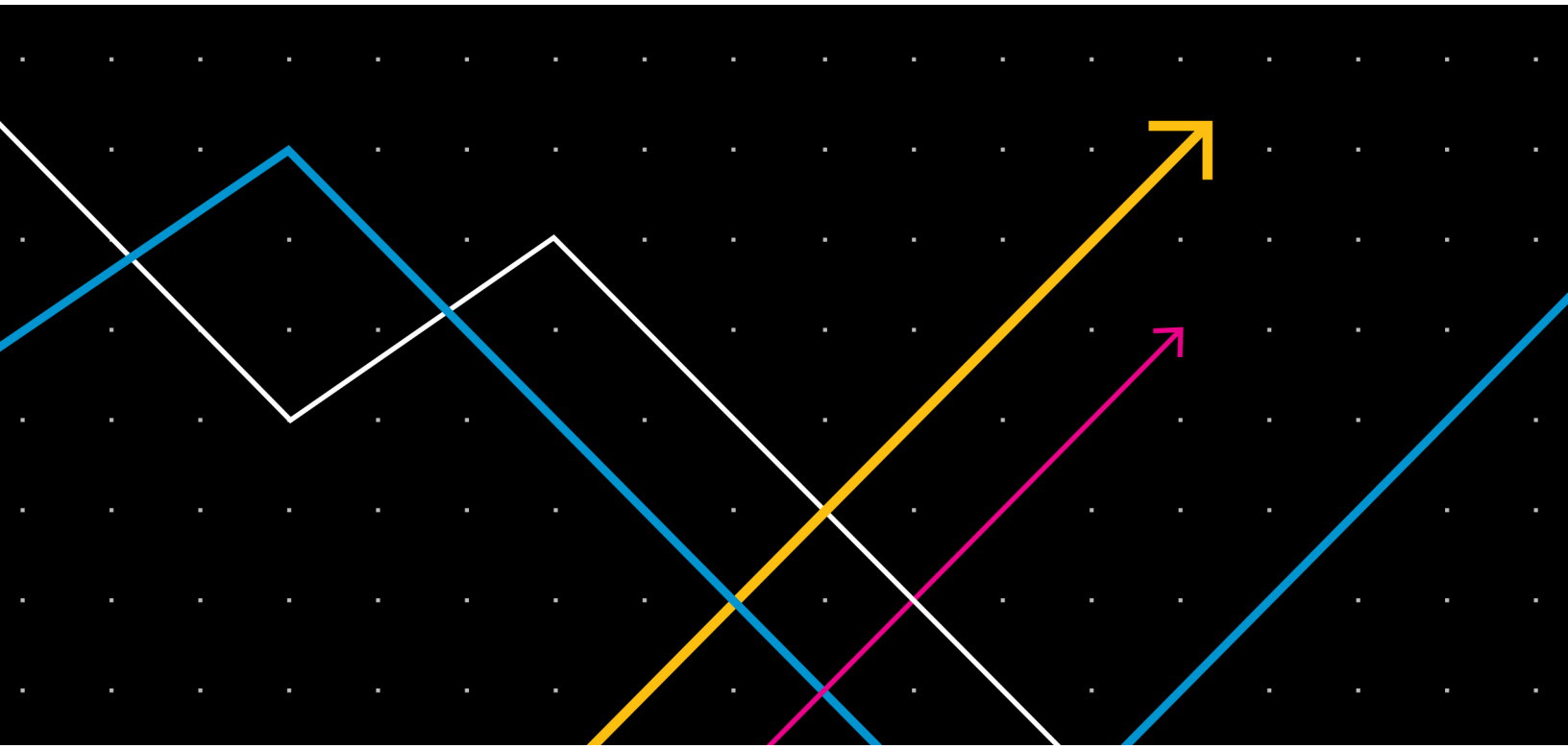

RESEARCH REPORT

Black Kansans in Review: Health

An Analysis of Health Outcomes and Social Determinants of Health

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Acknowledgments

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Executive Summary

This report presents the results of the Urban Institute's Center on Nonprofits and Philanthropy (part of the Research to Action Lab) research initiative to assess the health status of Black Kansans. Although data can serve as an important tool for monitoring health and health inequities, Kansas's data landscape for Black health is fragmented across several different sources, which prevents compiling a complete and accurate picture of people's health. Drawing on available data, our review identified health inequities between Black Kansans compared with: (1) Kansans of all races and (2) US residents of all races. Our findings indicate an urgent need for additional data to identify and address health outcomes in the state.

Documenting **and** analyzing health metrics for Black Kansans is essential for key reasons:

- These metrics promote **health equity** by revealing significant sociodemographic variations and offering a foundation for strategies to improve health outcomes for all.
- They have **policy implications**, as they can inform evidence-based policies addressing not just health care but also broader social factors affecting health.
- They provide comprehensive data that can empower **community-based organizations** to advocate meaningful changes tailored to the specific needs of Black Kansans.

After reviewing the data landscape, we focus on social determinants of health and cause-specific mortality, a commonly used indicator of a population's overall health, to provide an example of how data sources can be combined. We report on Kansas's rates for the 10 leading causes of death:[1] heart disease, cancer, unintentional injuries, COVID-19, stroke, chronic lower respiratory disease, Alzheimer's, diabetes, suicide, and kidney disease. We then combine mortality data with sociodemographic characteristics to create county-level profiles and assess how the mortality rates for Black Kansans compare with Kansans of all races and Americans as a whole.

We conclude with our insights into the challenges and opportunities for data collection and analytical efforts. One priority is the need for increased data coverage in areas with small Black populations. Future work can also explore variation across time and geographic areas and a larger range of health and social determinants of health metrics. The goal of this assessment is to build a healthier and more equitable future for all Kansans. By shedding light on the burden of disease in Black communities, this project will drive efforts toward improving overall outcomes.

The Kansas Context

Efforts to understand the health of Black Kansans require a consideration of the specific social contexts of the state and the availability of health-related data.

The Social Environment

In Kansas, as in other US states, the context for racial differences in health outcomes and health care is shaped by historical and current racism at multiple levels, including in systems, structures, policies, and interpersonal interactions.[2]

Until the civil rights era, Black Kansans encountered overt exclusion from white hospitals, churches, and neighborhoods; segregation in schools, hotels, restaurants, and theaters; and discrimination in public services and the administration of justice (Alexander 2023). In addition, Black communities throughout the state experienced discrimination in the distribution of municipal funds and services. Cities of various sizes privileged white communities over Black districts, often leaving the communities with poor roadways, unpaved or unkept sidewalks, few parks or recreational spaces, and overall poor maintenance of city services. Food deserts prevented Black Kansans from accessing healthy and affordable food options, while a failure to clean up old abandoned industrial sites created blight and road construction, which divided Black communities and increased residents' exposure to pollution.

Today, because of ongoing residential segregation and disinvestment into Black communities, Black Kansans are more likely to live in areas with more limited educational and employment opportunities, access to healthy food options, access to green space, and transportation options.[3] These circumstances make it more difficult for people to access health coverage and care and pursue healthy activities. They may also expose Black community members to environmental and climate-related health risks, including increased exposure to extreme heat, lead, pollution, and toxic or hazardous materials.

Figure 1 below shows how, within an overall context of racism and discrimination, problems related to food, community, the neighborhood environment, education, the health care system, and economic stability have all contributed to worse health for Black Kansans (and all Black Americans).

FIGURE 1

Health Disparities Driven by Social and Economic Inequities

Source: Nambi Ndugga, Drishti Pillai, and Samantha Artiga, "Disparities in Health and Health Care: 5 Key Questions and Answers," KFF, August 14, 2024, https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/. Reprinted with permission.

The Significance of Capturing Health Data

Data can provide critical benchmarks for understanding the health status of populations and guiding interventions. Unfortunately, Kansas's data landscape for Black health is fragmented, with relevant data spread across various sources, such as the Centers for Disease Control and Prevention (CDC), County Health Rankings, and Kansas Health Matters. REACH Healthcare Foundation and its partners have identified the need for a centralized, accessible synthesis of health data for Black Kansans to inform public health efforts and prioritize interventions. Documenting and analyzing health metrics for Black Kansans is essential for key reasons:

- **Promoting Health Equity**: Data can reveal significant sociodemographic variations and offer a basis for strategies to improve health outcomes for all Kansans.
- **Shaping Policy**: Findings have important policy implications, as they can provide an evidence base for policies addressing health care and broader social factors affecting health.
- **Empowering Communities**: Comprehensive data can equip community-based organizations to be data-informed advocates for meaningful changes tailored to the specific needs of Black Kansans.

Methods

In this project, we first identify primary and secondary health data sources that include county-level information for Black Kansans.

We focused on sources with data on disease metrics, social determinants of health (e.g., health insurance coverage), and/or sociodemographic characteristics. We list eleven data sources for gathering information about the health of Black Kansans (see appendix A). We used a combination of these data sources (Kansas Health Matters, American Community Survey, Kansas Behavioral Risk Factor Surveillance System, and HDPulse) to display racial inequities in cause-specific mortality and social determinants of health.[4]

Collectively, these data can serve as a basis for assessing the health status of Black Kansans and identifying areas of need for intervention. We then examine four counties with the largest Black populations (i.e., Johnson, Sedgwick, Shawnee, and Wyandotte), looking at cause-specific mortality rates, showing how various data sources can be combined, and making comparisons to national benchmarks to provide a picture of the health status of Black Kansans. Finally, we outline areas of opportunity for additional data collection and analysis efforts that could facilitate a healthier and more equitable future in Kansas.

Cause-Specific Mortality

We focus on the 10 leading causes of death in Kansas: heart disease, cancer, unintentional injuries, COVID-19, stroke, chronic lower respiratory disease, Alzheimer's, diabetes, suicide, and kidney disease. The leading causes mostly mirror the national list with the exception being the ninth slot. Nationally, liver disease is the ninth leading cause of death, but in Kansas, it is suicide.

We used data from a secondary data source, Kansas Health Matters, for the estimates of all mortality rates except for COVID-19 and unintentional injuries. The data are based on information from 2020–22. Kansas Health Matters cites the Kansas Department of Health as the primary data

source. For unintentional injuries, we use data from HD Pulse, which is based on data from 2018–22. Although we were unable to locate a reliable state-level COVID-19 estimate for Black Kansans collected with comparable methodology as the other disease estimates (e.g., age and population sized adjusted, race stratified), national data suggest that Black Americans experienced high rates of mortality, and this trend was also observed in Kansas.[5]

Social Determinants of Health

Studies estimate that clinical care impacts are only 20 percent of the county-level variation in health outcomes, while social determinants of health affect as much as 50 percent (Whitman et al., 2022). Social determinants of health include factors such as housing, food and nutrition, the physical environment, and social and economic mobility.

We used data from Kansas Health Matters, the American Community Survey, and the Kansas Behavioral Response Surveillance System to assess socioeconomic, behavioral, and health care access disparities in Kansas.

Findings

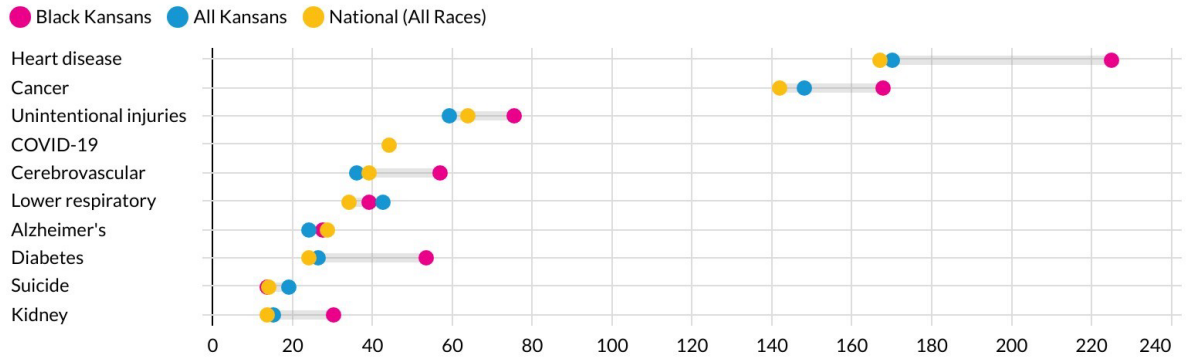
In this study, we conducted analyses at the state level where more comprehensive data was available. We also conducted analyses at the county level to provide a more geographically granular picture of the health of Black Kansans.

State-Level Findings

Comparing the cause-specific mortality rates for Black people in Kansas with the overall population paints a concerning picture of the community's health. In figure 2, we compare the estimates for Black Kansans to Kansans of all races and national estimates of all races. For seven of the nine assessed causes of death, Black Kansans have higher rates than all races in Kansas, with the greatest disparities for heart disease and diabetes. By analyzing these rates, we can better understand the disproportionate burden of disease on Black Kansans and work toward targeted interventions to reduce these disparities and improve overall health outcomes.

FIGURE 2

Comparisons of Cause-Specific Mortality Rates



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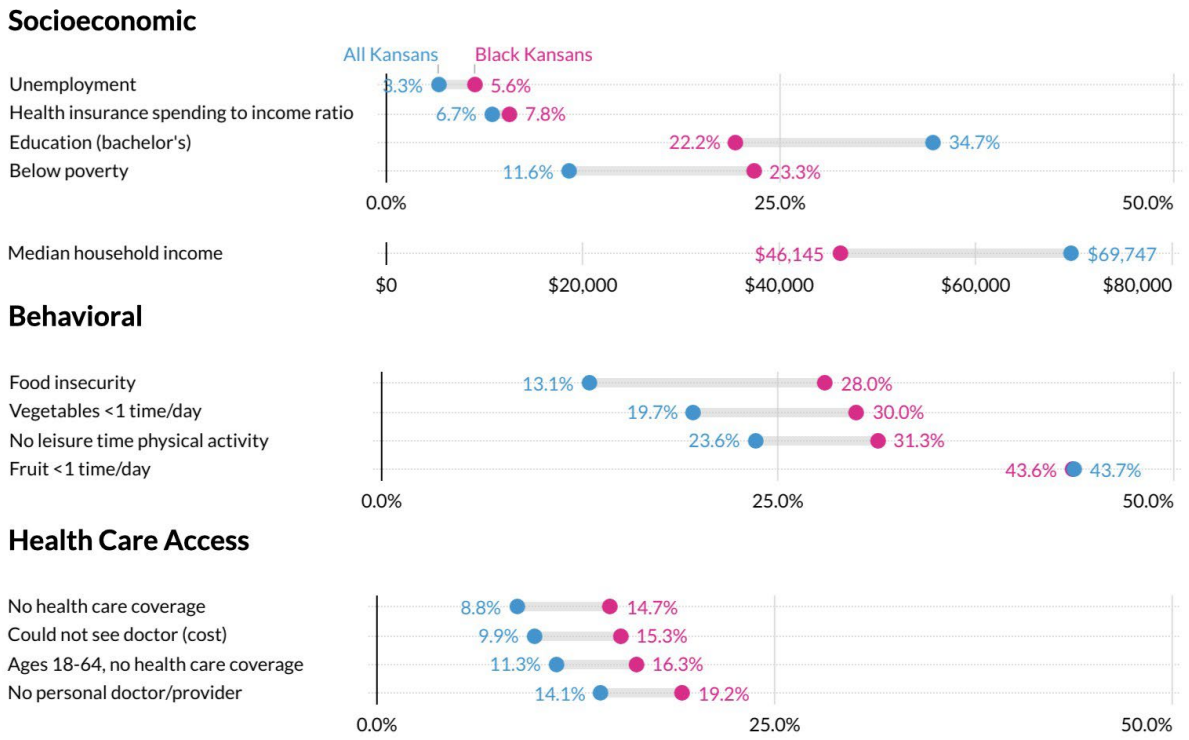
Sources: Kansas Health Matters, "Kansas Health Data and Resources," accessed December 13, 2024, https://www.kansashealthmatters.org/; HD Pulse, "Health Outcomes Kansas Mortality-Table Accidents and Adverse Effects," accessed December 13, 2024, https://hdpulse.nimhd.nih.gov/data-portal/mortality/; CDC National Center for Health Statistics, "Mortality in the United States, 2022," accessed December 13, 2024, https://www.cdc.gov/nchs/products/databriefs/db492.htm#:~:text=Heart%20disease%20and%20cancer%20remained,rate%20in%202021%20(543.6).
Note: Age-adjusted mortality rate per 100,000.

Data show (figure 3) that Black Kansans experience high rates of social and economic factors that negatively affect health such as food insecurity, spending on health care, and the number of children and families living below poverty. In addition, Black Kansans experience low median household income and relatively lower levels of health care coverage.

FIGURE 3

State-Level Social Determinants of Health Measures



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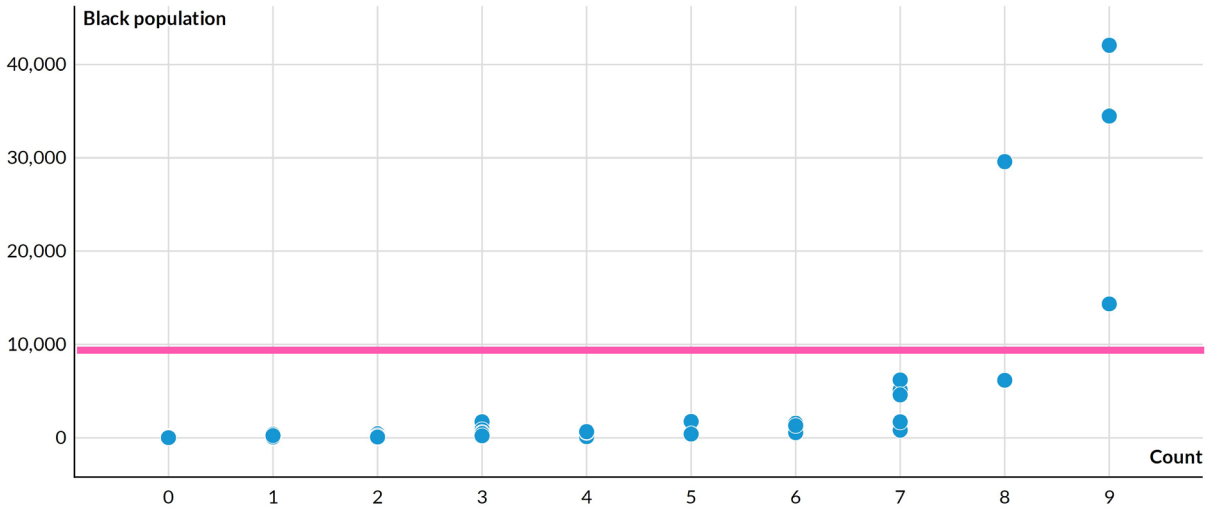
Sources: Kansas Health Matters, "Kansas Health Data and Resources," accessed December 13, 2024, https://www.kansashealthmatters.org/; American Community Survey, https://data.census.gov/table/ACSST1Y2023.S2701?g=040XX00US20, December 13, 2024; Kansas Behavioral Response Surveillance System, https://www.kdhe.ks.gov/2225/Data-Dashboard, December 13, 2024.

County-Level Analyses

Our county-level analysis began with an assessment of the data available for each county. For 47 of Kansas's 105 counties (~45%), no data was available on any of the top 10 leading causes of death for the Black population (figure 4). The four counties with Black populations greater than 10,000—Johnson, Sedgwick, Shawnee, and Wyandotte—had data for 9 of the 10 leading causes of death. We developed county profiles for these counties (figure 5).

FIGURE 4

Data Availability for Kansas Counties



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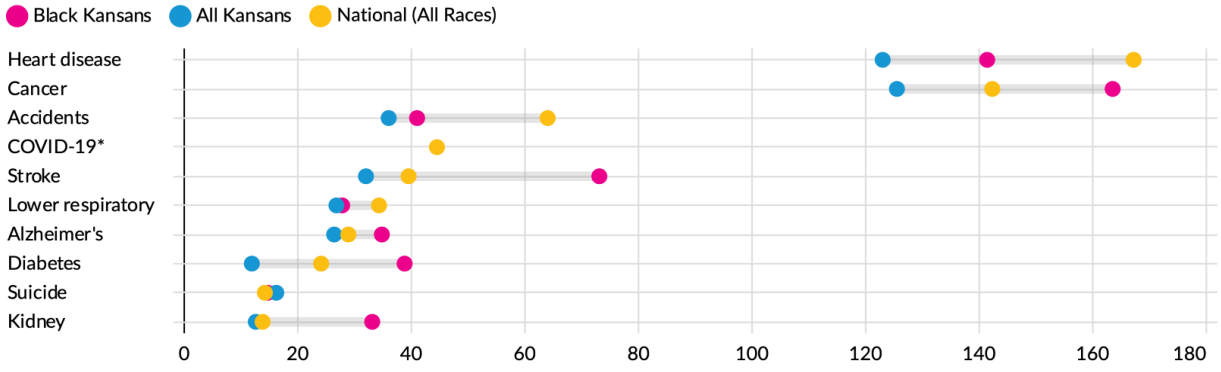
Source: American Community Survey, "B02001 Race," Accessed October 8, 2024, data.census.gov; Kansas Health Matters, "Kansas Health Data and Resources," accessed December 13, 2024, https://www.kansashealthmatters.org/; HD Pulse, "Health Outcomes Kansas Mortality-Table Accidents and Adverse Effects," accessed December 13, 2024, https://hdpulse.nimhd.nih.gov/data-portal/mortality/.

FIGURE 5

Johnson, Sedgwick, Shawnee, and Wyandotte County Profiles

COUNTY SNAPSHOT

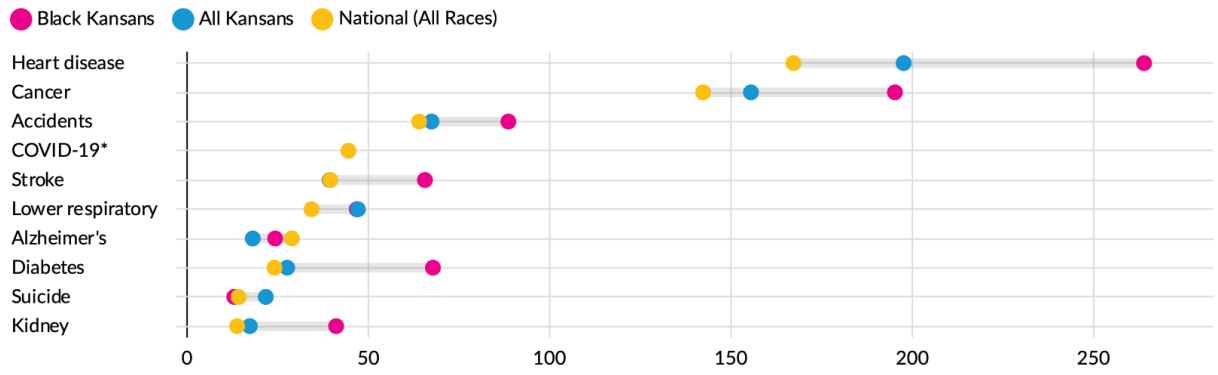
Johnson County, Kansas



31,014	32.7	29.9%	$67,303	39.6%	4.6%	10.0%
Population	*Median age*	*Homeownership*	*Median income*	*Bachelor's degree or higher*	*Unemployment*	*Uninsured*

COUNTY SNAPSHOT

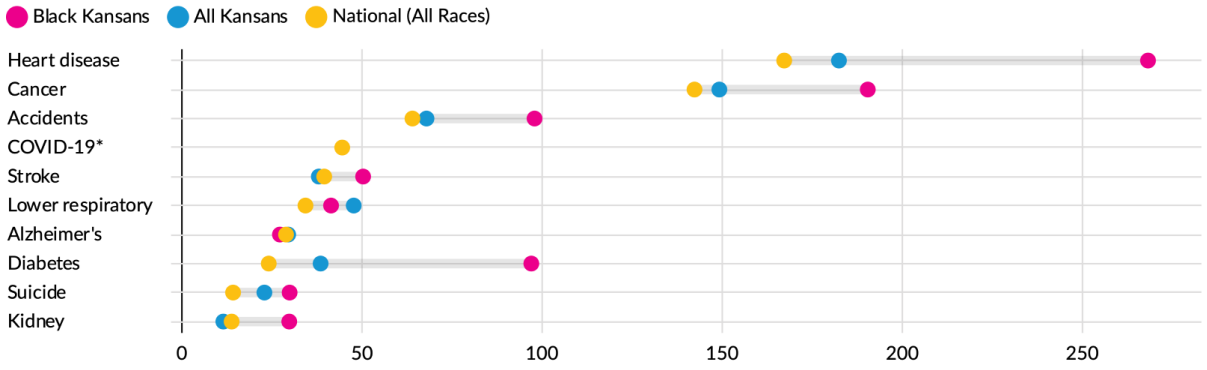
Sedgwick County, Kansas



42,066	33.5	37.1%	$39,130	21%	9.7%	9.7%
Population	*Median age*	*Homeownership*	*Median income*	*Bachelor's degree or higher*	*Unemployment*	*Uninsured*

COUNTY SNAPSHOT

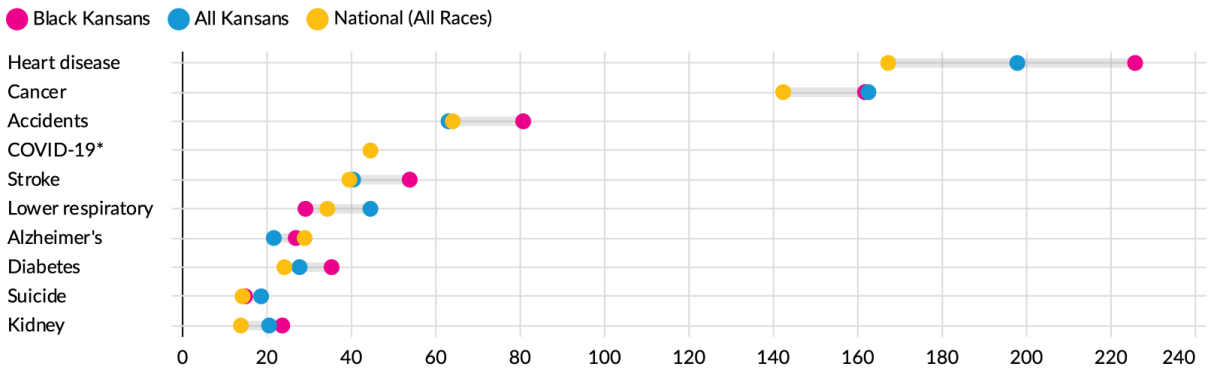
Shawnee County, Kansas



11,476	36.8	36.8%	$43,160	7.7%	4.6%	10.0%
Population	*Median age*	*Homeownership*	*Median income*	*Bachelor's degree or higher*	*Unemployment*	*Uninsured*

COUNTY SNAPSHOT

Wyandotte County, Kansas



29,939	32.7	29.9%	$43,836	24.8%	5.4%	12.1%
Population	*Median age*	*Homeownership*	*Median income*	*Bachelor's degree or higher*	*Unemployment*	*Uninsured*

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Sources: Kansas Health Matters, "Kansas Health Data and Resources," accessed December 13, 2024. https://www.kansashealthmatters.org/; HD Pulse, "Health Outcomes Kansas Mortality-Table Accidents and Adverse Effects," accessed December 13, 2024, https://hdpulse.nimhd.nih.gov/data-portal/mortality/; US Centers for Disease Control and Prevention, "COVID Mortality by State," accessed December 13, 2024, https://www.cdc.gov/nchs/pressroom/sosmap/covid19_mortality_final/COVID19.htm; CDC National Center for Health Statistics, "Mortality in the United States, 2022" accessed December 13, 2024. https://www.cdc.gov/nchs/products/databriefs/db492.htm#:~:text=Heart%20disease%20and%20cancer%20remained,rate%20in%202021%20(543.6)., American Community Survey, accessed December 13, 2024, data.census.gov
Note: Age-adjusted mortality rate per 100,000.

Opportunities for Expanding Research and Interventions

There is a wide range of opportunities to expand on this analysis of Black Kansans and disparate outcomes. Below, we identify several areas —geography, temporal patterns, emerging diseases, health outcomes, and social determinants of health—and offer suggestions on additional opportunities to take a deeper dive into each area.

Different Levels of Geography

Our analysis focused on the state level where more comprehensive data was available, but we included data at the county level to provide a more granular picture of the health status of Black Kansans. Assessing the variation between counties can provide insight into potential drivers of health outcomes within the state. However, there is also often within-county variation in access to health promoting

resources. Subsequent data collection and analyses could focus on other areas of geography, such as neighborhood boundaries (often proxied by census tracts) or commuting zones. These different levels of data may more precisely capture social environment exposures that affect a person's health.

Temporal Patterns

Our analysis is essentially a snapshot in time. For a better understanding of a population's health, it is also important to capture trends over time. Future analyses can analyze changes to monitor where community health status is improving or declining and what resources drive such changes.

Infrastructure for Collecting Data on Emerging Diseases

We located race-stratified, county-level data for 9 of the top 10 leading causes of death. We did not find this data for COVID-19, reflecting the challenging nature of Kansas's infrastructure for collecting data on emerging diseases. It is possible that these data were not collected at all, collected but not made publicly available, existed on a website that was decommissioned after the end of the COVID-19 public health emergency, or are on a difficult-to-find website. Of the leading causes of death, COVID-19 emerged abruptly in 2020. Decisions regarding what data would be collected (e.g., stratifications by race) and how to make surveillance platforms publicly available varied by state. As of May 2023, COVID-19 cases no longer had to be reported to the Kansas Department of Health or local health department.

Health Outcomes

We analyzed cause-specific mortality rates for Black Kansans and made comparisons with all races nationally and in Kansas specifically. There is an opportunity to evaluate other health metrics that would provide an understanding of the community's health status. Future efforts can collect and analyze early markers of disease, such as high blood pressure, and/or current disease prevalence rates in the population. Having the data on the early markers can help decisionmakers know where to allocate resources to extend longevity and quality of life.

Social Determinants of Health

Across the diseases assessed in the study, Black Kansans had poorer outcomes compared with national averages. A well-documented literature points to social conditions as a primary driver of health and racial health inequities. Future analyses should interrogate the role of factors such as food access,

physical activity opportunities, access to quality health care, economic opportunities, and exposure to environmental toxins and their effects on the health of Black Kansans.

Multiple avenues are available for advocates to address the social conditions that affect Black Kansans' health. The following are examples from Urban's experience of effective or promising interventions that target the social determinants of health.

- **Housing**: Studies show strong evidence of the benefits of "housing first" interventions that provide supportive housing to individuals with chronic health conditions (including behavioral health conditions). Benefits include improved health outcomes and, in some cases, reduced health care costs. Interventions that reduce health and safety risks in homes, such as lead paint or secondhand smoke, can also improve health outcomes, and reduce costs.
  - » *Example*: The Denver Housing to Health Pay for Success project. The project provides supportive housing for 125 individuals at the intersection of multiple public systems. The target population includes those who are experiencing homelessness; have a record of at least eight arrests, at least three of which are marked as transient, over three years in Denver County; have a recent Denver Police Department contact; and are at high risk for avoidable and high-cost health services paid through Medicaid, including services received at Denver Health and Hospital Authority (Hanson, Gillespie, and Oneto 2022).
  - » Urban Institute is conducting a seven-year evaluation of the project. Early evidence reveals the project is already improving client outcomes and well-being (Gillespie, Hanson, and Oneto 2022).

- **Food and Nutrition**: Efforts to improve food access through healthy food environments, public benefit programs, health care systems, health insurers, and evidence-based nutrition standards can lower health care costs and improve health outcomes.
  - » *Example:* In 2020, the Walmart Foundation awarded grants to 11 community-based projects offering innovative approaches to supporting healthy food access (Waxman and Martincheck 2023). The grants focused on initiatives to improve access to fresh foods for regions and populations experiencing disproportionately high rates of food insecurity.
  - » Investments supported a wide range of communities and strategies, including tribal communities in Northern Michigan and the Chickasaw Nation, immigrant communities in Maine and Minnesota, food banks experimenting with online ordering and home delivery in Illinois and Florida, projects to connect low-income families with healthy meal kits in North Carolina and Florida, and programs connecting households with produce through clinic

partnerships, produce prescriptions, and farmers market incentives in Mississippi, Oklahoma, and West Virginia.

  - » An Urban Institute evaluation of the 11 projects concluded that they showed how changes in policy and practice can improve access to healthy food for all,[6] and suggested ways communities can make their food systems more responsive and inclusive.

- **The Physical Environment**: Enhanced built environment interventions, including sidewalks, access to parks, and public transit infrastructure can make physical activity easier, safer, and more accessible.

  - » *Example*: An Urban Institute review of the health equity benefits of parks found moderate to strong evidence, both qualitative and quantitative, showing parks make a substantial contribution to physical, mental, social, and environmental health (Cohen, Burrowes, and Gwam 2022). The strongest evidence establishes parks' benefits for physical health. Several studies highlight the link between time spent in parks and physical activity and the correlation between the activity and positive health outcomes, such as a reduced risk of cardiovascular disease, diabetes, cancer, and heart disease.

- **Social and Economic Mobility**: Higher levels of wealth are strongly associated with better health outcomes, including lower mortality, higher life expectancy, and slower declines in physical functioning.

  - » *Example*: There is growing interest in guaranteed income programs as a strategy for supporting social and economic mobility. More than 100 guaranteed income pilots have launched in the United States since 2018, and almost all have been unrestricted programs, meaning they place no limitations on recipients.[7] Unlike other in-kind public benefits programs, unrestricted guaranteed income pilots assume recipients can better choose how to allocate resources than government programs can—an assumption that rigorous research has proven accurate (DeYoung, Tandon, Thompson, and West 2023).
  - » An Urban review of findings from historical and current guaranteed income experiments reported they demonstrate excellent outcomes for children[8] and strong gains in adult mental health, physical health, and parenting, as well as large increases in household food security (Bogle, Noble, and Fung 2024) and housing stability (Akee et al. 2010; West and Castro 2023).[9]

Conclusion

Based on our analysis and participant discussion during the December 12, 2024, community report-out, we conclude that building a healthier and more equitable future for Black Kansans is contingent on several factors:

- Data dissemination to support evidence-based interventions and community involvement
- Collaborative efforts among policymakers, nonprofits, and communities
- Policies, programs, and investments that address broader social determinants (e.g., economic opportunity, food security, health care access)
- Investment in preventative care (e.g., screenings, chronic disease management)
- Better data collection efforts that capture the diversity of Black Kansans and related disaggregated data (e.g., geographically, economically, immigrant generation, disability status).
- Increased philanthropic, government, and private investments to support Black-led, Black-serving community organizations and others who advocate for Black Kansans

Appendix A. Data Sources

American Community Survey (ACS)

https://data.census.gov/

The ACS, an ongoing survey conducted by the US Census Bureau, provides a myriad of sociodemographic data including race/ethnicity, income, education, employment, and housing for a range of geographic levels (including county). The ACS data were used to explore neighborhood and community-level factors, helping to identify area-level characteristics for Kansan counties.

Kansas Health Matters

https://www.kansashealthmatters.org/indicators

Kansas Health Matters provides a centralized platform for accessing community health-related data. The website offers a wide range of public health indicators for Kansas, allowing researchers and community stakeholders to evaluate the health status of Kansans. Kansas Health Matters includes data on health outcomes, healthcare access, and health behaviors, and the platform's tools can be used to identify health disparities.

HDPulse: Data and Interventions Portal

https://hdpulse.nimhd.nih.gov/data-portal/quick-profile/20/health care

HDPulse, a portal designed to address health disparities, can be leveraged to examine health disparities at both the state and national levels. This portal includes data for a wide range of disease outcomes and potential intervention strategies.

County Health Rankings & Roadmaps (CHR&R)

https://www.countyhealthrankings.org/health-data/kansas?year=2024

CHR&R provides a robust snapshot of the health outcomes and health-related factors at the state and county levels. This source can be used to identify strengths and opportunities for health improvement in communities. Data from this source can be used to identify factors contributing to health inequities while also providing potential road maps for community-driven solutions.

Kansas Behavioral Risk Factor Surveillance System (BRFSS)

https://www.kdhe.ks.gov/2225/Data-Dashboard

The Kansas Department of Health uses funding from the US Centers for Disease Control and Prevention to conduct the Kansas BRFSS telephone survey. Health-related data from a sample of residents are collected to provide insight into chronic conditions, access to health-promoting resources, and quality of life. The data are leveraged to inform health policy in the state of Kansas.

The Black Wealth Data Center (BWDC)

https://blackwealthdata.org/about-us

BWDC is building a comprehensive repository for Black wealth data. Their Racial Wealth Equity Database aims to empower decisionmakers with reliable data and raise the national standard for data collection and accessibility.

Centers for Medicare and Medicaid Services (CMS)

https://data.cms.gov/about

The Centers for Medicare and Medicaid Services is a federal agency that provides health coverage to over 160 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS partners with the healthcare community to strengthen the nation's healthcare system and the health of residents by providing high-quality care at lower costs. The agency provides data on a range of health-related factors such as access to care and healthcare financing.

National Center for Health Statistics (NCHS)

https://www.cdc.gov/nchs/about/index.html#cdc_about_cio_why_it_matters-our-impact

NCHS is the official US source for health data, collecting, analyzing, and sharing statistics to guide health policies and programs. NCHS provides evidence to identify health issues and supports policymakers and public health professionals in addressing them.

Community Health Status Indicators

https://archive.cdc.gov/#/details?url=https://www.cdc.gov/nccdphp/dch/index.htm

Community Health Status Indicators is a US Centers for Disease Control and Prevention-led interactive tool offering health profiles for all US counties, including key indicators on health outcomes, access, behaviors, and environmental factors influencing population health.

Kansas Information for Communities

http://kic.kdheks.gov/

Kansas Information for Communities provides an online tool that allows users to create custom queries on vital health data, including demographics, geography, and specific health characteristics in Kansas.

Kansas Department of Health and Environment (KDHE)

https://www.kdhe.ks.gov/2225/Data-Dashboard

The Kansas Department of Health and Environment is a state agency dedicated to improving health and the environment in Kansas. KDHE works to promote health through assessment, policy development, and assurance. The department also works through environmental regulatory programs and coordinated health policies that improve health services.

Notes

[1] "Kansas," National Center for Health Statistics, CDC, https://www.cdc.gov/nchs/pressroom/states/kansas/ks.htm, last reviewed October 3, 2024; accessed October 30, 2024.

[2] Samantha Artiga, LaToya Hill, and Marley Presiado, "How Present-Day Health Disparities for Black People Are Linked to Past Policies and Events," KFF, February 22, 2024, https://www.kff.org/racial-equity-and-health-policy/issue-brief/how-present-day-health-disparities-for-black-people-are-linked-to-past-policies-and-events/#:~:text=Today%2C%20Black%20people%20face%20persistent,White%20people%20(72.8%20years%20vs).

[3] Artiga, Hill, and Presiado, February 22, 2024.

[4] Data Sources, accessed September 2024: Kansas Health Matters, "Kansas Health Data and Resources," https://www.kansashealthmatters.org/; American Community Survey, https://data.census.gov/table/ACSST1Y2023.S2701?g=040XX00US20; Kansas Behavioral Response Surveillance System, https://www.kdhe.ks.gov/1734/Kansas-Behavioral-Risk-Factor-Surveillan; HD Pulse, https://hdpulse.nimhd.nih.gov/data-portal/quick-profile/20/healthcare.

[5] Nambi Ndugga, Latoya Hill, and Samantha Artiga, "COVID-19 Cases and Deaths, Vaccinations, and Treatments by Race/Ethnicity as of Fall 2022," Racial Equity and Health Policy, KFF, November 17, 2022; Elisabeth Gawthrop, "The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the US", AMP Research Lab, October 18, 2023, https://www.apmresearchlab.org/covid/deaths-by-race.

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