Kansas Health Statistics Report

Kansas Department of Health and Environment – Center for Health and Environmental Statistics – No 25 – May 2005

2004 Preliminary Abortion Report Issued

Total reported Kansas abortions were 11,427 in 2004 (Table 1). The figure represents a 2.3 percent decrease from the 2003 total of 11,697. Kansas residents obtained 5,952 abortions, 211 (3.4%) fewer than the prior year. Out-of-state residents obtained 5,475 abortions, 59 (1.1%) fewer than the prior year.

Table 1. Abortions by Selected Characteristics, 2004

Selected Statistics	*Number*	*Percent*
Residence		
Total Reported	11,427	100.0
Number of in-state residents	5,952	52.1
Number of out-of-state residents	5,475	47.9
Age Group of Patient:		
Under 15 years	79	0.7
15-19 years	1,942	17.0
20-24 years	3,941	34.5
25-29 years	2,630	23.0
30-34 years	1,621	14.2
35-39 years	873	7.6
40-44 years	321	2.8
45 years and over	20	0.2
Race of Patient:		
White	8,124	71.2
Black	2,636	23.1
Native American	148	1.3
Chinese	68	0.6
Japanese	15	0.1
Hawaiian	5	0.1
Filipino	17	0.2
Other Asian or Pacific Islander	356	3.1
Other Nonwhite	38	0.3
Not Stated[1]	20	n.a.
Hispanic Origin:[2]		
Hispanic	1,049	9.2
Non-hispanic	10,378	90.8
Marital Status of Patient:		
Married	2,241	19.6
Unmarried	9,166	80.4
Not Stated[1]	20	n.a.
Weeks Gestation:		
Less than 9 weeks		
9-12 weeks	6,910	60.5
13-16 weeks	2,638	23.1
17-21 weeks	850	7.4
22 weeks & over	518	4.5
Method of Abortion:		
Suction curettage	9,082	79.5
Sharp curettage	9	0.1
Dilation & Evacuation	930	8.1
Medical Procedure I	664	5.8
Medical Procedure II	234	2.1
Intra-uterine prosta-glandin instillation	3	0.0
Hysterotomy	1	0.0
Hysterectomy	0	0.0
Digoxin/Induction	502	4.4
"Partial Birth" Procedure [3]	0	0.0
Other[4]	1	0.0
Not Stated[4]	1	n.a.

[1] Patient(s) refused to provide information.
[2] Hispanic origin may be of any race.
[3] No Partial Birth procedures have been performed in Kansas since October 1999.
[4] Information not collected by other states.

Fifty seven percent (57.5) of all reported abortions were to women aged 20-29, 80.4 percent were unmarried, and 71.2 percent were white. The number of abortions to women of Hispanic origin increased 21 percent (20.6) from 2003 and accounted for 9.2 percent of all abortions in 2004.

Eighty four percent (83.6) of all reported abortions were performed prior to the 13th week of gestation, while only 9.0 percent of abortions were performed after 16 weeks gestation. The number of procedures performed to women at 22 weeks gestation or greater, increased by 27 (5.5%) to 518 in 2004. Procedures performed at 22 weeks or greater accounted for less than five percent (4.5) of all reported abortions.

No "partial-birth" procedures were performed in 2004. Declines were noted in all procedures except Intra-uterine prostaglandin instillation and Digoxin/Induction. The increase in the number of procedures using Intra-uterine prosta-glandin instillation and Digoxin/Induction were small (2 and 38, respectively). Procedures involving Suction Curettage decreased 238 (2.6%) to 9,082 in 2004. The use of Medical Procedure I (Mifeprestone/RU486) decreased 25 (3.6%) and Medical Procedure II (Methotrexate) decreased 42 (15.2%).

The number of physician certifications reported in 2004 was 11,400.

Vital Statistics Data Analysis

National Healthcare Quality Report Issued: Kansas Data Available

Healthcare quality has been the center of debate for several years. To address the decision support needs for quality, the Agency for Healthcare Quality and Research developed the National Healthcare Quality Report (NHQR). This is the agency's second report of this nature.

The 2004 report extends the baseline established in the 2003 report for a set of health care quality measures across four dimensions of quality—effectiveness, safety, timeliness, and patient centeredness—and, within the effectiveness component, nine clinical condition areas or care settings: cancer, diabetes, end stage renal disease, heart disease, HIV/AIDS, maternal and child health, mental health, respiratory diseases, and nursing home and home health care.

The 2004 NHQR is based on detailed analyses of 179 measures. The purpose of the report is to track the state of health care quality for the nation on an annual basis. It is, in terms of the number of measures and number of dimensions of quality, the most extensive ongoing examination of quality of care ever undertaken in the United States or any major industrialized country worldwide.

The first report found that high quality health care is not yet a universal reality and that

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opportunities for preventive care are often missed, particularly opportunities in the management of chronic diseases in America. The second report finds evidence both that health care quality is improving and that major improvements can be made in specific areas as well.

As a result of the analysis of the 2004 NHQR data, three key themes emerge. These themes are relevant to policymakers, clinicians, health system administrators, community leaders, and all who seek to use the information in the report to improve health care services for all Americans:

- Quality is improving in many areas, but change takes time,
- The gap between the best possible care and actual care remains large, and
- Further improvement in health care is possible.

More information can be found at http://www.qualitytools.ahrq.gov/qualityreport.

Lou Saadi, Ph.D.
Office of Health Care Informaiton

Pediatric Trauma Changes during Summer

An analysis of pediatric trauma reported to the Kansas Trauma Registry shows differences in the injury mix during the summer. Pediatric trauma traditionally involves Children ages 0-14 but for this analysis KTR reviewed trauma cases from 2002-2004 for ages 0-18.

While the Kansas pediatric trauma experience is not that different from national figures in the injury mix, summer results in some shifts in leading injury types among and within four age-groups: 0-4, 5-9, 10-14, and 15-18.

Table 2. Overall Leading Trauma Injury Causes by Age-Group, Kansas, 2002-2004

Age Group	Most Frequent Injury	2nd Most Frequent Injury	3rd Most Frequent Injury	4th Most Frequent Injury	Total %
Age 0-4	Falls 41%	MVC 19%	Assault 8%	Struck By 7%	71%
Age 5-9	Falls 37%	MVC 21%	Pedal Cycle 9%	Struck By 7%	74%
Age 10-14	MVC 22%	Falls 19%	Struck by 12%	Other Transport 11%	65%
Age 15-18	MVC 50%	Struck By 10%	Falls 9%	Other Transport 7%	76%

Kansas Trauma Registry

In the 0-4 age-group falls are the most frequent injury, followed by motor vehicle crashes (MVCs), assaults, and "struck by" (Table 2). In the summer, submersion cases nearly double surpassing assault. "Struck by" injuries involve the patient being hit by inanimate objects or items not considered motor vehicles

For children 5-9 years old, falls are also the leading injury type, followed by MVCs, pedal cycle, and "struck by." Summer results in an increase in struck by injuries. Submersion does not markedly increase for this age group.

For the 10-14 age-group, MVCs are the most frequent injury, followed by falls, "struck by," and other transport. Summer brings increases in MVCs and also other transport injuries. Other transport in this group involves off-road vehicles, and riding animals.

As expected, MVCs are the most frequent cause of injury for ages 15-18, followed by "struck by," falls, and other transport. In the summer, other transport injury (off-road vehicles) becomes the second leading cause of injury.

Greg Crawford
Vital Statistics Data Analysis

2004 Population Estimates Released

The U.S. Census Bureau has released Kansas county population estimates for 2004. The Census Bureau bases its county estimates (Table 3) as of July 1, 2004. Kansas increased slightly (0.4 percent) in population from 2,723,507 residents in 2003 to 2,735,502 in 2004.

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

US Census Bureau

Table 3. Kansas County Population Estimates for July 1, 2004

County	Total	County	Total
Total	2,735,502		
Allen	13,949	Linn	9,775
Anderson	8,191	Logan	2,827
Atchison	16,848	Lyon	35,717
Barber	4,999	Marion	13,010
Barton	27,367	Marshall	10,402
Bourbon	15,066	McPherson	29,413
Brown	10,362	Meade	4,592
Butler	61,828	Miami	29,712
Chase	3,068	Mitchell	6,564
Chautauqua	4,178	Montgomery	34,975
Cherokee	21,950	Morris	5,977
Cheyenne	2,979	Morton	3,269
Clark	2,343	Nemaha	10,458
Clay	8,597	Neosho	16,555
Cloud	9,779	Ness	3,080
Coffey	8,759	Norton	5,799
Comanche	1,903	Osage	17,091
Cowley	35,772	Osborne	4,100
Crawford	38,060	Ottawa	6,175
Decatur	3,274	Pawnee	6,795
Dickinson	19,132	Phillips	5,583
Doniphan	8,062	Pottawatomie	18,871
Douglas	102,786	Pratt	9,417
Edwards	3,308	Rawlins	2,765
Elk	3,117	Reno	63,676
Ellis	27,060	Republic	5,224
Ellsworth	6,350	Rice	10,497
Finney	39,271	Riley	63,069
Ford	33,278	Rooks	5,386
Franklin	26,049	Rush	3,466
Geary	25,111	Russell	6,978
Gove	2,845	Saline	53,943
Graham	2,745	Scott	4,691
Grant	7,685	Sedgwick	463,802
Gray	5,980	Seward	23,237
Greeley	1,415	Shawnee	171,716
Greenwood	7,538	Sheridan	2,614
Hamilton	2,654	Sherman	6,218
Harper	6,238	Smith	4,179
Harvey	33,769	Stafford	4,512
Haskell	4,272	Stanton	2,374
Hodgeman	2,089	Stevens	5,520
Jackson	13,169	Sumner	25,272
Jefferson	18,906	Thomas	7,801
Jewell	3,422	Trego	3,158
Johnson	496,691	Wabaunsee	6,938
Kearny	4,515	Wallace	1,579
Kingman	8,390	Washington	6,107
Kiowa	3,084	Wichita	2,360
Labette	22,269	Wilson	9,946
Lane	1,950	Woodson	3,553
Leavenworth	72,439	Wyandotte	156,487
Lincoln	3,416		

Source: Population Division, US Census Bureau
Release Date: April 14, 2005

Summer Months See Burn Hospitalizations Increase

Burns are often preventable injuries. Burn injuries are typically caused by hot liquids, fire, chemicals, and electricity. Injuries range from scalding burns, which affect layers of the skin, to deeper burns involving fat, muscle, or bone. Deeper burns can be serious, life-threatening injuries. Children and older adults, because of their thinner skin, can sustain severe burns at lower temperatures and in less time than people from other age groups.

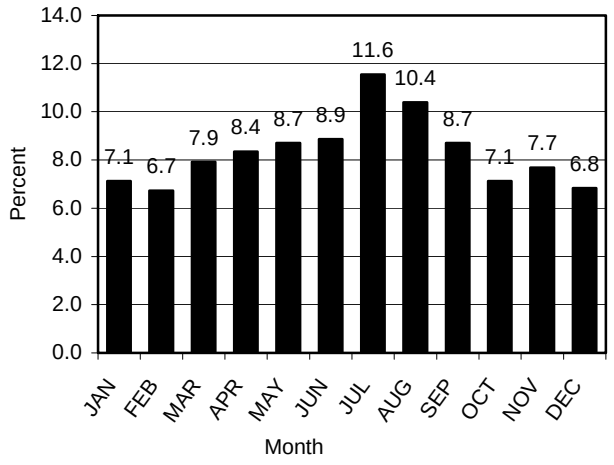
An examination of hospital inpatient (patients with length of stay greater than 24 hours) data, collected by the Kansas Hospital Association from 1995 through 2003, reveals that hospitalizations of young children four years old and under accounted for 527 burn hospitalizations, or 12.6 percent of the total; the rate per 100,000 admissions was 31.7. The rate for the elderly was 31.8. Rates for other age-groups were about half those for young children and elderly (Table 4).

Table 4. Burn Rates by Age-group

Age-Group	Count	Rate per 100,000	Percent
0-4	527	31.7	12.6
5-14	278	7.9	6.6
15-24	583	16.5	13.9
25-34	546	17.2	13.0
35-44	636	17.0	15.2
45-54	445	14.6	10.6
55-64	325	16.5	7.8
65-74	295	18.6	7.1
75 and Over	507	31.8	12.1
Unknown	42	0.2	1.0
Total	4,184		100

Hospitalizations or conditions resulting from burns typically increase during the months of summer; especially July and August (Figure 1).

Figure 1. Burn Hospitalizations by Month



From 1995 through 2003, there were 2,888 hospitalizations for which the primary diagnosis indicated a burn. When secondary diagnoses are included the total number of hospitalizations is 4,184. The total number of burn diagnoses was 6,530 including cases where there were two or more diagnoses for burns for a single discharge.

Out of 4,184 discharges involving burns there were 2,202 cases, or 52.3 percent, including one or more E-codes indicating the nature, or cause, of the injury (Table 5). This count was determined according to standards set forth by the National Public Health Surveillance System (NPHSS). These standards exclude place of injury codes (E849), misadventures or abnormal reactions to surgery or medical care codes (E870-E879), second-hand tobacco smoke (E869.4), and codes describing adverse effects of drug, medicinal, and biological substances in therapeutic use (E930-E949).

Table 5. Three Most Common Causes For Burns

Cause Of Injury	Count	Percent
Acc-Hot Liquid & Steam	853	38.7
Fire-Highly Inflammable Material	254	11.5
Accident Explosive Material	148	6.72

There were E-codes indicating place of injury for only 1,386 cases. Home is the most frequent place injuries occur (Table 6).

Table 6. Five Most Common Locations For Burn Hospitalizations

E-Code: Place Of Injury	Count	Percent
Accident In Home	747	53.9
Accident In Place Not Otherwise Specified	217	15.7
Accident On Industrial Premises	167	12.0
Accident In Place Not Elsewhere Classifiable	89	6.4
Accident On Street/Highway	49	3.5

Burns to lower limbs (29.2%) and the face/head/neck (19.6%) were the most common body areas for hospitalized patients (Table 7). Secondary diagnoses and diagnoses that specify percent of body burned are excluded.

Table 7. Burn Frequencies by Body Area

Type Of Burn (Primary Diagnosis)	Percent	Count
Burn of Lower Limbs	29.2	843
Burn of Face, Head, and Neck	19.6	567
Burn of Trunk	18.9	547
Burn of Upper Limb Except Wrist and Hand	15.8	457
Burn of Wrists and Hands	12.6	365
Burns of Multiple Specified Sites	1.8	52
Burn of Internal Organs	1.4	39
Burn Confined to Eye and Adnexa	0.6	16
Burn, Unspecified	0.1	2
Total	100.0	2,888

The leading causes of burn injuries requiring hospitalization were accidents involving hot liquid and steam and highly flammable material. Accidents caused by fireworks, included in the total for explosive material, numbered 32, or about 1.5 percent of the total. Of this total, 2,399, or 79 percent, were hospitalized following a visit to the emergency room.

Hospitalizations for burn injuries are most common among young children and younger adults, but when adjusted for population the hospitalization rates are greatest for the very young and the elderly. About half of injuries requiring hospitalization that are coded for location occur in the home.

About half of burns that are coded for cause (E-code) involve hot liquids or steam or highly flammable material. Since burn injuries are largely preventable it is a good time for Kansans to be reminded of the potential harm that can result from burns.

Donald Owen, MA
Health Care Data Analysis

Health Insurance and Medical Care Access Trends for Children under Age 19

The National Center for Health Statistics (NCHS) analyzed health insurance and access to medical care trends among chil-

dren under the age of 19 in the United States between 1998 and 2003. The NCHS analysis found that the percent of poor and near poor children under 19 who were uninsured decreased by approximately 25 percent from 1998 to 2003.

The greater increase in public health insurance coverage was among children who were near poor; that rate more than doubled from 22.5 percent in 1998 to 46.0 percent in 2003. Among near poor children, those who were uninsured were more likely to have unmet medical need (35.5%) than those with public (9.4%) or private coverage (14.4%).

In 2003, 14.1 percent of poor children who had public coverage visited the emergency room two or more times in the previous year compared with 7.8 percent of poor children who were uninsured.

Advance Data from Vital and Health Statistics
National Center for Health Statistics

Traumatic Brain Injury Affects Millions in US

The Centers for Disease Control and Prevention (CDC) reports traumatic brain injury (TBI) kills 50,000 annual, hospitalizing 235,000, and resulting in 1.1 million emergency room visits. The CDC TBI fact sheet also notes the leading causes of TBI are falls with 28 percent of the cases, motor vehicle/traffic crashes, 20 percent, and assaults, 11 percent.

Persons who are at highest risk of TBI are, males – 1.5 times more likely as females to sustain a TBI and the age-groups of 0-4 and 15-19 year olds. African Americans have the highest death rate from TBI.

The direct medical costs and indirect costs – such as lost productivity – of TBI are estimated by CDC at $56.3 billion in the United States in 1995. There are also other costs. CDC estimates that at least 5.3 million Americans currently have a long-term or lifelong need for help to perform daily living activities as a result of a TBI.

Facts about Traumatic Brain Injury
Centers for Disease Control and Prevention

County Level Health Care Impact Reports Available

The Kansas Rural Health Options Project has prepared a series of county-level reports on the economic importance of health care in the State of Kansas. The project – a partnership of the KDHE Office of Local and Rural Health, Kansas Hospital Association, Kansas Board of EMS, and Kansas Medical Society - commissioned Kansas State University's Department of Agricultural Economics and Research and Extension to produce the reports. The reports, available at http://www.oznet.ksu.edu/krhw , are seen as a way for rural community and health care leaders to help ensure affordable, sustainable health care in all areas of the state.

Kansas Rural Health Information Service
Office of Local and Rural Health

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Office of Health Care Information
Center for Health and Environmental Statistics
Kansas Dept. of Health & Environment
1000 SW Jackson, Suite 130
Topeka, KS 66612-1354