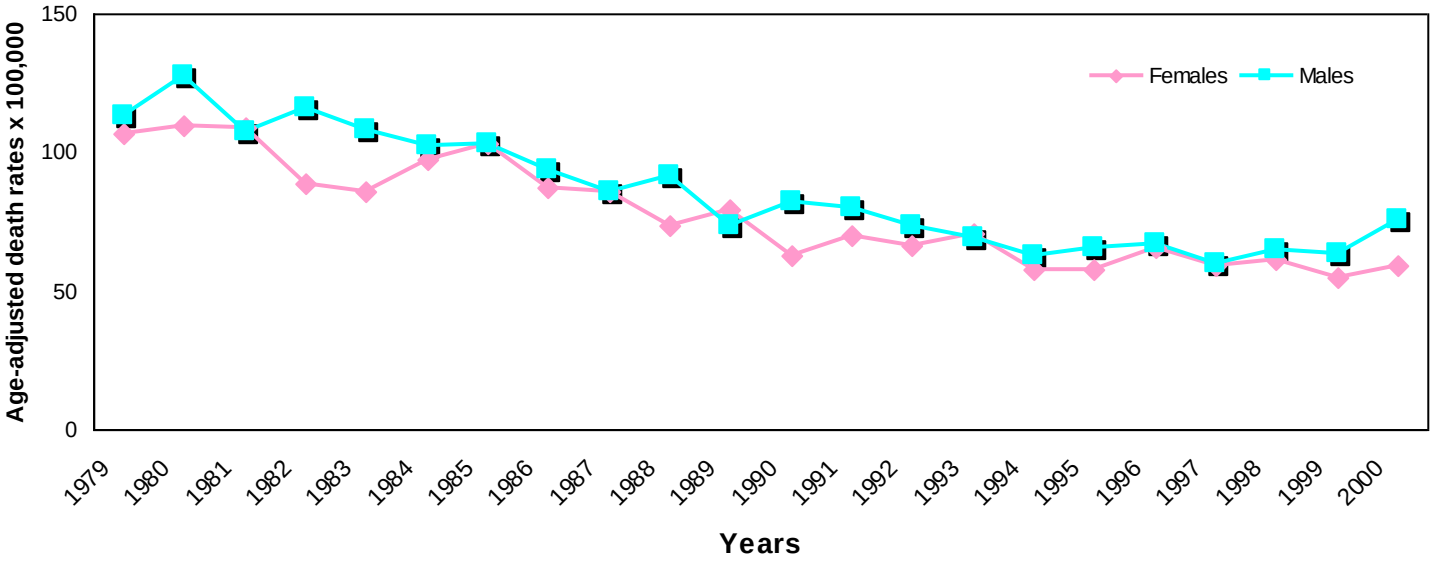
Summary

The age-adjusted death rates of stroke (or cerebrovascular disease), the third leading cause of death in the United States, have been characterized by a consistent decline in the period 1979-2000 in Erie County in both sexes. However, in the last few years this decline has slowed.

In the periods 1989-1990 and 1999-2000, Erie County has shown higher rates than both national and state levels. NY State already has stroke death rates below the target of Healthy People 2010.

Objectives
HP 2010
Reduce stroke death rate to no more than 48 per 100,000 population (age-adjusted to the year 2000 standard population)





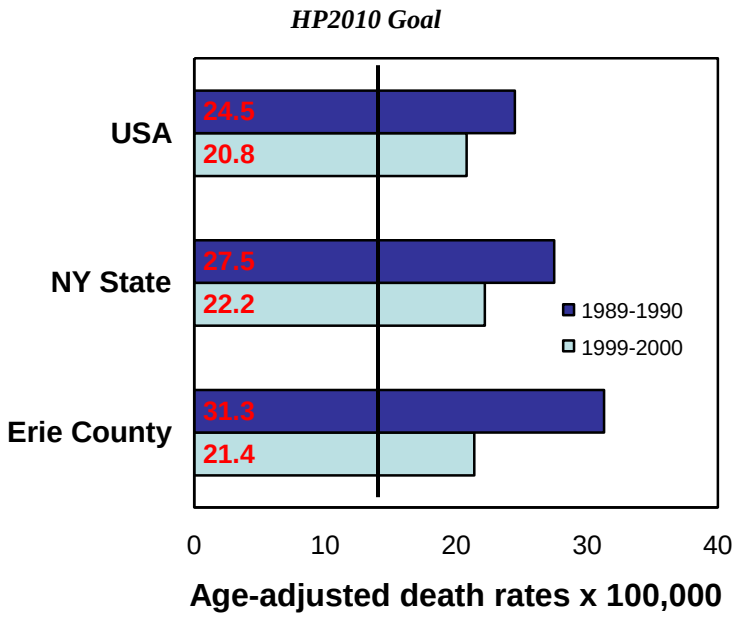
Colorectal Cancer Death Rates
153-154 (ICD 9); C18-C21 (ICD 10)

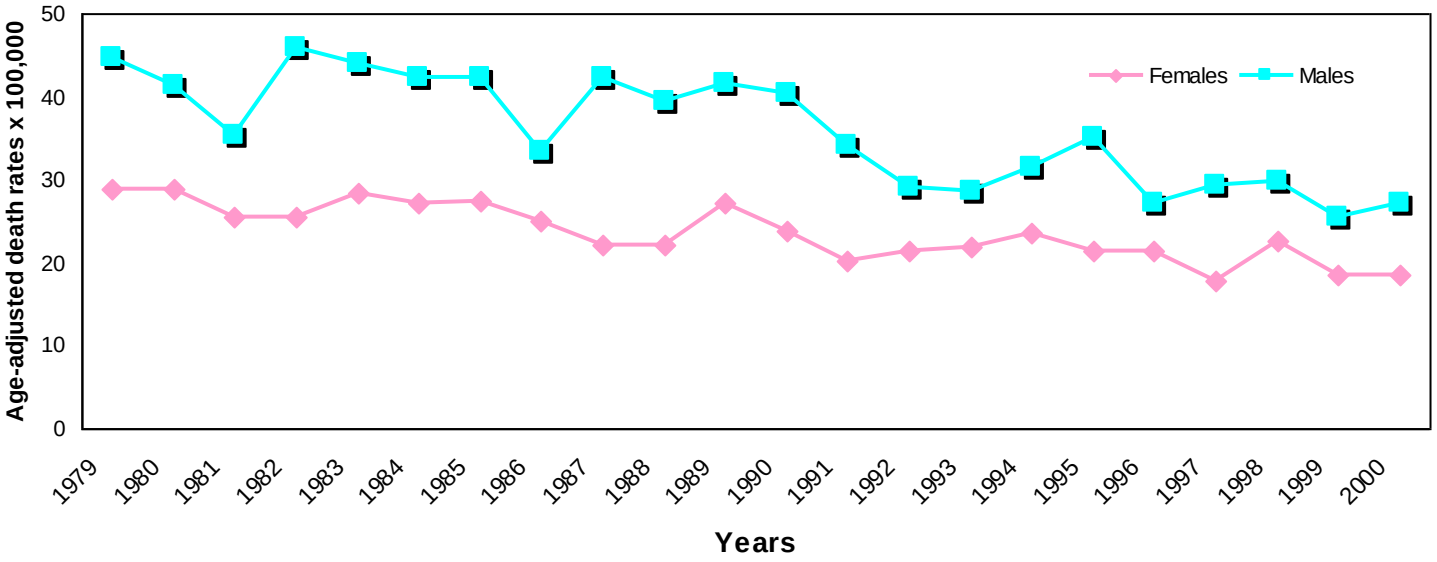
Summary

Death rates for colorectal cancer, the second leading cause of cancer-related deaths in the United States, have been characterized by a steady decline in the last two decades in Erie County among both males and females.

In comparison with both national and NY State figures, Erie County has been characterized by the highest rates in the period 1989-1990 while in the period 1999-2000 there are no substantial differences among the three levels considered. County, state and national rates exceed the target of Healthy People 2010.

Objectives
HP 2010
Reduce colorectal cancer death rate to no more than 13.9 per 100,000 population (age-adjusted to the year 2000 standard population)





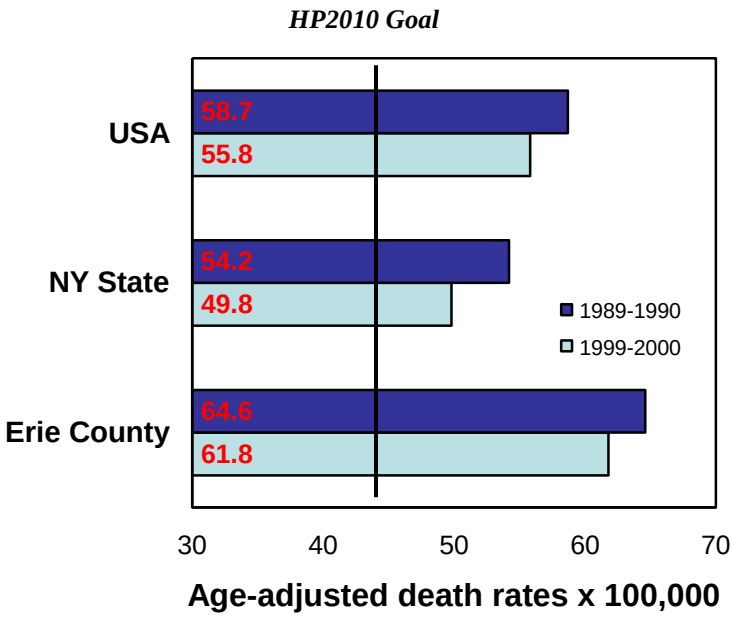
Lung Cancer Death Rates
162 (ICD 9); C33-C34 (ICD 10)

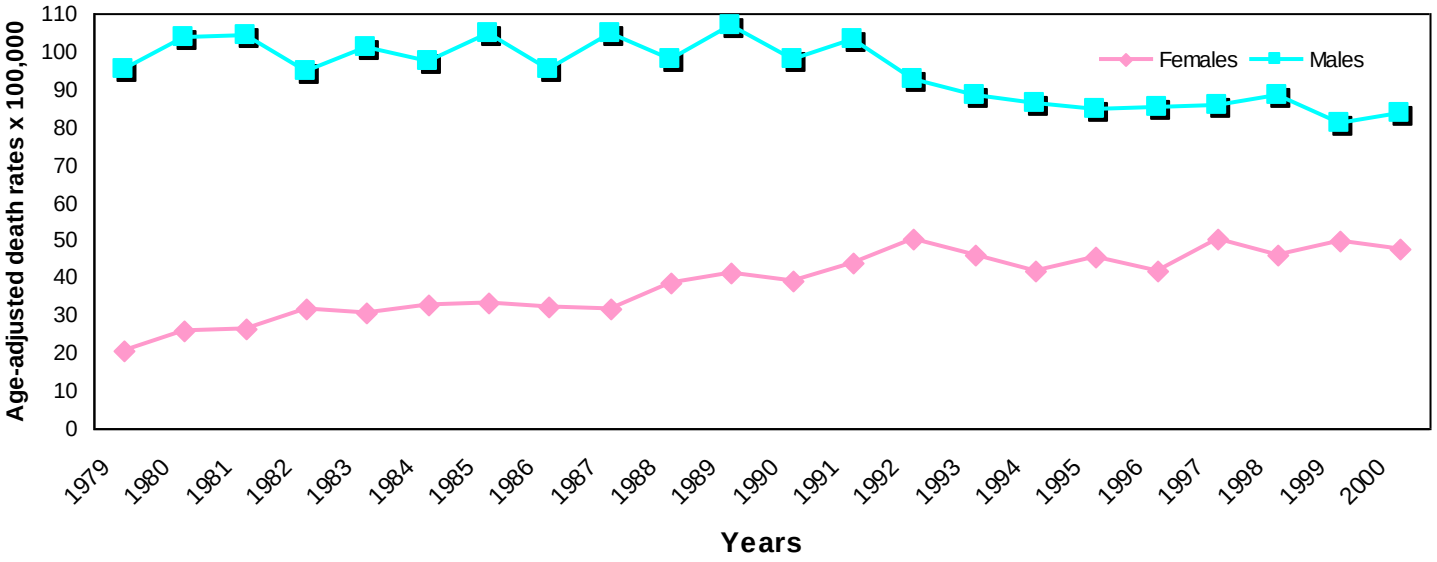
Summary

The age-adjusted death rates of lung cancer, the most common cause of cancer death in both sexes in the United States, have been characterized by an increasing trend among females and a slight decline among males in the period 1979-2000 in Erie County.

When comparing the overall rates of Erie County with both national and New York State data in the periods 1989-1990 and 1999-2000, they are consistently higher in Erie County. All the levels exceed the target of Healthy People 2010, at a greater extent for Erie County.

Objectives
HP 2010
Reduce lung cancer death rate to no more than 44.9 per 100,000 population (age-adjusted to the year 2000 standard population)





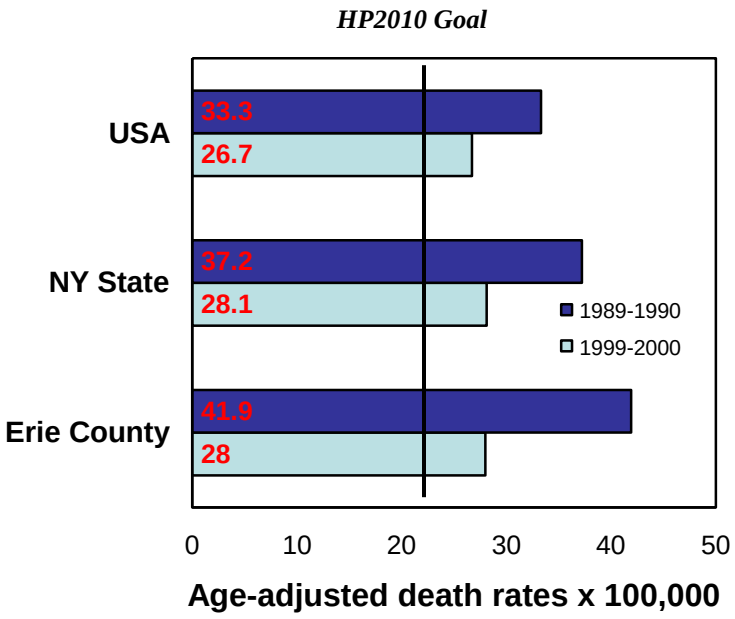
Breast Cancer Death Rates
174 (ICD 9); C50 (ICD 10)

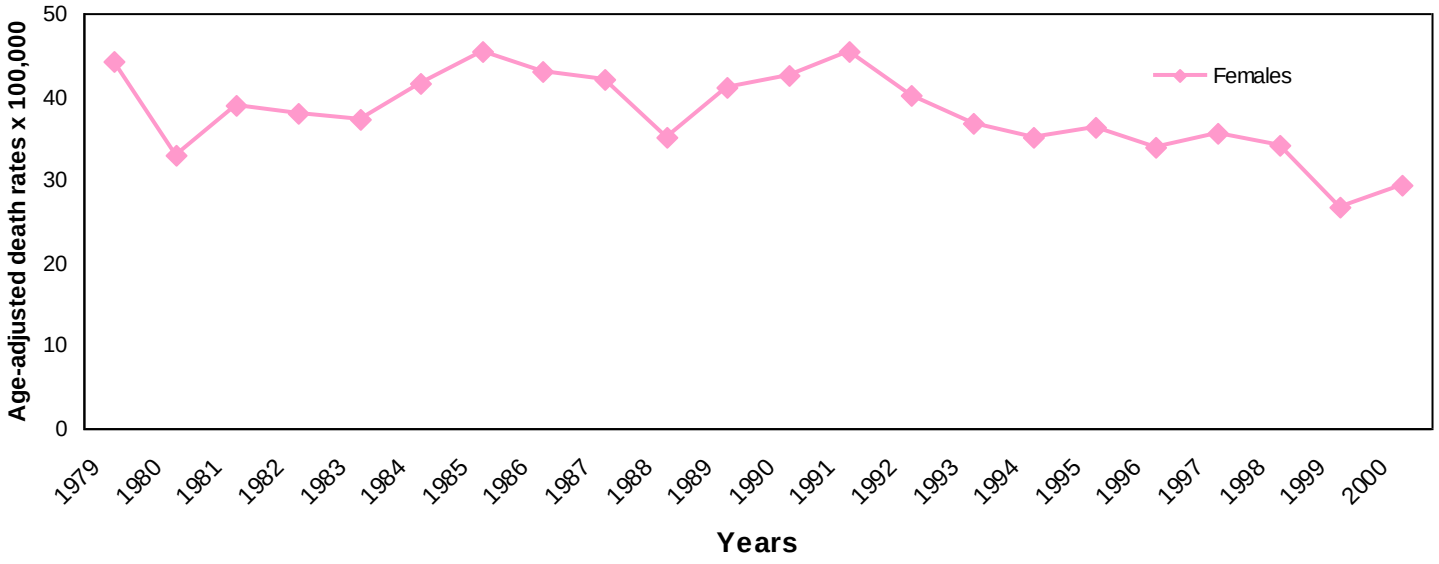
Summary

Death rates for breast cancer, the most common cancer among women in the United States, have been characterized by a consistent decline in Erie County in the period 1979-2000.

In comparison with both national and NY State figures, Erie County has been characterized by the highest rates in the period 1989-1990 while there are no substantial differences among the three levels considered in the period 1999-2000. County, state and national rates slightly exceed the target of Healthy People 2010.

Objectives
HP 2010
Reduce breast cancer death rate to no more than 22.3 per 100,000 females (age-adjusted to the year 2000 standard population)





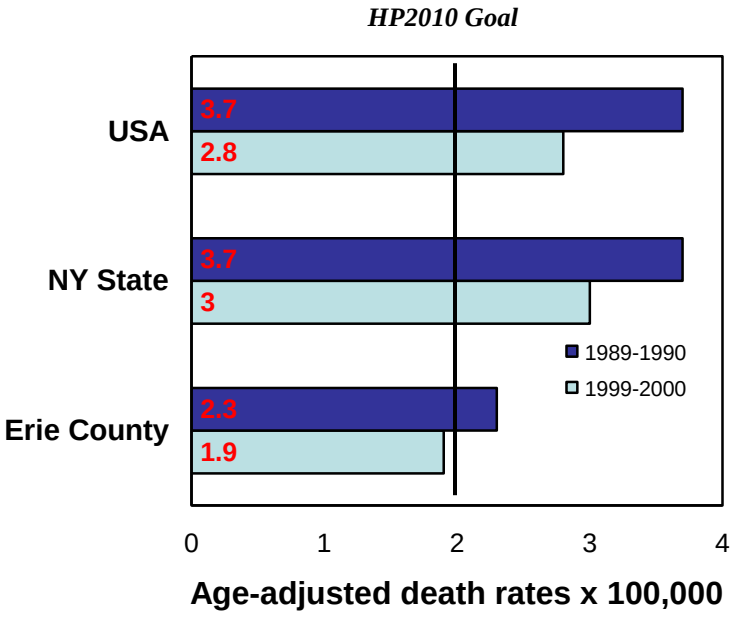
Cervical Cancer Death Rates
180 (ICD 9); C53 (ICD 10)

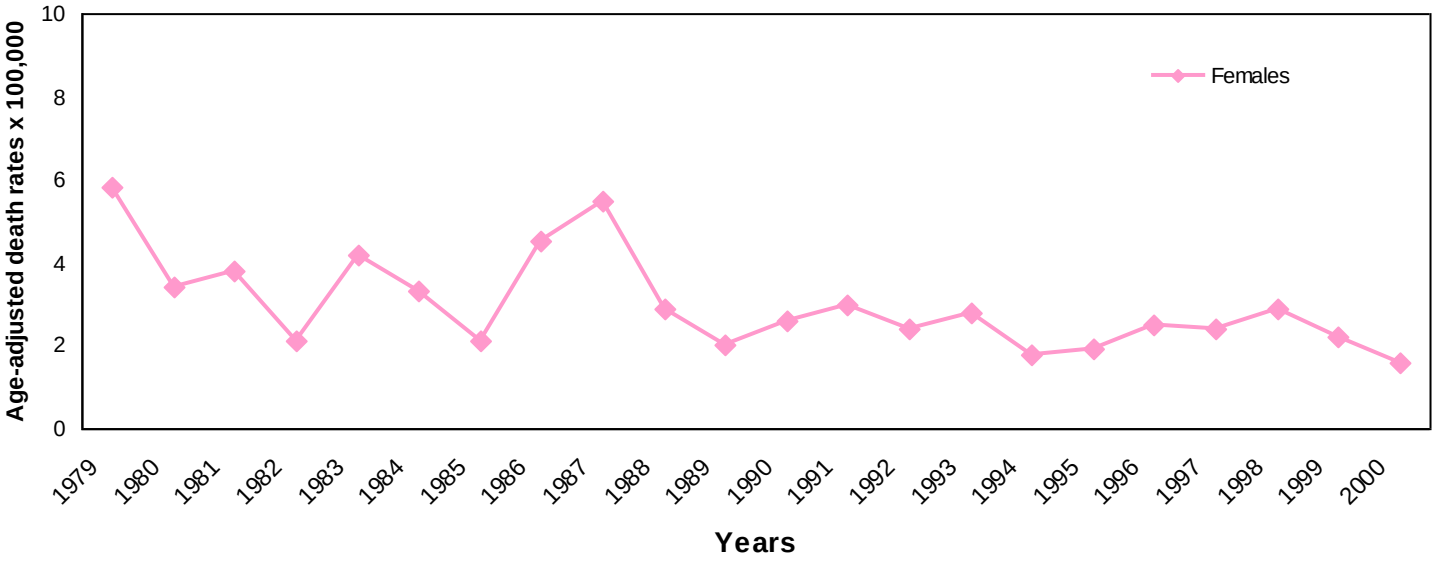
Summary

The death rates of cervical cancer have decreased in Erie County in the last two decades.

In the periods 1989-1990 and 1999-2000 death rates in Erie County have been lower than either national or state levels, and in the last period they fall below the Healthy People 2010 objective.

Objectives
HP 2010
Reduce cervical cancer death rate to no more than 2 per 100,000 females (age-adjusted to the year 2000 standard population)





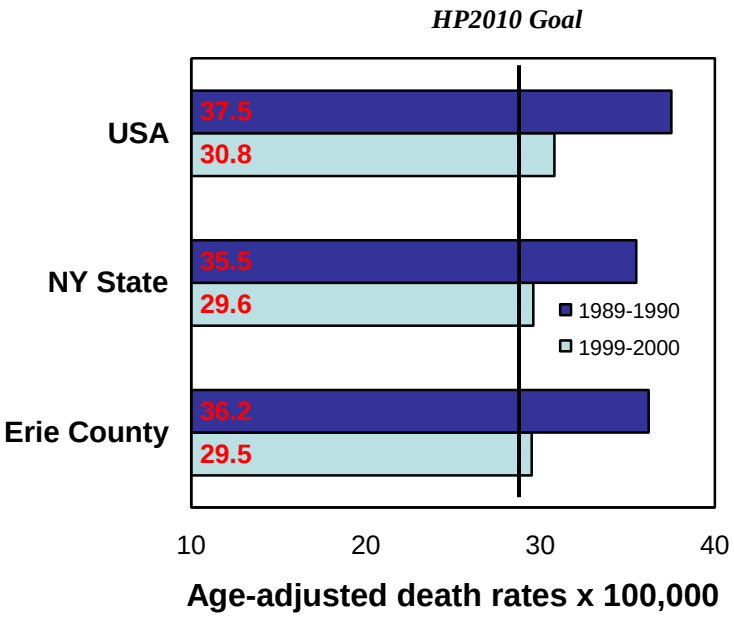
Prostate Cancer Death Rates
185 (ICD 9); C61 (ICD 10)

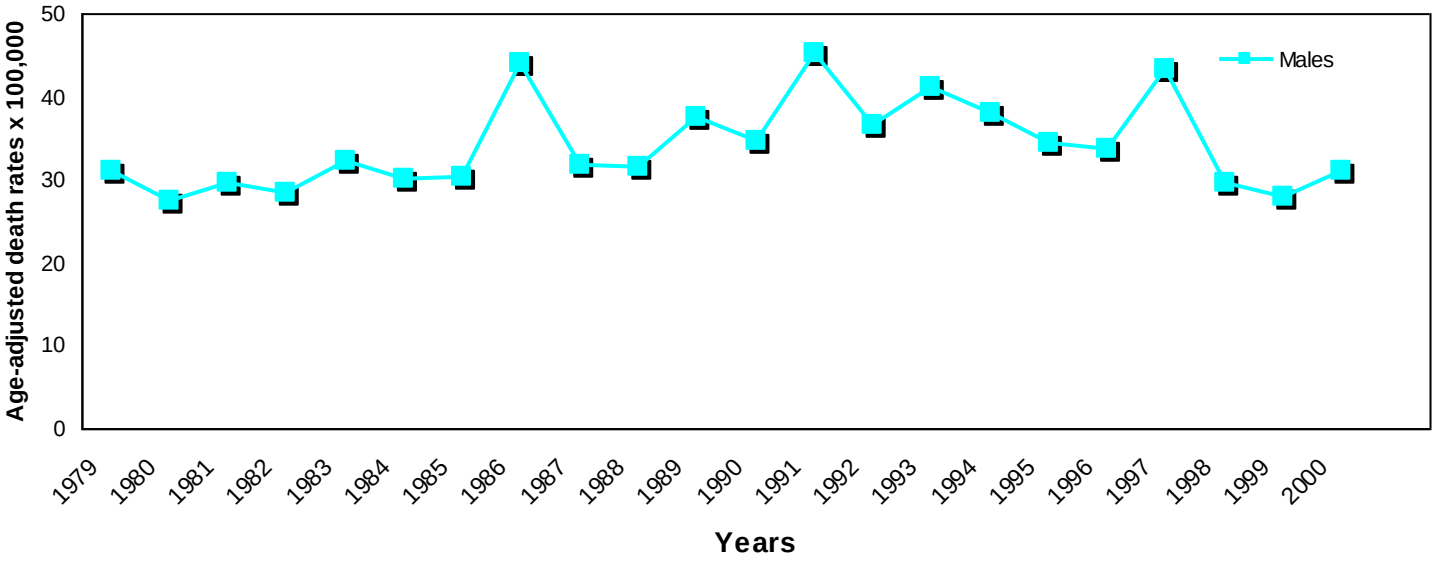
Summary

Prostate cancer is the most commonly diagnosed form of cancer in males and the second leading cause of cancer death among males in the United States. Death rates of prostate cancer in Erie County have shown little change in the period 1979-2000.

The rates in Erie County have been very similar to the ones of NY State and slightly lower than the national figures in the periods 1989-1990 and 1999-2000.
County, state and national rates are slightly over the target of Healthy People 2010.

Objectives
HP 2010
Reduce prostate cancer death rate to no more than 28.8 per 100,000 males (age-adjusted to the year 2000 standard population)





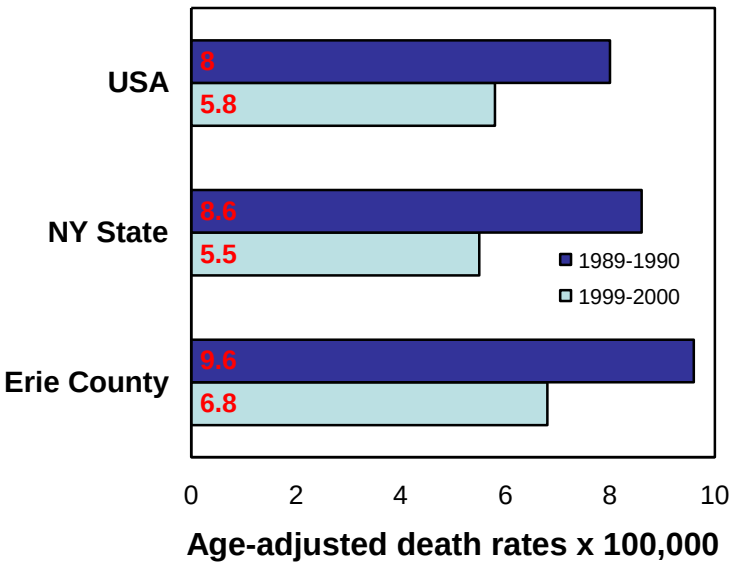
Oral Cancer Death Rates (ages 45-74)
140-149 (ICD 9); C00-C14 (ICD 10)

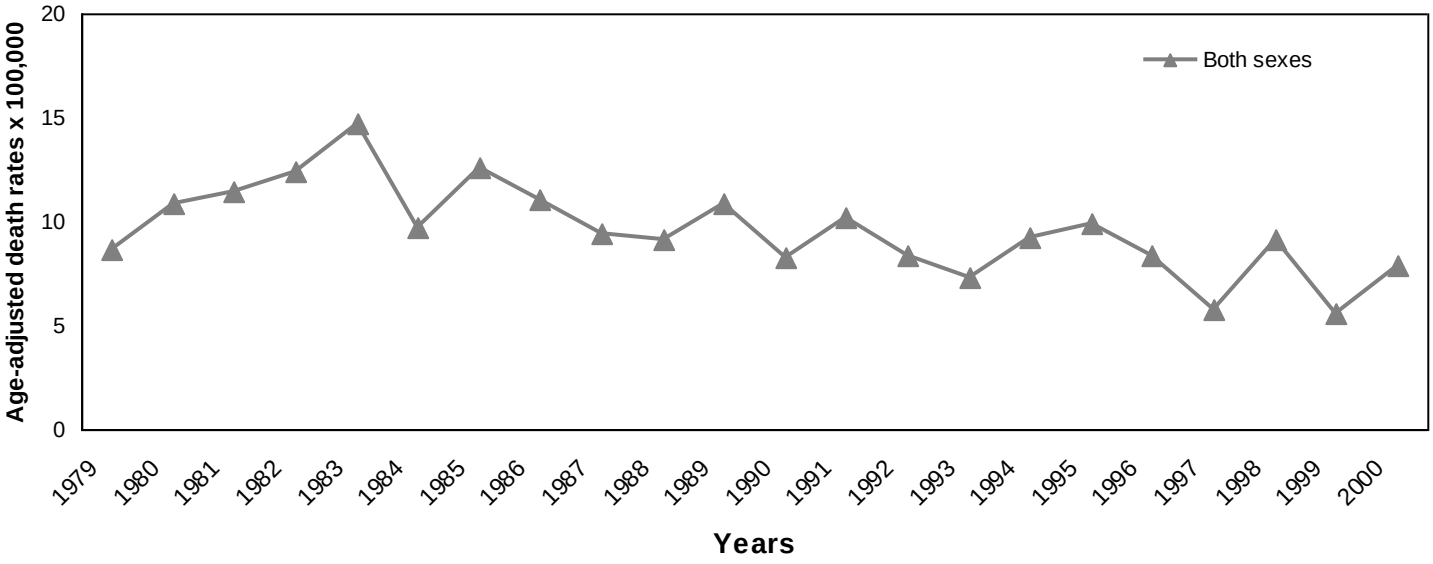
Summary

Objectives
HP 2010
There is no HP 2010 goal for oral cancer death rates

Death rates for oral cancer have been characterized by a slight decline in Erie County in the last two decades, even though the total number of deaths is quite small and changes are of difficult interpretation.

Erie County has shown consistently higher rates than national and state levels in the periods 1989-1990 and 1999-2000.





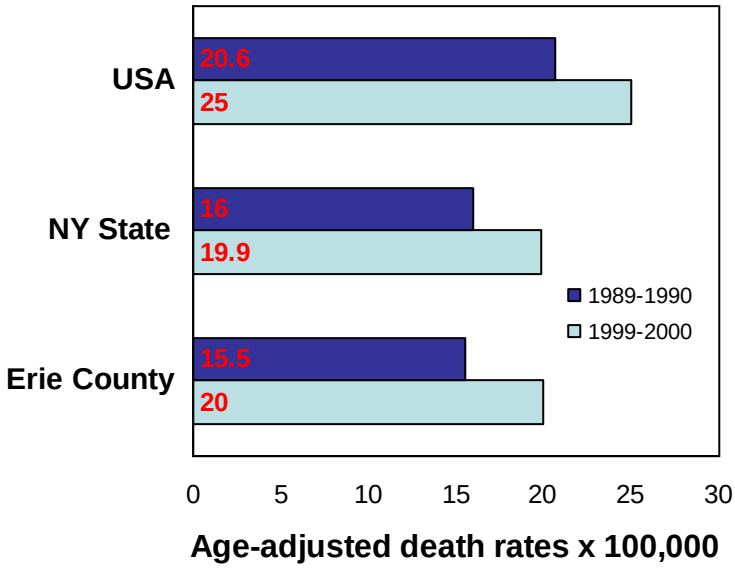
Diabetes Death Rates
250 (ICD 9); E10-E14 (ICD 10)

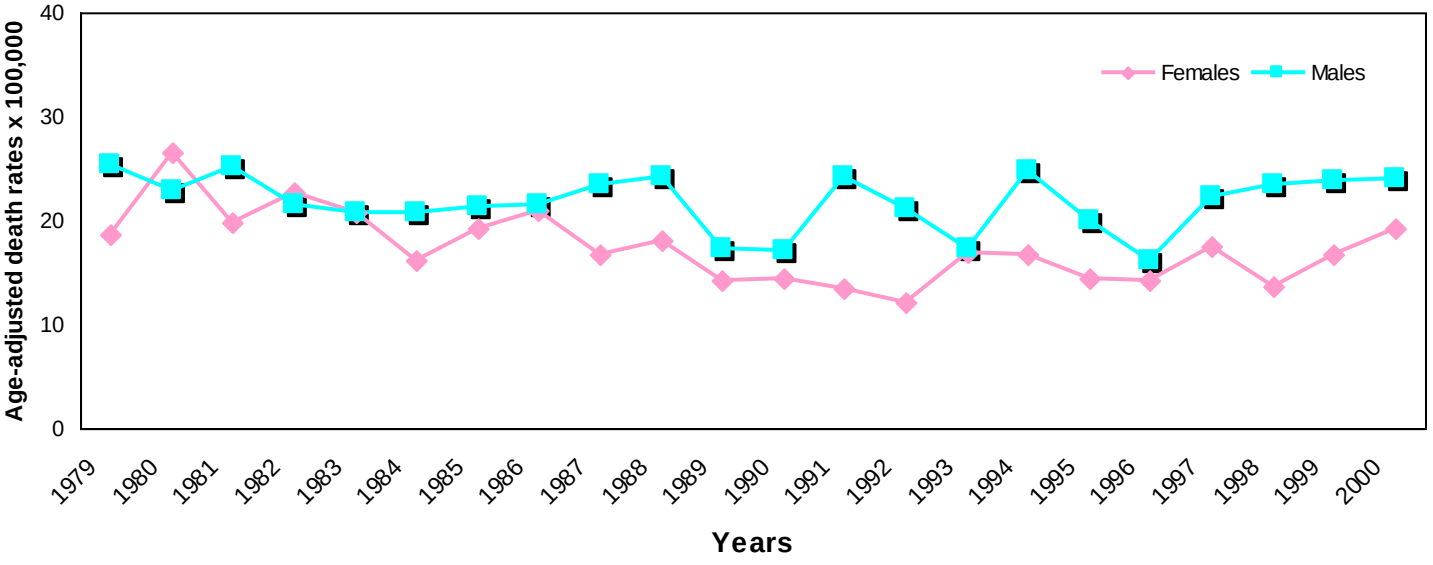
Summary

Objectives
HP 2010
There is no HP 2010 goal for diabetes death rates

The age-adjusted death rates of diabetes in Erie County have been characterized by no substantial changes in the period 1979-2000.

National rates have been consistently higher than both county and state levels in the periods 1989-1990 and 1999-2000.





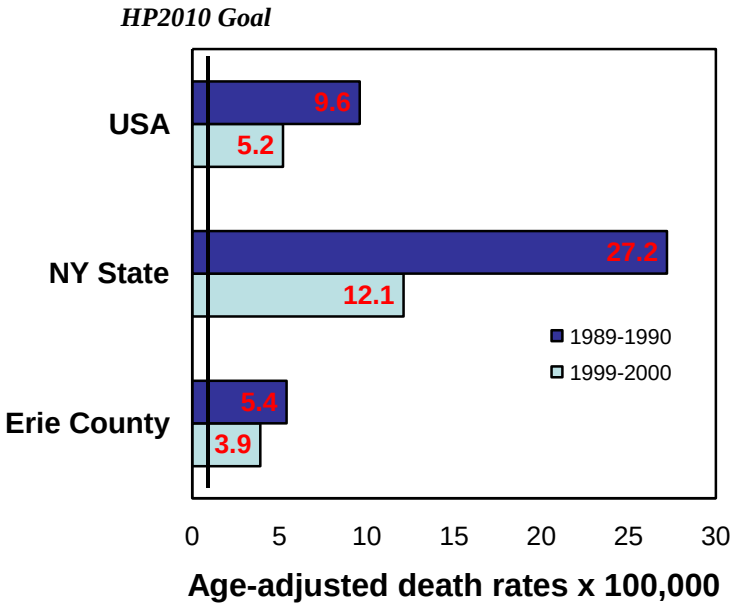
HIV/AIDS Death Rates
042-044 (ICD 9); B20-B24 (ICD 10)

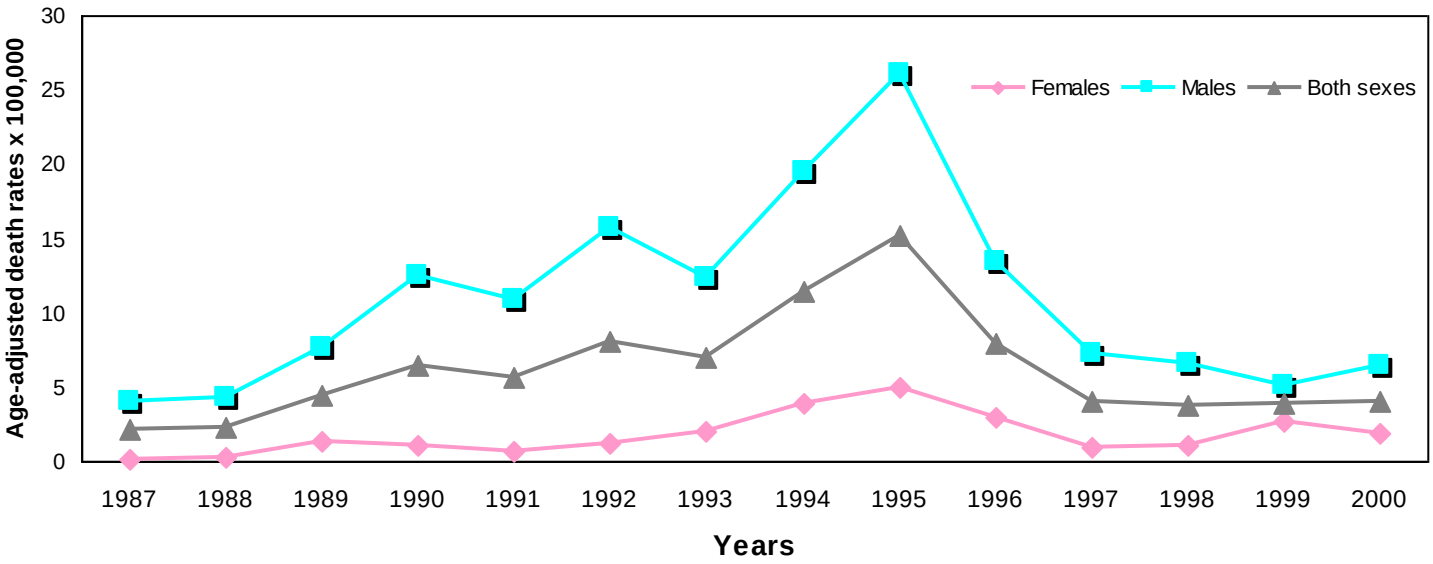
Summary

Death rates for AIDS have shown a steady increase until the middle of the '90s followed by a steep decline in the last few years in Erie County with a similar pattern among males and females.

In comparison with both national and NY State figures, Erie County death rates have been lower in the periods 1989-1990 and 1999-2000 and appear to be closer to the Healthy People 2010 objective.

Objectives
HP 2010
Reduce HIV death rate to no more than 0.7 per 100,000 population (age-adjusted to the year 2000 standard population)





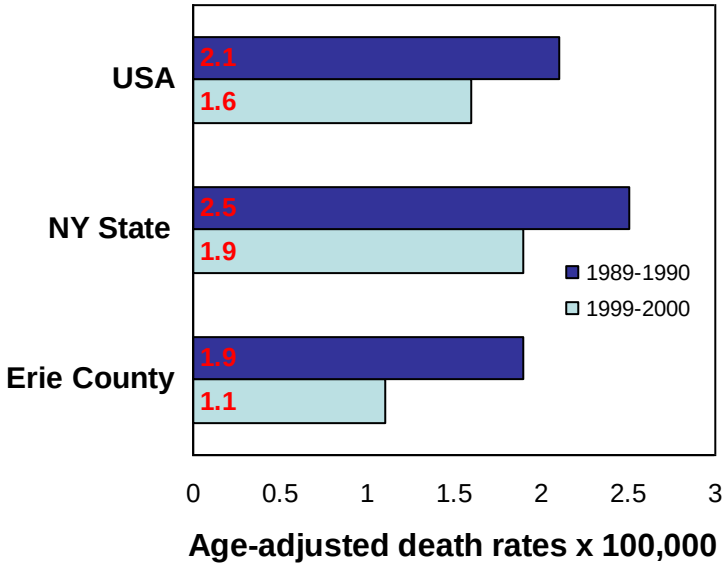
Asthma Death Rates
493 (ICD 9); J45-J46 (ICD 10)

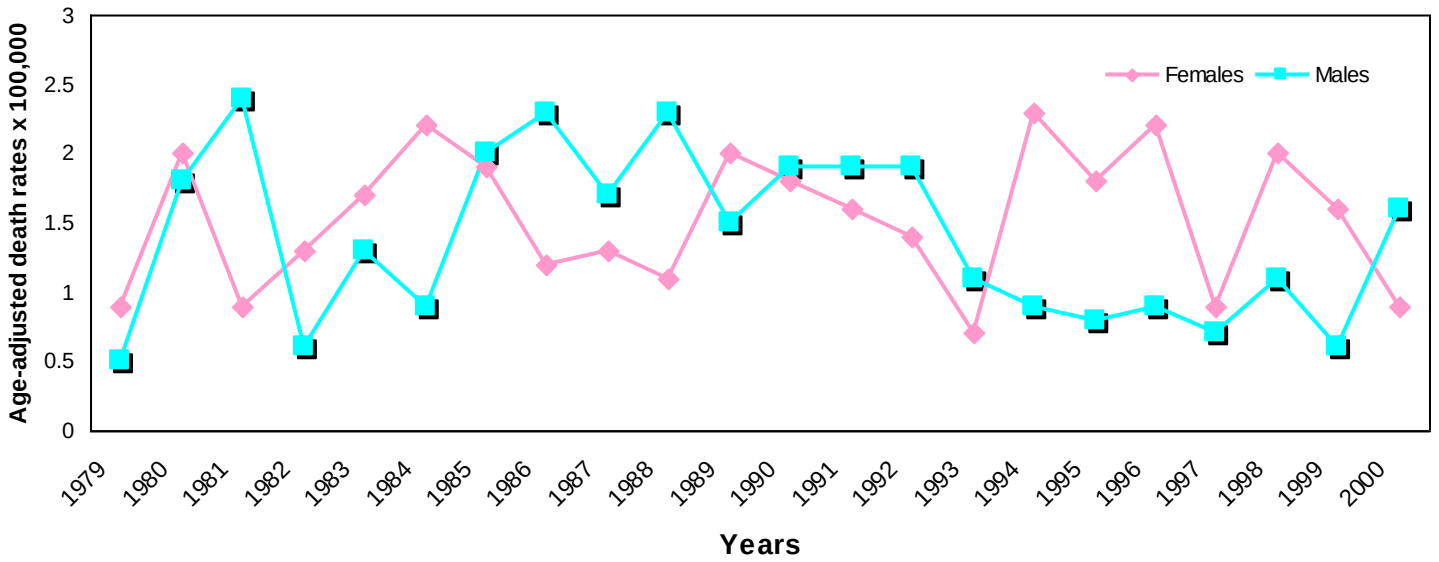
Summary

Objectives
HP 2010
There is no HP 2010 goal for asthma death rates

The total number of asthma deaths in Erie County is so small that rates are unreliable and changes very difficult to interpret.

When comparing the rates of Erie County with both national and New York State data, they are lower in the periods 1989-1990 and 1999-2000.





Chronic Obstructive Pulmonary Disease Death Rates (age ≥ 45 y.)

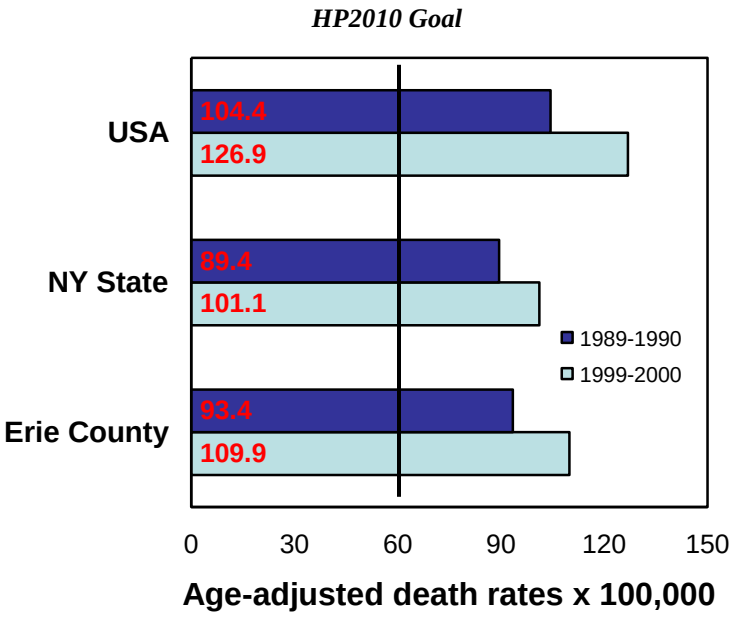
490-496 (ICD 9); J40-J47 (ICD 10)

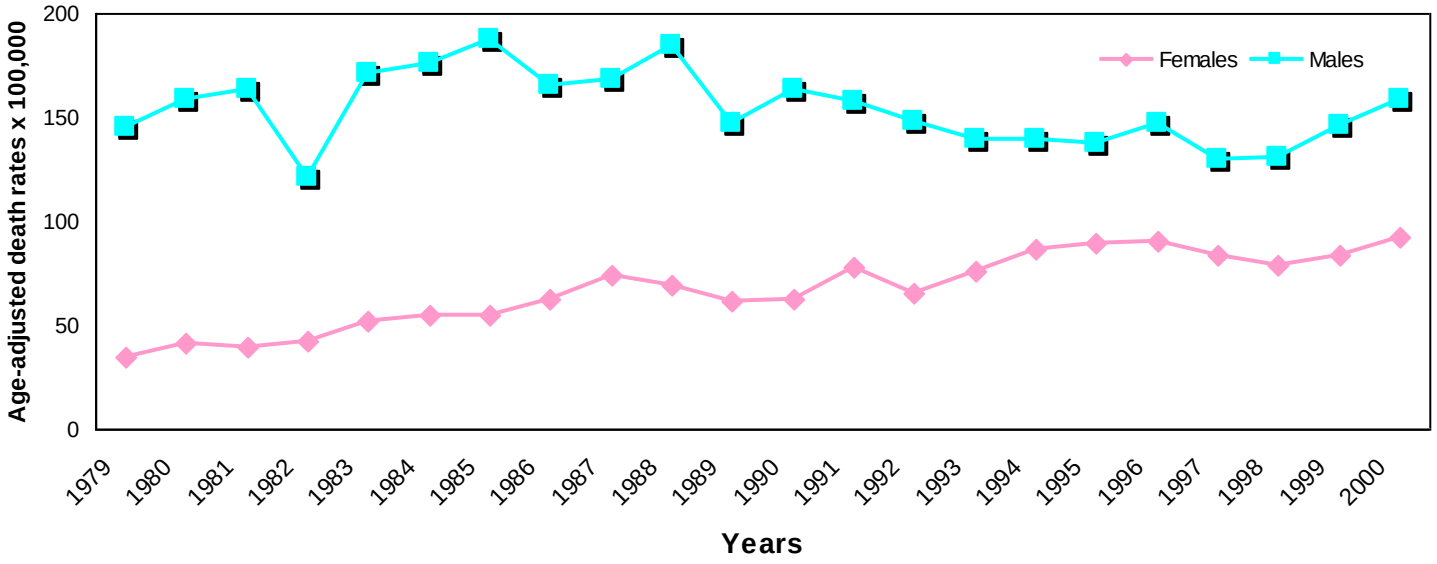
Summary

Death rates for Chronic Obstructive Pulmonary Disease (COPD) that includes chronic bronchitis and emphysema have been characterized by a steady increase among females and little change among males in Erie County in the period 1979-2000.

National rates have been higher than both county and state levels in the periods 1989-1990 and 1999-2000.
County, state and national rates exceed the target of Healthy People 2010.

Objectives
HP 2010
Reduce COPD death rate to no more than 60 per 100,000 population among those aged 45 and older (age-adjusted to the year 2000 standard population)





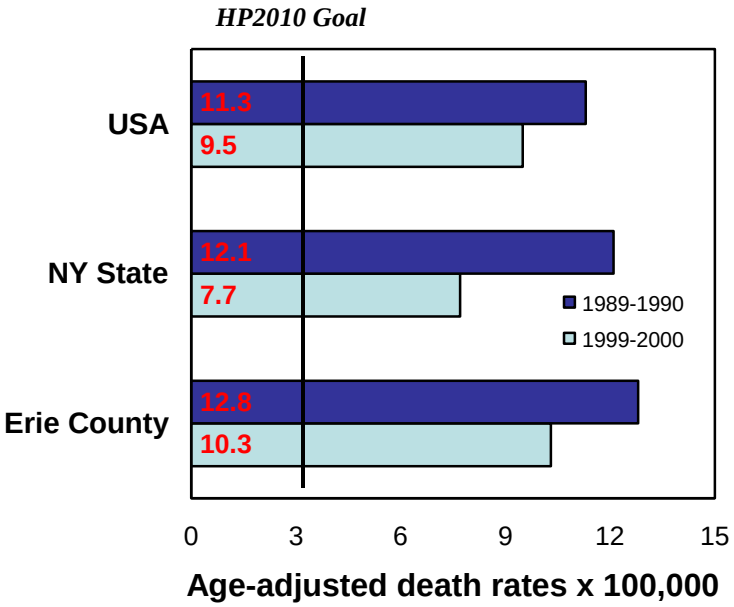
Chronic Liver Disease and Cirrhosis Death Rates
571 (ICD 9); K70, K73-K74 (ICD 10)

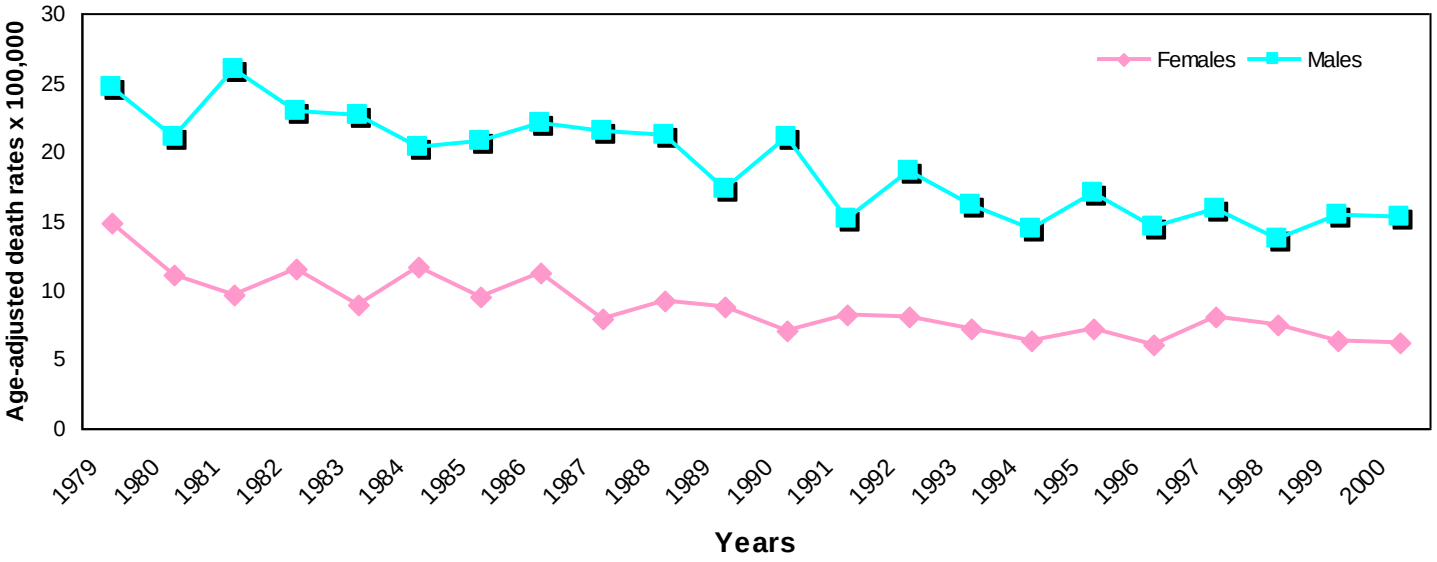
Summary

The age-adjusted death rates for chronic liver disease and cirrhosis have been declined substantially in Erie County among both females and males in the period 1979-2000.

Erie County has shown higher rates compared to either national or state figures in the periods 1989-1990 and 1999-2000.
All three levels are over the target of Healthy People 2010.

Objectives
HP 2010
Reduce death rate to no more than 3 per 100,000 population (age-adjusted to the year 2000 standard population)





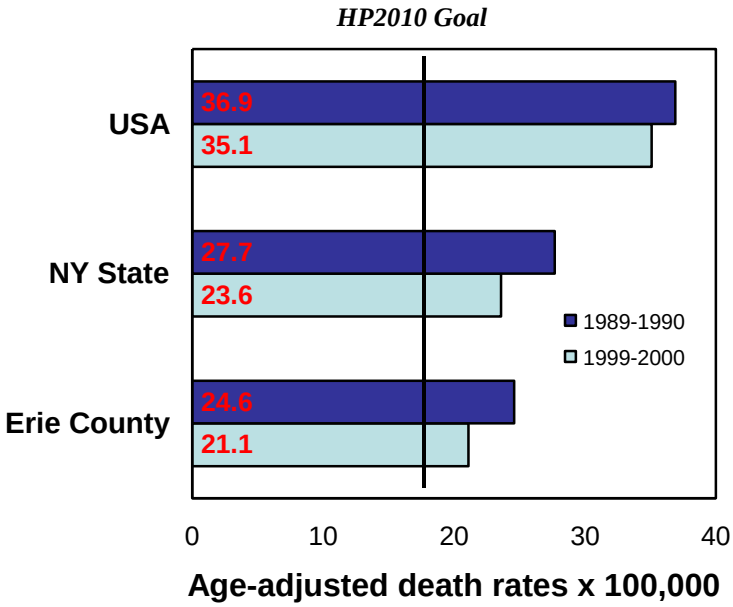
Unintentional Injuries Death Rates
E800-E869, E880-E929 (ICD 9); V01-X59, Y85-Y86 (ICD 10)

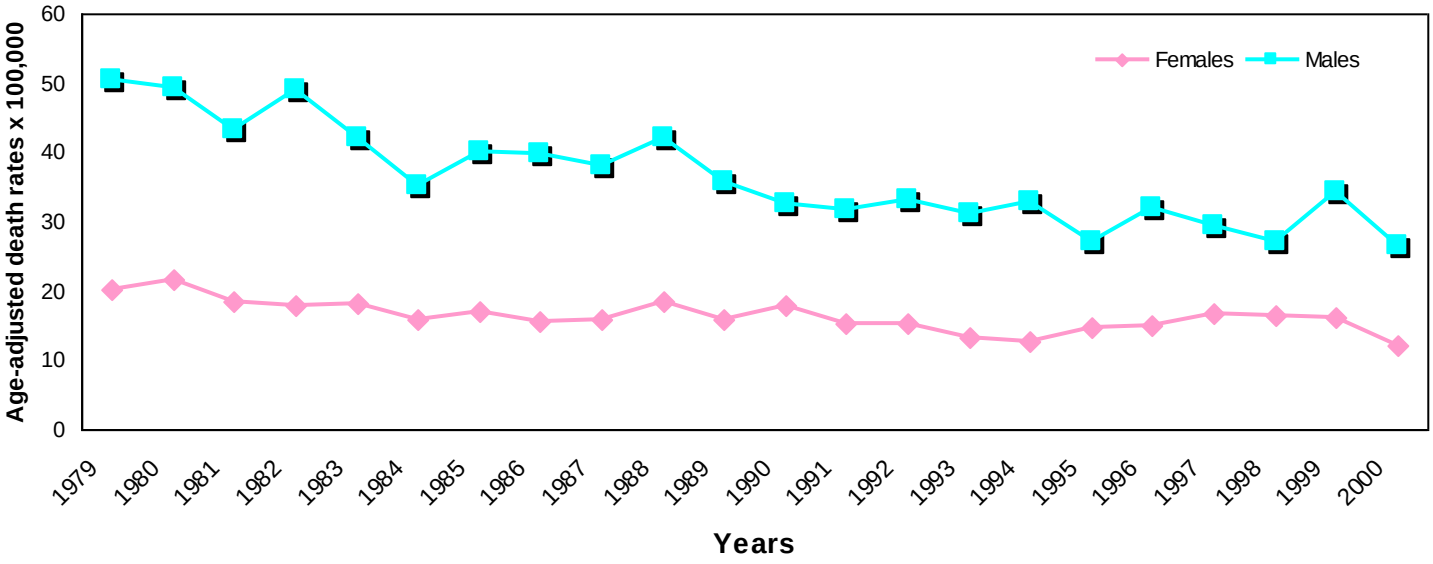
Summary

Death rates for unintentional injuries in Erie County have been characterized by little change among females and a more consistent decline among males in the period 1979-2000.

In comparison with national and state figures, Erie County shows lower rates in the periods 1989-1990 and 1999-2000 and slightly exceeds the Healthy People 2010 objective.

Objectives
HP 2010
Reduce unintentional injuries death rate to no more than 17.5 per 100,000 population (age-adjusted to the year 2000 standard population)





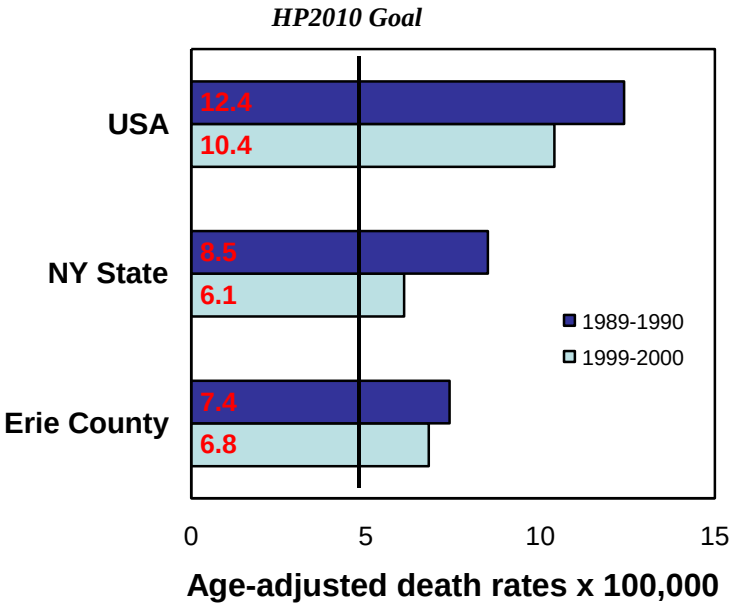
Suicide Death Rates
E950-E959 (ICD 9); X60-X84, Y87.0 (ICD 10)

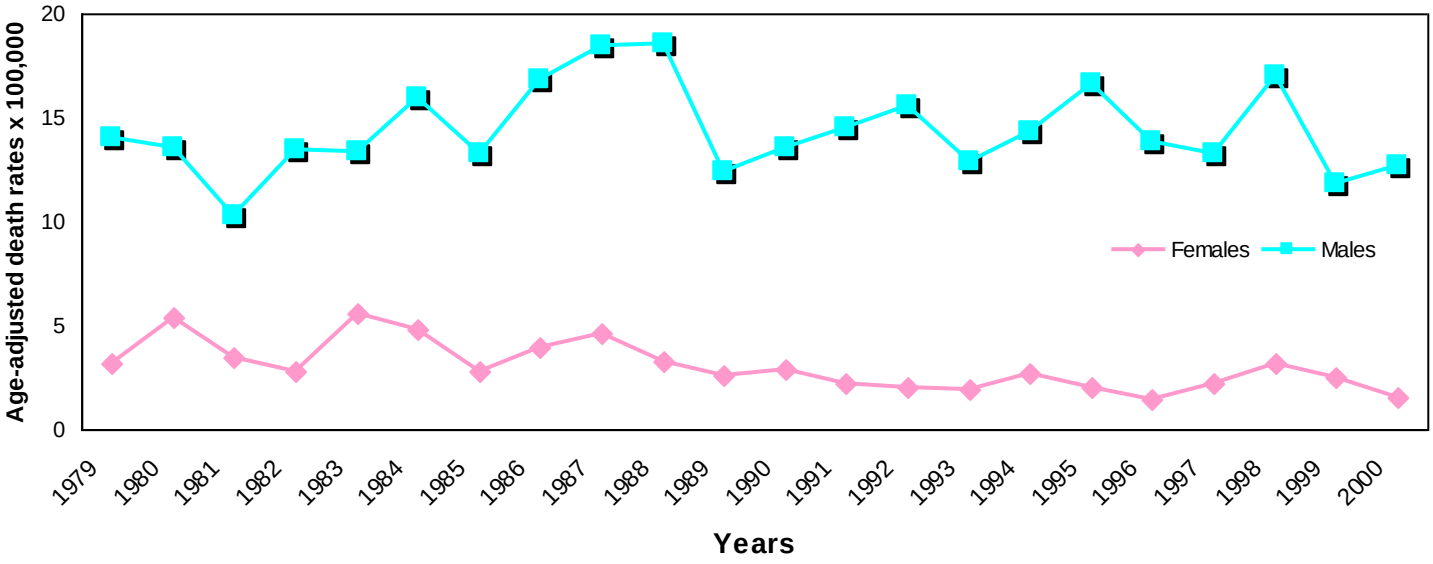
Summary

Death rates for suicide in Erie County have shown no substantial changes among males in the periods 1979-2000 while among females the total number of deaths is so small that rates are unreliable.

Erie County shows very similar rates to NY State and lower rates than national figures in the periods 1989-1990 and 1999-2000. County and state levels are closer to the Healthy People 2010 objective than national rates.

Objectives
HP 2010
Reduce suicide death rate to no more than 5 per 100,000 population (age-adjusted to the year 2000 standard population)





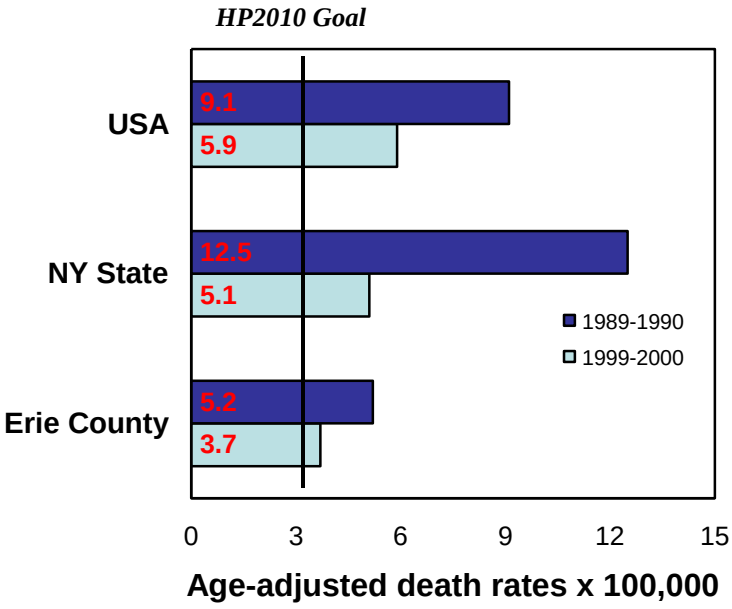
Homicide Death Rates
E960-E969 (ICD 9); X85-Y09, Y87.1 (ICD 10)

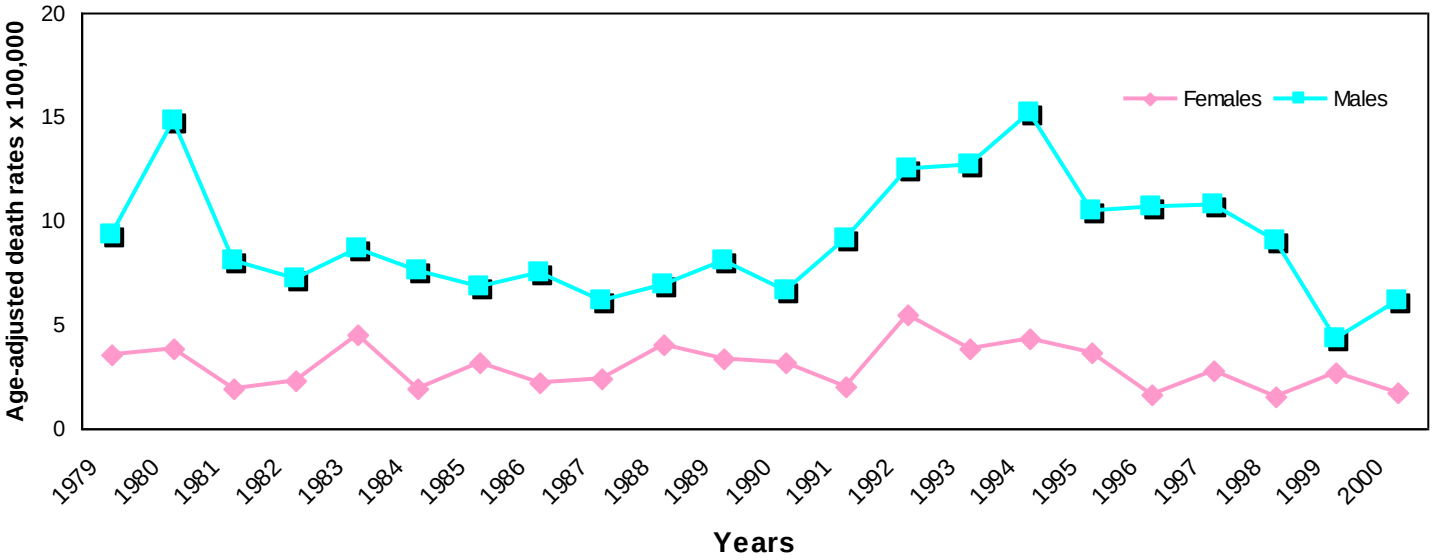
Summary

Death rates for homicide in Erie County have been characterized by little change among males in the periods 1979-2000 while among females the total number of deaths is so small that rates are unreliable.

Erie County shows lower rates than both state and national figures in the periods 1989-1990 and 1999-2000. County levels are slightly over the Healthy People 2010 target in the last period.

Objectives
HP 2010
Reduce homicide death rate to no more than 3 per 100,000 population (age-adjusted to the year 2000 standard population)





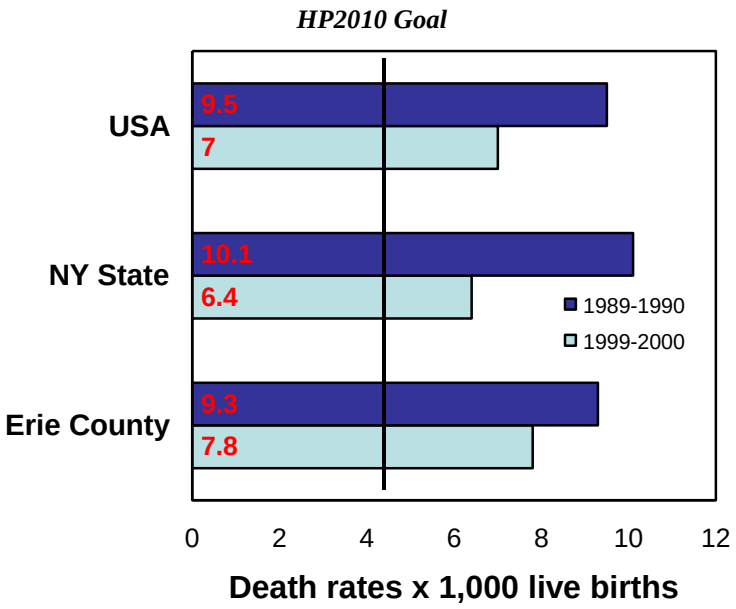
Infant Mortality Death Rates
(< 1 year)

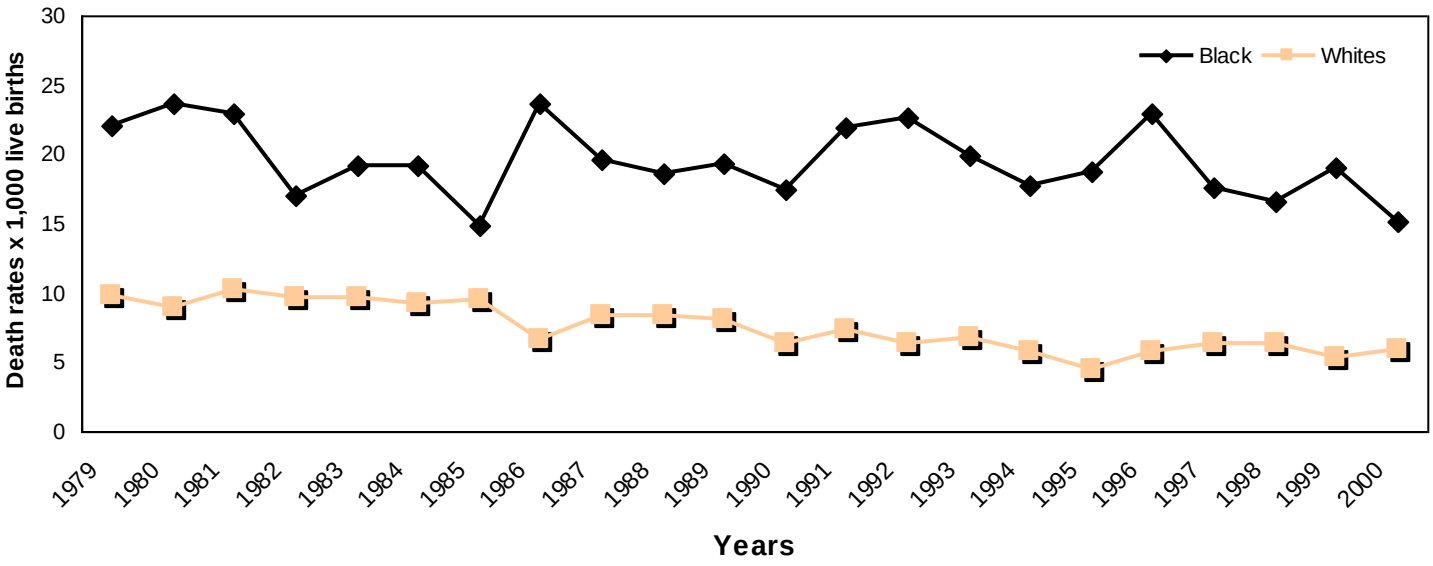
Summary

Objectives
HP 2010
Reduce infant death rate to no more than 4.5 per 1,000 live births

Infant mortality is an important measure of the health status and social well-being of a community. Death rates in Erie County have been declined in the two main racial groups in the period 1979-2000, with Blacks showing consistently higher rates than Whites.

In comparison with national and state data, Erie County has been characterized by lower rates in the period 1989-1990 and higher rates in the period 1999-2000.
County, state and national levels exceed the target of Healthy People 2010.





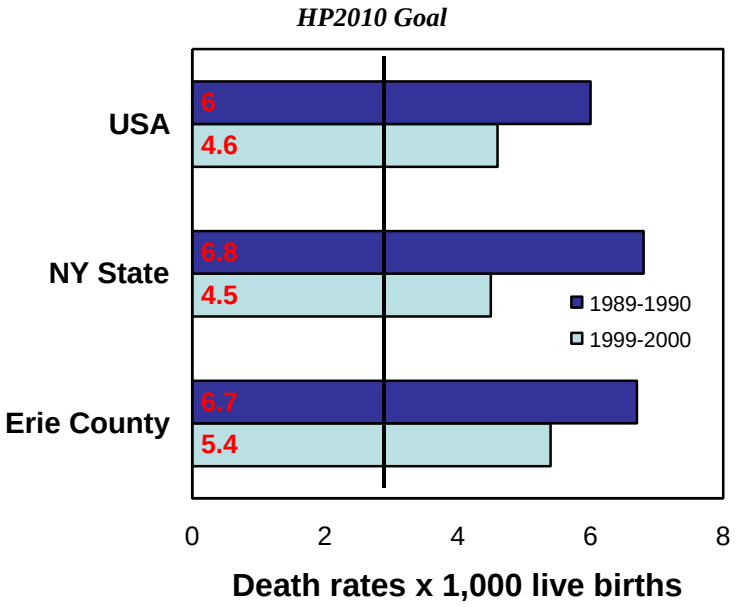
Neonatal Mortality Death Rates
(< 28 days)

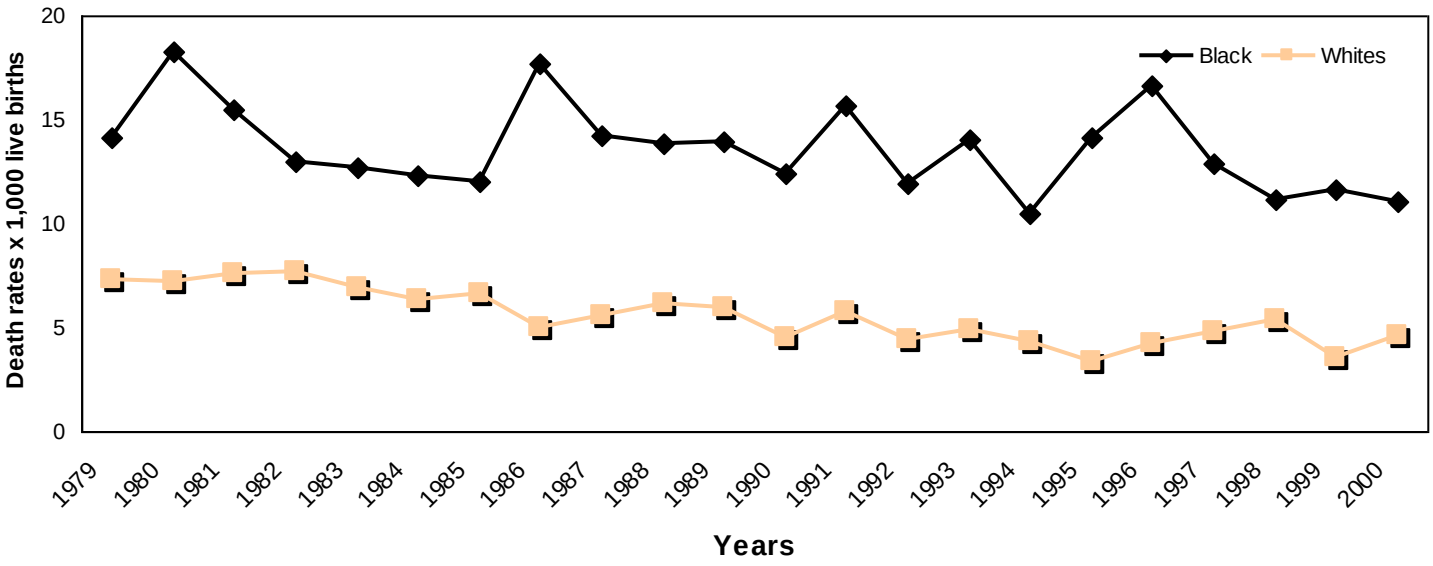
Summary

Neonatal mortality is, together with post neonatal mortality, one of the two components of infant mortality. The leading causes of neonatal death include birth defects, disorders related to short gestation and low birth weight, and pregnancy complications.
The total number of deaths in Erie County is too small, thus the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have been characterized consistently by higher rates than Whites.

In comparison with national and state data, Erie County has shown similar rates to NY State in the period 1989-1990 and higher rates than both national and state figures in the period 1999-2000.
County, state and national levels exceed the Healthy People 2010 objective.

Objectives
HP 2010
Reduce neonatal death rate to no more than 2.9 per 1,000 live births





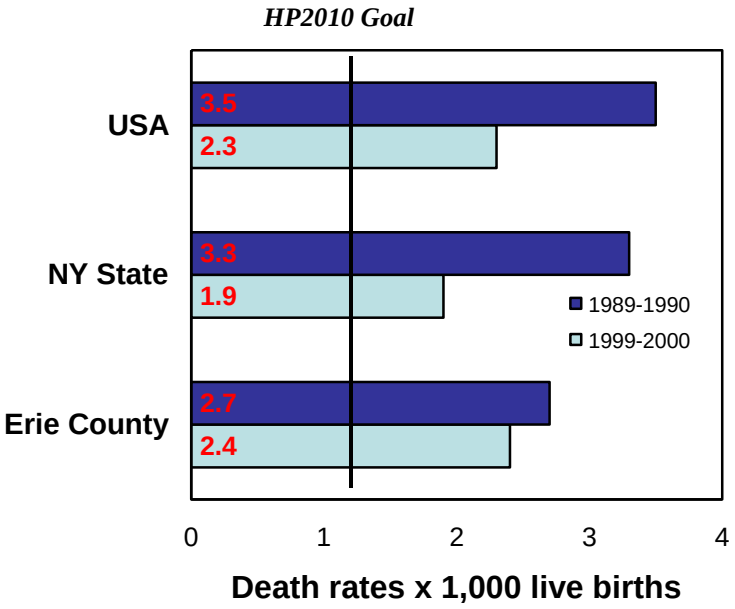
Post Neonatal Mortality Death Rates
(28 days - < 1 year)

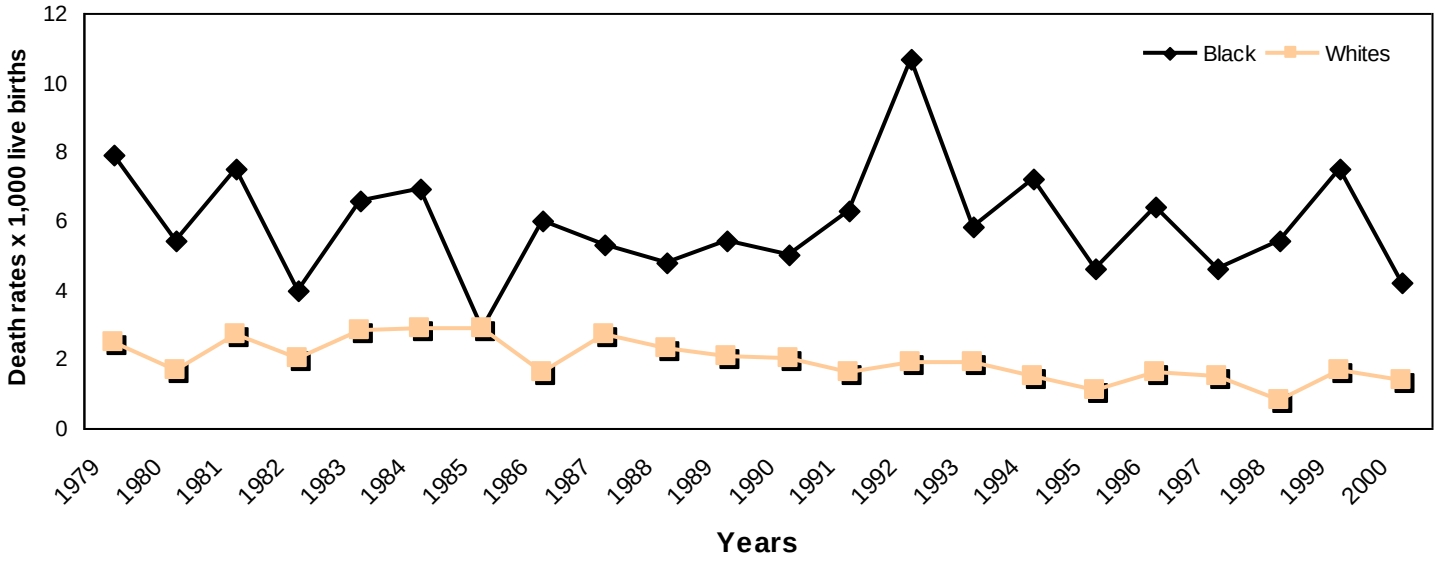
Summary

The leading cause of post neonatal mortality in the United States is the Sudden Infant Death Syndrome that accounts for nearly one-third of all cases of post neonatal deaths.
The deaths in Erie County are so few that the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have been characterized consistently by higher rates than Whites.

When comparing with national and state figures, Erie County has been characterized by lower rates in the period 1989-1990 and higher rates in the period 1999-2000.
County, state and national levels exceed the Healthy People 2010 objective.

Objectives
HP 2010
Reduce post neonatal death rate to no more than 1.2 per 1,000 live births





Fetal Mortality Death Rates

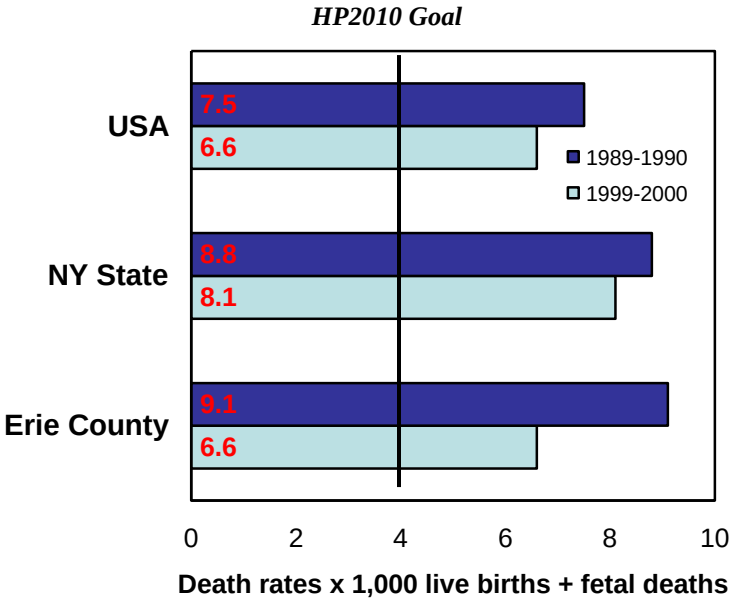
(Number of fetal deaths of ≥ 20 weeks of gestation per 1,000 live births + fetal deaths)

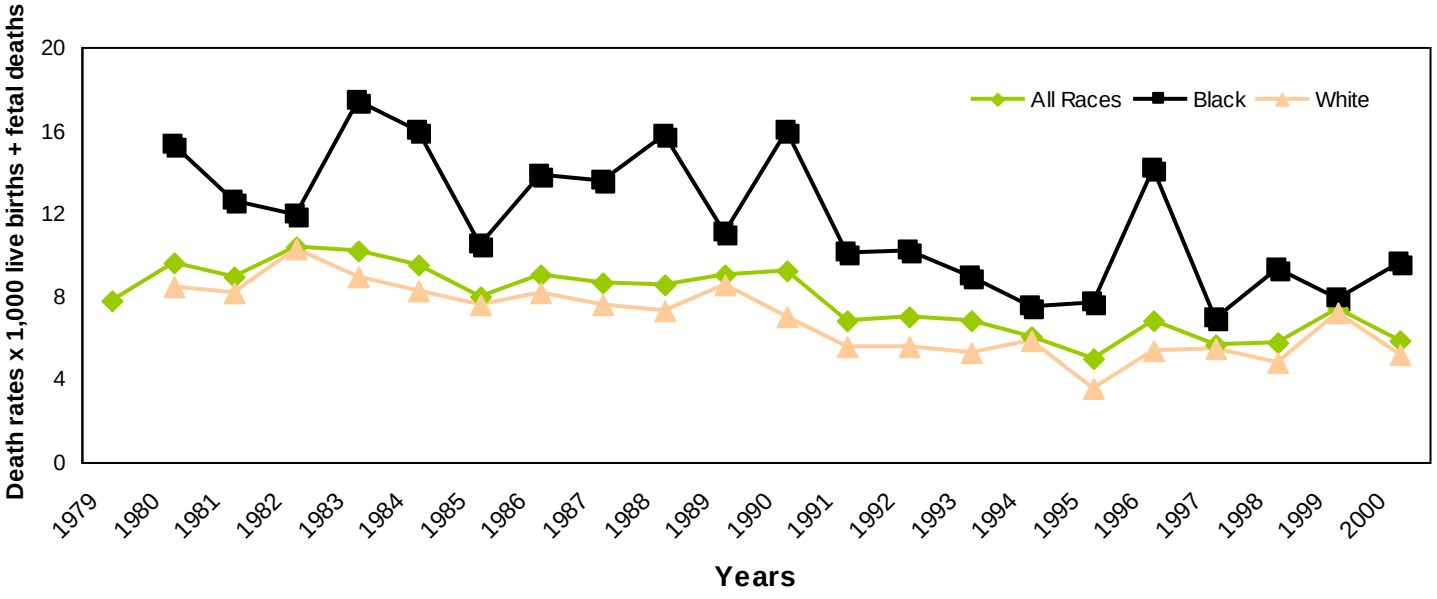
Summary

Fetal death is usually associated with maternal complications of pregnancy or birth defects. In Erie County the total number of deaths is too small, thus the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have shown consistently higher rates than Whites even though the gap seems to have been reducing in the last few years.

Erie County has been characterized by higher rates than both national and state figures in the period 1989-1990 while more recently has shown similar rates to US levels and lower rates than NY State figures
County, state and national levels are over the target of Healthy People 2010.

Objectives
HP 2010
Reduce fetal death rate to no more than 4.1 per 1,000 live births + fetal deaths





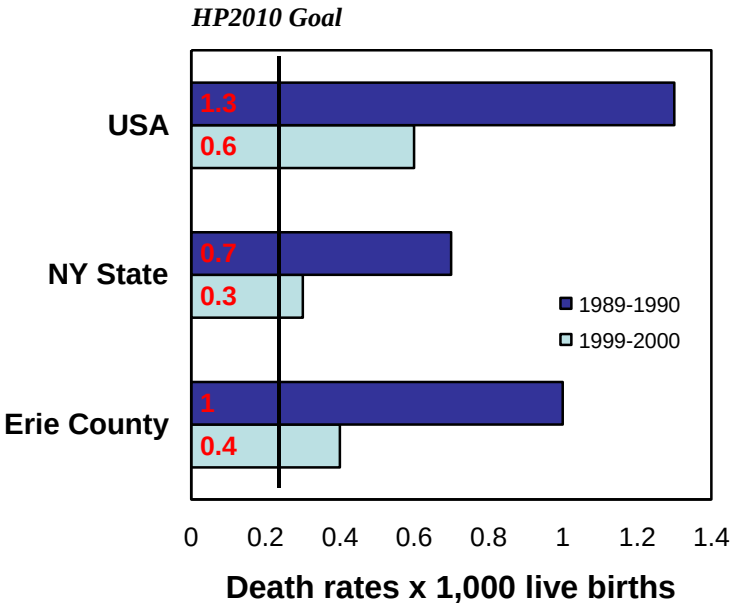
Sudden Infant Death Syndrome (SIDS) Death Rates
798.0 (ICD 9); R95 (ICD 10)

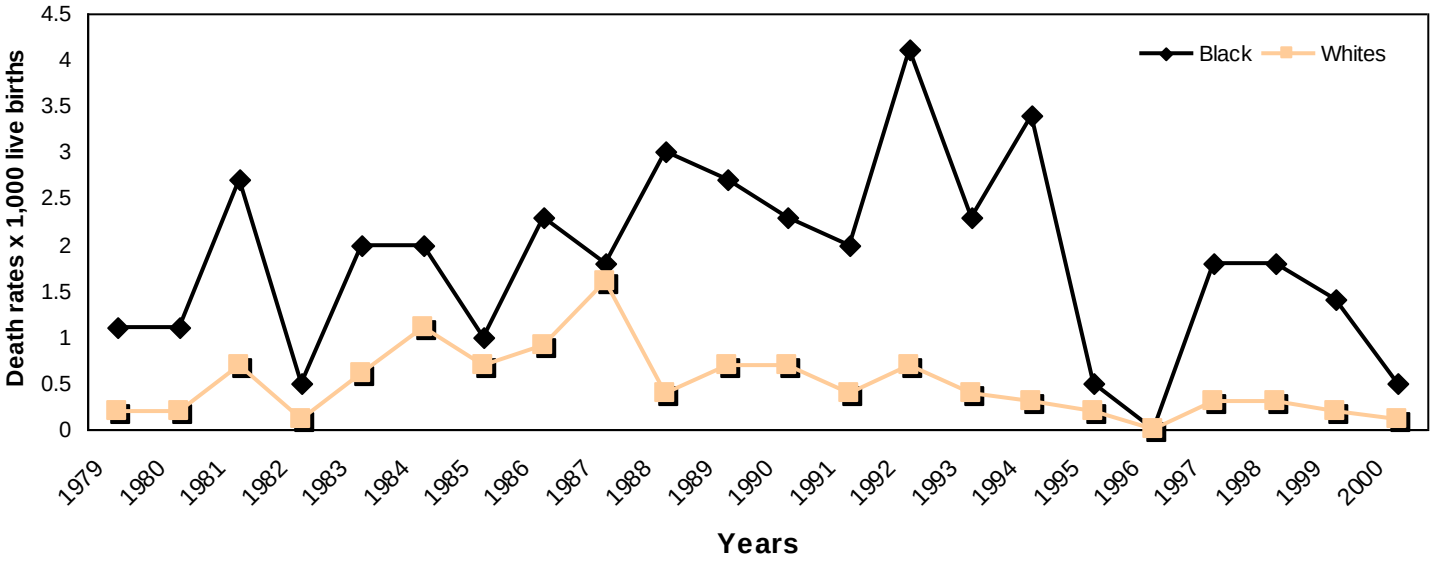
Summary

SIDS is the leading cause of post neonatal mortality in the United States among all racial and ethnic groups, representing approximately one-third of all cases of post neonatal deaths. The death rate among Blacks is twice that of Whites.
In Erie County the deaths are so few that the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have been characterized consistently by higher rates than Whites.

National figures have been consistently higher than both county and state levels in the periods 1989-1990 and 1999-2000. County and state rates are quite close to the Healthy People 2010 objective.

Objectives
HP 2010
Reduce SIDS death rate to no more than 0.25 per 1,000 live births





Cancer Incidence and Early Stage Diagnosis

Lung Cancer Incidence Rates*
162 (ICD 9); C33-C34 (ICD 10)

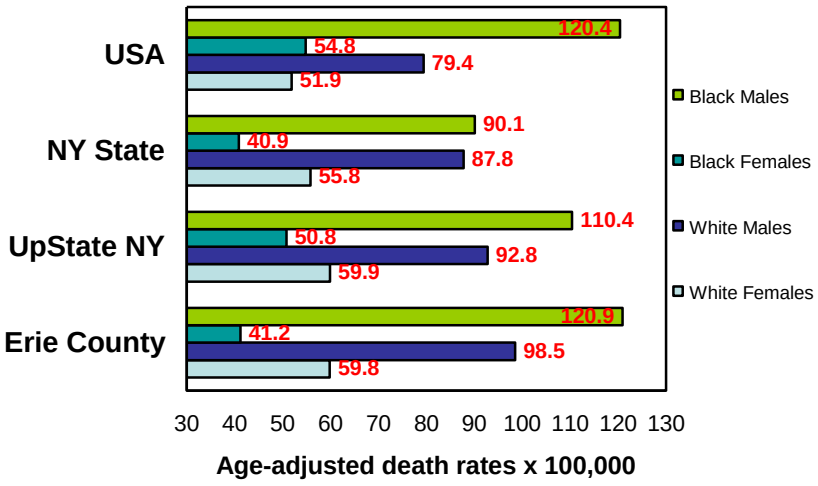
Summary

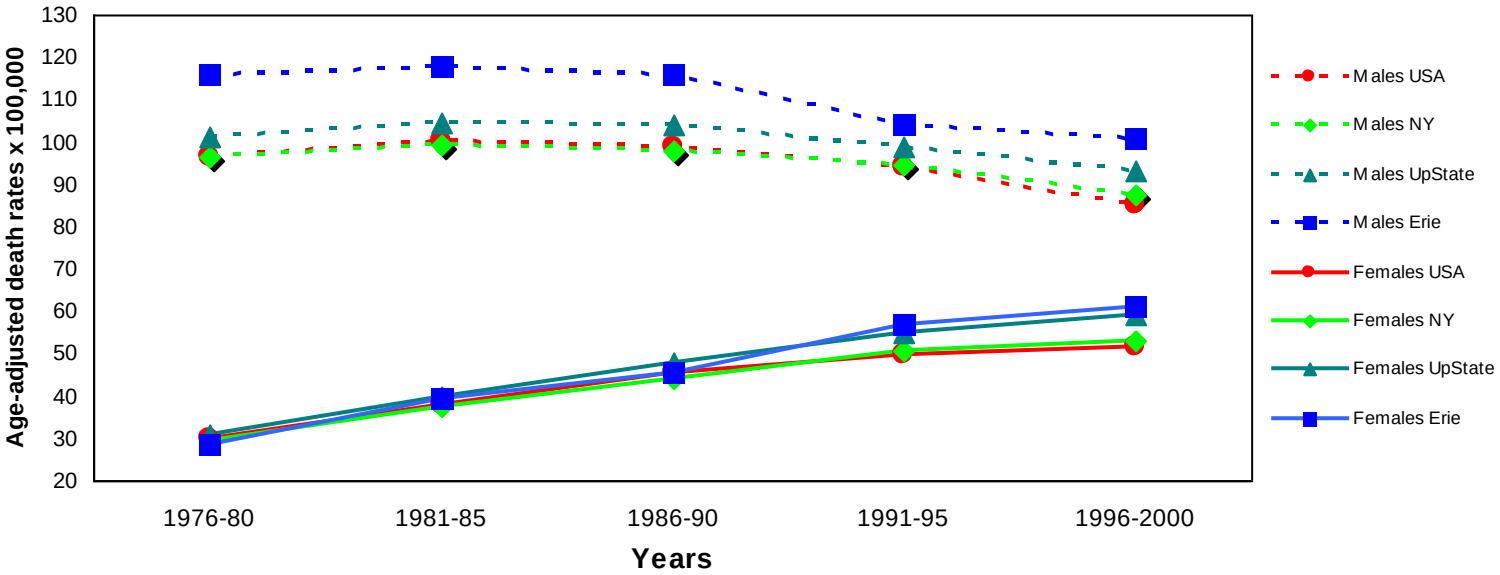
Lung cancer rates for males are consistently higher than for females. Males in Erie County have the highest incidence rates compared to the US and NY State. Within Erie County Black males have the highest incidence rates, followed by White males, White females and Black females. The gap between males and females is much larger for Blacks than for Whites.

Lung cancer incidence rates have leveled off or declined slightly for males in Erie County. However, rates for females have been increasing steadily since 1976-80. The trends for Erie County were very similar to those for NY State, Upstate NY and the nation as a whole.

Objectives
HP 2010
There is no HP 2010 target for this measure

Incidence rates by sex and race, 1996-2000





***Note: Incidence rates are age-adjusted to the 2000 US standard population by 5-year age groups; USA data are from Surveillance, Epidemiology and End Results program (SEER), 12 areas for 1996-2000 and 9 areas for trends.**

Breast Cancer Incidence Rates
174 (ICD 9); C50 (ICD 10)

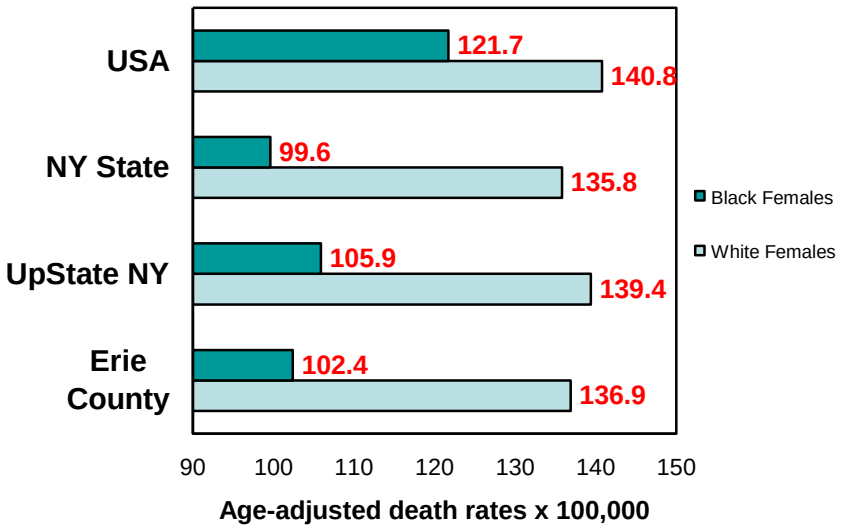
Summary

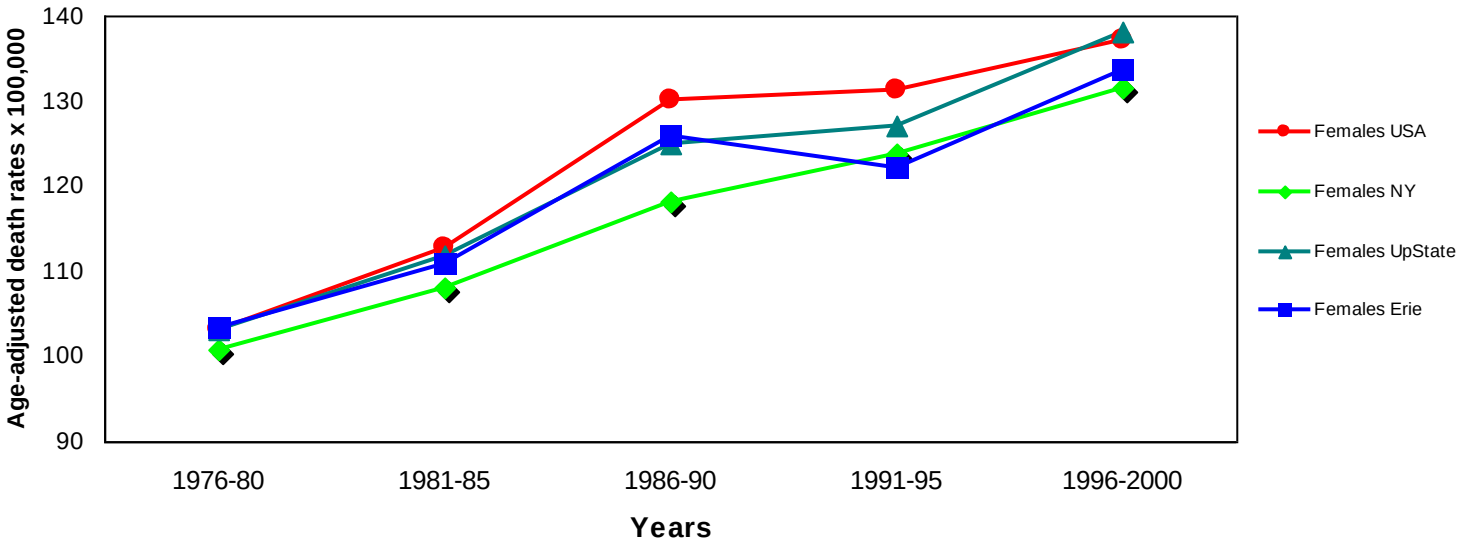
White females have a consistently higher rate than Black females regardless of region. There is a greater gap in incidence rates between Black and White females in all regions of NY than in the US as a whole. Rates in Erie County are comparable to those for NY and the US for White Females while the rates for Black females are lower than seen nationally.

Overall incidence rates have been increasing steadily since the earliest period of 1976-80. The rates for Erie County are only slightly lower than those for Upstate NY and the US.

Objectives
HP 2010
There is no HP 2010 target for this measure

Incidence rates by sex and race, 1996-2000





***Note: Incidence rates are age-adjusted to the 2000 US standard population by 5-year age groups; USA data are from Surveillance, Epidemiology and End Results program (SEER), 12 areas for 1996-2000 and 9 areas for trends.**

Cervical Cancer Incidence Rates
180 (ICD 9); C53 (ICD 10)

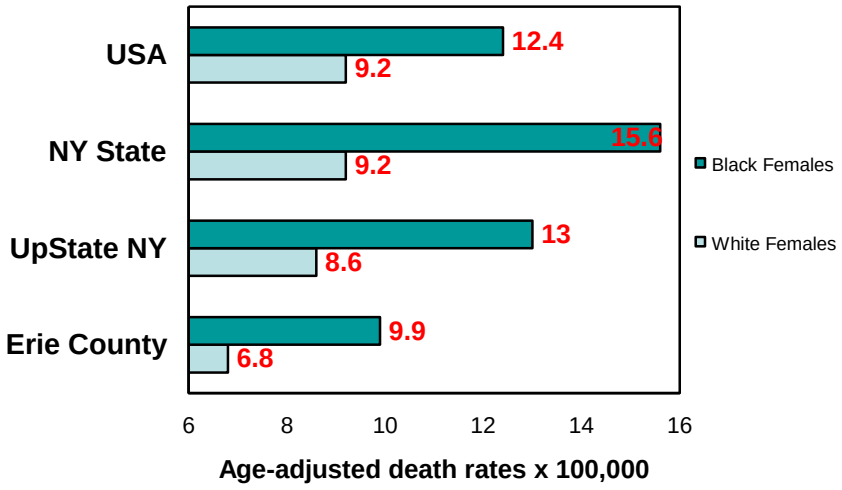
Summary

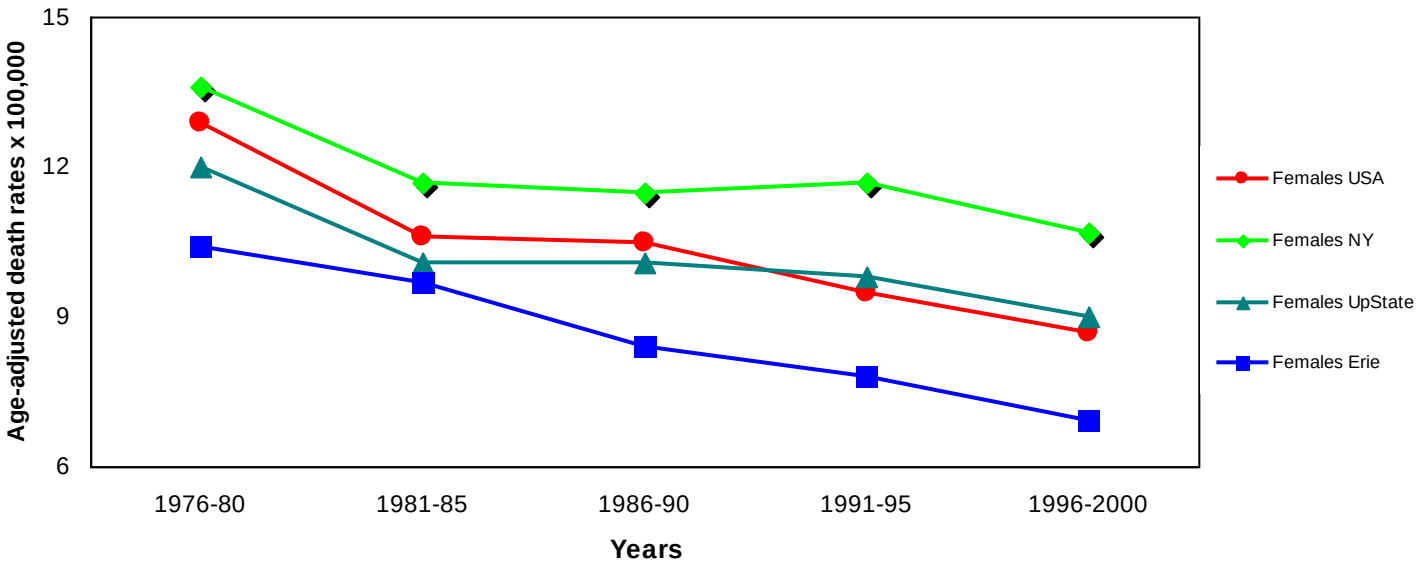
Regardless of race women in Erie County have the lowest rates of cervical cancer compared to NY and the US. However, regardless of region Black women have rates higher than those found in White women.

Incidence rates have declined steadily in Erie County since 1976-80. Throughout the entire period the rates in Erie County were consistently lower than those found in NY State, Upstate NY and the US. Overall, the patterns in Erie County were very similar to the other regions.

Objectives
HP 2010
There is no HP 2010 target for this measure

Incidence rates by sex and race, 1996-2000





***Note: Incidence rates are age-adjusted to the 2000 US standard population by 5-year age groups; USA data are from Surveillance, Epidemiology and End Results program (SEER), 12 areas for 1996-2000 and 9 areas for trends.**

Colorectal Cancer Incidence Rates
153-154 (ICD 9); C18-C21 (ICD 10)

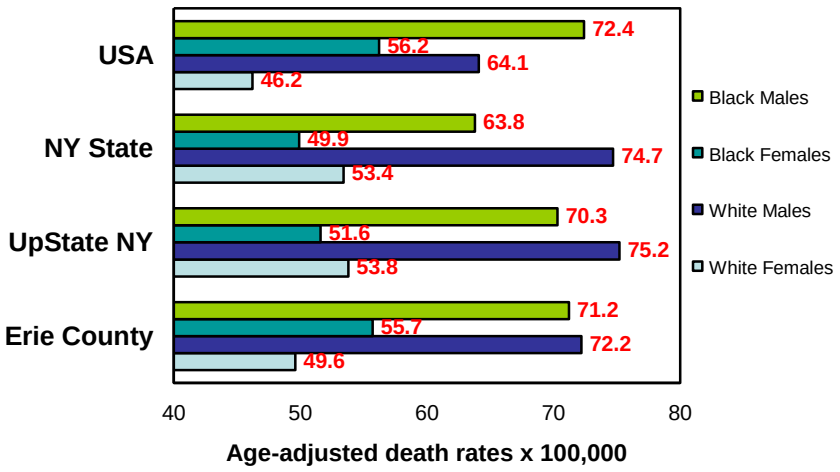
Summary

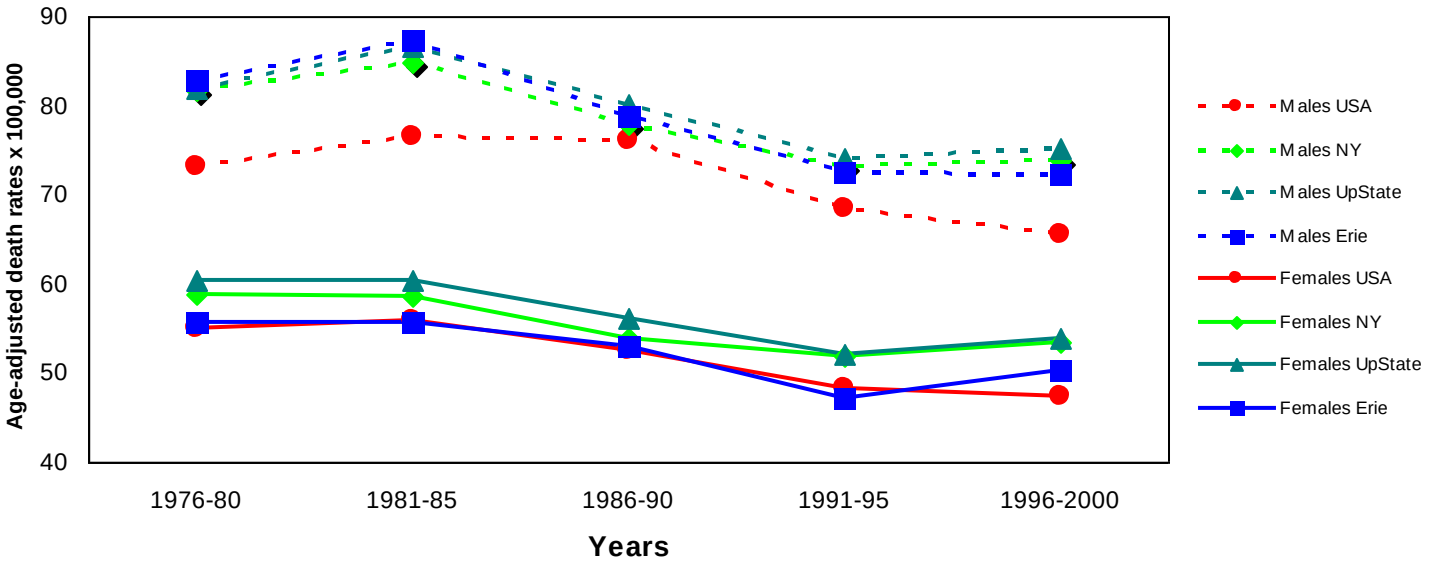
Males have higher rates than females. The patterns of disease in Erie County and NY were somewhat different than those found in the US. Among males in Erie County, Whites had incidence rates which were equal to or slightly greater than those for Black males while nationally Black males have the highest rates. Black females from Erie County have incidence rates which are higher than those found in White females. The rates for Black females from Erie County are higher than those found in Upstate NY and NY State while they are comparable to the rates for the US.

Incidence rates have been declining steadily since 1981-85. The decline was steeper for males than for females.

Objectives
HP 2010
There is no HP 2010 target for this measure

Incidence rates by sex and race, 1996-2000





***Note: Incidence rates are age-adjusted to the 2000 US standard population by 5-year age groups; USA data are from Surveillance, Epidemiology and End Results program (SEER), 12 areas for 1996-2000 and 9 areas for trends.**

Oral Cancer Incidence Rates
140-149 (ICD 9); C00-C14 (ICD 10)

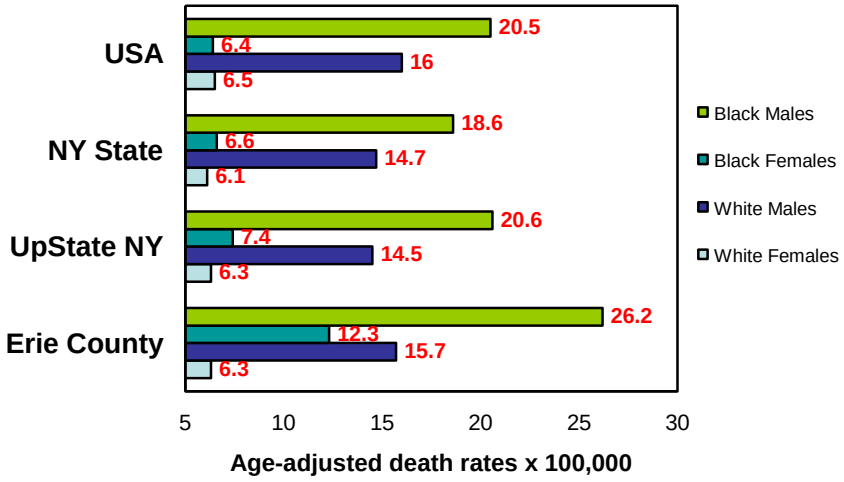
Summary

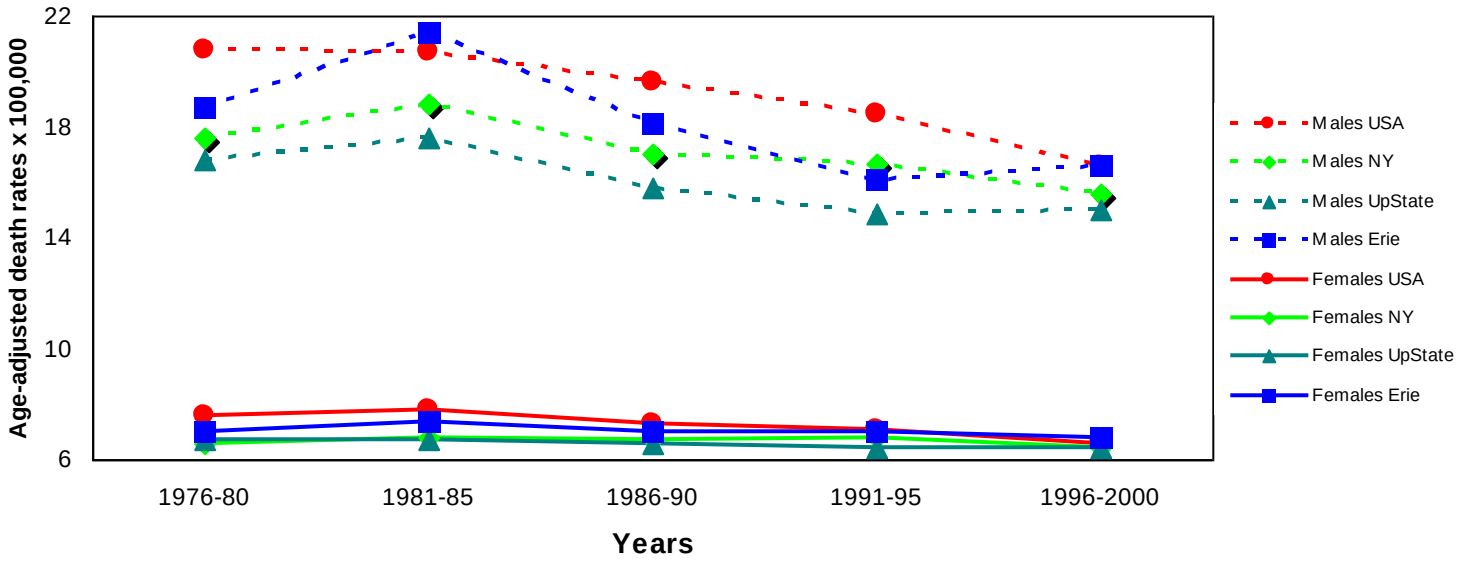
Males tend to have much higher rates than females. Black males consistently have the highest rates; the rates for Erie County are the highest among the regions being compared. In addition, the rates for Black females in Erie County were much higher than found in any of the other regions. White males in Erie County had rates which were about forty percent lower than the rates for Black males.

Incidence rates have been declining steadily since 1981-85. There was no substantial change in the rates over time for females.

Objectives
HP 2010
There is no HP 2010 target for this measure

Incidence rates by sex and race, 1996-2000





***Note: Incidence rates are age-adjusted to the 2000 US standard population by 5-year age groups; USA data are from Surveillance, Epidemiology and End Results program (SEER), 12 areas for 1996-2000 and 9 areas for trends.**

Prostate Cancer Incidence Rates*
185 (ICD 9); C61 (ICD 10)

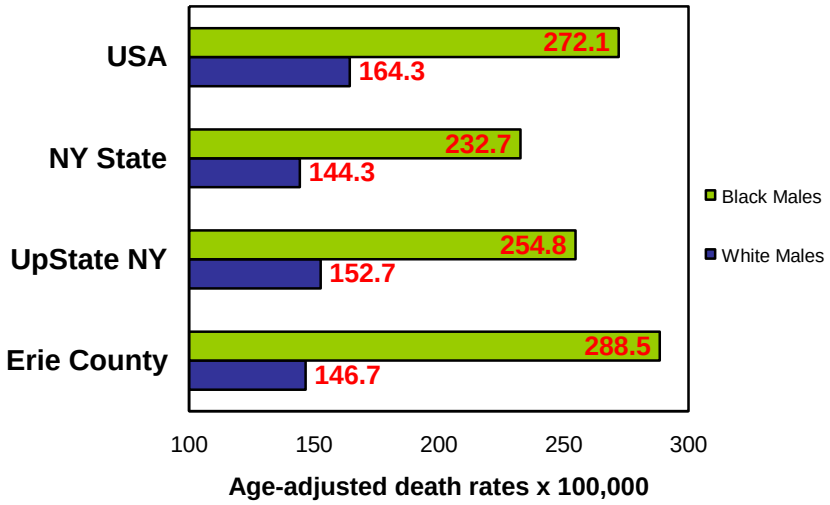
Summary

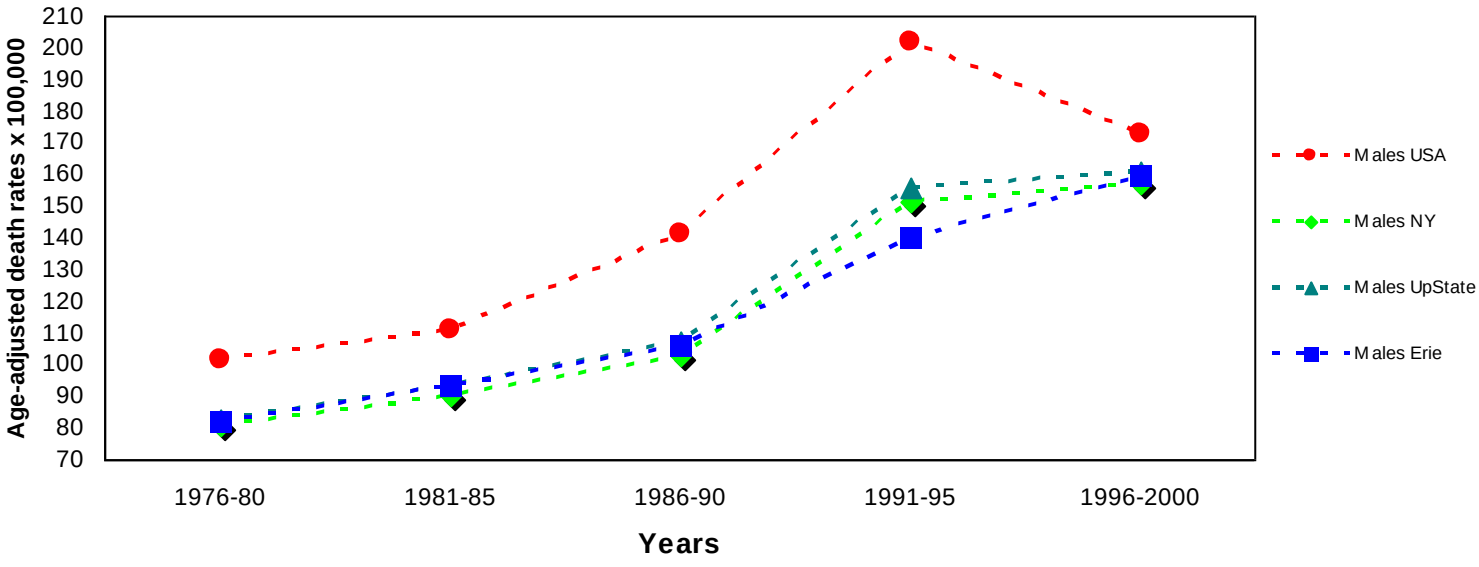
Black males had the highest incidence rates regardless of region. The rates for Black males in Erie County we almost two times higher than the rates for White males.

The rates for the US were consistently higher than those for Erie County and NY State for the entire time period, but the gap narrowed considerably in the last few years. Increasing rates of disease since 1986-90 may be due to the increased use of the PSA test in routine screening for prostate cancer.

Objectives
HP 2010
There is no HP 2010 target for this measure

Incidence rates by sex and race, 1996-2000





***Note: Incidence rates are age-adjusted to the 2000 US standard population by 5-year age groups; USA data are from Surveillance, Epidemiology and End Results program (SEER), 12 areas for 1996-2000 and 9 areas for trends.**

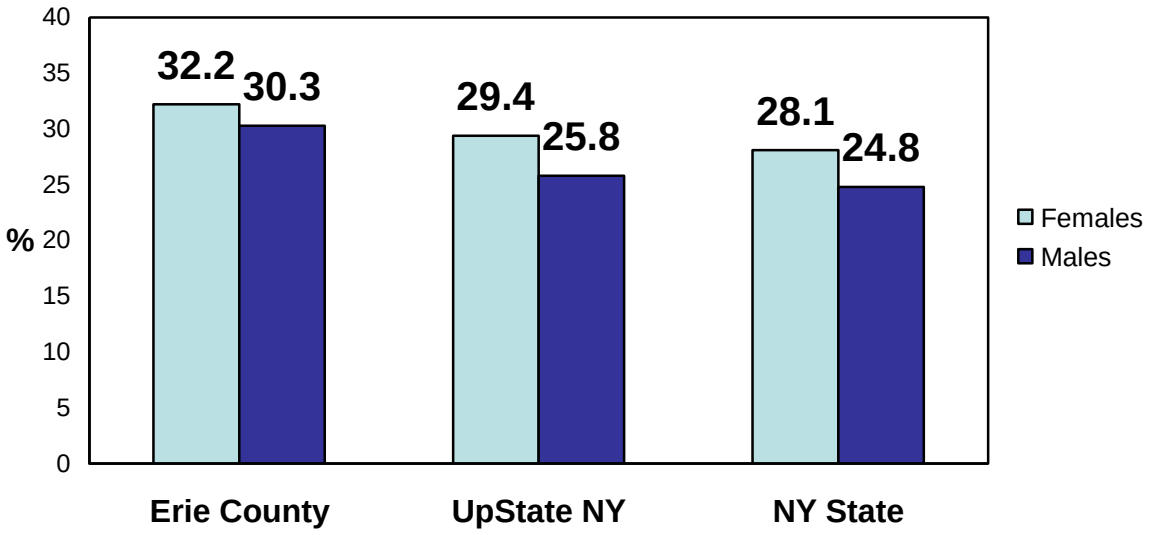
Percent of Invasive Lung Cancers Diagnosed at an Early Stage*
162 (ICD 9); C33-C34 (ICD 10)

Summary

Lung cancer is more often diagnosed at an early stage in Erie County than in Upstate NY and NY State. The percentage is slightly but consistently higher for females than for males in all three regions. The higher percentage in Erie County may be due to the effect of the presence of the Roswell Park Cancer Institute and their cancer prevention activities.

Objectives
HP 2010
There is no HP 2010 target for this measure

1996-2000



***Note: Data from the New York State Public Health Website (www.health.state.ny.us)**

Percent of Invasive Breast Cancers Diagnosed at an Early Stage*

174 (ICD 9); C50 (ICD 10)

Summary

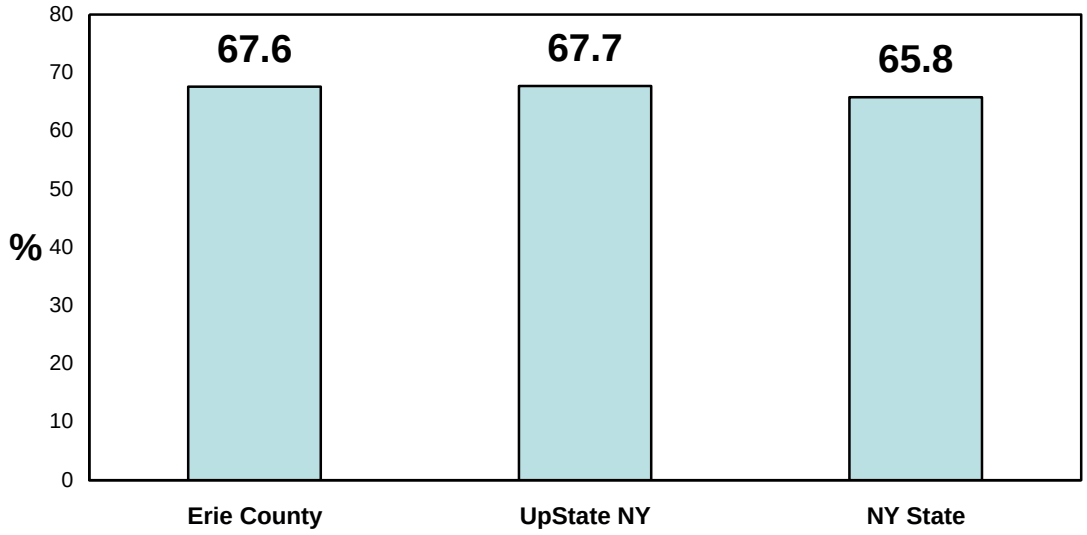
About 70 percent of all breast cancer cases are diagnosed at an early stage. The rates were similar for all three regions. The early diagnosis rate was almost twice as high as the percentage for lung cancer.

Objectives

HP 2010

There is no HP 2010 target for this measure

1996-2000



***Note: Data from the New York State Public Health Website (www.health.state.ny.us)**

Percent of Invasive Cervical Cancers Diagnosed at an Early Stage*

180 (ICD 9); C53 (ICD 10)

Summary

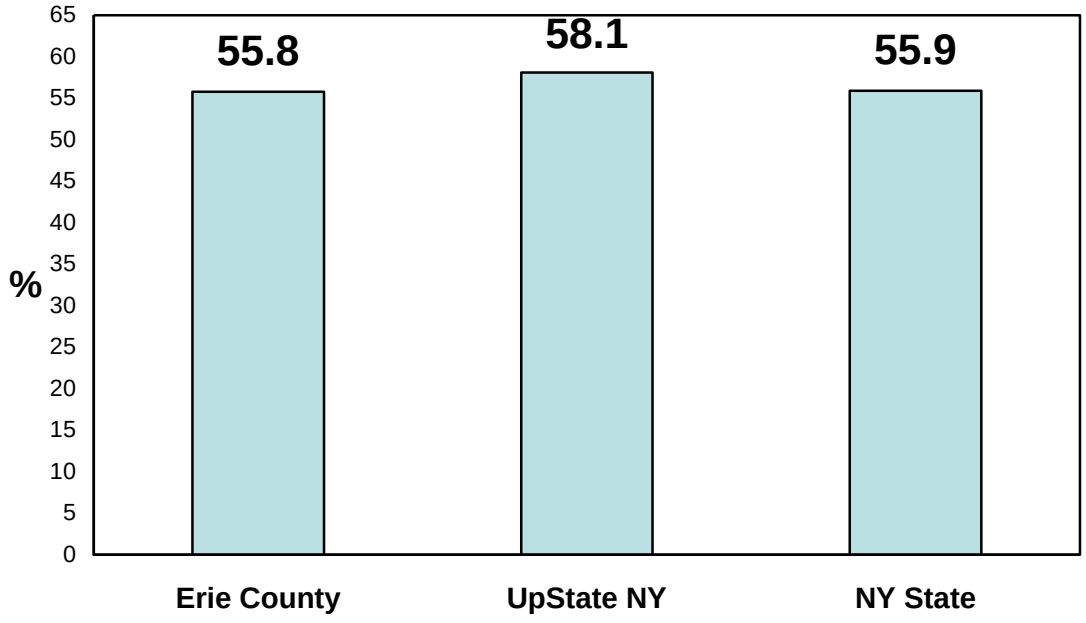
About 55 percent of all cervical cancers are diagnosed at an early stage. The rates were similar for all three regions.

Objectives

HP 2010

There is no HP 2010 target for this measure

1996-2000



***Note: Data from the New York State Public Health Website (www.health.state.ny.us)**

Percent of Invasive Colorectal Cancers Diagnosed at an Early Stage*

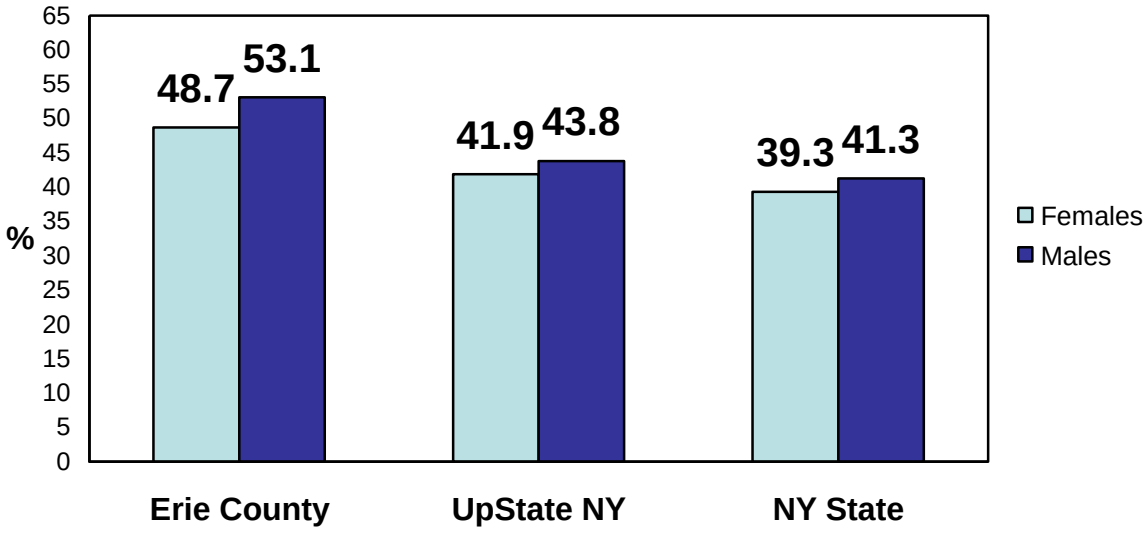
153-154 (ICD 9); C18-C21 (ICD 10)

Summary

Objectives
HP 2010
There is no HP 2010 target for this measure

About 50-55 percent of all colorectal cancers in Erie County are diagnosed at an early stage. The percentage for males was higher than for females. The early diagnosis rates in Erie County were higher than in Upstate NY and NY State. This may be due to the effect of the presence of the Roswell Park Cancer Institute in Erie County and their cancer prevention activities.

1996-2000



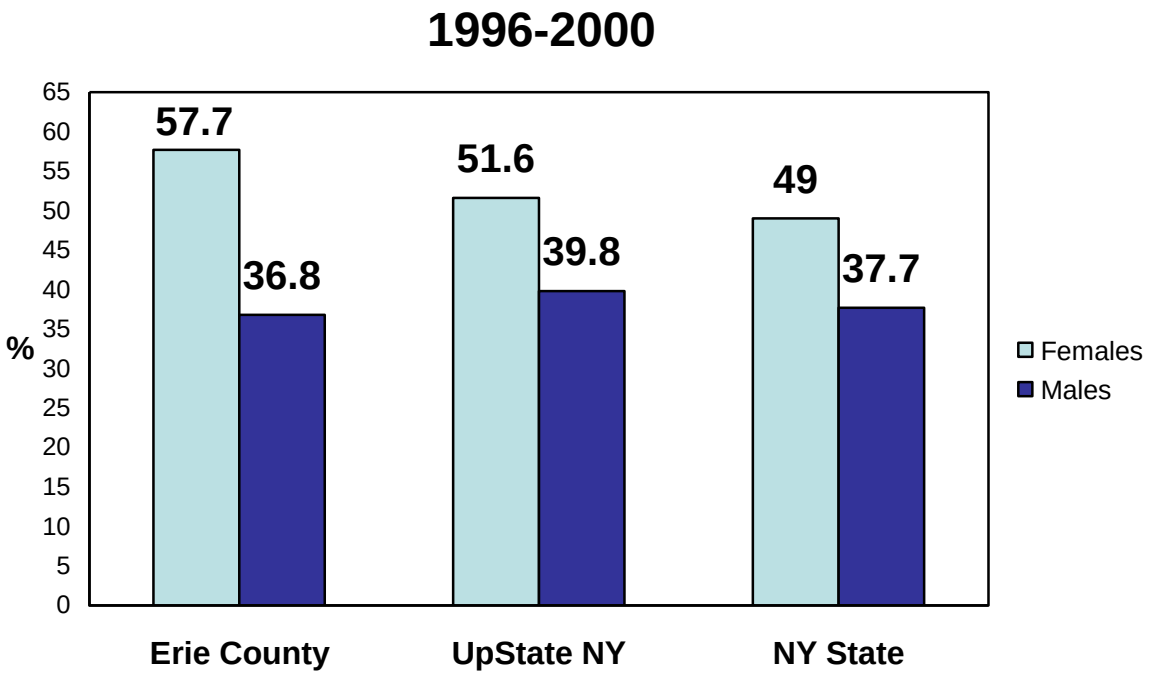
***Note: Data from the New York State Public Health Website (www.health.state.ny.us)**

Percent of Invasive Oral Cancers Diagnosed at an Early Stage*
140-149 (ICD 9); C00-C14 (ICD 10)

Summary

Objectives
HP 2010
There is no HP 2010 target for this measure

The percentage of oral cancers diagnosed at an early age varies considerably by sex. Females have the highest percentage in all three regions and females from Erie County have the highest percentage overall – slightly below 60%. The percentage for males is consistently lower at about 35%.



***Note: Data from the New York State Public Health Website (www.health.state.ny.us)**

Percent of Invasive Prostate Cancers Diagnosed at an Early Stage*

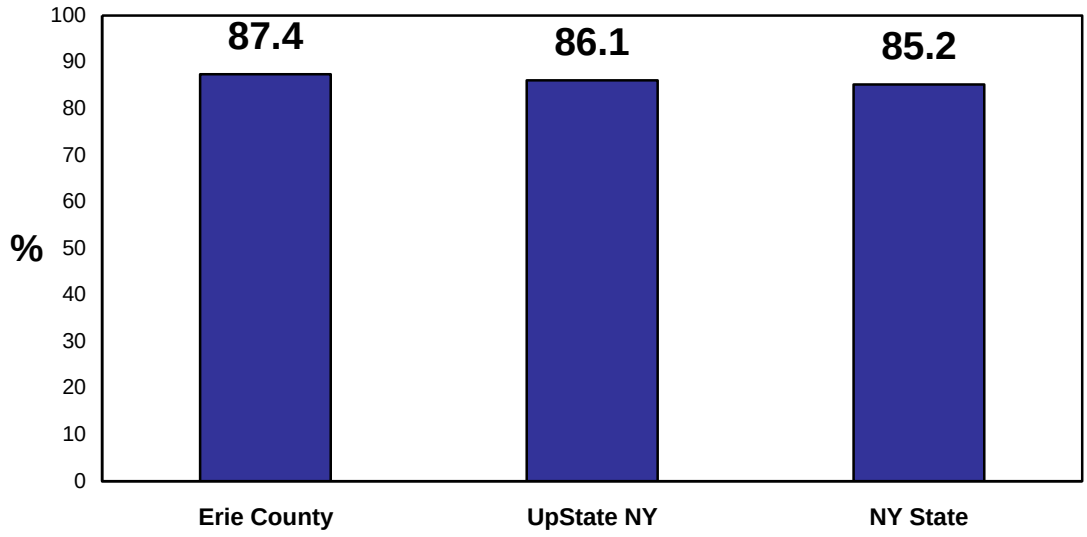
185 (ICD 9); C61 (ICD 10)

Summary

Objectives
HP 2010
There is no HP 2010 target for this measure

The percentage of prostate cancers diagnosed at an early stage is higher than any of the other cancers examined in this report – almost 90%! The high percentage is almost surely due to the increased use of the PSA test in routine screening for prostate cancer.

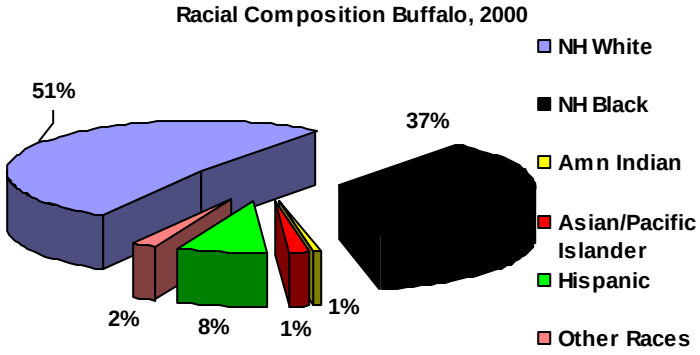
1996-2000

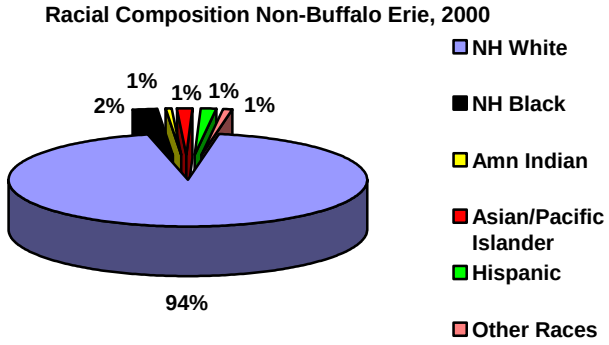


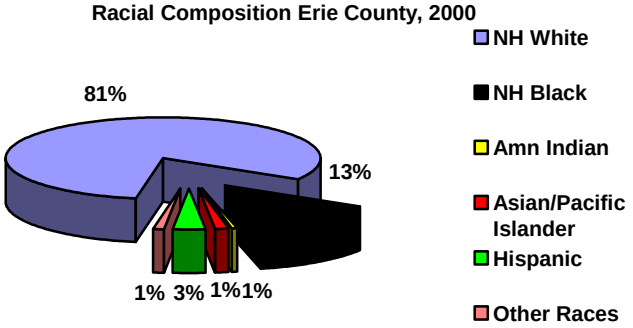
***Note: Data from the New York State Public Health Website (www.health.state.ny.us)**

Racial Composition, Buffalo, Non-Buffalo Erie, Erie County, 2000 Census

	Non Hispanic White	Non Hispanic Black	American Indian/Alas. Native	Asian/Pacific Islander	Hispanic	Other* Races	Total
Buffalo	151,450	107,066	2,010	4,116	22,076	5,930	292,648
Non-Buffalo Erie	616,026	14,223	3,344	9,799	8,978	5,247	657,617
Erie County	767,476	121,289	5,354	13,915	31,054	11,177	950,265







According to the 2000 census, the racial composition of Buffalo City is substantially different from those of both Non-Buffalo Erie and overall Erie County. The city of Buffalo is characterized by a much higher percentage of Non Hispanic Blacks and Hispanics and a lower percentage of Non Hispanic Whites compared to the other two areas. For the remaining racial groups, there are no significant differences in their proportion across the three considered areas. In Erie County excluding the city of Buffalo, the population is composed principally of Non Hispanic Whites (94%) with very low percentages for other racial groups.

*Other Races include unknown or missing data and the racial category for Two or More Races, which was not reported until the year 2000, source: www.census.gov.

Population change between 1990 and 2000 by area

Area	Year 1990	Year 2000	Percent change
Buffalo	328,123	292,648	-10.8
Non-Buffalo Erie	641,016	657,617	+2.6
Erie County	969,139	950,265	-1.9

Population change in Erie County between 1990 and 2000 by racial group

Racial Group	Year 1990	Year 2000	Percent change
Non Hispanic White	822,189	767,476	-6.6
Non Hispanic Black	108,947	121,289	+11.3
American Indian/Alaskan Native	5,332	5,354	-0.4
Asian/Pacific Islander	10,190	13,915	+36.6
Hispanic	22,481	31,054	+38.1
Other Races*	-	11,177	-

Cumulative change in total population since 1950 by area

	Buffalo		**Non-Buffalo Erie**		**Erie County**	
Year	Population	% change	Population	% change	Population	% change
1950	580,132	-	319,106	-	899,238	-
1960	532,759	-8.2	531,929	+66.7	1,064,688	+18.4
1970	462,768	-20.2	652,024	+104.3	1,114,792	+24.0
1980	357,870	-38.3	656,614	+105.8	1,014,484	+12.8
1990	328,123	-43.4	641,016	+100.9	969,139	+7.8
2000	292,648	-49.6	657,617	+106.1	950,265	+5.7

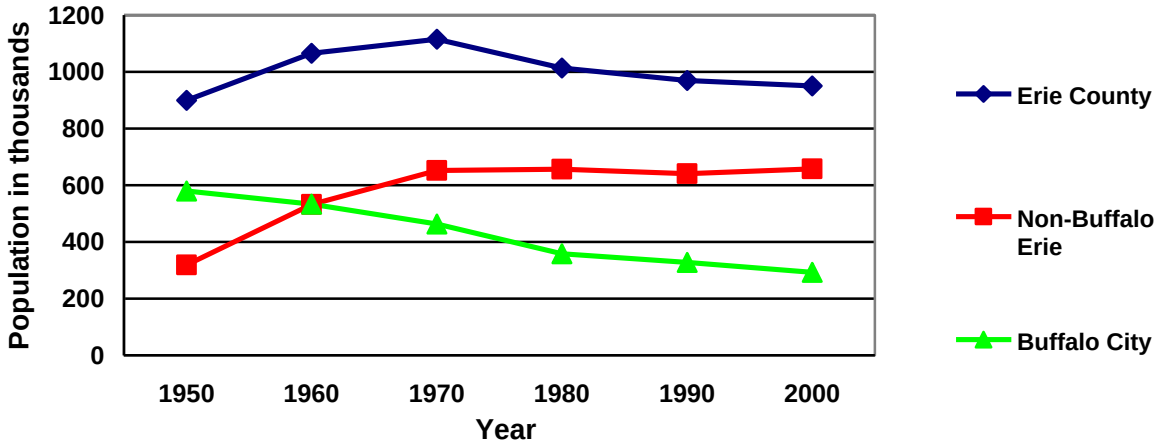
In the last decade, the overall population of Erie County has declined slightly. The decline appears to be mainly due to the considerable reduction in the population of Buffalo, while in the remaining part of the County the population has increased though to a small extent.

When considering the percent change of the population in Erie County in the period 1990-2000 by racial group, Non Hispanic Whites represent the only to have experienced a negative percent change, whereas the other racial groups have been characterized in the same period by significant percent increases, especially for Asian/Pacific Islanders and Hispanics.

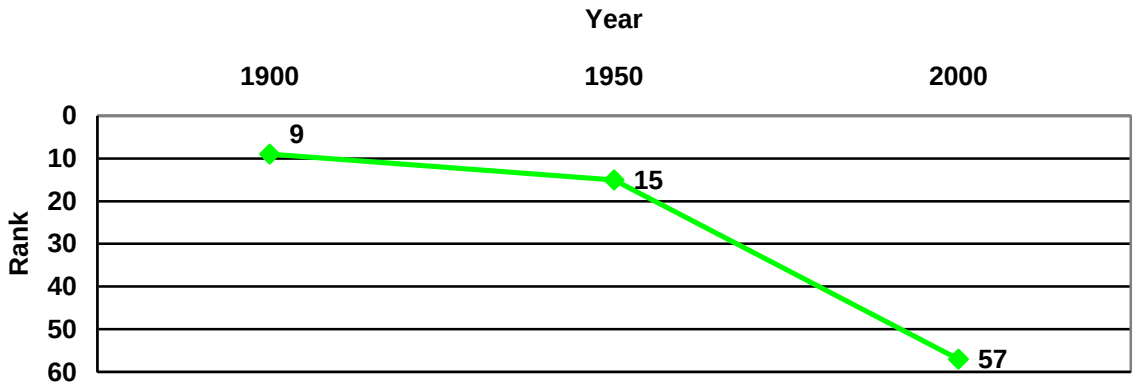
Finally, looking at the cumulative change in total population since 1950 in the three areas considered, the overall population of Erie County has slightly increased owing to the remarkable rise in Non-Buffalo Erie population despite the significant decline of the population in the city.

*Other Races include unknown or missing data and the racial category for Two or More Races, which was not reported until the year 2000, source: www.census.gov.

Population trends: Erie County and Buffalo City, 1950-2000

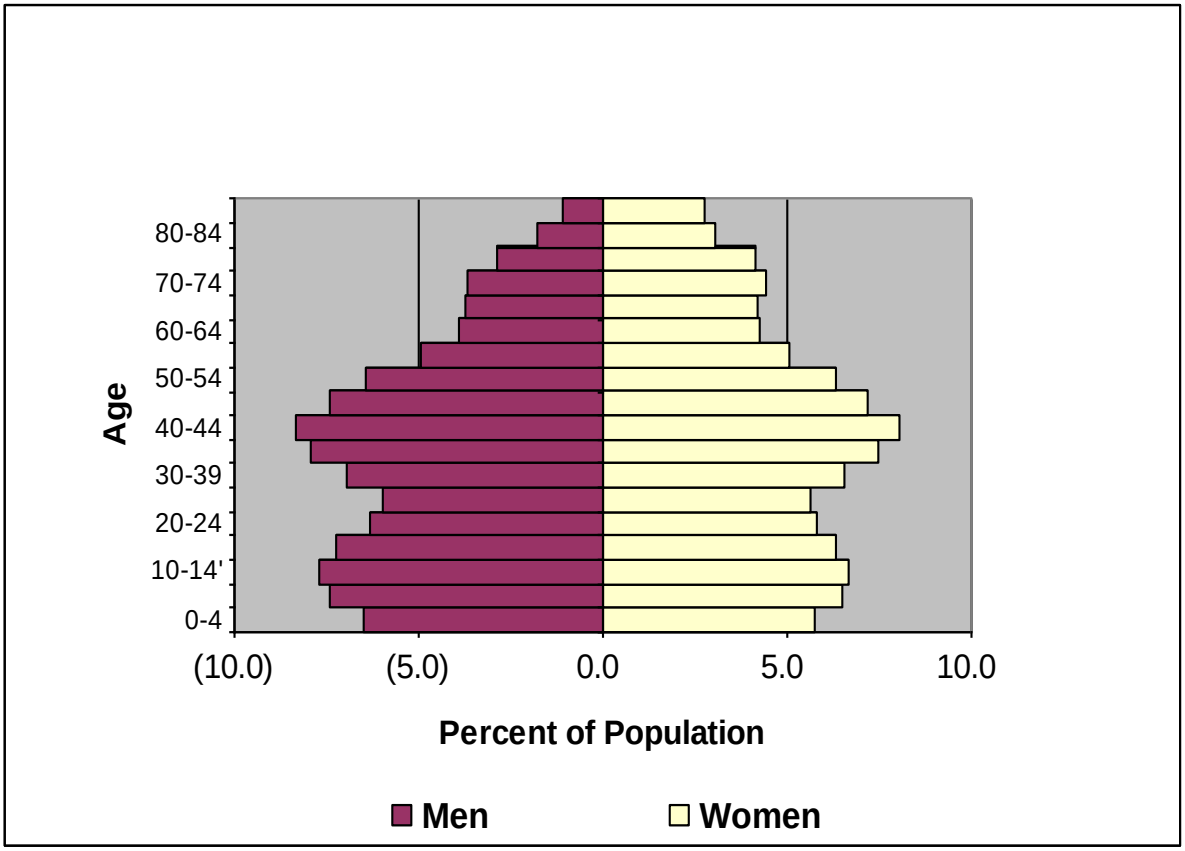


Buffalo City ranking in US based on population



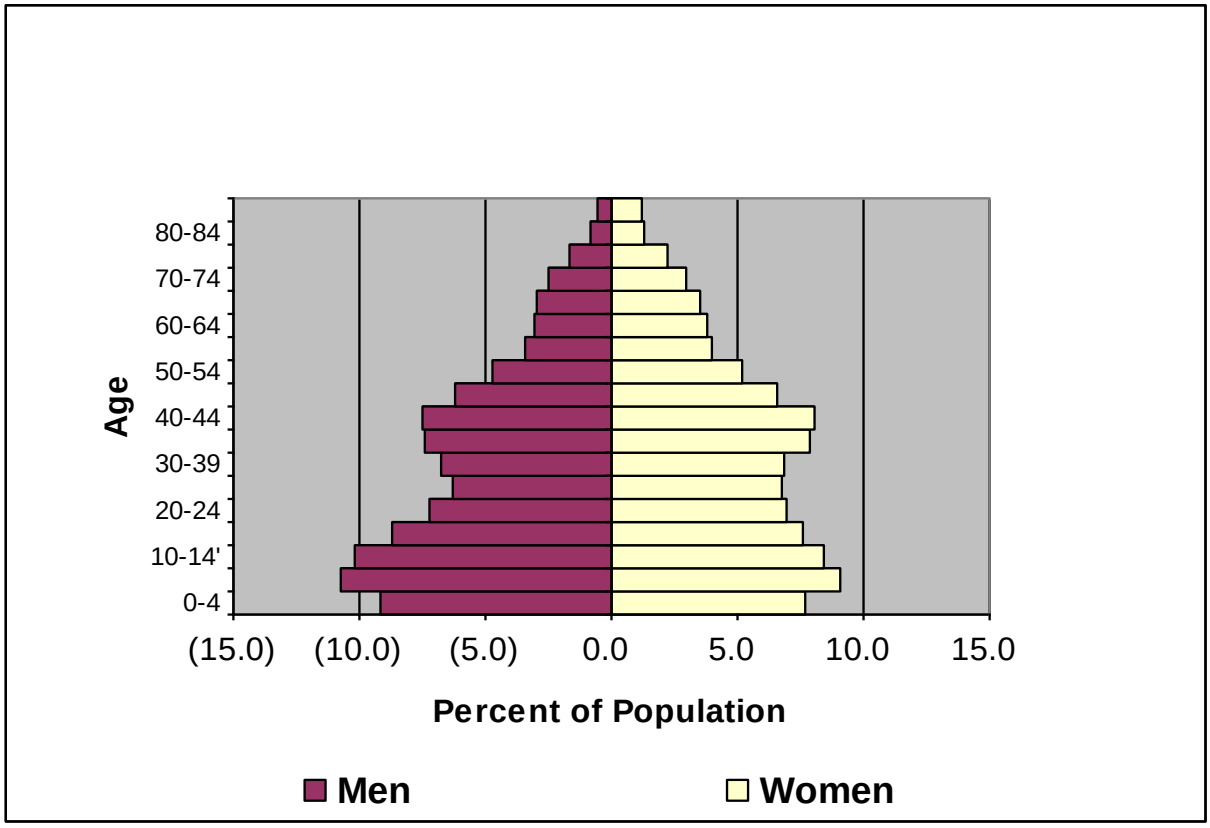
In the city of Buffalo, the population has continuously decreased during the past 50 years, with a steeper decline between the '70s and '80s. Erie County population, as a whole, has experienced a steadier trend in the same period with only a small increase. Non-Buffalo Erie has been characterized by a sharp rise of the population in the first two decades of the study period with a steady trend in the next 30 years. The rank of Buffalo, in terms of population size among the US cities, has declined over time, standing 9th in 1900, 15th in 1950 and only 57th in 2000.

Total Population, Erie County, 2000
(Age-Sex Pyramid)



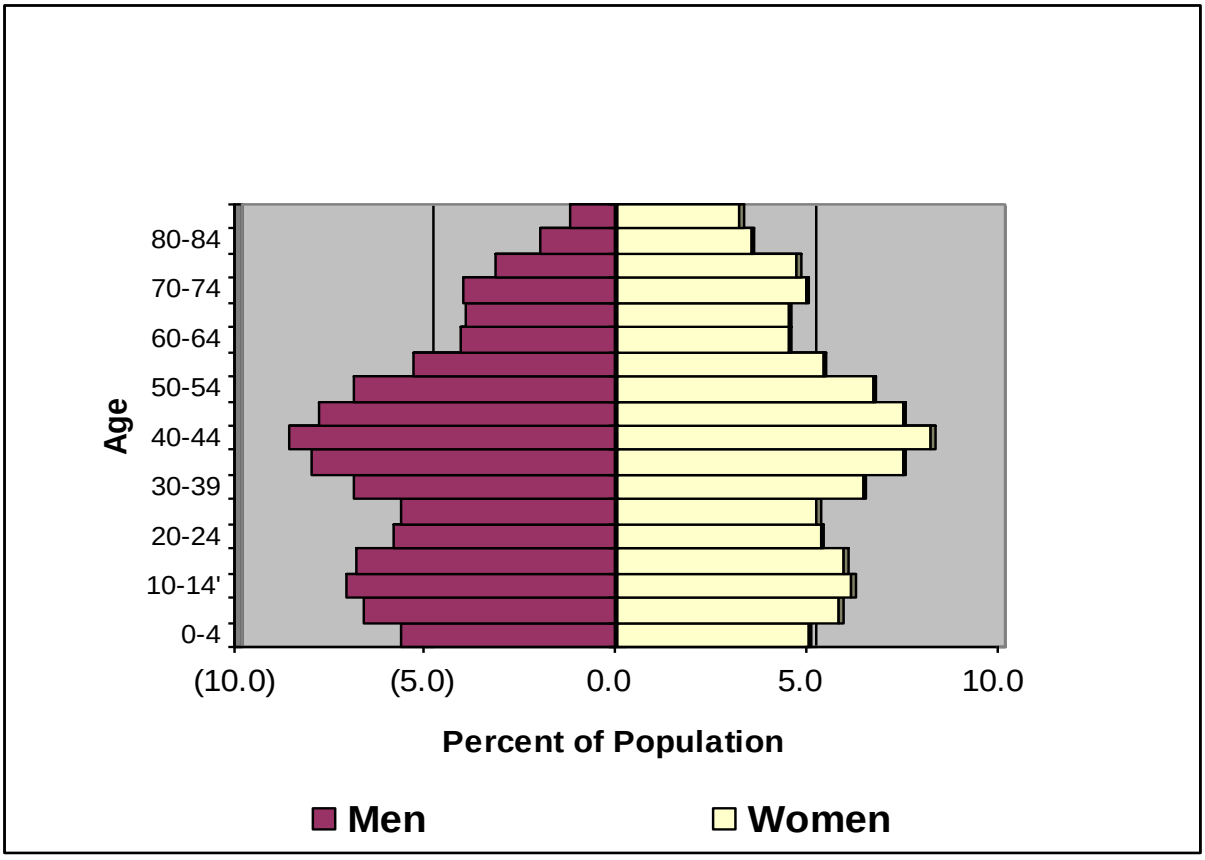
The demographic structure is an important public health indicator and corresponds to the social, economic, and cultural conditions of the given population group.
The age-sex pyramid of total population of Erie County, in 2000, shows a shape very similar to the one of non-Hispanic White population. This is not surprising if we consider that the majority of Erie County population (81%) is represented by Whites with a minor proportion for other racial groups. It is consistent with the typical characteristics of a Western population with a balanced structure owing to the higher proportion of middle-age groups compared to the young population, underlining slower growth rates and higher longevity with an increasing ageing of the population. This pattern is even more meaningful in females and it is most likely a result of the higher longevity compared to males.

Non-Hispanic Black Population, Erie County, 2000 (Age-Sex Pyramid)



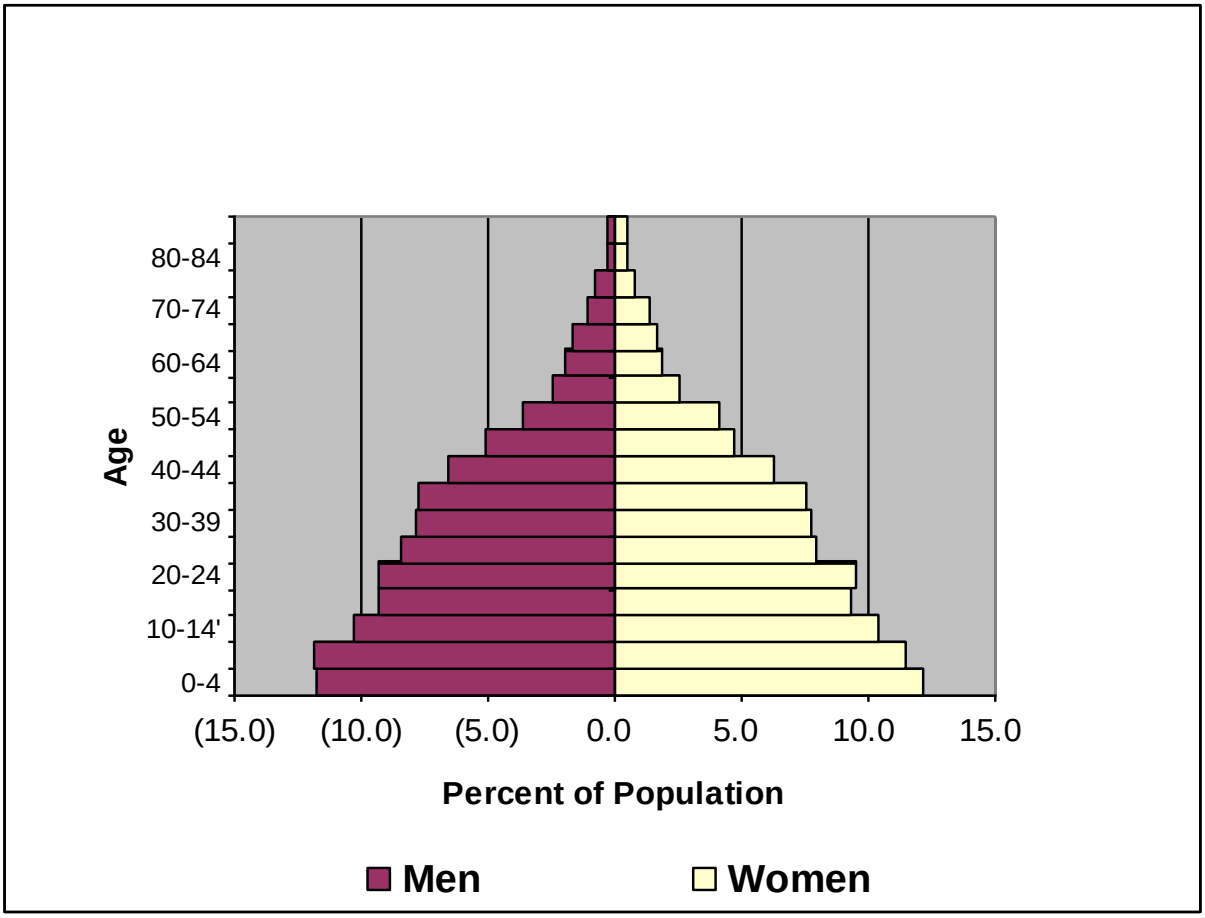
The age distribution of non-Hispanic Black population in Erie County, in 2000, reflects the picture of a young population, even though in the context of a demographic transition. In fact, because of the higher proportion of the young groups compared to the older population, the age structure still looks unbalanced and contains irregularities. The wide base of the non-Hispanic Black population pyramid tends to become narrowed with the increasing age, probably due to high death rates at relatively young ages. The lower longevity might be associated not merely with socio-economic factors, but also with less frequent access to health care and either the insufficient understanding of the importance of prevention or the ineffective implementation of preventive programs in this racial group.

Non-Hispanic White Population, Erie County, 2000 (Age-Sex Pyramid)



The age-sex pyramid of non-Hispanic White population of Erie County, in 2000, shows the typical shape of a Western country with a balanced structure for the higher proportion of middle-age groups compared to the young population. This reflects slower growth rates, due to low fertility, and higher longevity with an increasingly ageing population. These features look more exacerbated among females and they are most likely as a result of the higher longevity compared to males.

Hispanic Population, Erie County, 2000
(Age-Sex Pyramid)

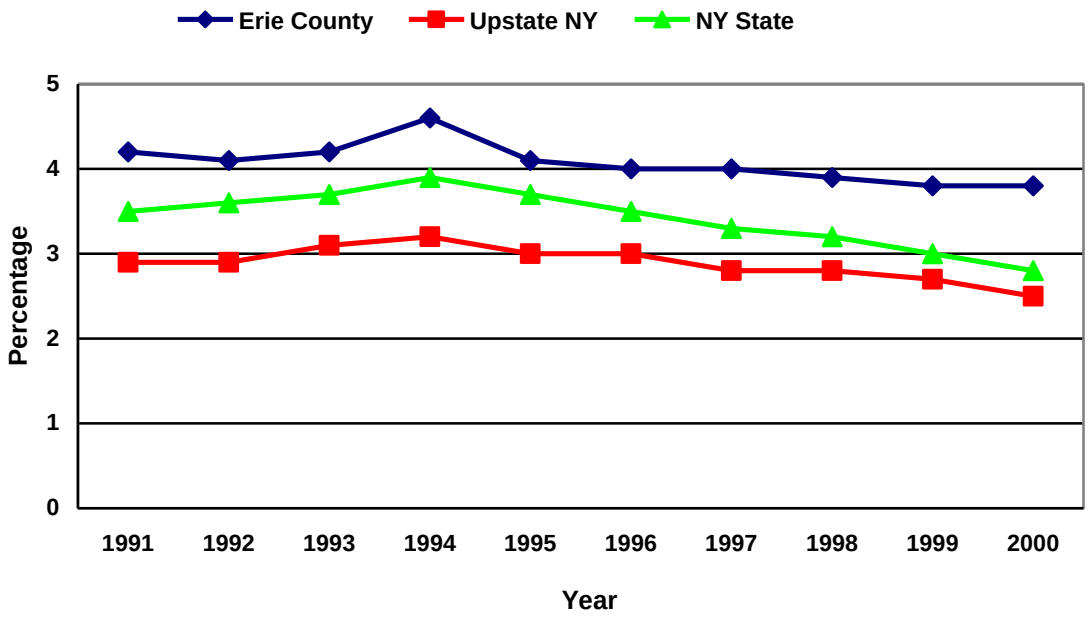


The age structure of Hispanic Population in Erie County, in 2000, contains similar characteristics to those of developing countries, that is to say the typical shape of a young population. The key point to note about the population pyramid of Hispanics is the wide base of the pyramid indicating that a large proportion of the population is young. This reflects high birth rates that feed more and more people into the lowest bars and in turn shrink the relative proportion at the oldest ages. The narrow top indicates that a small proportion of the population is old implying high death rates. This shape is common in many less developed populations that have experienced improvements in life expectancy but continue to have high birth rates. It reflects both a history of rapid population growth and the potential for future rapid growth.

Family Planning

Adolescent (age 10-17) Birth Percentage* × 100 Live Births

Region/County	1998	1999	2000
Erie County	3.9	3.9	3.8
Upstate New York	2.8	2.7	2.5
New York State	3.2	3.0	2.8

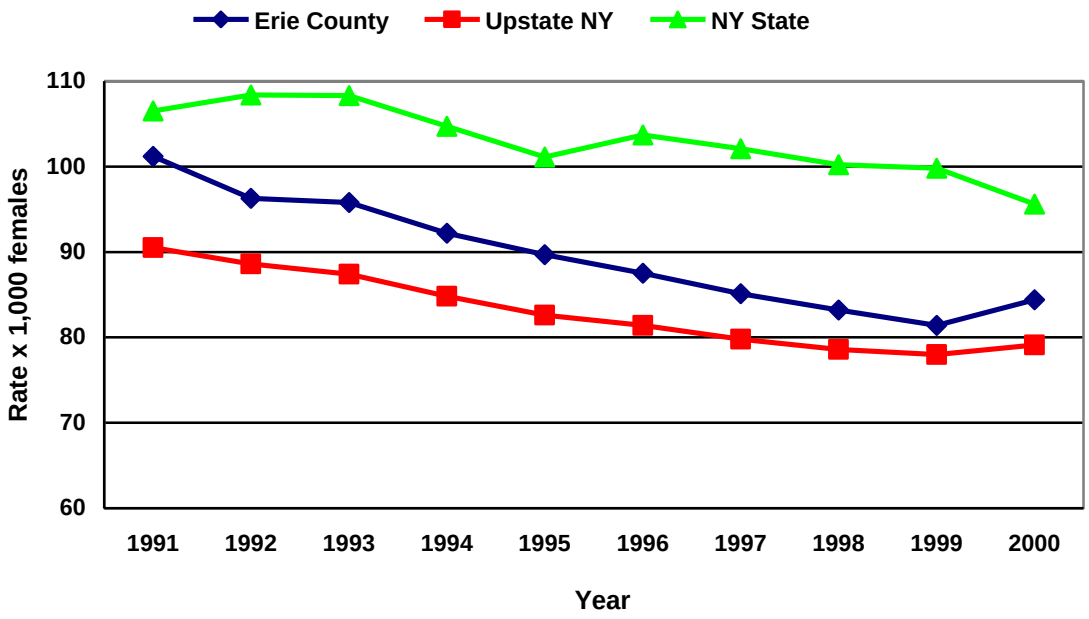


The percentage of all births to teen mothers (< 18 years) in Erie County has been consistently higher than the one reported in both Upstate NY and New York State over the past decade.
When considering the 10-year trend for all the considered regions, there has been a steep increase (especially for Erie County) until the 1994 followed by a continuous decline in the next six years. This decline may be the result of the increasing public focus on teenage pregnancy and childbearing prevention.

* The percent is all live births that were to girls aged 10-17.

Pregnancy Rate* (Total) × 1,000 Females, Age 15-44

Region/County	1998	1999	2000
Erie County	83.2	81.4	84.4
Upstate New York	78.6	78.0	79.1
New York State	100.2	99.8	95.6

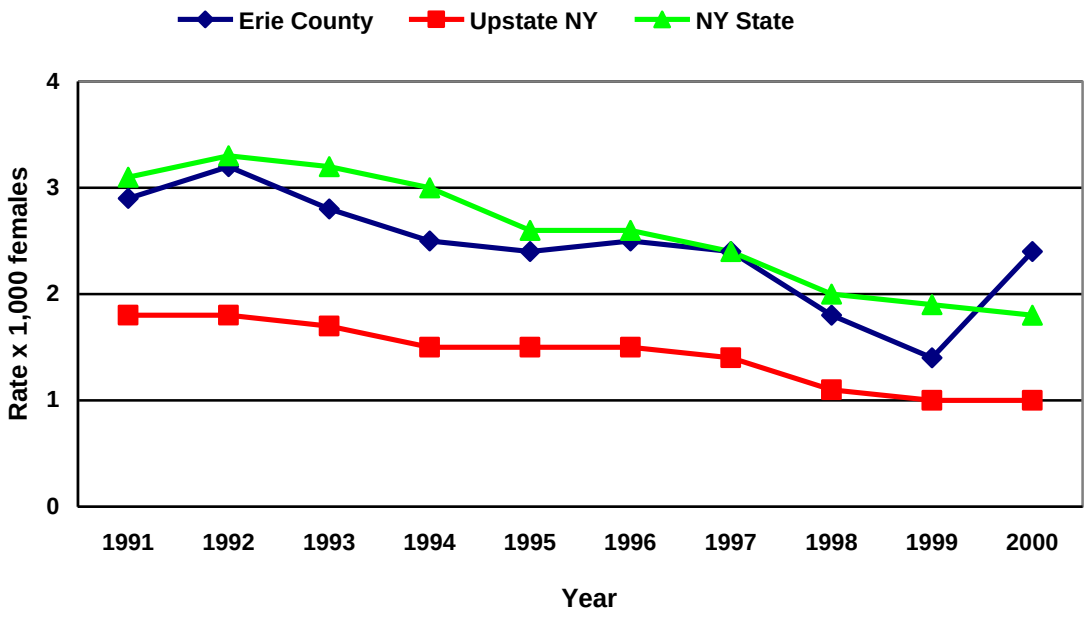


The overall pregnancy rate represents an indicator of the health status of a community that reflects social, economic, and cultural conditions of the given population group.
In the last decade the rate has consistently declined in Erie County and Upstate NY, while New York State has seen a more fluctuating trend with a smaller decrease.
In both Erie County and Upstate NY the pregnancy rate has increased in the last year of observation.

* Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and spontaneous fetal deaths (all gestations); rates are calculated per 1,000 age-specific female population.

Adolescent Pregnancy Rate* × 1,000 Females, Age 10-14

Region/County	1998	1999	2000
Erie County	1.8	1.4	2.4
Upstate New York	1.1	1.0	1.0
New York State	2.0	1.9	1.8

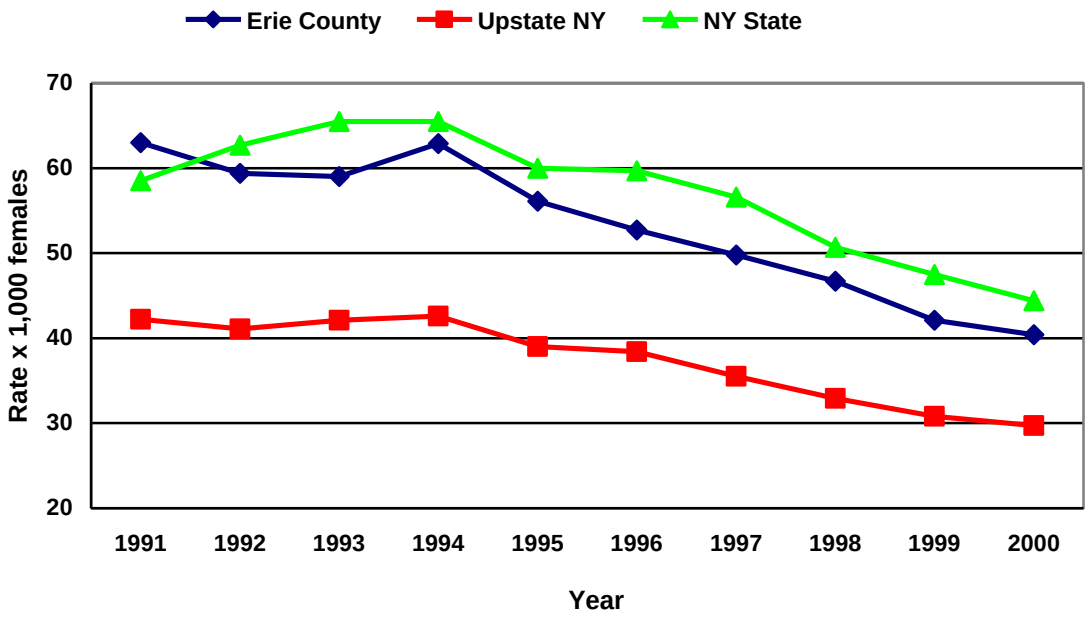


From 1991 to 2000, the pregnancy rate for Erie County females aged 10-14 years fluctuated with an increase in the last year of observation.
In New York State, the rate has declined from 3.1 per 1,000 women to 1.8 per 1,000 women over the 10-year period, while Upstate NY has been characterized by a smaller decline.

* Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and spontaneous fetal deaths (all gestations); rates are calculated per 1,000 age-specific female population.

Adolescent Pregnancy Rate* × 1,000 Females, Age 15-17

Region/County	1998	1999	2000
Erie County	46.7	42.1	40.4
Upstate New York	32.9	30.8	29.7
New York State	50.7	47.5	44.4

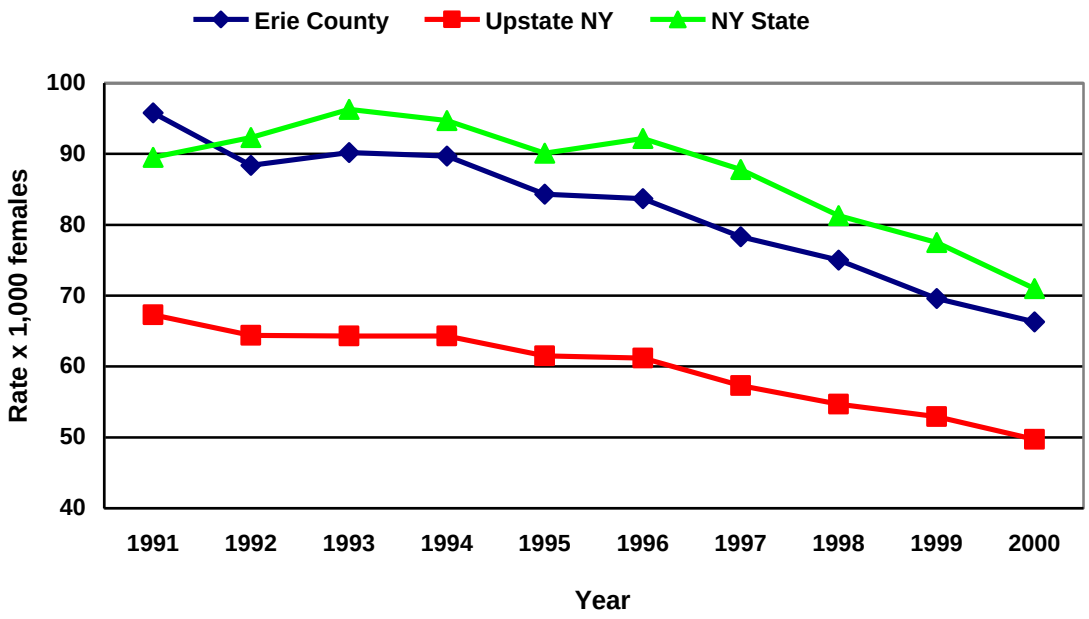


From 1991 to 1994, the pregnancy rate for females aged 15-17 years fluctuated in all three regions.
Since 1994, however, the rate has consistently decreased for all the considered regions with a slightly steeper decline in Erie County compared to NY State and Upstate NY. Among the possible reasons for the reduced teen pregnancy rate, there are: changes in attitudes toward premarital sex, including a focus on preventing pregnancy through responsible conduct; an increasing use of contraception measures among sexually active teens; the economic opportunities of the 1990s emphasizing the value of education and work, both of which are threatened if pregnancy occurs.

* Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and spontaneous fetal deaths (all gestations); rates are calculated per 1,000 age-specific female population.

Adolescent Pregnancy Rate* × 1,000 Females, Age 15-19

Region/County	1998	1999	2000
Erie County	75.0	69.6	66.3
Upstate New York	54.7	52.9	49.7
New York State	81.3	77.5	71.0

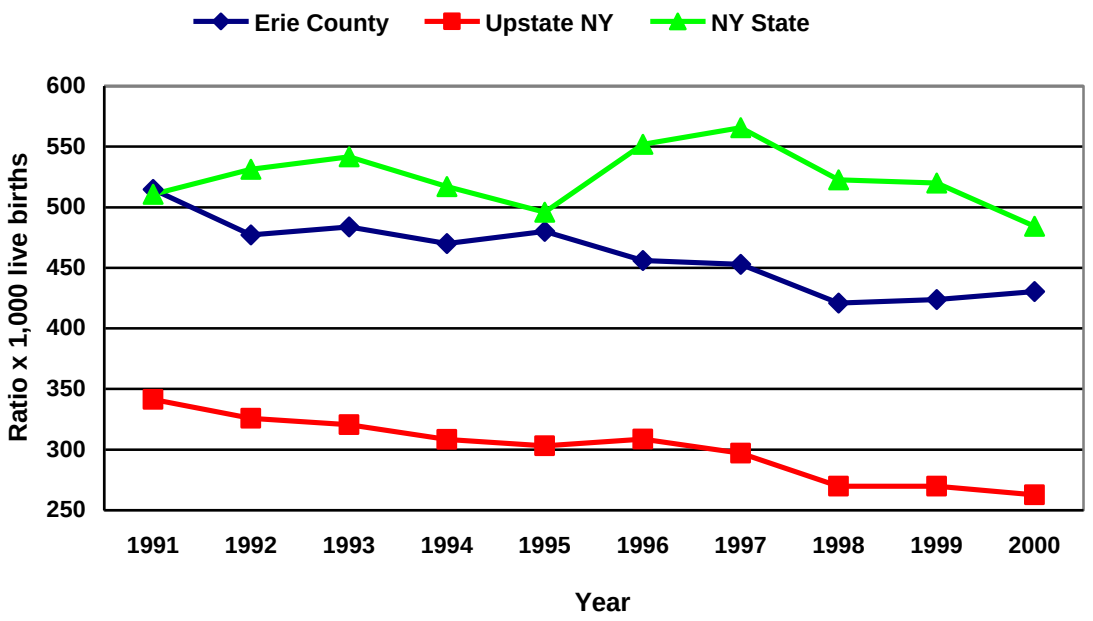


The pregnancy rate for females aged 15-19 years has consistently declined over the past decade in all three regions with the biggest decrease in Erie County (from 95.8 per 1,000 women to 66.3 per 1,000 women).
The trend has declined more steadily in the second half of the 10-year period.

* Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and spontaneous fetal deaths (all gestations); rates are calculated per 1,000 age-specific female population

Induced Abortion to Birth Ratio* (× 1,000 Live Births)

Region/County	1998	1999	2000
Erie County	421.0	423.8	430.4
Upstate New York	269.9	269.9	262.7
New York State	522.6	520.0	484.2



From 1991 to 2000, the induced abortion to birth ratio has declined in Erie County and Upstate NY at approximately the same extent, while New York State has shown a more fluctuating trend and currently presents a higher rate compared to the other two regions.

The decline seen in Erie County and Upstate probably resulted from several complex factors, such as reduced access to abortion services, changes in contraceptive practices, attitudinal changes concerning abortion and/or carrying unplanned pregnancies to term, and the decreased number of unintended pregnancies.

* This is computed by dividing the number of induced terminations of pregnancy by the number of live births and then multiplying by 1,000.

Injury Prevention Control

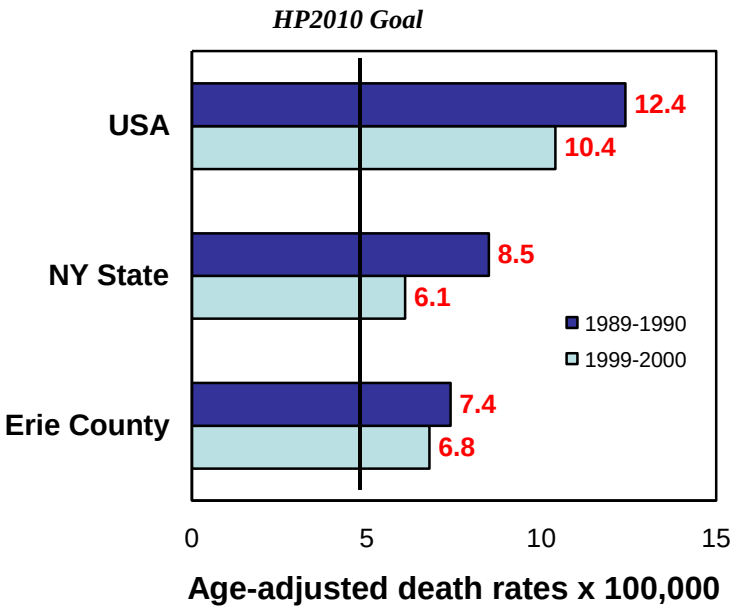
Suicide Death Rates
E950-E959 (ICD 9); X60-X84, Y87.0 (ICD 10)

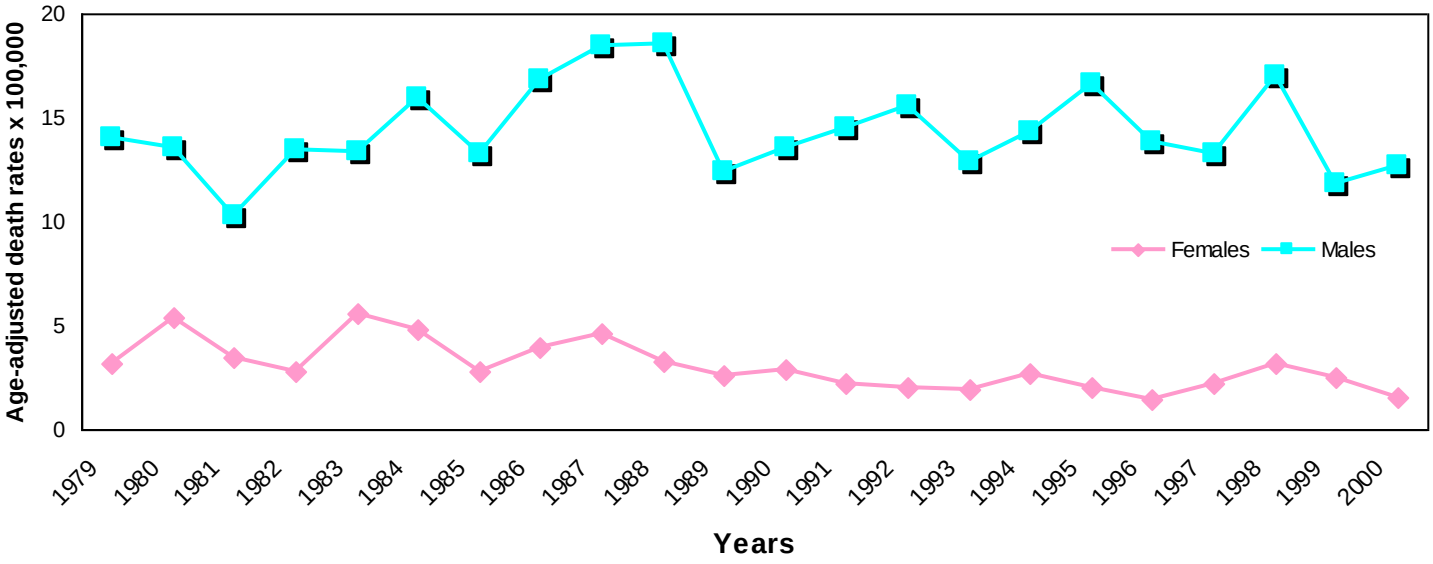
Summary

Death rates for suicide in Erie County have shown no substantial changes among males in the periods 1979-2000 while among females the total number of deaths is so small that rates are unreliable.

Erie County shows very similar rates to NY State and lower rates than national figures in the periods 1989-1990 and 1999-2000. County and state levels are closer to the Healthy People 2010 objective than national rates.

Objectives
HP 2010
Reduce suicide death rate to no more than 5 per 100,000 population (age-adjusted to the year 2000 standard population)





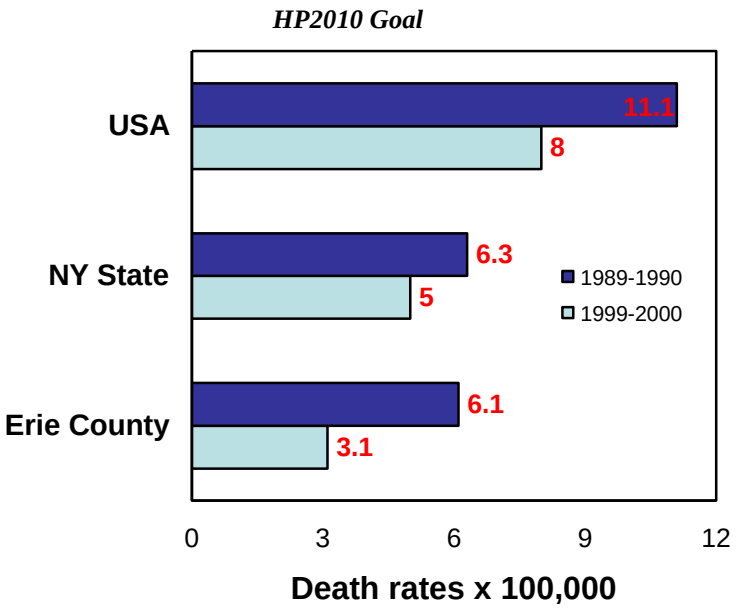
Suicide Death Rates (15-19 years)
E950-E959 (ICD 9); X60-X84, Y87.0 (ICD 10)

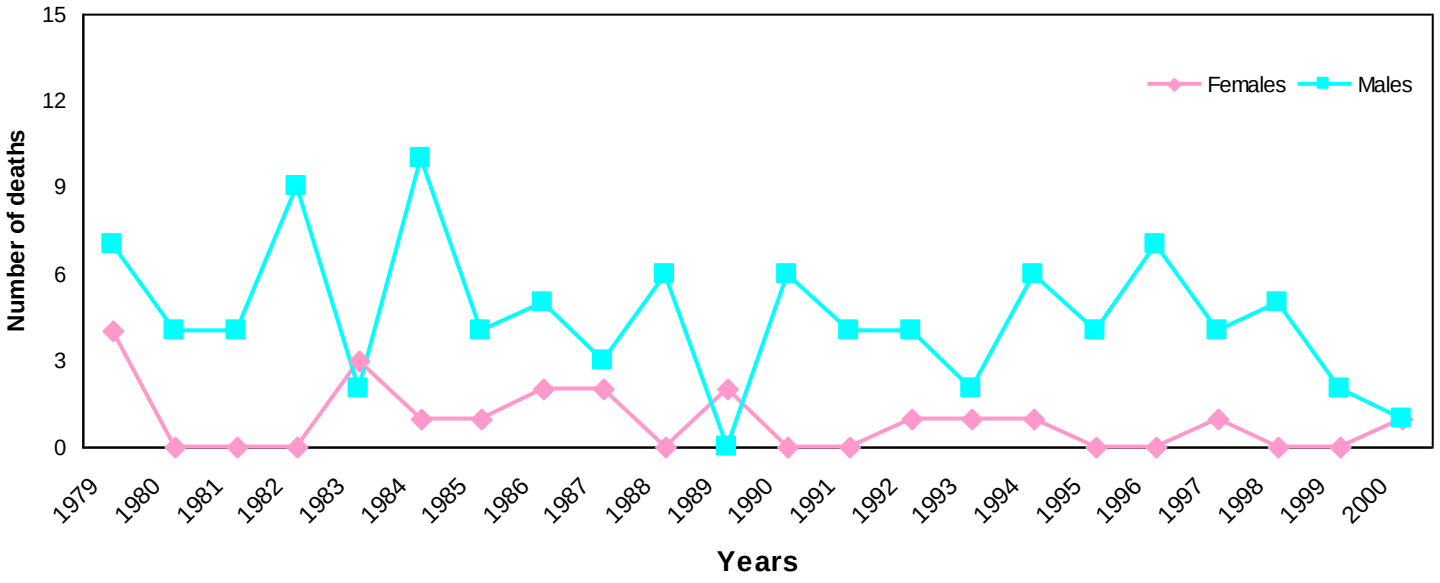
Summary

Suicide death rate for people aged 15-19 years has declined in the last years at national, state and county level. Erie County shows lower rates than national and state figures in the periods 1989-1990 and 1999-2000.

When considering the number of deaths in Erie County by gender, both males and females present very fluctuating trends though the number of deaths is consistently higher among males than females.

Objectives
HP 2010
There is no HP 2010 goal for suicide death rates in the range 15-19 years





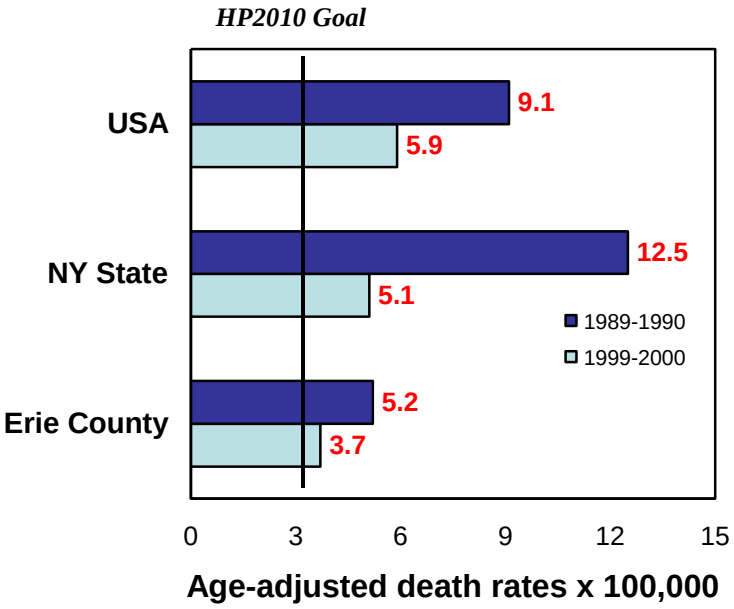
Homicide Death Rates
E960-E969 (ICD 9); X85-Y09, Y87.1 (ICD 10)

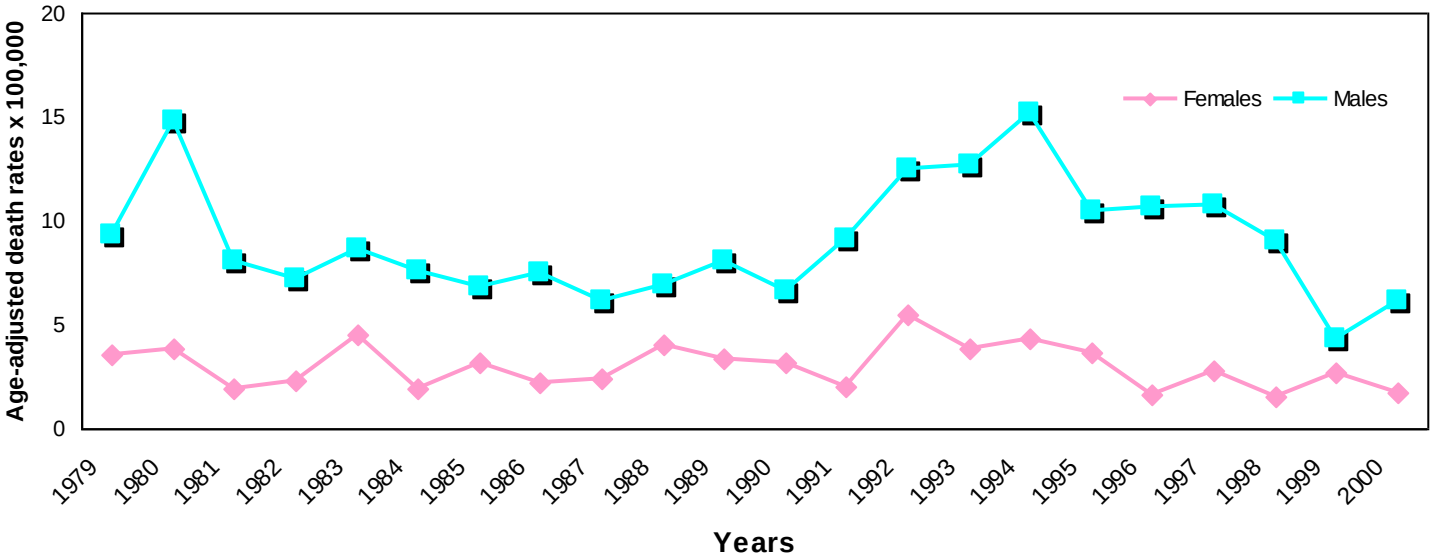
Summary

Death rates for homicide in Erie County have been characterized by little change among males in the periods 1979-2000 while among females the total number of deaths is so small that rates are unreliable.

Erie County shows lower rates than both state and national figures in the periods 1989-1990 and 1999-2000. County levels are slightly over the Healthy People 2010 target in the last period.

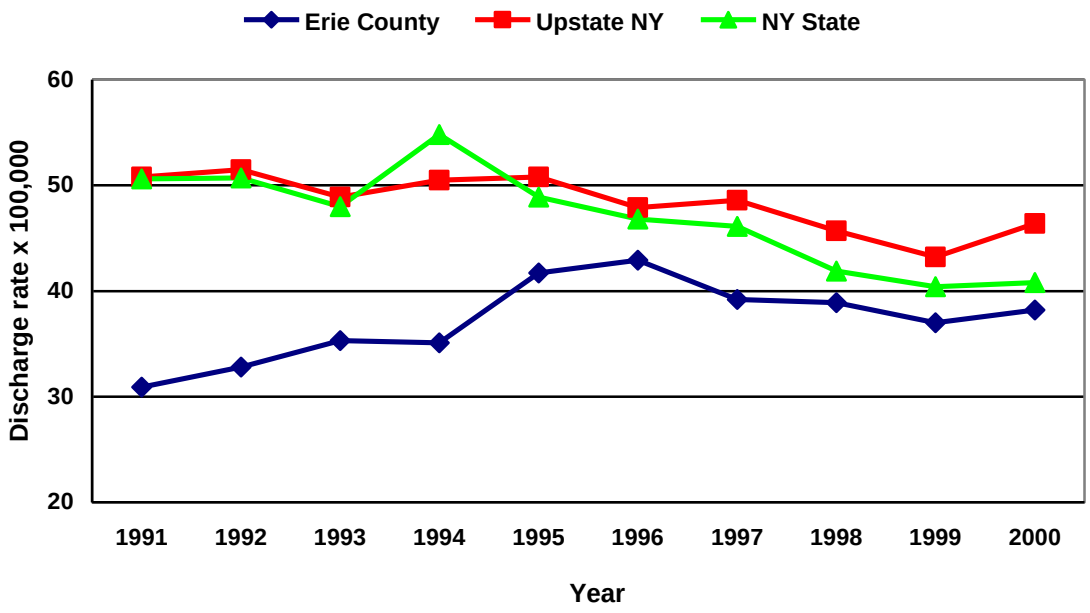
Objectives
HP 2010
Reduce homicide death rate to no more than 3 per 100,000 population (age-adjusted to the year 2000 standard population)





Self-Inflicted Injury* – Discharge Rate × 100,000 Population

Region/County	1998	1999	2000
Erie County	38.9	37.0	38.2
Upstate New York	45.7	43.2	46.4
New York State	41.9	40.4	40.8

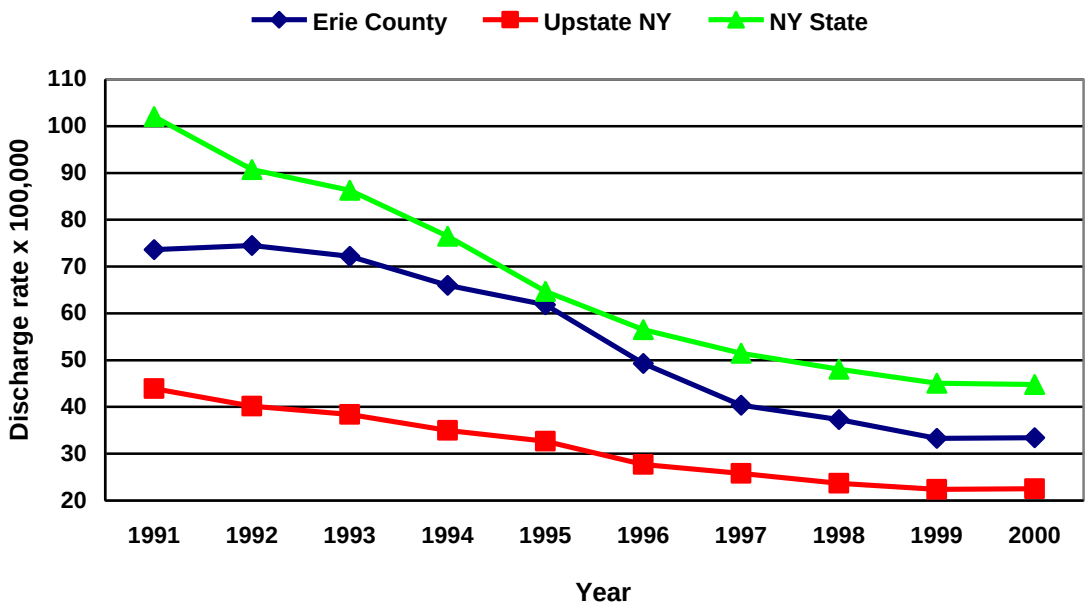


Self-inflicted injuries that may be considered suicide attempts, as the injuries were serious enough to require hospital admission, produce an elevated social and economic burden for a community.
From 1991 to 2000, Erie County has been characterized by lower hospitalizations rates compared to state and upstate figures all over the period though the county seems to show an increasing trend unlike the declining trend of the other two regions.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Assault* – Discharge Rate × 100,000 Population

Region/County	1998	1999	2000
Erie County	37.3	33.3	33.4
Upstate New York	23.7	22.4	22.5
New York State	48.1	45.1	44.8



The hospitalization rate for assault has substantially declined in the last decade at state, upstate and county level.
New York State has consistently shown higher rates compared to Erie County and Upstate NY in the 10-year period, while the lowest rates have been reported in Upstate NY.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

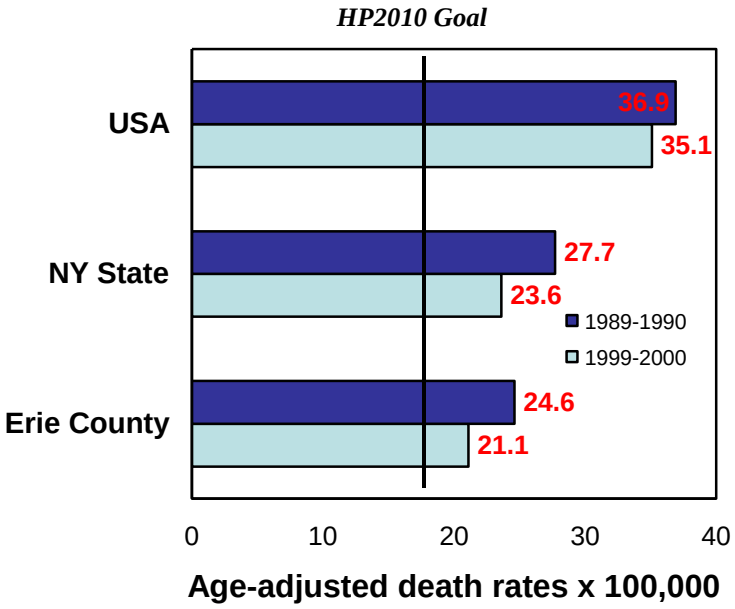
Unintentional Injuries Death Rates
E800-E869, E880-E929 (ICD 9); V01-X59, Y85-Y86 (ICD 10)

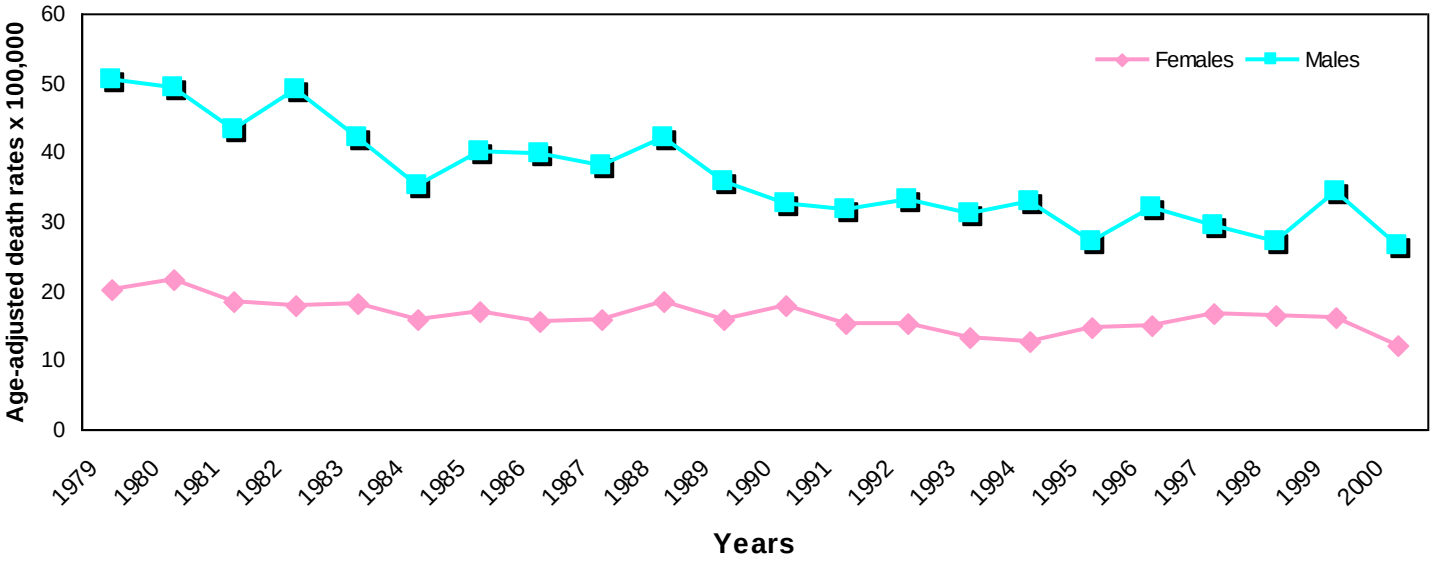
Summary

Death rates for unintentional injuries in Erie County have been characterized by little change among females and a more consistent decline among males in the period 1979-2000.

In comparison with national and state figures, Erie County shows lower rates in the periods 1989-1990 and 1999-2000 and slightly exceeds the Healthy People 2010 objective.

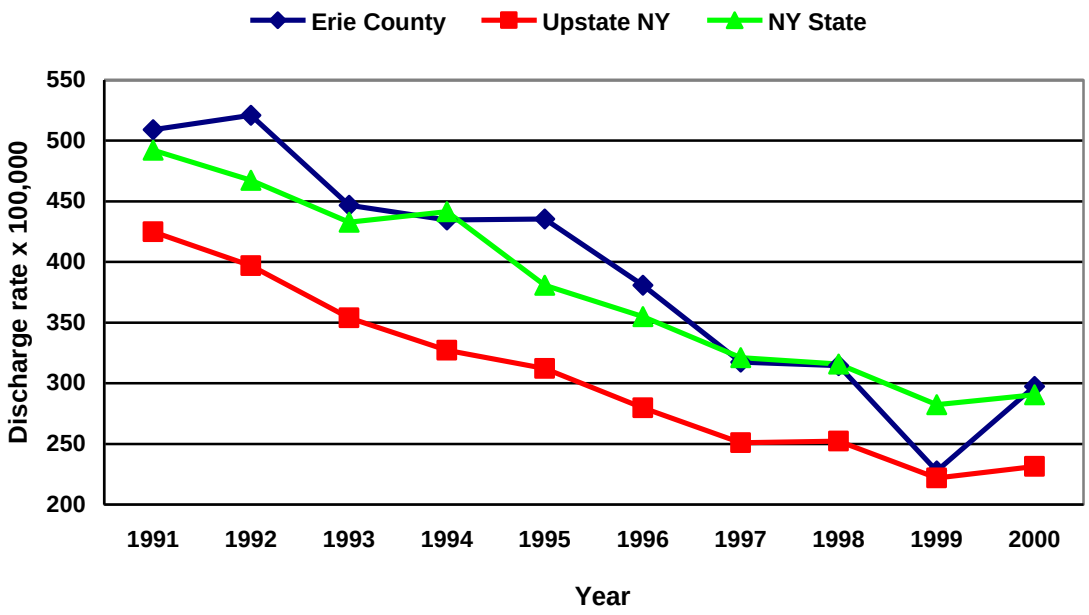
Objectives
HP 2010
Reduce unintentional injuries death rate to no more than 17.5 per 100,000 population (age-adjusted to the year 2000 standard population)





Unintentional Injury* (Age < 10) – Discharge Rate × 100,000 Population Age < 10

Region/County	1998	1999	2000
Erie County	314.6	227.7	297.3
Upstate New York	252.3	221.8	231.5
New York State	316.0	282.4	290.5

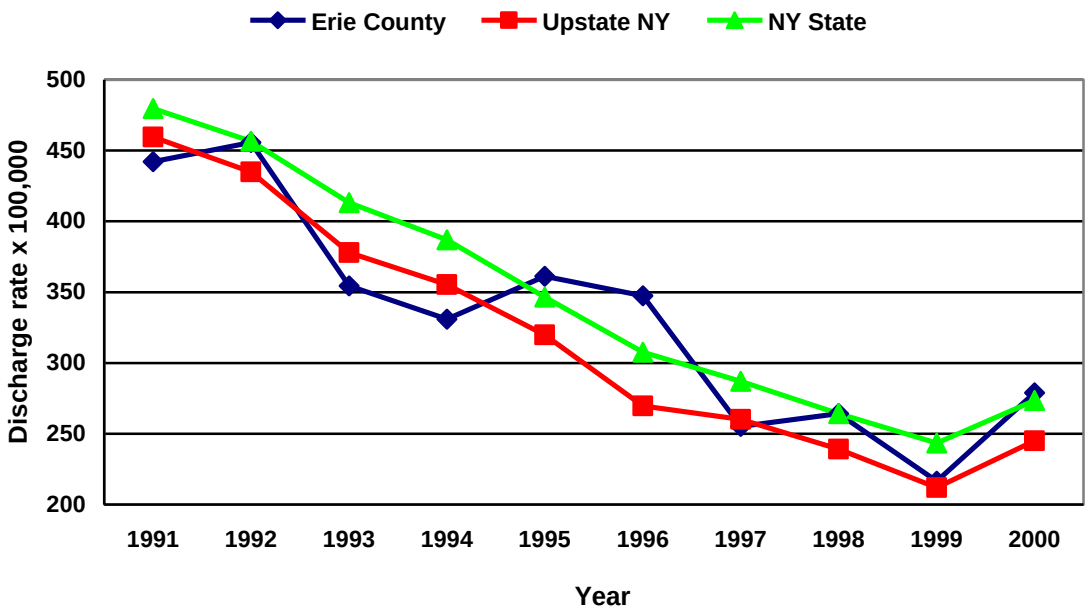


Hospitalization rates related to unintentional injury for children ages 10 and under have remarkably decreased in the period 1991-2000 in all three considered regions.
Erie County has shown consistently higher rates than Upstate NY over the 10-year period.
In 2000 the three regions have experienced higher rates compared to those of the previous year.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Unintentional Injury* (Age 10-14) – Discharge Rate × 100,000 Population Age 10-14

Region/County	1998	1999	2000
Erie County	264.3	216.4	278.8
Upstate New York	239.0	212.0	245.0
New York State	264.1	243.3	273.5

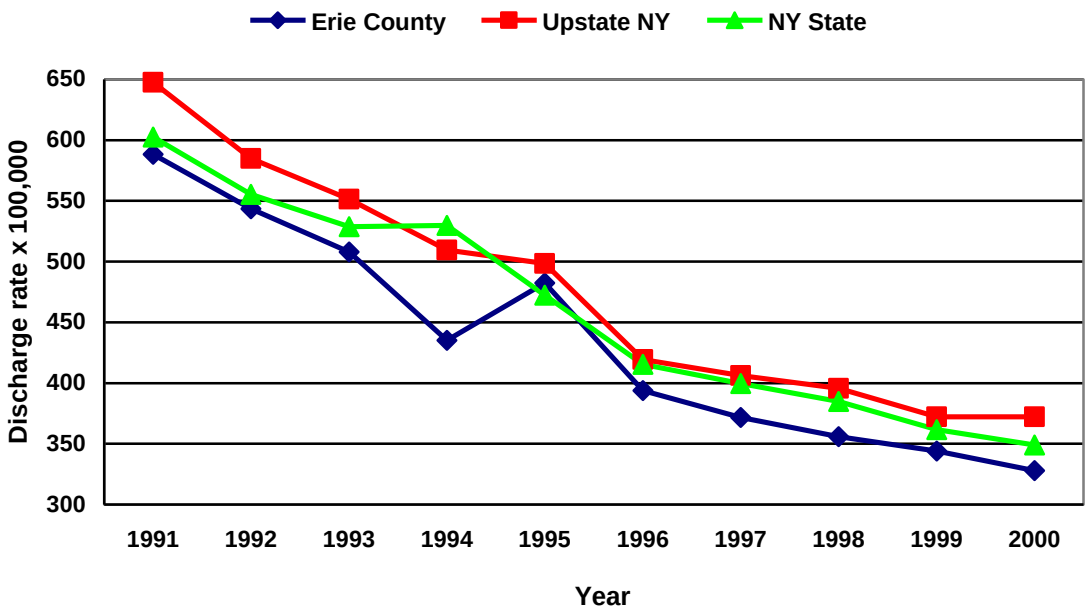


From 1991 to 2000, hospitalization rates for unintentional injury among adolescents aged 10-14 years have declined more steadily in NY State and Upstate NY than in Erie County that has shown a more fluctuating trend in the same time period.
In the last year of observation, all three regions have reported a rise in the rates compared to 1999 figures.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Unintentional Injury* (Age 15-24) – Discharge Rate × 100,000 Population Age 15-24

Region/County	1998	1999	2000
Erie County	355.8	343.9	328.0
Upstate New York	395.8	372.3	372.2
New York State	384.9	361.8	349.0

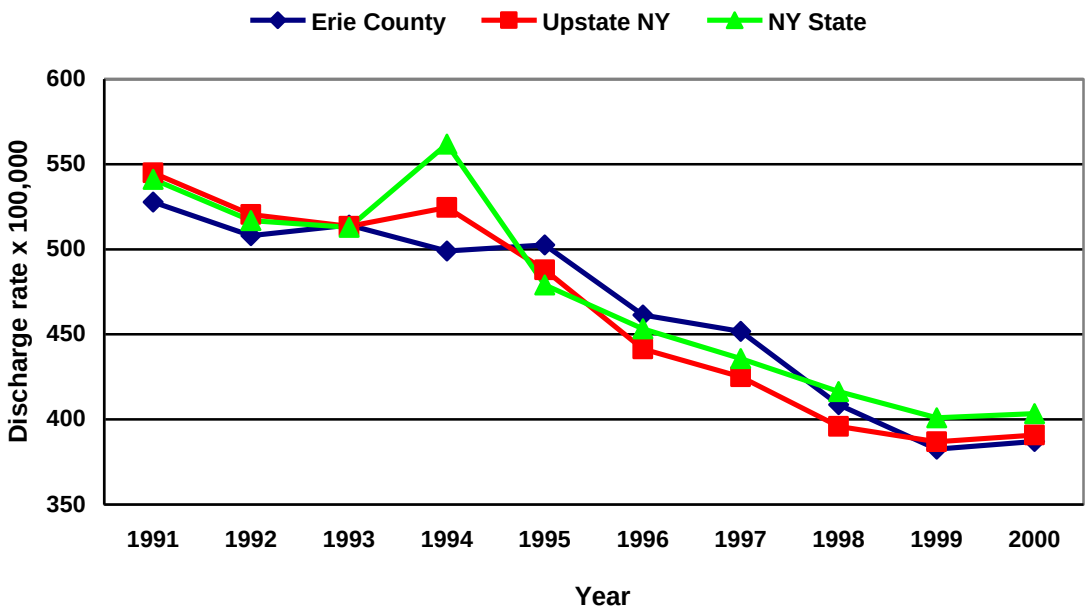


Hospitalization rates for unintentional injury among people aged 15-24 years have substantially declined over the past decade in all three regions.
Erie County has shown consistently the lowest rates with the exception of a sporadic rise in 1995.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Unintentional Injury* (Age 25-64) – Discharge Rate × 100,000 Population Age 25-64

Region/County	1998	1999	2000
Erie County	408.7	382.6	387.0
Upstate New York	395.9	386.8	390.8
New York State	416.4	400.9	403.5

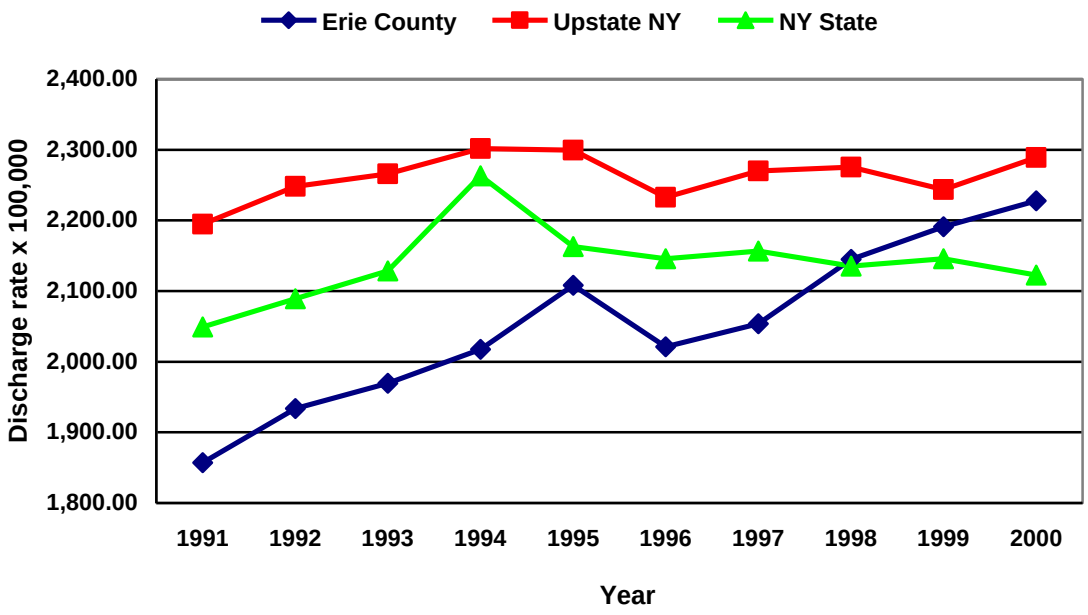


From 1991 to 2000, hospitalization rates for unintentional injury in people aged 25-64 years have decreased at state, upstate and county level, at a greater extent in the second half of the 10-year period.
Erie County and Upstate NY have shown very similar trends in the time period of observation, while New York State has been characterized by a more irregular trend.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Unintentional Injury* (Age 65 +) – Discharge Rate × 100,000 Population Age 65 +

Region/County	1998	1999	2000
Erie County	2,144.9	2,191.3	2,228.0
Upstate New York	2,275.2	2,243.6	2,288.8
New York State	2,135.4	2,145.6	2,122.8

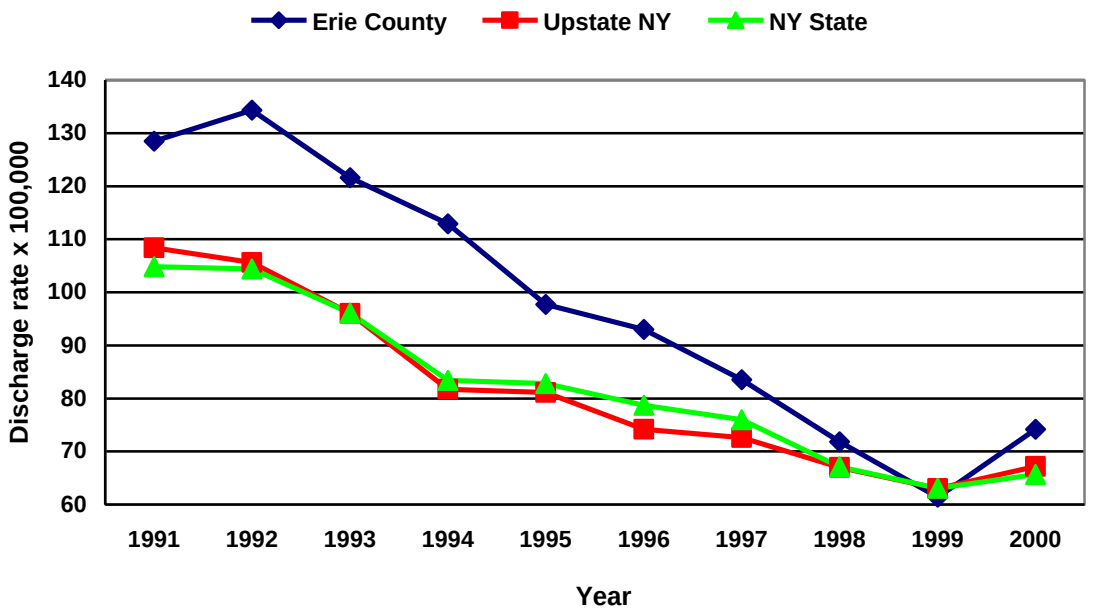


Hospitalization rates for unintentional injury in people aged over 65 years have slightly increased in New York State and Upstate NY in the past decade, whereas Erie County has experienced a more remarkable increase in the same time period.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Traumatic Brain Injury* – Discharge Rate × 100,000 Population

Region/County	1998	1999	2000
Erie County	71.8	61.4	74.2
Upstate New York	67.0	63.0	67.2
New York State	67.1	63.1	65.7

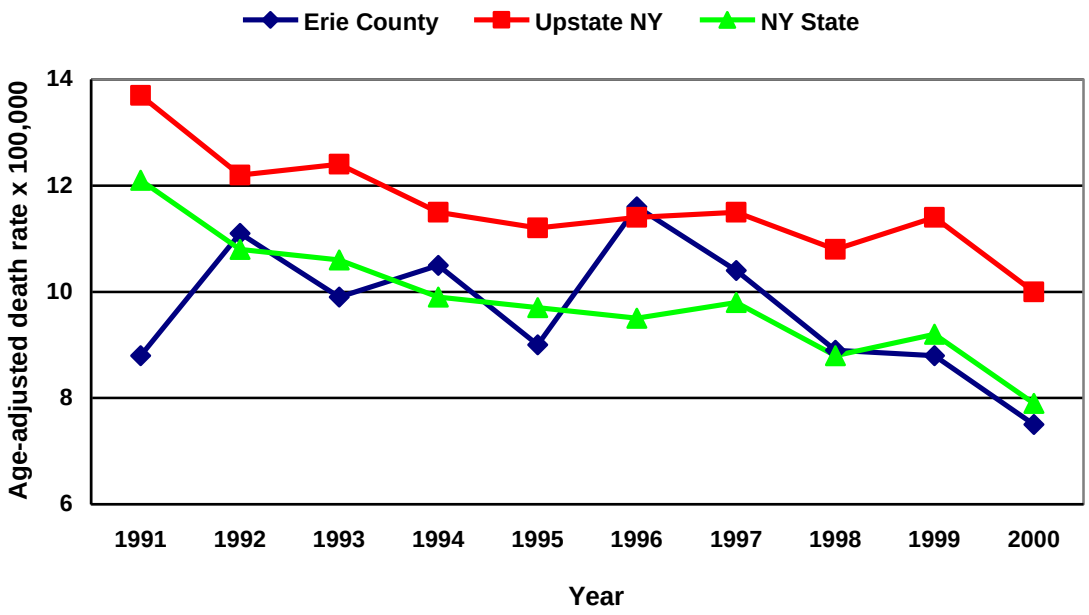


Traumatic brain injuries are among the most likely to result in death or permanent disability, therefore their burden reflects the enormous losses to individuals, their families, and society.
From 1991 to 2000, the hospitalization rates for this type of injury have considerably declined in all the considered regions.
Erie County has reported the biggest decrease in the 10-year period.
In the last year of observation, there has been an increase in the rates for all three regions in comparison with 1999 figures.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Motor Vehicle Death Rates* × 100,000 Population

Region/County	1998	1999	2000
Erie County	8.9	8.8	7.5
Upstate New York	10.8	11.4	10.0
New York State	8.8	9.2	7.9

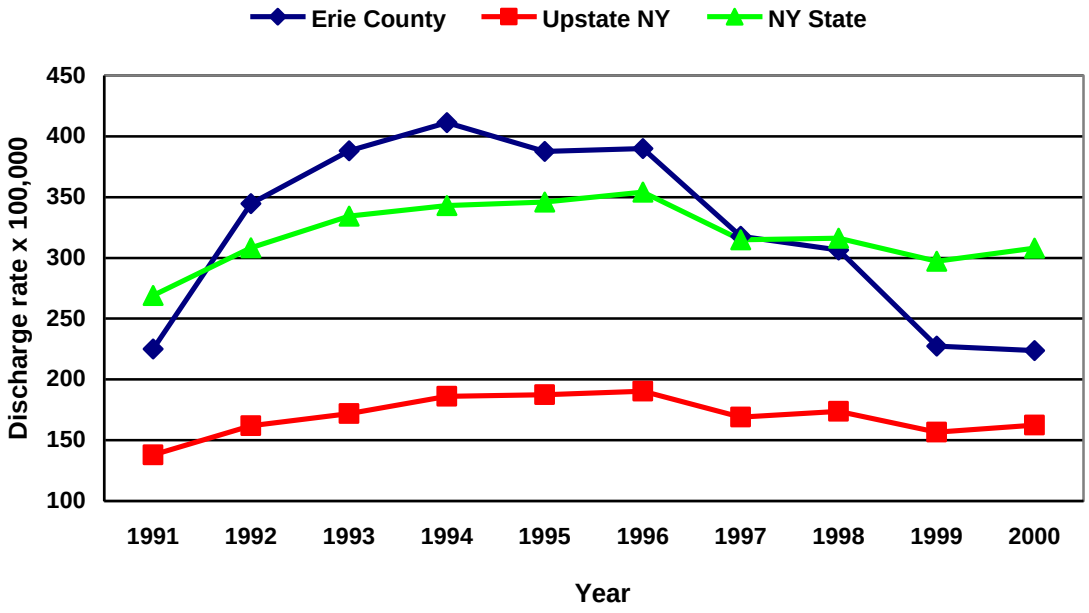


From 1991 to 2000, the age-adjusted death rates for motor vehicle crashes in Erie County fluctuated, while both Upstate NY and NY State have been characterized by a declining trend in the same period.
Erie County shows lower rates compared to the other two regions in the last two years of observation.

* Rates are age adjusted to the 2000 United States population.

Drug Related* – Discharge Rate × 100,000 Population

Region/County	1998	1999	2000
Erie County	306.4	227.5	223.9
Upstate New York	173.8	156.7	162.5
New York State	316.1	297.2	308.0



Drug-related hospitalizations rates in Erie County have shown an increasing trend until 1994 followed by a substantial decline in the second half of the ‘90s. However, when considering the overall period there has been a very little change for these rates in Erie County.
Upstate NY and NY State have been characterized in the same time period by a slight increase with consistently higher rates in NY State compared to Upstate NY.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

HIV

AIDS Cases* – Rate (1998-2000) × 100,000 Population

Region/County	1998	1999	2000	Rate
Erie County	85	97	57	8.1
Upstate New York	1,270	1,199	771	9.8
New York State	6,255	5,625	3,682	28.1

HIV Positive Newborns[#]
Rate (1998-2000) × 1,000 Newborns Tested

Region/County	1998	1999	2000	Rate
Erie County	19	21	13	1.6
Upstate New York	169	178	154	1.3
New York State	990	948	825	3.7

The AIDS cases rate in the period 1998-2000 has been lower in Erie County compared to both NY State and Upstate NY. NY State shows much higher rates than the other two regions most likely as a result of the contribution of New York City.
The number of cases in 2000 across the three considered regions has been consistently lower than the one reported in the first two years of observation.
Erie County and Upstate NY show as well a lower HIV positive newborns rate than NY State in the period 1998-2000. The number of cases in 2000 has reduced in respect of the first two years of observation in all considered regions.

* Information on AIDS cases comes from the NYS AIDS Case Surveillance Registry.

The New York State Department of Health tests specimens from the Newborn Screening Program for HIV antibodies. The seropositive rate is per 1,000 positive results. The presence of HIV antibodies in newborns indicates infection of the mother and not necessarily infection of the infant.

Diabetes

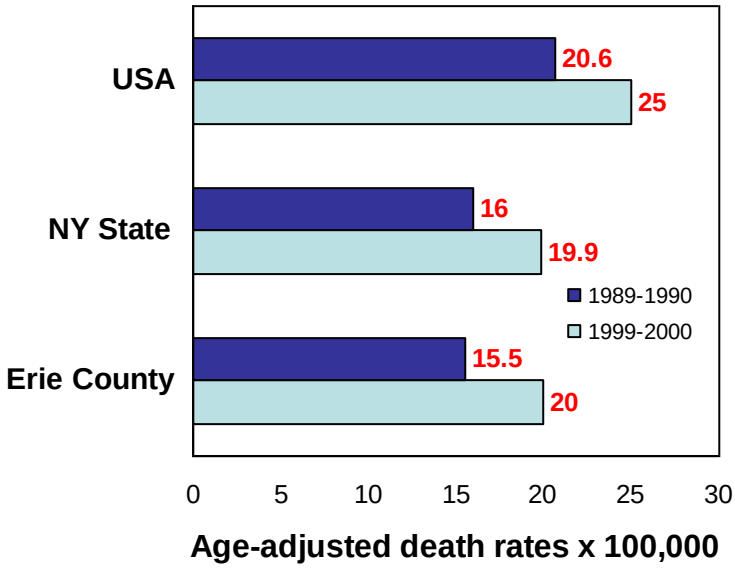
Diabetes Death Rates
250 (ICD 9); E10-E14 (ICD 10)

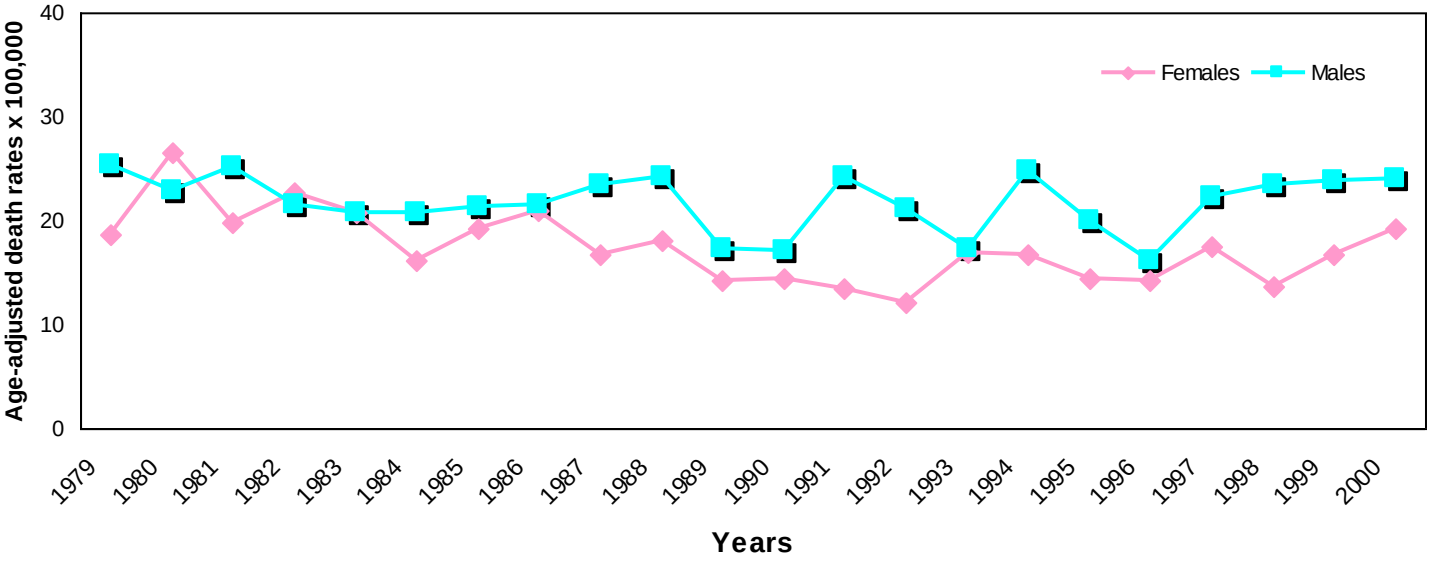
Summary

The age-adjusted death rates of diabetes in Erie County have been characterized by no substantial changes in the period 1979-2000.

National rates have been consistently higher than both county and state levels in the periods 1989-1990 and 1999-2000.

Objectives
HP 2010
There is no HP 2010 goal for diabetes death rates





Diabetes Prevalence in Adults

Age Group	**Estimated number of people with diabetes***	
	1993-1995	*1997-1999*
0-19	386	422
20-44	3,560	4,853
45-64	13,130	15,991
65+	16,050	17,015
TOTAL	33,126	38,281

* Prevalence estimates for the 0-19 age group were derived from the national prevalence rate (from *Diabetes in America*, 2nd edition, chapter 3). Prevalence estimates at the county level were derived by applying the age/race specific New York State prevalence rates to the 1993-1995 and 1997-1999 census county age/race specific population estimates.

Hospitalizations for Diabetes as any Diagnosis

	County		**State**	
	1995	*1999*	*1995*	*1999*
Number of Hospitalizations	15,938	17,556	272,600	332,419
Rate of Hospitalizations	486.8/1,000	458.6/1,000	485.1/1,000	420.5/1,000
Average Length of Stay	10.9 days	8.2 days	9.2 days	8.1 days
Average Charges	$ 10,397	$ 11,454	$ 10,232	$ 16,669

Complications of Diabetes

	Number	*County Rate*	*State Rate*
Lower Extremity Amputations, 1999	262	6.7/1,000	5.7/1,000
New Cases of End Stage Renal Disease, 1998	131	3.4/1,000	3.2/1,000
All Cases of End Stage Renal Disease, 1998	426	11.1/1,000	10.7/1,000
All Births to Women with Diabetes, 1998	388	3.4%	3.6%
Lower Extremity Amputations, 1995	201	6.1/1,000	6.5/1,000
New Cases of End Stage Renal Disease, 1996	122	3.7/1,000	3.9/1,000
All Cases of End Stage Renal Disease, 1996	296	9.0/1,000	7.5/1,000
All Births to Women with Diabetes, 1995	498	4.0%	3.3%

In the period 1997-1999 the estimated number of people with diabetes in Erie County has increased across all age groups in comparison with the period 1993-1995. The number of diseased people tends to increase, not surprisingly, with increasing age and is largest among older people.

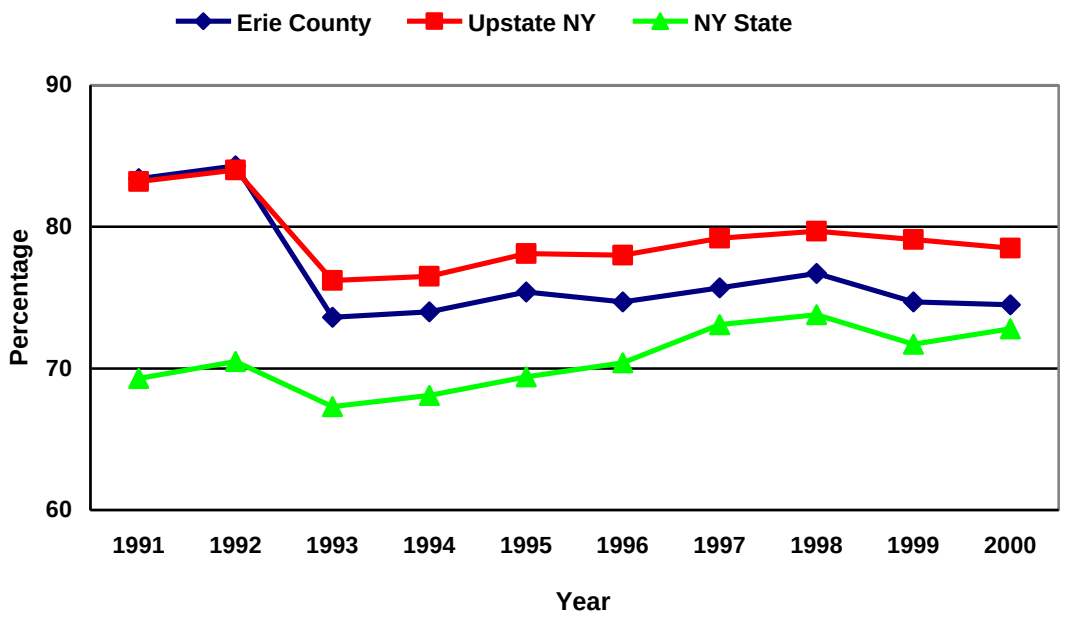
The hospitalization rate for diabetes as well as the average length of stay in Erie County has been consistently higher than the state figures in 1995 and 1999. In both regions, the rate of hospitalization and the average length of stay have reduced from 1995 to 1999, while the average charges have increased over the same period in the two regions.

The rates for diabetes complications in 1998 and 1999 are consistently higher in Erie County than New York State, with the exclusion of all births to women with diabetes. In 1995 and 1996, the rates did not differ substantially between the two regions.

Maternal Child Health

Early Prenatal Care* - Percentage × 100 Live Births

Region/County	1998	1999	2000
Erie County	76.7	74.7	74.5
Upstate New York	79.7	79.1	78.5
New York State	73.8	71.7	72.8

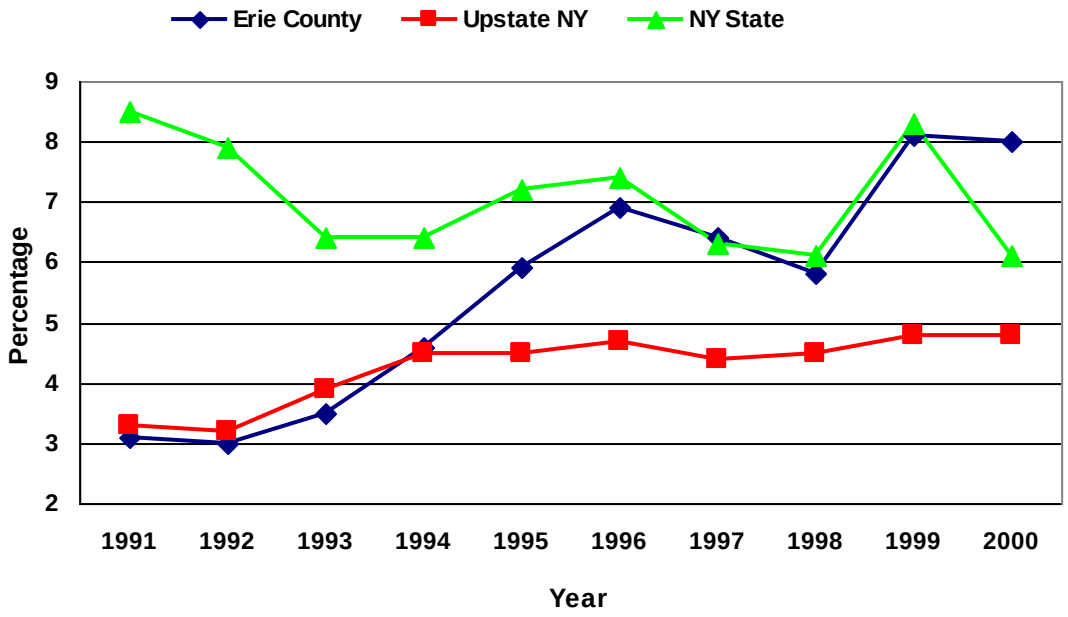


Early prenatal care (*i.e.*, care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.
The percentage of early prenatal care in Erie County and Upstate NY has been consistently higher than the one in New York State in the period 1991-2000, although the proportion of mothers who has sought this kind of care has slightly decreased in both regions.

* Early Prenatal Care is the number of births to women who began prenatal care within the first three months of pregnancy (first trimester).

Late or No Prenatal Care* - Percentage* × 100 Live Births

Region/County	1998	1999	2000
Erie County	5.8	8.1	8.0
Upstate New York	4.5	4.8	4.8
New York State	6.1	8.3	6.1

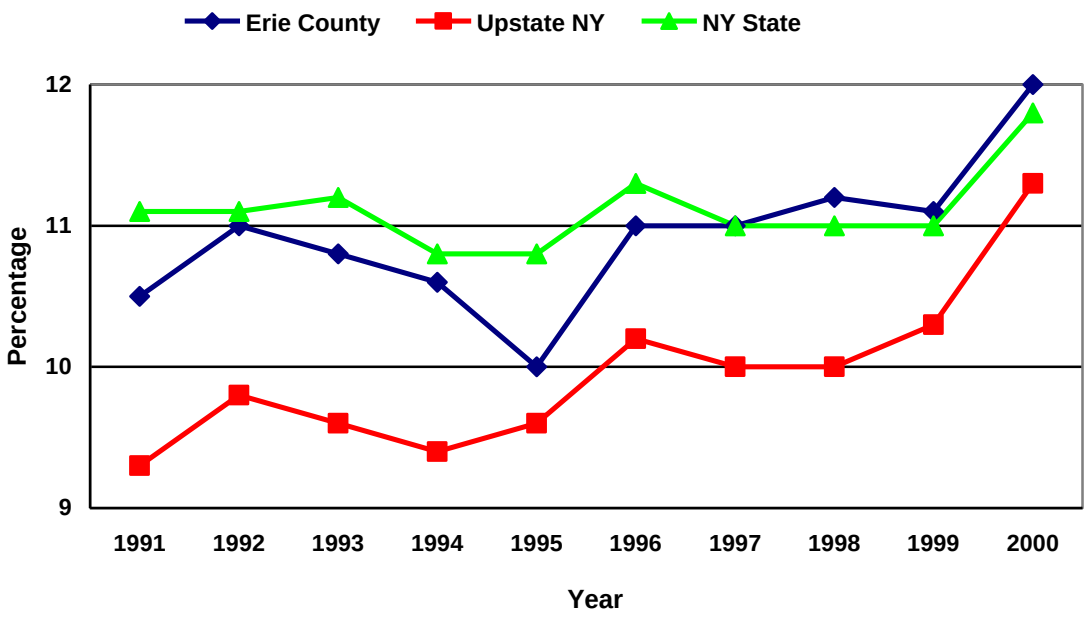


The percentage of women who began prenatal care within the last trimester of pregnancy or not at all in Erie County has increased over the past decade, and, at present, Erie County experiences the highest percentage of mothers who receive either no or late prenatal care, among the three considered regions.
Numerous economic, demographic, medical, psychosocial and behavioral factors can affect the timing of prenatal care initiation. Women are at significant risk for initiating prenatal care late or not at all if they are young, poor, and unemployed, members of minority groups or unmarried; have less than a high school education; lack health insurance; or have other children.

* Late or No Prenatal Care is the number of births to women who began prenatal care within the last three months of pregnancy (third trimester) or not at all.

Short Gestation (< 37 weeks)* - Percentage × 100 Live Births

Region/County	1998	1999	2000
Erie County	11.2	11.1	12.0
Upstate New York	10.0	10.3	11.3
New York State	11.0	11.0	11.8

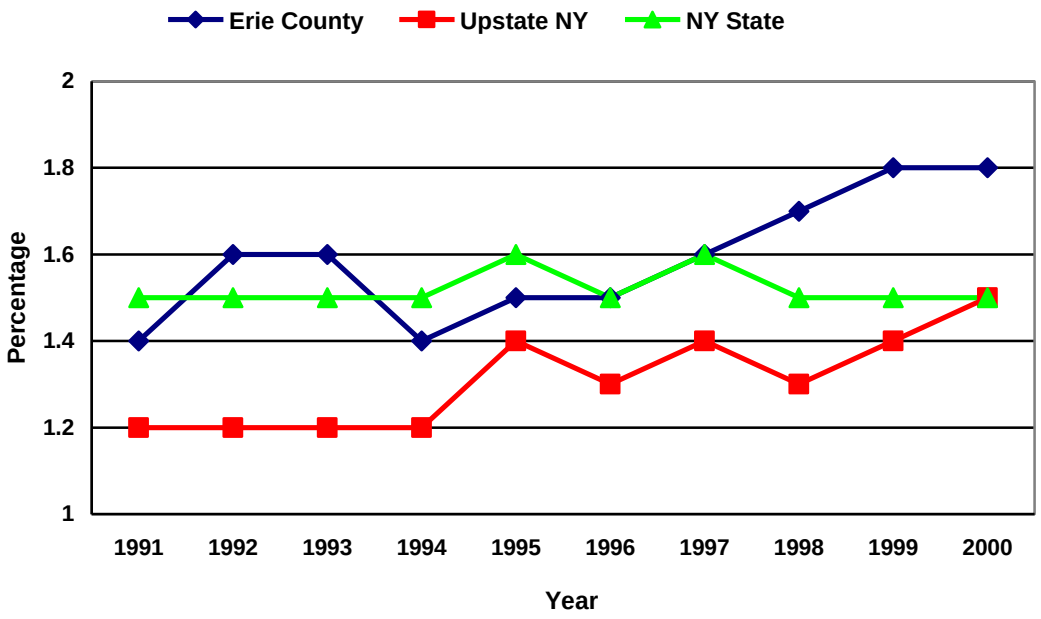


The percentage of infants with gestational age < 37 weeks has fluctuated only modestly over the past decade in New York State, Upstate NY and Erie County.
The figures in Erie County and statewide have been consistently higher than in Upstate NY throughout the 1990's.

* Short gestation or prematurity rate is the percent of infants born before 37 weeks gestation.

Very Low Birth Weight Births (< 1,500 grams)
Percentage × 100 Live Births

Region/County	1998	1999	2000
Erie County	1.7	1.8	1.8
Upstate New York	1.3	1.4	1.5
New York State	1.5	1.5	1.5

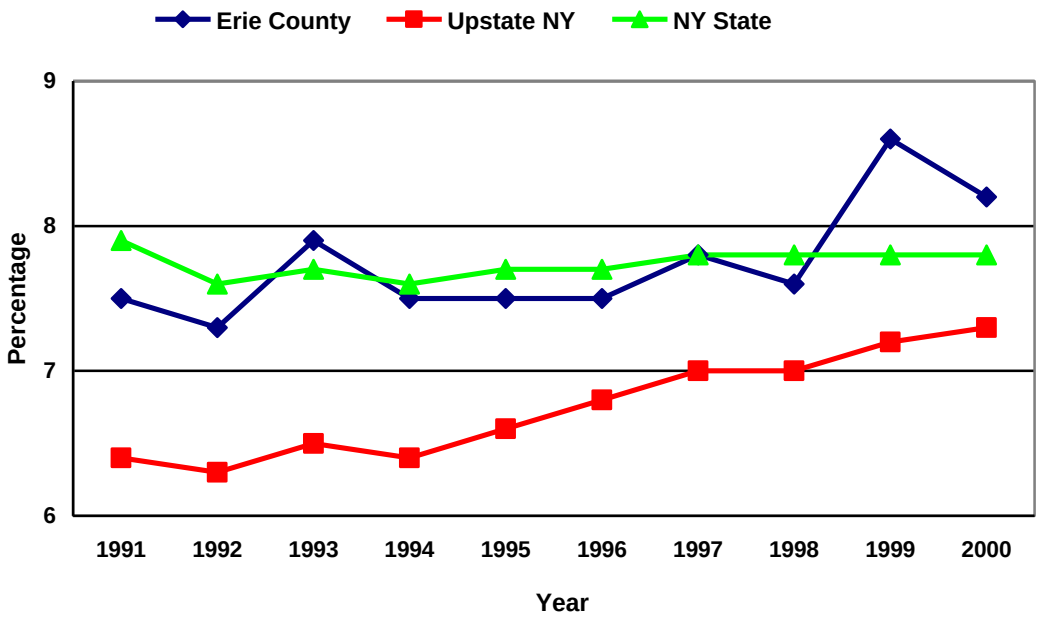


Infants who are very low in birth weight (less than 1,500 grams, or 3 pounds 4 ounces) have a 25 percent chance of dying before age 1. Infants born at a very low birth weight are also at increased risk of long-term disability and impaired development; they are more likely than heavier infants to experience delayed motor and social development. Children ages 4-17 who were born at a very low birth weight are more likely to be enrolled in special education classes, to repeat a grade, or to fail school than children who were born at a normal birthweight.

The percentage of infants born at a very low birth weight has shown a very little change between 1991 and 2000 in Erie County and Upstate NY, while in New York State the trend has been even flatter. The figures in the county have been higher than in the state or upstate in the last three years of the period of study.

Low Birth Weight Births (< 2,500 grams)
Percentage × 100 Live Births

Region/County	1998	1999	2000
Erie County	7.6	8.6	8.2
Upstate New York	7.0	7.2	7.3
New York State	7.8	7.8	7.8



Low birthweight is a multi-faceted problem. Teenage pregnancy as well as maternal smoking and minority race are known to be strong, independent predictors of low birthweight. Policies and programs designed to address aspects of the social and economic environment of families may help to reduce low birthweight.

Erie County and Upstate NY have experienced an increasing trend in the percentage of infants born at a low birth weight over the past decade, whereas New York State has shown a very flat trend in the same period.

The increasing percentage of live-born infants delivered at a very low or low birthweight could also be a result of the adoption of more aggressive intrapartum medical management strategies for extremely premature pregnancies.

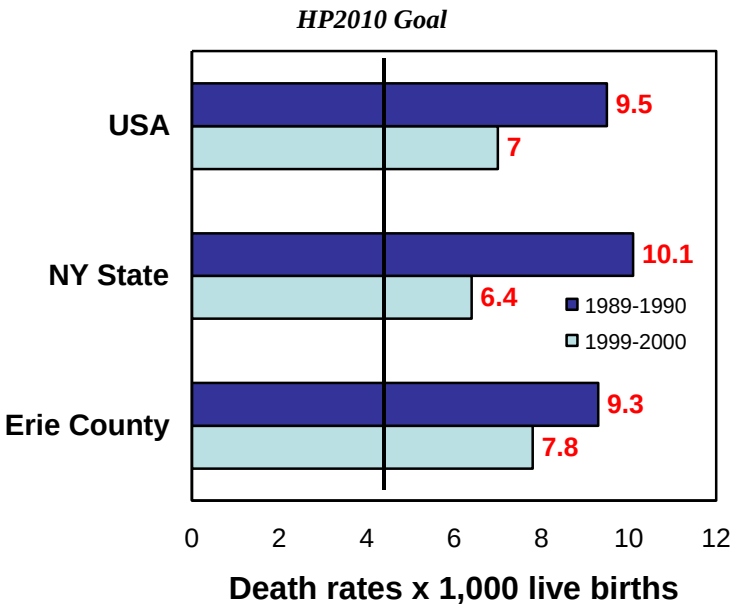
Infant Mortality Rates
(< 1 year)

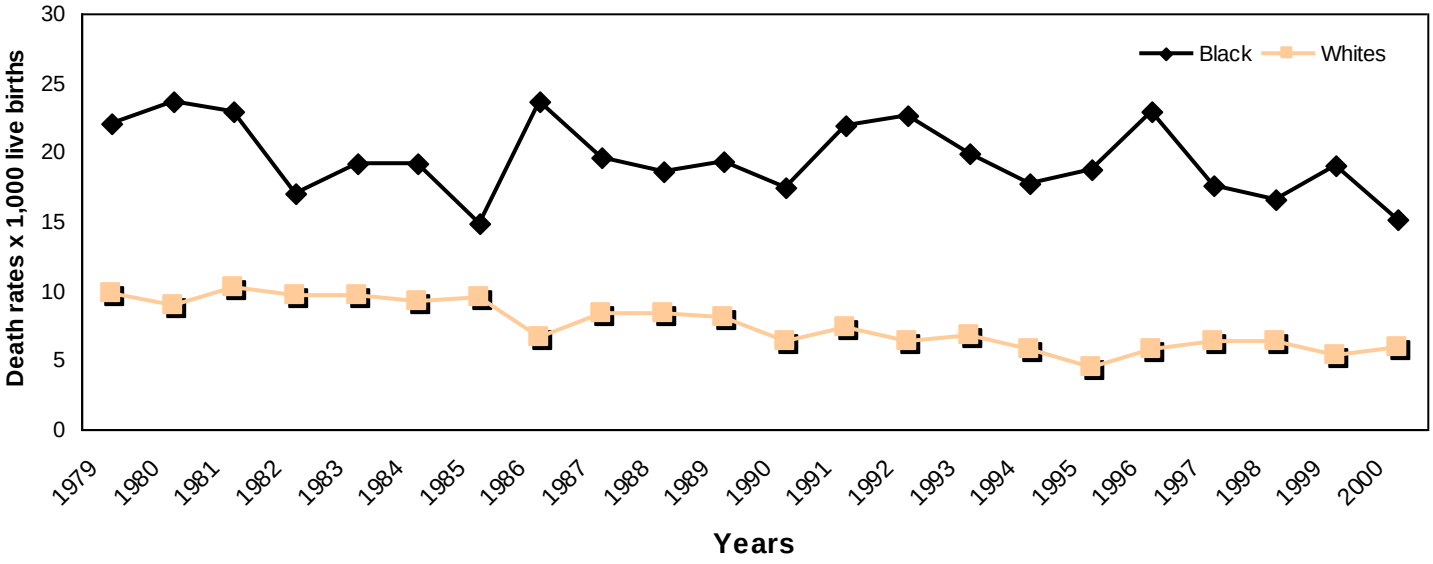
Summary

Infant mortality is an important measure of the health status and social well-being of a community. Death rates in Erie County have been declined in the two main racial groups in the period 1979-2000, with Blacks showing consistently higher rates than Whites.

In comparison with national and state data, Erie County has been characterized by lower rates in the period 1989-1990 and higher rates in the period 1999-2000.
County, state and national levels exceed the target of Healthy People 2010.

Objectives
HP 2010
Reduce infant death rate to no more than 4.5 per 1,000 live births





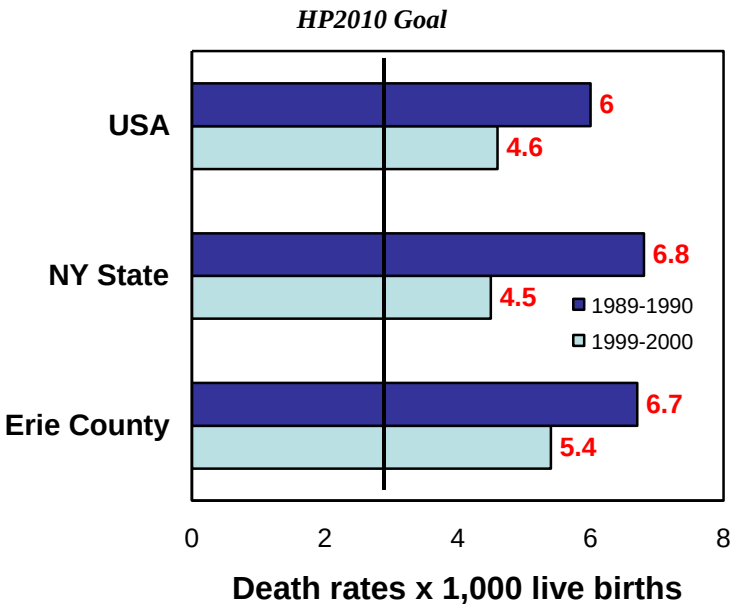
Neonatal Mortality Rates
(< 28 days)

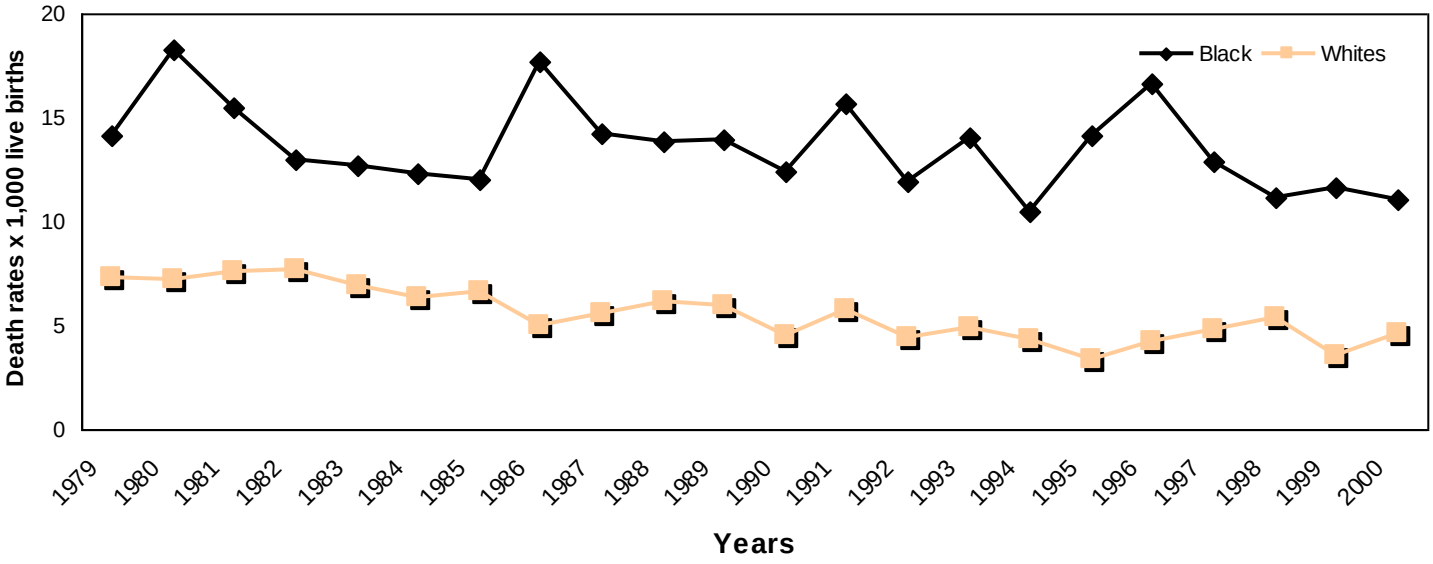
Summary

Neonatal mortality is, together with post neonatal mortality, one of the two components of infant mortality. The leading causes of neonatal death include birth defects, disorders related to short gestation and low birth weight, and pregnancy complications.
The total number of deaths in Erie County is too small, thus the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have been characterized consistently by higher rates than Whites.

In comparison with national and state data, Erie County has shown similar rates to NY State in the period 1989-1990 and higher rates than both national and state figures in the period 1999-2000.
County, state and national levels exceed the Healthy People 2010 objective.

Objectives
HP 2010
Reduce neonatal death rate to no more than 2.9 per 1,000 live births





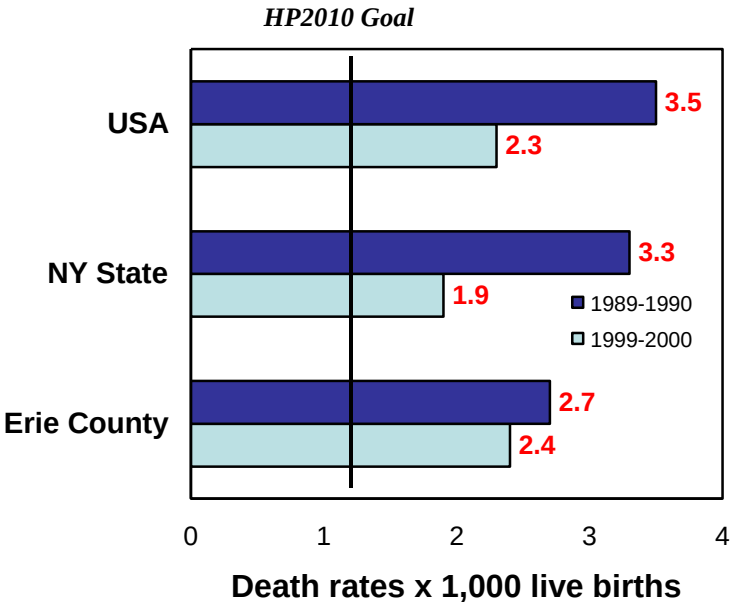
Post Neonatal Mortality Rates
(28 days - < 1 year)

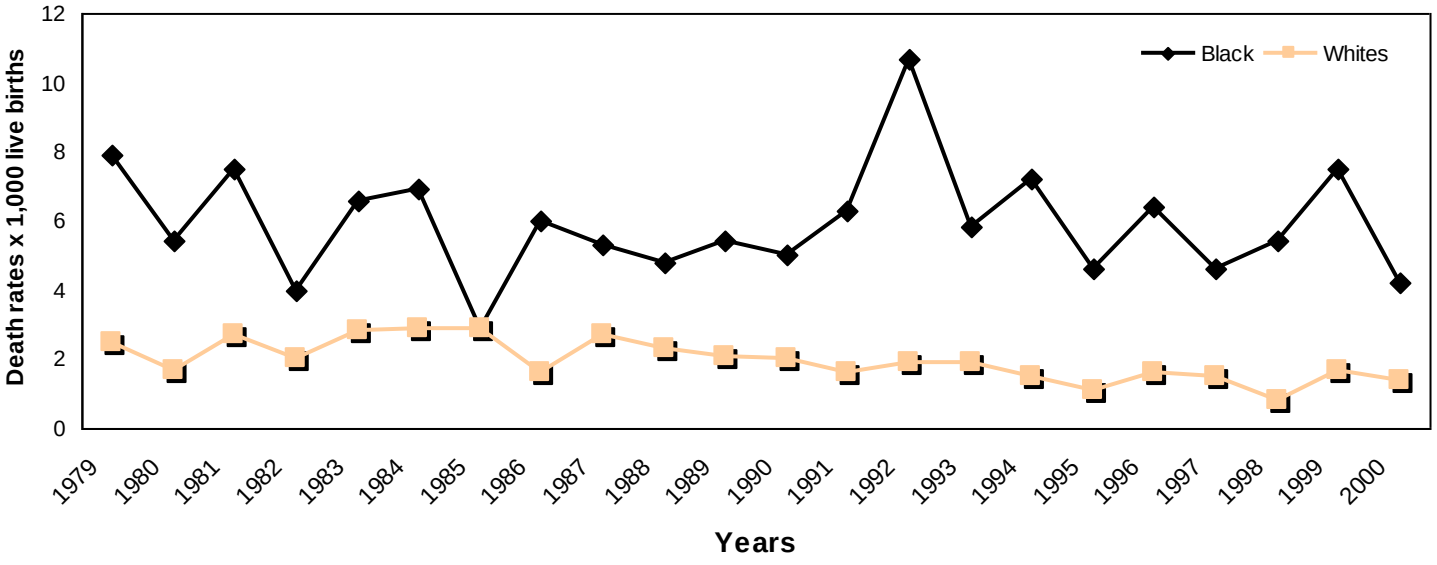
Summary

The leading cause of post neonatal mortality in the United States is the Sudden Infant Death Syndrome that accounts for nearly one-third of all cases of post neonatal deaths.
The deaths in Erie County are so few that the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have been characterized consistently by higher rates than Whites.

When comparing with national and state figures, Erie County has been characterized by lower rates in the period 1989-1990 and higher rates in the period 1999-2000.
County, state and national levels exceed the Healthy People 2010 objective.

Objectives
HP 2010
Reduce post neonatal death rate to no more than 1.2 per 1,000 live births





Fetal Mortality Rates

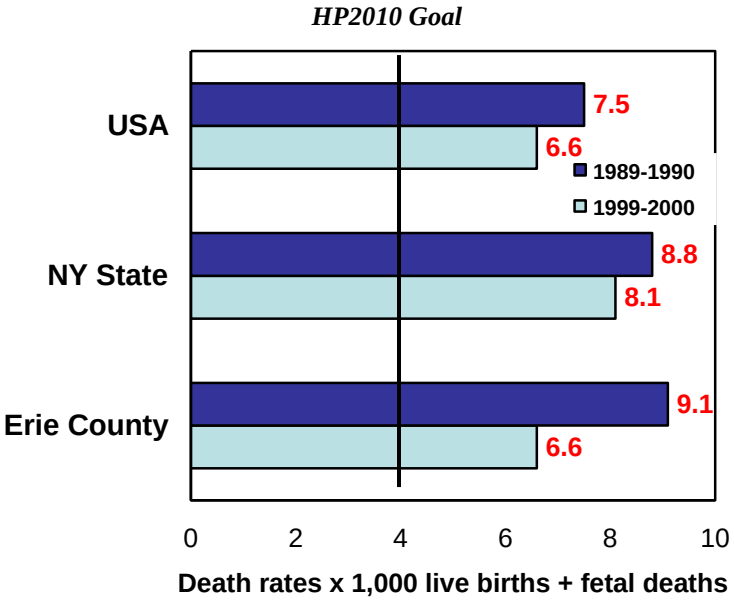
(Number of fetal deaths of ≥ 20 weeks of gestation per 1,000 live births + fetal deaths)

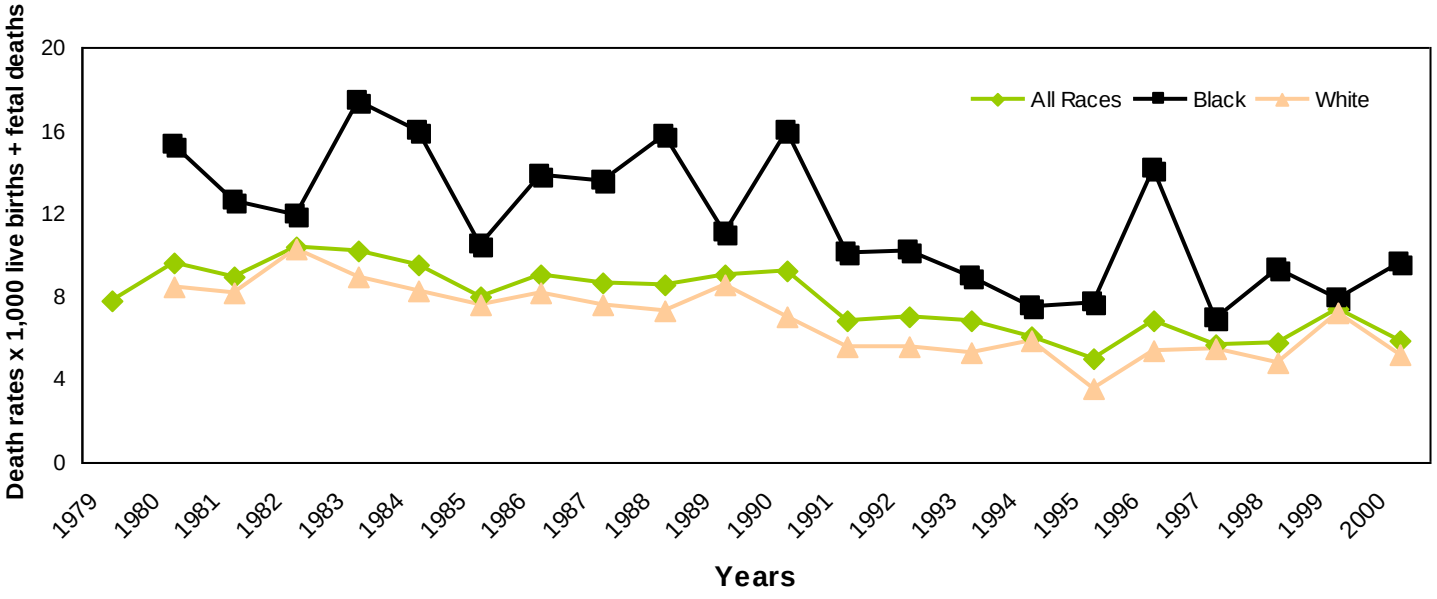
Summary

Fetal death is usually associated with maternal complications of pregnancy or birth defects. In Erie County the total number of deaths is too small, thus the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have shown consistently higher rates than Whites even though the gap seems to have been reducing in the last few years.

Erie County has been characterized by higher rates than both national and state figures in the period 1989-1990 while more recently has shown similar rates to US levels and lower rates than NY State figures
County, state and national levels are over the target of Healthy People 2010.

Objectives
HP 2010
Reduce fetal death rate to no more than 4.1 per 1,000 live births + fetal deaths





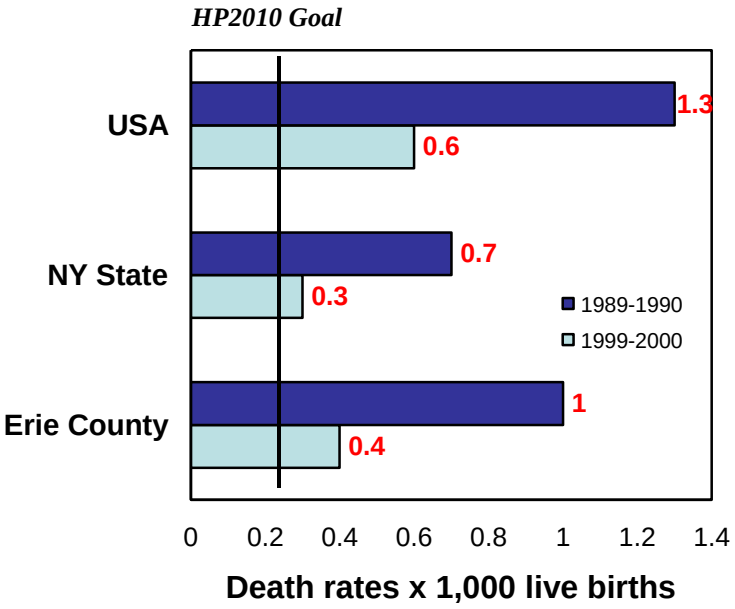
Sudden Infant Death Syndrome (SIDS) Death Rates
798.0 (ICD 9); R95 (ICD 10)

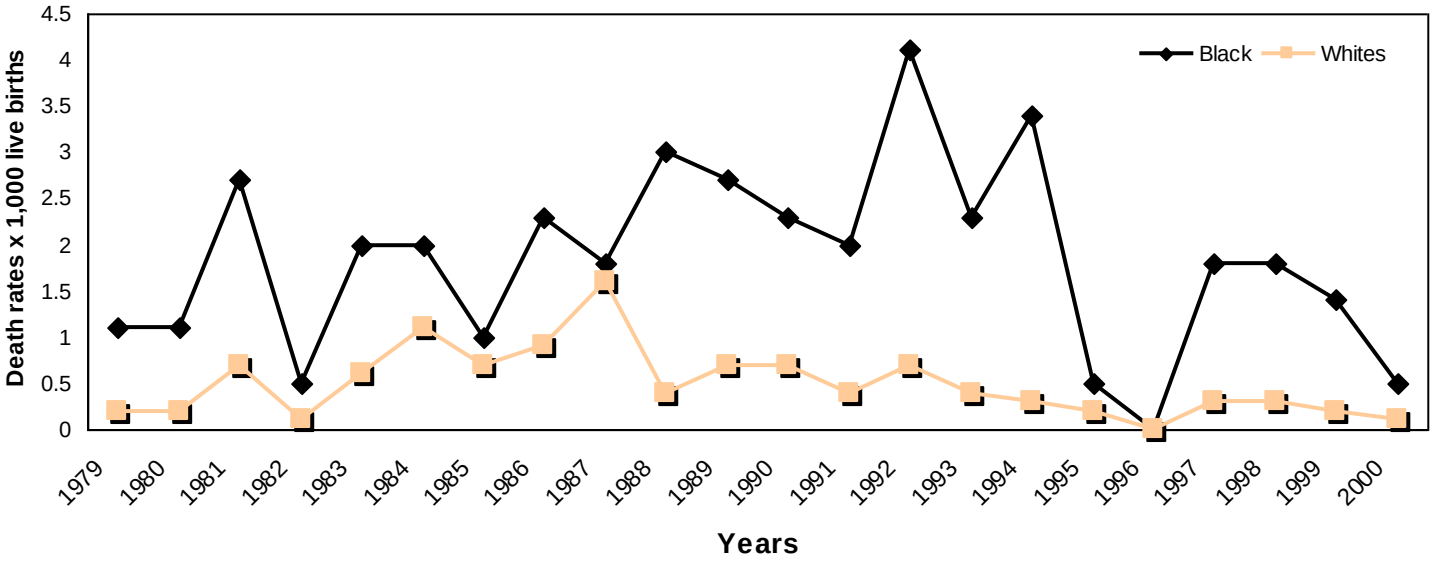
Summary

SIDS is the leading cause of post neonatal mortality in the United States among all racial and ethnic groups, representing approximately one-third of all cases of post neonatal deaths. The death rate among Blacks is twice that of Whites.
In Erie County the deaths are so few that the most of data for the period 1979-2000 are unreliable in both racial groups. However, Blacks have been characterized consistently by higher rates than Whites.

National figures have been consistently higher than both county and state levels in the periods 1989-1990 and 1999-2000. County and state rates are quite close to the Healthy People 2010 objective.

Objectives
HP 2010
Reduce SIDS death rate to no more than 0.25 per 1,000 live births





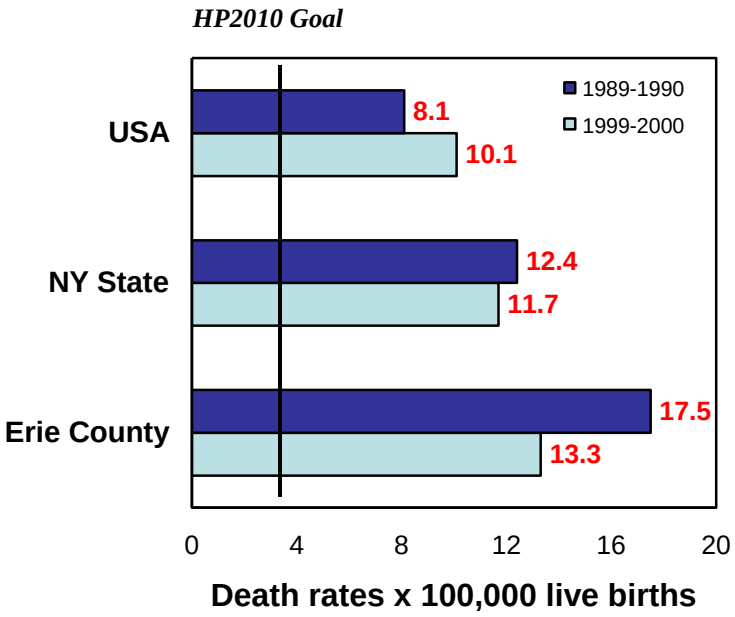
Maternal Mortality* Rates
630-676 (ICD 9); O00-O99 (ICD 10)

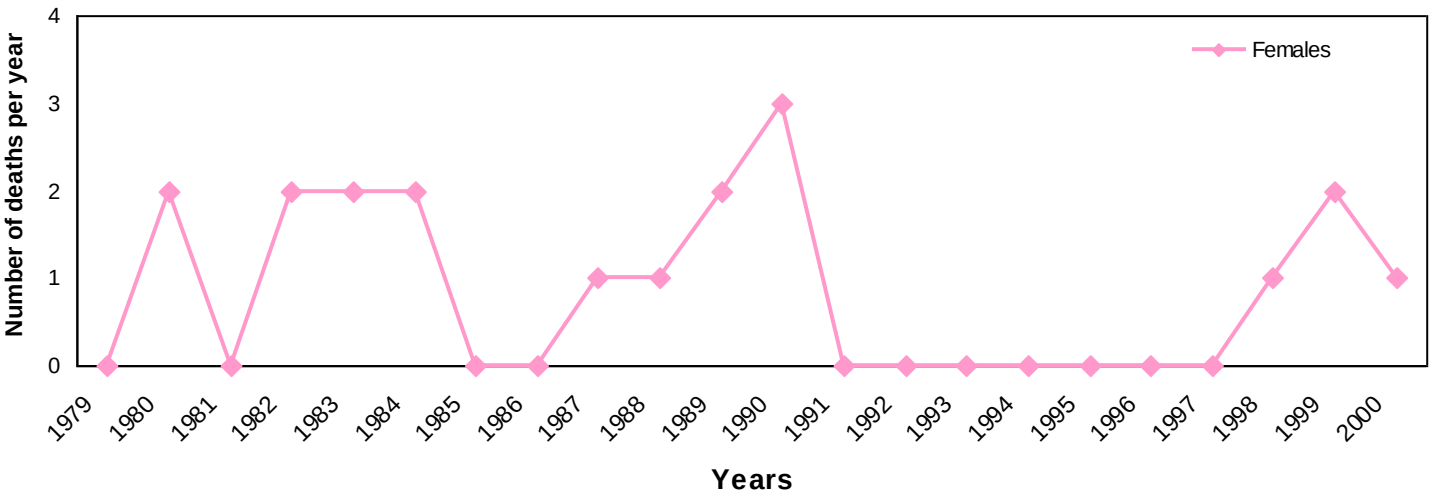
Summary

In Erie County, the number of deaths due to complications of pregnancy, childbirth and puerperium is so little that the most of death rates for the period 1979-2000 are unreliable; therefore number of deaths is shown.

County figures have been consistently higher than both national and state levels in the periods 1989-1990 and 1999-2000. County, state and national levels are over the target of Healthy People 2010.

Objectives
HP 2010
Reduce maternal death rate to no more than 3.3 per 100,000 live births

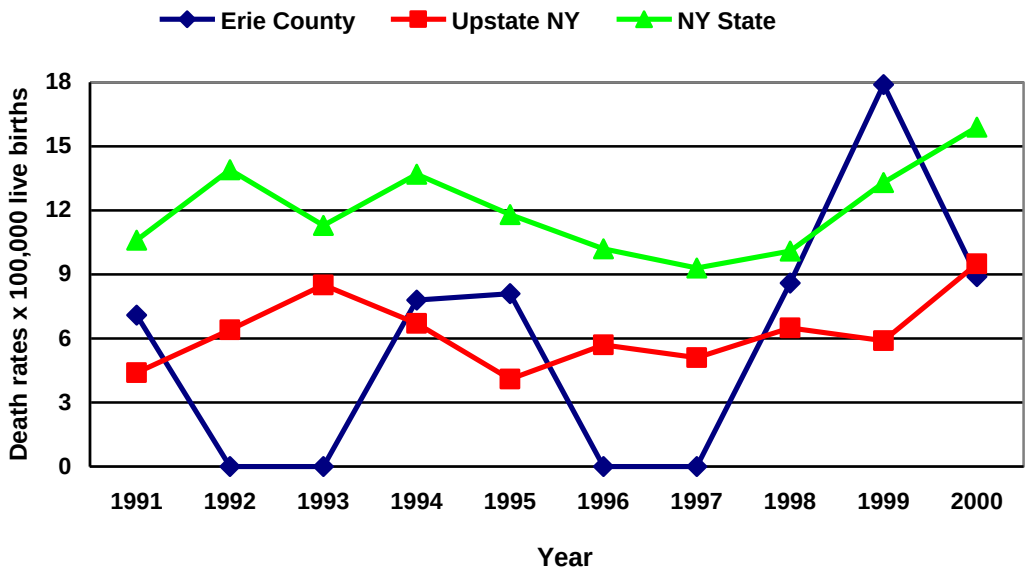




* Maternal mortality rate is the number of death due to complications of pregnancy, childbirth and puerperium per 100,000live births.

Maternal Mortality* Rates
630-676 (ICD 9); O00-O99 (ICD 10)

Region/County	1998	1999	2000
Erie County	8.6	17.9	8.9
Upstate New York	6.5	5.9	9.5
New York State	10.1	13.3	15.9



Maternal mortality is defined as deaths from puerperal causes, i.e. complications of pregnancy, childbirth, and the period after childbirth. These deaths can be related to previously existing maternal health problems, or they can occur from acute conditions arising during pregnancy, labor, or delivery. Such deaths are influenced not only by access to and adequacy of a woman's obstetric care, but also by her age, nutritional status, and socioeconomic level. Comparisons of maternal mortality rates among populations help to identify pregnant women at risk of dying from complications of pregnancy or childbirth, so proactive measures (educational, nutritional, etc.) can be taken to minimize the risk.

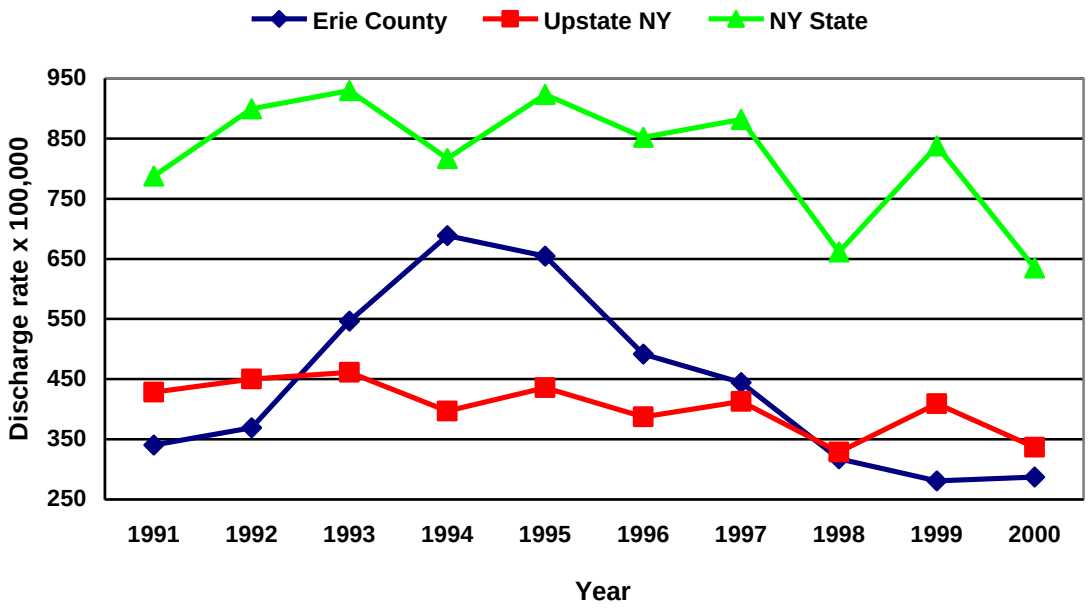
Maternal mortality rates have fluctuated over the past decade at state, upstate and county level. A slight increase has occurred in both Upstate NY and statewide.

* Maternal mortality rate is the number of death due to complications of pregnancy, childbirth and puerperium per 100,000 live births.

Respiratory Diseases

Asthma* (Age 0-4) – Discharge Rate × 100,000 Population Age 0-4

Region/County	1998	1999	2000
Erie County	317.7	281.1	287.0
Upstate New York	328.8	409.1	336.7
New York State	661.5	837.6	634.9

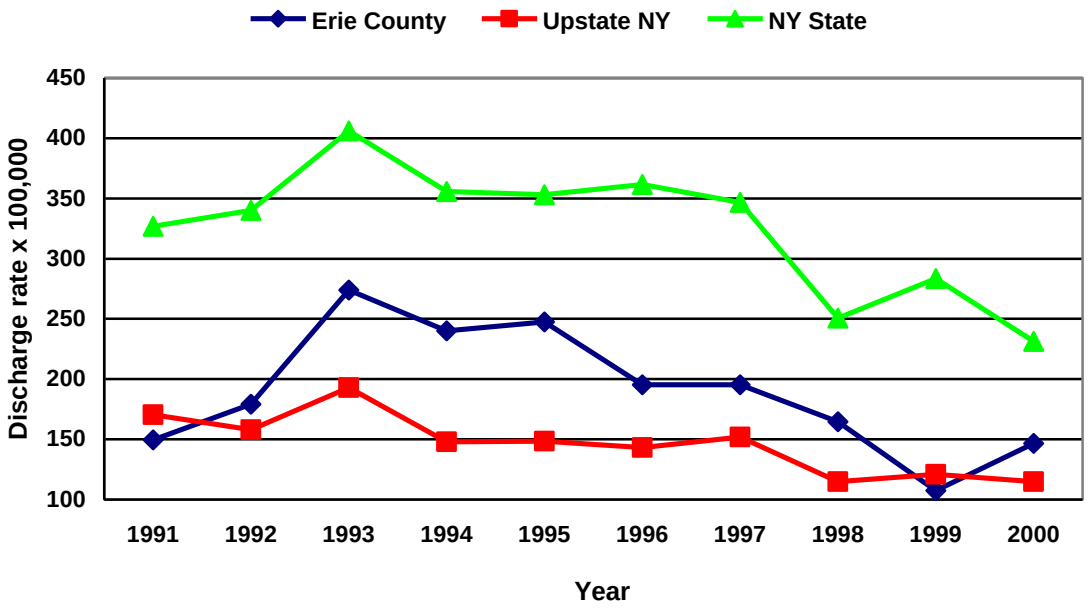


Hospitalization rates related to asthma for children ages 0-4 years have been consistently decreasing in Erie County since 1994, while state and upstate rates have fluctuated experiencing as well a decrease in the overall period.
The state figures have been by far higher than those reported at county and upstate level throughout the entire period of study.
This huge gap between state and upstate rates is certainly attributable to the elevated rates of asthma experienced in the city of New York related to the higher levels of air pollution in comparison with the upstate region, including Erie County.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Asthma* (Age 5-14) – Discharge Rate × 100,000 Population Age 5-14

Region/County	1998	1999	2000
Erie County	164.7	107.5	146.6
Upstate New York	114.9	120.9	114.8
New York State	250.7	283.6	231.4

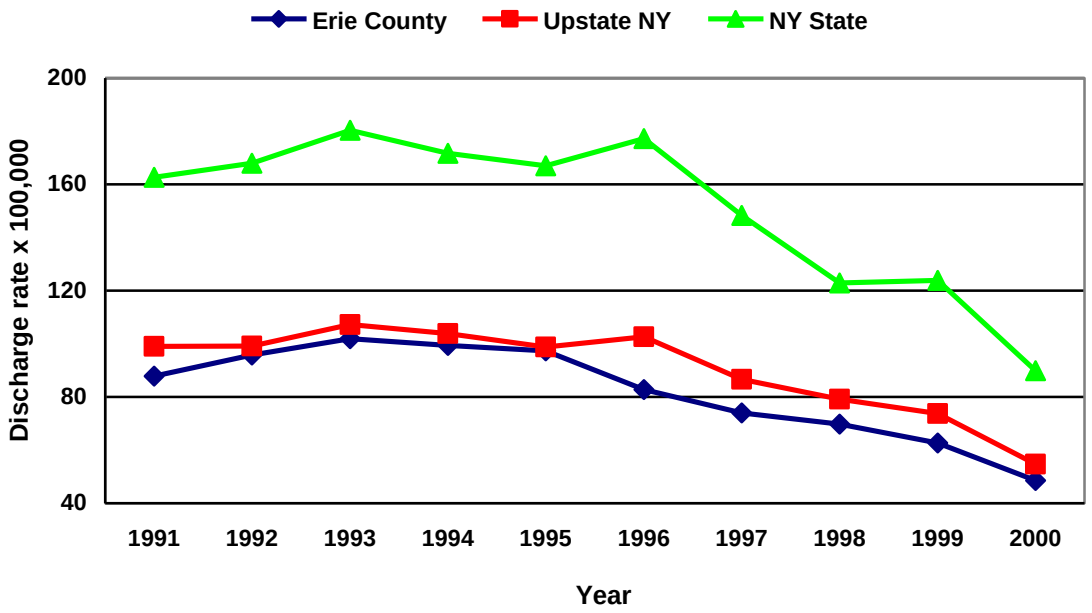


Hospitalization rates for asthma among children ages 5-14 years have decreased only modestly in Erie County over the past decade, mainly in the second half of the period, while the rates in New York State and Upstate NY have shown a more consistent decline in the same time period.
The state figures have been much higher than those reported at county and upstate level all over the 10-year period.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Asthma* (Age 15-24) – Discharge Rate × 100,000 Population Age 15-24

Region/County	1998	1999	2000
Erie County	69.8	62.7	48.5
Upstate New York	79.2	73.7	54.7
New York State	122.9	123.9	89.9

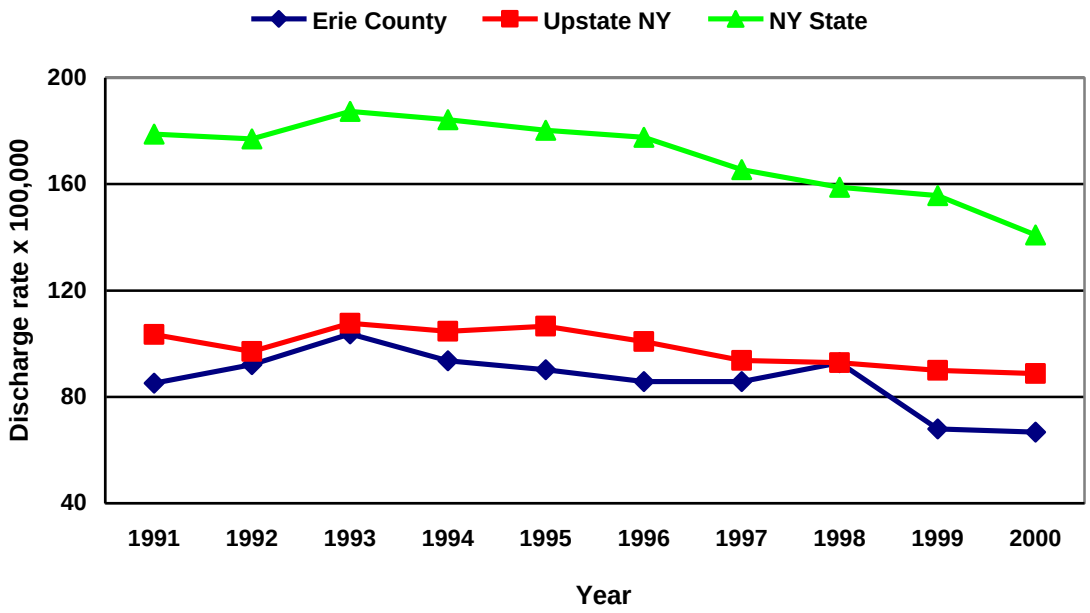


Hospitalization rates related to asthma for people aged 15-24 years have decreased consistently at state, upstate and county level between 1991 and 2000. This decline has been more remarkable during the second half of the study period, especially in New State. However, the state figures have been consistently higher than those experienced in both Upstate NY and Erie County.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Asthma* (Age 25-44) – Discharge Rate × 100,000 Population Age 25-44

Region/County	1998	1999	2000
Erie County	92.8	67.9	66.7
Upstate New York	92.9	90.0	88.7
New York State	158.8	155.7	140.9

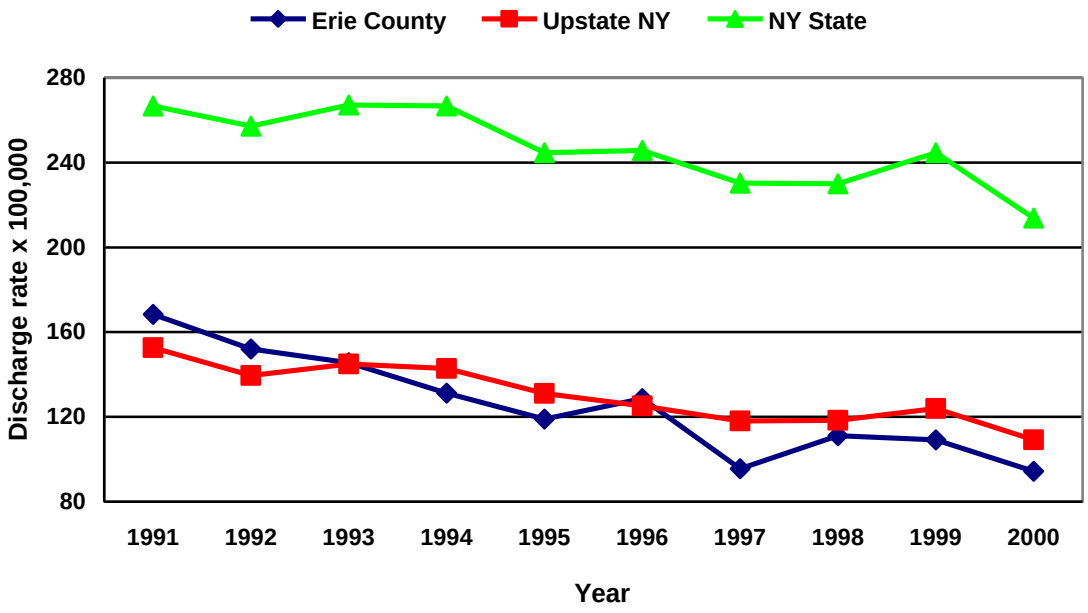


Hospitalization rates for asthma among people aged 25-44 years have slightly declined in Erie County and Upstate NY in the period 1991-2000, while New York State has shown a sharper decline in the same time period. The rates have been consistently higher statewide than in the upstate region all over the past decade.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Asthma* (Age 45-64) – Discharge Rate × 100,000 Population Age 45-64

Region/County	1998	1999	2000
Erie County	111.1	109.1	94.4
Upstate New York	118.3	124.0	109.2
New York State	230.0	244.6	213.9

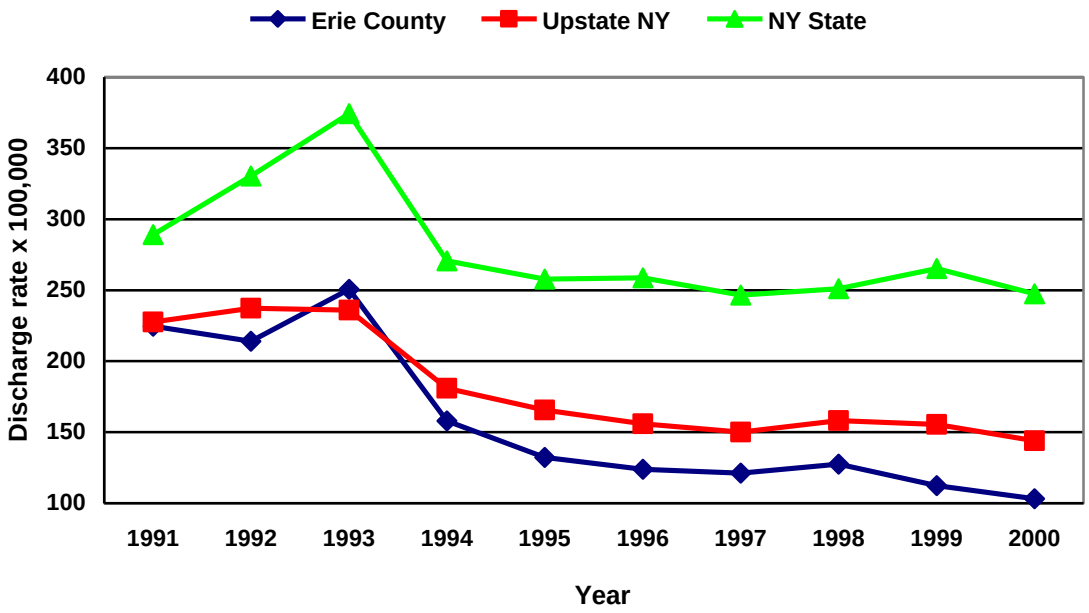


Asthma hospitalization rates among people aged 45-64 years have declined more sharply in Erie County than in Upstate NY and statewide. The gap between state and upstate figures is much larger in this age group compared to the previous ones underlining the contribution of other risk factors, in addition to air pollution, such as demographic, social and behavioral determinants.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Asthma* (Age 65 +) – Discharge Rate × 100,000 Population Age 65 +

Region/County	1998	1999	2000
Erie County	127.5	112.5	103.1
Upstate New York	158.2	155.4	143.9
New York State	251.1	265.3	247.3

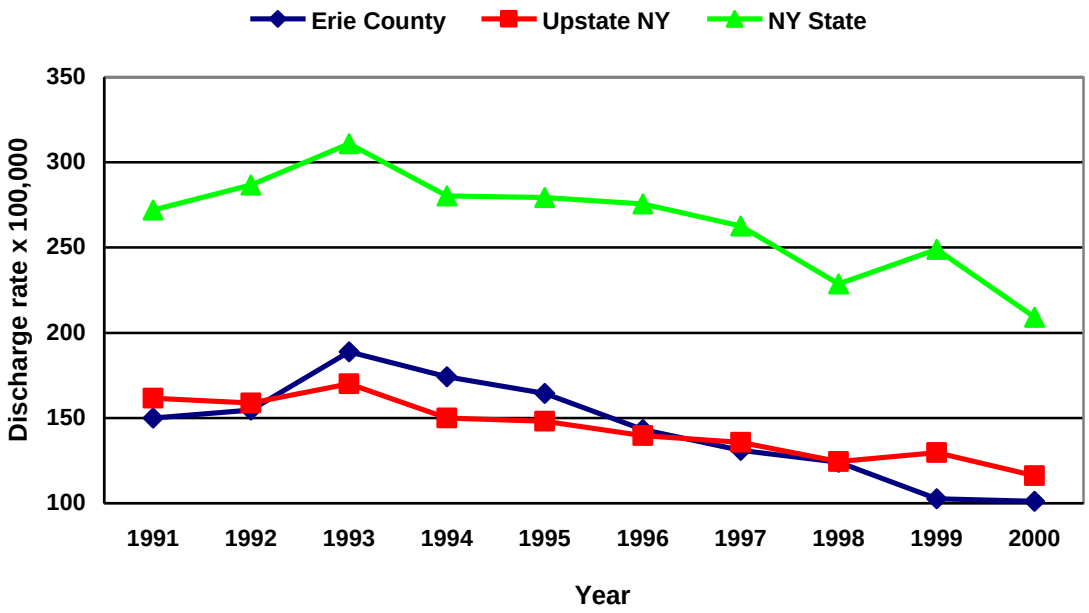


Hospitalization rates for asthma among people age 65 years and older have declined at approximately the same extent in Erie County and Upstate NY over the past decade, while New York State has been characterized by a smaller decrease in the rates during the same period. The state figures have been consistently higher than those reported at both upstate and county level.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Asthma* – Discharge Rate (total) × 100,000 Population

Region/County	1998	1999	2000
Erie County	124.1	102.6	101.1
Upstate New York	124.4	129.6	116.2
New York State	228.6	248.9	209.2

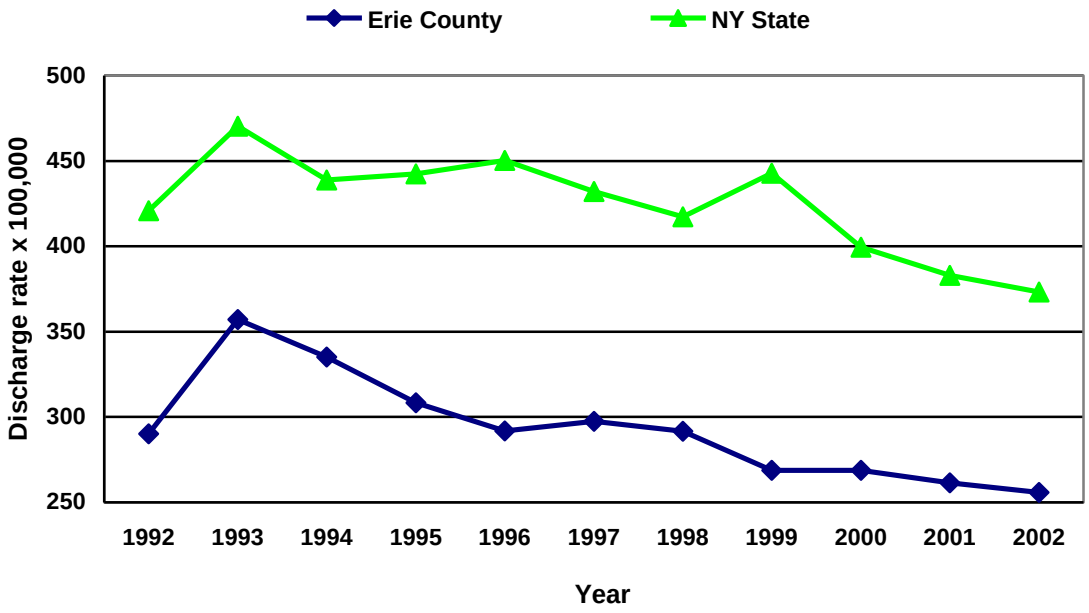


The overall rates of asthma hospitalizations have declined consistently and similarly in all three considered regions over the past decade.
New York State has shown higher figures than both Upstate NY and Erie County during the entire study period as a result of the elevated rates in New York City.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

Chronic Obstructive Pulmonary Disease *
Discharge Rate (total) × 100,000 Population

Region/County	2000	2001	2002
Erie County	268.7	261.4	255.8
Upstate New York	Not available	Not available	Not available
New York State	399.4	382.9	373.3



Hospitalization rates for Chronic Obstructive Pulmonary Disease (COPD) have been consistently declining since 1993 in both Erie County and New York State.
The two trends look very similar all over the period; the state figures have been higher than those experienced in the county throughout the study period because of the contribution of the city of New York.

* Data on hospitalizations are collected through the hospital inpatient discharge data system, SPARCS.

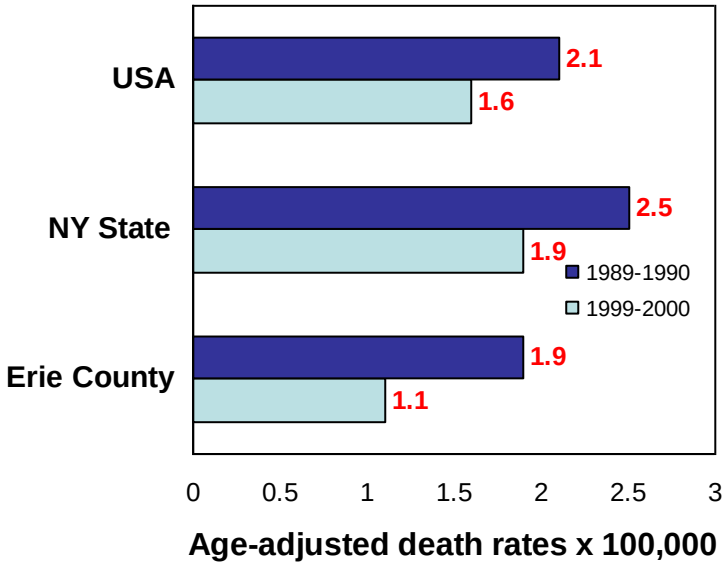
Asthma Death Rates
493 (ICD 9); J45-J46 (ICD 10)

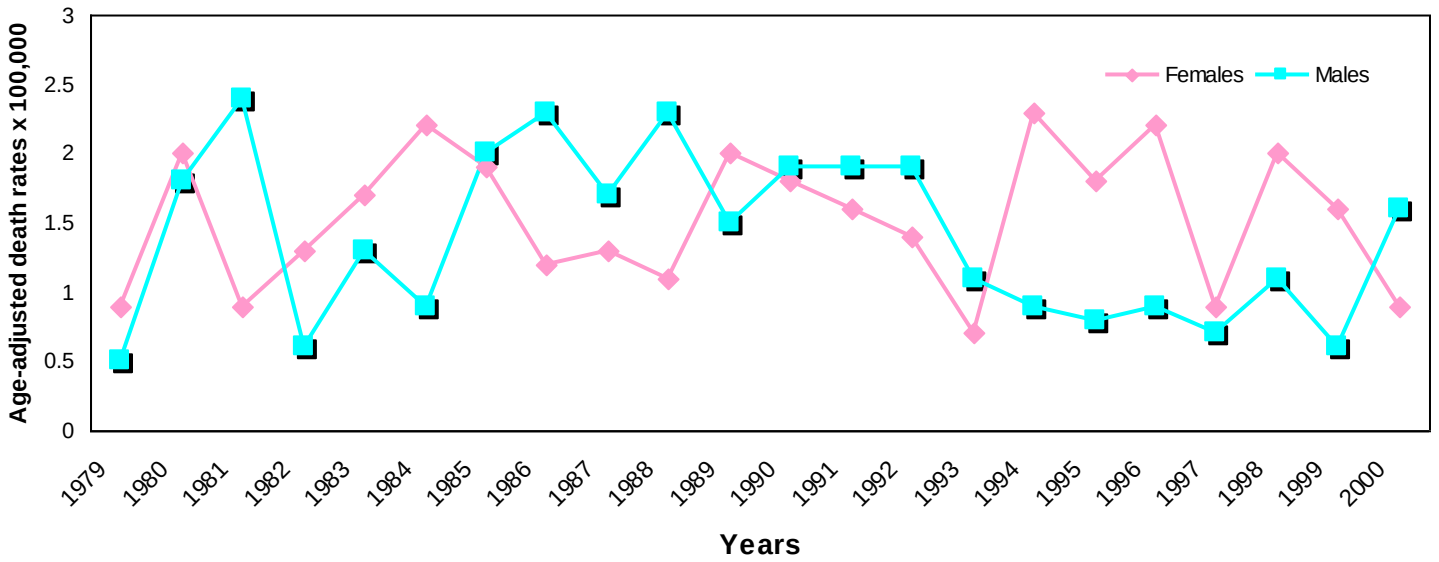
Summary

Objectives
HP 2010
There is no HP 2010 goal for asthma death rates

The total number of asthma deaths in Erie County is so small that rates are unreliable and changes very difficult to interpret.

When comparing the rates of Erie County with both national and New York State data, they are lower in the periods 1989-1990 and 1999-2000.





Chronic Obstructive Pulmonary Disease Death Rates (age ≥ 45 y.)

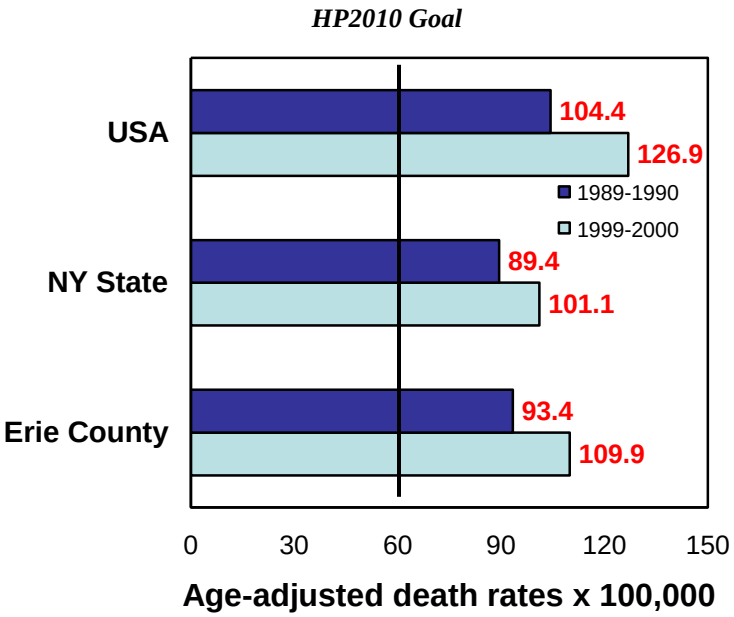
490-496 (ICD 9); J40-J47 (ICD 10)

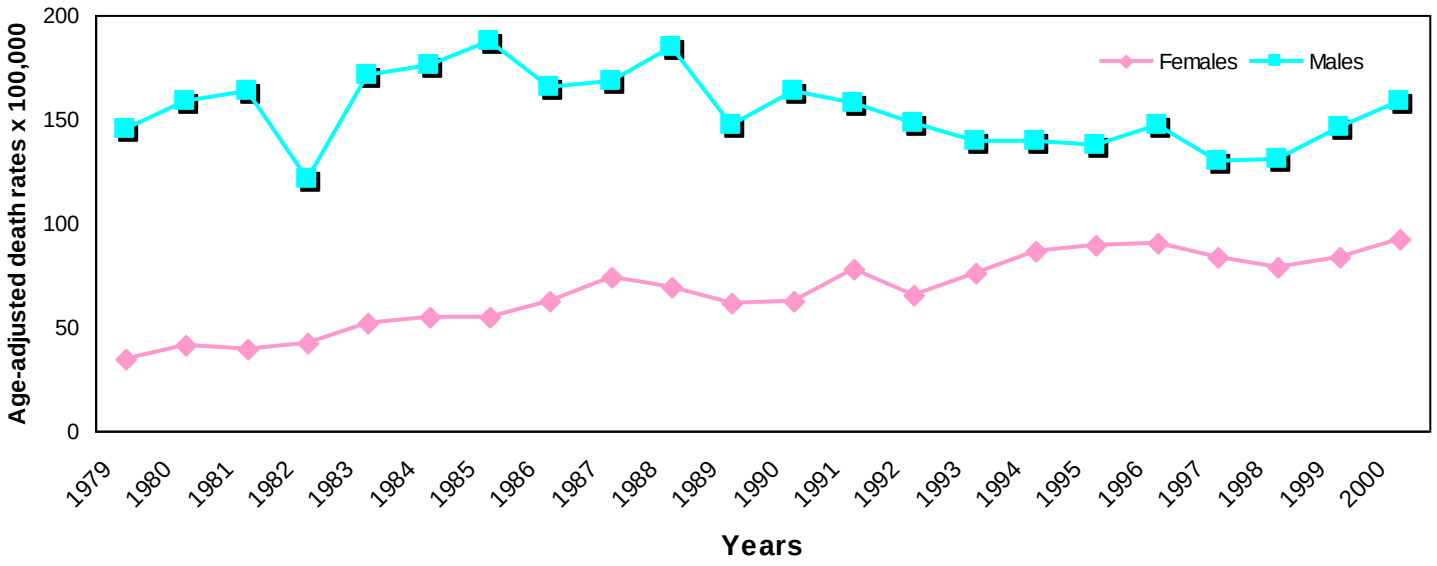
Summary

Death rates for Chronic Obstructive Pulmonary Disease (COPD) that includes chronic bronchitis and emphysema have been characterized by a steady increase among females and little change among males in Erie County in the period 1979-2000.

National rates have been higher than both county and state levels in the periods 1989-1990 and 1999-2000.
County, state and national rates exceed the target of Healthy People 2010.

Objectives
HP 2010
Reduce COPD death rate to no more than 60 per 100,000 population among those aged 45 and older (age-adjusted to the year 2000 standard population)





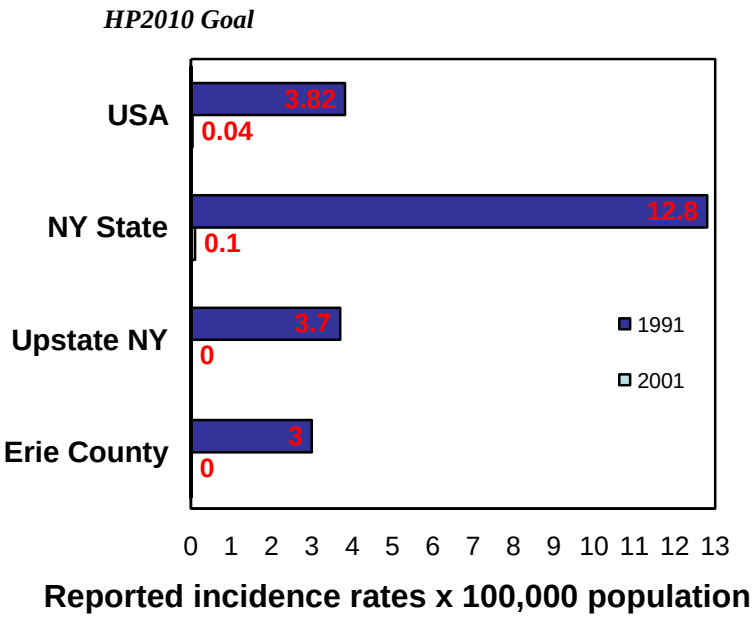
Communicable Diseases

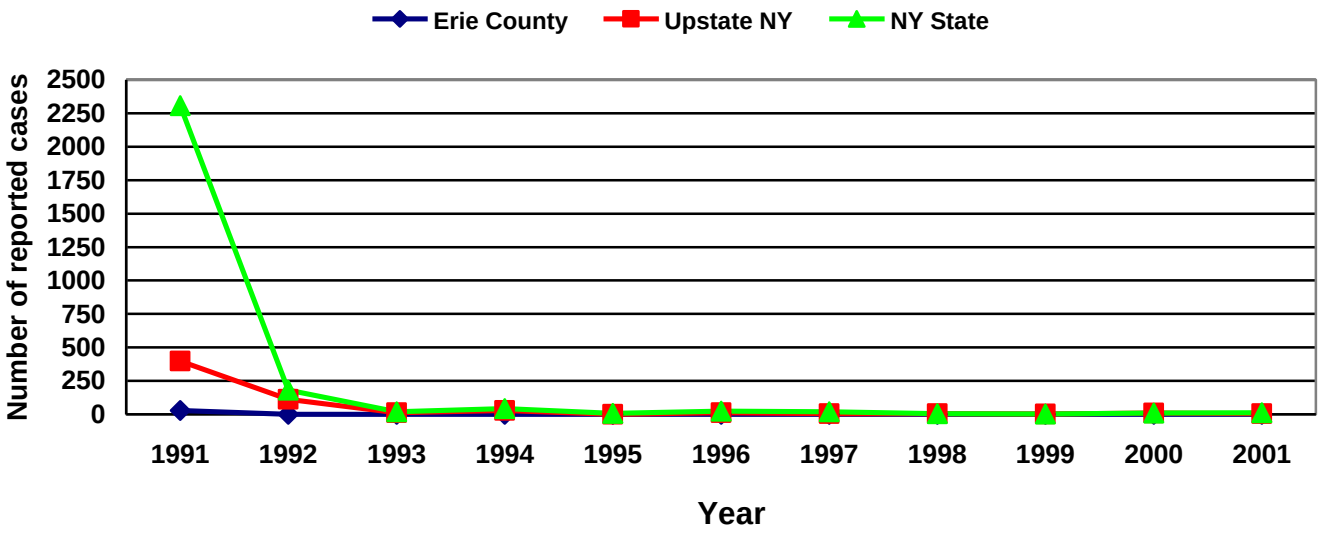
Measles Cases – Rate × 100,000 Population

Summary

Objectives
HP 2010
Total elimination for indigenous cases

The improved immunization status for this disease has represented the main reason of the reduction of indigenous cases of measles in the past decade at national, state and county levels. Since the late 1980s, efforts have been addressed to increase vaccination coverage among preschool-aged children emphasizing vaccination as close to the recommended age as possible. These efforts, coupled with ongoing implementation of the two-dose measles-mumps-rubella (MMR) vaccine recommendation (from 1989), have reduced reported cases of measles as well as of most vaccine-preventable disease to record-low levels in the past few years.
During 1991, the majority of cases in Erie County occurred in high school-aged students, while the last case was reported in 1994.



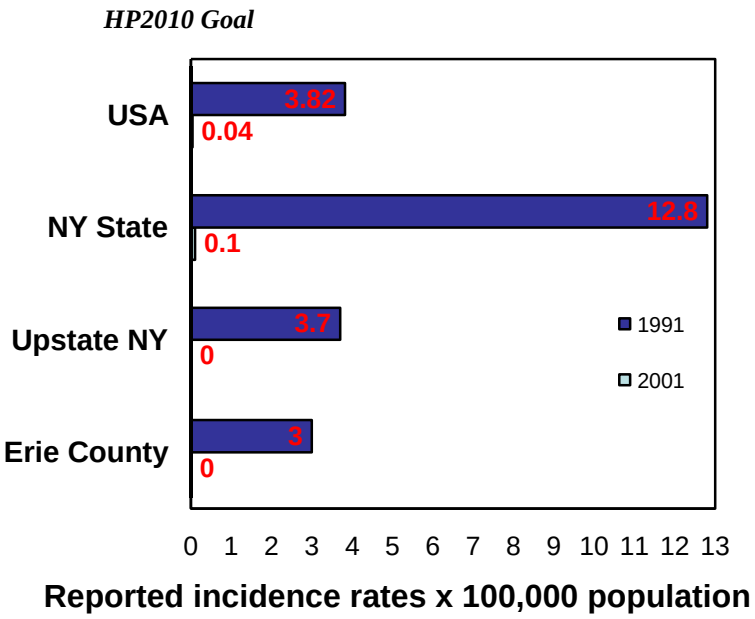


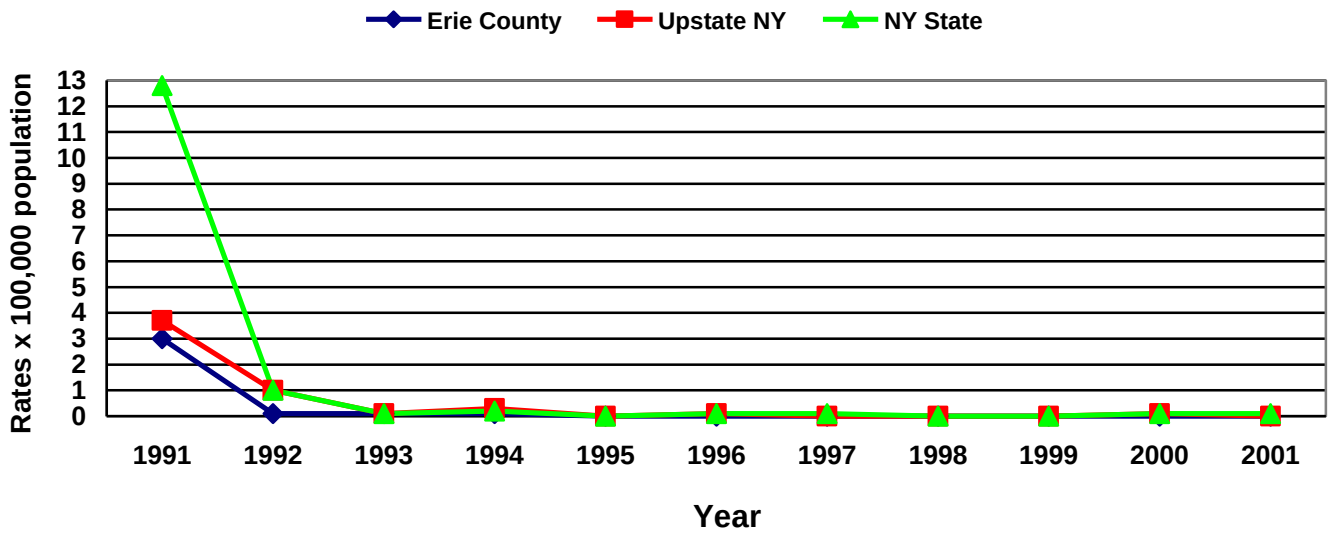
Measles Cases – Rate × 100,000 Population

Summary

Objectives
HP 2010
Total elimination for indigenous cases

The improved immunization status for this disease has represented the main reason of the reduction of indigenous cases of measles in the past decade at national, state and county levels. Since the late 1980s, efforts have been addressed to increase vaccination coverage among preschool-aged children emphasizing vaccination as close to the recommended age as possible. These efforts, coupled with ongoing implementation of the two-dose measles-mumps-rubella (MMR) vaccine recommendation (from 1989), have reduced reported cases of measles as well as of most vaccine-preventable disease to record-low levels in the past few years.
During 1991, the majority of cases in Erie County occurred in high school-aged students, while the last case was reported in 1994.



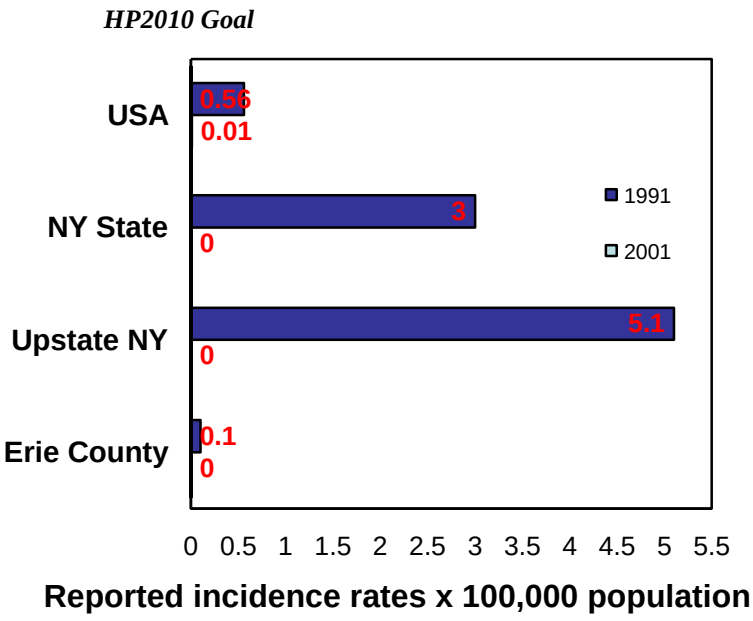


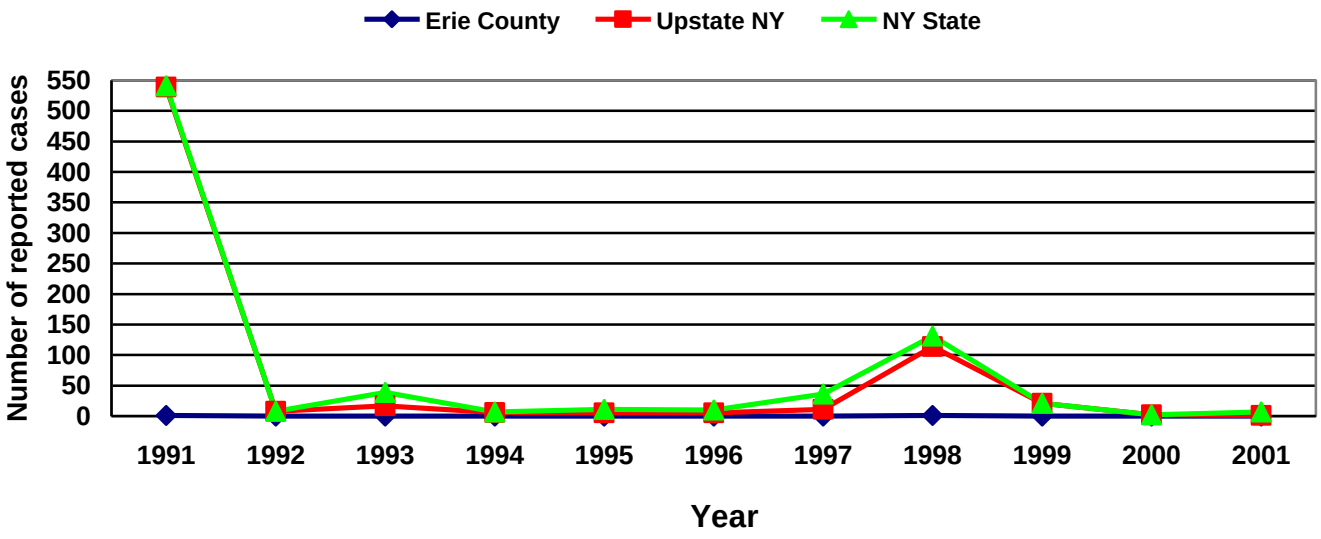
Rubella Cases – Rate × 100,000 Population

Summary

Objectives
HP 2010
Total elimination for indigenous cases

For Rubella, the highly effective vaccination efforts have dramatically reduced reported cases at national, state and county levels.
Currently, the incidence rates are approaching zero and therefore very close to the Health People 2010 objective.
In the period 1991-2001, there have been only two cases in Erie County and the last one was reported in 1998.



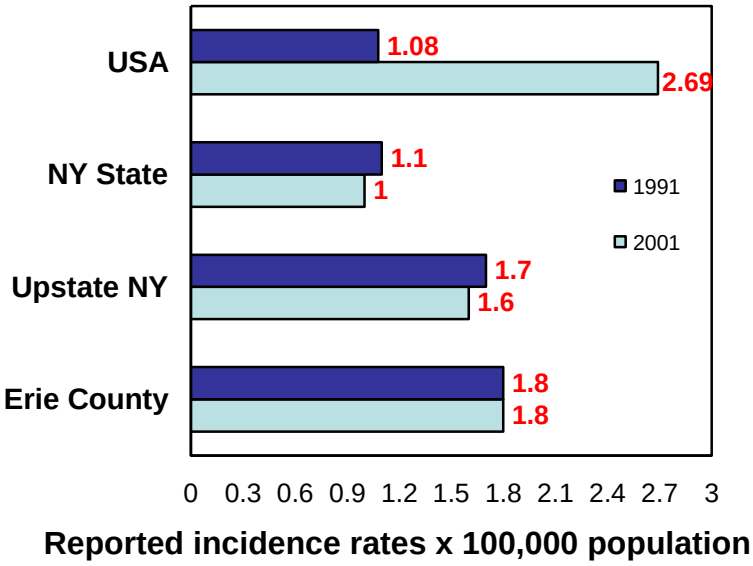


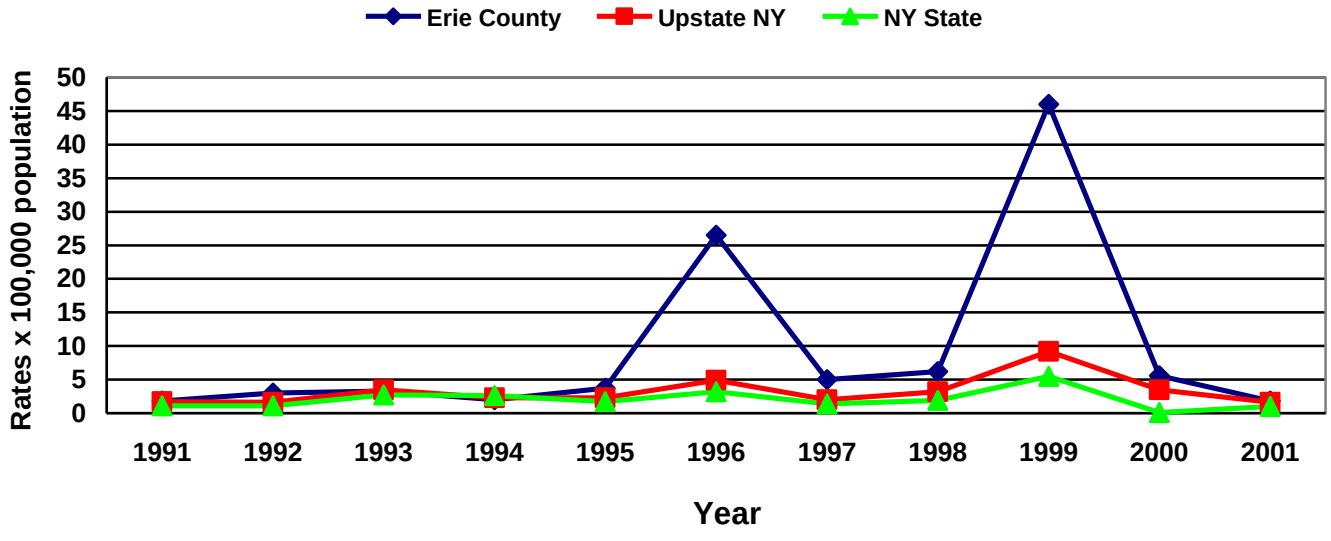
Pertussis Cases – Rate × 100,000 Population

Summary

Pertussis represents the only vaccine-preventable disease whose incidence rates have not been characterized by substantial changes in the past decade. In the period 1991-2001, Erie County has shown a fluctuating trend with peaks occurring in 1996 and 1999, while Upstate NY and NY State have shown a flatter trend with cyclical increases. At the national level, the rates have increased more than double from 1991 to 2001. The increase is likely the result of a variety of influences, including the disease's natural three to five year cycles. Other possible reasons for the increase include waning immunity, older age groups as reservoir, limited vaccine effectiveness, increased awareness/diagnosis, and increased testing/ sensitivity of laboratory procedures.

Objectives
HP 2010
41 percent improvement for number of cases





Haemophilus Influenzae (type b) Cases – Rate × 100,000 Population

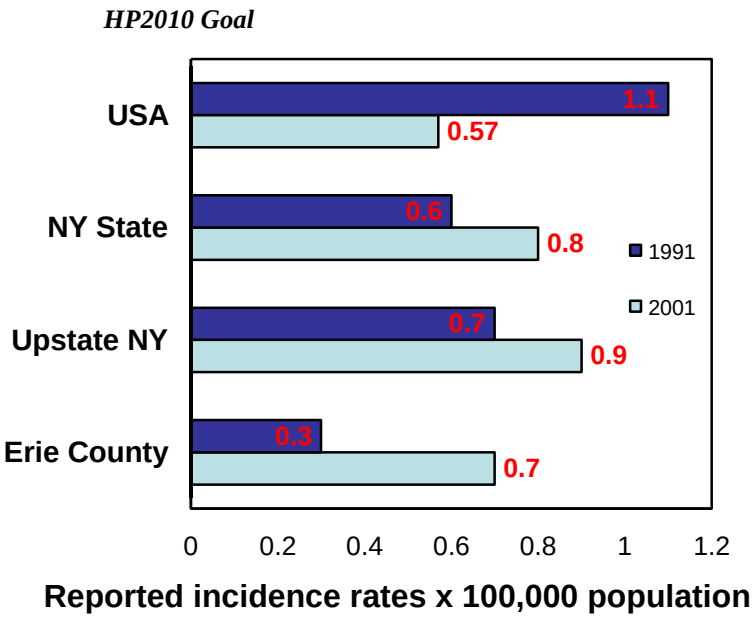
Summary

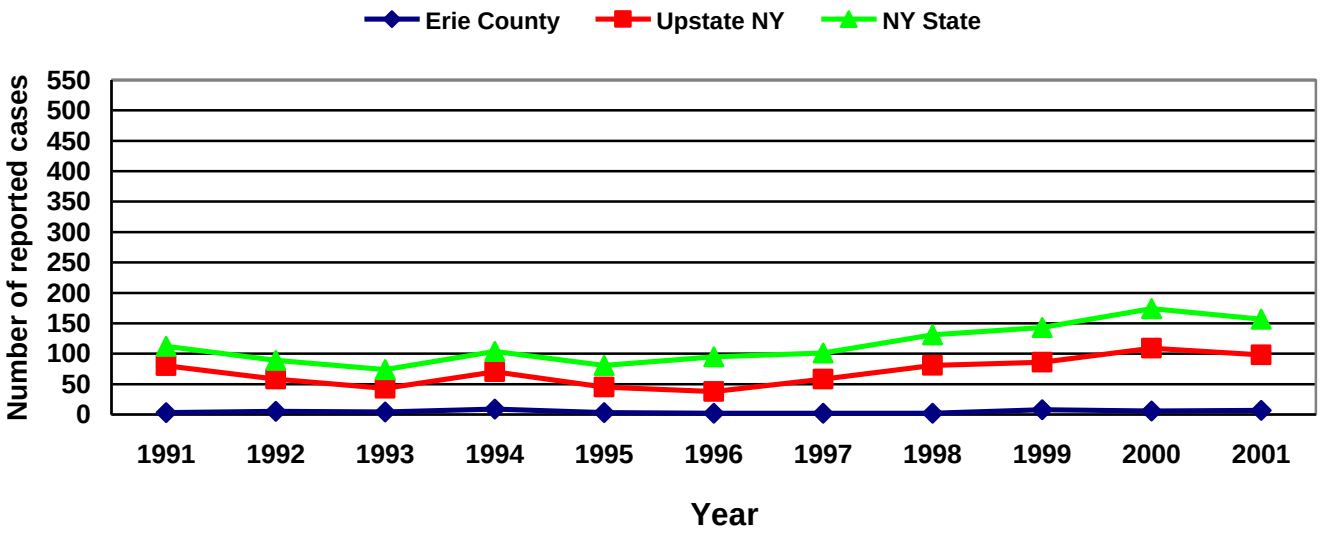
The number of reported cases of Haemophilus influenzae type B (Hib) has fluctuated over the past decade in Upstate NY and statewide, while in Erie County the trend has been very stable. The national rates have decreased from 1991 to 2001.

The availability of several types of highly effective Hib conjugate vaccines, combined with the increase of vaccine coverage, should lead to further reductions in new cases and, possibly, to total elimination of indigenous cases.

In Erie County from 1995 on, all cases except one occurred in the non-immunizable age group.

Objectives
HP 2010
Total elimination for indigenous cases



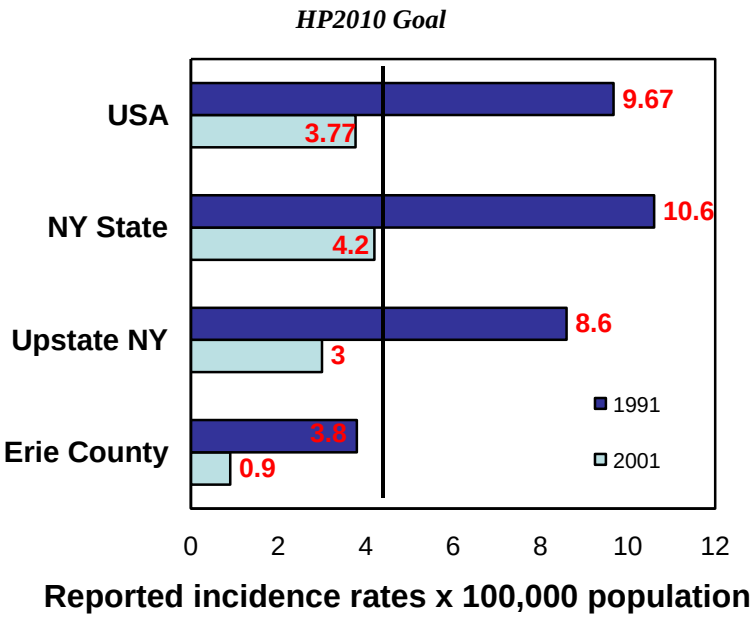


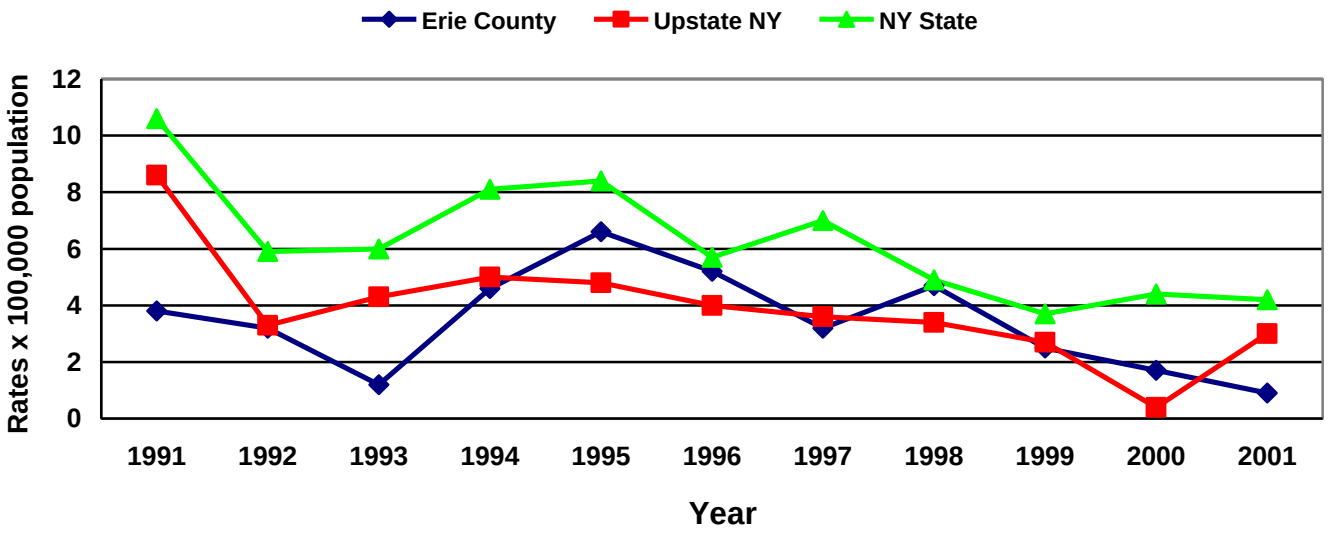
Hepatitis A Cases – Rate × 100,000 Population

Summary

Objectives
HP 2010
4.5 new cases per 100,000 population

While the incidence of Hepatitis A in Erie County has fluctuated over the past decade, there has been a steady decline since 1998. Upstate NY and NY State have experienced a more consistent decline during the same time period. National, state, upstate and county rates are already below the target set by Healthy People 2010.



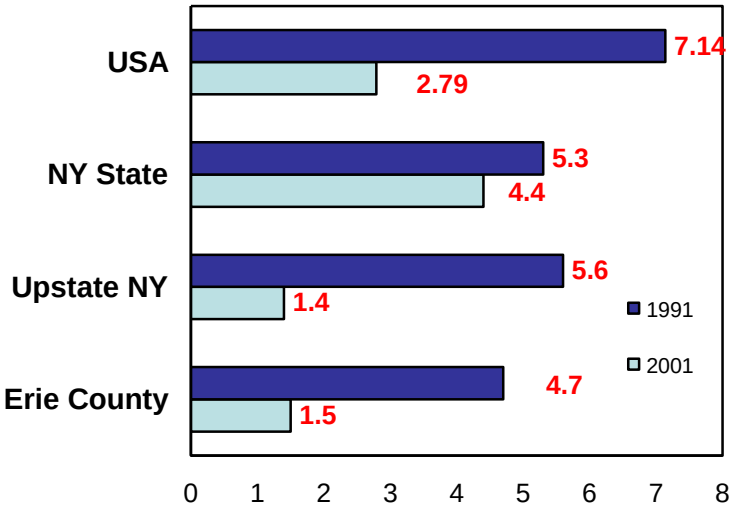


Hepatitis B Cases – Rate × 100,000 Population

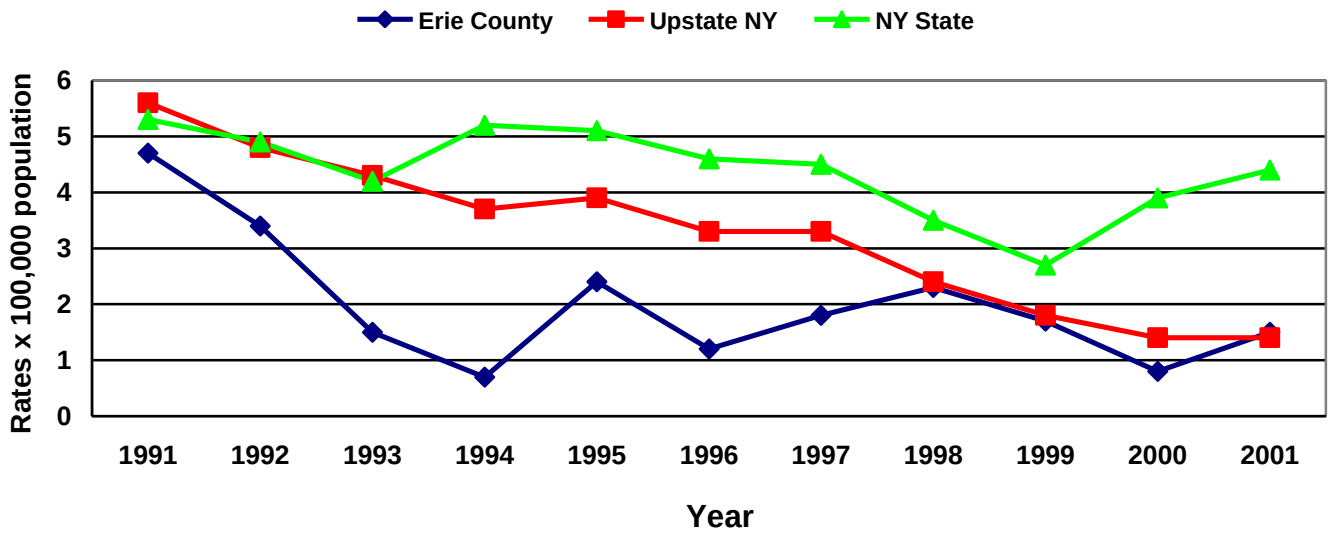
Summary

In the period 1991-2001, the incidence of Hepatitis B in Erie County and Upstate New York has decreased more consistently than in New York State, as a whole. Since its introduction, routine infant vaccination has been producing an increasingly immune population. Further reduction in HBV transmission will require more effective vaccination programs targeted to adults and adolescent in high-risk groups.
At present, the incidence rates in Erie County and Upstate New York are lower than state and national figures.

Objectives
HP 2010
The targets are age-specific and based on high-risk groups



Reported incidence rates x 100,000 population

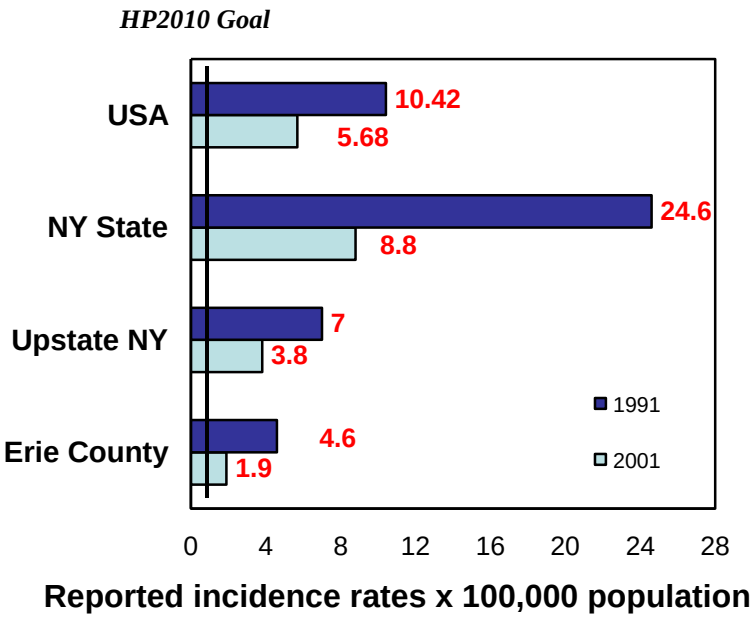


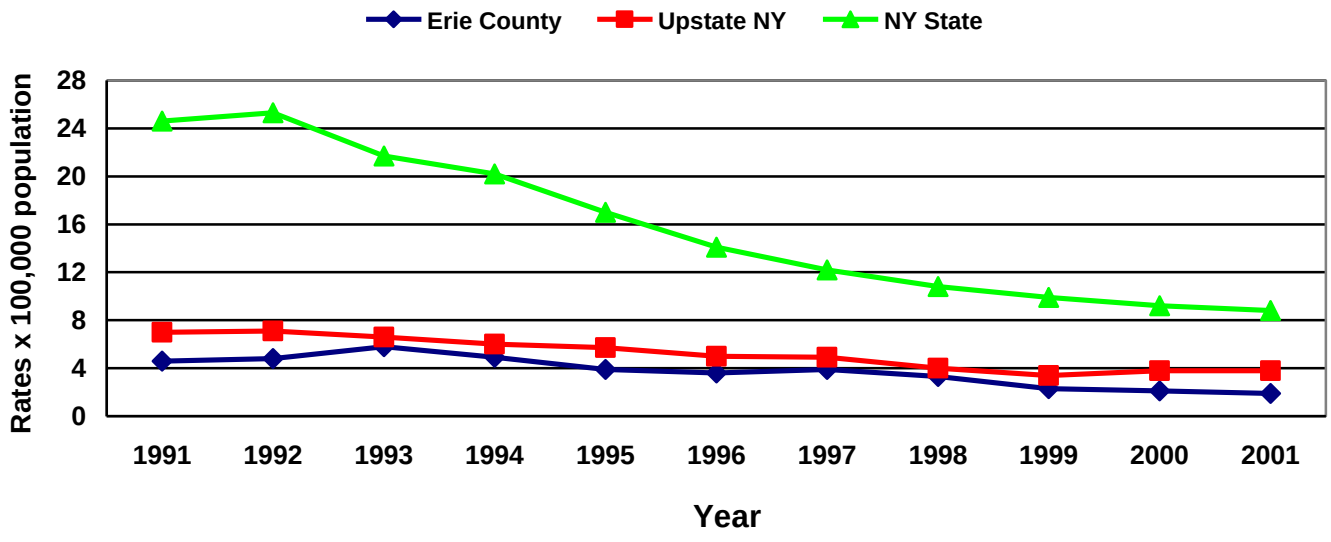
Tuberculosis Cases – Rate × 100,000 Population

Summary

The incidence rates of Tuberculosis in Erie County and Upstate NY have been consistently lower than statewide rates over the past decade, even though NY State, as a whole, has experienced a much steeper decline during the same time period.
Currently, Erie County is close to achieving the Healthy People 2010 objective with incidence rates less than the national, New York State and Upstate New York areas.

Objectives
HP 2010
1.0 new cases per 100,000 population



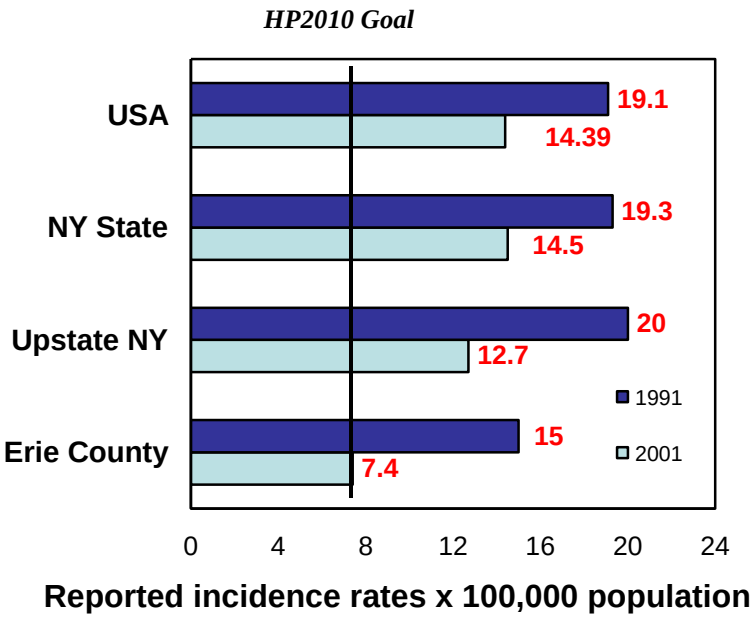


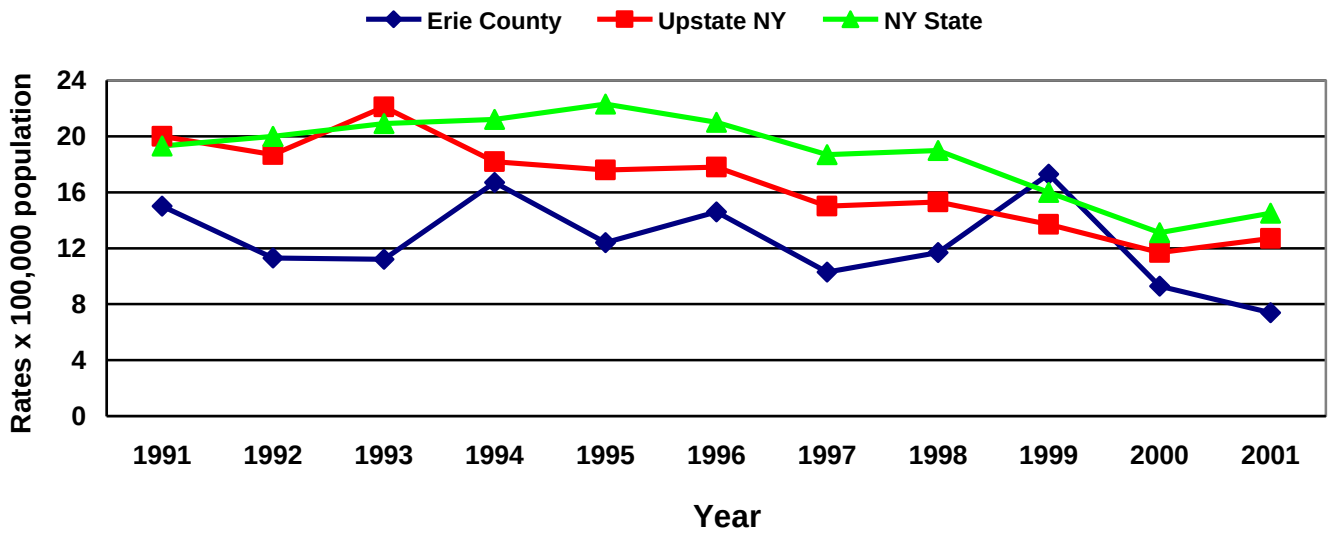
Salmonellosis Cases – Rate × 100,000 Population

Summary

Objectives
HP 2010
6.8 new cases per 100,000 population

Salmonellosis, is the most frequently reported foodborne disease in the United States as well as in Erie County.
The incidence of Salmonellosis has generally decreased in Erie County over the past decade but has shown yearly variations with a significant peak in 1999. Upstate NY and NY State have shown a downward trend as well in the same study period without significant peaks. Despite the overall decline, the incidence rates for the nation, NY State and Upstate NY are still over the Healthy People 2010 objective. However, Erie County with a rate of 7.4 x 100,000 in 2001 is approaching the HP 2010 objective.



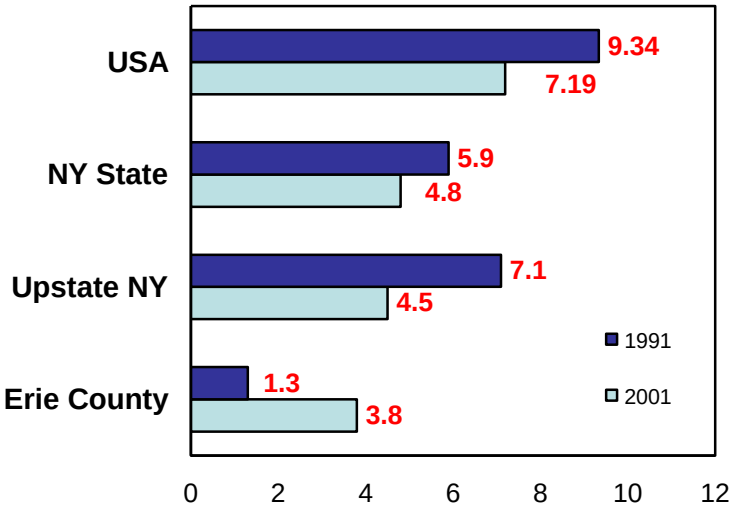


Shigellosis Cases – Rate × 100,000 Population

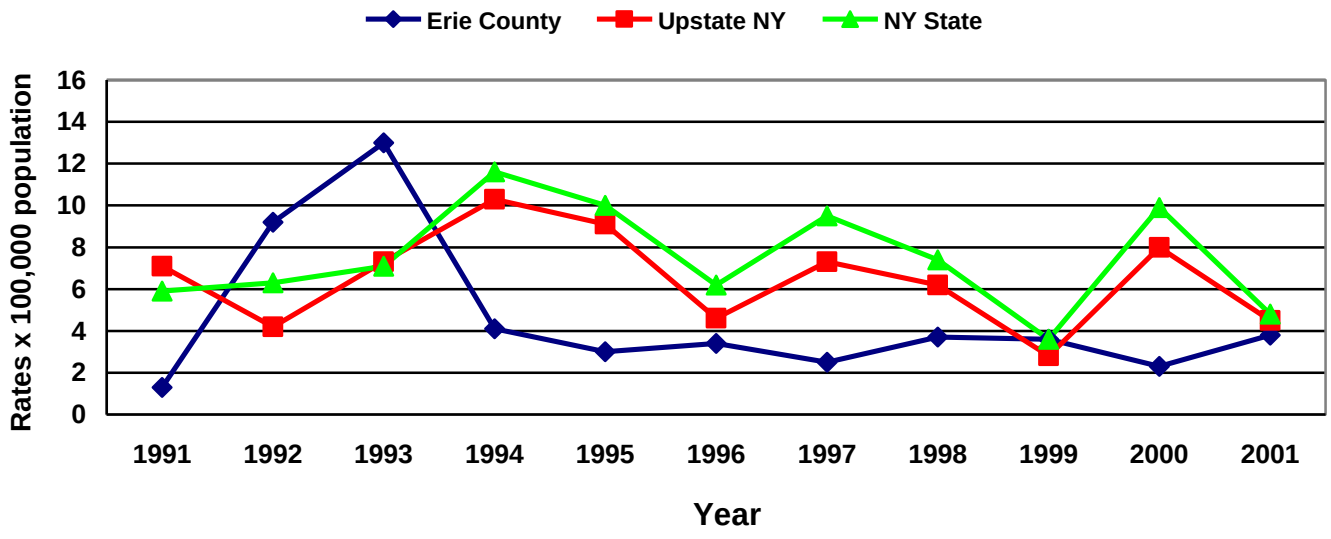
Summary

The incidence rates of Shigellosis have fluctuated significantly over the past decade in NY State, Upstate NY and Erie County. With the exception of the years 1992-1993 the incidence trend in Erie County has been consistently at or below the Upstate and NY State incidence rates. In 1991, the national figures were higher in comparison with state, upstate and county levels, and still remain higher in the last year of observation, while the county rates have been consistently lower than those reported elsewhere in both 1991 and 2001.

Objectives
HP 2010
There is no HP 2010 goal



Reported incidence rates x 100,000 population

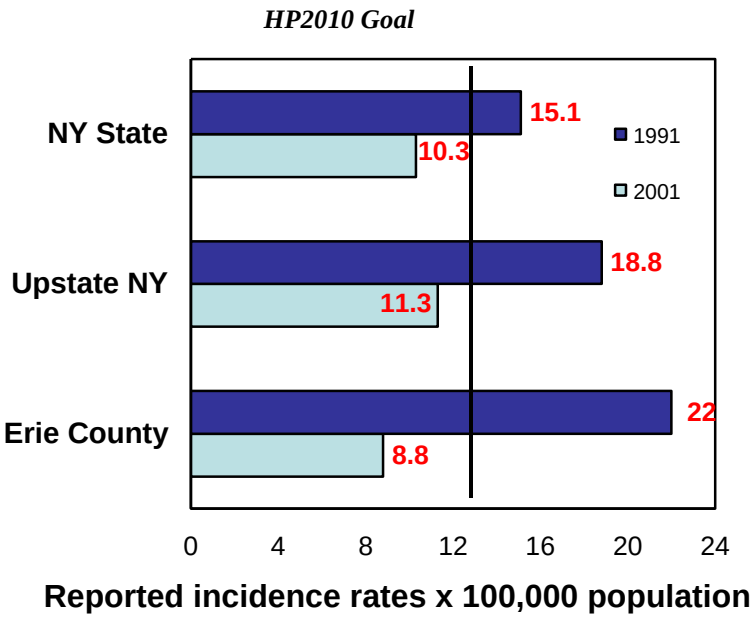


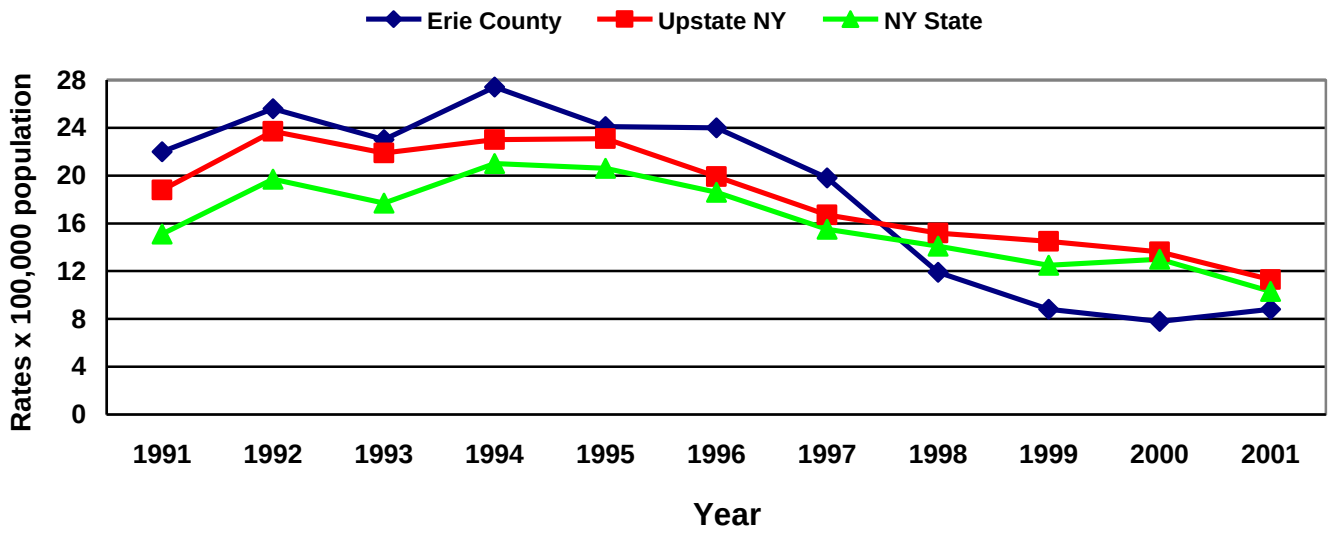
Campylobacteriosis Cases – Rate × 100,000 Population

Summary

In Erie County, the incidence of Campylobacteriosis has shown a fluctuating trend until 1994 followed by a consistent decline between the years 1994 and 2000. Upstate NY and NY State have shown a similar pattern with a moderate decline between 1995 and 2001. All three regions have already achieved the Health People 2010 objective, and the county rates have been lower than those reported from Upstate NY and statewide during 2001.

Objectives
HP 2010
12.3 new cases per 100,000 population



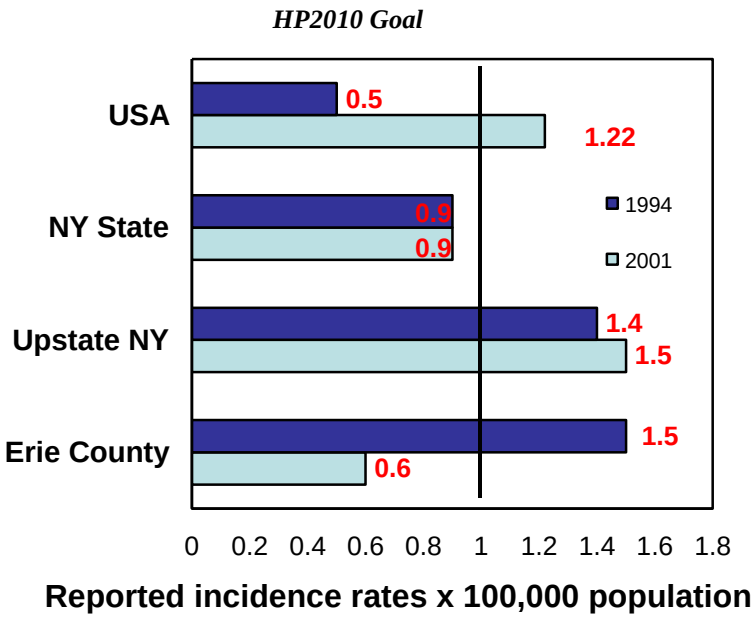


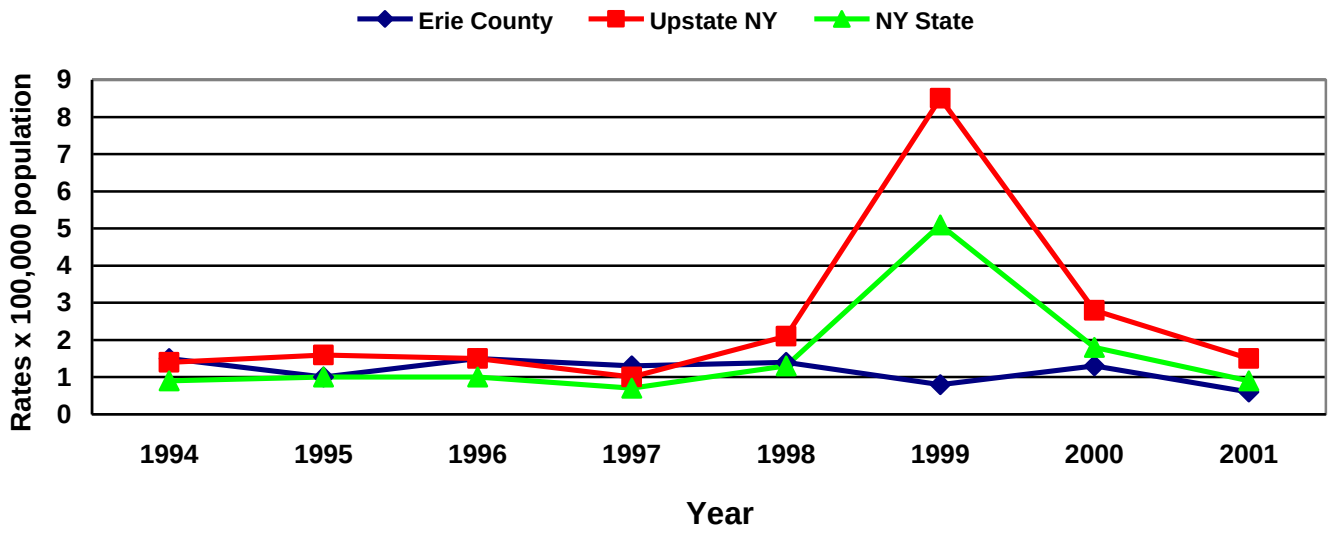
Escherichia coli Cases* – Rate × 100,000 Population

Summary

Objectives
HP 2010
1.0 new cases per 100,000 population

The incidence rates of Escherichia coli cases, since this pathogen became a reportable disease in March 1994 for NY State, have shown no substantial changes in Erie County, while the incidence in Upstate NY and NY State, as a whole, has been characterized by a similar pattern with the exception of a significant peak in 1999, due to the outbreaks that occurred in several counties of Upstate New York.
As of 2001, NY State and Erie County have already achieved the target established by Healthy People 2010, whereas national and upstate rates exceed the HP 2101 objective.





* Cases for serogroup O157:H7 are reportable as of 3/94 for New York State.

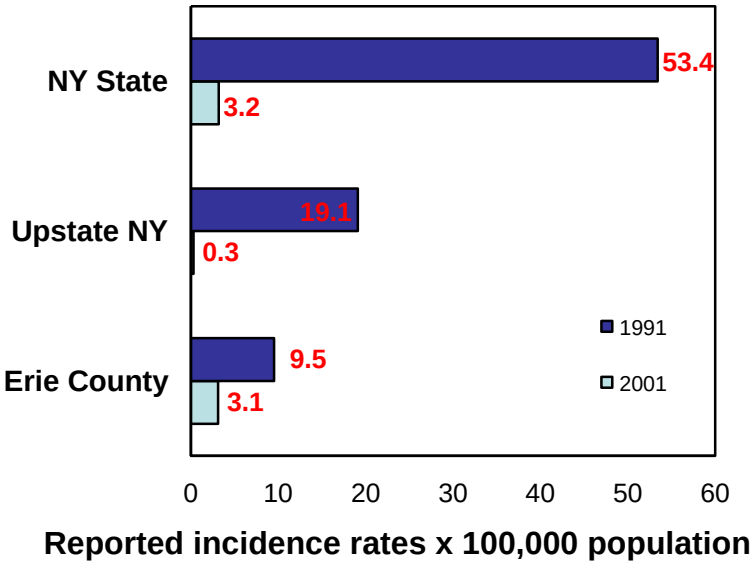
Sexually Transmitted Diseases

Early syphilis (15-19 years) Cases
Rate × 100,000 Population Age 15-19

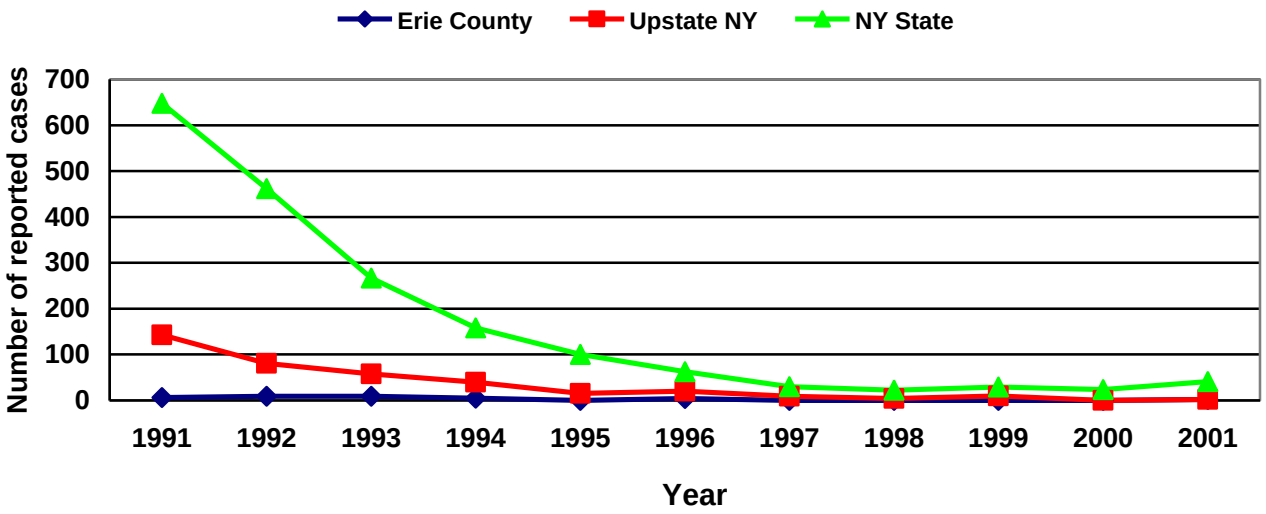
Summary

The number of reported early syphilis cases among young people age 15-19 has substantially declined since 1991 in NY State and Upstate NY, while in Erie County there have been only two cases in the last five years (both in 2001). The incidence rates have decreased at the same extent in all the considered regions and, at present, are near zero for Upstate New York.

Objectives
HP 2010
There is no HP 2010 goal for this age group



Reported incidence rates x 100,000 population

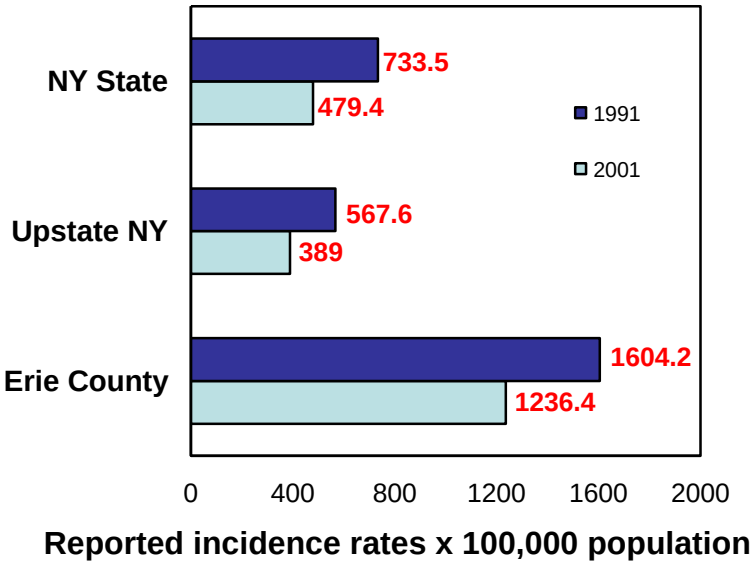


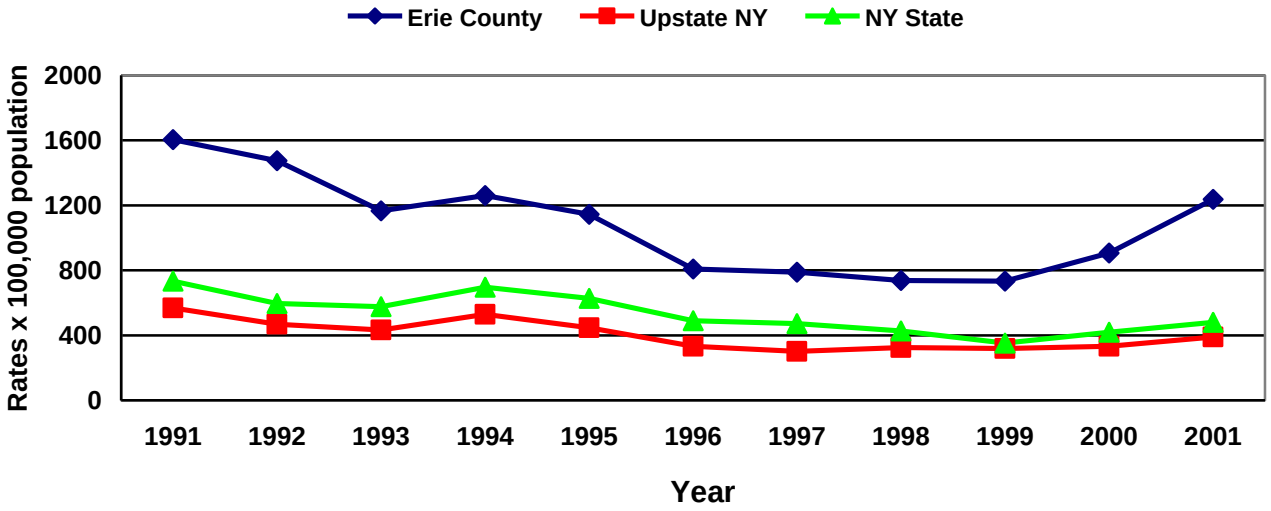
Gonorrhea (15-19 years) Cases
Rate × 100,000 Population Age 15-19

Summary

Objectives
HP 2010
There is no HP 2010 goal for this age group

Gonorrhea is still one of the most common bacterial sexually transmitted diseases (STDs) in the United States, since this pathogen is easily transmitted from person to person through vaginal, rectal and oral sex.
In the period 1991-2001, Erie County has consistently experienced much higher incidence rates, among people age 15-19, than Upstate NY and NY State, showing a downward trend (except for the last two years of observation).
During the same time period, both state and upstate figures have been characterized as well by a consistent decline.
The increase of cases in the last few years, at state, upstate and county levels, may be due to the introduction of gen probe technology as the standard test for the diagnosis of gonorrhea. Gen probe is a more sensitive test compared to the standard culture that was used in the past.





Chlamydia* (15-24 years) Cases
Rates (2001) × 100,000 Population Age 15-19 by sex

Females			
Year	Erie County	Upstate New York	New York State
Aug-Dec 2000			
Reported # cases	523	NA	NA
Rates	871.2	-	-
2001			
Reported # cases	1,703	10,285	27,188
Rates	2836.8	1496.3	2179.9
2002			
Reported # cases	1,688	NA	NA
Rates	2811.8	-	-

Males			
Year	Erie County	Upstate New York	New York State
Aug-Dec 2000			
Reported # cases	141	NA	NA
Rates	228.8	-	-
2001			
Reported # cases	515	2,324	4,665
Rates	835.7	316.6	363.1
2002			
Reported # cases	486	NA	NA
Rates	788.6	-	-

At present, Chlamydia is the most frequently reported sexually transmitted disease in Erie County as well as in New York State. In 2001, the incidence rates of this disease were much higher, for both sexes, in Erie County than in Upstate NY and statewide. In 2002, the incidence for both sexes has slightly decreased in Erie County. The higher rates for Erie County may in part be due to an aggressive effort to screen high risk groups.

* Cases refer to genital infections caused by *Chlamydia trachomatis*;
Reportable as of 8/2000 for New York State;
There is no HP 2010 goal for this age group

Data Sources

1.) **Demographic Data**: from U.S. Census Bureau
Link: http://www.census.gov.

2.) **Mortality Data**: from CDC Wonder, Compressed Mortality File;
Link: http://wonder.cdc.gov/mortSQL.html;
Fetal Mortality Death Rates: data received from Erie County Department of Health

3.) **Cancer Incidence and Early Stage Diagnosis**: from New York State Cancer Registry, New York State Department of Health;
Link: http://www.health.state.ny.us/nysdoh/cancer/nyscr/2000/nyscr.htm.

4.) **Family Planning**: from Vital Statistics of New York State, New York State Department of Health;
Link: http://www.health.state.ny.us/nysdoh/vital_statistics/index.htm

5.) **Maternal Child Health**: from Health Information Network (HIN), New York State Department of Health; and Kids' Well-being Indicators Clearinghouse;
Links: https://commerce.health.state.ny.us/hin ; ID: hinsxs05; password: ninny1998;
http://www.nyskwic.org/.

6.) **Hospitalization Data**: from Statewide Planning and Research Cooperative System (SPARCS), New York State Department of Health;
Link: http://www.health.state.ny.us/nysdoh/sparcs/sparcs.htm.

7.) **Communicable Disease**: from Communicable Disease in New York State, Annual Reports; some data from Erie County from the Local Health Department;
Link: http://www.health.state.ny.us/nysdoh/epi/mainrpt.htm