

2018

Kansas Health & Prosperity Index (HAPI)

Tackling the Legacies of Unfairness
Facing Kansans of Color:
Enhancing Opportunity for Every Kansan



785.232.0550
realprosperityks.com

November 2018



The following report was written by Emily Fetsch as a product of the Kansas Center for Economic Growth. The author would like to thank Clay Wirestone for his editorial assistance; Sprout Communications for their work on graphics and report layout; Elaine Mejia for her communications expertise; Chris Omni and Sharla Smith for their review and feedback; and the entire team for advice, support, and guidance. This research was funded in part by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the author alone, and do not necessarily reflect the opinions of the Foundation.

Introduction

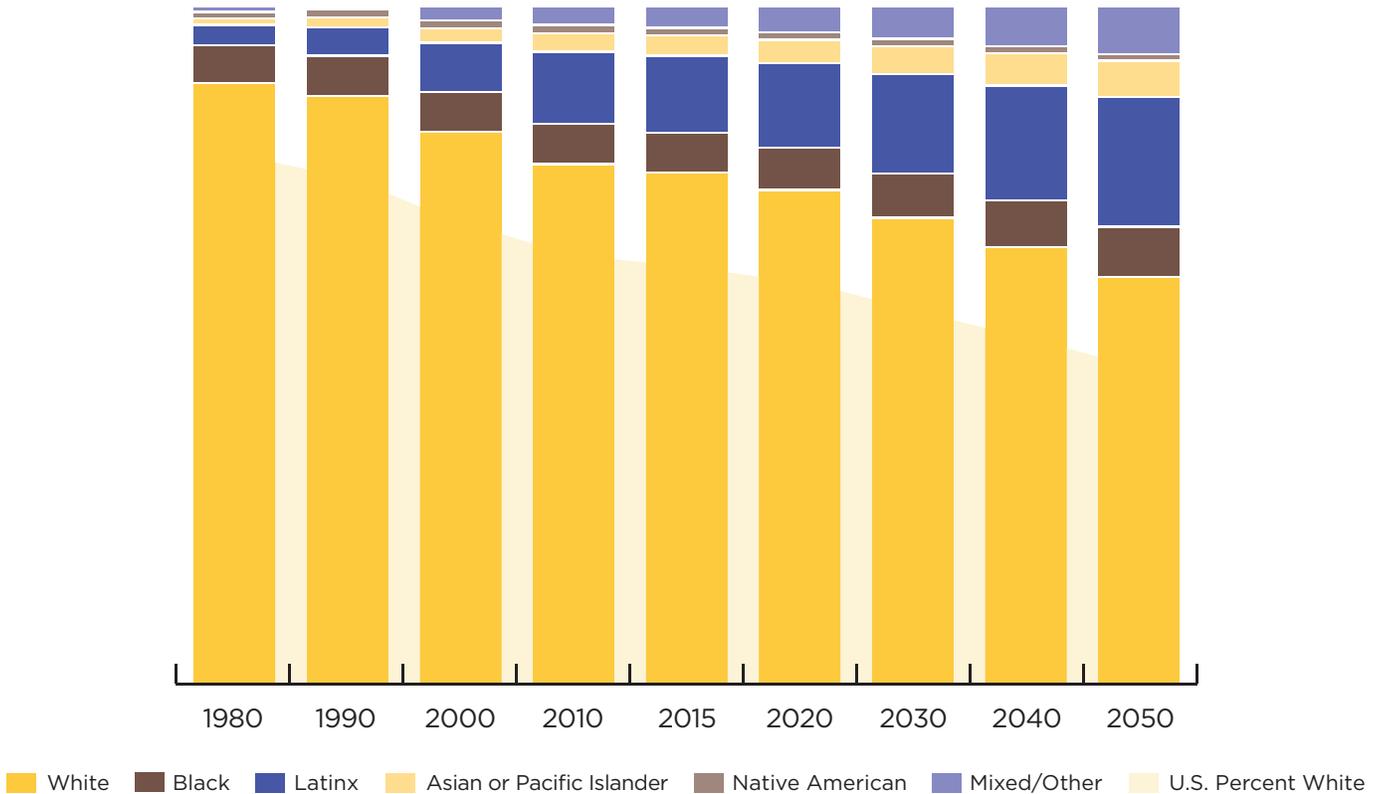
Kansas' economy is not built on dollars and cents – it depends on the people who live, work, and play here. State policies such as paid family leave, high-quality early childhood education, and programs that boost infant and maternal health will improve Kansans' economic standing, educational attainment, and health outcomes to create a prosperous future.

In the first edition of the Health and Prosperity Index (HAPI),ⁱ we analyzed 39 indicators divided among four key areas and compared Kansas with our regional neighbors. The analysis found Kansas ranked in the middle for health, economic, and social foundations, compared with other states in the region including Arkansas, Colorado, Iowa, Missouri, Nebraska, and Oklahoma. While the previous report sheds light on how Kansas compares with other states in the region, it did not explore how race and ethnicity affect economic, education, and health outcomes among Kansans. The current report examines the barriers to opportunity faced by Kansans of color and identifies commonsense policy solutions.

People of color have faced discrimination and barriers to progress in all aspects of life for more than 250 years. However, with changing demographics across the state, the failure to address these barriers will have economic, educational, and health ramifications for Kansas. Between 1980 and 2010, the number of people of color living in Kansas more than doubled, from 9.5 percent of the population in 1980 to 21.8 percent of the population in 2010.ⁱⁱ By 2050, it is estimated people of color in Kansas will make up 38.8 percent of the population.ⁱⁱⁱ The percentage of Latinx children in the state has increased -- from 11 percent in 2001 to 19 percent in 2017.^{iv} Conversely, the percentage of Kansas children who are white has declined by 10 percentage points, from 76 percent in 2001 to 66 percent in 2017.^v If children of color in our state enter an economy that allows every Kansan to participate and fulfill their potential, our economy will thrive.

Overview

By 2050, Nearly 4 in 10 Kansans will be People of Color Racial/Ethnic Composition in Kansas, 1980-2050



Analyzing Data

The data highlights the long-lasting consequences of historic and current systemic racism in Kansas. Examples include:

1. Greater likelihood of experiencing poverty, due to barriers to homeownership and wealth accumulation, which can be traced to the discriminatory practice of redlining^{vi, vii} and access to full employment;
2. Reliance on local funding, which results in differences in educational investment and, therefore, outcomes; and
3. Continued racial discrimination in the health care system, criminal justice system, and the workplace.

The Kansas Center for Economic Growth's (KCEG) 2018 Health and Prosperity Index (HAPI) examines how race and ethnicity shape the opportunities available to Kansans and identifies ways policymakers can help every Kansan succeed. Investments and policy decisions made now will determine the future of our state.

Notes about Race and Ethnicity Data & Labels

The report includes results from data sources that use different categories of race and ethnicity. Throughout the report, when discussing people of Hispanic or Latin origin, KCEG will use the term “Latinx” (pronounced “La-teen-ex”) to be gender neutral. Latinx is shown separately from the other racial categories because those populations have been identified by the data as “non-Hispanic.” While the other racial categories do not include those with Latinx ethnicity, in the report we will shorten the terms, for example to “white” instead of “white, non-Hispanic.”

While the Census Bureau, and other data sources, use the term “American Indian/ Alaska Native,” we will use the term “Native American.” For most data sources, Asian and Pacific Islander are grouped together. However, for some sources, the Asian category does not include Pacific Islanders, which will be noted.

When interpreting the data, it is important to understand the racial and ethnic categories are not monolithic. Other factors such as immigration status or immigrant generational status affect data. For example, the Asian American and Pacific Islander population data, when disaggregated, shows wide variation. While Asian Americans and Pacific Islanders’ data shows positive trends on many indicators, there is nuance underneath those numbers. One example is in median household income, where the national median household income for this population is \$74,000, the highest median household income of any racial or ethnic group. However, looking at

the disaggregated data among this same population shows median household income ranges from more than \$100,000 for the Asian Indian population to just \$30,000 for Asians identified as “Other Micronesian.”^{viii} Among the Asian American and Pacific Islander population, those who recently immigrated to the United States as refugees, such as the Bhutanese and Burmese (who received refugee status in 2008^{ix}), are also groups that have lower median household incomes, highlighting the unique economic challenges facing refugees settling in the United States. These trends are similar for other immigrant groups by race and ethnicity. For example, there are differences among Black immigrants, between those immigrating from Africa, the Caribbean, and from Central and South America.

Additional context also shows the range within racial and ethnic categories cannot always be seen when looking at aggregate numbers. While “the top 10 percent of Asians have more wealth than the top 10 percent of white people, the bottom quintile of Asians have less wealth than the bottom quintile of white people.”^x This type of data is not always available at the state level, but it is important when interpreting data to be aware of this nuance.



Economies Thrive with Full Participation

Due to historical legal and policy exclusions targeting people of color,^{xi} Kansans of color continue to face barriers to full economic participation in the United States.

Children Of Color And Children From Immigrant Families Are More Likely To Live In Poverty In Kansas

One-quarter of Black (25.4 percent) and Latinx (25.3 percent) Kansans live in poverty, compared with white Kansans (10.6 percent). For children in Kansas, the percentage of children of color living in poverty is even more pronounced. Compared with white children in Kansas (10 percent), Black children are four times as likely (40 percent) and Latinx children are twice as likely (22 percent) to live in poverty.

Research shows the damaging and long-lasting effects of toxic stress caused by poverty on children. According to Harvard University's Center on the Developing Child, "without caring adults to buffer children, the unrelenting stress caused by extreme poverty, neglect, abuse, or severe maternal depression can weaken the architecture of the developing brain, with long-term consequences for learning, behavior, and both physical and mental health."^{xii}

Children of color in Kansas are more likely to live in concentrated poverty, defined as children living in census tracts with poverty rates of 30 percent or more. Only 4 percent of white Kansas children live in concentrated poverty compared with 17 percent of Latinx children and 27 percent (more than one in four) of Black Kansas children.^{xiii} Children in immigrant families^{xiv} are also more likely to live in concentrated poverty. While 81 percent of Kansas children in U.S. born families live in low-poverty areas (where poverty is less than 20 percent), only 59 percent of Kansas children in immigrant families live in low-poverty areas.^{xv}

One reason why Kansans of color are more likely to live in concentrated poverty is residential segregation, or the physical separation of disadvantaged groups into low-resourced neighborhoods. Research has documented obstacles for people of color becoming homeowners, including racial discrimination in the banking system, the historical practice of redlining, banking and lending discrimination, and realtor discrimination (i.e. limited house showings to potential buyers of color).^{xvi}

People of color face a cruel cycle, first being denied the opportunity to build wealth through homeownership due to housing discrimination, causing limited ability for wealth accumulation and ability to move out of concentrated poverty areas.

Concentrated poverty creates a unique set of harms to economic, educational, and health outcomes.^{xvii} Areas of concentrated poverty are less likely to have adequate employment opportunities, leaving residents more likely to be unemployed or in low-wage jobs. These neighborhoods are more likely to have children in need of additional educational resources and less likely to have the financial capacity to provide needed school and social services. Finally, the concentration of poverty has damaging effects on residents' health. Research shows:

"The concentration of poverty often makes for an unhealthy environment with few parks and recreational resources, greater pollution, more alcohol outlets, more advertising for alcohol and tobacco, and less availability of healthy foods. Residents of disadvantaged neighborhoods suffer higher rates of communicable diseases like tuberculosis, premature birth, self-report of poor health, diabetes, and obesity. Residence in economically and socially isolated census tracts increases the probability that adolescents will engage in health-risk behaviors."^{xviii}

Economies Thrive with Full Participation

Unemployment Rate Decreasing Among Black Kansans, but Remains Higher than Other Racial Groups

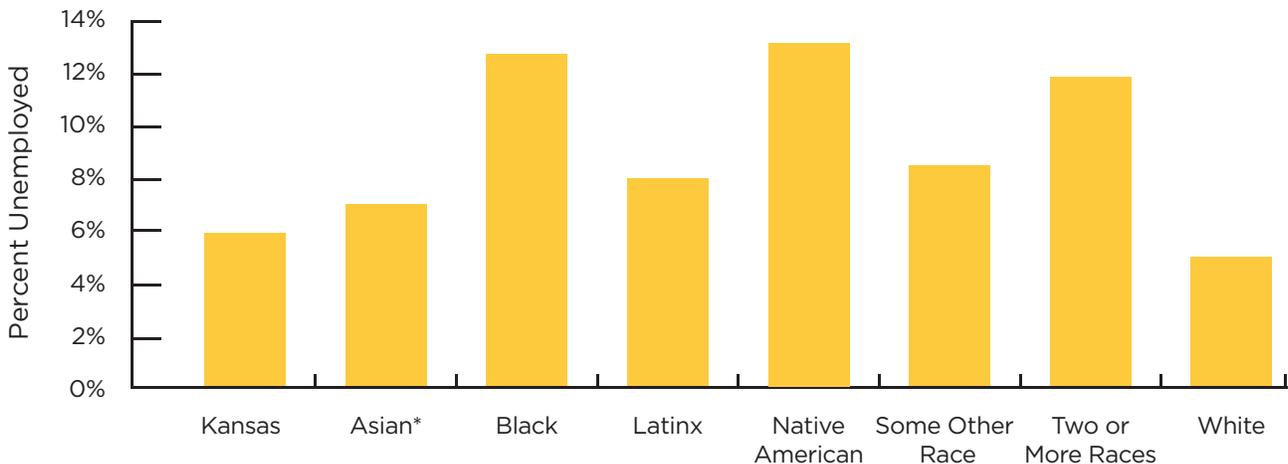
Historical racism, coupled with structural barriers to opportunity, mean Kansans of color often have less economic stability. Race often dictates how people enter the workforce, in terms of occupation, industry, and type of work. Research shows that Black parents are “more likely to have nonstandard employment or not to be employed,” and Latinx parents are “more likely to have regular employment at a small firm,^{xix} have nonstandard employment, or to not be employed”^{xx} than white parents. Nationally, Black and Latinx women are disproportionately represented in low-wage occupations such as the service industry. More than a quarter of Black women (27 percent) and Latinx women (30 percent) work in the service industry.^{xxi}

Despite the decrease over the past few years in the Black unemployment rate, Black Kansans remain more than twice as

likely to be unemployed (12.8 percent) as their white counterparts (5 percent). Native American Kansans (13.3 percent) and Kansans identifying as being of two or more races (11.9 percent) also have unemployment rates double the rate of white Kansans. Asian Kansans (7 percent), Latinx Kansans (8.1 percent), and Kansans identifying as some other race (8.5 percent) have higher rates of unemployment than their white counterparts as well.

While Black Kansans remain disproportionately affected by unemployment, they are the only racial group in which unemployment substantially declined since 2010. It is not clear why the unemployment rate for Black Kansans declined, or why it remains higher than for other groups. Research has shown^{xxii} that Black Americans continue to face discrimination in hiring and low education attainment,^{xxiii} with the trend remaining unchanged in the past 25 years. While there has been a narrowing in rates of college enrollment, Black Americans continue to graduate from college less frequently than their white counterparts.

Black Kansans More than Twice as Likely to be Unemployed as their White Counterparts



Source: KHI analysis of data from the U.S. Census Bureau’s American Community Survey (ACS) 2010 (2006-2010) 5-Year Estimates and the U.S. Census Bureau’s ACS 2015 (2011-2015) 5-Year Estimates.

*Asian Kansans’ data for median household income does not include Pacific Islanders.

Economies Thrive with Full Participation

Examining Median Household Income by Race and Ethnicity Highlights Stark Differences

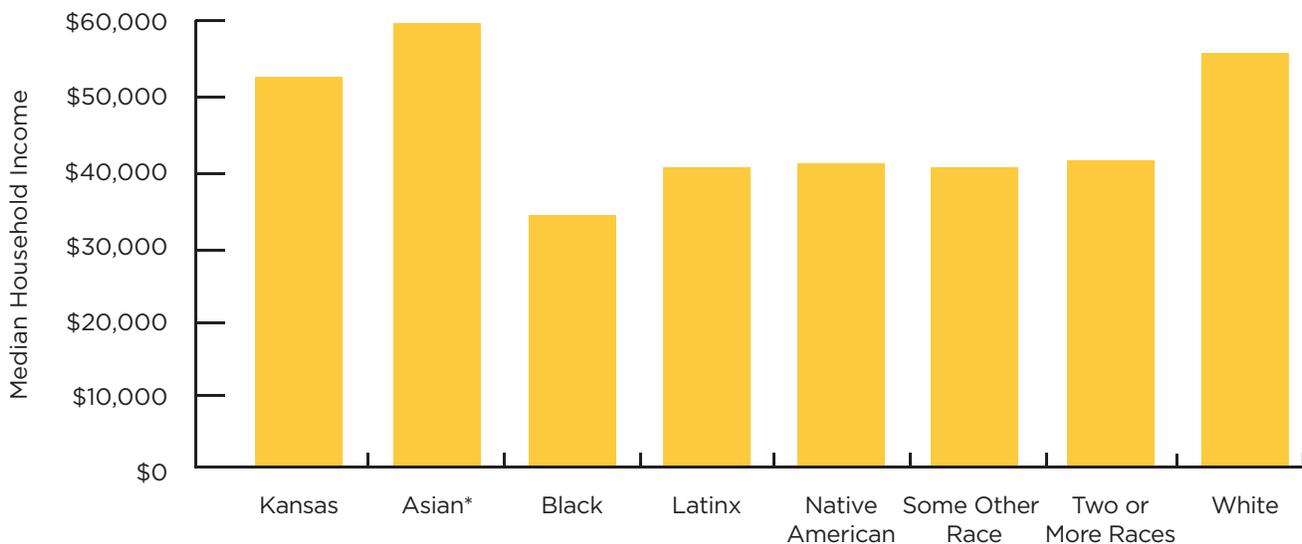
Currently, there are Kansans across the state unable to reach economic security. From difficulty finding a job to not receiving livable wages, they struggle to make ends meet. The median household income for the average Kansan is \$52,205. However, examining median household income by race and ethnicity highlights stark differences. White Kansas households, with a median household income of \$55,420, have 1.6 times the median household income of Black Kansas households and 1.4 times the median household income of Latinx and Native American households.

On average, white Kansans earn:

- \$21,743 more in median household income than Black Kansas households.
- \$15,351 more in median household income than Kansas households that identify as being some other race.
- \$15,303 more in median household income than Latinx Kansas households.
- \$14,760 more in median household income than Native American Kansas households.
- \$14,390 more in median household income than Kansas households that identify as being two or more races.

Asian Kansan^{xxiv} are the only racial/ethnic groups that report a higher median household income than white Kansans, with median household incomes of about \$60,000. However, as mentioned above, we should be interpreting data that aggregates Asian Kansans carefully, as there is wide variance in that category.

Incomes Lower for Kansans of Color



Source: KHI analysis of data from the U.S. Census Bureau's American Community Survey (ACS) 2010 (2006-2010) 5-Year Estimates and the U.S. Census Bureau's ACS 2015 (2011-2015) 5-Year Estimates.

*Asian Kansans' data for median household income does not include Pacific Islanders.



Economies Thrive with Full Participation

Examining Median Household Income by Race And Ethnicity Highlights Stark Differences (Contin.)

Some of the disparity in income is due to differences in educational attainment. However, research also shows income disparities exist^{xxv} while controlling for education.^{xxvi} For example, the median hourly earnings among those ages 25 and older with a bachelor's degree or more is \$35 for Asian men and \$32 for white men, compared with lower median hourly earnings for Latino (\$26) and Black (\$25) men. While some disparity can partially be explained by "differences in education, labor force experience, occupation or industry and other measurable factors,"^{xxvii} part of the income gap between races can also be attributed to racial discrimination.

While every Kansan would benefit from economic policies that result in higher wages, more should be done to reduce the structural barriers to opportunity that creates disparities in income among racial and ethnic groups. Two policy solutions include preserving the Earned Income Tax Credit (EITC) and expanding paid family leave.

Protect the Earned Income Tax Credit

The Earned Income Tax Credit (EITC) is an investment that helps families afford basic necessities such as child care and transportation, which also allow parents to keep working and contribute to the Kansas economy. In 2014, the most recent year data is available, the EITC helped more than 208,000 Kansas households make ends meet and contribute to the state's economy.^{xxviii} Protecting the EITC is essential to making sure Kansans can continue to work, provide for their families, and boost the state's economy.

Expand Paid Family Leave

In the United States, 85 percent of workers do not have access to paid family leave.^{xxix} However, because people of color face additional barriers to building assets and job security, they are more likely to face additional economic consequences without paid family leave. Research shows that "households of color are also more likely than white households to be multi-generational, which suggests they are more likely to have elder care responsibilities despite being less likely to have access to leave for elder care."^{xxx} While 50 percent of white workers have some type of paid or partially paid parental leave, only 43 percent of Black workers and 25 percent of Latinx workers can say the same.^{xxxi} This is particularly problematic given the high rates of infant and maternal mortality for people of color, which will be discussed later in this report. However, research shows that women of color take more time to care for their newborns if paid leave programs are available. In California, before the state implemented its program, Black women took an average of one week of maternity leave, while white women took an average of four weeks. After paid leave program implementation, both Black and white new mothers took seven weeks of maternity leave on average.^{xxxii}

Kansas should implement paid family leave to reduce maternal and infant mortality and ensure that Kansans are able to take care of their health and the health of their families. Paid family leave should include job protections, portability, and cover a meaningful length of time.

Education unlocks opportunity and creates pathways to success. However, due to systemic barriers, children of color face extra obstacles to achieving educational success. Residential segregation can result in children of color being more likely to attend underfunded schools with fewer course options, resources, and less-qualified teachers.^{xxxiii} Urban districts without adequate property tax revenue, or economically depressed rural districts, support schools with fewer resources and make educational attainment more difficult. As a result, children of color face challenges to fully capitalize on their abilities. Overall, children of color in Kansas are less likely to be proficient in reading and math and finish college, lowering their ability to achieve educational success and boost the state’s economy.

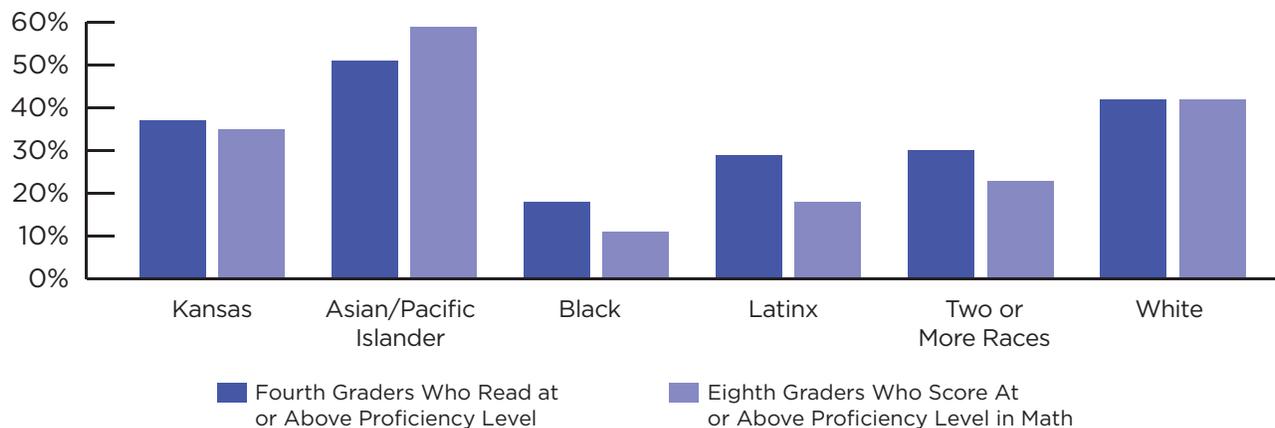
Reading and Math Proficiency Early Markers for High School Completion

Kansas children’s low level of proficiency in reading and math, measured by standardized exams in the fourth and eighth grade, undermines their future success. Asian

Kansas children are the only racial/ethnic group in which more than half are proficient in reading (52 percent) or math (59 percent). Approximately four in 10 white Kansas students are proficient in reading and math (43 percent). Latinx and Black Kansas children have much lower rates of reading and math proficiency, with 28 percent of Latinx and 17 percent of Black children achieving reading proficiency, and 17 percent of Latinx and 12 percent of Black Kansas children achieving math proficiency.

Research shows “children who do not read proficiently by the end of third grade are four times more likely to leave school without a diploma than proficient readers.”^{xxxiv} By failing to increase reading proficiency for every Kansas child, we ensure lower rates of high school completion.

Less than 4 in 10 Kansas Students are Proficient in Reading and Math



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP).

Less Than a Third Of Kansans Hold a College Degree

Almost half (48 percent) of Asian Kansas adults 25 years and older are college graduates, compared with just one-third of white Kansas adults (33 percent) and one-quarter (25 percent) of Kansas adults that identify as two or more races. Again, we should be interpreting data that aggregates Asian Kansans carefully, as there is wide variance in that category. Less than one in five Black Kansans (19 percent) and Native American Kansans (19 percent) are college graduates. Roughly one in 10 Latinx Kansans (12 percent) and Kansans who identify as some other race (7 percent) are college graduates.

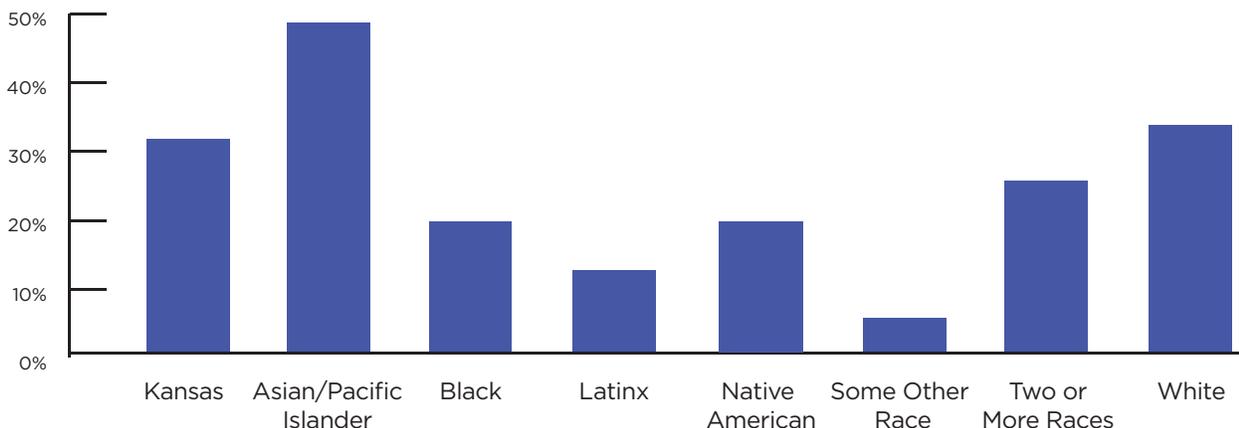
While there has been a narrowing in college enrollment rates,^{xxxv} Black Americans continue to have lower rates of college graduation^{xxxvi} compared with their white counterparts. Among those who enter college, 62 percent of white students complete their degree or certificate within six years, compared with 38 percent of Black students. Research shows that Black students are more likely to be enrolled part-time, take remedial courses, and begin their college career in community college,^{xxxvii} all factors that make students less likely to finish their degrees.

Although part-time enrollment and community college attendance are associated with lower completion rates, these educational options can be more accessible for low-income or first-generation students, or students working and paying their way through college.

The racial wealth gap, which shows certain communities of color are less likely to have accumulated wealth than their white counterparts, plays a role when considering college options. For example, Black Americans with college degrees have a median wealth of \$23,400, while white Americans with college degrees have a median wealth of \$180,500.^{xxxviii} Black children in these households will be less likely to have financial assistance to pay for schooling, and as a result they will be more likely to need to take out loans and work their way through college, making part-time enrollment and community college (again, factors that are associated with lower graduation rates) more appealing.

While the data appear challenging, there are opportunities to bolster educational outcomes for Kansas children of color to create successful futures for every Kansas child. That is the focus of our next section.

Less than a Third Of Kansans Hold a College Degree



Source: KHI analysis of data from the U.S. Census Bureau's American Community Survey 2015 (2011-2015) 5-Year Estimates.

High-Quality Early Education Programs Boost Later Educational Outcomes

High-quality early education programs help children enter school prepared to learn. Research has found early childhood education reduces the percentage of children repeating a grade by 15 percent and reduces the rate of special education placement by 10 percent.^{xxxix}

When children start kindergarten unprepared, it can lead to long-term consequences, including lower high school and college completion rates. One study^{xi} found being part of an intensive early childhood education program starting in preschool led to a 47 percent increase in those earning an associate's degree and a 41 percent increase for a bachelor's degree.^{xii} As we mentioned previously, a college degree is no guarantee to equitable economic outcomes for students of color.^{xiii} Regardless, college completion does boost future wages and improves health outcomes.

By bolstering educational achievement through high-quality early childhood care and education, we can achieve not just better educational outcomes, but better economic and health outcomes as well. Research shows that children who receive high-quality early education have increased rates of employment at age 30.^{xliii} Early education helps children prepare for the future while assisting their parents in working and contributing to the economy. Research shows parents with children in high-quality programs had sustained wage growth, and those children had higher rates of home ownership. Businesses also know early education is a key tool^{xliv, xlv} for ensuring quality employees are available to meet growing demand.

High-quality early education also improves health, with those participating in early childhood education from birth to age 5 showing lower rates of chronic disease and subsequent lower health care costs.^{xlvi}

Low-income families are more likely to have difficulty finding affordable, high-quality early education services. For families of color, systemic barriers make it more difficult to access these services because of multiple factors: affordability, access, supply, and quality of care.^{xlvii} Policymakers can address barriers to high-quality, early education by increasing access to early childhood education and child-care subsidies and providing larger reimbursements to child care providers who provide services during nontraditional work hours.

Early childhood education can lead to:

47%

increase in earning an associate's degree

and

41%

increase in earning an bachelor's degree



Healthy Communities

Access to health insurance helps keep Kansans healthy and more productive. However, access to health insurance is not universal, and people of color overall are less likely to be insured than their white counterparts, which contributes to people of color having poorer health outcomes and a higher prevalence of chronic conditions.^{xlviii}

Medicaid Expansion Can Increase Insurance Rates Among Communities of Color

People of color face economic and access barriers to secure insurance, regardless of its type. Differences in types of employment result in Black and Latinx Kansans being less likely to have employer-sponsored insurance. Working people of color who have access to health insurance through their employer still might not be able to afford the employee contribution, therefore remaining uninsured. People who earn low incomes must spend disproportionate percentages of their earnings on basic necessities. As outlined above, there is a marked difference in median household incomes by race and ethnicity. This creates a likelihood of being underinsured, in which Kansans with health insurance still might not access health care because of barriers including high coinsurance and co-payments. Barriers also exist for people of color to access health insurance through the Affordable Care Act and Medicaid, especially in a non-Medicaid expansion state such as Kansas.^{xlix}

Roughly one in 10 Kansans (11.5 percent) do not have health insurance. However, Kansans of color are more likely to be without health insurance than white Kansans. More than a quarter of Latinx Kansans (26.9 percent) and one in five Native American Kansans (21.3 percent) do not have health insurance. Black Kansans are nearly twice as likely as white Kansans to be uninsured (16.5 percent compared with 8.7 percent, respectively).

Systemic barriers make it more difficult for people of color to achieve income equityⁱ and accumulate wealth,ⁱⁱ resulting in people of color being more likely to be in the coverage gap and less likely to afford the expense of health insurance premiums. In 2015, Black Americans' uninsured rate was at, or below, the national average of 12.1 percent in 25 of the 28 states that had then expanded Medicaid. Conversely, in the 23 states that did not expand Medicaid, only four found uninsured rates among the Black population at or below the national average.ⁱⁱⁱ This shows that Medicaid expansion has a large effect on increasing insurance rates among Black Americans and likely for other communities of color.



Kansans of Color Are More Likely to Miss Health Care Due to Cost And Do Not Have a Usual Source Of Care

Health insurance increases the likelihood that beneficiaries receive preventive care.^{liii} In part due to access to health insurance, Kansans of color are more likely to report they missed health care due to cost. Latinx Kansans, Native

American Kansans, and Black Kansans are roughly twice as likely as white and Asian/Pacific Islander Kansans to report missing health care due to cost. Similarly, with their low rate of health insurance, less than one half of Latinx Kansans (45.4 percent) report having a usual source of care, compared with 16.3 percent of white Kansans.

Health Care Access and Outcomes By Race and Ethnicity						
	Kansas	Asian/Pacific Islander	Black	Latinx	Native American	White
Uninsured	11.5%	12.5%	16.5%	26.9%	21.3%	8.7%
Adults avoiding medical care due to cost	13.3%	12.5%	24.1%	23.9%	22.3%	11.0%
Adults without a usual source of care	20.3%	29.3%	29.1%	45.4%	25.9%	16.3%
Mortality rates (Per 100,000 persons)	759	405	936	541	1,024	752
Infant mortality rates (Per 1,000 live births)	5.9	-	13.9	5.1	-	5.3

Sources: Uninsured, KHI analysis of data from the U.S. Census Bureau’s American Community Survey Public Use Microdata Sample 2015 (2011-2015) 5-Year Estimates. Adults avoiding medical care due to cost, KHI analysis of the Kansas Behavioral Risk Factor Surveillance System, 2011–2015. Adults without a usual source of care, KHI analysis of the Kansas Behavioral Risk Factor Surveillance System, 2011–2015. Mortality rates, Kansas Department of Health and Environment, data from combined years 1999-2003, 2004-2008 and 2009-2013. Infant mortality rates, Population Reference Bureau, analysis of data from the Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Causes of Death Public Use Files for 2005-2016.



Black Kansas Babies Are Roughly Three Times More Likely To Die Than White Babies

Black Kansans have a higher rate of both infant mortality and overall mortality than the total Kansan population. Black Kansas babies are roughly three times more likely to die than white babies, due to a variety of systemic barriers.^{liv} Research shows Black women are more likely to have factors associated with infant mortality, including low birthweight or preterm babies, receiving later or no prenatal care, and being uninsured.^{lv} However, research shows that the distinguishing cause of high rates of infant mortality is the stress of racial discrimination. Class does not protect mothers and babies from the effects.

Racial discrimination and the stress it causes affects Black Americans at all income levels. Infant mortality is higher regardless of the income and education levels of Black mothers.^{lvi}

While white Kansans' mortality rates per 100,000 people (752) mirror the state average (759), Black Kansans (936), along with American Indian/Native Alaska Kansans (1,024), have much higher rates of overall mortality. Latinx Kansans (541) and Asian/Pacific Islander Kansans (405) have roughly half the mortality rate of Black and Native American Kansans, as well as much lower rates than the state average.

According to the Centers for Disease Control and Prevention, “the infant mortality rate is an important marker of the overall health of a society.”^{lvii} Infant and maternal health is the cornerstone needed to construct a solid base for state well-being. Targeted policy solutions that improve overall health while addressing specific needs facing Kansans of color include cultural competency for caregivers and service providers, evidence-based home-visiting programs with measurable outcomes, and expansion of KanCare.

Ensure Medical Professionals And Other Health Care And Service Providers Are Comprehensively Trained In Cultural Competence

Culturally adapted health care^{lviii} training for medical professionals and other providers can address implicit bias,^{lix} which can lead to disparities in medical and social treatment and outcomes.^{lx} Providers include healthcare providers, as well as home visit, WIC, Medicaid, and child care providers. However, research also shows that not all diversity training programs are effective,^{lxi} so such programs must be evaluated to ensure success.



Healthy Communities

Invest In Evidence-Based Home Visiting Programs

Home visiting programs, which provide services to at-risk pregnant women and parents with young children,^{lxii} aim to give new parents the tools to best care for their children. Nurses or other trained community-based professionals visit pregnant or new parents at home on a regular basis. Research has shown that evidence-based home visiting models improve child and maternal health, especially in high-need and at-risk communities. These programs, in conjunction with others, allow families to identify and access resources that support healthy outcomes.

Expand Kancare To Ensure All Mothers Have Access To Strong Perinatal Care

Healthy parents raise healthy children. The expansion of the state's Medicaid program is one of the best tools available to address barriers to health insurance access and improve health outcomes for Kansas babies, children, and mothers. Broader access to health care can bolster prenatal care and ensure better care for mothers and children. States that have expanded Medicaid under the Affordable Care Act (ACA) have seen greater declines in overall infant mortality rates compared with non-Medicaid expansion states such as Kansas. The declines in mortality have been even more pronounced for Black babies.^{lxv}

Promotores de Salud Initiative

Translating to “community health workers,” this U.S. Health and Human Services (HHS) initiative has the following goals:^{lxiii}

- Recognize the important contributions of *promotores* in reaching vulnerable, low-income, and underserved members of Latino/Hispanic populations, and
- Promote the increased engagement of *promotores* to support health education and prevention efforts and access to health insurance programs.

There are several *Promotores de Salud* programs in Kansas, including in Garden City and Kansas City.^{lxiv} While the health workers are unpaid, they are effective at educating communities about healthy behaviors.

Summary

A Path to a More Equitable and HAPI-er Kansas

Barriers facing Kansans of color resulted from intentional and systemic policies and procedures. While racist obstacles to opportunity have been generations in the making, we can work to dismantle them. Targeted state policies such as paid family leave, access to high-quality early education, and addressing infant and maternal health can demolish barriers facing Kansans of color and improve economic, education, and health outcomes for every Kansan.

Appendix 1

Data

	Kansas	Asian	Asian/Pacific Islander	Black	Latinx	Native American	Some Other Race	Two or More Races	White
Economic									
Overall Poverty Rate	13.6%	-	15.5%	25.4%	25.3%	21.2%	25.7%	22.8%	10.6%
Child Poverty Rate	15.0%	-	-	40.0%	22.0%	-	-	20.0%	10.0%
Children living in areas of concentrated poverty	8%	-	10%	27%	17%	9%	-	10%	4%
Unemployment Rate	5.9%	7.1%	-	12.8%	8.1%	13.3%	8.5%	11.9%	5.0%
Median Household Income	\$52,205	\$59,365	-	\$33,677	\$40,117	\$40,660	\$40,069	\$41,030	\$55,420
Education									
Fourth Graders Who Read Below Proficiency Level	63.0%	-	48.0%	83.0%	72.0%	-	-	71.0%	57.0%
Eighth Graders Who Score Below Proficiency Math	65.0%	-	41.0%	88.0%	83.0%	-	-	76.0%	57.0%
College Completion	31.0%	-	47.9%	19.1%	11.9%	18.7%	7.1%	24.9%	33.4%
Health									
Percent Uninsured	11.5%	-	12.5%	16.5%	26.9%	21.3%	9.6%	13.6%	8.7%
Adults with No Usual Source of Health Care	20.3%	-	29.3%	29.1%	45.4%	25.9%	-	-	16.3%
Adults Missing Health Care Due to Cost	13.3%	-	12.5%	24.1%	23.9%	22.3%	-	-	11.0%
Mortality Rates	759	-	405	936	541	1,024	-	-	752
Infant Mortality	5.9	-	-	13.9	5.1	-	-	-	5.3

Appendix 2

Sources

Indicator	Definition	Original Source
Economic		
Overall poverty rate	Percent Kansans below poverty rate, 2015	KHI analysis of data from the U.S. Census Bureau's American Community Survey 2015 (2011-2015) 5-Year Estimates.
Child poverty rate	Share of children under age 18 who live in families with incomes below federal poverty level, 2017	Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2017 American Community Survey.
Children living in areas of concentrated poverty	Children living in census tracts with poverty rates of 30 percent or more by race and ethnicity.	Population Reference Bureau analysis of data from the U.S. Census Bureau, 2006-2010 to 2012-2016 American Community Survey 5-year data. Via the Kids Count Data Center.
Unemployment rate	Unemployment Rate, 2015.	KHI analysis of data from the U.S. Census Bureau's American Community Survey (ACS) 2010 (2006-2010) 5-Year Estimates and the U.S. Census Bureau's ACS 2015 (2011-2015) 5-Year Estimates.
Median household income	Median Household Income (in 2015 Inflation-Adjusted Dollars)	KHI analysis of data from the U.S. Census Bureau's American Community Survey 2015 (2011-2015) 5-Year Estimates.
Education		
Fourth graders who read below Proficiency level-- All race categories except all Kansas.	Fourth grade public school students who scored below the proficient level in reading, 2017.	Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Available online at http://nces.ed.gov/nationsreportcard/ .
*Fourth graders who read below proficiency level-- All Kansas	Fourth grade public school students who scored below the proficient level in reading, 2017.	U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), various years, 1998-2017 Reading Assessments.
Eighth graders who score below proficiency math-- All race categories except all Kansas	Eighth grade public school students' mathematics achievement levels, as measured and defined by NAEP, 2017.	U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Available online at http://nces.ed.gov/nationsreportcard/ .
*Eighth graders who score below proficiency math-- All Kansas	Eighth grade public school students' mathematics achievement levels, as measured and defined by the National Assessment of Educational Progress (NAEP), 2017.	U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Available online at http://nces.ed.gov/nationsreportcard/ .
College completion rate	College or greater for Kansas adults age 25 years and older, 2015.	KHI analysis of data from the U.S. Census Bureau's American Community Survey 2015 (2011-2015) 5-Year Estimates.

Appendix 2 (contin.)

Sources

Indicator	Definition	Original Source
Health		
Uninsured	Percent uninsured by race/ethnicity and gender in Kansas, 2015	KHI analysis of data from the U.S. Census Bureau's American Community Survey Public Use Microdata Sample 2015 (2011-2015) 5-Year Estimates.
Child immunizations	Percent of children who have completed the 4:3:1:3:3:1:4 series before 36 months of age, two-year average. Percent of children receiving 4+DTP, 3+Polio, 1+MMR, 3+Hib, 3+HepB, 1+Varicella and 4+PCV before reaching age 3.	National Immunization Surveys, CDC's National Center for Immunization and Respiratory Diseases
Adults avoiding medical care due to cost	Adults, age 18 and older, who reported they had not sought medical care in past 12 months due to cost.	KHI analysis of the Behavioral Risk Factor Surveillance System survey for the combined years of 2011-2015.
Adults without a usual source of care	Percent of population without a usual source of care, 2011-2015.	KHI analysis of the Kansas Behavioral Risk Factor Surveillance System, 2011-2015.
Mortality rate	From 2009-2013. Per 100,000 persons using the U.S. 2000 standard population.	Kansas Department of Health and Environment, data from combined years 1999-2003, 2004-2008 and 2009-2013.
Infant mortality rate	Deaths occurring to infants under 1 year of age per 1,000 live births, 2016.	Population Reference Bureau, analysis of data from the Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Causes of Death Public Use Files for 2005-2016 CD-Rom and Births: VitalStats http://www.cdc.gov/nchs/vitalstats.htm .

ⁱ Kansas Center for Economic Growth. "Kansas' Health and Prosperity Index: 2016." 2016.

ⁱⁱ National Equity Atlas. "Racial/ethnic composition: Kansas, 1980-2050." U.S. Census Bureau; NHGIS; Woods & Poole Economics, Inc.

ⁱⁱⁱ National Equity Atlas. "Racial/ethnic composition: Kansas, 1980-2050." U.S. Census Bureau; NHGIS; Woods & Poole Economics, Inc.

^{iv} Annie E. Casey Foundation. Kids Count Data Center. "Child population by race."

^v Annie E. Casey Foundation. Kids Count Data Center. "Child population by race."

^{vi} According to Merriam-Webster, redlining is "the illegal practice of refusing to offer credit or insurance in a particular community on a discriminatory basis (as because of the race or ethnicity of its residents)."

^{vii} Jan, Tracy. "Redlining was banned 50 years ago. It's still hurting minorities today." The Washington Post. March 28, 2018.

^{viii} Edlagan, Christian and Kavya Vaghul. "How data disaggregation matters for Asian Americans and Pacific Islanders." Washington Center for Economic Growth. December 14, 2016.

^{ix} Igielnik, Ruth and Jens Manuel Krogstad. "Where refugees to the U.S. come from." Pew Research Center. February 3, 2017.

^x National Partnership for Women and Families. "Paid Family and Medical Leave: A Racial Justice Issue - and Opportunity." August 2018.

^{xi} Tucciarone, Alexander. "Roosevelt Institute, Cambridge University Press Release Book on Racial Inequality: Book Focuses On Ways Economic Laws and Policies Reinforce Systemic Racial Disparities." The Roosevelt Institute. September 12, 2017.

^{xii} Harvard University. Center on the Developing Child. "Toxic Stress Derails Healthy Development."

- xiii Annie E. Casey Foundation. Kids Count Data Center. “Children living in areas of concentrated poverty by race and ethnicity.”
- xiv Children in immigrant families is defined as children under 18 with at least one immigrant parent. From the Migration Policy Institute, “the term ‘immigrants’ refers to people residing in the United States who were not U.S. citizens at birth. This population includes naturalized citizens, lawful permanent residents (LPRs), certain legal nonimmigrants (e.g., persons on student or work visas), those admitted under refugee or asylee status, and persons illegally residing in the United States.”
- xv Annie E. Casey Foundation. “2017 Race for Results: Building a Path to Opportunity for All Children.”
- xvi U.S. Department of Housing and Urban Development. “Housing Discrimination Against Racial and Ethnic Minorities 2012.” 2012.
- xvii Jargowsky, Paul A. “Concentration of Poverty in the New Millennium: Changes in Prevalence, Composition, and Location of High Poverty Neighborhoods.” The Century Foundation and Rutgers Center for Urban Research and Education. December 18, 2013.
- xviii Jargowsky, Paul A. “Concentration of Poverty in the New Millennium: Changes in Prevalence, Composition, and Location of High Poverty Neighborhoods.” The Century Foundation and Rutgers Center for Urban Research and Education. December 18, 2013.
- xix Small firms are defined as having less than 25 employees at all locations.
- xx Clemans-Cope, Lisa, Genevieve Kenney, and Aaron Lucas. “Health Insurance in Nonstandard Jobs and Small Firms: Differences for Parents by Race and Ethnicity.” The Urban Institute. April 2010. Brief 12.
- xxi Kerby, Sophia. “The State of Women of Color in the United States.” Center for American Progress. 2012.
- xxii Quillian, Lincoln, Devah Pager, Arnfinn H. Midtbøen, and Ole Hexel. “Hiring Discrimination Against Black Americans Hasn’t Declined in 25 Years.” Harvard Business Review. October 11, 2017.
- xxiii Fetsch, Emily. “Unemployment down for African-American Kansans, but disparity remains.” Kansas Center for Economic Growth. February 2, 2018.
- xxiv The median household income for Asian Kansans does not include Pacific Islanders.
- xxv Patten, Eileen. “Racial, gender wage gaps persist in U.S. despite some progress.” Pew Research Center. July 1, 2016.
- xxvi Anderson, Monica. “Blacks with college experience more likely to say they faced discrimination.” Pew Research Center. July 27, 2016.
- xxvii Patten, Eileen. “Racial, gender wage gaps persist in U.S. despite some progress.” Pew Research Center. July 1, 2016.
- xxviii The Brookings Institution. “Earned Income Tax Credit (EITC) Interactive and Resources.” December 2016.
- xxix National Partnership for Women and Families. “Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity.” August 2018.
- xxx National Partnership for Women and Families. “Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity.” August 2018.
- xxxi National Partnership for Women and Families. “Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity.” August 2018.
- xxxii National Partnership for Women and Families. “Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity.” August 2018.
- xxxiii National Partnership for Women and Families. “Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity.” August 2018.
- xxxiv Fiester, Leila. “Early Warning Confirmed.” Annie E. Casey Foundation. 2013.
- xxxv Casselman, Ben. “Race Gap Narrows in College Enrollment, But Not in Graduation.” FiveThirtyEight. April 30, 2014.
- xxxvi Tate, Emily. “Graduate Rates and Race.” Inside Higher Ed. April 26, 2017.
- xxxvii Casselman, Ben. “Race Gap Narrows in College Enrollment, But Not in Graduation.” FiveThirtyEight. April 30, 2014.
- xxxviii Jones, Janelle. “The racial wealth gap: How African-Americans have been shortchanged out of the materials to build wealth.” Economic Policy Institute. February 13, 2017.
- xxxix Karoly, Lynn A. and Anamarie Whitaker. “Informing Investments in Preschool Quality and Access in Cincinnati: Evidence of Impacts and Economic Returns from National, State, and Local Preschool Programs.” RAND Corporation. 2016.
- xl Reynolds, Arthur J., Suh-Ruu Ou, and Judy A. Temple. “A Multicomponent, Preschool to Third Grade Preventive Intervention and Educational Attainment at 35 Years of Age.” JAMA Pediatrics. March 2018.
- xli University of Minnesota. “Research finds early childhood program linked to degree completion at age 35.” January 30, 2018.
- xlii Jones, Janelle and John Schmitt. “A College Degree is No Guarantee.” Center for Economic and Policy Research. May 2014.
- xliii Heckman, James J. “There’s more to gain by taking a comprehensive approach to early childhood development.” The Heckman Equation.
- xliiv Ready Nation: Council for a Strong America. “Business Case for Early Childhood Investments: Strengthening business through effective investments in children and youth.”
- xli v Institute for a Competitive Workforce and the U.S. Chamber of Commerce. “Why Businesses Should Support Early Childhood Education.” 2010.
- xli vi García, Jorge Luis, James J. Heckman, Duncan Ermini Leaf, and María José Prados. “Quantifying the Life-cycle Benefits of a Prototypical Early Childhood Program.” 2017.
- xli vii Johnson-Staub, Christine. “Equity starts early: Addressing racial inequities in child care and early education policy.” Center for Law and Social Policy. December 20, 2017.
- xli viii Central for Disease Control. “At a Glance 2016: Racial and Ethnic Approaches to Community Health (REACH) Finding Solutions to Health Disparities. 2016.
- xli ix Kansas Action for Children. KAC Data Spotlight: Insurance Rates. 2018.
- l Fetsch, Emily. “Closing racial disparity in income will bolster Kansas economy.” Kansas Center for Economic Growth. 2018.
- li Jones, Janelle. “The racial wealth gap: How African-Americans have been shortchanged out of the materials to build wealth.” Economic Policy Institute. 2017.

- ^{lii} Bailey, Peggy, Matt Broaddus, Shelby Gonzales, and Kyle Hayes. "African American Uninsured Rate Dropped by More than a Third Under Affordable Care Act." Center on Budget and Policy Priorities. 2017.
- ^{liiii} Glied, Sherry A., Stephanie Ma, and Anaïs Borja. "Effect of the Affordable Care Act on Health Care Access." The Commonwealth Fund. May 8, 2017.
- ^{liiv} Kansas Action for Children. KAC Data Spotlight: Infant Mortality. 2018.
- ^{liv} Kansas Action for Children. KAC Data Spotlight: Infant Mortality. 2018.
- ^{livi} Kansas Action for Children. KAC Data Spotlight: Infant Mortality. 2018.
- ^{lvii} Centers for Disease Control and Prevention. "Infant Mortality."
- ^{lviii} County Health Rankings and Roadmaps. "Culturally adapted health care."
- ^{lix} Project Implicit. Harvard University.
- ^{lx} Dembosky, April. "Can Health Care Be Cured of Racial Bias?" National Public Radio. August 20, 2015.
- ^{lxi} Dobbin, Frank, Alexandra Kalev, and Erin Kelly. "Diversity Management in Corporate America." Contexts. Fall 2007.
- ^{lxii} Novoa, Cristina. "Home Visiting Programs Are Proven, Cost-Effective Winners." Inside Sources. March 8, 2018.
- ^{lxiii} Center for Disease Control. "Promotores de Salud / Community Health Workers."
- ^{lxiv} El Centro. Promotoras.
- ^{lxv} Corbett, Steve, Lawrence John Panas, Wen-Chieh Lin. "Issue Brief—Infant Mortality: Disparities in the Sunflower State." Kansas Health Institute. 2018.