

Kansas Maternal and Child Health

Preconception Health, 2013



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Kansas Maternal and Child Health
Preconception Health Indicators in Kansas, 2013

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Preface

Addressing preconception health is critical to reducing maternal and child health issues. Women who are healthy before they are pregnant are more likely to have healthy babies. The Kansas Department of Health and Environment (KDHE), Bureau of Family Health and the Bureau of Epidemiology and Public Health Informatics are pleased to present Preconception Health data available through the 2013 Behavioral Risk Factor Surveillance System. This report reflects KDHE Bureau of Family Title V programming efforts to view issues from a life course perspective. This report is intended to be a visualization tool to highlight key disparities in 13 preconception health indicators representing the following domains: 1) general health status and life satisfaction, 2) social determinants of health, 3) health care, 4) tobacco, alcohol and substance use, 5) nutrition and physical activity, 6) mental health, and 7) chronic disease. Women with less than a high school education, non-Hispanic black or Hispanic women, women who are divorced, and women with a lower household income and living 200% below the federal poverty line, were less likely to perform favorably on multiple preconception indicators. These disparities are important to keep in mind when exploring disparities in birth outcomes and developing programs and services aimed at reducing infant mortality.

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Background

Preconception health refers to the health of a woman of reproductive age before or between pregnancies. Promoting good preconception health improves women's overall health and reduces risk for adverse pregnancy outcomes such as low birthweight and infant death.¹⁻⁴ Healthy People 2020 goals promote preconception health among women of reproductive age (15-44).⁵ The Centers for Disease Control and Prevention (CDC) recommends monitoring preconception practices to improve preconception health.⁶ The Kansas Department of Health and Environment (KDHE) recognizes the need to promote women's health, safety and well-being prior to conception, particularly given the high percentage (45%) of unplanned births in Kansas.⁷

Health promotion and interventions to reduce risk factors before pregnancy increases the likelihood for a healthy pregnancy and birth.⁸ Women typically begin prenatal health care following a positive pregnancy test a few weeks or months into pregnancy. Inadequate prenatal care during the first several weeks of pregnancy may lead to poor birth outcomes because this is a critical period for fetal development.⁸ Two important predictors of infant mortality are low birthweight and preterm birth.⁹ Birthweight is associated with maternal Body Mass Index (BMI), gestational diabetes, high blood pressure and substance use.¹⁰⁻¹² Research demonstrates a correlation between gestational age and maternal BMI, lower socioeconomic status, less education, single marital status, low income, maternal age, ethnicity, smoking and poor housing.¹⁰ To effectively address risk factors associated with low birthweight and preterm birth, it is important for women to be healthy prior to conception to mitigate risk.

In recent years, Kansas has increased efforts to address preconception health. The Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality, a national Health Resources and Services Administration (HRSA) sponsored initiative, works towards the goal of reducing the rate of smoking in women of reproductive age by 10% with emphasis on before, during, and after pregnancy. Evidence-based programs such as *Quitline*, Baby & Me Tobacco Free and various communication methods (media, texting, videos, etc.) are used to help women avoid smoking or to quit. Kansas also receives funding through Title X Family Planning to provide women with reduced cost contraceptives and wellness visits to stay healthy.

In 2007, the CDC Preconception Health and Health Care Initiative Steering Committee's Public Health Work Group (PHWG), in partnership with other national experts and organizations, developed 45 Core State Preconception Health and Health Care Indicators within 11 domains.¹³ This report provides Kansas specific data on 13 indicators from 7 domains.

The information in this report provides a first look at preconception health issues in Kansas, which will aid public health decision makers, program planners, researchers, and other key stakeholders in creating benchmarks to monitor improvements in preconception health. The report highlights different populations and specific issues that are of particular importance to Kansas.

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13. Council of State and Territorial Epidemiologist. *Core State Preconception Health Care Indicators*, Available at <http://www.cste.org/?PreconIndicators> , Accessed 18 December 2015.

Overview of the Data Source

The Behavioral Risk Factor Surveillance System (BRFSS), which is coordinated and partially funded by the Center for Disease Control and Prevention (CDC), is the largest continuously conducted telephone survey in the world. It is conducted in every state, the District of Columbia and U.S. territories. In this report, the U.S. territories were excluded from the analysis. The BRFSS uses a method which weights the data collected from survey responders so that it is representative of the population as a whole.

In 2013, over 500,000 BRFSS surveys were conducted nationwide, with 23,282 surveys in Kansas. The 2013 BRFSS interviewed 3,546 Kansas women ages 18-44, representing women of reproductive age. The Kansas response rate for combined landline and cellphone was 53.8%.¹

More information regarding the BRFSS, as well as the downloadable file, can be found at the CDC website http://www.cdc.gov/brfss/annual_data/annual_2013.html.

Data Notes

Confidence Intervals

95% Confidence Intervals (CI) were calculated for each measure. If the confidence intervals do not overlap, there is a statistically significant difference between the estimates of interest.

All the statistical analyses were performed using SAS version 9.3 and SAS-Callable SUDAAN 11.0.1.

Peer Groups

Kansas is a rural state with one-third of the population living in two-thirds of its land mass. Peer groups combine counties of similar population densities to make comparisons. The following are the different peer groups in Kansas.

- Frontier (less than 6.0 persons per square mile)
- Rural (6.0 to 19.9 persons per square mile)
- Densely-settled Rural (20.0 to 39.9 persons per square mile)
- Semi-urban (40.0 to 149.9 persons per square mile)
- Urban (150.0 or more persons per square mile)

In this report, none of the peer groups had statistically significant differences. Therefore, the data were excluded from the written narrative but can be found in the Appendix Tables.

Federal Poverty Level

Every year, the U.S. Department of Health and Human Services publishes the poverty guidelines for the household poverty status referred to as federal poverty level (FPL). Poverty status is determined by two variables: household income and the number of people living in the household. In 2013, a family of four was under the federal poverty threshold if the household income was less than \$23,550. For the 2013 BRFSS, the number of adults in the household was not asked for the participants responding via landline. This resulted in over half of the value of FPL as missing and should be interpreted with caution.

Race and Ethnicity

For this report, race and Hispanic origin categories were combined as follows:

- non-Hispanic white
- non-Hispanic black
- non-Hispanic other
- Hispanic.

In this report non-Hispanic was abbreviated to NH in the graphs and tables.

Small Sample Size

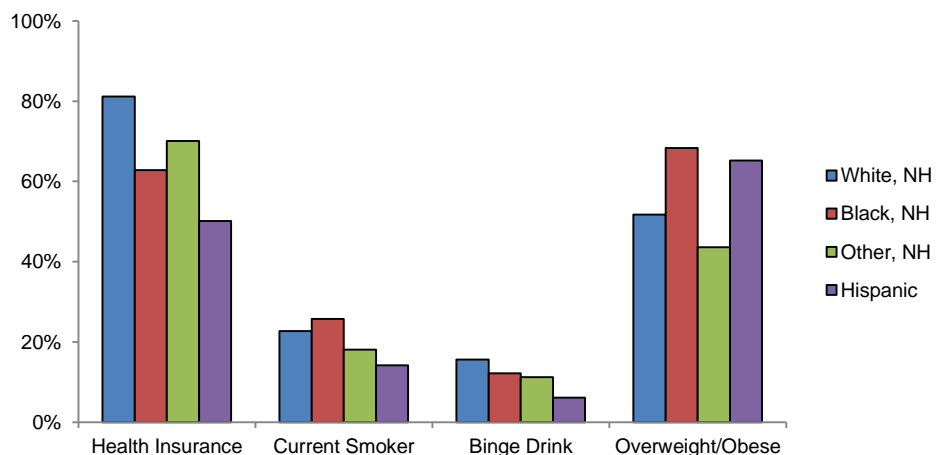
The asterisk (*) notation was used when the sample size is < 50 people for the subgroups. Caution is needed when interpreting indicators with a small number of respondents as the rates may be unstable.

Summary of Findings

Kansas women were less likely to report “poor” or “fair” overall health, less likely to report drinking 4 or more alcoholic beverages on one occasion in past 30 days (binge drink) and had a lower prevalence of hypertension (includes gestational) (Table 1). However, Kansas had a higher prevalence of current smokers, lower prevalence of women who were insured and a lower prevalence of women eating 5 fruits and vegetables daily and meeting CDC recommended physical activity guidelines.

Multiple preconception indicators showed statistically significant differences between race and ethnicity, which Figure 1 visualizes for select indicators. Non-Hispanic white women were significantly more likely to have health insurance compared to non-Hispanic black women, non-Hispanic other women and Hispanic women. Furthermore, Hispanics had significantly lower rates of health insurance compared to non-Hispanic black women and non-Hispanic other women. Hispanic women had significantly lower rates of smoking compared to non-Hispanic white women and marginally lower rates compared to non-Hispanic black women. Similarly, Hispanic women had significantly lower rates of binge drinking compared to non-Hispanic white women. Non-Hispanic white women and non-Hispanic other women had significantly lower rates of overweight or obese BMI compared to non-Hispanic black women and Hispanic women.

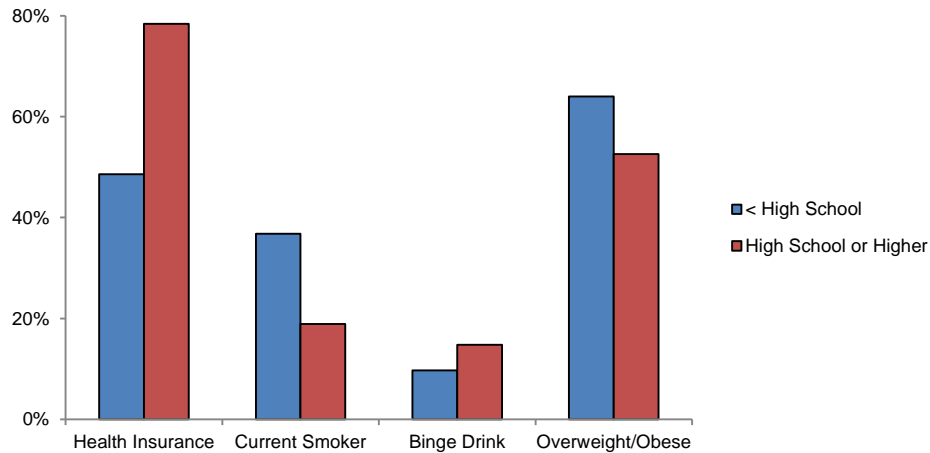
Figure 1 Select Preconception Health Indicators by Race/Ethnicity, Kansas 2013



Source: Behavioral Risk Factor Surveillance System, 2013
NH: Non-Hispanic

Women with a high school education or higher were significantly more likely to have better access to health care through health insurance. Furthermore, women with less than a high school education were also statistically more likely to be current smokers and overweight/obese. However, women with a high school education or greater were more likely to binge drink in the past 30 days compared to women without a high school education, although this result was not statistically significant

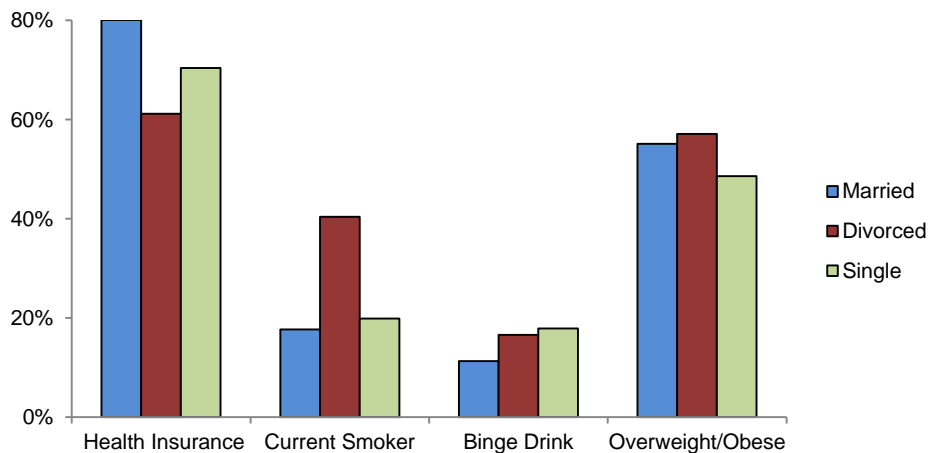
Figure 2 Select Preconception Health Indicators by Education Status, Kansas 2013



Source: Behavioral Risk Factor Surveillance System, 2013

In general, women who were divorced had poor overall preconception health, especially compared to married women. Married women were significantly more likely to be insured compared to women who were divorced or never married. Furthermore, women who were never married were significantly more likely to be insured compared to divorced women. Women who were divorced had statistically significant higher, almost double, rates of smoking compared to married women and never married women. Married women were significantly less likely to binge drink in the past 30 days compared to women who were divorced or never married. Women who never married had significantly lower rates of high BMI compared to married women and women who were divorced.

Figure 3 Select Preconception Health Indicators by Marital Status, Kansas 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Table 1: Preconception Health Indicators, Kansas 2013

| | Kansas % | 95 % CI | United States % | 95 % CI |
|---|----------|------------|-----------------|------------|
| General Health Status & Life Satisfaction | | | | |
| Reported "poor" or "fair" general health | 11.1† | 10.0,12.4 | 12.9 | 12.5,13.4 |
| Social Determinants of Health | | | | |
| Had at least a high school education/ GED | 87.2 | 85.6, 88.6 | 85.9 | 85.3, 86.4 |
| Health Care | | | | |
| Currently had health care coverage | 74.6† | 72.8, 76.3 | 77.6 | 77.0, 78.2 |
| Routine checkup during past year | 68.1† | 66.2, 69.9 | 65.1 | 64.5, 65.8 |
| Tobacco, Alcohol & Substance Use | | | | |
| Current smoker | 21.2† | 19.6, 22.8 | 17.8 | 17.3, 18.3 |
| Binge drink on at least one occasion in the past month | 14.1† | 12.8,15.5 | 16.8 | 16.3, 17.4 |
| Nutrition & Physical Activity | | | | |
| Consumed fruits and vegetables at least 5 times per day | 17.4† | 16.0, 19.0 | 20.8 | 20.2, 21.4 |
| Overweight or obese based on BMI | 53.8 | 51.8, 55.9 | 51.4 | 50.7, 52.1 |
| Met the recommended levels of physical activity | 18.7 | 17.2, 20.3 | 20.4 | 19.9, 21.0 |
| Mental Health | | | | |
| Reported frequent mental distress during the past month | 13.3 | 12.0, 14.6 | 14.3 | 13.9, 14.8 |
| Chronic Conditions | | | | |
| Diagnosed with diabetes, including gestational diabetes | 5.6 | 4.8, 6.5 | 6.3 | 6.0, 6.7 |
| Had hypertension, including during pregnancy | 12.0† | 10.9, 13.3 | 13.9 | 13.4, 14.4 |
| Currently had asthma | 11.7 | 10.6, 12.9 | 11.5 | 11.1, 11.9 |

Source: Behavioral Risk Factor Surveillance System, 2013

CI: Confidence Interval

†: Statistically significant difference between U.S and Kansas with alpha at 0.05

General Health Status

Prevalence of women reporting “poor” or “fair” general health on the Likert scale of poor, fair, good, very good and excellent.

Importance

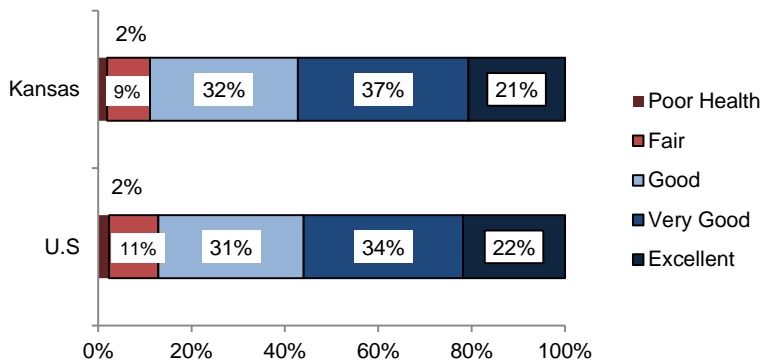
The definition of health evolved to be more than just the absence of disease, injury or disability. Self-related health relates to overall well-being, including **general happiness** and **life satisfaction**.^{1,2} Furthermore, lower ratings of health are associated with **increased mortality**, development of **chronic conditions**, incident **adverse health events**, health care utilization and illness severity.^{1,3-7}

Since self-rated health is predictive of a woman’s overall well-being then it can serve as an indicator for pregnancy outcomes. This can become a tool to assess both overall health and establish preconception health.

Kansas Highlights

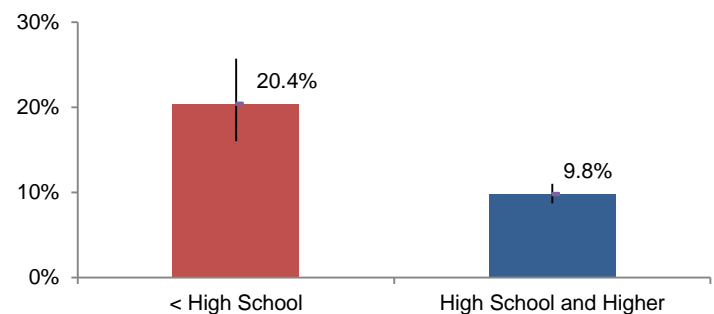
- 1 in 10 (11.1%) of Kansas women of reproductive age reported in Kansas “fair” or “poor” general health, statistically lower than the United States prevalence (12.9%).
- Women with less than a high school diploma were twice as likely to report “fair” or “poor” health (20.4%) compared to those with high school or higher education (9.8%).
- Hispanic women were twice as likely to report “fair” or “poor” general health (18.7%) compared to non-Hispanic white women (9.5%).
- Income level also impacted the likelihood of reporting “poor” or “fair” health.

**Overall General Health
Kansas and the United States, 2013**



Source: Behavioral Risk Factor Surveillance System, 2013

**Fair or Poor General Health by Education Level
Kansas, 2013**

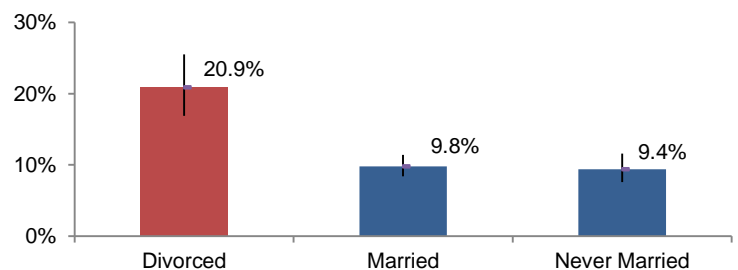


Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- Use tools and resources to improve health literacy and health communications.
- Promote a healthy, active lifestyle through interventions supported by Healthy People 2020.

**Fair or Poor General Health by Marital Status
Kansas, 2013**



Source: Behavioral Risk Factor Surveillance System, 2013

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Education

Prevalence of women who completed at least the 12th grade or having received a GED certificate by the time of the survey.

Importance

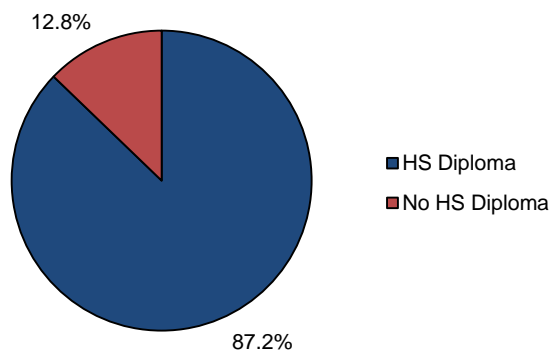
Education is an important indicator of socio-economic status and is a strong predictor of health, especially for women and children.¹ A low education **limits job opportunities** and social resources, which then limits his/her capacity to integrate within society and increases **risk of subsequent poverty**. Less education can lead to unhealthy behaviors, **exposure to stress** and psychological reactions to stress that **increase the risk of intrauterine growth retardation or preterm delivery**.²

Kansas Highlights

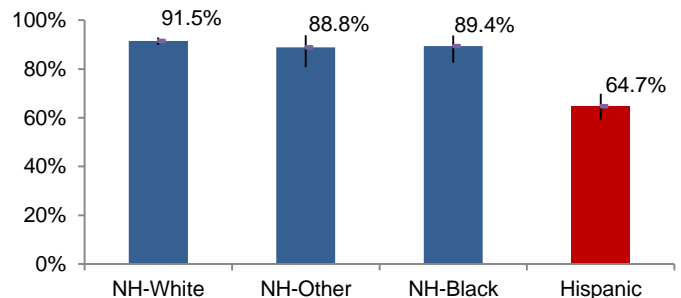
- 7 in 8 (87.2%) of Kansas women reproductive age did graduate from high school or obtain GED. This was slightly higher, but not significant than the United States overall (85.9%).
- Hispanic women were least likely to have a high school diploma or GED (64.7%) compared to other race and ethnicity groups.
- Women who graduated high school were more likely to live 200% above Federal Poverty Level (95.6%).
- Women with high school diploma were more likely to live in households of higher income.
- There were no differences in age category or marital status*.

*Interpret with caution: Estimates are based on counts less than 50.

High School Education Status
Kansas, 2013

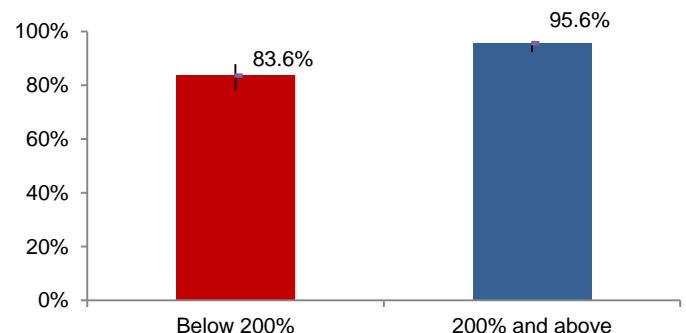


High School Education or Higher by
Race/Ethnicity
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013
Note: NH is non-Hispanic

High School Education or Higher by Federal
Poverty Level
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- Promote GED programs and job training for low-income women.
- Promote community schools which combine academic, physical health, mental health, and social services for students and families through partnerships with community organizations.

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Current Health Care Coverage

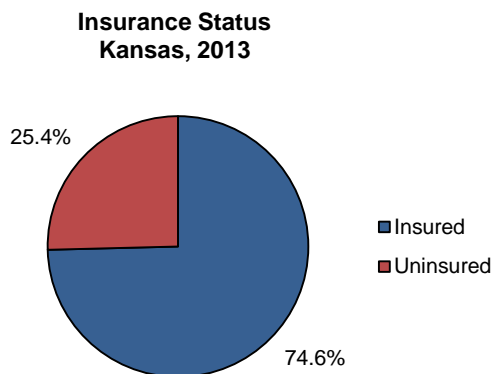
Prevalence of women having some type of health-care coverage, including health insurance, prepaid plans, or government plans

Importance

Women of childbearing age need access to preventive care, not just during or shortly before pregnancy, especially for women with chronic medical conditions. Lack of health care coverage has been **widely associated with decreased use of preventive health services, delay in seeking medical care, and poor health status.**^{1,2} In 2013, the Affordable Care Act created the federal market place and offers subsidies to people of certain incomes. Kansas however has not shown any statistically significant changes by the

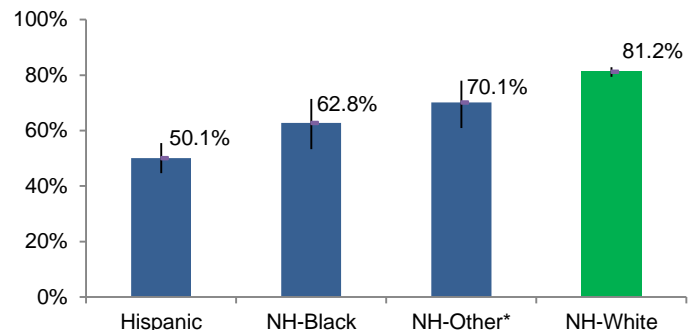
Kansas Highlights

- Three-fourth (74.6%) of Kansas women of reproductive age had health care coverage, lower than the U. S (77.6%).
- Half of women (48.6%) who did not have high school diploma or GED did have health care coverage, statistically lower than those with a high school diploma (78.4%).
- Married women were the most likely to have health care coverage (80.1%) while divorced women were the least likely to lack coverage (61.2%).
- Non-Hispanic white women (81.2%) were more likely to have health care coverage than Hispanics and Non-Hispanic black women (50.1% and 62.8 %).



Source: Behavioral Risk Factor Surveillance System, 2013

Insured by Race/Ethnicity*
Kansas, 2013

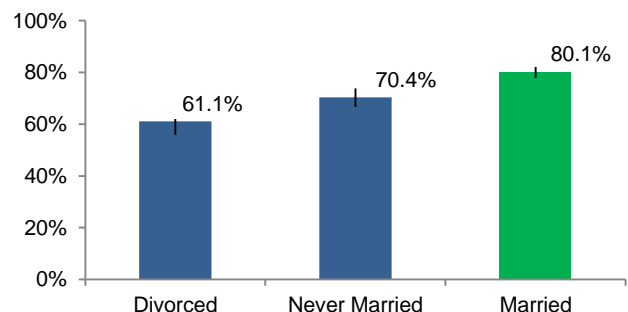


NH: Non-Hispanic
Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- Provide technical assistance with enrolling in the federal marketplace, open November-February.

Insured by Marital Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

References

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Routine Checkup in the Past Year

Prevalence of who reported having had a routine checkup during the preceding year

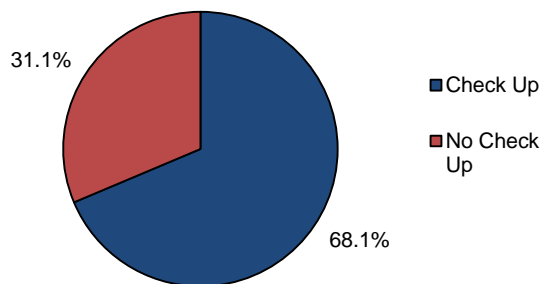
Importance

People with a usual source of health care are more likely than those without a usual source of care to **receive a variety of preventive health care services**. Data from the 2005 National Health Interview Survey indicated approximately 1 in 5 women aged 18 to 24 and 1 in 7 women aged 25 to 44 had no usual source of care.¹ It is especially important for women to have a usual source of care to receive information about preconception health.

Kansas Highlights

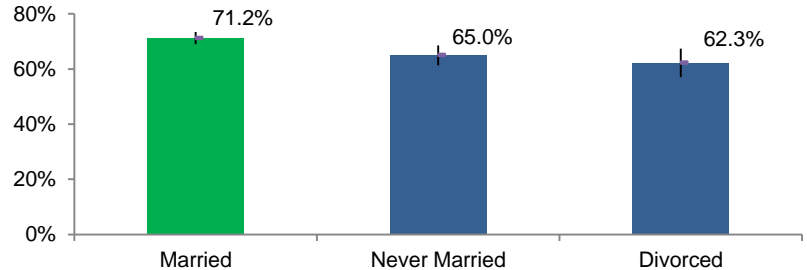
- The Kansas women of reproductive age were more likely to have a routine checkup in past year compared to overall U.S women (68.1% vs. 65.1 %)
 - Married women (71.2%) were more likely to have a routine check-up compared to never married and divorced women (65.0% and 62.3 %)
 - Women living in households making \$50,000 or more were more likely to have a yearly checkup (77.9%)
 - There were no differences in education level, race/ethnicity, age category
- *Interpret with caution: Estimates are based on counts less than 50.

Receive A Check Up In Past 12 Months
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Receive a Routine Check Up in Past Year by Marital Status
Kansas, 2013

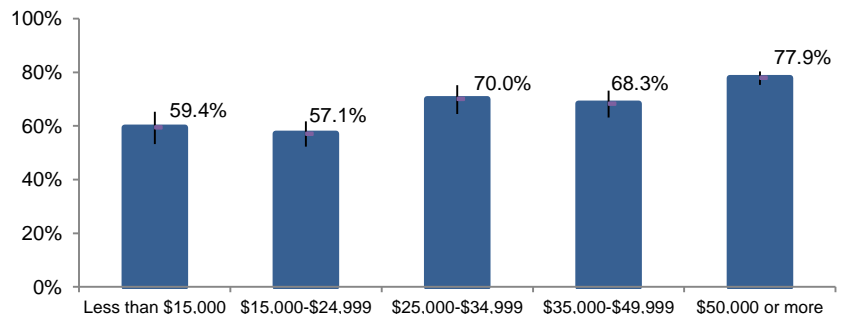


Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- Promote health literacy so women are aware the Affordable Care Act requires all marketplace plans and most health care plans to provide for routine care without copay or deductible.

Receive a Routine Check Up in Past Year by Income Level
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Reference

1. National Center for Health Statistics. Centers for Disease Control and Prevention. National Health Interview Survey, 2005. Accessed on-line via the Commonwealth Fund's Performance Snapshots: Usual Source of Care and Receipt of Preventive Care. <http://www.cmwf.org/snapshots>

Current Smoker

Women who had more than 100 cigarettes in a lifetime and currently smoking cigarettes every day or some days

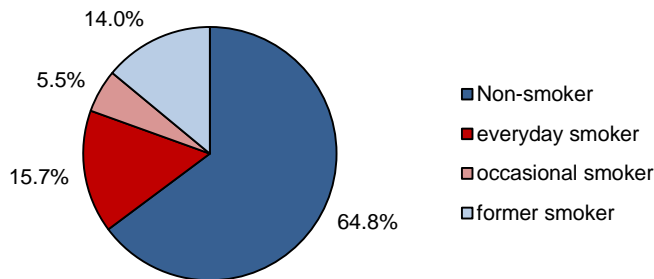
Importance

Tobacco use before and during pregnancy is associated with difficult conceiving, infertility, spontaneous abortions, preterm births, and other adverse birth outcomes such as having **infants who are small for gestational age or low birth weight, stillbirth, fetal death and sudden infant death syndrome**.¹ Studies have found an increased risk of genetic mutations in fetuses of women who quit smoking during pregnancy, usually when they found out they were pregnant.² **Only 1 in 5 women who smoke are able to successfully quit during pregnancy**; therefore, it is important to promote smoking cessation prior to pregnancy.³ Additionally, women who continue to smoke after pregnancy are more likely to expose their infant to second-hand smoke after they are born, making them at higher risk for **severe asthma attacks, pneumonia, bronchitis, ear infections and sudden infant death syndrome**.

Kansas Highlights

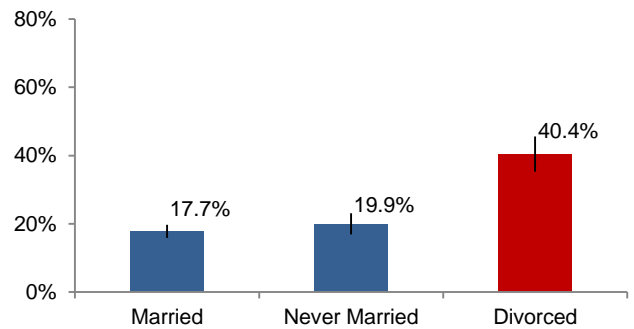
- Approximately 1 in 5 (21.2%) Kansas women of reproductive age were current smokers; this is higher proportion than the United States (17.8%).
 - As income level increased, proportion of smokers decreased.
 - Divorced/Separated women had double the proportion (40.4%) compared to married or single women (19.9% and 17.7%).
 - Women without a high school diploma (36.8%) were more likely to smoke than women with diploma (18.9%).
 - Non-Hispanic white (22.7%) and non-Hispanic black* (25.7%) women are more likely to be smokers compared to Hispanic women (14.2%).
- *Interpret with caution: Estimates are based on counts less than 50.

Smoker Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Current Smoker by Marital Status
Kansas, 2013

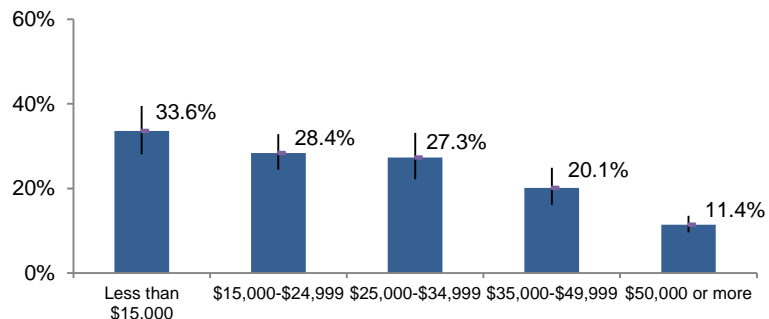


Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- Tobacco Cessation Program—train health care providers to be able to perform a 5 to 15 minute counseling session to refer women who smoke to evidence based interventions in the state, such as *Quitline*.
- Engage pregnant women in the design, implementation, evaluation and results of current Smoking Cessation Pilot Programs.

Current Smoker By Income Level
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

References

1. CDC Fact Sheets. Smoking and Pregnancy. http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/PDF/Pregnancy_Tobacco.pdf
2. Baum M, Rossi L. Secondhand smoke during pregnancy is risky. Medical News Today. Jul 27, 2005. <http://www.medicalnewstoday.com/articles/28119.php>
3. Centers for Disease Control and Prevention Recommendations to Improve Preconception health and health Care—United States. MMWR Apr 21, 2006; (55 Rr-6).

Binge Drinking

Women who had 4 or more drinks on one occasion in the past 30 days

Importance

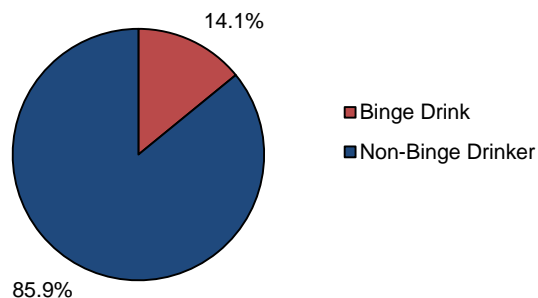
No amount of alcohol during pregnancy is safe. Use of alcohol during pregnancy is associated with **spontaneous abortions, stillbirth, preterm delivery, and sudden infant death syndrome**, and has consistently been shown to result in fetal alcohol spectrum disorder.¹ Because many of the problems associated with alcohol while pregnant occur during the first few weeks after conception, when a woman is likely unaware of being pregnant, current medical recommendations advise against alcohol use around time of conception and throughout pregnancy. Also heavy alcohol use before pregnancy is a **predictive factor of continued** use during pregnancy.²

Kansas Highlights

- 1 in 7 (14.2%) women of reproductive age binged drink in the past month, which is significantly lower than the United States (16.8%).
- Married women had a slightly lower proportion of binge drinkers (11.3%) compared to divorced (16.6%) or never married women (17.9%).
- Women aged 35 to 44 had the lowest amount of row proportion of binge drinkers (10.8%) compared to 18-24 and 25-34 (16.1 % and 15.6%).
- There were no differences based on high school education status*, race and ethnicity* or income level*.

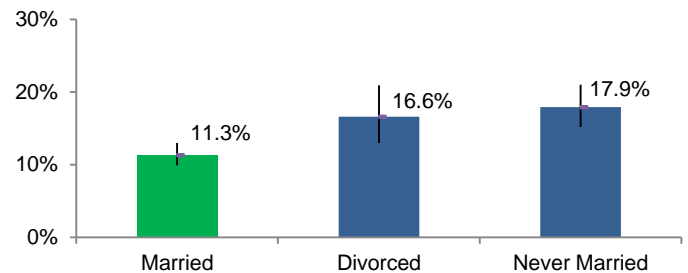
*Interpret with caution: Estimates are based on counts less than 50.

Binge Drinker Status
Kansas, 2013



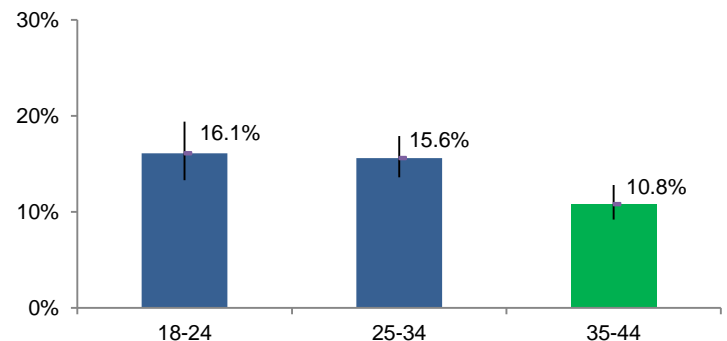
Source: Behavioral Risk Factor Surveillance System, 2013

Binge Drinker By Marital Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Binge Drinker By Age Category
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- Screen all women of childbearing age for alcohol use and provide information regarding potential adverse health outcomes of alcohol consumption during pregnancy.

References

1. Centers for Disease Control and Prevention. Alcohol consumption among women who are pregnant or might become pregnant—United States 2002. MMWR December 24, 2004. 53 (50); 1178-81.
2. Centers for Disease Control and Prevention. Alcohol use among women of childbearing age—United States 1991-1999, NNWR April 2002. 51 (13); 273-6. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5113a2.htm>

Fruit and Vegetable Intake

Women who reported of a combined consumption of fruit and vegetables at least five times a day.

Importance

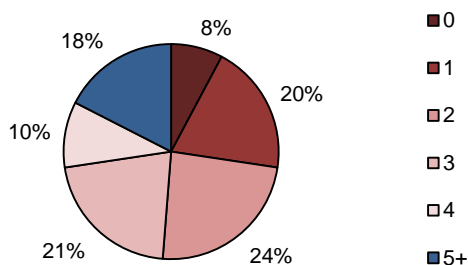
Eating a diet rich in fruits and vegetables helps with weight management, prevention of chronic disease and intake of essential vitamins and minerals.^{1,2} Maternal nutritional status is an important determinant of placental and fetal growth, and studies demonstrate a positive association between healthy diet prior to conception and pregnancy and improved birth outcomes.³⁻⁵

However, the recommendation to consume five serving of fruit and vegetables daily has generally been accepted, new recommendations recognize the need for individualized plan.

Kansas Highlights

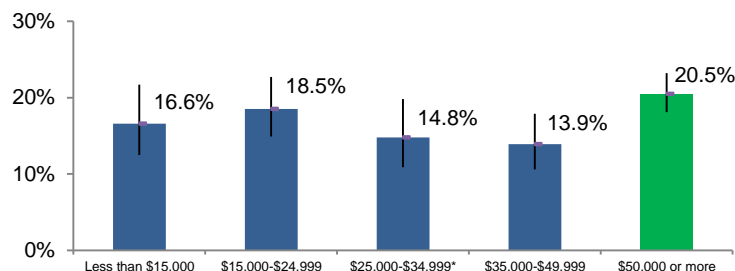
- About 1 in 6 (17.4 %) women ate the recommended amount of fruits and vegetables; this was statistically less the United States (20.8%).
- Women who had never married (13.8%) are less likely to eat the recommended fruits and vegetables compared to married women (19.9 %).
- Woman living in households making at least \$50,000 a year (20.5%) are more likely to eat 5 servings of fruits and vegetable compared to \$35,000-49,999 (13.9%).
- There was no difference in consumption based on high school education*, race and ethnicity* and federal poverty level.
*Interpret with caution: Estimates are based on counts less than 50.

Daily Fruit And Vegetable Consumption
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Consume at Least 5 Servings of Fruit and Vegetable by
Income Level*
Kansas, 2013

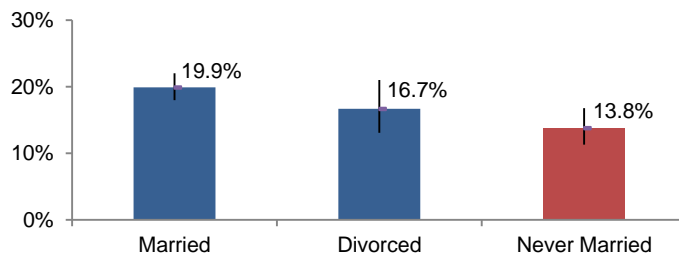


Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50: interpret with caution.

What can be done?

- The Affordable Care Act requires all marketplace insurance plans and most other insurance plans to cover diet counseling for adults at high risk for chronic disease.
- Promote the CDC Fruits and Veggies: more matters.
- Encourage women to use USDA tool: Choose My Plate.

Consume at Least 5 Serving Of Fruits and
Vegetable by Marital Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

References

1. US Department of Health and Human Services, US Department of Agriculture. Dietary guidelines for Americans, 2005. 6th ed. Washington , DC: US Government Printing Office; 2005. Available at <http://health.gov/dietaryguidelines>
2. Rolls BJ, Ello-Martin JA, Tohill BC. What can intervention Studies Tell Us About the Relationship Beteen Fruit and Vegetable Consumption and Weight Management? Nutr Rev 2004; 62:1—17.
3. Fowles ER. What's a pregnant woman to eat? A review of current USDA dietary guidelines and MyPyramid. J Perinat Educ 2006; 15:28-33.
4. Cuco G, Arija V, Iranzo R, Vila J, Prieto MT, Fernandez-Ballart J. Association of maternal protein intake before conception and throughout pregnancy with birth weight. Acta Obstet Gynecol Scand 2006; 85: 413-21
5. Vujkovic M, Ocke MC, Van der Spek PJ, Yazdanpanah N, Steggers EA, Steggers-Theunissen RP. Maternal Western dietary patterns and the risk of developing a cleft lip with or without a cleft palate Obstet Gynecol 2007; 110:378-84.

Overweight and Obesity

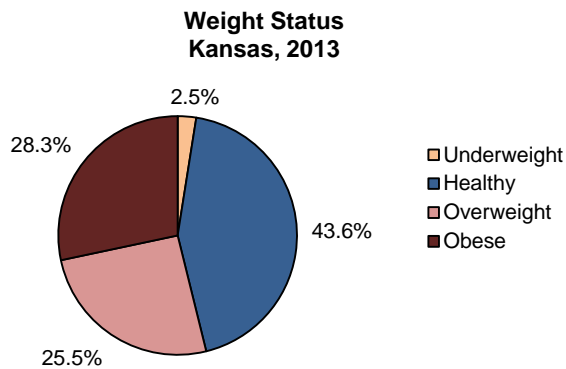
Women with a BMI 25.0 or greater based on self-reported height and weight

Importance

Obesity increases the risk of many **chronic diseases**, including diabetes, heart disease, hypertension, depression, stroke, arthritis and certain cancers. Obesity is outcomes, including **neural tube defects, labor and delivery complications, fetal and neonatal death and maternal complications, such as gestational diabetes and preeclampsia.**¹⁻⁵ Overweight children are likely to become overweight or obese adults. Furthermore, an overweight parent is a risk factor for a child to become obese as an adult.

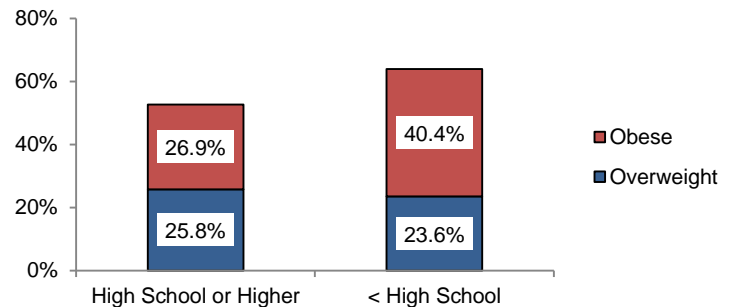
Kansas Highlights

- Approximately half of women of reproductive age were considered overweight or obese (53.8%).
- As age group increased, the proportion of overweight/obese increased.
- Women without a high school degree (64.0%) were more likely to be overweight or obese than women with a degree (52.6%).
- NH-other women (43.6%) and NH-white women (51.7%) are less likely to be overweight or obese compared to NH-black women and Hispanic women (68.3% and 65.2%).
NH is Non-Hispanic



Source: Behavioral Risk Factor Surveillance System, 2013

Overweight or Obese by Education Level for Kansas, 2013

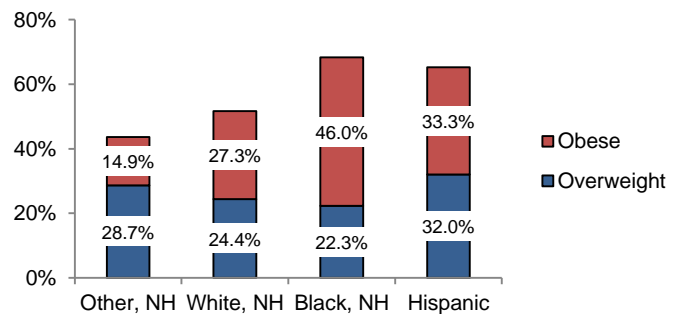


Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- Increase the physicians who regularly measure the body mass index and increase the proportion of physician's office visits that include counseling or education about weight and nutrition.¹

Overweight or Obese by Race/Ethnicity, Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013
NH: Non-Hispanic

References

1. Rich-Edwards JW, Goldman MB, Willett WC, et al. Adolescent body mass index and infertility caused by ovulatory disorder. Am J Obstet Gynecol 1994; 171: 171-7
2. Watkins ML, Rasmussen SA, Honein MA, Botto LD, Moore CA. Maternal obesity and risk for birth defects. Pediatrics 2003; 111:1152-8.
3. Cedergren MI. Maternal morbid obesity and the risk of adverse pregnancy outcome. Obstet Gynecol 2004; 103: 219-24.
4. Cnattingius S, Bergstrom R, Lipworth L, Kramer MS. Prepregnancy weight and the risk of adverse pregnancy outcomes. N Engl J Med 1998; 338: 147-52
5. Baeten JM, Bukusi EA, Lamve M. Pregnancy complications and outcomes among overweight and obese nulliparous women. Am J Obstet Gynecol 2009; 199 (6 Suppl B): S345-S356.

Participation in Recommended Levels of Physical Activity

Women who participate in enough moderate or vigorous physical activity in a usual week to meet the U.S. Department of Health and Human Services recommended levels of physical activity

Importance

Low physical activity and unhealthy eating habits are the **largest contributors towards obesity and numerous chronic diseases, including some cancers, cardiovascular disease and diabetes.**

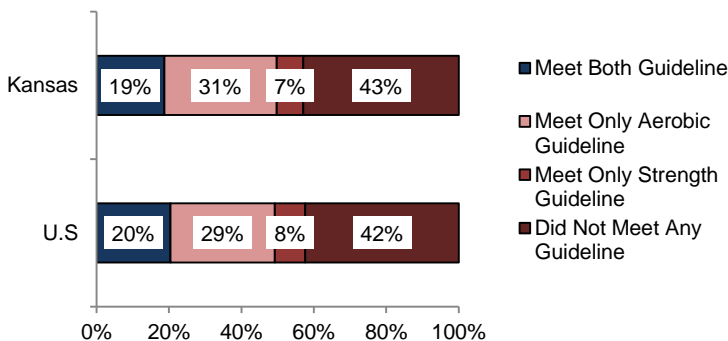
Obesity is associated with adverse perinatal outcome, such as **neural tube defects, stillbirth, preterm delivery, gestational diabetes and hypertension, thromboembolic disorders, macrosomia, low Apgar scores, postpartum anemia and cesarean delivery.**¹

The recommended levels of physical activity for adults based on CDC guidelines is 150 minutes of moderate activity or 75 minutes of vigorous levels plus strength training on the major muscles groups twice a week.

Kansas Highlights

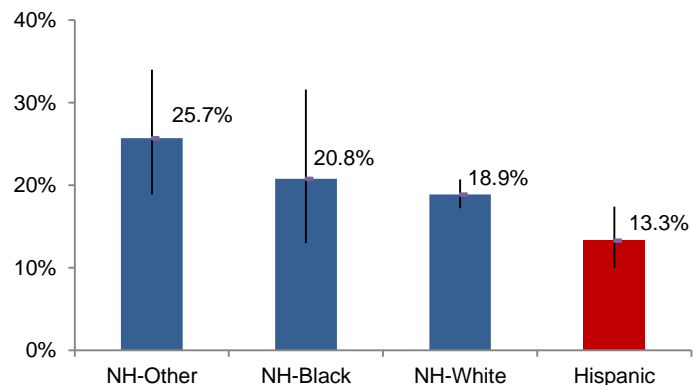
- Kansas women of reproductive age had slightly lower prevalence (18.7%) but not significantly different from the United States of women adhering to guidelines (20.4%).
 - Non-Hispanic white women were more likely to meet guidelines compared to Hispanic women (18.9% vs. 13.3%).
 - High school graduates (19.6%) were more likely to adhere to guidelines compared to non-high school graduates* (12.7%).
 - No difference on adherence based on age, income, relationship status, federal poverty level.
- *Interpret with caution: Estimates are based on counts less than 50

Meet Physical Guidelines: Kansas and the United States 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Meet Physical Guidelines by Race/Ethnicity Kansas, 2013

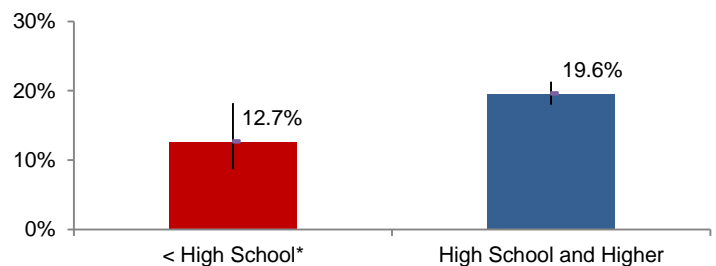


Source: Behavioral Risk Factor Surveillance System, 2013
NH is Non-Hispanic

What can be done?

- Promote Safe Streets Laws in Kansas.
- Assists worksites to evaluate opportunities to promote physical health.

Meet Physical Guidelines by Education* Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50: interpret with caution.

Reference

1. Gardiner P, Nelson L, Shellhass C, et al. The clinical content of preconception care: nutrition and dietary supplements. Am J Obstet Gynecol 2008; (6 Suppl B): S345-356

Frequent Mental Distress

Women who reported their mental health was not good at least 14 out of the previous 30 days

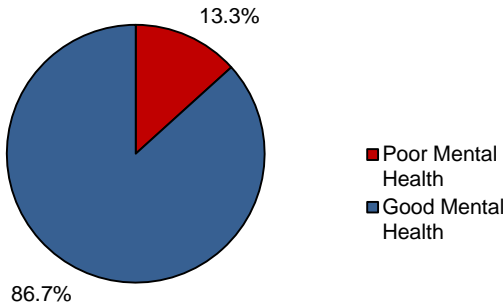
Importance

Poor mental health is associated with chronic mental and physical problems—**individuals are more likely to be underweight or obese, smoke, binge drink, engage in no leisure time physical activity, have no health insurance and have chronic health conditions.**¹ Poor mental health is associated with mental health disorder, which 46% of adults are expected to have mental health disorder in a lifetime. The cost of medical treatment for mental illness is approximately \$100 billion annually. Improved mental health will likely lead to expanded productivity, economic development and improved physical health.

Kansas Highlights

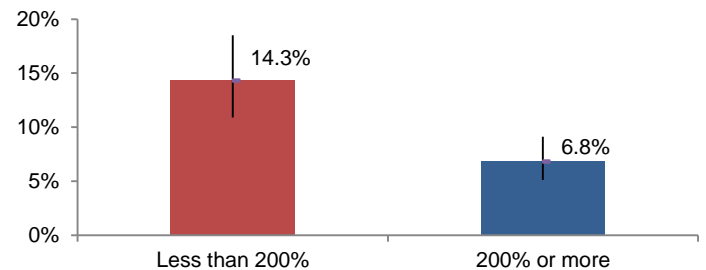
- Kansas women of reproductive age had a slightly lower prevalence of mental distress (13.3%), but not significant, than the overall United States (14.3%).
- As income level increased, the proportion of mental distress decreased.
- Women living below 200% of the poverty level were more likely to have poor mental health.
- Divorced women (21.6%) had higher proportion of mental distress compared to married women (9.8%).
- No difference for age, and race/ethnicity.

Mental Health Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Poor Mental Health by Federal Poverty Level
Kansas, 2013

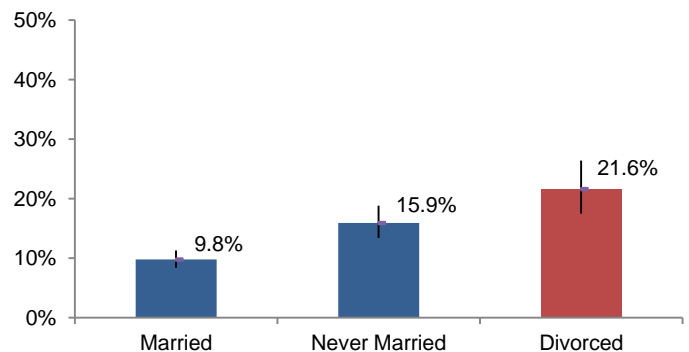


Source: Behavioral Risk Factor Surveillance System, 2013

What can be done?

- The Affordable Care Act requires all marketplace plans and most other health care plans to cover depression screening with copay or coinsurance, even if the deductible is not met.
- Host behavioral health awareness days with free screening across the state.

Poor Mental Health by Marital Status Kansas,
2013



Source: Behavioral Risk Factor Surveillance System, 2013

Reference

1. Centers for Disease Control and Prevention (2011, March 15). Health-related Quality of Life (HRQOL), Data and Statistics, Table 3. Retrieved October 15, 2015 from: <http://www.cdc.gov/hrqol/data/tables/table3a.htm>

Diabetes

Women who ever had a doctor diagnose them with diabetes, including gestational diabetes

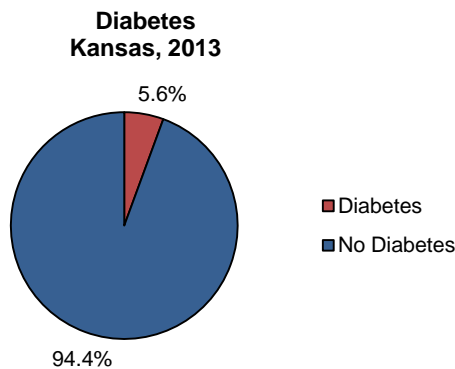
Importance

Self-reported diabetes prevalence has steadily increased in the United States over the past two decades from 4.9 % in 1990 to 8.7 % in 2010. Type 2 diabetes is the **sixth leading cause of death** in the United States and is **strong risk factor for cardiovascular disease, high blood pressure, high cholesterol, obesity and / or high triglyceride levels**. Preconception and prenatal control of diabetes reduces the risk of **congenital malformations, pregnancy loss and perinatal mortality**.¹

Kansas Highlights

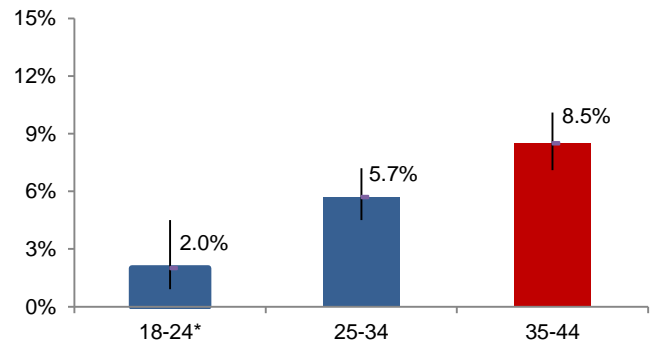
- Kansas (5.6%) had the same prevalence as the overall United States (6.3%).
- As age group increased, so did diabetes prevalence.
- Women with less than high school education were more likely to have diabetes (8.8%) than woman with a diploma (5.1%).
- Hispanic (8.9%) and non-Hispanic black (7.9%) were more likely to have diabetes than non-Hispanic white (4.7%).
- There was no difference in income level* or federal poverty level*.

*Interpret with caution: Estimates are based on counts less than 50



Source: Behavioral Risk Factor Surveillance System, 2013

Diabetes by Age Category* Kansas, 2013

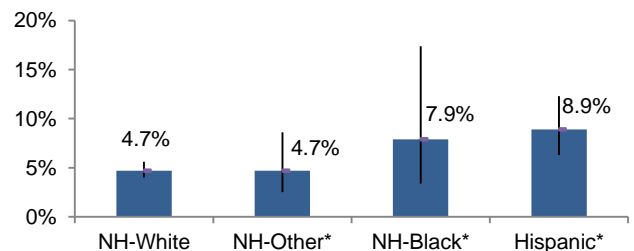


Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50: interpret with caution.

What can be done?

- Promote the National Diabetes Prevention Program by CDC.
- Promote Checkup America by the American Diabetes Association.

Diabetes by Race/Ethnicity* Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50: interpret with caution.

Reference

1. Dunlop AL, Jack BW, Botalico JN, et al. The clinical content of preconception care: women with chronic medical conditions. Am J Obstet Gynecol 2008; 199(6 Suppl 2): S310-27

Hypertension

Women who ever had a doctor diagnose them with hypertension, including gestational hypertension

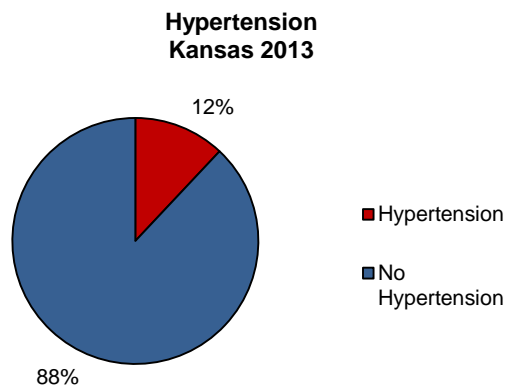
Importance

Pregnant women with chronic hypertension are at higher risk for preeclampsia or eclampsia, damage to the central nervous system and kidney damage.^{1,2} Potential life threatening conditions related to chronic hypertension during pregnancy include preterm delivery, intrauterine growth retardation, placental abruption and fetal demise.³ The Clinical Work Group of the Selected Panel on Preconception Care recommends that all women of reproductive age with chronic hypertension be counseled before pregnancy about medication management and about the maternal and infant risks associated with hypertension during pregnancy.⁴

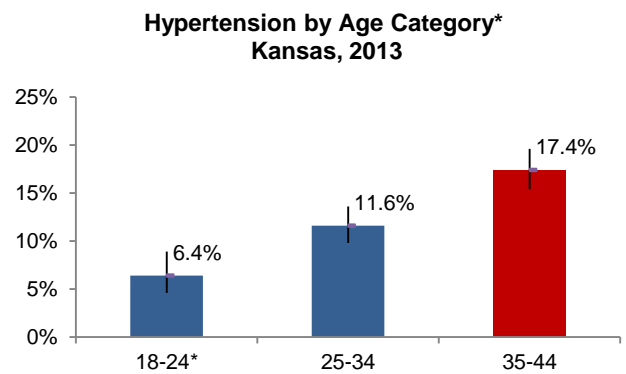
Kansas Highlights

- Kansas women of reproductive age (12.0%) had slightly lower prevalence of hypertension compared to overall United States (13.9%).
- As age* increased, hypertension prevalence increased.
- Non-Hispanic black* women had a higher hypertension prevalence (21.1%) compared to non-Hispanic white and Hispanic women (11.6 and 10.7%).
- Divorced women had a higher hypertension (18.1%) compared to married or never married (12.7% and 9.0%).
- Income and education status* did not affect hypertension prevalence.

*Interpret with caution: Estimates are based on counts less than 50



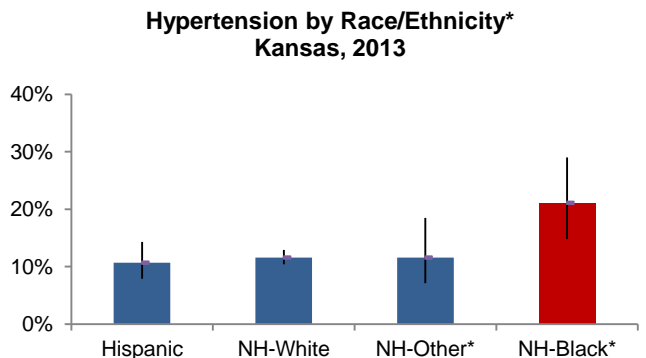
Source: Behavioral Risk Factor Surveillance System, 2013



Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50: interpret with caution.

What can be done?

- Promote evidence-based, community-based interventions to reduce hypertension.



Source: Behavioral Risk Factor Surveillance System, 2013
NH is Non-Hispanic

References

1. Jain L. The effect of pregnancy-induced and chronic hypertension on pregnancy outcome. J Perinatol 1997; 17: 425-27
2. Thorngren-Jereck K, Herbst A. Perinatal factors associated with cerebral palsy born in Sweden. Obstet Gynecol 2006; 108: 1499-1505
3. Barton J, Sibai B. Prediction and prevention of recurrent preeclampsia. Obstet Gynecol 2008; 112:359-72
4. Dunlop AL, Jack BW, Bottalico JN, et al. The clinical content of preconception care: women with chronic medical conditions. Am J Obstet Gynecol 2008; 199 (6 Suppl 2): S310-27

Asthma

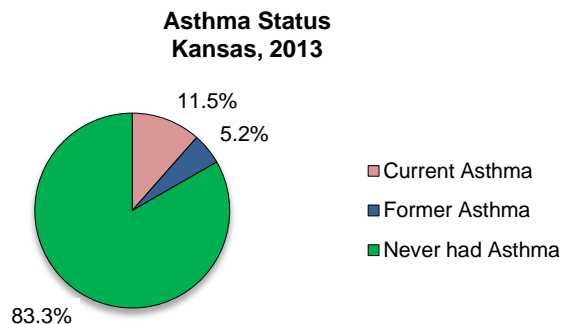
Women who ever had a doctor diagnose them with asthma and currently have asthma

Importance

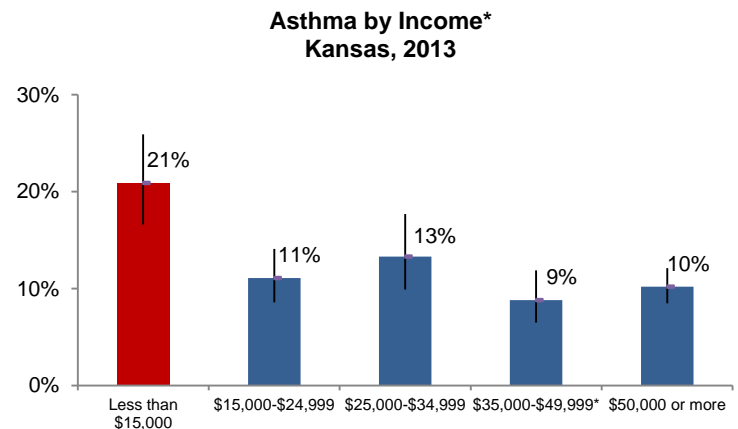
Severe and poorly controlled asthma during pregnancy is associated with a host of problems, including increased likelihood of premature delivery, the need for cesarean delivery, preeclampsia, and growth restriction, other perinatal complications and maternal morbidity and mortality.¹ For about 30% of women with asthma, the severity of the condition worsens during pregnancy.² Also, subsequent pregnancies tend to follow a similar pattern in terms of asthma severity as the first pregnancy.³ It is important for a woman to have their asthma under control before pregnancy.

Kansas Highlights

- Kansas women of reproductive age (11.7%) had about the same prevalence as the United States for current asthma (11.5%).
- There was no difference in age category, federal poverty level and education status*.
- Women in households making less than \$15,000 a year had the highest percentage of current asthma (20.9%).
- Hispanic women (10.2%) were less likely than white women to have asthma (12.6%).
- Married women (9.9%) were less likely to have asthma compared to never married women (13.6%).



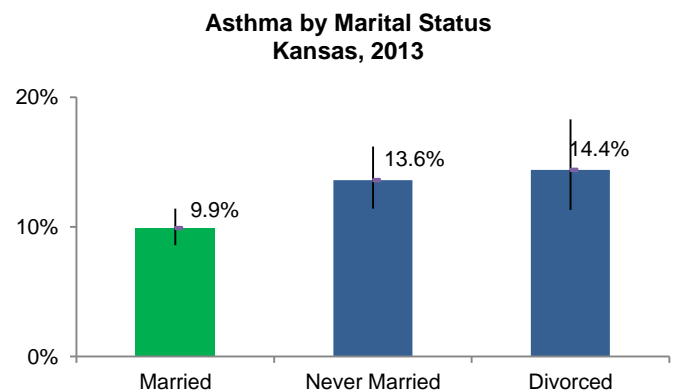
Source: Behavioral Risk Factor Surveillance System, 2013



Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50; interpret with caution.

What can be done?

- Women with asthma who plan to become pregnant should be treated by pharmacologic step therapy.
- Women with poor asthma control should be put on effective birth control until the asthma is under control.



Source: Behavioral Risk Factor Surveillance System, 2013

References

1. Asthma in pregnancy. ACOG Practice Bulletin No. 90. American College of Obstetricians and Gynecologist. Obstet Gynecol 2008; 111: 457-64
2. Dunlop AL, Jack BW, Bottalico JN, et al. The clinical content of preconception care: women with chronic medical conditions. Am J Obstet Gynecol 2008; 199 (6 Suppl B): S310-27.
3. Schatz M, Dombrowski MP, Wise R, et al. Asthma morbidity during pregnancy can be predicted by severity classification. J Allergy Clin Immunol 2003; 112:283-8

Appendix: Preconception Health Tables

Percentage of women 18-44 who reported that their health was “poor” or “fair” by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|------|-----------------|-------------------|
| Kansas | 3543 | 398 | 55598 | 11.1 (10.0, 12.4) |
| U.S. | 73383 | 8546 | 7218842 | 12.9 (12.5, 13.4) |
| Age | | | | |
| 18-24 | 680 | 54 | 11782 | 8.0 (6.1, 10.6) |
| 25-34 | 1323 | 146 | 21274 | 11.6 (9.8, 13.7) |
| 35-44 | 1540 | 198 | 22541 | 13.3 (11.5, 15.4) |
| Education | | | | |
| Less than High School Diploma | 285 | 67 | 13016 | 20.4 (16.0, 25.7) |
| High School Diploma or GED | 3255 | 331 | 42581 | 9.8 (8.7, 11.0) |
| Income* | | | | |
| Less than \$15,000 | 364 | 102 | 14001 | 24.1 (19.6, 29.3) |
| \$15,000-\$24,999 | 586 | 106 | 14493 | 16.2 (13.1, 19.8) |
| \$25,000-\$34,999 | 347 | 39 | 5214 | 10.4 (7.3, 14.4) |
| \$35,000-\$49,999 | 455 | 44 | 6332 | 10.6 (7.6, 14.5) |
| \$50,000 or more | 1346 | 47 | 5873 | 3.5 (2.6, 4.8) |
| Race and Ethnicity* | | | | |
| White, NH | 2761 | 267 | 33940 | 9.5 (8.4, 10.8) |
| Black, NH | 156 | 29 | 4841 | 14.8 (9.8, 21.8) |
| Other, NH | 193 | 20 | 2970 | 8.3 (4.9, 13.8) |
| Hispanic | 413 | 79 | 13288 | 18.7 (14.9, 23.1) |
| Marital Status | | | | |
| Married | 2084 | 185 | 26700 | 9.8 (8.4, 11.4) |
| Divorced | 483 | 96 | 12402 | 20.9 (16.9, 25.5) |
| Never Married | 953 | 110 | 15500 | 9.4 (7.6, 11.6) |
| Federal Poverty Level* | | | | |
| Less than 200% | 509 | 97 | 9671 | 17.2 (13.5, 21.6) |
| 200% and higher | 771 | 29 | 2648 | 3.4 (2.3, 5.1) |
| Peer Group* | | | | |
| Frontier | 141 | 16 | 2474 | 14.3 (8.5, 23.1) |
| Rural | 335 | 32 | 4203 | 10.2 (6.9, 15.0) |
| Densely-Settled Rural | 578 | 74 | 9439 | 13.0 (10.2, 16.5) |
| Semi-Urban | 597 | 60 | 7514 | 9.4 (7.2, 12.3) |
| Urban | 1892 | 216 | 31967 | 11.1 (9.6, 12.8) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is number of respondents who reported that their general health was “poor” or “fair” by selected sociodemographic characteristics

Weighted Number is estimated number of women aged 18-44 who would report “poor” or “fair” health

95% CI: 95% Confidence Interval

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 who did have a high school diploma or GED by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|------------------------------|--------------------------|----------|------------------------|-------------------------|
| Kansas | 3543 | 3257 | 435360 | 87.2 (85.6, 88.6) |
| U.S. | 73268 | 67811 | 47896356 | 85.9 (85.3,86.4) |
| Age | | | | |
| 18-24 | 680 | 615 | 126300 | 86.1 (82.1, 89.0) |
| 25-34 | 1323 | 1210 | 159588 | 87.2 (84.7, 89.3) |
| 35-44 | 1540 | 1432 | 149471 | 88.1 (85.6, 90.2) |
| Income | | | | |
| Less than \$15,000 | 364 | 305 | 45089 | 77.7 (72.0, 82.6) |
| \$15,000-\$24,999 | 586 | 503 | 72428 | 80.8 (76.4, 84.5) |
| \$25,000-\$34,999 | 347 | 319 | 44232 | 87.8 (82.6, 91.7) |
| \$35,000-\$49,999 | 454 | 432 | 54665 | 91.3 (86.6, 94.4) |
| \$50,000 or more | 1347 | 1322 | 160009 | 96.6 (94.7, 97.8) |
| Race and Ethnicity | | | | |
| White, NH | 2760 | 2623 | 325752 | 91.5 (89.9, 92.9) |
| Black, NH | 157 | 143 | 29446 | 88.8 (80.7, 93.8) |
| Other, NH | 193 | 177 | 32012 | 89.4 (82.6, 93.7) |
| Hispanic | 413 | 300 | 45979 | 64.7 (59.1, 69.8) |
| Marital Status | | | | |
| Married | 2082 | 1922 | 238838 | 87.6 (85.6, 89.4) |
| Divorced | 484 | 436 | 49456 | 83.1 (78.1, 87.2) |
| Never Married | 954 | 879 | 144988 | 88.0 (84.8, 90.5) |
| Federal Poverty Level | | | | |
| Less than 200% | 508 | 455 | 47081 | 83.6 (78.2, 87.8) |
| 200% and Higher | 771 | 752 | 73978 | 95.6 (92.4, 97.4) |
| Peer Group | | | | |
| Frontier | 141 | 128 | 14163 | 82.0 (70.3, 89.8) |
| Rural | 335 | 312 | 36040 | 87.8 (81.8, 92.0) |
| Densely- Settled Rural | 577 | 523 | 61365 | 84.9 (80.6, 88.4) |
| Semi-Urban | 596 | 553 | 70151 | 88.0 (83.8, 91.2) |
| Urban | 1894 | 1741 | 253640 | 87.7 (85.6, 89.6) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is number of respondents who had a high school diploma or GED by selected sociodemographic characteristics

Weighted Number is estimated number of women aged 18-44 who had high school diploma or GED

95% CI: 95% Confidence Interval

NH: Non-Hispanic

Percentage of women 18-44 who reported they did have had some kind of health coverage, by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|-------|-----------------|-------------------|
| Kansas | 3531 | 2747 | 370808 | 74.6 (72.8, 76.3) |
| U.S. | 73235 | 59505 | 43224655 | 77.6 (77.0, 78.2) |
| Age | | | | |
| 18-24 | 671 | 504 | 105074 | 72.5 (68.4, 76.3) |
| 25-34 | 1320 | 981 | 131662 | 72.1 (69.2, 74.8) |
| 35-44 | 1540 | 1262 | 134071 | 79.0 (76.5, 81.4) |
| Education | | | | |
| Less than High School Diploma | 284 | 139 | 30878 | 48.6 (42.2, 55.1) |
| High School Diploma or GED | 3244 | 2605 | 339652 | 78.4 (76.6, 80.0) |
| Income | | | | |
| Less than \$15,000 | 363 | 200 | 31707 | 54.8 (48.8, 60.7) |
| \$15,000-\$24,999 | 583 | 316 | 47321 | 53.1 (48.4, 57.7) |
| \$25,000-\$34,999 | 346 | 250 | 35574 | 70.8 (65.0, 76.0) |
| \$35,000-\$49,999 | 455 | 387 | 50030 | 83.5 (78.8, 87.2) |
| \$50,000 or more | 1344 | 1290 | 156934 | 95.2 (93.5, 96.4) |
| Race and Ethnicity | | | | |
| White, NH | 2752 | 2281 | 287449 | 81.2 (79.4, 82.9) |
| Black, NH | 157 | 102 | 20816 | 62.8 (53.3, 71.4) |
| Other, NH | 192 | 143 | 25081 | 70.1 (60.9, 78.0) |
| Hispanic | 410 | 209 | 35417 | 50.1 (44.7, 55.5) |
| Marital Status | | | | |
| Married | 2083 | 1734 | 218386 | 80.1 (77.9, 82.1) |
| Divorced | 483 | 318 | 36318 | 61.2 (55.9, 66.3) |
| Never Married | 942 | 680 | 114440 | 70.4 (66.7, 73.8) |
| Federal Poverty Level | | | | |
| Less than 200% | 507 | 340 | 36534 | 65.2 (59.6, 70.4) |
| 200% and Higher | 770 | 743 | 74308 | 96.5 (94.7, 97.7) |
| Peer Group | | | | |
| Frontier | 141 | 114 | 12657 | 73.3 (62.2, 82.0) |
| Rural | 335 | 254 | 29296 | 71.4 (65.1, 76.9) |
| Densely-Settled Rural | 573 | 409 | 49422 | 69.0 (64.5, 73.2) |
| Semi-Urban | 593 | 463 | 60978 | 77.2 (73.0, 81.0) |
| Urban | 1889 | 1507 | 218456 | 75.8 (73.3, 78.1) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is number of respondents who had some kind of health coverage including health insurance, prepaid plans such as HMOs or government plans such as Medicare by select demographics

Weighted Number is estimated number of women aged 18-44 with health insurance

95% CI: 95% Confidence Interval

NH: Non-Hispanic

Percentage of women 18-44 who did have a routine checkup in past year by selected sociodemographic characteristics, Kansa and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|--------------------------|----------|------------------------|-------------------------|
| Kansas | 3448 | 2375 | 330180 | 68.1 (66.2, 69.9) |
| U.S. | 72462 | 47240 | 35981125 | 65.1 (64.5, 65.8) |
| Age | | | | |
| 18-24 | 657 | 438 | 93398 | 66.0 (61.8, 69.9) |
| 25-34 | 1282 | 860 | 118393 | 66.8 (63.9, 69.7) |
| 35-44 | 1509 | 1077 | 118389 | 71.2 (68.5, 73.7) |
| Education | | | | |
| Less than High School Diploma | 276 | 176 | 38787 | 62.8 (56.2, 68.9) |
| High School Diploma or GED | 3170 | 2198 | 291282 | 68.9 (67.0, 70.7) |
| Income | | | | |
| Less than \$15,000 | 350 | 209 | 33014 | 59.4 (53.2, 65.3) |
| \$15,000-\$24,999 | 566 | 327 | 49641 | 57.1 (53.3, 61.7) |
| \$25,000-\$34,999 | 342 | 231 | 34935 | 70.0 (64.4, 75.2) |
| \$35,000-\$49,999 | 447 | 306 | 39901 | 68.3 (63.1, 73.1) |
| \$50,000 or more | 1326 | 1032 | 126796 | 77.9 (75.3, 80.3) |
| Race and Ethnicity | | | | |
| White, NH | 2691 | 1878 | 239189 | 69.0 (66.9, 70.9) |
| Black, NH | 156 | 110 | 22670 | 69.3 (60.0, 77.3) |
| Other, NH | 186 | 120 | 23153 | 67.5 (59.1, 74.9) |
| Hispanic | 395 | 254 | 42762 | 63.3 (57.7, 68.5) |
| Marital Status | | | | |
| Married | 2028 | 1453 | 188289 | 71.2 (69.0, 73.4) |
| Divorced | 473 | 306 | 36183 | 62.3 (57.0, 67.4) |
| Never Married | 925 | 604 | 104027 | 65.0 (61.3, 68.5) |
| Federal Poverty Level | | | | |
| Less than 200% | 494 | 316 | 35559 | 65.1 (56.9, 70.2) |
| 200% and Higher | 761 | 604 | 61201 | 80.3 (76.9, 83.3) |
| Peer Group | | | | |
| Frontier | 135 | 95 | 11216 | 67.3 (56.9, 76.3) |
| Rural | 324 | 219 | 25967 | 66.2 (60.0, 72.0) |
| Densely- Settled Rural | 558 | 342 | 42957 | 61.7 (56.9, 66.2) |
| Semi-Urban | 580 | 395 | 52448 | 67.7 (63.1, 72.0) |
| Urban | 1851 | 1324 | 197593 | 70.1 (67.6, 72.5) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is number of respondents who had a routine checkup by select demographics

Weighted Number is estimated number of women aged 18-44 who had a routine checkup

95% CI: 95% Confidence Interval

NH: Non-Hispanic

Percentage of women 18-44 who are current smokers by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|--------------------------|----------|------------------------|-------------------------|
| Kansas | 3483 | 723 | 103639 | 21.2 (19.6, 22.8) |
| U.S. | 71159 | 13567 | 9532003 | 17.8 (17.3, 18.3) |
| Age | | | | |
| 18-24 | 667 | 108 | 25370 | 17.6 (14.5, 21.3) |
| 25-34 | 1291 | 317 | 44240 | 24.9 (22.3, 27.6) |
| 35-44 | 1525 | 298 | 34028 | 20.3 (18.1, 22.8) |
| Education | | | | |
| Less than High School Diploma | 278 | 104 | 22808 | 36.8 (30.8, 43.3) |
| High School Diploma or GED | 3202 | 619 | 80831 | 18.9 (17.4, 20.6) |
| Income | | | | |
| Less than \$15,000 | 357 | 130 | 19121 | 33.6 (28.1, 39.5) |
| \$15,000-\$24,999 | 575 | 172 | 24891 | 28.4 (24.4, 32.8) |
| \$25,000-\$34,999 | 340 | 92 | 13312 | 27.3 (22.2, 33.1) |
| \$35,000-\$49,999 | 449 | 88 | 11833 | 20.1 (16.1, 24.9) |
| \$50,000 or more | 1333 | 145 | 18613 | 11.4 (9.6, 13.5) |
| Race and Ethnicity* | | | | |
| White, NH | 2719 | 583 | 79249 | 22.7 (20.9, 24.5) |
| Black, NH | 151 | 42 | 7981 | 25.7 (18.0, 35.3) |
| Other, NH | 189 | 43 | 6372 | 18.1 (12.6, 25.4) |
| Hispanic | 405 | 54 | 9879 | 14.2 (10.7, 18.6) |
| Marital Status | | | | |
| Married | 2052 | 339 | 47411 | 17.7 (15.9, 19.7) |
| Divorced | 471 | 182 | 23052 | 40.4 (35.3, 45.6) |
| Never Married | 939 | 195 | 32070 | 19.9 (16.9, 23.1) |
| Federal Poverty Level* | | | | |
| Less than 200% | 507 | 132 | 14459 | 25.7 (21.1, 31.0) |
| 200% and Higher | 764 | 87 | 8433 | 11.0 (8.7, 13.7) |
| Peer Group* | | | | |
| Frontier | 139 | 29 | 3243 | 19.1 (13.1, 27.1) |
| Rural | 329 | 81 | 10839 | 27.0 (21.7, 33.1) |
| Densely- Settled Rural | 565 | 132 | 17151 | 24.1 (20.2, 28.6) |
| Semi-Urban | 589 | 139 | 20066 | 25.5 (21.3, 30.1) |
| Urban | 1861 | 342 | 52338 | 18.6 (16.6, 20.7) |

Data Source: Behavioral Risk Factor Surveillance System, 2013

n is number of respondents who are current smoker by select demographics

Weighted Number is estimated number of women aged 18-44 who currently smoked

95% CI: 95% Confidence Interval

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 who binge drink in the past 30 days by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|-------|-----------------|-------------------|
| Kansas | 3427 | 487 | 67999 | 14.1 (12.8, 15.5) |
| U.S. | 69942 | 11873 | 8798679 | 16.8 (16.3, 17.4) |
| Age | | | | |
| 18-24 | 653 | 114 | 22782 | 16.1 (13.3, 19.4) |
| 25-34 | 1268 | 208 | 27302 | 15.6 (13.6, 17.9) |
| 35-44 | 1506 | 165 | 17914 | 10.8 (9.2, 12.8) |
| Education* | | | | |
| Less than High School Diploma | 270 | 24 | 5848 | 9.7 (6.3, 14.5) |
| High School Diploma or GED | 3154 | 463 | 62150 | 14.8 (13.4, 16.3) |
| Income* | | | | |
| Less than \$15,000 | 359 | 40 | 7219 | 12.9 (9.1, 18.0) |
| \$15,000-\$24,999 | 560 | 79 | 12894 | 15.0 (11.9, 18.9) |
| \$25,000-\$34,999 | 333 | 52 | 7442 | 15.7 (11.8, 20.6) |
| \$35,000-\$49,999 | 442 | 57 | 8027 | 13.9 (10.4, 18.3) |
| \$50,000 or more | 1326 | 220 | 26279 | 16.1 (14.0, 18.5) |
| Race and Ethnicity* | | | | |
| White, NH | 2683 | 409 | 53800 | 15.6 (14.1, 17.2) |
| Black, NH | 146 | 19 | 3700 | 12.2 (7.3, 19.8) |
| Other, NH | 184 | 21 | 3854 | 11.2 (6.9, 17.8) |
| Hispanic | 395 | 34 | 5976 | 8.8 (6.1, 12.6) |
| Marital Status | | | | |
| Married | 2028 | 242 | 30056 | 11.3 (9.9, 13.0) |
| Divorced | 461 | 75 | 9244 | 16.6 (13.0, 20.9) |
| Never Married | 918 | 168 | 28427 | 17.9 (15.2, 21.0) |
| Federal Poverty Level* | | | | |
| Less than 200% | 338 | 44 | 5518 | 14.0 (9.3, 20.6) |
| 200% and Higher | 395 | 114 | 10898 | 26.6 (21.9, 32.0) |
| Peer Group* | | | | |
| Frontier | 135 | 14 | 1573 | 9.6 (5.5, 16.3) |
| Rural | 322 | 34 | 3867 | 9.9 (6.9, 14.0) |
| Densely- Settled Rural | 551 | 76 | 8523 | 12.3 (9.5, 15.9) |
| Semi-Urban | 584 | 184 | 10246 | 13.1 (10.4, 16.4) |
| Urban | 1835 | 279 | 43788 | 15.7 (13.9, 17.8) |

Data Source: Behavioral Risk Factor Surveillance System, 2013

n is the number of respondents who reported binge drinking (4+ more drinks for one occasion) in past 30 days by select demographic

Weighted Number is estimated number of women aged 18-44 who binge drank in past 30 days

95% CI: 95% Confidence Interval

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 who reported eating five fruits and vegetables a day, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|--------------------------|----------|------------------------|-------------------------|
| Kansas | 3261 | 576 | 79185 | 17.4 (16.0, 19.0) |
| U.S. | 65919 | 13433 | 10193713 | 20.8 (20.2, 21.4) |
| Age | | | | |
| 18-24 | 613 | 90 | 18812 | 14.3 (11.5, 17.7) |
| 25-34 | 1196 | 215 | 31681 | 19.3 (16.9, 22.0) |
| 35-44 | 1452 | 271 | 28692 | 18.1(16.0, 20.4) |
| Education* | | | | |
| Less than High School Diploma | 248 | 43 | 9461 | 17.2 (12.5, 23.1) |
| High School Diploma or GED | 3011 | 533 | 69724 | 17.5 (16.0, 19.1) |
| Income* | | | | |
| Less than \$15,000 | 327 | 55 | 8706 | 16.6 (12.5, 21.7) |
| \$15,000-\$24,999 | 529 | 95 | 14768 | 18.5 (14.9, 22.7) |
| \$25,000-\$34,999 | 317 | 47 | 6615 | 14.8 (10.9, 19.8) |
| \$35,000-\$49,999 | 428 | 61 | 7701 | 13.9 (10.6, 17.9) |
| \$50,000 or more | 1278 | 256 | 32141 | 20.5 (18.1, 23.2) |
| Race and Ethnicity* | | | | |
| White, NH | 2573 | 451 | 56484 | 17.1 (15.5, 18.8) |
| Black, NH | 133 | 22 | 3847 | 14.2 (8.6, 22.6) |
| Other, NH | 169 | 28 | 6666 | 21.2 (14.4, 29.9) |
| Hispanic | 368 | 72 | 11472 | 18.5 (14.5, 23.3) |
| Marital Status | | | | |
| Married | 1941 | 379 | 49925 | 19.9 (18.0, 22.0) |
| Divorced | 440 | 76 | 8812 | 16.7 (13.1, 21.0) |
| Never Married | 859 | 120 | 20377 | 13.8 (11.3, 16.8) |
| Federal Poverty Level* | | | | |
| Less than 200% | 482 | 74 | 7868 | 14.7 (11.1, 19.2) |
| 200% and Higher | 738 | 142 | 14289 | 19.3 (16.2, 22.7) |
| Peer Group* | | | | |
| Frontier | 124 | 18 | 2159 | 14.5 (8.7, 23.3) |
| Rural | 310 | 53 | 7073 | 18.9 (14.3, 24.6) |
| Densely-Settled Rural | 533 | 90 | 11263 | 17.1 (13.8, 21.1) |
| Semi-Urban | 551 | 89 | 10454 | 14.3 (11.3, 17.8) |
| Urban | 1743 | 326 | 48236 | 18.4 (16.4, 20.5) |

Data Source: Behavioral Risk Factor Surveillance System, 2013

n is the number of respondents who reported eating five servings of fruit and vegetables a day
 Weighted Number is estimated number of women aged 18-44 who ate five servings of fruit and vegetables a day.

95% CI: 95% Confidence Interval

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 who are overweight or obese by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|--------------------------|----------|------------------------|-------------------------|
| Kansas | 3148 | 1743 | 236276 | 53.8 (51.8, 55.9) |
| U.S. | 66153 | 35373 | 25625037 | 51.4 (50.7, 52.1) |
| Age | | | | |
| 18-24 | 601 | 267 | 58128 | 44.9 (40.5, 49.4) |
| 25-34 | 1138 | 619 | 85603 | 54.9 (51.6, 58.1) |
| 35-44 | 1409 | 857 | 92544 | 60.4 (57.4, 63.2) |
| Education | | | | |
| Less than High School Diploma | 217 | 141 | 30320 | 64.0 (56.5, 70.9) |
| High School Diploma or GED | 2930 | 1602 | 205956 | 52.6(50.5, 54.7) |
| Income | | | | |
| Less than \$15,000 | 318 | 207 | 32544 | 65.5 (59.2, 71.3) |
| \$15,000-\$24,999 | 516 | 322 | 44906 | 59.0 (54.1, 63.8) |
| \$25,000-\$34,999 | 309 | 188 | 25659 | 56.9 (50.4, 63.2) |
| \$35,000-\$49,999 | 403 | 232 | 30694 | 57.5 (51.9, 62.9) |
| \$50,000 or more | 1250 | 623 | 73435 | 47.8 (44.7, 51.0) |
| Race and Ethnicity | | | | |
| White, NH | 2502 | 1343 | 166477 | 51.7 (49.5, 54.0) |
| Black, NH | 143 | 105 | 20318 | 68.3 (57.5, 77.4) |
| Other, NH | 175 | 82 | 14011 | 43.6 (34.8, 52.8) |
| Hispanic | 313 | 207 | 34314 | 65.2 (59.0, 70.9) |
| Marital Status | | | | |
| Married | 1811 | 999 | 128335 | 55.1 (52.6, 57.7) |
| Divorced | 445 | 275 | 33778 | 62.5 (57.1, 67.6) |
| Never Married | 870 | 454 | 72782 | 48.6 (44.7, 52.6) |
| Federal Poverty Level | | | | |
| Less than 200% | 449 | 302 | 32237 | 66.3 (60.5, 71.7) |
| 200% and Higher | 724 | 385 | 37245 | 51.2 (46.9, 55.4) |
| Peer Group | | | | |
| Frontier | 120 | 68 | 7312 | 49.7 (39.2, 60.2) |
| Rural | 299 | 176 | 19852 | 56.9 (50.4, 63.1) |
| Densely- Settled Rural | 512 | 320 | 38757 | 61.1 (56.1, 66.0) |
| Semi-Urban | 534 | 285 | 36960 | 52.2 (47.1, 57.2) |
| Urban | 1683 | 894 | 133394 | 52.3 (49.6, 55.1) |

Data Source: Behavioral Risk Factor Surveillance System, 2013

n is the number of respondents whose BMI was considered overweight or obese (greater than 25.0)

Weighted Number is estimated number of women aged 18-44 considered overweight or obese

95% CI: 95% Confidence Interval

NH: Non-Hispanic

Percentage of women 18-44 who meet recommended physical guidelines by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|-------|-----------------|-------------------|
| Kansas | 3242 | 610 | 84419 | 18.7 (17.2,20.3) |
| U.S. | 65192 | 13662 | 9917667 | 20.4 (19.9, 21.0) |
| Age | | | | |
| 18-24 | 601 | 119 | 26378 | 20.5 (17.1, 24.4) |
| 25-34 | 1197 | 215 | 28917 | 17.6 (15.4, 20.1) |
| 35-44 | 1444 | 276 | 29124 | 18.4 (16.3, 20.8) |
| Education* | | | | |
| Less than High School Diploma | 247 | 30 | 6883 | 12.7 (8.7, 18.2) |
| High School Diploma or GED | 2992 | 580 | 77536 | 19.6 (18.0, 21.3) |
| Income | | | | |
| Less than \$15,000 | 323 | 51 | 8993 | 17.7 (13.2, 23.3) |
| \$15,000-\$24,999 | 532 | 81 | 13433 | 16.5 (13.0, 20.7) |
| \$25,000-\$34,999 | 320 | 66 | 8881 | 19.7 (15.2, 25.1) |
| \$35,000-\$49,999 | 418 | 79 | 10437 | 19.1 (15.2, 23.7) |
| \$50,000 or more | 1270 | 276 | 33901 | 21.8 (19.3, 24.6) |
| Race and Ethnicity* | | | | |
| White, NH | 2555 | 489 | 61755 | 18.9 (17.2, 20.7) |
| Black, NH | 127 | 20 | 5352 | 20.8 (13.0, 31.6) |
| Other, NH | 172 | 42 | 8184 | 25.7 (18.9, 34.0) |
| Hispanic | 370 | 54 | 8362 | 13.3 (10.0, 17.4) |
| Marital Status | | | | |
| Married | 1936 | 358 | 44920 | 17.9 (16.1, 19.9) |
| Divorced | 431 | 79 | 9585 | 18.6 (14.5, 23.4) |
| Never Married | 856 | 171 | 29757 | 20.3 (17.3, 23.7) |
| Federal Poverty Level | | | | |
| Less than 200% | 478 | 83 | 9010 | 16.8 (13.0, 21.5) |
| 200% and Higher | 735 | 151 | 15651 | 21.2 (17.8, 25.0) |
| Peer Group* | | | | |
| Frontier | 124 | 23 | 2917 | 19.2 (12.1, 29.1) |
| Rural | 298 | 53 | 6529 | 18.2 (13.5, 24.0) |
| Densely- Settled Rural | 532 | 76 | 8455 | 12.8 (10.1, 16.2) |
| Semi-Urban | 559 | 116 | 16022 | 21.7 (17.9, 26.1) |
| Urban | 1729 | 342 | 50497 | 19.4 (17.4, 21.6) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is the number of respondents who completes the recommended physical guidelines are engage in aerobic physical activity of at least moderate intensity for 150 + minutes per week, or 75 + minutes per week of vigorous intensity, or an equivalent combination and also participates in muscle strengthening activities on two or more days per week.

Weighted Number is estimated number of women aged 18-44 who met the recommended guidelines

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 whose mental health was not good by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|-------|-----------------|-------------------|
| Kansas | 3503 | 456 | 65558 | 13.3 (12.0, 14.6) |
| U.S. | 72689 | 10064 | 7932269 | 14.3 (13.9, 14.8) |
| Age | | | | |
| 18-24 | 674 | 99 | 21684 | 14.9 (12.2, 18.1) |
| 25-34 | 1307 | 172 | 24461 | 13.6 (11.6, 15.8) |
| 35-44 | 1522 | 185 | 19412 | 11.6 (9.9, 13.5) |
| Education* | | | | |
| Less than High School Diploma | 280 | 49 | 10401 | 16.6 (12.4, 21.8) |
| High School Diploma or GED | 3220 | 407 | 55156 | 12.8 (11.5, 14.2) |
| Income* | | | | |
| Less than \$15,000 | 356 | 97 | 14380 | 25.4 (20.6, 30.9) |
| \$15,000-\$24,999 | 575 | 105 | 15455 | 17.5 (14.3, 21.2) |
| \$25,000-\$34,999 | 345 | 41 | 5758 | 11.5 (8.1, 16.0) |
| \$35,000-\$49,999 | 451 | 51 | 6406 | 10.8 (7.9, 14.6) |
| \$50,000 or more | 1340 | 96 | 12685 | 7.7 (6.1, 9.6) |
| Race and Ethnicity* | | | | |
| White, NH | 2733 | 362 | 47356 | 13.4 (12.0, 15.0) |
| Black, NH | 155 | 19 | 4047 | 12.4 (7.3, 20.1) |
| Other, NH | 192 | 30 | 5752 | 16.1 (10.7, 23.5) |
| Hispanic | 403 | 43 | 7883 | 11.4 (8.3, 15.5) |
| Marital Status | | | | |
| Married | 2063 | 196 | 26342 | 9.8 (8.4, 11.3) |
| Divorced | 473 | 101 | 12588 | 21.6 (17.5, 26.4) |
| Never Married | 944 | 153 | 25992 | 15.9 (13.4, 18.8) |
| Federal Poverty Level | | | | |
| Less than 200% | 499 | 80 | 7968 | 14.3 (10.9, 18.5) |
| 200% and Higher | 768 | 56 | 5268 | 6.8 (5.1, 9.1) |
| Peer Group* | | | | |
| Frontier | 138 | 19 | 2171 | 12.8 (7.6, 20.6) |
| Rural | 332 | 49 | 6447 | 15.9 (11.8, 21.0) |
| Densely- Settled Rural | 572 | 69 | 8551 | 12.0 (9.2, 15.4) |
| Semi-Urban | 591 | 93 | 12533 | 15.8 (12.7, 19.6) |
| Urban | 1870 | 226 | 35855 | 12.6 (10.9, 14.4) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is the mental health was not considered good for at least 14 days out of the past 30 days

Weighted Number is estimated number of women aged 18-44 who met mental health was not good

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 who have ever been diagnosed with diabetes by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|------|-----------------|------------------|
| Kansas | 3539 | 227 | 27726 | 5.6 (4.8, 6.5) |
| U.S. | 73449 | 4741 | 3554273 | 6.3 (6.0, 6.7) |
| Age* | | | | |
| 18-24 | 680 | 10 | 2988 | 2.0 (0.9, 4.5) |
| 25-34 | 1318 | 76 | 10359 | 5.7 (4.5, 7.2) |
| 35-44 | 1541 | 141 | 14379 | 8.5 (7.1, 10.1) |
| Education* | | | | |
| Less than High School Diploma | 283 | 32 | 5563 | 8.8 (6.0, 12.6) |
| High School Diploma or GED | 3253 | 195 | 22164 | 5.1 (4.3, 6.1) |
| Income* | | | | |
| Less than \$15,000 | 360 | 37 | 4662 | 8.2 (5.6, 11.8) |
| \$15,000-\$24,999 | 584 | 44 | 5215 | 5.8 (4.2, 8.1) |
| \$25,000-\$34,999 | 348 | 31 | 3771 | 7.5 (5.1, 10.9) |
| \$35,000-\$49,999 | 455 | 24 | 2598 | 4.3 (2.8, 6.8) |
| \$50,000 or more | 1347 | 65 | 7257 | 4.4 (3.4, 5.7) |
| Race and Ethnicity* | | | | |
| White, NH | 2762 | 157 | 16889 | 4.7 (4.0, 5.6) |
| Black, NH | 157 | 12 | 2629 | 7.9 (3.4, 17.4) |
| Other, NH | 192 | 16 | 1683 | 4.7 (2.5, 8.6) |
| Hispanic | 409 | 40 | 6204 | 8.9 (6.3, 12.3) |
| Marital Status * | | | | |
| Married | 2082 | 152 | 18472 | 6.8 (5.7, 8.1) |
| Divorced | 482 | 42 | 4378 | 7.4 (5.3, 10.3) |
| Never Married | 952 | 29 | 4446 | 2.6 (1.6, 4.6) |
| Federal Poverty Level | | | | |
| Less than 200% | 508 | 56 | 4952 | 8.8 (6.6, 11.8) |
| 200% and Higher | 771 | 46 | 4454 | 5.8 (4.2, 7.8) |
| Peer Group* | | | | |
| Frontier | 141 | 10 | 928 | 5.4 (2.7, 10.3) |
| Rural | 334 | 22 | 2565 | 6.3 (3.9, 10.0) |
| Densely- Settled Rural | 577 | 41 | 3962 | 5.5 (4.0, 7.6) |
| Semi-Urban | 596 | 34 | 4435 | 5.6 (3.3, 9.3) |
| Urban | 1891 | 120 | 15836 | 5.5 (4.5, 6.7) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is the number of respondents who ever been diagnosed with diabetes, includes gestational diabetes, but not borderline diabetes

Weighted Number is estimated number of women aged 18-44 ever diagnosed with diabetes

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 who have ever been diagnosed with hypertension by selected sociodemographic characteristics, Kansas and U.S, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|-------|-----------------|-------------------|
| Kansas | 3544 | 479 | 60171 | 12.0 (10.9, 13.3) |
| U.S. | 73457 | 10769 | 7787548 | 13.9 (13.4, 14.4) |
| Age | | | | |
| 18-24 | 681 | 41 | 9465 | 6.4 (4.6, 8.9) |
| 25-34 | 1324 | 159 | 21224 | 11.6 (9.8, 13.6) |
| 35-44 | 1539 | 279 | 29482 | 17.4 (15.4, 19.6) |
| Education* | | | | |
| Less than High School Diploma | 286 | 42 | 8225 | 12.8 (9.3, 17.4) |
| High School Diploma or GED | 3255 | 4377 | 51946 | 11.9 (10.8, 13.2) |
| Income | | | | |
| Less than \$15,000 | 364 | 62 | 7832 | 13.5 (10.0, 17.9) |
| \$15,000-\$24,999 | 585 | 81 | 11252 | 12.6 (9.8,16.0) |
| \$25,000-\$34,999 | 248 | 57 | 7915 | 15.7 (11.9, 20.5) |
| \$35,000-\$49,999 | 455 | 61 | 7175 | 12.0 (9.1, 15.6) |
| \$50,000 or more | 1347 | 172 | 19000 | 11.5 (9.8, 13.4) |
| Race and Ethnicity* | | | | |
| White, NH | 2762 | 361 | 41230 | 11.6 (10.4, 12.9) |
| Black, NH | 157 | 40 | 6981 | 21.1 (14.8, 29.0) |
| Other, NH | 193 | 26 | 4168 | 11.6 (7.1, 18.5) |
| Hispanic | 412 | 51 | 7596 | 10.7 (7.9, 14.3) |
| Marital Status | | | | |
| Married | 2084 | 293 | 34527 | 12.7 (11.2, 14.3) |
| Divorced | 483 | 91 | 10732 | 18.1 (14.5, 22.4) |
| Never Married | 954 | 93 | 14806 | 9.0 (7.1, 11.3) |
| Federal Poverty Level | | | | |
| Less than 200% | 509 | 80 | 7696 | 13.7 (10.4, 17.7) |
| 200% and Higher | 771 | 103 | 9769 | 12.6 (10.2, 15.5) |
| Peer Group* | | | | |
| Frontier | 141 | 23 | 2599 | 15.0 (9.6, 22.8) |
| Rural | 335 | 59 | 6055 | 14.8 (11.2, 19.3) |
| Densely- Settled Rural | 578 | 83 | 8084 | 11.2 (8.8, 14.0) |
| Semi-Urban | 597 | 74 | 9610 | 12.0 (9.3, 15.4) |
| Urban | 1893 | 240 | 33823 | 11.7 (10.2, 13.4) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is the number of respondents who ever been diagnosed with hypertension, includes gestational hypertension, but not borderline hypertension

Weighted Number is estimated number of women aged 18-44 ever diagnosed with hypertension

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

Percentage of women 18-44 who currently have asthma by selected sociodemographic characteristics, Kansas and United States, 2013

| | Total Respondents | n | Weighted Number | Percent (95% CI) |
|-------------------------------|-------------------|------|-----------------|-------------------|
| Kansas | 3521 | 440 | 57855 | 11.7 (10.6, 12.9) |
| U.S. | 73018 | 8680 | 6400883 | 11.5 (11.1, 11.9) |
| Age | | | | |
| 18-24 | 671 | 80 | 15808 | 11.0 (8.8, 13.7) |
| 25-34 | 1317 | 170 | 22105 | 12.1 (10.3, 14.2) |
| 35-44 | 1533 | 190 | 19943 | 11.8 (10.2, 13.7) |
| Education* | | | | |
| Less than High School Diploma | 284 | 44 | 8862 | 13.9 (10.2, 18.7) |
| High School Diploma or GED | 3234 | 396 | 48993 | 11.4 (10.2, 12.6) |
| Income* | | | | |
| Less than \$15,000 | 361 | 85 | 11991 | 20.9 (16.6, 25.9) |
| \$15,000-\$24,999 | 578 | 76 | 9774 | 11.1 (8.6, 14.1) |
| \$25,000-\$34,999 | 344 | 50 | 6589 | 13.3 (9.9, 17.7) |
| \$35,000-\$49,999 | 453 | 48 | 5242 | 8.8 (6.5, 11.9) |
| \$50,000 or more | 1345 | 138 | 16841 | 10.2 (8.5, 12.1) |
| Race and Ethnicity* | | | | |
| White, NH | 2747 | 354 | 44276 | 12.6 (11.2, 14.0) |
| Black, NH | 154 | 18 | 3348 | 10.3 (6.1, 17.0) |
| Other, NH | 192 | 30 | 4653 | 13.1 (8.7, 19.2) |
| Hispanic | 408 | 38 | 5578 | 7.9 (5.6, 11.1) |
| Marital Status | | | | |
| Married | 2073 | 214 | 26750 | 9.9 (8.6, 11.4) |
| Divorced | 482 | 81 | 8547 | 14.4 (11.3, 18.3) |
| Never Married | 943 | 140 | 22069 | 13.6 (11.4, 16.2) |
| Federal Poverty Level | | | | |
| Less than 200% | 507 | 87 | 8380 | 14.9 (11.7, 18.8) |
| 200% and Higher | 770 | 81 | 8240 | 10.7 (8.4, 13.4) |
| Peer Group* | | | | |
| Frontier | 139 | 11 | 1429 | 8.4 (4.3, 15.6) |
| Rural | 335 | 39 | 5093 | 12.4 (8.8, 17.3) |
| Densely- Settled Rural | 575 | 67 | 7290 | 10.1 (7.8, 13.1) |
| Semi-Urban | 596 | 84 | 10429 | 13.1 (10.4, 16.4) |
| Urban | 1876 | 239 | 33614 | 11.8 (10.3, 13.5) |

Source: Behavioral Risk Factor Surveillance System, 2013

n is the number of respondents who were currently diagnosed with asthma

Weighted Number is estimated number of women aged 18-44 with asthma

*Interpret with caution: Estimates are based on counts less than 50

NH: Non-Hispanic

