Kansas Maternal and Child Health

Preconception Health, 2013

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Bureau of Epidemiology and Public Health Informatics
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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

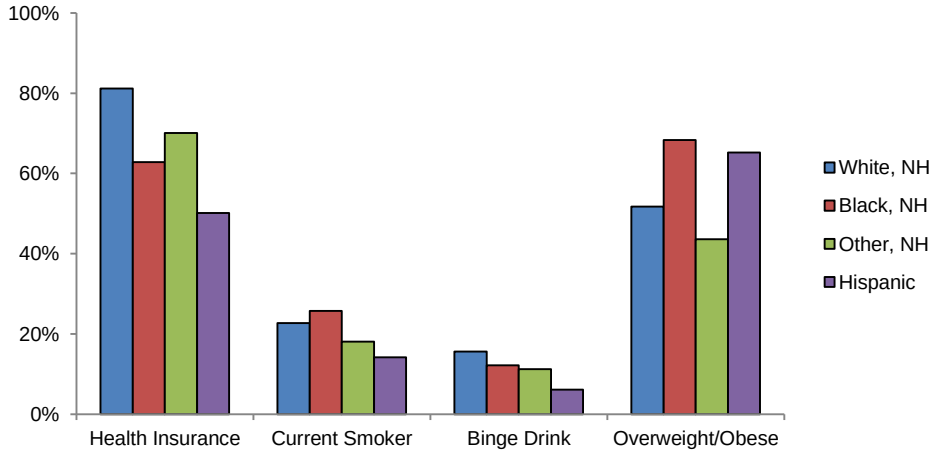
The asterisk (*) notation was used when the sample size is < 50 people for the subgroups. Caution is needed when interpreting indicators with a small number of respondents as the rates may be unstable.

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.

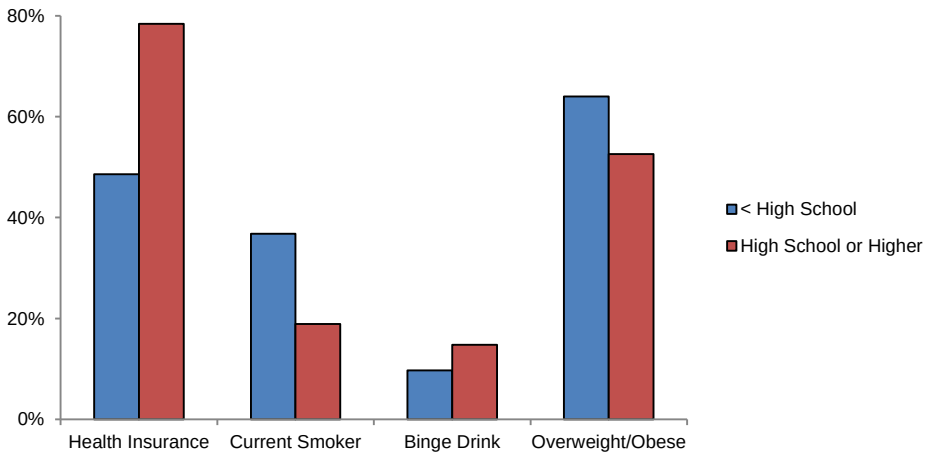
Figure 1 Select Preconception Health Indicators by Race/Ethnicity, Kansas 2013



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

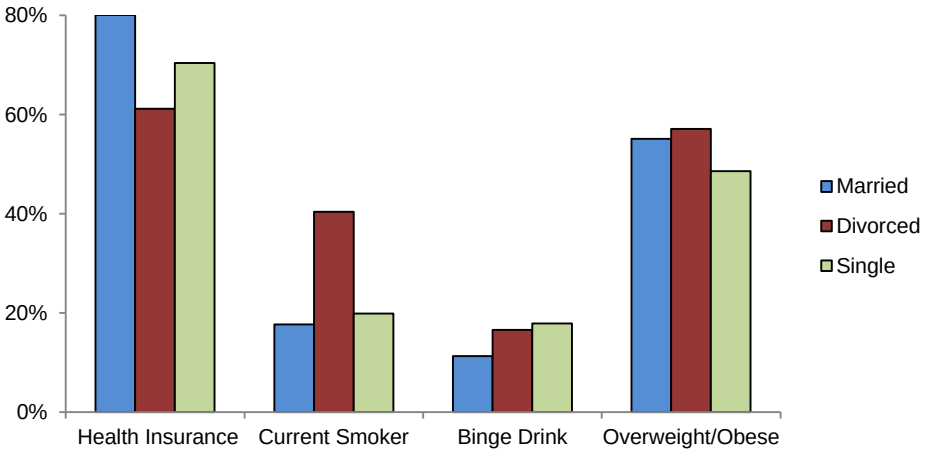
Figure 2 Select Preconception Health Indicators by Education Status, Kansas 2013



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

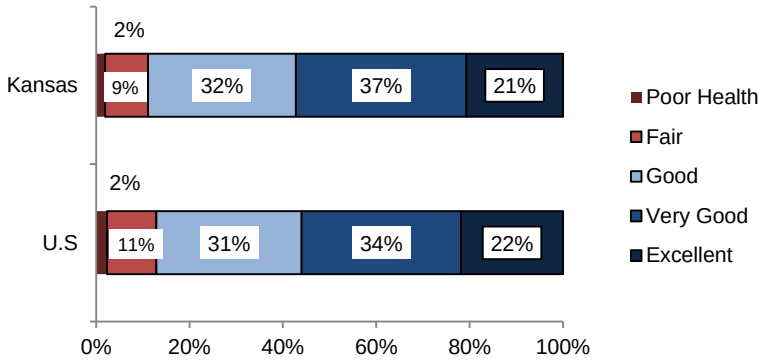
The definition of health evolved to be more than just the absence of disease, injury or disability. Self-related health relates to overall well-being, including **general happiness** and **life satisfaction**.[1,2] Furthermore, lower ratings of health are associated with **increased mortality**, development 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

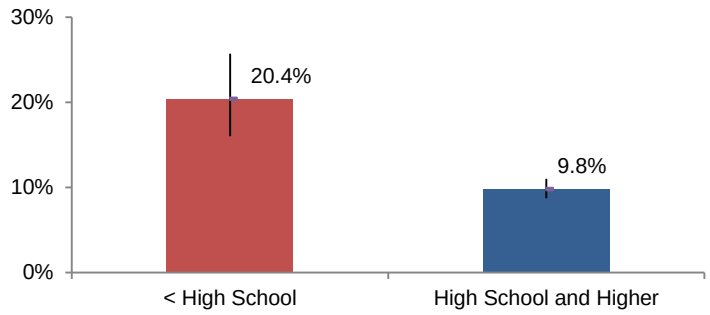
- 1 in 10 (11.1%) of Kansas women of reproductive age reported in Kansas "fair" or "poor" general health, statistically lower than the United States prevalence (12.9%).
- Women with less than a high school diploma were twice as likely to report "fair" or "poor" health (20.4%) compared to those with high 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

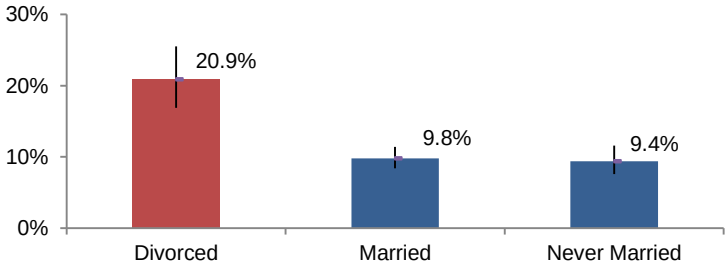


Source: Behavioral Risk Factor Surveillance System, 2013

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

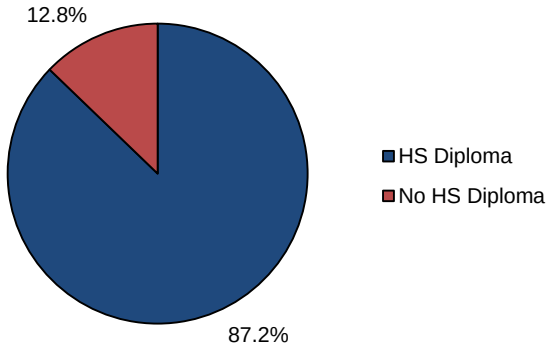
Education is an important indicator of socio-economic status and is a strong predictor of health, especially for women and children.[1] A low education **limits job opportunities** and social resources, which then limits his/her capacity to integrate within society and increases **risk of subsequent 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

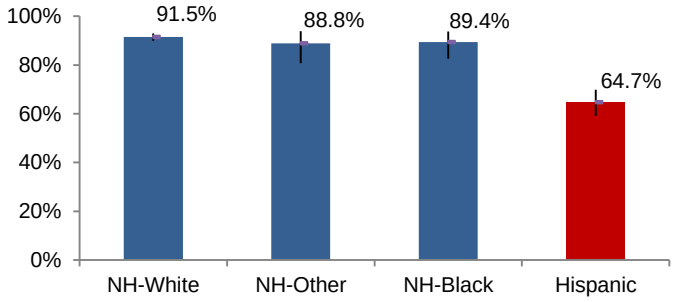
- 7 in 8 (87.2%) of Kansas women reproductive age did graduated from high school or obtain GED. This was slightly higher, but not significant than the United States overall (85.9%).
- Hispanic women were least likely to have a high school diploma or GED (64.7%) compared to other race and ethnicity groups.
- 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

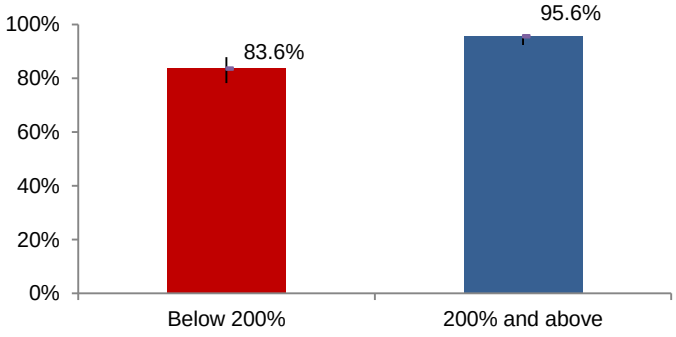


High School Education or Higher by Race/Ethnicity
Kansas, 2013



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

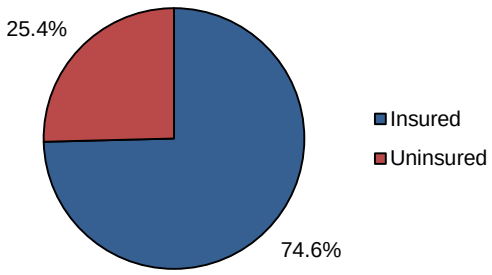
Importance

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

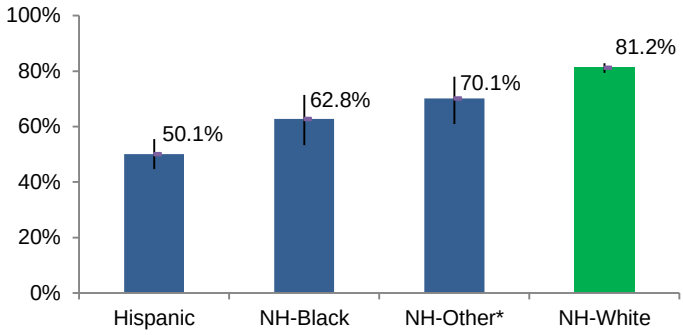
- Three-fourth (74.6%) of Kansas women of reproductive age had health care coverage, lower than the U. S (77.6%).
- Half of women (48.6%) who did not have high school diploma or GED did have health care coverage, statistically lower than those with a high school diploma (78.4%).
- Married women were 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 %).

Insurance Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Insured by Race/Ethnicity*
Kansas, 2013

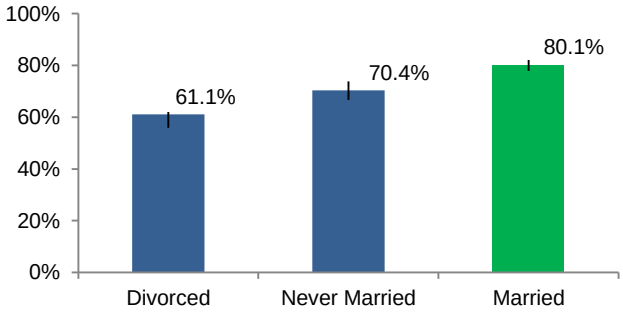


NH: Non-Hispanic
Source: Behavioral Risk Factor Surveillance System, 2013

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

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Routine Checkup in the Past Year

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

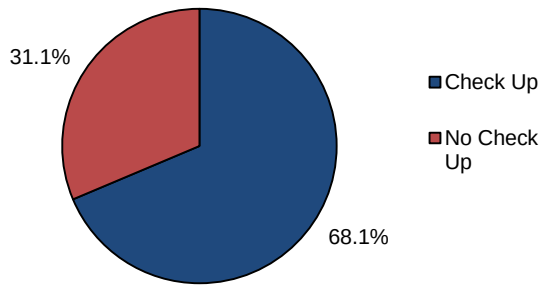
Importance

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

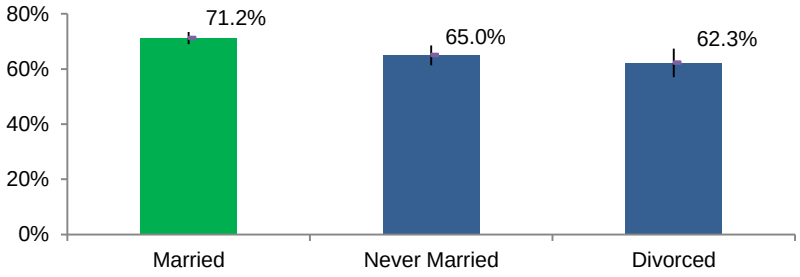
- The Kansas women of reproductive age were more likely to have a routine checkup in past year compared to overall U.S women (68.1% vs. 65.1 %)
- Married women (71.2%) were more likely to have a routine check-up compared to never married and divorced women (65.0% and 62.3 %)
- Women living in households 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

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

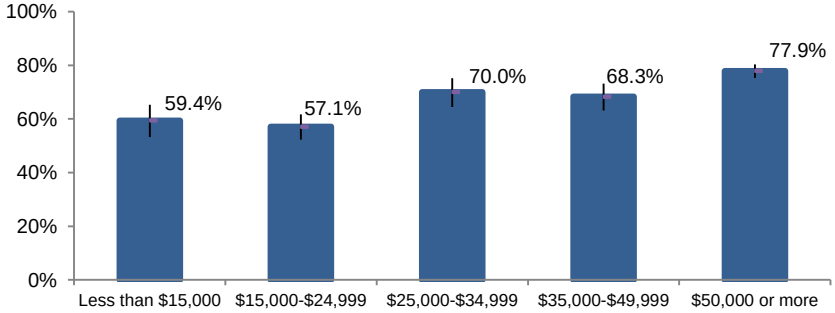


Source: Behavioral Risk Factor Surveillance System, 2013

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

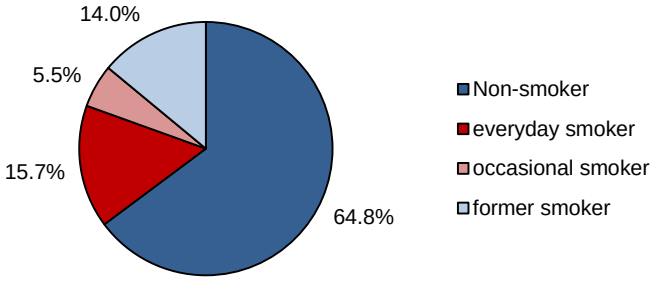
Importance

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

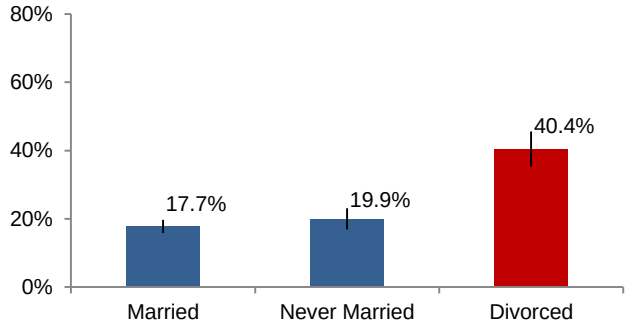
- Approximately 1 in 5 (21.2%) Kansas women of reproductive age were current smokers; this is higher proportion than the United States (17.8%).
- As income level increased, proportion of smokers decreased.
- Divorced/Separated women had double the proportion (40.4%) compared to married or single women (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

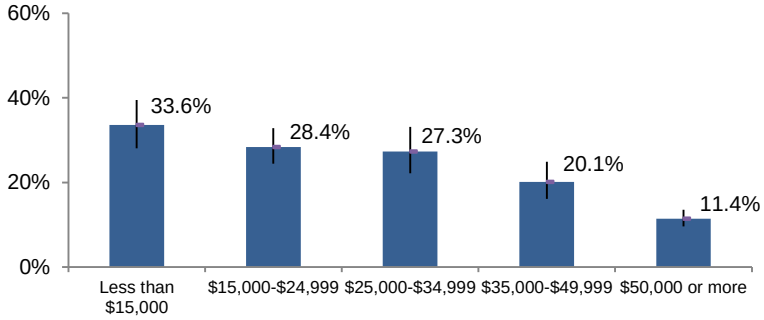


Source: Behavioral Risk Factor Surveillance System, 2013

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

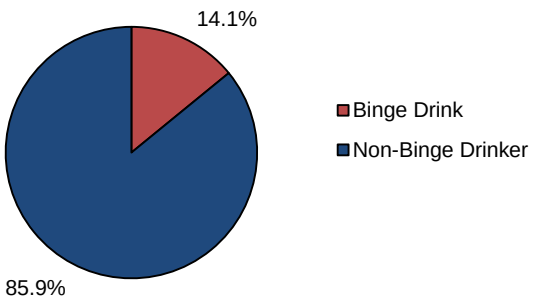
Importance

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

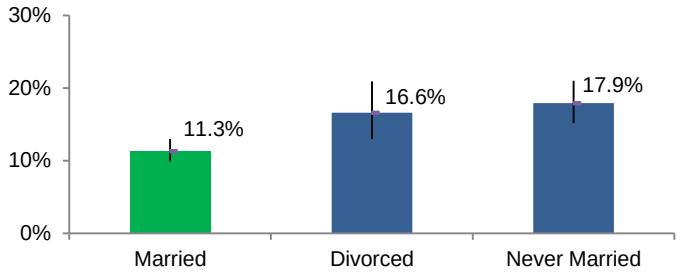
- 1 in 7 (14.2%) women of reproductive age binged drink in the past month, which is significantly lower than the United States (16.8%).
- Married women had a slightly lower proportion of binge drinkers (11.3%) compared to divorced (16.6%) or never married women (17.9%).
- Women aged 35 to 44 had the 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



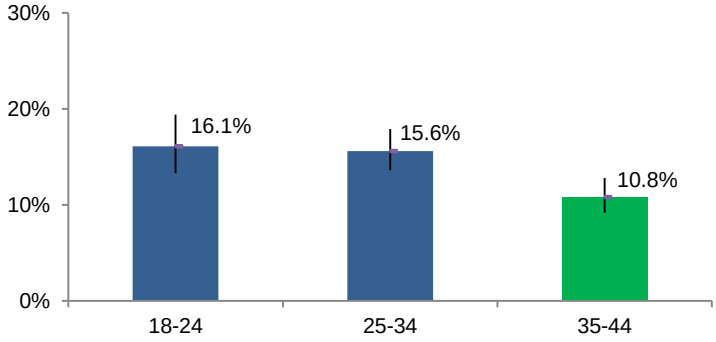
Source: Behavioral Risk Factor Surveillance System, 2013

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

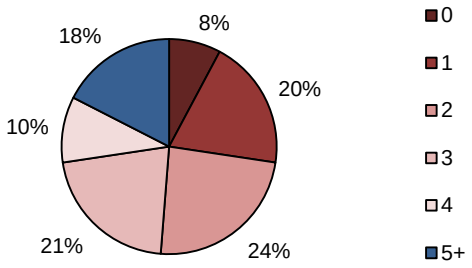
Eating a diet rich in fruits and vegetables helps with weight management, prevention of chronic disease and intake of essential vitamins and minerals.[1,2] Maternal nutritional status is an important determinant of placental and fetal growth, and studies demonstrate a positive association between healthy 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

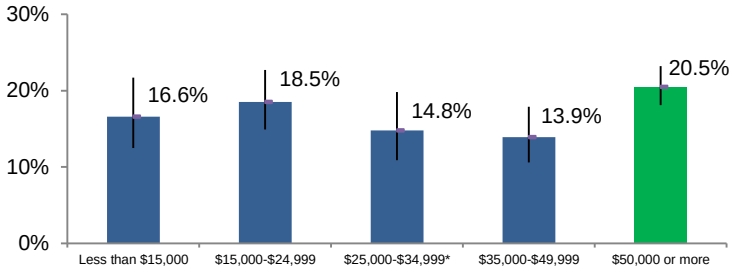
- About 1 in 6 (17.4 %) women ate the recommended amount of fruits and vegetables; this was statistically less the United States (20.8%).
- Women who had never married (13.8%) are less likely to eat the recommended fruits and vegetables compared to married women (19.9 %).
- Woman living in households 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



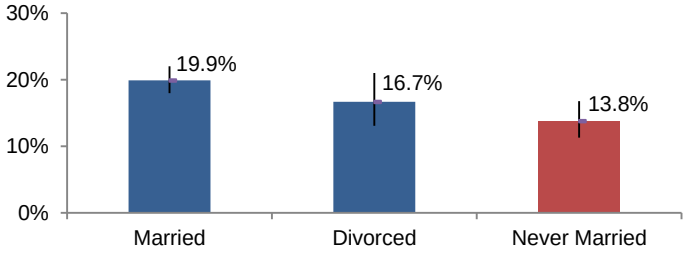
Source: Behavioral Risk Factor Surveillance System, 2013

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.

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



Source: Behavioral Risk Factor Surveillance System, 2013

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.

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. Availabe 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

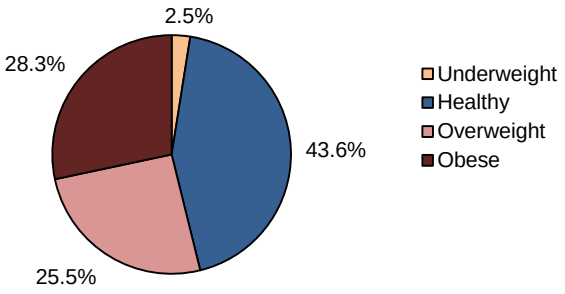
Importance

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

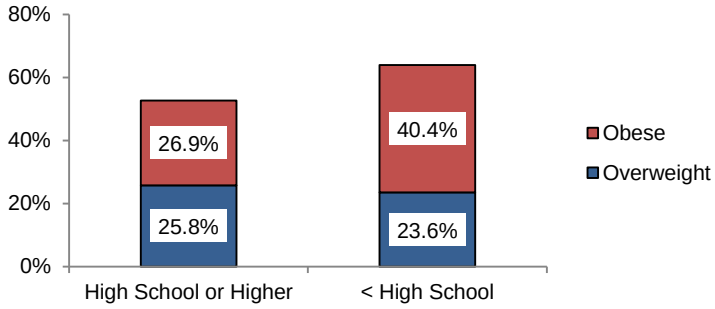
- Approximately half of women of reproductive age were considered overweight or obese (53.8%).
- As age group increased, the proportion of overweight/obese increased.
- Women without a high school degree (64.0%) were more likely to be overweight or obese than women with a degree (52.6%).
- NH-other women (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

Weight Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Overweight or Obese by Education Level for Kansas , 2013

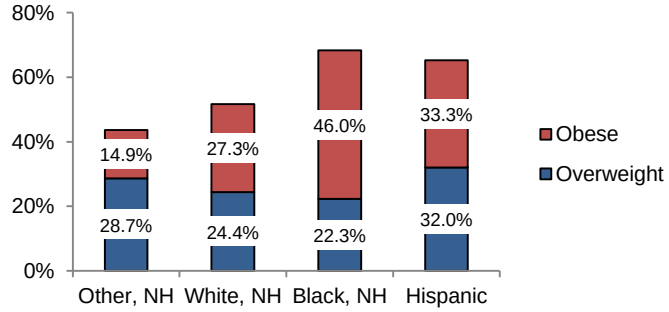


Source: Behavioral Risk Factor Surveillance System, 2013

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/Ethnicty, 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 ovesity 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]

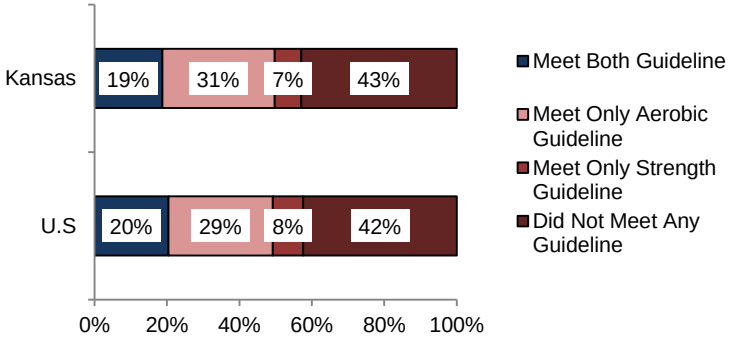
The recommended levels of physical activity for adults based on CDC guidelines is150 minutes of moderate activity or 75 minutes of vigorous levels plus strength training on the major muscles groups twice a week.

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.

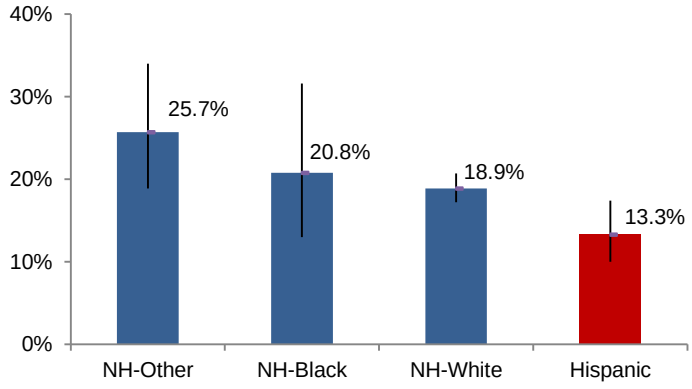
*Interpret with caution: Estimates are based on counts less than 50

Meet Physical Guidelines:
Kansas and the United States 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Meet Physical Guidelines by Race/Ethnicty
Kansas, 2013

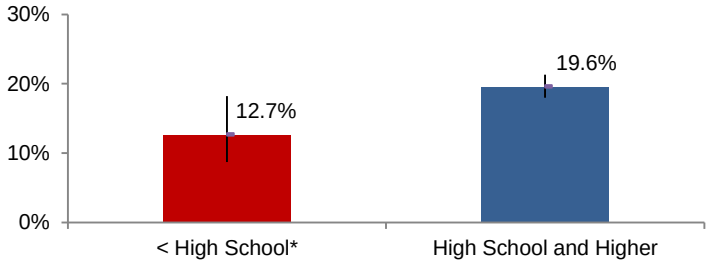


Source: Behavioral Risk Factor Surveillance System, 2013
NH is Non-Hispanic

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

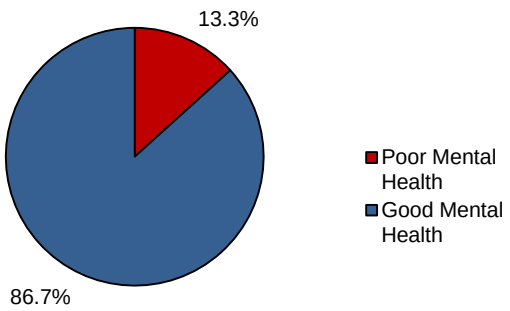
Importance

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

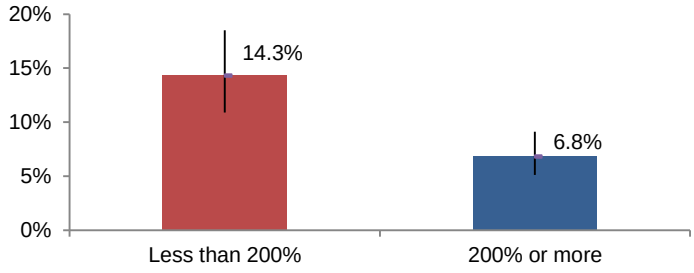
- Kansas women of reproductive age had a slightly lower prevalence of mental distress (13.3%), but not significant, than the overall United States (14.3%).
- As income level increased, the proportion of mental distress decreased.
- Women living below 200% of the poverty level were more likely to have 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 Povery Level Kansas, 2013

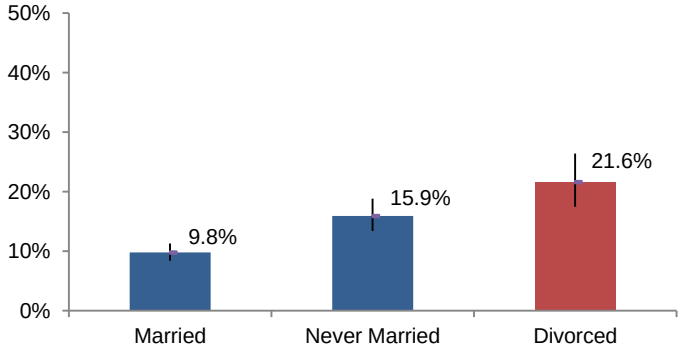


Source: Behavioral Risk Factor Surveillance System, 2013

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

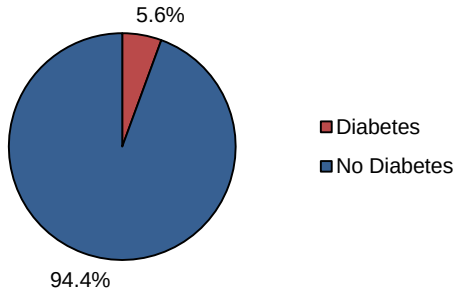
Importance

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

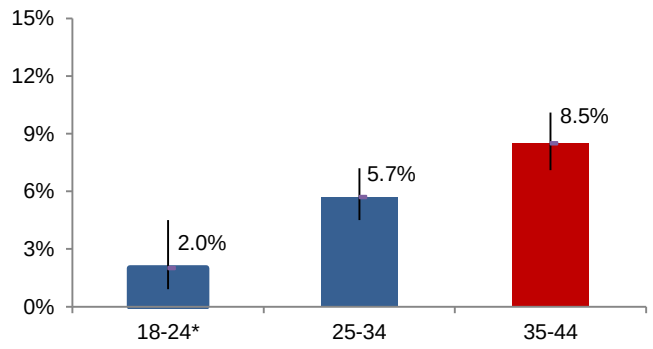
- Kansas (5.6%) had the same prevalence as the overall United States (6.3%).
- As age group increased, so did diabetes prevalence.
- Women with less than high school education were more likely to have diabetes (8.8%) than woman with a diploma (5.1%).
- Hispanic (8.9%) and non-Hispanic black (7.9%) were 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

Diabetes
Kansas, 2013



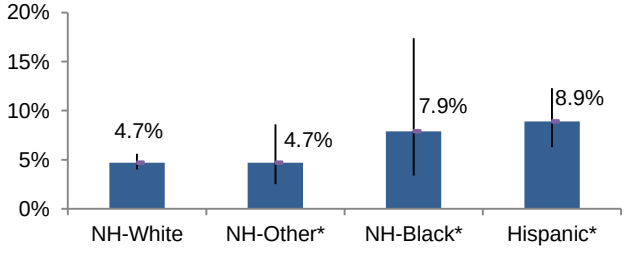
Source: Behavioral Risk Factor Surveillance System, 2013

Diabetes by Age Category*
Kansas, 2013



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

Diabetes by Race/Ethnicity*
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.

Reference

1. 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

Hypertension

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

Importance

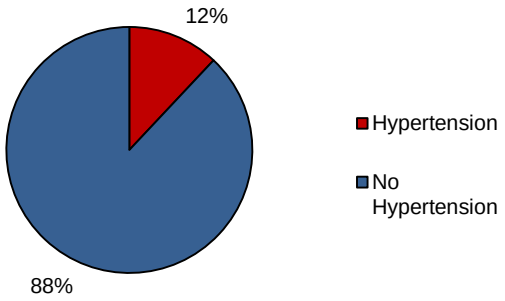
Pregnant women with chronic hypertension are at higher risk for preeclampsia or eclampsia, damage to the central nervous system and kidney damage.[1,2] Potential life threatening conditions related to chronic hypertension during pregnancy include preterm delivery, intrauterine growth retardation, placental 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.

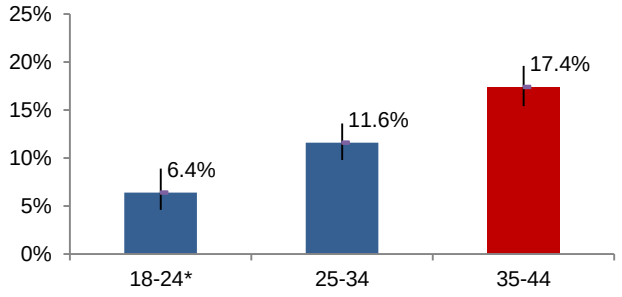
*Interpret with caution: Estimates are based on counts less than 50

Hypertension
Kansas 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Hypertension by Age Category*
Kansas, 2013

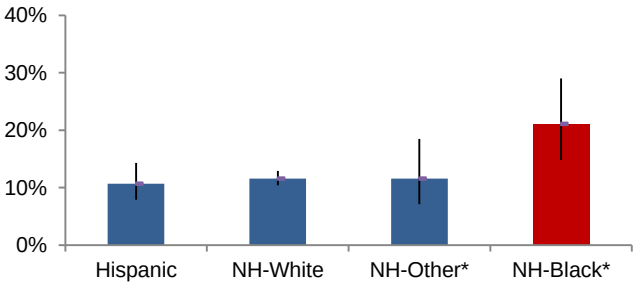


Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50: interpret with caution.

What can be done?

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

Hypertension by Race/Ethnicity*
Kansas, 2013



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 Gyneco 2008; 199 (6 Suppl 2): S310-27

Asthma

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

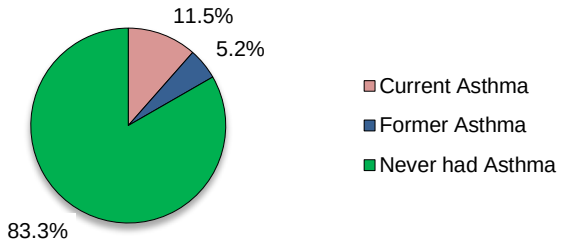
Importance

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

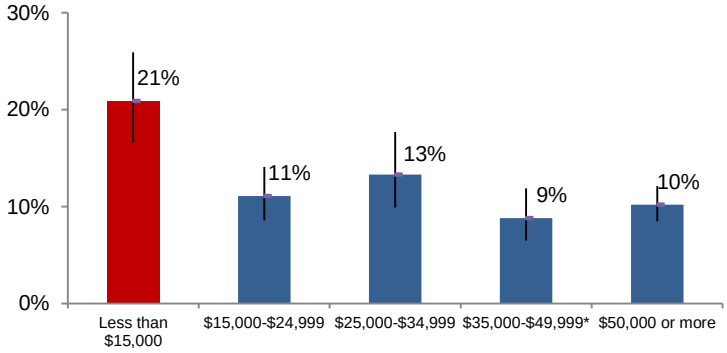
- Kansas women of reproductive age (11.7%) had about the same prevalence as the United States for current asthma (11.5%).
- There was no difference in age category, federal poverty level and education status*.
- Women in households making less than $15,000 a year had the highest percentage of current 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%).

Asthma Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

Asthma by Income*
Kansas, 2013

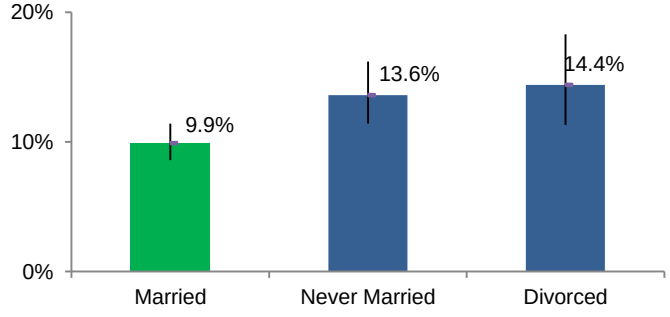


Source: Behavioral Risk Factor Surveillance System, 2013
*Note: Sample size <50: interpret with caution.

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.

Asthma by Marital Status
Kansas, 2013



Source: Behavioral Risk Factor Surveillance System, 2013

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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 binged 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