

2016 KANSAS CIVIC HEALTH INDEX™



**Kansas Health
Foundation**



National Conference on Citizenship
Connecting People. Strengthening Our Country.



ABOUT THE PARTNERS

NATIONAL CONFERENCE ON CITIZENSHIP

The National Conference on Citizenship (NCoC) is a congressionally chartered organization dedicated to strengthening civic life in America. We pursue our mission through a nationwide network of partners involved in a cutting-edge civic health initiative and our cross-sector conferences. At the core of our joint efforts is the belief that every person has the ability to help their community and country thrive.

KANSAS HEALTH FOUNDATION

The Kansas Health Foundation (KHF) is based in Wichita, but statewide in its focus. With a mission to improve the health of all Kansans, KHF envisions a culture in which every Kansan can make healthy choices where they live, work and play. To achieve this, the Foundation focuses its grantmaking in two primary program areas: Health Equity, with the goal of reducing health disparities related to social and economic factors; and Civic Health, in order to inspire, inform and equip Kansans to be engaged in improving the health of our state. To learn more about KHF, its grantmaking and the ways in which it's working to provide a healthier future for Kansas, please visit www.kansashealth.org; follow on Twitter @KansasHealthOrg; or visit facebook.com/KansasHealthFoundation.



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A special thanks to the 2015 Kansas Civic Health Summit stakeholders and participants who contributed to this report.

Left Cover Photo: Kansas ranks among the top 5 states nationally in volunteerism, with many individuals volunteering in schools and with faith-based organizations.

Center Cover Photo: The dome of the state capital in Topeka

Right Cover Photo: From nonprofit organizations to government agencies, many groups and individuals are leading the way on encouraging Kansans to live healthy, active lives.

All photos in this report were provided by the Kansas Health Foundation.

EXECUTIVE SUMMARY

The Kansas Civic Health Index provides a comprehensive, first-time look at civic and political engagement in Kansas. This report was developed in partnership between the Kansas Health Foundation and the National Conference on Citizenship (NCoC).

Using data from the U.S. Census Bureau's Current Population Survey (CPS), this report examines civic health in Kansas with a specific focus on the civic engagement of Kansans with different levels of income, education, and racial/ethnic backgrounds. Key findings from this analysis included:

- Kansas groups that are least politically engaged also experience the poorest health outcomes and struggle to access health care.
- Kansas ranks among the bottom ten states in voting in local elections.
- Sociodemographic factors, such as education, income, race, and ethnicity are highly related to civic engagement. The low level of political involvement for certain population groups suggests important perspectives are underrepresented in the democratic process in Kansas.
- Kansas exhibits several strengths with regard to civic health. Kansas ranks in the top ten nationally for confidence in institutions, volunteering, and several measures of community engagement.

This report also presents recommendations made by approximately 50 stakeholders to address these issues and strengthen civic health in Kansas. **Their recommendations include:**

1) Increase participation in the democratic process by focusing on:

- voter registration, education, and mobilization;
- government transparency;
- campaign finance reform; and
- leadership diversity.

2) Build in-state advocacy capacity through funding, training, and education and by increasing connectedness among Kansas advocacy organizations.

3) Leverage media and journalism by building stronger capacity in journalism and stronger partnerships between media outlets and community members.



Kansas communities are strengthened through community activities, local businesses and strong school systems.

INTRODUCTION

In 2014 and 2015, the Kansas Health Foundation (KHF) conducted a strategic planning process to guide future grantmaking, communication strategies, and policy initiatives. The process occurred while Kansas was experiencing stalled progress or decline across several important health indicators.¹ Kansas had dropped from one of the healthiest states in the nation in 1990 to the middle-of-the-pack in 2015.²

KHF determined the cause for the state's drop in health rankings was partially related to widening gaps in health outcomes across many populations. For instance, low-income families, Latinos, African Americans, and Kansans without a high school education experience poorer health and have reduced access to quality health care in Kansas.

KHF recognized that in order to help accelerate health improvement in Kansas, it needed to focus more intentionally on eliminating health disparities. KHF further recognized that continued emphasis needs to be placed on fostering civic engagement to ensure more Kansans become involved in efforts to strengthen communities and improve the health of the state. To reflect these beliefs, KHF established two overarching program areas to guide future work: health equity and civic health.

This report examines the civic health of Kansas at a critical time in the state's history. Demographic shifts are rapidly changing the population of many Kansas communities. Many Kansas communities are projected to lose current sources of water over the next three decades. Ongoing budget shortfalls have led to substantial state funding cuts to many agencies, education, programs, and services. Each of these issues tests the civic health of Kansas. KHF and the individuals who contributed to this report believe an engaged citizenry and inclusive civic process are essential to ensuring Kansas effectively responds to these challenges.

This report was developed in partnership with NCoC. NCoC works with partners in more than 30 states and communities nationwide to inspire a public dialogue about civic life in America. NCoC began *America's Civic Health Index* in 2006 to measure the level of civic engagement and health in the United States. Using data from the U.S. Census Bureau's Current Population Survey (CPS), NCoC monitors civic health across five domains: Volunteering, Political Involvement, Social Connection, Confidence in Institutions, and Community Engagement.

This report examines civic health in Kansas with a specific focus on the civic engagement of Kansans with different levels of income, education, and racial/ethnic backgrounds. As noted throughout the report, disparities in civic health mirror important health disparities in Kansas.

KHF and NCoC are pleased to share our discoveries with you. We hope this report starts important conversations about the relationship between civic engagement and health outcomes.

WHAT IS CIVIC HEALTH?

Civic health is a measure of well-being for a community, state, or nation and is determined by how actively citizens are engaged in their communities. Beyond being intrinsically good for a democratic society, civic health has a strong bearing on the quality of life in communities. A community with strong civic health is resilient, has effective governance, and is a better place to live. A low level of civic health can lead to dysfunctions in communities that make it harder to address pressing public problems.

NCoC began *America's Civic Health Index* in 2006, alongside leading experts and advisors, with the realization there was very little information available about the civic vitality of our communities. To measure how our businesses were doing, we could look to Wall Street, our GDP, and other metrics. To see how our schools were performing, there were assessment tests and educational standards and measurements. But there was no measure of how our communities were doing—no one was tracking our civic stock. This was a significant problem, as a lack of information meant a lack of ability to fully measure, understand, and shape how our communities and our democracy function.

NCoC convened leading thinkers to explore what a civic index might look like. A set of indicators was developed to include measurements of family ties, social connectedness, volunteerism, community involvement, political participation, social trust, and confidence in institutions. In 2006, the results of this survey were published in the first *America's Civic Health Index*.

In 2009, NCoC was incorporated into the Edward M. Kennedy Serve America Act and directed to expand the civic health assessment in partnership with the Corporation for National and Community Service (CNCS) and the U.S. Census Bureau. This partnership built upon volunteerism data that CNCS had been collecting since 2002 to generate the largest and most-definitive civic data set in the country. Today, the Civic Health Index draws upon data from the Census' Current Population Survey's Voting, Volunteering and Civic Engagement supplements.

This report uses the Census' CPS supplements to examine civic health in Kansas. While not exhaustive, the measures used for this report compile the most complete picture of the elements of civic health in our country today. The data, collected by the CPS, offer the richest, most-reliable public dataset on civic participation available.



Kansas ranked among the top 10 states nationally in confidence in public schools.

Kansas Civic Health Index At-a-Glance

The following table provides Kansas state estimates, national estimates, and Kansas' ranking for key measures of civic health.

Table 1. Kansas Civic Health At-a-Glance

		KS	US Avg	KS Rank
SOCIAL CONNECTION	Eat dinner with household members frequently*	89.9%	88.5%	16th
	See or hear from family/friends frequently*	73.5%	69.7%	13th
	Talk with neighbors frequently*	41.6%	42.5%	33rd
	Trust in most or all of neighbors*	66.5%	56.2%	12th
	Do favors for neighbors frequently*	13.0%	13.8%	38th
CONFIDENCE IN INSTITUTIONS	Confidence in public schools (some/a great deal)*	90.2%	86.1%	9th
	Confidence in media (some/a great deal)*	63.4%	58.0%	6th
	Confidence in corporations (some/a great deal)*	70.0%	63.4%	7th
COMMUNITY ENGAGEMENT	Volunteering**	36.1%	26.2%	4th
	Charitable giving (\$25 or more)**	57.5%	50.7%	9th
	Attend a public meeting**	11.5%	8.7%	17th
	Group membership*	45.3%	36.4%	4th
	Serve as officer/member of committee for group*	14.5%	9.8%	10th
POLITICAL INVOLVEMENT	Voting (2012)***	63.3%	61.8%	23rd
	Registration (2012)***	74.4%	71.2%	17th
	Vote in local elections (always or sometimes)*	56.6%	58.2%	41st
	Contact or visit a public official*	14.4%	11.0%	19th
	Discuss politics with friends/family frequently*	29.3%	27.4%	24th
	Buy or boycott a product*	13.2%	11.6%	19th
	Use the Internet to express a public opinion*	8.0%	8.0%	27th

4th

Kansas' ranking for
volunteering

* Pooled data from the 2010, 2011, and 2013 CPS Civic Engagement Supplements.

** Pooled data from the 2011, 2012, and 2013 CPS Volunteering Supplements.

*** Data from the 2012 CPS November Voting and Registration Supplement.

Red = ranks among bottom 10 states.

Green = ranks among top 10 states.

Compared to other states, Kansas exhibits several strengths with regard to civic health. Kansas ranks in the top ten nationally for confidence in institutions (public schools, the media, and corporations) and several measures of community engagement. Kansas tends to be slightly better than average among states in regard to measures of social connection.

Despite these strengths, there are areas for improvement. While several measures of political involvement in Kansas are similar to national averages, Kansas ranks among the bottom ten states for the percentage of Kansans who report voting in local elections. In addition, there are significant differences in several measures of political involvement for Kansans from different racial, ethnic, and socio-economic backgrounds.

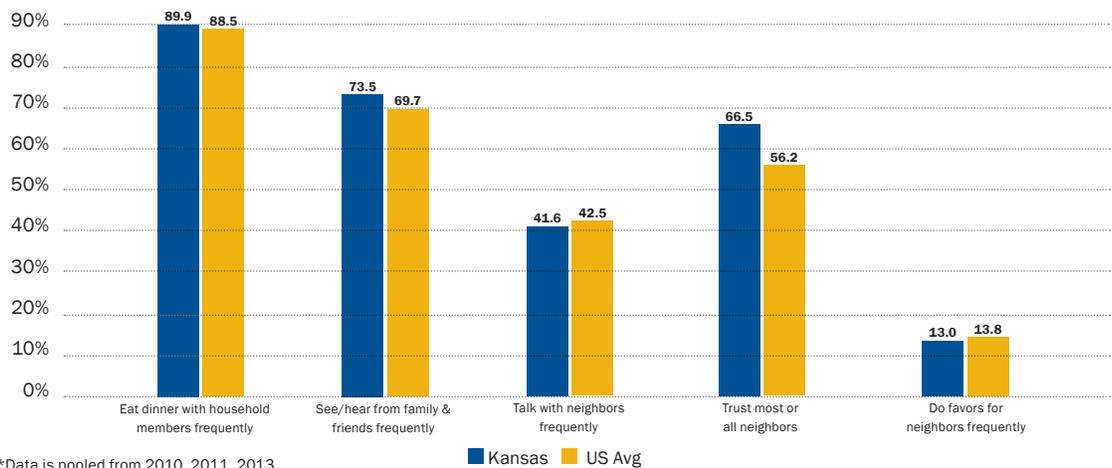
SOCIAL CONNECTION & CONFIDENCE IN INSTITUTIONS

Measuring social cohesion, or the willingness of members of a society to cooperate in order to survive and prosper, requires an understanding of the basic behaviors, actions, and opinions that develop social capital and social networks.³ These elements are vital to strong social bonds, resilient communities, and responsive governments.⁴

Strong relationships with individuals, entities, and organizations are rooted in trust. Lack of trust compromises individuals' willingness to participate in groups, respond to policies, enter into contracts, or help others. Communities with weak social cohesion also have lower levels of trust in institutions such as the media, corporations, and public schools. Measuring trust in these institutions helps to gauge the basis for social cohesion and civic participation in a community.

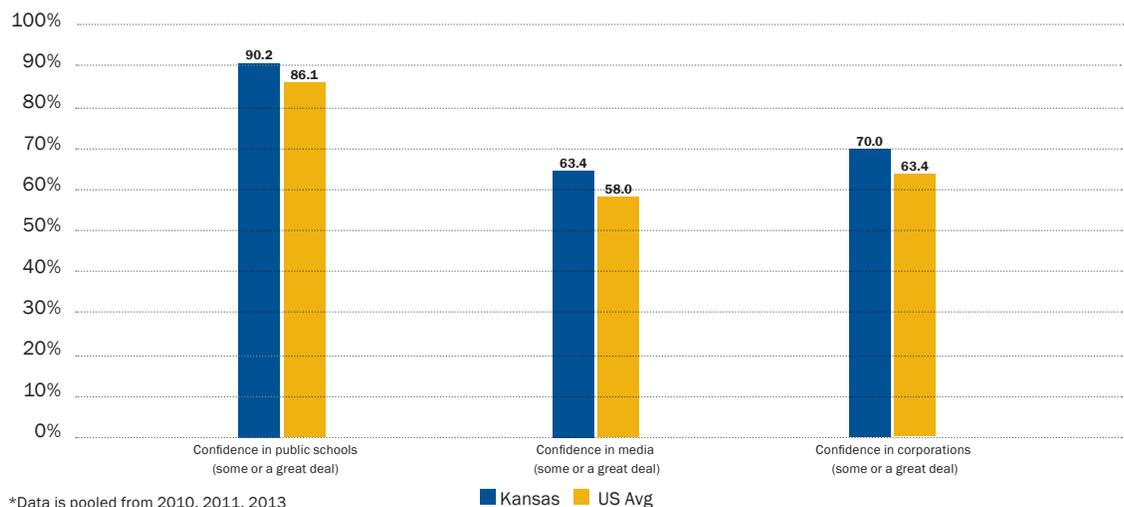
Kansas is comparable to national averages with most measures of social connection. Of note, Kansans are more likely to report trust in all or most of their neighbors compared to Americans as a whole (66.5% and 56.2%, respectively).⁵

Chart 1. Social Connection in Kansas



Compared to other states, Kansans express a high level of confidence in institutions. Nine-in-ten (90.2%) Kansas adults express confidence in public schools. The strong majority of Kansans also express confidence in both the media (63.4%) and corporations (70.0%). Confidence in these institutions is comparable across socio-demographic groups.⁶

Chart 2. Confidence in Institutions in Kansas



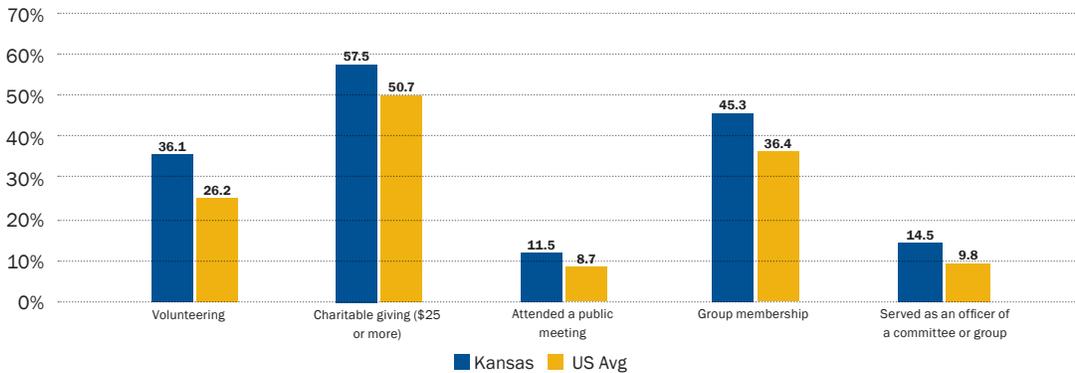
COMMUNITY ENGAGEMENT

Volunteering offers a measure of overall community engagement, as well as individual health and well-being. Activities such as formal and informal volunteering indicate individuals' willingness to improve the community, develop their own skills, build relationships, and extend networks. Volunteering can positively influence both physical and mental health, as it can help to build confidence, provide a sense of purpose, prevent depression, and decrease mortality.⁷ At the same time, volunteers strengthen their communities by providing much-needed services to local organizations and residents.

Other activities also provide insight into how individuals engage with communities. Charitable giving, attending public meetings, joining a community/civic group, and serving as a member of a community/civic group are all indicators of community engagement. Measuring community engagement offers insight into the social cohesion of a community.

Compared to other states, Kansans report high levels of volunteering and community engagement. Kansas ranks 4th nationally for volunteering⁸ and group participation,⁹ with 36.1% of adults (16 years of age and older) volunteering time to an organization and 45.3% of adults (18 years of age and older) participating in community, school, or faith-based groups. Kansas ranks 9th with 57.5% of adults providing \$25 or more to charitable organizations.¹⁰ Kansans are also actively involved in leadership roles in civic groups, ranking 10th nationally in serving as officers or committee members for a civic group.¹¹

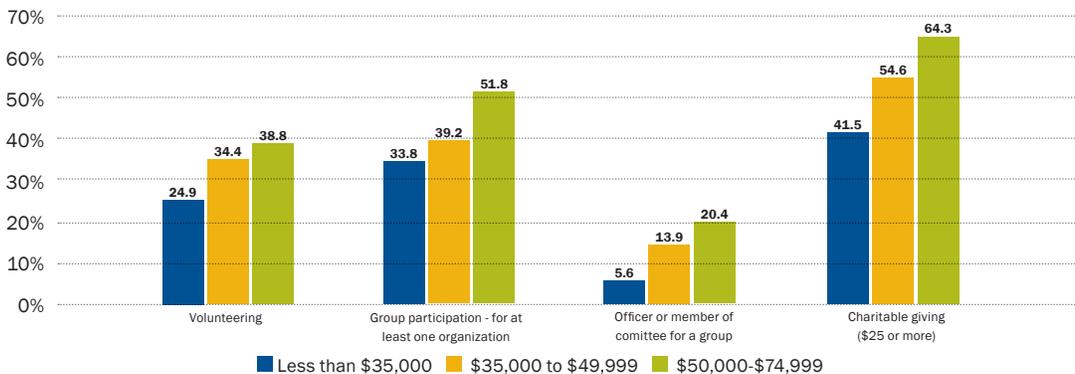
Chart 3. Volunteering and Community Engagement in Kansas



Disparities in Volunteering and Community Engagement

Despite Kansas' relatively high ranking in volunteering and community engagement, there are significant differences in these measures across economic groups. For instance, higher-income Kansans are much more likely to volunteer, to be members of community/civic groups, and to serve as an officer or member of those groups. Not surprisingly, higher-income Kansans are also more likely to report charitable giving.

Chart 4. Volunteering and Community Engagement by Household Income in Kansas



POLITICAL INVOLVEMENT

Formal and informal political participation measures make up the final components of civic health. Political participation includes activities such as registering to vote and voting in local and national elections. However, individuals can participate in formal governance and political activities by contacting their elected officials, attending public meetings, and boycotting or “boycotting” products and services because of their political beliefs. These everyday acts of political participation are essential to a functioning democracy.

In terms of Kansas political involvement data, what stands out is low election turnout. The Census Bureau’s CPS asks adults to self-report how frequently they vote in local elections. This question provides a general indication of how likely adults are to vote in local elections rather than their actual voting behavior during a specific election. Kansas ranks 41st on this important indicator, with only 56.6% of adults reporting they “always” or “sometimes” vote in local elections.¹²

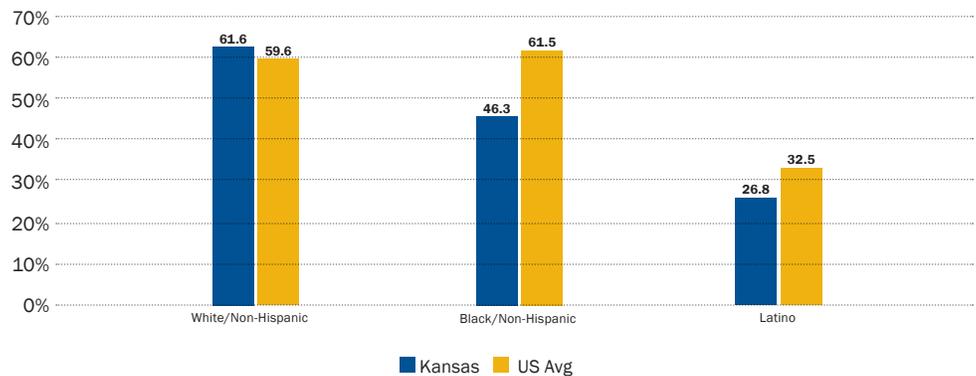
Even more concerning is that certain population groups in Kansas exhibit even lower levels of political involvement, including Kansans with lower levels of income, education, and those from racial/ethnic minority backgrounds.

56.6%

of Kansans reported “always” or “sometimes” voting in local elections, ranking the state 41st nationally

Disparities in Self-Reported Voting in Local Elections

Chart 5. Always or Sometimes Vote in Local Elections by Race/Ethnicity in Kansas



Latinos

According to the U.S. Census, 11.4% of the Kansas population is of Hispanic/Latino background. There are a number of western Kansas communities where Latinos represent the majority population. For example, more than half of the residents of both Dodge City and Garden City are Latinos. Latinos in Kansas are much less likely to report “always” or “sometimes” voting in local elections than Whites (26.8% and 61.6%, respectively). A lower percentage of Latinos in Kansas report voting in local elections compared to Latinos nationally (26.8% and 32.5%, respectively). By comparison, the rate of voting in local elections for Latinos is the highest in New Mexico (50.8%).¹³

African Americans

According to the U.S. Census, 6.3% of the Kansas population is of African American background. African Americans in Kansas are less likely to vote in local elections than White Kansans (46.3% and 61.6%, respectively). In addition, African Americans in Kansas are much less likely to report voting compared to African Americans nationally (46.3% and 61.5%, respectively). By comparison, the rate of voting in local elections for African Americans is highest in Mississippi (81.7%).¹⁴

Chart 6. Always or Sometimes Vote in Local Elections by Household Income in Kansas

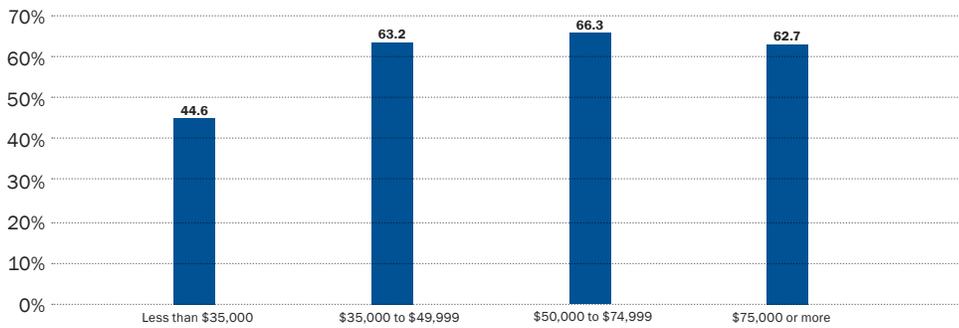
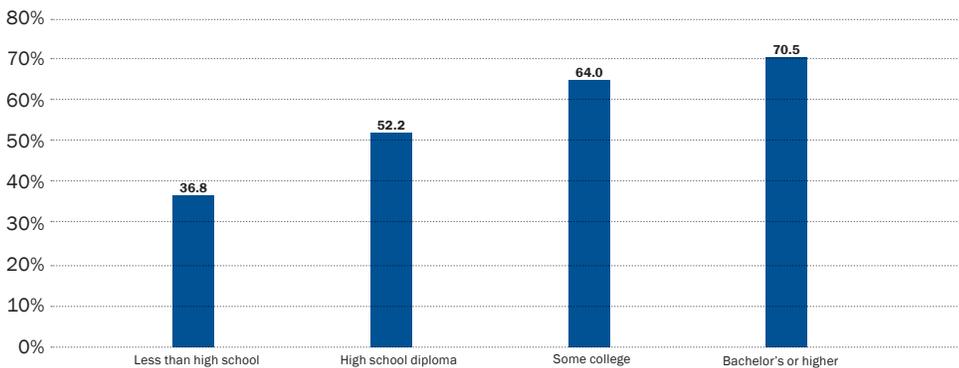


Chart 7. Always or Sometimes Vote in Local Elections by Education Level in Kansas



Lower Income

One-third (33.8%) of Kansans live in households making less than \$35,000 per year in annual income. Voting in local elections is significantly lower for Kansans with household incomes less than \$35,000 compared to those with incomes over \$75,000 (44.6% and 62.7%, respectively). By comparison, the rate of voting in local elections for individuals with lower incomes (<\$35,000) is highest in Mississippi (72.1%).¹⁵



Education levels are a significant factor in whether or not people vote in local elections.

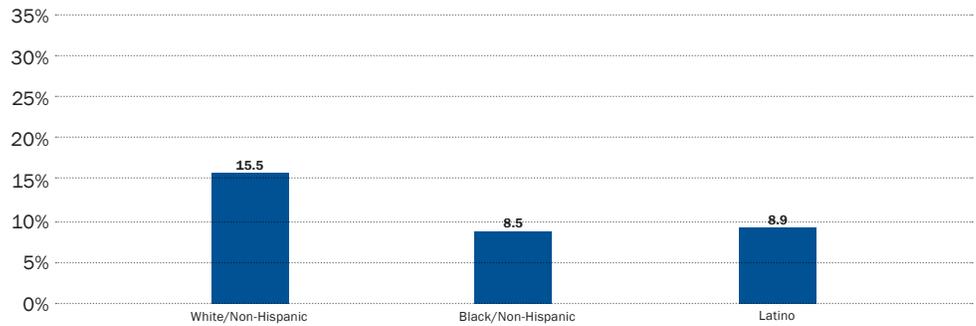
Lower Education

According to the U.S. Census, 16.0% of Kansans age 25 and older do not have a high school education. In Kansas, there is a significant gap between adults without a high school diploma or GED who report voting in local elections and those with college degrees (36.8% and 70.5%, respectively). By comparison, the rate of voting in local elections for individuals without a high school education is highest in Mississippi (57.7%).¹⁶

Disparities in Contacting or Visiting a Public Official

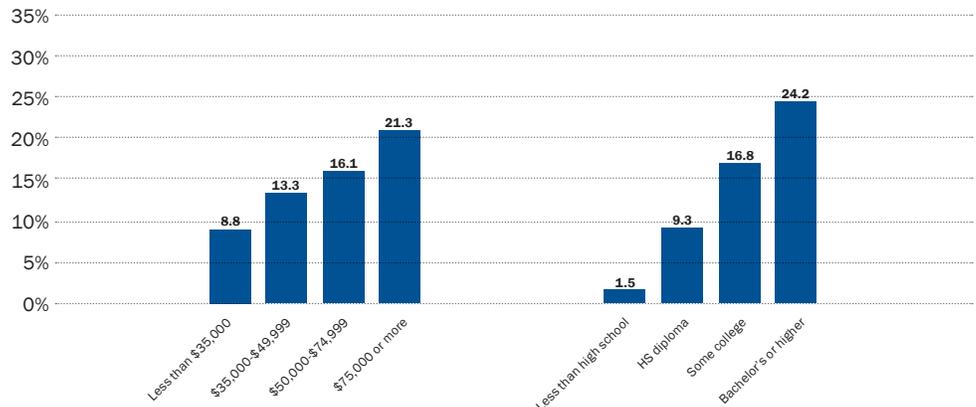
According to the CPS, 14.4% of Kansas adults have contacted or visited a public official. Kansas ranks 19th on this indicator. While Kansas ranks relatively high overall, certain population groups in Kansas are much less likely to contact public officials. Latinos and African Americans in Kansas are roughly half as likely to contact public officials as Whites (8.9% and 8.5% vs 15.5%). Kansans with lower household incomes are also much less likely to contact public officials than those with higher incomes (8.8% and 21.3%, respectively). Disturbingly, Kansans without a high school education reported virtually no contact with public officials (1.5%) while nearly one-in-four Kansans with a college degree had made contact with public officials (24.2%).¹⁷

Chart 8. Contacting Public Officials by Race/Ethnicity in Kansas



Organizations representing missions as diverse as early childhood education, clean indoor air, and access to healthcare can all benefit from building relationships with local and state elected officials.

Chart 9. Contacting Public Officials by Income and Education in Kansas



The low level of political involvement for many population groups suggests important perspectives are underrepresented in the democratic process in Kansas. **A healthier civic environment in Kansas has to include increasing political involvement for these groups.**

HEALTH DISPARITIES IN KANSAS

Disparities in civic engagement – and particularly in political involvement – mirror health disparities in Kansas. Substantial differences in access to health care and health outcomes exist across socio-economic and demographic groups. As in other U.S. states, Kansans with lower levels of income and education have significantly poorer outcomes on many health indicators. Latino and African American Kansans experience higher rates of many chronic diseases and face challenges with access to health care compared to Whites.

The Kansas Behavioral Risk Factor Surveillance System (BRFSS) is an annual survey that asks adults about a range of health issues. By collecting behavioral health risk data at the state and local level, the Kansas BRFSS is a powerful tool for monitoring key health trends and building targeted health promotion activities.

A BRFSS question that asks Kansans to rate their overall health is used by many health organizations as an important indicator of general health.¹⁸ Examining responses to that question across different socio-demographic groups provides a powerful illustration of health disparities in Kansas.

When asked to rate their overall health, only 15.7% of Kansans report their overall health as “fair” or “poor.” Notably, the percentage reporting fair or poor health is much higher among Latinos (23.3%) and African Americans (24.2%) compared to Whites (14.2%). Kansans with lower levels of education and income are also more likely to report fair or poor health. One-in-three Kansas adults (36.3%) without a high school education report fair/poor health compared to only 6.9% of adults with a college degree. One-in-four Kansans (26.7%) living in households with annual incomes less than \$35,000 report fair/poor health compared to only 5.3% of Kansans living in households with incomes greater than \$75,000.

15.7%

of Kansans report their overall health as “fair” or “poor”

Table 2. Health Disparities in Kansas (BRFSS 2014)

	Latino	African American	White	
Fair or Poor Health	23.3%	24.2%	14.2%	
	Less than HS	H.S. or GED	Some post-H.S.	College Degree
Fair or Poor Health	36.3%	17.5%	13.7%	6.9%
	Less than \$35k	\$35k to \$49,999	\$50k to \$74,999	More than \$75k
Fair or Poor Health	26.7%	12.9%	9.3%	5.3%

There is a wealth of data that reveals similar disparities across a broad range of health outcomes. Kansans with lower levels of income and education and from minority racial and ethnic backgrounds tend to experience significantly poorer health outcomes. **In order to accelerate health improvement in Kansas, there must be substantial progress reducing health disparities related to social and economic factors.**

ACCESS TO HEALTHCARE

KHF has prioritized health equity and civic health because they are intertwined and can be mutually reinforcing. It is clear how reducing health disparities — for example, by increasing access to health insurance — can directly improve health outcomes. Less obvious is how strengthening civic health can both directly and indirectly improve health. As noted above, community engagement through volunteering can contribute to better physical and mental health. At the same time, political engagement can lead to public policies that reduce disparities and improve health — for example, by successful advocacy for policies that lead to healthy recreation options in all neighborhoods.

Increasing access to affordable, quality health care is a goal for many policymakers, regardless of party affiliation or ideology. Unfortunately, the reality of current socio-economic conditions and health policy decisions has contributed to pronounced gaps in access to health care in Kansas.

The importance of civic engagement for improving health can be illustrated in the lack of political involvement for the groups that experience the greatest challenges accessing quality, affordable health care in Kansas.

Latinos

Among Kansans, Latinos clearly have the greatest challenges with regard to access to health care. Nearly half (45.5%) of Kansas Latinos have no health care coverage of any kind (see Table 3). Nearly half (44.8%) do not have a person they consider their personal doctor or health care provider. One-in-four (25.8%) Kansas Latinos experienced a time during the past year when they needed to see a doctor but could not because of cost.

As noted earlier, Kansas Latinos are much less likely to vote in local elections and contact elected officials. Increased political involvement among Kansas Latinos would likely generate greater momentum for effective and culturally competent health policies that ensure greater access to quality care for Latinos.



Civic engagement is imperative for improving health across all ages, ethnicities, and geographic locations within Kansas.

African Americans

African Americans also experience challenges accessing health care. One-in-five (21.9%) Kansas African Americans have no health care coverage of any kind, and one-in-four (24.9%) do not have a person they consider their personal doctor or health care provider. Similar to Latinos, one-in-four (24.8%) African Americans in Kansas experienced a time during the past year when they needed to see a doctor but could not because of cost.

African Americans in Kansas are less likely to say they always/sometimes vote in local elections compared to African Americans nationally. Understanding why African Americans in Kansas seem less likely to vote in local elections is critical to better ensuring the perspectives of the African American community are represented in health policy decisions.

Education & Income

In Kansas, levels of education and income are related to access to affordable health care. For instance, Kansans without a high school education are twice as likely to lack health care coverage compared to those with a high school diploma or G.E.D. (36.6% and 18.4%, respectively). Only 3.6% of Kansans with a college degree have no health care coverage.

As noted earlier, higher levels of education and income are also related to greater political involvement. For instance, elected officials are less likely to hear directly from constituents with lower levels of household income who are more likely to experience challenges accessing health care. Providing more policymakers with real-world challenges regarding access to care would likely generate stronger support for changes to health care delivery and coverage.

Table 3. Access to Healthcare in Kansas (BRFSS 2014)

	Latino	African American	White	
Has no health care coverage of any kind	45.5%	21.9%	12.3%	
Has no doctor or health care provider	44.8%	24.9%	16.7%	
Did not see a doctor because of cost	25.8%	24.8%	10.5%	
Voted in local elections (always or sometimes)	27.0%	46.0%	62.0%	
Contacted or visited a public official	9.0%	9.0%	16.0%	
	Less than HS	H.S. or GED	Some post-H.S.	College Degree
Has no health care coverage of any kind	36.6%	18.4%	13.0%	3.6%
Has no personal doctor or health care provider	34.7%	22.2%	17.5%	12.8%
Did not see a doctor because of cost	25.7%	13.8%	12.2%	6.2%
Voted in local elections (always or sometimes)	36.8%	52.2%	64.0%	70.5%
Contacted or visited a public official	1.5%	9.3%	16.8%	24.2%
	Less than \$35k	\$35k to \$49,999	\$50k to \$74,999	More than \$75k
Has no health care coverage of any kind	22.9%	8.4%	4.9%	3.0%
Has no personal doctor or health care provider	24.8%	16.2%	11.4%	9.2%
Did not see a doctor because of cost	21.8%	9.7%	6.1%	3.2%
Voted in local elections (always or sometimes)	44.6%	63.2%	66.3%	62.7%
Contacted or visited a public official	8.8%	13.3%	16.1%	21.3%

CASE STUDY: MEDICAID EXPANSION

The concept of Medicaid expansion has been the focus of much discussion and debate in Kansas and the nation. Examining this issue in the context of political involvement can illustrate the potential link between civic health and access to care.

At the time this report was written, the Kansas Medicaid managed care program, KanCare, limited eligibility to children in households that met specific income limits,¹⁹ very low-income parents with dependent children,²⁰ and certain elderly and disabled Kansans. Able-bodied adults without dependents were not eligible for KanCare.

As a result of the Affordable Care Act, Kansas adults with household incomes between 100-400% of the federal poverty level (FPL) were eligible for premium tax credits that lowered the cost of health insurance. The 2014 BRFSS data on health care access is based on the first year of eligibility for these credits.

Also through the Affordable Care Act, the federal government covers the vast majority (initially 100%) of costs for states that expand Medicaid programs to cover individuals who make up to 138% of the FPL. States could adopt the federal model or obtain a waiver to establish tailored Medicaid programs. In early 2016, Kansas was one of only 20 states that had not expanded Medicaid.



Medicaid expansion has been shown in numerous states to allow to make adults without dependents eligible for insurance coverage similar to those who are currently eligible because they have children.

In Kansas, the socio-economic groups that would most benefit from Medicaid expansion (those with lower levels of education, Latinos, and African Americans) are the least politically involved. While many of the Kansans who would benefit from Medicaid expansion are able-bodied working adults, several state policymakers have said they are unwilling to perpetuate dependence on government aid as a key reason for not expanding Medicaid.

Greater civic engagement by working Kansans who would benefit from Medicaid expansion would likely create a more thorough understanding of the needs of low-income working Kansans. Such engagement could be instrumental in shifting support in favor of Medicaid expansion.

KANSAS CIVIC HEALTH SUMMIT

On Sept. 2, 2015, KHF and NCoC convened 50 stakeholders to discuss the civic health of Kansas. The goal of this convening was to learn about potential strategies to improve the health of Kansans and foster connections among key organizations concerned about civic engagement and health. Participants came with the understanding that they would help KHF better understand the state of civic health in Kansas.

The convening began with a discussion of what civic health meant to the stakeholders. Drawing from information provided in a pre-meeting survey, stakeholders discussed the ways community is important to civic health, the strengths Kansans can build upon to improve civic health, and potential strategies for raising greater awareness of civic issues in Kansas. After a review of data summarized in this report, stakeholders focused on the following questions:

- **What would it take to eliminate disparities in civic engagement?**
- **What would it take to ensure diverse perspectives are heard by public officials?**
- **In what way is education important to civic health?**
- **What is the role of media/journalism in strengthening civic health?**
- **Does/how does civic engagement differ in small and large communities?**
- **What should the Kansas Health Foundation consider moving forward?**

A survey was issued to the stakeholders a week later to collect post-summit reflections. The responses captured during the summit and related surveys informed conclusions and recommendations in three areas: 1) increasing participation in the democratic system, 2) building in-state advocacy capacity, and 3) leveraging media and journalism. While not every stakeholder supported each recommendation, strong support was expressed for these areas. KHF recognizes it is important for all Kansans to consider these recommendations and other strategies to strengthen civic health in Kansas and address the disparities in political involvement that exist in our state.



One example of a community activity drawing interest across all education and income levels is a community farmers' market.

1) Increase Participation in the Democratic System

In general, stakeholders believe most Kansans appreciate and strongly identify with the state's rich history, traditions, and values. Tremendous pride exists in Kansas communities, and the individuals living in those communities are the state's strongest assets. To strengthen civic health in Kansas, stakeholders suggest it is paramount more Kansans – particularly from populations that exhibit lower levels of political involvement – engage in the democratic process.

Voter Registration, Education, and Mobilization

The majority of stakeholders emphasized increasing voter registration, educating voters about issues, and ensuring more Kansans get to the polls. Suggestions included policy actions that make it easier for Kansans to register to vote as well as more effective and sustained outreach efforts in communities.²¹

Parallel to increasing voter registration, many stakeholders suggested placing a greater emphasis on voter education and mobilization, particularly in primary and local elections. Education efforts need to be culturally competent and emphasize bringing those to the polls who are not and have not been there. Communities with low voter turnout should be provided tools to better understand their potential impact on elections. In addition, greater support with child care, transportation, translation services, and employer flexibility could make a significant difference in civic engagement in many communities.

Stakeholders also stressed efforts to engage voters should be sustained beyond election cycles. To keep citizens engaged year-round, it is essential to build capacity and trust in communities with low political participation rather than simply “helicoptering” in before an election.

Transparency and Campaign Finance Reform

Stakeholders believe that citizens are more likely to engage when they believe the political system is transparent and the election process is fair. For several stakeholders, the lack of government transparency was a concern. Specific actions to promote greater government transparency were mentioned, including: strengthening the Kansas Open Records Act, providing better legislative hearing notifications, recording and streaming committee hearings, and being more responsive to open records requests. Stakeholders also pointed out that many Kansans do not believe their vote matters because of the perception that elected officials cater to the interests of large political campaign donors. To strengthen civic health in Kansas, the majority of summit participants suggested a proactive approach toward campaign finance reform.²²

Leadership Diversity

Stakeholders discussed leadership that stems from and is representative of the community it serves is critical to strengthening civic engagement. Citizens should see themselves reflected in their leaders, which requires intentional leadership development among diverse populations. A leadership pipeline intended to increase diversity among elected officials would likely generate greater political involvement among minority and low-income populations.

2) Build In-State Advocacy Capacity

Stakeholders identified the advocates and advocacy organizations that currently exist in Kansas as important assets for civic engagement. Supporting, sustaining, and increasing the capacity and connectedness of existing advocacy organizations would strengthen civic health in Kansas.

Building Capacity

For advocacy organizations to be strong, focused on their missions, and able to take their efforts to scale, they need adequate and sustained resources to increase organizational capacity. Advocacy organizations need to be able to adequately staff up, increase their infrastructure across the state, and take advantage of training opportunities, such as proactively engaging with the media and

strengthening their internal capacity for message framing. More education is necessary to help advocates better understand what they can do in terms of advocacy, lobbying, and proactively building civic engagement efforts into their work. According to stakeholders, Kansas stands to benefit from more grassroots organizing, and advocates need support to build grassroots efforts into their work.

Increasing Connectedness

Stakeholders suggested advocacy efforts in Kansas can seem disjointed and not connected to a larger movement, which leads to advocacy organizations feeling like they exist in silos. Advocacy organizations need to be better connected, with increased networks and more coordination of efforts. Through increased connectedness, advocacy efforts can better complement and build upon each other, alleviating feelings of fragmentation and increasing power.

3) Leverage Media and Journalism

As noted earlier, more than 60% of Kansans have a great deal or some confidence in the media. Given the media's influence, this confidence is both a great strength and a prime opportunity lever. It should use that trust to promote the values that it treasures most, including transparency and accountability in government. The media can also shine light on the importance of all Kansans voting and interacting with their elected officials. The media is uniquely positioned to give Kansans the information and tools they need to fully take part in their democracy.

Stakeholders suggested building capacity in journalism and fostering better connections between the media and community partners will help strengthen civic health in Kansas.

Building Capacity in Journalism

Kansas media organizations are willing to collaborate on projects that preserve governmental transparency and encourage civic engagement. This willingness shows the media is open to innovative approaches and opportunities to increase engagement. However, to truly take advantage of such opportunities, the importance of local media needs to be elevated and reliance on national media reduced.

Parallel to this goal, the capacity of local news outlets (particularly smaller ones) should be expanded. Building this capacity would focus on creating stronger connections between local events and issues at the state and federal levels; having a better understanding of who is consuming their information; engaging more with their audiences; and encouraging more editors to understand timely health topics.

As news outlets try to engage new and more diverse audiences, it is also vital that they intentionally collaborate with the organizations and individuals that exist within and represent those communities. Furthermore, it is important to ensure that news operations reflect civic diversity, which means increasing diversity inside the newsroom and among sources and community partners.

Building Community Partnerships

To be proactive about strengthening civic health, media outlets should work with community partners to develop a shared understanding of community needs and priorities. Moments of community outcry covered by the media should be translated into opportunities to increase civic participation, connecting the dots for consumers about how their actions can directly influence their communities. Furthermore, new community partnerships should be built to help increase news literacy among Kansans and help news outlets better understand what is most useful to their audiences.

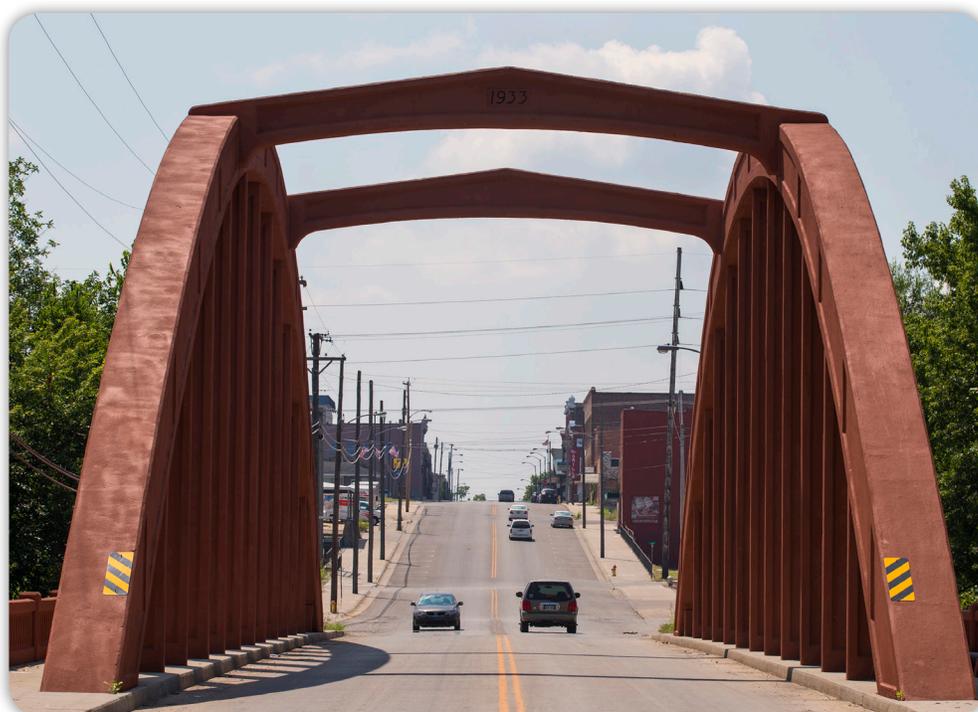
CONCLUSION & NEXT STEPS

Kansas exhibits many strengths regarding civic health. High levels of volunteerism, charitable giving, and group membership reflect the willingness of many Kansans to support their neighbors, communities, and state in important ways. A strong sense of social cohesion among many Kansans is reflected by a relatively high level of trust in important societal institutions, including public schools, the media, and corporations. These findings reflect that the people of Kansas, and the strong relationships among them, are our state's strongest assets.

Unfortunately, Kansas does not fare as well with many indicators of overall health. Tremendous disparities exist regarding access to health care, rates of infant mortality, incidence of chronic disease, premature deaths, and many other health indicators. Low-income families, racial/ethnic minorities, and Kansans without a high school education experience significantly poorer health. As shown in this report, the Kansas populations that experience poor health outcomes are much less likely to be involved in the democratic process.

The central finding of this report reveals an important potential strategy in addressing these health disparities: greater civic engagement by those communities least engaged. Greater civic engagement among Kansas populations that experience the poorest health outcomes would likely create greater momentum to promote health for all Kansans.

We hope this report starts important conversations about the relationship between civic engagement and health outcomes. In response to this report, KHF will explore potential funding opportunities and initiatives that promote civic health for all Kansans and support strategies that engage more Kansans to eliminate health disparities in our state. The recommendations in this report, along with other ideas for strengthening civic health, will be considered in partnership with Kansans committed to improving the health of our state.



Kansans take great pride in their communities.

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ENDNOTES

- 1 America's Health Rankings report available at <http://www.americashealthrankings.org/>.
- 2 The drop in Kansas' health ranking from 1990 to 2015 is largely attributed to lack of progress reducing tobacco use, cancer deaths, cardiovascular deaths, premature deaths.
- 3 Dick Stanley, *The Canadian Journal of Sociology/Cahiers canadiens de sociologie*, Vol. 28, No. 1, Special Issue on Social Cohesion in Canada (Winter, 2003), pp. 5-17.
- 4 National Conference on Citizenship, *Civic Health and the Economy: Making the Connection*, 2013 Issue Brief, <http://ncoc.net/economy>
- 5 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 6 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 7 Robert Grimm, Jr., Kimberly Spring, Nathan Dietz, *The Health Benefits of Volunteering: A Review of Recent Research*. (Corporation for National and Community Service: 2007), http://www.nationalservice.gov/pdf/07_0506_hbr.pdf.
- 8 Pooled data from the 2011, 2012 and 2013 Current Population Survey's Volunteering Supplements.
- 9 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 10 Pooled data from the 2011, 2012 and 2013 Current Population Survey's Volunteering Supplements.
- 11 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 12 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 13 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 14 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 15 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 16 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 17 Pooled data from the 2010, 2011, and 2013 Current Population Survey's Civic Engagement Supplements.
- 18 Would you say that in general your health is: Excellent, Very Good, Good, Fair or Poor?
- 19 Through KanCare and the Children's Health Improvement Program (CHIP), Kansas children up to age 18 are covered with family income up to 242% of the federal poverty level (FPL).
- 20 Parents with dependent children are eligible with household income up to 33% of FPL. For a family of four that was approximately \$8,000 year in 2015.
- 21 Examples of policy suggestions included automatic voter registration, same-day registration, and modernization of the voter registration system.
- 22 For successful examples, Kansas could look to cities like Seattle and states like Maine, both of which proactively initiated policies at the local and state level that not only reform campaign finance, but encourage more diverse candidates to run and amplify the voices of citizens who cannot afford to contribute large amounts to political campaigns.
- 23 A list of all supplements can be found at <http://www.census.gov/cps/about/supplemental.html>.
- 24 The Volunteer supplement provides a measurement of participation in volunteer service, specifically about frequency of volunteer activity, the kinds of organizations volunteered with, and types of activities chosen. Among non-volunteers, questions identify what barriers were experienced in volunteering or what encouragement is needed to increase participation.
- 25 The Voting and Registration supplement is biennial and provides demographic information on persons who did and did not register to vote. It also measures number of persons who voted and reasons for not registering.
- 26 The Civic Engagement supplement provides information on the extent to which our nation's communities are places where individuals are civically active. It provides information on communication with others, integration with public institutions and private enterprises, forming positive relationships with others, participation in groups, extent of political action, frequency of gaining news, and information from media sources.
- 27 More information on sampling methodology and weights can be found at <http://www.census.gov/programs-surveys/cps/technical-documentation/complete.html>.

NOTES



METHODOLOGY

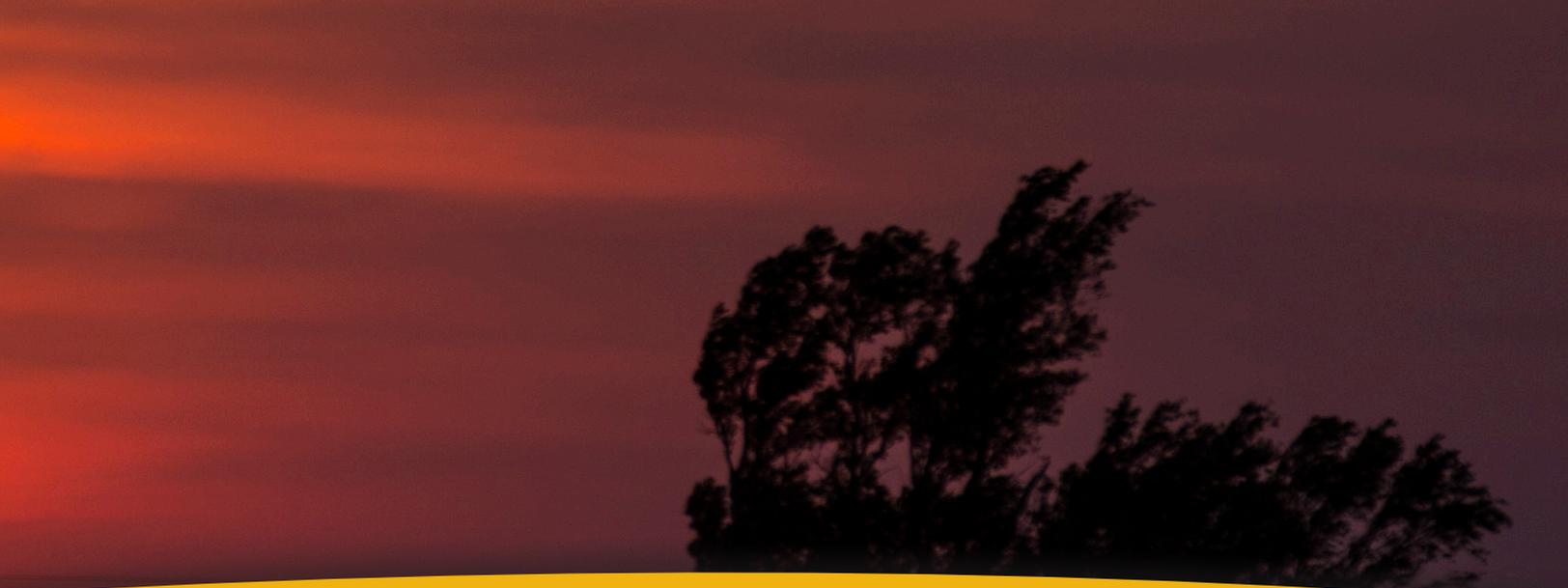
Using a probability selected sample of about 150,000 occupied households, the Current Population Survey (CPS) collects monthly data on employment and demographic characteristics of the nation. Depending on the CPS supplement, the single-year Kansas CPS sample size used for this report ranges from 452 to 642 (civic engagement supplement) to 1361 (volunteer supplement), and to 1309 (voting supplement) residents from across Kansas. This sample is then weighted to representative population demographics for the district. Estimates for the volunteering indicators (e.g., volunteering, working with neighbors, making donations) are based on US residents ages 16 and older. Estimates for civic engagement and social connection indicators (e.g., favors with neighbors, discuss politics) are based on US residents ages 18 and older.

Voting and registration statistics are based on US citizens who are 18 and older (eligible voters). Estimates for educational attainment are based on adults ages 25 and older, based on the assumption that younger people may still be completing their education. Because multiple sources of data with varying sample sizes are used, the report is not able to compute one margin of error for Kansas across all indicators. Any analysis that breaks down the sample into smaller groups (e.g., gender, education) will have smaller samples and therefore the margin of error will increase. Data for some indicators are pooled from multiple years (2010-2013) for a more reliable estimate when sample sizes for certain cross tabulations may have been small. Furthermore, national rankings, while useful in benchmarking, may be small in range, with one to two percentage points separating the state/district ranked first from the state/district ranked last.

It is also important that margin of error estimates are approximate, as CPS sampling is highly complex and accurate estimation of error rates involves many parameters that are not publicly available.

The CPS, sponsored jointly by the US Census Bureau and the US Bureau of Labor Statistics (BLS), is the primary source of labor-force statistics for the population of the United States. The CPS is the source of numerous high-profile economic statistics, including the national unemployment rate, and provides data on a wide range of issues relating to employment and earnings. In addition to providing data on the labor force status of the population, the CPS is used to collect data for a variety of studies on the entire US population and specific population subsets.²³

The Volunteering,²⁴ Voting,²⁵ and Civic Engagement²⁶ Supplements are fielded in September and November as part of the CPS which provides incredibly rich data. The CPS surveys approximately 60,000 households and has one of the highest response rates among government household surveys, averaging around 90%.



SURVEY DESIGN²⁷

The CPS is administered every month and has two parts: BASIC CPS and Supplements. The BASIC CPS asks the same questions every month and covers issues related to the labor force. It includes civilian and non-institutionalized population, 15 years or older, living in sample households. Typically, the week containing the 19th of the month is the interview week and the week containing the 12th is the reference week (the week about which questions about jobs etc. are asked).

SAMPLING

The current CPS sample is selected based on 2000 census information. The first stage of the 2000 sample design created 2,025 geographic areas called primary sampling units (PSUs) in the entire United States. These PSUs were grouped into strata within each state. Some of these PSUs formed strata by themselves and were in sample with certainty, which is referred to as self-representing. Of the remaining non-self-representing PSUs, one PSU was selected from each stratum with the probability of selection proportional to the population of the PSU. A total of 824 PSUs were selected for sampling. The second stage of the sample design selected housing units within these PSUs.

Approximately 72,000 housing units are assigned for interview each month, of which about 60,000 are occupied and thus eligible for interview. The remainder are units found to be destroyed, vacant, converted to nonresidential use, containing persons whose usual place of residence is elsewhere, or ineligible for other reasons. Of the 60,000 occupied housing units, approximately 7% are not interviewed in a given month due to temporary absence (vacation, etc.), the residents are not found at home after repeated attempts, inability of persons contacted to respond, unavailability for other reasons, and refusals to cooperate. The interviewed households contain approximately 108,000 persons 15 years old and over, approximately 27,000 children 0-14 years old and about 450 Armed Forces members living with civilians either on or off base within these households.

A WORD ABOUT RECOMMENDATIONS

NCoC encourages our partners to consider how civic health data can inform dialogue and action in their communities, and to take an evidence-based approach to helping our communities and country thrive. While we encourage our partners to consider and offer specific recommendations and calls to action in our reports, we are not involved in shaping these recommendations. The opinions and recommendations expressed by our partners do not necessarily reflect those of NCoC.

This report should be a conversation starter. The data and ideas presented here raise as many questions as they answer. We encourage government entities, community groups, business people, leaders of all kinds, and individual citizens to treat this report as a first step toward building more robust civic health in Kansas.

CIVIC HEALTH INDEX

State and Local Partnerships

NCoC began America's Civic Health Index in 2006 to measure the level of civic engagement and health of our democracy. In 2009, NCoC was incorporated into the Edward M. Kennedy Serve America Act and directed to expand this civic health assessment in partnership with the Corporation for National and Community Service and the US Census Bureau.

NCoC now works with partners in more than 30 communities nationwide to use civic data to lead and inspire a public dialogue about the future of citizenship in America and to drive sustainable civic strategies.

STATES

Alabama

University of Alabama
David Mathews Center for Civic Life
Auburn University

Arizona

Center for the Future of Arizona

California

California Forward
Center for Civic Education
Center for Individual and Institutional Renewal
Davenport Institute

Colorado

Metropolitan State University of Denver
The Civic Canopy
Denver Metro Chamber Leadership
Campus Compact of Mountain West
History Colorado
Institute on Common Good

Connecticut

Everyday Democracy
Secretary of the State of Connecticut
DataHaven
Connecticut Humanities
Connecticut Campus Compact
The Fund for Greater Hartford
William Caspar Graustein Memorial Fund
Wesleyan University

District of Columbia

ServeDC

Florida

Florida Joint Center for Citizenship
Bob Graham Center for Public Service
Lou Frey Institute of Politics and Government

Georgia

GeorgiaForward
Carl Vinson Institute of Government,
The University of Georgia
Georgia Family Connection Partnership

Illinois

McCormick Foundation

Indiana

Indiana University Center on Representative Government
Indiana Bar Foundation
Indiana Supreme Court
Indiana University Northwest
IU Center for Civic Literacy

Kansas

Kansas Health Foundation

Kentucky

Commonwealth of Kentucky,
Secretary of State's Office
Institute for Citizenship & Social Responsibility,
Western Kentucky University
Kentucky Advocates for Civic Education
McConnell Center, University of Louisville

Maryland

Mannakee Circle Group
Center for Civic Education
Common Cause-Maryland
Maryland Civic Literacy Commission

Massachusetts

Harvard Institute of Politics

Michigan

Michigan Nonprofit Association
Michigan Campus Compact
Michigan Community Service Commission
Volunteer Centers of Michigan
Council of Michigan Foundations
Center for Study of Citizenship at Wayne State University

Minnesota

Center for Democracy and Citizenship

Missouri

Missouri State University
Park University
Saint Louis University

University of Missouri Kansas City
University of Missouri Saint Louis
Washington University

Nebraska

Nebraskans for Civic Reform

New Hampshire

Carsey Institute
Campus Compact of New Hampshire
University System of New Hampshire
New Hampshire College & University Council

New York

Siena College Research Institute
New York State Commission on National and Community Service

North Carolina

Institute for Emerging Issues

Ohio

Miami University Hamilton Center for Civic Engagement

Oklahoma

University of Central Oklahoma
Oklahoma Campus Compact

Pennsylvania

Center for Democratic Deliberation
National Constitution Center

South Carolina

University of South Carolina Upstate

Texas

The Annette Strauss Institute for Civic Life,
University of Texas at Austin

Virginia

Center for the Constitution at James Madison's Montpelier
Colonial Williamsburg Foundation

ISSUE SPECIFIC

Latinos Civic Health Index

Carnegie Corporation

Veterans Civic Health Index

Got Your 6

Millennials Civic Health Index

Mobilize.org
Harvard Institute of Politics
CIRCLE

Economic Health

Knight Foundation
Corporation for National & Community Service (CNCS)
CIRCLE

CITIES

Atlanta

Community Foundation of Greater Atlanta

Chicago

McCormick Foundation

Kansas City & Saint Louis

Missouri State University

Park University

Saint Louis University

University of Missouri Kansas City

University of Missouri Saint Louis

Washington University

Miami

Florida Joint Center for Citizenship

John S. and James L. Knight Foundation

Miami Foundation

Pittsburgh

University of Pittsburgh

Carnegie Mellon University

Seattle

Seattle City Club

Boeing Company

Seattle Foundation

Twin Cities

Center for Democracy and Citizenship

Citizens League

John S. and James L. Knight Foundation

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Former Executive Director, National Conference on Citizenship



National Conference on Citizenship
Connecting People. Strengthening Our Country.



**Kansas Health
Foundation**

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**NATIONAL &
COMMUNITY
SERVICE** 