Kansas Health Statistics

Kansas Department of Health and Environment – Center for Health and Environmental Statistics – Vol. 1 No. 5 May 2000

Data Query System Available Soon on Internet

The Center for Health and Environmental Statistics has embarked on an effort to make vital statistics summary data and eventually other health data available in an interactive query format. CHES, in cooperation with the Missouri Department of Health's Center for Health Information Management and Epidemiology, agreed to adapt Missouri's MICA (Missouri Information for Community Assessment) system for use with Kansas data.

KDHE State Registrar and CHES Director Dr. Lorne Phillips said, "Data users in Kansas who have been accustomed to producing their own rates from paper copies of our annual tables will see an immediate benefit."

Dr. Phillips said other features in the system, entitled Kansas Information for Communities or KIC, will allow:

- users to be able to create their own tables,
- rates to be calculated as well as frequencies,
- nine years of summary data to be accessible upon implementation, and
- other health datasets to be put online.

Missouri has developed a very user friendly system which is easily modified to handle Kansas data. Sharing the same query system with Missouri provides opportunities for Missouri and Kansas to share resources and develop query capacity for shared metro areas. The project is an outgrowth of the ready access to the Internet, availability of personal computers to individuals, and the increased need of CHES data customers to create customized datasets.

Software used to run the system was designed with the public and public health providers in mind. Summary statistics can be easily selected with rapid results. The system will generate tables in a standard format, compute rates using accepted public health methodologies, and return the tables within five seconds of the inquiry being submitted via the web.

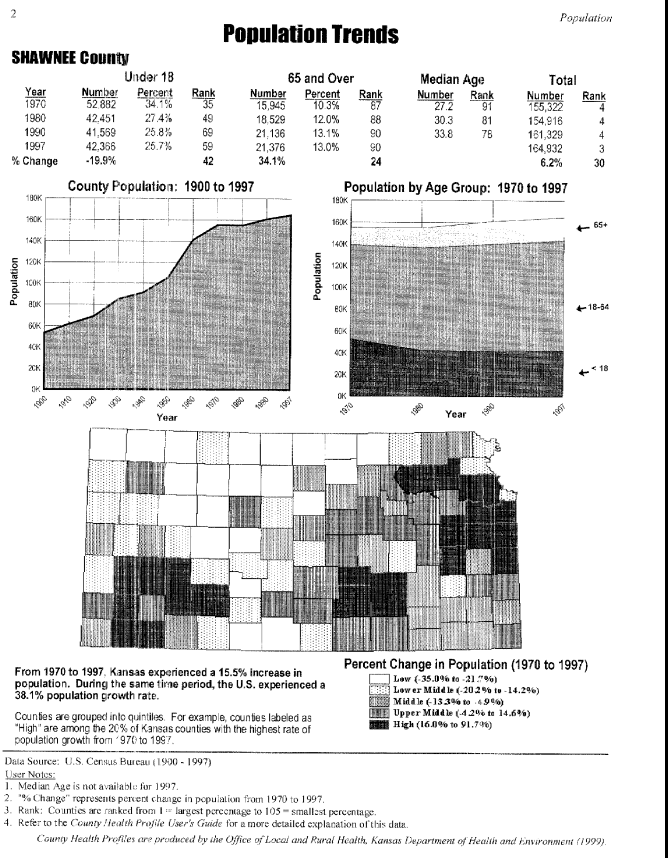
Once the testing is completed, the system will be made available through the KDHE web site.

Greg Crawford
Vital Statistics Data Analysis

Health Profiles Assist Counties to Assess & Plan Health Improvement Efforts

The *1999 County Health Profiles*, released by KDHE's Office of Local and Rural Health, present a wide variety of demographic, socioeconomic, health status, and related information on the county level. The office sent a profile to every local health department and hospital in the state, encouraging them to use the material to help their community "better understand and plan for improved health." Each 155-page profile facilitates county-level assessment and planning by presenting graphics-intensive county data along with statewide maps and peer group, state, and national data (where available) for comparison (Figure 1 & 2).

The *1999 Profiles* are the second edition of county health profiles; the *1994 County Health Profiles* was released nearly six years earlier. The *1994 Profiles* provided a comprehensive set of locally-available population-based health data and served as a basis for local health assessments and community-level data



2 *Population*

Population Trends

SHAWNEE County

Year	Under 18 Number	Under 18 Percent	Under 18 Rank	65 and Over Number	65 and Over Percent	65 and Over Rank	Median Age Number	Median Age Rank	Total Number	Total Rank
1970	52,882	34.1%	35	15,945	10.3%	67	27.2	91	155,322	4
1980	42,451	27.4%	49	18,529	12.0%	88	30.3	81	154,916	4
1990	41,569	25.8%	69	21,136	13.1%	90	33.8	76	161,329	4
1997	42,366	25.7%	59	21,376	13.0%	90			164,932	3
% Change	-19.9%		42	34.1%		24			6.2%	30

From 1970 to 1997, Kansas experienced a 15.5% increase in population. During the same time period, the U.S. experienced a 38.1% population growth rate.

Counties are grouped into quintiles. For example, counties labeled as "High" are among the 20% of Kansas counties with the highest rate of population growth from '97 to '97.

Data Source: U.S. Census Bureau (1900 - 1997)

User Notes:
1. Median Age is not available for 1997.
2. "% Change" represents percent change in population from 1970 to 1997.
3. Rank: Counties are ranked from 1 = largest percentage to 105 = smallest percentage.
4. Refer to the *County Health Profile User's Guide* for a more detailed explanation of this data.

County Health Profiles are produced by the Office of Local and Rural Health, Kansas Department of Health and Environment (1999).

Figure 1

training.

The *1999 Profiles* will spark renewed community interest in assessment and health improvement efforts while continuing to serve as a basis for educating communities about making data-driven decisions.

Improved features of the *1999 Profiles*:

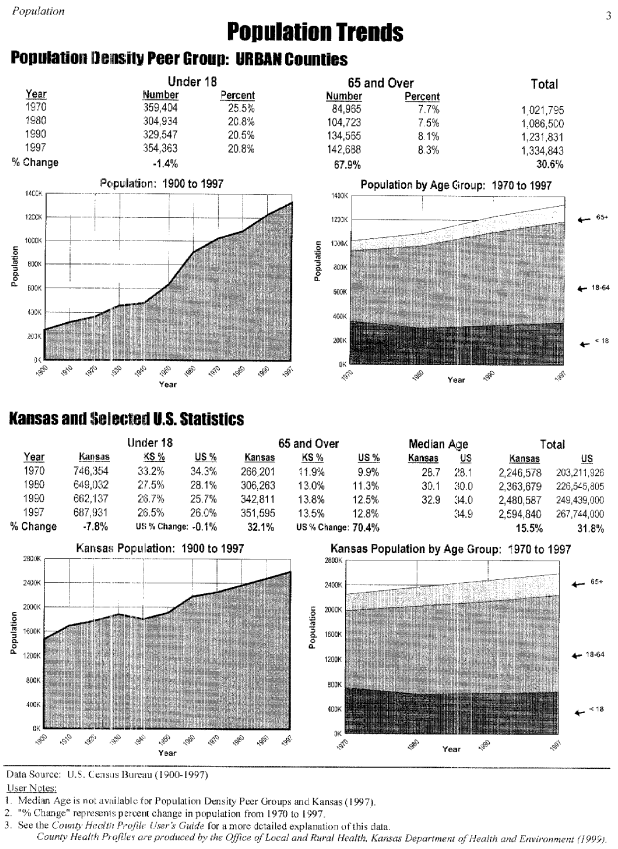
- Statewide county-level maps of key indicators highlight geographic disparities at-a-glance.
- Graphs help users visualize selected results.
- The *1999 Profiles* are more comprehensive, including, for example, cancer incidence, crime, and DRG (diagnostic related group)-level hospital discharge data.
- More detailed demographic breakouts assist communities in identifying disparities by age, gender, and race and ethnicity.
- The *1994 Profiles* reported data by county, geographic region, and state. The *1999 Profiles*

Inside

report data by county, population density peer group, state, and the nation (where available).

- The five population density peer groups facilitate comparisons across a rural/urban continuum: frontier, rural, densely-settled rural, semi-urban, and urban.
- The *User's Guide*, a companion document of over 80 pages, provides definitions, data sources, and statistical notes to assist users in interpreting profile data.

The profiles will soon be available through the OLRH website http://www.kdhe.state.ks.us/olrh. Reference copies of the profiles will be available at selected KDHE offices as well as selected organizations involved in community assessment efforts. Contact Abby Horak at ahorak@kdhe.state.ks.us or



Population 3

Population Trends

Population Density Peer Group: URBAN Counties

Year	Under 18 Number	Under 18 Percent	65 and Over Number	65 and Over Percent	Total
1970	359,404	25.5%	84,955	7.7%	1,021,795
1980	304,934	20.8%	104,723	7.5%	1,086,500
1990	329,547	20.5%	134,556	8.1%	1,231,831
1997	354,363	20.8%	142,688	8.3%	1,334,843
% Change	-1.4%		67.9%		30.6%

Population: 1900 to 1997

Population by Age Group: 1970 to 1997

Kansas and Selected U.S. Statistics

Year	Under 18 Kansas	Under 18 KS %	Under 18 US %	65 and Over Kansas	65 and Over KS %	65 and Over US %	Median Age Kansas	Median Age US	Total Kansas	Total US
1970	746,364	33.2%	34.3%	266,201	11.9%	9.9%	26.7	28.1	2,246,578	203,211,926
1980	648,032	27.5%	28.1%	306,263	13.0%	11.3%	30.1	30.0	2,363,679	226,545,805
1990	662,137	26.7%	25.7%	342,811	13.8%	12.5%	32.9	34.0	2,480,567	249,439,000
1997	687,931	26.5%	26.0%	351,595	13.5%	12.8%		34.9	2,594,840	267,744,000
% Change	-7.8%	US % Change: -0.1%		32.1%	US % Change: 70.4%				15.5%	31.8%

Kansas Population: 1900 to 1997

Kansas Population by Age Group: 1970 to 1997

Data Source: U.S. Census Bureau (1900-1997)

User Notes:

1. Median Age is not available for Population Density Peer Groups and Kansas (1997).
2. "% Change" represents percent change in population from 1970 to 1997.
3. See the *County Health Profile User's Guide* for a more detailed explanation of this data.

County Health Profiles are produced by the Office of Local and Rural Health, Kansas Department of Health and Environment (1999).

Figure 2

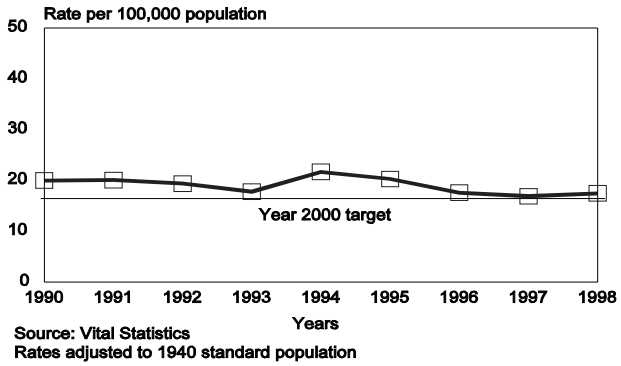
OLRH at 785-296-1200 for more information.

Connie Satzler
En Visage Consulting

Breast Cancer in Kansas: Current Status and Trends

(Editor's Note: Public health data plays an important role in determining the progress toward the Healthy People 2000 and Healthy Kansans 2000 goals. This is the first in what will be a regular series of articles prepared on Kansas' progress toward those goals and what the data shows.)

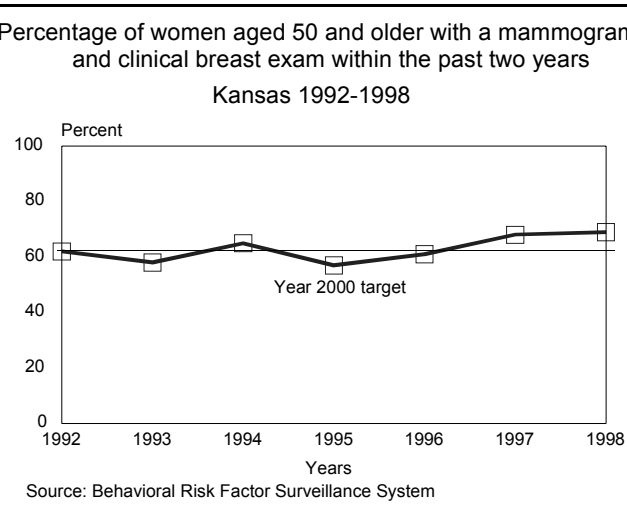
Breast cancer is the third leading cause of cancer death in Kansas[1]. Each year in Kansas, over 1,500 women are diagnosed with breast cancer [2], and approximately 500 women die[1]. Although the death rate due to breast cancer has remained relatively stable over the last decade (Figure 3), disease incidence has continued to rise[3]. Breast cancer is relatively uncommon before age 40, but increases rapidly with advancing age[4]. Known risk factors for breast cancer include family history and a variety of hormonal factors; however, the underlying causes



Healthy Kansans Objective: Reduce the age-adjusted death rate for breast cancer to no more than 18.8/100,000 women
Current Status: 20.0/100,000 (1998)
Figure 3

of most breast cancers are unknown[5]. Effective interventions to prevent breast cancer which can be applied at the community level have not been defined at this time.

Preventing deaths from breast cancer is possible. Breast cancer can be effectively treated if the cancer is detected early; consequently, early detection offers women the best chance of



Healthy Kansans Objective: Increase to 60% the proportion of women aged 50 and older who received a mammogram and a clinical breast examination within the last two years
Current Status: 69% (1998)
Figure 4

surviving the cancer[3,5]. Ninety-five percent of women whose cancer is localized to the breast at time of diagnosis will be alive five years later. Furthermore, detection of very small tumors permits the breast to be preserved and may not require any chemotherapy treatment to achieve these excellent survival results[8]. Detection of small tumors is only possible through routine use of screening mammography[5,6].

Survival rates could be increased with widespread use of breast cancer screening. Early detection of breast cancer through routine mammograms plus yearly clinical breast examinations and

monthly self exams of the breasts has been proven to decrease breast cancer-related mortality[5]. Some experts believe that early detection of breast cancer could lead to an 80-90% survival rate[7,8]. Despite its accuracy, safety, and low cost, mammography is under-utilized[5]. In Kansas, 69% of women aged 50 and over reported having a mammogram and a clinical breast exam within the last two years[9] (Figure 4).

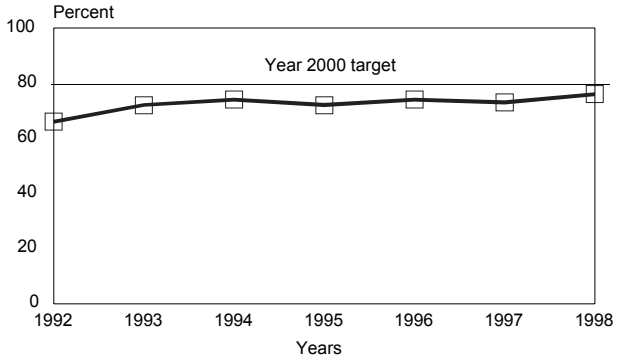
The National Cancer Institute, American College of Radiology, American Medical Association, American College of Obstetricians and Gynecologists and other organizations recommend that every woman 50 and older have a clinical breast exam and mammogram every year. Recommendations for women between 40 and 49 are controversial. The American Cancer Society recommends annual clinical breast examination and mammography for women between 40 and 49. Other groups recommend mammography every other year or make no recommendations at all for women in this age category. Monthly self exam is recommended for all adult women[7] (Figure 5)

Because approximately 80% of breast cancers in Kansas occur among women age 50 and over[4], strategies to prevent premature death must emphasize improving breast cancer screening in this age group.

Denice Curtis, MPH
Steve Pickard, MD
KDHE Bureau of Health Promotion

Percentage of women aged 40 and older who have ever received a mammogram and a clinical breast exam

Kansas 1992-1998



Source: Behavioral Risk Factor Surveillance System

Healthy Kansans Objective: increase to 80% the proportion of women aged 40 and older who have ever received a clinical breast examination and a mammogram
Current Status: 76.1% (1998)
Figure 5

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Sedgwick County Safe Communities Coalition Study Underway

The Center for Health and Environmental Statistics is collaborating with the Sedgwick County Safe Communities Coalition to find ways to reduce injury morbidity and mortality associated with motor vehicle crashes. The coalition is also obtaining data from law enforcement, emergency medical services, traffic safety agencies, hospitals, and the coroner's office to assess issues affecting traffic mishaps.

The coalition first came together to study 1995 data on Sedgwick County traffic mishaps. It hopes to produce recommendations that will reduce traffic injuries and deaths, as well as the costs to the community.

A preliminary review of data received thus far indicates Friday has the highest number of traffic crashes. Of the 28,274 crashes, only 1,593 resulted in injuries serious enough to trigger what is called a trauma alert at the receiving hospital. In the 4,899 incidents where the status was known or applicable, 3,085 involved the use of safety equipment.

Sedgwick County Safe Communities Coalition

CDC Implements Integrated Public Health Surveillance System

In support of its responsibility to detect and manage infectious diseases and conditions that are detrimental to the public's health, the Centers for Disease Control and Prevention maintains over 100 surveillance and health information systems. To better manage and enhance the large number of current surveillance systems and allow the public health community to respond more quickly to public health threats (e.g., outbreaks of emerging infectious diseases, bio-terrorism, etc.), CDC is implementing the National Electronic Disease Surveillance System (NEDSS).

When completed, NEDSS will electronically integrate and link together a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information to the CDC. Consistent with recommendations proffered in the 1995 report, *Integrating Public Health Information and Surveillance Systems*, NEDSS will include data standards, an internet based communications infrastructure built on industry standards, and policy-level agreements on data access, sharing, burden reduction, and protection of confidentiality.

Effective surveillance will require data from private and public sources. Reporting of laboratory results will play a key role and numerous studies are underway to evaluate the most efficient way to incorporate laboratory data into the existing system. Activities for NEDSS include a rigorous standards-setting process that will

complement the current health industry standards development. For more information on NEDSS, visit www.cdc.gov/od/hissb.

Elizabeth W. Saadi, PhD
Office of Health Care Information

1999 Population Estimates Released

The U.S. Census Bureau recently released Kansas state and county population estimates for 1999. Shown in Tables 1 and 2 are county population and state age and sex estimates as of July 1, 1999. Kansas increased in population from 2,629,067 residents in 1998 to 2,654,052 in 1999, a 1.0 percent increase.

Kansas Population Estimates by Single Year of Age and Sex for July 1, 1999

		Sex	
Age	Total	Male	Female
Total	2,654,052	1,305,408	1,348,644
0	37,382	19,248	18,134
1	36,895	18,956	17,939
2	36,688	18,756	17,932
3	36,116	18,531	17,585
4	36,932	18,996	17,936
5	36,928	18,944	17,984
6	36,945	18,906	18,039
7	37,521	19,166	18,355
8	36,061	18,459	17,602
9	40,072	20,680	19,392
10	40,032	20,769	19,263
11	39,139	20,144	18,995
12	39,638	20,283	19,355
13	40,330	20,679	19,651
14	41,059	21,247	19,812
15	41,051	20,959	20,092
16	42,293	21,772	20,521
17	43,555	22,339	21,216
18	41,897	21,476	20,421
19	44,458	22,926	21,532
20	41,454	21,671	19,783
21	38,706	20,004	18,702
22	36,805	18,941	17,864
23	34,038	17,412	16,626
24	34,024	17,387	16,637
25	31,860	16,115	15,745
26	31,068	15,554	15,514
27	32,624	16,211	16,413
28	33,715	16,790	16,925
29	37,401	18,556	18,845
30	34,892	17,277	17,615
31	33,011	16,414	16,597
32	33,538	16,659	16,879
33	34,250	17,182	17,068
34	38,125	19,382	18,743
35	40,096	20,430	19,666
36	40,956	20,544	20,412
37	43,000	21,689	21,311
38	40,518	20,546	19,972
39	46,080	23,626	22,454
40	44,234	22,547	21,687
41	43,471	22,052	21,419
42	44,017	22,238	21,779
43	41,744	20,886	20,858
44	43,066	21,745	21,321
45	41,201	20,604	20,597
46	38,610	19,294	19,316
47	38,332	19,042	19,290
48	33,979	16,726	17,253
49	36,505	17,865	18,640
50	34,587	17,015	17,572
51	33,061	16,229	16,832
52	35,088	17,115	17,973
53	25,092	12,254	12,838
54	26,240	12,822	13,418
55	25,754	12,454	13,300
56	27,075	13,130	13,945
57	23,947	11,523	12,424
58	21,150	10,172	10,978
59	21,708	10,504	11,204
60	21,063	9,990	11,073
61	20,229	9,757	10,472
62	19,239	9,356	9,883
63	19,273	9,345	9,928
64	20,155	9,635	10,520
65	17,907	8,289	9,618
66	17,827	8,237	9,590
67	17,637	8,084	9,553
68	18,096	8,067	10,029
69	18,163	8,217	9,946
70	17,629	7,846	9,783
71	17,925	8,088	9,837
72	17,212	7,791	9,421
73	16,335	7,338	8,997
74	16,440	7,343	9,097
75	15,677	6,701	8,976
76	15,419	6,540	8,879
77	15,438	6,473	8,965
78	15,321	6,320	9,001
79	13,600	5,472	8,128
80	11,915	4,617	7,298
81	10,927	4,073	6,854
82	10,331	3,927	6,404
83	9,789	3,575	6,214
84	8,849	3,168	5,681
85+	51,642	15,316	36,326

Table 1

Kansas County Population Estimates for July 1, 1999

Area	Total	Area	Total
Kansas	2,654,052	Lincoln	3,338
Allen	14,435	Linn	9,296
Anderson	8,119	Logan	2,938
Atchison	16,856	Lyon	33,794
Barber	5,240	Marion	13,544
Barton	28,658	Marshall	10,908
Bourbon	14,980	McPherson	28,815
Brown	10,930	Meade	4,407
Butler	62,769	Miami	27,083
Chase	2,855	Mitchell	6,957
Chautauqua	4,273	Montgomery	36,773
Cherokee	22,401	Morris	6,173
Cheyenne	3,225	Morton	3,489
Clark	2,342	Nemaha	10,182
Clay	8,971	Neosho	16,641
Cloud	10,007	Ness	3,564
Coffey	8,741	Norton	5,635
Comanche	1,954	Osage	17,199
Cowley	36,948	Osborne	4,589
Crawford	36,347	Ottawa	5,889
Decatur	3,370	Pawnee	7,207
Dickinson	19,645	Phillips	5,958
Doniphan	7,954	Pottawatomi	18,942
Douglas	98,343	Pratt	9,517
Edwards	3,275	Rawlins	3,016
Elk	3,384	Reno	63,702
Ellis	26,338	Republic	5,975
Ellsworth	6,220	Rice	10,233
Finney	37,409	Riley	63,708
Ford	29,587	Rooks	5,626
Franklin	25,136	Rush	3,365
Geary	24,911	Russell	7,459
Gove	3,028	Saline	51,379
Graham	3,118	Scott	4,941
Grant	7,885	Sedgwick	451,684
Gray	5,579	Seward	20,115
Greeley	1,648	Shawnee	170,773
Greenwood	7,961	Sheridan	2,674
Hamilton	2,374	Sherman	6,523
Harper	6,305	Smith	4,575
Harvey	34,261	Stafford	4,996
Haskell	4,042	Stanton	2,225
Hodgeman	2,235	Stevens	5,400
Jackson	12,177	Sumner	27,173
Jefferson	18,146	Thomas	7,965
Jewell	3,787	Trego	3,261
Johnson	440,198	Wabaunsee	6,578
Kearny	4,137	Wallace	1,801
Kingman	8,651	Washington	6,473
Kiowa	3,351	Wichita	2,578
Labette	22,941	Wilson	10,339
Lane	2,174	Woodson	3,911
Leavenworth	71,766	Wyandotte	151,379

Table 2 U.S. Census Bureau. Internet release: March 9, 2000.

Estimates for 1999 state/county population by age-sex-race-Hispanic origin are scheduled to be released in July 2000. You can access these tables and additional 1999 Kansas estimates through the Internet at: http://www.census.gov/.

Health Care Data Governing Board Evaluates Health Services Utilization Data Collection

The Health Care Data Governing Board (HCDGB), Kansas' health information policy advisory body, is evaluating the most effective and least burdensome manner to obtain health services utilization data for state health policy decision-making. These data are needed for policy makers, health program managers, providers, and researchers to evaluate health services utilization for the state. The HCDGB, chaired by Senator Sandy Praeger, and its task forces will review the data collection activities of other states to find the best data collection strategy for Kansas.

Elizabeth W. Saadi, PhD
Office of Health Care Information

Preliminary Abortion Report Published

The Center for Health and Environmental Statistics reported 12,421 abortions in Kansas in 1999. The figure, contained in *Abortions in Kansas 1999: Preliminary Report,* represents a 6.9 percent increase over 1998.

Of those receiving induced terminations in Kansas 6,029 (48.5 percent) were out-of-state residents. In 1998, 44.8 percent of the individuals receiving abortions were out-of-state residents.

Missouri residents represented the largest share (87.0 percent of out-of-state residents obtaining abortions. Missouri residents also accounted for 834 of the 845 additional out-of-state residents receiving induced terminations in Kansas during 1999.

The demographic makeup and patient characteristics changed little between 1998 and 1999. The number of women receiving abortions at 22 weeks or greater gestation, decreased slightly in 1999. Overall they represented 4.6 percent of the abortions performed, compared to 5.1 percent in 1998.

The number of partial birth procedures performed totaled 182 in 1999. No partial birth procedures were performed in Kansas during the fourth quarter of 1999.

Additional analyses of the data will be prepared for the Annual Summary of Vital Statistics to be published later this year. The 1998 and 1999 preliminary reports are available by calling 785-296-8627 or at http://www.state.ks.us/ches/.

Greg Crawford
Vital Statistics Data Analysis

More Births Being Attended by Midwives

(Editor's Note: This is the first in a series of several articles on Kansas birth trends reviewed by the Center for Health and Environmental Statistics)

While the number of midwife-attended Kansas births has grown over the past four years, the totals did not increase as much as the national increase. The figures are contained in a Center for Health and Environmental Statistics recently published Research Summary: *Birth Trends in Kansas: 1995-1998* .

Nationally, the percent of births attended by midwives increased from 3.7 to 7.0 between 1989 and 1997. A comparison of readily available Kansas data from 1995 to 1998 showed the

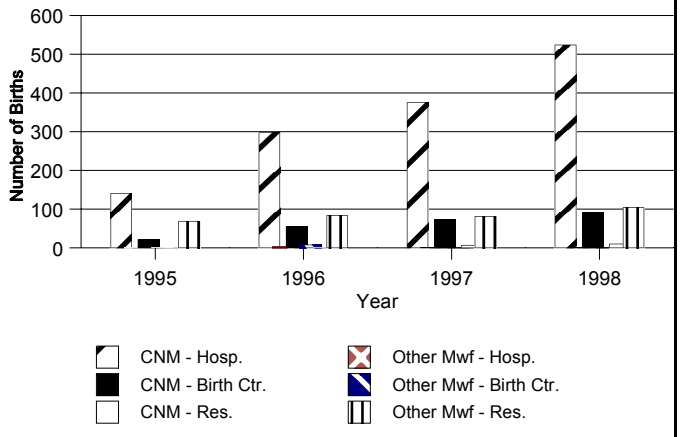

Figure 6

percent of births attended by midwives increased from 0.6 to 1.9.

Of the midwife-attended births in Kansas, Certified Nurse Midwives (CMNs) attended the majority (Figure 6). During the four year period in Kansas, 83.7 percent of CNM-attended births, occurred in hospitals and 15.2 percent in free standing birth centers. Births attended by other midwives occurred mostly in Kansas residences (91.4 percent).

Medical doctors and doctors of osteopathy attend the largest share of births:97.8 percent of all Kansas births in 1998.

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

Joy Crevoiserat
Vital Statistics Data Analysis

Bureau of Census Economic Data Available

Kansas retailers topped $22 billion in sales during 1997. While that seems a lot, the figure, contained in the U.S. Census Bureau's *1997 Economic Census*, works out to $8,677 in retail sales per capita, below the national average of $9,195.

The bureau released the economic census earlier this year and will be adding data for the remaining sectors of the Kansas economy over the next few months. The reports present the first data using the new North American Industry Classification System, which replaces the 50-year-old Standard Industrial Classification system. Because definitions of most industries and sectors have changed, reports for local areas make no comparisons to 1992 data, when the previous economic census was collected. The new Economic Census data will be available as a CD-ROM and on the World Wide Web, http://www.census.gov/econ97.

U.S. Census Bureau

Poverty Guidelines

The Department of Health and Human Services has published the 2000 poverty guidelines. The guidelines are one of two slightly different versions of the federal poverty measure. The other is the poverty thresholds which are updated annually by the Census Bureau, and used mainly for statistical purposes, i.e., preparing estimates of the number of Americans in poverty each year.

The guidelines are a simplification of the poverty thresholds, used for administrative purposes such as determining financial eligibility for certain federal programs. The poverty guideline for a family of four in the contiguous United States is $17,050. The figures are higher for Alaska and Hawaii. For more information on the guidelines, go to http://aspe.hhs.gov/poverty/00poverty.htm.

US Department of Health and Human Services

Eligible Medicaid and SCHIP Adolescents Estimated

The American Academy of Pediatrics Division of Health Policy Research has produced Year 2000 projections for Medicaid and State Children's Health Insurance Program (SCHIP) eligibility for uninsured adolescents. According to the projections, there are 3.7 million uninsured adolescents in the United States between the ages of 13 and 18. Those 3.7 million uninsured adolescents account for 16% of all adolescents and fall into four categories of Medicaid and SCHIP eligibility for uninsured U.S. adolescents (Table 3).

Program Eligibility	Percent of Uninsured Adolescents	Number of Uninsured Adolescents (Thousands)
Unenrolled Medicaid Eligibles [1]	42.1	1,543.2
State Program Eligibles [2]	22.0	807.9
Potential Title XXI Eligibles [3]	1.8	65.2
Uninsured, Medicaid and SCHIP ineligibles	34.1	1,250.0

Table 3

[1] Asset tests may disqualify some adolescents who are income eligible for Medicaid but qualify them for state programs instead. Based on Medicaid participation by non-cash assistance enrollees ages 13 through 18 in 1998 according to 1999 March CPS data, 51.9% of adolescents gaining Medicaid eligibility due to i) phase-in of federally mandated eligibility, and ii) expansions enacted since 1997, are projected to enroll.

[2] This category includes state program (Title XXI) eligibles, some of whom may enroll before or during 2000. It also includes an estimated 146,600 adolescents in Texas who will become eligible for the state program in July 2000.

[3] This category includes adolescents in families below 200% of poverty or 50 percentage points above state Medicaid level in 1997.

American Academy of Pediatrics
http://www.aap.org/advocacy/schip.htm

1999 Vital Stats Data Available in Summer

Researchers, health departments and school officials will be able to obtain summary data on 1999 vital events during the Summer. Final data will be published in the form of annual tables. The annual tables report on the frequency of births, deaths, marriages and marriage dissolutions occurring in Kansas or to Kansas residents.

Preparation of the final 1999 data coincides with an effort begun this year by the Center for Health and Environmental Statistics to incorporate as many out-of-state occurrences to Kansas residents as possible. While Kansas providers are very timely in submitting information to the Office of Vital Statistics, some states fall behind in sharing their data with the individual's residence state.

Exclusion of this data impacts the rates for vital events such as births and deaths that are reported by resident county or state. Marriages and marriage dissolutions are reported by occurrence county.

Summary information combined with U.S. Census Bureau population estimates enables the Center to produce the Annual Summary of Vital Statistics. The annual summary contains rates

for vital events.

The 2000 Annual Summary will be the first report using the new version of the International Classification Diseases (ICD-10). Comparing cause of death information with prior years may be impractical since the number of specific causes increased to over 8,000 and new coding rules will shift deaths to different categories. The National Center for Health Statistics is studying the impact of the new coding rules.

Annual summaries from 1994 through 1998 can be found at http://www.kdhe.state.ks.us/hci.

Greg Crawford
Vital Statistics Data Analysis

State Data on Teen Births Show Continued Decline

In a new report that documents further reductions in the declining teen birth rate, the National Center for Health Statistics reports all states have reduced the birth rate for teenagers, with reductions ranging from 10 to 38 percent, from 1991 to 1998. Among the States reporting the largest declines were Vermont, Alaska, Maine, California, Michigan and the District of Columbia.

Variations in Teenage Birth Rates, 1991-98: National and State Trends provides more detail than previously available to study the pattern of teen births by state as well as by race and ethnicity. The report presents U.S. and state data for black, white, American Indian, Asian or Pacific Islander, and Hispanic teenagers for all states where those rates could be computed reliably.

Birth rates have dropped sharply for black teenagers since 1991, declining overall by 26 percent, to reach a rate lower than any year since 1960, when data for black women first became available. Birth rates for black teenagers are available for 39 states and the District of Columbia and showed a decline in 38 of those states ranging from 19 up to 43 percent. Fifteen states reported a reduction of more than 30 percent.

To compare birth rates for Hispanic teens, data were available for 37 states in both 1991 and 1998, and showed a significant decline in 12 states, while increasing in 10 states. Overall the Hispanic teen birth rate began declining more recently, and the overall reduction is smaller than for other groups. Rates for American Indian and Asian Pacific Islander (API) are also not available for all states, reflecting to some extent the geographic concentration of these population groups. Rates fell in 10 out of 18 states for American Indian teenagers and there were statistically significant declines in only 4 out of 31 states for API teenagers.

Overall there were almost 485,000 babies born to teenagers 15-19 in 1998, for a birth rate of 51.1 live births per 1,000 women aged 15-19, 18 percent lower than in 1991 when the recent downward trend began. The drop in the birth rate has been even more pronounced for younger teens, those ages 15-17, with a drop of 21 percent in the U.S. rate to reach a record low. States have reported reductions of up to 46 percent over this time period.

Teenage mothers are disadvantaged in several ways which affect their health and the health of their infants. Pregnant teenagers are far less likely to receive timely prenatal care in the first trimester of pregnancy and are more likely to smoke during pregnancy and to have a preterm or low birthweight infant.

National Center for Health Statistics

Health Care Data Governing Board 1999 Annual Report Available

The 1999 Health Care Data Governing Board Annual Report is now available at the Kansas Department of Health and Environment Office of Health Care Information. Highlights in the report include:

- Governing Board accomplishments and a summary and priorities
- Reviews are provided on the Governing Board's:
  - ✔ participation in evaluation of the HealthWave program,
  - ✔ discussion of health services utilization data collection,
  - ✔ efforts at increasing awareness of the need for external cause of injury coding in hospital discharge data systems,
  - ✔ provision of information for the *Kansas Health Statistics* newsletter initiated by the Center for Health and Environmental Statistics,
  - ✔ work in developing partnerships with Kansas health care credentialing boards toward implementation of a centralized database containing licensure/practice information of Kansas health care professionals,
  - ✔ information dissemination recognizing the contributions of numerous data contributors and outlining categories of data requests,
  - ✔ monitoring of legislative policies, and
  - ✔ outline of future plans for Governing Board support and work.

Please contact the office for a copy of the report at 785-296-8629. It will soon be available on the Governing Board Website at http://www.ink.org/public/hcdgb/khcdabout.html.

Perinatal Casualty Reports Important

Each year KDHE prepares a perinatal casualty study to review birth outcomes and selected risk factors. These data are invaluable to risk managers and birth center directors who are looking to improve birth outcomes at their facility. The Bureau for Children, Youth, and Families provides technical assistance to the hospitals so staff can properly interpret the statistics and identify improvements.

NCHS Publishes Advance Data Reports

The National Center for Health Statistics has published *An Overview of Nursing Home Facilities: Data from the 1997 National Nursing Home Survey*. The report provides estimates on the number and distribution of nursing home facilities, their services, current residents, and discharges in the U.S.

In 1997, there were an estimated 1.6 million current residents and 2.4 million discharges from 17,000 nursing homes nationwide.

NCHS has also published *Health Outcomes Among Hispanic Subgroups: Data from the National Health Interview Survey, 1992-95*. The center aggregated data from four years to create a sufficiently large sample size to compare the different population subgroups. Among the results found: the health indicators for Puerto Rican persons are significantly worse than for the other Hispanic origin subgroups.

National Center for Health Statistics