

KANSAS'

HEALTH AND PROSPERITY INDEX: 2016



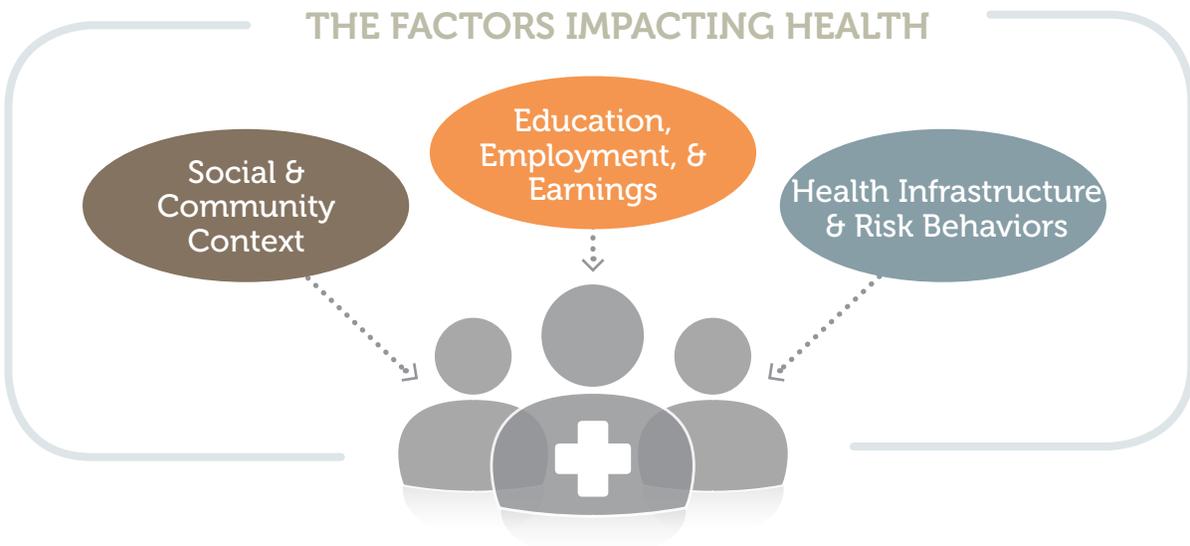


Kansas Health and Prosperity Index: 2016

A healthy Kansas economy starts with healthy Kansans.

Our state enjoys many advantages when it comes to health – open space, clean air and water, and a good sense of community.

Despite these amenities, however, Kansas finds itself in the middle of the pack when examining the health, economic, and social foundation of the state in comparison to other states in the region. A stable economic underpinning works to promote the health and well-being of all Kansans. In other words, a Kansan's health involves much more than just healthy living and good choices – a range of factors make an impact. These factors (also known as the social determinants of health) comprise approximately 90% of what determines the health of the state's population.¹ Here's a basic model to describe how it works:



To determine how Kansas ranks relative to its regional counterparts, the Kansas Center for Economic Growth (KCEG) collected and analyzed a total of 39 indicators divided among the four key areas in the model above. Overall, Kansas ranks right in the middle of the pack when compared to the six other states in the region, which include Arkansas, Colorado, Iowa, Missouri, Nebraska, and Oklahoma.

While being 'right in the middle' may not sound so bad, this ranking doesn't take into account how recent policy choices may impact Kansas' performance for years to come. Whether it's unsustainable state tax policy that limits investments in public education or a refusal to expand KanCare to help improve the physical and mental health of Kansans, state policy choices will reverberate through the state for some time.

Though the Health and Prosperity Index (HAPI) is a new endeavor, KCEG will track these indicators over time to determine the impact of current policy choices on future outcomes. For now, the Kansas HAPI results focus on short-term indicators available today.

Please note: A full list of the indicators and data in this category, including score rankings, is included in the Data Sheet supplement.



Education, Employment, and Earnings Category

Kansas' educational and economic performance closely links to health outcomes. People with higher levels of education tend to live longer and experience fewer health problems because they enjoy more access to resources, better employment, and a greater understanding of how behaviors relate to health.² Ensuring Kansans receive the high quality education necessary to build a good paying career is the foundation for a healthy and happy population.

Where Kansas Does Well:

- » 56% of Kansans hold some form of higher education, which is second in the region behind Colorado.

Where Kansas Could Improve:

- » Kansas' personal income and job growth rank last and second-to-last in the region, respectively. Kansas' median household income is fifth out of the seven states.
- » Poverty rates, both overall and for children, still linger above pre-recession levels.
- » The percentage of Kansans with very low food security (i.e. they've had to skip meals because they couldn't afford food) is much higher relative to the next closest state.

Improving Performance:

Kansas achieved a mixed record in this category. Since lawmakers enacted landmark legislation to phase out the state income tax in 2012, broad measures of Kansas' economic performance show no discernible economic benefit to the state. Budget shortfalls caused by failed tax policy have repeatedly led to deep budget cuts.³ Unstable fiscal outlooks, sweeps from highway funds, and stagnant investments – or outright cuts – to key services, like K-12 and higher education, damage Kansas' ability to compete economically. KCEG's previous research confirmed the value of investing in core services like public education; one graduating high school class may save over \$1.5 billion in public health care costs.⁴ Furthermore, a variety of opportunities exist to improve poverty and food security indicators. Working Kansans would benefit from comprehensive tax reform that stabilizes the state revenue stream and broadens the tax base to make it more fair.

»»» **POLICY RECOMMENDATIONS:** Current tax policy must be changed. By restoring Kansas' revenue stream, lawmakers can reinvest in proven economic stimulants, like K-12 and higher education, infrastructure, public safety, and other core services necessary to maintain a high quality of life. Tax reform would also protect the state's vital early childhood programs and dollars for roads from deeper funding sweeps. Additionally, it would preserve and provide an opportunity to expand the Earned Income Tax Credit (EITC). It would also enable the gradual reinstatement of tax credits to help working families (Child and Dependent Care Credit, Food Sales Tax Rebate, and Homestead Property Tax Rebate).

Colorado	61
Iowa	57
Nebraska	53
Kansas	34
Missouri	32
Arkansas	24
Oklahoma	23

Note: Scores are an index of performance, with higher scores indicating a more desirable outcome in an indicator. These are added to determine overall score in a category.



Social and Community Context Category

Social and community context also impacts Kansas' health and well-being. Can citizens access healthy food or places to exercise? Do people spend a reasonable portion of their earnings on rent and are they able to use public transit to get to work? How engaged are people in the community? These things all influence Kansas' overall health and quality of life.

Iowa	47
Nebraska	43
Colorado	39
Kansas	32
Missouri	31
Arkansas	18
Oklahoma	17

Where Kansas Does Well:

- » Over 35% of Kansans volunteered in the past year, which is the highest percentage relative to the state's neighbors.
- » Over three-quarters of Kansans have access to exercise opportunities, like parks, gyms, and community centers.

Where Kansas Could Improve:

- » 42% of people spend almost one-third of their income on rent and utilities, which hampers their ability to achieve financial security.
- » A higher proportion of Hispanic/Latino and African-American Kansans have no form of health insurance than most of the surrounding states, making individuals more vulnerable to medical debt or more likely to avoid the doctor out of concern for cost.
- » One-half of one percent of Kansans utilize public transit to get to work. Kansans without reliable transportation have limited mobility and restricted access to better paying jobs.

Improving Performance:

Kansans who pay more than one third of their income on rent and utilities, or those without health insurance, risk greater financial vulnerability. Additionally, many of these individuals are low- to moderate-income earners who actually absorbed a net increase in their state taxes since 2012, which means they find themselves in an even more precarious situation.⁵ These conditions make it harder to save for their kids' college or their own retirement, let alone having the ability to save for unplanned expenses. Seniors already facing a high cost for health care have lost cost-effective, in-home health care as a result of budget cuts caused by Kansas tax policy.⁶

»»» **POLICY RECOMMENDATIONS:** Provide low-income renters relief by reinstating the Homestead Property Tax Rebate, which was eliminated in 2013. Expanding KanCare would also provide health insurance coverage to uncovered Kansans and would help to reduce the proportion of Kansans of color who are uninsured.



Health Infrastructure and Risk Behaviors Category

Health infrastructure includes access to primary health care providers, access to substance abuse treatment, and cost burden for consumers. Risk behaviors relate to things like smoking rates, physical activity, immunizations, or seeking out diagnostic health services like mammograms. Health infrastructure and risk behaviors impact Kansans' health in the present and reveal potential outcomes down the road.

Nebraska	59
Iowa	51
Kansas	51
Colorado	50
Missouri	36
Oklahoma	34
Arkansas	30

Where Kansas Does Well:

- » Only 30% of Kansans live in areas with a shortage of primary care doctors, faring the best out of the region.
- » The percentage of adults reporting poor mental health is the lowest in the region.
- » 80% of women 40 years of age or over received a mammogram recently, which is the second highest rate in the region.

Where Kansas Could Improve:

- » 44% of Kansans live in areas with a shortage of mental health practitioners, which tallies in at second worst in the region.
- » 7.5% of adults who need treatment for alcohol abuse are not getting it, which also ranks as second worst in the region.
- » 60% of Kansans live in areas with inadequate access to dentists.

Improving Performance:

Kansas has the fewest number of adults reporting poor mental health, but those who do need treatment find fewer options to meet their needs. In Fiscal Year 2016, Kansas' community mental health centers – which help those seeking mental health care – bore the brunt of approximately \$30 million in funding cuts.⁷

»»» **POLICY RECOMMENDATIONS:** Again, a return to balanced and responsible tax policy will ensure that crucial investments in mental health and substance abuse treatment can be made and sustained. Kansas' ability to provide these and other services, especially in underserved rural areas, is also hampered by not expanding KanCare.⁸ In fact, according to the Kansas Hospital Association (as of October 2016), Kansas has forfeited nearly \$1.5 billion in federal dollars that could have come back to Kansas for its citizens' health care needs. Also, approximately 3,700 fewer jobs will be created by 2020 as a result of the state's inaction to expand KanCare. Finally, allowing dental therapists to help address Kansas' severe dental health care shortage would assist the vast majority of Kansas counties that don't have enough dental health providers.⁹



Health Outcomes Category

Health indicators include life expectancy, deaths from cancer or heart disease, obesity, and people with mental illness. They encompass what Kansans think of in terms of their own health, the health of people they love, and the overall cost of health care. The previous three categories largely determine health outcomes. It comes as no surprise, then, that Kansas falls in the middle, given the same performance in the other three categories.

Colorado	58
Iowa	57
Nebraska	50
Kansas	42
Missouri	34
Arkansas	23
Oklahoma	21

Where Kansas Does Well:

- » At 17.6%, Kansas has the second-lowest proportion of adults in the region who reported any mental illness.
- » Cancer and breast cancer deaths are lower than most states in the region, placing Kansas in the top three for both categories.

Where Kansas Could Improve:

- » Kansas' obesity rate is second-from-the-bottom in the regional rankings. In fact, Kansas was one of only two states in the country to see its obesity rate *increase*.¹⁰
- » Nearly 8% of Kansans over the age of 18 reported alcohol dependence or abuse, which is very close to last place.
- » Life expectancy fell in the middle-range for the region.

Improving Performance:

Because overall health outcomes are fundamentally tied to the three previous categories, a comprehensive approach for improving all 39 indicators is needed to increase the state's health outcomes.

»»» **POLICY RECOMMENDATIONS:** Two broad policy recommendations would significantly improve Kansas' overall performance on health outcomes. The first, and most crucial, is to restore balanced and responsible tax policy to ensure the state has the resources to invest in Kansans' physical and mental health, as well as in the health of the state economy. Second, expanding KanCare would help the nearly one-third of rural hospitals in our state at risk of closing.¹¹ This would also expand access to mental and physical health care and provide thousands of good paying jobs in parts of the state that badly need it.¹²



Kansas' Health and Prosperity Index: Overall Score and Ranking

Kansas' overall performance aligns with its scores in individual categories and falls quite far behind the top tier of states in scoring. Also, KCEG has not extensively examined Kansas' performance when breaking the data down by racial categories. This may reveal patterns of economic, social, and health inequities by race across the state.

Iowa	212
Colorado	208
Nebraska	205
Kansas	159
Missouri	133
Oklahoma	95
Arkansas	95

Many of these indicators reflect data from 2013, before the most devastating consequences of state tax policy materialized. Kansas has endured nearly 10 rounds of budget cuts since then, with the state's fiscal crisis showing no signs of easing. By their nature, many of these indicators capture long-term trends, so it could be years before the true impact of current tax policy is reflected in the data.

Upon a careful review of the indicators, Kansas' place relative to its neighbors, and the policies recommended to help improve our performance, it's obvious that the biggest obstacle to building success lay with the failure of current tax policy. Many of the state's policy problems are influenced by the failed tax plan, and Kansas' shortcomings are merely symptoms of that policy. If lawmakers want to improve Kansas' situation, they must treat the cause of the problem – not the symptoms.

Kansas Health and Prosperity Index (HAPI) Methodology and Data Limitations:

KCEG used a straightforward scoring system to compare Kansas and its regional neighbors. For each of the 39 indicators, a score from one to seven was assigned, with seven indicating the best performance and one indicating the lowest. For example, on Life Expectancy, Colorado had the highest life expectancy of the seven states, thereby earning a score of seven. Oklahoma, on the other hand, had the lowest life expectancy, which earned a score of one. Kansas' life expectancy fell at fourth place and was therefore assigned a score of four. Here's how it looks >>

	Life Expectancy (in years)	Score
Colorado	80	7
Nebraska	79.8	6
Iowa	79.7	5
Kansas	78.7	4
Missouri	77.5	3
Arkansas	76	2
Oklahoma	75.9	1

In the event of a tie between two states, each state received the same score. Subsequent states then received the score corresponding with their placement amongst the overall group. For example, in Access to Exercise Opportunities, Kansas fell into a three-way tie with Iowa and Missouri for third-best of the seven states, which earns a score of five. Arkansas and Oklahoma, which score below the tied states in this indicator, were then assigned a two and one, respectively. Overall, ties occurred in eight of the 39 indicators. Here's how that looks >>

	Access to Exercise Opportunities (%)	Score
Colorado	91%	7
Nebraska	80%	6
Iowa	76%	5
Kansas	76%	5
Missouri	76%	5
Arkansas	69%	2
Oklahoma	61%	1

To arrive at scores for each section, and the overall scores, KCEG simply added the scores from each indicator.

KCEG chose indicators that were informed by other works on the social determinants of health but that were also the most relevant to Kansas and the surrounding region, especially for economic indicators. As with many wide-ranging data collection and analysis efforts, there are certain limitations to the indicators utilized in this report. For example, on the Access to Exercise Opportunities indicator, there is very little accounting for the quality of those opportunities. Some parks or recreation areas may lack adequate facilities and proper maintenance, which may hinder people's use of these facilities. Another limited indicator is the use of public transit to get to work. Though we would like to measure access to public transportation, necessary data for the unit of analysis was unavailable. In this case, we were limited to analyzing overall public transportation use for travel to work.

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¹See National Centers for Disease Control, "NCHHSTP Social Determinants of Health, Frequently Asked Questions." Last Reviewed, March 2014. Available online: <http://www.cdc.gov/nchhstp/socialdeterminants/faq.html>

²See Emily B. Zimmerman, et al. "Understanding the Relationship between Education and Health: A Review of the Evidence and an Examination of Community Perspectives." Content last reviewed September 2015. Available online: <http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html>

³See Russell Burman, "Kansas' Never-ending Budget Mess." April 22, 2016. *The Atlantic*. Available online: <http://www.theatlantic.com/politics/archive/2016/04/kansas-never-ending-budget-mess/479400/>

⁴See Kansas Center for Economic Growth. *Kansas Public Education: The Foundation for Economic Growth*. Available online: <http://realprosperityks.com/wp-content/uploads/2016/04/K12-Report.pdf>

⁵See Institute for Taxation and Economic Policy analysis of Kansas tax policy changes from 2012 to present. Available online: <http://realprosperityks.com/wp-content/uploads/2014/05/WP2016.png>

⁶See Kansas City Star Editorial Board, "Seniors in Kansas Suffer as Sam Brownback Cuts Budget to Save Tax Cuts." June 10, 2016. *The Kansas City Star*. Available online: <http://www.kansascity.com/opinion/editorials/article83064602.html>

⁷See Jim McLean, "Budget Cuts 'Devastating' Kansas Mental Health System, Providers Say." July 7, 2016. *Kansas Health Institute News Service*. Available online: <http://www.khi.org/news/article/budget-cuts-devastating-mental-health-system-providers-say>

⁸See Shefali Luthra, "Study: Lack of Medicaid Expansion Hurts Rural Hospitals more than Urban Facilities." September 8, 2016. *Kaiser Health News*. Available online: <http://www.khi.org/news/article/study-lack-of-medicaid-expansion-hurts-rural-hospitals-more-than-urban-faci>

⁹See Tim Carpenter, "Kansas Coalition puts Shine on Dental Therapist Option for Unmet Demand." August 28, 2016. *The Topeka Capital Journal*. Available online: <http://cjonline.com/news/state/2016-08-28/kansas-coalition-puts-shine-dental-therapist-option-unmet-demand>

¹⁰See The State of Obesity, "Adult Obesity in the United States." 2015. Available online: <http://stateofobesity.org/adult-obesity/>

¹¹See Gabriella Dunn, "1 in 3 Rural Kansas Hospitals at risk of Closing in Study." February 2, 2016. *The Wichita Eagle*. Available online: <http://www.kansas.com/news/business/health-care/article58026428.html>

¹²See Chris Brown, et al. "Economic and Employment Effects of Expanding KanCare in Kansas." February 2013. *George Washington University*. Available online: <http://www.expandkanscare.com/wp-content/uploads/2016/05/Economic-and-Employment-Effects-of-Expanding-KanCare-in-Kansas-Report.pdf>

Data Sheet

Education, Employment, and Earnings	Kansas	Arkansas	Colorado	Iowa	Missouri	Nebraska	Oklahoma	U.S.
Less than HS Education	8.2%	12.7%	7.9%	6.5%	9.2%	8.0%	10.4%	10.9%
HS Graduate	35.8%	42.9%	29.5%	39.2%	39.6%	36.7%	40.7%	35.5%
Some College and/or College Graduate	56.0%	44.3%	62.6%	54.3%	51.3%	55.3%	48.9%	53.5%
Unemployment Rate	4.1%	3.9%	3.8%	4.1%	4.7%	3.1%	5.0%	4.9%
Job Growth	2.3%	4.1%	11.4%	4.4%	4.4%	4.5%	2.0%	6.8%
Personal Income Growth	1.8%	2.2%	3.8%	2.8%	2.4%	2.5%	1.9%	3.0%
Median Household Income	\$ 53,444	\$ 44,922	\$ 60,940	\$ 57,810	\$ 56,630	\$ 56,870	\$ 47,199	\$ 53,657
Overall Poverty Rate	14.0%	19.0%	12.0%	12.0%	15.0%	12.0%	17.0%	16.0%
Child Poverty Rate	18.0%	26.0%	15.0%	15.0%	21.0%	16.0%	22.0%	22.0%
Very Low Food Security	6.4%	8.1%	5.2%	4.6%	7.9%	5.5%	6.6%	5.6%
Social and Community Context	Kansas	Arkansas	Colorado	Iowa	Missouri	Nebraska	Oklahoma	U.S.
Volunteerism	35.1%	20.5%	30.9%	33.0%	30.2%	34.6%	25.8%	25.3%
Healthy Food Access	3.8	3.6	2.9	7.4	4.3	5.2	1.8	2.7
High Percent of Income Spent on Rent and Utilities	42.0%	41.8%	48.1%	40.2%	43.6%	38.8%	39.9%	47.8%
Public Transit Use	0.5%	0.3%	3.3%	1.0%	1.6%	0.7%	0.4%	5.2%
Access to Exercise Opportunities	76%	61%	91%	76%	76%	80%	69%	n/a
Percent Uninsured	10.5%	11.6%	10.4%	5.7%	11.5%	9.3%	15.1%	11.6%
Percent of Uninsured African-Americans	15.7%	12.2%	10.8%	10.9%	17.2%	12.5%	18.5%	13.5%
Percent of Uninsured Hispanics	25.9%	29.5%	20.5%	13.5%	24.4%	24.9%	27.3%	23.3%
Health Infrastructure and Risk Behaviors	Kansas	Arkansas	Colorado	Iowa	Missouri	Nebraska	Oklahoma	U.S.
Primary Care Health Professional Shortage Areas (HPSAs)	70.5%	65.3%	58.1%	68.4%	38.6%	43.2%	63.8%	60.4%
Primary Care Providers	82.2	80.2	92.0	69.0	81.2	97.3	63.5	n/a
Adults Missing Health Care Due to Cost	13%	18%	13%	9%	14%	12%	15%	14%
Dental Care Health Professional Shortage Areas (HPSAs)	40.3%	47.5%	41.7%	53.2%	24.5%	84.2%	66.1%	40.8%
Mental Health Care Professional Shortage Areas (HPSAs)	56.5%	63.3%	76.5%	60.8%	69.1%	76.3%	25.2%	50.9%
Adults Reporting Poor Mental Health	29.3%	35.4%	35.0%	32.0%	31.6%	30.2%	33.5%	33.9%
Adults Reporting Needing but not Receiving Treatment for Alcohol Use in the Past Year	7.5%	5.4%	7.3%	6.3%	6.6%	7.7%	6.2%	6.6%
Percent of Adults Who Participate in Physical Activity or Exercise	76.2%	69.3%	83.6%	77.4%	75.0%	78.7%	71.7%	76.3%
Percent of Women Getting Mammograms	80%	73%	76%	81%	77%	77%	73%	80%
Percent of Adults Who Smoke	18.1%	24.7%	15.7%	18.5%	20.6%	17.3%	21.1%	17.4%
Child Immunizations	76.7%	70.1%	74.3%	73.3%	71.4%	81.3%	75.9%	74.6%
Health Outcomes	Kansas	Arkansas	Colorado	Iowa	Missouri	Nebraska	Oklahoma	U.S.
Life Expectancy	78.7	76.0	80.0	79.7	77.5	79.8	75.9	78.9
Infant Mortality	6.3	7.5	4.8	4.8	6.1	5.1	8.1	5.8
Obesity	34.2%	34.5%	20.2%	32.1%	32.4%	31.4%	33.9%	n/a
Diabetes	9.7%	12.6%	6.8%	8.8%	11.5%	8.8%	11.7%	n/a
Cancer Deaths	162.9	189.6	139.2	168.2	179.1	160.7	185.4	163.0
Breast Cancer Deaths	18.2	21.4	17.9	18.6	21.9	20.8	23.0	20.7
Deaths Due to Diseases of the Heart	157.4	217.5	130.3	157.3	194.7	143.0	228.1	167.0
Suicide Deaths	15.7	17.3	19.8	12.8	16.3	13.4	19.1	12.9
Mental Illness	17.6%	20.0%	17.9%	16.8%	19.0%	18.2%	19.0%	18.3%
Alcohol Dependence and Abuse	7.9%	5.5%	7.9%	6.6%	6.8%	8.0%	6.8%	6.9%

Health and Prosperity Index Indicators, Definition, and Location:

EDUCATION, EMPLOYMENT, AND EARNINGS (10 INDICATORS)

Less than High School Education – Indicator denotes the percent of adults over age 25 who did not attain a high school diploma. **Data year: 2014.**

Data from: American Community Survey, *Integrated Public Use Microdata Series*. Reported by the Robert Wood Johnson Foundation, *Datahub*. Available online: <http://www.rwjf.org/en/how-we-work/rel/research-features/rwjf-datahub.html#>

High School Graduate – Indicator signifies the percent of adults over age 25 who attained a high school diploma. **Data year: 2014.**

Data from: American Community Survey, *Integrated Public Use Microdata Series*. Reported by the Robert Wood Johnson Foundation, *Datahub*. Available online: <http://www.rwjf.org/en/how-we-work/rel/research-features/rwjf-datahub.html#>

Some College and/or College Graduate – Indicator represents the percent of adults over age 25 who have attended some college, technical school, or who have attained a college degree or higher. **Data year: 2014.**

Data from: American Community Survey, *Integrated Public Use Microdata Series*. Reported by the Robert Wood Johnson Foundation, *Datahub*. Available online: <http://www.rwjf.org/en/how-we-work/rel/research-features/rwjf-datahub.html#>

Unemployment Rate – Indicator denotes the percentage of workers in the labor force who have been looking for work but have been unable to find it. **Data year: July 2016.**

Data from: Bureau of Labor Statistics, *Local Area Unemployment Statistics*. Seasonally adjusted for July 2016. Available online: <http://www.bls.gov/web/laus/laumstrk.htm>

Job Growth – Indicator signifies the percentage rate of growth in total (non-farm) jobs. **Data year: January 2013 to July 2016.**

Data from: Bureau of Labor Statistics, Current Employment Statistics (CES), State and Metro Area. Seasonally adjusted. Available online: <http://data.bls.gov/pdq/querytool.jsp?survey=sm>

Personal Income Growth – Indicator represents the percentage rate of growth in non-farm personal income from all sources. **Data year: Fourth Quarter, 2012 – First Quarter, 2016.**

Data from: Bureau of Economic Analysis, Interactive Data. Available online: http://www.bea.gov/iTable/index_regional.cfm

Median Household Income – Indicator denotes the median income of a household unit. Data are expressed in 2014 dollars. **Data year: 2014.**

Data from: U.S. Census Bureau, *Current Population Survey, Annual Social and Economic Supplements*. Reported by Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/median-annual-income/>

Overall Poverty Rate – Indicator signifies the percentage of population that falls below the Federal Poverty Level, which in 2014 for a family of two adults and two children was \$24,008. **Data year: 2014.**

Data from: American Community Survey, 2014. Reported on the Kids Count Data Center. Available online: <http://datacenter.kidscount.org/data/tables/52-population-in-poverty?loc=1&loct=2#detailed/2/2-52/false/869,36,868,867,133/any/339,340/>

Child Poverty Rate – Indicator represents the percent of children under age 18 living with families with incomes below the Federal Poverty Level. **Data year: 2014.**

Data from: American Community Survey, 2014. Reported on the KIDS COUNT Data Center. Available online: <http://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=18&loct=2#detailed/2/18/false/869,36,868,867,133/any/321,322>

Very Low Food Security – Indicator denotes the percentage of households reporting multiple instances of disrupted eating patterns and reduced food intake. **Data year: 2012-2014 average.**

Data from: Economic Research Service, United States Department of Agriculture. Available online: <http://www.ers.usda.gov/media/1896841/err194.pdf>

SOCIAL AND COMMUNITY CONTEXT (8 INDICATORS)

Volunteerism – Indicator signifies the percentage of Kansas residents who have volunteered. **Data year: 2014.**

Data from: Corporation for National & Community Service. Available online: <https://www.volunteeringinamerica.gov/KS>

Healthy Food Access – Indicator represents the number of farmer's markets per 100,000 residents. **Data year: 2016.**

Data from: Agricultural Marketing Service, United States Department of Agriculture. Population data from the U.S. Census Bureau. Available online: <https://www.ams.usda.gov/local-food-directories/farmersmarkets>

High Percent of Income Spent on Rent and Utilities – Indicator denotes the percentage of residents living in rental properties spending 30% or more of their income on rent and utilities. **Data year: 2014.**

Data from: American Community Survey, 1-year estimates. Available online: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_GCT2515.ST50&prodType=table

Public Transit Use – Indicator signifies the percentage of working Kansans age 16 and over commuting to work on public transportation, excluding taxicabs. **Data year: 2014.**

Data from: American Community Survey, 1-year estimates. Available online: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B08101&prodType=table

Access to Exercise Opportunities – Indicator represents the percentage of Kansans who live reasonably close to a location for physical activity, including recreation facilities like local, state, and national parks, as well as gyms, community centers, YMCAs, dance studios, and pools. **Data year: 2014.**

Data from: County Health Rankings & Roadmaps. Available online: <http://www.countyhealthrankings.org/measure/access-exercise-opportunities>

Percent Uninsured – Indicator denotes the percentage of Kansans lacking health insurance coverage of any kind. **Data year: 2014.**

Data from: Robert Wood Johnson Foundation DataHub. Available online: <http://www.rwjf.org/en/how-we-work/research-features/rwjf-datahub.html>

Percent of Uninsured African-Americans – Indicator signifies the percentage of Kansans identifying as African-American lacking health insurance coverage of any kind. **Data year: 2014.**

Data from: Robert Wood Johnson Foundation DataHub. Available online: <http://www.rwjf.org/en/how-we-work/research-features/rwjf-datahub.html>

Percent of Uninsured Hispanics – Indicator represents the percentage of Kansans identifying as Hispanic or Latino lacking health insurance coverage of any kind. **Data year: 2014.**

Data from: Robert Wood Johnson Foundation DataHub. Available online: <http://www.rwjf.org/en/how-we-work/research-features/rwjf-datahub.html>

HEALTH INFRASTRUCTURE AND RISK BEHAVIORS CATEGORY (11 INDICATORS)

Primary Care Health Professional Shortage Areas (HPSAs) – Indicator represents the percentage of need met to resolve the health professional shortage in areas with fewer than one provider for every 3,500 residents. **Data year: 2014.**

Data from: Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/>

Primary Care Providers – Indicator denotes the rate of primary care providers per 100,000 residents of a state. **Data year: 2013.**

Data from: Area Health Resource File, on *Health Indicators Warehouse*. Available online: http://www.healthindicators.gov/Indicators/Primary-care-providers-per-100000_25/Profile

Adults Missing Health Care Due to Cost – Indicator signifies the percentage of adults (18 and over) who went without needed health care due to cost. **Data year: 2014.**

Data from: Behavioral Risk Factor Surveillance System (BFRSS), Centers for Disease Control. Reported by The Commonwealth Fund. Available online: <http://www.commonwealthfund.org/publications/fund-reports/2015/dec/aiming-higher-2015>

Dental Care Health Professional Shortage Areas (HPSAs) – Indicator represents the percentage of need met to resolve the dental health professional shortage in areas with fewer than one provider for every 5,000 residents. **Data year: 2014.**

Data from: Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas/>

Mental Health Care Professional Shortage Areas (HPSAs) – Indicator represents the percentage of need met to resolve the mental health professional shortage in areas with fewer than one provider for every 30,000 residents. **Data year: 2014.**

Data from: Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>

Adults Reporting Poor Mental Health – Indicator denotes adults who reported that their mental health was “not good” between one and 30 days in the past month. **Data year: 2014.**

Data from: Behavioral Risk Factor Surveillance System (BFRSS), Centers for Disease Control. Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/poor-mental-health-among-adults/>

Adults Reporting Needing but not Receiving Treatment for Alcohol Use in the Past Year – Indicator signifies the percentage of adults ages 18 and over reporting that they needed, but did not receive, treatment for alcohol use in the past year.

Data year: 2013-2014.

Data from: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration (SAMHSA). Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/individuals-reporting-needing-but-not-receiving-treatment-for-alcohol-use-in-the-past-year/>

Percent of Adults Who Participate in Physical Activity or Exercise – Indicator represents the percent of adults who reported participation in any physical activities or exercise in the past month. **Data year: 2014.**

Data from: Behavioral Risk Factor Surveillance System (BFRSS), Centers for Disease Control. Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/participation-in-physical-activity/>

Percent of Women Getting Mammograms – Indicator denotes women aged 40 years and above who report having had a mammogram within the last two years. **Data year: 2012-2014.**

Data from: Behavioral Risk Factor Surveillance System (BFRSS), Centers for Disease Control. Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/womens-health-policy/state-indicator/mammogram-rate-for-women-40-years/>

Percent of Adults Who Smoke – Indicator signifies the percentage of adults who reported smoking every day or some days. **Data year: 2014.**

Data from: Behavioral Risk Factor Surveillance System (BFRSS), Centers for Disease Control. Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/smoking-adults/>

Child Immunizations – Indicator represents the percentage of two-year old children who were immunized with the full series of the Hib vaccine and boosters (preventing infections such as meningitis, pneumonia, and epiglottitis). **Data year: 2014.**

Data from: National Immunization Survey, Centers for Disease Control. Reported on the KIDS COUNT Data Center. Available online: <http://datacenter.kidscount.org/data/tables/8001-2-year-olds-who-were-immunized?loc=18&loct=2#detailed/2/18/false/869,36,868,867,133/any/15387>

HEALTH OUTCOMES (10 INDICATORS)

Life Expectancy – Indicator denotes average life expectancy at birth. **Data year: 2009.**

Data from: Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/life-expectancy/>

Infant Mortality – Indicator signifies the infant death rate per 1,000 live births. **Data year: 2014.**

Data from: Centers for Disease Control, National Center for Health Statistics. Reported on the KIDS COUNT Data Center. Available online: <http://datacenter.kidscount.org/data/tables/6051-infant-mortality#detailed/1/any/false/869,36,868,867,133/any/12718,12719>

Obesity – Indicator represents the percentage of adults considered obese (a Body Mass Index of 30+). **Data year: 2015.**

Data from: The State of Obesity, A project of the Trust for America's Health and the Robert Wood Johnson Foundation. Available online: <http://stateofobesity.org/adult-obesity/>

Diabetes – Indicator denotes the percentage of adults with diabetes. **Data year: 2015.**

Data from: The State of Obesity, A project of the Trust for America's Health and the Robert Wood Johnson Foundation. Available online: <http://stateofobesity.org/diabetes/>

Cancer Deaths – Indicator signifies the age-adjusted death rate per 100,000 residents from cancer of all cancers, for all races, sexes, and ages. **Data year: 2013.**

Data from: National Cancer Institute, State Cancer Profiles. Available online: <https://statecancerprofiles.cancer.gov/cgi-bin/deathrates/deathrates.pl?00&001&00&0&001&1&1&1#results>

Breast Cancer Deaths – Indicator represents the age-adjusted death rate per 100,000 female residents from breast cancer for all races and ages. **Data year: 2013.**

Data from: National Cancer Institute, State Cancer Profiles. Available online: <https://statecancerprofiles.cancer.gov/cgi-bin/deathrates/deathrates.pl?00&055&00&2&001&1&1&1#results>

Deaths Due to Diseases of the Heart – Indicator denotes the age-adjusted rates of death for diseases of the heart per 100,000 of population. **Data year: 2014.**

Data from: National Center for Health Statistics, Centers for Disease Control. Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/number-of-deaths-due-to-diseases-of-the-heart-per-100000-population/>

Suicide Deaths – Indicator signifies the age-adjusted rates for suicide deaths per 100,000 of population. **Data year: 2014.**

Data from: Centers for Disease Control Data and Statistics Fatal Injury Report, 2014. Reported by American Foundation for Suicide Prevention. Available online: <https://afsp.org/about-suicide/suicide-statistics/>

Mental Illness – Indicator represents the percentage of adults reporting any mental illness in the past year. **Data year: 2013-2014.**

Data from: Substance Abuse and Mental Health Services Administration (SAMHSA). Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/adults-reporting-any-mental-illness-in-the-past-year/>

Alcohol Dependence and Abuse – Indicator signifies the percentage of adults aged 18 years and above reporting alcohol use or dependence in the past year. **Data year: 2013-2014.**

Data from: Substance Abuse and Mental Health Services Administration (SAMHSA). Reported by the Kaiser Family Foundation, *State Health Facts*. Available online: <http://kff.org/other/state-indicator/individuals-reporting-alcohol-dependence-or-abuse-in-the-past-year/>