

Minority Health Disparities in Pennsylvania Mortality (2020):

Please keep in mind that, as you digest the data provided, many factors influence health outcomes. Where one lives, works and plays impacts one's health and quality of life. Interrelationships among the social determinants of health (SDOH), such as income, education, housing and transportation, all contribute to a community's chances to thrive.

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Black residents had significantly higher age-adjusted death rates than whites for:

- Total deaths
- Cardiovascular disease
- Heart disease
- Total cancers
- COVID-19
- External cause of death, injury, and accidents
- Drug-induced deaths
- Poisoning
- Cerebrovascular diseases
- Homicide
- Firearm related injuries
- Diabetes
- Genitourinary system
- Homicide (firearm discharge)
- Infectious and parasitic diseases
- · Nephritis, nephrotic syndrome, and nephrosis
- Renal failure
- Septicemia
- Hypertension and hypertensive renal disease
- Viral disease
- Perinatal conditions
- HIV
- Asthma
- Complications of medical and surgical care
- Epilepsy
- Viral hepatitis
- Cancer of lung and bronchus
- Cancer of prostate
- Cancer of female breast
- Cancer of pancreas
- Cancer of liver and intrahepatic bile duct
- · Cancer of corpus/uterus, NOS
- Cancer, myeloma
- Cancer of stomach

Cancer of the cervix uteri

Hispanic residents had significantly higher age-adjusted death rates than whites for:

- COVID-19
- Homicide
- Diabetes
- Homicide (firearm discharge)
- Infectious and parasitic diseases
- Viral disease
- HIV
- Viral hepatitis
- Cancer of the liver and intrahepatic bile duct
- Cancer of the stomach

Data Highlights

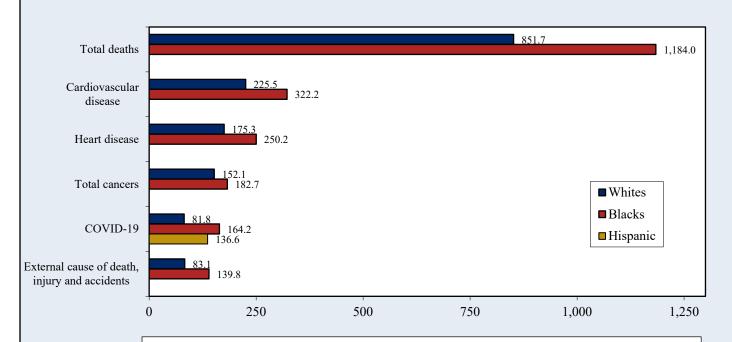
Black: In 2020, the age-adjusted rate per 100,000 for total deaths in Pennsylvania was 39 percent higher for blacks (1,184.0) compared to whites (851.7). The homicide rate for black residents (39.4), compared to whites (2.6), was 15 times higher. In addition, the homicide with firearm discharge rate for black residents (35.2) was 27 times higher than the rate for whites (1.3). The death rate for HIV among black residents (4.3) was over 10 times higher than the rate for whites (0.4). The death rate for firearm-related injuries among black residents (39.2) was over four times higher than the rate for whites (8.5). The death rates for asthma (2.8) and viral disease (7.4) were at least three times higher than the rates for whites (0.8 and 2.4, respectively). The death rates for COVID-19 (164.2); cancer of the lung and bronchus (38.5); prostate cancer (37.2); nephritis, nephrotic syndrome, and nephrosis (30.1); infectious and parasitic diseases (37.3); renal failure (29.6); liver cancer (12.4); perinatal conditions (7.3); myeloma (6.4); stomach cancer (4.7); cervical cancer (4.1); and epilepsy (1.7) among blacks were at least twice the rates among whites.

Hispanic: The 2020 age-adjusted death rate per 100,000 for homicide with firearm discharge (5.9) among Hispanic residents was over 4 times higher than the rate among whites (1.3) and cancer of the cervix uteri (5.6) among Hispanic residents were three times higher than the rate among whites (1.3 and 1.8, respectively). The homicide rate (5.6) and the death rate for perinatal conditions (6.4) for Hispanic residents were at least twice the rates for whites (2.3 and 2.9, respectively).

Asian/Pacific Islander: In 2020, there were no causes of death for which Asian and Pacific Islander residents had significantly higher rates than white residents.

Death Rates, 2020

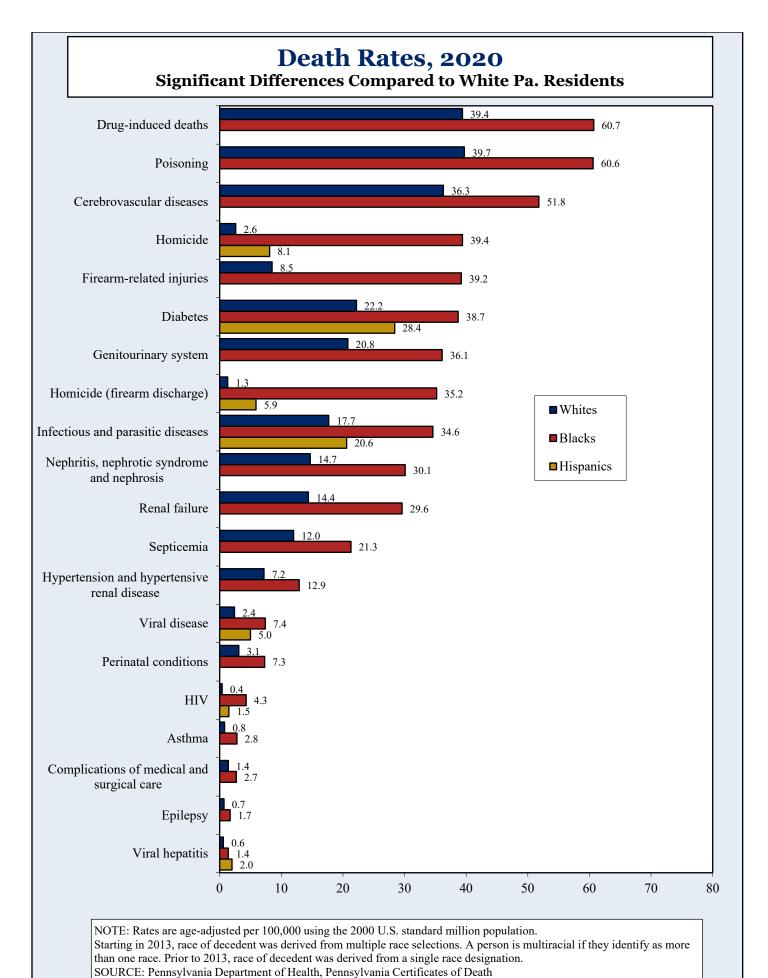
Significant Differences Compared to White Pa. Residents

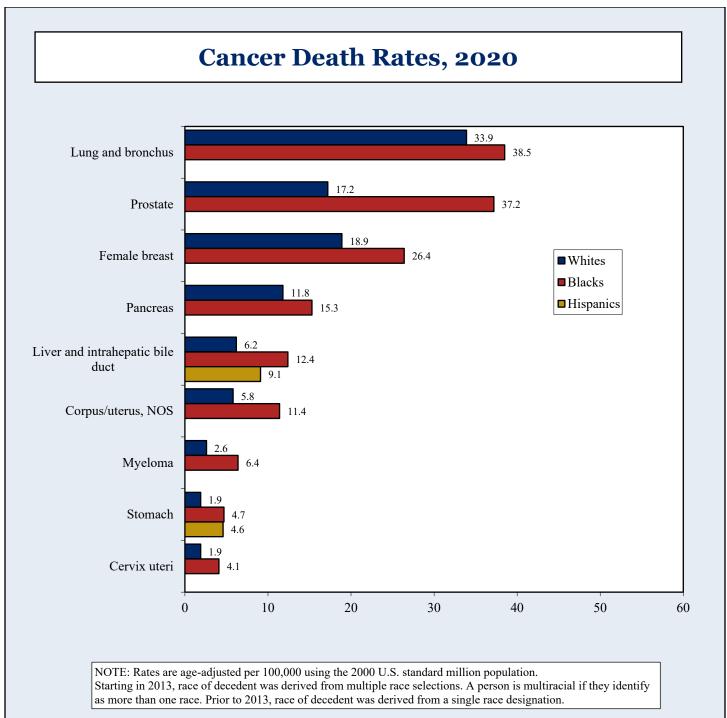


NOTE: Rates are age-adjusted per 100,000 using the 2000 U.S. standard million population.

Starting in 2013, race of decedent was derived from multiple race selections. A person is multiracial if they identify as more than one race. Prior to 2013, race of decedent was derived from a single race designation.

SOURCE: Pennsylvania Department of Health, Pennsylvania Certificates of Death





For additional death statistics, please visit the **EDDIE** system.