

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on January 26, 2009, in Room 784 of the Docking State Office Building.

All members were present.

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Reed Holwegner, Kansas Legislative Research Department
Janet Grace, Committee Assistant

Conferees appearing before the committee:

Secretary Roderick Bremby, Kansas Department of Health and Environment
Dr. Elizabeth Saadi, Interim Director, Center for Health and Environmental Statistics - Division of Health, Acting State Registrar, Kansas
Susan Kang, Kansas Department of Health and Environment

Others attending:

See attached list.

Chairman Landwehr welcomed everyone to the committee meeting and introduced Secretary Bremby from the Kansas Department of Health and Environment.

Secretary Bremby, Kansas Department of Health and Environment (KDHE), provided the committee with the following brief overview of KDHE (Attachments 1, 2, 3). Their vision is "*Healthy Kansans living in safe and sustainable environment.*" The mission is "*To protect the health and environment of all Kansans by promoting responsible choices.*" The department is divided into three areas of operations. They are:

- Operations - Human Resources, fiscal, etc.
- Division of Health
- Division of Environment

KDHE implemented "10 Leading Health Indicators for the Healthy People 2010" initiative to track their performance. Kansas is at, or above, standard in most of the indicators. One of the areas of concern is the decrease in the proportion of pregnant women who begin prenatal care in the first trimester. This leads to infant mortality. Kansas is below the nation's standard for infant mortality.

Childhood obesity is increasing at an alarming rate. KDHE is addressing this issue with a coordinated school health program. This report provides an overview of the policy initiatives and the governor's budget recommendations for 2010. Dick Morrissey discussed the bill from 2003 and the change that is needed now. The 2003 bill mentions a qualified person. The current request is for a broadening of the language to any person. It doesn't require a prequalification of the person.

The children's immunization program is ready for schools to sign up on the website. This is offered statewide.

KWebIZ is a statewide immunization registry with over a million records in the system. It is a birth-to-death immunization record system.

Kansas coordinated school health program was discussed. In order to graduate from school you need 1/4 of the time spent in physical activity in schools. A recommendation has been made to increase the amount of physical activity in schools. Kids perform better with more physical activity; tend to do better academically; and addresses the sharp increase in obesity in youth.

Secretary Bremby addressed the increase in tests for newborns. They went from 4 to 29, which is the national standard and what most states are using. The 29 identify conditions where there is medical treatment and medication.

CONTINUATION SHEET

Minutes of the House Health And Human Services Committee at 1:30 p.m. on January 26, 2009, in Room 784 of the Docking State Office Building.

Secretary Bremby discussed the bioterrorism grants - \$10 million was provided to KDHE from the federal government and currently they are not required to do the 5% match. This may change soon and if this does occur, KDHE will be requesting more funds from the state.

The office of KDHE's health promotion is beginning to offer incentives to facilities that use the electronic measurement of chronic disease. This can be incorporated into the medical home model. All sites will be able to access the system to better aid the diabetic. They are starting to establish a promotion for chronic disease. Preventive care is the next step.

Susan Kang from KDHE has three bills to introduce today:

- a. Additional oversight of registered home/day care facilities; would like to increase from 6 children to 10 if the licensed facility can manage it;
- b. Increase in public access to child care information and have it on the web. It is an amendment to 65-525; and
- c. Extend the renewal period of the annual inspection from 1 year to 3 years; this is a paperwork issue only that focuses on the areas that are problematic without closing the entire facility.

A motion was made by Representative Mast to accept all three bills introduced by KDHE. Representative Ward seconded the motion and the motion carried.

Representative Seigfried introduced a bill that requires a clinic social worker to have at least 6 hours of continuing education on safety training. The motion was seconded by Representative Neighbor. The motion was carried.

Dr. Elizabeth Saadi from the Center for Health and Environmental Statistics within the Kansas Department of Health and Environment, provided the committee with a Vital Statistics Report Card (Attachment 4) and an overview of Kansas Health Statistics Report (Attachment 5). The Kansas Information for Communities (KIC) system was introduced to the committee (Attachment 6). KIC gives users the chance to prepare their own queries for vital event and other health care data. The queries designed into this system will answer many health data requests. As KIC continues its implementation more data will be added to the list. KIC programs will allow you to generate your own table for specific characteristics, year of occurrence, age, rate, sex, and county. It provides demographic, social, and health quorum for information that is needed on a regular basis. A statistics newsletter is available at Kansas.Health.Statistics@KDHE.state.ks.us

Today is the deadline for individual bill requests. Friday is the deadline for committee bill requests.

The next meeting is scheduled for January 27, 2009.

The meeting was adjourned at 2:30 pm.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 1-26-09

NAME	REPRESENTING
Wigh Keck	Kein Law Firm
FAT VOGELBERG	KEARNEY and Assoc.
Steve Solomon	TFI Family Services
Anne Nugent	KHI
Robin Clements	Child Welfare Companies
N. Zogelman	Polsinelli
Michelle Butler	Cap. Strategies
Chad Austin	KHA
Shanelle Dupree	KAPA
Julia Mowers	KSRBA
Carrie Rouse	KANU
Natalie Bruff	KATP

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Kansas Information for Communities (KIC)—KDHE's Public Health Information Portal

Lou Saadi, Ph.D.
Interim Director and Acting State Registrar
Center for Health and Environmental Statistics
Division of Health
KDHE

Presentation to House Health and Human Services Committee
January 26, 2009

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Public health programs are diverse and data and information are needed by those with a variety of computer and analytic skill levels.

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Traditional method:
A variety of reports are produced and are made available on websites

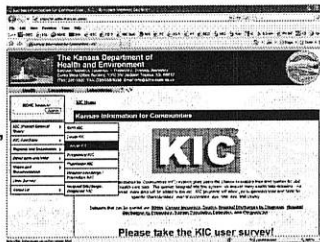
- Annual Summary of Vital Statistics
- Annual Summary of Reportable Diseases
- BRFSS reports
- SRS reports
- KDOT traffic reports
- Dept of Education reports
- KBI crime reports
- Many others

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KIC Vision/Mission

Serve as a social, health, and demographic information portal for Kansas policy makers, program managers, and health providers.



<http://kic.kdhe.state.ks.us/kic>

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Features of KIC

- Available via the Internet—24/7
- Tailored queries to meet specialized needs
- Returns information within 5 seconds
- Easy instructions and technical information
- Geographic detail available
- Downloadable data to spreadsheet

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HEALTH AND HUMAN SERVICES
DATE: 01/26/09
ATTACHMENT: 1

Select Outcomes (One or Many)

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Select State, Region, or County

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Select Year(s)

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Select Frequencies and Rates

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Submit Query

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View Query Results

County	Number	Rate	Rate Number
Adair	201	47	4,212,000
Atchison	292	24	3,232,000
Barber	476	26	3,442,000

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Death Statistics for the State of Kansas				
Year: 2004 <u>Cancer*</u>				
Race				
	White	Black/African-American	Other	All races
County	Number	Number	Number	Number
Saline County	112		#	# 116
Total for Selection	112		#	# 116
State of Kansas	4,956	267	55	5,281
Rotate		Download		
Footnote	# Indicates Numbers Below 6			

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Death Statistics for the State of Kansas				
Year: 1995 & 1996 & 1997 & 1998 & 1999 & 2000 & 2001 & 2002 & 2003 & 2004 <u>Cancer*</u>				
Race				
	White	Black/African-American	Other	All races
County	Number	Number	Number	Number
Saline County	1,010		40	# 1,055
Total for Selection	1,010		40	# 1,055
State of Kansas	49,568	2,696	520	52,792
Rotate		Download		
Footnote	# Indicates Numbers Below 6			

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New Feature for KIC

- FastStats—Profiles of county-level information across a variety of social determinant and health data

- Funding assistance from Kansas Health Foundation

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New in FastStats

- Kansas Preventable Conditions Indicators
 - Healthy Kansans 2010 Indicators
 - Health Professions Counts
 - Health Professions FTEs
- Existing sections
- Updated County Summaries
 - Legislative District Summaries

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The Kansas Department of Health and Environment
 Kansas State Office Building, 1000 SW Jackson Street, Topeka, KS 66612
 785-296-7827 FAX: 785-296-8282 Email: info@kdheks.gov

Health Profession by County for 2005

COUNTY	YEAR	ALL PERSONS	ALL PERSONS PER 1000	PHYSICIAN	PHYSICIAN PER 1000	NURSE	NURSE PER 1000	PHARMACEUTIC	PHARMACEUTIC PER 1000	OT	OT PER 1000	PT	PT PER 1000	RESPIRATORY	RESPIRATORY PER 1000	DIETITIAN	DIETITIAN PER 1000	LABORATORY	LABORATORY PER 1000	PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT PER 1000	
ADAMS	2005	8,001	0.00	183.42	0.02	151.17	0.02	129.76	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BALL	2005	8,001	0.00	119.70	0.01	208.75	0.03	278.36	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BARTON	2005	8,001	0.00	316.47	0.04	255.47	0.03	334.21	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BELLEVILLE	2005	8,001	0.00	210.00	0.03	227.66	0.03	274.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BONNER	2005	8,001	0.00	210.00	0.03	227.66	0.03	274.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BURBANK	2005	8,001	0.00	124.14	0.02	217.84	0.03	374.00	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BURBANK	2005	8,001	0.00	124.14	0.02	217.84	0.03	374.00	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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Contact Information

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Our Vision – Healthy Kansans Living in Safe and Sustainable Environments

- Legislative Reports
- Data at a glance for each district

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www.kdheks.gov

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KDHE Overview & 2008 Accomplishments

Roderick L. Bremby, Secretary
Kansas Department of
Health & Environment
January 26, 2009

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HEALTH AND HUMAN SERVICES
DATE: 01/26/09
ATTACHMENT: 2

The Kansas Department of Health and Environment

Our Vision

Healthy Kansans living in safe and sustainable environments

Our Mission

To protect the health and environment of all Kansans by promoting responsible choices

Our Values

- Leadership
- Accountability
- Communication
- Integrity
- Teamwork

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KDHE Organization Chart

Roderick L. Bremby
KDHE Secretary

Operations

Communications
Fiscal & Performance Management
Human Resources & Service Quality
Information Technology
Legal Services
Policy and Legislation

Division of Health

Health Promotion
Local & Rural Health
Oral Health
Surveillance & Epidemiology
Child Care & Health Facilities
Consumer Health
Disease Control & Prevention
Family Health
Health Disparities
Health & Environmental Statistics
Public Health Preparedness

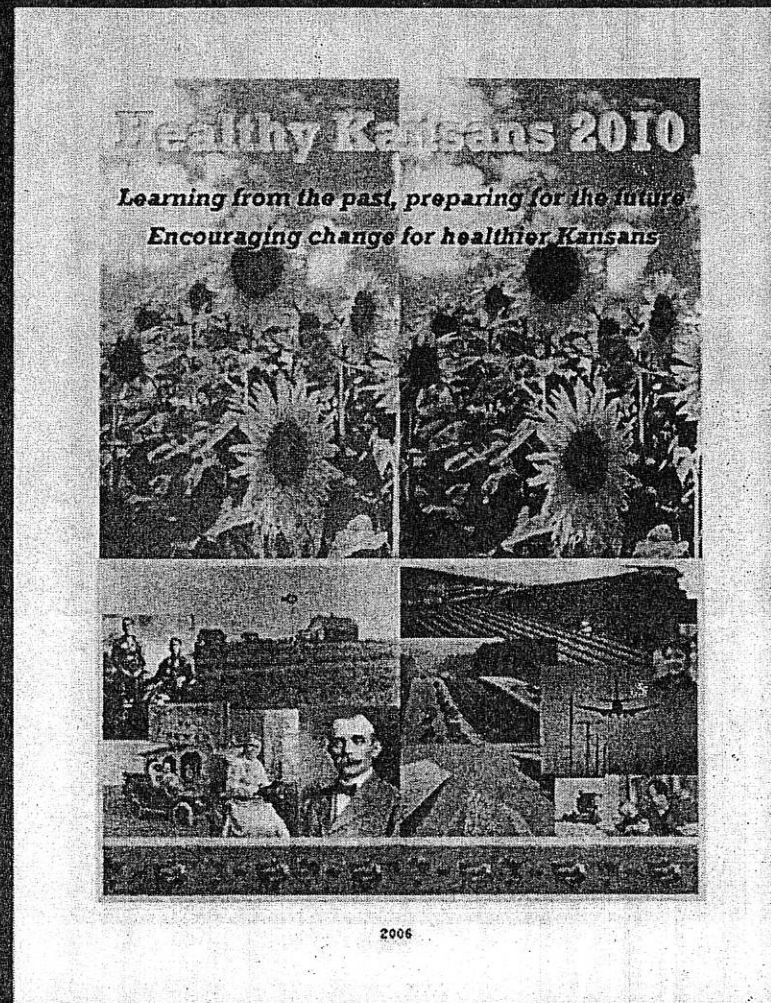
Division of Environment

Air & Radiation
Environmental Field Services
Environmental Remediation
Waste Management
Water
Health & Environmental Labs

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State of the State - Health



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2-4

Kansas Performance on 10 Leading Health Indicators for the Healthy People 2010

★ ↑ ↓ ↔

Target Met Improving Declining Steady

Objective	Kansas Rate (Baseline Rate)	Kansas Rate (Intermediate Rate)	Kansas Rate (Intermediate Rate)	Kansas Rate (Most Current Rate)	HP2010 Goal
Physical Activity					
↔	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.	63% (2002 KS Youth Tobacco Survey, grades 9-12)	70% (2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	70% (2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	85% (grades 9-12)
↑	Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	38% (2003 KS BRFSS)	37% (2004 KS BRFSS)	38% (2005 KS BRFSS)	50%
Overweight and Obesity					
↔	Reduce the proportion of children and adolescents who are overweight or obese.	11% (ages 12-18, 2002 KS Youth Tobacco Survey, grades 6-12)	12% (2005 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	11% (2007 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	5% (ages 12-19)
↑	Reduce the proportion of adults who are obese.	23% (2004 KS BRFSS)	24% (2005 KS BRFSS)	26% (2006 KS BRFSS)	15%
Tobacco Use					
↔	Reduce cigarette smoking by adolescents.	21% (2002 KS Youth Tobacco Survey, grades 9-12)	21% (2005 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	21% (2007 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	16% (grades 9-12)
↔	Reduce cigarette smoking by adults.	20.0% (2004 KS BRFSS)	17.8% (2005 KS BRFSS)	20.0% (2006 KS BRFSS)	12.0%
Substance Abuse					
↑	Increase the proportion of adolescents <i>not</i> using alcohol or any illicit drugs during the past 30 days.	68% (6 th , 8 th , 10 th , and 12 th graders not using alcohol at least once in the past 30 days)	69% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using alcohol at least once in the past 30 days)	71% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using alcohol at least once in the past 30 days)	89%
★		90% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using marijuana at least once in the past 30 days)	91% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using marijuana at least once in the past 30 days)	92% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using marijuana at least once in the past 30 days)	
		(2004 Kansas Communities That Care Survey)	(2005 Kansas Communities That Care Survey)	(2007 Kansas Communities That Care Survey)	(2008 Kansas Communities That Care Survey)
↑	Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.	13% (2004 KS BRFSS)	12% (2005 KS BRFSS)	15% (2006 KS BRFSS)	6%

Objective	Kansas Rate (Baseline Rate)	Kansas Rate (Intermediate Rate)	Kansas Rate (Intermediate Rate)	Kansas Rate (Most Current Rate)	HP2010 Goal
Responsible Sexual Behavior					
↕ Increase the proportion of adolescents who abstain from sexual intercourse.	55% (Absence only - 2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	-	55% (Absence only - 2007 KS Youth Risk Behavior Surveillance System, grades 9-12)	55% (Absence only - 2007 KS Youth Risk Behavior Surveillance System, grades 9-12)	95% (includes abstinence or condom use if sexually active)
Mental Health					
↕ Increase the proportion of adults with recognized depression who receive treatment.	No Kansas data available that is directly comparable to HP2010 target.	No Kansas data available that is directly comparable to HP2010 target.	No Kansas data available that is directly comparable to HP2010 target.	No Kansas data available that is directly comparable to HP2010 target.	50%
Injury and Violence					
↕ Reduce deaths caused by motor vehicle crashes.	17.1 deaths per 100,000 population (2004 Vital Statistics, KDHE)	17.5 deaths per 100,000 population (2004 Vital Statistics, KDHE)	17.7 deaths per 100,000 population (2005 Vital Statistics, KDHE)	15.8 deaths per 100,000 population (2007 Vital Statistics, KDHE)	9.2 deaths per 100,000 population
↕ Reduce homicides.	4.3 homicides per 100,000 population (2004 KS Vital Statistics)	4.3 homicides per 100,000 population (2004 KS Vital Statistics)	3.8 homicides per 100,000 population (2005 KS Vital Statistics)	4.1 homicides per 100,000 population (2007 KS Vital Statistics)	3.8 homicides per 100,000 population
Environmental Quality					
★ Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.	0% (EPA Aerometric Information Retrieval System)	0% (EPA Aerometric Information Retrieval System)	0% (EPA Aerometric Information Retrieval System)	0% (EPA Aerometric Information Retrieval System)	0%
Immunization					
★ Increase the proportion of young children who are fully immunized (4:3:1:3:3 series)	77.5% (4:3:1:3:3 series - 2004 National Immunization Survey)	84% (4:3:1:3:3 series - 2005 National Immunization Survey)	79% (4:3:1:3:3 series - 2006 National Immunization Survey)	81.7% (4:3:1:3:3 series - 2007 National Immunization Survey)	80% (4:3:1:3:3 series)
↕ Increase the proportion of non-institutionalized adults aged 65 years and older who are vaccinated annually against influenza.	68% (2004 KS BRSS)	66% (2005 KS BRSS)	72% (2006 KS BRSS)	73% (2007 KS BRSS)	90%
↕ Increase the proportion of adults aged 65 years and older ever vaccinated against pneumococcal disease.	63% (2004 KS BRSS)	67% (2005 KS BRSS)	70% (2006 KS BRSS)	69% (2007 KS BRSS)	90%
Access to Health Care					
↕ Increase the proportion of persons with health insurance.	85% (2004 KS BRSS)	87% (2005 KS BRSS)	87% (2006 KS BRSS)	88% (2007 KS BRSS)	100%
↕ Increase the proportion of persons who have a specific source of ongoing primary care.	84% (2004 KS BRSS)	84% (2005 KS BRSS)	84% (2006 KS BRSS)	84% (2007 KS BRSS)	90%
↕ Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.	88.0% (2005 Vital Statistics, KDHE)	87.0% (2004 Vital Statistics, KDHE)	76.0% (2005 Vital Statistics, KDHE)	72.4% (2007 Vital Statistics, KDHE)	90.0%

KDHE Division of Health

- Office of Health Promotion
- Office of Local & Rural Health
- Office of Oral Health
- Office of Surveillance & Epidemiology
- Bureau of Child Care & Health Facilities
- Bureau of Consumer Health
- Bureau of Disease Control & Prevention
- Bureau of Family Health
- Center for Health Disparities
- Center for Health & Environmental Statistics
- Center for Public Health Preparedness

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KDHE Division of Health

KDHE's Division of Health is responsible for:

- **Licensing and regulating day cares, preschools, foster homes, residential centers, hospitals and treatment facilities**
- **Credentialing health care workers**

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KDHE Division of Health

- **Investigating disease outbreaks and helping to prevent the spread of disease by promoting healthy behavior and immunizations**

- **Educating the public about chronic diseases and injury prevention**

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KDHE Division of Health

- **Assisting Kansas communities in establishing systems to provide public health, primary care and prevention services**
- **Addressing the special needs of children through infant screening programs, nutrition programs and services for children with special health needs**

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2-10

KDHE Division of Health

- **Managing the civil registration system for the state by collecting and processing records on births, deaths, marriages and divorces, and providing reliable statistics to policymakers, program managers and the public**

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2008 Division of Health Happenings & Accomplishments

- Participated in the Child Care BEST Team
 - Advise on improvements needed to redesign the child care licensing system and the standards of child care needs
 - Recommendations cover wide range of areas including child safety, quality of care, availability of care and flexibility.

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2-12

2008 Division of Health Happenings & Accomplishments

- Continued success of KSWebIZ, the statewide immunization registry
 - The one millionth patient was enrolled in the system.
 - 61 new immunization provider sites enrolled – totaling 200 provider practices on the system.
 - KSWebIZ school module was launched and piloted with 29 school nurses. 60-90 schools are targeted for enrollment on the system in the first half of 2009.

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2008 Division of Health Happenings & Accomplishments

- Completed study on the Feasibility of a school-based influenza vaccination program.
 - Examined benefits/cost, barriers to implementation and evaluated strategies
 - Could be a viable option for immunizing large number of children in short period of time.
 - Challenges include cost and various logistical issues.

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2-14

2008 Division of Health Happenings & Accomplishments

- Expanded the State's newborn screening program
 - Expanded from four to the nationally recommended standard, a core panel of 29 tests.
 - Program provides, to all Kansas newborns, screening test and any follow-up repeat tests that may be necessary .
 - Program also addresses treatment of any conditions that may be found.

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2008 Division of Health Happenings & Accomplishments

- Expanded the Chronic Disease Electronic Management System (CDEMS) - a system for tracking quality of care improvement indicators for diabetes and other chronic diseases
 - Kansas Diabetes Quality of Care Project implements CDEMS in 43 healthcare organizations across the state.
 - Currently, 8,500 (4.3%) Kansans with diabetes are tracked through CDEMS
 - 2005-2008 utilization of CDEMS increased improvements in key quality of care indicators by 50%

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2-16

2008 Division of Health Happenings & Accomplishments

- **Kansas Coordinated School Health**
 - Program is the only state funded initiative to reduce childhood obesity.
 - School districts have access to funding and technical assistance to institute changes that will impact the health and wellness of students.
 - State funds allocated in 2008 made investments in health in over **40 school districts**, impacting a minimum of **77,000 students** in **31 Kansas counties**.
 - Kansas leads the way in integrating state wellness policies with the coordinated school health model.

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2-17

2008 Division of Health Happenings & Accomplishments

- Expanded the health information available to the public through the Kansas Information for Communities (KIC) web-based query tool.
- Fulfilled more than 1,100 requests for technical assistance and information related to infectious disease and environmental health issues.
- Initiated a low-cost STD testing program to ensure that anyone who needs testing has an affordable option.

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2-18

2008 Division of Health Happenings & Accomplishments

- Partnered to improve dental access for children with special health care needs.
- Served an average of over 72,600 women, infants and children per month through WIC services. The highest participation rates ever.
- Developed and implemented an electronic, web-based system to more rapidly and accurately report Kansas vital events.

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2008 Division of Health Happenings & Accomplishments

- Launched the Kansas System for the Early Registration of Volunteers (K-SERV), the state's volunteer management system to assist with disaster response in Kansas and throughout the country.

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2-20

2008 Policy Initiatives: Health

- **Revoke the Lead Sunset Provision**
- **Immunity from Litigation for AED use by Community Lay Rescuers**
- **Extend Renewal Period and Streamline Renewal Process for Childcare Facilities**
- **Oversight of Registered Family Day Care Homes**

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2-2

2008 Policy Initiatives: Health

- **Increasing Public Access to Child Care Information**
- **Strengthen Administrative Sanctions**
- **Perinatal HIV Prevention Act**
- **Name Change on Marriage License**

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2-22

2008 Policy Initiatives: Health

- **Background Checks on Center for Health and Environmental Statistics Employees**
- **Quarantine and Isolation Statutes**

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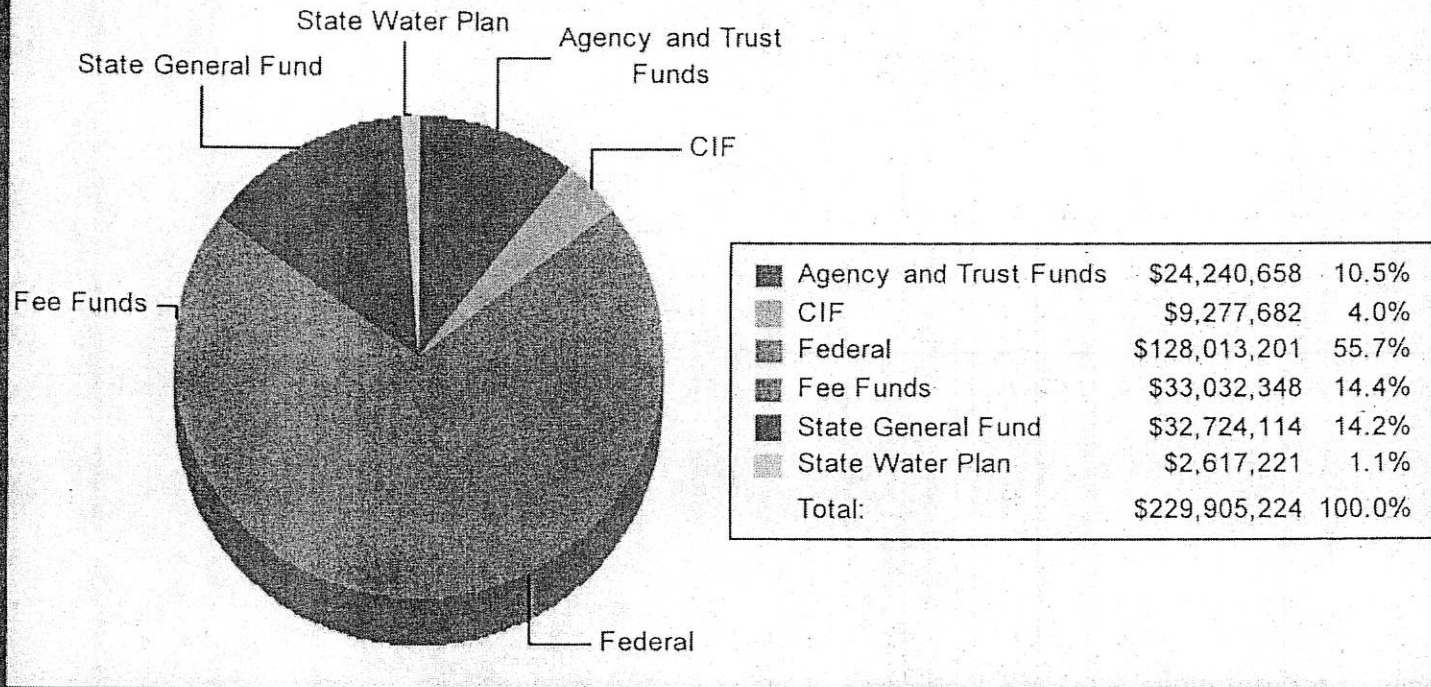


2-23

2-24

Budget: 2010 Governor Recommendations

Budget by Fund Classification



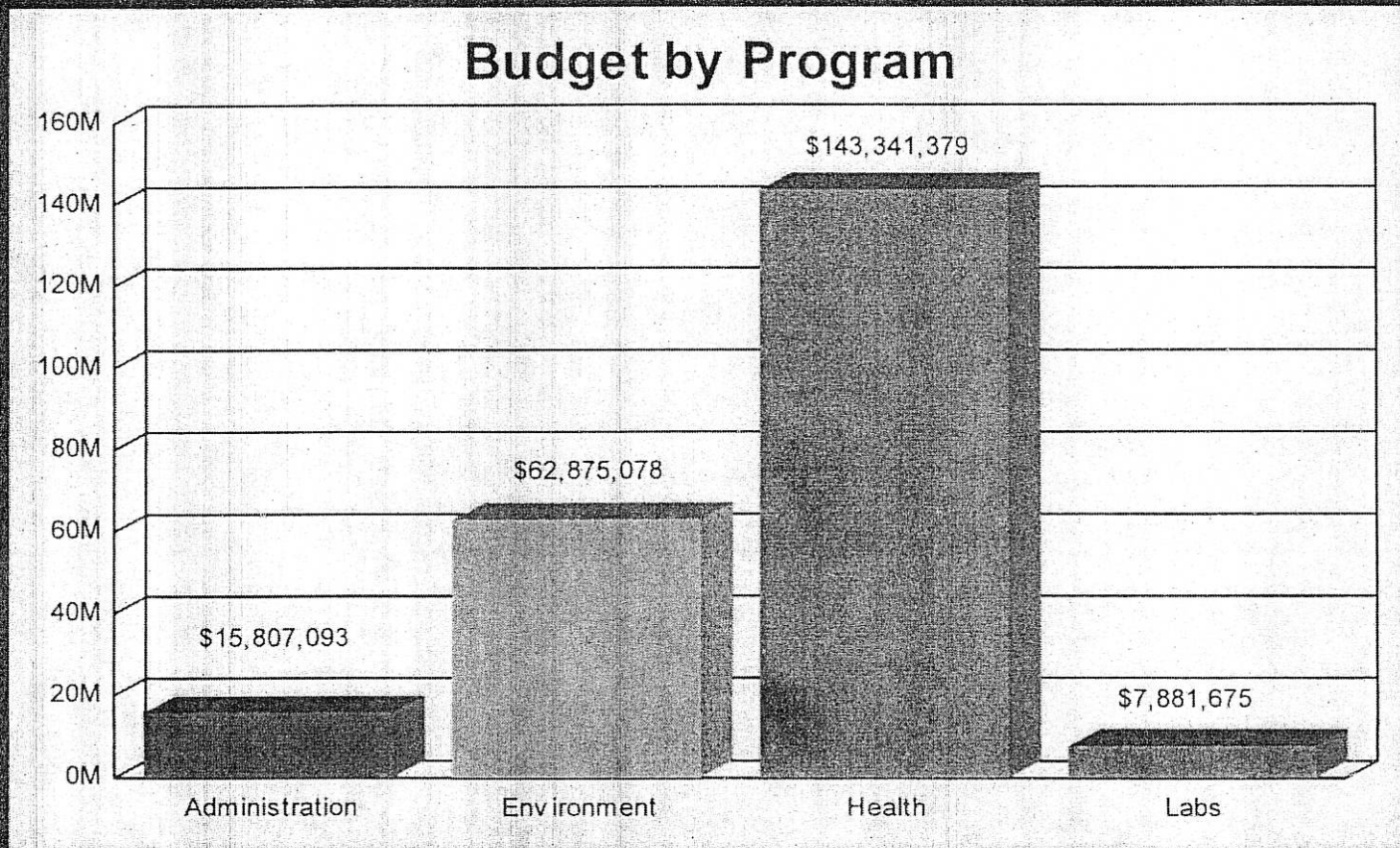
Total Agency Budget: \$229,905,225

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9-25

Budget: 2010 Governor Recommendations



Total Agency Budget: \$229,905,225

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Budget: 2010 Governor Recommendations

- Approximately \$8,676,446 of recommended SGF is used for match to leverage federal or other funding sources.
 - Division of Health - \$6,689,087
 - Division of Environment - \$1,987,389

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28-2

Budget: 2010 Health Division

- Beginning in 2010, the agency faces an additional match requirement of \$542,275 for the Federal Homeland Security/Bioterrorism grant.
- Failure to secure matching funds will result in the loss of \$10,845,500 in federal funding.

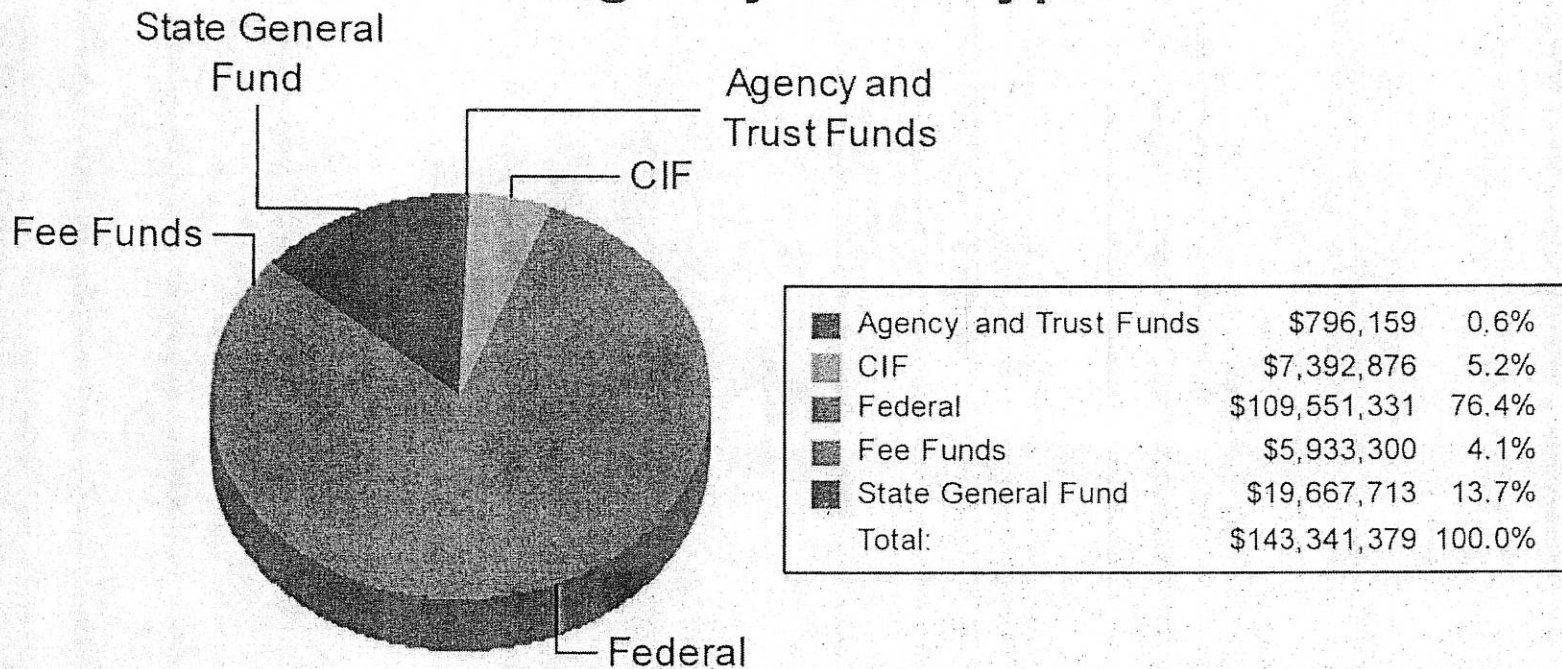
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80-2

Budget: 2010 Health Division

Budget by Fund Type



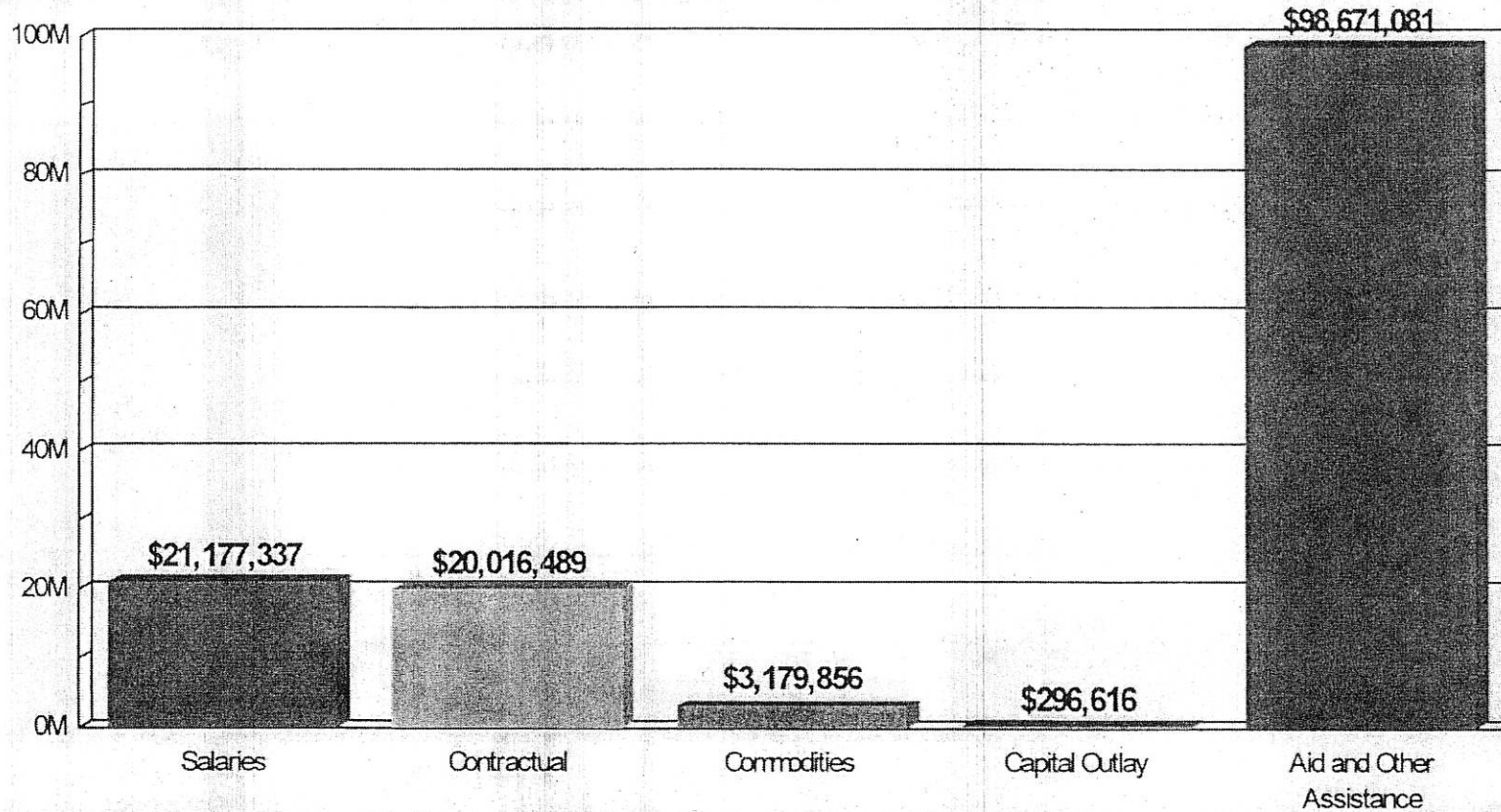
Total Health Budget: \$143,341,379

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Budget: 2010 Health Division

Budget by Expenditure Classification



Total Health Budget: \$143,341,379

Our Vision – Healthy Kansans living in safe and sustainable environments

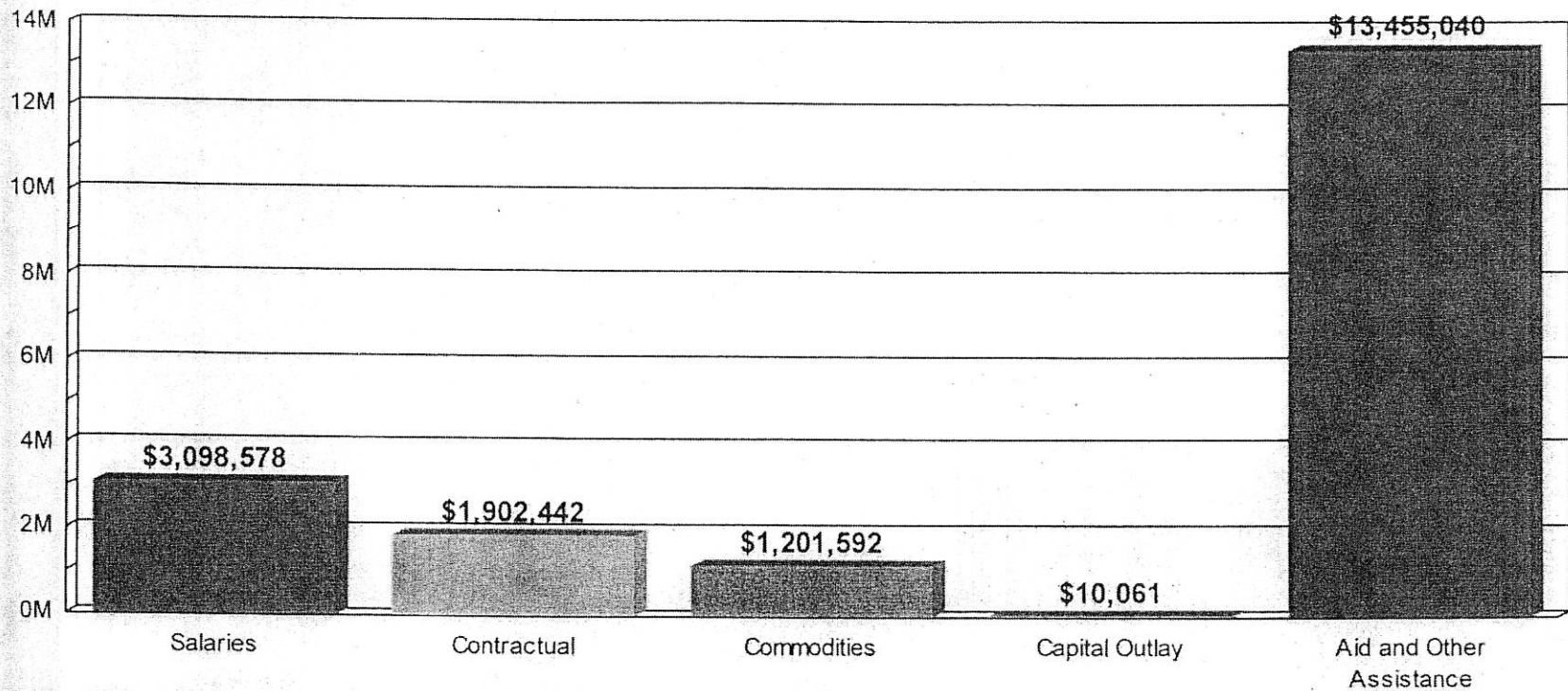


62-2

Budget: 2010 Health Division

2-30

State General Fund Budget by Expenditure Classification



Total Health Budget: \$19,667,713

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KDHE Division of Environment

- Bureau of Air & Radiation
- Bureau of Environmental Field Services
- Bureau of Environmental Remediation
- Bureau of Waste Management
- Bureau of Water
- Kansas Health & Environmental Laboratories

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Division of Environment

KDHE's Division of Environment is responsible for:

- Conducting regulatory programs for public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, hazardous waste, air emissions, radioactive materials, asbestos removal, refined petroleum storage tanks and others

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Division of Environment

- Administering programs to remediate contamination and evaluate environmental conditions across the state
- Ensuring compliance with federal and state environmental laws

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Division of Environment

- Working with the Environmental Protection Agency to preserve the state's natural resources
- Providing laboratory data in support of public health and certifying the quality of Kansas laboratories

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Division of Environment

- Providing scientific analysis to help diagnose and prevent diseases
- Providing laboratory test results to help guard public drinking water, ambient air and surface/ground water quality

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2008 Division of Environment Happenings & Accomplishments

- Assisted with natural disaster response after ice storms, floods and tornados. Following the tornados that struck Manhattan and Chapman in June:
 - Conducted ambient air monitoring in Chapman out of concern for pollutants related to demolition and debris removal activities, specifically, airborne particulate matter and asbestos.
 - Provided guidance, support and oversight concerning asbestos during the clean-up in Chapman and Manhattan.
 - Provided immediate waste management guidance to the City of Chapman, Dickinson County, KDEM, and a local private waste management company. Special guidance was given to the owners of the nearby Blix C&D landfill to modify their routine practices to be able to handle most of the debris.

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2008 Division of Environment Happenings & Accomplishments

- Awarded \$1,525,524 from the EPA to reduce diesel fleet emissions in the Kansas City Metro area and Wichita under the Diesel Emissions Reduction Act.
- Started the "Green Schools" initiative which includes a school registration program and a grant program that provides funding for schools, K - 12, to encourage waste reduction activities such as recycling, composting and making product substitutions to eliminate potentially hazardous cleaning chemicals.
- Worked through the Brownfields program to complete 46 assessments totaling over 690 acres of land that now has the potential to be redeveloped throughout the state.

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2008 Division of Environment Happenings & Accomplishments

- Awarded grants to start six regional e-waste collection centers serving over 60 Kansas counties.
- Made 33 low-interest state revolving loans for \$85 million for municipal water quality projects across the state.
- Developed and managed the 89th Annual Water and Wastewater Operators School in Lawrence.

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2008 Policy Initiatives: Environment

- **Extend Waste Tire Recycling Grant Program**

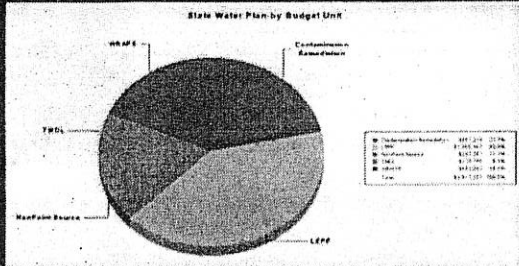
Our Vision - Healthy Kansans living in safe and sustainable environments



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2-33

Budget: 2010 Division of Environment



Total State Water Plan Budget: \$2,617,221

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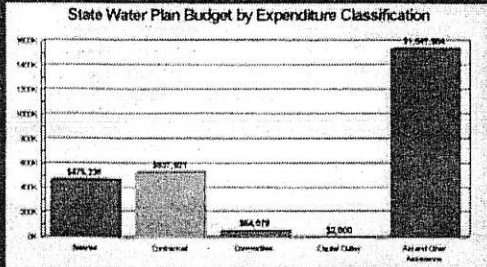
Budget: 2010 Division of Environment

- Approximately \$1,784,257 of State Water Plan Funds is for match to leverage federal or other funds.

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Budget: 2010 Division of Environment



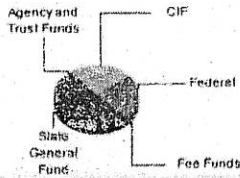
Total State Water Plan Budget: \$2,617,221

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Budget: 2010 KDHE Lab

Budget by Fund Type



Agency and Trust Funds	\$97,260	1.2%
CIF	\$1,686,808	23.3%
Federal	\$1,293,782	18.4%
Fee Funds	\$714,044	8.1%
State General Fund	\$3,690,863	49.4%
Total	\$7,601,675	100.0%

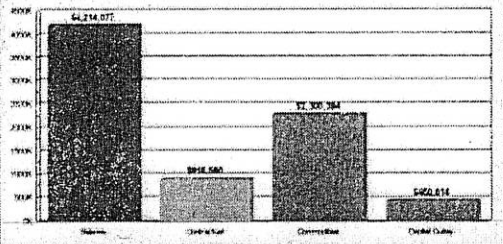
Total Lab Budget: \$7,601,675

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Budget: 2010 KDHE Lab

Budget by Expenditure Classification



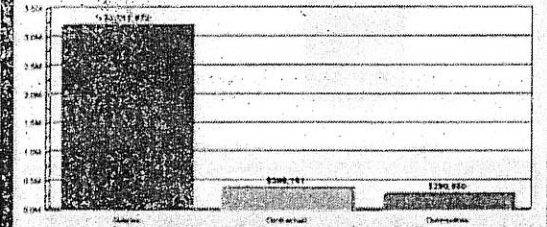
Total Lab Budget: \$7,601,675

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Budget: 2010 KDHE Lab

SGFBudget by Expenditure Classification

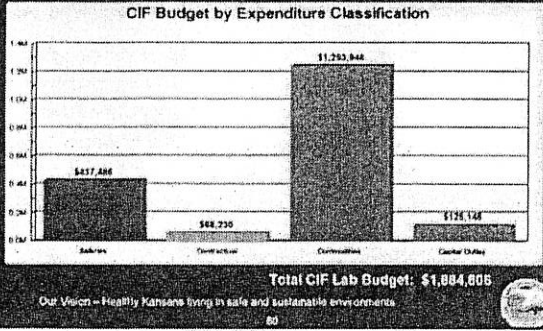


Total SGF Lab Budget: \$3,890,883

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Budget: 2010 KDHE Lab



Contact Information

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Assistant Secretary, Policy & External Affairs

skang@kdheks.gov or 785-296-0461

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The Status of Physical Fitness Among Kansas Youth

Progress through Coordinated School Health

Prepared by
Kansas Department of Health and Environment
December 2008



in response to a request for information by the
Legislative Coordinating Council

Introduction

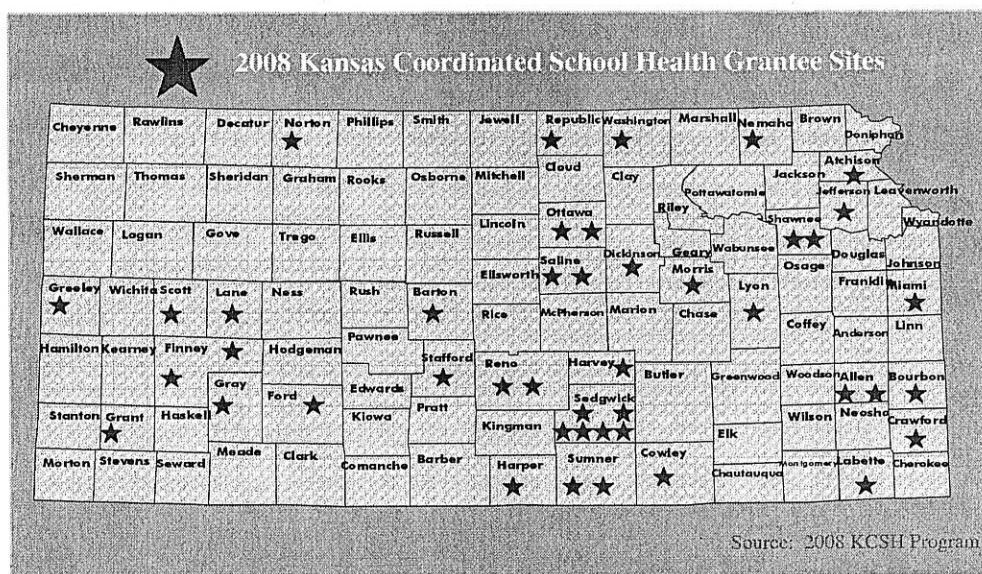
Since 1980, the national prevalence of overweight has more than doubled in children, aged 6-11 years, and tripled in adolescents, aged 12-19 years.¹

Individuals who become overweight in childhood are more likely to become overweight as adults and are at higher risk for chronic conditions such as Type 2 diabetes and heart disease.² Without lifestyle interventions, one in three US children born today will develop diabetes; if that child is a Hispanic female, her chances of developing diabetes in her lifetime increase to one in two.³ Between 2002 and 2005, the prevalence of Type 2 antidiabetic prescription use among children more than doubled, with obesity as one of the key factors for development of this chronic disease.⁴ Recently released data suggests that artery wall thickness of some obese children resembles that of the average 45-year old.⁵ Without positive, health promoting life-style changes, number of overweight youth will continue to increase along with chronic diseases associated with excess body weight.

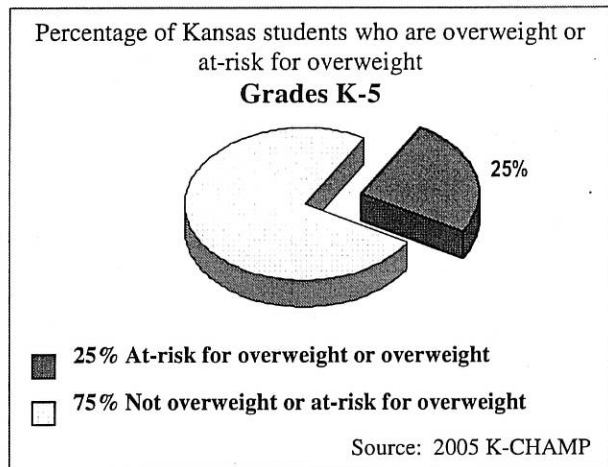
While these statistics are alarming and the efforts required to effect behavior change seem daunting, the 2008 state legislature responded positively by allocating funds to support the Kansas Coordinated School Health (KCSH) program.

Coordinated School Health represents the only state funded initiative to reduce childhood obesity.

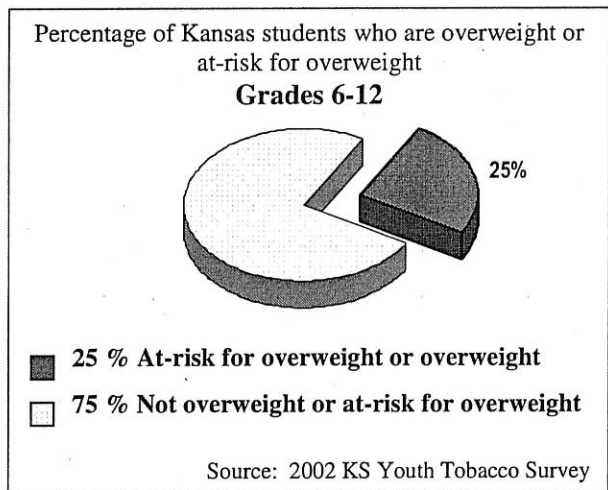
To address the primary risk factors for childhood obesity, in 2008 KCSH focused efforts on nutrition, nutrition education and physical activity. The Kansas School Wellness Model Policies,⁶ initiated as a result of Kansas Senate Bill 154,⁷ were integrated into the evidenced-based structure of KCSH to assist Kansas school districts in addressing these issues. As a result, school districts have access to funding and technical assistance required to institute changes that will impact the health and wellness of students.



State funds allocated in 2008 allowed KCSH to make substantial investments in health in over 40 school districts across the state. At a minimum, 77,000 students in 31 Kansas counties are being impacted. Minority students make up 30% of the grantee population, 13% are special education students and over 33,000 students in these districts are eligible for free or reduced lunch.⁸



Nearly 500,000 Kansas children spend as much as nine hours each day in the public school setting. This means that nearly 50% of daily energy expenditure among these children should occur while they are at school and close to one third of their total daily energy requirement should come from the lunch eaten at school.⁹ Schools should promote and implement quality nutrition and physical education curricula to meet these recommendations. KCSH assists districts in these efforts.



State & Federal Recommendations for Impacting Student Health

KCSH efforts to impact nutrition, nutrition education and physical activity are grounded in state and national recommendations developed through the Governor's Healthy Kansas initiative, Healthy People 2010 and the federal child nutrition program. With the intent of increasing quality and years of healthy life and eliminating health disparities, Healthy People was developed to serve as a roadmap for improving the health of all people in the United States. The most recent set of recommendations, Healthy People 2010 (HP2010), was released in 2000 and Kansas then adopted corresponding goals as Healthy Kansans 2010. Subsequently, the Governor's Healthy Kansas initiative focused efforts at the individual level to drive personal behaviors of Kansans to eat a healthier diet, move more and stop using tobacco. Both Healthy Kansas and Healthy Kansans 2010 benefited from a strong national push to address physical activity at all ages and included goals for increasing physical activity among both adults and adolescents.

Subsequent to the release of the HP2010 goals and recommendations, the federal government passed public law 108-265 reauthorizing the federal child nutrition program that includes school lunch and breakfast programs. This law also required local educational agencies to establish local "school wellness policies." In 2005, the Kansas Legislature passed Senate Bill 154, which became Kansas statute 72-5128, supporting the federal requirement for developing local school wellness policies by directing the Kansas State Board of Education to "develop nutrition guidelines for all foods and beverages made available to students in Kansas public schools during the school day...."¹⁰ In developing such guidelines, the state law required particular attention be directed to providing healthful foods and beverages, physical activities and wellness education with the goals of preventing and reducing childhood obesity.

The state law also required that "when establishing the wellness policy of the school district, the board of education of each district shall take into consideration the guidelines developed by the state board..." To assist schools in meeting the requirements set forth by the legislature, the Kansas State Department of Education teamed with KDHE, numerous content professionals and other state partners to develop the Kansas School Wellness Policy Model Guidelines.¹¹ These guidelines became the backbone of KCSH grants to schools.

The guidelines required by KSA 72-5128 included a focus on:

- Nutrition
- Nutrition Education
- Physical Activity

Trainings were conducted across the state for school district personnel on using the model guidelines to craft local district policies. School districts were encouraged to develop a school health council consisting of district staff, parents and community partners to help guide the development of the wellness policies. Each district was required to submit their local wellness policies by July of 2006. Thereafter, districts are required to annually report progress in implementing policies.

**Kansas Coordinated School Health:
A Recognized National Leader**

- Kansas is recognized as the only state that has enacted ongoing monitoring of school wellness policies¹²
- Kansas leads the way in integrating state wellness policies with the coordinated school health model
- Kansas' work to develop a more effective model in bringing together school, community and state partners has been showcased at the 2007 American School Health Association annual conference and the 2008 American Public Health Association annual conference

2008-2009 KCSH Physical Activity Guidelines*

Basic Physical Education/Activity	Advanced Physical Education/Activity	Exemplary Physical Education/Activity
1. School district offers opportunities for 100-150 minutes of physical education (PE)/physical activity (PA) or equivalent per week	1. School district offers opportunities for 150-200 minutes of PE/PA or equivalent per week	1. School district offers opportunities for 200 + minutes of PE/PA or equivalent per week
2. School district offers 20 + minutes of recess per day for all elementary students	2. School district offers 15 + minute recess periods per day for all elementary students	2. School district offers two 15 + minute recess periods per day, with one prior to lunch, in each elementary school
3. School district will distribute educational material focused on PA to families of students at least 3 times per year	3. School district will distribute educational material focused on PA to families of students at least 3 times per year	3. School district will distribute educational materials focused on PA to families of students at least 3 times per year
4. School district will collect, record and send to the state the height and weight of all 4 th grade students	4. School district will provide extracurricular programs, clubs and intramurals that incorporate PA	4. School district will provide extracurricular programs, clubs and intramurals that incorporate PA
	5. School district will collect, record and send to the state the height and weight of all 4 th and 7 th grade students	5. School district are required to report how PA is being incorporated in other subject areas within the districts other than PE
	6. School district will collect, record and send to the state fitness level indicators related to aerobic capacity on all 4 th and 7 th grade students	6. School district will implement a walk and bike program at school
		7. School district will allow community access to activity facilities, resources/equipment to promote healthy behaviors of community residents
		8. School district will collect, record and send to the state the height and weight of all 4 th , 7 th and 9 th grade students

Developing wellness policies was a promising first step for school districts in their efforts to address student health in a comprehensive manner. Since that time, the challenge for school districts is moving from a basic level of implementation to an advanced or exemplary level. In the absence of funding to support a framework for implementing wellness strategies, school districts have experienced minimal advancement in physical activity policies.

*In addition to Physical activity, model guidelines have been written to address nutrition services, nutrition education and tobacco use prevention.

Kansas Coordinated School Health

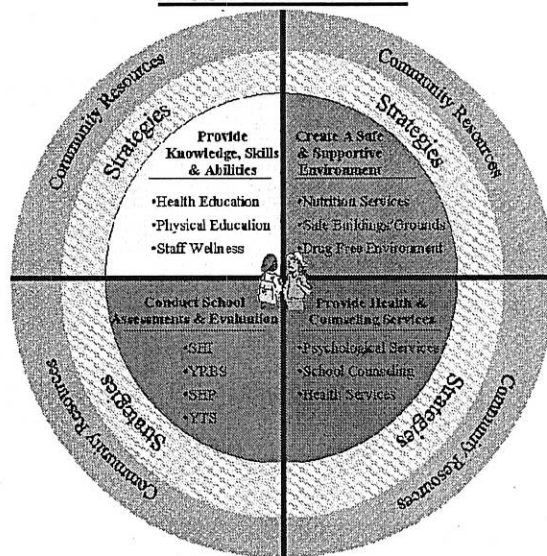
Starting in 2003, the Kansas Department of Health and Environment (KDHE) and the Kansas State Department of Education (KSDE) collaborated to implement Kansas Coordinated School Health (KCSH) with grant funding from the Centers for Disease Control and Prevention (CDC). KCSH was established to bring state and community partners together. Each of these partners must make inroads in their own environments to complement and sustain any change that may occur at the school level.

As schools completed development of wellness policies and recognized the need to address issues of physical activity, obesity, nutrition and associated health risks, they have subsequently embarked on efforts to improve outcomes, which include new opportunities for physical activity. For many districts these new efforts have been facilitated by guidance and technical assistance from KCSH.

KCSH utilizes the CDC 8-component model: health education, physical education, health services, nutrition services, counseling, healthy school environment, health promotion for staff and family and community involvement. Kansas has focused its efforts on the model's primary tenant of obesity prevention emphasizing increased physical activity and improved nutrition practices among students, school staff and parents.

Schools continue to be a pivotal partner in every community where children can be reached with education, role-modeling and opportunities to develop the best possible knowledge, practice and attitudes about nutrition and physical activity. Continued investment in KCSH will provide the most comprehensive strategy for impacting the health of Kansas children.

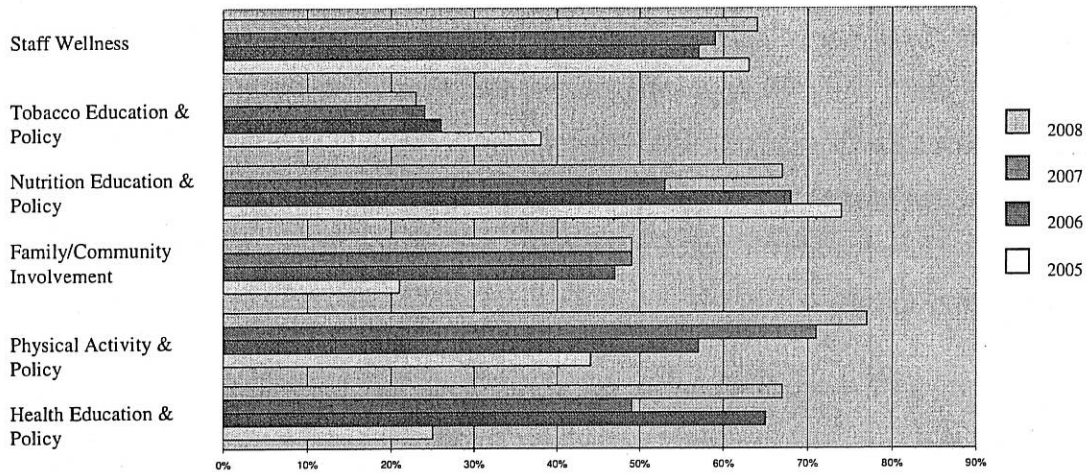
KCSH Framework



™Kansas Coordinated School Health

Kansas schools that have adopted the KCSH framework have enhanced physical activity by developing PE and health curricula that align with state and national standards, tools and trainings to enhance physical activity in classrooms, and physical activity events that bring community members, families and students together, such as walking clubs and walking tracks on school grounds.

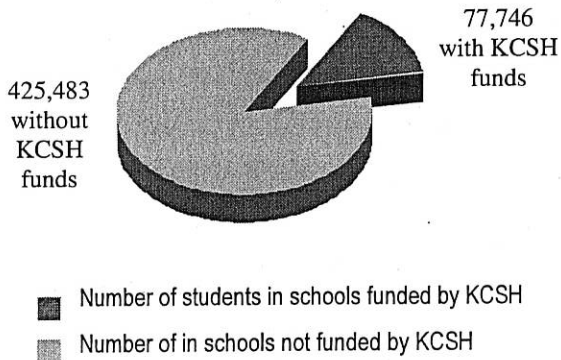
**Areas of Focus for Kansas Coordinated School Health Grantees
SFY 2005-2008**



Source: 2008 KCSH Program

In SFY 2009, inadequate resources caused KCSH to deny funding requests from four school districts that were eager to join the program. Additionally, KCSH funding awards to many very qualified districts were reduced to stay within available resources. Currently, these KCSH districts are receiving an average of \$3.50 per student to develop and implement programs that have the potential to impact health and wellness behaviors of Kansas children.¹³ In return, grantees commit to strengthening their district wellness policies in the areas of physical activity, nutrition and tobacco use prevention.

**Students impacted through
Kansas Coordinated School Health in
SFY 2009**



Source: 2008 KCSH Program

**KCSH funded school districts are
making a difference in SFY 2009**

- Funded school districts offer an average of 9 hours of nutrition education per student.
- Over 77,000 families in funded districts will receive nutrition, physical activity and tobacco use prevention educational materials.
- Students in 65% of funded school districts will exceed the number of minutes of physical activity recommended during the school day.
- Height, weight and selected physical fitness indicators will be collected by KCSH funded school districts on over 10,000 students.
- 65% of funded school districts will protect students, staff and visitors with a comprehensive tobacco-free school grounds policy.

Kansas Adolescent Health Data

KCSH draws from a wide range of data sources regarding obesity, physical activity and nutrition to help paint a picture of student health to assist in its planning and evaluation efforts. Data from student surveys, which are self-reported, such as the Kansas Youth Risk Behavior Survey (YRBS), the Kansas Youth Tobacco Survey (YTS) and special studies such as the Kansas Child Health Assessment Project (K-CHAMP) and the Kansas Nutrition, Physical Education and Physical Activity Policies and Practices project serve as baseline measures for adolescent health in Kansas.

The Kansas Nutrition, Physical Education, Physical Activity, Policies and Practices survey was administered in 2006 by the Kansas State Department of Education in partnership with the Kansas Health Institute as a result of Kansas Concurrent Resolution 1604. ¹⁴ The survey was conducted in an effort to better understand the health environment for Kansas youth by examining key policies and practices that affect public school children across the state.

Key findings from the Kansas Nutrition, Physical Education and Physical Activity Policies and Practices Survey

1. Required physical education decreases at the same time vending machine items and a la carte offerings become increasingly common in school, between grades 6 and 9.
2. Physical education professionals think they need more time with children to do their jobs and instill healthy patterns of physical activity in every child.
3. Relatively few KS schools have instituted nationally recommended strategies to increase physical activity among students.

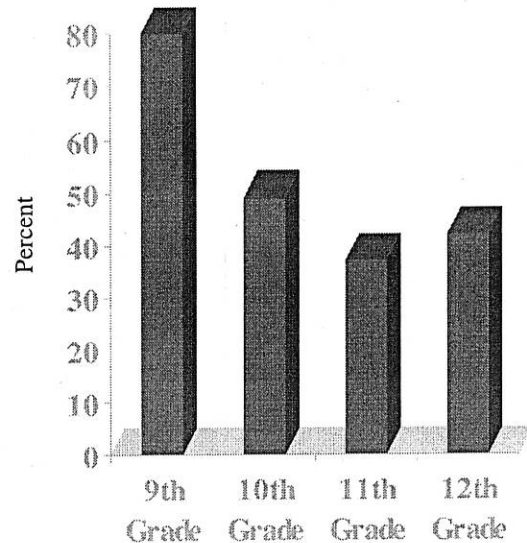
Source: Kansas Health Institute

The K-CHAMP project was conducted from 2003-2008. This project represented the most comprehensive collection of clinical height and weight data ever conducted in Kansas. KCSH utilizes the height and weight collection protocol developed for K-CHAMP. In addition to collecting height and weight data, K-CHAMP surveyed students' physical activity and nutrition habits. Student data from the survey was then correlated with appropriate height and weight data to produce a snapshot of health. The final phase of the project involved 15 focus groups conducted with parents, guardians, school administrators, teachers, youth service organizations and medical providers from across Kansas on the issue of childhood obesity. ¹⁵ Preliminary analysis of the data suggests that focus group participants recognize childhood obesity as a serious health problem and feel the school setting should play a significant role in the solution. Additionally, parents supported schools' efforts to collect height and weight information as long as the information was used to guide needed change to the school environment. These findings are consistent with results from the 2005 Kansas Behavioral Risk Factor Surveillance Survey (BRFSS), a survey of Kansas adults, which indicated that nearly 75% favored collecting height and weight measurements in Kansas schools.

Current Requirements and National Physical Activity Recommendations

Kansas does not have a statewide physical education requirement for all public school students, nor does the state require a minimum number of minutes of physical activity during school. Current requirements apply to elementary students in grades K-5, do not cover students in grades 6, 7 and 8 and mandate only one unit of physical education for grades 9-12, of which one-half unit may include health education. Data collected through KCSH indicates that the majority of students in grades 9-12 fulfill the requirement during the 9th grade year, meaning the percent of students participating in physical education class in grades 10, 11 and 12 is greatly reduced.^{16, 17} In an effort to fortify physical education in Kansas schools, in 1998, a Kansas physical education curriculum guide was developed based upon the National Association for Sport and Physical Education (NASPE) National Standards for Physical Education.¹⁸

Percentage of students attending physical education (PE) classes on one or more days per week when in school



Source: 2007 Kansas Youth Risk Behavior Survey- self reported

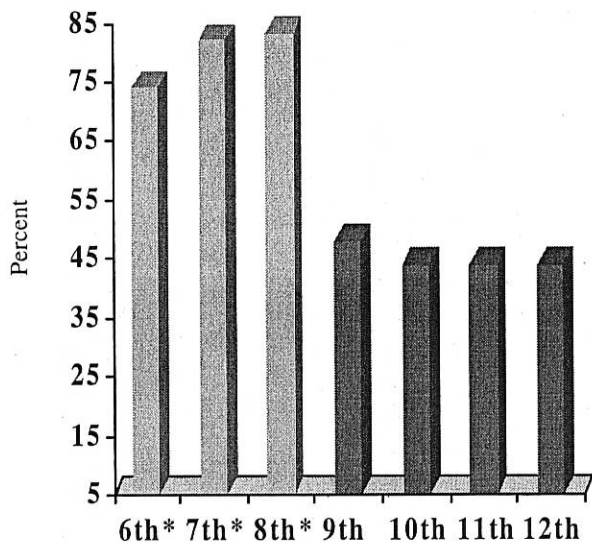
In 2008 the U.S. Department of Health and Human Services released physical activity guidelines for Americans that recommend children and adolescents engage in at least 60 minutes of moderate to vigorous aerobic physical activity daily. Because students spend nearly half of their day in school, to meet this recommendation, students should be physically active for at least 300 minutes during a five day school week or 30 minutes per day while in school.¹⁹ Guidelines developed by KCSH require schools to implement programs that will provide each student the opportunity to meet this recommendation.

By 2010, increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion to

85%

Source: Healthy People 2010

Percentage of Kansas students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days

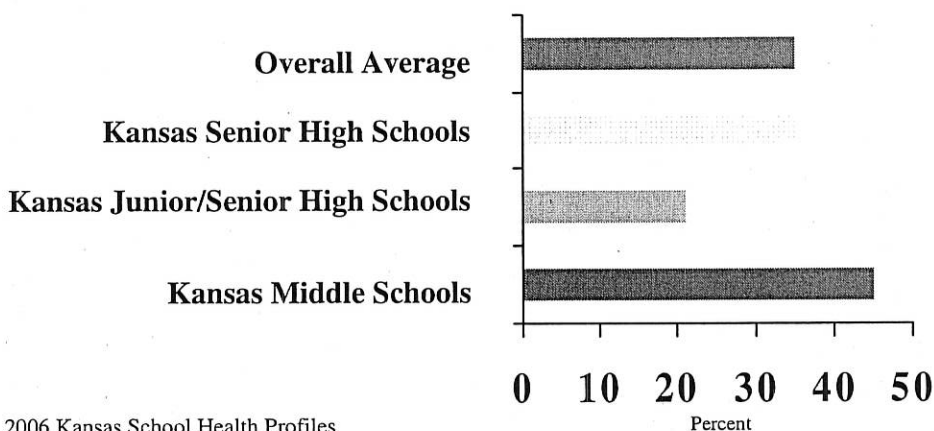


Source*: 2008 Kansas Youth Tobacco Survey- self-reported

Source: 2007 Kansas Youth Risk Behavior Survey- self-reported

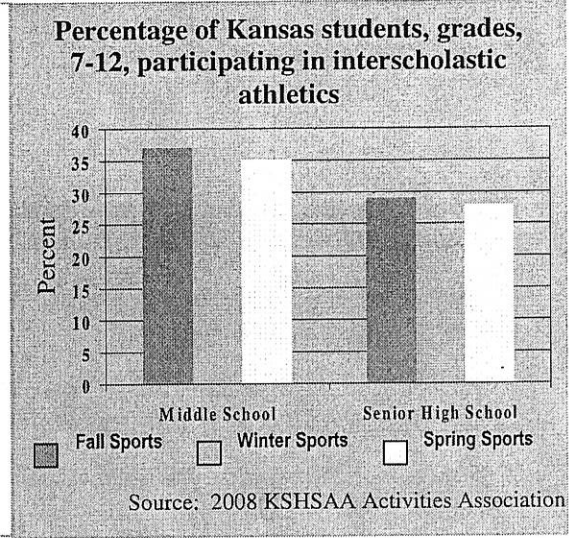
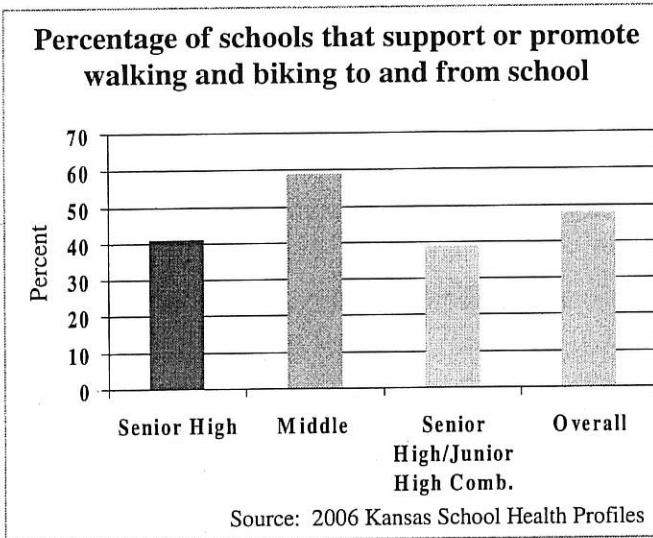
Kansas students in grades 7 and 8 come closest to meeting the Healthy People 2010 recommendation for adolescent physical activity. There are a number of possible reasons why a higher percentage of this age group tends to be more active. In Kansas, 7th grade marks the first year a student can participate in interscholastic athletics. According to data collected by KCSH, Kansas middle schools tend to offer more opportunities for their students to participate in intramural activities, physical activity clubs and programs that promote walking and biking to school. KCSH provides a framework for implementing similar programs and activities such as designating safe routes or preferred routes to school, and by providing onsite storage facilities for bicycles and helmets.

Percentage of Kansas middle, junior/senior highs and high schools that offer students opportunities to participate in intramural activities or physical activity clubs



Source: 2006 Kansas School Health Profiles

Due to limitations that exist in collecting routine and representative data at the elementary level, far less information is available to describe the elementary school environment. We do know that elementary schools operate in a more prescribed environment than middle schools and senior high schools. For example, almost all elementary students participate in physical education class and few elementary schools allow students access to vending machines. While these elements potentially lend to a healthier environment, there is still room for improvement in areas of nutrition curriculum development, increased exposure to nutrition and physical education, and height, weight and fitness indicator data collection.



Improving Students' Lifetime Health

The list of adverse health conditions that threaten Kansas children cannot be ignored. It's well documented that inactivity and poor nutritional choices contribute to obesity, diabetes, and other chronic conditions including cancer and cardiovascular disease.²⁰ Physical activity and dietary behavior patterns learned and established during childhood pay off by reducing the complications associated with these conditions. Limiting adverse health outcomes not only optimizes quality of life, but also contributes to reducing health care expenditures. Currently, Kansas spends \$12 billion on chronic disease in a single year.²¹ Obesity alone costs Kansans more than \$650 million per year on direct medical costs, of which \$143 million is paid by Medicaid.²²

"I think the greatest influence KCSH has had is the mindset that we, as a school district, can help our community members live healthier lives through instruction, support, example, resources, and just taking the lead in the journey towards healthy living."

Debbie Clawson, USD 247, Cherokee, KS

To address those contributing factors, schools, communities, and local and state governments must work together. Kansas has taken an important first step by adopting guidelines to encourage change in the school setting by advancing implementation of wellness policies. Evidence shows that school-based healthy eating and physical activity programs can be effective in preventing childhood obesity.²² Continued investment in Kansas Coordinated School Health, which provides an evidenced-based framework for action, assures that funds and technical assistance is available to school districts to facilitate progress toward achieving improved nutrition and increased physical activity goals. With adequate state commitment to implement the Coordinated School Health model, any school in Kansas can use the CSH framework as a tool to assist in accomplishing movement from "basic" to "exemplary" on the Wellness Guideline. With the infrastructure and support provided by the Kansas Coordinated School Health program, this is a reasonable and highly achievable goal.

References

- ¹ Cynthia Ogden, Margaret Carroll, Katherine Flegal, "High Body Mass Index for Age Among US Children and Adolescents, 2003—2006," *JAMA*. 2008;299(20):2401—2405.
- ² Cara Ebbeling, Dorota B Pawlak, David S Ludwig, "Childhood Obesity: Public-health Crisis, Common Sense Cure," *Lancet* 360 (August 10, 2002): 473 – 482.
- ³ "Millions of Hispanics at Increased Risk for Type 2 Diabetes," *NIH News*, 29 June, 2004, [<http://www.nih.gov/news/pr/jun2004/niddk-29.htm>] (Accessed December 4, 2008.)
- ⁴ Emily Cox et al., "Trends in the Prevalence of Chronic Medication Use in Children: 2002-2005," *Pediatrics* (November, 2008: 1053-1061.
- ⁵ Pam Belluck, "Child Obesity Seen as Warning of Heart Disease", *The New York Times*, November 12, 2008 [Retrieved December 8, 2008 from <http://www.nytimes.com/2008/11/12/health>]
- ⁶ "KSDE's Model School Wellness Policy Guidelines" 2005. [retrieved December, 2008 from: http://www.kn-eat.org/SNP/SNPShell/snp_home_page.htm]
- ⁷ Kansas Statute 72-5128 *Food Service Program*, retrieved from <http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=72-5128.html>
- ⁸ 2008 Kansas Coordinated School Health grants, Data unpublished, Kansas State Department of Education and Kansas Department of Health and Environment.
- ⁹ "National School Lunch Program," USDA, 2004a. <http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.htm>. (Accessed December 4, 2008.)
- ¹⁰ Kansas Statute 72-5128 *Food Service Program*, 2005.
- ¹¹ "KSDE's Model School Wellness Policy Guidelines" 2005.
- ¹² "Progress or Promises? What's Working For and Against Healthy Schools," Action for Healthy Kids, Fall 2008, pg 5. [From: <http://www.actionforhealthykids.org/newsroom.php>]
- ¹³ 2008 Kansas Coordinated School Health grants, Data unpublished.
- ¹⁴ Kim Kimminau, Kimberlee Murphy, and Cheng-Chung Huang, *Kansas Public School Health: Nutrition, Physical Education and Physical Activity Policies and Practices*, 62 – 70, [<http://www.khi.org/resources/Other/331-SchoolNutritionReport.pdf>], December 2006.
- ¹⁵ K-CHAMP 2006, Data unpublished, Kansas Department of Health and Environment.
- ¹⁶ Kansas Statute 72-1101 *School Attendance, Curriculum and Attendance*, retrieved from <http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=72-1101.html>
- ¹⁷ Kimminau, et al. *Kansas Public School Health*, 62 – 70, December 2006.
- ¹⁸ "Kansas Model Curriculum Standards for Physical Education, 2005" [retrieved December, 2008 from: http://kshealthykids.org/CSHP/KSCH_Docs/Standards/PE%20Standards/PEStandardst.pdf]
- ¹⁹ "2008 Physical Activity Guidelines for Americans," U.S. Department of Health and Human Services. [Retrieved December 9, 2008 from <http://www.health.gov/paguidelines/pdf/paguide.pdf>]

²⁰ Cara Ebbeling, et al, "Childhood Obesity: Public-health Crisis, Common Sense Cure," *Lancet* 360 (August 10, 2002): 473 – 482.

²¹ Ross DeVoi, et al, "An Unhealthy America: Economic Burden of Chronic Disease", Milken Institute. [Retrieved December 4, 2008 from: <http://www.chronicdiseaseimpact.com/ebcd.taf?cat=state&state=KS>]

²² E.A. Finkelstein, et al. "State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* 2004; 12(1): 18-24.

²³ Paul J.Veugelers, Angela L..Fitzgerald, "Effectiveness of School Programs in Preventing Childhood Obesity: A Multilevel Comparison," *American Journal of Public Health* 95 (March 2005): 432 -435.

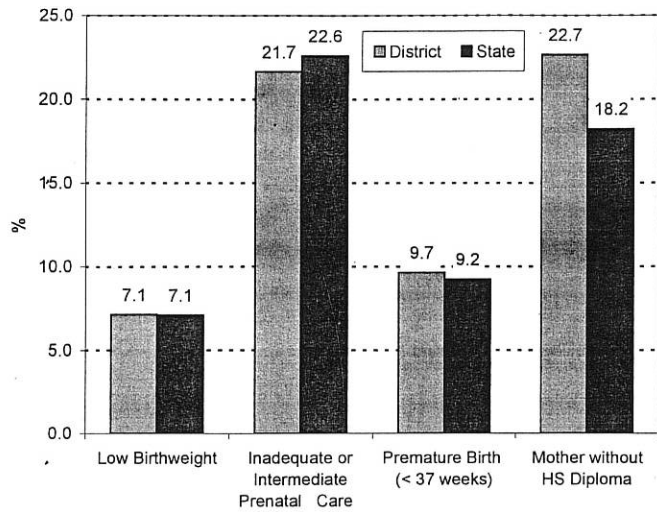
Vital Statistics Report Card

2007 Kansas House District 91

2007 BIRTHS - HOUSE - DISTRICT 91

	N	%	KS Value
Number of Births	322		41,951
White Non-Hispanic	217	67.4 %	71.9 %
Black Non-Hispanic	10	3.1 %	6.8 %
Hispanic	82	25.5 %	15.9 %
Other Non-Hispanic	13	4.0 %	5.3 %
Unknown Non-Hispanic	0	0.0 %	0.1 %
Unmarried Mothers	138	42.9 %	36.4 %
Low Birthweight	23	7.1 %	7.1 %
Mother Under 18	24	7.5 %	3.1 %
Did Not Receive Care 1st Trimester	102	33.1 %	27.6 %
Inadequate or Intermediate Prenatal Care	65	21.7 %	22.6 %
Non-normal Mother's Weight Gain	95	29.5 %	30.7 %
Premature Birth (< 37 weeks)	31	9.7 %	9.2 %
Mother without HS Diploma	73	22.7 %	18.2 %
Average Prenatal Care Visits	16.2		13.4
Average Age of Mother	25.5		26.8
Average Birthweight (Grams)	3,297.7		3,296.0
Infant Deaths (N and Rate)	3	9.3	7.9

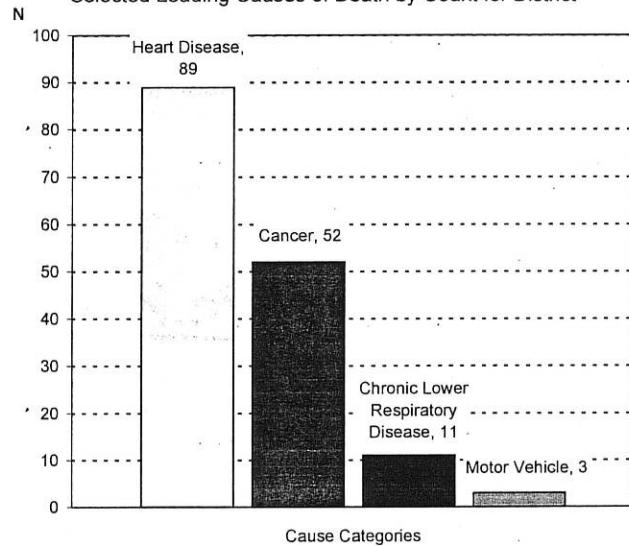
Indicators for Poor Birth Outcomes
State and District Comparison



2007 DEATHS - HOUSE - DISTRICT 91

District Population = 21,154	N	District AA Rate	KS AA Rate
Total Deaths	256	808.8	840.9
Ischemic Heart Disease	40	121.4	112.9
Lung Cancer	19	NR	54.6
Breast Cancer	2	NR	25.6
Cervical Cancer	3	NR	14.9
Prostate Cancer	2	NR	26.1
Motor Vehicle Injury	3	NR	16.5
	#	% of Total	KS % of Total
Children's Deaths (<15 years old)	4	1.6 %	1.8 %
Deaths under 25	5		
Homicides	0	0.0 %	6.1 %
Suicides	0	0.0 %	8.4 %
Motor Vehicle Injury	1	20.0 %	16.4 %
Deaths over 64	212		
All Cancer	42	19.8 %	20.8 %
Alzheimer's	8	3.8 %	4.6 %
Tobacco Related Deaths	21	12.8 %	15.2 %

Selected Leading Causes of Death by Count for District



Technical Notes:

General mortality rates are per 100,000 population. Infant mortality rates are per 1,000 live births.

AA Rate is the Age-adjusted mortality rate based on 2000 US Census Bureau counts summarized by district as defined by the Kansas Legislature. Because population for legislative districts is not estimated annually, statewide rates will vary from rates using more current population data.

Rates for counts below 20 are statistically unreliable and are not reported.

Birth mother's race and ethnicity have been coded into mutually exclusive population groups.

Percentages may not add to 100 % due to rounding.

Unknowns are excluded in calculating percents and rates.

NR = Rate not reliable

Residence Data

<http://kic.kdhe.state.ks.us/kic/>



Source:

Kansas Department of Health and Environment
Division of Health
Center for Health and Environmental Statistics
Office of Health Assessment

Our Vision - Healthy Kansans Living in Safe and Sustainable Environments

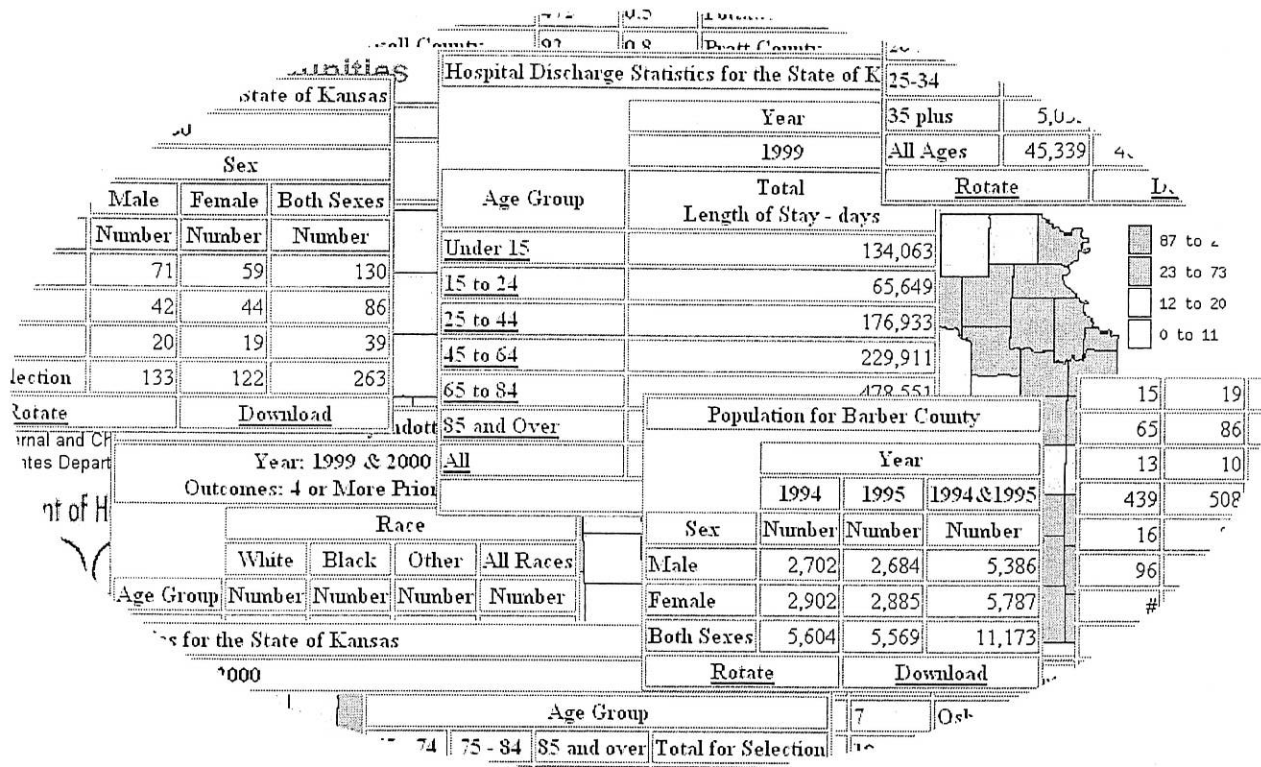
As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We sustain a sustainable environment for the people of Kansas.

HEALTH AND HUMAN SERVICES

DATE: 01/26/09

ATTACHMENT: 4

Kansas Information for Communities



<http://kic.kdhe.state.ks.us/kic/>

The Kansas Department of Health and Environment is in the process of enhancing KIC, to make it a better tool for health assessment by public health professions and the general public. Your input is requested in this process. If there are new data sources we can add, a more intuitive way to make KIC work, or alternate formats for the results, let us know at:

kansas.health.statistics@kdhe.state.ks.us
785-296-8627

Enhancements to the KIC Web site are being supported by a grant from the Kansas Health Foundation.

KIC was developed in part by project U93 MC00139-03 as a Special Project of Regional and National Significance (SPRANS), Title V (as amended), Social Security Act, administered by the Maternal and Child Health Bureau, Health Resources and Services Administration, United States Department of Health and Human Services. Software was adapted from programming developed by the Missouri Department of Health and Senior Services.



Kansas Health Statistics Report

Kansas Department of Health and Environment – Division of Health
Center for Health and Environmental Statistics – No. 37 – May 2008

Disparities in Preventable Kansas Hospitalizations Reviewed

The *National Healthcare Disparities Report 2007* found that health care disparities continue among minority populations.[1] "The quality of health care has been a focal point of both past and present U.S. health care policy, but significant disparities between Whites (non-Hispanic) and minorities persist." [2] Nearly one-tenth of Kansans belong to a racial or ethnic minority group.[3] Research shows that minorities have poorer access to medical insurance and health care than other groups.[4] However, the Agency for Healthcare Research and Quality (AHRQ) indicates that adequate primary and outpatient care for selected conditions can often prevent more serious disease complications or circumvent hospitalization.[2]

Prevention Quality Indicators (PQIs) offer an evaluative approach for determining whether hospitalizations commonly defined as preventable are being avoided. The objective of this analysis is to compare selected Kansas PQI indicators by racial/ethnic population segments and to explore related policy implications. Findings will focus on the experience of Kansas minority groups with preventable hospitalizations and offer strategies to address issues of disparity. Since hospitalization is the most serious and expensive portion of health care treatment, avoidance of unnecessary hospitalization through use of primary and outpatient care is critical to cost containment.

Methods

Kansas community hospital discharge data 2003-2006 from the Kansas Hospital Association (KHA) are used to compare AHRQ PQIs among Kansas' racial/ethnic population groups. Racial/ethnic groups include White (non-Hispanic), Black (non-Hispanic), Asian/Native Hawaiian or Other Pacific Islander (NHOPI) (non-Hispanic), American Indian/Alaskan Native (AI/AN) (non-Hispanic), and Hispanic. Statistics for the category Other/Unknown consisting of multi-racial and individuals of unknown racial and ethnic origin are not included due to data reporting issues and statistical unreliability. AHRQ programming methodologies are used to identify possible preventable hospitalizations found in the Kansas community hospital discharge data. Findings are reported as adjusted relative rates calculated by dividing the minority group adjusted hospitalization rates (numerator) by the White (non-Hispanic) adjusted hospitalization rate (denominator). Comparisons are made with national level hospitalization rate statistics.[2]

Results

Although it has been reported nationally that Blacks (non-Hispanic) generally have the highest rates of preventable hospitalizations and Hispanics experience the second-highest rates,[2] findings from Kansas community hospital discharge data indicate that Blacks (non-Hispanic) most often had the highest rates of preventable hospitalization, Whites (non-Hispanic) most often had the second highest rates, and Hispanics, Asians/NHOPIs (non-Hispanic) and AI/ANs (non-Hispanic) had lower preventable hospitalization rates. Selected PQIs are categorized as preventable hospitalizations for chronic respiratory diseases, circulatory diseases, and diabetes. For the study period, findings indicate that:

- Blacks (non-Hispanic) experienced higher hospitalization rates than did Whites (non-Hispanic) on most PQIs. Blacks

(non-Hispanic) experienced higher PQI rates for uncontrolled diabetes without complications; lower extremity amputation/diabetes; diabetes, short-term complications; diabetes, long-term complications; hypertension; congestive heart failure; and adult asthma.

- All demographic population categories experienced lower PQI rates than Whites (non-Hispanic) for chronic obstructive pulmonary disease and angina without procedure.
- Hispanics had lower hospitalization rates on nearly all PQI rates compared to Whites (non-Hispanic) with the exception of uncontrolled diabetes without complications and lower extremity amputation/diabetes patients.
- AI/ANs (non-Hispanic) and Asian/NHOPI (non-Hispanic) generally had PQI rates that were similar to each other and significantly lower than rates for Whites (non-Hispanic) (Table 1).

Table 1. PQI Relative Rates by Race/Ethnicity
Kansas, 2003-2006 §

	Black (non-Hispanic)	Asian/NHOPI (non-Hispanic)	AI/AN (non-Hispanic)	Hispanic
Adult Asthma	2.89 *	0.40 *	0.50 #	0.42 *
Chronic Obstructive Pulmonary Disease	0.68 *	0.15 *	0.40 *	0.10 *
Angina Without Procedure	0.82	0.29 *	0.21 *	0.33 *
Congestive Heart Failure	1.71 *	0.17 *	0.19 *	0.24 *
Hypertension	3.55 *	0.56 *	0.39	0.39 *
Uncontrolled Diabetes, Without Complications	3.54 *	0.39 #	0.39 #	1.04
Diabetes, Short Term Complications	3.28 *	0.34 #	0.50	0.76 *
Diabetes, Long Term Complications	3.26 *	0.33 *	0.71 *	0.69 *
Lower Extremity Amputation/ Diabetes Patients	3.05 *	0.38 #	1.21 #	1.01

§White (non-Hispanic) relative rate=1.00

#Statistically significant $p \leq .05$ compared to White (non-Hispanic); Rate based on numbers of less than 30, interpret with caution.

*Statistically significant $p \leq .05$ compared to White (non-Hispanic); Rate based on numbers of 30 or greater

Data Limitations

Review of community hospital discharge data indicates that there are significant differences in the likelihood of the occurrence of preventable hospitalizations between Whites (non-Hispanic) and minorities in Kansas. Some of the more significant limitations include:

- Rates for AI/ANs (non-Hispanic) may be affected by the absence of data from the Indian Health Service which provides services to this

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population group.

- Hospital discharge rates may be lower for Hispanics because they are healthier or younger than the general population and thus less likely to be ill or hospitalized, data coding issues or a combination of reasons.
- Patients admitted multiple times in a single year are counted as unique patients due to the lack of patient identifiers producing duplicate patient counts.
- The lack of patient identifiers limits data matching capacity and the ability to conduct statistical analysis related to the impact of socioeconomic status (SES), education, income, and other demographic factors that could improve the value of relative rate comparisons.

Conclusions and Implications

Racial and ethnic differences in PQI rates may signify disparities in the quality of ambulatory care, as well as disparities in access to timely and effective treatment of certain conditions for specific populations.[2] The underlying causes of gaps in health care access and distribution may be due to a number of factors like discrimination either in the provision of health services or in the attainment of access to care via employment and insurance,[5] differences in ethnically based social or cultural orientation towards the health care system,[5] limited English proficiency,[1] and/or gaps in health care for the disempowered.[5] Additionally, minorities may be disproportionately exposed to environmental triggers commonly associated with asthma or may have less opportunity for diagnosis of other medical conditions.[5] Timely and routine outpatient management can reduce hospitalization rates, and thus reduce overall health care costs. Policies that address improving health insurance coverage are needed to improve access to primary health care, and in turn to reduce preventable hospitalization rates.

Review of both national and Kansas PQI trends suggest a need for continued improvement in access to quality primary health care. It is important to address preventable hospitalizations by targeting policy to address health care needs among all population groups. Equitable health insurance coverage and improvements in medical care throughout the population could reduce disparities in health care and improve health outcomes overall.[5] Increased access to primary care can improve entrée to timely diagnosis, treatment, and regular preventive screening. Trend analysis reveals that, although some PQIs are stable, other PQIs are increasing. Strategies must be developed to reduce PQI rates. Although discussion of widespread systemic health care policies and strategies are beyond the scope of this report, some practical suggestions may be apropos.

- Public health information strategies like flu immunization, non-smoking health campaigns, distribution of information relating to diet and exercise, among others, are essential in reducing the onset and seriousness of asthma, chronic obstructive pulmonary disease, diabetes and other health conditions.
- Multi-level educational programs directed to health care professionals that addresses critical knowledge gaps could lead to substantive improvements in patient care.[6]
- Patient education and reminders via follow-up phone calls and correspondence from care providers to encourage following prevention guidelines and adherence to treatment recommendations can be effective in increasing patient compliance. [7]
- Provision of information in commonly frequented locations like grocery stores, health departments, libraries, pharmacies, etc., could be used when working with minority populations.[8]
- Use of health care professionals who speak common minority languages i.e., Spanish, and who have similar cultural/racial/ethnicity characteristics could increase access to care for minority population.[8]

- Use of Internet and other newer technologies can extend education to key primary care physicians as well as the general population.[6]
- Reduction of preventable hospitalization rates is central for cost containment and enhancement of the health of Kansans. In 2006 the financial burden born in Kansas for payments of selected preventable hospitalizations totaled an estimated \$112 million, with private health insurance accounting for \$25.7 million of the full amount.[9] Continued efforts aimed at reducing the preventable hospitalization rates while improving access to primary care hold considerable promise for cost savings in the state and for improved health for Kansans.

Note: This article is a presentation summary delivered at the Kansas Department of Health and Environment's health disparities conference, "Healthy Cultures, Healthy Kansas: Moving Forward" in April 2008. A copy of the accompanying statistical brief may be obtained by request from the Office of Health Assessment by contacting Rachel Lindbloom at 785-296-8629.

Rachel Lindbloom, MA, LSCSW,
Joy Crevoiserat, BA, and
Roger Bukovatz, BBA, BA
Office of Health Assessment

References:

1. Agency for Healthcare Research and Quality. National Healthcare Disparities Report 2007, Rockville, MD: U.S. Department of Health and Human Services Agency for Health Research and Quality; February 2008. AHRQ Pub. No. 08-0041. <http://www.ahrq.gov/qual/nhr07/nhr07.pdf>. Accessed March 10, 2008.
2. Russo, C., Andrews, R., and Coffey, R., July 2006, "Racial and Ethnic Disparities in Potentially Preventable Hospitalizations, 2003". HCUP Statistical Brief #10. July 2006. Agency for Healthcare Research and Quality, Rockville, Md. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb10.jsp>. Accessed March 3, 2008.
3. U.S. Census data via Kansas Information for Communities, Center for Health and Environmental Statistics. Kansas Department of Health and Environment, <http://kic.kdhe.state.ks.us/kic/Populate.html> Accessed March 17, 2008.
4. Brown, E., Wyn, R, Teleki, S. (2000). Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities, the Commonwealth Fund and UCLA Center for Health Policy Research, the Regents of the University of California, <http://www.Healthpolicy.ucla.edu>. Accessed March 17, 2008.
5. Ash, M. and Brandt, S. "Disparities in Asthma Hospitalization in Massachusetts," American Journal of Public Health. Feb. 2006 Vol. 96, No. 2, pp. 358-362.
6. Foster, J., Yawn, B., Maziar, A., Jenkins, T., Rennard, S., and Casebeer, L., "Enhancing COPD Management in Primary Care Settings," MedGenMed, 2007; 9(3):34. Published online July 31, 2007. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2100091>. Accessed February 20, 2008.
7. Bodiya, A., Vorias, D., and Dickson, H. A. (1999) "Does Telephone Contact with a Physician's Office Staff Improve Mammogram Screening Rates?", Fam Med; 31(5):324-6. <http://www.stfm.org/fmhub/Fullpdf/may99/special2.pdf>. Accessed April 10, 2008.
8. Sadler, G, Ryujiin, L, Nguyen, T., Oh, G., Paik, G., and Kustin, B. "Heterogeneity within the Asian American Community", International Journal for Equity in Health, 2003, Vol. 2:12, Address: 1 Moores University of California San Diego Cancer Center, La Jolla, California. <http://www.equityhealthj.com/content/2/1/12>. Accessed March 17, 2008.
9. Lindbloom, R. Crevoiserat, J., Bukovatz, R. (April 2008) "Selected Kansas Preventable Hospitalizations Related to Racial/Ethnic Disparities, 2003-2006" unpublished paper presented at KHDE Health Disparities Conference, Healthy Cultures, Healthy Kansas: Moving Forward.

Preliminary Abortion Report

The Center for Health and Environmental Statistics released its preliminary analysis of 2007 abortion reports in late March. A total of 10,836 abortions were reported to the Center, a decrease (3.9%) compared to 2006. In 2007, 5,162 abortions occurred in Kansas to out-of-state residents, 5,644 occurred in Kansas to in-state residents, and 30 occurred out-of-state to Kansas residents.

Fifty percent (50.4) of all reported abortions were to women ages 15-24, 83.3 percent were unmarried and 59.4 percent were White Non-Hispanic. The number of abortions to women of Hispanic origin increased 5.1 percent from 2006 and accounted for 11.5 percent of all abortions in 2007.

Table 2. Abortions by Selected Characteristics, Kansas, 2007

Selected Characteristics	N	%
Residence		
Total Reported	10,836	100.0
In-state residents	5,674	52.4
Out-of-state residents	5,162	47.6
Age Group		
Under 15 years	55	0.5
15-19 years	1,744	16.1
20-24 years	3,722	34.3
25-29 years	2,586	23.9
30-34 years	1,497	13.8
35-39 years	894	8.3
40-44 years	315	2.9
45 years and over	23	0.2
Not Stated	0	n.a.
Population Group *		
White Non-Hispanic	6,411	59.4
Black Non-Hispanic	2,358	21.8
Native American Non-Hispanic	86	0.8
Asian/Pacific Islander Non-Hispanic	375	3.5
Other Non-Hispanic **	326	3.0
Hispanic Any Race	1,245	11.5
Not Stated ***	35	n.a.
Marital Status		
Married	1,808	16.7
Unmarried	9,001	83.3
Not Stated ***	27	n.a.
Gestation		
Less than 9 weeks	6,836	63.1
9-12 weeks	2,422	22.4
13-16 weeks	851	7.9
17-21 weeks	426	3.9
22 weeks & over	293	2.7
Not Stated ***	8	n.a.

n.a. Not applicable

* For further explanation, see Technical Notes in the *Annual Summary of Vital Statistics, 2006*.

** Includes selection of two or more races or other non-specified race.

*** Patient refused to provide information or information not collected by other states.

Almost nine out of 10 (85.5%) of all reported abortions were performed prior to the 13th week of gestation, while only 6.6 percent of abortions were performed after 16 weeks gestation (Table 2).

The Center's preliminary report of 2007 abortions is available at <http://www.kdhe.state.ks.us/ches/> or by calling the Office of Health Assessment at 785-296-8627.

Office of Health Assessment

Kansas Motor Vehicle Crash Mortality Urban vs. Non-urban

Unintentional injuries are the leading cause of death for persons ages 1-44. In 2006 unintentional injuries in Kansas were the

fifth leading cause of death for Kansas residents.[1] They accounted for 15.9 percent of all years of potential life lost before life expectancy. Among unintentional injury death categories, the largest number of deaths occur as the result of motor vehicle crashes.

The Kansas Trauma Registry, part of the Kansas Trauma Program (KTP) reports motor vehicle crashes account for more traumatic injuries treated by Kansas hospitals than any other mechanism of injury.[2] The trauma program at the Kansas Department of Health and Environment (KDHE) seeks to reduce morbidity and mortality due to traumatic injury. The registry is comprised of injuries meeting inclusion criteria. Together with mortality information, the data provides insight into the health effects of severe injuries.

Nationally, rural populations have been shown to have disproportionately high injury mortality rates, and decreasing population density is the strongest predictor of county-specific trauma death rates in the United States.[3,4] Kansas' five largest counties by population comprise the urban counties based on the Peer-group Population Density model developed by the KDHE Office of Local and Rural Health. These five counties, based on the 2006 U. S. Census Bureau Population Estimates represent 51.6 percent of Kansas' population of 2,764,075.

Table 3. Kansas Resident MVC Deaths, Mortality Rates and Confidence Interval, by Region, 1990-2006

Region	N	Age-adjusted Mortality Rate *	95 % Confidence Interval	
Urban Counties	2,773	12.6	12.2	13.1
Non Urban Counties	5,518	23.6	23.0	24.2
Kansas	8,291	18.2	17.9	18.6

* Rate per 100,000 Population (2000 Standard Population)

Source: Kansas Information for Communities

Kansas Department of Health and Environment

During the period 1990 to 2006, 8,291 motor vehicle crash deaths, based on the International Classification of Diseases versions 9 and 10, have been reported to the Kansas Department of Health and Environment (Table 3). More than two-thirds of the deaths (67.0%) have occurred to residents of Kansas' non-urban counties.

Age-adjusted rates allow for comparison of mortality between populations of different size and age composition. The age-adjusted mortality rate for the non-urban counties is 23.6 per 100,000 population which is 87.3 percent higher than the rate for urban counties.

Comparison of confidence intervals for the mortality rates is a way to assess whether the differences are due to the chance randomness of vital events. The confidence intervals for the urban and non-urban counties do not overlap. This means the difference is considered statistically significant or not due to the randomness of vital events.

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Office of Health Assessment

References

- Sommer K. Annual Summary of Vital Statistics, 2006. Topeka, KS. Kansas Department of Health and Environment; 2007
- Cook-Wiens E. Motor vehicle trauma in Kansas. Kansas Health Statistics Report. 32, 3-4,
- Eberhart MS, Ingram DD, Makuc DM, et al. Urban and Rural Health Chartbook: Health, United States, 2001. Hyattsville, MD: National Center for Health Statistics; 2001
- Rutledge R, Fakhry SM, Baker CC, et al. A population-based study of the association of medical manpower with county trauma death rates in the United States. *Ann Surg.* 1994;219:547-567.

Varicella Outbreak Studied

In Kansas, all children enrolled in kindergarten through third grade are required to have either proof of vaccination or history of disease. In addition, individual cases of varicella (Chickenpox) became reportable to the Kansas Department of Health and Environment in 2003. In January 2008, the Office of Surveillance and Epidemiology (OSE) began collecting information on outbreaks of varicella. From Jan. 1 to April 30, 452 cases of varicella were reported to OSE and 252 (55.7%) were outbreak related.

OSE identified 14 new outbreaks after March 3. A total of 39 outbreaks have been recognized among children (daycare through high school) in 11 different counties. Half of the outbreaks were located in four large urban counties. The number of cases associated with an outbreak ranged from two to 44 cases.

Gender among the outbreak-associated cases was evenly distributed (Table 4). The majority of the cases were white. Fifty-seven percent of all cases were 'Not Hispanic/Latino' but information was missing on 27 percent of the cases. Most of the cases were ages 5 to 9, with a range of 3 months to 36 years old. Teachers were among the cases in two of the outbreaks.

For a full summary of the OSE outbreak investigation, go to: http://www.kdheks.gov/epi/download/Outbreak_Report_varicella_April_2008.pdf.

Table 4. Varicella Cases by Selected Characteristics, 2008 Outbreak, Kansas

n=252	
Gender	%
Male	46.0
Female	52.8
Unknown	1.2
Race	%
Asian	2.0
Black	4.0
White	86.5
Multiple race	1.9
Unknown	5.6
Ethnicity	%
Hispanic/Latino	15.5
Not Hispanic/Latino	57.1
Unknown	27.4
Age	
Mean	8.5 years
Range	3 months - 36 years

Jennifer Schwartz, MPH
Office of Surveillance and Epidemiology

Death Certificate Race Reporting

The Office of Health Assessment has issued a report "Race and Ancestry Reporting, Revised Death Certificate, 2005 - 2006, Kansas" exploring the impacts of new race and ancestry reporting on the Kansas death certificate implemented in 2005.

This report evaluates the possible extent of under-reporting of race on Kansas death certificates, uses two alternate methods for categorizing race, and compares the effect of the resulting age-adjusted mortality rates on health disparity in Kansas.

Age-adjusted mortality rates for two race groups of Kansas residents, Blacks and American Indian/Alaska Natives, increased significantly when using the ancestry-adjusted race categorization method. Mortality rates for the two groups based on single race only, already demonstrate a disparity when compared with the single race only White population. These results may represent a clearer estimation of the mortality experience of the two race groups when compared to the white reference population.

The full report is available on the KDHE Web Site at <http://www.kdheks.gov/ches/research.html>.

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Office of Health Assessment

Ovarian Cancer Concerns

Among U.S. women, ovarian cancer is the seventh most common cancer and the fifth leading cause of cancer death.[1] Annually about 20,000 women are diagnosed with ovarian cancer and about 15,000 die from the disease.[2] Among Kansas women, ovarian cancer is the eighth most common cancer [3] and the fifth

leading cause of cancer death.[4] Approximately 200 Kansas women are diagnosed every year. [2]

Types of Ovarian Cancer: Ovarian cancer is classified according to the cell type from which it originates.[2]

- Epithelial – Accounts for 90 percent of ovarian cancer cases. Seventy-five percent of epithelial tumors are diagnosed at Stage 3 or 4.[5]
- Germ cell – Develop from egg cells and accounts for about five percent of ovarian cancer cases.[5]
- Stromal - Seventy percent of the stromal carcinomas are diagnosed in Stage I and accounts for about five percent of ovarian cancer cases.[2]

Risk Factors

The biologic events leading to ovarian cancer are unknown.[5] The female lifetime risk of developing ovarian cancer is 1.44 percent, while the risk of dying from ovarian cancer is 1.05 percent. Prospects for patients diagnosed with early-stage ovarian cancer confined to the ovaries and who receive treatment is estimated with an 80-90 percent survival rate after five years; however, for the 70 percent of patients diagnosed with advanced stage metastasized disease, survival rates decline markedly with stage at diagnosis.[6] The recurrence risk varies based on multiple factors, including the stage at diagnosis. Therapeutic improvements may be delaying or preventing ovarian cancer recurrences.[2] Several factors such as genetics, increasing age, hormonal, and environmental variables impact the risk of developing this disease.[5]

- Family history - in which multiple female family members i.e., mother, sister, daughter, grandmother or aunt had ovarian cancer can increase risk by as much as 50 percent.[5] Mutations of the BRCA1 or BRCA2 genes are attributed with 5-10 percent of all ovarian cancers. Women with hereditary non-polyposis colorectal cancer (HNPCC) or Lynch Syndrome have an estimated 12 percent lifetime risk of ovarian cancer, while women with one first degree relative i.e., mother with ovarian cancer but no genetic mutation have a lifetime risk of 5 percent.[2]
- Age - increases risk for developing ovarian cancer.[5] The median age at diagnosis is 63.[2] Women between the ages of 35 and 54 make up 25 percent of ovarian cancer deaths, while about 66 percent are women age 55 or older.[7]
- Menstrual Cycles - Risk increases in women who began to menstruate before age 12 and/or experienced menopause after age 50. Never having given birth (nulliparity) is a risk factor for the development of ovarian cancer, as is having a first child after age 30. It is thought that the protective effect of pregnancy, birth control pills, and breast-feeding are related to the suppression of ovulation. Multiple pregnancies have an increasingly protective effect.
- Contraception Pills - Women who take or have taken birth control pills have 40 to 50 percent decreased risk of ovarian cancer.[5] According to researchers of Duke Comprehensive Cancer Center, the risk of ovarian cancer is reduced by 50 percent for women taking pills containing estrogen and progestin. However, pills containing very high levels of progestin reduce risk by an additional 50 percent.[8]
- Diets high in meat and animal fats - are linked to the development of ovarian cancer. Obesity also increases the risk, especially in women who have never given birth.[5] "There is a higher rate of death from ovarian cancer in obese women. Increasingly, findings point to a link between obesity and cancer." [2]

Symptoms

Symptoms vary and many times are vague and non-specific; consequently women and physicians blame other more common

conditions[8] such as irritable bowel syndrome (IBS), among others. Recent studies show persistent warning signs often occur in women with ovarian cancer in even early stages. Of women with ovarian cancer, 95 percent had symptoms while only 90 percent experienced symptoms with early-stage ovarian cancer.

In June 2007 the Gynecologic Cancer Foundation, the Society of Gynecologic Oncologists and the American Cancer Society, endorsed by the Ovarian Cancer National Alliance, formed a consensus statement on ovarian cancer. This is a breakthrough; it identifies indicators more likely to occur in women with ovarian cancer than women in the general public, including:[2]

- Bloating;
- Pelvic or abdominal pain;
- Difficulty eating or feeling full quickly; and
- Urinary urgency or frequency.

Detection

There are two main barriers to early diagnosis – the lack of an ovarian cancer-screening test for all women and a lack of ovarian cancer awareness. For women experiencing ovarian cancer symptoms or who have a strong family history or genetic predisposition such as a BRCA mutation, monitoring with one or a combination of the following tests may be recommended:

- A complete pelvic exam – Experts recommend this exam be done annually;
- A transvaginal or pelvic ultrasound – Using sound waves can reveal masses on the ovaries; and
- CA-125 blood test – Tests for higher concentrations of the CA-125 protein in blood, which is indicative of cancerous cells. The test is more accurate in postmenopausal women. “However, in about 20 percent of cases of advanced stage ovarian cancer, and 50 percent of cases of early stage ovarian cancer, the CA-125 is NOT elevated, even though there is ovarian cancer present”. The CA-125 test is important to evaluate disease progress and to monitor for evidence of disease recurrence.[2]

These tests are most effective when used in combination. A CT scan or PET scan may also be used as part of the diagnostic process. The only definitive way to determine if a patient has ovarian cancer is through biopsy and/or surgery.[2]

Treatment

“Surgery is the preferred treatment and is often needed to diagnose ovarian cancer.”[7]

“Multiple studies conducted over the past decade have shown that survival is markedly improved when surgery is performed by a gynecological oncologist.”[2] One analysis found that women whose surgery was performed by a gynecologic oncologist had a median survival time that was 50 percent longer than those whose surgery was done by a general gynecologist or other surgeons inexperienced in optimal debulking procedures.[2] Following initial treatment, it is important to have physician follow-ups to monitor and/or treat evidence of recurrent disease.[2] Chemotherapy is often given in addition to surgery to destroy cancer cells that may have been left behind, or to shrink a tumor prior to surgery if the surgeon anticipates difficulty.[9]

Table 5. Ovarian Cancer Frequencies and Rates, by Year, Kansas, 2000-2004

Year	Number	Rate *
2000	227	1.6
2001	214	1.5
2002	202	1.4
2003	191	1.3
2004	199	1.3

*Rates per 10,000 women Age Adjusted to the 2000 U.S. Standard Population. Source: U.S. Bureau of the Census and Kansas Cancer Registry via Kansas Information for Communities

In Kansas

Among Kansas women, the 2000 - 2004 incidence rate for ovarian cancer declined slightly with an average of 1.4 cases per 10,000 women. (Table 5)

Kansas' hospital discharge data for 2001 through 2006 show an average of 201 annual hospitalizations due to ovarian cancer (Table 6). The average length of stay was approximately 7 days with a mean of 1,398 hospital days per year. Overall, discharges appear to be on the decline.

Table 6. Ovarian Cancer Hospital Discharges and Length of Stay by Year, Kansas, 2001-2006

Year	Number	Total Length of Stay - days	Average Length of Stay - days
2001	204	1,533	7.5
2002	191	1,255	6.6
2003	191	1,248	6.5
2004	232	1,684	7.3
2005	202	1,432	7.0
2006	187	1,235	6.6
Average	201	1,398	6.9

Source: Kansas Hospital Association Community Hospital Discharge Database via Kansas Information for Communities

Kansas women ages 45 to 64 and age 65 and over were eight and 31 times, respectively, more likely to die from ovarian cancer than women ages 25 to 44. For women age 65 and over the mortality rate appears to be increasing to some extent. (Table 7)

Table 7. Resident Ovarian Cancer Deaths and Rates for Selected Age-Groups by Year, Kansas, 2001-2006

Year	Age Group							
	25 to 44		45 to 64		65 and over		All ages	
	N	Rate	N	Rate	N	Rate	N	Rate
2001	7	@	44	14.6	96	45.9	147	9.5
2002	9	@	35	11.3	104	50.0	149	9.4
2003	#	@	38	11.9	99	47.8	142	8.8
2004	#	@	47	14.3	110	53.3	159	9.7
2005	#	@	39	11.9	105	50.9	148	9.1
2006	8	@	37	10.7	110	52.9	155	9.6
Average	5.8	1.6	40	12.4	104	50.1	150	9.3

Rates Per 100,000 women. Rates for "All Ages" are Age Adjusted. Others are age group specific. Age Adjustment Uses 2000 Standard Population # Indicates Numbers Below 6.

@ indicates numerator too small for rate calculation

Source: Kansas Hospital Association Community Hospital Discharge Database via Kansas Information for Communities

Conclusions

The ovarian cancer incidence rate in Kansas is slowly declining, as are hospital lengths of stay. Overall, mortality rates appear stable with the exception of women age 65 and over whose death rates appear to be increasing somewhat. On the other hand, hormones associated with risk factor reduction have been found.[7] Recently, medical experts have identified a list of symptoms that are common to ovarian cancer patients. “The frequency and/or number of symptoms appear to be key factors in the diagnosis of ovarian cancer.” Then again, until a cost effective screening test is available, one of the best strategies to address ovarian cancer remains raising awareness among women and the health care community about ovarian cancer risk factors, symptoms, and state-of-the-art treatment techniques.[2]

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Rachel Lindbloom, MA, LSCSW
Office of Health Assessment

Related Links:

“What Are the Symptoms of Ovarian Cancer” video at <http://www.healthline.com/adamcontent/ovarian-cancer>

References

- Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, National Center for Health Marketing www.cdc.gov/Features/OvarianCancer/
- Ovarian Cancer National Alliance, About Ovarian Cancer. <http://www.ovariancancer.org/index.cfm?fuseaction=Page.viewPage&pageId=764>
- Kansas Information for Communities, Center For Health and Environmental Statistics, Kansas Department of Health and Environment, http://kic.kdhe.state.ks.us/kic/cancer_table.html.
- Kansas Information for Communities of Kansas Department of Health and Environment, Center For Health and Environmental Statistics http://kic.kdhe.state.ks.us/kic/death_table.html
- Oncologychannel.com, Ovarian Cancer <http://www.oncologychannel.com/ovariancancer>
- John Hopkins Pathology, Significance of Early Detection, <http://ovariancancer.jhmi.edu/earlydx.cfm>
- Nanda, R M.D., Department of Medicine, Section of Hematology/Oncology, University of Chicago Medical Center, Chicago, IL. Review provided by VeriMed Healthcare Network. <http://www.healthline.com/adamcontent/ovarian-cancer/1>
- The Cancer Federation Inc., http://www.cancerfed.com/recent_discoveries.htm
- Cancerbackup, Treating ovarian cancer with chemotherapy <http://www.cancerbackup.org.uk/Cancertype/Ovary/Treatment/Chemotherapy>

Assessment Initiative Conference in August

The Annual Conference on Assessment Initiative, sponsored by CDC, will be Aug. 18-20, in Atlanta, Georgia. This meeting will focus on sharing information on innovative systems and methods that improve the way data are used in public health programs, services, and policies at the local and state levels. Sessions will address data dissemination, health assessment research, applied data analysis, presentation techniques, and community health-assessment processes and outcomes.

Participants will include staff from local and state health departments, federal agencies, and community organizations interested in the collection, analysis, and dissemination of data for community health assessments. Attendees can register online at <http://www.ppliventreg.com/events/HHS/index.php?id=19>; the deadline for online registration is Aug. 4, and no registration fee is charged. The deadline for making reservations with the Sheraton Atlanta Hotel – at the conference web site or by telephone, (800) 833-8624 or (404) 659-6500 – is July 14.

Abstracts for the poster session are due by July 18 and should be e-mailed to Nelson Adekoya at nba7@cdc.gov. Abstracts should be a maximum of 250 words and clearly state the purpose of the poster. Topics of interest include approaches to assessment, impact and outcome of community health assessment, systems and approaches used for data dissemination, community partnerships, and statistical methods used in assessment. A maximum of 40 abstracts will be accepted, and applicants will be notified of acceptance by Aug. 1. Additional information regarding the Assessment Initiative is available at <http://www.cdc.gov/ncphi/od/ai>.

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2007 Population Estimates Released

Kansas county population estimates for 2007 have been released by the U.S. Census Bureau. Shown in Table 8 are county estimates as of July 1, 2007. Kansas increased slightly (0.4 percent) in population from 2,764,075 residents in 2006 to 2,775,997 in 2007. Access this table and additional Kansas estimates at: <http://www.census.gov/popest/estimates.php>.

U.S. Census Bureau

Table 8 Kansas County Population Estimates for July 1, 2007

County	Total	% Change from 2006	County	Total	% Change from 2006
Allen	13,414	-1.9	Linn	9,767	-2.0
Anderson	7,908	-1.8	Logan	2,628	-1.8
Atchison	16,571	-1.0	Lyon	35,981	1.7
Barber	4,786	-3.8	Marion	12,238	-4.1
Barton	27,768	0.9	Marshall	10,186	-1.6
Bourbon	14,803	-1.0	McPherson	29,196	-0.6
Brown	10,068	-1.6	Meade	4,403	-3.5
Butler	63,045	-0.2	Miami	31,078	0.6
Chase	2,882	-6.1	Mitchell	6,307	0.1
Chautauqua	3,806	-3.7	Montgomery	34,511	-0.5
Cherokee	21,337	-0.5	Morris	5,967	-1.3
Cheyenne	2,801	-3.8	Morton	3,038	-3.2
Clark	2,094	-5.1	Nemaha	10,201	-1.7
Clay	8,685	0.7	Neosho	16,228	-0.4
Cloud	9,382	-2.2	Ness	2,991	1.5
Coffey	8,454	-2.8	Norton	5,422	-2.9
Comanche	1,888	0.2	Osage	16,459	-2.9
Cowley	34,251	-1.9	Osborne	3,871	-2.7
Crawford	38,860	2.1	Ottawa	6,006	-2.6
Decatur	2,955	-5.3	Pawnee	6,415	-1.5
Dickinson	18,957	-1.9	Phillips	5,356	-1.6
Doniphan	7,756	-1.4	Pottawatomie	19,396	0.9
Douglas	113,488	1.2	Pratt	9,426	-0.1
Edwards	3,106	-1.0	Rawlins	2,558	-3.2
Elk	3,040	-1.2	Reno	63,145	-0.9
Ellis	27,464	2.0	Republic	4,901	-2.6
Ellsworth	6,310	-0.3	Rice	10,080	-2.1
Finney	38,295	-2.1	Riley	69,083	10.5
Ford	33,340	-1.3	Rooks	5,160	-2.5
Franklin	26,479	-0.1	Rush	3,211	-3.2
Geary	25,150	4.0	Russell	6,737	0.0
Gove	2,637	-3.1	Saline	54,583	0.8
Graham	2,607	-2.6	Scott	4,568	-1.6
Grant	7,497	-0.7	Sedgwick	476,026	1.1
Gray	5,641	-3.6	Seward	23,109	-1.3
Greeley	1,297	-2.6	Shawnee	173,476	0.5
Greenwood	6,993	-1.0	Sheridan	2,493	-4.1
Hamilton	2,632	1.5	Sherman	5,959	-0.4
Harper	5,819	-2.2	Smith	3,951	-1.8
Harvey	33,493	-0.4	Stafford	4,387	-1.1
Haskell	4,032	-3.3	Stanton	2,162	-3.1
Hodgeman	1,971	-4.8	Stevens	5,061	-4.3
Jackson	13,420	-0.6	Sumner	23,888	-2.3
Jefferson	18,467	-2.0	Thomas	7,314	-2.1
Jewell	3,198	-3.8	Trego	2,927	-2.2
Johnson	526,319	1.9	Wabaunsee	6,870	-0.4
Kearny	4,148	-7.2	Wallace	1,456	-6.5
Kingman	7,826	-1.9	Washington	5,840	-1.7
Kiowa	2,953	-0.5	Wichita	2,200	-3.8
Labette	21,973	-1.0	Wilson	9,807	-0.8
Lane	1,746	-2.8	Woodson	3,318	-5.4
Leavenworth	73,603	0.0	Wyandotte	153,956	-1.0
Lincoln	3,285	-3.3	Total	2,775,997	0.4

Source: Population Division, U.S. Census Bureau
Release Date: March 20, 2008

HCUP Indicators Released

The Agency for Health Care Research and Quality (AHRQ) continues to release 2006 state data from the Healthcare Cost and Utilization Project (HCUP). HCUP is a federal-state-industry partnership that brings together the data collection efforts of state data organizations, hospital associations, private data organizations, and the federal government to create a national information resource of encounter-level health care data.

The most recent database release includes the State Inpatient Databases (SID), State Ambulatory Surgery Databases (SASD), and State Emergency Department Databases (SEDD) of selected states. Researchers and policymakers can use these state-specific HCUP databases to investigate questions unique to one state, compare data from two or more states, conduct market area research or small area variation analyses, and identify state-specific trends in utilization, access, quality, charges, and outcomes.

These databases are available through the HCUP Central Distributor. Additional 2006 state files will be released in the next few months. For information about states already released, please visit the product release calendar on the HCUP-US Web site, http://www.hcup-us.ahrq.gov/news/db_products.jsp.

AHRQ Electronic Newsletter

AIDS and HIV Case Counts

Incident, prevalent, and cumulative AIDS and HIV (non AIDS) case counts have been released by the Bureau of Disease Control and Prevention. The information covering through Dec. 31, 2007, is available at http://www.kdheks.gov/hiv/hiv_std_update_newsletter.html.

Table 9. Selected Characteristics of Incident, Prevalent, and Cumulative AIDS Cases in Kansas as of December 31, 2007

	Incident AIDS Cases		Prevalent AIDS Cases		Cumulative AIDS Cases	
	N	%	N	%	N	%
Adult/Adolescent	126	100.0	1,330	99.6	2,808	99.5
Pediatric (<13 Years Old)	0	0.0	6	0.4	13	0.5
Total	126	100.0	1,336	100.0	2,821	100.0
Age						
<13 Years	0	0.0	6	0.4	13	0.5
13 To 14 Years	0	0.0	2	0.1	4	0.1
15 To 24 Years	8	6.3	92	6.9	154	5.5
25 To 34 Years	33	26.2	475	35.6	1,095	38.8
35 To 44 Years	46	36.5	501	37.5	1,013	35.9
45 To 54 Years	30	23.8	203	15.2	382	13.5
55 To 64 Years	8	6.3	50	3.7	119	4.2
65 Years Or Older	1	0.8	7	0.5	41	1.5
Race/Ethnicity						
Hispanic	16	12.7	170	12.7	254	9.0
American-Indian Non-Hispanic	1	0.8	11	0.8	24	0.9
Asian/Pacific Islander Non-Hispanic	1	0.8	9	0.7	14	0.5
Black Non-Hispanic	37	29.4	307	23.0	540	19.1
White Non-Hispanic	71	56.3	827	61.9	1,969	69.8
Multi-Race Non-Hispanic	0	0.0	11	0.8	19	0.7
Unknown Non-Hispanic	0	0.0	1	0.1	1	0.0
Gender						
Male	107	84.9	1,117	83.6	2,473	87.7
Female	19	15.1	219	16.4	348	12.3
Exposure Category						
Men who have sex with men (MSM)	63	50.0	737	55.2	1,698	60.2
Injection Drug User (IDU)	9	7.1	119	8.9	262	9.3
MSM and IDU	8	6.3	122	9.1	258	9.1
Hemophilia/Coagulation Disorder or Transfusion/Transplant	0	0.0	24	1.8	91	3.2
High Risk Heterosexual Contact	15	11.9	199	14.9	300	10.6
No Identified Risk (NIR) or Other	31	24.6	125	9.4	192	6.8
Pediatric (All Risk Combined)	0	0.0	10	0.7	20	0.7
TOTAL	126	100.0	1,336	100.0	2,821	100.0

The data are maintained in the Kansas HIV/AIDS Reporting System (HARS). During 2007, 126 incident AIDS cases were reported (Table 9). Another 97 HIV (non AIDS) cases were reported during 2007 (Table 10). The number of persons living with

AIDS (prevalent) was 1,336 as of December 31, 2007. The prevalent number of HIV (non AIDS) individuals was 1,058. Cumulatively, the number of AIDS cases ever reported to KDHE was 2,821. The number of cumulative HIV (non AIDS) cases reported was 1,113.

Table 10. Selected Characteristics of Incident, Prevalent, and Cumulative HIV Cases in Kansas as of Dec. 31, 2007

	Incident HIV Cases		Prevalent HIV Cases		Cumulative HIV Cases	
	N	%	N	%	N	%
Adult/Adolescent	96	99.0	1,046	98.9	1,101	98.9
Pediatric (<13 Years Old)	1	1.0	12	1.1	12	1.1
Total	97	100.0	1,058	100.0	1,113	100.0
Age						
<13 Years	1	1.0	12	1.1	12	1.1
13 To 14 Years	0	0.0	0	0.0	0	0.0
15 To 24 Years	24	24.7	230	21.7	235	21.1
25 To 34 Years	32	33.0	417	39.4	427	38.4
35 To 44 Years	20	20.6	274	25.9	298	26.8
45 To 54 Years	15	15.5	95	9.0	103	9.3
55 To 64 Years	4	4.1	27	2.6	31	2.8
65 Years Or Older	1	1.0	3	0.3	7	0.6
Race/Ethnicity						
Hispanic	16	16.5	135	12.8	139	12.5
American-Indian Non-Hispanic	1	1.0	9	0.9	9	0.8
Asian/Pacific Islander Non-Hispanic	2	2.1	7	0.7	8	0.7
Black Non-Hispanic	28	28.9	284	26.8	294	26.4
White Non-Hispanic	50	51.5	599	56.6	639	57.4
Multi-Race Non-Hispanic	0	0.0	24	2.3	24	2.2
Gender						
Male	72	74.2	825	78.0	868	78.0
Female	25	25.8	233	22.0	245	22.0
Exposure Category						
Men who have sex with men (MSM)	47	48.5	518	49.0	540	48.5
Injection Drug User (IDU)	9	9.3	103	9.7	108	9.7
MSM and IDU	3	3.1	61	5.8	67	6.0
Hemophilia/Coagulation Disorder or Transfusion/Transplant	0	0.0	4	0.4	6	0.5
High Risk Heterosexual Contact	13	13.4	141	13.3	150	13.5
No Identified Risk (NIR) or Other	24	24.7	219	20.7	230	20.7
Pediatric (All Risk Combined)	1	1.0	12	1.1	12	1.1

Bureau of Disease Control and Prevention

Injury Deaths Decline

The accidental injury death rate of children 14 and younger has declined by 45 percent in the U.S. since 1987, yet accidental injury remains the nation's leading killer of kids, according to a new national report released by Safe Kids USA.

Entitled "Report to the Nation: Trends in Unintentional Childhood Injury Mortality and Parental Views on Child Safety", the report examines accidental injury in the U. S. and its impact on children by age, gender and race, and reviews the changes in accidental childhood injury death rates in areas such as motor vehicle occupant injuries, drownings, suffocation (which includes strangulation and choking) and more. The report also compares current data to data from 1987 and 1997.

The report unveils many findings including:

- Only 58 percent of parents with children 14 and under report their child being involved in a serious accident or getting seriously injured as a major concern – a seven percentage-point drop since 1987.

- There is little change from 1987 to 2007 in the amount done by parents to ensure their child's safety – due to reasons varying from parents actually feeling the chance of their child being seriously injured is slim (especially fathers); to reporting that taking all the necessary steps are a hassle; to 20 percent of low income families (household income levels under \$25,000) saying many safety devices such as fire extinguishers and bike helmets cost too much.
- Yet when parents do take action, they are not always taking the right steps every time their child is at risk of injury. For example, 31 percent of households with children 14 and younger do not consistently ensure their children ride in the back seat of a car all the time; 24 percent do not consistently supervise their children around water all the time and 18 percent do not always ensure their children (under 10 years old) are with an adult when crossing the street.

In addition, the report demonstrates that among children ages 14 and younger accidental death rates are declining except for the childhood suffocation death rate which has increased by 21 percent. (This is partly due to a re-categorization of deaths previously attributable to Sudden Infant Death Syndrome.)

The injuries examined in the report are serious, many resulting in death or permanent disabilities. Many children survive, but live with significant physical and emotional health consequences for a lifetime. The stress on the children, their families and the health care system cannot be underestimated. In 2000, in the U.S., injuries to children ages 14 and younger cost society approximately \$58 billion in medical bills, lost wages of the children's caregivers, and more.

The four leading causes of death from accidental injuries to

children 14 and younger are: suffocation (19%); motor vehicle occupant injuries (16%); drowning (16%); and pedestrian incidents (11%). Safe Kids Kansas recommends 10 steps to parents that could have a major impact on their children's safety:

- Properly secure your children under age 13 in a back seat every time they ride in a car.
- Keep your children in the right type of car or booster seat until adult lap and shoulder belts fit them correctly.
- Make sure your children wear a helmet and other protective gear every time they bike, skate, skateboard or ride a scooter.
- Teach your children to cross streets at corners and look left, right and left again before crossing. Make sure children younger than 10 always cross the street with an adult.
- Always keep your eyes on your children when they are playing in or near water.
- Always make sure your children wear life jackets when riding on boats or playing in or near open bodies of water.
- Install smoke alarms and carbon monoxide detectors on every level of your home and outside of every sleeping area. Change the batteries once a year, and test them monthly.
- Do not place blankets, pillows or other soft items in a baby's crib. Keep small items such as toy parts, coins, buttons and beads away from children under age three.
- Keep poisonous items, such as medicines and cleaners, locked away and out of reach of children.
- Do not let your children play on stairs, furniture, balconies, roofs, or in driveways, streets or parking lots.

Kansas Safe Kids

The Office of Assessment (OHA) of the Kansas Department of Health and Environment's Center for Health and Environmental Statistics produces *Kansas Health Statistics Report* to inform the public about availability and uses of health data. This material may be reproduced without permission; citation as to source is appreciated. As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans. Through education, direct services, and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas. Send comments, questions, address changes and articles on health data intended for publication to: OHA, 1000 SW Jackson, Suite 130 Topeka, KS, 66612-1354, Kansas.Health.Statistics@kdhe.state.ks.us, or 785-296-8627. Roderick L. Brembly, Secretary KDHE; Richard J. Morrissey, Interim Director, Division of Health; Elizabeth W. Saadi, PhD, Interim State Registrar and Interim Director CHES; Elizabeth W. Saadi, PhD, Director, OHA; Greg Crawford, Editor.

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Kansas Information for Communities

One Stop Shop for Public Health Data

User's Guide



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Roderick L. Bremby, Secretary

Division of Health
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Center for Health and Environmental Statistics
Elizabeth W Saadi, PhD, Interim Director and Acting State Registrar

HEALTH AND HUMAN SERVICES
DATE: 01/26/09
ATTACHMENT: 6

Purpose of the Guide

This guide is intended to introduce potential users with the features of the Kansas Information for Communities (KIC) system. In order to save space, some graphics represent only a part of what is visible on KIC pages. KIC contains seven query modules (Table 1).

Resources Needed

Anyone connected to the Internet can access KIC with any Web browser. Even users with dialup access can quickly obtain query results. Response times may vary depending on Web traffic or query complexity, but will generally be 10 seconds or less.

The KIC URL is <http://kic.kdhe.state.ks.us/kic/>. Users should see the screen in Figure 1. Links to the KIC datasets are in the left column. Users may need to use their browser's back button to return to a previous page. The "Notes and Limitations" link contains general information and definitions. Popup windows, containing essential information, open with each query type selected. You may want to unblock "Popups."

Birth Data

The Birth KIC includes 17 birth characteristics (Table 2). Selecting "Births, 1990-2004" displays figure 2.

Birth Outcomes

All Births	Single Births
Intermediate Prenatal Care	Adequate Prenatal Care
Adequate Plus Prenatal Care	No Prenatal Care
Care Began First Trimester	Mother's Weight Gain < 15 lbs
Mother's Weight Gain Normal	Mother's Weight Gain > 44 lbs
Cesarean Section	Vaginal Birth after Cesarean
Spacing < 18 Months	Premature
Low Birth Weight	Very Low Birth Weight

Table 2

Click on a link for either a table or map output menu. Selecting "Map" displays Figure 3 with the selection criteria and birth outcomes available. The birth's map defaults to selecting all age-groups, all marital status, all races, the current data year, and total births. Users can define a narrower selection criteria by using the menu boxes for age-groups, marital status or race. Additional years can be added by selecting the boxes adjacent to the desired year.

Users may select either quartiles or quintiles to display the results in four or five equal groupings. Click on "Submit Query" to run the query. Results display in a color map with a table of frequency data below it (Figure 4). Header and footer information and confidentiality details, unique to each map, are created. KIC displays counties in colors that will print to unique shades of gray on a black and white laser printer. The HTML page can be saved as a file and opened in some word processing programs.

KIC Datasets

Event	Period
Births	1990 - 2004
Deaths	1990 - 2004
Hospital Discharge Procedure	1995 - 2004
Hospital Discharge Diagnosis	1995 - 2004
Pregnancy Outcome	1993 - 2004
Population	1994 - 2004
Cancer	1997 - 2002

Table 1

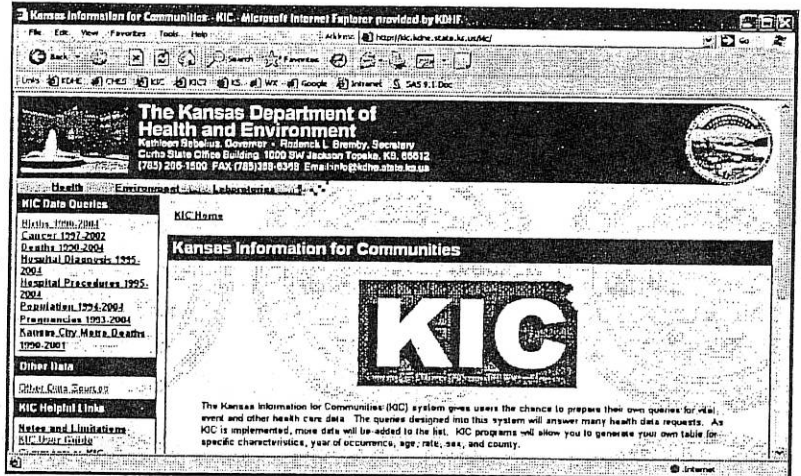


Figure 1

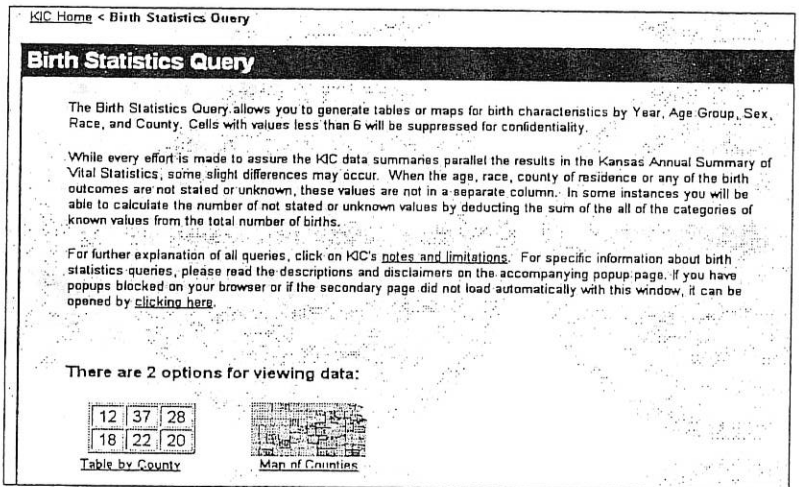


Figure 2

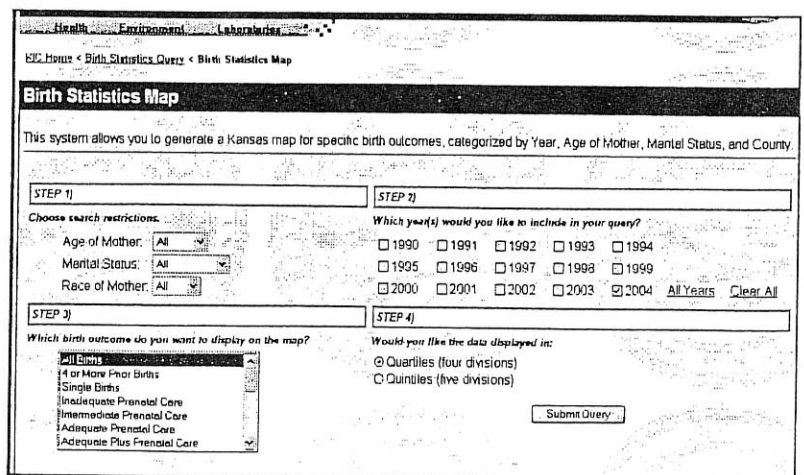


Figure 3

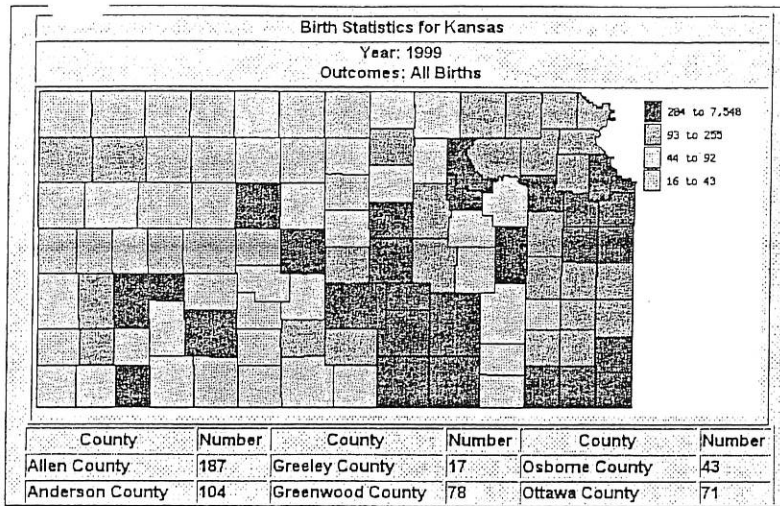


Figure 4

Birth table queries involve the same selection criteria as map queries. Results display in a two-way table (Figure 5). Table queries enable the user to select the group of counties from a menu box that will be dataset analyzed (Figure 6). While results are different in birth and death table, queries are formed in the same manner. The death statistics section will focus on table queries.

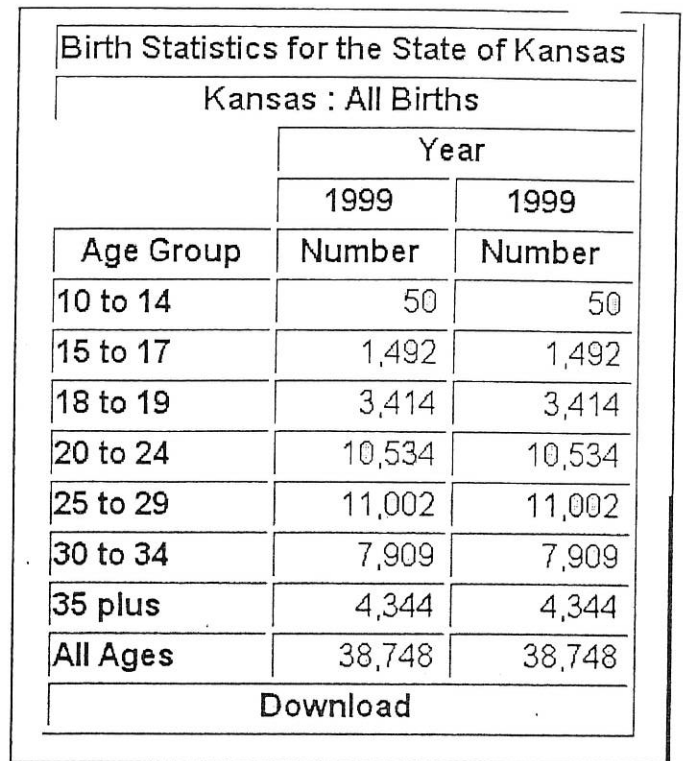


Figure 5

Death Data

KIC Death data is available for the years 1990 - 2004. Users can access the death statistics page from the KIC home page (Figure 1) by clicking on "Deaths, 1990-2004" in the left column. The death statistics page gives general information about the data available and at the bottom offers selections for a map query or a table query.

Selecting a table query brings the user to Figure 7. Aggregate cause of death data is available by sex, race, age-group, county, year (Figure 7). Separate

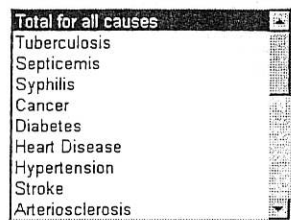


Figure 8

boxes further down enable users to select the specific cause of death (Figure 8) and county or group of counties (Figure 9) to include in the analysis. Only a single cause of death can be selected.

Even though KIC returns a two-way data table for death queries, the user can create additional dimensions through the use of the selection criteria (race, sex, and age-group). Separate analyses can be performed to create the additional dimensions. For example, a user can create a table query of Cancer deaths for several counties by age-group. By modifying the selection criteria for the individual sexes, a three-way table (albeit in two reports) can be created (Figure 10).

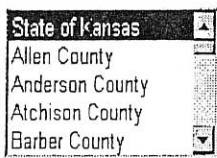


Figure 9

Figure 6

Figure 7

KIC also offers the user the opportunity to "drill down" into the cause of death categories. An additional level of detail can be accessed by clicking on the blue-colored underlined cause of death category. Continuing with Cancer example, Figure 11 appears when the user clicks on the word "Cancer" in Figure 10.

Drill down features are available for age-groups, and for Hospital Discharge - Procedure and Hospital Discharge - Diagnosis.

By selecting "Frequencies and Rates" from a death statistics query (Figure 7), KIC will generate population-based mortality rates. Rates are age-adjusted to the 2000 standard population (Figure 12). Queries using age groups produce mortality rates which are age-group specific not age-adjusted. The KIC Notes and Limitations pages goes into greater detail on the differences between age-adjusted and crude mortality rates.

Dealing with Output

KIC queries are returned as HTML pages which can be printed to any printer. A color printer will enable the user to retain the map colors. Users may also change the layout of some tables by selecting "Rotate" when included in the output. This reverses the rows and columns for an output which is more user-friendly. Users may also download the table data in a comma-separated format, which can be opened in most spreadsheet programs. Detailed instructions on how to download are contained in Notes and Limitations.

Problems?

In addition to the usual network and server problems, occasionally something may go awry. If KIC does not appear to be working properly, users should notify: Kansas.Health.Statistics@kdhe.state.ks.us and provide as much information as possible about the problem.

Technical Notes

KIC is an evolving system. Other datasets are also contemplated. Additional data are added when available. The Missouri Department of Health and Senior Services developed the software on which KIC is based.

If KIC does not create the health data results you are looking for, please contact the Office of Health Assessment at the e-mail address given above or by calling 785-296-8627. The office performs ad hoc data analyses. There may be a fee associated with those requests.

KIC uses the U.S. Census Bureau population data for rates. Mortality, Hospital Discharge statistics, Cancer, and Pregnancy Outcomes can all be reported as rates. Birth statistics are typically reported as percentages of the total birth cohort.

Data Security

There are no names in KIC datasets. In addition, confidentiality rules are built into the software. KIC invokes the rules when the demographic detail raises the possibility someone could be identified on those details

Provided on: Monday, December 19, 2005 by Kansas Information for Community Center for Health and Environmental Statistics
Kansas Department of Health and Environment

Death Statistics for Multiple Kansas Counties	
Sex: Female	
	Year
	2004
Cause of Death	Number
<u>Cancer*</u>	55
<u>Rotate</u>	<u>Download</u>
<ul style="list-style-type: none"> Allen County Anderson County Atchison County Barber County 	

Figure 10

Death Statistics for Multiple Kansas Counties	
Sex: Female	
	Year
	2004
Cause of Death	Number
25. Malignant neoplasms of trachea/bronchus/lung	14
21. Malignant neoplasms of colon/rectum/anus	11
27. Malignant neoplasms of breast	9
40. All other and unspecified malignant neoplasms	4
23. Malignant neoplasms of pancreas	4
34. Malignant neoplasms of meninges/brain/other parts of central nervous system	3
28. Malignant neoplasms of cervix uteri	2
26. Malignant melanoma of skin	2
36. Non-Hodgkin's lymphoma	2
33. Malignant neoplasms of bladder	2

Figure 11

Death Statistics for the State of Kansas						
Heart Disease						
Year: 1997 - 1998						
	Sex					
	Male		Female		Both Sexes	
Race	Number	Rate	Number	Rate	Number	Rate
White	6,614	317.6	7,072	195.7	13,686	248.1
Black	297	368.9	303	267.2	600	312.3
Other	55	234.0	46	144.0	101	177.4
All Races	6,968	319.3	7,421	198.1	14,389	250.1
	<u>Rotate</u>		<u>Download</u>			
footnote	Rates Per 100,000 Age Adjustment uses 2000 standard population					

Figure 12

alone or with the assistance of other information. In some instances, the KIC output may have "@" or "#" symbols in the place of numbers. These symbols denote the rate or count was suppressed for being statistically unreliable or a count was low enough that it violates confidentiality rules.

The system blanks population-based rates when the number of events is less than 20. This is frequently the case in all queries that create a rate.

Cancer queries may result in the publication of a range value when cell counts are below six. This is designed to protect patient confidentiality.

Revised - January 24, 2008 \vsda14.doc

Our Vision - Healthy Kansans Living in Safe and Sustainable Environments --- As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans. Through education, direct services, and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

6

5-9



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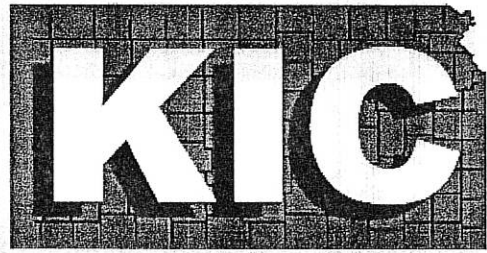


Health Environment Laboratories

KDHE Search:
 Search

KIC Home

Kansas Information for Communities

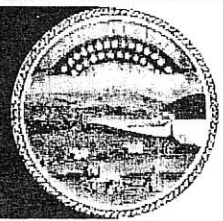


The Kansas Information for Communities (KIC) system gives users the chance to prepare their own queries for vital event and other health care data. The queries designed into this system will answer many health data requests. As KIC is implemented, more data will be added to the list. KIC programs will allow you to generate your own table for specific characteristics, year of occurrence, age, rate, sex, and county.

Datasets that can be queried are: Births, Cancer Incidence, Deaths, Hospital Discharges by Diagnosis, Hospital Discharges by Procedure, Kansas Population Estimates, and Pregnancies.



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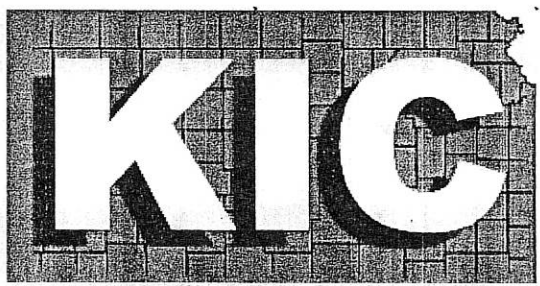
[Health](#) [Environment](#) [Laboratories](#)

KDHE Search:

[KIC Home](#)

Kansas Information for Communities

KIC (Public) General Query	Birth KIC
KIC FastStats	Death KIC
Reports and Documents	Cancer KIC
Other data and links	Pregnancy KIC
Notes and Documentation	Population KIC
User Survey	Hospital Discharge / Procedure KIC
About Us	Hospital Discharge / Diagnosis KIC



Information for Communities (KIC) system gives users the chance to prepare their own queries for vital health care data. The queries designed into this system will answer many health data requests. As requested, more data will be added to the list. KIC programs will allow you to generate your own table for specific characteristics, year of occurrence, age, rate, sex, and county.

Datasets that can be queried are: [Births](#), [Cancer Incidence](#), [Deaths](#), [Hospital Discharges by Diagnosis](#), [Hospital Discharges by Procedure](#), [Kansas Population Estimates](#), and [Pregnancies](#).

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KDHE Search:

[KIC Home](#) < [Birth Statistics Query](#)

Birth Statistics Query

- [KIC \(Public\) General Query](#) ▶
- [KIC FastStats](#) ▶
- [Reports and Documents](#) ▶
- [Other data and links](#) ▶
- [Notes and Documentation](#) ▶
- [User Survey](#)
- [About Us](#) ▶

This query module enables you to create tables on birth outcomes. The table query will return birth outcomes grouped by year, county, race, Hispanic origin, and marital status. Hispanic origin has not yet been incorporated into the map query. Cells with values less than 6 will be suppressed for confidentiality.

While every effort is made to assure the KIC data summaries parallel the results in the Kansas Annual Summary of Vital Statistics, some slight differences may occur. When the age, race, county of residence or any of the birth outcomes are not stated or unknown, these values are not in a separate column. In some instances you will be able to calculate the number of not stated or unknown values by deducting the sum of the all of the categories of known values from the total number of births.

For further explanation of all queries, click on KIC's [notes and limitations](#). For specific information about birth statistics queries, please read the descriptions and disclaimers on the accompanying [popup page](#).

You can create a [table query](#) of birth data by any combination of the row or column variables. You can also limit the results to a single category of any other variable. 2007 is the most current year.

12	37	28
18	22	20

8-9



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[KIC Home Page](#) < [Kansas Deaths](#)

Death Statistics Query

The Death Statistics Query enables you to create tables summarized by Year, Age-Group, Sex, Race, Hispanic Origin, County, or Cause of Death category back to 1990. If your query involves either age-groups or cause of death, you can obtain more detail by clicking on the blue links in the tables. Cells with counts less than 6 and rates based on counts less than 20 will be suppressed for confidentiality reasons.

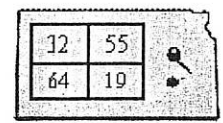
For further explanation of all queries, click on KIC's [notes and limitations](#). For specific information about death statistics queries, please read the descriptions and disclaimers on the accompanying [popup page](#).

There are 2 options for viewing data:

You can create a [table query](#) of death data by any combination of the row or column variables. You can also limit the results to a single category of any other variable. 2007 is the most current year.

12	37	28
18	22	20

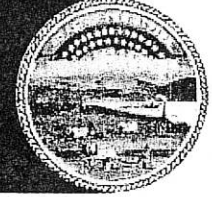
You can query death data by [Zip Code](#), restricting the resulting table to one or more Zip Codes. You can also limit the results to a single category of any other variable. 2007 is the most current year.



6-9



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[KIC Home Page](#) < [Kansas Hospital Discharge by Procedure Query](#)

Hospital Discharge Statistics by Procedure

This query creates custom tables of Kansas resident hospital discharges by procedure. Tables will display patient counts, rates, or length of stay (total or average) in each cell. Available row/column variables are: Year, Age Group, Sex, Race, Pay Source, Principal Procedure, and County. Because all procedure data have been reprocessed, queries run before January 18, 2008, will produce different results. Pay source information has also been categorized differently.

For further explanation of all queries, click on KIC's [notes and limitations](#). For more information about hospital discharge statistics queries, please read the accompanying [popup page](#).

New hospital discharge query available! There are now two ways to query the hospital discharge data. For the years 1995-2007 you can query the data in the same way as before. For 2003-2007 we have added hispanic origin to the data. There is also a new feature that allows a query by bioterrorism or geographic region in addition to the whole state or county.

There are currently two options for querying data:

Creating a [table query](#) allows you to select your row and column variables and display the results. This query is for years 2003-2007 with hispanic origin.

12	37	28
18	22	20

Creating a [table query](#) allows you to select your row and column variables and display the results. This query is for years 1995-2007 without hispanic origin.

12	37	28
...

6-10



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KDHE Search:
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KIC Home Page < Kansas Hospital Discharge by Procedure Query

Hospital Discharge Statistics by Procedure

This query creates custom tables of Kansas resident hospital discharges by procedure. Tables will display patient counts, rates, or length of stay (total or average) in each cell. Available row/column variables are: Year, Age Group, Sex, Race, Pay Source, Principal Procedure, and County. Because all procedure data have been reprocessed, queries run before January 18, 2008, will produce source information has also been categorized differently.

- Abortion Reports
- Annual Summary of Vital Statistics
- Kansas Health Statistics Report
- Research Summaries
- Teenage Pregnancy Reports
- Prenatal Care Index Reports
- Popular Baby Name Reports

For all queries, click on KIC's notes and limitations. For more information about hospital discharge statistics accompanying popup page.

query available! There are now two ways to query the hospital discharge data. For the years 1995-2007 you can query the same way as before. For 2003-2007 we have added hispanic origin to the data. There is also a new feature for terrorism or geographic region in addition to the whole state or county.

Two options for querying data:

Query allows you to select your row and column variables and display results for years 2003-2007 with hispanic origin.

12	37	28
18	22	20

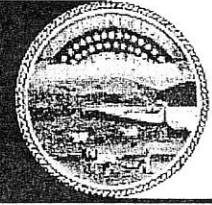
Query allows you to select your row and column variables and display results for years 1995-2007 without hispanic origin.

12	37	28
18	22	20

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[KIC](#) < FastStats

Kansas Information for Communities

KIC FastStats

KIC FastStats is a tool to enable users to obtain quick facts and statistics about population, public health, environment, and social determinants of health without creating a complex query. KIC FastStats also recognizes that some data may not be available by county as is the case for the traditional query modules. FastStats presents the data in the format in which it was prepared and presented to the [Office of Health Assessment](#). Footers and links to data sources are provided along with explanations of the information.

Presently KIC FastStats is comprised of several components.

[County Summaries](#) are just that: a listing of most current pertinent information about a county.

[Legislative Report Cards](#) is a program that provides selected public health statistics about a legislative district.

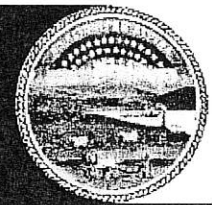
[Health Indicators](#) offers information on many of the 19 objectives that comprise the 10 Leading Health Indicators of Healthy Kansans 2010.

[Health Professionals](#) enables the user to review standard reports and data on the number of health professionals that work in Kansas.

6-12



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KIC < FastStats < Legislative Report Cards

FastStats Legislative Report Cards

Welcome to the KIC FastStats Legislative Report Cards. These report cards contain selected birth and death statistics by Kansas House or Senate District. Vital events have been grouped by legislative district to produce counts. Data from the 2000 Census have been totaled by the same districts in order to produce population-based rates for the selected birth and death information.

KIC FastStats Legislative Report Cards are available for 2003 and 2004. You can pick a report card for the Kansas House, Kansas Senate, or Kansas Congress for 2004. You can pick a report card for Kansas House or Kansas Senate for 2003. Once you have selected a year and district, you will be prompted for the district number. After selecting the number simply click the link to open the report card you have selected. To find a different report card, click the reset button and begin the process again.

Legislative maps have been prepared to illustrate where each district resides.

- View a map of [Kansas House Districts](#)
- View a map of [Kansas Senate Districts](#)

If you have any questions about these statistics, please contact us by clicking on the E-mail link under about us on the left menu. If you are looking for other health or environment data, please check out our links in the left column.

Select a report year and district:



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KIC < FastStats < Health Indicators

FastStats: Kansas Performance on the 10 Leading Health Indicators

The Healthy Kansans 2010 priority-setting process focused on Healthy People's 10 Leading Health Indicators. These indicators reflect major public health concerns and were chosen based on their ability to motivate action, the availability of data to measure progress, and their relevance as broad public health issues. Taken collectively, the 10 Leading Health Indicators serve as the 'measuring stick' for progress of the Healthy Kansans 2010 process.

The 10 Leading Health Indicators contain 19 health objectives. Twelve of the objectives are specific to adults, six objectives are specific to children and/or adolescents and the remaining objective is an environmental objective specific to air quality. The FastStats provided in this database focus solely on the adult population objectives and only those adult objectives collected through the Kansas Department of Health and Environment (KDHE). Of the eleven Kansas adult indicators collected through KDHE, eight of the objectives are measured through the Kansas Behavioral Risk Factor Surveillance System (BRFSS) and three of the objectives are measured through Kansas Vital Statistics.

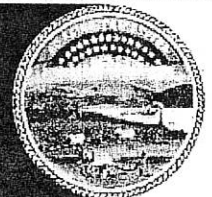
The selected Leading Health Indicators are available for the state's Health Preparedness regions aggregated over a multi year period because of the sample size. The Indicators are also available for the state's four largest counties on an annual basis.

- For more detailed information regarding the source data and notes and documentation please select from the links below.
- [Healthy Kansans 2010 process.](#)
 - [Behavioral Risk Factor Surveillance System data.](#)
 - [Kansas Vital Statistics data.](#)
 - [10 Leading Health Indicators notes and documentation](#) (launches a popup window).

6-14



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[KIC Home](#) < [Kansas Hospital Discharge Query](#) < [Kansas Hospital Discharge Table by Diagnosis](#)

Hospital Discharge Statistics Table by Diagnosis with Hispanic Origin

Allows you to generate a table summarizing hospital discharge data categorized by year, age, race, sex, hispanic origin, pay source, diagnosis, and county.

STEP 1)

Choose the variables you want in your table.

Rows:

- Year
- Age Group
- Race
- Sex
- Hispanic Origin
- Pay Source
- Diagnosis
- County

Columns:

- Year
- Age Group
- Race
- Sex
- Hispanic Origin
- Pay Source
- Diagnosis
- County

STEP 2) - OPTIONAL -

Certain variables can be limited in your search.

Hispanic Non-Hispanic All

Age Group:

Race:

Sex:

Pay Source:

Note: If you picked one of these variables above as a row or column, then selecting it here will do nothing.

STEP 3)

STEP 4)

51-9

Vital and Health Statistics Data

Provided on: Friday, January 16, 2009 by Kansas Information for Communities.
 Center for Health and Environmental Statistics
 Kansas Department of Health and Environment

Birth Statistics for the State of Kansas								
Year: 2006 & 2007								
Outcomes	Race							
	White		Black		Other		All Races	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Births	67,733	100.0	5,746	100.0	9,224	100.0	82,847	100.0
4 or More Prior Births	8,013	11.8	1,004	17.5	1,272	13.8	10,306	12.4
Single Births	65,571	96.8	5,596	97.4	8,993	97.5	80,303	96.9
Inadequate Prenatal Care	8,369	13.4	1,301	25.9	2,018	24.2	11,714	15.4
Intermediate Prenatal Care	3,868	6.2	468	9.3	712	8.5	5,061	6.7
Adequate Prenatal Care	29,293	46.9	1,917	38.2	3,170	38.0	34,426	45.4
Adequate Plus Prenatal Care	20,887	33.5	1,331	26.5	2,444	29.3	24,686	32.5
Care Began First Trimester	48,449	76.3	3,158	60.9	5,278	61.9	56,963	73.7
No Prenatal Care	561	0.9	163	3.1	177	2.1	905	1.2
Mothers Weight Gain less than 15 lbs	5,320	8.3	608	11.5	913	10.7	6,861	8.8
Vaginal Birth after Cesarean	788	10.0	82	10.9	108	10.6	982	10.2
Spacing less than 18 Months	4,700	11.8	677	19.4	723	12.9	6,107	12.5
Low Birth Weight	4,570	6.7	739	12.9	609	6.6	5,924	7.2

6-16

Death Statistics for the State of Kansas - Windows Internet Explorer

http://kic.kdhe.state.ks.us/kic/cgi-bin/deathnew/death.exe

File Edit View Favorites Tools Help

Links CHES KTL KDHE Intra KIC KIC2 KIC Stat WX FS FS-T KS NEO SAS Supp G G Docs PH Info CJ

Death Statistics for the State of Kansas

Page Tools

Vital and Health Statistics Data

Provided on: Friday, January 16, 2009 by Kansas Information for Communities.
 Center for Health and Environmental Statistics
 Kansas Department of Health and Environment

Death Statistics for the State of Kansas								
Cause of Death	Year							
	2005		2006		2007		2005&2006&2007	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cancer*	5,419	187.6	5,318	179.7	5,378	179.1	16,115	182.0
Diabetes*	708	23.9	749	24.7	698	22.6	2,155	23.8
Heart disease*	5,937	192.5	5,831	183.0	5,727	178.0	17,495	184.2
Total for Selection	12,064	404.0	11,898	387.4	11,803	379.7	35,765	390.0
All causes	24,632	818.9	24,489	792.7	24,413	780.4	73,534	796.8
Rotate				Download				
Footnote	Rates Per 100,000 @.@ indicates numerator too small for rate calculation Age Adjustment Uses 2000 Standard Population							

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Vital and Health Statistics Data

Provided on: Friday, January 16, 2009 by Kansas Information for Communities.
 Center for Health and Environmental Statistics
 Kansas Department of Health and Environment

Hospital Discharge Statistics for the State of Kansas, by Diagnosis

11. Complications of pregnancy, childbirth, & puerperium

Year	Age Group						All
	Under 15	15 to 24	25 to 44	45 to 64	65 to 84	85 and Over	
	Average Length of Stay - days	Average Length of Stay - days	Average Length of Stay - days	Average Length of Stay - days	Average Length of Stay - days	Average Length of Stay - days	Average Length of Stay - days
2006	2.4	2.3	2.4	3.7	#	#	2.3
2007	2.6	2.3	2.4	3.1	#	#	2.3
2006&2007	2.5	2.3	2.4	3.4	#	#	2.3

Rotate

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Footnote

Indicates Numbers Below 6

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Vital and Health Statistics Data

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 Kansas Department of Health and Environment

Cancer Statistics for the State of Kansas						
Year: 2005						
Cancer	Sex					
	Male		Female		Both sexes	
	Number	Rate	Number	Rate	Number	Rate
Brain	100	7.6	74	5.0	174	6.2
Esophagus	90	7.0	17	##	107	3.8
Kidney and Renal Pelvis	222	16.7	161	10.5	383	13.4
Lung and Bronchus	1,045	82.2	806	51.4	1,851	64.5
Total for Selection	1,457	113.5	1,058	67.9	2,515	87.9
Rotate			Save Results			
Footnote	# Indicates Confidentiality Rule Rates Per 100,000 @@ indicates numerator too small for rate calculation Age Adjustment Uses 2000 Standard Population					

Cancer events and rates may differ from queries prepared prior to August 25, 2008, when Cancer incidence data were updated for all years by the Kansas Cancer Registry

Depending on the source dataset, some KIC query modules have records where the race, sex, or ethnicity is unknown. In the process of summarizing the data these counts are retained to produce totals, but are excluded in the calculations used to produce crude or age-adjusted rates. The number of unknowns can be