

## Executive Summary

One of the most dynamic changes occurring in Kansas City as well as the nation is the growth of the Hispanic ethnic group. For the purposes of this report the term “Hispanic” refers to all Hispanics irrespective of race or national origin. In 2005, the Census Bureau estimated that Hispanics constituted 8.2% of Kansas City’s population, with 77.4% of the Hispanics being Mexican in heritage. And, between 2000 and 2006, the estimated population of Hispanics in Clay, Jackson, and Platte counties increased 36% to 59,845 individuals.

The residents of non-Kansas City portions of each of the three counties are predominately non-Hispanic white (approximately 90%), while only about 58% of the City residents are non-Hispanic white. The percentage of the population of the City that is non-Hispanic black (30%) is 12-15 times that of the non-City portions of either Clay or Platte counties, and more than five times that of the non-City portion of Jackson County.

Among non-Hispanic white, non-Hispanic black and Hispanic residents of the City, there were significant differences by sex and age distribution between the three groups. The non-Hispanic black and Hispanic populations were younger than that of the non-Hispanic whites. These differences are influenced by life expectancy between the racial and ethnic groups as well as the fact that persons migrating to Kansas City tend to be younger in age and more likely male. A surrogate measure of the migrant difference is that among Hispanics 20-44 y of age, males account for 57% of the group. This can be compared to 51% of whites in the same age group being male and only 43% of non-Hispanic blacks being male.

The percentage of family households headed by a woman in the Kansas City portion of Jackson County was double that for the remainder of the county and more than twice that for the portions of the City within Clay and Platte counties.

Kansas City continued to experience an increase in its birth rate, a trend that began in 1995. This trend is similar to that seen nationally and is largely driven, in recent years, by births to Hispanic and Asian women, over two-thirds of whom were foreign-born. The average age of the mother at first birth has remained fairly constant (24.5 years in 2005), it was lowest for non-Hispanic blacks (21.9 years) and highest for non-Hispanic whites and Asians (26.9 and 27.0 years, respectively).

Trends to births to young mothers have been downward. The birth rate for girls 10-14 years of age, although variable year-to-year, have been declining. The birth rate for non-Hispanic black girls 10-14 years old was 22 times higher than that for same aged non-Hispanic white girls. There were 23 births to girls in this age group.

Birth rates continued to decline for both 15-17 year old and 18-19 year old teens. Among teens 15-19 years old, non-Hispanic blacks had a birth rate 3 times higher than for non-Hispanic whites, while among teens 15-17 years old Hispanics had the highest birth rate. Repeat pregnancy rates for women 15-19 years old also declined

At the older end of the reproductive age spectrum, the birth rate among women  $\geq 40$  years of age remained low with Hispanics and Asians having rates 1.9-2.2 times higher than Native Americans, the next highest racial/ethnic group.

Nearly half the birth mothers (49.9%) in 2005 were not married. The proportion of unmarried mothers varied from 26.9% for non-Hispanic whites to 76.9% for non-Hispanic blacks. Among Hispanic birth mothers 53.3% were not married. Overall, 75% of birth mothers <25 years old were unmarried compared to only 30% of those  $\geq 25$  years of age.

The percent of deliveries done by Cesarean section continued to increase as it has nationally, with 25.0% of deliveries overall, and 24.7% among first times mothers being by C-section. Non-Hispanic whites had the highest C-section rates. Meanwhile, the rates for preterm births, low birthweight babies, babies, pregnancies classified as unintended, women receiving no or inadequate prenatal care remained stable. Overall, less than three-quarters of pregnant women received adequate prenatal care visits, a level far below the national *Healthy People 2010* target of 90%. Non-Hispanic blacks had the lowest percentage of pregnant women who received adequate prenatal care visits.

In 2005, the number of recorded pregnancies terminated by abortion continued to decline. Recorded abortions constituted 21.4% of all pregnancies that terminated by live birth, stillbirth, or abortion. The abortion ratio (the number of abortions per 1,000 live births) declined for both non-Hispanic whites and non-Hispanic blacks but increased for Hispanics. In 2005, non-Hispanic blacks had the highest abortion ratio of any of the racial/ethnic groups. Unmarried women had an abortion ratio 6.8 times that of married women.

The pregnancy-smoking rate rose 8% from that of 2004. It increased for both non-Hispanic whites and non-Hispanic blacks, but remained constant or declined among the other racial/ethnic groups.

The infant mortality rate declined from 8.2 per 1,000 live births in 2004 to 7.3 during 2005 (not statistically significant). Non-Hispanic blacks had an infant mortality rate 3.0 times that for non-Hispanic whites. Kansas City's overall infant mortality rate was 46% higher than the *Healthy People 2010* national objective of 5.0 per 1,000 live births and, over the past 10 years, the rate for non-Hispanic blacks has remained consistently 2-3 times higher than the national objective. Zip code 64132 had the highest infant mortality rate in the city.

There were 8 more deaths recorded in 2005 than the prior year. For 2003-2005, the age-adjusted death rate remained stable which is counter to the declining trend noted nationally. While the age-adjusted death rates for non-Hispanic whites and non-Hispanic blacks have been decreasing, those for Hispanics, Asians, and Native Americans have increased. Still non-Hispanic blacks had the highest age-adjusted death rate which was 47.4% higher than that for non-Hispanic whites and 51.4% higher than that for Hispanics.

Men have shorter life expectancies than women and higher age-specific death rates starting at birth. This was reflected in the fact that, between 2001-2005, 39.0% of deaths among men were premature (occur before 65 years of age) compared to 23.2% for women. The highest premature death rates occurred among Hispanics (48.7%) and non-Hispanic blacks (42.6%) while non-Hispanic whites had the lowest rate (25.2%).

Cancer was the leading cause of death in Kansas City during 2005 with 896 deaths. Since 2000, the age-adjusted death rate for cancer among persons <85 years of age has been higher than that from heart disease. While the overall age-adjusted death rate from cancer has been declining for non-Hispanic whites and non-Hispanic blacks, it has been increasing among Hispanics. Of the various cancers, lung cancer was the #1 cause of death (264 deaths), followed by colorectal cancer (83 deaths) and breast cancer (75 deaths).

Heart disease was the 2<sup>nd</sup> leading cause of death with 832 deaths. Deaths from heart disease accounted for 21.8% of all deaths among males and 22.6% of all deaths among females. Comparing age-adjusted death rates, males were 66% more likely than females to die from heart disease. Although the average-age of death from heart disease was 74.4 y, 35.4% of men and 15.5% of women who died prematurely, ie, prior to age 65 y. Non-Hispanic blacks and Hispanics were more likely to die prematurely from heart disease than non-Hispanic whites. Heart disease was the leading cause for hospitalization for persons  $\geq$ 45 y of age.

Chronic lower respiratory diseases (CLRD) were the 3<sup>rd</sup> leading cause of death among Kansas City residents with 208 deaths. Non-Hispanic whites and males were more likely to die from CLRD than other groups. The average age of death was 76.9 y.

Compared to 2004, visits to emergency departments declined 0.7% and admissions to hospitals increased 1.6%. Injury, respiratory diseases, diseases of the oral cavity, mental disorders, and asthma were the leading reasons for emergency department visits. Pregnancy/birth, cardiovascular diseases, injury, mental disorders, and cancer were the leading reasons for hospitalizations. Nine point seven percent of persons seen in an emergency department were subsequently admitted to a hospital. Non-Hispanic blacks and non-Hispanic whites had the highest rates for emergency department visits and hospitalizations.

Unintentional injuries were #1 reason for emergency department visits (49,718 visits) in 2005 and #3 reason for hospitalization (5,256 hospitalizations). Injury was the #1 reason for emergency department visits across all age and race/ethnic groups. And, among hospitalizations it was the 2<sup>nd</sup> or 3<sup>rd</sup> leading cause among persons  $\geq$ 5 y of age. There were 176 unintentional injury deaths among Kansas City residents and 65 individuals died as the result of a motor vehicle crash. Kansas City led all Missouri communities in the number of fatal traffic crashes. In 2005, 107 Kansas City residents died as the result of homicide, while 49 committed suicide. Males were more likely to die from either homicide or suicide than females.

In 2006, the Kansas City Police Department recorded 4,244 incidents of domestic violence. Twenty homicides resulted (19.4% of all homicides for the year). The involvement of alcohol and/or drugs was not consistently recorded; when it was noted, alcohol consumption prior to police intervention had occurred in just less than half of the incidents and only about 15% of the incidents had drug involvement.

In 2004, Kansas City ranked 5<sup>th</sup> for gonorrhea, 6<sup>th</sup> for chlamydia, and 29<sup>th</sup> for primary & secondary syphilis among the major cities nationwide. Other than cryptosporidiosis and primary & secondary syphilis, no other diseases were significantly higher in the number of reported cases in 2005 than in 2004. A total of 38 deaths were attributed to HIV infection and the age-adjusted death rate for HIV was 8.9 per 100,000 population. HIV continues to remain predominately a disease of men, particularly men-who-

have-sex-with-men. Just less than half of the newly diagnosed tuberculosis cases in Kansas City were among foreign-born individuals. In 2006, 10 bats were found to have rabies – this was the largest number of rabid animals in any single year since before the mid-1950s.

In 2005, three persons died from heat related illnesses and 109 were treated in emergency departments. Of 5,264 children <6 y of age who were tested for blood lead 3.7% were found to have elevated levels ( $\geq 10$   $\mu\text{g/dL}$  blood). There were 85 suspensions of food permits and 150 closures of swimming pools as the result of inspection/administrative violations during 2006. Fifty notices of air quality violations were issued to businesses in the community.

Among the 280 metropolitan areas nationally, the 11 county Kansas City metropolitan area ranked 36<sup>th</sup> in median household income in 1999. According to Lewis Mumford Center for Comparative Urban and Regional Research at the University of Albany, in the Kansas City metropolitan area, in 2000, the average black person lived in a neighborhood where the median household income was only 62% of that in the average white household's neighborhood. For Hispanics it was 75% and for Asians 99%. Furthermore, in the metropolitan area, the percentages of blacks, Hispanics, and Asians living below the federal poverty level were 2.8, 2.2, and 1.4 times, respectively, that for whites.

Of the four counties of which Kansas City is part, Platte ranked 110<sup>th</sup> in median income out of the nation's 3,141 counties, with Cass at 213<sup>th</sup>, Clay at 248<sup>th</sup>, and Jackson at 880<sup>th</sup>. Based on per capita income for 2000 (\$20,753), Kansas City ranked 3,673 out of 8,848 cities. In 2003, the median income for Kansas City households was \$38,639.

In Census 2000, poverty was measured by using 48 thresholds that vary by family size and number of children within the family and age of the householder. As of 1999 in Kansas City, 14.3% of the population was below the poverty level with very poor persons (<50% of the poverty level) comprising nearly 52% of poor persons. A larger percentage of disabled persons (19.1%) lived below the poverty level, compared to 12.3% of persons without disabilities.

For primary and secondary education, Kansas City proper is served by 15 public school districts and a variety charter, parochial and private schools. Higher education is available through a variety of four year and two year academic institutions. The Kansas City school district is the largest public school district serving the City; it is the only one that is not fully accredited.