

Kansas Health Statistics Report

Kansas Department of Health and Environment – Center for Health and Environmental Statistics – No 14 – August 2002

Pharmacist Licensing Report Issued

The KDHE Office of Health Care Information has published the *Review of Kansas Pharmacy Professional and Business Data, 2000* as part of a series of publications requested by the Health Care Data Governing Board to make information available about the health care system in the state of Kansas. The report provides information about businesses registered and health professionals licensed by the Kansas Board of Pharmacy in 2000.

Of the 8,322 licenses and registrations issued by the board, 3,344 licenses were issued to pharmacists. Of those pharmacists, 2,309 (69.1%) practiced in Kansas. Of the 3,344 licensed pharmacists, 1,910 (57.1%) were male and 1,433 (42.9%) were female. Sex was not stated on one record. Of the 2,309 pharmacists practicing in Kansas, 1,405 (60.9%) practiced in urban counties.

The number of persons per pharmacist was lowest in urban counties, at 948 persons per pharmacist. Interestingly, the number of persons per pharmacist did not vary widely among other county peer groups (Table 1), ranging from 1,439 persons per pharmacist in semi-urban counties to 1,591 persons per pharmacist in frontier counties (Figure 1). Five counties had no practicing pharmacist.

Figure 1. Persons per Pharmacist by Peer Group Counties

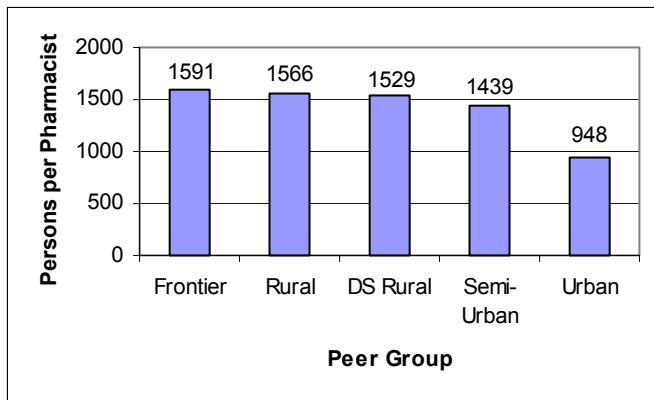


Table 1. Peer Groups of Counties

Peer Group	Population Density
Frontier	less than 6 persons per square mile
Rural	6–19.9 persons per square mile
Densely-Settled Rural	20-39.9 persons per square mile
Semi-Urban	40-149.9 persons per square mile
Urban	150 or more persons per square mile

A copy of the report can be obtained by contacting the Office of Health Care Information at 785-368-7494. This publication is also posted to the Health Care Data Governing Board's website at <http://www.ink.org/public/hcdgb/khcdpubs.html>.

Joy Crevoiserat
Health Care Data Analysis

Sudden Cardiac Deaths a Concern

The Centers for Disease Prevention and Control reports that more than 60% of heart disease deaths in 1999 were unexpected or sudden despite prevention and treatment advances. Nationally, of the 728,742 heart disease deaths in 1999, 462,340 (63.4%) were defined as sudden cardiac deaths (SCD).

Of the sudden cardiac deaths, 46.9% occurred outside of the hospital, and 16.5% occurred in the emergency room or were pronounced dead on arrival at the hospital. The data are from death certificates filed with the KDHE Center for Health and Environmental Statistics and other state health departments.

Kansas SCD percentages and rates were below those of the United States (Table 2). The highest SCD percentage was Wisconsin at 72.9% and the lowest was Hawaii with 57.2%

Table 2. Sudden Cardiac Deaths & Rates
Kansas & US, 1999

	Kansas	U.S.
Cardiac Deaths (N)	7,013	728,743
Sudden Cardiac Deaths	4,335	462,340
Percent of Total	61.8	63.4
Age-adjusted Death Rate ¹	146.9	175.4
Age Specific SCD Rates ¹		
0-34 Years of Age	1.8	3.0
35-64 Years of Age	59.7	75.4
65 + Years of Age	1050.6	1099.8

¹ per 100,000 population

Cardiovascular diseases are the leading cause of death among men and women. About 62 million Americans live with cardiovascular disease, which in 2002 is expected to cost \$329.2 billion in health care expenditures and lost productivity.

Centers for Disease Control and Prevention

Healthy People 2000: State Summary for Kansas Vital Statistics Data

The Center for Health and Environmental Statistics has completed *Healthy People 2000: State Summary for Kansas Vital Statistics Data*. The purpose of the report is to identify those indicators that are measured through vital statistics and evaluate Kansas' standing against the national year 2000 objectives.

For each of the mortality, family planning/maternal health, and infant health indicators selected for inclusion in this report (Tables 3, 4), a chart presents Kansas resident statistics for 1991 through 2000 and the national year 2000 objective. For some indicators, special population breakouts are provided to show disparities between population groups. Progress toward attainment of the goals, as well as statistical significance, is included.

Of the forty mortality indicators cited in the report, 14 had already achieved the national target at the beginning of the ten-year period (1991-2000). Seven indicators exceeded the year 2000 targets by the

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end of the period. Data showed progress toward the year 2000 targets for an additional ten indicators. Seven indicators regressed, moving away from their targets, and no change was recorded for two indicators.

By the end of the decade most indicators of family planning and maternal and infant health, with the exception of birth weight, met or made progress toward their target goals. Five had already achieved the national target at the beginning of the period and three more targets were surpassed by 2000. Five progressed toward the year 2000 targets. All four of the birth weight indicators regressed from the Healthy People 2000 targets, as did one of the adolescent pregnancy indicators.

This report can be obtained by calling 785-296-8627 or at <http://www.kdhe.state.ks.us/ches>.

Karen Sommer
Vital Statistics Data Analysis

Table 3. Family Planning and Maternal and Infant Health Indicators, Kansas, 1991 – 2000 and U.S. Year 2000 Objectives

Indicators	1991	2000	% Change 1991- 2000	U.S. 2000 Objective
Pregnancies* per 1,000 population				
Females 15-17	38.9	29.9	-23.1	50.0
Black Females 15-19	152.9	122.9	-19.6	120.0
Hispanic Females 15-19	106.7	115	7.8	105.0
Infant Mortality Rate per 1,000				
Live Births)	9	6.7	-25.6	7.0
Blacks	20	11.5	-42.5	11.0
Neonatal Mortality Rate (per 1,000				
Live Births)	5.1	4.4	-13.7	4.5
Blacks	11.7	8.4	-28.2	7.0
Fetal Death Rate (per 1,000				
Live Births + Fetal Deaths)	5.4	4.4	-18.5	5.0
Blacks	10	8.3	-17.0	7.5
Maternal Mortality Rate (per				
100,000 Live Births)	2.7	10.1	274.1	3.3
Percent of Live Births < 2,500 Gr	6.2	6.9	11.3	5.0
Blacks	12	12.3	2.5	9.0
Percent of Live Births < 1,500 Gr	1.1	1.4	27.3	1.0
Blacks	2.4	3.3	37.5	2.0
Cesarean Delivery Rate (per				
100 Deliveries**)	21.4	20.8	-2.8	15.0
Percent of Pregnant Women**				
Abstaining from Tobacco	86.2	87.5	1.5	90.0
Percent of Pregnant Women***				
Receiving Care in the First				
Trimester	81.9	86.9	6.1	90.0
Blacks	67.8	79.2	16.8	90.0

* Live Births + Fetal Deaths + Abortions

** Live Births + Fetal Deaths

*** Live Births

Residence data

2001 Vital Statistics Counts Published

The KDHE Center for Health and Environmental Statistics has published its 2001 data for births, deaths, marriages, and marriage dissolutions. The data are contained in a table on page 4. County totals for the four vital events are listed. Population-based rates, trend data, and other analyses will be in the *Annual Summary of Vital Statistics* published later this year.

Table 4. Death Rates* for Cause of Death Indicators, Kansas 1991 - 2000 and U.S. Year 2000 Objectives

Indicators	1991	2000	% Change 1991- 2000	U.S. 2000 Objective
Ages 1-14	32.8	25.1	-23.5	** 28.6
Ages 15-24	96.6	83.4	-13.7	** 83.1
Ages 25-64	343.3	326.4	-4.9	** 341.5
Cirrhosis	4.9	4.8	-2.0	6.0
Black Males	13.4	6.2	-53.7	12.0
COPD	20.6	24.5	18.9	25.0
Cancer	124.3	112.1	-9.8	130.0
Breast (Female)	20.4	18.9	-7.4	20.6
Colorectal	12.8	10.5	-18.0	13.2
Lung	37.1	32.5	-12.4	42.0
Uterine Cervix	1.5	0.8	-46.7	1.3
Coronary Heart Disease	93.1	74.4	-20.1	100.0
Blacks	102.1	106.8	4.6	115.0
Diabetes***	30.9	36.7	18.8	34.0
Blacks	76	99.5	30.9	58.0
Drowning	1.7	1.2	-29.4	1.3
Ages < 5	2.7	1.6	-40.7	2.3
Males Aged 15-34	4.7	2.6	-44.7	2.5
Drug Related	2.2	4.4	100.0	3.0
Falls	2.1	3	42.9	2.3
Ages 65-84	18.5	23.6	27.6	14.4
Ages 85+	151.1	146.8	-2.8	105.0
Firearm Related	13.8	10.8	-21.7	** 11.6
Blacks	38.9	34.5	-11.3	** 30.0
Homicide	6.5	5.7	-12.3	7.2
Black Males 15-34	108.6	107.9	-0.6	72.4
Hisp. Males 15-34	38.7	43.6	12.7	** 33.0
Motor Vehicle	17	17.3	1.8	** 14.2
Ages < 15	5.3	5.3	0.0	** 4.4
Ages 15-24	32.1	31	-3.4	** 26.8
Ages 70+	23.6	30.1	27.5	20.0
Suicide	11.8	11.8	0.0	10.5
Ages 15-19	18.4	10.5	-42.9	8.2
Males 20-34	25.1	27	7.6	21.4
White Males 65+	36.8	34.2	-7.1	39.2
Stroke	24.1	23.7	-1.7	20.0
Blacks	46.7	41.6	-10.9	27.0
Unintentional Injuries	32.5	32.2	-0.9	29.3
Black Males	48	41.5	-13.5	51.9
White Males	46.4	49.9	7.5	42.9

* Rates age-adjusted per 100,000 1940 U.S. standard million population, except for deaths within age groups, where rates are age-specific.

** Revised in Healthy People 2000 Midcourse Review and 1995 Revisions.

*** Diabetes rates are for deaths from diabetes as an underlying or contributing cause.

Residence data

2001 Population Estimates Released

The U.S. Census Bureau has released Kansas county population estimates for 2001. Shown in Table 5 are county estimates as of July 1, 2001. Kansas increased slightly (0.2 percent) in population from the 2,688,418 residents counted in the 2000 Census to an estimated 2,694,641 in 2001.

You can access this table and additional 2001 Kansas estimates through the Internet at: <http://www.census.gov/>.

Table 5. Kansas County Population Estimates for July 1, 2001

Kansas	2,694,641	Lincoln	3,547
Allen	14,193	Linn	9,685
Anderson	8,190	Logan	2,957
Atchison	16,687	Lyon	35,560
Barber	5,163	McPherson	29,618
Barton	27,810	Marion	13,423
Bourbon	15,371	Marshall	10,772
Brown	10,630	Meade	4,647
Butler	60,194	Miami	28,780
Chase	3,033	Mitchell	6,778
Chautauqua	4,270	Montgomery	35,520
Cherokee	22,333	Morris	6,112
Cheyenne	3,114	Morton	3,385
Clark	2,371	Nemaha	10,516
Clay	8,771	Neosho	16,759
Cloud	9,985	Ness	3,340
Coffey	8,815	Norton	5,841
Comanche	1,961	Osage	16,903
Cowley	35,929	Osborne	4,345
Crawford	37,927	Ottawa	6,190
Decatur	3,432	Pawnee	6,979
Dickinson	19,155	Phillips	5,873
Doniphan	8,303	Pottawatomie	18,336
Douglas	100,005	Pratt	9,544
Edwards	3,325	Rawlins	2,918
Elk	3,189	Reno	64,237
Ellis	27,247	Republic	5,646
Ellsworth	6,488	Rice	10,588
Finney	40,082	Riley	60,368
Ford	32,314	Rooks	5,614
Franklin	24,943	Rush	3,488
Geary	26,799	Russell	7,166
Gove	3,008	Saline	53,646
Graham	2,845	Scott	5,002
Grant	7,790	Sedgwick	455,516
Gray	5,946	Seward	22,434
Greeley	1,503	Shawnee	170,080
Greenwood	7,771	Sheridan	2,726
Hamilton	2,671	Sherman	6,528
Harper	6,335	Smith	4,436
Harvey	33,031	Stafford	4,755
Haskell	4,285	Stanton	2,408
Hodgeman	2,154	Stevens	5,379
Jackson	12,742	Sumner	25,749
Jefferson	18,610	Thomas	8,080
Jewell	3,591	Trego	3,195
Johnson	465,058	Wabaunsee	6,843
Kearny	4,562	Wallace	1,706
Kingman	8,512	Washington	6,321
Kiowa	3,132	Wichita	2,538
Labette	22,483	Wilson	10,235
Lane	2,091	Woodson	3,758
Leavenworth	70,261	Wyandotte	157,461

Source: U.S. Census Bureau

City and township population estimates can be found at <http://da.state.ks.us/budget/ecodemo.htm>. Access prior years county population totals at <http://kic.kdhe.state.ks.us/kic>.

US Census Bureau

Updated Emergency Medical Service Report

The Office of Health Care Information, through the Health Care Data Governing Board, has released *Review of Kansas Emergency Medical Services Professional Data, 1998-2001 Trends*. This is an update of the 1994 publication, *Review of Kansas Emergency Medical Services Professional Data*.

During 2001, the Kansas State Board of Emergency Medical Services (EMS) credentialed a total of 9,849 attendants with mailing addresses both inside and outside the state of Kansas, while in 1994 there were 9,539. Thus, there was a 310 EMS attendant increase from 1994 to 2001.

Of EMS attendants with Kansas mailing addresses, 9,263 were credentialed in 2001 versus 9,296 in 1994; a decrease of 0.4%. However, the number of credentialed attendants located in border states increased from 187 in 1994 to 489 in 2001.

The report *National Ranking by Number of Persons Per EMS Attendant by State, 2001* revealed that Kansas ranked 26th out of 51 states and has more EMS attendants per person than the national average. The national average of persons per EMS attendant was 298.1 in 2001, whereas Kansas' ratio for the same time period was 255.4. Kansas has significantly improved since 1994, where the number of persons per EMS attendant was 275.

A copy of the report can be obtained by contacting the Office of Health Care Information at 785-368-7494. This publication is also posted to the Health Care Data Governing Board's website at <http://www.ink.org/public/hcdgb/khcdpubs.html>.

Roger Bukovatz
Health Care Data Analysis

Teen Birth Rates Decline

Birth rates for teenagers aged 15-19 continued a downward trend nationally and in Kansas in 2000. The Centers for Disease Control and Prevention (CDC) reported overall declines of 12% to 39% for the states between the years of 1991 and 2000.

CDC reported state specific rates echoed the national declines but there was considerable variability. Kansas' teen birth rates were lower than the national figure for all age-groups and percent change for births to women 18-19 exceeded the national figure (Table 6)

Table 6. Teen Birth Rates & Percent Change, Kansas & US, 1991-2000

	Kansas	U.S.
15-19 Years		
1991 Rate ¹	55.9	62.1
2000 Rate ¹	45.3	48.5
% Change	-18.2	-21.9
15-17 Years		
1991 Rate ¹	29.4	38.7
2000 Rate ¹	22.4	27.4
% Change	-23.8	-29.2
18-19 Years		
1991 Rate ¹	94.1	94.4
2000 Rate ¹	78.5	79.2
% Change	-16.6	-16.1

¹ Per 1,000 Population

Data for the report are based on birth certificates filed with the KDHE Center for Health and Environmental Statistics and other state health departments and submitted to the National Center for Health Statistics. For a copy of the report, visit <http://www.cdc.gov/nchs>.

Centers for Disease Control and Prevention

2001 Kansas Vital Statistics*

County of Residence	Live Births	Deaths	Marriages	Marriage Dissolutions	County of Residence	Live Births	Deaths	Marriages	Marriage Dissolutions
Kansas.....	38,832	24,590	20,457	9,885					
Allen.....	172	192	90	36	Lyon.....	546	280	268	53
Anderson.....	103	99	63	35	Marion.....	139	136	76	28
Atchison.....	212	172	130	78	Marshall.....	123	146	81	48
Barber.....	39	66	47	26	McPherson.....	360	336	212	113
Barton.....	328	315	246	62	Meade.....	74	38	30	9
Bourbon.....	189	186	131	57	Miami.....	392	253	227	44
Brown.....	136	129	84	33	Mitchell.....	67	82	51	24
Butler.....	751	492	412	173	Montgomery.....	456	472	312	153
Chase.....	46	40	46	1	Morris.....	62	77	50	26
Chautauqua.....	29	76	38	25	Morton.....	60	27	31	8
Cherokee.....	273	261	138	61	Nemaha.....	134	169	90	37
Cheyenne.....	24	42	15	13	Neosho.....	203	192	123	108
Clark.....	25	22	24	10	Ness.....	32	42	26	11
Clay.....	87	99	52	30	Norton.....	45	65	45	36
Cloud.....	102	154	62	41	Osage.....	155	191	93	55
Coffey.....	103	129	67	112	Osborne.....	34	70	32	15
Comanche.....	23	25	19	2	Ottawa.....	78	88	28	22
Cowley.....	513	437	289	191	Pawnee.....	58	89	57	28
Crawford.....	497	444	252	136	Phillips.....	52	85	30	31
Decatur.....	28	59	26	9	Pottawatomie.....	261	169	83	50
Dickinson.....	226	224	156	90	Pratt.....	105	129	78	41
Doniphan.....	79	90	56	36	Rawlins.....	22	41	21	14
Douglas.....	1,203	549	729	286	Reno.....	866	703	512	367
Edwards.....	38	40	25	8	Republic.....	44	110	25	19
Elk.....	31	56	24	21	Rice.....	141	131	67	27
Ellis.....	359	249	205	110	Riley.....	935	331	421	168
Ellsworth.....	51	93	43	58	Rooks.....	68	80	23	16
Finney.....	822	207	381	148	Rush.....	27	61	30	4
Ford.....	649	295	370	104	Russell.....	60	98	60	19
Franklin.....	377	237	200	131	Saline.....	765	506	477	340
Geary.....	598	204	511	228	Scott.....	60	47	43	12
Gove.....	35	41	11	6	Sedgwick.....	7,420	3,684	3,912	3,004
Graham.....	14	38	12	17	Seward.....	511	151	274	79
Grant.....	156	43	64	27	Shawnee.....	2,436	1,785	1,326	684
Gray.....	93	49	40	11	Sheridan.....	31	46	10	9
Greeley.....	20	15	8	0	Sherman.....	74	67	43	33
Greenwood.....	74	136	59	33	Smith.....	26	79	40	4
Hamilton.....	45	32	22	18	Stafford.....	48	70	26	5
Harper.....	58	96	49	12	Stanton.....	45	15	20	8
Harvey.....	418	323	234	120	Stevens.....	94	63	52	35
Haskell.....	65	36	33	6	Sumner.....	332	247	194	65
Hodgeman.....	18	26	12	3	Thomas.....	94	74	53	29
Jackson.....	155	141	76	53	Trego.....	33	45	23	2
Jefferson.....	219	150	99	60	Wabaunsee.....	78	77	33	13
Jewell.....	18	56	21	8	Wallace.....	24	21	12	2
Johnson.....	7,027	2,855	2,639	427	Washington.....	65	109	52	10
Kearny.....	87	28	20	5	Wichita.....	26	21	28	2
Kingman.....	83	114	55	24	Wilson.....	91	138	59	48
Kiowa.....	40	47	22	7	Woodson.....	32	65	32	12
Labette.....	285	303	137	96	Wyandotte.....	2,784	1,551	1,351	362
Lane.....	17	18	19	10					
Leavenworth.....	940	562	551	205					
Lincoln.....	36	73	16	5					
Linn.....	122	129	69	34					
Logan.....	26	44	16	15					

*Residence data are presented for births and deaths
Occurrence data are presented for marriages and marriage dissolutions

Source: Kansas Department of Health & Environment

News Notes

Health Insurance Access Varies

According to a recently completed study, industries with large numbers of minority workers are trailing those dominated by white employees in the percentage of workers enrolling in employer-paid health insurance. The study also found that workers are less likely to receive health benefits in industries with higher proportions of small firms, that higher levels of full-time employees in an industry increased the likelihood of health benefits, and that lower unemployment rates and increased demand for labor during the past decade seem to have contributed to an increase in the percentage of workers receiving health benefits in industries with proportionately more part-time labor.

The gap in health benefit levels between retail trade and nonprofessional service industries versus other types of industries widened, contributing to the long-term decline in employer-based health insurance. Finally, there was no change in the impact of union activity on the level of health benefits, but the researchers hypothesize that as the labor movement extends its membership to include groups of workers who lack health benefits, the effect of unions on health benefits may become stronger.

Agency for Healthcare Research and Quality

Outpatient Activity Increases

During 1999 an estimated 84.6 million visits were made to hospital outpatient departments (OPD's) in the United States, about 31.1 per 100 persons. The volume of OPD visits increased by 50 percent, whereas the rate of visits increased by 38 percent from 1992 to 1999.

Females had higher OPD visit rates than males; however, since 1992 males experienced a greater increase in visit rates than females (42 percent and 36 percent, respectively). The OPD utilization rate for black persons was 78 percent higher than that for white persons.

Of all visits made to hospital OPDs in 1999, 38.9 percent and 23.5 percent, respectively, listed private insurance and Medicaid as the primary expected source of payment and 21.2 percent were made by patients belonging to a health maintenance organization (HMO). The rate of visits for private insurance/HMO increased by 73 percent from 1992 through 1999, while self-pay and Medicaid decreased (26 percent and 40 percent, respectively).

There were an estimated 9.3 million injury-related OPD visits during 1999. Diagnostic and screening services were provided at 77.3 percent of visits, non-medication therapeutic and preventive services were provided at 35.7 percent of visits, and medications were prescribed at 66.1 percent of visits. In 1999 visits where any physicians were seen such as, staff physician, resident/intern, or other physician, accounted for about 71 percent of all OPD visits.

From 1992 through 1999, the proportion of visits where a resident/intern was seen decreased by 49 percent.

*National Hospital Ambulatory Medical Care Survey
1999 Outpatient Department Summary*

Implementation of NAICS in CFOI

The Bureau of Labor Statistics (BLS) plans to convert both fatal and nonfatal occupational injury and illness data over to the North American Industry Classification System (NAICS) in reference year 2003 for comparability. Current Population Survey (CPS) employment data to calculate rates based on NAICS will be available for the first time in 2003.

However, the new Census of Fatal Occupational Injury (CFOI) system scheduled for release in January 2002 will allow both Standard Industry Codes and NAICS codes to be entered

onto records, and BLS proposes to have the states enter both to shed some light on the effects of the NAICS conversion.

Bureau of Labor Statistics

AHRQ Studies of Birth Outcomes

A recent study supported by the Agency for Healthcare Research and Quality suggests that Apgar scores are a reliable means of assessing health status even in pre-term newborns. Researchers found that low Apgar scores in premature newborns (23-34 weeks' gestation) are associated with increased neonatal morbidity and mortality; the mortality rate of pre-term newborns with low Apgar scores was significantly higher (84%) than that of pre-term newborns with good Apgar scores (32%). Premature newborns with low scores also experienced more neonatal complications and required significantly more neonatal interventions. A full report is available online at <http://www.ahrq.gov/research/jul00/0700ra5.htm>.

Two studies supported by the Agency for Healthcare Research and Quality found that extremely low birthweight (ELBW) is associated with problems in school and the need for special education assistance in teenagers. ELBW teens (weighing 1 to 2 pounds at birth) scored 13 to 18 points lower on cognitive and academic tests than their peers of normal birthweight. Fifty-eight percent of ELBW teens were receiving special education assistance and/or had repeated a grade versus 13% of normal birthweight teens. In comparison to 94% of normal birthweight teens, only 57% of ELBW teens were in regular classes at school. Although parents of ELBW teens recognized this difference in cognitive performance between their children and their children's peers, they also perceived their teens' health-related quality of life as fairly high; 53% of parents believed their ELBW teens to be in perfect health. The full report is available online at <http://www.ahrq.gov/research/jul00/0700ra8.htm>.

Agency for Healthcare Research and Quality

NCHS Surveys Ambulatory Medical Care and Health Status

The National Center for Health Statistics has released national annual estimates of physician office visits for 2000 based upon data collected from the 2000 National Ambulatory Medical Care Survey (NAMCS). The survey indicated an estimated 823.5 million visits were made to physician offices in the U.S. during 2000—about 300.4 visits per 100 persons. The proportion of office visits where a physician or physician group was the owner of the practice has increased, 88.1% in 2000 versus 74.3% in 1997. Private insurance and government sources (Medicare and Medicaid) were listed as primary expected sources of payment most often, accounting for 57% and 28.3% of visits respectively. General medical examination was the leading reason for visit (7.8% of all visits) and blood pressure check was the most frequently performed diagnostic test (45.3%). Approximately 32.8 visits per 100 persons (89.9 million) were injury-related. The report is available online at <http://www.cdc.gov/nchs/products/pubs/pubd/ad/ad.htm>.

The National Center for Health Statistics reports that, according to results from the National Health Interview Survey, 1997-98, prevalence of leisure time physical activity among adults is higher for men (65%) than for women (59%) and higher in white non-Hispanic adults (66%) than in Asian/Pacific Islander non-Hispanic adults (62%), black non-Hispanic adults (50%) and Hispanic adults (47%). In addition, rates of leisure-time physical activity decreased with age and increased with education and income. Adults living in the West were more likely than adults living in

other regions to engage in leisure-time physical activity as were adults living in a metropolitan statistical area, but not in a central city. A more detailed report is available online at <http://www.cdc.gov/nchs/products/pubs/pubd/ad/ad.htm>.

Forty percent of Americans reported having excellent health in 1997 according to data collected from the 1997 National Health Interview Survey. In comparison, 10% of the population had either fair or poor health. Non-Hispanic white persons under 65 years of age were the largest cohort to be covered by private health insurance (78%), followed by non-Hispanic black persons (55%) and Hispanics (46%). In addition, 16% of Americans did not have any health insurance coverage. Nineteen percent of non-Hispanic black persons, 33% of Hispanics and 12% of non-Hispanic white persons were uninsured in 1997. The report is available online at http://www.cdc.gov/nchs/products/pubs/pubd/series/sr10/pre-200/sr10_204.htm.

National Center for Health Statistics

Prescription Access Limited

The Center for Studying Health System Change reports that 26% of Medicaid patients aged 18-64 could not afford to fill at least one prescription in the last year. In contrast, 8% of elderly patients in Medicare had difficulty obtaining prescription drugs.

This significant difference in accessibility to prescription drugs indicates that prescription drug access is not only problematic for elderly adults, but also for non-elderly persons. Medicaid beneficiaries, in particular, are at a high risk of being unable to afford prescription drugs due to low income (50% of Medicaid beneficiaries have incomes below poverty level) and poor health (more than half suffer from at least one chronic condition).

However, most states have imposed cost-control measures in order to decrease Medicaid prescription drug spending. When used in combination, these methods, including imposing co-payments and limiting the number of prescriptions, contribute significantly to a patient's inability to obtain prescription drugs. Additional information is available online in Research Report No. 5 at <http://www.hschange.org>.

Center for Studying Health Systems Change

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