



KANSAS HEALTH INSTITUTE

*Informing Policy. Improving Health.*

# DEMYSTIFYING THE RANKINGS:

*Practical Applications for Effective  
Policymaking*

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April 22, 2021

Virtual Convening

# Zoom Norms and Recommendations:

- Have access to the Chat Window and be ready to type.
- Mute when not speaking.
- Use headphones to reduce background noise.
- Technical issues can be raised in the Chat Window, “IT Help”.



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Exit Full  
Screen

# Helpful Hints for KHI Zoom Meetings

If you would like to minimize the number of participants appearing on your screen, you can hide all nonvideo participants using the “three dots” that appear as you hover over a participant’s window. If you have technical questions, please add them to the chat window. Thank you!



Mute

Stop or Start  
Video

Click on arrow by participants. At the Right Lower corner click on Raise Hand. When you click on Raise Hand a blue hand appears in the upper Right Hand corner. When you want to lower your hand, click on the Lower Hand icon.

Chat: Click to read or type to chat. Please use chat function to ask questions.

Leave Meeting

# WHO WE ARE

- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation and located directly across from Kansas Statehouse.
- Committed to convening meaningful conversations around tough topics related to health.



# TODAY'S AGENDA

1. Considerations for interpreting rankings
2. Overview of three health-related rankings
  - Mental Health in America Rankings
  - America's Health Rankings
  - County Health Rankings & Roadmaps
3. Practical applications for policy-making
  - Panel discussion

# PANELISTS



Brian McKiernan  
Commissioner for the  
Unified Government of Wyandotte County/Kansas City,  
Kansas, District 2



Mary C. Jones, LCMFT, LCAC  
President and CEO  
Mental Health Association of South Central Kansas



Hina Shah, M.P.H.  
Senior Analyst



Tatiana Lin, M.A.  
Senior Analyst &  
Strategy Team Leader



D. Charles Hunt, M.P.H.  
Senior Analyst

# **Hina Shah, Tatiana Lin & D. Charles Hunt**

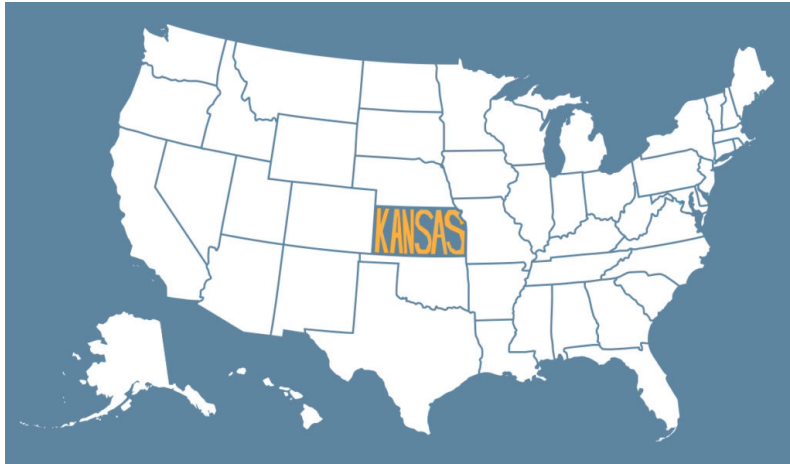
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*Kansas Health Institute*

**1.**

# **CONSIDERATIONS FOR INTERPRETING RANKINGS**

# HOW ARE RANKINGS HELPFUL?



## Social Determinants of Health

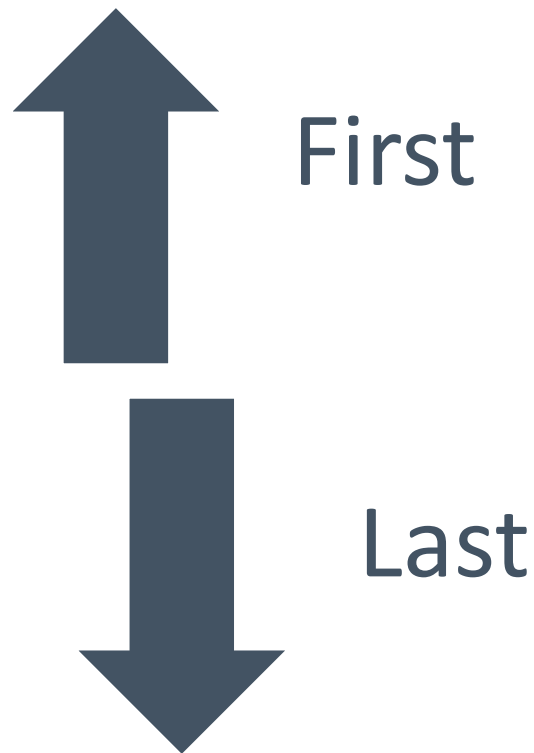


# CONSIDERATIONS AROUND RANKINGS

Who Publishes	What is Published	Initial Launch	Most Recent Edition	Unit of Analysis
Number of Data Sources	Indicators	Domains	Composite Scores	Weighting
	Selection of Measures	Data Years	Limitations	

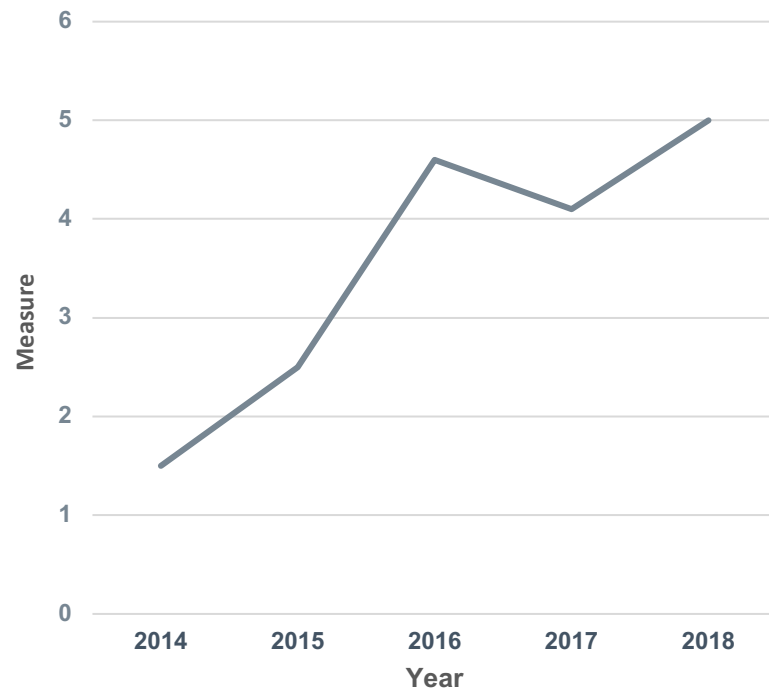
# CONSIDERATIONS AROUND RANKINGS

The rank of a state or county depends on what is happening in other states or counties, meaning rankings are a relative measure of health.



# CONSIDERATIONS AROUND RANKINGS

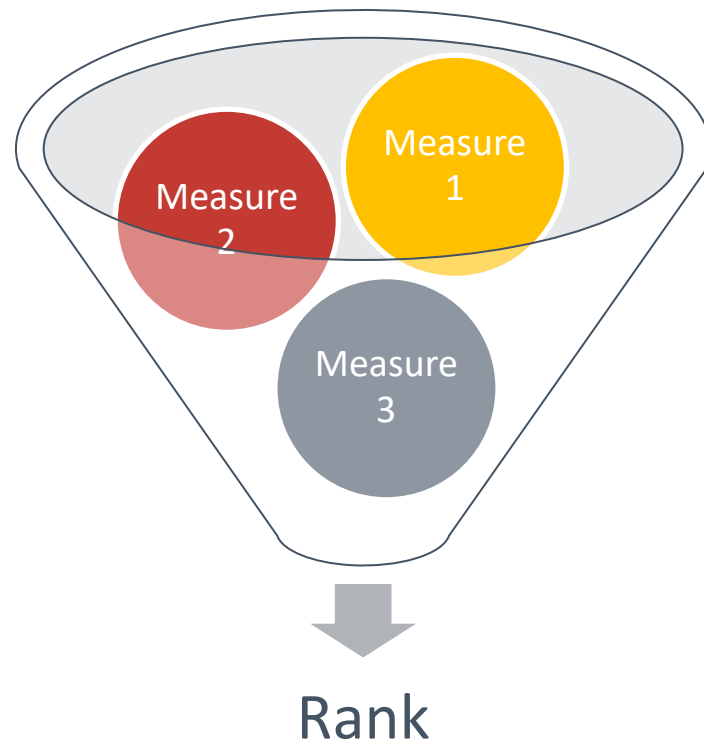
To monitor progress over time, it is important to examine the underlying measures because not all changes in rank translate into actual declines or improvements in health.





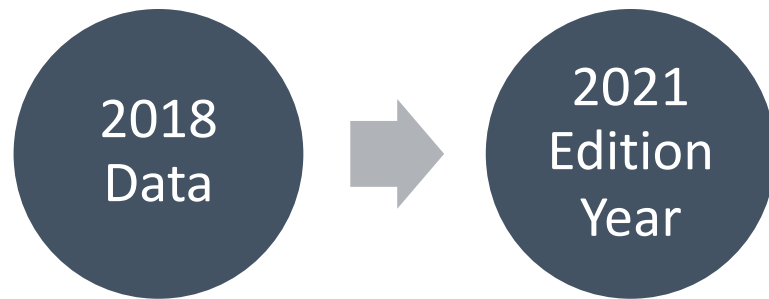
# CONSIDERATIONS AROUND RANKINGS

The measures that are used to compile the rankings are diverse, and their sources and methodologies can change over time.



# CONSIDERATIONS AROUND RANKINGS

While the most recently available data are used in the rankings, the edition year of the ranking is not the same as the associated data year(s), meaning there is a lag in the data.



# CONSIDERATIONS AROUND RANKINGS

For some measures, multiple years of data are combined to achieve a sufficient sample size and provide a reliable estimate.





# HOW TO USE RANKINGS

Rankings can serve as a starting point for conversations.



*Source: Mental Health America, America's Health Rankings, County Health Rankings & Roadmaps.*

**2.**

# **MENTAL HEALTH IN AMERICA RANKINGS**

# ANNUAL REPORT



# DOMAINS AND TOPIC AREAS

Mental Health  
Issues

Substance Use  
Issues

Access to  
Insurance

Access to  
Adequate  
Insurance

Access to  
and Barriers to  
Accessing Mental  
Health Care



# 2021 Measures

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

# METHODOLOGY

A standardized score is calculated for each measure for each state

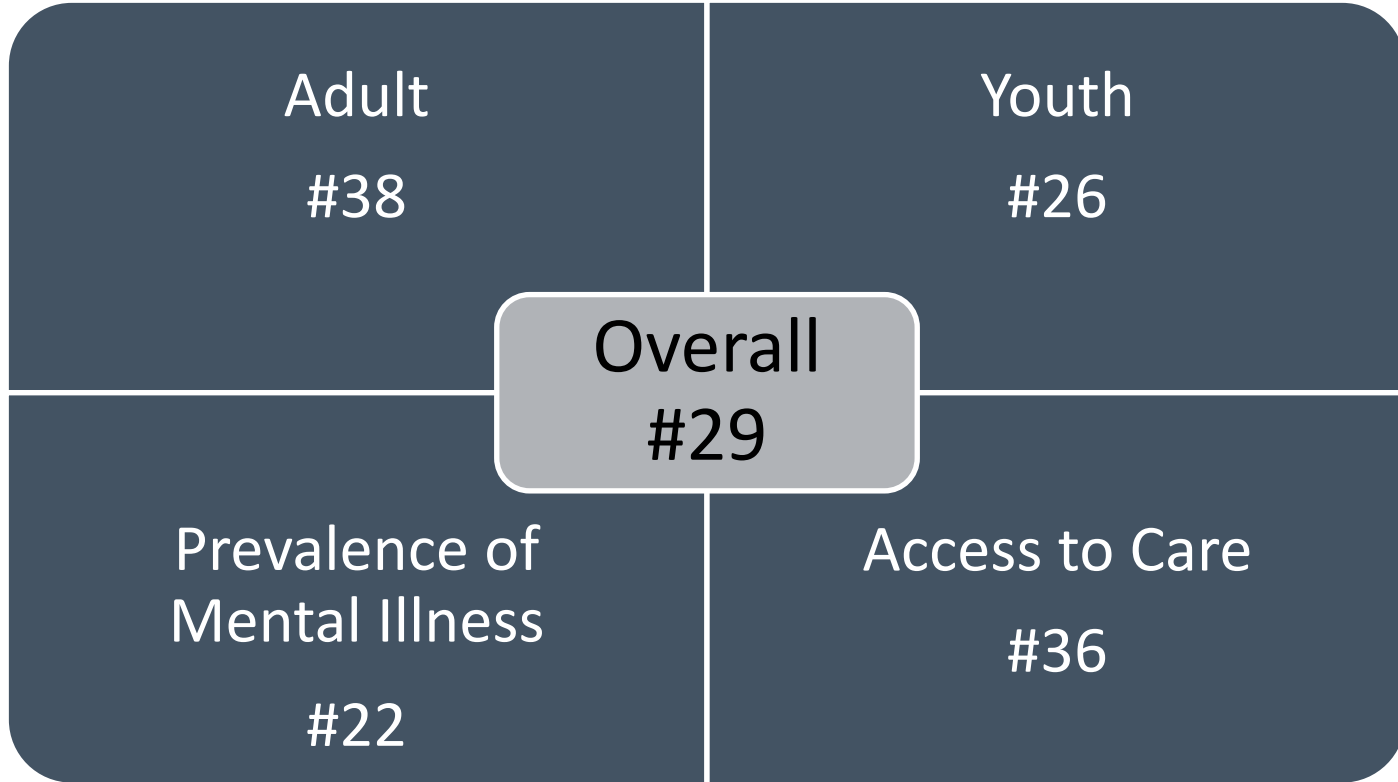


No weights are applied for any measure



State is ranked by sum ( $\Sigma$ ) of the standardized scores for all measures

# 2021 KANSAS MHA RANKINGS



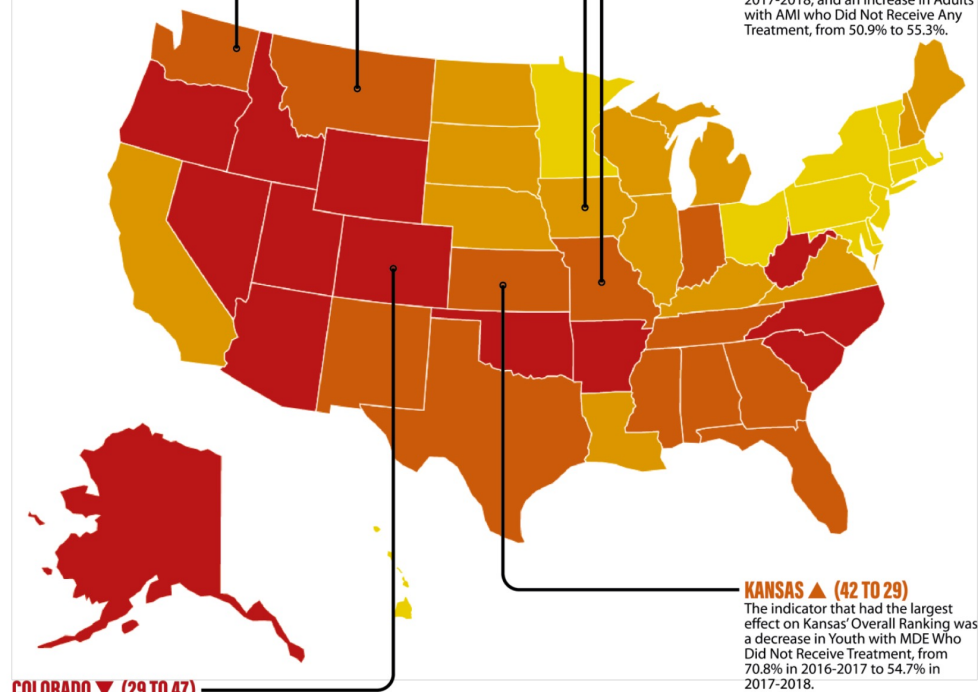
Source: Mental Health America

# LARGEST CHANGES IN OVERALL RANKINGS: 2020-2021

- The indicator that had the largest effect on the Kansas Overall Ranking was a decrease in Youth with a Major Depressive Disorder Who Did Not Receive Treatment.

**MONTANA ▲ (43 TO 30)**  
The indicator that had the largest effect on Montana's Overall Ranking was a decrease in Youth with MDE Who Did Not Receive Treatment, from 63.2% in 2016-2017 to 55.6% in 2017-2018.

**WASHINGTON ▲ (45 TO 31)**  
The indicator that had the largest effect on Washington's Overall Ranking was a decrease in Youth with MDE Who Did Not Receive Treatment, from 59.1% in 2016-2017 to 47.0% in 2017-2018.



**COLORADO ▼ (29 TO 47)**  
The largest effect on the overall ranking for Colorado was an increase in the prevalence of Adults with Substance Use Disorder, from 9.07% in 2016-2017 to 11.9% in 2017-2018.

# INFORM POLICYMAKING

Were there any significant policy changes or program initiatives for Youth with Major Depressive Episode between 2016-2018?

Mental Health America - Ranked Measures	KS Rank
1. Adults with Any Mental Illness (AMI)	#25
2. Adults with Substance Use Disorder in the Past Year	#14
3. Adults with Serious Thoughts of Suicide	#32
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year	#35
5. Youth with Substance Use Disorder in the Past Year	#13
6. Youth with Severe MDE	#29
7. Adults with AMI who Did Not Receive Treatment	#12
8. Adults with AMI Reporting Unmet Need	#51
9. Adults with AMI who are Uninsured	#37
10. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs	#36
11. Youth with MDE who Did Not Receive Mental Health Services	#18
12. Youth with Severe MDE who Received Some Consistent Treatment	#21
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems	#34
14. Students Identified with Emotional Disturbance for an Individual Education Program	#39
15. Mental Health Workforce Availability	#36

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# MHA MEASURE – ADULTS WITH AMI WHO REPORT UNMET NEEDS

Edition Year	Data Year	Kansas	Iowa	Oklahoma	Texas	United States
2015	2010-2012	28.1 (#51)	18.2 (#7)	18.6 (#11)	19.3 (#14)	20.8
2017	2009-2014	22.7 (#38)	21.7 (#33)	19.2 (#20)	18.3 (#8)	20.3
2019	2014-2016	21.0 (#29)	19.2 (#13)	19.8 (#17)	16.7 (#3)	20.6
2021	2017-2018	31.6 (#51)	25.5 (#35)	23.5 (#21)	19.9 (#3)	23.6



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“

**Examine the values  
of the underlying  
measures.**

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3.

# AMERICA'S HEALTH RANKINGS

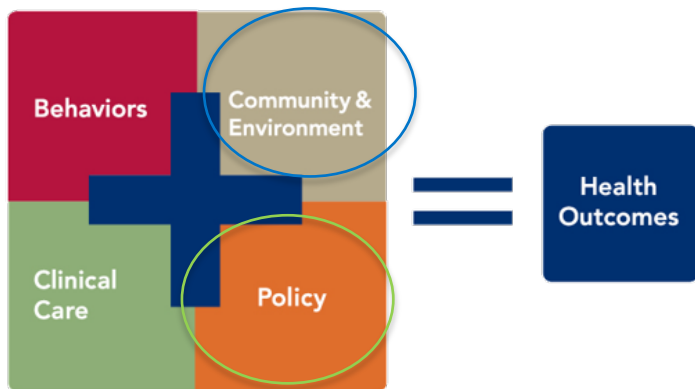


AMERICA'S  
**HEALTH  
RANKINGS**<sup>®</sup>  
UNITED HEALTH FOUNDATION

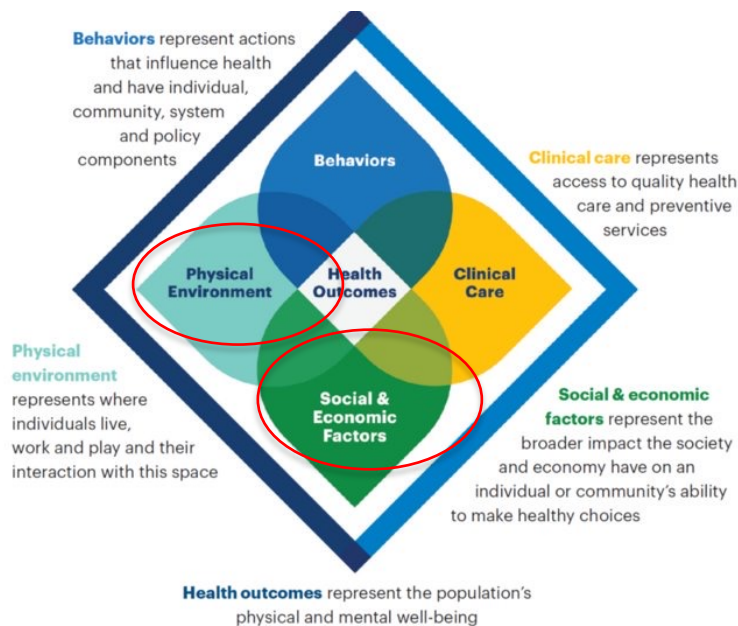
**30** YEARS

# NEW VS. OLD MODEL

## Old Model - Before 2020



## New Model - 2020



Source: America's Health Rankings

# REPORTS

- 2020 Health of Women and Children Report (first published in 2016)
- 2020 Senior Report (first published in 2013)
- 2020 Health of Those Who Have Served
- Annual Report

# ANNUAL REPORT



**74 TOTAL MEASURES**  
**(59 RANKED MEASURES)**



**20 DATA SOURCES**

# 2020 ANNUAL REPORT

9 measures



**Behaviors** represent actions that influence health and have individual, community, system and policy components

15 measures

**Clinical care** represents access to quality health care and preventive services

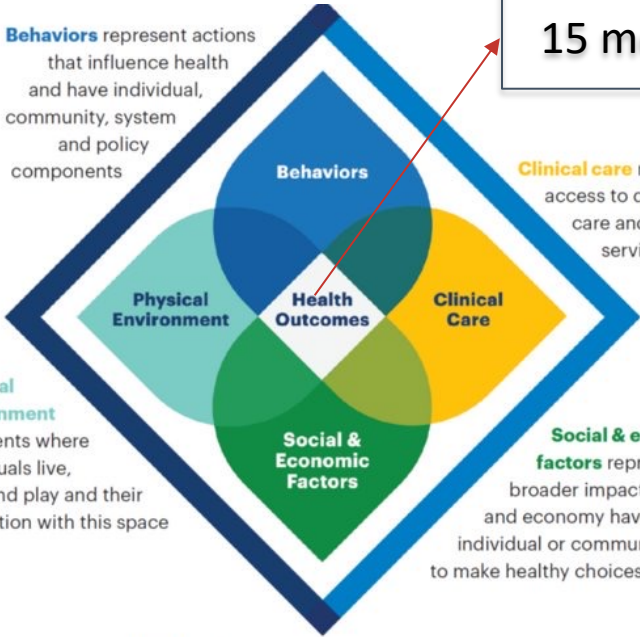


12 measures

10 measures



**Physical environment** represents where individuals live, work and play and their interaction with this space



**Social & economic factors** represent the broader impact the society and economy have on an individual or community's ability to make healthy choices



13 measures

**Health outcomes** represent the population's physical and mental well-being

# EXAMPLES OF MEASURES

Insufficient sleep  
E-cigarette use

**Behaviors** represent actions that influence health and have individual, community, system and policy components

Drug deaths  
Excessive drinking

**Clinical care** represents access to quality health care and preventive services

Avoided care due to cost  
Mental health providers

Climate change policies  
Crowded housing

**Physical environment** represents where individuals live, work and play and their interaction with this space

**Health Outcomes**

**Social & Economic Factors**

**Social & economic factors** represent the broader impact the society and economy have on an individual or community's ability to make healthy choices

Voter participation  
Food insecurity

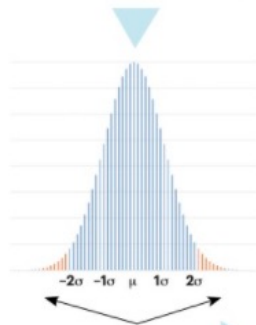
**Health outcomes** represent the population's physical and mental well-being

# METHODOLOGY

Behaviors  
Social & Economic Factors  
Physical Environment  
Clinical Care  
Health Outcomes

1. Gather data.

2. Normalize state values for each measure using U.S. value (calculate score).



3. Eliminate outliers.

4. Multiply by weights.

5. Sum weighted scores.

6. Rank states by sum of all measure scores.

$\Sigma$



# WEIGHTS

CATEGORY WEIGHTS FOR ANNUAL REPORT MODEL	
Category	Weight
Social & Economic Factors	0.30
Physical Environment	0.10
Clinical Care	0.15
Behaviors	0.20
Health Outcomes	0.25

# WEIGHTS

ANNUAL REPORT MEASURES, WEIGHTS AND CORRELATION WITH HEALTH		
Measure Name	Weight	Positive Effect
Occupational Fatalities	0.015	N
Public Health Funding	0.015	Y
Violent Crime	0.025	N
Economic Hardship Index	0.036	N
Food Insecurity	0.025	N
Income Inequality	0.025	N
High School Graduation	0.025	Y
High School Graduation Racial Gap	0.025	N
Adverse Childhood Experiences	0.036	N
High-Speed Internet	0.015	Y
Residential Segregation	0.025	N

# Kansas

State Health Department Website: [kdheks.gov](http://kdheks.gov)

## Summary

### Strengths:

- Low income inequality
- Low prevalence of severe housing problems
- Low prevalence of low birthweight

### Challenges:

- High prevalence of household food insecurity
- Low prevalence of exercise
- High prevalence of obesity

### Highlights:

#### OCCUPATIONAL FATALITIES

▼ **52%** between 1988-1990 and 2016-2018 from 11.5 to 5.5 deaths per 100,000 workers

#### HIGH-SPEED INTERNET

▲ **9%** between 2015 and 2018 from 81.4% to 88.4% of households

#### HPV IMMUNIZATION

▲ **44%** between 2017 and 2019 from 34.4% to 49.5% of adolescents ages 13-17

#### CHLAMYDIA

▲ **66%** between 2007 and 2018 from 234.7 to 488.5 cases per 100,000 population

#### FREQUENT PHYSICAL DISTRESS

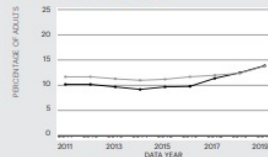
▲ **16%** between 2015 and 2019 from 10.0% to 11.6% of adults

#### SUICIDE

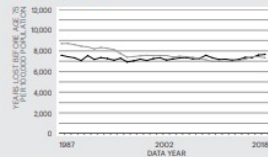
▲ **41%** between 2009 and 2018 from 13.8 to 19.5 deaths per 100,000 population

## Trends

### FREQUENT MENTAL DISTRESS



### PREMATURE DEATH



State — Nation - - - -  
For source details and methodology visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).

## Economic Hardship Index

The economic hardship index compares financial strain between states. It combines six population-level social and economic measures to provide a more complete picture of the difficulties faced by communities than a single measure could provide.

Measure	State Value
Crowded Housing (units with more than one person/room)	1.9%
Dependency (ages 0-17 or ages 65+)	40.4%
Education (ages 25+ without a high school diploma)	8.2%
Per Capita Income	\$32,885
Poverty (households below the poverty level)	11.6%
Unemployment (ages 16-64)	3.9%

## Multiple Chronic Conditions

Chronic conditions are medical conditions that last more than a year, require ongoing medical attention and/or limit activities of daily living. Adults with multiple chronic conditions represent one of the highest-need segments of the population.

Measure	State Value
Arthritis	25.6%
Asthma	9.9%
Cancer (excluding skin)	7.6%
Cardiovascular Disease	8.2%
Chronic Kidney Disease	2.7%
Chronic Obstructive Pulmonary Disease	6.4%
Depression	19.9%
Diabetes	10.8%

Measure	Rating	2020 Value	2020 Rank
<b>Social &amp; Economic Factors *</b>	<b>+++</b>	0.168	21
<b>All Social and Economic Measures</b>			
Community and Family Safety - Annual * Sum of weighted z-scores	++	-0.415	37
Occupational Fatalities Deaths per 100,000 workers	++	5.5	34
Public Health Funding Dollars per person	++	\$64	40
Violent Crime Offenses per 100,000 population	++	411	34
Economic Resources - Annual * Sum of weighted z-scores	+++	0.264	26
Economic Hardship Index Index from 1-100	+++	43	22

RATING	RANK
+++++	1 - 10
++++	11 - 20
+++	21 - 30
++	31 - 40
+	41 - 50

# KANSAS: 2020 RANKING



In 2020 - no state ranking due to Covid-19

*Source: America's Health Rankings*

# 4.

# COUNTY HEALTH RANKINGS AND ROADMAPS

County Health  
Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Gaffney, SC  
 Courier  
 784

Search (press enter) or click virtually all  
 L.C. newspaper news at [gaffneyledger.com](http://gaffneyledger.com)

**THE GAFFNEY LEDGER**  
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Thursday, April 8, 2021

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Front Page Local News Sports  
 Advertising Local Links Lifelines Classrooms

**redplum**  
 CHECK THE GAFFNEY LEDGER  
 EVERY FRIDAY FOR  
 MONEY SAVING COUPONS!

**Cherokee County moves up seven spots in health rankings**

By *Joanien* on April 07, 2021  
 By SCOTT POWELL  
 Ledger Staff Writer  
[spowell@gaffneyledger.com](mailto:spowell@gaffneyledger.com)

Cherokee County already made improvements over the past decade in county health rankings. Funded by the Robert Wood Johnson Foundation, Cherokee County ranked 50th on overall health outcomes for local residents in the 2021 report released Wednesday by the University of Wisconsin Population Health Institute (UWPHI). In 2012, Cherokee ranked 57th out of 46 counties in South Carolina. [Read full story...](#)

Child Festive

Cherokee County

Gaffney, NC  
 Courier  
 784

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# THE GAFFNEY LEDGER

A newspaper in all the best places, devoted to the best interests of the people of Cherokee County.

Thursday, April 8, 2021

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Front Page Local News Sports National and World News  
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 MONEY SAVING COUPONS!

Child  
 TALKS

## Cherokee County moves up seven spots in health rankings

By Jonathan on April 07, 2021  
 By SCOTT FOWELL  
 Ledger Staff Writer  
 sfowell@gaffneyledger.com

Cherokee County already made improvements over the past decade in county health rankings, but in 2021, Cherokee County ranked 30th on overall health outcomes for local residents, Wednesday by the University of Wisconsin Population Health Institute (UWPHI). In 2012, Cherokee County's result was 37th.

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WEXLR NEWS WEATHER SPORTS LIVING LOCAL SENIOR SEND OFF 2021 CONTESTS ABOUT US

LOCAL NEWS

## 2021 County Health Rankings rates 3 southwest Virginia cities among Virginia's 5 least healthy localities



(Photo: Courtesy MDH Online)

By: WEXLR.com Digital Desk  
 Posted: Mar 31, 2021 / 01:01 PM EDT / Updated: Mar 31, 2021 / 01:01 PM EDT

RICHMOND, Va. (WEXLR) — According to the annual County Health Rankings from the University of



**MensHealth**

# These Are the Sleepiest Cities in America

Yaaaaaaaaawwwwwwww. BY JENNIFER HESSMER, SONYA MAYNARD, @MIA.LOVELESS AND PAUL KITA MAR 24, 2021




**POOR SLEEP** can lead to heightened risks of diabetes, hypertension, and obesity, and if you just fell asleep reading this sentence, well, where you live may be to blame.

We analyzed 100 of the largest U.S. cities and scored each according to the bedtimes of its residents and how many of them reported sleeping less than seven hours a night on average.

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By *Journalist* on April 07, 2021  
 By SCOTT POWELL  
 Lodge@al.com  
 spowell@ga.newyorker.com

Cherokee County's healthy made improvements over the last decade in county health rankings. Ranked by the Johnson Foundation, Cherokee County ranked 50th on overall health outcomes for local residents in 2012. Other counties in South Carolina, however, were L...

**WEXR** NEWS WEATHER SPORTS LIVING LOCAL SENIOR SEND OFF 2021 CONTESTS ABOUT US

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(Photo: Courtesy MGA Online)

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SPECIAL REPORT

# These Are the Drunkest States in America

Hristina Byrnes  
 March 18, 2021 9:00 am

Alcohol is enjoyed responsibly by millions of Americans every day. Nearly 60% of adult men and 51% of adult women drink regularly, according to the 2019 National Survey on Drug Use and Health, an annual survey of more than 67,000 U.S. residents.

Many people, however, also report heavy use of alcohol. Approximately 19.0% of adults in the U.S. report regularly consuming unhealthy amounts of alcohol. In some states, excessive drinking rates are higher.

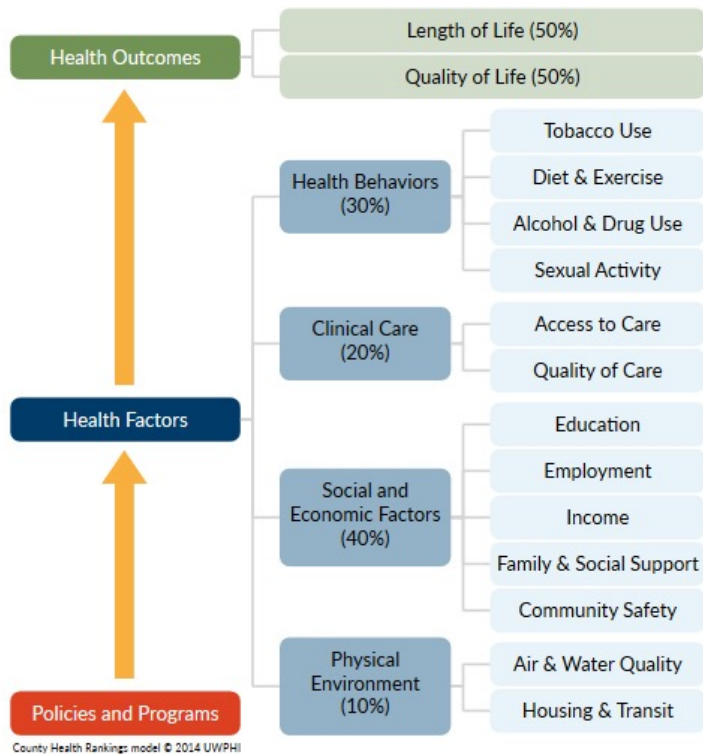
24/7 Tempo reviewed the adult excessive drinking rate in every state from the [2020 County Health Rankings & Roadmaps](#), a Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute joint program, to identify the states with the lowest and highest shares of people reporting binge or heavy drinking.

(Photo: Courtesy MGA Online)

by WFXR.com Digital Desk  
 Posted: Mar 31, 2021 / 01:01 PM EDT / Updated: Mar 31, 2021 / 01:01 PM EDT

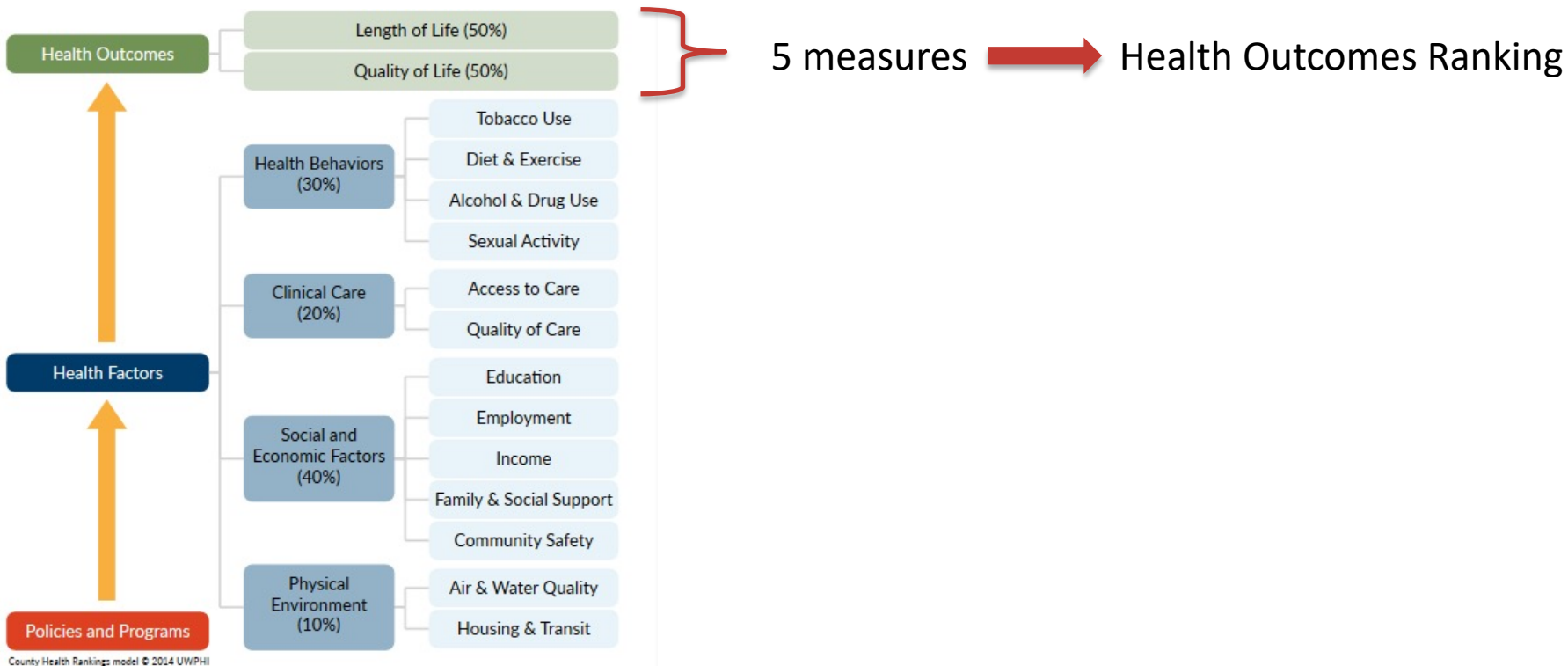
RICHMOND, Va. (WEXR) — According to the annual [County Health Rankings](#) from the University of

# COUNTY HEALTH RANKINGS MODEL

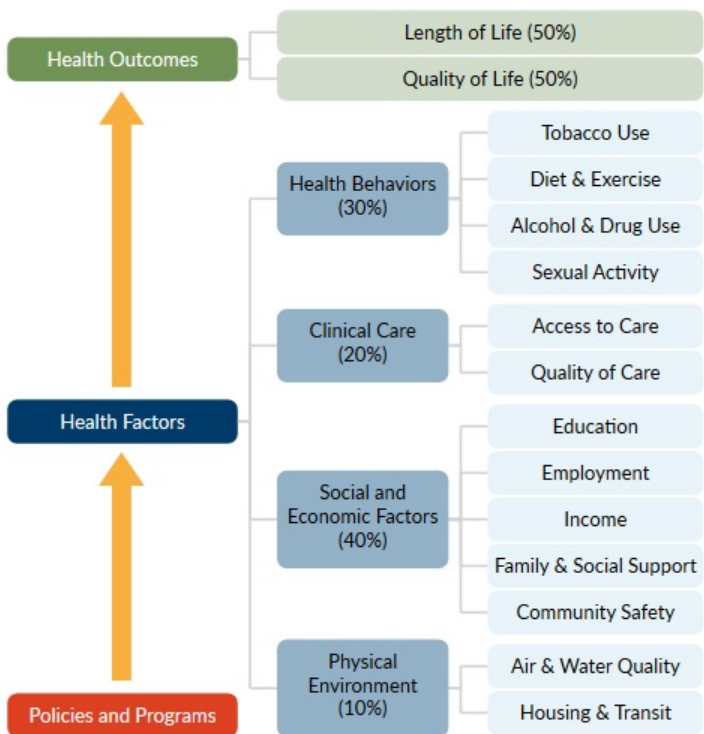


Source: County Health Rankings and Roadmaps, 2021

# COUNTY HEALTH RANKINGS MODEL



# COUNTY HEALTH RANKINGS MODEL

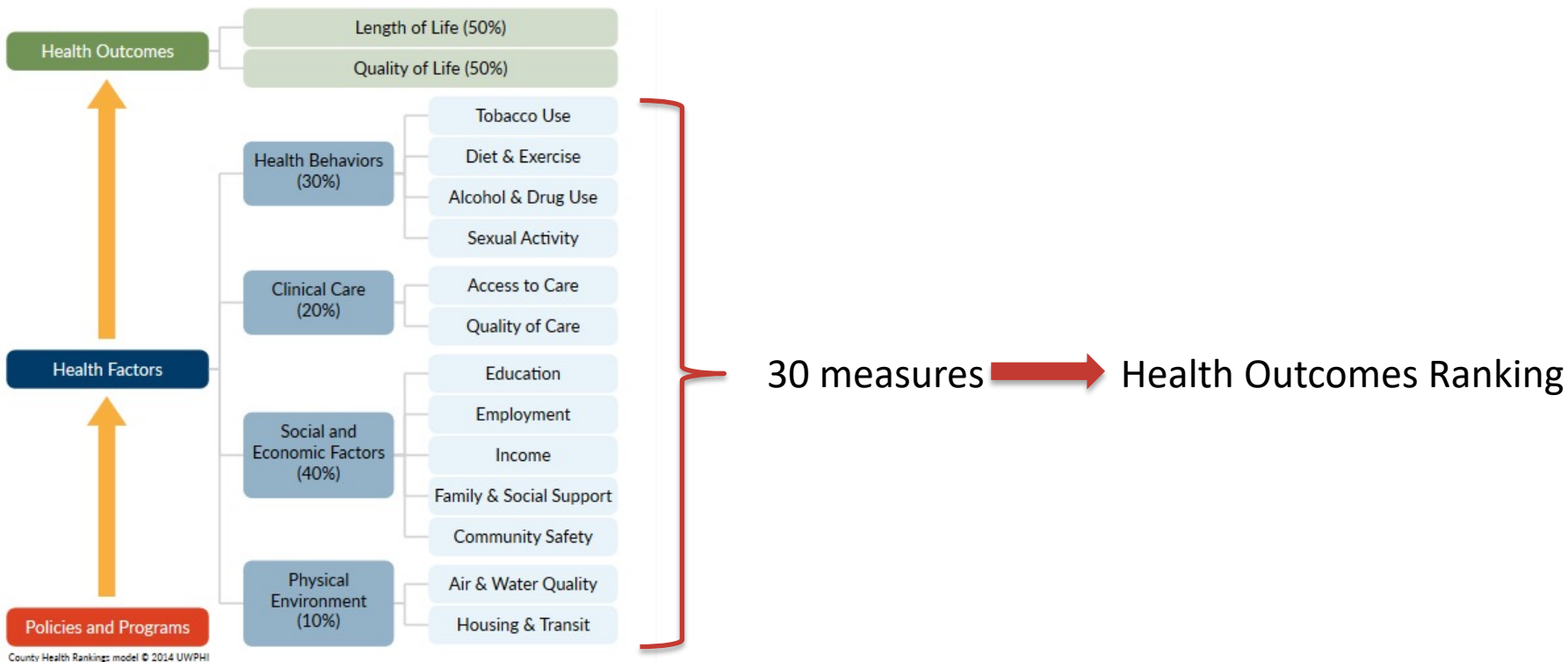


5 measures → Health Outcomes Ranking

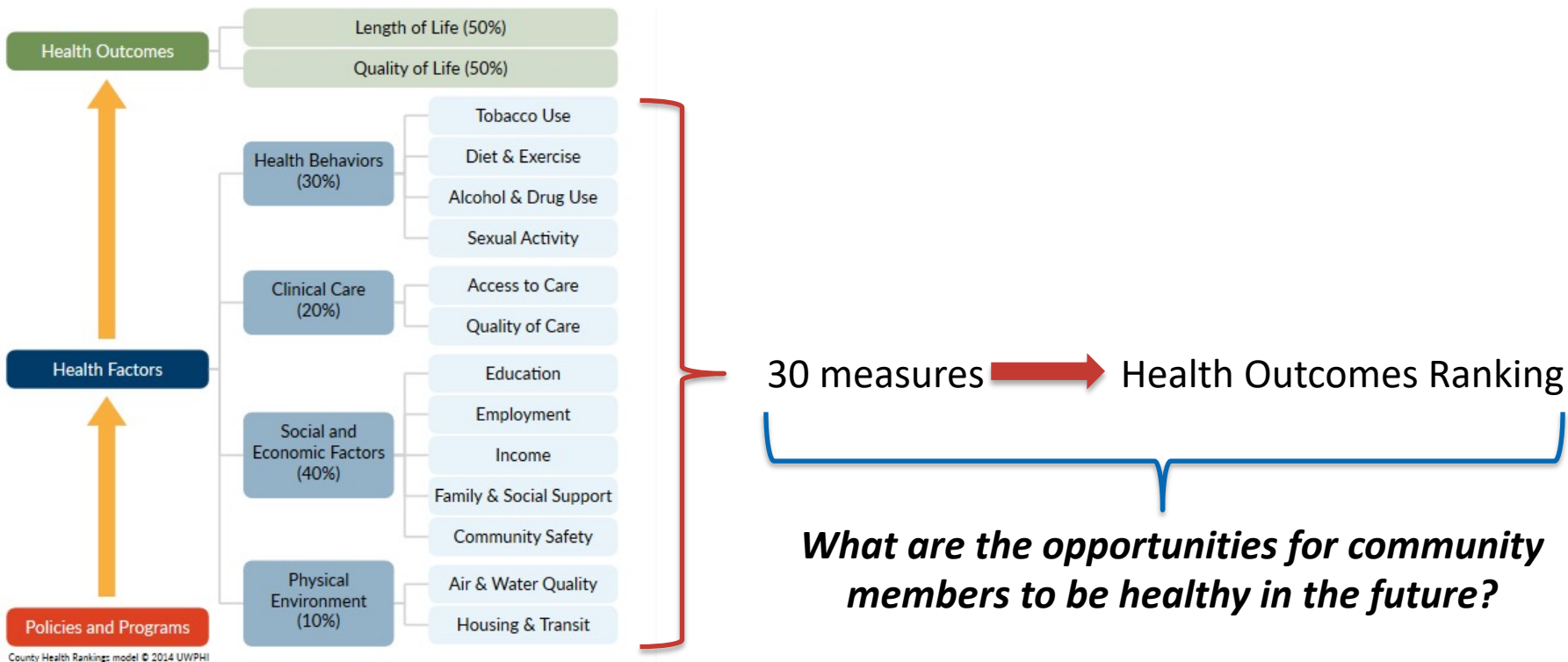
*How healthy are community members in a county now?*

County Health Rankings model © 2014 UWPHI

# COUNTY HEALTH RANKINGS MODEL



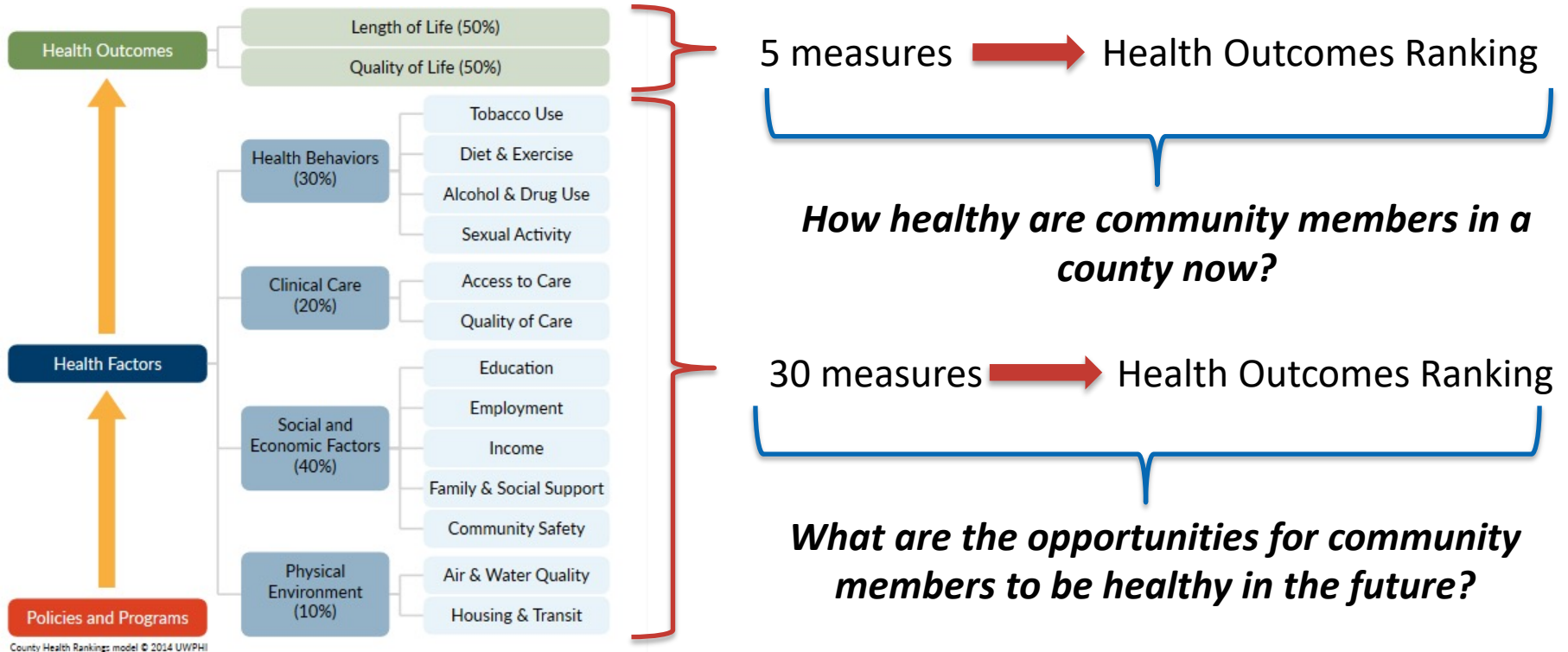
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Source: County Health Rankings and Roadmaps, 2021



# COUNTY HEALTH RANKINGS MODEL



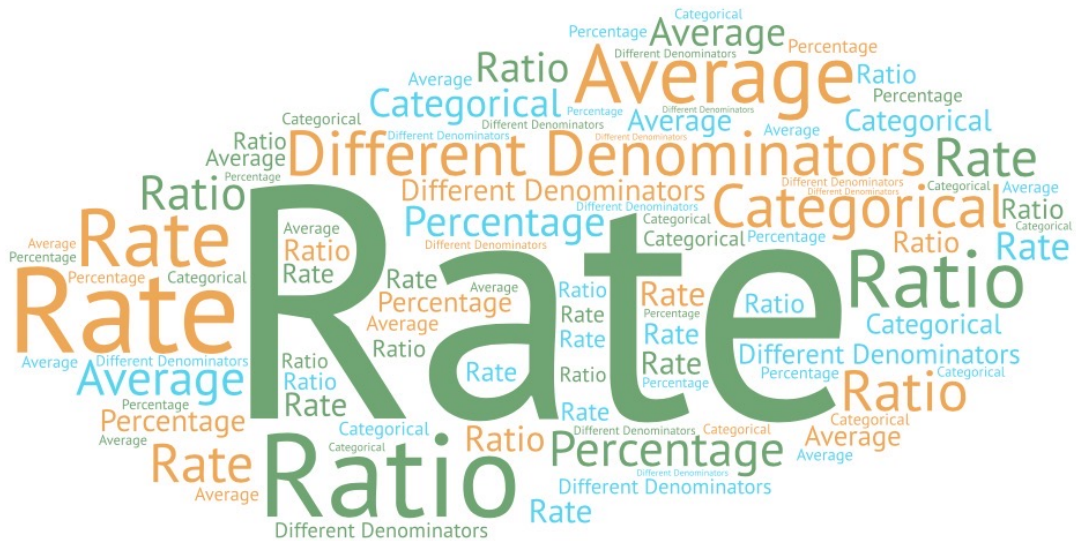
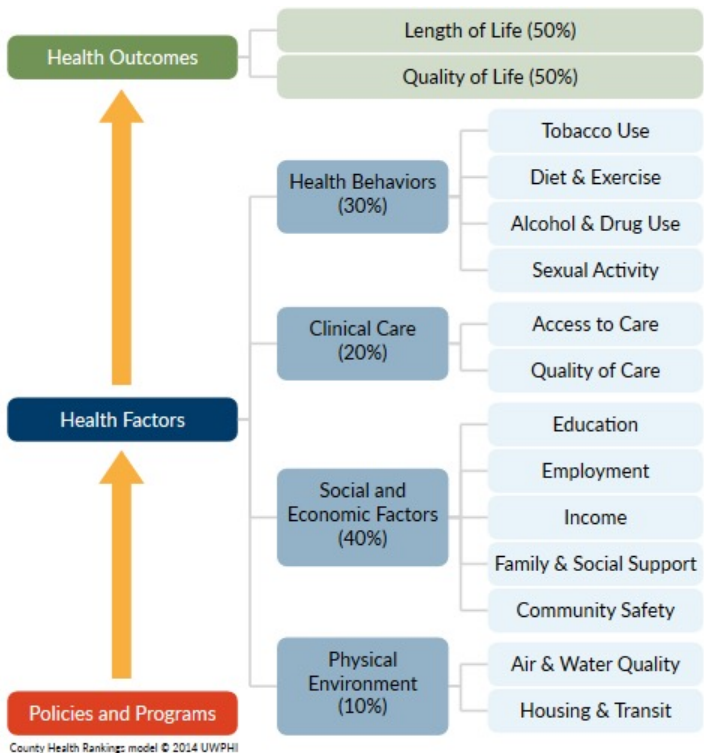
Source: County Health Rankings and Roadmaps, 2021



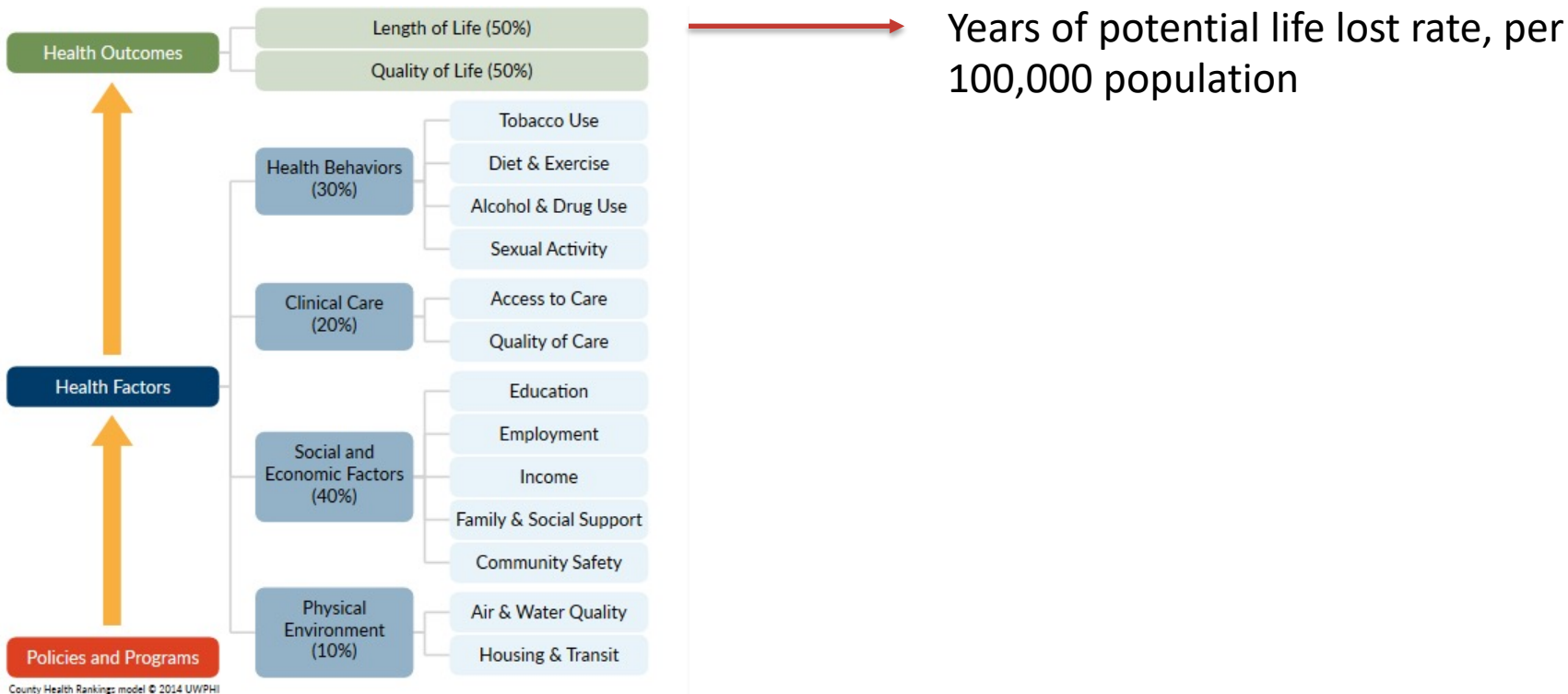
# HOW ARE THE RANKS CALCULATED?



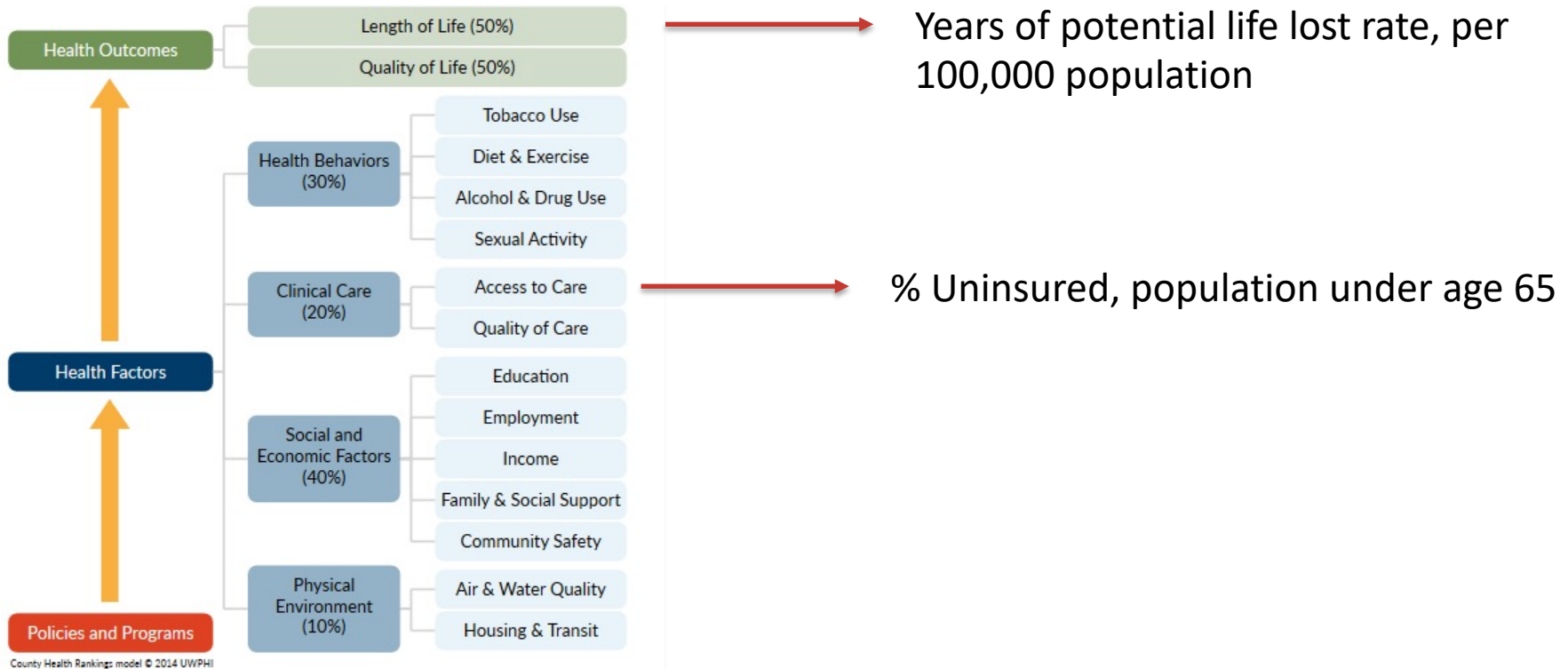
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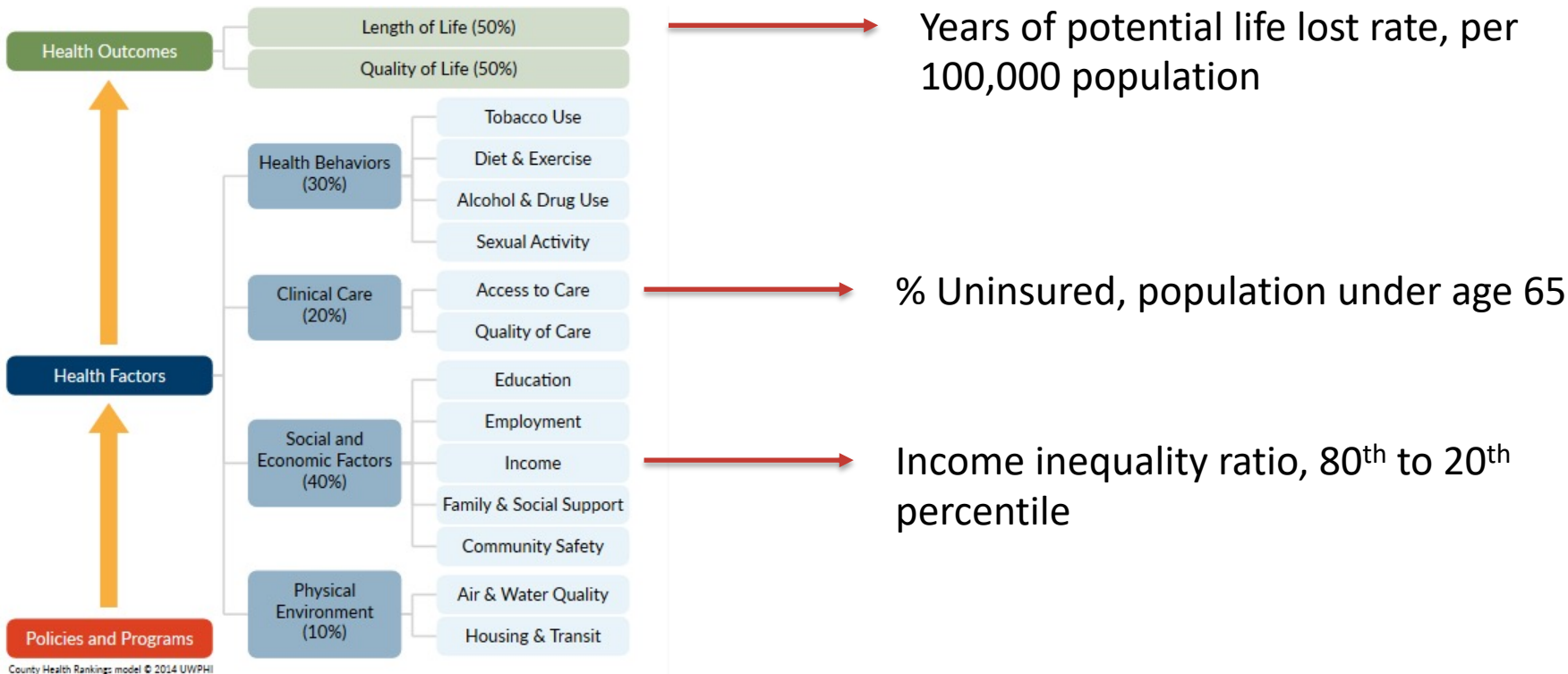


# COUNTY HEALTH RANKINGS MODEL



Source: County Health Rankings and Roadmaps, 2021

# COUNTY HEALTH RANKINGS MODEL

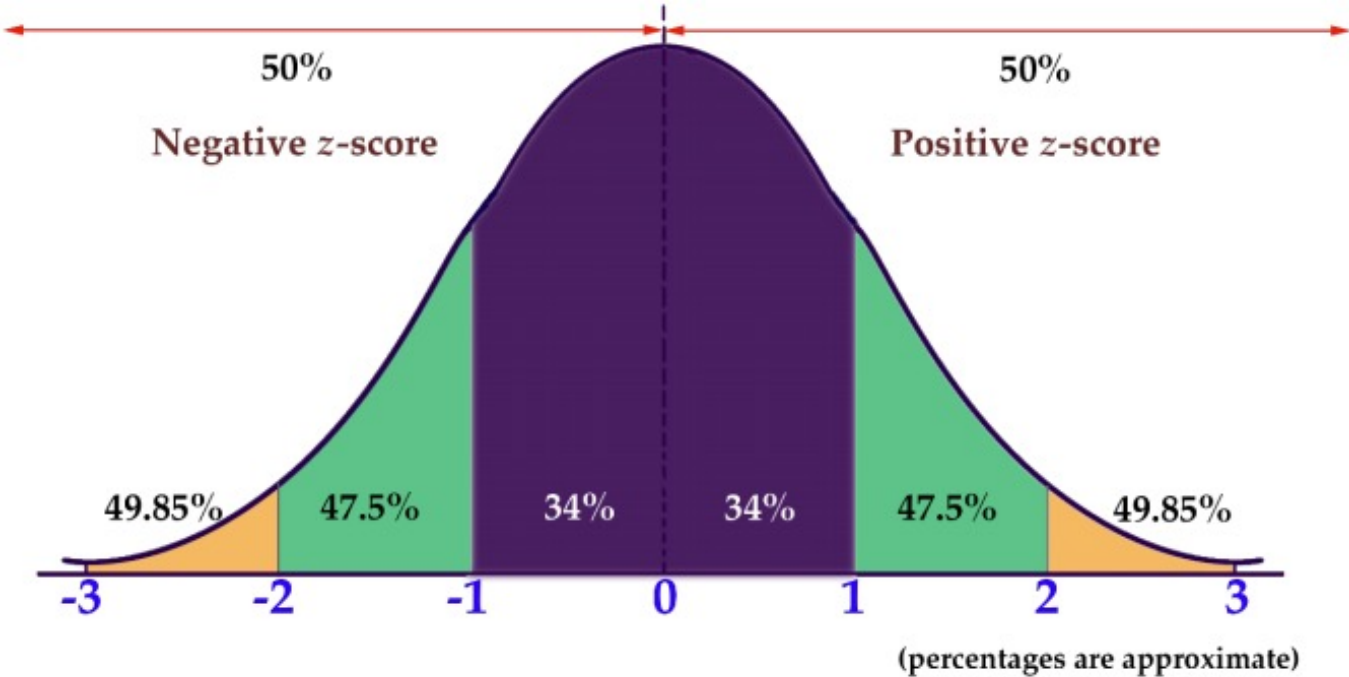


Source: County Health Rankings and Roadmaps, 2021

# STEP 1: STANDARDIZING MEASURES

$$Z = \frac{(\textit{County Value}) - (\textit{Average of Counties in State})}{(\textit{Standard Deviation of Counties in State})}$$

# STEP 1: STANDARDIZING MEASURES



# POP QUIZ!...TRUE OR FALSE?

*The higher the Z-score, the better—or healthier—a county is.*



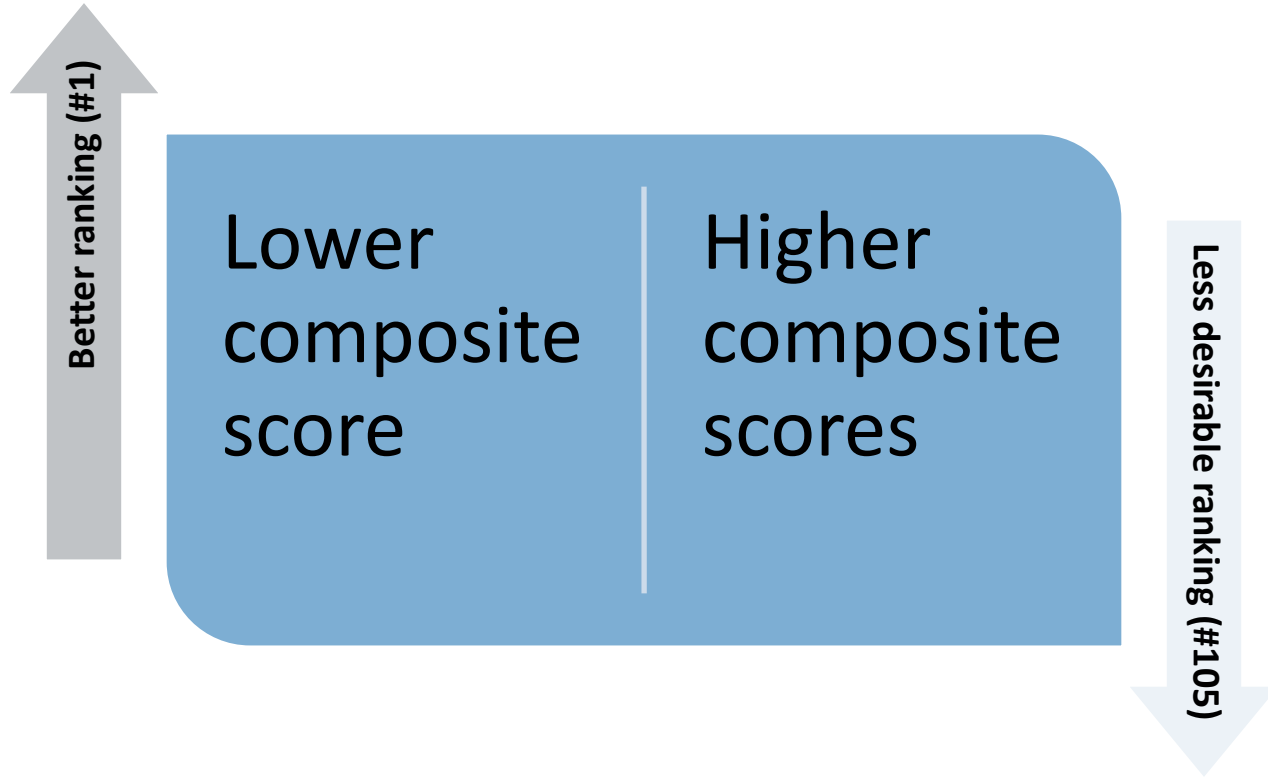
# STEP 2: REVERSE CODING

- Food environment index
- Access to exercise opportunities
- Flu Vaccinations
- Mammography screening
- High school completion
- Some college (post-secondary education)
- Social associations

# STEP 3: COMPOSITE SCORES

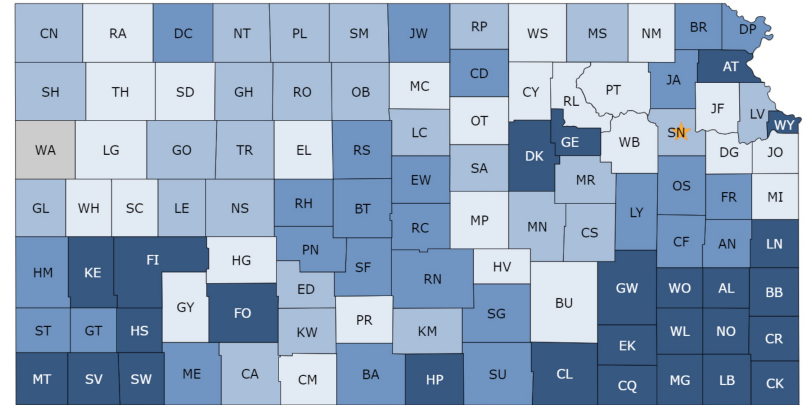
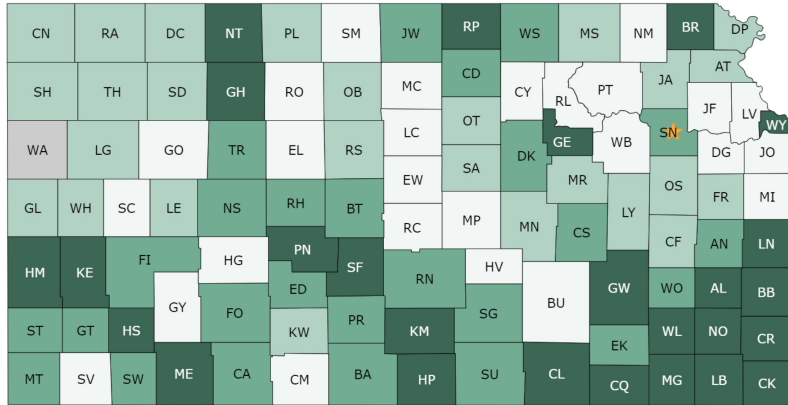
$$\textit{Composite score} = \sum w_i Z_i$$

# STEP 4: RANKING



# 2021 Health Outcomes - Kansas

# 2021 Health Factors - Kansas



Health Outcome Ranks  1 to 26  27 to 52  53 to 78  79 to 104  Not Ranked

Health Factor Ranks  1 to 26  27 to 52  53 to 78  79 to 104  Not Ranked

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*Go beyond the  
snapshot.*

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# PANELISTS



Brian McKiernan  
Commissioner for the  
Unified Government of Wyandotte County/Kansas City,  
Kansas, District 2



Mary C. Jones, LCMFT, LCAC  
President and CEO  
Mental Health Association of South Central Kansas

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"Rather than providing the final answers, the Rankings serve as a 'call to action' to collect better local data and engage community partners in collective action."

(2015 editorial by Remington in Health Services Research)

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# THANK YOU

## Any questions?

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