

Selected Highlights

Births

- The number of births in 2005 was 7,574 which represented a 2.9% increase from the number of births in 2001. Over the 5 year period, the number of births to non-Hispanic whites and non-Hispanic blacks decreased. Births to other racial/ethnic groups contributed to the increase. Preterm births, particularly those <32 weeks gestation and with very low birthweight, remain a major concern, especially for non-Hispanic blacks.
- Of all live births, nearly 39% were administratively classified as unintended pregnancies. The rates of unintended pregnancies varied by race/ethnicity, being highest for non-Hispanic blacks (57.3%) and Hispanics (48.9%) and lowest for non-Hispanic whites (20.9%) and Asians (19.3%).
- Between 2001 and 2005, the birth rate to girls 10-14 y old has fluctuated, with non-Hispanic black girls having a rate 22 times higher than non-Hispanic white girls in 2005. There were 23 live births to girls in this age group in 2005. Among women 15-19 y old the birth rate declined 11% over the 5 y period with the rate for non-Hispanic black women being 3 times higher than that for non-Hispanic white women. There were 890 births to women in this age group in 2005. Repeat pregnancy rates for women 15-19 y old also declined by 9% and the rate was 24% in 2005. Among women 15-17 y old, Hispanics had the highest live birth rates per 1,000 women.
- The percent of live births to women ≥ 40 y old was 2.0% with Hispanic women having the highest rates per 1,000 women, followed by Asian women.
- In 2005, 49.9% of the births in Kansas City were to unmarried women. The percent of unmarried birth mothers varied by race/ethnicity with >75% of non-Hispanic blacks and >50% of Hispanics being unmarried.
- Although nearly 86% of pregnant women began prenatal care during their first trimester, only 70% received an adequate or more than adequate prenatal care visits.
- Overall, 25% of babies were delivered by cesarean section and among first time mothers the cesarean delivery rate also was 25%. The percent of births by cesarean section has been steadily increasing for years. Patient-choice cesarean deliveries have been increasing. Among first time mothers the rate was 15%, with the highest rate among non-Hispanic white women, 18.9%.
- Rates of self-reported smoking during pregnancy declined 7% between 2001 and 2005. In 2005, the rate was 13.1%. The rates for smoking during pregnancy were 4-6 times lower among Hispanic and Asian women compared to non-Hispanic white and black women.

Deaths

- In 2005 there were 3,753 deaths among Kansas City residents, 8 more than in 2004. The age-adjusted death rate has been stable since 2003 and had declined 12% since 1996. The age-adjusted death rate for non-Hispanic blacks was 44% higher than that for non-Hispanic whites. Males in each racial/ethnic group had higher age-adjusted death rates than females.
- For 2001-2005, 32% of deaths were premature (occurring before age 65 y) with males having higher

rates than females, 39% and 23%, respectively. Non-Hispanic whites had the lowest premature death rate at 25%, while all other racial/ethnic groups had rates $\geq 40\%$.

- In 2005, cancer was the #1 cause of death in Kansas City, followed by heart disease, chronic lower respiratory disease, infectious diseases, and stroke. This was the first year cancer was the leading cause of death in Kansas City. Of the deaths from cancer, 29% were due to lung cancer.
- The infant mortality rate for 2005 was 7.3, a historic low. The rate for non-Hispanic blacks was 3 times higher than for non-Hispanic whites. Prematurity accounted for $>40\%$ of the infant deaths and its contribution varied by racial/ethnic group, being highest for non-Hispanic blacks.
- Based on Perinatal Periods of Risk (PPOR) analysis of fetal and infant deaths for 1996-2000 and 2001-2005, Kansas City experienced a 30% reduction overall in excess deaths and a 67% reduction in deaths among non-Hispanic whites and a 17% reduction for non-Hispanic blacks.
- Non-Hispanic black infants were 2.5 times more likely to die from sudden infant death syndrome (SIDS) despite a declining trend in SIDS deaths overall.

Emergency Department Visits & Hospitalizations

- Injury and acute respiratory diseases were the principal reasons for visits to emergency departments while pregnancy/birth related issues and heart disease were the principal reasons for hospitalization in 2005.
- Non-Hispanic blacks had the highest utilization rate for emergency department visits; it was 1.6 times higher than any other racial/ethnic group. Their rate of hospitalization, however, was similar to that of non-Hispanic whites. Hispanics and Asians had the lowest utilization rates for both emergency department visits and hospitalizations.
- In 2005, approximately 10% of hospitalized persons were admitted from an emergency department.

Substance Use

- In 2006, 20% of Kansas City adult residents surveyed said that they smoked cigarettes, while 70% of respondents said that smoking was not permitted in their homes and 74% did not permit smoking in their car, van or truck.
- Alcohol use was responsible for 0.2% of emergency department visits and 1% of hospitalization during 2005. Sixty deaths were attributed to alcohol during the year with 75% of the deaths occurring between the ages of 45 and 64 y old. Kansas City ranked #1 among Missouri municipalities for alcohol related motor vehicle crashes in 2006, with 688 accidents, 19 fatalities, and 275 recorded injuries.
- Thirty-one persons died from drugs during 2005, half were 45-64 y of age. The age-adjusted death rate from drugs remained constant during 2001-2005. Over that same time period, there was a 11% reduction in emergency department visits and a 65% reduction in hospitalizations due to drug use.

Chronic Diseases

- 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 2nd 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 ≥ 45 y of age.
- Chronic lower respiratory diseases (CLRD) were the 3rd 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.
- Stroke was the 5th leading cause of death with 180 deaths. Deaths from stroke accounted for 3.6% of male deaths and 6.0% of female deaths. The average age of death from stroke was 76.9 y with 27.5% of the male deaths and 13.5% of the female deaths being premature. As with heart disease, non-Hispanic blacks and Hispanics were more likely to die prematurely than non-Hispanic whites. Stroke was 4th leading cause of hospitalization for persons ≥ 55 y of age.
- Diabetes was the 9th leading cause of death in 2005 with 103 deaths. While it was the 10th leading cause of death for non-Hispanic whites, it was the 4th leading cause of death for non-Hispanic blacks. The age-adjusted death rate for non-Hispanic blacks was 2.9 times higher than that for non-Hispanic whites. The average age at death was 69.8 y. Among males who died from diabetes, 41.3% of the deaths were premature compared to only 27.7% of diabetes deaths among women. Diabetes contributed to nearly 12% of deaths from heart disease and 7% of deaths due to stroke. In 2005, diabetes was the 5th leading reason for hospitalization among non-Hispanic blacks.
- Hypertension claimed 49 lives and non-Hispanic black women had the highest age-adjusted death rate for hypertension. For both females and males, non-Hispanic blacks had age-adjusted rates ≥ 3.5 times higher than non-Hispanic whites.
- In 2005, there were 3,610 emergency department visits and 1,113 hospitalizations due to asthma. Asthma was the 3rd leading cause of emergency department visits and hospitalizations among children <15 years of age. It was within the top 10 reasons for emergency department visits and hospitalizations for persons 16-54 y and 15-44 y old, respectively.
- The percent of the population that is overweight or obese continues to rise in Kansas City as it does nationally. Obesity contributes to many health problems. For example, in Kansas City, women who are obese prior to becoming pregnancy have an increased risk for having an infant who will die before their first birthday and for giving birth via a cesarean section.
- Although arthritis, osteoporosis, dental health, hearing loss, and vision loss are important health issues, there is little Kansas City specific data available for these conditions.

Communicable & Infectious Diseases

- Communicable and infectious diseases were the 4th leading cause of death in Kansas City during 2005.
- In 2004, Kansas City ranked 5th for gonorrhea, 6th for chlamydia, and 29th 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 in 2005 were attributed to HIV infection. 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.

Injuries

- 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 2nd or 3rd leading cause among persons ≥ 5 y of age. There were 176 unintentional injury deaths among Kansas City residents in 2005.
- Sixty-five Kansas City residents died in motor vehicle crashes in 2005. 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.

Environmental Health

- 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 in 2005, 3.7% were found to have elevated levels (≥ 10 $\mu\text{g}/\text{dL}$ 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.