

## 2016 Annual Summary Adopts New Format

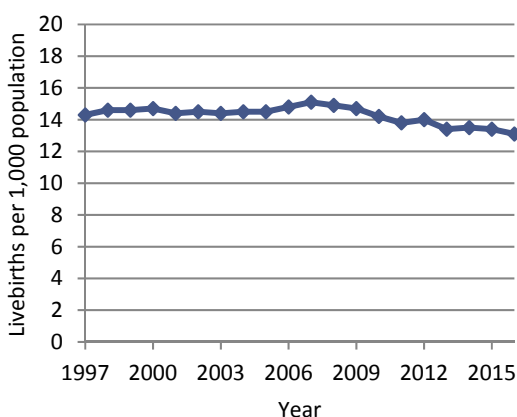
The *Annual Summary of Vital Statistics* report for 2016 debuted a new format. The report, with 84 tables and over 40 charts and maps is now an electronic document. The release accompanied a new approach to internet access of statistics and reports prepared by the Bureau of Epidemiology and Public Health Informatics' Vital and Health Statistics Data Analysis Section. Fifteen various pages with reports and listings have been consolidated to just two. One of those is a new landing page, <http://www.kdheks.gov/phi/index.htm>. From this page visitors can navigate to all publications and tables prepared by the section. It should be more intuitive to use and improvements will continue. Online publication of the Annual Summary will enable the section to post completed tables and charts online sooner, for policy use. For persons who might still want to download a full set of pages for the re-

port, they have been compiled into a single PDF document. It is available at: [http://www.kdheks.gov/phi/as/2016/Annual\\_Summary\\_2016.pdf](http://www.kdheks.gov/phi/as/2016/Annual_Summary_2016.pdf).

During 2016, there were 38,048 live births to residents of Kansas. This was a decrease of 2.8 percent from the 39,126 births reported in 2015. The birth rate decreased 2.2 percent, from 13.4 births per 1,000 population in 2015 to 13.1 births per 1,000 population in 2016.

Over the past 20 years (1997-2016), the Kansas birth rate has fluctuated between a peak of 15.1 births per 1,000 population (reported in 2007) and a low of 13.1 births per

Figure 1. Birth Rates, Kansas Residents, 1997-2016



1,000 population (reported in 2016) (Figure 1). Recent low birth rates follow a sustained decline from 2008 to 2011.

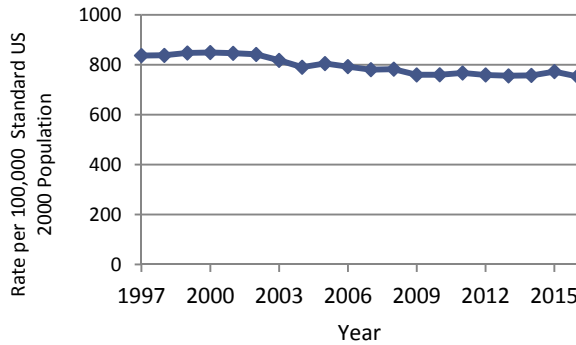
There were 26,129 Kansas resident deaths recorded in 2016, a decrease of 1.8 percent from the 26,611 deaths recorded in 2015. The Kansas crude death rate in 2016 was

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Figure 2. Age-Adjusted Death Rates, Kansas Residents, 1997-2016



898.7 deaths per 100,000 population, which was 6.5 percent higher than the estimated U.S. crude rate of 844.1 deaths per 100,000 population

The Kansas age-adjusted death rate for 2016 was 753.5 deaths per 100,000 standard U.S. 2000 population, down 2.5 percent from 772.5 in 2015 (Figure 2). The age-adjusted death rate for males (878.7) was 35.6 percent higher than that for females (647.8).

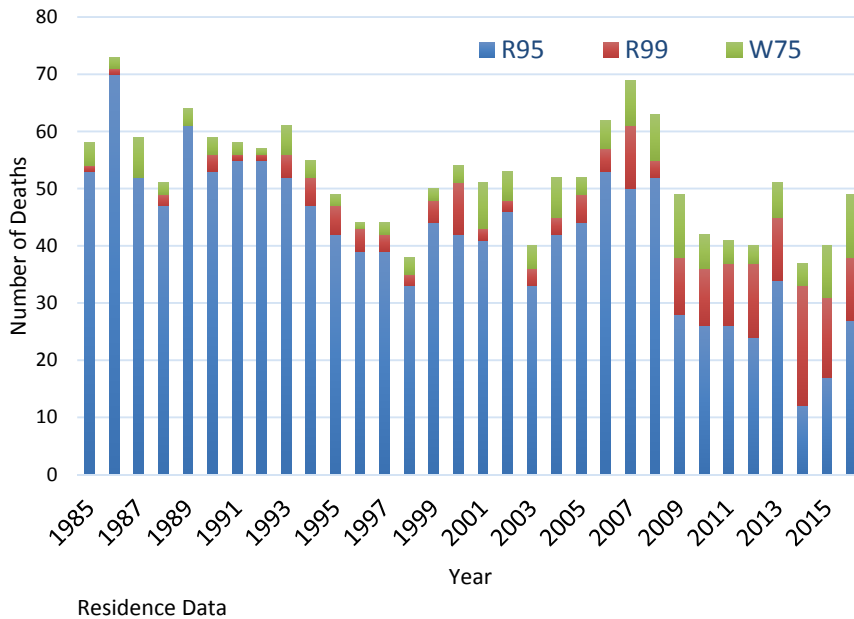
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## Live Stories Published

The state’s increase in Sudden Unexplained Infant Death (SUID) deaths is the first LiveStory published by the Vital and Health Statistics Data Analysis Section at KDHE. Links to the LiveStories posted can be found at [http://www.kdheks.gov/phi/live\\_stories.htm](http://www.kdheks.gov/phi/live_stories.htm). SUID deaths are defined as a sleep related death [ICD10 Code W75], a SIDS or Sudden Infant Death Syndrome death [ICD10 Code R95], or a death for unknown causes [ICD code R99]. Research indicates that all three categories may be related to deaths and are tracked together.

Every year in Kansas, the State Child Death Review Board studies every death to children

Figure 1. Sudden Unexpected Infant Deaths (SUID) By Cause, Kansas, 1985-2016



under age 18. Their recent report on child deaths in 2015, <https://ag.ks.gov/media-center/annual-reports/child-death-review-board-annual-reports> concluded:

"There were 23 SIDS cases in 2015, all of which were classified as SIDS II, indicating the presence of one or more elements of unsafe sleep."

Each year a little over 220 Kansas babies do not live until their first birthday. Nationally, that figure is about

24,500 babies dying before their first birthday. Of those infant deaths to Kansas babies, SUID occurs to over 40 babies a year. As Figure 1 shows SUID counts vary widely year to year.

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## 2016 Teen Pregnancy Report Issued

The Kansas Department of Health and Environment (KDHE) prepares the Teen Pregnancy report annually to provide data to support assessment and evaluation of teen pregnancies in Kansas. KDHE has a number of programs directed at reducing teen pregnancy. The report contains a series of summary tables detailing pregnancy outcomes (live births, abortions, and stillbirths) for females 10-19 years of age. Pregnancies among adolescents and teens accounted for 6.0 percent (2,518) of the 41,742 pregnancies in 2016. About 85.3 percent resulted in a live birth (n=2,148), 14.0 percent in abortion (n=353), and the remainder in stillbirths (n=17).

Table 1. Pregnancy Rates for Selected Female Age-groups per 1,000 Age Specific Population, by Year, Kansas Residents, 2005-2016

Year	Age					
	10-19	10-14	15-17	18-19	10-17	15-19
2005	26.7	0.8	25.7	85.1	10.4	50.8
2006	27.1	0.9	25.5	87.1	10.4	52.2
2007	27.8	0.8	26.8	93.1	10.9	53.2
2008	28.6	0.7	27.1	93.1	10.9	55.0
2009	26.8	0.6	25.2	95.7	10.0	51.6
2010	23.1	0.6	22.4	88.5	8.8	45.1
2011	20.9	0.7	18.4	77.6	7.3	40.8
2012	19.7	0.4	17.0	72.2	6.6	39.0
2013	17.1	0.4	14.6	62.4	5.7	34.0
2014	16.0	0.4	13.6	58.6	5.3	33.2
2015	14.8	0.2	11.5	55.9	4.5	29.3
2016	12.9	0.3	11.2	47.4	4.4	25.7

Other findings include:

- The pregnancy rate for females aged 10-19 was 12.9 per 1,000 age group specific female population in 2016, down 12.8 percent from 2015 (14.8) (Table 1).
- Pregnancy rates among females 15-17 years of age, (11.2 per 1,000 female age group population) and females aged 18-19 (47.4 per 1,000 age group population)(Table 1) compared favorably with the Healthy People 2020 national targets of 36.2 and 72.2, respectively.
- In 2016, Black non-Hispanic and White non-Hispanics pregnancy rates remained unchanged among teens 10-17 years of age from 2015, while Hispanic pregnancy rates decreased by 4.4 percent.

The 2016 Teen Pregnancy report can be found at [http://www.kdheks.gov/data\\_reports\\_stats.htm](http://www.kdheks.gov/data_reports_stats.htm)

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## 2016 Adequacy of Prenatal Care Report

The Kansas Department of Health and Environment (KDHE), through the Bureau of Epidemiology and Public Health Informatics (BEPHI), provides this report to monitor the progress of adequate prenatal care. Tracking the quantity of prenatal care pregnant women receive through the Adequacy of Prenatal Care Utilization (APNCU) Index enables public

health agencies to identify inequities in the provision of care. Inadequate prenatal care has been associated with pre-term delivery, low birth weight, and small-for-gestational age infants. It has also been linked to a higher overall net cost per pregnancy for mother and newborn care combined.

In 2016, the APNCU Index was calculated for 37,926 Kansas resident live births, representing 99.7 percent of the 38,048 births reported. About 83.4 percent of mothers received adequate or better prenatal care\*, including 30.1 percent with adequate-plus care. This level of adequate or better prenatal care meets the target established by Healthy People 2020 (77.6%). Approximately 16.6 percent received less than adequate prenatal care with 10.9 percent inadequate care and 5.8 percent intermediate care.

The proportion of mothers who received adequate or better prenatal care was highest among White non-Hispanic mothers (87.6%) followed by Asian/Pacific Islander non-Hispanic mothers (85.2%). Population groups below the target established by Healthy People 2020 (77.6%) included other non-Hispanic mothers (76.7%) and Black non-Hispanic mothers (73.6%). Hispanic mothers had the lowest percentage receiving adequate or better prenatal care (70.4%).

The full report is available at: [http://www.kdheks.gov/data\\_reports\\_stats.htm](http://www.kdheks.gov/data_reports_stats.htm).

\*Adequate or better prenatal care combines Adequate + Adequate Plus categories.

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## **New measures added to Kansas Health Matters**

The third quarter indicator updates for Kansas Health Matters are now available for viewing on the website <http://kansashealthmatters.org>. The indicators have been updated with the most current information available. They are as follows:

- Age-adjusted Alzheimer's Disease Mortality Rate per 100,000 population
- Age-adjusted Cancer Mortality Rate per 100,000 population
- Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population
- Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population
- Age-adjusted Diabetes Mortality Rate per 100,000 population
- Age-adjusted Heart Disease Mortality Rate per 100,000 population
- Age-adjusted Homicide Mortality Rate per 100,000 population
- Age-adjusted Mortality Rate per 100,000 population
- Age-adjusted Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate per 100,000 population
- Age-adjusted Suicide Mortality Rate per 100,000 population
- Age-adjusted Traffic Injury Mortality Rate per 100,000 population
- Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population
- Age-Adjusted Years of Potential Life Lost - Alzheimer's
- Age-Adjusted Years of Potential Life Lost - Atherosclerosis
- Age-Adjusted Years of Potential Life Lost - Cancer

- Age-Adjusted Years of Potential Life Lost - Cerebrovascular Disease
- Age-Adjusted Years of Potential Life Lost - Chronic Lower Respiratory Disease
- Age-Adjusted Years of Potential Life Lost - Diabetes
- Age-Adjusted Years of Potential Life Lost - Heart Disease
- Age-Adjusted Years of Potential Life Lost - Homicide
- Age-Adjusted Years of Potential Life Lost - Nephritis, Nephrotic Syndrome Nephrosis
- Age-Adjusted Years of Potential Life Lost - Suicide
- Age-Adjusted Years of Potential Life Lost - Traffic Injury
- Age-Adjusted Years of Potential Life Lost - Unintentional Injuries

Healthy Communities Institute, a Kansas Health Matters partner, has added new information for Kansas cities. Cities, also known as census places, will now feature information obtained by the US Census Bureau's American Community Survey. These indicators include:

- Homeowner vacancy rate
- Homeownership
- Renters spending 30% or more of Household income on rent
- Households with cash public assistance
- Median household income
- Per capita income
- Children living below poverty level
- Families living below poverty level
- People 65+ living below poverty level
- People Living 200% above poverty level
- People living below poverty level
- Poverty status by School Enrollment
- Young children living below poverty level
- People 25+ with a Bachelor's degree or higher
- People 25+ with a high school degree or higher
- People 65+ living alone
- Mean travel time to work
- Workers community by public transportation
- Workers who drive alone to work
- Workers who walk to work
- Households without a vehicle

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## **Kansas Tribal Data into Action and Grant Writing Training Held**

*(Editors note: The project Data Into Action Training, through a partnership with the Association of American Indian Physicians, is supported by The Centers for Disease Control and Prevention (CDC), Office of State, Tribal, Local, and Territorial Support through the funded Cooperative Agreement Number: 1U38OT000133. Its contents are solely the responsibility of the partnership and do not necessarily represent the official view of the CDC or Kansas Department of Health and Environment. )*

On October 17-18, the Kansas Tribal Data into Action and Grant Writing Training was held in Holton, Kansas. This is the first of a series of workshops hosted by the Kansas Tribal Health Summit (THS) planning committee. The Annual Kansas Tribal Health Summit is a convening of the four Kansas Tribes (the Iowa Tribe of Kansas and Nebraska, Kickapoo Tribe in Kansas, Prairie Band Potawatomi Nation, and the Sac and Fox Nation of Missouri in Kansas and Nebraska) and the partners that support tribal health and wellness issues. Previously, the THS planning committee and the Kansas Department of Health and Environment helped develop tribal community health improvement plans identifying unique priorities and goals. Community health improvement plans are owned and maintained by each tribe. The Kansas Department of Health and Environment continues to serve as a resource for tribes to help address the needs in each community.

### ***What was the purpose of the training and how was it tailored for Kansas tribes?***

The purpose of the training was to provide tribal grant writers with the tools and knowledge necessary in order to secure and manage grants. Kansas-specific data resources were presented including:

- Kansas Information for Communities (KIC)
- Kansas Health Matters (KHM)
- Kansas Behavioral Risk Factor Surveillance System (BRFSS)
- Kansas Rural Health Information Source (KRHIS) List

Information was tailored to fit the unique data needs of the tribes. Listed below are some examples of tailoring this type of information for Kansas tribes.

- Race/ethnicity groupings may underestimate the American Indian/Alaskan Native (AI/AN) population size. To obtain groupings other than AI/AN non-Hispanic, grant writers can submit a data request for more detailed groupings and/or geographic locations.
- Make special considerations when dealing with small numbers, such as the validity in outcomes and protecting confidentiality. Aggregating data for multiple years or using rolling trends may be useful.
- Become familiar with the public health datasets that are useful for linking, such as Indian Health Service data, to ensure cases are not missed.

- Know that tribal affiliation is collected by some public health datasets, but not all. When tribal affiliation is available, Tribal Council must concur on the data request.

### ***Who were the participants and partners involved?***

Over 25 participants attended the free data and grant writing training. The training was open to tribal members, current and prospective tribal grant writers. The training was held in a central location accessible to all four tribes. The Kansas Tribal Health Summit planning committee is comprised of tribal leaders, including tribal council members from each tribe, and partner organizations including KDHE’s Bureaus of Epidemiology and Public Health Informatics and Health Promotion. Instructors were from the University of Oklahoma Health Sciences Center, Oklahoma Area Tribal Epidemiology Center, and Southern Plains Tribal Health Board.

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## **Announcements**

The 2016 Natality Report provides an extended breakout of birth outcomes by the race and Hispanic origin population groups. This report is at: [http://www.kdheks.gov/phi/AS\\_Tables/AS\\_2016\\_Tables\\_and\\_Figures/live\\_births/2016\\_Natality\\_Report.pdf](http://www.kdheks.gov/phi/AS_Tables/AS_2016_Tables_and_Figures/live_births/2016_Natality_Report.pdf).



The graphic is a rectangular box with a dark blue border. On the left side, there is a small image of a red tractor in a field. Above the tractor, the text reads "NSSP National Syndromic Surveillance Program BioSense Platform". To the right of the tractor, the text reads "Syndromic Surveillance Success Stories". Below the tractor image, there is a section titled "Kansas Uses a Novel Approach to Assess Injuries to Agricultural Workers" with a sub-heading "Public Health Problem". The text describes the hazards of agriculture and mentions that "Each day in the United States, about 100 agricultural workers suffer a lost-work-time injury. In 2012, more than 90,000 people operated the 61,773 farms in". On the right side of the graphic, there is a larger text block that reads "KDHE's Kansas Syndromic Surveillance Program (KSSP) was featured in a National Syndromic Surveillance Program Success Story. KSSP is working with partners to provide data on agriculture-related injuries in Kansas. KSSP utilizes emergency department visit reporting for near real-time surveillance of emerging events of public health importance." At the bottom of the graphic, there is a URL: "https://www.cdc.gov/nssp/documents/success-stories/NSSP-Success-Story-KS-Agriculture-Workers.pdf".

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