

unintentional injury deaths (Figure 4).

This was more than double the next highest category, home unintentional injuries, which claimed 190 lives, or 19.4 percent of all unintentional injury deaths. There were 152 public deaths (15.5 percent), and 37 work related deaths (3.8 percent). For 94 deaths (9.6 percent), the class of the unintentional injury was not specified.

In 1998, unintentional injury was the fifth leading cause of death for Kansas residents, exceeded only by heart disease, cancer, cerebrovascular disease, and chronic obstructive pulmonary disease. Unintentional injuries are the leading cause of death for Kansas residents between the age of one and 44.

This information is prepared by the Center's Office of Health Care Information from death certificates and from the Kansas Accident Fatality Statistical Transcripts collected by the Kansas Department of Transportation. Unintentional injury deaths are assigned a cause of death code according to their classification in the Ninth Revision (ICD-9) of the *International Classification of Diseases* that became effective in 1979.

Implementation of the newly adopted *International Classification of Diseases, 10th Revision* becomes effective with 1999 data and presents many challenges. The ICD-9 contains over 4,000 causes of death while ICD-10 has about 8,000 categories that are valid for a cause of death.

To facilitate the transition from the ICD-9 to ICD-10 based system, instruction manuals, worksheets, and computer programs used to generate this data had to be rewritten. The new death codes will provide greater detail into the causes of unintentional injury deaths in Kansas but this revision will affect comparability of data between revisions.

*Karen Sommer
Vital Statistics Data Analysis*

Occupational Fatalities Up in Kansas

Work related fatalities in Kansas increased five percent from 1997 to 1998 while nationally, the number of workers killed on the job declined four percent. The 98 occupational deaths occurring in Kansas in 1998 was the third highest number since Kansas joined the Census of Fatal Occupational Injuries (CFOI) program in 1991.

The increase in occupational deaths in Kansas in 1998,

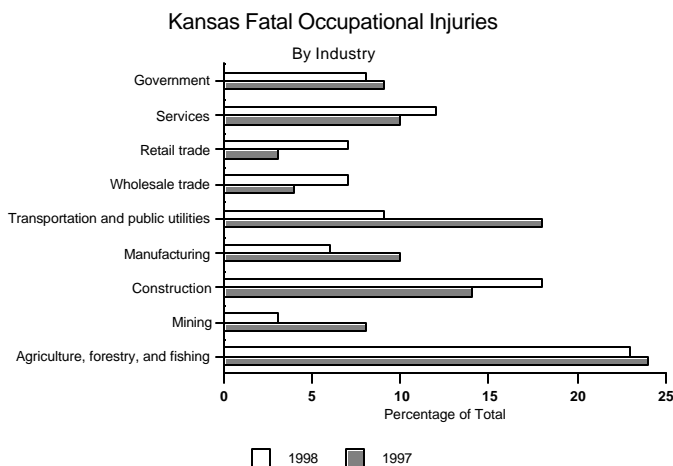


Figure 5

was primarily due to the increase in deaths in the construction industry which rose 39 percent from 1997 to 1998 (Figure 5).

Retail trade also experienced an increase of 43 percent in the number of fatal occupational industries in 1998. All other industry groups experienced a decline in work related fatalities.

Construction is almost always the industry group having the most occupational fatalities in the U.S. and is usually the second leading industry group in Kansas. Agriculture, forestry, and fishing most often represents the leading industry in Kansas, however in 1995 and 1996, the construction industry took the lead in number of workers lives lost.

In addition to examining occupational deaths by industry, the CFOI program also examines them by event or exposure (Figure 6). While transportation accidents continue to be the leading event or exposure for work related fatalities in Kansas and the U.S., the number of transportation fatalities decreased 8 percent in Kansas but increased 2 percent in the U.S. between 1997 and 1998. The primary reason for the drop in transportation deaths in Kansas was the significant decline in the number of non-highway (farm, industrial premises) transportation deaths which dropped 45 percent between 1997 and 1998. The U.S. experience however, showed a 2 percent increase in this same category, from 377 fatalities to 384. Two other events or exposures that saw declines in 1998 in Kansas were contact with objects and equipment, and falls.

One of the events or exposures that saw an increase in the number of lives lost in Kansas was assaults and violent acts.

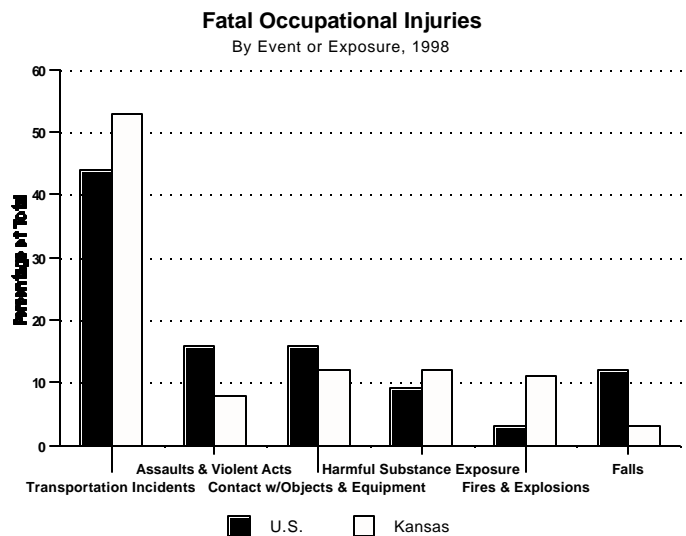


Figure 6

Assaults and violent acts in the workplace represent a growing concern in this country. While the number of workplace assaults and violent acts declined 14 percent nationally from 1997 to 1998, in Kansas the number of work related assaults and violent acts increased 60 percent. Across the nation in 1998, roughly three-fourths of the 960 assaults and violent acts resulting in workplace deaths have been homicides while the remaining quarter have been self-inflicted. Kansas data for the same year show that nearly two-thirds of assaults & violent acts were homicides while over one-third were self-inflicted.

Exposure to harmful substances or environments, and fires and explosions were the other events or exposures that saw increases in the number of lives lost in Kansas in 1998.

Some interesting demographic data is also available through the CFOI program. For example, while approximately 54

percent of the nation's workforce is made up of men and 46 percent of it women, 92 percent of workers fatally injured in the U.S. in 1998 were men. In Kansas 96 percent of the work related deaths in 1998 occurred to men. The most frequent occurring age group was 25 to 35 in Kansas (22%) and 35 to 44 in the U.S. (25%).

In contrast, although wage and salary workers represented 92 percent of the total workforce in the U.S. in 1998, only 79 percent of the occupational fatalities occurred to wage and salary workers. Self-employed workers, while representing only 8 percent of the workforce, comprised 21 percent of the fatalities. Kansas had somewhat similar breakouts with 74 percent of the 1998 fatalities occurring to wage and salary workers and 26 percent occurring to self-employed persons.

The CFOI program, operated by the Bureau of Labor Statistics, supplements death certificate data with other information sources to provide a more comprehensive and complete census of work related fatalities.

Charlie Sann & Terri O'Brate
Occupational Injury Surveillance

Affordable Health Insurance for Children: HealthWave – the Kansas CHIP – a Success

The Kansas Department of Social and Rehabilitation Services (SRS) implemented a program called HealthWave in January, 1999. HealthWave is funded through the federal State Children's Health Insurance Program (CHIP).

The lack of affordable health insurance for families who make too much money to qualify for Medicaid is a significant barrier to coverage for children. State officials developed this program to address the needs of the estimated 60,000 uninsured children in Kansas.

Extensive outreach and program marketing by SRS has paid off for Kansas children. As of August 1, 12,270 children are being enrolled in the program with an additional 11,665 children added to the Medicaid program.

SRS program managers are collecting data to evaluate the success of HealthWave. For more information about HealthWave, contact Bobbie Graff-Hendrixson at 785-296-2958.

New Certificates Planned

Every 10 years standard U.S. certificates for births, stillbirths, deaths, marriages, and marriage dissolutions are revised. Kansas then follows suit and modifies its certificates. Kansas will implement the new certificates in 2002.

These changes address new data needs while serving as an opportunity to eliminate data elements no longer needed. The last revision occurred in 1989.

Very few changes occur to the public portion of the certificates, but health data collected in the confidential portion may change drastically. Kansas must collect what is called the minimum data set established by the National Center for Health Statistics in collaboration with U.S. vital statistics officials.

Kansas may add to the data set additional data elements to help public health professionals learn more about the circumstances surrounding births, deaths, and other vital events.

The Center's Office of Vital Statistics will be working with health officials and hospitals to implement the changes.

Most Popular Baby Names Announced

Kaitlynn recaptured first place in the ranking of most popular girl's names given to babies born to Kansas residents in 1998. Jacob remained the most popular boy's name for the fifth year in a row in the compilation published by KDHE's Center for Health and Environmental Statistics. The lists are prepared from birth certificate information which the Center keeps on file.

Zachary edged out Austin for second place among popular boy's names. Austin had been second for three years. Hannah, the second most popular girl's name in 1997 was replaced by Emily.

Dropping off the list of 25 most popular boy's names were James and Daniel. Joining the list were Ethan and Conner. Leaving the list of 25 most popular girl's names were Jordan and Sierra. Joining the list were Allison and Emma.

Lists of popular baby names are one of the more regularly requested items produced by the Center's Office of Health Care information. While the list reflects popular culture and names frequently used in the media, other data from birth certificates and other vital records stored with the Center's Office of Vital Statistics are used to gauge health trends in the state.

The compilation of health information, the *Annual Summary of Vital Statistics*, and the popular baby names are posted to the KDHE Web site, www.kdhe.state.ks.us/hci/. The Center's Office of Health Care Information prepares special data analyses on a fee-for-service basis.

Improvement Noted in Motor Vehicle Safety

CDC's *Morbidity and Mortality Weekly Report* notes the reduction in the rate of death attributable to motor vehicle crashes represents the successful public health response to the motorization of America. Citing National Safety Council reports, *MMWR* reported six times as many people drive today and the number of vehicles has increased 11-fold compared to 1925.

Despite the increase in travel, the annual death rate has declined from 18 per 100 million vehicle miles traveled (VMT) in 1925 to 1.7 per 100 million VMT in 1997, a 90 percent decrease.

Challenges remain however. Motor-vehicle crashes accounted for 31 percent of all unintentional injury deaths in the U.S. in 1996. Kansas – using NSC criteria – reported motor-vehicle crashes accounted for 51.7 percent of unintentional injury deaths in 1998.

Among the public health activities needed to improve motor-vehicle safety will be:

- ! continue efforts to prevent alcohol-impaired driving,
- ! promote graduated driver's licensing to discourage teen drinking,
- ! enhance pedestrian safety,
- ! encourage use of safety belts and child-safety seats.

Birth Enumeration

Enumeration at birth is one way Kansas and many other states assist new parents and reduce identity fraud. Parents of newborn children are asked to check a box to obtain a social security card for their child. The information is shared with the Social Security Administration which mails the new social security card to the parents.

Social Security provides the numbers to the Center's Office of Vital Statistics which become part of the child's vital record. They are then available to verify requests for certified copies of

vital event records.

There's another benefit to the public. Enumeration at birth has reduced the early in the year annual rush of parents seeking birth certificates to use to obtain social security numbers for tax returns.

Kansas ranks among the highest in parents participating in enumeration at birth. In 1997, parents in 97.3 percent of the births agreed to obtain a social security number for their children.

News Note

The Agency for Health Care Policy and Research has published *Racial and Ethnic Differences in Health, 1996*. The report, produced by the agency's Medical Expenditure Panel Survey, presents estimates of health insurance coverage, access to care, and health issues for Hispanics, blacks, and white Americans. The survey's web address is: www.meps.ahcpr.gov/.

Census Survey Available

As part of its State Data Center affiliation, the Center for Health and Environmental Statistics has received informational copies of the Census 2000 long form. The long form contains the six population and one housing question from the short form and 46 additional population and housing questions. On average one in every six households will receive a long form. Visit the Census 2000 web sites www.census.gov or e-mail Kansas.Health.Statistics@kdhe.state.ks.us for a copy of the form.

How Old is Old?

How old is "old" is in the eye of the beholder. Old age starts at 58 according to respondents who were young adults – those 18 to 24 – to an American Association of Retired Persons phone survey. Those respondents who were 55 or older said it starts at 74.

The AARP survey of 2,032 individuals in April found that on average most respondents want to live to be 91. It found reasons given for not wanting to live to 100 were declining health followed by not having enough money to support themselves.

Nationally, life expectancy at birth was just over 79 for females and 73 for males. The National Institute on Aging reports for those who live to 65, men on average live an additional 15 to 16 years and women an additional 19.

Elderly Falls on the Rise

A 25-year study from Finland notes older people are falling and getting hurt at an alarming rate. The study, published in the Journal of the American Medical Association, noted that falls that break a bone, like a hip, cause the elderly to lose their mobility and start a downward spiral that ends in death.

In 1998, falls accounted for 213 Kansans' deaths, 19 percent of all unintentional injury deaths. Falls occurring to persons 50 and over accounted for 92 percent of the 213 deaths.

Errata

Denice Curtis was inadvertently left off as co-author of last issue's article on Health Care Database services.

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