

Kansas Health Statistics Report

Kansas Department of Health and Environment – Center for Health and Environmental Statistics – No 27 – November 2005

Annual Summary of Vital Statistics Available

The 2004 Annual Summary of Kansas Vital Statistics, the latest edition released by the Kansas Department of Health and Environment, serves as a baseline document to assess the health of Kansans. Highlights are included in Table 1. It is used by the department's program managers and epidemiologists for targeted studies and more specialized evaluations by the public, policy makers, and by federal, state, and local governments.

Table 1. Selected Vital Event Rates & Ratios, Kansas, 2003-2004

Vital Event	2003	2004
Live Births		
Number	39,353	39,553
Rate	14.4	14.5
Out-of-Wedlock Births		
Number	12,345	12,897
Ratio	31.4	32.6
Stillbirths (S.B.)		
Number	206	186
Rate	5.2	4.7
Hebdomadal Deaths (Under 7 days)		
Number	138	144
Rate	3.5	3.6
Perinatal Period III Deaths (S.B. & Hebdomadal)		
Number	344	330
Rate	8.7	8.3
Neonatal Deaths		
Number	177	176
Rate	4.5	4.4
Infant Deaths		
Number	262	284
Rate	6.7	7.2
Maternal Deaths		
Number	0	2
Rate	0.0	0.5
Deaths		
Number	24,417	23,720
Rate	9.0	8.7
Marriages		
Number	18,722	19,174
Rate	6.9	7.0
Marriage Dissolutions		
Number	8,644	8,759
Rate	3.2	3.2
Abortions		
Total Reported	11,697	11,446
Kansas Residents	6,163	5,971
Out of State Residents	5,534	5,475

Residence data presented for births and deaths. Occurrence data presented for marriages and marriage dissolutions. Rates expressed are per 1,000 population

The tables and charts contained in this report represent a portion of the insight that can be gained from the data reported on births, stillbirths, deaths, marriages, marriage dissolutions (divorces and annulments), and abortions recorded. Analysis of trend data, county data, and a comparison of Kansas to the nation are included in this report.

Some of the highlights include:

- While the state's birth rate was 14.5 births per 1,000 population, three adjacent southwest Kansas counties had the highest county birth rates of over 20.
- While the Kansas infant death rate (7.2) increased 7.5 percent from 2003 to 2004, the black infant death rate (16.7) increased 15.2 percent and continues to be over two times higher than the rate (6.5) for whites.
- Out-of-wedlock births (primarily to 15-24 year old mothers) followed national trends, increasing to a record high.
- Teen pregnancy rates continued to decline. Among major population groups, Hispanic teens exhibited the highest pregnancy rate (51.0).
- Almost half of the abortions performed in Kansas occurred to non-Kansans. Slightly over half of the Kansans seeking abortions were 15-24 years old.
- Cancer and heart disease accounted for almost half of the deaths in 2004. However, unintentional injuries remained the leading cause of death for Kansans 1-44 years of age.
- Kansans continued to delay marriage. The percentage of Kansans under age 20 getting married decreased 25.2 percent for brides and 26.1 percent for grooms since 1995.
- Two out of every five marriages ending in divorce or annulment lasted four years or less.
- Between 2000 and 2004, 79 of Kansas' 105 counties experienced a loss in population.

The 2004 *Annual Summary* is available in a PDF format at <http://www.kdheks.gov/hci/as04/AS2004.html>.

In conjunction with the 2004 *Annual Summary* the department has expanded the Vital Statistics at a Glance card that provides a summary of key statistical findings from the past calendar year. The card can be downloaded from the KDHE Website at <http://www.kdheks.gov/hci/vs glance.pdf>. Limited numbers of copies may also be obtained by contacting the Office of Health Care Information at 785-296-8627.

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Vital Statistics Data Analysis

Mental Health Conditions Leading Cause of Hospitalization among Children Aged 5 – 17

The May 2001 issue of *Kansas Health Statistics Report* (No. 9) included an article entitled "Mental Health Conditions Rank High in Children's Hospitalizations" in which it was reported that Mental Disorders ranked second among all major diagnostic groups in the number of child inpatient admissions in Kansas for the years 1995 to 1999. Mental Disorders were defined as primary diagnoses between 290.00 and 319.00 in the

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ICD-9CM classification system and include conditions such as Psychoses, Depressive Neuroses, and childhood Mental Disorders.

A review of inpatient data from Kansas community hospitals for the years 1995 to 2004 provided courtesy of the Kansas Hospital Association and its members shows that Mental Disorders are now the leading cause of hospitalization for children ages 5 to 17 (Table 2).

Table 2. Major Diagnostic Groups for Hospitalizations 1995 - 2004: Children Aged 5 to 17

Diagnostic Group	Count	Percent
Mental Disorders	18,226	18.2
Respiratory System	16,759	16.7
Injury and Poisoning	16,429	16.4
Diseases of the Digestive System	12,514	12.5
Others	36,053	36.2
Totals	99,981	100.0

Mental Disorders are the leading diagnosis for females (discharges associated with childbirth are excluded) and the second leading cause for males from the same age group (Table 3). Diseases of the Respiratory System, including conditions such as asthma and pneumonia, are the second leading cause of hospitalization for females and the third ranked cause for males.

Table 3. Hospitalization Rates by Sex and Age Group: 1995 - 2004

Ages 5 – 17	Discharges per 10,000 Population
<i>Diagnostic Groups (CCS) Females</i>	
Mental Disorders	36.3
Respiratory System	28.8
Injury and Poisoning	26.0
Digestive System	21.2
Endocrine, Nutrition, Metabolic Diseases	14.8
Genitourinary System	14.4
Symptoms, Signs, Ill Defined Conditions	11.8
Infectious & Parasitic Diseases	9.6
<i>Diagnostic Groups (CCS) Males</i>	
Injury and Poisoning	36.3
Mental Disorders	35.1
Respiratory System	34.3
Digestive System	22.8
Endocrine, Nutr, Metabolic Diseases	11.6
Symptoms, Signs, Ill Defined Conditions	10.1
Infectious & Parasitic Diseases	9.3
Other	6.0

In the group of females aged 5 – 17, the most common diagnoses in the Mental Disorders category were:

- Affective Disorders (62%),
- Other Mental Conditions (20%), and
- Anxiety, Somatoform, Dissociative, and Personality Disorders (6%).

Pneumonia (37%) and Asthma (34%) were the most common diagnoses in the Respiratory Systems category; and Poisoning by Other Medications and Drugs (18%), Intracranial Injury (11%), and Fracture of Lower Limb (9%) were the top three diagnoses in the Injury and Poisoning group.

In the group of males aged 5 – 17, the most common diagnoses in the Mental Disorders category were:

- Affective Disorders (47%),
- Pre-adult Disorders (17%), and
- Other Mental Conditions (16%).

Asthma (37%) and Pneumonia (35%) accounted for most of the diagnoses in the Respiratory Systems group; and Fracture of Lower Limb (16%) and Intracranial Injury (15%) were the top two diagnoses in the Injury and Poisoning group.

The leading cause of hospitalization for children under age five was respiratory disorders; other diagnoses were much less significant by comparison (Table 4); about 45 percent of all admissions for this age group were for respiratory disorders. The discharge rate for males in the Respiratory System category was notably higher than the rate for females (276.8 per 10,000 population compared to 201.5).

In the Respiratory System category, the leading diagnostic groups were Pneumonia, 39 percent for females, 35 percent for males; Acute Bronchitis, 32 percent for females and 32 percent for males; and Asthma, nine percent for females and 14 percent for males.

Table 4. Hospitalization Rates by Sex and Age Group: 1995 - 2004

Ages 0 – 4	Discharges per 10,000 Population
<i>Diagnostic Groups (CCS) Females</i>	
Respiratory System	201.5
Endocrine, Nutrition, Metabolic Diseases	43.8
Infectious & Parasitic Diseases	43.8
Symptoms, Signs, Ill Defined Conditions	42.5
Congenital Anomalies	29.0
Digestive System	28.9
Injury and Poisoning	28.6
Genitourinary System	19.9
Nervous System & Sense Organs	11.9
<i>Diagnostic Groups (CCS) Males</i>	
Respiratory System	276.8
Infectious & Parasitic Diseases	49.0
Symptoms, Signs, Ill Defined Conditions	46.6
Endocrine, Nutr, Metabolic Diseases	46.1
Congenital Anomalies	39.9
Digestive System	36.5
Injury and Poisoning	35.2
Nervous System & Sense Organs	14.6

The impact of hospitalizations for mental disorders among children is highlighted by an examination of the number of days hospitalized. The mean length of stay (LOS) for Mental Disorders is more than twice that for Respiratory System admissions (Table 5). On this basis alone it is likely that the costs of treating children for mental disorders are much greater than those for disorders of the respiratory system.

Table 5. Mean Length of Stay in Days: Children Aged 5 – 17

	Mental Disorders	Respiratory System
Males	8.1	3.0
Females	7.3	3.0

These results suggest an important area of inquiry for future research. In light of the significant human and financial costs associated with hospitalization for mental illness, further research into the determinants of illness and the options for care is warranted.

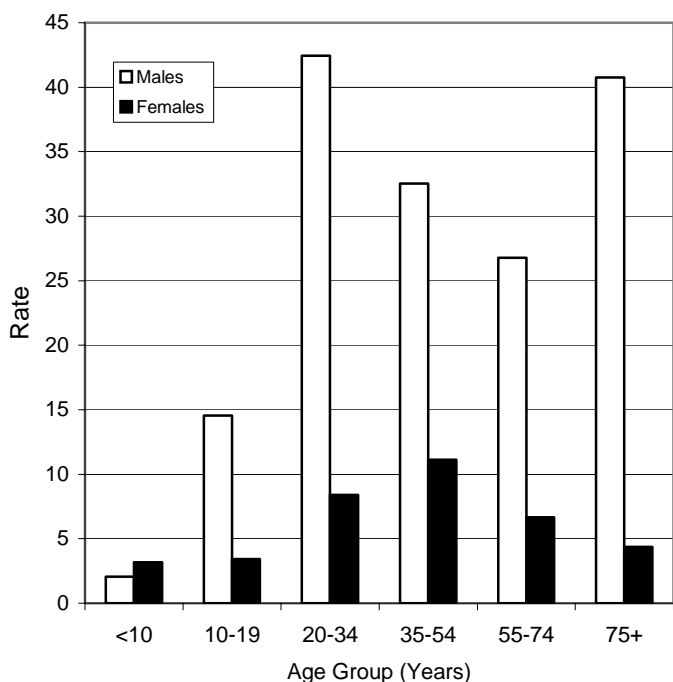
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Health Care Data Analysis

Violent Deaths in Kansas

In the United States, violence remains a significant public health problem affecting the social and economic development of citizens and claiming the lives of over 46,000 Americans yearly (1). Violent deaths are considered those due to homicide and suicide, excluding those due to legal intervention.

The majority of violent deaths in 2002 were due to suicide, which accounted for more than 60 percent. After unintentional injuries, homicide was the second leading cause of death for Americans aged 15-24, and suicide was the second leading

Figure 1. Average Annual Death Rate per 100,000 Population Due to Homicide and Suicide by Age and Sex, Kansas 1999-2003



cause of death for Americans aged 25-34 in 2002 (2).

For Kansas in 2002, suicide was the second leading cause of death for individuals aged 15-24 years and individuals aged 25-34 years. Like suicide, the societal impact of homicide in Kansas was also significant. In 2002, homicide was the third leading cause of death among Kansans ages 15-24 years and the fourth leading cause of death among Kansans ages 1-4 years and those ages 25-34 years (2).

Between 1999 and 2003, analysis of Kansas mortality data shows that a total of 2,283 Kansans died as a result of violence due to either homicide or suicide. This analysis also shows significant disparity by sex. The rate of violent death was highest among male Kansans aged 20-34 (42.5 per 100,000; n=597) and those aged 75 and above (40.8 per 100,000; n=137). Among female Kansans, the highest rate of violent death occurred among those aged 35-54 (11.1 per 100,000; n=216).

Of the 2,283 violent deaths that occurred during 1999-2003, firearm, suffocation, and poisoning accounted for approximately

59 percent (n=1,342), 15 percent (n=347), and 13 percent (n=307) of deaths, respectively.

This report underscores the importance of understanding populations at highest risks for violent deaths and also presents channels for effective program intervention.

References

1. CDC. National Violent Death Reporting System: Monitoring and Tracking the Causes of Violence-Related Deaths. US Department of Health and Human Services, CDC; 2004. Atlanta, GA.
2. CDC. Web-Based Injury Statistics Query and Reporting System (WISQARS™). US Department of Health and Human Services, CDC; 2004. Available at <http://webappa.cdc.gov/cgi-bin/broker.exe>.

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Income Stable, Poverty Rate Increases, Percentage of Americans without Health Insurance Unchanged

The number of Americans without health insurance increased for the fourth consecutive year in 2004 to 45.8 million, according to a report by the U.S. Census Bureau. That's 15.7 percent of the population, about the same as in 2003, but about 800,000 more people.

Real median household income remained unchanged between 2003 and 2004 at \$44,389, according to the report. Meanwhile, the nation's official poverty rate rose from 12.5 percent in 2003 to 12.7 percent in 2004.

While the number of Americans with health insurance increased by two million, the proportion covered through an employer decreased to 59.8 percent from 60.4 percent. The proportion and number of Americans covered by government health insurance programs increased to 27.2 percent (79.1 million persons) from 26.6 percent (76.8 million persons), driven by increases in the percentage and number of people covered by Medicaid.

These findings are contained in the report *Income, Poverty, and Health Insurance Coverage in the United States: 2004*. The report's data were compiled from information collected in the 2005 Annual Social and Economic Supplement to the Current Population Survey (CPS). The findings are available at <http://www.census.gov/hhes/www/hlthins/hlthin04.html>.

Income highlights include:

- 2004 marked the second consecutive year in which real median household income showed no change.
- Real median household income did not change between 2003 and 2004 for non-Hispanic whites, blacks or Asians or for households with Hispanic householders.
- Black households had the lowest median income in 2004 (\$30,134) among race groups. Asian households had the highest median income (\$57,518). The median income for non-Hispanic white households was \$48,977. Median income for Hispanic households was \$34,241.
- Comparison of two-year moving averages (2002-2003 and 2003-2004) showed that the real median income for households with householders who reported American Indian and Alaska native as their race was statistically unchanged. The same was true for native Hawaiian and other Pacific Islander households.
- Real median household income remained unchanged between 2003 and 2004 in three of the four census regions — Northeast (\$47,994), West (\$47,680) and South (\$40,773). The exception was the Midwest, where in-

come declined 2.8 percent, to \$44,657. The difference in income between the Northeast and West was not statistically significant.

- The South continued to have the lowest median household income of all four regions. The Northeast and West had the highest incomes among regions.
- Real median earnings of men age 15 and older who worked full-time, year-round, declined 2.3 percent between 2003 and 2004, to \$40,798. Women with similar work experience saw their earnings decline by 1.0 percent, to \$31,223. Reflecting the larger fall in the earnings of men, the ratio of female-to-male earnings for full-time, year-round workers was 77 cents on the dollar, up from 76 cents in 2003.

There were 37 million people living in poverty (12.7 percent) in 2004, up from 35.9 million (12.5 percent) in 2003.

There were 7.9 million families living in poverty in 2004, up from 7.6 million in 2003. The poverty rate for families remained unchanged at 10.2 percent. The poverty rate and the number in poverty showed no change for the different type of families.

As defined by the Office of Management and Budget and updated for inflation using the Consumer Price Index, the average

poverty threshold for a family of four in 2004 was an income of \$19,307; for a family of three, \$15,067; for a family of two, \$12,334; and for unrelated individuals, \$9,645.

Poverty highlights include:

- In 2004, the poverty rate declined for Asians, 9.8 percent in 2004, down from 11.8 percent in 2003; remained unchanged for Hispanics, 21.9 percent and blacks, 24.7 percent; and rose for non-Hispanic whites, 8.6 percent in 2004, up from 8.2 percent in 2003. Race data refer to people reporting a single race only.
- The poverty rate of American Indians and Alaska natives did not change when comparing two-year averages for 2002-2003 and 2003-2004. The same was true of Native Hawaiians and other Pacific islanders.
- For all children under 18, both the 2004 poverty rate, 17.8 percent, and the number living in poverty, 13.0 million, were unchanged from 2003.
- The poverty rate increased for people 18 to 64 years old, from 10.8 percent in 2003 to 11.3 percent in 2004, but declined for those aged 65 and older, from 10.2 percent in 2003 to 9.8 percent in 2004.

U.S. Census Bureau

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