Washington State Department of Health
DATA BRIEFS 2010
Issued December 2010

Children without a health care plan

Behavioral Risk Factor Surveillance System

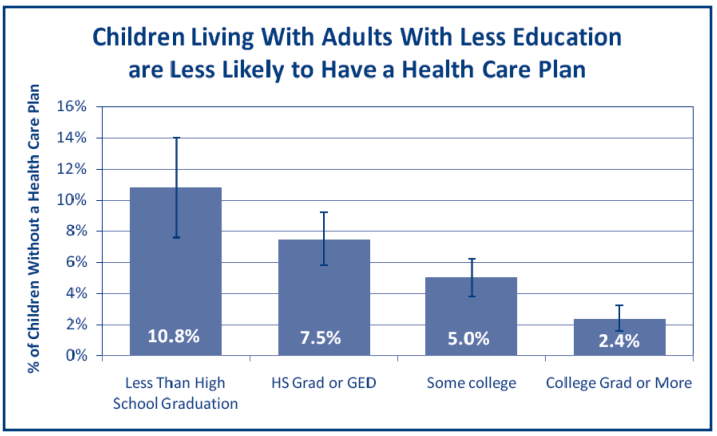
The Behavioral Risk Factor Surveillance System (BRFSS) uses a telephone interview to gather information about health status, behavior that influences health, and use of health care services. English and Spanish-speaking people aged 18 years and older who live in Washington in households with telephones are chosen to participate by a random selection process. The survey does not reach people living in group quarters (dormitories, barracks, hospitals, jails & prisons, group homes), people who have no telephone, people who cannot communicate by telephone, or people who speak only languages other than English or Spanish. In 2008, over 95% of children were covered by a health care plan, however there are some differences among groups. Only about 3.7 % of children age 6 and younger are not covered by a health care plan. Among older children, more than 5 percent do not have a health care plan.

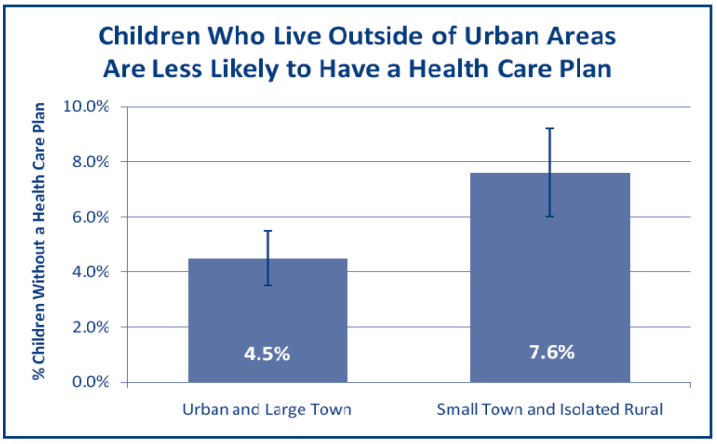
EDUCATION

Children who live with a parent or guardian with a college degree are much more likely to have a health care plan than children who live with parents or guardians who have less education. More than 10% of children who live with a parent or guardian who has less than a high school education have no health care plan, more than twice the overall state rate.

URBAN-RURAL AREA

A little less than five percent of children who live in urban areas and large towns lack health care plans, slightly better than the state average. These children make up more than 85% of children in the state. However, many more children who live in small towns or isolated rural areas do not have a health care plan. Although the number of respondents is too small to show statistical significance, the lack of health care plans for children who live away from urban centers suggests an issue of concern.





BRFSS continues to collect data about children's health care plans. We hope to be able to make more definite conclusions when there are more years of data.

DATA NOTE:

Analysts should use the variable FINALCHILDWTZ to weight data when working with children's health insurance data on the BRFSS.

WELCOME TO DATA BRIEFS

The Center for Health Statistics (CHS), Data Quality and Statistical Services (DQSS) section (formally known as the Research Section) has replaced the print copy of the Washington State Vital Statistics Annual Summary with a newsletter. One of the goals of the newsletter is to highlight the various data systems maintained by CHS. Data tables can be found on our website at: http://www.doh.wa.gov/ehsphl/chs/chs-data/main.htm.

This newsletter will be emailed to various individuals and organizations on our mail list, and will also be available on our website. By compiling and providing this health information we hope to support the mission of the Department of Health and in turn support the efforts of the local health jurisdictions and other stakeholders in Washington state and nationally. This newsletter includes data through calendar year 2008. If you have any questions about this newsletter or its contents, please contact DQSS section manager, Dr. Wendy Shultis, at (360) 236-4321 or Wendy.Shultis@doh.wa.gov.

WASHINGTON'S LEADING CAUSES OF HOSPITALIZATIONS

The Center for Health Statistics collects data from inpatient hospitalizations occurring in Washington State using a system called the Comprehensive Hospital Abstract Reporting System (CHARS). Causes for hospitalizations are useful in assessing the current health status of a community. In Washington, hospitalizations for childbirth account for a very large proportion of hospital visits, followed by osteoarthritis, pneumonia, septicemia, and heart conditions.

CHARS does not include emergency room or outpatient records (except observation) or hospitalizations from U.S. military hospitals, Veterans Administration hospitals, state psychiatric hospitals, birthing centers, or private alcoholism or rehabilitation facilities. Beginning with 1987, CHARS files include information about the patient age, gender, race and ethnicity, zip code, diagnosis and procedure codes, total charges, payer categories, admission and discharge status, and more. The Center for Health Statistics has produced data files that identify repeated visits by the same patient, providing unduplicated counts and readmission rates.

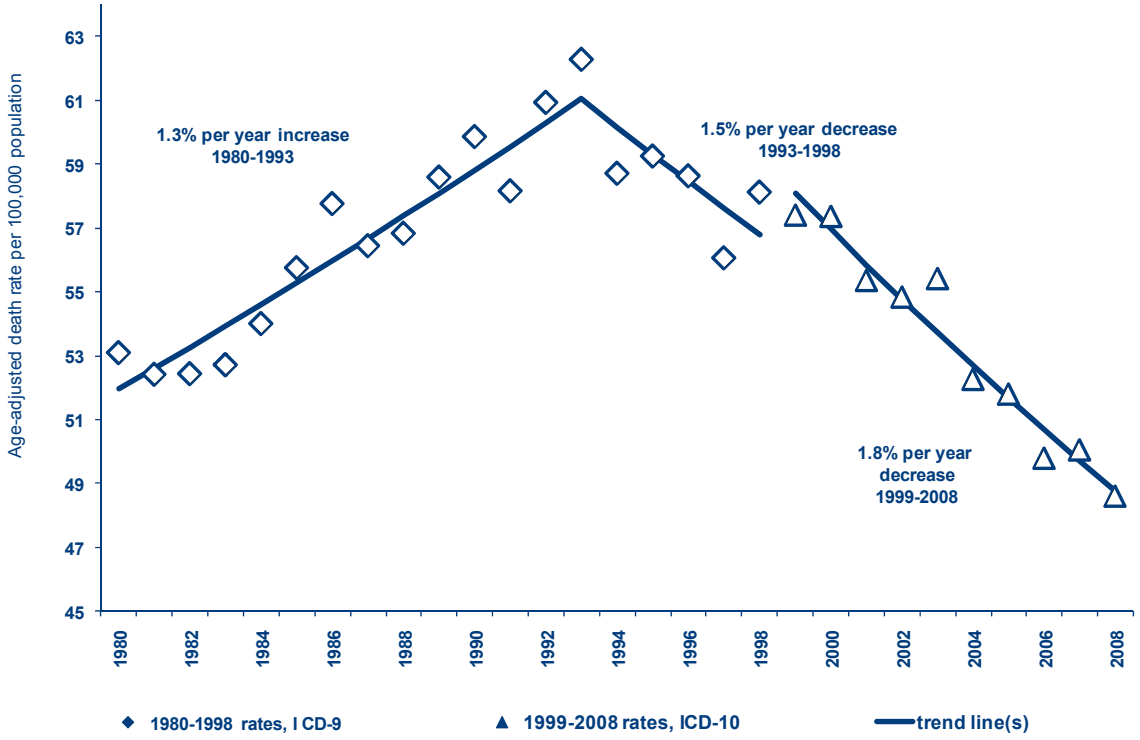
Leading Causes of Hospitalizations for Residents of Washington State

Rank	Condition	Number of Discharges
1	Baby - Liveborn (live newborn infant)	82,862
2	Osteoarthritis	19,194
3	Maternal - childbirth with trauma to mother from instruments used during delivery	17,781
4	Pneumonia (except that caused by TB or STDs)	15,443
5	Maternal - childbirth with other complications of birth during or after delivery affecting management of mother	13,468
6	Septicemia (except in labor)	13,196
7	Osteoarthritis of spine, intervertebral disc disorders, and other back problems	12,417
8	Congestive heart failure, nonhypertensive	12,266
9	Coronary atherosclerosis and other heart disease	11,234
10	Cardiac dysrhythmias	11,219
11	Complication of device, implant, or graft	10,624
12	Mood disorders	10,169
13	Acute myocardial infarction	9,587
14	Maternal - Childbirth in mother with previous C-section	9,557
15	Acute cerebrovascular disease	9,389
16	Skin and subcutaneous tissue infections	9,172
17	Complications of surgical procedures or medical care	8,329
18	Respiratory failure, insufficiency, arrest (adult)	8,130
19	Chronic obstructive pulmonary disease and bronchiectasis	8,009
20	Maternal - childbirth with other maternal complications of pregnancy	7,920
	All Other Conditions	352,378
	Total Hospitalizations	**652,344**

LUNG CANCER DEATH RATES:
Statewide Trends

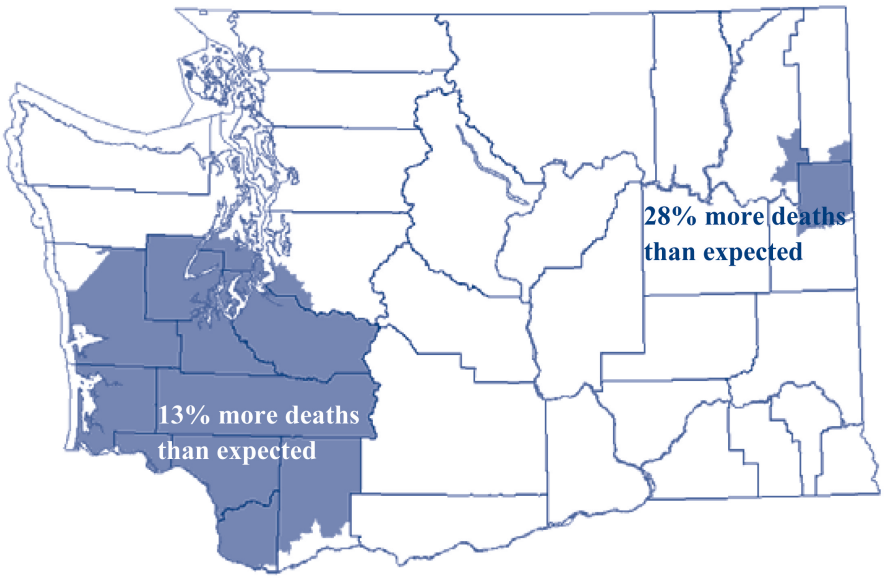
Statewide age-adjusted lung cancer mortality rates had been increasing by 1.3% per year from 1980 to 1993; however, they have since been declining by 1.5% per year from 1993 to 1998, and by 1.8% from 1999 to 2008. The dramatic change in lung cancer mortality trends from increasing to decreasing reflects changes in cigarette smoking that began several generations ago - principally among men. More recent declines in cigarette smoking will not impact lung cancer mortality for several more years. For more information about other causes of death in Washington State go to the DOH website http://www.doh.wa.gov/ehsphl/chs/chs-data/death/dea_VD.htm.

LUNG CANCER DEATH RATES: Statewide Trends 1980-2008



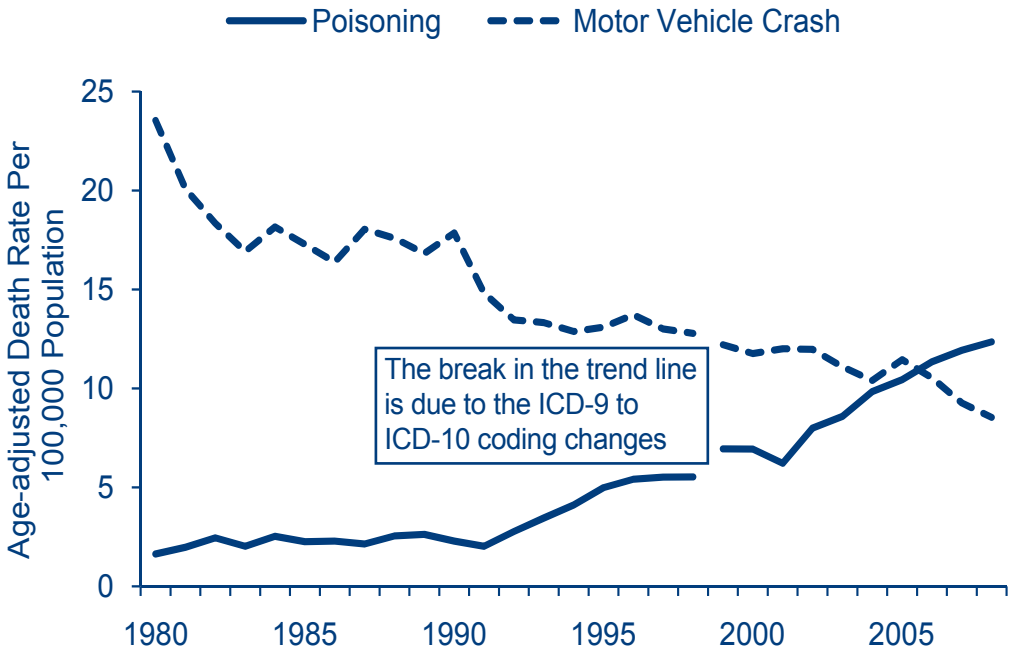
LUNG CANCER DEATHS:
High Risk Regions

This map shows regions where lung cancer appears to be significantly different than expected. For 2004-2008 combined, the southwest region of Washington State had 13% more lung cancer deaths than expected, or approximately 136 more lung cancer deaths per year than would be expected. The smaller region within the Spokane area had 28% more lung cancer deaths than expected, or approximately 42 more lung cancer deaths per year than would have been expected. For more information on how these regions were identified, and how trends are developed, visit: http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/public/AnnSum_2004.PDF#page=18.



DEATHS FROM POISONING OVERTAKE MOTOR VEHICLE CRASHES

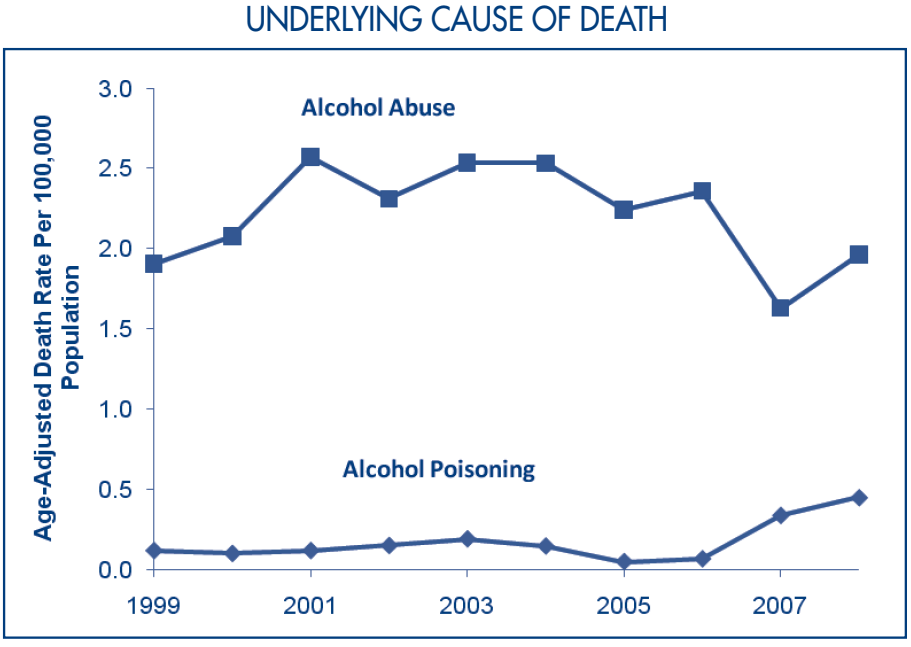
Since 2006, more people have died each year from unintentional poisoning than from motor vehicle crashes in Washington State. Prior to 2006, the death rate from motor vehicle crashes was higher than the death rate from unintentional poisoning. Further, in 1980 the number of people who died from motor vehicle traffic crashes was 12 times higher than the number of people who died from unintentional poisoning. The decline in deaths due to motor vehicle traffic crashes is most likely due to improvements in car design, the adoption of the seat belt law in Washington in 1986, and other traffic safety measures. The increase in deaths due to unintentional poisonings seems to be accounted for by an increase in opioid drug overdoses. Since 1995, the Center for Health Statistics has been reviewing the death certificates of all people with an opioid-related cause of death to determine what specific drugs are being reported. In 2008, 77% of all poisoning deaths involved an opiate, and of these deaths 79% involved a prescription opioid pain reliever.



For more information about prescription opioid overdoses, including prevention information for parents, health professionals, and others, go to http://takeasdirected.doh.wa.gov/. For more information about other types of injury deaths, go to http://www.doh.wa.gov/ehsphl/chs/chs-data/death/dea_VD.htm and select Mortality Table E. For more information about traffic safety, go to www.wtsc.wa.gov.

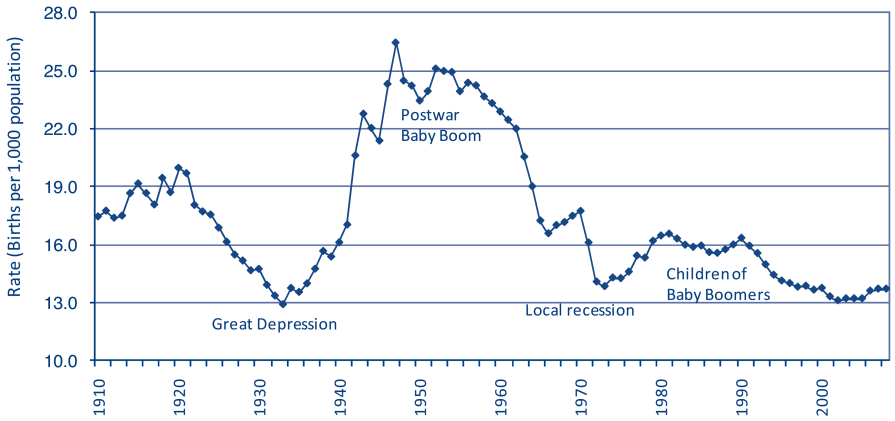
DEATHS FROM ALCOHOL:
The Impact of Coding Changes on Death Rates

In 2007, there were changes in the Center for Disease Control and Prevention rules for assigning ICD-10 codes to alcohol-related conditions. Prior to 2007, terms such as acute intoxication and acute alcoholism were coded as deaths from alcohol abuse (F10). These terms are now coded as death from alcohol poisoning (X45). The changes in coding have resulted in a large increase in the death rate from alcohol poisoning and a large decrease in the death rate from alcohol abuse between 2006 and 2007 as reflected in the chart below. This change in coding rules also means that if "intoxication" is reported on the death certificate, the death is coded as due to alcohol poisoning (X45) even if alcohol was not reported elsewhere on the death certificate. Acute intoxication, however, can be due to drugs and not just alcohol. The coding of chronic alcoholism remains the same as before.



WASHINGTON STATE BIRTH RATES REFLECT LOCAL AND NATIONAL EVENTS

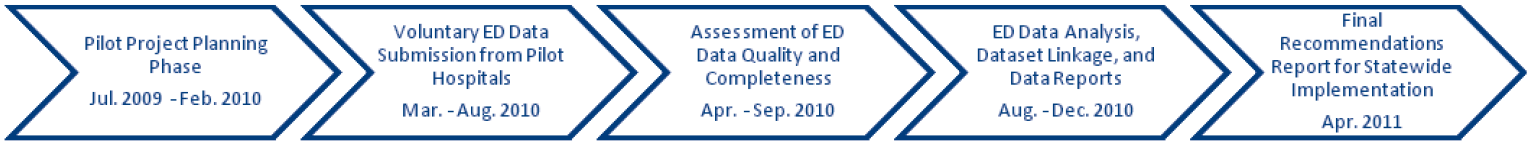
The highest birth rates in the past 100 years occurred after World War II (the 'baby boom'). Baby boomers started having children in the 1980s, causing another (but smaller) peak. Another (even smaller) peak may be occurring recently as boomers' children are having babies. In contrast, relatively fewer women have babies during difficult economic times. Birth rate data are only one of the many pieces of historical vital statistics information available on the Center for Health Statistics website. Visit http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/main.htm, click on 'Publications' in the site directory, and then on 'Historical Washington State Vital Statistics Reports' in the Table of Contents.



CODED EMERGENCY DEPARTMENT DATA SYSTEM (CEDDS)

Pilot Project

The **Coded Emergency Department Data System (CEDDS)** is a pilot project funded by Washington Traffic Safety Commission with the aim of demonstrating the feasibility and utility of collecting emergency department data in Washington State. This project is managed by the Department of Health, Center for Health Statistics. During the pilot demonstration phase, the project aims to recruit hospitals to voluntarily participate in emergency department data reporting. Data linkage will be performed between the CEDDS dataset and CHARS, the Collision Locator and Analysis System (CLAS) dataset, and Washington State death records. Recommendations for the implementation of statewide emergency department data collection will be detailed at the end of the project in a final report.



CENTER FOR HEALTH STATISTICS

Data Quality and Statistical Services Section

Back Row: Chuck Mies, Margaret Love, Phyllis Reed, Katrina Wynkoop Simmons, Ann Lima, John Sabel. Front Row: Staci Lewis, Wendy Shultis, Pat Starzyk. Photo by Kimhoa Ngo.

NEWS FROM THE PAST: NOVEMBER 1939

Division of Vital Statistics Hires Fulltime Statistician

Vital statistics data are now so critical for health work in the state that the Division of Vital Statistics has just hired a full time statistician to deal with the demand for data. The statistician will provide much needed birth and death data tables to health workers and special reports to local health jurisdiction field staff. The other division staff (the State Registrar, the Assistant State Registrar, three clerks, and a punch card operator) are happy to welcome their new colleague.