

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 p.m. on January 29, 2004 in Room 231-N of the Capitol.

All members were present except:

- Senator Steineger - excused
- Senator Brownlee - excused
- Senator Brungardt - excused
- Ms. Emalene Correll, Legislative Research - excused
- Mr. Norm Furse, Revisor of Statutes - absent

Committee staff present:

- Mrs. Diana Lee, Revisor of Statutes
- Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee:

- Dr. Robert St. Peter, MD, President, Kansas Health Institute
- Ms. Barbara J. LaClair, MHA, Research Analyst, Kansas Health Institute

Others attending:

Please see Attached List.

Presentation on "Summary of Poll of Kansans of Health Issues"

Upon calling the meeting to order, Chairperson Wagle introduced Dr. Robert St. Peter, MD, and President of the Kansas Health Institute, who would be presenting information on a summary of a poll of Kansans on health issues. A copy of his PowerPoint handout is (Attachment 1) attached hereto and incorporated into the Minutes as referenced. Highlights are as follows:

- 1) This was a Harvard study with the methodology being a telephone survey of 1,006 randomly selected Kansas state residents, 18 and older, during September, 2003 with the data weighted to accurately reflect the demographics of the state population, as described by the US Census.
- 2) The subject of the survey included:
 - a) What are the most important health care issues for Kansas state government to address?
 - b) What is the most important health care issue at the present time?
 - c) Satisfaction level with the Kansas health care system
 - d) Problems getting or paying for medical care in the last 12 months
 - e) Worries about getting and paying for care in the future
 - f) Who is doing a bad job serving the needs of health care consumers in Kansas?
 - g) Kansas residents' views of Health Wage and Medicaid
 - h) What are the priorities for the state's health care agenda
- 3) Budget tradeoffs - how do Kansas think health care should be paid for?
- 4) The percent of Kansas residents supporting increased taxes to help low income workers pay for health insurance.
- 5) The most important public health issues for Kansas state government to address and priorities for the state's public health agenda.

Dr. St. Peter then called upon Ms. Barbara J. LaClair, MHA, Research Analyst from the Kansas Health Institute, to present data from the food security supplement, surveys, and the current population (interviewing approximately 500-600 Kansas households each year.) A copy of her presentation and pamphlet are (Attachment 2) attached hereto and incorporated into the minutes as referenced. Highlights included:

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on January 29, 2004 in Room 231-N of the Capitol.

Page 2

1) The definitions of hunger and food insecurity and their impact on health;

2) Some statistics of:

A) Food security and hunger being present in Kansas (ex. One in 10 households, or 105,000 people experienced food insecurity during the previous year and the rates are approximately equal in urban and rural areas.) Ms. LaClair did mention that these were similar to national statistics, but the data is limited by graphics being available by counties, and the range of the data available is from 1995 to 2000;

B) Food insecure families working, some households that are at increased risk, Kansas versus United States households headed by single females at high risk for food insecurity;

C) Families not receiving assistance even though many forms are available (ex. Barely half, or 54% of low income food insecure households had participated in one or more of the major federal nutrition support programs such as WIC and food stamps).

3) Lastly, options: the Kansas Health Institute has looked at for reducing hunger and food insecurity (ex. Expand program availability, such as the summer meal program for kids.)

The Chair then asked for comments and/or questions from the Committee. Senators Barnett, Haley, Salmans, and Journey asked a range of questions from outdated data (a delay from federal level polling to release information), BFRSS, what can we as legislatures do to help, how have some of the programs worked and not worked, why are we not seeing an increase in programs, clarification of lack of food somehow leading to obesity, restrictions on better selection of foods, access question (ex. The choices have not allowed for the distribution.), does the survey touch on social responsibilities (ex. Abuse of chemical dependencies), and lastly, regarding the Harvard study: did you oversee, what factors were used, was this a random digital dial, was this automated or a live person using various times, and weighting and measurement tools to evaluate data. Senator Barnett did comment that the figures are probably worse now with the economy and Senator Journey made the suggestion of using public service announcements.

Adjournment

Chairperson Wagle thanked Dr. St. Peter and Ms. LaClair for their presentations, and since there was no further business, the meeting was adjourned. The time was 2:35 p.m.

The next meeting is scheduled for Monday, February 2, 2004.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Thursday, January 29, 2004

NAME	REPRESENTING
Jim Byrne	Ass. Sen. Salazar
Carolyn Diederich	Ks St No Care
Heather Grace	Damron + Associates
Yarde Bradford	Inter-Faith Ministries
Michelle Peterson	Ks. Governmental Consulting
Kimberly Cuywood	Kennedy & Assoc.
LINDA Lukensky	KS Home Care Assoc.
Mary Hillebrandt	Alan Cobb & Associates
Sarda Pendarvis	Kansas Health Institute
Robert F. St. Peter, M.D.	" " "
Barbara LaClair	Kansas Health Institute
Don Hermes	alcohol & drug service providers
Amy A Campbell	KS Ophthalmologists
Josie Torres	SILCK
Julie Hein	Hein Law Firm

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Senate Public Health and
Welfare Committee
January 29, 2004

Robert F. St. Peter, M.D.
President & CEO
Kansas Health Institute

**Kansas Residents' Views of the
Health System**

Harvard School of Public Health
Kansas Health Institute
ICR/International Communications Research
October 2003

*Senate Public Health & Welfare Committee
Attachment 1-1
Date: January 29, 2004*

Methods

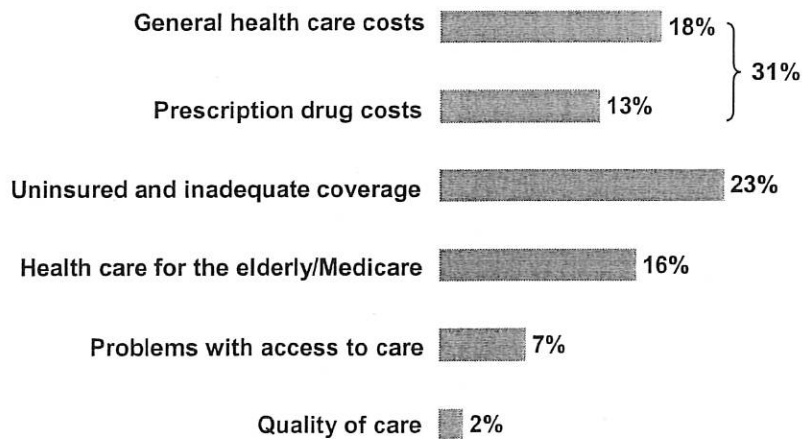
- Telephone survey of 1,006 randomly selected Kansas state residents, age 18 and older
- The interviewing period was between September 22-29, 2003
- The data was weighted to accurately reflect the demographics of the state population, as described by the US Census
- The margin of error is ± 3 percentage points

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

3

Most important health care issues for Kansas state government to address

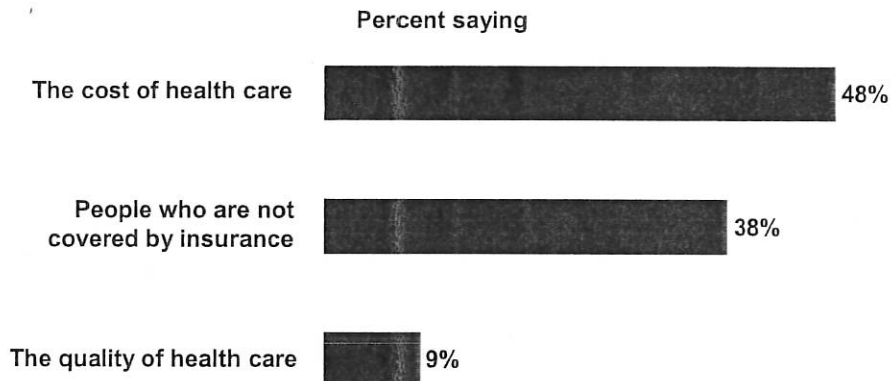
Percent saying



Harvard School of Public Health/Kansas Health Institute/ICR, 2003

4

Which one do you see as the most important health care issue at the present time?

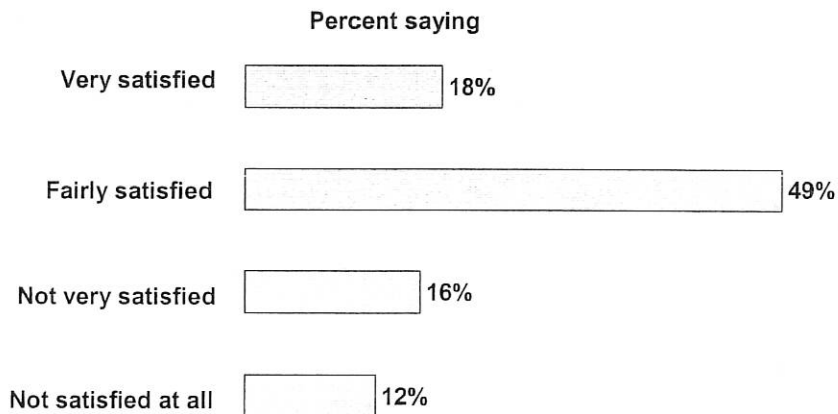


"Some other issue" and "Don't know" responses not shown

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

5

Satisfaction with the Kansas health care system



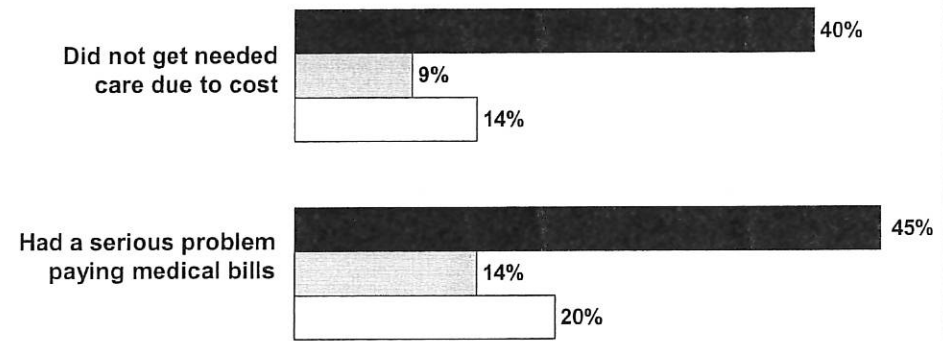
"Don't know" responses not shown

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

6

Problems getting or paying for medical care in the past 12 months

Percent saying



■ Uninsured at any time in the past 12 months □ Continuously insured □ General population

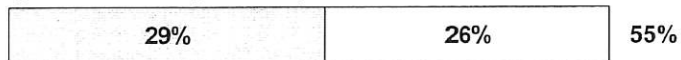
Harvard School of Public Health/Kansas Health Institute/ICR, 2003

7

Worries about getting and paying for care in the future (1)

Percent saying they are worried that in the next six months...

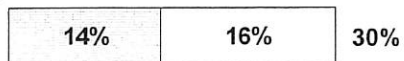
They might not be able to afford health insurance (among those currently insured)



They might not be able to afford the prescription drugs they need



They will lose their health coverage (among those currently insured)



□ Very worried □ Somewhat worried

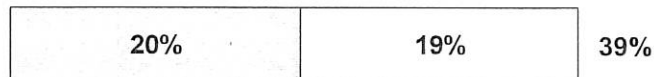
Harvard School of Public Health/Kansas Health Institute/ICR, 2003

8

Worries about getting and paying for care in the future (2)

Percent saying they are worried that in the next six months they might not be able to get the health care services because they can't afford it

Kansas



United States*



Very worried Somewhat worried

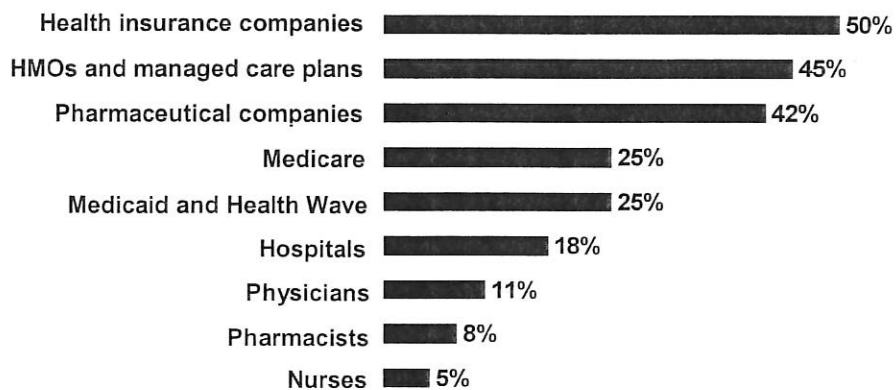
Harvard School of Public Health/Kansas Health Institute/ICR, 2003

*Kaiser Family Foundation/ Harvard School of Public Health, *Health News Index*, June 2003

9

Who is doing a bad job serving the needs of health care consumers in Kansas?

Percent saying they are doing a bad job

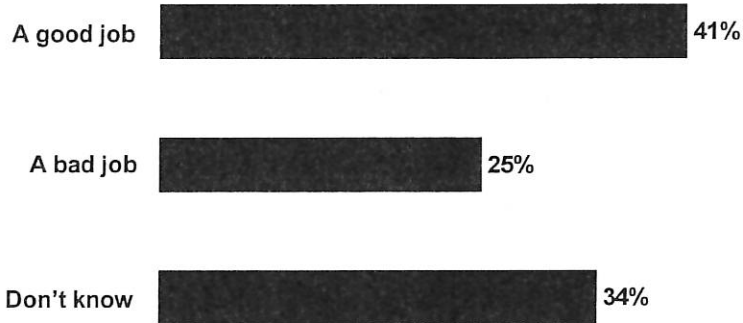


Harvard School of Public Health/Kansas Health Institute/ICR, 2003

10

Kansas residents' views of Health Wave and Medicaid

Do you think they are doing a good job or a bad job in
serving health care consumers?

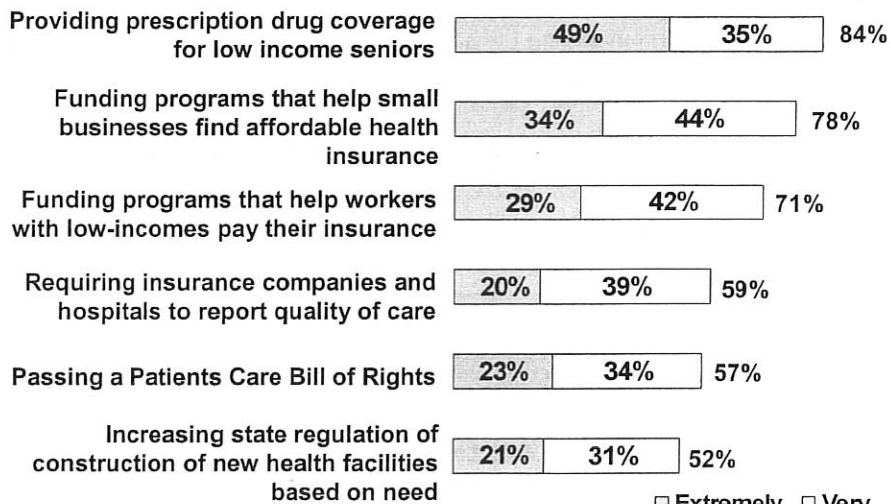


Harvard School of Public Health/Kansas Health Institute/ICR, 2003

11

Priorities for the state's health care agenda

Percent saying it should be an extremely or very important priority



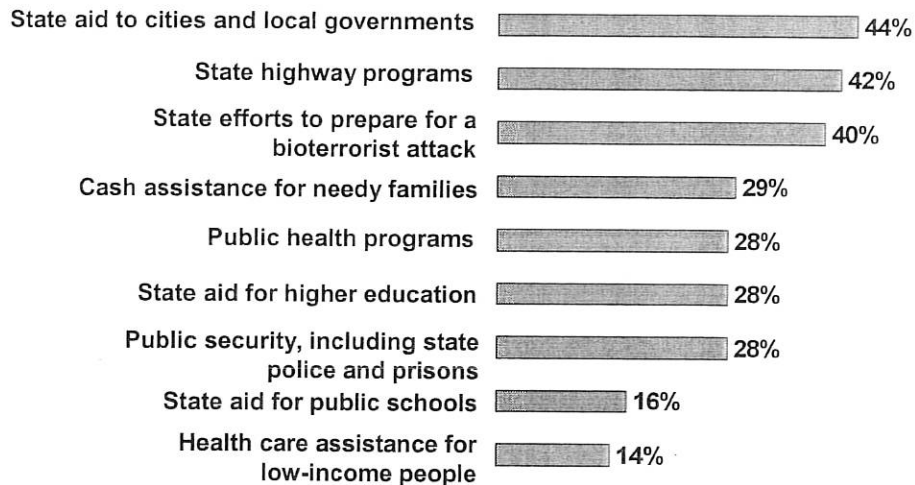
Extremely Very

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

12

Budget tradeoffs

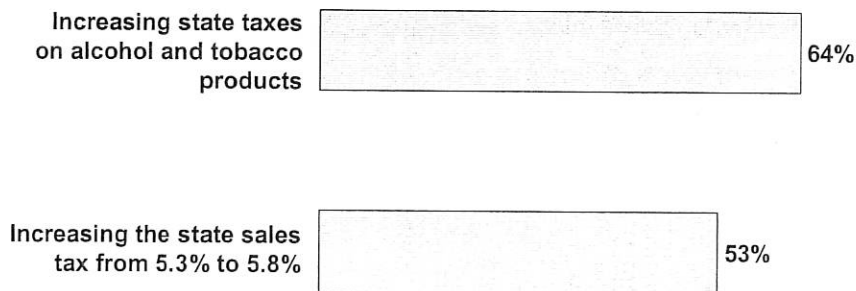
Percent saying to afford to help low income workers pay for health insurance,
the state should spend less on...



Harvard School of Public Health/Kansas Health Institute/ICR, 2003

13

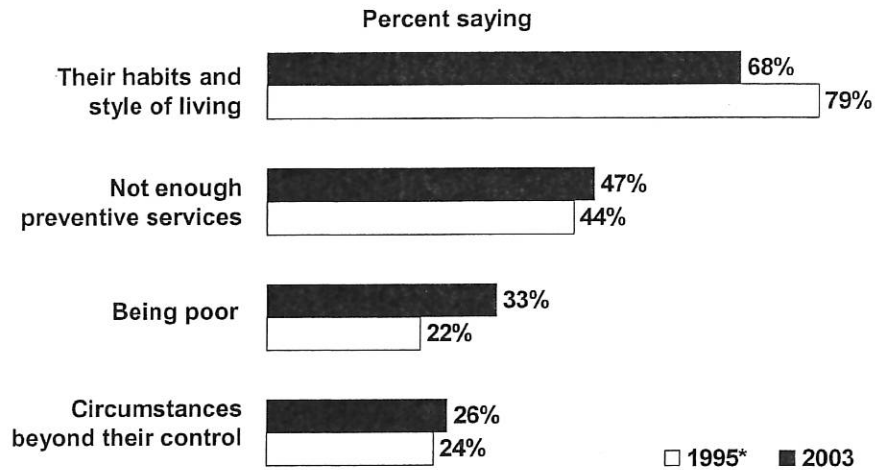
Percent of Kansas residents supporting increased taxes to help low income workers pay for health insurance



Harvard School of Public Health/Kansas Health Institute/ICR, 2003

14

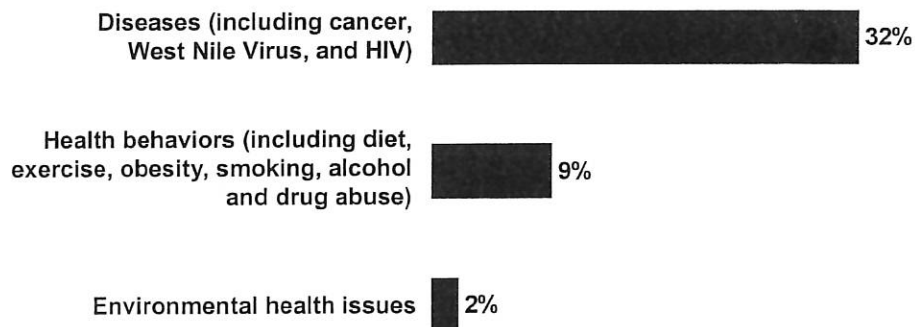
Kansas residents' views of the top two reasons people become ill



Harvard School of Public Health/Kansas Health Institute/ICR, 2003

*Harvard School of Public Health/
Kansas Health Foundation, 1995 15

Most important public health issues for Kansas state government to address



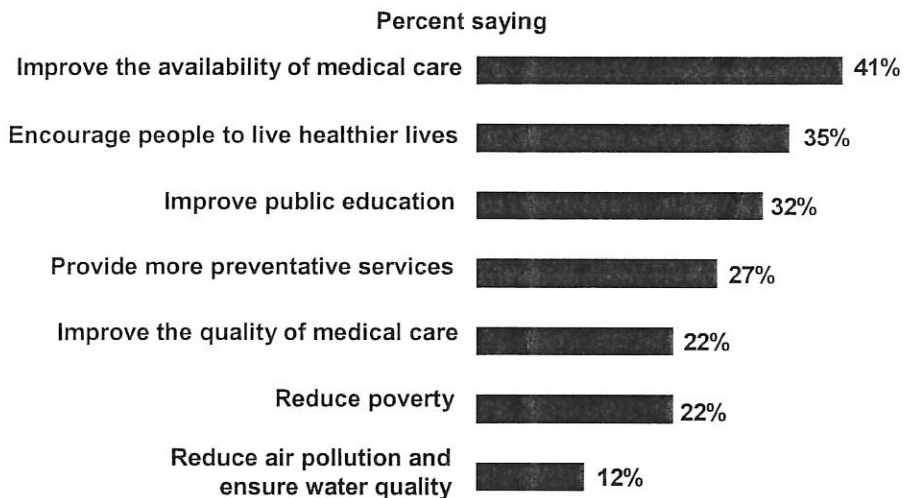
Note: 74% named health delivery issues (including cost, insurance and health professionals)

Adds to more than 100% due to rounding

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

16

Top two things that could improve people's health in Kansas

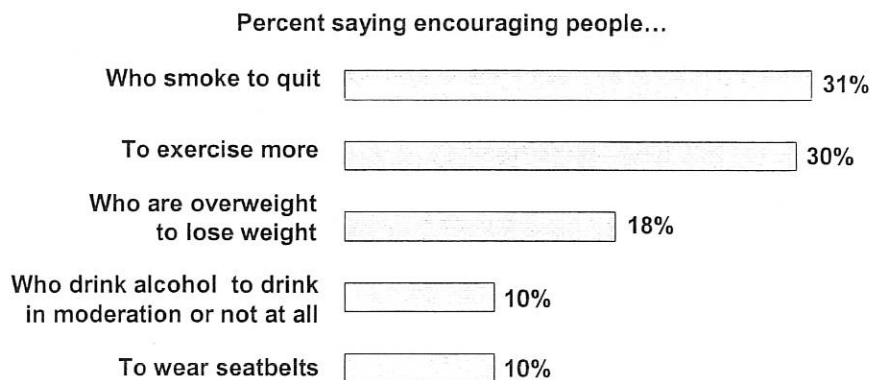


Harvard School of Public Health/Kansas Health Institute/ICR, 2003

17

Most important aspect of encouraging people to live healthier lives

BASE: Those who chose "encouraging people to live healthier lives" as one of the two most important things we could do to improve people's health

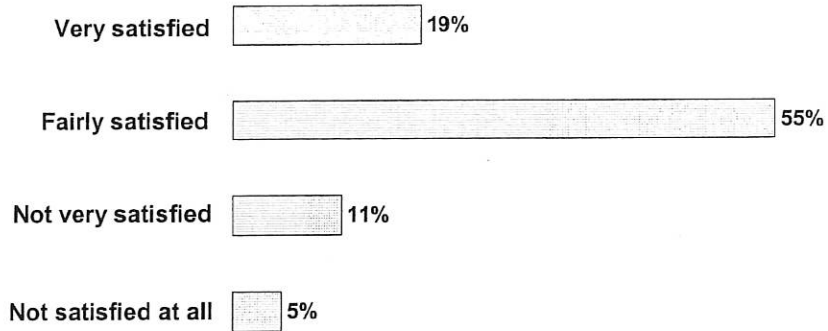


Harvard School of Public Health/Kansas Health Institute/ICR, 2003

18

Satisfaction with the Kansas public health system

Percent saying they are satisfied with the state system designed to protect the community's health and stop the spread of disease



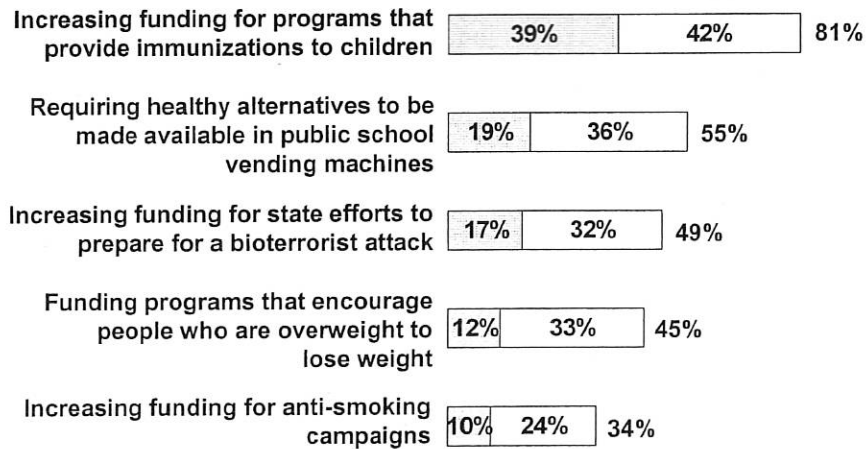
"Don't know" responses not included

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

19

Priorities for the state's public health agenda

Percent saying it should be an extremely or very important priority



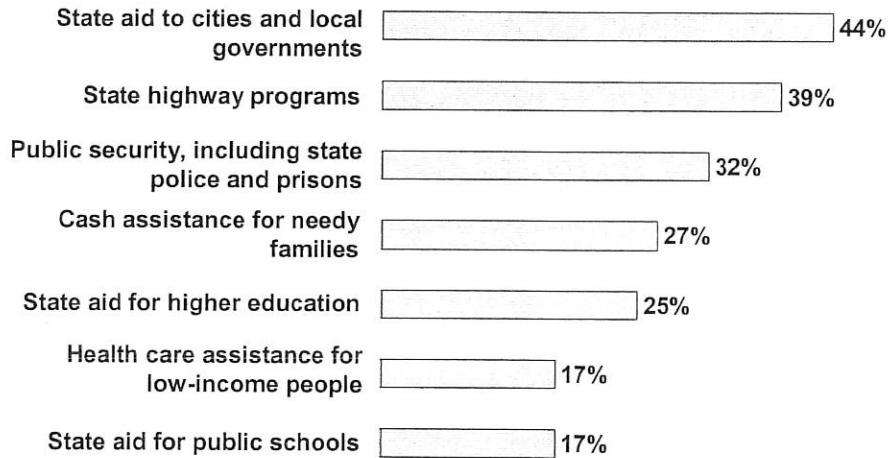
Harvard School of Public Health/Kansas Health Institute/ICR, 2003

Extremely Very

20

Budget tradeoffs

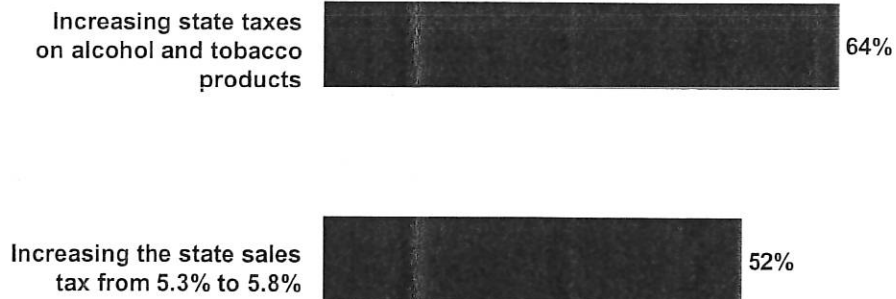
Percent saying to afford new public health programs, the state should spend less on...



Harvard School of Public Health/Kansas Health Institute/ICR, 2003

21

Percent of Kansas residents favoring increased taxes to pay for new public health programs



Harvard School of Public Health/Kansas Health Institute/ICR, 2003

22



Kansas Health Institute

*Healthier Kansans through
informed decisions*

23



Senate Public Health and
Welfare Committee
January 29, 2004

Barbara J. LaClair, M.H.A.
Research Analyst
Kansas Health Institute



Hunger and Food Insecurity in
Kansas, 1995-2000

Kansas Health Institute
January 2004

*Senate Public Health & Welfare Committee
Attachment 2
Date: January 29, 2004*



Methods

- Data from the Current Population Survey, Food Security Supplement
- Annual household survey
- Included data from survey years 1995 to 2000
- Approximately 500-600 Kansas households interviewed each year



Definitions

- Food insecurity
 - uncertain availability or access to enough food, due to a lack of money or resources
- Hunger
 - the uneasy or painful sensation caused by a lack of food, due to lack of money or resources



Impact of Food Insecurity on Health

- Children from low-income, food-insecure families are more likely to have behavioral and mental health problems, as well as poorer academic performance
- Adults more likely to experience anxiety and depression
- Linkages between food insecurity and obesity

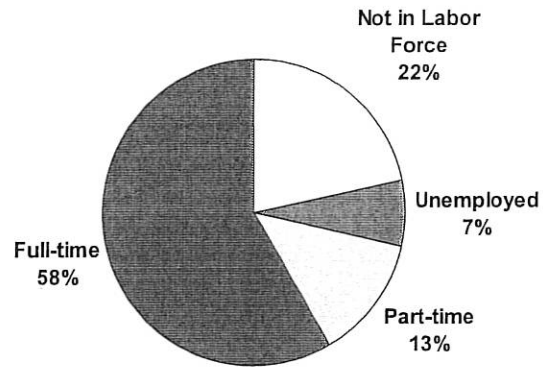


Food insecurity and hunger are present in Kansas

- One in ten Kansas households experienced food insecurity during the previous year (105,000)
- One-third of food-insecure households had at least one member who went hungry (38,000)
- Rates are approximately equal in urban and rural areas



The majority of food-insecure families are working



Highest level of employment within household



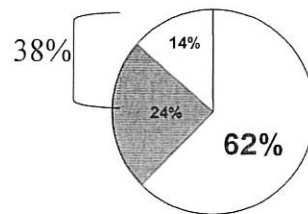
Some households are at increased risk

- Low-income
- Minorities
- Unemployed
- Households led by single females

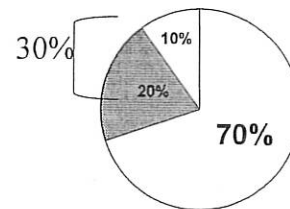


Households headed by single females are at high risk for food insecurity

Kansas



U.S.



□ Food Secure □ Insecure, without hunger □ Insecure, with hunger

Includes only households headed by single females, with children



Many food-insecure families did not receive assistance

- Barely half (54%) of low-income, food-insecure households had participated in one or more of the major federal nutrition support programs
(Food Stamps, WIC, Free and reduced price school meals, Free and reduced price elder meals)
- Only 16% of food-insecure families reported obtaining food from a community food pantry



Options for reducing hunger and food insecurity

- Increase participation in existing programs
- Expand program availability
- Improve coordination and referral between programs
- Local and community efforts



Kansas Health Institute

*Healthier Kansans through
informed decisions*



KANSAS HEALTH INSTITUTE

Hunger, food availability a concern for one in ten Kansas families

EMBARGOED FOR RELEASE UNTIL 1:30 P.M. THURSDAY, JAN. 15, 2004

HUNGER IN THE HEARTLAND

- **Most food-insecure households are working families**
- **An annual household income under \$30,000 greatly increases the likelihood of food insecurity**
- **Households headed by single mothers are at significant risk**
- **Minority households are at increased risk**
- **Food insecurity and hunger are present in rural as well as urban households**
- **Only a small majority of food-insecure families seek out assistance**

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TOPEKA, Kan. — A comprehensive study of food availability in Kansas has revealed that substantial numbers of families in this “breadbasket” state have to make do with less food than is necessary for an active, healthy life, and that one in three of those households have someone who goes hungry to make up for the shortfall.

The Kansas Health Institute, a Topeka-based independent, nonprofit health policy and research organization, used data from the annual Current Population Survey Food Security Supplement for the years 1995 to 2000, to evaluate food security—that is, access to adequate amounts of food at all times—and hunger in the state. The results of the study, *Hunger in the Heartland: Hunger and Food Insecurity Among Kansans, 1995–2000*, funded through a grant from the State of Kansas, Office of the Attorney General, indicate that hunger is a problem that affects a broad cross-section of Kansans.

Specifically, each year an estimated 105,000 Kansas households (or about 10 percent of the households in the state) experienced uncertain availability or access to enough food at some time during the year. The problem was so acute in 38,000 of these households that one or more individuals went hungry at some time during the year. The other 67,000 households avoided hunger by eating less varied diets, participating in federal food assistance programs or relying on such sources as community food pantries. These statistics are similar to national rates for food insecurity and hunger, and changed little over the six years that were studied.

“These results dispel a lot of myths about the problem of food insecurity and hunger,” said Barbara LaClair, M.H.A., the lead author of the study and a research analyst at the Kansas Health Institute. “For example, food insecurity and hunger are not only problems of the homeless, the unemployed or residents of big cities. In fact, the results differed little between urban and rural Kansas households. And, families who face food insecurity and hunger in Kansas are more likely than not to have someone in the household who is working full-time. This issue affects one out of every 10 households in the state and is more than an isolated concern.”

Specifically, the results revealed the following:

- *Most food-insecure households were working families.* 58 percent of these families had at least one full-time worker in the household, while 18 percent had two or more.

-MORE-

- *An annual household income under \$30,000 greatly increased the likelihood of food insecurity.* Such households were six times more likely to face this issue than those with incomes greater than \$30,000.
- *Households headed by single mothers were at significant risk.* 38 percent of Kansas households led by a single mother dealt with food insecurity, which is significantly higher than the national rate of 30 percent; additionally, almost 14 percent of Kansas households headed by a single mother reported experiencing hunger.
- *Minority households were also at increased risk.* 24 percent of Kansas households led by Blacks, and 21 percent of those led by Hispanics reported food insecurity, compared to just eight percent of white households in the state.
- *Food insecurity and hunger were present in rural as well as urban households.* There were no significant differences in the rates of food insecurity and hunger among house-

holds in metropolitan and non-metropolitan areas of Kansas; 10 percent of households in both groups reported food insecurity.

- *Only a small majority of food-insecure families sought out assistance.* Just 54 percent of eligible families reported that they had received assistance from federal nutrition programs, and even fewer (less than 16 percent) said they had obtained food from a community food pantry.

A total of 3,443 Kansas households were interviewed during the six years of the study, or an average of 574 households per year. Data from respondent households were pooled to provide reliable population estimates at the state level.

For more detailed study information and community resources for reducing food insecurity and hunger, see the full report *Hunger in the Heartland: Hunger and Food Insecurity Among Kansans, 1995–2000* on the Kansas Health Institute Web site, www.khi.org.



One in ten Kansas households is food insecure

Each year, about one out of every ten households in Kansas experiences food insecurity. In one-third of those food-insecure households, at least one person goes hungry. Rates of household food insecurity and hunger in Kansas are similar to national rates.

Hunger affects working families

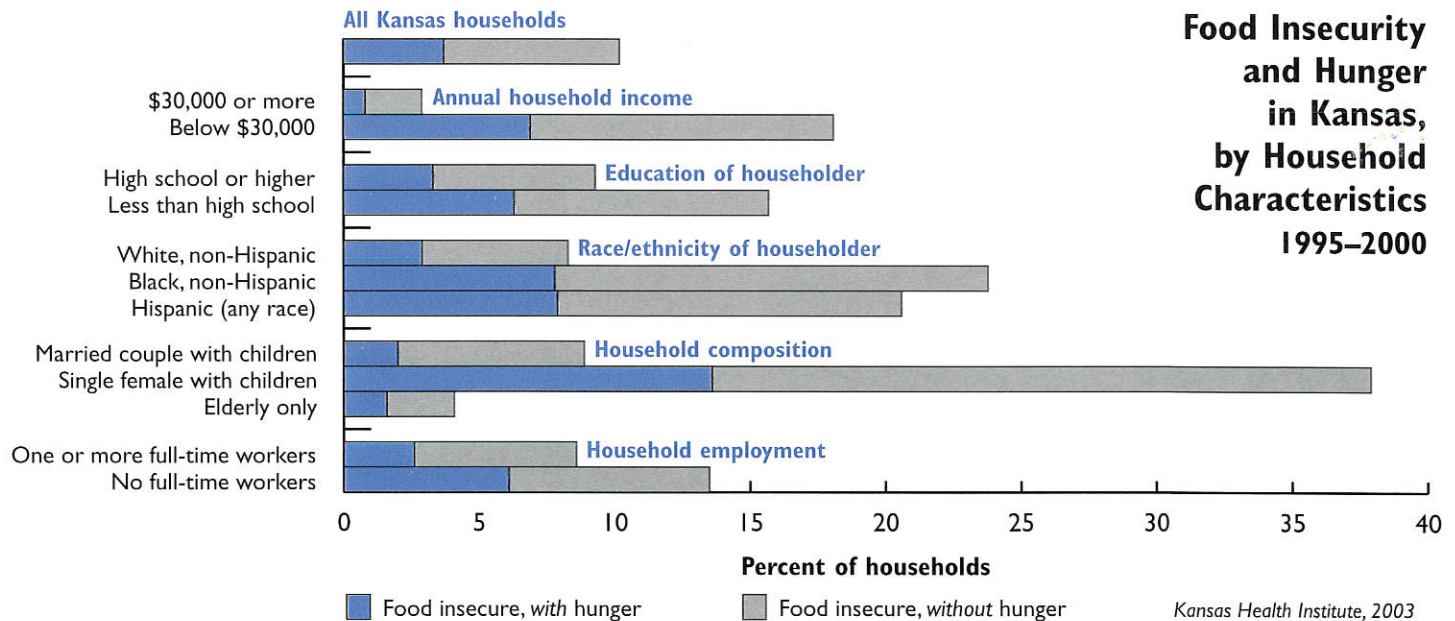
Nearly two-thirds of food insecure Kansas households, and almost half of households with hunger, have at least one full-time worker in the family.

Single-mother households are at high risk

More than one-third of Kansas households led by single women with children report food insecurity; thirteen percent experience hunger.

Many families are not getting help

Only half of food-insecure, low-income Kansas families receive assistance from Food Stamps, WIC, or school meal programs; even fewer access community resources like food pantries and emergency kitchens.



Each year, about 105,000 households in Kansas struggle to obtain enough food to feed their families, and 38,000 households have at least one member who goes hungry. Many of these families are working families who hold jobs and are active in their communities.

Food insecurity and hunger reduce a

child's ability to learn, threaten well-being and long-term health, and can prevent individuals from reaching their full potential.

More detail on the survey findings, as well as resources for policymakers and communities interested in reducing hunger, can be found on the Kansas Health Institute's Web site.

Visit our Web site www.khi.org for more information on this topic and resources to improve community food programs

This study uses data from the Current Population Survey Food Security Supplement for the years 1995 to 2000.

This research study was funded through a grant from the State of Kansas, Office of the Attorney General, as part of the Kansas Health and Nutrition Fund. The interpretations and opinions expressed in this report are solely the authors' and do not necessarily reflect the opinions of the funding agency.

Q1-8

food insecurity

limited or uncertain availability of sufficient food for an active and healthy life, due to a lack of money or resources

hunger

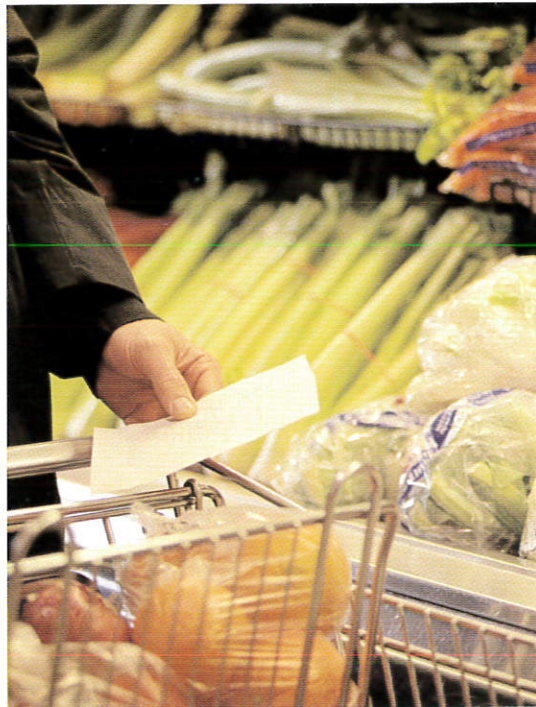
the uneasy or painful sensation caused by a lack of food, due to a lack of money or resources

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hunger *in the* heartland

Household Food Insecurity
and Hunger in Kansas
1995 to 2000

Barbara J. LaClair, M.H.A.
Mark Berry, B.S.



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