



# WORKING TOGETHER FOR A HEALTHIER KANSAS:

*A Status Report on the Social Determinants of Health in Kansas*

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## Foreword

Dear Fellow Kansans,

In an effort to better understand how the health of Kansans is influenced by the social determinants of health identified in the Healthy Kansans 2010 process begun in 2005, KDHE contracted David R. Williams, PhD, to author such a report. Dr. Williams is the Norman Professor of Public Health at the Harvard School of Public Health and a Professor of African and African American Studies and of Sociology at Harvard University. Additionally, Dr. Williams serves as staff director of Robert Wood Johnson Foundation's Commission to Build a Healthier America. He is an internationally recognized authority on social influences on health. His research has focused on the trends and determinants of socioeconomic and racial disparities in health, the effects of racism on health and the ways in which religious involvement can affect health. An author of more than 150 scholarly papers in scientific journals and edited collections, he was ranked as one of the Top 10 Most Cited Researchers in the Social Sciences during the decade 1995 to 2005. Dr. Williams is an elected member of the Institute of Medicine and of the American Academy of Arts and Sciences. This report reflects the views and recommendations of this distinguished scholar, based on his 30 plus years of dedicated work in this area.

Health disparities that result from social determinant of health was identified as one of three cross cutting issues that heavily influence our state's overall health status. While each of the strategies developed through the HK2010 process are critical to producing community-wide and systems-wide change, no single strategy can be expected to produce significant population results without adequately addressing the social determinants of health. These include, but are not limited to issues such as income, opportunities for quality education, availability of social supports, and other social and environmental factors that dramatically impact an individual's ability to be healthy.

I sincerely appreciate Dr. Williams' thoughtful assessment of our Kansas reality and look forward to working with state and local partners from the public and private sectors to devise strategies for acting on these recommendations. Together, I am confident we can make a difference in improving the health of all Kansans.

Be well,

Roderick L. Bremby  
Secretary, Kansas Department of Health and Environment

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## Introduction

Good health is one of life's most precious treasures. It is the foundation upon which success, in many areas of life, is built. Americans invest a lot in health. We spend more per person on medical care than any other country in the world, and we lead the world in spending on medical research. However, there is growing national concern that the American population is not as healthy as it could be, and that there are large shortfalls in health by race and ethnicity. Research studies continue to find that we rank near the bottom of the major industrialized countries in terms of health. Clearly, we are not getting our money's worth when it comes to our investment in health.

Where do things stand in Kansas? What is the health profile of our state? And what can we do to improve the health of every Kansan? These are the questions that drive this report. This report seeks to provide a hard look at the health statistics for Kansas. It considers our overall health, as well as, the gaps in health by race and ethnicity. Importantly, it

also considers variation in health by two indicators of socioeconomic status (SES) – income and education. It is often found that the gaps in health by income and education are larger than those by race. SES plays a large role in accounting for racial differences in health. Both race/ethnicity and SES, separately and together, affect one's chances of getting sick and we need a greater appreciation of how they combine to affect the health.

This report also utilizes the best available knowledge to point to concrete steps that can be taken to improve health. We need to improve the health of every resident of Kansas and we also need special efforts to improve the health of those groups that have large shortfalls in health more rapidly than the rest of the population, so that we can close the racial/ethnic and socioeconomic gaps in health. Accordingly, this report identifies specific actions that can be taken by government, the private sector, community organizations and private citizens to improve health.



## What Would a Healthy Kansas Really Look Like?

The U.S. Constitution promises life, liberty and the pursuit of happiness to every American. But good health is absolutely necessary to achieve the American dream. We need to take steps now to ensure that every child born in Kansas can have a healthy and prosperous future.

What would a healthy Kansas for every child look like? A Healthy Kansas is a place where:

- Everyone lives in well-maintained neighborhoods that are safe and that have access to needed goods and services
- Everyone has received the training and skills to create business opportunities or to obtain a decent job that pays a living wage
- Everyone can work in a healthy occupational environment, free from physical or chemical exposures that are harmful to health
- Everyone has access to adequate income that enables them to meet the basic needs of their families
- Everyone has access to high-quality, affordable housing
- Everyone can breathe clean air that is free from tobacco and other pollutants
- Everyone has access to and can afford to obtain nutritious food
- Everyone has the opportunities to be physically active
- Everyone has access to reliable, safe, affordable and accessible means of public or private transportation
- Everyone has access to high-quality medical care
- Every child can develop normally, free from poverty, abuse and neglect
- Every child can be ready for academic success when they begin school and will have access to school environments that support academic, emotional, social and physical well-being
- Everyone has equitable opportunities and is hopeful and optimistic about the future

**We need to take steps now to ensure that every child born in Kansas can have a healthy and prosperous future.**

## The State of Health In Kansas

The health in Kansas should be understood within the larger context of the state of health in the United States.

This chart shows that America is not the healthiest nation in the world. In 2004, the U.S. ranked 22nd in the world on life expectancy. More disconcerting is the fact that we have been losing ground over the last several decades. In 1960, the U.S. ranked 16th in the world.



### Life Expectancy (LE) at birth, Total years

1960	Rank	2004	Rank
Netherlands, LE = 73.5	1	Japan, LE=81.8	1
Norway	2	Iceland	2
Sweden	3	Spain	3
Iceland	4	Switzerland	4
Denmark	5	Australia	5
Switzerland	6	Sweden	6
Canada	7	Italy	7
New Zealand	7	Canada	8
Australia	9	Norway	9
United Kingdom	10	France	10
Czech Republic	11	New Zealand	11
Belgium	12	Austria	12
Slovak Republic	13	Netherlands	12
France	14	United Kingdom	14
Ireland	15	Finland	14
<b>United States, LE = 69.9</b>	<b>16</b>	Germany	16
Greece	16	Luxembourg	17
Italy	18	Belgium	18
Spain	19	Greece	18
Germany	20	Ireland	20
Luxembourg	21	Portugal	21
Finland	22	Denmark	22
Austria	23	<b>United States= 77.2</b>	<b>22</b>
Hungary	24	Korea	24
Poland	25	Czech Republic	25
Japan	25	Mexico	26
Portugal	27	Poland	27
Mexico	28	Slovak Republic	28
Korea	29	Hungary	29
Turkey, LE = 48.3	30	Turkey, LE = 68.7	30

Source: Health United States, 2007; World Development Indicators Database

Infant mortality, which refers to the deaths of infants before their first birthday is another widely used marker of the health of a nation in international comparisons. In 2004, the U.S. ranked 29th in the world – tied with Poland and Slovakia – on infant mortality. Children born in Cuba and Hungary are more likely to survive to their first birthday than children born in the U.S. We have also lost ground on this indicator of health. In 1960, the U.S. was ranked 11th in the world.

**In 1960, the US ranked 11th in the world on infant mortality, the US ranked 29th in 2004.**

### Infant Mortality Rates and International Rankings (per 1,000 live births)

1960	Rank	2004	Rank
Sweden, IMR = 16.6	1	Singapore, IMR = 2.6	1
Netherlands	2	Hong Kong	2
Norway	3	Japan	3
Czech Republic	4	Sweden	4
Australia	5	Norway	5
Finland	6	Finland	6
Switzerland	7	Spain	7
Denmark	8	Czech Republic	8
England and Wales	9	France	9
New Zealand	10	Portugal	10
<b>United States, IMR = 26.0</b>	<b>11</b>	France	11
Scotland	12	Germany	11
Northern Ireland	13	Italy	11
Canada	14	Netherlands	11
France	15	Switzerland	15
Slovakia	16	Belgium	16
Ireland	17	Denmark	17
Japan	18	Austria	18
Israel	19	Israel	18
Belgium	20	Australia	20
Singapore	21	Scotland	21
Germany	22	Ireland	21
Cuba	23	England and Wales	23
Austria	24	Canada	24
Greece	25	Northern Ireland	25
Hong Kong	26	New Zealand	26
Puerto Rico	27	Cuba	27
Spain	28	Hungary	28
Italy	29	<b>United States, IMR = 6.7</b>	<b>29</b>
Bulgaria	30	Poland	29
Hungary	31	Slovakia	29
Poland	32	Puerto Rico	32
Costa Rica	33	Chile	33
Romania	34	Costa Rica	34
Portugal	35	Russian Federation	35
Chile, IMR = 120.3	36	Bulgaria, IMR = 12.3	36

Source: Health United States, 2007

## The State of Health In Kansas

The next chart looks at how the state of Kansas compares to the other 49 states on infant mortality. In 2005, Kansas ranked 33rd among the 50 states in taking care of infants before their first birthday. And just as the U.S. is losing ground compared to other countries, Kansas is losing ground compared to other states. As recently as 1989, Kansas was ranked 21st among the states in infant death rates. Since 1989, the infant death rate has continued to decline in Kansas, but our fall in the rankings reflects the fact that other states have been more successful than Kansas in reducing death rates.

The chart also reveals that some Kansans enjoy much better health than others. If White citizens of Kansas were a state, it would rank 7th in the country. In contrast, if Black (or African American) citizens of Kansas were a state, it would rank at the very bottom of all the states – tying with Mississippi for the lowest ranking.

### Infant Mortality Rates and State Rankings

1989	Rank	2005	Rank
Maine, IMR = 6.6	1	Utah, IMR = 4.5	1
Vermont	1	Washington	2
Utah	3	Minnesota	3
Massachusetts	3	Massachusetts	4
Hawaii	3	New Jersey	5
New Hampshire	6	New Hampshire	6
Minnesota	7	Iowa	7
California	7	California	7
<b>Kansas White, IMR = 7.8</b>		<b>Kansas White, IMR = 5.5</b>	
Texas	9	Nebraska	9
Connecticut	9	Nevada	10
Oregon	11	New York	11
Washington	11	Connecticut	12
North Dakota	11	Oregon	13
Oklahoma	11	Alaska	14
Nebraska	15	North Dakota	15
Iowa	16	Idaho	16
New Jersey	17	New Mexico	17
New Mexico	17	Colorado	18
Wyoming	17	Rhode Island	19
Wisconsin	17	Hawaii	20
<b>Kansas, IMR = 8.5</b>	<b>21</b>	Vermont	21
Nevada	22	Texas	22
Colorado	23	Wisconsin	23
Rhode Island	23	Kentucky	24
Kentucky	23	Wyoming	25
Arizona	23	Maine	26
Idaho	27	Arizona	27
Montana	28	Montana	28
Ohio	28	Florida	29
Maryland	30	South Dakota	30
West Virginia	31	Maryland	31
Alaska	32	Pennsylvania	31
Pennsylvania	33	<b>Kansas, IMR = 7.4</b>	<b>33</b>
Indiana	34	Illinois	34
Florida	35	Virginia	35
New York	36	Missouri	36
South Dakota	37	Arkansas	37
Missouri	38	Michigan	38
Virginia	39	Indiana	39
Arkansas	40	Oklahoma	40
Louisiana	40	West Virginia	41
Tennessee	40	Georgia	42
Michigan	43	Ohio	43
North Carolina	44	North Carolina	44
Illinois	45	Tennessee	45
Delaware	46	Delaware	46
Alabama	47	Alabama	47
Mississippi	48	South Carolina	48
South Carolina	49	Louisiana	49
Georgia, IMR = 11.9	50	Mississippi, IMR = 11.4	50
<b>Kansas Black, IMR = 15.8</b>		<b>Kansas Black, IMR = 11.4</b>	

Source: Health United States, 2007

## Racial Disparities in Health, Kansas

Race/Ethnicity	White	Black	Hispanic
Physically inactive %	61.7	69.0	68.1
Currently depressed %	6.4	11.5	6.9
Cigarette smoking %	18.2	22.3	18.5
High blood pressure %	26.2	37.4	14.3
Obese %	26.1	40.2	30.2
Eating less than 5 servings of fruits and vegetables daily %	80.7	82.3	84.5

Source: 2004-2007 Kansas Behavioral Risk Factor Surveillance System

The disparity seen in infant death rates in Kansas exists for many other indicators of health. This chart shows a few examples. The focus here is on some of the more common health-related behaviors and conditions that contribute to the leading causes of illness and death:

- The majority of Kansans are physically inactive, but African Americans and Hispanics (or Latinos) having higher rates of inactivity than Whites.
- Almost one in five Kansans smoke cigarettes and the rate is slightly higher for African Americans than for Whites and Latinos.
- Depression is one of the more common mental disorders in the U.S. and the rates are also uneven by race/ethnicity. Almost 12% of Blacks are currently depressed compared to 6% of Whites and 7% of Latinos.
- High blood pressure is a chronic illness that is a major risk factor for heart disease and the leading risk factor for strokes. Large disparities are evident for this health condition with 26% of White Kansans, 37% of African Americans and 14% of Hispanics having high blood pressure.
- Rates of overweight and obesity have been increasing in the U.S. in recent years. Obesity increases an individual's risk of diabetes, heart disease, cancer, and many other illnesses. One in four whites in Kansas is obese and the rate is even higher for Hispanics (30%) and African Americans (40%).
- There is growing scientific evidence documenting the importance of fruits and vegetables to a healthy diet. However, four out of five Kansans, regardless of race and ethnicity, do not eat five servings of fruits and vegetables daily.



*Almost one in five Kansans smoke cigarettes and the rate is slightly higher for African Americans than for Whites and Latinos.*

## Socioeconomic Disparities in Health, Kansas

Income	Physically Inactive %	Currently Depressed %
<15K	70.1	20.2
15-25K	65.6	10.7
25-35K	65.6	6.3
35-50K	61.9	8.9
>50K	59.8	3.0

Education	Physically Inactive %	Currently Depressed %
< H.S.	67.9	12.3
H.S.	63.4	8.4
Some College	61.7	7.1
College Grad +	60.9	4.2

Source: 2004-2007 Kansas Behavioral Risk Factor Surveillance System

The gaps in health by race and ethnicity should be understood within the context of large racial gaps in socioeconomic status (SES). SES refers to differences in living conditions that are captured by income, education, wealth or occupational status. This chart shows how both physical inactivity and depression are patterned by education and income

in Kansas. There is a stepwise progression in health improvement as levels of education and income increase. As education and income increase, the chances of being physically inactive and depressed declines. Other research indicates that a similar pattern exists across the United States and the world for most indicators of health.



*As education and income increase, the chances of being physically inactive and depressed declines.*



*The highest risk of high blood pressure is found at the lowest levels of income and education.*

### Blood Pressure Disparities by race/ethnicity and Socioeconomic Status, Kansas % high blood pressure

Income	All races/ethnicities	White	Black	Hispanic
All income levels				
<15K	33.0	34.2	48.7	14.1
15-25K	31.3	35.0	39.6	13.7
25-35K	28.1	29.3	30.1	18.9
35-50K	25.5	25.9	34.7	15.4
>50K	20.8	20.8	35.1	18.3

Education	All races/ethnicities	White	Black	Hispanic
< H.S.	27.2	32.3	46.8	12.1
H.S.	29.3	30.9	37.7	11.7
Some College	25.3	25.3	38.0	19.7
College Grad +	21.8	22.1	31.5	17.9

*Source: 2005-2007 Kansas Behavioral Risk Factor Surveillance System*

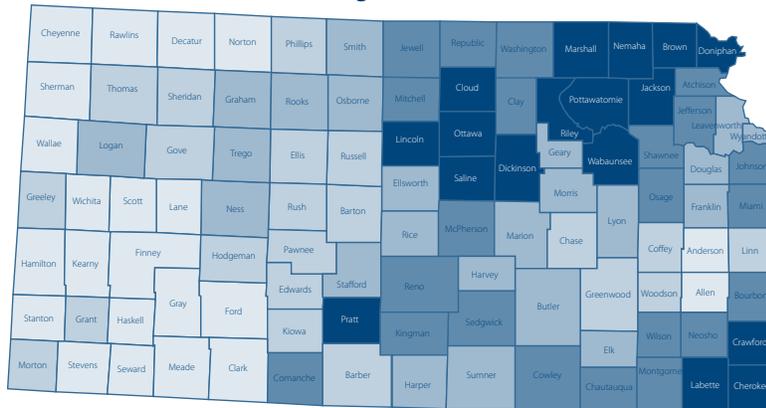
A similar pattern is evident for high blood pressure for Whites and Blacks. The highest risk of high blood pressure is found at the lowest levels of income and education. For Hispanics, a more complex pattern is evident, where the highest levels of hypertension are found at the highest level of income and education. Other research indicates that Hispanic immigrants, who tend to be low in SES, are likely to enjoy very good levels of health. Unfortunately, as time in the U.S. increases

and SES improves, the health of Latinos gets worse as they adopt the patterns of American society. Thus, higher SES Latinos in Kansas tend to be longer term Hispanic immigrants while lower SES groups of Hispanics tend to be more recent, poorer but healthy immigrants. It is also noteworthy that even those Hispanics with the highest rates of hypertension have lower rates of this disease than high SES Whites and African Americans.

The next chart illustrates how large some of the shortfalls in health are in Kansas for African Americans, compared to Whites. It shows the death rates from stroke for Black and White men aged 35 and older by place of residence. For each

group, the death rates are divided into quintiles. Strikingly, White males with the highest death rates of stroke for Whites have lower death rates than those African American males who have the lowest stroke deaths for African Americans.

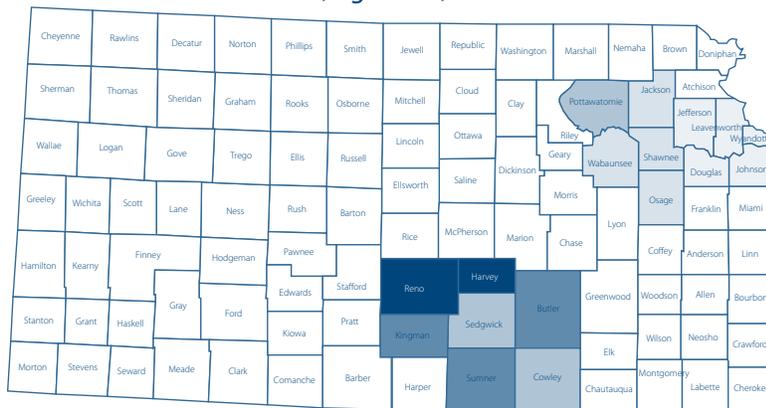
**Kansas- Stroke Death Rates**  
*White Men, Ages 35+, 1991-1998*



Age-adjusted  
Average (Annual)  
Deaths per 100,000

- 86-105
- 106-115
- 116-122
- 123-132
- 133-146

**Kansas- Stroke Death Rates**  
*Black Men, Ages 35+, 1991-1998*



Age-adjusted  
Average (Annual)  
Deaths per 100,000

- 163-181
- 217-230
- 243-263
- 267-272
- 276-278
- Insufficient Data

Source: CDC

*The highest category of rates among white men (35+) is lower than the lowest category of rates among Black men (35+).*

**White males with the highest death rates of stroke for Whites have lower death rates than those African American males who have the lowest stroke deaths for African Americans.**

## Steps to a Healthier Kansas

Good health does not occur by chance and it is not determined simply by having insurance or the quantity and quality of healthcare that we receive. Health care is very important and every Kansan should have access to timely, appropriate, high quality medical care. However, our health care system does a great job of taking care of us when we get sick. To a large degree, it functions as a repair shop that provides badly needed assistance when all is not functioning properly. But needed medical care is not the key to good health. Instead, a large body of scientific research indicates that where we live, learn, work, play and worship has a lot to do with our opportunities for being healthy.<sup>2</sup> One of our greatest challenges is to develop greater awareness that the most important determinants of health are outside of the healthcare system. Relatedly, we need a new vision of what health policy really is. Health policy needs to be re-defined to include policies in all areas of society that affect health. Thus, improving the health of all Kansans and reducing disparities in health will require multiple departments of the State of Kansas working collaboratively with the Kansas Department of Health and Environment. But it requires more. The ingenuity, creativity and resources that need to be combined to improve health exist within and without the public sector. It will require the public and private sector, individuals and community organizations working together to

achieve success. There is no single magic bullet, but working together, we can develop creative solutions, made in Kansas, that would give every Kansan an opportunity for good health.

To a large degree, our behaviors and lifestyles can place us on a path to health or on a highway to disease. There is an important role of individual responsibility. Each individual has to make healthy choices. But social responsibility is also required because everyone does not have the same opportunities to choose health. Research reveals that there is much that can be done to reduce barriers to good health and create new opportunities to support healthy choices. Social policies can make it easier for all to start a new journey toward better health. Thus, improving the health of Kansas will require the commitment of every Kansan to make healthy choices and the commitment of every institution in Kansas to make it easier for everyone to choose health.

We now consider several factors that have been shown to influence health and outline specific examples of the kinds of actions that are necessary, in each area, to promote a healthier future for every Kansan. These recommendations are not comprehensive, but representative and illustrative of the kinds of interventions that are needed.

# Creating a Healthy Future for Kansas

## ***Adequate Income***

Money is a resource that we use to obtain a broad range of goods and services such as healthy foods, appropriate clothing, housing, a good education, recreation and cultural opportunities that we need in order to live a healthy life. Without adequate income, obtaining the basics of life and making healthy choices becomes a difficult uphill struggle. Research has shown that lower levels of income are linked to many risk factors for disease such as cigarette smoking, physical inactivity, poor nutrition and unhealthy weight.<sup>1</sup> In the United States, how much income people have has a substantial impact on how healthy they are and how long they live. High income families have lower rates of disease, disability and death than low income ones.<sup>1,3</sup> Research has also shown that providing additional income to vulnerable families can lead to improvements in health.<sup>4</sup> And it is not just about poverty. Middle class families have worse health than wealthy ones. As a society we need a new commitment to ensure that every Kansan has the opportunity to obtain adequate income for health.

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### **What the Government and Public-Private partnerships can do:**

1. Ensure that every worker in Kansas receives adequate income to choose a healthy lifestyle. This can be accomplished through living wage laws and minimum wage increases.
2. Ensure that every citizen of Kansas who is able to work can find a decent job.
3. Provide adequate assistance to vulnerable social groups such as the elderly, the disabled and newborns.
4. Create incentives to encourage savings.
5. Provide earned income tax credits to low income individuals.

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### ***What churches and community organizations can do:***

1. Advocate for policies that would ensure adequate income for all.
2. Offer programs and outreach services to low income individuals to ensure that they receive all of the government benefits to which they are entitled.

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### **What every citizen can do:**

1. Volunteer to work with national, state, community and faith groups that provide advocacy and support services for the poor.
2. Write your elected political leaders about the relationship between adequate income and health and enlist their support for new initiatives to improve health.

**Research has also shown that providing additional income to vulnerable families can lead to improvements in health.<sup>4</sup>**

## **Education**

A basic education is necessary to take advantage of the opportunities for personal and financial success that our society offers. As our world becomes increasingly sophisticated, most people will need more education in order to be competent. Research reveals that education and health are strongly related to each other. Higher levels of education are associated with fewer unhealthy choices, lower rates of disease and longer, more productive lives. Research also indicates that the early years of life lay the foundation for academic success in elementary school and beyond and for health throughout the life course.<sup>1,4</sup>

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### **What the Government and Public-Private partnerships can do:**

1. Provide access to high-quality early childhood educational enrichment programs for every child.
  2. Provide pre-natal and post-natal support services for vulnerable parents and ensure that all parents have the knowledge and skills to provide safe, supportive and nurturing environments for their children.
  3. Reform school financing so that every school has the financial and manpower resources to ensure that each child has the opportunity for high-quality experiences from kindergarten through college.
  4. Increase opportunities and reduce financial barriers so that every student who wants to can attend a community or 4-year college.
  5. Provide incentives so that every school can become a center of wellness for its students, staff and the surrounding community.
- 

### **What churches and community organizations can do:**

1. Offer classes and programs that would enable every parent to become competent in nurturing children.
  2. Advocate for investment in high-quality early childhood enrichment programs and an academically rigorous and welcoming school system.
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### **What every citizen can do:**

1. Become a mentor for children who are at risk of academic failure. This group includes children:
    - Whose first language is not English.
    - Who are being raised by a single parent.
    - Who have a parent in jail or prison.
    - Who are falling behind in school.
- 

### **What every parent can do:**

1. Make early and regular contact with your child's teacher.
2. Advocate for high-quality teachers. Teacher quality is the most important factor in student achievement.<sup>5</sup>

## ***Housing and Neighborhoods***

Clean, safe, affordable housing is an important foundation for good health. Neighborhoods that have parks, playgrounds, safe streets and stores that sell healthy food are also essential to a healthy life. These conditions make it easier for residents to choose a healthy diet and to walk and engage in other forms of exercise. Other features of housing and neighborhood can affect residents' exposure to air and water pollution, accessible transportation, libraries, violence, crime and other social disorders. People lead healthier lives when they can easily access healthy foods, parks, green spaces, recreational facilities and safe places to walk.

Due to the history of the development of segregated neighborhoods based on race, there is currently a strong relationship between racial segregation and access to good schools, great jobs, desirable neighborhood conditions, and access to a broad range of societal resources, including medical care. Efforts to improve the quality of life and health, especially for disadvantaged racial/ethnic populations, must break the link between residential segregation and the concentration of poverty and social ills. Aggressive efforts must be made to develop and strengthen the structures that support social and economic opportunity in racially and economically segregated areas. Such investments will have ripple effects on improving health and reducing disparities in health.<sup>4</sup>

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### **What Government and Public-Private partnerships can do:**

1. Ensure that everyone has access to affordable housing.
2. Implement policies and programs to limit exposures to factors such as lead, radon, asbestos, cockroaches, and ensure access to smoke detectors, safe housing conditions (e.g. stairs), help with utility bills, and well-functioning heating and cooling systems.
3. Ensure that every family has access to a neighborhood that is supportive of good health and provides opportunities to make healthy choices. This will require support for:
  - Strong crime prevention policies.
  - Zoning policies that reduce noise and pollution.
  - Initiatives that support adequate access to healthy foods and restricted access to fast food, alcohol and tobacco.
  - Programs and a built environment that encourages physical exercise and recreation.

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### **What Churches and Community Organizations can do:**

1. Advocate for policies that support healthy homes and neighborhoods.
2. Offer programs and services that increase awareness of how health is affected by where we live, learn, work, play and worship.
3. Refer people to resources that exist for help with low cost housing, home repairs and safety, emergency shelters, and other neighborhood problems.

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### **What every citizen can do:**

1. Volunteer for programs that address housing issues, such as fair housing agencies, Habitat for Humanity, emergency shelters, and other community housing programs.
2. Develop and support crime watch programs; look out for your neighborhood.
3. Work closely with community-based organizations and neighborhood groups to give them an active voice in working with government entities and the business sector in designing local solutions to neighborhood problems.

## ***Nutrition***

Eating nutritious meals is often out of the reach of many Kansas families. Sweets, fats and refined grain products are often cheaper than wholesome, healthier foods. Prices for many healthy foods such as fruits, vegetable, milk and whole grain bread have markedly increased in recent years. Many Americans live in communities that are food deserts – neighborhoods that have corner stores and fast food restaurants with affordable, high-calorie foods but do not have supermarkets that provide access to inexpensive, healthy foods.<sup>2,6</sup>

## **Prices for many healthy foods such as fruits, vegetable, milk and whole grain bread have markedly increased in recent years.**

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### **What Government and Public-Private partnerships can do:**

1. Expand access to healthy food:
  - Increase support for the SNAP (formerly Food Stamp) program. Studies by the USDA indicate that expanding the Food Stamp Program is a sound investment that helps to strengthen the economy. Every \$5 of food stamps stimulates \$9.0 in local economic activity.<sup>7</sup>
  - Provide grants and loans to foster the development of supermarkets and grocery stores in underserved areas. The Pennsylvania Fresh Food Financing Initiative is a public/private program that has enhanced access to healthy foods.<sup>8</sup>
2. Provide incentives for schools and workplaces to do more to enhance people's knowledge of food and nutrition and encourage healthy food choices.

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### **What Churches and Community Organizations can do:**

1. Support the development of farmer's markets and community gardens to improve access to fresh fruits and vegetables.

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### **What every citizen can do:**

- Eat more fruits and vegetables.
- Use whole grain breads and cereals as the foundation of your diet – they provide important vitamins, mineral and fiber.
- Use low-fat or non-fat milk, cheese and yogurt.
- When preparing foods, use the 3B approach: Bake, Boil, Broil instead of deep fat frying.
- Read food labels so that you can know how much fat, fiber, sugar and salt is in the food.
- Use less salt because too much salt can raise your blood pressure.
- Reduce calories and fat by limiting your use (or using low-fat alternatives) of mayonnaise, vegetable oils, butter margarine and most salad dressings. They have 100 calories per tablespoon.
- Skin chicken and turkey to reduce fat content.

## **Stress**

Everyone experiences some stress, but chronic and extreme stress is dangerous to health.<sup>2</sup> Repeated, frequent stress, especially for individuals who have limited resources to cope can disrupt normal body functions and can contribute to an increased risk of many diseases. Many people cope with stress by eating too much, smoking cigarettes, consuming alcohol and using drugs. These ways of dealing with stress can also negatively affect health.

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### **What government and Public-Private partnerships can do:**

1. Improve work and residential environments to reduce the levels of stress. These include:
    - Enhancing employees control over work.
    - Providing more opportunities for advancement.
    - Ensuring appropriate compensation and rewards.
    - Strengthening leave policies and worker protections.
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### **What Churches and Community Organizations can do:**

1. Offer programs that help individuals manage stress and support their access to services that provide resources to reduce levels of stress.
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### **What every citizen can do:**

1. Make time in your life for regular exercise.
  - Start slowly and gradually increase.
  - Pick an activity that you enjoy.
  - Exercise with a friend.
  - Build exercise supplements (such as taking the stairs) into your daily life.
  - Check with your doctor before starting an exercise program.
2. Take time to relax.
3. Learn your signs of stress and take a break when they occur.
4. Talk to a friend.
5. Avoid debt. Don't purchase what you cannot pay for.
6. Get adequate sleep every night.
7. If you are still having trouble, get help.

*Seeking professional help is not being weak – it is being smart.*





### ***Social Support***

Good social relationships can have a positive effect on health. Meaningful relationships with others can provide emotional support and caring and practical assistance in times of need. Having others in your life that you can share your thoughts and feelings with is a powerful health resource because it can help to reduce the negative effects of stress on health. Some research suggests that being socially isolated is as bad for one's health as is cigarette smoking. Because emotional and practical support is patterned by SES, reducing SES inequalities can help to create a sense of community and inclusiveness.<sup>2</sup>

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#### **What government and Public-Private partnerships can do:**

1. Workplaces, residential area and public facilities should be designed to encourage social interaction.
2. Develop policies that build support at the local level by strengthening social networks, fostering economic development and empowerment and increasing civic participation and trust.
3. Develop policies that strengthen opportunities for relationships at work.

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#### **What churches and other organizations can do:**

1. Ensure that organizational norms and practices communicate inclusiveness and equality regardless of an individual's personal or social background.
2. Facilitate local community organizations (and churches) becoming an important source of friendships for many individuals.

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#### **What every citizen can do:**

1. Spend more time with people in distress. Be patient, sensitive and understanding.
2. Volunteer to work for a crisis hotline or intervention center in your community.
3. Get to know your neighbors.

## **Personal Behaviors**

Many of the most common diseases in our society are very closely related to the way in which we live. Our personal behaviors can place us either on a path to good health or on a fast track to disease. Getting regular exercise, wearing seat belts, eating well, getting adequate sleep are important factors that reduce the chance of illness and death. In contrast, cigarette smoking, alcohol abuse, eating high-fat and high calorie foods, and engaging in risky sex are behaviors that lead to higher levels of disease, disability and death. Good health behaviors are strongly patterned by socioeconomic status.<sup>2</sup> Persons of higher income and education have greater knowledge or health risks and more resources to follow a healthy lifestyle. In the final analysis, every individual has to make choices for good health. But not everyone has the same opportunity to make healthy choices. There is an important social responsibility to reducing the barriers that make it very difficult for some to make healthy choices, and to increase opportunities that make it easier to choose health.<sup>1</sup>

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### **What Government and Public-Private Partnerships can do:**

1. Implement policies and programs that reduce barriers for engaging in healthy behaviors and provide incentives and opportunities to make healthy choices. Examples include:
  - Reducing the number and density of fast food restaurants, particularly in low-income areas.
  - Restrict access to alcohol in low-income areas: limit the number of retail outlets, the hours of operations and the sale of inexpensive, higher alcohol content beverages.
  - Ban the sale of soft drinks and junk foods in schools and workplaces and replace them with healthier options.
  - Increase taxes on alcohol, tobacco, and junk foods and earmark this revenue to support programs that encourage healthy choices.
  - Provide incentives for persons to enroll in smoking cessation and drug and alcohol abuse programs. Expand the number of such programs.
  - Increase access to facilities for physical activity by creating new facilities (such as parks or playgrounds) and encouraging the creative use of existing ones, such as the after-school use of schools, and the early morning use of enclosed shopping malls.

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### **What Churches and Community Organizations can do:**

1. Model healthy behaviors in all programs and services, such as serving healthier lunches at meetings or at church-sponsored functions.
2. Make facilities available after hours for exercise classes and health promoting activities to local community residents.

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### **What every citizen can do:**

1. Become informed regarding the multiple behaviors that affect health.
2. Volunteer with groups and organizations that are working to create healthier communities.
3. Take care of your own health. Too many Kansans take better of their cars than their bodies.

## **Medical Care**

Timely and appropriate medical care is an important predictor of health.<sup>2</sup> The U.S. is the only industrialized nation that does not provide access to care or all its citizens. Many Kansans lack access to care, many have limited coverage, and many minorities and low income Kansans receive poorer quality care than others. The effective health care delivery must take the socioeconomic context of the patient's life seriously. Thus, the health problems of vulnerable groups must be understood within the larger context of their lives. The delivery of health services must address the many challenges that they face. Taking the special characteristics and needs of vulnerable populations into account is critical to the effective delivery of health care services.

## **Timely and appropriate medical care is an important predictor of health.**

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### **What Government and Public-Private Partnerships can do:**

1. Ensure that everyone has access to high quality care.
2. Provide for the psychosocial and material needs of individuals in the health care context.

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### **What every health care facility can do:**

1. Provide culturally appropriate programs and translation services to meet the needs of specific populations. Particular attention should be given to low- income and lower literacy groups.
2. Give emphasis to prevention in the delivery of care.
3. Provide effective treatment.
4. Develop incentives to reduce social inequalities in the quality of care.
5. Provide care that addresses the social context. This will involve consideration of extra-therapeutic change factors: the strengths of the client, the support and barriers in the client's environment and the non-medical resources that may be mobilized to assist the client.

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### **What Churches and Community Organizations can do:**

1. Advocate for health care coverage for all.
2. Provide information and resources on health care rights and link local residents to programs that provide access to those who lack insurance.

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### **What every citizen can do:**

1. Get medical, dental and eye checkups.
2. If you lack insurance, seek to identify community clinics that serve everyone.
3. Do not hesitate to go to an emergency room if your life or someone else's life is at risk. By law, emergency rooms have to treat you if your life is at risk, even if you do not have insurance and you cannot afford to pay.

## Keys to Success

### **Advocacy**

Advocacy on behalf of health and well-being must take place throughout all institutions to ensure commitment and accountability toward the goal of improving health.<sup>9</sup> This involves the state legislature, state agencies, city councils and county boards of supervisors, business, not-for-profit groups, consumer groups, community and religious organizations, as well as, parents, students, health professionals and every resident of Kansas. To achieve this it will be necessary to provide training and resources to community organizations and leaders to enhance their knowledge and skills to advocate for health.

### **Raising Awareness**

A state-wide campaign must be waged to raise awareness levels that all Kansans are not as healthy as they could be and that some groups are experiencing large shortfalls in terms of health. Without such awareness it will be difficult to have meaningful mobilization efforts. Such initiatives should make clear that efforts to enhance health and reduce disparities are in the best interests of the entire society. Poor health and health disparities reduce the economic productivity of our citizens and the economic competitiveness of the state. A recent economic analysis of the Robert Wood Johnson Foundation's Commission to Build a Healthier America found that if all adult Americans experienced the level of illness and mortality of college graduates, the annual national economic benefit would be at least one trillion dollars.<sup>1</sup> These substantial costs emphasize the importance of concerted efforts to improve health and reduce disparities in health. They also highlight the urgency of now.

### **Working Together**

This report indicates that we can all do better in terms of health. A recent state-by-state report on child health illustrates this. It reveals that the infant mortality rate for Black, White and Latino women in Kansas are higher than a national benchmark on infant mortality.<sup>10</sup> That is, infants of all racial groups in Kansas are not as healthy as they could be. Similarly, even those Kansas infants that are born to mothers with a college degree or more education are also falling below the achievable national benchmark for infant mortality. Infant mortality is a key indicator of health and these data clearly indicate that the health of all children in Kansas could be better. The challenge of health improvement is not just about poverty or racial/ethnic minorities. It is about improving the health of every Kansan. We all have to take ownership of the problem and make a commitment to invest in new initiatives to meet our goal of being as healthy as we can be. And health is not created in physicians' offices and hospital facilities. It is created in our homes, schools, workplaces, communities and churches. Success will require all of us to work together. Working together means taking responsibility for our health and working collaboratively with all institutions in our state to reduce barriers to good health and to create opportunities and provide incentives for healthier lifestyles.

**“The only thing necessary for the triumph [of evil] is for good men to do nothing.”**

*Edmund Burke, British Philosopher*

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Good health is one of life's most precious treasures. It is the foundation upon which success, in many areas of life, is built.



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