

Kansas Health Statistics

Kansas Department of Health and Environment – Center for Health and Environmental Statistics – Vol. 1 No.1 – May 1999

Health Data Communication Launched

Welcome to the inaugural issue of *Kansas Health Statistics*, an effort to keep health data users informed about research and data trends. The Center for Health and Environmental Statistics – the repository for much of this data – is proud to serve as a resource for health professionals.

We have a wealth of data. Many are using it to benefit the health of Kansans. We hope to share with you what CHES – through the Health Care Database, Kansas Health Insurance Information System, Vital Statistics Data Analysis, and Occupational Injury Surveillance – is doing with the data collected. We also want to share with you information on the work of other researchers who use our data.

While we'll be mailing the first issues of Kansas Health Statistics, our long term goal is to e-mail the newsletter to you. If you are interested in e-mail delivery when it's implemented, e-mail: Kansas.Health.Statistics@kdhe.state.ks.us. Drop us a note if you are using health care data. We'd like to share your findings with others in Kansas.

*Elizabeth Saadi, Director, PhD
Center for Health and Environmental Statistics*

Unintended Poisonings Analyzed

Unintentional poisonings accounted for 358 deaths to Kansas residents between 1989 and 1997 (Figure 1). Of the total, 236 (66.0 percent) resulted from unintentional overdoses or drugs taken in error. The remaining deaths occurred as a result of unintentional poisonings by other solids, liquids, and gases (Figure 3).

The data are part of an analysis prepared by the Center for Health and Environmental Statistics. The Center's Office of Vital Statistics receives death certificates and the Office of Health Cared Information produces reports on public health trends from statistical analyses of certificate data.

Individuals 30 to 39 years of age accounted for 111 (31.0 percent) of the unintentional poisoning deaths in the nine-year period (Figure 2). The second highest group with 69 deaths (19.3 percent) was individuals 40 to 49. Infants and children (ages 0-9) accounted for just eight (2.2 percent) unintentional poisoning deaths.

The highest number of deaths due to unintentional poisonings by drugs involved local anaesthetics that work on the central or autonomic nervous system. Over the period, 42 persons (11.7 percent) died from unintended uses of drugs like cocaine or lidocaine.

Drugs affecting the cardiovascular system accounted for 24 deaths (6.7 percent). Unintended use of opiates and related narcotics resulted

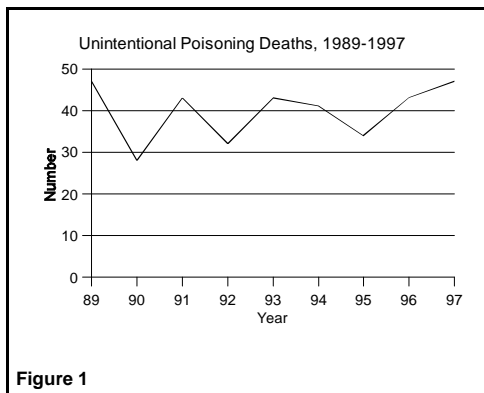


Figure 1

in 18 deaths (5.0 percent).

Based on the limited death certificate information, it can't be determined whether these deaths involved illegal drug-use or an overdose of prescribed medications. Suicide-related drug overdoses were not part of the analysis.

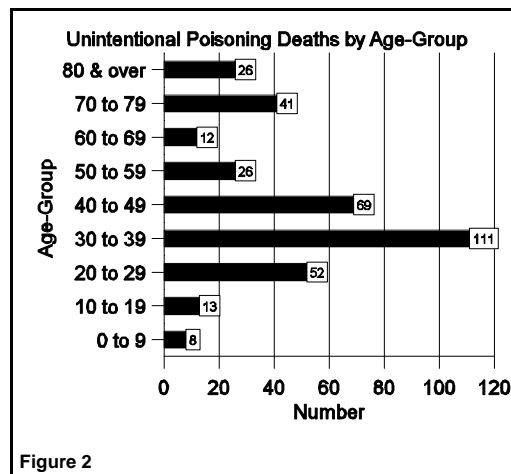


Figure 2

Unintentional poisonings from carbon monoxide (CO); utility gases, like liquified petroleum gas (LPG); and other gases claimed 80 people (22.3 percent). Exhaust gases from non-moving motor vehicles was responsible for 42 (11.7 percent) unintended poisoning deaths. Another 23 persons (6.4 percent) died from utility gases, the incomplete combustion of those gases or unspecified carbon monoxide.

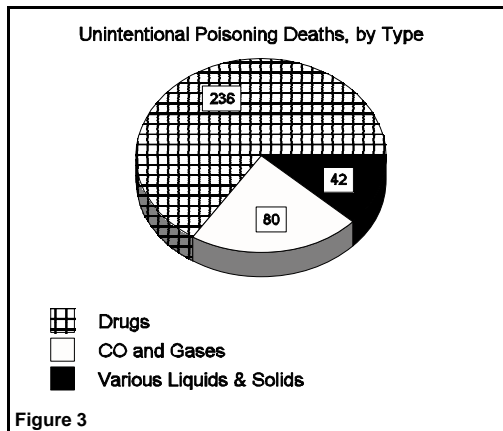


Figure 3

Unintended uses of solids and liquids, like alcohols, solvents, cleaners, corrosive liquids, and pesticides, resulted in 42 deaths (11.7 percent).

During the nine-year period, 41 Kansas counties did not record a single unintentional poisoning death. The largest number of deaths, 89 (24.9 percent), occurred to Sedgwick County residents. The 40 deaths (11.2 percent) to Wyandotte County residents was second highest.

Mortality data collected by KDHE are just the tip of the iceberg. Kansas hospitals annually treat hundreds more poisonings. Poison control centers handle thousands more.

A preliminary count of 1998 unintended poisoning deaths indicates 58 were reported to Kansas residents in 1998.

*Greg Crawford
Vital Statistics Data Analysis*

Inside

Unintended Poisonings	1
Editorial Effort Launched	1
Abortion Report Issued	2
Health Care Data Uses	2
Health Care Database Providing Service	2
Occupational Fatality Report Issued	3
Vital Statistics Director Named	4
CHES Data Contacts	4

Preliminary Abortion Report Issued

The Center for Health and Environmental Statistics has completed *Abortions in Kansas 1998, Preliminary Report*. The report is a summary of data collected on the 11,624 abortions reported last year (figure 4). The report is the first to include data collected in accordance with changes the 1998 Legislature made to the abortion reporting system.

Kansas women received 6,440 abortions with out-of-state residents obtaining 5,184. Almost one-third (32.3%) of the abortions involved women 20-24 years of age. Over half the abortions (58.5%) occurred at less than 9 weeks gestation, almost one-fourth (24.4%) at 9-12 weeks gestation. Five hundred eighty-six (5.1%) of the abortions occurred at 22 weeks or more.

Almost two-thirds (63.8%) of the women receiving abortions reported no prior terminations. One-fourth of the women reported one prior abortion.

Of the abortions performed at 22 weeks or more, 227

occurred after July 1, 1998, when the new reporting statute required additional information. One hundred thirty-six of the 227 terminations involved non-viable fetuses. Fifty-eight of the terminations involved partial birth procedures.

The complete summary of abortion data will be included in the *1998 Annual Summary of Vital Statistics*, published later this year. A copy of the report is available from the Center's Office of Health Care Information.

Health Care Data Uses

Data compiled by the Center for Health and Environmental Statistics are used by a number of organizations to produce a variety of reports. Here's a sampling of recent uses:

- ! Mortality data provided to the CDC National Center for Health Statistics were used by the American Cancer Society in a four state cancer review. The report, *Saving Lives: A Cancer Assessment of the Heartland*, also incorporates BRFSS data compiled by the KDHE Bureau of Health Promotion.
- ! The Bureau of Health Promotion, Office of Injury and Disability Prevention, published *Injury Mortality in Kansas, 1990-1994* using mortality data provided by the Center. Bureau epidemiologists reviewed five years of data for intentional and unintentional injury deaths, producing a chartbook.
- ! The Bureaus of Epidemiology and Disease Control and Children, Youth and Families collaborated on the production of *Kansas Teen Births and Pregnancies Profile, 1989-1997*. KDHE State Epidemiologist Dr. Gianfranco Pezzino accessed natality data to chart birth rates among teen mothers.
- ! The U.S. Social Security Administration is studying marriages, divorces, and annulments using data supplied by

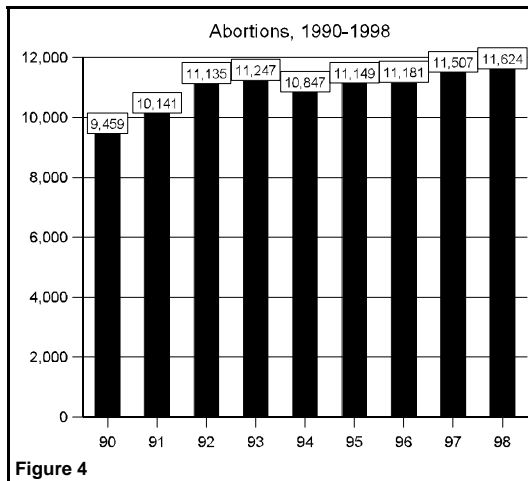


Figure 4

the Center for Health and Environmental Statistics. This pilot project will compare Kansas data with SSA data on individuals receiving SSA entitlements. Marriages status can affect the receipt of these benefits. One of the reasons Kansas data were selected was completeness of the state's data.

Health Care Database Providing Service

The Kansas Legislature created the Health Care Database to provide consumers, third-party payers, providers, and health care planners with information regarding Kansas trends in use and cost of health care services. The Center provides staff support for the database.

The Health Care Data Governing Board, established to oversee the database, implemented in 1995 its first data collection initiative: a health system inventory which compiles and centralizes data collected on 33 health care occupations from eight credentialing boards.

The inventory's purpose is twofold: to make health data more available to the public and to study health occupational distribution in order to determine availability and accessibility of Kansas health care professionals.

A variety of groups have used data collected for the Health Care Database.

Over 500 data requests have been filled since the database's creation.

Early on, government agencies were the most frequent data users. Now, non-government entities (i.e., businesses and universities) are responsible

account for over half the data requests (Figure 5). Others include: Federal agencies, hospitals, non-profit organizations, media, local health departments, legislators, physicians, other providers, and the public.

Data has been used for license status validation, resource distribution and workforce projections, grant writing, resource allocation, recruitment, policy development, community health assessment, medically underserved area designation, licensure verification, and service delivery planning.

Additionally, information extracted from the Health Care Database has helped the Governing Board to identify important issues.

- ! Kansas ranks 16th nationally for having the fewest number of persons per Emergency Medical Service (EMS) attendant, indicating a possible need for expanded EMS staffing and training to address the emergency needs of Kansans. The database tracks the number, type and distribution of Kansas emergency medical service providers.
- ! Declining numbers of Licensed Mental Health Technicians (LMHTs). The decline in recent years is due to state hospital reductions and closings. The database includes the number and distribution of Advanced Registered Nurse Practitioners (ARNPs), Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and LMHTs

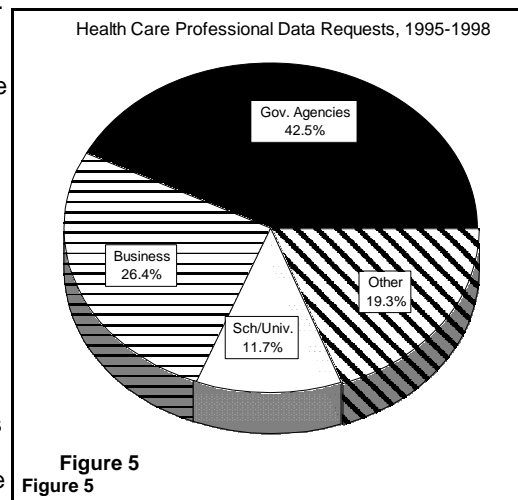


Figure 5

- ! Most ARNPs, RNs and LMHTs resided or worked in metropolitan locations, whereas most LPNs reported non-metropolitan locations. Among nursing professionals, the only category containing a majority of males is Registered Nurse Anesthetists who are licensed as ARNPs.
- ! Eleven Kansas non-metropolitan counties have no optometrists. The database tracks statewide, full-time equivalency (FTE) distribution of optometrists.
- ! Nearly half of Kansas' 4,218 active physicians, reported having primary care specialties in 1995. FTE distributions are now available for Kansas physicians. During that year an estimated of 1,538 FTE Primary Care physician service hours were provided.

The capacity to calculate FTEs is being developed for numerous other occupations. Practice hours, locations, and specialties are being collected for mental health professionals, dentists, physical therapists, and others.

Other Health Care Data Governing Board data initiatives include:

- ! development of a set of Kansas health status indicators,
- ! determining the extent of managed care in Kansas,
- ! monitoring the effect of the HealthWave program,
- ! improvement of external cause of injury coding in Kansas Hospital Discharge and outpatient data systems, and
- ! preparation of an Internet based clearing house containing information on government funded health research.

Internet access for using the health care data base has been available to data users since October 1996.

The Board's web site, <http://www.ink.org/public/hcdgb>, makes a number of data products available:

- ! Health Care Data Governing Board Annual reports
- ! Health System Inventory publications
- ! *Kansas Health Data Resource Directory*
- ! *The Most Frequent Inpatient Conditions treated in Community Hospitals 1993-1994*

A clickable county map provides information about the distribution of health care professionals by county. For inquiries about available data and publications, contact the Office of Health Care Information, 785-296-8629.

*Rachel Lindbloom
Health Care Database*

Occupational Fatality Report Issued

The Center for Health and Environmental Statistics has released *Fatal Occupational Injuries, Kansas, 1997*.

The report, compiled from the Census of Fatal Occupational Injuries (CFOI) for Kansas, provides statistical and descriptive summary data on 93 work-related deaths that occurred in 1997. That figure is 9.4 percent higher than 1996 (Figure 6).

Kansas' most hazardous industry in 1997 was once again the agriculture, forestry & fishing industry (Table 1).

The event or exposure describes the manner in which the injury or illness was produced or inflicted by that source. Among the various categories of events or exposures transportation incidents were the most frequently occurring, and

Industry	Fatalities
Agriculture, forestry, fishing	22
Transportation	17
Construction	13
Manufacturing	9
Service	9
Government	8
Mining	7
Wholesale trade	4
Retail trade	3

Table 1

accounted for 57 occupational deaths.

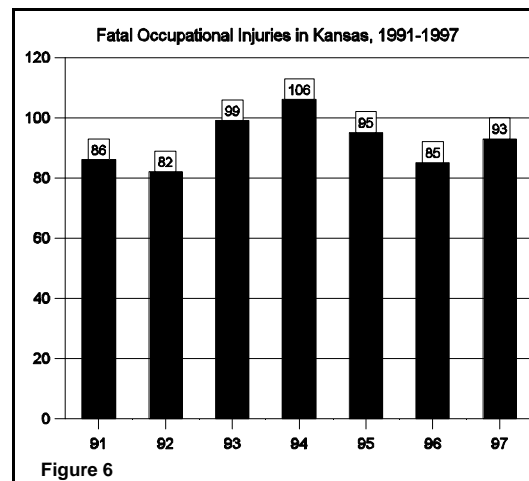
Over half, or 30 of the 57 deaths were highway accidents, with almost all involving trucks of various types. Farming and industrial premises accidents accounted for 11 fatal work-related transportation accidents, eight involving tractors.

Other transportation incidents and the number of deaths for each were railway accidents (7), motor vehicle-pedestrian (6), and aircraft accidents (3).

Some of the other events and exposures identified and the number of deaths for each were: contact with objects and/or equipment (15), caught in or compressed by equipment or objects (7), struck by an object (6), and assaults and violent acts (5), and explosions (4).

Wage and salary workers made up 61 percent of those fatally injured in occupational accidents in the state in 1997; the remaining 39

percent were self-employed. The occupational categories of the victims and number of deaths in each are as follows: operators, fabricators, and laborers (34), farming, forestry and fishing industry (24), precision production, craft and repair (18), managerial and professional specialties (9), technical sales and administrative support (5), and service occupations (3).



More than nine out of ten (92 percent) fatally injured workers were men. Differences in the industries where men and women typically work would account for men being fatally injured more often than women. Almost all (95 percent) of the Kansas workers that were killed were white. Forty-three percent, were between the ages 35 and 54.

The report is available through the Office of Health Care Information.

*Charlie Sann
Occupational Injury Surveillance*

Vital Statistics Director Named

Gabe Faimon is the Center's new Director of Vital Statistics and assistant state registrar. Mr. Faimon was previously employed by the Kansas Adjutant General's office and the Department of Social and Rehabilitation Services.

He replaces Charlene (Satzler) Robuck who retired after 33 years of state service.

As director of Vital Statistics, Mr. Faimon is responsible for the collection and distribution of hundreds of thousands of vital records reported to the state annually.

CHES Organizational Structure

The Center for Health and Environmental Statistics is a division of the Kansas Department of Health and Environment. Its two offices, Vital Statistics and Health Care Information, collect, house, and disseminate health care data.

Vital Statistics receives reports of vital events, certifies those events, and provides certified copies of those records.

The data – compiled from those records (births, deaths, marriages and marriage dissolutions), abortion reports, health care data, occupational injury and illness surveys, and the Kansas Health Insurance Information System – are housed within the Office of Health Care Information.

CHES contacts are:

Lorne A. Phillips, PhD	785-296-1415	State Registrar & Acting Director of Health
Elizabeth W. Saadi, PhD	785-296-8627	Acting Director CHES & Director Office of Health Care Information
Gabe Faimon	785-296-1417	Director, Office of Vital Statistics
Greg Crawford	785-296-1531	Births, deaths, abortions, marriages, marriage dissolutions
Charlie Crevoiserat	785-296-5641	Occupational injuries, illnesses, and fatalities
Rachel Lindbloom	785-296-8627	health care database, health system inventory, discharge data

The CHES web site is <http://www.kdhe.state.ks.us/ches/>.
Data reports are posted to <http://www.kdhe.state.ks.us/hci/> or the
Governing Board's site, <http://www.ink.org/public/hcdggb/>.

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Center for Health and Environmental Statistics
Kansas Dept. of Health & Environment
900 SW Jackson, Room 904
Topeka, KS 66612-1220