



Community & Hospital Letter



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Health and Income in Kansas City, Missouri

Median household income "includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not" (U.S. Census Bureau). This measure divides income distribution into two parts, with one-half of income cases below the median income and one-half above the median income (quickfacts.census.gov). According to the National Association of County and City Health Officials (NACCHO), economic security is determined by income, wealth/assets, poverty and public assistance. The NACCHO also indicates that median household income is the best indicator of overall income because, compare to mean income, it is not as easily influenced by extremes (NACCHO).

Previous work by the Kansas City, MO Health Department revealed that the distribution of protective factors is determined by median

Key Points

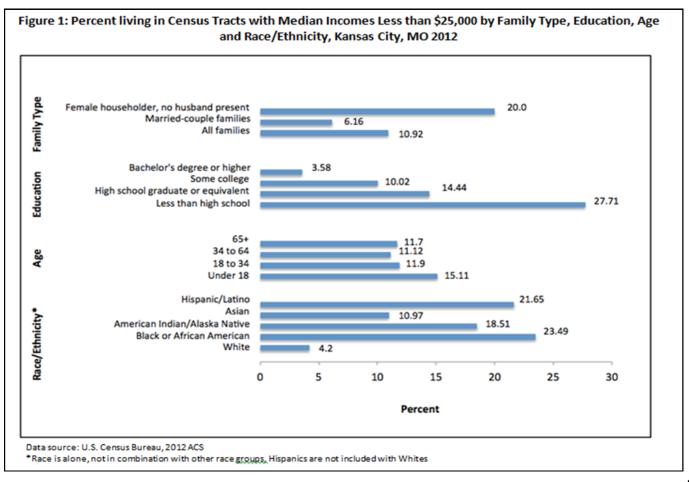
- Predictors of health vary by income in Kansas City, Missouri
- Life expectancy for black individuals in Kansas City, Missouri has increased in the last 10 years
- Kansas City still has work to do to improve life expectancy compared to other cities

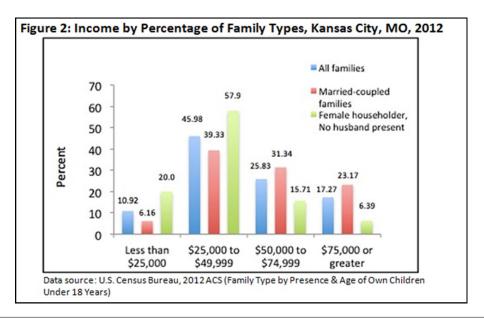
household income. For instance, income is directly connected to Medicaid eligibility. Missouri's income eligibility formula for Medicaid is among the lowest in the nation, and tens of thousands of Kansas Citians may be struggling with the decision to buy affordable health insurance or be covered by Medicaid, only if their incomes are below 18% of the Federal Poverty Level (\$3,504) (KC, MO Health Commission, 2012). In the midst of this struggle, many residents are not able to obtain health services when needed (KC, MO Health Commission, 2012).

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In census tracts with median incomes below \$25,000, single parent households headed by women outnumber married households 3 to 1 (Figure 1). Those with less than a high school education also clearly outnumber other levels of educational attainment in regard to areas with incomes less than \$25,000. One in four African-Americans and one in five Hispanics live in census tracts with a median income of less than \$25,000. Kansas City's white population trails African Americans and Hispanics by about 5 times.

In 2012, Missouri's estimated median family income for total married-couple families was \$70,455 (in 2012 inflation-adjusted dollars), while median income for total single mother householders was \$28,373 (in 2012 inflationadjusted dollars) (Am FF, B19126). Among Kansas City families, more than half of families with female householders and no husband present live in census tracts with estimated median incomes between \$25,000 and \$49,999, and 20% live in census tracts with median incomes less than \$25,000 (Figure 2). The percentage of married-couple families is about 3 times less in the less than \$25,000 category, but is almost 4 times more in the \$75,000 or greater category.





Life Expectancy and Race, Kansas City, Missouri

The gap in life expectancy between white individuals and black individuals became less pronounced between 1999-2003 and 2009-2013, decreasing from 6.3 to 4.7 years (Figure 3). The life expectancy among black individuals increased 3.1 years, from 70.3 years in 1999-2003 to 73.4 years in 2009-2013. For white individuals, life expectancy increased 1.5 years during the same time periods.

According to national data, there are variations in life expectancy by city in the United States (Figure 4). The largest difference in life expectancy observed between white and black populations occurred in San Francisco, California followed by Washington D.C., Oakland, California, and St. Louis County, Missouri. The smallest differences in life expectancy observed between white and black populations occurred in Cleveland, Ohio and Las Vegas, Nevada. Kansas City, Missouri has

the ninth largest difference in life expectancy between white and black populations.

Life expectancy among black individuals was 4.7 years lower than life expectancy among white individuals in part because of higher death rates due to homicide, nephritis, cancer, chronic lower respiratory disease, and heart disease (Figure 5), which accounted for 56% of the lower life expectancy. Homicide rates for black individuals accounted for a loss of 0.3 years in life expectancy. Fortunately, the difference was somewhat reduced by lower death rates due to unintentional injuries, diabetes, mental health, infectious disease, perinatal conditions, suicide, chronic lower respiratory diseases (chronic bronchitis, emphysema, COPD, and asthma), and chronic liver disease. Ninety percent of the life expectancy increase was due to these decreases.

Figure 3. Life expectancy by race, 1999-2003 to 2009-2013, Kansas City, Missouri

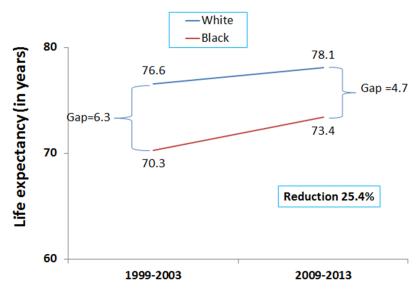


Figure 4. Life expectancy by race, United States

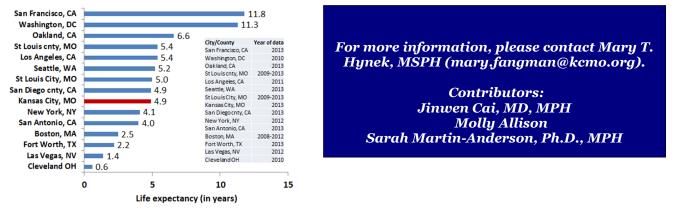


Figure 5. Causes of life expectancy change among black individuals, 1999-2003 to 2009-2013, Kansas City, Missouri

