

Taking Philadelphia's Temperature

Health Indicators for Healthy Philadelphia 2010

**Philadelphia Department of Public Health
2008**

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2nd Edition

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Introduction

Healthy People 2010 set forward two major goals, for the nation to increase *quality and years* of life, and to *eliminate disparities* in health. To advance these goals in Philadelphia, we introduced Taking Philadelphia's Temperature in 2003 as an assessment of vital and health statistics that measure our progress toward these goals and some of the important intermediate factors that promote these goals. This report updates that publication with more recent data.

This report is divided into two major sections.

The first focuses on mortality data, including comparisons with national rates. This section relies primarily on vital statistics data collected by the Philadelphia Department of Public Health and population data from the United States Census Bureau.

The second section addresses major risk factors that affect health and healthy life expectancy, including the leading health indicators identified as national priorities in Healthy People 2010. Data that are presented here come from multiple sources, including the Philadelphia Health Management Corporation's biennial Household Health Survey (HHS), the Youth Risk Behavior Surveillance System (YRBSS), the National Immunization Survey (NIS), and other sources. Where appropriate, data are presented by sex, race/ethnicity, age, and geographic location to clarify the extent of existing disparities in health and to identify areas where greater public health efforts are needed. Where appropriate data were available, we have presented data from other cities for comparison. Figures involving neighborhood poverty and mortality by health district have not been updated, as more recent data were not available.

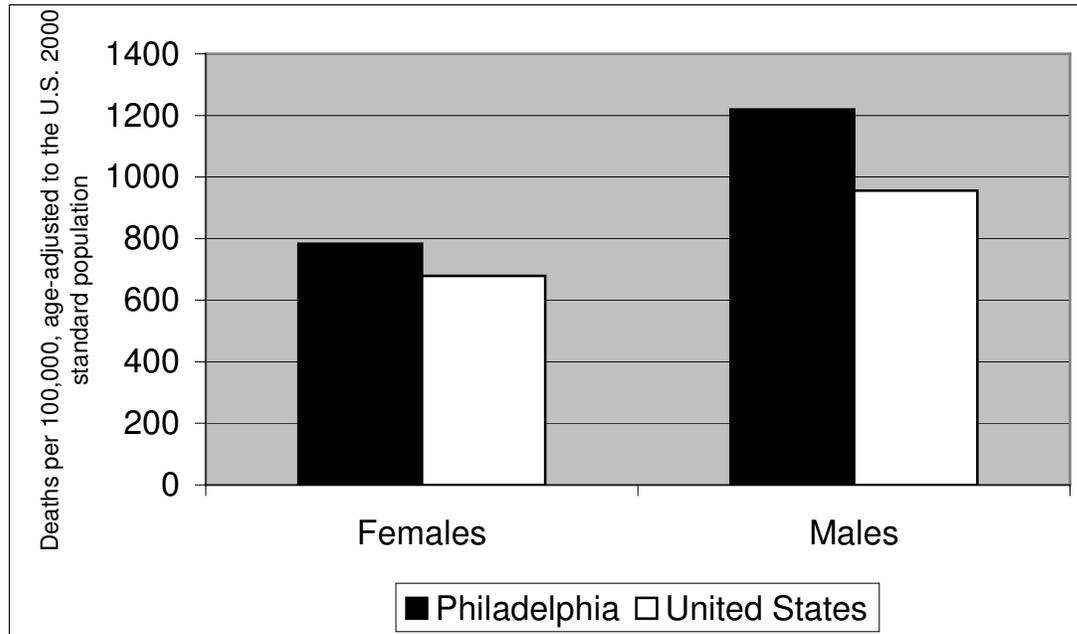
A technical appendix provides detailed explanations of the sources and limitations of the data.

We hope this publication will contribute to efforts to track and accelerate our progress in meeting the goal of improving the health of all Philadelphians.

I. Mortality

Figure 1

Age-Adjusted Mortality by Sex, 2004



Mortality among both women and men was higher in Philadelphia than in the United States as a whole. After adjusting for the age distribution of the population, female mortality was 20% higher than the average for the United States; male mortality 33% higher.

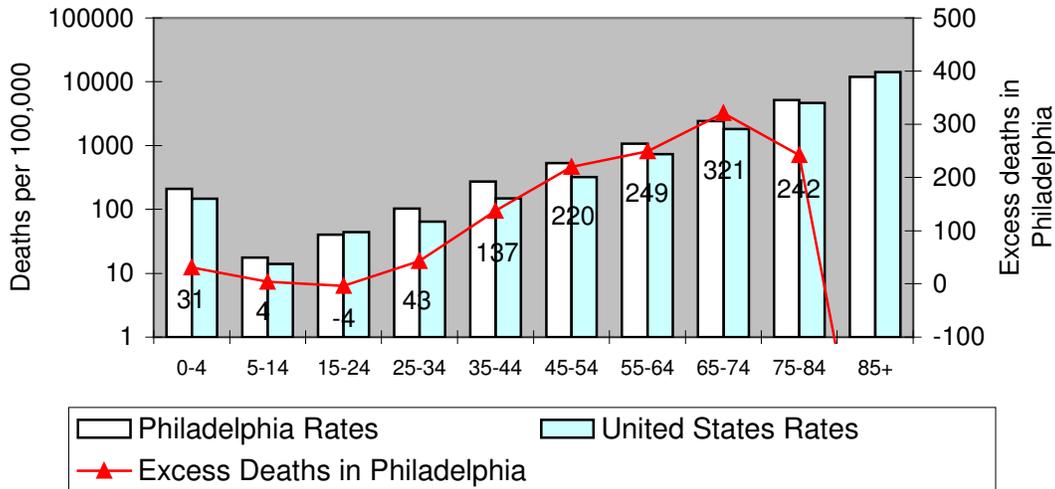
Age-Adjusted Mortality, 2004

	Females	Males
Philadelphia	782.7	1218.8
United States	679.2	955.7

This table is age-adjusted to the 2000 U.S. standard population. Philadelphia mortality rates were calculated using 2004 Philadelphia Vital Statistics and 2004 Census Bureau Estimates. U.S. Rates were taken from Final Deaths 2004, Health E-Stats, National Center for Health Statistics, CDC.

Figure 2A

Age-Specific Mortality and Excess Deaths, Philadelphia vs. United States, 2003, Females

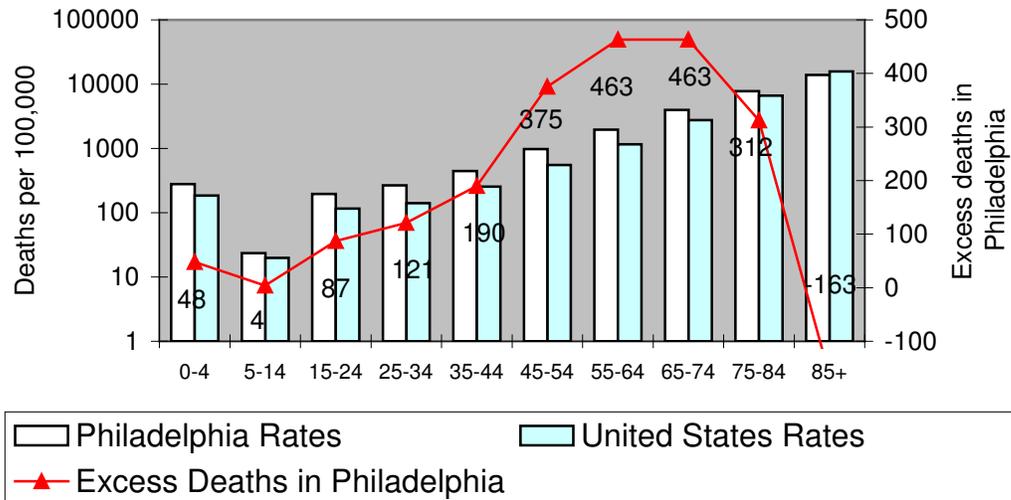


Age-specific mortality rates (shown above as bars, with the log scale on the left) show that, among females, higher mortality in Philadelphia was consistent across all age groups except young women ages 15-24 and women over age 85. Excess deaths in Philadelphia (the difference between the actual number of deaths and the number that would have occurred if mortality rates here were equal to national rates) are shown as the line, with the scale on the right. The greatest relative excess in Philadelphia mortality rates was for women ages 35-44 (2.03 times as high in Philadelphia as the national average), but the absolute difference in death rate per 100,000 population was greatest among women 65-74 years of age. The number of excess deaths among women in Philadelphia peaked at 65-74 years of age.

Philadelphia mortality rates were calculated using 2003 Philadelphia Vital Statistic Reports and 2003 Census Bureau Estimates. United States mortality rates were taken from Deaths: Final Data for 2003, National Vital Statistics Reports Vol. 54, No. 13, Table 5.

Figure 2B

Age-Specific Mortality and Excess Deaths, Philadelphia vs. United States, 2003, Males



Age-specific mortality rates for males were also higher in Philadelphia across all age groups except men over the age of 85. The relative differences between Philadelphia mortality rates and the United States average were greatest at ages 15-34 (1.8 times as high in Philadelphia as the national average), but the absolute differences in deaths per 100,000 population were greatest among men ages 65-74. The number of excess deaths among men peaked at 55-74 years of age.

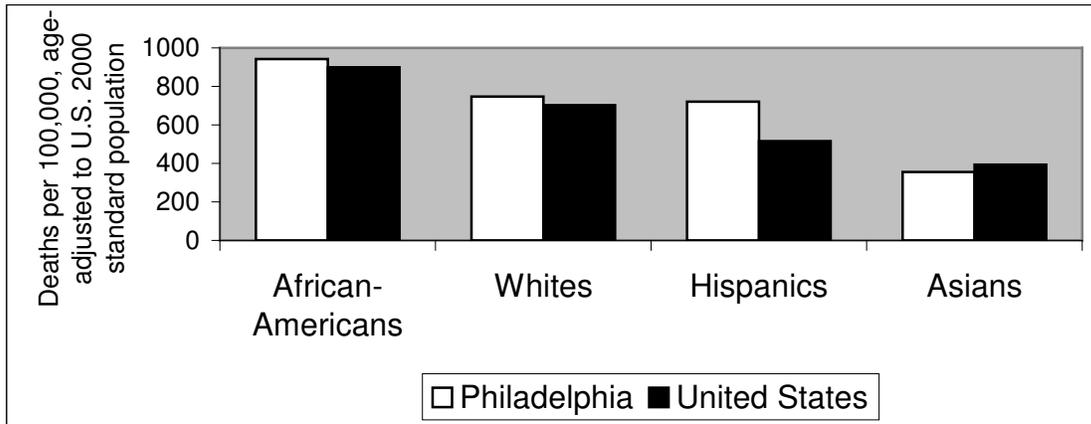
Mortality and Excess Deaths, 2003

	Females			Males		
	Philadelphia Rates	United States Rates	Excess Deaths in Philadelphia	Philadelphia Rates	United States Rates	Excess Deaths in Philadelphia
0-4	209.4	147.5	31	277.6	185.1	48
5-14	17.6	14.0	4	23.6	19.8	4
15-24	40.5	44.4	-4	196.1	116.5	87
25-34	104.2	64.6	43	265.1	141.4	121
35-44	272.1	148.5	137	445.2	255.0	190
45-54	531.3	318.5	220	976.7	552.1	375
55-64	1067.2	732.7	249	1948.1	1165.5	463
65-74	2414.4	1823.0	321	3977.9	2771.7	463
75-84	5179.6	4675.5	242	7789.1	6641.8	312
85+	11871.5	14062.5	-503	13875.8	15794.0	-163
Totals			740			1900

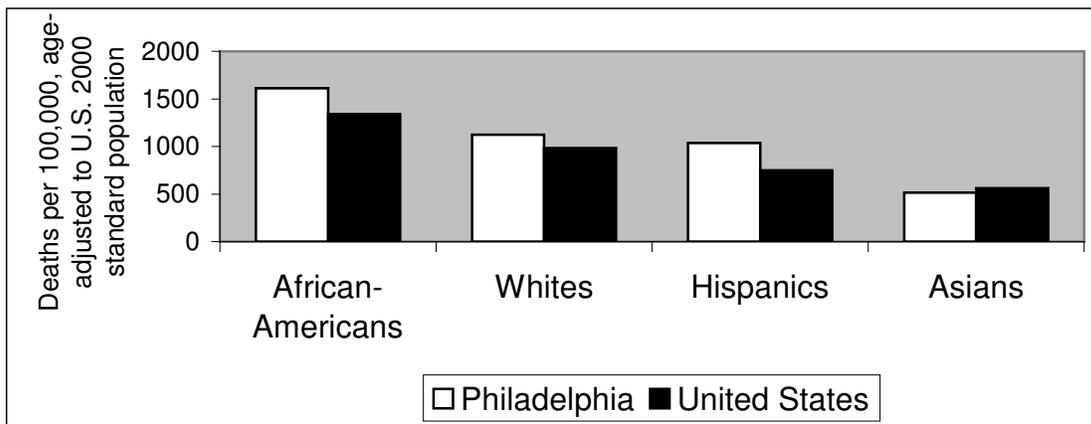
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Figures 3A/B

Age-Adjusted Mortality by Race/Ethnicity--Females, 2003



Age-Adjusted Mortality by Race/Ethnicity--Males, 2003



Mortality rates for all racial/ethnic groups were higher in Philadelphia than the U.S. average, except for Asian men and women. The differences were greatest for Hispanics, and smallest for African-American women.

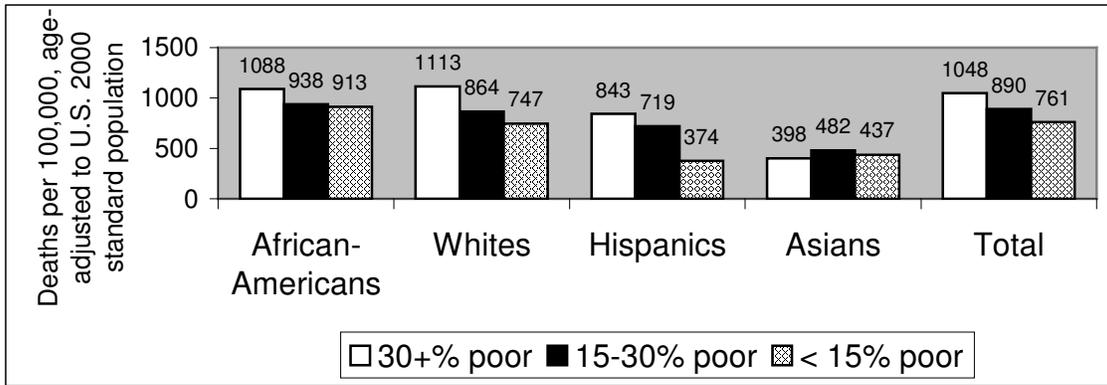
	Age-Adjusted Mortality--Females, 2003		Age-Adjusted Mortality--Males, 2003	
	Philadelphia	United States	Philadelphia	United States
African-Americans	942.3	899.0	1610.8	1341.1
Whites	747.4	702.1	1122.8	984.0
Hispanics	720.9	515.8	1035.8	748.1
Asians	355.1	392.7	514.4	562.7

This table is age-adjusted to the 2000 U.S. standard population. Philadelphia mortality rates were calculated using 2003 Philadelphia Vital Statistic Reports and 2003 Census Bureau Estimates. United States mortality rates were taken from Deaths: Final Data for 2003, National Vital Statistics Reports Vol. 54, No. 13, Tables . Groups shown are mutually exclusive; other than Hispanics exclude Hispanics. See Technical Notes for details.

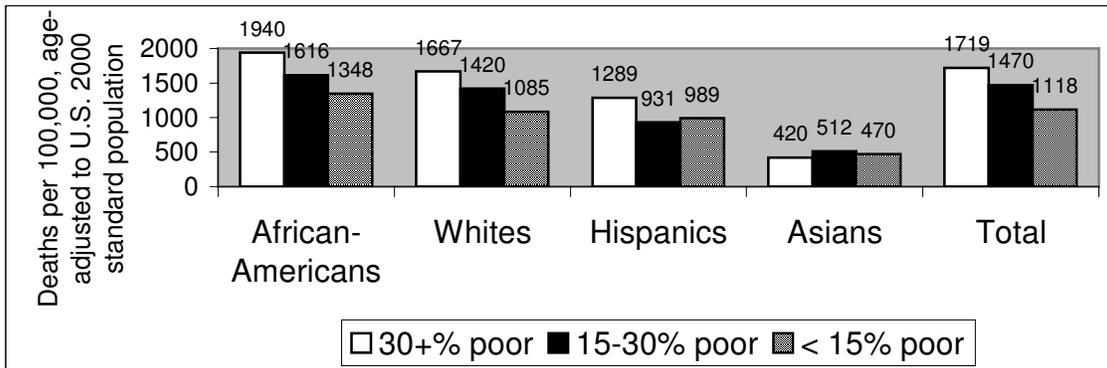
Figure 4

Age-Adjusted Mortality by Neighborhood Poverty and Race/Ethnicity

A. Females, 2000



B. Males, 2000

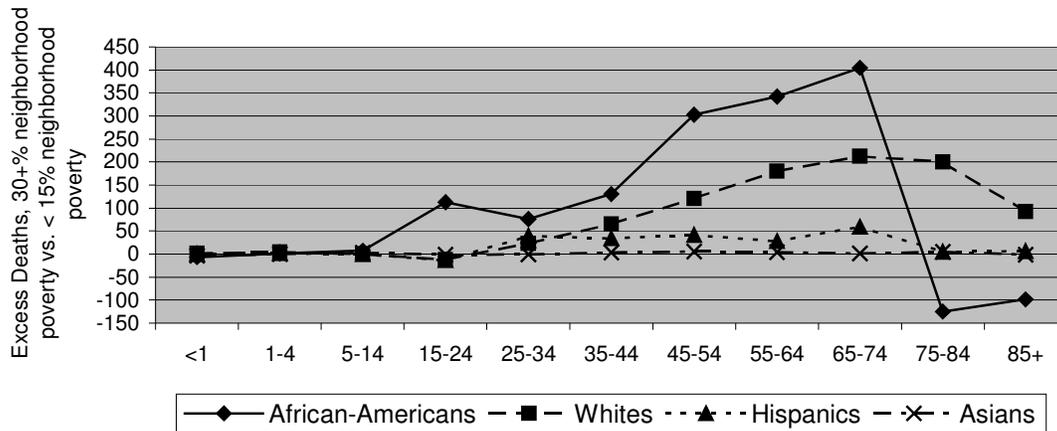


Much of the difference in mortality between African Americans and whites was a result of economic disadvantage. Mortality was higher in census tracts in which 30% or more of the population was below the poverty line than in those with lower poverty rates. This held true for most racial/ethnic groups. In Philadelphia, mortality in 2000 among non-Hispanic white women in high-poverty neighborhoods was higher than among African American women in those neighborhoods. The mortality advantage of whites overall resulted partly from their lower mortality in low-poverty neighborhoods, but largely reflected that they were much less likely to live in poverty, or in high-poverty neighborhoods (see Figure 8).

See Technical Notes for details.

Figure 5

Excess Deaths in High-Poverty Neighborhoods by Age-Group and Race/Ethnicity, 2000



This graph shows the number of deaths in Philadelphia that would have been avoided if all members of each of the 4 race/ethnicity groups had had the same death rates as people of the same race/ethnicity, age, and sex living in low-poverty neighborhoods. The largest numbers of excess deaths (by this measure) were among African-Americans, especially between ages 45 and 74, and non-Hispanic whites, especially between age 55 and age 84. The total excess deaths, across all age groups, were 1148 African-American, 887 non-Hispanic white, 201 Hispanic, and 15 Asian deaths.

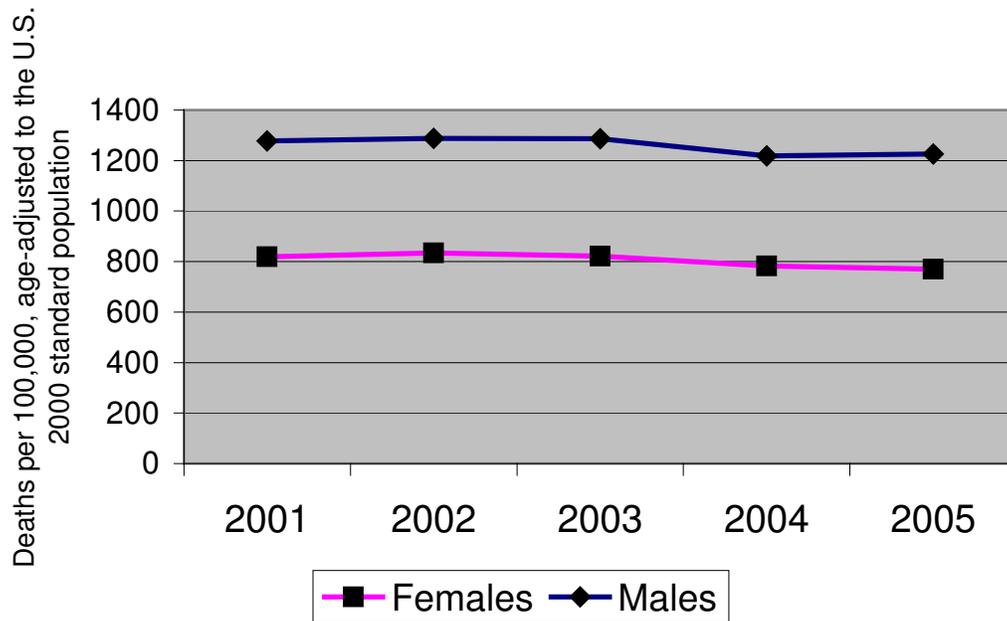
Excess Deaths in High-Poverty Neighborhoods

	African-Americans	Whites	Hispanics	Asians
<1	-7	1	0	-4
1-4	2	4	2	0
5-14	8	0	0	3
15-24	113	-12	-14	-2
25-34	76	23	39	0
35-44	130	65	34	3
45-54	303	121	41	5
55-64	342	180	28	4
65-74	405	212	59	1
75-84	-125	200	5	5
85+	-99	92	6	-1
Total	1148	887	201	15

Columns may not add to "Total" shown due to rounding. See Technical Notes for details.

Figure 6

Age Adjusted Mortality by Sex and Year, 2001-2005

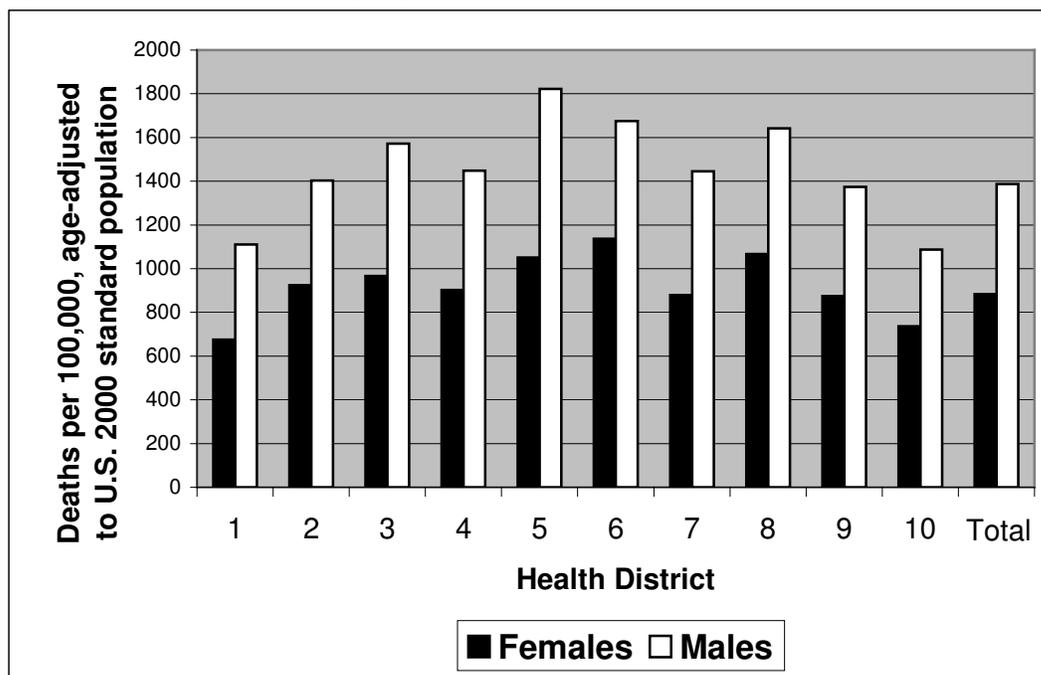


Age-adjusted death rates have decreased slowly since the mid-1990s. Rates in 2005 were 6% lower for females and 4% lower for males than in 2001.

Age-Adjusted Mortality		
	Females	Males
2001	819	1278
2002	834	1288
2003	822	1287
2004	783	1219
2005	770	1226

Note: These rates are age-adjusted to the U.S. 2000 standard population. Mortality rates were determined by Philadelphia Vital Statistic Reports and U.S. Census Bureau Estimates.

Figure 7
Age-Adjusted Mortality by Health District and Sex, 2000

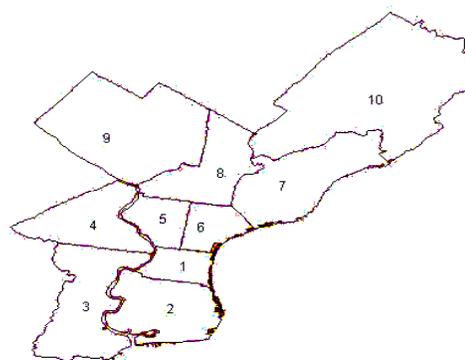


Mortality rates varied substantially between different parts of the city. Age-adjusted death rates were highest in Health Districts 6 (women) and 5 (men), and lowest in Health Districts 1 (women) and 10 (men). A critical determinant of mortality rates across the city is poverty. The percentage of the population in poverty in each Health District was strongly correlated with both male (correlation = 0.90) and female (correlation = 0.89) mortality rates.

Age-Adjusted Mortality

Health District	Females	Males
1	676	1111
2	924	1403
3	967	1573
4	902	1448
5	1050	1822
6	1137	1676
7	879	1446
8	1068	1641
9	875	1374
10	737	1088
Total	883	1387

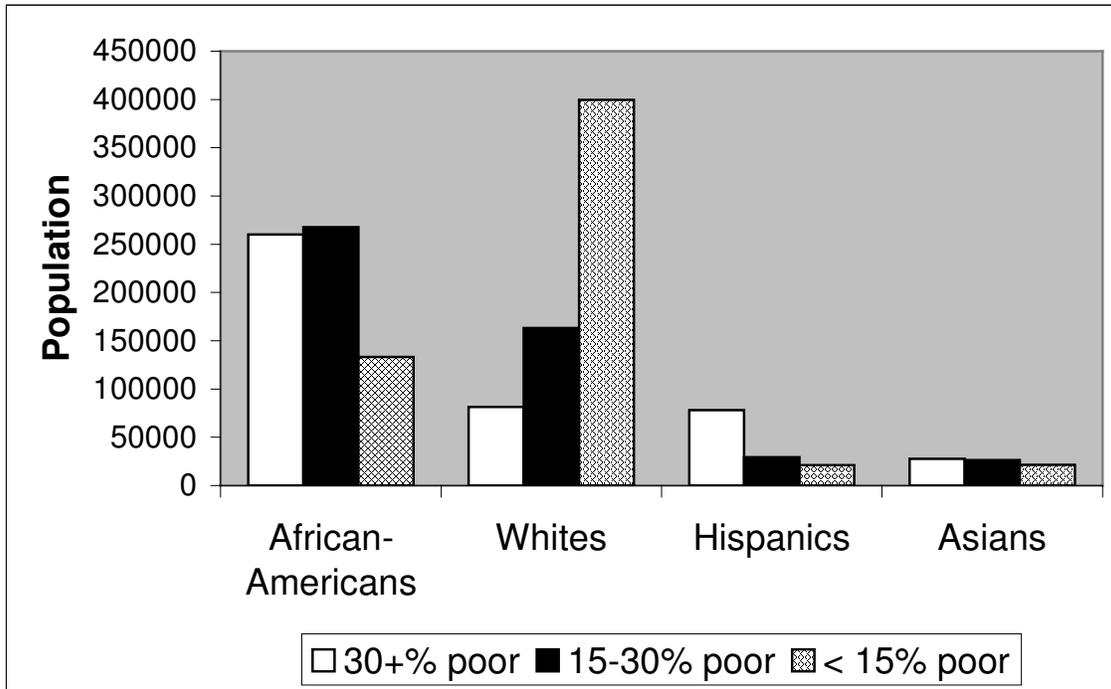
Map of Philadelphia Health Districts



These rates are age-adjusted to the U.S. 2000 standard population. Population data is from the 2000 Census counts.

II. Leading Health Indicators

Figure 8
Population by Neighborhood Poverty and Race/Ethnicity, 2000

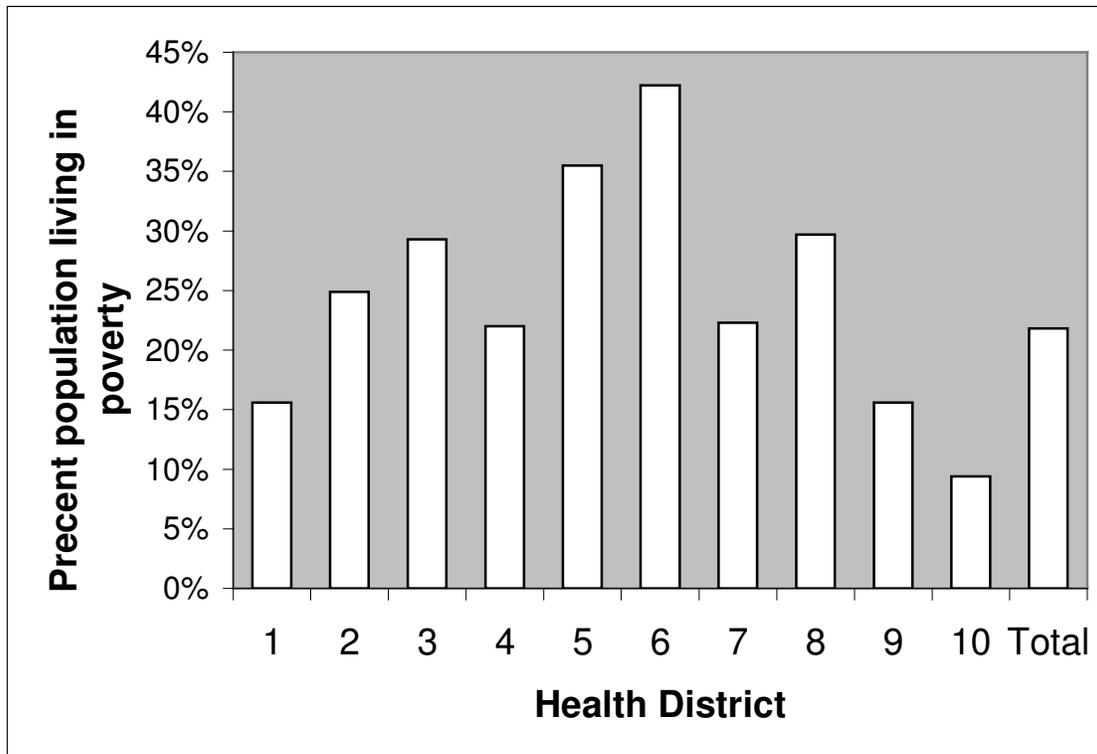


The mortality advantage of whites in Philadelphia largely reflected that they were much less likely to live in poverty, or in high-poverty neighborhoods than other racial/ethnic groups. Non-Hispanic whites were 69% of the population of neighborhoods in Philadelphia with less than 15% poverty in 2000; African Americans were 58% of the population of neighborhoods with 30% or more poverty. Hispanics, although they formed a relatively small proportion of the city's population, were the most likely to live in very poor neighborhoods: 61% of them lived in the poorest neighborhoods, compared to 39% of African Americans and 13% of non-Hispanic whites.

Population by Neighborhood Poverty			
	30+% poor	15-30% poor	< 15% poor
African-Americans	260,163	267,505	133,372
Whites	81,732	163,121	399,542
Hispanics	78,214	29,399	21,315
Asians	27,852	26,337	21,467
Other Non-Hispanics	2,276	2,590	2,664
Total	450,237	488,953	578,360

See Technical Notes for details.

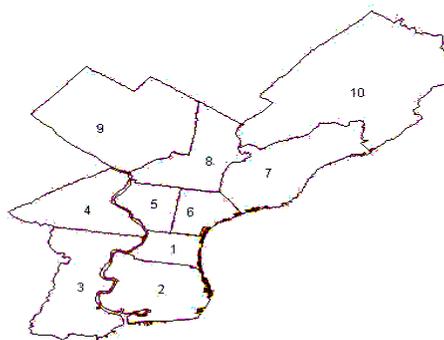
Figure 9
 Percentage Living in Poverty by Health District, 2006



Philadelphia has one of the highest rates of poverty nationwide, with 21.8% of the population living in poverty. This figure comes from the Philadelphia Health Management Corporation, Household Health Survey. According to the American Community Survey, 24.5% of Philadelphians are poor, indicating that the data here may underrepresent the true poverty levels.

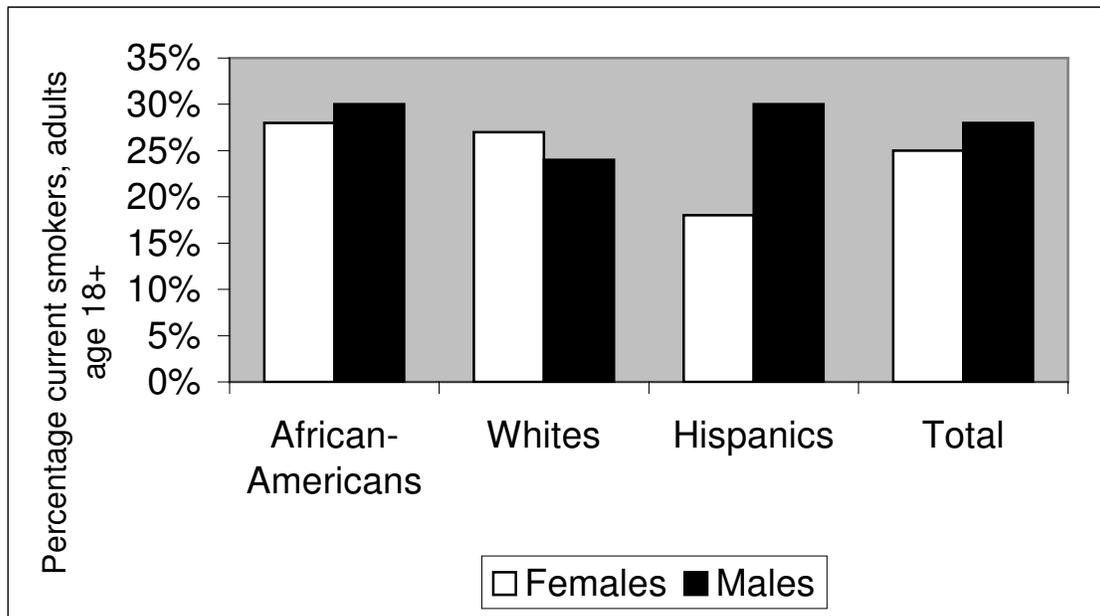
Health District	Percent
1	15.6%
2	24.9%
3	29.3%
4	22.0%
5	35.5%
6	42.2%
7	22.3%
8	29.7%
9	15.6%
10	9.4%
Total	21.8%

Map of Philadelphia Health Districts



Data calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006.

Figure 10
 Age-Adjusted Smoking Prevalence by Sex and
 Race/Ethnicity, 2006

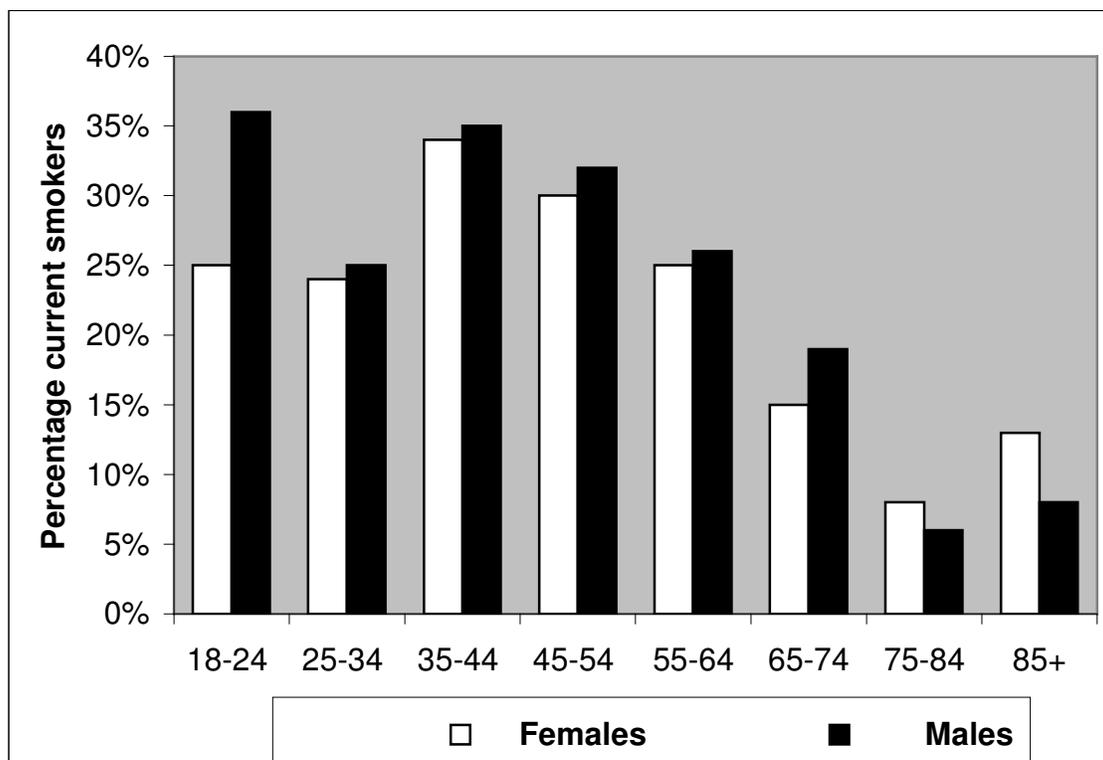


Cigarette smoking causes more deaths than any other modifiable health behavior. The age-adjusted prevalence of current smoking among adult women in Philadelphia was 25%; among adult men it was 28%. Philadelphia smoking rates were higher than national averages which indicate an 18% smoking rate for women and 23% smoking rate for men.

Age-Adjusted Smoking Prevalence		
	Females	Males
African-Americans	28%	30%
Whites	27%	24%
Hispanics	18%	30%
Total	25%	28%

Calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006. Rates are age-adjusted to the U.S. 2000 standard population. See Technical Notes for details. U.S. rates were obtained from the 2005 National Health Interview Survey.

Figure 11
Smoking Prevalence by Sex and Age Group, 2006



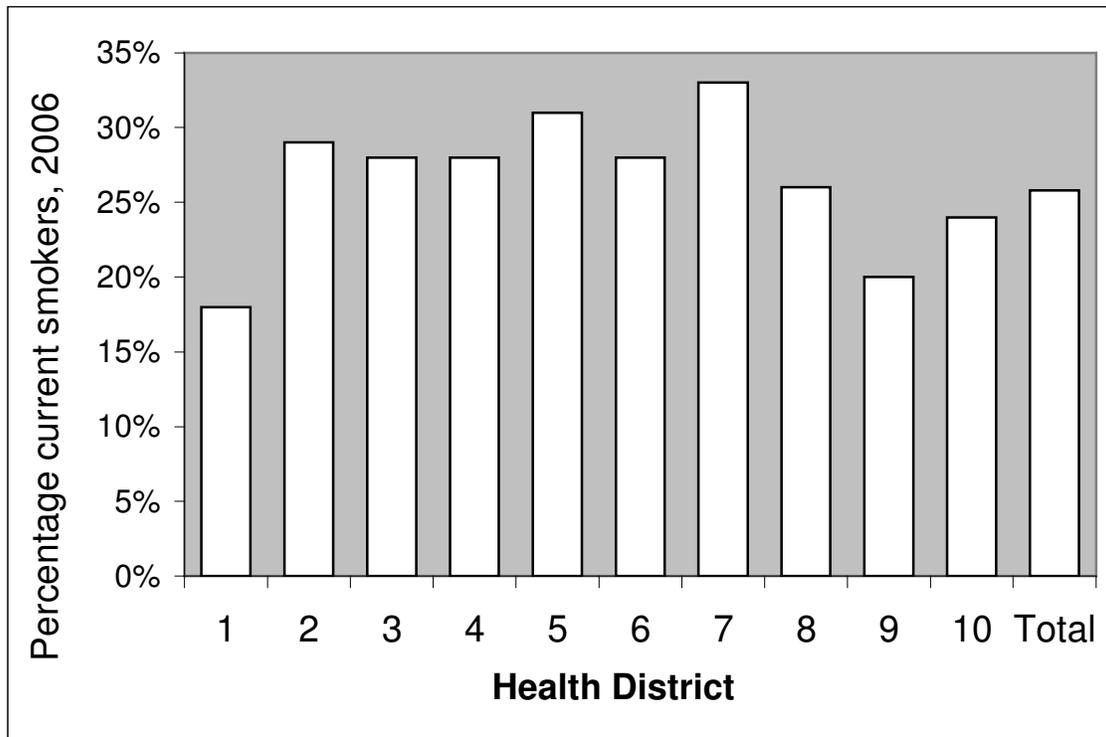
Smoking varies widely with age. Males aged 18-24 had the highest smoking rates, which is consistent with national trends. The prevalence of smoking decreased for both males and females age 45 and older. The drop-off in smoking prevalence at older ages probably reflects both smoking cessation and higher mortality among smokers.

Smoking Prevalence

Age	Females	Males
18-24	25%	36%
25-34	24%	25%
35-44	34%	35%
45-54	30%	32%
55-64	25%	26%
65-74	15%	19%
75-84	8%	6%
85+	13%	8%

Calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006. See Technical Notes for details.

Figure 12
Smoking Prevalence by Health District, 2006



The prevalence of smoking varied widely between health districts. The age-adjusted prevalence of smoking was lowest in Health District 1 and highest in Health District 7. The Healthy People 2010 goal is 12% current smokers among adults; all areas of the city will have to achieve dramatic decreases to meet this goal.

Smoking Prevalence
Health District

1	18%
2	29%
3	28%
4	28%
5	31%
6	28%
7	33%
8	26%
9	20%
10	24%
Total	26%

See Technical Notes for details.

Map of Philadelphia Health Districts

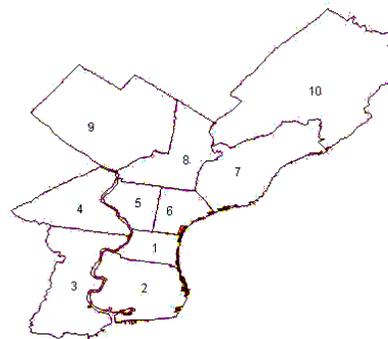
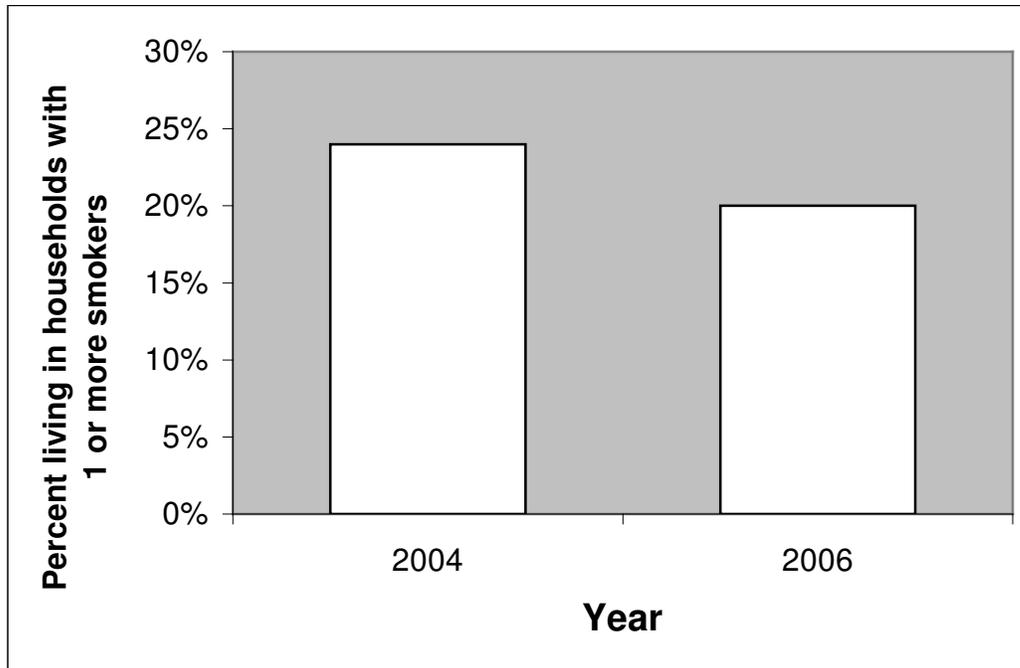


Figure 13

Prevalence of Indoor Smoking in Homes of Children Age 0-6, by Year



In addition to the hazards faced by cigarette smokers themselves, exposure to smoke in the household has been shown to be hazardous to young children. Among children up to age 6 in Philadelphia, 20% lived with an adult who smoked inside the home in 2006. This was 4% lower than in 2004. The Healthy People 2010 target is 10%.

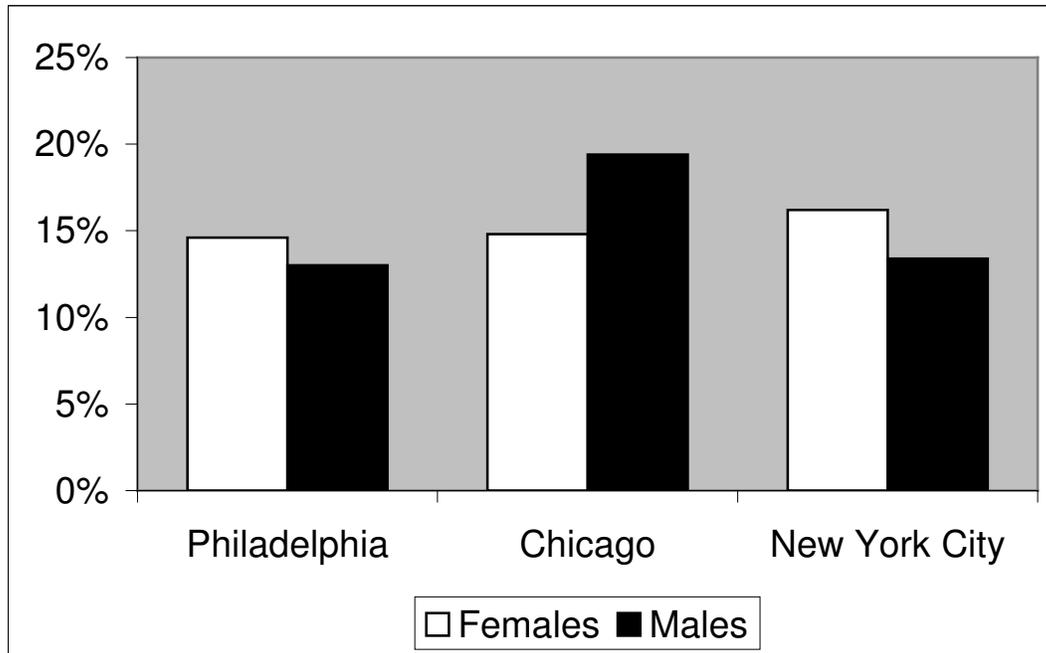
Indoor Smoking

Year	Percent
2004	24%
2006	20%

Calculated from Philadelphia Health Management Corporation, Household Health Survey, 2000.

Figure 14

Percentage of High School Students Grade 9-12 Who Smoked Cigarettes in the Past 30 Days by Sex and City, 2003



Most adult smokers began smoking as adolescents; preventing teens from becoming addicted to smoking is an important public health priority. In Philadelphia, 15% of high school girls and 13% of high school boys in grades 9-12 had smoked at least one cigarette in the past 30 days. These rates have declined since 1999 (from 23% among girls and 22% among boys), and were similar to those among students in New York and Chicago.

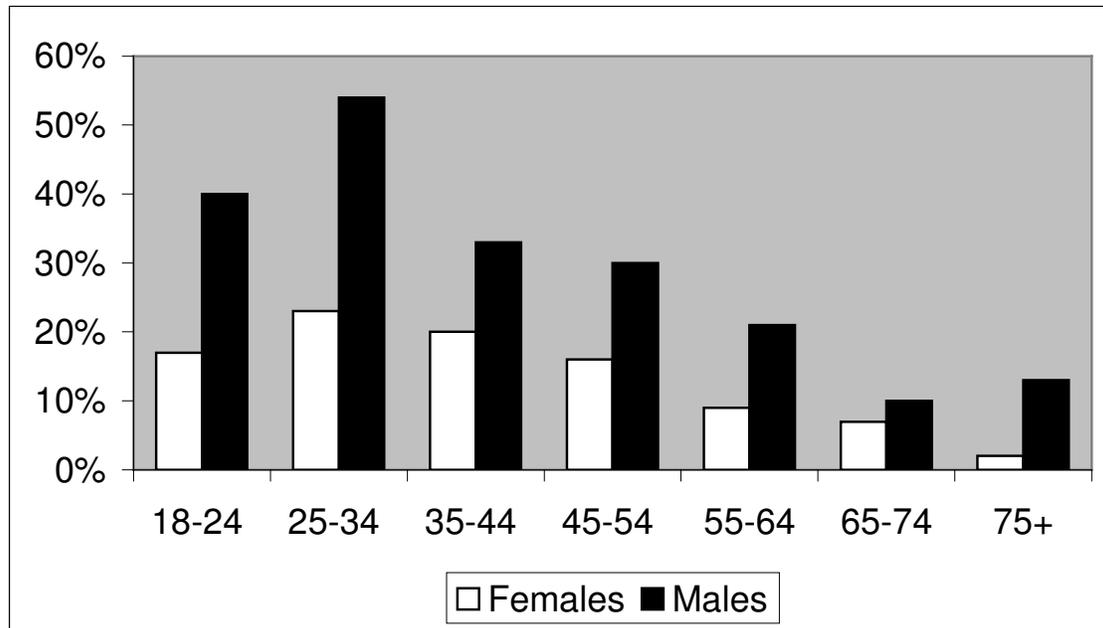
Smoking Prevalence

	Philadelphia	Chicago	New York City
Females	15%	15%	16%
Males	13%	19%	13%

Data from Youth Risk Behavior Surveillance System, Youth Online Comprehensive Results

Figure 15

Percentage of Adults Binge Drinking in Past 30 Days by Sex and Age, 2006



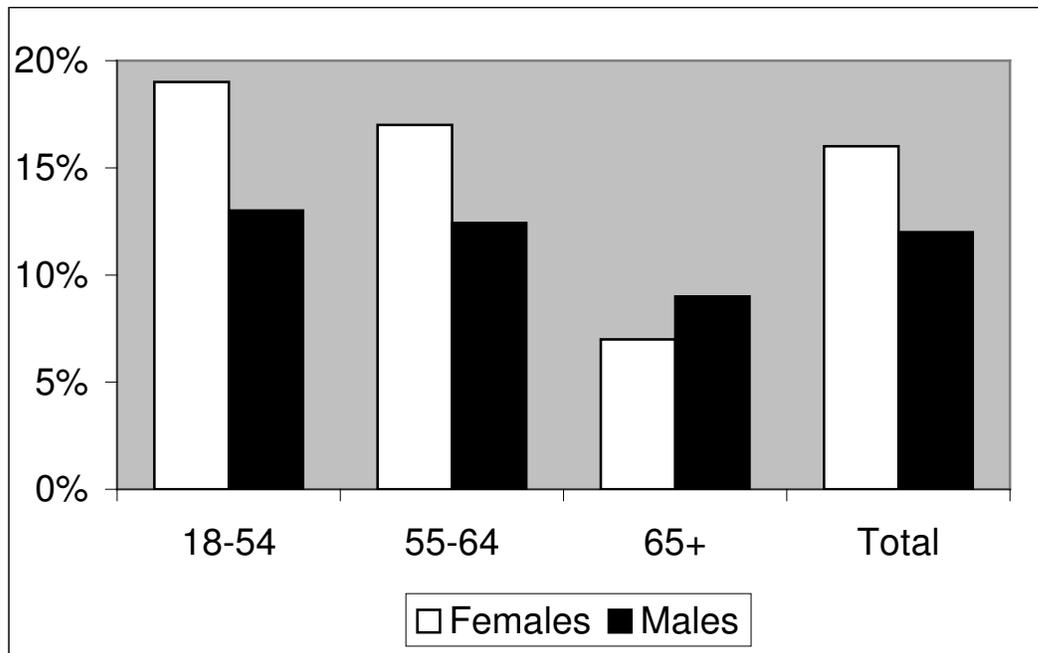
Binge drinking—defined as having at least 5 alcoholic drinks on one occasion—is associated with a wide range of negative health outcomes. It is more common among men than women, and strongly associated with age. Men ages 25-34 had the highest binge drinking rates at 54%.

Binge Drinking		
	Females	Males
18-24	17%	40%
25-34	23%	54%
35-44	20%	33%
45-54	16%	30%
55-64	9%	21%
65-74	7%	10%
75+	2%	13%

Calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006.

Figure 16

Percentage of Adults Who Were Diagnosed with a Mental Health Condition by Sex and Age Group, 2006



Mental illness is a major and often unrecognized source of suffering and disability, as well as a contributor to many other health problems. The prevalence of a diagnosed mental condition decreased with age. Many elderly adults, however, suffer from undiagnosed mental illness.

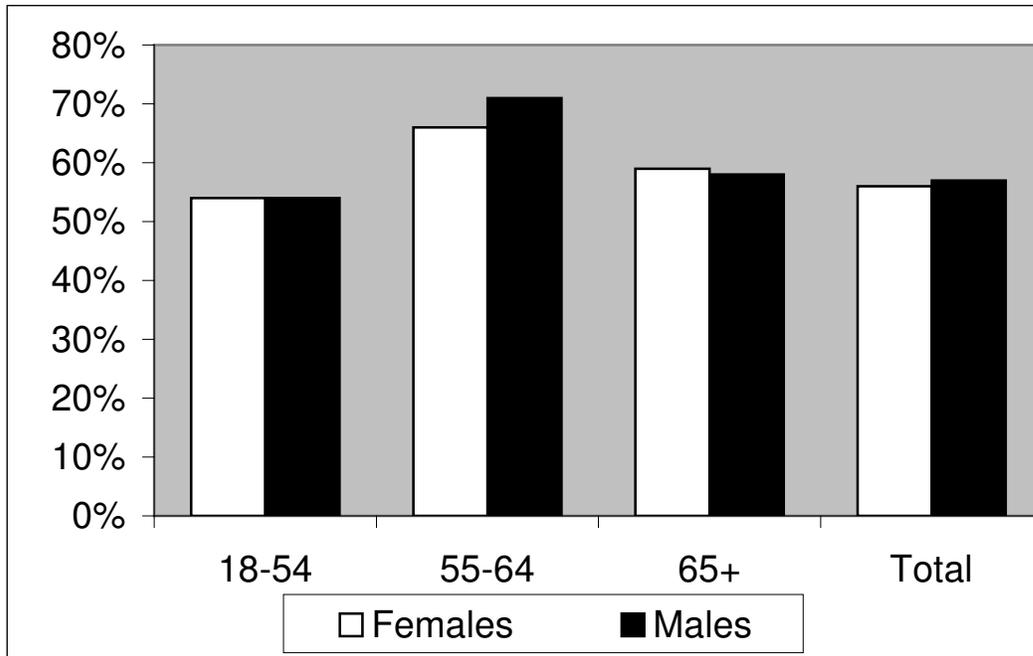
Diagnosed Mental Health Condition

Age	Females	Males
18-54	19%	13%
55-64	17%	12%
65+	7%	9%
Total	16%	12%

Calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006.

Figure 17

Percentage of Adults Who Received Treatment for Mental Health Conditions by Sex and Age Group, 2006



Only about half to three-fourths of those diagnosed with a mental health condition reported receiving treatment. Males and females aged 55-64 were more likely to receive treatment for their mental health condition than any other age group.

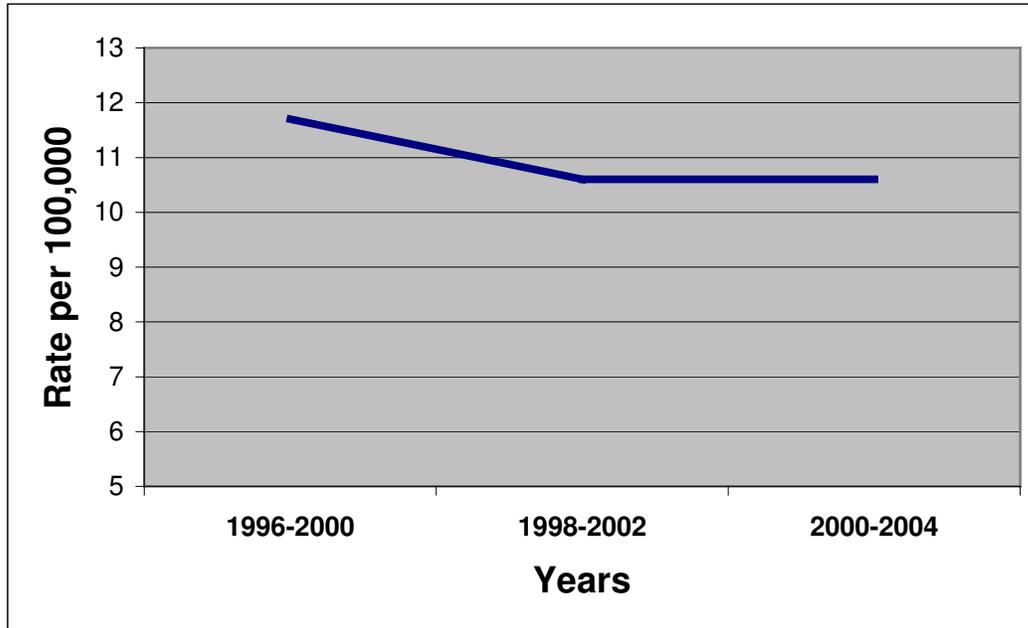
Received Treatment for Mental Health Condition

Age	Females	Males
18-54	54%	54%
55-64	66%	71%
65+	59%	58%
Total	56%	57%

Calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006

Figure 18

Suicide Rate by Years



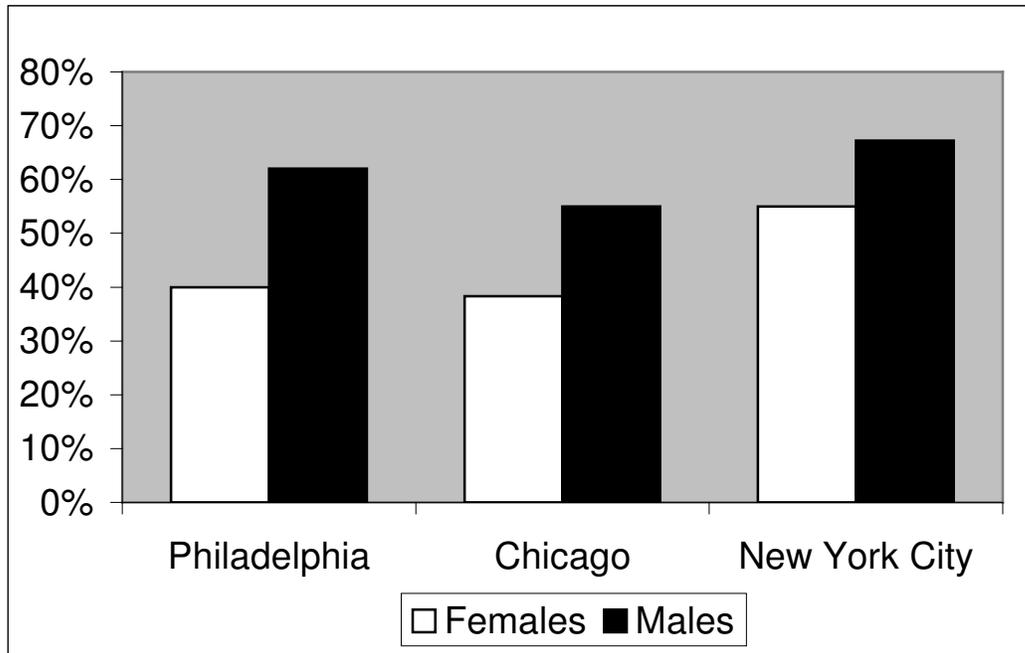
The suicide rate in Philadelphia has fallen slightly from the the mid-1990s. Since 1998 the suicide rate has stayed fairly constant. The Healthy People 2010 target is 5.0 per 100,000. The Philadelphia suicide rate would have to fall by half to meet this target.

Years	Suicide Rate per 100,000
1996-2000	11.7
1998-2002	10.6
2000-2004	10.6

Data from PA Health Department: Healthy People 2010
Age-adjusted to 2000 standard population

Figure 19

Percentage of High School Students Who Engaged in Vigorous Physical Activity by Sex and City, 2003



Physical activity is an important contributor to good health across the lifespan, but far too many people in Philadelphia and throughout the United States lack regular physical exercise. Among high school students in Philadelphia, only 40% of girls and 62% of boys surveyed in 2003 engaged in vigorous activity for at least 20 minutes 3 or more times per week. These rates were slightly lower than those for students in New York City and slightly higher than those for students in Chicago.

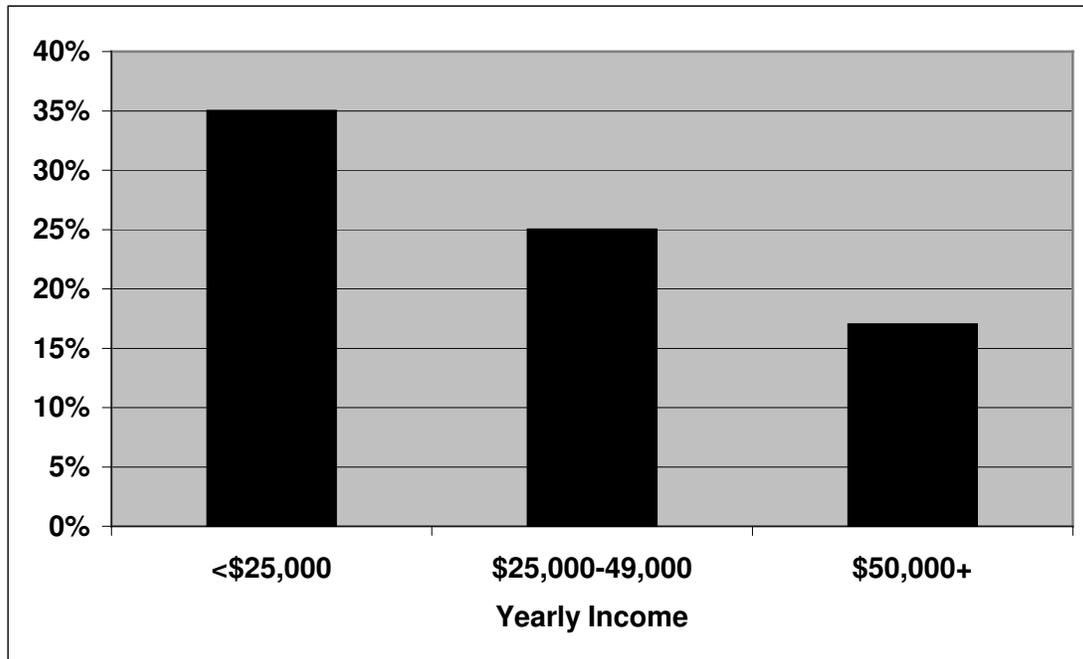
Vigorous Physical Activity

	Females	Males
Philadelphia	40%	62%
Chicago	38%	55%
New York City	55%	67%

Data from Youth Risk Behavior Surveillance System, Youth Online: Comprehensive Results

Figure 20

Percentage of Adults who Engaged in No Leisure Time Physical Activity in Past Month by Income, 2003-2005



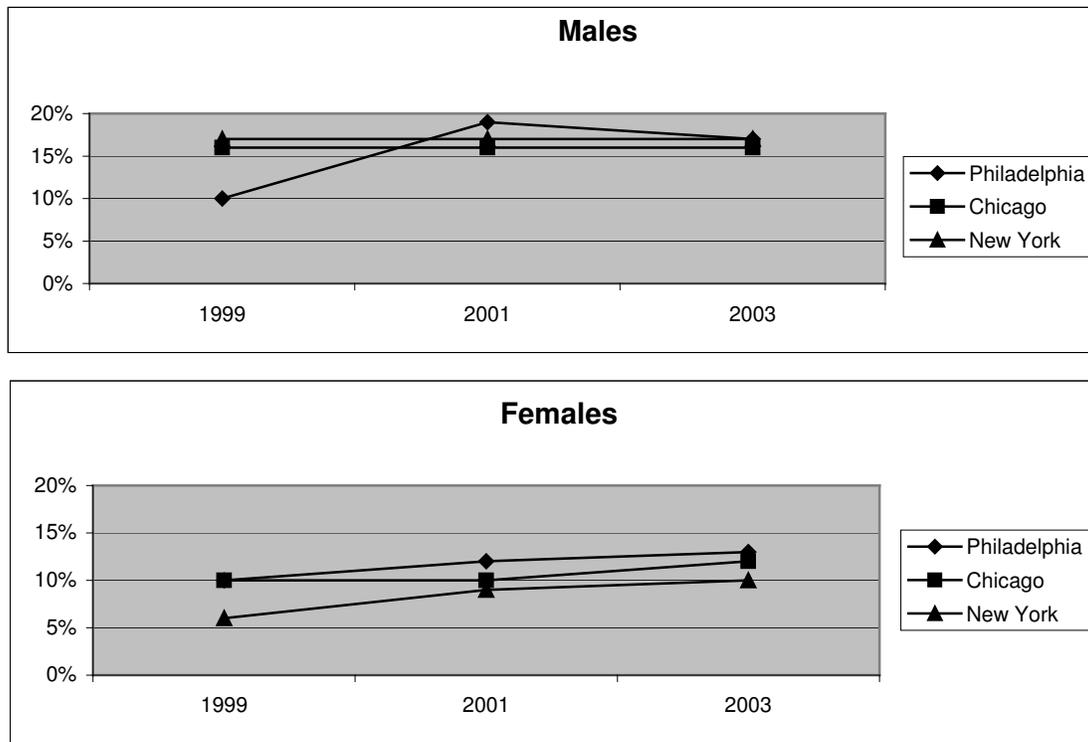
Lack of physical activity was inversely associated with yearly income. This could be attributed to the fact that higher income individuals tend to have more leisure time and greater access to gyms and other recreational activities.

No Leisure Time Physical Activity	
Income	Percent
<\$25,000	35%
\$25,000-49,000	25%
\$50,000+	17%

Data from the Behavioral Risk Factor Surveillance System were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Figure 21

Percentage of High School Students Who Were Overweight by Sex, Year and City



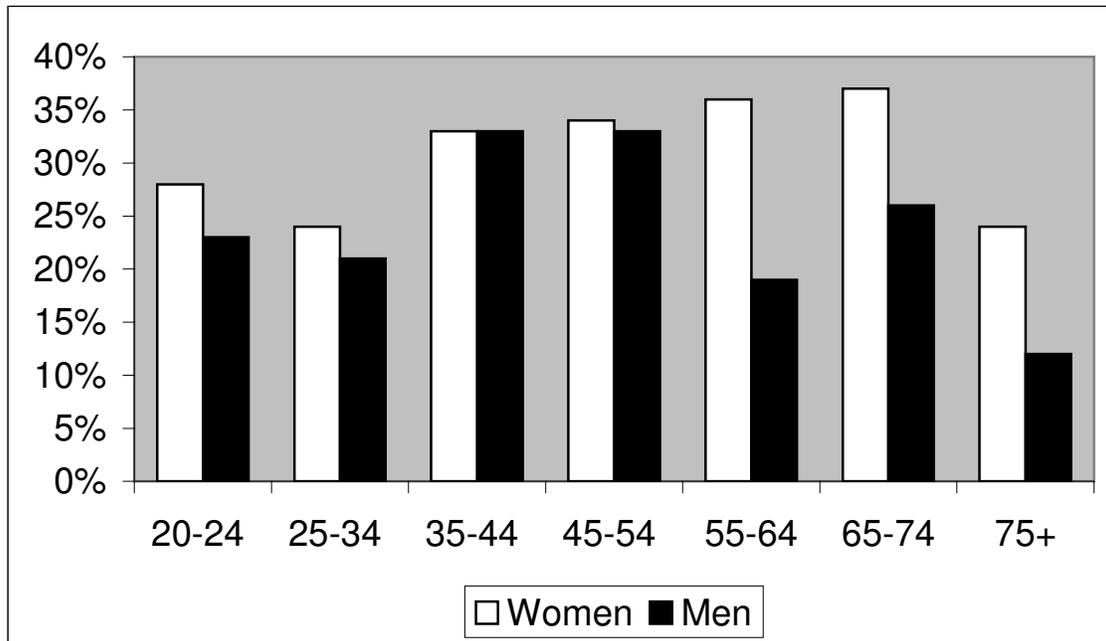
The prevalence of overweight and obesity has been rising at an alarming rate among all sectors of the United States population. Among high school students in Philadelphia, 10% of girls and 9% of boys were overweight in 1999; by 2003 those percentages had increased to 13% of girls and 17% of boys. High school females in Philadelphia had higher obesity rates than those in Chicago and New York. High school males in Philadelphia had obesity rates equivalent to those in New York but higher than those in Chicago.

Overweight		1999	2001	2003	Females		1999	2001	2003
Males	Philadelphia	10%	19%	17%	Philadelphia	10%	12%	13%	
	Chicago	16%	16%	16%	Chicago	10%	10%	12%	
	New York	17%	17%	17%	New York	6%	9%	10%	

Data from Youth Risk Behavioral Surveillance System, Youth Online: Comprehensive Results. Overweight is defined as body mass index greater than 95th percentile for age-sex group.

Figure 22

Percentage of Adults Age 20+ Who Were Obese by Sex and Age, 2006



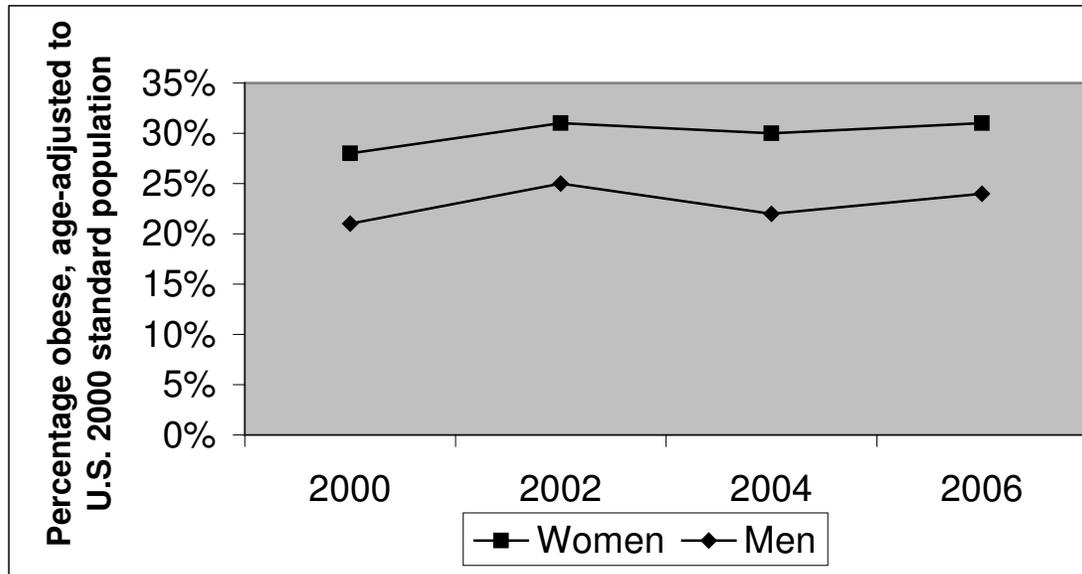
Obesity rates for men began to decrease after the 35-44 age group. By contrast, obesity rates for women continually increased through the 65-74 age group. The obesity rates for women ranged from 24% to 36%. The obesity rates for men ranged from 12% to 33%. Men over 75 had the lowest obesity rates.

Obesity	Women	Men
20-24	28%	23%
25-34	24%	21%
35-44	33%	33%
45-54	34%	33%
55-64	36%	19%
65-74	37%	26%
75+	24%	12%

Data calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006. Obesity is defined as body mass index 30 or above.

Figure 23

Age-Adjusted Percentage of Adults Age 20+ Who Were Obese by Sex and Year



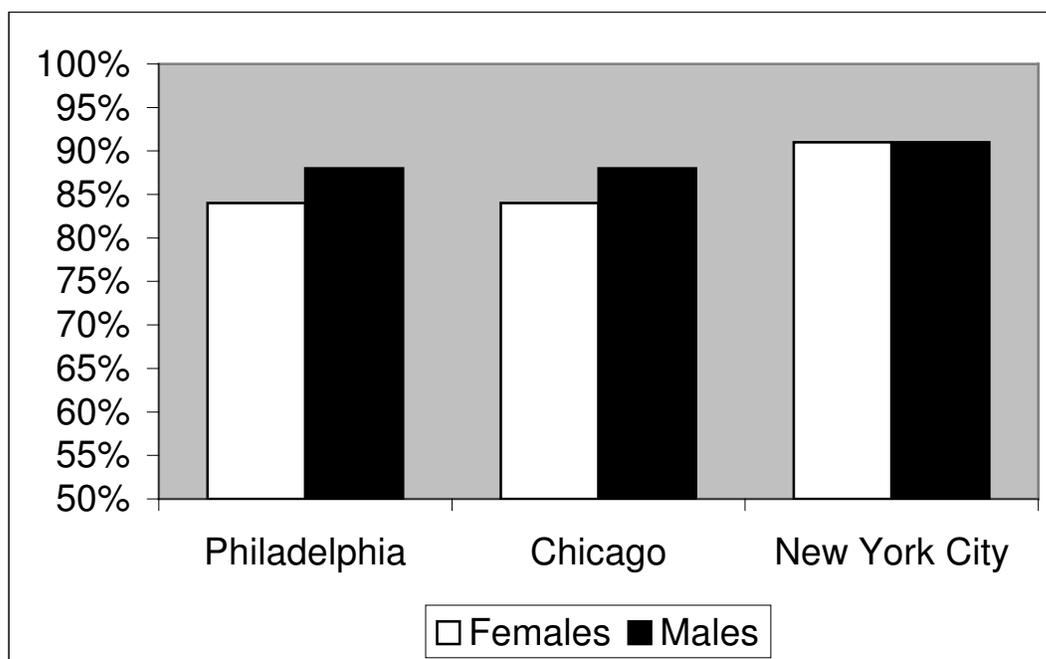
The prevalence of obesity was consistently higher for women than men. From 2000 to 2006 obesity rates stayed fairly consistent for both men and women. Obesity was more common among African-American women than non-Hispanic white women, and among poor women than among those above the poverty line.

Age-Adjusted Obesity		
Year	Women	Men
2000	28%	21%
2002	31%	25%
2004	30%	22%
2006	31%	24%

Data calculated from Philadelphia Health Management Corporation, Household Health Survey, 2000. Obesity is defined as body mass index 30 or above. Age-standardized to the U.S. 2006 standard population.

Figure 24

Percentage of High School Students Who Refrained From Sex or Used Condoms by Sex and City, 2003



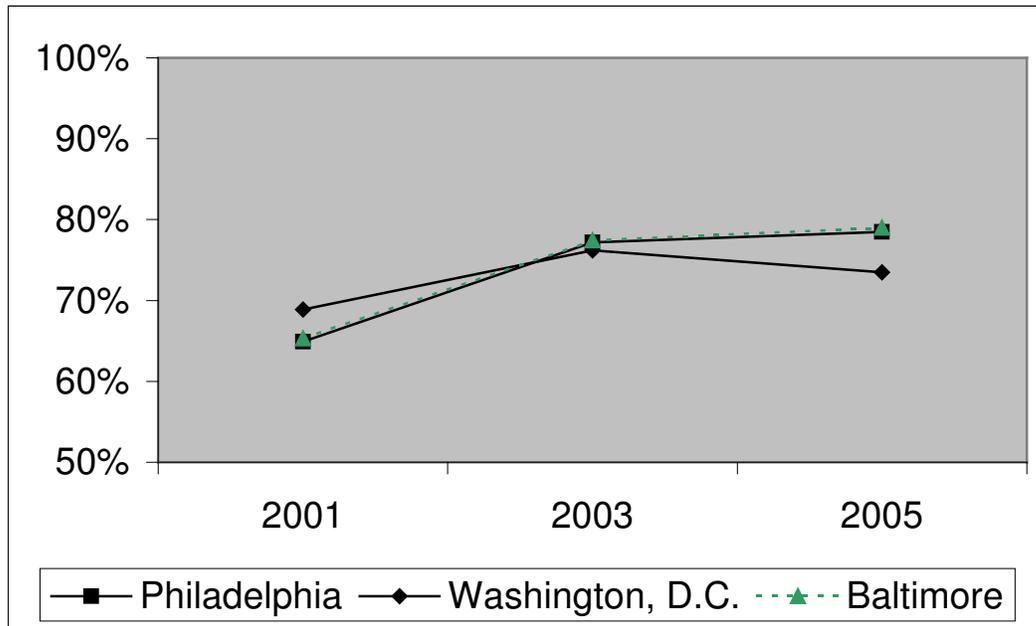
One of the goals outlined in Healthy People 2010 is to increase the proportion of adolescents who refrain from sex or use condoms. This proportion was 84% among high school girls and 88% among high school boys in Philadelphia in 2003. These rates were slightly lower than the rates among high school students New York City, but equivalent to the rates among students in Chicago.

Refrained from Sex or Used Condoms		
	Females	Males
Philadelphia	84%	88%
Chicago	84%	88%
New York City	91%	91%

Data calculated from MMWR Youth Risk Behavior Surveys, 2003, Table 45. Percentage is those who reported no sexual activity in the past 3 months or who reported having used a condom during last sexual activity.

Figure 25

Percentage of Children Age 19-35 Months Who Had Received the 5 Universally Recommended Vaccination Series, by Year and City



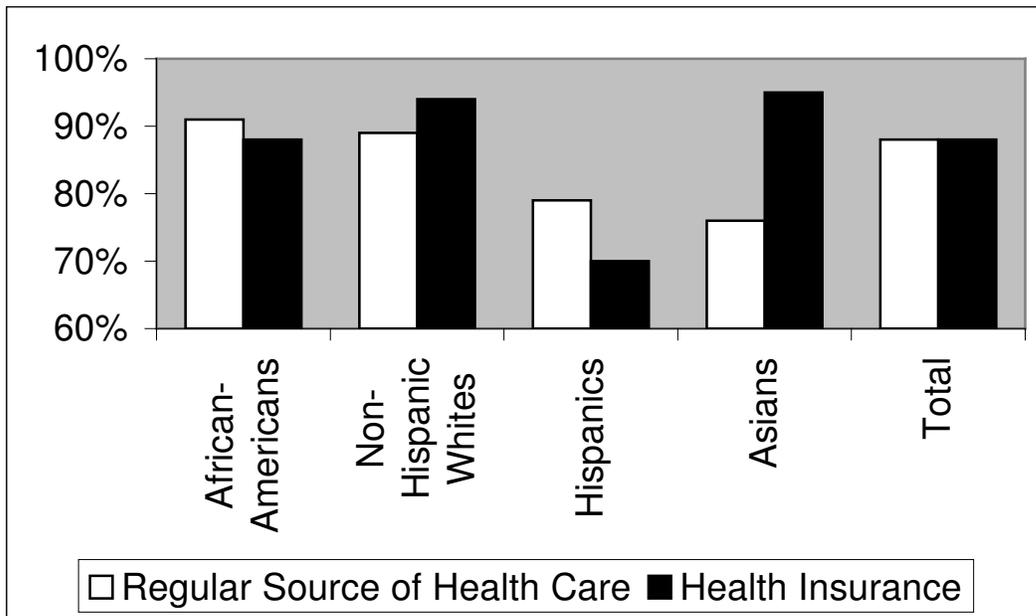
A key public health goal is to ensure that every young child receives the 5 universally-recommended vaccination series before age 3. In Philadelphia, the vaccination rates have increased from 2001 to 2005. In 2005 vaccination rates in Philadelphia were higher than those in Washington, D.C. but equivalent to those in Baltimore.

Vaccinations	2001	2003	2005
Philadelphia	65%	77%	79%
Washington, D.C.	69%	76%	74%
Baltimore	65%	77%	79%

Data from Centers for Disease Control and Prevention, National Immunization Survey, 2006, Table 4:3:1:3:3_race_iap.

Figure 26

Health Care Access by Race/Ethnicity, 2006



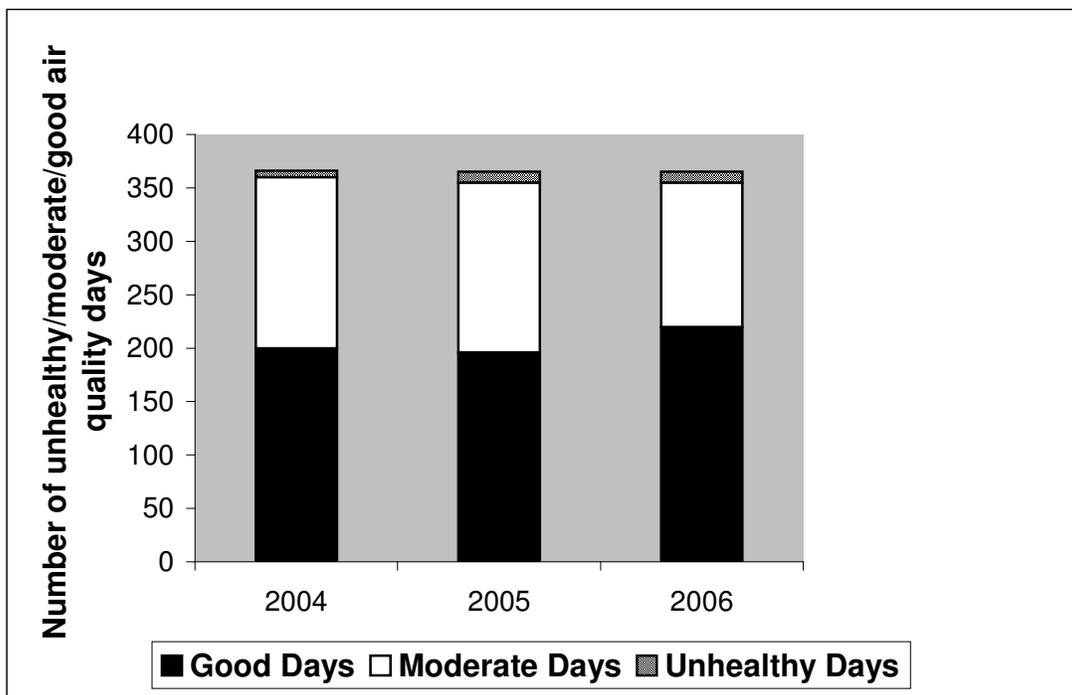
Two key measures of access to health care are whether people have a regular source of health care and whether they have health insurance. In 2006, 88% of Philadelphians identified a regular source of health care and reported that they did have health insurance. Smaller proportions of Hispanics (79%) and Asians (76%) reported a usual source of care. This survey may underestimate the proportion of people without a regular source of care, both because it only reached residents with telephone service and because it was administered only in English and Spanish. Of the respondents who completed the survey in Spanish, only 72% had a regular source of care. Residents who speak other languages, and were excluded from the survey, are likely to face substantial barriers to accessing health care.

	Regular Source of Health Care	Health Insurance
African-Americans	91%	88%
Non-Hispanic Whites	89%	94%
Hispanics	79%	70%
Asians	76%	95%
Total	88%	88%

Calculated from Philadelphia Health Management Corporation, Household Health Survey, 2006

Figure 27

Air Quality by Year



Finally, air pollution is an important factor in the health of urban populations. From 2004-2006 there have been no very unhealthy or hazardous days. Good days have out-numbered moderate days every year from 2004-2006.

Air Pollution

Year	Good Days	Moderate Days	Un-healthy Days	Very Un-healthy/hazard-ous days
2004	200	166	6	0
2005	196	159	10	0
2006	220	135	10	0

Data Source: PDPH Air Management Services

III. Technical Notes

Census data

Population data is taken from Census Bureau Estimates. For mortality rates, the numerator death data was taken from the Philadelphia Vital Statistic Reports and the denominator population data was taken from Census Bureau Estimates.

Race/ethnic groups

All figures in this report that report race/ethnic groups treat race/ethnicity as a single variable; the groups presented are mutually exclusive. For mortality rates using census bureau estimates, African Americans were defined as non-Hispanic blacks alone or in combination, Whites were defined as non-Hispanic whites alone, and Asians were defined as non-Hispanic Asians alone or in combination. The Hispanic category included individuals from any race who identified themselves as Hispanic.

Poverty

Poverty statistics used in Figures 4A/4B, and 8 and are based on the percentage below the poverty threshold in the 2000 Census among all residents of each census tract. Race/ethnic specific poverty data has not been released at the census tract level. The federal poverty threshold is determined by the Department of Health and Human Services annually; it does not include any adjustments for local or regional variations in the cost of living.

Smoking

Smoking statistics in Figures 10-13 are based on respondents who answered "Everyday" or "Some days" to "Do you NOW smoke cigarettes every day, some days, or not at all?" Figure 14 is based on respondents who reported that they had smoked on at least one of the 30 days preceding the survey.

Please direct questions or comments regarding "Taking Philadelphia's Temperature" to: Jessica M. Robbins, Ph.D., Philadelphia Department of Public Health, 500 South Broad Street, Philadelphia, PA 19146, jessica.robbs@phila.gov

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